

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

Thursday
April 21, 2016

Capitol Reporters
208 N. Curry Street

Carson City, Nevada 89703

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STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
TELECONFERENCED OPEN MEETING
THURSDAY, APRIL 21, 2016
CARSON CITY, NEVADA

THE BOARD: LEO DROZDOFF - Chairman
JACQUE EWING-TAYLOR -
Vice-Chairperson
ANA M. ANDREWS - Member
DON BAILEY, SR. - Member
JUDY SAIZ - Member
JIM WELLS - Member
JEFFREY A. GAROFALO - Member
ROBERT T. MOORE - Member
DR. CHRISTOPHER R. COCHRAN - Member

For the Board: DENNIS BELCOURT
Deputy Attorney General

Executive Staff: DAMON HAYCOCK
Executive Officer
LAURA RICH
Operations Officer
CELESTENA GLOVER
Chief Financial Officer
KARI PEDROZA
Executive Assistant
NANCY SPINELLI
Public Information Officer
MEGAN SLOAN
Contract Manager

REPORTED BY: CAPITOL REPORTERS
NICOLE ALEXANDER, NV CCR #446

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11.6.3 The Standard Basic Life and LTD
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12. Public Comment 222

Public comment will be taken during this agenda
item. Comments may be limited to three minutes per
person at the discretion of the chairperson.
Persons making public comment need to state and
spell their name for the record at the beginning of
their testimony.

13. Adjournment 226

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1 CARSON CITY, NEVADA; THURSDAY, APRIL 21, 2016; 9:00 A.M.
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2
3
4 CHAIR DROZDOFF: Good morning. I think we'll
5 call this meeting of the Public Employees' Benefit
6 Program to order. Kari, can you take the roll?

7 MS. PEDROZA: Jacque Ewing-Taylor?

8 CO-CHAIR EWING-TAYLOR: Here.

9 MS. PEDROZA: Ana Andrews?

10 MEMBER ANDREWS: Here.

11 MS. PEDROZA: Don Bailey?

12 MEMBER BAILEY: Here.

13 MS. PEDROZA: Jim Wells?

14 MEMBER WELLS: Here.

15 MS. PEDROZA: Judy Saiz?

16 MEMBER SAIZ: Here.

17 MS. PEDROZA: Bob Moore?

18 MEMBER MOORE: Here.

19 MS. PEDROZA: Chris Cochran?

20 MEMBER COCHRAN: Here.

21 MS. PEDROZA: Jeff Garafalo?

22 MEMBER GARAFALO: Here.

23 MS. PEDROZA: Member Garcia has been excused
24 today. And Chair Drozdoff?

25 CHAIR DROZDOFF: Here. Thank you. Okay. So

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1 we will move to public comment. I wanted to let the
2 public know that in addition to public comment on Item 2
3 and Item 12, I'll also take specific public comment on
4 the HMO RFP, which is Agenda Item 5. If there's time
5 issues, certainly people can speak any time they want,
6 but I just want to make sure that there will be a
7 specific public comment during Item No. 5.

8 With that, I'll open public comment. Go
9 ahead and come on up, Peggy. If there's anybody in Las
10 Vegas -- looks like -- so we'll go Carson City first,
11 then Las Vegas.

12 MS. LEAR-BOWEN: Good morning. My name and
13 my words, for the record, my name is Peggy: P-e-g-g-y,
14 Lear: L-e-a-r. Bowen: B-o-w-e-n. I'd like to do a
15 little quoting here from a letter of May 21st, 2007 from
16 Bill Raggio. I save everything. On the recommendations,
17 he's talking about the Legislature passing, in 2003,
18 Assembly Concurrent Resolution No. 10.

19 One of the recommendations of the study was a
20 State requirement that local government plans include
21 commingling. Commingling is a method of grouping the
22 claims experiencing of one pool of participants with
23 another in an effort to get an equitable and stable tax
24 rate structure, and that's in regards to the orphans.

25 And what Bill Raggio saw should be done that they could

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1 be separated as far as their costs, but not as far as
2 their benefits; that they were to be commingled in all
3 benefits.

4 Number two, I would strongly recommend to you
5 to please rescind anything that has to do with you not
6 having a secondary review, that you keep the language in
7 place. That is in place because it is not mandatory. It
8 is only in case you want to. And as a board, that's what
9 made you different from the other agencies of the State
10 of Nevada, and you utilized it and you discovered that
11 there were some inadequacies with what was going on in
12 determining insurance programs. Please rescind and keep
13 your status as a board that makes the determination and
14 not other agencies, including that of purchasing.

15 The fact that behind closed doors on February
16 26th, it was determined by a state agency, an Attorney
17 General with your Executive Director present, that they
18 would rescind an RFP. That rescission should not have
19 taken place based on the flaw that the Board determined
20 that you -- that negotiations had ended. They didn't
21 allow the Committee Report to come forward that afternoon
22 and let you determine whether negotiations had ended.
23 And if you had determined that, you could have picked a
24 secondary placement and done your job. They kept you
25 from doing your job, and they flawed the RFP progress,

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1 and they treated you like any other state agency rather
2 than the independent board that you are.

3 And the important thing, when it comes to
4 benefits, a couple years ago, I was having some dental
5 work done, and I kept saying -- they kept saying, "You
6 have 50 percent covered here, 75 percent covered here."
7 When you're looking at plans regarding dental, if you
8 have a \$1,000 benefit or a \$1,500 benefit or whatever you
9 might finally determine, that benefit should be available
10 without stipulation.

11 When I asked why we had to have the 50
12 percent and a 75 percent covered, I was told because they
13 only expected you to use \$500 of your benefit. So I had
14 to take out of my own personal savings and had to put
15 dental work off in order to be able to afford it based on
16 how the benefit is put forward.

17 I hope and pray that when you receive the
18 report from Mr. Moore that you go through and
19 double-check anything that turns you into any other like
20 state agency with purchasing being the determiner as to
21 whether or not you have an RFP that you have a -- how
22 your RFP is going and how you as a board works. Do not
23 castrate yourself in public.

24 As Jim -- as Bill Raggio said, the whole idea
25 of the State group insurance program committed by ACR10
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1 was charged with examining methods used for determining
2 payments, equitable employee contribution and actual
3 costs and covered use of participants. You are our
4 determiner. You are not the employer's determiner and
5 protector of the employer. You are the protector of the
6 employees. And so when you casually use the, "State of
7 Nevada, State of Nevada," it almost sounds like we're
8 robbing the State of Nevada for earned benefits. We are
9 not doing that. We are simply asking for the benefits
10 that are due us.

11 And while you're doing this, 92 percent in a
12 survey said, "Please put eyeglasses and contacts and the
13 other things back into the eyeglass benefit." And one
14 proposal was made and you defeated that, but that doesn't
15 mean other proposals cannot come forth as far as the
16 Cadillac plan and determine whether or not there's going
17 to be a fine or whatever. To quote Ms. Ikes, "What's a
18 million dollars in this size of plan to benefit paying
19 whatever might be due the Affordable Care Act?" We need
20 a good solid program.

21 You have done a magnificent job this year in
22 what you're doing, and what I would hope to do is
23 strengthen you back to the strength you were as an
24 independent board with the Legislature having control
25 over the purse strings so that there was a check and

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1 balance. You lost your check and balance February 26th.
2 Please take it upon yourself. Ask the Attorney General's
3 Office for review because we as individual citizens can't
4 do that, and to re-establish in this process that you're
5 utilizing today that you do control your RFP's, you do
6 have to have a Board meeting, and you do have to be the
7 people that you have been all along and just take the
8 courage to stand your ground and demand that nobody takes
9 -- no purchasing department, no attorney general liaison,
10 from purchasing. They treated you like every other
11 department. Thank you for all of your hard work.

12 One last note. Joycee, the 98-year-old who
13 you were allowed to meet, is now in the hospital with
14 pneumonia. Her care is such that she is literally under
15 the control of a hospitalist at Renown Hospital in Reno.
16 When the request was made by her caregiver, yours truly,
17 to have her cardiologist, who's had eyes on her elsewhere
18 and a pulmonologist check her because of the amount of
19 things that she's going through right now, the
20 hospitalist determined that he didn't see anything
21 necessary to do that -- while she's still in the
22 hospital. We desperately need her and anybody -- you're
23 a prisoner in Renown of the hospitalist who determines
24 what is going on, Renown and Senior Care Plus and PEBP
25 all own and cared for by good old Hometown Health. And

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1 fortunately for Joycee, she's at least in there as
2 admitted in a life-threatening situation.

3 The hospitalists are not doing anybody
4 favors. They're counting beans and making sure their
5 bottom line is okay and forget what's happening to the
6 individual patients. I can tell you a request for a
7 cardiologist who has been following her and just did a
8 heart study on her for 21 days has not been consulted,
9 and the hospitalist said he didn't see any medical -- any
10 necessity to do some.

11 And they're going to try and send her out to
12 a skilled care unit without making sure that she is
13 totally fully recovered from the pneumonia before she
14 gets there; that her symptoms are gone and that she's
15 okay. That's the 98-year-old who said, "Hello" to you a
16 few meetings ago.

17 Thank you for what you're about to do. Thank
18 you for your courage because I know each one of you work
19 for departments for the State of Nevada except our
20 retiree people. Thank you, thank you, thank you for
21 having the courage and guts to represent the workers of
22 the State of Nevada and their retirees, and the non-state
23 workers and the non-state retirees. Thank you very much.

24 CHAIR DROZDOFF: Thank you. Let's go down
25 south.

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1 MR. UNGER: Good morning. This is Douglas
2 Unger of the Executive Committee of the UNLV Faculty
3 Senate. As most of you should know in making public
4 statements to this Board, I represent more than 2,000
5 Nevada state employees, the faculty and the staff at the
6 University of Nevada-Las Vegas. We are very concerned
7 about today's Board meeting with special focus on two
8 items on your agenda.

9 Agenda Item 4, which charges the PEBP Board
10 with doing what we are calling at UNLV the 5 percent fire
11 drill, which our university is doing too in close
12 consultation with our Faculty Senate just in case the
13 State add-on business tax of the last biennium budget
14 might be repealed and/or state revenues don't meet
15 projections. We're optimistic at UNLV that the worst
16 will not happen and that we'll be able to count on flat
17 budgets or pretty close to those statewide.

18 However, in carrying out this 5 percent cut
19 budget exercise, we asked the Board above all not to
20 consider reducing benefits, that the approximately \$12.5
21 million per year in cuts be allocated from our
22 historically accruing surpluses or overpayments in
23 premiums, or if needed, please know that we favor raising
24 premiums rather than cutting benefits, and of course
25 doing everything possible to lower administrative costs

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1 of the PEBP or to consider in your following Agenda No.
2 5, the possibility of restoring an option to the HMO RFP
3 for a statewide plan that, though the premiums may be
4 significantly higher, would almost certainly reduce
5 administrative costs the Board could estimate and include
6 in its budget cut projections.

7 Now I'm sorry I'm not going to be able to
8 stay around to hear your discussion about Agenda Item 5,
9 as professional duties require my presence elsewhere, but
10 this brings up Agenda Item 5, which you will discuss
11 today, the new RFP for the HMO plan options. I've stated
12 to this Board at a previous meeting and will state again
13 now. The faculty and staff at UNLV are extremely
14 disappointed at the closing down of last year's RFP for a
15 statewide HMO. I've now heard this from numerous faculty
16 and staff now that they've had the opportunity to
17 research further the statewide option and proposal that
18 was stopped without any satisfactory explanations as to
19 the reasons why to any of us. Not one valid explanation
20 that we can see, unless it is to be what is rumored, and
21 I'll tell you just what I hear on the street.

22 Even way down here in Las Vegas away from the
23 political ether of Carson City, that there's a sweetheart
24 deal, a collusion and a conspiracy to secure contracts
25 and set prices between Hometown Health in the north and

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1 UnitedHealthcare in the south, an agreement that has been
2 in place with a wink and a nod for years that unjustly
3 and unfairly shifts costs of subsidies to Southern Nevada
4 employees of something more than \$200 per month for each
5 HPN customer for the far superior HMO offered by Hometown
6 Health Care to customers in the north.

7 At last Board meeting, one of the Board
8 members said, "Well, this blending is done all the time.
9 It's done in California." Any Board member who believes
10 this blending is just, I would like to offer a personal
11 opportunity. My wife needs a new car. Perhaps one of
12 you has a family member who needs a new car. I offer the
13 opportunity for both of us to go to a bank, secure one
14 auto loan. I'll buy my wife a Lexus, and you can buy
15 your family member a Ford Fiesta, and we'll split the
16 payments straight down the middle. That's the analogy
17 that we're living with in Southern Nevada. Please be on
18 notice that our employees, my constituents, will not
19 tolerate or stand for this happening, or at least not to
20 this extent again in any other RFP you anticipate
21 reviewing.

22 In sum, whatever you intend to do to solicit
23 any RFP for an HMO that serves Southern Nevada, we demand
24 to the Board that the HMO choices be fair and equitable
25 in costs, and above all, in the quality and the value of

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1 the product between the regions. In considering
2 alternatives to the current providers, including --
3 please do add a fourth option to discuss, which would be
4 a statewide HMO provider because I don't see it in the
5 three options now narrowed down for the RFP you all are
6 going to discuss today.

7 Consider a statewide option -- the same for
8 north and south -- with the added value possibly of
9 out-of-state coverage and possible open access, and don't
10 let what I believe, and I think many members of this
11 Board believe based on your previous discussions, to be
12 the bullying tactics of UnitedHealthcare in the previous
13 RFP bidding process and its now renewed threat to cancel
14 access to its SHO Sierra Health Care Options Network be a
15 major consideration in your discussions. We say good
16 riddance to the SHO network under these circumstances.

17 Indeed, we would rather pay higher premiums
18 for higher quality and certainly much sounder ethics at
19 another provider network than the current very unhappy
20 situation offered by UnitedHealthcare with this HMO and
21 self-funded plan link provider network stipulation. In
22 other words, please don't consider only price at the
23 expense of real value. We would rather pay a little more
24 or even considerably more for higher quality coverage
25 that replaces the unjust on the one hand, and

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1 unsatisfactory on the other hand, two choices our faculty
2 and staff in Southern Nevada are offered now. Thanks so
3 much for your time, and thanks for your service to the
4 employees of our state.

5 CHAIR DROZDOFF: Thank you. Doug Unger, if
6 you don't mind, if you would just keep your seat for a
7 second. I'll see if anybody else has a question. I
8 appreciate the fact that you can't stay for 5, Agenda
9 Item 5, and then put your concerns on the record.

10 Because you're leaving, I guess I feel like I
11 want to -- and because you are sort of the conduit back
12 to UNLV, I would like to tell you a couple of things.
13 Obviously, all of the discussion will take place in
14 Agenda Item 5, but first of all, we appreciate the fact
15 that you're here and you've been here. You've
16 essentially done what we've asked, which is to open
17 communications with the program and UNLV to get very
18 frank and candid feedback, both positive and negative,
19 and that's appreciated, period.

20 I will tell you that it will absolutely occur
21 in Agenda Item 5 that we will talk about a statewide
22 option for some of the reasons that you said and others
23 that myself and other members of the Board wanted to
24 pursue and felt we had pursued during the last RFP. I
25 think we share your level of dissatisfaction. I'd like

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1 for you to relay to your constituents those factors as
2 well as we share your unhappiness with the manner in
3 which the RFP process went and broke down last time.

4 But the one thing I do need to put on the
5 record based on your comments is there is no sweetheart
6 deal. I mean, that is a pretty serious allegation, and I
7 appreciate that you said it's just a rumor, but I do need
8 to -- while there may be varying levels of happiness or
9 dissatisfaction with our current vendors, I will tell you
10 that there is no sweetheart deal, and that's important
11 for me to put on the record because that's, you know, as
12 I said, that's a pretty serious point.

13 MR. UNGER: Well, I would like to state for
14 the record that I did not intend that comment to in any
15 way imply that the Public Employee Benefits Program Board
16 is involved in such a sweetheart deal. I believe, and
17 it's rumored down here, that there's been a sweetheart
18 deal between the two companies in place in our state for
19 quite a long time; that Hometown Health and
20 UnitedHealthcare get together and talk over exactly the
21 territory they're going to share and the prices they're
22 going to charge.

23 Now, that is a serious allegation. It's a
24 rumor. I won't show you the e-mails I've got alleging
25 this or the people who have approached me and told me

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1 this. But, you know, if we look back at past history,
2 even the idea of linking, linking a provider network on a
3 self-funded plan to the purchase of an HMO and what we
4 see here, in my opinion -- and I'm not an expert, I'm not
5 an economist -- is typical behavior by a company which
6 seeks to secure monopoly control over a particular sector
7 of the economy in our state. That kind of linking
8 already implies a kind of approach to providing a
9 contract to the State, which I feel is unconscionable.

10 The second part of it is, how did that
11 arrangement between Hometown Health and UnitedHealthcare
12 happen in the first place? Also, please know that I very
13 much sympathize with my colleagues up north who have a
14 very good plan with Hometown Health, and if I were a part
15 of it, I'd probably be fighting with all of my energy to
16 try to save that relationship because they appear to be a
17 good, locally responsive company. But it saddles us with
18 a company that may not be the absolute best for us in the
19 past.

20 You're the experts, and you're the ones who
21 will be able to assess and appraise and understand the
22 intricacies of the plans far better than any of us.
23 We're just trusting you not to let whatever arrangement
24 may or may not be in place between them to be operating
25 again in the way that it is now operating. And I

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1 appreciate very much your comments and your response
2 back.

3 CHAIR DROZDOFF: Okay. Well, I appreciate
4 that, and I would suggest this. Obviously, you said
5 you're not going to be able to be here for Agenda Item 5.
6 I'm sure there are people watching who are going to keep
7 you informed.

8 Why don't we see how Agenda Item 5 goes
9 today, and if you feel -- and this is a direct
10 observation -- if you feel that Agenda Item 5 goes in a
11 way that you are dissatisfied with or that you think
12 there is something more significant to be discussed based
13 on the information you've gleaned, we'll cross that
14 bridge later. But as I said, I do plan to have a very
15 robust discussion. It's a very significant issue, Agenda
16 Item 5. That's why we said we would do public comment in
17 there. Your comments aren't lost on us, but as I said, I
18 do appreciate you clarifying what you meant, and I felt
19 that I needed to, on behalf of the Board, clarify what
20 this Board has or hasn't done. And while I see -- sorry.
21 Go ahead.

22 MR. UNGER: Please know in all of my
23 comments, I appreciate the hundreds of hours that each
24 one of the members of the Board volunteers on behalf of
25 all of us and in service to our state. We deeply

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1 appreciate the time that you all spend on these issues.
2 And, you know, no matter what happens --

3 CHAIR DROZDOFF: I appreciate it. So
4 Marlene, I was going to go to you, but I see
5 Dr. Ash-Jackson is here, and I know she was going to want
6 to talk about what was just said, so I'd like to go to
7 her first.

8 DR. ASH-JACKSON: Thank you. Dr. Linda
9 Ash-Jackson, Chief Medical Officer of Hometown Health. I
10 would like to comment on the statements that I just
11 heard. First of all, the statewide -- the PEBP Network
12 inside Nevada for the RFP for network for the CDHP is
13 well documented to have been a joint award to Hometown
14 Health and UnitedHealthcare.

15 I do not know exactly what happened during
16 the execution of that RFP, but my assumption is that
17 since it's a joint RFP that there were discussions around
18 network access fees. So yes, because it was a joint RFP,
19 there was cooperation. But on the HMO side, I can tell
20 you that I have been at Hometown Health for 11 years, and
21 I have been intimately involved with every renewal and
22 every RFP that has been for all of the rates that
23 Hometown has quoted the State of Nevada. In fact, for
24 the last RFP, I was the final read and changed the
25 language before I passed it off to Ty to verify that what

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1 was in there was exactly the intent of Hometown.

2 We quote and manage those exclusively of the
3 expectations of our network. We do not talk to anyone
4 else about what we're going to quote. We don't move
5 through, "Oh, United, this is your number. This is our
6 number." They are competitors in the marketplace to us.
7 We quote against them every single day for HMO and PPO
8 options in Northern Nevada, so it would be inappropriate
9 for us in that environment to do that. And so I can say
10 that to my knowledge, those discussions have not taken
11 place. And if there's anything else we need to do to try
12 to clarify that, I'd be happy to comment further or get
13 you additional information.

14 CHAIR DROZDOFF: Thank you, Dr. Ash-Jackson,
15 and I appreciate you putting that on the record as well.
16 As I said to the previous speaker, let's -- why don't we
17 see how 5 goes, and we'll go from there.

18 DR. ASH-JACKSON: Thank you.

19 CHAIR DROZDOFF: Marlene?

20 MS. LOCKARD: Thank you, Mr. Chair. My name
21 is Marlene Lockard: L-o-c-k-a-r-d, and I'm representing
22 the Retired Public Employees of Nevada. I would just
23 like to request that when you deliberate on the budget
24 item today that you consider directing staff to include a
25 budgetary solution to what we call the orphan retirees.

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1 As you know, at the Retirement Oversight
2 Committee, it was clear from legislators on that
3 Committee that they're really looking for a solution.
4 And we believe including it in your budget this year --
5 as we all know, the numbers are diminishing, and so each
6 year would be less than the previous year. So we would
7 hope that you would include that in your deliberations.

8 And secondly, I would like to commend PEBP
9 for their redesign and their new website. It's very user
10 friendly, and although I haven't been through every
11 aspect of it yet, we do appreciate the designation for
12 retirees and trying to ease the navigation for our
13 constituents, so thank you very much.

14 CHAIR DROZDOFF: Thank you, Marlene, for both
15 of those comments. Peggy, you already gave a public
16 comment.

17 MS. LEAR-BOWEN: I wanted to respond to the
18 comment made from Las Vegas.

19 CHAIR DROZDOFF: No. Okay. Are there any
20 other public comments?

21 MEMBER COCHRAN: Does not appear to be.

22 CHAIR DROZDOFF: Okay. So we will move to
23 the ethics presentation. Take your time.

24 MS. NEVAREZ-GOODSON: Do you guys have the
25 PowerPoint? I don't really need it, but did you want it
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1 up?

2 CHAIR DROZDOFF: Can somebody help her?

3 MS. NEVAREZ-GOODSON: I have it on a flash
4 drive, if that's the preferred way. Thank you very much.
5 I appreciate -- for the record, my name is Yvonne
6 Nevarez-Goodson. I currently serve as the Executive
7 Director of the Nevada Commission on Ethics. I certainly
8 appreciate you inviting me back. This is my second time
9 in two years that you've brought me back to the Board to
10 provide some ethics training.

11 For those of you who are new to the Board,
12 certainly I hope that this provides you some information
13 about the types of information that the Ethics and
14 Government Law is intended to govern. Our jurisdiction
15 is actually quite limited, but I just wanted to go ahead
16 and give you an overview of the Commission. Then I
17 wanted to jump into our main provisions which really
18 govern the types of conflicts of interest that are at
19 issue in Ethics and Government Law, as well as the
20 prohibited conduct for our public officers and public
21 employees.

22 Much like the Ethics Commission operates, you
23 as a board do have some obligations as public officers
24 yourself, but also in overlooking the activities of the
25 members of the staff of the Board, and that's also

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1 sometimes somewhat enlightening for Board members to
2 appreciate that the requirements that are bestowed upon
3 you also are obligations of your same staff.

4 Typically -- I looked at your agenda. I know
5 you have a long day ahead. Typically, this training can
6 be very lengthy, so I'm going to skip through a lot of
7 the PowerPoint slides, which I do understand you guys
8 have as a handout, and then I'm going to kind of jump
9 into the meat of the issues and hopefully open it up to
10 some questions. That way, it can be a little bit more
11 interactive, and if we can touch on specific issues, we
12 can do it that way.

13 But generally speaking, those of you who are
14 not familiar with the Ethics Commission -- we, like you,
15 are -- well, we're an 8-member board. We're half
16 appointed by the Governor and half appointed by the
17 Legislative Commission. We are only entitled to
18 interpret and enforce the provisions of NRS 281A, so
19 sometimes what does get lost in translation are issues
20 about ethics, right, what we understand as ethics is a
21 moral code which is sometimes different for everybody.

22 But the ethics in government law really is a
23 statutory provision of -- statutory provisions that
24 govern conduct related to conflicts of interest. So when
25 you hear questions about public records law and open

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1 meeting law and things of that nature, those are not
2 governed by the Nevada Commission on Ethics. We really
3 have responsibility for looking at issues that affect
4 conflicts of interest between your public duties and your
5 private interests.

6 All right. Like I said, I'm going to skip
7 through a lot of these slides just because we would be
8 here for two hours if I took my time to go through all of
9 them, but really the one I think I wanted to highlight
10 were the three main functions of the Ethics Commission.
11 Certainly, first of all, we are going to interpret and
12 provide guidance to public officers and employees
13 regarding the provisions of the ethics law. That
14 procedure is entirely confidential. Any member or any
15 public employee or public officer is entitled to come to
16 the Ethics Commission for advice about a conflict of
17 interest, and we will hold that advice in confidence.
18 Nevertheless, that advice would be binding. So you just
19 can't choose to ignore it or not like what that advice is
20 and go against it, or else the Commission does have the
21 authority to initiate an investigation on those same
22 issues.

23 Alternatively, and not something that the
24 commission likes to do, but we are also charged by
25 statute with enforcing complaints that are filed with the
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1 Ethics Commission alleging conflicts of interest by
2 public officers and public employees. Now hopefully, our
3 mission is to provide education and outreach much like
4 I'm doing today to avoid those types of conflicts, but
5 nevertheless, we are a resource to the members of the
6 public and any other public employees or public officers
7 who are concerned about ethical conduct of our public
8 employees.

9 In that vein, a lot of these slides talk
10 about the procedure that the Commission undertakes to
11 provide advisory opinions and to adjudicate complaints
12 from the public, and I'm going to leave that with you in
13 your PowerPoint because I wanted to approach the topic
14 today more in line with getting you to better understand
15 what constitutes a conflict of interest under the Ethics
16 and Government Law.

17 And really, the Legislature has told us that
18 conflicts of interest, for purposes of NRS 281A, include
19 three main things. The first issue is going to be
20 anything that constitutes a pecuniary interest to a
21 government employee or a government officer. And the
22 point of the pecuniary interest, as defined in our
23 statutes, is where you are being asked in any capacity to
24 make any decision on behalf of the public that could
25 potentially affect your financial interest. And one of

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1 the keys with respect to financial interest is that it
2 would be anything that would affect your financial
3 interest as a benefit or as a detriment because
4 presumably, your objectivity could be persuaded by a
5 detriment to your financial interests as well.

6 The second type of conflict of interest that
7 the Commission deals with is what's known as a commitment
8 in a private capacity to the interests of another person.
9 That's very cumbersome language in our statute, but
10 ultimately, what that means is the Legislature has
11 decided for us that as a matter of law, we have
12 relationships with certain people that are so close and
13 personal in nature that the law is going to statutorily
14 attribute their private interests to become your private
15 interests when you are asked to decide an issue on behalf
16 of the public. And that gets confusing for people
17 sometimes because they may be able to say, and sometimes
18 very straight-faced, that, "I can be objective on this
19 issue. The fact that I have a person who is appearing
20 before me who might happen to be someone I'm related to
21 doesn't persuade my objectivity on this issue," but the
22 law has said otherwise.

23 The law has said just because of these types
24 of relationships, we're going to tell you for you that
25 you have a conflict of interest. And those relationships

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1 under the law include our spouses and domestic partners,
2 persons to whom we are related within the third degree of
3 consanguinity. Again, there's a chart in the PowerPoint
4 that talks just about that. So we're not talking about
5 our second cousin twice removed, right? We're really
6 talking about our parents, our siblings, our children,
7 our grandparents, people with whom typically we are very
8 close.

9 Under law, in addition to those family
10 relationships -- I'm just skipping along here. Bear with
11 me. In addition to those family relationships, we have
12 people with whom we share certain business relationships.
13 Under the law, those must be substantial and continuing
14 business relationships. And one of the big issues that
15 we get with respect to persons with whom we share
16 business relationships is the confusion about what type
17 of conflict might arise. And so for example, if you have
18 someone appearing before your Board who is a business
19 partner of yours in one endeavor, but their issue before
20 you happens to involve another endeavor in which you are
21 not involved, you still have a conflict of interest
22 because the person appearing before you happens to be
23 someone with whom you have a business relationship.

24 Now, the analysis gets a little deeper when
25 you start to talk about okay, well, the person appearing

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1 before me is a business partner, but the issue that
2 they're asking me to vote on is unrelated to anything I
3 might be interested in. And we say you have to take a
4 step back because it's the relationship itself that is
5 creating the conflict for you, and the law has decided
6 for you that the relationship and not the issue is what's
7 created the conflict.

8 So bearing in mind that we have those two
9 main types of conflicts of interest, pecuniary interests
10 or relationships with certain people, the only other
11 conflict of interest that's governed in NRS 281A involves
12 gifts or loans that you might have been responsible for
13 accepting and whether or not that creates a conflict in
14 your ability to perform your duties objectively. Okay.

15 So does anybody have any questions
16 understanding the types of conflicts? Because the one
17 thing I want to emphasize is that when we talk about
18 Ethics and Government Law, the law is not saying you may
19 not have a conflict of interest. The law is recognizing
20 that as public officers and public employees in the
21 state, we nevertheless have private interests that
22 sometimes trigger conflicts, and so the Ethics and
23 Government Law is intended to help you decide how to
24 react or respond to those types of conflicts. And the
25 first key to doing that is to recognize when you actually

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1 have the conflict with respect to any issue that might be
2 before you.

3 CHAIR DROZDOFF: I think we do have a
4 question. Bob Moore?

5 MR. MOORE: Thank you, Mr. Chairman. For the
6 record, Bob Moore. I to do have a question.

7 MS. NEVAREZ-GOODSON: Sure.

8 MR. MOORE: And I'm not quite sure how to
9 frame it, so bear with me.

10 MS. NEVAREZ-GOODSON: Okay.

11 MR. MOORE: If the State of Nevada does
12 business with a company, and I have a relative that works
13 for a company seven subsidiaries removed, and of an
14 abundance of caution, I want to sort of recuse myself
15 from voting on any issues, can I engage in dialogue with
16 my colleagues on that issue? I've disclosed the nature
17 of the relationship. Engage in dialogue but back away
18 from the voting. Where is that line?

19 MS. NEVAREZ-GOODSON: I'll tell you that the
20 Commission has determined that that line is very slim.
21 So, for example, those of you who may not be familiar
22 with the language, what the law says is where we do have
23 these types of conflicts of interest where it is a
24 material conflict of interest, so the issue before you
25 would materially affect your financial interests or the

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1 interests of the person to whom you're related, then
2 you're required to abstain from voting.

3 But what the law otherwise says is that even
4 if you disclose and abstain a conflict of interest, you
5 may otherwise participate in the matter. The Commission
6 has interpreted that level of participation to be
7 fact-based only. So if you are in a position where you
8 can provide factual information to the Board that does
9 not otherwise advocate or oppose the issue, then you're
10 okay. But what the Commission has determined is that
11 such a fine line -- that the minute you say, "It's my
12 opinion," or, "I believe," you've crossed the line
13 between providing factual information versus providing
14 advocacy or opposition to the issue that might be before
15 you. And so the caution there is really be careful.

16 So the first analysis that you will want to
17 undertake is whether or not the issue that's before you,
18 if it's seven subsidiaries removed, for example, is that
19 really a material impact on the interests of your
20 relative that you even have to abstain? And if you
21 don't, I would simply disclose the full nature and extent
22 of that relationship. And the more you explain the
23 extent of the relationship and how remote it is or isn't,
24 the more you are talking yourself either into or out of
25 the requirement to abstain from voting on the issue.

