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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
THURSDAY, NOVEMBER 12, 2015, 1:30 P.M.

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DR. JAMESON: We'd like to call the meeting to order. Welcome, everyone.

And will you go ahead with roll call, sir.

MR. GILBERT: Yes, thank you.

Dr. Jameson?

I know you're present.

DR. JAMESON: Present.

MR. GILBERT: I know you're present.

Dr. Grinshteyn?

DR. GRINSHTEYN: Present.

MR. GILBERT: Ms. Lewis?

I can see you there.

MS. LEWIS: Ah, well, yeah. Sorry. I didn't punch, push the button.

MR. GILBERT: Okay. Thank you.

MS. LEWIS: I'm here.

MR. GILBERT: Thank you.

Ms. Wilson?

MS. WILSON: Here.

1 MR. GILBERT: Ms. Clark?

2 MS. CLARK: Present.

3 MR. GILBERT: And our newest member,
4 Mr. Melendrez.

5 MR. MELENDREZ: Present.

6 MR. GILBERT: And welcome, sir.

7 MR. MELENDREZ: Thank you.

8 MR. GILBERT: And now our ex-officio members.
9 Ms. Aiello?

10 MS. AIELLO: Present.

11 MR. GILBERT: Mr. King?

12 MR. KING: Present.

13 MR. GILBERT: And Ms. Nielsen?

14 MS. NIELSEN: Present.

15 MR. GILBERT: We have a quorum, Madam Chair.

16 DR. JAMESON: Thank you, Bruce.

17 And we would like to start by inviting any
18 public comments. And shall we start right here? Is
19 there anyone who would like to make a public comment?

20 Seeing no public comment down here, is there
21 anyone in the north who would like to make public
22 comment?

23 MR. GILBERT: There appears to be no one
24 wishing to make public comment in the north.

25 DR. JAMESON: Thank you.

1 So, shall we go on to the minutes, for October
2 8th, 2015 Board meeting? Ideally, everyone's had an
3 opportunity to review what was posted as the draft and
4 appears to be the final. I don't see any changes from
5 the draft that was posted to this final minutes.

6 Do I hear a motion to approve the minutes from
7 our Board members?

8 MS. WILSON: Madam Chair, this is Angie Wilson.
9 I'd like, would like to make a motion to accept the --
10 to approve the minutes.

11 MS. CLARK: I second that.

12 DR. JAMESON: And a second, please.

13 MS. CLARK: Valerie Clark. Second.

14 DR. JAMESON: Okay. Thank you.

15 So it has been first and seconded. Any
16 discussion?

17 Everyone in favor of passing those minutes,
18 please say "aye."

19 (Board members said "aye.")

20 DR. JAMESON: And is there any opposition?

21 Thank you. The minutes from October 8th, 2015
22 Board meeting are passed.

23 And, Mr. Gilbert, we always look forward to
24 your report. Thank you.

25 MR. GILBERT: Thank you, Dr. Jameson.

1 My report will be oral rather than written.
2 And I'll explain to you why that is in the course of my
3 report.

4 You know, obviously, it's here, open enrollment
5 for plan year 2016. And I would be, I think, remiss if
6 I didn't say it's been a very busy and crazy time for
7 the staff here at the Exchange.

8 You know, our first year of open enrollment and
9 our second and our third, they've all been very
10 different. And this one is certainly unique.

11 Our first open enrollment for the 2014 plan
12 year, there was a lot of excitement; but, ultimately,
13 there was a lot of disappointment and dissatisfaction.

14 Last year's open enrollment for the 2015 plan
15 year, it looked like we started to get it right. The
16 platform worked. People were able to enroll. And we
17 about doubled the number of folks who were insured
18 through the Exchange.

19 Now, this year, 2016 plan year open enrollment,
20 has been what I call the year of outreach and education.
21 You know, I've spent a good part, actually the last two
22 months, bouncing between Reno and Las Vegas and speaking
23 about the Exchange and what we do and how we can help
24 those who need coverage and how to get assistance, if
25 they need assistance with enrolling, and the financial

1 assistance that may be available to them.

2 I've met with the editorial boards of the
3 newspapers in Las Vegas and Reno. I woke up with the
4 Wagners at 6:00 a.m. there in Las Vegas, which was an
5 interesting time for me. They're very, very pleasant at
6 6:00 a.m. there.

7 I've spoken with legislators. I've had letters
8 published. I've appeared on Ralston Live. I've taken
9 part in radio interviews, spoken with people from the
10 Associated Press. We've appeared before the BOE. And,
11 frankly, we're appearing on Monday before the Interim
12 Committee on Health Care for the Legislature.

13 So our dance card has been extremely full.

14 Our message, however, has always been the same.
15 And it's sort of two-fold, first, that having health
16 insurance is important and, secondly, that our job and
17 what we do is to help assure people have access to that
18 insurance, and to provide people who don't have the
19 opportunity for a group health plan through their
20 employer, and otherwise wouldn't be able to afford
21 coverage for themselves or their families, a tax
22 advantage contribution toward the cost of health
23 insurance, just like those that are in
24 employer-sponsored plans are able to enjoy.

25 We've just finished the first 10 days or so of

1 a three-month open enrollment marathon. And we're not
2 going to know how we're doing for some time. But it
3 doesn't seem to matter, because anymore my life is
4 filled with two questions: number one, how many will
5 enroll; and, number two, when will we have numbers?
6 Those are the two questions everybody asks me.

7 You know, the truth is, if you take a look last
8 year, by the end of December, the first numbers that we
9 came up with, we had 10,000 enrollees. And that had me
10 a tad uncomfortable, but you may remember that we ended
11 up with just over 73,000 people going through the
12 process. So the early numbers didn't really tell the
13 tale.

