

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

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*January 23, 2020*

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

1 PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD

2 TRANSCRIPT OF PROCEEDINGS

3 TELEPHONIC OPEN MEETING

4 THURSDAY, JANUARY 23, 2020

5 CARSON CITY AND LAS VEGAS, NEVADA

6  
7  
8 The Board: PETER LONG - Chair  
9 LINDA FOX - Vice Chair  
10 DAVID SMITH - Member  
11 TOM VERDUCCI - Member  
12 JET MITCHELL - Member  
13 CHRISTINE ZACK - Member  
14 DON BAILEY - Member

15 For the Board: BRANDEE MOONEYHAN  
16 Deputy Attorney General

17 For Staff: LAURA RICH  
18 Interim Executive Officer  
19 Wendy Lunz  
20 Executive Assistant  
21 BRETT HARVEY  
22 Chief Information Officer  
23 CARI EATON  
24 Chief Financial Officer  
NANCY SPINELLI  
Quality Control Officer

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1 THURSDAY, JANUARY 23, 2020, CARSON CITY, NEVADA

2 -oOo-

3 CHAIRMAN LONG: Good morning everyone. I would  
4 like to call this meeting of the Public Employees' Benefits  
5 Program Board to order. It's January 23, 2020, at  
6 approximately 11:00 a.m.

7 If we can have the role call, please.

8 MS. LUNZ: Peter Long?

9 CHAIRMAN LONG: Here.

10 MS. LUNZ: Don Bailey?

11 MEMBER BAILEY: Here.

12 MS. LUNZ: Linda Fox?

13 MEMBER FOX: Here.

14 MS. LUNZ: Jet Mitchell?

15 MEMBER MITCHELL: Here.

16 MS. LUNZ: David Smith?

17 MEMBER SMITH: Here.

18 MS. LUNZ: Tom Verducci?

19 MEMBER VERDUCCI: Here.

20 CHAIRMAN LONG: Christine Zack?

21 MEMBER ZACK: Here.

22 MS. LUNZ: Mandy Hagler is excused.

23 Leah Lamborn is excused.

24 We have a quorum.

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1                   CHAIRMAN LONG: Thank you.

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

7                   Persons making public comment to the Board will  
8 be taken under advisement but will not be answered during the  
9 meeting. Comments will be limited to three minutes per  
10 person at my discretion, and I ask everyone that use this  
11 public comment period or the one at the end of the meeting to  
12 address any -- any of the agenda items. We will not be  
13 taking public comments on each individual item.

14                   So is there anyone in the north for public  
15 comment and I see one.

16                   MS. MALONEY: Good morning, Chair Long, and new  
17 Executive Director Ms. Rich. Priscilla Maloney with the  
18 AFSCME Retirees.

19                   We weren't -- I was not able to attend the  
20 December meeting, and so I just wanted to put on the record  
21 that we very much appreciate Ms. Rich stepping in and helping  
22 us out, navigate the wonderful world of healthcare in the  
23 public sector. So thank you very much for your service and  
24 the service anticipated in the months to come.

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1 CHAIRMAN LONG: Thank you.

2 Next?

3 MS. HEALY: Good morning. My name is Donna  
4 Healy, D-o-n-n-a H-e-a-l-y. I'm an administrative assistant  
5 three at UNR, and I'm here to comment on PEBP's policy which  
6 disallows co-pay assistance from applying to accumulators and  
7 the possible implementation of the Save-On Program.

8 Although, I strive to be healthy by eating well,  
9 exercising and utilizing wellness benefits, I will always  
10 have rheumatoid arthritis. I have often described life when  
11 my RA is not under control as Cinderella after midnight. I  
12 am fortunate to live in an age where these diseases are  
13 treatable. However, the medications are prohibitively  
14 expensive.

15 While I greatly appreciate the benefits offered  
16 to state employees, I have found that new accumulator policy  
17 to be unjust and unfair. Every time thousands of dollars are  
18 contributed toward my accumulator those same dollars are  
19 reversed. The source of the payments is irrelevant, and the  
20 fact is they are being made on my behalf when and should be  
21 honored as such.

22 This policy imposes an unfair tax on employees  
23 who have serious medical conditions and are dependent on such  
24 medications to be able to live normal, pain-free lives and be  
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1 physically able to do our jobs. It has imposed particularly  
2 undue hardship on me and other effected state employees whose  
3 incomes according to U.S. Census data are far below our state  
4 median income levels. Prior to this current year co-pays  
5 assistance program payments resulted in some employees  
6 deductibles and out-of-pocket max accumulators being  
7 satisfied before the end of the plan year. All this is  
8 perceived as a loss by PEBP. One may argue that it provided  
9 some services to people who would otherwise not be able to  
10 afford them.

11 For example due to my sinus structure and low  
12 immunity threshold from my RA drug I was getting three to  
13 four sinus infections per year. With my deductible and  
14 out-of-pocket filled, I was able to have sinus surgery and  
15 have not any sinus infections since that procedure. In the  
16 long run that could be considered a savings to PEBP with the  
17 surgery preventing multiple doctor visits, needs for  
18 medications and the possibility of further complications.

19 Also as a plan member with medical, multiple  
20 medical diagnoses, that situation enabled me to keep  
21 essential office visit appointments with specialists who  
22 prescribe medications and testing necessary to keep my  
23 illness under control.

24 The proposed Save-On plan appears to be  
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1 exclusionary as the program designates select drugs for which  
2 co-pay assistant dollars are being used and designates them  
3 as nonessential health benefits. It sounds like medications  
4 that are not on the selected list would not be included in  
5 the program. I also question the description of nonessential  
6 health benefits. My RA med is essential for my wellbeing and  
7 ability to work and lead a healthy lifestyle.

8 Based on the information shared with you today I  
9 respectfully request that the previous system allowing co-pay  
10 assistance to count towards one deductible and out-of-pocket  
11 max be reinstated and that the proposed Save-On Program be  
12 denied, and I thank you for your time and your consideration.

13 CHAIRMAN LONG: Thank you.

14 Anyone else in the north?

15 MR. ERVIN: Good morning. My name is Kent Ervin,  
16 E-r-v-i-n, for the Nevada Faculty Alliance, the Independent  
17 Statewide Association of all eight NSHE institutions.

18 Thank you all for your service on behalf of  
19 participants. I wish to comment on two of the agenda items.  
20 For Agenda Item 11, we support a full recruitment and search  
21 for the executive director position. A full search just  
22 provides assurance to all stakeholders that the best person  
23 has been chosen fairly and transparently.

24 For Agenda Item Eight, the budget process, we  
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1 support the pricing analysis of all of the advocate supported  
2 benefit changes generally prioritized in the order listed 1A  
3 through 1E. Specifically Item A, the 1,500 dollar dental  
4 maximum now is the same dollar amount it was in 1989, and  
5 inflation has reduced its value by over a factor of three.  
6 Participants are delaying crowns and other major treatments  
7 that can prevent more serious complications, overall health  
8 impacts and loss of work time.

9           The second item, the modest reduction of  
10 out-of-pocket maximums will help participants who meet this  
11 high amount within a few months every plan year. That 3,900  
12 or 7,800 for a family when you're on an average state salary,  
13 as we just heard about, is a catastrophic burden. It's  
14 better policy to use state funds to reduce those  
15 out-of-pocket maximums than additions to HSA's, including  
16 healthy participants.

17           For the dependents HSA contributions, Item C, we  
18 support the UNLV group's proposal. I suggested at this time  
19 for a deeper analysis of the structure of the HSA and  
20 deductibles for spouses and children.

21           It's not really rational for the overall rates  
22 and premiums for employees and their spouses to be identical  
23 with the one to one assessment of rates and premiums for any  
24 adult, but despite that the base HSA contribution for an

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1 employee is \$700 but only \$200 for a spouse. So same premium  
2 but very different contribution to the HSA.

3 Another problem we are hearing about from  
4 constituents is from our dual career couples with children.  
5 The married employees are covered separately as employees, so  
6 only one of them can cover the children of the family and  
7 that increases the family deductibles from 3,000, the normal  
8 family amount, to 4,500, the family plus an individual, and  
9 their out-of-pocket maximum rate rises from 7,800, the normal  
10 for a full family to above 11,700.

11 These issues could possibly be addressed by  
12 making the HSA contributions a percentage of the deductibles,  
13 say 50 percent, rather than a flat dollar amount and by  
14 allowing dual career couples to cover their children jointly  
15 with one family deductible and out-of-pocket maximum. So  
16 that deserves some further analysis as we go forward, not for  
17 this coming plan year but for the next plan year as we  
18 develop the budget.

19 Next, we strongly support the Board's approval of  
20 request for information on an actuarial review. Information  
21 about the cost and services available from actuarial  
22 consultants is needed to move forward on this. Aon's  
23 presentation at the November meeting showed that PEBP's  
24 policy are out of the mainstream of other states with regards

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1 to reserves and raises the concern that rates are also being  
2 set with asystematic access.

3 The review should also include the methodology  
4 and assumptions used for the annual rate settings, not just  
5 the reserves but the rate setting. I'll note that an  
6 actuarial review would be a one time expense and it's just  
7 the kind of thing that one time excess reserves could and  
8 should be used for to improve the efficiency of the program.

9 Finally, the Save-On Cost program, okay, doing  
10 further investigation of it, but based on the previous public  
11 comment, we're skeptical about whether reallocating pharmacy  
12 payments from participants, whatever the ultimate source is  
13 legally or politically viable. So thank you for the  
14 opportunity to make those comments.

15 CHAIRMAN LONG: Thank you.

16 MS. LOCKARD: Good morning. My name is Marlene  
17 Lockard, and I am representing the Retired Public Employees  
18 of Nevada.

19 First, I would like to thank Ms. Rich for the  
20 opportunity to meet with the advocates and discuss issues  
21 important to our respective groups and to the system itself,  
22 and we appreciate your time. Thank you very much.

23 I would like to associate Dr. Ervin's comments  
24 with respect to the search item that we hope there will be a  
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1 regional or national search for a permanent executive  
2 director and also with respect to the pending or we hope the  
3 audit of the excess reserves and the actuarial process.

4           And, finally, I would like to disagree with his  
5 order of enhancements with the budget representing the  
6 retirees. We would like to move the increase in life  
7 insurance to the top of your consideration. I think most of  
8 you know people or relatives that may have had to go through  
9 the very difficult process of burial of a loved one or of a  
10 friend, and the escalating cost for that service has made it  
11 very difficult for some families to achieve a dignified  
12 option for them in dealing with their loved ones and  
13 relatives. So we think it's very important for that reason  
14 and others. Thank you.

15           CHAIRMAN LONG: Thank you.

16           Anyone else in the north?

17           Any public comment in the south?

18           MR. UNGER: Douglas Unger, Employee Benefits  
19 Representative, UNLV Faculty Senate and immediate Past Chair  
20 of the NSHE Council of Faculty Senate Chairs. Good morning.

21           And as ever thank you all for your service to  
22 help sustain the quality of life of Nevada State Employees.  
23 We wish to extend our warm welcome to Interim Executive  
24 Officer Laura Rich to this first Board meeting she will be  
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1 reporting at and our best wishes for a happy healthy new year  
2 to the good staff at PEBP and to the Board.

3 Speaking to Agenda Item Number Eight, discussion  
4 of the budget enhancement options for the self-funded plan in  
5 the next fiscal year, we are grateful that these modest  
6 possible improvements are included for your discussion today.  
7 Our top priorities as expressed in the letter to the Board  
8 dated January 17th for the rationales outlined in our letter  
9 are to raise the dental benefit for plan members by \$500  
10 which Aon estimates would cost \$1,080,000. And, two, to  
11 lower the CDH plan out-of-pocket maximum by \$400 for  
12 individuals and by \$800 for families which Aon estimates  
13 would cost \$1,780,000 or less than 2,000,000.

14 These two enhancements taken together should cost  
15 less than \$3,000,000 which we believe is an amount that PEBP  
16 can in good conscience submit to the Governor's Office and  
17 vigilant committees of the legislature for the financial  
18 '22-23 budget request or perhaps more creatively that PEBP  
19 may be able to plan and request of the Governor's Office and  
20 legislature to modify catastrophic and invoiced but not paid  
21 reserves policies conservatively and with possible excess  
22 reserves yield enough to fund these enhancements at least  
23 through three biennial budgets if not longer without  
24 requesting any additional state funding.

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1                   We point out on our January 17th letter that a  
2 comparison by Aon of reserves policies in other states  
3 suggests that PEBP currently maintains the most conservative  
4 reserves of any health plan in the nation. We suggest that  
5 by making very small changes, a lowering from 60 to 50 days  
6 of the catastrophic reserves retention and revising from  
7 95 percent to 90 percent of the invoice but not paid reserves  
8 would reallocate resources already in our plan enough to  
9 cover the costs of our two top priority enhancements. Should  
10 PEBP see approve these very minor changes, PEBP would still  
11 maintain one of the most, if not the most, conservative  
12 reserves policies in the nation.

13                   To repeat a point I made in the January 17th  
14 letter, at the November Board meeting much discussion  
15 revolved around the issue of one time only funding from  
16 reserves, both excess reserves and others. We most  
17 respectfully assert that in practice all funding from the  
18 State of Nevada budgeting process is one time only, reliable  
19 for only one year budget cycle. We pointed to drastic cuts  
20 against the state budgets across the board in 2008 and 2009  
21 due to the economic downturn and to the 2011-12 cuts to state  
22 employee health benefits that changed the structure of our  
23 plans as examples to support this assertion.

24                   There are no entitlements. In all of Nevada  
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1 history no one area of state funding can be relied upon to  
2 remain consistent or in some budget cycles even as promised  
3 the biennium before. The Governor's recommendations and  
4 legislative budgeting process depend on changing politics,  
5 shifting physical demands within a hard to predict landscape  
6 of economic conditions and insecure tax policies and revenue  
7 sources.

8           So if all or any part of the cost of enhancements  
9 could be secured through so-called one time only or other  
10 funding we hope the PEBP Board will consider making a formal  
11 request for its expenditure to improve our plans.

12           We also agree with the Nevada Faculty Alliance  
13 and RPEN that it might be very good to retain an outside  
14 consultant to review how PEBP has been estimating costs and  
15 reserves to make doubly sure our plan is conforming to best  
16 practices. That would be good to know in any case, and such  
17 a review might also be useful to the executive officer in  
18 presenting to the legislature.

19           Again, we can't emphasize enough our predicted  
20 boost to the moral and satisfaction of Nevada State Employees  
21 along with support for hiring and retention even if these  
22 small improvements could be made. We thank you for your  
23 considering them and as ever thank you for your service.

24           CHAIRMAN LONG: Thank you.  
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1           Any further testimony in the south? Thank you  
2 all.

3           We'll move on to Item Three, PEBP Board  
4 disclosures.

5           MS. MOONEYHAN: Good morning. For the record my  
6 name is Brandee Mooneyhan, Deputy Attorney General, counsel  
7 to the Board.

8           Pursuant to Nevada ethics law, I'm making this  
9 disclosure on behalf of the Board members who are eligible  
10 for PEBP benefits, which includes all Board members except  
11 Mr. Verducci and Ms. Zack. All other Board members are  
12 eligible for the program which means that they, their spouses  
13 and/or dependents may receive health, dental, life insurance  
14 and other benefits through PEBP.

15           When these Board members vote on matters  
16 effecting benefits for themselves, their spouses and/or their  
17 dependents that may trigger the disclosure requirements under  
18 NRS 281A.420, I note the law does not preclude those members  
19 from voting on such items as long as the benefit or detriment  
20 to them is not greater than that for similarly situated  
21 members.

22           All of the items on today's agenda are only  
23 related indirectly to the benefits available to PEBP members.  
24 However, I would still like to offer this general disclosure  
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1 on behalf of the Board members who are PEBP participants and  
2 who will be voting on today's agenda items and may indirectly  
3 affect their benefits.

4 Thank you, Mr. Chair, for allowing me to make  
5 this disclosure, and I invite any member who has anything to  
6 add to do so now.

7 CHAIRMAN LONG: Thank you.

8 Moving on to Item Number Four, Item Number Four  
9 is the consent agenda, and all items will be considered  
10 together and acted in one motion unless an item is removed  
11 and considered separately by the Board.

12 Do any members of the Board have any items that  
13 they would like removed for separate discussion?

14 MEMBER SMITH: Mr. Chair, David Smith.

15 I have a question that may or may not be covered  
16 under the ven report from Hometown Health. I don't know if  
17 we need to remove it specifically but it has to do with  
18 complaints by members in the plan against providers who  
19 aren't following the contractual obligations.

20 CHAIRMAN LONG: We can pull that. Is that 4.3.6?

21 MEMBER SMITH: That's correct.

22 CHAIRMAN LONG: Thank you. Any other agenda --  
23 any other items under number four that the Board would like  
24 removed?

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1 MEMBER VERDUCCI: Yes, Mr. Chair, Tom Verducci.

2 MEMBER FOX: Linda Fox, whoops.

3 CHAIRMAN LONG: Go ahead in the south, please.

4 MEMBER FOX: I was just going to note there's an  
5 error in the minutes from November regarding Jet Mitchell.

6 It does not note that she's a Board member.

7 CHAIRMAN LONG: Thank you.

8 Mr. Verducci?

9 MEMBER VERDUCCI: Yes. Thank you, Mr. Chair.  
10 Tom Verducci for the record.

11 I would like to pull Item 4.2.1 and also 4.3.6  
12 for discussion. Specifically, you know, I would like to  
13 discuss the 20,000,000 dollar shortfall, the error that was  
14 discussed in section 4.2.1. And also in 4.3.6 I wanted to  
15 discuss the failure on the performance guarantee with -- with  
16 the Hometown Health and if there was any performance  
17 guarantees that were tagged onto that particular section.

18 CHAIRMAN LONG: Thank you.

19 So so far I have 4.2.1 and 4.3.6 to be pulled.  
20 Any other items under number four? Okay. With that I would  
21 accept a motion to approve all other items under consent  
22 agenda number four except for 4.2.1 and 4.3.6.

23 MEMBER BAILEY: For the record Don Bailey. I so  
24 move to accept them.

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1                   CHAIRMAN LONG: I have a motion. Do I have a  
2 second?

3                   MEMBER SMITH: I'll second. David Smith.

4                   CHAIRMAN LONG: We have a motion and a second to  
5 approve all items under Agenda Item Number Four except for  
6 4.2.1 and 4.3.6. All those in favor say aye.

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

9                   CHAIRMAN LONG: Opposed? Motion passes  
10 unanimously.

11                   So we'll now consider and discuss Item 4.2.1, the  
12 budget report.

13                   MEMBER VERDUCCI: Tom Verducci for the record.

14                   I would like to discuss the 20,000,000 dollar  
15 shortfall in excess reserves and what's behind that, the  
16 areas that would be causing the shortfall, including  
17 pharmaceutical catastrophic claims and what's contributing to  
18 that large number, as well as the error that was identified  
19 in the same section, just for clarification.

20                   MEMBER RICH: For the record Laura Rich. Tom,  
21 that's a good question and thank you for bringing this up.

22                   The shortfall is really, it has to do with  
23 timing. It's the timing of when those expenses come in, but  
24 I think that I -- I'm going to pass this on to Cari Eaton,  
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1 who's our CFO, who is prepared to answer that question in  
2 more detail. So I'm going to pass that on to you, Cari.

3 MS. EATON: Thank you. Cari Eaton for the  
4 record.

5 There was an error in the budget data status  
6 spreadsheet. An error was found or pointed out by our  
7 advocates and in researching that error it appears that  
8 there's a macro in our formula error. So you all received a  
9 new copy of that with correct information, and we'll make  
10 sure it's correct moving forward.

