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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING AND
INTENT TO ADOPT INSURER PMPM RATES FOR PY 2017
THURSDAY, FEBRUARY 11, 2016, 1:30 P.M.

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DR. JAMESON: Good afternoon. And welcome.
Thank you, everyone, one and all, for joining us this
afternoon, a very celebratory afternoon indeed.

I would like to go ahead since, I think, we
have everyone who's going to be attending with us.

And if you could do the roll call.

Do we have anyone on the phone as well?

MR. GILBERT: Thank you, Madam Chair. We'll do
the roll call now.

Dr. Jameson?

DR. JAMESON: Here.

MR. GILBERT: Very good. Dr. Grinshteyn?

MS. GRINSHTEYN: Here.

MR. GILBERT: Ms. Lewis?

MS. LEWIS: Here.

MR. GILBERT: Ms. Wilson?

Ms. Clark?

MS. CLARK: Here.

1 MR. GILBERT: Mr. Melendrez?
2 MR. MELENDREZ: Here.
3 MR. GILBERT: Ms. Aiello?
4 MS. AIELLO: Here.
5 MR. GILBERT: Mr. King?
6 MR. KING: Here.
7 MR. GILBERT: And Ms. Nielsen?
8 MS. NIELSEN: Here.
9 MR. GILBERT: We have a quorum, Madam Chair.
10 DR. JAMESON: Thank you, Mr. Gilbert.
11 I'd like us to take time now for all public
12 comments. And we'd like to start in the north. Do we
13 have any public comments in the north?
14 MS. KORBULIC: No, we do not.
15 DR. JAMESON: Do we -- thank you.
16 Do we have any public comments in the south?
17 No, there are no public comments. Thank you.
18 I would like to first, since we do have a
19 quorum, go ahead and proceed with the approval of the
20 minutes from January 14th, 2016, Board meeting. Do we
21 have a motion?
22 MR. MELENDREZ: Motion to approve.
23 MS. LEWIS: Second the motion.
24 DR. JAMESON: We have a first and second. Was
25 there any comments, discussions?

1 All those in favor?

2 (Board members said "aye.")

3 DR. JAMESON: That was unanimous. The minutes
4 for January 14, 2016, have been approved.

5 And my favorite part of the meeting, the
6 executive report. And may I say before I hear it, it
7 was beautifully written. And I have to tell you, I
8 really appreciate it, and I'm sure every member here
9 appreciates, as well as the public, having that printed.
10 Thank you so much for going through the extra work.

11 MR. GILBERT: Thank you, Madam Chair. Bruce
12 Gilbert, for the record. And I'm happy to go through
13 the extra work and go ahead and commit my thoughts to
14 paper and actually have them printed out. They don't
15 change much between the two, but. But I'm happy to do
16 as you had asked.

17 When we last met, I shared with the Board my
18 assessment that the Exchange and its staff and our
19 partners, with our marketing partners and our broker and
20 agent partners and our community partners, had done
21 everything possible to assure that the 2016 plan year
22 open enrollment would be successful. And I'm pleased to
23 report that at least in my opinion, I seem to have been
24 right. We have had a second consecutive year of record
25 enrollment numbers.

1 This past open enrollment season, 88,145
2 Nevadans purchased affordable health plans through the
3 Exchange. Two years ago, that number was just over
4 35,000. Last year, it was roughly 73,000. That rate of
5 growth, and I've shared this with other folks, that rate
6 of growth would make any private enterprise proud. And
7 I think it speaks well for both our strategy and our
8 execution.

9 And numbers like those do not happen in a
10 vacuum. And I would publicly thank our carrier
11 partners, Nevada's agent and broker communities, Penna
12 Powers, the Ramirez Group, our navigator groups, and
13 particularly the Board for its encouragement, support
14 and trust. I'd also note that the staff didn't do a
15 half bad job, either.

