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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
THURSDAY, OCTOBER 8, 2015, 1:30 P.M.

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DR. JAMESON: Okay. Well, why don't we go ahead and start.

I'm not sure if everybody is aware that due to personal reasons, our Chairperson has stepped down and will not be with us any longer. But I do want to take a moment and just appreciate the amazing work she has done for the Exchange, especially in those first couple years, when she worked with the organizing committees to get this off the road.

Can you hear me?

MR. GILBERT: We can.

DR. JAMESON: Oh, good.

So I am sorry that she's gone. But, oh, my goodness, I think, she was probably here for a good part of three and a half years? Yeah. She put -- she contributed. And, indeed, she was incredibly intelligent and brilliant when it came to numbers and really had an amazing amount of compassion that every Nevadan get the access to health care. And we are ever

1 so grateful for the time she was with us.

2 So that being the case, currently we are
3 without a chairperson. And as Vice Chair, I'll go ahead
4 and start the meeting.

5 Is that okay with you, Bruce?

6 MR. GILBERT: Yes, Dr. Jameson, that would be
7 fine.

8 DR. JAMESON: We'll start with the roll.

9 MR. GILBERT: Thank you. I'll call the roll.
10 Dr. Jameson?

11 I'm going to mark you as present, because I
12 know you're here.

13 Ms. Lewis?

14 Ms. Wilson?

15 MS. WILSON: Here.

16 MR. GILBERT: Dr. Grinshteyn?

17 DR. GRINSHTEYN: Present.

18 MR. GILBERT: Ms. Clark?

19 MS. CLARK: Present.

20 MR. GILBERT: And our ex-officio members.

21 Ms. Aiello?

22 MS. AIELLO: Present.

23 MR. GILBERT: Mr. King?

24 MR. KING: Here.

25 MR. GILBERT: And Ms. Nielsen?

1 MS. NIELSEN: Here.

2 MR. GILBERT: We have a quorum, Madam Vice
3 Chair.

4 DR. JAMESON: (Inaudible.) Why don't we go
5 ahead and start in the north.

6 MR. GILBERT: Is there any public comment here
7 in the north?

8 There is none.

9 DR. JAMESON: Okay. Then, we'll go ahead --

10 MR. GILBERT: Oh. Oh, I take it back. I take
11 it back. There is one.

12 DR. JAMESON: Oh.

13 (Indistinct.)

14 MR. GILBERT: We have one.

15 Thank you. Please be sure to push the button
16 to be heard.

17 MS. JULIE ANN UTLEY: Can you hear me? Okay.

18 This is addressing additional comments that
19 have already been presented to the Board.

20 My name is Julie Ann Utley, and I'm an
21 insurance broker. I run a small agency. And we work
22 with both employer groups as well as individuals and
23 their families. As a matter of fact, for the past
24 several years, our book of business has continually
25 transitioned to more of the individual family market

1 because there is such a big need to service this segment
2 of our community.

3 To some, it would appear that licensed
4 professionals simply sell insurance. However, there is
5 nothing simple about what we do.

6 We begin our job by asking questions so that we
7 can really get to know our clients' specific needs.
8 Although the tasks I perform on the daily basis don't
9 change, the needs of those I serve does, and it's my job
10 to properly advise them, to show them all possible
11 options and to help them make the best decision possible
12 for their specific needs.

13 Often, the least expensive option, i.e. a
14 bronze plan, isn't the best plan for them. It might be
15 the least expensive option when you consider the monthly
16 premium; but there is so much more to consider than just
17 the monthly premium.

18 Each person's specific needs, i.e. do they see
19 a specialist on a regular basis, what prescriptions are
20 they taking, those are all things that should be
21 considered to help them make the best -- sorry -- should
22 be determined -- I just got lost on what I was saying
23 here, should read -- should determine the best plan for
24 them. And as a licensed insurance professional, I have
25 the privilege and the duty of making sure they find a

1 plan that will cover their specific needs and that they
2 can, hopefully afford.

3 Additionally, we provide services to our
4 clients throughout the year and at no additional cost to
5 them. We build a relationship with our clients, and we
6 encourage them to call on us should they have errors
7 with their billing statements, have questions about
8 their coverage or need help with how their claims are
9 processed.

10 I have worked in this industry since November
11 of 1990, and I've had -- if I had the time, I could
12 share with you numerous accounts where we helped our
13 clients get things fixed or paid correctly, again at no
14 additional cost to them.

15 If I'm performing my job correctly, our clients
16 will get the coverage they need at the best possible
17 price. They will know they have an advocate working on
18 their behalf. However, if I don't perform my job
19 correctly, they have the option of moving to another
20 broker, in effect firing me. So, yes, I sell insurance,
21 and I do as a way of making a living for myself, my
22 family and my staff. However, I have to perform, to do
23 what is right and best for my clients or I will lose
24 them.

25 I have a group client, a nonprofit company, who

1 has served our community in the past two years in the
2 capacity of a navigator. And I have found them to be an
3 invaluable resource. There are people in our community
4 that they can reach and service that I just can't.
5 Conversely, there are people in our community that need
6 the expertise of a licensed insurance professional and
7 the advice that I can provide them, and this is a
8 service that they can't perform. We called on them
9 numerous times for assistance, and they referred people
10 to us when they felt we could provide better services to
11 the community. There is a need for both entities if we
12 are going to properly help people get the coverage that
13 they need and want.

14 I would like to end by thanking the Silver
15 State Health Insurance Exchange for working with all
16 three of the professional associations of licensed
17 insurance professionals to collaborate on ways to
18 utilize both navigators and agent/brokers for the
19 upcoming open enrollment so that everyone in the
20 communities that we serve receives the assistance they
21 need in order to obtain the best coverage possible.

22 Thank you.

23 MR. GILBERT: Thank you very much. Would it be
24 possible for you to share a written copy of your remarks
25 with Ms. Cox of our staff?

1 MS. UTLEY: No problem.

2 MR. GILBERT: Thank you.

3 Is there any other public comment here in
4 Carson City?

5 There is none, Madam Vice Chair.

6 DR. JAMESON: Thank you.

7 We do have public comment here in Las Vegas.

8 Go ahead and introduce yourself and make your
9 comments. Thank you.

10 MS. LYDIA BOSKE-HEATER: Good afternoon. My
11 name is Lydia Boske Heater, and I'm the State President
12 for the Nevada Association of Health Underwriters.

13 On behalf of the licensed insurance
14 professionals in the state of Nevada, we would like to
15 publicly applaud the Silver State Health Insurance
16 Exchange for their decision to work with the three
17 professional Associations -- the National Association of
18 Health Underwriters, the National Association of --
19 excuse me -- of Insurance and Financial Advisors, and
20 the Nevada Independent Insurance Agents -- on the
21 upcoming open enrollment.

22 We believe that this partnership with the
23 Exchange and the navigators will benefit not only the
24 consumers who are underserved and hard to reach, but all
25 consumers who are in need of assistance in selecting the

1 most appropriate level of coverage when purchasing their
2 health insurance.

3 As we embark on this next open enrollment,
4 insurance professionals throughout the state will be
5 partnering and attending the Nevada Health Link events.
6 With all of the strategic support in advertising from
7 Penna Powers, the outreach from the Ramirez Group and
8 the navigators, we expect that this will be the most
9 successful open enrollment Nevada has had to date.

10 Our purpose and main objective is to provide
11 the same level of consumer support and education, advice
12 and service that we give to all of our clients, whether
13 you're insured through an employer, purchasing an
14 individual health plan or eligible for a subsidy through
15 the Exchange. We feel that consumers in the underserved
16 communities deserve the same professional guidance as
17 all consumers have.

18 We've found that throughout the past two years
19 of the Affordable Care Act, that the least expensive
20 policy doesn't always equate to the best level of
21 coverage for an individual.

22 A survey by Avalere found that in 2015 there
23 were over 2 million people nationwide qualified for a
24 cost share reduction subsidy but purchased a plan in the
25 metal levels that do not offer the cost share

1 reductions. Cost share reductions lower the consumer's
2 deductible, coinsurance, copayments and out-of-pocket
3 maximums but are only available to those who qualify for
4 the purchase of the silver level plan. The survey
5 indicates that the consumers shop for plans based upon
6 premiums and estimated those 2 million consumers
7 purchased bronze level plans.

8 By being in the most appropriate plan and
9 taking advantage of the premium tax credit and the cost
10 share reduction when they qualify, consumers achieve the
11 goal of the ACA to have appropriate insurance coverage
12 and have it affordable.

13 Licensed insurance professionals guide
14 consumers through the process while ensuring that they
15 get the best policy at the most affordable price. The
16 licensed professional will take the time to understand
17 the consumer's requirements and recommend the plan that
18 best complements their financial and medical security
19 needs. We've all heard of stories from consumers, over
20 and over again, who have purchased plans based upon only
21 premium and then later feel that they have no coverage.

22 In addition, consumers have had their
23 struggles, after they've enrolled, with issues such as
24 eligibility verifications, claims and billing
25 statements. These are all services that a licensed

1 insurance professional is able to help resolve for the
2 consumer, as their advocate, throughout the life of the
3 policy. It is easy to assume, if you call the insurer's
4 member services line, that a consumer will get all of
5 their issues resolved. But that's just not the case.
6 Agents provide numerous services that involve research,
7 documentation and submission to the carriers, on behalf
8 of the covered insured, to appeal insurance company
9 decisions. To advocate on behalf of our clients is our
10 number one priority.

11 Our approach as an industry is to comply with
12 the federal laws and to work with the Exchange and the
13 navigators in a collaborative effort to serve the
14 citizens of Nevada. We welcome any conversations
15 regarding concerns, and in the spirit of cooperation
16 hope to make the 2016 open enrollment the best possible
17 experience for all.

18 The members of our three professional
19 associations continue to strive for excellence in our
20 chosen profession, with initiatives that promote the
21 betterment for all whom we serve.

22 DR. JAMESON: Thank you so much.

23 Is there anyone else who would like to make a
24 public comment?

25 MR. BARRY GOLD: Thank you. For the record, my

1 name is Barry Gold. I'm the Director of Government
2 Relations for AARP Nevada.

3 I'd like to start off my public comment by,
4 also, recognizing and thanking -- I guess, since she
5 stepped down, she's no longer Chair Johnstone. She was
6 here from day one. Many of us were here from day one.
7 She toiled long and hard on -- from the first
8 committees, the Consumer Assistance Committee, and
9 wanted to make sure this was done right. So I'd like to
10 start off by saying that.

11 The reason why I'm really here is I want to
12 talk about -- I want to mention a letter that was
13 submitted by Elisa Cafferata talking about a situation
14 with the navigators and what's going on with the
15 navigators. And in her letter she talks about some
16 conflicts of interest and some changes to what the
17 navigator functions were going to be.

18 And from your own documents, from your agenda
19 item, marketing and enrollment system, it says that
20 navigators will be available for triage during
21 enrollment events. And it talks about the dynamics
22 between the Exchange and the producer community will --
23 is all changing, to change things.