11 As for the budget projection, the reserves, the  
12 actual excess reserves that shows a 20,000,000 dollar  
13 shortfall is because at this point in time of the report we  
14 had expenditures in excess of the revenue that was received  
15 at that point in time. So this is an evolving number and  
16 will change all of the time.

17 You can see it's projecting as of September to be  
18 around \$7,000,000 in excess reserves, but you can also see  
19 that we're projecting a shortfall in our state retiree costs.  
20 So if there are excess reserves we may need to use those  
21 to -- to supplement that -- those expenses.

22 Hopefully that answers your question. Let me  
23 know if I need to explain anything else.

24 MEMBER VERDUCCI: Just as a follow-up question.  
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1 I believe this updates every month. So when do we get the  
2 best picture of excess reserves?

3 MS. EATON: Cari Eaton for the record.

4 You are correct. It updates every month.  
5 It's -- it is a very volatile moving target. So as we've  
6 stated in previous Board meetings that the excess reserve  
7 number is really not known until we close the fiscal year  
8 because another thing that does impact our excess reserves is  
9 our required reserves. So if we have enough funds to  
10 backfill any additional required reserves for the following  
11 year, we need to use them for those as well.

12 MEMBER VERDUCCI: So based on the current claim  
13 that we've currently had at four and a half million dollars  
14 does it appear we need to go into any catastrophic reserves?

15 MS. EATON: Cari Eaton for the record.

16 At this point in time we are still so early in  
17 the plan year that we can wait and see if things smooth out  
18 with our claims cost. So if we have enough excess to cover  
19 the additional claims cost that may be needed, we may not  
20 need to use catastrophic. But if we don't have as many  
21 claims cost or claim excess reserves for to backfill those  
22 costs then, yes, we may need to dip into catastrophic  
23 reserves which is why they are there.

24 MS. RICH: And for the record this is Laura Rich.  
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1 I just wanted to add, looking at the first  
2 quarter here, and so this is very premature data, and so we  
3 get a better picture of what we're looking at later on down  
4 as time progresses, right.

5 MEMBER VERDUCCI: Thank you very much for the  
6 clarification.

7 CHAIRMAN LONG: Any further questions on Item  
8 4.2.1?

9 I would accept a motion to approve Item 4.2.1.

10 MEMBER VERDUCCI: Mr. Chair, Tom Verducci. I  
11 will make a motion to approve 4.2 -- 4.2.1.

12 CHAIRMAN LONG: Thank you. I have a motion. Do  
13 I have a second?

14 MEMBER BAILEY: Don Bailey for the record. I  
15 second that motion.

16 CHAIRMAN LONG: Thank you. It's been moved and  
17 seconded to approve Item 4.2.1. All those in favor say aye.

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

20 CHAIRMAN LONG: Opposed? Motion passes  
21 unanimously. Thank you.

22 Moving on to Item 4.3.6. We had a couple of  
23 questions on that. So I think Mr. Smith was first.

24 MEMBER SMITH: Thank you. Is anybody from  
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1 Hometown Health here? Thank you. My question is related to  
2 the accountability of the providers in the plan and if  
3 there's a network provider who for example is requiring  
4 participants to pay the written off amount, who would they  
5 complain to?

6 And I actually know this from experience where a  
7 network provider overcharged and basically wanted to send  
8 somebody to collection because they wanted the amount that  
9 was written off by the contract, but the person didn't know  
10 who to complain to.

11 MR. HAGER: For the record Jon Hager, J-o-n  
12 H-a-g-e-r, director for planning and performance for Hometown  
13 Health.

14 So it sounds like you're talking about is a  
15 balance billing issue. So if I understand it correctly, the  
16 provider bills an amount that's on their charge master. We  
17 have a contracted rate that discounts that amount and there's  
18 a cost sharing amount deductible co-pay co-insurance.

19 There is a contract revision in all of our  
20 in-network providers. Well, if they are contracted there by  
21 definition in-network and each of those contracts have a  
22 provision that require that they not -- that prohibit them  
23 from balance billing members. So they are only allowed to  
24 bill the member for deductible co-pay and co-insurance.

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1           If the member is having issues with that they  
2     should contact Hometown Health. Our customer service team  
3     will be happy to look into it and make sure that that's not  
4     happening. The customer service department would transfer  
5     that request to our provider relations team, and they will go  
6     out and educate the provider and if -- if there is, in fact,  
7     a violation there are contract revisions to deal with that.

8           MEMBER SMITH: Okay. Thank you.

9           MR. HAGER: Yes, sir.

10          CHAIRMAN LONG: Mr. Verducci?

11          MEMBER VERDUCCI: Thank you, Mr. Chair.

12                 Good morning, Jon. I just wanted to ask you  
13     about the failure on the turnaround time for repricing of  
14     medical claims within three business days, and what the  
15     current trend would be in terms of correcting that issue?

16                 MR. HAGER: Yes. So for the record Jon Hager,  
17     Hometown Health.

18                 I'm not positive what the reasoning -- what the  
19     reason was for that failure at the time. I believe -- so I  
20     know earlier in the year, around the summertime there was a  
21     provider matching issue. So we changed our logic to make it  
22     easier or more accurate for the system to match a provider.  
23     So when we get claims that claim may have missing information  
24     for the provider. Maybe the name is not there but the NPI,  
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1 the national provider indicator is there or the tax ID is  
2 there. We have an algorithm that comes up with a way to  
3 confirm whether or not that's the right provider.

4 So you might be missing one set of data but you  
5 have got these three other items. We made an update to that  
6 logic to make it more accurate and it actually didn't work  
7 out well. We had an issue matching providers and that  
8 delayed a number of processes. So I -- I'm not positive but  
9 I think that's what caused it. I can confirm and get the  
10 information to Ms. Rich, but I believe that's what caused it.  
11 We went back in, fixed the logic. I think that everything at  
12 this point has been running smoothly or relatively so.

13 MEMBER VERDUCCI: Thank you.

14 MR. HAGER: Yes, sir.

15 MEMBER MITCHELL: Jet Mitchell for the record.

16 Can you clarify, Tom, what page -- where you are  
17 referencing when you asked that question, please. Thank you.

18 MEMBER VERDUCCI: Yes. Tom Verducci for the  
19 record.

20 This would be in section 4.3.6 and it's a  
21 relatively short section. So that would be page one of that  
22 report, and it's under claims repricing and the requirement  
23 is a 95 percent turnaround time, the time frame, and the  
24 result was 93 percent.

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1 MEMBER MITCHELL: Thank you.

2 MEMBER VERDUCCI: Section 4.3.6.

3 MEMBER MITCHELL: Thank you. I was looking at an  
4 incorrect section. Thank you.

5 CHAIRMAN LONG: Thank you, Mr. Hager.

6 Any other questions? I'll take a motion to  
7 approve Item 4.3.6. Anyone?

8 MEMBER SMITH: David Smith, I move to approve  
9 section 4.3.6.

10 CHAIRMAN LONG: It's been moved. Do I have a  
11 second?

12 MEMBER MITCHELL: Jet Mitchell for the record.  
13 Second.

14 CHAIRMAN LONG: Thank you. It's been moved and  
15 seconded to approve Item 4.3.6. All those in favor say aye.

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

18 CHAIRMAN LONG: It passes unanimously. Thank  
19 you.

20 Moving on to Item Number Five, presentation on  
21 self-funded claims trend experience and projections of the  
22 composite rate trend for plan year 2020.

23 MS. MESSIER: Good morning. For the record this  
24 is Stephanie Messier. Last name is M-e-s-s-i-e-r and I'm a  
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1 vice president and actuary at Aon.

2 MS. WILSON: Good morning. I'm Kelly Wilson and  
3 I am with Aon as well.

4 MS. MESSIER: Moving on to our presentation.  
5 Today we are here and we typically do this every January to  
6 provide the Board with a historical lookback at the prior  
7 years experience. So what we're doing here is looking at  
8 your incurred claims for plan year '19 and how did those  
9 perform over the prior plan year. Very much recognizing that  
10 we are currently in the midst of plan year '20 and the next  
11 March Board meeting we will be here to talk to you about what  
12 the rates will look like for the upcoming plan year of '21.

13 So first today we're going to walk through your  
14 historical trend rates. Then we're going to give you some  
15 insight into what we see from other national benchmarks in  
16 this area and then give you a preview into what we anticipate  
17 using for a pricing trend projection for your plan year '21  
18 rates.

19 One other thing we found is important to note  
20 when we're talking about trends, there's two different trends  
21 that go into your rate action. First, you have your  
22 experienced trend which, I mentioned before, is taking that  
23 historical experience and truing it up to where we set the  
24 rates to be for that given year. Then we need to move it

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1 forward to the plan year that we'll be implementing those  
2 rates for. So that is your pricing trend. Putting those two  
3 numbers together gets you to how much the rates need to  
4 change for that given plan year, and we'll discuss that more  
5 as we get to those slides. I just -- it's a very important  
6 high level sentence really to keep in mind as we move through  
7 today's presentation.

8           So first here we have a combination of your  
9 CDHP's plan medical, pharmacy and dental claims experience.  
10 So you will notice here we have two different sets of  
11 numbers. The first darker blue bars is what the expected  
12 trends were. How did the rates change for that plan year  
13 over the prior plan year. And then the lighter blue bars,  
14 which is secondary on the sheet, is your actual trends that  
15 the plan saw in those given plan years.

16           Now PEBP, while they have been conservative in  
17 terms of the catastrophic reserves and the load on the IBNP,  
18 they have requested that Aon sets the rates with a 50/50  
19 chance of being over or being under. Some of our clients  
20 usually, I would say the majority of them, have us set rates  
21 that are a little more conservative because they don't want  
22 to be over budget in terms of claims experience at the end of  
23 the year. So usually there's a little bit of margin put in  
24 when we're setting pricing rates.

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1 But here PEBP has given us the explicit direction  
2 to try to be 50/50. So as actuaries it makes us a little  
3 more uncomfortable. We like to not be over budget just  
4 typically in terms of what we've been working with but here  
5 we have been asked to be 50/50.

6 As you can see, PEBP's experience in plan year  
7 '17 you performed better than we had anticipated. You had  
8 zero percent trend rate for all three of those items  
9 combined, the medical, pharmacy and dental on the CDHP plan.  
10 We anticipated a 4.2 percent.

11 In plan year '18 the prices were set with a  
12 4.6 percent increase was anticipated. Whereas, all those  
13 claims came in at 3.8 percent. And, again, I should probably  
14 also point out this is claims. This doesn't include your  
15 admin fees or other kinds of loads that go on to set the  
16 actual final premium rates. This is purely looking at the  
17 total claims cost, claims paid to providers, facilities and  
18 those types of things.

19 The next in plan year '19, so it's been a while  
20 since PEBP has seen this, but you had actual trend that was  
21 above your expected trend rate. We were anticipating a  
22 3.8 percent increase and instead PEBP's plan ran at a  
23 6.5 percent increase.

24 And, again, this is using data through, incurred  
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1 through the end of June 2019, but we're using run out of  
2 claims for November. So we have a lot of payments. Those  
3 claims are very mature at this point. We have still applied  
4 a modest completion factor because there's still a long tail  
5 sometimes on claims payments. But for the most part, as  
6 we're looking back at plan year '19 that ended in June, we  
7 have a pretty good picture that you ended at a 6.5 percent  
8 increase for that year.

9 I'll stop real quick just because I know it's  
10 numbers and sometimes that creates questions. Any questions  
11 at this point?

12 MEMBER VERDUCCI: Tom Verducci for the record.

13 You know, I just wanted to comment here. This  
14 was more than double the trend here. And, you know, I  
15 understand there was one high cost claimant here that was at  
16 four and a half million with one -- you know, with one  
17 medical claim, and I was wondering is there any protection in  
18 terms of reinsurance when we have -- when we have one  
19 catastrophic claim?

20 I know that the insurance industry companies are  
21 protected with reinsurance, and there's insurance programs  
22 that they can put in place for catastrophic situations.  
23 Would PEBP be eligible to look into any type of reinsurance  
24 to prevent us from having one claim resulting in millions of  
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1 dollars? Is that possible from the PEBP standpoint similar  
2 to how it worked in the private sector?

3 MS. MESSIER: I believe what you're asking about  
4 is specific stop loss insurance and so I don't think there's  
5 anything precluding PEBP from purchasing specific stop loss  
6 insurance. I would say a plan of your size typically doesn't  
7 have it just because your claims in total are so large.  
8 There's always kind of fluctuations going on with underlying  
9 claims, and usually a plan of this size has reserves on hand  
10 in order to cover a 4.5 million dollar claim in a given year,  
11 but a lot of it goes back to what we discussed in November.  
12 It's really their financial appetite for being able to pay  
13 that.

14 If they want to be more conservative and have  
15 more protections in place, I do have another large state  
16 account and they still have stop loss insurance even though  
17 they are very similar to your size. It's just their  
18 leadership is much more comfortable paying another entity for  
19 that specific stop loss insurance, and you can set it at  
20 different thresholds. You can do half a million dollars or a  
21 million. But, yes, those policies are available.

22 MS. RICH: For the record Laura Rich.

23 Mary Catherine from HealthSCOPE Benefits is going  
24 to add to that response because I think there is -- there's  
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1 something she can add as far as options that we have.

2 MEMBER VERDUCCI: Thank you.

3 MS. PERSON: For the record Mary Catherine Person  
4 with HealthSCOPE Benefits.

5 And actually you have a very, fairly narrow level  
6 of stop loss insurance today because on out of state claims  
7 we're using the Etna Network. And as a result of the use of  
8 the Etna Network we also have stop loss built in. It doesn't  
9 cover that full gamut of that type of claim, but it's also  
10 why you have your catastrophic reserves for those types of  
11 large claims as well.

12 MEMBER VERDUCCI: So in terms of the one  
13 substantial claim that has really effected our members, does  
14 the stop loss insurance apply to that at all?

15 MS. PERSON: It will apply. It will not  
16 reimburse obviously the full amount. It will reimburse a  
17 portion of that amount. And actually that claim is paid in  
18 the current plan year, not in the 2019 plan year that you're  
19 looking at. So that's in the 2020 plan year, just to clarify  
20 that as well.

21 MEMBER VERDUCCI: Thank you.

22 MS. MESSIER: Yes. Good catch, Mary Catherine.  
23 That was going to be my other comment. You were not seeing  
24 that 4.5 million dollar claim here in that 6.5 percent, but  
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1 you certainly will be seeing it as we come back in March and  
2 that payment came through in January. So we use data through  
3 January and that larger claim will definitely be in that  
4 experience period. So you're not seeing it here just yet.  
5 Good question.

6 I do think in plan year '19 based on other data  
7 you've seen, you're starting to see an uptick in large claims.  
8 And I will say it's very common, it almost goes back to a  
9 Biblical reference of three years of feast followed by three  
10 years of famine, and we very much see underwriting cycles  
11 where there will be three years of bad claims experience  
12 followed by three years of good.

13 I think PEBP has had an abnormally longer period  
14 of good claims experience but unfortunately I think you have  
15 kind of gone into the years of famine where you're starting  
16 to see an uptick in these larger claims and, again, very  
17 unpredictable. Again, I don't think anybody is planning on  
18 having a very large claim but yet that's what we've been  
19 experiencing both in plan year '19 and so far in plan year  
20 '20.

21 Any other questions before I move on?

22 Yes, Tom?

23 MEMBER VERDUCCI: Tom Verducci for the record.

24 You know, my observation would be that at one of  
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1 the last meetings we had 34 claimants that threw off the  
2 projections, now we have one, and my concern would be if  
3 there's ever some kind of epidemic or something where it  
4 wasn't one or 34 people but maybe one or 200 people in terms  
5 of the solvency of the program, and that's why I questioned  
6 about reinsurance and upper limit protections.

7 MS. MESSIER: Right. And I do think that's a  
8 great reason why the state has the catastrophic reserve  
9 because that's going to be and I think we're going to use  
10 that example. That's really why PEBP has it. Should  
11 something happen, like the virus we're currently seeing in  
12 China, if that would happen in say the Vegas Airport, right,  
13 and spread to your membership and your employees in the Vegas  
14 area, that's going to be a big hit to PEBP's plan, right, and  
15 PEBP doesn't sell widgets. It's not a private sector  
16 employee that can just go out and sell more product or make  
17 bigger revenue, correct? So you need to have a place to go  
18 to get that money, and having a catastrophic reserve provides  
19 PEBP that protection.

20 MEMBER VERDUCCI: Thank you.

21 MS. MESSIER: Yep. Anything else?

22 Okay. All right. Next on the slide we've been  
23 asked to call out the three different sections that were  
24 combined into the prior slide. So here it's just the CDHP's  
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1 medical experience. It actually saw a negative plan rate in  
2 year '17 of minus 1.2 percent, nearly flat in plan year '18  
3 at 0.2 percent, and then it was at 7.1 percent in most recent  
4 plan year '19. And, again, I think that 7.1 percent is being  
5 influenced greatly by the large claimants. So a lot of that  
6 is coming through on medical side not just on the pharmacy.

7 Questions there?

8 Okay. Next on the pharmacy trends, they saw a  
9 very big spike in plan year '18. The good news is in plan  
10 year '19 those trends had moderated and actually came in a  
11 little bit under what we were anticipating at the  
12 eight percent increase. Plan year '17 was under at 4.8.  
13 Plan year '18 was far greater at 20.4 percent, I think also  
14 influenced by hep C drugs. And then the 7.1 percent in plan  
15 year '19.

16 Questions here?

17 Okay. So I apologize. The dental slide is a  
18 little busier, but we were asked to break this out, and we  
19 have historically by both the expected and actual trends that  
20 you see on the previous slides, but then before the breakout  
21 actual trend into those who are your active and pre 65  
22 retiree participants, but the dental is also offered to your  
23 folks who on your Medicare Exchange. So we break out those  
24 two populations for you in those final two bars. So the

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1 purple bar is your active and pre 65 participants. They have  
2 seen really positive dental trend rates over the last three  
3 Years. And then the Medicare Exchange folks is the, I guess  
4 that's a teal color, final fourth bar on the chart here at  
5 6.7, 6.5 and 3.5 percent, definitely above what are industry  
6 trends in the dental market.

7 Any questions?

8 Okay. All right. Next, we're moving on to our  
9 section here where we're talking about PEBP versus other  
10 published net medical and pharmacy trend rates. Again, this  
11 is something that you've seen in the past. So we have  
12 updated it from most recent data, as well as providing the  
13 three-year annual growth rate for comparison purposes.

14 So historically 2016 to 2017 PEBP was flat, very  
15 much different than what we were seeing in the market from  
16 all of the other consulting companies housing of Aon, Mercer,  
17 Price Waterhouse Coopers, Towers Watson, as well as the  
18 Kaiser Family Foundations are on that chart at the top. Also  
19 for ease of reading, the numbers are on that lower left-hand  
20 table. And then PEBP is just that final red bar in the chart  
21 and then again most recently in 2018 to 2019 plan year PEBP  
22 was above industry norms.

23 Questions here?

24 Okay. Next, this is coming from the standard  
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1 boards medical and pharmacy trend and indexes. The two lines  
2 and it's a little bit hard to see the colors. The blue line,  
3 it's been a little bit more flat over time is the national  
4 ASO trend rate. Whereas, what is listed at being the  
5 selected trend rate, the black one, that has more of a  
6 mountain type feel to it is the Nevada specific trend rate.

7 So it was very interesting to see how Nevada has  
8 kind of moved differently than the nation. We see a lot of  
9 larger states that kind of trend with what the nation is  
10 doing, but Nevada who was more harder hit in terms of the  
11 recession in 2010, we definitely saw it took a longer time to  
12 recover because, again, its industry being heavily influenced  
13 by folks coming off of the recession, and so it does trend a  
14 little bit differently from the nation. So we thought this  
15 was a great slide for you guys to take a look at.