16 Last year's focus on improving and streamlining
17 the consumer enrollment experience and making it easier
18 for Nevadans to apply for and enroll in health plans
19 helped us significantly with regard to our enrollment
20 numbers. But access to improved and stable technology
21 is really only part of the story.

22 We made a number of changes in our approach to
23 open enrollment this year, including moving away from
24 enrollment stores in order to expand our geographical
25 presence, if you will, and sharpening our messaging.

1 Continuous outreach efforts, a focus on consumer
2 advocacy and assistance, and the active engagement of
3 our broker and agent partners combined to make the most
4 recent open enrollment certainly our most successful.

5 Later today -- sorry. I had an email come
6 through.

7 Later today, you'll be considering the staff's
8 recommendation that the Board increase our fee from
9 3 percent to 3.15 percent of the pre-subsidized premium
10 generated by QHPs and standalone dental plans sold
11 through the Exchange.

12 I think, everybody understands that that
13 recommendation is a result of hours of work and
14 analysis. And I would particularly thank our Chief
15 Operating Officer and our Chief Financial Officer for
16 their work on this.

17 And that was all prompted by CMS's recent
18 issuance of a proposed Notice of Benefit and Payment
19 Parameters for 2017, which sets the user fee for
20 state-based marketplaces which utilize federal
21 eligibility and enrollment infrastructure, at 3 percent
22 of the pre-subsidized premium generated by those QHPs
23 and dental plans.

24 The proposed increase, we believe, allows our
25 agency to perform all of the duties imposed by both

1 state and federal statute without unnecessarily
2 increasing the premiums paid by Nevadans for their
3 health plans, and it provides our carrier partners with
4 certainty as they work to develop their rates for 2017.

5 Moreover, our fee structure will remain
6 significantly lower than that of the federally
7 facilitated marketplace and is projected to save
8 Nevada's consumers nearly \$1,000,000 annually, and that
9 assumes that CMS is able somehow to maintain its
10 assessment at 3.5 percent over the coming years, which,
11 frankly, I very much doubt.

12 Also as a result of the proposed Notice of
13 Benefit and Payment Parameters, staff continues to
14 explore commercially available, proven, existing, less
15 expensive alternatives to the federal technology
16 platform and call center.

17 As the Board is aware, I've had ongoing
18 communications with CMS urging that the proposed user
19 fee be revised to an amount that would assure that a
20 small state marketplace, such as ours, is able to retain
21 sufficient revenues to meet our statutory duties under
22 federal and state law, not simply pay for technology.
23 The responses to those communications have,
24 unfortunately, offered no opportunity for compromise or
25 further discussion.

1 We're watching a number of things. Certainly
2 the responses to the RFP issued by our friends in
3 Oregon, which are due on March 4th, we'll be closely
4 following their consideration of what they are looking
5 for and calling comprehensive competitive proposals,
6 which would allow them to end their reliance on the
7 federal infrastructure, as we would.

8 Additionally, toward the end of March, I'll be
9 meeting with Jim Wadleigh, the CEO of Connecticut's
10 public health insurance exchange, to discuss the
11 potential for a partnership and shared services between
12 our two states. Similar discussions may be scheduled
13 with leaders of other state-based marketplaces to assure
14 that we understand all of the options that may be
15 available to Nevada as we move forward.

16 I would offer one last comment to the Board
17 before concluding my remarks today. We've always known
18 that eventually CMS would require and ask for payment
19 for access to the federal platform and use of the
20 federal call center. And Nevada has always been
21 prepared, and remains prepared, to fairly compensate CMS
22 for the value of those services.

23 CMS, for whatever reason, has chosen to set the
24 user fee for those services at a level which, I believe,
25 Nevada simply cannot afford and which will harm our

1 consumers. While we do not know what the final version
2 of the Notice was Benefit of Payment Parameters will
3 provide, I think, Ms. Lewis's remarks at our last
4 meeting were absolutely prophetic. If we remain on
5 healthcare.gov and continue to utilize the federal
6 infrastructure, we will always be at the mercy of CMS.
7 The fee for that will be whatever Washington decides,
8 and that is not a good place to be.

