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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
THURSDAY, JUNE 11, 2015, 1:30 P.M.

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MS. JOHNSTONE: All right. This is Leslie Johnstone, and I will call the Silver State Health Insurance Exchange Board meeting to order.

And first we'd like to welcome new Board member Angie Wilson.

Ms. Wilson, if you could give us a little bit of information about yourself and introduce yourself to the group, that would be appreciated.

MS. WILSON: Sure. My name is Angie Wilson. I am really excited to be the newest, one of the new Board members to the Silver State Health Insurance Exchange.

I have about 18 years of health administration background, primarily within the tribal health care arena. I currently am the director of the Reno-Sparks Tribal Health Center. We're the largest tribal health center in the state of Nevada.

I also sit on the Nevada Department of Health and Human Services Medical Care Advisory Committee. And I sit on the national CMS Tribal Technical Advisory

1 Group. I represent all the tribes in Arizona, Utah and
2 Nevada at the table at that level.

3 I'm really excited to be present today. So,
4 thank you very much.

5 MS. JOHNSTONE: Thank you very much. Welcome.

6 DR. JAMESON: Welcome.

7 MS. JOHNSTONE: And Mr. Gilbert, do you have a
8 new staff member or so --

9 MR. GILBERT: Actually, I --

10 MS. JOHNSTONE: -- that you --

11 MR. GILBERT: Actually, I have several new
12 staff members. And I was going to introduce them as I
13 began my Executive Director report, if that would suit
14 you.

15 MS. JOHNSTONE: Okay. Thank you.

16 We're going to ask if everyone in Carson could
17 speak a little bit closer into your mics. Your voices,
18 we can hear you, but it's just very soft.

19 With that, Mr. Gilbert, can you call the roll?

20 MR. GILBERT: Yes, thank you.

21 Chair Johnstone?

22 MS. JOHNSTONE: Here.

23 MR. GILBERT: Vice Chair Kerr?

24 MS. KERR: Here.

25 MR. GILBERT: Ms. Lewis?

1 MS. LEWIS: Here.

2 MR. GILBERT: Dr. Jameson?

3 DR. JAMESON: Here on the phone and calling in.

4 MR. GILBERT: Ms. Wilson?

5 MS. WILSON: Present.

6 MR. GILBERT: Ms. Aiello for Mr. Whitley?

7 MS. AIELLO: Present.

8 MR. GILBERT: Commissioner Kipper is not here.

9 And Mr. Wells?

10 MR. WELLS: Here.

11 MR. GILBERT: Thank you.

12 The roll has been called, and we do have a

13 quorum.

14 MS. JOHNSTONE: Thank you.

15 At this point, I'll open it up to public

16 comment.

17 Do we have any public comment in Henderson?

18 Please come forward.

19 MR. CILA: For the record, Lou Cila, insurance

20 broker here in Nevada.

21 It's regarding potential retention problems for

22 people that are losing their APTC because they did not

23 comply with the requests to send in the information,

24 mostly proof of income.

25 Just briefly, when you do an application, I

1 have 90 days to send it in. As a broker, I try to give
2 them the information, make sure they stay on top of it,
3 keep your eye out for the mail. But in many cases, that
4 does not work.

5 Then, all of a sudden, they will get a monthly
6 billing that's instead of maybe being \$120, it's \$540,
7 because the APTC is gone.

8 We then -- then, they, some of them, will call
9 me. Some of them will give me what's needed. I'll send
10 it in. But depending on the time of the month, I can, I
11 can go into their file, do it, do a change of life
12 event, get it back, get the APTC back, but it won't be
13 effective until, let's say, right now, today, it'll be
14 July 1st. So there's a month or two where they're faced
15 with \$500 or \$400-plus premiums, which they're not in a
16 position to pay.

17 So just as a suggestion, and I don't know that
18 the Board has any input into the Federal Exchange
19 directly, but if this were any other kind of
20 insurance -- homeowner's, life insurance, car
21 insurance -- and I was the broker, when an event like
22 that or a change into a policy like that is occurring, I
23 would be notified in advance so I could stay on top of
24 it and pursue it and, you know, a percentage of the time
25 get it corrected.

1 The other small issue is a small percentage of
2 them, where they say they didn't get the information, I
3 actually send that in myself, twice, through the --
4 through the person's portal file, where you click a
5 button and you upload it and send it in, and two other
6 occasions where I address an envelope, make copies of
7 what they were sending in, they put it in the mail, and
8 the Exchange said they didn't get it.

9 Now, I understand it's not a negative, it's so
10 many people are enrolled. It's a phenomenal amount of
11 paperwork to handle. So you could understand some of it
12 gets lost. The problem is you have no way to prove it.
13 So when you file the appeal, all you can do is write
14 down "I sent it on March 3rd," you know, "by U.S. mail."
15 But there's no real way to prove it.

16 So it's just, you know, that's the picture.
17 But it will affect -- I'll know better myself on my next
18 commission statement, but I've already seen it being
19 reflected slightly, because not everybody holds. Some
20 people just say, "What are they, crazy?" and, whoosh,
21 just on payment.

22 So just passing along something that I hope you
23 guys could look at and maybe for the next time around
24 have some changes made.

25 Thank you.

1 MS. JOHNSTONE: Thank you.

2 In any other comments in Henderson?

3 All right. How about Carson City?

4 MR. GILBERT: We do have public comment in
5 Carson City.

6 MR. LOCKE: Good afternoon. Oh, I got to push
7 this?

8 Okay. Good afternoon. Can you hear me?

9 Okay. I'm a loud speaker, so tell me if I'm
10 talking too loud.

11 Very similar situation to what we just heard.
12 I'm also a broker. My name's Matthew Locke, in northern
13 Nevada.

14 And, basically, the ongoing issue is statewide,
15 I'm assuming nationwide, with the required document
16 portal.

17 I have a specific circumstance where outlined
18 the timeline of a client of mine who today contacted me
19 about being overcharged about \$2,000 for one month, and
20 it was debited to their account.

21 In normal circumstances, if that was a
22 warranted charge, you know, I would just say pay the
23 bill. But when we submit our required documents through
24 both portals, the online portal, then the one that you
25 mail in via USPS mail, there's no accountability,

1 there's no checks and balancing for this, and there's no
2 way of verifying if we've even submitted it and they
3 have actually got a hold on it and they're confirming
4 the documentation.

5 So what I have been doing for my clients is
6 I've been uploading them online and mailing them and
7 keeping all the documentation. And even when the APTC
8 is dropped from the account, and I, you know, call in,
9 frantically trying to figure out if, you know, my proof
10 can somehow retroactively correct the error, there's no
11 way that these representatives or even supervisors can
12 step in and fix the mistake.

13 The one that I'm dealing with today, really
14 unique one where we submitted the document on the
15 initial application date of December 15th, the date that
16 the eligibility notice was generated. We mailed it via
17 USPS first-class mail. I'm assuming it made it there;
18 it's the right address. And we called in later, and,
19 basically, we were told they never received it. Okay.
20 That's fine. We submitted it again via online portal,
21 and we confirmed that it was uploaded. They confirmed
22 that they were going to get around to it at some point
23 and, basically, prove the income.

24 What transpired was, basically, a month after
25 the deadline of the proof of income documents, which was

1 March 5th, the health insurance marketplace, basically,
2 came back and sent a notice out one month after the
3 deadline stating that we didn't send anything. And one
4 and a half months after the deadline the APTC was
5 terminated.

6 I brought it up to multiple supervisors today.
7 I even got hung up on, which is pretty standard for me,
8 apparently; I get that a lot.

9 But it's very frustrating for us brokers to,
10 you know, help our clients do the right thing, provide
11 all the documentation to maintain a subsidized policy,
12 and then, at the end of the day, basically, you know,
13 the clients are the victims here, even though we do our
14 due diligence to prove what's needed.

15 So what I'm asking is, from all of you is some
16 assistance for, you know, all of us statewide who are
17 affected by this to, you know, contact CMS or the FFM
18 and resolve these procedural issues. It's just
19 paperwork that needs to be filed. And I'd love to see
20 some resolution.

21 And I have all the documents. I've filed
22 multiple appeals on this, and I actually have an appeal
23 that is outstanding from February that has yet to be
24 processed by the FFM. So.

25 Thank you for your time and listening to the

1 concerns I have today.