16 Whereas, the prior slide you're comparing to  
17 national tendencies. This helps you get a better look not  
18 only how PEBP is doing but how Nevada is doing versus the  
19 rest of the nation. So most recently Nevada has started to  
20 come underneath that national trend rate but certainly in  
21 January of 2018 it saw a very large spike up in the six  
22 percent range, whereas the nation was kind of holding steady  
23 around that three percent line.

24 And some of that could be due to hospital  
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1 consolidation in the area or hospital charge masters changing  
2 and that type of things. It's typically why we see spikes  
3 that will differ than the nation when you get to a more  
4 regional basis.

5 Any questions?

6 Okay. And then finally this just kind of comes  
7 from our Aon, what we are seeing out there in the  
8 marketplace. One of the things that a lot of our consultants  
9 are really wanting to make sure all of our clients are up to  
10 speed on is we're definitely seeing a large uptick in these  
11 million dollar large claimants. They have always been kind  
12 of out there.

13 It's just with today's pipeline for like the rare  
14 disease medications that you'll see on the right-hand side of  
15 the screen here, where we have new gene therapy that's been  
16 released and it costs \$2,000,000 for one injection. Now  
17 granted, you're greatly increasing that person's value of  
18 life, and you're able to save people and cure very rare  
19 diseases which is great. It's just unfortunately it has a  
20 very large price tag that is put on by the pharmaceutical  
21 companies and, therefore, if you have somebody in your  
22 population that needs this drug, certainly you want to cover  
23 it. It's just that it's 2,000,000 dollar price tag to help  
24 that person.

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1           So we are definitely seeing a very large uptick.  
2     Since 2015 the frequency is up there on the upper left-hand  
3     side. It's risen sharply. Back in 2015 to today we're  
4     seeing a 33 percent increase in the number of claims over a  
5     million and 140 percent increase in the number of claims that  
6     are over \$3,000,000.

7           So unfortunately PEBP is not alone in seeing a  
8     claim that's over 3,000,000 as you're currently paying out  
9     4.5 million dollar claim. It's something that we're seeing  
10    definitely happen more across the country. It's just,  
11    obviously, it takes an impact to your financials.

12           Any questions there?

13           Okay. Here is kind of just a little bit of an  
14    education piece, again, as we move on from January to March  
15    and we're looking at setting your rates, we'll be taking your  
16    claim experience that will be incurred through December of  
17    2019 paid through January of 2020 and I apologize. I didn't  
18    update January 2019. It should say January of 2020, and then  
19    we'll complete those claims so that they are on a current  
20    basis.

21           If any plan design changes were made we will  
22    apply an adjustment at that time, and then we need to move it  
23    forward. So we have to move all of that claims experience  
24    which is up until December of 2019 all the way forward to  
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1 July of '20 through June of 2021. So if the rates that were  
2 set for 2019, as you can see in prior slides, were set below  
3 what we thought we have to make up for that shortfall.

4 Similarly, if the current plan year is running  
5 over where the plan rates were set, you have to make up for  
6 that shortfall and then move that forward with what we know  
7 were going to be cost increases by doctors or by hospitals.  
8 Same thing with cost increases on pharmacy and try to  
9 anticipate what the plan is going to spend starting July of  
10 '20 into June of 2021.

11 Historically when we've taken that claims  
12 experience PEBP has been performing better than anticipated.  
13 So that helped bring your rates down. So you would see a  
14 less than pricing trend when we would give you a rate action  
15 in March. But given that your plan rates have been set below  
16 your experience, most likely in March you may be faced with a  
17 number that is larger than the pricing trend because again we  
18 have to catch up that experience and then move it forward.  
19 Does that make sense?

20 Okay. So what we're seeing currently in the  
21 market, a lot of our other clients are seeing trend rates  
22 coming out from carriers in the six to nine percent range,  
23 but that's kind of their more standard manual rate before  
24 people make plan design changes or take a look at the

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1 experience. Our client base indicates combined medical and  
2 pharmacy trend rates at four and a half to six and a half  
3 percent, and other markets surveys that we're seeing getting  
4 released about this time of year is projecting medical trend  
5 rates for 2020 to be in the range of four and a half to seven  
6 percent.

7           So we are anticipating when we take a look at  
8 moving PEBP's claims forward from 2020 to the 2021 plan year  
9 that we'll be applying somewhere between five and seven  
10 percent for medical trends, and usually medical is below  
11 pharmacy. So we will apply a different trend rate to your  
12 medical experience than we would to your pharmacy experience.  
13 And as you've seen on the prior slides, medical has run less  
14 than the pharmacy has over time. Some we'll most likely see  
15 closer to a five percent on the medical trend, closer to the  
16 seven percent for the pharmacy trend.

17           And then dental we anticipate using a trend  
18 number between two and four percent. Dental has been pretty  
19 consistent year after year as you might imagine. There's not  
20 a lot of breakthrough in technology that really influences  
21 cost like the pharmacy has or even medical technology and  
22 different treatments that come out. Dental has been pretty,  
23 pretty consistent in the last four to five years, around  
24 three percent or so. Sometimes we see it lower, sometimes

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1 higher. So we're anticipating a range somewhere between two  
2 and four percent.

3 But just by disclosure, again, these numbers in  
4 the box are not indicative of what you may see when we have  
5 to talk about rates in the March time frame because we need  
6 to first take your experience trend, then move it forward by  
7 these pricing trends to get your rate actions.

8 And with that my presentation is concluded. Do  
9 you have any other questions?

10 CHAIRMAN LONG: Thank you.

11 Does the Board have any other questions or any  
12 discussion on this item?

13 Thank you very much. I appreciate you being  
14 here.

15 MS. MESSIER: Thank you.

16 CHAIRMAN LONG: Moving on to Item Number Six.  
17 Item Number Six, presentation on PEBP's 2019 member  
18 satisfaction survey.

19 MS. RICH: For the record Laura Rich. This  
20 agenda item goes over the 2019 PEBP member satisfaction  
21 survey. Similar to what PEBP has done in the past several  
22 years, PEBP repeated the annual members satisfaction survey  
23 to get firsthand knowledge from our membership. Like we've  
24 done in the past, we asked the same questions in the same  
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1 format and sent out a mass mailing to all of our members to  
2 request feedback on their levels of satisfaction.

3 So that survey went out November 1st, 2019 and  
4 was out and available for members to submit through  
5 December 13th of 2019. During that time we sent out several  
6 reminders and just to kind of prompt more participation and  
7 more responses.

8 Unfortunately, the results that we received for  
9 2019 were a little lower across the board compared to the  
10 results that we received in 2018. Although, there were a few  
11 things that happened that occurred during the, specifically  
12 during the 2019, May 2019 open enrollment period that may  
13 have had some negative impact on members that led to that  
14 lower satisfaction level.

15 First of all, the Board may recall that during  
16 PEBP's budget legislative session or during the legislative  
17 -- during the budget approval process there was a delay. So  
18 there was a delay with rates. We did not get those rates  
19 approved when we thought they would be approved, and in turn  
20 we had to delay open enrollment and not just delay open  
21 enrollment but when we actually did hold open enrollment we  
22 truncated that open enrollment period.

23 So as you can imagine there was quite a bit of  
24 chaos among members. It was, you know, confusion. There  
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1 was, PEBP was holding open enrollment meetings without the  
2 ability to provide information, crucial plan information on  
3 that plan year benefits, and so there was a lot of  
4 frustration confusion from members. Our call center didn't  
5 know how to answer questions. It was just quite a challenge  
6 for us operationally.

7           Additionally, we had a very rocky launch of the  
8 upgraded eligibility and enrollment system and that, the  
9 rollout of the voluntary benefit platform. So when you take  
10 into account the lack of information and approved rates and  
11 things like that and then you implement a new eligibility and  
12 enrollment system that's not working and functioning  
13 correctly, you can imagine the members did have that, you  
14 know, frustrating experience. So some of those lower results  
15 were somewhat expected as well.

16           So if you look on to the results section, the  
17 overall response rate actually fell. Last year we had  
18 12.8 percent of respondents of our population respond versus  
19 this year we only got 7.8 percent. However, the good news is  
20 that of that 7.8 percent it's more reflective of the overall  
21 PEBP population. So we had about a 66 percent active  
22 employee response and a 34 response, retiree response which  
23 is really more -- more appropriate to what our plan actually  
24 looks like, what our membership and enrollment actually looks

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1 like. So it's more reflective of the overall PEBP  
2 population.

3 So we asked again the same questions that we've  
4 asked in the past, and we did drop a little bit on the -- on  
5 the scores. However, we still have about 67 percent of  
6 responses that scored between that eight and ten, ten being  
7 the best.

8 Of -- of the -- we did also ask about the  
9 communication meeting, what the preferences were for members,  
10 how they wanted PEBP to communicate with them and it was the  
11 same this year as it was last year. People like e-mail.  
12 They like to be communicated by e-mail. They also like  
13 things posted on the website and to receive mailings.

14 Our lowest score actually was the -- it was  
15 related to increased training and education. You'll hear in  
16 a separate agenda item on the executive officer report we are  
17 taking steps to include that. We have looked at different  
18 opportunities to offer better education and training to  
19 certain populations that may need that.

20 So in conclusion, any satisfaction score below a  
21 ten on a scale of one to ten obviously illustrates a need for  
22 improvement. PEBP recognizes the challenges the program  
23 faced and is constantly looking for ways to continue to  
24 provide high quality benefits at affordable prices to

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1 employees, retirees and their families and PEBP will continue  
2 to strive to improve for next year's surveys results at the  
3 end of 2020.

4 I'll take any questions.

5 MEMBER BAILEY: Mr. Chair.

6 CHAIRMAN LONG: Please.

7 MEMBER BAILEY: For the record Don Bailey.

8 Laura, what is the plan for I guess from the  
9 staff to get more participants in the survey? Is there a way  
10 of doing that?

11 MS. RICH: So for the record Laura rich.

12 Yes, we do have -- we have some challenges. When  
13 we -- we've identified ways to reach out and we do have  
14 actually a survey out right now and we within the first week  
15 we already have more responses than in this survey within a  
16 month and a half.

17 So we did reach out to state IT and identified  
18 several other ways to reach these people because, again, we  
19 have in our enrollment eligibility portal members have the  
20 ability to put in their own e-mail address but if they don't  
21 do that then we don't have an e-mail address or it's not a  
22 good e-mail address if they don't check it or maybe it's  
23 going to their junk mail or something like that. So we have  
24 those challenges.

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1                   For active employees we can actually utilize  
2 state IT and send out a mass mailing to those active  
3 employees, and so we've utilized that for this next survey  
4 that we actually have out. So I think that we'll be  
5 receiving a much better response rate in the next survey.

6                   MEMBER BAILEY: Thank you.

7                   CHAIRMAN LONG: Other questions or discussion?  
8 Okay. Thank you very much. Oh, sorry. Go ahead.

9                   MEMBER VERDUCCI: I just wanted to spend another  
10 minute. This is Tom Verducci.

11                   How often do we send out the surveys? Is this  
12 annual or biannual?

13                   MS. RICH: So the members satisfaction survey  
14 happens -- for the record Laura rich.

15                   It happens yearly. We do it yearly. The survey  
16 that is out right now is actually a separate survey that I  
17 thought would be beneficial to the Board later on down the  
18 road when it comes time to determine and make decisions as to  
19 what we want to be included in the budget, and that's going  
20 to be another agenda item that we'll discuss later, but it  
21 gives the Board the opportunity to see those responses and to  
22 see what it is that members want and what they want to  
23 prioritize and what -- what is important to them, and so that  
24 survey has -- that was done just as a result of the budget

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1 process that we have looking forward to it, so.

2 MEMBER VERDUCCI: Also, do we track variances  
3 between actives and responses in terms of their issues and  
4 how they respond?

5 MS. RICH: Yes. So we are able to identify one  
6 of the first questions in each one of our responses is or  
7 each one of the questions in the surveys is who are you. Are  
8 you a -- are you an active employee? Are you a Medicare  
9 retiree. So there's -- we're able to break down that data  
10 and look at it based on, you know, the responses based on who  
11 they are. So that's something we do in every survey that we  
12 have.

13 Now, there is a free form question that gives  
14 members who respond an opportunity to submit any comments,  
15 and those are actually comments that, you know, there's no  
16 way to -- you have to read through each one of them, right,  
17 and I have actually read all of the comments and gone through  
18 and kind of identified. We tag them based on what is -- is  
19 it related to the plan benefit design? Is it related to a  
20 vendor? So we've looked at those and passed along some of  
21 those comments to our vendors to make improvements  
22 internally. So we have done that analysis as well.

23 MEMBER VERDUCCI: Thank you. And just a  
24 follow-up comment. You know, the phrase here increased  
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1 training and education is a little bit vague. Specifically,  
2 do you think workshops, individual meetings, I know you're  
3 going to be discussing Las Vegas access, perhaps a cubicle or  
4 an office down there, electronic means, written means. You  
5 know, specifically what do you think that the membership is  
6 looking for in increased training?

7 MS. RICH: For the record Laura Rich.

8 You know, I mean one thing comes to mind, and  
9 I'll be talking about this as well later on, the retiree  
10 process is confusing. When someone retires, as a state  
11 employee retires there's a lot for them to do. You have to  
12 go to PERS. You have to go to PEBP. There is a lot of steps  
13 that need to be taken in order to make sure that you don't  
14 lose any of your benefits. And when you retire you have  
15 everything you need to retire.

16 And so I think employees, when they go through  
17 that process, it's just overwhelmed. There's so much to do.  
18 There's so much information, and they are overwhelmed, and so  
19 one of the things we've been working towards is to and I  
20 think we've done a pretty good job is offer these midweekly  
21 retiree meetings where you can come in and our staff puts on  
22 the presentation. We also post it on the website. We also  
23 work with our vendors.

24 We have upcoming meetings with, in conjunction  
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1 with a vendor to hold different kinds of conferences down,  
2 actually throughout the state. We do it in Las Vegas. We do  
3 it in Reno. We do it in Carson. We've opened it up to  
4 webinars as well, and so members that are able to or who  
5 cannot attend in person cannot just watch it, not just only  
6 watch it by a webinar but they are able to participate. They  
7 can send in -- as the meeting is going on, they can send in  
8 their questions, and we have a staff person manning it right  
9 there, and so there's those types of things that we've  
10 explored.

11 There's not a lot of -- people don't know about  
12 it yet. I think, you know, give us a little bit more time  
13 and I think the word will get out and there will be a lot  
14 more participation in that. But, like I said, in a different  
15 agenda item we'll talk a little bit about how we've partnered  
16 with different entities to maybe leverage some of that, you  
17 know, the exposure and that population, so.

18 MEMBER VERDUCCI: Thank you for elaborating.

19 CHAIRMAN LONG: Thank you.

20 Moving on to Item Number Seven, presentation on  
21 EPO end-of-year evaluation.

22 MS. RICH: For the record Laura Rich.

23 This report, first I would like to start out with  
24 this report is going to be presented to the legislative  
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1 committee, the Interim Retirement and Benefits Committee on  
2 February 5th, and so this report is being also presented to  
3 the Board so the Board has an opportunity to see this before  
4 it gets presented publicly to the legislature.

5           So some of you may remember back in 2017 we were  
6 presented, PEBP was presented with a situation where there  
7 was going to be higher rates from our HMO's. We were  
8 presented with 13 and 15 percent increases for our HMO plans  
9 from our HMO partners. Hometown Health was the Northern HMO  
10 plan, and Health Plan Nevada was the southern HMO plan. And  
11 so PEBP went back and we looked at, you know, what can we do  
12 to mitigate this problem and mitigate the rate increases.

13           So the -- on November 30th of 2017 the Board  
14 approved the development and implementation of a PEBP managed  
15 self-insured provider organization plan and this replaced the  
16 Northern Nevada HMO.

17           This plan became effective on July 1st, 2018, and  
18 so what this report does is basically compare what -- where  
19 we are today versus where we would have been had we kept  
20 this -- this plan and not implemented an EPO. So what we saw  
21 was enrollment was fairly steady. There wasn't a lot of  
22 migration. Those people that were on the HMO stayed on the  
23 EPO plan. It was a very similar plan. Anybody that did not  
24 take action at that time was automatically rolled into the  
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1 EPO plan.

2 And really there wasn't a lot of -- we setup the  
3 plan. So there weren't a lot of differences. The plan  
4 design was very similar, and so there was not a lot of change  
5 in the enrollment as far as migration goes.

6 In -- so if you look at the table, the total HMO  
7 rate, I think it's on -- it's not numbered, but it's the  
8 first table that is titled total HMO rate. You can see that  
9 if you compare the plan year 2018 rates versus plan year 2019  
10 rates, pretty much every tier with the exception of two that  
11 really had very insignificant increases, everything else  
12 decreased. The overall rates were up to \$22 less depending  
13 on that tier of coverage. That's for -- that's on the state  
14 side.

15 So on the participant side, the next -- the next  
16 table down, you can see that members also saved money. So if  
17 you look at their premiums, that rate change in every tier  
18 was lower than it would have been on the HMO. So there was a  
19 savings there to the membership as well.

20 If PEBP would have chosen to continue with  
21 Hometown Health, as I said, the rates would have increased  
22 dramatically with Hometown Health requiring a 13 percent rate  
23 increase and Health Plan of Nevada requiring a 15 percent  
24 rate increase.

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1           What ended up happening is replacing that plan,  
2 the Northern HMO plan with the EPO, Health Plan Nevada at the  
3 time came back and said, okay, if you're going to do this  
4 then we will agree to ultimately decrease rates by eight  
5 percent instead of the increase of 15 percent. So we were  
6 able to lower rates dramatically that way.

7           The next page shows, so this is the 2019, the  
8 second year, you can see that the rates, there was a savings  
9 again to the state, and there was a savings to the member as  
10 well. So you can see that members saved quite a bit of money  
11 on their premiums but overall the state saved 14.7 million  
12 that year.

13           So additionally if you look at the state subsidy,  
14 so any rate changes to PEBP plan have a direct effect on the  
15 contributions, so that's the subsidy. That's provided to the  
16 state, and the subsidy that the state provide in the 2019 was  
17 about 276,000,000. If PEBP had not implemented the EPO plan  
18 and approved the HMO rate increases that would have actually  
19 been 291,000,000 so that's where we got that 14.7 million  
20 dollars in savings.

21           Moving on to utilization and cost, I don't want  
22 to go over this part too much because, again, it's first year  
23 utilization. It's not fully mature data. So it's just not  
24 something that, you know, we'll see better data years to

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1 come.

2           Again, so plan benefits, as I said, basically the  
3 plan was set up very similar. We did not want to change the  
4 plan too much. We wanted people to continue with what they  
5 were used to, and so really the only thing we changed there  
6 were benefits essentially. We lowered the specialty  
7 prescription cost of the co-insurance from 40 percent to  
8 30 percent. So that was a benefit to the member, and then we  
9 also added Doctor On Demand and Healthcare Blue Book, but  
10 essentially those were the biggest changes in that plan.

11           So in 2020 we experienced very similar numbers,  
12 right. So we had the total HMO rate. There was a savings in  
13 those rate changes. It was we saved in every single one of  
14 those tiers every category. And, again, on the participant  
15 side we also saw quite a bit of savings as well. The premium  
16 rates were a lot less expensive than if we would have stayed  
17 with the HMO.

