

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

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*July 25, 2019*

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*Capitol Reporters*  
*123 W. Nye Lane, Ste 107*  
  
*Carson City, Nevada 89706*

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1 PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD

2 TRANSCRIPT OF PROCEEDINGS

3 TELEPHONIC OPEN MEETING

4 THURSDAY, JULY 25, 2019

5 CARSON CITY AND LAS VEGAS, NEVADA

6  
7  
8 The Board:

DEONNE CONTINE, Chair  
DON BAILEY, Vice Chair  
LINDA FOX - Member  
JOHN PACKHAM - Member  
TOM VERDUCCI - Member  
LEAH LAMBORN - Member  
CHRISTINE ZACK- Member  
MANDY HAGLER - Member  
JET MITCHELL - Member

13 For the Board:

BRANDEE MOONEYHAN  
Deputy Attorney General

15 For Staff:

DAMON HAYCOCK  
Executive Officer  
LAURA LANDRY  
Executive Assistant  
LAURA RICH  
Operations Officer  
CARI EATON  
Chief Financial Officer  
NANCY SPINELLI  
Quality Control Officer

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1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24

INDEX

AGENDA ITEM	PAGE
1. Open Meeting; Roll Call	5
2. Public Comment Public comment will be taken during this agenda item. No action may be taken on any matter raised under this item unless the matter is included on a future agenda as an item on which action may be taken. Persons making public comments to the Board will be taken under advisement but will not be answered during the meeting. Comments may be limited to three minutes per person at the discretion of the chairperson. Additional three minute comment periods may be allowed on individual agenda items at the discretion of the chairperson. These additional comment periods shall be limited to comments relevant to the agenda item under consideration by the Board. Persons making public comment need to state and spell their name for the record at the beginning of their testimony.	6
3. PEBP Board disclosures for applicable Board meeting agenda items. (Brandee Mooneyhan, Deputy Attorney General)	13
4. Consent Agenda (Deonne Contine, Board Chair)  Consent items will be considered together and acted on in one motion unless an item is removed to be considered separately by the Board.	
4.1 Approval of Action Minutes from the April 29, 2019 PEBP Board Meeting.	
4.2 Approval of Action Minutes from the May 23, 2019 PEBP Board Meeting	
4.3 Receipt of quarterly staff reports for the period ending March 31, 2019.	
4.3.1 PEBP Chief Financial Officer Reports	
4.3.1.1 Budget Report	
CAPITOL REPORTERS (775)882-5322	

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24

INDEX

AGENDA ITEM	PAGE
4.3.1.2 Utilization Report	
4.4 Receipt of quarterly vendor reports for the period ending March 31, 2019:	
4.4.1 HealthSCOPE Benefits - Obesity Care Management Program	
4.4.2 Hometown Health Provider - Utilization and Large Case Management	
4.4.3 The Standard Insurance - Basic Life and Long-Term Disability Insurance	
4.4.4 Towers Watson's One Exchange - Medicare Exchange	
4.5 Accept the Fiscal Year 2019 Other Post-Employment Benefits (OPEB) valuation prepared by Aon in conformance with the Governmental Accounting Standards Board (GASB) requirements.	14
5. Health Claim Auditors, Inc. quarterly audit of HealthSCOPE Benefits for the timeframe January 1, 2019 - March 31, 2019:(1) Report from Health Claim Auditors; (2) HealthSCOPE Benefits response to audit report; and (3) for possible action to accept audit report findings and assess penalties if applicable, in accordance with the performance guarantees included in the contract pursuant to the recommendation of Health Claim Auditors.	15
6. Discussion and update on PEBP's Open Enrollment results for Plan Year 2020. (Laura Rich, Operations Officer)	29
7. Discussion and possible action to approve a retroactive amendment with HealthSCOPE Benefits for lowered cost out-of-state medical network services available to members on the Consumer Driven Health Plan (CDHP) and Exclusive Provider Options (EPO) plan. (Cari Eaton)	44

CAPITOL REPORTERS (775)882-5322

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24

INDEX

AGENDA ITEM	PAGE
8. Discussion, update and possible action the 80th Legislative Session with Board approval to opt-in to emergency service reimbursement provisions of AB 469 and update plan benefits for CDHP and EPO members on January 1, 2020 in accordance with AB 472 for the addition of gestation carrier maternity services. (Damon Haycock, Executive Officer)	46
9. Election of Board Vice-Chair pursuant to Nevada Administrative Code (NAC) 287.172. Eligible candidates are don Bailey, Sr., Linda Fox, Leah Lamborn, John Packham, Mandy Hagler, Tom Verducci and Christine Zack. (Deonne Contine, Board Chair)	67
10. Public Comment Public Comment will be taken during this agenda item. Comments may be limited to three minutes per person at the discretion of the chairperson. Persons making public comment need to state and spell their name for the record at the beginning of their testimony.	70
11 Adjournment	77

1 THURSDAY, JULY 25, 2019, CARSON CITY, NEVADA

2 -oOo-

3 CHAIRWOMAN CONTINE: Good morning. This is  
4 Deonne Contine, the Chair of the Public Employees' Benefits  
5 Program Board. And today is the meeting of the Board. It's  
6 July 25th, 2019, at 9:00 a.m. We're at the Legislative  
7 Building at 401 South Carson Street in Carson City, and we're  
8 video-conferenced to Grant Sawyer at 555 East Washington in  
9 Room Number 4412 in Las Vegas.

10 Can you all hear us down there?

11 MEMBER ZACK: Yes.

12 CHAIRWOMAN CONTINE: Okay, great. We'll start  
13 with Item Number One, role call.

14 MS. LANDRY: Don Bailey.

15 MEMBER BAILEY: Here.

16 MS. LANDRY: Deonne Contine?

17 CHAIRWOMAN CONTINE: Here.

18 MS. LANDRY: Linda Fox?

19 MEMBER FOX: Here.

20 MS. LANDRY: Mandy Hagler?

21 MEMBER HAGLER: Here.

22 MS. LANDRY: Leah Lamborn?

23 MEMBER LAMBORN: Here.

24 MS. LANDRY: Jet Mitchell?

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1 MEMBER MITCHELL: Here.

2 MS. LANDRY: John Packham?

3 MEMBER PACKHAM: Here.

4 MS. LANDRY: Tom Verducci?

5 MEMBER VERDUCCI: Here.

6 MS. LANDRY: And Christine Zack?

7 MEMBER ZACK: Here.

8 CHAIRWOMAN CONTINE: Okay, great. We have almost  
9 a full house now.

10 Okay. We'll go onto Item Number Two, public  
11 comment. Is there any public comment in Carson City?

12 MR. ERVIN: Good morning. My name is Kent Ervin,  
13 E-r-v-i-n, for the Nevada Faculty Alliance the Statewide  
14 Association of Faculty, et al, NSHE Institutions. We work to  
15 empower our faculty in our mission to help students succeed,  
16 and part of that empowerment is a strong benefits program  
17 that recruits and retains the best faculty.

18 The legislative session left PEBP with a number  
19 of challenges, which I'll state as questions, that need to be  
20 addressed by PEBP and the Board through its upcoming  
21 strategic planning process.

22 The budget report in Agenda Item 4.3.1.1 says  
23 excess reserves of 31.6 millions dollars at the end of March,  
24 up from the previous estimate. We're told that this is  
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1 expected to climb before the end of the fiscal year, but that  
2 still means an increase in reserves overall for the year by  
3 several million dollars despite an approved spend down of  
4 14.4 million dollars. So we still, again, have excess  
5 reserves being generated.

6           The legislature now requires the interim finance  
7 committee, IFC, to approve future expenditures of excess  
8 reserves for benefit enhancements. So the question for the  
9 Board is how can PEBP best present expenditures of excess  
10 reserves to the IFC for the benefit of the plan and  
11 participants. We suggest that multiple options with a  
12 favored Board recommendation should be presented to the IFC  
13 for a decision through your process and strategic planning in  
14 the next couple of Board meetings where plan design decisions  
15 will be made.

16           Second, the repeated annual generation of excess  
17 reserves strongly suggest that the actuarial assumptions are  
18 too consecutive. We support a fiscally sound program, but  
19 being overly conservative means the funding from state for  
20 benefits are not being used efficiently.

21           The question is how can operating surpluses be  
22 prevented from becoming excess reserves? We believe an  
23 in-depth review of actuarial methods and assumptions is  
24 needed, perhaps best using an actuarial second opinion

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1 similar to what PERS does.

2 Third, the utilization report in 4.3.1.2 shows  
3 really low rates for preventive screenings for our program,  
4 but the Governor and legislature removed incentives for  
5 supplemental HSA and HRA contributions preferring to return  
6 excess reserves without restrictions.

7 The question, how can PEBP improve preventing  
8 screening rates through education or other program without  
9 incentives? I don't have a good answer for that, but perhaps  
10 this is most critical for the health of our employees.

11 Fourth, the legislature made clear that  
12 individual pharmacy discount programs, the discount should go  
13 to the benefits of participants and count towards deductible  
14 and out-of-pocket accumulators, and various proposals were  
15 made. Although, not much reach the legislation stage to  
16 return other rebates back to patients.

17 The question, how can PEBP restructure pharmacy  
18 rebates or the accounting of pharmacy rebates to ensure that  
19 they are used to reduce the cost of who those bear the cost,  
20 either the individual participants when that applies or to  
21 the CDHP and EPO plans.

22 Fifth and finally, as the new self-funded EPO  
23 plan becomes established, it will generate its own surpluses  
24 or deficit on an annual basis, that's the nature of an  
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1 insurance program.

2 So the question is how will PEBP fairly apportion  
3 excess reserves or costs between the two self-funded plans,  
4 the Consumer Driven Health Plan and the EPO plan. That's a  
5 new challenge that the Board faces.

6 So that's a lot of questions. I know you're  
7 having a strategic planning workshop next month and look  
8 forward to working with the Board members on some of these  
9 challenges. Thank you for the opportunity for input.

10 CHAIRWOMAN CONTINE: Thank you.

11 Go ahead, ma'am.

12 MS. GASKILL: Thank you. My name is Susan  
13 Gaskill, and I'm very nervous. So please bear with me, and I  
14 had a handout and I wasn't sure how to do that.

15 I'm here to ask you all if you would review a  
16 request from me to allow me to ensure my husband, Jeff  
17 Gaskill, on my medical insurance under the significantly  
18 inferior portion or clause of my insurance.

19 Subsequently, just getting married a few months  
20 ago, Jeff was promoted to sub bus driver for Storey County,  
21 from a sub route driver to a regular route driver part-time.  
22 When one becomes a route driver, they become eligible for  
23 medical, and they offered him two different plans to choose  
24 from, both different deductibles, premiums and selection of  
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1 medical coverage. The retirement benefits and -- excuse me,  
2 and retirement benefits.

3           However, the route that Jeff has acquired is a  
4 part-time route of 25 guaranteed hours a week. As a  
5 part-time employee, Storey County is requiring him to pay  
6 half of all costs associated with either plan.

7           I contacted PEBP to add Jeff to my plan and was  
8 told that being he is offered insurance, insurance at his  
9 employment, I cannot add him to mine. I did learn that there  
10 is a clause that may allow me to insure him and it's under a  
11 significantly inferior coverage. When I looked up that  
12 information, I found that there is very little regarding the  
13 definition, the procedure for this. I submitted to PEBP the  
14 same information that is included in my handout and was  
15 rejected.

16           I have been trying to understand the formula,  
17 definition and guidelines that PEBP uses to determine what  
18 significantly inferior is and what isn't, and the only  
19 feedback I got was that I have to bring it up in front of the  
20 Board.

21           Based on the information I presented to them and  
22 now you, I'm asking that my request be granted on the behalf  
23 that Jeff is a part-time employee guaranteed 25 hours a week,  
24 and of that paycheck a portion is taken out to cover his  
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1 nonworking summer months due to no school during summer, as  
2 well as taxes. Once he's paid the amount to cover himself  
3 with the amounts charged for medical insurance, he would end  
4 up with absolutely no money to live on.

5           Also under the Affordable Care Act, it is stated  
6 that employees can waive coverage but may have to pay a  
7 penalty unless they can afford the employee share of the  
8 premium. More than eight percent of their adjusted gross  
9 income is what I saw. I'm not sure if I got the right  
10 figures. But as far as what Jeff's company is charging,  
11 Storey County, it's double that as far as his premium to  
12 qualify for the individual responsibility exemption.  
13 Otherwise they have to obtain coverage through a spouse  
14 through the exchange or open market and his would be 100 --  
15 it should be 147 and his at 303 at the less of the two  
16 insurances.

17           Therefore, at this time I'm asking you to please  
18 reconsider PEBP's decision on the basis of the fact that I  
19 have presented to you. I would also like the formula and  
20 determination defines on how one is determined as  
21 significantly inferior, and thank you very much.

22           CHAIRWOMAN CONTINE: Thank you. So just so you  
23 know, this is public comment. So we can't take any action.

24           MS. GASKILL: Oh.  
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1 CHAIRWOMAN CONTINE: But Mr. Haycock will look  
2 into the process. If there's an appeal process for your  
3 eligibility determination and provide guidance on how you can  
4 possibly get it before the Board.

5 MS. GASKILL: I appreciate that.

6 CHAIRWOMAN CONTINE: Thank you.

7 MS. GASKILL: Thank you.

8 CHAIRWOMAN CONTINE: Is there any additional  
9 public comment in Carson City? Is there any public comment  
10 in Las Vegas?

11 MEMBER ZACK: No, ma'am.

12 CHAIRWOMAN CONTINE: Okay. I'm going to do  
13 public comment or have Ms. Mitchell introduce herself, and  
14 I'm going to welcome her to the Board at this time under this  
15 public comment.

16 So, Ms. Mitchell, if you would like to say a few  
17 words, I would appreciate it.

18 MEMBER MITCHELL: Hi. Good morning. My name is  
19 Jet Mitchell. I'm a professor at CSN in the business  
20 department and by education and a licensed attorney in the  
21 State of Nevada and am excited to join the Board and looking  
22 forward to contributing.

23 CHAIRWOMAN CONTINE: Thank you. We're happy to  
24 have you.

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1 MEMBER MITCHELL: Thank you.

2 CHAIRWOMAN CONTINE: Okay. So going onto Item  
3 Number Three, PEBP Board disclosures for applicable Board  
4 meeting agenda items. For PEBP is Brandee Mooneyhan from the  
5 Attorney General's Office. Thanks.

6 MS. MOONEYHAN: Thank you, Madam Chair. Again,  
7 Brandee Mooneyhan, deputy attorney general for the record.

8 As counsel for Board and pursuant to Nevada  
9 ethics law, I'm making this disclosure on behalf of the Board  
10 members who are eligible for PEBP Benefits. All current  
11 Board members except Ms. Zack and Mr. Verducci are eligible  
12 for the Public Employees' Benefits Program which means that  
13 they, their spouses and/or dependents may receive health,  
14 dental, life insurance and other benefit through PEBP.

15 On today's agenda, Agenda Item Seven and Eight  
16 relate directly to benefits available to PEBP members, namely  
17 a possible retroactive amendment with HealthSCOPE Benefits to  
18 lower the cost of out-of-state medical network services  
19 available to PEBP members and changes to medical services  
20 reimbursement and gestation carrier, maternity services  
21 consistent with legislative changes.

22 When PEBP Board members vote on matters effecting  
23 benefits for themselves, their spouses and/or their  
24 dependents, that may trigger social requirements under NRS  
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1 281A.420. Therefore, pursuant to that law, I offer this as a  
2 general disclosure on behalf of the Board members who are  
3 eligible for PEBP -- who are PEBP participants. I would also  
4 like to note that Board members who are PEBP participants may  
5 still vote on the items directly affecting their benefits as  
6 long as the benefit or detriment to them is not greater than  
7 that with similarly situated PEBP members.

8 Thank you, Madam Chair, for allowing me to make  
9 this disclosure, and I invite any member who has anything to  
10 add in this regard to please do so now.

11 CHAIRWOMAN CONTINE: Thank you.

12 Is there anyone that has anything to add?

13 Okay. We'll move onto Item Number Four, the  
14 consent agenda. The consent items will be considered  
15 together and acted on in one motion unless an item is removed  
16 to be considered separately by the Board.

17 Does anybody have a consent agenda item that they  
18 would like to pull from the consent agenda? Okay. Is there  
19 a motion on the consent agenda?

20 MEMBER ZACK: Chair Contine?

21 CHAIRWOMAN CONTINE: Yes.

22 MEMBER ZACK: Christine Zack for the record. I  
23 move to approve the consent agenda in its entirety.

24 CHAIRWOMAN CONTINE: Thank you. Is there a  
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1 second?

2 MEMBER BAILEY: Second.

3 CHAIRWOMAN CONTINE: Thank you, Mr. Bailey. I  
4 have a motion and a second. All those in favor say aye.

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

7 CHAIRWOMAN CONTINE: Any opposed? Okay. The  
8 motion carries unanimously.

9 Onto Item Number Five, Health Claim Auditors  
10 quarterly audit of HealthSCOPE Benefits for the timeframe  
11 January 1st, 2019 to March 31, 2019. The report from Health  
12 Claim Auditors, HealthSCOPE'S response and for possible  
13 action to audit -- to accept the audit report findings and  
14 assess penalties if applicable in accordance with the  
15 performance guarantees included in the contract.

16 And I believe Mr. Carr from Health Claim Auditors  
17 is present in Las Vegas.

18 MR. CARR: Thank you, Madam Chair, members. For  
19 the record Robert Carr. I represent Health Claim Auditors.

20 This past April we performed an audit of claims  
21 administered by HealthSCOPE Benefits during the period of  
22 January 1st, 2019 through March 31st, 2019 for PEBP's third  
23 quarter fiscal year 2019. This audit consisted of valid  
24 selection of 500 medical inpatient/outpatient, hospital and  
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1 dental claims, in addition to numerous large dollar claims  
2 audited by basis.

3 Random claims are selected in a statistically  
4 valid process from both PEBP's premier plan and the Consumer  
5 Driven Health Plan to ensure that plan benefits were loaded  
6 into the HealthSCOPE system and adjudicated accurately per  
7 PEBP SPD agreements, benefits and industry standards.

8 The review and audited claims outside the random  
9 selection are considered bias and can be reported but not  
10 included within the statistical calculations of the  
11 performance guarantees. The audit findings for PEBP's third  
12 quarter plan year 2019 reflect that HealthSCOPE passed all  
13 negotiated performance guaranteed levels pertinent to  
14 accuracies, turnaround times, data reporting, possible data  
15 breaches and customer service levels with the one exception  
16 of the financial accuracy. We find the financial accuracy to  
17 be at 98.31 percent below the guarantee of 99 percent.

18 The under-performance was primarily caused by a  
19 couple of different large dollar claims were not a failure of  
20 the HealthSCOPE adjudication system but from human error for  
21 rate calculations and adjustments of previous claim payments  
22 of which have been discussed with HealthSCOPE personnel since  
23 then.

24 It is our recommendation that PEBP calculate and  
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1 collect the penalty for the financial accuracy performance --  
2 under-performance. PEBP and HCA calculate the penalty to be  
3 \$25,811.14.

4 In respect of all categories reviewed in the  
5 audit, the HealthSCOPE adjudication system continues to  
6 function at a high efficiency level with only seven errors  
7 categories detected in this audit. During this audit we  
8 researched and verified that all previous recommendations  
9 approved by this Board have been implemented.

10 The identified overpayment dollar buy-in is  
11 within the agreed levels at 2.3 million dollars.  
12 Overpayments are primarily result of the claims sent for  
13 collections due to network repricing adjustments from both  
14 major networks within the PEBP statewide network and the  
15 overpayments of claims identified in the previous audit for  
16 participants that were eligible with Medicare.

17 It is important to note that at the most current  
18 identified overpayments for plan year 2019 to date,  
19 76 percent were found to be caused by external sources and  
20 that are not a cause of the HealthSCOPE adjudication  
21 processes.

22 Open subrogation cases at the time of this audit  
23 remain steady at 4.2 million dollars with a soft and I&E  
24 claim level increasing to 5,476 claims representing just over  
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1 \$25,000,000 in a charged value without discounts or benefits  
2 supplied.

3 Claims within the denied category were reviewed  
4 and all of them were found to possess legitimate reasons for  
5 each claim being pended.

6 As for the dedicated HealthSCOPE personnel  
7 assigned to your account, changes during this audited period  
8 included two claims analyst and remain at 12 individuals  
9 dedicated to PEBP and the change of one customer service  
10 representative retaining a total of 18 that are also  
11 dedicated.

12 This audit did detect two major issues of concern  
13 that are associated with Hometown Health pricing and their  
14 contract letters of authorizations with PEBP claims. The  
15 first concerns the letters of authorizations. The Hometown  
16 Health contracting department have some excluded services  
17 within their contracts that are covered under blanket letter  
18 of authorizations or as you may know them LOA's, that the  
19 repricing personnel and HealthSCOPE appear are not permitted  
20 or provided.

21 This audit detected claims in which the Hometown  
22 Health Network has negotiated rates documented with LOA's for  
23 provider services that would normally be edited as denied or  
24 inclusive and paid at zero dollars by the HealthSCOPE system.

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1                   Providers with rendered service under the  
2                   circumstance are now requesting that PEBP pay for the said  
3                   services as they are listed on their negotiated contract with  
4                   Hometown Health but have been denied by HealthSCOPE within  
5                   the normal adjudication processes.

6                   It is our recommendation that PEBP support the  
7                   HealthSCOPE system adjudication edits as they are universally  
8                   accepted within our industry. Providers that are entitled to  
9                   payments for services within these denied or inclusive codes  
10                  will need to correctly re-code these services for their  
11                  proper reimbursements. It is also a recommendation that  
12                  Hometown Health document negotiated rates for PEBP claims  
13                  within a contract or an amendment versus obviously an LOA.

14                  The second issue is regarding repricing by  
15                  Hometown Health. Audits have detected a trend in which the  
16                  allowable rates repriced by Hometown Health and provided  
17                  HealthSCOPE for adjudication of PPO claims are incorrect.  
18                  Examples within this audit were found to include network  
19                  provider claims that were repriced as non PPO causing  
20                  HealthSCOPE to apply a usual and customary rate versus the  
21                  correct negotiated contract rates.

22                  Other examples are hospital claims with surgical  
23                  services with the surgical add-on allowable was not applied  
24                  as per contract agreement.

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1           At this time I would also like to update you  
2 regarding the Renown Hospital contract that was re-negotiated  
3 by the PEBP executive officer and approved by this Board in  
4 April 2018 to maintain a no finance increase of cost for  
5 services rendered to PEBP participants during the period of  
6 May 1st of this year through December 31st of 2019.

7           The Renown Hospital contract allows their charge  
8 master billings to be changed effective the 1st of May of  
9 each year. In order to maintain neutrality from one year to  
10 the next, we go in and audit the charge master charges for  
11 each revenue code. We adopt a new financial multiplier and  
12 then obtain approval from the PEBP executive officer for the  
13 application of repricing for claims with the discount rates.

14           We then immediately audit claims files when we go  
15 to HealthSCOPE to ensure that the new rates are utilized for  
16 the repricing of these claims. During our past audit we  
17 detected that the new rates were not applied and the  
18 repricing of PEBP claims that are incurred on or after  
19 May 1st of this year. We requested a response from Hometown  
20 Health regarding their intent to adjust these claims for  
21 accuracy, and they responded that 1,214 claims will be  
22 repriced and sent to HealthSCOPE for adjustments.

23           Most importantly, we have reviewed the savings  
24 experience by PEBP as a result of these negotiations and find  
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1 that this one contract change has saved PEBP in excess of 1.6  
2 million dollars for the services rendered to us participants  
3 over the past 14 months.

4 As a final note in observance of the skill sets  
5 and knowledge delivered by personnel and the policies,  
6 procedures and system edits applied, it remains an unbiased  
7 opinion that HealthSCOPE remains a very qualified  
8 administrative vendor and a good PEBP partner.

9 Madam Chair, this concludes our presentation and  
10 would like to entertain any question at your wish.

11 CHAIRWOMAN CONTINE: Thank you, Mr. Carr.

12 Are there any questions from anybody in Las  
13 Vegas?

14 MEMBER ZACK: Chair Contine?

15 CHAIRWOMAN CONTINE: Yes, go ahead.

16 MEMBER ZACK: Thank you. Christine Zack for the  
17 record.

18 So I think we were here probably about a year  
19 ago, and I had asked I think this very same question. For me  
20 I've always looked at things as a batting average, right.  
21 And I feel like here there's something missing in this  
22 contract because there's no consideration for the 1.6 million  
23 dollars that was saved. It's just an automatic penalty for  
24 missing the mark in one category, and I understand the

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1 contract is what it is, but I raised this last year.

2 And, Chair Contine, I know you weren't on the  
3 Board at that time, but it seems to me that we're not looking  
4 at the totality of the circumstances and this additional  
5 savings that wasn't expected. So it's something that I think  
6 I would like to see in future contracts that this is looked  
7 at.

8 And, again, we look more at the batting average,  
9 oh, you're in this one category but really what happened  
10 overall. And, again, unless anyone has other information to  
11 the contrary, it looks like there was a savings of 1.6  
12 million dollars. Thank you.

13 CHAIRWOMAN CONTINE: Okay. Thank you.

14 MR. CARR: I certainly -- Robert Carr for the  
15 record.

16 Just in response for that, just a little  
17 clarification. HealthSCOPE over the course of since 2011 has  
18 saved much more than 1.6 million dollars for your plan on  
19 different things. In correction of the 1.6 million dollars,  
20 this particular, the 1.6 million dollars was negotiated by  
21 PEBP. Unfortunately, this particular circumstance wasn't  
22 associated with HealthSCOPE. They do the administration and  
23 makes sure that 1.6 million dollars is saved, but the 1.6  
24 million dollars is on the table primarily because of your  
CAPITOL REPORTERS (775)882-5322

1 negotiation.

2 But beyond that, we can spend the whole day  
3 telling you all of the wonderful things HealthSCOPE has done  
4 and not have, at least not taking credit for in my report.

5 CHAIRWOMAN CONTINE: Are there any other comments  
6 or questions from Board members in Las Vegas? All right.  
7 Are there any questions here in Carson City from any Board  
8 member?

9 Mr. Verducci.

10 MEMBER VERDUCCI: Yes. Tom Verducci for the  
11 record.

12 It appears that this is part of a contractual  
13 item. I believe it's very important that claims are paid  
14 accurately, and I'm not sure if the bar is set too high here  
15 at 99 percent, if it should be 98, but I believe this is  
16 priced into contract. And it would seem to me that if this  
17 was the agreed upon contract that the appropriate penalty  
18 should be assist.

19 CHAIRWOMAN CONTINE: Ms. Lamborn?

20 MEMBER LAMBORN: Thank you, Madam Chair. I agree  
21 with Tom Verducci. I think these penalties are in the  
22 contract and should automatically be assessed. That we  
23 shouldn't be voting on not assessing unless the provider  
24 comes to us and asks for an exception. That's how I think it

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1 should work. Thank you.

2 CHAIRWOMAN CONTINE: Okay. I'm going to ask  
3 Hometown Health if they want to come to the table and  
4 comment.

5 MR. HAGER: For the record John Hager, J-o-h-n  
6 H-a-g-e-r, director of planning and performance for Hometown  
7 Health. And I apologize, I did not read the HealthSCOPE  
8 audit in advance because it was audited of HealthSCOPE, but  
9 it appears that there was some findings for Hometown Health.  
10 So I will work with Mr. Haycock and go back to the team and  
11 look at that report and make sure we get those issues  
12 resolved.

13 We do want to reiterate that we know our  
14 relationship was a bit contentious last year, but we do  
15 appreciate the relationship. We appreciate the contract. We  
16 appreciate being able to save the state 1.6 million dollars  
17 through those contract negotiations. That's 1.6 million  
18 dollars that the state has saved that Renown is not getting,  
19 but it is a good partnership going forward, so we want to  
20 make sure that we continue that. But, again, we'll go back  
21 to the report and make sure that we're paying those -- were  
22 repricing those claims correctly. Thank you.

23 CHAIRWOMAN CONTINE: Thank you.

24 And then is HealthSCOPE present in Las Vegas as  
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1 well?

2 MS. PEARSON: Yes. This is Mary Catherine  
3 Pearson, president of HealthSCOPE Benefits for the record.

4 We always appreciate the audits by Health Claim  
5 Auditors and feel that those allow us to improve our  
6 processes and our procedures, and this audit was no different  
7 from that.