9 We've accomplished a lot over these last two
10 years. We've had two record-breaking enrollments.
11 We've seen the greatest decline in the number of
12 uninsured children in the nation. And as Mr. Melendrez
13 has been kind enough to point out, we've had the
14 greatest progress of any state in reducing the number of
15 uninsured Hispanic and Latino children.

16 We've also learned that "technology" and
17 "exchange" are not synonymous terms. They're not
18 interchangeable. Technology is one of the tools used by
19 exchanges to accomplish their mission, but it is not the
20 only tool.

21 Marketing and outreach efforts directly impact
22 an exchange's ability to attract and retain enough
23 enrollees to assure a sustainable health risk mix in the
24 enrolled population. High enrollment equals a greater
25 number of healthy enrollees, which in turn translates

1 directly into lower premiums. Attracting healthy
2 individual to the marketplace and encouraging them to
3 buy health coverage is a key component of exchange
4 sustainability, and it requires continuous and
5 consistent messaging and outreach efforts that we would
6 not be able to afford if we were to ship 3 percent of
7 the premiums, in terms of a fee, to our friends in the
8 federal government.

9 Reducing the uninsured population of Nevada is
10 important work, and, frankly, it's too important to be
11 left to federal agencies and bureaucracies, in my
12 opinion.

13 Over the coming months, as we learn more about
14 the user fee and affordable options, I am confident that
15 the Board will take whatever steps are necessary to
16 protect Nevada's consumers and to assure that the
17 Exchange is able to continue to provide access to
18 quality affordable health plans to Nevadans throughout
19 our state.

20 And that, Madam Chair, is the sum and substance
21 of my remarks. And I'm happy to answer any questions.

22 DR. JAMESON: Mr. Gilbert, it is just
23 absolutely an outstanding report and such a pleasure,
24 with a rocky start, to hear such a positive report. I
25 have to thank, as you did, everyone, including, first

1 and foremost, yourself and your wonderful leadership
2 since you've arrived and have transformed the Exchange,
3 a job very few people wanted.

4 And I just have to also thank, as you did, the
5 other people that have been so critical in helping us
6 make this happen, the carrier partners, the Nevada
7 agents and broker community that have really come on
8 board big time in this last year, also Penna Powers and
9 the Ramirez Group and our navigators. It has been a
10 real team effort that have brought us to our record
11 levels.

12 And as you said, and Jose Melendrez has pointed
13 out, and the additional late entry has pointed out, the
14 children, Hispanic population, it is so impressive that
15 the number of Nevada children without health insurance
16 fell by 33 percent in one year period, dropping from
17 20 percent in 2013 to 13.3 percent in 2014, the greatest
18 largest percentage point to climb in the country.

19 I think, we really have to feel we have come a
20 long way in our vision of making sure most Nevadans have
21 health insurance and access to health care. And I just
22 have to say, bravo, job well-done, and we're just going
23 to march forward under your leadership with our new
24 plans, which are very exciting.

25 I want to thank several of the Board members

1 that attended some of the meetings last month where you
2 discussed how you've been meeting with some of the other
3 businesses that have other software, other platforms
4 that we can utilize. I was in on those meetings. And I
5 will say that the only thing I would add to your report
6 is when you said that we have been exploring commercial
7 available, proven, less expensive alternative to federal
8 technology platform and call centers, that the ones that
9 we were interviewing were actually not only just proven
10 and less expensive, but far superior than even the
11 federal platform.

12 So thank you, Bruce. And I welcome other
13 comments.

14 MS. LEWIS: Madam Chair, Lavonne Lewis, for the
15 record.

16 I would just like to also add my
17 congratulations to our Executive Director and the staff
18 for the -- being able to pull off, I guess, this
19 tremendous increase in enrollment. Having lived through
20 all of the days of this Exchange, I am very pleased to
21 come to a meeting where we actually have no public
22 complaints. You know, so, so that's really very, very
23 refreshing.

