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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
THURSDAY, OCTOBER 13, 2016, 1:30 P.M.

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DR. JAMESON: Good afternoon, everyone, and
welcome.

I would like to call to order the meeting.
And will our Executive Director, Heather, do
roll call?

MS. KORBULIC: Yes, I will.

Dr. Florence Jameson?

Here. Okay. Ms. Valerie Clark?

MS. CLARK: Present.

MS. KORBULIC: Ms. Lavonne Lewis?

MS. LEWIS: Present.

MS. KORBULIC: We can't hear their mic.

MS. LEWIS: Present.

MS. KORBULIC: Okay. Thank you.

Ms. Angie Wilson?

Mr. Jonathan Johnson?

MR. JOHNSON: Present.

MS. KORBULIC: Mr. Jose Melendrez?

MR. MELENDREZ: Present.

1 MS. KORBULIC: Mr. Dan Cook, Dr. Dan Cook?

2 MR. COOK: Present.

3 MS. KORBULIC: Betsy Aiello?

4 MS. AIELLO: Present.

5 MS. KORBULIC: Commissioner Barbara Richardson?

6 COMMISSIONER RICHARDSON: Present.

7 MS. KORBULIC: And Debi Reynolds?

8 We have a quorum, Madam Chair.

9 DR. JAMESON: Thank you so much.

10 And before we actually get started, I just
11 wanted to welcome Heather on our first public Board
12 meeting since she's become our new Executive Director,
13 and tell us how exciting it is to have her with us. As
14 most of you knew from our teleconference on the Board,
15 some of you may not, she has been with us for a while as
16 our prior CFO. She is very familiar with the
17 organization and the staff. And we just couldn't have
18 gotten more blessed to have her accept and take on this
19 role.

20 Thank you so much, Heather, for being with us
21 today and taking on the new -- the role as Executive
22 Director.

23 MS. KORBULIC: Thank you. It's absolutely my
24 pleasure.

25 DR. JAMESON: I would like to call for any

1 public comment. Let's start with the north. Do you
2 have anyone up there for public comment?

3 MS. KORBULIC: No, we do not.

4 DR. JAMESON: Down here, in Las Vegas, do we
5 have anybody for public comment?

6 Nobody's excited to get up in front of the mic
7 today.

8 Having no public comment, let's go on to our
9 first order of business, which is the approval of the
10 minutes of September 20th, 2016 Board meeting. Do I
11 hear a motion?

12 MS. CLARK: Valerie Clark. I make a motion to
13 approve.

14 DR. JAMESON: And a second?

15 MR. MELENDREZ: Second.

16 DR. JAMESON: Thank you, Jose.

17 All those in favor, please say "aye."

18 (Board members said "aye.")

19 DR. JAMESON: Anyone opposed?

20 The minutes are carried unanimously.

21 And for our very first report from our
22 Executive Director, Heather, thank you for carrying on
23 the tradition of a written as well as a spoken report.
24 Much appreciate it. Thank you, Heather.

25 MS. KORBULIC: Thank you.

1 Well, I think, you're all going to hear a
2 little bit more about this later in the Board meeting,
3 but we have had a very busy and fruitful off-season. We
4 were able to leverage existing grant funds and develop
5 what I would call a successful off-season marketing and
6 outreach campaign. The theme of that campaign was "get
7 to know the benefits of health insurance."

8 And Penna Powers will be presenting a little
9 bit more about this, but they've been, we've been
10 successful in developing connections with existing
11 consumers and, also, allowing us to make impressions and
12 to collect data on our underinsured and uninsured
13 populations through this off-season campaign.

14 As many of you know, we also had the
15 opportunity to partner with UNLV School of Medicine and
16 the Nevada Division of Public and Behavioral Health to
17 integrate the certified application counselor training
18 into their community health worker training and
19 curriculum. Between those two organizations, there will
20 be 16 newly trained community health workers who will
21 also be certified application counselors, who are going
22 to be out and assisting with enrollment just in time for
23 our November 1st open enrollment kickoff.

24 We feel like the Exchange is well-positioned as
25 we head into our fourth open enrollment. We've been

1 able to build on the successes of our previous, or our
2 off-season campaign and our previous open enrollments.
3 And it's, the message of our new open enrollment, the
4 open enrollment number four, is "It's time to get
5 connected." And Penna Powers is going to offer us more
6 details on that in upcoming agenda items.

7 The Exchange has also seen a decline in the
8 last several weeks in the number of brokers and agents
9 who will be enrolling consumers in on-Exchange qualified
10 health plans for plan year 2017. This is something else
11 we'll be discussing later in the agenda. But this
12 decline is a result of the carriers, insurers reducing
13 their commissions to brokers and agents for both on-
14 and off-Exchange plans.

15 In order for the Exchange to ensure that we
16 have adequate resources for consumers that wish to have
17 assistance with their enrollment and their applications,
18 we will be using our navigators and in-person assisters,
19 along with certified application counselors statewide,
20 to assist and augment the broker enrollment force.

21 We are working to provide additional training
22 and support to those organizations, navigators, IPAs and
23 CACs, to ensure that they're fully prepared to enroll
24 consumers.

25 And our marketing and outreach message is going

1 to remain the same, which is going to drive and
2 encourage consumers to go to our website and get
3 information about in-person, or excuse me, qualified
4 in-person assisters, who will be able to enroll them.
5 That information on our website is active right now, and
6 we work daily to make sure that it is accurate.

7 The Exchange also values our partners with the
8 brokers and the agents and fully recognize the difficult
9 decisions that they are making, and we are definitely
10 working collaboratively with all of the brokers and
11 agents who have reached out to the Exchange, along with
12 their associations.

13 And we've developed messaging for brokers who
14 have decided to not sell on-Exchange this year and have
15 asked that they direct consumers to our website, to the
16 in-person assister tool, in order to find accurate
17 enrollment assistance.

18 Finally, I've shared with you all, and the
19 public, information that's now on regulation.gov, I
20 believe it is, what it's called. The Exchange has
21 submitted comments in response to the Centers for
22 Medicare, or CMS's annual proposed Notice of Benefit
23 Parameters, the NBPT. And I thought I would summarize
24 some of that for you all here.