14 And it's going to be just as confusing this
15 year, frankly. CMS has suggested that it's going to be
16 difficult to directly compare this year to last year,
17 especially on a week-by-week basis or a month-by-month
18 basis. Because, for example, open enrollment started on
19 November 1st this year, as compared to November 15th
20 last year. Which means that the start, from the start
21 of open enrollment to December 15th, when people can
22 sign up for January 1st coverage, is longer this year
23 than it was last year.

24 And everybody understands that folks, when
25 they're signing up for health insurance, are deadline

1 driven. That's simply the way of the world. And so
2 it's going to be interesting to see the deadline effect.
3 So I don't know where we're going to be by the 30th of
4 this month or even the end of December.

5 You know, the other thing that's sort of
6 interesting is the early numbers will probably include a
7 fairly significant number of passive or auto
8 enrollments. CMS is sending passive reenrollment
9 transactions to our insurance companies in two waves.
10 And the first one actually went out on October the 15th
11 or thereabouts. The second wave is going out on or
12 about December 16th of this year.

13 Now, we believe that most of our consumers will
14 qualify for open enrollment, although we do not suggest
15 that to them, and we always suggest, and fairly
16 forcefully, that they sit down, take a look at the plans
17 as they presently exist, their current income situation,
18 and the financial assistance that may be available,
19 which is not always taken into account in the course of
20 auto reenrollments.

21 But the truth is, we're just not able to pin
22 down a number. We don't have any experience in that.
23 We've never had a reenrollment before. We don't know
24 what it's going to look like.

25 You know, additionally, there are thousands of

1 people who are going to have to actively reenroll as a
2 result of Assurance and the Co-Op leaving the
3 marketplace, you know. It's important, I think, to
4 understand that when we talk about these auto
5 reenrollments, that they don't stop or preclude a
6 consumer from ultimately deciding to change plans.
7 Consumers can always go on and actively reenroll and
8 choose another plan than what they have right now.
9 Passive reenrollments are automatically replaced with
10 active enrollments that are initiated by consumers. And
11 those selections and active enrollments are honored, you
12 know.

13 In short, because there's so many things that
14 are different, it's a brave new world again. But, I
15 think, it gives us a better opportunity to establish
16 what would be a true baseline for us, in terms of
17 expectations going forward, than our prior two years.
18 But, I guess, we're going to have to see.

19 You know, and when people ask me how many and
20 when, I basically always tell them the same thing, which
21 is, we've done all the work that we need to do, you
22 know, we've dotted the i's, the crosses, we've crossed
23 the t's. We've taken all the steps necessary and done
24 everything that we can to make this a successful
25 enrollment effort.

1 And as long as we have done everything that we
2 can, you know, how many isn't really something that we
3 can control. But we will own the work. And we're going
4 to have to surrender the result. We'll see what
5 happens.

6 But the truth is, I feel good about where we
7 are, and I think we're going to be okay.

8 And that would be the sum and substance of my
9 report, Madam Chair.

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

11 Are there any questions for Mr. Gilbert on his
12 report?

13 I would just like to say I do believe you have
14 done everything that we could have done. Especially, I
15 want to comment on how good the website looks and is
16 working. I've heard so much positive feedback,
17 especially when it comes to finding somebody in your
18 area to help you, and they can put their zip code in,
19 and also the calendar of events, so that people can find
20 more out and be more engaging with someone.

21 So it really is well-done, to your team, sir.

22 Were there comments, other comments?

23 Okay. I think, as most of you noted --

24 MR. GILBERT: Wait. Madam Chair?

25 DR. JAMESON: Yes?

1 MR. GILBERT: I believe that Ms. Clark had a
2 comment.

3 MS. CLARK: I just have a quick comment.

4 DR. JAMESON: Oh, I'm sorry. I didn't see that
5 hand.

6 MS. CLARK: That's okay.

7 DR. JAMESON: Please go ahead.

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

9 I would just like to commend Mr. Gilbert as
10 well. I happened to see one of his TV interviews. And
11 I forgot which one it was, but it was where you were
12 addressing the gentleman --

13 MR. GILBERT: Terri Hendry.

14 MS. CLARK: -- who was -- yeah, Terri Hendry's
15 piece, here in Reno, where they were trying to help a
16 gentleman who was having quite a bit of problems. And,
17 ultimately, after being questioned, we -- they realized
18 he was working with an online service that had no local
19 presence and was not part of any government entity, and
20 it was -- he was being done a very great disservice
21 ultimately. And Bruce was able to help him and guide
22 him to sources that were more appropriate to help him
23 get what he needed here.

24 And that is, basically, you know, advising the
25 local people here in Nevada to work with local

1 assistance, whether it's a navigator or a broker.
2 People in this area are going to be much better prepared
3 to help the consumer than going online and dealing with
4 a service where you can't -- there's no name, there's no
5 face. And so it was very -- I was very pleased to see
6 that you were able to help him get to the bottom of
7 that.

8 DR. JAMESON: Thank you, Valerie.

9 And as many of you saw, reviewing our material
10 prior to the meeting, that much of today's meeting is
11 really wrapped around marketing and open enrollment
12 update.

13 And, so, we go ahead and proceed with that?

14 MS. DAVIS: Thank you, ma'am Chair. Janel
15 Davis, Communications Officer, for the record.

16 The marketplace for enrollment, as we all know,
17 began Sunday, November 1st, and goes through
18 January 31st, 2016.

19 Nevadans need to know and plan for important
20 dates and understand the process of applying and
21 enrolling in QHPs, qualified health plans, through the
22 Exchange for plan year 2016.

23 Penna Powers is here today and will present on
24 the status and accomplishments of the marketing and
25 outreach campaign, as well as discuss our kickoff events

1 in both northern and southern Nevada, which were on
2 November 1st.

