

In The Matter Of:
*Public Employees Benefits Program Board Transcript of
Proceedings Videoconferenced Open Meeting*

May 23, 2019

*Capitol Reporters
123 W. Nye Lane, Ste 107*

Carson City, Nevada 89706

1 PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD

2 TRANSCRIPT OF PROCEEDINGS

3 VIDEOCONFERENCED OPEN MEETING

4 THURSDAY, MAY 23, 2019

5 CARSON CITY AND LAS VEGAS, NEVADA

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7

8 The Board: DEONNE CONTINE, Chairman
9 MANDY HAGLER, Member
10 LEAH LAMBORN, Member
11 JOHN PACKHAM, Member
12 CHRISTINE ZACK, Member
13 LINDA FOX, Member

14

15 For the Board: BRANDEE MOONEYHAN, Deputy
16 Attorney General

17

18 For Staff: DAMON HAYCOCK
19 Executive Officer
20 LAURA RICH
21 Operations Officer
22 CARI EATON
23 Chief Financial Officer
24 NANCY SPINELLI
 Public Information Officer
 LAURA LANDRY
 Executive Assistant

21 Reported by: CAPITOL REPORTERS
22 Certified Shorthand Reporters
23 BY: CHRISTY Y. JOYCE
24 Nevada CCR #625
 123 West Nye Lane Suite 107
 Carson City, Nevada 89706
 (775)882-5322

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1 THURSDAY, MAY 23, 2019, 9:00 A.M.

2 ---oo---

3 CHAIRMAN CONTINE: Good morning. This is the
4 time and place for the Public Employees' Benefits Program
5 board meeting. It's May 23rd. It's 9:00 a.m. We're at the
6 Richard Bryan Building in Carson City, video-conferenced to
7 the UNLV -- the System Computing Services Building. And we
8 are not streaming on the website today, as we're having some
9 difficulty with the streaming. So we'll go ahead and start
10 with roll call.

11 MS. LANDRY: Deonne Contine.

12 CHAIRMAN CONTINE: Here.

13 MS. LANDRY: Linda Fox.

14 MEMBER FOX: Here.

15 MS. LANDRY: Mandy Hagler.

16 MEMBER HAGLER: Here.

17 MS. LANDRY: Leah Lamborn.

18 MEMBER LAMBORN: Here.

19 MS. LANDRY: John Packham.

20 MEMBER PACKHAM: Here.

21 MS. LANDRY: And Christine Zack.

22 MEMBER ZACK: Here.

23 MS. LANDRY: And Members Don Bailey and Tom
24 Verducci are excused.

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1 CHAIRMAN CONTINE: Item Number 2, public comment.
2 Today we're going to do public comment at the beginning and
3 the end of the agenda, so there won't be public comment for
4 each action item. So if you want to make public comment on
5 an action item on the agenda, now is your time, or any other
6 public comment. Is there any public comment in Carson City?
7 Any public comment in Las Vegas?

8 Okay. Seeing none, moving on to Item 3, PEBP
9 board disclosures for applicable board meeting agenda items.
10 And Brandee Mooneyhan from the attorney general's office.

11 MS. MOONEYHAN: Thank you, Madam Chair. For the
12 record, Brandee Mooneyhan, deputy attorney general. As
13 counsel for the board and pursuant to Nevada ethics law, I'm
14 making this disclosure on behalf of the board members who are
15 eligible for PEBP benefits. Of all current board members,
16 all members except Ms. Zack and Mr. Verducci are eligible for
17 PEBP, which means that they, their spouses, or their
18 dependants may receive health, dental, life insurance and
19 other benefits through PEBP.

20 On today's agenda, Items 6, 7, 8, and 10 relate
21 directly to benefits available to PEBP members, mainly the
22 procedures for finalizing rates and premiums for plan year
23 2020, changes to the open enrollment period for plan year
24 2020, issues related to contract with vendors for spending
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1 accounts and voluntary long-term care services and
2 recommendations for frequency of colonoscopies and mammograms
3 for plan year 2020.

4 When PEBP board members vote on their respective
5 benefits for themselves, for a spouse, and/or their
6 dependant, that may trigger under NRS 281A.420. Therefore,
7 pursuant to that law, I offer this as a general disclosure on
8 behalf of those board members who are PEBP participants.

9 I would also like to note the board members who
10 are PEBP participants may still vote on items directing
11 benefits as long as the benefit or detriment to them is not
12 greater than that for similarly-situated PEBP members.

13 And, with that, I close the disclosure. I thank
14 you, Madam Chair, and I invite any member who has anything
15 else to add to please do so now.

16 CHAIRMAN CONTINE: Okay. So moving on to item --
17 Moving on to Item Number 4, approval of action minutes from
18 the March 28, 2019 PEBP board meeting. Is there any
19 discussion on the minutes? Is there a motion to approve
20 them?

21 MEMBER HAGLER: Mandy Hagler for the record.
22 I'll move to approve the minutes.

23 MEMBER LAMBORN: Leah Lamborn. I'll second.

24 CHAIRMAN CONTINE: Okay. I have a motion and a
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1 second to approve the minutes. Is there any discussion? All
2 those in favor, please signify by saying aye.

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

4 CHAIRMAN CONTINE: Any opposed, nay. Okay. The
5 motion carries.

6 Item Number 5, Health Claim Auditors, Inc.
7 quarterly audit of HealthSCOPE Benefits for January 1st 2019
8 and March 31st 2019. There's item number one, report from
9 Health Claim Auditors to HealthSCOPE Benefits response to
10 audit report. And, three, for possible action to accept
11 audit report findings and assess penalties if applicable in
12 accordance with the performance guaranteed in the contract
13 pursuant to the recommendation of Health Claim Auditors. And
14 Damon.