18           In 2020, in plan year 2020 we saved 10.9 million  
19 dollars to the state. So PEBP by staying with the EPO and  
20 not having that HMO we saved 10.9 million. So really to put  
21 it in a nutshell, the members on the EPO plan really saw  
22 little change. There was not a lot of difference in the plan  
23 design in the benefits, but they were able to experience  
24 pretty significant savings at least from the premium

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1 perspective. And from the State perspective PEBP saved the  
2 state about 25.6 million in those first two years of the EPO.

3 And I will take any questions.

4 MEMBER SMITH: Thank you. David Smith for the  
5 record.

6 Since they are both self-funded have you compared  
7 what the cost per member per month is in relation to the  
8 other because since they are both self-funded is one costing  
9 more because of adverse selection?

10 MS. RICH: For the record Laura Rich.

11 That number is also lower as well. I don't have  
12 it right in front of me but it is lower as well. Again,  
13 we're looking at, you know, the first two years it's very  
14 premature data. The first year of a plan is typically not  
15 great, as a great comparison, right. So utilization, it's,  
16 you don't want to use that as your base. So we're still  
17 going to continue to look at that but, yes, it's on a  
18 permanent basis, yes, it is.

19 MEMBER SMITH: For the providers in the network  
20 are the contractual rates for the providers the same as the  
21 self-funded?

22 MS. RICH: Yes.

23 MEMBER SMITH: Okay.

24 MS. RICH: Yes. For the record Laura Rich.  
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1                   We use the same network, Hometown Health.

2                   CHAIRMAN LONG: Any other questions?

3                   Thank you.

4                   Let's move on to Item Number Eight, discussion  
5 and possible action on budget enhancement options for fiscal  
6 year '22 and '23 budget.

7                   MS. RICH: All right. For the record Laura Rich.

8                   This report covers the budget enhancement options  
9 for fiscal years '22 and '23. Basically, what we're doing in  
10 this report is teeing up the budget-building process for PEBP  
11 staff. It's to give PEBP staff direction as to what the  
12 Board would like to analyze so that we can then bring it back  
13 to the Board in May with cost and more information so that  
14 the Board can make a decision and also prioritize what it  
15 would like to be included in that budget.

16                   At that point staff then spends the summer  
17 essentially building a budget. In August that budget request  
18 is submitted to the Governor's Finance Office, and at that  
19 point the Governor's Finance Office makes their adjustments  
20 and in the end it is then submitted and included as part of  
21 the final Governor's recommended budget that is presented in  
22 January.

23                   So what this report does is basically we're  
24 outlining some items that have been brought to the Board's  
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1 attention as far as what should be included and what should  
2 not be included and where we want to go.

3 The way that we have broken this out is in three  
4 sections. So the first section is the advocate benefit  
5 enhancement request. You heard a little bit about it at  
6 public comment.

7 The second -- the second part is the PEBP budget  
8 enhancement recommendation. So this is recommendations  
9 coming from staff.

10 And then the third one is budget savings  
11 recommendations. So we'll go over piece by piece, and I  
12 think I'll stop at each, at the end of each section and that  
13 way it will give the Board an opportunity to discuss.

14 So the first part, I think Mr. Ervin did a great  
15 good job of kind of going over each one of these sections,  
16 but the advocate benefit enhancement request, what they have  
17 requested is they have a series of requests, and a lot of  
18 this PEBP has actually done a lot of the analysis already.  
19 So it's not a lot of work to go back and do the analysis.  
20 It's just a matter of what is the Board interested in seeing  
21 so that if they do want that included in the final budget  
22 request it can be included.

23 So the first one is increasing the dental --  
24 dental benefit maximum. The request is to increase it from  
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1 1,500 to a max of 2,000. It's a 500 dollar increase. We're  
2 also looking at reducing the out-of-pocket maximums. The  
3 request is to reduce the out-of-pocket maximum by \$400. So  
4 changing that from 39 and 7,800 to 3,500 and 7,400 so 3,900  
5 to the individual and 7,800 is family.

6 The CDHP, HSA and HRA funding, the request is to  
7 increase that base dependent amount that we fund from 200 max  
8 three dependent to 300 max three dependents. So we have  
9 about 19,000 dependents on the CDHP that would be the impact  
10 on that.

11 There's also the request to eliminate the 25  
12 dollar co-pay for annual vision exams. Several years ago we  
13 actually added that 25 dollar co-pay. The request is to now  
14 eliminate it.

15 Increase life insurance benefit, the request is  
16 just an increase, and I think coming back with different  
17 tiers of increases is fairly simple.

18 And then you heard a little bit about the  
19 independent actuarial review. I think in order to get  
20 pricing and specifics on this we're going to have to conduct  
21 an RFI. I think that's probably the best avenue to get this  
22 information. So I think an RFI should be performed if this  
23 option is something that we want to look at.

24 I do want to -- I want to add to this a little  
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1 bit that the independent actuarial review, I think the  
2 request is less to do about -- less to do with the accuracy  
3 of the actuaries, more to do with the Board policies, the  
4 established Board policies and if -- if they make sense,  
5 right. So I think that's more the request rather than I  
6 don't think they are questioning the accuracy of Aon. I  
7 think they are, what they are questioning is does it make  
8 sense to maybe have, change those reserve levels, the 95  
9 competence level and things like that.

10 So that is -- I'll stop there. The  
11 recommendation is basically for the Board to determine which  
12 advocate enhancement request they would like staff to do an  
13 analysis on to be considered as part of the final budget  
14 enhancement option which will be presented to the Board in  
15 May. So I'll stop there.

16 CHAIRMAN LONG: Questions, discussion by the  
17 Board?

18 MEMBER BAILEY: For the record --

19 MEMBER MITCHELL: For the record Jet Mitchell.

20 MEMBER BAILEY: Go ahead. Let her go.

21 MEMBER MITCHELL: Thank you. For the record Jet  
22 Mitchell. I love the delay of technology. For the record  
23 Jet Mitchell.

24 Thank you to the advocates who have spoken  
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1 eloquently about their enhancement requests. My comment on  
2 the order of priority of pursuing them would be slightly  
3 different than what's been presented. I think that reducing  
4 the out-of-pocket maximums which is the point B could be  
5 priority one because every participant that's in the plan  
6 would be either receiving a direct benefit or knowing that  
7 that safety net would be available to them. So that  
8 reduction of out-of-pocket maximum would be piece of mind for  
9 those that don't use it and a very direct benefit. So it  
10 could potentially benefit every individual covered as opposed  
11 to the increased -- increased dental benefit annual maximum  
12 does affect several participants but would not directly  
13 affect every covered participant on the plan.

14 So I -- I would like to have PEBP pursue the  
15 reduction of out-of-pocket maximums, increasing the dental  
16 benefit annual maximum and co-pay elimination of vision and  
17 life insurance benefit, those benefit enhancements.

18 I echo Laura Rich's statement that the  
19 established Board policies would be what would want to be  
20 pursued with the independent actuarial review.

21 CHAIRMAN LONG: Peter Long for the record.

22 Just so I understand, I think this is a somewhat  
23 ranked list but not necessarily a completely ranked and what  
24 we may be being asked today is whether or not we want to have  
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1 PEBP put together some figures on what each of these requests  
2 might -- might cost, and at that point in the next meeting  
3 that could be presented as well as, you know, which ones  
4 based on cost or based on demand the Board might want to  
5 pursue in the budget building process.

6 As far as the independent actuarial review, if --  
7 on my limited knowledge on this, if the current actuaries  
8 projections are not in question but just the Board policy on  
9 the percentages that are applied to those and how we fund the  
10 various accounts I guess we could direct it. We ask for an  
11 RFI, but I don't think paying an actuary is going to be  
12 inexpensive. And do we need, necessarily need to have  
13 another actuary come in if it's just really based on Board  
14 policy as to what we set, whether it's 90 or 95 percent.

15 So I would just throw that out there possibly for  
16 further discussion. If PEBP has already put together a lot  
17 of these figures I would -- I would suggest if it's not  
18 overly burdensome to them that they could provide the figures  
19 at the next meeting for A through E and then the Board could  
20 discuss where they want to go from there.

21 MEMBER BAILEY: For the record Don Bailey.

22 I concur with your statement, Mr. Chair. I would  
23 like to at least voice my opinion on the increase in life  
24 insurance and dropping and eliminating that 25 dollar co-pay.

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1 I don't think anyone was in favor of that anyway. So there's  
2 several things in there that are personal. But on the other  
3 hand, I think you're right cause the cost factors in each one  
4 of these because we have limited amount of dollars I can see  
5 coming up. So just for the record. Thank you.

6 CHAIRMAN LONG: Thank you.

7 So, Laura, would it -- would it be appropriate to  
8 move on to number two or should we take a motion on 4.1 or  
9 4.2 or what would be your recommendation?

10 Mr. Verducci?

11 MEMBER VERDUCCI: Thank you very much. Tom  
12 Verducci for the record.

13 You know, I wanted to point out that all of these  
14 items are important. I think the most important independent  
15 actuarial review because we need to know the big question if,  
16 if the money is there, and if the money is there we have a  
17 list that keeps coming up here from the -- from the advocacy  
18 groups. So we have an important list from Nevada Faculty  
19 Reliance, RPEN, AFSCME and the UNLV Faculty, and I think the  
20 important thing is we need to have in my opinion an  
21 independent actuarial review in terms of an RFI for cost and  
22 services and also to incorporate if the confidence level went  
23 from 95 percent to 90 percent how that would leave the  
24 additional funding.

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1 MS. RICH: For the record Laura Rich. So I just  
2 want to emphasize that this is essentially just gathering  
3 information on cost and services. That actuarial review has  
4 to be paid somehow and a -- and if it's not included in our  
5 budget we have no mechanism to pay for it, and so it's to be  
6 included in our budget so later on down the road we can  
7 pursue that. So we're -- right now we're just analyzing what  
8 it's going to cost and what that service is going to provide.

9 MEMBER VERDUCCI: Thank you. So my suggestion  
10 would be that we include in the budget the independent  
11 actuarial review.

12 CHAIRMAN LONG: So, Mr. Verducci, to put you on  
13 the spot, was that a motion to have PEBP provide information  
14 at the next meeting on Item One, all those noted A, B, C, D,  
15 E and F, which includes the cost to perform an independent  
16 actuarial review?

17 MEMBER VERDUCCI: Tom Verducci for the record.  
18 That would be my motion.

19 CHAIRMAN LONG: Thank you. Is there a second?

20 MEMBER BAILEY: I second the motion. Donald  
21 Bailey.

22 CHAIRMAN LONG: It's been moved and seconded that  
23 Item One A, B, C, D, E and F be approved and a report  
24 provided on those. All those in favor say aye.

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

3 CHAIRMAN LONG: Opposed? It passes unanimously.  
4 Move on to Number Two, Ms. Rich.

5 MS. RICH: Okay. I wanted to start off with  
6 saying this is not all inconclusive. If there's anything  
7 that Board members want to add to this list this is the  
8 opportunity to do so. This is just what is being presented  
9 by staff as opportunities that have been brought to our  
10 attention and things that we have come up with. So if  
11 there's anything else the Board members would like to include  
12 to this list this is the time.

13 So the first one is the eligibility and  
14 enrollment system replacement. The reason this is in here is  
15 because basically a contingency plan, if the Board recalls  
16 back in 2018 the Board approved an amendment to the current  
17 contract with our voluntary eligibility system provider  
18 Morneau Shepell to provide an upgrade to the member portal  
19 and provide that voluntary benefit platform at no cost to  
20 PEBP. And in return there was a two-year contract extension  
21 to their current contract. However, they did not meet the  
22 deliverables of that contract amendment. And, therefore,  
23 you'll see in a separate agenda item they are now providing a  
24 corrective action plan and the intent was to have Morneau  
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1 Shepell come back and fix what needed to be fixed and  
2 corrected so that this next open enrollment period it was a  
3 new open enrollment period and everything that needed to be  
4 corrected had been corrected.

5 At that point the Board would make a decision in  
6 July after open enrollment to either -- to decide to either  
7 honor that contract amendment or cancel that contract  
8 amendment, because by July it will be too late. We have to  
9 have a contingency plan. If that contract amendment is  
10 cancelled then we go back to the expiration date of the  
11 previous contract which is in 2021, and so that puts us in a  
12 situation to where we now need to plan for a system  
13 replacement which may include higher PNPB's or implementation  
14 cost or anything like that.

15 So this is basically a contingency plan that we  
16 need to build into the budget just in case in July the Board  
17 comes back and says we are not going to honor that amendment.

18 The second one is a Las Vegas location. So about  
19 18,000 members reside in the Las Vegas area, yet PEBP does  
20 not have a presence down there. We don't have a physical  
21 presence down there. We try to -- like I said, we go down  
22 there and we do meetings. We put on presentations. We do  
23 what we can, but we don't have a physical presence to where  
24 members can come into the office and seek assistance like we  
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1 do in the north.

2           So what PEBP is considering is researching the  
3 feasibility and cost of establishing a location and that way  
4 we can expand the outreach and that physical presence to --  
5 to the southern population. My thought is that we're not  
6 going to open up an office. I think we can start out small  
7 and expand from there. I think there's opportunities to  
8 maybe just start out with one or two staff members asking for  
9 an additional staff to staff down in the south and finding  
10 a -- a space down in the south, an existing space that we may  
11 be able to cost share.

12           So there's different state agencies that already  
13 have spaces down in the south. So for example, you know,  
14 maybe the division of human service management has extra  
15 office space that we can cost share, have a PEBP person in  
16 that space and provide that day-to-day assistance and  
17 outreach and things like that that we need to list in the  
18 south. Maybe PERS has an office space down in the south  
19 that, you know, could accommodate one or two extra PEBP  
20 staff. So that's just something that we want to look into as  
21 maybe, you know, an opportunity for us to provide that extra  
22 presence to the south.

23           And the last one, it's kind of housekeeping.

24 It's supplemental HSA/HRA funding. This is something we  
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1 typically include if there's any excess reserves we want the  
2 ability to use those excess reserves to look at supplemental  
3 HSA and HRA funding as well and build that into the budget.  
4 So I will stop there.

5 CHAIRMAN LONG: Thank you.

6 Discussion from the Board on possible PEBP budget  
7 enhancement recommendations?

8 MEMBER MITCHELL: For the record Jet Mitchell.

9 For the Las Vegas location having staff members  
10 or one to two staff members in existing space and/or presence  
11 would seem to be definitely enhancement to those represented  
12 here in Southern Nevada and for the 18,000 participants to  
13 have even more resources on the ground here which could end  
14 up enhancing member satisfaction and increase education and  
15 have substantial benefits to PEBP and the members covered.

16 MEMBER SMITH: David Smith for the record.

17 Are you planning to bring something to the Board  
18 on these items and you're just asking us to say whether we  
19 want them or not want them?

20 MS. RICH: Right. So for the record Laura Rich.

21 Yes. This is a request if this is something the  
22 Board is interested in pursuing then staff would then, for  
23 example the eligibility enrollment system, we would probably  
24 do an RFI to get a better understanding of what the cost

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1 associated with a system replacement would be. In case we  
2 use that we have to use that later on down the road.

3 A Las Vegas location, we would look, you know  
4 what is -- what does it look like to -- what kind of staff  
5 person would we want to staff down there and what are the  
6 costs associated with it, if there's any office space, any  
7 availability, look into options, things like that. So it's  
8 really just giving PEBP the direction that, yes, this is  
9 something we're interested in, and we would like staff to  
10 move forward with it with a more in-depth analysis on it.

11 MEMBER SMITH: David Smith for the record.

12 I don't have any objection to those being  
13 explored by the PEBP staff. Obviously, to approve anything I  
14 definitely want to know what the costs are.

15 MEMBER VERDUCCI: Tom Verducci for the record.

16 In terms of all three of these items, I think we  
17 need a better presence to serve Southern Nevada in Las Vegas.  
18 That membership is just as important as Northern Nevada, and  
19 I think even if it's just a small cubicle in the PERS office  
20 down there, the retirees and the members need a place to go  
21 where they can turn in their paperwork and speak with  
22 somebody.

23 In terms of the Morneau Shepell failing to meet  
24 their deliverable deadlines I think we do need to address  
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1 that and that's something that should resurface.

2 And last item comes back to if the money is there  
3 on the supplemental HSA/HRA funding, and I think an  
4 independent actuarial review will lead us in the right  
5 direction there.

6 MEMBER MITCHELL: Jet Mitchell for the record.

7 MEMBER BAILEY: Go ahead.

8 MEMBER MITCHELL: I recommend that staff pursue  
9 the additional analysis on the recommendations including the  
10 three options that we're discussing to present to the Board.

11 CHAIRMAN LONG: Peter Long for the record.

12 Is that a motion?

13 MEMBER MITCHELL: For the record Jet Mitchell.

14 Yes.

15 CHAIRMAN LONG: Thank you. We have a motion. Do  
16 we have a second?

17 MEMBER BAILEY: For the record Don Bailey. I  
18 second that motion.

19 CHAIRMAN LONG: Discussion? All those in favor  
20 say aye.

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

23 CHAIRMAN LONG: Any opposed? Passes unanimously.

24 Thank you.

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1 MS. RICH: Okay. For the record Laura Rich.  
2 The last section is the budget saving  
3 recommendations. So you heard a little bit about the Save-On  
4 program, and you heard that there was through public comment  
5 there's been a little bit of negative impact on members.  
6 Back in July of 2019, so that the Board, I know we have some  
7 new Board members. Back in July of 2019 PEBP implemented the  
8 Board approved policy change to disallow co-pay assistance  
9 from applying to accumulators. This is a common practice  
10 that has been implemented by many large employers throughout  
11 the nation, but it has been challenged, and it's currently  
12 being addressed on the federal level. And although the final  
13 rule has not yet been released PEBP anticipates having to  
14 make changes to this policy sooner rather than later when  
15 this rule is released, when the final rule is released.

16 The plan has realized some savings from this  
17 implementation, but it has not been popular among members who  
18 utilize the co-pay assistance and are not accustomed to  
19 having to meet these out-of-pocket assistance. So the  
20 Save-On program is designed to work in conjunction with or  
21 replace the regulations depending on the final regulation  
22 from HHS, the PEBP's current co-pay assistance policy, but it  
23 -- although it doesn't -- it increases the cost savings to  
24 the plan but it reduces the patient responsibility back to

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1 zero.

2 So we're not just enhancing our ability to, you  
3 know, to get those savings but we're also going back to  
4 providing the members the basically zero out-of-pocket like  
5 they used to be familiar with.

6 I have Amy Daly here from Express Scripts who I  
7 think will do a much better job at explaining this program  
8 and how it works and discuss the different aspects and  
9 details of this. So she's coming up to the table now.

10 MS. DALY: Amy Daly for record with Express  
11 Scripts.

12 I'm going to give you the high level version of  
13 the program and then happy to answer any questions you have.

14 Basically, just to give you a landscape, there is  
15 a -- we're going to focus on specialty drugs only for this  
16 conversation. So Save-On and co-pay assistance only applies  
17 to specialty drugs, not your traditional drugs, allergy  
18 medications, diabetes medications.

19 The co-pay assistance is available through  
20 pharmaceutical companies. So they offer money for members to  
21 use to pay, help them pay down their costs, their co-pays,  
22 their deductibles. Traditionally those dollars have only  
23 really benefitted the members.

24 So what we wanted to do with this type of a  
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1 program, with the Save-On program is still allow the members  
2 access to those dollars but also ensure the plans benefit  
3 from the dollars available from pharmaceutical companies.

4 So what this program does and you heard the term  
5 essential, nonessential earlier, and I want to make sure I  
6 clarify that. We're not saying that these drugs are not  
7 essential to these members. What we're trying to use is  
8 official legal terminology that is used in the Affordable  
9 Care Act so that we can classify drugs. The Affordable Care  
10 Act you said that you had to have so many drugs on your  
11 formularies covered labeled as essential, and those essential  
12 drugs had to apply to the deductibles and the out-of-pockets.