3 Our advising campaign kicked off October 26th,
4 and all media ad buys have been placed. The Nevada
5 Health Link website has been updated to reflect 2016
6 open enrollment, with our in-person assistance tool, key
7 dates and events calendar, and a schedule of specific
8 zip codes of brokers and agents who have opted in for
9 extended office hours and enrollment events during the
10 course of open enrollment.

11 I'll now turn it over to Patty Halabuk to give
12 you a marketing presentation.

13 MS. HALABUK: Thank you, Janel.

14 Good afternoon. For the record, I'm Patty
15 Halabuk with Penna Powers.

16 The outline you have today is a brief look at
17 the campaign that is indeed underway.

18 Sorry. I'll move this closer. Can everybody
19 hear me okay? Okay.

20 MR. GILBERT: Now we can. Thank you.

21 MS. HALABUK: Okay. Thank you.

22 As mentioned, the campaign launched on
23 October 26. So this is kind of a preliminary
24 assessment. We certainly have several analytics in
25 place to be able to measure the success of the campaign.

1 But with just two weeks underway, there isn't quite
2 enough data. So we're looking at impressions throughout
3 this, this overview.

4 Also included here, we start out with just some
5 calendars, so you can kind of get a brief overview of
6 where we'll be running in which media, the first of
7 which is a television and radio media calendar. You can
8 see the weeks that we're on air.

9 We have three TV and radio spots that are
10 running. Each one represents our three target
11 audiences: the young millennial, the family, and the
12 older demographic. And we weren't able to show those
13 here, but they are available via e-mail. If anybody's
14 interested, we can certainly send you a link to see
15 those.

16 The week leading up to the kickoff events on
17 November 1st we did kind of a two-layer campaign. So we
18 had our enrollment campaign running as well as specific
19 messaging about the November 1st enrollment events in
20 both the north and the south.

21 Another element to the campaign is outdoor
22 media. And, again, both these -- these, all these
23 pieces are running in both the north and the south.

24 So we have a combination of digital bulletins
25 and posters.

1 The digital bulletins allow us the flexibility
2 to change messaging rather quickly, because it is
3 digital. It makes a great opportunity for us to include
4 messaging such as the enrollment events, which we were
5 able to do the week prior to leading up to the events
6 themselves.

7 I've also included here on the handouts a brief
8 review of some of the creative, so you can see how it
9 all looks and works together.

10 Moving on to print media, you can see that
11 we'll be running print throughout the campaign. As
12 mentioned in previous presentations, we are working with
13 the Nevada Press Association, which is a group of 17
14 different publications in the rural areas. So we are
15 able to reach the rural folks in those areas. As well
16 as Hispanic print in both the southern and northern
17 Nevada areas.

18 And, again, you can see a couple of layouts of
19 our creative. We, obviously, have some Hispanic
20 versions as well as English. And those were tagged,
21 also, for the first week of enrollment with our specific
22 enrollment kickoff messaging.

23 On the next page is just an overview to give
24 you an idea of our estimated impressions for the time
25 period of the kickoff, 10-26, until our 12-15 enrollment

1 event.

2 And impressions, specifically, what I wanted to
3 clarify for you, these are actually an opportunity for
4 somebody within our target audience to see a piece of
5 our campaign, our creative, our target audience.

6 So you can see here that including all our
7 different media together -- TV, radio, outdoor and
8 print -- through the time period of 10-26 to 12-15, we
9 estimate that we will touch 40 million impressions.
10 Now, that doesn't necessarily mean 40 individual people.
11 What that means is several of those same people are will
12 see the message over and over. And that's key, because
13 that speaks to the frequency. That's what we want to
14 do. We want to hit the people in our target office --
15 office -- audience multiple times.

16 So in Las Vegas, we're projecting 40 million
17 and change, and in Reno we're projecting eight and a
18 half million and change. And, also, on the rural print
19 side, it's about 1.5 million that we'll be making
20 impressions for.

21 The next calendar is our digital and online
22 media calendar. That's another important component.
23 You can see coverage for that campaign.

24 And if you look at the next page, that will
25 give you an estimate impression, for the time period

1 again of 10-26 through 12-15, of nearly 6 million
2 impressions to the online audience. And that's
3 incredibly important audience.

4 A couple of key points we've noticed just in
5 the last couple weeks. Approximately 44 percent of the
6 web visitors from our digital ads are completing a key
7 action, meaning they're clicking on healthcare.gov,
8 they're going to the in-person assistance tool, they're
9 going to the prescreening tool, or they're going to the
10 contact page on NevadaHealthLink.com. So that's a great
11 sign.

12 In addition to that, on our search ads, that
13 we're looking at 18 percent click-through rate, meaning
14 people are seeing our ads and clicking through to where
15 the ads are actually linking back to the site. The
16 industry standard is about one percent. So we're well
17 over that. So that's a very positive measurement.

18 And then you can see to the right here, so far
19 our top display ad by click-through is our Spanish
20 version of the 'Get Connected' banner.

21 And as I said, moving forward, we'll continue
22 to collect all these analytics. And I'll have much more
23 data available in our next Board meeting for you.

24 With regard to social media, again, just to
25 give you an idea of estimated impressions for the 10-26

1 through 12-15 time period, is about 3.2 million. We are
2 doing a paid promotion on Facebook. You can see a
3 couple of the ads here.

4 With regard to Facebook, we have engaged 3,500
5 individuals; and that's defined as liking, commenting or
6 sharing some kind of content. Right now, the ads are
7 garnering a 1.39 click-through rate. And, again, that's
8 above the industry standard of one percent.

9 About 3,200 clicks are going through to key
10 action pages. Again, these are things like the
11 calculator and other things on NevadaHealthLink.com
12 website. So, again, that's a really great sign.

13 The other thing we'd like to mention is,
14 because we're targeting our specific audience, we've
15 been able to really see comments coming through that are
16 just kind of neutral. We're not seeing any real
17 negative stuff coming through. And, again, that's
18 because what we're doing here is controlling the
19 audience and reaching the people we need to reach, the
20 people who are indeed interested in Nevada Health Link.