24 So there's a lot of things that are going on
25 that I would like to talk about just a little bit. And

1 you had another document that talked about the
2 navigators assisting brokers at predetermined events,
3 and that was in Ms. Cafferata's letter. And that's of
4 concern, because the navigators, by law, are supposed to
5 provide impartial advice and all that. And I do believe
6 they will do that. But if these broker events are
7 predetermined as to who's going to be there, which
8 navigators, which brokers, it kinds takes some of that
9 free choice away.

10 Now, I know there was a meeting with navigators
11 this week. And then the navigators, they were pretty
12 promised, oh, we're not saying you cannot, you are not
13 allowed to enroll people, but pretty much their job has
14 changed, and they're really not, they're not so much
15 enrollment assisters anymore but they are outreach
16 coordinators.

17 When I spoke to a lot of the navigators,
18 several navigators said they were disappointed in that.
19 They said that's not really what they signed up for.
20 They said the grants were very specific. Again, that's
21 not what they signed up for. And some of them hired
22 specific people that were going to be enrolling people,
23 not actually going like outreach and education for that.

24 So there's kind of a difference. Know, it
25 seems to me that there is, I would say, not preferential

1 treatment, but there's been a policy. There's been a
2 policy that's been decided by Nevada Health Link to
3 drive or push a majority, a very large majority of all
4 sign-ups of all actual enrollments to the broker agency
5 community. And there may be reasons for that. But the
6 idea of that is, you know, doing that increases the
7 profit motive and the incentive for the broker agencies
8 over the navigators.

9 Now, I fully understand, I fully understand
10 there is no additional cost to consumers. They pay
11 nothing. They don't see any of this. They don't know
12 the difference. But you have to consider that if the
13 insurers, the insurance companies, if all of a sudden 90
14 percent or 95 percent of the enrollments and for
15 Exchange members are done by brokers or agents, and the
16 insurance companies are paying those commissions, those
17 costs are going to come out somewhere. At some point in
18 time down the line they're going to come out, and it's
19 going to be probably increased premiums.

20 So, I think, this policy to push a majority of
21 enrollments to the broker agencies is one that needs to
22 be reconsidered.

23 Let's go back to the beginning. In the
24 beginning, in day one, when Leslie Johnstone -- and I
25 see a couple people in this room and up north that were

1 involved in all of these meetings and sat here. There
2 was a lot of discussion on who was going to do what,
3 what was going to happen. And what I will say, without
4 hesitation, is there were some people that were talking
5 about whether navigators should even exist, whether they
6 were qualified to do what they did, do we even need to
7 have them, why are we going to do this, it should only
8 be brokers.

9 Well, fortunately, unfortunately, the
10 Affordable Care Act requires there be navigators to be
11 there. So the navigators are part of the law, and
12 they're there, and they've been doing what -- their job
13 very well. I sat -- it was either at this table or
14 another table, and I talked about the training and the
15 level of expertise that they had. And the training that
16 the navigators receive are equal to or more than what
17 brokers have to sell insurance policies, QHPs through
18 the Exchange. So that is not, that is not an issue.

19 So, I think, this change is looking at a couple
20 of different things. Now, one of the problems with this
21 change is it opens it up, a large, a lot more people
22 that are buying programs, it opens it up, the idea for
23 cross-selling process. In other words, generating
24 referrals for other businesses. So if only brokers, or
25 mostly brokers are selling policies, oh, by the way, I

1 also sell car insurance, oh, by the way, I sell life
2 insurance. And you may or may not need that. And when
3 people are coming to Nevada Health Link, or they're
4 going to the events, they are there to buy health
5 insurance and health insurance alone.

6 So there's a potential conflict there. I'm not
7 saying anybody would do that. But in the beginning,
8 when they talked about there only being brokers and
9 agents, that was squashed. And the navigators were
10 there to kind of do that balance.

11 As I mentioned, it seems like there has been
12 preferential treatment. No, I'll take preferential
13 treatment back. There's been policy that's decided that
14 a majority of the actual enrollment will be done by
15 brokers and agencies, not by navigators.

16 A question that I have is there's a function on
17 the website to look up where to get help. And I kind of
18 asked this question, but I didn't get an answer: Will
19 the navigators even be listed on that, or will only
20 brokers and agents be there?

21 You know, when I read language that the
22 navigators will go to these predetermined events,
23 whether they're the sign-up Saturdays or the pop-up
24 events or whatever we're calling them, and they're there
25 to triage clients but not actually sign them up, I heard

1 it described earlier there's a partnership between
2 brokers and agents and navigators. It's not a
3 partnership. The navigators are the stepchildren. They
4 are on the back burner. They are not -- not good
5 enough, let's say, to actually sign people up. I can
6 say whether you're eligible. I can say whether you're
7 on Medicaid. But when it's time to actually look at the
8 products and sign them up, we're going to send you over
9 to somebody.

10 And I just think, when you're looking at that,
11 and especially this is the first year that with the new
12 law -- there's a new law in Carson City that there's
13 somebody who has ties to the industry that is sitting on
14 the Board. And that's a great thing, and it's doing a
15 good job. But the fact that that happened, now it seems
16 like policy is to push a majority of the enrollment to
17 the broker agency, broker agency community.

18 There's just something there that, let's just
19 say, just doesn't -- doesn't taste right. There's just
20 something there. And I know that a lot of the
21 navigators that I've talked to are a little
22 uncomfortable in their new role, that while they were
23 told this week "You are allowed indeed allowed to sign
24 people up; no, we're not saying you can't," that's not
25 their primary focus anymore. But that's kind of what

1 they signed up for.

2 So that's what I wanted to talk about.

3 DR. JAMESON: Mr. Gold, thank you for your
4 comments.

5 Welcome. Yes, you need the green light.

6 MR. LOU CILA: Okay. For the record, Lou Cila.
7 I'm a broker in Nevada. I don't sell car insurance, so
8 Mr. Gold doesn't have to worry about me.

9 It's regarding renewals. You know, the value
10 of a business, in any business, especially reoccurring
11 revenue business, retention is important. And I just
12 recently got a lot of phone calls, in the last day or
13 two, from customers who have just recently gotten their
14 renewals. And one of them was kind enough to send me
15 the letter that they got.

16 And I just want to quickly look at, go over
17 some highlights. I have all the documentation here.
18 His annual premium, after the APTC for 2015, is \$85.83.
19 His new premium, according to the letter, after the
20 APTC, is \$746.52. Now, clearly there's something wrong.
21 Okay. This year, he's paying \$85.83. And according to
22 the letter that he got from Health Plan of Nevada, next
23 year he'll be paying \$746.62.

24 And, again, I'm sure it's a mistake. Okay.
25 And I'm going to work on it and get it corrected. But

1 the issues is, from a retention standpoint, this is what
2 the customer got. And the very first thing he said to
3 me on the phone was, "I'm not paying this. I'm not
4 going to renew this."

5 So I just felt that I would bring this issue.
6 And I just pulled one other one off of my list. I mean
7 there's a quite a few of them. And I don't know that
8 they're wrong or right. But this particular one is
9 another person who -- let's see. This year, they're
10 paying \$243.21. And next year, they're going to be
11 paying \$348.01. And it looks like the premium of 2015
12 is \$1,087, and the renewal premium is \$1,192, which is
13 about the guidelines of the nine percent increase that
14 some e-mail I got from the insurance company saying
15 that's what it was.

16 However, when you calculate the premium,
17 they're paying now \$243.21, and they're going to be
18 paying \$348.01. Well, that's not eight or nine percent.
19 I did some quick math, and I came up with 43 percent.

20 So a concept -- and I mean I have a little
21 experience, because I used to sell property and
22 casualty, and I dealt with a lot of the used car
23 business market. And, you know, when you're dealing
24 with people who, by nature, have restrictions on their
25 income, some of them can't afford this. So it becomes a

1 contradiction to the Affordable Care Act.

2 I don't know that the Board is aware of it, if
3 the management -- I mean everybody's done a great job.
4 I go back to the days when you couldn't get anybody
5 enrolled. And this year, it's like walking in the park.
6 It is absolutely phenomenal. So I have to say,
7 everybody, kudos, and a job well-done.

8 But to think that your 70,000 customers, when
9 they get these letters, the ones that don't have a
10 broker to call, the ones that maybe they can call their
11 navigator or whatever, the assisters, who will be able
12 to follow up on this stuff for them -- I don't know what
13 their procedures are, what their rules are. But you got
14 to figure that you're going to suffer a big loss. I
15 mean I would suspect that your renewals by February 1st
16 will probably be off 20 to 30 percent.

17 So, hopefully, we can get this thing nipped in
18 the bud and get it moving forward so that we don't have
19 to deal with that come January.

20 Thank you.

21 DR. JAMESON: Thank you, Mr. Cila.

22 MR. GILBERT: Mr. Cila, may I ask a question?

23 DR. JAMESON: Was there --

24 MR. GILBERT: May I ask a question? The
25 letter, the letters that you're referring to, those

1 aren't from Nevada Health Link. That's from a carrier,
2 I assume. Is that correct?

3 MR. CILA: That's from the -- the letter that I
4 have, sir, is from the carrier.

5 MR. GILBERT: Okay.

6 MR. CILA: And it was the insured who sent it
7 to me.

8 MR. GILBERT: Okay.

9 MR. CILA: I will give you a copy of it.

10 MR. GILBERT: Okay. Thank you. Thank you.

11 MR. CILA: And you'll get it.

12 It's just, as soon as I saw it, the first thing
13 that stuck in my head is, this is what they were looking
14 at. And if I were to tape the seven phone calls I got
15 yesterday, the very -- or I should say, the second
16 sentence was "I can't afford this. I'm not paying
17 this."

18 So, you know, when you start looking at it in
19 that perspective, it kind of changes the picture.

20 MR. GILBERT: Right. It's a good thing they
21 have a broker to help them, then.

22 MR. CILA: Absolutely. Thank you, sir.

23 DR. JAMESON: And then, for the record, there
24 is someone who sent in a comment, and it's posted.
25 Elisa Cafferata also made a statement regarding the

1 similar issues.

2 So we'll go ahead and proceed. I'd like to
3 note that during public comment, that Ms. Lewis joined
4 us.

5 Thank you, Ms. Lewis.

6 So what I'd like, everybody to take a last look
7 at those minutes from September 10th. And if there are
8 no comments, if we could have a recommendation for
9 approving those minutes.

10 Do we --

11 MS. CLARK: Madam Chair, it's Valerie Clark,
12 for the record. I make a motion to approve the minutes.

13 DR. JAMESON: And we have a -- did we have a
14 second on that?

15 MS. WILSON: Angie Wilson, Madam Chair. I'll
16 so second that motion.

17 DR. JAMESON: So is everybody in favor? Say
18 "aye."

19 (Board members said "aye.")

20 DR. JAMESON: No opposition?

21 Minutes are passed for September 10th, 2015.

22 Our next item is possible action item number
23 IV, election for Chair, Vice Chair, to fill vacancy or
24 vacancies from among the membership of the Board. And
25 so eligibility are any member of the Board. Appointed

1 members are Florence Jameson, Lavonne Lewis, Angie
2 Wilson, Erin -- and I apologized, Erin -- Erin -- is it
3 Grinshteyn (GREN-shah-tin"?)

