

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
THURSDAY, JUNE 8, 2017, 1:30 P.M.

-oOo-

DR. JAMESON: So I'd like to call the order to
the meeting, the meeting to order. Welcome.

And, Heather, or would like to take roll call?

MS. KORBULIC: I will, Madam Chair.

Dr. Florence Jameson?

DR. JAMESON: Here.

MS. KORBULIC: Ms. Valerie Clark?

MS. CLARK: Present.

MS. KORBULIC: Ms. Lavonne Lewis?

Angie Wilson?

Jonathan Johnson?

MR. JOHNSON: Here.

MS. KORBULIC: Jose Melendrez?

MR. MELENDREZ: Here.

MS. KORBULIC: Dr. Cook?

DR. COOK: Present.

MS. KORBULIC: And Marta Jensen?

MS. JENSEN: Here.

MS. KORBULIC: Commissioner Barbara Richardson?

1 And Debi Reynolds? I think, Debi was joining.
2 I hear her on the phone.

3 Okay. Madam Chair, we do have a quorum.

4 DR. JAMESON: Excellent. And, again, welcome
5 to everyone. We appreciate you joining us today.

6 On that note, do you have anyone in...

7 MS. KORBULIC: Uh-oh.

8 DR. JAMESON: Can you hear me still?

9 MS. KORBULIC: Yeah.

10 DR. JAMESON: Yeah. Do you have anyone there
11 for public comment?

12 MS. KORBULIC: No, we do not.

13 DR. JAMESON: Is there anyone here for public
14 comment today?

15 We do not have anyone raising their hand.

16 Moving on, I would like to ask for a motion to
17 approve the minutes from the April 13th, 2017, Board
18 meeting.

19 MS. CLARK: Valerie Clark. So moved.

20 MR. JOHNSON: Jonathan Johnson. Second.

21 DR. JAMESON: Were there any questions or
22 changes on those?

23 And, then, would everybody in favor of the
24 minutes as written, say "aye."

25 (Board members said "aye.")

1 DR. JAMESON: And the minutes are accepted,
2 including, please note for the record that Lavonne Lewis
3 has joined us.

4 Good afternoon.

5 Heather, I would like to thank you for your, as
6 always, incredible, thorough, very insightful report.
7 If you would like to now go ahead and present it, that
8 would be wonderful. Thank you.

9 MS. KORBULIC: Thank you, Madam Chair. Heather
10 Korbulic, for the record.

11 I'd be happy to go over this Executive Director
12 report that I finalized on June 2nd. So, I think, it's
13 probably very important to caveat here for both the ACA
14 report and the Executive Director report that things
15 constantly change. And six days at the Exchange is
16 actually a long time. So I will try to correct things
17 that may have changed in my report, for the record here.

18 In general, we always talk about the off-season
19 as if it is a mellow time. But it is actually a very
20 busy time for the Exchange. This year has been no
21 exception, with the volume and pace about to reach
22 record heights for us, remain busy monitoring and
23 commenting on state and federal policy, developing and
24 refining outreach and marketing strategies and
25 initiatives, and continuing to develop our long-term

1 sustainability plans.

2 As probably all of you know, the Nevada State
3 Legislature completed the 79th Session, with a few items
4 that are going to impact the Exchange.

5 The first is related to the budget. The
6 Legislature approved the Exchange's budget with
7 modifications to the Governor's recommended budget. The
8 Governor's recommended budget included our Exchange's
9 request for the necessary authority to transition away
10 from healthcare.gov to private and proven technology
11 platform beginning in state fiscal year 2019.

12 The legislative body took a look at the future
13 of the ACA and the Exchange's healthy cash reserves and
14 determined that a transition in the 2018-19 biennium is
15 unnecessary and that it should be delayed until 2020 and
16 2021.

17 The Exchange's finalized budget requires the
18 Exchange to provide regular reports to the Interim
19 Finance Committee regarding progress towards our
20 sustainability as it relates to technology and our
21 finances.

22 There were several bills that the Exchange
23 staff tracked throughout this past session. However,
24 only two bills had direct implications for the Exchange.
25 Senate Bill 394 and Assembly Bill 374 both included

1 language that would require the Nevada Department of
2 Health and Human Services and the Exchange to seek
3 necessary federal waivers to allow for the sale of
4 Medicaid-like plans to be sold through the Exchange to
5 any Nevadan not otherwise eligible for Medicaid.

6 The Exchange worked with our sister agencies
7 and with lawmakers and work groups to ensure that the
8 bill sponsor and all of the stakeholders involved were
9 aware of the limitations of the Exchange to facilitate
10 the sale of these products due to architectural
11 constraints of healthcare.gov and our use of the federal
12 platform.

13 Senate Bill 394 was amended to require an
14 interim study of the opportunities for the Medicaid-like
15 plans to be sold on the Exchange, while Assembly
16 Bill 374 was also amended to make the bill more
17 permissive and allow for a year to determine how to
18 develop plans and facilitate the sale of such plans.
19 S.B. 394 has passed through the Legislature and was --
20 this is where, a correction, because things have
21 changed -- has been signed by the Governor. And
22 Assembly Bill 374 is waiting, was waiting to pass
23 through the Senate when I wrote this, but has passed
24 through the Legislature and is waiting for either a
25 signature or a veto from the Governor.

