Dear PEBP,

I am writing you to let you know that the Premium Rate for the fiscal year 2025 is too high. The increase is too high. With my current rate of $152.60 with the Low Deductible for myself and my children, it is going to increase to $202.44, a $49.84 increase. This is unacceptable. I hope you can consider maintaining the current rate instead. Please give us a break.

Also, I am hoping that UMR adds University of Utah Hospital and Clinics and its doctors to be added to the list of In-Network Providers. Since UMR took over our network from Aetna, most of my doctors now are out of network.

Thank you,

Edwin Forges

26 March 2024

To the Public Employee Benefits Program board:

I am a member of PEBP's Consumer Driven Health Plan. I am concerned about providers that demand pre-payment of services, sometimes in excess of what the patient will actually owe, and the way these excess payments are currently being handled.

I have these concerns:

1) I do not believe that patients should be providing what are effectively interest-free loans to hospitals, imaging centers, and medical groups – particularly when patients have zero control over how quickly charges are billed, evaluated, paid, or credited.
2) If the State of Nevada finds it appropriate for patients to be charged for services in advance of the bills being sent for insurance reimbursement, then two changes are needed:
    a. The actual amount a patient has pre-paid should be included in the UMR HealthSafe record system, so that a patient can easily see the difference between what she has paid and what she actually owed.
    b. There should be a time limit set on how much time a provider has to credit back any overpayments.

As a real-life example, in November and December 2023, I was required to pay more than $2,000 over what I would ultimately owe to two different providers. In both cases, I was told that the payments matched what I would owe after insurance paid. Nothing in my HealthSafe record alerted me that I had overpaid.

I was not credited these funds back until last week (March 18) and only after I called each provider and insisted that I had been overcharged. I do not know when or if they would have credited me these funds if I had not called. Please note that March 18 was four months after I made one of these payments (Nov 17) and more than three months after I made the other (December 6).

It is possible that this has happened other times and with other providers.

I am concerned about the impact of these type of events on PEPB members, and particularly on those who might be unable to access services for which they have insurance because they are unable to pay excess fees in advance of insurance review.

Sincerely,

Laura McBride
Professor, College of Southern Nevada

TO: Jack Robb, Chair, and Public Employee Benefits Program Board

FROM: Douglas Unger, President, UNLV Chapter, and Chair, Government Affairs Committee, Nevada Faculty Alliance; & Member, UNLV Employee Benefits Advisory Committee
E-mail: [redacted] Ph: [redacted]

PEBP BOARD MEETING – 3-28-2024 -- PUBLIC COMMENT

Doug Unger, President, UNLV Chapter, Nevada Faculty Alliance, and Chair, Government Affairs Committee. Thank you to Director Robb and the PEBP Board for your service and consideration.

Regarding Agenda Item #7, we wish to express most strongly that we would be disappointed if rates for 2025 would increase 35% or more for premiums across the PEBP plans, which would hurt most state workers with dependents and families. Please note that PEBP maintains something in the neighborhood of $120 Million or more in other reserves, including Catastrophic Reserves, in the past considered "Rate Stabilization Reserves." State employees believe that we were assured by executive leaders that there would be a rate stabilization action next fiscal year should a shortfall materialize. After all, it's the Governor, and his staff, who underestimated medical and prescription drug inflation by amounts which look to us a lot like the Medicare inflation underestimates in the three-card monte game of the federal budgeting process. We strongly recommend action that draws from the Catastrophic or "Rate Stabilization" reserves to mitigate premiums by 50% in accordance with the graphic presented in the Comparison Tables in section 7, page 53 of the Board packet. We recommend PEBP do this with the understanding that it will request of the next biennium budget the restoration of the approximately $7.4 Million dollars to those same reserves. Another approach would be to address state contributions for PEBP, which dropped from approximately 93% to 91% of the cost per employee. This budget cut percentage is a causal reason why state workers will pay more in premiums next fiscal year. In a job market in which it's still difficult to hire and retain quality employees across all state agencies, including at our Colleges and Universities, for the PEBP Board not to approve drawing from reserves to mitigate rate increases would contribute to extending the understaffing crisis and worker shortages that still plague our state agencies. We ask the PEBP Board to look to approve the 50% mitigation option that we understand will be one of the possible actions presented by the Executive Officer. Thank you.

To the PEBP Board:

The contract with Express Scripts is exasperating once again. I am not sure why the board made the decision to go with them instead of the consortium out of Oregon / Washington, but the decision needs to be reconsidered. It is very frustrating living in an area where a Kroger-owned pharmacy is the only option, yet it is not available since they and ESI did not renew their contract. I find myself driving 25 plus miles to the closest network pharmacy, only to find that they do not have my medications in stock and must refer me to another pharmacy. In addition, Sam's Club remains out of network for long-term prescriptions, despite being approved for acute fills and vaccinations. Sam's Club is no different than Walmart and reduces choice if they are not available. The Smart90 program needs revision, since more and more pharmacies are closing, leaving very few options, especially in places like Carson City.

