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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
THURSDAY, APRIL 14, 2016, 1:30 P.M.

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DR. JAMESON: Hello. Good afternoon, everyone. And welcome, all of our visitors in the audience today. It is just delightful to have you here and for your input.

Any moment, Jose will arrive. And since it's five after, we'll go ahead and get started. So I would love to go ahead with the call to order. And when Jose comes in, Mr. Melendrez, we can confirm that at that time.

Good afternoon, Executive Director Bruce Gilbert. Did you want to go ahead and proceed with roll call, or did you want to wait a couple more minutes for Jose?

MR. GILBERT: Thank you, Madam Chair. We can do the roll call and then, when he comes in, simply indicate that he has come in and is now present for the meeting, which allows us to constitute a quorum.

Assuming that to be all right with you, I'll go ahead and call the roll.

1 Dr. Jameson?
2 DR. JAMESON: Here.
3 MR. GILBERT: Dr. Grinshteyn?
4 DR. GRINSHTEYN: Here.
5 MR. GILBERT: Ms. Lewis?
6 I see you there.
7 MS. LEWIS: Here.
8 MR. GILBERT: Good deal. Ms. Wilson?
9 Ms. Clark?
10 And Mr. Melendrez is on his way.
11 Ms. Aiello?
12 MS. AIELLO: Present.
13 MR. GILBERT: Commissioner Richardson is not
14 here at the moment.
15 And Ms. Reynolds?
16 MS. REYNOLDS: Here.
17 MR. GILBERT: Thank you, Madam Chair.
18 And let the record reflect that Mr. Melendrez
19 has now joined us, and we do have a quorum for this
20 meeting.
21 DR. JAMESON: Excellent.
22 There are no -- I have no announcement at this
23 point. So I'm going to go ahead and proceed with public
24 comment.
25 Bruce, did you have any announcements before

1 public comment?

2 MR. GILBERT: We do not, Madam Chair.

3 DR. JAMESON: We'll allow the north to go
4 first. Do you have anyone up there for public comment?

5 MR. GILBERT: Madam Chair, there's no one for
6 public comment here in the north.

7 DR. JAMESON: In our audience today, do we have
8 anybody who would like to do public comment?

9 Also, we don't have anyone here who wants to do
10 public comment. It seems that they have come to just
11 show their support for our good work.

12 We can, therefore, with a quorum, proceed to
13 the first order of business, the approval of the minutes
14 from the March 10th Board meeting.

15 MR. MELENDREZ: Move to approve.

16 DR. JAMESON: We have a motion by Jose to move
17 to approve. Do we hear a second?

18 MS. LEWIS: Second the motion. Lavonne Lewis,
19 for the record.

20 DR. JAMESON: Thank you, Lavonne.

21 Is there any discussion about the minutes?

22 In view that there's no discussion, I would
23 like to call for the vote. Everyone in favor of passing
24 the minutes, say "aye."

25 (Board members said "aye.")

1 DR. JAMESON: Anyone in opposition?

2 The minutes are approved, passed.

3 I would to now just dive right into our
4 executive report. Mr. Bruce Gilbert.

5 MR. GILBERT: Thank you, Madam Chair, members
6 of the Board and guests.

7 As I indicated in my written report, last week
8 I had the honor of being a panelist at the 4th Annual
9 Health Insurance Exchanges Conference, which was
10 co-sponsored by Princeton University and the Leonard
11 Davis Institute of Health Economics at the University of
12 Pennsylvania.

13 Can you hear me?

14 MR. MELENDREZ: No.

15 MR. GILBERT: We're good?

16 DR. JAMESON: Barely.

17 MR. GILBERT: We've had some, some technical
18 difficulties here. Let's see if we can make it a little
19 easier for you.

20 Is that better? Holy cow. Testing, one, two.
21 All right. Everybody here, hold their ears. Yeah,
22 that's better, though, is it?

23 Try again? That's better. It's good up here.
24 Can you hear me now?

25 DR. JAMESON: It is so much better down here.

1 MR. GILBERT: Thank you.

2 As I was saying, last week I had the honor of
3 being a panelist at the 4th Annual Health Insurance
4 Exchanges Conference co-sponsored by Princeton
5 University and the Leonard Davis Institute of Health
6 Economics at the University of Pennsylvania. It was
7 quite a collection of individuals, certainly a lot of
8 people a lot smarter and more accomplished than I am.

