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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
WEDNESDAY, JUNE 28, 2017, 1:30 P.M.

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DR. JAMESON: Good afternoon everybody.

MS. LEWIS: Good afternoon.

DR. JAMESON: Welcome.

Do we have our Board members dialed in?

MS. KORBULIC: Yes, we do, Madam Chair.

DR. JAMESON: Well, then we'll go ahead and
call to order and see if we have a quorum.

MS. KORBULIC: Okay. Dr. Florence Jameson?

DR. JAMESON: Here.

MS. KORBULIC: Valerie Clark?

MS. CLARK: Present.

MS. KORBULIC: Lavonne Lewis?

MS. LEWIS: Present.

MS. KORBULIC: Angie Wilson?

MS. WILSON: Here.

MS. KORBULIC: Jonathan Johnson?

MR. JOHNSON: Present.

MS. KORBULIC: Jose Melendrez?

MR. MELENDREZ: Present.

1 MS. KORBULIC: Dr. Dan Cook?

2 DR. COOK: Present.

3 MS. KORBULIC: Marta Jensen?

4 MS. SPROUT: This is Shannon Sprout sitting in
5 for Marta Jensen today.

6 MS. KORBULIC: Thank you.

7 Commissioner Richardson?

8 MR. SHIPPEY: Glenn Shippey on behalf of
9 Commissioner Richardson.

10 MS. KORBULIC: Glenn Shippey is here on behalf
11 of Commissioner Richardson.

12 And Debi Reynolds?

13 I'll mark her as absent.

14 Madam Chair, we have a quorum.

15 DR. JAMESON: Very good. I'd like to take an
16 opportunity to see if we have any public comment.

17 Go ahead, and let's start up north. Do you
18 have anyone in your room that are in the audience that
19 would like to make public comment today?

20 MS. KORBULIC: Not as of right now.

21 DR. JAMESON: Are any of you here today, with
22 us down here, wanting to make a public comment?

23 No, they're here, but no comments.

24 So we're going to start with the Division of
25 Insurance presentation by their representative, with

1 an --

2 MS. KORBULIC: Should I make an announce --

3 DR. JAMESON: -- overview of the Exchange
4 carrier coverage availability and other related matters
5 for our plan year 2018.

6 MS. KORBULIC: And, Madam Chair, before we get
7 started on that, if I may, I wanted to just point out to
8 everybody in attendance that our Board agenda has been
9 amended. We removed the original item number IV and
10 replaced, or reordered the agenda items, that agenda
11 item IV was no longer relative to today's meeting.

12 DR. JAMESON: Very good. Thank you for the
13 update.

14 MS. KORBULIC: And we have Glenn Shippey here
15 from the Division of Insurance to present us with some
16 information about plan year 2018.

17 Go ahead, Glenn. Thank you.

18 MR. SHIPPEY: Thank you, Heather.

19 Chairwoman Jameson, members of the Board, for
20 the record, my name is Glenn Shippey with the Division
21 of Insurance.

22 And I am disappointed to report that Nevadans
23 who reside in 14 of the state's 17 counties will have no
24 plan available next year to choose from on the Exchange.

25 That means anyone who resides outside of Clark,

1 Nye and Washoe counties are going to have at this point,
2 it looks like, no qualified health plans to purchase
3 next year.

4 Currently, there are three carriers selling
5 plans on the Exchange Carson City area. This consists
6 of the counties of Carson, Douglas, Lyon and Storey.
7 Two of those three carriers -- let me speak up a little
8 bit.

9 MS. KORBULIC: Yeah.

10 MR. SHIPPEY: Two of those three carriers also
11 sell plans in rural counties in Nevada on the Exchange.

12 One of the three carriers, Prominence Health
13 First, did not submit an application for 2018 to sell
14 individual plans and will not be participating next year
15 on the Exchange. Prominence currently sells plans in
16 the Las Vegas, Reno and Carson areas and has just under
17 6,000 covered Exchange lives.

18 The second of these carriers is Anthem's PPO
19 carrier, legally known as Rocky Mountain. Rocky
20 Mountain also did not submit an application for 2018.
21 Rocky Mountain sells plans currently in all counties
22 outside of Clark and Nye and has a covered lives count
23 of just under 7,000 on the Exchange.

24 The third carrier that sells plans in the
25 Carson area is also the Exchange's only statewide

1 carrier. That's Anthem's HMO company, legally known as
2 HMO Colorado. HMO Colorado did submit an application
3 for 2018 to sell on the Exchange. However, HMO Colorado
4 has proposed to make plans available in only three
5 counties, those counties of Clark, Nye and Washoe, which
6 represent areas one and two, service areas as defined by
7 the Exchange.

8 We did receive an application from Health Plan
9 of Nevada to continue to sell Exchange plans in areas
10 one and two. So that's Reno and Las Vegas. Health Plan
11 of Nevada would, has proposed to sell 10 plans in each
12 of those areas.

13 And let me go back to HMO Colorado. HMO
14 Colorado is proposing to sell a single bronze, silver
15 and gold in service areas one and two.

16 We did receive applications from two new
17 carriers for 2018, Centene and Aetna. Both of those
18 carriers are proposing to sell plans also in the same
19 three counties: Clark, Nye and Washoe. Centene is
20 proposing to sell four plans in those counties, one
21 bronze, two silver and one gold. And Aetna's proposing
22 to sell a single gold and a single silver in those
23 counties.