21 Moving on to quick PR and media relations
22 summary, we are able to garner some huge media relations
23 leading up to the November 1 kickoff event.

24 We had over 20 stories. And as Mr. Gilbert
25 alluded to, he's been quite busy with the media, which

1 we appreciate. Approximately 94 percent of the coverage
2 was very positive or balanced. And about 78 percent of
3 the time there was a SSHIX spokesperson there at the
4 helm, which is great exposure as well.

5 One thing I'd like to point out to you is the
6 estimated value of earned media coverage. And what I
7 mean by "earned" is we did not pay for this. So it's
8 different. This is, this is coverage that our public
9 relations and media relations teams worked hard to go
10 out and spread the message and achieve this kind of
11 exposure.

12 And you can see a dollar figure here of over
13 \$380,000. So that's on top of our paid plan. So we got
14 some great coverage so far. And we continue to land
15 some new and additional media coverage. And we will
16 continue to do that throughout the campaign.

17 On the next three pages you can see
18 specifically the names of the stories and the articles
19 or interviews that took place. And these are actually
20 links, again, online that can click through, if
21 anybody's interested.

22 Moving on to just a quick update that Janel
23 already touched on for the website, as mentioned, a lot
24 of information is now available on the website. We've
25 used one of what we call the pop-up buttons. So with

1 just a simple click, as mentioned, consumers can get to
2 things like enrollment calendars, brokers that are
3 participating by zip code, what their hours are, their
4 contact information, important key information about
5 things they'll need for enrollment, and be able to
6 search by zip code in other, other ways for specific
7 information.

8 Next is just a brief overview of our broker
9 marketing. So you can see some of the materials we put
10 together to support the brokers. Again, it carries the
11 same thing as our creative, so everything looks
12 consistent and branded, so that our consumers get one
13 consistent message that starts to meld together.

14 And, lastly, some metrics applied directly to
15 our November 1st enrollment kickoff event before I turn
16 it over for Andres to speak in-depth about that. I just
17 wanted to let you know that in Las Vegas, specific to
18 the kickoff event, our messaging garnered approximately
19 7 million impressions. That means we reached -- we've
20 made 7 million impressions. Again, that doesn't mean
21 necessarily 7 million individual people, but a certain
22 amount of people in our target audience saw the
23 messaging 7 million times. And in the north it was
24 1.6 million.

25 And below that are just a couple of examples of

1 the specific enrollment messaging that we did for the
2 campaign.

3 We will continue to do this similarly for all
4 of our big milestone events. The next one we have is
5 December 15th. So we'll take this same tact for that.

6 And with that, I'd like to turn it over to
7 Andres to talk about our kickoff events and some
8 additional outreach.

9 DR. JAMESON: Thank you so much. That was an
10 excellent report. But perhaps, going on, there was so
11 much material in there, I would like to actually open
12 that up, if anyone has questions.

13 MS. HALABUK: Sure.

14 DR. JAMESON: Did I lose the microphone? Did
15 you hear me up there?

16 MR. GILBERT: We did. Thank you, Madam Chair.

17 DR. JAMESON: Any questions in the north? Any
18 questions?

19 MS. WILSON: This is Angie Wilson, for the
20 record.

21 I didn't have any specific question. I just
22 wanted to comment. You know, I went through the
23 material. It just looks so nice. And I love the
24 reports. They're easy to -- easy to see. But just the
25 branding, the look of the documents, I think, look

1 really nice, even garnered to specific populations as
2 well. I just wanted to comment and say, you know, what
3 a great job that Penna Powers and Ramirez Group have
4 done.

5 MS. HALABUK: Thank you.

6 DR. JAMESON: Thank you very much.

7 I would like to go back to where you commented
8 on --

9 MS. CLARK: Madam Chair?

10 DR. JAMESON: Oh, yes?

11 MS. CLARK: I'm sorry. This is Valerie Clark.
12 I just had one quick question.

13 DR. JAMESON: Oh, Valerie, please. Sorry. Go
14 ahead.

15 MS. CLARK: I just had a question about your
16 Las Vegas event on November the 1st, the Charleston
17 campus. You had 800 people. Is that -- so my question
18 is, were they all enrolled? Or what was the process to
19 deal with 800 people; did you have enough staff
20 available, and were they sufficiently dealt with?

21 MR. RAMIREZ: Andres Ramirez, for the record.

22 So, yes. So, our estimated total attendance
23 for the event in Las Vegas was approximately 800 people.
24 That is the total number of people that attended the
25 event, not necessarily the total number of people who

1 enrolled.

2 And so, oftentimes, what you'll have is you'll
3 have a family, maybe five people show up in that family,
4 and that whole family may sign up, or maybe one person
5 in that family will sign up, and just the others are
6 there to participate and be part of the process.

7 Some individuals just come to you, ask for more
8 information or to look for a specific broker. We had
9 some consumers come and tell us that the broker they
10 wanted to enroll with wasn't at our event, and therefore
11 they would go enroll at a later time.

12 Our enrollment events double as health fairs
13 and enrollment events. So some people come specifically
14 just for the health fair portion of it and want to learn
15 about more resources, whether to donate blood or to talk
16 to talk to someone, to get a flu shot for their child or
17 to learn more information about the other resources.

18 And so it's not all 800 people are enrolled.

19 MS. CLARK: Okay.

20 MR. RAMIREZ: That's just what we counted off
21 in terms of our estimate of total people who attended
22 both the health care and the enrollment fair.

23 MS. CLARK: Oh, okay. That was my question, is
24 was it strictly just for open enrollment, or was it for
25 other things as well. So it was for several other

1 wellness-related activities?