8 We did put in some very specific changes in our  
9 processes and did some additional training of our staff  
10 regarding both the EPO plan which we spent a lot of time with  
11 Bob, as well as the PEBP staff to confirm exactly how some of  
12 the co-pays were to be applied, as well as some of the other  
13 areas of the audit as well.

14 So we do appreciate the process very much, and  
15 there have been different components to this contract over  
16 time. In fact, there were actually bonuses in it at one  
17 point, but we've negotiated those out over time as well. So  
18 we do accept the penalty, and we continue to work diligently  
19 to make sure that not only do we continually save PEBP money  
20 because actually in this quarter we did save another 1.6 on  
21 top of the Hometown Health story as well. We also, you know,  
22 continue to work on every claim to try to manage the cost for  
23 the plan. So thank you very much for that.

24 CHAIRWOMAN CONTINE: Thank you.  
CAPITOL REPORTERS (775)882-5322

1 I think Mr. Haycock wants to add something. So  
2 go ahead.

3 MR. HAYCOCK: Thank you, Madam Chair. Damon  
4 Haycock for the record.

5 I'm generally a stickler for all of the  
6 contracts. We negotiate them very thoroughly. To the best  
7 interest of the state and as fiduciaries of our fund, we want  
8 to ensure we are protecting the state tax dollars that pay  
9 for our benefits.

10 One piece of this story and I think Ms. Zack  
11 mentioned on the surface but getting into the weeds just a  
12 little bit. Last year I reached out to HealthSCOPE Benefits  
13 and asked them if they would be willing to renegotiate their  
14 fees generally to assist PEBP in the ability to meet  
15 potential lowered inflation amount that we were going to have  
16 to build our budgets for, and they true to form worked with  
17 us and didn't grumble and lowered their fees yet again. They  
18 have not raised their fees in multiple extensions, and yet  
19 they have lowered them to meet the state's requests.

20 And where I would love to continue to put the  
21 pressure on any of our partners to make sure they retain the  
22 excellence that we're used to having, I find it hard to  
23 swallow to charge them money after I have tapped them time  
24 and time again to help us with our contractual

CAPITOL REPORTERS (775)882-5322

1 responsibilities.

2           So normally I'm here saying please, please charge  
3 them because that's what is in the contract, but I think in  
4 this specific circumstance that the public nature of this  
5 audit and the fact that any of their competitors would have  
6 to see it is potentially painful enough, and I would not be  
7 opposed to any type of situation where the amount of money  
8 which is not a lot but still 25,000 and change for reduced or  
9 eliminated. Thank you very much.

10           CHAIRWOMAN CONTINE: Is there any other  
11 discussion by Board members? Does anybody want to make a  
12 motion?

13           Go ahead, Mr. Verducci.

14           MEMBER VERDUCCI: Tom Verducci for the record. I  
15 would like to make a motion that we approve the auditor's  
16 report and waive the associated penalties.

17           CHAIRWOMAN CONTINE: Is there a second?

18           MEMBER HAGLER: This is Mandy Hagler. I'll  
19 second that motion.

20           CHAIRWOMAN CONTINE: Okay. Any discussion?  
21 Mr. Bailey? I'm sorry.

22           Ms. Lamborn, do you have any other thoughts on it  
23 or?

24           MEMBER LAMBORN: No thank you. I'm kind of torn.  
          CAPITOL REPORTERS (775)882-5322

1 Thank you.

2 CHAIRWOMAN CONTINE: Okay. In Las Vegas, is  
3 there any comments in Las Vegas, Board member discussion?

4 MEMBER ZACK: Chair Contine, Christine Zack for  
5 the record. There appears to be no further comment from the  
6 south.

7 Do you need a second to the motion?

8 CHAIRWOMAN CONTINE: No. I have a motion from  
9 Mr. Verducci and a second from Ms. Hagler, so.

10 MEMBER ZACK: Sorry, I missed that. Thank you.  
11 Nothing further from the south.

12 CHAIRWOMAN CONTINE: All right. I have a motion  
13 and a second. All those in favor signify by saying aye.

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

16 CHAIRWOMAN CONTINE: Any opposed?

17 MEMBER LAMBORN: Nay.

18 MEMBER FOX: Nay.

19 MEMBER MITCHELL: Nay.

20 CHAIRWOMAN CONTINE: So that was -- who was the  
21 down south?

22 MEMBER FOX: Fox, Mitchell.

23 CHAIRWOMAN CONTINE: Okay. The motion carries.

24 Just for the record I think with Ms. Mitchell, Fox and  
CAPITOL REPORTERS (775)882-5322

1 Lamborn voting no.

2 Okay. We'll move onto Item Number Six,  
3 discussion and update of PEBP's open enrollment results for  
4 plan year 2020. For PEBP is Laura Rich.

5 MS. RICH: Good morning. Laura Rich, operations  
6 officer for the record.

7 This report is to provide an open enrollment  
8 update for the plan year '20 open enrollment period that PEBP  
9 experienced this May. We started out with a delay of the  
10 legislative approval that PEBP needed an order to finalize  
11 rates. So we had to push out open enrollment. Typically our  
12 open enrollment is May 1st to the 31st. However, this year  
13 we had to push it out to May 21st to June 7th. So not only  
14 was it pushed out but it was also truncated. It went from a  
15 four-week window to a three-week window.

16 The delay created some pretty big challenges on  
17 staff and the program. On top of this delay we also had a  
18 lot of projects going on at the time we implemented an  
19 eligibility and enrollment system, and then we also  
20 introduced many new voluntary products. So these  
21 circumstances altogether created an extra lift on PEBP during  
22 what is already a very busy timeframe for PEBP generally.

23 We had to ensure that significant noticing and  
24 communications were developed and circulated to make sure  
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1 that members were well informed of the latest changes. We  
2 had to develop mailings. We had to update the benefit  
3 guides, master plan documents, any of the -- any of the  
4 reference documents that were related to open enrollment.  
5 All of open enrollment presentations needed to be updated and  
6 republished. The website had to be updated as well.

7 Our member services unit had to field calls from  
8 members with inquiries about rate availability, and then we  
9 had our accounting staff rushing to test the new rates and  
10 the calculation of the rates in the new enrollment system as  
11 well to make sure that those correct premiums and HSA and HRA  
12 amounts were being displayed in the system.

13 Also during a typical open enrollment year, we  
14 have approximately 2,500 events that we process. An event is  
15 someone that makes a change in their plan. So either they  
16 add dependent, remove a dependent or maybe change plans.  
17 This year that number almost doubled to 4,900. And so as you  
18 can see on the table on page two, there wasn't a lot of  
19 migration between those two -- between our plan year '19 to  
20 '20 from one plan to another, and our enrollment numbers  
21 didn't change that much either. So really what caused this  
22 volume increase, this increase in volume was the new  
23 voluntary products that we introduced in May. People were  
24 just very interested in those products.

CAPITOL REPORTERS (775)882-5322

1           The majority of the new voluntary products that  
2 we rolled out in May are those products that can only be  
3 changed or enrolled in during open enrollment. And so you  
4 can see the table below on page two shows that prior to open  
5 enrollment out of all of those OE products that we  
6 introduced, the only that existed prior to open enrollment  
7 was the standard voluntary life product, and we had about  
8 5,500 policies prior to open enrollment.

9           After open enrollment this year when we  
10 introduced the AFLAC policies, VSP vision, ID theft and the  
11 legal plan, we more than doubled the policies, the voluntary  
12 products that we have through PEBP to a little over 11,700 of  
13 them.

14           The remaining products, pet insurance, home,  
15 auto, renter's insurance, those we rolled out in July, and  
16 the reason we rolled them out in July is because those are  
17 products that can be purchased or discontinued at any time  
18 during the plan year. So you can enroll on them or end them  
19 at any time during the plan year. You don't need to wait  
20 until open enrollment. We're only three weeks into that, and  
21 so there's no enrollment numbers on those quite yet.

22           We successfully transitioned all of the existing  
23 policies we had from current vendors so that would be the  
24 standard and Liberty Mutual onto the portals so that members  
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1 would not experience a gap in coverage. So for example if a  
2 member had a Liberty Mutual auto policy and was receiving an  
3 automatic payroll deduction for that auto policy, it smoothly  
4 transitioned onto the portal. It showed on July 1st, and  
5 that automatic payroll deduction will continue.

6 The only exception to that was our Unum long-term  
7 care and the standard short-term disability products. Those  
8 could not be offered on the portal due to some technical and  
9 data limitations that we experienced. However, employees can  
10 still enroll in those products, and they just use the  
11 existing paper enrollment to access those.

12 Some call center statistics two years ago, in  
13 case the Board is not aware, PEBP made the cost saving  
14 decision to move away from using an overflow call center  
15 during open enrollment, and instead we opted to bring that  
16 in-house. This required a pretty significant commitment from  
17 all staff because all staff had to be committed to be  
18 available during the April through June timeframe to answer  
19 incoming member calls and that was on top of their normal  
20 duties.

21 This decision saved PEBP about \$80,000 a year but  
22 more importantly it provided members with more reliable and  
23 accurate information when they called in. So instead of  
24 receiving a person answering the phone that was trained a  
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1 month ago on our plans, they are actually talking to an  
2 experienced PEBP staff member so I think it really helped.

3 Our call center statistics have consistently  
4 exceeded the performance measures that are imposed even on  
5 our own vendors. This open enrollment period, however, we  
6 did have some unforeseen challenges obviously and some  
7 staffing shortages. So we did see the abandonment rate  
8 increase slightly above what we wanted it to be.

9 The call volume increased significantly and  
10 although it looks like the e-mail volume decreased, that's  
11 actually a little bit misleading because with the  
12 introduction of the new enrollment system, previously to that  
13 members would submit their supporting documents so birth  
14 certificates, marriage certificates, things like that. A  
15 large portion of our e-mail volume came in with supporting  
16 documents. That no longer is necessary because we have a  
17 tool in our new system that allows members to upload those  
18 documents. So a lot of those e-mails went away. So that the  
19 number that you see here, the 4,727 total e-mails, those are  
20 all e-mails that require research and that require a  
21 response. So it's still a significant volume and does  
22 definitely create quite a workload on PEBP staff.

23 Before I go onto the new enrollment tool and  
24 voluntary benefits platform I do want to add something here  
CAPITOL REPORTERS (775)882-5322

1 that's not in your report but I think it's important to put  
2 on the record. PEBP staff really stepped up and worked hard  
3 during this open enrollment period. We -- not just during  
4 open enrollment but leading up to open enrollment. We had a  
5 significant amount of work that was really imposed on staff.

6 We had to get the new system up and running.  
7 That required a lot of testing and retesting. It also it  
8 required staff to work through a lot of the defects to ensure  
9 that we were ready to go by May 1st and that the system was  
10 ready to launch on May 1st. I had staff testing this from  
11 home on their own time because they cared that much.

12 We also had staff putting on open enrollment  
13 meetings throughout the first week of May without information  
14 on rates, without information on HSA contributions. They  
15 were checking in daily to make sure that they could get the  
16 most updated information so that they could give members the  
17 information that they were looking for.

18 We also had last minute noticing requirements,  
19 mailings, things that really we typically have months and  
20 months to prepare for and we had to do this in a week's time.  
21 So everyone stepped up. Every single person at PEBP was on  
22 the phones. We even had IT people on the phones answering --  
23 answering member phone calls.

24 I think my eligibility supervisor said it best  
CAPITOL REPORTERS (775)882-5322

1 when she said that she was proud. Although, this was the  
2 hardest open enrollment period that she had gone through that  
3 she was proud because everyone came together to make sure  
4 that our 70,000 members were taken care of. So I just want  
5 to publicly put it on the record that PEBP staff worked extra  
6 hard during the last several months, and I think they need to  
7 be recognized for that.

8 Moving onto the new enrollment tool and voluntary  
9 benefits platform. So back in July of 2018, Morneau Shepell  
10 presented to the Board a member enrollment technology upgrade  
11 solution. We had just come out of a strategic planning  
12 session and one of the goals out of that session was to  
13 improve the member experience while lowering cost.

14 So the intent of this upgrade was to provide an  
15 enhanced enrollment tool, as well as an integrated voluntary  
16 benefits platform at no cost to PEBP. Morneau Shepell would  
17 recoup their 1.25 million dollar investment by commissions  
18 that were gained through the sale of these voluntary products  
19 that were purchased by PEBP members.

20 And in September of 2018 PEBP presented and the  
21 Board approved an amendment to the Morneau Shepell contract  
22 that clearly lined out the requirements of that enrollment  
23 system and the voluntary benefits platform, as well as the  
24 two-year extension of that contract.

CAPITOL REPORTERS (775)882-5322



1 They are going to provide PEBP with a formal improvement,  
2 processing improvement plan. This is a monthly report that  
3 they are going to identify short-term, mid-term, long-term  
4 goals, and they are going to breakdown action items and  
5 milestones, and the data from this plan will be used to  
6 develop a board report every other month.

7 They are also going to reduce their PEPM's. The  
8 goal of this, what was originally to eventually reduce those  
9 PEPM fees at some point after the -- after Morneau Shepell  
10 recovered their initial 1.52 million dollar investment, PEBP  
11 is going to be receiving these lower fees earlier to make up  
12 for the unsuccessful launch in May.

13 They are also going to be giving PEBP staff with  
14 an onsite resource in the office. They are going to be  
15 bringing someone in no later than October 1st to be that  
16 hands-on technical support person that PEBP staff can use as  
17 a resource on an everyday basis so this should be helpful as  
18 well.

19 In mid-August PEBP will be meeting with Morneau  
20 Shepell leadership to collectively settle on the specifics  
21 and the details on all of these items, and the initial  
22 process improvement plan will be presented by Morneau Shepell  
23 at the September 26th Board meeting, and there will be a  
24 subsequent status update at every subsequent meeting after  
CAPITOL REPORTERS (775)882-5322

1 that through July 2020.

2 Morneau Shepell has been a PEBP partner since  
3 2006 and similar to the steps that PEBP has taken with other  
4 vendors, PEBP is providing an opportunity to make things  
5 right. We want them to achieve an acceptable level of  
6 success, and that expectation is that both the member facing  
7 and administrative portals, as well as some of those projects  
8 that we have in progress right now will be implemented  
9 successfully and functional by plan -- by open enrollment of  
10 plan year 2021.

11 PEBP will provide an overall assessment of the  
12 required improvements to the Board in July of 2020, but if  
13 Morneau Shepell has still not achieved that success rate then  
14 PEBP will also be providing the Board a strategy to  
15 decommission the current system and possibly implement a  
16 replacement on the next biennium.

17 So with that I'll take any questions.

18 CHAIRWOMAN CONTINE: Are there any questions?

19 MEMBER FOX: I have a question.

20 CHAIRWOMAN CONTINE: Go ahead.

21 MEMBER FOX: Linda Fox for the record.

22 Laura, what was the problem with the launch? Was  
23 it the website crashed or it was difficult to use or what was  
24 the problem?

CAPITOL REPORTERS (775)882-5322

1 MS. RICH: There were some defects. So  
2 unfortunately members experienced some defects. They went  
3 through the system and maybe were getting some -- they were  
4 seeing some issues and which resulted in, you know, higher  
5 call volume and calling our members services and what is  
6 going on here and why is this displaying this way?

7 But for the most part the -- most of the defects  
8 were on the administrative side. So PEBP staff really had a  
9 difficult time processing a lot of these -- a lot of these  
10 changes through open enrollment. There was a lot of extra  
11 work that was involved, a lot of manual efforts that were  
12 involved, and it just made open enrollment that much harder,  
13 and so it's just -- it's a series of defects.

14 There's things that have gone -- efforts that  
15 should have been or technology that should have been  
16 implemented that should have made things more efficient  
17 actually did the opposite, and so it's been a little  
18 frustrating for staff on our side.

19 MEMBER FOX: Thank you.

20 CHAIRWOMAN CONTINE: This is Deonne Contine. I  
21 had a couple of little things that people brought to my  
22 attention because they were having difficulty, and so I think  
23 it's -- one of them was just the ability to log in. Even  
24 though you were putting the correct information, it's just

CAPITOL REPORTERS (775)882-5322



1 that the system was pretty buggy, at least initially. And  
2 then going to one of the voluntary products and clicking on  
3 it and having the information for that product be related to  
4 a different voluntary product, so just things like that. I  
5 think it was just probably -- and then I believe that's  
6 probably what caused things like that is what caused like  
7 then people to contact PEBP and say, hey, I can't get my -- I  
8 can't get this. I can't log on.

9 So I think that I -- and I could be wrong. Those  
10 are just two examples I know of but probably things like that  
11 that just caused more work for staff and everybody at PEBP  
12 when you think this resource is going to help you eliminate  
13 some of those things.

14 Are there other comments or questions?

15 Mr. Verducci?

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

18 I just wanted to pay a compliment to the PEBP  
19 staff. I know what it's like when you get overwhelmed and  
20 overworked, and there was extreme loyalty and dedication, and  
21 those were some big numbers, and I've been there before, and  
22 I just think you did an outstanding job.

23 And I do hope the August 7th and 8th strategic  
24 planning session, I'm sure we'll be spending some time on the  
CAPITOL REPORTERS (775)882-5322

1 defects with the administrative rollout of the Morneau  
2 Shepell issue.

3 CHAIRWOMAN CONTINE: Are there any other  
4 questions?

5 Mandy?

6 MEMBER HAGLER: Yeah, at the end of it you said  
7 if they didn't meet, Morneau Shepell didn't meet your  
8 expectations, you would decommission and go to another  
9 platform. At what point do you guys think that you might  
10 make that recommendation to the Board? Are you waiting until  
11 July 2020 or will you know before then or hopefully have an  
12 idea?

13 MR. HAYCOCK: For the record Damon Haycock. I'll  
14 take this one.

15 The implementation or replacement of any major  
16 computer system is often a nightmare at its best. I know  
17 that there are multiple systems being replaced at the state  
18 right now or being implemented. The ERP system at a  
19 statewide level, I believe the public employees retirement  
20 system is replacing their system over a four-year rollout,  
21 and so these are things that we don't just randomly decide  
22 maybe we need to replace. It needs to be strategic, and it  
23 needs to have the appropriate level of time.

24 So unless Morneau Shepell is doing something  
CAPITOL REPORTERS (775)882-5322

1 illegal or immoral, right, we want to give them the  
2 opportunity, and they are not by the way, we want to give  
3 them the opportunity to fix the issues.

4           If you guys remember, I think Mr. Bailey was on  
5 the Board at the time, and some of you had joined soon after.  
6 We had another issue with one of our vendors and we were  
7 receiving a lot of complaints, and there were a lot of  
8 concerns and some defects associated with our Medicare  
9 Exchange, and I don't want to disparage Towers Watson because  
10 they turned it around, and they are one of our better  
11 partners today. We don't get nearly the level of complaints  
12 we used to have.

13           And we basically applied this exact process to  
14 our partner. We asked them to come up with a plan that they  
15 reported to the Board which they did for over a year which is  
16 now in your Board reports even as of today as a simple  
17 operations report no longer a process improvement because  
18 they met those improvements. And then they also reduced our  
19 fees at the time. And, of course, you know now we don't  
20 actually pay any fees. At the time they reduced them, and  
21 then they put in place an HRA specialist to sit in our office  
22 to address issues and help staff and help membership.

23           So we looked at that pattern of success and  
24 wanted to replicate it with this partner as well. Morneau  
CAPITOL REPORTERS (775)882-5322

1 Shepell has been with PEBP since 2006. They are now a  
2 13-year partner, and their system for the most part works.  
3 There's just a lot of little things that are frustrating, and  
4 those little things compound and ripple out onto our staff.

5 But most importantly when they effect our  
6 membership, we have to act on it, and so we want to give them  
7 the opportunity to fix these issues over the next year and  
8 really the test for any of our systems as far as the member  
9 facing portals, and the ability to enroll eligible folks into  
10 plans and services is open enrollment and the month after  
11 open enrollment. And so we have no desire whatsoever to  
12 extend or push open enrollment next year, and we plan to be  
13 able to analyze and assess where we're at with this vendor  
14 and their improvement.

15 You will see the statistics on what they have  
16 done and how many defects they have improved and the things  
17 they have worked on starting at the September Board meeting,  
18 then the November meeting and the January and the March and  
19 the May, and in July we're going to give them a report card,  
20 and from that report card we're going to make a  
21 recommendation on what the next steps are, and that  
22 recommendation may include as strong of a response as we need  
23 to look at building into a future biennium the replacement of  
24 the system, and we need to look at decommissioning this

CAPITOL REPORTERS (775)882-5322

1 system and developing the requirements for a new one to  
2 ensure we don't have these types of problems in the future.

3 It will not be a quick process. It will not be a  
4 turnaround in a year process. We all know that our budgets  
5 are due at the end of August next year, and so there is an  
6 opportunity to look at a year out, but we're probably going  
7 to look more like two or three. We want to make sure that if  
8 there is a decommissioning that it is done appropriately with  
9 enough time.

10 MEMBER FOX: Thank you for that clarification.

11 CHAIRWOMAN CONTINE: Any other questions from Las  
12 Vegas?

13 All right. We'll move onto Agenda Item Number  
14 Seven, discussion and possible action to approve a  
15 retroactive amendment with HealthSCOPE for lower cost  
16 out-of-state medical network services available to members on  
17 the Consumer Driven Health Plan and Exclusive Provider  
18 Options. And for PEBP is Cari Eaton.

19 MS. EATON: Thank you. Cari Eaton for the  
20 record.

21 PEBP has been contracted with HealthSCOPE  
22 Benefits to provide a medical preferred provider  
23 organization, PPO network, for participants who reside  
24 outside of Nevada and for those who live in Nevada and choose  
CAPITOL REPORTERS (775)882-5322

1 to seek medical services outside the state since July 1st,  
2 2012.

3 This report does contain a typo. My apologies.  
4 It says that the contract is scheduled to end on June 30th,  
5 2020. However, the contract is scheduled to end on  
6 June 30th, 2022.

7 PEBP staff has negotiated a reduction to  
8 out-of-state PPO network fees from \$16.48 per employee per  
9 month to \$13.49 per employee per month in fiscal year '20  
10 with a potential four percent increase each year of the  
11 contract. The reduction of fees will be retroactively  
12 effective July 1st, 2019 and result in a projected savings to  
13 PEBP of \$85,000.

14 PEBP recommends the Board authorize staff to  
15 complete a contract amendment between PEBP and HealthSCOPE  
16 Benefits for national PPO network services to reduce fees  
17 through the term of the contract, and I'm available for any  
18 questions.

19 CHAIRWOMAN CONTINE: Are there any questions?  
20 Las Vegas?

21 All right. Is there a motion?

22 MEMBER ZACK: Chair Contine?

23 CHAIRWOMAN CONTINE: Oh, yes. Go ahead.

24 MEMBER ZACK: Christine Zack for the record.  
CAPITOL REPORTERS (775)882-5322

1 There are no questions from the south, but I would be happy  
2 to make a motion.

3 CHAIRWOMAN CONTINE: Go ahead then.

4 MEMBER ZACK: I move to approve a retroactive  
5 amendment with HealthSCOPE Benefits for lowered cost  
6 out-of-state medical network services.

7 CHAIRWOMAN CONTINE: Is there a second?

8 MEMBER LAMBORN: Madam Chair, Leah Lamborn for  
9 the record. I second the motion.

10 CHAIRWOMAN CONTINE: Okay. I have a motion and a  
11 second. All those in favor, please signify by saying aye.

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

14 CHAIRWOMAN CONTINE: Any opposed? Okay. The  
15 motion carries unanimously.

16 Going onto Item Number Eight, discussion, update  
17 and possible action on the 80th Legislative Session for Board  
18 approval to opt into emergency service, reimbursement  
19 provisions of AB 469 and update plan benefits for the CDHP  
20 and EPO members on January 1st, 2020 in accordance with  
21 Assembly 472 for addition -- for the addition of gestation  
22 carrier maternity services. And for PEBP is Damon Haycock.

23 MR. HAYCOCK: Thank you, Madam Chair. Damon  
24 Haycock for the record.

CAPITOL REPORTERS (775)882-5322

1           You heard me provide updates throughout session.  
2   I also pushed out information to Board members directly.  
3   This is going to be a quick overview of the things that  
4   you've already seen before, and I'll go into a little bit  
5   more of the details on the ones that haven't been discussed  
6   publicly but action may or may not need to be taken.

7           We had a series of bills, many of them again, I  
8   think at one time it was 17, 18, 19, I lost track of all of  
9   the bills that had a potential effect on PEBP. We performed  
10   and developed several different fiscal notes. Most of them  
11   were a no impact or a small impact or it couldn't be  
12   determined. We had a couple of really large ones that we  
13   were very concerned of.

14           You heard in public comment today from Mr. Ervin  
15   from the Nevada Faculty Alliance talking about the ideas of  
16   bringing back pharmacy rebates out of health plans and to the  
17   member at the point of sale. That would have created for  
18   PEBP a financial issue, not to say that we agree or disagree  
19   with the idea, but the financial issue of an 11 million  
20   dollar hole in our budget each year the biennium and many  
21   other health plans, both local and commercial, complained of  
22   the single issue, the financial burden, and so there was --  
23   there was no quick fix and those bills did not make it  
24   through.

CAPITOL REPORTERS (775)882-5322



1                   There were really two actually I want to talk  
2 about and as Ms. Contine read the agenda item. Assembly Bill  
3 469 was one of the most impactful bills not only to PEBP but  
4 to all of the healthcare entities across the state in regards  
5 to emergency services. It was a long-term project over  
6 multiple biennium. It was led for many many sessions by  
7 Assembly Woman Carlton. This was something near and dear to  
8 her. It was the idea of surprise billing where you go and  
9 receive emergency services from an in-network emergency  
10 service facility. Yet they had contracted with an emergency  
11 room doctor, and they would potentially not be in network and  
12 if they were not in network they would balance bill the  
13 member whatever bill charges were approved, and so the member  
14 would be stuck with thousands, tens of thousand of dollars,  
15 what have you, of emergency services bills that they would  
16 either get sent to collections, tried to get written off,  
17 come up with long-term payment plans or actually pay it to  
18 their own detriment.

19                   So this was a very important bill through the  
20 legislature. It received many accolades as it went through.  
21 I think some of the comments during session surrounded no one  
22 is really happy with it but, therefore, everybody is getting  
23 a little less than what they want, but that's the nature of  
24 compromise and how legislation is developed.

CAPITOL REPORTERS (775)882-5322

1           And one of the most impactful parts of this bill  
2 is if a member on a health plan that participants in this  
3 bill, and we'll talk about that in a second for PEBP, goes to  
4 an emergency service provider and receives services by an  
5 out-of-network emergency service doctor or facility or what  
6 have you, the member will not be balance billed, and it will  
7 basically be the situation will have to be dealt with between  
8 the health plan and the provider of care, and so no longer is  
9 the member or the patient being held in the middle and held  
10 accountable for these types of practices.

11           The plan will offer a payment. If the provider  
12 does not accept the payment, the provider will offer a  
13 counteroffer. If the health plan doesn't approve that  
14 counteroffer, it could go to arbitration. So there's a  
15 series of steps that will occur to try to solve the problem.

16           A couple of key aspects of this bill that were  
17 not included in the -- in any of the language or the  
18 amendments. One, this does not apply to critical access  
19 hospitals. So those hospitals out in rural Nevada or deemed  
20 as critical access hospitals are not required to adhere to  
21 this. What does that mean for PEBP? Banner Churchill  
22 Hospital is a critical access hospital that is considered  
23 out-of-network. So our members can be balance billed for  
24 seeking emergency services if they live or work near Fallon,  
CAPITOL REPORTERS (775)882-5322

1 Nevada and end up going to the Banner Churchill Hospital.

2           Traditionally they have accepted our payments on  
3 the Consumer Driven Health Plan. We are having a couple of  
4 issue on our Exclusive Provider Options plan or Exclusive  
5 Provider -- just our EPO plan, and we are working with their  
6 CEO in trying to find solutions. However, this bill would  
7 not have protected them because they are a critical access  
8 hospital. Just something to keep in mind.

