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SILVER STATE HEALTH INSURANCE EXCHANGE

BOARD MEETING

THURSDAY, JUNE 9, 2016, 1:30 P.M.

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DR. JAMESON: Good afternoon.

MR. GILBERT: Good afternoon, Madam Chair.

DR. JAMESON: Good afternoon, Executive Director and everyone up north. It's a beautiful day down here. I hope it's lovely there for you.

MR. GILBERT: Can you turn that up?

DR. JAMESON: I'd like to go ahead and -- are we waiting for anyone?

MR. GILBERT: No, we're prepared to begin.

DR. JAMESON: Excellent. We're really proud. We think we, all three of us, did really good this time, came in right on time.

Starting with our call to order and now roll call -- actually, just before roll call, I'll go ahead and welcome. I'd like to take a moment, first, though, to thank Erin, appreciated her time with us very much. And I just want to say that I know we all wish her the best.

And to welcome our newest member, Daniel Cook,

1 of the University of Nevada, Reno, faculty. And he was
2 appointed by our Governor.

3 And, Bruce, you sent out a nice little intro to
4 him. For those of you who might not seen it, he teaches
5 health -- he just couldn't be a better fit for our
6 organization, our Board. He teaches health policy and
7 administration at the University's School of Community
8 Health Science. And he's been the president of the
9 Nevada Public Health Association. He's currently the
10 chair of the Health Care Ethics for Nevada's Center for
11 Ethics and Health Policy.

12 And I would agree with Bruce that his
13 contributions and efforts to date make him a wonderful
14 fit to be on our Board. And thank the Governor for
15 appointing him.

16 And thank you, Dr. Cook, for accepting that
17 appointment and joining us.

18 DR. COOK: Okay. Glad to be here. Thank you.
19 Would you raise your hand? I can't tell where
20 you are.

21 MR. GILBERT: You need to; you need to push the
22 button there.

23 DR. COOK: Yeah. Oh.

24 MR. GILBERT: There you go.

25 DR. COOK: Thank you. Oh, excuse me. Thank

1 you.

2 MR. GILBERT: Okay. Now push it to turn it
3 off.

4 DR. JAMESON: Welcome.

5 MR. GILBERT: There you go.

6 DR. JAMESON: And then we could go on with our
7 roll call. Evon, will you do -- who's doing roll call?

8 MR. GILBERT: I'll do roll call, Madam Chair.

9 DR. JAMESON: Thank you.

10 MR. GILBERT: Dr. Jameson?

11 DR. JAMESON: Present.

12 MR. GILBERT: Ms. Lewis?

13 MS. LEWIS: Present.

14 MR. GILBERT: Ms. Wilson?

15 Ms. Clark?

16 MS. CLARK: Present.

17 MR. GILBERT: Mr. Melendrez?

18 MR. MELENDREZ: Present.

19 MR. GILBERT: And Dr. Cook?

20 DR. COOK: Present.

21 MR. GILBERT: Ms. Aiello?

22 MS. AIELLO: Present.

23 MR. GILBERT: Mr. King?

24 MR. KING: Present.

25 MR. GILBERT: And Ms. Reynolds?

1 MS. REYNOLDS: Present.

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

3 DR. JAMESON: Thank you.

4 I would like to ask for approval on the minutes
5 from April 14, 2016, if we have a motion.

6 MR. GILBERT: Madam Chair --

7 MR. MELENDREZ: Motion to approve.

8 MR. GILBERT: -- we need to do public comment
9 first.

10 DR. JAMESON: Oh, I'm so sorry. Thank you for
11 reminding me.

12 (Loud speaker noise.)

13 DR. JAMESON: That was certainly a warning not
14 to forget public comment.

15 Do we have anybody -- we always start with the
16 north. Let's start with the south. Do we have anybody
17 in the south who would like to make public comment?

18 Executive Director Mr. Gilbert, we have no one
19 down here. Do you have anyone in the north who would
20 like to make public comment?

21 MR. GILBERT: Thank you, Madam Chair. There's
22 no one in the north who would wish to make public
23 comment.

24 DR. JAMESON: Very good. Thank you.

25 Public comment for now is closed. We'll come

1 back to that at the end of the meeting.

2 So, revisiting our minutes from April 14, 2016,
3 that I hope everybody had an opportunity to review, do
4 we hear a motion?

5 MR. MELENDREZ: Motion to approve.

6 DR. JAMESON: Was there a second?

7 MS. LEWIS: E. Lavonne Lewis. I second the
8 motion.

9 DR. JAMESON: And was there any discussion on
10 any parts, the comments, discussion?

11 Then, everyone in favor of passing those
12 minutes?

13 (Board members said "aye.")

14 MR. GILBERT: Val, did you have something?

15 MS. CLARK: I don't know if its discussion, but
16 I'm just not going to vote, since I was absent that day.

17 DR. JAMESON: Thank you so much. One, one
18 abstinence. Thank you.

19 Now, our favorite part, which always gets us
20 plugged in to our meeting so well, our Executive
21 Director's report, Mr. Bruce Gilbert.

22 MR. GILBERT: Okay. Madam Chair, Mr. Belcourt
23 advises me that we do need a formal vote on the approval
24 of the minutes, ayes and nays, please.

25 DR. JAMESON: Would you like roll call with

1 that, you mean? We did do the vote.

2 MR. BELCOURT: It could be a voice vote.

3 MR. GILBERT: Voice vote. I -- perhaps we just
4 didn't hear it up here. That's certainly possible.

5 DR. JAMESON: Oh, okay. Everyone here said
6 yea. We thought you were saying yea. But we'll go
7 ahead and take that vote over again.

8 Can you hear me now?

9 MR. GILBERT: Yes, thank you.

10 DR. JAMESON: Okay. Good. Everybody in favor
11 of the motion Jose Melendrez made to pass the minutes
12 from April 14, 2016, seconded by Lavonne Lewis, say
13 "aye."

14 (Board members said "aye.")

15 DR. JAMESON: Anyone opposed?

16 And anyone abstaining?

17 MS. CLARK: I'm abstaining.

18 DR. JAMESON: We have one abstinence.

19 MR. MELENDREZ: I mean I should, I should
20 abstain, also, like Valerie, because I was not here.

21 DR. JAMESON: Okay. Is that -- are we okay
22 with that? Is that enough people to have passed it?

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

24 I've inquired of Mr. Belcourt, and he tellss me that we
25 do have the necessary votes for it to have passed.

1 DR. JAMESON: Oh. Thank you.

2 Thank you, Bruce. And you may now go ahead
3 with your report, which we happily look forward to.

4 MR. GILBERT: Thank you, Madam Chair.

5 You know, these are interesting and exciting
6 times, I think, here at the Exchange. I was thinking
7 about this yesterday actually. I think, the very first
8 time I spoke with folks from the Exchange was in June of
9 2014. So when I think about the things that have
10 occurred since then, all things considered, I'm really
11 pretty happy. And, I believe, the Board probably is as
12 well, you know.

13 We've, obviously, remained busy as an Exchange
14 staff, since the conclusion of open enrollment, you
15 know, particularly in the areas of off-cycle consumer
16 education and sustainability.

17 You know, as previously reported, the Exchange
18 was able to work with CMS and have \$4 million of
19 previously approved grant funds rebudgeted, to allow us
20 expand our off-cycle consumer education and outreach
21 efforts. And those monies are specifically designated
22 to allow an increased focus upon underserved target
23 populations in order to lay the foundation for greater
24 enrollment and access.

25 In furtherance of that focus, we've had

1 discussions with Dr. Tracey Green, who is Vice Dean for
2 the Clinical Affairs, or Vice Dean of Clinical Affairs
3 of the UNLV School of Medicine. And we have tentatively
4 reached agreement to provide funding to establish the
5 medical school's Community Health Worker program.

6 Community health workers are trained lay
7 persons who connect people in their communities with
8 health, financial, social and other needed services.
9 They're a front-line resource to reach out and better
10 meet the unmet needs of the communities they serve.

11 Our grant will defray the cost of training 10
12 community health workers, plus will defray the cost of a
13 telehealth platform that will immediately link
14 individuals requiring assistance to a health care
15 network.

16 The primary goal of the Exchange is to improve
17 access to care for all Nevadans. And it would seem that
18 our developing partnership with the UNLV School of
19 Medicine demonstrates our joint recognition that the
20 inclusion of community health workers is absolutely
21 crucial in achieving this goal.

22 Also, when last we met, I indicated that staff
23 would continue to research and collect information on
24 commercially available, proven, less expensive
25 alternatives to the federal technology platform and call

1 center that would both lower our costs and provide the
2 Exchange with ad hoc real-time reporting, which, in
3 turn, will allow us to better target our marketing and
4 messaging.