24 So I, too, would like to congratulate you and
25 the staff and all of the people involved in this

1 miraculous achievement. Thank you.

2 DR. JAMESON: Do we have any comments from the
3 north?

4 All right. That being said, we will move ahead
5 on our agenda, for possible action, the adoption of the
6 2017 per member per month fee to be charged to insurers,
7 currently at 3 percent, and the motion is to take it to
8 3.15 percent.

9 Do I hear any motions? Then we can have
10 discussion.

11 MS. LEWIS: I move to approve the -- Lavonne
12 Lewis, for the record. And I move to approve the
13 increase in the per member per month monthly fee.

14 MR. MELENDREZ: I second.

15 DR. JAMESON: We have a first and a second.
16 Are there any discussion, is there any discussion or
17 questions? We could direct them to Mr. Gilbert.

18 Thank you. Hearing none, I'd like to call the
19 vote. All those in favor, please say "aye."

20 (Board members said "aye.")

21 DR. JAMESON: Anyone opposed?

22 The vote is unanimous, and the motion is
23 approved.

24 Marketing and open enrollment update. Will we
25 be starting down here or up north?

1 MR. GILBERT: Janel will start.

2 DR. JAMESON: Jeanette?

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

5 The Nevada Exchange, as Bruce alluded to, has
6 survived its third open enrollment. And we believe the
7 Exchange has made significant strides to reduce
8 Nevadans' uninsured population.

9 We've had a second consecutive year of
10 record-breaking enrollment numbers, with over 88,000
11 individuals who applied for and enrolled in qualified
12 health plans this open enrollment period.

13 Our messaging this year was specifically
14 designed to reach underinsured consumer populations, and
15 we continued our outreach efforts throughout the
16 enrollment period to build those relationships. Our
17 media and advertising campaign received positive
18 feedback. And, overall, coverage was very positive for
19 Nevada Health Link and the Exchange.

20 Although open enrollment has ended, work is far
21 from being over. The Exchange will be collaborating
22 with various stakeholders to work on an off-season
23 campaign in order to reach our underserved and uninsured
24 target populations. We will be focusing on the tribes,
25 rural areas, multicultural entities, the Hispanic

1 population, and the self-employed. We will continue to
2 work to better identify those consumers still uninsured
3 and the best channels on how to reach them.

4 Penna Powers will review our January events and
5 the close of open enrollment, as well as our planned
6 off-season efforts, to create and increase brand
7 awareness during the interim.

8 DR. JAMESON: Thank you, Janel.

9 MS. HALABUK: Good afternoon. Patty Halabuk,
10 for the record. And, unfortunately, Andres, my partner
11 in crime, couldn't be here this afternoon. He's home
12 dealing with a household of sick folks. So we wish him
13 well.

14 I have a brief marketing update for you today.
15 A lot of things are currently in process in terms of
16 analysis and wrap-up, which we'll be able to share
17 comprehensively with you next month.

18 Along those lines, as I mentioned, overall, the
19 marketing campaign, we're working on a wrap-up and
20 analysis, as well as the same for outreach and events.

21 As Janel mentioned, we have begun some initial
22 discussions and strategy planning for an off-season
23 education and awareness campaign, emphasizing the rurals
24 and tribal areas, as Janel mentioned, throughout the
25 state. There are also some ongoing updates and

1 improvements to -- underway with NevadaHealthLink.com as
2 well.

3 As far as marketing goes, I'd just like to
4 touch base on some of the January push highlights that
5 we implemented. What we did in January was fortify the
6 month, being the last month of enrollment, with some
7 advertising efforts to ensure that the messaging got out
8 there and got out there in a very strong way.

9 So, we added to our general market TV buy in
10 both the north and the south. We expanded, including
11 all the various networks and highly watched stations, as
12 well as programming. This took place both in the north
13 and south. And in addition to the impressions we
14 already had discussed in last month's marketing, we
15 added another 260,000 impressions for northern Nevada
16 and another 1.3 for southern Nevada.