2 MS. JOHNSTONE: Thank you.

3 MR. GILBERT: That would be all of the public
4 comment that is here in Carson City.

5 MS. JOHNSTONE: All right. Thank you.

6 We'll move on to item number III, which is
7 approval of the minutes from the April 15th Board
8 meeting.

9 Do any of the Board members have corrections or
10 adjustments to those minutes?

11 If not, can we get a motion to approve?

12 MS. LEWIS: Move for approval of the minutes.

13 DR. JAMESON: I'm Dr. Jameson.

14 MS. JOHNSTONE: All right. Then, Ms. Lewis
15 moved. Can we get a second?

16 Dr. Jameson, would you be willing to do a
17 second?

18 DR. JAMESON: Yes. Dr. Jameson here, seconding
19 that motion to approve the minutes.

20 MS. JOHNSTONE: Thank you.

21 All those in favor, say "aye."

22 (Board members said "aye.")

23 MS. JOHNSTONE: I think, that was unanimous.

24 Any nos?

25 All right. Thank you.

1 Mr. Gilbert, Executive Director's report.

2 MR. GILBERT: Thank you, Madam Chair.

3 Before I do get into my report, there are a
4 couple of things that I would like to touch on.

5 First, as you indicated earlier today, we do
6 have some new employees, which I would like to
7 introduce. Or whom I would like to introduce, I guess,
8 is the appropriate way to put it.

9 The first would be Janel Davis. Janel is over
10 there. She is our new Communications Officer and has
11 taken Tyler's place.

12 Nik Proper, who is also at the table up here,
13 is our Plan Management Coordinator and is the individual
14 who is working directly upon plan certification.

15 And then Ian knight, who is sitting in the back
16 of the room and whom I blame for all things technical,
17 serves as our Information Analyst. And he joined us
18 fairly recently as well.

19 So we do have three new employees.

20 The second thing that I would like to touch on
21 before I actually begin my report has to do with public
22 comment that we had today. Normally, I don't talk about
23 public comment. But I think it's important that we
24 communicate well with respect to indicating that we are
25 knowledgeable about this particular issue. And you're

1 right, it's nationwide. It is not unique to Nevada or
2 any other particular state.

3 We have had a number of discussions with CMS
4 and CCIIO. And we are working closely with them,
5 attempting to develop a process that will allow us to
6 assist our brokers and agents, as well as Nevada's
7 consumers, when they run into these situations.

8 I don't know whether they have the ability,
9 utilizing their system, to notify the broker or agent on
10 an account, as Mr. Cila had suggested. We will
11 certainly be more than happy to ask that question and
12 see if we can get that information for you. And if they
13 do have that information or that capability, we're more
14 than happy to champion their cause and go forward and
15 say this is, this is something you should build into the
16 process.

17 With respect to problem cases that brokers or
18 agents may have, we would encourage you to contact us
19 here at the Exchange. I have staff members who
20 routinely communicate with our state officer, so things
21 don't go into a hole. And we bring to our state
22 officer's attention the issues that are -- that are sort
23 of accumulating or becoming problematic. And we go to
24 them specifically to escalate these types of problems.
25 And we are more than happy to do that for you if you

1 will work with us.

2 With respect to issues with regards to
3 communications, going into a black hole with respect to
4 the federal folks, send a copy to us. Bring it to us.
5 We will be happy, more than happy to champion your
6 causes. It's not an issue. It's not a problem. And
7 it's something we are, in fact, working on even today.

8 With that, I will go into my report as
9 prepared.

10 As I indicate in my commentary, we're still
11 pretty busy, notwithstanding the end of the enrollment
12 period, and we're working on an awful lot of different
13 projects. We'll go into detail on many of them.

14 But just in terms of an overview, we have
15 received updated open enrollment numbers for the 2015
16 plan year, Cari's report that over 60,000 Nevadans that
17 applied for and enrolled in health plans have made
18 payment and have effectuated their insurance coverage.

19 Nearly 90 percent of those consumers have
20 received advance premium tax credits to help offset
21 premium costs.

22 And the average credit in Nevada reduced
23 premiums by two-thirds. So that worked out really well,
24 from \$361 per month to \$119 per month.

25 As everybody knows, we'll be discussing

1 sustainability in some detail later in the meeting. But
2 it's important that we understand that we continue to
3 have additional conversations, formally and informally,
4 with CMS and CCIIO in preparation for the upcoming State
5 Exchange Group's two-day Workshop for Building Toward
6 State-Based Marketplace Financial Sustainability. And
7 that may be the longest name of any conference I've ever
8 considered attending.

9 But that will be in McLean, Virginia, on
10 July 30th and 31st, specifically to tackle the issue of
11 sustainability for state-based marketplaces, supported
12 state-based marketplaces, like us and Oregon and
13 New Mexico, as well as those that are standalone.

14 We are also engaged in ongoing conversations
15 about the levels of respective authority with CMS and
16 CCIIO. As everybody knows, the Affordable Care Act
17 never contemplated a supported state-based marketplace.
18 Until we existed, there wasn't such an animal. And so
19 there are no rules. There are no regulations. And it's
20 very much a process of learning who does what and who
21 does what best.

22 So we're engaged in those conversations. We've
23 traded documents with CMS and CCIIO and have given them
24 our suggestions as to how this should work. They're
25 getting back to us. And it is in process.

1 We are also discussing how to use our Consumer
2 Assistance Center to access the federal system to be
3 able to better answer caller and consumer inquiries, and
4 authorizing the Exchange to assist consumers having
5 issues with document review. Which is specifically what
6 you were talking about.

7 On the legislative front, very quickly, and
8 I'll cover this in more detail shortly, A.B. 86 was
9 passed by the legislature and signed by the Governor.
10 As of July 1st, 2015, agents, brokers and other persons
11 affiliated with the health insurance industry will no
12 longer be disqualified from serving on the Board.

13 And, additionally, as of the effective date of
14 the act, each Board member is entitled to a salary of
15 \$80 per day, or for each day or portion of a day spent
16 on the business of the Board. And that's in addition to
17 the per diem and travel expenses, which have
18 historically been made available.

19 We continue to await guidance from the Internal
20 Revenue Service on the issues of required retention and
21 purging of federal tax information and problems posed by
22 the architecture of the Xerox system. We've been
23 working on that and requested guidance for probably
24 about two months now. And it's been pushed out and
25 pushed out and pushed out.

1 My expectation is we will receive the data
2 before guidance is actually received. But, I guess,
3 we'll see how that works out. We had hoped to be able
4 to report that it was resolved. But there's going to be
5 additional dialogue between the Exchange and various
6 federal agencies as we move forward.

7 And, additionally, and perhaps finally, in
8 preparation for the next open enrollment period, we've
9 completed negotiations with our navigator groups. We
10 appeared before the Board of Examiners to gain approval
11 of the contract with our new marketing firm, Penna
12 Powers, who will be here to speak with the Board in July
13 and share their plans for the 2016 plan year open
14 enrollment campaign.

15 That would be the sum and substance of my
16 remarks. And I more than happy to answer any questions
17 which you may have.

18 MS. JOHNSTONE: Thank you very much.

19 Any questions for Mr. Gilbert from the Board
20 members?

21 Hearing none, let's go on to item number V,
22 which is legislative update.

23 MR. GILBERT: Thank you, Madam Chair. I'll be
24 dealing with this as well.

25 As you know from our prior meetings, there were

1 about five different bills that were introduced that
2 would affect the Silver State Health Insurance Exchange.

3 I've already spoken of A.B. 86 having passed
4 and the effects of that.

5 Senate Bill 137, which was introduced and would
6 have prohibited the purchase or sale of qualified health
7 plans with embedded pediatric dental plans on the
8 Exchange, the portion of that bill which applied to us
9 was deleted in committee by amendment. So although
10 SB 137 ended up passing, it has nothing to do with our
11 operations.

12 Assembly Bill 368 and Senate Joint Resolution
13 14 both were intended to bring the operations of the
14 Exchange to a close. Neither of those came out of
15 committee. And there, obviously, was no further action.

16 The last piece of legislation which would have
17 impacted us was Assembly Bill 355. And it dealt
18 specifically with our rulemaking authority. As you know
19 from our prior meetings, I had sent a letter to both the
20 bill sponsor and the members of the Government Affairs
21 Committee with respect to issues that, I believe, might
22 affect the Exchange. That bill ultimately was referred
23 to the is Assembly Committee on Ways and Means and was
24 not considered by the committee prior to the end of the
25 legislative session.

1 So, aside from A.B. 86, there was no
2 legislation which impacted us in any way.

3 MS. JOHNSTONE: Okay. Thank you.
4 Congratulations on getting through your first Nevada
5 legislative session.

6 MR. GILBERT: With few bruises.

7 MS. JOHNSTONE: Okay. Any questions from the
8 Board members?

9 DR. JAMESON: No question.

10 MS. JOHNSTONE: All right.

11 DR. JAMESON: Florence Jameson, for the record.
12 Just a comment.

13 Bruce, you were really great on being very
14 proactive. Prior to seeing us, the first time these
15 issues came up, already had been writing great letters,
16 prior to even the Board meeting. You were so on top of
17 it. And, of course, with our short legislative session,
18 that's so critical. So, well done.