4 DR. GRINSHTEYN: It's Grinshteyn
5 ("GRENSH-teen").

6 DR. JAMESON: And Valerie -- Grinshteyn. Thank
7 you. Grinshteyn. And Valerie Clark. Ex-officio
8 members are Betsy Aiello, Amy Park and James R. Wells.

9 I would like to entertain any motions.

10 MS. LEWIS: Madam Chair, I would like to
11 nominate Dr. Florence Jameson as Chair of the Nevada
12 Silver State Health Exchange Board.

13 MS. CLARK: I'll second that.

14 DR. JAMESON: Do we have a second? Okay.
15 Thank you.

16 And everyone in favor, please say "aye."
17 (Board members said "aye.")

18 DR. JAMESON: Anyone in opposition?
19 Thank you.

20 Okay. Next item of business, our Executive
21 Director's report.

22 Mr. Gilbert.

23 MR. GILBERT: Madam Chair, we now have a have a
24 vacancy in the Vice Chair slot.

25 DR. JAMESON: Oh, yes. Yes. Thank you for

1 pointing that out. Yes. So, I would like to --

2 MR. GILBERT: We could allow you to hold both,
3 I assume.

4 DR. JAMESON: Uh-huh (affirmative). Let me
5 entertain a motion for Vice Chair. Thank you.

6 I would like to nominate -- oh, cannot?

7 MS. LEWIS: I think, it would be important for
8 one of the chair people to be --

9 DR. JAMESON: Yes, I agree with you. I agree.

10 MS. LEWIS: -- up in northern Nevada.

11 DR. JAMESON: Yes, I agree with you. We want
12 someone in northern Nevada to step up here. Who would
13 like --

14 MR. GILBERT: Madam Chair?

15 DR. JAMESON: Who is interested in being
16 nominated?

17 MR. GILBERT: Madam Chair, if I may, I did
18 canvass the membership of the Board previously. And one
19 person who did indicate an interest specifically in the
20 Vice Chairman position was Dr. Grinshteyn.

21 DR. JAMESON: Well, very good. Can I hear it
22 in a motion?

23 MS. LEWIS: Madam Chair, I'd like to nominate
24 Dr. Grinshteyn for Vice Chair.

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

1 I will second that motion.

2 DR. JAMESON: Thank you.

3 Everyone in favor, "aye"?

4 (Board members said "aye.")

5 DR. JAMESON: Any opposition?

6 That would be a unanimous.

7 Congratulations, Dr. Grinshteyn.

8 MR. GILBERT: Congratulations.

9 (Board members congratulated Dr. Grinshteyn.)

10 DR. GRINSHTEYN: Thank you.

11 DR. JAMESON: Now we are so ready for that
12 report, Mr. Gilbert. Thank you.

13 MR. GILBERT: Thank you. Thank you, Madam
14 Chair and new Madam Vice Chair.

15 DR. GRINSHTEYN: Thank you.

16 MR. GILBERT: Before I begin my remarks, I
17 would like to introduce Aaron Frantz, who is now our
18 Financial Officer. I think, he may have been around at
19 the meeting, but he didn't get to sit up front with the
20 big kids. So. I thought I would introduce him.

21 And also Dawn King, who joined us this week and
22 is our Compliance Analyst going forward. So Dawn
23 will --

24 DR. JAMESON: Mr. Gilbert, if you're saying
25 anything, we can't hear anything.

1 MR. GILBERT: You know, that's hard to believe,
2 because I'm really very loud. Thank you, though, Madam
3 Chair. What I was saying is --

4 DR. JAMESON: Have you started yet?

5 MR. GILBERT: I just did. I just did.

6 DR. JAMESON: Okay.

7 MR. GILBERT: All right. As I was -- as I
8 meant to say, before I make any actual remarks, I'd like
9 to introduce Aaron Frantz as our new Financial Officer.
10 He was here with us last year, but as I said, he didn't
11 get to sit at the big kids' table, but he does today.

12 And, also, Dawn King is here. She is our new
13 Compliance Analyst and will be working with us with
14 respect to federal and state compliance issues. We're
15 very, very pleased to have her here as well.

16 My report is oral rather than written. I
17 apologize for that. Oddly enough, the month before open
18 enrollment tends to be fairly busy, and the demands on
19 my time get to be fairly significant. You know, open
20 enrollment is three weeks away, and I've been out and
21 about, frankly, speaking with the media. And there's
22 just an awful lot to do.

23 I met yesterday, I think --

24 MS. KORBULIC: M-hm (affirmative).

25 MR. GILBERT: -- with the editorial board of

1 the Reno Gazette and Journal. And it's really
2 interesting, because I've not done editorial boards
3 before. And that's a totally unique experience. It was
4 enjoyable, though. And I appreciate them taking the
5 time to speak with me. But it reminded me that,
6 invariably, what we will be asked over and over again
7 over the course of the next four months, roughly, is how
8 may, how much, who are you signing up, where are they,
9 where are they coming from, how many, how many, how
10 many.

11 And I would tell the Board, and you probably
12 know this about me, I'm a really lousy prognosticator,
13 just flat-out bad at it. If you would have asked me
14 last year how many people we would sign up, I would have
15 told you probably about half as many as we actually did.
16 And if you ask me this year, I'm afraid I'll tell you
17 twice as many as we actually will. I'm just not very
18 good at it.

19 You know, we were very -- I don't want to say
20 we were lucky, because it wasn't luck that led 73,000
21 people to sign up for insurance and enroll through the
22 Exchange. And it wasn't luck that led us to where we
23 are today.

24 You know, this year, this is an unusual year.
25 Last year was unusual, too, because we were coming off a

1 year where we hadn't done very well. This year, we did
2 very well in terms of enrollment. However, there's
3 market turmoil. Two of our carriers are going away.
4 Assurant has pulled out throughout the United States
5 from Exchanges. And the Nevada Co-Op, of course, will
6 not be offering coverage subsequent to December 31st.

7 So it's going to be a market that's in
8 transition. And, of course, there are continuing
9 political overtones, undertones, whatever you want to
10 call them, with respect to the Affordable Care Act in
11 Washington and, of course, in Carson City as well.

12 So I'm sort of the loathe to say here's our
13 target, here's what we're going for, because, to be
14 frank with you, I just don't know. And I won't know
15 until open enrollment is over. All I can tell you is,
16 as I told you last year, we will do our absolute best.
17 We will leverage all of our assets. We will leverage
18 our new partnership with the brokers and agents. We
19 will leverage our navigators. And we will do everything
20 possible to enroll every single eligible Nevadan in
21 health insurance. And I can't possibly give you a
22 better answer than that.

23 I will say, I appreciate Mr. Gold's comments.
24 I understand his concerns. I also appreciate Mr. Cila's
25 comments as well. You know, it's interesting with

1 respect to Mr. Cila. We don't control what carriers
2 send. Now, that being said, as I sort of pointed out
3 sort of facetiously, but actually not facetiously, it's
4 a good thing those people have a broker who knows who to
5 call and who knows how to reach out to the carriers and
6 how to try and resolve these situations. So I think
7 that that sort of dovetails into Mr. Gold's comments.

8 Again, I appreciate the fact that there may be
9 competing policies or ideas about how we best accomplish
10 our mission. But I assure you, it's not because
11 anybody's profit-oriented. The idea is to leverage as
12 many assets as possible to sign up as many Nevadans as
13 possible. And it's really just that simple.

14 You know, the truth is, our enrollment
15 facilitators and navigators do help us significantly in
16 terms of our outreach to underserved and hard-to-reach
17 populations. We've seen that over the course of the
18 last two years. Those are facts.

19 What we have also seen over the course of the
20 last two years is that our navigators are not
21 particularly successful at adding people to the rolls.
22 They have not been successful in terms of enrollment.
23 It doesn't mean that they're not good people, and it
24 doesn't mean that they don't try hard. But the fact is,
25 they have not been successful in that regard.

1 That puts in a position where we can say one of
2 two things: "Oh, we don't need you." That's not a good
3 thing to say, and it would simply wrong. Or to say,
4 "Let us take advantage of and leverage your talents and
5 abilities. Let us take advantage of and leverage your
6 ability to do outreach and perform consumer education.
7 Let us take advantage of the fact that your are members
8 of the community, to help drive enrollment." And that's
9 exactly what we've done.

10 You know, I have an insurance background. And
11 I've worked with agents and brokers for many years.
12 They're not biased. They're not bad people. They're
13 not. They're people who genuinely assist other people.
14 And I think that one of the great injustices to this
15 point in time, and I've heard shared this with the Board
16 before, has been the fact that we shunned them. We sent
17 them away. We basically said, "You don't belong on our
18 Board, and we don't need to work with you. We have
19 other people that we can work with."

20 And I think that it showed in that first year.
21 Not only did we have issues with regard to our
22 technology, but the people who could most help us, the
23 people who are used to and familiar with ways to assist
24 people when they're purchasing insurance, we shunned
25 them. We should never do that. We need to work with

1 everyone. And that's all that we're doing at this point
2 in time.

3 You know, we certainly anticipate and plan on
4 our enrollment facilitators and navigators helping
5 people, putting a face on the Nevada Health Link, making
6 sure the technology doesn't keep people away and, in
7 fact, conducting the type of outreach that is necessary
8 for us to serve the population that really needs us to
9 assist them.

10 Again, I very much appreciate all the comments
11 made. I understand them. I think that we're on a
12 better course that we were, than we were.

13 And that would be the sum and substance of my
14 remarks. And I'm happy to take questions.

15 DR. JAMESON: I would like to ask if there are
16 any questions for Mr. Gilbert on his report at this time
17 from the Board or anyone, any other attendees.

18 MS. CLARK: Madam Chair, Valerie Clark, for the
19 record. I just have a few questions.

20 So, in your experience, since you've been here,
21 Mr. Gilbert, are you -- have you seen a trend of any
22 complaints against brokers or anything that the
23 community should be aware of, or the Board should be
24 aware of, in terms of activities that would need
25 correction or any type, anything like that?

1 MR. GILBERT: Thank you, Ms. Clark. And for
2 the record, Bruce Gilbert.

3 And the answer is no. And, frankly, I follow
4 this nationwide, or attempt to. And what I've seen more
5 often is complaints about navigators, in terms of
6 telling people to misstate income or other things. But
7 I have not been made familiar with any issues with
8 regard to brokers.

9 MS. CLARK: Thanks. Am I allowed to make a
10 statement?

11 MR. GILBERT: Of course.

12 MS. CLARK: Okay. I just want -- the gentleman
13 who had the -- who received the renewal that went up
14 from \$50 a month to \$700 a month, I think, that's a
15 perfect testament to the broker community. I couldn't
16 think of a better way to exemplify what we do. I mean
17 my first feeling when he made that statement was, you
18 know, to grab that piece of paper and let me investigate
19 what happened there. Because, clearly, to me, there is
20 a mistake. Either he obtained employment and now is not
21 eligible for a subsidy, or something of that nature.