1 Developing and expanding or targeting, and
2 targeting our consumer service and outreach remains one
3 of our primary focuses here at the Exchange. Penna
4 Powers and our outreach subcontractor, Sumnu, have been
5 refining and implementing outreach and marketing
6 activities by complementing our past successful
7 activities with those new and innovative approaches.

8 Open enrollment period five begins on
9 November 1st and runs through December 15th. It is
10 critical that we have all of our partners and grantees
11 ready to help consumers get enrolled during this
12 truncated and shortened enrollment period.

13 The Exchange is developing a breakfast event, a
14 stakeholder -- and I keep putting this in quotes,
15 because I don't plan on calling it this forever, but it
16 keeps being what we call it, a "pep rally," for all of
17 our interested grantees and stakeholders to participate.
18 This will be the week of September 11th. And it'll be
19 in north and south. Our goal is to have special guest
20 speakers and to really get around the misconceptions and
21 myths and provide ideas and information to our
22 stakeholders about how to get consumers enrolled and to
23 get past the rumors and really just get people insured.

24 The application period for the Exchange's
25 broker request for applications, or RFA, closed on

1 May 31st. The grading committee has begun to score the
2 applications, and we plan to provide a notice of grant
3 award on June 30th. Grantees will be trained in July
4 and begin working on engagement and enrollment efforts
5 shortly thereafter. We did receive five grant
6 applications, and we look forward to reviewing and
7 partnering with new grantees.

8 Finally, the Exchange has been actively
9 involved in a working group of other states operating as
10 state-based marketplaces using the federal platform, so
11 us SBM-FP kids, to coordinate and advocate for an SBM-FP
12 model with CMS, Centers for Medicare and Medicaid
13 Services, and CCIIO, which is the Consumer Information
14 and Insurance Oversight.

15 Our collective SBM-FP group has sent a letter
16 to CMS/CCIIO and had a subsequent meeting requesting
17 member level data for our consumers to more efficiently
18 target our self-funded marketing dollars, improve
19 enrollment retention and recruitment efforts, and
20 provide customer service to our consumers. The letter
21 also included a request to work on lowering
22 healthcare.gov fees to more fairly reflect the work of
23 an SBM-FP state and to offer a more fair market value
24 for the services that CMS provides.

25 As you all know, the Exchange has faced

1 unprecedented challenges over the past six months. And
2 with each new challenge, our staff has rallied and with
3 innovative ideas and solutions. It's a great honor to
4 work with this group of people who never say things like
5 "That's not my job."

6 So thank you, all of you, in this room and in
7 Vegas.

8 So that's the sum and substance of my Executive
9 Director report. And I'm happy to take any questions
10 that the Board might have.

11 DR. JAMESON: Do we have any questions for
12 Heather on her report, or comments?

13 DR. COOK: Madam Chair, Daniel Cook. May I ask
14 a question?

15 DR. JAMESON: Yes.

16 DR. COOK: I was just wondering, will there be
17 a plan to then implement the -- I guess, under S.B. 394,
18 will it be the role of the Exchange to then conduct this
19 study or provide information to the Governor?

20 MS. KORBULIC: S.B. 394's amendments make it a
21 requirement for HHS and the Exchange to participate in
22 interim groups. So I'm assuming, and I'm sorry I don't
23 have the bill in front of me, but I'm assuming we'll be
24 working with the Interim Committee on Health Care and
25 providing information and completing probably some type

1 of report that will give an indication of what could be
2 done with this Medicaid for all type plans.

3 MS. CLARK: Madam Chair?

4 DR. JAMESON: Heather, I think --

5 Oh, go ahead, Valerie.

6 MS. CLARK: I was just curious, also, on
7 S.B. 394. Who, when you say the stakeholders, are you
8 aware of who they're including as stakeholders in this
9 study?

10 MS. KORBULIC: So Senate Bill 394, again,
11 Senate Bill 394 and A.B. 374 are very similar, had very
12 similar language. And 394 is the one that had been
13 approved, and that's the one that has turned into a
14 study of this plan option.

15 And I'm assuming that the people that were
16 named, or the organizations named in the bill, such as
17 HHS, Medicaid, and the Exchange, will be involved in
18 those conversations. But I am also assuming, and you
19 know what they say about that, but that there will be
20 participation from health care systems, for instance,
21 hospital assistance and other organizations that would
22 stand to be implicated, or impacted by this bill.

23 MS. CLARK: Thank you, yeah. I just want to
24 make sure the medical community was included. They're
25 integral. Thank you.

1 DR. JAMESON: Heather, I think, this is very
2 exciting. But, I think, a lot of people -- and I know
3 we don't exactly know what it is yet. But maybe you
4 could share with the group the basic concept of the
5 Medicaid-like plans that could be those Nevadans that
6 otherwise wouldn't be eligible.

