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

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DR. JAMESON: Well, let's go ahead and call the meeting to order. And, again, welcome.

Bruce, Mr. Gilbert, our Director, would you like to take roll call.

MR. GILBERT: I will, thank you, Madam Chair.
Dr. Jameson?

DR. JAMESON: Here.

MR. GILBERT: Ms. Lewis?
Ms. Wilson?
Ms. Clark?

MS. CLARK: Present.

MR. GILBERT: Mr. Melendrez?

MR. MELENDREZ: Present.

MR. GILBERT: Mr. Cook?

MR. COOK: Present.

MR. GILBERT: Ms. Aiello?

MS. AIELLO: Present.

MR. GILBERT: Thank you.

Mr. King, for your last meeting?

1 MR. KING: No, one more.

2 MR. GILBERT: One more after this?

3 UNIDENTIFIED WOMAN: Oh, no.

4 MR. KING: Present.

5 MR. GILBERT: Thank you.

6 And Ms. Reynolds?

7 We have a quorum, Madam Chair.

8 DR. JAMESON: Very good. Thank you,

9 Mr. Gilbert.

10 We don't have, I don't have any special
11 announcements, other than we're really getting down to
12 the countdown, November. November's coming up fast.
13 And we've got about four months.

14 But as we'll hear in your report, Bruce, you
15 guys have been -- you haven't been slacking this summer.
16 You've been busy as ever.

17 I'm going to take a moment to ask if in -- or
18 up north, if there's any public comment?

19 MR. GILBERT: There is none, Madam Chair.

20 DR. JAMESON: Thank you, Bruce.

21 Any public comment down here?

22 We do have several people attending, but
23 they're very quiet.

24 If there's no public comment, we will go on to
25 approval of our minutes of June 9, 2016 Board meeting.

1 MR. MELENDREZ: Second.

2 DR. JAMESON: Do I hear a first?

3 MR. MELENDREZ: First.

4 DR. JAMESON: I got a first from Jose
5 Melendrez. Is there a second?

6 MS. CLARK: Valerie Clark. Second.

7 DR. JAMESON: Is there any discussion of the
8 minutes, or corrections?

9 I'm not hearing any discussion. I'm not sure
10 if it's the mics or everyone doesn't have anything to
11 say.

12 MS. KORBULIC: No discussion.

13 DR. JAMESON: No comments?

14 We will go ahead, then. And everyone in favor
15 of passing, approving the minutes for June 9, 2016,
16 please say "aye."

17 (Board members said "aye.")

18 DR. JAMESON: We do have only one possible --
19 well; actually, we do have another possible action. But
20 this is the election for our Vice-Chair, to fill the
21 vacancy from among the membership of the present Board,
22 pursuant to NRS 605I.320. Thank you, Bruce. Eligible
23 candidates of our Board appointees.

24 Bruce, do they include the ex-officio members,
25 eligible candidates for the Vice-Chair?

1 MS. KORBULIC: Can they be?

2 MR. GILBERT: I'm inquiring of our Deputy
3 Attorney General even as you ask that question. I've
4 not been asked that question before, Madam Chair.

5 DR. JAMESON: I wouldn't have asked, because
6 it's the first time I've seen them included on the
7 possible action for a position.

8 MR. BELCOURT: All members.

9 DR. JAMESON: And I wondered if there was a
10 reason for it. Because they are eligible.

11 MR. BELCOURT: Bear with me, Chair. Dennis
12 Belcourt. I'm double-checking the code.

13 MR. GILBERT: Yes, Madam Chair.

14 DR. JAMESON: I haven't seen that in the past.
15 But because they're actually listed, I want to clarify
16 that, being a public (indistinct).

17 MR. BELCOURT: Well, looked. The reason
18 they're listed, I mean we do list Board members on there
19 is because, well, the open meeting law was changed in
20 2015 to require, any time you take action regarding a
21 person, that you put that person's name on there. Just
22 your open meeting law update for the day.

23 So let me. I'm double-checking on what the --

24 DR. JAMESON: Oh, I understand. So they're
25 more there with regards to everyone involved, as opposed

1 to definitely being eligible for Vice-Chair?

2 MR. BELCOURT: Well, if they're not eligible,
3 we can probably not put them on there. So I'm just --
4 and, I think -- and I'm just double-checking. Because,
5 I think, the -- if I remember, the statute refers to a
6 member, but. So, I mean, conceivably, if you have a
7 member who can't vote but be, nevertheless be a
8 Vice-Chair, they're not an inherent contradiction or --
9 well, I'm double-checking on that one.

10 Okay. Chair and Vice-Chair. It says "from
11 among its members"; it doesn't specify voting or
12 non-voting members. So I'm trying to see if there's
13 anything else that would. I mean they are, ex-officio
14 members are members, but just not voting members. So, I
15 guess, I guess --

16 DR. JAMESON: Very good. Thank you for --

17 MR. BELCOURT: I'm reading that to say that
18 they are they could be Vice-Chair.

19 MR. GILBERT: Right. Madam --

20 DR. JAMESON: All right. Thank you for the
21 clarification.

22 So I what I would like to do at this point
23 is -- Bruce and I have discussed this. I'll let him
24 make a comment, and then we can talk about
25 recommendations for the Vice-Chair.

1 Bruce, comments?

2 MR. GILBERT: Yes. Thank you, Madam Chair.
3 For the record, Bruce Gilbert.

4 As you know, historically, we have had a
5 division between north and south when it came to
6 leadership of the Board. Historically, the Chair has
7 been from either the north or the south, and the
8 Vice-Chair from the other portion of the state. That's
9 not anything that's required. But, historically, it's
10 something that's made sense. And it's assuring that we
11 have representation in both places in terms of an
12 officer.

13 At the Chair's request, I did canvass the Board
14 to see if there was someone in the north who would be
15 willing to serve as Vice-Chair, as well as to just serve
16 as Vice-Chair in the event that no one in the north was
17 prepared to take that step.

18 Ms. Clark was kind enough to indicate that she
19 would consider serving as Vice-Chair for the Board. And
20 Mr. Melendrez -- and I thank you very much for this,
21 sir -- indicated that if that were not possible, he
22 would be willing to accept the office.

23 DR. JAMESON: Very good, Bruce. Now, Bruce,
24 just, again, protocol. As the Executive Director, I'm
25 not sure if you're allowed to nominate, or does that

1 need to come from a Board member?

