

In The Matter Of:
Public Employees' Benefits Program Board
Videoconferenced Open Meeting

Tuesday
January 12, 2016

Capitol Reporters
208 N. Curry Street

Carson City, Nevada 89703

Original File 011216.txt

Min-U-Script® with Word Index

1 PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD

2 TRANSCRIPT OF PROCEEDINGS

3 VIDEOCONFERENCED OPEN MEETING

4 TUESDAY, JANUARY 12, 2016

5 CARSON CITY AND LAS VEGAS, NEVADA

6
7
8 The Board: LEO DROZDOFF, Chairman
9 JACQUE EWING-TAYLOR, Member
10 DON BAILEY, Member
11 ANA ANDREWS, Member
12 JUDY SAIZ, Member
13 ROSALIE GARCIA, Member
14 CHRIS COCHRAN, Member

15 For the Board: DENNIS BELCOURT, Deputy
16 Attorney General

17 For Staff: DAMON HAYCOCK
18 Executive Officer
19 LAURA RICH
20 Operations Officer
21 CELESTENA GLOVER
22 Chief Financial Officer
23 KARI PEDROZA
24 Executive Assistant

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TUESDAY, JANUARY 12, 2016, 1:04 P.M.

---oOo---

CHAIRMAN DROZDOFF: Kari, please call the roll.

MS. PEDROZA: Jacque Ewing-Taylor.

MEMBER EWING-TAYLOR: Here.

MS. PEDROZA: Ana Andrews.

MEMBER ANDREWS: Here.

MS. PEDROZA: Don Bailey.

MEMBER BAILEY: Here.

MS. PEDROZA: Judy Saiz.

MEMBER SAIZ: Here.

MS. PEDROZA: Rosalie Garcia in Las Vegas.

MEMBER GARCIA: Here.

MS. PEDROZA: And Chris Cochran in Las Vegas.

Not quite. Okay.

Leo Drozdoff.

CHAIRMAN DROZDOFF: I'm here.

Okay. So we're going to move in to public comment in a minute. But I guess for the benefit of the board and the audience, there continues to be -- I received several questions or concerns about the package that went out and what it entailed. So it is my intent right after the public comment to allow Damon and Dennis to talk through what happened, where we are, and then the board can decide how it would like to proceed in light of your feelings and

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1 everything else that's happening.

2 So anyway, hopefully that makes some sense to the
3 audience. If not, you know, we'll see where we stand after
4 Dennis and Damon go through the confusion that's been
5 mentioned by at least some members of the board.

6 So with that, I'll see if there's any public
7 comment first here in Carson City and then in -- Rosalie, is
8 there anybody in Las Vegas?

9 MEMBER GARCIA: Yes. We have a few guests, but
10 no public comment at this time.

11 CHAIRMAN DROZDOFF: All right. So why don't
12 we -- Is there public comment in Carson City? All right.
13 And nobody in Las Vegas, Rosalie?

14 MEMBER GARCIA: No. Oh, yes. No public comment.
15 Thank you.

16 CHAIRMAN DROZDOFF: Fair enough.

17 All right. So then, Damon, perhaps you can -- I
18 would encourage the board at this point to -- I would
19 encourage the board at this point to listen to what happened
20 and to air whatever questions or comments you have either to
21 Damon or to Dennis. So I'll turn it over to Dennis to
22 start -- Damon to start.

23 MR. HAYCOCK: Thank you, Chairman. For the
24 record Damon Haycock. This process on the second level
25 review was detailed rather well in the board's duties,
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1 policies, and procedures. But in practice there was a lot of
2 logistics that needed to be ironed out between multiple
3 agencies and we are very pleased to have continued support
4 from the Division of Purchasing and the Department of
5 Administration. Although this was a newer process for many
6 of us, and to be honest, it was the first time I had ever
7 heard of, let alone to help coordinate. There's also
8 specific separations of duties between the agencies and who
9 is required or who was supposed to do certain activities.
10 And I think in our effort to try to make this as simple as
11 possible, there were times when we may have overcomplicated
12 it. I know personally after the last meeting I sent out
13 correspondence to the board trying to outline the process to
14 ensure that we could do this meeting a lot easier.

15 But secondly, we also appeared to have duplicated
16 some of the information that purchasing had sent out as well.
17 And so my sincere apologies that as staff we try to
18 over-ensure that the information went to the board and you
19 may have received things multiple times. And for that we vow
20 not to do it in the future.

21 I think what caused a lot of the confusion and an
22 issue with the first meeting was a lack of understanding from
23 folks, to include myself, on what the process was supposed to
24 achieve outside of simply stating a second level review on an
25 RFP.

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1 And with that, at this point before I say
2 anything else, I would like to turn this over to our deputy
3 attorney general, Dennis Belcourt, who has the actual
4 language that describes this process and can hopefully better
5 answer questions as to what occurred or what should have and
6 what we need do. So Dennis, I'm going to turn this over to
7 you.

8 MR. BELCOURT: Dennis Belcourt, deputy attorney
9 general. I think that the procedures with this, with PEBP,
10 can be with the second level review of course are different
11 from and they're statutorily made different from what other
12 agencies have as options to deal with. When PEBP, the PEBP
13 board decides to do a second level review, the screening
14 committee comes up with recommendations for the awarding of
15 the contract and then to the board and then that's what we
16 had presented to the board. There isn't any fixed
17 requirement that the board give way to this or that from the
18 screening committee. They can statutorily in your statute,
19 in this contracting statute it's described that
20 recommendations come -- are given to the board.

21 Statutorily in 287, those recommendations are
22 presented to the board and the board may approve the
23 recommendation or it may schedule separate public meeting to
24 award the contract. In that public meeting, you have it on
25 your agenda the various steps that the board must take. But

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1 they're itemized in your agenda.

2 But the final statement on this is that well of
3 course the board will award the contract based on the best
4 interest of the state. But the board is not bound by the
5 recommendations of the administrator of the purchasing
6 division or the committee appointed to evaluate the proposal.
7 In this case it was a question evaluated to proposal. So
8 basically you are not bound -- Well, whatever you have in
9 terms of, you know, in your proposal, terms of what the
10 evaluating committee came up with, that's a mere
11 recommendation. It's not binding in any way. So if there
12 are any questions about that.

13 I understand the statute hasn't really been
14 implemented. You have prior -- Before the statute was
15 enacted, you had prior instances where the board did a second
16 level review but it wasn't -- this is the first time under
17 the statute as I understand it.

18 MR. HAYCOCK: And so if I may add -- Damon
19 Haycock for the record. Today let's talk a little bit about
20 what did occur last time that was well, right. The vendors
21 all had an opportunity to present. They had equal, equal
22 transparent opportunity to present to the board and to the
23 public. So that is one of the good things that occurred and
24 that the board was able to or those members of the board that
25 were present were able to view and review those presentations
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1 with the caveat that they were to grade them on score sheets.

2 Today after any questions that occur,
3 Mr. Chairman, with what Dennis and I have just said, Gail
4 from purchasing is going to walk us through the Agenda Item 4
5 once you announce it and go through each of those subsections
6 to ensure that it's a little bit more organized, it flows a
7 little bit easier. And hopefully at the end of the day the
8 intent is for the board to determine which vendor or vendors
9 they select for HMO services and hopefully every board member
10 has had the opportunity to review all the RFP submissions and
11 grade those accordingly on those provided score sheets. And
12 with that before we turn it of course back to you, Chairman,
13 if there's any questions of the board.

14 CHAIRMAN DROZDOFF: My guess is there will be.
15 And I do want to note that in my zeal to try to kind of
16 anticipate some of the questions and angst from the board, I
17 neglected to deal with Item 3, which is approval of the
18 minutes. I will get to that after we're done. We'll just do
19 that at the end. But as I said, questions, comments from
20 board members.

21 MEMBER BAILEY: Okay.

22 CHAIRMAN DROZDOFF: Don.

23 MEMBER BAILEY: Sure. I did not realize this is
24 the way these things were to be handled. I only sat on one
25 of these prior to me being on the board and it was two board

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1 members that were in a committee picked, including
2 purchasing. And we did the exchange and we did that with two
3 people. And then now the board has to come back for a second
4 review. The second review got awfully confusing because we
5 got CD's. And I'm not going to pound that one, because we
6 did that at the last meeting. We got CD's, which was
7 inexcusably given to us to review. If you ever tried to do
8 three binders per vendor on a computer, you can't keep your
9 notes, you go back and forth, you lose track, and it just was
10 unbearable. It took me 30 hours to get through the CD's.
11 Now, I'm just a volunteer member. But 30 hours of my time is
12 just as important as anybody else's. So I was a little
13 upset. No. Let me rephrase that. I was a lot upset.

14 Then we came back and we did our scoring and that
15 was for presentations, which I wasn't aware it was for
16 presentations only, but it was. So we turned in our score
17 sheets for presentations to purchasing and that moved
18 forward.

19 This time we were asked to review it again and
20 rescore, which is okay, and then we got the binders, a number
21 of binders per vendor. And that was okay too because that's
22 the way I was accustomed to it being done.

23 Then yesterday at around 4:00 o'clock, nobody's
24 fault, but we started receiving financial records, reports,
25 for the vendors. And it had to be a half of ream of paper

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1 that we received at 4:00 o'clock yesterday afternoon. That
2 to me is inexcusable. I don't know who is the responsible
3 party. I don't really care. But I will not have that happen
4 to me again. That's it, Mr. Chairman.

5 CHAIRMAN DROZDOFF: Maybe I'll let folks vent
6 their concerns and allow any sort of follow-up to occur after
7 that. Anybody else?

8 MEMBER SAIZ: Judy Saiz for the record. This has
9 been a very cumbersome experience. Having worked for PEBP in
10 the past and sitting on the evaluation committee, it was
11 never handled quite like this. And not just this one, but I
12 actually volunteered for the actuarial RFP and it was
13 extremely tardy, tardy enough that it put my whole calendar
14 askew and that I had to back out of that. And I had
15 allocated so much time and I got it almost nine days late.
16 And, you know, we're working people. We're busy in other
17 ways. And to me that was inexcusable. And then not to
18 mention everything that Don has gone through. And I think I
19 already voiced my concerns to PEBP and to Leo on those
20 issues. So I won't air all of those publically. But it
21 wasn't handled well. I'll leave it right there.

22 CHAIRMAN DROZDOFF: Anybody else?

23 MEMBER EWING-TAYLOR: I don't want to beat this
24 dead horse either. But just from perspective, over the years
25 I've served on any number of these committees, and I would

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1 echo what Judy and Don just said in that I've never been
2 involved in a review process that went quite like this. And
3 I am not going to point fingers because I wouldn't have any
4 idea where to point them. And at some level that is not what
5 is important. What is important is that we get through this
6 particular process and then move on and fix whatever the
7 issues are so that those of us who spend a great deal of our
8 personal time reviewing these things are not burdened any
9 further than we already are. And I know anybody who served
10 on one of these committees -- You and I just got finished
11 serving on a major one -- you spend tens of hours, not just a
12 couple of hours, but tens of hours on these. And most of us
13 have day jobs. So it needs be fixed.

14 Historically, again, I have not seen these issues
15 before. So whatever it is, I would just hope that moving
16 forward it gets fixed and that none of us have to go through
17 this again. And that would include PEBP staff, because this
18 can't be pleasant for you all either. So that's my 20 cents.

19 CHAIRMAN DROZDOFF: Anyone else? I mean, I think
20 that that's kind of where I sit too, Jacque, is I don't know
21 precisely what went on. And I do know that frustrations are
22 high. I do think we have a job to do today, which we'll do
23 our best to do. But I think shortly on the heels of that
24 trying to figure out how to avoid a repeat of this episode is
25 definitely what needs to occur.

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1 I don't know, Damon, or your staff, is there
2 anything you want to conclude with before we get moving?

3 MR. HAYCOCK: Damon Haycock for the record.
4 First off, I hear you. I hear all of you. And you have very
5 valid concerns and valid issues. And I would never attempt
6 to defend them because what should occur no matter who made a
7 mistake, it should occur in a way which is convenient,
8 transparent and easy for you to assist in the leadership of
9 this agency. And so for that I sincerely apologize.

10 I can say that at least it appears if we continue
11 down the path that we are on that the second level reviews
12 have been replaced with two board members at a minimum on
13 review committees, which will eliminate or at least mitigate
14 this issue moving forward and I would hope -- And I will need
15 to get with you possibly after Dr. Taylor, Ewing-Taylor and
16 Chairman Drozdoff if you felt that the last RFP process where
17 you were part of a committee worked well. Because if it did,
18 then we'll make sure that we do everything in our power to
19 replicate that process. And then you won't get CD's. You
20 will not have to spend 30 hours reviewing something. We will
21 hopefully forget that this ever occurred and we will be able
22 to move forward collectively as one. And that's all I think
23 I can add to that. Thank you for your comments.