25 This is the document and the rule that sets the

1 fees for federally facilitated marketplaces and those
2 that are state-based marketplaces that utilize the
3 federal eligibility enrollment platform. Which all of
4 us know that Nevada is an SBM-FP; we utilize the federal
5 eligibility enrollment infrastructure.

6 The Exchange has commented that we noted with
7 interest that the proposed rule indicates that there's a
8 3.5 percent, excuse me, that the current collected 3.5
9 percent fee for federally facilitated Exchanges is not
10 sufficient to offset the full costs of states that
11 utilize all of the services provided by the Federal
12 Exchange.

13 We believe that this distortion of the fee is
14 unfair to a state-based marketplace which utilizes the
15 federal application and enrollment platform and the call
16 center.

17 And we believe that by artificially depressing
18 the FFE fee, which requires state-based, excuse me,
19 while requiring state-based marketplaces to pay the full
20 cost of accessing its technology and call center, does
21 not equally and fairly apply a single standard to
22 operational cost recovery.

23 We believe that this disparity inappropriately
24 benefits issuers and consumers in states that are
25 serviced by the FFE and penalizes issuers and consumers

1 in state-based marketplaces, or SBM-FP, jurisdiction.

2 We also commented in this rule allowing --
3 there was a request for comments relating to allowing
4 SBM-FP states to pay 1.5 percent of premiums to access
5 healthcare.gov technology for plan year 2018, rather
6 than the 3 percent fee which was established in 2017.

7 Given this late timing of the finalized 2018
8 fee, the Exchange has not been given adequate and
9 necessary time to adjust fees and operational budgets to
10 reflect the costs of accessing the federal eligibility
11 and enrollment system. We are asking for a one-year
12 extension of 1.5 percent and believe that this would
13 remedy an issue, or this issue with our budget, and
14 allow the Exchange to budget and plan accordingly.

15 The Exchange continues to believe that SBM-FP
16 should be assessed a significantly lower fee than that
17 has been charged, or than that charged by CMS to an FFE
18 state, because SBM-FPs provide a high level of value and
19 reduce CMS costs and workload in very core program
20 areas.

21 Nevada's state-based marketplace provides a
22 level of service to our citizens that CMS,
23 understandably, would not be able to offer. The
24 Exchange is fully prepared to fairly compensate CMS for
25 the true market value of the services that they provide,

1 while assuring that we're able to properly perform all
2 of our baseline obligations.

3 In order to retain sufficient revenues to
4 permit us to meet our statutory duties of a state-based
5 marketplace, which include plan management;
6 coordination, coordination with state insurance
7 departments; funding and overseeing the navigator and
8 in-person assister programs; developing and implementing
9 outreach, education, marketing activities; financial
10 management and oversight; annual financial and
11 performance audits; revenue collection and
12 reconciliation; and general administration and
13 management of the marketplace, we believe that
14 establishing an ongoing 1.5 percent fee is a more
15 equitable assessment.

16 I also wanted to add here that I've had several
17 conversations over the past several weeks with CMS, and
18 I am hopeful that the 1.5 percent will be extended for
19 2018. And I anticipate that that will be reflected when
20 the rule is finalized. The CMS is unwilling to give me
21 a timeline of when they believe the rule will be
22 finalized, but we all are in agreement that it would
23 make sense for the rule to be finalized prior to the
24 next administration taking office, which would be in
25 January. So hoping that we'll have some indication on

1 that, potentially, in December or before January.

2 We're also continuing to explore the long-term
3 sustainability of remaining an SBM-FP while also
4 exploring and looking into private and proven
5 technology.

6 And that is, I'll say what Bruce said, the sum
7 and substance of my report.

8 DR. JAMESON: You listened well and were taught
9 well. Bruce was just an outstanding Executive Director.

10 I would like to thank you for that report,
11 extremely thorough, very comprehensive.

12 For questions and comments, and I would like to
13 just impress the fact that those are discussions that
14 may center around changes for reimbursement of brokers
15 that we'll actually be addressing a little bit later in
16 Exchange Enrollment Partnerships on our agenda.

17 So all the -- or on this report, of fair play
18 at this point, I think that when we get to the part, and
19 we are going to have our Insurance Commissioner, Barbara
20 Richardson, speak to us on some of the changes, the
21 changes that have occurred with reimbursement by our
22 insurance carriers to our brokers, that that -- let's
23 save most of those questions for that portion.

24 And having said that, is there any other
25 questions or comments on Heather's report by any of our

1 members?

2 MS. CLARK: Madam Chair, Valerie Clark.

3 Oh, is she -- oh.

4 MS. KORBULIC: It looks like somebody is --

5 MR. BELCOURT: Yeah.

6 MS. CLARK: I just have a question, because we
7 have reviewed a lot of private technology in
8 anticipation of, hopefully, being able to have the
9 Exchange go back to state-based private and proven
10 technology.

11 I'm hoping that we can still very actively
12 pursue that. I felt so relieved at the information that
13 we would be able to glean and the way we'd be able to
14 operate, whether it was a broker or any individual that
15 was helping someone on the Exchange, that the private
16 technology that we looked at was so -- just looked so
17 incredible. And from what I understand, the pricing was
18 comparable to what we were paying or potentially would
19 be paying with the feds.

20 I hope we're actively still pursuing that and
21 have plans to go that route. I just see so much more
22 positives for the entire state as a whole if we could
23 get to that end point, and wonder just where we are with
24 that.

25 DR. JAMESON: Valerie, thank you so much for

1 bringing that up, because all of your points are right
2 on, indeed.

3 The programs that we reviewed, such as the one
4 used by Idaho, are such superior platforms to the
5 federal platform that we're currently using, much more
6 robust services.

7 And, in addition, as we love to say in
8 medicine, when we talk about quality of medical care
9 being provided, cost-effective, quality, with regard to
10 the technology, also, besides being excellent program,
11 the cost would not be not only comparable, as you
12 mentioned, but far better a cost than what we would be
13 expected to pay on the federal hub; it would be so much
14 more, because, as we not uncommonly see in private
15 enterprise, capitalism and competition. We would be
16 getting a far better product at a much lower price.