17 The same with radio. We fortified those buys
18 in both northern and southern Nevada. In northern
19 Nevada, we had some opportunities to increase the number
20 of radio stations and do so with several of them in a
21 bonus situation. So we didn't actually have to pay for
22 that added coverage. That's why you see several more in
23 the north and the south. So we certainly wanted to take
24 advantage of that, and we did so. The impressions we
25 added in the north were 594,000, and in the south a

1 little over 1.4 million.

2 With regard to print, we maintained a very
3 consistent print buy throughout the advertising period.
4 Most of our print in the 17 publications was in reaching
5 the rural populations.

6 In addition to that, we did an additional
7 postcard mailer drop early in January, the first week in
8 January, that specifically targeted the rural zips
9 throughout the state. And that was approximately 33,000
10 that it dropped to.

11 I would just like to mention, too, that we
12 didn't fortify our Hispanic buy for the month of
13 January, as we felt that overall that, that niche, was
14 pretty saturated.

15 With digital media, we used some extra dollars
16 to fortify the video portion. We added an additional
17 600,000 video impressions on Pandora. These were
18 impressions and views of our branded spots. Isabella is
19 our Governor Sandoval video.

20 We also ran some additional Google search ads,
21 anticipating there was a higher amount of searching
22 going on in the last month of the campaign. Which there
23 was. And we'll have more specific analytics for you
24 next month on those.

25 For social media, in addition to our Facebook

1 ads, we added two campaigns, one on Twitter and one on
2 Instagram. Almost 3 million impressions during the
3 month of January took place as a result. And we were
4 able to reach almost 500,000 Nevadans in the month of
5 January, which is a fairly significant increase over
6 December.

7 53 point -- 53,793 engagements took place on
8 NevadaHealthLink.com via social media. That represents
9 28.4 percent increase from December. And "engagement"
10 actually means somebody from social media actually
11 clicked a link and went onto the Nevada Health Link's
12 dot com site. So that was pretty exciting and
13 impressive.

14 with regard to PR and media relations, we had
15 another fabulous month in January. There were 44
16 stories. A hundred percent of the coverage, we felt,
17 was balanced or a positive. About 30 percent of those
18 stories contained a SSHIX spokesperson.

19 With regard to coverage of our specific
20 closeout events on January 30th, we had 16 stories. And
21 we estimated value of that coverage, just for the
22 timeframe of the week leading up to the final
23 enrollment, was about 22,500. So it was great exposure
24 for us.

25 The following pages just detail out the

1 specific coverage for you.

2 And then, lastly, on behalf of Andres, I'll
3 just touch on our closeout events. They were very
4 well-attended.

5 We had great weather again here in Las Vegas,
6 so we saw a lot of people out and about. There were
7 approximately 500 attendees here at Clark County
8 Government Center in the south. We had about 22 brokers
9 attending and additional navigators, about 25 of them.
10 And there were approximately 73 QHP forms completed.

11 In the north, we hosted the event at the
12 McKinley Arts & Culture Center, which was a great venue.
13 The weather, however, was a little bit different there.
14 You can see from the photo. In spite of that, though,
15 there was pretty good attendance, 350. We had six
16 brokers and four navigators and about 25 QHP forms
17 completed there.

18 So the events were well-attended by various
19 partners as well, with a health fair format again. And
20 there was lots of activity throughout the day.

21 As I mentioned, it's sort of a short summary at
22 this point. But if there are any questions, I'd be
23 happy to answer for you.

