

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

VIDEO-CONFERENCED OPEN MEETING
July 21, 2016

Capitol Reporters
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Carson City, Nevada 89703

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STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
TRANSCRIPT OF PROCEEDINGS
VIDEO-CONFERENCED OPEN MEETING
CARSON CITY/LAS VEGAS, NEVADA
THURSDAY, JULY 21, 2016

The Board: LEO DROZDOFF, Chair
LEAH LAMBORN, Member
TOM VERDUCCI, Member
PATRICK CATES, Member
DONALD BAILEY, Member
ROSALIE GARCIA, Member
CHRISTINE ZACK, Member

For the Board: BRETT KANDT,
Deputy Attorney General

For Staff: DAMON HAYCOCK Executive Officer
LAURA RICH
Chief Operating Officer
NANCY SPINELLI
Public Information Officer
CELESTENA GLOVER
Chief Financial Officer
KARI PEDROZA
Executive Assistant

Reported by: CAPITOL REPORTERS
BY: Michel Loomis, NV CCR #228
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Carson City, Nevada 89706
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MEETING NOTICE AND AGENDA

AGENDA

- 1. Open Meeting; Roll Call 6
- 2. Annual HIPAA Training for the PEBP Board (Aon Hewitt Consulting) 7
- 3. Open Meeting Law Training for the PEBP Board. (Attorney General's Office) 33
- 4. Public Comment

Public comment will be taken during this agenda item. No action may be taken on any matter raised under this item unless the matter is included on a future agenda as an item on which action may be taken. Persons making public comments to the Board will be taken under advisement but will not be answered during the meeting. Comments may be limited to three minutes per person at the discretion of the chairperson. Additional three minute comment periods may be allowed on individual agenda items at the discretion of the chairperson. These additional comment periods shall be limited to comments relevant to the agenda item under consideration by the Board. Persons making public comment need to state and spell their name for the record at the beginning of their testimony. 53, 101

- 5. Election of Board Vice Chair pursuant to Nevada Administrative Code (NAC) 287.172. Eligible candidates are CAPITOL REPORTERS (775) 882-5322

1 Leo Drozdoff, Ana Andrews, Christopher Cochran, Don Bailey,
2 Sr., Jim Wells, Rosalie Garcia, Tom Verducci, Christine Zack,
3 Patrick Cates, and Leah Lamborn.

4 (Leo Drozdoff, Board Chair) 64

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7 for radiology concierge services to supplement existing PPO
8 networks for Plan Year 2017 beginning July 1, 2016.

9 (Mary Catherine Person, HealthSCOPE Benefits) 66

10 (For Possible Action)

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13 private entities to mitigate the non-state retiree increasing
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15 (For Possible Action)

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17 2016 PEBP Board Meeting regarding the portability of Health
18 Reimbursement Arrangement (HRA) Account authority from the
19 Consumer Driven Health Plan to the Medicare Exchange HRA.

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21 (For Possible Action)

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23 OneExchange's Service Improvement Plan. (Chris Garcia, Towers
24 Watson's OneExchange) 138

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1 AGENDA

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3 10. Executive Officer Report. (Damon Haycock, Executive
4 Officer) (Information/Discussion) 154

5 11. Consent Agenda (Leo Drozdoff, Board Chair) 162

6 (All Items for Possible Action)

7 Consent items will be considered together and acted on in one
8 motion unless an item is removed to be considered separately
9 by the Board.

10 11.1. Approval of the Action Minutes from the
11 June 17, 2016 PEBP Board Meeting.

12 11.2. Receipt of quarterly staff reports for the
13 period ending March 31, 2016:

14 11.2.1. PEBP Chief Financial Officer Reports

15 11.2.1.1. Budget Report

16 11.2.1.2. Utilization Report

17 11.2.2 PEBP Operations Officer Report.

18 12. Public Comment

19 Public comment will be taken during this agenda item. No
20 action may be taken on any matter raised under this item
21 unless the matter is included on a future agenda as an item on
22 which action may be taken. Persons making public comments to
23 the Board will be taken under advisement but will not be
24 answered during the meeting. Comments may be limited to three
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AGENDA

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individual agenda items at the discretion of the chairperson.
These additional comment periods shall be limited to comments
relevant to the agenda item under consideration by the
Board. Persons making public comment need to state and spell
their name for the record at the beginning of their
testimony.

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13. Adjournment.

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1 CARSON CITY, NEVADA, THURSDAY, JULY 21, 2016, 9:00 A.M.

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4 CHAIRMAN DROZDOFF: Good morning. I'd like to
5 call this meeting of the Public Employees' Benefits Program
6 Board to order. Kari, would you take the roll?

7 MS. PEDROZA: Don Bailey?

8 MEMBER BAILEY: Here.

9 MS. PEDROZA: Leah Lamborn?

10 MEMBER LAMBORN: Here.

11 MS. PEDROZA: Tom Verducci?

12 MEMBER VERDUCCI: Here.

13 MS. PEDROZA: Patrick Cates?

14 MEMBER CATES: Here.

15 CHAIRMAN DROZDOFF: Rosalie Garcia?

16 MEMBER GARCIA: Here.

17 MS. PEDROZA: Christine Zack?

18 MEMBER ZACK: Here.

19 MS. PEDROZA: Leo Drozdoff?

20 CHAIRMAN DROZDOFF: Here.

21 MS. PEDROZA: Members Andrew Wells and Cochran
22 have been excused today. And we have a quorum.

23 CHAIRMAN DROZDOFF: And before we get started I'd
24 like to recognize Patrick Cates, a new board member, give him
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1 an opportunity to say a couple words.

2 MEMBER CATES: Thank you, Mr. Chairman. For the
3 record, Patrick Cates.

4 I'm the director of Department of Administration
5 newly appointed to the Board. I have 20 years' State
6 experience, seven of those years were with Nevada Medicaid.
7 So I have decent base of knowledge and look forward to working
8 with the Board and the retirees and employees.

9 CHAIRMAN DROZDOFF: Thank you, Patrick. We're
10 very happy that you are part of the group.

11 So we're going to go to HIPAA training and then
12 open meeting law. And I actually have to run back to my
13 office, I'm going to turn this over to Don Bailey. So I will
14 be back shortly.

15 ACTING CHAIRMAN BAILEY: Thank you, Mr. Chairman.
16 We can just get right into the program. Aon Hewitt -- who's
17 going to -- is that correct?

18 MS. BOSLEY: Yes. Hi, I'm Kirby Bosley with Aon.
19 I am going to introduce Allison Schaap. Allison is one of our
20 attorneys who is going to conduct our training this morning.

21 And, Allison, I don't know if you would like
22 people to ask questions as you go or how do you want to handle
23 it, but maybe you can just say hello and spell your last name.

24 MS. SCHAAP: Okay.
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1 MS. BOSLEY: Okay. And turn your mic on.

2 MS. SCHAAP: Good morning. My name is
3 Allison Schaap. As Kirby mentioned, I'm also from Aon Hewitt
4 and I'm here to conduct your annual HIPAA training. My last
5 name is spelled S-C-H-A-A-P.

6 If you have any questions please feel free to ask
7 them during the training. And with that, we can begin.

8 We're providing this training of privacy and data
9 security training today to really educate you, the Board
10 members, you know, about the provisions of the privacy and
11 security rules and to inform you about the basic safeguards
12 under those rules.

13 We had training sessions yesterday for PEBP staff
14 members on, you know, these materials, also with respect to
15 the fact that, you know, certain roles have access to
16 individually identify the health information and the functions
17 that they perform on behalf of the health program.

18 So, in the event you have questions regarding
19 this training or your privacy or security obligations, please
20 contact the HIPAA privacy officer who's listed here,
21 Laura Rich. And also security questions can be directed to
22 the security officer, Chris DeSocio.

23 I'm going to cover today an introduction and
24 overview of the HIPAA privacy rule talking about, you know,
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1 entities that are subject to the rule, what information is
2 covered by it.

3 We'll talk about the uses and disclosures that
4 can be made of protected health information. We'll also talk
5 about the security rule, the HIPAA security rule and the HIPAA
6 breach notification rule that was introduced as part of the
7 HITECH ACT and implemented by HHS with final regulations. And
8 if you have any questions throughout the training session
9 please feel free to ask me.

10 So in terms of an overview of HIPAA, we're really
11 focused today on the Health Insurance Portability and
12 Accountability Act of 1996, specifically the provisions with
13 respect to the privacy rule, the security rule and the breach
14 notification rule.

15 The privacy rule really sets out a framework and
16 rules to protected individuals, identifiable health
17 information by covered entities by health plans, for example.
18 The security rule focuses in on protecting the
19 confidentiality, the integrity, the availability of electronic
20 protected health information.

21 And then finally, the breach notification rule is
22 really with respect to when notification needs to be made to
23 an impacted individual or other entities in the event of a
24 breach of what's called unsecured PHI.

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1 My apologies, I'll get the hang of this page down
2 function page soon.

3 So in terms of HIPAA compliance today at PEBP,
4 you -- PEBP provides the following self-insured health
5 benefits as you know that are considered to be -- and I'll
6 discuss this later, health care components of a hybrid entity.
7 So PEBP provides medical benefits, prescription drug, dental,
8 vision, a health FSA, a health reimbursement arrangement.

9 So those -- those self-insured health benefits
10 are considered to be covered health care components. You also
11 have third party vendors who perform functions on behalf of
12 the covered entity on behalf of the health plan who have been
13 identified as business associates. And they're identified as
14 business associates because they conduct a function on behalf
15 of the health plan or health care component. And as part of
16 that they receive or use protected health information.

17 The HIPAA requirements under the privacy and
18 security rule are addressed by the health plans by, you know,
19 the PEBP health plan and business associates, business
20 associates are now directly regulated under the HIPAA security
21 rule and certain provisions are directly regulated under the
22 privacy rule.

23 PEBP has a notice of privacy practices which is
24 posted on your website. And that serves a very important
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1 purpose. It lets participant members know how the
2 self-insured group health plan components, how they can use
3 and disclose their protected health information, members'
4 protected health information, the duties that a health plan
5 has with respect to protected health information and rights
6 that an individual has with respect to their information.

7 You have policies and procedures to safeguard
8 protected information. You have a Master Plan amendment which
9 addresses privacy and security provisions. And you included
10 those provisions in -- like I said, the HIPAA Master Plan
11 amendment. And then today one of the requirements we are
12 addressing is HIPAA training. We're training you the Board
13 members but also yesterday we trained PEBP staff members. And
14 we're maintaining a log of the training.

15 So as I mentioned earlier, you have a Master Plan
16 document, a HIPAA Master Plan document. And in that PEBP
17 Master Plan document it basically outlines when protected
18 health information can be received, used or disclosed by the
19 PEBP workforce.

20 It outlines by role and -- and outlines by level
21 of access with respect to who can access protected health
22 information or personal identifiable information.

23 It identifies those workforce members that are
24 allowed to access this information. And importantly it sets
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1 out what benefits, what PEBP benefits are subject to HIPAA.
2 And I'll talk about this a little bit later, but it has a
3 designation of a hybrid entity. And what that means is
4 basically that document identifies those health care
5 components like medical, dental, RX and vision that are
6 considered to be covered under the HIPAA rules subject to
7 privacy and security rules.

8 But PEBP also provides other benefits such as
9 life insurance, short-term disability, those are not covered
10 by HIPAA. So the purpose of that hybrid entity designation is
11 really to set out what provisions of what benefits of the PEBP
12 program are subject to the HIPAA privacy and security rules.

13 But overall, the -- PEBP protects all
14 information, the confidentiality, the security of all
15 information, whether or not it's considered to be protected
16 health information.

17 This training demonstrates one of the goals,
18 which is continual compliance to maintain the privacy and the
19 security of information, to protect members' information with
20 the same care that we would give our own information.

21 Because there are some and can be some serious
22 ramifications for failure to protect the privacy and the
23 security of information. Such as there could be penalties
24 against PEBP or the benefit plans. Bad publicity, civil

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1 penalties for violations of the HIPAA rules. I'll talk about
2 that later, but bottom line, the Department of Health and
3 Human Services Office for Civil Rights enforces the HIPAA
4 rules. And there are civil monetary penalties.

5 They also have a website that they maintain where
6 they post press releases and information where they have
7 entered into agreements with entities, covered entities that
8 have experienced violations of the rules. Or they post those
9 entities that have experienced large breaches impacting
10 individuals.

11 So HIPAA overall, it is -- it has many different
12 goals. And we're talking about privacy and security and
13 breach notification, but it is around protecting the privacy
14 of an individual's health information both in paper,
15 electronic and verbal form and giving individuals more rights
16 and control over how their information is used.

17 But HIPAA is not the only law that addresses
18 privacy and security. As you can see on the slide we have the
19 ADA and FLMA. But our focus for today and for this training
20 session is on the HIPAA privacy and security and breach
21 notification rules.

22 So what are the objectives? I've covered those
23 before. It's really with respect to the privacy rules setting
24 out and establishing accountability for health information,
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1 setting out how this information may be used by covered
2 entities, giving individuals rights with respect to this
3 information. And there are also sanctions for noncompliance
4 as I mentioned earlier.

5 The next few slides talk about enforcement. As I
6 mentioned, the Department of Health and Human Services for
7 Civil Rights enforces the privacy and security rules. And
8 they also enforce the civil monetary penalties. So there are
9 as I say, I described, there's some teeth to these rules,
10 there's penalties associated with them.

11 There's also criminal penalties. They can
12 investigate and open compliance reviews with respect to
13 certain breaches if they're -- when they're large enough. And
14 I wanted to mention this because this is a new development for
15 this year. In the springtime HIPAA -- HHS, excuse me,
16 initiated their phase two audit program. So they had a phase
17 one and they started phase two and it's well underway. And
18 they're auditing both covered entities, those health plans --
19 health providers, and business associates.

20 And so they're looking at a desk audit process
21 which is documentation, onsite audit, to see, you know, what
22 policies and procedures covered entities have put into place
23 addressing certain provisions of these rules.

24 And as you can see on this slide here's where --
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1 this is what sets out the civil money penalties under the
2 HIPAA rules. And there are four tiers of categories of
3 violations and also the corresponding tier and monetary
4 amounts.

5 And as you can see they can be pretty
6 substantial. There's some examples that we provided in the
7 training session about certain investigations that HHS Office
8 for Civil Rights underwent and -- which resulted in civil
9 monetary penalties.

10 Different areas were focused on in these
11 respective investigation such as, you know, failure to
12 implement reasonable safeguards or impermissible uses and
13 disclosures. This last one involved the failure to securely
14 dispose of paper medical records.

15 For PEBP's purpose, you know, you have shredding
16 of paper records when those are no longer needed. That is a
17 safeguard to destroy paper records so that they are no longer
18 readable or could not be reconstructed.

19 So what are some key terms under the privacy
20 rule? We have covered entities. That is sort of the portion
21 of the PEBP program that is subject to HIPAA, those health
22 care components, medical, dental, vision, RX. And protected
23 health information.

24 What information is covered by these rules?
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1 Business associates I mentioned, those are those third party
2 vendors, you know, outside consultants that perform functions
3 on behalf of the health plan. And then how can the health
4 plan or PEBP workforce members that conduct functions on
5 behalf of the health plan such as PEBP staff use and disclose
6 protected health information under the privacy rule.

7 So we've talked about covered entities. There's
8 three categories here. For our purposes today in training
9 we're really focused on the health plan.

10 But the three categories under the privacy rule
11 and the security rule are health plans, medical, dental, you
12 know, HMOs are included as a health plan, health FSA. We have
13 health care providers, those doctors and hospitals that
14 conduct certain transactions electronically and health care
15 clearinghouses. But like I said, our focus is really with
16 respect to health plans.

17 Importantly, HIPAA doesn't cover certain health
18 -- non-health programs or benefits such as, you know, PEBP
19 offers short-term disability or life insurance, those programs
20 are not covered by the HIPAA rules. There are other laws that
21 protect the confidentiality of information associated with the
22 programs, but for purposes of HIPAA they're not considered to
23 be a health plan.

24 Worker's compensation, FMLA leave, these are not
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1 considered to be health plans or programs.

2 So what is PHI? Protected health information is
3 really information that's created or received by a health care
4 component of the PEBP program, by the medical plan or dental
5 or vision.

6 It identifies the individual. Or it could be
7 used to identify them. So it doesn't necessarily have to have
8 their name, it could have a health plan ID number or
9 beneficiary ID.

10 It is transmitted in any form. So we're talking
11 about paper, verbal conversations, electronic information.
12 And it relates to the provision of health care to someone. Or
13 payment for the provision of health care to them. Or their
14 physical or mental health or condition.

15 Examples of PHI, an EOB. Claim files from a TPA.
16 You know, health plan claims. Those are enrollment
17 information and elections amount, health care FSA.

18 What isn't PHI is information that isn't created
19 by the health plan. So worker's compensation claims, FMLA
20 leave requests, disability plan information. So as you can
21 see there's certain information that is used and disclosed by
22 the health plan that is considered to be PHI and there's
23 certain information that is not created or received by the
24 health plan or in a health plan context. It's not a use to
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1 administer a PEBP -- a health care component of PEBP program.
2 Deidentified information is not PHI. And that basically means
3 information that has been stripped of numerous identifiers
4 that you cannot identify the person or reasonably use it to
5 identify them.

6 So access to PHI. This is a fundamental concept
7 that has been addressed by PEBP with respect to the PEBP
8 program and those health care components with respect to
9 access to PHI. The health plan, basically PHI is held within
10 the health plan, you think about it.

11 In order to access health plan PHI PEBP had to
12 and did amend their plan documents to identify those workforce
13 members, those individuals that need access to that level of
14 information so they can receive information from the plan to
15 perform certain functions.

16 Also, those vendors I mentioned, those business
17 associates in order to receive information from the plan.
18 Business associates such as HealthSCOPE, your RX provider. In
19 order to receive information from the plan they have to enter
20 into business associate agreements or contracts to protect and
21 safeguard that information.

22 And business associates are directly regulated
23 under the privacy rules for certain provisions. And they're
24 directly regulated under the security rule, they have to

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1 implement administrative physical and technical safeguards to
2 protect the EPHI that they have and they receive on behalf of
3 the health plans. And they are also subject to civil and
4 criminal sanctions for noncompliance.

5 So, in terms of PEBP workforce access to PHI, you
6 -- PEBP amended and has a Master Plan document that sets out
7 the permissible uses and required uses and disclosures of PHI,
8 of protected health information. It identifies those members,
9 those PEBP workforce members that need to be given access to
10 PHI and restricts access to what is called plan administration
11 functions.

12 So it identifies members that need PHI and levels
13 of that information to perform functions on behalf of the
14 health plans, the medical plan such as payment, claims
15 processing and handling or health care operations, business
16 planning activities on behalf of the health plan. And it
17 establishes that firewall, that separation. And access to PHI
18 is limited to those designated workforce, those PEBP workforce
19 members. Anyone outside of that firewall is denied access to
20 protected health information. And as you can see on the next
21 couple of slides here, PEBP identified and it's contained in
22 the Master Plan document, the different roles and the levels
23 of access to information.

24 So, for example, you as Board members have
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1 level one access. And this in -- the access levels are
2 described on this slide with level, you know, one being --
3 level four being sort of the highest level of access to
4 information.

5 And again, you know, PEBP staff members that have
6 been identified as, you know, performing functions on behalf
7 of the health plan and they've been identified as, you know,
8 needing a certain level of information in order to perform
9 functions on behalf of those health care components.

10 And what this also does is it reinforces a key
11 provision under the privacy rule. And one that is
12 communicated in the policies and procedures for the PEBP
13 health program, which is the minimum necessary standard.
14 Really identifying only that amount of information that is
15 necessary for those workforce members, for PEBP staff members
16 who have been identified to perform functions on behalf of
17 those health care components.

18 So how can the health plan, you know, PEBP staff
19 members that perform functions on behalf of the health plan
20 use and disclose PHI. Well, the privacy rule sets out certain
21 permitted reasons when PHI may be used and disclosed. And you
22 can see treatment, payment or health care operations.

23 Most of what PEBP staff members who work on
24 behalf of the health care components would use PHI for would
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1 be for payment or health care operations. PHI can be
2 disclosed as permitted or required by law when an individual
3 authorizes release of that information. And that goes back to
4 something I mentioned earlier in the training, which is going
5 back to the privacy rule objective of control that they give
6 to individuals over their information.

7 If they authorize it, they fill out a standard
8 authorization form that PEBP has and staff members use. And
9 basically fully informs them of how their information is going
10 to be disclosed, it's voluntary they sign it.

11 They also -- you can also disclose information to
12 the individual when they ask for their own health information.

13 On this slide we have more information on those
14 uses and disclosures that PEBP staff members who work on
15 behalf of those health care components can use for payment or
16 health care operations.

17 And the privacy rule also outlines and describes
18 other reasons when PHI may be used or disclosed as permitted
19 by law. And you can see on this slide here, you know, for law
20 enforcement purposes, for worker's compensations claims to
21 comply with worker's compensations provisions. All of these
22 things, these uses and disclosures like I mentioned are
23 described in the privacy notice for the PEBP health programs.

24 And again, that informs participants, members about how their
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1 information can be used and disclosed.

2 And here's what I mentioned, which is the
3 authorization form. So you could have a use or disclosure in
4 the event that it falls outside of the one of the permitted
5 uses and disclosures that I just described.

6 For example, if an individual's information needs
7 to be disclosed to a third party and an authorization needs to
8 be put into place, this is the standard authorization form
9 that is used. And it has to contain certain requirements and
10 it does basically informing them who is going to receive their
11 information. What type of information is going to be
12 disclosed. And as I mentioned, it's completely voluntary.

13 The final area with respect to -- that I want to
14 talk about is individual rights under the HIPAA privacy rule.
15 And individuals have rights with respect to their protected
16 health information. These rights are also described in the
17 privacy notice that is on the PEBP website and within the
18 Master Plan documents.

19 And it basically -- it sets out that they have a
20 right to access their PHI, that is, inspecting and copying it.
21 They have a right to request restrictions, confidential
22 communications or ultimate communications. They have a right
23 to receive a privacy notice. They can file a complaint. All
24 of these rights like I said are described in the notice and

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1 individuals would exercise them and direct them to PEBP and
2 then they would be -- those rights and those requests would
3 then be directed to the appropriate third party administrator,
4 you know, or insurer with respect to the information that they
5 hold on behalf of the PEBP health programs.

6 This slide really covers the HIPAA notice of
7 privacy practices, and I've discussed that earlier. But
8 fundamentally it informs individuals about the health plan's
9 duties, how information may be used and disclosed and
10 individuals' rights with respect to their information.

11 And pursuant to HITECH and under HIPAA final
12 rules there is an expansion of individual right of access to
13 information held in a designated record set. That's basically
14 the claims information that's held on or behalf of the PEBP
15 health programs, those health care components. And
16 individuals have a right to request access to that information
17 held electronically.

