

In The Matter Of:
Public Employoyes' Benefits Program Board
Telephonic Open Meeting

May 25, 2017

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PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD
TRANSCRIPT OF PROCEEDINGS
TELEPHONIC OPEN MEETING
THURSDAY, MAY 25, 2017
CARSON CITY AND LAS VEGAS, NEVADA

The Board: PATRICK CATES, Chairman
DON BAILEY, Co-Chair
CHRIS COCHRAN - Member
ROSALIE GARCIA - Member
CHRISTINE ZACK, Member
ANA ANDREWS - Member
TOM VERDUCCI - Member
LEAH LAMBORN - Member

For the Board: DENNIS BELCOURT
Deputy Attorney General

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

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THURSDAY, MAY 25, 2017, CARSON CITY, NEVADA

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CHAIRMAN CATES: Okay. Let's call the meeting to order. This is the Public Employees' Benefit Program Board Meeting, May 25th, 2017.

Let's go to roll call.

MS. PEDROZA: Don Bailey?

MEMBER BAILEY: Here.

MS. PEDROZA: Ana Andrews?

MEMBER ANDREWS: Here.

MS. PEDROZA: Leah Lamborn?

MEMBER LAMBORN: Here.

MS. PEDROZA: Tom Verducci?

MEMBER VERDUCCI: Here.

MS. PEDROZA: Christine Zack?

MEMBER ZACK: Here.

MS. PEDROZA: Jim Wells has been excused.

And Chris Cochran and Rosalie Garcia will be with us shortly.

CHAIRMAN CATES: You can mark them present when they arrive.

MS. PEDROZA: Chair Cates?

CHAIRMAN CATES: Present.

MS. PEDROZA: We have a quorum.
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1 CHAIRMAN CATES: Thank you.

2 Next agenda item is public comment. Public
3 comment will be taken during this agenda item. No action may
4 be taken on any matter raised under this item unless the
5 matter is included on a future agenda as an item on which the
6 action may be taken.

7 Persons making public comment to the Board will
8 be taken under advisement but will not be answered during the
9 meeting. Comments may be limited to three minutes per
10 person, and I will enforce the three-minute rule. Additional
11 three-minute comment periods may be allowed on individual
12 agenda items at the discretion of the chair person.

13 So we have a pretty light agenda. So we're going
14 to take public comment on Item Number Two, and we're also
15 going to take it on Item Number Six. Other than that, we
16 will hold public comment until Agenda Item Number 11. So if
17 you want to speak specifically on six, you will have an
18 opportunity to do that. Otherwise, we'll have public comment
19 now and at the end of the meeting.

20 So with that, do we have any public comment?

21 MS. BOWEN: Good morning. For the record, my
22 words and name for the record P-e-g-g-y L-e-a-r B-o-w-e-n.

23 I was concerned when I was working with my drugs
24 and -- because I take very few and it's as needed, so I
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1 didn't know until recently that Post Scripts has a, you
2 either buy the generic or you pay 100 percent of the price of
3 the drug, unless you can get a waiver. There's a more proper
4 term for that, and I couldn't believe that I had missed that
5 kind of deliberation in the PEBP Board meeting.

6 And so I went back and I reread minutes like you
7 wouldn't believe of the PEBP Board and when RPEN was holding
8 their convention in Elko, and I was only able to watch the
9 meeting via the computer, and we got the hotel to set it up
10 so I did watch the meeting during the computer, and it took
11 like over an hour just to get onto the computer so everything
12 was good. And then -- then when I was watching, there was a
13 blank of almost an hour of your deliberations during that
14 meeting.

15 And I called in to here to tell you to please
16 tell the Board that the computers were out, and we weren't
17 getting your meeting over even the computer and had no way to
18 access it, couldn't make public comment or anything but
19 couldn't, meaning present at the meeting in Elko or anything
20 like that. You could have sent your comments in a couple of
21 weeks earlier.

22 The point was the Post Scripts material, after I
23 made notice to the people here in the office to let you know
24 that the computers were out, and I didn't know if it was just
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1 the Elko computer or the computers were out and people didn't
2 have public access to your meeting, but it was during that
3 period of time that your Board covered Post Scripts about
4 either you buy generic or you pay 100 percent.

5 And what I've come to find out is if there is no
6 generic, you pay 100 percent and going on with that, I would
7 hope that at some point that you would revisit the Post
8 Scripts 100 percent or generic because I think that this is
9 inappropriate for people getting their medications. I would
10 hope that you do that.

11 Regarding the open meeting and the
12 teleconferences, I'm rushing so I observe your three minutes,
13 Mr. Belcourt was kind enough to give me a copy of the section
14 pertaining to teleconferences, and this has come up in the
15 legislature as late as yesterday about the teleconferences
16 and in his single location and that without public comment,
17 except for the written record, people can't respond two weeks
18 in advance for some things that are being said at that
19 moment.

20 And even though you can use that loophole in the
21 open meeting law, that's exactly what I'm going to call it,
22 to restrict access to the meeting in terms of -- of -- I'm at
23 three, okay. Please, you don't have to use that thing with
24 your teleconferences. You can have public comment at both

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1 sections. It's not required to you. Do it teleconferences.
2 It is an option, and you've chose the option of the
3 transparency. Please keep that option in place.

4 And I did beg and ask the legislature to give you
5 more money for postage so that your packets can be mailed out
6 again because otherwise you have to come to Carson City
7 either prior to the meeting or the day of the meeting in
8 order to get your packet. They don't even give us the
9 opportunity to write a check to pay for postage for the
10 packet to be mailed, and that shuts down us being able to
11 work on your thing, and that's a new thing. And I don't -- I
12 appreciate you getting in your budget the mailing of your
13 packets again so that -- that people can work on their
14 presentations and not run over three minutes. Thank you very
15 much. Over and out.

16 CHAIRMAN CATES: Thank you.

17 MS. BOWEN: Oh, today at 11:30, first item on the
18 agenda will be SB502. They were going to do it last time.
19 We ran out of time. We didn't get out of there until almost
20 10:00, and the assembly said first item on the agenda today
21 will be SB502 at 11:30 legislative time when the assembly has
22 their floor session.

23 CHAIRMAN CATES: Thank you.

24 Any other public comment?
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1 Seeing none, we'll close.

2 Any public comment down in Vegas? It doesn't
3 look like it.

4 MEMBER ZACK: Mr. Chair, there is no public
5 comment.

6 CHAIRMAN CATES: Okay. We'll close Agenda Item
7 Number Two.

8 Move to Agenda Item Number Three, approval of the
9 action minutes from the April 20th, 2017, legislative update
10 teleconference meeting. I assume everyone has had an
11 opportunity to review this, pretty short and sweet.

12 Any comments? Any motion?

13 MEMBER BAILEY: Mr. Chair, for the record, Don
14 Bailey.

15 I move that we approve the minutes, action
16 minutes for April the 20th.

17 CHAIRMAN CATES: Do I have a second?

18 MEMBER VERDUCCI: Tom Verducci for the record.

19 I second the motion.

20 CHAIRMAN CATES: Okay, very good. We have a
21 motion and a second to accept the minutes as drafted.

22 All those in favor say aye.

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

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1 CHAIRMAN CATES: Opposed? It's unanimous.

2 Okay, very good. Moving on to Agenda Item Number
3 Four, discussion and possible action regarding potential
4 Board position, recommendations and direction to staff about
5 the 2017 Legislative Bills that may impact PEBP.

6 Damon?

7 MR. HAYCOCK: Thank you, Mr. Chairman. Damon
8 Haycock for the record.

9 There are only three bills left that we are
10 presenting to the Board that still have any major impacts to
11 the Public Employees' Benefits Program. We are tracking the
12 previous bills as those amendments have either virtually or
13 completely removed PEBP from their language or in their
14 bills.

15 There's always the opportunity for last minute
16 additions and amendments, and so we are still tracking all of
17 the bills that we have been since the beginning of the
18 legislature, but these three are the ones that truly affect
19 PEBP as of the time this report was written and it's my
20 understanding at the time of this meeting.

21 So the first two I'll go over briefly, Assembly
22 Bill 382, and I'm going to take them both at the same time,
23 and Senate Bill 289. These are bills that if you recall, we
24 discussed at length at previous Board meetings in regards to
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1 out of network provider reimbursements and the desire to not
2 balance bills with the members.

3 These have some very tricky tricky types of
4 language to kind of come up with a middle ground of where a
5 provider will accept payment that is enough for them to feel
6 they don't have to balance bills a member when they are out
7 of network.

8 These bills have -- haven't really gone anywhere.
9 I'm sure if the sponsors were here, they would disagree. But
10 as far as what's been on the website and what I've seen at
11 the legislature, there's been multiple meetings discussing
12 these bills, but they have gone to a couple of hearings, and
13 they haven't been scheduled for anything additional. So I
14 don't know if they are going to be moving forward or if they
15 are going to come in the last second to the legislature in a
16 final couple of weeks.

17 But there are fiscal notes that PEBP has attached
18 to both of them, a minor one, so Assembly Bill 382, based on
19 the latest amendment that has been posted. Although, my
20 understanding is that that language is potentially going to
21 change if it's going to move forward. And when I've spoken
22 with the various lobbyists that have participated in those
23 work groups, they don't know if it's necessarily going to
24 come to an agreement. So, again, that one is sitting out

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1 there, and SB289 hasn't done anything since April.

2 I'm not going to call it dead because it's an
3 exempt bill, and no bill is dead until the end of the session
4 if that is exempt. However, I don't foresee that bill really
5 going anywhere and put a sizable fiscal note on it.

6 The last one, you heard a teaser from Ms. Bowen
7 this morning at the testimony table is Senate Bill 502, and
8 I'm going to turn over the discussion to the Chair since it's
9 his bill.

10 CHAIRMAN CATES: Thank you, Damon.

11 So SB502, I presented yesterday at assembly
12 government affairs. It has gone through the senate
13 completely. It remains unchanged from our last meeting when
14 the Board voted to approve the bill. It seemed to be very
15 well received. There was minimal comment and as we heard
16 from Peggy, it sounds like it's headed to the floor today
17 which if it passes there, it will be on its way to the
18 Governor's office. I think we're in good shape on SB502.