7 MS. KORBULIC: Sure. And we are lucky enough
8 to have Marta Jensen, who's the Acting Administrator
9 with Medicaid, as an ex-officio Board member, who has
10 just so graciously offered to talk a little bit more
11 about that.

12 MS. JENSEN: Good afternoon. This is Marta.
13 So the intent of 374, A.B. 374, it's not a
14 Medicaid program. What it is it started off little
15 rough, where they're saying it's Medicaid for all.
16 Unfortunately, Medicaid is limited in the people that we
17 can serve. There's income limits. It's federally
18 funded. That is not available for this product at this
19 time.

20 But what we're thinking is -- I'm a member of
21 the work group, along with Heather and the Division of
22 Insurance. And what we're thinking is the Assemblyman
23 wanted a plan that looks like Medicaid. So we decided
24 that perhaps the fee for service model of Medicaid could
25 be looked from a benefit perspective. But it doesn't

1 include Medicaid rates. It's not a Medicaid product.
2 He was just trying to find something for the individuals
3 that are not income-eligible for Medicaid that they
4 would have like benefits as they transitioned off
5 Medicaid and have that additional coverage.

6 Right now, it's very broad in the language of
7 the bill that states it's anyone that wants to
8 participate. However, he has indicated that he is
9 certainly aware and does not want or intend to harm the
10 marketplace. At some point, we may have to talk about
11 putting an income limit on this so it's more of a gap
12 product.

13 With the uncertainty of the AHCA reforms
14 coming, different bills say different things, or
15 proposals. And we're concerned about the expanded
16 population, that they may not be covered through
17 Medicaid after a certain date. The proposals keep
18 coming in with different deadlines of when you have to
19 move them off, off Medicaid.

20 And the concern from our perspective, meaning
21 the Division of Health Care Financing and Policy, is
22 that these individuals are the working poor. They
23 cannot afford some of the plans on the Exchange.

24 So we'd like to find some sort of affordable
25 health care that they can still have access to. Over

1 this last several years, the state has made a great
2 effort and strides in moving people out of the E.R. and
3 into more appropriate settings for care. And what we're
4 afraid of is if you take away their health insurance,
5 they will only go to the E.R's. And along that line,
6 when they go to the E.R., they wait until the last
7 possible minute. Whereas, had we done something
8 earlier, that event may not have occurred.

9 So the intent of the bill, from the
10 Assemblyman's perspective, I think, is good. But as
11 Heather said, the hard part is now trying to figure out
12 the details. What does this look like? Will there be
13 insurance companies that are willing to participate and
14 play in this new role? That has yet to be looked at.

15 In the bill itself, for A.B. 374, we were
16 allocated one position. We're not going to use it as a
17 state position. We're going to hire a contractor that
18 would actively participate in the work group and help
19 kind of design and develop this plan. It does have an
20 implementation date proposed for January 1 of 2019.

21 The risk to that is you can develop the
22 program, but it may not always -- we may not have
23 somebody that wants to participate from an insurance
24 perspective if it's going to be a self-funded plan. So
25 we'll just have to cross that bridge.

1 But the intent is not to do a study, but,
2 rather, have a product that we can implement and garner
3 some interest from the industry.

4 MS. KORBULIC: And if I could just add to that,
5 I would just also add that the bill does require HHS and
6 the Exchange to work on obtaining a federal waiver that
7 would allow for advance premium tax credits to apply to
8 the Nevada health care plan or these Medicaid-like
9 plans. And that will be a job in and of itself.

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

11 Do you foresee it being networks that you
12 contract with, like you do in the Medicaid program and
13 the normal health insurance plans that are on the
14 market, or do you see it being more of a any provider
15 who wants to participate in these rates, whatever rate
16 structure you put together then would be allowed to
17 participate, or would it be more like a network that you
18 contract with?

19 MS. JENSEN: I think, it's too early to tell.
20 We still have to have those conversations. But the way
21 that the Assemblyman has been speaking, it appears that
22 it's more of like another insurance product. And so
23 they would have networks within that product.

24 It's really not sure, depending on what happens
25 with the waiver and how it gets set up, we're not sure

1 if it'll be a state-run. And, I think, that was the
2 reason that they authorized Medicaid to get the
3 position, is because we've set up a similar program
4 several years ago, the Nevada Check Up program. So
5 we've already set up a separate program outside of
6 Medicaid. So we have an infrastructure and a history of
7 doing that.

8 So, I think, that's why they put it with us.
9 But the problem is now, because he's likened it to
10 Medicaid, everybody grabs on, thinking it is Medicaid.
11 And it's a totally separate product, and it'll have
12 totally separate rules associated to it.

13 DR. JAMESON: Thank you so much. That was so
14 helpful. I think, because, as we all know, and we were
15 told, but a possibility that we -- the possibility that
16 we could have significantly reduced funding on our
17 Medicaid, especially affecting the expanded Medicaid
18 population.

19 And we were told, we hear constantly from
20 people in Congress that they'll give us a block amount,
21 which will be substantially less, and that each state
22 need to be creative and that we surely will be able to
23 find, along with the new American health plan,
24 et cetera, with our own creative measures, be able to
25 find a lower cost, high-quality way of using the lower

1 amount of Medicaid funding to service all these patients
2 we have.