24 CHAIRMAN DROZDOFF: Okay. So I guess I will --

25 MR. HAYCOCK: You want to do minutes first?
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1 CHAIRMAN DROZDOFF: No. Let's stick with 4.
2 We're in 4. We'll stick with 4. We'll do minutes at the
3 end.

4 All right. So Gail, I guess you're up.

5 MS. BURCHETT: Okay. Gail Burchett, state
6 purchasing.

7 (The court reporter interrupts)

8 MS. BURCHETT: B-u-r-c-h-e-t-t. We may as well
9 go with point number four. And just to disclose for the
10 review, the presentations, the finalists that finished for
11 number one was Anthem on that. And then let's just identify
12 the criteria that's going to be used for the evaluation
13 meeting.

14 Judy, can I have your score sheet?

15 MEMBER SAIZ: All of them?

16 MS. BURCHETT: Just one. Okay. The criteria
17 that's going to be used for the scoring is conformance with
18 the terms of the RFP, expertise in performance of comparable
19 engagements, the demonstrated competence and implementation,
20 expertise and availability of key personnel, reasonableness
21 of cost. And we do have financial stability included in this
22 also, but that is done by the chief financial officer and
23 that is already done prior to anybody else evaluating the
24 things. And I can say that all of the companies passed their
25 financial stability.

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1 Now I'd like to read how the evaluation committee
2 has scored the vendors thus far. And I'm not going to read
3 the score totals. I'm just going to read the ranking. The
4 rankings thus far by the evaluation committee is Hometown
5 Health number one. Prominence number two. Anthem number
6 three. And Health Plan of Nevada number four.

7 Now, the next part of this is going to be the
8 evaluation part of the meeting and that's going to be where I
9 take the scores from the team for the numbers that have
10 scored this. And normally what we do is we open it for
11 discussion. And first I need to ask if all of the evaluating
12 board members have completed their technical scores. Yes?
13 In this Las Vegas, have you completed your technical scores?

14 MEMBER GARCIA: Yes.

15 MEMBER COCHRAN: Yes.

16 CHAIRMAN DROZDOFF: Gail, can I ask you a
17 question?

18 MS. BURCHETT: Yeah.

19 CHAIRMAN DROZDOFF: So early out you made a --
20 Maybe I missed the intricacies of what you said, but I
21 thought you said that the high scorer was Anthem.

22 MS. BURCHETT: For the presentations. My bad. I
23 should have said for the presentations. Anthem is the high
24 score for the presentations.

25 CHAIRMAN DROZDOFF: And then --
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1 MS. BURCHETT: That's ten percent.

2 CHAIRMAN DROZDOFF: And then the list that you
3 then went through was?

4 MS. BURCHETT: For the evaluation. And that's
5 Hometown, Prominence, Anthem and Health Plan. And that's 45
6 percent of the points given.

7 CHAIRMAN DROZDOFF: Okay.

8 MS. BURCHETT: I should have been more clear on
9 that. Okay. Now I would like to open it up for discussion.

10 MR. HAYCOCK: Damon Haycock for the record. Just
11 for the public's sake, not everyone here has participated or
12 seen a committee and how it works. Can you just describe
13 briefly that once people fill out scores how does it all get
14 tabulated and how is a winning vendor normally selected in an
15 evaluation committee.

16 MS. BURCHETT: Each criteria is assigned a
17 percentage of points based on the score of that criteria and
18 the points, it adds up to a hundred percent. Can I see your
19 score sheet again, Judy?

20 MEMBER SAIZ: Uh-huh.

21 MS. BURCHETT: For instance, conformance is
22 scored -- conformance is 35 percent of the weight. Expertise
23 is 15 percent of the weight. Demonstrated competence is 15
24 percent of the weight. Expertise is 15 percent. And cost is
25 20 percent. And each thing is assigned its own criteria and
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1 score weight -- assigned its own weight. And yes, it's
2 subjective, but each evaluator reads over the proposals.
3 They determine how they feel about each weight and each
4 criteria based on what they've read in the proposals and then
5 they assign a score from one to five in their -- for their
6 proposal. Does that cover it?

7 MR. HAYCOCK: Yeah. Thank you, Gail. Damon
8 Haycock for the record again. And if I may, you can tell me
9 if this is correct, that basically you take an average of all
10 of the evaluators' scores and then you total those averages
11 up for each vendor and then there's an opportunity for
12 additional discussion, right. And if you would like to make
13 a specific point or argue a specific reason that they had for
14 their point or for their -- for their score. And then you
15 allow for a restatement of scores.

16 MS. BURCHETT: Yes.

17 MR. HAYCOCK: And then you tabulate them and then
18 the top score is traditionally the vendor that is offered a
19 notice of intent to contract.

20 MS. BURCHETT: Notice of intent.

21 MR. HAYCOCK: A notice of intent. And then once
22 that notice of intent goes out, negotiation begins between
23 the agency and the vendor. And as long as those negotiations
24 don't go south, then that vendor is traditionally chosen. If
25 it does go dramatically south, then often an agency will go

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1 to the number two vendor; is that correct?

2 MS. BURCHETT: That's correct.

3 MR. HAYCOCK: Okay. So for the public that
4 hopefully answers some unasked questions. Thank you, Gail.

5 MS. BURCHETT: Well put. Okay. And what we're
6 going to do right now is open it up for discussion so that my
7 evaluation board members have the opportunity to discuss and
8 change their score that they have right now if they chose to
9 do -- choose to do so based on any discussion that they might
10 have. So if you'd like to go ahead and open up for
11 discussion and maybe start with Hometown Health first and
12 then we'll go from there.

13 MEMBER SAIZ: Discussion on each?

14 MS. BURCHETT: Each vendor. Generally when we
15 start with one vendor it always leads in to the other
16 vendors. But we may as well start with Hometown Health.

17 MEMBER EWING-TAYLOR: So if we're starting with
18 Hometown, and I know that the evaluation committee ranked
19 them as highest as well. And in my initial technical scores,
20 I also have them ranked highest.

21 I think the things in looking at the evaluation
22 criteria, the things that are most important to me is
23 exceptions to the contract, of which they had none. They did
24 come up with several plan options, which I thought was good.

25 I don't know where we had that kind of a conversation. But

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1 having options especially with this sort of an insurance
2 offer I think is always a good thing to at least discuss and
3 see what we can come up with. They have very good rural
4 coverage. Much better than several of the other vendors.
5 They're also our current vendor and they've been an excellent
6 partner and they've provided excellent service to our
7 employees. And that does count a lot.

8 The other thing is that I found exceptions in
9 most of the other ones, if not all of them, without looking
10 closely at my notes, is that they offer full and complete
11 compliance with all of our audit requirements. And that is
12 something that to this board has always been very important.

13 MS. BURCHETT: Can I interject something?
14 They're for the north though.

15 MEMBER EWING-TAYLOR: I understand that. I
16 understand that. But we're talking about HHP. Anyway, those
17 are my comments.

18 CHAIRMAN DROZDOFF: Any other comments on HHP?

19 MEMBER GARCIA: Down -- Yes, please. This is
20 Rosalie.

21 CHAIRMAN DROZDOFF: Go ahead, Rosalie.

22 MEMBER GARCIA: I wanted to make note that
23 besides the fact that Hometown is only for the north, for the
24 north they did not indicate that they would provide services
25 to Nye County or Esmeralda County and I'm not sure if that's
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1 a problem or has been a problem, but I did want to make note
2 of that.

3 And then in that discussion to the fact that --
4 to the point that they are only providing for the north, I
5 believe or it's my personal belief that we should place some
6 emphasis and consideration on having the same health provider
7 for the north and the south that allows for consistency of
8 coverage. And with that in mind is how I went through the
9 rankings for the providers. That's it.

10 CHAIRMAN DROZDOFF: Thanks, Rosalie. I think --
11 I think that that is an interesting idea that probably
12 warrants some discussion. Because I do think it's -- I mean,
13 I remember it coming up. I think I raised some of it too
14 last time, about, you know, one vendor versus two and, you
15 know, maximum amount of choice. And so I don't disagree with
16 a lot of what Jacque says in terms of they are a current
17 vendor and they've done very well by us. But it is a north
18 only approach. And even in the north I think there are, you
19 know, it's pretty specific, at least in Reno about which
20 hospital focus.

21 So I don't know if there's anybody else that -- I
22 remember this being a discussion. So I guess I'll just ask.
23 The issue that Rosalie raised about, you know, statewide
24 versus north and south, how does that affect people? Judy.

25 MEMBER SAIZ: I don't know if I might be tying
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1 this in to another applicant.

2 CHAIRMAN DROZDOFF: I think it's going to happen,
3 so just speak.

4 MEMBER SAIZ: Okay. Then I'm just going to show
5 my cards right now. I agree with you, Rosalie. I think our
6 participants deserve to have access, the best access we can
7 give them. And they currently have Hometown Health as their
8 PPO network offered through the high deductible plan.

9 It's kind of hard for me to take off my broker
10 hat and look at this, but I did look at these subjectively
11 and I'm just going to -- I'll just lay it out and it can be
12 open for discussion. I really strongly believe that we
13 should have access, the best access we can have for our
14 participants. Years ago we had access to both hospitals and
15 it wasn't an issue. And I constantly hear from people, early
16 retirees, active employees, that they would like to go to
17 Saint Mary's. And I would love it if Hometown Health could
18 put Saint Mary's on to their network. And we've tried that
19 in the past. I don't know if we could do a separate contract
20 with Saint Mary's. But I think to me especially as a broker
21 it's extremely important. Participants deserve the best.

22 I tend to agree with the statewide approach. I
23 think one carrier is easy to work with. And I'm just going
24 to tell you that the one I voted highest, because you'll get
25 my scores here in a few minutes, was Anthem. And I'll tell

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1 you why. They have a large provider network. It's excellent
2 statewide. They have every hospital except for Saint Rose
3 down in Vegas. And there's another hospital being built by
4 them. They're excellent in the rural area.

5 They have something that I don't think any of the
6 others have, not that I know of because I asked those
7 questions last month, no referrals for specialists but they
8 have what they call, like, a blue card, away-from-home care.
9 So students, if I chose Hometown here, I could have a student
10 living in Arizona that could get -- they just register to get
11 that out-of-state access. And then the mom and dad can have
12 Anthem up here and then they can have the blue card Anthem,
13 like, in Arizona.

14 Also retirees, because I know because this has
15 happened with some of my groups, they have -- they can
16 register for I'm going to be in -- I'm a snow bird. I'm
17 going to be some place for six months out of the year. I can
18 register and get that blue card. That's huge to me.

19 So the access is huge to have Saint Mary's and
20 Renown. That's huge. They still get Hometown Health through
21 their PPO network on a high deductible plan.

22 Anthem had that strong telemedicine, that health
23 on line, that's already in place. They are non-contracts
24 going on. They're already in place. They have those great
25 kiosks. Because, as you can tell, I reviewed this thing

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1 thoroughly. They have those kiosks that maybe we can talk
2 them in to providing free. But like in the rural areas like,
3 say, Goldfield or Nye, you know, Nye County, Tonopah or some
4 of those places.

5 I'm going to go on just a little bit more.

6 CHAIRMAN DROZDOFF: Take your time.

7 MEMBER SAIZ: Okay. Thanks. They may be this
8 big Anthem Blue Cross Blue Shield, but I know they're no
9 different than Prominence or Hometown or Health Plan of
10 Nevada where people live here. They're local people.
11 They're local employees. So this local thing goes for all
12 four of them, all four of the applicants.

13 They're financially strong, I know that. I
14 looked them up and they're, like, just to make sure they're
15 like A, A plus, AA plus rating.

16 In my experience looking at everyone's website,
17 Health Plan of Nevada is easy for me to use. Anthem has a
18 great website, easy to use. You can get your claims
19 experience on there. You can -- wellness, education, it's
20 very user-friendly. And something -- Should I keep going?

21 CHAIRMAN DROZDOFF: Yes, absolutely.

22 MEMBER SAIZ: Something that stood out with me
23 with Health Plan of Nevada is that they wouldn't meet those
24 contracts. When someone tells you, you can have this as long
25 as you buy this, that doesn't seem fair to me. I could think

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1 of a lot of adjectives for that. So that kind of pushed
2 Health Plan of Nevada right out for me.

3 And -- Because I thought this through. I don't
4 know where Anthem is, but I'll bet if we asked Anthem if we
5 could use their southern network for the PPO side of it, they
6 might just agree to that. They could match the access fee or
7 waive it. I don't know, whatever. We could put that in to
8 discussion.