Also, PEBP needs to figure out what they are going to do with Carson-Tahoe stating they will no longer be in network with UMR / UnitedHealthcare. While I know that emergency visits would have some coverage, there is no reason that the local hospital should not be covered. We did not have these disputes with Aetna, perhaps it is time to switch back.

Public Comment for PEBP Board – UMR Complaint February 2024

My name is Jessica Ponte, and I am the spouse and health insurance recipient of the state health insurance, UMR. In the many years that I have been on the state health insurance, I have never had so many issues than when the state switched over to UMR.

In my household, I am the person responsible for paying the medical bills, and there are many incidents where I am on the phone with UMR at least once a week "discussing" an EOB or medical bill that is incorrect in the coding or services provided, or the EOB and medical bill do not match, or UMR is refusing to pay more on the medical bill than allotted in the guidelines, etc. – you get the idea. I am estimating that the countless hours that I spend on the phone with UMR adds up to at least 20 hours per month which may not seem like much; however, I work two jobs while my husband works full-time with the state, and finding time to "spend and waste" time like this is ridiculous! On top of having to contact UMR frequently, I have recently found that they no longer will contact the medical entity that is sending them the bill if the insurance recipient has a complaint about the medical bill, so even though we are paying a third-party entity to handle our medical bills, I am now having to spend more of my time contacting the medical entities that are billing the insurance to make a change. So, add on an additional 10-15 hours per month, and at this rate, I should be getting paid just to handle medical paperwork and communications.

Why am I paying for health insurance when I am doing more work than the company I am paying? I thought health insurance was supposed to significantly reduce my medical bill pay-out and be the in-between for providers and patients (i.e. the insurance company deals with incorrect coding and such from the provider)?

On the next topic, let us discuss costs that are coming out of my household's pockets when it comes to medical bills for each year. The current High Deductible Health Insurance plan is astronomical in the lack of coverage provided before meeting the household deductible of $4000 which is ridiculously HIGH! Do you know that one ER visit often meets the deductible, but leaves the recipient in a debt of $4000 before the insurance even covers anything? And, the state does not put in the same amount on funds in the HSA accounts like it used to, so where is this deductible pay-back supposed to come from? On a similar note, even once the deductible is met, the health insurance is still only paying a percentage of costs – again leaving the recipient to cover the rest. As someone who HAD to have surgery in the year 2023, I am still paying on the deductible from last year because a payment plan had to be created to pay the deductible as we did not have enough funds in our HSA to cover (even though we pay into this monthly). Add a new ER visit for this 2024 year, and now I have another $4000 to pay out-of-pocket, and at this rate my household is going in debt from just medical bills. Last year, our household paid/is paying $4,323 in just medical bills (not including minor items such as prescriptions, chiropractor visits, etc), and our household paid $3012 towards UMR health insurance. In 2023, our household spent $7,335 on just medical expenses, approximately. The state only

contributed $1044, approximately, for our HSA account – this is not even 20% of the out-of-pocket costs for my household. And, my household only has 2 people in it with limited health concerns.

It is very frustrating for my household to struggle so significantly from just medical bills especially since costs of all other living expenses have increased and yet income for both my husband and myself have NOT increased proportionately. Our household's current debt IS medical bills with this household having a total of 3 current jobs (I personally worked 3 jobs in 2023 just to try and pay some of our medical debt)! Medical bill payments take away from putting funds towards other ESSENTIAL living items!

In conclusion: since the state switched to UMR health insurance, I have seen higher deductibles and out-of-pocket costs that are unattainable for the general populace of your employees, less coverage and payout from the health insurance company, more communication headaches and nightmares for the recipients, and less contribution money from the state for HSA accounts. Stop this insanity of nickel-and-diming your employees (and associated families) for expensive and poor quality health insurance!

February 28, 2024

Erin Lynch
[redacted]

Nevada Public Employees' Benefits Program
3427 Goni Road, Suite 109
Carson City, NV 89706

Dear PEBP Board:

This letter serves as my public comment regarding EPO Plan coverage for ground ambulance transportation.

On July 15, 2023, I called 911 for an emergency situation [redacted] and was taken by ground ambulance via REMSA to a local hospital. I received a bill from REMSA in which they balance billed me for over [redacted]. This was the remaining balance of the billed charges minus the UMR reimbursement amount.

