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SILVER STATE HEALTH INSURANCE EXCHANGE  
BOARD MEETING  
THURSDAY, DECEMBER 17, 2015, 1:30 P.M.

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DR. JAMESON: Good afternoon. This is  
Chairwoman Florence Jameson. I'm calling the meeting to  
order.

Can you hear me?

MR. GILBERT: We can, Madam Chair.

DR. JAMESON: Welcome.

And, Mr. Gilbert, would you do roll call,  
please. Or should we come back to that or just -- go  
ahead and do roll call. When Lavonne comes in, we'll  
notify you.

MR. GILBERT: Thank you, Madam Chair.

Dr. Jameson?

DR. JAMESON: Here.

MR. GILBERT: Dr. Grinshteyn?

Ms. Lewis?

Ms. Wilson?

Ms. Clark?

MS. CLARK: Present.

MR. GILBERT: And Mr. Melendrez?

1 MR. MELENDREZ: Present.

2 MR. GILBERT: Ms. Aiello?

3 MS. AIELLO: Present. Present.

4 MR. GILBERT: Mr. King?

5 MR. KING: Present.

6 MR. GILBERT: And Ms. Nielsen?

7 MS. NIELSEN: Here.

8 (Cell phone noises.)

9 UNIDENTIFIED: I apologize.

10 DR. JAMESON: Thank you.

11 MR. GILBERT: It's better than some ringtones  
12 I've heard. It's all good.

13 DR. JAMESON: As far as announcements, I'll  
14 just note, as we go into public comment, that as far as  
15 I was aware, we just had the one written letter. For  
16 any of those who wanted to see it, it's in the records.

17 And is there anybody here who would like to  
18 make public comment in southern Nevada?

19 I don't see anyone down here, Bruce. And do  
20 you have anyone in northern Nevada who would like to  
21 make a public comment?

22 MR. GILBERT: I see none here, Madam Chair.

23 DR. JAMESON: Going on, then, since there's no  
24 public comment, and the next item on the agenda,  
25 approval of the minutes, we'd like to have a quorum, let

1 us, then, just go ahead to the -- do I hear Lavonne  
2 coming in?

3 Yeah. You know, I hear Lavonne's heels in the  
4 hall. So why don't you just take a deep breath, slowly,  
5 and then you can give us -- we'll do the minutes as well  
6 as the Executive Director's report. I'm pretty sure  
7 that's her now. Since we can't really do the minutes  
8 without our quorum and because I'd like her to hear the  
9 executive report. But I actually think she is here.

10 All right. Maybe that wasn't her. So we will  
11 wait on the minutes and go ahead with the executive  
12 report.

13 MR. GILBERT: Thank you, Madam Chair, members  
14 of the Board.

15 Well, we are deep into another open enrollment  
16 period. It is our third. And these are busy times for  
17 the Exchange and for staff.

18 Early indications are that open enrollment is  
19 going very, very well.

20 DR. JAMESON: Excuse me, Mr. Gilbert.

21 MR. GILBERT: Yes.

22 DR. JAMESON: Just for the record.

23 MR. GILBERT: Yes, ma'am.

24 DR. JAMESON: Lavonne is present.

25 MR. GILBERT: We will note that there is now a

1 quorum present of the Board at 1:45 this afternoon.

2 DR. JAMESON: Please continue your report. I'm  
3 sorry about the interruption.

4 MR. GILBERT: Not a problem. Thank you. It  
5 gets better the more I do it. So it's all good.

6 As I was saying, yeah, we're deep into open  
7 enrollment. The staff is very busy. It appears from  
8 early indications that everything is going well.

9 As of December 5th, which is the latest that we  
10 have numbers for, over 31,000 Nevadans had enrolled in  
11 coverage through the Exchange for 2016. That's really  
12 interesting, because that number is more than 50 percent  
13 of the enrollment that was in force at September 30th.  
14 So that's a really good number.

15 But even more importantly, some 11,000 of those  
16 enrollees, over a third, seem to be new customers, that  
17 is, individuals who had not purchased a health plan  
18 through the Exchange last year.

19 This is particularly good news, because there  
20 has historically been a surge around December 15th,  
21 which is usually the deadline for January coverage and  
22 which was, of course, extended a day or so ago to  
23 December 17th.

24 We've spoken with our participating carriers,  
25 with a number of agents and brokers, and everyone agrees

1 that enrollment has been brisk.

2 Our expectations are that we will see enrollee  
3 growth this year, certainly not on the level of last  
4 year's doubling, but still a very healthy increase in  
5 enrollment.

6 Of course, not everything has gone smoothly.  
7 The healthcare.gov website has seen some outages and  
8 appears to be struggling to handle the demands which are  
9 being placed upon it nationwide. They've had to set up  
10 waiting rooms and extend the deadline for January 1st  
11 inception dates, as people attempt to purchase coverage.

12 So what I would tell you is the performance of  
13 the technology has certainly fallen off from last year.  
14 And that's, frankly, troubling in light of the recent  
15 CMS proposal that State Based Marketplaces on the  
16 federal platform should pay an access fee equal to  
17 3 percent of the premiums generated by plans sold on the  
18 Exchange.

19 It seems clear that if we were to pay 3 percent  
20 to CMS as requested, there will not be an opportunity to  
21 sufficiently fund meaningful Exchange activities here in  
22 Nevada.

23 Further, any additional assessment, which would  
24 be placed atop that to support our activities, would  
25 unfairly skew on Exchange premiums, to the detriment of

1 Nevada's consumers.

2           There is, however, a more important message  
3 here, I think, and that is that the proposed rule  
4 indicates that only 15 percent of the monies expended by  
5 the Federally Facilitated Marketplace are used for  
6 marketing, consumer outreach and education. And I'd ask  
7 that the Board think about that for a minute. Fifteen  
8 percent to cover marketing, consumer outreach and  
9 education. By comparison, our Exchange spends over 60  
10 percent of our budget on those activities.