19 MR. HAYCOCK: So for the record, Damon Haycock.

20 I'm not asking for any change to any position.
21 The Board is in support of 502 which is good because it's
22 moving down the way anyway.

23 The Board is, again, Senate Bill 289 which is
24 fine. That doesn't appear to be going anywhere anyway. And
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1 remaining neutral on 382, I believe it's still appropriate as
2 we don't know what final language may come out and we don't
3 want to come out hard against something if the concerns of
4 the Board have been fixed. So I'm not asking for any
5 actions. If you want to change, now is the time. If not, we
6 can move to the next agenda item, Mr. Chair.

7 CHAIRMAN CATES: Just one last comment to kind of
8 echo what you have already said. The legislature ends at
9 midnight on June 5th. Anything can happen. The rules have
10 been suspended. It's not uncommon to have Frankenstein bills
11 that get resurrected in the last few days for things we
12 thought were all dead, but we'll begin to monitor. I think
13 we're in good shape.

14 Okay. So moving on to Agenda Item Number Six,
15 PEBP 25 -- sorry, that's the next one. I'm confused. Item
16 Number Five, PEBP 2017-2019 biennium budget closing update.

17 MS. GLOVER: Good morning. This is Celestena
18 Glover for the record. I'm the chief financial officer of
19 the Public Employees' Benefits Program.

20 The report before you basically is an overview of
21 our budget closing. Our initial budget closing was heard by
22 the subcommittee on government on May 10th. There were a
23 couple of major changes to our budget. The subcommittee did
24 vote to include additional funding for general fund authority

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1 to help mitigate rate increases for the non-state retirees on
2 our plan.

3 Essentially what it's doing is providing funding
4 so that the premium that an individual pays as a non-state
5 retiree will be the same as that of a state retiree assuming
6 they are on the same plan and tier, same years of service.
7 They are similarly situated in the same manner.

8 As of yet, I have not seen the bill that is going
9 to provide mechanisms to enact that. That will require an
10 entirely new budget account for PEBP. We typically do not
11 receive general funds from the state other than through
12 contributions from employers. I talked to LCB a couple of
13 days ago, and they were not sure when that bill was going to
14 be introduced and approved.

15 The closing also adjusted the enrollment count
16 that we had initially submitted. It increased the number of
17 retirees we believe will be on the plan during the year.
18 Obviously, that number will change every month as people
19 leave the plan for whatever reason. We've gone to the
20 Medicare Exchange, and so we'll see whether those numbers
21 actually fall out.

22 Continuing education for the executive officer
23 and the members of the Board, that has been discussed quite a
24 bit. They voted to put the funding back into our budget.

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1 It's \$16,000 each year to allow Board members to have the
2 continuing education, but they didn't change the bill that
3 eliminated continuing education. So we have the funding, but
4 it's not mandatory as the way it sits right now. Whether
5 that will change again or not, I don't know.

6 And then the final thing is the budget structure.
7 The committee also voted to include some additional funding
8 categories so that we can separate the cost for the non-state
9 and the state participants, whether the retiree or employee.
10 These changes will have to be worked through with the budget
11 office, the controller's office and treasurer's office.

12 What was not understood at the time is everything
13 that goes into these changes, bank accounts and things of
14 that nature. Because of this, we have indicated that, you
15 know, it may require additional staffing in the accounting
16 unit. We're a very small unit, and these changes will
17 essentially double our workload.

18 Employer contributions for the biennium, the AEGI
19 assessment, that's active employee group insurance. That was
20 approved as the Governor recommended. That was \$743 a month
21 in the first year and \$740.92 in the second year. That's for
22 employee contributions. The REGI, which is retired employee
23 group insurance, this was approved also at Governor's
24 recommendation at \$445.03 in the first year and \$451.23 in

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1 the second year, and the Medicare Exchange, HRA continues to
2 be \$12 per month per year service.

3 And with that, I will take any questions.

4 CHAIRMAN CATES: Okay. Thank you.

5 Do we have any questions from the members?

6 MEMBER VERDUCCI: Yes.

7 CHAIRMAN CATES: Tom?

8 MEMBER VERDUCCI: Tom Verducci for the record.

9 Celestena, could you speak for a moment just
10 where exactly we're at on the non-retiree group. Has that
11 gone through the legislature at this point or is it still
12 pending?

13 MS. GLOVER: This is Celestena Glover for the
14 record.

15 The funding was approved at the subcommittee and
16 the full committee, the joint committee, assembly and senate,
17 but they need to introduce a bill. That bill has not been
18 introduced yet. If that bill does not get introduced and
19 does not get approved, we have no way to get the funding into
20 our budget. So at this point, the -- my understanding is
21 they are working on it, but I haven't seen any language. I
22 haven't seen anything for a bill yet.

23 MR. HAYCOCK: For the record, Damon Haycock.

24 Just to dovetail off of what Tena said, we
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1 traditionally have a bill at the end of every session. We
2 call it our subsidy bill that really outlines the
3 contribution percent or the contribution amounts for all of
4 the different groups, and there is a mechanism there that
5 they can attach this language to, and that sometimes doesn't
6 come out until the first week in June, like the last couple
7 of days.

8 And so -- so we're going to wait and see mode
9 right now. We are moving forward as if this is a done deal,
10 and I'll talk a little bit later in my executive officer
11 report how we've already started amassing the resources and
12 project to get this to occur. So we are assuming that it
13 will be moving forward as it was approved at both the
14 subcommittee and full committee levels, and we're just
15 waiting for the technical language to be implemented to the
16 legislature.

17 MS. GLOVER: This is Celestena for the record.

18 One other comment, so keep in mind, session ends
19 a week from Monday, so that language should be introduced in
20 the next couple of days, not -- hopefully not a week from now
21 because its got to hit both sides, assembly and senate, hit
22 the floors, hit the committees so they could do a joint
23 meeting and then hit both floors same day.

24 But typically we see the language by now but
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1 because of this change, I think it's just taking longer and
2 there was some discussion as to whether there will be two
3 bills or they will put it in the assessment bill that Damon
4 was speaking of, and right now we don't know how they are
5 going to approach that.

6 MEMBER VERDUCCI: Thank you very much.

7 MEMBER GARCIA: Mr. Chair, this is Rosalie
8 Garcia.

9 CHAIRMAN CATES: Go ahead, Rosalie. Welcome.

10 MEMBER GARCIA: I wanted to say -- announce that
11 I am present and also there is a small correction to what was
12 stated about the Medicare HRA contributions. Celestena
13 Glover stated that it was \$12 per month per year in service.
14 I just wanted to make the correction that she must have meant
15 \$2 per month per year of service.

16 MS. GLOVER: This is Celestena Glover for the
17 record.

18 No, it is \$12. The \$2 was when we had a one time
19 additional contribution that we provided for the Medicare
20 retirees. The base HRA contribution is \$12.

21 MR. HAYCOCK: And for the record, Damon Haycock.

22 Before Rosalie says it, it's a typo in our
23 report. It's 12.

24 CHAIRMAN CATES: Okay. Any other comments? I
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1 don't see any. I think we'll go ahead and close that agenda
2 item.

3 Move to Agenda Item Number Six, approval of the
4 proposed changes to the medical, vision and prescription
5 drugs and the enrollment and master plan document for plan
6 year 2018.

7 Nancy?

8 MS. SPINELLI: Thank you. Thank you, Mr. Chair.
9 Nancy Spinelli for the record.

10 Updates to the plan year 2018 master plan
11 documents were originally presented to the Board on
12 March 23rd, 2017. After conducting additional research on
13 the cost of air ambulance services, staff is providing
14 additional clarifying language related to the medical plan
15 document.

16 Agenda Item Six also references proposed
17 revisions to the Medicare Part B coordination of benefits and
18 the enrollment and eligibility documents. However, after
19 further consideration, staff will not be making any changes
20 to that document.

21 So today's report, the plan year 2018 medical
22 plan document which the Board approved in March specifically
23 outlines benefits for inter-facility air ambulance transport.
24 However, today staff is proposing the insertion of additional
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1 language as outlined in this report stating that emergency
2 air transport will be reimbursed up to a maximum of
3 250 percent of the Medicare allowable for both inter-facility
4 and emergency air ambulance transports.

5 What this means going into plan year 2018 is the
6 plan will see a considerable savings on air ambulance claims.
7 Currently many private air ambulance companies both in and
8 out of network are allowed to charge whatever they want for
9 their services, sometimes two, three to four 100 percent of
10 what Medicare charges.

11 Establishing a maximum reimbursement limit for
12 the air ambulance services will prevent price gouging which
13 currently exists within the air ambulance industry.

14 Today's recommendation is 250 percent of the
15 Medicare allowable and this is based on a recommendation by
16 HealthSCOPE Benefits. So below you can see the language that
17 we're adding to the -- proposing to add to the medical plan
18 document. The only change that you'll really see here is the
19 -- in this section will be the maximum allowable charge to be
20 250 percent of the Medicare allowable rate.

21 And that concludes this report. Staff is
22 recommending approval for the revision, this one revision to
23 the medical plan document for plan year 2018.

24 CHAIRMAN CATES: Thank you.
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1 I said we would take public comment on this item,
2 so I'll go ahead and open that up now. Does anybody have any
3 public comment on this agenda item?

4 MS. BOWEN: My name and words for the record,
5 P-e-g-g-y L-e-a-r B-o-w-e-n.

6 And you mentioned something about Medicare Part B
7 contribution and how it's done, and what -- what are we going
8 to actually have happen there, please?

9 MS. SPINELLI: Do you want me to comment on that?

10 CHAIRMAN CATES: Sure, go ahead.

11 MS. SPINELLI: So for the Medicare Part B
12 coordination of benefits, we were going to insert some
13 clarifying language in the enrollment and eligibility
14 document but after looking at the language that's in there
15 today, we decided not to make any changes.