I called UMR to find out why I was being balance billed for a covered service. I was told that REMSA is out-of-network. I filed an appeal with UMR and then PEPB and was denied by both stating that REMSA is out-of-network and I am responsible for the balance bill.

I disagree with this determination. Both the EPO Master Plan Document and the EPO Summary of Benefits and Coverage both list in the coverage tables that there is in-network and out-of-network coverage for ground ambulance transportation. See attached documents. Both documents state for in-network that members are responsible for 20%, out-of-network they are responsible for the balance of the bill. If there is no in-network coverage, then why does it have information in the tables that there is coverage? The tables clearly state that there is in-network coverage. If there is no in-network coverage, then there should clearly be a description to explain this.

When using the "Find a Provider" search function for an emergency ground ambulance, there are none that are in-network. The only ambulance services that are in-network are a few air ambulance providers, which is a separate row in the plan document tables. Again, the EOP plan documents state that there is in-network coverage.

I know as a health care consumer that it is my responsibility to utilize in-network providers, whether it be for preventative health care, sick visit, outpatient surgery, etc., but during an emergency situation, you don't have a choice on the ground ambulance provider that is sent to your home.

The EPO plan documents are false and misleading. State employees on the EPO Plan think they have in-network coverage when they do not. If there are no in-network ground ambulance providers, then there is no coverage for in-network and the plan documents need to state this. I was hit with a [redacted] bill.

Many state employees would never be able to afford this amount. They may have to choose between food, rent, mortgage, childcare, etc., or go on a lengthy payment plan. State employees that know about this lack of in-network coverage may choose not to call 911 in an emergency situation because they know they'll be responsible for a significant bill. This could cost lives.

Plan documents must be corrected so that there is clear transparency on the lack of in-network coverage for state employees. Every state employee deserves to know if they do or do not have coverage for emergency ground transportation.

Please reach out to me with any questions.

Sincerely,

Erin Lynch

Enclosures

PEBP
NEVADA PUBLIC EMPLOYEES' BENEFITS PROGRAM

Access.
Quality.
Affordability.

EXCLUSIVE PROVIDER ORGANIZATION MASTER PLAN DOCUMENT

Plan Year 2024

(Effective July 1, 2023 – June 30, 2024)

Public Employees' Benefits Program
3427 Goni Road, Suite 109
Carson City, NV 89706

Benefit Description	In-Network	Out-of-Network
Urgent and Emergency Services		
Urgent Care Services*	$50 Copay	**$50 Copay, subject to the Plan's Maximum Allowable Charge and applicable law***
Emergency Room Services*	$600 Copay	**$600 Copay, subject to the Plan's Maximum Allowable Charge and applicable law***
Ambulance (ground/water)	Plan pays 80% after Deductible	**Plan Pays 80% after Deductible, subject to the Plan's Maximum Allowable Charge and applicable law**
Ambulance (air)	Plan pays 80% after Deductible	**Plan Pays 80% after Deductible, subject to the Plan's Maximum Allowable Charge and applicable law**

When using Out-of-Network ambulance providers you are responsible for paying your Copayment amount, Deductible, and Coinsurance, in addition to amounts exceeding the Plan's applicable Maximum Allowable Charge for air ambulances, including ground and water ambulance services. See the Utilization Management and Schedule of Medical Benefits for precertification requirements (inter-facility patient air transfer/transport), including the Maximum Allowable Charge for air ambulance. See Key Terms and Definitions for more information. Emergency Room services: If admitted to the hospital, the ER Copay is waived and theInpatient Hospital Copay applies.