18 HIPAA outlines certain administrative
19 requirements. And PEBP has addressed these administrative
20 requirements. For example, safeguards. Implementing
21 reasonable safeguards to protect against intentional or
22 unintentional uses of disclosures that violate the HIPAA
23 privacy rule or the HIPAA security rule. And protecting PHI
24 in all forms. The HIPAA privacy like I said, it is PHI,
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1 covers PHI in both verbal, electronic and paper. And so
2 there's administrative, physical and technical and safeguards
3 under the privacy rule.

4 And some examples of safeguards that have been
5 implemented by PEBP, encrypted computer files, locked files,
6 locked -- locked drawers. Key card access. You have a
7 visitor policy. I can attest, I was -- you know, I was part
8 of that visitor policy and procedure yesterday where I was
9 signed in and I had a guest badge. And before I had a guest
10 badge I was escorted to the meeting room where we conducted
11 the staff training.

12 You have biometric identification, you know,
13 thumbprint identification for computer systems. So there are
14 safeguards that have been implemented by PEBP to protect
15 protected health information.

16 Other administrative requirements, policies and
17 procedures in place, you have designated -- PEBP designated a
18 privacy official, we've talked about that earlier, also a
19 contact person. You have a complaint procedure where
20 individuals can file a complaint to the privacy officer, they
21 also can file a complaint with HHS if they feel that their
22 privacy rights have been violated. There is a sanctions, you
23 know, procedure in place.

24 And so this slide outlines sort of PEBP's HIPAA
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1 privacy compliance or checklist looking at those different
2 areas that have been addressed. As I mentioned, the amendment
3 of the health plan documents. So you have the Master Plan
4 document that addresses and creates those firewalls between
5 the health plan and the plan sponsor identifying those members
6 of the workforce that need access to PHI to perform plan
7 administration function, business associate agreements,
8 conducting training as we're doing today and, you know,
9 identifying the privacy officer, for example.

10 So the security rule. As I mentioned, the
11 privacy rule covers PHI in all forms. The security rule
12 focuses in on protected health information in electronic form,
13 what we call EPHI, electronic PHI. And it addresses
14 protecting this electronic health information when it's being,
15 you know, transferred or maintained in electronic form.

16 And the provisions of the HIPAA security rule
17 really address safeguarding this information to ensure its
18 integrity, the completeness and correctness of data, the
19 confidentiality of that information. It's not available or
20 disclosed to unauthorized persons. The availability of that
21 information. It's accessible in a timely manner, it's
22 available to an authorized individual.

23 An EPHI is PHI that is transmitted or maintained
24 in electronic media. Some examples of it is PHI that's in
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1 e-mails or in attachments, per -- protected health
2 information, excuse me, that's in hard drives. Those are just
3 some examples of EPHI.

4 And what isn't PHI or EPHI I should say is
5 protected health information in telephone conversations or
6 paper-to-paper faxes, voicemail messages. But just because
7 it's not covered by the security rule doesn't mean that it
8 isn't covered by the privacy rule. And all PHI needs to be
9 safeguarded under the privacy rule.

10 So the security rule sets out three categories of
11 safeguards to protect EPHI, administrative, physical and
12 technical safeguards. And they further address these
13 safeguards with respect to the administrative, physical and
14 technical areas. And there's implementation specifications
15 and requirements under each of these topics.

16 And PEBP has addressed, you know, these
17 safeguards with respect to, for example, security management
18 process. Adapting risk management and risk assessment
19 policies and procedures. A sanctions policy for employees,
20 PEBP employees that don't comply with the policies and
21 procedures. Identification of a security officer as I
22 communicated earlier in the training. You know, facility
23 access controls and safeguards with respect to disposal of
24 information. Because it's not only that you protect
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1 information while you're using it, the -- the health plan and
2 those workforce members that conduct health plan function, you
3 also protect it through its disposal. And so safeguarding it
4 through, you know, shredding of paper records, for example.
5 And then access controls such as like I mentioned thumbprint
6 identification encryption. So those are some examples of
7 safeguards to address under the HIPAA security rule.

8 Finally, I want to talk about the HITECH. But
9 specifically the breach notification provisions under the
10 HITECH Act.

11 The Department of Health and Human Services
12 addressed, you know, final rules with respect to breach
13 notification. And when notification needs to be made when
14 there is a breach of what's called unsecured PHI. When a
15 covered entity, a health plan needs to provide notice, but
16 also addressing the fact that a business associate needs to
17 provide a covered entity with notice of a breach when there
18 has been an incident, you know, at the business associate.

19 And so the -- you know, under the final breach
20 notification rules the focus really is on unsecured protected
21 health information. And so really when we talk about secured
22 PHI what is that? That is protected health information that
23 has been rendered unusable, unreadable or indecipherable to
24 unauthorized individuals. And HHS set out safe harbor methods

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1 to protect and to secure this information.

2 While it's at rest, you know, encryption
3 processes and while it's in motion, encryption technologies.
4 And also during its destruction such as, you know, when paper
5 is being destroyed, you know, through shredding so that it
6 cannot be reconstructed. Or in electronic media.

7 In the event that there is an incident when does
8 it rise to the level of a breach under the breach
9 notification, the unsecured breach notification rules?

10 And a breach is basically protected health
11 information that has been acquired or used or disclosed or
12 accessed in an unauthorized manner, it's not permitted under
13 the privacy rule and it comprises the privacy and security.
14 And it's unsecured protected health information. So it's PHI
15 that hasn't been secured through one of the methodologies of
16 the processes that I described earlier.

17 And under these rules there is a -- a new and a
18 compromised standard. And this has basically been in place
19 since the final rules came out in the 2013 time frame.
20 Basically, an incident, an unauthorized access or use or
21 disclosure of PHI is presumed to be a breach. Unless the
22 covered entity, a health plan or a business associate
23 demonstrates that there's been a low probability that that
24 information that PHI has been compromised.

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1 So this entity of health plans and business
2 associates have to go through a process, a risk assessment
3 process to demonstrate that there has been a low probability
4 of compromise looking at factors such as what type of
5 information was involved, who -- who actually viewed the
6 information, and what -- what steps were taken to mitigate the
7 risk.

8 And so, you know, yesterday when we had the staff
9 training we talked about sort of what to do in the event of a
10 breach and sort of a procedure if you suspect that a breach
11 has occurred. And to report that to -- an incident to the
12 privacy officer and the security officer. Because what
13 happens then is that the privacy and security officer
14 investigate that suspected instance and go through what I just
15 described to say does it involve an unauthorized access use or
16 disclosure of PHI? Was the PHI secured? Was it unreadable,
17 unusable, indecipherable? Is there one of the exceptions? I
18 didn't go through in detail what those exceptions are, but
19 there are exceptions to the definition of what is considered
20 to be a breach. And they perform that risk assessment. And
21 if it does involve, the incident does involve a violation of
22 the rule and it doesn't qualify for one of those exclusions,
23 it results in that PHI being compromised, then there is
24 required notification of the breach to the individual to

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1 inform them as to what happens.

2 And the process for notification is outlined on
3 this slide. It's a very tight time frame to notify
4 individuals when there has been a breach. It's without
5 unreasonable delay and no later than 60 calendar days under
6 the HIPAA rules that individuals have to be notified. And
7 they have to be informed about certain things as to what
8 happened, you know, what -- when did this breach occur? When
9 was it discovered? What type of information was involved?

10 The rules also set out if the breach is large
11 enough. And there have been, you know, large breaches that
12 I'm sure many of -- all of us have read about in the news.
13 When the breach is large enough there is immediate -- there's
14 reporting also to Department of Health and Human Services.
15 There is notification made to the media. If the breach
16 impacts, you know, less than 500 individuals there's also
17 reporting HHS, but it happens on a calendar year basis.

18 So you can see that there are definitely, you
19 know, provisions with respect to notifying individuals of a
20 breach of their unsecured protected health information.

21 And as I mentioned, the notice informs them of
22 what happened and what is -- the covered entity is doing to
23 mitigate, to investigate, to prevent, you know, further
24 breaches. What an individual can do to protect themselves

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1 from potential harm and where they can go to find out more
2 information. All this is included in the notice of breach
3 that is provided to an individual.

4 And so that is what I wanted to cover today with
5 respect to the HIPAA privacy security and also to inform you
6 about the breach notification rules. If you have any
7 questions I'm happy to take them at this time.

8 ACTING CHAIRMAN BAILEY: Are there any questions
9 on the Board? Las Vegas? Rosalie?

10 MEMBER ZACK: No, none here.

11 ACTING CHAIRMAN BAILEY: So be it. Damon?

12 MR. HAYCOCK: Thank you, Member Bailey. I have
13 actually one question for you, Allison. This is Damon Haycock
14 for the record. Can you -- especially for some of our new
15 Board members that may not have experienced this yet, can you
16 kind of paint a picture if a participant approaches a Board
17 member with a health concern --

18 MS. SCHAAP: Um-hum.

19 MR. HAYCOCK: -- and wants to know if our plan
20 can help them in a specific way, can you kind of walk us
21 through what would -- how that would occur and what is
22 appropriate for communicating that between the Board members,
23 to PEBP and to the participants and anybody else?

24 MS. SCHAAP: Sure. So if a participant contacts
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1 a Board member for assistance with an issue related to, for
2 example, the medical plan, I think the -- the -- the
3 appropriate sort of method process would be for the Board
4 member to contact one of the PEBP staff members that is
5 assigned to or aligned to, you know, that plan or program to
6 assist that participant with the issue.

7 So -- and I know that individuals may decide to
8 disclose a lot of information perhaps about their particular
9 situation. And so I think in communicating any information
10 and sort of furthering them to PEBP staff members, identified
11 staff members that can assist them, you know, to maintain sort
12 of the privacy and security of that information and so that,
13 you know, the identified PEBP staff member can assist with the
14 resolution of the issue if it is, for example, a claim issue.
15 Does that answer your question?

16 MR. HAYCOCK: (Nodded head.)

17 MS. SCHAAP: Any further questions?

18 MEMBER GARCIA: This is Rosalie Garcia, I did
19 have a question in Las Vegas.

20 MS. SCHAAP: Hi.

21 MEMBER GARCIA: What -- what are -- when -- if
22 PEBP requests personal information for -- from a group, say, a
23 retiree group with regard to salary information, is that -- is
24 that -- would that request be something that that is

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1 considered a requirement that retirees respond to and be able
2 to be qualified for PEBP's programs? Or is that kind of
3 information -- is there any way we can -- or is that
4 information considered personal and private and does not need
5 to be disclosed?

6 MS. SCHAAP: Salary information wouldn't qualify
7 as protected health information because it doesn't relate to
8 an individual's medical or health condition or provision of
9 health care to them. But there -- I can't speak to the other
10 protections that may be in place for requests of salary
11 information. But HIPAA on its own wouldn't apply to a request
12 for salary information.

13 But there may be other provisions that would
14 restrict questions that may be made of a retiree with respect
15 to his or her salary, I just can't comment on that.

16 MEMBER GARCIA: Appreciate it.

17 ACTING CHAIRMAN BAILEY: Any other questions of
18 the Board. So Mr. Chairman's not returned. So I think we
19 should just move on to the open meeting law.

20 First of all, I want to thank Aon and this young
21 lady for producing a program, always needed, always nice to
22 see you around. So we will move on to the open meeting law
23 and the Attorney General's Office will guide us through that
24 one.

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1 MR. KANDT: Good morning. For the record, this
2 is Brett Kandt on behalf of the Attorney General's Office. I
3 appreciate the opportunity to speak with you today a little
4 bit about the Nevada open meeting law.

5 My office is responsible for enforcing and
6 ensuring compliance with the open meeting law. And I think an
7 essential component to that responsibility is education
8 outreach.

9 I think boards and their staff have every
10 intention of complying with the open meeting law. And it's
11 incumbent upon my office to ensure that boards and staff
12 understand what's required of them under the open meeting law.
13 So once again, I appreciate the opportunity to be with you
14 today.

15 I always preface my presentations on the open
16 meeting law and other open government components of Nevada law
17 with this quote from former U.S. Supreme Court Justice
18 Louie Brandeis and years ago he said, "Our government is the
19 potent, the omnipresent teacher, for good or for ill it
20 teaches the whole people by its example. If the government
21 becomes a lawbreaker it breeds contempt of the law, it invites
22 every man to become a law unto himself."

23 What he was saying there is we need to abide by
24 the laws that govern our activities as public bodies and
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1 public entities in order to ensure that the public that we
2 serve has the same appropriate respect of the law.

3 I also from an ethical standpoint as an attorney
4 representing the State, I have an obligation also to kind of
5 make another point at the beginning, and that's that -- talk
6 about who the client is. And in representing the State my
7 office represents the State as a whole. And that's important
8 to note because my office advises various State boards and
9 agencies, entities, renders them advice and representation.
10 But ultimately even though an immediate attorney/client
11 relationship may exist between myself or another attorney from
12 my office and State officials, the ultimate client is the
13 State.

14 And that's why my office can on one hand
15 represent a board or an agency in complying with the open
16 meeting law and on the other hand can enforce and take legal
17 action against a board or agency for their failure to comply
18 with the open meeting law. We wear both those hats.

19 But as I indicated, it's important for me from
20 the onset to point out to you, to Board members to staff, that
21 our client is the State. And in rendering advice and
22 representation to state agencies and boards we need to do
23 what's in the best interests of the state and sometimes it's
24 necessary to take action to prevent substantial injury to the

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1 state.

2 And when we're talking about transparency and --
3 versus confidentiality, remember that there's a balance there,
4 but the relationship we have with you is different than the
5 relationship between an attorney and a client in the private
6 sector. And our ability to compromise confidentiality in
7 order to protect the state and to protect the public is
8 greater.

9 We also operate under a set of rules that
10 minimize confidentiality to an extent that you don't have
11 representing clients in the private sector, the open meeting
12 law is one component of that. Public records law is another
13 component of that.

14 But let's talk about the open meeting law. And
15 the legislature has given some clear policy direction in the
16 chapter as to what the intent of the open meeting law is. And
17 it's that the public's business be conducted openly. That the
18 exceptions to the chapter are supposed to be construed very
19 narrowly. And that there should not -- they should not be
20 used in an effort to circumvent the law or violate the spirit
21 or the letter of the law. I think that's important to note
22 that the legislature talks about not only the letter of the
23 law but the spirit.

24 And that's also been recognized by the Nevada
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1 Supreme Court in related case law.

2 So, generally the thrust of the law is that
3 public bodies working on behalf of Nevada citizens need to do
4 their -- their -- conduct that business in open meetings under
5 an agenda that provides notice and disclosure of what will be
6 discussed and considered in any possible action.

7 That was well laid out in the Nevada Supreme
8 Court case of Sandoval v. Board of Regents, which is a very
9 important case, I think it's a very helpful case in providing
10 guidance, especially on this issue of agenda items being clear
11 and complete. I can tell you that to the extent our office
12 receives complaints alleging violations of the open meeting
13 law, one of the most common complaints stems from the notion
14 of whether an item on an agenda, an item that was discussed,
15 an item that may have had action taken on it during a meeting,
16 whether that item was clear and complete such that the public
17 had notice as to what was going to be considered what action
18 might be taken.

19 So that action, that deliberation must be
20 properly noticed and taken openly. It's also important to
21 note that this board and other public bodies, they take action
22 as a whole. Individually the authority you have is your vote.
23 But it's the body as a whole that takes action.

24 And that's important because I know we have
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1 instances where a member of a board purports to speak on
2 behalf of the entire board. And I always urge caution with
3 that, that the board itself should speak as a whole, if a
4 member of a board purports to speak they should make it clear
5 that they're speaking on behalf of themselves and not
6 necessarily the entire board, unless they've been authorized
7 to speak on behalf of the board.

8 I also want to point out, because this is also
9 often a source of a concern in a -- complaints stem from this
10 is when a board delegates or assigns to a subcommittee or an
11 advisory body responsibility to take some action that the
12 board is empowered to take or to make recommendations that the
13 board will then use upon in its decision making that Nevada
14 open meeting law also applies to those subcommittees, those
15 advisory bodies as well.

16 So what's a meeting? It's defined in NRS
17 241.015. It's a quorum of members that come together to
18 deliberate toward a decision and/or take action.

19 What's the math for a quorum? This is often a
20 source of confusion. What's the math that you calculate to
21 determine whether you have a quorum or not? It's pretty
22 simple. You take the number of board positions that are
23 created -- that the board's created in statute. What are the
24 number of positions created for that board.

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1 So if it's a nine-member board, then the math is
2 you take that, divide it in half plus one, so it's five. It's
3 always going to be five. Even if there are vacancies on that
4 board the math doesn't change.

5 So if it's a nine-person board by statute and
6 there are currently only seven members serving because there
7 are two vacancies. The math doesn't change, you still need
8 five members to obtain a quorum.

9 And then to take action it's a majority vote of
10 the members present. So on a nine-person board you need five
11 persons to obtain a quorum and of those you need three to take
12 action.

13 Math doesn't change. But the law recognizes we
14 don't operate in a vacuum. It recognizes that you may have a
15 quorum of a board present outside of a formal meeting, for
16 instance, at a social function. And the rule is simple, don't
17 talk shop outside of a properly noticed meeting. Talk about
18 anything else, but don't talk shop.

19 And then the law also provides that there's a
20 very limited exception for attorney/client conferences. It's
21 not even considered a meeting. It's a nonmeeting, although I
22 don't like that term so I just call it an attorney/client
23 conference.

24 The law recognizes that a board may for purposes
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1 of discussing pending or threatened litigation confer with
2 their attorney in an attorney/client conference and it doesn't
3 fall under the open meeting law. That's a very narrow
4 exception, it's for that narrow purpose of discussing pending
5 or threatening litigation. The board cannot take action
6 during that attorney/client conference. Any action they would
7 want to take with regard to pending or threatening litigation
8 would then have to take place in a properly noticed public
9 meeting.

10 And then let's talk a little bit about the
11 contents of a proper public notice and agenda. And I just
12 want to say that looking at the agenda for today's meeting,
13 it's what I would call a very well written and drafted agenda.
14 I credit your staff for that.

15 It includes everything that is expected and
16 required to be included on an agenda. Where, when. Where was
17 this agenda posted? Clear and complete statement of the
18 topics to be considered. Once again, that's -- that's --
19 that's a challenge sometimes to determine whether something is
20 clear and complete.

21 The Nevada Supreme Court, the Sandoval case that
22 I -- I cited earlier gave us some guidance. They rejected the
23 notion of a germane standard that you can discuss and
24 deliberate on anything that's germane to a particular agenda

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1 item. They expressly rejected the germane standard and
2 instead they said clear and complete means that it's got to be
3 reasonable notice to the public, a person reasonable
4 intelligence can read that agenda item and have some idea of
5 what you may be talking about, what you may be deliberating
6 on, what type of action you may be taking so that if they're
7 interested they've got adequate notice that they might want to
8 attend that meeting.

9 And they also talked about how if it's a matter
10 of substantial public interest or the more substantial the
11 public's interest in an agenda item, the more specific and
12 detailed that agenda item should probably be.

13 And I often tell boards one way to gauge whether
14 something's a matter of substantial public interest is one,
15 how much debate does it generate among the board members
16 themselves, two, how much does it generate public comment and
17 debate, and three, how much does it generate debate or
18 discussion among the media.

19 So if it's something you're all talking about
20 very deliberately and in a way that's very opinionated, if
21 it's something that the public is taking every opportunity to
22 weigh in on during public comment or through contacting staff
23 and if it's something that the media is covering extensively,
24 it's quite likely that it's a matter of substantial public

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1 interest and you want to take extra caution to ensure that
2 you've provided this clear and complete statement of the
3 matter to be deliberated on and the possible action to be
4 taken as possible.

5 Clearly denote the items that are for possible
6 action by placing for possible action, as you do here in bold.
7 It's clear to the public what items may -- may require action
8 from the board.

9 The posting requirements. There's a couple of
10 them. We've recognized technology, so now posting is done
11 online on your website and on the state public notice website.
12 But we still have the requirement of a physical -- a physical
13 posting, the thumbtack through the piece of paper on the
14 bulletin board which has to be either at the offices of the
15 public body or at the location of the meeting and three other
16 separate prominent places throughout Nevada.

17 No later than 9:00 a.m. before the third working
18 day -- of the third working day before the meeting. So how do
19 we calculate that? You don't include the day of the meeting.
20 You can't back three working days prior to that. No later
21 than 9:00 a.m. that day. That's the minimum posting
22 requirement.

23 There's other important information that's
24 required to be included on an agenda and once again, because
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1 you have a very well-drafted agenda it's all included here,
2 most of it's on the bottom of the second page in terms of who
3 do people go to, where do they go to to get supporting
4 materials for a meeting.

5 If any portion of the meeting is going to be
6 closed to consider the character alleged misconduct or
7 professional competence of a person you have to identify the
8 name of that person.

9 If you're going to take any action regarding a
10 person you have to identify that person. And this has
11 changed, it used to say administrative action against a
12 person. And we changed it -- the legislature changed it at my
13 office's recommendation to say regarding a person. Because we
14 had instances such as a board appointing a new executive
15 director. And some public bodies would list all the
16 candidates for executive director, some wouldn't do that.

17 And we felt in order to ensure consistency and
18 transparency in government that's something the public might
19 want to know. Who are the finalists for executive director.
20 And so that's why we had that changed to administrative action
21 regarding a person.

22 Notification that items on the agenda can be
23 taken out of order, combined for discussion, removed at any
24 time or delayed for discussion. Once again, that's something

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1 you're empowered as a board to do and that has to be included,
2 that notice on the agenda. And then restrictions on public
3 comment.

4 I'm going to talk a little bit more about public
5 comment because First Amendment rights are implicated when
6 we're talking about public comment. You can place reasonable
7 restrictions on public comment, but you have to indicate on
8 your agenda what those restrictions are going to be and then
9 enforce them in a uniform manner.

10 Additional requirements to consider. The
11 supporting materials have to be made available to the public
12 when they're made available to the board.

13 So if three days prior to the meeting the board
14 members get their -- the supporting materials, the public has
15 to have access to those supporting materials by that time. If
16 it's at the meeting, that's fine, but you better make sure you
17 have sufficient copies so that any member of the public that
18 wants a copy of that supporting material can get it as well.
19 Sometimes it means stopping a meeting and making copies, but
20 once again, that's -- that's the requirement of the law. And
21 I think that there are reasonable reasons for that.

22 Reasonable efforts to assist and accommodate
23 persons with physical disabilities. If people request notice
24 of the meetings, that's also part of the minimum notice

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1 requirements. The posting requirements are part of it, but
2 also if somebody has written to your board and requested to
3 receive a copy of every public notice and agenda, that has to
4 be provided to them as well. Although that request can expire
5 after a certain time frame and then they have to renew their
6 request.