2 MR. RAMIREZ: Yeah, Andres Ramirez, for the
3 record, again.

4 So, yes, it was for the whole combination of
5 events. But I do want to clarify, in terms of the
6 question, that we did have enough staff and resources
7 that if 800 people wanted to enroll, we could have
8 enrolled 800 people at that event.

9 MS. CLARK: Oh, great. That's -- Valerie
10 Clark. That's what I wanted to hear. Thank you.

11 MR. RAMIREZ: You're welcome.

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

13 And thank you for asking that question, because
14 that was the same question that I would have asked. So.
15 So thank you for that.

16 DR. JAMESON: Thank you, Lavonne.

17 And I will just follow through with that. This
18 gets back to what Bruce said earlier. It's often very
19 hard at a single event to determine all of those that
20 will -- the enrollments that get started that will be
21 followed through to completion. And many of the time,
22 as you pointed out, they are referred to brokers in
23 their own area.

24 Do you, however, actually, at the end, just for
25 your own self, have a way of recording those that

1 actually started and/or completed it; and is it actually
2 part of your intention to actually complete enrollments
3 at the first sitting?

4 MR. RAMIREZ: So, yes to all of the above. So,
5 we have developed an online prescreening tool that we
6 are using for our events. So, you know, these
7 large-scale events for the kickoff and the closeout, we
8 work in collaboration with Rosa and the navigator team
9 to show up and participate. We work in collaboration
10 with Evon and the brokers to make sure that we have
11 enough participation.

12 So we have a couple of processes in place.
13 One, whenever a consumer shows up, and they want to
14 either learn about the process or see if they qualify,
15 we have an online form where we prescreen them and we
16 gather some information, so that it's available to us
17 electronically.

18 Once we gather that data, then we then assign
19 that consumer to an enrollment professional, you know,
20 or a broker. And that broker, who's participating with
21 us in event, has a separate broker portal system that
22 we've developed for the Exchange, and it allows them to
23 track whether or not they've actually enrolled that
24 consumer or they're still in the process of enrolling
25 that consumer. And we have access to all of that data,

1 so we can see what's happening real-time.

2 Our preference is that we can enroll as many
3 people as possible at the actual sitting. We know that
4 sometimes it's harder to be able to complete a process
5 if you don't complete it. But we also know that there
6 are various situations that will come up with a
7 consumer, that maybe they might be asked for some
8 information or some documentation they don't have
9 readily available. And so on the system they can mark
10 that they began the process, but they need to follow up
11 with the consumer for X, Y and Z reasons.

12 So we can see what the different scenarios are
13 with that process. And then we're following up with
14 brokers to ensure that they are, in fact, continuing the
15 conversations with the consumers, so they can complete
16 that process of enrollment.

17 DR. JAMESON: So, it begs the question. Since
18 you have real-time access, and you saw what was in
19 process and what was completed, what did you get?

20 MR. RAMIREZ: So, I want to clarify that
21 comment as well. What we have is the number of
22 applications that have been completed. We don't
23 necessarily have the number of people per application.

24 And, so, again, one application can include a
25 family of five, but it only lists as one application for

1 us.

2 So in terms of what we saw for total
3 applications began in that process, I believe that
4 number was 132 applications that were either completed
5 or started during that day.

6 DR. JAMESON: Excellent. Thank you so much.

7 I'm going to go back to your presentation. I
8 just -- a couple of questions. I wanted to first
9 compliment you on the fact that 44 percent of the web
10 visitors from digital ads completed a key action. I was
11 curious, and I'm going to ask a couple of questions,
12 what you considered a key action, just simply clicking
13 one step forward?

14 Search ads, excellent, 18 percent, and standard
15 industry, one percent, excellent. That means that you
16 are, as was discussed earlier, doing a good presentation
17 that is encouraging further action.

18 I was wondering, on the top display, where the
19 Spanish ad was getting -- the Spanish "Get connected"
20 banner was getting, you said, the best response, if you
21 could give me, with the other two or three runners up,
22 and what was -- versus the difference; how significant
23 was that?

24 MS. HALABUK: Thank you. I don't have that
25 information with me today, but I can certainly get it

1 for you and will do so.

2 DR. JAMESON: Thank you.

3 On the Facebook ads, again, it says here "3,204
4 website clicks to key action pages." I'm just wondering
5 what you consider key action pages. Again, it's more
6 definition. And you can certainly bring that back to
7 us.

8 MS. HALABUK: I can give you a breakdown of the
9 specifics, but what we mean by key action pages are they
10 go straight to the link at NevadaHealthLink.com and
11 click on things like the prescreening calculator, the
12 look-up tool to search by zip code, contact information,
13 those sorts of things. That's what we define as a key
14 action.

15 DR. JAMESON: That is excellent results, then.

16 A little, a couple pages further down, I also
17 wanted to say this is extremely exciting, about the
18 estimated earned media coverage, which we are not paying
19 for, since we're on a budget. And I know that all that
20 pro bono stuff actually comes from the work you guys are
21 doing, networking and doing outreach in the community.
22 So, excellent job.

23 And when you wrote "update opportunities" and
24 you wrote "Las Vegas review," most of these examples are
25 exactly these upcoming opportunities, that's what your

1 examples are?

2 MS. HALABUK: Yes, those are confirmed
3 opportunities.

4 DR. JAMESON: Well, I noticed here that you had
5 20 positive stories, 94 percent of coverage. And even
6 though we love hearing all of the good stuff, one of the
7 most important things PR media relations can do for a
8 business is damage control. Did you have any
9 significant issues that require damages control so far,
10 since we last saw you?

11 MS. HALABUK: There really were nothing
12 significant. I think, based on some of the past,
13 there's still a tinge of a certain sentiment out there,
14 and from a wider editorial position, that was requested
15 in a few of the articles, but there was nothing specific
16 that we really felt we had to spin doctor in an urgent
17 matter.