15 MR. HAYCOCK: For the record, Damon Haycock.
16 Thank you, Madam Chair. Our auditor, Bob Carr, is currently
17 not in the room. I don't know if he's on his way. But we
18 haven't been able to connect with him this morning. He could
19 be having some issues trying to park at the new location down
20 at UNLV. So, with your permission, if we could push this
21 agenda item out further in to the meeting to give him a
22 chance to get here, that would be appreciated.

23 CHAIRMAN CONTINE: Okay. We'll come back to Item
24 Number 5.

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1 Item Number 6, discussion and possible action to
2 allow and approve PEBP to finalize plan year 2020 rates and
3 participant premiums upon final decision by the Nevada
4 legislature to approve employer contributions and PEBP's
5 budget closing hearing. This is not Groundhog Day. It's for
6 possible corrective action. So I'll let Damon explain.

7 MR. HAYCOCK: Thank you, Madam Chair. Damon
8 Haycock for the record. On the March 28th board meeting we
9 posted our agendas in all the locations, however, one did not
10 get posted accurately. And so, therefore, we need to have a
11 corrective action to redo this agenda item, this one and the
12 next one.

13 So I will briefly go over this agenda item first
14 that the legislature was required to approve our rates and
15 our budget and they did so back on May 4th and May 6th. And
16 that we requested basically the board authorized PEBP the
17 ability to make technical adjustments to the plan year 2020
18 rates and premiums based on that legislative decision making
19 for PEBP's fiscal year 2020 budget. You all did vote last
20 time. But there's an opportunity again to have conversation
21 and to revote. Thank you.

22 CHAIRMAN CONTINE: Okay. Is there any discussion
23 on this item? So we have to kind of have a little bit of
24 discussion almost like the last vote didn't occur. I think
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1 we did determine at the time that it was important for us to
2 not vote for something that was outside of the legislative
3 approved budget. And so I think that's -- that's why we did
4 that. And is there anybody here that has anything else?
5 Okay. So I'll accept a motion then to approve the agenda
6 item. Nobody wants to do it?

7 MEMBER HAGLER: This is Mandy Hagler for the
8 record. I'll make a motion to approve the agenda item.

9 CHAIRMAN CONTINE: Okay. Agenda Item 6, I have a
10 motion to approve.

11 MEMBER LAMBORN: Leah Lamborn for the record.
12 I'll second that.

13 CHAIRMAN CONTINE: I have a motion and a second.
14 All of those in favor please -- I'm sorry. Is there any
15 other discussion? All those in favor, please signify by
16 saying aye.

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

18 CHAIRMAN CONTINE: Any opposed? Motion carries.

19 Item Number 7, discussion and possible action to
20 delay the start of open enrollment from May 31st to -- I'm
21 sorry -- from May 1st to May 20th 2019 and extend the open
22 enrollment from May 31st to June 7th for plan year 2020. And
23 Damon.

24 MR. HAYCOCK: Thank you, Madam Chair. Damon
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1 Haycock for the record. This, again, is the same situation
2 for the last agenda item. Since these two agenda items were
3 on the last board meeting that you all had discussed and
4 approved that we were able to shift open enrollment out to
5 ensure that we had enough time to technically load rates and
6 ensure that they are displayed properly in our system. So we
7 asked you all to move open enrollment that's traditionally
8 from May 1st to May 31st out to May 20th to June 7th to allow
9 us to make those technical requirements to ensure we have a
10 smoother open enrollment period for our members.

11 So our recommendation is to approve -- reapprove
12 what the staff had suggested last time, which is revising
13 open enrollment this year to May 20th of 2019 to June 7th
14 2019.

15 CHAIRMAN CONTINE: Okay. Are there any questions
16 or any discussion? Do I have a motion then to approve the
17 recommendation to revise open enrollment for this year from
18 May 20th to June 7th?

19 MEMBER LAMBORN: Leah Lamborn for the record. I
20 vote to approve, revise the -- make a motion to revise the
21 open enrollment from May 20th to June 7th for Item Agenda 7.

22 CHAIRMAN CONTINE: Okay. Is there a second?

23 MEMBER PACKHAM: John Packham. I'll second.

24 CHAIRMAN CONTINE: Okay. Any discussion? We're
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1 right in the middle of that period right now. All right.
2 All of those in favor.

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

4 CHAIRMAN CONTINE: Any opposed? Okay. Motion
5 carries.

6 Item Number 8, discussion and possible action
7 regarding approval of PEBP contract amendments beginning plan
8 year 2021. The first one is to extend the HealthSCOPE
9 Benefits contract to provide flexible spending account
10 services for an additional two years through June 30th, 2022.
11 And Cari Eaton for PEBP. Cari.

12 MS. EATON: Thank you. Cari Eaton for the
13 record. PEBP has been contracted with HealthSCOPE Benefits
14 to provide voluntary flexible spending account or FSA
15 services to our members since July 1st, 2013. This contract
16 is scheduled to end on June 30th, 2020. PEBP staff has
17 negotiated a two-year contract extension and reduction to FSA
18 participant paid fees from \$3.25 per employee per month to
19 \$3.15 per employee per month. The reduction in fees will be
20 effective July 1st, 2020 through the extended contract term
21 of June 30th, 2022.