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1 So if you've been able to inform the public
2 that yes, you might have a relative who could potentially
3 be impacted by -- because they're an employee of a
4 subsidiary, if you start disclosing, "But this subsidiary
5 is seven removed and any decision I make here couldn't
6 possibly impact their employment benefits or any of those
7 types of things," then you're talking yourself out of the
8 requirement to abstain because you're getting farther
9 away from the material component of that conflict.

10 MR. MOORE: Thank you.

11 CHAIR DROZDOFF: Any other questions? No?
12 Okay.

13 MS. NEVAREZ-GOODSON: Great. On that note
14 then, I just want to jump into -- now that we understand
15 the types of conflicts of interest -- I just want to jump
16 into the types of prohibited conduct that are set forth
17 in NRS 281A, and this might prompt some questions. I'm
18 happy to try to respond to those as best as I can.

19 If you are able to take a look at the
20 provisions of NRS 281A.400, that statute specifically
21 lays out the provisions of Ethics and Government Law that
22 are the prohibitive conduct. In other words, the areas
23 where you're going to potentially have conflicts where
24 those conflicts require you to either delegate the issue
25 to another person in your agency or to abstain from

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1 voting, whatever the situation may be.

2 And the first provision prohibits public
3 officers and employees from accepting any type of gift
4 that would improperly influence a reasonable person in
5 their situation. So this isn't a type of gift that you
6 could say, "Hey, a cup of coffee wouldn't influence me in
7 this situation to, you know, divest myself of the
8 obligation I have as a public officer." But really, the
9 key language here is that it would be a reasonable person
10 in your situation.

11 And secondly, when we understand the term
12 "gift," it's not just the tangible gifts that we might
13 understand as a cup of coffee or a physical item. It
14 could include a favor, a promise, a service, things of
15 that nature can also qualify as a gift under the Ethics
16 and Government Law. And one of the biggest questions
17 that we get is why don't we define the word "gift"? And
18 primarily, it's because it's impossible to legislate and
19 statutorily provide language for every type of gift that
20 might exist to create a conflict for any public employee
21 or public officer. So really, the triggering words in
22 this statute have to do with the type of gift that would
23 improperly influence someone from the impartial duties
24 that they have as a public representative.

25 So in that instance, the one piece of advice
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1 I usually give agencies such as yourself is number one,
2 it's often critical for you, in the types of business
3 that you engage in, to have your own internal policies
4 about what types of gifts may be prohibited. On the
5 state level, the Governor has his own executive order
6 about the types of gifts that are appropriate within the
7 executive branch. Certain local governments will do the
8 same thing. And in your particular industry, you might
9 consider what types of gifts might be inappropriate for
10 the type of work that you're doing.

11 But from the Commission's perspective, and
12 the Ethics and Government Law sort of trumps all of those
13 issues is that really, we're very conservative with
14 respect to the types of gifts that we will authorize
15 because it's a very thin line. And so when we talk about
16 gifts, the Commission has even come out and held
17 standards that even nominal gifts are not to be
18 appropriate of our public employees and public officers.

19 And the one piece of advice I'll give you, if
20 you're confronted with a situation where you're being
21 offered a gift for any purpose is really to ask yourself
22 the question why is the gift being offered to you?
23 Because if it's being offered in any context, no matter
24 how nominal, from a person who actually will end up
25 appearing before you in some capacity, then the

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1 perception, if not the reality, is that that gift is
2 being offered to persuade you to vote, for example, in
3 their favor. And so I just caution you to be considerate
4 and a little bit conservative about your approach to
5 gifts. Any questions about gifts?

6 MR. MOORE: Thank you, Mr. Chairman. For the
7 record, Bob Moore. Another hypothetical. You're
8 attending a national educational conference at which
9 public entities from all over the country are
10 represented. There is a vendor that holds the classic
11 hospitality suite, and you attend that. Is that
12 problematic?

13 MS. NEVAREZ-GOODSON: Classic attorney answer
14 is it depends, right? You know, what I would say is the
15 Commission would caution you to probably decline the
16 extras at any conference. One of the things that the
17 Commission has seen by way of request have been public
18 officers and employees who have requested whether or not
19 it's the acceptance of a gift to attend a conference if
20 the industry, for example, is paying for your attendance
21 at that conference.

22 And the Commission has looked at this and
23 said, you know, if it's truly for a public purpose and
24 there's not a pending contract or likelihood of a pending
25 contract with this particular vendor or something like

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1 that to bring you there to potentially persuade you to
2 accept a contract from that vendor, then all of those
3 things are okay. And if it's the cost of the conference
4 and the cost of the travel and the per diem, that's
5 probably what your agency would pay for if they had the
6 funds to do it. Number one, the Commission has
7 encouraged agencies surely to have a travel on industry
8 type of policy because that's something that the
9 Commission would look at to determine whether it was an
10 appropriate acceptance.

11 But it would be the same thing, for example,
12 if you brought a spouse on the same trip with you, and
13 although you might pay for your spouse's own airfare and
14 your spouse's own food, if the conference was offering a
15 golf tournament, for example, that's not something the
16 agency or your state agency would probably pay for, the
17 recreational part of the conference, because that's not
18 benefitting the public's interest and your reason for
19 being there on behalf of the public, and that's something
20 we would encourage you to either pay out of your own
21 pocket or to decline the offer simply for those reasons.

22 MR. MOORE: Okay. Thank you.

23 CHAIR DROZDOFF: Anything else? Okay.

24 MS. NEVAREZ-GOODSON: Okay. Our next statute
25 really does govern the majority of conduct that we see
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1 from public employees and public officers because it's
2 fairly broad, but really, it's a prohibition against any
3 public officer or public employee from using his or her
4 position to secure an unwarranted benefit either for
5 himself or a person to whom he has one of these
6 commitments, these relationships that we talked about.
7 And really, the reason that the language here is so broad
8 is because it does capture a lot of conduct. But again,
9 the triggering word for you to look at is whether or not
10 you're using your position and the authority that you
11 have in your position, the access you have to public
12 information or resources or relationships to somehow
13 benefit yourself or someone to whom you're related in a
14 way that you would not have the authority or ability to
15 do but for your position. So really, the triggering word
16 here is, "unwarranted." Is it available to you simply
17 because of your public position, or would any other
18 member of the public have the same access and ability?

19 And so really, this is our statute where we
20 talk about sort of an abuse of our positions, our
21 authority and our power that we hold on behalf of the
22 public and really, to be cognizant of whether or not
23 you're utilizing that position for a private benefit or
24 if it's really on behalf of the public that you're
25 elected and appointed to serve.

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1 The next two provisions, the Commission
2 doesn't see all that often. They're necessary and need
3 to be put in statute because of the circumstances where
4 they might occur. But obviously, it's more common sense.
5 We shouldn't be using our positions in government to
6 participate in negotiating contracts that we might
7 privately benefit from in one respect or another.

8 And then secondly, we shouldn't be accepting
9 salary or other compensation for what we are otherwise
10 already being paid to do in our public capacity. And
11 again, this isn't something we see all that often. The
12 example I give is with myself, I am required, as one of
13 my public duties, to do outreach and education to
14 Nevada's public officers and employees. And I suppose if
15 there were a situation where private industry thought it
16 would be best for me to get out somewhere and provide
17 training that my budget otherwise couldn't sustain, and
18 the private industry wanted to pay me a \$10,000 retainer
19 to get out there and do it, that would be really great.
20 It would probably violate a whole host of ethics of
21 violations if I accepted that money. But again, it would
22 be a private source funding, something I'm already
23 responsible do to do in my public capacity.

24 The next two provisions, in most respects, I
25 liken to insider trading in the private sector. So we
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1 cannot utilize information that we have access to by
2 virtue of our public positions that is otherwise
3 non-public information. A lot of times, we hold and we
4 have access to confidential or proprietary information.
5 So we may not utilize that information or suppress that
6 information in a way that's going to affect our private
7 interests in one way or another or those of a person to
8 whom we might be related.

9 This next statute is not something that we
10 see abused a lot by public officers, but it really is the
11 primary statute that we see affected when we're talking
12 about public employees. So again, as a board who is in
13 charge of looking at the conduct of the staff, we want to
14 be careful about not having any improper use of
15 government resources for a private benefit. Now, the
16 easiest way to describe this particular statute, the most
17 obvious way, is about government resources: using the
18 copy machine, using our computer, things of that nature.
19 However, it's not intended to be an outright overly
20 unreasonable prohibition. The advent of the Internet
21 obviously for supervisors was the nightmare, right,
22 because we had all of a sudden hours and hours and hours
23 of government time being spent to shop during the
24 holidays on the Internet and things like that.

25 And the reality is, it probably doesn't cost
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1 the government any more money for the actual use of the
2 Internet because that's probably a flat-based fee, but
3 government time is really expensive, and so the time that
4 someone is on the clock working for government is owed to
5 the public and should not be utilized during work hours,
6 in other words. And so we often forget that government
7 and staff time is really a critical component of this
8 particular statute.

9 The other thing I wanted to draw attention to
10 about this particular statute is something that I
11 advocate in my own office mostly because we're the Ethics
12 Commission, and I don't have to answer those questions,
13 but again, I'm a little bit overly conservative about
14 this issue, but there's a lot of crossover in this
15 particular statute to public records. And it very well
16 could be that the agency has a policy in place which
17 allows government employees to utilize the Internet
18 during their break time. It could be that you're allowed
19 to pick up the phone and call your spouse on break time
20 or something like that. It's nominal use, it's approved
21 by your supervisor, it doesn't cost the government any
22 extra money, but when we talk about the Internet and
23 e-mail use, for example, and using our government-issued
24 e-mail address, in today's world, there's really no need
25 for that as far as I'm concerned. There are free e-mail

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1 accounts that any person can get. There should be no
2 need to utilize your government-issued e-mail account to
3 send private e-mails. And there should also be no
4 reason, you know, to use that in excess if there is an
5 appropriate use policy.

6 Because what's going to happen is, if I said
7 in my office, "It's wholly appropriate for you during
8 your 15-minute break to utilize the Internet" and then
9 all of a sudden I get a public record request for all
10 e-mails sent and received from, for example, my
11 investigator during the workday, and I have to evaluate
12 that, and I find that my investigator sent a hundred
13 e-mails from his government-issued -- the investigator of
14 the Ethics Commission e-mail address for personal
15 reasons, all of a sudden, I have to answer to the public
16 why I've authorized that use, if I have, or whether it's
17 actual appropriate use of his e-mail address and if it's
18 sending the message that that e-mail correspondence is
19 coming on behalf of the Ethics Commission because it's
20 his government e-mail, or if it's on behalf of his
21 personal interest.

22 So I have a rule in my office: absolutely no
23 use of your government-issued e-mail address for private
24 e-mails. Internet use should be limited, nominal. Most
25 people have cell phones. They don't even need to use

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1 their government-issued computers anymore. But just be
2 cognizant of that. The public does have a right and is
3 entitled to know what our government employees are doing
4 with their time, and public records requests come in all
5 of the time, and it just saves an agency from a lot of
6 embarrassment if they have these policies in place and
7 these kind of conservative views about the use of that
8 type of information.

9 All right. Last two. There is a provision
10 in the Ethics and Government Law that prohibits any
11 public officer or employee from attempting to benefit a
12 personal interest through the influence of a subordinate.
13 And sometimes, the absurd and ridiculous makes the point.
14 But obviously, we cannot be utilizing government staff
15 time or our subordinates to pick up our dry cleaning or
16 to get us lunch, right? Those are personal issues. We
17 can't use our authority and power as one supervisor to do
18 that, and that's easier done -- to understand in the
19 workplace, but the Commission has even brought into the
20 scope of that to cover members of boards and city
21 councils, for example, because the commission has
22 determined that despite the layers of existence -- the
23 layers of supervision that may be involved between a
24 board member and a staff member, you nevertheless are in
25 a position of authority. And so if the message you are

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1 conveying to your subordinate is it would really be a
2 help to me for you to pick up my dry cleaning because I'm
3 very busy, the message that the subordinate my be
4 receiving, obviously, is if I don't do this, there's
5 potential for disciplinary action because this is coming
6 from a board member. And I know that sounds absurd.
7 Obviously, those are the types of things that come our
8 way, and so that's really the obvious case.

9 The less-obvious case might be a situation
10 where a board member might say, for example, have a
11 grandchild who has a fundraiser at his or her school
12 selling cookies, and that board member might go through
13 the staff offices and say, "Hey, my grandchild is selling
14 cookies for a fundraiser. Go ahead and sign up." Well,
15 you have to look at it as simply the effect that it might
16 be having on your subordinate. Does the subordinate feel
17 like they can say no without there being repercussions,
18 or do they feel obligated to sign up for the fundraiser
19 because you'll remember that that one public employee
20 chose not to support your grandchild in his school
21 endeavor.

22 Now, again, sometimes the absurd draws the
23 obvious point. These issues get much more sophisticated
24 as they get into the bigger issues about affecting
25 subordinates. Certainly we see it in campaigns, right,
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1 when we're incumbent public officers running for
2 re-election, we see those issues a bit more broadly and a
3 bit more sophisticated, and you cannot utilize government
4 taxpayer-paid subordinates to assist you in campaigns or
5 private endeavors of that nature either.

6 All right. And then finally, the last piece
7 of prohibited conduct in the Ethics and Government Law
8 really prevents public officers and employees from using
9 their positions to seek other employment or contracts.
10 Now, obviously, that doesn't mean you can't utilize your
11 name and title on a resume. I guess if you read it that
12 strictly, it would mean that if you put your name and
13 title on a resume, you'd be using your position to seek
14 another position somehow. That's not what we're talking
15 about. We're really talking about an abuse of your
16 position to acquire a different employment position or a
17 contract that you otherwise would not have the same
18 access to but for your position.

19 And with that, Chair, we have a lot of other
20 provisions that prohibit involvement in various types of
21 contracts. I do want to be sure to inform the Board that
22 while the Ethics Commission does have the authority to
23 authorize public officers to engage in certain contracts
24 in which they might be personally interested, there are
25 criminal consequences for that behavior. And so the

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1 Ethics Commission cannot discuss criminal responsibility.
2 There are misdemeanors for being financially involved in
3 certain contracts with government. And so I encourage
4 you, obviously, in those circumstances even if you think
5 you can get relief from an ethics violation, to talk to
6 your Attorney General about those issues because
7 sometimes there's some crossover that the Ethics
8 Commission certainly doesn't reach.

9 And on that same note, this is a great
10 opportunity for me as the executive director to get out
11 and provide education, but the one holdout that the
12 Commission really does have as a saving grace to it is
13 the safe harbor provision of our statutes. And really,
14 it's a benefit to you as public officers and employees,
15 which is that if you are confronted with a potential
16 conflict of interest and you don't know what to do with
17 your conduct, as a public official, you have the
18 opportunity and you should always first consult with your
19 Attorney General because if you do get legal advice and
20 it's good-faith legal advice, which means you've told
21 your attorney the full nature and extent of the conflict,
22 and you received advice in good faith, then even if it
23 comes down to a complaint and ends up before the Ethics
24 Commission, you have a safe harbor against a willful
25 violation. So please let me reiterate. It's not your
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1 private attorney who you might retain on the side. It
2 must be the attorney who is retained by the agency to
3 represent your interests.

4 And so with that, I'm also always available.
5 You may always e-mail me or call me if you have a
6 specific question. I will maintain the confidentiality
7 of that under the Commission's ability to provide
8 confidential advisory opinions. So if you feel that
9 you're confronted with potential conflict, I'm more than
10 happy to assist you in navigating through the provisions
11 of the Ethics and Government Law in assisting you in
12 number one, where the Commission might have already
13 provided advice in a similar circumstance, or number two,
14 whether I think your circumstances probably warrant the
15 full formal advice of the Commission. Does anybody have
16 any questions?

17 CHAIR DROZDOFF: So are there any questions?
18 I do want to thank you, Ms. Nevarez-Goodson, and as she
19 noted, there's more slides than she went through. I
20 would encourage everyone, not just the Board, but staff
21 to take a look at all of the slides and also take her up
22 on her offer to have a discussion if there's any
23 questions. Any questions here?

24 MS. NEVAREZ-GOODSON: Thank you. I
25 appreciate your time today. Thanks.

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1 CHAIR DROZDOFF: So as we move into 4, I
2 think I would like to get started at least with 4 before
3 we take a break, if everybody is okay. I'd like to
4 proceed to 4.

5 CFO GLOVER: Good morning. My name is
6 Celestena Glover. I'm the Chief Financial Officer for
7 the Public Employee Benefits Program. Item 4 is to
8 discuss the budget framework for fiscal year 2018 and
9 2019. This is basically an overview of what we will do
10 as far as presenting our agency request budget. This
11 will give you an idea of what the decision units are,
12 some suggested enhancements for our budget, and we'll
13 also talk a little bit about the budget cuts that were
14 mentioned during public comment.

15 There are no dollars associated with this
16 report at this time. We are not at the point where we
17 can give you any costs. That will come in July. So the
18 -- as usual, the base budget will be established using
19 the FY 16, which is our current year actual expenses. So
20 when we close that year, we'll look and see what we have
21 spent, and that's where we will start. There are certain
22 things that will be eliminated. They are considered
23 one-time expenses. There are things we have to
24 re-justify year after year, so those things will be
25 eliminated from the totals, and then we will start with

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1 the items that are left over.

2 Maintenance decision units. In my world,
3 these are the decision units basically to maintain and
4 adjust for inflation, so you'll see on page 2 of the
5 report, a list of those maintenance decision units such
6 as the statewide inflation decision unit. The budget
7 office provides those numbers for us. Medical inflation.
8 I will work with Eon to determine what those numbers will
9 be for our budget for '18 and '19, and we'll build those
10 in.

11 Things that we will consider... obviously,
12 we're looking at the change or potential change of the
13 HMO vendors. We don't know what those rates are going to
14 look like, so we'll make some assumptions of what
15 inflation will be. Typically, we use 10 percent. We
16 will also look at inflation for the self-funded plan, and
17 then one of the things we are going to consider is if we
18 do go with a different vendor once the RFP is submitted
19 and we receive proposals, we will look at if we should
20 lose the Sierra Health Care options, the SHO Network, how
21 will that affect our budget.

22 Then we'll go into reserve adjustments, so
23 this is our IBNR, so it's incurred but not realized.
24 These are claims that we've incurred but we have not yet
25 paid the bill on. Our catastrophic reserve -- both of

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1 those I will work with Eon in determining what those
2 numbers will look like, and then I will also be looking
3 at the health reimbursement arrangement reserve. We have
4 a liability at the end of the year that is the balance
5 that the individuals with the HRA accounts carry over
6 from year to year, and we carry a reserve in the event
7 that those funds are used.

8 And then adjustment to base. So this is, in
9 our M-150 adjustment, so this where I talked about
10 earlier. We will adjust out one-time expenses. We'll
11 look at changes in contracts that we recently awarded, if
12 it's changed current rates, which typically, that is the
13 case, whether it's up or down, and then decrease in the
14 retiree drug subsidy due to the retirees removing out of
15 the CDHP and HMO onto the Medicare Exchange. This is a
16 subsidy. This is a revenue that we get, and it has
17 decreased over time, and that's due to a lower
18 population.

19 I'll look at caseload adjustments. For us,
20 as that is our enrollment counts, we have seen an
21 increase in enrollment primarily in the active employees.
22 This is due to vacant positions finally being filled that
23 have been held vacant for a long time and also new
24 positions that were awarded during the last session, and
25 then any adjustments for retirees. We see, on the early

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1 retirees on the state side, that number going up a little
2 bit, not hugely. But on the non-state side, those
3 numbers are dropping, so we will make some adjustments to
4 the budget based on that caseload.

5 And then we have our health care reform
6 mandates. For us, this is our PCORI, so Patient Centered
7 Outcomes Research Institute and our transitional
8 reinsurance fees. The TRP fee is actually going away,
9 but we do have a couple more payments we have to make, so
10 we will adjust that. PCORI, so far as I know, is a
11 permanent lead, so as soon as I get new numbers as to
12 what that rate will be for future years, I would put that
13 in our budget. Questions so far?

14 CHAIR DROZDOFF: Bob?

15 MR. MOORE: Thank you, Mr. Chairman. For the
16 record, Bob Moore. Tena, real quick. Can you tell me
17 what number is the 5 percent reduction applied against?
18 Is it the 2016 cost, or is it the cost after you've made
19 all of the up-and-down adjustments?

20 CFO GLOVER: And I'm getting ready to get
21 into that. So for the budget reduction decision unit,
22 what we were given from the budget office was based on
23 our 2017 approved retirement -- retired employee group
24 insurance assessment and our active employee group
25 insurance assessment, so it's the amount of money that we

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1 can actually bring in. That's where we'll start with.

2 MR. MOORE: Thank you.

3 CFO GLOVER: And that will max to 12 and a
4 half million a year, give or take.

5 MR. MOORE: Thanks.

6 CHAIR DROZDOFF: Anyone else? All right.

7 CFO GLOVER: All right. So I'll go right
8 into the enhancement decision units. You know, let me
9 back up a minute. The reductions, as was mentioned in
10 public comment, the reductions, should it be realized,
11 will affect the amount of money we can bring in from the
12 employer to assist in paying for premiums. If we do take
13 the cut like we are told we will, and we expect that
14 rates are likely to go up due to medical inflation, then
15 the decision that we will be looking at is what do we do
16 with the plan? Do we reduce the benefits? Do we leave
17 the benefits the same? And then who pays for what? So
18 if we leave the benefits the same, if we have a reduced
19 assessment, that means the difference comes out of the
20 employees' pockets. So that's something we have to
21 consider.

22 EXECUTIVE OFFICER HAYCOCK: For the record,
23 Damon Haycock. I want to add one thing at this point and
24 then turn it back over to CFO Glover. We were told that
25 we need to develop a 5 percent cut budget, but it doesn't
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1 necessarily mean that we will be required to adhere to a
2 5 percent cut. And so that information is forthcoming,
3 and I don't believe anyone has a crystal ball yet as to
4 how the taxes will come in or how the revenues will be
5 realized at the State of Nevada. But nevertheless, we
6 have to develop this process so that the budget office
7 and the Governor's recommended budget can make efficient
8 and quick cuts to everyone's budget if that's what is
9 required to ensure we balance the budget of the State of
10 Nevada.

11 CHAIR DROZDOFF: Tena or Damon, I'll just ask
12 you. Again, I'm not going to minimize and say it's an
13 exercise, but as you just said, Damon, it's certainly far
14 from a reality. So my question is this. If -- truly
15 simplistic standpoint. Wouldn't it be easier to kind of
16 deal with this 5 percent on costs as opposed to
17 redesigning benefits? I mean, because if you do it based
18 on costs, then you basically say for 12 -- if you have 12
19 and a half million dollars or you don't, it's going to
20 cost X, and that can -- either makes it into the budget
21 or it doesn't.

22 If you start redesigning benefits, then my
23 sense is -- and maybe I'm wrong -- but my sense is then
24 it gets more complicated because then you've got to try
25 to start restoring whatever sort of benefits you were

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1 talking about taking away. So I'm just asking for your
2 thoughts on that.

3 CFO GLOVER: So this is Celestena Glover, for
4 the record. I will look at it both ways. So obviously,
5 the easiest thing to do is take what I have now, what my
6 plan design looks like, cost it out, see what funds I
7 have available from the State. So if I have a reduction
8 from the State of \$12 million for the year, and my plan
9 says I need however many dollars and I've already lost
10 \$12 million, who gets the other -- who gets to pay for
11 the other \$12 million. So typically, you're going to
12 shift the cost to the employee and the retiree. So we
13 can look at it like that. We will calculate those
14 numbers.

15 We will also look at, you know, for the last
16 couple of years, we've had enhanced plan design which
17 we've been paying for with reserves. As I said in my
18 presentation at the last Board meeting, we won't have
19 those reserves, so obviously, to maintain that plan
20 design, the cost is going to go up. We are potentially
21 going to have less money from the employer. That means
22 the employee is going to pick up the difference, or we
23 look at reverting to the plan design from plan year 2012,
24 July 2011; cost that out, and determine then who gets
25 what portion of those costs.

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1 CHAIR DROZDOFF: No, I mean, I understand the
2 two concepts. I guess I'm just trying to say -- I guess
3 my point is -- and again, I'm not minimizing this, but
4 maybe Jim Wells can add to it. My point here is that
5 this is far from a sure thing. This is a contingency,
6 and I want to sort of devote a proper amount of time and
7 resources and simplicity to that process.

8 And for me, anyway, unless I hear otherwise,
9 it seems to me that a far simpler contingency would
10 simply say, "Okay. Look. Here's what the plan is going
11 to -- here's the plan, you know." If we have to take the
12 reduction to the employees and the retirees, everybody
13 who pays the bills are going to have to pay a little bit
14 more, it just strikes me that that is a simpler way to go
15 as opposed to looking at the myriad of pieces that go
16 into the benefits.

17 And again, so I guess maybe -- that's just a
18 thought. So I guess my question is, what are you going
19 to need from the Board? Are you going to need for the
20 Board to say we want you to look at the contingency both
21 ways, or we want you to look at it one way? What are you
22 going to need in that regard?

23 CFO GLOVER: If the Board -- again, Celestena
24 Glover, for the record. If the Board has some specific
25 ideas as to what they would like me to include in this,
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1 then definitely, I will include it. My intent,
2 obviously, is to look at the cost either way: with or
3 without a cut, with or without plan design changes so
4 that we have some options to consider.

5 From a technical standpoint, when I put this
6 into the budget, I will put them in separate decision
7 units so if there is a change, that decision unit can be
8 eliminated, and then it's not a matter of going back and
9 recalculating everything.

10 EXECUTIVE OFFICER HAYCOCK: For the record,
11 Damon Haycock. I think I'd like to not only echo what
12 Tena said, but give you a simpler answer to a very
13 straightforward question. I believe that if the Board
14 wills that staff develop this decision unit to place the
15 12 and a half million dollars and the costs associated
16 with that reduction in revenue into increased premiums
17 for participants, we'll build it that way.

18 If the Board wants us to look at some form of
19 massaging of the benefits, we'll build it that way as
20 well. We're going to look at it from an analysis point o
21 view, because I feel it's our job to look at all
22 different ways to manage this potential cut, but we are
23 completely willing to take direction from the Board here
24 today on how they would like that 5 percent cut
25 developed, and we will move forward.

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1 CHAIR DROZDOFF: I appreciate that. Again,
2 my basic question is what I asked at the beginning.

3 Isn't it a simpler exercise to just look at costs? Jim?

4 MEMBER WELLS: Thank you, Mr. Chairman. Jim
5 Wells for the record. My recommendation for this is that
6 we would provide staff to the Board or to the staff,
7 rather, to do exactly what you're just saying.
8 Basically, to leave the benefits as they are and deal
9 with this as a structural movement of premiums to
10 participants, both active and retirees. Because as you
11 said, this is not a given reduction. And we are going to
12 be faced, as a Board, with the plan design reverting back
13 to the original 2011 plan design as it is. So we're
14 going to be discussing, over the fall, early spring,
15 potential changes to the plan anyway or to those changes
16 to keep them being provided to the participants.

17 So my recommendation would be to make this a
18 very simple exercise for staff to look at the reduction
19 for the State share, and it would just be a shift, a cost
20 shift to the employees. How the Board determines that
21 that cost shift occurs, whether it be through increased
22 plans or increased premiums or reduced benefits, is a
23 discussion for a later meeting.

24 CHAIR DROZDOFF: All right. Well, thank you.
25 Go on with your presentation.

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1 CFO GLOVER: So the next portion of this
2 report discusses the enhancement decision units. So the
3 enhancement decision units are our request for additional
4 funding for any projects or expansion of existing
5 projects. There is a new process in place as to how we
6 will submit our enhancements. In the past, typically, we
7 would build it into the budget, do all of the work we
8 needed to do to figure out what those costs are, how to
9 justify them, and so forth.

10 What we will do this year is submit a concept
11 based on what the Board wishes us to do. We'll submit a
12 concept to the budget office for review and approval.
13 Should those requests be approved, then we will do the
14 work to -- building those costs. So we will know in
15 early June whether or not our enhancement requests will
16 move forward.

17 The enhancements that we are proposing in
18 this report obviously, the non-state retiree issue has
19 been a concern for a lot of individuals. We've been
20 tasked with trying to come up with a solution to their
21 increasing rates over the years. The proposal I have
22 submitted here is to one, make a change to our statute,
23 which requires that the state retirees and non-state
24 retirees, that their subsidy or employer contribution is
25 calculated in the same manner. This proposal says shift

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1 a larger portion of the non-state retiree cost onto their
2 former employers. What that cost is, I can't tell you
3 today, but that is an analysis we will do.

4 And then our second enhancement is to add a
5 full-time legal counsel position. We have determined, in
6 reviewing our budget that -- for this biennium anyway, we
7 have a significant amount of costs that we are
8 transferring to the Attorney General's Office for the
9 services of our Deputy Attorney General, and PEBP is
10 looking at the potential of adding a legal counsel
11 position full time, and that we believe we can realize
12 some cost savings by doing so.

13 And then other enhancement decision units,
14 that section basically, the Governor's Office may task
15 various agencies to add new projects, new programs to
16 their budgets. They will give us direction as to what
17 that looks like. I am not aware of anything today that
18 we're going to be requested to do. Once that information
19 is provided to us, then that will -- that enhancement
20 decision unit will be guaranteed to be in the our budget
21 if we're so directed.

22 And with that, if there are any other
23 questions, our recommendation is to approve the framework
24 as presented and direct staff regarding any other
25 additional decision units that you wish us to include in

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1 the agency request budget.

2 CHAIR DROZDOFF: Thank you, Tena. So before
3 I open it up, just a quick word. I was contacted this
4 morning that there have been some late discussion between
5 budget office and Attorney General's Office and with the
6 executive director on the costs from the Attorney
7 General's Office. And so some of those discussions are
8 sort of ongoing, and I don't know how much of that is
9 open to the public, but I do want to give Damon an
10 opportunity to update us because I think it does have a
11 material -- it could have a material impact on the Board
12 direction here.

13 EXECUTIVE OFFICER HAYCOCK: Thank you,
14 Mr. Chairman. Damon Haycock, for the record. And yes, I
15 too was involved in a discussion last night with a member
16 of the Attorney General's Office as well as with
17 Mr. Wells this morning, and I apologize, Tena, for not
18 having the time to talk with you this morning as you
19 presented this.

20 There is a potential error in the fees that
21 we are paying, and I'm going to leave it at that unless
22 anyone else wants to get into the details. One thing I
23 do want to say that regardless if there was an error or
24 not an error, at no time whatsoever do I want to have
25 anyone think that we have not received the utmost highest

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1 quality response from our Attorney General's Office. And
2 I -- this was my decision unit that I requested of Miss
3 Glover to include in this, and it was by no means an
4 evaluation of the support that we've received. I have
5 been attached at the hip with Mr. Belcourt since I
6 started, and he has done nothing but provide excellent
7 service to me, and I believe to PEBP as a whole.

8 What I was looking for, in developing this
9 enhancement unit, was a method to reduce the costs that
10 we pay every year to ensure that we can reduce the
11 increased rates as we move forward. We needed to take a
12 closer look internally at what we do to see if there were
13 any cost savings that we could participate in cost
14 sharing these rates. And so when I found out that we
15 were paying the Attorney General's Office what I believe
16 was a significant amount of money, it appeared to be a
17 financial no-brainer to get a full-time legal counsel for
18 half the cost or a third of the cost of what we were
19 paying for a cost-shared legal counsel. But as it was
20 explained to me last night and again reiterated this
21 morning, I believe this enhancement unit may not be
22 necessary and that there are things moving in the
23 background.