9 But those are my -- Those are my -- That's my
10 feeling. A great network, a good company that's strong
11 financially, one network throughout the whole state, one
12 provider throughout the whole state. They, like I said,
13 every hospital, great in the rural area. And I think I need
14 to look at what's best for everybody, not what's best for a
15 few, but what's best for everybody. And that access is huge
16 for me.

17 So I think I've -- I know they have like centers
18 of excellence that are great out there. I know all of our
19 carriers have certain centers of excellence. But that was
20 the top of my list. Anthem was the top of my list for
21 statewide. And I didn't see anybody else for statewide that
22 would compare. So that's -- I think that's it, unless I
23 think of something else along the way.

24 CHAIRMAN DROZDOFF: Actually I'm not going to let
25 you get off that easy, because I'm curious how the issue that
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1 I struggled with, but I guess I'm not ready to tip my hand
2 yet, but what I struggled with is the scoring criteria versus
3 what you just said in terms of access and in accordance with,
4 you know, sort of a statewide approach. Because it almost
5 feels like in order to, in my opinion, the ranking or the
6 criteria doesn't necessarily lend itself to those points.

7 MEMBER SAIZ: Easy scoring.

8 CHAIRMAN DROZDOFF: Right. So can you tell me
9 how you did that.

10 MEMBER SAIZ: So this is where I had to take a
11 stance, okay. And I made my opinion known during the last
12 meeting. I said how can we score this, we have four sheets
13 yet we have Hometown that's up here in the north and then we
14 have Health Plan of Nevada that's in the south, plus
15 statewide. So I finally had to decide who do I think overall
16 is the best selection. I have my thoughts about if we went
17 with one in the north and one in the south. But it was
18 really difficult and I finally had to say what's best for the
19 state, what's best for our participants, what I think is best
20 as a board member and as a broker, and that's how I came up
21 with it. I had to kind of try to score them with -- I'll
22 tell you Hometown is, they are, you know, they are a good
23 vendor. I realize that. My approach is I think we need to
24 get away from all of this blended stuff and worrying about we
25 got this up here in the north and we got this in the south.

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1 We need to move on, open up our eyes, and look at the new
2 horizon and move forward with what I think is a better
3 approach. So that's how I had to do it. I just had to say
4 take a stance and say what am I going to do? Am I going to
5 go north and south, would that be best for the participants?
6 Or do I go statewide, would that be best for the
7 participants? And that's how I scored.

8 CHAIRMAN DROZDOFF: I appreciate the honesty.

9 MEMBER SAIZ: It was tough.

10 CHAIRMAN DROZDOFF: I struggled with that as
11 well. Jacque and then I'll go down the row.

12 MEMBER EWING-TAYLOR: Thank you, Mr. Chairman.
13 So if I understood Rosalie's comments, she wants to see
14 parody between the plan, not just that we have a statewide
15 plan, but that what's available in the north is the same as
16 what's available in the south. That is not going to happen
17 with any of these vendors. The prices are very different.
18 The offerings are very different. We've got different
19 offerings among each one. So if your whole goal is getting
20 the same thing in the north as we have in the south, it's not
21 going to happen. None of these were identical when it came
22 down to co-pays and what's covered and what's not covered.
23 So you can have a statewide HMO or PPO or whatever you want,
24 there are still going to be regional differences that we have
25 to deal with. Whether that's through blended rates or
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1 whether that's through different plan offerings, you're still
2 going to have differences.

3 So for me, having one vendor is not that
4 important. What's important to me is what's covered, what's
5 not covered, what the cost is for each area and how we deal
6 with the inevitable differences. And that issue is going to
7 have to come up regardless of who we choose.

8 My other issue with having one statewide vendor
9 is -- And this came up in a conversation the other day --
10 having one huge behemoth of a company when making the change
11 from what we've always done, which is kind of be the big fish
12 in the little pond, to be a very, very important piece of a
13 vendor's business to going to being just another piece of
14 business to someone like Anthem or even United.

15 And it would make me more comfortable if we're
16 going to head in the direction of a very large company,
17 essentially splitting the business as we have for many, many
18 years and award a contract for the northern HMO, award a
19 contract for the southern HMO, and try our best to equalize
20 the offerings and the cost. And I think we can do that as
21 effectively with two vendors as we can with one vendor that's
22 still going to have cost differences north and south, still
23 going to have offering differences north to south.

24 Now, having said all of that, I will also say
25 that Anthem was my number two. I think they had great

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1 offerings. I think they do have good statewide coverage. I
2 do like the away-from-home care, especially for faculty who
3 have children out of the state. I think, you know, they have
4 some very, very good programs. They also have some
5 significant exceptions. The audit issue was a significant
6 exception on their part. They also, by the way, Rosalie,
7 don't have any coverage in Esmeralda, Eureka or Storey. So
8 everybody has got a gap in some of those smaller counties.

9 They wouldn't share their survey and it wasn't
10 clear in the survey that they were willing to conduct was
11 PEBP-specific, which I think most of you know that is sort of
12 a battle we fought over the years to make sure that the
13 customer service surveys are specific to our group. I don't
14 care what somebody in Kansas thinks about Anthem. I care
15 about what somebody in Nevada thinks about their coverage.
16 So that's sort of where I am on all of this.

17 CHAIRMAN DROZDOFF: Okay. Anybody else want to
18 weigh in now? Chris, go ahead.

19 MEMBER COCHRAN: Leo, this is Chris. I think
20 just -- And this may be more of a technical thing. You can
21 hear me fine; correct?

22 CHAIRMAN DROZDOFF: Yeah. Actually quite good.

23 MEMBER COCHRAN: All right. You know, I guess
24 one of the things in the back of my mind that I worry about
25 is in terms of the issuance of the RFP is how distinct we

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1 made it that having a statewide plan was the preference in
2 terms of putting together your RFP. So, for example, if
3 Hometown Health knew that we were -- They didn't provide a
4 statewide plan. The others did. You know, was there any
5 kind of misconception on their part in putting together the
6 proposal but that was a significant factor in our
7 deliberations as to whether or not a single plan, statewide
8 plan, was going to be a big issue?

9 CHAIRMAN DROZDOFF: Yeah. So Chris, I want to be
10 clear here, I brought that up not because I think people
11 should or should not have a preference. I was just sort of
12 recalling our last meeting where the issue of choice and the
13 issue of statewide seemed to bubble up to the top and it
14 was -- So I don't necessarily know that we are or should give
15 sort of a preference. It just seemed like that was the
16 organic nature of the discussion last time and I was frankly
17 more curious than anybody else how people squared that with
18 criteria that doesn't necessarily lend itself to that. So I
19 don't think that we -- I want to be clear that I don't think
20 we did say that there should be a preference and I don't know
21 that we're ready to say that right now.

22 Don, did you want to say something?

23 MEMBER BAILEY: Sure. For the record. Don
24 Bailey. I like the idea of one vendor. But on the other
25 hand, I can align myself somewhat with Jacque because those
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1 differences between north and south are not going to go away
2 easy. They're going to take a lot of work and a lot of
3 changing. And I think just the idea of changing we're going
4 to have to work on hard and long. The idea of having one
5 vendor, it strikes me as being good because it cuts the work
6 load, in my mind anyway, would cut the work load for our
7 staff and certain vendors would be involved in this.

8 But the difference is -- And you go through these
9 programs that they have provided us. There are a great deal
10 of differences from the north and the south and they're not
11 going to be corrected by us just, okay, I suggest picking
12 vendor number one. Those problems are not going to go away
13 for the board, for PEBP or for the north and south.

14 So for the membership which we represent, be it
15 active or not active, I align myself somewhat with Judy
16 because we need to do the best possible job for our members.
17 And this has been a struggle for me. And I read these things
18 and read them again and read them again. And you compare one
19 vendor -- We've got four score sheets in front of us. And
20 let me tell you, all the vendors are good. They are a number
21 of vendors. We're fortunate in the State of Nevada to have
22 four good vendors. But it comes down to we've got to make a
23 decision.

24 I don't know whether I should expose myself,
25 Mr. Chairman, but everybody else seems to be doing it. My
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1 score sheets, if you really want to know where I'm from,
2 because I call it the way it is, right now my score sheets,
3 Anthem hit the top and Hometown is right on their heels. But
4 it was hard to do, and let me tell you, very close in
5 scoring. So whatever comes out to the whole board in total
6 and dividing and making that percentage decision, we're going
7 to have to count all of them score sheets.

8 But I certainly can see one vendor being a lot
9 more simpler for everybody. But on the other hand, I also
10 see complications of trying to do that. We've already ran in
11 to them. And I think the last meeting and maybe the meeting
12 prior to that, Mr. Chair, we did discuss one vendor issue and
13 it's -- we always come to the same decision. It's so
14 complicated to divide them and bring them in line as one
15 vendor. So I rest on that one for right now.

16 CHAIRMAN DROZDOFF: Thanks, Don.

17 Judy.

18 MEMBER SAIZ: Reiterate again, so my big point is
19 access. I think it's important for our participants to have
20 both Saint Mary's or Renown in northern Nevada and
21 Carson-Tahoe. And I think that's really important to me.
22 And again, like I said, boy, if Hometown could get Saint
23 Mary's on their network, that would be great. And people can
24 still access the Hometown network through the high deductible
25 plan. So that's -- There we go.

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1 CHAIRMAN DROZDOFF: Anybody else want to say
2 anything?

3 I have a logistical question for Gail, I guess.
4 So if we go through this and the scores are tallied and HHP
5 comes up as the top, then do we take the second bidder for a
6 southern HMO? Is that what happens?

7 MS. BURCHETT: Well, that would be the board's
8 choice. Remember, you don't have to take the scores.

9 CHAIRMAN DROZDOFF: Right.

10 MR. HAYCOCK: You award it in the best interest
11 of the state.

12 CHAIRMAN DROZDOFF: Yeah. But, I mean, at some
13 point there has to be a way to do a process to that. I mean,
14 I will simply say that I certainly -- I think HHP has been an
15 excellent vendor as well. I do wish that access situation
16 would resolve itself. I -- You know, as chair, I do get
17 messages routinely about not having access to -- Well, about
18 a lot of things I suppose. But about not having access to
19 Saint Mary's. And so I wish that situation would resolve
20 itself in general. And I think I tend to agree with Judy
21 that, you know, on balance you have to -- In this case you
22 have to almost try to say, okay, what's better, a years worth
23 of track record versus a statewide approach with more access.
24 I don't necessarily want to as chair though I don't know that
25 I do want to, how did you put it, expose yourself. So I'm
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1 not going to do that. I think I've probably said enough.

2 So again it seems now, Gail, that people have had
3 an opportunity to -- Do you want to listen to -- What's the
4 process now?

5 MS. BURCHETT: We haven't had any discussion on
6 Prominence or Health Plan of Nevada. Did anybody want to
7 discuss that?

8 CHAIRMAN DROZDOFF: All right. So let's go
9 through them all. Let's go through -- Let's stick with
10 Anthem. Is there anybody else that wants to say anything
11 else on Anthem?

12 MEMBER GARCIA: This is Rosalie. When I was
13 considering Anthem, you know, you take it personal, besides
14 constituents, co-workers. What I did like about Anthem was
15 personal, and that is I don't think I told -- I think I've
16 told this before, but I have always been an HMO member until
17 my first of six children graduated high school and went away
18 to college. And at that point, I made a decision to switch
19 so that my children could be covered in whatever state they
20 were. So now I have three children in different places and I
21 have had to switch to the high deductible plan. On Anthem
22 this would allow me to go back to the ease of having a
23 provider for all of my family wherever they may be. So that
24 was really one part of Anthem that looked really good to me.

25 The other part is that there's no referral for a
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1 specialist with this particular vendor. And, you know, I'm
2 only talking about Anthem. I'm not talking about anybody
3 else right now. But with this particular vendor there is no
4 referral whether you're in the north or in the south to see a
5 specialist. And I believe that that's a feature that our
6 members have been looking for.

7 Also, I really, really liked their wellness
8 program. You know, other vendors also had very good wellness
9 programs. But Anthem's seemed to stand out to me a bit more.

10 The thing I did not like about Anthem, one of
11 them, one of the items that caught my eye was they do tout
12 that they have an eye care provider access to member health
13 profiles. And I know that that could be shut down if we did
14 not like that idea. I personally do not like that idea, so I
15 just wanted to bring that up. I don't like sharing member
16 profiles with eye care providers unless it's necessary. So
17 that might be something that would not necessarily need to be
18 automatic.

19 Also, their member assistance ends at 5:00 p.m.
20 mountain time. And should this vendor be ours or selected, I
21 would want that changed to at least 5:00 p.m. pacific time,
22 if not extended to 7:00 p.m. Monday through Friday. Those
23 are my comments.