17 So all your points are extremely well-taken.
18 And I want you to know, as I'm going to allow Heather to
19 share with you in a moment any other comments on this,
20 that, as -- as you saw, many states started off with
21 other companies, other than Xerox, as we did,
22 approximately 13, and I could be corrected on the exact
23 number, and did very -- did very well.

24 And so it is possible to exist off the federal
25 hub. And it is absolutely our vision that we will go

1 ahead and get off the federal hub and turn back to a
2 private program that is a tried and true, proven and far
3 superior program at a better cost.

4 Right now, there are several issues that have
5 to be vetted out, which our Executive Director can share
6 with you. One big one is the CMS does have to give us
7 permission to leave the hub. And that's being
8 negotiated.

9 In addition, our own, our own state officials,
10 such as the Governor, who went through quite a bit of
11 hard times defending embracing this entire program. As
12 you know, (indistinct).

13 MS. KORBULIC: Your mic went off. Just a
14 second, Dr. Jameson.

15 DR. JAMESON: Testing.

16 MS. KORBULIC: Yes, better.

17 DR. JAMESON: So, as you recall, it was a very
18 agonizing experience for everyone, particularly the
19 residents of Nevada, who wanted to use the Exchange,
20 when we were on the Xerox program, was extremely
21 difficult for the clients. And the brokers were
22 literally stonewalled. And it was such an unbelievably
23 difficult time, and for the Board, who was trying to
24 establish a good working Exchange, and for the Governor,
25 who put himself out there to embrace the Affordable Care

1 Act, both the expansion of Medicaid and our state
2 Exchange.

3 So we are going to need to show that we have a
4 product that is proven. And we're going to need to do
5 some more work before we probably move ahead on that.

6 And I'm going to go ahead with that and tell
7 you we have absolutely not let sight of that vision.
8 And we think it will be the optimal way, as we have
9 shown. Because in the past, what we have shown is that,
10 compared to most states, because even though we went
11 back to the federal hub, we maintained local consumer
12 outreach and education, which enabled us to get better
13 results than virtually any other states in getting
14 people signed up for our qualified health plans.

15 And so we want to be -- offer the best possible
16 programs. And so we are looking at that, because we
17 think it's the only way, Valerie. So thanks for
18 bringing it up.

19 Heather, did you want to add anything else?

20 MS. KORBULIC: I would just concur that there
21 are, or agree that there are definitely conversations
22 happening in every way, shape and form to position us to
23 a place where we will be able to transition to a private
24 platform. There are all sorts of policies and
25 challenges that need to be worked through with our

1 collaboration with CMS so that, ultimately, they will
2 approve of a transition. But that is certainly
3 something that we are spending a lot of time focusing
4 on.

5 MS. CLARK: Thank you so much for those, those
6 comments. I would just be curious, is there some sort
7 of a deadline or a timeline that we're working on that
8 gives us an idea of how long this process will take?

9 DR. JAMESON: I'm going to defer that question,
10 again, to Heather, because she's working on the
11 timeline.

12 MS. KORBULIC: Thank you, Madam Chair.

13 We are hoping that we will get our 1.5 percent
14 for an additional year, for plan year '18, and that we
15 could start sending, or start the process of engaging a
16 new vendor, potentially sometime in January or February
17 of this year, so that we could be fully transitioned by
18 plan year 2019.

19 MS. CLARK: Thank you very much.

20 DR. JAMESON: Some of the really, as you
21 recall, Valerie, excellent programs that we looked at,
22 they felt very confident that they could get up and
23 running with about a six-month timeframe.

24 Okay. So my general comment is I just, first
25 off, looking at and listening to the report, wanted to,

1 once again, say, over the last two years and, last year,
2 that it was 104 percent of our prior year's enrollment,
3 30 percent higher than our enrollment in force.

4 And I just wanted to say, bravo and kudos to
5 our incredible Silver State Exchange for their
6 outstanding work with the partners and Penna Powers and
7 the Ramirez Group and our -- and the navigators and our
8 brokers that really, last year, were such a major part
9 of the enrollment.

10 So I just want to say, great job, everybody.
11 And although I know we're going to be going into this
12 new year with some real paradigm changes, major changes,
13 these, again, will be something that we'll discuss as it
14 comes up in other parts of our agenda.

15 So I just wanted to say that I couldn't be more
16 grateful for the successful two years we have, and that
17 even though there are some sort of unexpected and
18 daunting challenges in front of us, I still remain
19 confident, as Heather, and extremely optimistic that the
20 Exchange will not be going away and that we are going to
21 become and maintain, being a very valuable and integral
22 part of our health care system for those vulnerable
23 citizens in our community.

24 Marketplace update.

25 MS. DAVIS: Thank you, Madam Chair. Janel

1 Davis, Communications Officer, for the record. And
2 pardon my allergies, but just bear with me.

3 As Heather stated, our off-season marketing
4 campaign took place from March 2016 to October 2016.
5 And we will segue to our fourth open enrollment to kick
6 off at the end of this month.

7 The campaign's theme was "Get to know the
8 benefits of health insurance." Our objectives were to
9 institutionalize the Exchange, identify and target the
10 uninsured populations throughout Nevada, and use social
11 media, digital advertising and outdoor advertising to
12 educate our target audience about the need for health
13 insurance.

14 We maintained awareness through an outdoor
15 advertising campaign as well as a strong digital
16 advertising presence.

17 We created an email capture campaign where
18 1,632 consumers opted in to receive health insurance
19 information and health tips related to our blog, which
20 is now on our website. We will be sending emails to
21 this list of consumers referencing upcoming important
22 dates and deadlines related to open enrollment.

23 Nevada Health Link also expanded their outreach
24 presence by attending more events than in years past.
25 We researched multiple events with our target

1 demographics, which consists of, but is not limited to,
2 the tribes, rural Nevada, the Hispanic/Latino
3 population, young millennials, the 50-plus community,
4 the self-employed, and other ethnicities. We have
5 attended 89 events through September of this year.