19 MR. GILBERT: Thank you very much.

20 MS. JOHNSTONE: All right. Let's move on to
21 item number VI, which is Exchange sustainability
22 consideration.

23 MR. GILBERT: Thank you, Madam Chair.

24 As we all know from prior discussions, really
25 the Exchange sustainability considerations center around

1 the costs intended to continue the access to the federal
2 application and enrollment technology, known as
3 healthcare.gov, as a supported state-based marketplace.
4 We have been able to contain our costs very, very well.
5 In fact, we have the smallest full-time staff of any
6 Exchange in the country. I don't know if you saw, but
7 Hawaii, which is moving to the SSBM model, currently has
8 in excess of 30 full-time employees and 29 temporary
9 employees.

10 So we've been, we've been very successful in
11 terms of creating a structure that would allow for
12 continued sustainability.

13 There have been preliminary discussions between
14 Exchange staff and CMS and CCIIO with respect to the
15 cost of maintaining access to the Federal Exchange
16 technology.

17 Back in April, some of the staff members here
18 traveled and met with CMS leadership, as did the Board's
19 vice-chairman. And we sat and spoke with Kevin Counihan
20 and truly leadership from CMS and CCIIO, to begin, I
21 think, the conversation and see where it might lead.

22 We have provided CMS and CCIIO with a copy of
23 our legislatively approved budget. And we have reviewed
24 with them in some detail the limitations on our revenue
25 sources. Unlike New Mexico, which has a marketwide

1 assessment, that is not something that is being
2 considered here. Unlike Colorado, we're not in a
3 position to charge more than the three and a half
4 percent of premium which is charged by the federal,
5 Federally Facilitated Marketplace. We tend to lose our
6 value if we do something like that.

7 We have requested, but no guidance has yet been
8 issued or provided with regard to their cost methodology
9 or any determination as to how they may figure out what
10 they believe would be a fair charge for access to or
11 leasing of their system.

12 And we're sort of at a standstill right now,
13 until the sustainability conference in McLean in late
14 July. And the reason that I say that is we have
15 initiated numerous calls with our friends at CMS and
16 CCIIO. And while initially there was some indication
17 that we might be able to do -- to have full and frank
18 discussions, I think they're called in diplomatic
19 circles, prior to actually meeting in July, it does not
20 now appear that that's, that that's possible.

21 We received word from our state officer this
22 week that their leadership simply cannot free themselves
23 up at this point to be able to take part in that sort of
24 discussion. So it appears that we're sort of stymied
25 until late July.

1 You know, the message, I think, with regard to
2 sustainability, that I would offer the Board, is that
3 everyone, whether it's staff, whether it's the Board,
4 whether it's CMS and CCIIO, is keenly aware of the
5 importance of assuring that the Exchange remains
6 sustainable. We are maintaining a dialogue, a constant
7 and consistent dialogue. And we should certainly have a
8 better understanding and something more concrete by the
9 time we meet again in August. But I don't know that I
10 will have anything prior to that point in time.

11 Mr. Haycock, is there anything that you would
12 wish to add?

13 MR. HAYCOCK: No.

14 MR. GILBERT: I think that that -- without
15 going through the report as it stands, I believe, that
16 that's where we are.

17 I'm more than happy to answer any questions
18 that you might have.

19 MS. JOHNSTONE: Thank you.

20 Mr. Gilbert, maybe for the benefit of our new
21 Board member and even members of the public, can you
22 remind us, the basic funding sources, calendar year '14
23 versus 2015, versus 2016. And what we're talking about
24 were the added costs, potential costs from
25 healthcare.gov.

1 MR. GILBERT: Thank you, Madam Chair. And,
2 yes, I'll be happy to do that.

3 Prior to January 1st of 2015, we had access to
4 federal grant monies, 1311 grants, that offset the bulk
5 of our expenses with respect to building what ultimately
6 was unsuccessful technology and anything that had to do
7 with the design, development and implementation of an
8 Exchange structure, if you will. So we were operating
9 off, essentially, federal monies at that point in time.

10 That ended as of January 1st, 2015. There are
11 no additional federal dollars which are available to
12 offset the maintenance and operation of an Exchange.
13 And that's not true simply here, but for all states.

14 The sole revenue source which we do have
15 available to us is the fee that we set annually. And
16 that was set by the Board in February, I think, at
17 3 percent of premium. And that's paid by the carriers
18 who offer plans on the Exchange, and only with respect
19 to those plans that are offered on the Exchange.

20 That can be contrasted to the situation that
21 you would find in New Mexico where all health plans on
22 and off the Exchange contribute toward the cost of the
23 Exchange, or in the District of Columbia where it's not
24 only all health plans on and off the Exchange, but
25 basically every line of insurance is tapped to some

1 degree to offset the cost of operating their Exchange.

2 But it's really kind of interesting if you sit
3 down and you talk to the various state Exchanges.

4 Maryland, I think their budget's a hundred million
5 dollars. And if you talk to D.C., they're in the 20s
6 and 30s of millions of dollars. Colorado, much the
7 same.

8 Our -- as we know here, our budget is
9 \$6.2 million. And that's -- that's everything, all in.
10 So we're in a very different position than some of the
11 states that would appear to be similar to us,
12 specifically New Mexico.

13 But I was speaking with Oregon earlier this
14 week, and they find themselves much in a situation as we
15 do, where their revenue options are limited.
16 Notwithstanding the fact that they have a hundred
17 thousand people, the truth is, their revenue options are
18 limited, and they struggle with the same sustainability
19 issues that we do.

20 MS. JOHNSTONE: And so the fundamental
21 difference between calendar year '15 and '16 is that in
22 '16 we potentially face an added expense from
23 healthcare.gov?

24 MR. GILBERT: That would actually be 2017. We
25 have one more year, essentially, the 2016 plan year,

1 where we are not required to contribute to the cost of
2 the technology. So we have a year.

3 However --

4 MS. JOHNSTONE: Right.

5 MR. GILBERT: -- they're attempting to
6 determine what we would pay for access or a leasing fee
7 for the 2017 plan year. And that open enrollment, of
8 course, begins in the fall of 2016.

9 MS. JOHNSTONE: All right. That helps. Thank
10 you.

11 Any questions from the Board members?

12 MS. WILSON: Yes.

13 MS. JOHNSTONE: Comments?

14 MS. WILSON: This is Angie Wilson, for the
15 record.

16 Have they given any indication at all what that
17 expense would look like?

18 MR. GILBERT: Bruce Gilbert, for the record.

19 They have given us nothing formal that has said
20 "Here's where we think we are." There have been some,
21 some informal discussions where they've talked about how
22 they've tried to determine what the costs would be only
23 for the call center and their technology. But they
24 haven't given us anything that, I don't believe that we
25 can count on.

1 UNIDENTIFIED: Correct.

2 MS. WILSON: Do you know if they're -- if they
3 indicate to do that at the upcoming meeting in July?

4 MR. GILBERT: My expectation is that at the
5 meeting in July -- well, let me take that back. What
6 I'm hoping is, at the meeting in July, we have the
7 opportunity to speak back and forth rather than simply
8 have a predetermined pricing methodology imposed.

9 You know, one of the things that we've talked
10 to our partners at CMS and CCIIO about, and we've talked
11 with other states about, including Delaware and
12 Pennsylvania, which recently filed blueprints, basically
13 to follow our model, where they rely on federal
14 technology but, in fact, manage their own marketplace.

15 Every state is different, and it's different
16 because of the number of people potentially in the
17 marketplace to help offset the cost and, also, the
18 revenue sources that are available.

19 You know, Damon was teasing me earlier today,
20 but he said something that really reflects on this
21 discussion, which is, my salary is prorated across about
22 60,000 people. Kevin Counihan's salary is prorated
23 across about six million people. And so it becomes, it
24 becomes a very different ball game when you have those
25 large numbers, and it's easier to, it's easier to make

1 the numbers work.

2 You know, we are in a difficult situation.
3 We're a smaller state with a smaller population. And
4 we're not, we are not and we should not be funded by
5 general revenue dollars. And we are not and we should
6 not necessarily be funded by marketwide assessment. We
7 need to be able to sustain ourselves and not rely on
8 others. And in order for us to do that, our technology
9 costs have to be appropriate given our size.

10 MS. WILSON: Just a comment. Angie Wilson, for
11 the record.

12 You know, and I know these kind of two mix in
13 my world. At our most recent national Centers of
14 Medicaid and Medicare Tribal Technical Advisory Group,
15 the 12 representatives that represent the nation for
16 Indian health care, we did highly recommend to Kevin
17 Counihan that there needs to be dialogue that is spanned
18 from the state to CMS both with CCIIO. I mean there has
19 took a dialogue. It can't be a one, one-directional
20 conversation.

