1. **Review of March 21, 2013 PEBP Board Meeting Agenda** and Discussion of any Issues for Public Comment. Potential items of interest include the following:

   * Approve PY2014 rates. We have not seen these rates yet but hope they will be out prior to the PEBP Board meeting, in which case we will make sure this gets distributed to NSHE employees through the HR contacts. We noted that the Governor’s Budget Director indicated at a legislative meeting that the PEBP rates would not increase for employees in FY14.

   * Discussion of private exchange options for PY2015. G. Bomotti plans to give comments in support of the PEBP Board moving forward to fully evaluate this option, to include going out to bid and evaluating the responses so we can, with certainty, determine what are the best options to provide health care programs to PEBP covered employees. Given the recent history with the exchange that was selected for retirees, it will be important to reinforce the need to have an open and effective process in place that avoids any surprises and gives information to employees and allows them to provide effective input.

2. **PEBP New Health and wellness incentive program (NVision) and changes to zero out previous credits.** Some NSHE individuals have raised concerns about the new Health and Wellness incentive program and how it treats previous credits under the existing program. After some discussion it was agreed that this is an item that should be raised with PEBP staff in the next quarterly meeting. This would include some comments about the tutorial information that comes with this program, as well as how this program was communicated to employees in advance of the January 2013 notice that previous points would not carry over.

3. **Update on Legislative Actions Impacting PEBP.** Jim Richardson and Renee Yackira updated the Task Force on some activities so far in the legislative session that may impact PEBP.

4. **Status of follow-up items from last quarterly meeting with PEBP staff, and schedule for next quarterly meeting.** The following items remain on our listing for quarterly discussions with PEBP staff. We will work to set up the next quarterly meeting as soon as possible, and highlighted below are current updates discussed at the 3/14/13 Task Force meeting.

   * Provide read access to E-PEBP system for NSHE employees by some key NSHE HR staff. Concern was expressed about how long NSHE would stay with PEBP. Apparently PEBP will prepare a memo outlining the plan and costs for such an approach and send it to us in the near future. Additionally, this was noted at the last PEBP Board meeting and the impression was that PEBP was not pursuing this at all – we need to follow-up to check on status. Previous update: **PEBP is back to asking if there are HIPAA issues that prevent such access. PEBP is also now expressing concerns that all questions should go directly to PEBP vs. being handled by trained NSHE HR individuals. As of early September we did hear from PEBP staff about the specific data elements that we needed access to. We hope this means that this item is back under consideration and that we will have access to the system in the near future. October update: PEBP does not appear inclined to grant any such access. March 2013 update:** We still want to push this issue, but we should also discuss the broader issue of PEBP having an effective communications program with key contacts in each agency they support (for NSHE this would be the HR contacts at the institutions). By using the HR offices at each institution these individuals
can have a better sense of what is happening with PEBP and they can better support (and communicate) that information to their employees.

*Provide current contracted prices for health services to PEBP employees, in a similar approach to the prescription drug information currently available. PEBP indicated they are working with network providers to make this available, perhaps through a HealthScope secure website. However, no specific schedule was indicated. No recent update.

*Address the current delays in new NSHE hires receiving their information from PEBP. A new form was created that we think will be helpful, in addition to the plans for NSHE to add some language/information to the standard offer letters. October update: PEBP is testing a new FAX process. **March 2013 update:** For the facing of forms for new hires – PEBP was going to get in touch with NSHE benefits staff once they have their end set up to test our fax system for quality of the transmission. To date we have not been contacted by anyone from PEBP.

*Status of HSA/HRA changes that impacted NSHE distribution of W-2’s. PEBP is going to make some schedule changes to help with this issue in future years, but noted they expect additional tax year 2011 adjustments to come forward in the near future – this will cause a problem for NSHE relative to manually issuing revised W-2’s (and the fact some employees likely already completed their tax filing) and the potential for additional fines. In fact, NSHE received another round of corrections impacting the W-2’s in April. We would like to recommend to PEBP that NSHE handle employee contributions to these accounts like all others we already handle, and then feed these deductions to HealthScope. This would eliminate this as a problem for the future. Update: PEBP staff is now indicating that they are considering allowing NSHE to push the data to HealthScope for the HSA voluntary deductions. The recent issues with HealthScope and the June (now paid in July) payroll and failure to capture voluntary HSA contributions also were a problem for many NSHE employees. There were also comments on problems accessing the full funding in the HSA accounts early in the calendar year. October update: PEBP indicates that the NSHE process for working with HealthScope is different/unique from other state entities and they will help us push our data directly to HealthScope; otherwise they are opposed to this option. PEBP staff indicated they were not aware of these more recent issues with HealthScope files with errors in it to NSHE but will address them with HealthScope. It was also noted that NSHE could create HSA accounts for its employees as a substitute for, or in addition to, what PEBP has – we will review this to see if there are any viable options for us to consider. **March 2013 update:** Relative to direct access to HealthScope, at the last quarterly meeting Jim Wells indicated that he needed additional information from HealthScope before making a decision. We have not received any updates since. However, we also noted that tax year 2012 has seen additional problems with issuing corrections to W-2’s and we still have not fixed all the problems, or perhaps even identified all of them. To date PEBP has their IT staff focused on this issue, when in fact we believe this is not just an IT issue but an issue of proper accounting for the benefits so the W-2 can be issued by NSHE and NSHE can communicate to its employees with confidence that the information is complete and accurate.