22 But that is a perfect example of why we people
23 like brokers are here. And everyone knows I am a
24 broker. So, you know, our first inclination is to
25 immediately want to help and get to the bottom of it and

1 get resolution for the client.

2 And I have a lot of friends who are navigators.
3 I use navigators in my practice for varying reasons.
4 And they're typically not trained to do those type of
5 things. And so that's -- there's a place for all of us
6 at the table. I don't think anyone's trying to push
7 anybody out. Clearly, the brokers did feel somewhat
8 left out of the ACA in the beginning stages. I think,
9 as time evolved, our -- you know, we were seen as a
10 valuable resource. And now, I believe, truly people
11 believe that.

12 But, you know, there is not a better testament
13 to what we do than to -- than what this gentleman is
14 looking at right now.

15 So thank you for letting me say that.

16 DR. JAMESON: Thank you so much for that
17 comment.

18 And, Mr. Gilbert, on your report, you brought
19 this up, and I think a lot of us were curious. Do you
20 have handy in 2015, of the approximate 70,000 that we
21 signed up, 2014-15, of those that were signed up,
22 approximately how many were signed up by navigators?

23 MR. GILBERT: Thank you, Madam Chair. Bruce
24 Gilbert, for the record.

25 The only information that we can get in that

1 regard is available from our enrollment stores, because
2 there were statistics kept there. And our understanding
3 is, based on those statistics and the information that
4 we've been provided, is somewhere in the neighborhood of
5 two or three thousand and a maximum of 5,000 people were
6 signed up by the navigator community.

7 DR. JAMESON: And just approximately how many
8 navigators do we have, did we have?

9 MR. GILBERT: We had --

10 DR. JAMESON: Assistors and navigators?

11 MR. GILBERT: I believe, we had in excess of
12 50. But I'm not sure off the top of my head.

13 DR. JAMESON: And approximately how many --
14 Valerie may be able to help with this one -- brokers do
15 we have in the community at large -- I know that's a
16 tricky question; it's like physicians, how many have an
17 active license -- how many are active brokers?

18 And then how many -- because Bruce and I talked
19 about this when he first came on, about the fact that we
20 had a lot of brokers that weren't yet working with us.
21 So compared to about a year ago, or even just if all we
22 have is a year ago numbers or if we have a ballpark
23 figure for today, with regard to brokers, have we
24 approved in the number of brokers that are now working
25 with us? Because before, there was a really large

1 number of brokers, and most of them were not working
2 with us. So I just wondered, do we have any feeling on
3 those numbers now?

4 I know we have more. I know that we have a lot
5 and to do the job out there. But do we have any
6 concept, if it's 10 percent? I mean in the past, it was
7 actually a rather small number of the majority.

8 MS. CLARK: Valerie Clark, for the record.

9 I don't know any numbers. I can tell you that
10 the last time I heard a number, in terms of the number
11 of licensed brokers within the state of Nevada, it was
12 somewhere around seven or eight thousand.

13 In terms of how many actually are working with
14 Nevada Health Link, I do not know that number at all.

15 I can tell you I've got five or six licensed
16 people in my office, and only one of them is signed up
17 to work with the Exchange. Because we're primarily a
18 commercial agency. So.

19 DR. JAMESON: Again, thank you, Valerie.

20 MS. CLARK: M-hm (affirmative).

21 DR. JAMESON: That's helpful.

22 And, Bruce, do you know the number that are
23 actually signed up with us?

24 MR. GILBERT: Madam Chair, when we have put our
25 lists together, there have been as many as 500. What

1 happened was the first year, there were a number of
2 brokers and agents that signed up to assist. But as a
3 result of the frustrations created by the failure of the
4 platform, most of them simply did not take part in the
5 enrollment. And we scared a lot of people off with the
6 transition to healthcare.gov. Because I don't think
7 anybody was certain that that would go well.

8 So we have a list of people. But how many of
9 those people were active, I think, is an open issue. I
10 believe that what we're looking at, though, is several
11 hundreds of brokers who will be working with us on a
12 going-forward basis through the professional
13 associations. And they'll be, essentially, in every
14 neighborhood in the state of Nevada.

15 DR. JAMESON: And, Mr. Gilbert, I've often been
16 accused of micromanaging, and I wouldn't even want to go
17 there. But I would like to ask you, to something kind
18 of tying the two things together that remain topics in
19 your report, the volume that we signed up last, in the
20 last period, 73,000, and although I -- kind of, when you
21 were talking about numbers. And, yes, every time we ask
22 you for numbers, you never do commit. I agree.

23 MR. GILBERT: It changes.

24 DR. JAMESON: And it's -- because it is, it
25 could be really low or really high, and always off. And

1 as an obstetrician, always guessing weights, we're
2 either a pound less or a pound too much. We're never,
3 never there.

4 But I'm going to say, as you all recall, we had
5 guessed getting well over a hundred the first year,
6 116,000 on the first year sign-up.

7 And, Mr. Gilbert, you have got our process. I
8 am sure it's not as fine-tuned as you'll have it. But
9 they say excellence, you know, just comes out of habit
10 and a good process. And you've really done a good job.

11 I'm going to project with this, and if we can
12 get more brokers and, you know, continued -- after all,
13 navigators aren't prohibited from signing up, but
14 continue getting everybody's involvement. I'm going to
15 say that we're going to shoot for breaking a hundred
16 thousand this year.

17 And, Mr. Gilbert, one thing that I would like
18 you to own on this project, along with everything else,
19 is to maybe -- what we sometimes do when some people
20 leave the flock is we reach back out to them. And maybe
21 if you still have the list of some of the discouraged
22 people. Originally, they must have been very passionate
23 about wanting to participate in the project. And now
24 that they've seen the success of our organization,
25 possibly you could reach back to some of them and ask

1 them if they're interested in participating again.

2 Because the numbers we have involved right now,
3 I think, should only -- we would like them to go up.

4 MR. GILBERT: Did you say something after a
5 hundred thousand, Madam Chair?

6 DR. JAMESON: Yes. My husband tells me I'm
7 very soft-spoken.

8 MR. GILBERT: I thought I heard that number.
9 And the truth is, yes, we do have a list of every broker
10 who has ever signed up with us. And we're more than
11 capable of reaching out to them. And we will certainly
12 do that.

13 DR. JAMESON: But just one last question
14 regarding navigators and brokers, that we often talked
15 about in the past and was something that was going to be
16 answered, and kind of gotten back to us a year or so
17 ago, but I don't remember hearing. A vague answer,
18 someone said they thought it was like three months.

19 In the long run, the navigator -- you know, in
20 the short run, enroll them. But then the plan was that
21 once that person was enrolled by the navigator, that at
22 one point they should be, you know, directed to an
23 actual broker. And there was a sort of a timeframe and
24 a process for that. And I really don't. That's all so
25 foggy to me now. Could you, could you kind of refresh

1 that for me. Because it would wrap up this whole
2 situation, I think, for now.

3 MR. GILBERT: Thank you, Madam Chair. Bruce
4 Gilbert, for the record.

5 I'm sorry. I do not have recollection of that.
6 It may have, it may have been before I came in August.
7 I know that we have always, since my arrival, talked
8 about the -- tried to find a way so that there's harmony
9 between the broker and navigator communities. But I
10 don't know that there was any specific discussion about,
11 you know, how long somebody should be with a navigator
12 as opposed to dealing with a broker.

13 MS. CLARK: Valerie Clark, for the record.

14 Until I saw that public comment that was slated
15 for today, I was not aware of any issues between
16 navigators and brokers. I thought everyone was quite
17 clear on their roles. And because navigators don't get
18 paid the way brokers get paid, I never suspected that
19 there was ever any issues.

20 Anyway, but that being said, my other comment
21 was, the bricks-and-mortar discussion that we had at the
22 last Board meeting, that we weren't going to do that
23 anymore because it was too costly, I've heard more
24 brokers get very excited about that, because now they
25 can actually put together their own programs.

1 I know, the one person in my office that does
2 it, we're planning Saturday meetings. We've got a whole
3 lot of stuff planned. Because we can do it in our
4 office now. We can advertise it to be in our office.
5 We've got our own brick-and-mortar.

6 And I sense more buzz about this open
7 enrollment within the broker community than I certainly
8 have in the past.

9 So, for the record, thanks.

10 DR. JAMESON: Thank you so much.

11 Gee, I may have underestimated.

12 DR. GRINSHTEYN: Madam Chair, if I may?

13 DR. JAMESON: Yes, please.

14 DR. GRINSHTEYN: Erin Grinshteyn, for the
15 record.

16 I just wanted to address --

17 UNIDENTIFIED: Valerie, is yours still on?
18 Okay.

19 MR. GILBERT: No.

20 DR. GRINSHTEYN: Are we good?

21 MR. GILBERT: Yeah, you're good.

22 DR. GRINSHTEYN: Okay. I just wanted to
23 address the issue of navigators for a minute.

24 I have some experience working with navigators
25 in different types of settings related to health care

1 access. And I know this is a little bit different. But
2 I just wanted to voice support for the fact that
3 navigators are traditionally used to link community
4 members with services.

5 And so, in this capacity, it doesn't seem
6 strange to me to have the navigators working and doing
7 exception outreach within their communities and linking
8 them to the services of insurance agents or brokers.
9 Which is not to say that they couldn't do the enrollment
10 themselves, if that worked. But having them do the
11 education and outreach is traditionally the role of the
12 navigator and roles that navigators have been extremely
13 successful in -- within health services research at
14 least.

15 MS. WILSON: And I would also like to --

16 DR. JAMESON: Thank you, Dr. Grinshteyn.

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

18 I'd like to also make a comment. And I sit on
19 the board with certain -- coming to this meeting, just
20 chairing the Nevada Tribal Health Directors meeting, and
21 also will say, for the record, a comment that I have is,
22 in regards to the Nevada tribes, as a whole, we've
23 looked at navigators to do the exact same thing,
24 outreach and education specifically.

25 In our particular tribal programs, and we offer

1 an entire range of services, we do not use and go
2 through the brokers per se. You know, we really count
3 on the navigators and do that quite a bit to do outreach
4 and education on the provisions of the Affordable Care
5 Act specific to American Indians and Alaska Natives.

6 And so I do feel the same as several of the
7 other Board members have said, that there -- I believe
8 that there is a role for navigators. And I feel like
9 that role of outreach and education certainly has been a
10 blessing to the Nevada tribes. And we'll continue to
11 use them that way. I mean there is a vested interest in
12 that, for sure.

13 The thing that I would also comment on is, you
14 know, I'm a little bit more hesitant to feel comfortable
15 projecting any numbers for what the enrollment will be
16 this next year. Because, I think, for my particular
17 population, there's additional issues internally in our
18 tribes of what we are allowed or not allowed to be able
19 to do, to do premiums, in regards to our particular
20 tribal population.

21 In Clark County alone, just today we talked
22 about having 30,000 American Indians in that particular
23 county on their own.