24 DR. JAMESON: Does anyone have any questions or
25 comments?

1 MR. GILBERT: Madam Chair, if I may.

2 DR. JAMESON: You may.

3 MR. GILBERT: Thank you. There we go. Bruce
4 Gilbert, for the record.

5 There are two things that, I think, were really
6 important over the course of this last open enrollment
7 effort.

8 And the first had to do with social media and
9 digital. I will tell you, and Patty will tell you, and
10 Janel will tell you, that I was a very reluctant
11 participant in moving us onto social media and digital,
12 and the digital platform. I steadfastly refused to do
13 that the first year that I was here, because our
14 consumers and others were unkind to us when it came to
15 Facebook and other platforms. And, invariably, the
16 communication channels that we attempted to open ended
17 up being negative. And I was deeply concerned,
18 notwithstanding the fact that last year was a good year
19 and that we had had a good enrollment experience, that
20 that could reoccur.

21 Nonetheless, Patty and Janel and others wore me
22 down, and they said this is the appropriate way for us
23 to be able to open an important communication channel
24 and to have, essentially, a conversation. And it's
25 particularly important with some of our demographics,

1 the Hispanic community and millennials.

2 And so they pulled me dragging and kicking.
3 And I will be absolutely delighted to say it was an
4 excellent strategy. And I appreciate the fact that
5 everybody took the time and the effort to make me change
6 my mind. Because it was the right thing to do.

7 The second thing is, we didn't have enrollment
8 stores this year, and there was much made of that in the
9 media: Oh, my goodness, people won't know where to go.
10 Oh, my goodness, you've taken a step back. As opposed
11 to: Our finances dictate that we try and make ourselves
12 more geographically diverse and available, rather than
13 spending, basically, hundreds of thousands of dollars to
14 have a single source for people to go and sign up in.
15 We weren't sure how that was going to work at all.

16 But I believe that with the assistance of Penna
17 Powers and their marketing and with the assistance of
18 our broker and agent partners, that that proved to be a
19 very, very, very strong and cost-effective strategy for
20 us. And I think that that taught us much.

21 And those were my comments. Thank you, Madam
22 Chair.

23 DR. JAMESON: Thank you, Mr. Gilbert. I
24 appreciate your reticence. Because we didn't want to
25 start to generate a lot of negative feedback. And it's

1 a good thing that you changed your mind. And I do
2 believe that even Steve Jobs occasionally was convinced
3 to change his mind.

4 And it was an amazing result. They're so
5 impressive, the social media data. And the one thing we
6 are constantly told is that that population that we are
7 often trying to reach, the lower income, working, is
8 that regardless of what they may not have, they almost
9 all have a smart phone, and they manage their affairs on
10 them, everything from paying their bills to signing up
11 for health insurance. So it was an extremely smart
12 thing to do on their smart phones.

13 And it's very exciting, because when we talked
14 about going forward, getting onto a new platform, a new
15 company, with their really Star Wars technology, we were
16 so blown away by it when we were there, when we were
17 getting, hearing their presentations, and the best
18 technology they had was their mobile apps, which,
19 literally, could take a person through in about 90
20 seconds in enrollment.

21 And so, as well as we've done, in the future, I
22 anticipate we are going to have even a more
23 user-friendly, more customer-rich experience and even
24 more amazing results.

25 So thanks for further opening the doors of

1 modern technology.

2 MR. GILBERT: Thank you, Madam Chair.

3 One more comment, and it's something I never
4 thought I would say. If you look at page labeled
5 PR/Media Relations, for January 2016, 100 percent of the
6 coverage was balanced or positive.

7 DR. JAMESON: Yay (clapped).

8 MR. GILBERT: I can't, I can't ever, ever
9 remember anything like that before. So that's a huge
10 win all the way around.

11 So, thank you.

12 DR. JAMESON: Thank you. Even with Twitter,
13 social media going on. Okay. Who filtered out the bad
14 ones? No.

15 All right. Are there any comments from the
16 north?

17 Well, not hearing any, I would like to just go
18 right on into discussion and possible -- oh.

19 One comment on the report that you made I did
20 want to bring up, because Lavonne had brought it up at
21 the end of Ramirez's presentation last time, having to
22 do with the events. And when you asked the number of
23 the people attended, and we discussed it. And we are
24 talking about events now. And it left an impression
25 that some of the -- that the events were not drawing

1 very many people.