21 We've got significant issues that impact on the
22 tribal side. But even on this side, for sustainability,
23 that's really key.

24 The other issue is, we do a lot of advocacy to
25 CMS, both on the regional and the national level. And

1 Melissa Stafford Jones, the new director of the
2 Region IX office, will be actually coming out to Nevada.
3 I believe that she'll be coming out to the state. She's
4 coming to my clinic specifically to meet with me for
5 part of the day that -- one of the days that she'll be
6 here.

7 Do you know if she's -- if there's any time on
8 the schedule that the state Exchange will be meeting
9 with Ms. Jones?

10 MR. GILBERT: There's nothing scheduled, but I
11 could tell you there's endless time on the schedule when
12 she is here. We would be more than happy to meet with
13 her, share our concerns and continue to discuss ways in
14 which we think that we can work best with our federal
15 partners.

16 MS. JOHNSTONE: All right. Thank you all.
17 Let's take up the next item, which is the
18 quarterly budget update.

19 MS. COX: Good afternoon. Athena Cox, for the
20 record, and I'm going to be presenting the quarterly
21 budget projections report.

22 So, starting on page two of the report, there's
23 a snapshot of our budget expended through May 31st,
24 2015. The Exchange has expended and projected
25 approximately 80 percent of the available budget. The

1 Exchange is on track for budgetary purposes.

2 On page three of the report, there's a summary
3 of our updated 2016-2017 budget projections. The
4 Exchange presented at the first budget hearing on
5 February 11th, and it was partially approved. The
6 Exchange budget was heard again on May 2nd. It was
7 presented and approved without any questions.

8 I'll be happy to answer any questions you might
9 have.

10 MS. JOHNSTONE: Any questions from the Board
11 members?

12 MS. WILSON: Angie Wilson, for the record.

13 Sorry. Not a question, but a comment. And
14 maybe I should have said this earlier. But, you know, I
15 had the opportunity to come down and meet with
16 Mr. Gilbert and the staff prior to being here today.

17 I just want to say how incredibly impressive
18 that you've been able to maintain the state's Exchange
19 with such a minimal budget and staying on track with --
20 you know, just lean and mean. I just don't know. I
21 thank you, and I was surprised, coming down to meet with
22 you, just what your budget looked like. And I just want
23 to say how impressed I was that you are all able to do
24 that, and you work really hard to sustain the program.

25 We have noticed significant changes, you know,

1 from the first rollout to where we are today. And I
2 just want to say, you know, I think you've done a great
3 job in doing that, you and the entire staff, from what
4 I've been able to see.

5 MR. GILBERT: Thank you. Bruce Gilbert, for
6 the record.

7 I really appreciate that very much. I have a
8 great staff, and they do work really hard, with a lot of
9 strictures. But we do what we have to do, just like
10 everybody else. And certainly appreciate the kind
11 words. Thank you.

12 MS. JOHNSTONE: Any other comments from the
13 Board?

14 All right. Thank you, Ms. Cox.

15 Let's move on to item number VIII, which is the
16 update on navigator grant awards.

17 MR. HAYCOCK: For the record, this is Damon
18 Haycock from the Exchange. I'll be presenting this
19 report.

20 A little bit of background. Of course, we had
21 applications due in for the next round of navigator
22 awards on February 25th. And of those 11 entities who
23 had submitted applications, one of them withdrew, and
24 another one was not qualified. And, therefore, there
25 remained nine remaining entities, which we successfully

1 negotiated those awards with all of them.

2 All agreements have been signed, or were signed
3 for a May 1st start date. So we had a seamless
4 transition from the last round of navigator entities to
5 this now new round of navigator entities.

6 There's a breakout on page two that clearly
7 shows the presence of these navigator entities in both
8 southern and northern Nevada. All nine entities have
9 representation in southern Nevada, and three of them
10 here in northern Nevada, to ensure that we continue to
11 appropriately allocate the amount of navigators around
12 the mix of population we have here in Nevada, that 75/25
13 percent split.

14 As you can see, we've been able to accomplish
15 that in open enrollment and almost in non-open
16 enrollment. We're going to have a total of 29
17 navigators available between now and November 1st, and
18 once November 1st hits, 55, which is the same amount of
19 navigators we had in the last open enrollment cycle.

20 At this point, I'm going to turn this over to
21 Rosa Alejandre. She is in our -- a staff member down in
22 Henderson who will be managing this program. Rosa
23 initially came to us from a navigator, a navigator
24 entity. So she has very intimate knowledge of how this
25 process works, what works and what doesn't work. And

1 we're very excited to have her lead us in this instance.

2 So I'm going to turn this to Rosa for the
3 remainder of the report.

4 MS. ALEJANDRE: Thank you, Damon.

5 Rosa Alejandre, for the record.

6 The Exchange staff has reached out to each of
7 the awarded entities listing the steps required for the
8 Exchange enrollment facilitator's training and
9 certification.

10 A kickoff meeting occurred on May 15th to
11 introduce the new entities to the Exchange's process and
12 answer any questions. These meetings will occur monthly
13 and be supported by staff site visits throughout the
14 year.

15 As the Exchange welcomes all the navigator
16 entities, it is important to note that eight out of the
17 nine are new to the Exchange. Staff will continue to
18 collaborate with the entities and tie in outreach with
19 the Exchange's marketing vendor.

20 Thank you.

21 MR. HAYCOCK: And, with that, we'll take any
22 questions.

23 MS. JOHNSTONE: Any questions from the Board?

24 All right. Well, hopefully, with the
25 experience you gained over the life of the Exchange,

1 you'll be able to transition a new organization. That's
2 a bit of a challenge, but I'm sure you're up to it.

3 MS. LEWIS: I just have one question. Lavonne
4 Lewis, for the record.

5 As I look at the list of navigator entities
6 that you have in southern Nevada, I don't see that you
7 have any that would be considered marketing to the
8 African-American community. And I'm just wondering, how
9 do you plan for your navigators to reach that community,
10 or what is your availability for the African-American
11 community?

12 MS. ALEJANDRE: Rosa Alejandre, for the record.

13 I believe, Damon Haycock can respond to your
14 question more appropriately.

15 MR. HAYCOCK: Yeah. So Damon Haycock, for the
16 record.

17 I don't believe it was the Exchange's intent to
18 not market or provide outreach to any specific Nevadan,
19 regardless of what population that Nevadan falls into.
20 And whereas there may not appear to be a direct
21 relationship between the African-American community and
22 the Exchange's navigator entities, each of these
23 entities are dedicated to not only serving the original
24 populations that they brought to the table, but to
25 utilize their expertise out into the marketplace, into

1 neighborhoods and into those areas of Nevada to provide
2 marketing outreach to African-Americans as well as every
3 other race.

4 MS. LEWIS: Lavonne Lewis, for the record.

5 Just looking at the group, I don't see any that
6 would be even remotely located near an enclave of
7 African-American, poor African-Americans anyway, that --
8 you know, residences or where they would normally
9 congregate.

10 So it's just a comment.

11 MR. HAYCOCK: No. Thank you for the comment,
12 Ms. Lewis. And, for the record again, Damon Haycock.

13 Every entity that applied, we gave the
14 opportunity to be successful, and with the two, the one
15 that withdrew and the one that did not qualify. We
16 would definitely entertain any, any entity that met the
17 qualifications. We were not choosy. We did not play
18 any favoritism.

19 If there is an entity that you know of that
20 would like to participate, we'd be more than willing to
21 look at that as well. But we opened it up to all
22 entities and all groups.

23 And, hopefully, what may help this process is
24 our new marketing vendor, as Mr. Gilbert mentioned
25 earlier, will be coming on. They're going to share with

1 you next month the next steps that they have for the
2 open enrollment. But the first step that they have been
3 tasked to do is to develop a marketwide analysis of who
4 is and who isn't applying for and enrolling in health
5 insurance.

6 And those targeted pockets of folks, regardless
7 of race, will determine where the bulk of our energies
8 will be, to ensure that we have the appropriate
9 representation and that we're able to allow any Nevadan
10 who wants health insurance the opportunity to apply for
11 and enroll in subsidized or even unsubsidized coverage.

12 MS. WILSON: Angie Wilson, for the record.

13 I do need to say that in regards to that and --
14 and I understand why you would do that. However, I do,
15 I do feel like I need to say this, especially for the
16 American Indian, Alaska Native population that resides
17 here in the state.

18 There are specific reasons why those
19 populations are not enrolling, not so much that there's
20 exclusions, you know, different provisions for American
21 Indians specific in the Affordable Care Act. We want to
22 get our folks signed up on the state Exchange. But
23 there are certain issues on why we are not doing that at
24 this point, stemming around the contracting and/or in
25 the addendum letter.