24 I'll let Mr. Wells add to this, if you would
25 like, that this situation is going to resolve itself, and
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1 that we won't be paying these high fees to the Attorney
2 General's Office moving forward. Is that fair,
3 Mr. Wells?

4 CHAIR DROZDOFF: Well, I think -- before I
5 turn it over to see if Jim wants to add anything, because
6 as I said, he's in the middle of these discussions, and I
7 don't want to necessarily put him in a bad spot. So I'll
8 just say from a higher elevation, the short version is it
9 seems like we've been paying too much in error. As a
10 result, the perceived delta that could exist between a
11 different way to fund legal services probably isn't
12 there, and that the discussions are ongoing between the
13 budget office and the Attorney General's Office, at least
14 moving forward and perhaps looking backwards in terms of
15 what the proper costs should be. That's my
16 understanding. And I don't know with that if there's
17 anything more you want to say.

18 MEMBER WELLS: This is Jim Wells again for
19 the record. The Attorney General cost allocation plan is
20 very complicated, and I'm not going to try to get into
21 the specifics or mechanics of how it works because I
22 don't think anybody wants to hear it. But suffice it to
23 say that the cost allocation plan is based on a projected
24 percentage of what they think that you're going to use
25 plus an adjustment for what you actually used three years

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1 ago. So that adjustment from three years ago can be a
2 plus or a minus.

3 What happens, if you see dramatic increases
4 in hours or decreases in hours, you don't see it today,
5 and you don't see it next year, and you don't see it for
6 three years down the road. One of the things that
7 happened, if you look historically at the AG cost
8 allocation for PEBP, it went down in the last two
9 biennia, and then it went up significantly in this
10 biennium. And part of that had to do with the way our
11 prior attorneys from the -- that were representing the
12 Gaming Control Board were charging their hours to PEBP
13 versus how they were charging them to the Gaming Control
14 Board.

15 Then when Dennis replaced those attorneys,
16 the hours were more accurately reflected. And therefore,
17 when we got hit with the new assessment for the
18 percentage of hours, it included the adjustment for the
19 hours that Dennis worked that were not billed into the
20 budget in that year. That's the primary reason behind
21 seeing -- one of the reasons behind seeing a higher than
22 normal historical AG cost allocation, is that we are
23 paying for things that we used but didn't pay for
24 historically.

25 There is another error. I'm not going to go
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1 into the other error because there are still ongoing
2 negotiations as to how that's going to be handled, and
3 that has not been resolved, but there is another
4 component to this that will be resolved at some point in
5 the future. And given the fact that that occurred, given
6 the fact that PEBP has a statutory authority to retain a
7 health care attorney, and due to the fact that there is
8 things that the Attorney General's Office would have to
9 do anyway, irregardless of whether we had outside -- an
10 internal counsel, an outside counsel, I can't support
11 this particular item. So that's my background.

12 CHAIR DROZDOFF: And I appreciate. And I'm
13 going to go through all of these, you know, probably by
14 category: maintenance enhancement, but I guess -- but
15 what I said, though, I mean, without getting into the
16 specifics, is that if the entire premise for looking at
17 this is basically saying when somebody looks at it and
18 says "Wow, we're paying a lot. Do you have a better
19 deal?" In reality, for a variety of reasons, we may not
20 be paying that much moving forward. It sort of makes you
21 sort of reframe the theory or the concept in the first
22 place.

23 All right. So, Tena, thanks very much. It
24 was very helpful. I like the way it was presented. And
25 as I said, I think what the staff has asked for is, you

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1 know, give us any additional direction. We've had a
2 little bit of discussion on how to handle the 5 percent
3 cut, we've had a little bit of discussion on the legal
4 counsel, but I want to go back and probably look at this
5 probably in the manner in which it was presented, which
6 is any questions about base, any questions about
7 maintenance decision units, and any questions about
8 enhancement units. And then when we finish all of that,
9 if there are any direction or recommendations to staff,
10 we'll take a motion that way. So are there any questions
11 about the base budget?

12 Okay. Let's go to maintenance. Are there
13 any questions about any of the maintenance decision
14 units? I'll give you guys a minute. Judy?

15 MEMBER SAIZ: This is Judy Saiz, for the
16 record. I just have a quick question. When is our PPO
17 contract expired or up or whatever? Did we -- we renewed
18 it for -- or extended it, right? Do you know, Damon?

19 CFO GLOVER: I have to check with Megan. I
20 don't remember the dates. I believe it's 2018.

21 MEMBER SAIZ: '18?

22 CFO GLOVER: So again, Celestena Glover for
23 the record. So in our maintenance decision units, and as
24 we build the budget, any contracts that will expire and
25 we will potentially either extend them or go out to bid

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1 for them, we will make some assumptions as to what cost
2 adjustments we will need to make for those with
3 annotation as to why we're making the decisions we're
4 making. So when we come back in July with preliminary
5 numbers, you'll see that.

6 CHAIR DROZDOFF: Anything else on the
7 maintenance section here? Okay. So then let's talk
8 about -- and we've had a little bit of discussion on this
9 courtesy of me, but let's talk about the budget reduction
10 decision units. Specifically, the 5 percent target.
11 Anything else more than what was said previous? Okay.

12 MEMBER COCHRAN: Mr. Chair?

13 CHAIR DROZDOFF: Chris?

14 MEMBER COCHRAN: Yes. This is Chris Cochran,
15 for the record. Just to reiterate, what you are saying
16 is that we require staff -- we ask staff to develop a
17 budget without the 5 percent reduction and then handle
18 that if the Legislature comes back and says you need to
19 cut it 5 percent?

20 CHAIR DROZDOFF: Yeah. Well, what I'm saying
21 -- what I suggest -- and again, I'd like to wrap this up
22 into a, you know, at the end if there are more than one
23 recommendation, but from my vantage point, and maybe it's
24 because we prepare a lot of budgets as well in my day
25 job, I know that this is not a -- it's not a guarantee

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1 that this is going to happen. It's a contingency. And I
2 think we should, in the contingency, we should try to do
3 something that is as easy as possible and as easy to kind
4 of sort of extricate ourselves from as possible.

5 And in my view, the easiest way to do that is
6 to simply say, "Look. If there's a 5 percent cut, which
7 is a \$25 million over the biennium amount, roughly 12 and
8 a half million dollars each year, why don't we just say
9 that that is, you know, that would be a cost share?"
10 That would simply be a cost share based on premiums that
11 now the employee -- it would be understandable to people,
12 it would be understandable to employees, it would be
13 understandable to a lot of things. I think it would be
14 simpler to do. So that is one person's opinion as a way
15 to deal with this contingency as opposed to trying to
16 look at the plan design, which as stated earlier, we're
17 going to have to do anyway. I just think it gets really
18 confusing otherwise. So that's my -- that's just one
19 person's opinion. Jim?

20 MEMBER WELLS: Let me try something. So to
21 me, the decision unit for this particular item should be
22 what amounts to a shift in who pays the premiums from the
23 -- so a reduction in the state employer premiums and an
24 increase in participant premiums. That's the decision
25 unit that we would put in. My recommendation also would

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1 be that it is not 12 and a half and 12 and a half,
2 recognizing inflation is going to hit us harder in the
3 second year, that it be graduated from the first year to
4 the second year.

5 CHAIR DROZDOFF: Okay. That's a good point.
6 I appreciate the clarity. Anything else on that? As I
7 said, what I'd like to do is just if there's not anything
8 more, we'll get through all of them, and then we'll see
9 if we can formulate a recommendation or series of
10 recommendations to staff. Chris, does that answer your
11 question?

12 MEMBER COCHRAN: Yes. Thank you.

13 CHAIR DROZDOFF: You're welcome. All right.
14 So let's then look at the enhancement decision units.
15 There's two. We've had discussion on the second. How
16 about discussion on the first? It was brought up. It
17 was brought up repeatedly. This is a concept that the
18 staff believes makes a lot of sense. Any other questions
19 here? Jim?

20 MEMBER WELLS: Thank you, Mr. Chairman. This
21 doesn't technically have a budgetary impact to the plan
22 itself. It's really changing who is paying for the
23 premium and shifting over the burden to local
24 governments. I think you're going to see some resistance
25 from them. There was a bill last session that was before
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1 us by one of the associations that had some other
2 alternatives in it. I think that this -- if we're going
3 to do a bill draft request and put it in as part of this,
4 I think there needs to be some options for the
5 Legislature to consider. They included moving retirees
6 back to their own plan and continuing to pay for the
7 subsidy. There was talk of moving into the kind of like
8 the Silver State Exchange and subsidizing that. There
9 are some other alternatives that could be utilized and
10 beneficial to both participants and local governments
11 that should be considered as part of this.

12 CHAIR DROZDOFF: So how would you recommend
13 those -- so how would you recommend that those
14 alternatives be presented?

15 MEMBER WELLS: So my recommendation would be
16 to go back to whatever was Assembly Bill 426 from last
17 session, look at some of the options that were discussed
18 in that Assembly bill, and then include this as a
19 potential option along with those. Give the Legislature
20 some options.

21 CHAIR DROZDOFF: All right. So that's a
22 discussion. So, Tena -- and we talked about these costs
23 last time. Can you -- if you remember, and if you need
24 to take a break, we can, but we talked last time, last
25 meeting about this, you know, the retiree costs. And I

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1 think we talked about that every month, it was, you know,
2 you were seeing a reduction for a number of reasons.

3 But to help ground the discussion here, can
4 you give some sense of if the retire -- if the non-state
5 retirees were put in the same bucket, regardless of who
6 pays the subsidy, whether it's basically subsidized based
7 on state employees and state retirees or the general fund
8 or whether the employers pay more, it's really those
9 three general sense of options. What kind of numbers are
10 we talking about?

11 CFO GLOVER: Again, this is Celestena Glover
12 for the record. See what I can remember. I did -- so
13 one of the discussions was moving the non-state retirees
14 into the same pool as the state employees and retirees,
15 and there has been some resistance in going that route
16 due to cost.

17 The last check, we were looking at an
18 increase to every state employee and retiree of about
19 \$26, \$27 per month per retiree. So to put that in
20 perspective, that is 20,000 employees and retirees having
21 to increase what they pay, outside of inflation and
22 budget cuts and everything else, to have to pay that much
23 more to cover about -- between the HMO and the CDHP,
24 about 3,500 retirees. So it's asking 20,000 people to
25 pay for 3 at a significant cost for a lot of people. For

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1 some individuals, it may not. But for a lot of people,
2 that is a significant increase. If budget reductions are
3 realized at the same time and we do a cost shift, we've
4 also got that cost.

5 CHAIR DROZDOFF: Okay. So let's just try to
6 get to that number. So you're saying -- and they're
7 rough figures, but you said it's 20,000 times -- you said
8 it was \$20?

9 CFO GLOVER: \$26.

10 CHAIR DROZDOFF: \$26 per month.

11 CFO GLOVER: Per month.

12 CHAIR DROZDOFF: So 20,000 times \$26 times
13 12. So that's -- so you're saying there's roughly a
14 \$6.24 million cost. That's the cost someone is going to
15 pay.

16 CFO GLOVER: Correct.

17 CHAIR DROZDOFF: Whether it's the employee,
18 whether it's the general fund, or whether it's the former
19 employer.

20 CFO GLOVER: Correct.

21 CHAIR DROZDOFF: Okay. So I think that's an
22 important number for all of us to keep in mind as we're
23 trying to provide direction. Bob Moore.

24 MR. MOORE: Mr. Chairman, if I might, if the
25 Chair were to -- for the record, Bob Moore. If the Chair
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1 would indulge me for a minute to your point. If you
2 would refer to Section 11.4.1, specifically pages 11 and
3 12.

4 CHAIR DROZDOFF: I'm not there yet. I'll let
5 you know when I'm there. I'll be the last one. What
6 page?

7 MR. MOORE: Page 11. Well, there's a
8 technical problem. Both the utilization report, which is
9 11.4.1 is misappropriately labeled as 11.4.2, which is
10 the same section as the financial report, which is also
11 misappropriately labeled as 11.4.2. So you have two
12 11.42.s. the first one I'm referring to is the
13 utilization form.

14 CHAIR DROZDOFF: How about if you show
15 people. Can you lift it up?

16 MR. MOORE: Yep. Looks like this. Paid
17 claims by claim type -- non-state participants.

18 CHAIR DROZDOFF: I got it. All right. Hold
19 on. The folks down south didn't have the benefit of the
20 visual enhancement there, so do you guys have it?

21 MEMBER GARAFALO: Zoomed in. We've got it.

22 CHAIR DROZDOFF: All right. It's a green
23 header. It says, "Paid Claims By Claim Type, State
24 Participants." Page 11. And then page 12, on the other
25 side is the same, only for non-state.

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1 MR. MOORE: Exactly. That's where I'm going.
2 I want to compare state participant costs with non-state
3 participant costs -- albeit this is the second quarter of
4 claim year '16, but I think it's a pretty good barometer.
5 If you go to page 11, the number in the lower left-hand
6 corner is the active employees for 2016, medical: \$348.
7 Everybody see that?

8 CHAIR DROZDOFF: Yep.

9 MR. MOORE: Okay. If you go to page 12, the
10 companion cost for retirees is \$566. That would be a
11 whole bunch more.

12 CHAIR DROZDOFF: Yeah.

13 MR. MOORE: Okay. But so, Tena, how many
14 non-state active employees are there?

15 CFO GLOVER: Nine.

16 MR. MOORE: Nine.

17 CFO GLOVER: And that is split between the
18 CDHP and the HMO.

19 MR. MOORE: Yeah. So although the delta is
20 huge, the universe is extremely small. Okay. So let's
21 go back to page 11. Let's look at the next number, which
22 is the pre-Medicare retirees for the State. Their cost
23 is \$732. If we look at the non-state participants,
24 pre-Medicare, it's \$720. That would be less. So the
25 non-state pre-Medicare retirees cost less than the State

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1 active, excuse me, the State pre-Medicare retirees, which
2 complicates the question as to why would the non-state
3 pre-Medicare folks pay more than the State pre-Medicare
4 folks, albeit this is one little second quarter of '16,
5 not a real good comprehensive view, but it nevertheless,
6 it's \$12 less. So even if there's a huge error there,
7 they've got to be pretty close numbers.

8 One more, Tena, and then I'll yield. Same
9 number of Medicare retirees. State's 371. Non-state is
10 415. That's higher. No question about it. Is it
11 significant? I don't know. Anyway, that's my
12 observation. So I have a real problem swallowing the \$26
13 million number.

14 CHAIR DROZDOFF: It's a \$6 million number.

15 MR. MOORE: \$6 million number. Sorry about
16 that.

17 CHAIR DROZDOFF: \$6.2. Tena, you wanted to
18 respond?

19 CFO GLOVER: Yes. Again, Celestena Glover,
20 for the record. The piece that's missing from here is
21 when we set rates, we commingle the actives with the
22 retirees from the State group and the same for the
23 non-State group. So if you look at the total, you're
24 looking at \$395 compared to \$664. That's where the
25 difference is. Because there are no employees at a lower

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1 rate offsetting the retirees in the non-state pool. So
2 if you look on page 11, go to the total, you see \$395.

3 MEMBER MOORE: Got you.

4 CFO GLOVER: And if you go to page 12, you
5 see \$664. That's where the problem is.

6 MR. MOORE: And I'm having a problem getting
7 there. With an active non-state population of 9, if you
8 extend that multiplication out, it's not going to be a
9 huge number. I don't know how that number gets doubled.
10 I guess somebody just has to explain it to me at a later
11 date.

12 CFO GLOVER: Yes.

13 MR. MOORE: I don't want to take up the
14 Board's time, but I'm having a hard time reconciling that
15 number. Thank you, Mr. Chairman.

16 CHAIR DROZDOFF: Jim Wells?

17 MEMBER WELLS: Mr. Chairman, Jim Wells again
18 for the record. So another way to look at this, the
19 aggregate total, the \$664 per person, subtract \$395,
20 which is the aggregate person on the state's side.
21 That's the difference. It's \$269 per member per month.

22 MR. MOORE: I see that.

23 MEMBER WELLS: Times 12 times -- there's
24 about 2,000 people in the -- or actually, sorry. There's
25 about 1,200 people in the CDHP for this quarter, so that
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1 would give you an annualized cost of about \$4 million.

2 MR. MOORE: I won't take up any more of the
3 Board's time. I'm going to work these numbers myself and
4 get back to you.

5 CHAIR DROZDOFF: Well, I mean, and I think we
6 could, and I think maybe Damon and crew can try to figure
7 out a way to present this because it's not going to be
8 the first time that the question is asked. But, I mean,
9 I think it's obvious that -- otherwise, nobody would be
10 complaining that there is an increased cost. So for now,
11 we're still drilling into it.

12 How about we conditionally or temporarily
13 agree that we'll use the rough figure that was -- we just
14 talked about, which is roughly \$6.25 million a year as
15 the difference. If it goes down, it goes down. As I
16 said, it defies -- if there wasn't any difference, than
17 nobody would be complaining and there wouldn't be a cost.
18 So and that's secondary anyway because the bottom line is
19 we have to figure out if we take Jim Wells' suggestion
20 and want to give the budget office and the Legislature
21 choices, it strikes me that there are three broad
22 choices.

23 One is to ask these employers, previous
24 employers, to come up with the difference. The second is
25 to ask the Legislature to come up with the difference

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1 slash budget office, and the third is to ask the active
2 and retired state employees to make up the difference.
3 That's really, in my view, what it boils down to. Is
4 there anything else?

5 So Jim, to your point, if we want to, does it
6 make sense then to say, "Look. We believe the number is
7 \$6.2 million and reducing over time, but nonetheless,
8 that's the number that -- that's the target number, and
9 here are your three options. You can charge the
10 employees \$26 more or something like it, you know,
11 somebody can make up the difference in the State
12 government infrastructure which, or we could go to
13 retirees, or we could go to the former -- the retirees'
14 former employers and say, you know, "They were yours and
15 you make it up." I guess, or four, some combination
16 thereof. I see a lot of head nodding.

17 So, Tena, if that is -- Marlene is here. All
18 right. Yeah, let's do that. You've been active on the
19 discussion.

20 MS. LOCKARD: Thank you, Mr. Chair. I would
21 like to suggest that there is a fourth option, and that
22 would be out of reserves.

23 CHAIR DROZDOFF: Yeah, I don't think there's
24 any reserve, Marlene. I mean, I think this. I think --
25 well, I know, but I think this. I think the concept that
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1 Marlene -- I'll say this. The concept that Marlene just
2 said is -- she's not the only one that thinks that. So
3 that is yet another direction to staff that we have to --
4 if there are no reserves, we have to be able to answer
5 that. Okay? That's how we'll look at that. So, Judy?

6 MEMBER SAIZ: Can I comment on 2? Are we
7 through?

8 CHAIR DROZDOFF: Oh, about the legal stuff?
9 No. Let's just wait. We'll certainly get there.

10 MEMBER SAIZ: Okay.

11 CHAIR DROZDOFF: Tena, Damon, do you need --
12 you're in the discussion. You're asking the Board -- I
13 mean, eventually, we'll wrap this up in a recommendation,
14 but is what we sort of articulated here that we've
15 established what the number is, and we've established
16 three general ways to pay for it that we would then ask
17 staff to kind of fine-tune. Would you need more than
18 that when we make a recommendation?

19 CFO GLOVER: Again, Celestena Glover for the
20 record. So based on what I just heard, looking at the
21 three options, that's what we did last session. We came
22 up with the three options, which was employer pay more,
23 the State, give us a bucket of money to put for them or
24 commingle them with us. And then as Jim mentioned, one
25 of the associations came forth with a bill draft with a

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1 whole different option. We can go back and calculate
2 those numbers and just see where we're at.

3 CHAIR DROZDOFF: Okay. Well, like I said,
4 we'll eventually get to a motion. Is there any more
5 discussion on the non-state retirees? All right. Then,
6 Judy, let's go to -- what do you want to talk about?

7 MEMBER SAIZ: It's just a quick comment.
8 Just in the past, it seems like this has popped up about
9 hiring full-time legal counsel. And I've had people walk
10 up to me, you know, in various meetings and comment that
11 perhaps we should have that. And I realized the numbers,
12 what you just were talking about, but I just want to
13 compliment Damon for looking at this and seeing that this
14 was -- could have been excessive and taking the
15 initiative to actually think to do something about it. I
16 just want to compliment you on that. Kudos anyway.

17 CHAIR DROZDOFF: Thanks. Jacque?

18 CO-CHAIR EWING-TAYLOR: Thank you,
19 Mr. Chairman. I had a couple of comments on No. 2 as
20 well. And even though it does appear like we might not
21 be moving forward with this, I had some questions about
22 the assumptions underlying the stated need. It seems to
23 me like we, as Bob Moore has pointed out innumerable
24 times, pay an awful lot of money to purchasing, and I
25 know that they reviewed the RFP's and the contracts. So

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1 if we're going to continue to pay them, I'm not sure we
2 need our own in-house attorney to do that.

3 As far as responding to subrogation, I
4 believe that the contract we had with HSV has their
5 attorney responding to subrogation. I don't know that I
6 can think of too many lawsuits we've had over the years
7 that the AG's Office would have to respond to, so I'm not
8 sure that that's a significant need. I believe Eon's
9 contract provides for review and advice on policy and
10 procedure, so I frankly don't see a need for an in-house
11 attorney based on what you've written here.

12 I'm also concerned that if we did move
13 forward on this, you would have to have one person who
14 had all of that expertise, and I doubt you'll find it for
15 that amount of money. So I would just kind of echo some
16 of the things that Judy and Jim have said and think that
17 I'm not convinced that we really need that. However,
18 what I do think that we need is a pharmacy consultant.
19 We no longer have any expertise, either from Kevin Hooks
20 through the Catamaran contract, nor Jeff Monahan, through
21 the contract that was allowed to expire in December. And
22 that is a very, very complex situation. Jim recognized
23 that need when he came to the Board and asked us to
24 approve an amount, an annual amount to use Jeff Monahan,
25 and clearly, Jim also felt, as did others on staff, that

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1 having someone with Kevin Hooks' expertise working on the
2 Catamaran side of it was also critical. So I think
3 you've got two areas of significant need that we don't
4 have the expertise, either on staff or through a vendor,
5 to advise us on.

6 So if we're going to have an enhancement
7 unit, I would very much like to see it be in some form of
8 a pharmacy benefit consultant. Again, whether it's
9 clinical like Jeff provided -- or the other side of the
10 business, I don't know what's called -- that Kevin
11 provided.

12 CHAIR DROZDOFF: Damon, I'll let you respond,
13 but do you, just to ground the discussion, rough numbers
14 on what previous pharmacy consultants charged us?

15 EXECUTIVE OFFICER HAYCOCK: For the record,
16 Damon Haycock. The consultant that was paid for out of
17 the current Catamaran contract, I think netted about
18 \$130,000 a year, and the consultant, Jeff Monahan, I
19 believe was a \$50,000 for the year contract.

20 CHAIR DROZDOFF: Tena?

21 EXECUTIVE OFFICER HAYCOCK: Tena, you can
22 correct me if I'm wrong.

23 CFO GLOVER: This is Celestena Glover, for
24 the record. I believe that is correct. That contract
25 was set at an hourly rate for the number of hours we used

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1 versus a full-time on-retainer type position.

2 EXECUTIVE OFFICER HAYCOCK: Thank you.

3 MEMBER SAIZ: Mr. Chair?

4 CHAIR DROZDOFF: Judy?

5 MEMBER SAIZ: Judy Saiz, for the record. Why
6 did we let that expire? What was the reasoning? And did
7 we -- I don't remember voting on that as a board. Is
8 that something we would vote on, how is that decision
9 made?

10 EXECUTIVE OFFICER HAYCOCK: For the record,
11 Damon Haycock. That's a good question, Ms. Saiz. That
12 contract did expire at the end of December. We were
13 going through the process of developing and selecting a
14 new vendor for a pharmacy benefits manager services, and
15 based on some discussions with other Board members, I
16 took direction to wait and see how that pharmacy benefits
17 manager implementation went to determine the exact need
18 of that consultant.

19 CHAIR DROZDOFF: So here we are? Is that
20 what you're saying?

21 EXECUTIVE OFFICER HAYCOCK: Yeah, so that's
22 where we are.

23 CHAIR DROZDOFF: But I guess it wasn't, as
24 you said, it wasn't presented as something to talk about,
25 but Jacque raised it, so we certainly can talk about it

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1 now.

2 So I guess again, what I'd like to do just to
3 kind of keep it clear, is I'm going to offer an
4 opportunity to provide staff any additional direction
5 based on the categories that they've established. So we
6 didn't have any discussion on base budget, but I'll ask.
7 Is there a motion on anything to do with the base budget?
8 And these would be just simply recommendations to staff.

9 All right. Are there any recommendations,
10 any motions for recommendations regarding maintenance
11 decision units? I see none. Okay. Are there any
12 motions for recommendations with regard to enhancement
13 decision needs? All right. That's the first one. So I
14 guess we can -- with regard to the budget reduction
15 decision units, is there any recommendation there? We
16 had discussion, but I guess I'd feel better if we
17 memorialized that discussion into a recommendation. Jim
18 Wells?

19 MEMBER WELLS: Thank you, Mr. Chairman. I'm
20 almost thinking that it might be -- I can do adjusted
21 base and the reductions in probably one motion and then
22 take the other enhancements on the last page as separate
23 individual items.

24 CHAIR DROZDOFF: Great.

25 MEMBER WELLS: I would move that we provide
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1 staff with direction to move forward building the budget
2 in accordance with the base and maintenance decision
3 units included in the framework provided to us as well as
4 a budget reduction decision unit shifting the burden from
5 the state employer to the state -- or not the state
6 employees -- the participants, recognizing that we will
7 come back and revisit those decisions once the budget
8 decisions are finalized.

9 CHAIR DROZDOFF: Is there a second?

10 MEMBER SAIZ: I'll second that.

11 CHAIR DROZDOFF: And there's a second. Any
12 further discussion? Seeing none, all of those in favor,
13 please say aye.

14 THE BOARD: Aye.

15 CHAIR DROZDOFF: Any opposed? Any abstain?
16 Okay. Motion carries.

17 EXECUTIVE OFFICER HAYCOCK: For the record,
18 Damon Haycock. I just want to make sure that we have the
19 exact direction moving forward. If you want us to --
20 when we build this reduction decision unit, it's my
21 understanding that we are to do it gradually, not to do
22 at a 12 and a half, 12 and a half cut.

23 MEMBER WELLS: Yes, Mr. Chairman. I had
24 forgotten that part of it, but that's a good direction.

25 CHAIR DROZDOFF: All right, Jim. Well,
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1 you're on a roll, I guess, so I'll ask you. You said you
2 had some ideas for the others. Do you want to make try
3 to make a recommendation on the others?

4 MEMBER WELLS: Sure. I will give it a shot.
5 On No. 1 on top of page 4 regarding the non-state
6 retirees, I would move that we provide direction to bring
7 back a potential budgetary bill draft request that would
8 include basically what amounts to three options,
9 potentially four. One is shifting, commingling them into
10 the state pool and the cost associated with commingling
11 them into the state pool. The second one would be
12 similar to what the language is in this paragraph here
13 which is to have their employers, former employers, pay
14 an additional amount of money, and then the third option
15 being a flat-out appropriation from the Legislature to
16 pay for those costs in the next biennium, and then the
17 fourth option would be looking at either having the
18 retirees return to their former employer or go to the
19 exchange and retain the subsidy in accordance with the
20 existing language.

21 CHAIR DROZDOFF: Okay. Can I ask you as a
22 part of that motion to make it clear to staff to answer
23 the question about where the reserves are spent or that
24 they exist to help augment this effort?

25 MEMBER WELLS: Absolutely, and that part of
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1 this would be in the analysis of where the budgetary
2 reserves are projected to be at the end of July '17.

3 CHAIR DROZDOFF: All right. So that is a
4 complicated motion but a thorough one. Is there a
5 second?

6 MEMBER BAILEY: There is a second. Don
7 Bailey.

8 CHAIR DROZDOFF: Second from Don Bailey.
9 Okay. Any discussion? Jeff?

10 MR. GAROFALO: No. I was just getting ready
11 to press any microphone.

12 CHAIR DROZDOFF: Oh, okay. All right. Judy.

13 MEMBER SAIZ: Quick question. Are we sure
14 the retirees can return to their former employer? I
15 think there's a law that says they have to accept them,
16 but I'm not positive.

17 MEMBER WELLS: This is Jim Wells. We can
18 make the statute say anything. It would be a part of a
19 BDR.

20 MEMBER SAIZ: And those public employers may
21 not even have a retiree program. What would we do then?

22 MEMBER WELLS: They are required by statute
23 to have a retiree program, to accept existing retirees.

24 CHAIR DROZDOFF: Then again, for Tena and
25 Damon's benefit, if the number is fine-tuned, we'd like
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1 to see it because right now, you know, you did have the
2 question from Bob Moore. Right now, I do think it's
3 important to articulate to the best extent possible what
4 that, you know, what that number is, so therefore, when
5 you're talking about the effects on state employees, what
6 that number is. And so for now, with an asterisk, we're
7 using \$6.24 million per year with a gradual decline.

8 If you find that that number is, you know,
9 good or too high or too low, we'd want you to -- whatever
10 it is, to base the analysis on it, but to present it back
11 to the Board. So with that clarification, I'll call for
12 the question. All of those in favor, please say aye.

13 THE BOARD: Aye.

14 CHAIR DROZDOFF: Any opposed? Motion
15 carries. So I guess, Jacque, I'll ask you. We're pretty
16 much -- we're now to the other enhancement decision
17 units. You had raised something about a pharmacy
18 consultant. It's up to you if you want to make a motion
19 to that effect. Other enhancement decision rates.

20 CO-CHAIR EWING-TAYLOR: Thank you,
21 Mr. Chairman. I would move that we not pursue a
22 full-time legal counsel position as an enhancement unit
23 and rather explore and bring back for Board approval the
24 hiring of a pharmacy consultant, whether it be as an
25 employer or as a consultant.

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1 CHAIR DROZDOFF: Is there a second?

2 MEMBER WELLS: I'll second.

3 CHAIR DROZDOFF: Jim Wells second. We'll
4 have discussion. Go ahead. Discussion.

5 MEMBER WELLS: Mr. Chairman? I actually love
6 the idea. I brought this forward before, but I don't
7 think it is limited to just pharmacy expertise that we
8 are lacking on staff. I think that when we brought this
9 forward originally, there was an intent for us to find
10 both a pharmacy consultant and a medical director
11 consultant and have both of those on some kind of
12 retainer contract as opposed to obtaining that expertise
13 through vendors, and I would like it if the maker of the
14 motion would amend the motion to include that we submit
15 the enhancement concept request for both pharmaceutical
16 and medical director type services.

17 CO-CHAIR EWING-TAYLOR: As consultants, not
18 as employees? I would accept that amendment.

19 CHAIR DROZDOFF: All right. Then you, Jim
20 Wells, then accepts --

21 MEMBER WELLS: Yes.

22 CHAIR DROZDOFF: -- the maker of the motion.
23 All right. So now we have a motion, an amended motion
24 and a second. Any further discussion? Seeing none, all
25 of those in favor, please say aye.

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1 THE BOARD: Aye.

2 CHAIR DROZDOFF: Any opposed? Any
3 abstentions? Okay. Motion carries. Is there anything
4 else on Agenda Item 4? Jim Wells?