24 CHAIRMAN DROZDOFF: Thanks.

25 Since we're down there, Chris, is there anything
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1 that you wanted to weigh in on here?

2 MEMBER COCHRAN: No. I mean, you know, again,
3 Anthem on paper looks like they provide a very good product.
4 You know, I worry just from a historical perspective about
5 the concerns a couple years ago when Anthem and California
6 raised their prices significantly. So I get a little worried
7 about that. You know, but I don't have -- we don't have a
8 historic perspective in dealing with Anthem. And, you know,
9 I guess it's clear that they do because they are pretty much
10 nationwide they would have access for care just about
11 anywhere you go, presumably. I mean, you know, we have to
12 really know for sure if that's -- I'm not so sure that that's
13 always the case in terms of, you know, what do we have to do
14 to make sure we can get access to all of these other
15 providers if we go outside the State of Nevada, you know. I
16 think they mentioned at the last meeting that we would still
17 be within network, which obviously is a tremendous benefit.

18 I am a little worried, frankly my own
19 perspective, about not including the roses on this plan as
20 far as hospital services go, which means that we're dealing
21 primarily with for-profit hospitals with Anthem as opposed to
22 not-for-profit hospitals. And that's also an advantage I saw
23 of Hometown Health.

24 And that would be -- I think that's also partly
25 an issue with Prominence, because Prominence seems to be

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1 Valley Health Systems driven. I did like Valley -- I did
2 like Prominence, but we're not on them right now.

3 So those would be my biggest concerns with Anthem
4 is in terms of hospital coverage probably primarily. You
5 know, I think, you know, how that reflects on our members,
6 you know, do they have loyalties with certain hospitals. Is
7 that going to be an issue. Could we check with Anthem to see
8 what would it take to include the roses, as you talked about
9 with Hometown Health, including Saint Mary's up in the north.
10 You know, could we talk to any of these vendors that may have
11 specific omissions in terms of providers as to whether or not
12 they could include those providers?

13 CHAIRMAN DROZDOFF: Thank you. I appreciate it.
14 Anything else on Anthem?

15 All right. Let's go to Prominence.

16 MEMBER SAIZ: I don't know if it's just a comment
17 or -- just a comment that on Anthem if you live in Ely, my
18 hometown, and I wanted to go to Vegas on HMO, I could do
19 that. If I wanted to come to Reno, I could do that. So I
20 just wanted to be clear that that would be true statewide and
21 still be in the same network with the same Anthem discount.
22 I just thought of that too.

23 CHAIRMAN DROZDOFF: All right. Let's go to
24 Prominence. Anybody have anything to say? Anybody want to
25 volunteer anything on Prominence?

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1 MEMBER SAIZ: I will.

2 CHAIRMAN DROZDOFF: Go ahead.

3 MEMBER SAIZ: Just kind of glanced at my notes.
4 I have Prominence scored pretty good too. Like Don said,
5 they're all really good vendors. Network was my big thing
6 with them and that they don't have the large public sector
7 section that some of the other carriers had.

8 I didn't -- I really hate to say it like this,
9 but I didn't really have as much confidence with Prominence
10 that I did with the others. And I think it was because of
11 the amount of public sector clients and the network. If you
12 guys recall, you know, when we were asking, you know, do you
13 have this county or this county or this county, they kind of
14 didn't know. And then it was, I think that they didn't have
15 several of them. I can look back at my notes. But that was
16 my comments on Prominence.

17 CHAIRMAN DROZDOFF: Thank you. Anyone else?

18 MEMBER GARCIA: This is Rosalie.

19 CHAIRMAN DROZDOFF: Go ahead, Rosalie.

20 MEMBER GARCIA: Notes on Prominence was that they
21 seemed -- they seemed okay. One area that I noted was their
22 directory is updated monthly instead of weekly, which was
23 different than other proposals. They do not require
24 specialist referrals in the north, but they do require
25 specialist referrals in the south. There are no outside

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1 services external to Nevada, which is, you know, pretty
2 common. And they had, you know, a basic good health and
3 wellness training program. I did like their customer service
4 hours that they would provide to members. That was very
5 good. It was, you know, eight to seven, which I always like
6 to see for working stiffs. And that's it. Those are my
7 comments.

8 CHAIRMAN DROZDOFF: All right. Anyone else?
9 Okay. Let's go to HPN. Anyone interested in starting the
10 discussion there?

11 MEMBER SAIZ: Judy Saiz.

12 CHAIRMAN DROZDOFF: Keep going, Judy.

13 MEMBER SAIZ: I know. We have Southwest Medical
14 down there. It eliminates some of the other providers that
15 Anthem does have. And again, you know, where they wouldn't
16 offer -- if they weren't selected in the south they wouldn't
17 allow us to have their network. I feel like -- Okay, maybe
18 you're going to -- I know Leo is going to tell me this is a
19 strong word. But I feel like I'm a hostage, you know, you
20 can have this as long as you take this. And that bothers me.
21 So just as an evaluator, that bothered me.

22 You know, Carson-Tahoe again when we had that,
23 they said they can get all of these different counties and
24 hospitals in the RFP, but it wasn't there. And that's big to
25 me. So access again.

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1 CHAIRMAN DROZDOFF: Anyone else? Ana.

2 MEMBER ANDREWS: Ana Andrews for the record. I'm
3 at a disadvantage because I don't have my notes from when the
4 committee met. But in listening to everybody's comments, I
5 can see that there are quite a few things that I also
6 thought. But I strongly agree with what Judy just said. The
7 fact that if we don't take HPN they will take the network
8 away from our PPO program really, really concerns me.
9 Because it is kind of like what do we do. Let's say -- And
10 this is just a hypothetical, we don't choose them. So then
11 what? Do we scramble to try and find a network for the high
12 deductible program? What do we do? And that to me really is
13 not right. That's all I want to say.

14 CHAIRMAN DROZDOFF: So again, I'm marketing back
15 to our meeting last time and this issue with this particular
16 vendor came up. So I think there's few areas to explore.
17 One is sort of the general dissatisfaction that people have
18 with that approach. But the other is the practical
19 application of, okay, which Ana just asked, so what happens
20 next.

21 Damon, does anybody from your staff be in a
22 position to -- I hate hypotheticals. But in this case I
23 think it's a justified question, which is for argument sake
24 if HPN is not chosen as either a statewide vendor or a
25 southern Nevada HMO vendor and they have said that they

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1 weren't going to allow access to their PPO network, what
2 practically happens then?

3 MR. HAYCOCK: Damon Haycock for the record.
4 We've had numerous conversations both internally with staff
5 as well as with our current vendors. We've reached out to
6 HealthSCOPE. We've reached out to Hometown Health. We've
7 reached out to other opportunities. In speaking with
8 HealthSCOPE, they mentioned that there are other networks
9 down there that are utilized by other large employers in
10 southern Nevada and they felt that it was not going to be
11 difficult for us to negotiate a new southern Nevada PPO
12 vendor contract -- or excuse me. Network contract. I don't
13 believe that it's going to be an impossible task for us to
14 have a southern Nevada network by July 1. It means that
15 we'll have to prioritize that process. As many of you have
16 received, I did send out after I got confirmation that Health
17 Plan of Nevada would activate their 180-day out clause and I
18 would assume if they are not selected today, unless they want
19 to come forward and change everyone else's opinion, that
20 they're going to be issuing that letter as early as tomorrow.
21 And so, not to call anyone out on the spot. But unless we
22 hear otherwise, I assume that is the process that will occur
23 as early as tomorrow morning if they are not selected today.

24 And so if HPN is not selected, and I agree with
25 you, Judy, that the term of hostage may be pretty tough but
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1 it's pretty accurate. If that's something that we need to
2 do, we will prioritize that and make that one of our top
3 priorities of PEBP and make sure that we have that resolved.

4 CHAIRMAN DROZDOFF: So you raised the question in
5 terms of a practical question. Does that provide you with
6 the answer?

7 MEMBER ANDREWS: Yes, it does. Thank you.

8 CHAIRMAN DROZDOFF: All right. Is there anybody
9 else on that school of thought that has questions? Rosalie.

10 MEMBER GARCIA: Leo, this is Rosalie. I don't
11 have a question. I just have a comment with regard to that.
12 I understand the overall or can understand the overall
13 marketing and cost associated with providing a PPO, maybe,
14 and having that linked in to the southern Nevada market or
15 monies or earnings that they're getting from our contract,
16 the contract with PEBP.

17 But when scoring this vendor, taking that in to
18 consideration, I have to consider that it was very
19 short-sided of HPN to, financially, to put themselves in a
20 position where they've contracted already and made an
21 agreement with an organization to provide services and then
22 to take it back because it's contingent upon continuing
23 business on a different program. So when I saw that, I have
24 to say that I think that it questioned the HPN's business
25 practice. So that's my comment.

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1 MEMBER COCHRAN: I'd like to add a comment though
2 just in terms of consideration of what HPN has said. And I
3 don't like being bullied, you know, and so I do think that's
4 a major issue in terms of how we make a decision on this
5 going forward. And that sounds to me, you know, by removing
6 the network for the PPO down here for the folks in the south,
7 that sounds like a bullying tactic and that doesn't sit well
8 with me at all.

9 It does, though, raise a question -- One of the
10 things as I was looking at the Hometown Health provider
11 directory and knowing that it's an open access PPO -- I mean
12 HMO, I was wondering how different is this directory from
13 their PPO directory. I mean, are we seeing the exact same
14 providers there. And if we go with -- if we don't go with
15 Hometown Health, they may not have said that, but do they
16 come back and say, you know, everything that we put together
17 is based on a historic relationship that we've had with you
18 and, you know, we're going to -- our costs are going to go up
19 for our PPO and we may have to withdraw that as well.

20 I'm not saying that that's what's going to
21 happen. But I do kind of look at that in terms of in the
22 back of my mind one provider says if you don't do this, we're
23 going to remove -- we're going to withdraw our list from the
24 PPO. We're going to give you the 180 days. I don't think --
25 Like I said, that doesn't sit well with me, and that's

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1 enough, frankly, to say forget it if that's what you're going
2 to resort to. You know, we're not going to be bullied in to
3 a decision because that's what you think, you know -- That
4 doesn't help your case, in other words.

5 But I do, you know, in consideration of what they
6 say, I do wonder if that would also affect if we didn't award
7 Hometown Health the plan, could we potentially be looking at
8 the same type of issue even though they didn't raise it? And
9 I just throw that out there as a hypothetical.

10 CHAIRMAN DROZDOFF: So I think it's fair --
11 Damon, are you -- I'm sorry. I'm sure you're talking about
12 this. But are you or your staff able to provide any
13 edification to Chris on that question?

14 MR. HAYCOCK: Damon Haycock for the record. If
15 you're referring to the Hometown Health PPO network utilized
16 for the Hometown Health HMO network, I don't have that
17 answer. But I know we have two members from Hometown Health
18 here that can potentially answer that question.

19 MEMBER SAIZ: I asked that question of Tena.

20 MR. HAYCOCK: Yeah, it covers both networks.
21 Tena, do you know if these same providers are on both?

22 MS. GLOVER: This is Celestena Glover for the
23 record. I can't tell you which providers are on which
24 network. But I do know in past discussions, board meetings
25 were, the discussion was whether or not to eliminate HMO's.

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1 Hometown Health had come to the table at that point and said
2 that they would work with us and that the PPO network wasn't
3 at jeopardy if we went that route. Like you said, there was
4 nothing in the RFP that said they would eliminate the network
5 if we didn't choose them for some reason. So assuming
6 nothing has changed from those past board meetings, you know,
7 I would have to say that, you know, that wouldn't be an
8 issue.

9 The SHO network with HPN the way the contract is
10 currently written, it's a partnership. We have shown the
11 south and Hometown Health in the north and rurals and
12 wherever. The SHO piece is the one that we're concerned
13 about.

14 CHAIRMAN DROZDOFF: Chris, does that answer your
15 question?

16 MEMBER COCHRAN: Yes, it does. You know, I'm not
17 sure we -- If they said it's not going to affect it, that's
18 the answer I'm looking for.

19 CHAIRMAN DROZDOFF: To the best of our knowledge,
20 I think, is always the qualifier.

21 Okay. Anything else on HPN?

22 So I have, and I know that the timing looks bad
23 here, but I have a non-scoring question that I think I need
24 to talk to Dennis about. So I thoroughly caution the group
25 here. I am going to take a ten-minute break. Please do not
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1 speak to anybody about your scores or anything else. But
2 there is something that I need to get clarity on from Dennis
3 before we move forward. Let's be back in ten minutes.