9           It also doesn't cover air ambulances which is the  
10 worst proponent of balance billing in the nation. Even the  
11 federal government recognizes that no state has the  
12 regulatory ability to regulate air ambulances because they  
13 are protected under the Airlines Deregulation Act back in the  
14 1960s. I forget the exact year. So everyone knows that's  
15 the biggest problem. No one could have tackled it. Our  
16 legislature couldn't have tackled, but it did provide some  
17 relief.

18           One of the options that were or one of the  
19 amendments that were presented near the end was that local  
20 and state government plans had the opportunity to opt in or  
21 opt out. That provided us the ability to remove our fiscal  
22 note because we thought there may be an increase, depending  
23 on the arbitration occurred or what type of additional  
24 payments. So it helped the bill move through the process.

CAPITOL REPORTERS (775)882-5322

1     However, conceptually PEBP is 100 percent behind the idea of  
2     protecting our members.

3             And so what one of the recommendations you'll  
4     hear in a minute is that we recommend that the Board  
5     authorize PEBP to opt into this process, and there hasn't  
6     been an exact detailed step by step procedure to do so, but  
7     we anticipate if approved by the Board today or even at a  
8     later date, we will send a notice to the director of the  
9     department of health and human services, who is collecting  
10    the data on -- that entity is checking the data on who opts  
11    in and opts out.

12            The provisions of this bill don't begin until  
13    January 2020, so we have time. But, again, we feel, staff  
14    feel very strongly that this is a good thing for our members,  
15    and we don't want to receive those calls, complaints, appeals  
16    from members that are receiving non-network or out-of-network  
17    emergency services and being balance billed thousands of  
18    dollars and don't know how to pay for them. It doesn't  
19    prevent our ability to negotiate with out-of-network  
20    providers, but it does add a process that removes the  
21    patient.

22            The second bill that is pretty impactful that you  
23    guys have not heard publicly yet is AB 472. This is a bill  
24    that addresses maternity care. It had gone through a few  
              CAPITOL REPORTERS (775)882-5322

1 iterations. Our current plan does not cover, provide  
2 coverage for gestational or surrogate carriers. However, the  
3 legislature passed a bill that now requires health plans to  
4 cover those carriers and also to treat out-of-plan  
5 gestational or surrogate carriers who have children for  
6 members on your plan that those children are then to be  
7 covered immediately as if they were born from a member on  
8 your plan.

9           So it's really not a liability we feel to our  
10 health plan to change the benefit to accept this. It's  
11 really no different conceptually than placement for adoption  
12 or foster care because when those children are then taken  
13 into the homes of a PEBP member, they are treated as if they  
14 were their own biological children for purposes of the health  
15 plan services, and we would cover them regardless of what  
16 healthcare needs that they have.

17           So this just covers the member on our plan who is  
18 pregnant and may be a gestational carrier for another plan  
19 and when a baby is born, it becomes the responsibility of the  
20 other plan for medical care, and it also covers the child  
21 that is born off our plan from a gestational or surrogate  
22 carrier that then is going to be placed into the home of a  
23 member on our plan.

24           Hopefully that wasn't too confusing. It's not --  
          CAPITOL REPORTERS (775)882-5322

1 again, we don't have an issue with it. We don't foresee any  
2 liability. Of course, there is always the case that a member  
3 on our plan who is a gestational carrier has a difficult  
4 pregnancy, and so there's cost associated with that, but  
5 that's no different than a member on our plan who is having  
6 their own child.

7           And then there's also the concern that a member  
8 off our plan or member of another plan is a gestational  
9 carrier and when the baby is born, it spends months in the  
10 neonatal intensive care unit that we end up absorbing those  
11 costs for that child. Again, not any different than if we  
12 had a member on our plan who had a similar difficult  
13 pregnancy and birth.

14           So, again, we don't foresee an issue with this,  
15 but it's one of those things that had a start date of  
16 January 1, 2020. A lot of bills had dates of January 1, 2020  
17 or the next time the plan renews they didn't add that  
18 information in, and so we will have to make a midyear change  
19 to adhere to the actual bill language. We will be requesting  
20 that at the end of this report.

21           The rest of these things, a good important bill,  
22 Senate Bill 135 is a collective bargaining bill by state  
23 employees. The Public Employees' Benefits Programs benefits  
24 are not part of that process. You all still retain the right

CAPITOL REPORTERS (775)882-5322

1 to negotiate and set plan benefits. We'll talk a little bit  
2 later about a couple of nuances thanks to the closing of our  
3 budget, but in concept that is still your process, and I'll  
4 let Chair correct me if I'm mistakenly describing the  
5 collective bargaining bill, but I believe the PEBP benefits  
6 then are not part of that process. PEBP staff will be part  
7 of the process. Those that are eligible can participate in  
8 collective bargaining but the actual healthcare benefits will  
9 not.

10           There was a multitude of bills again. These  
11 you've seen before. One of them kind of snuck in at the end.  
12 It was a senate, I believe it was a concurrent resolution 20  
13 or excuse me ten and that directs the legislative commission  
14 to study the feasibility, advisability design of a public  
15 healthcare insurance plan that may be offered to all  
16 residents of the state.

17           There was a lot of discussion early in the  
18 session about this, and we felt that bill was going nowhere  
19 because it wasn't even introduced. It was a continuation of  
20 the idea of Assemblyman Sprinkles or former Assemblyman  
21 Sprinkles by Medicaid plan, but that was introduced in the  
22 last session. The problem he was trying to solve and others  
23 within the legislature is that there's often unaffordable  
24 healthcare options for individuals and small group members

CAPITOL REPORTERS (775)882-5322

1 that make more than 400 percent of the poverty level. Those  
2 folks are not eligible for Medicaid. They are not eligible  
3 for a federal premium tax credit from the Silver State Health  
4 Insurance Exchange. They have to pay full bore for those  
5 premiums.

6 And to give you an idea because they are age  
7 banded, when we did some research just here in Carson City,  
8 if you're a 64-year-old person with a family of four, you  
9 could have upwards of \$3,000 premiums a month, so it's quite  
10 a problem. And at the time, beginning of session,  
11 Assemblyman or former Assemblyman Sprinkle called me in his  
12 office and asked so PEBP is doing an excellent job managing  
13 your costs. What can you do to help with this population.

14 And we pitched some really crazy ideas thinking  
15 they weren't going to go anywhere and it turned out they  
16 caught the eye and are of a couple of nonprofits who wanted  
17 to pursue this process. They got with leadership at the  
18 legislature and in the last weekend got a bill put in place  
19 to do this study to see if there's any way that we can look  
20 at actuarial sound development of an individual or small  
21 group plan that can exist through the Public Employees'  
22 Benefit Program. None of this says we will run it. None of  
23 it says we are mandated to run it. It's just a look and see  
24 type of bill, but we want to participate, of course, and

CAPITOL REPORTERS (775)882-5322



1 support the Nevada Legislature and other Nevadans as  
2 necessary.

3 PEBP will not be spending any of its own money.  
4 There will be a legislative commission meeting some time  
5 later this year where they will appropriate the legislative  
6 amount of the money which is generally \$15,000 for a study  
7 but non-profits have already committed to a significant  
8 higher amount, and we anticipate an interim finance committee  
9 meeting where they will then be able to receive the  
10 legislature -- LCB will be able to receive the gifts and  
11 services from the nonprofit, and they will be able to put  
12 that together as a totality of money to do this bill or this  
13 study. We don't anticipate this study kicking off before the  
14 beginning of next calendar year, but we will keep you  
15 apprised.

16 Last but not least, it was not in this report,  
17 thank you, Mr. Ervin, from the Nevada Faculty Alliance for  
18 calling me on it. The Authorization's Act is a major bill  
19 that gets passed every biennium that authorizes funding for  
20 just about all of the state agencies in the various levels  
21 that are approved by the legislature.

22 There was language put into this Authorization  
23 Act in section 26. I'm actually going to read it because  
24 it's rather impactful that effects the Public Employees'  
CAPITOL REPORTERS (775)882-5322

1 Benefits Program. That PEBP shall comply with the provisions  
2 of NRS 353.220 when projecting funding available in excess of  
3 projected budgeted expenditures. Subsection two,  
4 notwithstanding those provisions, the Public Employees'  
5 Benefits Program, including without limitation the Board of  
6 the Public Employees' Benefits Program shall not expend or  
7 otherwise obligate reserves either realized or projected in  
8 excess of the amounts authorized in section one of this act  
9 for purposes of changing the health benefits available to  
10 state and non-state active employees, retirees and covered  
11 dependents over the 2019, 2021 biennium without approval of  
12 the interim finance committee upon the recommendation of the  
13 Governor.

14 So that was the language that was put into the  
15 Authorization Act, and what does that mean in basic Damon  
16 speak is that before this biennium, the Board here at PEBP  
17 had the authority to determine how to spend excess reserves.  
18 Although, there was always a check on that when we needed to  
19 move funding around at the interim finance committee due to  
20 the categorical requirements, but the Board had retained that  
21 authority.

22 That authority has now shifted to the interim  
23 finance committee upon recommendation of the Governor. So  
24 when this Board decides they want to expend excess reserves

CAPITOL REPORTERS (775)882-5322

1 for healthcare benefits, it will no longer be final approval  
2 by the Board. It will be -- the way I'm foreseeing it, a  
3 recommendation to the interim finance committee through the  
4 Governor's office to expend those excess reserves  
5 accordingly.

6           What does that do to our timeframe? Generally,  
7 we look at strategically planning the usage of excess  
8 reserves among other things, like costs, cost saving  
9 activities or new program development at our August strategic  
10 planning session. We then take the information we collected  
11 from our partners and we present opportunities and ideas to  
12 this Board in September. You all tell us which ones you want  
13 us to go back and analyze and vet out and prepare back for  
14 the November meeting where you would normally have approved  
15 those in their finality.

16           And then depending on if we determine additional  
17 excess reserves levels in January or even as late as the  
18 March Board meeting, we would come back and say we found more  
19 money. We recommend we do something like a supplemental to  
20 the Medicare Exchange retirees. We've done that a few times  
21 or the supplemental HSA dollars. You would approve the  
22 rates, approve the excess reserve spend, and it would be  
23 implemented in July. That's how it was before now.

24           What we see is an added step that we need to  
            CAPITOL REPORTERS (775)882-5322

1 ensure that we have enough time to get in front of the  
2 interim finance committee. So we need to make sure that we  
3 can get on the agenda, and that will be either in the form of  
4 a traditional work program or a special item on the interim  
5 finance committee. We assume it will be a work program  
6 process. That's what the Governor's finance office is  
7 traditionally used to seeing, but we don't really want to  
8 speak for them. Which means we need to feed it to them  
9 first, and then it needs to get onto the agenda and then the  
10 interim finance committee needs to approve it.

11           You heard earlier this morning from Mr. Ervin in  
12 public comment that he recommends that the Board present  
13 options. That is something that we can do. It is truly  
14 going to be up to you. PEBP will present options to the  
15 Board to include if there's a need to present options as one  
16 of the options, but we anticipate in November talking again  
17 as usual of what we are recommending and what you guys decide  
18 you want to do. And then we will get with the Governor's  
19 finance office and LCB to make sure it gets on the IFC  
20 agenda.

21           It may not be fast enough for a January IFC. It  
22 may make it to March IFC, but it shouldn't effect the rates  
23 because it's utilizing excess reserves so it doesn't stop the  
24 normal train of approval process, but we may not know what

CAPITOL REPORTERS (775)882-5322

1 the finality is until near the middle of March.

2 What does that potentially do for our membership  
3 is that they won't know what those benefits are going to look  
4 like until April but at least it gives us a month before open  
5 enrollment so they can start to think about their decisions.  
6 So it does add some more administrative steps, but PEBP is up  
7 for the challenge, and we think we can find a successful way  
8 to implement the wheel of the board upon approval of the  
9 interim finance committee.

10 That's basically what I'm going to go over here.  
11 I can go into any detail on all of these other bills we  
12 talked about before, but I'm willing to take any questions at  
13 this time.

14 Before I end, I do have a recommendation that  
15 PEBP recommends participating in the provisions of AB 469 and  
16 align our maternity benefits with AB 472. Thank you, Madam  
17 Chair.

18 CHAIRWOMAN CONTINE: Thank you.

19 Are there any questions in Las Vegas?

20 MEMBER FOX: I have a question.

21 CHAIRWOMAN CONTINE: Go ahead.

22 MEMBER FOX: Damon, how often does IFC meet as  
23 compared to how often we meet?

24 MR. HAYCOCK: For the record Damon Haycock.  
CAPITOL REPORTERS (775)882-5322

1 Traditionally, they meet every other month. It's the board  
2 of examiners that meets traditionally every month unless the  
3 legislature wants to not hold a meeting. It can be pushed.  
4 I believe there's a January meeting without fail every year  
5 regardless of situation. That's the one that we would  
6 recommend obtaining that approval for any excess reserve  
7 expenditures.

8 One of the things that we plan to do is get with  
9 the Governor's finance office and LCB in the next couple of  
10 months and talk about potentially having an earmarked spot on  
11 that IFC, just so that way we can get it in there sooner than  
12 later. So as the Board makes decisions in November, we know  
13 we automatically have a spot, a reserved spot to bring it to  
14 the IFC for approval in January and continue to have enough  
15 time to communicate. That's one of the strategies. We're  
16 going to talk with them probably in the next month or so.

17 MEMBER FOX: Thank you.

18 CHAIRWOMAN CONTINE: Are there any other  
19 questions? Ms. Lamborn?

20 MEMBER LAMBORN: Leah Lamborn for the record.

21 Can we go back to AB 469. I see that you're  
22 making a recommendation to opt in, and PEBP has the ability  
23 to opt in or out. And I understand you made a comment that  
24 you know, Banner historically had taken the payment but with  
CAPITOL REPORTERS (775)882-5322

1 this if we opt in and they are aware of this bill, are they  
2 going to continue to accept our payment or are they going to  
3 -- I just don't see a fiscal, any kind of fiscal impact, and  
4 I'm sure there is something.

5 MR. HAYCOCK: Yeah, for the record Damon Haycock.

6 Excellent question. We struggled with how we  
7 were going to address the fiscal impact of this bill if it  
8 made it through session and its various amendment iterations.  
9 Regardless of us opting in or out, Banner Churchill and their  
10 claims processes reserve the right to balance bill our  
11 members anyway. And if they choose to start balance billing  
12 our members more consistently, we are pretty confident that  
13 the discussion of critical access hospitals and balance  
14 billing of members will be back in front of the legislature  
15 next session with a slough of balance billed PEBP members to  
16 come sit at the table and talk about why they were not  
17 protected by this bill, and they would like to see it expand.

18 There's always a little bit of push, a give and  
19 take when it comes to this type of claims reimbursement. I  
20 will tell you I've had conversations with Banner Churchill's  
21 CEO, both their former and the one they had recently  
22 appointed in the last year, and they have been amenable to  
23 understand. Their desire at least as they have explained it  
24 to me is not to punish PEBP or to punish any of the members

CAPITOL REPORTERS (775)882-5322

1 of their community, their desire to keep their doors open.  
2 That's the conversation, if you followed it throughout the  
3 sessions over the years, the give and take and the pull  
4 between hospitals and health plans.

5 But our ultimate goal is to bring them back in  
6 network, and we just need to find a deal that's appropriate.  
7 That isn't completely one sided where all of the risk is on  
8 PEBP. One of the issues that we currently have with multiple  
9 hospitals in the state, especially in the north and in the  
10 rurals is that they bill us on a percentage of bill charges  
11 even if they are in network, and they get to raise their bill  
12 charges every year with no checks on it.

13 I think one of the best things that I've heard  
14 today is Mr. Carr from Health Claim Auditors validating that  
15 the negotiations that we had so brutally publicly, right,  
16 with Renown resulted in 1.6 million dollars of savings  
17 because we finally put cost controls on bill charges. If  
18 that doesn't help us move forward and try to negotiate cost  
19 controls, we would have spent 1.6 million dollars we  
20 shouldn't have, and that's something that if you multiply it  
21 across all of the hospitals, and I know not every hospital  
22 can do what the Renown system of care can do, but even a  
23 fraction of it it becomes a high cost expense.

24 So what is the fiscal impact of opting in? The  
CAPITOL REPORTERS (775)882-5322



1 fiscal impact of opting in for PEBP, we feel that it's not  
2 going to be a major expense because we are going to take the  
3 member out. We're still going to offer what we offer. We're  
4 going to go to arbitration if we have to, and we're going to  
5 backup our decisions based on what the providers have  
6 received in the past, but we cannot know what we cannot know.

7 And if we do not opt into it, then our members  
8 are not protected and we fear not only that they will be  
9 punished financially, but PEBP may be perceived to be not  
10 willing to protect its members, and so there's kind of a  
11 political aspect along with that as well.

12 MEMBER LAMBORN: Thank you. Thank you for that,  
13 Damon. Leah Lamborn again for the record.

14 So can we be proactive in this and reach out to  
15 the critical access and say we would like to opt in to  
16 protect our patients and have some kind of a blanket letter  
17 of agreement on rates?

18 MR. HAYCOCK: For the record Damon Haycock.

19 I have no problems with reaching out to the  
20 hospitals. I would like to, just so everyone is aware, work  
21 through the current networks that we have. Remember, only  
22 Banner Churchill is, I think it's the only hospital not in  
23 any of the networks that we participate with. So we're  
24 working directly with them. I know I've worked with

CAPITOL REPORTERS (775)882-5322

1 Mr. Hager from our network, and he's interested to see how  
2 that turns out as well.

3 We can definitely do that and talk to the  
4 critical access hospitals. Even if they don't -- don't allow  
5 us to negotiate rates, we're in no worse situation than we  
6 were before this bill was passed, whether we opt in or opt  
7 out. And the nice part of it is that it turns out that we're  
8 going to take them to the cleaners for whatever reason, you  
9 can opt out just as easily as you can opt in and you have  
10 data to back that up.

11 CHAIRWOMAN CONTINE: Are there any other  
12 questions? All right. I had one on the same issue with  
13 respect to so it's my understanding that you're kind of  
14 already doing this negotiation on behalf of the employee for  
15 if there's an out-of-network expense. Are you doing that  
16 now?

17 MR. HAYCOCK: For the record that is correct.  
18 Traditionally negotiations are started by our third-party  
19 administrator but I actually had personal calls with  
20 hospitals and got bills waived. So, yes, we are doing that  
21 today.

22 CHAIRWOMAN CONTINE: So do you anticipate that  
23 there will be an increase in that or, I mean, like, I'm kind  
24 of getting to this staffing of it. Is it -- do you  
CAPITOL REPORTERS (775)882-5322

1 anticipate at some point you're going to have more work to do  
2 or do you feel like it's just going to be business as usual  
3 because we're already doing some of it?

4 MR. HAYCOCK: Yeah, for the record Damon Haycock.  
5 Thank you, Madam Chair.

6 For the most part we feel it will be business as  
7 usual. We will as a marketplace that's PEBP, other local  
8 governments and commercial plans, we will know rather quickly  
9 the appetite for arbitration. Arbitration is, I'm sure you  
10 know, Madam Chair, can be a long process with a lot of staff  
11 hours and intensive data gathering and justification. We're  
12 not sure if either side really wants to go through all of  
13 that.

14 So if it turns out there's a massive amount of  
15 arbitration, then it will be a heavy workload on PEBP and  
16 every other plan that has this type of process. We stand  
17 behind our fair and reasonable reimbursement process which is  
18 why we generally don't have balance bills to our members  
19 because we do offer a fair amount. We've been quoted that we  
20 are fair. We've been taken out of bills because we are fair,  
21 and so we think it's going to be pretty close to business as  
22 usual, but we will keep a very close eye on it.

23 CHAIRWOMAN CONTINE: Any other discussion?

24 Questions? Is there a motion?

CAPITOL REPORTERS (775)882-5322

1 MEMBER VERDUCCI: Madam chair?

2 CHAIRWOMAN CONTINE: Go ahead.

3 MEMBER VERDUCCI: I would like to make a motion  
4 that PEBP recommends participating in the provision of AB 469  
5 and align maternity benefits with AB 472.

6 CHAIRWOMAN CONTINE: Is there a second to the  
7 motion?

8 MEMBER BAILEY: For the record Don Bailey. I  
9 second the motion.

10 CHAIRWOMAN CONTINE: Okay. I have a motion from  
11 Mr. Verducci and a second from Mr. Bailey. Any other  
12 discussion? All right. All those in favor please signify by  
13 saying aye.

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

16 CHAIRWOMAN CONTINE: Any opposed? Okay. Motion  
17 carries unanimously.

18 Moving onto Agenda Item Number Nine, election of  
19 Board Vice Chair, pursuant to NAC 287.172, and I guess  
20 eligible candidates, pretty much everybody except me. So  
21 does anybody want to nominate someone or themselves or is  
22 anybody interested in being the vice chair?

23 MEMBER BAILEY: For the record Don Bailey. I  
24 would like to recommend Tom to take the vice chair position.

CAPITOL REPORTERS (775)882-5322

1 CHAIRWOMAN CONTINE: All right. Is there anybody  
2 else? Ms. Lamborn?

3 MEMBER LAMBORN: Yes, Madam Chair. I would like  
4 to recommend Linda Fox, who is the pharmacy director with the  
5 Nevada Department of Corrections for vice chair.

6 CHAIRWOMAN CONTINE: All right. Is there anybody  
7 else? Does anybody want to make a motion? I don't really  
8 know how to do this. If somebody wants to make a motion and  
9 we can vote and see if we have a majority, and if not we can  
10 make another motion.

11 Are both of you -- are both of you interested in  
12 -- Mr. Verducci, are you interested in, Ms. Fox, are you?

13 MEMBER FOX: Linda Fox for the record.

14 Yes, I am interested in the position.

15 CHAIRWOMAN CONTINE: Okay.

16 MEMBER VERDUCCI: Your Honor, I would be  
17 interested, but I'll go along with what's in the best  
18 interest of the Board in whatever vote they would like to  
19 take.

20 MEMBER ZACK: Madam Chair?

21 CHAIRWOMAN CONTINE: Go ahead.

22 MEMBER ZACK: Christine Zack for the record.

23 I would move to appoint Linda Fox as the vice  
24 chair, and this is no disrespect to Mr. Verducci, but I think  
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1 we need a vice chair in the south. During my term on the  
2 Board we have not had that so I move to nominate Linda Fox.

3 CHAIRWOMAN CONTINE: Okay. Is there a second?

4 MEMBER LAMBORN: Leah Lamborn for the record. I  
5 second the motion.

6 CHAIRWOMAN CONTINE: Okay. There's a motion and  
7 a second. Is there any discussion on the motion? All right.  
8 All those in flavor please signify by saying aye.

9 MEMBER BAILEY: Sorry, I'm confused. Can you  
10 state what we're voting on.

11 CHAIRWOMAN CONTINE: There's a motion to appoint  
12 Linda Fox to be the vice chair by Ms. Zack, and there was a  
13 seconds by Ms. Lamborn.

14 MEMBER BAILEY: Okay.

15 CHAIRWOMAN CONTINE: And, I mean, do you want --  
16 so we had a motion and a second, and I asked all those in  
17 favor of the motion. That's where we were. So all those --  
18 so let's just do that or do you want to do a role call?  
19 Let's just do a role call.

20 MS. LANDRY: Don Bailey?

21 MEMBER BAILEY: No.

22 MS. LANDRY: Deonne Contine is exempt from this,  
23 right?

24 MR. HAYCOCK: She still votes.  
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1 MS. LANDRY: Okay. So Deonne Contine?  
2 CHAIRWOMAN CONTINE: Yes.  
3 MS. LANDRY: Mandy Hagler?  
4 MEMBER HAGLER: Yes.  
5 MS. LANDRY: Linda Fox?  
6 MEMBER FOX: Yes.  
7 MS. LANDRY: Leah Lamborn?  
8 MEMBER LAMBORN: Yes.  
9 MS. LANDRY: Jet Mitchell?  
10 MEMBER MITCHELL: Yes.  
11 MS. LANDRY: John Packham?  
12 MEMBER PACKHAM: Yes.  
13 MS. LANDRY: Tom Verducci?  
14 MEMBER VERDUCCI: Yes.  
15 MS. LANDRY: And Christine Zack?  
16 MEMBER ZACK: Yes.  
17 (The majority of the vote was in favor of the  
18 motion.)  
19 CHAIRWOMAN CONTINE: Okay. The motion carries  
20 eight to one. Thank you.  
21 So moving onto Item Number Ten, public comment.  
22 Is there any public comment in Carson City.  
23 MS. LOCKARD: Good afternoon, Madam Chair, and  
24 members of the committee. My name is Marlene Lockard, and  
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1 I'm representing the Retired Public Employees of Nevada,  
2 RPEN.

3 I would like to put a couple of issues on the  
4 record. Number one, the legislative decision to move for  
5 board or interim finance approval of expenditure of excess  
6 reserves for benefits is very concerning in a number of ways  
7 and it is now a fact and it is an issue that we're all going  
8 to have to deal with.

9 But those of you that have been on the Board for  
10 a while know that I have been a broken record on the  
11 continued excess reserves in double digit millions of dollars  
12 since 2011 when the plan change made drastic changes in  
13 reduction of benefits and increase in deductibles.

14 Consequently, I think more now than ever this  
15 Board needs to take a very strong look at why the continued  
16 excess reserves accumulate and it has been my contention  
17 with, and there are many reasons, and Damon and I have had  
18 this discussion for years now, but there is no question that  
19 when the Medicare retirees were moved out of the system and  
20 onto the Exchange, it has saved PEBP millions of dollars per  
21 year, that one single action. So the continuation of excess  
22 reserves in my view is due in part to that one decision in  
23 2011.

24 But I'm concerned that if we continue down this  
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1 road with excess reserves, many of you have been in state  
2 government or are in state government, and the reality is  
3 with this continued posture or accumulation, it is only a  
4 matter of time before the legislature and the budget folks  
5 begin to take a hard look and begin to sweep those excess  
6 reserves back into the state general fund, and I think as a  
7 matter of principal, those excess reserves have been a result  
8 of benefit cuts.

9 And so once again I feel that the benefit cuts in  
10 2011 need to be fully restored because since those cuts  
11 occurred, we've had this accumulation. So that's one issue.

12 My second issue is the projected study of PEBP by  
13 SCR 10. I testified at the legislature when this bill was  
14 being heard on both sides, and we support the study, but we  
15 also put on the record our real concern that with looking at  
16 PEBP and potentially expanding the borders of coverage  
17 throughout the state, a major component of that study should  
18 include the impact to current members of PEBP. And opening  
19 up to different populations runs the risk of a potential  
20 negative impact to current benefits and members. So I just  
21 put that on the record as a concern and hope we monitor that  
22 study very carefully. Thank you.

23 CHAIRWOMAN CONTINE: Thank you.

24 MR. ERVIN: Kent Ervin, Nevada Faculty Alliance.  
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1                   Ditto to what Ms. Lockard just said about the  
2 importance of getting a handle on our operational surpluses  
3 and on the SCR 10 study.

4                   But the reason I came back up is I neglected to  
5 welcome Professor Jet Mitchell from SCN as a new Board member  
6 and a southern NSHE representative. I've heard great things  
7 from my colleagues in the south about her advocacy for  
8 patients' rights and patients' issues, and I think that will  
9 be a great asset so the Board. Thank you.

10                   CHAIRWOMAN CONTINE: Thank you.

11                   MEMBER MITCHELL: Thank you.

12                   CHAIRWOMAN CONTINE: Go ahead, Ms. Bowen.

13                   MS. BOWEN: Good morning and afternoon and thank  
14 you for all your hard work. My name and words for the record  
15 Peggy, P-e-g-g-y Lear, L-e-a-r Bowen, B-o-w-e-n.

16                   A couple of thank you thank you for doing some  
17 many wonderful things and going to such great efforts.

18                   Damon, you should be congratulated on eliminating  
19 the computer from a great deal of things, but it sounds to me  
20 that what the computer is still being required of people  
21 because it's still being required that you have to come in  
22 and use the PEBP Board computer, the PEBP computer to input  
23 and do the surveys, not the surveys but the other  
24 requirements to prove that you exist.

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1                   And that little part about Medicare and if  
2 Medicare and workers' comp is involved, errors have been made  
3 in regards to all of a sudden Medicare is cutting off  
4 services because they think it's a workers' comp program, and  
5 we need to make sure that the doctors' recordings and the use  
6 of that number, that coding number is -- meets the  
7 requirements so that there's not the denials that have been  
8 taking place.