5 That effort is, of course, ongoing. And we
6 continue to review potential alternatives to the federal
7 technology platform and call center. Staff is certainly
8 confident that we will be able to provide additional
9 information sometime within the next two months, along
10 with a recommendation on a path forward which will
11 assure our long-term sustainability.

12 Finally, we've been working to develop new
13 guidelines for producers wishing to be certified to sell
14 plans through the Exchange, in an effort to both make a
15 partnership with the Exchange more meaningful and to
16 better protect Nevada's consumers. The revised
17 guidelines are intended to help the Exchange assure that
18 consumers are protected from activities that could
19 mislead or confuse consumers or potential consumers or
20 in any way misrepresent the Exchange, its carrier
21 partners or their products or plans.

22 We are also developing guidelines for web
23 brokers. And a web broker is defined as an individual
24 agent or broker or group of agents and brokers or
25 company that provides a nongovernmental website that

1 assists consumers in the selection of qualified health
2 plans and the enrollment process.

3 Federal rules permit web brokers to allow
4 consumers to complete the eligibility and enrollment
5 process for plans, including applying for financial
6 assistance, through their own individual sites. This
7 process is called enrollment through the marketplace by
8 a web broker. However, to sell coverage in Nevada to
9 Nevada consumers through our marketplace, we believe it
10 best that a web broker register with and have a formal
11 agreement with the Exchange and follow all of our
12 requirements.

13 The proposed policies and guidelines for
14 producers and web brokers have been reviewed by our
15 Deputy Attorney General. We will invite producer
16 comment and input once his recommendations are
17 integrated into those documents. Our hope is to have
18 the new guidelines adopted and in place no later than
19 August in preparation for November's open enrollment
20 period.

21 In short, staff continues in its efforts to
22 move the Exchange forward, educating our citizens,
23 creation a viable and long-term sustainability plan,
24 protecting our consumers, and ultimately assuring that
25 the Exchange will be able to continue to provide access

1 to quality, affordable health plans to all Nevadans.

2 Those are the sum and substance of my remarks.
3 And I would be more than happy to answer any questions
4 that the Chair or Board may have.

5 DR. JAMESON: Thank you, Mr. Gilbert. It is an
6 incredibly -- as you said when you opened, it is really
7 exciting times. And this report is just chock-full of
8 really exciting things.

9 And I have a lot of comments. But I'm going to
10 defer and ask my other Board members for comments and
11 questions. And if they haven't covered it all, I'll
12 pitch in.

13 Does anyone have any comments or questions?

14 MS. LEWIS: Madam Chairman, Lavonne Lewis
15 (indistinct) about the (indistinct) or in the north or
16 both (indistinct). That's one question.

17 MS. KORBULIC: She needs to turn on her mic.

18 MS. DAVIS: She needs to speak into --

19 MR. GILBERT: Yeah, turn; make sure the mic is
20 on.

21 MS. KORBULIC: She has to turn it on.

22 DR. JAMESON: Mr. Gilbert, did you hear that
23 question?

24 MR. GILBERT: No, ma'am, I'm sorry, I did not.
25 I'm not sure that --

1 DR. JAMESON: Yes, Ms. Lewis was asking a
2 question about the community health workers. You had
3 mentioned in your report there would be about 10. And I
4 appreciate that additional information. And she was
5 wondering where they will be trained and placed, will it
6 be in the north or the south.

7 MS. LEWIS: Or both.

8 DR. JAMESON: Or both.

9 MR. GILBERT: Thank you, Madam Chair. Bruce
10 Gilbert, for the record.

11 I don't have an answer to those questions
12 today. We've only begun talking with Dr. Green. I do
13 know that we have made overtures to the University of
14 Nevada, Reno, and also to Truckee Community College as
15 well. So in the event that it did not appear that there
16 was coverage in both north and the south, one of the
17 things that we intend to do is to assure that that does,
18 in fact, occur.

19 DR. JAMESON: Mr. Gilbert, I had -- oh.
20 Ms. Lewis.

21 MS. LEWIS: E. Lavonne Lewis, for the record.

22 And I also would like to encourage the Exchange
23 to be sure that there are an adequate number of people
24 of color included in those community health workers,
25 because so many of the people of color need to have some

1 additional support in terms of receiving adequate
2 medical care.

3 DR. JAMESON: Thank you.

4 I'm just expanding along what Ms. Lewis was
5 saying. I understand it is just getting formulated.
6 And I'm so excited to hear that the UNLV School of
7 Medicine and Dr. Tracey Green, Dean of Clinical Affairs,
8 is going to be working with us on this Community Health
9 Worker program. And then you mentioned that it's in
10 formulation.

11 And so that was my concern I shared with
12 Lavonne Lewis, was whether or not the UNLV -- the
13 University of Reno would be involved, which you said you
14 are going to reach out to them, and whether they'd be
15 north and south. And I was curious to the number, which
16 you answered about 10.

17 But a more broader question was, of the
18 additional secured or repurposed \$4 million for consumer
19 education, for this new program, approximately what
20 portion of that money is going to the new program? Is
21 it \$1 million, or is it all of it?

22 And then, if you could -- I know it's in
23 formulation -- if some of that money is not purposed for
24 the new program, of the money that remains, where will
25 it be going; will it continue to be primarily in

1 educational outreach, et cetera, as we've been doing?

2 And then maybe you could just elaborate a
3 little bit on the -- as you just brought up, which
4 wasn't in the executive report, because I know it's all
5 evolving, about the telehealth platform having to do
6 with this.

7 And, I think, some people may not understand
8 what a community health worker is. And we could even
9 perhaps, when you're done, have Jose describe what is a
10 community health worker, very minimally. You've put a
11 beautiful description of what they do. But I thought
12 Jose might be able to share with us, because he's
13 intimately involved with this program, his involvement
14 and how long they train for and the success that they're
15 looking forward to seeing.

16 So if you -- if I didn't overwhelm you, Bruce,
17 could you answer some of those questions?

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

20 Thank you, Madam Chair. That was an
21 interesting, that was a great series of questions
22 actually.

23 Let me begin actually by acknowledging your
24 concern, and that of Ms. Lewis, with assuring that there
25 is diversity with respect to the Community Health Worker

1 program. I am sure that in our discussions with
2 Dr. Green and going forward that they will be aware of
3 that particular concern. And we will do what we can to
4 make sure that that -- that we meet the goals that have
5 been set out by the Exchange.

6 We have already, as I said, spoken with UNLV.
7 We have already also reached out to UNR. Although we
8 haven't gotten beyond, basically, reaching out to this
9 point, but our expectation is that we will be in a
10 position to work with them in the same way that we are
11 working with the UNLV School of Medicine.

12 With regard to the funding, Madam Chair, we had
13 discussions with Dr. Green about what their needs were.
14 Full funding for the program, which allows for the
15 training of those 10 individuals, as well as access to
16 the telehealth platform, is \$20,000. And we will be
17 providing the entire funding for that \$20,000.

18 My expectation is there would not be a
19 significant difference between that and whatever needs
20 there might be in the north. But we just don't know
21 that yet. But that's, basically, full funding for the
22 program, based on the needs as established by the
23 medical school.

24 Because it's a very small portion of those
25 funds, the bulk will remain committed to marketing,

1 consumer education and consumer outreach.

2 And with respect to telehealth, telehealth is
3 an alternative channel for seeking access to care. It
4 would be, it will be particularly useful in the rural
5 areas. And I think that the expectation is that that's
6 where you will see the greatest utilization of that
7 particular resource.

8 We anticipate receiving the formal proposal
9 from UNLV School of Medicine either late this week or
10 early next. And once that is received, we will be happy
11 to share it with the Board so that you can see what all
12 is involved in this.

13 I believe, I answered all the questions that
14 were posed.

15 DR. JAMESON: Thank you so much, Mr. Gilbert.
16 I think, we all have a much better understanding.

17 And Jose Melendrez.

18 MR. MELENDREZ: So, Jose Melendrez, for the
19 record.

20 So just to --

21 (Loud speaker noises.)

22 DR. JAMESON: Or it works so well, I don't
23 think we have to get as close as we used to.

24 MR. MELENDREZ: Okay. So can everybody hear
25 me?

1 Okay. Can everybody hear me now?

2 So community health. So, first, I've just,
3 I've started a new role at UNLV. I'm now with the
4 School of Community Health Sciences, where I serve as
5 the Executive Director for Community Partnerships. So
6 however the university's, UNLV School of Medicine's
7 going to use community health workers, that's great.

8 In my experience with health workers, I was
9 intimately involved with that, with a program in
10 Detroit, with the public health, with the Healthy
11 Lifestyles project. And that's exactly what it is.
12 These are, these are folks who come from the community,
13 who know the community, and they have access into the
14 community, more so than any other professional or
15 somebody coming from other areas, outside perspective.