2 MR. GILBERT: I believe, that would have to
3 come from a Board member, Madam Chair.

4 DR. JAMESON: That was my impression.

5 Would one of the Board members like to nominate
6 someone, then, particularly someone that might have been
7 mentioned? But, of course, you can nominate anyone you
8 would like to.

9 MR. MELENDREZ: So, Jose Melendrez, for the
10 record.

11 So keeping with the tradition of this Board, I
12 would nominate Valerie Clark to serve as the Vice-Chair
13 in northern Nevada.

14 DR. JAMESON: Is there a second on that
15 nomination?

16 MR. COOK: I'll second.

17 MR. GILBERT: There was a second --

18 DR. JAMESON: Is that just a raised hand or a
19 second?

20 MR. GILBERT: No, that was a second --

21 DR. JAMESON: Oh, yes.

22 MR. GILBERT: -- by Mr. Cook.

23 DR. JAMESON: Oh, thank you, Mr. Cook.

24 Okay. Is there any discussion about our
25 nominee for Vice-Chair?

1 No discussion. I'm not hearing any. So I'd
2 like to call for the vote for election of our
3 Vice-Chair, Valerie Clark. Everyone in favor, please
4 say "aye."

5 (Board members said "aye.")

6 MS. CLARK: Do I still vote? Okay.

7 DR. JAMESON: Anyone opposed?

8 And that motion is carried unanimously, best I
9 can tell.

10 Congratulations, Valerie Clark.

11 MS. CLARK: Thank you.

12 DR. JAMESON: And I would like to thank her for
13 stepping up to even do more service. Bless you.

14 MS. CLARK: Thank you. Thank you, Madam Chair.
15 I'm very happy to be of service.

16 DR. JAMESON: Now, going on to one of my
17 favorite parts, the Executive Director's report.

18 Bruce.

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

21 As I indicate in my written report, summer,
22 this summer is a very busy season for the staff here
23 that -- at the Exchange as we develop a number of
24 initiatives that work on expanding our consumer
25 education and outreach efforts and develop a template

1 for future sustainability.

2 The expansion of our outreach efforts has
3 become a central focus, in fact, of the summer. As
4 you'll hear from Heather, we've partnered with the UNLV
5 School of Medicine, as well as with Nevada's Department
6 of Public and Behavioral Health, and with the University
7 of Nevada at Reno, their Community Health Sciences
8 program, to integrate certified application counselor
9 training into their curricula.

10 This initiative is going to allow the Exchange
11 to expand its interaction with those communities most in
12 need of our assistance and will be a critical resource
13 for outreach and education to both raise awareness about
14 the Exchange across the state and to assure that our
15 target populations understand the process to apply for
16 and enroll in coverage through the Exchange.

17 We've been working to develop new guidelines
18 for producers wishing to be certified to sell plans
19 through the Nevada Health Link in an effort to both make
20 that partnership with the Exchange more meaningful and
21 to better protect our consumers. We have made those
22 guidelines available to our broker and agent
23 communities. And they have been kind enough to provide
24 comments and input, which we are now working our way
25 through.

1 Our expectation is that we will be able to
2 assure that our consumers are protected from activities
3 that could mislead or confuse them or in any way
4 misrepresent the Exchange.

5 And I very much appreciate the actions of the
6 broker and agent communities in assisting us in
7 developing these guidelines.

8 As indicated in my report, we expect to have
9 them available for adoption and in place for November's
10 open enrollment.

11 We do continue to collect information on
12 available, proven and less expensive alternatives to the
13 federal technology and call center.

14 Heather and I are going to be traveling to
15 Washington later this month and meeting with CMS
16 leadership to update the agency on our efforts to
17 identify and implement a platform and call center
18 solution for plan year 2018. And that's an important
19 discussion, as I note, because CMS approval of our
20 proposed path forward is a very important and integral
21 part of any transition and will impact our long-term
22 sustainability.

23 In short, there's a lot of stuff going on.
24 You'll hear from Janel about what our outreach program
25 is doing and how things are moving in that direction as

1 well.

2 We are making, I think, substantial progress.
3 The next several months are going to be particularly
4 important in defining our future. But I have no doubt
5 that our efforts to move the Exchange forward, to
6 educate our citizens and create a viable and long-term
7 sustainability plan, will ultimately assure our ability
8 to continue to provide access to quality, affordable
9 health plans to all Nevadans.

10 And those would be my remarks. And I am more
11 than happy to answer any questions that the Board may
12 have.

13 DR. JAMESON: Mr. Gilbert, thank you for that
14 very succinct and informative report.

15 And for those of you who may have never -- who
16 were not here early on, when Bruce spoke before our
17 Board, Bruce does read his report. But I want you to
18 know, even if he's not reading it, if he's speaking
19 off-the-cuff, he's just as eloquent and articulate and
20 informative.

21 Bruce, I have a few questions.

22 But before I ask, I would like to ask anyone
23 else if they have questions or comments of Bruce, our
24 Executive Director.

25 MR. MELENDREZ: Jose Melendrez, for the record.

1 Bruce, I'm just wondering, with this
2 partnership with the, UN, UNLV School of Medicine, with
3 the community health workers, what kind of timeline are
4 we looking at in terms like when those folks will
5 actually be coming on board, being trained, and
6 potentially actually start?

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

8 And thank you for that, Jose. Actually,
9 Heather is the one who is making sure that all of those
10 things work in the right direction. So I'll let her
11 answer that particular question.

12 MS. KORBULIC: Thank you.

13 We're still doing the bureaucratic dance right
14 now, trying to get all of these forms signed. So we're
15 hoping that they'll be able to start in the beginning of
16 August.

17 MR. MELENDREZ: Wow, that soon?

18 MS. KORBULIC: Yes.

19 MR. MELENDREZ: But that's great if that
20 happens.

21 MS. KORBULIC: Yeah.

22 MS. CLARK: Valerie Clark.

23 DR. JAMESON: Thank you, Heather.

24 MS. CLARK: Madam Chair, Valerie Clark.

25 DR. JAMESON: Valerie.

1 MS. CLARK: I'm just curious, to piggyback onto
2 to that, to that question, are you developing a training
3 schedule with them, or is it something that's already
4 been developed?