11           In fact, no state-based Exchange spends only 15  
12 percent of its budget when educating consumers and  
13 working to increase enrollments in underserved and  
14 vulnerable populations. And that is true because, as we  
15 learned just a couple of years ago, our business is not  
16 primarily technology. Our business is reducing the  
17 number of uninsured Nevadans. And while having access  
18 to robust dependable technology is helpful, technology  
19 alone is not capable of getting the job done.

20           I would suggest that it is particularly true,  
21 after the low-hanging fruit, which is the more than  
22 200,000 Nevadans who wanted insurance and signed up for  
23 the expanded Medicaid program or for qualified health  
24 plans as soon as they had the chance, that's gone. And  
25 we are looking at a more expensive and targeted outreach

1 being necessary going forward.

2 We are, of course, providing comments in  
3 response to the proposed rule, as are a number of our  
4 stakeholders. But I think that it is clear, given the  
5 proposed rule, that we cannot rely on CMS to provide a  
6 solution to what is now, by their own action, both the  
7 technology and sustainability challenge.

8 I understand that CMS has to serve millions of  
9 people across more than 30 states. And I certainly give  
10 them credit for what they have done. But their world  
11 view and our own here in Nevada at the Exchange, when it  
12 comes to customers and to the importance of consumer  
13 education and outreach, and when it comes to the value  
14 that a State Based Marketplace offers, are radically  
15 different.

16 It seems unreasonable to simply pay CMS  
17 millions of dollars for a technology platform that  
18 stutters when it's pressed, that can't provide  
19 state-specific reporting, without doing all that we can  
20 to assure that Nevada's consumers are not harmed,  
21 through unnecessary premium increases or shortchanged in  
22 any way.

23 These are challenging times certainly, but I am  
24 confident that we will ultimately find a way to continue  
25 to reduce the number of uninsured Nevadans that is

1 cost-effective, that is affordable and that is  
2 consistent with our unyielding commitment to our  
3 consumers and to the citizens of this state.

4 And what would be the sum and substance of my  
5 remarks. And I'm more than happy to take any questions.

6 DR. JAMESON: Do we have any questions from the  
7 north?

8 Are there any questions?

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

10 And I just had -- I don't know that you would  
11 be able to answer this. But you mentioned that they  
12 were only going to spend 15 percent of the money on  
13 marketing and outreach. And I was just wondering, what  
14 are they spending the rest of the money on?

15 MR. GILBERT: Thank you, Ms. Lewis. This is --

16 MS. LEWIS: How is it done?

17 MR. GILBERT: This is, this is Bruce Gilbert,  
18 for the record.

19 Actually, in the proposed rule, what CMS has  
20 said is that the 3 percent which they wish to assess  
21 State Based Marketplaces that remain on the federal  
22 platform represents 85 percent of the 3.5 percent that  
23 is assessed to states that are fully on the Federally  
24 Facilitated Marketplace.

25 And in their commentary, they said that they



1 have determined the technology costs, essentially,  
2 represent 85 percent of their expenses. And that's how  
3 they arrived at the 3 percent.

4           So by -- by all the skills that I learned in  
5 all my years of schooling, I subtracted 85 from 100, and  
6 I determined that 15 percent was all that they are  
7 spending on other activities.

8           DR. JAMESON: Mr. Gilbert, that -- I'm afraid  
9 you really spoiled me when you first came on and  
10 provided written reports. I would love to, if it's  
11 possible for you -- and I know you have really been very  
12 busy prior to this meeting, especially anticipating and  
13 then finally receiving the federal government's  
14 3 percent number that they have put out there, and I  
15 know you've been working hard to look at alternatives.  
16 But if you do get a chance, I would really love to see  
17 those reports, as you did in the beginning, in writing.

18           And I would just like to compliment you. That  
19 was an excellent report. And I appreciate you bringing  
20 up, for all of us, the concerns, as we have been very  
21 busy with the federal hub, that they have actually had  
22 some technical issues, and there has been a little bit  
23 of delay.

24           We all know, sometimes all it takes for a  
25 customer, consumer is a little bit of -- a little bit of

1 difficulty, not even moderate or a lot, to then drop off  
2 of the process and not follow through.

3           So that is still always a very important thing  
4 on the technology side. And I don't know if we can  
5 actually ever get a feeling for how many people are  
6 experiencing right now. It was difficult enough in the  
7 past when we had Xerox; all we really could do was go by  
8 feedback from our brokers and our navigators as to the  
9 difficulty our customers were having and the brokers  
10 were having.

11           So I'm not sure what the magnitude of that  
12 problem is, whether it's just little, medium or small.  
13 Of course, we would hope that it would be less, you  
14 know, less than 1 percent or nonexistent. But, of  
15 course, we all know technology, there are always going  
16 to be some delays, some, some problems.

17           Do you have any sense of the magnitude of that  
18 problem?

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

21           And I apologize, frankly, for not providing a  
22 written report this month, nor last. I have been busy,  
23 as you note. Nonetheless, it's probably -- I don't want  
24 to make an excuse. And I will certainly attempt to make  
25 sure that on a going-forward basis, that's not an issue.

1 I don't believe that it's possible to determine  
2 the magnitude or the impact of healthcare.gov issues on  
3 our state citizens. I don't know that they are tracking  
4 that information in any meaningful way. They certainly  
5 are not reporting it to us in any meaningful way. I  
6 would note that the situation was significant enough  
7 that they extended the open enrollment period, for  
8 January 1st coverage to attach, by 48 hours.

9 So, clearly, it was not just a blip on the  
10 radar screen. But I'm not able to give you any  
11 specifics at this time.

12 DR. JAMESON: That was still very helpful and  
13 very informative. Thank you very much for that report.

14 I would like to now go back to item number III  
15 on the agenda, the approval of the minutes for  
16 November 12, 2015 Board meeting.

17 Could I hear a motion?

18 MS. LEWIS: Lavonne Lewis, for the record. And  
19 I move approval of the minutes of November 12th.

20 MR. MELENDREZ: Second.

21 DR. JAMESON: Is there a second?

22 MR. MELENDREZ: Second.

23 DR. JAMESON: Any -- oh, was there any  
24 discussion?

25 Is everyone in favor -- everyone in favor, say

1 "aye."

2 (Board members said "aye.")