22 PEBP recommends the board authorize staff to
23 complete a contract amendment between PEBP and HealthSCOPE
24 Benefits for FSA services to reduce fees and extend through
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1 June 30th, 2020. I'm available for questions.

2 CHAIRMAN CONTINE: All right. Is there any
3 discussion? Any questions? So I just have one question,
4 Damon or Cari. I'm just confirming, I know we've done a lot
5 of contract amendments over time. And I just wanted to kind
6 of have it on the record that these amendments are within the
7 provisions of the -- In my other hat I supervise the
8 purchasing division. So I just want to make sure that we're
9 following the rules and we're doing the extensions as allowed
10 by Chapter 333.

11 MS. EATON: Cari Eaton for the record. Yes, this
12 contract hasn't been extended yet. We get the board's
13 approval and then we go through all the correct processes and
14 time frames through purchasing.

15 CHAIRMAN CONTINE: Okay. Thank you. With that,
16 if there's no discussion or no other questions, is there a
17 motion to approve PEBP's recommendation that the board
18 authorize staff to complete the contract amendment between
19 PEBP and HealthSCOPE Benefits for FSA services to reduce fees
20 and extend through June 30th, 2020?

21 MEMBER PACKHAM: This is John Packham. I move to
22 approve.

23 CHAIRMAN CONTINE: Okay. I have a motion. Is
24 there a second? I have a motion. Is there a second?
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1 MEMBER HAGLER: Mandy Hagler for the record.

2 I'll second.

3 CHAIRMAN CONTINE: Okay. I have a motion and a
4 second. Any discussion? All right. All those in favor,
5 please signify by saying aye.

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

7 CHAIRMAN CONTINE: Any opposed? Okay. Motion
8 carries.

9 Item 8.2, to extend the Unum contract to provide
10 voluntary long term care services for an additional four
11 years through June 30th, 2024, assess if Unum can join PEBP's
12 voluntary platform through PEBP's vendor or allow the Unum
13 contract to expire without renewal on June 30th. And for
14 PEBP is Cari Eaton.

15 MS. EATON: Thank you. Cari Eaton for the
16 record. PEBP has been contracted with Unum for voluntary
17 long term care services since 2003. Our current contract has
18 been in effect since June 12, 2014, and is due to expire on
19 June 30th, 2020.

20 PEBP staff has provided the board with several
21 options for this contract. The first option would be to not
22 extend or cancel the contract at this time, giving Unum more
23 time to determine their ability to join the voluntary benefit
24 platform. Staff would come back to the board in September
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1 with an update and recommendation.

2 Option two would be to authorize a four-year
3 contract extension. If Unum was not able to join the
4 platform, there would be no rush to extend the contract. If
5 they were able to join the platform, we could cancel the
6 contract at that time.

7 And option three would be to cancel the contract
8 for voluntary long term care effective June 30th, 2020, and
9 approximately 350 members would lose access to these
10 services.

11 PEBP recommends the board select option one or
12 option two to continue to offer our members the option to
13 purchase long term care services. And I'm available for
14 questions.

15 CHAIRMAN CONTINE: Okay. Are there any
16 questions?

17 Go ahead, Damon.

18 MR. HAYCOCK: For the record, Damon Haycock.
19 Just as a little background, every May, PEBP tries to bring
20 to the board contracts that are expiring at the end of the
21 next plan year, therefore, if you all wish for us to do an
22 RFP, we have enough time to go through that process through
23 purchasing. These are the two contracts that are expiring on
24 June 30th. The long term care contract with Unum is
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1 considered a closed contract.

2 So years ago the long term care industry was
3 having significant issues remaining solvent. Rates were
4 bidding sky high. I don't know if you all paid attention.
5 There was some massive rate increases a couple of years ago
6 in three successive years. And the long term care entities
7 like Unum closed down new business, new groups to this type
8 of service. So PEBP is still grandfathered in to this long
9 term care.

10 It is one of the most highly regulated insurance
11 lines and they have to get their rates approved even though
12 it's a group product through the Division of Insurance. So
13 there's a lot of oversight on this program and it's a benefit
14 that the 350 or so members we have on greatly appreciate and
15 utilize throughout the -- after they have left state service.

16 So this long term care, this is a one-stop shop.
17 It's either Unum or nobody. And so the two options here in a
18 nutshell, as Cari has basically stated, is you can either
19 approve the contract now, and that's assuming that they won't
20 somehow find a way on to our voluntary platform for any
21 technical issues that they have, or you can just push the
22 decision to a later board meeting if you want to see if they
23 can get on to that system so that we won't have to renew the
24 actual contract. We will still maintain the group policy on

1 this product, but we will not have the contract similar to
2 what we're doing with this standard via life insurance
3 voluntary product. And so it's basically do you want to
4 follow the normal process of making a decision on this
5 contract at the May board meeting for the next year or do you
6 want to push this or do you just want this product to go
7 away? Those are your three options in a nutshell.

8 CHAIRMAN CONTINE: Okay. Is there any other --
9 Are there any questions based on what Damon said? Is there
10 any -- Does anybody have a one or two or three preference at
11 this point? So Damon, I'm sorry, let me ask real quick.
12 Basically they don't know if they're going to be able to get
13 on to the new platform, is that it?

14 MR. HAYCOCK: For the record, Damon Haycock.
15 They are working with the platform vendor but there is no
16 guarantee at this point. They are looking to try to get on
17 there in the summer. And once they're on, they can remain on
18 there as long as we maintain that relationship. We're just
19 trying to ensure that, one, if you want to do another
20 solicitation, that's the process, we would need the time for
21 you to make a decision today. But, really, there is no other
22 solicitation because there's no other shops in town that
23 provides these services.