24 But we're still trying to figure out how to get
25 out and network in regards to Medicaid enrollment.

1 I don't feel comfortable with the comments on
2 projecting a particular amount of people, even as a
3 projection, from the Board, in my role here, because I
4 do think that as we continue to work forward, you know,
5 supporting the initiatives that the Silver State Health
6 Insurance Exchange, certainly, the Affordable Care Act
7 has been a significant blessing to American Indians with
8 the specific provisions.

9 But there are additional issues that will
10 prohibit some of our enrollment that have nothing to do
11 with the Board or the Exchange and have to do with how
12 we -- how our operations are running internally, what's
13 cost-effective in the way that we provide services and
14 pay for those services for our tribal members.

15 So I just feel like I want to make sure that I
16 make that statement for the record.

17 DR. JAMESON: Thank you so much.

18 And, actually, this segues right into our next,
19 which is the navigator update.

20 MR. GILBERT: Madam Chair, I believe Mr. King
21 wanted to make a statement, if he may.

22 DR. JAMESON: I apologize.

23 MR. KING: Yeah, Cliff King, Division of
24 Insurance.

25 And there's a difference in licensure between a

1 navigator, which is licensed as an EEF, Exchange
2 enrollment facilitator, a person who assists people in
3 enrolling but cannot give any advice or direction --
4 they can answer questions, but cannot give any advice --
5 and a licensed producer, totally different license.

6 A person cannot be licensed as both at the same
7 time. In order to become an EEF, they have to surrender
8 their producer license. And a producer can be either an
9 agent who represents a carrier, or a broker who
10 represents independently the consumer.

11 And so there's a vast difference between what
12 the functions are of the two. But hand in hand, they
13 work together. And the reason being, the producer,
14 agent or broker can make recommendations. The
15 enrollment, Exchange enrollment facilitator or navigator
16 can then help enroll the person in the particular
17 program.

18 Now, at the Division of Insurance we do have a
19 consumer section that does receive complaints over the
20 particular plans that they have. And quite often, there
21 is some guidance needed.

22 For example, people chose the wrong plan
23 because they went by price, not by the pharmaceutical
24 choices. If you take a look at the Division of
25 Insurance website, we have every plan available in the

1 marketplace, whether on the Exchange or off the
2 Exchange. It has the list of providers, the provider
3 directory for each and every plan, as well as the
4 formulary for each and every plan.

5 So there's a lot of information there,
6 available. But sometimes people need a little guidance,
7 too. So they each perform a separate function.

8 DR. JAMESON: Thank you so much.

9 Were there any other questions, statements on
10 this, or questions?

11 Okay. Mr. Gilbert, then, I think, we can go on
12 it the next topic of navigator update.

13 MR. GILBERT: Thank you, Madam Chair. And, I
14 believe, Rosa will handle that down there in Las Vegas.

15 MS. ALEJANDRE: Rosa Alejandre, for the record.
16 I'll be giving the navigator program update. And just
17 to let you know, I'm the Navigator Program Manager.

18 The purpose of this report is to provide
19 information to the Board and public on the navigator
20 program update.

21 All navigator entities have been working on
22 outreach and education. Since May, thus far, they have
23 participated in over 60 outreach events collectively.

24 All navigators hired before October 1st, 2015,
25 are CMS-certified for the 2016 plan year already.

1 Navigator agencies will be ramping up to the
2 fully allocated Exchange enrollment facilitators, EEFs,
3 during October to prepare for the November 1st open
4 enrollment period. Navigators hired during this period
5 will go through all the training and certifications
6 required prior to assisting any Nevadan. Navigators
7 will be prioritizing outreach and education to
8 underserved and hard-to-reach populations during open
9 enrollment, while assisting brokers during special
10 events that have been predetermined by the Exchange.
11 Navigators will also work collectively with our
12 marketing and outreach events by Penna Powers.

13 That concludes my summary report. And I'll be
14 happy to answer any questions, if you have any.

15 DR. JAMESON: Do we have any questions for
16 Rosa?

17 MS. LEWIS: Lavonne Lewis, for the record.
18 And perhaps I just wasn't listening carefully.
19 But how many navigators do we have?

20 MS. ALEJANDRE: At this moment, we have
21 approximately, because we're still in the non-open
22 enrollment cycle, 25. We will be ramping up. In the
23 south, we will be ramping up to approximately 40 to 42
24 navigators. In the north, we will have approximately --
25 right now, we have, in the north, just so that I can

1 make sure, 10 that we have in the north. And we will be
2 ramping them up. Well, actually, we're already full for
3 the north.

4 And I am going off of the 75-25 we had given
5 previously.

6 DR. JAMESON: Were there any other questions
7 for Rosa on the navigators?

8 Thank you, Rosa.

9 So, at this time, we would like to have our
10 marketing and open enrollment update.

11 MS. WILSON: This is Angie Wilson, for the
12 record.

13 Rosa, I have one quick question, just so that
14 I'm aware and I can advise the tribes afterwards. When
15 enrollment, when the open enrollment period for Nevadans
16 is closed, and it shifts over to, you know, the tribes
17 still being able to be enrolled through the year, how
18 many navigators in the south and north are retained
19 after, after the open enrollment is over?

20 MS. ALEJANDRE: For the record, Rosa Alejandre.

21 At this moment, we will go back to our non-open
22 enrollment period. And I imagine we will continue with
23 the same numbers. Our grant period ends on the 31st of
24 January. So, right now, I can only give you the numbers
25 that we'll have for open enrollment cycle, because

1 that's what our grant will go to.

2 MS. WILSON: Okay.

3 MS. ALEJANDRE: But for non-open enrollment
4 previously, this year we had 21 in the south, and in the
5 north we're ranging between eight to 15.

6 MS. WILSON: Thank you.

7 MS. ALEJANDRE: You're welcome.

8 MS. DAVIS: For the record, Janel Davis,
9 Communications Officer for the Silver State Health
10 Insurance Exchange. And I will be giving the marketing
11 and open enrollment update.

12 As you know, open enrollment starts
13 November 1st and goes through January 31st, 2016. This
14 is the third open enrollment that the Exchange has
15 initiated.

16 Our kickoff event will be held on Sunday,
17 November 1st, 2015, from 10:00 a.m. to 6:00 p.m. at the
18 CSN Charleston Campus, Building D, in southern Nevada.
19 And for northern Nevada, it will be held at the Reno
20 Boys and Girls Club.

21 The closeout event, held on Sunday,
22 January 31st, 2016, will be from 10:00 a.m. to 6:00 p.m.
23 at the Clark County Government Center and again at the
24 Reno Boys and Girls Club.

25 In addition, we've talked about these

1 cobranding events and with the broker community that we
2 are working on. We are going to hold Sign-Up Saturday
3 events, midweek pop-up events, which is actually Tuesday
4 and Thursdays, and a December and January 15th event,
5 like we said, working closely with the broker and agent
6 community in order to provide in-person assistance. And
7 navigators will also be available for triage during the
8 enrollment events.

9 And disregard the "I would like to introduce"
10 because Lydia actually already spoke during public
11 comment about how we are working together.

12 Our advertising campaign will begin
13 October 26th, 2015. Our marketing firm, Penna Powers,
14 will be presenting a detailed media plan for you and a
15 calendar to showcase the campaign.

16 We are also working with the Division of
17 Insurance for the month of October, as it is health care
18 awareness month, to attend events and distribute
19 literature for outreach opportunities and to provide the
20 public with open enrollment information.

21 We, the Exchange has spoken to the Governor's
22 Office and will also be working with them to produce an
23 informational video. And that should come out via our
24 social media channels, YouTube and other advertising
25 outlets within the community during open enrollment

1 time.

2 Our call to action for the campaign will be
3 available via our website on an easily accessible link
4 within our home page.

5 A broker agent listing by location and language
6 will also be available for the consumer in order to look
7 up events and licensed enrollment professionals in their
8 specific neighborhood.

9 The Exchange will also be releasing calendar
10 advisories before each event in order to alert the
11 public of in-person assistance and upcoming events.

12 And at this point in time, I'd like to turn it
13 over to Patty Halabuk, who is our Nevada Accounts
14 Manager for Penna Powers, and Andres Ramirez with the
15 Ramirez Group, to discuss outreach and our kickoff
16 event.

17 MS. HALABUK: Thank you, Janel.

18 Good afternoon, everyone. For the record,
19 Patty Halabuk with Penna Powers.

20 You should have received a marketing update for
21 the month of October. And I'd like to walk you through
22 that.

23 I wanted to let you know that the objective for
24 this particular marketing update is to provide you with
25 the big picture overview of what our marketing efforts

1 intend to be throughout the enrollment period, which is
2 November 1st through January 31st.

3 Moving forward, in subsequent updates, we'll be
4 able to show more of the creative elements, track
5 performance, discuss benchmarks, milestones, et cetera.

6 So the first piece of our marketing update is a
7 flow chart that, again, gives you this big picture of
8 the marketing scope and the tactics that we'll use. As
9 we move forward with additional slides, sorry, I have
10 more detail that I can drill down, so I'm not going to
11 go over this in depth.

12 But specifically what I wanted to point out
13 with what we have been talking about is a key component
14 is the broker/agent marketing. And, again, we are
15 making big marketing efforts to support that key piece
16 of the plan this year. And, also, as everybody knows
17 and continues to be, outreach is a huge part of our
18 marketing campaign and, again, will be this year. And
19 Andres is here. And we'll elaborate on that as we move
20 forward.

21 What you have on the next three page is an
22 in-depth calendar of events and opportunities and
23 messaging that will take place throughout the marketing
24 campaign.

25 As Janel mentioned, the campaign, our

1 advertising campaign kicks off on Sunday, October 25th,
2 which is a week before enrollment.

3 And you can see on the calendar that we list
4 out all the various media that -- activities that will
5 be taking place and what the messaging and the
6 opportunities are associated with each.

7 I'm not going to go through this in-depth.
8 There's a lot of information here that you can drill
9 down. So I just want to go through a few highlights for
10 you.

11 One thing, being the general messaging
12 throughout the campaign, obviously, is going to be
13 awareness that it's enrollment time.

14 Throughout the campaign, we'll also have times
15 where we focus additionally on key messages. For
16 example, this first week in October that we run, we will
17 have some layering of messages about the kickoff events
18 themselves.

19 In addition, we will support with messaging
20 throughout the campaign for various broker activities
21 that Janel alluded to, such as the Sign-Up Saturdays,
22 what we're calling the pop-up events or Tuesday and
23 Thursday events, and then some of our 15th of the month
24 events in January and December as well.

25 In the month of December, one of the key

1 layered events that we'll focus on is the December 15th
2 event. And this will be, basically, the last day of the
3 month that consumers can sign up to entertain coverage
4 that would begin on January 1st. So that is another key
5 milestone that we want to play up.

6 And then, in January, we have two other key
7 layered events, one being the January 15th monthly event
8 and then, certainly, our closeout event.

9 Also in January, I'd like to point out that the
10 messaging for the overall campaign will take more of a
11 tone of a countdown. Being the last month of
12 enrollment, we want to start to stress that there's more
13 of a sense of urgency that there's only a few weeks to
14 enroll. So it'll take down a bit of a countdown kind of
15 flavor, if you will.