5 MS. KORBULIC: Their training schedule has been
6 developed for them.

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

8 MS. KORBULIC: Yeah, we're not developing that
9 for them. It's part of, it's part of a community health
10 worker training program. And we're augmenting that with
11 some additional --

12 MS. CLARK: Oh, okay.

13 MS. KORBULIC: -- certified application as
14 counselor training.

15 MS. CLARK: Oh, excellent. Okay. Thank you.

16 DR. JAMESON: Thank you, Valerie and Heather.

17 I have something similar. I'm going to
18 piggyback on Jose and Valerie.

19 In looking at this, the UNLV School of
20 Medicine, the Nevada Department of Public and Behavioral
21 Health, University of Nevada, Reno, Community Health
22 Sciences, are basically, are partnering with each one of
23 them. Are they all, basically, doing the same thing,
24 integrating certified application counsel training,
25 being community health workers, adding to their usual

1 role, additional role of information about our Exchange,
2 and helping patients connect with us, potential patients
3 connect with us, or are some of the different programs
4 actually doing different things?

5 So I was wondering if someone could tell me
6 what each program was doing or if they're, basically,
7 all doing the same thing. Is there anyone doing
8 anything unusual, different?

9 MS. KORBULIC: Sure. So Heather Korbulic, for
10 the record.

11 And I am actually going to be giving a little
12 bit more about a report on this, but we can just skip
13 right to that right now and I can give you an overview
14 of what it is that the community health worker program
15 partnerships are all doing.

16 UNLV's proposal and project is going to be
17 identifying people who are living in underserved
18 populations who are leaders in their communities. These
19 are also some rural and frontier communities. And
20 that's going to, the grant money that we've provided to
21 them is going to support the training of about 10
22 community health workers who will also be certified
23 application counselors. They're all going to be
24 eventually be integrating and enrolling and referring
25 Nevadans to the different appropriate insurance and

1 health care services.

2 What UNLV will be doing is identifying
3 individuals who are not enrolled in any insurance, and
4 then setting appointments with them to help them find
5 an -- or get enrollment and get enrolled.

6 And then, with Division of Public and
7 Behavioral Health, what they're doing is they have a
8 Community Health Worker program training. It's a class
9 that runs quarterly. And they have -- usually only
10 offer it to 20 people but, with the assistance of the
11 Exchange, will be able to offer it to 42 people. And
12 that'll begin in August.

13 And they're going to be ensuring that all of
14 those workers become, excuse me, certified application
15 counselors, too, and will also be offering the certified
16 application counselor to every community health worker
17 that they've ever certified or trained in the past.

18 And then, finally, we don't have a formal
19 proposal from UNR yet. My understanding is that they
20 have a community health worker, or excuse me, community
21 health sciences program who have many students who need
22 to do work-study hours. And as part of their work-study
23 hours, they felt that they would benefit from certified
24 application counselor certification and that they would
25 use that to provide outreach and education to

1 underserved populations and helping with scheduling
2 appointments for people to enroll, too, in their
3 work-study hours.

4 So I don't have the fine details worked out on
5 that one yet, but that's my basic understanding of what
6 they're, UNR's planning to do.

7 DR. JAMESON: Yes, thank you, Heather. That
8 was terrific.

9 And, Jose.

10 MR. MELENDREZ: So Jose Melendrez, for the
11 record.

12 Heather, thank you. I think this is great that
13 we're looking at all these different partnerships. I
14 mean it's a great way to expand and give, you know,
15 young student's opportunities to look at these
16 professions.

17 I would also like to offer, you know, that in
18 my new role at the university, at UNLV, I'm with the
19 School of Community Health Sciences there. And we have
20 the same thing here in the south in terms of students
21 who need to do a complete internship program.

22 So in all these conversations about
23 partnerships, I would like to put that on the table as
24 well, and that maybe we can have an off-line
25 conversation after the Board meeting or sometime in the

1 next couple of weeks about that opportunity and
2 potentially establishing a partnership there as well for
3 interns.

4 MS. KORBULIC: Absolutely, I'd be happy to talk
5 with you.

6 DR. JAMESON: Thank you so much, Jose.

7 And thank, Heather.

8 And it truly is really exciting as we're all
9 out there working on this population. And looking at
10 our statistics nationally, it is very sad the amount of
11 young people graduating and not having jobs. And this
12 is such, turning into such a win-win, with increasing
13 work force training and then, also, reaching out to the
14 people who need access to health care.

15 Any other questions? I have a couple.

16 Okay. So I'll go on to my next question.

17 Actually, a couple of those questions I had, Heather,
18 you actually already answered.

19 So the next question was, new guidelines, this
20 is exciting, for producers to certify to see plans
21 through the Nevada Health Link, to sell plans through
22 the Nevada Health Link.

23 I was just wondering, we're going to,
24 hopefully, have this all ready. I know we will have it
25 all set to, ready to roll out prior to November's open

1 enrollment. And I was just going to verify. I think,
2 we said something about the Attorney General would
3 review and approve. I wasn't sure if these guidelines
4 would need to come to the Board for approval prior.

5 Bruce, did you have any comments? And if they
6 did, would they need to be on the agenda in October?

7 MR. GILBERT: Thank you, Madam Chair. Bruce
8 Gilbert, for the record.

9 As a matter of fact, Mr. Belcourt -- before we
10 provide them to the Board, we provided them to the
11 Attorney General's Office to make sure that, if
12 something had to be changed, it was changed before it
13 came to the Board.

14 Our expectation is that, that we will integrate
15 the information that we have received from the agent and
16 broker communities. We will finalize those.
17 Mr. Belcourt may very well take another look at them.
18 But we would expect them to come before the Board for
19 adoption either in August or September.

20 DR. JAMESON: Very good. Thank you, Bruce.

21 This is a silly question. In a couple pages,
22 or are they 90 pages long?

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

24 I was really tempted to make them about a
25 400-page document, to be frank with you. But I managed

1 to bite that back. And, in fact, I think, it's no more
2 than about three or four pages long.

3 MS. CLARK: Oh, a couple.

4 MR. GILBERT: I think, that's what it is.

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

6 Bruce, the next question I had, I was a little,
7 I was a little like confused. That is an important
8 discussion as CMS approval of our proposed path forward
9 is an integral part of any transition and will impact
10 the Exchange long-term sustainability.

11 Do we actually need to get the permission of
12 CMS for our proposed path forward? Could they even,
13 second question, deny us? Oh, my gosh. Excuse me. Go
14 ahead.

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

17 You know, I can't tell you what CMS does and
18 doesn't do, or what they think their appropriate roles
19 may be. We discuss that all the time, to be frank with
20 you.

