

In The Matter Of:
State of Nevada
Public Employees' Benefits Program Board

July 27, 2017

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1 PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD

2 TRANSCRIPT OF PROCEEDINGS

3 TELEPHONIC OPEN MEETING

4 THURSDAY, JULY 27, 2017

5 CARSON CITY AND LAS VEGAS, NEVADA

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8 The Board: PATRICK CATES, Chairman
9 DON BAILEY, Co-Chair
10 CHRIS COCHRAN - Member
11 GLENN SHIPPEY - Member
12 CHRISTINE ZACK, Member
ANA ANDREWS - Member
JOHN PACKHAM - Member
TOM VERDUCCI - Member
LEAH LAMBORN - Member

13 For the Board: DENNIS BELCOURT
14 Deputy Attorney General

15 For Staff: DAMON HAYCOCK
16 Executive Officer
17 NANCY SPINELLI
18 Quality Control Officer
19 LAURA RICH
20 Chief Operating Officer
CELESTENA GLOVER
Chief Financial Officer
KARI PEDROZA
Executive Assistant

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1 THURSDAY, JULY 27, 2017, CARSON CITY, NEVADA

2 -oOo-

3 CHAIRMAN CATES: Okay. Now is the time and --
4 let's try that again. This being the time and the place, I
5 call to order the Public Employees' Benefit Program Board
6 Meeting.

7 First agenda item, open role call.

8 MS. PEDROZA: Ana Andrews?

9 MEMBER ANDREWS: Here.

10 MS. PEDROZA: Don Bailey?

11 MEMBER BAILEY: Here.

12 MS. PEDROZA: Chris Cochran?

13 MEMBER COCHRAN: Here.

14 MS. PEDROZA: Leah Lamborn?

15 MEMBER LAMBORN: Here.

16 MS. PEDROZA: John Packham?

17 MEMBER PACKHAM: Here.

18 MS. PEDROZA: Glenn Shippey?

19 MEMBER SHIPPEY: Here.

20 MS. PEDROZA: Tom Verducci?

21 MR. VERDUCCI: Here.

22 MS. PEDROZA: Christine Zack?

23 MEMBER ZACK: Here.

24 MS PEDROZA: And Chair Cates?

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1 CHAIRMAN CATES: Here.

2 We have a couple of new Board members. If you
3 could both introduce yourself to the Board and the public, I
4 would appreciate it.

5 MEMBER PACKHAM: John Packham, I'm with the
6 School of Medicine.

7 CHAIRMAN CATES: Welcome.

8 MEMBER SHIPPEY: Glenn Shippey, I'm with the
9 Division of Insurance, classified employee of the state.

10 CHAIRMAN CATES: Very good. Welcome to both of
11 you.

12 Okay. We'll move on to Agenda Item Number Two,
13 public comment. Is there any public comment?

14 Good morning.

15 MS. LOCKARD: Thank you, Mr. Chairman and members
16 of the committee. My name is Marlene Lockard, and I'm
17 representing the retired and active public employees of
18 Nevada. I'm just here today to say thank you to the Chairman
19 and to the executive director for their work during this
20 session and working with RPEN to finalize some important
21 pieces of legislation and come to an agreement that I think
22 is going to work out very well for all of the parties
23 involved and just wanted to express our appreciation for the
24 willingness to work with us.

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1 Also, I would like to thank Damon Haycock for the
2 strain that the orphan issue put on this agency and the extra
3 work they had to do to comply with the July 1 effective date,
4 and hats off to Mr. Haycock for meeting that deadline and
5 once again accommodating a very sore issue that hopefully we
6 finally are on the road to put behind us, so thank you.

7 CHAIRMAN CATES: Thank you.

8 MR. ERVIN: Good morning. Kent Ervin, E-r-v-i-n.
9 I'm an active participant, member of the Nevada Faculty
10 Alliance, legislative liaison for NFA during the legislative
11 session, and I'm a UNR faculty senator speaking for myself
12 today.

13 Ditto what Marlene Lockard said. Thank you very
14 much. I would like to welcome new Board members. NFA
15 advocated strongly for the second NSHE representative that
16 SP502, as NSHE employees represent over a third of PEBP
17 participants, so we are very pleased to have Dr. Packham, as
18 well as Dr. Cochran on the Board.

19 I have a couple of comments on agenda items. On
20 Item Six, the officer report and legislative report,
21 particularly regarding the orphans, you know, the legislative
22 funding for and phase into local government funding greatly
23 helps out the non state orphans with the previous funding but
24 doesn't necessarily solve the long term problem exploding

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1 cost for the small agent population of over 65 non Medicare
2 retirees, both non state and state.

3 And so PEBP over the next year or two that we
4 have kind of reprieved need to proactively figure out how to
5 take care of those folks and make sure that their benefits
6 are comparable, equivalent to both actives and Medicare
7 retirees and look at that whole issue.

8 So we're pleased that the strategic planning
9 process will be starting up again and that we can look at
10 some of those issues.

11 On Item Seven, the subrogation, you know, that's
12 generally a good thing that PEBP go after wherever funding is
13 appropriately available. However, overzealous and aggressive
14 subrogation can be harmful to participants or seem harmful at
15 least, especially when the liable party is related to or a
16 friend of the participant.

17 The intent of Item Three is good but the one time
18 adjustment correlating to out of pocket costs seems a little
19 vague and so in the process, we probably need to work on the
20 wording, as well as it seems to me that you should consider
21 having the Board responsible for final approval of
22 settlements.

23 On Item Eight, contract extension, I'm not sure
24 when the last full RFP was done for the life insurance but it
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1 seems to me that it's very important that that be done once
2 every five years according to state purchasing procedures and
3 if it hasn't been done within the last five years rather than
4 just extending, this would be a really good opportunity to
5 test out the new RFP procedures that were set forth in SB502
6 as, you know, a fairly small part of the program to go
7 through those procedures.

8 So thank you very much, and I appreciate the
9 opportunity to comment.

10 CHAIRMAN CATES: Thank you.

11 Any other public comment?

12 Do we have any public comment down south?

13 MEMBER COCHRAN: Yes, Mr. Chair, we do.

14 CHAIRMAN CATES: Okay.

15 MEMBER COCHRAN: Can you see the speaker?

16 CHAIRMAN CATES: No, we cannot.

17 MEMBER COCHRAN: Can you see the individual?

18 CHAIRMAN CATES: No.

19 MEMBER COCHRAN: Okay. I don't know how that
20 part works. Do you want him to come to the front of the
21 table or should he just speak from where he is?

22 CHAIRMAN CATES: Okay. We can control the camera
23 from up here. I think he can speak from where he is.

24 MEMBER COCHRAN: Okay. All right.
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1 MR. BINDRUP: Thank you, Mr. Chairman and Board.
2 My name is Mike Bindrup, B-i-n-d-r-u-p. I am the program
3 manager for the Nevada Small Business Development Center at
4 University of Nevada, Las Vegas's office of economic
5 development.

6 My son was born with a congenital birth defect in
7 his brain which his pituitary gland is malformed, and he is
8 unable to make hormones to regulate his bodily functions.
9 This condition is called panhypopituitarism, and we must
10 regulate his hormones on a daily basis through medication.

11 Hormones are very important to your body. The
12 absence of just one of these hormones is life threatening to
13 him. One of the medications that he takes is a nightly
14 injection. Since the beginning of my employment with the
15 University System of nearly ten years, my co-pay has been \$35
16 a month.

17 I was informed when the pharmacy -- when I went
18 to reorder this medicine with the pharmacy that the co-pay
19 for our HMO has risen from \$35 to \$5,600 per month due to a
20 change in the -- due to a change in the monthly tier system
21 that we have. From \$35 to \$5,600 equal is nearly
22 16,000 percent increase in my co-pay cost from one month to
23 the next, 16,000 percent. This co-pay exceeds my monthly
24 take home pay for this one medicine.

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1 I understand as a business person the price
2 increases need to happen. Sometimes they double, sometimes
3 they triple. Even quadrupling the price would have been an
4 acceptable or doable opportunity, but a 16,000 percent
5 increase makes this impossible for me. So there's no way
6 that I can stay employed with the state system. It is
7 impossible economic for me, and it's unbelievable that this
8 Board has overseen this change that forces me as a father to
9 make the decision between the health of my child and my
10 career.

11 As a native Nevada, as a tenure employee of the
12 Great Silver State University System which embraces the
13 principles of diversion, inclusion, equality and fairness, I
14 find it unacceptable that this has occurred. Where is the
15 fairness and equality in this case?

16 As our country struggles to deal with
17 accessibility to care, I have been suddenly disenfranchised
18 in the process. My only hope is that this Board was unaware
19 of the consequence that they have approved. I implore the
20 Board to act quickly and seek a remedy that is both fair and
21 equal before others who are also effected by the same issue
22 are forced to seek employment elsewhere as I am. Thank you.

23 CHAIRMAN CATES: Thank you, sir. I'm sorry to
24 hear about your son and your situation. I just want to let
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1 you know that we have Nancy Spinelli in the room down there.
2 She's the PEBP Board, the PEBP Quality Control Officer. If
3 you would like to speak with her and she can get information
4 from you, we'll see what we can do to help.

5 MR. BINDRUP: Thank you.

6 CHAIRMAN CATES: Is there any other public
7 comment down south?

8 MEMBER COCHRAN: Any other comment from the
9 south? No, we don't have any other comment.

10 CHAIRMAN CATES: Okay. We'll close Agenda Item
11 Number Two and move to Agenda Item Number Three, consent
12 agenda. So we have on the consent agenda approval of the
13 action minutes for May 23rd, receipt of the quarterly staff
14 reports for the period ending July 30th, receipt of quarterly
15 vendor reports for the period ending March 31st.

16 This is a consent agenda item. Does anybody --
17 sorry. Okay. So this is consent agenda. We can just vote
18 on it unless anybody wishes to speak to any of the items.

19 MEMBER COCHRAN: Mr. Chair?

20 CHAIRMAN CATES: Yes.

21 MEMBER COCHRAN: This is Chris Cochran.

22 I would actually like to cover three of the items
23 for information purposes, 3.2.1.2, 3.3.1, and 3.3.2.

24 CHAIRMAN CATES: Okay. Has anybody else
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1 discussed any other items?

2 MEMBER ANDREWS: Mr. Chair, Ana Andrews for the
3 record.

4 3.2.3.1, the budget report.

5 CHAIRMAN CATES: Okay. Anyone else?

6 So we're going to pull out a budget report,
7 utilization report, Hometown Health Providers utilization and
8 large case management.

9 MR. HAYCOCK: And the base obesity care
10 management.

11 CHAIRMAN CATES: And obesity care management.

12 So with that, does anybody want to make a motion
13 to approve the other items?

14 MEMBER BAILEY: For the record, Don Bailey.

15 I make a motion to approve the other items, 3.1
16 and 3.3.

17 CHAIRMAN CATES: 3.33 and 3.334.

18 MEMBER BAILEY: 334.

19 CHAIRMAN CATES: And 322. I missed that one.

20 So we have a motion. Is there a second?

21 MEMBER VERDUCCI: Mr. Chair, Tom Verducci for the
22 record.

23 I'll second the motion.

24 CHAIRMAN CATES: Thank you.

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1 So we have a motion and a second. Any discussion
2 on the motion?

3 Hearing none, all those in favor of the motion
4 say aye.

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

7 CHAIRMAN CATES: Opposed? Motion carries.
8 Okay. Let's go to PEBP Chief Financial Officer
9 Report.

10 MEMBER COCHRAN: Mr. Chair?

11 CHAIRMAN CATES: Yes, sir.

12 MEMBER COCHRAN: My question is specifically
13 under -- on page 29, regarding the prescription accounts, and
14 I was looking at the utilizing member account for patients
15 compared between 2017 and 2016 and it looks like that's
16 doubled. Do we know the reasons for that?

17 CHAIRMAN CATES: I apologize, what page are you
18 looking at?

19 MEMBER COCHRAN: Page 29 of the -- of the
20 document. It's a table.

21 CHAIRMAN CATES: Thank you.

22 MEMBER COCHRAN: The prescription drug cost. Am
23 I reading that correctly?

24 MS. GLOVER: This is Celestena Glover, for the
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1 record, chief financial officer for the Public Employees'
2 Benefits Program.

3 I did try to get some information on that because
4 we have the same question in the office. Catamaran was the
5 previous pharmacy manager. The way they pull their data is
6 significantly different from how Express Scripts was doing
7 that. We have never been able to get a straight answer from
8 them as to why their numbers were significantly lower.

9 You're seeing the comparison of two different
10 PBM's pulling information differently, and it's the data we
11 have available, so I don't have a clear answer for that, but
12 we're using what we have available to us to report.

13 MR. HAYCOCK: This is Damon Haycock for the
14 record.

15 I would like to dovetail with what Tena said.
16 When we switched over to PBM's and we provided the
17 utilization reports every quarter, we immediately noticed
18 this discrepancy, just like you have. It appears, and I
19 can't confirm because I can't get into Catamaran system, that
20 they may be reporting per employee per month versus actual
21 per member per month, and the difference is obviously that
22 the members include the dependents.

23 And so where you might see some of these
24 discrepancies is that we generally have, when you add the
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1 dependents in there twice as many as we have of the employees
2 or retirees. It's not an accurate necessarily -- necessary
3 statement because I can't prove it, but it may provide a
4 window into what could have occurred.

5 And as Tena mentioned, if they pulled it on a
6 subscriber basis or on a primary participant basis, Express
7 Scripts pulls it on a member basis, actual human beings
8 utilizing the pharmacy benefits, then you'll always have that
9 difference, but the rest of the numbers are somewhat
10 comparable, I believe. Hopefully that answers your question,
11 Dr. Cochran.

12 MEMBER COCHRAN: I think it does. The only
13 question -- follow-up question I would have is just to make
14 sure in terms of, you know, are we looking at this then, have
15 we made the comparison to financially what those doubled
16 numbers might be? If they are comparable or, you know,
17 within the percent of expected growth, then I wouldn't
18 necessarily have a problem with it, but if it's substantially
19 increased then that would be something that we might have
20 some concern with.

21 MS. GLOVER: This is Celestena Glover for the
22 record again.

23 As far as the financial piece of that report
24 goes, that data, I can go back and see that it compares to
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1 what we've actually paid in claims. So, yes, I'm confident
2 that financial piece is correct.

3 If you back in the total amount spent to come up
4 with a PEPM or a PIPM, obviously, you're going to get a
5 difference in that comparison if Catamaran is, in fact,
6 pulling primary numbers only and not the family members. And
7 as Damon said, we cannot confirm that. I've contacted them
8 and asked them the question, but I've not gotten an answer
9 back from them.

10 MEMBER LAMBORN: Mr. Chair?

11 MEMBER COCHRAN: Thank you.

12 CHAIRMAN CATES: Go ahead.

13 MEMBER LAMBORN: Leah Lamborn for the record.

14 I do see the claims cost summary down below, and
15 there isn't a great difference in the cost, so it looks like
16 it's definitely something of that nature of members only.
17 Claims have not doubled.

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

19 Just to hopefully tie it up with a bow on it,
20 unfortunately, this is what occurs when the change vendors
21 and previous vendors no longer under contract to report to
22 PEBP. So we try to get the end of year reporting as best we
23 can.