16 MS. BOWEN: So things will be done according to
17 the agenda?

18 MS. SPINELLI: Yes.

19 MS. BOWEN: And just a clarifying part, at 11:30
20 today in the assembly, the first thing being heard is SB502,
21 and then they listed almost 20 bills underneath that and it
22 seemed to come across about 9:30, quarter to 10:00 that it
23 was changing all sorts of documents that it was making PEBP
24 an advisory board instead of a board onto themselves. And, I
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1 mean, they must have listened to 15, 20 bills included in
2 that.

3 And that as far as everything and anything that
4 was going to be changed at the recommendation of deleting
5 this from all of the changes that would have been incurred by
6 the bill as originally produced and gone into have been
7 pretty much changed. And as far as the orphans, there was
8 testimony, tremendous testimony about -- about you promised,
9 you promised.

10 CHAIRMAN CATES: This is about this agenda item.

11 MS. BOWEN: This is about this agenda item but
12 the technical adjustments for this. I'm just trying to
13 prepare you for 11:30 that it's going to be an all inclusive
14 about don't know what they are going to have a bill for the
15 orphans and stuff like that just because this is the only
16 time I can get up and say that. Thank you.

17 CHAIRMAN CATES: Thank you.

18 Any other public comment on this agenda item?
19 Any comments from the Board?

20 Go ahead, Tom.

21 MEMBER VERDUCCI: Tom Verducci for the record.

22 I just wanted to ask about the procedure with the
23 250,000 dollar air transportation. What would happen in the
24 event that someone incurred say a 300,000 dollar that went
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1 over the cap, what would be the review procedure so that
2 additional amounts wouldn't come out of their pocket? It
3 would be negotiations with the providers in terms of how much
4 they are charging? What would be the procedure that would --
5 that PEBP would go through to ensure that participants in the
6 program do not have excessive out of pocket costs?

7 MR. HAYCOCK: So I'll take that on. Damon
8 Haycock for the record.

9 That's a good question, Mr. Verducci, and really
10 it depends on a couple of key factors. One, is it in network
11 or out of network? If it is out of network, out of network
12 providers, whether they are air ambulance or any type of
13 provider, are not bound by in network discounts, and so they
14 can bill whatever charges that they feel are appropriate, and
15 then the plan will generally attempt to negotiate those
16 charges down.

17 We'll use anything from a percentage of Medicare
18 to an established database that we maybe purchased access to
19 that is a database of all charges that are similar, and we
20 will -- we will do a back and forth negotiation with an out
21 of network provider to attempt to settle out.

22 And for the most part and since we're talking
23 about emergency services, the air ambulances, when -- we
24 actually have about two percent that are out of network. So
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1 the bulk of everything we do is in network and the only real
2 concern that has been elevated to my level about folks
3 getting this balance bill is air ambulance, but it's out of
4 state.

5 We've been hit with a couple of them for out of
6 state charges that we can't even touch, and there's no law we
7 can even ask the legislature to pass to regulate these air
8 ambulance companies because they all fall under the Airline
9 Deregulation Act of 1978 and the Courts have determined every
10 time a health plan tries to pass an actual regulation or a
11 state tries to pass regulation, it gets overturned at the
12 district court level because of this anti or excuse me,
13 Airline Deregulation Act.

14 So we do our best to negotiate this. This gives
15 us another tool in our toolbox to do so. So for every person
16 we fly on air ambulance, we are paying the equivalent of two
17 and a half people that are on Medicare, and that number was
18 determined with the assistance from our third party
19 administrator by kind of coming up with what do they bill and
20 what do we pay and where is the middle ground, and so we're
21 trying to be fair and reasonable but also maintain the
22 fiduciary responsibility that this Board has for this
23 program.

24 **MEMBER VERDUCCI:** So as far as reasonable costs,
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1 what -- is there any type of oversight that is in place? So
2 you mentioned earlier gouging. If we do have an excessive
3 bill that does come across PEBP, would that be reviewed to
4 see if there could be an exception made so the individual
5 would not be on line for catastrophic out of pocket expenses?

6 MR. HAYCOCK: For the record, Damon Haycock.

7 Another -- another good question and where you're
8 talking about is a very touchy subject that's hit across the
9 nation in all health plans and all states. There are states
10 that have been trying to pass -- pass laws to prevent that
11 type of process. So far the best that a state that I've seen
12 has been able to accomplish is that where there's a
13 disagreement on a bill, that there needs to be an established
14 mediation process, where an outside mediator makes a
15 determination based on some knowledge, some information.
16 Nevada doesn't have that in law right now.

17 And as you've heard multiple times today, the
18 legislature is almost out of session. I don't want to be the
19 guy that goes and try to find a legislator that says will you
20 add this. Although, I will tell you on some of these other
21 bills for out of network services, I did ask the sponsor if
22 they would throw something in for air ambulance and it's
23 difficult because of this -- this Airline Deregulation Act,
24 how much they feel they can and can't do.

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1 And so we do try to negotiate, but there are
2 times when we have to stand strong, and I think we talked
3 about one of those last year where there was an air ambulance
4 transport from Texas to Reno and PEBP was billed half a
5 million dollars, and we said no. And we said we were going
6 to pay what we felt was the usual and customary rate which
7 was I think it turned out to be about \$26,000. And they said
8 they were going to appeal and they were going to balance bill
9 the member, and they got the member calling us and the
10 member's family calling us. And we said, you know, we're not
11 going to pay half a million dollars to fly somebody anywhere.
12 We could buy the plane for that.

13 And so -- and so we stood strong and in the end,
14 they accepted our payment, and so it's a very touchy, touchy
15 situation because you want to push back hard, but you don't
16 want to push so hard that our membership is jeopardized. So
17 we take that into account on every negotiation we have, but
18 let's not forget that because air ambulances are not
19 regulated, the bulk of them across the nation are not in
20 network because they don't have to be.

21 And it's not like you're going to be on the side
22 of the road after a four-car pile up and say are you in
23 network? Are you going to fly me to the hospital I need to?
24 No, you're going to take that flight and your life is going
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1 to be saved, but then they are going to get you or they can.
2 Some air ambulance companies are better than others.

3 But this -- we feel this is the step in the right
4 direction. If it turns out to cause some major impacts to
5 our membership, we'll bring you back to the Board and say
6 let's not do this in the future, but we want to stand strong
7 because we've been able to successfully manage the cost of
8 our plans by making these types of decisions.

9 MEMBER VERDUCCI: Thank you very much.

10 CHAIRMAN CATES: Any other comments or questions?

11 Anybody like to make a motion to accept the
12 staff's recommendation to approve the modifications to the
13 plan year 2018 medical, vision and prescription drug master
14 plan document as stated? That sounds like a motion, huh?

15 MR. HAYCOCK: Yeah.

16 CHAIRMAN CATES: Anybody want to make a motion?

17 MEMBER ANDREWS: Ana Andrews for the record, so
18 moved.

19 CHAIRMAN CATES: Thank you.

20 Do we have a second? I'm sorry, go ahead.

21 MR. BELCOURT: Public comment in Vegas.

22 CHAIRMAN CATES: Oh, I didn't ask for public
23 comment in Vegas, I'm sorry.

24 Is there any public comment in Las Vegas?
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1 MEMBER COCHRAN: No.

2 CHAIRMAN CATES: Okay. Thank you. So we have a
3 motion.

4 Do we have a second?

5 MEMBER BAILEY: For the record, Don Bailey. I
6 second that motion.

7 CHAIRMAN CATES: Okay. So we have a motion and a
8 second to accept staff's recommendation. All those in favor,
9 signify by saying aye.

10 (The vote was unanimously in favor of the
11 motion.)

12 CHAIRMAN CATES: Any opposed? Carries
13 unanimously.

14 Okay. Let's close Agenda Item Number Six and
15 move to Agenda Item Number Seven. Operations officer report
16 on plan year 2017, third quarter activities for plan year
17 2018 initial open enrollment statistics.

18 MS. RICH: Good morning. For the record, I'm
19 Laura Rich, operations officer for the Public Employees'
20 Benefit Program, and I am providing a summary of the first
21 half of open enrollment statistics.

22 Before I go into the specifics of the report, I
23 just want to for the benefit of the newer Board members and
24 the public as well just go into, explain a little bit of what
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1 goes into open enrollment and the sheer amount of preparation
2 that goes into it.

3 So back in November and January, the Board made
4 plan benefit design decisions and as of that moment, all 32
5 staff at PEBP really had to start our open enrollment
6 preparation, and there's a lot of work that goes into it.
7 There are plan guides. There are master plan documents that
8 need to be updated. There's website content. There are in
9 this case, this year we had system updates that we had to
10 implement in order to accommodate a new plan design as well,
11 the HMO plan design. So it's very time intensive.

12 Damon, actually, he set the stage as well and put
13 out a lot of communication as well as our vendors to
14 communicate to our participants and keep them informed
15 through that process leading up to open enrollment which is
16 May 1st through May 31st. So we're about halfway through --
17 this report goes halfway through open enrollment.

18 So the first thing we did is through open
19 enrollment, we typically use a vendor to support our call
20 center. Our call center -- the call volume goes up quite a
21 bit. It increases through starting up about mid-April all
22 the way through July 31st. Our call center is made up of
23 nine staff. So it's very difficult for them to take all of
24 the entire call volume. So we've contracted with Morneau
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1 Shepell, they are -- their call center roll-over services and
2 as we -- you know, we have in the past. We did it this year
3 as well.

4 And myself and a -- another staff member from the
5 member services went out to the Morneau Shepell Call Center
6 facility out in Pittsburgh earlier this year in April, and we
7 trained their staff and that face to face training really
8 helped out this year. It was really beneficial. I've seen
9 just throughout the difference between last year. And this
10 year the staff has really been able to -- their call center
11 staff has really been able to monitor the calls more
12 effectively with that in-person training that we provided
13 them, so that was very successful, and I think we'll be doing
14 that in the follow-up years.