9                   A small caveat that I've had a stroke, a heat  
10 stroke and a concussion and post traumatic since we last  
11 talked so I'm trying to go with my notes so things are not so  
12 convoluted and taken care of for you.

13                   So the important things are there were no  
14 meetings held for the retirees that are people who are  
15 currently in the system. I showed up at several of the  
16 meetings that were noticed by the postcards and by the  
17 letters and everything else, and I was asked what are you  
18 doing here? This isn't for you. And I said, well, where are  
19 the meetings to find out what the changes are in the program  
20 and what we're going to do so we know which programs we want  
21 to opt into or opt out of. So we need to have actual  
22 meetings for those who are already in the system, and the  
23 documents had to be done, as I was saying on PEBP computers  
24 so it's within the system regarding open enrollment and  
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1 answering those questions.

2           One thing that has not been brought up and hasn't  
3 been talked about is there was a requirement that a study be  
4 done as to what your members want, not just from department  
5 head meetings, not just by other entities but surveys of  
6 every single entity involved in this program to find out what  
7 their needs are, what they need to do, what -- and do them in  
8 the groups of the members of the departments not just the  
9 department head, you know, doing things but meetings for  
10 present employees to talk about what benefits they need in  
11 their individual departments because different departments  
12 have different needs. If you're the department of wildlife  
13 and fishing and hunting, you have different needs than the  
14 firefighters or the police. You have different needs, point  
15 made.

16           You need to survey the members by groups as to  
17 what it is they need, and you also need to survey what the  
18 facilities needs, the facility committee, all of those  
19 wonderful computers and things that you said that you wanted  
20 to buy and pay for in interim finance and you got money for  
21 that, the buildings don't have the power, the plug-ins to  
22 support those computers. So we need to have facilities  
23 committees included and do a really thorough survey of each  
24 entity so that you have it all correct.

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1 Highway patrol needs more patrol cars. The  
2 facilities committee doesn't need more patrol cars. That's  
3 why simply break it down, and you still -- we got rid of the  
4 requirements for people to go in and answer all sorts of  
5 hoops and things to get on the program, and that was good  
6 that, but it's nowhere stated exactly that you need in order  
7 to qualify and maintain and keep your program that you need a  
8 physical -- you need your annual physical. You need your  
9 dental visit. You need your eye exam, and you need your  
10 blood work, and those things are in place so that you know  
11 those people exist and you don't --

12 And thank you for getting rid of the requirements  
13 about knowing what the programs about, but you --

14 CHAIRWOMAN CONTINE: Ms. Bowen, I'm going to ask  
15 you to wrap it up now. You're at about four minutes.

16 MS. BOWEN: Okay. Thank you. I apologize. Just  
17 please have meetings for retirees. Please have no computers  
18 required anywhere, anywhere.

19 Oh, and the mammograms, that was it. We need to  
20 have included in what you're doing and saying that the --  
21 that doctor follow-up because it's automatic now for most  
22 places for the 3D mammogram. So we had it that you have got  
23 to have two mammograms. What we need is a third provision to  
24 say follow-up as doctor recommended if you need a third

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1 mammogram or other types of -- other types of treatment  
2 regarding your mammograms, and that has been left out of the  
3 plans.

4 CHAIRWOMAN CONTINE: Okay. Thank you.

5 MS. BOWEN: Thank you, and thank you for all your  
6 hard work and have a great day.

7 CHAIRWOMAN CONTINE: All right. You too.

8 Is there any other public comment in Carson City?  
9 Is there any public comment in Las Vegas? Anybody coming to  
10 the table down there?

11 MEMBER ZACK: Chair Contine, no comments from the  
12 south.

13 CHAIRWOMAN CONTINE: Okay, great. Thanks.

14 All right. So we'll move onto Agenda Item Number  
15 11, which is an adjournment.

16 Thank you everybody. See you next time.

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

That on Thursday, the 25th day of July, 2019, I was present for the Public Employees' Benefits Program, Carson City, Nevada, for the purpose of reporting in verbatim stenotype notes the within-entitled public meeting;

That the foregoing transcript, consisting of pages 1 through 79, is a full, true and correct transcription of my stenotype notes of said public meeting.

Dated at Carson City, Nevada, this 6th day of August, 2019.

KATHY JACKSON, CCR  
Nevada CCR #402

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6 STATE OF NEVADA

7 PUBLIC EMPLOYEES' BENEFITS PROGRAM

8 AFFIRMATION

9 Pursuant to NRS 239B.030

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

- 13 1) Public Employees' Benefits Program Board  
14 Regular Meeting, 7/25/19

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20 KATHY JACKSON

21 DATE

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CAPITOL REPORTERS (775)882-5322



	<b>accounting (2)</b> 8:18;30:9	<b>addressed (1)</b> 6:20	<b>ago (4)</b> 9:20;21:19;32:12; 33:1	<b>11:2;26:15;27:7; 34:5;56:6,8;66:14,19</b>
<b>\$</b>	<b>accumulate (1)</b> 71:16	<b>addresses (1)</b> 51:24	<b>agree (2)</b> 23:20;47:18	<b>amounts (3)</b> 11:3;30:12;57:8
<b>\$13.49 (1)</b> 45:9	<b>accumulation (2)</b> 72:3,11	<b>adhere (2)</b> 49:20;53:19	<b>agreed (3)</b> 17:11;23:17;36:24	<b>analyst (1)</b> 18:8
<b>\$15,000 (1)</b> 56:6	<b>accumulators (1)</b> 8:14	<b>adjournment (1)</b> 77:15	<b>agreement (2)</b> 19:24;64:17	<b>analyze (2)</b> 43:13;58:13
<b>\$16.48 (1)</b> 45:8	<b>accuracies (1)</b> 16:14	<b>adjudicated (1)</b> 16:6	<b>agreements (1)</b> 16:7	<b>and/or (2)</b> 13:13,23
<b>\$25,000,000 (1)</b> 18:1	<b>accuracy (4)</b> 16:16,16;17:1; 20:21	<b>adjudication (6)</b> 16:20;17:5,20; 19:5,7,17	<b>ahead (11)</b> 9:11;21:15;26:2; 27:13;38:20;45:23; 46:3;60:21;67:2; 68:21;73:12	<b>annual (3)</b> 7:16;8:24;76:8
<b>\$25,811.14 (1)</b> 17:3	<b>accurate (1)</b> 32:23	<b>adjust (1)</b> 20:20	<b>Airlines (1)</b> 50:13	<b>anticipate (6)</b> 51:7;56:8,13; 59:16;65:22;66:1
<b>\$3,000 (1)</b> 55:9	<b>accurately (2)</b> 16:6;23:14	<b>adjusted (1)</b> 11:8	<b>air (2)</b> 50:9,12	<b>apologies (1)</b> 45:3
<b>\$80,000 (1)</b> 32:21	<b>achieve (2)</b> 36:18;38:5	<b>adjustments (3)</b> 16:21;17:13;20:22	<b>airlines (1)</b> 50:13	<b>apologize (2)</b> 24:7;76:16
<b>\$85,000 (1)</b> 45:13	<b>achieved (1)</b> 38:13	<b>administered (1)</b> 15:21	<b>al (1)</b> 6:14	<b>appeal (1)</b> 12:2
<b>A</b>	<b>acknowledged (1)</b> 36:18	<b>administration (1)</b> 22:22	<b>align (2)</b> 60:16;67:5	<b>appeals (1)</b> 51:15
<b>AB (7)</b> 46:19;51:23;60:15, 16;61:21;67:4,5	<b>acquired (1)</b> 10:3	<b>administrative (7)</b> 21:8;36:3,10;38:7; 39:8;41:1;60:6	<b>alleviate (1)</b> 36:8	<b>appear (1)</b> 18:19
<b>abandonment (1)</b> 33:7	<b>across (2)</b> 48:4;63:21	<b>administrator (1)</b> 65:19	<b>Alliance (4)</b> 6:13;47:15;56:17; 72:24	<b>appears (3)</b> 23:12;24:9;28:5
<b>ability (8)</b> 26:14;36:14;39:23; 43:9;50:12,21;51:19; 61:22	<b>Act (7)</b> 11:5;43:6;50:13; 56:18,23;57:8,15	<b>adopt (1)</b> 20:11	<b>allow (4)</b> 9:16;10:10;25:5; 65:4	<b>appetite (1)</b> 66:9
<b>able (5)</b> 24:16;43:13;56:9, 10,11	<b>acted (1)</b> 14:15	<b>adoption (1)</b> 52:11	<b>allowable (2)</b> 19:16,23	<b>applicable (2)</b> 13:3;15:14
<b>above (1)</b> 33:8	<b>action (7)</b> 11:23;15:13;37:4; 44:14;46:17;47:6; 71:21	<b>advance (1)</b> 24:8	<b>allowing (1)</b> 14:8	<b>application (1)</b> 20:13
<b>absolutely (1)</b> 11:4	<b>active (1)</b> 57:10	<b>advisability (1)</b> 54:14	<b>allows (2)</b> 20:7;33:17	<b>applied (5)</b> 19:23;20:17;21:6; 25:12;42:13
<b>absorbing (1)</b> 53:10	<b>activities (1)</b> 58:9	<b>advocacy (1)</b> 73:7	<b>almost (2)</b> 6:8;30:17	<b>applies (1)</b> 8:20
<b>accept (5)</b> 15:13;25:18;49:12; 52:10;62:2	<b>actual (3)</b> 53:19;54:8;74:21	<b>affecting (1)</b> 14:5	<b>along (2)</b> 64:11;68:17	<b>apply (2)</b> 19:20;49:18
<b>acceptable (1)</b> 38:5	<b>actually (10)</b> 25:16,20;33:1,11; 39:17;42:20;48:1,17; 56:23;65:19	<b>afford (1)</b> 11:7	<b>Although (4)</b> 8:15;33:10;35:1; 57:18	<b>appoint (2)</b> 68:23;69:11
<b>accepted (2)</b> 19:8;50:2	<b>actuarial (4)</b> 7:17,23,24;55:20	<b>Affordable (1)</b> 11:5	<b>altogether (1)</b> 29:21	<b>appointed (1)</b> 62:22
<b>access (8)</b> 32:11;49:18,20,22; 50:7;62:13;64:15; 65:4	<b>add (10)</b> 10:7,9;14:10,12; 26:1;30:16;33:24; 51:20;53:17;60:6	<b>AFLAC (1)</b> 31:10	<b>always (5)</b> 21:20;25:4;53:2; 57:18;62:18	<b>apportion (1)</b> 9:2
<b>accolades (1)</b> 48:20	<b>added (1)</b> 58:24	<b>afternoon (2)</b> 70:23;73:13	<b>ambalances (2)</b> 50:9,12	<b>appreciate (7)</b> 12:5,17;24:15,15, 16;25:4,14
<b>accordance (2)</b> 15:14;46:20	<b>addition (3)</b> 16:1;46:21,21	<b>again (16)</b> 7:4;13:6;22:8,10; 24:20;26:17,24;47:7; 51:13;53:1,11,14; 54:10;59:16;64:13; 72:9	<b>amendable (1)</b> 62:22	<b>apprised (1)</b> 56:15
<b>accordingly (1)</b> 58:5	<b>additional (6)</b> 12:8;22:4;25:9; 36:13;50:23;58:16	<b>age (1)</b> 55:6	<b>amendment (7)</b> 13:17;19:13;35:21; 44:15;45:15;46:5; 62:8	<b>appropriate (4)</b> 23:17;41:23;56:5; 63:6
<b>account (1)</b> 18:7	<b>add-on (1)</b> 19:23	<b>agencies (1)</b> 56:20	<b>among (1)</b> 58:8	<b>appropriately (1)</b> 44:8
<b>accountability (1)</b> 36:23	<b>address (2)</b> 42:22;62:7	<b>Agenda (16)</b> 6:22;13:4,15,15; 14:14,17,18,19,23; 44:13;48:2;59:3,9, 20;67:18;77:14	<b>amounts (2)</b> 49:18;50:19	<b>approval (11)</b> 20:12;29:10;36:10; 46:18;57:11;58:1; 59:24;60:8;61:6,14; 71:5
<b>accountable (1)</b> 49:10			<b>amount (8)</b>	<b>approve (9)</b> 7:7;14:23;27:15;

44:14;46:4;49:13; 58:21,22;59:10 <b>approved (8)</b> 7:3;17:9;20:3; 35:21;48:13;51:7; 56:21;58:14 <b>approximately (1)</b> 30:14 <b>April (4)</b> 15:20;20:4;32:18; 60:4 <b>arbitration (6)</b> 49:14;50:23;64:4; 66:9,9,15 <b>areas (1)</b> 25:13 <b>around (2)</b> 42:10;57:19 <b>aspect (1)</b> 64:11 <b>aspects (1)</b> 49:16 <b>Assembly (3)</b> 46:21;48:2,7 <b>Assemblyman (4)</b> 54:20,20;55:11,11 <b>assess (2)</b> 15:14;43:13 <b>assessed (1)</b> 23:22 <b>assessing (1)</b> 23:23 <b>assessment (1)</b> 38:11 <b>asset (1)</b> 73:9 <b>assigned (1)</b> 18:7 <b>assist (2)</b> 23:18;26:14 <b>associated (6)</b> 10:6;18:13;22:22; 27:16;42:8;53:4 <b>Association (1)</b> 6:14 <b>assume (1)</b> 59:5 <b>assumptions (2)</b> 7:17,23 <b>attention (1)</b> 39:22 <b>attorney (3)</b> 12:20;13:5,7 <b>audit (21)</b> 15:10,13,13,20,23; 16:11;17:5,7,7,15,22; 18:12,21;19:18; 20:10,14,16;24:8; 25:6,13;27:5 <b>audited (4)</b> 16:2,8;18:7;24:8 <b>Auditors (6)</b> 15:9,12,16,19;	25:5;63:14 <b>auditor's (1)</b> 27:15 <b>Audits (2)</b> 19:15;25:4 <b>August (3)</b> 40:23;44:5;58:9 <b>authority (3)</b> 57:17,21,22 <b>Authorization (2)</b> 56:22;57:15 <b>authorizations (3)</b> 18:14,15,18 <b>Authorization's (1)</b> 56:18 <b>authorize (2)</b> 45:14;51:5 <b>authorized (1)</b> 57:8 <b>authorizes (1)</b> 56:19 <b>auto (3)</b> 31:15;32:2,3 <b>automatic (4)</b> 21:23;32:3,5;76:21 <b>automatically (2)</b> 23:22;61:13 <b>automating (1)</b> 36:9 <b>availability (1)</b> 30:8 <b>available (7)</b> 13:16,19;32:18; 44:16;45:17;57:2,9 <b>average (2)</b> 21:20;22:8 <b>aware (3)</b> 32:13;62:1;64:20 <b>away (2)</b> 32:14;33:18 <b>aye (5)</b> 15:4;28:13;46:11; 67:13;69:8	11,13,15;66:18 <b>banded (1)</b> 55:7 <b>Banner (6)</b> 49:21;50:1;61:24; 62:9,20;64:22 <b>bar (1)</b> 23:14 <b>bargaining (3)</b> 53:22;54:5,8 <b>Based (2)</b> 10:21;64:5 <b>basic (1)</b> 57:15 <b>basically (3)</b> 42:13;49:7;60:10 <b>basis (4)</b> 8:24;11:18;16:2; 37:17 <b>batting (2)</b> 21:20;22:8 <b>bear (2)</b> 8:19;9:13 <b>become (1)</b> 9:22 <b>becomes (4)</b> 8:23;9:22;52:19; 63:23 <b>becoming (1)</b> 7:22 <b>begin (3)</b> 51:12;72:5,5 <b>beginning (2)</b> 55:10;56:14 <b>behalf (4)</b> 10:22;13:9;14:2; 65:14 <b>behind (2)</b> 51:1;66:17 <b>below (2)</b> 16:17;31:4 <b>beneficial (1)</b> 36:15 <b>benefit (9)</b> 7:8,10;13:14;14:6; 30:2;52:10;55:22; 72:8,9 <b>Benefits (46)</b> 5:4;6:16;7:20; 8:13;10:1,2;13:10,12, 16,17,23;14:5;15:10, 21;16:5,7;18:1;25:3; 26:9,12;33:24;35:9, 16,23;36:6;44:22; 45:16;46:5,19;53:23, 23;54:1,5,8;57:1,5,6, 9;58:1,60:3,16;67:5; 71:6,13;72:20;75:10 <b>best (8)</b> 6:17;7:9,24;26:6; 34:24;41:16;63:13; 68:17 <b>better (1)</b>	42:10 <b>beyond (1)</b> 23:2 <b>bias (1)</b> 16:9 <b>biennium (7)</b> 38:16;43:23;47:20; 48:6;56:19;57:11,16 <b>big (2)</b> 29:16;40:21 <b>biggest (1)</b> 50:15 <b>Bill (33)</b> 48:2,12,13,19;49:1, 3,16;50:6,24;51:12, 22,23;52:3;53:19,21, 22,22;54:5,18;55:18, 24;56:12,18;62:1,7, 10,17;63:10,10,11, 17;65:6;72:13 <b>billed (4)</b> 49:6,23;51:17; 62:15 <b>billing (4)</b> 48:8;50:10;62:11, 14 <b>billings (1)</b> 20:8 <b>bills (11)</b> 47:7,9,23;48:3,15; 53:16;54:10;60:11; 65:20;66:18,20 <b>biological (1)</b> 52:14 <b>birth (2)</b> 33:13;53:13 <b>bit (6)</b> 24:14;26:12;33:11; 47:4;54:1;62:18 <b>blanket (2)</b> 18:17;64:16 <b>blood (1)</b> 76:10 <b>Board (66)</b> 5:5,5;6:20;7:9,12, 14;9:5,8;10:20;12:4, 14,21;13:3,3,8,9,11, 22;14:2,4,16;17:9; 20:3;22:3;23:6,7; 27:11;28:3;32:13; 35:10,21;37:6,23; 38:12,14;41:10;42:5, 15,16;43:17;45:14; 46:17;47:2;51:4,7; 57:5,16,20,24;58:2, 12,18;59:12,15;60:8; 61:1,12;67:19;68:18; 69:2;71:5,9,15;73:5, 9,22 <b>Bob (1)</b> 25:11 <b>bonuses (1)</b> 25:16	<b>borders (1)</b> 72:16 <b>bore (1)</b> 55:4 <b>born (4)</b> 52:7,19,21;53:9 <b>both (11)</b> 9:24;16:4;17:13; 25:10;36:2;38:6; 47:21;62:21;68:11, 11;72:14 <b>Bowen (6)</b> 73:12,13,15;76:14, 16;77:5 <b>B-o-w-e-n (1)</b> 73:15 <b>Brandee (2)</b> 13:4,7 <b>breaches (1)</b> 16:15 <b>break (1)</b> 76:3 <b>breakdown (1)</b> 37:4 <b>bring (4)</b> 10:19;32:15;61:13; 63:5 <b>bringing (2)</b> 37:15;47:16 <b>broken (1)</b> 71:10 <b>brought (2)</b> 39:21;75:2 <b>brutally (1)</b> 63:15 <b>budget (4)</b> 6:22;47:20;54:3; 72:4 <b>budgeted (1)</b> 57:3 <b>budgets (2)</b> 26:16;44:4 <b>buggy (1)</b> 40:1 <b>build (1)</b> 26:16 <b>Building (2)</b> 5:7;43:23 <b>buildings (1)</b> 75:21 <b>burden (1)</b> 47:22 <b>bus (1)</b> 9:20 <b>business (4)</b> 12:19;66:2,6,21 <b>busy (1)</b> 29:22 <b>buy (1)</b> 75:20 <b>buy-in (1)</b> 17:10
	<b>B</b>			

	5:1,7,7;6:11;12:9; 23:7;55:7;70:22;77:8	<b>challenges (5)</b> 6:19;9:9;29:16; 33:6;36:2	20,21;23:13;24:22; 62:10,19	23;58:3;59:2,5,10; 60:9;70:24;75:18; 76:2
<b>C</b>	<b>case (2)</b> 32:13;53:2	<b>change (9)</b> 18:9;21:1;27:8; 30:15,16,21;52:10; 53:18;71:12	<b>clarification (2)</b> 22:17;44:10	<b>committees (1)</b> 75:23
<b>calculate (2)</b> 16:24;17:2	<b>cases (1)</b> 17:22	<b>changing (1)</b> 57:9	<b>clause (2)</b> 9:18;10:10	<b>communicate (1)</b> 61:15
<b>calculation (1)</b> 30:10	<b>categorical (1)</b> 57:20	<b>charge (4)</b> 20:7,10;26:23;27:2	<b>cleaners (1)</b> 65:8	<b>communications (1)</b> 29:24
<b>calculations (2)</b> 16:10,21	<b>categories (2)</b> 17:4,7	<b>charged (2)</b> 11:3;18:1	<b>clear (1)</b> 8:11	<b>community (1)</b> 63:1
<b>calendar (1)</b> 56:14	<b>category (3)</b> 18:3;21:24;22:9	<b>charges (5)</b> 20:10;48:13;63:10, 12,17	<b>clearly (1)</b> 35:22	<b>comp (2)</b> 74:2,4
<b>call (8)</b> 5:13;32:12,14; 33:3,9;39:5;69:18,19	<b>Catherine (1)</b> 25:2	<b>charging (1)</b> 11:10	<b>clicking (1)</b> 40:2	<b>company (1)</b> 11:10
<b>called (2)</b> 32:23;55:11	<b>caught (1)</b> 55:16	<b>check (1)</b> 57:18	<b>climb (1)</b> 7:1	<b>compared (1)</b> 60:23
<b>calling (2)</b> 39:5;56:18	<b>cause (1)</b> 17:20	<b>checking (2)</b> 34:15;51:10	<b>close (2)</b> 66:21,22	<b>competitors (1)</b> 27:5
<b>calls (5)</b> 30:7;32:19;34:23; 51:15;65:19	<b>caused (6)</b> 16:18;17:19;30:21; 40:6,6,11	<b>checks (1)</b> 63:12	<b>closing (1)</b> 54:2	<b>complained (1)</b> 47:21
<b>came (3)</b> 33:15;35:3;73:4	<b>causing (1)</b> 19:19	<b>child (3)</b> 52:20;53:6,11	<b>code (1)</b> 20:11	<b>complaints (3)</b> 42:7,11;51:15
<b>Can (40)</b> 5:10;7:9,21;8:7,17; 11:6,7;12:3;16:9; 23:2;30:18;31:2,4,17, 18;32:9;37:16;49:23; 54:7;55:13,19,21; 59:3,13;60:5,7,11; 61:3,11,21;63:22,22; 64:14;65:3,9,9; 66:10;68:9,9;69:9	<b>caveat (1)</b> 74:9	<b>children (4)</b> 52:5,6,12,14	<b>codes (1)</b> 19:9	<b>complete (1)</b> 45:15
<b>candidates (1)</b> 67:20	<b>CDHP (2)</b> 8:21;46:19	<b>choose (3)</b> 9:23;44:24;62:11	<b>coding (1)</b> 74:6	<b>completely (1)</b> 63:7
<b>card (2)</b> 43:19,20	<b>center (3)</b> 32:12,14;33:3	<b>Christine (7)</b> 6:6;14:22;21:16; 28:4;45:24;68:22; 70:15	<b>colleagues (1)</b> 73:7	<b>compliment (1)</b> 40:18
<b>Care (10)</b> 11:5;32:7;35:4; 49:8;51:24;52:12,20; 53:10;63:22;74:12	<b>CEO (2)</b> 50:6;62:21	<b>Churchill (4)</b> 49:21;50:1;62:9; 64:22	<b>collect (1)</b> 17:1	<b>comply (1)</b> 57:1
<b>cared (1)</b> 34:11	<b>certainly (1)</b> 22:14	<b>Churchill's (1)</b> 62:20	<b>collected (1)</b> 58:10	<b>component (1)</b> 72:17
<b>carefully (1)</b> 72:22	<b>certificates (2)</b> 33:14,14	<b>circulated (1)</b> 29:24	<b>collecting (1)</b> 51:9	<b>components (1)</b> 25:15
<b>Cari (2)</b> 44:18,19	<b>Chair (30)</b> 5:4;13:6;14:8,20; 15:18;21:9,14;22:2; 23:20;26:3;28:4; 45:22;46:8,23;54:4; 60:17;66:5,10;67:1, 19,22,24;68:3,5,20, 24;69:1,12;70:23; 77:11	<b>circumstance (3)</b> 19:2;22:21;27:4	<b>collections (2)</b> 17:13;48:16	<b>compound (1)</b> 43:4
<b>Carlton (1)</b> 48:7	<b>CHAIRWOMAN (72)</b> 5:3,12,17;6:8;9:10; 11:22;12:1,6,8,12,23; 13:2;14:11,21,24; 15:3,7;21:11,15; 22:13;23:5,19;24:2, 23;25:24;27:10,17, 20;28:2,8,12,16,20, 23;38:18,20;39:20; 41:3;44:11;45:19,23; 46:3,7,10,14;60:18, 21;61:18;65:11,22; 66:23;67:2,6,10,16; 68:1,6,15,21;69:3,6, 11,15;70:2,19;72:23; 73:10,12;76:14;77:4, 7,13	<b>circumstances (2)</b> 22:4;29:21	<b>collective (3)</b> 53:22;54:5,8	<b>compromise (1)</b> 48:24
<b>Carr (7)</b> 15:16,18,19;21:11; 22:14,14;63:14	<b>claim (10)</b> 15:9,12,16,19; 16:21;17:24;18:5; 25:4,22;63:14	<b>CITY (8)</b> 5:1,7,6;11;12:9; 23:7;55:7;70:22;77:8	<b>collectively (1)</b> 37:20	<b>computer (5)</b> 41:16;73:19,20,22, 22
<b>carrier (6)</b> 13:20;46:22;52:18, 22;53:3,9	<b>claims (27)</b> 15:20;16:1,1,3,8, 19;17:12,15,24;18:3, 8,14,21;19:12,17,19, 22;20:13,14,16,18,	<b>comment (16)</b> 6:11,11;11:23; 12:9,9,13,15;24:4; 28:5;47:14;59:12; 61:23;70:21,22;77:8, 9	<b>coming (1)</b> 77:9	<b>computers (4)</b> 74:23;75:19,22; 76:17
<b>carriers (3)</b> 52:2,4,5	<b>challenge (2)</b> 9:5;60:7	<b>comments (5)</b> 23:5;28:3;40:14; 48:21;77:11	<b>comment (1)</b> 6:11,11;11:23; 12:9,9,13,15;24:4; 28:5;47:14;59:12; 61:23;70:21,22;77:8, 9	<b>concept (2)</b> 36:24;54:3
<b>carries (5)</b> 15:8;28:23;46:15; 67:17;70:19		<b>commercial (2)</b> 47:21;66:8	<b>comment (1)</b> 6:11,11;11:23; 12:9,9,13,15;24:4; 28:5;47:14;59:12; 61:23;70:21,22;77:8, 9	<b>conceptually (2)</b> 51:1;52:11
<b>cars (2)</b> 76:1,2		<b>commission (2)</b> 54:13;56:4	<b>comment (1)</b> 6:11,11;11:23; 12:9,9,13,15;24:4; 28:5;47:14;59:12; 61:23;70:21,22;77:8, 9	<b>concern (4)</b> 18:12;53:7;72:15, 21
<b>CARSON (9)</b>		<b>commitment (1)</b> 32:16	<b>comment (1)</b> 6:11,11;11:23; 12:9,9,13,15;24:4; 28:5;47:14;59:12; 61:23;70:21,22;77:8, 9	<b>concerned (2)</b> 47:13;71:24
		<b>committed (2)</b> 32:17;56:7	<b>comment (1)</b> 6:11,11;11:23; 12:9,9,13,15;24:4; 28:5;47:14;59:12; 61:23;70:21,22;77:8, 9	<b>concerning (1)</b> 71:6
		<b>committee (13)</b> 7:7;56:8;57:12,19,	<b>comment (1)</b> 6:11,11;11:23; 12:9,9,13,15;24:4; 28:5;47:14;59:12; 61:23;70:21,22;77:8, 9	<b>concerns (2)</b> 18:15;42:8
			<b>comment (1)</b> 6:11,11;11:23; 12:9,9,13,15;24:4; 28:5;47:14;59:12; 61:23;70:21,22;77:8, 9	<b>concludes (1)</b> 21:9
			<b>comment (1)</b> 6:11,11;11:23; 12:9,9,13,15;24:4; 28:5;47:14;59:12; 61:23;70:21,22;77:8, 9	<b>concurrent (1)</b> 54:12
			<b>comment (1)</b> 6:11,11;11:23; 12:9,9,13,15;24:4; 28:5;47:14;59:12; 61:23;70:21,22;77:8, 9	<b>concession (1)</b>