16 So they're intimately connected to the
17 community, which opens a lot of doors right away and
18 allows access into those communities who have the most
19 dire needs in terms of access to quality health care, in
20 terms of education about health care, in terms of
21 resources.

22 And so you take a group of -- in Detroit, we
23 had a -- I think, we had eight, eight to 10 ladies who
24 represented the black community and then eight to 10
25 representatives who were part of the Latino community.

1 And so they were as a team, and they would go out and do
2 educational forums, they would do town hall meetings,
3 they would work with the researchers to help collect
4 data, do focus groups.

5 And, again, it's just, it's a way of getting
6 into the community and creating access in such a way
7 that traditionally had not been utilized.

8 And I know that here in Las Vegas, with the --
9 there's a program called "Reachavis Promotoras"
10 (phonetically spelled). They're all Spanish speakers
11 who work and reach out into the Latino Spanish-speaking
12 community as well.

13 So there's a lot of that happening. So it's
14 exciting to hear that, Bruce. And I would love to, in
15 my new role with the School of Community Health
16 Sciences, would love to maybe have future conversations
17 about what role we can have with the Exchange as well
18 to, just to ante up the ability to partner with UNLV and
19 all the different things that UNLV is trying to do right
20 now. So.

21 So it's exciting news to hear that.
22 Congratulations on doing that. So.

23 DR. JAMESON: Testing.

24 Thank you so much. That was very informative.

25 Does anyone else have other comments?

1 Otherwise, I'll proceed with mine.

2 MS. CLARK: Madam Chair?

3 DR. JAMESON: Does Valerie have her hand up?

4 MS. CLARK: I do. Madam Chair, Valerie Clark,
5 for the record.

6 I was just interested in reading about the web
7 brokers and would very much like to learn more about
8 that and maybe recommend that some of the more active
9 brokers on the Exchange could be part of maybe a focus
10 group or some sort of a group where we could learn more
11 about that program and how we might have of help and use
12 in implementing that.

13 MR. GILBERT: Thank you. Bruce Gilbert, for
14 the record.

15 That's our intent actually. The idea was to go
16 ahead and put the draft together and then get the
17 Attorney General's comments. And then, once we've done
18 that, we'll sit down and talk our way through it and
19 work through it.

20 You know, web brokers were somewhat of a
21 problem for us last year.

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

23 MR. GILBERT: And what we want to make sure is
24 that consumers don't have that opportunity for confusion
25 on a going-forward basis. So that's where that's coming

1 from.

2 MS. CLARK: Thank you so much. And, yes, we,
3 as brokers, have seen it, our role, being abused by
4 people who we don't know and aren't affiliated with.
5 And so we want to be helpful in that regard as well.

6 DR. JAMESON: Thank you so much. That was a
7 great question, Valerie.

8 I just wanted to go back a little further up in
9 the report and say how excited I am about the developing
10 relationship with the UNLV School of Medicine.

11 And I wanted to say that it really was a great
12 month last month. Bruce commented on, when he spoke
13 about alternatives to federal technology platform and
14 call center, to get lower technology, lower technology
15 cost. And Bruce continues to search out and find some
16 amazing options. And I want to congratulate him for
17 that.

18 Again, last month, just a couple weeks ago, we
19 had another meeting. And it was just outstanding
20 product. And Bruce is working hard to look at all, to
21 look at all of our options and come up with some very,
22 no doubt, excellent -- these platforms are incredible --
23 and affordable options.

24 And I wanted to thank you, Bruce, for really
25 thinking out of the box. And, undoubtedly, we may end

1 up being one of the first states that does something
2 like this. And yet the exciting new platform will offer
3 us more, more functions, more, more for our clients.
4 It'll be so rich and so much more affordable, be so much
5 more rapid.

6 And, Bruce, I just, I didn't think I could be
7 more impressed. I said this last month. But your last
8 interview that we did, which we will tell us more about
9 later, they just keep getting better and better.

10 So moving on to the revised guidelines
11 intending to help the Exchange, I agree. I'm very
12 excited about this. And I compliment you for creating
13 these new guidelines.

14 The web broker, you talked about that. And
15 I'm -- I guess, I'm okay. I understand Valerie said
16 some abuse has gone on. And I was going to ask what
17 prompted and what problems there were. But in the
18 interest of time, unless you feel compelled to share
19 that later, I could, I could move on beyond that.

20 The questions I had, having to do with the
21 including applying for financial assistance done, how
22 will it affect, or will it at all affect the Silver
23 State Exchange three percent?

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

1 Are you asking specifically about -- I want to
2 make sure that I understand the question. Is this with
3 respect to the monies that are being made available to
4 UNLV, or is this, is this on a different, in a different
5 area?

6 DR. JAMESON: Where we were talking about the
7 web brokers --

8 MR. GILBERT: Ah.

9 DR. JAMESON: -- allowing consumers to complete
10 the entire --

11 MR. GILBERT: Okay.

12 DR. JAMESON: -- eligibility enrollment
13 process, including applying for the financial
14 assistance. And I know Adam Paul Laxalt, our Attorney
15 General, has still got to review and approve everything.
16 And then there's that caveat we discussed that, of
17 course, we believe that all the web brokers need to be
18 registered with us and have a formal agreement. And I
19 just was wondering how much work they're taking on, and
20 does that then mean that we don't get the 3 percent on
21 the premium?

22 MR. GILBERT: Thank you, Madam Chair. I
23 understand now. Bruce Gilbert, for the record.

24 Any policies, any on-Exchange policies that are
25 sold to Nevadans do carry that 3 percent assessment for

1 the Exchange. So whether they are sold through
2 healthcare.gov, whether they are sold through a
3 carrier's site directly, whether they are sold through a
4 web broker or others, all of those policies are subject
5 to the 3 percent.

6 So it's not that they could sell it and we
7 would not be compensated for it. Notwithstanding the
8 fact that they're not doing it directly through
9 healthcare.gov, nonetheless, it's an on-Exchange
10 transaction, because there are interactions with the
11 federal hub and others. And, ultimately, it's a
12 situation where the policy is, in fact, subject to the
13 user fee.

14 So it has no impact in that particular area.

15 DR. JAMESON: Although -- and this is what I
16 assumed. But we say never assume anything. Although,
17 if the web broker -- because, as Valerie said, we don't
18 have a really good grasp of all this yet and what it
19 will encompass, and if it is approved. So, essentially,
20 someone could go on their site and go all the way
21 through the process, though. Is that, is that right?

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

24 That is correct. The greatest issues that we
25 deal with in terms of web brokers are two-fold. The

1 first is transparency. One of the things that web
2 brokers don't always do very well in terms of their
3 sites is explain what their financial remuneration is or
4 whether they have contracts with all of the carriers in
5 the marketplace, which is something that we require from
6 the brokers. And so, so it's very easy for somebody to
7 be steered in a particular direction through a website,
8 as opposed to sitting in front of a broker. And that's
9 one of the concerns that we have.

10 The other concern that we have is that many
11 times these web brokers offer other products and
12 services, whether they're short-term policies that are
13 offered rather than an ACA-compliant policy, or they'll
14 try and these them other products.

15 And the third problem that we have -- I said
16 two before, but I fibbed. The third problem that we
17 have is some individual web brokers create sites that
18 are intended to look as though the consumer is dealing
19 directly with the Nevada Health Link or the Silver State
20 Health Insurance Exchange. That is significantly
21 problematic to us. We don't want the consumers to be
22 confused in the marketplace.

23 And so we are, we're going to be utilizing
24 these processes and tools to minimize the potential for
25 that to occur.

1 DR. JAMESON: That was so helpful. I feel a
2 little more comfortable with everything now.

3 Did anyone else have follow-up questions on our
4 Executive Director's excellent activity and report on
5 that activity?

6 Thank you so much, Mr. Gilbert.

7 I would like to now go to the discussion of our
8 semi-annual fiscal and operational report to the
9 Governor and Legislature.

10 MR. GILBERT: Thank you, Madam Chair. Bruce
11 Gilbert, for the record.

12 As the Board is aware, we're required twice
13 each year to provide a written fiscal and operational
14 report to the Governor and the Legislature that sets out
15 what we have done over the course of the prior six
16 months.

17 The letter is, frankly, a form letter, which
18 follows the format which has been used previously with
19 respect to letters that accompanied these fiscal and
20 operational reports.

21 And then the fiscal and operational report
22 itself follows in the next tab. And if you take a look
23 at it, it's really fairly encompassing. We're talking
24 about a period that runs from about the middle of open
25 enrollment to on or about the end of this month. So

1 there's a fair amount of information that's contained in
2 it.