***see also NRS 695G.170 for medically necessary emergency services at any hospital in Nevada.**

The astrisks in the table above are in the incorrect rows. It should be with Ambulance (ground/water) and not Urgent Care Services and Emergency Room Services. The astrisks describes ambulance services.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network provider (You will pay the least)	Out-of-Network provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	$600 copay/visit	$600 copay/visit	Emergency room care, emergency medical transportation, paid as in-network; Balance billing applies to out-of-network emergency medical transportation, subject to the Plan's Maximum Allowable Charge, except as provided by federal or state law. See the EPO MPD.
	Emergency medical transportation	20% coinsurance	20% coinsurance	
	Urgent care	$50 copay/visit	$50 copay/visit	Balance billing applies to out-of-network urgent care, except as provided by federal or state law.
If you have a hospital stay	Facility fee (e.g., hospital room)/physician/surgeon fees	$600 copay/admit	Not Covered	Preauthorization is required. If you do not get preauthorization, benefits could be reduced by 50% of the total cost of the service.
If you need mental health, behavioral health, or substance abuse services	Outpatient Visit	$20 copay/visit	Not Covered	None.
	Inpatient services	$600 copay/admit	Not Covered	Preauthorization is required. If you do not get preauthorization, benefits could be reduced by 50% of the total cost of the service.
If you are pregnant	Office visits	$0 copay/visit	Not Covered	Routine prenatal care obtained from Plan Provider is covered at no charge. Maternity care, including non-routine maternity care, may include tests and services subject to cost sharing as described elsewhere in this SBC. (i.e., Ultrasound, Lab). Cost sharing does not apply for preventive services." Depending on the type of services, a [copayment, coinsurance, or deductible] may apply.
	Childbirth/delivery professional services	Surgical: No charge Anesthesia: No charge	Not Covered	
	Childbirth/delivery facility services	$600 copay/admit	Not Covered	
If you need help recovering or have other special health needs	Home health care	20% coinsurance	Not Covered	Preauthorization required. 60 visits/plan year.
	Rehabilitation service	$40 copay/visit $600 copay/admit	Not Covered	Preauthorization required for visits exceeding 90 combined (OT, PT, ST) per year.
	Habilitation services	$40 copay/visit $600 copay/admit	Not Covered	Preauthorization required.
	Skilled nursing care	$600 copay/admit	Not Covered	Preauthorization required. 100 visits/plan year.

March 4, 2024

Dear PEBP Board

I am reaching out to you as a state employy and a policy holder of United Healthcare. I was notified March 1, 2024, that Carson Tahoe Health in Carson City was planning to terminate the contract with United Healthcare for failure to pay.

As a 30-year resident of Carson City, I am disheartened to say the least that I will soon be placed in a position to seek healthcare outside of my community. As a current Nevada State employee, I am one of hundreds of employees who will be dramatically affected by this change. As a nurse, and current Executive Director of the Nevada State Board of Nursing, I pride myself on being one of the fortunate people who can easily access healthcare in my community. Now, I will need to seek healthcare no less than 30 miles away. Carson Tahoe Health is the only acute care facility for Carson City and makes access to healthcare relatively easy.

I realize your jobs are difficult and I am certainly not privy to the rationale for lack of payment to Carson Tahoe, but I am hoping that bringing this to your attention may garner positive changes with our state insurance coverage.

Thank you for your consideration.

Cathy Dinauer, MSN RN

Carson City resident

I've worked for the State of Nevada for over 20 years. When I first started back in 1993, the benefits were amazing and since have steadily gone downhill. I'm grateful for any insurance/benefits at all but I'm not understanding how we are getting into these contracts with providers that are bare bones. Companies such as Tesla, who have over 100,000 employees have excellent health packages. How are we not negotiating better terms and benefits for Nevada's employees?

As I mentioned, I'm so grateful for any insurance at all but we can do better.

Thank you~

Good Morning,

I received a message in the MyChart Account I have with Carson Tahoe Health as I know many State employees also received it. This message has created great concern among State employees, especially in the Carson Valley area, including Dayton, etc.

I have been a State employee for 31 years and always very appreciative of the benefits we have been provided. When I first started with the State, they used to call them the 'Golden Handcuffs' because the benefits were so good.

Things have changed over the years however I am still grateful for the benefits we are receiving.

However, the message that we received from Carson Tahoe Health said that depending on what happens with United Health we may not be able to use our insurance at the Carson Tahoe Hospital, Emergency Hospital, or doctors associated with Carson Tahoe Health. This is very concerning as there are many State workers in the Carson City Valley and surrounding areas that depend on the Carson Tahoe Health and associated facilities. It would be very difficult and stressful for people to have to drive all the way to Reno all the time in order to get proper hospital or emergency care. Especially, when we have bad weather and road conditions like we did recently. Plus, the fact that many people are well established with doctors that they may not be able to see any more.

Also, we are hearing that certain things that have always been covered as part of the annual 'wellness' checks are no longer being covered. However, we are not getting notified that those things have changed.

Any help the you can provide in making sure this doesn't happen would be greatly appreciated by all State employees that could or would be affected by this change.

Thank you for your consideration.

I am sure you have heard about the communication sent to members that receive services at Carson Tahoe Health and their plan to cease accepting UnitedHealthCare insurance. This is a critical issue for residents of Carson City and surrounding area. What is being done by PEBP to help resolve the issue?

Kenneth N Zutter, Member [redacted]

Communication from CTH:

Dear Valued Patient,

For nearly seventy-five years, Carson Tahoe Regional Healthcare ("CTH") has stood as a cornerstone of our community, providing essential healthcare services. We are deeply committed to maintaining the highest standards of care, which requires access to well-trained staff, the latest equipment and technology, which in turn requires reimbursement for the services we provide to our patients.