<p>74:10 <b>confident (1)</b> 62:12 <b>confirm (1)</b> 25:11 <b>confused (1)</b> 69:9 <b>confusing (1)</b> 52:24 <b>congratulated (1)</b> 73:18 <b>consecutive (1)</b> 7:18 <b>consent (6)</b> 14:14,14,17,18,19, 23 <b>Consequently (1)</b> 71:14 <b>conservative (1)</b> 7:19 <b>consideration (1)</b> 21:22 <b>considered (4)</b> 14:14,16;16:9; 49:22 <b>consisted (1)</b> 15:23 <b>consistent (1)</b> 13:21 <b>consistently (3)</b> 33:3;36:21;62:12 <b>Consumer (4)</b> 9:4;16:4;44:17; 50:3 <b>contact (1)</b> 40:7 <b>contacted (1)</b> 10:7 <b>contain (1)</b> 45:3 <b>contention (1)</b> 71:16 <b>contentious (1)</b> 24:14 <b>CONTINUE (84)</b> 5:3,4,12,16,17;6:8; 9:10;11:22;12:1,6,8, 12,23;13:2;14:11,20, 21,24;15:3,7;21:11, 14,15;22:2,13;23:5, 19;24:2,23;25:24; 27:10,17,20;28:2,4,8, 12,16,20,23;38:18, 20;39:20,20;41:3; 44:11;45:19,22,23; 46:3,7,10,14;48:2; 60:18,21;61:18; 65:11,22;66:23;67:2, 6,10,16;68:1,6,15,21; 69:3,6,11,15,22;70:1, 2,19;72:23;73:10,12; 76:14;77:4,7,11,13 <b>continually (1)</b></p>	<p>25:19 <b>continuation (2)</b> 54:19;71:21 <b>continue (8)</b> 24:20;25:18,22; 26:20;32:5;61:14; 62:2;71:24 <b>continued (3)</b> 71:11,15;72:3 <b>continues (1)</b> 17:5 <b>contract (25)</b> 15:15;18:14;19:3, 13,21,24;20:2,7;21:1, 22;22:1;23:16,17,22; 24:15,17;25:15;27:3; 35:21,24;45:4,5,11, 15,17 <b>contracted (2)</b> 44:21;48:10 <b>contracting (1)</b> 18:16 <b>contracts (3)</b> 18:17;22:6;26:6 <b>contractual (2)</b> 23:12;26:24 <b>contrary (1)</b> 22:11 <b>contributing (1)</b> 12:22 <b>contributions (2)</b> 8:5;34:14 <b>controls (2)</b> 63:17,19 <b>conversation (1)</b> 63:2 <b>conversations (1)</b> 62:20 <b>convoluted (1)</b> 74:12 <b>co-pays (1)</b> 25:12 <b>correction (1)</b> 22:19 <b>Corrections (1)</b> 68:5 <b>correctly (2)</b> 19:10;24:22 <b>cost (15)</b> 8:19,19;13:18; 20:4;25:22;32:13; 35:13,16;44:15;46:5; 53:4;58:8;63:17,18, 23 <b>costs (5)</b> 9:3;10:6;53:11; 55:13;58:8 <b>counsel (1)</b> 13:8 <b>count (1)</b> 8:13 <b>counteroffer (2)</b> 49:13,14</p>	<p><b>County (3)</b> 9:20;10:5;11:11 <b>couple (11)</b> 7:14;16:19;39:21; 47:12;49:16;50:3; 54:2;55:16;61:9; 71:3;73:16 <b>course (4)</b> 22:17;42:19;53:2; 55:24 <b>cover (6)</b> 10:24;11:2;50:9; 52:1,4,15 <b>coverage (7)</b> 10:1,11;11:6,13; 32:1;52:2;72:16 <b>covered (3)</b> 18:17;52:7;57:10 <b>covers (2)</b> 52:17,20 <b>crashed (1)</b> 38:23 <b>crazy (1)</b> 55:14 <b>create (2)</b> 33:22;36:8 <b>created (3)</b> 29:16,21;47:17 <b>credit (2)</b> 23:4;55:3 <b>critical (8)</b> 8:10;49:18,20,22; 50:7;62:13;64:15; 65:4 <b>CSN (1)</b> 12:19 <b>current (8)</b> 13:10;17:17;31:23; 38:15;52:1;64:21; 72:18,20 <b>currently (2)</b> 63:8;74:15 <b>customary (1)</b> 19:20 <b>customer (2)</b> 16:15;18:9 <b>cuts (3)</b> 72:8,9,10 <b>cutting (1)</b> 74:3</p>	<p>66:11 <b>date (3)</b> 17:18;51:8;53:15 <b>dates (1)</b> 53:16 <b>day (2)</b> 23:2;77:6 <b>deal (3)</b> 63:6;71:8;73:19 <b>dealt (1)</b> 49:7 <b>dear (1)</b> 48:7 <b>December (1)</b> 20:6 <b>decide (2)</b> 41:21;59:17 <b>decides (1)</b> 57:24 <b>decision (6)</b> 7:13;11:18;32:14, 21;71:4,22 <b>decisions (4)</b> 7:14;60:5;61:12; 64:5 <b>decommission (2)</b> 38:15;41:8 <b>decommissioning (2)</b> 43:24;44:8 <b>decreased (1)</b> 33:10 <b>dedicated (3)</b> 18:6,9,11 <b>dedication (1)</b> 40:20 <b>deductible (1)</b> 8:13 <b>deductibles (2)</b> 9:24;71:13 <b>deduction (2)</b> 32:3,5 <b>deemed (1)</b> 49:19 <b>defects (9)</b> 34:8;36:20;39:1,2, 7,13;41:1;42:8;43:16 <b>deficit (1)</b> 8:24 <b>defines (1)</b> 11:20 <b>definitely (2)</b> 33:22;65:3 <b>definition (2)</b> 10:13,17 <b>delay (3)</b> 29:9,16,17 <b>deliver (1)</b> 36:4 <b>delivered (1)</b> 21:5 <b>denials (1)</b> 74:7 <b>denied (4)</b></p>	<p>18:3,23;19:4,9 <b>dental (3)</b> 13:14;16:1;76:9 <b>Deonne (5)</b> 5:4,16;39:20; 69:22;70:1 <b>department (7)</b> 12:20;18:16;51:9; 68:5;75:4,9,12 <b>departments (3)</b> 75:8,11,11 <b>dependent (2)</b> 30:16,16 <b>dependents (3)</b> 13:13,24;57:11 <b>depending (2)</b> 50:22;58:16 <b>deputy (1)</b> 13:7 <b>Deregulation (1)</b> 50:13 <b>describing (1)</b> 54:4 <b>design (2)</b> 7:14;54:14 <b>desire (3)</b> 43:11;62:23;63:1 <b>desired (1)</b> 36:18 <b>despite (1)</b> 7:3 <b>detail (1)</b> 60:11 <b>detailed (1)</b> 51:6 <b>details (2)</b> 37:21;47:5 <b>detect (1)</b> 18:12 <b>detected (4)</b> 17:7;18:21;19:15; 20:17 <b>determination (2)</b> 11:20;12:3 <b>determine (3)</b> 10:17;57:17;58:16 <b>determined (2)</b> 11:20;47:12 <b>detriment (2)</b> 14:6;48:18 <b>develop (2)</b> 30:2;37:6 <b>developed (3)</b> 29:24;47:10;48:24 <b>developing (1)</b> 44:1 <b>development (2)</b> 55:20;58:9 <b>different (16)</b> 9:23,24;16:19; 22:19;25:6,15;40:4; 47:10;52:11;53:5,11; 72:19;75:11,12,13,14</p>
		<b>D</b>		
		<p><b>daily (1)</b> 34:15 <b>Damon (13)</b> 26:3;41:13;46:22, 23;57:15;60:22,24; 62:5;64:13,18;66:4; 71:17;73:18 <b>data (8)</b> 16:14,14;32:9; 37:5;51:10,10;65:10;</p>		

<b>difficult (4)</b> 38:23;39:9;53:3,12	23;18:24;21:2,23; 22:12,18,19,20,23, 24;24:16,18;26:8; 48:14;51:18;58:21; 63:16,19;71:11,20	20:8;45:12	<b>enhanced (1)</b> 35:15	22;65:4
<b>difficulty (1)</b> 39:22	<b>Don (4)</b> 5:14;67:8,23;69:20	<b>effects (1)</b> 56:24	<b>enhancements (1)</b> 7:8	<b>event (1)</b> 30:14
<b>digit (1)</b> 71:11	<b>done (6)</b> 23:3;43:16;44:8; 58:20;74:23;75:4	<b>efficiency (2)</b> 17:6;36:8	<b>enough (5)</b> 27:6;44:9;59:1,21; 61:14	<b>events (1)</b> 30:14
<b>diligently (1)</b> 25:18	<b>doors (1)</b> 63:1	<b>efficient (1)</b> 39:16	<b>enroll (3)</b> 31:18;32:10;43:9	<b>eventually (1)</b> 37:8
<b>directly (4)</b> 13:16;14:5;47:2; 64:24	<b>double (2)</b> 11:11;71:11	<b>efficiently (1)</b> 7:20	<b>enrolled (1)</b> 31:3	<b>everybody (4)</b> 40:11;48:22;67:20; 77:16
<b>director (3)</b> 24:6;51:8;68:4	<b>doubled (2)</b> 30:17;31:11	<b>efforts (4)</b> 36:9;39:11,14; 73:17	<b>enrollment (41)</b> 29:3,7,8,11,12,19; 30:4,5,10,13,20;31:3, 5,6,8,9,20,21;32:11, 15;33:5,12,23;34:3,4, 4,12;35:2,8,10,15,22; 36:10;38:9;39:10,12; 43:10,11,12;60:5; 74:24	<b>everyday (2)</b> 36:19;37:17
<b>directs (1)</b> 54:13	<b>down (6)</b> 5:10;7:3;28:21; 71:24;76:3;77:10	<b>eight (4)</b> 11:8;13:15;46:16; 70:20	<b>ensure (9)</b> 8:18;9:16;16:5; 20:15;26:8;29:23; 34:8;44:2;59:1	<b>everyone (4)</b> 34:21;35:3;50:14; 64:20
<b>disability (1)</b> 32:7	<b>drastic (1)</b> 71:12	<b>either (8)</b> 8:20;10:6;30:15, 21;48:16;57:7;59:3; 66:12	<b>entertain (1)</b> 21:10	<b>exact (3)</b> 42:13;50:14;51:6
<b>disagree (1)</b> 47:18	<b>Driven (4)</b> 9:4;16:5;44:17; 50:3	<b>election (1)</b> 67:18	<b>entirety (1)</b> 14:23	<b>exactly (2)</b> 25:11;76:6
<b>disclosure (3)</b> 13:9;14:2,9	<b>driver (4)</b> 9:20,21,21,22	<b>eligibility (3)</b> 12:3;29:19;34:24	<b>entities (2)</b> 48:4;75:5	<b>exam (1)</b> 76:9
<b>disclosures (1)</b> 13:3	<b>due (6)</b> 11:1;17:13;32:8; 44:5;57:19;71:22	<b>eligible (10)</b> 9:22;13:10,11; 14:3;17:16;43:9; 54:7;55:2,2;67:20	<b>entitled (1)</b> 19:8	<b>examiners (1)</b> 61:2
<b>discontinued (1)</b> 31:17	<b>during (18)</b> 11:1;15:21;17:7; 18:7;20:5,16;29:21; 30:13;31:3,18,19; 32:15,18;34:3,3; 35:6;48:21;69:1	<b>eliminate (1)</b> 40:12	<b>entity (3)</b> 51:10;75:6,24	<b>example (1)</b> 32:1
<b>discount (3)</b> 8:12,12;20:13	<b>duties (1)</b> 32:20	<b>eliminated (1)</b> 27:9	<b>EPO (6)</b> 8:21,22;9:4;25:10; 46:20;50:5	<b>Examples (3)</b> 19:18,22;40:10
<b>discounts (1)</b> 18:1		<b>eliminating (1)</b> 73:18	<b>ERP (1)</b> 41:18	<b>exceeded (1)</b> 33:4
<b>discussed (2)</b> 16:22;47:5	<b>E</b>	<b>else (3)</b> 68:2,7;74:17	<b>error (1)</b> 16:20	<b>excellence (1)</b> 26:22
<b>discussion (12)</b> 27:11,20;28:3; 29:3;44:14;46:16; 54:17;62:13;66:23; 67:12;69:7;71:18	<b>earlier (2)</b> 37:11;59:11	<b>e-mail (2)</b> 33:10,15	<b>errors (2)</b> 17:6;74:2	<b>excellent (2)</b> 55:12;62:6
<b>disparage (1)</b> 42:9	<b>early (1)</b> 54:17	<b>e-mails (3)</b> 33:18,19,20	<b>ERVIN (7)</b> 6:12,12;47:14; 56:17;59:11;72:24, 24	<b>except (2)</b> 13:11;67:20
<b>displayed (1)</b> 30:12	<b>earmarked (1)</b> 61:10	<b>emergency (10)</b> 46:18;48:5,9,9,10, 15;49:4,5,24;51:17	<b>E-r-v-i-n (1)</b> 6:13	<b>exception (3)</b> 16:15;23:24;32:6
<b>displaying (1)</b> 39:6	<b>easily (2)</b> 36:5;65:9	<b>employee (6)</b> 10:5,23;11:7;45:8, 9;65:14	<b>especially (1)</b> 63:9	<b>excess (26)</b> 6:23;7:4,7,9,16,22; 8:6;9:3;21:1;57:2,8, 17,24;58:4,7,17,22; 59:23;61:6;71:5,11, 16,21;72:1,5,7
<b>disrespect (1)</b> 68:24	<b>East (1)</b> 5:8	<b>employees (8)</b> 8:10;11:6;32:9; 41:19;53:23;57:10; 71:1;75:10	<b>established (1)</b> 8:23	<b>excited (1)</b> 12:21
<b>Ditto (1)</b> 73:1	<b>Eaton (3)</b> 44:18,19,19	<b>Employees' (7)</b> 5:4;13:12;53:23; 55:21;56:24;57:4,6	<b>estimate (1)</b> 6:24	<b>excluded (1)</b> 18:16
<b>doctor (4)</b> 48:11;49:5;76:21, 24	<b>edited (1)</b> 18:23	<b>employment (1)</b> 10:9	<b>et (1)</b> 6:14	<b>Exclusive (3)</b> 44:17;50:4,4
<b>doctors' (1)</b> 74:5	<b>edits (2)</b> 19:7;21:6	<b>empower (1)</b> 6:15	<b>ethics (1)</b> 13:9	<b>excuse (2)</b> 10:1;54:13
<b>document (1)</b> 19:12	<b>education (2)</b> 8:8;12:20	<b>empowerment (1)</b> 6:16	<b>even (11)</b> 33:4;34:22;39:23; 42:16;50:10;51:7; 54:19;58:17;63:11,	<b>executive (2)</b> 20:3,12
<b>documented (1)</b> 18:22	<b>effect (3)</b> 43:5;47:9;59:22	<b>end (14)</b> 6:23;7:1;11:3; 31:18;41:6;44:5; 45:4,5;50:1,19;53:10, 20;54:11;60:14		<b>exempt (1)</b> 69:22
<b>documents (7)</b> 30:3,4;33:13,16, 18;36:14;74:23	<b>effecting (1)</b> 13:22			<b>exemption (1)</b> 11:12
<b>dollar (6)</b> 16:1,19;17:10; 35:17;37:10;47:20	<b>effective (2)</b>			<b>exist (3)</b> 55:21;73:24;76:11
<b>dollars (24)</b> 6:23;7:3,4;17:11,				<b>existed (1)</b>

31:6 <b>existing (2)</b> 31:22;32:11 <b>expand (1)</b> 62:17 <b>expanding (1)</b> 72:16 <b>expectation (1)</b> 38:6 <b>expectations (2)</b> 36:19;41:8 <b>expected (3)</b> 7:1;22:5;36:17 <b>expend (3)</b> 57:6,24;58:4 <b>expenditure (1)</b> 71:5 <b>expenditures (4)</b> 7:7,9;57:3;61:7 <b>expense (3)</b> 63:23;64:2;65:15 <b>experience (4)</b> 20:24;32:1;35:13; 36:4 <b>experienced (4)</b> 29:9;32:9;33:2; 39:2 <b>explained (1)</b> 62:23 <b>extend (1)</b> 43:12 <b>extension (1)</b> 35:24 <b>extensions (1)</b> 26:18 <b>external (1)</b> 17:19 <b>extra (3)</b> 29:21;35:5;39:10 <b>extreme (1)</b> 40:20 <b>eye (3)</b> 55:16;66:22;76:9	16:19 <b>fair (4)</b> 66:17,19,20,20 <b>fairly (1)</b> 9:2 <b>Fallon (1)</b> 49:24 <b>family (1)</b> 55:8 <b>far (3)</b> 11:10,11;43:8 <b>fast (1)</b> 59:21 <b>favor (10)</b> 15:4,5;28:13,14; 46:11,12;67:12,14; 69:17;70:17 <b>avored (1)</b> 7:12 <b>fear (1)</b> 64:8 <b>feasibility (1)</b> 54:14 <b>federal (2)</b> 50:11;55:3 <b>feed (1)</b> 59:8 <b>feedback (1)</b> 10:19 <b>feel (9)</b> 21:21;25:5;51:13, 14;52:9;64:1;66:2,6; 72:9 <b>fees (10)</b> 26:14,17,18;37:9, 11;42:19,20;45:8,11, 16 <b>felt (1)</b> 54:18 <b>few (5)</b> 9:19;12:16;36:2; 51:24;58:20 <b>fiduciaries (1)</b> 26:7 <b>field (1)</b> 30:7 <b>Fifth (1)</b> 8:22 <b>figures (1)</b> 11:10 <b>files (1)</b> 20:14 <b>final (2)</b> 21:4;58:1 <b>finality (2)</b> 58:15;60:1 <b>finalize (1)</b> 29:10 <b>finally (2)</b> 8:22;63:17 <b>finance (16)</b> 7:6;20:4;56:8; 57:12,19,23;58:3;	59:2,5,6,10,19;60:9; 61:9;71:5;75:20 <b>financial (7)</b> 16:16,16;17:1; 20:11;47:18,19,22 <b>financially (1)</b> 64:9 <b>find (8)</b> 16:16;20:24;26:22; 50:6;60:7;63:6; 74:19;75:6 <b>findings (3)</b> 15:13;16:11;24:9 <b>firefighters (1)</b> 75:14 <b>first (3)</b> 18:15;34:13;59:9 <b>fiscal (10)</b> 7:1;15:23;45:9; 47:10;50:21;62:3,3, 7;63:24;64:1 <b>fiscally (1)</b> 7:18 <b>fishing (1)</b> 75:13 <b>Five (1)</b> 15:9 <b>fix (3)</b> 42:3;43:7;47:23 <b>flavor (1)</b> 69:8 <b>folks (3)</b> 43:9;55:2;72:4 <b>followed (1)</b> 63:2 <b>following (1)</b> 36:24 <b>follow-up (2)</b> 76:21,24 <b>foresee (2)</b> 53:1,14 <b>foreseeing (1)</b> 58:2 <b>forget (1)</b> 50:14 <b>form (2)</b> 26:16;59:3 <b>formal (1)</b> 37:1 <b>former (3)</b> 54:20;55:11;62:21 <b>formula (2)</b> 10:16;11:19 <b>forward (4)</b> 9:8;12:22;24:19; 63:18 <b>foster (1)</b> 52:12 <b>found (5)</b> 10:12;17:19;18:4; 19:18;58:18 <b>Four (4)</b> 14:13;45:10;55:8;	76:15 <b>Fourth (1)</b> 8:11 <b>four-week (1)</b> 29:15 <b>four-year (1)</b> 41:20 <b>Fox (23)</b> 5:18,19;28:18,22, 22,24;38:19,21,21; 39:19;44:10;60:20, 22;61:17;68:4,12,13, 13,23;69:2,12;70:5,6 <b>fraction (1)</b> 63:23 <b>front (3)</b> 10:19;59:1;62:14 <b>frustrating (2)</b> 39:18;43:3 <b>full (3)</b> 6:9;36:23;55:4 <b>fully (1)</b> 72:10 <b>function (1)</b> 17:6 <b>functional (1)</b> 38:9 <b>fund (2)</b> 26:7;72:6 <b>funding (4)</b> 7:19;56:19;57:2,19 <b>further (2)</b> 28:5,11 <b>future (4)</b> 7:7;22:6;43:23; 44:2	<b>gestational (6)</b> 52:2,5,18,21;53:3,8 <b>gets (2)</b> 56:19;59:19 <b>gifts (1)</b> 56:10 <b>gives (1)</b> 60:4 <b>giving (1)</b> 37:13 <b>goal (3)</b> 36:3;37:8;63:5 <b>goals (2)</b> 35:12;37:4 <b>goes (1)</b> 49:3 <b>Good (12)</b> 5:3;6:12;8:9; 12:18;21:8;24:19; 29:5;51:14;53:21; 70:23;73:13;76:5 <b>government (4)</b> 50:11,20;72:2,2 <b>governments (1)</b> 66:8 <b>Governor (3)</b> 8:4;57:13,23 <b>Governor's (4)</b> 58:4;59:6,18;61:9 <b>Grant (1)</b> 5:8 <b>granted (1)</b> 10:22 <b>great (8)</b> 5:12;6:8;73:6,9,17, 19;77:6,13 <b>greater (1)</b> 14:6 <b>gross (1)</b> 11:8 <b>group (2)</b> 54:24;55:21 <b>groups (2)</b> 75:8,16 <b>grumble (1)</b> 26:17 <b>guarantee (1)</b> 16:17 <b>guaranteed (3)</b> 10:4,23;16:13 <b>guarantees (2)</b> 15:15;16:11 <b>guess (1)</b> 67:19 <b>guidance (1)</b> 12:3 <b>guidelines (1)</b> 10:17 <b>guides (1)</b> 30:3 <b>guys (4)</b> 41:9;42:4;51:23; 59:17
<b>F</b>			<b>G</b>	
<b>faces (1)</b> 9:5 <b>facilities (3)</b> 75:18,22;76:2 <b>facility (3)</b> 48:10;49:5;75:18 <b>facing (3)</b> 36:2;38:6;43:9 <b>fact (4)</b> 11:18;25:16;27:5; 71:7 <b>Faculty (7)</b> 6:13,14,15,17; 47:15;56:17;72:24 <b>fail (1)</b> 61:4 <b>failure (1)</b>			<b>gained (1)</b> 35:18 <b>gap (1)</b> 32:1 <b>GASKILL (6)</b> 9:12,13,17;11:24; 12:5,7 <b>gathering (1)</b> 66:11 <b>general (3)</b> 13:7;14:2;72:6 <b>generally (6)</b> 26:5,14;29:22; 56:6;58:6;66:18 <b>General's (1)</b> 13:5 <b>generate (1)</b> 8:23 <b>generated (1)</b> 7:5 <b>generation (1)</b> 7:16 <b>gestation (2)</b> 13:20;46:21	

<b>H</b>				
	<b>heard (7)</b> 47:1,14;51:23; 59:11;63:13;72:14; 73:6	10:4,23;66:11	<b>improve (3)</b> 8:7;25:5;35:13	37:10,21
<b>Hager (3)</b> 24:5,5;65:1	<b>heat (1)</b> 74:9	<b>house (1)</b> 6:9	<b>improved (3)</b> 36:4,15;43:16	<b>initially (1)</b> 40:1
<b>H-a-g-e-r (1)</b> 24:6	<b>heavy (1)</b> 66:15	<b>HRA (3)</b> 8:5;30:11;42:21	<b>improvement (5)</b> 37:1,2,22;42:17; 43:14	<b>in-network (1)</b> 48:9
<b>Hagler (8)</b> 5:20,21;27:18,18; 28:9;41:6;70:3,4	<b>held (3)</b> 49:9,9;74:14	<b>HSA (4)</b> 8:5;30:11;34:14; 58:21	<b>improvements (4)</b> 36:7,21;38:12; 42:18	<b>inpatient/outpatient (1)</b> 15:24
<b>half (1)</b> 10:6	<b>help (7)</b> 6:15;26:24;40:12; 42:22,22;55:13; 63:18	<b>human (2)</b> 16:20;51:9	<b>incentives (2)</b> 8:4,9	<b>input (2)</b> 9:9;73:22
<b>handle (1)</b> 73:2	<b>helped (2)</b> 33:2;50:24	<b>hunting (1)</b> 75:13	<b>include (4)</b> 19:18;43:22;59:15; 72:18	<b>inquiries (1)</b> 30:8
<b>handout (2)</b> 9:14;10:14	<b>helpful (1)</b> 37:17	<b>husband (1)</b> 9:16	<b>included (7)</b> 10:14;15:15;16:10; 18:8;49:17;75:23; 76:20	<b>instead (2)</b> 32:15,23
<b>hands-on (1)</b> 37:16	<b>herself (1)</b> 12:13	<b>I</b>	<b>including (1)</b> 57:5	<b>Institutions (1)</b> 6:14
<b>happened (1)</b> 22:9	<b>hey (1)</b> 40:7	<b>I&amp;E (1)</b> 17:23	<b>inclusive (2)</b> 18:24;19:9	<b>insurance (11)</b> 9:1,17,18;10:8,8; 11:3;13:14;31:14,15; 54:15;55:4
<b>happy (3)</b> 12:23;46:1;48:22	<b>Hi (1)</b> 12:18	<b>ID (1)</b> 31:10	<b>income (1)</b> 11:9	<b>insurances (1)</b> 11:16
<b>hard (6)</b> 26:22;34:2;35:6; 72:5;73:14;77:6	<b>high (3)</b> 17:6;23:14;63:23	<b>idea (6)</b> 41:12;47:19;48:8; 51:1;54:20;55:6	<b>incoming (1)</b> 32:19	<b>insure (1)</b> 10:10
<b>harder (1)</b> 39:12	<b>higher (2)</b> 39:4;56:8	<b>ideas (3)</b> 47:15;55:14;58:11	<b>incorrect (1)</b> 19:17	<b>integrated (1)</b> 35:15
<b>hardest (1)</b> 35:2	<b>Highway (1)</b> 76:1	<b>identified (4)</b> 17:10,15,18;36:20	<b>increase (9)</b> 7:2;20:4;30:22,22; 33:8;45:10;50:22; 65:23;71:13	<b>intensive (2)</b> 53:10;66:11
<b>Haycock (20)</b> 12:1;24:10;26:1,3, 4;41:13,13;46:22,23, 24;60:24,24;62:5,5; 64:18,18;65:17;66:4, 4;69:24	<b>historically (1)</b> 61:24	<b>identify (1)</b> 37:3	<b>increased (1)</b> 33:9	<b>intent (2)</b> 20:20;35:14
<b>HCA (1)</b> 17:2	<b>hold (1)</b> 61:3	<b>IFC (9)</b> 7:7,10,12;59:19,21, 22;60:22;61:11,14	<b>increasing (1)</b> 17:24	<b>interest (2)</b> 26:7;68:18
<b>head (2)</b> 75:5,9	<b>hole (1)</b> 47:20	<b>illegal (1)</b> 42:1	<b>incurred (1)</b> 20:18	<b>interested (7)</b> 30:24;65:1;67:22; 68:11,12,14,17
<b>health (36)</b> 8:10;9:4;13:13; 15:9,11,16,19;16:5; 18:13,16,22;19:4,12, 15,16;20:20;24:3,7,9; 25:4,21;44:17;47:16, 21;49:2,8,13;50:3; 51:9;52:3,10,14; 55:3;57:9;63:4,14	<b>home (3)</b> 31:14;34:11;52:22	<b>immediately (2)</b> 20:14;52:7	<b>in-depth (1)</b> 7:23	<b>interface (1)</b> 36:16
<b>healthcare (6)</b> 48:4;52:16;54:8, 15,24;58:1	<b>homes (1)</b> 52:13	<b>immoral (1)</b> 42:1	<b>individual (5)</b> 8:12,20;11:12; 55:20;75:11	<b>interim (12)</b> 7:6;56:8;57:12,19, 22;58:3;59:2,4,10; 60:9;71:5;75:20
<b>HealthSCOPE (31)</b> 13:17;15:10,21; 16:6,12,20,22;17:5, 20;18:6,19,24;19:4,7, 17,20;20:15,22;21:7; 22:17,22;23:3;24:7,8, 24;25:3;26:12;44:15, 21;45:15;46:5	<b>Hometown (12)</b> 18:13,15,21;19:4, 12,15,16;20:19;24:3, 6,9;25:21	<b>impact (8)</b> 47:11,11;62:3,7; 63:24;64:1;72:18,20	<b>industry (2)</b> 16:7;19:8	<b>into (18)</b> 12:2;16:6;23:16; 26:11;31:20;43:9,23; 46:18;47:4;51:5; 52:13,22;56:22; 57:14;60:11;64:7; 72:6;74:21
<b>HealthSCOPE'S (1)</b> 15:12	<b>Honor (1)</b> 68:16	<b>implement (2)</b> 38:15;60:8	<b>inferior (4)</b> 9:18;10:11,18; 11:21	<b>introduce (1)</b> 12:13
<b>hear (2)</b> 5:10;51:4	<b>hoops (1)</b> 76:5	<b>implementation (1)</b> 41:15	<b>inflation (1)</b> 26:15	<b>introduced (6)</b> 29:20;30:23;31:6, 10;54:19,21
	<b>hope (2)</b> 40:23;72:21	<b>implemented (6)</b> 17:9;29:18;38:8; 39:16;41:18;58:23	<b>information (14)</b> 10:12,14,21;22:10; 32:23;34:13,14,16, 17;39:24;40:3;47:2; 53:18;58:10	<b>introduction (1)</b> 33:12
	<b>hopefully (2)</b> 41:11;52:24	<b>implementing (1)</b> 36:20	<b>informed (1)</b> 30:1	<b>investment (2)</b> 35:17;37:10
	<b>hospital (10)</b> 15:24;19:22;20:2, 7;49:22,22;50:1,8; 63:21;64:22	<b>importance (1)</b> 73:2	<b>in-house (1)</b> 32:16	<b>invite (1)</b> 14:9
	<b>hospitals (10)</b> 49:19,19,20;62:13; 63:4,9,21;64:20;65:4, 20	<b>important (6)</b> 17:17;23:13;34:1; 48:19;53:21;74:13	<b>initial (2)</b>	<b>involved (4)</b> 39:11,12;74:2;75:6
	<b>hours (3)</b>	<b>importantly (3)</b> 20:23;32:22;43:5		<b>issue (13)</b> 19:14;41:2;42:6; 47:18,19,22;50:4;
		<b>imposed (2)</b> 33:4;34:5		