9 And it brings together, the conference brings
10 together senior officials from state insurance
11 marketplaces, state insurance departments, and leading
12 researchers from universities, as well as individuals
13 from the private sector.

14 A good portion of this year's program and the
15 panel that I served on were focused on a topic that we
16 discuss fairly frequently at our meetings, which is the
17 future and sustainability of Health Insurance Exchanges.

18 As I point out in my report, Nevada was not the
19 only state which was involved in these discussions.
20 Other attendees included my friends from New Mexico,
21 Colorado, Minnesota, Oregon, Rhode Island, Idaho.
22 Additional attendees were there from the states of
23 Maryland and New York.

24 Many of our fellow states, I will tell you,
25 share the same pain points and exasperations that we do.

1 And I will share with you that it was very helpful for
2 me to be able to sit down with my compatriots, if you
3 will, informally as a group and talk about our present
4 and our futures.

5 My primary and probably most important takeaway
6 from the conference is really pretty simple. We are not
7 alone. The struggles that we have gone through and the
8 challenges that we face going forward are not unique to
9 Nevada. We are, all of us, learning by doing, finding
10 our way and making course corrections. And, I think,
11 all of the states fully expect that to be the case over
12 the next several open enrollment cycles. We are, in
13 fact, a work in progress, not a finished product. And
14 we face continuous transformation and, to a lesser
15 degree, reinvention.

16 You know, when last we met, I had indicated,
17 based on the issuance by CMS of the Notice of Benefit
18 Payment Parameters, that we would continue to collect
19 information and alternatives remaining on the federal
20 technology platform and utilizing their call center in
21 order to both lower our technology costs and provide us
22 with additional information through real-time reporting
23 that would allow us to better target our marketing and
24 messaging. And I also indicated that staff would be
25 prepared to recommend to the Board whether we believed

1 it in the best interest of Nevada's consumers to remain
2 associated with healthcare.gov for the upcoming 2017
3 plan year.

4 Well, after that meeting, we have held numerous
5 discussions with CMS and all of our stakeholders,
6 including the producer community, the carrier community
7 and others, both internal and external, to try and
8 determine the best path forward, to both chart a path to
9 sustainability, but also to maximize the opportunity for
10 a successful transition, which might be even more
11 important, frankly, in the short term.

12 You know, as a result of those discussions, we
13 believe, and I would report to the Board that the best
14 course at this time is to continue to utilize the
15 federal eligibility and enrollment infrastructure in
16 2017 and compensate CMS at the rate of 1.5 percent of
17 presubsidized premium generated by on-Exchange QHPs and
18 standalone dental plans as sold through the Exchange.

19 That is not a path lightly chosen. The
20 anticipated cost of remaining on the federal
21 infrastructure in 2017 exceeds \$4 million. But given
22 the timing of the Notice of Benefit and Payment
23 Parameters and the relatively short time that would be
24 available to us to acquire and test a new platform, as
25 well as to take the time to review all of the options

1 which would be available to us, we believe this to be in
2 the best interest of the Exchange, of our carrier
3 partners and of Nevada's consumers.

4 Moreover, after reviewing our enrollment growth
5 and financial projections over the next biennium, staff
6 believes that the 1.5 percent assessment can be met
7 without any reduction in the historical level of
8 spending on consumer education and outreach, our
9 navigator program, or marketing.

10 We will continue over the next few months to
11 review potential alternatives to the federal technology
12 platform and call center, looking to lower our costs
13 and, of course, access real-time reporting to assist us
14 in our marketing efforts and to assure our continued
15 sustainability as a state-based marketplace. Our
16 anticipation is that this additional information will be
17 provided to the Board, hopefully, by July, along with a
18 recommendation on the path forward, to assure our
19 long-term sustainability and success.

20 On another note, as you will hear, the Exchange
21 has been able to work with CMS on the rebudgeting of
22 previously approved grant funds and has secured an
23 additional \$4 million to expend on off-cycle consumer
24 education and outreach efforts leading into our next
25 open enrollment. This is particularly important given

1 that we are heading into an election year, and the cost
2 of advertising going forward during the open enrollment
3 period is going to be significant.