7 There's some additional notice required if you're
8 going to consider the character misconduct, competence or
9 physical or mental health of a person. Emergency meetings.
10 The Nevada open meeting law recognized there could be
11 instances in which there's an emergency in which the typical
12 notice requirements just simply could not be complied with.
13 That's very narrowly construed. And even if you have a
14 situation where an emergency is deemed to exist, you still
15 have to follow everything else in terms of holding a meeting
16 in public, taking minutes, recording the meeting, et cetera.
17 And you do have to make minutes and record your meetings in
18 compliance with the law as well. And minutes are still a
19 requirement. Minutes only have to have the substance of what
20 took place in a meeting. They do not have to be a verbatim
21 transcript of the meeting. But at the same time we also
22 require that meetings be recorded, whether it's audio or video
23 recording. We're finding quite often that individuals that
24 have an interest in what happened at a meeting are more

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1 interested now in getting the recording than looking at the
2 minutes, because the recording itself is verbatim.

3 But the minutes do not have to be. The law says
4 the minutes just have to reflect the substance of what took
5 place.

6 Closed sessions. The law does have a limited
7 provision for closed sessions. Closed sessions are
8 permissible, they're not mandatory. It's the board that can
9 determine whether they want to go into a closed session or
10 not.

11 I'm not going to go through all those provisions
12 that allow for closed sessions, simply suffice to say that if
13 you have a situation where you may want to go in a closed
14 session that has to be properly noticed on the agenda. You go
15 into closed session for that limited purpose, then you need to
16 come back out of closed session and any action taken has to be
17 taken in an open meeting.

18 And you cannot go into a closed session to
19 discuss the appointment of let's say your -- your executive
20 director or to discuss an appointment to the board, that has
21 to be done in an open meeting. And there's case law to that
22 effect.

23 And there's another express provision that says
24 you cannot go into a closed session to consider the character,
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1 alleged misconduct or professional competence of an elected
2 member of a public body or person who is appointed public
3 officer who serves at the pleasure of a public body.

4 So once again, you could not go into a closed
5 session to discuss the character or alleged misconduct or
6 professional competence of, for instance, your executive
7 director.

8 Public comment. Once again, the First Amendment
9 is implicated. So the important thing is you can have
10 reasonable time, place and manner restrictions, but you cannot
11 restrict public comment on the basis of content.

12 So, I always caution, and your -- your board
13 chair is not here, but it's the chair that this power really
14 resides with, don't halt the comment based on the viewpoint of
15 the speaker or believe that there may be defamation occurring
16 or simply because they're being critical of the board or of
17 the agency.

18 But once again, if you are enforcing reasonable
19 restrictions that were placed on public comment that were
20 properly identified on the agenda, you're enforcing them
21 uniformly for all members of the public that were providing
22 public comment.

23 If a member of the public strays from the agenda
24 topic you can -- you can ask them to move back or cut them

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1 off. Or if they're willfully disruptive. The law recognizes
2 that often you get members of the public that just want to
3 disrupt the meeting.

4 And if it moves to that point, once again, the
5 chair can actually cut somebody off. And the open meeting law
6 recognizes that you're not precluded from removing somebody
7 from a meeting, simply it -- because they're disruptive. And
8 you need to be able to conduct business, the law recognizes
9 that. You need to be able to conduct your board's business in
10 an orderly fashion.

11 What are the minimum public comment requirements?
12 I think I skipped over that in an earlier slide. The law
13 provides two types of minimum public comment that have to be
14 provided on the agenda. One, and it's the -- the format
15 that -- that your Board chooses to follow at least on this
16 agenda today, which provides that you have a general period of
17 public comment at the beginning of the meeting before any
18 action is taken on any item and then again just prior to the
19 close of the meeting.

20 Another option is that you provide for public
21 comment before you take action on any item that's noticed for
22 possible action. Those are the minimum requirements. That
23 doesn't preclude you from actually providing greater
24 opportunity for public comment, that's just what the law

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1 prescribes as the minimum public comment requirements.

2 Violations. An action that's taken in violation
3 of the open meeting law is void, it has no legal effect. Once
4 again, my office is responsible for investigating and
5 prosecuting violations of the open meeting law.

6 But once again, my office's goal is compliance.
7 And my office also recognizes that boards want to do the right
8 thing.

9 So we whenever possible encourage boards to
10 mitigate the severity of a violation to the extent they can
11 through what we call corrective action.

12 So, if you discover in the midst of a meeting
13 that you may have violated the open meeting law in some
14 respect and you can correct it during that meeting and we
15 encourage you to. Now, if you improperly noticed the meeting,
16 that's not something you can correct during the meeting. But
17 if you improperly took action on something, that's something
18 you can mitigate perhaps before you close the meeting.

19 It doesn't eliminate the fact that there was a
20 violation, but it can mitigate the severity of the violation.
21 And the law also recognizes that you can correct an action at
22 a later meeting. The law requires that if you discover or are
23 concerned that you may have committed a violation that you
24 correct that at a later meeting and clearly denote for the
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1 public's benefit on the agenda that you're taking corrective
2 action on that matter.

3 Corrective action is perspective only, you can
4 only move going forward. Because once again, actions taken in
5 violation of the law are void.

6 But corrective action, you can't rubber stamp
7 something. Corrective action means you go back and engage in
8 a full independent deliberation of the matter once again for
9 the public's benefit. And I indicated once again if you are
10 ever in a situation where you need to take corrective action
11 it a meeting, clearly denote that on your agenda.

12 Just a couple of final points. There is another
13 provision -- related provision under the Nevada Administrative
14 Procedure Act that when you hold workshops and public hearings
15 for the adoption of regs, those also have to be conducted in
16 compliance with the open meeting law. And just some -- some
17 tips. Stick to the agenda, don't wander. Be cautious of
18 electronic communication and social media. I can't -- I can't
19 stress that enough.

20 What I tell my attorneys, what I tell the boards
21 and their staff when I speak to them about open government and
22 the issue of social media is don't talk about work on social
23 media. It's the safest thing. And there's been some current
24 incident highlighted in the press regarding Public Utilities
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1 Commission that highlights the dangers of staff commenting on
2 matters before a board on social media and the problems that
3 can result, the significant problems that can result.

4 And staff should blind copy e-mails to the board.
5 And that way you don't hit a situation where somebody hits a
6 reply all and you got an inadvertent serial communication.
7 Because the Nevada Supreme Court's already recognized in the
8 Del Papa v. Board of Regents case that if a quorum of a body
9 is using serial communication to deliberate on some matter
10 it's a violation of the law.

11 And I think that's it unless there are any
12 questions.

13 MEMBER CATES: Brett, thank you very much for
14 coming out here today. I find this information very helpful.
15 And what I wanted to ask is if we're deliberating on an issue
16 and we want to seek from RPEN, ASCME or NSHE, what would be
17 the proper format for doing that?

18 Would it come through the chair? How would we
19 call for a comment from, you know, perhaps an association that
20 we wanted some input from?

21 MR. KANDT: Once again, Brett Kandt for the
22 record. I think ideally -- thank you for your question, it's
23 a good one. I think ideally if there's a matter that you're
24 going to have on the agenda that you think it's significant to
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1 have input from the public, I would suggest that you provide
2 for public comment under that agenda item.

3 MEMBER CATES: Thank you very much.

4 MR. KANDT: Sure.

5 ACTING CHAIRMAN BAILEY: Are there any other
6 questions of the Board? Las Vegas? All right. Thank you for
7 doing this.

8 MEMBER ZACK: There are no questions here.

9 ACTING CHAIRMAN BAILEY: Oh, we got a question?

10 MEMBER ZACK: Oh, no, we just said no questions
11 here.

12 ACTING CHAIRMAN BAILEY: Okay. No questions.
13 Brett, you're getting off easy.

14 MR. KANDT: Thank you.

15 ACTING CHAIRMAN BAILEY: Thank you for doing
16 this. And we'll try to follow all those rules.

17 All right. The chairman's still missing. Yeah,
18 let's -- we'll take a -- we'll go into public comment next,
19 but right now we'll take about a ten-minute break.

20 (Recess.)

21 CHAIRMAN DROZDOFF: Let's try and get started.
22 And before we go to public comment I want to acknowledge my
23 mistake. I had heard -- I've actually known Leah for -- I
24 used to work with her a little bit for some time. And I've
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1 seen her name associated with being on the Board for some
2 time. So my mistake, I did not realize it was also her first
3 meeting.

4 I'll leave it to her whether she wants to say
5 anything or not, but like I said, she's a State employee
6 veteran and somebody who was relied on quite a bit. My little
7 dealings with her in that setting were always budget related
8 and she was always a go-to resource there.

9 So go ahead and tell us about yourself, Linda, if
10 you would like a say a couple words, feel free.

11 MEMBER LAMBORN: Thank you, Chairman. For the
12 record, Leah Lamborn, and I'm a recently retired State
13 employee. I have 25 years with the Department of Health and
14 Human Services. My most recent experience as a former chief
15 financial officer for the Medicaid division. So it's a
16 pleasure to sit on the Board.

17 CHAIRMAN DROZDOFF: Thank you. And again, my
18 sincere apologies. Why don't we go to public comment.

19 MS. LOCKARD: Thank you, Mr. Chairman. My name
20 is Marlene Lockard, L-O-C-K-A-R-D, representing the Retired
21 Public Employees of Nevada.

22 We appreciate the opportunity as always to
23 comment during this period. And I have just a few items that
24 I'd like to put on the record.

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1 First with respect to PEBP's effort to find a
2 solution, a lasting solution for the nongovernmental --
3 non-State retirees, orphans. It's hard for me not to refer to
4 them as the orphans. We appreciate very much PEBP's effort to
5 explore other alternatives and looking at the Silver State
6 Exchange. I just wanted all of you to know as I indicated to
7 Damon when we met that we really appreciate looking and
8 exploring all avenues.

9 We feel that there may be just a very small slice
10 that might be eligible to have a benefit of -- for this
11 approach, but any piece that takes care of someone is welcome.
12 But we do think that in all likelihood it is still going to
13 require legislative solution in -- in some fashion. But we
14 anxiously await the information that Damon will provide back
15 to us.

16 On the portability plan that was discussed at the
17 last meeting and is on the agenda, and I don't have that chart
18 in front of me right this second, but there is a piece that
19 indicated in the reserve that there was included an amount for
20 Medicare retirees.

21 And I just wondered if when we get to that agenda
22 item we can -- somebody can explain that to me just a little
23 bit, because it sounded like that amount was included in
24 estimation, but I'm sure I'm reading that incorrectly.

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1 And finally then, on the Towers Watson plan for
2 improved customer service. Gosh, these numbers to me were so
3 disappointing that we have such increases that the abandonment
4 rate on calls is almost 20 percent. And those have -- the
5 last cycle they were 8.25 percent. So I've read the
6 explanations, but that just seems we're not just off a little
7 bit, we're really going backwards.

8 And -- then again, and, you know, my broken
9 record comment. I was just shaking my head when I read part
10 of their customer improvement plan was developing, they've
11 just leased a 90,000-square foot center in Arizona.

12 Why can't we talk to them about bringing some
13 business and jobs to Nevada to support and serve the retirees
14 in this state?

15 I just -- it baffles me that -- and then to go
16 one step further to say under the pilot program that they have
17 that they're exploring, exploring continuing it. Well, I
18 think that's a no-brainer, the numbers have shown, and I can
19 tell you firsthand, I went to a meeting and I want to commend
20 your staff who did a fabulous job at the informational
21 setting, that room at the community college here was packed.
22 And it was a huge room. A dormitory-type room. It was
23 packed.

24 What more evidence do we need to justify that it
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1 not be a pilot program, that it be a permanent program and
2 that they rent a few square feet in Nevada to accomplish
3 customer service in this state?

4 So, again, I appreciate what PEBP is trying to do
5 to make improvements. I think in this customer service plan
6 there's a lot of questions that I have about that. And some
7 areas that we really need to work on.

8 So thank you, Mr. Chairman.

9 CHAIRMAN DROZDOFF: Thank you, Marlene,
10 appreciate you putting that on the record. I know you have an
11 update of Towers Watson, we'll try to dig deeper into that, I
12 think you've hit and highlighted on many of the questions that
13 are probably -- myself and other Board members would have.

14 Any questions for Marlene? No. All right.

15 MS. MALONEY: Good morning to the Board and to
16 the chair, Priscilla Maloney with the AFSCME retirees. And
17 I'd like to think that I'm being efficient as opposed to lazy,
18 but as always I will piggyback on the wonderful presentation
19 from Ms. Lockard and simply say a me too, but in particular
20 with the issues regarding the agenda item for today on the
21 Towers Watson improvement plan.

22 CHAIRMAN DROZDOFF: Thank you.

23 MS. MALONEY: Thank you.

24 CHAIRMAN DROZDOFF: Any questions? A familiar
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1 face.

2 MS. EWING-TAYLOR: Thank you, Mr. Chair.
3 Jacque Ewing-Taylor for the record. Those of you I have not
4 met, hi, welcome. I'm here because of Item 8 primarily, that
5 is the item that I started asking when I was on the Board back
6 in roughly March, we are here again to discuss it.

7 We finally do have I see our analysis from Aon,
8 which I very much appreciated. And I don't know,
9 Mr. Chairman, if we're planning on taking public comment at
10 that time. If so, I'll reserve my comments. If not, I'll go
11 ahead now.

12 CHAIRMAN DROZDOFF: Well, we'll go about 8,
13 that's fine, if you prefer to do it then.

14 MS. EWING-TAYLOR: Yeah, why don't I do it then.

15 CHAIRMAN DROZDOFF: Okay.

16 MS. EWING-TAYLOR: And other than that I just
17 want to say me three.

18 CHAIRMAN DROZDOFF: Okay.

19 MR. RANFT: Good morning, respected PEBP Board
20 members and commissioners and Executive Director Damon
21 Haycock. Thank you for, you know, always keeping in contact
22 and ensuring that we get the appropriate e-mails and stuff. I
23 just want to speak a little bit regarding the survey that went
24 out recently I believe Monday.

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1 There's a couple concerns already come in through
2 our office. For the record again, my name is Kevin Ranft,
3 labor representative with AFSCME Local 4041 representing the
4 State employers. Ultimately there was some concerns coming in
5 already that there really is no other option, something
6 sometimes you see none of the above have legislature --
7 legislature take more action, provide more subsidies, it just
8 kind of locks you into a couple few questions. So that's a
9 concern, we'd like to see that addressed going forward with a
10 future survey.

11 State employees are concerned, they really are.
12 And we know that this body works hard, we know that Damon
13 works hard, we know that funding is an issue, and we respect
14 the fact that you guys look at all avenues. But State
15 employees don't see it that way. State employees see it as,
16 you know, Tesla's getting a good deal. Faraday is getting a
17 good deal. Potentially, you know, maybe an NFL stadium deal
18 with tax dollars. What about the heart of the state? That's
19 the State employees.

20 We call for not only this body, we call for the
21 governor's office and legislature to step up during the 2017
22 session, find the appropriate funding to ensure that the
23 premiums are maintained on an affordable basis, that the
24 benefits are maintained to where they can provide the

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1 necessary care to provide for the State employee and their
2 family. So it's time to really -- you guys are thinking out
3 of the box a long time, but it's a priority thing, you know.
4 And I know your hands are tied. Funding comes from the
5 governor's office, that the legislature, you guys are being
6 called on for a five percent reduction. It's time to say
7 we're going to put State employees first, not on the back of
8 the bus.

9 So we really have to step back and say governor,
10 what are we going to do for State employees, and really talk
11 with these legislators and say is it a subsidy issue, is it a
12 health insurance company that maybe needs some kind of tax
13 break like Faraday and like Tesla to be able to get that
14 premium down, that contract written properly?

15 So with that being said, you know, I appreciate
16 your time and, you know, we have a research department in
17 Washington, D.C. as well. And we'll be happy to provide
18 information if you guys need that at any time.

19 So we look forward to working with you to ensure
20 success to bring -- to bring low premiums and better benefits
21 to the State employees in Nevada. Thank you so much.

22 CHAIRMAN DROZDOFF: Thank you, Mr. Ranft, thank
23 you for being here. Any questions? Okay. Go ahead, ma'am.

24 MS. FERRARI: My name is Karen Ferrari and I'm a
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1 retired employee from the Douglas County School District. And
2 until recently I was in New Jersey caring for my mom and I
3 just returned here Sunday. So it's the first time I'm
4 actually able to come to a Board meeting until now, it's
5 always been via e-mails with all of the members.

6 And in November of last year I turned 65. So I
7 was transferred from the PEBP health insurance to Towers
8 Watson and I can only say from personal experience what the
9 other people have said that it was a very difficult
10 transition.

11 I spoke to several people who were not even
12 familiar with the PEBP variables that we did have a subsidy
13 that would kick in towards Medicare. And I had to talk to
14 about three or four different people before I found somebody
15 who at least knew that we existed.

16 I just -- I was very disappointed. I think most
17 of the help I received came from when I called PEBP itself,
18 they were wonderful. But as far as Towers Watson it was very
19 disappointing. So that's just from a personal standpoint.
20 Thank you.

21 CHAIRMAN DROZDOFF: Well, we appreciate you
22 coming here. Again, I hope it's not lost on our vendors that
23 folks come and they're probably difficult circumstances to be
24 heard. So I'd encourage if you can to stick around for agenda
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1 Item 9, but if not, surely your comments are appreciated.

2 MS. FERRARI: Thank you.

3 CHAIRMAN DROZDOFF: Is there anybody in Las
4 Vegas?

5 MS. CAMERON: Yes, sir.

6 CHAIRMAN DROZDOFF: Okay.

7 MS. CAMERON: Vicki Cameron, V-I-C-K-I,
8 C-A-M-E-R-O-N. A -- representing non-State PEBP participants.

9 First I'd like to -- most of my statements refer
10 in some way or another to your issue with the non-State
11 retirees.

12 First, we would like to know what happened with
13 the motion that was made in your April 21st Board meeting that
14 requested the staff look at a budgetary draft request that
15 gave you four options regarding the non-State, the
16 commingling, the former employee pay additional appropriation
17 by legislation or return to the former employer or go to the
18 exchange and retain subsidy in accordance with existing
19 language.

20 We've not seen any result from that motion that
21 was made in April. We would like to know the status of that.

22 Secondly, the previous amount estimated the
23 commingling would cost 6.24 million. Although there was some
24 time in the past and members may have changed significantly.

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1 It was requested that PEBP articulate to the best extent
2 possible with that amount, recognizing the number will
3 continue to decline.

4 Also, if Item 7 is approved the non-State retiree
5 pool will be further depleted from the current estimate of
6 1899, causing even more rapid increases to premiums resulting
7 in even more volatile premiums.

8 The Silver State Exchange is what was previously
9 suggested. But according to an attachment I have, the only
10 subsidy the retiree would receive is whatever federal subsidy
11 some individuals might qualify for.

12 And next, what happens at age 56 if you put them
13 into the Silver State Exchange? Will the retiree be able to
14 transition to Medicare exchange with a subsidy or will they
15 lose that subsidy? And also, what happens if you turn them in
16 to the Silver State Exchange, they have no life insurance,
17 they have no dental insurance, they have no vision insurance,
18 which just increases their premiums that much more.

19 We recognize the Board is trying to make amends
20 for some of the lower income retirees that have issues, but
21 it's only a Band-Aid on a much larger wound. And we are
22 looking for answers that will encompass the entire non-retiree
23 pool. Thank you.

24 CHAIRMAN DROZDOFF: Thank you. Why don't you sit
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1 tight for a second. I'll ask Mr. Haycock to at least respond
2 to what he can.

3 MR. HAYCOCK: Thank you, Mr. Chairman,
4 Damon Haycock for the record. Ms. Cameron, you are absolutely
5 correct. In April PEBP brought to the Board recommendations
6 for enhancement units to our upcoming budget submission. One
7 of those included multiple options to take care of the
8 non-State retiree increasing premiums.

9 We were able to submit those enhancements, but
10 the results of those enhancements unfortunately per law and
11 regulation are -- are confidential until the governor releases
12 his recommended budget. And it's applied not only to PEBP but
13 to all -- all State agencies that have to develop budgets for
14 the biennium. So unfortunately we can't share that
15 information as to what the results are from that review of
16 though enhancements, but all will come out when it's
17 recommended by its release.

18 To address the other issue about commingling and
19 numbers, PEBP is planning to this fall provide to the Board
20 the analysis of the non-State retiree pool again and to
21 continue to explore every option we can. And that segue into
22 the Silver State Exchange. I don't want to take Ms. Rich's
23 thunder on her report she's going to give. But what I can't
24 stress enough is how volunteered this is. This isn't a
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1 farming out of non-State retirees, it's not a pushing over of
2 them, but it's a sincerely looking at options and -- and what
3 works. And those options must be apples to apples and include
4 dental and life and everything else.

5 So I'm going to let Ms. Rich my operations
6 officer go into more detail with that agenda item. Hopefully
7 when she is done you'll feel more confident with the process.
8 Thank you, Mr. Chairman.

9 CHAIRMAN DROZDOFF: Thank you, Damon. Okay. Any
10 other public comment? All right. Seeing none, we will go to
11 agenda Item 5, vice chair. I suppose this is perhaps good of
12 time as any to announce to the Board you may or may not have
13 received an e-mail just recently, I was certainly hoping that
14 we got to this a little bit before today, but things happen.

15 I am retiring from the State service and I still
16 have a few more weeks left, but this will be my last PEBP
17 Board meeting. Because I hold a seat as an active -- as an
18 active employee and soon I'll be joining the ranks of
19 Marlene's group as a retired public employee.

20 So, I do want the -- whomever is contemplating
21 nominating or pursuing the vice chair to know that, you know,
22 the governor has obviously plenty of time before the next
23 meeting, but there will be a new chair for the September Board
24 meeting.

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1 So with that bit of news I'm happy to hear anyone
2 who would like to make a recommendation for vice chair.

3 MEMBER VERDUCCI: Tom Verducci for the record. I
4 think it's important that we do have the vice chair up in the
5 northern part of the state to effectively coordinate the
6 meeting. And I would like to recommend nomination of
7 Don Bailey.

8 CHAIRMAN DROZDOFF: That's a motion. And is
9 there a second?

10 MEMBER CATES: I'll second that.

11 CHAIRMAN DROZDOFF: Second by Patrick Cates. And
12 I will indicate that I did receive a -- had made a nomination,
13 I did receive an e-mail from Ana Andrews who's not here today
14 who also recommended Mr. Bailey.

15 Are there any other people interested in serving
16 as vice chair?

17 Don, are you willing to serve as vice chair?

18 MEMBER BAILEY: Yeah, now that you're quitting.
19 Sure.

20 CHAIRMAN DROZDOFF: I made it easy for you.

21 MEMBER BAILEY: Yeah, no, I'll be fine. That
22 would be fine.

23 CHAIRMAN DROZDOFF: All right. So Mr. Bailey is
24 interested in pursuing vice chair. With that, I'll call for
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1 the question all those in favor please say aye. Any opposed?
2 Any abstentions? Motion carries. Congratulations. And you
3 really are an asset to the Board.