3 We talk about our open enrollment efforts. And
4 we talk about the preparations that are being made for
5 the next open enrollment period. We discuss working on
6 plan certification for the upcoming open enrollment and
7 indicate that all of last year's qualified health plan
8 issuers will again offer policies through the Exchange
9 for the upcoming plan year.

10 We provide information with respect to the
11 enrollment for plan year 2016, which, as everybody
12 understands, was uniquely successful. We enrolled
13 nearly 90,000 consumers, which was a 20 percent
14 year-over-year increase and, frankly, one of the largest
15 percentage increases in the country.

16 We also assessed 21,000 Nevadans and determined
17 them to be Medicaid or CHIP eligible and transferred
18 their information to the Division of Welfare and
19 Supportive Services.

20 So, as you can see, we actually served over
21 100,000 consumers last year in the course of what we
22 were doing.

23 DR. JAMESON: 109,000.

24 MR. GILBERT: We were also able to state that
25 the largest drop in the uninsured rate for children in

1 the country occurred here in Nevada.

2 And, additionally, we had a significant, a very
3 significant increase in the number of insured Hispanic
4 adults as well.

5 There's the normal information with respect to
6 the Board and with respect to the staff. We have the
7 same number of staff that we've always had. That hasn't
8 changed any.

9 We did include marketing campaign highlights
10 for the plan year 2016 open enrollment and provided
11 information with respect to impressions delivered and
12 PR, media relations and our outreach campaign.

13 There's a section in here with respect to our
14 off-season marketing campaign that discusses our
15 creation of a campaign off-cycle, geared toward
16 identifying and reaching target audiences needing
17 further education and influence, so that we can increase
18 enrollment during the upcoming and our fourth open
19 enrollment period.

20 You'll notice that we do refer in here to, and
21 note that the upcoming enrollment cycle occurs in the
22 course of a presidential election year, which makes
23 purchasing media extremely, extremely, extremely
24 expensive, and that we have been spending a lot of time
25 talking about alternative media channels in order to

1 continue to push our message, notwithstanding the number
2 of political advertisements that we expect to see in the
3 upcoming open enrollment period, at least through
4 November.

5 There's information in here on our navigators,
6 in-person assisters and certified application
7 counselors. It notes that we currently have two
8 navigator entities and an additional seven in-person
9 assister entities that we work with.

10 There's a copy of our budget and information on
11 our work program with respect to the rebudgeting of
12 funds and our no-cost extension of grant monies.

13 We also indicate that we are in the process of
14 building our budget for state fiscal years '18 and '19
15 and a very short discussion of the fact that we are self
16 funded.

17 If there are corrections to be made or
18 additional information that the Board would wish
19 included, we're certainly more than happy to discuss it.

20 MS. AIELLO: This, this is Betsy.

21 DR. JAMESON: Mr. Gilbert --

22 MS. AIELLO: I'm sorry.

23 DR. JAMESON: Yeah, excellent report.

24 MS. AIELLO: This is Betsy. I just wanted to
25 mention that in the ex-officio non-voting, Richard

1 Whitley is actually Director, not Interim Director. So
2 you may want to make that correction.

3 MR. GILBERT: Thank you very much for that, and
4 we shall.

5 DR. JAMESON: Thank you so much for that
6 correction.

7 Do our Board members have any comments or
8 questions for Mr. Gilbert?

9 Excellent report.

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

11 And I think that this is an excellent report.
12 I just have one question. How much was our marketing
13 budget last year?

14 MR. GILBERT: I'm sorry, Madam Chair. I was
15 not able to hear that.

16 DR. JAMESON: Lavonne was wondering how much
17 was our marketing budget last year. How much did we
18 actually, actually, not what it was budgeted for, but
19 what did we actually spend?

20 MR. GILBERT: Thank you, Madam Chair. I
21 understand that our marketing budget was \$2 million last
22 year, and we actually ended up spending 1.9 million of
23 the \$2 million.

24 DR. JAMESON: Thank you.

25 Were there, were there other, other comments?

1 Bruce, I had a question on last year's -- you
2 mentioned all of our last year's qualified health plan
3 insurers -- Anthem, Health Plan of Nevada, and
4 Prominence -- will offer policies again through the
5 Exchange. I know you had some really rocky times, and
6 there was some concerns from time to time. And I want
7 to point out to everyone that Mr. Gilbert has done a --
8 you know, the only politicians aren't out there running
9 for presidency.

10 You have done a wonderful job working with our
11 insurers to make sure they all stay on and provide all
12 the products we need, Mr. Gilbert. And I want to
13 applaud you for that work.

14 I did have a question. With Prominence, are
15 they staying on with just HMO or PPO products as well?
16 And what are your comments about Aetna?

17 MR. GILBERT: Thank you, Madam Chair. Let me
18 start by acknowledging that it really takes a lot of
19 cooperation in order to keep the Exchange and product
20 available for our citizens.

21 You know, our carriers have been very good
22 partners for us. Whether we're talking about Anthem or
23 HPN or Prominence, I can't say enough good things about
24 them. They were there when things were terrible. And
25 they never turned their backs on us. They've always

1 worked very closely with us. We've had very cordial
2 relationships. And they've always stepped up. So.

3 So some portion of the praise that you are so
4 kind to lavish on me really should go to them, because
5 they've done outstanding work, and they've been very
6 good partners for us. And I appreciate all that they
7 have done.

8 With respect to Prominence, my understanding is
9 that will be an HMO product only.

10 And with respect to Aetna, Aetna is not on the
11 Exchange. They do offer off-Exchange programs or
12 products here in Nevada. But they are not a participant
13 on the Exchange for 2017.

14 DR. JAMESON: Thank you so much, Mr. Gilbert.
15 Lavonne Lewis.

16 MS. LEWIS: Lavonne Lewis, for the record. Can
17 you hear me?

18 MR. GILBERT: Yes, thank you.

19 MS. LEWIS: Thank you.

20 There has been recently some articles in the
21 paper regarding the failure of the health Co-Op. And
22 I'm just wondering, how has that affected the Health
23 Exchange, and do you have any comments on the costs that
24 seem to be associated with that failure?

25 MR. GILBERT: Thank you, Ms. Lewis. Bruce

1 Gilberts, for the record.

2 I've seen the articles that you're discussing
3 with regard to the Co-Op. Because they were not on the
4 Exchange in 2016, I think that if we were going to have
5 seen any sort of impact on the Exchange, it would have
6 been the prior year, as opposed to going into '17. We
7 did not see a significant impact as a result of that.
8 The Co-Op is currently in receivership. It's being
9 overseen by the Division of Insurance. There's really
10 nothing that the Exchange can do or could do in order to
11 assist consumers or make any change in what's going on.

12 Mr. King is welcome to comment, if he wishes.

13 But.

14 There's laughter here as I say that.

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

16 The Co-Op is in receivership. There's a deputy
17 receiver on-site. And beyond that, we really cannot
18 comment.

19 DR. JAMESON: Thank you so much.

20 Right after that, you touched back upon the
21 reviewing technology and options and mentioned
22 Enterprise. And did Enterprise get insured?

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

24 The Enterprise IT Services is a state agency
25 that responsible for information technology with the

1 state. We call them EITS.

2 DR. JAMESON: Thank you.

3 And this final, this paragraph right after
4 that, where you talked about "In addition, we have
5 started the process of creating a stakeholder group to
6 advise us as we move forward, which will include state
7 agencies and insurers to help guide us through the
8 expected transition."

9 And I assume you're discussing the transition
10 away from the federal hub onto our new technology and
11 support system platform. All in all, it's been a busy
12 time.

13 And so what I was wondering is, if you could
14 elaborate a little bit more about the stakeholder group,
15 how it was you came up with this idea. Is it going to
16 be a formal, informal, roles well-defined? Is it
17 ad hoc? Is it a Governor task force? Is it -- was it
18 an inspiration and a vision from some other Exchange in
19 the country? Could you tell us from inspiration to
20 rollout what this sort of encompasses in a brief way?

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

23 I would have not called it -- I'd have called
24 it a hallucination, frankly, as opposed to inspiration,
25 but.

1 But one of the things that we learned in our
2 transition from a dysfunctional system over onto
3 healthcare.gov, is there are an awful lot of parties
4 that are impacted and affected as you work your way
5 through.

6 We used to have meetings every Monday morning
7 to talk about that with a stakeholder group that
8 included representatives from the Governor's Office,
9 representatives from Division of Welfare and Supportive
10 Services, the Enterprise Technology folks, and others.
11 And one of the things that I learned very quickly in my
12 tenure here was you got to have everybody who's going to
13 be impacted, as best you can, in a room, so that you
14 have an opportunity to take a look at what you're doing
15 through their particular lens, so that you don't miss
16 anything in the course of your transition.