15 Call center statistics, what I want to look at
16 here is if you look at the chart, I want to highlight that if
17 you look at the Morneau roll-over calls, we're at 307 calls
18 that have been rolled over to Morneau. That is calls that
19 our staff were not able to handle. And if you look at plan
20 year '15 and plan year '16, you're looking at either, you
21 know, close to 5,000 for the entire open enrollment period in
22 plan year '15, a little over 3,000 in plan year '16. We're
23 307 in halfway through. So even if you double that, we're
24 looking at about, you know, six to 700 calls rolled over to
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1 open enrollment. So that really speaks to the success of our
2 own staff and what we're able to handle internally.

3 As well as if you look at the bottom of that
4 chart there, the PEBP total e-mails, you can see that those
5 e-mails have increased pretty dramatically over the years,
6 yet our staff has not. So we really had an excellent staff
7 that's been able to step up and answer these e-mails. I know
8 that, you know, I get correspondence pretty frequently from
9 members that will write in and thank our staff for the, not
10 just the accuracy but the thoroughness of their responses to
11 those e-mails. So, you know, that just speaks to the
12 excellent staff that we have.

13 Moving on to enrollment meetings, every year PEBP
14 puts on, we host open enrollment meetings for participants
15 throughout the state. In the past, Nancy Spinelli, who was
16 our previous PIO, had put these on, and she presented along
17 with our vendors. And this year, obviously, we have not
18 filled her position yet since she moved onto the quality
19 assurance position. So we had to have -- we depend on other
20 staff to really step up and to put these on, coordinate with
21 our vendors and put these on throughout the state.

22 And we were able to host a series of 12 of these
23 meetings in Elko, Carson City, Reno and Las Vegas and in
24 those, we had about 533 participants attend. Those open
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1 enrollment meetings give participants an ability to show up,
2 to get that information, to ask questions and to meet with
3 our vendors as well. So I think it's really beneficial for
4 our participants, and I think that, you know, we got some
5 really good feedback from those. And, again, that also
6 speaks to the excellence of our staff and also our vendors as
7 well who really helped out with those open enrollment
8 meetings and without the help of our vendors, we would not
9 have been able to do this.

10 Then we've got the pre Medicare retiree
11 informational session. Damon touched on this I think last
12 time in his executive report, but we in March put on, we
13 started a series of informational sessions as these are
14 weekly in our office in Carson City. We have retirees that
15 come in everyday, daily that are asking for assistance. They
16 want that hand-holding through the Medicare process which it
17 can be overwhelming and confusing to a lot of people, and so
18 we saw a demand for this. So our members services staff
19 started putting on these informational sessions, and we've
20 had actually really good success with these.

21 RPEN has also let their membership know so we've
22 had a steady attendance to these. We've also communicated it
23 too through our different communications, through e-mails,
24 through Damon, newsletters, and I think it's been actually
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1 really successful. We've had a lot of people come in and
2 thank us for doing this.

3 We've also -- so right now we're only doing these
4 in Carson City, but we're looking at offering these either
5 through some kind of distance learning solution. We haven't
6 quite gotten that -- those details ironed out yet, but what
7 we want to do is offer this to members throughout the state
8 and not just have them be able to listen but also participate
9 as well. So we're trying to figure out a solution to that,
10 and we hope to implement that here soon.

11 But for right now, that presentation is also
12 available on-line, and I know it's being utilized. We have
13 authorized reps out in the community who have PEBP
14 participants coming to them and wanting to enroll in Medicare
15 plans, and they are referring them to that on-line resource
16 so that they can -- they can enroll through Towers Watson and
17 not lose out on their benefits, so that's been a really good
18 resource as well.

19 So to conclude, I think that just the focus on
20 communication and the training and really the -- the
21 relatively minor plan changes that we've had this year have
22 really led to a fairly smooth open enrollment so far, and
23 we're hoping that it continues for the next week that we have
24 left.

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1 So with that, I'll take any questions.

2 CHAIRMAN CATES: Thank you, Laura.

3 Any questions from the members? I don't see any.
4 Thank you.

5 Close Agenda Item Number Seven and move onto
6 Agenda Item Number Eight, discussion and possible action on
7 approving the development of two-year contract extensions
8 regarding Consumer Driven Health Plan.

9 Damon?

10 MR. HAYCOCK: Thank you, Mr. Chairman. For the
11 record, Damon Haycock.

12 I'm here to present today the contract extension
13 opportunities. I'm hoping that the Board will see the merit
14 in utilizing our existing vendors. And what I want to touch
15 on before we get into the actual report is the difference
16 between a vendor and a partner. I'll never forget the
17 comment that the purchasing administrator said that he hated
18 the term vendor. It reminds him of people throwing peanuts
19 at a baseball game and I agree with him wholeheartedly. I
20 think that those folk that work diligently hand in hand with
21 our state agencies and produce successful and excellent work
22 product and services, they are more than just vendors. They
23 are partners.

24 And how do we reward our partners? We reward
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1 them with our business, but also how do we continue to get
2 the best results from our partners is we keep pushing
3 everyone to be more excellent.

4 And I found an opportunity to try to ensure that
5 with a financial stability and the concern that, you know,
6 we're moving benefits from enhanced to the base plan and who
7 knows what the next session is going to provide, how do we
8 position ourselves as an agency and as a health -- and a
9 program of benefits to continue to be ahead of that
10 inflation.

11 We've had two really good years, really good
12 experience years, really good medical cost years, and I still
13 to this day can't explain 100 percent why we're having such
14 good years. I think it's because we take these types of
15 opportunities among all of the wonderful things that our
16 staff and our partners do for our membership, but I'm an
17 opportunist at heart, and I hate leaving money on the table
18 when it's available.

19 And I want to talk a little bit about a couple of
20 our partners today, one is HealthSCOPE Benefits. They have
21 been our third party administrator for our self-funded
22 medical and dental plan all the way back since 2011. In
23 2015, the PEBP Board did approve a contract extension for
24 their third party administrator services, and that contract
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1 approved by the Board which included an annual budget of
2 almost \$1,000,000 a year. So once again, we have an
3 opportunity to move some services over to our great partner,
4 and they are not asking us -- you know, they are not
5 accepting it with a handout. They are saying, you know,
6 we're willing to do this for you because we believe in long
7 term partnership with the program.

8 And now they have also agreed to revise existing
9 performance guarantees to clean up some of the excessive
10 punitive language that really we've kept the same guarantees
11 for years and as we've learned from those with other vendors
12 and procurement processes, we found basically a better way to
13 build a mousetrap with those that protects the plan and
14 protects the vendor or the partner better, and so we want to
15 do a little bit of cleanup there, but they are also willing
16 to forego bonuses that were built into the contract for
17 exceeding guarantees, and the removal of those bonuses will
18 save us about \$225,000 a year.

19 So yet again, I want to highlight the partnership
20 that there's no requirement for our vendor HealthSCOPE
21 Benefits to do these things. They have a side contract with
22 the state, and they are owed the money that is built into
23 their contracts, and they don't have to do these things for
24 PEBP, but they continue to step up to the plate and do so.

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1 And so we have proposed to them and they have
2 agreed to provide us another two years of services to PEBP
3 at, again, no increase to the administrative fees. So that
4 basically gives us a flat admin fee for a total of seven
5 years since 2015.

6 So I just -- I can't speak highly enough about
7 entities that want to truly partner with the state and when
8 it makes sense, do we want to maintain long term
9 relationships with them? I think in this instance, they have
10 proven time and time again that they are, and you're going to
11 hear me in September give the state of PEBP report, and I'm
12 going to talk about all of the cost savings and why some of
13 the reasons that we have been able to save money and keep
14 costs down and keep rates down. A lot of things I say to the
15 Board and I say to the legislature, I'm going to be honest,
16 they are not all my ideas. The out of state network change
17 was HealthSCOPE's. That saved us -- it probably saved us
18 about \$2,000,000. They don't have to do that. All they have
19 to do is pay our claims appropriately.

20 So I just want to highlight some of those things.
21 I don't know if they get enough credit for the things that
22 they do when they partner with the State of Nevada and with
23 the Public Employees' Benefit Program.

24 I also want to shift over to Hometown Health
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1 Providers and Sierra Healthcare Options, again, two partners,
2 not just vendors who are willing to help PEBP even when times
3 aren't as dire as they can be. Our current contract for our
4 statewide preferred provider organization network services is
5 also due to expire but not until June 30th, 2019. And in an
6 effort to continue to manage our costs, we reached out to
7 both of those networks, and we wanted to negotiate extensions
8 with reduced rates.

9 The current contract allows for five percent
10 increases annually to administrative fees. So here's what we
11 proposed to both networks and amazingly, they agree, right,
12 that we want to extend their contract out to 2021, a two-year
13 extension, but we want them to forego the five percent
14 increase in administrative fees for the last year of the
15 current contract. So we are asking them to take a haircut on
16 the current contract in the last year. And then we don't
17 want them to increase their admin fees for the other two
18 years of the contract because we want to have this long term
19 sustainable financially solvent plan, right. We want to make
20 sure we manage our costs well into the next session and
21 beyond.

22 So the anticipated savings by this proposition
23 was about five percent, right, that five percent admin fees
24 in 2019, the last year of the contract, but an additional
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1 five percent in 2020 that had we extended it with the current
2 mechanism and the current pricing, they would have gotten
3 five percent more which would have been, again, ten percent
4 more than what they had in '18 and then an additional five
5 percent in 2021 which would have been 15 percent more than
6 they had in '18. So you can see how these savings start to
7 compound themselves. So the total savings just for the three
8 years, that's the two-year extension and the haircut they're
9 taking in the last year is just over \$450,000 in admin fees.

10 And, again, they don't have to do this. They can
11 accept our admin fee every month and provider services as
12 long as they are meeting their requirements and they are
13 acting in good faith, we are required to pay them for
14 contract, but they are willing to do this for PEBP.