2 And I just wanted to clarify after that, that
3 Ramirez addressed the issue and explained it was a
4 holiday weekend, and that was an exceptional event that
5 he used as an example, and that particular event drew
6 very low numbers, but it was an exception to the rule,
7 as you can see by the events that they used today and in
8 general.

9 So I just wanted to clarify, because we said
10 last time, almost wondering, raising a concern, were the
11 events very effective with the numbers falling off, were
12 they falling off? And indeed, because there were like
13 two holidays wrapped around that one particular event,
14 the one example he chose to use, it wasn't impressive.
15 Every other one was outstanding, well-attended.

16 And so I just want to clarify that, because we
17 left it as a loose end.

18 MR. GILBERT: Madam Chairman, Bruce Gilbert,
19 for the record.

20 One of the things that we learned, on the very
21 first day of open enrollment this time out, was tough to
22 get people out on a Sunday. Okay. So. So, in fact,
23 when we did our closing events, although the last day,
24 the 31st, was on a Sunday, we specifically scheduled
25 them for the Saturday before, for the 30th. And I think

1 that that had a significant impact in terms of the
2 number of people that we saw come through those events.

3 DR. JAMESON: Excellent. And I think that made
4 us really wind up with a home run.

5 So having added that last bit, if there are no
6 other comments?

7 Then, discussion of possible action items for
8 the future.

9 Lavonne.

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

11 Well, I'm sure that we will have to continue to
12 see what we will do in terms of looking at an
13 independent computer system to operate our Exchange.
14 That's not the proper words, but that's what first came
15 into mind. So that, of course, should be an ongoing
16 item that we will be considering going forward.

17 And we will also be looking at how we will
18 market to the communities that were identified in the
19 report, that are still in need of some additional
20 marketing in order to get their enrollment numbers up,
21 rural communities and Native American communities and
22 African-American communities.

23 DR. JAMESON: Very good, Lavonne.

24 The last time, we had mentioned about updating
25 on that very topic. But at this point, it's literally

1 all of the information is being gathered, and it wasn't
2 time for a presentation. I suspect by our next meeting
3 Bruce will have been -- will have done a few more
4 interviews, such as the Connecticut one, talked about
5 partnering and solo, and we'll be able to start a
6 preliminary discussion or at least share some of the
7 information he's gathered at our next meeting.

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

10 I'm meeting actually with Connecticut at the
11 end of next month.

12 DR. JAMESON: Okay.

13 MR. GILBERT: So I won't have anything prior to
14 our meeting.

15 However, the expectation is that the final rule
16 with regard to the Notice of Benefit and Payment
17 Parameters will be, will be coming out at the end of
18 this month or very early next. So it is something that
19 we'll be able to cover at the Board meeting for sure.

20 DR. JAMESON: Thank you very much.

21 MS. LEWIS: Madam Chair, Lavonne Lewis, just
22 for the record.

23 And at some point, I would to just get an
24 update as to what is our status with Xerox, if we have
25 any, you know, at this point. Is that totally resolved,

1 or do we still have some work that needs to be done in
2 that arena?

3 DR. JAMESON: Mr. Gilbert.

4 MS. LEWIS: That can be for future.

5 MR. GILBERT: There we go. Thank you, Madam
6 Chair.

7 We have no ongoing relationship with Xerox. We
8 work through the Attorney General's Office and with
9 their counsel, and concluded our business relationship.
10 And in a public forum, it's difficult to say much more
11 than that, but certainly that's the case. Dennis was
12 instrumental in that, as was, as were other members of
13 the Attorney General's staff. But, generally speaking,
14 we don't owe them any more money. We won't be having
15 any more business relations with them. And it has, in
16 fact, concluded.