*Health Care Concierge program. We would like to see PEBP move forward to issue an RFP to bring on such a vendor, or allow NSHE to pilot this program for PEBP. PEBP was indicating that there are legal reasons why they cannot enter into such a program and the same reasons prevent us from running a pilot. We are trying to get more specific information from PEBP on
the legal interpretation. October update: PEBP in the midst of negotiations with Jack London group for a 6-month pilot program (July 2013 – Dec 2013); if the pilot can be worked out and shows benefit compared to their current vendor programs they will consider extending it, or decide if this is a unique service or not and whether they go out to bid. January 2013 update: This item was on the 12/10/12 PEBP Board agenda for discussion and PEBP has since executed a contract with Jack London for a pilot program effective 1/1/13 through 6/30/13. However, it was noted that we had not seen information going out from PEBP to inform participants of this program. Given the short time period of the “pilot” it seems as though an opportunity to communicate this no-cost program to participants was not taken. Michelle Kelley did get an e-mail about this program earlier this month and will share that e-mail with the Task Force and all NSHE campus HR contacts, so we can at least help get appropriate information out about this pilot program. We will also need to follow-up with PEBP in the future about the lack of adequate communications on the roll-out of this pilot program, and perhaps the next to extend the pilot as soon as possible so that they can have valid results. March 2013 update: The Jack London pilot is underway at this time but we have not seen any report on what activity they have had to date. It would be nice to see this information and to be able to work with PEBP to get out better communications about programs like this to our employees. We also will want to discuss with PEBP, after we see some of the initial information, about extending the pilot for all of CY13, as a six month pilot on a program that was not well communicated with employees probably is not a long enough period to evaluate its impact.

*Work with PEBP to cooperate on a follow-up survey of participants next fall, so we can track who made changes and why. We will ask Chris Cochran to prepare a proposal for what type of survey we would have so that we can share this with PEBP staff. December 2012 update: We have asked Chris to give a proposal for what GA support he would need to work on this follow-up next Spring, and to have a written proposal to share with PEBP as to the proposed survey. January 2013 Update: Chris will work with Gerry to get a budget for moving this survey forward. March 2013 update: Chris has been provided funding for a graduate student to support this effort and he is in contact with PEBP to plan and implement the follow-up survey. We expect to get some draft survey information from Chris for review and comment in the very near future.

*New item: PEBP New Health and wellness incentive program (NVision) and changes to zero out previous credits. Some NSHE individuals have raised concerns about the new Health and Wellness incentive program and how it treats previous credits under the existing program. After some discussion it was agreed that this is an item that should be raised with PEBP staff in the quarterly meeting. This would include some comments about the tutorial information that comes with this program, as well as how this program was communicated to employees in advance of the January 2013 notice that previous points would not carry over.

*We would like to talk with PEBP staff about any opportunities in the “medical tourism” area, which they are apparently investigating. We shared this item with Marcia Turner as an FYI.

5. Next Task Force Meeting. We will schedule this prior to the May 16, 2013 PEBP Board meeting.

6. Potential Future Agenda Items:
*Status of follow-up Survey. Chris Cochran.
* Discuss proposal BBI is developing for their engagement with NSHE going forward (given the direction being taken by PEBP based on their work last year).
* Open enrollment final data for NSHE employees: annual comparison to previous year’s enrollment, including those that opt out, vs. the new year, including shifts between the CDHP and the HMO.
* Status of voluntary NSHE supplemental benefit offerings, and specifically the feasibility of vision and long-term care being added.
* Priority items to highlight at future Board of Regents meetings.
* Status of follow-up items from last quarterly meeting with PEBP staff, and schedule for next quarterly meeting.
* Review Next PEBP Board agenda for possible comments during public comment.
* Invite SDM and UNSOM representatives to discuss options for providing services to NSHE Employees.