For many years, CTH has been contracted with United Healthcare Insurance Company, and its affiliates, Northern Nevada Health Network, Inc. and Optum (together, "United") for reimbursement for services CTH has provided to Members and Customers of United. Unfortunately, CTH has experienced ongoing payment issues with United such that CTH has given notice of its intent to terminate its contracts with United. Although CTH has continued to deliver services to United Members and Customers, a significant number of claims for services already provided remain unpaid or underpaid, therefore, CTH will be forced to end its relationship as an in-network provider of United.

While we are doing everything in our power to avoid any potential disruptions, if a resolution is not soon reached with United, you may no longer be covered by United for healthcare services at CTH.

As a Nevada non-profit organization dedicated to enhancing the health and well-being of our community, we will not turn anyone away who needs our service. However, as an independent, community-based hospital, we depend on payment from those able to pay, and we rely on our contracted payors to honor their obligations.

In the event CTH is unable to reach an agreement with United and our contracts with United are terminated, it will be necessary for you to find a healthcare provider within the United network to maintain your coverage. In such an event, you or your new provider should submit a request for your medical records to be sent to your new provider, allowing at least 30 days for processing time.
With so many changes taking place within the healthcare industry, making the best choice for you or your family can be difficult. If you have any questions or concerns about your health insurance options, please talk to your health insurance agent or representative for guidance.

We are grateful for your support throughout the years and we sincerely hope to continue serving you and our community.

Sincerely,

Michelle Joy
President and CEO
Carson Tahoe Health

Administrative Assistant IV
State of Nevada Public Employees' Benefits Program

From: Joel Scheingross [redacted]
Sent: Sunday, March 10, 2024 5:42 PM
To: PEBP Member Services <memberservices@peb.nv.gov>
Subject: letter for the PEBP Board

Hi,

I am a PEBP member and would like the letter below to be forwarded to the PEBP Board, can you help with that? Because I list my personal e-mail address and cell phone number in the letter, I would not like this to be public comment (or, if it is to be made public comment, I would like to remove my personal contact information from the public portion of the comment, but still provide my contact information to the Board in case they want to reach out to me).

Thank you for your help.
Joel

March 10, 2024

Dear PEBP Board Members:

I am a University of Nevada Reno employee enrolled in [redacted] offered. I am writing, based on my own personal experience, to make sure you are aware of inadequate coverage for ground ambulance services in the [redacted] plan and to ask you to improve the plan in future years.

In November 2023, I went to Urgent Care to receive treatment [redacted] While being checked into Urgent Care, [redacted] the medical professionals present called an ambulance and insisted that I immediately take that ambulance to the nearest hospital. Under the impression that I had good insurance, concerned about my health and wanting to follow the advice of medical professionals, I agreed to the ambulance ride and was transported [redacted] where I was eventually admitted for an overnight stay. While I am now (thankfully) fully recovered, I was surprised when I received an initial Explanation of Benefits statement from UMR (the third party company that manages claims for the CDHP plan) saying that my insurance (including my 20% co-payment) would only cover $442.07 of the $1955.00 bill, and that the additional $1512.93 would need to be covered by me, and would not be applied to my out-of-pocket maximum for the year. When I called UMR to get more information, I was told the ambulance was not fully covered because the

ambulance charge exceeded the health insurance plan's "Maximum Allowable Charge," which in this case was set to 140% of the Medicare rate. Since my original call to UMR, I have learned that the ambulance company, REMSA, is a non-profit and the exclusive ground ambulance provider in Washoe County. Furthermore, REMSA rates are set by Washoe County through the Northern Nevada Public Health. Thus, the fees charged by REMSA are fair (or at least approved by our local government) and I am preparing to file an appeal with UMR in hopes that my plan will cover a larger portion of the expense.

Given the large number of PEBP members who reside in, work in and/or travel within Washoe County, I am sure that I am not the only individual who has experienced a very large bill as a result of an ambulance ride in Washoe County. And I worry that I and others may also be subject to a large bill for ambulance services in other counties. I urge you to negotiate with UMR and United Health Care to improve the [redacted] plan to better cover our members. If the plan cannot be improved, I request that you do a better job of informing PEBP members of the limitations of the plan. The plan is advertised as having ground ambulance coverage, and, without doing an unreasonable amount of research in advance, a reasonable person would have no way knowing just how limited ambulance coverage is in Washoe County, and potentially beyond.

If you would like to discuss this more, please feel free to write back to me at [redacted] Thank you for your attention to this matter.