13 What we want to do is take certain drugs out of  
14 the deductible and out-of-pockets so that we can maximize the  
15 assistance available from these pharmaceutical companies and  
16 we're not capped at an out-of-pocket amount. That benefits  
17 the member and that benefits the plan.

18 So we do go through and classify drugs as  
19 essential or nonessential but by classifying them as  
20 nonessential it actually benefits the members in this case  
21 because we're able to have these drugs not apply to the  
22 deductible and out-of-pocket and apply consistent co-pay  
23 assistance dollars throughout the year such that the member  
24 will always have a zero co-pay, and we're estimating that

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1 this program would save Nevada 1.9 million dollars a year.

2 So basically how that works is we work with these  
3 members to enroll them in the co-pay assistance programs  
4 available. Many of them are already in the program, but we  
5 do need to get their authorization to go through Save-On  
6 because what we do is actually increase the co-pays in the  
7 system.

8 So for a simple example, let's say you have  
9 \$12,000 in co-pay assistance available from a manufacturer,  
10 we would increase the co-pay for that drug to \$1,000 every  
11 month. So 12,000 divided by 12. What that allows us to do,  
12 again, is keep the member cost zero throughout the year. So  
13 we're not going over the allowed amount for the co-pay  
14 assistance. So the member gets zero but the plan saves on  
15 the differential between that \$1,000 and what the typical  
16 co-pay could be.

17 And for PEBP that that was sometimes zero. You  
18 were picking up the entire cost of the drug because the  
19 member had already reached their out-of-pocket after so many  
20 fills, typically four with their deductible and out-of-pocket  
21 amounts. They were getting zero cost for the rest of the  
22 year. So this allows that to shift. The member is now going  
23 to get zero dollars for the 150 drugs targeted through this  
24 program. So because of the Affordable Care Act and the

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1 essential and nonessential labeling, we can't do this for all  
2 specialty drugs. Some of them have to be labeled as  
3 essential. But for those that we can label as nonessential,  
4 we're able to save you money and the member money. So it is  
5 an improved benefit from the out-of-pocket protection program  
6 we have running today.

7 Any questions I can help answer?

8 MEMBER FOX: Linda Fox for the record.

9 Can you explain again why some have to be labeled  
10 essential and some do not.

11 MS. DALY: So through the Affordable Care Act  
12 they do say you have to have so many drugs available in each  
13 category that are part of the essential benefit. So what  
14 we're doing is we're going to categorize with many drugs  
15 available and say these are the essential drugs in these  
16 categories and these are nonessential drugs, and for that  
17 reason we're able to label that to ensure they skip the  
18 deductible and out-of-pocket. They fall out of that  
19 Affordable Care Act label.

20 CHAIRMAN LONG: Peter Long for the record.

21 I was listening and trying to understand what you  
22 were saying.

23 MS. DALY: Sure.

24 CHAIRMAN LONG: But I was also thinking about  
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1 what the person said during public comment at the beginning  
2 of the meeting, and I was trying to put the two together  
3 where they -- I believe they indicated that this program was  
4 costing them money, and you've indicated it would save both  
5 the employee and PEBP, the state money.

6 MS. DALY: This is a new program that would layer  
7 onto a program that she was discussing. So basically it  
8 could either layer on or replace the program that is  
9 currently running with this program. So this would be better  
10 for that member than the program currently in place.

11 So basically the way the program currently works,  
12 if there is pharmaceutical dollars available that the member  
13 is taking advantage of, the out-of-pocket protection program,  
14 which is what she was referencing earlier, does not allow  
15 those dollars to apply to the deductible or out-of-pocket  
16 because the member isn't paying them. The pharmaceutical  
17 manufacturer is paying those dollars.

18 And so the idea is you really truly want what the  
19 member is paying to apply to the deductible and out-of-pocket  
20 so that it's a true deductible and out-of-pocket across all  
21 your members, whether a member can get assistance from the  
22 manufacturer or not. So that's kind of the philosophy that  
23 went into putting that program into place.

24 What this program does is that, again, is all  
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1 centered around the member and what applies and doesn't apply  
2 and what they are paying into the plan. This program goes in  
3 and changes the co-pay design for these drugs and allows you  
4 to benefit from the cost of differentials. So now PEBP is  
5 getting involved in the savings related to the pharmaceutical  
6 co-pay assistance available, and then the member no longer --  
7 with the out-of-pocket protection program they can go through  
8 their out-of-pocket and still have to pay in, right. So the  
9 co-pay assistance could run out.

10 What Save-On allows for the member is that  
11 assistance to run consistently across the year so they are  
12 never hit with that high ticket deductible or out-of-pocket  
13 for these drugs later in the year.

14 CHAIRMAN LONG: Thank you.

15 So what we're being asked today to consider is  
16 further analysis of the program that, the new program that  
17 you just described; is that correct?

18 MS. RICH: For the record, yes. So we would come  
19 back in May with a cost savings and details on the impact and  
20 volume of those that will be impacted by this.

21 MEMBER SMITH: Thank you, Mr. Chair. David Smith  
22 for the record.

23 I was actually very confused by the proposal, and  
24 then I was trying to figure out exactly how the accumulators  
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1 were working, and I actually went back to the 2018 meeting  
2 where the Board reviewed it and approved it, and I'm still  
3 not entirely clear. So I would like to kind of go back to  
4 look at what we're looking at now -- what doing now,  
5 particularly in light of the comments this morning.

6 But is it only -- in the 2018 meeting it said  
7 that the co-pay accumulator would only apply to 358 people  
8 with agreeing to a specialty pharmacy. So if I go to my  
9 doctor and he gives a sample of the coupon and I take it to  
10 my retail pharmacy and they apply that coupon after they run  
11 it through my deductible, that's not applying to this co-pay  
12 accumulator, only the specialty drugs, right?

13 MS. RICH: For the record Laura Rich.

14 So today the way it works is since we implemented  
15 this policy is if you get that co-pay assistance, a coupon  
16 from the manufacturer and you pay for your drugs or you get  
17 your drugs that way, you're still on the hook for your  
18 out-of-pocket expenses. So those -- that amount that you're  
19 getting from the drug manufacturer is not applied to your  
20 out-of-pocket max, and so you're still having to just like  
21 everybody else meet those deductibles and out-of-pocket max  
22 amounts.

23 What this is doing is kind of overturning that,  
24 and what we're doing is so PEBP in the plan is still

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1 realizing savings because of the way that the dollars are  
2 applied. We're still going to get the savings that we're  
3 getting today without impacting the member because now the  
4 member is instead of having to pay that out-of-pocket or get  
5 to their deductible and out-of-pocket max, it's now back to  
6 zero.

7 MEMBER SMITH: Okay. But for clarification,  
8 because you only referenced 358 people in the 2018 meeting,  
9 was it only applying -- does the co-pay accumulator only  
10 apply to specialty drugs today or does it apply for allergy  
11 medicine I buy at the pharmacy?

12 MS. RICH: Right. And you can correct me if I'm  
13 wrong, but it's anyone receiving that -- no?

14 MS. DALY: So Amy Daly for record.

15 Co-pay assistance is purely for specialty drugs.  
16 So when we use that terminology co-pay assistance, we're only  
17 talking about specialty medications.

18 MEMBER SMITH: Okay. So, and this is where I was  
19 trying to make sure because I know -- I remember years ago  
20 getting a card and going to the pharmacy. They run it  
21 through my prescription and they applied the \$35, whatever.  
22 So I saved \$35 and that's the manufacturer coupon against it,  
23 but I got credit for that \$35 against my deductible. So but  
24 that is not the case what's happening today.

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1                   So we are actually -- this is where my concern  
2 is.

3                   MS. DALY: Well --

4                   MEMBER SMITH: Well, let me just finish. This is  
5 what my concern is is that we've -- we are taking a very  
6 specialized segment of the population and carving them out,  
7 so to speak, and it's based on their health status because  
8 they have a health condition that is unique to them, but all  
9 of the other people that might get manufacturer coupons for  
10 less expensive drugs aren't effected, and I don't know if  
11 that is the type of discrimination that we should be doing in  
12 the plan because you're specifically targeting somebody that  
13 has a health -- it's based on their health condition because  
14 of the prescription that they need, and that's my concern  
15 about what's happening today.

16                   So then looking at this, I don't understand how  
17 this change, well number one, the federal rule that you're  
18 talking about, I don't know if that's a challenge to the PEBP  
19 plan or is it a, you know, overall, you know, to all of the  
20 plans that are doing it and whether or not if they don't  
21 uphold it or they don't, you know, deny it, either one, are  
22 they still looking at maintaining this plan for the next plan  
23 year or are we talking about getting rid of that completely  
24 and looking at an alternative, either doing this Save-On SP  
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1 program or not having a co-pay accumulator at all.

2 MS. RICH: For the record Laura Rich.

3 So I'll take this in chunks I think. So the  
4 Board policy was approved. It's something that we're -- we  
5 are -- we have implemented and we're carrying out. The Board  
6 has the ability to change that policy, prefer right now.  
7 This is an approved policy. This is in the MPT. This is  
8 what we're doing.

9 This is essentially -- we do know that this  
10 is that Board policy that was approved and that is something  
11 that a lot of other health plans are doing as well, that's  
12 being challenged on a federal level. So there may be  
13 changes. There is probably going to be changes to that which  
14 will undo that policy or may undo that policy depending on  
15 what the feds come down with.

16 So in anticipation of that, we still want to  
17 realize the cost savings that we're getting from this policy,  
18 and this is essentially an alternative to that. So if the  
19 feds overturn the current Board policy that we have we lose  
20 all of that savings that we accrued in this last plan year.  
21 This is a way to retain those cost savings and additionally  
22 help out those members who have those high cost drugs, who  
23 are currently now having to meet their out-of-pocket expenses  
24 because the manufacturer assistance is not going towards the

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1 accumulators.

2 MEMBER SMITH: Okay. I still -- well, if the  
3 feds overturn it, and now I'm assuming that it's a lawsuit  
4 against this plan regarding -- you're just saying overall.

5 Do the people who have not, who have been  
6 effected by it, will they be recouping their money from the  
7 plan?

8 MS. DALY: Sorry. Amy Daly for the record.

9 It's not a lawsuit. It's health and human  
10 services. CMS it's just coming out with new rules that would  
11 regulate this policy. So it's not a lawsuit of any kind.  
12 Basically, pharmaceutical companies are upset and lobbying  
13 CMS because through these programs members may change drugs  
14 midyear. So they provide these dollars to make sure people  
15 are adherent on their medication. Essentially it's a  
16 marketing tactic, but it also helps members afford the  
17 medications.

18 So they are upset with these types of programs.  
19 Midyear they could run out of co-pay assistance, and then the  
20 member may change from say Enbrel to Humara, and then they  
21 have lost all of those dollars and not retained the member on  
22 that prescription. So that's why HHS is considering making  
23 new rules surrounding this type of policy. So that's what is  
24 happening on the federal front. We were expecting to hear  
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1 something from. They actually put out changes,  
2 recommendations for the policy, revoked them and we are  
3 expecting to hear new rules and policies around this between  
4 Thanksgiving and Christmas and they still haven't heard  
5 anything.

6 So we're waiting to hear what is that going to  
7 look like. It may not change the program at all. Chances  
8 are there may be some changes. The last proposal basically  
9 said you can continue to do this but only for drugs where  
10 generics are available which in this specialty space is very  
11 few drugs. So it drastically changed the scope of the  
12 program, but they weren't saying that the program was, you  
13 know, you couldn't run that type of program. They were  
14 limiting the number of drugs that could apply.

15 MEMBER SMITH: David Smith for the record.

16 I think we should explore but I think we should  
17 also look at considering eliminating the current policy and  
18 have discussion on that particular after hearing from people.

19 My biggest concern is, you know, where people get  
20 the money. I realize the pharmaceuticals use this as an  
21 incentive to use their drug. It's -- it's a marketing tactic  
22 and it can look unfair, particularly if the person is -- has  
23 their deductible paid for by somebody else, but we have  
24 people who if you go to the hospital on an emergency and the

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1 hospital says we're -- if you pay in the first month we're  
2 going to cut, you know, 25 percent off your bill so they are  
3 getting that benefit where other people don't. If somebody  
4 gives somebody the money they are getting that money from  
5 somewhere.

6 So where they get the money, I think the whole  
7 pharmaceutical industry is an issue that has to be managed by  
8 laws, but if we're doing stuff that is actually creating  
9 hardships for people on the plan, we're trying to take  
10 advantage of the system that congress has let occur, it's not  
11 really doing us any good. And, again, my comment is that or  
12 my concern that it's a small segment of the population in the  
13 plan who have specific health issues that are being targeted  
14 or discriminated against and that's where my concern is.

15 MEMBER FOX: Linda Fox for the record. Can I  
16 make a comment as well?

17 So I think this is very difficult to understand.  
18 I think I do now understand it. I'm also a pharmacist in my  
19 real job. I think if we were to implement something like  
20 this we would have to go to a lot of effort to explain it to  
21 members because I think -- I think it's difficult to  
22 understand, and I think the carveout makes sense for  
23 specialty meds because they're so much more expensive than  
24 other things, and I know not, so maybe like an inhaler that's  
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1 like three or \$400, I know that matters. I know that's  
2 expensive, but it still is a significant difference from like  
3 a Humara or something that's like \$500 a month. So I think  
4 the carveout of the specialty meds does make sense. So I  
5 think it's worth exploring, and I think it's actually a good  
6 idea, and I think Jet has comments as well.

7 MEMBER MITCHELL: For the record Jet Mitchell.

8 I know a couple of comments were made that it's  
9 318 people I believe it is or 300 something people. And I  
10 would make a note on a personal note. I am one of those 318,  
11 and I have received oral chemotherapy that cost \$1,000 per  
12 week and am very familiar with Express Scripts Pharmacy from  
13 a patient perspective.

14 So full disclosure, in addition to being a  
15 licensed attorney, I'm a metastatic cancer patient that is  
16 currently in chemotherapy that is included specialty drugs.  
17 So I believe the reason the Board has a strong obligation to  
18 look at those 318 patients is because those 318 are high  
19 cost, including myself are high cost patients and those  
20 specialty drugs would not be the equivalent of discussing a  
21 25 dollar prescription that a general practitioner gives to a  
22 patient.

23 So this is a carved out segment for a reason  
24 because of the substantial cost that the 318 patients would  
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1 be incurring. To the comment of patient with a chronic,  
2 excuse me, chronic days, that would be an example of someone  
3 that would be receiving ongoing care and ongoing -- needing  
4 ongoing pharmacy support that would be maxing out her  
5 out-of-pocket every year. So this kind of program would be  
6 applicable to the 318 because we're discussing very large  
7 claims and very large amounts, and it is confusing.

8 I'm a licensed attorney and a college professor  
9 and I don't understand. Sometimes I've been confused on what  
10 my co-pays were and what was being paid and what was going  
11 on. It's another job to manage a chronic condition. So rest  
12 assured, if I'm asking questions, I'm doing this also as a  
13 patient and also having received this benefit and it still  
14 can be quite confusing.

15 CHAIRMAN LONG: Thank you.

16 Peter Long for the record.

17 So, Ms. Mitchell, would that be a motion to  
18 approve at least a further analysis by PEBP and to bring that  
19 information back to the May meeting?

20 MEMBER MITCHELL: For the record Jet Mitchell.  
21 Chair, that would be correct. That would be a  
22 motion.

23 CHAIRMAN LONG: Thank you.

24 We have a motion. Do we have a second?  
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1                   MEMBER BAILEY: For the record Don Bailey. I  
2 second that motion with a little addition.

3                   CHAIRMAN LONG: Absolutely.

4                   MEMBER BAILEY: That staff provide us with a lot  
5 more information about the program instead of just a  
6 paragraph because it's not enough for us to digest but second  
7 the motion.

8                   CHAIRMAN LONG: Okay. Motion and a second with  
9 much more detail at the March meeting on what exactly this  
10 program does and with that, further discussion?

11                   MEMBER SMITH: David Smith for the record.

12                   If it's going to be placed on the agenda I would  
13 also like to see the option to eliminate it completely when  
14 it's being examined.

15                   CHAIRMAN LONG: Thank you. So -- so the  
16 direction would be that at the appropriate time of whether or  
17 not consideration would be for a new program it also would be  
18 placed on the agenda, consideration of revision or  
19 elimination of the existing program. Is that -- did I get  
20 that right? Okay. So with all of that, I have a motion and  
21 a second.

22                   MEMBER MITCHELL: Chair, for the record.

23                   CHAIRMAN LONG: Please.

24                   MEMBER MITCHELL: Chair, for the record, I want  
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1 to understand the last comment of if it would be eliminated  
2 completely then we would go back to that standard plan that  
3 the feds may be weighing if on anyway? I want to understand  
4 that last comment in more detail.

5 CHAIRMAN LONG: I think my understanding of that  
6 was that at the -- at the appropriate meeting it would be  
7 agendized to when like -- I can't think of the word, plan  
8 benefits are being considered that you would consider whether  
9 or not this new plan would be appropriate, the existing plan  
10 would be appropriate or?

11 MEMBER SMITH: David Smith for the record.  
12 Consider eliminating the co-pay accumulator  
13 entirely from the policy.

14 CHAIRMAN LONG: Did that help?

15 MEMBER MITCHELL: Jet Mitchell for the record.  
16 So you're talking about eliminating the co-pay  
17 accumulator entirely?

18 CHAIRMAN LONG: Not right now. Just to put it on  
19 an agenda in the future for consideration, not as part of  
20 this.

21 MEMBER MITCHELL: Oh, okay.

22 CHAIRMAN LONG: So the motion right now and the  
23 second would be to just allow the PEBP Board to do further  
24 analysis on the Save-On program.

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1           MEMBER MITCHELL: Yes. Chair, Jet Mitchell for  
2 the record.

3           Which is for analysis. I understand, yes. Okay.

4           CHAIRMAN LONG: So all those in favor of the  
5 motion please say aye.

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

8           CHAIRMAN LONG: Opposed? It carries unanimously.  
9 Thank you.

10           If it's all right with everyone, I would like to  
11 suggest we take a quick -- I'm sorry. Was there an  
12 opposition in the south on the vote? Okay. So we just  
13 weren't quite sure with the delay.

14           So if I could suggest a ten-minute break and  
15 everybody be back at 1:15. Thank you.

16           (Whereupon, a brief recess was taken.)

17           CHAIRMAN LONG: We're on Item Number Nine, update  
18 on Morneau Shepell performance improvement plan.

19           MR. PANDEA: Good afternoon everyone. Bruce  
20 Borges actually had a family emergency and had to step out.  
21 So I'm just going to reading his notes here.

22           All right. For the record I'm Jay Pandea  
23 (phonetic). I'm with Morneau Shepell.

24           I'm here to present a progress report on the  
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1 performance improvement plan we previously provided for the  
2 Board in September and November which addressed a number of  
3 system and service issues. You have the larger report in  
4 your handouts.

5           Since our last update we have made solid progress  
6 in a number of areas. We have closed approximately  
7 75 percent of the internal service ticket backlog and closed  
8 an additional 61 percent of the service tickets originating  
9 from the PEBP staff.

10           We have completed all testing cycles of the  
11 employer portal that agency reps will be using going to  
12 automate data collection. This is on target for delivery to  
13 PEBP next month.

14           We continue to put the necessary pieces in place  
15 to move the enrollment of the majority of voluntary benefits  
16 from the Morneau portal to Corestream for this year's open  
17 enrollment and beyond. The notable exception being the  
18 voluntary life product offered by the standard. That product  
19 is being worked on a separate plan and we are targeting a  
20 September 1, 2020 completion date.