3 DR. JAMESON: Anyone opposed?

4 The minutes for November 12, 2015 are passed.

5 Going to item number V, discussion regarding  
6 the semi-annual fiscal and operational report to the  
7 Governor and the Legislature, I would like to say that  
8 was an excellent report as well.

9 Bruce.

10 MR. GILBERT: Yes, thank you, Madam Chair.

11 Bruce Gilbert, for the record.

12 As you know, we do have a statutory obligation  
13 to provide the Governor and the Legislature with reports  
14 twice a year that provide information about our  
15 activities and, also, fiscal information as well and,  
16 ultimately, recommendations with respect to the  
17 Exchange.

18 You'll notice that there is a draft letter for  
19 you, Madam Chair, which indicates that we are providing  
20 this information. And thereafter, you will see that  
21 there is a, roughly, eight-page report which covers our  
22 activities to this point in time and since we last  
23 reported to the Governor and the Legislature.

24 I think, it's very straightforward. It talks  
25 about how we continue to transform while focusing on our

1 ultimate objective. It discusses the strategic  
2 initiatives, which we have covered in previous meetings.  
3 It sets out the voting membership and the ex officio  
4 members of the Board, indicates where there have been  
5 changes in staff.

6 And a significant portion of it deals  
7 particularly with our marketing, advertising and  
8 outreach activities since our last report. And, of  
9 course, with the inception of open enrollment, that  
10 would take the bulk of the report that we would be  
11 providing.

12 We do touch upon navigators, enrollment  
13 assisters and CACs.

14 And Mr. Frantz has provided information with  
15 regard to our budget, which is up-to-date. I believe  
16 that it is a full and fair description of our activities  
17 since we last reported to the Governor and the  
18 Legislature.

19 And I would ask that the Board approve it and  
20 permit us to file it on their behalf.

21 DR. JAMESON: Are there any questions or  
22 comments on the report for Mr. Gilbert?

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

24 I thought it was an excellent compilation of  
25 what we've done over the last few.

1 DR. JAMESON: I as well thought it was and,  
2 also, a little excellent bit of journalism.

3 MS. LEWIS: It was.

4 DR. JAMESON: I particularly -- well, actually,  
5 I liked all of it. But in the beginning, your  
6 differentiation between strategic initiatives and a  
7 strategic plan, I thought that was very good. And I  
8 liked the way, and it couldn't be more apropos when you  
9 see how flexible we have to be when the federal hub, you  
10 know, just now gave us the 3 percent. I mean these are  
11 things we have no control over and would make it very  
12 hard to set a long-term strategic plan. So I like the  
13 strategic initiative that you start off with explaining  
14 it.

15 There was -- I'm trying to find it. You might  
16 be able to direct me to it. I think, somewhere you had  
17 mentioned about 11,000. I thought it was in this  
18 report, but I don't see it --

19 MR. GILBERT: No, I don't think that's in here.

20 DR. JAMESON: -- now that I'm looking through.  
21 Do you know what I'm referring to? I thought that in  
22 the report itself --

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

25 I believe, you're talking about the number of

1 new enrollees as of December 5th. I don't know that it  
2 appears in this report. I don't believe that it does.  
3 Only because we will have actually -- we get updated  
4 numbers every week.

5 DR. JAMESON: Right.

6 MR. GILBERT: And so, so because it is a moving  
7 number and a moving target --

8 DR. JAMESON: Exactly.

9 MR. GILBERT: -- we did not include it.

10 DR. JAMESON: In the report, where you had  
11 talked about the percent that had enrolled because they  
12 had seen enrollment that had been referred by enrollment  
13 assisters?

14 MR. GILBERT: Yes. Thank you. Bruce Gilbert,  
15 for the record, Madam Chair.

16 Again, that's, that's another moving number.  
17 And, actually, that was as of December 5th. So. So it  
18 is not in here, only because it would not be accurate at  
19 the time that we provide it.

20 DR. JAMESON: And that's kind of what I thought  
21 you were going to tell me, that since they're rolling  
22 numbers and they change so much, that you wouldn't  
23 necessarily include some of those numbers as of -- even  
24 though he would be understanding it as of the date that  
25 you wrote the report.

1           But what I was impressed about was how well we  
2 were doing with new enrollees as of this date into it,  
3 you know, if one was to say, you know, compared with  
4 last time. It just shows the excellent job you are  
5 doing. And (indistinct) fees are getting greater. The  
6 penalties and (indistinct).

7           I just thought it would show, also, that as an  
8 entity, we're functioning so much better with our  
9 outreach, our -- what you focused on when you were  
10 talking about, federally, the 15 percent, how, because  
11 we do work really hard on our advertising, our PR,  
12 social media, our events, et cetera, that a lot of what  
13 we're doing and the way we are spending our money is  
14 reaching the population, target population. And here we  
15 are, third year, never more effective, more efficient.

16           And I was hoping (indistinct) --

17           UNIDENTIFIED: There it went.

18           DR. JAMESON: -- with numbers --

19           UNIDENTIFIED: The batteries are dying, I  
20 think.

21           DR. JAMESON: -- even though I know they're  
22 rolling them, they only are accurate for this point in  
23 time. And it would be reflected when we give our next  
24 report, hopefully. But (inaudible).

25           MS. KORBULIC: I'm asking them to give her



1 another one.

2 MR. GILBERT: Madam Chair, there's an issue  
3 with your -- with your microphone. Would you be able to  
4 get another microphone?

5 DR. JAMESON: Did you miss most of that?

6 MS. KORBULIC: Yeah.

7 MR. GILBERT: We did, unfortunately.

8 (Chairwoman Jameson was given another  
9 microphone.)

10 DR. JAMESON: So that -- oh.

11 MR. GILBERT: There we go.

12 DR. JAMESON: So the gist of it was that, even  
13 though any numbers would reflect where we are in  
14 (indistinct) impressive numbers than we've ever had as  
15 to where we are at this point of time in our enrollment,  
16 do you feel that reflects the marked increase efficiency  
17 and the (indistinct).