Sincerely,
Joel Scheingross

Public Comment Re: Conflict between United Health Insurance and Carson-Tahoe Health

Dear PEBP board,

I recently received a letter from my Health Care Provider (See accompanying document) describing a conflict between Carson-Tahoe Health (CTH) and our insurance provider United Health. I am quite disturbed and worried as I greatly value by CTH primary care physician and the services CTH has been providing me. Please exert whatever power/leverage you may have over United Health to ensure claims are honored, bills paid on time and CTH remains "within network" within our benefits coverage. Thank You!

Gideon Caplovitz
UNR Professor

Name: Gideon Caplovitz | [redacted] | [redacted] | Legal Name: Gideon Caplovitz

United Healthcare

Participants: Carson Tahoe Health

All messages have been loaded.

1 New message

Carson Tahoe Health 10:24 AM

March 1, 2024

Dear Valued Patient,

For nearly seventy-five years, Carson Tahoe Regional Healthcare (“CTH”) has stood as a cornerstone of our community, providing essential healthcare services. We are deeply committed to maintaining the highest standards of care, which requires access to well-trained staff, the latest equipment and technology, which in turn requires reimbursement for the services we provide to our patients.

For many years, CTH has been contracted with United Healthcare Insurance Company, and its
affiliates, Northern Nevada Health Network, Inc. and Optum (together, “United”) for reimbursement for services CTH has provided to Members and Customers of United. Unfortunately, CTH has
experienced ongoing payment issues with United such that CTH has given notice of its intent to
terminate its contracts with United. Although CTH has continued to deliver services to United
Members and Customers, a significant number of claims for services already provided remain unpaid or underpaid, therefore, CTH will be forced to end its relationship as an in-network provider of United.

While we are doing everything in our power to avoid any potential disruptions, if a resolution is not
soon reached with United, you may no longer be covered by United for healthcare services at CTH.

As a Nevada non-profit organization dedicated to enhancing the health and well-

being of our
community, we will not turn anyone away who needs our service. However, as an independent,
community-based hospital, we depend on payment from those able to pay, and we rely on our
contracted payors to honor their obligations.

In the event CTH is unable to reach an agreement with United and our contracts with United are
terminated, it will be necessary for you to find a healthcare provider within the United network to
maintain your coverage. In such an event, you or your new provider should submit a request for your medical records to be sent to your new provider, allowing at least 30 days for processing time.
With so many changes taking place within the healthcare industry, making the best choice for you or your family can be difficult. If you have any questions or concerns about your health insurance options, please talk to your health insurance agent or representative for guidance.

We are grateful for your support throughout the years and we sincerely hope to continue serving you and our community.

Sincerely,

Michelle Joy
President and CEO
Carson Tahoe Health

Showing 1 of 1

You cannot reply to this conversation. The sender indicated replies are not allowed.

March 27, 2024

Public Employees' Benefit Program

Public Comment for March 28th meeting

To whom it may concern:

I would like to speak to agenda item 6 – Executive Officer Report, specifically pertaining to the Carson Tahoe Hospital section of the report. I have lived in Carson City for most of my adult life, Carson Tahoe Hospital (CTH) has always been the main hospital I go to for any procedures or emergencies that I may have. It is unfortunate that residents or employees that work in or near Carson City will have to hope that the PEBP and CTH can come to an agreement so we can continue to utilize this facility in town as opposed to driving to another city in case of emergency or for a doctor's appointment using more time and leave. I am hopeful that the committee understands the need to keep options open for employees in and around the Carson City area to be able to utilize CTH and all of its facilities to keep from employees having to take additional leave to see a doctor at a further location.

Thank you for your time.

Nicole Stephens

United Healthcare

Participants: Carson Tahoe Health

All messages have been loaded.

Carson Tahoe Health Mar 1, 10:27 AM

March 1, 2024

Dear Valued Patient,

For nearly seventy-five years, Carson Tahoe Regional Healthcare ("CTH") has stood as a cornerstone of our community, providing essential healthcare services. We are deeply committed to maintaining the highest standards of care, which requires access to well-trained staff, the latest equipment and technology, which in turn requires reimbursement for the services we provide to our patients.

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In the event CTH is unable to reach an agreement with United and our contracts with United are terminated, it will be necessary for you to find a healthcare provider within the United network to maintain your coverage. In such an event, you or your new provider should submit a request for your medical records to be sent to your new provider, allowing at least 30 days for processing time.
With so many changes taking place within the healthcare industry, making the best choice for you or your family can be difficult. If you have any questions or concerns about your health insurance options, please talk to your health insurance agent or representative for guidance.

We are grateful for your support throughout the years and we sincerely hope to continue serving you and our community.

Sincerely,

Michelle Joy

Michelle Joy
President and CEO
Carson Tahoe Health

Showing 1 of 1

You cannot reply to this conversation. The sender indicated replies are not allowed.