21           Regarding another followup from the last Board  
22 meeting, after numerous discussions between Morneau Shepell,  
23 Corestream and Unum, the decision was made that it would be  
24 impractical to integrate Unum's long-term care product with  
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1 Corestream. There is simply no way to do the technical work  
2 with a standard that follows the rest of the voluntary  
3 products being offered.

4 The net result here is that Unum will be unable  
5 to meet the necessary requirements to integrate onto the  
6 voluntary benefit platform by the time their existing  
7 contract terminates on June 30th. Those members who have  
8 enforced policies will have the ability to port their  
9 policies and continue their benefit through an individual  
10 policy.

11 In all, we expect that both the transition of the  
12 voluntary products to the Corestream platform, as well as  
13 core benefit process improvements will remain on track for  
14 completion by April 1st.

15 We will have a further update on our progress in  
16 March, and I'm happy to take any questions you have.

17 CHAIRMAN LONG: Questions, discussions from the  
18 Board? Yes, sir?

19 MEMBER VERDUCCI: Yes. Thank you. Tom Verducci  
20 for the record.

21 I wanted to ask how the trend is going in terms  
22 of effecting staff member time and membership time. Are the  
23 improvements that you're putting in place reducing time that  
24 the staff is spending on the administration or are you saving  
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1 time?

2 MR. PANDEA: Yeah, for the record this is Jay  
3 Pandea.

4 We're saving time. We're bringing in more  
5 knowledgeable experts on the process that have experience,  
6 and I know firsthand that there have been a lot of auditing  
7 that we've been putting in place and to lead to the  
8 improvements.

9 MS RICH: For the record Laura Rich.

10 I just wanted to add that, yes, what Morneau  
11 Shepell is implementing will hopefully be introduced  
12 efficiencies within, you know, all of the administrative side  
13 for staff, also a better member experience.

14 I do have to say though that at this point from  
15 an administrative side there is still a lot of frustration  
16 from staff as far as issues that are going on in the  
17 background and issues that come up everyday.

18 Morneau Shepell does typically address these  
19 issues pretty quickly, but I've been in constant  
20 communication with their leadership and expressed some  
21 concern over the fact that these issues, although they do get  
22 resolved, are constantly coming in. There's something new  
23 everyday, and I know that from a PEBP perspective, staff is  
24 pretty frustrated right now.

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1                   MEMBER VERDUCCI: So are the issues revolving  
2 technology or are they service? And what do you see in terms  
3 of being able to provide a solution for better service?

4                   MS. RICH: For the record Laura Rich.

5                   They are a little bit of both. I'll just give  
6 you one example. We were having issues where our call  
7 center, they have to access account information for those  
8 members who call in, and when they were accessing the member  
9 account they were actually looking at a different member  
10 account information, and so the call center staff, there was  
11 frustration. They couldn't help our members because what was  
12 coming up on the screen was not what was supposed to come up  
13 on the screen, and so there was frustration there.

14                   There's also on the member side some -- currently  
15 there's issues with deductions, voluntary benefits that are  
16 deducted for services that were not or products that were not  
17 purchased by members so we're having to work through that.  
18 There's definitely issues that are out there that we're  
19 working through. It does -- we're hoping that it eventually  
20 does result in a better experience and a better staff  
21 experience as well, but there's still some challenges for  
22 sure.

23                   MEMBER VERDUCCI: Did we somewhat recently  
24 approve a contract extension based on approved services?

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1 MS. RICH: For the record Laura Rich.

2 Yes. That contract extension was approved back  
3 in 2018, and that contract amendment basically said Morneau  
4 Shepell will provide an upgrade eligibility and enrollment  
5 platform, better user member experience, as well as  
6 implementing the voluntary benefit platform. It did have the  
7 condition that they had to meet certain deliverables within  
8 the open enrollment time frame, and that all of those  
9 deliverables had to have been met by open enrollment of last  
10 year.

11 And as I explained earlier there was agreement  
12 between PEBP and Morneau that those conditions were not met  
13 and so at this point Morneau is this is why they are  
14 presenting this plan. There's a corrective action plan, and  
15 the decision will be brought back to the Board in July as to  
16 whether or not we want to honor that contract amendment or we  
17 want to or if we don't want to honor that contract amendment  
18 at that point. We don't have the -- we do have that choice  
19 because they did not make the deliverables as outlined in  
20 that contract. So this is why they are presenting what they  
21 are presenting to the Board on a bimonthly basis.

22 MEMBER VERDUCCI: So this is a work in progress  
23 here, and I believe what we're hearing is we're trying to see  
24 the service level improve and it looks like we have a meeting  
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1 coming up in July, and at that point what would happen?  
2 Would there be an RFP issued?

3 MS. RICH: So the -- the agreement was that  
4 Morneau Shepell would -- for the record Laura Rich.

5 That Morneau Shepell would present a corrective  
6 action plan as they have been doing to the Board and after  
7 open enrollment, this coming open enrollment the Board will  
8 assess their performance. Did they meet their deliverables?  
9 Do they -- did they produce a better member experience?  
10 Is there -- are there improvements made on an administrative  
11 level, efficiencies, things like that have -- that will  
12 improve our program as a whole and their services as well.

13 So this will be assessed in July because open  
14 enrollment is in May. Obviously, that rolls into June.  
15 There's work that goes into open enrollment post May, and so  
16 this would be brought back to the Board in July to really  
17 assess the performance and decide whether or not we want to  
18 honor that contract extension and extend that contract or  
19 not.

20 MEMBER VERDUCCI: So it appears that the results  
21 from May are going to be very very important and something  
22 we'll be looking at in July.

23 MR. PANDEA: Yep.

24 MEMBER BAILEY: Mr. Chair, for the record Don  
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1 Bailey.

2 Your organization was given quite a bit of time  
3 to improve, and I see it as you have not. I take a harder  
4 stand. I think definitely by the next meeting, in the May  
5 meeting you must improve. Otherwise, an extension, you can  
6 call it an extension. You can call it a new contract,  
7 whatever you call it, there's probably going to be a few  
8 people that won't be in favor of it. So you really need to  
9 get on this one. We've had this discussion with your  
10 organization before.

11 MR. PANDEA: Uh-huh.

12 MEMBER BAILEY: Some of the new members may not  
13 remember, but I sure do, and I'm not in favor of extensions  
14 with two weeks notice anyway, and a lot of the Board members  
15 I don't think are. We should be given plenty of notice on  
16 whether we're going to extend or whether we're going to run a  
17 new contract, what we're going to do, and we're always coming  
18 up with short notices. That's not your problem. That's our  
19 problem. Your problem is getting your performance together.  
20 Thank you.

21 CHAIRMAN LONG: Thank you.

22 Any discussion in the south? Okay. Thank you.

23 MR. PANDEA: Thank you.

24 CHAIRMAN LONG: We'll move on to Item Ten,  
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1 interim officer report.

2 MS. RICH: For the record Laura Rich.

3 This report will provide the Board, participants,  
4 public and other stakeholders information on the overall  
5 activities of PEBP.

6 The first subject that I want to touch on is the  
7 Legislative Counsel Bureau audit. So the Legislative Counsel  
8 or the LCB audit division supports the legislature by  
9 performing periodic independent audits of state agencies.  
10 These audits provide an independent and unbiased evaluation  
11 of government operations with the goal of improving  
12 accountability and effectiveness in state government.

13 So about a year ago PEBP was notified that the  
14 LCB would be performing in an information, technology and  
15 security audit on the agency. And then in March that a  
16 separate audit was initiated to include finance and  
17 operation.

18 So throughout the course of the last year PEBP  
19 staff have had a lot of -- a lot of auditors sitting in our  
20 office, and so we've had to work with those auditors and  
21 provide information and formulate responses to any questions  
22 and requests that they had.

23 So just to give the Board a little -- an update  
24 on how this is going to rollout. The LCB, eventually we are  
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1 looking at these audits to be completed within -- the first  
2 audit is actually almost completed within the next couple of  
3 months.

4           The information technology audit, we have met  
5 with the audit team, and they have provided findings, and  
6 those findings will be presented to the legislative audit  
7 subcommittee on I believe February 18th. Until that time  
8 those findings are confidential so I can't share those  
9 findings at the time -- at this time but we will have at that  
10 point 60 days, PEBP will have 60 days to formulate a  
11 correction action plan, and that corrective action plan will  
12 then be brought to the Board for approval. So at the next  
13 Board meeting this will be an agenda item to discuss the  
14 findings of that.

15           The second audit has not been completed. I  
16 anticipate that being done within the next month or so, but  
17 we don't know where that's at yet. It sounds like it's  
18 coming soon, but we have not met with the auditors for a  
19 final findings meeting.

20           The next item is the Interim Retirement and  
21 Benefits Committee. So on February 5th, 2020, PEBP is  
22 scheduled to testify at the Interim Retirement Benefits  
23 Committee or IRBC. The IRBC meets biannually between  
24 sessions to review the operations of the Public Employees  
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1 Benefits Program, the Public Employees Retirement System and  
2 Judicial Retirement System, and at that point the committee  
3 can make recommendations based on the information that's  
4 being presented.

5 We have a variety of reports that we are  
6 presenting to the IRBC. One of them was that EPO report, and  
7 at that point the ledge -- legislators on that committee have  
8 the opportunity to ask questions, and PEBP has the  
9 opportunity to kind of get a sense of where the  
10 legislature -- where the legislators are. What they're  
11 interested in and where their stance is on certain things for  
12 this upcoming session. So that is scheduled on February 5th.  
13 We'll be down in Las Vegas to do that.

14 I also wanted to bring up to the Board that there  
15 are a lot of upcoming contracts that will be expiring. So  
16 they will be expiring in 2021, and while that does sound like  
17 it's a ways off, due to the long runway that is needed if the  
18 decision is to go out to bid for these contracts, then PEBP  
19 will need to bring each of these up for discussion fairly  
20 early so we can develop a solicitation and move forward on  
21 that.

22 Some of these will require a -- the replacement  
23 of an existing vendor and will require substantial planning  
24 and significant implementation time. So it's crucial that we  
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1 begin this process early to reduce the risks of disruption to  
2 the program and membership. So there's a list there of  
3 contracts that we're going to have to look at and bring back  
4 to the Board fairly soon that we can look at probably going  
5 out to developing some solicitations on that.

6           Then there's operational changes within PEBP.  
7 We've been, as you heard, we've been working very closely  
8 with Morneau Shepell to move towards a more paperless  
9 efficient enrollment system. Currently employers from  
10 agencies are required to complete and mail in forms whenever  
11 there's an employee status change.

12           So if for example when someone at UNLV is hired,  
13 a representative at UNLV fills out by pen and paper a form  
14 and sends it into PEBP. And as you can imagine this creates  
15 some operational inefficiencies. There's, you know, things  
16 that are lost in the process in the mail. It's not a good  
17 system and it -- it was a good time to upgrade that. So we  
18 are looking at developing, and we're actually in the process  
19 of developing and testing an employer portal.

20           So what this is is an electronic mechanism for  
21 agencies to report on their employees versus using that paper  
22 process. Not only is this easier for agencies, it's more  
23 timely. Members -- PEBP knows about members earlier, and so  
24 members have that opportunity to select their benefit. We

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1 know that they exist. If there's someone that starts for  
2 example at UNLV, if they start on January 1st, we may not  
3 even know they exist until January 20th, and we're not able  
4 to give that employee access to the system until that time.

5 This way gives those employers an opportunity to  
6 do this in a more timely manner and to also view what they  
7 have done and the status of their employees. So I think that  
8 this is, really I'm excited about this. I hope it rolls out  
9 well, and I think it will be something that our employers,  
10 the agency reps are going to appreciate as well.

11 The next one is partnering with Public Employees  
12 Retirement System or PERS. I touched on this a little bit  
13 earlier. About 40 percent of our population, our overall  
14 population are retirees, and recently there were some  
15 leadership changes over at PERS and they -- they have a new  
16 operations officer. We invited them over to PEBP, and so  
17 PEBP staff and PERS staff got together and we identified many  
18 opportunities that I think we can work together on to  
19 leverage our resources, leverage the -- the opportunities  
20 that we have with members to provide.

21 Like I said, with retirees, that when an employee  
22 retires there's a lot of steps that they need to complete in  
23 order to retain their retirement benefits and their medical  
24 benefits as well, and so we're looking at opportunities to

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1 leverage those resources between PERS and PEBP and coordinate  
2 more closely so we can better serve that population.

3 Both organizations have committed to  
4 incorporating the other retiree related communications and  
5 presentations and outreach and things like that. So I'm  
6 excited about that as well.

7 Conclusion, PEBP has had or PEBP has a busy year  
8 ahead. In addition to several public presentations, contract  
9 decisions, potential RFP's and operational and system changes  
10 PEBP staff will also be working very closely with the Board  
11 and the Governor's Finance Office to prepare for the fiscal  
12 year '22 and '23 budget building as well.

13 CHAIRMAN LONG: Discussion on the presentation?

14 MEMBER VERDUCCI: Yes. Tom Verducci for the  
15 record.

16 Laura, I wanted to ask you which contract here is  
17 going to effect hospitals that are available in the CDHP  
18 program? I know we had discussion over the last couple of  
19 years in terms of opening up to allow Saint Mary's and  
20 Northern Nevada Medical Group and Banner and various  
21 hospitals additional access into the program. Do any of  
22 these contracts specifically address that?

23 MS. RICH: For the record Laura Rich.

24 Yes. The in-state PPO, EPO or Hometown Health,  
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1 that expires and it says July 30th of '21. I believe that's  
2 actually June 30th of '21. I would have to go back and check  
3 but it stands out to me as being incorrect. But yes, Tom,  
4 you're right. That is -- that is the big discussion on what,  
5 how the Board is going to want to pursue access and cost.

6 MEMBER VERDUCCI: So will there be discussion on  
7 plan design in terms of what we're looking for in terms of  
8 just, you know, putting it out and hoping for the best  
9 response if it's exclusive or open up for competition? I  
10 suggest that we do have some input from the Board to see how  
11 we want to end up with an RFP before it actually hits the  
12 street.

13 MS. RICH: For the record Laura Rich.

14 That is -- you're right on point. That is  
15 exactly what we'll be doing. Likely at the May Board meeting  
16 we'll bring this back and this will be an agenda item that is  
17 discussed so that PEBP has some direction and guidance on how  
18 the Board would like to proceed with that RFP.

19 MEMBER VERDUCCI: And as a follow-up, I really  
20 like your idea of partnering up with PERS. As you know, in  
21 my former life I worked with Hartford and Mass Mutual and  
22 many many years, a couple of decades I worked on the State of  
23 Nevada program and whenever we tagged up -- tag teamed with  
24 PERS it would create an incredible draw from the membership.

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1 We would have better attendance at the meetings, and I'm not  
2 personally involved in the State of Nevada deferred comp  
3 right now, but if you could team up with newsletters and  
4 activities that the deferred comp is doing, they cover  
5 several thousands of your retiree memberships and I think  
6 with all three working together, it would be a huge success  
7 in partnership.

8 CHAIRMAN LONG: Any additional discussion?

9 MEMBER MITCHELL: For the record Jet Mitchell.  
10 I wanted to clarify as to the upcoming expiring  
11 contracts. As far as for when the appropriate discussions or  
12 more discussions would in your opinion would need to be begun  
13 and/or continued. So your wording was that substantial  
14 planning on significant implementation time frame. So what  
15 makes most sense as far as those pathways for these contracts  
16 and is it the same for each of them or do you see different  
17 pathways?

18 MS. RICH: For the record Laura Rich.

19 Some of these are going to require a much longer  
20 runway than others. Obviously, website hosting is going to  
21 be a pretty -- pretty simple RFP. Whereas, the PPO and EPO  
22 network is going to be -- is going to require a lot more  
23 discussion, a lot more analysis. So these are items that  
24 will probably be brought to the Board earlier. Like I said,  
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1 I'm thinking May is probably an appropriate Board meeting  
2 date for that one.

3 Also, the management system, Morneau Shepell, I  
4 explained the contract situation. If the decision is made in  
5 July to not honor the contract extension or that amendment  
6 then the original contract expiration date is December 31st  
7 of '21. That one will require not just an RFP as  
8 solicitation but it will also require very significant  
9 implementation time and so this is one that, you know, if we  
10 are going to look at that, it's going to have to come earlier  
11 rather than later.

12 CHAIRMAN LONG: Additional discussion?

13 Thank you.

14 Moving on to Item 11, discussion and possible  
15 action regarding the permanent appointment or recruitment of  
16 the executive officer. It's got me that's supposed to talk  
17 about this one.

18 So the Board would have several options on this.  
19 One would be to make the recommendation to the Governor's  
20 Office that Laura Rich be appointed permanently to the  
21 executive officer position. The second would be that we, the  
22 Board direct their HR representative, agency HR services  
23 within the division of human resource management to open a  
24 recruitment, collect the resumes, screen those and then  
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1 provide those back to the Board at which point interviews  
2 would be conducted in an open meeting.

3 The third, and I know this was brought up by I  
4 think the last meeting and this meeting about a national  
5 search. I don't believe from the information I received that  
6 PEBP has any funding to pay for that. Typically that  
7 would -- could be 40 to \$50,000 or more for a search like  
8 that.

9 I would suggest, having been in a former life  
10 three months ago, the administrator of HR and will be  
11 returning to that role on Monday, that an open competitive  
12 job announcement through HR can and probably will reach as  
13 many people as a search from. It may not be as targeted but  
14 we have the ability to put it on dozens of websites, and I  
15 think that -- I would suggest that that might be the best  
16 option to start to see what comes in, and that could then be  
17 presented to the Board or the Board could be made aware to  
18 whether they wanted to agendaize it at the March meeting and  
19 conduct interviews based on the applications that come in or  
20 if there weren't a good number of applications then you could  
21 consider further what you may want to do.

22 But as you've seen today there are a lot of  
23 things coming up, and I think you want to get a permanent  
24 executive officer appointed as soon as possible. So open for  
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1 discussion.

2 MEMBER ZACK: Chairman Long, this is Christine  
3 Zack on the phone.

4 CHAIRMAN LONG: Excuse me?

5 MEMBER ZACK: Chairman Long, this is Christine  
6 Zack on the phone.

7 CHAIRMAN LONG: Yes.

8 MEMBER ZACK: Hi. I was unable to attend the  
9 December meeting, but I did read the transcript and I  
10 listened to the public comments this morning, and I don't  
11 understand why we're discussing any search, and I guess I  
12 just don't subscribe to the concept that we need to do a  
13 search or interview a certain number of candidates for an  
14 open position unless it's required somewhere.

15 You know, my best hires over the years which  
16 included attorneys, a CFO, an HR officer, they were the only  
17 candidates I interviewed for a position. And conducting a  
18 search at executive levels is never quick. As you pointed  
19 out, it leads to instability and uncertainty for staff.

20 I reviewed Ms. Rich's professional  
21 accomplishments after her Linkden profile. Personally I  
22 think she's overqualified for the role. She served as PEBP's  
23 COO for a couple of years and she's previously worked with  
24 the Health Exchange and GHS. Additionally, she has an MBA.

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1 I as an outsider to the state, who moved here in  
2 2012, I can say that relationships matter in this state,  
3 perhaps even more so than in other states, and an outside  
4 candidate would not have the relationships or credibility  
5 that Ms. Rich has. And if we're interested in gaining the  
6 perspectives and innovative ideas from other states I  
7 anticipate that Ms. Rich would continue as Damon Haycock's  
8 participation in national organizations for best practices  
9 are shared.