4 (Recess was taken)

5 CHAIRMAN DROZDOFF: Let's get back. I trust
6 everybody hasn't -- So Gail, before we move in to the next
7 steps, I did ask staff if there was anything they wanted to
8 offer before we move forward. And so Damon, I will offer
9 that up to you. Is there anything from a staff perspective
10 that you want us to consider?

11 MR. HAYCOCK: Damon Haycock for the record.
12 Hearing everybody's review of the four vendors, it sounds
13 like there's some decisions to be made outside of who the
14 specific vendor and the costs are, some policy decisions that
15 may take a front seat to this discussion. There is
16 discussion -- And I've heard from multiple folks when I went
17 down to Las Vegas and the surrounding southern Nevada area
18 that they didn't like the fact that the access was different
19 for one HMO versus the HMO in the north, right. That there
20 was an open access HMO in northern Nevada and a closed access
21 or a capitated model in southern Nevada and that they had
22 issues getting to the access that they felt that they wanted
23 to directly go to that their counterparts up in northern
24 Nevada had access to.

25 So I think there's an opportunity to either in
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1 your selection of the vendors or prior to having a discussion
2 about do you want to prioritize open access HMO services in
3 southern Nevada. And then secondly do you want -- And you
4 guys have already said this repeatedly, do you want to look
5 at a statewide option or two regional options.

6 But once those two decisions are made, I think
7 the process may go a little bit quicker or simpler, because
8 you only have certain folks that can do certain things.

9 And if you really want to concentrate on access
10 to care, and I know every one wants to and that's very
11 important, if there's a parody -- and I'd like to have
12 Rosalie correct me, and Chris down south as well, that I know
13 I've heard and I think they have too that the HMO plans are
14 not necessarily equal but the reason the one in southern
15 Nevada is so much cheaper is that they restrict access
16 comparatively to the one in northern Nevada. Now, there
17 could be a plethora of reasons why the costs are different
18 and I'm not going to throw out an opinion on those. But
19 those have been the complaints that I've received since I've
20 started with PEBP.

21 And I didn't know if anyone else on my staff, if
22 Tena or Laura wanted to add anything. But if not, we can
23 turn it back over to the board.

24 CHAIRMAN DROZDOFF: Anything else, Tena or Laura?
25 So anyway, it's another piece of information to consider.

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1 Is there anything else that anybody wants to say?

2 MEMBER COCHRAN: Mr. Chair, this is Chris Cochran
3 for the record.

4 CHAIRMAN DROZDOFF: Yes, Chris.

5 MEMBER COCHRAN: Just in response to what Damon
6 said, if we're looking at these as two pieces of information
7 that we need to have, is this something that we throw back to
8 the vendors or do we say provide -- please provide a best and
9 final or is this something that we try to decide at this
10 meeting today?

11 CHAIRMAN DROZDOFF: I think it's the latter,
12 which then would lead in to negotiations with the prospective
13 best bidder or bidders. That's as I see it. Yes. And I'm
14 getting nods from Gail at purchasing. So that's the answer I
15 think, Chris.

16 MEMBER COCHRAN: Okay.

17 CHAIRMAN DROZDOFF: All right. So Gail, how
18 would you like -- how do we proceed now?

19 MS. BURCHETT: If we've all finished our
20 discussion, I think the next step would be to go ahead and
21 take the scores. At this juncture it's your opportunity to
22 change any of your scores if you feel fit to change any of
23 your scores based on the discussion. So if you want to
24 change any of your scores, now is the time to do it.

25 CHAIRMAN DROZDOFF: All right. And then what?
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1 Once we are done with that, then what?

2 MS. BURCHETT: Then I'm going to ask for your
3 scores.

4 CHAIRMAN DROZDOFF: Okay. And then what?

5 MS. BURCHETT: Then we'll calculate it up. The
6 computer will do that. Not me, because math is not my strong
7 suit. And we're going to read and we'll find out how is the
8 high vendor.

9 CHAIRMAN DROZDOFF: And how are we working
10 receiving scores from southern Nevada?

11 MS. BURCHETT: They're going to read them to me
12 and then they're going to put their score sheets in an
13 interoffice envelope and send them to me.

14 CHAIRMAN DROZDOFF: Okay. So we're reading these
15 out loud?

16 MS. BURCHETT: You're going to read them out
17 loud, yes.

18 CHAIRMAN DROZDOFF: So I'm going to give
19 everybody a few seconds here, because your scores will be
20 read out loud, to take a look.

21 MS. BURCHETT: We're going to read the scores
22 alphabetically by vendor.

23 CHAIRMAN DROZDOFF: And I guess for the -- As
24 Jacque said, she and I and others participated in a different
25 contracting. And just for everybody's benefit, at that
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1 juncture we allowed half scores as one, one and a half, two,
2 two and a half.

3 MS. BURCHETT: No, no.

4 CHAIRMAN DROZDOFF: So I'm just putting that out
5 there as you are not constrained either way. Should you want
6 to do that, you can.

7 MEMBER SAIZ: I'll have to redo it.

8 CHAIRMAN DROZDOFF: No, you don't have to it. If
9 you want to, you can.

10 MS. BURCHETT: If you want to, you can, but I
11 will moan every time you do it.

12 MR. HAYCOCK: For the record, Damon Haycock. I
13 have a question for you just to finalize and clarify the
14 process. Once all the scores are collected, read, tabulated
15 by the computer, you're going to say who came in first,
16 second, third and fourth?

17 MS. BURCHETT: Yes.

18 MR. HAYCOCK: However, two things. One, the
19 board still has the ability to award the contract as they
20 feel in the best interest of the state; correct?

21 MS. BURCHETT: Correct.

22 MR. HAYCOCK: And so the scores are there to help
23 guide that decision. But at the end of the day, a motion
24 will need to be made, seconded, and then approved by the
25 board or a majority of the board to determine who will be the
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1 vendor or vendors selected; is that correct?

2 MS. BURCHETT: That is correct. And also after
3 these scores are read, I'll need to do a quick matrix in here
4 to do the 45 percent, 45 percent, and ten percent.

5 MR. HAYCOCK: Right. Okay. Thank you, Gail.

6 CHAIRMAN DROZDOFF: Is everyone ready?

7 MEMBER COCHRAN: May I ask a point of order?

8 CHAIRMAN DROZDOFF: Yes. Go ahead, Chris.

9 MEMBER COCHRAN: Just to be clear, as we're
10 rating these, we can consider whether or not our rating
11 includes whether these would be state or regional?

12 CHAIRMAN DROZDOFF: Yes. I mean, that's what
13 I -- That's a good point, and I'll say it again. I found in
14 my own mind that finding ways to do that were tricky, but,
15 like Judy, if I felt that issues like access or statewide
16 were important, I found ways at least I can justify to myself
17 about why I gave the scores that I can.

18 MEMBER COCHRAN: Okay. Your justification may be
19 different from mine, but that's okay.

20 CHAIRMAN DROZDOFF: I think that's exactly right.
21 But there's a bunch of us here. We'll see how it goes.

22 MEMBER COCHRAN: Okay. Thank you. I just wanted
23 to clarify.

24 MS. BURCHETT: Okay. The way I'm going to
25 proceed is I'll call your name and then I will tell you which
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1 vendor I want you to read your scores to me for and then
2 we'll go from there.

3 So Rosalie, you're first. And we're going to
4 read them for Anthem and if you just go down the order from
5 demonstrate competence to all the way down for Anthem.

6 MEMBER GARCIA: So item one is four.

7 CHAIRMAN DROZDOFF: Hold on. Damon, you have a
8 question.

9 MR. HAYCOCK: Yeah. So Gail, and I sat in your
10 last one of these and it got a little bit confusing, because
11 the order in which you take scores is not the order in which
12 the sheet is. Can they just read off the order which the
13 sheet is and you can do your presto magic and put that in
14 there?

15 MS. BURCHETT: Yes, I checked. The order is
16 correct.

17 MR. HAYCOCK: So you're going to start with
18 conformance with the terms of the RFP and then go to
19 expertise, demonstrated competence, and then expertise and
20 availability of key personnel?

21 MS. BURCHETT: Correct. And then cost.

22 MR. HAYCOCK: And then cost. Okay. I just
23 wanted to double-check because we had that issue before.

24 MS. BURCHETT: I looked.

25 MR. HAYCOCK: Thank you.
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1 MS. BURCHETT: Yeah. I was concerned about that
2 so I looked.

3 Okay. I'm sorry Rosalie, go ahead.

4 MEMBER GARCIA: Item one is four. Item two is
5 three. Item three is five. Item four is four. Item five is
6 three. And pass.

7 MS. BURCHETT: Chris, you're next.

8 MEMBER COCHRAN: Okay. For conformance, four.
9 Expertise, five. Competence, four. Availability and
10 expertise, which I guess is item four, is three.
11 Reasonableness of cost, three. Financial stability, pass.

12 MS. BURCHETT: And then for this room we're going
13 to go from Judy on down to Leo that way. So Judy, you're
14 first.

15 MEMBER SAIZ: And this is for Anthem; right?

16 MS. BURCHETT: Yes.

17 MEMBER SAIZ: Number one is five. Number two is
18 five. Number three is five. Number four is five. Number
19 five is five. And pass.

20 MS. BURCHETT: Okay, Don.

21 MEMBER BAILEY: Anthem. Number one, five.
22 Number two, five. Number three, four. Number four, five.
23 Number five, five. Pass.

24 MS. BURCHETT: Okay. Jacque.

25 MEMBER EWING-TAYLOR: Two, five, five, four,
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1 four.

2 MS. BURCHETT: Okay. And Leo?

3 CHAIRMAN DROZDOFF: Five, four, four, five, four,
4 pass.

5 MS. BURCHETT: Thank you. Okay. The next vendor
6 we're going to read is Health Plan of Nevada. And we'll
7 start with Rosalie.

8 MEMBER GARCIA: I'll do it the expedited way.
9 Three -- I'll start over. Three, four, four, four, three and
10 pass.

11 MS. BURCHETT: Chris.

12 MEMBER COCHRAN: Four, five, four, three, five,
13 pass.

14 MS. BURCHETT: Okay. Judy.

15 MEMBER SAIZ: For Health Plan of Nevada, two,
16 five, five, three, four, pass.

17 MS. BURCHETT: Okay, Don.

18 MEMBER BAILEY: Health plan, one, five, two,
19 four, three, four, four, four, five, four, pass.

20 CHAIRMAN DROZDOFF: Wait, wait, wait.

21 MS. BURCHETT: You've got way too many numbers.

22 (The court reporter interrupts)

23 CHAIRMAN DROZDOFF: Hold on, hold on. Stop.

24 MS. BURCHETT: Just read me the numbers.

25 CHAIRMAN DROZDOFF: I understand. But wait. So
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1 what we're going to do is we're going to just start over with
2 Don's right now. So there are no numbers. And let's go a
3 little bit slower.

4 MS. BURCHETT: Just read me the numbers.

5 MEMBER BAILEY: Five, four, four, four, four,
6 pass.

7 MS. BURCHETT: Okay.

8 MEMBER SAIZ: And I double-checked that for him.

9 MEMBER BAILEY: Judy checked my score.

10 MEMBER EWING-TAYLOR: All fives.

11 MS. BURCHETT: All fives.

12 CHAIRMAN DROZDOFF: This is HPN.

13 MEMBER SAIZ: That was Health Plan of Nevada,
14 wasn't it?

15 CHAIRMAN DROZDOFF: Are we on --

16 MEMBER SAIZ: We're on Health Plan of Nevada.

17 MS. BURCHETT: Yes.

18 MEMBER EWING-TAYLOR: Okay. Sorry. I had it
19 down as United because that's the way the -- all the binders
20 said United. My bad. So we're doing Health Plan of Nevada?

21 MS. BURCHETT: Yes, Health Plan of Nevada.

22 MEMBER EWING-TAYLOR: You ready?

23 MS. BURCHETT: Yes.

24 MEMBER EWING-TAYLOR: Zero, three, three, three,
25 four.

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1 MS. BURCHETT: Okay. That was zero, three,
2 three, three, four?

3 MEMBER EWING-TAYLOR: Correct.

4 MS. BURCHETT: Leo.

5 CHAIRMAN DROZDOFF: Two, three, three, two,
6 three, pass. And if I may, just because there was confusion,
7 Chris and Rosalie, you're comfortable that the scores you
8 just gave were for HPN; correct?