18 DR. JAMESON: Thank you very much. You're off
19 the hook for the last question, since I can't read this
20 doctor's handwriting.

21 Mr. Ramirez, would you like to continue.

22 MR. RAMIREZ: Thank you, Chairwoman Jameson.

23 I do also just, I just want to add a couple of
24 comments before Patty finishes her presentation.

25 Her team, along with Bess Wooly Warren, have

1 done an incredible job of getting some media coverage
2 and working that. I'm glad to be part of that team.
3 And they've generated some impressive results.

4 I do want to note that it's not a complete
5 picture. There was a lot of work they put into as well
6 in Spanish language media. And so we have a lot of
7 stories that aren't included in this report. I take
8 personal responsibility for that, for not having been
9 able to get the clips and aggregate them for their
10 reports, but that would add to the impressions and the
11 reach that they did during this pass.

12 And so I do want to make sure that we note that
13 it was even a lot more than what's included in this
14 report. And we're hoping to have those aggregated
15 mentions in a future report.

16 DR. JAMESON: Well-noted. And that means we
17 will hold you to that.

18 MR. RAMIREZ: Yes. I will hold myself to it,
19 or I will hold Janet accountable for that, one of the
20 two.

21 I also just want to start off by saying that
22 the outreach events that we did on November 1st, by
23 several measures, were extremely successful. And one of
24 the reasons why, Dr. Jameson, as you mentioned, is that
25 we have been leveraging our networks of partnerships and

1 resources with other entities, so what we can be very
2 effective at the work that we're doing.

3 And so, for example, we did this event at CSN.
4 And one of the reasons we chose CSN was because it's in
5 a key location for our target audience that we're
6 looking at. In fact, four of the top 10 zip codes that
7 we're targeting surround the CSN West Charleston campus.

8 But, on top of that, Dr. Richards, who's the
9 president of CSN, him and his team were extremely
10 gracious, and they essentially comped most of the cost
11 to hold the event at their service. So we didn't have
12 to pay for the facility, we didn't have to pay for
13 Wi-Fi, we didn't have to pay for the extra rooms that we
14 used. They provided security and so forth.

15 And so the partnership we were able to develop,
16 because they knew the importance of this event and what
17 it could mean for their own students who are attending,
18 you know, was a great collaboration that allowed us to
19 maximize our resources for better marketing and outreach
20 purposes.

21 And so I do want to make sure that we put on
22 the record that it's, you know, Dr. Richardson --
23 Dr. Richards at CSN, you know, really helped us out. As
24 well as the Boys and Girls Club of Reno, who also did
25 not charge us for use of their space while they did the

1 event.

2 So those were great benefits and perks we were
3 able to utilize by leveraging our existing relationships
4 with community partners, so that we can, again, make
5 more efficient use of our resources for the Exchange.

6 Outside of that, I also want to just talk, you
7 know, kickoff this year, Executive Director Gilbert
8 mentioned, we keep changing the open enrollment dates of
9 when we start. So, each year, it's been a different
10 date, for the past three times. And so this year, it
11 was November 1st. And November 1st fell on a Sunday.
12 And not only did it fall on a Sunday, but it fell on a
13 holiday weekend.

14 And so that certainly complicated a lot of our
15 efforts. We would have like to have had better
16 attendance, but we knew that we don't get to set the
17 date, and so we had to work with the date we were given
18 and work with attendance on that front.

19 Having said that, I think, the attendance we
20 did get was good given the circumstances. But we are
21 looking at how we learn from those existing structures
22 that we have to work with.

23 So at our event for Sunday, November 1st, here
24 in Las Vegas, we had 50 exhibitors participate in the
25 health fair, which was great. We also had at least 50

1 brokers participate in enrolling. We had 40 navigators
2 show up to help us with the process. And we had over
3 100 high school volunteers in southern Nevada who showed
4 up to help with the event.

5 So, from that logistical standpoint, I think,
6 it went great. Media showed up. They covered the
7 event. We had people show up. They were enrolled,
8 those who can. And so forth.

9 In Reno, Nevada, as well, we had about 10
10 exhibitors who showed up for our Reno health fair. And
11 we had 19 brokers who registered for the event. And we
12 had a sorority from UNR assign their sisters to come
13 volunteer to help us manage the event in Reno.

14 DR. JAMESON: (Inaudible.)

15 MR. RAMIREZ: It was at the Boys and Girls
16 Club.

17 DR. JAMESON: (Inaudible.)

18 MR. RAMIREZ: Yeah.

19 So we were able to put together the logistics
20 so that if we got inundated with people, we had enough
21 volunteers and enrollment professionals available to
22 handle the crowd. Or, you know, that didn't happen, but
23 we were prepared in case it did.

24 So, with that, we have been talking with
25 several of our exhibitors, enrollment partners and other

1 professionals. You know, the closeout, January 31st,
2 also falls on a Sunday. And we're finding that it is
3 increasingly challenging to get venues and get
4 exhibitors and to get staff and to get people available
5 for another Sunday event.

6 And since we already did a Sunday event for
7 kickoff, we are recommending that we shift the closeout
8 event to Saturday, January 30th, which we think will
9 help with turnout, help with participation of exhibitors
10 and volunteers. And so we are working with our venue to
11 shift the event to Saturday. We are working with SSHIX,
12 and they have given us their blessing and permission to
13 move forward with a Saturday event.

14 And so, as soon as we confirm all the logistics
15 for how that will work, we will make sure that we notify
16 the Board on how that process is going.

17 DR. JAMESON: Excellent. I think, that will
18 allow you to have another stellar closeout event, if you
19 shift to Saturday.