16 And then the next page is sort of the
17 drill-down to the tactics that I had mentioned earlier.
18 So I'd like to go over a few of these with you.

19 So, starting off with media, we conducted lots
20 of research and meetings with various station partners,
21 both in the north and the south. And what you'll see
22 here are the partners that we decided to align with. We
23 felt that after these meetings and this research, they
24 offered the best combination of product, inventory and
25 opportunity to create enrollment awareness and,

1 ultimately, help drive sign-up.

2 So, in the Las Vegas area, we intend to partner
3 with Fox, KVVU. Also, in Reno, we will be partnering
4 with the Fox affiliate KRXI, as well as NBC. They are
5 both owned by the same broadcast company, Sinclair.

6 On the Hispanic front, in television, we will
7 be working with Univision, Telemundo and some of the
8 cable networks as well. That is both in the north and
9 the south.

10 One of the key things I'd like to point out is
11 with these buys, if you will, and meeting the placements
12 for television spots is what we call value add. And
13 these are all additional components to help round out
14 the media buy.

15 In the case of television, we're talking about
16 news program support and opportunities, long-form public
17 service announcements. It could be in the form of
18 question-and-answer vignettes. We have the flexibility
19 to brainstorm and come up and work directly with the
20 stations to develop these.

21 Bonus spots. And the bonus spots mean
22 additional spots even above what we bought. This will
23 be important, too, because this creates that extra layer
24 that I was talking about, in addition to developing
25 awareness, to support the individual events themselves.

1 And then certainly digital and media support.
2 These stations have their own websites and their own
3 Facebook and social media channels. And we'll be able
4 to utilize those to get the word out to an even larger
5 population.

6 And in radio, General Market Las Vegas, we'll
7 be working with various stations, including CBS, Beasley
8 and Kemp. And Reno area will be Cumulus and Lotus and
9 their various stations among their umbrellas.

10 In the Hispanic radio market, in Las Vegas
11 we'll be partnering with Entravision, Univision and
12 Lotus. Also, Entravision in the Reno area and Radio
13 Tricolor.

14 Again, value add is a key significant piece of
15 the partnerships. In terms of radio, we'll have
16 opportunities for on-air interviewers, I'm sorry,
17 interviews; tables at events, that Andres and his staff
18 can attend; live remotes; more bonus spots; PSAs; again,
19 digital support; social media; and possibly some e-mail
20 blast capabilities.

21 Print is another significant component. This
22 is a way, in addition to some of the general mass media
23 that will be reaching some of these rural and tribal
24 areas. We've partnered with a network of 17
25 publications. And you can see the list here. But they

1 reach some of these more rural areas, such as Ely,
2 Battle Mountain, Pahrump, et cetera. There'll be
3 ongoing print advertising throughout the campaign.

4 In the Hispanic market, we are also engaging
5 print. And in Las Vegas, we'll be working with El Mundo
6 and El Tiempo. In Reno, it'll be Ahora and El Sol.

7 Outdoor is another medium that we intend to
8 use. Outdoor creates a great opportunity to layer and
9 create additional awareness. Generally, you're driving
10 by outdoor boards at a high speed, so there isn't a ton
11 of information. But it's a reminder medium that's
12 important.

13 We are using a combination of both digital
14 boards as well as poster boards.

15 Digitals are the large boards you see mainly on
16 highway areas and commuter arteries. They have the
17 rotating messages, and they're in high color. The great
18 thing about digital is that it's easy to update. It can
19 be done so quickly. And that, again, will help us
20 support some of this layering of the specific events.

21 The posters that we have are more kind of paper
22 posters. They're a little bit smaller board, but
23 they're still significant. But you can find these more
24 in sort of neighborhood. Freeway, commuter arteries are
25 more for the digital boards. But these are, these

1 poster boards are more on kind of high-traffic streets
2 within these communities. And the great thing about
3 this is we can target, and we are intending to target
4 with the zip codes that we've identified. So these
5 boards will appear in the neighborhoods where we see
6 high concentrations of potential enrollees.

7 Digital media is an important aspect as well.
8 We have various components of digital media. Digital
9 media is a very targeted strategy. Everything we do in
10 digital media runs through an ad server. And that
11 allows us to ensure everything runs. It gives us
12 real-time analytics, so we can see how importance is.
13 And throughout the campaign, we can adjust and what we
14 call optimize.

15 So, for example, if we see one aspect of
16 digital media not working quite as well as another, we
17 can shift some of those dollars to the one that's
18 performing well. So we can optimize our dollars and get
19 the most out of the money we're spending. That
20 additionally means we have less waste, meaning we're
21 reaching the right people and affecting the message that
22 we need to with them.

23 As we move forward throughout the campaign, we
24 do intend to optimize this and move those dollars where
25 we can get the best bang for our buck.

1 We have several components of digital media
2 that we're going to be using.

3 Retargeting, meaning any visitors that go to
4 Nevada Health Link website, who don't do anything, don't
5 take any action, we'll be able to target them when they
6 leave there and go to other sites, with additional ads
7 for our enrollment period, enticing them to come back
8 and take action.

9 Search partners would mean anybody that does a
10 search on line, they'll be served up ads if they fit our
11 criteria.

12 Another thing please digital is it's highly,
13 highly targeted. You can target by various
14 demographics. For example, we're looking at zip codes,
15 age, household income. And we can even drill done so
16 far as to see if they have insurance or if they're
17 underinsured. So we're really able to significantly
18 target people there.

19 Video sites, such as YouTube and MaxPoint are
20 important, because a lot of our audience are on those
21 kinds of sites.

22 And then we also have an opportunity with the
23 Las Vegas Review Journal on line. This is a fairly new
24 opportunity we have to run what we call native articles.
25 And that's, basically, sponsored content that looks like

1 an article that runs in their news feed. Again, this
2 will be a great opportunity to use for some of the
3 specific events that we need to promote.

4 Lastly, I just want to mention, we also will be
5 running on Pandora. Pandora is online streaming radio.
6 And Scarborough research has indicated it does have
7 heavy usage in Nevada. So we feel it's wise to be on
8 there with some messaging as well.

9 Social media is another aspect of marketing.
10 And we have already started on social media, and we will
11 continue to utilize social media. Social media will
12 play a big part in promoting the ongoing events,
13 especially for the brokers.

14 We have been building a follow-up. On
15 Facebook, we have over 1,200 fans. On Twitter, over
16 1,200 followers as well. We've sent several tweets and
17 posts. We've engaged significant parts of the audience
18 on both mediums. And we will continue to build up those
19 followers, so that when we reach out with various events
20 and things of that nature, we're reaching a wider, more
21 significant audience.

22 As we move forward, there are some new
23 opportunities with Instagram advertising that we will
24 look at and see if it makes sense for us to put some
25 dollars there.

1 P.R. and media relations is in full swing. And
2 Mr. Gilbert alluded to that. He's been spending some
3 time with some of the editorial folks and will continue
4 to do so. This month is key, because we're ramping up
5 for the November 1 kickoff dates and alerting the media,
6 educating them and bringing them around so that we can
7 have a good turnout, both in the north and the south,
8 for the November 1st dates.

9 In addition to those events, we will continue
10 to mine into the media relations community, so creating
11 opportunities and taking advantage of opportunities
12 throughout the campaign to create awareness and bring
13 them and have them involved.

14 And moving on, beyond the kickoff, certainly,
15 as I just alluded to, we'll continue to support all the
16 activities that go on throughout the campaign. So we've
17 talked about the Sign-Up Saturdays and the Tuesday and
18 Thursday pop-up events, the 15th of the month events in
19 December and January, and certainly our closeout events.
20 Those are all key opportunities for media and P.R. that
21 we intend to play up as much as we can, and as well as
22 create new angles and opportunities for more exposure
23 from the media.

24 So before I turn this over to Andres to talk
25 about outreach, I'd be happy to answer any questions

1 anybody might have.

2 DR. JAMESON: Do we have any questions from
3 north or south?

4 When you talked about posters, is that the same
5 as a billboard?

6 MS. HALABUK: Technically, it's the same. It's
7 a little bit different size, and the actual material
8 that goes on it is a little different. But from a
9 viewing standpoint, it's pretty much the same thing.

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

11 And I just have a question on your general
12 media television. Have you found that the population
13 that you are looking to attract are viewers of the
14 television station, are primary viewers of the
15 television stations that you are planning to purchase
16 media buys from?

17 MS. HALABUK: Yes, ma'am. That is exactly why
18 we have partnered with who we have partnered with. Many
19 of the spots will be in various prime time shows. So
20 that was a key indicator as to why we decided to partner
21 with those stations, in addition to the bigger picture
22 of all the value add and who within our target audience
23 that value add can reach as a whole.

24 DR. JAMESON: If there are no other questions,
25 why don't you go ahead and proceed.

1 MR. RAMIREZ: Thank you, Madam Chair. Andres
2 Ramirez, for the record.

3 I'm just going to go through a few of the
4 slides, starting off, most importantly, with the kickoff
5 event we have November 1st. Everyone seems to be
6 excited about what's going to happen on the first day.

7 Our team has been in overdrive both in Reno and
8 in Las Vegas to make sure that we get this event put
9 together in the next few weeks. We've made quite a few
10 strides both in the logistics for where we are with the
11 events and locations.

12 Here, as mentioned, in Las Vegas, we're going
13 to do it at the CSN West Charleston Campus. We're very
14 excited about that. Dr. Richards and his administration
15 and the student body have engaged very actively with us.
16 And so they will be sending out communications to their
17 students to make sure that all their students are aware
18 this health fair will be taking place on their campus
19 and encouraging them to attend.

20 We are doing our own promotions and outreach
21 and activities from our side, working with our existing
22 partners to ensure that we educate as many folks as
23 possible to participate.

24 Similar to what we've done in previous years,
25 we are adding a health fair component, which is a way to

1 offer an opportunity for consumers to learn about the
2 resources they have available in their community.

3 And so, right now, we're expecting to have
4 about 45 exhibitors participating in the health fair.
5 We have some good partners that we're excited about,
6 including the American Red Cross, who's going to be
7 participating and doing a blood drive. Immunize Nevada
8 is partnering with us, and they're going to be
9 offering -- they're working with their partners to offer
10 some flu shots for children, where they're at the event.
11 We have Three Square. We have quite a few other
12 exhibitors who are going to be participating.

13 So we're excited about the amount of exhibitors
14 that are participating.

15 We've also been recruiting significant
16 volunteers, as we've learned from our previous events
17 that if we don't have enough volunteers to help us
18 manage this event, that it can get somewhat out of hand.
19 And so we're getting great response from our volunteer
20 pool that we've used before in the past, of people who
21 have signed up again already to work, to work these
22 events.

23 So we expect to have our logistics, in terms of
24 making sure that we have enough tables and chairs and
25 electrical outlets and Wi-Fis, cable and so forth, by

1 the end of next week, so that we can just start doing
2 some texting ourselves. Then we will be doing a
3 training with our exhibitors to ensure that they know
4 what to expect, and they have all of their packets, and
5 as well as with our volunteers, and reaching out to all
6 of the enrollment professionals who will be
7 participating in that process.