21 That being said, it's important to recognize
22 and understand that the Silver State Health Insurance
23 Exchange was conditionally approved by CMS to operate a
24 state-based marketplace. That's true of every single
25 Exchange that exists, by the way. It's like all things

1 government. You start it, you work your way through
2 about half of it, and it's forever something that is in
3 a working stage.

4 So, in theory, we have only conditional
5 approval. And we do have to get CMS to determine that,
6 when we file a new blueprint and say "This is the way
7 that we want to go, and this is what we want to do," we
8 are going to, we are going to need their approval for
9 it.

10 And my expectation is that they understand and
11 recognize that Nevada is, of course, a sovereign state
12 and we have some voice in our future certainly.

13 But it's going to need to be a partnership, to
14 some degree. We've already had some introductory
15 discussions. We've already asked for time, specifically
16 to discuss this topic with them, Heather and I, on about
17 the 26th, I think it is, of this month.

18 So they're aware of it. They understand what
19 it is we want to do. In fact, I sent them some
20 additional information earlier today. We should be in a
21 position where we can have a fairly -- what do they call
22 it in diplomatic circles? A full and frank discussion.
23 And that's what I would expect. And we hope to receive
24 some guidance either late this month or early next.

25 DR. JAMESON: Thank you, Bruce. And I'm

1 optimistic about their approval. I think, you did tell
2 me already about one other entity that did leave the
3 hub, correct, and there wasn't any real issue? M-hm
4 (affirmative).

5 And then, I'm just very appreciative of you who
6 have been plotting this out so well in advance. If it
7 takes them as long to respond as it did about the
8 percent fee they would charge us -- what is that, a
9 year? Month after month, quarter after quarter. I
10 think, we're still postured very well to get a response
11 in a timely manner, due to your very good planning,
12 Bruce. Thank you.

13 MR. GILBERT: Thank you, Madam Chair. We have
14 made it very clear that our runway on this is short and
15 that we --

16 DR. JAMESON: Yeah.

17 MR. GILBERT: We don't need a full-blown, yes,
18 that's the most wonderful plan I've ever seen, but we do
19 need some initial guidance that this is something that
20 we are comfortable with and that we understand will
21 serve you well and will meet our joint criteria for a
22 successful project. We feel very good about it.

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

24 Our marketing and outreach, who would like to
25 start on that?

1 MS. DAVIS: Thank you, Madam Chair. This is
2 Janel Davis, for the record.

3 This is item VI on the agenda.

4 As you guys know, we've been talking about our
5 off-season campaign which kicked off on June 27th of
6 this year.

7 We have a focus on outdoor and digital
8 advertising. The first four weeks will include a
9 billboard advertising, which has already -- it's in the
10 process. And the next four weeks thereafter will
11 include digital advertising.

12 Social media is ongoing, as well as our
13 stakeholder and community involvement, as well as some
14 sponsorship opportunities. The Exchange is currently
15 collaborating with various stakeholders in order to work
16 together to reach our uninsured target positions.

17 Our objective is to identify new enrollee
18 audiences and build brand awareness.

19 A public relations and communication plan is
20 also being set in place in preparation for upcoming open
21 enrollment.

22 We have some updates to our website, and those
23 are currently in the process of being developed, with
24 our website host, KPS3, in conjunction with our
25 marketing vendor, Penna Powers.

1 These changes include a home page update to
2 reflect the off-season campaign, and an offering of an
3 email subscription to healthy tips and to stay informed
4 about Nevada Health Link during the off-season and
5 through open enrollment.

6 The home page restructure will also include a
7 page directed to marketing assistance for our broker and
8 agent community, as well as navigators, and will also
9 navigate to our 15-second advertising videos and
10 eventual real life testimonials.

11 As previously, just discussed, our revised
12 brand standards have been posted, as well as an
13 interactive code of conduct form for brokers and agents
14 which will soon be available on our website.

15 The revised standards are intended to help the
16 Exchange assure, as Bruce stated, that consumers are
17 protected from possible actions that could mislead
18 products, plans, or the carriers.

19 The code of conduct form is a guideline for all
20 brokers and web brokers to follow for selling
21 on-Exchange plans.

22 Patty Halabuk will go through what you will see
23 for our off-season campaign that's currently in process.

24 Thank you.

25 DR. JAMESON: Thank you so much.

1 I'd like to pause before proceeding to the
2 second half or -- yes, the second half, and just ask if
3 anyone has any questions on the report, marketing,
4 that's been presented so far.

5 Okay. I'll make just a couple questions that
6 might sound kind of basic.

7 I just wanted to clarify. Social media is
8 ongoing as well as stakeholder community involvement and
9 sponsorship opportunities. I was just wondering, the
10 basic stakeholders you're referring to and the
11 sponsorship opportunities, which ones have come up
12 you're excited about.

13 MS. DAVIS: Yeah, so, to answer your question
14 about sponsorships, Nevada Health Link is currently a
15 sponsor of Artown, which is a northern Nevada local
16 event.

17 And as far as another sponsorship opportunity,
18 the Community Health Alliance is also going to be taking
19 place August 6th.

20 And for stakeholder involvement, that includes,
21 I mean, everyone, our Board, navigators, brokers, and
22 anyone in the community who we think we can work with,
23 such as Nevada health centers, things like this, that
24 we're trying to establish relationships with and
25 initiate contact in order to see if we can collaborate

1 on events within the community.

2 DR. JAMESON: And so, basically, that includes
3 all our carriers?

4 MS. DAVIS: You are correct, yes.

5 DR. JAMESON: And I know, with our website, you
6 know, we are, obviously, linked to them. And all the
7 carriers most certainly -- or are they linked, when
8 clients go there, are they linked to us?

9 MS. DAVIS: Yes. On our NevadaHealthLink.com
10 website, we do have a page specifically designated for
11 carriers. And from that page you can link on to each
12 individual carrier website.

13 MS. KORBULIC: And she wants to know if they
14 have a link back to us.

15 DR. JAMESON: Oh, yes, and I was aware of that.
16 But I was just curious, when you go to the carrier
17 website, and people are shopping on --

18 MS. KORBULIC: Yeah.

19 MS. DAVIS: Anthem, for example.

20 DR. JAMESON: -- a carrier's website, have we
21 asked them whether they would put our link on their
22 site?

23 MS. DAVIS: Yes. They also can link back from
24 the specific carrier website back to Nevada Health Link,
25 correct.

1 DR. JAMESON: So when patients are shopping for
2 a policy, do they say something like, if, you know,
3 you're low-income? You're kind of getting my drift?
4 Are we allowed to sort of -- do they, do they actually
5 kind of show that we're an option, or is it just that,
6 if they go looking, they'll find a way to find us?