20 Were there any comments or questions? And I'm
21 looking for hands up north.

22 MR. GILBERT: Madam Chair, if I may?

23 DR. JAMESON: Yes, Mr. Gilbert.

24 MR. GILBERT: Thank you. And it truly is a
25 comment rather than a question.

1 You know, I had the opportunity to be down at
2 CSN for the kickoff and to take a look at the facilities
3 and what was going on there. And I will share with you
4 my opinion that despite the fact that it was a low
5 turnout -- and I understand why that was, you know,
6 Sunday, holiday weekend, day after Halloween, really,
7 really tough -- the truth is the facilities were
8 top-notch.

9 Penna and Mr. Ramirez did an outstanding job.
10 The screening that was being done by the navigators,
11 again, pled out top-notch, really well-done.

12 The turnout of the brokers, the broker
13 community showed that they're definitely with us. That
14 is was a wonderful thing to see.

15 And as you asked of Mr. Ramirez, we are working
16 very hard to make sure that we are able to track the
17 process and make sure we understand what's going on at
18 each of these events. You know, last year, people
19 handed in cards, and sometimes they did, sometimes they
20 didn't.

21 It's a whole new era now. And I could not be
22 more pleased than what I saw down there at CSN.

23 DR. JAMESON: Thank you, Mr. Gilbert. And just
24 following up on what you said, it was, you know, the
25 holiday, Nevada Day, and all of that. Everybody who can

1 goes out of town, takes a last. And so it was really
2 tough. And you guys really did good.

3 I think, I saw another hand up there.

4 MR. GILBERT: Yeah. There you go.

5 DR. JAMESON: Please proceed.

6 MR. KING: Cliff King, Division of Insurance.

7 And we did have a representative down in
8 Las Vegas. But, unfortunately, he had the opportunity
9 to talk to nobody. The vendors were placed outside on
10 the building side where the people come in and out, on
11 the other side of the building. They never even saw
12 him. Glenn couldn't even see who was coming, who was
13 going, anything else. So, frankly, they were gone by
14 noon.

15 And so just one comment about that is the
16 placement of the vendors probably needs some adjustment.

17 In the north, I happened to be up there. And
18 we at least were inside on a cold, windy Sunday morning.
19 But we probably ought to have coffee next time. 'Cause
20 you're not near a facility where you could easily go get
21 a cup of coffee or anything.

22 So that, that's the only two cents I got thrown
23 out.

24 DR. JAMESON: Much appreciated. Location and
25 coffee are very critical. Mr. Ramirez, you'll tend to

1 that.

2 You know, that is a common issue that sometimes
3 vendors get put outside. And they shouldn't be
4 considered second, third circle. They should be inner
5 circle.

6 And maybe comments?

7 MR. RAMIREZ: Sure. So I can assure you,
8 Mr. Commissioner, that the people in the south had
9 access to coffee and warm food. So we made sure that
10 that happened at CSN.

11 The way the facility was designed is CSN has an
12 outdoor courtyard where they set up exhibitors. It's a
13 common area. It's actually the first area that the
14 traditional public get to when they show up at the
15 event.

16 So our main information desk, our bouncy
17 houses, our emergency personnel were all up front,
18 outside, with the exhibitors, because we knew that would
19 be the main point of entry.

20 But we did get feedback from several exhibitors
21 that they didn't feel that the traffic went through
22 their side enough.

23 And so part of our closeout is we are designing
24 the layout so that it will force consumers to go through
25 the exhibitor side before they can get to the enrollment

1 side. That way, exhibitors get as much traffic as the
2 enrollment room.

3 DR. JAMESON: Excellent.

4 Any other comments or questions? Any
5 questions, any hand down here?

6 I did remember the question that I had earlier
7 on your marketing. It was on the material supplied for
8 the brokers. And it is, again, beautiful material.

9 I'm wondering, is it given to every broker
10 who's a participant, or only if the brokers call and
11 request it?

12 MS. HALABUK: That is correct, it's the brokers
13 who participated and worked directly with Evon to set up
14 and coordinate receiving the materials. Once they did
15 so, they were able to receive any of the materials that
16 they needed.

17 DR. JAMESON: So, again, the brokers that spoke
18 with Evon, meaning, of those brokers involved,
19 participating with us, what was the number we said last
20 time?

21 MS. DAWOOD: (Inaudible.)

22 DR. JAMESON: 450, roughly.

23 And so, did -- Evon, did all 450 offices
24 receive materials?

25 MS. DAWOOD: (Inaudible.)

1 DR. JAMESON: I ask this question, because we
2 do -- as we knew when we set out several years ago, as
3 it all progressed, the brokers would be who we heavily
4 rely on for enrollment.

5 MS. DAWOOD: An e-mail was sent out to our list
6 serve notifying them that they could come pick up
7 materials on Monday, Wednesday and Friday, from our
8 location, as well as the Carson City location, and
9 everything was on a first-come, first-serve basis.

10 DR. JAMESON: So, then, to answer my question,
11 how many brokers or broker offices picked up materials,
12 of the 450 participants?

13 MS. DAWOOD: Of the 450, I did not keep track
14 of how many I distributed, but a heavy sum was
15 distributed amongst all of them. We kept track of only
16 the ones who requested A-frames.

17 DR. JAMESON: It would be nice to have that
18 figure, if we got material out, available to 50 broker
19 offices or 100 brokers of our 150. I think, this is an
20 important thing for you to follow through on.

21 MS. DAWOOD: Yes, ma'am.

22 DR. JAMESON: Are there any other questions?

23 Okay. Then, let us -- oh. Oh, I missed one.
24 I am so sorry.

25 MS. LEWIS: I just have one clarification. Did

1 you say 150 brokers or 450 brokers?

2 MS. DAWOOD: 450.

3 MS. LEWIS: 450 brokers. That's what I
4 thought. Thank you.

5 DR. JAMESON: I would like to thank you very
6 much for that wonderful presentation.

7 And if there are no other comments from you or
8 the rest of the Board, then we will go ahead and go on
9 to the call center update.