15 Let's also not forget back in 2016, last year,
16 that we reached out to all networks in Southern Nevada to
17 assess discounts and administrative fee differences compared
18 to the current contracted SHO network. We were concerned we
19 might be losing show, changing over at that time Anthem HMO
20 plan, and we were able to through our actuaries and determine
21 and analyze a report that that network, the SHO network
22 outperformed other networks in Southern Nevada for PEBP by
23 approximately five to seven million dollars a year.

24 So adding these savings to that already
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1 administrative fee savings of \$455,000, you can look at it as
2 what is the opportunity cost? What would happen if we didn't
3 go with them? We could be absorbing ten and a half million
4 dollars of more cost through 2021 if we weren't able to do
5 something like this.

6 So, again, I want to showcase that we have
7 partners. For those of you that were with the state or
8 remember years ago, I think it was under Governor Gibbons,
9 times were so tough that he asked all agencies to reach out
10 to the vendors and take a 15 percent reduction in their
11 contracts, and many vendors and partners did that for the
12 state, and the state was very appreciative.

13 We're not under that situation right now. So
14 there's no -- there's no financial crisis that is driving
15 these savings. This is just good old-fashioned good
16 negotiating, and this is good old-fashioned partnership, and
17 so we are very excited to present these opportunities to the
18 Board. You can say no, and we can move forward, as we are,
19 as is your right as Board members, but we believe they
20 represent the spirit of partnership going well beyond that
21 traditional transactional relationship between vendors and
22 clients to a shared risk and shared cost outcome from
23 multiple years to position us better and to continue to
24 provide access to high quality healthcare at the affordable

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1 prices to our membership.

2 And I personally want to thank HealthSCOPE,
3 Hometown Health Providers and Sierra Healthcare Options for
4 bringing these opportunities and agreeing to these
5 opportunities with the Public Employees' Benefits Program.

6 And today we have the purchasing administrator,
7 Jeff Hague, if you want to come up and say anything, Jeff, or
8 if you want to have questions for him. If you don't mind
9 coming up to the table, and this isn't something that Damon
10 just concocted on the outside. We always go through our
11 procurement process. I don't know if you want to add
12 anything to that, Jeff.

13 MR. HAGUE: Thank you, Damon. Jeff Hague for the
14 record, administrator of state purchasing.

15 I don't have anything really additional to add
16 other than I agree wholeheartedly with the thoughtful
17 approach that you took, your agency took in discovering and
18 exploring these opportunities with HealthSCOPE, Hometown
19 Health and Sierra Health Options.

20 I'm a big proponent of contract extension. When
21 that contract extension facilitates an environment that
22 allows the state's participating members in this case to
23 receive better service at a lower cost, and I think you guys
24 accomplished that pretty well here. So I'm happy to answer

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1 any questions you have.

2 MR. HAYCOCK: One last thing, Damon Haycock for
3 the record, and I'll turn it back to you, Mr. Chair.

4 Not to be outdone, we have another partner that
5 has offered to save us additional money, and I'll be bringing
6 that opportunity back at the July meeting. I couldn't get it
7 on this agenda fast enough and due to the open meeting law,
8 I'm not going to get into the details, but we have another
9 partner that is willing to provide us with cost savings at,
10 again, no additional costs for extensions, and I think it's a
11 great momentum to get something and give something and
12 receive something all at the same time while continuing great
13 partnerships with the folks that we do business with.

14 And with that, I'll turn it over to you,
15 Mr. Chair.

16 CHAIRMAN CATES: Thank you, Damon. Great report.
17 It's a lot better alternative than going out to new
18 procurement which is very costly both for the state and for
19 the vendors. I think that's how you end up driving up costs
20 not down, so good work.

21 Does anybody have any comments on the report?

22 MEMBER GARCIA: Yes, Mr. Chair, this is Rosalie
23 Garcia.

24 CHAIRMAN CATES: Go ahead, Rosalie.
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1 MEMBER GARCIA: I have a question probably for
2 Mr. Hague. Do the changes or upgrades that our partner is
3 providing to the plan, do they materially affect the
4 conditions of the original RFP?

5 MR. HAGUE: Thank you for the question. Jeff
6 Hague for the record.

7 So I did not review the solicitation, the initial
8 solicitation in conjunction with PEBP's conversations with
9 these vendors to extend these contracts, but I'm -- I don't
10 want to speak for Mr. Haycock, but I'm trusting that he did
11 review the initial scope and to the extent that I understand
12 it and have reviewed it historically, these amendments do not
13 make material changes to the original book of business that
14 we were procuring back in, what, 2013 I think it was, when
15 they were initially awarded.

16 MR. HAYCOCK: For the record, Damon Haycock.

17 I would like to just add a couple of pieces to
18 that. We'll do the easy one first. Hometown Health and
19 Sierra Healthcare Options, this is just adding time and money
20 to this contract. The typical extension, it doesn't change
21 what the solicitation does. That's how all extensions are
22 put in and in the original solicitation we put, and I think
23 it's in the contract or other place, that the state reserves
24 the right to extend contracts without going back out to bid.

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1 The change to HealthSCOPE --

2 MEMBER GARCIA: Excuse me.

3 MR. HAYCOCK: Sorry, go ahead.

4 MEMBER GARCIA: I do understand that part
5 certainly, and I do love extensions also, but I just want to
6 be cautious with regard to the partners extending benefit
7 which might materially affect the original RFP which would
8 then put other potential partners at a disadvantage.

9 MR. HAYCOCK: Very good point, Rosalie. This is,
10 again, Damon Haycock for the record.

11 The current and the benefit that I think may fall
12 under that category is the Diabetes Care Management Program
13 and when HealthSCOPE Benefits initially bid, they also bid on
14 disease management program and went and did a thorough review
15 of the RFP, and they currently today provide us with the
16 Obesity Care Management Program which is another disease
17 management care program. So we believe that this adheres to
18 the spirit of the original procurement process and that we're
19 not -- we're not eliminating competition. We're simply just
20 extending the duties that were approved in the original -- by
21 the original committee.

22 MEMBER GARCIA: Thank you.

23 CHAIRMAN CATES: Any other comments or questions?

24 MEMBER COCHRAN: Mr. Chair, this is Chris
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1 Cochran.

2 I just want to make sure I'm clear on the
3 extensions for Hometown Health and Sierra Health Partners or
4 Sierra Health Options. Will this put them on a cycle then
5 that when the contract is relet in say after the extension
6 that it will include a full service of products contract
7 including the HMO's or are they still going to be off
8 schedule?

9 MR. HAYCOCK: For the record, Damon Haycock.

10 Excellent question, Dr. Cochran. That was the
11 catalyst for my wanting to reach out to them is to align
12 those two timeframes so that way we would not have these mid
13 contract periods where certain services would be available
14 and certain services may not.

15 And so cognizant to what the Board had explained,
16 I think it might even have been Ms. Garcia last year that
17 said is there a way for us to not have to go through this
18 again by extending or aligning those dates. That's precisely
19 what this contract extension does.

20 MEMBER COCHRAN: Okay. Thank you.

21 CHAIRMAN CATES: Any other questions?

22 Tom?

23 MEMBER VERDUCCI: Yes, Tom Verducci for the
24 record.

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1 These are very impressive cost savings, and my
2 question would be what would the normal procurement process
3 be in terms of the contract cycle? Is it typically like a
4 five-year cycle, and is there any NRS requirement that does
5 require that we go out to bid?

6 MR. HAGUE: Great question. Jeff Hague for the
7 record, administrator for state purchasing.

8 Thank you, Mr. Verducci, for the question. So
9 there -- the traditional contract cycle time is four years.
10 There is nothing -- however, on a frequent basis we will
11 negotiate contracts for less or more time, depending on the
12 subject matter, the needs of the agencies that we're
13 supporting, but I would say, you know, typically we're
14 looking at a four-year contract period, and often we'll build
15 in renewal options just depending on what we're doing. There
16 is nothing in NRS or NAC that addresses contract extensions.

17 In Sam 338, section two, there is a sentence that
18 says it is the general policy of the board of examiners that
19 contracts will not be extended beyond four years. So that's
20 really the only thing in policy, if you will, that addresses
21 contract extensions, but it's just a general policy, again,
22 as stated.

23 And in my conversations with -- with Director
24 Wells, who obviously is the clerk of the board, of the board
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1 of examiners, he too is a proponent of contract extensions
2 when it makes good business sense for the state and I think
3 as I articulated earlier, the thoughtful approach that
4 Mr. Haycock took in this case, the significant cost savings
5 that you reference is absolute justification as to why we
6 should entertain an extension in this case.

7 I think another really key point that Mr. Cochran
8 mentioned is that in extending the Hometown Health and the
9 Sierra Health Options, it now brings these contract term
10 dates into alignment with the HMO agreements. I think that
11 will put the state and PEBP in a much a much more productive
12 position, if you will, to renegotiate these at that time.

13 MEMBER VERDUCCI: Thank you very much.

14 MR. HAGUE: You bet.

15 CHAIRMAN CATES: Any other questions, comments?
16 Go ahead.

17 MEMBER BAILEY: I move to approve the two-year
18 extensions on HealthSCOPE and Hometown Health Providers,
19 Sierra Healthcare Options.

20 CHAIRMAN CATES: Okay. We have a motion.
21 Do have we have a second?

22 MEMBER GARCIA: Rosalie Garcia, second.

23 CHAIRMAN CATES: Okay. We have a motion and a
24 second to accept the recommendation to approve two-year
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1 extensions with HealthSCOPE Benefits, Hometown Health
2 Providers and Sierra Health Options. All those in favor of
3 the motion signify by saying aye.

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

6 CHAIRMAN CATES: Any opposed? Motion carries
7 unanimously.

8 Okay. Move onto Agenda Item Number Nine,
9 executive officer report.

10 MR. HAYCOCK: Thank you, Mr. Chairman. Damon
11 Haycock for the record.

12 Before I get into my report and the substance,
13 which isn't huge, I want to present an opportunity at this
14 point or take the opportunity to publicly recognize one of
15 our board members who is going to be cycling off the Board at
16 the end of June. Ms. Rosalie Garcia has been with the Public
17 Employees' Benefits Program Board. She was appointed in
18 September of 2013, and her first meeting I believe was in
19 that next October. So for almost four years she has
20 honorably served the Board and the membership for the Public
21 Employees' Benefits Program, and she informed me she will not
22 be seeking reappointment and, therefore, her final day on the
23 Board will be June 30th.