24 And, so, we just wanted to, again, give you the
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1 options. You can either decide to do it today. If you want
2 to approve the contract, then if they get on the platform, we
3 can just send them a no-fault termination. They're fine with
4 that because it doesn't terminate the policy. It just
5 terminates our state contract process. Since we will no
6 longer be maintaining that relationship, our voluntary
7 benefit provider would be, since this is a voluntary benefit.
8 But we would still ensure that we approve the rates and it's
9 still a group product and still overseen by the board. All
10 the same things that we've talked about already for other
11 voluntary products in the market, but we want to make sure
12 that you guys have an opportunity to make that decision.

13 Frankly, you can push it. It's not going to harm
14 anything. We can wait and see if they get on and bring it
15 back to the September board meeting. If they want, it's not
16 going to harm the program. Or you can make a decision today.

17 CHAIRMAN CONTINE: Did you have something, Leah?

18 MEMBER LAMBORN: I'm ready to make a motion.

19 CHAIRMAN CONTINE: Go ahead.

20 MEMBER LAMBORN: So I don't think any of us would
21 opt for number three. I don't think we want to see this go
22 away. I recommend or I make a motion to go with option
23 number one, just to push this and see how it goes and make
24 the decision at the September board meeting.

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1 CHAIRMAN CONTINE: Okay. I have a motion to
2 approve PEBP's recommendation to select option number one to
3 consider this at the September meeting. Is there a second?

4 MEMBER PACKHAM: John Packham. I will second.

5 CHAIRMAN CONTINE: Okay. I have a motion and a
6 second. Is there any other discussion? All right. All
7 those in favor, please signify by saying aye.

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

9 CHAIRMAN CONTINE: Any opposed? Okay. Motion
10 carries.

11 All right. On to Agenda Item Number 8(sic),
12 update on PEBP's fiscal year 2021 budget closing hearing.
13 And for PEBP is Cari Eaton.

14 MS. EATON: Thank you. Cari Eaton for the
15 record. The subcommittees on general government met on May
16 1st, 2019, to discuss the closing of the PEBP budget. And no
17 action was taken at that meeting. The assembly committee on
18 ways and means and the senate committee on finance met on May
19 6th, 2019, and closed the PEBP budget with several
20 modifications to the governor's recommended budget. The
21 committees kept the \$400 supplemental HSA/HRA contribution
22 for fiscal year 20, however, they removed the board-approved
23 requirements for participants to receive the supplemental
24 contribution.

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1 For FY 21, the committee approved the HSA/HRA
2 contribution of \$125 as recommended in the governor's budget
3 amendment.

4 The committees approved the Medicare exchange HRA
5 contribution of \$13 per month per year of service for both
6 years of the biennium. This is consistent with the
7 governor's recommended budget, board approval, and PEBP's
8 original budget submission.

9 The committees set the employer subsidy
10 percentage slightly lower for the CDHP and slightly higher
11 for the HMO/EPO that the board approved in March. The
12 board-approved percentages are shown on the first table on
13 page two of the report. The state subsidy percentages
14 determine the total state contribution revenue needed and are
15 the basis for the Agis and Reggie contributions that were
16 approved by the committees. The Agis and Reggie amounts
17 listed on page two may change slightly as our budget is
18 finalized.

19 Because the subsidy percentages and Agis and
20 Reggie amounts were updated, participants premiums were
21 affected as well. The changes to rates are outlined on page
22 three of the report.

23 The committees voted to add the cost of Medicare
24 exchange retirees in to the budget instead of having those
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1 costs paid by excess reserves. The Medicare premium credits
2 were approved at \$135.50 per month for FY 20 and FY 21.

3 The committees approved adjustments to plan trend
4 and inflation in both years of the biennium. Medical and
5 dental inflation decreased in both years. Prescription
6 inflation increased in both years. And HMO/EPO inflation
7 decreased slightly in fiscal year 21.

8 The committees approved adjustments to enrollment
9 due to updated projection and the committees approved both of
10 the enhancements that were included in the governor's
11 recommended budget. So PEBP will receive funding for
12 equipment and the classified financial analyst position will
13 be reclassified to an administrative services officer two
14 position.

15 PEBP's reserve levels were approved to slightly
16 increase the IBNR and catastrophic reserves while reducing
17 excess reserves to 500,000 by the end of the biennium. The
18 committees also voted to add back language in to the
19 authorization act that will require PEBP to obtain interim
20 finance committee approval prior to any allocation of excess
21 reserves, projected or otherwise budgeted, regardless of
22 purpose.

23 I believe Damon will be going in to further
24 detail in his executive officer report for some of the more
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1 significant changes that occurred during the budget closing
2 process. However, I am available to answer questions.

3 CHAIRMAN CONTINE: All right. Are there any
4 questions? Seeing none or hearing none, we'll go on to Item
5 Number 10. Thank you, Cari. Discussion and possible action
6 regarding American Cancer Society age and frequency
7 recommendation for colonoscopies and the United States
8 Preventive Services Task Force, age and frequency guidelines
9 for mammograms for both the consumer driven health plan and
10 exclusive provider organization plans for plan year 2020.
11 And I think this is from the last meeting when we wanted
12 additional information on those time frames.