8 For Nevada, we have -- of course, Las Vegas, we
9 have up to a capacity of 50 insurance brokers that can
10 participate all at once. So they can be enrolling
11 people. And in Reno, we have up to a capacity of 30
12 brokers that can participate in that event to enroll
13 folks in our Reno event.

14 So from a kickoff standpoint, we know that
15 that's going to help set the foundation, help generate
16 some media buzz and overall help set the tone among
17 consumers for what to expect this year. So we are very
18 focused on ensuring that that event is successful and
19 that we put all the resources we need to put into that.

20 In addition, I do want to say that we are -- we
21 have a list of over 200 partners who we have worked with
22 in the past that we are communicating, that we are
23 working with. So they will have fliers and posters
24 about the events at their locations. All those fliers
25 and posters will be delivered by next weekend. And so

1 they'll have a full two weeks to be working with
2 consumers in that region of the event to help us with
3 the turnout for that. So we're excited about that.

4 And the next page, for other events, we have
5 scheduled a December 15th enrollment event. And we are
6 working with the Henderson Convention Center to do an
7 event there. From our standpoint, we have not done much
8 work inside the core of Henderson, in terms of a
9 large-scale event from an outreach perspective. So
10 we've had good conversations with Henderson in looking
11 at some of the zip code of where we have people that can
12 enroll.

13 So being that December 15th will be the last
14 deadline that people have to enroll to get insurance
15 coverage by January 1, we want to consider doing a major
16 event on December 15th.

17 We'll also be doing one in Reno. And so we
18 have a few different locations that we have available
19 for that. But we'll be working with our partner groups
20 and the broker community to determine what the best
21 location is for that.

22 The same thing goes for the January 15th
23 deadline. We'll work with our partners and the broker
24 community to determine what they feel is best, whether
25 they want to have it at a broker's office, at multiple

1 brokers' offices, or a mutual venue like we've had for
2 the kickoff and the closeout.

3 And then, finally, obviously, we will have our
4 closeout event. And then, down south, we have made
5 arrangements with the Clark County Government Center.
6 And so we'll have access to their facility and the
7 Pyramid and the amphitheater to be able to do our
8 closeout event there. And we'll be going back to the
9 Boys and Girls Club in Reno for the closeout event in
10 Reno.

11 And the next page is we have just provided a
12 chronological from to date, from October moving forward,
13 of all of the different events we have reached out to,
14 to participate and continue to spread the word about the
15 Nevada Health Link and activities that we're doing.

16 And we will continue to provide updated events
17 and opportunities at the next Board meeting.

18 DR. JAMESON: Thank you. That is a very
19 exciting report from all three of you.

20 Is there any questions? Questions from the
21 north?

22 Any questions from the south?

23 Lavonne?

24 MS. LEWIS: I already asked it.

25 DR. JAMESON: Nothing else? Okay.

1 Well, I would just like to say that, watching
2 you, since this organization has -- was conceived, and
3 seeing you work, Andres, I have to tell you that -- you
4 said you're currently in overdrive. But, I think, one
5 of the things we've all admired about you is you're
6 always on overdrive for us, that you're always working
7 so hard to get the best results.

8 And I just got to say that I think that these
9 are just starting to lay out so beautifully, not by any
10 accident, but because of your hard work and your past
11 experience in the other events, which have become so
12 successful.

13 And the network of 200 partners that you've now
14 developed just really speaks to us on how well you reach
15 out to the community, establish and cultivate and
16 maintain those relationships. And that makes you such a
17 valuable participant for us.

18 And I just --

19 MR. RAMIREZ: Thank you.

20 DR. JAMESON: You are so welcome. We thank
21 you.

22 And, you know, the participating -- I have one
23 question on the enrollment professionals. You mentioned
24 that in Vegas, or south, you'll have about 50 at this
25 first enrollment event and in Reno about 30. And I was

1 just curious. How is it that you determine, is it the
2 zip code area that you have the event in, about which
3 ones are invited? How do you do that? It's got to
4 be --

5 MR. RAMIREZ: How do we determine which
6 enrollment --

7 DR. JAMESON: Yeah.

8 MR. RAMIREZ: -- professionals participate?

9 DR. JAMESON: Yeah.

10 MR. RAMIREZ: Oh, it's a combination of things.
11 One, they have to opt in and tell us they want to
12 participate. So we don't know that 50 that say they
13 want to participate.

14 So, one, the venue that we have at CSN, we
15 can't accommodate more than 50. So we say, that's our
16 cap, we can only have 50.

17 And so, primarily, it's a first come first
18 serve. So we work with our broker partners, and we ask
19 them, during the broker opt-in process, which has been
20 talked about, there is a form, and they get to select
21 which events they indicate they would like to
22 participate in. So the kickoff event is one of them.
23 Then we take that list and say, "Okay. Great. Here's
24 how many brokers say they wanted to participate. We're
25 going to accommodate them."

1 If we happen to get more than 50 who say they
2 want to participate in the kickoff event, well, then
3 we'll consider some sort of lottery system, or we'll
4 just have Lydia arm-wrestle for the positions.

5 And then we work with our navigator agencies.
6 So let's say, for example, that we only get 35 brokers
7 who opt in. Well, then, if we have the capacity, or
8 actually the demand that that many consumers showed up,
9 that we need more people enrolling, then we will rely on
10 the navigators to fill those extra 15 slots for actual
11 enrollment, so we have a full 50 people doing enrollment
12 during the event.

13 DR. JAMESON: Sounds like a very fair system.
14 Thank you so much.

15 MR. RAMIREZ: Thank you.

16 DR. JAMESON: Any other questions?

17 All right. Going (inaudible).

18 UNIDENTIFIED: We lost her.

19 (Indistinct.)

20 UNIDENTIFIED: Go ahead.

21 MR. FRANTZ: Thank you, Madam Chair, members of
22 the Board. For the record, my name's Aaron Frantz,
23 Financial Officer for the Silver State Health Exchange.

24 This is my first time speaking, so I'll
25 introduce myself. Um, um --

1 (Laughter.)

2 MR. FRANTZ: Yeah, okay. For the past five and
3 a half years, I've served as the Administrative Services
4 Officer for the Department of Business and Industry. I
5 had fiscal oversight over the Division of Industrial
6 Relations, the Division of Insurance and the Division of
7 Mortgage Lending and a little known agency, the
8 Emergency Management Relations Board.

9 I've been through three legislative sessions.
10 And I've had -- I've seen 22 agency-requested budgets
11 through the legislative process.

12 Twenty years ago, though, my professional
13 career started. I'd served in the United States Navy,
14 stationed aboard the aircraft carrier USS George
15 Washington. In my three years of service, I did two
16 six-month deployments into the Persian Gulf.

17 Um. There's "um" again. Let's see.

18 I have a bachelor's, I have my bachelor's
19 degree in business and administration, with a
20 concentration in accounting, from California State
21 University at Sacramento. I've also completed the
22 certified professionals management program course here
23 in the state of Nevada.

24 When I'm not wearing my accounting cap, I am a
25 father of two and a -- a husband of one, I guess.

1 (Laughter.)

2 MR. GILBERT: Let us hope so.

3 MR. FRANTZ: And when my wife allows me to, I
4 like to take backpacking trips into the Sierras and fish
5 for wild trout.

6 With that said, I'm excited to be your fiscal
7 officer. And I look forward to working with you always.

8 And, Madam Chair, I promise you this report
9 won't be as exciting as Mr. Ramirez's, but I will do my
10 best.

11 DR. JAMESON: Thank you. I'll just be waiting.
12 I want to know if you throw the trout back or not.

13 MR. FRANTZ: Okay. Yes, I have, catch and
14 release.

15 So let me preface this by saying the Silver
16 State Health Exchange is fully fee funded in FY 16. We
17 rely on no other monies besides the per member per month
18 fees that we collect from our carriers.

19 Through my predecessor's efficiencies, though,
20 we have saved money in our establishment grants, and
21 through their foresight and Bruce's foresight, we
22 decided to repurpose the remaining grant funds for what
23 we would call emergency situations. We don't intend on
24 using these funds only unless we have to.

25 We have worked with CMS to rebudget these

1 monies and, also, give us a no-cost extension. These
2 grants are scheduled to end December 30, 2015. But
3 we've asked them to allow us to use the money, if need
4 be, up until December 30th, 2016.

5 With that, also -- and CMS has given us no
6 indication that they are against this plan at all.
7 Matter of fact, they seem to embrace this plan.

8 Not only do we have to ask CMS their
9 permission, we also have to go through our state
10 agencies as well. On October 21st, we have our Interim
11 Finance Committee, where we have two work programs
12 scheduled to be heard. These work programs are,
13 basically, the rebudgeted amounts. And they have to
14 vote on those rebudgets in order for the state to be
15 able to use the federal grant money.

16 So I'll give you the end of the first quarter.
17 The state fiscal year first quarter was done on
18 September 30th. To date, we have collected almost
19 \$2 million in PMPM fees, and we've had expenditures
20 totaling about 700,000.

21 We do expect an uptick in the second quarter
22 due to open enrollment. And, but we are tracking -- we
23 are on track to meet our approved budget.

24 So, with that, I'll take any questions. Thank
25 you.

1 MR. GILBERT: And, Madam Chair, if I may, I
2 just wanted to add --

3 DR. JAMESON: Please.

4 MR. GILBERT: -- some context to some of the
5 remarks by Aaron.

6 As everyone is aware, we transitioned from the
7 Xerox system to healthcare.gov, or the federal platform,
8 in May of 2014 for the opportunity to utilize that going
9 forward. It was a decision made by the Board. It was a
10 plan that was well-executed and has served us in good
11 stead to this point in time.

12 That being said, everyone is aware, I think,
13 that we are awaiting a proposed rule from CMS and CCIIO,
14 which would indicate to us what the access fee might be
15 for utilizing the federal platform for eligibility
16 determinations and enrollment on a going-forward basis.

17 Clearly, that raises a concern for us. The
18 federal marketplace currently charges three and a half
19 percent of premium for providing all of the services to
20 the states which take part in the federally-facilitated
21 marketplace. We here in Nevada have charged our
22 carriers 3 percent of premium, with the understanding
23 that we can do it without incurring nearly so much
24 expense.

25 But the time has come for them to talk to us

1 about what it will cost for us to utilize their
2 technology. And certainly it begs the question as to
3 how affordable -- speaking of affordable care -- how
4 affordable that will be for us going forward.

5 That is the rebudgeting that Aaron was talking
6 about. We have roughly 15 or 17 million dollars in
7 remaining grant monies that we do not anticipate using
8 unless required to determine whether their options
9 available, and I assure you that there are, to our
10 continued use of the Federal Exchange in the event that
11 the access fee is in an amount that we believe will
12 significantly impair our operations going forward.

13 We've spoken with CMS about this. They
14 understand our concern. They have indicated significant
15 support for us. They have given us at least what I
16 would call preliminary approval in the course of
17 telephone conversations, to be able to say, you know,
18 we'll be able to repurpose this money, to rebudget this
19 money, to assure our sustainability into the future.