4 (Motion carries.)

5 MEMBER BAILEY: The only thing, I wanted your
6 home number.

7 CHAIRMAN DROZDOFF: Let's go to agenda Item 6.
8 Is Mary Catherine coming down? Take your time.

9 MS. PERSON: Mary Catherine Person for the
10 record. It's P-E-R-S-O-N. I'm Mary Catherine Person for the
11 record with HealthSCOPE Benefits. I'm the president of
12 HealthSCOPE Benefits for those of you I have not gotten to
13 meet yet.

14 Sometime last summer Aon started sort of a list
15 of different cost-saving measures that we could put in place
16 in the self-funded benefit plan that might be able to assist
17 in savings. And there were a whole host of different things.

18 One of those was around radiology specifically.
19 And so with some of Kirby's urging and through a lot of data
20 analysis we've sort of come to this point today with a
21 consideration of a pilot program.

22 A couple of things that I'd like to remind folks
23 about this as well. So this would only be for the high
24 deductible health plan, which is a self-funded plan. So, one

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1 of the key components of that self-funded plan is that every
2 member who is a member of the self-funded plan can help
3 control the costs of that plan. And so by making good choices
4 as far as provider selection and things of that nature, then
5 those members can actually have an impact on the actual costs
6 and then eventually the premiums for the following year based
7 on their utilization as well as the costs that they incur.

8 To that end as well, it really is a way for
9 members to help control costs. This is what we're talking
10 about today is fully voluntary. So if there are no
11 requirements around this, there's no making anyone go
12 anywhere, but this is purely an option for members. And one
13 of the other things is that as we look at the reasons that
14 members call HealthSCOPE Benefits, one of those is around
15 wanting to understand how much an MRI is going to cost or how
16 much a CT scan or something of that nature will cost. And
17 this service will actually not only help people understand
18 that cost but also assist them in making an appointment with
19 the provider as well.

20 So it really is trying to help them from a
21 concierge perspective find a provider understand what that is
22 going to cost them, and then also taking that through to the
23 next point as far as really understanding overall getting the
24 best arrangement as far as when they need an appointment and

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1 things of that nature.

2 So from an overall perspective radiology is a
3 very large component of health care costs today. As you think
4 about it from an overall perspective it takes up a good bit of
5 the dollar, probably somewhere between 13 and \$0.15 on the
6 dollar around radiology. A lot of that cost is in high tech
7 radiology.

8 So not your normal x-rays, but we're talking
9 about MRIs and CTs, PET scans, things of that nature. And
10 those -- those really account for a large amount of the real
11 growth trend in this area.

12 The hospital setting frankly is more expensive
13 than if people go to freestanding radiology centers or -- or
14 other places for some of those services as well. And as you
15 all know too, there's really no abatement in the demand for a
16 lot of these services.

17 It used to be 15 years ago if you had an x-ray
18 you probably believed it, today most people have an x-ray and
19 an MRI because they don't really want to believe that the
20 x-ray was probably correct. So there is a real growth in this
21 area as well.

22 So what we did was we took a look at the 2015
23 high tech radiology claims and we reviewed those that were all
24 in the outpatient setting. So we eliminated any claims that

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1 were from the emergency room as well as any claims that were
2 from the inpatient setting. And then we started to really
3 break that down into the different providers and where people
4 were going.

5 We did see that the type of provider does have an
6 impact obviously on your cost. And so that was part of the
7 reason why we -- we are suggesting offering as additional
8 service for your members to be able to have assistance in --
9 in understanding the costs as well as being directed towards
10 providers.

11 So, with this, obviously we are helping them
12 schedule it. We're also trying to help people with awareness.
13 So, even if someone doesn't necessarily change the way they
14 are accessing that service, hopefully it's an educational
15 process where they learn more about the type of provider as
16 well as the cost of that service. And so that's really a
17 large part of this pilot program is really member education
18 around these costs and the options available to them.

19 If you looked at the full year and you got
20 25 percent of the people to actually use it, it would save
21 about \$400,000. I think that's probably very high utilization
22 in comparison to probably where we'll be, but that just sort
23 of gives you an idea of the magnitude of the dollars here.

24 It's a fairly simple process so if somebody
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1 needed an MRI, CT or PET they would call the HealthSCOPE
2 Benefits 800 number, we would add to our phone tree an
3 additional number that then that would take them to a
4 concierge person. Then that person would help them review
5 their benefit and help them identify a cost effective provider
6 for their service. And then if they wanted then the -- the
7 concierge would also assist them in actually making the
8 appointment as well.

9 So it's really that simple, this is not a really
10 big -- big thing for anybody to do. And it's -- it's purely a
11 pilot program is what we're trying to do, not trying to
12 replace anything else or anything else but a pure pilot
13 program that members could use if they wanted to.

14 So questions?

15 CHAIRMAN DROZDOFF: Thank you. Any questions for
16 Mary Catherine? Yes?

17 MEMBER LAMBORN: Yes. Thank you. Leah Lamborn
18 for the record. So what is the total spend per year? You
19 said that approximately 400,000 would be in savings, what
20 would be the total spend to just -- to put it in perspective?

21 MS. PERSON: The total spend for high tech
22 radiology overall is about \$6 million I think -- just in this
23 pure outpatient setting.

24 MEMBER LAMBORN: One more follow-up.
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1 CHAIRMAN DROZDOFF: Sure.

2 MEMBER LAMBORN: If I may. Leah Lamborn for the
3 record. Is there an administrative cost, is this the net in
4 the -- your projected savings, is that the net of the --

5 MS. PERSON: So there is no administrative costs
6 to this, we would do this at no additional charge and then the
7 concierge would also do it at no additional charge. So there
8 are no added costs to it.

9 MEMBER LAMBORN: Thank you.

10 CHAIRMAN DROZDOFF: Don Bailey?

11 MEMBER BAILEY: For the record, Don Bailey.
12 Mary Catherine, how long would this pilot program run?

13 MS. PERSON: Our suggestion was through this plan
14 year, so through June 30th of 2017 would be our suggestion.

15 MEMBER BAILEY: Okay. Are you contemplating any
16 kind of pushback from the physicians?

17 MS. PERSON: Again, because it's purely a pilot
18 program and it's also very -- it's totally voluntary, then,
19 you know, I'm confident there will be conversation regarding
20 it. But at the same time, we're not making anyone do
21 anything. So we're just trying to offer another option for
22 people.

23 MEMBER BAILEY: Okay. And in the options the
24 membership could communicate with your organization?

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1 MS. PERSON: Yes, sir, they can.

2 MEMBER BAILEY: Okay. Thank you, Mr. Chair.

3 CHAIRMAN DROZDOFF: Any -- any other questions?

4 MEMBER GARCIA: Rosalie Garcia.

5 CHAIRMAN DROZDOFF: Go ahead, Rosalie.

6 MEMBER GARCIA: Because it is a pilot program can
7 we assume that there's no cost to PEBP?

8 MS. PERSON: That's correct, there is no cost to
9 PEBP.

10 MEMBER GARCIA: Okay. Thank you. And also are
11 there specific or particular vendors that we have in place to
12 utilize, and if yes, then how do we get that list?

13 MS. PERSON: So as far as the -- it really is a
14 concierge program. We've not determined, there actually are
15 two different organizations and we're still working with the
16 PEBP staff regarding the actual group that we would work with
17 to coordinate that. And that's partly something we're working
18 with the security officer regarding as well.

19 But once we make that decision then it would be
20 up to an individual person like yourself to call and then you
21 would work with the concierge to identify the provider.

22 MEMBER GARCIA: Thank you very much.

23 MS. PERSON: Thank you.

24 CHAIRMAN DROZDOFF: Anything else? Sure. Damon?
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1 MR. HAYCOCK: For the record, Damon Haycock.
2 I've been working with Mary Catherine on this for a while now,
3 the PEBP staff has, and it's -- it's really important to note
4 that we have a consumer-driven health plan, so it's driven by
5 consumers. And I know Mary Catherine touched on this, but,
6 you know, in order to have a successful consumer-driven health
7 plan we have to empower our membership to make decisions. And
8 we can't empower our membership to make decisions if they
9 don't have the knowledge or they haven't been educated on
10 what's out there.

11 And two, they don't have the appropriate tools.
12 And I think we're continuing to chip away at both of those
13 areas to try to continue to help our participants have the
14 resources they need to be successful. And with our plan
15 design the more tools we can provide them and the more options
16 we can provide them, the more empowered they can be to make
17 the decisions that work for them and their families.

18 So this pilot program, and I don't remember if it
19 was in this presentation, Mary Catherine, but I think we're
20 looking at a launch October-ish?

21 MS. PERSON: Yes, that's correct.

22 MR. HAYCOCK: And if I get through -- through the
23 plan here, and we want to track the -- the results, we want to
24 not only see the savings, but also how well it's working for

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1 our participants and we want to make sure that we have a
2 thorough and robust communication strategy, we want to send
3 information as we have in conjunction with HealthSCOPE
4 Benefits to inform folks that there is this option for them to
5 help them make the best decisions for them as far as these
6 radiology services are concerned.

7 And so one of the other Board members brought it
8 up to my attention, but we failed to put in this report is
9 staff's recommendation. But the staff's recommended we move
10 forward with this pilot program and continue to report back on
11 the success of it as we move throughout the plan year. Thank
12 you.

13 CHAIRMAN DROZDOFF: Well, whoever -- whoever --
14 stunning Board member it was that asking for the
15 recommendation stole my thunder, because that's what I was
16 going to ask. That's good. And I do agree, I think a big key
17 to consumer-driven health plans is information, I certainly
18 wholeheartedly accept that.

19 So hearing the staff recommendation is -- and if
20 there is no further discussion I'd be happy to accept a
21 motion.

22 MEMBER VERDUCCI: Tom Verducci for the record.
23 I'm the individual that was inquiring with Damon and I do see
24 this as a very positive step in terms of the cost savings
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1 utilization, I think it's properly communicated, it's a good
2 package. And I'd like to make a motion to recommend to
3 approve the radiology concierge pilot program as presented by
4 HealthSCOPE today.

5 CHAIRMAN DROZDOFF: Thank you, Tom. Is there a
6 second?

7 MEMBER LAMBORN: Leah Lamborn.

8 MEMBER ZACK: Christine Zack.

9 CHAIRMAN DROZDOFF: I'll take -- I'll take
10 Leah Lamborn, I'll go down south for the next series of
11 motions. Thanks, though.

12 So Leah Lamborn is second. Is there any further
13 discussion? Okay. Seeing none, I'll call for the question.
14 All those in favor please say aye. Any opposed? Anybody
15 abstaining? Motion carries.

16 (Motion carries.)

17 CHAIRMAN DROZDOFF: All right. So let's go to
18 agenda Item 7. And, Laura, you got a little bit of a heads up
19 from Damon earlier, so let me pick that up in your
20 presentation. Let's go to Item 7.

21 MS. RICH: For the record, Laura Rich, operations
22 officer. As most of you have already heard, PEBP has
23 projected that premiums for the pre-Medicare non-State
24 retirees will be increasing.

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1 Currently a single participant in this group with
2 15 years of service pays about \$344 on the CHP on the high
3 deductible plan. And 403 on the HMO. So depending on their
4 years of service this cost can be slightly offset by \$161 or
5 greatly increased by 322.

6 So because this group is getting smaller and also
7 getting older the premiums will likely get more expensive.
8 And because of this the interim retirement benefits committee
9 has also requested that PEBP develop options and alternatives.

10 So PEBP looked at the Silver State Health
11 Insurance Exchange as an alternative, also known as the Nevada
12 Health Link. The exchange was essentially set up to be a one
13 stop shop for affordable health insurance. And plans offered
14 on the exchange are very similar to those that are offered off
15 the market -- or on the market as well, on the open market.

16 And they're offered statewide, they're offered in
17 the rurals, they're offered in the north and south. And --
18 but what makes each plan or the exchange different is that
19 while the plans are comparable to the plans available off the
20 exchange, the exchange offers financial assistance.

21 This financial assistance comes in the form of
22 subsidies that would be unavailable anywhere else. Federal
23 subsidies. There's two types of subsidies. The first one,
24 most common one is called the advanced premium tax credit

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1 and -- otherwise known as APTC.

2 This credit reduces the monthly premium. So if a
3 premium is, you know, \$500 it could reduce it to, you know,
4 400, 300, 200, whatever -- whatever that person qualifies for.

5 There's also cost-sharing reductions also known
6 as CSR. And this lowers the out-of-pocket costs for, you
7 know, things such as deductibles and coinsurance.

8 So in order to qualify for APTC the household
9 income must be between 138 percent to 400 percent FPL, which
10 is federal poverty level. The threshold for cost-sharing
11 reduction is slightly more stringent at the 250 percent
12 federal poverty level. And for those of you that don't know,
13 under 138 percent you'd be eligible.

14 So what does that mean? So if you take a look at
15 the chart on page 2 of the report, a single individual with an
16 income of about let's say \$28,000 will qualify for both the
17 APTC and the CSR.

18 And also Level 2, the maximum income to qualify
19 for the subsidies would be \$38,775. However, that same
20 household could make up to about \$62,000 and still receive
21 APTC. So typically the closer you are to that 400 percent of
22 FPL, the less credit, the less subsidy you would get. And the
23 closer you are to the 138 percent you would qualify for more
24 subsidy.

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1 So, PEBP is recommending that we partner with the
2 Silver State Health Insurance Exchange to explore the
3 opportunity and because there may be some benefit to as
4 Marlene stated to some of the retirees in that group, mainly
5 because they might benefit more from the subsidy that we get
6 from the individual exchange versus a subsidy that they get
7 from PEBP.

8 So we'd like to start by sending out a voluntary
9 questionnaire. And I know Rosalie was kind of going in that
10 direction with her question earlier, this will be completely
11 voluntary, you know, nothing that we're mandating from the
12 participants, they would be used as an often scenario.

13 The answers that we receive from the
14 questionnaire, basically the questionnaire would just include
15 basic household questions, income, household size, things like
16 that. But it would help PEBP and the exchange filter out
17 those that would not necessarily qualify for any subsidy or
18 any assistance whatsoever.

19 Like I said, it's voluntary, the responses would
20 be voluntary, it just helps us out kind of filter out some of
21 those people.

22 We also want to make sure that this -- that the
23 participants of this group of people is -- they're also fully
24 aware of their options and what, you know, they have available
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1 both on the exchange and through PEBP.

2 So we want to leverage the assistance of the
3 Nevada licensed brokers to sit down and basically help those
4 who are interested in getting more information.

5 So they'll help them evaluate, they'll help them
6 compare their options and, you know, see what benefit comes,
7 you know, with -- with each option.

8 This does not come to any costs to the
9 participants, brokers are paid directly by the carriers. And
10 those commissions are already built into the premiums that are
11 available on the exchange that are -- you know, that's already
12 built into that rate.

13 PEBP has also met with RPEN to discuss the option
14 and they have expressed interest and have indicated as Marlene
15 mentioned earlier that they're willing to support us and
16 facilitate in this communication and just to ensure that their
17 members are fully informed.

18 We want to emphasize that this is just presented
19 only as an option, not as something mandatory as Damon
20 mentioned earlier, it's not a mandatory solution, it's just an
21 option, it's an opted scenario that is just being provided as
22 an alternative.

23 So, I listed here some possible advantages, and
24 this was brought up earlier, possible advantages and
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1 disadvantages.

2 They do -- they will have more access to
3 different plans. They will have, you know, more coverage
4 levels, more -- different plans to meet different needs
5 through the federal exchange.

6 Currently, there's 63 medical plans offered on
7 the exchange and a variety of different dental plans as well.
8 The federal subsidies may provide a greater benefit in
9 premiums as I said earlier. And out-of-pocket costs depending
10 on where they fall on that FPL scale. And they'll have access
11 to licensed brokers who received CMS training to kind of
12 provide that, you know, personal one-on-one assistance and
13 give that evaluation, you know, what -- what plan is better
14 for each participant.

15 They'll have more control over their coverage and
16 they can choose to pay more for a plan or less for a plan
17 depending on what kind of options and how rich they want their
18 plan to be. So there are possible disadvantages as was
19 mentioned earlier. There is a statute that prohibits the
20 reinstatement of life insurance if a participant should leave
21 PEBP. So those participants that do decide to go on the
22 exchange would per statute be forfeiting any basic life
23 benefit that they're getting through PEBP currently.

24 Additionally, they would lose their dental,
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1 vision and other voluntary products that they may have, but it
2 is important to note that these brokers that they would be
3 meeting with would be able to provide them and, you know, a
4 plethora of different plans and different options.

5 So, you know, they would be able to get the
6 apples-to-apples comparison and have access to other -- other
7 plans available in and through the exchange or on the open
8 market as well.

9 So, PEBP would -- is recommending for approval to
10 move forward in partnership with both RPEN and the exchange to
11 develop and present alternative health insurance options to
12 these lone State retirees. And, you know, as -- I don't know
13 if all the Board members are aware, but both Damon and I used
14 to work at the exchange. So we'll probably be able to answer
15 questions, you know, we have a pretty good solid knowledge of
16 information if you have questions.

17 CHAIRMAN DROZDOFF: Thanks, Laura. And so you
18 did touch on some of the stuff we heard in public comment too.
19 So up to the Board, any comments, any thoughts before we --
20 all right. I'll go Tom then Donna. And then ladies down
21 south, I'll go down to you after Don.

22 MEMBER CATES: Tom Verducci for the record. My
23 concern for this would be that how would the participants be
24 communicated that they could perhaps be forfeiting their life
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1 insurance benefits or any loss of dental, vision or other
2 voluntary products, and if we were to open this up what type
3 of protection could we put in place in terms of a disclosure,
4 signature, just to ensure the brokers are properly
5 communicating this new benefit to avoid any future litigation
6 that can come up in terms of rolling up this benefit?

7 MR. HAYCOCK: So for the record, Damon Haycock.
8 I'll try to answer those for you, Mr. Verducci. First of all,
9 everything that we do at PEBP we will communicate
10 transparently with each of our participants. What -- we've
11 already had conversations, preliminary conversations with the
12 Silver State Health Insurance Exchange and their director, he
13 has built a relationship with the Nevada Association of Health
14 Underwriters who are -- often have multiple brokers that
15 participate and to make it a little bit simpler we're looking
16 at cherry picking the right brokers to participate who have
17 shown success in being able to enroll folks into that place.

18 Similarly we have no plans whatsoever to take
19 something from a non-State retiree by suggesting that there's
20 another opportunity without having an equal or better
21 alternative in place.

22 So that's not just carving out the medical care,
23 but it's ensuring that there is dental care, vision, that
24 there is life insurance options available so that they can

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1 compare apples to apples instead of apples to oranges strictly
2 on a subsidy medical plan basis.

3 And we want to initially set out some
4 communication that Ms. Rich had also mentioned in her report
5 with -- with some assistance from RPEN and from any other
6 entity that would like to assist us, we're not solely looking
7 on segregating just with one organization, but to request
8 information that doesn't have to be answered, you know, in a
9 manner and method that is simple and easy to respond. So that
10 PEBP can get this approximate 2,000 group of non-State
11 retirees and again make it to a more manageable level for
12 those brokers to sit down with them side by side.

13 I want to say that this is not a program for
14 everybody, and it's not supposed to be. And it's not meant to
15 be.

16 But what we want to be able to say to the Board,
17 what we want to be able to say to the legislature, what we
18 want to be able to say to our participants is that we left no
19 stone unturned in trying to solve the problem of non-State
20 retiree increasing premiums.

21 And no, we're not looking at farming anyone out
22 or orphaning the orphans, we are looking at finding successful
23 solutions that work for, you know, maybe a small handful of
24 them. But if we can help one person then we feel that this

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1 program is a success. And we would just like the ability to
2 continue to explore these areas. I hope that answers your
3 questions.

4 MEMBER CATES: Thank you very much, Damon.

5 CHAIRMAN DROZDOFF: Anything else?

6 MEMBER CATES: I would just be curious how RPEN
7 feels about this.

8 CHAIRMAN DROZDOFF: Fair number. But let's go
9 through this and then we'll -- we'll see if there's public
10 comment.

11 MEMBER BAILEY: You know, they answered my
12 questions, both of them. Thank you.

13 CHAIRMAN DROZDOFF: All right. So let's go down
14 south. Any questions? Any questions?

15 MEMBER ZACK: Yes, Mr. Chair, Christine Zack for
16 the record. So what is the process then when a non-State
17 retiree turns 65?

18 MS. BOWEN: Your life changes.

19 MS. RICH: So that depends. Laura Rich for the
20 record. That depends. A non-State retiree with -- without
21 the appropriate credits to become Medicare eligible would then
22 remain on our plan as they have been. And in this -- in this
23 group of people there are teachers, there's a substantial
24 amount of participants who do not qualify for Medicare because
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1 of that. They have not paid into the system and do not
2 qualify for that. So they would remain on our plan or they
3 would also be eligible through the exchange as well.

4 Otherwise, they would become Medicare eligible
5 and move in that direction.

6 CHAIRMAN DROZDOFF: Anything else?

7 MEMBER ZACK: Is there any difference? Sorry, so
8 is there any difference between being on this new exchange
9 versus the current plan in terms of the process and the
10 communication to those that are coming up on age 65?

11 MR. HAYCOCK: So for the record, Damon Haycock.
12 Those are excellent questions. And I'm going to tie this back
13 to something that Ms. Cameron said earlier about what happens
14 to the subsidy proposed that age into Medicare, and do they
15 lose that.

16 So, right now we don't have a program to assist
17 folks into enrolling into the Silver State Health Insurance
18 Exchange, that's kind of what the crux of this opportunity we
19 feel exists is that we can partner. But it's not a program
20 that PEBP would be managing, it's a program that PEBP would be
21 coordinating. And I know that's kind of a different
22 vernacular, but to make a long story short.

23 If folks are -- are currently -- maybe it's
24 easier to talk about it today, today when you are a retiree,
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1 whether you're a State or non-State retiree and you have paid
2 into Medicare and paid into social security become eligible
3 for Medicare part A on your 65th birthday, right, or actually
4 a little bit before.

5 But then the policy at PEBP is that if you are
6 eligible for Medicare part A you must enroll in Medicare part
7 A, purchase Medicare part B and then you are basically placed
8 onto the Medicare exchange, Towers Watson OneExchange.

9 If you are not eligible -- and there's a couple
10 of exceptions. If you are not eligible then you have the
11 ability to remain with PEBP on either our CDHP, our
12 consumer-driven health plan or our HMO plans and continue to
13 receive the appropriate legislative approved subsidy. It's
14 different of course for retirees, it's based on years of
15 service, but I don't want to get too far off in the rabbit
16 hole.