18 Can you still hear me?

19 MR. GILBERT: We --

20 MS. KORBULIC: It's in and out.

21 MR. GILBERT: We did have an issue for a  
22 moment.

23 DR. JAMESON: Do you -- have you been able to  
24 get --

25 MR. GILBERT: I do, I do -- Bruce Gilbert, for

1 the record.

2 Yes, Madam Chair, I do understand what you're  
3 saying. And if it's the sense of the Board, I would be  
4 more than happy, probably after the section on  
5 enrollment events on page four and before discussing  
6 navigators, enrollment assisters and certified  
7 application counselors, to put in information with  
8 regard to open enrollment numbers that are currently  
9 available.

10 DR. JAMESON: Yes. But even, even more, even  
11 as important, how markedly improved they all were, they  
12 are (inaudible) how, how much better they are over  
13 previous years. So it's not just the absolute number,  
14 but the number itself reflects that they are so much  
15 better at this time.

16 MR. GILBERT: Thank you, Madam Chair.

17 DR. JAMESON: Are you following?

18 MR. GILBERT: I do. Bruce Gilbert, for the  
19 record.

20 The thing, the one thing that we have to be  
21 careful of, though, is that last year and this year is  
22 very different. The reason being, there was no passive  
23 reenrollment last year. And because there was an active  
24 reenrollment fairly early on in the process, we had over  
25 40,000 people enrolled.

1           So it's a very different process. And there  
2 was at least one story in the media that said people are  
3 slow to warm to what we were doing in terms of the open  
4 enrollment this year. But the truth is, because there  
5 is a passive auto reenrollment, you're looking at apples  
6 and cumquats. They're very different things.

7           A much better understanding of truly where we  
8 are will occur when we get to the end of December, and  
9 the auto reenrollments have gone onto the books, and  
10 we're able to take that snapshot and compare it to the  
11 prior year. Because right now, right now, I mean if you  
12 talked about simply new enrollments, there were 40,000  
13 of them last year. They weren't truly new enrollments,  
14 but that's what they showed up as.

15           DR. JAMESON: Correct.

16           MR. GILBERT: And so, so I don't want to get  
17 into an apples and oranges comparison.

18           DR. JAMESON: Right. Oh, I understand  
19 completely. So we will probably, then, need to just  
20 wait, and I understand what you're saying, until the  
21 next report that will, hopefully, reflect everything.

22           MS. KORBULIC: Great.

23           MR. GILBERT: Thank you, Madam Chair. I think  
24 that that would be a better course.

25           DR. JAMESON: And I do like the way that you

1 focused on the navigator and the -- well, let me say,  
2 the strong broker alliance that we are now doing.

3 So I would imagine that he can understand,  
4 then, that this has allowed our consumer that increased  
5 opportunity for education and knowledge about the plans  
6 and a better guidance to the proper plan to purchase, so  
7 that we don't fall into the trap our consumers are  
8 buying the cheapest plan which is not the best plan.

9 I thought it was a thorough and excellent  
10 report. Any other comments and (inaudible)?

11 Yeah, have a motion to accept the report?

12 MS. CLARK: Madam Chair, it's Valerie Clark,  
13 for the record. I'll make a motion to accept the report  
14 to forward on.

15 DR. JAMESON: Is there a second?

16 MS. LEWIS: Lavonne Lewis. I second the  
17 motion.

18 DR. JAMESON: Everyone that's in favor of the  
19 report, "aye."

20 (Board members said "aye.")

21 DR. JAMESON: Is there any opposition?

22 Thank you, Mr. Gilbert.

23 The motion is passed.

24 I would like to at this time ask our marketing  
25 team to do their marketing and open enrollment update.

1 I'm sorry. The -- who would be giving what report?

2 MR. GILBERT: That'll be Ms. Davis of my staff.

3 DR. JAMESON: Thank you.

4 MS. DAVIS: Janel Davis, for the record,  
5 Communications Officer.

6 As Bruce alluded to, the Exchange has made  
7 significant strides to reduce Nevada's uninsured  
8 population, and we have been working diligently to get  
9 our message to consumers.

10 Our cobranding efforts with the broker and  
11 agent community have proven to be effective. Fifteen  
12 thousand of those enrolled so far have used an  
13 enrollment assister. And that's the 65 percent that we  
14 mentioned.

15 Our enrollment events for consumers to receive  
16 in-person assistance have been an ongoing call to action  
17 message for all Nevadans shopping the marketplace.

18 Our media and advertising campaign has  
19 continued to receive positive and interested press while  
20 also reaching our target audience.

21 Advertising was more aggressive around the 15th  
22 of the month events, with an emphasis on our December  
23 15th enrollment event held in Henderson and Reno, which  
24 was also the deadline to enroll for coverage. And that  
25 has changed for today.

1           The Exchange has issued press releases before  
2 every Sign Up Saturday event and large scale enrollment  
3 events. We continue to participate in outreach events  
4 throughout the state and anticipate an increase in  
5 enrollees in January after reenrollment.

6           Our website was updated to reflect this open  
7 enrollment, with an emphasis on our in-person assistance  
8 tool by zip code and monthly broker schedule for  
9 extended office hours.

10           I will review our messaging strategy. And  
11 Melissa Dietz, media planner and buyer, will go over the  
12 media detail. Andres Ramirez and Evon Meyers will  
13 review our broker update and outreach efforts.

14           So for the Power Point presentation, there's a  
15 marketing update.

16           On the first slide, we address our messaging  
17 strategy evolution.

18           In the beginning or in the past, our message  
19 was more focused on a "we all have to have health  
20 insurance." It is now more tailored to be affordable  
21 and focused on a target audience.

22           The evolution on this slide is that we adjusted  
23 accordingly to be event-specific. So you can see that,  
24 the banners and then, on the bottom, the postcard  
25 mailers that we designed specifically for our events, as

1 well as outdoor banners.

2           On the next slide, we implemented a PSA-style  
3 video to advertise enrollment through Nevada Health Link  
4 that our Governor Sandoval filmed for us. It turned out  
5 so well and was very successful, that we did a quick  
6 turnaround to add it into all of our media outlets. And  
7 that would be TV, radio, online, social media and  
8 YouTube.