24 But when we move onto a new vendor, we're
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1 comparing, you know, apples to crab apples. It's close but
2 as Leah has said, the dollar seems to be within the
3 parameters of our trend projections and our utilization
4 projections, and so we feel -- we don't feel that the program
5 has experienced a dramatic double -- doubling of members
6 getting prescriptions, and so we -- we believe that you will
7 see a much better comparison from one year to the next when
8 we move into the second year with our current Pharmacy
9 Benefits Manager and compare their data to their data again.

10 But the dollars are completely dependable. We
11 can go back and see all of the claims payments. We can see
12 where our contract requires us to reimburse our Pharmacy
13 Benefits Manager for those claims. Those claims are sent
14 over to our third party administrator. All of that can be
15 validated through our auditor, who's going to go out to
16 Express Scripts soon and do an end of year report. So all of
17 stuff we feel confident with. We recognize that there's some
18 discrepancy in the eligibility data and we hit a brick wall.

19 MEMBER COCHRAN: Okay, Mr. Chair, I'm satisfied
20 with the answer as long as the minutes reflect the staff's
21 potential or speculation on the numbers or they are or at
22 least the transcripts correct.

23 MR. HAYCOCK: For the record, Damon Haycock.
24 Everything that we say, including all of my
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1 blunders, will be visible to everybody on a transcript.

2 MEMBER COCHRAN: Okay. All right. Then I move
3 we accept the report as submitted.

4 CHAIRMAN CATES: Okay. We have a motion to
5 accept the utilization report. Do we have a second?

6 MEMBER LAMBORN: Leah Lamborn. I'll second the
7 motion.

8 CHAIRMAN CATES: Okay. Just to make sure it's
9 clear, we're talking about Item 3.2.1.2. We have a motion
10 and a second.

11 Any discussion on the motion? Hearing none, all
12 in favor of the motion, signify by saying aye.

13 (The vote was unanimously in favor of the
14 motion.)

15 CHAIRMAN CATES: Opposed? Motion carries.

16 Okay. Let's step back to the budget report,
17 3.2.1.1. I think Ana asked for that one to be pulled.

18 MEMBER ANDREWS: Yes, I would like to hear the
19 update on the budget, particularly on the reserves, if you
20 could give us an update.

21 MS. GLOVER: Update to which period?

22 This is Celestena Glover for the record.

23 MEMBER ANDREWS: I realize this is for the third
24 quarter. We still have to go through the fourth quarter.

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1 How is it looking to close fiscal year '17?

2 MS. GLOVER: So for -- I don't have my numbers in
3 front of me. So for closing the budget report, obviously, we
4 haven't closed the year yet. We're still finalizing numbers.
5 We've still got our final transfers from our agents and REGI
6 active insurance and retired employee group insurance. None
7 of that will really be total finished until next month.

8 But as far as I can see, we are tracking -- we
9 show in this report 23 million dollars in reserves. I'm
10 looking at about 27 so that is actual numbers. So assuming
11 that stays the same, we're tracking where we should be. It
12 really will be dependent on the final revenues and final
13 expenditures.

14 MEMBER ANDREWS: Thank you.

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

16 I want to make sure that we always -- and not to
17 say we aren't being transparent here. We want to make sure
18 that any data or any information we provide the Board and the
19 public is something that any member of the public can pull up
20 information and validate.

21 And so -- so it's not that we're trying to play
22 hide the ball with the reserves and has never been our or
23 never been my philosophy. I can only speak for myself. We
24 believe that we are going to have more reserves than we

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1 anticipated when you all approve rates in March based on the
2 successful utilization of our program and the lower costs.

3 As you see in the utilization report for the
4 third quarter, we are tracking at reduced costs so naturally
5 that means that we anticipated paying more. Our rates were
6 approved anticipating more. When we have lower utilization
7 or lower unit costs, the plan then develops reserves.

8 And so we are -- like Ms. Glover said, we are in
9 the process of finalizing. There is still a lot of revenue
10 that needs to be collected from our agencies. And if we are
11 able to collect all of that revenue, we will be able to
12 return to the September Board meeting with a final end of
13 year closed out reserve amount.

14 Just like we did last year, unless the Board
15 would like a different format, I'll show how we closed the
16 year where you earmark the funds for the next plan year and
17 where you earmark them for what you earmark for the current
18 plan year and then whatever the delta is the difference
19 becomes a discussion point for where you may want to invest
20 money or rotate into other reserves.

21 There is some things we're receiving from our
22 actuaries. At the end of every year, they go and evaluate
23 our claims data to determine if our incurred but not reported
24 reserve is sufficient. If our catastrophic reserve is

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1 sufficient, we get kind of a pre report on what they think
2 will happen, and we get a post report generally in August.
3 So we may need to increase those reserves appropriately
4 because of how the plan is experiencing.

5 So there's a lot of moving parts but just like we
6 did last year, we will show them transparently in kind of a
7 balance sheet style, you will all be able to see and the
8 public will be able to see exactly what we anticipate those
9 reserves to be, and then we can talk about what to do with
10 them and ultimately you as the Board will approve their use.

11 I just wanted to add that in there that it's a
12 little early now and anything I tell you today or Tena tells
13 you today will be wrong. I hate being wrong publicly. So if
14 you're good with that, I think this will satisfy the
15 requirement.

16 MEMBER ANDREWS: Thank you, Damon.

17 I make a motion to approve that item, please.

18 CHAIRMAN CATES: Okay. We have a motion to
19 approve the budget report. Is there a second?

20 MEMBER BAILEY: For the record, Don Bailey.

21 I second that motion.

22 CHAIRMAN CATES: We have a motion and second.
23 Any discussion on the motion? Hearing none, all those in
24 favor, signify by saying aye.

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1 (The vote was unanimously in favor of the
2 motion.)

3 CHAIRMAN CATES: I do want to note that there
4 appears to be an error on the agenda, the received report.
5 So these two reports, the budget utilization reports are both
6 through March, and the agenda item says it's through the
7 period July 30th, '17. I just wanted to point that out for
8 the record.

9 MR. HAYCOCK: Thank you.

10 CHAIRMAN CATES: So everybody sees the error.

11 Okay. Let's move onto 3.3.1, HealthSCOPE Benefit
12 Obesity Care Management Program.

13 MEMBER COCHRAN: Mr. Chair, this is Chris Cochran
14 again.

15 CHAIRMAN CATES: Go ahead.

16 MEMBER COCHRAN: My apologies for jumping the gun
17 on the previous item, sorry.

18 CHAIRMAN CATES: No worries.

19 MEMBER COCHRAN: The -- on this one, this is just
20 more of a request on information on how the reports are
21 presented. We have new Board members attending today's
22 meeting, and I think it would be useful in future reports to
23 update the Board, at least providing background on these
24 particular programs. You know, perhaps an executive summary
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1 rather than -- than, you know, describing the purpose of the
2 programs, et cetera rather than just, you know, a bunch of
3 tables. So if we could do that, that would be my
4 recommendation on that particular -- on that particular item.
5 I don't -- it's not that I disagree with what's in there,
6 it's more just information purposes for the Board.

7 CHAIRMAN CATES: Okay. Thank you. That seems
8 reasonable, okay.

9 MEMBER COCHRAN: And then I will move that we
10 accept the report.

11 CHAIRMAN CATES: Okay. Thank you.

12 MEMBER COCHRAN: With the recommendation.

13 CHAIRMAN CATES: So we have a motion to accept
14 the report 3.3.1. Do I have a second?

15 MEMBER LAMBORN: Ana Andrews, second.

16 CHAIRMAN CATES: Okay. That's to accept the
17 report with Dr. Cochran's recommendation.

18 Any discussion on the motion? Hearing none, all
19 those in favor of the motion, signify by saying aye.

20 (The vote was unanimously in favor of the
21 motion.)

22 CHAIRMAN CATES: Okay. Last report, Hometown
23 Health Providers Utilization and Large Case Management.

24 Dr. Cochran, was that yours?

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1 MEMBER COCHRAN: Thank you, Mr. Chair. Chris
2 Cochran for the record.

3 Just a couple of things and I do have a couple of
4 questions. Is there a representative from Hometown Health
5 who might be able to address a couple of the questions that I
6 have?

7 MR. HAYCOCK: Yes, Ty Windfeldt, CEO of Hometown
8 Health is here.

9 MEMBER COCHRAN: Thank you very much.
10 My first question pertains to on page, under the
11 executive summary where it talks about there were 609 clients
12 who were screened and 70 of those were enrolled in the case
13 management program. Of those individuals who were screened,
14 are those individuals who qualify for the program?

15 MR. WINDFELDT: So this is Ty Windfeldt with
16 Hometown Health. Thank you, Mr. Chair.

17 Those are individuals -- of the 609 are
18 individuals that the Hometown Health case managers have
19 identified as potential candidates for the active case
20 manager program, and there's a laundry list of -- of reasons
21 as to how they qualify which we can certainly provide for the
22 Board, what makes somebody qualify for those. Those
23 individuals then reached out and contacted with number of
24 enrolled or the individuals that have accepted and want to
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1 participate in the program.

2 MEMBER COCHRAN: Okay. So there may be a
3 significant number who -- who still qualify for the program
4 but did not get enrolled, is that the case? I was looking to
5 see.

6 MR. WINDFELDT: So you would take the difference
7 between the 609 and the 70, and you would have those. That's
8 the number of individuals that declined or did not
9 participate that did qualify.

10 MEMBER COCHRAN: Okay. So those 609 all
11 qualified for the -- for the case -- for this case
12 management?

13 MR. WINDFELDT: Correct.

14 MEMBER COCHRAN: Okay. Does Hometown Health have
15 any recommendations about how we could then increase those
16 numbers since, you know, this is potentially a very cost
17 effective program for us? Do we know reasons why people are
18 declining?

19 MR. WINDFELDT: It varies as to the reasons as to
20 why. Often times individuals feel like their care is being
21 handled with a physician that's treating them, and they don't
22 want to have additional individuals involved in their care.
23 There's a number of reasons as to why they may choose not to
24 participate.

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1 There are things that the Board could consider in
2 making changes. You could make benefit plan changes to make
3 it a requirement for certain -- under certain conditions.
4 Hometown Health can certainly provide some recommendations.
5 You know, it's kind of that carrot or stick method. Your
6 plan is a little bit more on the lenient side to say these
7 are the services available for you and would like to
8 participate but you don't have to. You could make that a
9 little bit more forceful in order for benefits to be provided
10 and covered individuals under certain circumstances that
11 qualify and need to go through the case management program.

12 MEMBER COCHRAN: Okay. Do we have -- do you know
13 if there are any industry benchmarks on any of those, you
14 know, in terms of getting people to participate in these
15 programs?

16 MR. WINDFELDT: There are -- there are benchmarks
17 of whether or not you would qualify the industry standard,
18 you could find benchmarks all over the place, and certainly
19 the variation is going to be depending upon the plan of
20 benefits and how structured it is and as far as a
21 requirement. Obviously, those individual plans that offer --
22 that make a requirement, participation is significantly high
23 because most people want their benefits to be covered.

24 I would say that from -- it is our experience
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1 that the PEBP Benefit Plan is more on the lenient side. We
2 typically see more plans and have a little bit more structure
3 in the former requirement to get case management done, and
4 that's something you may want to consider. And certainly Mr.
5 Haycock has mentioned that as you go through the strategic
6 planning, that would be some of the areas that Hometown
7 Health would recommend that you look at as a way to help
8 control some of your costs and more importantly provide that
9 level of care for the members and your participants to ensure
10 that they are getting the best care possible.

11 MEMBER COCHRAN: Okay. All right. Thank you.

12 Then just a follow-up, and this may be, well, let
13 me ask you first, how long has Hometown Health provided this
14 service, do you know?

15 MR. WINDFELDT: Provided service for PEBP or
16 provide the service in general?

17 MEMBER COCHRAN: This program, this obesity
18 program for PEBP.

19 MR. WINDFELDT: This is a case management program
20 so this is for the entire, not specific -- not just specific
21 obesity. This is for your entire PPO high deductible plan.

22 MEMBER COCHRAN: Okay. But this is -- this is
23 just Hometown Health's plan, correct?

24 MR. WINDFELDT: This is the case management plan
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1 that is a component of your PPO, self-funded plan. So every
2 individual in your PPO plan is eligible and participates in
3 this program.

4 MEMBER COCHRAN: Okay. So that does include then
5 people in the south, correct?

6 MR. WINDFELDT: Correct, it includes the entire
7 population.

8 MEMBER COCHRAN: That's where -- that's where I
9 got a little bit confused. I'm sorry. I just wanted to make
10 sure.

11 MR. WINDFELDT: Yeah, I believe the number is
12 41,000 individuals.

13 MEMBER COCHRAN: Okay. All right. All right.
14 Then that's -- then thank you for answering my questions. I
15 think this helps. I do agree that we probably need to do --
16 see what we can do to convince others to get more involved in
17 this program. I think it's a worthwhile program, and it may
18 help us control costs in the future. Since that's a big push
19 of any kind of insurance report that we look at as a country,
20 you know, I would like to see us do perhaps a little bit
21 more.

22 I prefer carrots rather than sticks, but maybe
23 there's a, you know, combination, but thank you very much.
24 Maybe we could get some recommendations from Hometown Health
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1 in the future as to some things we might want to do to try to
2 encourage and get more people involved in this program or,
3 you know, get them -- get them involved in some way, but I do
4 appreciate the response, and I move that we accept the report
5 as submitted.

6 CHAIRMAN CATES: Thank you.

7 Thank you, Ty.

8 Do we have a second for the motion?

9 MEMBER ANDREWS: I have a question.

10 CHAIRMAN CATES: I'm sorry, go ahead.

11 MEMBER ANDREWS: Ana Andrews for the record.

12 Yes, I have a question. The charges for the case
13 management, are they all borne by PEBP or does the individual
14 pay some of that?

15 MR. WINDFELDT: The charges for the program are a
16 part of the administration fee that PEBP pays on a monthly
17 basis on an employee per month basis.

18 MEMBER ANDREWS: Just to follow-up to make sure,
19 the individual who is called and asked to see if they want to
20 participate is made aware of the fact that they don't have to
21 pay anything?

22 MR. WINDFELDT: That's correct.

23 MEMBER ANDREWS: Thank you.

24 MS. LAMBORN: One more question.
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1 CHAIRMAN CATES: Go ahead.

2 MEMBER LAMBORN: I think the Board would be
3 interested in hearing about any plans that have like
4 incentive programs to the participant if they participate,
5 there's an incentive so if you could include that in any
6 recommendations, that would be great.

7 MR. WINDFELDT: Absolutely.

8 CHAIRMAN CATES: Any other questions?
9 Dr. Cochran, would you like to make your motion
10 again?

11 MEMBER COCHRAN: Yes. Based on the reports
12 submitted, I would like to move that we accept the report as
13 submitted.

14 CHAIRMAN CATES: Thank you. I have a motion. Do
15 I have a second?

16 MS. LAMBORN: Leah Lamborn, I second the motion.

17 CHAIRMAN CATES: Okay. We have a motion and a
18 second to accept the report.

19 Any discussion on the motion? Hearing none, all
20 those in favor of the motion signify by saying aye.

21 (The vote was unanimously in favor of the
22 motion.)