5 MEMBER WELLS: Thank you, Mr. Chairman.
6 There is a comment on the bottom of page 3 regarding
7 approved requests being presented to the Board in July.
8 I need to remind the Board that the agency request and
9 Governor's recommended budgets are confidential until
10 released at specific times as allowed per statute. And
11 that does not comply with statutory references for
12 releasing agency-requested information. So that's why we
13 have to keep this at a high level.

14 CHAIR DROZDOFF: Sounds good. All right.
15 Thanks for the admonition, Jim. So with that, I think
16 I'd like to take a 15-minute break. We'll get to Agenda
17 Item 5.

18 (Recess was taken.)

19 CHAIR DROZDOFF: So let's get started. This
20 next issue is obviously one I had said that we would take
21 public comment here. It's been a thorny issue for some
22 time. I think thorny because we just want to try to get
23 it right and we've had a number of fits and starts to do
24 that. I know that staff has spent a lot of time on this
25 summary, but before I get to that, I do want to given an
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1 opportunity, both in the north and in the south, for
2 public comment, specifically with regard to the HMO RFP.
3 Is there anybody? Okay. Whenever you're ready, identify
4 yourself.

5 MR. STEVENS: Thank you. Glen Stevens, for
6 the record. I'm the senior associate general counsel for
7 Health Plan of Nevada and UnitedHealthcare. And just
8 real quickly, I maybe should have come up earlier after
9 Mr. Unger's presentation, but I did want to echo what
10 Ms. Ash-Jackson had to say regarding -- Dr. Ash-Jackson
11 had to say regarding behavior between our companies. I
12 take the allegations very seriously. I want to reach out
13 to Mr. Unger and try to schedule some time with him to
14 see if there are some facts to support his
15 characterized-as-rumor speculation.

16 I would, if appropriate, reach out to
17 Dr. Cochran or Ms. Garcia at UNLV. If they could attend
18 that meeting, I'd appreciate that opportunity, but I did
19 want to get on record that we take that allegation
20 seriously. I personally have no idea of any basis in it,
21 but we will be following up on that, and to the extent
22 this Board would like me to report back on that, I'm
23 happy to do that and let you know. That's what I wanted
24 to put on record.

25 CHAIR DROZDOFF: Thank you, Mr. Stevens. And
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1 I'm very appreciative that you did put it on the record,
2 and I think it's a good idea to do what you suggested,
3 and I'd ask that you keep staff informed as well as you
4 try to meet with UNLV. Thank you. Peggy?

5 MS. LEAR-BOWEN: My name and words, for the
6 record: P-e-g-g-y L-e-a-r B-o-w-e-n. I wanted to
7 respond to something else that was presented earlier and
8 that everything was just fine with the HMO folk in
9 Northern Nevada or in non-Southern Nevada terms that the
10 discussion pertaining to your HMO and access because we
11 don't have access to any other entity than Hometown
12 Health in the north.

13 We appreciate not having to get a referral
14 from our primary care to see a specialist as they do in
15 the south, at least that's how it was presented, and
16 that's my belief of what was presented. Everything is
17 not fine and wonderful in the north because of lack of
18 access to the few medical facilities that we have. And
19 in doing so, and more and more of our doctors' groups are
20 being bought up by Hometown Health. Pulmonary Group was
21 just recently bought up by Hometown Health, just for
22 example, which cuts the number of people who might be
23 seeing other pulmonary physicians off because they have
24 to see the ones that are under the Hometown Health group
25 or Senior Care Plus or PEBP. In that sense, we have to

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1 use the provider as involved in your HMO.

2 And so no, things are not ducky. The idea
3 that you have total access to all of the facilities that
4 another group could reach -- I had a situation not as an
5 HMO person, but as a PPO person, when I was still working
6 as to whether or not I could see my eye doctor only in
7 the sense that -- his office was in Sparks, and I resided
8 in Reno. And therefore, they wanted me to change my
9 surgery eye physician. And I said, "No. He's here.
10 He's in Washoe County." And obviously, they were drawing
11 that fine a line, and at that point in time, I used my
12 school district insurance to say, "This is the doctor
13 I've been seeing. This is the doctor I will see." And
14 simply because he moved his office from Reno to Sparks,
15 they say that Reno is so close to a hot place down below
16 that you can see Sparks. And it used to be known as East
17 Reno.

18 The important thing is that that line was
19 being drawn simply because of location, and he was
20 considered a non-provider for those who resided in Reno,
21 and that you had to use other Renown folk and other folk
22 altogether. That fine line should not happen. We should
23 have access. We should have access to all of the
24 hospitals: St. Mary's, Northern Nevada, et cetera, and
25 in regards to the HMO.

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1 So I wanted to correct what might have
2 appeared as a nice comment for the northern folk, but
3 that might not be the reality. I need to preface --
4 state at the end that I am not a participant in the HMO,
5 but I am speaking for those who are. Thank you very
6 much.

7 CHAIR DROZDOFF: Thank you. Is there any
8 other public comment, north or south?

9 MEMBER COCHRAN: None in the south.

10 CHAIR DROZDOFF: All right. So we're going
11 to move -- we're going to let Damon present the report,
12 but there's a lot in here, so what I'm going to suggest
13 is -- to all of us -- is let's not -- if you have
14 questions, let's take them as we're going. Don't feel
15 the need to wait until we're done. There's a lot here,
16 so I'll turn it over, but if you have questions, just get
17 my attention, and we'll ask them along the way. Go
18 ahead, Damon.

19 EXECUTIVE OFFICER HAYCOCK: Thank you,
20 Mr. Chairman. Damon Haycock, for the record. Before I
21 go into presenting this report, I want to publicly
22 recognize that this is a touchy issue and that no two
23 participants may look at the results of this decision
24 today the same. I've gone and traveled and talked with
25 participants in both Northern and Southern Nevada. I've
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1 had folks come to the office and talk with me, and I
2 recognize that there is still a price sensitivity to the
3 rates in which that we choose and approve here at PEBP
4 and what these participants need to pay for their health
5 care.

6 We all heard at the last Board meeting from
7 both RPEN and AFSCME that they wanted to have, on the
8 record, no increases to rates and no cuts to benefits.
9 And so taking that type of information, there's some
10 major difficulties in trying to achieve that unless the
11 entire burden is placed onto the employer. And so I also
12 looked at -- when developing this report -- what was the
13 direction that I needed to meet from our February 26th or
14 excuse me, February 16th Board meeting? And that motion
15 included that we authorize staff to take measures to
16 issue new RFP or proposals for plan year 2018 and beyond
17 for HMO services on a statewide or regional basis with
18 the advice and consent of the purchasing department.

19 And so true to that direction, before this
20 report was ever posted, I sent it to purchasing and had
21 them take a look at it to see what their input was and
22 see if it was something that they would agree to. And I
23 can say today -- and Mr. Haag, the administrator of
24 purchasing is here if you'd like to speak with him. He
25 agrees with the concept of what we're talking about here

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1 today.

2 So what I'm about to go through again isn't
3 the sum total of all of the options that exist. I was
4 afraid that this would become a very complicated and
5 confusing report to discuss all of the different myriad
6 and nuances of what we can do with an HMO RFP. I
7 concentrated on some specific areas that I'm about to go
8 over now, and then I'll explain why the recommendations
9 are the way that they are. So I kind of just glossed
10 over the background of it, but as everybody, I believe,
11 here knows, back in February, the RFP 3202 for HMO
12 services was cancelled. It was pulled, and that the
13 extensions with our current vendors were approved and
14 that we were given, as I mentioned earlier, that motion
15 to redevelop and redefine this RFP HMO moving forward.

16 To ensure that the RFP of course is developed
17 with enough specify -- and I'll try not to read the whole
18 report -- to allow for consistent evaluation as well as
19 some flexibility to allow for vendors to continue to
20 submit some creative solutions. Of course we are here
21 today seeking guidance from the Board on a series of
22 policy decisions. So I'm going to briefly go over those
23 policy decisions. And again, they're not the sum policy
24 of all policy decisions. You heard from Dr. Unger today,
25 a public comment that there's some definite concern and

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1 consistent concern about the fairness and equitable
2 differentiation between the blending of rates north and
3 south, and that's not part of this report because it's
4 potentially not part of this RFP, although it doesn't
5 mean that we can't discuss it here too, unless
6 Mr. Belcourt says it's not part of the agenda.

7 But here are some of the things that I've
8 heard from PEBP participants regarding the two HMO
9 provider model: that the plan benefit design is not
10 equal north to south. You've heard this morning. You'll
11 hear it again today, you'll hear it, I'm sure, moving
12 forward; that the actuarial value is different, that the
13 access to care model is different, that our current
14 Southern Nevada HMO utilizes a gatekeeper model with
15 capitation, and I don't want to say funnels or pushes
16 because that's not fair, but utilizing their own in-house
17 Southwest Medical Associates to provide memory care
18 services and specialty services utilizing employees to
19 reduces costs. I think that's a fair statement.

20 In the north, you have a -- more of an
21 opportunity to skip seeing your primary care provider and
22 go directly to a specialist. And I've heard these
23 complaints, that that is not equitable, and that is not
24 fair. I think that was part of the process and part of
25 the reason why the Board had wanted to go with a

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1 statewide HMO plan, to have one state plan that was fair
2 to everyone.

3 And also another one that I heard, of course,
4 is that two regional HMO plans don't provide networks
5 outside of Nevada for participants residing out of state.
6 I do want to place one clarification. All plans are
7 required to provide emergent and urgent care, and so that
8 statement, I want to add that disclaimer. But as
9 traditional HMO plans, they have a network of providers,
10 and those network of providers are for the service areas
11 that they provide services in. Today it's in the north
12 and in the south, and if we were to do a statewide, it
13 would be across the state.

14 As we heard from Mr. Murphy at a previous
15 Board meeting or two, that they were offering from Anthem
16 a national network where you could utilize HMO services
17 from basically pitching and catching participants if they
18 were going to live outside of Nevada or reside outside of
19 Nevada for any period of time, they had different
20 programs that you'd be able to continue to utilize those
21 HMO services. So moving -- well, before I continue, I
22 wanted to adhere to what you said, Mr. Chairman. Is
23 there any questions about what I've said so far?

24 CO-CHAIR EWING-TAYLOR: Thank you,
25 Mr. Chairman. Damon, I believe I heard Dr. Unger this
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1 morning refer to the HMO in the north as a better plan
2 than the one they had in the south. These data seem to
3 contradict that. A richer plan would generally be
4 considered a better plan; is that correct?

5 EXECUTIVE OFFICER HAYCOCK: For the record,
6 Damon Haycock. Thank you, Dr. Ewing-Taylor. I think the
7 definition of "better" is in the eyes of the beholder.
8 And so if a richer plan is considered better, then you
9 are 100 percent correct. If better access is considered
10 better, even though it is not a richer plan, then I would
11 believe that Dr. Unger feels wholeheartedly that the
12 Northern Nevada HMO is a better plan.

13 CO-CHAIR EWING-TAYLOR: But when we look at
14 actuarial values, which is what you were talking about
15 here, they are based on the "richness," in your word, of
16 the plan, which in my mind means there are more benefits.
17 So but I understand what you're saying, and I really want
18 to get this on the record to make sure that people
19 understand exactly what you're saying.

20 The Southern Nevada HMO is a richer plan as
21 far as benefits are concerned than is the northern plan.
22 They have a different access type, and so that may skew
23 your definition of which plan is better, but clearly, the
24 Southern Nevada HMO has a richer set of plan design
25 options.

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1 EXECUTIVE OFFICER HAYCOCK: For the record,
2 Damon Haycock. That is absolutely correct,
3 Dr. Ewing-Taylor, and it's also of note that the Southern
4 Nevada plan, if you would like to discuss richer, it's
5 also cheaper. And so the overall premiums are less if
6 you were to separate out the two plans. You are correct.
7 It is a 92 percent actuarial value plan in the south, and
8 it's about an 84 percent actuarial value in the north,
9 and if you do a side-by-side comparison on co-pays,
10 you'll see that the co-pays are less in the south than
11 are in the north as well. And that's just one of a
12 multitude of things that determine the richness of the
13 plan. So thank you very much for the questions and the
14 clarifications.

15 And if there's no other, I'll go on to some
16 options. So option 1, I try to make this kind of a
17 pro/con list, and these of course don't equal the
18 totality of all of the pros and cons, and I'm sure other
19 folks want to add to those, but the advantages and
20 disadvantages of an open access versus a closed access
21 model. So advantages: allowing for direct access to
22 specialists without the need for a referral from a
23 primary care provider may expedite access to medical
24 care. And deciding on a consistent access model, north
25 and south, will bring clarity and equality to the plan

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1 benefit designs to all of the HMO participants,
2 regardless of the location that they reside or work in.
3 And so I think these are definite advantages.

4 Similarly, there's an argument to be had
5 where if you don't have to see your primary care
6 professional and you get to go directly to your
7 specialist, you're avoiding the cost of paying your
8 primary care professional's co-pay, and you get to go
9 right to the cost of the specialist. So those are some
10 of the advantages, of course not the totality.

11 Some disadvantages: increasing access levels
12 in Southern Nevada to mimic Northern Nevada will
13 definitely increase costs to Southern Nevada at a
14 minimum. We're increasing a benefit, and at no time have
15 I been able to find a way to increase a benefit without
16 increasing a cost. These increased costs will be
17 subsidized, of course, by Nevada taxpayers as they do,
18 right, through the employer-based contribution and to all
19 HMO participants regardless of location, and that's based
20 on the fact that these rates are blended. And so if we
21 increase the benefit for either Northern or Southern
22 Nevada, that increased cost will be level set across all
23 participants regardless if they get to participate in
24 that improved access or improved benefit if it's only in
25 one region versus the other. And hopefully, I didn't

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1 make that too confusing.

2 And that kind of leads to B. If the Board
3 decides to continue to blend HMO rates, that the
4 increased costs for opening access to Southern Nevada
5 will be felt statewide. Allowing for open access may add
6 to provider access issues. As an example, if a
7 participant refers himself to a dermatologist to have a
8 mole removed, something that is generally handled by a
9 primary care physician, that dermatologist is not using
10 that same time slot for treating other conditions. And
11 that's just one of a multitude of specialists. And then
12 of course when participants refer themselves to
13 specialists, you've got to make sure medical records, you
14 know, go back and forth, and that they're available, and
15 that prescribed treatments don't contradict each other.

16 Now, this has happened in PPO networks
17 nationally for many years, so I'm not saying that this is
18 a deal breaker here, that the idea of coordinating care
19 is not new. It's not new to Nevada, it's not new to our
20 nation, it's not new to health care, so please don't make
21 this the hill to die on, but it is something to think
22 about because there is some potential of having one
23 condition, going to see a specialist, and not filling out
24 that form when you get there and write down exactly what
25 you have and then having some contra indicators.

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1 CHAIR DROZDOFF: Yes?

2 CO-CHAIR EWING-TAYLOR: Thank you,
3 Mr. Chairman. In looking at this first section, but
4 frankly, in all of the sections, there are a number of
5 assumptions here, and I guess one of my biggest questions
6 is, where did all of this information come from? Do
7 we -- in my experience, a PCP or many specialists,
8 rather, flat will not see you unless they've got a
9 referral from your PCP. I know that's true for
10 cardiologists. I know that's true for pulmonologists.
11 I'm not sure that making a blanket statement that this is
12 a real problem is accurate. So I'd like to know where
13 all of these assertions came from, who you talked with,
14 and what the data are.

15 If we're talking about, for example, under
16 the disadvantages A, the increased cost, well, how much?
17 It's an assumption that the cost will increase. How do
18 we know that they will, and how do we know that they will
19 to a significant degree? We need an analysis of the
20 impact of some of this stuff. And as far as I know --
21 and maybe this is a better question for
22 Dr. Ash-Jackson -- I don't know any PCP that removes
23 moles. So, I mean, I realize that was just one example,
24 but I frankly think it was a bad one. It doesn't support
25 your contention.

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1 So with this first section as well as almost
2 every other one, I really am not comfortable without a
3 better analysis of what you're saying here, where your
4 information came from, who helped you develop this, and
5 what sort of costs and impacts are we really talking
6 about rather than just some generalized statements, "This
7 is going to affect people"?

8 EXECUTIVE OFFICER HAYCOCK: So thank you.

9 MR. GAROFALO: Mr. Chairman? Sorry. I'll
10 wait.

11 CHAIR DROZDOFF: Okay.

12 EXECUTIVE OFFICER HAYCOCK: Thank you,
13 Dr. Ewing-Taylor. I think I can answer a couple of those
14 for you. One: the increased costs for the increasing
15 access in Southern Nevada was almost the direct quotes
16 from conversations with Southern Nevada health plans.
17 Secondly, the PCP that removes moles -- not to have too
18 much information, but I had my mole removed by my primary
19 care physician. I was cutting myself shaving too often,
20 and he took it right off there in the office, and so it
21 was my own personal experience. And my apologies if it's
22 not considered appropriate or traditional, but that's
23 where that specific example came from.

24 So this analysis, you know, I've talked with
25 our consultants and I've talked with other health plans,
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1 no one wants to give exact pricing until it's time to
2 bid, right? What's it going to look like? Because it's
3 not quite the opportune time. But I did get it from the
4 health plans, at least down in Southern Nevada that there
5 is an open-access product that can be offered, but it
6 will increase costs. And so that's the generality that I
7 made because it was a generality that I received.

8 CO-CHAIR EWING-TAYLOR: So we have an open
9 access in Northern Nevada. And I'm going to put
10 Dr. Ash-Jackson on the spot and ask her if she could
11 supply us with some information about your statements
12 regarding self-referrals to specialists. I have to think
13 if it were a real problem that Hometown would have
14 addressed it. How does that work?

15 DR. ASH-JACKSON: So I think we're talking
16 about two different things.

17 CHAIR DROZDOFF: Why don't you introduce
18 your --

19 DR. ASH-JACKSON: Linda Ash-Jackson, chief
20 medical officer at Hometown Health, for the record.
21 We're talking about two different things. We're talking
22 about whether or not a referral is required by the
23 insurance company to guarantee payment, okay, as opposed
24 to whether or not there is a courtesy referral for an
25 increased complexity for a patient that is sent off to a
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1 specialist when that patient's condition becomes more
2 difficult for the primary care provider to care for.

3 Informally, most physicians who are in the
4 subspecialty world require an informal referral because
5 they -- from a primary care provider -- to make sure that
6 the patient -- and it's crazy in some specialties that
7 are underserved in Northern Nevada in terms of what you
8 have to go through to get somebody in to make sure that
9 the patient's complaints are significant enough that
10 their time can be spent, particularly rheumatology. And
11 some of us have experience with that, right?

12 After the first referral once the patient is
13 accepted by that physician, then there are letters that
14 go back to the primary care provider who is coordinating
15 the care, but generally, further referrals informally
16 aren't required. We went to an open-access model in
17 Northern Nevada because we had a network that was very
18 specifically divided between primary care and
19 specialists, and the marketplace had not coalesced to a
20 maturity where there's a standard of treatment patterns.
21 It's coming together now the way there are in a
22 well-established medical group, and well-established
23 multispecialty medical groups have formal and informal
24 protocols that advise for specific conditions that not
25 just physician or provider judgment that tell you when
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1 the patient needs to move onto a different level of
2 treatment into a specialist.

3 In those situations, and having your own
4 contained medical group and having that build over time,
5 and it's not just an issue -- I can't speak for Southwest
6 Medical, but I can speak for the work, for instance,
7 that's done at Kaiser and Harvard Community Health, that
8 the culture is such that the care team is what's focused
9 on as opposed to the individual access. So I can't say
10 to you today whether or not care is better in Northern
11 Nevada because patients have open access from a real
12 quality data-driven perspective or it's better in
13 Southern Nevada because it's very much, as you discussed
14 previously -- whether or not something is a better plan
15 is in the eyes of the beholder.

16 So if someone wants that access to a
17 specialist when they feel that they need it, then they
18 may be willing to pay more for that access because it
19 provides them a comfort level, and they see that as a
20 better option because from their perspective, they are an
21 informed consumer who can make a decision around how to
22 self-direct care. There are people who feel comforted by
23 being in an environment where their primary care
24 physician takes care of everything. So even if the plans
25 were actuarially equivalent, you might find votes in both

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1 camps because different people feel comforted by
2 different expectations and their level of control.

3 When I was in practice -- and granted, that
4 was a long time ago, I had total control over my
5 patients. They wouldn't go anywhere unless I sent them
6 because it was a trust relationship. And I'm sure that
7 exists for some patients today, and we see that today,
8 too. When I talk to patients, they say, "Well, my doctor
9 didn't send me there, so I don't know why I should go."
10 But by the same token, they'll come in and say, "I don't
11 think I have the answers. Where should I go?" So I'm
12 happy to answer anything further. It's very nebulous.

13 CO-CHAIR EWING-TAYLOR: Well, I think that
14 was very useful, certainly for me, and I hope for
15 everybody else. But I think I want to hone in on one
16 point. Simply because there is an open-access network
17 doesn't mean that I, as the patient, can self-refer to
18 anybody because the system itself, the doctors in the
19 system, control that to a degree as well.

20 DR. ASH-JACKSON: Linda Ash-Jackson, for the
21 record again. Yes, that's what I would say to you, that
22 some physicians require that informal professional
23 courtesy referral regardless of whether or not there is
24 an ability to refer. And we see --

25 (Brief interruption.)
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1 CHAIR DROZDOFF: As we're checking on this,
2 there's actually something I meant to pick up on, and
3 I'll have to double-check with Jeff and Chris. Can you
4 guys hear us at all?

5 MEMBER GAROFALO: We can still right now.
6 We're trying to get some quarters to put in the meter.

7 CHAIR DROZDOFF: Well, as we're trying to
8 figure out exactly what's going on, I do have -- I want
9 to -- I need to, with the Board's indulgence, need to ask
10 you all a question, and it has to do with the consent
11 calendar.

12 We've got a vendor -- we've got a consultant
13 that needs to or would like to catch an earlier flight if
14 we're not going to call him, and that is 11.5, Health
15 Claim Auditors. So if nobody is planning to pull that
16 off the consent calendar, I'd like to let him go. And in
17 the future, I'm going to work with Kari and Damon to put
18 this consent calendar right upfront so that we don't have
19 people waiting all day to be -- to find out if they're
20 going to be heard. It sort of defeats the purpose of, at
21 least from their perspective, on when to be here. And I
22 don't know.

23 Is there anybody else that has a time
24 constraint that's on the consent calendar? So it's
25 Standard as well. So in the future -- my apologies. In

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1 the future, we will have the consent calendar first. Is
2 anybody planning to call either 11.5 or 11.6? Oh, okay.
3 Standard is staying. How about 11.5? All right, Bob.
4 You're free to go. And next time, we'll do a better job
5 for you. All right.

6 Kari, did we figure out what the -- are we
7 all set?

8 MS. PEDROZA: Yes.

9 CHAIR DROZDOFF: Okay. So let's get back to
10 the discussion. Any other questions for Dr. Ash-Jackson
11 since she --

12 MEMBER COCHRAN: This is Chris Cochran, when
13 you get a chance.

14 CHAIR DROZDOFF: Go ahead, Chris.

15 MEMBER COCHRAN: Just to be clear on this
16 open-access issue -- and the way I would look at an open-
17 access issue is while there may be courtesy on the part
18 of a specialist who would say, you know, "Have you been
19 to your primary care physician?" or, "You should go to
20 your primary care physician. We would like that
21 individual to make arrangements with us in order to see
22 you," wouldn't open access also allow an individual
23 member to look at the providers under his or her plan and
24 make an appointment on their own without having to go
25 through a primary care physician? And isn't that what

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1 we're talking about with open access?

2 CHAIR DROZDOFF: I don't know who that's to.

3 EXECUTIVE OFFICER HAYCOCK: For the record,
4 Damon Haycock. That was my impression as well,
5 Dr. Cochran, that that's what the issue on the table is.
6 I do fully recognize, and thank you, Dr. Ash-Jackson, for
7 walking everybody -- don't leave yet -- but for walking
8 everybody through that because that was extremely
9 helpful, at least I know for myself as well, it confirmed
10 a lot of the things that I already believed and educated
11 me on a couple I didn't. So thank you very much.

12 This idea here is basically -- and let me
13 back this up. Maybe the problem is is that we have to
14 define what that access is. And I like what you said at
15 the beginning, Dr. Ash-Jackson. You said, "Can you go to
16 your specialist and will it be paid for?" Because I
17 think that becomes part of that triggering event when
18 someone gets an explanation of benefits and realizing
19 that their plan isn't going to pay for it because you did
20 not get a formal referral. And so I think that's the
21 access issue in a nutshell, is does the plan pay for
22 courtesy referrals, or does the plan only pay for formal
23 approvals? And that's the parody that I believe we can
24 apply to this discussion. And hopefully, that makes
25 sense.

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1 CO-CHAIR EWING-TAYLOR: It does, but I
2 think --

3 MEMBER COCHRAN: I'm not quite sure I
4 understand it.

5 CHAIR DROZDOFF: I won't disagree.

6 MEMBER COCHRAN: I'm not quite sure I
7 understand how that addresses the question that I asked.

8 CHAIR DROZDOFF: Before we -- why don't you
9 try and address --

10 EXECUTIVE OFFICER HAYCOCK: So, Dr. Cochran,
11 Damon Haycock for the record. Yes, there's -- I think
12 there's two issues about access. One, can I look up my
13 provider directly, find a doctor in my directory, whether
14 it be a primary care physician or a specialist, pick up
15 the phone, call, make an appointment and seek the care
16 that I feel that I need? And I think that's what you
17 were talking about before.

18 The issue that Dr. Ash-Jackson brought up
19 is -- and Dr. Ewing-Taylor, is is that predominately
20 going to occur? Is that something that occurred often,
21 or is that traditional, or is that standard? And if it
22 isn't standard, then is it really an issue, right? Is it
23 really -- and please, if I --

24 CO-CHAIR EWING-TAYLOR: Yeah, partially. I
25 think it's a difference between theory and practice. So
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1 in theory in the open network, I can pick up a phone and
2 call a neurologist and say, "I'd like to make an
3 appointment." In reality, the nurse on the other end of
4 the phone would say, "Have you seen your primary care
5 physician first?" regardless of what my insurance
6 coverage is. And I think that's what Dr. Ash-Jackson was
7 basically talking about. So in theory, you can pick up
8 the phone and refer yourself to anybody you want. But in
9 practice, that practice may not allow you, without seeing
10 your PCP, regardless of what your plan is.

11 EXECUTIVE OFFICER HAYCOCK: And for the
12 record, Damon Haycock.

13 MEMBER COCHRAN: If I could follow up.

14 EXECUTIVE OFFICER HAYCOCK: Sorry. Go ahead,
15 Dr. Cochran. I'm sorry.

16 MEMBER COCHRAN: No, that's okay. If I can
17 follow up on that, I think in theory, we're applying
18 theory here across the board. And, you know, so we want
19 to use the term like or the example of a neurologist, I
20 think. Yeah, chances are they're going to do that. But
21 if you're using, for example, I needed to see a
22 cardiologist last fall, and under my PPO, I could just
23 call a cardiologist and make an appointment. There was
24 no requirement of me to go through to have the
25 appointment scheduled through my primary care physician.

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1 And what I'm talking about is an issue in
2 which a patient who may not regularly use -- and I'm
3 assuming that's a significant number of people within the
4 plans, there are people who use their health care plans
5 regularly, and there are the people who are fairly
6 healthy and don't really have a full understanding about
7 what their health care plan requires or what is
8 necessary, and they find out, "Well, I have these
9 individuals who are part of my plan. I have an ear
10 infection today, so I'm going to call an ear, nose and
11 throat specialist," for example. And equating that to
12 the example that Damon used in terms of the mole issue
13 is, you know, well, "This is what's wrong with me, so
14 this is who I'm going to call." And just basing it
15 primarily on being naive about what health care services
16 are, but specifying it to, "What is ailing me today and
17 what do I want to get treated?" And ideally, that ear,
18 nose and throat specialist would say, "Have you seen your
19 primary care physician?" There is no guarantee under an
20 open access that that's going to occur.

21 But what is -- I would suspect would be more
22 likely to happen is that a specialist under that
23 situation might say, "I've got an opening on Tuesday.
24 Can you come in?" And that's what I'm referring to. The
25 courtesy, my impression of a courtesy would be yes, that

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1 could happen, but it doesn't necessarily have to happen.

2 EXECUTIVE OFFICER HAYCOCK: For the record,
3 Damon Haycock. I have a question for Dr. Ash-Jackson, so
4 thank you for sitting up here and remaining patient. In
5 Hometown Health's plan up north, it's considered
6 open-access plan. And you mentioned two different ways
7 to do referrals: courtesy and formal. The plan pays the
8 specialist discount or whatever that you guys have at the
9 network regardless on if it's a courtesy or a formal
10 referral. Is that correct?

11 DR. ASH-JACKSON: Correct. Because the
12 patient has access to in-network specialties.

13 EXECUTIVE OFFICER HAYCOCK: And I'm not a
14 hundred percent sure if that is the same in Southern
15 Nevada, and we have folks here from Health Plan of
16 Nevada. Not to pit vendor versus vendor because that's
17 not what I'm trying to do here, just to get some
18 education here. If a courtesy referral is provided down
19 south, does Health Plan of Nevada pay that? And don't
20 answer that, Dr. Ash-Jackson, because that's not you.
21 But do they pay for courtesies, or do they only pay for
22 formal? Because then that payment of that referral leads
23 directly to this issue of open access because it's not
24 can you just see the person, but who is going to pay for
25 it?

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1 And we have Paul Dolan here from Health Plan
2 of Nevada, if you don't mind coming up and answering
3 that, that would be very helpful, and maybe that will
4 help frame a little bit more of this conversation.

5 CHAIR DROZDOFF: Sorry for putting you on the
6 spot, Paul. Obviously, don't say anything you don't want
7 to say.

8 MR. DOLAN: I have my lawyer here with me.

9 CHAIR DROZDOFF: Good. Me, too.

10 MR. DOLAN: So for the record, Paul Dolan
11 with UnitedHealthcare. Our referrals, obviously, are
12 closed. You do need the referral from your primary care
13 physician. If they were to go direct to the specialist,
14 the claim would not be allowed. It would not be paid.

15 CHAIR DROZDOFF: I'll let you make a comment,
16 but I think the question was, do you guys differentiate
17 between what is a courtesy or a formal, or is there
18 just --

19 MR. DOLAN: Under the HMO, you need the
20 formal. It has to be routed through the HMO. We offer
21 products that work the same as an open, but that's not
22 what been the State has chosen.

23 CHAIR DROZDOFF: Okay. Thanks. Go ahead and
24 identify yourself.

25 MS. BOSLEY: Thank you. Kirby Bosley with
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1 Aon-Hewitt. I just wanted to mention we haven't talked
2 about this, but the underlying financial model of these
3 products differ so that in Southern Nevada, what we have
4 is a capitated model, and as you open access and provide
5 more freedom, that portion of the fee that is prepaid to
6 the primary care physician goes down, and the amount of
7 the claims that are not prepaid and controlled go up.
8 Correct me if I'm wrong.

9 MR. DOLAN: Absolutely.

10 MS. BOSLEY: So when we talk about why price
11 might go up, it's not necessarily a matter of
12 utilization. It's just a matter of the fee that's under
13 control of the primary care physician or the portion of
14 the fee goes down, and so that's what's driving the cost
15 difference; less so, again, and necessarily
16 overutilization or the nature of referral. With the
17 Southern California (sic) model that you currently have,
18 the full control sits with the prepayment capitation.

19 DR. ASH-JACKSON: Linda Ash-Jackson, for the
20 record. I just -- I also want to make the Board aware
21 that we get hundreds of requests a week for referrals for
22 plans that don't require referrals because the
23 marketplace believes that referrals are required, and the
24 patients believe that referrals are required even though
25 their plans allow them open access. And a substantial

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1 amount of those are on the PEBP PPO where we tell them
2 they don't need referrals.