10 So unless it's required somewhere that we  
11 interview a certain number of candidate or do a search, I'm  
12 opposed to that and believe we should simply appoint Ms. Rich  
13 to the executive director position. Thank you.

14 CHAIRMAN LONG: Thank you. When I made my first  
15 option, I don't even know if Ms. Rich is interested in the  
16 permanent appointment. So that may be something that would  
17 have to be addressed. All I was -- all I would suggest is  
18 that, and I don't disagree with you. I mean, you all have  
19 worked with her and know what her abilities and skills are.  
20 If that was your interest you could still open a competitive  
21 recruitment for a short period of time, a couple of weeks and  
22 see what comes in and then you can certainly have that on the  
23 next meeting for it.

24 I think you're probably going to be pretty busy  
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1 at the next meeting with possible rate settings and  
2 everything else, but that doesn't mean that you couldn't  
3 limit the interviews to, you know, two or three people. You  
4 don't have to interview dozens. I doubt we'll get dozens  
5 but, you know, we can always hope. So, again, just my two  
6 cents worth.

7 MS. RICH: For the record Laura Rich. This is --  
8 go ahead, Linda. Go ahead.

9 MEMBER FOX: I'm sorry. That delay. I wanted to  
10 add that I agree with Christine Zack. I think we should do  
11 what is most efficient and appointing is more efficient than  
12 recruiting. I also think if we recruit we might get somebody  
13 that has experience in that particular world but it wouldn't  
14 be experience specific to us here in Nevada. So I think it  
15 makes more sense to appoint Laura Rich. I also think it's  
16 the right thing to do.

17 So I also work in state government, and I've seen  
18 many times where we put somebody in an acting role sometimes  
19 for a very long period of time. They do the job  
20 enthusiastically. They do it well, and then we replace them,  
21 and I think that's a terrible thing to do. I don't think  
22 it's the right way to treat somebody. So I think the  
23 simplest, most efficient thing and also the right thing to do  
24 is simply appoint Laura and not do a recruitment. Thank you.

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1                   CHAIRMAN LONG: Thank you. Peter Long for the  
2 record.

3                   May I suggest that if that's what the Board  
4 chooses to do, and I'll take a motion is that we have an  
5 option in there that -- that the motion would be that and  
6 I'm -- I'll still have more discussion but for you to ponder  
7 this. That you make a recommendation to the Governor and the  
8 Governor makes the appointment.

9                   So the motion could be something to the effect of  
10 the Board recommends that Ms. Rich, if she's interested and  
11 we need to find that out, be appointed and we probably need  
12 to get some input from our DAG and should the Governor -- if,  
13 you know, the Governor should not permanently appoint then  
14 you're directing that a recruitment be conducted, something  
15 to that effect. So you're not waiting two months to do this  
16 again should the Governor, and I have no information at all  
17 if the Governor should choose not to appoint Ms. Rich. So,  
18 again, more discussion, please.

19                   MS. MOONEYHAN: Mr. Chair?

20                   MEMBER MITCHELL: For the record Jet Mitchell.

21                   CHAIRMAN LONG: Yes.

22                   MEMBER MITCHELL: I heard you give the three  
23 potential courses of action which was, number one,  
24 appointment, number two, open recruitment and number three, a  
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1 national search. I advocate the open enrollment with a very  
2 limited window of recruited candidates being accepted. My  
3 former life is in recruitment and specifically in the  
4 technology sector but headhunting and recruitment, and an  
5 open search that allows any candidate to apply could then  
6 allow the Board to look at all candidates and if the  
7 candidate that is chosen is the interim, which she is  
8 imminently qualified to serve in that role in my personal  
9 opinion, but it allows every candidate that maybe have  
10 potential interest to apply.

11 And there could be a very closed or very  
12 short-term recruitment, but it does then give the opportunity  
13 for all candidates to apply and then additionally PEBP the  
14 opportunity for every candidate that is interested to come  
15 forward. It does not incur that 40 to 50,000 dollar cost is  
16 my understanding from your comments but would be just that  
17 short -- that short open recruitment period.

18 CHAIRMAN LONG: Thank you. You are correct in  
19 your understanding. There would be no cost if the division  
20 of human resource management conducted that recruitment.  
21 That's part of what you all pay for.

22 But further comment?

23 MEMBER SMITH: David Smith for the record.

24 I don't have the advantage of having worked with  
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1 Laura. So but I have worked with people in the past, and  
2 I've always believed promoting somebody within when they  
3 particularly have a knowledge is generally a good practice if  
4 they're capable to do it, but I also know this is not just a  
5 regular promotion. It's a major -- it's overseeing a  
6 department and it's very political.

7 And I think that when it comes to appointments  
8 that you -- we should be doing our due diligence and going  
9 through a process so it doesn't look like we're just, you  
10 know, not really looking at who else is available and no  
11 disrespect whatsoever. I just think it's a better practice  
12 to see what's there. This way it doesn't -- when the best  
13 person is picked, and if it's Laura, then she went through  
14 the process just like anybody else and she showed that she  
15 was the best qualified candidate and so that's my two cents.

16 CHAIRMAN LONG: Thank you.

17 Ms. Mooneyhan, do you have any input on this?

18 MS. MOONEYHAN: Thank you, Mr. Chair.

19 I had just interjected to comment that I do not  
20 believe that it would be appropriate to appoint somebody  
21 today because it was not agendized that way. If the Board  
22 decides that they want to appoint a specific person, that  
23 will need to be put on a future agenda.

24 CHAIRMAN LONG: Thank you for saving us from the  
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1 open meeting law.

2 So you've heard our -- our legal counsel's  
3 advice. So further discussion?

4 MEMBER MITCHELL: Jet Mitchell for the record.

5 CHAIRMAN LONG: Please.

6 MEMBER MITCHELL: I have a question for -- I have  
7 a question for Brandee. Is there any potential conflicts  
8 with the Board discussing a potential recruitment when one of  
9 the candidates is in the room? Is there any potential  
10 conflict with that because on a personal note I want to  
11 endorse Laura and do endorse Laura and did very specifically  
12 endorse her in an interim role. Is there any specific  
13 conflicts with us having this discussion here while we're  
14 discussing a potential recruitment for which she may be a  
15 candidate and in my opinion should be a strong candidate?

16 MS. MOONEYHAN: No, there's no conflict and that  
17 should be appropriate.

18 CHAIRMAN LONG: Mr. Verducci?

19 MEMBER VERDUCCI: Tom Verducci for the record.

20 So then based on what Jet just said I want to  
21 tell you when I was asked to step in here from the private  
22 sector back in four years ago, three and a half years ago the  
23 culture was not that good at PEBP. I've seen a huge  
24 improvement in the last three and a half, four years, and I  
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1 can tell you from what I know, the PEBP staff members really  
2 like Laura.

3 Sometimes you seek the market and you end up  
4 getting something that you weren't really expecting, but I  
5 also think that we've heard some good testimony from the  
6 advocate groups today about transparency, fairness. Someone  
7 mentioned to me that, you know, maybe we have a tough  
8 negotiator out there who can come in. But from what I've  
9 seen Laura is very very capable of doing the position. She  
10 did a very good job of putting today's meeting material  
11 together.

12 I had a question on Friday when I was done  
13 working. I was actually communicating with her on Friday  
14 7:00 o'clock. She flew back from a vacation she was on on a  
15 Friday to provide testimony on a Monday, and I think that we  
16 have a loyal and dedicated staff person that could fill the  
17 shoes of a very good person we had before, Damon Haycock.  
18 Not to go on too long here, but I do think that Laura is very  
19 very capable for doing the position here and provide good  
20 culture with the staff within PEBP.

21 CHAIRMAN LONG: Further discussion?

22 Okay. Then I think based on input from our legal  
23 and the discussions that have been had today, an appropriate  
24 motion would be to request agency HR services within the  
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1 division of human resource management to open a recruitment  
2 for at your discretion, you said a short time. That would  
3 typically be two to three weeks, but I'm not making that  
4 motion. I'm just suggesting what I thought I heard, so.

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

7 The only thing I question is should we not hear  
8 from our partners? We heard some today in comments but they  
9 may have further comments on how we're going to handle this,  
10 some kind of guidance, how they feel about a change or not a  
11 change, but I think their input is important.

12 CHAIRMAN LONG: Thank you. I agree with that.  
13 And since we're almost to public comment, I can table Item 11  
14 and ask if there's any additional public comment and then we  
15 can come back to Number 11. If that works for our legal  
16 counsel.

17 MS. MOONEYHAN: Yes.

18 CHAIRMAN LONG: Okay. So we're going to table  
19 Item 11 and ask for any public comment under Item 12, if  
20 anyone would like to provide that.

21 MR. ERVIN: Kent Ervin, Nevada Faculty Alliance.

22 You know, our position about having a recruitment  
23 and I didn't mean an expensive headhunter search is a very  
24 general one and a general policy what we found that, you

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1 know, at the university level works well, and it has nothing  
2 to do about our preference of a candidate. We've been very  
3 pleased with Laura Rich's outreach to us and handling this  
4 meeting and handling all issues, and so that's not it. You  
5 know, that's not the question.

6 But I would echo David Smith's point of view, if  
7 you do this, allow others to come in, then you know what was  
8 out there and can defend it and it gives broader, not  
9 legitimacy but that's not quite the word I'm looking for, but  
10 kind of power to the person who does get the job.

11 And I also agree that often the internal people  
12 are the best qualified and the ones you ought to go with, but  
13 that's a choice that can be made. It is awkward in an open  
14 meeting that you have to, you know, look at your choices and  
15 do it in an open meeting but that's -- that's how it works,  
16 and I just think that doing this short-term open recruitment,  
17 see what's out there but let whoever want to apply apply  
18 because as somebody said we don't know for sure who's going  
19 to apply but I can guess. I just think it's a better  
20 process. So it's more about the process than -- certainly  
21 more about the process. It's not about the outcome.

22 CHAIRMAN LONG: Thank you.

23 Next?

24 MS. LOCKARD: Thank you. My name is Marlene  
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1 Lockard representing the Retired Public Employees of Nevada.

2 I would like to echo Dr. Ervin's comments. I  
3 agree 100 percent. It has nothing to do with our interim  
4 executive director. She is very highly thought of, and we  
5 think the process should just be an open recruitment for the  
6 reasons previously stated.

7 I did want to clarify. When I said a national  
8 search I in no way meant a national search that would require  
9 40 or \$50,000. Mr. Chair, you're the HR expert, and so I  
10 appreciate you outlining the difference between a recruitment  
11 and a national search and the cost, but I was not advocating  
12 for the headhunter type search at all.

13 And then are we done with public comment or can I  
14 comment on a different issue?

15 CHAIRMAN LONG: We're open. Public comment is  
16 open under Item Number 12. So you can comment on anything  
17 you would like at this point. Please keep it to three  
18 minutes or less.

19 MS. LOCKARD: Yes, of course. I did want to  
20 clarify how I think the majority of us feels about excess  
21 reserves and a request for an audit. In my view it's not  
22 about Board policy. We have had double digit million dollar  
23 excess reserves since 2011. That's nine years that we have  
24 had millions of dollars in excess reserves, and I have

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1 advocated for many years that at some point you have to true  
2 that up. Why do we consistently have those amounts?

3 So the intervening years I have argued that we  
4 restore some benefits that were cut in 2011 on a permanent  
5 basis and that has happened. They started out being one  
6 shot. We'll increase your benefit X but just for this fiscal  
7 year and so they were one shot allocations.

8 And then over time those were put back. Some  
9 were put back in the base budget for PEBP and so they are  
10 permanent. There was even I believe it was \$11,000,000 that  
11 was advocated to provide the reserve for the EOP when that  
12 was developed to replace the HMO that we had. So our  
13 contention is that if you consistently have that amount of  
14 excess there's something with our projections that isn't  
15 happening correctly.

16 And so it's not an issue of what to do with  
17 excess reserves or Board policy. It's why do we consistently  
18 have those. And I know in discussions with Ms. Rich that  
19 utilization is up and some of the reserves may not be as high  
20 as they have been in the past, but we have had wild  
21 fluctuations of estimates of only being 3,000,000, \$2,000,000  
22 only to end the year again in double digit millions of  
23 dollars. So I think there needs some real analysis of that.  
24 So I just wanted to make that clarification. Thank you.

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1                   CHAIRMAN LONG: Thank you.

2                   Next?

3                   MS. MALONE: Good afternoon. Pricilla Malone  
4 with the AFSCME Retirees.

5                   And I am also in the position of this would be my  
6 public comment even after Item 11 is decided because I just  
7 echo on Item 11 what my colleagues, Dr. Ervin and Ms. Lockard  
8 have said.

9                   I want to go back real quickly, and I'm keeping  
10 that three minutes in mind to several things I highlighted  
11 during today's meeting. So first on item -- Agenda Item  
12 Five, which was Aon Hewitt's presentation at page six, where  
13 Aon Hewitt did give a shout out to a positive. And normally  
14 in trending when we seek claim dollar amounts go down, that's  
15 a positive, but I would caution the Board this is  
16 specifically on the retirees, the teal color, where she said  
17 it was a negative. I'm looking at the slide myself. It's  
18 page six on this Item Number Five.

19                   Just be careful when we're doing analytics about  
20 trending downward, what we saw in 2011 where we had literally  
21 this huge overhaul of PEBP, and we moved to a consumer driven  
22 healthcare, high deductible healthcare plan. We saw a huge  
23 dip in claims in the regular column but an increase in  
24 catastrophic claims I believe between 2011 and 2013, and I  
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1 recall very vividly in the 2013 legislative session that  
2 several of our legislators who have been on these assembly  
3 and senate committees for healthcare and health services were  
4 concerned what was really happening. This is what they were  
5 getting anecdotally from their constituents is the high  
6 deductibles and the out-of-pocket were killing them. They  
7 were used to those flat PPO type co-pay arrangements in the  
8 past, and they were under-utilizing our services.

9           So I'm saying, yay, that's always good to see  
10 trending going downward, but just keep in the back of your  
11 mind we want to make sure that utilization rates are baked  
12 into analysis when we see from Aon or whoever is doing an  
13 analysis of the program's trends, that a downward trend is  
14 not indicative of people saying, hey, this is too expensive.

15           And that gets me to my next item number comment  
16 which would be Item Number Seven, and this is on the budget  
17 enhancement concepts. I've said this before on the record,  
18 but we do have a couple of new members. So I'll say it  
19 again. We have done our own internal crude, if you will,  
20 data point analysis on our membership's demographics at  
21 AFSCME Retirees and we believe, we believe that at least for  
22 right now the majority of our members are Medicare Exchange  
23 Retirees.

24           So as a practical matter, these things that are  
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1 listed under, I had the slide up here. I'm sorry. So this  
2 would be on Item Number Eight on page two, we don't have a  
3 ranking. We have it surveyed. We've talked about doing  
4 survey in our membership with these enhancements which would  
5 have the most popular votes, but we haven't done it yet.

6 CHAIRMAN LONG: Three minutes.

7 MS. MALONE: I know. I know. I'm sorry. So  
8 I'll talk faster.

9 Just keep that in mind anecdotally again the life  
10 insurance premiums are important, and the dental increase in  
11 premium is important, and I've heard anecdotally vision  
12 important.

13 And then finally, and this is important to, well,  
14 it's all important, but going to Board Member Smith's  
15 comments on Item Number Nine on the Save-On program, I have  
16 in my hard drive luckily a document which was a benefit --  
17 I'm sorry, a PEBP legislative session, this happens I think  
18 almost monthly we get together. There's a chart that the  
19 executive director puts together of all the pending bills and  
20 what the impact will be towards PEBP.

21 So there was a bill, Senate Bill 226 that  
22 specifically addressed for all insurers, not just  
23 self-insured, not just public insurers, all insurers in  
24 Nevada. What we could overlay on top of the Affordable Care  
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1 Act to deal with this specific issue on the coupons, the  
2 manufacturer coupons and then who actually gets the savings.  
3 Does it apply to the deductible, the out-of-pocket, whatever.  
4 So that bill was analyzed. It's in one of the earlier,  
5 Ms. Spinelli, if you're looking for it, it's one of the first  
6 ones Damon put out. So I would look back in like February or  
7 March. That's where it was. That bill never -- it never got  
8 any legs. It just died. Although, it was exempt.

9 So finally my TSA is next week on the 30th.  
10 There is an interim study. This is from Senate Bill 276  
11 concerning the cost of prescription drugs and if you're  
12 not --

13 CHAIRMAN LONG: No. No. We're --

14 MS. MALONE: You're good. Okay. I just want to  
15 make sure you were aware of that because I think this issue  
16 is still very much on their radar.

17 CHAIRMAN LONG: Thank you.

18 MS. MALONE: All right. And that's it. I swear.  
19 Bye.

20 CHAIRMAN LONG: Anyone else in the north? In the  
21 south? We'll take the south and go back to the north. Go  
22 ahead. You can sit down.

23 MR. UNGER: All right. Doug Unger. I represent  
24 the Employee Benefits Advisory Committee at UNLV, UNLV  
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1 Faculty Senate and we also report to our President's Advisory  
2 Council.

3 I just want to say that our group unanimously  
4 supports Interim Executive Officer Rich in her position and  
5 made a strong statement to the Board that she should be  
6 appointed in November -- in December, and we would strongly  
7 encourage her to apply for any position that would open up.

8 I want to say that in preface to agreeing with my  
9 colleagues at NFA and AFSCME and RPEN that we believe that  
10 some kind of open search process is better, and it's probably  
11 better because whoever then is appointed will speak with more  
12 authority and be able to have a stronger negotiating position  
13 with state agencies after having gone through a search  
14 process rather than just the internal appointment.

15 So we would suggest that you undergo a search  
16 process of some kind in order to increase the authority in  
17 negotiating power of the executive officer when such an  
18 executive officer is appointed.

19 The second point I would like to make is that I  
20 don't know when the last time the PEBP Board did an analysis  
21 of the salary of the executive officer, but anecdotally I  
22 know that the salary of the executive officer compared to  
23 similar positions in the private sector is very very low.  
24 The question is if you do a big national search how are you  
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1 going to attract a good candidate if you're offering a salary  
2 much below private sector amounts. So it becomes the problem  
3 with most state agencies in Nevada that we have a retention  
4 problem because of our salary scales.

5 So once we find a good person who is willing to  
6 do the service for the state, you know, we advise that you  
7 try to hang onto that good person. Thank you very much.

8 CHAIRMAN LONG: Thank you.

9 It looks like the last person in the north.

10 MS. BOWEN: Good afternoon. My name and my words  
11 for the record, my name Peggy, P-e-g-g-y Lear, L-e-a-r. Last  
12 name Bowen, B-o-w-e-n. Thank you all for your time, energy  
13 and efforts today.

14 Some important things to remind you about and  
15 that is monies and controlling monies and search and, quite  
16 frankly, Ms. Rich came in and filled the role that we  
17 desperately needed. We were at a crunch time then that we  
18 put out for a search for people to come in and -- and -- and  
19 hers was the only -- she came in and filled the role when no  
20 one else would. You said find a person who can do this, that  
21 and the other thing.

22 You're looking right now for legislative session  
23 that thinks this Board is important and it is our voice. We  
24 hope that you do anything and everything you possibly can to  
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1 maintain PEBP as an entity and not have it erased from  
2 existence.

3           When -- when -- when Mr. Haycock was here he had  
4 a good relationship with the legislature, and you haven't  
5 mentioned much about legislative relationship. They are the  
6 people with the pursestrings. That's the control they have  
7 over PEBP, and Ms. Rich was given some indication where she  
8 changed her location, tore her family out of where they  
9 lived, brought them all here, moved, lock, stock and barrel  
10 to come in for a position that she thought, and I could be  
11 speaking out of order, and I apologize if I am and you will  
12 surely correct me. She came here thinking this was a  
13 permanent position to be had and that -- and she has done an  
14 excellent job in every single -- what things have you asked  
15 of her that she hasn't done? Name it because that's your  
16 responsibility right now.