<p>53:1,14;65:12;71:7; 72:11,12 <b>issues (9)</b> 18:12;24:11;39:4; 42:3,22;43:7;63:8; 71:3;73:8 <b>Item (18)</b> 5:13;6:10,22;13:2, 15;14:13,15,17;15:9; 23:13;29:2;44:13; 46:16;48:2;59:4; 67:18;70:21;77:14 <b>items (5)</b> 13:4;14:5,14;37:4, 21 <b>iterations (2)</b> 52:1;62:8</p>	<p><b>kind (7)</b> 27:24;54:11;62:3; 64:10,16;65:13,23 <b>knowing (1)</b> 76:13 <b>knowledge (1)</b> 21:5 <b>knows (1)</b> 50:14</p>	<p>73:15 <b>learn (1)</b> 10:9 <b>least (5)</b> 23:4;40:1;56:16; 60:4;62:23 <b>led (1)</b> 48:6 <b>left (2)</b> 6:18;77:2</p>	<p>74:1 <b>live (3)</b> 11:4;44:24;49:24 <b>LOA (1)</b> 19:13 <b>loaded (1)</b> 16:5 <b>LOA's (2)</b> 18:18,22 <b>local (3)</b> 47:21;50:19;66:7 <b>LOCKARD (3)</b> 70:23,24;73:1 <b>log (2)</b> 39:23;40:8 <b>long (2)</b> 14:6;66:10 <b>longer (4)</b> 33:16;42:17;49:8; 58:1 <b>long-term (4)</b> 32:6;37:3;48:5,17 <b>longtime (1)</b> 36:22 <b>look (14)</b> 9:7;12:1;22:8; 24:11;43:23,24;44:6, 7;55:19,23;58:7; 60:3;71:15;72:5 <b>looked (4)</b> 10:11;21:20;22:6; 42:23 <b>looking (4)</b> 12:21;22:3;34:17; 72:15 <b>looks (2)</b> 22:11;33:10 <b>lost (1)</b> 47:8 <b>lot (18)</b> 9:6;25:10;27:8; 29:18;30:18;33:18; 34:7,8;39:9,10,11; 42:7,7;43:3;53:16; 54:17;66:10 <b>love (1)</b> 26:20 <b>low (1)</b> 8:3 <b>lower (3)</b> 13:18;37:11;44:15 <b>lowered (4)</b> 26:15,17,19;46:5 <b>lowering (1)</b> 35:13 <b>loyalty (1)</b> 40:20</p>	<p>13:6;14:8;15:18; 21:9;23:20;26:3; 46:8,23;60:16;66:5, 10;67:1;68:3,20; 70:23 <b>mailings (2)</b> 30:2;34:19 <b>maintain (3)</b> 20:4,9;76:7 <b>major (6)</b> 17:14;18:12;41:15; 56:18;64:2;72:17 <b>majority (4)</b> 28:14;31:1;68:9; 70:17 <b>makes (3)</b> 22:23;30:15;61:12 <b>making (2)</b> 13:9;61:22 <b>mammogram (2)</b> 76:22;77:1 <b>mammograms (3)</b> 76:19,23;77:2 <b>manage (1)</b> 25:22 <b>managing (1)</b> 55:12 <b>mandated (1)</b> 55:23 <b>Mandy (4)</b> 5:20;27:18;41:5; 70:3 <b>manual (2)</b> 36:8;39:11 <b>many (11)</b> 29:20;36:8;43:16; 47:7,20;48:6,6,20; 71:17;72:1;73:17 <b>March (7)</b> 6:23;15:11,22; 43:18;58:18;59:22; 60:1 <b>mark (1)</b> 21:24 <b>market (1)</b> 11:14 <b>marketplace (1)</b> 66:7 <b>Marlene (1)</b> 70:24 <b>marriage (1)</b> 33:14 <b>married (1)</b> 9:19 <b>Mary (1)</b> 25:2 <b>massive (1)</b> 66:14 <b>master (3)</b> 20:8,10;30:3 <b>maternity (5)</b> 13:20;46:22;51:24; 60:16;67:5</p>
<p style="text-align: center;"><b>J</b></p>	<p style="text-align: center;"><b>L</b></p>	<p><b>legal (1)</b> 31:11 <b>legislation (2)</b> 8:15;48:24 <b>Legislative (9)</b> 5:6;6:18;13:21; 29:10;46:17;54:13; 56:4,5;71:4 <b>legislature (15)</b> 7:6;8:4,11;48:20; 50:16;52:3;54:23; 55:18;56:1,10,21; 61:3;62:14;72:4,13 <b>legitimate (1)</b> 18:4 <b>less (2)</b> 11:15;48:23 <b>letter (2)</b> 18:17;64:16 <b>letters (3)</b> 18:14,15;74:17 <b>level (7)</b> 17:6,24;38:5; 41:19,23;42:11;55:1 <b>levels (5)</b> 16:13,15;17:11; 56:20;58:17 <b>liability (2)</b> 52:9;53:2 <b>Liberty (2)</b> 31:24;32:2 <b>licensed (1)</b> 12:20 <b>life (2)</b> 13:14;31:7 <b>lift (1)</b> 29:21 <b>limitation (1)</b> 57:5 <b>limitations (1)</b> 32:9 <b>Linda (8)</b> 5:18;38:21;68:4, 13,23;69:2,12;70:5 <b>lined (1)</b> 35:22 <b>listed (1)</b> 19:3 <b>little (14)</b> 10:12;22:16;26:12; 31:12;33:11;39:17, 21;43:3,4;47:4; 48:23;54:1,62:18;</p>	<p><b>73:15</b> <b>learn (1)</b> 10:9 <b>least (5)</b> 23:4;40:1;56:16; 60:4;62:23 <b>led (1)</b> 48:6 <b>left (2)</b> 6:18;77:2 <b>legal (1)</b> 31:11 <b>legislation (2)</b> 8:15;48:24 <b>Legislative (9)</b> 5:6;6:18;13:21; 29:10;46:17;54:13; 56:4,5;71:4 <b>legislature (15)</b> 7:6;8:4,11;48:20; 50:16;52:3;54:23; 55:18;56:1,10,21; 61:3;62:14;72:4,13 <b>legitimate (1)</b> 18:4 <b>less (2)</b> 11:15;48:23 <b>letter (2)</b> 18:17;64:16 <b>letters (3)</b> 18:14,15;74:17 <b>level (7)</b> 17:6,24;38:5; 41:19,23;42:11;55:1 <b>levels (5)</b> 16:13,15;17:11; 56:20;58:17 <b>liability (2)</b> 52:9;53:2 <b>Liberty (2)</b> 31:24;32:2 <b>licensed (1)</b> 12:20 <b>life (2)</b> 13:14;31:7 <b>lift (1)</b> 29:21 <b>limitation (1)</b> 57:5 <b>limitations (1)</b> 32:9 <b>Linda (8)</b> 5:18;38:21;68:4, 13,23;69:2,12;70:5 <b>lined (1)</b> 35:22 <b>listed (1)</b> 19:3 <b>little (14)</b> 10:12;22:16;26:12; 31:12;33:11;39:17, 21;43:3,4;47:4; 48:23;54:1,62:18;</p>	<p><b>73:15</b> <b>learn (1)</b> 10:9 <b>least (5)</b> 23:4;40:1;56:16; 60:4;62:23 <b>led (1)</b> 48:6 <b>left (2)</b> 6:18;77:2 <b>legal (1)</b> 31:11 <b>legislation (2)</b> 8:15;48:24 <b>Legislative (9)</b> 5:6;6:18;13:21; 29:10;46:17;54:13; 56:4,5;71:4 <b>legislature (15)</b> 7:6;8:4,11;48:20; 50:16;52:3;54:23; 55:18;56:1,10,21; 61:3;62:14;72:4,13 <b>legitimate (1)</b> 18:4 <b>less (2)</b> 11:15;48:23 <b>letter (2)</b> 18:17;64:16 <b>letters (3)</b> 18:14,15;74:17 <b>level (7)</b> 17:6,24;38:5; 41:19,23;42:11;55:1 <b>levels (5)</b> 16:13,15;17:11; 56:20;58:17 <b>liability (2)</b> 52:9;53:2 <b>Liberty (2)</b> 31:24;32:2 <b>licensed (1)</b> 12:20 <b>life (2)</b> 13:14;31:7 <b>lift (1)</b> 29:21 <b>limitation (1)</b> 57:5 <b>limitations (1)</b> 32:9 <b>Linda (8)</b> 5:18;38:21;68:4, 13,23;69:2,12;70:5 <b>lined (1)</b> 35:22 <b>listed (1)</b> 19:3 <b>little (14)</b> 10:12;22:16;26:12; 31:12;33:11;39:17, 21;43:3,4;47:4; 48:23;54:1,62:18;</p>
<p><b>January (11)</b> 15:11,22;43:18; 46:20;51:13;53:16, 16;58:17;59:21;61:4, 14 <b>Jeff (5)</b> 9:16,20;10:3,7,23 <b>Jeff's (1)</b> 11:10 <b>Jet (4)</b> 5:24;12:19;70:9; 73:5 <b>job (2)</b> 40:22;55:12 <b>John (3)</b> 6:2;24:5;70:11 <b>J-o-h-n (1)</b> 24:5 <b>join (1)</b> 12:21 <b>joined (1)</b> 42:5 <b>JULY (13)</b> 5:1,6;31:15,16; 32:4;35:9;38:1,12; 41:11;43:19;45:1,12; 58:23 <b>June (4)</b> 29:13;32:18;45:4,6 <b>justification (1)</b> 66:11</p>	<p><b>Lamborn (22)</b> 5:22,23;23:19,20; 27:22,24;28:17;29:1; 46:8,8;61:19,20,20; 64:12,13;68:2,3;69:4, 4,13;70:7,8 <b>LANDRY (19)</b> 5:14,16,18,20,22, 24;6:2,4,6;69:20,22; 70:1,3,5,7,9,11,13,15 <b>language (4)</b> 49:17;53:19;56:22; 57:14 <b>large (4)</b> 16:1,19;33:15; 47:12 <b>Las (12)</b> 5:9;12:10;15:17; 21:12;23:6;24:24; 28:2,3;44:11;45:20; 60:19;77:9 <b>last (10)</b> 22:1;24:14;26:12; 34:18;35:6;54:22; 55:18;56:16;62:22; 74:10 <b>late (1)</b> 58:17 <b>later (5)</b> 37:15;51:8;54:2; 56:5;61:12 <b>latest (1)</b> 30:1 <b>launch (3)</b> 34:10;37:12;38:22 <b>Laura (3)</b> 29:4,5;38:22 <b>law (2)</b> 13:9;14:1 <b>LCB (3)</b> 56:10;59:19;61:9 <b>leadership (2)</b> 37:20;55:17 <b>leading (1)</b> 34:4 <b>Leah (6)</b> 5:22;46:8;61:20; 64:13;69:4;70:7 <b>Lear (1)</b> 73:15 <b>L-e-a-r (1)</b></p>	<p><b>73:15</b> <b>learn (1)</b> 10:9 <b>least (5)</b> 23:4;40:1;56:16; 60:4;62:23 <b>led (1)</b> 48:6 <b>left (2)</b> 6:18;77:2 <b>legal (1)</b> 31:11 <b>legislation (2)</b> 8:15;48:24 <b>Legislative (9)</b> 5:6;6:18;13:21; 29:10;46:17;54:13; 56:4,5;71:4 <b>legislature (15)</b> 7:6;8:4,11;48:20; 50:16;52:3;54:23; 55:18;56:1,10,21; 61:3;62:14;72:4,13 <b>legitimate (1)</b> 18:4 <b>less (2)</b> 11:15;48:23 <b>letter (2)</b> 18:17;64:16 <b>letters (3)</b> 18:14,15;74:17 <b>level (7)</b> 17:6,24;38:5; 41:19,23;42:11;55:1 <b>levels (5)</b> 16:13,15;17:11; 56:20;58:17 <b>liability (2)</b> 52:9;53:2 <b>Liberty (2)</b> 31:24;32:2 <b>licensed (1)</b> 12:20 <b>life (2)</b> 13:14;31:7 <b>lift (1)</b> 29:21 <b>limitation (1)</b> 57:5 <b>limitations (1)</b> 32:9 <b>Linda (8)</b> 5:18;38:21;68:4, 13,23;69:2,12;70:5 <b>lined (1)</b> 35:22 <b>listed (1)</b> 19:3 <b>little (14)</b> 10:12;22:16;26:12; 31:12;33:11;39:17, 21;43:3,4;47:4; 48:23;54:1,62:18;</p>	<p><b>74:1</b> <b>live (3)</b> 11:4;44:24;49:24 <b>LOA (1)</b> 19:13 <b>loaded (1)</b> 16:5 <b>LOA's (2)</b> 18:18,22 <b>local (3)</b> 47:21;50:19;66:7 <b>LOCKARD (3)</b> 70:23,24;73:1 <b>log (2)</b> 39:23;40:8 <b>long (2)</b> 14:6;66:10 <b>longer (4)</b> 33:16;42:17;49:8; 58:1 <b>long-term (4)</b> 32:6;37:3;48:5,17 <b>longtime (1)</b> 36:22 <b>look (14)</b> 9:7;12:1;22:8; 24:11;43:23,24;44:6, 7;55:19,23;58:7; 60:3;71:15;72:5 <b>looked (4)</b> 10:11;21:20;22:6; 42:23 <b>looking (4)</b> 12:21;22:3;34:17; 72:15 <b>looks (2)</b> 22:11;33:10 <b>lost (1)</b> 47:8 <b>lot (18)</b> 9:6;25:10;27:8; 29:18;30:18;33:18; 34:7,8;39:9,10,11; 42:7,7;43:3;53:16; 54:17;66:10 <b>love (1)</b> 26:20 <b>low (1)</b> 8:3 <b>lower (3)</b> 13:18;37:11;44:15 <b>lowered (4)</b> 26:15,17,19;46:5 <b>lowering (1)</b> 35:13 <b>loyalty (1)</b> 40:20</p>	<p><b>13:6;14:8;15:18; 21:9;23:20;26:3; 46:8,23;60:16;66:5, 10;67:1;68:3,20; 70:23</b> <b>mailings (2)</b> 30:2;34:19 <b>maintain (3)</b> 20:4,9;76:7 <b>major (6)</b> 17:14;18:12;41:15; 56:18;64:2;72:17 <b>majority (4)</b> 28:14;31:1;68:9; 70:17 <b>makes (3)</b> 22:23;30:15;61:12 <b>making (2)</b> 13:9;61:22 <b>mammogram (2)</b> 76:22;77:1 <b>mammograms (3)</b> 76:19,23;77:2 <b>manage (1)</b> 25:22 <b>managing (1)</b> 55:12 <b>mandated (1)</b> 55:23 <b>Mandy (4)</b> 5:20;27:18;41:5; 70:3 <b>manual (2)</b> 36:8;39:11 <b>many (11)</b> 29:20;36:8;43:16; 47:7,20;48:6,6,20; 71:17;72:1;73:17 <b>March (7)</b> 6:23;15:11,22; 43:18;58:18;59:22; 60:1 <b>mark (1)</b> 21:24 <b>market (1)</b> 11:14 <b>marketplace (1)</b> 66:7 <b>Marlene (1)</b> 70:24 <b>marriage (1)</b> 33:14 <b>married (1)</b> 9:19 <b>Mary (1)</b> 25:2 <b>massive (1)</b> 66:14 <b>master (3)</b> 20:8,10;30:3 <b>maternity (5)</b> 13:20;46:22;51:24; 60:16;67:5</p>
<p style="text-align: center;"><b>K</b></p> <p><b>keep (5)</b> 50:8;56:14;63:1; 66:22;76:7 <b>Kent (2)</b> 6:12;72:24 <b>key (1)</b> 49:16 <b>kicking (1)</b> 56:13</p>	<p><b>Lamborn (22)</b> 5:22,23;23:19,20; 27:22,24;28:17;29:1; 46:8,8;61:19,20,20; 64:12,13;68:2,3;69:4, 4,13;70:7,8 <b>LANDRY (19)</b> 5:14,16,18,20,22, 24;6:2,4,6;69:20,22; 70:1,3,5,7,9,11,13,15 <b>language (4)</b> 49:17;53:19;56:22; 57:14 <b>large (4)</b> 16:1,19;33:15; 47:12 <b>Las (12)</b> 5:9;12:10;15:17; 21:12;23:6;24:24; 28:2,3;44:11;45:20; 60:19;77:9 <b>last (10)</b> 22:1;24:14;26:12; 34:18;35:6;54:22; 55:18;56:16;62:22; 74:10 <b>late (1)</b> 58:17 <b>later (5)</b> 37:15;51:8;54:2; 56:5;61:12 <b>latest (1)</b> 30:1 <b>launch (3)</b> 34:10;37:12;38:22 <b>Laura (3)</b> 29:4,5;38:22 <b>law (2)</b> 13:9;14:1 <b>LCB (3)</b> 56:10;59:19;61:9 <b>leadership (2)</b> 37:20;55:17 <b>leading (1)</b> 34:4 <b>Leah (6)</b> 5:22;46:8;61:20; 64:13;69:4;70:7 <b>Lear (1)</b> 73:15 <b>L-e-a-r (1)</b></p>	<p><b>73:15</b> <b>learn (1)</b> 10:9 <b>least (5)</b> 23:4;40:1;56:16; 60:4;62:23 <b>led (1)</b> 48:6 <b>left (2)</b> 6:18;77:2 <b>legal (1)</b> 31:11 <b>legislation (2)</b> 8:15;48:24 <b>Legislative (9)</b> 5:6;6:18;13:21; 29:10;46:17;54:13; 56:4,5;71:4 <b>legislature (15)</b> 7:6;8:4,11;48:20; 50:16;52:3;54:23; 55:18;56:1,10,21; 61:3;62:14;72:4,13 <b>legitimate (1)</b> 18:4 <b>less (2)</b> 11:15;48:23 <b>letter (2)</b> 18:17;64:16 <b>letters (3)</b> 18:14,15;74:17 <b>level (7)</b> 17:6,24;38:5; 41:19,23;42:11;55:1 <b>levels (5)</b> 16:13,15;17:11; 56:20;58:17 <b>liability (2)</b> 52:9;53:2 <b>Liberty (2)</b> 31:24;32:2 <b>licensed (1)</b> 12:20 <b>life (2)</b> 13:14;31:7 <b>lift (1)</b> 29:21 <b>limitation (1)</b> 57:5 <b>limitations (1)</b> 32:9 <b>Linda (8)</b> 5:18;38:21;68:4, 13,23;69:2,12;70:5 <b>lined (1)</b> 35:22 <b>listed (1)</b> 19:3 <b>little (14)</b> 10:12;22:16;26:12; 31:12;33:11;39:17, 21;43:3,4;47:4; 48:23;54:1,62:18;</p>	<p style="text-align: center;"><b>M</b></p> <p><b>ma'am (2)</b> 9:11;12:11 <b>Madam (15)</b></p>	<p><b>13:6;14:8;15:18; 21:9;23:20;26:3; 46:8,23;60:16;66:5, 10;67:1;68:3,20; 70:23</b> <b>mailings (2)</b> 30:2;34:19 <b>maintain (3)</b> 20:4,9;76:7 <b>major (6)</b> 17:14;18:12;41:15; 56:18;64:2;72:17 <b>majority (4)</b> 28:14;31:1;68:9; 70:17 <b>makes (3)</b> 22:23;30:15;61:12 <b>making (2)</b> 13:9;61:22 <b>mammogram (2)</b> 76:22;77:1 <b>mammograms (3)</b> 76:19,23;77:2 <b>manage (1)</b> 25:22 <b>managing (1)</b> 55:12 <b>mandated (1)</b> 55:23 <b>Mandy (4)</b> 5:20;27:18;41:5; 70:3 <b>manual (2)</b> 36:8;39:11 <b>many (11)</b> 29:20;36:8;43:16; 47:7,20;48:6,6,20; 71:17;72:1;73:17 <b>March (7)</b> 6:23;15:11,22; 43:18;58:18;59:22; 60:1 <b>mark (1)</b> 21:24 <b>market (1)</b> 11:14 <b>marketplace (1)</b> 66:7 <b>Marlene (1)</b> 70:24 <b>marriage (1)</b> 33:14 <b>married (1)</b> 9:19 <b>Mary (1)</b> 25:2 <b>massive (1)</b> 66:14 <b>master (3)</b> 20:8,10;30:3 <b>maternity (5)</b> 13:20;46:22;51:24; 60:16;67:5</p>