9 MEMBER COCHRAN: Correct.

10 MEMBER GARCIA: Correct.

11 CHAIRMAN DROZDOFF: And everybody up here, that's
12 fine. Just be sure.

13 MS. BURCHETT: Okay. Next we're going to do
14 Hometown.

15 CHAIRMAN DROZDOFF: HHP as it's otherwise known.

16 MS. BURCHETT: Yes. Hometown. Rosalie.

17 MEMBER GARCIA: Two, two, four, four, three, and
18 pass.

19 MS. BURCHETT: Read those to me again, just the
20 numbers.

21 MEMBER GARCIA: Two, two, four, four, three.

22 MS. BURCHETT: Okay. Thank you. I want to make
23 sure I got it right.

24 Go ahead, Chris.

25 MEMBER COCHRAN: Four, four, five, one, five,
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1 pass.

2 MS. BURCHETT: Judy.

3 MEMBER SAIZ: Hometown Health?

4 MS. BURCHETT: Yes, please.

5 MEMBER SAIZ: Five, five, five, three, four,

6 pass.

7 MS. BURCHETT: Don.

8 MEMBER BAILEY: Hometown Health, five, four,

9 five, five, four, pass.

10 MS. BURCHETT: Jacque.

11 MEMBER EWING-TAYLOR: All fives.

12 MS. BURCHETT: And Leo.

13 CHAIRMAN DROZDOFF: Four, four, four, three,

14 four, pass.

15 MS. BURCHETT: Okay. And last one, Prominence.

16 Rosalie.

17 MEMBER GARCIA: Ready?

18 MS. BURCHETT: Yes.

19 MEMBER GARCIA: Three, three, three, three, and

20 three. And pass.

21 MS. BURCHETT: Okay. Chris.

22 MEMBER COCHRAN: Five, five, five, five, four,

23 pass.

24 MS. BURCHETT: Judy.

25 MEMBER SAIZ: Prominence, five, three, four,
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1 three, four, pass.

2 MS. BURCHETT: Just because I'm a big pain, read
3 that to me again. Five, three, four --

4 MEMBER SAIZ: Let me start from the top. Five,
5 three, four, three, four, pass.

6 MS. BURCHETT: I always want to make sure I do
7 the numbers right.

8 Don.

9 MEMBER BAILEY: Prominence, five, four, three,
10 four, three, pass.

11 MS. BURCHETT: Jacque.

12 MEMBER EWING-TAYLOR: Four, three, three, three,
13 four.

14 MS. BURCHETT: And Leo.

15 CHAIRMAN DROZDOFF: Four, three, two, three,
16 three, pass.

17 MS. BURCHETT: I'll announce right now the high
18 score is Anthem with 279.

19 CHAIRMAN DROZDOFF: Can we get the rest of them
20 to see how close everybody else?

21 MS. BURCHETT: Sure. Anthem 279.5. Hometown
22 Health, 253.0. Health Plan of Nevada, 223.3. And
23 Prominence, 214.0.

24 CHAIRMAN DROZDOFF: Okay.

25 MS. BURCHETT: Now, if you guys will give me a
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1 couple of minutes I'll put it in to that matrix.

2 CHAIRMAN DROZDOFF: For the folks in southern
3 Nevada, I think we're going to just sit tight. I don't want
4 to take another break around voting. So we'll just let Gail
5 do her thing and we'll be ready shortly.

6 MS. BURCHETT: Leo, I'm ready.

7 CHAIRMAN DROZDOFF: All right. So our -- the
8 scores have been tabulated, they've been fed in to the
9 computer program, and we're all waiting with bated breath.
10 So I'll turn it back over to Gail.

11 MS. BURCHETT: The average scores with the
12 evaluation committee 45 percent, the board score 45 percent,
13 and the presentation scores ten percent, the average score is
14 Hometown Health Plan, number one, with 294 points. Then
15 followed by Anthem with 264.10 points. Followed by
16 Prominence with 239.8 points. And followed by Health Plan of
17 Nevada, HPN or UHC, however you want to call it, 231.6. So
18 now it's time to have a discussion on how the score fell.

19 CHAIRMAN DROZDOFF: Yeah. That's an
20 interesting -- That's an interesting -- So for everybody's
21 benefit can you repeat again -- The scores that we just did
22 was 45 percent.

23 MS. BURCHETT: 45 percent board scores, 45
24 percent evaluation committee scores, and ten percent
25 presentation.

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1 CHAIRMAN DROZDOFF: Right. So we never got -- we
2 never got the scores from the evaluations, just the ranking.
3 But it must have been significant.

4 MR. HAYCOCK: Damon Haycock for the record. It
5 was heavily weighted -- not weighted, but it was heavily
6 scored toward Hometown Health.

7 MS. BURCHETT: Correct.

8 MR. HAYCOCK: The reason why -- Gail and I talked
9 about revealing the scores early. Normally during an
10 evaluation committee process per NRS 333, those scores are
11 confidential until a vendor is selected. And so in an effort
12 to try and keep some of the confidentiality in this process
13 of that evaluation committee, we elected to share the -- we
14 decided to just share the -- the winning rank. But we can go
15 through and share the rest if -- I mean, Dennis, you're our
16 legal counsel.

17 CHAIRMAN DROZDOFF: I'll just -- It's okay. I
18 just think it must have been something because we -- because
19 to go from, what is that, a 30 -- basically to go 36 one way
20 to 30 the other way with the 36 weighed in, that must have
21 been -- that's a remarkable -- that's a remarkable breakdown.

22 MEMBER COCHRAN: Leo.

23 CHAIRMAN DROZDOFF: Yes.

24 MEMBER COCHRAN: This is Chris. I think one of
25 the things that we have to consider in looking at the
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1 committee evaluation is that I believe the recommendations,
2 if I recall the last meeting, were going to be recommending a
3 provider in the north and a provider in the south. And under
4 those circumstances I think Hometown Health probably scored
5 extremely high, which is going to raise your median -- raise
6 your rate. So I think that's -- And the way some of us may
7 have scored it at today's meeting was looking at doing a
8 statewide versus doing a regional plan. So I think that -- I
9 will tell you that I would be very surprised if it wasn't
10 done that way.

11 CHAIRMAN DROZDOFF: You're probably right. I'm
12 just -- The numbers are -- They are what they are, I guess.
13 Judy.

14 MEMBER SAIZ: So as a board now we accept or vote
15 on this or --

16 CHAIRMAN DROZDOFF: So as Damon said, these
17 numbers are now -- so we're now at 4-E, award the contract
18 based on the best interest of the state. So it is --
19 Ultimately there will be a motion, a second, and a motion
20 carries before we move forward. That's what we do now.

21 MEMBER SAIZ: Can I make a motion?

22 CHAIRMAN DROZDOFF: Sure.

23 MEMBER SAIZ: I still say based on these numbers
24 and based on what Chris said from down south about the
25 evaluation committee, I'd like to make a motion that we

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1 accept Anthem as the statewide HMO vendor.

2 CHAIRMAN DROZDOFF: Is there a second?

3 MEMBER COCHRAN: I'll second that motion. Chris
4 Cochran for the record.

5 CHAIRMAN DROZDOFF: All right. Thank you, Chris.
6 So we have a motion and a second.

7 Discussion? Jacque.

8 MEMBER EWING-TAYLOR: Thank you, Mr. Chairman.
9 So here we have a situation here as we have had only rarely
10 in the past where this board is in some substantial
11 disagreement with the evaluation committee, which was the
12 situation that prompted the discussion, eventual adoption,
13 and likely repeal of this particular process.

14 I will say again, having served on a number of
15 RFP committees over the years, it is difficult to spend the
16 time that you spend, have the extended discussions that you
17 have and make your ratings and vote and assume that that's
18 the contract that's going to be awarded only to have the
19 board second-guess it.

20 And I'm not saying that the evaluation committee
21 is always right. But the evaluation committee is also made
22 up differently than the board. And the evaluation committees
23 have experts in these fields, whether it's this RFP or
24 whether it's the PBM or vision. And those committees have
25 people from outside of PEBP as well as staff and a board

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1 member up until this point. So for me the evaluations of the
2 evaluation committees are significant and I weight them
3 fairly high.

4 Now, having said that, I'll also get back to what
5 I said at the beginning. I have absolutely no problem, in
6 fact, I have a preference for at this point maintaining two
7 different HMO's, Hometown in the north, Anthem in the south.
8 Part of that is it lets us get our feet wet with Anthem and
9 it allows us to evaluate them over the next four or five
10 years, however long this contract is, and see if they are a
11 good enough partner. And if their services and their
12 customer service in particular is up to our standards and
13 whether we have the support of the state's employees before
14 we jump in full force with the entire state. That would be
15 my preference. And I guess that's -- I'll leave it at that.

16 CHAIRMAN DROZDOFF: Anyone else?

17 MEMBER GARCIA: Leo.

18 CHAIRMAN DROZDOFF: Rosalie.

19 MEMBER GARCIA: Rosalie.

20 CHAIRMAN DROZDOFF: Rosalie, go ahead.

21 MEMBER GARCIA: Thank you. I was just wondering
22 how the RFP committee or what criteria they used when
23 evaluating the RFP's, were they considering when they ranked
24 it, the proposals, did they consider it as an overall state
25 or a regional program? That might have had some influence on
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1 how they ranked it.

2 MS. BURCHETT: The RFP committee considered it
3 exactly the same way as the board considered it. The
4 criteria was the same and they considered it both on
5 statewide as well as the possibility of doing north and
6 south.

7 CHAIRMAN DROZDOFF: Judy.

8 MEMBER COCHRAN: This is Chris Cochran. I
9 just -- I hear that, except that if I remember the rankings
10 from the meeting that we had back in I guess it was early
11 December, Hometown Health was ranked number one. So
12 considering that they were only going to be offering a
13 regional program, I don't know how it could have taken in to
14 consideration the same criteria that we were considering. I
15 mean, it just doesn't make -- it doesn't make sense to me.
16 It seems to me that if they were number one, it was like we
17 want to go with Hometown Health to continue offering services
18 in the northern region. And you know, and then the
19 difference, you know, the difference in rankings fall to
20 what's going to be offered in the rest of the state.

21 CHAIRMAN DROZDOFF: Yeah. Chris, I mean,
22 intuition says you're probably right. But Gail can only
23 answer the question the way -- I mean, I think everybody is
24 going to have to just draw their own conclusions from that.
25 She can only answer the question the way she answered it. My
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1 view is the numbers kind of speak for themselves in that
2 regard. But go ahead.

3 MEMBER COCHRAN: Leo, I would have one further
4 comment to elaborate on what Jacque said. And I'm not in
5 total disagreement with what she's saying. But if we don't
6 go with a statewide vendor, then I would recommend that we
7 look to the other -- Let's say we decided to dip our toes in,
8 for example, with Anthem, that we see if they have a best and
9 final so that we have open access HMO down here as they do up
10 in the north. I want to make sure that since everybody --
11 we're paying the same rate for everybody's health plan across
12 the state, that everybody has a very comparable health plan.
13 And I think that would be interesting to find out. Otherwise
14 if we go with -- we're looking at two significantly different
15 rates between the statewide rate for Anthem versus just --
16 versus the rate that they proposed for the south.

17 CHAIRMAN DROZDOFF: Yeah. So Chris, I think you
18 touched on a lot of items. Jacque has a question for you. I
19 just want to remind the board, I mean, due to the motion
20 that's on the table is for HPN. So I mean -- I'm sorry. For
21 Anthem. So, you know, we're going to have to work our way
22 through that. We're going to have to at some point -- I want
23 to have a robust discussion. And so I appreciate the
24 comments in which they were offered. It's just that we have
25 to also keep in mind that we do have a motion on the table.

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1 So I'm going to go Jacque and then I'm going to go Judy.

2 MEMBER EWING-TAYLOR: Thank you, Mr. Chairman.

3 So Chris, is the important thing with Anthem is
4 that there be an open network north and south and since their
5 network in the south is not open, are you suggesting that if
6 they were chosen that the -- that the negotiations, the
7 contract negotiations would be based on them providing us
8 with an open network in the south? Is that what I'm
9 understanding?

10 MEMBER COCHRAN: Yeah, I think that's where I was
11 going with that is that because I don't know if their network
12 was going to be an open network in the north if they did a
13 statewide plan or not. I didn't look at the -- as closely
14 comparing the, you know, what they provide a list of their
15 vendors, but I don't know, you know, if that would differ. I
16 can't remember, were they a closed network in the north on a
17 statewide basis or were they an open network? I don't recall
18 that.

19 MEMBER EWING-TAYLOR: They're open in the north.
20 Closed in the south.

21 MEMBER COCHRAN: Closed in the south. You know,
22 I kind of have a problem with different network services but
23 the same price being paid by everybody.

24 MEMBER EWING-TAYLOR: Thank you.

25 CHAIRMAN DROZDOFF: Judy.
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1 MEMBER SAIZ: Okay, I'm confused. I'm not sure
2 what you mean closed in the south, closed network in the
3 south. You mean -- What do you mean closed?