17 You know, I've spoken to Steve Fisher over at
18 the Division of Welfare and Supportive Services about
19 this. They would be an active participant. Enterprise
20 Technology for the state would be an active participant.
21 Our carriers, one or more of them, will be an active
22 participant. The Division of Insurance will be invited
23 to be an active participant in our discussions. Our
24 broker community would be part of those discussions.

25 It will be a fairly large and wide-ranging

1 group. I would not suggest that it necessarily be
2 something formal with roles strictly defined. It's
3 more, I think, taking advantage of an opportunity to
4 have a lot of different eyes on the type of transition
5 that we're talking about, so that we don't miss
6 anything. And that's, that's what's most important.

7 I'm sure that there will also be a professional
8 project manager involved. But it's going to take some
9 time to put that together. We need to go where we're
10 going, before we put the group together. And so that's
11 sort of a next step, if you will.

12 But I wanted everybody to know and understand
13 that our strategy includes being inclusive and having
14 all of these groups represented at the table and having
15 the opportunity to weigh in and understand our moving
16 forward.

17 DR. JAMESON: Mr. Gilbert, I think, this is
18 brilliant. My comment on that. I think, it will, as
19 you say, put many eyes on the transition and allow it,
20 allow us to do it more seamlessly and perhaps better
21 than otherwise.

22 And, also, it will, early on, share with all
23 stakeholders exactly what we're doing, so nobody's
24 wondering. And, I think, that's wonderful to bring in
25 this, you know, spread out a wide net and bring all

1 stakeholders in. And, hopefully, as we hope in years to
2 come, to offer products perhaps to state employees or
3 who knows who. I think, this broad reach act to bring
4 everybody in now is just brilliant.

5 I would like to also brag a moment on the
6 report about our staff. In some of the conversations
7 that Mr. Gilbert has had, has had with other people,
8 other states, when he's looking to find our best new
9 platform to go to and give us advice, I'd like to ask
10 how many staff are on other people's Exchanges.

11 And I want you to know that we've said this
12 before, but it is unbelievable. Other states our size
13 could have 70 people on staff. And we have -- was it
14 13, Bruce?

15 MR. GILBERT: Thank you. Yes, Madam Chair,
16 it's 13.

17 DR. JAMESON: And just checking if it changed.

18 We have the most efficient and excellent staff.
19 And I think that says it all when we saw the
20 record-breaking enrollment numbers of 88,000 and the
21 extra 21,000 Medicaid and the incredible drop in
22 pediatric Hispanics and Hispanic percentage, the best in
23 the country. So. With the smallest staff.

24 So I thank you for your amazing leadership with
25 your staff, and I thank each of your staff members, as I

1 see what's happening in other states, how amazing, what
2 an incredible, efficient, excellent job you're doing.

3 Again, I wanted to look at and give kudos to
4 our advising campaign people, because I did not realize
5 we had won the bronze Telly Award in insurance
6 categories. So congratulations.

7 For now, those are my only comments. Does
8 anybody else have anything else?

9 Okay. Bruce, we're going to go ahead to the
10 change in bylaws. And I'm not sure who you wanted to
11 present that.

12 MR. GILBERT: Thank you, Madam Chair. And I'll
13 be happy to do that.

14 I asked Mr. Belcourt what the best way to
15 proceed with respect to the letter and the fiscal and
16 operational report, and he has suggested that the Board
17 specifically approve it and approve its submission.

18 So if I might ask the Chair to ask for a motion
19 to that, to that end, along with the correction as
20 provided by Ms. Aiello.

21 DR. JAMESON: Thank you so much.

22 I would like to request someone to make a
23 motion to approve the report on operations that will be
24 sent to the Governor.

25 MS. CLARK: Valerie Clark. So moved.

1 DR. JAMESON: Do I have a second?

2 MR. MELENDREZ: Second.

3 DR. JAMESON: Seconded by Jose Melendrez.

4 Everybody in favor, say "aye."

5 (Board members said "aye.")

6 DR. JAMESON: Any opposition?

7 Thank you so much. It's passed unanimously.

8 DR. JAMESON: And now for the bylaws,

9 Mr. Gilbert.

10 MR. GILBERT: Thank you. Thank you, Madam

11 Chair. Bruce Gilbert, for the record.

12 This is as much a housekeeping item as it is
13 anything else. And it has to do with the way that the
14 bylaws were originally written and the initial
15 expectations with respect to the Exchange and how it
16 would interact with the Executive Director.

17 Basically, the bylaws, as they currently exist,
18 indicate that the Board shall appoint an Executive
19 Director and that the Executive Director will sign an
20 agreement approved by the Board that sets out his or her
21 authority, his or her responsibilities, and the timing
22 and manner of the Executive Director's performance
23 evaluation.

24 I have recommended that we strike the second
25 sentence of the bylaw, so that it simply reads that

1 pursuant to the appropriate statute, "the Board shall
2 appoint an Executive Director who is responsible for the
3 administrative matters of the Board."

4 And the reasons for my recommendation are
5 four-fold.

6 First, there would not seem to really be any
7 need to have the Executive Director sign an agreement.
8 I've never signed one. And yet here I am. Furthermore,
9 few other agency heads do. And it's clear that the
10 nature of our work and, in my estimation, the
11 ever-evolving political social environment that
12 surrounds us, makes any recitation of responsibilities
13 and authority honestly subject to constant revision.
14 Because things change, basically, every day.

15 The second argument that I make is that the
16 Executive Director, by virtue of the language itself, is
17 necessarily authorized to take whatever actions he or
18 she believes necessary and appropriate to assure that
19 the functioning of the agency furthers our essential
20 purposes, subject, of course, to budgetary and other
21 reasonable restraints applicable to all state agencies
22 in Nevada. I don't know that you need any additional
23 specificity when it comes to authorization.

24 Third, in my estimation, the Executive Director
25 really only has one responsibility, and that is to

1 assist the Board in assuring that the functioning of the
2 agency, in fact, furthers our essential purposes as set
3 out by statute.

4 Finally, and this is, this is perhaps a
5 personal viewpoint as opposed to anything else, my
6 experience and belief is that adequately judging
7 performance is a lot more complex than looking at
8 checked boxes and use numeric scales. You know, a
9 formal once-per-year review has its adherence. But
10 we're not a private enterprise. We don't tie
11 performance appraisals to pay raises or promotions or
12 bonuses. Although, lord knows, I wish you did.

13 But I honestly believe that in our working
14 relationship, we are much better served through the
15 continuous real-time feedback that I have gotten to this
16 point in time. We're a small agency and Board. And I
17 really don't think that we need the paperwork or
18 activity that would be generated by having formal
19 performance reviews. And I don't think that they foster
20 productivity or prompt anyway. But that's just me.

21 So that --

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

23 MR. GILBERT: Those are the bases for my
24 recommendation.

25 DR. JAMESON: I would like to take this time to

1 ask for our Board members to make their comments and
2 questions to Mr. Gilbert.

3 Oh, Valerie, did you want to say something?

4 MS. CLARK: I just have a quick question for
5 clarification.

6 (Cell phone noise.) Sorry. I just am
7 curious -- sorry. I'm trying to get this to stop
8 buzzing.

9 So is the job of the Executive Director to --
10 when the Board votes something in a certain way, and
11 it's -- and the motion carries, and we've set a
12 directive, if the Executive Director doesn't agree with
13 what the Board has voted on, what -- where would you --
14 what happens after that?

15 MR. GILBERT: Thank you, Ms. Clark. Bruce
16 Gilbert, for the record.

17 Happily, that's never occurred. But even if it
18 should --

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

20 MR. GILBERT: -- the role of the Executive
21 Director is not necessarily to substitute his judgment
22 for that of the Board.

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

24 MR. GILBERT: You know, it's like we're on the
25 deck of the Starship Enterprise, and you say make it so,

1 and that's what I do.

2 So I don't, I don't anticipate, and I have not
3 seen a situation where there has been a dichotomy in
4 interest, if you will, or decision-making between the
5 Board and between the Executive Director. Nor could
6 there be. Because, ultimately, it's the Board has
7 authority to retain an Executive Director or relieve him
8 or her of his or her duties.

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

10 MR. GILBERT: So my expectation is that, that
11 the Board sets policy, and it is up to the Executive
12 Director to bring that policy to fruition.

13 MS. CLARK: Okay. And I don't foresee any
14 issues, either. I just -- you know, you always wonder,
15 you know, where that line really is. And so I
16 appreciate you clarifying that.

17 DR. JAMESON: Needless to say, of course, I
18 have a comment. And I would like to say that this is my
19 personal comment and doesn't mean it speaks for the
20 Board.

21 But I'm happy not to have to fill out your
22 assessment performance evaluation and review. I think,
23 you do an outstanding job. And I just don't know why
24 you wouldn't want to have in file a performance review
25 that just says excellent, excellent and brilliant on it.