3 So I was wondering how we're going to do it.
4 So, you know, at least now here's one option maybe. So
5 that's very exciting.

6 I still, you know, don't see exactly what it's
7 going to look like. And you were extremely helpful.

8 Is there any other states right now that are
9 doing anything like this?

10 MS. KORBULIC: Not that we know of. California
11 has recently been juggling the idea of going to a
12 single-payer system. But that is not the same as this.
13 But it's something that another state is doing and
14 measures that they're taking to try to protect
15 consumers.

16 DR. JAMESON: Very good. Now, apart from this,
17 were there any other comments?

18 Heather, I wanted to say I'm sorry, that they
19 want you to slow down kind of took the wind out of your
20 sails in trying to transition us off the federal
21 platform, and that they recommended we cannot do
22 anything or let us know that it should be delayed until
23 2021.

24 MS. KORBULIC: If I could just comment really
25 quick. I'm very tenacious. And I think that if we had

1 to, we could definitely make a change to our budget in
2 the interim process. The lawmakers indicated that if
3 that push came to shove, we could make changes to our
4 budget in the interim.

5 DR. JAMESON: Yes, because even though they
6 said they thought we were pretty flush and we could
7 handle it, you know, that's not all, that it isn't
8 always what it seems. The money goes fast. You don't
9 want to be in a position without any reserve. And it
10 would certainly deplete us quickly.

11 MS. KORBULIC: Absolutely.

12 DR. JAMESON: And it was good to hear that,
13 when you talked to us last time, that you had contacted
14 most of the Senators and Congress people to rally on
15 your behalf on this issue. What happened since that
16 last visit with regard to that?

17 MS. KORBULIC: I've had continuing dialogue
18 with all of our federal delegates, keeping them abreast
19 of changes to our state budget, but also impacts of the
20 AHCA on Exchange consumers, and have an ongoing dialogue
21 with all of their offices.

22 We have also created, or this work group of
23 other SBM-FPs, and have started having conversations
24 with the agencies responsible for the fees and the data.
25 And so there's a lot of movement towards getting us

1 towards, hopefully, a lower negotiated rate for
2 healthcare.gov.

3 DR. JAMESON: Very good. I just want to say
4 that, as we know, they haven't successfully repealed us,
5 the Affordable Care Act. But as we all know, they've
6 taken many measures to undermine its infrastructure,
7 including shortening our enrollment period and many
8 other things.

9 But I just want to tell you all, our staff, you
10 are so amazing. And every year, the rollout is better
11 than ever. I love the pep rally. I am here, and I hope
12 our other Board members will be able to attend in their
13 locations.

14 I think that you guys, you have this so
15 organized in the past. And, I think, you're going to be
16 more prepared than needed and that we're going to be
17 able to do everything in 45 days we did in 90 days. And
18 I'll see you at the pep rally.

19 In addition, on the grants, there are five
20 applicants. What is the number we'll be selecting?

21 MS. KORBULIC: We haven't determined a final
22 number. We were not going to go over the number of
23 five.

24 DR. JAMESON: Okay. So that looks pretty good,
25 opportunities for several, then. Excellent.

1 And I just wanted to say, on the letter,
2 including a request to work on lower healthcare.gov
3 fees, et cetera, great.

4 And having finished that, unless there are any
5 other comments.

6 Lavonne?

7 MS. LEWIS: Madam Chair man, I just wanted to
8 make one comment that I was pleased to see the selection
9 of Sumnu and participating in our recruiting and
10 outreach plans going forward. I think, that's a very
11 good selection on the part of our staff.

12 MS. KORBULIC: Thank you. We're very much
13 looking forward to working with them.

14 DR. JAMESON: Thank you. Thank you, Lavonne.

15 Going on to our next topic, approval, the
16 approval of the semi-annual Fiscal and Operating Report
17 NRS 695I.370 to the Governor and Legislature.

18 So, Heather, do we have a presentation prior to
19 any action?

20 MS. KORBULIC: Madam Chair, because the Board
21 has received the report in advance and because it's
22 posted on our website, I just assumed that you would
23 have maybe potential questions or changes you'd like to
24 see, and we could discuss. I can go through the report
25 if you feel like that's important.

1 DR. JAMESON: Well, I have actually gone
2 through and, and I actually do not have any questions,
3 believe it or not.

4 Are there any questions from anyone else?

5 I think, you guys did an excellent job on the
6 budget and fiscal operating report.

7 And is there anyone who has a question on it?

8 If not, I would entertain a motion to approve
9 the semi-annual Fiscal and Operating Report.

10 MS. LEWIS: Madam Chairman, Lavonne Lewis, for
11 the record. I would recommend that we approve the
12 Fiscal and Operating Report and the attached letter to
13 go to the Governor regarding the report, transmitting
14 the report.

15 DR. JAMESON: Thank you, Ms. Lewis.

16 Second?

17 MS. MARTINEZ: Jose Melendrez. Second.

18 DR. JAMESON: Thank you, Jose.

19 And everyone in favor, please say "yes," "yea,"
20 "aye."

21 (Board members said "aye.")