6 New outreach and educational materials, such as
7 literature, have been printed to engage our audiences
8 and provide a clear understanding of how to enroll in a
9 health insurance plan and how to receive in-person
10 assistance, with an emphasis on why it is important to
11 be covered.

12 The off-season campaign has been a success for
13 the Exchange and has helped us to realize the portion of
14 having a year-round presence with the public and our
15 potential consumers.

16 For open enrollment four, as you know, it
17 begins November 1st and goes through January 31st of
18 2017. This will be our fourth open enrollment and our
19 third enrollment using the federal platform
20 healthcare.gov for eligibility and enrollment purposes.

21 Our theme for this open enrollment is "It's
22 time to get connected." We will continue to focus on
23 the millennial population, families and individuals, the
24 50-plus, self-employed, rural and tribal areas, and
25 Hispanic and Latino populations, as well as other

1 ethnicities.

2 Our media campaign will include content
3 marketing, which is comprised of all forms of social
4 media, with new additions of snapchat, buzzfeed, and
5 online video advertising. We will also have a
6 traditional and robust advertising presence, including
7 television, radio, PR, website updates, and ongoing
8 email communications that will kick off the week of
9 October 24th and run through open enrollment. TV
10 advertising will be, of course, after the election.

11 Patty Halabuk from Penna Powers will review the
12 creative concepts that we have developed for our open
13 enrollment marketing campaign with you.

14 Nevada Health Link, in conjunction with our
15 vendors and contractors, will continue to be present at
16 community events statewide. We will also be hosting our
17 kickoff event, which is Tuesday, November 1st, from
18 3:00 p.m. to 8:00 p.m., and that will be in Reno at the
19 Peppermill and in Las Vegas at the Cashman Center. More
20 information about these events can be found on our
21 webpage and have been sent to our navigators and broker
22 community.

23 The Exchange has been actively working on
24 stakeholder initiatives. It is important to leverage
25 our relationships within the health care community and

1 provide resources to see how we can collaborate and
2 synthesize our mutual efforts to reach our target
3 populations. We have developed an email blast, a Power
4 Point presentation, and a fact sheet for our
5 stakeholders to use as they see fit.

6 The Exchange and our partners have been working
7 diligently in an effort to make this our best open
8 enrollment yet.

9 I'd like to turn it over to Patty Halabuk, who
10 will present our creative concepts for this marketing
11 campaign.

12 DR. JAMESON: Thank you.

13 MS. HALABUK: Good afternoon, everybody. I'll
14 take it over from Janel.

15 That was quite comprehensive. Thank you. You
16 did a lot of the work for me.

17 So everybody should have the marketing update
18 deck in front of them. And then I will just kind of
19 piggyback on what Janel has said and walk through some
20 of the additional highlights for you.

21 You summed up the off-season quite well, Janel.

22 Just reminding everybody that our outreach team
23 with Ramirez Group was very busy during the off-season,
24 attending 89 events, and that was the core component of
25 our off-season. We were thrilled. In addition to the

1 events, we were really able to zero in on some of our
2 specific target areas. You can see some of the numbers
3 here. So it was quite an additional volume this year
4 versus last year.

5 On page three, you can see, a little bit fuzzy,
6 but some of the actual billboards that were up around
7 town, as Janel mentioned, in the campaign. And we were
8 able to garner almost 99 million impressions. And that
9 is the number of times the campaign has been viewed. So
10 that's statewide.

11 So we're pretty enthusiastic about that. And
12 as Janel said, that just creates awareness in the
13 off-season as well, which is an important component of
14 what we're trying to achieve here.

15 Social media and content marketing, as Janel
16 said, had played quite a large role in last open
17 enrollment. So we continued that on through this
18 off-season, and we'll continue into next open enrollment
19 as well.

20 One of the things that we really like about
21 social media and content marketing is the ability to
22 target specific areas statewide. And in doing so, the
23 cost per click becomes very, very economical for us. So
24 it's a great way to reach our target audiences.

25 I'm just going to, I'm skipping to page seven,

1 just a mention of PR in the off-season. PR was pretty
2 quiet. So you can just kind of see here some of the
3 various things that we promoted in the off-season.

4 We were able to, last open enrollment, garner
5 quite a bit of media PR valuation. And so we're gearing
6 up to be able to do that this year as well. And we'll
7 get to that.

8 One of the things I wanted to touch on, on page
9 eight, was our stakeholder initiative. This year, what
10 we did in the off-season, in addition to the marketing
11 campaign, we really collaborated with all of our
12 resources, Ramirez Group, the Exchange, Penna Powers,
13 and some of our other PR resources, to create a database
14 and identify relevant statewide entities who have agreed
15 to advocate and educate to their groups on behalf of
16 Nevada Health Link.

17 So you can see here the list of stakeholders
18 that are confirmed. We are continuing to grow this
19 effort as we move forward. So this has been a great
20 opportunity to establish another avenue for marketing
21 outreach for us.

22 We also have engaged in a couple of marketing
23 partnerships, sponsorships. We've talked about Artown.
24 In addition to that, we have engaged with UNR and UNLV
25 in a sports capacity, in terms of football and

1 basketball at UNLV. What this allows in these
2 sponsorships is multiple branding opportunities to their
3 very large and diverse audiences that range in age from,
4 basically, 18 to 65, which is huge for us.

5 These partnerships also include outreach
6 tabling at each of their games, radio interviews, UNR
7 game sponsorships sponsored by the Nevada Health Link,
8 social media coverage and, also, a sponsorship of a UNR
9 game contest online where the winner gets to attend the
10 UNR-UNLV game here in Las Vegas on the 26th.

11 So in addition to great exposure, it's great
12 outreach opportunity to a diverse audience as well. So
13 we're excited about that.

14 Moving on to open enrollment, we have here on
15 page 10 some representative creative and our messaging.
16 As mentioned, the message is going to be "It's time to
17 get connected." This segues from our off-season
18 campaign. So we are targeting on our millennial
19 audience, our 50-plus audience, and our families. And
20 we have created creative in multiple ethnicities.

21 So this is just some representative here. But
22 we have other kind of groups of creative as well. So I
23 just wanted to give you a feel for what you'll be seeing
24 in the upcoming few weeks as we transition into open
25 enrollment.