23 CHAIRMAN CATES: Motion carries.

24 Okay. Let's move onto Agenda Item Number Four,
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1 Health Claim Auditors, Inc. quarterly audit of HealthSCOPE
2 Benefits for the period of ending March 31st, 2017.

3 Good morning.

4 MR. CARR: Good morning, Mr. Chair, Members of
5 the Board. For the record, my name is Robert Carr, and I
6 represent Health Claim Auditors.

7 First of all, I want to apologize for not being
8 up there with you. I was on an aircraft that had to be towed
9 back to the terminal so I decided to go to plan B.

10 In April of this year, Health Claim Auditors
11 performed an audit for claims administrated by HealthSCOPE
12 Benefits for PEBP's third quarter of fiscal year 2017.
13 Random selection for this audit, including the random
14 selection of 500 medical inpatient, outpatient and dental, or
15 outpatient hospital claims with dental claims, plus numerous
16 large dollar claims that were audited on a bias basis and
17 that included within the statistical calculations that I'm
18 delivering to you today.

19 The audit finance reflect that HealthSCOPE has
20 all negotiated performance audits pertinent to accuracies,
21 turn on times, customer service levels and with the one
22 exception with finance accuracy which was measured below the
23 99 percent guarantee at 93.83 percent.

24 Now, typically, my presentations don't indulge in
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1 the depths or the details of why a performance guarantee is
2 not met. However, this one should require some understanding
3 of the cause of the under-performance.

4 This and all audits since HealthSCOPE has been
5 PEBP's third party administrator utilize the random
6 selection, valid random selection stratified by dollar that
7 delivers at 95 percent plus competence level. The random
8 selections contain 500 claims from all financial levels which
9 means that the zero to 150 to 200 dollar claims consumed the
10 largest percentage with reduction in the dollar, larger
11 dollar stratus are created which is also in proportion to the
12 claims that are paid for PEBP.

13 HealthSCOPE has been audited for each of the past
14 24 quarters and found to be in compliance of the payment
15 accuracy guarantee all by the first four times which were all
16 in the plan year 2012.

17 HealthSCOPE has been below the financial accuracy
18 guarantee 37 percent of these audits, with a majority of less
19 than one percent below and never greater than 3.4 percent
20 below the 99 percent guarantee.

21 There are multiple methods on how to audit an
22 adjusted claim. Back in 2011, PEBP and HealthSCOPE came to
23 an agreement on how these adjusted claims would be treated.

24 When a claim has been adjusted after the payment,
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1 we audit against the last adjudication entered on the claim
2 system at the time that they ran up the advice selection are
3 sent to HealthSCOPE, that's the cut off period.

4 When the claim has been adjusted correctly before
5 a check is released, no error is charged. If the adjustment
6 is correct, no error is charged if the claim adjustment is
7 incorrect and the last entry is measured for the error.

8 In this particular case of this audit, reference
9 number 351 in your report shows that there was 100 --
10 \$374,000 inpatient billing that was received in which it was
11 HealthSCOPE's responsibility to calculate and apply the net
12 worth discount rate.

13 Long story short, the services rendered were
14 covered by a -- under a diagnosis relate group or DRG rate
15 that's different from the typical per diem rate for this
16 provider. Unfortunately, HealthSCOPE applied and paid the
17 DRG rate and then also the per diem rate at \$60,487 versus
18 \$44,593 for this claim. A little more than three weeks after
19 the payment was made, the hospital provider sent a letter to
20 HealthSCOPE stating that this claim is overpaid. HealthSCOPE
21 requested the hospital's calculations for corrections.
22 However, the adjustment correction entered on the system was
23 corrected and entered on the system after the cut off date
24 and after the onsite portion of this audit.

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1 Per the agreement for performance guarantees, the
2 penalty is to be 2.5 percent of quarterly administration fees
3 for every percent or fraction thereof below the performance
4 guarantee. Applying this calculation resulted in the maximum
5 penalty allowed at 15 percent which we calculate to be
6 \$170,510.

7 In respect of all functioning kept categories
8 covered in this audit, the HSB adjudication system continues
9 to function at a high efficiency level with 13 types of
10 errors detected for this type of audit. We also confirmed
11 and verified that all previous recommendations approved by
12 this Board have been implemented and conducted.

13 As displayed in our report, we conducted multiple
14 focus audits requested by the PEBP executive officer to
15 ensure policies and procedure were followed for specific type
16 of claims and/or administration methods.

17 Results of these focused audits, we did take no
18 exceptions. We confirmed that HealthSCOPE is delivering the
19 level of performance within these functions as discussed and
20 guaranteed to the PEBP plan.

21 For this audit, Mr. Haycock also requested the
22 measurement and validation of savings when using the ETNA
23 network rates that become effective -- that became effective
24 July 1st of 2016 for the adjudication of claims against the
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1 previous network provider rates.

2 At the time of this audit and for the first three
3 quarter period of PEBP's plan year 2017, claims and the
4 billed amount of \$8,678,000 were eligible to be adjudicated
5 under the ETNA network.

6 When the achieved discount rate is measured
7 against the experience rate of the previous network, PEBP has
8 experienced an increased discounting of \$1,522,219. This
9 gain minus the participant per month fees, that's an
10 estimated great savings amount of \$1,379,808 for the PEBP
11 plan.

12 Luckily, we just apparently engaged in conducting
13 the fourth quarter audit for PEBP. So we're pleased to state
14 that we kind of took a look ahead and for the first full
15 year, net savings is calculated to be a net \$2,053,200 which
16 is greater than the \$2,000,000 in annual savings that were
17 quoted to the PEBP Board of Directors.

18 Identified overpayments remain steady at
19 \$1.7 million. Open subrogation cases also remain steady at
20 3.6 million dollars, with a soft and claim level of 3,696
21 claims that represent 18.8 million dollars in charge value
22 and that's without discounts or benefits applied.

23 We find that this is the highest value for
24 dependent claims, soft denied claims is what they call them
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1 in our history with HealthSCOPE. However, we did research
2 all of these claims and found that all claims within this
3 category had legitimate reasons for them being vented.

4 As for the dedicated personnel that were assigned
5 to the PEBP comp, the changes during this audited period were
6 the relations, the client relation manager, the claims
7 administration director, the vice president of GAD services
8 and the customer service supervisor. Core operations
9 personnel for claims adjudication and customer services for
10 PEBP had no changes.

11 Mr. Chair, as a final note and in observance of
12 the HealthSCOPE skill test and knowledge of services not
13 normally delivered by all administrators in our country and
14 even in light of the abnormal financial audit outcome of this
15 report, it remains our unbiased opinion that HealthSCOPE
16 remains a very qualified administrator vendor and a good
17 partner to PEBP.

18 It is our recommendation that the Board consider
19 and discuss application of the penalty or a portion thereof
20 of the identified under-performance of the financial accuracy
21 guarantee for this audited period.

22 So with this, Mr. Chairman, this concludes my
23 presentation.

24 CHAIRMAN CATES: Thank you, sir.
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1 Any questions from the members of the
2 presentations?

3 Do we want to move onto 4.2, HealthSCOPE Benefits
4 response audit report?

5 MS. PERSON: Mary Catherine Person of HealthSCOPE
6 Benefits for the record.

7 As Mr. Carr outlined, except for the financial
8 accuracy which was caused by a single claim, this was a very
9 unusual claim to Mr. Carr's point as well. It's one where
10 everyone who touched it re-priced it to a different number,
11 whether it was our system, because it was a very unusual
12 claim that, frankly, in my 25 years in this industry, I've
13 never seen a claim like this before, and I don't think
14 Mr. Carr probably had seen one of these either.

15 So it was an odd case and even Sierra Healthcare
16 Options, when they priced it came up with a different price
17 than the provider which was the reason why when the provider
18 actually originally identified that they thought we made an
19 overpayment, we did not actually start the process in our
20 system to reprocess the claim because no one could really
21 agree on our side or on the provider side or, in fact, on the
22 network side what the pricing actually should be. It was a
23 very complex situation.

24 So, anyway, the reality here is that this single
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1 claim did have an impact on our overall financial accuracy.
2 When you look at all of the other claims as a combination, I
3 think Mr. Carr would agree that our service levels were in no
4 way harmed or changed in any way in those.

5 In addition, when you look across, Mr. Carr
6 mentioned the ETNA contracts which for this prior plan year
7 was just for the 800 plus members if you live outside of the
8 State of Nevada, but we were able to deliver on the savings
9 that we had indicated there. On top of that, we also had
10 another 1.2 million dollars in savings for the plan of any
11 fees in this quarter as well, so.

12 CHAIRMAN CATES: Thank you. So I just have a
13 question just to clarify. So that one claim after the audit
14 period closed, you guys came to consensus and adjusted the
15 claim and it is now considered closed and paid correctly?

16 MS. PERSON: That's correct, and the money has
17 been recouped so there is no -- there are no funds out for
18 the plan or for PEBP at all.

19 CHAIRMAN CATES: Very good.

20 MS. PERSON: In fact, those dollars were recouped
21 before Mr. Carr finished his audit document.

22 CHAIRMAN CATES: Very good. Thank you.

23 MS. PERSON: Yes, sir.

24 CHAIRMAN CATES: Go ahead.

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

2 Just for the benefit of the public and for our
3 new Board members, one of the Board responsibilities and
4 these Board members were recently appointed and traditionally
5 we have an orientation where we go over three, four hours of
6 your life you'll never get back again, but we go through all
7 of the stuff that we do. We outline things like the obesity
8 care management program, and we make sure that you all
9 understand to the best that we can provide it and you can
10 comprehend it, the programs and services that make up PEBP.

11 One of the things that the PEBP Board's roles and
12 responsibilities are to assess -- to approve the assessment
13 of penalty fees if a contractor does not meet a performance
14 guarantee as outlined in the contract, it doesn't mean that
15 you have to approve the totality of fees, and there was
16 precedence set I think the first year I was here, and I would
17 imagine before, where the Board elected to assess a lesser
18 amount form extenuating circumstances or as a decision making
19 body.

20 What I do want to share is that everything that
21 Mary Catherine has said and everything that Bob Carr has
22 said, PEBP is in full agreement with. We recognize this was
23 difficult and one of the processes that, I don't know if that
24 has been truly transparently shared in a while, is how to --

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1 does HealthSCOPE adjudicate high dollar claims through the
2 Sierra Healthcare Options Network in Southern Nevada. And
3 when they have a high dollar claim, not only do they
4 adjudicate it, but they also pitch it to the SHO Network to
5 ensure that they agree with it because we are trying to avoid
6 these types of problems and situations.

7 So, you know, as a series of unfortunate events,
8 everybody, as Mary Catherine has mentioned, missed this one.
9 Although, it was an awkward one. My recommendation to the
10 Board is that normally I would have said I think we need to
11 waive these fees, these penalties because we are working on
12 the process when Mr. Carr showed up, and they were taking the
13 necessary steps and in the end, PEBP was not harmed.

14 However, the only concern that I have is that the
15 hospital had to send a letter to start the process and it
16 wasn't found within all of those areas that touched this
17 claim.

18 And so -- so we, and you'll hear me say this
19 later today with other partners, we are very fortunate to
20 have great partners at the Public Employees' Benefits
21 Program. I'm very proud of the agreements we have with the
22 folks that we do, and we're constantly trying to strive to a
23 better result. However, as part of being great partners, we
24 must also hold our partners accountable.

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1 And so I strongly believe that charging \$170,000
2 for this type of mistake is punitive, and my recommendation
3 is that you all entertain the idea of charging a penalty that
4 fits the actual problem which was the \$15,894.40 overpayment
5 amount. Again, it's more of an accountability message. It
6 isn't that we lost any money, but we want to ensure as we
7 promote our partners and we promote their successes that the
8 public and the Board knows that it is PEBP's policy
9 internally to ensure that they are also held accountable, and
10 so that's my recommendation, and I'm willing to take any
11 questions, as I'm sure Mary Catherine and Bob Carr are as
12 well.

13 CHAIRMAN CATES: So, Damon, so the calculated
14 penalties of 170,000 and your recommendations would lower it
15 to 15, the amount of the overpayment?

16 MR. HAYCOCK: Correct, 15,894.40 to -- because --
17 because of the notification process. Had they found it in
18 their system, they were working on it and the timing got
19 them, I would have recommended no penalty. But the fact that
20 it was -- it was -- it initiated from the provider, had the
21 provider not initiated, it never would have been found. I
22 feel that that's an appropriate accountability amount to this
23 great vendor and this great partner that we have.

24 CHAIRMAN CATES: Okay. Thank you.
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1 Any questions? Okay.

2 MEMBER LAMBORN: Leah Lamborn for the record.

3 And actually this is for Damon. So, Damon, have
4 there been any penalties assessed in the past with
5 HealthSCOPE where we've lowered or forgiven?

6 MR. HAYCOCK: Yeah, for the record, Damon
7 Haycock.

8 It is my knowledge since I have been at PEBP that
9 there was only one recommendation where there was an issue
10 with health savings account, health reimbursement arrangement
11 error and that HealthSCOPE without prompting from PEBP
12 created an opportunity for folks to get free tax advice at
13 their cost, and so the penalty was lowered based on that
14 method. Correct me if I'm wrong, Mary Catherine. That is my
15 knowledge. Anything predates Damon, I don't have that
16 information today.

17 MEMBER LAMBORN: Again, Leah Lamborn.

18 I should have asked you, sorry, to your knowledge
19 if there's been?

20 MS. PERSON: There was one prior time to Damon's
21 point. There were several different issues happening at the
22 time but it was waived at that point in time.

23 MEMBER LAMBORN: For up how to long ago
24 approximately?

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1 MS. PERSON: That was either the first quarter of
2 2015 or the first quarter of 2016 plan year. I can't
3 remember which of these two.

4 CHAIRMAN CATES: Go ahead.

5 MEMBER VERDUCCI: Tom Verducci for the record.

6 I want to point out HealthSCOPE has been a very
7 good partner. You've saved us money over the years, and I
8 think 170,000 dollar penalty is unconscionable and, you know,
9 I could see a reasonable amount, 15,894.40. We have one
10 single claim was identified as being an -- an item that
11 creates a lot of problem. \$170,000 is really inappropriate.

12 MEMBER ZACK: Christine Zack for the record.

13 Damon, can you refresh my memory. I believe that
14 on a single claim that HealthSCOPE saved us 400 and some
15 thousand, wasn't that the basis for an award that PEBP got?

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

17 It was four distinct individuals over a period of
18 time, but they helped negotiate on one single individual, at
19 the time was projected to be about \$350,000 over a bi-weekly
20 infusion. And as Mr. Carr also had said, you know, it was --
21 it was HealthSCOPE. I wish I could take credit for this but
22 I can't. It was HealthSCOPE that came to the Board back in
23 June and said I think you guys should switch out of state
24 networks, and there's a possibility to save another

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1 \$2,000,000, and they hit it which is amazing.

