

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

January 23, 2020

Capitol Reporters
123 W. Nye Lane, Ste 107

Carson City, Nevada 89706

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PUBLIC EMPLOYEES' BENEFITS PROGRAM BOARD

TRANSCRIPT OF PROCEEDINGS

TELEPHONIC OPEN MEETING

THURSDAY, JANUARY 23, 2020

CARSON CITY AND LAS VEGAS, NEVADA

The Board:

**PETER LONG - Chair
LINDA FOX - Vice Chair
DAVID SMITH - Member
TOM VERDUCCI - Member
JET MITCHELL - Member
CHRISTINE ZACK - Member
DON BAILEY - Member**

For the Board:

**BRANDEE MOONEYHAN
Deputy Attorney General**

For Staff:

**LAURA RICH
Interim Executive Officer
Wendy Lunz
Executive Assistant
BRETT HARVEY
Chief Information Officer
CARI EATON
Chief Financial Officer
NANCY SPINELLI
Quality Control Officer**

Reported by:

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THURSDAY, JANUARY 23, 2020, CARSON CITY, NEVADA

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

If we can have the role call, please.

MS. LUNZ: Peter Long?

CHAIRMAN LONG: Here.

MS. LUNZ: Don Bailey?

MEMBER BAILEY: Here.

MS. LUNZ: Linda Fox?

MEMBER FOX: Here.

MS. LUNZ: Jet Mitchell?

MEMBER MITCHELL: Here.

MS. LUNZ: David Smith?

MEMBER SMITH: Here.

MS. LUNZ: Tom Verducci?

MEMBER VERDUCCI: Here.

CHAIRMAN LONG: Christine Zack?

MEMBER ZACK: Here.

MS. LUNZ: Mandy Hagler is excused.

Leah Lamborn is excused.

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 staring 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 Pande
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 LinkedIn 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 agendize 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
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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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1 STATE OF NEVADA,)
2 CARSON CITY.) ss.
3

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

7 That on Thursday, the 23rd day of January, 2020, I was
8 present for the Public Employees' Benefits Program, Carson
9 City, Nevada, for the purpose of reporting in verbatim
10 stenotype notes the within-entitled public meeting;

11 That the foregoing transcript, consisting of pages 1
12 through 140, is a full, true and correct transcription of my
13 stenotype notes of said public meeting.

14
15 Dated at Carson City, Nevada, this 3rd day
16 of February, 2020.

17
18
19 KATHY JACKSON, CCR
20 Nevada CCR #402
21
22
23
24

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