1 Page 11 is a more comprehensive overview of
2 what Janel mentioned. This is the advertising
3 component-wise what we'll be using for the marketing
4 campaign. As Janel mentioned, TV will start after the
5 election. We will be using radio, print, outdoor, as
6 well as direct mail.

7 One of the things I wanted to mention with TV
8 and radio was what we will be using that on a much
9 broader scale this year, and in doing so, that will
10 allow us to ensure a significant reach into the rural
11 areas around the state as well.

12 I should mention as well that print is going to
13 be targeted to specific ethnicities. In addition to the
14 general market, we'll be focusing on the Hispanic
15 market, the Asian market, and the African-American
16 market, with specific publications for print as well.

17 On page 12, Janel mentioned our content
18 marketing. We'll be using content marketing and social
19 media again this year.

20 Also, I failed to mention, you can see the
21 market allocation is 75 percent in the south and about
22 25 percent in the north. That will be for overall for
23 the advertising campaign.

24 (Inaudible.)

25 MS. HALABUK: Yes, sir.

1 On page 13, you can just see a grid here of our
2 TV placement, our specific stations we're partnering
3 with, both in the north and the south, the dates when
4 the advertising component will initiate, and the weeks
5 that they'll be running throughout the campaign.

6 And, again, on page 14, outreach continues to
7 play a huge component for this campaign. We have 63
8 events currently planned from October through the end of
9 January, focusing in wherever we can on specific
10 targeted events. And that event, that event list is
11 ever-changing. It's fluid. We're all researching and
12 mining for new and better events to add to this list.
13 So you may see this grow.

14 So outreach is a huge component. We're making
15 great strides there, and we will continue to do so
16 throughout enrollment.

17 On page 15, you can see the comprehensive PR
18 relations plan. Again, lots of value add, lots of
19 opportunities to create, for both Janel and Heather to
20 be on the morning shows and lifestyle shows and get some
21 air time to be able to talk about the Exchange.

22 And, lastly, as Janel mentioned, there's also
23 been a lot of updates and additional components added to
24 the website during the off-season. And we've added more
25 articles to our, quote, unquote, blog page. This is a

1 page of helpful articles, health tips, and other
2 knowledge that people can go to yearwise to get help and
3 just get in the know.

4 We've improved the search parameters, improved
5 the language assistance display in the search area
6 adjustment tool. So all those components are now in
7 play, and we're ready to go for open enrollment. We
8 will also update the creative on the website to match
9 the new creative for the advertising campaign so it's a
10 smooth transition when people see advertising and go
11 onto NevadaHealthLink.com.

12 Thank you.

13 DR. JAMESON: Thank you for that very
14 comprehensive review.

15 Do we have any questions for our marketing
16 team, or comments?

17 Jose.

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

19 So, I like, I like where the focus is going,
20 given my concern, and I shared this with Heather when we
21 spoke with this, my concern being that, you know, given
22 the population count in the south, knowing where the
23 demographics tell us where the people are, making sure
24 that we're putting the outreach efforts into the areas
25 where we know those populations are.

1 And I know, when we did the Alisa program with
2 the Southern Nevada Health District, and they showed us
3 the mapping activity of where things were missing,
4 things weren't happening, and that the Exchange could be
5 a real -- the Exchange could have a real impact in that
6 sense of making sure where the resources are, that we're
7 putting them in those right places to address where the
8 demographics are, so that we're equitably reaching out
9 to those places and making sure that we're getting as
10 many as possible to get them enrolled.

11 And, yes, we've knocked down some of the
12 numbers in terms of with the Latino population, with
13 other communities of color, but that we know there's
14 still a lot of work that needs to be done in those areas
15 to enroll them and get them into the insurance process
16 and that they have access to the Exchange.

17 So I definitely, in my role, I'm going to be
18 looking at that and wanting to focus on that. So, you
19 know, as the staff, Heather, as your staff and the team
20 really thinks about where we need to be putting these
21 resources, that we're really looking at those areas and
22 making sure.

23 And I know, I'd like to; Andres, would you come
24 up and maybe comment a little bit about some of those
25 areas where some of these things can be -- in your

1 thoughts, that some of the Hispanic outreach and some of
2 the other outreach, are we in the right places? Are
3 there more things that we could be doing, should be
4 doing? Sorry to put you on the spot like that, but.

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

6 Madam Chair, Chairman Melendrez, you can see
7 from Janel's summary, and from Patty's report as well,
8 that the overall outreach has definitely increased. We
9 have more than doubled the number of events that we've
10 done since this point, compared to the years past.

11 So the level of activity has definitely
12 increased substantially. Part of that has been from
13 Janel's leadership to demand and make sure that we're
14 attending more events, and from the collaboration with
15 Penna Powers to ensure that there's a system in place
16 that we're getting to these. And we have navigators who
17 are attending events as well. So that certainly helps
18 make sure that we're reaching more populations.

19 From a strategic process, you know, yeah, there
20 are still a lot that needs to be done. The Hispanic
21 community is still one of the largest percentage of
22 uninsured populations in Nevada. So even though we've
23 reduced that uninsured significantly over the past three
24 years, they are still the largest component of uninsured
25 in Nevada.

1 So there are some additional things that we can
2 look at to reach, try and find a way to communicate with
3 the Latino community more effectively to help reach
4 that. You know, we have some additional events proposed
5 that can help with that. I'm not sure that there are
6 enough events yet currently targeting Latino
7 communities. But that is, as Patty said, an ongoing
8 process and a fluid process for us to continue to
9 reevaluate and research what makes sense for us to
10 attend.

11 DR. JAMESON: Thank you. Thank you so much.
12 What I would add to that is, of course, Jose, I think
13 that your work you're doing with the community health
14 workers is right on the point to this issue, because
15 our -- the whole concept and in communities throughout
16 America is that they will now make -- hello? Hello?
17 Hello?