1 So when you do that study to see who is signing
2 up or where the concentrated effort is, on behalf of the
3 American Indian population in the state, I just want to
4 make sure that we're aware that you may not see that
5 representation, but to not forget that we do have a
6 significant population, especially in Clark County. And
7 a lot of the northern tribes are looking to enroll as
8 well.

9 MR. GILBERT: Right. And Bruce Gilbert, for
10 the record.

11 As you know -- and this is something that we
12 have discussed, you and I -- it's very important to the
13 Exchange that we encourage tribal participation. And I
14 recognize and understand that there are limiters outside
15 of what goes on in this room.

16 But that being said, we are very interested,
17 and we are committed to assuring that the tribal
18 entities do have the opportunity to participate. And
19 understand and recognize that we will do everything
20 within our power to try and make that happen.

21 MS. JOHNSTONE: All right. Sounds like we're
22 ready to move on to the next item, which is number IX,
23 update on plan certification and management transition.

24 MR. PROPER: For the record, Nik Proper, Plan
25 Management Coordinator for the Exchange. I will be

1 giving an update on the plan certification process for
2 2016.

3 During the 2014 and '15 plan years, many plan
4 management and certification functions were carried out
5 by the Division of Insurance. And at the January Board
6 meeting, staff announced the certification duties would
7 be transitioned to the Exchange, and the DOI agreed to
8 assist the Exchange during this transition year.

9 On page two is the schedule.

10 In April, we had a joint webinar with the
11 Division of Insurance for all carriers. And by May
12 15th, we successfully transferred all plans submitted to
13 healthcare.gov. And we are currently in the first round
14 of plan reviews. And at this time, the Exchange is on
15 schedule to meet all requirements for plan year 2016.

16 For plan submissions, the Exchange received 142
17 separate health and dental plans that cover all service
18 areas throughout Nevada in both individual and SHOP
19 marketplaces.

20 And the Exchange's next steps include finishing
21 up the current round of plan reviews while preparing for
22 the second round of plan submissions to healthcare.gov.
23 And during this time, until August, carriers will be
24 viewing their plans and preview to see how their plans
25 will be displayed on healthcare.gov.

1 I am now available for any questions.

2 MS. JOHNSTONE: Any questions from the Board
3 members?

4 I have one request. Could you expand on what
5 is meant by reviewing plans, review of the plans.

6 MR. PROPER: Nik Proper, for the record.

7 Every plan that is submitted, I have to make
8 sure it's in compliance with CMS requirements. And
9 every plan does not discriminate, and follows all of our
10 certification rules.

11 We have a certification checklist that we
12 follow. And I reconcile every plan to their schedule of
13 benefits and evidence of coverage to make sure that
14 matches.

15 MS. JOHNSTONE: And so, to be clear, it does
16 not involve any kind of rate review?

17 MR. PROPER: Nik Proper, for the record.

18 The Division of Insurance currently handles all
19 rate review.

20 MS. JOHNSTONE: Okay. And then this might be
21 for Damon or Mr. Gilbert.

22 Looking back on the budget projection agenda
23 item, for the upcoming biennium there is some money set
24 aside for plan certification contracts. What is that
25 going to be used for?

1 MR. HAYCOCK: This is Damon Haycock, for the
2 record.

3 Initially, we built that line item into the
4 budget, way back in August of last year, anticipating
5 that we would need to support the Division of
6 Insurance's request to bring on staff to meet this
7 requirement. We kept it in there not knowing what
8 workload we would have here once we were able to
9 successfully transition it to the Exchange.

10 As Mr. Proper mentioned, you know, he's worked
11 hand in hand with the Division of Insurance in this
12 transition year.

13 But if things continue to increase the way that
14 we hope that they will, if we have more plans or more
15 insurance carriers, or what have you, if it turns out
16 that we need some assistance, some temporary workers or
17 some seasonal workers to assist us through that plan
18 certification process, we want to make sure that we have
19 money available and we don't take it from some other
20 critical area of our measly \$6.2 million budget.

21 MS. JOHNSTONE: Thank you. Is there work
22 outside of this April to September schedule that's on
23 page two?

24 MR. HAYCOCK: Damon Haycock, for the record.

25 As far as plan certification, it goes hand in

1 hand with the testing of plans, the end-to-end testing.
2 I don't know if you remember last year, when we talked
3 about the transition. But the Exchange fully expects to
4 work with each carrier.

5 Once those plans are loaded, and they look
6 good, and they want to see the way that they are -- or
7 they want them displayed the way that they want to see
8 them, we will then start that process of doing pseudo or
9 fake applications in their test environment, to assist
10 them through that process going all the way back into
11 effectuating an enrollment at each of the carriers. And
12 that will go all the way up until the beginning of open
13 enrollment November 1st.

14 After that, the plan certification process and
15 that testing process should potentially die down, unless
16 we want to come back and revisit policies.

17 MS. JOHNSTONE: Thank you. And then one last
18 question. Did we add any staff to accommodate this?

19 MR. HAYCOCK: We did not add additional staff
20 this year. I know we had a request in, originally back
21 when we submitted the budget, and that did not pass
22 through the process.

23 However, you know, kudos to Mr. Proper here.
24 He's making it look like we won't need it.

25 So we're going to evaluate as the process

1 continues. And if we need to add staff, I'm sure
2 Mr. Gilbert will be announcing yet another wonderful
3 person that has been added to the Exchange.

4 MS. JOHNSTONE: All right. Thank you.

5 All right. That brings us to item number X,
6 which is discussion and possible action regarding the
7 fiscal and operational report.

8 MR. GILBERT: Thank you, Madam Chair. Bruce
9 Gilbert, for the record.

10 As the Board is aware, there is a statute which
11 requires the Board, on or before the 30th of June and
12 the 31st of December of each year, to submit a written
13 fiscal and operational report to the Governor and
14 Legislature. And there's some language that says what
15 it's to include.

16 We have prepared a proposed text which
17 encapsulates the activities of the Exchange over the
18 lasts six months. We believe it fairly reflects all of
19 our activities and provides all the information required
20 by the statute.

21 However, one of the reasons that it's here is
22 to make sure that the Board is satisfied, and anything
23 that you believe should be added or anything which
24 should be changed, we could address prior to providing
25 the information to the Governor and the Legislature by

1 the required date of June 30th. Time is obviously of
2 the essence if changes are to be made.

3 But we believe that what's been written fairly
4 reflects what we've done and provides all the
5 information required.

6 MS. JOHNSTONE: Any comments or suggestions
7 from the Board members?

8 I have just a couple, Mr. --

9 DR. JAMESON: Florence --

10 MS. JOHNSTONE: Go ahead, Ms. Jameson.

11 DR. JAMESON: Just a question. Do you actually
12 give him -- I just don't know if I missed it, or we did,
13 but it lacked proof of numbers. I remember our numbers
14 were, on the SHOP, you know, somewhat small, if you had
15 tracked back the numbers anywhere?

16 MR. GILBERT: What was the question?

17 MR. HAYCOCK: Damon Haycock, for the record.

18 Ms. Jameson --

19 DR. JAMESON: (Indistinct), do you have
20 (indistinct).

21 MR. HAYCOCK: Ms. Jameson, if we -- if I heard
22 you correctly -- this is Damon Haycock.

23 Are you asking why we do not include the
24 enrollment numbers to date for our Small Business Health
25 Options Program, or our SHOP program; did I hear that

1 correctly?

2 DR. JAMESON: Yes.

3 MR. HAYCOCK: Unfortunately, at this time, we
4 do have a very small amount. I believe, it is 272 lives
5 was the latest number that I've received from our one
6 SHOP insurance carrier to date.

7 And if that's something that you feel we need
8 to add, we have no problems with adding that line in
9 there.

10 DR. JAMESON: I think, that is a (indistinct)
11 specific aspect of addressing this. Which it may well
12 evolve into a much larger group. We don't really know
13 yet. But then possibly. I just think it would be more
14 comprehensive to have it in there, albeit small, because
15 then it gives him a good idea of how we are growing.

16 MR. HAYCOCK: We will, we will make that
17 addition.

18 DR. JAMESON: How that area is doing.

19 MR. HAYCOCK: Yes, Ms. Jameson, we will make
20 that addition and make sure that that's changed before
21 the Board chair signs.

22 MS. JOHNSTONE: And, Mr. Haycock, I have a
23 couple of suggestions.

24 After looking at this report a few times over
25 the years, I think that we'd be well-served if you,

1 after the -- or right before the first section on the
2 Exchange's transition, if you insert a highlight or an
3 executive summary. Because we have a nice story to
4 tell, and I think that it might be nice to highlight
5 those things for the readers that may not go through the
6 entire document.