<p><b>matter (2)</b> 72:4,7</p> <p><b>matters (1)</b> 13:22</p> <p><b>may (29)</b> 10:10;11:6;13:13, 24;14:4;18:18;20:6, 8,19;29:9,12,13; 30:23;31:2;34:9,10, 13;37:12;43:19,22; 47:6,6;50:22;52:18; 54:15;59:21,22,24; 64:9</p> <p><b>maybe (3)</b> 30:16;39:3;41:22</p> <p><b>mean (4)</b> 49:21;57:15;65:23; 69:15</p> <p><b>means (4)</b> 7:2,19;13:12;59:8</p> <p><b>measures (1)</b> 33:4</p> <p><b>Medicaid (2)</b> 54:21;55:2</p> <p><b>medical (13)</b> 9:17,23;10:1;11:3; 13:18,19;15:24;36:6; 44:16,22;45:1;46:6; 52:20</p> <p><b>Medicare (7)</b> 17:16;42:8;58:20; 71:19;74:1,2,3</p> <p><b>meet (8)</b> 26:14,19;36:16; 41:7,7;60:22,23;61:1</p> <p><b>meeting (13)</b> 5:5;13:4;37:19,23, 24;43:17,18;56:4,9; 58:14,18;61:3,4</p> <p><b>meetings (9)</b> 7:14;34:13;74:14, 16,19,22;75:5,9; 76:17</p> <p><b>meets (2)</b> 61:2;74:6</p> <p><b>MEMBER (98)</b> 5:11,15,19,21,23; 6:1,3,5,7;12:11,18; 13:1;14:9,20,22; 15:2;21:14,16;23:8, 10,20;27:14,18,24; 28:3,4,10,17,18,19, 22;30:7;32:2,19; 33:2;34:23;35:10,13; 36:1,2,4,12;38:6,19, 21;39:19;40:16;41:6; 43:8;44:10;45:22,24; 46:4,8;47:17;48:13, 13;49:2,6,9;52:7,13, 17,23;53:2,5,7,8,12; 60:20,22;61:17,20; 64:3,12;67:1,3,8,23; 68:3,13,16,20,22;</p>	<p>69:4,9,14,21;70:4,6, 8,10,12,14,16;73:5, 11;77:11</p> <p><b>members (48)</b> 9:8;13:10,11,16,19, 22;14:2,4,7;15:18; 23:6;27:11;30:1,8; 31:24;32:22;33:13, 17;34:16;35:4,19; 36:12,15;39:2,5; 44:16;46:20;47:2; 49:23;51:2,14,16; 52:6;54:24;62:11,12, 14,15,24;64:7,10; 66:18;70:24;72:18, 20;75:4,8,16</p> <p><b>membership (3)</b> 42:22;43:6;60:2</p> <p><b>mentioned (2)</b> 26:11;36:13</p> <p><b>met (1)</b> 42:18</p> <p><b>methods (1)</b> 7:23</p> <p><b>mid-August (1)</b> 37:19</p> <p><b>middle (2)</b> 49:9;60:1</p> <p><b>mid-term (1)</b> 37:3</p> <p><b>midyear (1)</b> 53:18</p> <p><b>might (1)</b> 41:9</p> <p><b>migration (1)</b> 30:19</p> <p><b>milestones (1)</b> 37:5</p> <p><b>million (19)</b> 7:3,4;17:11,23; 21:2,22;22:12,18,19, 20,23,24;24:16,17; 35:17;37:10;47:19; 63:16,19</p> <p><b>millions (3)</b> 6:23;71:11,20</p> <p><b>mind (1)</b> 50:8</p> <p><b>mine (1)</b> 10:9</p> <p><b>minute (2)</b> 34:18;51:4</p> <p><b>minutes (1)</b> 76:15</p> <p><b>misleading (1)</b> 33:11</p> <p><b>missed (1)</b> 28:10</p> <p><b>missing (2)</b> 21:21,24</p> <p><b>mission (1)</b> 6:15</p> <p><b>mistakenly (1)</b></p>	<p>54:4</p> <p><b>Mitchell (14)</b> 5:24;6:1;12:13,16, 18,19;13:1;28:19,22, 24;70:9,10;73:5,11</p> <p><b>money (9)</b> 11:4;25:19;26:23; 27:7;56:3,6,12; 58:19;75:20</p> <p><b>monitor (1)</b> 72:21</p> <p><b>month (11)</b> 9:7;33:1;37:6; 43:10;45:9,9;55:9; 60:4;61:1,2,16</p> <p><b>monthly (1)</b> 37:2</p> <p><b>months (8)</b> 9:19;11:1;21:3; 34:19,20;35:6;53:9; 61:10</p> <p><b>Mooneyhan (3)</b> 13:4,6,7</p> <p><b>More (18)</b> 11:8;22:8,18; 31:11;32:22,22; 39:16;40:11;44:7; 47:5;55:1;58:18; 60:6;62:12;66:1; 71:14;76:1,2</p> <p><b>Morneau (13)</b> 35:9,16,21;36:17; 37:9,19,22;38:2,13; 41:1,7,24;42:24</p> <p><b>morning (6)</b> 5:3;6:12;12:18; 29:5;59:11;73:13</p> <p><b>most (13)</b> 8:10;17:17;20:23; 34:16;39:7,7;43:2,5; 47:10;48:3;49:1; 66:6;76:21</p> <p><b>motion (37)</b> 14:15,19;15:4,6,8; 27:12,15,19;28:7,8, 12,15,23;45:21;46:2, 9,10,13,15;66:24; 67:3,7,9,10,15,16; 68:7,8,10;69:5,6,7, 11,16,17;70:18,19</p> <p><b>move (13)</b> 14:13,23;29:2; 32:14;44:13;46:4; 50:24;57:19;63:18; 68:23;69:2;71:4; 77:14</p> <p><b>moved (1)</b> 71:19</p> <p><b>Moving (3)</b> 35:8;67:18;70:21</p> <p><b>much (11)</b> 8:15;11:21;22:18; 25:14,23;27:9;30:21;</p>	<p>34:11;36:9;39:12; 67:20</p> <p><b>multiple (5)</b> 7:11;26:18;41:17; 48:6;63:8</p> <p><b>multiplier (1)</b> 20:11</p> <p><b>multiply (1)</b> 63:20</p> <p><b>multitude (1)</b> 54:10</p> <p><b>Mutual (2)</b> 31:24;32:2</p> <p style="text-align: center;"><b>N</b></p> <p><b>NAC (1)</b> 67:19</p> <p><b>name (5)</b> 6:12;9:12;12:18; 70:24;73:14</p> <p><b>namely (1)</b> 13:16</p> <p><b>nation (1)</b> 50:10</p> <p><b>national (1)</b> 45:16</p> <p><b>nature (3)</b> 8:24;27:4;48:23</p> <p><b>navigate (1)</b> 36:5</p> <p><b>Nay (3)</b> 28:17,18,19</p> <p><b>near (4)</b> 48:7;49:24;50:19; 60:1</p> <p><b>nearly (1)</b> 42:11</p> <p><b>necessary (2)</b> 33:16;56:2</p> <p><b>need (34)</b> 6:19;19:10;28:7; 31:19;35:6;41:22; 43:22,24;47:6;58:24; 59:2,8,15;63:6;69:1; 72:10;74:5,21;75:7, 10,16,17,17,22;76:2, 6,7,8,8,9,9,19,23,24</p> <p><b>needed (4)</b> 7:24;29:10;30:5; 57:18</p> <p><b>needs (12)</b> 41:22,23;52:16; 59:9,10;71:15;75:7, 12,13,14,18;76:1</p> <p><b>negative (1)</b> 72:20</p> <p><b>neglected (1)</b> 73:4</p> <p><b>negotiate (5)</b> 26:6;51:19;54:1; 63:18;65:5</p> <p><b>negotiated (8)</b></p>	<p>16:13;18:22;19:3, 12,21;22:20;25:17; 45:7</p> <p><b>negotiation (2)</b> 23:1;65:14</p> <p><b>negotiations (4)</b> 20:24;24:17;63:15; 65:18</p> <p><b>neonatal (1)</b> 53:10</p> <p><b>nervous (1)</b> 9:13</p> <p><b>network (15)</b> 13:18;17:13,14; 18:22;19:18;44:16, 23;45:8,16;46:6; 48:11,12;63:6,11; 65:1</p> <p><b>networks (3)</b> 17:14;64:21,23</p> <p><b>neutrality (1)</b> 20:9</p> <p><b>NEVADA (14)</b> 5:1;6:13;12:21; 13:8;44:24,24;47:15; 49:19;50:1;56:1,17; 68:5;71:1;72:24</p> <p><b>Nevadans (1)</b> 56:1</p> <p><b>new (21)</b> 8:22;9:5;20:11,15, 17;29:20;30:9,10,22; 31:1;33:12,17,23; 34:6;35:8;36:1,5,12; 44:1;58:9;73:5</p> <p><b>next (14)</b> 7:14;9:7;20:10; 38:16;43:7,12,21; 44:5;53:17;56:14; 61:9,16;62:15;77:16</p> <p><b>nice (1)</b> 65:7</p> <p><b>nightmare (1)</b> 41:16</p> <p><b>Nine (1)</b> 67:18</p> <p><b>nominate (2)</b> 67:21;69:2</p> <p><b>non (1)</b> 19:19</p> <p><b>None (2)</b> 55:22,22</p> <p><b>non-network (1)</b> 51:16</p> <p><b>nonprofit (1)</b> 56:11</p> <p><b>nonprofits (1)</b> 55:16</p> <p><b>non-profits (1)</b> 56:7</p> <p><b>non-state (1)</b> 57:10</p> <p><b>nonworking (1)</b></p>
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<p>11:1 <b>normal (3)</b> 19:5;32:19;59:24 <b>normally (3)</b> 18:23;27:2;58:14 <b>north (1)</b> 63:9 <b>note (4)</b> 14:4;17:17;21:4; 50:22 <b>notes (2)</b> 47:10;74:11 <b>notice (1)</b> 51:8 <b>noticed (1)</b> 74:16 <b>noticing (2)</b> 29:23;34:18 <b>notwithstanding (1)</b> 57:4 <b>November (4)</b> 43:18;58:14;59:16; 61:12 <b>nowhere (2)</b> 54:18;76:6 <b>NRS (2)</b> 13:24;57:2 <b>NSHE (2)</b> 6:14;73:6 <b>nuances (1)</b> 54:2 <b>Number (19)</b> 5:9;13:6;10:18; 13:3;14:13;15:9; 29:2;30:17;33:19; 44:13;46:16;67:18; 70:21;71:4,6;74:6,6; 77:14 <b>numbers (3)</b> 30:20;31:21;40:21 <b>numerous (1)</b> 16:1</p>	<p><b>off (5)</b> 48:16;52:21;53:8; 56:13;74:3 <b>offer (6)</b> 14:1;49:11,12; 64:3,3;66:19 <b>offered (4)</b> 9:23;10:8;32:8; 54:15 <b>Office (8)</b> 13:5;37:14;42:21; 55:12;58:4;59:6,19; 61:9 <b>officer (3)</b> 20:3,12;29:6 <b>often (4)</b> 41:16;54:23;60:22, 23 <b>Once (2)</b> 11:2;72:9 <b>One (48)</b> 5:13;9:22;11:20; 14:15;16:15;18:9; 20:9;21:1,24;22:9; 25:16;26:10;30:20; 35:12;36:13;39:23; 40:2;41:14;42:6,10; 44:1;47:8;48:3,21; 49:1,18;50:15,18,18; 51:3;53:15;54:11; 57:8;59:15;61:5,8, 15;62:21;63:7,8,13, 65:12;70:20;71:4,21, 22;72:11;75:2 <b>ones (3)</b> 47:5,12;58:12 <b>only (13)</b> 10:18;17:6;25:19; 29:13;31:2,6,20; 32:6;48:3;64:8,21, 22;72:3 <b>onsite (1)</b> 37:14 <b>onto (17)</b> 6:10;13:2;14:13; 15:9;29:2;31:24; 32:4;33:23;35:8; 43:4;44:13;46:16; 59:9;67:18;70:21; 71:20;77:14 <b>oOo- (1)</b> 5:2 <b>open (32)</b> 11:14;17:22;29:3, 7,8,11,12;30:4,5,13; 31:3,4,6,8,9,20; 32:15;33:5;34:3,4,4, 12;35:2;38:9;39:10, 12;43:10,11,12;60:4; 63:1;74:24 <b>opening (1)</b> 72:18 <b>operating (1)</b></p>	<p>7:21 <b>operational (1)</b> 73:2 <b>operations (2)</b> 29:5;42:17 <b>opinion (2)</b> 7:24;21:7 <b>opportunities (1)</b> 58:11 <b>opportunity (7)</b> 9:9;38:4;42:2,3; 43:7;44:6;50:20 <b>opposed (5)</b> 15:7;27:7;28:16; 46:14;67:16 <b>opposite (1)</b> 39:17 <b>opt (15)</b> 46:18;50:20,21; 51:5;61:22,23;62:1; 64:7,15;65:6,9,9; 74:21,21 <b>opted (1)</b> 32:15 <b>opting (3)</b> 62:9;63:24;64:1 <b>options (9)</b> 7:11;44:18;50:4, 18;54:24;59:13,14, 15,16 <b>opts (2)</b> 51:10,11 <b>order (3)</b> 20:9;29:10;76:6 <b>organization (1)</b> 44:23 <b>originally (1)</b> 37:8 <b>others (1)</b> 54:22 <b>Otherwise (2)</b> 11:13;57:7 <b>out (39)</b> 10:24;25:17;26:12; 29:9,11,13,14;31:2,5, 15,16;35:11,12,22; 43:4;44:6;47:2,16; 49:19;50:21;51:11; 55:15;58:13;61:23; 62:9;64:3,14,19;65:2, 7,7,9;66:14,20;71:19; 74:19,21;75:6;77:2 <b>out-of-network (5)</b> 49:5,23;51:16,19; 65:15 <b>out-of-plan (1)</b> 52:4 <b>out-of-pocket (1)</b> 8:14 <b>out-of-state (4)</b> 13:18;44:16;45:8; 46:6 <b>outside (3)</b></p>	<p>16:8;44:24;45:1 <b>outstanding (1)</b> 40:22 <b>over (13)</b> 17:24;21:3;22:17; 25:15,17;31:12; 41:20;42:15;43:7; 48:5;57:11;60:10; 63:3 <b>overall (3)</b> 7:2;22:10;38:11 <b>overflow (1)</b> 32:14 <b>overly (1)</b> 7:19 <b>overpayment (1)</b> 17:10 <b>Overpayments (3)</b> 17:12,15,18 <b>overview (1)</b> 47:3 <b>overwhelmed (1)</b> 40:19 <b>overworked (1)</b> 40:20 <b>own (7)</b> 8:23;33:5;34:11; 48:18;52:14;53:6; 56:3</p>	<p><b>parts (1)</b> 49:1 <b>part-time (4)</b> 9:21;10:4,5,23 <b>passed (4)</b> 16:12;52:3;56:19; 65:6 <b>past (4)</b> 15:20;20:16;21:3; 64:6 <b>patient (2)</b> 49:9;51:21 <b>patients (2)</b> 8:16;64:16 <b>patients' (2)</b> 73:8,8 <b>patrol (3)</b> 76:1,1,2 <b>pattern (1)</b> 42:23 <b>pay (10)</b> 10:5;11:6;19:2; 26:8;40:18;42:20; 48:17;51:18;55:4; 75:20 <b>paycheck (1)</b> 10:24 <b>paying (1)</b> 24:21 <b>payment (5)</b> 48:17;49:11,12; 61:24;62:2 <b>payments (4)</b> 16:21;19:9;50:2,24 <b>payroll (2)</b> 32:3,5 <b>PEARSON (2)</b> 25:2,3 <b>PEBP (114)</b> 6:18,20;7:9;8:7,17; 9:2;10:7,13,17;13:3, 4,10,14,16,19,22; 14:3,3,4,7;16:7,24; 17:2,14;18:9,14;19:2, 6,12;20:3,5,12,18,24; 21:1,8;22:21;25:11, 19;26:14;29:4,8,10, 21,22;31:12;32:13, 21;33:2,22;34:2,21; 35:5,16,19,20;36:8,9, 17;37:1,10,13,16,19; 38:2,3,4,11,14;39:8; 40:7,11,18;43:1; 44:18,21;45:7,13,14, 15;46:22;47:9,18; 48:3;49:3,21;51:1,5; 52:13;54:5,6;55:12; 56:3;57:1,16;59:14; 60:6,15;61:22;62:15, 24;63:8;64:1,9;66:7, 15;67:4;71:20;72:12, 16,18;73:22,22;74:23 <b>PEBP's (5)</b></p>
<p><b>O</b></p>			<p><b>P</b></p>	
<p><b>obligate (1)</b> 57:7 <b>observance (1)</b> 21:4 <b>obtain (2)</b> 11:13;20:12 <b>obtaining (1)</b> 61:6 <b>obviously (2)</b> 19:13;33:6 <b>occur (1)</b> 49:15 <b>occurred (2)</b> 50:23;72:11 <b>October (1)</b> 37:15 <b>OE (1)</b> 31:5</p>			<p><b>Packham (4)</b> 6:2,3;70:11,12 <b>page (2)</b> 30:18;31:4 <b>paid (3)</b> 11:2;18:24;23:13 <b>painful (1)</b> 27:6 <b>paper (1)</b> 32:11 <b>part (11)</b> 6:16;23:12;39:7; 43:2;53:24;54:6,6; 65:7;66:6;71:22;74:1 <b>participants (10)</b> 7:11;8:13,20;14:3, 4;17:16;20:5;21:2; 44:23;49:2 <b>participate (3)</b> 54:7;55:24;64:23 <b>participating (2)</b> 60:15;67:4 <b>particular (2)</b> 22:20,21 <b>partner (6)</b> 21:8;36:23;38:2; 42:14,24;43:2 <b>partners (3)</b> 26:21;42:11;58:11 <b>partnership (1)</b> 24:19</p>	

<p>11:18;15:22;16:4, 11:29:3 <b>Peggy (1)</b> 73:15 <b>P-e-g-g-y (1)</b> 73:15 <b>penalties (3)</b> 15:14;23:21;27:16 <b>penalty (6)</b> 11:7;17:1,2;21:23; 23:17;25:18 <b>pending (1)</b> 18:5 <b>People (8)</b> 30:23;34:22;39:21; 40:7;73:20;74:14; 76:4,11 <b>PEPM (1)</b> 37:9 <b>PEPM's (1)</b> 37:7 <b>per (7)</b> 16:6;19:24;45:8,8, 9,9;71:20 <b>perceived (1)</b> 64:9 <b>percent (8)</b> 11:8;16:17,17; 17:19;23:15;45:10; 51:1;55:1 <b>percentage (1)</b> 63:10 <b>performance (6)</b> 15:15;16:11,13; 17:1;24:6;33:4 <b>performed (2)</b> 15:20;47:9 <b>perhaps (2)</b> 7:24;8:9 <b>period (7)</b> 15:21;18:7;20:5; 29:8;33:5;34:3;35:2 <b>permitted (1)</b> 18:19 <b>PERS (1)</b> 8:1 <b>person (4)</b> 32:24;34:21;37:16; 55:8 <b>personal (1)</b> 65:19 <b>personnel (4)</b> 16:22;18:6,19;21:5 <b>pertinent (1)</b> 16:13 <b>pet (1)</b> 31:14 <b>pharmacy (5)</b> 8:12,17,18;47:16; 68:4 <b>phone (2)</b> 32:24;34:23 <b>phones (2)</b></p>	<p>34:22,22 <b>physical (2)</b> 76:8,8 <b>piece (1)</b> 26:10 <b>pitched (1)</b> 55:14 <b>place (4)</b> 42:21;55:18;74:8; 76:10 <b>placed (1)</b> 52:22 <b>placement (1)</b> 52:11 <b>places (1)</b> 76:22 <b>plan (63)</b> 7:10,14;8:23;9:4,4; 10:6,7;16:4,5,5,12; 17:18;22:18;25:10, 23;29:4,8;30:3,15,19, 20;31:11,18,19;37:2, 5,22;38:9,10;42:14; 43:12;44:17;46:19; 49:2,8,11,13;50:3,4, 5;52:1,6,8,10,15,17, 18,20,21,23;53:3,5,8, 8,12,17;54:1,15,21; 55:21;61:8;66:16; 71:12 <b>planning (8)</b> 6:21;7:13;9:7; 24:6;35:11;40:24; 58:7,10 <b>plans (14)</b> 8:21;9:3,23;30:16; 33:1;43:10;47:16,21; 48:17;50:20;52:3; 63:4;66:8;77:3 <b>platform (5)</b> 33:24;35:9,16,23; 41:9 <b>please (10)</b> 9:13;11:17;14:10; 27:2,2;46:11;67:12; 69:8;76:17,17 <b>plug-ins (1)</b> 75:21 <b>point (6)</b> 25:17;37:9;41:9; 47:17;66:1;75:14 <b>police (1)</b> 75:14 <b>policies (5)</b> 21:5;31:8,10,11,23 <b>policy (2)</b> 32:2,3 <b>political (1)</b> 64:11 <b>population (1)</b> 55:13 <b>populations (1)</b> 72:19</p>	<p><b>portal (4)</b> 32:4,8;36:1,12 <b>portals (3)</b> 31:24;38:7;43:9 <b>portion (3)</b> 9:18;10:24;33:15 <b>position (2)</b> 67:24;68:14 <b>possess (1)</b> 18:4 <b>possible (5)</b> 13:17;15:12;16:14; 44:14;46:17 <b>possibly (2)</b> 12:4;38:15 <b>post (1)</b> 74:10 <b>postcards (1)</b> 74:16 <b>posture (1)</b> 72:3 <b>potential (4)</b> 26:15;45:10;47:9; 72:19 <b>potentially (5)</b> 27:6;48:11;60:2; 61:10;72:16 <b>poverty (1)</b> 55:1 <b>power (1)</b> 75:21 <b>PPO (5)</b> 19:17,19;44:23; 45:8,16 <b>practices (1)</b> 49:10 <b>preferred (1)</b> 44:22 <b>preferring (1)</b> 8:5 <b>pregnancy (2)</b> 53:4,13 <b>pregnant (1)</b> 52:18 <b>premier (1)</b> 16:4 <b>premium (3)</b> 11:8,11;55:3 <b>premiums (4)</b> 9:24;30:11;55:5,9 <b>prepare (2)</b> 34:20;58:13 <b>present (8)</b> 7:9;15:17;24:24; 58:11;59:12,14,15; 75:10 <b>presentation (1)</b> 21:9 <b>presentations (1)</b> 30:5 <b>presented (9)</b> 7:12;10:21;11:19; 35:10,20;36:2,12;</p>	<p>37:22;50:19 <b>president (1)</b> 25:3 <b>pressure (1)</b> 26:21 <b>pretty (7)</b> 29:16;32:16;40:1; 51:22;62:12;66:21; 67:20 <b>prevent (1)</b> 51:19 <b>prevented (1)</b> 7:22 <b>preventing (1)</b> 8:7 <b>preventive (1)</b> 8:3 <b>previous (4)</b> 6:24;16:21;17:8,15 <b>previously (1)</b> 33:12 <b>priced (1)</b> 23:16 <b>pricing (1)</b> 18:13 <b>primarily (3)</b> 16:18;17:12;22:24 <b>principal (1)</b> 72:7 <b>prior (3)</b> 31:4,6,8 <b>proactive (1)</b> 64:14 <b>probably (6)</b> 21:18;40:5,6,10; 44:6;61:16 <b>problem (6)</b> 38:22,24;49:15; 50:15;54:22;55:10 <b>problems (2)</b> 44:2;64:19 <b>procedure (2)</b> 10:13;51:6 <b>procedures (2)</b> 21:6;25:6 <b>process (26)</b> 6:21;7:13;12:2,2; 16:4;25:14;30:14; 36:10;37:22;42:13, 17;44:3,4;50:24; 51:5,20;53:24;54:3,6, 7;55:17;59:6,24; 66:10,16,17 <b>processes (5)</b> 17:21;19:5;25:6,9; 62:10 <b>processing (2)</b> 37:2;39:9 <b>product (4)</b> 31:7;36:16;40:3,4 <b>products (13)</b> 29:20;30:23,24; 31:1,2,5,12,14,17;</p>	<p>32:7,10;35:18;40:2 <b>professor (2)</b> 12:19;73:5 <b>Program (20)</b> 5:5;6:16;7:18;8:3, 8;9:1;13:12;29:17; 55:22;57:1,5,6;58:9; 59:4,5;74:4,19;75:6; 76:5,7 <b>programs (4)</b> 8:12;53:23;74:20; 76:13 <b>progress (1)</b> 38:8 <b>project (1)</b> 48:5 <b>projected (4)</b> 45:12;57:3,7;72:12 <b>projecting (1)</b> 57:2 <b>projects (2)</b> 29:18;38:7 <b>promoted (1)</b> 9:20 <b>proper (1)</b> 19:11 <b>proponent (1)</b> 50:10 <b>proposals (1)</b> 8:14 <b>protect (2)</b> 64:10,16 <b>protected (4)</b> 50:7,13;62:17;64:8 <b>protecting (2)</b> 26:8;51:2 <b>proud (2)</b> 35:1,3 <b>prove (1)</b> 73:24 <b>provide (9)</b> 12:3;29:7;35:14; 37:1;38:11;44:22; 47:1;50:16;52:1 <b>provided (5)</b> 18:20;19:16;32:22; 36:15;50:21 <b>provider (11)</b> 18:23;19:19;23:23; 44:17,22;49:4,8,11, 12;50:4,5 <b>Providers (4)</b> 19:1,8;51:20;64:5 <b>providing (2)</b> 38:4,14 <b>provision (2)</b> 67:4;76:23 <b>provisions (5)</b> 46:19;51:12;57:1, 4;60:15 <b>Public (24)</b> 5:4;6:10,11;11:23; 12:9,9,13,15;13:12;</p>
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27:4;41:19;47:14; 53:23;54:14;55:21; 56:24;57:4,6;59:12; 70:21,22;71:1;77:8,9 <b>publicly (4)</b> 35:5;47:6;51:23; 63:15 <b>pull (2)</b> 14:18;63:3 <b>punish (2)</b> 62:24,24 <b>punished (1)</b> 64:9 <b>purchased (2)</b> 31:17;35:19 <b>purposes (2)</b> 52:14;57:9 <b>pursuant (3)</b> 13:8;14:1;67:19 <b>pursue (1)</b> 55:17 <b>push (4)</b> 29:11,13;43:12; 62:18 <b>pushed (3)</b> 29:14;47:2;61:3 <b>put (13)</b> 25:8;26:20;34:1; 35:5;42:21;55:18; 56:11,22;57:14; 63:17;71:3;72:15,21 <b>putting (2)</b> 34:12;39:24	41:21 <b>rate (5)</b> 16:21;19:20;30:8; 33:7;38:13 <b>rates (17)</b> 8:3,8;18:22;19:12, 16,21;20:13,15,17; 29:11;30:9,10;34:14; 58:22;59:22;64:17; 65:5 <b>rather (2)</b> 56:24;66:8 <b>reach (2)</b> 8:15;64:14 <b>reached (1)</b> 26:12 <b>reaching (1)</b> 64:19 <b>read (3)</b> 24:7;48:2;56:23 <b>ready (2)</b> 34:9,10 <b>real (1)</b> 72:15 <b>reality (1)</b> 72:2 <b>realized (1)</b> 57:7 <b>really (19)</b> 8:3;22:9;30:21; 33:2;34:2,5,19;39:8; 43:8;47:12;48:1,22; 52:9,11;55:14;59:7; 66:12;68:7;75:23 <b>reason (3)</b> 31:16;65:8;73:4 <b>reasonable (1)</b> 66:17 <b>reasons (2)</b> 18:4;71:17 <b>rebates (4)</b> 8:16,18,18;47:16 <b>receive (5)</b> 13:13;48:9;51:15; 56:9,10 <b>received (2)</b> 48:20;64:6 <b>receives (1)</b> 49:4 <b>receiving (5)</b> 32:2,24;37:11; 42:7;51:16 <b>recently (1)</b> 62:21 <b>re-code (1)</b> 19:10 <b>recognize (1)</b> 36:22 <b>recognized (1)</b> 35:7 <b>recognizes (1)</b> 50:11 <b>recommend (5)</b>	51:4;58:19;61:6; 67:24;68:4 <b>recommendation (12)</b> 7:12;16:24;19:6, 11;41:10;43:21,22; 57:12,23;58:3;60:14; 61:22 <b>recommendations (2)</b> 17:8;51:3 <b>recommended (1)</b> 76:24 <b>recommending (1)</b> 59:17 <b>recommends (4)</b> 45:14;59:12;60:15; 67:4 <b>reconsider (1)</b> 11:18 <b>record (39)</b> 13:7;14:22;15:19; 21:17;22:15;23:11; 24:5;25:3;26:4; 27:14;28:5,24;29:6; 34:2;35:5;38:21; 40:17;41:13;44:20; 45:24;46:9,24;60:24; 61:20;62:5;64:13,18; 65:17;66:4;67:8,23; 68:13,22;69:4;71:4, 10;72:15,21;73:14 <b>recordings (1)</b> 74:5 <b>recoup (1)</b> 35:17 <b>recovered (1)</b> 37:10 <b>recruits (1)</b> 6:17 <b>reduce (4)</b> 8:19;37:7,8;45:16 <b>reduced (3)</b> 27:8;42:18,20 <b>reduction (3)</b> 45:7,11;71:13 <b>reference (1)</b> 30:4 <b>reflect (1)</b> 16:12 <b>regard (1)</b> 14:10 <b>regarding (7)</b> 10:12;19:14;20:2, 20;25:10;74:24;77:2 <b>regardless (3)</b> 52:15;61:5;62:9 <b>regards (2)</b> 48:4;74:3 <b>regular (1)</b> 9:21 <b>regulate (1)</b> 50:12 <b>regulatory (1)</b> 50:12	<b>reimbursement (4)</b> 13:20;46:18;62:19; 66:17 <b>reimbursements (1)</b> 19:11 <b>reiterate (1)</b> 24:13 <b>rejected (1)</b> 10:15 <b>relate (1)</b> 13:16 <b>related (2)</b> 30:4;40:3 <b>relationship (2)</b> 24:14,15 <b>reliable (1)</b> 32:22 <b>relief (1)</b> 50:17 <b>remain (2)</b> 17:23;18:8 <b>remaining (1)</b> 31:14 <b>remains (2)</b> 21:6,7 <b>remember (2)</b> 42:4;64:21 <b>remove (2)</b> 30:16;50:21 <b>removed (2)</b> 8:4;14:15 <b>removes (1)</b> 51:20 <b>rendered (3)</b> 19:1;20:5;21:2 <b>renegotiate (1)</b> 26:13 <b>re-negotiated (1)</b> 20:2 <b>renews (1)</b> 53:17 <b>Renown (5)</b> 20:2,7;24:18; 63:16,22 <b>renter's (1)</b> 31:15 <b>repeated (1)</b> 7:16 <b>replace (1)</b> 41:22 <b>replaced (1)</b> 41:17 <b>replacement (3)</b> 38:16;41:15;43:23 <b>replacing (1)</b> 41:20 <b>replicate (1)</b> 42:24 <b>report (18)</b> 6:22;8:2;15:11,13; 23:4;24:11,21;27:16; 29:7;34:1;37:2,6; 42:17;43:19,20;45:3;	53:20;56:16 <b>reported (2)</b> 16:9;42:15 <b>reporting (1)</b> 16:14 <b>reports (1)</b> 42:16 <b>represent (1)</b> 15:19 <b>representative (2)</b> 18:10;73:6 <b>representing (2)</b> 17:24;71:1 <b>repriced (3)</b> 19:16,19;20:22 <b>repricing (7)</b> 17:13;18:19;19:14; 20:13,16,18;24:22 <b>republished (1)</b> 30:6 <b>request (2)</b> 9:16;10:22 <b>requested (1)</b> 20:19 <b>requesting (2)</b> 19:2;53:19 <b>requests (1)</b> 26:19 <b>require (2)</b> 33:20,20 <b>required (9)</b> 32:16;34:7,8;36:9; 38:12;49:20;73:20, 21;76:18 <b>requirement (1)</b> 75:3 <b>requirements (9)</b> 13:24;34:18;35:22; 44:1;57:20;73:24; 74:7;76:4,12 <b>requires (2)</b> 7:6;52:3 <b>requiring (1)</b> 10:5 <b>research (2)</b> 33:20;55:7 <b>researched (1)</b> 17:8 <b>reserve (3)</b> 58:22;61:6;62:10 <b>reserved (1)</b> 61:13 <b>reserves (23)</b> 6:23;7:2,5,8,10,17, 22;8:6;9:3;57:7,17, 24;58:4,8,17;59:23; 71:6,11,16,22;72:1,6, 7 <b>reside (1)</b> 44:23 <b>residents (1)</b> 54:16 <b>resolution (1)</b>
<b>Q</b>				
<b>qualified (1)</b> 21:7 <b>qualify (2)</b> 11:12;76:7 <b>quarter (3)</b> 15:23;16:12;25:20 <b>quarterly (1)</b> 15:10 <b>quick (3)</b> 44:3;47:3,23 <b>quickly (1)</b> 66:8 <b>quite (4)</b> 31:21;33:22;36:2; 55:9 <b>quoted (1)</b> 66:19				
<b>R</b>				
<b>raise (1)</b> 63:11 <b>raised (2)</b> 22:1;26:18 <b>Random (2)</b> 16:3,8 <b>randomly (1)</b>				