13 So for PEBP is Nancy Spinelli.

14 MS. SPINELLI: Thank you, Madam Chair. Nancy
15 Spinelli for the record. At the March 28th, 2019 board
16 meeting -- At the March 28th, 2019 board meeting, staff
17 presented a summary of the recommended changes for the plan
18 year 20 master plan documents. As part of the motion to
19 approve the changes for the documents, the board requested
20 staff bring back the age and frequency guidelines for
21 mammography as recommended by the United States Preventive
22 Services Task Force and the agency -- age and frequency
23 guideline for colonoscopy screening as recommended by the
24 American Cancer Society.

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1 The table in item one represents the 2002 United
2 States Preventive Services Task Force's recommendation for
3 screening mammograms, which states women with or without
4 clinical breast examination every one to two years for women
5 ages 40 and older. And this is based on the 2002
6 recommendation.

7 The revision to the master plan documents for
8 mammogram screening was for clarification purposes only and
9 for members and providers. The revised language in the
10 document states the first 2-D or 3-D mammogram of the plan
11 year is covered at 100 percent for women ages 40 and older,
12 regardless of the diagnosis, when performed in network in
13 accordance with the US Preventive Services Task Force and
14 Section 2713 of the Public Health Service Act. And there is
15 also a link included in the master plan document to this
16 guideline.

17 For item number two, the board requested
18 clarification on the American Cancer Society colonoscopy
19 screening recommendation. And the American Cancer Society's
20 qualified recommendation states that adults ages 45 and older
21 with average risk of colorectal cancer should undergo
22 screening at least -- at an interval of every ten years. The
23 American Cancer Society does not indicate a beginning age for
24 individuals with high risk of colorectal cancer. However,
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1 staff, in collaboration with HealthSCOPE Benefits and looking
2 at their -- the plans that they administer across their book
3 of business, looked at what would be a good recommendation
4 for those with high risk. And we decided -- staff decided on
5 the high risk factors at age 40 for screening colonoscopy.

6 And the plan year 20 master plan document revised
7 language states, colorectal screening tests covered at a
8 hundred percent when provided in network for adults aged 45
9 years and older who are at average risk of colorectal cancer
10 in accordance with the American Cancer Society's
11 recommendation or beginning at age 40 for members with high
12 risk of colorectal cancer. And for more information, they
13 can contact HealthSCOPE Benefits.

14 Staff requests board approval for the revisions
15 as presented at the March 28th, 2019 board meeting for
16 mammogram and colonoscopy wellness preventive screening
17 benefits. That concludes.

18 CHAIRMAN CONTINE: Okay. Thank you. Is there
19 any -- Are there any questions? Yeah. Go ahead,
20 Ms. Lamborn.

21 MEMBER LAMBORN: Leah Lamborn for the record.
22 I'm sorry, Nancy. Can you remind me how this compares to
23 what it was prior to the change?

24 MS. SPINELLI: That is actually what we have in
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1 place today. This was just clarification in the master plan
2 documents so that the members would know the age. We -- For
3 colonoscopy we didn't actually address the American Cancer
4 Society in the current documents. And so we put this in
5 there as a reference to them. And this was just for
6 clarification purposes really. It's not a change to the
7 benefits.

8 MEMBER LAMBORN: Right. But I think the issue
9 was we were changing it in March but we weren't quite sure
10 what we were changing it to because we were following the
11 American. So what's the difference of what it was before the
12 March meeting --

13 MS. SPINELLI: And now?

14 MEMBER LAMBORN: Yeah. So the difference in,
15 like, the benefits, the age and --

16 MS. SPINELLI: There is no difference.

17 MR. HAYCOCK: For the record, Damon Haycock. Let
18 me segue, prior to the request to change in March, the plan
19 was set up to pay the first colonoscopy of the year at a
20 hundred percent preventive benefit regardless of age. And
21 that was picking up people that were getting diagnostic
22 colonoscopies. I think we had an eight-year-old kid who
23 needed one and that's not a preventive benefit. And so to
24 ensure that we adhere to what is determined as preventive
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1 benefits, we try to hang our hat on another entity that the
2 federal government will support to ensure we can maintain our
3 health savings account, IRS, keep an advantageous position to
4 keep giving this benefit to our high deductible health plan.

5 And so based on that issue we needed to make a
6 slight change to ensure that we were doing what we initially
7 wanted to do all along but it was just programed to pick up
8 everybody. So that's the change in benefits. It's not that
9 we're not letting people get colonoscopies that are under
10 these age limits. It's that they're now going to have to pay
11 part of their cost sharing as diagnostic testing occurs that
12 is not preventive or wellness on our plan today. So it's
13 actually making the benefits more consistent.

14 CHAIRMAN CONTINE: Are there any other questions?

15 MEMBER PACKHAM: John Packham for the record. I
16 just had a question about how this would work in practice.
17 Could an individual self-refer themselves if they were a high
18 risk or would that be determined by, like, a primary care
19 doc? I'm just kind of wondering how that would happen in
20 practice.

21 MS. SPINELLI: I would -- That would be through
22 their primary care physician. So if you have a family
23 history of colon cancer, then you would speak with your
24 primary care physician. And if they recommend that you go
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1 have a screening, then, you know, they would send you over
2 and have a screening.

3 As far as self-referral, you could -- You know,
4 if you're under the age 45, you would probably have to have a
5 recommendation from your primary care physician.

6 MEMBER PACKHAM: Thank you.

7 CHAIRMAN CONTINE: Are there any other questions?

8 Okay. So with the clarifications for the
9 changes, this further explanation in the changes that were
10 requested in March along the lines of what's presented here
11 today, is there a motion to approve the revisions as
12 presented at the March 28th board meeting for the mammogram
13 and colonoscopy wellness and preventive screenings?