7 Do you see what I'm saying? Because we're
8 talking about your marketing and outreach. I'm
9 wondering if -- I know they don't want to lose business
10 to us. But, then again, they would recapture it in a
11 way. Unless whoever goes on there strays from their
12 product.

13 Do you see what I'm saying?

14 MR. GILBERT: Yeah. Thank you, Madam Chair.

15 MS. DAVIS: Thank you.

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

17 We have historically had complementary
18 marketing campaigns with the carriers. It hasn't just
19 been one, it hasn't just been ours, nor has it just been
20 theirs. But, in fact, we've worked closely and tried to
21 work together, so that they are, in fact, complementary.
22 They can go from their website to ours and our website
23 to theirs.

24 We don't have any control over the content
25 there, obviously. But we do have discussions about

1 assuring that our efforts sort of all follow the same
2 theme, if you will.

3 DR. JAMESON: Valerie, were you going to say
4 something?

5 MS. CLARK: Well, if I'm following the
6 conversation correctly, I think you're asking if people
7 will get -- would not come to us to buy a policy but,
8 rather, buy a policy directly from a carrier. Is -- was
9 that what you were asking, Madam Chair?

10 DR. JAMESON: Well, actually, I was wondering
11 whether, when they went on a carrier site and were
12 looking for a policy, totally independent of us, whether
13 carriers mention that if you're low-income, potentially
14 Medicaid-eligible, that you could go to the link, our
15 state, Silver State Exchange.

16 MS. CLARK: Yeah. Because I don't know if the
17 carrier websites would have that. But, ultimately, the
18 only way to receive the tax subsidy and the financial
19 incentives, they would have to go through us.

20 DR. JAMESON: Right.

21 MS. CLARK: So I don't know if the carriers
22 would direct them back, but, I think, if in the
23 application process, on a carrier website alone, it
24 would be impossible to see any subsidies. And,
25 therefore, most likely, if they were low-income, they

1 probably wouldn't be able to afford it and would,
2 hopefully, know to come back to us and go through us,
3 through the Exchange.

4 MR. GILBERT: Okay. Madam, Madam Chair, if I
5 may, one of the things that we did set up last time out
6 was direct enrollment in Exchange policies through the
7 carriers themselves. That is, you could go onto an
8 Anthem website or a United Healthcare website --

9 DR. JAMESON: Right.

10 MR. GILBERT: -- or Prominence, and they,
11 because of their connection with the federal data hub
12 and others, you would be able to enroll in an Anthem
13 QHP, which included APTC, or cost-sharing reductions.

14 So the answer is that you can still enroll in
15 what is an Exchange product, even if you go through one
16 of the websites for a specific carrier.

17 DR. JAMESON: Right. And they will --

18 MS. CLARK: And, ultimately, it would be with
19 us.

20 MS. KORBULIC: Yeah.

21 DR. JAMESON: Right. Ultimately, it would be
22 with us. And, also, they would only really, if they
23 just stayed on that one carrier site, they would just
24 see the product only offered by that one carrier.

25 MS. KORBULIC: Correct.

1 MS. CLARK: Correct.

2 DR. JAMESON: Yeah. Okay. So I had a
3 question. I bet you guys knew this one was coming, saw
4 it coming. Offering an email subscription to healthy
5 tips and stay informed to Nevada Health Link during the
6 off-season, I just think that's terrific. You can never
7 get enough healthy tips.

8 But, of course, as a physician, you knew this
9 question was coming. So who's doing your healthy tips?
10 Is it -- do you have a physician doing it? Is the
11 public health department helping you? Who's guiding?
12 What are going to be the issues that you'll put healthy
13 tips out on? Are you guys marketing public -- are you
14 guys doing it in a marketing, just Googling and putting
15 up the disease of the month, breast cancer month,
16 October? What's your guidelines?

17 MS. DAVIS: So, Janel Davis, for the record.

18 We will have what we're kind of calling a blog,
19 a, slash, learn more healthy tips section on our
20 website. And Penna Powers, our marketing vendor, will
21 provide context, or content on, you know, certain
22 healthy tips. It's sort of like any online blog.

23 And they will reference, you know, where
24 they're getting that information.

25 And so people can sign up, and then we'll have

1 their contact information. And this is sort of an
2 incentive during this off-season to receive information
3 and stay up-to-date on Nevada Health Link in addition to
4 receiving fun, healthy tips.

5 And Patty will actually explain that a little
6 bit more, if we go through the presentation, if you
7 like.

8 DR. JAMESON: The source?

9 MS. DAVIS: Yeah.

10 DR. JAMESON: Okay. Well, I think, you've
11 punted, that source is to Patty.

12 Okay. And then I just wanted to say, yea. I
13 just think the -- you know, I'm looking forward to the
14 final home page restructuring. I am particularly really
15 excited about our 15-second advertising video. And,
16 eventually, does that mean, eventually, meaning
17 pre-enrollment for this enrollment season, the real life
18 testimonies will be available?

19 MS. DAVIS: Janel Davis, for the record.

20 The 15-second videos are part of the off-season
21 campaign. And then we will roll into open enrollment, a
22 full advertising campaign.

23 The testimonials will be more towards the open
24 enrollment.

25 MS. KORBULIC: And will they be real Nevadans?

1 MS. DAVIS: And as far as real Nevadans, yes,
2 there will. We have a couple in the works, as local
3 Nevadans statewide, and we intend to get more at our
4 events as well.

5 DR. JAMESON: Well, I, for one, would just love
6 it -- although we haven't gotten to the part that says
7 new agenda items, we're talking about here, though, the
8 patient testimonials -- when you do your next
9 presentation, you have them available, if you could do
10 some sort of a live link and show us the 15-second video
11 and live patient testimonies. That would be very
12 exciting.

13 Was there any questions otherwise, like about
14 the brands, the brand standards or your codes,
15 guidelines for brokers?

16 Valerie, did you have any questions on that?

17 MS. CLARK: Madam Chair, no, I'm -- I
18 understand. Thank you.

19 DR. JAMESON: Okay. I would, again, wonder, on
20 the new code of conduct, is there, is there actually
21 going to be a new one, correct, and that's something
22 that the Attorney General's looking at? And then is
23 that something that's just specific to the Exchange, or
24 is that across all broker business in the state? And is
25 that something that'll come back to us?