9           We also designed another PSA-style  
10 advertisement to discuss and warn Nevada consumers about  
11 how shopping on the Internet can be scary, to not trust  
12 other websites. There are other websites out there that  
13 are kind of misguided and misrepresenting for Nevada  
14 Health Link.

15           And so here's a picture of Andres Ramirez doing  
16 a PSA for us. And, also, I filmed one today. So you'll  
17 start hearing that, and everything will be infiltrated  
18 through all of our media outlets.

19           On the next slide, we just wanted to break, do  
20 a breakout for you. These are all of the same messages  
21 and using the same message strategy in just different  
22 mediums. And so we have that broken out for you there.

23           I would like to turn it over to Melissa  
24 Dietz -- she's our media planner and buyer from Penna  
25 Powers -- who will continue up on the rest of the

1 presentation.

2 MS. DIETZ: Thank you. For the record, Melissa  
3 Dietz with Penna Powers.

4 This next slide, we're just -- it looks similar  
5 to what we had last month. We're just showing you an  
6 example of the impressions we are expecting to have  
7 delivered via TV, radio, outdoor and print through  
8 December 15th.

9 You'll see we have about 45 million impressions  
10 in Las Vegas and just over 10 million impressions in  
11 Reno. And then, on the side of that, you'll just see  
12 we've dropped in some logos of some local, the  
13 television and video stations that we're working with  
14 and then, also, some key programming that we thought  
15 would be interesting, such as the NFL and Empire and  
16 Rosewood and local news.

17 So, overall, we have -- we had estimated -- we  
18 had planned a little bit differently. And then, as we  
19 said, we would try to be nimble as this campaign went  
20 along. So we were able to add a little bit more budget  
21 to our schedule as we went along. And so we added  
22 another 6.2 million impressions.

23 The next two pages, we were just asked to make  
24 sure that we were covering the rural communities well.  
25 We knew we had Las Vegas and Reno covered, but we wanted



1 to make sure that we had those rural areas covered. So  
2 this is a little bit of an eye chart, but you can take a  
3 look at it, at all those key zip codes that we were  
4 concerned with, and you can see that we did have most of  
5 them covered with newspaper, radio and TV.

6 So, moving on -- stop me at any point if you  
7 have questions. We've kind of been over this, so you  
8 guys may just all look at it and go, "I've already got  
9 it."

10 So, with the digital media, the next page, this  
11 is just a list of the digital media vehicles that we've  
12 used.

13 We delivered over 4.1 million impressions from  
14 November 1st through November 30th. We had over 6,240  
15 key actions, which is where they go to the website and  
16 either look up a broker, the subsidy, use the subsidy  
17 calculator, or the contact page, or click all the way  
18 through to the .Gov site.

19 So, again, being nimble, partway through this  
20 campaign, we did switch some of our spots, or some of  
21 our ads from being in Yahoo to Google, because we found  
22 it was being -- it was more efficient, it was less  
23 costly, and we were getting better reaction to it. So  
24 there is a little bit for you to go over.

25 The next two slides, we were asked last month

1 what the best performing digital display ads, digital  
2 ads we had were running. So we just wanted to include  
3 that. So you can see here our top three English ads.  
4 And then, on the next page, you can see what our top  
5 three Hispanic ads were.

6 And then the following page is, again, just a  
7 little bit more of the digital media, but it's just  
8 drilled down, with more analytics and more specific  
9 information on the different media vendors that we were  
10 working with and how each of the creative performed with  
11 those vendors.

12 And then we have social media.

13 MR. DAVIS: And I will be talking about social  
14 media. This is Janel Davis, for the record.

15 Basically, in November, we had a total of  
16 34,547 engagements that took place. And that just means  
17 people who actually took action. And on the right,  
18 there are some examples of what our posts look like.

19 And so when you click on here, it's driving  
20 people to our website, which, you know, discusses open  
21 enrollment.

22 The social website traffic accounted for 30.7  
23 percent or 16,827 referrals of all acquired website  
24 traffic in November, which is an increase of 1,953  
25 percent.

1           And the main message here is there hasn't been  
2 any negative messages like in years past.

3           And, you know, it's important to note that all  
4 people are using, most all people are using social  
5 media. And so our messaging is driving folks here and  
6 then to our website, which is driving up awareness about  
7 events.

8           And so, it's working.

9           MS. DIETZ: Melissa Dietz, again, for the  
10 record. I'm going to just touch a little bit on the PR  
11 and media relations.

12           What we love about this whole marketing effort  
13 is that both the media, the paid media and the earned  
14 media, just seem to be constantly leveraging each other.  
15 So if we paid for something with media, we were able to  
16 go in and leverage the PR side. And then, on the PR  
17 side, whatever they were able to do independently just  
18 somehow led right back into what our paid messages were.

19           So we're really happy with just how these two  
20 departments are just married together. So.

21           At this point, we -- the earned media, because  
22 it's been such a huge success, we're just going to keep  
23 on with those efforts. We have a number of things that  
24 we did in November, including an interview with Bruce  
25 Gilbert on KRN. He had a guest column in the Las Vegas

1 Sun.

2 We've had numerous interviews on the radio  
3 stations, on their community programs, that are  
4 generally a little bit longer form. So it gives you  
5 more opportunity to talk about what our overall efforts  
6 are with the Health Exchange.

7 We have also had, both in English and Hispanic  
8 language efforts.

9 Overall, we're happy at this point. We see  
10 almost 6.8 million dollars in earned PR coverage. So.  
11 And in the back of the document, you'll see we gave  
12 greater detail and an appendix with more media valuation  
13 and specific channels that we worked with. So.

14 And then the pages following right behind this,  
15 again, just a very quick summary of the efforts that we  
16 did in November to get out there with our media outlets.

17 MS. DAVIS: This is Janel, for the record.

18 I'd like to introduce Andres Ramirez and Evon  
19 Meyers, if they'd like to do the broker update and then  
20 the outreach update portion.

21 MS. MEYERS: Evon Meyers, for the record.

22 Our broker update for our cobranded marketing,  
23 we currently have 684 brokers on our List Serv. And  
24 this list is compiled of brokers in the area who can be  
25 found on our look-up tool on the Nevada Health Link

1 website. We also have 254 brokers that have opted in to  
2 do these cobranding events with us, whether they were  
3 midweek pop-up events, Sign Up Saturdays, the middle of  
4 the month events that we had both in Henderson and Reno  
5 on December 15th and coming up on January 15th.

