

**STATE OF NEVADA
PUBLIC EMPLOYEES' BENEFITS PROGRAM
STRATEGIC PLANNING MEETING**

Video/Telephonic Open Meeting
Carson City

ACTION MINUTES (Subject to Board Approval)

July 23, 2026

**MEMBERS PRESENT
IN PERSON:**

Mr. Jim Wells, Board Chair
Dr. Keiko Duncan, Vice Chair
Mr. Jim Barnes, Member
Dr. Blaine Harper, Member
Ms. Laura Rich, Member
Mr. Christopher Viton, Member
Dr. Paul Davis, Member

**MEMBERS PRESENT VIA
TELECONFERENCE:**

Ms. Joy Grimmer, Member

MEMBERS EXCUSED:

Mr. Tom Zumtobel, Member
Dr. Jennifer McClendon, Member

FOR THE BOARD:

Mr. Jose Rivera, Deputy Attorney General

FOR STAFF:

Ms. Theresa Carsten, Executive Officer
Mr. Nik Proper, Operations Officer
Ms. Monica McJoy, Chief Financial Officer
Ms. Jessica Crane, Executive Assistant

OTHER PRESENTERS:

Andrew Sherman – Segal
Debbie Donaldson – Segal
Maryellen Vargas – Milliman
Kali Schweitzer - Milliman
Amy McClendon - Segal

1. Open Meeting; Roll Call.
 - Board Chair Wells opened the meeting at 9:02 a.m.
2. Public Comment.
 - Kent Ervin, NV Faculty Alliance
3. PEBP Board disclosures for applicable Board meeting agenda items.
(Jose Rivera , Deputy Attorney General) (Information/Discussion)
4. Approval of Action Minutes from the May 26, 2026 PEBP Board Meeting. (Jim Wells, Board Chair) (**For Possible Action**)

BOARD ACTION ON ITEM 4

MOTION: Motion to approve action minutes.

BY: Member, Jim Barnes

SECOND: Member, Paul Davis

VOTE: Unanimous, the motion carried

5. Strategic Planning Session. (Andrew Sherman, Segal) (**For Possible Action**)
Facilitated discussion providing a forum for the Board to examine priorities, goals, and strategies for PEBP to consider pursuing, including no more than one hour of discussion each regarding the following topics:
 - (a) General plan design;
 - (b) Composition of risk pools used to determine rates;
 - (c) Contracting procedures, including current and potential future contracts;
 - (d) Pharmacy benefits offered by PEBP, including potential coordination with the Nevada Health Authority; and
 - (e) Disease management/care coordination;as well as additional discussion topics that arise from the Board's conversation. It is contemplated that this session will result in direction to relevant vendors/staff to prepare presentations for Board consideration and possible action at future meeting(s).

BOARD ACTION ON ITEM 5

MOTION: No action taken.

6. Public Comment. Public comment will be taken during this agenda item. Comments may be limited to three minutes per person at the discretion of the chairperson. Persons making public comment need to state and spell their name for the record at the beginning of their testimony.
7. Adjournment.

BOARD ACTION ON ITEM 14

MOTION: Motion to adjourn at 3:02 p.m.

BY: Member, Chris Viton

SECOND: Member, Laura Rich

VOTE: Unanimous, the motion carried

Items for further exploration:

Disease Management and Care Coordination:

Whole Person CC/CM vendor procurement

Carrum services expansion & mandatory participation

Improve contract terms for utilization, care, and disease management through amendments

Pharmacy Benefits:

Specialty drug management solutions

Direct rebate contracting

Plan Design:

Consolidation of plans

Full replacement of HMO

Adjusting CDHP and LD PPO actuarial value

Composition of Risk Pools:

Dependent subsidization

Moving non-Medicare retirees to State Health Exchange

Separating actives and retirees – rate separately

Contracting Procedures:

Expanding Centers of Excellence

Coordination with NV Health Authority/Medicaid

Audits

Additional items for discussion:

- Plan value comparisons
- Number of retirees using out-of-network services
- Risk scores between Northern and Southern Nevada
- Why mental health claims are paid at less than what Medicare is paying and are Doctor on Demand claims included in the analysis
- Pharmacy co-pay changes
- Is a self-funded plan better than an HMO
- What will Kaiser be offering in Northern Nevada

Disease Mgt & Care Coord.