1 MR. GILBERT: Thank you, Madam Chair. Bruce
2 Gilbert, for the record.

3 That's actually required by the Affordable Care
4 Act if we're a state-based marketplace. And it doesn't
5 apply to all lines of business, nor to all insurance
6 companies, nor to what happens off the Exchange. We
7 don't have the authority to do anything with respect to
8 those. But it deals specifically with those brokers and
9 web brokers that choose to offer on-Exchange plans to
10 Nevada consumers.

11 DR. JAMESON: Thank you, Bruce.

12 I would imagine, Valerie, in your own community
13 and in the broker business, you have something
14 equivalent to brand standards and code of conduct?

15 MS. CLARK: Yes, we do. In fact, when there
16 were some auditors that came to town recently that were
17 asking for that information from us, and we were able to
18 supply that to them. So, yes, we do.

19 And we -- what Bruce had sent out, I had
20 several of my colleagues take a look at and comment on
21 as well.

22 DR. JAMESON: Oh, thank you so much, Valerie.
23 All right.

24 MR. MELENDREZ: One more question.

25 DR. JAMESON: Oh, please, Jose.

1 MR. MELENDREZ: Jose Melendrez, for the record.
2 I was just wondering, do we know how much we're
3 spending on a Spanish-language marketing?

4 MS. DAVIS: Janel Davis, for the record.

5 We have an off-season budget, as well as the
6 open enrollment budget. And we can definitely get the
7 exact number on exact Hispanic marketing for you. I
8 don't have the actual number in front of me, however.

9 MR. MELENDREZ: Okay. Yeah, because I would
10 put that out there. And then, also, thinking about like
11 with -- at least down here in the south, not only the
12 continued growth of the Spanish-speaking population, but
13 then, also, with our Filipino community, which has seen
14 a lot of growth in their community. So they're calling
15 and thinking about some of those other areas in terms of
16 potentially, you know, marketing to those, to those
17 communities.

18 MS. DAVIS: Yes, absolutely. And the Hispanic
19 population and Spanish-speaking and Latino population is
20 definitely one of our target audiences in our off-season
21 campaign. So we absolutely take that into consideration
22 with advertising and since they're a huge percentage of
23 our enrollees as well.

24 MR. MELENDREZ: Thank you.

25 DR. JAMESON: Thank you.

1 So we're ready for the second half.

2 MS. HALABUK: Thank you. Can you hear me?

3 DR. JAMESON: Can you? Yeah, they can.

4 MS. HALABUK: Great. Good afternoon. Patty
5 Halabuk, for the record, with Penna Powers. And I will
6 go through the marketing update quickly with you.

7 Piggybacking on what Janel has said, our
8 off-season marketing campaign is indeed underway.

9 On page one; you will see some of the actual
10 advertising campaign. The theme of this campaign is
11 "Get in the know," and the call to action is to drive
12 our target audiences to NevadaHealthLink.com where they
13 can learn more about the marketplace.

14 The campaign you see on page one is actually
15 our billboard saturation campaign, which is currently
16 running in both Las Vegas and Reno.

17 The creative targets are millennials, our older
18 population, and families. And we've also incorporated
19 varying ethnicities throughout the campaign.

20 On pages two through four, you'll see the
21 particulars for the outdoor board campaigns.

22 Also, next month, we will launch our online
23 digital video campaign, which, as Janel mentioned, these
24 are our 15-second video spots. They will use the same
25 creative with the varying ethnicities. The videos will

1 run on Facebook and YouTube. They will be targeted to
2 our specific identified audiences. And they will also
3 incorporate digital banner ads.

4 And, Mr. Melendrez, to your point, some of that
5 targeting will be to specific demographics, such as the
6 Hispanic audience, as well as some other ethnic
7 audiences.

8 Both the outdoor board and video advertising
9 campaign will run through October and segue into our
10 open enrollment campaign.

11 On page five, you'll see a summary of the
12 ongoing Facebook email capture campaign. As of the end
13 of June, we had captured 511 targeted email addresses.
14 Those have been implemented into a newly developed
15 database that the Exchange will use for further
16 communications ongoing and throughout enrollment as
17 well.

18 As of early July, we started seeing a trend of
19 more and more of our target audiences providing us with
20 their email addresses. So we expect July to be a really
21 great month to populate that database with more email
22 addresses.

23 And, additionally, our whole, Nevada Health
24 Link's overall social media fan base is continuing to
25 grow incrementally. We are over 6,000 fans now.

1 On page six, use see the rundown of our PR
2 coverage for the month of June. We expect coverage to
3 increase significantly as we go throughout the political
4 year, and that gets more intense, and certainly as we
5 move into open enrollment as well.

6 On page seven, you'll see a visual of some of
7 our creative implementation on the home page for Nevada
8 Health Link. And this is what Janel alluded to earlier.
9 These are some of the changes that we're implementing.

10 Some of them include some of the creative from
11 the off-season campaign. So when we're driving our
12 target audience there, there's some synergy there and
13 they see it. And, also, because it is off-season, and
14 there isn't the open enrollment activities taking place
15 right now.

16 On the presentation itself, on that page,
17 you'll see the little blue box on the left, which is
18 called "Why choose Nevada Health Link?" And that's
19 really kind of the new navigational area that's a link
20 where people can go and find the information that Janel
21 alluded to.

22 Ms. Jameson, that would include the sort of
23 blog style. And Penna Powers has a social media content
24 crew working on, basically, to your point, checking
25 various health sources. It's really kind of

1 article-related with photos. We want to keep this sort
2 of light, so that people will continue to engage and
3 find it more than entertaining, but at a certain level,
4 so they'll want to continue to go back and look there.

5 So these tips will include kind of general
6 health things, exercise things, food-related kinds of
7 activities, that they can give some thought to and
8 implement to help them kind of create more of a healthy
9 lifestyle overall.

10 I think, for right now, that's all I have. And
11 with that, I can turn it over to Andres to give a little
12 update on the outreach portion.

13 DR. JAMESON: Are there any comments or
14 suggestions for Patty?

15 I would just like to make some, and we can do
16 this more off-line, regarding your health tips. You
17 guys probably saw, the month before last, the article
18 that came out on JAMA talking about Nevada and putting
19 us, again, in some of the lowest. So we had -- if
20 you're a woman who lived in Nevada, you have the
21 shortest life span. And if -- so they looked at the
22 related to your economic level. So the more you made,
23 you had a longer life span. And the poorer you were,
24 you had a shorter life span.