14 MEMBER LAMBORN: Leah Lamborn for the record. I
15 make a motion to approve the revisions that were presented at
16 the March 28th board meeting for mammogram and colonoscopy
17 for wellness preventive screenings.

18 CHAIRMAN CONTINE: Is there a second?

19 MEMBER HAGLER: Mandy Hagler for the record. I
20 will second the motion.

21 CHAIRMAN CONTINE: Okay. I have a motion and a
22 second. Is there any further discussion? Okay. All those
23 in favor please say aye.

24 (The vote was unanimously in favor of the motion)
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1 CHAIRMAN CONTINE: Any opposed? Okay. Motion
2 carries.

3 Do you want to move on to Number 11, the
4 executive officer report, or do you want to go back?

5 MR. HAYCOCK: For the record, Damon Haycock.
6 Madam Chair, our auditor got cross-communicated with us and
7 he will not be able to be here today. So we recommend
8 pushing Item Number 5 to the July board meeting and he can
9 give the audit report then. And we can go on to Item 11 at
10 your convenience.

11 CHAIRMAN CONTINE: Is that fine, Brandee, or do
12 we need a motion?

13 MS. MOONEYHAN: Yeah, if the board approves that.

14 CHAIRMAN CONTINE: Okay. Can I have a motion on
15 Item Number 5 to move the audit presentation to the July 2019
16 PEBP board meeting? So moved.

17 MEMBER LAMBORN: Leah Lamborn. I make a motion
18 to move item -- Agenda Item 5, Health Claim Auditors
19 quarterly audit report to the July meeting.

20 CHAIRMAN CONTINE: Okay. Can I have a second?

21 MEMBER PACKHAM: John Packham for the record. I
22 second.

23 CHAIRMAN CONTINE: Okay. There's a motion and a
24 second. Any discussion? Okay. All those in favor, please
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1 signify by saying aye.

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

3 CHAIRMAN CONTINE: Any opposed? The motion
4 carries.

5 On to Item Number 11, executive officer report.

6 Damon.

7 MR. HAYCOCK: Thank you, Madam Chair. Damon
8 Haycock for the record. There is just a few things that I'm
9 going to go over in this report. Starting on the first page
10 there was a decision made by the legislature when they closed
11 our budget to remove the requirements for the enhanced
12 HSA/HRA funding that we've been implementing here at PEBP. I
13 think we're now in our second year or we're about to be in
14 our second year for these enhanced benefits with these
15 specific requirements.

16 So what you all had originally approved last
17 November was a \$200 enhanced HSA/HRA funding for members on
18 the consumer driven health plan. That was to help spend down
19 excess reserves. But you had those \$200 tied to specific
20 requirements for preventive or wellness benefit activities,
21 the going to the doctor, getting the associated lab work,
22 going to the dentist and getting their teeth cleaned at least
23 once, those are those four preventive activities. And then
24 the second hundred dollars was tied to enrollment and Doctor
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1 on Demand, our on-line virtual visit provider, as well as to
2 take the tour through Healthcare Bluebook, our online
3 transparency provider, which both programs have seen
4 significant success since we've added this incentive. Our
5 preventive services has also seen a significant rise in
6 utilization once we have attached these incentives as well.

7 However, the legislative budget committee
8 approved the \$400 that was raised back in January, when we
9 came back to the board and raised it to be in line with the
10 governor's recommended budget. They did not approve the
11 recommendation from -- or the actions that the PEBP board
12 took on tying part of that funding to specific requirements.
13 So gone now are the enhanced HSA/HRA funding requirements.
14 And that funding will be an initial outlay first week --
15 first couple weeks of July with no requirements attached.

16 The other major change that occurred at the
17 budget closing hearing that Cari Eaton did touch on is that
18 there will now need to be interim finance committee approval
19 for the usage, any usage of excess reserves, by this program.
20 How that's going to look and feel, we're still going to have
21 to figure out when session is over. Our anticipation is that
22 it will follow pretty similar to what we do today. We'll get
23 a final approval by IFC. That's what we're going to be
24 assuming until told otherwise. We have a traditional
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1 cyclical process every year where you all approve benefits,
2 the benefit design in November, and then you approve rates in
3 March. There's often opportunity for excess reserves to be
4 earmarked at that March board meeting for rate setting if we
5 determine that we have additional funding available.

With this new process put in place and the requirement for IFC approval, we're not going to be able to do an on-the-spot recommendation again in March at any rate-setting meeting because there will not be enough time to get it approved through IFC for implementation in July, especially if there's any benefit changes that need to occur accordingly and documentation that needs to be updated and by open enrollment. So this for a timing perspective has eliminated the ability for PEBP to come in at the March board meeting and recommend utilizing excess reserves.

16 A great example is last year at the March board
17 meeting we found additional excess reserves and were able to
18 provide a supplemental HRA funding to the Medicare exchange
19 retirees. We will not be able to do that at the March
20 meeting. So the decisions that are made by the board and
21 approved by IFC are going to have to be done by March before
22 that meeting to ensure we have enough time for
23 implementation. So that's the other major change.

1 the year from the American Business Awards. We won the
2 Stevie award for non-profit government large size, large
3 sector, second year in a row. We're very proud of the
4 recognition and we appreciate the opportunity to showcase our
5 program nationally and to showcase Nevada as a leader in
6 health care and government operation of health programs.