6 Brokers were notified, also, to come pick up  
7 marketing materials that we made for them to display in  
8 their offices. And we had 33 brokers pick up materials  
9 in Carson City, and 142 brokers picked up materials from  
10 Henderson.

11 MR. RAMIREZ: Good afternoon. Andres Ramirez,  
12 for the record. We're going to do a quick outreach  
13 report.

14 So in -- we continue to attend more and more  
15 events throughout this process, especially as open  
16 enrollment has begun.

17 Up to date, as you may have seen in your fiscal  
18 report, we have participated in over 30 events that we  
19 specifically represented Nevada Health Link. And those  
20 events had over 30,000 people in attendance combined.  
21 And we've been able to have now around 5,000 one-on-one  
22 conversations with consumers to engage them in the  
23 process.

24 So that's been pretty significant, and we're  
25 proud of that, but, obviously, we still have a lot more

1 to go.

2           In addition to some of these outreach events  
3 we've done for consumers, Health and Human Services  
4 contacted the Exchange and asked if we would help them  
5 put together a roundtable with Secretary Sally Jewell  
6 from the Department of Interior and Dr. Mary Wakefield,  
7 who is the Assistant Secretary of HHS. So we did that  
8 on a Friday, December 4th, and we were able to get some  
9 stakeholders from Las Vegas to sit down and have a  
10 conversation about what we can do to increase messaging  
11 and partnership.

12           So although that event did not get a lot of  
13 media attention, we were able to get some good  
14 conversations from that event. And HHS agreed to put us  
15 in partnership with some of their national partners, so  
16 that we can increase collaborations here in the state.  
17 So that was good.

18           Our most recent event was Tuesday, December  
19 15th. We had it at the Henderson Convention Center here  
20 in southern Nevada and at the Ramirez Group office in  
21 northern Nevada. It was just a four-hour event in the  
22 early evening, from 4:00 to 8:00 p.m., and that worked  
23 out really, really well.

24           In terms of actual consumers that we were able  
25 to assign to a broker to pursue a QHP application, we

1 registered on our system 87 different consumers that  
2 were assigned to a broker during that period of four  
3 hours. So that was pretty cool.

4 And now we are just focusing on additional  
5 enrollment events. So January 15th will be the next  
6 deadline. And January 30th, obviously, our closeout  
7 event.

8 Janet Quintero is not able to join us today at  
9 this meeting. She's actually currently being with the  
10 entire building staff of the Clark County Government  
11 Center to ensure that we go over final logistics for  
12 that event and that we can finalize that.

13 In Reno, we are still working on some locations  
14 to confirm. But we have a couple of community centers  
15 that are available that we are looking to lock down.

16 DR. JAMESON: Did that conclude your report?  
17 An excellent report, excellent performance.  
18 Is there any questions from anyone up north?  
19 Comments appreciated.

20 Any from down south?

21 MR. MELENDREZ: Madam --

22 DR. JAMESON: I want to know how you got --

23 MR. MELENDREZ: Madam Chair?

24 DR. JAMESON: -- Brian Sandoval -- yes?

25 MR. MELENDREZ: I'm sorry. Just Jose here.

1 I was just going to make some quick comments  
2 that in my -- today I came down here, or up here, for my  
3 orientation. And on the way here and just now during  
4 lunch, when I was driving around, I heard the spot, the  
5 radio spot, several times. So it's working.

6 DR. JAMESON: That's the best kind of comments  
7 of all. We like to hear that.

8 And on Brian Sandoval, we're very fortunate in  
9 our state to have had a republican Governor stand up and  
10 support the expanded Medicaid and the Affordable Care  
11 Act and to be as far along in this process as we are to  
12 having our uninsured Nevadans have access to health  
13 care.

14 And it goes one step further that he would  
15 actually stand up and also do a video for us. And so  
16 I'm not sure who or how you got that accomplished, but  
17 just kudos to whoever did that.

18 And then my other question is, does he speak  
19 Spanish? Was it also done in a Spanish version?

20 MS. DAVIS: This is Janel Davis, for the  
21 record.

22 The video was not recorded in Spanish, but we  
23 were able to get it on all media outlets. But we could  
24 take that into consideration.

25 DR. JAMESON: And then I just want to say I was



1 very impressed with all the numbers. Particularly, I  
2 wanted to ask Mr. Ramirez a question. Because this is  
3 now his third, his third time around, and he has seen us  
4 go through a lot of changes.

5           And wondering what your personal opinion is on  
6 how you compare how we're now functioning and, if you  
7 feel comfortable, to give us any insights as to any, any  
8 down side. I'm seeing a lot of upside. This report was  
9 really wonderful. We've really changed a lot in the way  
10 we've done things in three years. And you've been  
11 through the three years. Would there be anything else  
12 you would do differently?

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

14           So, Madam Chair, each, each year has presented  
15 its own set of challenges and opportunities. So it's  
16 been a great learning process throughout the entire  
17 term.

18           I would say that, you know, it's -- we're in a  
19 different place, given that the first two years enrolled  
20 so many people, whether they were Medicaid or Medicare  
21 or QHPs. So, you know, by successfully reducing the  
22 amount of uninsured people in Nevada, this becomes a  
23 much harder process to do to find those that haven't  
24 enrolled. So the strategies and the practices that we  
25 take to try and meet that population, we have to

1 continuously adapt and be innovative to reach them.

2 I think, the plan that we put in place, given  
3 what we knew when we started this plan, is a very  
4 effective plan. As Ms. Deitz said earlier, being part  
5 of the Penna Powers team, we're very nimble, so we  
6 adjust as needed if we see things aren't working.

7 I think, one of the things that we have noticed  
8 is that last year, when we did the stores, it was very  
9 easy for us to have a visual and a constant sense for  
10 how many consumers we were reaching and driving to a  
11 location for our broker partners and navigator partners.  
12 And now that we're driving consumers directly to  
13 brokers' offices, it's less visual for us to see how  
14 much of an impact we're doing in that process.