18 MS. KORBULIC: We can barely hear you. Just a
19 second. It looks like we're -- oh. Yeah. Good idea.

20 DR. JAMESON: As we discussed in the past,
21 we've been fortunate, with the programs and events we've
22 had, as the saying goes, to shake sort of the low-lying
23 fruit. But we know that in order to dig deeper, we've
24 got to go deeper. And as Jose is aware of more than
25 anyone, with the community health workers, they're kind

1 of our new, a new secret ammunition here, that we're
2 going to dig deep and get really into the communities
3 deeper that really need it, and these community health
4 workers will, hopefully, find some of those people that
5 need this that we haven't been able to reach.

6 So, Jose, I applaud you and your work that
7 you're doing in the community health program, because
8 this is going to take us deeper to reach these people
9 that, so far, some of our programs, events, and
10 community outreach education have not.

11 But I have to just applaud everyone, because I
12 just think we are doing an amazing job, with some of the
13 best statistics in America.

14 Was there any other questions?

15 MS. LEWIS: Yes. Lavonne Lewis, for the
16 record. I have one question. On page 14, you identify
17 events, and you have one tribal event, three Hispanic
18 events, three ethnic events. What's an ethnic event?

19 MS. HALABUK: Events that primarily focus on
20 other ethnicities. For example -- excuse me. I
21 apologize. For example, CultureFest, which is a more
22 African America-related event. We have an Asian event
23 as well. There's Filipino events. Just other
24 ethnicities in general. We're kind of lumping those
25 into the category of one ethnic ethnicity, if you will.

1 MS. LEWIS: Well, I would like to reiterate
2 what Jose has already said, about enrolling
3 African-Americans. I think, we have a fairly low
4 enrollment of African-Americans, many of whom qualify
5 for the health plans that we offer, and because many of
6 them are part-time workers who really don't have
7 covering anyplace else.

8 So I would suggest that we look to do -- to
9 increase our marketing into those areas. And I can just
10 recommend a whole bunch of people for you with the
11 Salvation Army.

12 DR. JAMESON: We would really welcome those
13 recommendations of individuals and entities,
14 organizations where future events could be held to reach
15 out to that population, Lavonne, so you, too, get
16 connected.

17 MR. MELENDREZ: And just real quick -- Jose --
18 I just also want to thank Heather, because I know she
19 reached out to me. And she's going to be down here
20 early November. And she's asked me to help set up some
21 meetings with folks and community folks about this. And
22 so we're going to be having -- I'm going to fill, I'm
23 going to try to fill her calendar on that, on that
24 morning and get some folks in front of her that can
25 share their stories and, also, give us some advice and

1 input into areas that we -- maybe we haven't thought
2 about.

3 And so, again, I want to thank Heather for
4 making that possible. When she's down here, we're going
5 to meet with a whole series of folks.

6 And so anybody here who needs to be there, I
7 think, Heather, it would be all right for them to join
8 us, correct?

9 MS. KORBULIC: Yeah, absolutely, the more the
10 merrier.

11 MR. RAMIREZ: Madam Chair, the last comment I
12 would like to make, just -- Andres Ramirez, for the
13 record.

14 Ms. Lewis, Commissioner Lewis, as you
15 mentioned, we work for you. So if there's a specific
16 event you feel we need to be at, that you just haven't
17 seen we're at, please just let us know. Send it to
18 Patty. Send it to Janel. We'll make sure it gets
19 booked.

20 We're doing our best to find events, look for
21 events, reach out to partners, see what they recommend.
22 But, obviously, you have expertise in your community as
23 well. So does Commissioner Melendrez. So if there's a
24 specific event you feel we need to be at, just, you
25 know, send Heather or Janel an email, and, you know,

1 we'll make sure we get there.

2 MS. LEWIS: Okay.

3 DR. JAMESON: Thank you. And thank you for the
4 excellent report representing outstanding work that you
5 are doing, and the desire to do more. Thank you.

6 I would like to go on to item number VI, the
7 Exchange enrollment partnership. For this part, I would
8 like to start the discussion, have Heather start our
9 discussion.

10 Heather, could you go ahead and start that?
11 Then, I imagine, we'll be hearing here from Barbara
12 Richardson. Thank you.

13 MS. KORBULIC: Yes. So, thank you. And just
14 to reiterate some of the parts of my Executive Director
15 report, the Exchange, we have seen a significant decline
16 in the number of brokers and agents who are interested
17 in selling on-Exchange policy for plan year '17. And we
18 know that that is a result of insurance, our insurance
19 carriers reducing the commissions that they'll be paying
20 both for on- and off-Exchange products.

21 We, in plan year 2016, last open enrollment,
22 saw close to 500 brokers who were engaged in selling
23 on-Exchange. And this year, we are showing a little
24 under 100.

25 So we are constantly reaching out to our broker

1 and agent communities to affirm and try to determine who
2 will be actually engaged in selling on-Exchange product,
3 and have had to open up the resouces for consumers to
4 make sure that we engage our navigators and our
5 in-person assisters, along with those CACs across the
6 state, to make sure that there are enough resources for
7 enrollment.

8 We are working collaboratively with our broker
9 and producer community, along with the associations, and
10 working with the Division of Insurance, and would really
11 like to just hand over the microphone to Commissioner
12 Richardson and to the Board for any other questions.

13 COMMISSIONER RICHARDSON: Thank you. I
14 appreciate. Can everybody hear me?

15 Okay. So I just wanted to make a couple of
16 comments. And then, mostly, I want to open it up to
17 questions.

18 In the first instance, I want to let folks know
19 that the Division itself is working on market stability.
20 And that's really what our focus is, trying to make sure
21 that there's enough products, make sure there's enough
22 carriers, make sure that the actual products that are
23 being offered are compliant and, also, diverse enough
24 that people have choices in the marketplace. That is,
25 that is one of the things that we really focused on.

1 We did see pushback from the carriers at one
2 point when they changed their commissions rates. And
3 that's just one of the things that they've been thinking
4 about doing. And that's based on trying to get their
5 expenses down. Really this is what's driving what's
6 going on. And because there's a pushback from the
7 department trying to keep the carriers from raising
8 their rates so high that the consumers are harmed.