7 One of the things that isn't on here, but I do
8 need to bring it to your attention, we received information
9 from our pharmacy benefits manager and we also looked at the
10 new rule as well, the Department of Health and Human
11 Services, the federal DHHS and the CMS has released new rules
12 for the next plan year, starting -- Excuse me -- the next
13 calendar year for 2020. And since it's in the middle of our
14 plan year, we have to be ahead of the curve. Generally these
15 rules only affect individual market place plans on the
16 exchanges, the Affordable Care Act exchanges, and those in
17 the individual market place off the exchange. However,
18 language that was built in to the latest rules also affect
19 government non-ERISA plans like ours, which means that we
20 have to adhere to some of these changes. And the biggest
21 change that we're exploring and we may have to make
22 adjustments to is our co-pay accumulator program.

23 So back in November, PEBP recommended and the
24 board approved a co-pay accumulator program whereby the
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1 manufacturer's coupons for pharmacy drugs, right, for
2 pharmaceuticals would no longer apply to the deductibles or
3 to the out-of-pocket maximums so we could continue to receive
4 those from the manufacturer all year long as members would
5 not hit those thresholds. Yes, there would be some potential
6 additional cost to the members if they use other services
7 that don't require those manufacturer coupons, but the goal
8 and the intent was to soak up as much of the available
9 funding that the manufacturers had available for these co-pay
10 coupon cards.

11 The feds have passed a rule that says you can no
12 longer do that unless there is a generic equivalent. And so
13 if there is a brand name drug that has a co-pay card or
14 coupon, the coupon can be applied to the deductible and to
15 the out-of-pocket maximum as long as there's not a generic
16 equivalent. If there is a generic equivalent then you can
17 implement the type of co-pay accumulator program that we had
18 presented and you all approved last year.

19 What does this do for PEBP's fiscal position? We
20 anticipated saving at least a million dollars in this
21 program. However, we were very hesitant with the rumblings
22 on the -- by the federal government as well as the beginning
23 of session there was a bill that was initially drafted to
24 eliminate our ability to perform these services. So we never
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1 put that savings in to our rates. So at the end of the day
2 we're okay financially. But we are not going to be able to
3 receive that type of cost control in our pharmacy benefits,
4 which was supposed to help us out with our trend next year.
5 So I just wanted to give everybody an update.

6 We are still working with our pharmacy benefits
7 manager to get more information. And when we do we will be
8 able to present it back to the board. But it's looking very
9 grim for our ability to use this program in the way that we
10 wanted to because the bulk of the savings we were trying to
11 achieve were on high cost specialty drugs and many of those
12 do not have a generic equivalent. Good for the member who
13 wants to satisfy their accumulators as they have been all
14 along. But a definite cost savings that we have lost out on
15 at the program.

16 And, with that, I can take any questions, Madam
17 Chair.

18 CHAIRMAN CONTINE: All right. Are there any
19 questions?

20 MEMBER PACKHAM: I have a question. John Packham
21 for the record. I'm really discouraged at the elimination of
22 those funding requirements for the HSA/HRA. What was the
23 rationale for that? There's not a health care rationale or
24 prevention rationale, is there?

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1 MR. HAYCOCK: For the record, Damon Haycock. The
2 simple answer is when the governor's recommended budget was
3 presented, it was not presented with those requirements. I'm
4 going to go out on a limb and say I think they wanted to
5 ensure PEBP spent down our reserves. And since not everybody
6 was meeting those requirements we were earmarking funds and
7 then we were retaining some of them at the end of the year.
8 There's an argument for and against that for that rationale.
9 But I believe that's the simple answer. They wanted to
10 ensure that that money was expended and that we did not carry
11 that cash on our books year after year.

12 MEMBER PACKHAM: John Packham again for the
13 record. So, when you say that we're going to monitor
14 utilization, will there ever be an opportunity for us to make
15 those -- implement those requirements again in the future or
16 is that picking a fight?

24 When it's time to build our budget again, which
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1 it seems like it's so fast, but we'll be building them next
2 year already. We can create an enhancement unit where we
3 request from the legislature and the governor's finance
4 office to put them back if we have data in time. I don't
5 know if we will at that point. But once we can show that
6 there was a success, it strengthens our argument for why we
7 want to have those incentives. But we can always ask and
8 they can always say no.

9 MEMBER PACKHAM: John Packham. One last
10 question, I promise. Will that require a whole plan year of
11 experience or can we monitor this at six months or nine
12 months?

13 MR. HAYCOCK: For the record, Damon Haycock. We
14 monitor our preventive services on a quarterly basis. So
15 we'll be able to see an initial first quarter versus first
16 quarter of last year versus first quarter the year that we
17 didn't offer this incentive. And so I can bring that back to
18 you as part of a quarterly update in my executive report that
19 says here's what happened on that situation. We get
20 enrollment and utilization reports from Doctor on Demand and
21 Healthcare Bluebook monthly. So we'll be able to provide
22 those again in that quarterly update so you'll be able to see
23 it as we move forward.

24 MEMBER PACKHAM: Thank you.
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1 MEMBER LAMBORN: Leah Lamborn. Damon, this is
2 for you. So basically the addition to the HSA and HRA, the
3 enhanced funding that we used previously, those are really
4 going to become base now, they're not going to -- It's part
5 of the budget, so it's going to be in the base year, it's not
6 going to be -- so in order to reduce that it would have to be
7 through the budget process?