24 And I wanted to not only publicly but personally
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1 thank you, Ms. Garcia, for your -- your knowledge and your
2 wisdom and the opportunity to speak with you both in Board
3 meetings and personally as I believe I have grown from
4 listening and learning from the things that are important to
5 you and to the people you represent, and I think those down
6 in UNLV and the employees as a whole are better off because
7 you have served on this Board, and I just wanted to say thank
8 you.

9 MEMBER GARCIA: Well, thank you. The Governor's
10 staff did select me to be appointed to the Board, and I
11 sincerely appreciate being able to serve the State of Nevada
12 Employees, and I hope to continue to as so. It's been fun.

13 MR. HAYCOCK: Thank you. Thank you, again,
14 Ms. Garcia. And with that, I'll move on to my report.

15 There's just a few things I want to go over. One
16 is another solicitation, a request for qualifications for
17 this near site clinic. Back at the January 19th Board
18 meeting, the Board discussed the near site clinic benefit
19 opportunity and ultimately decided to have PEBP work with
20 purchasing to bring back the results for further
21 consideration.

22 And during that discussion, at the time it was
23 Director Wells who -- who recommended or suggested we do a
24 request for qualifications, and how that differs from a
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1 request for a proposal is we basically send out a request to
2 see who wants to be a qualified vendor to participate in the
3 rest of the procurement process. So you go with a list of
4 vendors, and then you have kind of a check box, pass, fail,
5 do they meet the minimum qualifications to bid or to continue
6 to receive the solicitation for whatever it is that the state
7 is trying to accomplish.

8 I don't have statistics for you and I don't even
9 know if Jeff does, so I'm not going to put him on the record.
10 But I know every time I go on the purchasing website, our
11 RFQ's are out there, as well as our RFP's so this is a pretty
12 common occurrence. So we took that motion and that
13 requirement, and we worked with purchasing very diligently
14 and with our partners, and we developed this request for
15 qualifications, just like we did with the HMO procurement
16 which on the last go around, we feel was very successful,
17 very transparent and very purposeful.

18 We met with potential vendors to discuss what are
19 the right things to put into these solicitation
20 opportunities. So we worked as partners with hopefully our
21 soon partners that will participate if this continues to move
22 forward as is designed. So we built this request for
23 qualifications and we released it on April 21st, and we put
24 in here a timeline so you can see where all of the different
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1 pieces fit very similarly to RFP.

2 But what I want to direct your attention to is
3 the September 21st, 2017 date on page two. That's when if it
4 turns out that the evaluation committee has selected a vendor
5 and it appears that we're going to be able to move forward
6 with this and everything looks good and we've negotiated that
7 they are going to come and present to the Board and to the
8 public what we're doing.

9 And your first real opportunity to see -- to see
10 all of those discussions in previous Board meetings and
11 feasibility of these near site clinics because we believe
12 this is -- you know, if all things work correctly, we believe
13 that this is the future of healthcare, getting away from
14 assembly line primary care and moving more into the direct
15 primary care, personalized patient center medical home model,
16 and we think can be or continue to be innovative in putting
17 something like this out.

18 Other states have done it. Other local
19 jurisdictions have done it. We have met with them. We have
20 gone to conferences and talked with them. We have met with
21 various groups to try to understand some of the pitfalls and
22 the lessons learned, and we feel very confident that the
23 product that we put out for procurement is going to give us
24 the best opportunity for success, and so -- so that's kind of
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1 an update on that near site clinic.

2 What I don't think I put in the date and the
3 timeline but if this does move forward and the Board wants to
4 move forward with a near site clinic once everything has been
5 presented and approved, that near site clinic wouldn't open
6 before July 1st of 2018. So we have time and we want to be
7 very methodical and purposeful in the development and
8 implementation of a near site clinic if it is truly the right
9 answer.

10 You heard a little earlier from Tena about the
11 non-state retiree high premium cost solution, and it is a
12 budgetary issue, but it's also a personal one. We have folks
13 that are struggling, trying to pay their monthly premiums as
14 this high risk pool has to kind of live and succeed on their
15 own, and it's difficult, especially for folks on a fixed
16 income.

17 And so, you know, we have again and we've been
18 highlighting numbers over and over. We have nine employees
19 right now trying to offset as of May 1st 1,655 non-state
20 retirees and that is really a financial recipe for disaster
21 in health insurance and without additional funding set aside
22 which, you know, we think that it's -- it's a good option
23 from the legislature to designate a separate fund. It's one
24 of the options that we presented to the legislature over the
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1 last year as an opportunity to solve these issues. We would
2 have preferred more time to implement. It's kind of
3 dangerous and risky to do a system upgrade during open
4 enrollment and immediately thereafter, but we have mobilized
5 our resources to move forward regardless because we want to
6 make sure we meet the legislature's intent and meet whatever
7 the law requires.

8 And I couldn't -- I would be remiss if I didn't
9 share the sheer level of workload that RPEN and AFSCME and
10 those organizations did to make this happen. You know, we --
11 I was available and I first entered data and options and
12 opportunities, but I think they really grabbed the torch and
13 took this across the finish line to the non-retirees, and I
14 wanted to publicly thank them for all of their hard work and
15 diligence, and I think the non-state retirees will be making
16 them for years to come.

17 My favorite part of my report because, you know,
18 it has to do with me and my staff, 2017 SALGBA Challenge
19 Award, I have sitting up here in front of us. We -- you
20 know, our first value statement -- the Board's first value
21 statement is that PEBP strives to be an innovative health and
22 life benefits program.

23 And in support of that innovation mission and
24 vision, we developed a program at the start of last plan year
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1 to address high cost specialty drugs being charged to the
2 medical plan, and certain in circumstances and mostly these
3 are those infusion drugs for stuff like rheumatoid arthritis
4 as an example, specialty drugs are administered in a medical
5 setting by a medical professional to ensure no adverse
6 reactions occur. You'll get an infusion. You have to sit
7 there for maybe an hour and they want to make sure that
8 nothing happens negatively, and they send you on your way.

9 And so because it's in a medical setting, it no
10 longer really applies to the pharmacy benefit, and the
11 problem with that is we contract with pharmacy benefit
12 managers to give us discounts and rebates and programs of
13 care to help our membership, and that all gets bypassed when
14 these medical drugs are being -- at least these pharmacy
15 drugs are being administered in a medical setting.

16 And so there's some concern and sometimes, and
17 not all providers do this, but there is some markup,
18 significant markup, and then they end up keeping the rebates,
19 and they end up keeping the additional money, and so it can
20 be quite expensive, and so these drugs -- and it's not -- let
21 me back up. It's not even just PEBP that this happens to.

22 In fact, when we were at SALGBA, the pharmacy CBS
23 Company had a whole breakout session on this process, trying
24 to -- in my humble opinion trying to sell their product.

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1 They have some automated way of fixing this, but you have to
2 sign up with their PBM, right. Well, we just did it on the
3 side with our excellent partners. We got together with
4 HealthSCOPE. We got together with Express Scripts, and we
5 said we're standing strong. We're not going to overpay for
6 these anymore, and we created a series of options, kind of a
7 choose your own adventure style of response, if something
8 happened and something else would happen and if it didn't,
9 you know, then we win.

10 But we reviewed all of the claims associated with
11 those specialty drugs billed through HealthSCOPE, what they
12 are known as J codes. We analyzed that cost saving
13 opportunities if the facilities were required to go out and
14 buy those drugs directly from our pharmacy benefit manager
15 and through their specialty drug pharmacy Accreta.

16 And we received -- because we received guarantee
17 discounts, rebates and access to the patient assistance
18 program, as well as other models of care, and so we wanted to
19 try to push that process back through that model. We asked
20 providers to purchase then the specialty drugs through them
21 where there was cost savings. For those who agreed to do
22 this, we're actually anticipating of saving a little over
23 \$200,000 this year, so that's just part of it.

24 Then, of course, we always have those folks who
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1 don't want to play with PEBP and don't want to do these, and
2 so some providers refuse to purchase through Express Scripts
3 and for those who refuse, we developed two options. Option
4 one, we would directly negotiate with them and with the
5 provider at close to equal cost to what we would get from
6 Express Scripts so we didn't feel that we were being gouged
7 or paying too much for these drugs. This option was
8 exercised and we were able to save about \$380,000 this plan
9 year doing that on those negotiations.

10 The other option was to ask, not force, not
11 require, not demand but ask members to switch providers. All
12 members that were provided this option accepted it once PEBP
13 described the savings to the member and the plan, and the
14 cost savings of this option, of course, is built into the
15 other two.

16 And so that 600 plus thousand dollars of savings
17 in this entire program is what we developed in application to
18 SALGBA for and that's the State And Local Government Benefits
19 Association, for those that don't know the acronym. It's a
20 national local and state government health plan consortium
21 basically or collaborative of really excellent folks that try
22 to bring good ideas and lessons learned into a national
23 conference and regional conference so we all can learn from
24 each other how we're managing certain situations and some of
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1 the good things that we're doing, and we developed this
2 application in January under the deadline and we sent it in.

3 It turns out, there were 32 applicants, so 32
4 health plans actually submitted and I think if I remember
5 correctly at the awards ceremony, this was the highest amount
6 of applicants that they ever had for this challenge, and we
7 won. So Nevada gets to say we're number one on a good list
8 today. We won. We humbly accepted this award, and I can't
9 stop saying how much I appreciate the dedication, hard work
10 and partnership that this took to pull this off. You know,
11 we had HealthSCOPE Benefits negotiating with providers and
12 helping to move patients and members when it was appropriate
13 and at their willingness and support.