2 And so, again, taking the totality of it, yes,
3 they helped us win an award. We went to the state and local
4 government benefits association. You were there and with
5 partnership of HealthSCOPE and Express Scripts, we were able
6 to solve a pretty sizable problem with prescription drugs on
7 the medical plan based on their specific negotiations, so
8 yes.

9 MEMBER ZACK: Christine Zack again for the
10 record.

11 Did they receive any sort of bonus or extra fee
12 for achieving that result for us?

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

14 HealthSCOPE consistently comes to PEBP and
15 absorbs things at no additional cost. If you remember in my
16 last report about extending their contract, they absorbed a
17 program budgeted to cost the State of Nevada and Public
18 Employees' Benefits Program almost \$1,000,000 a year.

19 And although they are not providing the exact
20 same services, managing that benefit and continuing to
21 provide those -- those critical insulin replacement services
22 to our diabetic population, they are doing that at no
23 additional cost, and they haven't raised their rates to us,
24 you know, since before the end of the first contract, and we

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1 have amended their contract, and they are not increasing
2 their admin fees which is unheard of in third party
3 administrator negotiations.

4 MEMBER ZACK: Christine Zack again.

5 Final comment, for me it's about the batting
6 average, and I just wanted to lay it out there. That's my
7 opinion, and we look at the totality of the circumstances, it
8 seems like we're coming out ahead, so thank you.

9 CHAIRMAN CATES: Any other comments?

10 MEMBER BAILEY: For the record, Don Bailey.

11 I concur with the director of HealthSCOPE, and
12 Robert Carr and Mary Catherine have been great to work with.
13 This Board has reaped a lot of benefits at their advice.
14 Otherwise, we would have missed that chance, so I certainly
15 support that vendor base.

16 CHAIRMAN CATES: Okay.

17 MEMBER SHIPPEY: Mr. Chair?

18 CHAIRMAN CATES: Mr. Shippey, go ahead.

19 MEMBER SHIPPEY: For the record, Glenn Shippey.

20 Thank you for the presentation. I just want to
21 get a better understanding of why this claim was so unusual.
22 We've heard a few comments. What made this claim so unusual
23 so we could expect this to be something that wouldn't be
24 repeated and result in an overpayment in the future.

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1 MS. PERSON: So it was a cesarian section case
2 that the member ended up in ICU in grave physical danger
3 based on complications that occurred, and those types of
4 complications are just, frankly, something that you very
5 rarely see with a basic C-section, and so it was the
6 complications component of the claim that made it so
7 difficult to process.

8 MEMBER SHIPPEY: Thank you.

9 MS. PERSON: Uh-huh.

10 CHAIRMAN CATES: Any other comments from the
11 members?

12 Well, I certainly think the assessed penalty is a
13 lot of money for somebody that's been a very good partner to
14 us. I could get behind the 15,000 dollar penalty, but I
15 would also be okay with waiving all penalties because they
16 have been an outstanding partner, that's my opinion.

17 Anybody want to make a motion or have further
18 discussion?

19 Tom?

20 MEMBER VERDUCCI: Mr. Chairman, Tom Verducci for
21 the record.

22 I would like to make a motion that we approve the
23 auditor's report and we waive the penalty.

24 CHAIRMAN CATES: Okay. We have a motion. Is
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1 there a second to the motion?

2 MEMBER ZACK: Christine Zack for the record.

3 I'll second the motion.

4 CHAIRMAN CATES: Okay. So we have a motion and a
5 second to accept the audit report and waive the penalty in
6 full. Any discussion on the motion?

7 MEMBER COCHRAN: Mr. Chair, this is Chris Cochran
8 in Las Vegas.

9 CHAIRMAN CATES: Go ahead.

10 MEMBER COCHRAN: I guess I'm just, you know,
11 wondering, so I agree that we should not implement the
12 penalty as stipulated in the report. I'm just kind of
13 curious as to why we wouldn't want to recoup the money that
14 was overpaid. We have recouped that money, okay, under those
15 circumstances. Never mind.

16 CHAIRMAN CATES: Yes.

17 MEMBER COCHRAN: Bob just told me that so we're
18 okay.

19 CHAIRMAN CATES: Okay.

20 MEMBER COCHRAN: And I agree with the motion.
21 Thank you.

22 CHAIRMAN CATES: Okay. Thank you.

23 Any other discussion on the motion? Hearing
24 none, all those in favor of the motion, signify by saying
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1 aye.

2 (The vote was unanimously in favor of the
3 motion.)

4 CHAIRMAN CATES: Motion carries.

5 Okay. Moving onto Agenda Number Five, Election
6 of Board Vice-Chair pursuant to Nevada Administrative Code
7 284.172.

8 MR. HAYCOCK: 287, sir.

9 CHAIRMAN CATES: Huh?

10 MR. HAYCOCK: 287.

11 CHAIRMAN CATES: What did I say?

12 MR. HAYCOCK: 284.

13 CHAIRMAN CATES: I'm thinking about personnel.
14 I'm in charge of that too.

15 I'm sorry, NAC 287.172, eligible candidates are
16 Ana Andrews, Don Bailey, Chris Cochran, Tom Verducci,
17 Christine Zack and Leah Lamborn.

18 So would anybody like to nominate anybody?

19 MEMBER ANDREWS: Mr. Chair, Ana Andrews for the
20 record.

21 I would like to nominate Don Bailey for the
22 vice-chair position on the PEBP Board.

23 CHAIRMAN CATES: Okay. So do we have to get a
24 second for a nomination?

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1 MR. HAYCOCK: You do.

2 CHAIRMAN CATES: Go ahead, Tom.

3 MEMBER VERDUCCI: I'll second the motion.

4 CHAIRMAN CATES: Okay. So we have a motion and a
5 second, I didn't say anything, to reappoint Don Bailey to
6 vice-chair position.

7 Any discussion on the motion? Seeing none --

8 MEMBER COCHRAN: Mr. Chair, I think this is a
9 great choice.

10 MEMBER BAILEY: You got my support, doc.

11 CHAIRMAN CATES: All right. Any other discussion
12 on the motion? Hearing none, all those in favor of the
13 motion, signify by saying aye.

14 (The vote was unanimously in favor of the
15 motion.)

16 CHAIRMAN CATES: All those opposed? Motion
17 carries.

18 Congratulations.

19 MEMBER BAILEY: Oh, yeah, I heard the first part.

20 CHAIRMAN CATES: All right. Let's move onto
21 Agenda Item Number Six, Executive Officer Report, including
22 discussion, possible Board direction regarding updating the
23 PEBP Board duties, policies and procedures and the strategic
24 planning.

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Damon?

MR. HAYCOCK: Thank you, Mr. Chair. Damon Haycock for the record.

Traditionally, I provide my executive officer report to the Board in an information only update. I was attempting to whittle down the amount of agenda items, and so I wanted to add this into this report. We will talk a little bit about the policies and procedures and the strategic plan at the end.

At the beginning of the report, and I'm not going to read this to you guys, you all participated. Those that weren't, the new members, all participated and bi-weekly legislative update meetings, and so this is a synopsis of what has occurred throughout that legislative session. As you heard from Ms. Lockard, RPEN and the Nevada Faculty Alliance with Kent Ervin that we were very -- I feel we were very successful in a collaborative approach to developing legislation that sailed through committees.

And if you spent the hours that I did down there in session, you know, you're very happy when you see a bill go right through without a lot of opposition or where the lineup of public comment that wraps around the room, ready to try to destroy your bill.

And the Senate Bill 502, the bill that effected
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1 PEBP the greatest was I think a templet for how legislation
2 and collaboration should move forward in the state and
3 getting the advocacy groups, getting the union groups,
4 getting those that are representing the people we serve and
5 working with the administration, I think it was very
6 successful, and we are very proud of the result. And, of
7 course, our congratulations and thanks to Nevada Faculty
8 Alliance, AFSCME and the entire Public Employees of Nevada.
9 They worked tirelessly with us to get this done.

10 There were 16 bills. We tracked them all. You
11 can go back through, if you really have issues falling asleep
12 at night, you can go through and read all of the iterations
13 that occurred. But in the end, what basically occurred is
14 that you guys remained vigilant and true to the members
15 working in tandem with all of our advocacy groups and PEBP
16 staff to ensure that we address all of the bills that were
17 presented that effected PEBP, and that we came out in an
18 advantageous position but more importantly, our members came
19 out in an advantageous position.

20 One of the things that occurred near the end of
21 the legislative session, as Ms. Lockard said in public
22 comment, was there was a quick fix that PEBP needed to
23 implement. We needed to make significant changes to
24 eligibility and our enrollment system as part of our billing
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1 function to address non state retiree reduction in their
2 premium contributions, as well as, and you will see this if
3 you're interested later in this month at the interim finance
4 committee, they requested that we put together a new
5 management process for our budget to conceptually and
6 permanently separate how we track non state retiree revenues
7 and expenditures.

8 And I don't want to get too far down the rabbit
9 hole but the current statute prior to July 1 was that the
10 risk pool needed to be separate but that the benefits were
11 the same, and so the benefits were the same. It was the same
12 plan. Everything got lumped in together with claims and with
13 revenue.

14 And when I first arrived at PEBP, you know, it
15 wasn't as broken out as the legislature wanted it. We worked
16 with the legislative counsel bureau staff. They wanted to be
17 able to basically pull up information on their own to
18 understand how much we were paying towards the non state
19 retirees, what were their costs. We provided them
20 utilization reports. They wanted more data. So in the end,
21 they decided that we needed to basically almost double, if
22 not double, our accounting function.

23 And so in order to meet these requirements by
24 July 1, we quickly mobilized two positions over to these
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1 various areas. In fact, my executive assistant has spent
2 more time I think in the IT manager's office helping out on
3 IT functions than performing those standard duties that she
4 does for me traditionally.

5 And so we've been punting to try to meet these
6 requirements, and so we were requested or we were told when
7 we presented these concerns to the legislative counsel bureau
8 that they said, why don't you put in for new positions. You
9 guys haven't asked for positions in years, and your mission
10 has changed and it's gotten more complicated, why don't you
11 do that? And, of course, our answer was I didn't think we
12 could, right.

13 So we quickly added a fiscal note to the budget
14 bill that said we would like to add these positions in tandem
15 with what the legislative counsel bureau staff said. Low and
16 behold, it went through. Those positions were not awarded.
17 We didn't have a whole lot of faith they would, not because
18 the legislature did anything wrong but because of the time
19 frame of the final days of the session.

20 But we were also told by legislative counsel
21 bureau staff that if it wasn't approved through the
22 legislature to bring it back to the August interim finance
23 committee, and so we're basically following that methodology
24 and we created new position requests.

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1 You'll see here that one of those was to fill in
2 those gaps with our information technology. We wanted -- we
3 needed professional -- everything we do at PEBP is difficult
4 and challenging and we pitch and catch data to a plethora of
5 vendors that must be protected and secured and managed and
6 quality control.

7 And as we have gone through the years, and my IT
8 manager will be able to attest to this, we have had our
9 mission increased. We have had our programs increased in
10 complexity. We have had new vendors added and new processes.
11 Back in 2000, we didn't have a Pharmacy Benefits Manager.
12 Yet, our IT staff has never been increased. Our populations
13 have increased dramatically, and the membership we need to
14 support and the systems have modernized over the years that
15 we really need more assistance, and we need in-house
16 assistance because we need to be able to respond rapidly and
17 dynamically to the issues that occur on a technology front.

18 We also look at potentially creating a near-site
19 clinic. I'm in conversations with our eligibility enrollment
20 vendor for additional system upgrades, and it's difficult to
21 maintain the status quo while also creating new processes,
22 and hats off to my IT manager and to our eligibility
23 enrollment vendor for making those changes by July 1 to at
24 least get the billing right, but we're band-aiding a

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1 situation that we feel we really need additional support.

2 How do we pay for those? If we skip forward in
3 the agenda, you'll see some of these contract amendments that
4 we've negotiated. I think we paid for these ten times over
5 and the savings that we've been able to, you can give credit
6 to Mary Catherine and save \$2,000,000 last year to pay for
7 these folks for the next decade. We're consistently saving
8 money and maintaining that fiduciary solvency. We feel that
9 this is something that we can absorb without raising rates or
10 increasing costs to our membership that we will have that
11 funding available.

12 The second position, we ended up taking a
13 management analyst that we originally had designated for
14 programs. Wellness, the disease management programs, as well
15 as any new programs that we were going to look at and the
16 coordinator with the department of health and human services
17 and their wellness program and their prevention program and
18 that position was vacant at the time we were told we needed
19 to make this change.

20 So to keep -- to keep the peace and to support
21 Ms. Glover, I shift that position directly over to
22 accounting. She hired that position, has worked out well,
23 and we feel we can now absorb these long term financial
24 requirements even though we've almost doubled our workload.

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1 Adding one position, we feel we can handle it.

2 But we need to backfill that position. I have no
3 program lead now. Unless I take that process on or my
4 operations officer takes that process on, who is going to
5 manage all of these programs we have today, and who is going
6 to be in charge of and manage these programs we want to
7 implement tomorrow?

8 And most importantly if we actually set up a
9 near-site clinic, who is going to oversee that for PEBP? And
10 so we -- you know, it's been my experience working in
11 previous positions at the department of health and human
12 services that you really need a qualified, experienced and
13 talented program manager to be able to manage those programs
14 from a healthcare perspective.

15 You can hire management analysts. Sometimes they
16 are going to turn out amazing. Sometimes they are more
17 fiscally minded. Sometimes they are more program minded, but
18 a health program manager is dedicated to programs, that has
19 gone to school, that has to meet with certain requirements to
20 be successful.

21 And so after talking with internal staff, we feel
22 that this is the best position that we can come up with to
23 meet the current needs and the needs of moving forward. And
24 one of the things that the strategic plan has today that the
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1 Board approved back in April of last year was that they
2 wanted to employ a full time wellness coordinator. Well,
3 this is part of that process because this person will be able
4 to oversee wellness.

5 And so we're excited to try to meet that
6 strategic plan, that vision of the Board, even though we're
7 going to look at potentially changing or updating and
8 improving the strategic plan, we know that that was still
9 important to the former Board, and we know it's important to
10 our membership. So we are requesting those two positions,
11 and we've been able to justify them time and time again as
12 far as costs.

13 Moving on to the PEBP Board duties, policies and
14 procedures, the PEBP Board has set up an advisory committee
15 of Board members. I think it was four at one time and it
16 moved down to three. At this point, I think the only
17 remaining member is Ana, Ana Andrews, that was on that first
18 one, and they spent painstaking hours in trying to craft the
19 duties, policies and procedures and update those, as well as
20 the Board strategic plan, and I feel that they did an
21 excellent job with the material that was provided to them and
22 all of the issues that they had to solve.

23 However, with the passage of Senate Bill 502,
24 some of those changes that have occurred now mean that those
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1 policies and procedures are out of compliance. The
2 procurement process has changed. The reporting or the,
3 excuse me, the appointment and dismissal of one of PEBP's
4 staff has changed. And so I -- I want to offer, not
5 recommend, but offer an opportunity to the Board to allow
6 PEBP staff to go and do that redlining of that document to
7 make it in accordance with the current Senate Bill 502 and
8 any of the other laws that were passed through the session
9 and make some suggestions for Board discussions, review and
10 ultimate approval.