4 These monies are specifically designated to
5 allow an increased focus upon our underserved target
6 populations in order to lay the foundation for greater
7 enrollment and access, emphasizing the value of coverage
8 and the availability of premium subsidies, to assure
9 consumers that they can afford coverage.

10 Additionally, yesterday I spoke at the Northern
11 Nevada Association of Health Insurance Underwriters, the
12 brokers and agents here in northern Nevada. I know
13 Lavonne did that in southern Nevada, I think, earlier
14 this week. And I will share with you that our
15 relationship with the producer community remains very
16 good and very strong, and they look forward to helping
17 us as we move into our next open enrollment cycle.

18 Obviously, the next few months are going to be
19 a very busy time for staff. We've got a number of
20 important decisions looming on the horizon. I'm
21 confident that we will be able to provide the Board with
22 information necessary to continue to protect the
23 interests of Nevada's consumers and stakeholders, to
24 keep costs relatively stable in our marketplace, and to
25 assure that the Exchange will be able to continue to

1 provide access to quality affordable health plans to
2 citizens throughout the state.

3 Those would be my remarks. Madam Chair, I'm
4 happy to answer any questions.

5 DR. JAMESON: Executive Director Bruce Gilbert,
6 thank you for that excellent report.

7 If we look at our agenda, we can see that you
8 really did cover one of the items we talked about
9 putting on the agenda either this time or next time.
10 Or, as you say, you'll have more on moving forward, life
11 without the Federal Exchange.

12 I would like to open up to the rest of the
13 Board to see if they have questions, since you brought
14 it up here, any further questions on that or anything
15 else that you did bring up.

16 MS. LEWIS: Madam Chair, Lavonne Lewis.

17 One -- well, a couple of questions. One, you
18 mentioned that you will -- I believe, I heard this --
19 have a recommendation of the commercially available
20 platform that we may be able to use by July. Was -- am
21 I correct in hearing that?

22 MR. GILBERT: Yes. Bruce Gilbert, for the
23 record.

24 Thank you, Ms. Lewis. You are correct. The
25 reason for July is we want to give ourselves as much of

1 a runway as possible heading into 2018. The one thing
2 we want to make sure of is that we have the opportunity
3 in the short term to review all of the options that
4 might be available to us, but then, once we determine
5 how we want to proceed, having enough time to be able to
6 implement the system and test it significantly and
7 rigorously.

8 And so my hope is that by July, we should be in
9 a position to make a specific recommendation.

10 MS. LEWIS: Second question. Lavonne Lewis,
11 for the record.

12 Are you at liberty to tell us who some of the
13 commercial providers are that you are looking at, or do
14 you feel that the answer to that question would be
15 premature?

16 MR. GILBERT: Thank you, Ms. --

17 MS. LEWIS: So I'm giving you an out.

18 MR. GILBERT: Thank you, Ms. Lewis. Bruce
19 Gilbert, for the record.

20 There are some fairly late entrants into this.
21 And so what I'd like to do is just sort of hold off for
22 the moment on that. I know that the Board is aware of
23 at least two of the companies that I have spoken to, in
24 terms of hCentive and NewFields.

25 I know that the Board is also aware that I've

1 met with the Connecticut Exchange and had some opening
2 discussions with respect to possibly moving forward with
3 them on an intergovernmental agreement of some type or a
4 memorandum of understanding.

5 So, I think, it's just a little bit early in
6 the process. I probably need another month or so to
7 work my way through, if that's all right.

8 MS. LEWIS: Then, I have a third question. In
9 terms of the additional \$4 million that has been made
10 available from CMS to do marketing in the underserved
11 areas, how do you perceive that that money will be
12 spent, and will we be able to get any additional
13 assisters with any of those funds?

14 MR. GILBERT: Yeah, thank you, Ms. Lewis.
15 Bruce Gilbert, for the record.

16 Actually, Janel and Penna are going to speak to
17 that directly. What I will tell you is the money, the
18 bulk of the money will be going to in-person assistance,
19 as well as to specific marketing efforts for defined
20 populations.

21 So I think that you'll be very pleased when you
22 see what we intend to do. We've spent some time with
23 CMS. We spoke specifically about five particular
24 demographic groups that we think should form the basis
25 of additional enrollment opportunities.