22 DR. JAMESON: Excellent. The motion has
23 passed, and the Board has approved the semi-annual
24 Fiscal and Operational Report.

25 And here's one of our favorite parts, marketing

1 and outreach update.

2 And I would like to thank you for sending us
3 the email with the links. Absolutely fabulous work.

4 Who's going to start here?

5 MS. DAVIS: Madam Chair, Janel Davis, for the
6 record. I'm the Communications Officer at the Exchange.

7 And thank you. I'm glad you received the email
8 and had a chance to look at our TV spot. So I
9 appreciate that comment and that this is one of your
10 favorite parts.

11 Okay. So the Nevada Exchange, obviously, has
12 been planning for our 2017 off-season marketing
13 campaign, which we'll actually be launching in July of
14 this year, and run through the latter half of October
15 when we will transition to open enrollment messaging to
16 support our fifth open enrollment campaign for plan year
17 2018.

18 Our theme for both the off-season and open
19 enrollment is "You can't afford not to have health
20 insurance." The campaign objectives are to emphasize
21 the need for health insurance and promote Nevada Health
22 Link as the resource for Nevadans. So, again,
23 institutionalizing the brand.

24 The Exchange believes it is time to put
25 emphasis on the consumer, who are they, what resources

1 are they using. We continue to see that families and
2 individuals are discovering the value of having health
3 insurance, analyzing the cost comparisons of with or
4 without it.

5 The marketing and advertising campaign will
6 continue to target the uninsured and underinsured
7 populations throughout the state of Nevada and will use
8 social media, digital advertising, traditional, and
9 outdoor advertising tactics to educate target audiences
10 about the need and value for health insurance.

11 Our strategy is to alleviate confusion and
12 shape favorable perceptions through targeted community
13 center outreach while also growing stakeholder
14 partnerships throughout the state.

15 In addition to the advertising campaign that
16 will build awareness for Nevada Health Link, the
17 Exchange is also working on incorporating consumer
18 testimonials.

19 The Exchange will also maintain awareness
20 through an outdoor advertising campaign as well as a
21 strong digital, television, video, and social content
22 advertising presence, i.e. social media.

23 The Exchange will continue to build on our
24 email campaigns to nearly 3,000 consumers who opted in
25 to receive health insurance information about

1 health-related tips to our blog posts and on Nevada
2 Health Link.com. Emails will be sent to a growing list
3 of consumers referencing important dates and deadlines
4 related to open enrollment on a biweekly basis.

5 Planned enhancements for our webpage, Nevada
6 Health Link.com, include a complete modification of the
7 home page to be more consumer-facing and allow easier
8 access to information related to the health care
9 marketplace, ACA, subsidies, health-related tips,
10 consumer testimonials, and their new health insurance
11 plans.

12 Nevada Health Link is expanding its outreach
13 presence by not only attending more community events
14 than in years past, but incorporating events at a
15 community-based level to build awareness.

16 The Exchange and Penna team researched multiple
17 events, with targeted demographics, which consist of,
18 and are not limited to, and I read this every time, but
19 it's important to know, tribes, rural Nevada, Hispanics,
20 millennials, the 50-plus community, self-employed, and
21 multicultural ethnicities.

22 As of May 2017, the Exchange has already
23 attended 67 events and has 91 additional events planned
24 through September of this year.

25 New outreach educational materials and

1 literature have been printed or are at the printer, to
2 engage audiences and provide a clear understanding of
3 how to enroll in a health insurance plan and how to
4 receive in-person assistance, with an emphasis on why
5 it's important to be covered.

6 Our outreach strategy includes using navigators
7 as primary event staff, attending, again,
8 community-based events, where there is a better
9 likelihood to engage consumers, create interactive
10 outreach booth activities, to attract and engage more
11 consumers, and, also, collaborating with our outreach
12 vendor, Sumnu Marketing, to develop new measurable
13 stakeholder and event strategies and tactics that will
14 further reach into those targeted communities.

15 We're focusing our efforts on digging deeper
16 into our target demographics by leveraging our current
17 and future stakeholder partnerships. We, obviously,
18 want to alleviate confusion and educate our consumers
19 through community engaged outreach and partnerships.

20 Penna Powers and the Exchange would like to
21 utilize Sumnu's marketing expertise to develop
22 additional strategies to complement existing event
23 outreach and stakeholder engagement activities while
24 implementing and conducting determined strategies on
25 behalf of Nevada Health Link, and provide measurable

1 results and data.

2 The Sumnu team will also provide Nevada Health
3 Link with backup staffing at our outreach events.

4 Again, our objective to institutionalize the
5 Exchange remains. We are doing this by identifying and
6 targeting the uninsured populations throughout Nevada
7 while leveraging our social content media, public
8 relations, digital advertising, and traditional
9 marketing.

10 The marketing team will also be supporting the
11 broker pilot program, as stated earlier, about the five
12 grants, and strategizing ways in which we can support
13 that initiative from an advertising and marketing
14 perspective.