11 And we feel that with our workload today, we can
12 go through that document. And again, Ana, you and the other
13 Board members did an amazing job taking this massive document
14 and making it much more manageable, we feel that we can come
15 back and bring to the September Board meeting an opportunity
16 to have that discussion publicly. And if you guys want us to
17 go back and make changes or you want to come up with
18 something else, of course we're amenable to it, but we feel
19 there's an opportunity to address that.

20 Secondly, the Board strategic plan, we feel is a
21 great foundation for what PEBP wanted to do moving forward,
22 but it missed a couple of key items that I'm used to seeing
23 in a strategic plan, and it's not my strategic plan. It's
24 your strategic plan, but I wanted to give you an opportunity

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1 to review a different format.

2 The current strategic plan is a list of bullets
3 categorized and they are good. You know, these are things
4 that we want to be able to do, increase transparency, work
5 better with the Board, make sure that we have wellness
6 coordination. You know, we want to be fiduciary solvent.
7 All of these things make sense.

8 What I think that may help the Board and
9 especially the new Board members is a strategic plan that's
10 more formatted towards this is the goal, this is the task,
11 this is the schedule, this is the update on where we're at.
12 And as that plan and those issues and things happen from
13 Washington, as we all know, we can update that strategic plan
14 all of the time. It's a living document and, therefore, the
15 Board will always be able to share with the public and with
16 PEBP the direction you want to go instead of waiting once a
17 year when we do plan benefit design.

18 So I think it's a good mechanism to review as
19 early as quarterly but at least twice a year where we can
20 discuss where we're at and we can report where we're at on
21 the strategic plan so you guys can see the measurable results
22 and what defines success.

23 So we are willing to provide that opportunity. I
24 have no problem writing it myself. We are having an internal
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1 strategic session next month to talk with many of our
2 partners and just kind of test the waters of what may be
3 available for benefit design. We talked about those reserves
4 that may exist, and we're going to have those conversations,
5 and we're going to bring back everything transparently to the
6 Board and the public in September, but at that point we can
7 also provide that strategic plan.

8 So with all of that, and I know it's kind of a
9 lot, a big mouthful here, and I said I wouldn't read it, but
10 I probably talked more than reading. We recommend that the
11 Board allow us to make some updates to the current Board's
12 duties, policies and procedures and present to the Board for
13 discussion at the September Board meeting, and we recommend
14 that the Board allow us to redevelop a strategic plan and
15 present to the Board again for discussion at the September
16 Board meeting, just as a good start, right, for wherever we
17 want to head collectively.

18 It's almost a new Board, right. We have seven
19 new members over the last 13 months, and it's important to
20 capture the vision of this body.

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

22 CHAIRMAN CATES: Questions from the members, Tom?

23 MEMBER VERDUCCI: Tom Verducci for the record.

24 Regarding the two new positions, I understand
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1 right now that PEBP has 32 staff members and this would take
2 your staff to 34 and in terms of the sustainability of these
3 positions, we had a July 1 deadline, do you see going forward
4 that these positions will be necessary or the workload may
5 taper off and it may not be necessary in the future?

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

7 Thank you, Mr. Verducci. Those are excellent
8 questions, and we all should be cognizant of creating a
9 position that we must pay for and is there enough work to put
10 on those positions. I'm very confident that I can double the
11 amount of position request and have work for those staff for
12 the rest of time.

13 We are consistently responding to things that we
14 have no control over. You know, we can -- and I don't think
15 anybody here wants to get into the debate of what's happening
16 in Washing DC right now, but any changes require a
17 significant amount of workload, management and oversight.

18 And as we are going to be interfacing -- and I'll
19 talk technology first. As we're going to be creating
20 potential upgrades which I have my eligibility vendor
21 committed to, let's not forget that the state was awarded an
22 opportunity for ERP system to really consolidate all of the
23 different functions and upgrade those systems. We need to be
24 able to interface appropriately with them.

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1 know the door is shut, but there's the whole morbidity issue.
2 I think our youngest member is still in their 40s.

3 So we have potentially 30, 40, 50 years of having
4 non state retirees that we're going to have respond to and
5 report on and reconcile their costs as we have now been told
6 basically doubled our accounting function. So we feel very
7 confident that we keep these folks busy and that is well
8 overdue that we increase these staff.

9 MEMBER VERDUCCI: So the next step would be to
10 discuss this at the strategic planning meeting in September?

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

12 Yes, and no, yes, we will talk about this in
13 August. However, based on legislative counsel bureau
14 recommendations, in order for us to get these staff within
15 the first four or five months of the year, they suggested and
16 assisted us in putting them through the budget office and
17 into the interim finance committee next month.

18 We can pull that agenda item. If the Board says
19 you know what, Damon, I disagree. We don't want to increase
20 our staff. We can pull it at any time. But at this point,
21 we feel that it's set up and that it's appropriate and it
22 doesn't affect the member negatively. Hopefully you agree.

23 MEMBER VERDUCCI: So, Damon, would you be looking
24 for a motion today? The agenda properly notified, notice, we
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1 could make an agenda? In terms of a making a motion, we have
2 it on the agenda properly to make that motion?

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

4 I'm going to punt this to our Deputy Attorney
5 General, but right now the current agenda motion is for the
6 duties, policies, procedures and strategic plan. I wanted to
7 give an update on this position. It is my failure if I did
8 not agendize it appropriately for an approval of the
9 recommendation. I'm going to turn it to Dennis Belcourt to
10 get his opinion.

11 MR. BELCOURT: Dennis Belcourt, Deputy Attorney
12 General, for the record.

13 So I guess what I'm not clear on, does there need
14 to be a change to the duties, policies and procedures and
15 strategic plan to accomplish what -- what you want to
16 accomplish, and that's all you have on your agenda for
17 action. It says Board direction regarding the PEBP.
18 Actually, you don't change the polices and procedures. You
19 can give direction to the -- to the -- Damon to set about
20 doing that, and it would have to come back to you for final
21 approval.

22 So I think you could -- if there needs to be
23 something changed in the duties, policies and procedures and
24 strategic plan, then all you can do right now is give

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1 direction for Damon to get that started.

2 MR. HAYCOCK: Yeah, so for the record, Damon
3 Haycock.

4 To further answer your question, there was no
5 specific item for approval for those positions. Depending on
6 how you want to interpret it, we can bring it back. I have
7 no problems doing that for an agenda item at the September
8 Board meeting. We can move forward if you all feel
9 comfortable with that. I know you can't vote on that, so I
10 recognize that. It does affect our budget.

11 However, there are many circumstances that our
12 budget gets affected where we go to the interim finance
13 committee and have to make adjustments without Board approval
14 and it's not playing hide the ball. Often it's to move money
15 around from one part of the budget to the other which is
16 basically what we're doing here.

17 It's also if we want to or need to increase our
18 reserves because we have higher HRA balances or we need to
19 increase our catastrophic reserve because after the Board and
20 the legislature had approved the budget, it turns out that
21 our actuaries believed that we needed to be more protected,
22 and so we will often do that without necessarily going
23 through a full motion and discussion.

24 If anybody on the Board feels that I have taken
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1 their ability to govern, I will bring this back in September.
2 We'll punt the positions to a later IFC. It was never my
3 intent to take away anyone's ability to make decisions.

4 MEMBER BAILEY: Mr. Chair, for the record, Don
5 Bailey.

6 It's my understanding that the legislators
7 suggested this approach and go through interim finance.

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

9 That is correct and that's the guidance we took
10 steps forward.

11 MEMBER BAILEY: Okay. I think we need to be
12 leery in what we do here.

13 CHAIRMAN CATES: Go ahead.

14 MEMBER ZACK: Thank you, Mr. Chair. Christine
15 Zack for the record.

16 I think there might be an easy fix because
17 perhaps our strategic plan in the direction that we should
18 give to detail on is PEBP needs two more staff members, and
19 that could be part of the strategic plan.

20 CHAIRMAN CATES: Yeah.

21 MEMBER ZACK: Does that work?

22 CHAIRMAN CATES: Go ahead.

23 MEMBER SHIPPEY: For the record, Glenn Shippey.

24 In reviewing this item yesterday, it looked like
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1 it was information only, the new position request. It wasn't
2 part of the recommendation. So I went ahead and looked at
3 Chapter 287 and maybe -- maybe Dennis could help here, but it
4 looks as if in terms of the executive officer's statutory
5 authority to add staff that is there, funds are available.
6 Is that accurate?

7 MR. HAYCOCK: I'll let Dennis answer that.

8 MR. BELCOURT: I believe that's accurate. Dennis
9 Belcourt for the record.

10 MEMBER BAILEY: It would appear to me as if there
11 wouldn't need to be the consent of this Board necessarily if
12 we agree that funds are available, the executive officer is
13 exercising his authority to add new positions, that's at
14 least the way I read it.

15 MR. HAYCOCK: Is that a motion?

16 MEMBER BAILEY: We have a motion.

17 CHAIRMAN CATES: Can you make the motion? We
18 don't have a motion. Go ahead.

19 MEMBER ZACK: Mr. Chair, if you're ready for a
20 motion, I would be happy to.

21 Christine Zack for the record.

22 CHAIRMAN CATES: Sure, go ahead.

23 MEMBER ZACK: I move that we authorize Damon and
24 his staff to update the Board duties, policies and procedures
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1 and the strategic plan to include two new staff members and
2 please redline the duties, policies and procedures so that
3 it's easy for me to run through them and to present them at
4 the September Board meeting.

5 CHAIRMAN CATES: Very good.

6 Do we have a second on the motion?

7 MEMBER LAMBORN: Leah Lamborn, I second the
8 motion.

9 CHAIRMAN CATES: Okay. So we have a second. We
10 have a motion and a second.

11 Any discussion on the motion? Is everybody
12 clear?

13 MEMBER COCHRAN: Mr. Chair, this is Chris Cochran
14 in Las Vegas.

15 Just to be clear, so we -- we're talking about
16 the strategic plan. I think that Ana and former member Bob
17 Moore and I worked on, is that correct, is there going to be
18 any Board member involvement in this or just for
19 clarification to any staff members who may not be familiar
20 with Board roles? And I know Damon can probably speak to
21 most of the Board roles. Who is going to be -- who have
22 you -- who do you think you would be assigning to the
23 strategic plan document?

24 MR. HAYCOCK: So for the record, Damon Haycock.
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1 Great questions, Dr. Cochran. And, yes, in
2 previous times an advisory committee was established. They
3 take a little bit of time because people have other jobs, and
4 you have other Board meetings, and so we want to be cognizant
5 of that.

6 The strategic plan suggested document is going to
7 be a result of the strategic session we're having next month,
8 and that strategic session next month has already had three
9 Board members that have confirmed to attend. So we're going
10 to have Board input and Board -- Board influence and guidance
11 as we will bring that back. Hopefully they will speak highly
12 of the process and what the results that we ended up
13 collectively coming to. So it's not going to be done in a
14 vacuum, and I personally will write the strategic plan.

15 MEMBER COCHRAN: Okay. Thank you very much.

16 CHAIRMAN CATES: Very good.

17 Any other discussion on the motion? Okay. Well,
18 hearing no further comment, all those in favor of the motion,
19 signify by saying aye.

20 (The vote was unanimously in favor of the
21 motion.)

22 CHAIRMAN CATES: All opposed? Hearing none,
23 motion carries.

24 Okay. How are you doing?
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1 Move onto Agenda Item Number Seven, discussion
2 and possible action regarding beginning the adoption process
3 for proposed regulation change on subrogation.

4 Damon?

5 MR. HAYCOCK: Thank you, Mr. Chair. Damon
6 Haycock again for the record.

7 PEBP, as all state agencies, are required to
8 review regulations every two years. I worked with Deputy
9 Attorney General Dennis Belcourt to do a review of all of the
10 current codes that are effected by the latest legislative
11 actions, through the latest session, as well as through
12 basically that their continued impact and necessity were.

13 After that review has occurred, we believe that
14 there is an opportunity to provide a new regulation to help
15 guide our subrogation processes today. In our master plan
16 document, we outline where we can subrogate against first
17 party and third party coverage, but we want to ensure that we
18 always protect the member. As Kent Ervin has said, how do we
19 ensure that the member is not -- is not disadvantaged by our
20 aggressive subrogation policies.

21 And since we have a high deductible health plan,
22 we want to ensure that as we go after those first party
23 dollars that, and that's the dollars that are associated with
24 the direct members' insurance program, not necessarily

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1 through ours, that we ensure that they have the opportunity
2 to receive enough of those to satisfy their out of pocket
3 costs when paying for medical care for PEBP.

4 Today we don't have that outlined in regulation.
5 We often will do an industry standard three-way split on
6 subrogated dollars between the lawyer that is obtained or
7 retained by the member, the member, him or her herself, and
8 the Public Employees' Benefits Program often taking
9 significantly less than what we paid out in claims, and so we
10 don't have a regulation on subrogation.

11 We do have a master plan document. We feel this
12 is a good opportunity to have that public discussion through
13 workshops and then ultimate adoption hearings brought back to
14 the Board, and basically there are four pieces that we have
15 here pretty -- I'll say it's pretty simple because it could
16 have been a lot worse as far as legals.

17 But basically that we're allowed to subrogate
18 and, this is true, right, per 287.043 and 287.0465, that's
19 our Nevada Revised Statutes, that we can subrogate to any and
20 all tort contractual or other liability, and that you
21 delegate the authority to subrogate to me. You do delegate
22 the authority to subrogate to me in the current orders,
23 duties, policies and procedures. It's just not in
24 regulation. Regulation often strengthens that -- that

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1 liability subject, of course, to the provisions of that plan
2 document approved by the Board.

3 Three, that before we take any first party
4 insurance coverage amounts, we shall make a one time
5 adjustment correlating to the members remaining applicable
6 out of pocket maximum at the time of the incident, creating
7 the subrogation event. That's just a fancy way of saying if
8 they still have an out of pocket maximum amount for the plan
9 year, before we -- we take first party funds, we ensure they
10 get to keep first party funds to pay for those out of pocket
11 maximums.

12 And then the executive officer may subrogate
13 first party coverage of a lesser amount in good faith
14 negotiations with a member of the insurance company and legal
15 counsel. Again, this is standard process we do today. It's
16 standard across the nation, but this cements this in a
17 regulation and makes it clear for all, both members, the
18 public, the legislature and, of course, PEBP and its counsel
19 and the Board.

20 So this will strengthen our ability to subrogate,
21 protect the plan, as well as ensure that the member is not --
22 is not subject to having to pay out to PEBP medical payments
23 that they purchased first party insurance to cover, and so we
24 recommend that you allow us to just move through the process.

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1 This regulation may not look like this when it comes back to
2 you for the adoption hearing because we're going to have that
3 workshop and receive significant public comment, and we want
4 to honor that input. We will have to bounce it off the
5 legislative counsel bureau. They may want to make some
6 changes to the language, and then we will come back and
7 present it to you for an adoption hearing.

8 But for those that haven't done a regulation with
9 PEBP before or the new Board members, even if the Board
10 approves the regulation, it does not become law until the
11 legislative commission approves it a couple of months later
12 depending on their actual agenda.