Sherrean Whipple

Public Comment

RE: United Healthcare not paying claims

Hello,

I was sent an email from Carson Tahoe Health regarding United Healthcare not paying their claims in a timely manner to Carson Tahoe Health.

THIS is not acceptable! I pay my premiums on time; therefore, I should have confidence that the insurance company that the State of Nevada has a contract with, pays providers for their services. This unacceptable behavior from United Healthcare, poses a health risks to all State of Nevada Employees who depend on Carson Tahoe Health to provide medical care.

The State of Nevada needs to address this issue as soon as possible, or there could be hundreds of State Employees, with their health care needs in jeopardy, and could end up being costly to the State of Nevada.

Thank you for your time.

Sherrean Whipple

[redacted]

United Healthcare Carson Tahoe Health

All messages have been loaded.

Carson Tahoe Health Mar 1, 10:27 AM

March 1, 2024

Dear Valued Patient,

For nearly seventy-five years, Carson Tahoe Regional Healthcare ("CTH") has stood as a cornerstone of our community, providing essential healthcare services. We are deeply committed to maintaining the highest standards of care, which requires access to well-trained staff, the latest equipment and technology, which in turn requires reimbursement for the services we provide to our patients.

For many years, CTH has been contracted with United Healthcare Insurance Company, and its affiliates, Northern Nevada Health Network, Inc. and Optum (together, "United") for reimbursement for services CTH has provided to Members and Customers of United. Unfortunately, CTH has experienced ongoing payment issues with United such that CTH has given notice of its intent to terminate its contracts with United. Although CTH has continued to deliver services to United Members and Customers, a significant number of claims for services already provided remain unpaid or underpaid, therefore, CTH will be forced to end its relationship as an in-network provider of United.

While we are doing everything in our power to avoid any potential disruptions, if a resolution is not soon reached with United, you may no longer be covered by United for healthcare services at CTH.

As a Nevada non-profit organization dedicated to enhancing the health and well-being of our community, we will not turn anyone away who needs our service. However, as an independent, community-based hospital, we depend on payment from those able to pay, and we rely on our contracted payors to honor their obligations.

In the event CTH is unable to reach an agreement with United and our contracts with United are terminated, it will be necessary for you to find a healthcare provider within the United network to maintain your coverage. In such an event, you or your new provider should submit a request for your medical records to be sent to your new provider, allowing at least 30 days for processing time.
With so many changes taking place within the healthcare industry, making the best

choice for you or your family can be difficult. If you have any questions or concerns about your health insurance options, please talk to your health insurance agent or representative for guidance.

We are grateful for your support throughout the years and we sincerely hope to continue serving you and our community.

Sincerely,

Michelle Joy

Michelle Joy
President and CEO
Carson Tahoe Health

Name: Judith Ann Lyman [redacted] Legal Name: Judith Ann Lyman

United Healthcare [redacted]th

Carson Tahoe Health Mar 1, 10:27

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Sincerely,

Michelle Joy

Michelle Joy
President and CEO
Carson Tahoe Health

To whom is this comment is attributable…

I have great concerns and anxiety regarding the apparent dispute between Carson\Tahoe and our State insurance (UMR).

All of my current doctors are under the Carson\Tahoe umbrella, which means I would lose all my trusted physicians in one fell swoop.

Chief among these is my [redacted], who is currently trying to diagnose [redacted] and is wanting to perform a procedure, to assist him with his diagnosis, in the next month. Clearly, this is no time for me to be forced to start fresh with an untried and untested [redacted] I have every confidence with my current physician as he has proven to me, over the years, that he has my best interest in mind, which alleviates my stress level greatly.

My personal anxiety is further impacted because the procedure was supposed to have occurred earlier this year, but was postponed because of a family emergency and now I'm forced to reexamine my choice and what might be the eventual outcome of it, but how could I have ever seen this coming?

I sincerely hope that you are looking to use every means to rectify this matter, so that the people who have trusted the state entities to have their backs aren't greatly disillusioned by the outcome of this occurrence!

I'll put it to you this way, if this was you, or a loved one, would you want to make these changes in the middle of a complex diagnosis?

Dale Harrington

Public Comment Re: Conflict between United Health Insurance and Carson-Tahoe Health

Dear PEBP board,

I have been alerted to a conflict between Carson-Tahoe Health (CTH) and United Health, which will potentially have a negative impact on my healthcare (i.e. I might have to change primary care provider, CTH, and this is extremely undesirable). I am hopeful that others are also submitting public comments to avoid this.