3 So I think that irrespective of the plan that
4 you adopt, there will be ongoing misconceptions around
5 payment and understanding of what the plan requires
6 because the marketplace is designed now to provide a
7 level of control, and physicians, particularly
8 specialists, are concerned that they will not be paid
9 unless they get something back from the administrator
10 that says a referral is not required or here's the
11 number.

12 And so sometimes, literally, to quiet them,
13 we give them a number even though it's not even necessary
14 to make that happen, and that's just an expectation of
15 how we have to manage the marketplace. And I'm sure
16 Kirby could -- she's shaking her head at me, so --

17 MS. BOSLEY: Nodding my head.

18 CHAIR DROZDOFF: So let's -- I do want people
19 to obviously have a good sense of these concepts in order
20 to have a good set of decisions. I also want to move.
21 So what I would suggest is -- I appreciate you both
22 coming up. Why don't we let you go back to your seats.
23 And, Damon, why don't you keep going, and let's see what
24 we can -- how far we can get to.

25 EXECUTIVE OFFICER HAYCOCK: Thank you,
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1 Mr. Chairman. Damon Haycock, for the record. I think we
2 talked about the advantages and disadvantages, basically
3 an inverse with the closed access versus open access, so
4 on.

5 If the Board will indulge, me, I'll move on
6 to Option No. 2: statewide versus regional HMO plans.
7 So a statewide HMO plan of course could be developed with
8 one consistent benefit design, one statewide rate and one
9 or more networks across Nevada and potentially out of
10 state to receive HMO services. I think, if I go out on a
11 limb here, I think that what the Board was looking for in
12 a statewide HMO is the ability to bring that equality, to
13 have that one rate, one fit across the state. Depending
14 on the benefit design chosen, selecting a closed network
15 model across the state may reduce rates, trying to tie
16 back into the open and closed, but it could be looked at
17 separately.

18 Some of the disadvantages -- and these may
19 not have or hold as much water as if they appear on
20 paper, and so I want to try to disclaim them. Requiring
21 statewide services eliminates some HMO vendors from
22 participating which can reduce competition, and because
23 of a reduction in competition, generally speaking in the
24 business world -- I'm applying a very general statement
25 here, so please feel free to share that you disagree, but

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1 when you have less competitors for one service or
2 product, the increased costs are usually a result. Now,
3 not always. Sometimes, if there's a price point, there's
4 a supply-and-demand economic model that says what will
5 people pay, how much do they need it, and there's usually
6 a meeting in the middle there as well.

7 But if we have -- I think we had four HMO
8 participants or four HMO vendors that bid on our plan,
9 and I don't know how many would bid if we only offered a
10 statewide plan, a statewide RFP. And so is there enough
11 competition in this model to regulate, to, you know,
12 artificially regulate these costs.

13 Secondly, depending on the benefit design
14 chosen, participants may pay more out of pocket for their
15 benefits than they do today. So using the actuarial
16 value of the two plans that we have, we have a disparity.
17 We have a 92 percent in the south today, and I think it's
18 84 in the north, and if we were to select the 87 percent
19 plan -- well, those that were used to the 90 plan will
20 now have less benefits or a less richer benefit design,
21 and those in the north would have a higher benefit
22 design, but you would be changing what people are used to
23 getting today.

24 And then depending on the HMO plan
25 selected -- and I know we've talked about this already
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1 today. It's the elephant in the room. If HPN or
2 UnitedHealthcare is not awarded that we have been told
3 multiple times that the Sierra Health Care Options
4 Network won't be offered to our consumer-driven health
5 care plan participants, and that network discount is not
6 inconsequential. It would increase the CDHP costs by a
7 minimum of \$5 million a year, and I'm being super
8 aggressive on that number. I've heard future numbers of
9 \$6 to \$8 million, so I might be off -- it may be even
10 more -- for everyone to absorb, right? Every part of the
11 premium has to absorb that. That's the employer, that's
12 the State grabbing money from taxpayers, that's our
13 participants having to come up with those funds.

14 And let's not forget that if we do something
15 for the HMO participants and then we raise rates for our
16 CDHP participants to make that occur, those CDHP
17 participants aren't getting anything more for what
18 they're paying more for. They're paying more so that
19 another group of folks who are willing to pay more every
20 month for their health care and less when they see the
21 doctor get a richer benefit. And those that are paying
22 less every month for their health care and more when they
23 see the doctor on a higher-deductible health plan, well,
24 they're going to pay more for that. And so I don't know
25 that that's a decision and discussion to have here at the

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1 Board level. And so the --

2 MEMBER GARAFALO: Mr. Chairman?

3 EXECUTIVE DIRECTOR HAYCOCK: Oh, sorry.

4 CHAIR DROZDOFF: Go ahead, Jeff.

5 MEMBER GAROFALO: So to focus on Damon's
6 comments that you just made, I'm wondering if we have a
7 question for our Attorney General or for our new legal
8 counsel, whoever that may be, about whether or not if we
9 have limited resources for providers in what is
10 essentially a rural state with two major metropolitan
11 areas, and the use of one of these two major regional
12 HMOs is a condition precedent to having access to care
13 that would otherwise be unrelated that is used by the
14 consumer-driven health plan, does that create some kind
15 of an unfair competition or an antitrust or any other
16 type of scenario that really is illegal?

17 MR. BELCOURT: Dennis Belcourt, Deputy
18 Attorney General. I've looked into this question
19 somewhat, and we have an attorney in our office who I
20 would probably go talk to more about it who does
21 antitrust issues, and so I think there's concern there.
22 The issues have been raised in other states, I think New
23 York or, yeah, I believe New York raised that, a similar
24 issue in a, you know, somewhat different context, but
25 comparable context. I'd be happy to look into that and
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1 with the attorney in our office who deals with antitrust
2 issues.

3 CHAIR DROZDOFF: So I guess that's a stay
4 tuned. Go ahead.

5 EXECUTIVE OFFICER HAYCOCK: So Damon Haycock
6 for the record. Option 2B is just the inverse of option
7 2A, right? What are the advantages of a regional plan?
8 It allows the highest participation of HMO vendors in an
9 RFP response, which increases competition and
10 potentially -- and I throw that word out there very
11 loosely -- it potentially can decrease costs which can
12 turn out to decrease rates. I'm not saying it will.
13 Please don't told me to it, but more competition may
14 drive costs down, and lower costs mean lower rates.

15 Then depending on the plan benefit design,
16 regional cost controls can be implemented to keep rates
17 down. I think Ms. Bosley said it very well. There's two
18 types of financial models. You have the capitation model
19 down south today, and you have a non-capitated model up
20 north. And I'm not saying that -- and I'm not advocating
21 that we keep or change or do anything with our HMO plans.
22 I think we need to go out to RFP and let the competitive
23 process determine the evaluation committee to select the
24 right vendor or vendors.

25 If -- and I'm going to play the what-if game
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1 or what today is, today we have two different financial
2 models that are being utilized. And I bet if you were to
3 ask HPN or UnitedHealthcare how do they feel about their
4 financial model, they would be supportive. Similarly, I
5 bet if you were to call Dr. Ash-Jackson back up here
6 again and ask her, she would say that they are supportive
7 of their financial model or they wouldn't be doing it.
8 And so there's an opportunity to treat two different
9 regions that have definite different populations and
10 different access to care and different models to be
11 treated differently to maximize the benefits to the
12 participants in those areas. It's just an option.

13 And then, of course, if PEBP selects HPN as
14 an HMO plan, PEBP will be able to retain the Sierra
15 Health Options Network, or if we were to come with up
16 with another process where we could select another fully
17 insured line of business from UnitedHealthcare. It was
18 explained to me that the Sierra Health Care Options
19 Network is tied to their fully insured products, not
20 necessarily their HMO plan. But I can have the HPN come
21 up and change that if I'm wrong. And then if rates
22 remain blended, one regional HMO -- this is a
23 disadvantage. One regional HMO plan may subsidize the
24 other. And that's, of course, what is occurring today.

25 We are collecting, on behalf of all HMO
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1 participants, one rate depending on their tier,
2 regardless of their location, and we are paying the two
3 HMO plans a different rate. And so we are paying more
4 than what we are collecting per person to the northern
5 HMO, and we are paying less than what we are collecting
6 per person for the southern HMO, and that is what we are
7 doing today.

8 And so the arguments and concerns I've had
9 participants tell me for months is, "Why are we paying
10 for services in Northern Nevada when we don't have the
11 same type of plan?" I won't say better. I won't say
12 richer. I'll just say type. And so those are the
13 disadvantages, and then I'll stop.

14 CHAIR DROZDOFF: Go ahead.

15 MEMBER WELLS: I need to weigh in on that
16 because we've had this discussion. We've had this
17 discussion in 2011 when this was passed. Let's be clear.
18 Prior to the commingling or blending of rates or however
19 you want to call it, this was the only aspect of
20 compensation for employees that was different between the
21 north and south.

22 Medical care is less expensive in Southern
23 Nevada than it is in Northern Nevada. We have that exact
24 same problem on the CDHP, and yet we have one single
25 blended rate that our participants pay. I don't believe
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1 that that's a discussion that I, as a Board member, would
2 want to have anymore.

3 CHAIR DROZDOFF: Well, I guess I've been here
4 almost as long as you and Jim, and I don't necessarily
5 want to have it this way either. I'll just simply say
6 this. I know Jeff Haag from purchasing is here. Some of
7 these things that are listed as advantages or
8 disadvantages are in the eye of the beholder. For me, I
9 feel like, you know, we have -- the Board has, in an
10 effort to make things fair, has done the blended rates,
11 and I stand by all of the votes that we've taken.

12 To me one of the most attractive notions,
13 without any disrespect meant to the regional approach and
14 our regional vendors because I don't believe we should do
15 it as an all-or-nothing thing, but one of the best
16 advantages of a statewide approach, in my view, is that
17 the Board now is not forcing anything. The Board is not
18 forcing open versus closed. The Board isn't forcing, you
19 know, blending of the rates.

20 The Board is simply saying if we give a
21 preference to a statewide HMO, but doesn't mean the
22 others can't participate -- then you are getting one
23 product. And it's not this Board that's trying to say,
24 "Oh, well, you know, it's a matter of fairness or, you
25 know, open versus closed matters, but they're not really

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1 open versus closed anyway." All of that really goes
2 away. It all just goes away because we are saying,
3 "Look. That's going to be part of what we get." And if
4 -- not to the exclusion of regional HMOs, and if, you
5 know, we get one in but the costs are out of whack, I
6 think there's ways to build into the purchasing
7 provisions that while you may have a preference for a
8 statewide benefit, those would clearly go away if rates
9 are too high.

10 And I just, like I said, I feel like, look.
11 I give Damon and staff a lot of credit for trying to
12 tease out these issues and, you know, I'm not being
13 critical, but I do think this. I do think that we used
14 the term before. Advantages and disadvantages are in the
15 eye of the beholder. I think it's best for anybody that
16 may bid on these, which is why we're here early, you
17 know, there's nothing necessarily stopping a regional
18 vendor, if they have enough time, whether it's our
19 existing vendors or our new one, to pursue what a
20 statewide, you know, if they can find affiliations and do
21 something statewide, there's nothing stopping HPN or HHP
22 from doing that.

23 You know, I feel like as long as I've given
24 myself the floor, I feel also like we're going to have to
25 take on the SHO Network one way or another. Yes, it's a
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1 great network and I would hate to lose it, but if that
2 becomes -- that almost -- if we allow that to be sort of
3 the way it is, then we shouldn't even have -- I don't
4 know why we would even do an RFP because that is just
5 something that's going to be engrained in there for
6 however.

7 So I guess I'm transitioning the discussion
8 now a little bit into -- because Jim brought it up about
9 -- for me, one of the nicest things about doing something
10 early out is that if we articulate preferences, we are
11 giving fair warning to our current vendors and potential
12 vendors of what we're looking for. And I do believe that
13 a statewide HMO, a lot of these things where somebody
14 will say, "I like that better or I like this better."
15 That goes away and then, Jim, we're not having that
16 discussion about, you know -- we don't have to keep
17 having that discussion. It's now -- it's baked into the
18 system. So I guess I'll get off my soapbox and let Judy
19 speak, but that's how I would respond to what he was
20 saying.

21 MEMBER SAIZ: Mr. Chairman, this is Judy
22 Saiz, for the record. You kind of stole my thunder.

23 CHAIR DROZDOFF: Sorry.

24 MEMBER SAIZ: This is exactly what I was
25 going to say, and my notes here, you know, I made notes
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1 saying that -- you can argue all of these options and all
2 of these scenarios. You can argue it one way or the
3 other. You can make it come out the way you want it to
4 come out. That's my opinion. There aren't any
5 supporting facts to prove this.

6 We need to do what's best for choice and
7 access and the cost, and I agree completely. How long --
8 I know you're not going to like this term. I'm just
9 going to say it. How long can Health Plan of Nevada hold
10 us hostage with the Sierra Network? Forever? For
11 eternity? We're never going to break away? That's not
12 good business.

13 I was thinking -- and state purchasing is
14 here someplace, but I totally agree with statewide.
15 That's my number-one choice. If we needed to do this
16 where people wanted more options, I just don't see why we
17 have to really change things up a lot. It's just the
18 evaluation process. What's the best in the north?
19 What's the best in the south? What's the best statewide?
20 Okay. Now we have those. Now what's best for the
21 participants of our options? But my first choice would
22 be statewide. I think once the RFP goes out, I think if
23 we're really going to do it justice, we want to see
24 exactly how it's going to hit our participants, we'll
25 need a really full disruption report. We should reprice

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1 claims.

2 If we really want to know how this is going
3 to affect them, we'd have to delve in deep, maybe Bob
4 Carr, maybe Aon, but those are my thoughts, too. I think
5 we're limiting ourselves with these options, and they can
6 play out any way we want to without any solid facts in
7 front of us. So that's my thought.

8 MEMBER GAROFALO: Mr. Chairman?

9 CHAIR DROZDOFF: Jeff?

10 MEMBER GAROFALO: So as I read the report,
11 the way I viewed it was as a way for us to develop an RFP
12 that would allow us to evaluate and grade some of these
13 important characteristics because it seems to me that
14 that's where the last one went off the rails, is that
15 there wasn't -- there weren't enough criteria, and there
16 wasn't enough malleability in the rating system so that
17 we wouldn't be caught in either a situation where we've
18 made it a conditioned precedent to have a statewide, and
19 then we have a statewide that's just very, very
20 expensive, or for whatever reason, doesn't work. Or to
21 the contrary, we only have regionals, and we're trying to
22 compare apples to oranges with two regional plans versus
23 one state plan and three different responses to an RFP.

24 So when I looked at this, I thought of this
25 as a means for us to try to develop or give some guidance
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1 so that in purchasing, the RFP that we send out gives us,
2 first of all, the directive to everyone of what we want,
3 and our priorities, but also, the flexibility to respond
4 so that we are not put in a hard place by one or the
5 other faction.

6 CHAIR DROZDOFF: I think that's exactly
7 right. And I'm probably -- Jeff Haag, if you want to
8 come on up. Not that I have a specific question, but I
9 think we are sort of delving into purchasing's inventory.

10 No, Jeff Garafalo, I think that's exactly
11 right. That is what we're trying to do. And for me --
12 and we don't have to go here, but things will flow from
13 the decision about making a -- providing that guidance or
14 making that statement in terms of preference about
15 statewide versus not. And in my view -- and maybe I will
16 ask Jeff this question. My sense is we should certainly
17 be worried about the fact that there is limited options,
18 and we should not just say it should be statewide no
19 matter what, and then we kind of screw ourselves because
20 there's very few people that do that if it's statewide,
21 but the costs are high statewide. That's not serving
22 anybody. But I think there are ways -- I'll ask this --
23 to basically say, "Look. Our preference is statewide if
24 all things being equal, their costs are closer or kind of
25 close." I believe there are ways to do that.

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1 Similarly, I think there are ways to reward,
2 for lack of a better term, the "status quo" with a
3 regional approach because if their prices and their
4 services are so much better, yeah, you know, that would
5 offset all of that -- in my view -- all of the benefits
6 that come with a statewide plan. My view is, though,
7 that we can do that. Is it not, Jeff?

8 MR. HAAG: Thank you, Mr. Chairman. Jeff
9 Haag, for the record. I think we can accomplish that. I
10 think one of the lessens learned, at least from my
11 perspective in the initial solicitation, is that we were
12 asking for two very distinct models in one solicitation
13 with a weighed criteria that didn't allow us to evaluate
14 apples-to-apples and what we were actually requesting. I
15 didn't feel that in the initial solicitation that it was
16 perfectly clear what our ultimate objective was in the
17 statewide solution.

18 I do, to your point, feel that we could
19 accomplish this in running two solicitations; one for a
20 statewide, one for regional, and then compare and
21 contrast what proposals we get, and within the language
22 of the RFP, provide us the latitude to make a decision
23 that best meets the needs of the participants of this
24 plan.

25 CHAIR DROZDOFF: That's an interesting
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1 approach. All right. Stay there. Go ahead, Jacque.

2 CO-CHAIR EWING-TAYLOR: Thank you,
3 Mr. Chairman. If we were to do that, back to the
4 question of whether or not we want to have a countrywide,
5 a national HMO as well for the people who have kids out
6 of state and so on and so forth. I didn't state that
7 very well. My apologies. But if we wanted that option
8 also and we did two RFP's, one for regional and one for
9 statewide, would you do a third one for the national, or
10 would you have that as an option in both the regional and
11 statewide? Because I think everybody or I'm getting a
12 sense that people are very interested in having that at
13 least as an option.

14 MR. HAAG: I think that, in identifying the
15 scope of work and what it is that the State is hoping to
16 accomplish as a result of this solicitation, that we
17 certainly could develop the scoring criteria that would
18 preference respondents who've provided that level of
19 access and coverage.

20 And, again, I think, Dr. Ewing-Taylor, to
21 your point, I think we could address many of the concerns
22 that have been brought to light over the course of the
23 last several months in Board meetings and how we craft
24 that scoring criteria and what it is and how we identify
25 what we're trying to accomplish within the scope of work.

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1 CHAIR DROZDOFF: And I think that is really
2 -- you said that twice in both answers, and I think
3 that's really the key, is not so much the RFP's per se,
4 it's the scoring criteria that accompanies the RFP and
5 that and yeah, the preference. And that will be very
6 transparent, and that will allow -- I think that will
7 give the Board comfort and our participants comfort that,
8 you know, it's not this black box. As a result of a lot
9 of thoughtful scoring criteria, we'll get at kind of
10 teasing out the best option. And it may not be what we
11 thought, but at least it will be based on real criteria.
12 I think that's very good advice.

13 Who else has something they want to say?

14 MEMBER COCHRAN: Mr. Chairman, this is Chris
15 Cochran.

16 CHAIR DROZDOFF: Go ahead, Chris.

17 MEMBER COCHRAN: I do think, yeah, I mean I'm
18 in favor of developing a scoring system which could
19 consider a statewide, could consider regional because I
20 recognize that there are very few vendors, if any, I
21 think, you know, our last one showed one who could
22 actually provide statewide coverage for our employees,
23 and maybe having only one vendor is not broad enough, and
24 maybe that access is not broad enough either. So I'm
25 open to the idea of doing it this way.

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1 I would also wonder, though, under the
2 circumstances that we have -- we're proposing an RFP that
3 would go into a place that we would review for next year
4 so that the implementation of the new HMO plan, whether
5 it's statewide or regional or -- and I like Jacque's idea
6 also of including, you know, something that includes a
7 national network because I think there's some
8 misconception about that. And I'd like to make sure that
9 our vendors, potential vendors, are real clear on what
10 they can do outside the scope of Nevada.

11 But I'm just wondering if it would be in our
12 best interest as a Board in letting out this RFP for HMO
13 that it goes out at the same time that we do our RFP for
14 our PPO because we're talking about, I think, one extra
15 year. And the advantage of that is that we can't have --
16 we can make sure that any vendors who participate under
17 potentially both RFP's can't use the leverage of one over
18 the other; that they're coming, they're both coming in at
19 the same time, and that way -- or that the language be
20 written in the RFP such that, you know, if you're
21 currently a provider under the statewide plan, you must
22 continue to provide those services, you know, if selected
23 to do an HMO, and that of course may also make a couple
24 of vendors out there say, "I'm not going to do that."

25 But I'm just wondering if we're better off
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1 doing the letting of RPFs at the same time for both
2 plans. I know that's more work for the Board to review
3 under that time, but I think it offsets that issue of
4 well, we bid this based on what we're doing with that.
5 And I would really, you know, I would encourage us to
6 think about that as an option, continuing with our
7 current plan until we -- and let two bids go in -- I
8 guess that would be FY 18? Is that when that would
9 happen?

10 CHAIR DROZDOFF: Yeah, it would. And I think
11 that's really, I mean, I really -- I think the Board is
12 going to have to think about that because again, I would
13 look at it this way. I think what you're saying makes
14 sense, but I also think that there would be a lot of not
15 happy people if we in practice said, "Let's wait until
16 2018." There are a lot of people that are ready to go on
17 changing this HMO last year. They're not happy. So I
18 guess what I'm saying is conceptually, I agree with
19 you, but in practice I wonder if maybe the thing to do is
20 to try to fix this the next go-around.

21 EXECUTIVE OFFICER HAYCOCK: For the record,
22 Damon Haycock. I have a question for Jeff, Jeff Haag,
23 and then maybe for Tena as well, so please both chime in.
24 You know, our current PPO network contract expires, I
25 believe, in 2018, and our extensions on our current HMO
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1 plans expire 2017. Is there any concern or issue with --
2 how do I say this? Releasing the PPO RFP early and
3 therefore having that decision made now?

4 CHAIR DROZDOFF: Tena?

5 MR. HAAG: Jeff Haag, for the record. It's
6 an interesting idea, Mr. Haycock. I don't -- I guess
7 just off the cuff here, I would ask for the opportunity
8 to look into that a little bit further, but I don't, you
9 know, off the cuff here see any reason why we couldn't do
10 that with, obviously, terms that wouldn't kick in until
11 the termination of our existing contract. We could look
12 into it.

13 CHAIR DROZDOFF: Jim Wells and Judy?

14 MEMBER WELLS: Thanks, Mr. Chairman. All of
15 our contracts have early termination clauses, so we could
16 exercise an early termination clause to realign them if
17 that was the desire of the Board. I think from a
18 perspective of whether or not you're going to realign, if
19 you really want to realign them, it is doing two RFP's
20 simultaneously, or if you go this direction, there could
21 be three simultaneous RFP's at one time.

22 CHAIR DROZDOFF: Judy?

23 MEMBER SAIZ: No.

24 CHAIR DROZDOFF: Jacque?

25 CO-CHAIR EWING-TAYLOR: Thank you,
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1 Mr. Chairman. So, Jeff, you sort of brought this up, the
2 timing issue of these RFP's. In my mind, one of the
3 issues with the last HMO RFP was a foreshortened
4 timeline, and it didn't give staff a lot of time, it
5 didn't give the vendors a lot of time, it didn't give the
6 review committee a lot of time, and I think we really
7 need to address that as well.

8 As I recall, we did not have time in there
9 for Bob Carr to perform a system on it, and that is
10 something that we've done in the past and is immensely
11 helpful when you're evaluating the proposals, so that
12 needs to be built in. And just in looking at a couple of
13 old timelines, it seems to me like this needs to be --
14 this RFP needs to be let in July.

15 EXECUTIVE OFFICER HAYCOCK: So, for the
16 record, Damon Haycock. Regardless if we do one RFP, two
17 RFP's, three RFP's, that was our intent; to do it earlier
18 in the summer to provide enough time for appropriate
19 review. Granted, we'll save a little bit of time with
20 the elimination of the second-level review, but we will
21 still provide enough time for respondents to give a
22 complete and thorough RFP bid as well as any folks that
23 we need to look at it to take their time and do a
24 thorough review. So we recognize that the timing was
25 truncated last year, and we vowed not to repeat that

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1 again.

2 CHAIR DROZDOFF: So, Jeff Haag, to Jeff
3 Garafalo's point about wanting to provide enough details
4 so that a reflective scoring matrix can be developed, but
5 to pursue, if that's the way we're going, two RFP's, what
6 -- I mean, what do you need done? What do you need from
7 us to feel good about developing a robust scoring
8 criteria that won't run the problems that we had last
9 time?

10 MR. HAAG: I think to Dr. Ewing-Taylor's
11 recommendation earlier, I think a clear understanding of
12 what it is this Board would like to accomplish in this
13 RFP and with the HMO providers that will respond and the
14 outcome that you all feel is in the best interest of the
15 members and the user of this contract. And I think
16 that's been articulated across multiple meetings. We
17 need to define that and prioritize what it is that we're
18 looking to accomplish, and we can craft that into the
19 scope of work.

20 CHAIR DROZDOFF: I guess that's what I'm
21 trying to get to, is how do we take the aspirational
22 stuff and turn it into something useful? And again, for
23 me, starting with statewide or not, again, I'm not --
24 I'm just one Board member, and I know there's differences
25 of opinion on this, but I'll just use it.

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1 I mean, for me, the way I try to look at all
2 of these things is all things being equal, you know, not
3 our historic experience with our vendors. That's another
4 place where you can develop criteria. But for me, all
5 things being equal in having a statewide HMO, not
6 factoring in past history, likes, dislikes with our
7 current vendors, to me, that's a no-brainer. I mean, I
8 don't see how there's any downsides to that.

9 Now, the downside then becomes or is balanced
10 by scoring criteria if that one statewide vendor is too
11 expensive or they have a reputation of not delivering, et
12 cetera. But those, I think, can be developed into
13 scoring criteria. That's, I guess, an example of what
14 I'm trying to see would be helpful to you.

15 EXECUTIVE OFFICER HAYCOCK: For the record,
16 Damon Haycock. Would it help both purchasing and the
17 Board if we asked some pretty straightforward questions
18 about what the priorities of this RFP, and then we can
19 develop a scoring criteria and bring it back to the Board
20 for your approval.

21 CHAIR DROZDOFF: Well, yes, that's right.
22 That's what I'm trying to do.

23 EXECUTIVE OFFICER HAYCOCK: Okay.

24 CHAIR DROZDOFF: Jim?

25 MEMBER WELLS: Thank you, Mr. Chairman. Kind
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1 of in response to what Mr. Haag just said, what we are
2 looking for is the best plan for the cheapest price.
3 What we're trying to define --

4 CHAIR DROZDOFF: And, well, and best plan is
5 in the eye of the beholder.

6 MEMBER WELLS: Right. That's what I was
7 getting to. What we're trying to define is the criteria
8 under which we identify "best plan." So does a best plan
9 have a statewide network versus a regional network? Does
10 the best plan have an open access versus closed access?
11 Does the best plan have out-of-state access or not?
12 That's what we are trying to do.

13 But I want to throw a little bit of a monkey
14 wrench into the discussion. There are two other ways
15 that you could go about doing this, having this second
16 plan. One is to have an EPO and just have a self-funded
17 plan that has the same -- as a second plan, and we
18 replace the HMO with an EPO, with what they call -- and I
19 don't know what EPO stands for.

20 MS. BOSLEY: Exclusive provider.

21 MEMBER WELLS: Exclusive provider. So it
22 looks much like an HMO. It would -- to the consumer, it
23 would look like an HMO. You could set the benefit
24 structure so that it's identical to whichever HMO or
25 somewhere in-between that you want it, and it just

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1 becomes a second self-funded plan on the same PPO
2 network. That's one potential option.

3 The second thing that we could consider is to
4 look at -- I'm going to call it an RFQ, which is a
5 request for qualifications, which would allow vendors,
6 all vendors, to propose a plan, and we could pick all of
7 them and let -- and figure out a mechanism for
8 standardizing the premiums compared to the benefits that
9 are offered under those plans. And so then you are
10 looking at what -- you could do this almost as a pilot
11 for what the south wanted a couple of years ago, which is
12 the employer exchange. So those are a couple other
13 options that -- I'm trying to get ourselves into a corner
14 on whether we want two regional HMOs, one statewide HMO.

15 You know, one of the comments that I wrote in
16 my notes at the beginning was talking about some of the
17 restrictions or the options that were provided in the RFP
18 and the difficulty in grading that. And I get it's
19 difficult to grade them, but the reality is there are
20 people a lot smarter about health care plans than most of
21 us are, including myself, and so let them help us provide
22 a plan.

23 Mr. Dolan made a comment that while the State
24 has historically selected the closed-access plan, they
25 have another alternative for an open-access plan. I

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1 don't think we've ever even discussed that before. And
2 so I think there's a lot of pieces to this that are out
3 there that we could be taking off the table.

4 CHAIR DROZDOFF: And I don't disagree with
5 that, Jim. I guess there's a time component to all of
6 it, though, which is, you know, what can you -- what do
7 we want to get done by when? For the stuff you said,
8 yes, we can do any number of things, but by when? Do we
9 want to do it in advance of -- I guess to try to get to
10 some level of, for me anyway, to try to get to some level
11 of taking some of these, making progress on these
12 variables is, what's our target date? Like what do we
13 want to -- regardless of the plan. I'm buying what you
14 said about EPO, RFQ, HMO. When do we want to have it
15 done by? Because that may tell us a little bit about
16 what kind of options we have to pursue.

17 MEMBER WELLS: So this is Jim Wells again. I
18 think you could do any one of these options by July 1st
19 of 2017, fiscal year plan '18.

20 CHAIR DROZDOFF: Yes, you may. Can I just
21 ask the Board, I mean, this is not -- that's the target
22 date. Does anybody have a problem with July 1st, 2017 to
23 work back from? All right.

24 CO-CHAIR EWING-TAYLOR: Thanks, Mr. Chairman.
25 So I don't know whether this is for Kirby or Jim. Maybe
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1 you know the answer to this. If we went with an EPO, and
2 I certainly do think that that's worth exploring, nuts
3 and bolts, how does that happen? Who sets up the
4 network? Who creates the plan? Who presents it to us
5 for a vote? Is that something Aon could do? Is it
6 something HealthSCOPE Benefits could do? Do we have to
7 hire somebody to create that? We just can't pick it up
8 out of thin air. So I'm interested in the nuts-and-bolts
9 of this, how much time it's going to take staff as well.

10 MS. BOSLEY: Kirby Bosley, Aon Hewitt. So
11 EPOs are traditionally organized by the major insurance
12 companies, and it's really a reduced network. And they
13 all offer them, so Aetna, UnitedHealthcare. They're
14 typically self-funded.

15 I will tell you as an aside, when I heard
16 EPO, the first thing that popped into my mind was when we
17 do our excise tax analyses for clients and run it out
18 over time, EPOs typically are the first plans that the
19 excise tax hits because they tend to be co-pay based and
20 generous plans so that the -- it's a richer benefit
21 without the controls of the capitated HMO, typically.
22 That's the model.

23 It may be that the networks that HealthSCOPE
24 Benefits with also have EPO models. I think it's likely.
25 Where is Mary Catherine? She left, but she can tell us.

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1 And they contract with a third-party administrator, so
2 they're out there. You would not need to build it from
3 scratch.

4 CO-CHAIR EWING-TAYLOR: Okay. So as far as a
5 rough, very rough timeline, is that something that could
6 easily be implemented between now and June 30th, '17?

7 MS. BOSLEY: I can speak in terms of securing
8 a quote. Implementation, I think I would turn to staff,
9 and they can tell us.