14 We had Express Scripts that was able to create a
15 process of sending these drugs to these pharmacies or to
16 these medical providers that were willing to purchase
17 directly from them and so through partnership, we, again,
18 show yet again how we can save money and not adversely affect
19 the member and still meet that fiduciary responsibility that
20 this Board is entrusted to have.

21 And this is a really good story. It's not that
22 -- and the award is nice, and I appreciate it, and I love
23 being nationally recognized, and I think PEBP needs to
24 continue to do well at what we do, but we didn't do it in a

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1 vacuum. We did it with our partners, and we did it with the
2 good folks that we entrust our money and our members to. And
3 when everyone gets together and works hard, good things
4 happen, and we're very excited to discuss this today and to
5 have received this award from this very prestigious
6 organization.

7 And so with that, this just continues to go in my
8 conclusion with providing access to high quality benefits at
9 affordable prices.

10 With that I'll take any questions.

11 CHAIRMAN CATES: Thank you, Damon. Great report
12 and congratulations to the program on the award.

13 Any comments from the member?

14 Go ahead, Tom.

15 MEMBER VERDUCCI: Tom Verducci for the record.

16 David, very good job on that award. I mean, it's
17 fantastic to see the recognition coming into our program.

18 As far as the near site clinic, I believe the
19 history on this was last year we had voted as a Board to look
20 at a request for qualifications, and I believe we were going
21 to start -- we were looking at the startup in Las Vegas, Reno
22 and Carson City, and then we got into budgetary concerns, and
23 we reversed that motion and put it on the sidelines, so I
24 believe now it's coming back up.

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1 And my question will be are we looking at all
2 three locations, Carson City, Reno and Carson City. And the
3 second part of the question would be as far as performance
4 guarantees if indeed this went out, what would the initial
5 startup cost be and would there be a guarantee we at least
6 break even in the first year or so?

7 MR. HAYCOCK: For the record, Damon Haycock.

8 All great questions, Mr. Verducci. Yes,
9 everything that you mentioned was correct. We did want to
10 sideline this for budgetary reasons. We believed that by the
11 time the procurement process has finalized that we will --
12 and this is partly to Mr. Wells, our Director Wells' request
13 that we can either build in those startup costs into the,
14 basically amortize them over the period of the contract to --
15 to push that risk onto the awarded vendor or we may,
16 depending on how well our year keeps going, have additional
17 funding to pay for the startup the cost.

18 However, the performance guarantees that we are
19 working at, and we're going to have to negotiate those with
20 our vendor, as we always do, but they are going to be around
21 first year return on investment, not second year, not third
22 year, not five years, first year return on investment.
23 Startup costs are going to be hard to recoup in the first
24 year.

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1 But the actual operation of the facility and the
2 operation of the benefits and the programs and the things we
3 plan to incorporate or hope to incorporate in this near site
4 clinic, we want a first year returned investment on ROI or we
5 don't want to do it. In fact, that's one of the requirements
6 in the request for qualifications, just to even participate,
7 you have to guarantee before you even see what we're going to
8 do that you're willing to -- that you're willing to do a
9 first year ROI, and the vendors we met ahead of the RFQ
10 process all said that every time they build these, they have
11 a first year ROI.

12 And so we believe that it's not a pipe dream,
13 that it is truly an opportunity and that, however, we want to
14 be cognizant of our funding, and we want to be cognizant of a
15 new program, and I'm a huge proponent of pilots. I want to
16 try something before we roll it out to the entire membership
17 because if it doesn't do well, I don't want to subject other
18 folks to that type of negative response or return.

19 And so we know that we can oversee a near site
20 clinic much better right here in this town, that I can get
21 up, walk out that door and drive down to that clinic or walk
22 across the street or wherever they put it and really make
23 sure that our presence is felt with our vendor to keep the
24 pressure on to meet those requirements, and so we want to
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1 pilot it in Carson City, but we believe through further
2 analysis that -- that there is definite opportunity to put
3 these in Reno and in Las Vegas.

4 I think this can address some of the Las Vegas
5 access to care issues. I've spoken with AFSCME
6 representatives down there, and I've spoken with other folks,
7 and people don't like having to wait a month to go see a
8 doctor and that's not necessarily our vendor's fault. That's
9 just the nature of the provider community in a very, I don't
10 want to say overpopulated, but highly populated metropolitan
11 area, but we think there's an opportunity to do that, but we
12 want to make sure we find the right success model first.

13 And the nice thing about the request for
14 qualifications, if you qualify multiple vendors and so what
15 we built into this was that if you get the award for Carson
16 City, it doesn't mean we're not going to award it to someone
17 else from Reno or someone else for Vegas, and so we're
18 qualifying a cadre of vendors so that way if it turns out
19 that we're not too satisfied with how things are going in
20 Carson but we like the model, we can activate someone else
21 for Reno, and we can activate someone else for Vegas.

22 And so my hope in the perfect world is that if it
23 looks like it's going to work, we provide excellent service
24 to our membership that will personalize interest and time

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1 with your doctor, where they spend, you know 20, 30,
2 40 minutes of getting to know who you are and what your
3 issues are and being able to control those referrals and that
4 if it works next year that the recommendation will be to
5 build two of them, one in Reno and Vegas the year after.

6 MEMBER VERDUCCI: Thank you very much.

7 So as far as the timeline goes, it appears that
8 this would be an item that the Board would be addressing in
9 their September meeting this year?

10 MR. HAYCOCK: For the record, Damon Haycock.

11 That is correct, Mr. Verducci. The plan is if we
12 find -- and it really has to be the right partner for us to
13 do this because this is a huge change for the Public
14 Employees' Benefit Program for the State of Nevada and how we
15 provide members benefits. And if we're going to do a major
16 change, we want to make sure it's the right vendor, but we
17 also want to make sure we have enough time once we sign a
18 contract if all things work so we can successfully
19 communicate the heck out of it. We don't want anybody to
20 know this is coming.

21 And we have talked to other folks already about
22 communication strategies, doing lunch and learns at every
23 state building here in Carson City, holding workshops and
24 sessions and seminars. There isn't going to be anybody in
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1 this town who doesn't know it's being built if we build one.
2 Again, you guys, if we have a successful selection and we
3 have successful negotiations, we would like to bring that
4 group to the Board at the September Board meeting so you guys
5 have an opportunity, and we'll set aside a significant amount
6 of time for you to ask your questions and get into what type
7 of program and benefits we're proposing for Carson City.

8 MEMBER VERDUCCI: Thank you.

9 CHAIRMAN CATES: Any other questions or comments
10 on Damon's report?

11 MEMBER ZACK: Mr. Chair, Christine Zack for the
12 record.

13 CHAIRMAN CATES: Go ahead.

14 MEMBER ZACK: So I wasn't going to raise this
15 today, the debate on the location of the clinics but since
16 Mr. Verducci brought it up, I think I would like to make my
17 position be known. I believe the clinics were actually my
18 suggestion when I first came on the Board, and one of the
19 reasons that I pushed for clinics was due to the access to
20 care issues in Southern Nevada, and so I simply would not
21 support a clinic pilot or trial program that was only
22 unveiled in Carson City. I can't do it. That was -- again,
23 the whole concept behind it was to address the access to care
24 issues in Southern Nevada, and what is going to work in

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1 Carson City isn't necessarily going to work in Las Vegas, and
2 I think they are just two entirely different markets, and I
3 wanted to make sure that my position on that was clear.
4 Thank you.

5 CHAIRMAN CATES: Thank you.

6 Any other comments? Seeing none, I think we'll
7 move on then to Agenda Item Number Ten, discussion of
8 possible action regarding Towers Watson's OneExchange service
9 improvement plan.

10 MR. GARCIA: Chris Garcia from Towers Watson's
11 OneExchange for the record.

12 Thank you again for the opportunity to come and
13 speak to you about our service improvement plan. Looking
14 back, it's been about a year since we started this service
15 improvement plan, and I think we made some great strides in
16 improving our service for your PEBP population.

17 I would like to go over our executive summary
18 section of the service implement plan, and we will jump
19 initially to the back of the service improvement plan just to
20 look at the call stats for the last two months. We usually
21 go back and look at the call stats initially. So what I
22 would like to show you is just that we continue to see really
23 improvement of our average wait time, as well as our
24 abandoned calls.

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1 participants at the PEBP office since the inception of the
2 program all the way back through -- all the way through May
3 of 2017.

4 While the total number of participants of the,
5 excuse me, while the number of in-person meetings seem low,
6 the HRA specialist was able to take phone calls from the
7 Nevada training member services team, as well as e-mail
8 inquiries that are received.

9 Feedback on the HRA Assistance Program continues
10 to be well received by those who have set up individual
11 payments with those that have walked into the office for
12 assistance.

13 And so the two new or the three new service times
14 that are captured here are March, April and May. I do want
15 to note for April, due to an unforeseen issue, we were not
16 able to have a representative here at the PEBP office for
17 that week. What we did was those appointments for April were
18 either rescheduled to May or we did outbound calls to the
19 individuals that had appointments and were able to assist
20 them over-the-phone.

21 But as you can see in March, we had many
22 appointments that were met. There were no walk-ins for the
23 month of March. For May, we had 13 appointments and two
24 walk-ins that were able to be assisted by our HRA analyst.

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1 Then we've also set up our date, our upcoming
2 dates for Q3. So we had the June dates already out there,
3 but we added them since they are coming up next month, and we
4 have added our dates for July, August and September.

5 The spring retiree meetings in Las Vegas, Carson
6 City and Reno is the next item on the executive summary. We
7 did three days of meetings on April 5th, 6th and 7th in Las
8 Vegas, Carson and Reno. During these days, we would have two
9 different meetings that would be helpful for retirees and
10 dependents. The first meeting was focused on retirees under
11 HRA Medicare and the other was focused on those that were
12 already Medicare eligible and had a later focus on the HRA.