1 And as I said, Janel and Penna should be able
2 to answer those questions for you.

3 DR. JAMESON: Thank you, Lavonne, for those
4 questions, excellent questions.

5 And thank you, Bruce, for -- we know you have
6 been extremely busy with the other groups, such as the
7 NewFields and the meeting with Connecticut. And I have
8 no doubt, and you recently met at the 4th annual meeting
9 of the Exchanges, that you got additional information,
10 that it was both helpful and now adding to the process
11 of making this huge decision that we have before us,
12 since, as you stated last time, the Governor has two
13 requirements, one being that we make sure our platform,
14 we don't go down the same path as Xerox.

15 I appreciate your caution and the time, but
16 also that you're still -- and that we cannot do it this
17 year, but that you're still really moving fast to wrap
18 up and have, as you say, a long-run way to prepare to do
19 a perfect transition, because transition is so
20 important.

21 And I commend you in your process. I think,
22 you're doing an excellent job.

23 And I also wanted to congratulate the team in
24 obtaining the extra \$4 million primarily for reaching
25 the groups that are most needed.

1 And were there any other questions our Board
2 had?

3 Hearing no questions, I'm excited to hear what
4 more we have to hear on the subject of market and
5 outreach.

6 Who will be starting?

7 MS. DAVIS: This is Janel Davis, for the
8 record, and I'll be give the marketing and outreach
9 overview.

10 The Nevada Exchange, just to give you guys some
11 background, submitted a re-budget, no-cost extension on
12 December 21st of 2015 to meet current unexpected needs
13 in regard to funding for consumer outreach and
14 education. The funds were granted and extended through
15 until December 31st of this year.

16 The Level II grant fund will allow the Exchange
17 to continue to outreach and educate unreached
18 populations in Nevada. The new Notice of Grant Award
19 should reflect remaining grant authority, which is
20 roughly over the 4 million, as mentioned, in consumer
21 outreach and education.

22 As Bruce mentioned, the Exchange will be
23 collaborating with various stakeholders to work on an
24 off-season campaign in order to reach our underserved
25 and underinsured target populations. We will be

1 focusing on tribes, rural areas, multicultural entities,
2 the Hispanic population, the self-employed and
3 millennials.

4 We will continue to work to better identify
5 these consumers still uninsured and how, what the best
6 channels to reach them are.

7 The Exchange is committed to educating Nevadans
8 about gaining quality health insurance and identifying
9 new enrollee audiences. The Exchange will do so through
10 outreach, gaining various stakeholders throughout the
11 state, advertising and PR. This will be a full-fledged,
12 thoughtful campaign.

13 We are currently in the process of creative
14 concept development with ideas to incorporate consumer
15 testimonials and add those on to our Nevada Health Link
16 website. The goal is to educate and continue awareness
17 within Nevada for those individuals who still do not
18 have health coverage, as well as reach those underserved
19 target populations previously mentioned.

20 We want to continue our brand awareness through
21 advertising and outreach events while also making sure
22 Nevada consumers understand their benefits and what they
23 can do to prepare for open enrollment this coming
24 November.

25 All off-season campaign strategies will carry

1 on through open enrollment, creating a nice transition
2 between campaigns.

3 I'd like to introduce Penna Powers, and they'll
4 provide you with an overview of our strategy. But I
5 also want to mention that they will present a cohesive,
6 creative concept of the off-season campaign at the next
7 Board meeting with the creative elements.

8 DR. JAMESON: Thank you, Janel.

9 MS. HALABUK: Good afternoon. Patty Halabuk
10 with Penna Powers, for the record.

11 And I'm going to quickly expand on what Janel
12 has laid out for you, give you some strategy insight and
13 tactics for our off-season marketing campaign.

14 A quick reiteration of our objectives. The
15 plan is to identify our new enrollee audiences
16 throughout the State of Nevada. We intend to educate
17 and actually change perceptions about their necessity
18 for health insurance.

19 Our other objective is to build awareness of
20 Nevada Health Link as a resource for health insurance
21 for Nevadans.

22 All this is in anticipation of our goal for
23 next enrollment period, and that is to position the
24 Exchange to be able to achieve 100,000 or plus
25 enrollees.