10 CO-CHAIR EWING-TAYLOR: Okay. When you say,
11 "Securing quotes," we're talking about another RFP,
12 aren't we?

13 MS. BOSLEY: Correct.

14 EXECUTIVE OFFICER HAYCOCK: For the record,
15 Damon Haycock. This would be replacing the traditional
16 HMO RFP with an EPO RFP, and we would request it from the
17 various health plans as to what their EPOs are, evaluate
18 them, and then decide if we wanted to move forward with
19 them, and then because it could be four RFPs.

20 CO-CHAIR EWING-TAYLOR: It could be four.

21 EXECUTIVE OFFICER HAYCOCK: Well, again,
22 these are options. These are options. There's also --
23 and I'm going to present another option. It buys a
24 little more time, but it also may have some drawbacks to
25 it. We're about to walk into session. We need to build

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1 a budget, so it would help for us to have something ready
2 to go by July 1 of next year, right, so we can present
3 it, get it approved, get the funding for it, et cetera.

4 If we don't quite know exactly what we want,
5 there's an opportunity potentially -- and we'd have to
6 explore this -- and we'd be willing to with staff, is
7 look at buying us two years and taking our time and
8 developing the right solution, getting us either
9 extensions or doing a smaller RFP, or doing something,
10 fully knowing that in fiscal year 2020 for the next
11 session, we can have a completely new model that people
12 can warm up to. So there's a timing aspect of it.

13 Can we implement anything by June 30th?
14 Yeah. Will I still have all of my staff? I don't know
15 because it's pretty difficult. Yeah, it's pretty tough
16 right now. We're implementing a PPN. We're doing a lot
17 of things right now, and this is just going to continue
18 that level of effort. Is it physically possible? Yes.
19 Is it going to be brutal? Yes, especially if we have to
20 make major changes, we have to make major data
21 interchange changes, we have to make MPD changes, legal
22 changes, all of those things, and I know you guys know a
23 heck of a lot more than I do. But it's going to be a lot
24 on top of building budgets, going to session, trying to
25 argue for the funding that we need next year.

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1 CO-CHAIR EWING-TAYLOR: So if I could just
2 summarize what I understood. This Board should either
3 make a decision about going out for an HMO RFP or
4 pursuing an EPO, but certainly not both. And if we
5 decide to pursue an EPO, you think that it would be wise
6 for us to buy some additional time through contract
7 extensions to create the plan. Is that sort of right?

8 EXECUTIVE OFFICER HAYCOCK: That would be my
9 suggestion, Dr. Ewing-Taylor. Yes. Damon Haycock, for
10 the record. I have been a hard charger at PEBP since I
11 started, and I've been schooled by my staff as to what is
12 capable and what is probable and what we should do, and I
13 am learning very quickly to trust in their guidance. And
14 I am getting blown up by texts on this conversation, and
15 so I'm trying to buy us a little bit more time.

16 MEMBER SAIZ: Mr. Chairman?

17 CHAIR DROZDOFF: Judy?

18 MEMBER SAIZ: I think I'd suggest -- Judy
19 Saiz, for the record. I'd suggest -- it's really called
20 a self-funded HMO not an EPO, I think, from -- I'd
21 suggest going out to bid for the HMOs, regional,
22 statewide, get us back on track.

23 Another thing I'd maybe propose if we're
24 still up in the air with all of this, would we want to
25 consider something like -- when do we have our next

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1 meeting? May? May 21st? Are we ever going to have like
2 a strategic planning session?

3 CHAIRMAN DROZDOFF: Well, I don't know.

4 MEMBER SAIZ: Could this be something that we
5 can incorporate and really look at, or if we're getting
6 too far out, it's May, another month, I'd say before
7 engaging those HMO RFPs. Like Jeff was saying, we could
8 get a form of evaluation.

9 From my perspective when I was evaluating,
10 and, you know, everybody -- we have our own little way of
11 doing this thing, but if I knew in my mind that okay, I
12 have four people, four carriers, okay. I'm looking at
13 this guy from the north. I would evaluate those four
14 carriers from the north. This is my best one. I don't
15 really see a need for like maybe even a different
16 evaluation sheet or anything. And then I would look at
17 those next four and say, "Okay. How strong are they in
18 the south?" This is my top one for the south. I didn't
19 see an issue with that. And then look at it and say,
20 "Okay. Same criteria that we are using. This is my
21 statewide."

22 Maybe I'm making it too simplistic, but I
23 just think going forward, do the HMO RFP and, you know,
24 and evaluate it like through state purchasing, work with
25 state purchasing.

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1 CHAIR DROZDOFF: I guess that's probably
2 where I'm at, too. I mean, I feel like, look. I don't
3 want to -- I certainly don't want to burden staff, so I'm
4 very sympathetic to that. I just feel that we wait two
5 years, that is just not what our participants are asking
6 for. And I am, you know, if it does come down to sort of
7 an either/or, I think that's kind of why I started July
8 1, 2017. If that's truly our target date, then I get
9 back to what I was trying to say earlier, which is that
10 if that's it and, you know, staff workload goes into
11 this, what can we reasonably do?

12 MEMBER SAIZ: Mr. Chairman?

13 CHAIR DROZDOFF: Yes.

14 MEMBER SAIZ: Just one more thing. If we
15 were to think of an EPO, the reason would be that we
16 would be funding it. It's all on our back. If we wanted
17 to pursue that, then I would say that we should just go
18 for a straight EPO and not the HMO too. I don't know if
19 we're prepared for the self-HMO without a really good
20 solid discussion by the Board, and I don't know if we're
21 prepared to do that today.

22 CHAIR DROZDOFF: So let me ask you this. We
23 have a little bit of time until July. I think everybody
24 is in agreement that July 2016 or somewhere around there
25 is when we would want to get moving on something for July

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1 1, 2017.

2 So let me ask Damon and Jeff. For the next
3 meeting for May, we've had to decide on location. Could
4 you bring to the Board two things: one, an in-depth
5 scoring criteria for an HMO or HMO products that could be
6 used to evaluate statewide and regional, and could you
7 also come to the Board with a PPO proposal so that we
8 could then tell you at that meeting, do you want to do an
9 HMO, or do you want to do a PPO? We won't do both. And
10 get working on whatever it is that is decided then.

11 EXECUTIVE OFFICER HAYCOCK: I'll defer the
12 first answer to Mr. Haag.

13 MR. HAAG: Thank you, Mr. Chairman. Jeff
14 Haag, for the record. I feel that we could meet the
15 request and provide an idea of what that scoring criteria
16 would look like and work with Mr. Haycock and his team on
17 a PPO proposal.

18 CHAIR DROZDOFF: Thanks, Jeff.

19 MR. HAAG: You bet.

20 CHAIR DROZDOFF: So you're up.

21 EXECUTIVE OFFICER HAYCOCK: So, for the
22 record, Damon Haycock. We'll be able to get it done.

23 CHAIR DROZDOFF: All right. Well, that's
24 just a question. That's not a direction yet. I'm just
25 trying to move us forward a little bit. Happy to --

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1 anything else? Is there a recommendation? Like I said,
2 that's just a question at this point. If we want to turn
3 that into a recommendation, it has to be done.

4 MEMBER COCHRAN: Mr. Chairman, this is Chris
5 Cochran.

6 CHAIR DROZDOFF: Yes, Chris.

7 MEMBER COCHRAN: I thought Jim had made a
8 couple of really sound suggestions, so I'm not to put you
9 on the spot, Jim, but looking at these different plans,
10 do these -- was your proposal, would that delay us two
11 years, or is that something that could also be done
12 within 2017? This is for Jim Wells.

13 MEMBER WELLS: This is Jim Wells, for the
14 record. And it certainly can be done because we've done
15 a lot more in a lot less time. Would I recommend that it
16 be done? Probably not. I mean, it would be a big
17 fundamental change. I think my reason for making those
18 particular comments is that we were asked for a long time
19 to have a third plan, a middle -- everybody called it a
20 middle plan. It wasn't really a middle plan. Everybody
21 wanted a third option.

22 The south was very adamant for a fairly long
23 period of time that they wanted an exchange because they
24 thought that we could get a better deal. I hear the
25 arguments about the open access in the north versus the

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1 richness or out-of-pocket limitations that are inherent
2 with the southern HMO plan, and we're never going to make
3 everyone happy on these plans, and so I just threw them
4 out there as things that we would need to probably
5 consider as we move forward under the strategic planning.
6 I understand more than anybody in this room probably how
7 much work it is to make massive changes in a short period
8 of time.

9 CHAIR DROZDOFF: I guess, Chris, what I was
10 trying to do by coming up with those two things was
11 again, trying to bridge the gap, I guess, you know, so
12 candidly, I listened to what Jim said too, and that's why
13 I said let's see if -- one of the things he mentioned was
14 the EPO or whatever the name of it is -- so that's why I
15 asked Damon if they could do that.

16 My sense of it is that going to the, you
17 know, the RFQ and the exchange, that's a much bigger
18 thing, and I think trying to throw that into the mix for
19 July 2017 would be very tough. I'm certainly good with
20 and we do have future agenda items on strategic planning,
21 and I do think that those are the kind of things that we
22 should be looking at longer term, but trying to sort of
23 balance what we could do now, what people are --
24 participants are expecting, which I believe is something
25 by July of next year, versus realities, that's why I

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1 guess I thought I'd take a look at a robust scoring
2 approach more traditionally than what we've done
3 historically and this EPO thing which has been discussed
4 by members of this Board periodically, and then we can
5 make a call.

6 And I guess -- so I'm trying to look at if
7 the rest of -- if the Board likes those and the staff can
8 do them, then what we can do is we set an agenda in May,
9 and we give them that direction, and then they're only
10 working on one thing. But in May, then one of them will
11 go away.

12 EXECUTIVE OFFICER HAYCOCK: Yes. Correct.

13 MEMBER COCHRAN: So for the May meeting, just
14 to be clear, we'll have -- sorry. This is Chris Cochran
15 again. So for the May meeting, we'll look at potential
16 RFP's for an EPO and an HMO and the HMO addressing all of
17 those things that we talked about, whether it's statewide
18 or regional; correct?

19 EXECUTIVE OFFICER HAYCOCK: For the record,
20 Damon Haycock. Yes.

21 MEMBER COCHRAN: And nationally.

22 EXECUTIVE OFFICER HAYCOCK: Dr. Cochran, what
23 we're going to do -- I'm going to get with -- or, sorry.
24 PEBP staff is going to get with purchasing. We're going
25 to develop some options for some scoring criteria based
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1 on all of the -- on the HMOs based on all of the
2 discussion we've had here today, whether it be open or
3 closed network, we can include a national network part of
4 that criteria, that I think could be applied to
5 regardless of if you go statewide or region wide.

6 We can look at -- and we'll definitely take
7 it off-line and try to figure out is there a way we can
8 put it all into one, or does it make more sense to keep
9 it into two, but we will make sure that we come prepared
10 to the next Board meeting in May with some scoring
11 criteria options for the Board to discuss and then
12 provide direction, if that is what we want to do.

13 And secondly, we will try to flesh out in
14 that small period of time what an EPO scope of work would
15 look like as far as an RFP and really take a stab at what
16 scoring criteria will look like as well so the entire
17 Board has an opportunity to take a look at what are the
18 options on the table and then give direction and move
19 forward.

20 CHAIR DROZDOFF: That would be great. And
21 then, I think, just so the Board has to come armed to do
22 work, that will be agendized, and then we won't be doing
23 both, and we're just -- that won't happen. We will take
24 a look at what the work product looks like, those two
25 things, and then give the staff and purchasing direction

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1 on this is what we want to get done by July 1 of 2017.

2 Bob Moore?

3 MR. MOORE: Mr. Chairman, I should have done
4 this at the beginning of this discussion, but once again,
5 at the sake of being redundant, I need to disclose the
6 fact that I have a son who is a corporate vice-president
7 with UnitedHealthcare, and therefore, although there is
8 no conflict of interest, I have an advisory committee
9 opinion from the Commission of Ethics, so that although
10 there is no conflict of interest, I need to disclose that
11 relationship. And because of the incredibly vague advice
12 I got this morning, I've refrained from all participation
13 in this discussion until I can sort of clarify what that
14 position is.

15 However, having said that, if you're going to
16 create some scoring criteria, I would highly recommend
17 that you ask your consultant to help you. They've been
18 doing this stuff for a long, long time, and they're very,
19 very good at it. They know how to score this stuff, so
20 you need to use them a lot. Otherwise, you're going to
21 have very vague, inappropriate scoring criteria that
22 creates the mess that we've -- re-creates the mess that
23 you had before.

24 On the subject of EPOs, it is not a
25 monumental task. When you ask Tijuana Mutual Insurance
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1 Company to give you an HMO proposal, you ask the good
2 folks at Tijuana Mutual, "I want two funding options. I
3 want a fully insured HMO option, and I want a
4 self-insured HMO option." So is it extra time? No. Is
5 it more paperwork? No. Does it involve more
6 implementation time? No. You're asking them for two
7 payment options. You can have the 30-year conventional
8 or the ARN. It's that's simple. So I would highly
9 recommend that whenever you ask Tijuana Mutual for your
10 HMO proposal that you ask them to submit a fully insured
11 and a self-insured proposal. Thank you, Mr. Chairman.

12 CHAIR DROZDOFF: Thank you. Anybody else?
13 Do you need a motion or --

14 EXECUTIVE OFFICER HAYCOCK: I definitely have
15 what I need. Thank you, Mr. Chairman. I don't need a
16 motion. And of course, to end this report, I withdraw my
17 recommendations and move forward with what the Board has
18 selected.

19 CHAIR DROZDOFF: All right. Everybody good
20 with that? Does everybody want to make a motion, or are
21 we good? All right. Well, let's shoot to be back --
22 we're going to have to take a lunch break, so let's shoot
23 to be back at 2:00 o'clock. We will try to move a little
24 bit more expeditiously through the balance of the agenda.

25 (Recess was taken.)
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1 CHAIR DROZDOFF: We'll get started. I know
2 that Jacque's -- but we do have some light issues, so
3 we'll get going. I think we'll just roll into the rest
4 of the agenda starting with the Executive Officer Report.

5 EXECUTIVE OFFICER HAYCOCK: Thank you,
6 Mr. Chairman. Damon Haycock, for the record. This
7 Executive Officer Report, it's a little bit different
8 from what you've seen before, but I really wanted to key
9 in on some of the situations that we've been dealing with
10 as PEBP and some of the response to the requests that
11 we've had from our participants, our agencies, our
12 payers, and so be it.

13 As was discussed at the last Board meeting on
14 March 24th, PEBP's Board Chair, our operations officer
15 and I, we went to Salt Lake City to meet with Towers
16 Watson, who runs Towers Watson OneExchange. The idea was
17 to get some answers and to try to move this relationship
18 into a new era and start solving some of both the client
19 as well as the customer service issues that have been
20 prevalent, at least since I've been there and my
21 understanding put forth.

22 We talked about the office hours pilot
23 program we started late last year. That's where we
24 provided an opportunity for a member or a staff from
25 Towers Watson OneExchange to physically be located either
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1 in Las Vegas or in Carson City, and then of course across
2 the rurals to provide needed information and assistance,
3 both in group settings and one-on-one for the health
4 reimbursement arrangement issues, folks that are having
5 difficulties getting their claims paid or getting
6 reimbursed for those claims.

7 That program has seen some definite success.
8 We've had large turnouts, and we've been able to reach
9 out and talk to and discuss, with multiple participants,
10 and hopefully provide a better customer service
11 experience. We recognize that there was a request
12 repeatedly by multiple associates, as well as
13 participants, to have a full-time position from Towers
14 Watson stationed either in Carson City, Las Vegas, or
15 both to address the retiree issues with the exchange.

16 One of the things that we -- and I'm going
17 off the report, so I apologize, but to kind of put in a
18 nutshell, Towers Watson has recognized that there are
19 some deficiencies in the way that they've provided both
20 client and customer service. They are putting together a
21 plan that they are going to provide to the Board and the
22 public at the -- starting on the next Board meeting in
23 May, and there will be a standing agenda item for them to
24 come up and provide information and updates to that
25 process improvement plan that they will be presenting.

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1 I spoke with them earlier this morning, and
2 I'm told I'm to get a first draft of that plan, hopefully
3 by the end of next week. So we're very excited to
4 continue to work with Towers Watson and to line out an
5 actual plan of action to improve the customer and client
6 service that we've received to date, and we're going to
7 continue to provide those office hours as we have -- I
8 think a couple of days ago was the last time we did it
9 down in Las Vegas -- to ensure that we continue to gauge
10 demand and see how many folks we can grab all at once to
11 determine if there really needs to be a single person 40
12 hours a week working in these locations, or can we get
13 through the backlog and then all of a sudden, things
14 aren't as overwhelming as they may appear. So we're
15 doing a crawl-walk-run method, but we believe that with
16 Towers Watson coming here and explaining to the Board
17 where they think they're at each month, that hopefully,
18 we can address issues consistently and collectively and
19 move forward to put it together.

20 We also -- let 's see. We also held another
21 meeting of the State Employee Benefits Advisory Committee
22 on April 5th where we discussed and tried to gain insight
23 from our state employees about the budget-building
24 process, and we discussed some of the scenarios that
25 we've been speaking about here at these Board meetings

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1 for months.

2 The concern was of the removal or the
3 declining balance of our excess reserves, and the idea
4 that the enhanced benefits three years ago were tied
5 directly to those reserves, and what we need to do to
6 adjust the plan. And not that we are speaking on behalf
7 of the Board, but we asked for input from that committee
8 to determine what they felt were some answers, and here's
9 some really draft numbers. And please don't hold this to
10 us. When Tena builds the budget and we start to continue
11 our analysis, we'll get a lot closer to these numbers,
12 but right now, the enhanced plan benefit design for the
13 consumer-driven health plan costs approximately \$6
14 million per year, and that's just on the medical side,
15 the medical and dental side. We also have trend factors,
16 and we receive trend from our consultants at Aon. And if
17 we were to take a 10 percent medical, 13 percent
18 prescription and 4 percent dental, that's another about
19 almost \$18 million of costs per year.

20 Then if the PEBP Board were to continue to
21 provide additional HRS/HRA funding at current levels --
22 that's that additional \$400 per participant or per
23 primary participant, and another hundred dollars per
24 dependent up to three, that costs about ten and a half
25 million dollars a year on current population predictions.

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1 And then if we were to continue to provide
2 Medicare Part B premium reimbursement to the pre-Medicare
3 retirees, that's at \$1.2 million. We also provide
4 enhanced life insurance benefits taking it from the
5 \$10,000 to the \$25,000 for the primary participant, or
6 excuse me, for the state employees, and then the
7 additional increase to the retirees as well. That's
8 about three and a half million dollars. So the total
9 price tag, the total sticker here is about \$39 million,
10 and that's before we even know what the experience is
11 going to look like next year. That's before we develop
12 these new contracts that we talked about today, either
13 the HMO RFP contract or the EPO or any of the other
14 things that we're looking at increasing our costs that
15 adjust our administrative load. And so we have a \$39
16 million pull, and I think Bob Carr said it very
17 eloquently when I first started here. How much are we
18 looking at trying to fill. I think it was about \$30
19 million. So we're in the neighborhood. But how are we
20 going to solve those problems, and the Board has
21 decisions to make.

22 And basically, the same ideas that were
23 presented to us from the CPAC Committee are the things
24 that I think we've all been talking about. We talked
25 about raising rates, we talked about cutting benefits,
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1 doing a level of both, recommending an increase to the
2 subsidy percentage, right, trying to shift more onto the
3 State or employer responsibility, and then my favorite is
4 finding more efficiencies and saving claim costs within
5 the plan itself. And that's something that we do every
6 day, and there's certain days that we were more
7 successful than others, but we are consistently pushing
8 the envelope to be aggressive with our vendors, to be
9 aggressive with our health plan, to reduce our
10 operational costs so that way our administrative load and
11 our administrative costs are as low as possible.

12 Moving on, I went to the College of Southern
13 Nevada Faculty Senate meeting on April 8th, and I was
14 able to talk with the folks there. And I think I alluded
15 to this earlier, you know. The same issues appear to
16 continue to rise; that there's access issues to doctors
17 and specialists, there's concerns about of course our
18 high deductible, part of our high deductible health plan,
19 but what's of course missed by a lot of people
20 sometimes -- and I told this story at lunch to our
21 friends at Aon. You know, two people were sitting within
22 3 feet of each other at the Faculty Senate meeting. One
23 person responded with, "I dislike the plan down here. We
24 think it's not working for us. Let me share with you my
25 story." And immediately thereafter, the person in front

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1 of them said, "I love the plan down here, and it's
2 working exactly the way I want, and thank you for keeping
3 rates low." And so depending on who you talk to, you're
4 going to get a different response.

5 But one of the most important things I found
6 going to that Faculty Senate meeting, there were multiple
7 people who pulled me aside and they said they'd heard
8 things there that they'd never heard about the benefits
9 or the plan, so this continues to emphasize our
10 transparency and our communication moving forward, and I
11 look forward to be able to attend and continue to go to
12 Las Vegas every two to three months as scheduling
13 permits.

14 Moving on, as you heard from Marlene Lockard
15 at public comment earlier, we did launch our new website
16 on April 13th. I've attached a series of screenshots.
17 They looked a whole lot better on my computer when I know
18 I had them. They're a little fuzzy now, so I apologize,
19 but please, when you have an opportunity to navigate to
20 PEBP.State.NV.US, it's the same website that we had
21 before. So if you have it in your favorites, it should
22 open up. And it continues our efforts to increase our
23 transparency and provide important relevant information
24 to our participants, the public, and our stakeholders.
25 It can be accessible by both your personal computer or
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1 any of your mobile devices, your tablets, your cell
2 phone. You can pull it up right now. We feel pretty
3 confident, and we're very excited to roll this out to
4 everybody, and we hope that this provides an easier
5 method for folks to get the information that they need to
6 stay relevant and to stay informed.

7 We are in the process now of approving the
8 open enrollment content, which you will see coming up
9 soon. And we're also excited and we're working with our
10 digital vendor, KPS3, to prepare a plan comparison tool.
11 And what's really amazing about this tool that I didn't
12 necessarily know about at first, but our own staff member
13 kind of put this together for herself, and she was able
14 to send that information to our digital vendor, and
15 they're building a tool based off of her own
16 decision-making matrix, and I think that's always a
17 benefit when you have someone who has been with the
18 agency for multiple years who does this for himself, help
19 build the tools that are going to help our participants.

20 One of the things -- and I think I mentioned
21 this before in discussing this website -- is that we
22 based it on focus groups and analytics, and we broke it
23 down into three important sections, right, designed to
24 guide participants to the information that they need. We
25 wanted to personalize the experience, but we broke it

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1 into explore your benefits. This was one of the most
2 used parts of our original website, the find your
3 provider section, so regardless of what plan you're on,
4 you're able to go to the find a provider, click on the
5 plan that you're on, and look up the doctors that you
6 need, and then an easy-to-access log-in icon points
7 participants to PEBP's online PEBP enrollment portal.

8 For those that aren't used to it, and I know
9 it's kind of a culture change, it's just the orange
10 highlighted button at the top right of every page on our
11 website. It says, "Login." You go right in there to
12 fill out the information you need during open enrollment
13 and through the year when you have qualifying life
14 events. Just remember, if you don't know where to go,
15 hit orange, and you I'll at least get to that part.

16 Now, as I mentioned earlier, we personalize
17 the experience by participant type. We know that all
18 participants are important to PEBP whether you're a
19 retiree, a pre-Medicare retiree, a Medicare Exchange
20 retiree, or whether you're a state active or non-state
21 active employee. And so we wanted to personalize the
22 experience so you don't have to necessarily funnel
23 through all of the information to find out how it applies
24 directly to you.

25 We also wanted to develop a more
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1 user-friendly and easier-to-follow PEBP Board meeting
2 display. So you'll notice today that if you were able to
3 click on it, you'll be able to go and check out the
4 minutes, or at least you will for the last meeting, and
5 you'll be able to see the minutes from this meeting at
6 the next one. You'll be able to see the agenda. And
7 right now, we still have that Board packet that's all
8 lumped into one, but it is our goal in the next --
9 hopefully by the next meeting, to have that thing split
10 out into each agenda item so it's easier to click and
11 follow, and you don't have to surf 2, 3, 4, 5, 600 pages
12 to find what you're looking for. So hopefully, that will
13 help everybody find exactly the report they want, and
14 they can follow along online on their own on their
15 tablet, or if they want to print them out separately.

16 We also have a calendar of events now, and we
17 recommend that people visit that and bookmark it or
18 favorite it because that's where we're going to share
19 with our participants and our stakeholders where we're
20 going to be every month. That's where Nancy gets on and
21 puts her workshops and her open enrollment meetings and
22 the Towers Watson Exchange HRA facilitator meetings. And
23 so that right there is a wonderful tool and hopefully
24 will be utilized so people know where PEBP is going to be
25 and what we're doing. So we are excited to share this

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1 new evolution, and we continue to seek feedback from all
2 of our participants. We know it's not perfect. It was
3 our first run-through. We wanted to make sure it was out
4 before open enrollment so you can kind of get warmed up
5 up to it. But please let us know. Contact us through
6 any of the contact us channels on our website or how
7 you've done so in the past, and we will continue to
8 upgrade and make that better. But I cannot thank the
9 leadership that was done on developing that. Nancy
10 Spinelli, our public information officer, headed that
11 team, worked hand-in-hand with our digital vendor, KPS3,
12 and I think we can be all very proud of the work that she
13 did, the team did, and the results you see here today.

14 So in conclusion, we made good on our
15 promise, I believe, to increase transparency and
16 communication, we've maximized our resources to implement
17 new tools, and we are moving forward in developing our
18 appropriate budget, as you've heard today, to support
19 high-quality health care at affordable prices, and we are
20 also dedicated to aggressive and wise contract
21 development and management to ensure participants receive
22 the highest quality of service and support at a cost that
23 is competitive and appropriate to participants and Nevada
24 taxpayers. And with that, I would will take any
25 questions. Thank you.

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1 CHAIR DROZDOFF: Thank you, Damon. Any
2 questions for him? Jacque?

3 CO-CHAIR EWING-TAYLOR: Thank you,
4 Mr. Chairman. A couple of things on the website. First
5 of all, congratulations on getting it done. It is much
6 better than the old one, but I think most of you know how
7 I felt about the old one. They're always a work in
8 progress, so I'm okay with that. They should be, but you
9 got something out there, and I think it's really good.

10 There were a couple of things, as I was
11 cruising through, that I think need to be fixed right
12 away. One was the first health link. So when our people
13 are looking for the networks, the national network, and
14 they go to first health, you get a list of hundreds,
15 potentially, of networks, and there's no way to tell
16 which one our employees should go to. There isn't one
17 that says, "PEBP Network." There's just this huge list.
18 So I think that's probably pretty confusing. And I think
19 the Catalyst link needs some work. Firefox will not
20 allow it to be opened because of security reasons, so you
21 can't get to it from Firefox. I didn't have time to
22 check it from anybody else or any other browser, but --

23 MEMBER ANDREWS: I did, and it didn't work
24 either.

25 CO-CHAIR EWING-TAYLOR: You checked it with
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1 other browsers?

2 MEMBER ANDREWS: Uh-huh.

3 CO-CHAIR EWING-TAYLOR: Yeah, so there's a
4 security issue there that probably Chris can help with.
5 I did have a couple of other questions, not about the
6 website. I was interested in how the conversion from
7 Catalyst to Express Scripts is going.

8 EXECUTIVE OFFICER HAYCOCK: So for the
9 record, Damon Haycock. Thank you, Dr. Ewing-Taylor. And
10 yes, I did know about the first link error, and it was
11 found in multiple areas, but obviously not all of them,
12 so we will make sure that we go back and clean that up.
13 And I was not aware of the Catalyst, so we will
14 definitely make those updates. Please feel free, as
15 anyone finds them, you can e-mail me or e-mail Nancy,
16 send them to us, and we will make sure and make this as
17 best as we can moving forward as we include new
18 information.

19 As far as the Express Scripts turnover,
20 excuse me, transition, it has some bumps, but I think
21 we're doing well. I mean, we were able to get everything
22 approved. Express Scripts has shown that they are
23 willing to come to the table and continue to negotiate in
24 the favor of PEBP when we find some issues and concerns
25 that we have. And what I mean by the favor, I mean

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1 financially in favor. So we are being successful in
2 getting our clinical rules approved and ensuring that
3 we're getting the most appropriate pricing for those
4 different add-ons, and that we're saving money for our
5 participants, so that is good.

6 Of course we have to do two projects
7 simultaneously. We have to onboard Express Scripts, and
8 we have to close down Catamaran, and so those -- neither
9 of those are easy, and neither of those are going to be
10 completely without challenge, but we are working with
11 both vendors to ensure that the appropriate information
12 is going to be transferred and so folks are able to
13 continue to receive the care that they need, the
14 continuing care, the preauthorizations that have already
15 been approved by their current doctors, and we're
16 optimistic that we can get that done. We also have to
17 have a few failsafes; if that information does not
18 transfer between the two vendors, we can at least go back
19 to HealthSCOPE and grab it from them. Not all of them,
20 but a sheer number of them. So I think that there are
21 on-boarding very well. They are very dedicated. They
22 have dedicated an entire team for implementation, and
23 they are managing it like a typical project management
24 book of knowledge type of situation. We are meeting
25 weekly, if not more, and we're optimistic that this is

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1 going to be a success.

2 CO-CHAIR EWING-TAYLOR: Great. I'm very glad
3 to hear that because that, as you said, is a massive
4 conversion. I have one last quick question. I noticed
5 on the Board of Examiners, on I believe it was April
6 12th, there was a \$276,625 increase to Aon's current
7 contract, and I was wondering why.

8 EXECUTIVE OFFICER HAYCOCK: So for the
9 record, Damon Haycock. That's a great question,
10 Dr. Ewing-Taylor, and as we were putting together the
11 need for this amendment, we wanted to, number one, ensure
12 that we had enough authority to continue to utilize them
13 at the level in which we were utilizing them.

14 There was some significant analysis done last
15 fall in preparation for plan benefit design and for the
16 ACA excise tax, but having conversations with Aon today,
17 it appears -- and I hope I don't speak out of turn --
18 that we may be tracking where we won't need to use much
19 of that at all, although we just got this additional
20 assignment today, so it's probably a blessing in
21 disguise. But it's traditionally used for -- it was used
22 to increase our ability to perform the analysis that we
23 believe that the Board had needed, requested, and that I
24 requested, and I think we're benefitting from it.

25 CHAIR DROZDOFF: Anybody else?
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1 MEMBER MOORE: Yeah.

2 CHAIR DROZDOFF: Bob?

3 MEMBER MOORE: So if I understand -- for the
4 record, Bob Moore. Thank you, Mr. Chairman. So my
5 understanding is that's not money that's been spent.
6 It's money that's been authorized.

7 EXECUTIVE OFFICER HAYCOCK: For the record,
8 Damon Haycock. That is correct, sir.

9 MEMBER MOORE: Thank you.

10 CHAIR DROZDOFF: Chris, anything down south?

11 MEMBER COCHRAN: No questions.

12 CHAIR DROZDOFF: Okay. So we'll roll into
13 these next four agenda topics. And to some extent, I
14 guess they're all a little bit related, and so I went
15 back and forth arguing it myself about what's the correct
16 order, and I might have got it wrong. But in any event,
17 feel free, if we start talking a lot and it kind of moves
18 to another, you know, we'll accommodate.

19 So this next one about the survey, I'm going
20 to largely turn it over to Jacque Ewing-Taylor. She and
21 I talked quite a bit following last month's meeting
22 and/or I guess the March meeting, and there's a couple
23 ideas on surveys. I mean, really the bottom line is
24 we're trying to build on some of the work that's been
25 gleaned already through some other survey work and trying

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1 to, I guess, get a representative snapshot as to where
2 things are today. So Jacque's tried to spend a lot of
3 time putting together the survey, and there's a couple of
4 add-on pieces and really, you know, I think it was Ana
5 Andrews that said that she felt strongly that before it
6 goes out, it should come back to the Board. I think
7 Jacque and I agree, but that's what's presented, and I
8 think with that, I'll turn it over to you, Jacque.