13 We had a great turn out for these meetings,
14 especially for those that were already Medicare eligible and
15 looking for more information about the HRA or making changes
16 to their existing plans. We captured as best we could the
17 number of attendees for those meetings. I've captured them
18 here in this chart in Las Vegas. We had approximately ten
19 participants who were at the age-in meetings. We had 48
20 approximately for the Medicare eligible meetings. 18 in
21 Carson City for the age -- in. 68 in the Medicare eligible
22 meetings and then 15 for Reno and the age-in meetings and
23 then 67 in the Medicare eligible meetings.

24 So I think overall a great turnout for those
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1 meetings. Hopefully a lot of great information was provided.
2 I was able to attend the Las Vegas meeting in person. We had
3 some interesting conversations with individual members after
4 those meetings and we were able to assist them with HRA
5 specific questions that they may have had.

6 The next item is our communications. So our
7 experience choice communication, HRA refresh reminder was
8 mailed out to participants in April of this year. So we
9 talked about this in our prior Board meeting, but now we're
10 notifying you that it has been complete. The communication
11 was made to all those participants that were qualified for
12 the HRA.

13 The intent of the communication was to remind
14 participants how to effectively utilize their HRA to be
15 reimbursed for eligible expenses, and we captured some of the
16 highlighted items that were included in the communication
17 here, so focus on premium reimbursement methods which are
18 auto reimbursement and recurring reimbursement, out of pocket
19 expense reimbursement and then also additional tips for
20 submitting reimbursement successfully against their account.

21 The next item is probably the biggest item that
22 we have that I would like to talk to you about. It's one
23 that's happening relatively quickly, and this is the item
24 that has the one correction. When I get to that point, I'll

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1 note it for you. We are going to be sending out a new
2 announcing of your personalized reimbursement request forms,
3 communication to participant starting on June 5th. The
4 communication will introduce the OneExchange enhanced
5 reimbursement request form which replaced the current generic
6 reimbursement request form.

7 We have updated the form to make it easier for
8 participants to use and allow claims to be processed more
9 efficiently. Included with this announcement will be two
10 reimbursement request forms. If the participant needs
11 additional copies of the request forms, it can be found
12 on-line or by contacting OneExchange.

13 The form is personalized with their name and
14 address, and it will also include the following information,
15 it's going to have a bar code that is for the individual
16 person that allows us to process claims more efficiently,
17 more timely. It's going to have a more what I need to do
18 section on the front of the form or what I need to know
19 section on the back of the form.

20 And then the last point is an item that is being
21 delayed. It's not going to be going live with the initial
22 roll out of communication. It was a, what's called a QR code
23 or a quick reference code. That will allow people to take
24 their mobile phone and scan the bar code on the form that

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1 takes them straight to the website. That had been delayed
2 because of some technology issues, getting all the different
3 types of phones to be able to scan the bar code, but that
4 will be coming in the future, and we'll share that
5 information once that information is launched.

6 We're definitely excited about this new form. We
7 just shared a sample of the form with PEBP the other day, and
8 we're definitely excited to have that form roll out. That
9 was the last part of the update that I have, and I'll be
10 happy to answer any questions.

11 CHAIRMAN CATES: Thank you, sir.

12 Any questions or comments?

13 Go ahead, Tom.

14 MEMBER VERDUCCI: Just a comment. Tom Verducci
15 for the record.

16 Chris, thank you very much for your additional
17 service that you've been providing. It seems like a huge
18 improvement from when I got involved last June. I just want
19 to thank you.

20 MR. GARCIA: Thank you.

21 CHAIRMAN CATES: Any other comments or questions?
22 Seeing none, I think we'll move on.

23 Agenda Item 11, public comment.

24 MS. BOWEN: My name and words for the record,
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1 P-e-g-g-y L-e-a-r B-o-w-e-n.

2 I watched this meeting today with some
3 consternation. I remember the reason for extensions that
4 were given last year under the HMO situation and the RFP. I
5 have to compliment Nancy Spinelli. She deserves a raise,
6 paid vacation, travel points and a promotion as long as she
7 keeps doing her job because she worked me through the
8 pharmaceutical thing and finally got it so that I didn't have
9 to pay \$800 for a sav for my lip because I get an allergic
10 reaction and fever blisters if I eat hot and spicy. I don't
11 want to spend a whole lot of time on that.

12 Except for, Nancy, what you don't know is after
13 you did the work and I was able to pick up prescriptions, I
14 got a phone call from Post Scripts telling me that, no, my
15 denial was in place, and that nothing could be done, and that
16 I needed to either get a different prescription for which
17 there isn't one or pay the \$800 for the prescription.

18 The problem is that monies are such that you have
19 a lot of money in the bank accounts, and these agencies are
20 making -- vendors are making a lot of money because people
21 can't afford to access their health plan. They can't afford
22 to get their prescriptions. They can't afford the denials
23 that don't have a proper appeal process that doesn't take
24 literally months to deal with.

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1 discovery of improprieties.

2 And if it's an impropriety for the HMO, it's an
3 impropriety with the company and dealing with us and other
4 companies that we would have offered that had we known that
5 we could have answered that question, yet included different
6 things.

7 And I'm going to just finish with Ana Andrews.
8 The whole idea of the vendors and what we use is for not only
9 access but for meeting outside state boundaries maybe or have
10 north and south, however you want to do it for whatever
11 you're doing. And I hope when you discuss and decide about
12 extensions that you bring yourself in line. Why would you
13 extend what might have been, might have been conceived an
14 impropriety and get it back to everybody on board with
15 everybody of equal opportunity, everybody with equal
16 questions being asked, everybody with equal considerations.

17 And after those vendors came forth, and the last
18 one, and I'm sorry, I'm going to take this two seconds,
19 please, if you'll allow it, that when it was known that these
20 vendors had not been given the same equal opportunity to make
21 their presentation and the Board, one Board whose points had
22 already been done never met again after that new information,
23 and so they never changed their vote and this Board was --

24 CHAIRMAN CATES: You have got to wrap it up.
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1 MS. BOWEN: Thank you. Please, please make our
2 process continue to be transparent, and please don't extend.
3 Let's get it right and get it right for all and know that
4 it's there. Thank you very much, and thank you for all your
5 hard work.

6 CHAIRMAN CATES: Thank you.

7 Any other public comment?

8 MS. LAIRD: Thank you very much. My name for the
9 record, Terry Laird.

10 MS. BOWEN: Push your button.

11 MS. LAIRD: My name for the record is Terry
12 Laird. I'm the executive director of RPEN, and I come to the
13 table today. I wrote out some remarks. I won't leave
14 anything out. I'm grateful and hopeful, and I know I speak
15 for our State President Jack Harris, as well as our lead
16 lobbyist Marline Lockard, both of whom couldn't be here
17 today, as well as past Executive Director Marty Bibb, as you
18 know, retired in late 2015 but not before he and Marline and
19 all of us worked tirelessly to solve the orphan non-state
20 retiree issue, and we're hopeful that it will go through this
21 session.

22 It was very important to all of us to get this
23 issue addressed, and we thank this Board for working with us
24 and listening to us, as well as our members, many of who you
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1 see in the audience on a regular basis in the north and the
2 south.

3 We also want to thank this Board's executive
4 director and its Chair for working the Public Employee
5 Coalition on Senate Bill 502. As you know, we were against
6 it in the original form, but with amendments reached with
7 AFSCME, RPEN and Nevada Faculty Alliance, it's something we
8 wholeheartedly support and hope the Governor will sign it.

9 RPEN also appreciates the partnership that we
10 have with PEBP and look forward to continuing it in the
11 future.

12 And, finally, I would like to personally thank
13 Damon Haycock for changing this meeting time. PEBP used to
14 coincide with the PERS meetings. That made my life difficult
15 trying to get to both meetings. And I know that today, it's
16 his wedding anniversary, and we thank you. We thank you for
17 agreeing to do this, especially today, so thank you very
18 much.

19 CHAIRMAN CATES: Thank you.

20 MS. MALONEY: Good morning, Chair Cates, Members
21 of the Board, Pricilla Maloney with AFSCME Retires.

22 I'm sorry I had to come in a little bit late but
23 things are busy over in the building, so just to be simple
24 about this and since Terri Laird did such a great job on
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1 behalf of RPEN, just ditto everything she said, double.

2 Thank you.

3 And thank you for being here, Mr. Haycock. I
4 hope it doesn't cost you a weekend in Tahoe or something.

5 All right. Thank you.

6 CHAIRMAN CATES: Thank you.

7 Any other public comment?

8 Any public comment in Las Vegas?

9 MEMBER COCHRAN: Yes.

10 MEMBER GARCIA: Mr. Chair, we do have comment.

11 MS. CAMERON: My name for the record is Vicki
12 Cameron. I am a non-state non Medicare orphan retiree, and I
13 want to thank you all for the work you've done this year in
14 addressing the issue. I hope it all continues to reach
15 legislature and gets approved, but I want to personally give
16 you my thanks for the efforts in that area. Thank you.

17 CHAIRMAN CATES: Thank you.

18 Do we have any other public comment in Las Vegas?

19 MEMBER GARCIA: No, we do not.

20 CHAIRMAN CATES: Okay. Seeing none, we'll close
21 agenda Item Number 11, and we are now adjourned.

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

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

That on Thursday, the 25th day of May, 2017, I was present at the Public Employees' Benefits Program, Carson City, Nevada, for the purpose of reporting in verbatim stenotype notes the within-entitled public meeting;

That the foregoing transcript, consisting of pages 1 through 78, is a full, true and correct transcription of my stenotype notes of said public meeting.

Dated at Carson City, Nevada, this 12th day of June, 2017.

KATHY JACKSON, CCR
Nevada CCR #402

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6 STATE OF NEVADA

7 PUBLIC EMPLOYEES' BENEFITS PROGRAM

8 AFFIRMATION

9 Pursuant to NRS 239B.030

10 The undersigned does hereby affirm that the following
11 document DOES NOT contain the social security number of any
12 person:

- 13 1) Public Employees' Benefits Program Board
14 Regular Meeting, 5/25/17

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KATHY JACKSON

DATE

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