

## **Public Comment: PEBP Plan to implement a “Cancer Concierge” COE Network**

I am writing today to express my concern on recent PEBP Board decisions, and on the general lack of transparency/concern for the health and welfare of seriously ill State Employees and Retirees. EVERYTHING comes down to HOW CAN PEBP SAVE MONEY? Despite the fact there has been healthcare fund subsidies the last few years requiring PEBP to do more work to determine how to ‘spend them down’. The PEBP Board continues to limit employee choices in health care, all in the name of ‘lowering costs’. By way of background, I am a cancer survivor, and one of the approximately 1,500 PEBP participants reported as having utilized cancer services according to the recent PEBP Board meeting presented earlier this month.

In my experience, once again PEBP has brought to the board and voted on plan changes without truly considering the impact it has on the many participants who are fighting for their life; to catch, treat, contain, and eradicate their serious illness (cancer) diagnosis. Has PEBP thought about surveying the people dealing with this horrendous diagnosis to see what their thoughts are on what is being considered at these PEBP Board meetings, to ‘contain the costs for life saving treatment?’

Specifically, the PEBP Board recently discussed and voted on implementing a “Cancer Concierge COE Network” earlier this month, with a goal of saving \$1-\$2 M Dollars annually. In the PEBP board materials there wasn’t any information provided on how this “Concierge” service will impact participant choices in provider services, or force oncology doctor changes for existing employees/retirees, etc. In fact, PEBP did not even commit to going out to RFP to find the best Center of Excellence provider. So, PEBP is going to limit the choices participants have to exercise their PPO insurance rights to see the providers they feel can best support their serious illness diagnosis, while rushing to implement this high level ‘Cancer Concierge savings program’, as outlined in PEBP board materials. Just for the record, “Concierge” is defined below:

[CONCIERGE | definition in the Cambridge English Dictionary](https://dictionary.cambridge.org/dictionary/concierge)

<https://dictionary.cambridge.org/dictionary/concierge>

7 days ago — *someone who is employed in a hotel, private club, or similar place to help guests with anything they need, such as arranging trips or theater...*

In Merriam- Webster..... it states:

[Concierge Definition & Meaning - Merriam-Webster](https://www.merriam-webster.com/dictionary/concierge)

<https://www.merriam-webster.com/dictionary/concierge>

3 days ago — *The meaning of CONCIERGE is a usually multilingual hotel staff member who handles luggage and mail, makes reservations, and arranges tours ...*

How does the new, unnamed, “Cancer Concierge” program fit into either definition above? It does not! I’m sure ‘the service’ will be focused on forcing members like myself who pay over \$900/month in premiums for PEBP PPO Low Deductible HEALTH INSURANCE to limit the places I can go for on-going monitoring, and future testing/treatment.

How is this really a nationwide PPO when the choices keep getting fewer and fewer? I purposely picked a PPO because I want to research the doctors that are best at what they do, and if they are in network, go to them for treatment. Instead, I am once again going to be left waiting to see how this massive change will impact me.

BTW, both of my parents died of cancer, and my Mom's diagnosis was missed, causing a premature death years ago when she had an HMO. Thus, I DON'T WANT TO BE TOLD WHO CAN TREAT MY CONDITION and where I can go for services. The PPO network is enough control. I am a single Mom, and I want to be here for my young adult children. I pay over \$15,000 a year for PPO health insurance, (premiums/out of pocket expenses) and I expect to have a say in the quality of care I receive.

**PEBP HISTORY OF CHANGES W/OUT regard to how it impacts employees:**

Last year the AETNA Signature Network (out of state Doctors) was eliminated. The multi-year contract was just cancelled after 1 year with no reason given in the public PEBP board meetings which has resulted in fewer choices for my kids who live out of State right now, and myself in Southern Nevada. Despite asking PEBP staff multiple times this year when members would know what these changes meant, (Aetna to UMR) for members, I had to wait till AFTER I enrolled and the changes took effect, well into July 2022, before I knew which doctors were now eliminated for my family.

I just cannot understand how these continuous changes all in the name of 'saving money' are not looked at holistically, from an employee health and welfare perspective. I understand that health care costs in this country are outrageous, and it has certainly impacted my family, (I went from paying \$125/Month as a State employee to over \$900/Month, in retirement, and not by choice) You cannot put a price on life. Participants already have to deal with the many companies PEBP has employed to oversee and "manage" their medications, tests and doctor ordered surgeries via formulary changes, preapproval companies that are hired and fired annually by PEBP, etc., so there is no consistency in oversight. WHEN AND WHERE DOES IT STOP?

Committee members, please, at a minimum, require PEBP to do their due diligence and take the necessary time to truly figure out a way to ensure changes made will benefit employees and lower PEBP's out of pocket treatment costs. Implementing a "Concierge Service", that is anything but a service to participants facing a truly challenging diagnosis, is not the answer. What happened to the many programs that were supposed to reimburse employees who used cheaper hospitals, and providers? Those programs were just eliminated. Instead of PEBP abandoning programs that don't work, why not take a deeper dive into what was wrong and make changes to them, to achieve the goals PEBP sets? How about negotiating better rates at hospitals/radiology centers? How about considering adding preferred Center of Excellence companies and truly incentivize PEBP enrollees to use them with seamless, easy to understand policies and procedures for use and reimbursement? Perhaps grandfather current participants into the existing PPO program and enroll newly diagnosed employees into the COE program? Please require PEBP to put this haphazard move on hold until PEBP has provided the research and transparency in reporting that participants deserve. Put together an RFP to make sure State participants are truly benefiting and not just being subjected to more cost cutting measures and ineffective oversight by companies promising cost savings. People are fighting for their life when they get a cancer diagnosis. Please, keep that in mind as changes are made going forward.

To truly achieve PEBP's stated goals of containing costs while providing excellent health insurance for employees and retirees, participants have to be considered, not just looked at as a liability, to be controlled. Thank you. Sincerely, Sheila S. 12/14/2022.