17           We're getting into a time where PEBP has to look  
18 like it is back in control of itself. You're right. She  
19 came in in tough times. Please consider doing that. When it  
20 comes to the meetings, she's the one who made access  
21 available and she improved the open meeting law.

22           You'll remember that we had people who actually  
23 used PEBP and because there was an auditor, an outside  
24 auditor that actually was going to be arrested for stealing  
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1 funds and embezzling from PEBP and it was -- and Damon  
2 Haycock worked very hard to open this up and made sure that  
3 all members of PEBP were evaluated. You have not mentioned  
4 once that in looking for somebody. You also need to have an  
5 evaluation in place by which you're going to evaluate people  
6 when it comes to the end of their contract or the end of  
7 their time or time for evaluation.

8           You have to have -- you have to know what, when  
9 you have a person come in to this position they have to know  
10 what the responsibilities are. If you don't have a job  
11 description, an evaluation type form in place to do those  
12 things ahead of time, you're putting carts before the horses  
13 maybe, and maybe by this conversation today that you'll keep  
14 that in mind.

15           And -- and most importantly, take a look at what  
16 you've got right now. An interim search, if that's -- if  
17 that's what you want to do, I consider that almost a betrayal  
18 of what you have. What are you looking for that you're not  
19 getting now? That's my personal opinion and -- and I can  
20 support having a very short period, but make it extremely  
21 short and give the person, whoever it may be, the right and  
22 nobody has yet to ask her if -- she obviously wants the job  
23 or she wouldn't have come in the first place. She wouldn't  
24 have moved. She wouldn't have upset her life. She wouldn't

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1 upset her kids' lives. She wouldn't have changed schools and  
2 come do this job.

3 CHAIRMAN LONG: Thank you.

4 MS. BOWEN: Thank you.

5 CHAIRMAN LONG: I appreciate it.

6 MS. BOWEN: And please have a very very -- I hope  
7 you had a good Martin Luther King Day and looking forward to  
8 a great whatever you practice whatever you believe in in your  
9 next celebration.

10 CHAIRMAN LONG: Thank you.

11 MS. BOWEN: And go Wolf Pack.

12 CHAIRMAN LONG: So we'll close Item Number 12 and  
13 come back to Item Number 11 and I don't know the right term  
14 so we're just going to reopen Number 11. All right. See if  
15 we can get a motion on what we need to do regarding a  
16 recruitment for the executive officer.

17 Go ahead.

18 MEMBER SMITH: David Smith for the record.

19 I'll make a motion, and I know we have a lot of  
20 different options, but this is my personal feeling, that we  
21 do a short-term open competitive recruitment, 14 days. I  
22 think that should be enough time and then interview based on  
23 the candidates who apply and are qualified.

24 CHAIRMAN LONG: Okay. I have a motion that we do  
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1 an open competitive recruitment for 14 days and interview the  
2 qualified candidates. Might I suggest that you condense that  
3 down a little bit and say something, interview the top three  
4 or top five qualified candidates?

5 MEMBER SMITH: As amended.

6 CHAIRMAN LONG: Do I have a second for that?

7 MEMBER MITCHELL: Chair, Jet Mitchell for the  
8 record.

9 As part of the motion would the interviewing be  
10 in the March meeting, the interview of potential candidates?

11 CHAIRMAN LONG: That should be part of the  
12 motion. Yes.

13 MS. MOONEYHAN: Mr. Chair, just for clarification  
14 who would make the decision on the top three or five  
15 candidates? Does the Board want to consider that and make  
16 that clear for the record?

17 CHAIRMAN LONG: Agency HR services who would be  
18 accepting resumes would determine who is qualified and then  
19 could consult with the general recruiting section to see who  
20 is the most qualified based on who has the highest level of  
21 minimum qualifications or we can -- we can bring those back  
22 to the next meeting and the Board can decide who they want to  
23 interview and then push that out to the meeting after that.

24 MEMBER SMITH: David Smith for the record.  
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1                   Can I ask a question regarding this? Can you  
2 have a small subcommittee review and make a recommendation or  
3 would that have to be handled at an open meeting as well?

4                   CHAIRMAN LONG: I would defer to our DAG on that.

5                   MS. MOONEYHAN: Thank you, Mr. Chair. The Board  
6 could delegate that to a subcommittee, and subcommittees are  
7 subject to the open meeting law requirements. So you can  
8 delegate it to a subcommittee but you would also need to  
9 agendaize its choices and do it in an open meeting.

10                  CHAIRMAN LONG: So from my understanding, I  
11 didn't quite hear your last. Would it have to be on the  
12 agenda for the March meeting for the Board to select a  
13 subcommittee to evaluate the applications or can they --  
14 could they do that as part of this agenda item?

15                  MS. MOONEYHAN: Mr. Chair, you can appoint a  
16 subcommittee today. That is encompassed in the agenda item  
17 as it was written today, but that subcommittee, any meetings  
18 it had, it doesn't have to be in March. They can set a  
19 meeting next week. They need to make sure they apply --  
20 comply with the open meeting law requirements again of at  
21 least three days notice and all of the other requirements of  
22 the law.

23                  CHAIRMAN LONG: Okay. So let me get this  
24 straight. We have a motion for, to conduct an open  
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1 competitive recruitment for 14 days and if I could get an  
2 amendment to the amended motion that the Chair appoint a  
3 subcommittee to review the qualified applications and  
4 determine which ones would then be put on the next agenda to  
5 be interviewed for the position.

6 MEMBER SMITH: I'll accept that amendment.

7 MEMBER VERDUCCI: Mr. Chair, just one item of  
8 discussion. Where we say 14 days we're kind of putting  
9 ourself down to the 14 days. Can we put a comma and within a  
10 reasonable time frame, 14 days or a reasonable time frame?

11 CHAIRMAN LONG: I guess I would be more  
12 comfortable for saying 21 or I don't know what -- I don't  
13 know what your definition of reasonable is.

14 MEMBER VERDUCCI: Mr. Chair, 21 days I think is a  
15 little better than the 14 just so we're not up against any  
16 last minute deadline. That would be my suggestion.

17 MEMBER SMITH: No objection to amend it to  
18 21 days.

19 CHAIRMAN LONG: Okay. So we have --

20 MEMBER MITCHELL: For the record Jet Mitchell.

21 CHAIRMAN LONG: Go ahead.

22 MEMBER MITCHELL: For the record Jet Mitchell.

23 I wanted to clarify if it's a subcommittee, is  
24 the subcommittee made up of Board members, PEBP Board members  
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1 that you would appoint? What would be the subcommittee  
2 versus just using the resources that are already available  
3 through human resources?

4 CHAIRMAN LONG: It would be my understanding that  
5 the subcommittee would be a subset of the Board based on  
6 their expertise and experience on what they expect of the  
7 executive officer. The agency HR services would conduct the  
8 recruitment and provide all of the applicants who met the  
9 minimum qualifications.

10 MEMBER MITCHELL: Chair, Jet Mitchell for the  
11 record.

12 So the agency HR services would provide this  
13 subcommittee the top, all of the candidates and then that  
14 subcommittee would narrow that down to the top three or five  
15 or would the agency services just be providing that  
16 subcommittee the top five? I guess the reason -- let me just  
17 -- the reason I'm asking is it seems that agency HR services  
18 could perform agency HR services to provide the Board with  
19 the top three or five candidates for interviews in the March  
20 meeting without need for a subcommittee unless I missed  
21 something.

22 CHAIRMAN LONG: No. Peter Long for the record.

23 I think we -- I don't think you missed anything.

24 I think we came in a circle where we started out with agency  
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1 HR services providing the top three to five and then a  
2 suggestion was made that perhaps a subcommittee could do a  
3 better job or could do a job of picking those three to five,  
4 so.

5 MEMBER SMITH: Mr. Chairman, I'm going to  
6 withdraw my motion in its entirety so we can --

7 CHAIRMAN LONG: Thank you so much.

8 MEMBER SMITH: -- work out a better one.

9 MEMBER ZACK: Mr. Chair, this is Christine Zack  
10 for the record.

11 I -- I just want to clarify. Was the amendment  
12 withdrawn to hold open 21 days the ability for applicants to  
13 submit their interest because I'm opposed to that. What  
14 we're talking about is going to draw this out until the June  
15 meeting it will seem like. I think we should have a really  
16 short period of time for potential applicants to submit their  
17 interest. And then, obviously, it will require additional  
18 time after that whether we refer to HR services, whether we  
19 form a subcommittee, but I'm opposed to holding open the  
20 interim period for 21 days. By the time it gets posted it's  
21 going to be another month.

22 CHAIRMAN LONG: Okay.

23 MEMBER ZACK: Just for that process.

24 CHAIRMAN LONG: Peter Long for the record.  
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1           Before we get the input on how it was done in the  
2 past, I will say that a typical standard recruitment would be  
3 for 14 days. Anything less would be considered a shorter  
4 recruitment. Anything longer would be considered where you  
5 don't think it would typically be longer because you think  
6 you may have difficulty tracking qualified applicants.

7           So my recommendation for a, if -- the recruitment  
8 should be for ten to 14 days and that's calendar days, not  
9 business days, so.

10           MEMBER ZACK: Thank you.

11           CHAIRMAN LONG: Anything less than ten you could  
12 have the perception that people didn't have the opportunity  
13 to see the job announcement is all is where I'm getting.

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

16           You heard me earlier. I'm a person who goes with  
17 my gut and hires people without going through this process  
18 but in the interest of compromise I think that I, you know,  
19 would be willing to endorse 14 days but not 21.

20           CHAIRMAN LONG: Okay. And if we can get on how  
21 it was done in the past.

22           MEMBER MITCHELL: Mr. Chair, Jet Mitchell for the  
23 record.

24           CHAIRMAN LONG: Yes.  
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1           MEMBER MITCHELL: I have a question about what we  
2 were discussing earlier. If the HR services would then  
3 narrow down candidates it would then -- are we going to be  
4 discussing the role that HR services would take, whether they  
5 would narrow down the candidates and then the Board would  
6 interview them as a whole or whether we would have a  
7 subcommittee? Are we discussing that?

8           CHAIRMAN LONG: We were getting ready to  
9 actually. My thought would be that, and I could be totally  
10 wrong, but I think if a recruitment was open for ten days and  
11 based on my understanding of what the number of applications  
12 that were received about four years ago and when Executive  
13 Director Haycock was hired and as was pointed out by some in  
14 public comment, the salary of the position in comparison to  
15 private sector, I don't expect it to be a large volume  
16 recruitment, and you can probably -- without a subcommittee  
17 you could probably interview all of the qualified applicants.  
18 I don't anticipate it's going to be a large number and if I'm  
19 wrong, I apologize, but my guess would be you would get four  
20 to five qualified applicants but if you want to provide some  
21 input on what happened last time that would be great.

22           MS. SPINELLI: Thank you, Mr. Chair. Nancy  
23 Spinelli for the record.

24           The last two executive officers that have been  
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1 appointed by PEBP, we held the recruitment in two different  
2 ways. When Mr. Wells was appointed we held an open -- I  
3 believe that was a national recruitment as I recall. And all  
4 of the resumes went to -- they were submitted to our agency  
5 and we had a subcommittee of a few Board members who reviewed  
6 those resumes and decided who they wanted to interview, and  
7 then they conducted those interviews and appointed from the  
8 applicants.

9 And this next recruitment was for Mr. Haycock,  
10 and in that recruitment the interim executive officer at that  
11 time came back out of retirement just to fulfill that  
12 position until a permanent position was recruited, and so  
13 they opened the recruitment and then both the Board Chair and  
14 interim executive officer at that time reviewed the  
15 applications and they decided who they wanted to interview,  
16 and that's how the last two recruitments went from my  
17 recollection.

18 CHAIRMAN LONG: Thank you.

19 So there you go. So that provides -- I mean, if  
20 you want rather than have agency HR services collect the  
21 resumes they could come to the PEBP itself. But I guess my  
22 recommendation or suggestion would be that to just make sure  
23 that there's no perceived conflicts, that the recruitment  
24 would be conducted by agency HR services. The resumes would  
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1 go to them and then if you want, and they could -- they could  
2 review for the minimum qualifications. And then if you want  
3 the Chair and a couple of members of the Board to review  
4 those to see which ones you would like to interview that  
5 would be fine. That takes out the -- this is not -- that  
6 takes out the possibility of misinterpretation of minimum  
7 qualifications by someone who's not typically not used to  
8 reviewing those type of things.

9 So yes?

10 MEMBER SMITH: Okay. So basically if we were to  
11 do a ten-day recruitment and the Chair designates two or  
12 three Board members that would sit as a subcommittee if there  
13 are more than five qualified applicants as determined by  
14 human resources. If not there's no need for a subcommittee  
15 to meet. They can just go to the next meeting for  
16 interviews. If there is, then the subcommittee can meet and  
17 pick the top three or five, whatever it is and then schedule  
18 those for the next meeting.

19 CHAIRMAN LONG: So I have a motion. Do I have a  
20 second? The motion was that I think that -- than an open  
21 competitive recruitment be open for ten days. The resumes  
22 would be submitted to agency HR services. They would be  
23 reviewed for minimum qualifications. If there are five or  
24 less that meet the minimum qualifications they would all --  
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1 all be interviewed by the Board when at the meeting where  
2 that was determined to happen.

3 If there's more than five then the Chair -- let  
4 me ask the DAG, does the Chair have to designate that  
5 subcommittee now or could it be done offline?

6 MS. MOONEYHAN: The Board should decide who's  
7 going to act on the subcommittee today.

8 CHAIRMAN LONG: Okay.

9 MS. MOONEYHAN: If there's going to be a  
10 subcommittee.

11 CHAIRMAN LONG: So the motion was that, and then  
12 if there's a second then -- then I can designate three people  
13 that would review the resumes if there are five or more, more  
14 than five.

15 MEMBER MITCHELL: Chair Long, Jet Mitchell for  
16 record.

17 I think the time frame, Tom had mentioned the  
18 21 days and then you mentioned standard was the 14 calendar  
19 days. So I think that I would propose to amend that motion  
20 to a 14-day, as four days won't make much of a difference  
21 logistically, but it would be more in line of what you had  
22 said was standard for this type of search. So I think that  
23 the time frame should be that 14 day time frame.

24 MEMBER SMITH: I'll accept that amendment.  
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1                   CHAIRMAN LONG: An amendment has been accepted.  
2     So we have a motion for a 14-day open competitive recruitment  
3     to be conducted by agency HR services. Should there be five  
4     or more qualified applicants, subcommittee which will --  
5     which will be appointed will recommend which five come to the  
6     Board. If there are less than five, five or less they will  
7     all come to the Board. Do I have a second on that?

8                   MEMBER MITCHELL: Jet Mitchell. I second the  
9     motion.

10                  CHAIRMAN LONG: It's been moved and seconded.  
11     Discussion? All those in favor please say aye.

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

14                  CHAIRMAN LONG: Opposed?

15                  MEMBER FOX: No.

16                  CHAIRMAN LONG: So we have one in opposition.  
17     Motion passes.

18                  So now as part of Item Number Ten and please  
19     correct me if I'm wrong, I would ask if there's anyone who  
20     would like to participate in the subcommittee if it's  
21     required to review the resumes to make a recommendation which  
22     one should move forward if there are more than five. I'll  
23     commit the Chair to being part of that subcommittee. Is  
24     there anyone else that would like to participate in that or  
                    CAPITOL REPORTERS (775)882-5322

1 do you want me to just like --

2 MEMBER MITCHELL: Chair Long, Jet Mitchell.

3 I would like to participate.

4 CHAIRMAN LONG: Okay. So that's two.

5 MEMBER BAILEY: Mr. Chair, I'll go with it.

6 CHAIRMAN LONG: Thank you, Mr. Bailey. So make  
7 sure with our DAG is the Chair and two members enough for the  
8 subcommittee to evaluate the resumes?

9 MR. MOONEYHAN: Mr. Chair, yes. The Board can  
10 delegate to any number of people they want. So if you make a  
11 subcommittee of three that's perfectly acceptable.

12 CHAIRMAN LONG: Thank you. So it will be the  
13 Chair, Mr. Bailey and Ms. Mitchell that will participate in  
14 the subcommittee if necessary. I think that takes care of  
15 Number 11.

16 MEMBER MITCHELL: Chair Long?

17 CHAIRMAN LONG: Yes.

18 MEMBER MITCHELL: Jet Mitchell for the record.

19 Just to clarify, you did say that the interviews  
20 of those qualified candidates would be in the March meeting,  
21 that is correct, right?

22 CHAIRMAN LONG: I think. Yes, it will -- let me  
23 check and see if -- yeah, it will be at the March meeting.  
24 So I'm going to make a commitment for my boss to be coming  
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1 Monday since there will be a new Chair starting Monday. But,  
2 yes, the meeting will -- the interviews will be in March.

3 So at this point we're on Item Number 13,  
4 adjournment. Do I have a motion to adjourn?

5 MEMBER BAILEY: So moved.

6 CHAIRMAN LONG: Second?

7 MEMBER VERDUCCI: So moved.

8 CHAIRMAN LONG: All those in favor say aye.

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

11 CHAIRMAN LONG: Thank you everyone.

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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 23rd day of January, 2020, 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 140, is a full, true and correct transcription of my stenotype notes of said public meeting.

Dated at Carson City, Nevada, this 3rd day of February, 2020.

KATHY JACKSON, CCR  
Nevada CCR #402

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<p><b>\$</b></p> <p><b>\$1,000 (3)</b> 74:10,15;85:11</p> <p><b>\$1,080,000 (1)</b> 14:10</p> <p><b>\$1,780,000 (1)</b> 14:13</p> <p><b>\$11,000,000 (1)</b> 118:10</p> <p><b>\$12,000 (1)</b> 74:9</p> <p><b>\$2,000,000 (2)</b> 39:16;118:21</p> <p><b>\$200 (1)</b> 11:1</p> <p><b>\$22 (1)</b> 53:12</p> <p><b>\$3,000,000 (2)</b> 14:15;40:6</p> <p><b>\$35 (3)</b> 79:21,22,23</p> <p><b>\$400 (3)</b> 14:11;59:3;85:1</p> <p><b>\$50,000 (2)</b> 106:7;117:9</p> <p><b>\$500 (2)</b> 14:9;85:3</p> <p><b>\$7,000,000 (1)</b> 21:18</p> <p><b>\$700 (1)</b> 11:1</p> <p><b>\$800 (1)</b> 14:12</p> <hr/> <p><b>A</b></p> <p><b>abilities (1)</b> 108:19</p> <p><b>ability (9)</b> 9:7;45:2;47:20; 68:2;72:2;81:6;91:8; 106:14;132:12</p> <p><b>able (21)</b> 6:19;7:24;8:1,9,14; 14:19;32:12;39:18; 49:5,9;51:4,6;54:6; 55:23;67:11;73:21; 75:4,17;93:3;101:3; 123:12</p> <p><b>abnormally (1)</b> 34:13</p> <p><b>above (4)</b> 11:10;30:21;37:5, 22</p> <p><b>Absolutely (1)</b> 87:3</p> <p><b>accept (5)</b> 19:21,24;23:9; 130:6;137:24</p> <p><b>acceptable (1)</b> 139:11</p>	<p><b>accepted (2)</b> 111:2;138:1</p> <p><b>accepting (1)</b> 128:18</p> <p><b>access (8)</b> 12:2;50:3;73:2; 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