15 Our media mix between off-season and open
16 enrollment will vary, with a heavier emphasis allocated
17 in the fall months geared toward driving enrollment.

18 However, due to the shortened enrollment
19 period, the off-season message is intentionally planned
20 to be more intrusive, to not only keep Nevada Health
21 Link top of mind, but to drive engagement and educate.

22 Messages will also be tagged to include mention
23 of the shortened enrollment timeframe, and specific
24 messages focused on the new open enrollment dates will
25 be incorporated during off-season and reenrollment.

1 Sorry. That was a lot.

2 So I'll introduce Patty Halabuk with Penna
3 Powers, our account executive. She'll review the
4 details of the actual marketing and off-season campaign
5 and our outreach strategy that will kick off in July,
6 with television and digital beginning in July. And she
7 will also introduce the Sumnu team, who is present in
8 Henderson.

9 Thank you.

10 DR. JAMESON: Thank you so much.

11 Just before we proceed, I just want to check,
12 because that was a lot, if anybody has any questions on
13 that portion before Patty and with Penna Powers
14 continues?

15 I'll just say that I'm impressed with the
16 prolific amount of events, activities that you're doing.
17 Bravo.

18 MS. DAVIS: Thank you. And I'm also available
19 after Patty's presentation to answer any questions.

20 DR. JAMESON: Thank you.

21 MS. HALABUK: All right. I'll get started.
22 Thank you. Good afternoon, everybody. Patty Halabuk
23 with Penna Powers, for the record.

24 Turning to our marketing deck, I just want to
25 walk you through a few highlights.

1 On page one, I just want to emphasize, to echo
2 what Janel has said, the basis of our new campaign "You
3 can't afford not to have health insurance" is to
4 represent common but unexpected health scenarios that
5 carry high uninsured price tags.

6 Our creative takes a realistic approach with a
7 lighter sway so we can still grab consumers' attention,
8 but not come across too ominously.

9 We've also produced a message that communicates
10 our new, shorter enrollment period, as Janel mentioned.

11 For the off-season campaign, we've produced a
12 total of four messages that will run as TV spots,
13 billboards, and as videos and clickable banners in
14 several strategic locations online, including YouTube
15 and Facebook.

16 All the creative elements will run in both
17 English and Spanish.

18 Our advertising will expand significantly,
19 starting in mid October, to support open enrollment,
20 include more TV, radio, print, and mobile transit as
21 well.

22 In addition to driving consumers to the Nevada
23 Health Link website, we are also incorporating the use
24 of a social media hashtag called Health Link Help. This
25 will provide consumers with yet another way to ask and

1 receive answers to their questions about the ACA and
2 Nevada Health Link. From our research, we know that
3 online social media is a key platform that much of our
4 target audiences utilize. By referencing the hashtag,
5 we hope to start more conversations about the importance
6 of health insurance and the resources Nevada Health Link
7 provides.

8 Pages two through five of the deck show you
9 some representative images for each of our messaging
10 scenarios. And, obviously, you received the links.

11 Our target audiences include young families,
12 children, and 50-plus. Representing the uninsured costs
13 for delivering twins. A broken bone. In this case,
14 it's the poor little guy's nose. And slip and fall. In
15 addition, we have the new enrollment date message.

16 On page six, you'll see an advertising grid
17 which represents the media strategy.

18 And then, moving on to pages seven and eight,
19 we get into our outreach events. As Janel mentioned,
20 we've attended several events so far and have many, many
21 more booked.

22 And, in addition to that, our team continues to
23 mine for additional targeted community events where we
24 can further our mission of developing awareness and
25 shaping positive perspectives.

1 Our stakeholder and partnership efforts is
2 another area we continue to make essential progress.
3 You'll see on pages nine and 10 some of the new
4 confirmed partners and, also, many others that we are
5 close to bringing on board.

6 These stakeholders and partners have agreed to
7 put information and resources about Nevada Health Link
8 in the hands of their audiences, as well as partner with
9 us on things such as health fairs, programs, events,
10 luncheons, and other opportunities where we can have
11 direct communication with their audiences.

12 As you all are aware, outreach is truly the
13 anchor for communication. And I am very excited to
14 announce our partnership with Sumnu Marketing. They
15 have joined with Penna Powers to extend our outreach
16 efforts even further into the communities of Nevada.

17 On page 11, you'll see a brief overview of
18 Sumnu's expertise and their intended execution plan that
19 they would like to pursue.

20 I would like to introduce Shaundell Newsome,
21 Sumnu's founder and visionary, and allow him to say a
22 few words as we close out.

23 Thank you.

24 DR. JAMESON: Welcome.

25 MR. SHAUNDELL NEWSOME: Thank you, Madam Chair.

1 I'm Shaundell Newsome, for the record.

2 Madam Chair, it was a great privilege and honor
3 to serve with your husband on the Children's Advocacy
4 Alliance for many years. So I know him well. And we
5 are so blessed to be a part of, in the same neighborhood
6 with your new volunteers in medicine establishment.

7 We're a family-owned business. In fact, we won
8 the Nevada state family-owned business of the year in
9 2015. This is in partnership with my wife, my daughter,
10 and my niece. We have a staff now of about 10
11 employees. We're extremely excited to be a part of this
12 effort.