25 But, ironically, when they looked at some of

1 the factors -- we all considered that the obvious one
2 would be access to health care. And although it was
3 associated with their quality of health, it was not a
4 factor in their longevity.

5 So some of the factors that were very -- that
6 were really important were, in Nevada, were -- well,
7 across the board, these were, the three they
8 investigated in the article were tobacco, obesity and
9 exercise. And these were the three most important
10 variables for a healthy, long life, and where Nevadans,
11 compared to everybody else in the country, really
12 failed. We had one of the highest tobacco use. And so,
13 I think -- and obesity and exercise.

14 And so, I think, it was really exciting. As
15 many of you know, last year, for the first time, our
16 legislation passed issue, because it's gone on for a
17 couple decades, that our children did not need to
18 exercise. And they say children that don't exercise
19 become adults that don't exercise. So now they've put
20 30 minutes back into our school programs.

21 But, I think, these are areas I would certainly
22 target especially for our population.

23 And I'd be glad to go into a lot of things --
24 I'm a delegate at the AMA -- that we recommend targeting
25 are prediabetic. We have wonderful programs that we're

1 rolling out on prediabetes and diabetes for the
2 population. Hypertension. And, of course, obesity. We
3 have a new one we'll be rolling out with the AMA. And I
4 think that they might be really great resource material
5 for the most important topics for health and longevity.

6 Okay.

7 MS. CLARK: Madam Chair, can I just -- Valerie
8 Clark.

9 DR. JAMESON: Valerie Clark, please.

10 MS. CLARK: I just want to second what you
11 said. Those are -- that is an excellent synopsis of the
12 most important things right now. And I would just say
13 that the cost of health insurance is most greatly
14 affected by those conditions as well.

15 So, I think, targeting those things that create
16 such high-cost medical care and affect us so greatly is
17 an excellent thought.

18 Thanks.

19 DR. JAMESON: You know, I was thinking from a
20 physician point of view. And I appreciate that
21 reflection as a broker. Because the one thing, the
22 Affordable Care Act, we were allowed to do was, if
23 they're smokers, increase the prices. As you say, these
24 are the issues that affect your insurance as well.

25 So thank you so much.

1 MS. CLARK: Thank you.

2 MR. RAMIREZ: Madam Chair, Andres Ramirez, for
3 the record.

4 So I want to keep my remarks very brief,
5 focused on the outreach portion. And I want to just
6 talk about a few of the things we've done for this
7 off-season campaign which began March 1st.

8 So included in your report, you will see that
9 since March 1, up to today, we have attended over 41
10 events throughout the state on behalf of the Silver
11 State Health Insurance Exchange. We have tried to make
12 a good mix between northern Nevada, southern Nevada, and
13 rural Nevada, and also reach a diverse segment of our
14 target audience within those events.

15 So some of the events that I highlighted on
16 there that we've attended throughout the state that
17 reach our different target market audience are: the
18 St. Patrick's Day Festival, which reached a broad reach
19 of families; the Walker River Tribal Community Health
20 Fair, focusing on the tribal community that we're
21 looking for; the Cinco de Mayo Festival, targeting
22 Hispanics; Nevada State Fair, which, again, is rural and
23 general Nevada families; and then the Juneteenth
24 celebration, which is a predominantly African-American
25 celebration that is held throughout the state.

1 So we are very excited with the types of events
2 we're focusing on. We set out from the beginning that
3 we wanted to look for more quality events and not just a
4 random segment of events. And so we're very happy with
5 the types of events that we have attended.

6 As of today, with these events, we have reached
7 over 95,000 Nevadans through these events. And we have
8 given away more than 24,000 Nevada Health Link marketing
9 materials, whether they are brochures or lip balms or
10 any of the different things that Penna Powers has
11 created and supplied for us.

12 So it's been a pretty effective run so far.
13 And we're not done yet.

14 DR. JAMESON: Thank you so much.

15 Does anyone have any comments or questions?

16 Mr. Ramirez, you guys are doing amazing work.

17 MR. RAMIREZ: Thank you.

18 DR. JAMESON: Thank you so much.

19 All right. If there are no other question or
20 comments, you guys are off the hot seat.

21 I know that we had much of the report on the
22 community health worker partnership. But I'm not going
23 to let you off the hook that easily.

24 You did create a beautiful report, and much of
25 it we did cover. But I would like to circle around

1 again and make sure, if you want to review that or point
2 out any highlights to your general comments on the
3 community health workers and give Jose or others one
4 more opportunity. Because that is a favorite of all of
5 us now.

6 MS. KORBULIC: No, there's nothing really
7 outside of the report that I need to say, I think,
8 unless you have any additional questions.

9 DR. JAMESON: Does anybody have?

10 Jose, I'll give you a moment to glance through
11 that and refresh your memory on the report.

12 And then, Valerie or anybody else, if you have
13 any questions on the report itself.

14 MS. CLARK: Valerie Clark, Madam Chair.

15 I would just say that I think this is excellent
16 work. And I am really excited that you're getting
17 these, these people involved. And if there's anything
18 any of us can do to help, we'd be more than happy to. I
19 know I sit on the advisory board for the community
20 health sciences school here at UNR as well.

21 MS. KORBULIC: Good.

22 MS. CLARK: So, thank you.

23 MR. GILBERT: Madam Chair.

24 DR. JAMESON: Thank you, Valerie.

25 MR. GILBERT: Madam Chair, Bruce Gilbert.

1 DR. JAMESON: Yes.

2 MR. GILBERT: Just for a second. I have to
3 tell you -- and thank you, Valerie, for that comment.

4 I feel really strongly that this is a great
5 thing that we're doing. The truth is, most consumer
6 outreach efforts are ephemeral. You know, they happen,
7 you do them, you walk away, and it's over.

8 That's not the case with the grant monies that
9 we're investing here. And it's very much an investment,
10 you know. We have a great geographical mix. We're
11 going to have people have where really helping Nevadans.

12 And so thank you for your comments. I
13 appreciate all the work that Heather has done on this.
14 We're doing some real good.

15 DR. JAMESON: And, Jose.

16 MR. MELENDREZ: Yeah, just quickly, Jose, for
17 the record.

18 Just it's really interesting, and then I'll try
19 the back channels at UNLV. But I would love to see the
20 curriculum in terms of what they're going to use the
21 community health workers. Because I mean that's a --
22 that's a great tool and a great asset to have.