13 So the Board has approved regulations in the past
14 that we've had to significantly defend at that legislative
15 committee. We remember the one on the -- on how we charge
16 non state and their percentage of premium.

17 And so I just want to outline the process today.
18 We're recommending that we add this -- that we add regulation
19 similar to what we see here today, that we go through the
20 process for open workshops for the public, that we bring it
21 back to you for an adoption hearing. And if you guys like
22 it, we move forward to the legislature and hopefully
23 implement it moving forward.

24 With that, I'll take any questions on this
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1 regulation.

2 CHAIRMAN CATES: Thank you, Damon.

3 Any questions from the members?

4 Go ahead.

5 MEMBER SHIPPEY: Thank you, Mr. Chairman. For
6 the record, again, Glenn Shippey.

7 I just want to understand when we in the future
8 after such a regulation is adopted and maybe this is more for
9 Dennis to help with, when we look at language as a Board and
10 the plan document, we're going to be constrained by the
11 regulation itself. So our ability to make revisions to the
12 language of the plan document have to be within the confines
13 of the regulations?

14 MR. BELCOURT: Dennis Belcourt, Deputy Attorney
15 General.

16 Yes, that will be the case of regulation on any
17 master plan document. And, of course, if you want to live
18 through them in the regulation for modification of the master
19 plan document, you could do that but if it can't be, it's
20 inconsistent with the regulation.

21 MEMBER SHIPPEY: Thank you.

22 CHAIRMAN CATES: Any other comments or questions?

23 So the recommendation is for the Board to approve
24 the regulations as outlined above and allow PEBP to move
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1 forward with the regulation adoption process.

2 Does anybody want to make a motion?

3 MEMBER VERDUCCI: Tom Verducci for the record.

4 I would like to make a recommendation that PEBP
5 recommend the Board approve the regulation as outlined above
6 and allow PEBP to move forward with the regulation adoption
7 process.

8 CHAIRMAN CATES: Okay. We have a motion. Is
9 there a second?

10 MEMBER BAILEY: For the record, Don Bailey.

11 I second that motion.

12 CHAIRMAN CATES: Okay. We have a motion and a
13 second. Any discussion on the motion? Hearing none, all
14 those in favor of the motion, signify by saying aye.

15 (The vote was unanimously in favor of the
16 motion.)

17 CHAIRMAN CATES: All opposed? Hearing none, the
18 motion carries.

19 MEMBER COCHRAN: Mr. Chair, any chance we can
20 take just a quick break? I know we don't have that much to
21 go, but.

22 CHAIRMAN CATES: Yeah, no problem, let's take a
23 break. Let's reconvene at five after.

24 MEMBER COCHRAN: Thank you.
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1 CHAIRMAN CATES: Thank you.

2 (Whereupon, a brief recess was taken.)

3 CHAIRMAN CATES: We are on Agenda Item Number
4 Eight, discussion and possible action on approving the
5 development of contract extensions for the following:
6 Express Scripts, Inc., Pharmacy Benefit Management Services,
7 one-year contract extension, the Standard Insurance Basic
8 Life and Long Term Disability, four-year contract extension.
9 Damon?

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

12 Before I go into this report, I would like to
13 make sure that we are transparent in the process, and I have
14 spoken with and received the blessing of Jeff Hays, the
15 purchasing administrator on these. And if the Board does
16 approve -- decides to approve them today, we will go through
17 the process of coordinating it through purchasing as we have
18 on previous extensions.

19 This is one of my favorite reports. I love
20 writing these. I love presenting these because it's a really
21 good story to share. It's a significant savings to the
22 program. It does nothing but benefit the member, and really
23 there's no real risk to PEBP. And so when we initially
24 negotiated contracts, and I'll start first with Express
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1 Scripts, they began as our Pharmacy Benefits Manager on
2 July 1st, 2016. So we just completed our first full year.

3 In those negotiations, we negotiate pricing and
4 unfortunately based on confidentiality requirements, I can't
5 go into too much detail but what I can say is that we were
6 able to after that negotiation had occurred and we started
7 working together and realized that we had become better
8 partners in the process, that there was potentially some
9 rebates from specialty drug manufactures that we may not be
10 getting. And, of course, we want them, right? That's part
11 of the whole process. If there's money on the table, Damon
12 wants it, and we worked directly with Express Scripts, and
13 they agreed to provide us with those specialty drug
14 manufacturer rebates in their entirety.

15 And so doing a lookback analysis and doing a move
16 forward analysis, if we have the same year we just had, we're
17 talking about approximately 1.8 million dollars of additional
18 rebates every year and good on Express Scripts, they are
19 willing to, if you all approve this, start this process on
20 January 1 of this year, and so we get halfway through this
21 year and a full year for the remainder of the contract.

22 They want to remain a good partner with PEBP.
23 We -- we have often signed long term contracts. They didn't
24 ask for a five-year or six-year or four-year extension. They

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1 just want to be our partner for another year, and they agreed
2 to accept the current negotiated administrative fees without
3 any increases to maintain this relationship.

4 So basically we're looking at saving over the
5 next four and a half years about 8.1 million dollars more
6 than what we have today. And as I mentioned in the previous
7 report last month on extending those other contracts, we
8 negotiated in good faith there's no requirement that they
9 provide this opportunity to PEBP. But based on the issues we
10 dealt with last year and potentially cutting benefits and
11 having to really deal with some financial hardship, that
12 turned out wasn't as bad as it was initially proposed.

13 I don't ever want to be in a position where I
14 left money on the table hoping we would have a good year and
15 we don't. So this additional year at the same administrative
16 fees is going to net us approximately over the period of the
17 current contract and that year 8.1 million dollars.

18 Now, just to be completely transparent, and I
19 highlight in this report, rebates are not received the moment
20 that someone purchases a prescription drug, and so there's a
21 process by which an entity goes back to the manufacturer and
22 validates all of the purchases, and then they end up having
23 to wrap the rebate through them back to us, and so it's
24 generally a 180-day process after the quarter end. It sounds

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1 like a lot of time but for this amount of money, I think
2 we're willing to wait. It's also something we've been
3 dealing with years with our previous PBM and now with our
4 current one.

5 Just to highlight another piece of this
6 reputation or, excuse me, this partnership with Express
7 Scripts, they have been able to work with us as we made
8 master plan document changes, benefit changes, additional
9 clinical changes to ensure that we can implement the highest
10 level of cost and quality controls while still maintaining
11 the ability for the member to be held as harmless as
12 possible. And in certain instances, it doesn't occur, and
13 for that we are deeply -- you know, we sympathize and we want
14 to find solutions, but for the most part we feel these are
15 good relationships.

16 And comparative to our last Pharmacy Benefits
17 Manager, they never gave us, correct me if I'm wrong, but we
18 did not receive specialty drug rebates from our last
19 contract, and so this is something that we were able to
20 negotiate at the beginning, and now we're able to complete it
21 to its fruition, and so we're very excited to offer this
22 opportunity to the Board and we think it's good for long term
23 solvency and sustainability of our plan.

24 Second, The Standard provides us with basic life
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1 insurance, long term disability services, as well as
2 short-term disability services and additional life insurance
3 voluntary products. Those are two separate contracts. We're
4 here talking strictly about the basic life insurance and long
5 term disability services.

6 What the plan has experienced and the program has
7 experienced over the last two years that I've been here is
8 that we -- they have collected more premiums than they paid
9 out in claims which they need to to a point. They need to
10 develop reserves as well, but it appears our experience
11 necessitates a rate reduction. And one of the things that we
12 were debating or you all were debating and we were discussing
13 all the way back to September, November of last year is that
14 who -- how do we pay for life insurance? Do we do it with
15 excess reserves? Who should pay for those premiums? Do we
16 make the Medicare Exchanges folks do it?

17 And honestly maybe that right answer is let's
18 lower the rate, and that's what we were able to do, The
19 Standard, and they are here today, Marty, from The Standard,
20 he presented me a four-year extension which it's not out of
21 the realm of what we do when a contract is about to
22 terminate, and their current contract ends at the end of this
23 plan year.

24 They are not only giving us a premium rate
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1 reduction but they are holding it for four years. Can you
2 imagine approving a rate today for four years, right, and
3 reducing them? That would be a lot of work. Please don't do
4 that to Damon. I really don't want to try to hit those
5 numbers, but they feel confident based on our long term
6 relationship and recognize they have been with us for
7 14 years, that they have seen and recognize the experience of
8 our program and see there's an opportunity to provide us and
9 the Board with cost savings while still providing the same
10 services that our members have expected to receive for the
11 last decade plus.

12 If you were to apply their current proposed rates
13 for this four-year extension to the current rates that were
14 charged today and you multiply it out by our population today
15 which we all know should increase over time because as folks
16 retire, they backfill with employees and so, generally, you
17 know, we've been increasing every year significant, maybe not
18 significantly but consistently, that it may even be bigger
19 than this. If we just take today's population over the
20 four-year period is \$2,000,000 of savings.

21 So I'm here to recommend that you as the Board
22 approve a one-year extension with Express Scripts for
23 Pharmacy Benefits Manager Services and a four-year extension
24 with The Standard for basic life and long term disability

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1 services as described above and reap the benefits of
2 \$10,000,000 over the next four years.

3 With that, I'll take any questions.

4 CHAIRMAN CATES: Thank you, Damon.

5 So I have a question. Both of these sound like a
6 good extension to approve, but I'm curious on the Express
7 Scripts, it just seems unusual to me that you would be
8 negotiating when you have three and a half years left in the
9 contract. What prompted adding another year on as opposed to
10 just letting it get a little closer which is the norm?

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

12 Similar to the HealthSCOPE contract and our
13 network contracts, we struck the iron while it was hot, and I
14 didn't want to wait three years from now and leave three
15 years of rebates on the table. So if you look at the 8.1
16 million dollars of expected rebates, if we waited until 2020,
17 we would have potentially lost 2.7 million dollars of
18 opportunity because as part of this extension, they are
19 agreeing to provide us with additional rebates.

20 CHAIRMAN CATES: Okay.

21 MR. HAYCOCK: And so I hate leaving money on the
22 table when we don't have to, but I'm willing to go whichever
23 direction the Board wants.

24 CHAIRMAN CATES: Okay. Thank you for clarifying
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1 that. Like I said, I have no problem with that. I just want
2 to understand. Thank you.

3 MEMBER BAILEY: Mr. Chair?

4 CHAIRMAN CATES: Go ahead.

5 MEMBER BAILEY: For the record, Don Bailey.

6 I only have one question. It has nothing to do
7 with the vendors. I think they have been outstanding. I go
8 back to your first statement about purchasing. You did talk
9 to them and he or they are in agreement to go along with
10 this.

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

12 MEMBER BAILEY: I don't want us to step out and
13 get in any -- we've been there before. I rather we not go
14 back again.

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

16 I have a very open and consistent communication
17 relationship with the purchasing administrator, and I went so
18 far as to send him this report and said are you good with it,
19 so he's on board. He recognizes that there is a benefit to
20 extensions whether appropriate because let's not joke, folks,
21 some of these vendors can spend upwards of \$100,000
22 responding to a request for proposal. And if you're going to
23 re-select your incumbent, that's difficult to swallow because
24 inevitably it will be built into rates that we have to pay.

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1 I'm all for checking out the field and seeing
2 what's available but if something isn't broken, I hate trying
3 to fix it. Although, this is, again, an opportunity. It has
4 been vetted through the purchasing administrator and so if
5 you all prove it today, he knows it's coming.

6 MEMBER LAMBORN: Mr. Chair?

7 CHAIRMAN CATES: Go ahead.

8 MEMBER LAMBORN: Leah Lamborn for the record.

9 So, Damon, can you tell me when was the last time
10 an RFP was done for the long term disability for The
11 Standard?

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

13 The long term disability is attached to the basic
14 life. It's all one contract and if my memory serves me
15 correct, it was done prior to 2003. I don't know if we redid
16 another one.

17 Tena, do you remember?

18 MS. GLOVER: This is Celestena Glover for the
19 record.

20 I believe we actually went out to bid I want to
21 say it was either 2008 or 2010. We have gone out to bid
22 since the 2003 and selected the same incumbent. The benefit,
23 as Damon said, of keeping the incumbent to, especially with a
24 life insurance product is disruption, who is keeping their
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1 policies, can we carry them forward? What happens when we've
2 paid all of this premium and now we start over so the rates
3 could increase because they are not going to have the data
4 behind our experience, and so we are going to come in more
5 conservatively, and we don't know what kind of increases we
6 will see.

7 MEMBER LAMBORN: And I have a follow-up to that
8 correction. I met the standard of the whole package, not
9 just the disability part. So even though there's a rate
10 reduction, how do we know that that is competitive in today's
11 market because things change constantly.

12 MR. HAYCOCK: So for the record, Damon Haycock.
13 If we were to go out to bid today, we would have
14 to provide de-identify experience data on the utilization of
15 these two products. And as Tena mentioned, a company that
16 wanted to bid on this would take that and make some
17 assumptions for trend moving forward. What they would fail
18 to have would be all of the information back since 2003.

19 Whenever we get a report from The Standard or
20 from any of our long term partners, the more experience you
21 have, the more -- the more accurate you can be on that
22 trending forward. And so there is an opportunity that if we
23 went out to bid, someone would get a lower rate, but let's
24 not forget that often people respond with a low bid and then

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1 come back and say your experience rate, it turns out we bid
2 too low. We need to jack rates right back up again anyway.
3 I think that's happened in the past.

4 So getting a rate locked in is something that I
5 was absolutely surprised at when I received it from The
6 Standard because our general practice is every year, they
7 come and talk to us. We look over the end of year numbers,
8 and then we do a renewal where we're allowed to adjust or
9 they are allowed to adjust the rates.

10 For the last two of these that we had, they came
11 to me and showed me that it looked like we were doing better
12 than what we could have done. And my -- my response to Marty
13 and his predecessor was I expect to see that reflected in the
14 next renewal. Well, the next renewal is now this new
15 contract. So I think in good faith that they came forward.
16 We can go through that process.

17 One of the things that, and I don't want anyone
18 to misunderstand the impact, when you change life insurance
19 companies, there's a portability process that they can take
20 or port their benefits or they can keep the benefits they
21 have and it shifts to a voluntary product, and then we're no
22 longer managing that. And if we're no longer managing that
23 and let's say an individual on the plan loses coverage, they
24 think that it's PEBP's fault, and we may be legally liable

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1 for it.

2 And so -- so we have to -- there has to be a good
3 reason, and sometimes the good reason is checking out the
4 field but when we're provided a four-year guarantee reduction
5 in rates, I don't know if you're going to get better than
6 that because of the experience rating part of what the
7 underwriters do.

8 MEMBER LAMBORN: And follow-up question, sorry.
9 So do you have like a history of the rates ups and downs or
10 has it just constantly gone up until this point and then
11 again based on claims experience, what if the experience is
12 even lowered in the years that we're locked in at this rate?

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

14 Yes, we have the data on the rates going up and
15 down. We can provide it to the Board or I can get it out to
16 you, Leah or Ms. Glover can.