17 So right now the way things are going, the
18 non-State retiree premiums have been increasing. And to some
19 folks significantly every year. And so for some folks it may
20 not make sense financially to continue with PEBP, but we want
21 to make sure that we're not robbing Peter to pay Paul taking
22 something away from these folks and then not giving them
23 something that's comparable.

24 And so what would happen is we would -- we would
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1 communicate out to these folks there is opportunity and if
2 they would like to participate for them just to send us some
3 basic information. This is not information that we're going
4 to be circulating around the insurance brokers across the
5 state of Nevada, we will do the initial analysis and see do
6 they appear to pay within 400 percent of the federal poverty
7 level by answering two simple questions, how many people are
8 in your house and how much is your household income per year.

9 You can answer per hour, per -- per week, per
10 month, we can do the math and then we can cut that list down
11 into something that we can provide brokers' names and contact
12 information, that these participants will have to attest they
13 are willing for us to do so.

14 So signing up for this program you're saying that
15 we allow PEBP to provide our name and our phone number to a
16 licensed health insurance broker to help assist me in
17 enrolling -- potentially enrolling in the Silver State Health
18 Insurance Exchange or any of their products. They don't have
19 to.

20 They can go and sit with these folks and say I
21 don't like this, this is not a good deal to me, this isn't
22 going to work for me and my family. And there's no harm and
23 there's no foul. But if it does work for these folks we want
24 to make sure that we put them through licensed brokers, that

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1 they have an opportunity to talk with experienced enrollers
2 and that they have an opportunity to get the health care that
3 they need. And hopefully that answers your question, if not,
4 we can get further into it, Ms. Zack.

5 MEMBER ZACK: Thanks, Damon. Christine Zack for
6 the record. I do appreciate at this point that we're
7 exploring options. But I just wanted to -- and I don't
8 disagree with this approach at all, I just want to make sure
9 based on what I heard at the last Board meeting that even if
10 we're in a coordinator role you can still ensure consistency
11 of the messages being delivered and that we just build this in
12 and consider it as we're exploring those options. Thank you.

13 CHAIRMAN DROZDOFF: Thank you, Christine.
14 Rosalie, do you have anything and then we'll go to Leah up
15 here?

16 MEMBER GARCIA: Yes, I do. Thank you.

17 CHAIRMAN DROZDOFF: Go ahead.

18 MEMBER GARCIA: Damon had discussed evaluating
19 our own private exchange with a fully insured plan, was -- is
20 that off the table and if it's not off the table, would the
21 non-State retirees have been included in our review of that
22 program?

23 MR. HAYCOCK: For the record, Damon Haycock.
24 Thank you for the question, Ms. Garcia. When I first arrived
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1 here at PEBP we did look at a multitude of options prepping
2 for that first November plan benefit design discussion. One
3 of those was a fully insured exchange.

4 The difficulties that we have is the same
5 difficulties that any other health plan would have, which is
6 how do you segregate your population? Do you separate out the
7 risk pools for retirees versus employees? Do you have enough
8 employees to offset the costs of higher retiree costs; right?

9 And so we -- we looked -- we worked with Aon and
10 we asked for some analysis. And the initial analysis proved
11 there was some significant disadvantages, most importantly
12 cost. That -- and I'm going to give you a statistic that's
13 almost a year old now so we would have to rerun numbers.

14 But when I looked at it back I think September or
15 October of last year to replace what we have today with an
16 exchange, a private exchange for all of our participants, not
17 just the non-State retirees, the cost would be somewhere just
18 north of 30 more million dollars a year to implement that.

19 And the problem is is that there is no other
20 private exchanges that kind of carve up Nevada into service
21 areas that for the most part Nevada is considered one service
22 area. So all of us that live and work here we know that
23 things are significantly different in rural Nevada as they are
24 in Las Vegas or in Reno.

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1 And access to care can be challenging. And so
2 everyone then ends up having to absorb that entire risk pool.
3 And it's not necessarily as advantageous to -- to provide
4 those to Nevadans.

5 And so when we looked at it it's definitely not
6 off the table and nothing is ever off the table. And we'll
7 continue to look at those things. And it's something that we
8 can bring back in September for another November discussion.

9 But right now it doesn't seem like the non-State
10 retirees can be a sustainable population if we carve them out
11 and put them on a private exchange. Because they're just
12 going to get charged what we charge and then add admin fees on
13 top of that. It's really all about the claims and the risks.
14 I hope that answers your question.

15 MEMBER GARCIA: As a Nevada resident I'm hesitant
16 to subject or rely, subject our retiree program to rely on
17 federal subsidies. With that being said, if the -- if the
18 Silver State Exchange happens to falter in the future would
19 our non-State retirees have a guarantee to return to full
20 participation with PEBP?

21 MR. HAYCOCK: For the record --

22 MEMBER GARCIA: I know --

23 MR. HAYCOCK: Sorry.

24 MEMBER GARCIA: -- we're just exploring, but -- I
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1 know we're just exploring, but I want to just put it out there
2 that in our exploration that concern be addressed. And I am
3 not and have not ever been with the Silver State Exchange, so
4 my question is how is the exchange doing?

5 MR. HAYCOCK: For the record, Damon Haycock. I
6 can answer both of those for you. First, the decision to
7 allow non-State participants or State participants or any
8 participants that we have who leave our plan and return to our
9 plan is either predicated on the legislature, there's certain
10 statutes that say what we can and can't do. One of those
11 things are we can't reinstate life insurance that's in law.
12 If we reinstate somebody. So that would have to be brought
13 back up to the legislature for full benefits. Because we
14 don't have that today.

15 But it's my opinion that that is a Board
16 decision. And when -- when and if this moves forward that the
17 Board be given an opportunity, and we will, to -- to weigh in
18 and make that decision if they want to allow these folks to
19 come back if this -- if the Affordable Care Act takes a dive;
20 right? Because it's not just the Silver State Health
21 Insurance Exchange.

22 And currently they're actually doing rather well,
23 but they're at a crossroads on what they need to do as far as
24 systems are concerned, but their enrollment has increased

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1 dramatically over the last three years and may have been able
2 to prove sustainable. I hate speaking for another agency in a
3 public setting, but I believe that -- I believe Bruce Gilbert
4 would agree that they're doing well and that they're looking
5 to improve.

6 But if they were to go away tomorrow, the
7 healthcare.gov, the federal government exchange still exists
8 and until that thing gets repealed Nevadans can still enroll
9 through that system regardless on if we have Nevada Health
10 Link online. And that's based on the laws that we passed here
11 in our state to operate an exchange. So until all that
12 changes things are okay.

13 But moving forward we'll have to be spectators as
14 well. And we can put in those safeguards for our participants
15 if that is the Board's decision.

16 MEMBER GARCIA: Thank you, Damon. I appreciate
17 that. I do have two other concerns. One, I just want to, you
18 know, make sure that we address the HSA concern or if an HSA
19 program with the non-State retirees? Yes? Oh, I'm sorry,
20 HRA. And -- and how that would evolve within the Silver State
21 Exchange or utilizing it.

22 And would they actually -- would they?

23 MR. HAYCOCK: So for the record, Damon Haycock.
24 Current law requires that if you receive a federal subsidy you
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1 can't receive an employer subsidy if you're on individual
2 marketplace. I know there was discussions of increasing the
3 small business health options program or their -- their group
4 marketplace that most people don't hear about because it's not
5 quite -- quite used very well, at least here in Nevada and
6 across the nation.

7 But as of today we could not provide a subsidy on
8 top of a federal subsidy for health insurance. That the whole
9 point that we would hope that a licensed broker would do is
10 say here's what you're getting today from the State of Nevada
11 and PEBP, here's what your current rates are and the subsidies
12 that you are going to be giving up if you come over here to
13 the Silver State Exchange and enroll in one of these plans.
14 And here's how -- how those dollars are coming from the feds
15 versus those dollars coming from the State.

16 Now, returning folks, if it's the pleasure of the
17 Board that these folks have an opportunity to come back if the
18 Affordable Care Act doesn't work out, which I would support
19 wholeheartedly that we would be able to reinstate HRAs, I
20 would support that as well. But we have no mechanism to
21 subsidize a federally subsidized individual marketplace now.

22 MEMBER GARCIA: Thank you. And one more comment,
23 please. I would be concerned about setting a precedent and
24 would not want our State retirees to later on be required to
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1 participate. And I just want to caution ourselves, the Board,
2 in making sure that we hold our State retirees to what they
3 currently have, which is being a member of the PEBP
4 environment. Thank you for your responses. Appreciate it.

5 CHAIRMAN DROZDOFF: Thanks, Rosalie. Okay.
6 Let's go to Leah.

7 MEMBER LAMBORN: Thank you. Leah Lamborn for the
8 record. So what happens if your healthier population of the
9 non-State retirees moves to the exchange, then would that
10 actually create an opposite effect where the cost rationing
11 increase -- we would hope that the -- the healthier population
12 would stay with PEBP and your most costly move to the
13 exchange, but what if the opposite happens, and would that be
14 part of your analysis and evaluation?

15 MR. HAYCOCK: For the record, Damon Haycock. All
16 of the above, yes, it will all be part of the analysis. The
17 intent isn't to -- to spiral the premiums for non-State
18 retirees even faster out of control. It's to provide some --
19 some relief to the increasing premiums of people today.

20 The -- the -- I think the trick is is to figure
21 out, and I'm not saying that Damon should figure this out, and
22 I'm not even suggesting necessarily that the Board figure this
23 out, it's up to you if you want to, what is the appropriate
24 amount of money people should pay for health care? The

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1 Affordable Care Act tried to make that assumption, they based
2 it off of your income and they said nobody should pay more
3 than nine and a half percent of their -- their gross income
4 per year on health insurance premiums.

5 And so there's of course discussions in the news
6 today about rates going out of control in California -- I
7 shouldn't say out of control, that's not fair, rates are
8 increasing in double digits in California's exchange.

9 There's some concern about our health insurance
10 exchange rates in this state increasing at a much higher rate
11 than projected, and how are we going to sustain those? The --
12 the Affordable Care Act has placed provisions that cap out
13 your requirements to pay for your health insurance premiums if
14 you are on one of their programs.

15 And so nine and a half percent of your pay, it's
16 nine and a half percent of your pay, it doesn't matter if the
17 rate goes up \$10,000 one month and \$2 the next, you will never
18 have to pay more than nine and a half percent. The -- the
19 discussion that needs to be had or the thought I think that
20 needs to be contemplated is nine and a half percent
21 appropriate for some of the folks that don't make as much as
22 others, because that nine and a half percent feels a little
23 bit harder than some folks who make more. And so you are
24 correct, there is an opportunity for this occur.

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1 However, what if being with you. If the rates
2 continue to -- to increase and we don't get any additional
3 outside assistance, whether it be from the legislature or from
4 budgeting or whatever, this problem is going to reach an end
5 sooner or later. And we really have to do something about
6 this population. Because we agreed to take all them back I
7 think it was 2008 -- or we closed in 2008.

8 But we -- we owe these folks and we need to take
9 care of them. We just need to find a way to do it. And I
10 don't think this is the magic bullet, I think is just one tool
11 in the toolbox.

12 MEMBER LAMBORN: Thank you. I -- I agree, it's a
13 great opportunity for the non-State retiree, I just was hoping
14 in the evaluation for finding alternatives that that would be
15 considered as well.

16 MR. HAYCOCK: And it will be, we get that
17 response, we get analysis on our non-State population and
18 their claims costs through our consumer-driven health plan
19 from Aon -- or excuse me, not from Aon, from HealthSCOPE every
20 quarter, they're part of our utilization reports. And we will
21 keep a very keen eye on them regardless if this moves forward
22 or not.

23 CHAIRMAN DROZDOFF: Marlene, I don't want to put
24 you on the spot, and I'll leave it up to you if you would like
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1 to say anything, but there are Board members who want to take
2 your temperature on this before they move forward.

3 MS. LOCKARD: Thank you, Mr. Chairman. And just
4 a few comments, appreciate the opportunity.

5 First, as I indicated, we appreciate every effort
6 to explore other options. We do not feel we have already
7 explored the exchange for some of our members who fall in this
8 category, and it has not worked for them.

9 So we fully believe that it might work for some,
10 but for the vast majority I'm not sure it will work. And
11 that's why I said ultimately I believe the solution to the
12 orphan issue is a legislative solution. And while Damon
13 cannot reveal at this time what the amount is and what he put
14 in the PEBP budget that would absorb this cost and take care
15 of the issue once and for all, it is our hope that the
16 executive branch approve PEBP's budget proposal where this is
17 my understanding an enhancement issue and then ultimately
18 approved by the legislature, which, in fact, the legislature
19 has acknowledged all along that they created the problem.

20 PEBP didn't create the problem, the legislature
21 created this. And so there are a number of folks there who
22 feel they have a responsibility to resolve it.

23 I think there are many issues that were raised
24 here today that we share those concerns. That's why when we
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1 spoke with Damon and Laura earlier about this, exploring this
2 as an option, that we wanted to make sure that all avenues are
3 explored, the loss of the life insurance.

4 The biggest concern that I would have is once
5 again, exacerbating the problem by taking more as Vicki
6 Cameron pointed out by removing another number out of this
7 diminishing pool, putting them somewhere else and then
8 exacerbating the problem with the ones left behind. Which
9 again, I -- I just feel strongly the legislature's going to
10 have to deal with it.

11 In terms of the whole subsidy issue, which is all
12 of you know, I prefer it be called the employer contribution
13 portion of an employee's benefit package. There is a side
14 issue that enters into this that it is our belief that the
15 employer contribution should follow the individual. And
16 that's a separate issue, but now they're tied. Because if you
17 go to an exchange and as an employee you earned your employer
18 contribution, that should stay with you no matter where you
19 land.

20 And so that could be a factor in evaluating the
21 options for individuals that may be interested in going to a
22 federal exchange.

23 And so I may have missed something, but I'd be
24 happy to answer any specific questions.

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1 CHAIRMAN DROZDOFF: Are there any specific
2 questions? If not, what's the pleasure of the Board? We've
3 got a recommended -- staff recommendation about giving them
4 some direction to move forward, what's the pleasure of the
5 Board?

6 MEMBER VERDUCCI: Tom Verducci for the record.
7 Where do I keep hearing this explore? I don't think that
8 we're in a position to approve this today, and I would like to
9 see this tabled perhaps for the next meeting.

10 CHAIRMAN DROZDOFF: Okay. That's --

11 MEMBER ZACK: Christine Zack for the record.

12 CHAIRMAN DROZDOFF: Go ahead, Christine.

13 MEMBER ZACK: If I read the recommendation I
14 think the request is for approval to move forward in
15 partnership with RPEN and the exchange to develop and present
16 alternative health insurance options to the non-State
17 retirees, which I guess I understood was that they're
18 requesting authorization to look for more information and then
19 come back and present it to us.

20 CHAIRMAN DROZDOFF: You're correct.

21 MEMBER ZACK: Am I misunderstanding?

22 CHAIRMAN DROZDOFF: No, no, you're not, that's --
23 you're correct, Christine, that is the -- that is the
24 recommendation.

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1 MEMBER ZACK: Because if -- if -- if that is the
2 recommendation then I would be happy to move to approve that
3 PEBP move forward in partnership with RPEN in the exchange to
4 develop and present alternative health insurance options to
5 non-State retirees.

6 CHAIRMAN DROZDOFF: Okay. Christine Zack has
7 made a motion. Is there a second?

8 MEMBER CATES: I'll second.

9 CHAIRMAN DROZDOFF: Second from Patrick Cates.
10 Any further discussion?

11 MEMBER GARCIA: Rosalie Garcia.

12 CHAIRMAN DROZDOFF: Go ahead, Rosalie.

13 MEMBER GARCIA: A question for Damon is how would
14 this activity impact current staff responsibilities, time
15 frames for what we currently have on board, et cetera?

16 MR. HAYCOCK: So for the record, Damon Haycock.
17 Thank you for that question. Always appreciate asking about
18 staff workload because we are usually swamped. This isn't
19 something that we would prioritize over everything else we do
20 at PEBP right now.

21 We have implementations of vendors, we have an
22 HMO that's hit the street recently and we have no direct
23 immediacy that this needs to occur today, but we would like to
24 be able to at least start the communication process with RPEN,
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1 with the exchange, with the Nevada Association of Health
2 Underwriters and see what type of response we get. We may
3 only get two people that come back and tell us they're
4 interested and then this program isn't really that much of a
5 workload on anybody.

6 But we have to test the waters and find what it
7 is that we're going to receive. And I don't believe that we
8 will be overburdened to at least provide you with our initial
9 results of the flag at the September Board meeting.

10 CHAIRMAN DROZDOFF: Anything else? Hearing none,
11 I will call for the question. All those in favor please say
12 aye. Any opposed?

13 MEMBER VERDUCCI: Opposed.

14 MEMBER GARCIA: Opposed.

15 CHAIRMAN DROZDOFF: Let the record show that
16 Rosalie Garcia and Tom Verducci are opposed. Any abstain?
17 Okay. The motion passes. Thank you.

18 (Motion carries.)

19 CHAIRMAN DROZDOFF: Let's go to Item 8. And we
20 did say that we would take public comment here. So I will
21 allow that. So ladies -- Tena, why don't we let the public
22 comment go and then we'll have you come up. There's three
23 chairs.

24 MEMBER EWING-TAYLOR: Good morning,
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1 Jacque Ewing-Taylor for the record. As I said earlier, this
2 was sort of something that I brought up this spring and I'm
3 very pleased that we had the analysis today from -- from Aon
4 on this. With your indulgence, Mr. Chairman, I wanted to give
5 a little bit of background on this.

6 CHAIRMAN DROZDOFF: Sure.

7 MEMBER EWING-TAYLOR: So the -- I believe it was
8 2011, and I wish Mr. Wells were here to correct me on that,
9 the Board approved moving to a consumer-driven health plan,
10 the high deductible health plan. And as a result of that we
11 instituted HSAs and HRAs.

12 At the time we were in a bit of a financial bind
13 as was the State given the decline in revenues, tax revenues
14 that we had. So we were looking for a figure to reduce our
15 budget somewhere if I'm remembering correctly in the
16 neighborhood of tens of millions of dollars, I don't remember
17 the exact number, but it was a big number.

18 So, the CDHP seemed the way to go. And in doing
19 so to somewhat soften the blow we set up HSAs and HRAs and
20 have contributed variously to those accounts over the years as
21 funding was available.

22 When the program was set up for HRAs what I
23 didn't understand, I won't speak for anybody else on the
24 Board, and I think maybe Leo was the only other Board member,
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1 current Board member who was there at the time, we did not
2 understand that in -- when an employee who's still working but
3 became Medicare eligible, which we ended up finally
4 understanding a year or so ago meant that they started to
5 receive social security benefits, they were then under the IRS
6 rules not allowed to have an HSA and they were automatically
7 or currently or automatically rolled into an HRA.

8 An HRA funds -- Kirby, I apologize if I'm
9 stealing your thunder here.

10 MS. BOSLEY: No, thunder away.

11 MEMBER EWING-TAYLOR: But HRA, legally the funds
12 belong to the State or the agency. An HSA, once the funds are
13 deposited into the participant's account they become the
14 participant's money and the agency or the State cannot take
15 that back.

16 But with an HRA, legally we could take that --
17 you could take that back, 14 years' habit is hard to break,
18 you could take that back at almost any time.

19 So, what we ended up with was just a situation
20 where an employee could -- and this applies I believe mostly
21 to Nevada System of Higher Ed faculty, a employee could phase
22 into a retirement, which means that he or she reduces their
23 FTE but continues to be treated as a full-time employee for
24 retirement purposes as well as for benefits purposes.

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1 But when they do, many of them because they
2 retire later in general than many other State employees, they
3 start to take some of their social security benefit. When
4 they do that they become Medicare eligible.

5 When they become Medicare eligible they lose
6 their HSA -- they don't lose the HSA, but they no longer
7 contribute to it and anything that PEBP contributes on their
8 behalf on July 1st each year rolls into or goes into an HRA.

9 What we found out is now when they retire, and
10 they usually retire June 30th of -- or at the end of a fiscal
11 year, June 30th, any balance in that HRA is forfeited. So the
12 balances that they may have accrued in anticipation of using
13 their HRA money for their retiree health care, which is what
14 we have always told people they should do goes away. We take
15 it back.

16 And I have a problem with that as many other
17 people do as well.

18 So when that came to light and we started to
19 understand that, I asked that the Board look at not doing
20 that.

21 Our current TPA, HealthSCOPE Benefits, does this
22 for some of their other clients and has told us several times
23 that it's not a big deal, that they roll the HRA that they
24 currently manage when the employee is active into the HRA that

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1 the employee gets through the private exchange when they fully
2 retire and are moved onto the exchange.

3 So that process is not difficult and they do it
4 regular -- I won't -- I won't speak for Mary Catherine, but
5 they do it.

6 So from that standpoint it doesn't seem to be a
7 big deal. The analysis that you have that Kirby's going to go
8 into some detail I think seems to indicate, at least as I
9 understand it, there may be some expense incurred by current
10 employees in order to allow this to happen. And I'll let her
11 explain that because I don't understand it.

12 But we also heard testimony last month from
13 Marlene Lockard speaking for RPEN that the current retirees in
14 RPEN to whom this has happened don't have a problem with
15 changing this policy. And it is a policy, it's not a
16 legality, it's not written into anything other than our Master
17 Plan document as a policy.

18 So they're fully in support of it and the
19 employees of NSHE are fully in support of it, and I think this
20 is what Dr. Ervin is going to speak to as well.

21 So I would just encourage you to consider that
22 one of the objections that was made last month was that you're
23 going to disadvantage some people while you advantage others.

24 And I'll say now what I said then is it is always thus when we
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1 make changes to our insurance.

2 We disadvantage some to advantage others. And I
3 think for me it's an equity issue. And it's something that we
4 should allow our employees to take with them when they go into
5 retirement. Because their health care costs are going to be
6 increasing far more significantly than they do currently as
7 active employees. And we want to help them I believe defray
8 those costs in their retirement.

9 Thank you, Mr. Chairman, for allowing me to go on
10 and on.

11 CHAIRMAN DROZDOFF: Thank you, Jacque. And
12 before you leave we'll see if the Board has questions for you.

13 I don't know, have you had an opportunity to look
14 at the staff recommendation which is to PEBP staff recommend
15 the HRA portability discussion be tabled to September 2017 to
16 reassess current findings, experience and financial impact
17 called CDHP participants?

18 So I guess my question is do you agree with that
19 recommendation, and if you do not, do you have a
20 recommendation that you would like the Board to consider?

21 MS. EWING-TAYLOR: Thank you, Mr. Chairman.
22 Again, Jacque Ewing-Taylor for the record. I am not known as
23 a patient person. And we have been going on with this for
24 quite some months.