17 Dennis, would that be a fair and accurate
18 statement?

19 MR. BELCOURT: Dennis Belcourt, Deputy Attorney
20 General, for the record.

21 I think, I notice we are on the future item
22 agendas, or agenda item topics. So I don't want to go
23 into any detail on this, because it really hasn't been
24 agendized. But, yes, I'd say that's a fair and accurate
25 statement. Thanks.

1 DR. JAMESON: Thank you so much. And, I think,
2 what Lavonne might be referring to as well, if I may
3 say, Lavonne, is that when we had some of the
4 discussions towards the end about some of the issues,
5 problems that have been generated, such as somebody --
6 the tax reconciliation problems, we were told that we'd
7 probably get follow-up on some of those things that have
8 been put in various baskets, and although we knew that
9 we weren't going to get any accurate numbers, that we
10 were going to have an idea of how a lot of the issues,
11 unresolved issues with certain of our clients, how close
12 we had come to concluding a majority, although we fully
13 understood that some of them might never be clouded.

14 And, I think, Lavonne and I were curious to
15 know of that, all those issues, where we stand.

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

17 I was just requesting that we would have a
18 future agenda item that would just give us a review of
19 whatever, whatever the status was, if it was fully
20 concluded.

21 MR. GILBERT: Thank you.

22 DR. JAMESON: Yes, for the future.

23 MS. LEWIS: Not for today, yes.

24 DR. JAMESON: Right.

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

1 We'll certainly attend to that.

2 DR. JAMESON: Thank you so much.

3 In the north, do we have any other agenda items
4 you might like to add for the next meeting?

5 MR. MELENDREZ: Sorry. Jose Melendrez, for the
6 record.

7 I just have one quick. Given the success that
8 the staff had and, again, the efforts of (inaudible).

9 MS. KORBULIC: Oh, the mic. Oh, there we go.

10 MR. MELENDREZ: Sorry. What is (inaudible).

11 MS. KORBULIC: It's cutting out. Could you
12 maybe share a mic with somebody else?

13 MR. MELENDREZ: It's not working?

14 MS. KORBULIC: Yeah. Oh, it is when you put it
15 close to you.

16 MR. MELENDREZ: Yeah. Can you hear me?

17 MS. KORBULIC: Yes.

18 MR. MELENDREZ: Yeah, so my question was just
19 what is going to be the process for promoting the
20 success that we've had? And like, and I'm thinking
21 like, like with the Latin chamber there, but in some
22 direct pieces or something that we would send out to
23 those folks, hey, look, look at what was accomplished in
24 year three, now that we've moved this forward. What is,
25 you know -- or for future conversation, what would that

1 process be like, just to really promote the success that
2 this has had?

3 MR. GILBERT: Right. Bruce Gilbert, for the
4 record.

5 We have a number of off-cycle activities that
6 we go through with respect to marketing and promotion.
7 And we'll cover those in the next board meeting.

8 DR. JAMESON: So that will be added in
9 addition. So, then, we have the three additional items.
10 I remember item number two and three, which was a
11 follow-up on some of the issues regarding our
12 dissatisfied unresolved client issues after Xerox
13 closed. And then this item of the ongoing PR in the
14 interval.

15 What was that first item? Oh, a follow-up
16 on -- well, actually, a presentation, a status report on
17 everything you've been able to glean in your research
18 interviews and meetings, even though it will be prior to
19 the end of March when you have a large interview to
20 discuss some of the potential options of combining with
21 other states. But at least whatever you have up to that
22 point.

23 So those are three additional items. Anything
24 else?

25 Very good. And so any other concerns about the

1 next date, time?

2 No concerns. We'll move right on to any public
3 comment.

4 Do we have any public comment in the north?

5 Seeing none, we have no public comment in the
6 south.

7 So I'll take a motion for adjournment.

8 MS. LEWIS: So moved.

9 THE COURT: So moved. Seconded. The meeting
10 is adjourned.

11 And thank you all for attending today and for
12 everything you do. Have a great day.

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