23 But, you know, when you start talking about
24 cultural competence and knowing the community and
25 understanding the dynamics and uniqueness of each of

1 those communities, those are all critical elements. And
2 would love to see how our School of Medicine is going to
3 address those in their community health worker training.

4 And, Heather, from your part, in terms of
5 understanding, I think we do, I think the Exchange does
6 a great job of understanding the diversity of who we're
7 serving. And so just making sure that, for our part,
8 that's a strong element in this curriculum, or that when
9 these community health workers come to us, that they're
10 really strong in those areas, is the only comment I
11 would make about that. So.

12 And, again, I say that from the perspective,
13 just because somebody's Latino doesn't mean they know
14 the Latino community. So I'm just going to put that out
15 there.

16 MS. KORBULIC: And the Exchange is not actually
17 involved in the --

18 DR. JAMESON: Thank you so much, Jose.

19 MS. KORBULIC: -- selection of the community
20 health workers who are going through the training. But
21 I would be happy to try to obtain some of the training
22 materials for you to take a look at.

23 MR. MELENDREZ: I would, I would appreciate
24 that. Thank you.

25 DR. JAMESON: Yes. And then, Jose, perhaps,

1 because I think we're all kind of curious, you could
2 give us a very thumbnail sketch of the key aspects of
3 the program and then different community health worker
4 training programs doing the same thing, different,
5 different places, teaching.

6 MR. MELENDREZ: Well --

7 DR. JAMESON: Then you could, you could show us
8 some of the differences or suggest, if you feel one
9 program may be missing a critical component. Do you see
10 what I'm saying?

11 MR. MELENDREZ: No, I completely, I see what
12 you're saying. Just, you know, again, not being
13 familiar with what the School of Medicine is going to be
14 doing specifically with that, but having had
15 conversations with the -- for example, there's a
16 promotores program that works out of the Mexican
17 consulate here in southern Nevada. And they'll tell you
18 what they do as promotores, although in English it
19 translates to community health workers, it's very
20 different in terms of what a community health worker
21 might do compared to a promotora, Spanish-speaking, all
22 these.

23 So there's a lot of uniqueness pieces, moving
24 pieces that go with something like this. So, again, we
25 did this in Detroit, when I was doing my program there

1 at the University of Michigan. And so understanding how
2 they serve, the uniqueness of how that we were serving
3 the black community, how we were serving the Latino
4 community, within the Latino community understanding
5 that there was multiple facets of Latinos in that
6 community. And so just some things like that that, you
7 know, we need to be thinking about.

8 So would like to just have an opportunity to
9 look at what's going to go into the training of those
10 community health workers.

11 DR. JAMESON: Thank you so much, Jose, for your
12 interest in that. And we'll appreciate any feedback as
13 you follow that very, as Valerie and Bruce said,
14 extremely exciting project.

15 Yes.

16 MR. COOK: Yes. Dan Cook, for the record. And
17 I just --

18 DR. JAMESON: Thank you.

19 MR. COOK: I want to also congratulate the
20 Exchange for starting this program. And, also, add to
21 what Jose was mentioning, in that I know that the best
22 practice of these community health worker programs is to
23 be very strongly linked to the community itself. Of
24 course, it's always difficult to identify the right
25 person that has time to work on this, you know, in a

1 given year in a given community.

2 But I know that the DPBH has been working on
3 this for several years and that they are part of the
4 national conversation and the national training programs
5 for community health workers. And so I think that they
6 are -- well, I think that the general tone of the
7 interest is in doing -- in making sure that we do what
8 you're urging, Jose, into being linked correctly to each
9 community specifically and on the granular level, as
10 they say, that within each ethnicity there are very
11 different identities and so on. So.

12 DR. JAMESON: Thank you so much.

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

15 Is there anything you guys would like, girls
16 and guys, guys and gals, would like to see on our future
17 agenda?

18 I'm really excited about the report back after
19 the July 27 or 29th CMS meeting in Washington from Bruce
20 and Heather, very excited if we can have that on our
21 August agenda.

22 Any other specifics?

23 We'll probably be seeing the policies we
24 discussed earlier today on -- for the -- that are right
25 after our Attorney General approves them. So that'll be

1 coming up.

2 Is there anything else that anybody else would
3 like to add, new?

4 Okay. I will then ask for public comment. Is
5 there -- we'll start down here since we always start up
6 north.

7 Is there anyone down here that would like to
8 make any public comments?

9 We have a very content and quiet audience here.
10 Is there anyone in the north who would like to make
11 public comments?

12 MR. GILBERT: There is public comment in the
13 north, Madam Chair.

14 DR. JAMESON: Thank you.

15 MS. CAFFERATA: Good afternoon. My name is
16 Elisa Cafferata. I'm with Nevada Advocates for Planned
17 Parenthood Affiliates. It's been a little while since
18 I've come to see you.

19 But just one of the things that struck me
20 during the conversation about the marketing campaign,
21 which is very much on our minds, but not possibly on
22 your minds, is that with the presidential campaign and
23 the United States Senate campaign projected to be
24 spending billions of dollars in marketing, definitely in
25 October, you haven't had -- you haven't been competing

1 with a presidential cycle in a long time, you know, at
2 all.

3 So just you might want to hear some ideas about
4 how you're going to cut through that noise, especially
5 as you launch your next open enrollment. It will all
6 die down after the election. But that will sort of clog
7 up the air waves and make that time exceedingly
8 expensive.

9 So it's, like I said, something you haven't
10 seen in four years. So just, just my thoughts.

11 Thanks.

12 DR. JAMESON: Thank you so much for attending
13 today, Ms. Cafferata. And, in addition, thank you so
14 much for your comment. We would be very excited, I'm
15 sure Patty and her team would appreciate, if you have
16 any suggestions off-line, they would much appreciate it.
17 Because we are on a definite budget.

18 Thank you so much.

19 Well, does that conclude the public comments?

20 MR. GILBERT: It does, Madam Chair.

21 DR. JAMESON: And then, if that concludes the
22 public comments, Bruce, if you have nothing else, then
23 we could go ahead and call for adjournment.

24 I really want to thank everybody for your
25 terrific participation, some really good insights today

1 from our members. And I appreciate everything.

2 Bruce, you and your staff continue to do an
3 outstanding job. And I thank you so much and feel very
4 blessed to have you and this Board serving Nevada.

5 Have a wonderful day. And thank you.

6 MR. GILBERT: Thank you, Madam Chair.

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