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1 So I would not like to see it delayed, however, I
2 do recognize that there are still some questions. I do
3 recognize that we have a very young board, including
4 Mr. Bailey. And I want to make sure that we have a good
5 outcome for everyone.

6 So if that is what is needed I would support it
7 even though I -- it would just cost me an extra martini
8 tonight.

9 CHAIRMAN DROZDOFF: Fair enough. Are there any
10 other questions for Dr. Ewing-Taylor? All right. Dr. Ervin?

11 DR. ERVIN: Hello, my name is Kent Ervin,
12 E-R-V-I-N, I'm an active participant, also a faculty member at
13 UNR. You know, when the high deductible health plan came to
14 be with HSAs, the HRAs decided well, there's a subset of
15 people aren't eligible for arcane reasons, but we're going to
16 set it up as much in the same way as possible and get the same
17 benefit as possible.

18 Later on it was determined well, for some reason
19 the HRAs weren't rolling over from year to year so the Board
20 changed that. The Board hadn't made that action, but the
21 Board said yes, we want it to roll over from year to year. Of
22 course, that's the way that HSAs work, it's allowed, we do it.

23 Now we're at the situation where we claim that
24 certain members basically because of their age of becoming

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1 Medicare eligible are forfeiting part of the benefits that
2 people who are similarly situated like the employees with an
3 HSA who meet all those requirements can -- are fully vested
4 and complete their rollover, but these other people forfeit
5 even what they built up to that one year.

6 So, you know, is an equity issue, it is also an
7 age discrimination issue because it applies by policy to
8 people who are in this particular age group of still working
9 after what other State employees have are retirement age for
10 them.

11 So, you know, it's not just for impact, it's
12 actually part of the policy that's based -- some of the
13 eligibility requirements are based on age.

14 So I think it's inequitable, need to make it as
15 equitable as the other regulations between HSAs and HRAs
16 allowed.

17 As far as the cost, of course there's a cost, but
18 I would say that, you know, by taking away these funds when
19 people move into a different subplan, that's been allowing
20 PEBP to pay less than really they promised for the benefit of
21 HRAs and HSAs and well, come next fiscal year they'll just
22 have to be put into the equation of how much the HSA
23 contribution and HRA contribution can be 40 to 50 a year
24 compared to the 700-plus whatever it is supplemental to that

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1 is not a huge amount, but that's the way it is, has to be put
2 into the equation when you have an insurance program.

3 My recommendation would be definitely against the
4 staff recommendation to go ahead now and implement for fiscal
5 year beginning July. Thank you very much.

6 CHAIRMAN DROZDOFF: Thank you. Any questions for
7 Dr. Ervin? Thank you.

8 MS. BOWEN: My name and my words to the record,
9 my name is Peggy Lear Bowen, P-E-G-G-Y, L-E-A-R, B-O-W-E-N,
10 last name Bowen. My concern has been and I'm going to try and
11 frame it in a different way today pertaining to the folk that
12 in 2011 Ms. Ewing-Taylor, Dr. Ewing-Taylor was correct, that
13 they spoke without their consent by the plan that was created
14 were put on an insurance exchange and they were sold to Utah.
15 And I'm using Senior Care Plus's words when we went to a
16 Senior Care Plus meeting to find out what benefits were. What
17 you have as an employee who in their program signed contracts
18 with their -- for their job that contained certain benefits.

19 And what we have in retirement and Mr. Wells to
20 quote him has stated in a conversation in a meeting here with
21 PEBP and stated that he never wanted to see the state be in
22 the insurance business for retirees. He didn't think it was
23 good for the state, he thought it compromised the state and
24 that was a benefit he didn't think should be in place.

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1 And I'm telling you today I was sad at your last
2 motion. I don't want to see things go forward in terms of a
3 motion that indicates that you're exploring and therefore
4 you're doing other things. I don't want use my time for that.

5 What I believe should happen with the A and B
6 Medicare folk, they didn't get A and B -- part A from the
7 State of Nevada. That was not a benefit because Nevada had a
8 public employees retirement system as part of their system not
9 to participate nor give credits to a Medicare system. Because
10 Nevada provided the medical insurance, not the federal
11 government.

12 And now to talk about in any compassion for
13 any -- anyplace for anyone including this insurance exchange
14 puts your members and your retired members at horrific risk.
15 Because what has happened by putting them in that insurance
16 exchange is you have allowed, and I know it's 2020 is supposed
17 to go away, but they are hitting donut holes.

18 And you have people who are suffering, you have
19 people who have died, you've even had one lady talk, her
20 family came and shared an obituary where her death was
21 hastened by this system put in place because she couldn't
22 afford medical care that she believed had been promised to her
23 by being a State of Nevada employee, being part of PERS and
24 being part of PEBP.

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1 And PEBP is in fact -- not you as individuals,
2 but it's the greed of the system and what's happened with
3 pharmaceuticals and insurance companies, we need our people to
4 at least do have in place, and yes, put in the new bill
5 request to change Nevada State statute to keep these people
6 whole and put into place where they receive the same benefits
7 as others who would retire and that it not be considered
8 additional income so it doesn't affect their tax record but is
9 literally part of their benefits and give it to them af --
10 within the -- the -- I receive a PERS paycheck, a monthly
11 check.

12 And in it I am -- I am given a certain amount, a
13 range legally so the certain amount that you give these folk
14 that have been put on an exchange or kept on an exchange that
15 is increased by what would have been paid to Medicare, paid to
16 whatever insurance exchange you want, but make it in their
17 paycheck as an additional piece that is taken care of so it's
18 not considered additional paycheck so they're not taxed on it.

19 Take a look at how you do and reimburse the
20 paycheck, the amount that they are paying for that. And work
21 with your subsidies or whatever so that you can literally take
22 care of the folk that are in the donut hole so they don't lie
23 for lack of care because Nevada did not provide for them
24 that -- that portion of money that should have been insurance
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1 so they didn't hit the donut hole. It's a matter I know of
2 bottom line, it's a matter of being expensed or in it. And
3 somebody asked the question well, what would it be like? I've
4 been through all phases of you all paying and dealing with
5 when I hit 65 two years ago.

6 I -- I noted these were the changes, this is what
7 you have to pay and had to pay for Medicare part B no matter
8 what, no choice. When I hit 65.

9 And then the paycheck increased by that amount.
10 And that was handled seamlessly. I was given a swipe card for
11 what was ever in my account for medical that I could use.

12 CHAIRMAN DROZDOFF: Peggy, can you wrap it up?

13 MS. BOWEN: Okay. And I think that if you take a
14 look at how you're handling those the way it's handled now for
15 Medicare part B, apply it to your folk with part A and give
16 them a swipe card, then they don't sit there with lots of
17 health care things and -- and -- and not be able to -- it's a
18 very difficult process for reimbursement.

19 And finally, we're all family and we got to take
20 care of each other. And it might be a little bit expensive
21 now to take care of this, but in the long run you keep your
22 word and life is priceless. Thank you.

23 CHAIRMAN DROZDOFF: Thank you very much.

24 Marlene?

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1 MS. LOCKARD: Thank you, Mr. Chair. I just
2 wanted to elaborate on my original public comment when I
3 didn't have the page pulled up. It is page 7 of the slide for
4 the presentation we're about to hear.

5 And my -- my question is the second bullet
6 indicates that the current HRA reserve amount includes HRA
7 balances for participants and the Medicare exchange.

8 So, this has been a point of confusion to me that
9 if these amounts are already recognized and included in the
10 reserve, why is there an additional amount for the -- as this
11 indicates per employee per month?

12 And I know that I'm not understanding it so
13 hopefully they can clarify it. Thank you.

14 CHAIRMAN DROZDOFF: Thank you. I appreciate your
15 comment, we'll certainly see if we can pick that up when they
16 make their presentation, which are there any public comments
17 in Las Vegas? And if there aren't I think we'll let Tena and
18 Bosley --

19 MS. BOSLEY: Kirby or call me Bosley.

20 CHAIRMAN DROZDOFF: It's been an interesting day,
21 I'll just say that. I apologize, Kirby.

22 MS. BOSLEY: That's all right.

23 MS. GLOVER: I'm not -- did you put our
24 presentation on here? No, you didn't. Okay. Good morning,
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1 my name is Celestena Glover, I'm the chief financial officer
2 for the Public Employees' Benefits Program.

3 And today I have with me Kirby Bosley from Aon.
4 We are going to go through the HRA portability report. Ann
5 was kind enough to put this report together for us. I have a
6 few notes to add, hopefully this will answer Marlene's
7 questions with the HRA reserve.

8 So initially what I want to talk about is the
9 funding options what the plan did, so basically you're getting
10 a little bit of a history lesson.

11 Back in 2011 when the PEBP board and PEBP decided
12 to go to a consumer-driven health plan, a couple of the things
13 they did to assist with the high deductible plan was create a
14 health savings account, which this is an account that is
15 funded for State employees who qualify that when the money is
16 paid into those accounts that becomes the property of the
17 individual.

18 So if that individual retires, if that individual
19 terminates employment, for whatever reason they leave the
20 plan, any money that they have in that account goes with them.

21 They also have the option to contribute to those
22 accounts within IRS guidelines. This is not a PEBP policy,
23 this is an IRS requirement and we do not have the authority to
24 change those limits or change the rules around those.

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1 The other option was the health reimbursement
2 account, or arrangement as you hear it called. There are two
3 health reimbursement arrangements that PEBP has set up. The
4 first one for the CDHP was for retirees and those employees
5 that did not qualify for health savings account.

6 The reason we did have that in place is because
7 we do have employees with other coverage. This precludes them
8 from having a health savings account, so therefore, the health
9 reimbursement arrangement provides PEBP a method with
10 depositing money. Again, to help them offset some of their
11 health care costs.

12 The funds in that account are actually funds that
13 belong to the plan, ultimately to the State, those are not
14 employee or retiree funds.

15 The Board has over the years opted to allow
16 employees and retirees to carry their balances over from year
17 to year.

18 The final HRA, health reimbursement arrangement,
19 is the accounts set up for those retirees moving onto the
20 Medicare exchange. This is a different account and was set up
21 for a different reason. The retirees on the CDHP and HMO
22 receive a subsidy from the State for an employer contribution.

23 The retirees moving onto the exchange do not.

24 The health reimbursement arrangement is essentially the
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1 employer contribution for those groups of individuals.

2 So that is the difference between the various
3 accounts that we have set up.

4 The HSA, what I've had individuals ask me the
5 difference between the two. In a nutshell the HSA when I as
6 the CFO pay that money out to the various accounts that money
7 is your money.

8 The health reimbursement arrangement, when we
9 fund those accounts it's a nominal account, it's not real
10 money until the individual actually makes a claim against it.

11 So although if I have a spreadsheet with 50 names
12 on it and it all said each person had a thousand dollars in
13 their balance, that's just funds that are available for them
14 to access. It's not real money until they do access it. So
15 it's not -- it's a liability to the account in that should
16 they decide to use it I would have to make sure there was
17 sufficient funding there to pay that bill.

18 Part of this whole discussion, the request was
19 that we do a financial analysis as to what that cost would be
20 to allow portability from the CDHP, whether it's a retiree
21 moving onto the Medicare exchange or an employee who happens
22 to retire at an age where they are eligible to go onto the
23 Medicare exchange immediately.

24 I presented some numbers at the last Board
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1 meeting based on some information that HealthSCOPE provided.
2 And then we've gone on to ask Aon to provide us OPEBP
3 information so we would know what our GASB liability is.

4 And Kirby will talk to that.

5 MS. BOSLEY: Thank you. Kirby Bosley with Aon
6 for the record. You may know I'm not an actuary so if this
7 technology is working we have Alex Jalloway on the phone.
8 Alex, can you say hello?

9 MR. JALLOWAY: Yes, this is Alex Jalloway.

10 MS. BOSLEY: My lifeline. Thank you. Okay. So
11 Alex is an actuary, he does work on your annual GASB OPEBP
12 liability calculation. I just wanted to quickly define what
13 this GASB thing is all about for the new Board members in case
14 you haven't encountered it in the past.

15 So GASB is the Government Accounting Standards
16 Board and it has requirements for your other post employment
17 benefits that they be recognized on the balance sheet and
18 income statements of PEBP.

19 And so we do a calculation every other year and
20 then we update it in the alternating years. And this is a
21 recognition of the fact that these are obligations that the
22 State is required to take care of in the future. So we do an
23 actuarial calculation which has several components.

24 So what I'm going to talk to really is the
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1 accounting implications of moving to a situation where the HRA
2 balance is fully moved into someone's retirement. So that's
3 what I'm going to talk about.

4 To do any kind of actuarial calculation we need
5 to make assumptions. The assumptions that we made are that we
6 use the basic census data that we used in our last full OPEBP
7 calculation. We also made the assumption that as is currently
8 the case we picked a long-term forfeiture rate. So what we're
9 saying is over -- over the long term what percentage of
10 account balances do people actually forfeit when they move
11 into retirement on the exchange.

12 We made the assumption that it will be a five
13 percent forfeiture rate. History shows it goes from two
14 percent to nine, ten percent over time. To come up with a
15 long-term assumption we use five percent as the amount that's
16 given up.

17 It's been pointed out to me that behaviors might
18 change if people know that they have this money going forward
19 that it's not forfeited so people may feel freer to not spend
20 all of the account in their employment. That could be -- Alex
21 took a look at that and felt that it may not make a material
22 difference on the numbers I'm about to share, but I just
23 wanted to point out that's an assumption. We need to make
24 assumptions to get the numbers.

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1 And finally, there is currently an additional
2 temporary \$400 HRA funding amount that's in place. It's
3 scheduled to expire on June 30th of '17 so we made the
4 assumption that it was going to expire.

5 So let me pause and see if there's questions on
6 assumptions before I move forward.

7 CHAIRMAN DROZDOFF: Any questions for Kirby?
8 Okay.

9 MS. BOSLEY: Okay. Thank you. So page 6, which
10 you don't have on the screen, but I get to look at and I hope
11 you have it in front of you. We want to share with you two
12 numbers. One is the actuarial accrued liability. And the
13 idea so what would this change -- what would the impact of
14 this change be on your AAL.

15 And we calculated it would be approximately
16 \$1.1 million additional to your actuarial accrued liability.
17 And what is that? That's the present value of all the future
18 cash flow for all your current and future retirees. And then
19 again, calculate it back to a present value retirees on the
20 one exchange.

21 Just so you have a frame of reference, that
22 1.1 million additional, your current AAL for the current
23 program is about 1.4 billion, so it would be 1.1 million in
24 addition.

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1 So that is a balance sheet number. And then the
2 other number that our actuaries calculated was the annual
3 OPEBP cost. That increases approximately \$100,000 and that's
4 in an income statement accounting entry, too complex for me to
5 list all of the components, but Alex can if you really want to
6 know.

7 Again, these are accounting numbers for you, but
8 they are real because they affect the financial position of
9 the State.

10 So, any questions on those two numbers? Because
11 you know I'm going to give them to Alex. Okay. All right.

12 So that's the accounting side of it that was
13 missing in our last month's discussion. Then we also have the
14 estimated annual cost. And that's what Tena was talking about
15 when it goes from you have to file a claim to now we have to
16 fully fund on a cash basis. And we're estimating that that
17 would be between 800,000 a year and 1.2 million a year.

18 So that's a range of a cost basis increase. And
19 that's where I think I'll stop because the rest of the
20 calculations are Tena's.

21 CHAIRMAN DROZDOFF: Go ahead, Tena.

22 MS. GLOVER: Okay. So the numbers that Kirby
23 presented with the 8K to 1.2 million supports the numbers that
24 we brought forth in the last meeting. We show that there are
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1 approximately 603 participants right now or at least as of
2 last meeting that would turn 65 by June 30th, 2017 and
3 potentially have a balance to roll over.

4 Obviously we have to do some guessing as to what
5 their behaviors will be, will they save their money up to that
6 point? Will they use it between now and then?

7 But based on the current balances we were looking
8 at \$1.2 million being carried forward into the exchange.

9 The HRA reserve question that has come up. So
10 what we do as part of our total budget is we determine each
11 biennium what we believe the balances will be in the HRA
12 accounts, this is based on the history and reports that I see
13 on a quarterly basis.

14 So two years ago we set the HRA reserve for 2017
15 to be the \$36 million that was talked about. Based on the
16 reports I ran for June 30th, I've not had a chance to analyze
17 them, those reports have just become available. We have
18 approximately \$30 million in HRA balances at that point in
19 time.

20 Plus we funded those accounts with additional
21 funds to the tune of another -- on the CDHP side probably
22 another 17 million and a similar amount, probably a little bit
23 more on the Medicare exchange side.

24 Part of that reason is because we have
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1 individuals that were receiving the one -- the so-called
2 onetime increase, the \$400 for a single person and then the
3 additional \$100 per dependent up to three on the CDHP side.
4 And then we provided an amount, \$2 per year service per month
5 for the Medicare exchange folks.

6 So what we need to hold because those balances
7 are liabilities to our plan, we need to know that we have the
8 funding available should by chance every single retiree and
9 every employee on the HRA plan actually went off and spent
10 their entire balance. So we have this \$36 million basically
11 as our safety net in the event that should happen. The
12 likelihood of that happening, I don't think that's going to
13 occur, but a number of people will expire their entire balance
14 each year.

15 We show that in our utilization report each
16 quarter who's carrying -- not who, but what percentage of our
17 population is carrying what level of balance. So you can kind
18 of see what percentage are actually using them that show zero
19 balance at the time.

20 So this reserve is for both plans. Because we
21 need to know should they all expend their accounts what amount
22 of money is that.

23 If we opt to go for the HRA being portable,
24 meaning they move it from a CDHP onto the Medicare exchange,
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1 we will look at an increase in rates based on the \$1 million
2 potential and then we'll have to consider also rate increases
3 before inflation and other reasons.

4 So the people that will pay those increases are
5 your members on the CDHP. The Medicare exchange, unless
6 they've opted to select our demo plan, do not pay into PEBP's
7 plan. Life insurance, their HRA accounts, all of that funding
8 comes from the employer and the State employee and retiree
9 that are currently on the CDHP, HRA plan. So -- and HSA plan.

10 So you are asking that population to pay a higher
11 premium potentially, we don't know what that premium will be
12 yet, in order to continue to fund that rollover.

13 So that is something we need to consider,
14 especially right now with our budget constraints where we have
15 been directed to make five percent budget cuts when we submit
16 our budgets on September 1st.

17 The five percent budget cut for PEBP will come
18 from retiree and employee subsidies. So to maintain
19 everything the way it is right now if we didn't have an
20 increase in rates and we took this portability option into
21 consideration, the five percent cut on the subsidy side will
22 get moved onto the employee and retiree side.

23 So that is something we need to consider when we
24 move forward whether this is the appropriate -- the
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1 appropriate move or if it's the appropriate time.

2 We have over the years tried to include in our
3 Master Plan documents and in communication out to our members
4 that they have this HRA account. I know Nancy's been going
5 out trying to explain to retirees how those HRA accounts work,
6 how they can best utilize them.

7 So we have been telling them over the years in
8 various places, website, Master Plan document, correspondence,
9 informational sheets, meetings that that funding is available
10 for them, they can call in and talk to us, we'll walk them
11 through it. But we have been trying to get that information
12 out to let people know they have those funds, please use them.

13 Some people understand it very well and they use
14 it. Some people have opted to save it. And some people don't
15 understand how it works so they don't touch it. We know we've
16 got them all over the place in every camp.

17 Regardless of the decision here we will continue
18 to communicate that to those participants so that they can get
19 the best bang for their buck.

20 With that, that's the end of my presentation.

21 The recommendations have been discussed about -- I'll read
22 them so you have them exactly. The governor's office of
23 finance has directed all State agents to build budgets that
24 are flat and to include five percent cuts for the next

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1 biennium. And as I said, that is going to be cuts in the
2 employer contributions.

3 PEBP is projecting that excess reserves will be
4 fully depleted at the close of the fiscal year of 2017
5 resulting in the loss of enhanced benefits that have been
6 provided over the last three years. Another consideration
7 that benefits are likely to decrease in order to keep rates
8 from going up too much.

9 PEBP may be required to ask participants to pay
10 more for less over the next two years, and this is 2018 and
11 2019. We are in the middle of budget building right now, we
12 will make some assumptions basically on what we believe the
13 rates to be. We will Aon help us with that.

14 We've already received some information, we just
15 need to get them into our budget calculation. PEBP believes
16 this is not the appropriate time to provide a portion of the
17 participant population with an increased benefit while
18 reducing benefits affecting every CDHP participant that also
19 results in increased rates for all.

20 The recommendation is that the HRA portability
21 discussion be tabled until September 2017 to reassess current
22 plan experience and financial impact to all CDHP participants.
23 And with that, I'll take any questions.

24 CHAIRMAN DROZDOFF: Thank you, Tena. Thank you,
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1 Kirby. So those are the realities. Any questions? Down
2 south, any questions? Seeing none, I'll go to Tom Verducci.

3 MEMBER VERDUCCI: Tom Verducci for the record. I
4 want to thank you, Tena, very much for that presentation, your
5 staff's been awesome and it was very informative. I want to
6 point out, you know, what I hear. I see a huge benefit on the
7 HSA, the health savings account over the health reimbursement
8 arrangement.

9 And I know that over time plans will develop and
10 change. And my concern also is that we don't have the
11 direction from the governor's office in terms of the budget at
12 this meeting.

13 The -- there's also a survey that's going out,
14 it's going to be asking employees how do you feel about
15 increased costs, is this something you're willing to do?

16 I just know that health care costs are going up.
17 From what I heard from the testimonies there's a huge favor
18 towards the HSA over the HRA. And I don't see the benefit to
19 the participant that hits age 65 having the HRA as opposed to
20 the health savings account.

21 I don't see how it can be decided at this
22 meeting, I think we have to hear from the governor's office in
23 terms of the budget and we need to hear from the participants
24 from the survey. Those are my comments.

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1 CHAIRMAN DROZDOFF: Thank you, Tom. Is there
2 anything you care to respond?

3 MS. GLOVER: This is Celestena Glover for the
4 record. I was just going to agree with Mr. Verducci's comment
5 in that the budget right now is confidential, we are not
6 authorized to release any numbers and decide -- or to discuss
7 any potential changes that might occur. We as in my staff
8 will work within the parameters set for us by the finance
9 office and, you know, this is something I work with Aon to set
10 the rates each plan year and I will continue to work with
11 them, work with Damon and the rest of the staff to do what we
12 can do to help every group that -- that we cover.

13 But right now you're correct, we don't know what
14 that number ultimately is going to look like. I know what the
15 five percent is as of March, but it's now July, so we don't
16 know what the real number is going to look like by the time
17 legislature comes in.