8 MR. HAYCOCK: For the record, Damon Haycock.
9 Right now it's set up for plan year 2020, right, for this
10 next year at the \$400 level that was built in to the budget
11 and it was closed at the legislature. There's \$125 amount
12 that's earmarked for 2021. If that number is to change up or
13 down for whatever reason, through the use of excess reserves,
14 you'll have to follow through on that second part of my
15 report that says going back and getting IFC approval to
16 change that allotment.

17 I try not to use the term base because we've been
18 providing a base amount of HSA and HRA funding since 2011 and
19 that doesn't change. This is what happens when you have
20 excess and how much are we going to give and if we're going
21 to attach requirements to it. That has always been the
22 conversation for the last at least two or three years. But
23 moving forward right now, as its stands, there's no
24 requirements approved through the budget and so we have to go
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1 back and make our case to the interim finance committee as to
2 why we want to put those back in if you all wish to do so in
3 2021.

4 CHAIRMAN CONTINE: Are there any other questions?

5 All right. So we'll move on to Item Number 12,
6 discussion and possible action regarding potential board
7 position, recommendations, and direction to staff about 2019
8 legislative bills that may impact PEBP, including the first
9 one is AB -- Assembly Bill 185. And Damon.

10 MR. HAYCOCK: Thank you, Madam Chair. We're just
11 down to two bills. And the second one is already enrolled
12 and signed by the governor. So that one is booked. But AB
13 185 is a bill that requires PEBP to conduct a study of the
14 impact of using Medicare-based pricing. We have seen no
15 movement on this bill. We assume that this is in the cue
16 with all the other legislative requested studies. I think
17 they get 15 every session. We'll see if this one makes the
18 cut. We're waiting to see the schedule so we can attend and
19 determine if we're going to be part of this or not. We have
20 reached out to the legislative leadership and explained how
21 we can perform this. Initially, we said we could do it with
22 excess reserves now that we have this IFC requirement to let
23 the legislature know that if that's the route that they want
24 us to go then they're going to again approve it at the
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1 interim finance committee for us to utilize those funds. But
2 we haven't heard much on this bill since. We're not hugely
3 confident that it will pass. But if it does, we're there to
4 support and we have opportunities to use our current partners
5 and any others to perform this.

6 We've done something like this before on the
7 medical side through our medical third party administrator.
8 So this isn't something brand new or anything that concerns
9 PEBP as far as the requirements.

10 AB 469 was signed by the governor. There was an
11 amendment that again further made it easy for PEBP to deal
12 with because they gave us an opt-in opt-out portion. So we
13 can opt in to the bill or opt out of the bill, bills
14 requirements. We will -- We will bring forth that option for
15 you all to opt in later. It doesn't go live until January 1,
16 2020. However, this is a bill that PEBP conceptually
17 supports. It eliminates balanced billing to our members who
18 receive emergency services and out-of-network providers.

19 Ironically, as we were going through this
20 session, we actually had a member that had this situation
21 happen, and we would have benefitted greatly had this bill
22 been in place already.

23 We will recommend -- It's not part of this agenda
24 item, so I can't do it. I know Ms. Mooneyhan wouldn't let me
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1 if I tried. But we will be coming back later this summer and
2 recommending that we do opt in to this so we can protect all
3 of our members and patients across the state. It is an only
4 Nevada process so it doesn't really affect things out of
5 state or it doesn't affect things out of state. But we're
6 going to recommend that you guys opt in and we'll send that
7 letter to the Department of Health and Human Services to
8 ensure that we are protected starting January.

9 That's really it. There's a couple of other
10 bills that have included PEBP last minute. I didn't agendize
11 them, so I'm not going to go in to them today. But none of
12 them have any negative impact on PEBP at this time. They
13 just kind of name us as, again, a may or opt-in ability for
14 some of the things that are going on right now at the
15 legislature. So we basically feel that we're pretty much
16 done. We're just waiting on AB 185.

17 CHAIRMAN CONTINE: All right. Thanks, Damon.

18 Are there any questions?

19 All right. Seeing none or hearing none, we'll
20 move to Item Number 13, public comment. Is there any public
21 comment in Carson City?

22 Good morning. We missed you at the beginning.
23 But you don't get twice the time though, okay.

24 MS. BOWEN: Good morning. My name and words for
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1 the record, Peggy, P-e-g-g-y, Lear, L-e-a-r, Bowen,
2 B-o-w-e-n. And the reason I didn't make it at the beginning
3 is the only public comment I have to make today is thank you
4 for all your hard work, all your efforts, and listening and
5 hearing what the members said as to what they needed and
6 thank you for all that you do. And may you have a beautiful
7 spring and thank you.

8 CHAIRMAN CONTINE: Thank you, Ms. Bowen.

9 Is there any other public comment in Carson City?

10 Is there any public comment in Las Vegas?

11 All right. Seeing none, we'll move to Item
12 Number 14. We're adjourned.

13 (Hearing concluded at 9:55 a.m.)

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

3
4 I, CHRISTY Y. JOYCE, Official Court Reporter for
5 the State of Nevada, Public Employees' Benefits Program
6 Board, do hereby certify:

7 That on Thursday, the 23rd day of May, 2019, I was
8 present at The Legislative Building, 401 South Carson Street,
9 Carson 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
12 1 through 39, inclusive, includes a full, true and correct
13 transcription of my stenotype notes of said public meeting.

14

15 Dated at Reno, Nevada, this 7th day of June, 2019.

16

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19

CHRISTY Y. JOYCE, CCR
Nevada CCR #625

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