7 So enrollment, the conversion to
8 healthcare.gov, the enrollment numbers, establishment of
9 the enrollment stores, that type of thing, not much
10 detail, but just some of the key points of what you've
11 been able to accomplish in the last year.

12 MR. HAYCOCK: Not a problem, Ms. Johnstone. We
13 will add that in as well.

14 MS. JOHNSTONE: And, then, I don't mean to be
15 nitpicky, but a little bit of spell check on the first
16 paragraph on page two; "enroll" is misspelled.

17 Then, I agree with Ms. Jameson, Dr. Jameson
18 about -- for completeness, to include the SHOP
19 enrollment numbers, that first section on page two.

20 On the bottom of page two, why don't we just be
21 specific that the Board meetings are held in Carson City
22 and Henderson rather than Las Vegas.

23 And then on page four, admittedly, I read this
24 pretty quickly, but I think we should spend a little bit
25 of time explaining what you did to set up the enrollment

1 stores. Because that was a very impactful way of
2 helping the consumers, and I think it would be nice to
3 cull that out, so to speak. And I don't know if
4 pictures are allowed, but something consumer-related,
5 looking at the stores, so that the reader can get a
6 sense for what you've been able to accomplish.

7 And my only other comment is on page six and
8 seven, just to include the FTE count for each of the
9 fiscal years reflecting.

10 And, I think, those are all my comments.

11 Any question or reaction to those being
12 included in the report?

13 DR. JAMESON: I really like -- Florence
14 Jameson, for the record.

15 I really like the idea of adding a narrative.
16 I think, that will make it -- I think, it may lead them
17 on to read the rest of the report.

18 And, Bruce, you do a beautiful job at narrative
19 and story-telling.

20 MR. GILBERT: Thank you so much. We'll try and
21 make the beginning compelling, for sure.

22 MS. JOHNSTONE: All right. If there are no
23 other suggestions from the Board members, we'll
24 entertain a motion to approve that as to a motion
25 regarding the report.

1 MS. LEWIS: I move that we approve the report,
2 to include the recommendations that have been made by
3 the chief.

4 MS. JOHNSTONE: Is there a second?

5 MS. WILSON: Angie Wilson.

6 DR. JAMESON: (Indistinct.)

7 MS. WILSON: I second the motion.

8 MS. JOHNSTONE: I'm sorry. Melissa?

9 MS. LEWIS: Ms. Wilson.

10 MS. JOHNSTONE: Ms. Wilson, I'm sorry. I
11 didn't hear what you said.

12 MS. WILSON: I'm sorry. I said I would second
13 Ms. Lewis's motion.

14 MS. JOHNSTONE: Oh. Thank you.

15 MS. JOHNSTONE: All right. We have a motion
16 and a second. All those in favor, say "aye."

17 (Board members said "aye.")

18 MS. JOHNSTONE: Opposed?

19 Okay. Thank you.

20 All right. Let's move on to the next agenda
21 item, which is the advisory committee recommendations.

22 MR. HAYCOCK: Damon Haycock, for the record.
23 I'll be presenting this report.

24 This is a continuation from the Advisory
25 Committee Recommendations Requiring Review report that

1 began in April. We will attempt to bring these back
2 each month or each time the Board meets, to, basically,
3 finalize the housekeeping processes, that we need to, to
4 be in accordance with either current policy or
5 healthcare.gov constraints, or both.

6 Starting on page two, you know, I've outlined
7 the committee recommendations for Plan Certification and
8 Management. That is the section we're going to tackle
9 today.

10 As you can see, there are 12 total
11 recommendations that were originally approved by the
12 Board, and we are recommending five of them be reviewed
13 with certain changes.

14 The first that we will review and change, or
15 make recommendation, is number five, which is the number
16 of QHPs offered by each carrier in a given tier.

17 That, the description that's on page four of
18 seven, if you're following along, currently, you know,
19 each license carrier is allowed to offer no more than
20 five qualified health plans in each metal tier, to
21 include the catastrophic tier in each market, both
22 individual and SHOP.

23 And just like we did on the SHOP policy in
24 April, we are recommending that we add the wording "in
25 each service area"; therefore, they can offer five plans

1 per tier per service area. And that will adhere to
2 current policy that we've been following through the
3 last few plan certification cycles.

4 Recommendation six is under Plan Certification
5 Policy Review. I think, the initial idea when the
6 Exchange was conceived, that we would be able to have an
7 opportunity to review and change policies every six
8 months, or on a semi-annual basis.

9 What we are recommending is that we remove the
10 term "formally" and replace it with "semi-annually" --
11 or with "annually" to align with the annual plan
12 certification process that we've been following for the
13 last three cycles.

14 There is not an opportunity to pull back all
15 the plans and then resubmit them on a semi-annual basis.
16 So any policy changes should most likely adhere to that
17 yearly cycle. That's if, of course, we even have the
18 opportunity to change a policy or if we must adhere to
19 what healthcare.gov is currently providing.

20 Then the next one that we can skip down to is
21 recommendation number eight on page five for network
22 adequacy. And the original recommendation was what we
23 include standards regarding telemedicine and essential
24 community providers and that we adopt the originally
25 adopted network adequacy standards.

1 What we are actually recommending is that we
2 replace this entire recommendation and streamline it and
3 make it very, very simple.

4 "The Division of Insurance, by Nevada statute,
5 is Nevada's authority on network adequacy for health
6 plans. The Exchange defers this function to the
7 Division of Insurance."

8 They will already include essential community
9 providers. They're already including telemedicine and,
10 I believe, even for both medical and dental. And they
11 are the resident authority per statute. And so us
12 deferring this to them would simplify this process. And
13 as changes and requirements come down, we can work with
14 our partners at the DOI to ensure that our networks
15 remain adequate for all health plans both on and off the
16 Exchange.

17 On recommendation nine, Plan Certification --
18 I'm not going to read each one of these subsections.
19 But there's just a little bit of housekeeping cleanup
20 that we should do.

21 On page six of seven, I've outlined in red, if
22 you have a color copy -- if not, it's italicized -- of
23 what the changes we would recommend to each of those
24 sections.

25 And, basically, the process to certify plans,

1 on the health side as well as standalone dental plans,
2 is rather similar. And to split those two out into two
3 different recommendations didn't seem efficient.

4 So we are recommending that in the first
5 section, section A, that any health plan" -- and then
6 we're going to add "or dental plan" -- that meets the
7 requirements and standards of the Exchange, the DOI and
8 the Affordable Care Act, be certified as either a
9 qualified health plan or a standalone dental plan.

10 The next section, B, we are recommending the
11 removal of it. It originally requested that the
12 Division of Insurance, on the behalf of the Exchange,
13 certify or recertify health plans as QHPs to be offered
14 on an annual basis.

15 As you well know, back in January, the Division
16 of Insurance has returned that function and that
17 authority back to the Exchange. And that's why we're
18 going through this transition year right now. And so
19 they are no longer being deferred to, by their own
20 request.

21 And then, finally, down in section E, we just
22 wanted to add "standalone dental plan" as a -- to
23 complete the circle and ensure that we have those, those
24 plans recognized as part of this entire plan
25 certification process, that ultimate responsibility for

1 certification lies with us, and that we can change
2 certification policies, and that they will also apply to
3 standalone dental plans.

4 Moving on to recommendation number 11, the
5 certification of standalone dental and vision plans,
6 first of all, we don't have standalone vision plans.
7 That was never fully approved by the Legislature or
8 the -- or CMS would not allow us to offer ancillary
9 products, and that anything that was written in this
10 recommendation, by making those small changes in
11 recommendation number nine would clean this up and make
12 it streamlined and efficient.

13 So we recommend just eliminating this
14 recommendation if you, if the Board will approve the
15 consolidation of standalone dental plans and qualified
16 health plans in recommendation nine that we just went
17 over above.

18 Those are the only housekeeping items that we
19 would recommend that the Board adopt as policy changes.
20 I'm more than willing to answer any specific questions
21 over any of them or why we recommended them or, if not,
22 accept a motion to approve them as recommended.

23 MS. JOHNSTONE: Thank you, Mr. Haycock.

24 Are there any questions from the Board members?

25 MS. WILSON: Angie Wilson, for the record.

1 So all of the advisory committees, they agree
2 with the changes? I mean I see that those must be on
3 their recommendation here.

4 MR. HAYCOCK: Damon Haycock, for the record.

5 The initial point by number approach in
6 bringing policies to the Exchange Board was the creation
7 of and then the development of the advisory committees.
8 And those advisory committees then brought forth
9 recommendations to the Board.