18 CHAIRMAN DROZDOFF: Thank you. Anything else
19 down south? And if not, you know, again, I'll remind the
20 Board that this is your -- this is your item, we have staff
21 recommendation. And I would simply say this, that if -- if we
22 do go with the staff recommendation I truly do look to the --
23 to this Board and to staff to give it a robust discussion and
24 review over the next year so that come September 2017 that
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1 a -- you know, that it's not forgotten or just kind of given
2 short shrift, this is a -- this is and has been for years for
3 the benefit of the new Board members that are here, I will
4 tell you this has been an issue for quite some time.

5 It's a bit of a divisive issue or at least an
6 issue that there's not agreement on. But nonetheless, it's
7 one that if we do sort of table, I think it's -- it really is
8 incumbent upon the Board and the staff to come ready to
9 discuss it, you know, in roughly a year from now.

10 But as I said, it's -- it's -- it's your -- it's
11 your opportunity to make a -- make a recommendation. Or a
12 motion I should say.

13 MEMBER GARCIA: Leo, this is Rosalie Garcia, I'm
14 sorry, I have a late comment or question.

15 CHAIRMAN DROZDOFF: Go ahead.

16 MEMBER GARCIA: I am concerned that we didn't
17 fully communicate the portability issue. And if someone could
18 just reiterate what we believe we said to our participants
19 over the last few years since 2011, I sure would appreciate
20 that.

21 CHAIRMAN DROZDOFF: Tena, would you like to do
22 that?

23 MEMBER GARCIA: I mean, how did we roll it out?

24 CHAIRMAN DROZDOFF: All right. Who -- who on
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1 staff would like to answer that? Tena?

2 MS. GLOVER: I'll give it a go.

3 CHAIRMAN DROZDOFF: All right.

4 MS. GLOVER: I'll look at Nancy and she can tell
5 me if I got it right. When the CDHP was first implemented, as
6 I understand -- I was not on the staff at that point, but as I
7 understand it in discussions we have had since that time we
8 have sent out newsletters.

9 We've put information in our Master Plan
10 documents. We've put information out on our websites. And
11 over the last year, year and a half Nancy has been going out
12 to various meetings to talk to retirees on how to use their
13 HRAs.

14 In addition to that, individuals who call in,
15 we've even at Board meetings had -- have had individuals
16 approach staff and Board members asking questions and we try
17 to answer their questions on the spot as much as we can.

18 So I think we used a number of different avenues
19 as to getting that information out to those individuals to
20 explain to them how to best access their HRA and what they can
21 use them for.

22 CHAIRMAN DROZDOFF: Thanks, Tena. Nancy, is
23 there anything you -- okay. Let me see if Nancy just wants to
24 elaborate on that answer and then I'll go to the Board

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1 members.

2 MS. SPINELLI: Nancy Spinelli. The only thing
3 I'd like to add to that is when we introduced the
4 consumer-driven health plan we had open enrollment meetings
5 that provided information about the plan changes. And back at
6 that time I think we had about 4,000 participants attend those
7 meetings. And in addition to that we provided open enrollment
8 material that was mailed out to those individuals. And it's
9 been communicated every year since that time.

10 CHAIRMAN DROZDOFF: Okay. So now I'll go to Don
11 and then to Tom.

12 MEMBER BAILEY: For the record, Don Bailey.
13 Nancy, this would be I guess your question, overall you
14 touched basis with the general membership that we represent.
15 And what is your overall opinion of the -- most of the
16 memberships' feelings about this?

17 MS. SPINELLI: Yes, I met with the participants,
18 not all of them obviously, but through the communications that
19 we send out I will tell you that not everybody reads the
20 material. And I have been for the last year now meeting with
21 the retirees that are aging into Medicare, transitioning to
22 the exchange, and that is one of the things that I talked with
23 them about.

24 And I will say that most of them do not
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1 understand that they're going to lose the funds when they
2 transition to the exchange. I will -- I will admit to that.
3 And as far as communicating it, there's only so much we can
4 do. You know, if the participants don't read the material,
5 there's not much we can do about that.

6 But I will tell you in the meetings that I have
7 done in the past year, it's -- it's -- they don't understand
8 it.

9 MEMBER BAILEY: Okay. That certainly answers my
10 question.

11 CHAIRMAN DROZDOFF: Probably begs another one,
12 which we'll probably get to. Tom?

13 MEMBER VERDUCCI: Tom Verducci for the record. I
14 want to point out here that I see the staff recommendation is
15 to table the discussion until September of 2017. How would
16 you feel about changing the recommendation to tabling it till
17 September 2016? It gives us the opportunity to get the
18 results from the survey and see the governor's budget. Would
19 there be an interest in doing that?

20 MR. HAYCOCK: For the record, Damon Haycock. I
21 appreciate that question, Mr. Verducci. And that's going to
22 kind of segue into a couple things I was hoping to have the
23 opportunity to say.

24 First of all, we won't know the governor's
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1 recommended budget until January. And we will not be able to
2 bring back any of those responses. The economic -- I can't
3 remember the name of it off the top of my head, is continuing
4 to do projections throughout the end of the calendar year.
5 And so no one knows what the total budget is going to look
6 like until we know how much revenue the state is going to have
7 as a whole.

8 And so one of the things that I wanted to share
9 about the timing, this isn't do we help or not help retirees
10 with their health care, do we provide them funds or balances
11 for their health care.

12 I know that's what it sounds like, but today what
13 I'm trying to showcase is that this is a new benefit. It's a
14 benefit that doesn't exist for folks today. And if we can
15 agree regardless of what that benefit is, whether it be
16 orthodontia or whether it be braces, whether it be hardware,
17 whatever that new benefit is, it's new. And all benefits have
18 costs.

19 So we're talking about a new benefit equalling a
20 new cost. We've been asked to present a flat budget. And if
21 you add this new cost that means that if we're going to meet
22 that flat budget we're either going to reduce some other
23 benefit somewhere else. Or we're going to increase rates or
24 we're going to do both.

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1 And we won't even know until next summer how much
2 subsidy we actually will have until the legislature finally
3 approves it. And it's my understanding it's approved
4 somewhere May-ish of next year.

5 And so to try to give a simpler analogy we'll be
6 floating a check and hoping that the money is in the bank when
7 we finally get it. And I don't know if that's the right time.
8 I think the HRA portability is a good idea, but we're not
9 going to have the information and knowledge of how much money
10 we have to support this and are we asking participants without
11 them knowing and to increase their rates based on the decision
12 that's going to be made today. And that's just what I wanted
13 to leave on the table.

14 CHAIRMAN DROZDOFF: No, and I think those are all
15 fair points. I mean, it is a difficult time and budget -- you
16 know, being able to budget process, difficult time as we're
17 building budget, certainly don't want to add costs. And as I
18 said, you know, I know you didn't pick -- staff did not pick
19 September 2017 out for no reason, you know, based on what you
20 just said that timing makes sense or at least some sense.

21 I do think that in addition to -- again, if the
22 Board -- if this group decides that's what they want to do, I
23 do think that there are things, I would certainly look to
24 Damon, to you, to Nancy, whomever else, that if the word --
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1 and I realize if people don't read there's only so much you
2 can do, but this is a pretty big deal. We've heard -- we hear
3 stories on the back end that when people find out about it
4 it's almost too late.

5 So I guess I would simply say that regardless of
6 what the Board does in terms of formal action here, whatever
7 -- whatever staff can do, and I'm not saying it's staff's
8 fault by any stretch, whatever staff can do to continue to
9 kind of drive this point home about what this is, I don't have
10 any silver bullets for you or else I'd tell you.

11 But I'd ask that in addition to waiting, if the
12 Board does decide to wait until September 2017, that that's
13 not a reason to try to enhance whatever sort of communication
14 we can do and maybe look to the RPEN folks as well to really
15 get this -- get this point across.

16 Because it's -- you know, we hear it on the back
17 end and it's significant. And I do worry that, you know, we
18 just continue to sort of not deal with it affirmatively or not
19 deal with it so people truly understand what -- you know,
20 what -- what these decisions or lack of decisions will cost
21 them is something we should do our level best to prevent. Not
22 to say it's not happening already, but just maybe read all the
23 literature.

24 So that's my little spiel. Tom, did you have
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1 something else you wanted to say?

2 MEMBER VERDUCCI: In terms of this
3 recommendation, if we were to change the wording from
4 September 2017 to simply just a future date, that would give
5 us the ability of addressing it earlier. And I would be
6 willing to support that motion.

7 MEMBER ZACK: Mr. Chairman, Christine Zack from
8 the south for the record. I actually have a similar
9 recommendation. What if we added at the end of the
10 recommendation with an interim agenda item and discussion
11 within 30 days of receiving the governor's budget.

12 So we'd still have the September 2017 as the time
13 to reassess, but there would be this agenda item and
14 discussion within 30 days of receipt of the governor's budget,
15 so possibly the February meeting.

16 CHAIRMAN DROZDOFF: So, Christine, Tom, you both
17 kind of had dueling motions, I didn't get a second on either,
18 do you guys want to work something out on -- is that -- Tom,
19 is that concept good for you or -- however you want to do it?

20 MEMBER VERDUCCI: The 30 days would be reasonable
21 if we didn't have a Board meeting set up. And I do like
22 Christine's motion, but I'd like to add the wording after the
23 30 days to include something to have a reference to the
24 following Board meeting that would be coming up after the
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1 governor's budget.

2 CHAIRMAN DROZDOFF: All right. So, Christine,
3 I'll kick it back to you. If you want to try to make a
4 motion, sounds like Tom's conceptually on board, let's see
5 what you can do.

6 MEMBER ZACK: I move to approve the staff
7 recommendation that the HRA portability discussion be tabled
8 until September of 2017 to reassess current experience and
9 financial impact to all CDHP participants with an interim
10 agenda item and discussion at the Board meeting that occurs
11 not more than 45 days after receiving the governor's budget.

12 CHAIRMAN DROZDOFF: Is there a second?

13 MEMBER VERDUCCI: I second it.

14 CHAIRMAN DROZDOFF: Tom Verducci for the second.
15 Any further discussion?

16 MEMBER GARCIA: Rosalie Garcia, please.

17 CHAIRMAN DROZDOFF: Go ahead, Rosalie.

18 MEMBER GARCIA: In the -- while we're waiting I
19 would like to suggest if appropriate that we be provided any
20 relevant statistics with regard to the total amount held in
21 HRAs that were rolled from HSAs. Just trying to get some
22 realistic measurement.

23 CHAIRMAN DROZDOFF: Yeah, I think what you mean
24 -- I don't think we do that. I think what you may be after
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1 is, you know -- because I don't think we roll -- HSAs -- or
2 HSAs, they don't -- they don't roll, but what happens is there
3 comes a point where -- as -- as we do it right now that you're
4 just -- the participant is simply not eligible for an HSA,
5 only an HRA.

6 So are you asking how many -- you know, sort of
7 an update on the information we got today about people that
8 have HRAs that end up not using them, is that what you're
9 after?

10 MEMBER GARCIA: Yes.

11 CHAIRMAN DROZDOFF: Okay.

12 MEMBER GARCIA: Yes.

13 CHAIRMAN DROZDOFF: I think that's fair. And
14 that's -- what we got, you know, that would just be an update
15 of some of the information we got today; right, Tena, Kirby?

16 MS. GLOVER: This is Celestena Glover for the
17 record. I provide that information quarterly anyway, what the
18 HRA balances are. So I will continue to do that as part of
19 the utilization report, it's at the end of the report. But if
20 there's additional information you're looking for I can
21 certainly incorporate that.

22 CHAIRMAN DROZDOFF: Okay. Does that work,
23 Rosalie?

24 MEMBER GARCIA: Yes. Thank you.
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1 CHAIRMAN DROZDOFF: Okay. So we've got a motion
2 and a second. Any further discussion? Okay. Seeing none,
3 I'll call for the question. All those in favor please say
4 aye. Any opposed? Motion carries.

5 (Motion carries.)

6 CHAIRMAN DROZDOFF: Okay. So, Board, I think
7 where we're at, it's about 12:35, I believe we've got about
8 another hour to go. We can either take a 15-minute break and
9 come back and finish or we take a lunch break for an hour and
10 come back. Is there any preference?

11 MR. KANDT: Let's power through it.

12 CHAIRMAN DROZDOFF: You okay with 15 minutes?
13 Okay. 15-minute break.

14 (Recess.)

15 CHAIRMAN DROZDOFF: All right. So we'll call the
16 meeting back to order. We are on agenda Item 9. I'd ask the
17 folks from Towers Watson to come on up. And as you are, you
18 know, I think you have the benefit of hearing some of the
19 public comments. As I said, I guess as much of public comment
20 will be at least in terms of questions reflected where certain
21 Board members are as well.

22 So to the extent that you can address what you
23 heard or in addition to what you wanted to say, I think that
24 would be helpful. We'll give you a chance to lay out, say

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1 whatever you'd like to say. And then, Board, you're certainly
2 welcome to chime in as we go or wait until we're finished.
3 With that, Chris.

4 MR. GARCIA: Thank you. Chris Garcia with Willis
5 Towers Watson OneExchange for the record.

6 MS. GATES: Christine Gates with Willis Towers
7 Watson for the record.

8 MR. GARCIA: And first I want to thank you for
9 the opportunity to come speak with you. I do apologize, I
10 know that this was an item that was on the agenda for last
11 month's meeting. And I -- that was my fault, I -- there was a
12 mix up and unfortunately I wasn't able to attend that meeting.
13 We appreciate the opportunity to come speak with you today.

14 With this improvement plan, the service
15 improvement plan that we're proposing or that we've offered
16 and submitted to PEBP. We really wanted to highlight and
17 acknowledge some of the errors and some of the challenges that
18 we experienced in the fall of 2015 during our open enrollment
19 period.

20 As you look at the presentation or if you've
21 looked at the presentation the first chart, which I believe
22 was referenced during public comment, it really highlighted
23 kind of what the experience was that retirees had last year
24 versus the prior year. And I added that information to really
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1 highlight the challenges that we had.

2 As you can see, we had an abandonment rate that
3 was 18.45 percent. For callers who contacted us during the
4 open enrollment period from October 15th through December 7th,
5 we had over 8,000 calls, but over 1500 of those were
6 abandoned. So that gave us like 18.5 percent call abandonment
7 rate, whereas the prior year, so the open enrollment period
8 for 2015, which would be October 15th, 2014 through
9 December 7th, 2014, we had about half the number of calls, of
10 4700 calls we had 390 calls that were abandoned. So it was
11 abandonment rate about 8.25 percent.

12 When you compare the two years it was an
13 increased abandonment rate of 10.2 percent. We certainly
14 acknowledge that we had an increase in call volume as well,
15 our average handle time increased a little bit and the wait
16 time was also a challenge, we had almost 13 minutes where
17 people were waiting this past open enrollment period versus
18 about a five-minute wait the prior year.

19 So we certainly recognize that. I do want to
20 point out that for 2016 we're currently seeing for the last
21 three months the most number of calls that we saw abandoned in
22 a particular month was six.

23 So during our ongoing service for the PEBP
24 retiree population what we're seeing around 1700 calls per
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1 month, we're only seeing about four to five calls abandoned
2 per month.

3 It was a higher percentage or higher abandonment
4 rate in January of 2016 where that was coming out of the open
5 enrollment period and we have a higher call volume during that
6 period, primarily due to people who are new to the plan or who
7 are looking for information about somebody making claims to
8 their HRA.

9 So I just wanted to address that, I think we've
10 made improvements with the ongoing delivery, but we do
11 acknowledge open enrollment was a challenge.

12 I wanted to take the time to kind of address what
13 we're doing to improve open enrollment for 2017, which will be
14 occurring October 15th, 2016 through December 7th of 2016.

15 So we -- in the service improvement plan, and I
16 don't want to go line by line, but we talk about our -- some
17 of the challenges that we have, which were really our -- I'm
18 looking for the right wording for it, the -- the seasonal
19 employees that we brought on, they left earlier than we
20 anticipated. So we have a short window of time to do open
21 enrollment. It's a very specific period, we bring on our
22 seasonal staff. And they typically in the past -- we've seen
23 them stay on for a longer period of time. We saw more
24 attrition with that staff than we had seen in the past. That

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1 was one of the issues that we experienced with this past open
2 enrollment period.

3 With -- we as also saw some issues with our
4 automated system where a person would call in and they would
5 get hung up in the automated system. And they would not be
6 able to go straight to a representative even if somebody was
7 available. So that added to their wait time, added to their
8 frustration and potentially caused them to disconnect and
9 become an abandoned call.

10 So what we've done or what we're looking to do
11 for 2017's open enrollment period is increase our full-time
12 employees, so we're adding additional staffing and we've
13 already started that process.

14 For open enrollment we expect to have across our
15 book of business 1,350 benefit advisors, and benefit advisors
16 are our representatives who are -- who can actually speak to a
17 customer who's calling in about enrolling in a plan.

18 They can go through plan options, plan pricing,
19 all that information. During open enrollment we expect to
20 have 870 customer service representatives. And then for our
21 application process we expect to have 520 application
22 processors. And then 150 customer service representatives who
23 also can process applications.

24 We've also looked at our automated system. And
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1 so we have recently procured. So in the presentation at the
2 time it was created we hadn't acquired or procured an
3 automated system, a new automated system, but we have since
4 this presentation was created.

5 We are going with the genesis platform. We
6 will be -- we will have that system live for our fall open
7 enrollment season. We are in the testing phases right now,
8 but with that automated system we expect to have a large
9 number of additional improvements that will prevent people
10 from getting caught in the cycle where they sit there on hold
11 prior to getting to a representative who is already waiting
12 for them.

13 So those are the primary changes. Chris, I don't
14 know if you wanted to add anything else.

15 MS. GATE: No.

16 MR. GARCIA: So that's the plan I think for 2017
17 open enrollment period. Our leadership team at OneExchange
18 has committed to having for our peak days, our peak days for
19 call volume typically is going to be a Monday during the open
20 enrollment period or the day after say a holiday.

21 So, for example, Thanksgiving weekend we're
22 actually open that Friday, but that following Monday is an
23 extremely busy time period for our call center on that Monday
24 and that Tuesday. For those peak days we anticipate to have

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1 wait times of four minutes or less. For our non-peak days we
2 expect to have wait times of two minutes or less.

3 And this is based off of the call volumes that we
4 had seen in 2016. What we know we're going to have is new
5 members or new participants for open enrollment 2017 as well
6 as our staffing projections.

7 So I'd like to go ahead and pause and see if
8 there's any questions on any of that information.

9 CHAIRMAN DROZDOFF: Any questions? No, just I
10 guess -- we'll just go on what's presented. Otherwise we'll
11 just let him keep going.

12 MR. GARCIA: Okay. So in the rest of the service
13 improvement plan we talk about some of the changes that we've
14 made to communications. We've recently implemented some
15 additional communications for reminding retirees for PEBP
16 around their 365-day deadline to submit claims for their HRA.
17 So we -- essentially occurred towards the end of June, around
18 June 24th we implemented additional language on the
19 explanation of payment document that goes out to everybody who
20 has a claim that's processed against their account.

21 The messaging reminds those individuals for
22 future claims to remember they have a 365-day deadline from
23 the date the expense was incurred to submit that claim for
24 reimbursement.

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1 We've also added an HRA insert to the welcome kit
2 that is sent to participants when their HRA is initially
3 created. So this would be effective for brand-new retirees
4 who are activating their HRA for the first time. That HRA
5 insert includes similar language reminding those individuals
6 of the deadline to submit those claims as well.

7 We are looking at a communication and working --
8 I'm working with Laura Rich and her team to review a
9 communication that we will send out to remind participants to
10 -- that they have to enroll with OneExchange to remain
11 eligible or qualified for their HRA.

12 We have seen in the past where retirees go out of
13 the exchange and they actually -- excuse me, they go out of
14 the exchange and they lose their qualification for their HRA
15 or they lose their subsidy.

16 The intent of the communication is to remind
17 those individuals that they have to contact us if they're
18 thinking about making changes during open enrollment so that
19 we can assist them with those changes and they can stay
20 enrolled through OneExchange and we can be their agent of
21 record and we can still show them to qualify for the HRA.

22 The other section of the improvement plan goes
23 through items that are on a monthly agenda that we have with
24 Laura Rich and her team for a monthly meeting. In that agenda
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1 we talk about multiple items. One of the things that we
2 recently discussed was the number of participant escalations
3 that we have seen. And I wanted to highlight that. And this
4 is under the timing section of the presentation.

5 Going into February of this year we had 83 active
6 participants on that issues log. And I looked at the most
7 recent stat as of Monday of this week, July 7th -- or
8 July 19th we were down to 20 active participant escalations.

9 And an escalation, it doesn't necessarily mean
10 that is an issue, it could be just an inquiry that we're
11 looking at that initially came to PEBP that they brought to
12 our attention for us to research. So we've made progress.

13 And I wanted to highlight that progress even
14 more, the earlier data that we have for mid-May we had 32
15 active accounts and we're now down to 20. So I think that's
16 positive progress that we're seeing in regards to the
17 participant issues log that we have based off of escalations
18 that we receive from PEBP on a regular basis.

19 And we've continued working with Laura and her
20 team to resolve those issues I think in a pretty quick manner
21 based off the individual content of that participant issue.

22 And those were the highlights that I really
23 wanted to address. Were there any questions on the
24 information in the service improvement plan or anything that
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1 I've discussed?

2 CHAIRMAN DROZDOFF: I'm pretty certain there will
3 be. Who wants to begin?

4 MEMBER BAILEY: For the record, Don Bailey. I'm
5 just a little bit curious, I know you're a major corporation,
6 we admire that, we admire actually working with you. But
7 we've had some breakdowns between our membership and Tower
8 Watson. And I know you're saying here you're trying to
9 improve that. And I can see some steps forward. But then
10 again, is that not a corporation problem that's breaking down
11 and not getting to our members?

12 And again, RPEN has been month after month after
13 month asking for some kind of in-state personnel being
14 stationed in the state of Nevada.

15 Now we read that you're opening a new frontier in
16 Arizona. And we sort of feel -- and I say we, me only as one
17 member, and then RPEN has numbers of members are wondering why
18 we cannot get at least one person stationed in Nevada to take
19 care of our needs. Can you address that?

20 MS. GATES: So Christine Gates for the record.
21 We look across the country when we look at where we would
22 place facilities. And it would be great to have a facility
23 like that in the state of Nevada. The choice of Arizona is a
24 corporation choice, it's not a OneExchange facility directly,
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1 it's actually our first facility out of the four offices that
2 we have that will encompass all of Willis Towers Watson areas
3 in that building.

4 So while having that type of service center here
5 would be very nice, we have committed to have representation
6 here, whether it's Chris is here in the state. We also have
7 several other people who appreciate traveling through the
8 state working with Nancy and team doing the communications.

9 As far as our service center staff, they're
10 actually based not just in Utah, they're actually based in two
11 service centers in Richardson, Texas, which has been in place
12 since 2012 as well as our new Phoenix center that will be
13 opening basically August 1st.