4 MEMBER COCHRAN: You need a referral to go to --
5 You need a referral. You can't just pick whoever you want to
6 go see as long as they're in the network.

7 MEMBER SAIZ: No. Anthem is --

8 MEMBER COCHRAN: Currently we have -- Anthem is
9 open in the south as well?

10 MEMBER SAIZ: You don't need a referral. No, you
11 don't need a referral. They're open. You can just go to any
12 Anthem specialist. You don't have to get a referral to go to
13 a specialist.

14 MEMBER COCHRAN: Okay. You don't have to get a
15 referral.

16 MEMBER SAIZ: Okay. And I just stand by my
17 motion.

18 CHAIRMAN DROZDOFF: Does anybody else have
19 anything else they want to say? Ana.

20 MEMBER ANDREWS: Ana Andrews for the record. As
21 to Chris' question or comment earlier about how did the
22 committee evaluate the proposals, did we do it just by
23 splitting it north and south or statewide, actually we did it
24 both ways. Now, if you would bear with me, I just wrote down
25 the rankings. And the committees' ranking was Hometown
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1 Health, Prominence, Anthem, HPN. The second review board was
2 Anthem, Hometown Health, HPN, Prominence. And the overall
3 that they read last is Hometown Health, Anthem, Prominence
4 and HPN. So if you compare the committee with the end
5 result, Prominence and Anthem are flipped. Prominence is
6 second in the overall, whereas in the committee, Anthem --
7 Prominence was -- Sorry. Prominence is third in the overall
8 and Prominence is second in the committee and Anthem -- They
9 flip sides. I just want everybody to keep that in mind. But
10 again, Chris, we considered it every which way. And the same
11 discussions that we've been having here today, we held when
12 we met as a committee.

13 CHAIRMAN DROZDOFF: Do you want to say that?
14 There's been discussion about that.

15 MR. HAYCOCK: Just looking at -- Damon Haycock
16 for the record. Just looking at the RFP, I agree with Judy
17 that Anthem has an open -- they need to select a primary care
18 physician, however, if a member needs specialty care, the
19 member can see a specialist in the HMO network without a
20 referral from their PCP. So I think that hopefully puts that
21 to rest. Thank you.

22 MEMBER GARCIA: Leo, this is Rosalie.

23 CHAIRMAN DROZDOFF: Go ahead, Rosalie.

24 MEMBER GARCIA: I did not want us to -- I wanted
25 us to also consider while we're considering Anthem the
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1 alternative with regard to the pricing for members,
2 meaning -- I don't know how we do this. But we have a price
3 right now with Anthem for statewide. And if we did not go
4 with a statewide, I believe that we should consider what the
5 price would be for the alternative, which would be a north
6 and south blend. I've done it quickly, but I don't know that
7 my math is that good.

8 CHAIRMAN DROZDOFF: Well, this is your --

9 MEMBER GARCIA: I just think that we should take
10 that in to consideration.

11 CHAIRMAN DROZDOFF: Okay. Well, I mean, this is
12 your time to speak. Again, it's as with Chris --

13 MEMBER GARCIA: Well, rather -- Just quickly. I
14 again could be wrong, but I believe that if we, for instance,
15 went with a north -- with a north and Hometown Health and
16 then Anthem down in the south and as we normally went with
17 how they normally do, which is blend the rates, our rates may
18 be as much as \$200 more per month down in the south than they
19 currently are now. But again --

20 CHAIRMAN DROZDOFF: So -- I'm sorry. So staff,
21 Aon, you guys have anything you want to say to that?

22 MR. HAYCOCK: This is Damon Haycock for the
23 record. If you don't mind bearing with us, give us like
24 three minutes, let's get the math down so we can give you
25 accurate numbers and then we'll present them to you.

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CHAIRMAN DROZDOFF: Go ahead.

(Pause in the proceedings)

CHAIRMAN DROZDOFF: All right. There have been -- I call the meeting back to order. There were questions that were posed by Rosalie that -- Again, I don't want these answers to -- they just become part of what you need to consider based on the questions Rosalie asked. They're informal and they need to be treated as such.

With that, Damon, what do you got?

MR. HAYCOCK: This is Damon Haycock for the record. First I'm going to throw out the disclaimers, right. These are some basic numbers on what was provided in the cost proposals from the vendors as well as using today's scenario for rates. We still haven't gotten trend yet finalized from Aon. We still have not built in to our process to determine our load factor for next year. There's a lot of issues, a lot of moving parts, and so you got to take this as a guess, a best guess or projection with a quick turnaround time.

But I think to help answer some financial decision making, if the two options are Hometown Health in the north and Anthem in the south versus Anthem statewide, then if you were to apply current rating methodology as of this plan year, the total blended rate if you were to split north and south, it would reduce by almost \$20. The total blended rate if you only took a statewide option would

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1 increase by about a hundred. And so the cost proposals I
2 think -- And I'm not going to speak for the evaluation
3 committee. But I think from what I've been talking to staff
4 about is what really swung a lot of the decision making when
5 the committee had that discussion prior to bringing it to the
6 board in December was that the policy issues but there's also
7 the ultimate fiduciary responsibility to the State of Nevada
8 taxpayers and the participants equally. So those are some
9 rough numbers. I'm giving you rough, rough numbers, folks.
10 But you're looking at an increase in overall rates, which
11 means an increase that will be borne directly by the
12 participant if these rates cannot be negotiated down because
13 the subsidy level has been determined by the legislature and
14 will not be redetermined until the next session.

15 Additionally, if these rates remain as they are
16 and you decide to select a north and south cohort or north
17 and south carrier, there's a potential, I say potential for a
18 rate reduction, however, again, we don't have the trend or
19 the rate cards from Aon as of yet. We won't know that until
20 March. And that's the best guess I can give you guys at this
21 point.

22 CHAIRMAN DROZDOFF: Judy.

23 MEMBER SAIZ: Okay. So you said they potentially
24 could be going to negotiations and possibly reduce the rates.

25 MR. HAYCOCK: If you keep them split.
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1 MEMBER SAIZ: If you keep them split.

2 MR. HAYCOCK: If you were to put it all on one
3 vendor on Anthem based on their cost proposal, their blended
4 rate, and to include PEBP's operating load that goes on top
5 as we do every year, appears to increase the total rate from
6 today from what we have now. And again, if you remember the
7 high odd report in September and all the other discussions
8 that costs are going up, it all will depend on clever
9 negotiations if we can kind of adjust those rates up or down
10 from our vendors.

11 MEMBER SAIZ: Okay. And we took in to
12 consideration that Anthem's rates were for state active
13 retirees same rate as non-state active retirees?

14 MR. HAYCOCK: Go ahead, Tena.

15 MS. GLOVER: So what we did -- This is Celestena
16 Glover for the record. What we did is I pulled up my rate
17 card. I just used the active single employee state. I
18 didn't try to calculate for everybody. So using Hometown for
19 the north and Anthem for the south based on what they
20 provided in their proposal, we would show about a \$20
21 decrease in overall rates when you blend the rates as we
22 currently do.

23 If you took the rates provided by Anthem only and
24 plugged them in north and south and blended them, you would
25 have an increase of a little over a hundred dollars. That's

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1 for a single employee. So you're going to have those same
2 adjustments for your plus spouse, plus children, whatever.
3 So overall, Anthem with the way they sit right now is more
4 expensive. Having two vendors lowers it a little bit. And
5 then as Damon said, depending on how trend comes in and what
6 the final rate cards really show, that will say where we
7 really are. This is about as rough as you can get.

8 MEMBER SAIZ: So just my question --

9 MEMBER GARCIA: Just --

10 CHAIRMAN DROZDOFF: Rosalie, let Judy finish and
11 then I'll go to you.

12 MEMBER SAIZ: Just one question. So my question
13 would be if -- That's a lot, you know, the hundred dollars
14 definitely is a lot. Are there any negotiations that could
15 take place -- That's my experience anyway that there's always
16 room to negotiate -- if they were to accept the contract?
17 Because I'm still -- I'm just so -- Well, I'm just so big on
18 having -- I know I'm stuck on it, but I'm big on having Saint
19 Mary's and Renown up here in the north. And I'm wondering if
20 a person wanted to -- I don't know. I just wonder if we can
21 negotiate. And then I think it's just one in the south. I
22 think it's just -- I don't know if it's all of Saint Rose or
23 if it's just one in the south that we don't have. But
24 anyway.

25 CHAIRMAN DROZDOFF: Well, listen, before I go to
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1 Rosalie, again, we have a motion on the table.

2 MEMBER SAIZ: Yeah.

3 CHAIRMAN DROZDOFF: The way this process works,
4 as I understand it, is once we make a decision, then my
5 intention is to, regardless of who we pick, whether this
6 motion passes or fails, we will then eventually get to
7 selecting -- having a lead bidder or somebody that we want to
8 negotiate with and then I will open it up at that point to
9 the group again to make their point about, you know, what we
10 do want negotiated. And that's the best I can do.

11 Rosalie.

12 MEMBER GARCIA: I rescind my question. Thank
13 you.

14 CHAIRMAN DROZDOFF: So Stephanie, I hear you have
15 something you want to bring to the discussion.

16 MS. MESSIER: I do. This is Stephanie Messier
17 with Aon-Hewitt for the record. Just as an actuary, can I
18 give an outside opinion?

19 CHAIRMAN DROZDOFF: Please.

20 MS. MESSIER: In the RFP when the rate cards were
21 given to the prospective vendors, they're simply going to be
22 underwriting what the current rates are today. And I do know
23 that both of your current vendors dropped rates somewhat
24 significantly and I think maybe the outside vendors, the new
25 ones that you're considering, probably didn't have access to
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1 that additional information. So it's possible if you did
2 have final negotiations that you would see an additional
3 decrease for what the two vendors, particularly Anthem, would
4 be quoted. That's just an actuarial perspective. And again,
5 I don't know. I don't work for Anthem. I don't know what
6 they were thinking. But just for those two cents. Thank
7 you.

8 CHAIRMAN DROZDOFF: Okay. Lots to digest.
9 Again, there is a motion on the table. Is there anybody else
10 who has anything to say before we call for the question? All
11 right. Seeing none, I will call for the question. All those
12 in favor of the motion, please say aye.

13 MEMBER SAIZ: Aye.

14 MEMBER COCHRAN: Aye.

15 MEMBER BAILEY: Aye.

16 CHAIRMAN DROZDOFF: Those opposed?

17 MEMBER EWING-TAYLOR: Nay.

18 MEMBER ANDREWS: Nay.

19 MEMBER GARCIA: Nay.

20 MR. HAYCOCK: The tie breaker.

21 MEMBER COCHRAN: You're the bad guy.

22 CHAIRMAN DROZDOFF: You guys are awesome. I vote
23 aye. The motion carries.

24 MEMBER BAILEY: Happy birthday.

25 MEMBER SAIZ: Is it your birthday?
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CHAIRMAN DROZDOFF: No.

All right. So let's then move to, if that is our perspective bidder, as I said, I would like to proceed with what are the negotiating items that we want purchasing to pursue. Please.

MEMBER EWING-TAYLOR: And I have sort of already said this. I think not complying with our audit requirements is a deal breaker. I think that we need to make sure that the -- whatever survey, since they wouldn't supply us with a survey, whatever they use needs to be specific to our population. I think we need to address the concern and make sure that the networks are in fact open, that there is no increase, certainly not a hundred dollars, to our folks. That the performance guarantees that we use will be adhered to. They were an exception in their proposal. And that to the extent possible the very large dollar difference between north and south be mitigated.

CHAIRMAN DROZDOFF: Anything else? Anything else down south?

MEMBER COCHRAN: Mr. Chair, this is Chris Cochran. Yes. Because I do recognize what Jacque is saying and I would be lying if I said I didn't have a little bit of buyer's remorse right now, which is fairly quickly after the vote. But I do think that the cost with the negotiations in price, I do think that that issue on rate increase, we need

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1 to give ourselves some wiggle room to come back and look at
2 this if we see that it's going to go up. Because I do worry
3 about that, you know, to have an HMO and then we're saying if
4 we're going to have this HMO but everybody is going to pay
5 more for it, we have to pay more out of pocket for it
6 compared to what we had. I would like to give us that room
7 if the negotiations don't go towards that end.

8 CHAIRMAN DROZDOFF: Yeah, Chris, I agree with
9 that. And I believe that is in fact the way this process
10 works is that this is now an open negotiation, but if the
11 answers come back not to our liking, that would be reported
12 to the board and we could absolutely, you know, rethink the
13 decision.