9 So that's, you know, there's that push and pull
10 that goes on all the time. We are continuing to work
11 with the carriers. They are giving us a call when they
12 think about making different changes, and we talk back
13 and forth to them about whether or not we think that
14 what might affect how that might be steering or not
15 steering folks in the marketplace. Because that's one
16 of our concerns. We don't want to see a lot of shift.
17 We're looking for a stable market here in Nevada.

18 The other thing that we're doing to support
19 what the Exchange is doing itself is we are targeting
20 our public resources, our education resources, towards
21 trying to educate those consumers who are autoenrolling.
22 Because there's a huge bulk of consumers who are
23 actually automatically going to be put into the same
24 position that they were in the past. And what we're
25 trying to do is encourage them to go and shop. Because

1 that might not be the best program for them. That might
2 not be the most cost-effective program for them.

3 So we're really trying to spend our time
4 focusing on that. And I think that works hand in hand
5 with what the Exchange is trying to do.

6 One of the things that we have done, also, is
7 we'll be altering our website to show not only those
8 products that are being actively marketed but, also, are
9 available. So it lets the consumers look at what they
10 have now and what they could have.

11 And it's just one more avenue of trying to
12 engage that consumer base in understanding what they're
13 trying to, what they are trying to do for their
14 families. Because that's what this is really all about,
15 is getting them the product they need for themselves and
16 their family that best fits their needs.

17 But really I wanted to make sure I was here in
18 case you guys had any specific questions about what's
19 going on.

20 I think, Heather and the Chair, basically,
21 already addressed the fact that we are seeing a decrease
22 in the brokers across the board from all the carriers.

23 So I open it up for any questions if anybody
24 has any.

25 DR. JAMESON: Were there any questions from our

1 members for the Insurance Commissioner regarding perhaps
2 the -- if any of you still don't understand what factors
3 were contributing to the attrition of the brokers, which
4 we worked so hard to build over the last couple of
5 years, did anyone?

6 Valerie, please.

7 MS. CLARK: Well, I just -- Valerie Clark, for
8 the record. I just wanted to thank the Commissioner for
9 all of her help. I know our associations have reached
10 out for clarification and answers.

11 And I don't really have any questions with it.
12 I just, you know, just wanted to publicly state that the
13 broker community is, you know, very, we're very loyal to
14 our clients and the consumers that are out there.

15 And this came rather suddenly. It hit us quite
16 quickly right before open enrollment. And so those of
17 us who do primarily individual products to support, you
18 know, as a career, as a profession -- I don't
19 necessarily do that much individual, but I know there's
20 a lot of brokers out there that do -- this really throws
21 them for a loop, because it's, basically, how they feed
22 their families.

23 And it was a very, very drastic cut. And there
24 are those carriers that have come out and agreed, very
25 recently, to continue to pay, you know, commissions,

1 better than some of the other carriers that are on the
2 market right now.

3 But we're just, as a whole, as an industry,
4 we're really grappling with how to stay loyal to our
5 clients, how to help our clients and still be able to
6 survive.

7 So I mean I just wanted to make that statement
8 so that people know that we're doing our very, very best
9 to help in this very tumultuous time. And I just wanted
10 to thank the Commissioner for her assistance, and, also,
11 Heather. It's been a crazy time for all of us. So.

12 Thank you.

13 DR. JAMESON: Thank you so much, Valerie, for
14 appreciating that. And I would like to say thank you
15 and your other agents, brokers, who are staying in there
16 to service the client. That's what it's all about.

17 And, hopefully -- I know there were cuts. I
18 understand they may be dramatic. Hopefully, by the end
19 of the year, when we do see whatever -- the calculations
20 are complicated -- what your reimbursements end up being
21 monthly. Hopefully, they may not be as bad as we
22 suspect, we hope.

23 And, I think, one of the main reasons that, of
24 course, we had our Insurance Commissioner here today was
25 to share that exactly that there still will be some

1 reimbursement for the brokers, certainly not what they
2 had expected in the past. I think, there were some
3 rumors that there would be no more reimbursements.

4 And if the Insurance Commissioner, Barbara
5 Richardson, you would want to kind of clarify. I know
6 it's a complicated formula. But maybe in a simplistic
7 way share what they had and what they'll be going to,
8 just for FYI, the people on the Board and the general
9 public.

10 COMMISSIONER RICHARDSON: And, honestly, I wish
11 I could. But the carriers haven't settled yet. We're
12 still negotiating with them to make sure that
13 everybody's trying to reach their mark.

14 So I apologize. I don't have an answer right
15 knew.

16 DR. JAMESON: Well, very good. You know what,
17 that brings us -- I think, there are no more comments.
18 Oh. One more comment.

19 MR. MELENDREZ: So, I guess, just for us to be
20 thinking about it, obviously, if this doesn't get
21 settled in a way that works for the brokers, and then
22 we're left being dependent on just navigators, if I
23 understand that correctly, is there -- what's our backup
24 plan if we have to start looking at more of the other
25 side being trained or being brought on board?

1 Heather, can you give us a little insight to
2 that?

3 MS. KORBULIC: Yes, that's certainly something
4 that's been on my mind.

5 DR. JAMESON: Heather?

6 MS. KORBULIC: Yeah.

7 DR. JAMESON: Thank you so much. Yes, Heather
8 actually, too, in the executive report, started off by
9 sharing with us the increased number of enrollment
10 assisters.

11 And, Heather, if you would go ahead and address
12 that.

13 MS. KORBULIC: Sure. Yes, that's certainly
14 something that we are looking into deeply and trying
15 to -- as we build our budget and get budget items
16 approved, thinking about how we can support, increase
17 consumer enrollment, whether that's through an expansion
18 of our navigator dollars and/or offering and looking
19 into potential options for working with brokers and
20 agents through -- you know, other states have got good
21 models of how they incentivize that community to work
22 with them.

23 So that's something we'll be looking at in the
24 near future and over the next year.

25 DR. JAMESON: Thank you, Heather.

1 So we're moving along to discussion and
2 possible actions regarding dates, times, and agenda
3 items. And then, just going off from what Insurance
4 Commissioner just shared with us, I would like to
5 suggest that, perhaps by our next meeting, the
6 Commissioner could give us some follow-up on, if it's
7 completed, out of negotiations, the follow-up on the
8 broker reimbursement issue.