15 Obviously, as Mr. Gilbert reported, we're still  
16 having a very successful rate of enrollment. So  
17 something's going right. But, but it is harder for us  
18 to monitor the impact of our efforts, because it's  
19 dispersed through a wider process.

20 I also think, for some of our broker partners,  
21 that sometimes may be harder to understand how much  
22 we're helping them, because they're not all clustered in  
23 one location to see the fruits of all our labor.

24 So I'm not saying one's better than the other.  
25 Again, I think, the results and the enrollment numbers

1 will speak for themselves. But. But, definitely, we're  
2 seeing some different challenges in terms of trying to  
3 find those people who still are uninsured, that we  
4 haven't been able to reach in the first two years, to  
5 find them through new efforts and get them to  
6 participate in the process.

7 DR. JAMESON: Thank you very much. What is  
8 your feeling about the approximate 16,000 number that  
9 have been enrolled so far with the use of enrollment  
10 assisters?

11 MR. RAMIREZ: I think, that's a great number.  
12 I would say that exceeds the total number of consumers  
13 that were enrolled by an assister in year one. So the  
14 fact that that's the number that we are after one month,  
15 I think, it's an impressive number.

16 But we've also seen, whether it was year one or  
17 year two, that the bulk of enrollments happen in the  
18 last half of the open enrollment period. And we're just  
19 at the halfway point. So I'm eager and excited to see  
20 what happens in the remaining six weeks.

21 But I'm also cautious, because, as it was  
22 noted, I think, what we're seeing is an increase of  
23 enrollment all around the country. And while we're  
24 relying on the healthcare.gov portal, that the more band  
25 width that keeps, or I should say, the more impact that

1 keeps being put on there by consumers, that we may see  
2 some more hiccups as people are waiting for the last six  
3 weeks to enroll.

4 DR. JAMESON: Thank you very much. And I  
5 agree. I was very impressed with that number. And,  
6 also, with the 30 events you had. And when you noted  
7 that the last event was just four hours, I would say  
8 that was a very good length of time.

9 So were there any other questions on the  
10 report?

11 No other questions on that, then we will  
12 proceed to the next item, the call center update.

13 MS. KORBULIC: Thank you. This is Heather  
14 Korbulic, Chief Operations Officer, for the record.

15 Let's go over a little bit of the numbers from  
16 the last three months.

17 The Table 1 is showing the statistics of the  
18 calls handled. We received a total of 2,011 calls for  
19 the month of November, which, of course, is an increase  
20 over the preceding months. But our abandoned call rate  
21 has remained very low.

22 In Table 2, you can see that we are continuing  
23 to have about a three-minute call time, and our abandon  
24 times -- or our times remain about three minutes, and  
25 our hold and abandon times experienced a slight increase

1 because of the call volume but are very reasonably low.

2 Table 3, you can see the top five of the issues  
3 that callers are contacting our call center about.

4 Those include 2014 issues, which are decreasing, well,  
5 and increasing a little bit in November; decreasing  
6 1095A questions; and then, additionally, a big uptick,  
7 which we would expect and hope for, about our 2016  
8 enrollment.

9 Many of our calls are still continuing to be  
10 forwarded to healthcare.gov and to Medicaid and Nevada  
11 Check Up. About 424 of the consumers that called us in  
12 the month of November called specifically about our open  
13 enrollment and 2016 enrollment.

14 And our challenges really are decreasing in  
15 terms of our 1095A questions and concerns.

16 And so things are going well and steady in the  
17 call center.

18 DR. JAMESON: Thank you very much for that.

19 Were there any comments on the call center  
20 report from the north or south?

21 Item, agenda item number VIII, discussion and  
22 possible action regarding dates, times, agenda items for  
23 future meetings.

24 Does anyone in the north have any suggestions  
25 for future agenda items?

1 In the south?

2 MS. CLARK: Madam Chair? Madam Chair, it's  
3 Valerie Clark.

4 DR. JAMESON: Oh, I'm so sorry.

5 MS. CLARK: That's all right. Valerie Clark,  
6 for the record.

7 Did we discuss the UHC letter today?

8 MR. GILBERT: For the record, Bruce Gilbert.  
9 We have not discussed it in the course of the  
10 meeting today.

11 MS. CLARK: No. If we don't discuss that  
12 today, we should discuss it in the future and probably  
13 follow up on the ramifications of it going forward.

14 MR. GILBERT: We'll make sure that it's on the  
15 agenda for the next meeting.

16 DR. JAMESON: Thank you, Valerie. That was  
17 actually -- beat me to my suggestion.

18 MS. CLARK: I'm sorry.

19 DR. JAMESON: I would like to have that issue  
20 discussed at the next one, not specifically that letter  
21 and that company, but a broader discussion of the topic  
22 that was brought up in that letter, which is that  
23 particular insurance company or any other companies that  
24 are no longer paying commissions at certain times, just  
25 to update every Board member on the extent of that

1 topic.

2 I think, some people might not be aware that  
3 it's a little more extensive than what's just in that  
4 letter. And it would be good to inform everyone.

5 So I'd like that on the agenda.

6 Was there anyone else that wanted to add  
7 another agenda item? I'm sorry.

8 MS. AIELLO: This is Betsy, and I'm not really  
9 a voting member, but I think it would be important to  
10 have a summary of the comments you make on the proposed  
11 reg. I know you kind of summarized them in your report.  
12 But that could have a big impact on go-forward things.  
13 So.

14 MR. GILBERT: Thank you, Ms. Aiello, and I will  
15 make those available.

16 DR. JAMESON: And I have to apologize, because  
17 I don't quite understand what she means by proposed  
18 regs, because I'm not sure if that actually gets into  
19 the next thing I was going to say.

20 MR. GILBERT: Madam Chair, Bruce Gilbert, for  
21 the record.

22 I believe that she was talking specifically  
23 about our response to the proposed rule by CMS that  
24 discussed, among other things, network adequacy and the  
25 fee that would be attributable to a state-based Exchange

1 that remained on the federal platform, the requirement  
2 of having navigators available post-enrollment, and some  
3 other things.