9 CO-CHAIR EWING-TAYLOR: So you all have the
10 survey in front of you, assuming you've had a chance to
11 read the questions, there are two sections. One is
12 somewhat more generic in that it deals more with the
13 climate of PEBP and asks generic questions about how the
14 employees feel about their job and their relationship
15 with their supervisors and then asks, concludes by asking
16 for suggestions for senior staff.

17 The next item has more to do with the
18 performance of the executive officer, and that's simply,
19 as you can see, a series of statements that the
20 respondents are asked to rank from strongly agree down to
21 strongly disagree, which is a standard survey tool.

22 My thoughts about how this would work are
23 that I want -- and I don't know whether you do or not,
24 but I would like to see this done -- be seen by the
25 employees as being done solely by the Board. This does

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1 not come from Damon. It does not come from senior staff.
2 This is something the Board wants to do. As such, I'm
3 proposing to Leo that he and I or anybody else that he
4 designates, make a presentation to the PEBP staff about
5 this prior to its release and that that presentation be
6 without senior staff in attendance so that the employees
7 have an opportunity to ask us questions about this, and
8 we have an opportunity to assure them that nothing is
9 identifiable and that all of their responses will be
10 confidential.

11 This is my -- I shouldn't say, "personal."
12 It's a professional account on SurveyMonkey. I'm the
13 only one who has access to it. And I would also want to
14 encourage employees who may be worried about this to take
15 the survey from a personal computer and not do it on
16 agency time. I don't think we want to require that, but
17 that would be my strong suggestion. Again, it removes it
18 one more step from the agency, and if there are any
19 concerns, I think that would alleviate some more of
20 those. So what would happen then is we would leave open
21 for a set period of time, and at the end of that, I would
22 close the survey, run an analysis, and present it to the
23 Board or however else you all would like to receive it.

24 CHAIR DROZDOFF: So I guess we'll open it up
25 to the Board. So there's really two questions on the
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1 table. One is the survey itself, and the other is the
2 process. So, Ana?

3 MEMBER ANDREWS: Thank you, Mr. Chairman.
4 Ana Andrews, for the record. I went through the survey.
5 I like the questions. I have a concern as a Board member
6 to have a Board member be the one who is going to receive
7 the surveys. And I think that to protect yourself,
8 Jacque, as well as the rest of the Board, this survey
9 should be proctored -- I don't know what the word is --
10 or done by a completely independent party. And a
11 suggestion I have -- maybe agency HR could probably do
12 the survey. I know for a fact they have SurveyMonkey.

13 If that's not the case, if that's not what
14 you want, you can get an independent vendor consultant,
15 whatever. Let me just put it this way. We need to give
16 PEBP employees, the staff at PEBP, that comfort that this
17 is not a witch hunt, that this is not something that is
18 going to get back to their supervisor because some of
19 them are supervised by this person, and then that person
20 reports to the other one, and ultimately, to the
21 executive director. So I guess some employees might be
22 very candid. Some might not be. So that's the only
23 objection I have about it.

24 The other thing would be if an employee has
25 more than one -- has a supervisor and then that

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1 supervisor reports to senior management, maybe open that
2 question to where you know that is the immediate
3 supervisor and not the other one. Last but not least,
4 they would have to be given assurance, and I think
5 Jacque, if I understood you correctly, they would not
6 take the survey at work from their home -- their work
7 computers. They would do it from home, assuming
8 everybody has a computer at home or that they would go to
9 a public place to complete the survey. Because as we all
10 know, particularly those who are techies, you can trace
11 that back to the IP addresses. Thank you.

12 CO-CHAIR EWING-TAYLOR: And, Ana, that is why
13 I strongly suggest that we suggest is that they do not
14 use an agency computer. But I think to go to your other
15 concern, I think the reason I would be opposed to having
16 anybody else in the state agency doing it, including HR,
17 is that it's still a state agency, and I feel strongly
18 that this is a Board function. This is information that
19 the Board is asking for. I hadn't thought about having
20 one of the vendors to do it, and I'd have to think about
21 it, but I'm not sure. I think that that's a wise idea
22 either. But see what everybody else thinks.

23 CHAIR DROZDOFF: See what everybody else
24 thinks.

25 MEMBER COCHRAN: Mr. Chair.
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1 CHAIR DROZDOFF: Chris?

2 MEMBER COCHRAN: This is Chris Cochran.

3 Yeah, I like the idea of doing a climate survey of the
4 employees. I think part of the oversight on this kind of
5 goes back to something that I wanted to see the Board do
6 for a while, which is to have perhaps a personnel
7 subcommittee, somebody that oversees matters such as this
8 and maybe even setting up evaluations or instruments for
9 evaluations and, you know, possibly looking at future job
10 descriptions as we move forward.

11 I mean, I think that is an option that then
12 provides, you know, some sharing of the responsibility
13 where employees -- not that they would be distrustful of
14 who's reviewing this, but it creates a little bit more
15 openness in terms of how it's being used.

16 CHAIR DROZDOFF: All right. And as I said,
17 you know, further agenda topics, we do talk about
18 strategic planning and the like. Anyone else? Bob
19 Moore.

20 MEMBER MOORE: Thank you, Mr. Chairman. For
21 the record, Bob Moore. I like the survey. I like the
22 way it's presented, I like the way it's constructed. I'm
23 in favor of -- thank you to my good friend and colleague
24 Dr. Cochran for teeing it up for the next agenda item
25 wherein I think we're going to be discussing the creation

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1 of a personnel committee to do such things as job
2 descriptions and things of that nature. That probably
3 fits fairly well into that line of thinking, I think.
4 But at any rate, I like the survey. I like everything
5 else about it, and thank you for Dr. Ewing-Taylor for
6 putting that together.

7 I'm comfortable with having her be the point
8 of contact in this thing or committee, whatever works,
9 with the caveat that the employees must be assured that
10 their confidentiality is going to be respected. So thank
11 you, Mr. Chairman.

12 CHAIR DROZDOFF: You're welcome. Anyone
13 else? Judy.

14 MEMBER SAIZ: Judy Saiz, for the record. I'm
15 just echoing what Bob is saying. I too think it's a
16 thorough survey. And I could go either way, Jacque. I
17 have no problem with you, you know, analyzing or whatever
18 you call the survey or the personnel, personnel
19 subcommittee either way, but I think it's a good survey.
20 I think we need it. And I hope, I really hope that the
21 employees are open and honest.

22 I know being a former employee, I would be
23 pretty skeptical doing this myself, so I would too
24 suggest that you go to a different computer and try to
25 remove yourself. Go to your mother-in-law's computer or

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1 something.

2 CO-CHAIR EWING-TAYLOR: Send it to Leo's
3 office.

4 CHAIR DROZDOFF: Anybody else want to weigh
5 in? So it sounds like there's no dissatisfaction with
6 the survey. Rather, the question is how do we
7 disseminate it. I'm happy to take a motion. I'm happy
8 to kind of table it a bit until the next discussion and
9 then see where that takes us or just proceed. If anybody
10 has something they want to make a motion on, I'm happy to
11 take one.

12 MEMBER MOORE: Mr. Chairman, I would move
13 that we table this item until such time as we can go
14 through the subcommittee's work on the duties, policies,
15 procedures and put that option out so it can be discussed
16 as an option.

17 CHAIR DROZDOFF: All right. Is there a
18 second?

19 MEMBER SAIZ: I'll second that.

20 CHAIR DROZDOFF: All in favor?

21 THE BOARD: Aye.

22 CHAIR DROZDOFF: Any opposed?

23 MEMBER COCHRAN: Aye.

24 CHAIR DROZDOFF: Any opposed? Any abstain?

25 All right. Motion carries. So we'll be back. Let's go
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1 then to Item 8. There you go.

2 MEMBER MOORE: Thank you Mr. Chairman. For
3 the record, Bob Moore. Right out of the box, I'd like to
4 thank Rosalie, Dr. Cochran and Ana Andrews for basically
5 two years of pretty hard work on this document. It's not
6 the most exciting job in the world, but I think we did
7 make a lot of progress. I'm going to, with some apology
8 to my colleagues on the committee, I'm going to try and
9 summarize what we did in two years in about five minutes.

10 Basically, we took the document and we
11 reorganized it into what we thought was a more common
12 sense order in the way things fell in the document so it
13 read better. We tried to -- we didn't try to. We did
14 delete all NRS citations. And the reason we did that is
15 because the way it was originally constructed is every
16 time the NRS was changed or modified, we'd have to go
17 back into this document because things were quoted
18 verbatim. For example, almost the entire NRS section on
19 ethics was contained in the duties, policies, procedures,
20 and we thought instead of doing that, why don't we just
21 refer to the NRS section instead of repeating every
22 single word that was in the statute. And that issue
23 could have appeared in the travel policy and sexual
24 harassment issues, all of those things, so we tried to
25 take those out.

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1 So now there's basically four main sections.
2 Number 1 is the introduction, No. 2 is governance, No. 3
3 is contracts, and No. 4 is premiums, and that describes
4 the manner in which premiums or rates are calculated.

5 Particular items of interest, I think, you
6 will find on page 4. Because of recent circumstances,
7 these committees suggest that we shore up the executive
8 officer review process and the quality assurance officer
9 review process and require that job descriptions be made
10 and put the Board's feet, collective feet to the fire.
11 These performance appraisals need to be performed when
12 they will be performed. So that's on page 4.

13 And I think this is where we had the
14 discussion with this subcommittee that we talked about
15 these things -- is probably not the right venue to create
16 job descriptions and things of that nature. Although not
17 in the report, we talked about the necessity for creating
18 or the desirability, I guess is a better term, of
19 creating a personnel committee that would create job
20 descriptions, create performance criteria, create job
21 evaluations and things of that nature. Maybe a better
22 body would be to do that, which I think fits into the
23 previous discussion on Agenda Item 7, which maybe that
24 committee, however convened, if convened, would be an
25 appropriate venue, not to suggest is that

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1 Dr. Ewing-Taylor wouldn't be a great person to do that
2 evaluation, but the subcommittee might be as well.

3 On page 5, we put in, here again to hold the
4 Board's feet to the fire in the duties, policies and
5 procedures that the Board will absolutely, positively
6 conduct an annual yule planning session. On page 10, we
7 added -- I have no idea what we added. Page 10, ah, yes.
8 We talked about here again as a result of the last RFP,
9 put some language in there that the Board, before an RFP
10 gets out, will be queried as to exactly what they're
11 looking for. So in great specificity, the Board can
12 communicate their desires to the author of the RFP. So
13 hopefully, we can avoid that last unpleasant experience.

14 Page 11, we eliminated the second-level
15 review, consistent with the Board's action at their
16 meeting in whenever that was. March, I guess it was,
17 March meeting. The Board elected to get rid of second
18 review, so we took it out of the duties, policies, and
19 procedure. On page 11, we also gave some guidance on how
20 evaluation committees should be formed, and that
21 concludes -- and I would at this point yield to my
22 colleagues on the committee. Is there anything I've
23 neglected or anything you'd like to add or delete?
24 Dr. Cochran? Ana? Did I miss anything?

25 MEMBER ANDREWS: No.
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1 MEMBER COCHRAN: No, I don't think so. I
2 think you covered it all, although I thought we made a
3 lot more changes than that after your brief description.
4 It just seemed like it. I'm not saying we didn't, but --

5 MEMBER MOORE: We made a lot of --

6 MEMBER COCHRAN: -- yeah, no. I'm kidding,
7 Bob. I think you've done a good description of this in a
8 nutshell.

9 MEMBER MOORE: Thank you. We did make a lot
10 of changes, but the ones I didn't discuss, I would
11 consider to be housekeeping in nature, grammar and things
12 of that nature. And I'm being told there's typos that we
13 missed. I'm getting signals.

14 CHAIR DROZDOFF: Go ahead, Jacque.

15 CO-CHAIR EWING-TAYLOR: Just me and my picky
16 grammar. On page 11, Item No. 7, second sentence: "The
17 evaluation committee shall consist of not fewer than nor
18 more than 3 and not fewer than 2 or more than 5."
19 Replace "less" with "fewer."

20 MEMBER MOORE: Good catch. So that,
21 Mr. Chairman, concludes my report.

22 CHAIR DROZDOFF: Thank you, and thanks to
23 your committee for doing this. And even though this is a
24 Board duty, policies and procedures, some of the changes
25 will obviously have to be least supported or implemented
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1 by staff. So, Damon, have you and your staff had a
2 chance to look at any of this?

3 EXECUTIVE OFFICER HAYCOCK: Thank you,
4 Mr. Chairman. Damon Haycock, for the record. We have.
5 I have a couple of suggestions. As this document stands,
6 I don't think there's anything wrong with it. I think it
7 can be approved.

8 The only couple concerns I want to bring up
9 to the Board, one, the executive officer to be evaluated
10 in the fourth quarter of the fiscal year, that puts you
11 at every session right knee-deep in session right there,
12 and I would hate to have to miss my own evaluation
13 because I get called to the Legislature. So I don't know
14 if that's the perfect timing. I know Mr. Wells keyed
15 into that. He was asked, and he gave some great reasons
16 as to why that was an opportune time, but I'm very
17 cognizant about that six-month period during session
18 every year or every other year to make sure that we don't
19 have conflicting issues. There's some discussion about
20 the timing of the evaluation coinciding with the state of
21 business of PEBP. And although the state of business
22 generally talks about a calendar year, everywhere else
23 I've been, it's always been on the fiscal year. And
24 since the fiscal and plan year are one, I would put forth
25 a potential change that says evaluate executive officer,
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1 I'd say in October and have a singular meeting for it so
2 there is no other conflicting Board meeting agenda items,
3 and you can evaluate the executive officer. By then,
4 we've closed the fiscal year. We should have a decent
5 amount of our information from that last plan year. We
6 can do the state of business followed by the executive
7 officer's evaluation and do that as a single October
8 meeting, which currently isn't on the books today. And
9 so that would be my suggestion. But as it stands right
10 here, we can make this work, and we can be successful
11 either way.

12 CHAIR DROZDOFF: Do you have any other
13 suggestions?

14 EXECUTIVE OFFICER HAYCOCK: Just one. On
15 page 11, the definition of the "evaluation committee" and
16 to put parameters around it may have conflict with NAC
17 333 that describes who gets to and how an evaluation
18 committee is developed through the purchasing regulation,
19 and so I would suggest that we bounce that off purchasing
20 to ensure that they don't have an issue.

21 I know unfortunately Mr. Haag is not here, so
22 I apologize, but purchasing and their Deputy Attorney
23 General to see if that conflicts with current purchasing
24 regulation on how evaluation committees are determined
25 and developed and approved. My understanding, and I'm

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1 not a lawyer for purchasing, and maybe Dennis Belcourt
2 can look this up for me, but the using agency's -- what's
3 that term, Dennis?

4 MR. BELCOURT: Chief.

5 EXECUTIVE OFFICER HAYCOCK: Chief of the
6 using agency, I believe at NAC 333 is the authority to
7 select the evaluation committee. And I don't know if
8 this treads into waters that may contradict purchasing,
9 but I'll turn it over to Dennis.

10 MR. BELCOURT: Dennis Belcourt, for the
11 record. Yeah, this leaves open, I mean, I think the
12 chief of the using agency was discussed in the committee
13 meeting, and it was because I think at one point, the
14 Chair was put in charge of appointing the committee.
15 That was taken out because of that regulation.

16 I think this is directing the executive
17 officer as chief of the using agency how he or she should
18 go about appointing an evaluation committee. Good
19 question whether purchasing gives us somehow an incurring
20 on their duties. I could certainly take it up with their
21 attorney, but I think this is obviously subject to that.
22 So I think if we find out that they view that as an
23 incurring, I think that's where we end up going about and
24 saying well, Damon or whoever is the executive officer,
25 "You act according to the purchasing regulation." So

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1 that's what I would say as an option.

2 I don't think this was intended to be but I
3 think what the Board did, for example, it was at the
4 November meeting, say that it wanted 2 to 5 members to be
5 Board members on the evaluation committee, and I think
6 that wasn't -- that didn't meet with any adverse reaction
7 from purchasing, I mean, when that was brought up. But
8 again, if you want me to take it up with them or their
9 DAG, I can do that.

10 CHAIR DROZDOFF: I'm sure you probably will.
11 Bob, anything else?

12 MEMBER MOORE: Mr. Chairman, if I might. Bob
13 Moore, for the record. The reason that's in there is
14 because we got rid of the second review, and there was an
15 expression of interest in lieu of the second review, we
16 should have somewhere between 2 to 5 members on the
17 evaluation committee so that it's sort of conforming
18 language. Certainly, we may want to make it consistent
19 with whatever the purchasing act requires. There's no
20 attempt to circumvent the legislation. It was forming
21 language to replace the second review.

22 It also has been brought to my attention
23 there's a typo on page 4, 7.9. That shall employ not
24 employee. And also, if I could ask our capable Kari to
25 fix all of the other typos that I'm sure --

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1 CHAIR DROZDOFF: That's technical.

2 MEMBER MOORE: -- that we've left in there.

3 And on the subject of the timing of the executive
4 officer's performance review, that did get a lot of
5 discussion. What is a good time to do that? And the
6 answer, I suppose, is gee, we don't know. I think the
7 first attempt was the first month following the close of
8 the plan year. Then we went to the first quarter
9 following the plan year, and then we went to the first
10 quarter following the calendar year, and so I think the
11 intent is let's pick a date and stick to it. I think
12 that was the date. The first quarter following the end
13 of the plan year, October, fine, but we just make sure we
14 have something in there that just gives us the
15 self-discipline to get it done. Thank you, Mr. Chairman.

16 CHAIR DROZDOFF: Judy?

17 MEMBER SAIZ: Just a quick one on page 4, A8
18 where it's saying that job description -- evaluate the
19 performance of the executive officer annually in the
20 fourth quarter like Bob has just said. And I noticed
21 that Damon had already added, "Or more often if
22 circumstances warrant." So I'm wondering if we should
23 add that in there or, "Sooner if warranted or more often
24 as circumstances warrant." Because Damon, on page 5 of
25 his performance expectations did actually say that. Just

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1 a comment.

2 EXECUTIVE OFFICER HAYCOCK: For the record,
3 Damon Haycock. Two things. One, as far as the timing,
4 we have no operational problem when it happens, right,
5 whatsoever, and as well as the evaluation committee. We
6 have no operational problem with implementing any of
7 these. We just wanted to make sure that it was clear
8 through all of the other agencies.

9 The reference that Judy's making, I literally
10 -- it's -- I hadn't done anything to this agreement.
11 This was the one between Leslie Johnstone back in 2007,
12 and so the direction that I took just for reference sake
13 from Mr. Wells last time was bring back the agreement
14 that the previous executive officer had. I did not make
15 any changes or recommendations to that. I figured that
16 was the Board's role to do, and I figured I'd just
17 present the information as is. So yes, previously, the
18 duties, policies and procedures actually included that
19 language, and it's up to, of course, the Board to
20 determine if they want to keep it.

21 CHAIR DROZDOFF: Anything else? What I'd
22 like to do is get all concepts explored. I'd like to,
23 now that we've got the date, we've got to work through
24 with purchasing and perhaps craft something on the
25 language about more frequent reviews, which doesn't sound

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1 like there's problems. So at the end, we'll hopefully
2 wrap them all up in a motion if we're actually ready to
3 approve this.

4 Before we do that, is there anyone else that
5 has questions, ideas, comments on the document? All
6 right. Well, if not, I would take a motion. As I said,
7 you know, it's up to the maker of the motion to take
8 things up. It strikes me that, you know, if Damon's
9 saying that October would work better than what's in
10 there and the committee was really making sure that they
11 just want a date, stick to it, I don't think there should
12 be a problem with saying October. I sincerely don't
13 think there should be a problem saying, you know, with
14 regard to 3B7 to say, you know, subject to evaluation and
15 possible provisions, purchasing or something along those
16 lines. So that way, Dennis can talk with Jeff Menicucci,
17 and if they're good, he doesn't necessarily have to come
18 back here. The intent, according to Mr. Moore, is that
19 they don't want us to cause any problems with purchasing.
20 All right.

21 CO-CHAIR EWING-TAYLOR: Mr. Chairman, I would
22 move that we accept these revisions to the Board's
23 duties, policies, and procedures with the exception or
24 with the inclusion, rather, of the changes discussed so
25 far, including asking Dennis Belcourt to review item B7
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1 on page 11 with the purchasing department to make sure
2 that we're not in violation of the purchasing law and to
3 change the date of the executive officer's annual
4 evaluation to October of every year.

5 CHAIR DROZDOFF: Is there a second?

6 MEMBER BAILEY: Don Bailey, for the record.

7 I second that, and I'd like to commend the committee on a
8 job well done.

9 CHAIR DROZDOFF: Go ahead.

10 MEMBER WELLS: Thank you, Mr. Chairman.

11 Sitting in on the committee a couple of weeks ago, one of
12 the things that we tried to stay away from was a specific
13 month because sometimes there's periods where we can't
14 meet in that month for some reason. So on the
15 evaluations and the timing, my recommendation would be if
16 you want to make that change to the second quarter of the
17 fiscal year based on the previous fiscal year
18 performance.

19 CHAIR DROZDOFF: Is the maker of the motion
20 okay with that?

21 MEMBER ANDREWS: Uh-huh.

22 EXECUTIVE OFFICER HAYCOCK: I'm fine.

23 CO-CHAIR EWING-TAYLOR: Would that be the
24 first quarter of the fiscal year? Isn't that the fist
25 first quarter of the fiscal year?

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1 EXECUTIVE OFFICER HAYCOCK: October,
2 November, December would be the second.

3 CO-CHAIR EWING-TAYLOR: Okay. I can live
4 with that.

5 CHAIR DROZDOFF: So the maker of the motion
6 is good with that. Don is the second. Are you good with
7 that?

8 MEMBER BAILEY: Yes.

9 CHAIR DROZDOFF: All right. Any other
10 discussion? Seeing none, call for the question. All of
11 those in favor, please say aye.

12 THE BOARD: Aye.

13 CHAIR DROZDOFF: Any opposed?

14 MEMBER COCHRAN: Aye.

15 CHAIR DROZDOFF: Any abstain? The motion
16 carries. So before we move off of this topic, and again,
17 I'm not sure whether it's here or the next agenda one or
18 after that but, Chris and Bob, you guys talked about some
19 sort of -- back to the issue of the survey and, you know,
20 some other committee. Where do you envision wanting to
21 talk about that?

22 MEMBER MOORE: Mr. Chairman, I don't know if
23 this requires a motion, but if the motion is required, I
24 would make that motion to return to Agenda Item 7.

25 CHAIR DROZDOFF: No, I don't think -- well,
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1 maybe we do. Maybe we don't. Where do you want it?

2 MEMBER MOORE: I'm quite frankly ambivalent.
3 I'm perfectly comfortable with Dr. Ewing-Taylor being the
4 focal point for the collection of this data.

5 CHAIR DROZDOFF: Fair enough. Maybe I'll go
6 to Ana then because Ana was the one that raised a little
7 bit of a -- how would you like to proceed with regard to
8 the survey?

9 MEMBER ANDREWS: Ana Andrews, for the record.
10 I would like a completely independent group, person, or
11 vendor to do it.

12 CHAIR DROZDOFF: Okay. So completely
13 independent. So you would like there to not -- so you --
14 let me just -- I'm just trying to replay in my mind what
15 was said. Jacque said she really did not want it to go
16 to like another state agency because that had a bad -- a
17 different feel. Your point was, Ana, that you don't
18 necessarily want it to go to the Board because that may
19 be -- that may have a bad feel because it's biased. I
20 mean, we could certainly pick a vendor. So I just want
21 to make sure. Your view, Ana, is that you prefer to not
22 be Board affiliated?

23 MEMBER ANDREWS: That is correct,
24 Mr. Chairman.

25 CHAIR DROZDOFF: So we may be at a bit of an
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1 impasse, or maybe we're not. I don't know. Jacque, what
2 do you want to do?

3 MEMBER COCHRAN: Mr. Chairman, this is Chris
4 Cochran.

5 CHAIR DROZDOFF: Go ahead.

6 MEMBER COCHRAN: I think to the point of your
7 question were you --- did it pertain to whether we should
8 have some sort of employee or whatever personnel
9 committee.

10 CHAIR DROZDOFF: Well, right. That was where
11 I started, but in listening to what Ana just said,
12 whether it's a, you know, whether a personnel committee
13 is still a member of the Board, and I don't know that
14 that's going to necessarily solve her desire.

15 MEMBER COCHRAN: Her issue on the review, I
16 understand that. It's just that I thought if there was a
17 personnel committee, they might be the ones who would
18 oversee this, and whether it was the survey came through
19 a member of that personnel committee who is a Board
20 member, you know, we would have the understanding that
21 that's how this would proceed.

22 CHAIR DROZDOFF: Well, that's how I
23 understood it. I'm sorry. Go ahead.

24 MEMBER COCHRAN: Yeah, I get it on the part
25 of -- I'm a little concerned about using outside
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1 agencies, I guess just in terms of bogging things down,
2 but we're talking about, you know, what, about 30 to 40
3 employees to survey? Is that correct?

4 CO-CHAIR EWING-TAYLOR: Uh-huh.

5 CHAIR DROZDOFF: Thirty-two. No, I mean,
6 you're right. When you were talking, that's what I
7 thought might solve it, but when I was talking with Ana,
8 that won't solve it for her. So I'm just trying to
9 figure out ideas.

10 MEMBER COCHRAN: So the point comes back to
11 then, what kind of outside -- if it's not a state agency,
12 you know.

13 CHAIR DROZDOFF: It's not a state agency, and
14 it's not a board.

15 MEMBER COCHRAN: And it's not board. It's
16 going to have to be either somebody that we're
17 contracting with or somebody who is doing it out of the
18 kindness of their heart.

19 CHAIR DROZDOFF: I'll take --

20 EXECUTIVE OFFICER HAYCOCK: For the record,
21 Damon Haycock. There is a group that supports the
22 Division of Human Resource Management in creating surveys
23 for them, and --

24 CHAIR DROZDOFF: That's a state agency?

25 EXECUTIVE OFFICER HAYCOCK: It is a state
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1 agency, but the group is not State ran. So if you're
2 wanting a third party that will do it potentially for
3 free, I could ask them.

4 CO-CHAIR EWING-TAYLOR: Well, I'll just say
5 again, I feel strongly this is a Board initiative. This
6 is something -- this is data that the Board would rather,
7 and I would strongly prefer that we keep it in-house.

8 Now, as far as potentially having a committee
9 to do it, we could do that couple of ways. We could go
10 ahead and collect the data on my SurveyMonkey account,
11 and then if there is a concern, I can either give other
12 members of the Board access to that account, they could
13 look at approximate data, I could download and supply the
14 raw data to a Board committee that could then analyze
15 that. I don't know if that satisfies anyone's concerns
16 about this, but --

17 CHAIR DROZDOFF: Didn't sound like it, right?
18 You don't -- a Board committee is a still a board, right,
19 Ana?

20 MEMBER ANDREWS: Yes, but maybe let me see if
21 I can try this. Ana Andrews, for the record. Somebody
22 can still make that motion, and you can ask for a vote
23 and everybody votes, "Aye," and I vote, "Nay," and we're
24 done.

25 CHAIR DROZDOFF: That's right. And
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1 certainly, I guess I can do that. I was trying to find a
2 way where there was not the -- there would not be that.
3 Well, let me ask one more question, and then if not, then
4 we'll perhaps proceed as you suggest. So you have lots
5 of areas. PEBP has lots of areas. Do any of them have
6 sort of other duties as assigned category? Or before you
7 answer that, would a PEBP vendor?

8 MEMBER ANDREWS: Uh-huh.

9 CHAIR DROZDOFF: Okay. So you have a PEBP
10 vendor that would report directly to the Board and has
11 some generic clause in there to say no.

12 EXECUTIVE OFFICER HAYCOCK: For the record,
13 Damon Haycock. Two questions I have.

14 CHAIR DROZDOFF: And it's fine if the answer
15 is no.

16 EXECUTIVE OFFICER HAYCOCK: I think we can
17 get to a yes, but I just have a couple of clarifications.
18 One, our vendors traditionally like to be compensated.
19 So if this is going to be another duty under other
20 consulting, I mean, we have a very well-renowned auditor
21 who audits PEBP, who audits vendors, and should be able
22 to be capable to read a SurveyMonkey on a few questions
23 and tabulate the success. And I think Bob Carr is about
24 as independent as you're going to get. And he may just
25 do this for us because I know how much he appreciates --

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1 how do you say it? Dr. Madam Vice-President
2 Ewing-Taylor.

3 CHAIR DROZDOFF: It can't be a lot of money.
4 Maybe he would do it for free. Bob Carr strikes me as a
5 -- Health Claim Auditors, I should say, strikes me as a
6 possible way to get -- I'd this to be, if at all
7 possible, I would certainly like this to be a unanimous
8 vote. So if somebody wants to make a motion that this
9 work get outsourced to Health Claim Auditors and then
10 they direct report back to the Board -- what's the
11 matter? If you've got a problem, tell me.

12 EXECUTIVE OFFICER HAYCOCK: Bob is not here
13 to answer.

14 CHAIR DROZDOFF: That's fine.

15 MEMBER MOORE: Mr. Chairman?

16 CHAIR DROZDOFF: Bob Moore.

17 MEMBER MOORE: With all due respect, I don't
18 think it's a good idea to have put any of our vendors in
19 that spot. I think that's a bad spot to put them in.

20 CHAIR DROZDOFF: Okay.

21 MEMBER MOORE: And I just --

22 CHAIR DROZDOFF: All right. I'll call for
23 the question.

24 MEMBER MOORE: What's the motion?

25 CHAIR DROZDOFF: Sorry.
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1 MEMBER COCHRAN: Mr. Chairman, I would like
2 to make a motion.

3 CHAIR DROZDOFF: Go ahead, Chris.

4 MEMBER COCHRAN: I'm going to motion that we
5 -- that we identify two to three Board members to work
6 with Jacque to oversee implementation of this survey,
7 that we keep this survey internal for this first
8 go-around so that we can get it done, that Jacque share
9 the results with those, you know, with those committee
10 members, and then the results then be shared with the
11 Board upon completion.

12 CHAIR DROZDOFF: Dennis?

13 MEMBER COCHRAN: A long motion. Don't ask me
14 to repeat it.

15 MR. BELCOURT: Do you want me to weigh in or
16 after there's a second?

17 CHAIR DROZDOFF: I should take a second and
18 then have Dennis weigh in. Is there a second to that?

19 MEMBER SAIZ: I'll second that.

20 CHAIR DROZDOFF: All right. Discussion?

21 MR. BELCOURT: Creating a subcommittee means
22 observing the open meeting law. Now, this is a personnel
23 matter, so you would observe the open meeting law, but
24 you could close the meeting to the extent you're

25 discussing personnel matters, so that's just one point of
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1 consideration to entertain.

2 MEMBER COCHRAN: I think that's an excellent
3 point, Dennis, but I do think that if the meeting is
4 ultimately going to be closed, so we're posting -- we
5 would end up then, if you can clarify for me if the
6 subcommittee meets, we post it that they are reviewing
7 the survey that was implemented, but there would not be
8 -- it would not be open to the public for evaluating and
9 disseminating those results. Am I correct?