Lars Strother (Professor at UNR)

March 11, 2024

Good afternoon,

I have lived and worked in Carson City, Nevada since moving here in1994 from Pasadena, Ca. I love the feel of a small town, however fast it may be growing. We are limited in the amount of healthcare and hospital, that is available to us in the event of a medical emergency. I have heard rumors over the past couple of years of state employees having payment issues with United Healthcare and how it may affect our coverage. This is not acceptable.

What will happen if they cancel services? Will I be provided with a choice of different coverage? The thought of driving 30 miles to Reno, Nv if I have a medical emergency or be penalized for going to a medical facility that is right in town, gets my temper rising. This is 2024. We should have better options available to choose from.

Thank you for listening to my rant.

Sincerely,

Paul St. Amant

[redacted]

Contributions Examiner III

EASU Supervisor

Contributions, ESD

03/18/2024

To whom it may concern,

I am a State of Nevada employee with the Department of Employment, Training and Rehabilitation. I am writing to you to express my deep concern with our medical insurance not appropriately paying claims to Carson Tahoe Regional Healthcare (CTH), and might potentially be dropped as a provider.

CTH encompasses a wide range of medical services, including primary care, specialty care, urgent care, surgery, imaging, and more. CTH is one of the most utilized and trusted medical providers in the Northern Nevada area and losing them would have a severe and serious impact on myself and my peers.

All my medical treatment is through CTH. [redacted] I have been with my primary doctor for over 15 years now and cannot imagine having to locate and re-establish with new providers through no fault of my own. Over the years I have built a relationship and trust with my providers, and it is highly alarming that I may have to start over, and possibly commute to a different city, just to seek medical attention.

State employees and their families should not have to worry about their medical coverage due to poor choices made by the insurance company. PEBP must also take responsibility to ensure the insurance coverage selected will meet the needs of the people it represents.

Receiving notice from a healthcare provider stating that our insurance coverage has the potential to be dropped is a terrifying experience. In the event of an emergency, there are many potentially catastrophic outcomes for employees should coverage be dropped. The health and well-being of state employees would fall on the shoulders of an uncooperative insurance agency and PEBP.

I must demand that PEBP does everything in its power to ensure coverage is kept with CTH or is replaced with a high-quality insurance replacement.

Please contact me with any questions.

Respectfully submitted,

Ciless Neihart

To whom it may concern,

I am a State of Nevada employee with the Department of Employment, Training and Rehabilitation. I must express my deep concern with our medical insurance not appropriately paying claims to Carson Tahoe Regional Healthcare (CTH).

CTH encompasses a wide range of medical services, including primary care, specialty care, urgent care, surgery, imaging, and more. CTH is one of the most utilized and trusted medical providers in the Northern Nevada area and losing them would have a severe and serious impact on myself and my peers.

All my medical treatment is used through CTH. [redacted] and have built a trusted history with my providers to monitor and mitigate any issues that might arise. I cannot imagine having to locate and re-establish with new providers due to no fault of my own when I have spent the past eight years with the same provider. Many others and I rely on the services from CTH, ranging from basic care, prescriptions, and lab work, to procedures, imaging, and so much more.

State employees and their families should not have to worry about their medical coverage due to poor choices made by the insurance company. PEBP must also take responsibility to ensure the insurance coverage selected will meet the needs of the people it represents.

Receiving notice from a healthcare provider stating that our insurance coverage has the potential to be dropped is a terrifying experience. In the event of an emergency, there are many potentially catastrophic outcomes for employees should coverage be dropped. The health and well-being of state employees would fall on the shoulders of an uncooperative insurance agency and PEBP.

I must demand that PEBP does everything in its power to ensure coverage is kept with CTH or is replaced with a high-quality replacement.

Please contact me with any questions.

Respectfully submitted,

Andrea Fierle

To Whom it May Concern,

Hello, my name is Darlene Wolff and I work for the Employer Security Division. I want to express my concern about our insurance UMR not paying claims out to Carson Tahoe. I have an [redacted] Daughter whose Primary Doctor is through Carson Medical Group and is the only source of primary doctors out here in Carson City. Carson Tahoe is our main provider out her in Carson City that we can find any good Doctors. My OBGYN is through Carson Medical Group and is the only person I trust as well. It is very hard to find a Doctor out here that is trusting and understanding of our needs and concerns. Not having our claims being paid out to the providers we use can cost us our Doctors and I do not have the resources to find another doctor and do not have the time to drive out to Reno for appointments. I am a single mother and have no help from anyone and I am the only one who provides insurance for my daughter. We cannot lose the providers we have due to UMR not wanting to pay out our claims. We either need UMR to pay out so we can keep our Doctors and or Providers, or we need to find another insurance company that will pay our claims. We need to have good insurance for not only ourselves but also for the children who are insured through UMR and the State of Nevada.

Thank You,

Darlene Wolff