14 So, to add more, there could be more in the
15 future, it's really a corporation decision, it's not something
16 that they take lightly.

17 The planning of the service center in Phoenix has
18 been going on for probably the last couple of years looking
19 across the country to see where the best place would be to
20 place the service center like that.

21 But we're not opposed to supporting the PEBP
22 account directly, which is really what we thought we were
23 doing with the pilot program as well as additional personnel
24 coming out and doing meetings and having Chris, although he's
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1 located in the southern part of the state, he is located in
2 the state. And that was his choice to move when we brought
3 him on and he knew he was taking your account was to make that
4 decision to move here to be close to, you know, servicing you.

5 MEMBER BAILEY: Okay. Would it have to be a full
6 service center? I think -- I think RPEN and that membership
7 is looking for an individual in an office. I don't think
8 they're looking for a full center, but I'll let them speak for
9 themselves. But I know they have been after this for months.
10 And I don't think they've been satisfied.

11 So you may want to go back to your corporation
12 officers and express that about the state of Nevada, I'd
13 appreciate it. Thank you, Mr. Chair.

14 CHAIRMAN DROZDOFF: You're welcome. Anyone else?
15 Laura, is there anything you want to add?

16 MS. RICH: Chris -- yeah, Laura Rich for the
17 record.

18 Chris did touch on the fact that we are looking
19 to kind of pre-empt what happened last year in terms of those
20 participants as retirees who are on the exchange who come open
21 enrollment time they get bombarded with, you know -- come to
22 us, you know, we can save you \$20 if you move to our plan and
23 enroll in our plan and then they hop off the exchange and then
24 lose their subsidies. So those \$20 savings is no longer \$20

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1 savings, they're actually paying more.

2 Not only that, but as I referred to earlier there
3 was a statute that once you leave the PEBP plan you now lose
4 any life insurance as well. So some members were also losing
5 life insurance.

6 So we're looking -- we're working together, PEBP
7 and Towers Watson, to kind of pre-empt some of that next year
8 and in the next open enrollment. And, you know, there's only
9 so much we can do. We can send out communications, we can
10 communicate it to our members, but it's just, you know, part
11 of the process. But we hope to improve it next year.

12 CHAIRMAN DROZDOFF: Thanks. Did you want to add
13 to that, Damon, and then we'll go to --

14 MR. HAYCOCK: So for the record, Damon Haycock.
15 Just as an additional update, the whole point of the pilot
16 program was to determine if there was a high enough demand, a
17 need for that in-state personnel individual from Towers Watson
18 to assist our retirees on the Medicare exchange.

19 And it was an agreement between PEBP and Towers
20 Watson to basically test and figure out if the data supports
21 that demand. And I think you heard anecdotal evidence and we
22 have statistical evidence that that demand remains behind.

23 So earlier today I had a conversation with Chris
24 and I asked him point blank to go back to Towers Watson and
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1 remind them that we had discussed demand, and that demand is
2 high and it is our anticipation that we need to have an
3 individual parked in Carson City at our office, similar to how
4 we have with HealthSCOPE, to finally meet the needs that RPEN
5 has been asking for since I started working for PEBP. And I'm
6 sure well before.

7 CHAIRMAN DROZDOFF: All right. Tom?

8 MEMBER VERDUCCI: Tom Verducci for the record. I
9 just want to point out that it appears that your meetings went
10 very well in Carson City, I think a lot of the problem is
11 really just the lack of service.

12 I think if we have people out here, you know,
13 that was a lot of complaints that was put on record and the
14 call time, I mean, 12 minutes on hold is, you know, hard for a
15 retiree. I think that you guys have the ability of providing
16 excellent service, but I think what I'm hearing from RPEN and
17 the staff is that I think we do need a person here to help
18 out. I mean, that's a lot of complaints that were logged.
19 And I think there's a big room for improvement there.

20 It looks like you are taking strides to, you
21 know, take corrective actions and -- but I do think that, you
22 know, we could increase the service level, additional meetings
23 and maybe get a person out there.

24 MR. GARCIA: And Chris Garcia for the record. So
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1 for some of you who aware, we are actually doing the HRA
2 retiree meeting right now in Carson City. We have two of our
3 HRA specialists there today. They were doing retiree
4 meetings -- retiree meeting this morning and then individual
5 appointments in the afternoon.

6 We have another meeting in Vegas next week. We
7 were with a similar meeting design where we have a larger
8 meeting in the morning and those who wanted to have individual
9 appointments would have those individual appointments in the
10 afternoon.

11 So I think we need to look at do we want to
12 continue that program? So that's the pilot program. Do we
13 want to do that on a regular basis each month? Or as Damon
14 and I discussed earlier, taking back the request again, and
15 we've had these conversations internally and I think we're
16 open to it, I think we just need to see if that's something
17 that can really be done where we can have a -- a more
18 consistent presence, whether it's in Carson City or even
19 offering somebody else in Las Vegas.

20 I know Carson City I think is where more the need
21 might be, so we can certainly look at that.

22 MEMBER VERDUCCI: The meetings that you've had
23 here I think it's just more of a -- of a service presence as
24 well as perhaps streamlining the paperwork that retirees need
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1 to complete. There's a way of making it easier for the
2 retirees to submit their claims. I think that would be an
3 outstanding improvement. And appreciate you doing the
4 meetings out here and coming out here today.

5 MR. GARCIA: Thank you.

6 CHAIRMAN DROZDOFF: Anyone else? Down south?
7 Okay. So I'll just -- I'll just have to say this as we move
8 off of this topic, you know, it's not lost on me, the effort.
9 I know that Damon and Laura and I came out to visit you a few
10 months ago.

11 We know that you're having these meetings, you
12 know, and I -- and I do, I applaud that. But I do think it's
13 fair representation to say based on the comments that we
14 received that we're certainly far from there. And I can't
15 articulate precisely why.

16 I would in addition to what Tom said, I truly do
17 hope you continue the real dialogue with RPEN. Because they
18 are the affected folks and they are the ones that I think this
19 Board is waiting to come to a meeting just probably like you
20 are, come to the meeting and say you know what, things are
21 going well, we're happy things are going well.

22 That -- you know, that would be -- as an outgoing
23 Board member I would tell you that that would -- that would
24 certainly make my day that somebody like Marlene got up and
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1 said you know what, this, this and this happened and this
2 is -- this -- this came as a result of it and we're very
3 pleased with where we are. That is -- I would imagine that's
4 going to be the sort of benchmark that the Board uses to
5 evaluate the successfulness from your efforts.

6 And so I just -- I just basically in addition to
7 echoing what Tom said, I -- I strongly encourage you to
8 continue to have that dialogue even if it's -- you know, even
9 if they've got some pretty rough things to say, that's I
10 believe the group that we're going to want to hear from to
11 ultimately determine success.

12 MR. GARCIA: Appreciate it.

13 CHAIRMAN DROZDOFF: All right. Not seeing
14 anything else. We appreciate your time and have a safe trip.
15 Go to agenda Item 10.

16 MR. HAYCOCK: Thank you, Mr. Chairman.
17 Damon Haycock for the record. Agenda Item 10 is my Board
18 meeting executive officer report. I want to touch on the
19 operations part of the plan year kickoff. It began on
20 July 1st, 2016, the same day every year.

21 With Express Scripts though we had our new
22 pharmacy benefits manager. And they were able to immediately
23 start receiving and paying claims. So we were able to see
24 that -- that result day one.

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1 It increased to over 1400 claims by July 2nd and
2 has been fluctuating ever since between 200 and almost 2,000.
3 And that was as of writing this report. It appears we have no
4 major issues with that transition.

5 So I want to thank the folks from Express Scripts
6 and our staff here at PEBP for making that thing work in such
7 a short period of time for implementation.

8 By the end of the 4th of July holiday weekend
9 Doctor on Demand was fully functioning and available to all of
10 our consumer-driven health plan participants. I know because
11 as I was cooking on my grill I was testing it as the guinea
12 pig. So it does work. And at the time of writing this report
13 there was 76 registrations and seven calls for services so
14 far.

15 So we're continuing our communication plan to
16 offer up this provider and this opportunity for folks to have
17 virtual telemedicine. We did have a few hiccups on the
18 beginning of the claim year.

19 Onetime supplemental HRA or health reimbursement
20 arrangement funding was not available to medical retirees on
21 the exchange until the end of the first week. This was a mix
22 up on a file from our eligibility vendor, this is not Towers
23 Watson's mistake, but it was not received in time to post to
24 the exchange, although it has been addressed by all parties.

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1 And speaking with our eligibility vendor and Towers Watson
2 that we've outlined additional steps to be documented to
3 ensure it does not repeat again next year.

4 We also received reports that participants,
5 approximately 85, who changed over from the consumer-driven
6 health plan to the HMO plans were still having their recurring
7 participant scheduled HSA funds pulled from their checking.
8 So we were investigating the issue and working with the pay
9 centers and our HSA management vendor HealthSCOPE to provide a
10 solution. We anticipate all the refunds will go back to those
11 affected participants very soon.

12 We did as you heard already send out a
13 participant survey, it was actually released on the 18th and
14 19th. And we've had approximately 3900 responses in just a
15 few short days that it's been out. We anticipate we will get
16 hopefully thousands more.

17 We have tried to make the process as
18 communicative as possible and to share the importance of
19 responding so that way we can bring back some suggestions and
20 recommendations to the Board for planned benefit design and
21 how we manage costs.

22 The survey will be available for two weeks, so
23 another week from I believe Monday. And then we've also sent
24 out a survey link to RPEN to ask me to share with their
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1 participants that may not have received it via e-mail through
2 our initial blast.

3 We will be bringing back the results of this
4 survey to the September meeting. We -- you know, get a little
5 bit of ahead of myself. We released the HMO RP yesterday.
6 And so that will close, I believe the date it's due to close
7 is September 13th at our Board meeting September 22nd. So we
8 will be able to discuss the results of both the CDHP and HMO
9 responses at that Board meeting. So the Board will be able to
10 and the public hear exactly what the participants had
11 responded.

12 We've also recently had the Aon consulting
13 contract approved by the Board of Examiners last -- earlier
14 this month on July 12th.

15 As you've heard earlier today budget development
16 update, we have of course submitted our budget requests at
17 least for enhancements. And we will be submitting our agency
18 request budget as all other agencies do at the State of Nevada
19 on September 1st. And we will not be able to share any of
20 their results from that review by the governor's office until
21 the governor's recommended budget is announced at the State of
22 the State in mid-January of next year.

23 In conclusion, PEBP experienced a rather
24 successful plan year kickoff, although there are definite
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1 areas -- excuse me, where improvement can and will occur next
2 year. We do anxiously await the results of that survey so we
3 can develop those recommendations and we are of course
4 dedicated to high quality health care at affordable prices.
5 And before I end this survey there's -- I have a couple
6 questions for clarification.

7 One, we had initially decided that we wanted
8 Towers Watson to provide a service improvement plan and to
9 continue to come back to provide updates every month. And I
10 assume that's what we're still doing and they will be on the
11 September Board meeting.

12 And other than that, I wanted to give kind of an
13 idea of what we're looking at for September that we'll be
14 recommending to the chair as part of the agenda for those
15 Board members who have gone through this plan benefit approval
16 process.

17 In September we'd like to bring ideas or -- and
18 suggestions for analysis at the September PEBP Board meeting.
19 It is not the meeting that is generally used to approve plan
20 benefit design, it's also a time for Board members to come to
21 the meeting or even send ahead of time to my staff or myself
22 some ideas that they have and that we can openly discuss them
23 in September. And then walk away with hopefully a motion on
24 what we need to go investigate and analyze for a November
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1 approval meeting.

2 And we will get back with Aon and our other
3 consultants and other folks to try to come up with how -- how
4 these potential plan benefit design changes would look and
5 shake out with the knowledge we have at that time.

6 And then in November they are brought forth for
7 -- for the initial plan benefit design approval.

8 On a year that we have session it's a little bit
9 wonky, that's my word, not anyone else's, but we approve a
10 plan benefit design in November, we end up doing trend in
11 January and then in February the session kicks off. And we
12 still don't have an approved subsidy level. And so we end up
13 having to do multiple budget amendments to -- to the
14 legislature.

15 And finally once we have approved rates we -- we
16 are able to know what the final subsidy is. And there's
17 sometimes some technical adjustments that happen thereafter
18 that Tena and her team will do.

19 So it's a little bit awkward, but just be
20 prepared that the decisions made in November may not be the
21 final decisions approved through the legislative process by
22 June of next year.

23 And with that, that is the totality of my report.

24 And I'll take any questions. Thank you. Mr. Chairman.

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1 CHAIRMAN DROZDOFF: Thanks, Damon. Any
2 questions?

3 MEMBER BAILEY: For the record, Don Bailey.
4 Damon, on the HRA, the vendor that made the mistake, there's a
5 penalty involved, isn't there? And if it is, are we getting
6 it back?

7 MR. HAYCOCK: So for the record, Damon Haycock --

8 MEMBER GARCIA: Mr. Chair, this is
9 Rosalie Garcia, I'm sorry, we could not hear the question.

10 CHAIRMAN DROZDOFF: All right. Don, could you
11 put the microphone on?

12 MEMBER BAILEY: I'm sorry, Rosalie, my question
13 to Damon was the vendor that had made a mistake on the HRA
14 back to the members in a timely manner, was there a penalty
15 against that vendor, and if so, when or will we get a refund?

16 MR. HAYCOCK: So for the record, Damon Haycock.
17 Thank you, Vice Chair Bailey, for that question. First of
18 all, the money that didn't get to the retirees' HRA balances
19 on the Medicare exchange was money that -- or I shouldn't say
20 money, it's a -- it's a balance, it's a total amount that they
21 could use, it wasn't actual cash that gets transferred, we
22 just update the account balances.

23 MEMBER BAILEY: Right.

24 MR. HAYCOCK: Through their third party
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1 administrator. It's my understanding that that has already
2 occurred and that those balances have been updated and are
3 available for use.

4 As far as holding the vendor accountable for
5 missing deadlines, we are in active negotiations on revising
6 performance guarantees to ensure not only this but others have
7 a more robust response. But we have already -- we've already
8 worked out situations where we've asked the vendor to pay us
9 for failure to meet certain requirements.

10 And so we have been able to hold them
11 accountable, but we're still finalizing those guarantees to
12 make sure timeliness and accuracy is apparent.

13 MEMBER BAILEY: Thank you, Damon.

14 CHAIRMAN DROZDOFF: Anyone else? Las Vegas?
15 Seeing none. Okay. We'll go to agenda Item 11. And for our
16 new Board members as -- I mean, kind of gets that, these are
17 recurring items that more often than not, you know, don't need
18 a great deal of time to spend on, but it is an opportunity if
19 there's anything on this list of topics to get pulled.

20 The way we do it is we go through whatever is on
21 the consent agenda, pull anything that any Board member would
22 like to hear about, take action on the balance and then hear
23 the item of issues.

24 So, I'll ask if there is any -- if there's any
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1 interest in any of the items under Item 11 that anybody would
2 like to pull? All right. So hearing none, I would take a
3 motion to approve consent agenda 11 in its entirety.

4 MEMBER BAILEY: For the record, Don Bailey. I
5 move that we agree and accept the action minutes and the
6 agenda item for our minutes.

7 CHAIRMAN DROZDOFF: For all of 11?

8 MEMBER BAILEY: All of 11.

9 CHAIRMAN DROZDOFF: Okay.

10 MEMBER BAILEY: Without change.

11 CHAIRMAN DROZDOFF: All right. So the motion is
12 to approve all of 11 including the action minutes. Is there a
13 second?

14 MEMBER VERDUCCI: I'll second the motion.

15 CHAIRMAN DROZDOFF: And we have a motion -- a
16 second from Tom Verducci.

17 Is there any further discussion on that? Hearing
18 none, I'll call for the question. All those in favor please
19 say aye. Any opposed? Anybody abstaining? Motion carries.

20 (Motion carries.)

21 CHAIRMAN DROZDOFF: All right. So we'll get to
22 Item 12, which is the last round of public comment. I'll go
23 to Las Vegas first. Is there anybody in Las Vegas that would
24 like to make a public comment?

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1 MEMBER GARCIA: Not this afternoon. Thank you.

2 CHAIRMAN DROZDOFF: Thanks, Rosalie. Thanks,
3 Christine. All right. We have a couple up here in Carson
4 City. Marlene will start.

5 MS. LOCKARD: Thank you, Mr. Chairman. I just
6 wanted to comment that on behalf of RPEN and myself personally
7 I am really distressed to learn today that this is your last
8 meeting.

9 Speaking for myself, you might recall that I
10 started this journey with the PEBP Board during some pretty
11 tumultuous times. And I have so appreciated the many
12 courtesies that you have extended me over this period.

13 And I think as a result we have a working board
14 and a relationship with our association that has never been
15 better for a very long time. And I appreciate that very much
16 and I appreciate your professionalism.

17 And I have to tell the others a story. When I
18 got in the elevator coming up this morning with Leo I was
19 being pretty goofy, imagine that, but I was talking about
20 putting on my pompoms and doing cartwheels as I was going to a
21 meeting with Leo today. Little did I know that I should have
22 brought my pompoms and cheerleading outfit to congratulate Leo
23 on his well-deserved retirement.

24 But your retirement is a true loss for the State,
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1 not only to this Board but as your position of director of
2 Conservation and Natural Resources, the State and the
3 legislature and all branches are going to miss you very much.

4 CHAIRMAN DROZDOFF: Thank you.

5 MS. MALONEY: Good afternoon now. And as I said
6 earlier this morning, I'm trying not to be lazy, just
7 efficient. So me too and Godspeed.

8 CHAIRMAN DROZDOFF: And very much the same to
9 you.

10 MS. MALONEY: Thank you.

11 CHAIRMAN DROZDOFF: You're welcome.

12 Peggy?

13 MS. BOWEN: My name and my words for the record,
14 P-E-G-G-Y, Peggy, Lear, L-E-A-R, Bowen, B-O-W-E-N. Lou --
15 Leo, I could not have had a more kind, caring and loving
16 person be in this leadership position.

17 When Ruth Hart first dragged me to my first PEBP
18 meeting Randy Kirner was chair and Jim Wells was executive
19 director. And we went through all sorts of changes and
20 conversations. And they weren't always the most pleasant.
21 And we could agree to disagree and try not to be disagreeable.
22 And sometimes we achieved that and sometimes we didn't.

23 When you became chair of this group humanity
24 entered back into the PEBP Board. Humanity entered back into
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1 your deliberations and fairness entered back into anything and
2 everything that took place.

3 And with the hiring of Damon the transparency
4 came back and having every meeting open and every meeting
5 except one little glitch, access by people from north and
6 south to be able to make public comment. And we hope someday
7 to get the rurals back in that have been on occasion.

8 I would pray that anyone who would even think
9 about being in your position in the future would take a look
10 at the extreme trust and value that came back to this Board,
11 especially when you and Damon became a team.

12 Especially when you worked together to say that
13 you really cared about the medical coverage of human beings,
14 either active, retired State, non-State, it mattered not. And
15 that I would hope in future Boards that you will remember that
16 this Board chose it was important for retirees, whatever their
17 status, have medical care, that they just didn't give their
18 active service to the State of Nevada at low wages and things
19 like that, the insurance was a benefit in lieu of salary
20 increases.

21 And if we remember that, and it's not a gift,
22 it's a quid pro quo exchange instead of for salary increases
23 that you have insurance, that you have a way to take care of
24 yourself, your family and wherever.

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1 And Lou -- Leo, I'm sorry, Lou's on my mind
2 today, I so miss him so very much. Because he was the man I'd
3 call whenever I had a question. And he was in this office and
4 -- and -- and he worked with us and he guided us around the
5 wherewithal of the insurance world and getting our benefits
6 paid.

7 And when family unites together with the goal
8 being taking -- not taking care of but making sure our -- we
9 even our weakest link, our elders and those who are -- have
10 worked all their lives for us. Because right now PEBP
11 represents a whole lot of A and B Medicare. I didn't get one
12 quarter working for the State of Nevada, those are jobs people
13 did elsewhere.

14 Everybody's going to remember the State of Nevada
15 in this situation is an employer, not a gift giver and not a
16 taker away. They work with benefits in order to have people
17 working in their jobs.

18 And that's what this is. This is a -- a part of
19 the agreement of employees to employers, retired employees,
20 employers, benefits from A to B to C, and C's the retirees.
21 And that's how we -- we hope this PEBP Board with -- as the
22 directions that we have had under the most masterful, kind,
23 wonderful, fantastic leader we could have asked for in the
24 whole planet. And selfishly I wish you weren't retiring,
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1 please plan your retirement as you planned your career so that
2 you live a long time and collect a lot of years of benefits.
3 We love you.

4 I've been told by elders, because I'm only 66,
5 that -- that in reality if you don't plan your retirement job
6 for which you receive a paycheck like you planned your career
7 job, like going fishing and cleaning the house and taking care
8 of the car in the backyard lasts for a very short period of
9 time.

10 What lasts is the loss of your social 8:00 to
11 5:00 job of interacting with people and feeling necessary,
12 needed and wanted and having a purpose on this planet.

13 May you have a very purposeful retirement with
14 many smiles. And come visit us once in a while. And thank
15 you for extra than three minutes. I loves you. Bye-bye.

16 CHAIRMAN DROZDOFF: One last time; right?

17 MS. BOWEN: Yes.

18 CHAIRMAN DROZDOFF: Thank you, Peggy. And I
19 think you can see from the Board that the new Board members
20 over here, they've been engaged, they ask a lot of questions,
21 I'm certainly very upbeat that the Board's in good hands.
22 Like I said, the governor will make a very good choice on the
23 next chair I'm sure, but I certainly appreciate all of the
24 well wishes. Thank you very much.

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With that, we'll --

MS. BOWEN: When is the September meeting?

MR. HAYCOCK: 22nd.

CHAIRMAN DROZDOFF: September 22nd. So with that, we'll close. Just a reminder we have a quick non-meeting. And again, for our new Board members this is an opportunity to speak directly with our -- with our attorneys in a -- in a -- not in a public setting.

So I'll ask the balance of the audience to leave. I again appreciate the well wishes and I'll be seeing you around.

(Concluded at 1:40 p.m.)

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

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I, MICHEL LOOMIS, Official Court Reporter for the State of Nevada, Public Employees' Benefits Program Board, do hereby certify:

That on Thursday, July 21, 2016, I was present in Carson City, Nevada, for the purpose of reporting in verbatim stenotype notes the within-entitled meeting;

That the foregoing transcript, consisting of pages 1 through 168, inclusive, includes a full, true and correct transcription of my stenotype notes of said meeting.

Dated at Carson City, Nevada, this 3rd day of August, 2016.

MICHEL LOOMIS, CCR #228

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