10 MR. BELCOURT: Well, certainly for the person
11 or the survey wouldn't be -- have to be discussed in
12 open. You just have to observe the formalities like the
13 public comment, having an agenda out and all of that.
14 But yeah, let me look at the statute. But I think it
15 says to the extent you're discussing personnel matters,
16 you can close the meeting for that purpose, yeah. So the
17 purpose -- the working through the surveys, you can close
18 for that.

19 EXECUTIVE OFFICER HAYCOCK: For the record,
20 Damon Haycock. Dennis, if Dr. Ewing-Taylor was the only
21 sole human being who received these results, tabulated
22 them with her years of experience and brought it back as
23 a Board meeting item, would that still be okay?

24 MR. BELCOURT: That would be fine. And even
25 if she informally involved someone else among the Board,
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1 as long as this Board doesn't appoint a committee, it's
2 not a committee.

3 MEMBER COCHRAN: I like that motion.

4 CHAIR DROZDOFF: My concern about appointing
5 a committee is what, do we have to appoint the committee
6 before the survey gets out, et cetera. So, Chris, if
7 you'd like to withdraw your motion and we can --

8 MEMBER COCHRAN: I would withdraw my motion,
9 and I would like to make a motion that Dr. Ewing --

10 CHAIR DROZDOFF: All right. Hold on.

11 MEMBER COCHRAN: -- Ewing-Taylor --

12 CHAIR DROZDOFF: I need a second withdrawal.

13 MEMBER SAIZ: I'll withdraw my second.

14 CHAIR DROZDOFF: All right. Now you can make
15 your motion.

16 MEMBER COCHRAN: Okay. So I would like to
17 make a motion that Dr. Ewing-Taylor implement the survey,
18 and then one -- and a Board member may volunteer his or
19 her services to assist her in reviewing the results.

20 CHAIR DROZDOFF: Is there a second?

21 MEMBER COCHRAN: Does that volunteer thing
22 have a problem versus appointment?

23 MR. BELCOURT: Just as long as there's not an
24 appointment, you haven't picked anybody.

25 MEMBER COCHRAN: Okay.
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CHAIR DROZDOFF: Is there a second?

MEMBER SAIZ: I'll second that.

CHAIR DROZDOFF: All right. Any other comment? No? All right. Seeing none, I'll call for the question. All of those in favor, please say aye.

THE BOARD: Aye.

CHAIR DROZDOFF: Any opposed?

MEMBER ANDREWS: Nay.

CHAIR DROZDOFF: Any abstain? The motion carries.

MEMBER MOORE: Mr. Chairman.

CHAIR DROZDOFF: Yes?

MEMBER MOORE: For the record, Bob Moore. I don't know if it's appropriate or not to -- would the Chair entertain a motion that the Chair be directed to appoint a personnel committee of the Board and that committee be given the charge of writing an executive officer job description, writing a quality assurance officer job description, writing an executive officer performance criteria, and writing a quality assurance officer performance criteria?

CHAIR DROZDOFF: I'm going to go to Dennis. That's not on -- I mean, I don't know that we can do that.

MEMBER MOORE: It's sort of Agenda 8 when we CAPITOL REPORTERS (775) 882-5322

1 talked about duties, policies and procedures section, we
2 talked about doing that. I don't know if -- that's why I
3 asked if the motion is in order, because I don't know if
4 it's in the wrong place or not in order.

5 MR. BELCOURT: I don't know that that's
6 within the scope of the agenda as such. I think you need
7 to agendize that for a subsequent meeting.

8 CHAIR DROZDOFF: And what's that?

9 MEMBER SAIZ: Number 10.2.

10 MEMBER MOORE: There you go.

11 CHAIR DROZDOFF: Well, that was going to be
12 my other question is so, Bob, why do you think -- I think
13 there's a place to do it if we want to do that in 10.2,
14 but why do you think it would be good to do that and I
15 guess just do away with the advisory -- why couldn't the
16 advisory committee that you're on do that work?

17 MEMBER MOORE: I suppose we could,
18 Mr. Chairman. I just thought I'd spread the fun around a
19 little bit.

20 EXECUTIVE OFFICER HAYCOCK: For the record,
21 Damon Haycock. My last position that we had multiple
22 subcommittees, or advisory committees, is what we called
23 them. They were traditionally chaired by a Board member,
24 but they included other outside entities. So if you
25 wanted to develop a personnel committee, you could have
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1 Member Moore chair it if that's what he and you wanted,
2 and he can include folks like from HR or from any other
3 entity that you wanted to be part of that committee. You
4 don't have to make it solely Board members. It's just an
5 option as you look at developing subcommittees in the
6 future.

7 CHAIR DROZDOFF: That's a good point. So the
8 bottom line is there's nothing appropriate in 8 to do it,
9 so we're going to move from -- is there anything else in
10 Agenda Item 8 that anybody wants to discuss? All right.
11 So now we'll move to Agenda Item 9.

12 MEMBER MOORE: Thank you, Mr. Chairman. For
13 the record, Bob Moore. The subcommittee on duties,
14 policies and procedures looked at the strategic plan and
15 decided that as written, it sort of represents our
16 recommendation for the Board. We did have some
17 discussion on wellness, 3E, and I'm not sure we came to a
18 conclusion on that given the Legislature's direction to
19 get rid of our wellness program, which we did. We are
20 not quite sure what to do with 3E. And here again, I'm
21 speaking on behalf of my colleagues and the Committee. I
22 don't know if --

23 CHAIR DROZDOFF: Jacque?

24 CO-CHAIR EWING-TAYLOR: Thank you,
25 Mr. Chairman. Bob, I think that's there because of me.
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1 We had a discussion. I don't remember what it was -- it
2 might have been last September when we first looked at
3 this -- that goals are in fact that. They're goals.
4 They're aspirations. And I, as an individual Board
5 member, still aspire to employ a full-time wellness
6 coordinator on this staff, so that is why it's in. Now,
7 if you all want to remove it, so be it.

8 MEMBER MOORE: My recollection is the
9 Committee was okay with it.

10 MEMBER ANDREWS: Mr. Chairman?

11 MEMBER MOORE: You're correct, Bob.

12 MEMBER ANDREWS: Ana Andrews, for the record.
13 So if I can shed some light on that. I think that
14 Jacque's point is correct. That's how it should be, that
15 the reason that we removed that is because we lost the
16 funding, we had to do away with the wellness program.
17 You're correct. We can still aspire to have one someday.
18 So that's all I have to say.

19 CHAIR DROZDOFF: Well, and just again, what's
20 in front of us, though, is a strikeout of that. So if we
21 want to -- basically, and that's the only change. So if
22 we don't want to make that change, then I don't know that
23 we need to do anything. We can affirm it just because
24 there's new Board members and the like, but there's no
25 change to be made, so we can just move on. All right.

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1 We'll move on. All right. Dennis? Okay. So let's go
2 to 10.

3 EXECUTIVE OFFICER HAYCOCK: For the record,
4 Damon Haycock. As I was directed to or provided
5 direction from the Board last Board meeting to return two
6 things to this specific Board meeting. One, the
7 executive agreement that I could find with a previous
8 executive officer dating all the way back to Miss Leslie
9 Johnstone. I believe I've conducted that. I think it's
10 10.2. I'm not trying to take it out of order. That's
11 word for word what we found was the agreement between the
12 then-Board and then-executive officer in 2007 for your
13 review. It's not something that has to occur. It can.
14 It can be revised. I have no recommendation as to
15 include or not include it. It is purely up to the
16 Board's purview.

17 And secondly, I put together, thanks to
18 Mr. Wells's format, I took his old one and basically put
19 the strategic plan into a Public Employees Benefits
20 Program benefit goals and objectives and put some
21 assignments with some folks. And I apologize for not
22 including a legend, so I'll just quickly describe, of
23 course, the EO is the executive officer. The OO is the
24 operations officer, CFO, of course the chief financial
25 office officer, and PI, public information officer. And

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1 I put some dates that I spoke with staff about this plan
2 to see if we felt that we could hit these goals.

3 One of the things that isn't in here that I
4 initially had, and I wasn't sure how the subcommittee
5 meeting would go, is the employment of a full-time
6 wellness coordinator. I actually had a line in here for
7 it. I have no problems with returning that line there.
8 Internally, we know that we can't hire an additional
9 position as of today, but we did designate a current
10 position to head up those efforts, and he has been
11 working very diligently with wellness programs, with our
12 TPA, with our consultants, with the UNR School of
13 Medicine, and so we are continuing this aspiration of
14 improving wellness and healthy outcomes of all of our
15 participants. And I had some dates on that, and I can
16 add that line back in if the Board would like to see
17 that, but I took it out at the conclusion of the last
18 subcommittee meeting, thinking that that's not what was
19 going to be recommended to the Board.

20 I can answer any questions. You'll see a
21 couple of things have already been completed. A couple
22 of things are ongoing. If you have any specifics or
23 would like me to add anything additional to the
24 performance goals and objectives, I am willing to take
25 any and all feedback. What's the pleasure of the Board?

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1 CHAIR DROZDOFF: I mean, I suppose where
2 we're at is we could -- Damon has compiled a lot of
3 information, as requested. We can affirm that, we can
4 say we want to take a look at that and talk about it next
5 time. We could do anything in-between. Jacque?

6 CO-CHAIR EWING-TAYLOR: Thank you,
7 Mr. Chairman. So if the committee, Bob's committee, is
8 going to continue, it seems to me like this document
9 would be part of what they would consider in light of
10 whatever criteria they're going to propose for an
11 evaluation. So perhaps this should not be changed too
12 radically at this point and let the committee come up
13 with its own.

14 CHAIR DROZDOFF: I don't think that we had
15 any reason to sunset Bob's committee. I think that's a
16 reasonable approach. And if you want to make a motion to
17 that effect, I'd take it.

18 CO-CHAIR EWING-TAYLOR: Okay. Mr. Chairman,
19 I move that we table Item 10. Are we on 10.1 or 2?

20 CHAIR DROZDOFF: 10.1. Well, there will be
21 another part of 10.2 that I want to talk about on the
22 personnel side. Let's finish this.

23 CO-CHAIR EWING-TAYLOR: Okay. So I would
24 move that we table Item 10.1, refer it back to the
25 subcommittee, and allow the subcommittee to do its
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1 wonderful work with the criteria and the job description
2 for the executive officer.

3 CHAIR DROZDOFF: Is there a second?

4 MEMBER BAILEY: Don Bailey seconds that.

5 CHAIR DROZDOFF: And just for clarity, that
6 is Bob Moore's advisory committee. Any further
7 discussion?

8 MEMBER MOORE: Mr. Chairman?

9 CHAIR DROZDOFF: Yes?

10 MEMBER MOORE: With all due respect -- for
11 the record, Bob Moore. With all due respect, you might
12 want to ask the committee members if they want to
13 continue to serve in that capacity because I would be
14 willing to do it. I have nothing constructive to do in
15 my life except play golf, which I don't do very well, I
16 might add. So I don't know if Rosalie or Dr. Cochran or
17 Ana would like to continue in that capacity.

18 CHAIR DROZDOFF: Ana?

19 MEMBER ANDREWS: Ana Andrews, for the record.
20 It's not that I don't want to, sir. I just have
21 something that I'm working on that is due in September,
22 and I feel like I wouldn't be able to devote the time to
23 it. I can attend the regular meetings, but not on the
24 committee. So if you could appoint somebody else, or if
25 somebody would -- I would nominate Judy to be part of
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1 that committee. She would be great.

2 CHAIR DROZDOFF: All right. Well, before we
3 do, that, Rosalie is not here, so we can't ask her.
4 Chris, are you interested in continuing?

5 MEMBER COCHRAN: What you talking about,
6 Willis? It is an awful lot of work. I mean, you know,
7 coming up with these committee meetings, and I'm sure
8 there are other Board members who would also like to
9 participate in this. I don't want us to hog the
10 spotlight in terms of the strategic planning group.

11 It would be very helpful to me if we were
12 looking at timeframes to have this work completed so that
13 I could make a better assessment as to, you know, what my
14 schedule is going forward on this. If we're talking
15 about something immediate, I've got quite a bit on my
16 plate right now.

17 CHAIR DROZDOFF: I don't think anybody is
18 envisioning immediate. Is the end of the calendar year
19 too long?

20 MEMBER BAILEY: End of the year.

21 CHAIR DROZDOFF: Is that reasonable? Is that
22 too long?

23 CO-CHAIR EWING-TAYLOR: How about the end of
24 the first quarter? And that way, we sort of align the
25 process with the annual evaluation.

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1 CHAIR DROZDOFF: So by the end of September.
2 All right. Does that help, Chris?

3 MEMBER COCHRAN: Let me just say, the end of
4 the first quarter is essentially talking about getting it
5 done in July, August, or September. Correct?

6 CHAIR DROZDOFF: Yes.

7 MEMBER COCHRAN: And, you know, depending on
8 vacation schedules and start of school and things of that
9 nature, that could be a pretty busy time except for that
10 vacation portion. You know, so I would -- but we were
11 talking about reviewing the executive officer in?

12 CHAIR DROZDOFF: In the second quarter.
13 October/November?

14 MEMBER COCHRAN: End of second quarter.

15 CHAIR DROZDOFF: Yeah.

16 MEMBER COCHRAN: Okay.

17 CHAIR DROZDOFF: As you're pondering, Damon
18 has an idea, so I'll --

19 EXECUTIVE OFFICER HAYCOCK: For the record,
20 Damon Haycock. Perhaps if it will assist the Board if
21 staff will query the Board members after the Board
22 meeting, not necessarily today, and present an
23 opportunity to develop that personnel subcommittee since
24 this is still part of personnel matters, and I think that
25 ties into what you may be talking about in 10.2 with some
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1 recommendations for inclusions on that committee, people
2 from HR or anyone else, and that that committee itself
3 can do what they need to do with both items. And that
4 way, it alleviates this other subcommittee that did a
5 very good job on developing the duties, policies and
6 procedures and kind of cost allocates the workload.

7 CHAIR DROZDOFF: That's fine, especially if
8 we're getting significant concern about workload. We can
9 certainly do what you suggest, which is to ask staff to
10 make recommendations also under 10.2 to essentially
11 develop a personnel committee which may include some
12 members of this current committee and others and then
13 basically give that responsibility as well as the end of
14 the first quarter as a deadline to, you know, at least
15 get this work done. Are you okay with that?

16 CO-CHAIR EWING-TAYLOR: Yeah.

17 CHAIR DROZDOFF: So I think we're going to
18 have to unwind that.

19 CO-CHAIR EWING-TAYLOR: I'll withdraw the
20 motion.

21 CHAIR DROZDOFF: Withdraw that motion, and
22 the second withdrawal as well?

23 MEMBER BAILEY: Yes.

24 CHAIR DROZDOFF: And the withdrawal from Don.
25 All right. Want to try again?

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1 CO-CHAIR EWING-TAYLOR: Mr. Chair?

2 CHAIR DROZDOFF: Yes, ma'am?

3 MEMBER EWING-TAYLOR: I would move that we
4 table Item 10.1 and form a personnel subcommittee as
5 described by Mr. Haycock that would include members of
6 the Board and other appropriate membership with personnel
7 expertise, and that that committee take up Item 10.1 and
8 10.2.

9 CHAIR DROZDOFF: That's an excellent motion.
10 Is there a second?

11 MEMBER BAILEY: Don Bailey. I second.

12 CHAIR DROZDOFF: All right. We've got a
13 motion and a second. Discussion? Chris, did you have
14 something?

15 MEMBER COCHRAN: No. I was going to second
16 that, so I'm fine.

17 CHAIR DROZDOFF: All right.

18 MEMBER MOORE: Mr. Chairman?

19 CHAIR DROZDOFF: Yes.

20 MEMBER MORE: Thank you, Mr. Chairman. For
21 the record, Bob Moore. The items listed in 10.1 and 10.2
22 do not include the creation of job descriptions which I
23 feel fairly strongly should be included in that charge
24 with that committee for both the executive officer and
25 the quality assurance officer.

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1 CO-CHAIR EWING-TAYLOR: Mr. Chairman, I would
2 amend the motion to include job descriptions for the
3 executive officer and the quality control officer in the
4 duties assigned to the newly-formed personnel committee.

5 CHAIR DROZDOFF: Thank you. Is the second
6 good with that?

7 MEMBER BAILEY: I second the amendment. Don
8 Bailey.

9 CHAIR DROZDOFF: All right. Any further
10 discussion?

11 MR. BELCOURT: Chair, Dennis Belcourt. This
12 agenda item is only about the executive officer,
13 unfortunately.

14 EXECUTIVE OFFICER HAYCOCK: For the record,
15 Damon Haycock. Perhaps we can entertain the first motion
16 and then we bring back the subcommittee for ratification
17 and approval at the next meeting or the next two
18 meetings, depending on how long it takes, then you can
19 assign additional duties as desired.

20 CHAIR DROZDOFF: Yep. I think that's right.
21 That's the only way to keep this thing moving forward.
22 So make it clear that this is pursuant to the executive
23 officer with other duties to be assigned when that
24 personnel committee is formed. That's the understanding.
25 Are there any other questions or comments? All right.

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1 Seeing none, all of those in favor, please say aye.

2 THE BOARD: Aye.

3 CHAIR DROZDOFF: Any opposed? Any abstain?

4 All right. The motion carries. Just about done. Move
5 to the consent calendar, consent agenda. Jim, I know you
6 wanted to talk about Standard, which is 11.6.3. Is there
7 anything else anybody wants to talk about?

8 MEMBER SAIZ: I just have a question on 11.3.
9 and on 11.6.2 and 11.6.4.

10 CHAIR DROZDOFF: All right.

11 MEMBER SAIZ: They're quick.

12 CHAIR DROZDOFF: All right. Well, I will
13 take a motion then for -- the way we do this is anybody
14 wants to make a motion to approve 11.1, 11.2, 11.4, 11.5,
15 and 11.6.1, I would take that motion.

16 MEMBER ANDREWS: So moved. Ana Andrews, for
17 the record.

18 CHAIR DROZDOFF: Is there a second.

19 MEMBER MOORE: Second.

20 CHAIR DROZDOFF: Second by Bob Moore. All of
21 those in favor, please say aye.

22 THE BOARD: Aye.

23 CHAIR DROZDOFF: Any opposed? Any abstain?

24 The motion carries. All right. Let's go to 11.3.

25 MEMBER SAIZ: So my question is just on page
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1 2. When did we start contracting for six years? I
2 thought our normal contracts were for four years, and
3 this one goes from July 1st, 2016 to 2022. That's my
4 question.

5 CFO GLOVER: I don't know that I have an
6 answer for you. This is Celestena Glover, Chief
7 Financial Officer. We do contract for longer periods of
8 time. We typically contract for four and then add on the
9 vendor. Some of our other more difficult implementations
10 like the PDM and PCA and that, we do go longer than that.
11 I can't tell you why we opted to go for seven years
12 there, and I don't have the contract in front of me, so I
13 can't look at it.

14 EXECUTIVE OFFICER HAYCOCK: For the record,
15 Damon Haycock. If you'll let me look up what was
16 presented in May, as far as the RFP, let me look this up
17 real quick if you don't mind, we can return to this
18 agenda item to keep things going.

19 MEMBER SAIZ: That's fine.

20 CHAIR DROZDOFF: All right. Well, while we
21 wait on that discussion, Judy, you still have the floor.

22 MEMBER SAIZ: Okay. 11.6.2 with Carson
23 Tahoe, diabetes care. I am just curious. On page 2,
24 program participation. Total current enrollment: 21
25 participants represents 37 percent of the participation
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1 rate. So you've got like 63 percent not enrolled, and
2 I'm just wondering what kind of -- I don't know what the
3 term is -- outreach? Outreach; are you pursuing to try
4 to include more members?

5 MS. PUCKETT: Yeah. This is Pam Puckett.
6 I'm the director of clinical integration for Carson Tahoe
7 Health. Talk about getting your heart pumping when your
8 item gets pulled. That was our participation back --
9 this was third quarter of last year. Our current
10 participation is actually 53 percent, so it's 53 percent
11 now, so it has jumped up considerably. But we basically
12 give the three strikes. We will reach out to people
13 about three times, and then we don't want to stalk them
14 if they don't return our phone calls, and some people
15 just aren't ready to join, and other ones tell us,
16 "Please do not contact me anymore."

17 MEMBER SAIZ: So it's phone calls?

18 MS. PUCKETT: It's phone calls, yes.

19 MEMBER SAIZ: Basically phone calls?

20 MS. PUCKETT: Yeah. The first initial
21 contact is in a letter, and then it's phone calls after
22 that.

23 MEMBER SAIZ: Okay. But it's up to 53
24 percent?

25 MS. PUCKETT: Yes, it is.
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1 MEMBER SAIZ: Good. That was it.

2 MS. PUCKETT: All right. Thank you.

3 CHAIR DROZDOFF: Thank you. And again, I
4 apologize. Next time, we will do this at the beginning
5 of the agenda.

6 MS. PUCKETT: Okay. Thanks.

7 MEMBER SAIZ: One more. 11.6.4, Towers
8 Watson. Just want somebody to address on the very last
9 page, page 10, I'm just curious. I know we've beat this
10 to death, the performance guarantee is less than 30
11 seconds, and it's up to 102 seconds, and I want an
12 answer. Why? Anybody here? Not that I'm staring at you
13 as I'm asking that question. The very last page of 11.

14 MR. GARCIA: Hi. Chris Garcia with Towers
15 Watson, for the record. And so the question is regarding
16 the performance guarantees, and this is going to the HRA
17 customer service; is that correct?

18 MEMBER SAIZ: Uh-huh.

19 MR. GARCIA: And then if you notice, there
20 was also at the bottom, there's a benefit administration
21 customer service average speed to answer as well. So for
22 the first one, with the HRA customer service, so with the
23 fourth quarter, having that average answer 30 seconds,
24 there were several factors that led to that. Typically,
25 it's call volume. We also have forecasting that's done.

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1 Unfortunately, the forecasting was done with different
2 categories. We had higher-than-anticipated call volume
3 as well as misforecasting, so we didn't have the
4 personnel in place to answer those calls within the time
5 period that we expected.

6 MEMBER SAIZ: So to improve that, you're
7 doing what?

8 MR. GARCIA: So absolutely. So we actually
9 met with Leon and Damon just recently, and we have a
10 performance action plan that we're putting in place to
11 address the call wait times that are experienced in the
12 fourth quarter of last year. So there's different things
13 that we're doing. We're, for the bottom item, which is
14 the customer service benefit administration customer
15 service, we have a lot of attrition that we experience
16 with our seasonal employees in the fourth quarter that we
17 bring on to help us during our open enrollment period.
18 To mitigate that attrition, we're actually hiring more
19 full-time employees. That's actually started now to gear
20 them up for open enrollment for 2016, and that should
21 help us mitigate a lot of that attrition that we
22 experienced.

23 We had brought on the new call center in New
24 Jersey last year, and unfortunately, it wasn't as
25 successful as we thought. We actually brought it into an
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1 area that was more technology driven versus customer
2 service driven, so we've shut down that center, and we
3 are actually opening up a new center in Phoenix, Arizona.
4 We're going to bring on 800 new seats in that location.
5 That will assist us with bringing in new talent to allow
6 us to have those available representatives during open
7 enrollment, and that will help decrease the call volume
8 that we were experiencing as well.

9 MEMBER SAIZ: Okay. Thank you.

10 MR. GARCIA: You're welcome.

11 CHAIR DROZDOFF: And I would say that we had
12 a pretty big commitment in Salt Lake City. We made
13 strides. There's other areas that clearly need
14 improvement, and so we'll stay on it in a number of
15 different ways.

16 MEMBER SAIZ: Okay.

17 CHAIR DROZDOFF: All right. So before we go
18 to Standard, I'm told that I have your response to 11.3.

19 EXECUTIVE OFFICER HAYCOCK: For the record
20 Damon Haycock. Back on May 1st of last year, it was in
21 the RFP, a description of this actual date of 2022, and I
22 believe from what staff has told me and it makes complete
23 sense living this year, of course, is that normally we do
24 a four-year contract, but that would put us at 2020, and
25 that's the same year that our TPA is up. And so to

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1 change out your consultant and to change out your TPA in
2 the same year, the idea is we try to stagger these so we
3 can manage workload and implement easier and not have
4 multiple RFP's all hitting at the same time. I think
5 Tena is going to answer some more.

6 CFO GLOVER: Celestena Glover, for the
7 record. And thank you, Megan. We use Aon, obviously,
8 extensively to help us analyze things, so if we are
9 losing them at the same time we're going out to bid for
10 these other ones, the timing is just not good, so we
11 opted to keep them on.

12 MEMBER SAIZ: Just so I know it wasn't the
13 RFP.

14 CFO GLOVER: Yeah.

15 MEMBER SAIZ: Good.

16 CHAIR DROZDOFF: All right. Jim, we'll go to
17 11.2 --

18 MEMBER MOORE: Briefly, Mr. Chairman?

19 CHAIR DROZDOFF: Go ahead.

20 MEMBER MOORE: Thank you, Mr. Chairman. For
21 the record, Bob Moore. I served on the evaluation
22 committee. A couple of things. First of all, we can get
23 out of them at any time. If they don't perform well,
24 it's within 180 days notice, we can terminate that
25 arrangement. And just a final editorial comment I made
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1 at the evaluation committee. I don't like how we charge
2 consultants. I was one. I know that stuff. I like
3 flat-fee contracts. Then they get done in two hours what
4 they normally would bill you for eight hours. I don't
5 like hourly contracts. That's my experience. So frame
6 of reference, I don't like hourly contracts. Thank you,
7 Mr. Chairman.

8 CHAIR DROZDOFF: Okay. Jim?

9 MEMBER WELLS: Thank you, Mr. Chairman. I
10 met with Ms. Ward at the break. My question related to
11 back when we increased the life insurance benefits, there
12 was some concern that we've expressed at the time by
13 Standard as to whether or not their rate was sufficient
14 to give that increase in the benefits. And so I wanted
15 to make sure that what they were seeing in payouts and
16 their lost ratios were in line with what they would have
17 expected or whether or not we would be seeing an increase
18 at some point in the future which would affect our
19 ability to keep that benefit at that level given revenue
20 restrictions, and she assured me that there is in fact --
21 they are in line with what they expected for their
22 experience rates. So they have extended the guarantee
23 for the next year. So I'm fine with that.

24 CHAIR DROZDOFF: Okay. All right. So we do
25 need to approve 11.3, 11.6.2, 11.6.3, and 11.6.4.

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1 MEMBER ANDREWS: So move.

2 CHAIR DROZDOFF: Is there a second?

3 MEMBER SAIZ: I'll second that.

4 CHAIR DROZDOFF: All right. All of those in
5 favor, please say aye.

6 THE BOARD: Aye.

7 CHAIR DROZDOFF: Any opposed? Any abstain?

8 The motion carries. All right. Public comment?

9 Whenever you're ready.

10 MS. FLOREY: Good afternoon. Janice Florey.

11 J-a-n-i-c-e F-l-o-r-e-y. And I just wanted to make a

12 brief comment about the enhancement idea on Item No. 4.

13 I am a non-state retiree, and I think you threw out some

14 good ideas. I don't think the former employees would be

15 too thrilled about paying more. I'm not sure the actives

16 will be too thrilled about paying an additional \$26 a

17 month, and the Legislature are not going to cough up any

18 money either.

19 But really what I'm here to talk about is the

20 fourth idea, which would be to send this back. Now, I

21 sat there with my little phone, and now I'm going to need

22 an eye exam, but I was able to find the Clark County

23 Teachers Health Trust, and they continue to say on page

24 152 of this 200-page document that they do not allow

25 people to return to their health trust if they retired

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1 prior to January 1st of 2009. So if there has been a
2 change in the law or the regulation, obviously they did
3 not get the memo or the e-mail.

4 Okay. I was there for AB 426. I can tell
5 you after testifying in the meeting with several
6 legislators that they, on both sides of the aisle, were
7 really kind of angered at that bill coming forward
8 because the way they look at it at the Legislature is we
9 made a promise, and now we're trying to kick you out.
10 And so I understand from PEBP's perspective that you
11 didn't make the promise. The Legislature made the
12 promise. And we're trying to keep the promise regardless
13 of the consequences. But I would like you to know that
14 for those of us who have continued to hang in, we're very
15 pleased with the insurance coverage that we're getting,
16 and we're also very, very grateful that the rates for the
17 HMO stayed relatively flat. We really felt that was a
18 gift, and thank you all for working so hard on that.

19 We're starting -- we're very close to seeing
20 the light at the end of the tunnel, and so that's a
21 reason that we feel that if rates increase over the next
22 two to three years, we know it's coming, that as
23 individuals not part of any organization, if we've hung
24 in this long, we're going to continue to hang in because
25 we see the bigger picture, and we have to be realistic.

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1 We just -- we wouldn't be able to transition into your
2 Medicare program, which would be really a very nice
3 transition for us. Can't wait until we turn 65.

4 But most of us having worked in the field of
5 education, when we retired, we just didn't sit on our
6 butts. Most of us have had part-time or full-time jobs
7 so that we've collected those 40 quarters so that we are
8 going to be good. I can't speak for everybody in that
9 category, but many, many teachers have gone back to
10 substitute or do contract work or whatever so we can
11 transition and our Part A is going to be good. So please
12 take that into consideration.

13 And I just thought maybe a fifth choice you
14 could give the Legislature is -- and I know Jim used this
15 maybe about two sessions ago -- do nothing. And that
16 would be pretty much in line to what Congress is doing
17 these days anyhow. But that would certainly give them an
18 out, you know, because when the counties go forward and
19 there's not enough money and all of the options have run
20 out, they could graciously just back out and say we just
21 don't have the resources, and everything is kind of very
22 stagnant, you know, across the state and no one can
23 really afford to kick in the money to make that happen.
24 So I'm just speaking as a realist. I'm just very
25 grateful for what I have. Thank you very much.

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1 CHAIR DROZDOFF: You're welcome. We
2 appreciate you showing up to the meeting, too. If
3 there's anybody else, why don't you come down. There's
4 three chairs, and we'll wrap.

5 MR. HARRIS: Jack Harris, state President for
6 the Retired Public Employees of Nevada. And I'd just
7 like to thank the Chairman and Members of the Board and
8 members of the staff that went back to -- went over to
9 Salt Lake City to meet with the OneExchange staff. It's
10 taken us six years to get that meeting finally to get to
11 that point, and I know that they made a commitment to
12 address the issues, the multiple issues that we have.

13 We touched on the customer service, but there
14 was two other items of interest, and hopefully, there
15 will be more information about their suggestions and
16 recommendations that came out of your meeting. We look
17 forward to meeting with them. We look forward to --
18 hopefully, they said they'll be committed until they get
19 this thing solved. Hopefully, it's not another six years
20 until they get it solved. But with that, again, thank
21 you very much for the attention and the time, and we
22 appreciate that.

23 CHAIR DROZDOFF: You're welcome. And we'll
24 stay at it, sir. It was part of your discussion with me
25 last time that got Damon and I to get over there, so

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1 thanks. All right. Anybody else? All right. So we are
2 going to adjourn the meeting. There is a little bit of
3 other business to be done in this room not in a public
4 setting, so everybody but the Board is dismissed.

5 (The meeting adjourned at 3:46 p.m.)

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I, NICOLE ALEXANDER, Official Court Reporter for the State of Nevada Public Employees' Benefits Program, do hereby certify:

That on the 21st day of April, 2016, I was present at said meeting for the purpose of reporting in verbatim stenotype notes the within-entitled public meeting;

That the foregoing transcript, consisting of pages 1 through 226, inclusive, includes a full, true and correct transcription of my stenotype notes of said public meeting.

Dated at Carson City, Nevada, this 27th day of April, 2016.

NICOLE ALEXANDER, NV CCR #446

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