17 I think if we take The Standard and put them kind
18 of off to the side for a second, if we look at Express
19 Scripts and we look at HealthSCOPE and we look at our
20 networks, I think it's safe to assume that if there's a
21 better deal to be had, PEBP is going to come back and say we
22 need a better deal, and we've been successful at
23 re-negotiating contracts midterm to receive those benefits
24 when they warrant, and we've been able to lower rates, lower

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1 fees and get -- and get more services and more rebates.

2 And so what you have with me, and I don't know if
3 I'm rare or different than any other agency head, is I don't
4 sign a contract and then stop looking at it until the end.

5 If there's money, again, left on the table, we need to have
6 that conversation, and we're very willing to do that.

7 Although, what would help is not having to have the risk of
8 increase.

9 Let's not forget that more people are retiring.
10 The Baby Boomer generation is retiring. I saw a report from
11 division of human resource management of how many people are
12 going to be retiring over three to five years. It's quite
13 frightening. And, you know what, as we age, inevitably, the
14 ultimate equalizer is death, and then there's a death benefit
15 that we need to pay out.

16 And so as the average age of our health plan and
17 our benefit program increases every year, it gets closer to
18 an assumption that the costs are going to have to increase,
19 and so we're capitalizing on the last two years that I know
20 of of flat rates that we have been able to negotiate with The
21 Standard. I told them I wanted something lower, that you
22 guys have been receiving information from our other partners
23 that were lowered costs, and I think they came up to the
24 table appropriately.

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1 But, again, we can -- we cannot accept this and
2 develop an RFP and move out. It's up to you all.

3 MEMBER LAMBORN: One final question, Mr. Chair,
4 if I may.

5 CHAIRMAN CATES: Yes.

6 MEMBER LAMBORN: So, you know, I'm not suggesting
7 that we do a full blown RFP. It's expensive, time consuming,
8 risks. Is there any other way to shop around and compare
9 this rate to what's out there, like request for information,
10 not a full blown RFP. How can we compare? Are there other
11 ways to compare?

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

13 In order for another entity to compare and
14 provide us with an idea of a rate, if not a rate
15 specifically, they will have to take our claims data and run
16 it through underwriting, regardless if they answer an RFP or
17 not, they still have to do the bulk of the work. And if we
18 do a request for information and it comes out that, hey,
19 there may be an opportunity, then we move forward and do an
20 RFP for it and now the costs and the time and effort just
21 compounds.

22 If that's -- if the desire is to truly to go out
23 and see what else is available, my suggestion and
24 recommendation is that we just start the RFP process and so
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1 that way we can ensure that as quickly as possible we can
2 select through the evaluation committee and the Board's
3 ratification a new vendor in time for the contract to end on
4 June 30th and whether it's the incumbent or somebody else,
5 that we have a seamless transition for life insurance
6 benefits and long term disability.

7 Personally, I don't know if there's enough added
8 value to that to get -- to ask everybody to go through that
9 process, but we're more than willing to participate in the
10 procurement process.

11 CHAIRMAN CATES: Tom, go ahead.

12 MEMBER VERDUCCI: Tom Verducci for the record.

13 I want to point out, I have a lot of respect for
14 long term good partners and if you don't see a lot of
15 problems out there and you can save \$8,000,000, you know, we
16 can go back historically and look at the last November
17 meeting we had, and we had reduced benefits, reduced premiums
18 because of the cost savings that PEBP had incurred, we have
19 to restore those benefits and keep the premiums down, right?

20 I think it's important to shop the market if
21 there's problems. It's mandated by the NRS, you know, so be
22 it, then you would, you know, go out to RFP. If you're going
23 to get an \$8,000,000 savings and not have to do anything,
24 just everything continues on, renew the contracts, I think

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1 it's healthy for the program.

2 CHAIRMAN CATES: Thank you, Tom.

3 Any other comments?

4 MEMBER SHIPPEY: Thanks. For the record, Glenn
5 Shippey.

6 So we're talking about savings here. But, Damon,
7 can you comment on the other side of that. Are you confident
8 that Express Scripts is charging reasonable amounts for these
9 specialty drugs and because it's always possible that, you
10 know, they could be offset so there really isn't a savings
11 here in terms of these rebates.

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

13 I'm going to use Express Scripts as an example
14 and all other national PBM's because not to lump them
15 altogether because they do have some nuance differences, the
16 process by which a drug goes from a manufacturer to the
17 member has opportunities for markup along the way, but
18 recognize that a national vendor, and this is one of the
19 reasons why the evaluation committee selected Express Scripts
20 is because of their national footprints and all of the
21 government plans that they support, that they get to leverage
22 that national book of business for purchasing power, and so
23 they get to negotiate those types of -- of reductions or
24 discounts.

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1 And so I'm going to give you the long answer.
2 The short answer is, yes, I feel confident that they can
3 provide us a specialty drug formulary that maximizes our
4 ability to save as much money as possible and through our
5 plan design, we ensure that our members, you know, aren't out
6 30, 40, \$50,000 because we set the out of pocket maximum to
7 ensure that they don't have to eat the entirety of a
8 specialty drug that is very costly.

9 And I won't even get into patient assistance
10 programs and other things available out there as well, but
11 there's significant opportunities for folks to try to pay for
12 some of these very debilitating disease and very high cost
13 drugs.

14 The numbers that I get from Express Scripts in
15 the quarterly reports and end of year reports, the numbers
16 they provide me transparently, I was able to basically show
17 that through the medical management of our specialty drugs
18 which we won that award from, through their assistance, we
19 could show how much money we were saving compared to what the
20 medical plan was being charged.

21 And we used that to either help that provider buy
22 it through Express Scripts because of the significant savings
23 or leverage that for negotiations to drop their cost if they
24 refuse. And so based on their discounts and current rebates

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1 before any of this happens, we believe that we are able to
2 address those issues to the tune of almost a half a million
3 dollars, and I'll get to the final numbers here in a little
4 bit of actual savings on just specialty drugs on the medical
5 plan.

6 And so, yes, I believe that they appropriately
7 managed specialty drugs. They have specific arrangements
8 with pharmacy manufactures where they have certain drugs that
9 they prefer over others because they get deeper discounts,
10 and we participate in those programs, especially those that
11 service to rheumatoid arthritis or chrons disease or those
12 types of infusions especially.

13 But right now, specialty drugs are expensive.
14 They start expensive as the list price from the pharmacy
15 manufacturer, and it travels through this supply chain until
16 it gets to the member. And until I can see data that
17 disparages any PBM, I hate to say I think you guys are doing
18 a bad job, and so hopefully that answers your question,
19 Glenn, but I feel confident that we have the right partner
20 for pharmacy benefits today.

21 MEMBER SHIPPEY: I appreciate that. Thanks.

22 CHAIRMAN CATES: Thank you.

23 Any other comments from the members?

24 MEMBER COCHRAN: Mr. Chair?
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1 CHAIRMAN CATES: Go ahead.

2 MEMBER COCHRAN: This is Chris Cochran.

3 CHAIRMAN CATES: Go ahead.

4 MEMBER COCHRAN: Just a couple of questions
5 regarding both of these extensions. On the Express Scripts,
6 we heard some testimony this morning in public comment about
7 the impact of the exorbitant increase of the cost of
8 medication for one of our members for his child. Is there a
9 relationship between going to Express Scripts and that
10 dramatic increase for this individual or is it just the
11 pharmaceutical drug raised their price?

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

13 Good question, Dr. Cochran. It is my
14 understanding and I will validate it with the member that
15 provided public comment that he is on the Health Plan of
16 Nevada HMO plan. That is not administered by Express
17 Scripts. It is administered is my understanding by Optum,
18 and it was a process that was implemented on plan benefit
19 design.

20 If someone had a 5,000 dollar cost on drugs on
21 our plan and they are a single member on our plan, which this
22 guy was not, we have a 3,900 dollar out of pocket max. He
23 would have satisfied that and never paid another dime for
24 that drug.

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1 MEMBER COCHRAN: Right, right. So this is for
2 the HMO. Okay, great.

3 And then the next question is on the life
4 insurance benefit, didn't we just lower the life insurance
5 benefit for our members in our new plan year, reduce the
6 amount?

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

8 Initially you approved a lower amount back in
9 March. When you approved the rates, we were able to restore
10 that entire benefit and now --

11 MEMBER COCHRAN: So it's back at \$25,000?

12 MR. HAYCOCK: It's back at 25,000 for employees.
13 12,500 for retirees and if this moves forward now, everyone
14 will pay less for that amount.

15 MEMBER COCHRAN: Okay. All right. Good
16 clarification. Thank you.

17 CHAIRMAN CATES: Any other questions or comments?
18 Anybody like to make a motion, Tom?

19 MEMBER VERDUCCI: Tom Verducci for the record.

20 I would like to recommend that PEBP recommends to
21 the Board approve a one-year extension with Express Scripts
22 for PBM services and four-year extension with The Standard
23 basic life insurance and long term disability services as
24 described in the report.

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1 CHAIRMAN CATES: Okay. We have a motion. Do we
2 have a second?

3 MEMBER BAILEY: For the record, Don Bailey.
4 I second that motion.

5 CHAIRMAN CATES: Okay. We have a motion and a
6 second.

7 Any discussion on the motion? Hearing none, all
8 those in favor, signify by saying aye.

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

11 CHAIRMAN CATES: All opposed? Motion carries.

12 Okay. Agenda Item Number Nine, discussion and
13 possible action to include Board direction on proceeding with
14 the utilization review accreditation commission accountable
15 care accreditation.

16 Damon?

17 MR. HAYCOCK: Thank you, Mr. Chair.

18 For the record, apparently, I have most of these
19 reports today, so I apologize if you're tired of hearing my
20 voice.

21 URAC or the Utilization Review Accreditation
22 Commission is one of two national accreditation entities that
23 accredit programs and health plans across the United States.
24 Just as a little bit of background information, the URAC
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1 accreditation and the other one is NCQA, and I can't define
2 the acronym. I'll butcher one of them. But when my last
3 position as the Individual Exchange for Nevada, if a
4 qualified health plan wanted to participate on that exchange,
5 they had to either be accredited or have started the process
6 to become accredited through one of these two entities. So
7 this was a federal mandate on the individual marketplace, and
8 I believe to this day, it still exists.

9 One of things that accreditation can do for PEBP
10 is really -- it's -- there's a plethora of good reasons of
11 why we may want to move forward with it. First of all, one
12 of the things that you'll hear me say repeatedly here at the
13 Board meeting, at the legislative table, at the board of
14 examiners and some folks have even started repeating it,
15 which I'm glad, is that the Public Employees' Benefits
16 Program, you know, wants to provide high access to high
17 quality benefits at affordable prices.

18 So how do we define quality, and where do we
19 showcase the success of our quality improvement strategies
20 and our quality control processes? And different from I
21 believe how the plan was managed before, we -- we've added
22 more staff to quality control, and we've started the process
23 of developing a very robust defensible and I believe will be
24 well respected quality control portion of the PEBP staff
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1 because it's important that our members receive the benefits
2 that they sign up and pay for, and they are constantly sent
3 to quality providers.

4 So accreditation, you know, and I don't want to
5 read all this to you all but it's basically evaluating the
6 transparent policies and procedures. We believe that going
7 through an entity like URAC is better suited to us than the
8 NCQA. However, what I want to do today is I'm going to
9 change my actual recommendation at the end, is I really want
10 to sell -- sell is a bad term. I really want to share and
11 hopefully influence the idea that we want to go through an
12 accreditation process, and what I believe we'll need to do is
13 an informal solicitation after speaking with the purchasing
14 administrator a couple of days ago.

15 And so this isn't as cut and dry as it is in this
16 report, but let's talk a little bit about it. All of our
17 policies and procedures are reviewed annually, but they are
18 reviewed in parts for different functions. We had Bob Carr
19 from Health Plan Auditors come out, and he'll do an
20 operations report.

21 Every two years, we have AON as part of their
22 contract, provide compliance report. If the legislature
23 decides they want to look into something, they will do an LCB
24 audit. It hasn't happened in a while, but it does occur from
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1 time to time, and really what standard are we going to meet?

2 So right now, it's generally The Standard that we
3 put in regulation and statute and in our master plan
4 document, but there's a lot of processes at PEBP that we
5 should capitalize on industry standards and best practices.
6 And so we reached out to NCQA and URAC and we asked them some
7 questions. Could we participate, because to my knowledge no
8 government program today is accredited through either, and
9 health plans are, other programs are. HealthSCOPE Benefits
10 is URAC accredited. I believe Hometown Health is URAC
11 accredited. Health Plan of Nevada is accredited through
12 NCQA.

13 And so our partners are accredited to help defend
14 the decisions and the processes that they have in place and
15 to show that they adhere to national standards, but we
16 managed the bulk of our population, and we don't put
17 ourselves through that same microscope.

18 And so what I would like to do today is to
19 discuss the idea of accreditation. We would be the first
20 health plan that I know of or health program that I know of
21 that, and this is what URAC has told us and NCQA has gone
22 through their accreditation process so it sets that national
23 leader, but it holds us accountable to national best
24 practices. Instead of it's Damon's great idea or Tena's
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1 great idea or the Board's great idea, this is something that
2 we can talk about nationally and maybe -- maybe when things
3 happen and if we ever have to respond to any litigation, we
4 have another feather in our cap that says, look, we're
5 accredited for what we do, and it may also assist us in other
6 audits that we have to respond to.

7 So here you'll show what accreditation is, the
8 background, the benefits. I'm not going to read this to you
9 but what I want to be able to do is kind of showcase a little
10 bit about the process basically with whatever entity that we
11 go with. They will want us to sign an agreement with them.
12 There is a cost associated with it.

13 If you go with URAC, the cost is just under
14 \$30,000 for a three-year accreditation. For a program our
15 size and a budget our size and the biggest bang we're going
16 to get for it, I feel \$30,000 is pretty small compared to the
17 results.

18 One of the things you don't see in here after
19 having conversations with other URAC accredited entities that
20 often it's important to have someone kind of guide you
21 through the process because you don't want to do this back
22 and forth with URAC over and over and it starts to get
23 costly, so there may be additional costs. I would gather
24 that the entire cost of being accredited will not crest

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1 \$50,000 and if it were to, I would bring it back to the Board
2 to include accrediting through an entity and any assistant or
3 consultant that helps us get through the process.

4 But what I'm recommending today and I'm going to
5 change what I have here on this is that -- that staff request
6 that the Board approve to move forward with accreditation in
7 line with the state's procurement processes, and that way we
8 are not afoul of anything that purchasing would like us to do
9 which we need to do legally anyway.

10 With that, I'll take any questions.

11 CHAIRMAN CATES: Thank you, Damon.

12 Any questions from the members?

13 Go ahead.

14 MEMBER ZACK: Christine Zack for the record.

15 Damon, I just want to make sure I'm understanding
16 this correctly. So the URAC accreditation, is that the
17 health plan equivalent of the joint commission accreditation
18 for healthcare providers?

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

20 It's a little different. There's -- there's
21 different versions of accreditation. So through URAC,
22 there's something called core accreditation which is your
23 core programs. Make sure that your policies, procedures and
24 quality improvement strategies are in accordance with best

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1 practices and what they believe is success.