20 We are hoping that we don't need to do that,
21 that, in fact, the fee structure that's determined by
22 CMS and CCIIO is something that we will live with. But
23 I will tell you right now, if it's not, we'll find a way
24 to do what we need to do.

25 DR. JAMESON: Thank you, Mr. Gilbert.

1 I'm sure that may have triggered a few
2 questions. Do we have any questions?

3 MS. LEWIS: Madam Chair, Lavonne Lewis, for the
4 record.

5 I have one question. We were discussing the
6 per member per month payment. And I'm just wondering,
7 what is that currently?

8 MR. GILBERT: The current payment -- the
9 current fee for the Exchange, I think, is probably the
10 way that I should put it, is 3 percent of premium for
11 those persons who purchased coverage through the
12 Exchange.

13 MS. LEWIS: Lavonne Lewis again.

14 And your concern is that the three and a half
15 percent that's currently the fee for accessing the
16 Federal Exchange may change; was that what I heard you
17 expected?

18 MR. GILBERT: In a manner of speaking. You
19 know, we have not paid them any money to this point, as
20 we have charged 3 percent of premium as our fee. If
21 they were to come to us and say, for example -- and I'm
22 just going to pick a number out of the air -- "Okay. In
23 order for you to continue to have access to
24 healthcare.gov for eligibility determination and
25 enrollments, we need you to pay us 3 percent." Now, I'm

1 not saying that they would do that. Please don't,
2 please don't misunderstand me. But if they were to say
3 that, then we would have to make a reasoned
4 determination, that is, the Board, along with staff, as
5 to whether that is a sustainable amount, given the
6 other, given the other things which we do.

7 You know, for example, the federal government
8 does not pay for our navigator program. We do that with
9 our fee income. And the federal government does not pay
10 for our marketing program. We do that out of our fee
11 income. And they don't pay for my staff. We do that
12 out of our fee income.

13 We will ultimately, I think, be able to, I'm
14 hopeful to be able to remain on their platform. But if,
15 for example, they were to come to me and say, "Okay. We
16 need 3 percent," then I would have to say to them, "You
17 know, I just don't think that's going to work out all
18 that well." And at that point, we would be utilizing
19 these grant funds to explore options that are available
20 to us, in lieu of paying them 3 percent of premium.

21 I hope that better explains it.

22 MS. LEWIS: Based on what you said earlier,
23 though -- this is Lavonne Lewis, again -- you have no
24 current indication of what healthcare.gov is considering
25 as a fee to continue to operate on their platform; is

1 that correct?

2 MR. GILBERT: Yes. Thank you, Ms. Lewis.
3 Bruce Gilbert, again, for the record.

4 We have had discussions with them on and off
5 for most of my tenure, to be frank. And we have never
6 been given -- no one has ever said to us, you know, on
7 the telephone or in the course of a face-to-face
8 meeting, it's going to be X.

9 And the truth is, when they do bring out a
10 rule, assuming it happens in November, it is simply a
11 proposed rule. It's not like it automatically goes into
12 effect. You know, we are not the only state that will
13 be affected by it. It will also impact New Mexico. It
14 will also impact Oregon. Because just like us, they
15 utilize the federal platform for eligibility and
16 enrollment.

17 What will happen is a proposed rule will be
18 enunciated. We will have the opportunity to respond to
19 it, as will other states, as will other interested
20 parties. They will sit down and do what Washington does
21 best, I guess, talk to one another and try to figure out
22 where to go from there.

23 But until a final rule takes effect, there is
24 nothing which will permit us to say it will be X amount,
25 or it will be Y amount.

1 MS. LEWIS: Thank you.

2 DR. JAMESON: Florence Jameson.

3 Mr. Gilbert, this is probably nothing that you
4 can actually speak to, but possibly. It was mentioned
5 in the report that we're having generally a positive
6 feeling that CMS will be favorable to allowing us to
7 repurpose our grant funds, our leftover 10 to 15 million
8 you mentioned, into a reserve for emergency or perhaps
9 to help us reduce the premium, reduce the cost that we
10 will charge on every premium.

11 But it also requires the state legislative
12 committee. And when you meet with the interim
13 legislative committee on this, have you had an
14 opportunity to talk to any of them, or the chair, and to
15 have any feedback, such as CMS gave you that was
16 favorable, as to whether they're favorable in allowing
17 us to do this?

18 MR. GILBERT: Thank you, Madam Chair. Bruce
19 Gilbert, for the record.

20 I want to make sure that we understand that I'm
21 not talking about offsetting premium costs. Because
22 that is not our request that is before CMS.

23 What we have said to CMS is this: We don't
24 know where you're going to end up in terms of an access
25 fee. However, we have not expended all of our grant

1 monies. And in the event that we determine that the
2 cost of maintaining access to healthcare.gov is not
3 fiscally responsible here in the state of Nevada or for
4 the Exchange, we want to repurpose these monies in order
5 to look at alternatives and options that may be
6 available to us. For example, gaining access to Idaho's
7 system, which is a system which exists and was built.
8 Or working with Connecticut or California.

9 And that's specifically what we're talking
10 about, is if, in our opinion, the Board's and staff's,
11 it is not a responsible decision to simply accept what
12 is offered to us, but rather there are less costly
13 options, it will allow us to continue to fund our
14 navigator program at a level that we are comfortable
15 with, or fund our marketing program at a level that we
16 are comfortable with, or, you know -- I can't go from 13
17 to nine people. I can't do it. All right. I'm just
18 going to tell you, I can't do it.

19 So. So it's really -- it's a maybe. It's
20 literally a maybe. I will tell you that we have had
21 some discussions about the state's interest in making
22 sure that we remain a viable entity. And I know that we
23 will go through the process of talking to the IFC and
24 touch on these concerns.

25 Their concern is a real concern, you know, are

1 we, in fact, a viable entity on a going-forward basis,
2 you know, depending upon what CMS says. And my answer
3 to that is, it doesn't matter what CMS says. They will
4 tell us a number, or they will suggest a number. And
5 we'll say we can afford it, or we can't. And if we
6 determine that we cannot, then we will explore the
7 options that are available to us.

8 You know, it's normal contingency planning,
9 basically, for any business. I see everybody shaking
10 their head, because anybody who's been in private
11 industry knows that this is how things work.

12 You know, the thing that is most concerning or
13 disconcerting is I get asked a lot of questions, well,
14 how much, or what do I think. And the truth is, guys, I
15 honestly just don't know.

16 And we're going to have to wait until November
17 or whenever the proposed rule comes out. We're going to
18 have to react to it. And we're going to have to see
19 where it comes out at the end of that process. And
20 based upon that number, whatever happens at the end of
21 the process, we will make a reasoned decision as to the
22 way forward. At least, that would be my recommendation.

23 DR. JAMESON: (Inaudible.)

24 MR. GILBERT: I don't think your microphone is
25 on.

1 DR. JAMESON: Can you hear me?
2 MR. GILBERT: There we go.
3 DR. JAMESON: So, Mr. Gilbert, even if it were
4 to come in November positive or negative for us
5 (inaudible).
6 UNIDENTIFIED: Borrow Lavonne's. It's her
7 microphone.
8 MR. GILBERT: No, you need the microphone back.
9 Are there two microphones there? What are we
10 doing with them?
11 SEVERAL: Yeah.
12 DR. JAMESON: We're not hearing you.
13 MS. KORBULIC: Oh, now we hear you.
14 MR. GILBERT: Okay. Now we hear you. I'm
15 sorry. I didn't hear your comment, Madam Chair.
16 DR. JAMESON: Oh. Regardless of how it comes
17 in November, and I know we've all been waiting for this
18 number for a long time, so we're all set and postured,
19 even though we may change our plans later, down the
20 line, to continue the open enrollment as scheduled?
21 MR. GILBERT: Oh, absolutely, Madam Chair.
22 DR. JAMESON: Yeah.
23 MR. GILBERT: This wouldn't affect us until
24 2017.
25 DR. JAMESON: Correct. (Inaudible.)

1 UNIDENTIFIED: I think that she's leaving her
2 hand on the button, which is causing it to go on and off
3 while she's talking.

4 MS. KORBULIC: We can't hear you, Madam Chair.

5 MR. GILBERT: Yeah, I'm sorry. We didn't hear
6 that. Could you do -- could you just hit the button and
7 say it, and then.

8 There we go. Take Lavonne's microphone.

9 MR. GILBERT: No, it's still not working.

10 (Several people talking.)

11 MR. GILBERT: Okay. Madam Chair, if you would
12 just push the button and then take your hand off, maybe
13 that will assist.

14 No. No.

15 MS. KORBULIC: Or you could borrow your
16 neighbor's microphone.

17 MR. GILBERT: Yeah.

18 (Several people talking.)

19 DR. JAMESON: Three times is the charm.

20 MR. GILBERT: Yeah.

21 DR. JAMESON: Okay. The discussion for
22 possible action regarding dates and times and agenda
23 items for the future.

24 Were there any new, or any items that any of
25 you would like to see added to the agenda in the future?

1 MS. LEWIS: Special (indistinct) discussions on
2 the budget.

3 DR. JAMESON: M-hm (affirmative). Yes. The
4 continued discussion on budget, marketing.

5 And would there be anything else?

6 And the next date for our Board meeting?

7 MS. CLARK: Madam Chair?

8 DR. JAMESON: Yes.

9 MS. CLARK: Madam Chair, Valerie Clark, for the
10 record.

11 I'm sorry. I just had one other comment. I
12 would -- the contingency planning, I'd love to get more
13 in-depth information on what the contingency plan would
14 be, in terms of the systems and infrastructure, you
15 know.

16 DR. JAMESON: Yes, I think, that would be very
17 nice. I know this is the first committee we -- I have
18 chaired. And our original meetings used to last four or
19 five hours. And now we're down to really short
20 meetings. And today I'm afraid I carried it on a little
21 longer compared to what we've been used to recently.
22 Otherwise, I couldn't have agreed with you more,
23 Valerie.

24 So, Bruce, as things evolve, maybe just, even
25 though we're not going to know exactly what's going to

1 happen in November, I know you're constantly -- your
2 mind is working, you're meeting with people, you're
3 looking at the Idaho plan, you're looking at this plan.
4 And maybe you'll be able to share with us, as Valerie
5 said, just some of the contingency plans, as you find
6 them, the most viable ones.

7 MR. GILBERT: I will do my best, Madam Chair.

8 DR. JAMESON: Oh, I understand completely.

9 So, any other?

10 I think, at this time, if there's no further
11 questions, we'll go ahead with public comment.

12 Do we have anyone in the north for public
13 comment?

14 MR. GILBERT: There is none in the north, Madam
15 Chair.

16 DR. JAMESON: And is there anybody here in the
17 south for public -- I mean, sorry, Las Vegas, for public
18 comment?

19 Well, that being the case, I would like to
20 adjourn the meeting, then. And thank you, everybody,
21 for taking the time to participate. All your comments
22 were so valuable to us today.

23 -oOo-

24

25