10 MS. KORBULIC: Okay. For the record, my name
11 is Heather Korbulic. I'm the Operations Manager with
12 the Silver State Health Insurance Exchange.

13 I'm going to give you an overview of the last
14 quarter with the Consumer Assistance Center. The data
15 that we collect is from two different systems. It's
16 from our -- or excuse me -- our call management system,
17 which logs the number and frequency and hold times for
18 our calls. And then we also have a customer relations
19 management tool, which logs the sort of topics that
20 callers are calling about.

21 In our first two charts, you can see these are
22 both quarterly charts. And you can see, in Table 1,
23 that we're looking at the number of abandon calls, which
24 is hovering near zero, and the number of calls, which
25 has gone down a slight bit in the month of October. We

1 don't have statistics yet for the entire month of
2 November, which, of course, would represent our open
3 enrollment period, but I can tell you that in our first
4 week of open enrollment the call center received close
5 to 600 calls.

6 In Table 2, you're seeing the average abandon
7 call time and the average hold time, which are hovering
8 near zero. And then the average time that is on the
9 call is around three minutes per call.

10 In Table 3, you can see a breakdown of the top
11 five different topics that our consumers are calling
12 about. In general, most of them are being forwarded to
13 healthcare.gov. Oftentimes, those calls are with
14 assistance from our consumer center staff. They will
15 make a call with the consumer and help them through the
16 enrollment process or whatever their questions might be
17 for healthcare.gov.

18 Also, a lot of the calls are going to Medicaid
19 or to Nevada Check Up. We have some callers still
20 continuing to follow up on their 1095As. Some are just
21 calling about general education. And some of them are
22 calling about their insurance carrier.

23 A couple of challenges that the Consumer Call
24 Center still has, we're still processing 1095A
25 corrections. And with -- let's see. We processed 203

1 1095A corrections and issued 581 -- ooh, I have a typo
2 there; sorry -- 1095A reprints. So we assisted 784 of
3 our Exchange consumers with our 1095s.

4 The Exchange has received contact information
5 for some of the consumers who might be impacted by the
6 failure to reconcile. And the call center has begun to
7 reach out to those individuals, making calls out to
8 assist them with any corrective measures that they may
9 need to take to get that situation corrected in time for
10 open enrollment.

11 I'd be happy to take any questions.

12 DR. JAMESON: Do we have any questions up north
13 on the calls center activity?

14 MR. GILBERT: None up north, Madam Chair.

15 DR. JAMESON: And do we have any questions down
16 here on call center activity?

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

18 I'm just curious. Have we finally reconciled
19 all of the problems that we had with the previous
20 provider?

21 MR. KING: Xerox?

22 MS. LEWIS: Xerox, yes.

23 MR. GILBERT: Madam Chair, if I may respond to
24 that. I don't know that we will ever --

25 DR. JAMESON: Please, Mr. Gilbert.

1 MR. GILBERT: I don't know that we will ever
2 reconcile all of the problems which we had with the
3 previous vendor. I think that we've sort of reached an
4 equipoise, where there are no new problems coming, and
5 slowly but surely the old problems are fading away. But
6 I would be very hesitant to say that there won't be
7 problems which may crop up in the future.

8 DR. JAMESON: Thank you very much, Mr. Gilbert.
9 Actually, I think, this is a terrific graph and
10 is very self-explanatory about call center activity. We
11 know that graphs never tell the whole story.

12 I would anticipate, with the functioning call
13 center, that you guys have been pretty much able to
14 redirect the calls regarding the Nevada Co-Op well.
15 And, I believe, those are going to probably be buried in
16 some of these like insurance carrier ones.

17 I was surprised that insurance carrier
18 questions were so low. And how was that, was it a very
19 significant issue handling the questions on Nevada
20 Co-Op? In the private offices, there seemed to be a lot
21 of concern. And yet, when I know people went to the
22 Exchange, to the call center, I think, they felt
23 straightened out about everything. Do you have any
24 comments on that?

25 MS. KORBULIC: I can say that we didn't -- for

1 the record, Heather Korbolic.

2 I can say that we didn't receive very many
3 calls from consumers about the Co-Op. And when we did
4 receive those calls, we were able to put most minds at
5 ease, letting them know that CMS and the Division of
6 Insurance have, you know, told us that those plans will
7 be in effect through the month of December.

8 And we have been making sure that they
9 understand that they will need to reenroll actively, and
10 that means going to healthcare.gov or to a broker or
11 navigator to get reenrolled in a new plan.

12 DR. JAMESON: Excellent. I mean such a big
13 role for us is the direction in reassuring our clients
14 and our customers and the people of Nevada. And I think
15 that you guys are doing a great job. That is the beauty
16 of our Silver State Exchange, is that really the call
17 center and your human voice is what they can reach out
18 and touch when they are real scared. And, I think, you
19 guys had reassured them across the board in so many
20 issues and are doing a great job.

21 Are there any other questions?

22 Okay. Moving on, discussion and possible
23 actions regarding dates, times, and agenda items for the
24 future meetings.

25 I do not see any hands. Jose, do you see any

1 hands up there?

2 No hands. Okay. Public -- oh. Public comment
3 in the north? Is there any public --

4 MR. GILBERT: There is no public comment in the
5 north, Madam Chair.

6 DR. JAMESON: And is there any public comment
7 here in the south?

8 Excellent. Then, I would entertain a motion to
9 adjourn.

10 MR. MELENDREZ: Motion to adjourn.

11 MS. LEWIS: Second.

12 MS. CLARK: Valerie Clark. Second.

13 DR. JAMESON: And we are adjourned.

14 I would like to thank everyone for your
15 attendance and the staff for their excellent preparation
16 for this meeting.

17 Thank you, Mr. Gilbert, for the great job
18 you're doing.

19 MR. GILBERT: Thank you very much.

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