54:12 <b>resolved (1)</b> 24:12 <b>resource (3)</b> 37:14,17;40:12 <b>respect (2)</b> 17:4;65:13 <b>responded (1)</b> 20:21 <b>response (5)</b> 15:12;20:19;22:16; 33:21;43:22 <b>responsibilities (1)</b> 27:1 <b>responsibility (3)</b> 11:12;36:22;52:19 <b>rest (1)</b> 53:21 <b>restored (1)</b> 72:10 <b>restrictions (1)</b> 8:6 <b>restructure (1)</b> 8:17 <b>result (4)</b> 17:12;20:24;45:12; 72:7 <b>resulted (2)</b> 39:4;63:16 <b>results (1)</b> 29:3 <b>retain (2)</b> 26:21;53:24 <b>retained (1)</b> 57:20 <b>retaining (1)</b> 18:10 <b>retains (1)</b> 6:17 <b>retesting (1)</b> 34:7 <b>Retired (1)</b> 71:1 <b>retirees (5)</b> 57:10;58:20;71:19; 74:14;76:17 <b>retirement (3)</b> 10:1,2;41:19 <b>retroactive (3)</b> 13:17;44:15;46:4 <b>retroactively (1)</b> 45:11 <b>return (2)</b> 8:5,16 <b>revenue (1)</b> 20:11 <b>review (3)</b> 7:23;9:15;16:8 <b>reviewed (3)</b> 17:4;18:3;20:23 <b>Rich (4)</b> 29:4,5,5;39:1 <b>rid (2)</b>	76:3,12 <b>right (21)</b> 11:9;21:20;23:6; 28:12;38:5,8;41:18; 42:1;44:13;45:21; 53:24;62:10;63:15; 65:12;67:12;68:1,6; 69:7,23;77:7,14 <b>rights (1)</b> 73:8 <b>ripple (1)</b> 43:4 <b>risk (2)</b> 63:7;72:19 <b>road (1)</b> 72:1 <b>Robert (2)</b> 15:19;22:14 <b>role (3)</b> 5:13;69:18,19 <b>rolled (3)</b> 31:2,15,16 <b>rollout (3)</b> 36:1;41:1,20 <b>Room (2)</b> 5:9;48:11 <b>route (5)</b> 9:21,21,22;10:3,4 <b>RPEN (1)</b> 71:2 <b>run (2)</b> 55:22,23 <b>running (1)</b> 34:6 <b>runs (1)</b> 72:19 <b>rural (1)</b> 49:19 <b>rurals (1)</b> 63:10 <b>rushing (1)</b> 30:9	<b>saying (7)</b> 27:2;28:13;46:11; 67:13;69:8;74:23; 76:20 <b>scheduled (2)</b> 45:4,5 <b>school (1)</b> 11:1 <b>SCN (1)</b> 73:5 <b>SCR (2)</b> 72:13;73:3 <b>screening (1)</b> 8:8 <b>screenings (1)</b> 8:3 <b>Second (24)</b> 7:16,24;15:1,2,4; 19:14;27:17,19;28:7, 9,13;46:7,9,11;49:3; 51:22;67:6,9,11;69:3, 5,7,16;72:12 <b>seconds (1)</b> 69:13 <b>section (2)</b> 56:23;57:8 <b>seeing (2)</b> 39:4;59:7 <b>seek (1)</b> 45:1 <b>seeking (1)</b> 49:24 <b>seem (1)</b> 23:16 <b>seems (1)</b> 22:3 <b>select (1)</b> 36:6 <b>selected (1)</b> 16:3 <b>selection (3)</b> 9:24;15:24;16:9 <b>selections (1)</b> 36:7 <b>self-funded (2)</b> 8:22;9:3 <b>Senate (2)</b> 53:22;54:12 <b>send (1)</b> 51:8 <b>sent (3)</b> 17:12;20:22;48:16 <b>separately (1)</b> 14:16 <b>September (4)</b> 35:20;37:23;43:17; 58:12 <b>series (3)</b> 39:13;47:7;49:15 <b>service (7)</b> 16:15;18:9;19:1; 46:18;48:10;49:4,5 <b>services (29)</b>	13:18,19,20;18:16, 23;19:3,9,10,23;20:5; 21:2;30:7;39:5; 43:10;44:16;45:1,16; 46:6,22;48:5,9,15; 49:4,24;51:9,17; 52:15;56:11;74:4 <b>session (13)</b> 6:18;35:12,12; 40:24;46:17;47:1; 48:21;54:18,22; 55:10;58:10;62:8,15 <b>sessions (2)</b> 48:6;63:3 <b>set (2)</b> 23:14;54:1 <b>sets (1)</b> 21:4 <b>settle (1)</b> 37:20 <b>Seven (3)</b> 13:15;17:6;44:14 <b>several (4)</b> 7:3;35:6;47:10; 74:15 <b>shall (2)</b> 57:1,6 <b>share (1)</b> 11:7 <b>Shepell (13)</b> 35:9,16,21;36:17; 37:9,20,22;38:2,13; 41:2,7,24;43:1 <b>shifted (1)</b> 57:22 <b>shortages (1)</b> 33:7 <b>short-term (2)</b> 32:7;37:3 <b>showed (2)</b> 32:4;74:15 <b>shows (2)</b> 8:2;31:4 <b>side (6)</b> 36:3,3,11;39:8,18; 66:12 <b>sided (1)</b> 63:7 <b>sides (1)</b> 72:14 <b>significant (5)</b> 29:23;32:16;33:21; 34:5;56:7 <b>significantly (5)</b> 9:17;10:11,18; 11:21;33:9 <b>signify (4)</b> 28:13;46:11;67:12; 69:8 <b>Silver (1)</b> 55:3 <b>similar (3)</b> 8:1;38:3;53:12	<b>similarly (1)</b> 14:7 <b>simple (1)</b> 42:16 <b>simply (1)</b> 76:3 <b>single (4)</b> 34:21;47:22;71:21; 75:6 <b>sit (2)</b> 42:21;62:16 <b>situated (1)</b> 14:7 <b>situation (4)</b> 27:7;49:7;61:5; 65:5 <b>Six (1)</b> 29:2 <b>skill (1)</b> 21:4 <b>slightly (1)</b> 33:8 <b>slough (1)</b> 62:15 <b>small (4)</b> 47:11;54:24;55:20; 74:9 <b>smoothly (1)</b> 32:3 <b>snuck (1)</b> 54:11 <b>social (1)</b> 13:24 <b>soft (1)</b> 17:23 <b>solution (1)</b> 35:11 <b>solutions (1)</b> 50:6 <b>solve (2)</b> 49:15;54:22 <b>somebody (1)</b> 68:8 <b>someone (3)</b> 30:15;37:15;67:21 <b>soon (1)</b> 42:5 <b>sooner (1)</b> 61:11 <b>sorry (3)</b> 27:21;28:10;69:9 <b>sorts (1)</b> 76:4 <b>sound (2)</b> 7:18;55:20 <b>sounds (1)</b> 73:19 <b>sources (1)</b> 17:19 <b>South (8)</b> 5:7;28:6,11,21; 46:1;69:1;73:7;77:12 <b>southern (1)</b>
	<b>S</b>			

<p>73:6  <b>SPD (1)</b>          16:7  <b>speak (2)</b>          57:16;59:8  <b>special (1)</b>          59:4  <b>specialist (1)</b>          42:21  <b>specific (2)</b>          25:8;27:4  <b>specifics (1)</b>          37:20  <b>spend (4)</b>          7:3;23:2;57:17;          58:22  <b>spending (2)</b>          40:24;56:3  <b>spends (1)</b>          53:9  <b>spent (2)</b>          25:10;63:19  <b>spot (3)</b>          61:10,13,13  <b>spouse (1)</b>          11:13  <b>spouses (2)</b>          13:13,23  <b>Sprinkle (1)</b>          55:11  <b>Sprinkles (2)</b>          54:20,21  <b>staff (28)</b>          25:9,11;29:17;          30:9;32:17,17;33:2,          22;34:2,5,8,10,12;          35:5;36:9;37:13,16;          39:8,18;40:11,19;          42:22;43:4;45:7,14;          51:13;54:6;66:10  <b>staffing (2)</b>          33:7;65:24  <b>stage (1)</b>          8:15  <b>stand (1)</b>          66:16  <b>standard (3)</b>          31:7,24;32:7  <b>standards (1)</b>          16:7  <b>stands (1)</b>          36:16  <b>start (4)</b>          5:12;53:15;60:5;          62:11  <b>started (2)</b>          29:9;65:18  <b>starting (1)</b>          43:17  <b>state (23)</b>          6:19;7:19;12:21;          24:16,18;26:7,8;          41:17;45:1;48:4;</p>	<p>50:11,20;53:22;          54:16;55:3;56:20;          57:10;63:9;69:10;          72:1,2,6,17  <b>stated (2)</b>          11:5;76:6  <b>state's (1)</b>          26:19  <b>Statewide (3)</b>          6:13;17:14;41:19  <b>statistical (1)</b>          16:10  <b>statistically (1)</b>          16:3  <b>statistics (3)</b>          32:12;33:3;43:15  <b>status (1)</b>          37:24  <b>steady (1)</b>          17:23  <b>step (3)</b>          51:6,6;58:24  <b>stepped (2)</b>          34:2,21  <b>steps (4)</b>          38:3;43:21;49:15;          60:6  <b>stickler (1)</b>          26:5  <b>still (14)</b>          7:2,4;14:5;27:8;          32:10;33:21;38:13;          53:24;54:3;64:3;          69:24;73:20,21;76:3  <b>stop (1)</b>          59:23  <b>Storey (3)</b>          9:20;10:5;11:11  <b>story (2)</b>          25:21;26:10  <b>strategic (7)</b>          6:21;7:13;9:7;          35:11;40:23;41:22;          58:9  <b>strategically (1)</b>          58:7  <b>strategies (1)</b>          61:15  <b>strategy (1)</b>          38:14  <b>Street (1)</b>          5:7  <b>stroke (2)</b>          74:9,10  <b>strong (3)</b>          6:16;43:22;71:15  <b>strongly (2)</b>          7:17;51:14  <b>struggled (1)</b>          62:6  <b>stuck (1)</b>          48:14  <b>students (1)</b></p>	<p>6:15  <b>study (11)</b>          54:14;55:19;56:6,          13,13;72:12,14,17,          22;73:3;75:3  <b>sub (2)</b>          9:20,21  <b>submit (1)</b>          33:13  <b>submitted (1)</b>          10:13  <b>subrogation (1)</b>          17:22  <b>Subsection (1)</b>          57:3  <b>subsequent (2)</b>          37:24,24  <b>Subsequently (1)</b>          9:19  <b>succeed (1)</b>          6:15  <b>success (3)</b>          38:6,13;42:23  <b>successful (1)</b>          60:7  <b>successfully (2)</b>          31:22;38:9  <b>sudden (1)</b>          74:3  <b>suggest (2)</b>          7:11,17  <b>summer (2)</b>          11:1,1  <b>supervisor (1)</b>          34:24  <b>supplemental (3)</b>          8:5;58:19,21  <b>supplied (1)</b>          18:2  <b>support (6)</b>          7:18;19:6;37:16;          56:1;72:14;75:22  <b>supporting (2)</b>          33:13,15  <b>sure (21)</b>          9:14;11:9;22:23;          23:14;24:11,20,21;          25:19;26:21;29:24;          30:11;34:15;35:3;          40:24;44:7;59:2,19;          62:4;66:9,12;74:5  <b>surface (1)</b>          26:11  <b>surgical (2)</b>          19:22,23  <b>surpluses (3)</b>          7:21;8:23;73:2  <b>surprise (1)</b>          48:8  <b>surrogate (3)</b>          52:2,5,21  <b>surrounded (1)</b>          48:21</p>	<p><b>survey (3)</b>          75:16,17,23  <b>surveys (3)</b>          73:23,23;75:5  <b>Susan (1)</b>          9:12  <b>swallow (1)</b>          26:23  <b>sweep (1)</b>          72:5  <b>system (31)</b>          16:6,20;17:5;          18:24;19:7;21:6;          29:19;30:10,12;          33:12,17;34:6,9;          35:23;36:5,20;38:15;          39:3;40:1;41:16,18,          20,20;43:2,24;44:1;          63:22;71:19;74:15,          22,24  <b>systems (2)</b>          41:17;43:8</p>	<p>34:7,10  <b>Thanks (3)</b>          13:5;54:2;77:13  <b>theft (1)</b>          31:10  <b>Therefore (3)</b>          11:17;14:1;48:22  <b>thinking (1)</b>          55:14  <b>Third (5)</b>          8:2;15:22;16:11;          76:23,24  <b>third-party (1)</b>          65:18  <b>thorough (1)</b>          75:23  <b>thoroughly (1)</b>          26:6  <b>though (1)</b>          39:24  <b>thought (1)</b>          50:22  <b>thoughts (1)</b>          27:22  <b>thousand (1)</b>          48:14  <b>thousands (2)</b>          48:14;51:17  <b>Three (4)</b>          13:3;31:20;36:24;          44:7  <b>three-week (1)</b>          29:15  <b>throughout (4)</b>          34:13;47:1;63:2;          72:17  <b>THURSDAY (1)</b>          5:1  <b>timeframe (4)</b>          15:10;29:22;32:18;          58:6  <b>times (2)</b>          16:14;58:20  <b>today (8)</b>          5:5;36:16;42:11,          16;47:14;51:7;63:14;          65:21  <b>today's (1)</b>          13:15  <b>together (3)</b>          14:15;35:3;56:12  <b>told (2)</b>          6:24;10:8  <b>Tom (7)</b>          6:4;23:10,21;          27:14;40:16;67:24;          70:13  <b>tool (4)</b>          33:17,23;35:8,15  <b>tools (2)</b>          36:5,13  <b>top (3)</b>          25:21;29:17;32:19</p>
<b>T</b>				
<p><b>table (6)</b>          22:24;24:3;30:18;          31:4;62:16;77:10  <b>tackled (2)</b>          50:15,16  <b>talk (8)</b>          48:1;49:3;54:1;          61:10,16;62:16;65:3;          75:10  <b>talked (3)</b>          60:12;74:11;75:3  <b>talking (3)</b>          33:1;47:15;59:16  <b>tapped (1)</b>          26:23  <b>tax (2)</b>          26:8;55:3  <b>taxes (1)</b>          11:2  <b>team (1)</b>          24:10  <b>technical (2)</b>          32:8;37:16  <b>technology (3)</b>          35:10;36:7;39:15  <b>telling (1)</b>          23:3  <b>ten (2)</b>          54:13;70:21  <b>tens (1)</b>          48:14  <b>term (2)</b>          45:17;69:1  <b>test (2)</b>          30:9;43:8  <b>testified (1)</b>          72:13  <b>testing (2)</b></p>				

<p><b>torn (1)</b> 27:24</p> <p><b>total (2)</b> 18:10;33:19</p> <p><b>totality (2)</b> 22:4;56:12</p> <p><b>towards (1)</b> 8:13</p> <p><b>Towers (1)</b> 42:9</p> <p><b>track (1)</b> 47:8</p> <p><b>traditional (1)</b> 59:4</p> <p><b>Traditionally (5)</b> 50:2;59:7;61:1,2; 65:18</p> <p><b>train (1)</b> 59:24</p> <p><b>trained (1)</b> 32:24</p> <p><b>training (1)</b> 25:9</p> <p><b>transitioned (2)</b> 31:22;32:4</p> <p><b>traumatic (1)</b> 74:10</p> <p><b>treat (1)</b> 52:4</p> <p><b>treated (1)</b> 52:13</p> <p><b>treatment (1)</b> 77:1</p> <p><b>trend (1)</b> 19:15</p> <p><b>tried (1)</b> 48:16</p> <p><b>trigger (1)</b> 13:24</p> <p><b>true (1)</b> 26:16</p> <p><b>truly (1)</b> 59:13</p> <p><b>truncated (1)</b> 29:14</p> <p><b>try (3)</b> 25:22;49:15;63:18</p> <p><b>trying (4)</b> 10:16;50:6;54:22; 74:11</p> <p><b>turnaround (2)</b> 16:14;44:4</p> <p><b>turned (2)</b> 42:10;55:15</p> <p><b>turns (3)</b> 65:2,7;66:14</p> <p><b>Two (15)</b> 6:10;9:3,23;11:15; 18:8,12;30:18,19; 31:4;32:12;40:10; 44:7;48:1;57:3;76:23</p> <p><b>two-year (1)</b> 35:24</p>	<p><b>type (5)</b> 27:7;50:23;55:24; 62:19;66:16</p> <p><b>types (4)</b> 44:2;49:10;77:1,1</p> <p><b>typical (1)</b> 30:13</p> <p><b>Typically (2)</b> 29:11;34:19</p> <p><b>typo (1)</b> 45:3</p> <p style="text-align: center;"><b>U</b></p> <p><b>ultimate (1)</b> 63:5</p> <p><b>unaffordable (1)</b> 54:23</p> <p><b>unanimously (6)</b> 15:5,8;46:12,15; 67:14,17</p> <p><b>unbiased (1)</b> 21:6</p> <p><b>under (8)</b> 9:17;10:10;11:5; 12:14;13:24;18:17; 19:1;50:13</p> <p><b>under-performance (2)</b> 16:18;17:2</p> <p><b>unforeseen (1)</b> 33:6</p> <p><b>Unfortunately (2)</b> 22:21;39:2</p> <p><b>unit (2)</b> 30:7;53:10</p> <p><b>universally (1)</b> 19:7</p> <p><b>unless (6)</b> 11:7;14:15;22:10; 23:23;41:24;61:2</p> <p><b>unsuccessful (1)</b> 37:12</p> <p><b>Unum (1)</b> 32:6</p> <p><b>up (21)</b> 6:24;10:11,19; 11:4;34:2,4,6,21; 37:11;42:14;48:17; 50:1;53:10;59:14; 60:6;65:10;72:19; 73:4;74:15;75:2; 76:15</p> <p><b>upcoming (1)</b> 6:20</p> <p><b>update (7)</b> 20:1;29:3,8;30:2; 37:24;46:16,19</p> <p><b>updated (3)</b> 30:5,6;34:16</p> <p><b>updates (1)</b> 47:1</p> <p><b>upgrade (2)</b> 35:10,14</p>	<p><b>upload (2)</b> 33:17;36:14</p> <p><b>upon (4)</b> 23:17;57:12,23; 60:8</p> <p><b>upwards (1)</b> 55:9</p> <p><b>usage (1)</b> 58:7</p> <p><b>use (5)</b> 32:10;37:16;38:23; 73:22;74:5</p> <p><b>used (6)</b> 7:20;8:19;26:22; 37:5;42:12;59:7</p> <p><b>user (1)</b> 36:15</p> <p><b>uses (1)</b> 10:17</p> <p><b>using (2)</b> 7:24;32:14</p> <p><b>usual (5)</b> 19:20;59:17;66:2, 7,22</p> <p><b>utilization (1)</b> 8:2</p> <p><b>utilized (1)</b> 20:15</p> <p><b>utilizing (1)</b> 59:23</p> <p style="text-align: center;"><b>V</b></p> <p><b>valid (2)</b> 15:23;16:4</p> <p><b>validating (1)</b> 63:14</p> <p><b>value (1)</b> 18:1</p> <p><b>various (3)</b> 8:14;56:20;62:8</p> <p><b>Vegas (12)</b> 5:9;12:10;15:17; 21:13;23:6;24:24; 28:2,3;44:12;45:20; 60:19;77:9</p> <p><b>vendor (3)</b> 21:8;36:23;43:13</p> <p><b>vendors (4)</b> 31:23;33:5;38:4; 42:6</p> <p><b>Verducci (22)</b> 6:4,5;13:11;23:9, 10,10,21;27:13,14, 14;28:9;40:15,16,16; 67:1,3,11;68:12,16, 24;70:13,14</p> <p><b>verified (1)</b> 17:8</p> <p><b>versus (2)</b> 19:13,20</p> <p><b>vet (1)</b> 58:13</p>	<p><b>Vice (7)</b> 67:19,22,24;68:5, 23;69:1,12</p> <p><b>video-conferenced (1)</b> 5:8</p> <p><b>view (1)</b> 71:22</p> <p><b>vision (2)</b> 31:10;36:17</p> <p><b>visit (1)</b> 76:9</p> <p><b>volume (7)</b> 30:22,22;33:9,10, 15,21;39:5</p> <p><b>voluntary (14)</b> 29:20;30:23;31:1, 7,11;33:24;35:8,15, 18,23;36:6,6;40:2,4</p> <p><b>vote (9)</b> 13:22;14:5;15:5; 28:14;46:12;67:14; 68:9,18;70:17</p> <p><b>votes (1)</b> 69:24</p> <p><b>voting (3)</b> 23:23;29:1;69:10</p> <p><b>VSP (1)</b> 31:10</p> <p style="text-align: center;"><b>W</b></p> <p><b>wait (1)</b> 31:19</p> <p><b>waiting (1)</b> 41:10</p> <p><b>waive (2)</b> 11:6;27:16</p> <p><b>waived (1)</b> 65:20</p> <p><b>wants (4)</b> 26:1;61:3;66:12; 68:8</p> <p><b>Washington (1)</b> 5:8</p> <p><b>Watson (1)</b> 42:9</p> <p><b>way (6)</b> 39:6;42:2;55:19; 58:2;60:7;61:11</p> <p><b>ways (1)</b> 71:6</p> <p><b>website (2)</b> 30:6;38:23</p> <p><b>weeds (1)</b> 26:11</p> <p><b>week (3)</b> 10:4,23;34:13</p> <p><b>weekend (1)</b> 55:18</p> <p><b>weeks (1)</b> 31:20</p> <p><b>week's (1)</b> 34:20</p>	<p><b>welcome (2)</b> 12:14;73:5</p> <p><b>weren't (2)</b> 22:2;55:15</p> <p><b>what's (1)</b> 68:17</p> <p><b>whatsoever (1)</b> 43:11</p> <p><b>wheel (1)</b> 60:8</p> <p><b>whole (1)</b> 23:2</p> <p><b>wildlife (1)</b> 75:12</p> <p><b>willing (3)</b> 26:13;60:12;64:10</p> <p><b>window (2)</b> 29:15,15</p> <p><b>wish (1)</b> 21:10</p> <p><b>within (12)</b> 16:10;17:11,14; 18:3,17;19:4,8,9,13, 18;54:23;74:24</p> <p><b>without (8)</b> 8:6,8;18:1;34:13, 14;57:5,11;61:4</p> <p><b>Woman (1)</b> 48:7</p> <p><b>wonderful (3)</b> 23:3;73:17;75:19</p> <p><b>words (2)</b> 12:17;73:14</p> <p><b>work (17)</b> 6:14;24:1,10; 25:18,22;34:5,8; 39:11;40:11;49:24; 59:4,5;64:20;66:1; 73:14;76:10;77:6</p> <p><b>worked (6)</b> 26:16;34:2;35:5; 36:19;43:17;64:24</p> <p><b>workers' (2)</b> 74:2,4</p> <p><b>working (3)</b> 9:8;50:5;64:24</p> <p><b>workload (2)</b> 33:22;66:15</p> <p><b>works (1)</b> 43:2</p> <p><b>workshop (1)</b> 9:7</p> <p><b>worse (1)</b> 65:5</p> <p><b>worst (1)</b> 50:10</p> <p><b>wrap (1)</b> 76:15</p> <p><b>written (1)</b> 48:16</p> <p><b>wrong (1)</b> 40:9</p>
---	--	---	--	--

	11:15		<b>76 (1)</b> 17:19
<b>Y</b>	<b>17 (1)</b> 47:8	<b>3</b>	<b>7th (2)</b> 29:13;40:23
<b>year (40)</b> 7:1,2;15:23;16:12; 17:18;20:6,9,9,19; 21:18;22:1;24:14; 26:12;29:4,8,12; 30:13,17,19;31:9,18, 19;32:21;38:10; 42:15;43:7,12;44:4,5, 6;45:9,10;47:20; 50:14;56:5,14;61:4; 62:22;63:12;71:21	<b>18 (2)</b> 18:10;47:8 <b>19 (2)</b> 30:19;47:8 <b>1960s (1)</b> 50:14 <b>1st (13)</b> 15:11,22;20:6,8, 19;29:12;32:4;34:9, 10;37:15;45:1,12; 46:20	<b>303 (1)</b> 11:15 <b>30th (2)</b> 45:4,6 <b>31 (1)</b> 15:11 <b>31.6 (1)</b> 6:23 <b>31st (3)</b> 15:22;20:6;29:12 <b>353.220 (1)</b> 57:2 <b>3D (1)</b> 76:22	<b>8</b>
<b>years (3)</b> 32:12;63:3;71:18	<b>2</b>		<b>80th (1)</b> 46:17 <b>8th (1)</b> 40:23
<b>Z</b>	<b>2,500 (1)</b> 30:14	<b>4</b>	<b>9</b>
<b>ZACK (26)</b> 5:11;6:6,7;12:11; 13:11;14:20,22,22; 21:14,16,16;26:10; 28:4,4,10;45:22,24, 24;46:4;68:20,22,22; 69:12;70:15,16; 77:11	<b>2.3 (1)</b> 17:11 <b>20 (4)</b> 29:8;30:20;45:9; 54:12 <b>2006 (2)</b> 38:3;43:1 <b>2011 (4)</b> 22:17;71:12,23; 72:10 <b>2012 (1)</b> 45:2 <b>2018 (3)</b> 20:4;35:9,20 <b>2019 (12)</b> 5:1,6;15:11,11,22, 22,23;16:12;17:18; 20:6;45:12;57:11 <b>2020 (9)</b> 29:4;38:1,12; 41:11;45:5;46:20; 51:13;53:16,16 <b>2021 (2)</b> 38:10;57:11 <b>2022 (1)</b> 45:6 <b>21st (1)</b> 29:13 <b>25 (3)</b> 5:1;10:4,23 <b>25,000 (1)</b> 27:8 <b>25th (1)</b> 5:6 <b>26 (1)</b> 56:23 <b>26th (1)</b> 37:23 <b>281A420 (1)</b> 14:1 <b>287.172 (1)</b> 67:19	<b>4,727 (1)</b> 33:19 <b>4,900 (1)</b> 30:17 <b>4.2 (1)</b> 17:23 <b>4.3.1.1 (1)</b> 6:22 <b>4.3.1.2 (1)</b> 8:2 <b>400 (1)</b> 55:1 <b>401 (1)</b> 5:7 <b>4412 (1)</b> 5:9 <b>469 (5)</b> 46:19;48:3;60:15; 61:21;67:4 <b>472 (4)</b> 46:21;51:23;60:16; 67:5	<b>9:00 (1)</b> 5:6 <b>98 (1)</b> 23:15 <b>98.31 (1)</b> 16:17 <b>99 (2)</b> 16:17;23:15
<b>zero (1)</b> 18:24			
<b>1</b>		<b>5</b>	
<b>1 (2)</b> 53:16,16		<b>5,476 (1)</b> 17:24 <b>5,500 (1)</b> 31:8 <b>500 (1)</b> 15:24 <b>555 (1)</b> 5:8	
<b>1,214 (1)</b> 20:21		<b>6</b>	
<b>1.25 (1)</b> 35:17		<b>64-year-old (1)</b> 55:8	
<b>1.52 (1)</b> 37:10		<b>7</b>	
<b>1.6 (13)</b> 21:1,22;22:11,18, 19,20,23,23;24:16, 17;25:20;63:16,19		<b>70,000 (1)</b> 35:4	
<b>10 (2)</b> 72:13;73:3			
<b>100 (2)</b> 11:14;51:1			
<b>11 (2)</b> 47:19;77:15			
<b>11,700 (1)</b> 31:12			
<b>12 (1)</b> 18:8			
<b>135 (1)</b> 53:22			
<b>13-year (1)</b> 43:2			
<b>14 (1)</b> 21:3			
<b>14.4 (1)</b> 7:4			
<b>147 (1)</b>			