13 I have been a resident of Nevada, southern
14 Nevada, for 30 years. I came by way of United States
15 Air Force, spent a decade here, loved it, fell in love
16 with my wife. And today we're celebrating 20 years, 21
17 years of marriage, and we're at work.

18 DR. JAMESON: Congratulations.

19 MR. SHAUNDELL NEWSOME: Thank you.

20 DR. JAMESON: Congratulations.

21 MR. SHAUNDELL NEWSOME: So we're just really
22 excited, because we understand the challenges of
23 different neighborhoods and different folks receiving
24 affordable health care.

25 And it has been a mission of ours for many

1 years, to educate communities and engage communities in
2 many different ways. We were extremely active in the
3 southern Nevada strong effort. We continue to be active
4 advocates in many different ways in the community, as an
5 agency and as a community partner.

6 So we are so grateful to Penna Powers for
7 giving us this opportunity to do what we love doing, we
8 enjoy doing, which is engaging the community. We view
9 outreach as a different, a different animal. And what
10 we try to do, and what we've been successful in doing,
11 is making sure that we can engage community stakeholders
12 as partners, where they have as much passion as we do
13 when it comes to these programs.

14 So, again, I thankful, and I'm grateful. And
15 I'd just like to introduce our outreach coordinator,
16 Daphne Moore, who heads up most -- everybody does a lot
17 of work. And I just sit here and get to smile.

18 So I'm thankful to a great team. And our basis
19 is all about family and faith. We follow our faith.
20 And I'm not ashamed to say that we follow, our faith is
21 in Jesus Christ, and he gives us our guidance and
22 direction. And that's really the basis of our business.
23 And that's how we survived and thrived in the last 11
24 years.

25 DR. JAMESON: Thank you so much (indistinct)

1 your business. What we have been really striving for
2 the last -- last year and this year is to (indistinct).
3 The first year, too, we got a lot of the what they call
4 low-lying fruit.

5 (Indistinct) reach deep into the community.
6 And I really believe that your organization is going to
7 take us to that next (indistinct) in order to really
8 expand our enrollment. And we are so excited to have
9 you on you board. Thank you.

10 Any questions from anyone?

11 Heather, since there are no other questions,
12 we're ready for your exciting part to the Affordable
13 Care Act update.

14 MS. KORBULIC: Okay. And this is something
15 that, again, was finalized and submitted on June 2nd.
16 And a lot has happened just even this afternoon where
17 this is concerned. So I will try to bring in a little
18 bit of updates into what I know here and there.

19 The continued debate regarding health care
20 reform remains on the forefront of our national policy
21 agenda. As all of you probably know, the House of
22 Representatives passed the American Health Care Act on
23 May 4th, 2017, with a very narrow vote of 217 to 213.
24 House Democrats unanimously opposed the legislation and
25 were joined by 20 Republicans.

1 The bill must go through the Senate
2 Parliamentarian, Senate vote, House and Senate
3 reconciliation, final passage vote, and then the
4 President must sign the bill into law.

5 There are several more procedural steps ahead
6 for the AHCA, each of which present challenges to the
7 final passage of the bill.

8 The Republican majority hopes to pass this bill
9 through a budget reconciliation process, whereby it will
10 require a simple majority in the Senate of 51 votes.
11 Leaders must ensure that the bill complies with the
12 Senate "Byrd Rule." That generally requires a
13 reconciliation bill to relate to the budget, meaning
14 that some of the ACA provisions cannot be adjusted or
15 addressed through this bill in this process, because
16 they do not address taxes or spending.

17 It's now up to the Senate Parliamentarian to
18 determine if the bill meets the Byrd Rule standards.
19 Many observers and policy experts believe that there are
20 several areas of the bill that will have to be removed
21 or modified because the budget impact is merely
22 incidental or indirect to a broader policy.

23 Provisions that seem particularly at risk
24 include changes that will directly impact individual
25 market insurance rules, state waivers, preexisting

1 conditions, and essential health benefits.

2 The Senate was not able to officially begin
3 working on the AHCA until the Congressional Budget
4 Office provided their estimate of the cost and coverage
5 impacts.

6 The CBO report was released on CBO day, as it
7 was called on Twitter, May 24th, 2017, and it indicated
8 a similar number to the previous report that they had
9 conducted prior to amendments to the AHCA, whereby
10 23 million consumers will lose coverage over the next 10
11 years, and 119 billion federal dollars will be saved as
12 a result.

13 The CBO report is an important factor in
14 determining which provisions in the House bill may be
15 subject to scrutiny under the budget reconciliation
16 process.

17 The next part of this paragraph has changed,
18 but I'll still read it. Key Senate Republican leaders
19 have already signaled that the process will not be
20 rushed. Orrin Hatch, Chairman of the Senate Finance
21 Committee, noted that Senators should manage their
22 expectations and remain focused on the art of doable, of
23 the doable. Senator Lamar Alexander is the Chairman of
24 the Senate Health, Education, Labor and Pensions
25 Committee and said that the Senate is going to take the

1 time to get it right.