1 So who are we talking to, to expand on what
2 Janel said? We're talking to uninsured and underserved
3 populations within the state. Our primary focus will be
4 on the Hispanic, as well as Asian/Pacific and Islander
5 populations, tribes, the rural communities, millennials,
6 the older demographic that consists of 50-plus,
7 self-employed, early retirees, and other ethnicities and
8 cultures and diversities throughout the state.

9 We feel there is sill significant opportunities
10 to talk directly to these audiences and educate them and
11 help change their perceptions.

12 How we intend to reach these audiences.
13 Outreach is a key component for this campaign. We are
14 in the process of retooling our event strategy to not
15 only reach these audiences, but educate them directly
16 within their communities, using grassroots tactics. We
17 want to be able to talking to them in the field, to
18 answer their questions and change their perceptions.

19 We're also in the process of strategizing and
20 identifying stakeholders. These would be established
21 credible entities statewide that share a common cause,
22 who we can partner with in meaningful ways to build
23 awareness and education. These would be groups in
24 health care, education, work-related groups, ethnic and
25 cultural diversities and groups, and even business and

1 media partners.

2 PR and media relations will also play another
3 large role. We are putting together a cohesive
4 communications plan. We will be utilizing Bruce Gilbert
5 as the Exchange spokesperson. We will continue to build
6 a strong and affirmative image for Nevada Health Link,
7 both in the off-season and leading into enrollment.

8 The PR plan will be comprehensive. It will
9 allow us to be able to react professionally and
10 appropriately to both issues and opportunities as
11 directed by the Exchange.

12 We laid a great foundation with social media
13 for the last enrollment campaign, and we are continuing
14 to utilize social media to continue that conversation in
15 the off-season. We want to continue to build our
16 follower base. And we want them to see Nevada Health
17 Link year-round, not just during enrollment.

18 As Janel mentioned, we will support all these
19 activities with advertising. We are working on concepts
20 right now that may take a testimonial-style messaging to
21 help portray the virtues of having health insurance,
22 speaking to the lifestyle benefits. This is a format
23 that enables us to build over time and can actually
24 incorporate real testimonials from enrollees as we move
25 forward.

1 A brief marketing timeline of our elements that
2 you'll see on the next page, page four. Our outreach
3 event strategy and planning is ongoing, as well as
4 events. They have begun actually in February and will
5 be gaining full steam in the next few weeks and moving
6 forward through the spring and summer months, as well
7 into the fall.

8 Same with stakeholders. We are doing a lot of
9 intensive strategizing and identifying those
10 stakeholders. And we will begin planning roundtables
11 and various meetings to address and engage those
12 partners.

13 Social media is also underway with organic
14 posts. We've also developed an email database plan
15 where we can begin to capture the email addresses of our
16 followers, so we can continue conversations on more of a
17 one-on-one basis with these groups. We're also doing
18 some paid social media as well.

19 As I mentioned, PR media relations will play a
20 large role. And we are developing our communications
21 plan in accordance with Janel and the Exchange.
22 Statewide media relations will be integrated beginning
23 in May.

24 We will also begin to measure the Share of
25 Voice. And that is how much, basically, Nevada Health

1 Link is talked about in the public. We want to start
2 measuring that and create a benchmark for that.

3 As Bruce had mentioned earlier, this being a
4 political year, some of our advertising media tends to
5 skyrocket. So we want to be very mindful of the media
6 that we're using. We had great success with digital
7 media last year, and we see that being an integral part
8 of our advertising campaign this year. Not only is it
9 extremely targetable, it's very affordable, and it can
10 be optimized throughout the campaign.

11 That said, we still intend to include
12 traditional media, things such as radio, TV, print, as
13 appropriate. However, we'll take a lot of emphasis away
14 from TV because of the costs related to the political
15 season and how they increase. So we want to be very
16 mindful of our dollars.

17 Also in the works, Janel, and in accordance
18 with Janel, she's leading some branding standards and
19 implementation efforts, as well as some website efforts
20 with KPS3. So we are supporting her in those roles, as
21 well as working collaboratively with KPS3 to implement a
22 cohesive marketing look and feel for the campaign.