10 Then, October 1 hit, 2013, right? We should
11 have the "I survived October" --

12 MS. WILSON: Right.

13 MR. HAYCOCK: -- "2013" T-shirts. But then
14 everything kind of became chaotic. And because of those
15 situations and the fact that the Board, in their wisdom,
16 decided to come in and really grasp the Exchange during
17 the first part of 2014, they were meeting weekly, for a
18 point in time. And by time it led up to the May 20th
19 Board meeting, a decision needed to be made. And we
20 went in a different direction.

21 And why I'm giving you the long version, it's
22 just so you and the public understand the history behind
23 why we have not had the opportunity to really reconvene
24 these advisory committees to push these policies
25 through.

1 Every policy that you see here that we are
2 going to be recommending for change isn't because, you
3 know, Damon likes it or thinks it's a good idea. These
4 are all because of what healthcare.gov will allow and
5 what they won't allow, as well as what still makes sense
6 now that we are off of our own original technology
7 platform and we are onto another technology platform
8 with healthcare.gov.

9 And so these are, honestly, housekeeping
10 processes. We can bring the advisory committees back
11 together. But the discussion would be very similar to
12 what the Board will have today, which is do we agree
13 with these housekeeping issues or not. But what can we
14 truly change? There isn't a whole lot of flexibility,
15 unfortunately.

16 MS. WILSON: Sure. Thank you. I appreciate
17 the feedback on and the background on that.

18 MS. JOHNSTONE: And, Ms. Wilson, I would say
19 that while the advisory committees served a very vital
20 role in that first year, trying to establish all of
21 these policies, that it's my preference as the chair
22 that we bring all of these future items straight to the
23 Board and not have the added lawyer of the advisory
24 committees.

25 Our agenda is nothing like it was in the first

1 year. And so I think there's adequate time at the Board
2 level to address each item that staff brings to our
3 attention.

4 MS. WILSON: All right. Thank you.

5 MS. JOHNSTONE: With that said, on number six,
6 Mr. Haycock, in the table on page three, just to be
7 clear what the ultimate motion's going to be, the last
8 sentence isn't repeated, where it says "suggest adding
9 "and bring back to the committee if necessary." That
10 verbiage is not in the text of the report. So I didn't
11 know what your intent was.

12 MR. HAYCOCK: My intent, Madam Chair, at the
13 moment I added that into this table, was to visibly
14 illustrate a severe typo. So I have no suggestion of
15 adding "to bringing that back to the committee if
16 necessary." So, good catch. And that is not part of
17 the recommendation on purpose.

18 MS. JOHNSTONE: All right. So are we -- the
19 intent that is written in the table on page two and
20 seven is a good reference, but we'll remove that last
21 sentence from number six?

22 MR. HAYCOCK: That is, that is correct. In
23 fact, if you look at the direct recommendation for
24 number six on page four of seven, that the specific
25 recommendation is that we recommend removing "formally"

1 and replacing "semi-annual" with "annual" to align with
2 annual plan certification process.

3 And that's the recommendation in its entirety.

4 MS. JOHNSTONE: Thank you. So when we make
5 the -- take any action, it's probably best served to use
6 the text that's on page four and five?

7 MR. HAYCOCK: That is correct. Thank you.

8 MS. JOHNSTONE: Six and seven. Four through
9 seven.

10 All right. With that, is there a motion to
11 take action?

12 MS. LEWIS: I move that we adopt the
13 recommended changes as proposed by staff to the Plan
14 Certification and Management recommendations.

15 DR. JAMESON: This is Dr. Jameson.

16 MS. JOHNSTONE: Thank you.

17 DR. JAMESON: And I would second the motion.

18 MS. JOHNSTONE: Thank you, Dr. Jameson.

19 All those in favor, say "aye."

20 (Board members said "aye.")

21 MS. JOHNSTONE: Opposed?

22 All right. Thank you.

23 That brings us to our standing agenda item
24 there on the update of the Xerox closeout item.

25 MR. HAYCOCK: Thank you, Madam Chair. Damon

1 Haycock again, for the record.

2 So, this one is a little bit smaller than the
3 other ones as we are nearing the end of our closeout
4 activities, at least from an operational standpoint.
5 You'll actually see at the end of this report that this
6 will be the last operational update to the Board.

7 Data transition and retention. You know, we
8 were initially looking to outsource our long-term data
9 requirement needs. And we developed an RFP and received
10 some responses. However, the responses were inadequate,
11 took way too many exceptions to the security
12 requirements that we knew were necessary.

13 And, secondly, we believe we found a
14 streamlined, efficient and, most importantly,
15 cost-effective way to keep it in-house. And so that is
16 the process that we are going to be moving forward with.
17 And we're currently procuring hardware and software to
18 complete it.

19 As Mr. Gilbert mentioned, the IRS has cancelled
20 all the meetings that we have either scheduled to
21 discuss -- really, pushed off is probably a more
22 appropriate statement -- to discuss what are the
23 requirements for purging and transferring the federal
24 tax information.

25 So without any additional guidance, we are

1 moving forward on the current schedule. Which all the
2 data is scheduled to begin transferring over to the
3 Exchange beginning in a couple days, on June 15th.

4 And so, so the Exchange, of course, in our
5 preparations to receive this data, we've participated in
6 a demonstration of the 1095A form correction application
7 that was built by our vendor, Natoma. And that appears
8 to be very simple, effective. And we believe we're
9 going to have no issues being able to make those manual
10 adjustments to 1095A forms when the situation warrants.

11 Additionally, which you don't have here in the
12 report, yesterday we had a demo here with staff and
13 Natoma on the research and reporting application, the
14 ability for us to go in and pull down a 2014 Nevada
15 Health Link enrollee and as much information as
16 possible, to include their enrollment dates, termination
17 dates, if they sent in any correspondence, if they -- if
18 they make phone calls.

19 And what we haven't seen yet, because the data
20 hasn't come over, is the quality and ease of those
21 recorded phone calls.

22 But with that, we've been able to see all the
23 other reporting suites. And it looks like it's going to
24 be very, very helpful for our staff, and we'll be able
25 to assist our Consumer Assistance Center and,

1 ultimately, Nevadans in at least finding out what
2 happened.

3 Now, what happens after that is a different
4 story. But we'll be able to find out what happened.
5 And in partnership with the Division of Insurance we can
6 successfully work on consumer complaints and, hopefully,
7 bring some of these to a resolution.

8 As far as the --

9 DR. JAMESON: The -- oh.

10 MR. HAYCOCK: I'm sorry. Go ahead,
11 Dr. Jameson.

12 DR. JAMESON: I'm sorry. I thought you were
13 (indistinct) questions.

14 When you pulled out the data, did you have any
15 breakdown of the picture, probably because you were
16 concerned about that?

17 MR. HAYCOCK: So at this point in time, Xerox
18 has sent over two sets of data, two snapshots, one at
19 the end of March and one that occurred, I believe,
20 sometime last month, in May. And they did not pull the
21 entirety of the data, but they took a snapshot. And
22 for -- to make it simple, they basically copied and
23 pasted it onto a drive and mailed it over to our vendor
24 to do testing.

25 And so, so we've had, you know, the typical

1 issues with trying to manipulate that data, but we
2 appear to be able to use what has been sent to date.

3 Now, as far as their system being taken apart,
4 the issue that was brought up before, that Xerox had
5 mentioned, was that if they have to remove and purge,
6 literally eliminate the federal tax information from
7 their system, because that, the information is tied
8 intimately to all other information in their system,
9 that it would render their system inoperable.

10 We have not asked them to purge that data, as
11 of today. We are still waiting guidance from the IRS on
12 how they would like us to do it.

13 MR. GILBERT: Litigation hold.

14 MR. HAYCOCK: Yeah. And, of course -- thank
15 you, Mr. Gilbert -- that all information that Xerox has
16 to date is currently under a litigation hold for the
17 open court cases that are leveraged against them.

18 And so, so it's a little touchier than that.
19 But at this point, we have no, no specific schedule or
20 benchmark date as to when that information will be
21 purged from their system. But we intend to receive all
22 of it. And then we will segregate the federal tax
23 information in accordance with the IRS and use the other
24 information appropriately and securely to help Nevadans.

25 Hopefully, that answers your question,

1 Dr. Jameson.

2 DR. JAMESON: Oh, thank you. Yes.

3 MR. HAYCOCK: A little bit on the call center
4 closeout. This had more meaning last month, so I'm
5 sorry we weren't able to have a meeting.

6 But April 15th, Xerox ceased operations of
7 their call center, and we were able to seamlessly pick
8 it right back up April 16th.