- | | AM DOTS | FM DOTS |
|--|---|---------|
| ① Explore care navigation Carrum-like Vendor | - mandatory network
- possible expansion of Svs. | |
| ② Update Condition-specific care mgt programs | | |
| ③ Require participation to cover GLP-1s or other Benefits Mandatory | | |
| ④ <u>Additional Point Solution Vendors</u> | | |
| ⑤ Improve Contract terms for utilization, care, and disease mgt through procurement amendment | | |
| ⑥ Other: | | |
| Whole person ^{co} /CM vendor Procurement | | |

+ PEBP Coordination w/ NVHA

	AM DOTS	PM DOTS
① glp1 management solutions	PD	
② Specialty Drug Mgt Solutions	Q, JW, KD	K2, K3, K4, K5, K6, K7, K8, K9, K10, K11, K12, K13, K14, K15, K16, K17, K18, K19, K20, K21, K22, K23, K24, K25, K26, K27, K28, K29, K30, K31, K32, K33, K34, K35, K36, K37, K38, K39, K40, K41, K42, K43, K44, K45, K46, K47, K48, K49, K50, K51, K52, K53, K54, K55, K56, K57, K58, K59, K60, K61, K62, K63, K64, K65, K66, K67, K68, K69, K70, K71, K72, K73, K74, K75, K76, K77, K78, K79, K80, K81, K82, K83, K84, K85, K86, K87, K88, K89, K90, K91, K92, K93, K94, K95, K96, K97, K98, K99, K100
③ Direct Rebate Contracting	CL, UB, KD, F, BB, PD, JB	K2, K3, K4, K5, K6, K7, K8, K9, K10, K11, K12, K13, K14, K15, K16, K17, K18, K19, K20, K21, K22, K23, K24, K25, K26, K27, K28, K29, K30, K31, K32, K33, K34, K35, K36, K37, K38, K39, K40, K41, K42, K43, K44, K45, K46, K47, K48, K49, K50, K51, K52, K53, K54, K55, K56, K57, K58, K59, K60, K61, K62, K63, K64, K65, K66, K67, K68, K69, K70, K71, K72, K73, K74, K75, K76, K77, K78, K79, K80, K81, K82, K83, K84, K85, K86, K87, K88, K89, K90, K91, K92, K93, K94, K95, K96, K97, K98, K99, K100
④ Narrow Formulary		
⑤ Narrow Retail Network		
⑥ Point Solution Utilization Mgt		
⑦ Copay Plan Design Changes		
⑧ Other:		

PLAN DESIGN

	AM DOTS	PM DOTS
Full replacement: single or multiple plan options	BR	BR
Consolidation of existing plan options	JA, JW, BR, JS, JB	BR, JW, CV, JB
Return deductibles to historical levels prior to buydown		
Expand HMO access	CV, BR, JB	
Other (Board members add additional ideas below):		

①

②

③

④

Composition of Risk Pools

① Separate Actives & Retirees from the Risk Pool
(Rate Separately)

- Provide Supplemental \$\$ to mitigate rate increases for Non-Medicare retirees

AM DOTS PM DOTS



② Move Non-Medicare Retirees to the Exchange



③ Dependent Subsidies



④ Other (Board members add additional ideas here):



Contracting Procedures

	AMCOTS	PAIDOTS
① Procurement for Medical Claims administrator		
② Direct Contracting w/ specific hospitals/providers		
③ Direct Contracting for specific SVS (eg Ambulance)	28	
④ Referenced-based pricing	07, 29	20
⑤ Expand Centers of Excellence	30	22, 23
⑥ Direct Primary Care	04, 26, 05	
⑦ Near-site Clinics		
⑧ Coordination w/ NVHA/Medicaid	28, 01, 22, 30, 29	14, 21, 24, 25
⑨ Explore available programs through CMS	Combined 8 & 9	
⑩ Additional Point Solution Vendors	36	
⑪ Audits	24, 25, 26, 27, 28	14, 21, 24, 25
⑫ Other:		