1 But that's your choice.

2 I do believe what you say is true, that as we
3 go, you get continuous feedback, whether it's from the
4 Governor or his Executive Director, whether -- whether
5 it's from our Board. And in this particular case,
6 although I don't think it's true in every case, I do
7 think there are places for performance evaluations.

8 I would agree with you that I think this a
9 great bylaw revision. And I would -- do not think that
10 this is necessary. Period.

11 MR. GILBERT: Thank you, Madam Chair. And if I
12 may, one of the reasons that this recommendation was
13 made is because, as we go through or endless series of
14 audits and are endlessly told about our shortcomings,
15 one of the things that came to my attention is there is
16 a gap between what our bylaws say that we do and the way
17 that we actually operate.

18 And since I get to have people tell me about
19 all of these gaps, it appeared to me that it would be in
20 our best interest as an entity to get rid of those gaps.
21 And if, if there's no reason for us to follow the bylaw
22 as it's currently set out, then I would just as soon
23 make it a point of noncontention, if I may.

24 And the other thing is, by making this change,
25 you don't -- the Board still has the opportunity, and

1 the Board still has the right, if it wishes, to conduct
2 a performance review. It's not being negated by the
3 change that I'm suggesting. It's simply, it's squaring
4 up our bylaws with our actual practice.

5 DR. JAMESON: Thank you, Mr. Gilbert. And,
6 actually, that is precisely what I was going to say.

7 And then the other comment I wanted to add was
8 I know in some bylaws -- and I apologize that I haven't
9 done any recent review of our entire bylaw. Some
10 organizations, in order to pass motions, only require a
11 quorum. But many organizations, to have a bylaw change,
12 require two-thirds or three-quarters of all board
13 members. I just wanted to make sure where we stood on
14 that and whether we have everyone present to do so.

15 MR. BELCOURT: Dennis Belcourt, Deputy Attorney
16 General, for the record.

17 The only other provision that we looked would
18 be statute. And there's nothing in statute that
19 dictates an amendment to bylaws must be by a --
20 something, a super majority.

21 Thank you.

22 DR. JAMESON: In that case, I would like to ask
23 if anyone would like to make a motion for the change in
24 bylaws, as put out here, to -- about the authority of
25 the Executive Director, the responsibility of the timing

1 and manner of the Director performance evaluation, that
2 we go ahead and eliminate that.

3 One moment. Go ahead.

4 DR. COOK: Yes. Question, please?

5 DR. JAMESON: Go ahead.

6 DR. COOK: Yes. Sorry.

7 DR. JAMESON: Please go ahead.

8 DR. COOK: I know I'm brand-new. I'm just
9 meeting everybody, and. But I am a state employee. And
10 I'm just wondering, for the Executive Director's own
11 protection and benefit, sometimes there's merit pay or
12 other rules about state employees.

13 So I just wanted to ask if we've thought of
14 everything that would be to the benefit of the group and
15 the Director.

16 Thank you.

17 DR. JAMESON: Thank you so much. I think,
18 Bruce doesn't think, no matter what happens, he's going
19 to get an increased salary.

20 Go ahead, Bruce.

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

22 I'd make a motion to approve the change in the
23 bylaws from the June 9th, 2016 outline.

24 DR. JAMESON: Thank you, Valerie.

25 And do we hear a second?

1 MR. MELENDREZ: Second.

2 DR. JAMESON: Everyone in favor, please say
3 "yea" or "aye."

4 (Board members said "aye.")

5 DR. JAMESON: Is there anyone that opposes
6 this?

7 Any abstinences?

8 Thank you. The bylaws passed.

9 MR. GILBERT: Madam Chair, may I ask? Because
10 we couldn't tell here. Who was the second to that
11 motion, please?

12 DR. JAMESON: Jose.

13 MR. GILBERT: Thank you very much. We just
14 wanted to make sure the record is correct.

15 DR. JAMESON: Thank you.

16 It's our time for marketing and outreach.

17 And --

18 MS. DAVIS: Thank you, Madam Chair.

19 This is Janel Davis, for the record,
20 Communications Officer. I will be giving you the
21 marketing and outreach off-season campaign overview.

22 And this is, obviously, previously stated,
23 since we didn't have our Board meeting last month. But
24 the Nevada Exchange has engaged in an off-season
25 marketing campaign that will kick off at the end of

1 June. It's a result of a no-cost extension of federal
2 establishment funds from CMS. They were granted and
3 extended through December 31st of this year.

4 The off-season campaign elements were developed
5 in order to focus on consumer outreach and education
6 designed to target the remaining uninsured population.
7 And we have a focus on the tribal community, rural
8 areas, multicultural entities, the Hispanic population,
9 and the self-employed.

10 The Exchange is currently collaborating with
11 various stakeholders, as Bruce discussed, in order to
12 work together to reach the target populations.

13 Our objective is to identify new enrollee
14 audiences and build awareness through outreach efforts
15 and to institutionalize Nevada Health Link.

16 A public relations and communications plan is
17 set for messaging management during the off-season
18 campaign and in preparation for the upcoming open
19 enrollment this November.

20 Our advertising strategy has been developed and
21 will begin with an eight-week blitz of outdoor media
22 buys, followed by a digital advertising campaign.

23 Our website, NevadaHealthLink.com, is also in
24 the process of being updated through our website host,
25 KPS3, in conjunction with our advertising marketer,

1 Penna Powers, and, of course, the Exchange.

2 These additions, which will include a blog
3 roll, which is an informational and educational health
4 care section on our website in which consumers can
5 subscribe to and receive information about Nevada Health
6 Link updates, an email pop-up capture, a home page
7 restructure to reflect educational information for the
8 off-season, and then an in-person assistance search tool
9 updates, also an event calendar revamp and new brand
10 standards guide with an interactive form for brokers and
11 agents, as Bruce discussed, this will reflect the
12 off-season campaign and make a more consumer-facing
13 webpage and will also transition into our fourth open
14 enrollment.

15 The creative has been developed, and we're
16 excited to show it to you. We're in the process of
17 implementing all of that into the campaign.

18 Patty Halabuk, our account executive at Penna
19 Powers, will review that deck with you now. And it will
20 give you an idea of kind of what our design concepts are
21 and what they will look like for the off-season
22 campaign.

23 Thank you.

24 DR. JAMESON: Thank you very much.

25 Welcome, Patty.

1 (There was a pause.)

2 MS. HALABUK: Good afternoon. This is Patty
3 Halabuk with Penna Powers. Sorry about that.

4 As Janel mentioned, she gave you an overview.
5 So the first few pages of the deck reflect, basically,
6 what Janel just indicated for you. So pages one through
7 three are kind of a recap of what Janel said and, also,
8 what we talked about in our last Board meeting. So I
9 won't go into detail there.

10 Starting on page four, I'll give you a little
11 bit more detail on our media strategy.

12 As Janel mentioned, we're focusing on a
13 two-pronged campaign, with both billboard, outdoor
14 billboard blitz, as well as a digital online campaign.
15 There will be two eight-week flights for the campaign,
16 and it will kick off the end of June.

17 We believe that, as mentioned before, outreach
18 is key to this off-season campaign. And, also, I've
19 mentioned before, being a political year, we want to be
20 mindful of our dollars spent. And with inflated media
21 cost due to lack of inventory, we feel this is the best
22 way for us to go.

23 On the digital side, our plan is to implement
24 15-second videos focusing on three specific messages.
25 Digital performed very well for us in the last campaign.

1 The inventory is not affected by the political season.
2 It's still a very viable and available inventory. So we
3 don't have the cost-effectiveness issues there. It's
4 also very highly targetable and measurable as well.

5 The digital advertising campaign will be the
6 second prong in our campaign, and it will launch at the
7 end of August and run through the end of October. We
8 will utilize Facebook and YouTube for our videos there.

9 Moving on to page six, just a quick update on
10 social media.

11 Social media has been ongoing. We made great
12 strides last year in this area, and we want to keep
13 building upon that.

14 In addition to what we have going on currently,
15 we're in the midst of launching an email capture
16 campaign on Facebook. This will allow us to actually
17 capture email addresses of our followers and enable us
18 to engage in ongoing conversations on a more intimate
19 level with them as we move forward into open enrollment.

20 We'll target that by zip code. We estimate
21 capturing about 2600 email addresses, and we've already
22 captured several hundred at this point.

23 I also wanted to mention that something we're
24 testing is specific Spanish language content, targeting
25 our bilingual and secondary Spanish-speaking residents

1 in Nevada who are on Facebook, so we can target it that
2 way. Penna Powers, as an agency, has used this
3 targeting with other clients very successfully in the
4 past. We've received engagement rates and website
5 clicks well above average. So we're trying it now in
6 the off-season campaign. And if it is successful, we'll
7 look at engaging it for open enrollment as well.