2 Some of the changes around that rhetoric and
3 that mentality have been borne this week, where we have
4 seen Senate Chair Mitch McConnell indicating a fast
5 track of the bill and hoping that the bill is written
6 and out for public viewing as of tomorrow, June 9th.

7 The intent is to get the report, or the Senate
8 Bill to the CBO in the next couple of days in order to
9 get a CBO report, so that the Senate can vote on this
10 bill before their July 4th week break.

11 So a lot will be happening over the next week.

12 The expiration of the federal fiscal year 2018
13 is part and parcel of what we were thinking were the
14 deadlines. Prior, September 30th is when we thought
15 that they would probably have a bill out. But that all
16 changed.

17 There was no indication at the time -- or there
18 was some indication at the time that there would be a
19 bill out this week when I wrote this.

20 The Senate has created a special committee
21 that's going to handle the bill, which is expected to
22 break into three different subgroups. It actually has
23 broken into more than three subgroups, to address
24 specifics as they relate to Medicaid, tax credits, and
25 insurance reforms.

1 It's seen as likely that the Senate will do a
2 comprehensive rewrite of the recently passed AHCA bill.
3 However, that has been a little bit changed over the
4 last 24 hours. It does look like there will be very
5 much similarities between the Senate bill and the House
6 bill.

7 It's seen as likely that the Senate will do a
8 comprehensive rewrite. Okay.

9 Republican leaders can only afford to lose two
10 of the votes, 50 plus the Vice President for passage.

11 Senator Dean Heller has indicated that he does
12 not support the bill as it was passed through the House,
13 stating that we cannot pull the rug out from under
14 states like Nevada that expanded Medicaid, and we need
15 assurances that people with preexisting conditions will
16 be protected.

17 This afternoon, Senator Heller indicated that
18 he had support for a bill that would potentially end
19 Medicaid after a seven-year period.

20 When and if the Senate passes a version of the
21 AHCA, any differences between that bill and the House's
22 bill are going to need to be reconciled before final
23 passage. The House has made significant compromises to
24 pass their version of the AHCA, and is seen likely that
25 a Senate bill will face scrutiny and challenges in that

1 reconciliation process.

2 If the bill can be reconciled between the House
3 and the Senate and is finalized for passage, the bill
4 will then be presented to the President to be signed
5 into the law. The President has the authority to pass
6 or veto the bill.

7 In its current form, the AHCA is largely
8 unpopular amongst industry and consumer advocacy groups.
9 It will likely undergo some changes prior to final
10 passage.

11 And the Exchange is remaining observant in
12 tracking this bill and changes and impacts that they
13 have onto Nevada Exchange consumers.

14 The Exchange remains focused on development for
15 plan year 2018. However, I think, we're all very aware
16 that there is uncertainty about who will enroll or who
17 will maintain coverage under the AHCA, who may, excuse
18 me, maintain coverage under the AHCA -- I don't know
19 what this sentence was going for. But I understand what
20 I was trying to say, which is that there is some
21 uncertainty in the marketplace, and we're concerned
22 about what that will do to our enrollment.

23 Any disruptions in the market are likely to
24 lead to higher premiums and potentially loss of
25 insurance carriers who are participating in the Nevada

1 marketplace.

2 The Exchange does work closely with our
3 community partners, navigators, brokers, agent
4 community, and various stakeholders, to monitor the
5 marketplace. And we look forward to the continued
6 engagement at both the state and federal level to
7 deliberate and determine the direction of the AHCA.

8 I'm happy to take any questions.

9 DR. JAMESON: Since I've been following local
10 and national news and have been pretty up-to-date, I
11 actually don't have any questions.

12 Does anyone have any questions?

13 But that was a wonderful report. I could
14 probably save myself a lot of time, TV time, just
15 waiting for your nice concise report each month. Thank
16 you.

17 MS. KORBULIC: Thank you, Madam Chair.

18 DR. JAMESON: No other questions up north?

19 So that brings us to the part of discussion,
20 possible actions regarding dates, times, and agenda
21 items for future meetings.

22 Do any of our Board members have any possible
23 action items for the future?

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

25 And I certainly think that we need to continue,

1 and really appreciate, getting the Affordable Care Act
2 status reports. So we would certainly be looking
3 forward to continuing to get those at our future
4 meetings.

5 And our outreach plans for, you know,
6 reenrollment in November is certainly something that we
7 would also look forward to receiving going forward.

8 And, of course, I think, we should meet next
9 month.

10 DR. JAMESON: Yes.

11 No other comments?

12 I just want to remind everybody about the pep
13 rally, expect to see you all there. It's going to be
14 fabulous.

15 And having said that, is there any public
16 comment up north?

17 MS. KORBULIC: No, there is not.

18 DR. JAMESON: Any public comment here?

19 In that case, I think, we can adjourn, unless
20 anybody has any issue?

21 So the meeting is adjourned. Thank you,
22 everybody. Excellent work, Heather, you and your staff
23 are incredible. Thank you so much.

24 MS. KORBULIC: Thank you.

25 -oOo-