2 Then you move down even further into the health
3 plan part of the accreditation which we would not qualify for
4 on URAC or NCQA as the other competitor because we don't
5 maintain our own provider relation. We do a little bit of
6 negotiations with providers, but we delegate a significant
7 part and outsource a significant part.

8 So we outsource our third party administrator.
9 We outsource our networks to Hometown Health and Sierra
10 Healthcare Options. We outsource a lot of our process. We
11 outsource our disease management and our utilization
12 management. And so had we kept all of that in-house, we
13 could get even further accreditation as a health plan. This
14 is a core accreditation for our program as a whole, and we
15 feel this is a piece that we can bite and chew and actually
16 be successful with.

17 MEMBER ZACK: So the joint commission, if I
18 recall, has accreditation versus verification, and for them
19 it's accreditation for the healthcare provider slash
20 organization, and then there's certification for the
21 programs. So this is like an accreditation for a program?

22 MR. HAYCOCK: It is, it's for the program as a
23 whole. So what we will have to do is submit a significant
24 amount of information into their portal on all of our

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1 processes and procedures, plans for the future, quality
2 proven strategies, what we've done in the past, how are we
3 making this appropriate to the member, and then they will do
4 a review. They will then come out to our location, do an
5 onsite review and provide us with if we pass an
6 accreditation. If not, it will be a provisional as we're
7 going through the process. I don't want provisional. I want
8 us to do it right the first time.

9 And then what we'll be able to do is to -- I
10 mean, for the bells and whistles of this, you'll be able to
11 put URAC accreditation on the website, all of the stuff that
12 we send out for core response. We'll do a press release that
13 the Public Employees' Benefits Program is now URAC
14 accredited. I think it provides us with not only kind of a
15 watchdog over the stuff that necessarily isn't audited but
16 also gives us additional credibility as to what we do,
17 especially with the legislators, our stakeholders and our
18 membership.

19 MEMBER ZACK: Thank you.

20 CHAIRMAN CATES: Any other comments or questions?
21 Seeing none, I'll entertain a motion.

22 MR. HAYCOCK: Just to be clear, Mr. Chairman,
23 before anyone makes that motion, it's not the recommendation
24 that I'm asking for in the report. It's that we move forward
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1 with accreditation through the state procurement process to
2 ensure that we stay in line with the rules and regulations.
3 You can truncate that if you want if that's going to be your
4 recommendation or you can say, no, we don't want to do it,
5 however you guys decide.

6 CHAIRMAN CATES: So just hypothetically, somebody
7 could move to move forward with the URAC accreditation in
8 conformance with NRS 333?

9 MR. HAYCOCK: I would say move forward with
10 accreditation in conformance with and allow me to do the
11 solicitation so that way we don't specifically put one vendor
12 and no one else.

13 CHAIRMAN CATES: Right, okay, got it.

14 Anybody care to make a motion?

15 Go ahead.

16 MEMBER ZACK: Christine Zack for the record.

17 I move to proceed with accreditation for the
18 state procurement process.

19 CHAIRMAN CATES: Perfect.

20 Do we have a second?

21 MEMBER ANDREWS: Ana Andrews, second.

22 CHAIRMAN CATES: Okay. I have a motion and a
23 second.

24 Any discussion on the motion? Hearing none, all
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1 those in favor of the motion, signify by saying aye.

2 (The vote was unanimously in favor of the
3 motion.)

4 CHAIRMAN CATES: Any opposed? Motion carries.

5 Okay. Agenda Item Number Ten, discussion and
6 possible action delegating authority to the executive officer
7 to make or accept an offer of judgment in the matter of Ghan
8 versus PEBP, Ninth Judicial District of the State of Nevada,
9 Department Two.

10 Damon?

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

12 I'm requesting to the Board delegate the
13 authority for me to make an offer or accept an offer of
14 judgment in this specific court case. It's basically all
15 we're asking for today.

16 CHAIRMAN CATES: Right, and we've had a non
17 meeting about this.

18 Any discussion, go ahead.

19 MEMBER SHIPPEY: Thank you, Mr. Chair. I just
20 want to make a statement if I may. For the record, again,
21 Glenn Shippey.

22 Mr. Ghan is a co-worker of mine at the Division
23 of Insurance. I did not participate in the discussions
24 earlier today. I'm not going to participate in the vote on
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1 this particular item. I just want to make that clear.

2 CHAIRMAN CATES: Okay. Thank you for that. Any
3 other comments, discussion?

4 I'll entertain a motion. Go ahead.

5 MEMBER ZACK: Mr. Chair, Christine Zack for the
6 record.

7 I move that we delegate authority to Damon
8 Haycock to make or accept an offer of judgment in the matter
9 of Ghan versus PEBP, Ninth Judicial District, State of
10 Nevada, Department Two.

11 CHAIRMAN CATES: Thank you. We have a motion.
12 Do we have a second on the motion, Tom?

13 MEMBER VERDUCCI: Tom Verducci for the record. I
14 second the motion.

15 CHAIRMAN CATES: Okay. We have a motion and a
16 second.

17 Any discussion on the motion? Hearing none, all
18 those in favor of the motion indicate by saying aye.

19 (The vote was unanimously in favor of the
20 motion.)

21 CHAIRMAN CATES: Any opposed? Hearing none,
22 motion carries.

23 All right. Agenda Item Number 11, discussion and
24 possible action regarding Towers Watson's One-Exchange
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1 operations report.

2 Chris?

3 MR. GARCIA: Good afternoon. Chris Garcia with
4 Towers Watson's One-Exchange for the record.

5 Thank you PEBP Board for giving me the
6 opportunity to come to you with a new report. We are making
7 a shift in the report that we provide to you each Board
8 meeting. Previously, we were provided a service improvement
9 plan report, and now we are shifting to an operations report.

10 Many of the service issues that we experience in
11 prior years have been addressed, and we are now focusing on
12 continuing to provide a high quality service to Nevada PEBP,
13 the PEBP Board and the PEBP participants with One-Exchange.
14 This operations report will focus on improvement and
15 development of different areas of One-Exchange which is
16 participant experience, communications, health reimbursement
17 arrangements, HRA management and operations. So each month
18 we'll provide or each Board meeting we'll provide an updated
19 report touching on those different areas.

20 For this report, we would like to focus on
21 several different areas, the first will be the HRA Onsite
22 Assistance Program. Again, the Onsite Assistance HRA Program
23 here in Nevada PEBP, we do that here in Carson City, and we
24 have our HRA team analyst comes here one week per month and
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1 does one on one claimants with your participants. An analyst
2 is able to also take in walk-in participants, as well, based
3 on the availability.

4 Below are some of the details we provided or some
5 of the details for the weeks, when the HRA specialist was
6 available to assist participants at the PEBP office since the
7 inception of the program through June of 2017. While the
8 total number of persons in a person meeting seems low, the
9 HRA team specialist was also able to take phone calls from
10 Nevada PEBP member services team, as well as to assist in
11 e-mail inquiries.

12 In June, in particular, our HRA team specialist
13 assisted participants with the following different items,
14 reimbursement requests, transitioning to One-Exchange,
15 visiting PEBP dental reimbursements, general HRA process
16 questions, eligible expenses and how the reimbursement
17 process and activation questions. Again, feedback for the
18 Onsite HRA Assistance Program continues to be well received
19 by those who have set up individual appointments or those
20 that have walked in the office, into the office for
21 assistance.

22 So as you can see, we have the updated stats for
23 May and June. 13 appointments were in May, with two
24 walk-in's. And then June, we had eight appointments with two
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1 additional walk-in's.

2 We also have a list of the upcoming dates that we
3 have confirmed for August and September, and I just had a
4 meeting or just a quick talk with Damon in, probably in
5 October, November time period. We were looking to shift this
6 program a little bit to make it where we're not only doing
7 appointments in Carson City but also in Las Vegas, so more to
8 come on that item.

9 The next item I would like to talk about is our
10 fall retiree meeting. We are doing those in Las Vegas,
11 Carson City and Reno. We've already started to have
12 conversations regarding the fall retiree meetings for 2017.
13 The goal is to have three days of meetings in Las Vegas,
14 Carson and Reno in early October or, excuse me, late
15 September, early October. During these days, the plan will
16 be to have two different meetings held for Nevada PEBP for
17 retirees and dependents.

18 One thing we'll focus on is retirees that are
19 aging into Medicare, and the other will focus on those that
20 are already Medicare eligible, so very similar to what we did
21 in the spring and what we did last year as well. Once we
22 have the final date for that, I'm sure that communications
23 will be sent and updates will be made accordingly.

24 From a communications perspective, we have two
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1 new communications that are coming out in the near future.
2 Our fall HRA balance retiree communication will be sent to
3 participants in the September slash October time period.
4 This communication is to those participants who have an
5 available balance in their HRA and have not had a claim paid
6 from their account within the prior 90 days.

7 The purpose of the communication is to provide
8 participants to take action on their account and submit their
9 claims. This communication is sent by e-mail, excuse me, by
10 mail, and we have a small picture of it there, and we do
11 share a sample mockup of the communication with PEBP.

12 The next communication we have coming out is the
13 fall newsletter. This is a communication designed to inform
14 participants about the upcoming Medicare home enrollment
15 period. They will outline any actions that may need to be
16 taken and update the audience or the target audience on
17 pertinent changes to Medicare. The following letter
18 specifically is sent in October, and it can go out via mail
19 or e-mail address on file with us. We'll share a sample with
20 that communication once it's available.

21 The last section in the report this time is the
22 call stat. So we are looking at historical call stats going
23 back at least two years. So we're going back to 2016 and
24 fall 2017. The average wait time and average handle time are
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1 reflected in a 100th of a minute. So for example when you're
2 looking at a report, the average wait time of .57 is not
3 almost a minute of wait time but rather just over half a
4 minute since a minute is reported of 1.00.

5 And I would like to focus on the last page of the
6 report. For the months of May and June, those are the two
7 months that we didn't have during our last Board meeting. As
8 you can see, we continue to have an average wait time of less
9 than half a minute for participants when they call and
10 contact One-Exchange.

11 In May, we had a wait time of .23 and then total
12 calls of only 1,300. We had two abandoned calls which we
13 continue to see a downtrend there and an average call time of
14 just over 25 minutes, and then we had just over 200 outreach
15 attempts where we actually tried to do outbound calls to
16 participants either trying to remind them to enroll with us
17 or to address those inquires that they may have contacted us
18 about previously.

19 In June, we had even a lower wait time of
20 .21 minutes of people calling in and wanting to speak to a
21 customer service representative or a benefits advisor. You
22 had just over 1,400 calls. Again, a really small number of
23 calls that were abandoned, only three calls for that whole
24 month. The average wait time was a little bit higher which

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1 is still within our expected wait time or handle time, excuse
2 me, so within the expected norm, and then higher outreaches
3 made in that month of just over 300 outreach is made at that
4 time.

5 I know that this is a new report for you all. I
6 did want to offer the opportunity to the Board to provide any
7 feedback of any additional items that you want us to add to
8 the report in the future, any stats you are looking for that
9 we don't normally provide that are not on this report. At
10 this time, I would be happy to consider adding them and
11 looking to see how we can make that accessible to you.

12 CHAIRMAN CATES: Very good. Thank you.

13 MR. GARCIA: Thank you.

14 CHAIRMAN CATES: Any questions or comments from
15 the members, Tom?

16 MEMBER VERDUCCI: Mr. Chairman, Tom Verducci for
17 the record.

18 You know, I just want to point out that I spoke
19 with Damon a few weeks ago, and I wanted to find out how the
20 complaints were going, and I want to give you nice kudos. I
21 read that report later in the day. There were a lot of goose
22 egg zeros where you could see the trend going down. So,
23 obviously, you know, you guys are pulling it together, and I
24 just want to point that out to you.

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1 MR. GARCIA: I appreciate that. One of the
2 things that we looked at is we did a participant issue log
3 where we get estimations from PEBP and participants directly,
4 and then they send that inquiry or that complaint to us, and
5 we actually track those on an internal log, and we meet every
6 two weeks to talk with them about participants on there.

7 To give you an idea, we had over 100 people on
8 that log. The last log had less than 15 people on it. So --
9 and the complaint, again, it may not necessarily be a
10 complaint. It could be just an inquiry issue with an
11 allocation amount or coverage inquiry that they have. So
12 it's not necessarily a complaint but something that had to be
13 researched a little bit more. So to see that decrease is
14 something that we look forward to.

15 And one of the items I was thinking personally of
16 adding on here is going forward would be kind of a current
17 state of where we're at with the number of people on that
18 log. We will probably see a spike during the upcoming
19 enrollment season just because that time of the year is our
20 highest call volume, highest wait times. We still expect to
21 see lower rate times than we have in the past and still
22 working on open enrollment readiness communication that we'll
23 provide to PEBP, that we'll talk about in the upcoming
24 enrollment season.

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1 So I think going forward, we're definitely
2 turning in the right direction and happy to report that on
3 here as well.

4 MEMBER VERDUCCI: Good. Nice seeing that big
5 number coming down to a small number --

6 MR. GARCIA: Yes.

7 MEMBER VERDUCCI: -- with retirees. You know,
8 it's very difficult once in a while to get their paperwork in
9 order and perhaps sometimes they are missing out on, you
10 know, funds that they have due. So thank you so much for
11 pulling it together.

12 MR. GARCIA: Thank you.

13 CHAIRMAN CATES: Thank you.

14 Any other comments, questions from members?
15 Seeing none, I think we're done.

16 MR. GARCIA: Thank you.

17 CHAIRMAN CATES: Okay. Agenda Item Number 12,
18 public comment. Do we have any public comment here in
19 Carson?

20 MR. ERVIN: Good morning still, amazing. This is
21 Kent Ervin for the record.

22 I would like to thank you for all your
23 considerations. I do have one suggestion regarding strategic
24 planning. I think the Carson staff have shown they work well
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1 with PEBP staff and the Chair on legislative issues, and I'm
2 sure that I can speak for all of us that we would appreciate
3 the opportunity to provide input into the strategic plan and
4 maybe to include legislative action items for next session
5 before it comes to the Board. Thank you very much.

6 CHAIRMAN CATES: Thank you.

7 Any other public comment in Carson? Any public
8 comment down in Las Vegas?

9 MEMBER COCHRAN: No comment down here.

10 CHAIRMAN CATES: Okay. Close Agenda Item Number
11 12 and with that, we are adjourned.

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1 STATE OF NEVADA,)
2 CARSON CITY.) ss.
3

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

7 That on Thursday, the 27th day of July, 2017, I was
8 present at the Public Employees' Benefits Program, Carson
9 City, Nevada, for the purpose of reporting in verbatim
10 stenotype notes the within-entitled public meeting;

11 That the foregoing transcript, consisting of pages 1
12 through 117, is a full, true and correct transcription of my
13 stenotype notes of said public meeting.

14
15 Dated at Carson City, Nevada, this 9th day
16 of August, 2017.

17
18
19 KATHY JACKSON, CCR
20 Nevada CCR #402
21

22
23
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1 Kathy Jackson
2 Capitol Reporters
3 123 W. Nye Lane Suite 107
4 Carson City, Nevada 89703
5 (775) 882-5322

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, 7/27/17

15

16

17

18

19

20 KATHY JACKSON

21 DATE

22

23

24

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