9 There's several other things that I would like
10 to see come back. But I'm going to go ahead and let the
11 Board mention what they might like to see on our next
12 agenda.

13 Does the Board have any other comments about
14 what they would like to see for possible action, or
15 other items, agenda items, in the future meeting?

16 MR. MELENDREZ: Jose, for the record. So just
17 for our future meetings, as we continue this work and
18 looking at the distribution of the resources and how
19 we're serving both sides of the state, you know, it's a
20 great start, what was shared with us today. So as we
21 start to put more, more definition to the plan, that we
22 are able to see that and continue seeing how that's
23 going to move forward and how those resources are going
24 to be distributed in order to serve the north and the
25 south, I'd appreciate that.

1 Thank you.

2 MS. CLARK: Madam Chair?

3 DR. JAMESON: Valerie or anyone up north, did
4 you have any particular things you want to be sure are
5 on the agenda? Valerie.

6 MS. CLARK: Valerie Clark, for the record. I
7 think, it would probably be good just to have an update
8 on -- since open enrollment is starting in a few weeks,
9 we should probably have a good update on the activity
10 that we're seeing, in the Board meetings throughout open
11 enrollment. You know, calls, issues that we're having,
12 anything that would be, you know -- that we would need
13 it -- that we -- any information that would help us make
14 good decisions, I think, we just want to get updates on
15 that throughout open enrollment.

16 DR. JAMESON: So an update on open enrollment,
17 how it's going, positives and negatives. And, then
18 again, the always update from CMS or any of the other
19 entities that would have a bearing on our transition
20 from the federal platform to a local platform, again.
21 I'd always like to have any update, if there is one,
22 next time.

23 I think, that might perhaps conclude it. I
24 don't see any other hands that are up.

25 I want to thank our Insurance Commissioner,

1 Barbara Richardson, for joining us this time and, also,
2 extend an invitation in the future at our regular
3 meetings.

4 Was there anyone else that had any comments
5 before we go to public comment?

6 Seeing no hands, is there any public comment up
7 north?

8 MS. KORBULIC: There is none.

9 DR. JAMESON: Do we have any public comment
10 down here in Las Vegas?

11 We have someone.

12 (Inaudible.)

13 MS. KORBULIC: That mic isn't working. We
14 can't hear her. I'm sorry. Can you give her a
15 different microphone? We need to figure this issue out.

16 MS. SOLOMON: Adele Solomon, Southern Nevada
17 Health District.

18 So I had a few questions about the event
19 response rate, and that was, how many people sign up,
20 how many people make contact and they have positive
21 results from the events? And I was wondering if that
22 could be broken down by rural, ethnicity -- Hispanic and
23 African-American and Asian -- and millennial. I think,
24 that's important data.

25 I was also wondering. The last data I saw was

1 from last year, for our uninsured rates, which was,
2 what, 70.6 and 99.3, I think, for adults and children.
3 And I'm wondering, are we on target? I know our goal is
4 100 percent by 2020. So did this last enrollment meet
5 that target, and if not, how far we were off from that?

6 Another thing I've noticed, and this is just a
7 personal observation -- my husband and I this past
8 summer happened to hit like every county fair in the
9 state. It was kind of weird. And one of the events I
10 saw was up in Lincoln County where they had a rodeo.
11 And everybody in the rodeo was -- owned many, many
12 horses. So they had trailers. They had very fancy
13 trucks. They had very fancy trailers. And I saw Nevada
14 Health Link there.

15 And when we were driving into the town and we
16 were driving out of the town, extremely poor neighbors,
17 but those people were not at the fair. It was truly the
18 rodeo people that owned the horses.

19 So I'm wondering if we can look at the response
20 rate, if we are hitting the people we need to hit where
21 we're going.

22 And is this the proper messaging? Because, you
23 know, if I go to fairs and stuff with my kids, they're
24 pretty much yanking on me for the ice cream, and I'm not
25 going to stop and listen.

1 And I'm wondering if maybe in those zip codes
2 for -- depending on who they are, if we could mobilize
3 the mercadidos there for the Hispanic populations in
4 those particular areas. Or maybe, with the
5 African-Americans, maybe we could mobilize going into
6 the parishes and talking through those.

7 We do have the demographics on the zip codes
8 and who lives there. And, I think, we could use that.

9 Also, with the Indian Health Services, I know
10 that's a huge culture change to move them from Indian
11 Health Services to get the supplemental private
12 insurance. And so are we doing special messaging for
13 them? Because it's not business as usual for them,
14 where you just go and say, "Here is an advertisement and
15 why you need it."

16 I don't mean to be critical. I know everyone's
17 working very, very, very hard. But I'm also learning
18 that getting the specifics in the data and knowing
19 specific goals and where your wins are and where you're
20 falling short, and doing quality improvement activities
21 there, really makes a huge difference.

22 And I want you guys to be on target. You are
23 featured, obviously, in our community health improvement
24 plan. And we will fully support your work. So if you
25 need our assistance to help mobilize certain resources,

1 we'll be happy to do that.

2 Thank you.

3 DR. JAMESON: Adele, thank you so much. Your
4 comments are extremely appreciated.

5 As you probably know from public comment, that
6 we actually don't answer any questions during public
7 comment. However, we will indeed put you in touch with
8 our Penna Powers, our marketing team, and reassure you
9 that much of what you discussed they're all over.

10 But, in addition, I think, as we heard earlier,
11 there is a lot, I'm sure, other places they can target.
12 And it sounds like you've got some really great ideas.

13 And with regards to the statistics, we have in
14 the past asked our team to let us know what they felt
15 attendance and how many people they did sign up at
16 various events. And that was data they were planning on
17 getting back to us with.

18 So stay tuned, and we will try to have some of
19 that valuable information available for you in the
20 future.

21 Did we cover everything that you brought up?

22 Okay. All righty. So no other public comment?

23 Okay. Well, I'll entertain an adjournment.

24 Okay. Second it?

25 MR. MELENDREZ: Second.

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THE COURT: Okay. Then, we will go ahead and adjourn. Thank you, everybody, for attending.

MS. KORBULIC: Thank you, Madam Chair.

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