23 And if there are any questions, I'll be happy
24 to answer. Thank you.

25 DR. JAMESON: Thank you, Patty. Very thorough,

1 very good report.

2 Do we have any questions on that report?

3 MR. MELENDREZ: I do.

4 Just quickly, in the outreach efforts, and I
5 know you guys are doing a lot of different things, but
6 if you have identified any, what, what have been some of
7 the negative, what has -- in terms of outreach
8 communication, has anything come forward that you're
9 finding that there is still these things that we need to
10 think about how we address them, in reaching out to some
11 of these communities?

12 MS. HALABUK: If you don't mind, I'm going to
13 bring Andres up. He's our outreach expert, and he can
14 speak a little more in-depth about that.

15 DR. JAMESON: Welcome, Andres. And, for the
16 record?

17 MR. RAMIREZ: Madam Chair, for the record,
18 Andres Ramirez with Ramirez Group and with Penna Powers.

19 Just to -- I'd like to clarify the question.
20 Are you asking what trouble we're hearing from consumers
21 who may have complaints, or are you asking about trouble
22 we have trying to get to certain markets?

23 MR. MELENDREZ: So, I think, we do a really
24 good job of getting the word out. Right? And so when
25 somebody, like if somebody calls your office, and they

1 want more information, or, you know, what kind of --
2 what kind of things still be might there? Are they
3 still hesitant? Is there anything, are you getting
4 anything like that, in terms of if there still might be
5 hesitancy about going forward with this, applying for
6 this, you know, those things? I mean I'm asking this in
7 the third year, I know. But, you know, are any of those
8 things still coming forward, or are you hearing anything
9 about that?

10 MR. RAMIREZ: So the biggest obstacle we still
11 have is just lack of awareness and understanding of the
12 program, which is why these outreach programs are so
13 important. There are still people who don't even know
14 that Nevada Health Link is an Exchange and part of the
15 Affordable Care Act. They don't know that we offer
16 affordable quality plans for them. They don't know that
17 they can enroll during special enrollment periods or
18 during the open enrollment periods.

19 There's still a lot of misunderstanding
20 regarding the process. And a lot of people still don't
21 understand that Nevada Health Link is a state government
22 agency.

23 So those are things that we're working on. And
24 we're proactively trying to make sure the community
25 knows that we are a state agency, that we provide

1 services for them, here are the resources that are still
2 available.

3 I mean, obviously, we've done a pretty decent
4 job of reducing the uninsured rate. But there's still a
5 high percentage. And most of them still don't
6 understand. They're not aware of the process.

7 MR. MELENDREZ: Okay. Thank you.

8 DR. JAMESON: Thank you so much.

9 And when you were saying that, Jose, I also --
10 on first-take thought, he was addressing that having
11 done everything you did, were there any other ideas that
12 might have come up that you could do in the future. Is
13 there anything new?

14 MR. RAMIREZ: Janel and Patty have been leading
15 a good strategic planning process over the past few
16 months.

17 We've been engaging in a variety of
18 conversations about what else could we be doing that we
19 haven't thought of. Using some local celebrities that
20 could be spokespersons that help us to reach some of
21 these audiences that haven't committed yet. Coming up
22 with different approaches and partners with some
23 community groups that we haven't established yet. Janel
24 mentioned about the stakeholders list that we're putting
25 together, of proactively reaching out to community

1 members and organizations we should have partnerships
2 with that still don't exist.

3 So we are doing a very aggressive reflection of
4 what we feel has worked, what's still missing, where can
5 we continue to push the levers to push this.

6 Janel's been very -- I'm sorry. Janet and
7 Patty have been very aggressive about identifying some
8 social media, celebrities in Nevada to help us reach
9 millennials. We know they have some people here in
10 Nevada that have huge followings, that maybe we can
11 partner with to help us reach that audience. That's
12 something we haven't done before and that we're
13 considering.

14 So we're definitely looking at all the options,
15 and we're engaging in conversations, been very pleased
16 with the process that Janel has put in place to allow us
17 to reflect and plan ahead of time. We've been engaged
18 in these conversations for months now, which gives us a
19 great opportunity to implement them before the next open
20 enrollment.