8 Moving on to the advertising creative, before I
9 run through this with you, I want to disclaim that the
10 images you are seeing are not the actual images we're
11 using. These are representative only, just to give you
12 an idea of the concept.

13 Penna Powers, as an agency, has actually gone
14 ahead and resourced and sourced our own talent, our own
15 models, and is conducting our own video and photography
16 photo shoots. We want to ensure that we are precisely
17 representing our target audiences and capturing the
18 exact shots to convey our messaging. And that is in
19 process as we speak. So these are specifically just
20 stock photo images to give you a concept only.

21 We have three messages here. The first focus
22 of the message is on preventative care. And these are
23 referenced in outdoor boards to give you a feel for what
24 they'll look like.

25 The first reflects a millennial. In this case,

1 it's a very sick individual, a millennial. And the idea
2 being, if he had health care and regular access to
3 preventative care, perhaps he wouldn't be so miserable
4 at this point in time.

5 Our call to action with this campaign is "Get
6 in the know at NevadaHealthLink.com." So we'll be
7 driving our audience to visit NevadaHealthLink.com where
8 they could take advantage of some of the new website
9 implementation items that Janel mentioned earlier.

10 All of our creative will be four-color. It
11 will reflect attributes of the brand. We will use fewer
12 words so that the messages pop and the images pop as
13 well. We want it to stand out.

14 The next message is called "Peace of mind."
15 This is focused on the family. And this is unexpected
16 emergencies, the idea that kids will be children, and
17 with health insurance, if there are unexpected
18 emergencies, that the parents have peace of mind.

19 I would also like to reiterate that we are
20 using various ethnicities in our models and our talent.
21 So you'll see several versions of the same message with
22 various ethnicities throughout the campaign.

23 On page nine, our last message is "Chronic
24 pain." And this reflects our older demo. You see a
25 grandfather with his granddaughter bouncing around on

1 his back. He's trying to give her a horsey back ride.
2 And that old chronic pain is coming into play there. So
3 the focus there, the benefit there is chronic pain
4 management.

5 On the next pages, page 10 through, let's see,
6 15, these are the video components of our advertising
7 campaign. Obviously, they're the same messages.
8 They're just flushed out in video format. They'll be
9 15-second video spots. You'll see representation of the
10 creative, as well as the scripts, on these pages. So I
11 won't walk through these with you in detail.

12 And, lastly, on page 16, as Janel mentioned,
13 we'll be making some updates to the website home page.
14 Again, I'd like to disclaim that this is not what the
15 new home page will look like. This is merely just to
16 show you a few of the elements that will be implemented
17 on the page. And as Janel called out, there will be
18 several additions to the website.

19 The idea is that since we are drawing our
20 audience to visit NevadaHealthLink.com, we want them to
21 go to a place in the off-season where there's still
22 interesting and relevant information for them to visit
23 and utilize in the off-season.

24 On page 17 is a little bit of an overview on
25 our awareness piece of our campaign. Two other things

1 what we are looking at for to help build awareness, we
2 started capitalizing on this in the open enrollment, and
3 we did a great job, I think, of building on some
4 awareness. So we want to keep that going.

5 We're looking at various sponsorships where it
6 makes sense to utilize and partner with some of our
7 partners statewide to give us great exposure. And one
8 that we found that we've aligned with is Artown in Reno.
9 If you're not familiar with it, it's a month-long event
10 in Reno, goes the month of July, and it focuses on the
11 arts and culture. It's great exposure for us. It gives
12 us multiple options, opportunities for exposure.

13 And with our festival sponsorship, we are in
14 the company of other high-level sponsors, including UNR,
15 KNPB, public TV, KUNR, and the Nevada Arts Council. So
16 we feel it's a great alliance for us.

17 The other thing we're exploring for open
18 enrollment is the possibility of using local celebrity
19 alliances. One such possibility for consideration is
20 with Ricardo Laguna. He's a local BMX rider. He lives
21 here in Las Vegas. And he's very in-tune and involved
22 in nonprofits throughout the city with children-oriented
23 community programs.

24 We are exploring these opportunities for open
25 enrollment to help possibly bring added crowds to our

1 events and to broaden our reach by their specific
2 celebrity status. We will continue to investigate those
3 opportunities and determine with the Exchange if they
4 make sense to implement, and keep you posted on that.

5 And before we move into outreach with Andres, I
6 did just want to mention, as Ms. Jameson mentioned, we
7 did submit and won three Telly Awards for our three
8 video spots from last year. Sweet Freedom, Little
9 Angels, and Reality Check, we won bronze in each of
10 those categories. And the Telly Awards are a very
11 coveted national advertising award, and we're very proud
12 to share that honor with the Exchange.

13 Thank you.

14 DR. JAMESON: Thank you.

15 Testing.

16 MR. MELENDREZ: There we go.

17 DR. JAMESON: Oh, there we go. There we go.

18 So are we going to recycle our Governor in one
19 of them? Was he in one of the Telly Award ones? it
20 didn't sound like it.

21 MS. HALABUK: He wasn't in one of the Telly
22 Award winners.

23 DR. JAMESON: Should have been.

24 MS. HALABUK: You never know.

25 DR. JAMESON: And now for the Ramirez

1 presentation.

2 MR. RAMIREZ: Good afternoon.

3 So, for the record, Andres Ramirez with Ramirez
4 Group. And we should now be on page 18 of the marketing
5 and outreach stack you have in front of you. I am going
6 focus on the outreach portion. And what I want to start
7 with is our guiding principles that we set out for the
8 off-season campaign.

9 This off-season campaign has more to do with
10 education and awareness than actual enrollment. And so
11 we wanted to make sure that we put together a plan
12 specifically focused on that.

13 And so it focused on statewide coverage. We
14 wanted to make sure that we reached people everywhere,
15 that we looked at quality over quantity, not just doing
16 a bunch of events, but the right kind of events that
17 reached our target audience, and that the events have
18 mostly locals, as opposed to just some of these large
19 festivals that happen in Las Vegas that have a lot of
20 tourists in them.

21 So we wanted to be mindful about the types of
22 events we were doing, so that the Exchange was using its
23 resources and its funding efficiently and effectively.

24 So those are our three guiding principles.

25 The targeted audiences for this off-cycle

1 campaign are Hispanics, millennials, rural, tribal,
2 self-employed, and other ethnicities. So we have tried
3 to go out of our way to reach these specific audiences
4 in our outreach and education events.

5 We also know that during previous efforts, we
6 have not been as active with some of our rural and
7 tribal events. So we're doing a little bit of
8 overcorrection and doing more events in some of those
9 areas to make up for the lack of presence we've had
10 previously.

11 But, so that's the events that we have. And
12 this was submitted as of May. So we have more events on
13 here now than we did when this report was originally
14 submitted. But you can get a sense for how we're
15 looking for the events that match our target audiences.

16 On the next page, you'll see what our basic
17 approach is to these events. We're looking to do four
18 major things:

19 Consumer education, to make sure they're aware
20 of the products we have and the services that Nevada
21 Health Link offers.

22 Eligibility screening, so that when we engage
23 in conversations with folks who want to know more or get
24 engaged, that we can actually use the prescreening tool
25 to see whether they are QHP eligible or noneligible, so

1 that we can get them through the pipeline.

2 Those that are eligible, to collect data, to
3 follow up with them.

4 And then to increase our brand awareness for
5 Nevada Health Link.

6 Those are the four major engagement activities
7 we're using during these outreach campaigns.

8 This in the page, 21, was brought up earlier,
9 during Executive Director Gilbert's report. We are
10 building a network of stakeholders during our initial
11 strategic planning for this process. We identified a
12 need to increase our outreach by working with more
13 strategic allies and partners to help us reach those
14 populations that are still uninsured or those that are
15 emerging uninsured, so that we have effective
16 communicators and access to them.

17 So this is just a general list of categories
18 that we're looking for the types of stakeholders to
19 bring onto the bolt. You'll see it's a pretty broad
20 list of folks that we're looking for, but also
21 consistent with who our target audiences are.

22 On the next page, page 22, this is, again, just
23 general activities that we're looking for, or engagement
24 activities, I should say, for how to keep stakeholders
25 engaged.

1 We have discussed the concept of including some
2 roundtables with different sets of stakeholders to, one,
3 spread information and inform them and the communities
4 they serve about the Nevada Health Link; two, to also
5 help us reach our target audiences, so to find out what
6 services they already provide, what activities do they
7 engage in, and how can we collaborate with them if we're
8 not currently collaborating with them, have them serve
9 as our third-party validators.

10 We know that as great of a job as we've done,
11 not everybody knows yet who the Nevada Health Link is.
12 And so if they can help serve as third-party validators
13 to steer people to us or let them know that we're here
14 as a resource, that that's an important concept for
15 these stakeholders.