14 MEMBER COCHRAN: Okay. How long would we have
15 to --

16 CHAIRMAN DROZDOFF: I'm looking to Gail for that.

17 MS. BURCHETT: Yes.

18 CHAIRMAN DROZDOFF: Can you say that on the
19 record just for Chris' benefit.

20 MS. BURCHETT: Yes, you can always rethink your
21 decision and go back to the next vendor if you can't break
22 through the negotiations.

23 MR. HAYCOCK: This is Damon Haycock for the
24 record. So just to clarify, tell me if this is accurate,
25 that the board now has selected Anthem for its statewide
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1 services, if negotiations do not produce a board-approved
2 result, that we can activate the next best thing, which is
3 utilize Hometown Health in the north and then look to retain
4 Anthem down south? Is that something that is amenable?

5 CHAIRMAN DROZDOFF: I think that's the sense I'm
6 getting from the board.

7 Anything else down south? Anything else up
8 north?

9 All right. Let's go back to the ever-exciting
10 Agenda Item 3, approval of the minutes from the December 7th
11 meeting.

12 MEMBER EWING-TAYLOR: Mr. Chair, I move that the
13 action minutes from the December 7th meeting be approved.

14 CHAIRMAN DROZDOFF: Is there a second?

15 MEMBER ANDREWS: I second it. Ana Andrews.

16 CHAIRMAN DROZDOFF: Any other discussion? Seeing
17 none, all those in favor please say aye.

18 (The vote was unanimously in favor of the motion)

19 CHAIRMAN DROZDOFF: Any opposed? Any opposed?
20 Any abstained? Motion carries.

21 Okay. So let's, as we're handing in our ranking
22 sheets to Gail, let's go to public comment, Item 5.

23 MS. BOWEN: My name and my words for the record,
24 my name is Peggy Lear Bowen, P-e-g-g-y, space, Lear, L-e-a-r,
25 space, Bowen, B-o-w-e-n. Bowen is my last name.

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1 First and foremost, thank you, thank you, thank
2 you for all your efforts and energy and diligence and due
3 diligence in following through with all that you did.

4 For consideration, I would like to bring two
5 items up regarding 2016 and one area of potential benefit
6 that might be restored. I know you took a vote in the last
7 meeting not to accept a one option regarding vision benefit.
8 That was merely one option. I believe that other options can
9 take place. And if you have to award a second contract or
10 something else to restore, simply restore the vision benefit
11 that was prior to getting what we have now of going in and
12 having your appointment be the -- for an annual evaluation or
13 whatever for your vision and that is your total benefit to
14 restore the glasses, the contacts, and that sort of thing for
15 the certain amount of money that used to be in that place. I
16 believe according to a survey received that 92 percent of
17 those surveyed said that they wanted a better vision benefit
18 than we presently have. And the suggestion has been made and
19 requested and begged for to simply restore the vision benefit
20 as it once existed with a certain amount of dollars being
21 able to be spent after the annual evaluation for what the
22 doctors recommended, either contacts, glasses, et cetera.
23 Not more. Not less. Simply restore a benefit that was lost.
24 And even a comment was made by a board member of what that
25 benefit approximation is costing and that we could afford to

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1 do that and our members overwhelming want that restored as
2 soon as possible and it would be nice if it was restored by
3 July 1st of 2016 rather than leaving it in La-La Land. That
4 would be a direct response.

5 And being a member of not the HMO plan but our
6 high term deductible plan, when Renown's pool for aqua
7 exercise and for aqua therapy became dysfunctional, sprung a
8 leak and has finally been totally closed forever and a
9 flooring has been put over it, unless they want to take the
10 flooring out again. That we in the north need an alternative
11 to aqua exercise. What's happened is that our insurance
12 covers aqua therapy with a physical therapist doing the aqua
13 therapy. But when you no longer need that but you need
14 maintain your gains that you gained in aqua therapy, aqua
15 exercise, the only alternatives that have been recommended to
16 us since Renown pool closed and that's when I brought it to
17 this board for the first time is go to aqua therapy and pay
18 35, \$40 a visit instead of what Renown used to offer at \$3.50
19 a visit to the pool.

20 And I requested and I'm requesting once again
21 that you consider with a doctor's direction saying you need
22 to continue your aqua exercise to maintain what you gained in
23 therapy that they write a prescription, if you have a
24 prescription, that you be able to submit that prescription
25 for the purchase of an annual gym or spa that has a pool for

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1 the purpose of utilizing the pool to take your aqua exercise
2 either in classes or on your own and that that purchase of
3 that membership be recognized as a benefit if referred to,
4 like a doctor refers you for other things to do what you
5 need, there are those of us who can accomplish a great deal
6 more in the water and for breathing, for joints, needs and
7 everything else with the aqua exercise, even weight loss,
8 that we can't achieve on land because of disabilities. And
9 so this would help us greatly in accomplishing your needs for
10 us to be healthier and for our needs to be healthier by
11 simply giving us access to a facility in the north.

12 Saint Mary's has a beautiful aqua exercise
13 therapy center, pools, and therapists and exercise leaders.
14 Saint Mary's offers that to -- But our insurance will not
15 allow it to be covered. So if we can have some sort of
16 addendum or whatever you need for those people -- And it's
17 not just weight loss.

18 So those were my two concerns that I wanted to
19 bring to you. And I wanted to say Happy New Year and I hope
20 you all have a glorious one. Thank you very much.

21 CHAIRMAN DROZDOFF: Thank you. Any questions for
22 Peggy? Seeing none, hi, Marlene.

23 MS. LOCKARD: Hi. My name is Marlene Lockard and
24 I'm representing the Retired Public Employees of Nevada. I
25 would just like to put on the record that I think I was
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1 following closely this meeting, but at the end, you all are
2 privy to information we haven't been privy to. And if
3 there's a hundred dollar increase in there for our members,
4 that gives us substantial pause and concern. And to have the
5 disparity from where the numbers were coming in and then -- I
6 just would like to express RPEN's concern with that vote.
7 And if there is some way that we can -- I know we can't be
8 part of negotiations, but if somehow that information is made
9 available of what's being negotiated and the impact to
10 members, both retirees and actives, somehow I think that
11 needs to be public before a final decision is made.

12 CHAIRMAN DROZDOFF: Thanks for putting it on the
13 record, Marlene. As I said, I believe that the direction
14 primarily at Vice Chair Ewing-Taylor's statement kind of
15 spelled out the process. I think we all agree with what you
16 said. I think that should those negotiations come back and
17 that issue is not dramatically resolved, then we would simply
18 not proceed that way. So I think that -- I hear what you're
19 saying.

20 MS. LOCKARD: Can you give us an idea of the time
21 frame now of negotiations and how will we know what's
22 happening one way or another?

23 CHAIRMAN DROZDOFF: Fair enough. Can you do that
24 or can Gail do that?

25 MR. HAYCOCK: Damon Haycock for the record.
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1 Unless Gail trumps me here, I believe that the negotiations
2 fall on the agency to make.

3 MS. BURCHETT: Yes, it does.

4 MR. HAYCOCK: And so we are going to, no matter
5 who was selected today, aggressively negotiate the best deal
6 for the participants and the state retirees and non-state
7 participants alike. We have no desire to do a one and done
8 take what's presented and move forward. There were some
9 significant issues brought forward today, especially by Vice
10 Chair Dr. Ewing-Taylor about auditing, which is near and dear
11 to my heart. I want to make sure that gets addressed, as
12 well as, of course, ensuring that open networks, which I
13 think we did, but also we want to make sure that the rates
14 don't increase. We don't want to negatively impact folks
15 unless it's overall the best interest of the state, which I
16 can't guarantee that's the best interest today.

17 What I will say is we will take the next step.
18 You will continue to see communication pushed out from PEBP
19 both to RPEN participants as well as other state
20 participants. Just like the last board meeting, we'll put
21 out another newsletter and talk about the fact of what
22 occurred here today and that we're going to be actively
23 managing the negotiation process. We have no desire to let
24 this thing go too far down the runway, because then we don't
25 have to time to pull it back to implement a new HMO come July
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1 1. So this and the SHO network potential replacement are two
2 number one priorities here at PEBP based off of today's board
3 meeting and we're going to hit the ground hard.

4 MS. LOCKARD: Thank you.

5 CHAIRMAN DROZDOFF: Marlene and Priscilla, I
6 would -- Obviously I know how stuff goes, you know, wildfire
7 and the like. I would ask -- I mean, I appreciate very much
8 that you put this on the record. I'm assuming Priscilla is
9 going to do the same thing and that's good. I would ask that
10 you try to do your best to make it clear to your membership
11 that this is in fact an active negotiation and that that
12 hundred dollar figure is not set in stone by a long shot and
13 that -- and that yes, we will make outreach to both RPEN and
14 AFSCME to communicate that.

15 MS. LOCKARD: Thank you.

16 MS. MALONEY: Good afternoon. I know everybody
17 is anxious to wrap this up. Priscilla Maloney,
18 M-a-l-o-n-e-y, with AFSCME retirees. And I do not speak, of
19 course, today for the actives. But as this board is aware,
20 their gains, if you want to characterize it that way, are
21 modest in light of everything they lost since 2009 in this
22 last legislative session and many folks are still living very
23 much paycheck to paycheck.

24 And besides the money piece, I will absolutely
25 echo everything that Marlene Lockard has ably said on behalf
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1 of RPEN. But besides that, we very much at AFSCME take in to
2 consideration the kinds of concerns that Dr. Ewing-Taylor
3 raised, auditing requirements. We're mindful of what
4 happened a few years in California and this is more for the
5 provider than it is for this board. But we would certainly
6 try and be judicious in any kind of commentary while these
7 negotiations are going on. I personally do not enjoy
8 agitating and organizing around issues that aren't real.

9 CHAIRMAN DROZDOFF: Or settled.

10 MS. MALONEY: Well, and that does a disservice to
11 the collaborative nature of what I've experienced personally
12 with our work with the Nevada state governmental structure
13 and its boards, its commissions, and the like. And so yes,
14 we will be mindful of that. I can't promise what the actives
15 will do. But I certainly have been suggesting that
16 regardless of how this RFP process shook out that there might
17 be some kind of a rate adjustment up or down because we don't
18 have the final numbers until March.

19 But in the interest of just supporting the
20 negotiating process, because that is something I'm familiar
21 with, yes, anything that makes as many people happy as
22 possible is a better outcome in today's world than, you know,
23 angry folks who don't understand why during the biennium --
24 Because again, folks may -- members may think in terms of a
25 biennium as opposed to a plan year and all they'll be

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1 thinking is why is this happening now as opposed to the next
2 legislative session. So I just would encourage all parties,
3 brokers at the table to keep that in mind that, yeah, the
4 optics are always important and I'm glad that there is from
5 purchasing apparently a backstop that if things don't get to
6 something palatable for everybody, all the stakeholders, that
7 there is a provision that apparently this can be walked back
8 and you can revisit the idea of Hometown Health and Anthem in
9 the south. Although I do appreciate what Ms. Saiz as she put
10 it she's stuck on this idea of having one provider and that
11 has some merit too, but again, we're very concerned about
12 some things that Dr. Ewing-Taylor said.

13 CHAIRMAN DROZDOFF: And we very much appreciate
14 you putting it on the record. Because I do think it will
15 help us, whomever us is, to negotiate, and those people are
16 in the room.

17 MS. MALONEY: Nobody more than AFSCME can
18 understand when things are still in negotiations and let's
19 not all run around with our heads on fire yet.

20 CHAIRMAN DROZDOFF: I appreciate it. Thank you.

21 MS. MALONEY: Thank you.

22 CHAIRMAN DROZDOFF: Anyone down south, Rosalie or
23 Chris?

24 MEMBER COCHRAN: We're checking. Anybody want to
25 make comment? No.

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CHAIRMAN DROZDOFF: All right. One last go
around up here. Seeing none, okay. This meeting is
adjourned. Thank you.

(Hearing concluded at 3:42 p.m.)

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1 STATE OF NEVADA)
)ss.
2 CARSON CITY)

3

4 I, CHRISTY Y. JOYCE, Official Court Reporter for
5 the State of Nevada, Public Employees' Benefits Program
6 Board, do hereby certify:

7 That on Tuesday, the 12th day of January, 2016, I
8 was present at the offices of PEBP, Carson City, Nevada, for
9 the purpose of reporting in verbatim stenotype notes the
10 within-entitled public meeting;

11 That the foregoing transcript, consisting of pages
12 1 through 85, inclusive, includes a full, true and correct
13 transcription of my stenotype notes of said public meeting.

14

15 Dated at Reno, Nevada, this 18th day of January,
16 2016.

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CHRISTY Y. JOYCE, CCR
Nevada CCR #625

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