21 DR. JAMESON: Excellent. The celebrity idea
22 sounds very interesting. I think, one of the things we
23 enjoy a lot here in Las Vegas is the little video when
24 you're getting on board the plane, in the security,
25 where they have our local celebrities. And everybody

1 does connect to it. If we could get a local celebrity
2 to convey the message, I think, it's a great idea.

3 We had such a phenomenal positive reaction to
4 our politician celebrity, Governor Sandoval, when he did
5 that. So, I think, it's very interesting.

6 I think, does that complete your report, Janel,
7 Patty, Andres?

8 Okay. Thank you so much for everything you're
9 doing. Messaging is literally the heart of their -- of
10 getting our people out there to find out about us, be
11 aware, and enroll. And you're doing an awesome job
12 messaging this community, and Nevada being the
13 community. Thank you.

14 We are rapidly coming to a conclusion. And I'm
15 going to take this opportunity to ask if anybody has a
16 discussion of possible actions regarding dates, any
17 possible actions, dates, times, and agenda items for the
18 future.

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

20 And, I think, we've asked a few questions that
21 will -- you know, we would expect to get answers from in
22 the -- at future meetings. And so, I assume, our next
23 meeting will be next month.

24 DR. JAMESON: Yes. And, I think, we understand
25 that the big answer on the platform moving forward may

1 not come till July, as you pointed out.

2 And were there any other comments, questions?

3 MS. LEWIS: I would also like to see a
4 tentative marketing plan, particularly for Hispanics and
5 other ethnicities, just to see what is being planned
6 going forward in order to do outreach to those groups
7 that we have not reached so far.

8 MS. DAVIS: And this is Janel Davis, for the
9 record.

10 And the creative concepts are being developed
11 and have just recently been presented to me. And so you
12 will actually see that entire marketing plan at the next
13 Board meeting. And then you can have probably more
14 solid questions at that time.

15 DR. JAMESON: Excellent. We'll look forward to
16 that report, Janel.

17 Hearing nothing more, any questions in the
18 north?

19 MR. GILBERT: None, Madam Chair.

20 DR. JAMESON: Hearing no further questions or
21 comments, we will go ahead and ask again if there are
22 any public comments in the north?

23 MR. GILBERT: There are none.

24 DR. JAMESON: Are there any public comments
25 here in the south?

1 Please, Len.

2 Len, if you could just, for the record, even
3 though we know you.

4 MR. BAREND: Len Barend.

5 As a broker, I -- I'm not used to public
6 speaking with a microphone.

7 As a broker, I'm just concerned whether we will
8 have to reenroll those people that have already
9 enrolled, as we have done in previous years, or will
10 this be an automatic reenrollment of the folks that are
11 already enrolled?

12 DR. JAMESON: Len, usually we'll listen to your
13 comments and questions. We're not allowed to answer.
14 But, I think, this is just a quick little procedural
15 answer that Bruce could give you very easily, if he
16 chooses to.

17 MR. GILBERT: Thank you, Madam Chair.

18 As I understood the question -- to be honest
19 with you, the system was not working as well as it
20 might. And I don't want to misstate the question. So,
21 Len, would you be kind enough to go ahead. Do me a
22 favor, please. Identify yourself for the record, and
23 then ask the question again, if you would.

24 MR. BAREND: Len Barend, individual broker,
25 Las Vegas.

1 I was concerned that over the previous years,
2 we've had to reenroll our existing clients in the system
3 again. I was under the impression that for the 2017 or
4 '16 open enrollment period, we would not have to do
5 that. I'm just trying to get a confirmation yes or no.

6 MR. GILBERT: So, thank you. And Bruce
7 Gilbert, for the record.

8 We will be on healthcare.gov for the 2017 open
9 enrollment cycle, which means that it's not, it's not a
10 situation where you have to actively enroll every single
11 client again. There is the opportunity for automatic
12 reenrollment.

13 MR. BAREND: That's what I was asking. Thank
14 you, sir.

15 MR. GILBERT: There we go.

16 DR. JAMESON: Thank you, Bruce. I think,
17 everybody's happy to hear that.

18 Were there any other questions?

19 With no other public comment, I would like to
20 thank Board members and our audience for attending, and
21 all the staff, for joining us today and wish you to have
22 a wonderful rest of your day. Thank you.

23 MR. GILBERT: Thank you, Madam Chair.

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