16 And, again, just to improve and enhance our
17 community partnerships we have throughout the state.

18 So those are the four major engagement
19 activities that we are looking for as part of this
20 stakeholder campaign from an outreach perspective.

21 These next couple of pages kind of just go
22 through what I just mentioned and in context.

23 So who are the stakeholders that we're looking
24 at? And we've already, by the way, put together a draft
25 database of stakeholders we want to reach out to. So we

1 have approximately 200 people, 200 entities on this
2 database that we're looking for. But, again, they
3 include state agencies, tribes, community health
4 clinics, education entities, hospitals, community
5 groups, and so forth.

6 And then try to match them up for how they --
7 who they serve through a health component capacity and
8 how we can partner with them to reach those things.

9 So those are, generally, the next two pages,
10 how that process works of identifying the stakeholder
11 and how we intend to engage and follow up with them.

12 And that is the end of my portion of the
13 report.

14 DR. JAMESON: As our Director would say, the
15 sum and total of your report. Thank you, Mr. Ramirez.

16 And thank you, Patty.

17 I would love to entertain any questions now on
18 the reports.

19 Valerie.

20 MS. CLARK: Just one observation, and maybe --
21 well, I -- okay. I take it back. I didn't see -- I
22 saw -- I didn't see the word "physician groups." I see
23 "health care providers." So you are addressing that. I
24 think, primary care physicians are a first line of
25 information for this program. So I'm hoping we're

1 focusing heavily on primary care physicians throughout
2 the state of Nevada.

3 DR. JAMESON: Thanks for keeping us in mind.

4 Were there any other comments or questions on
5 this report?

6 Well-done. And we appreciate you'll need to
7 work, you know, with your limits during our political
8 season. I'm not sure that anyone would hear you over
9 all that noise anyway, even if you got time space. They
10 wouldn't be talking about you, I'm afraid.

11 Thank you.

12 Discussion, discussion and possible action
13 regarding dates, times, and agenda items for future
14 meetings.

15 Would you like to share with us the next date
16 set, future date.

17 MR. GILBERT: July --

18 MS. KORBULIC: Well, the second Tuesday --
19 second Thursday of the month.

20 DR. JAMESON: Yeah. Is it --

21 MS. KORBULIC: It's the 14th.

22 MR. GILBERT: Is that the 8th?

23 MS. KORBULIC: 14th.

24 MR. GILBERT: 14th. Okay. I'm advised, Madam
25 Chair, that the next normal meeting date would be the

1 14th of July.

2 DR. JAMESON: July 14th. And I'd like to take
3 an opportunity to ask our Board if they have any
4 specific agenda items for future meetings.

5 MS. CLARK: I just have a very quick question,
6 I think. I think, I know the answer, but I want to
7 confirm. When do we start the conversation about where
8 we're going to go for 2017, and when do we anticipate a
9 vote on that?

10 DR. JAMESON: Thank you very much, Valerie.
11 Also, Lavonne Lewis had the same question. We've been
12 all anticipating that. I think that it's actually going
13 to be either July or August.

14 Bruce.

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

17 As a number of the Board members are aware --
18 can you hear me? Is that all right?

19 No? She said turn it up. Can you hear me?
20 Can you hear me now?

21 DR. JAMESON: We can hear you, just very low,
22 but we can hear you.

23 MR. GILBERT: Okay. I don't say anything
24 important anyway, so it works out.

25 As a number of the Board members are aware, we

1 are having discussions with companies that --

2 (Loud speaker noise.)

3 MR. GILBERT: I'll just do this in sign
4 language, if it's all right.

5 We're having discussions with companies that
6 operate Exchanges in other states, to see what may be
7 out there with respect to the way the platform works,
8 the way the platform looks, how it interacts with
9 carriers, with brokers, and the consumer-facing portion
10 of those platforms.

11 We're also having some very global discussions
12 with regard to anticipated cost for those systems as
13 well. Because we want to be able to come to the Board
14 and say, "We believe -- and the Board will be able to
15 see all of the various options that are available to us,
16 obviously.

17 But we want to be able to say to the Board,
18 "Here's our recommendation. Here's why we're
19 recommending it. Here's how I know that we can afford
20 it," which is probably the most important of the points
21 to be made.

22 Don't ever want to put us in as position where
23 we like something, and, you know, it's like the
24 Rolls-Royce that's driving down the street, we can't
25 afford it, because it doesn't belong in our discussion

1 at that point.

2 My expectation is that either in July or maybe
3 August, but one of those two months, we'll be in a
4 position where we can have a series of demonstrations,
5 if you will, either for us as a group or for
6 individuals, and then gather together and the staff will
7 make a recommendation.

8 So either July or August. Our runway really
9 needs to start no later than September.

10 So that's where we are.

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

12 And I would, again, say it is exciting, the
13 options that are out there. But I would also like to
14 say it would have been easy to pick the first, second or
15 third one, which were excellent and looked
16 cost-effective.

17 But indeed, as will unfold to you in July and
18 August, our Executive Director has had a bold and
19 innovative look at this. And he's coming up with
20 something a little bit different than any other state,
21 if it comes to fruition. And, I think, it will be a
22 beautiful thing.

23 So having said that, if there's no other agenda
24 items, I would like to ask now -- we will start with the
25 north -- if anyone up there has public comment.

1 MR. GILBERT: There is no public comment in the
2 north, Madam Chair.

3 DR. JAMESON: Thank you, Bruce.

4 Any public comment in the south?

5 MR. GOLD: I'm a little afraid of this
6 microphone.

7 Good afternoon. For the record, my name is
8 Barry Gold. I'm the Director of Government Relations
9 for AARP.

10 (Loud speaker noise.)

11 MR. GOLD: Let's try again from back -- oh, you
12 know, from back here. Can people here me up there?

13 MR. GILBERT: Yes.

14 MR. GOLD: Okay. I picked up to relax and
15 lean, lean back. This is like having a really bad --

16 (Loud speaker noise.)

17 MR. GOLD: (Inaudible.) Can you hear me?

18 MR. GILBERT: Yes.

19 MR. GOLD: Okay. Now it seems to be working.
20 Let's find the right distance.

21 Director of Government Relations. I'm still
22 Barry Gold.

23 So I would like to applaud Nevada Health Link
24 for your success in providing access to health care for
25 Nevadans.

1 It's interesting, as long as I've been coming
2 to these meetings, it seems as soon as we seem to gain
3 stability and be moving forward, we're off a new
4 adventure. And that's kind of exciting with this idea
5 of getting a new tech platform.

6 I really like the idea, when you're talking
7 about having a stakeholder group to do that. Please be
8 as inclusive as possible, because transparency is
9 important as far as everyone who is involved and wants
10 to know about that, especially the media, as we know.

11 And I'd urge you to include consumers.
12 Because, as we all know, you serve consumers; you do
13 things with them, not to them. I go to too many
14 meetings where it seems like people talk about we do
15 things to them, not with them. So include them in all
16 of your planning.

17 I urge you to stay vigilant, however, as you
18 move forward, because the political environment is still
19 really rocky. The political campaigns are going to
20 continue to target the Affordable Care Act and
21 everything included in it. You know, it seems like in
22 the newspaper there's always news of one plan that's
23 going to drop out completely because they can't make any
24 money, and another one says we're doing just fine.

25 So we just need to stay vigilant and keep our

1 eyes on that.

2 And, finally, AARP is so pleased that on page
3 two of the marketing report, I see in the audiences it
4 includes the words "50 plus." Now, I've sat in this
5 very chair, and I have asked and cajoled and pleaded for
6 years and years to include older adults. Now, last
7 year, there was the one picture of the grandfather and
8 the commercial for that, and that was really great. So
9 this year, they're actually listed.

10 So thank you, thank you, thank you. It's one
11 of those things, you know, you have to ask so many times
12 before finally they do that. So I really appreciate
13 that.

14 And I also urge you to consider, where it says
15 "recently retired" and "50 plus," there's also people
16 that we like to call underemployed. There's people
17 that -- you know, and how many people that do have a job
18 just have no insurance. So we always have to keep those
19 in mind. And they are really of all ages.

20 So AARP has been pleased to participate in the
21 development, the implementation and the evolving of
22 Nevada Health Link. And we really look forward to
23 continuing to work together.

24 So thank you very much.

25 DR. JAMESON: Barry, thank you for those

1 remarks. And you're right. Always, always change and
2 the only thing constant is change.

3 I think, at this point, and that I would
4 entertain the motion to adjourn.

5 MS. LEWIS: So moved.

6 THE COURT: We are adjourned. Thank you,
7 everybody, for all of your wonderful input today. And
8 thank you, again, to Mr. Gilbert and his staff.

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