4 Is that correct, Ms. Aiello?

5 MS. AIELLO: Yes. Yes, sir.

6 MR. GILBERT: Yes.

7 DR. JAMESON: Good. Because, again, that's  
8 what I was going to ask about but wanted to make sure  
9 that it was expanded to include all those things.

10 But, also, and I'm not sure if this was going  
11 to when you addressed it, whether you were going to  
12 include this, but I know that you're constantly thinking  
13 about all the different options. And I certainly don't  
14 want you to bring anything to us until you have  
15 thoroughly researched it and had an opportunity to look  
16 at the different options and feel which are truly  
17 viable, both from logistics and financial point of view.

18 But I was really hoping that at our next  
19 meeting, we could see your top one or two alternatives  
20 for us as we move forward, to the federal hub.

21 MR. GILBERT: Thank you, Madam Chair. Bruce  
22 Gilbert, for the record.

23 As you know, our friends in Oregon are  
24 releasing an RFP specifically with respect to  
25 determining which vendors that currently provide



1 existing technology to operational state Exchanges might  
2 be interested in expanding their client base.

3 My understanding is also that the terms of that  
4 RFP would indicate that there is the potential for  
5 additional states to take advantage of whatever pricing  
6 is extended in that RFP. They will not have those  
7 results available probably until sometime in February.

8 So before taking any action and presenting  
9 anything to the Board, I would like to get an  
10 understanding of those vendors that have responded to  
11 them.

12 I mean I have shared with the Board, and I will  
13 share freely the fact that I have spoken with multiple  
14 vendors, each of whom, surprisingly, has indicated an  
15 interest in assisting us in securing an affordable  
16 alternative to healthcare.gov, and not simply an  
17 affordable alternative, but a system which would provide  
18 ad hoc state-specific reporting and that would, I think,  
19 make it easier for us to service our consumers.

20 You know, one of the constraints -- and I'll be  
21 the first person to say, being on healthcare.gov for the  
22 past year and for this year has been a wonderful thing.  
23 It's gotten us away from the tragedy with Xerox and has  
24 put us in a position where we can thoughtfully take a  
25 look at options that may be available.

1 I absolutely believe that the Board, in May of  
2 2014, when they made a determination not to look for  
3 another platform but, rather, to work with the federal  
4 existing platform, that was the right decision at that  
5 time.

6 Times have changed. And I will be more than  
7 happy to provide additional information to the Board.  
8 It may not be possible next month, but I will certainly  
9 make that available as that information is gathered.

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

11 Having any -- I think, those are going to be  
12 two great agenda items to discuss in future meetings.

13 And I did forget to thank Evon for coming with  
14 those numbers this time and the actual number of brokers  
15 that are working with us now. And I am excited to see  
16 how that has increased significantly, almost 30 percent,  
17 and, also, to see how many of them have picked up  
18 materials. That was really exciting to hear, that, you  
19 know, 142 came and got materials. That is amazing.

20 So thank you for doing follow-up on that.

21 So having said that, then I would like to now  
22 ask if there are any public comments in the north?

23 MS. CLARK: Valerie Clark, for the record. One  
24 more item, I'm sorry, for a future agenda would be, I  
25 think, it would be good to maybe do a summary sometime

1 in the first quarter of the changes to the ACA that  
2 we've been through in the last few months and may go  
3 through in the next few months.

4 Most importantly, I think, is the trending up  
5 of the maximum out-of-pocket that HHS is proposing. I  
6 think, it's an important thing for the Board to be aware  
7 of, as well as possibly the repeal of the affordable --  
8 or of the Cadillac tax, as well as the changes in the  
9 group size between small and medium, or small and large  
10 group. I think, those are important items for the Board  
11 to be aware of, as they do affect plan design and plan  
12 availability.

13 DR. JAMESON: Thank you, Valerie.

14 Mr. Gilbert, thank you so much for adding that  
15 as a third item for next.

16 And, I think, that the information, Valerie, is  
17 just invaluable. Because as much as we all try to stay  
18 up with all the changes, we don't, we aren't able to do  
19 it.

20 And, I think, Bruce, you are so much more aware  
21 of that. And your staff can give us a complete, fairly  
22 complete update on that. Thank you.

23 So. Any other agenda items?

24 Okay. So was there any public comment from the  
25 south?

1           That being the case --

2           MS. NIELSEN:   Excuse me.

3           DR. JAMESON:   -- I want to thank --

4           MR. GILBERT:   Madam Chair?

5           DR. JAMESON:   Yes?

6           MR. GILBERT:   Madam Chair?

7           DR. JAMESON:   Yes.

8           MR. GILBERT:   I believe, Ms. Nielsen has

9 something to say.

10          MS. NIELSEN:   I just wanted to --

11          DR. JAMESON:   Oh, definitely, please,

12 Ms. Nielsen.

13          MS. NIELSEN:   -- mention that you may want to

14 circle back to the item III on the agenda, the approval

15 of the minutes from the November 12th. I don't believe

16 that they got approved.

17          DR. JAMESON:   Oh, yes, thank you so much. I

18 actually thought we did do that.

19          MR. GILBERT:   I thought we did.

20          UNIDENTIFIED:   We did.

21          MR. GILBERT:   Oh, we did.

22          DR. JAMESON:   Lavonne was the first on that.

23          UNIDENTIFIED:   And Jose was the second.

24          DR. JAMESON:   And we did approve it.

25          UNIDENTIFIED:   That was approval of --

1 DR. JAMESON: Yes.

2 (Indistinct).

3 DR. JAMESON: Lavonne was the first on the  
4 motion. And, I believe, someone up there was the  
5 second. And everyone said "aye."

6 But I thank you, because I know we almost were  
7 going to pass it by.

8 So, I think, that having been said, I want to  
9 thank the staff for their excellent work and,  
10 Mr. Gilbert, for your excellent report on our progress  
11 to the Governor. And I look forward to your report,  
12 your executive report next time and to all the exciting  
13 things that are going to be unfolding about how we will  
14 yet morph ourself for the future.

15 Thank you, everyone.

16 Meeting adjourned.

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