9 We work hand in hand with our partners at
10 Nevada Primary Care Association, who are doing a bang-up
11 job trying to handle issues that they didn't create, and
12 they have to try to fix these issues, and then they
13 don't have to a system to fix them. And so my hat's off
14 to our partners that are right on the other side of the
15 wall here in Carson City, who are doing an amazing job.
16 And we feel that this has been a very, very beneficial
17 relationship to date.

18 We have also taken over the Post Office boxes
19 in southern Nevada. And so we're able to see what kind
20 of stuff is coming in from consumers, and able to
21 address it accordingly.

22 Case reconciliation and 1095A corrections. You
23 know, we're still working with Xerox -- I know it's a
24 broken record; you've heard this over and over -- on
25 2014 issues.

1 Xerox has gotten to the point where they have
2 frozen their data. And they are finalizing their
3 financial closeout of any of their accounts. We've had
4 some difficulties back and forth with them trying to get
5 information. And then, once we get information, there's
6 nothing we can do because of their frozen data.

7 You know, we requested that they provide an
8 opportunity or a resource or a mechanism for us to
9 continue to help Nevadans between that April date. And
10 then, once we finally get and can manipulate the data.
11 And they plainly refuse.

12 So we are at this point now where we're
13 anticipating the data to be transferred and when we've,
14 unfortunately, had to tell Nevadans that we're going to
15 have to pause for a little bit, but we will -- we have
16 all of their information logged appropriately. We're
17 going to be reaching back out to them. And once we get
18 that data, we'll work with the Consumer Assistance
19 Center and the Division of Insurance and solve as many
20 of these problems as we can possibly.

21 Then, of course, the conclusion that this
22 report will conclude the operational closeout.

23 There's only one task left for Xerox to do
24 operationally with the Exchange. And that has nothing
25 to do with it contractually. That's a whole nother

1 issue that I don't think we're going to go into today.
2 But as far as operationally, they just need to send us
3 the data.

4 And when that data is sent over, we need to
5 receive it and validate it and make sure that we can
6 access. And we're going to go through a series of tests
7 to pull down information to ensure we can get what we
8 need to get from that data.

9 And from then, moving forward, we have no
10 operational arrangement with Xerox.

11 And so, so that one statement that we've
12 received and all data is good is something that will
13 probably be brought back up in Mr. Gilbert's report in
14 the next month or so. That's the dream.

15 And with that, I'll take any questions you may
16 have.

17 DR. JAMESON: Florence Jameson, for the record.

18 I was just wondering, when you took over the
19 postage, Post Office information, now that Bruce has
20 orchestrated this beautiful call center we now have, I
21 would imagine that in doing it, quantifying, imagine
22 that the postal system has done, you know, I was
23 wondering, we have (indistinct) coming in; are we still
24 getting in any new applications to speak of?

25 And compared with our call center, we need to

1 talk about how many calls we've gotten. What's the
2 volume (indistinct)?

3 MR. HAYCOCK: So. So, I heard two questions in
4 there. I can answer the first, and then we're going to
5 bring up Laura Rich, our project officer, who has
6 oversight over the call center. She has a lot of the
7 statistics that she can share with you on the call
8 center calls.

9 As far as what types of stuff has come into our
10 Post Office box, you know, we've received anything from
11 payments to other issues that -- that consumers have
12 tried to send in information for. I don't believe we're
13 getting any applications.

14 But we are going to be shutting down the Post
15 Office box and forwarding all of that mail up here to
16 Carson City, so we can link our consumer system center
17 with those, with that correspondence. And the fact that
18 it's really dwindled down, we believe that that's the
19 right thing to do, and it's the efficient thing to do.

20 With that, I'm going to let Laura Rich -- she's
21 going to come up to our table here and talk a little bit
22 about how the call center is working. Or the Consumer
23 Assistance Center. Excuse me.

24 MS. RICH: For the record, Laura Rich.

25 We're getting about, probably about 150 calls

1 daily, average. Mondays and Tuesdays seem to be a lot
2 higher than Wednesday, Thursday, Friday.

3 The Consumer Assistance Center is staffed with
4 six staff. And they seem to be handling it pretty well.

5 We've got great hold times, great abandon
6 rates. You know, they're, the calls that are coming in
7 range anywhere from 1095 issues -- we had a lot of 1095A
8 calls coming in there at the end of April through just
9 recently. We're still getting a lot of recurrent
10 requests, a lot of correction requests.

11 The reprints we're able to handle. On a weekly
12 basis, we send out reprints.

13 The corrections, unfortunately, we're unable to
14 make any corrections until we get that data from Xerox.
15 However, we're logging them. The Consumer Assistance
16 Center, the staff in there is logging, they're logging
17 those calls. We have everything scheduled and ready to
18 launch as soon as we get that data from Xerox.

19 We're also getting, of course, 2014 issues
20 still. There's a lot of calls that are coming in
21 regarding 2014 issues. Again, those are being handled
22 in coordination with the Division of Insurance.

23 And we do get a lot of Medicaid referrals. You
24 know, it's what we got for a public comment. We have a
25 lot of callers calling in for APTC drop-offs and things

1 like that. So we've been addressing those internally
2 with our state officer.

3 And any other 2015 issues, we're coordinating
4 with the carriers, not just forwarding calls, but warm
5 transfers. Actually, the call center staff is calling
6 the carriers and trying to address issues with the
7 carrier, call center or, you know, consumer assistance.

8 So those are -- that's kind of just an
9 overview. I can, I can come up with more statistics,
10 specific statistics. But right now, I mean that's just
11 a brief overview of what we've got coming in.

12 DR. JAMESON: Yes, specifically, and I was just
13 curious as to how many IRS issues we're dealing with,
14 the call center.

15 MS. RICH: Just off the top of my head,
16 Dr. Jameson, I'm uncomfortable giving you a number. I'd
17 have to pull that up.

18 But we do have -- I would say at least 10 to 15
19 percent of our calls are on 1095A issues, either reprint
20 requests or correction requests. And those seem to have
21 dropped off quite a bit.

22 DR. JAMESON: Actually, it's better than I
23 thought. Thank you.

24 MR. GILBERT: Thank you, Dr. Jameson. Bruce
25 Gilbert, for the record, just to expand on a couple of

1 things that Damon and Laura said.

2 With respect to the mail, Rosa and Evon have
3 been essentially logging each and every item that come
4 through those mailboxes every single day. If they are
5 checks, those checks are returned either to the consumer
6 or the issuing party, whichever we can identify.

7 But we keep a complete record of everything
8 that comes through those boxes. If it's correspondence,
9 we respond. We do whatever is necessary. But we
10 literally keep a daily log of those things.

11 With regard to the calls to the Consumer
12 Assistance Center, if they deal with tax issues or 1095A
13 issues, as Laura has indicated, we did, we talk to our
14 state officer, and we try and do what we can with those.
15 If they deal with refunds or other issues which are
16 within the purview of the Division of Insurance, we have
17 set up a process whereby we work in partnership with
18 them to provide them with information on the consumer,
19 so if contacted us with respect to those issues, and we
20 provide the consumers with specific assistance in terms
21 of taking their issue to the Division as well.

22 So I think that we've done as much as we can,
23 until we get the data itself, to be able to provide the
24 level of support that, frankly, our consumers have not
25 had prior to this.

1 DR. JAMESON: Exactly.

2 MS. JOHNSTONE: Thank you.

3 Any other comments from the Board?

4 All right. That brings us to discussion and
5 possible action regarding future meetings.

6 Any suggestions from the Board members?

7 I think, picking up on this recent discussion,
8 either at the July or August meeting, kind of a more
9 in-depth description of what you are tackling with the
10 Consumer Assistance Center and the statistics that
11 you're able to garner would be helpful for the Board and
12 the public. And maybe within that, talk through or
13 incorporate what you've been able to work through with
14 the advance payment, or advance premium tax credit
15 documentation issue that we heard during public comment.

16 MS. KERR: This is Marie Kerr.

17 I had to drop off the call from 2:00 to 2:30.
18 You probably had the sustainability discussion during
19 that time. But I suggest that that be on your future
20 agendas, because it'll be a very important question
21 going forward for this Board.

22 MS. JOHNSTONE: And I missed the first part of
23 that, Ms. Kerr. What topic?

24 MS. KERR: Sustainability.

25 MS. JOHNSTONE: Yes, definitely.

1 MS. KERR: In light of the costs associated
2 with the Federal Exchange.
3 MS. JOHNSTONE: Yes.
4 DR. JAMESON: I agree.
5 MS. JOHNSTONE: All right. Anything else?
6 All right. We will move on to public comment.
7 Anyone in Henderson?
8 Any public comment in Carson City?
9 MR. GILBERT: None in Carson City.
10 MS. JOHNSTONE: Thank you.
11 Hearing none, I will go ahead and adjourn the
12 meeting. Thank you all.

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