24 Also, no carrier submitted an application to
25 participate and sell health plans on the small employer

1 Exchange next year. So there will not be an opportunity
2 for small employers to purchase on the SHOP in 2018.
3 Currently, Anthem is that only carrier that's selling.

4 The Division of Insurance, the Exchange, and
5 the Governor's Office have had numerous meetings with
6 our carriers to try to encourage them to expand service
7 areas, so that we have no uncovered county in the state
8 next year. We're going to continue those discussions.

9 And I want to point out that the Division of
10 Insurance has been in close discussions with carriers
11 for a number of months leading up to this past
12 legislative session. And the carriers expressed pretty
13 commonly concerns over the lack of certainty with what's
14 the future health care reform is. They asked for more
15 time, first and foremost. They asked our agency and the
16 Exchange if we could give them more time.

17 We are somewhat constrained, because we use the
18 federal platform healthcare.gov. So there are limits to
19 how much time we could give carriers. But we did
20 listen. And the.

21 And the Commissioner did introduce a bill that
22 the Governor signed into law that did amend several
23 statutes that effectively gives carriers more time. So
24 although carriers submitted applications two weeks ago,
25 they have until the middle of September to make

1 modifications to those applications.

2 And we strongly encourage our carriers that
3 submitted to reconsider and expand their plan service
4 areas so that Nevadans in all counties will have options
5 on the Exchange.

6 Chairwoman Jameson, that concludes my
7 presentation. I'd be happy to answer any questions that
8 you or Board members have at this point.

9 DR. JAMESON: I'd like first to give the
10 opportunity of any of the other Board members, if they
11 have any comments or questions.

12 DR. COOK: Dr. Jameson, this is Dan.

13 DR. JAMESON: Please.

14 DR. COOK: Yes, Daniel Cook. Hi.

15 Yes, so you mentioned the uncertain climate and
16 needing more time. Do you have any other analysis or
17 expert opinion about why the carriers aren't interested
18 in participating at this time or why they would withdraw
19 from those counties, that you want to offer, or?

20 MR. SHIPPEY: Yeah, Dr. Cook, we at the
21 Division are wondering that ourselves. And, I think, it
22 really is up to the carriers to explain that. So we,
23 frankly, don't know. We weren't expecting to see these
24 results when applications came in two weeks ago. We had
25 no advance warning of this outcome. And it was

1 discovered the day after applications were submitted.
2 And we had the same set of questions and concerns.

3 DR. JAMESON: Heather, could you give us a
4 little elaboration -- think, you've been studying this
5 in great detail -- to help us better understand the
6 question, the response to that question in that the
7 instability of the marketplace, why that makes them
8 nervous at this point to cover the rural area. I think,
9 probably you've shared with myself and others a
10 reasonable explanation. If you could share that now.

11 MS. KORBULIC: Yes, Madam Chair. This is
12 Heather Korbulic, for the record. And I have a bit of a
13 statement here that does address that.

14 So as we just heard today from Glenn and the
15 Division of Insurance, as of today, no Exchange carriers
16 have submitted insurance plans for 14 of Nevada's 17
17 counties. The Exchange absolutely recognizes the
18 gravity and seriousness of this situation.

19 And as Glenn expressed earlier, the Exchange
20 and the Division of Insurance, along with the Department
21 of Health and Human Services and the Governor's Office,
22 are continuing to talk with carriers and to CMS in an
23 effort to develop on-Exchange options for plan year
24 2018.

25 I'd like to echo what Glenn alluded to and say

1 that it is not too late for our carriers to still work
2 with us and the Division of Insurance to establish
3 on-Exchange plans for 2018 or some, some kind of
4 resource for our consumers.

5 That being said, we are continuing to work
6 collectively to identify other potential solutions and
7 resources for consumers who are going to be impacted in
8 the event that a carrier cannot provide an on-Exchange
9 solution.

10 Over the past several months, I've been
11 regularly reporting to our Board that federal
12 instability surrounding cost-sharing reductions and the
13 enforcement of individual mandate has created a very
14 volatile market in Nevada and across the country. Today
15 we're seeing the results of this instability here in
16 Nevada.

17 It's specifically related to cost-sharing
18 reductions. This creates not -- not having certainty
19 for a carrier around the payment of cost-sharing
20 reductions creates a very uncertain market. It's part
21 of the way that they determine their rates. And so it
22 can become extremely difficult to create a rate when you
23 don't know what kind of funds will be coming to you.

24 Enforcement of the individual mandate is
25 critical to the ongoing enrollment in the Exchange. If

1 we do not -- or if the federal government does not
2 enforce the individual mandate, consumers who are
3 healthy are less likely to access insurance, and those
4 who are unhealthy are more likely to access insurance.
5 And that creates an unhealthy risk pool, which drives up
6 premiums and costs for everybody who remains.

7 The lack of affordable care plans for and
8 options for those approximately 8,000 Exchange consumers
9 throughout the 14 impacted counties creates what I'm
10 calling a health care crisis for rural Nevada. I'm
11 deeply concerned about the impact that this is going to
12 have on our fellow Nevadans and the health care systems
13 that support their communities.

14 The staff of the Exchange is doing everything
15 that we can to identify and secure some of the
16 established resources already available for impacted
17 consumers. We're developing a resource page on our
18 webpage and have been in close contact with Access to
19 Healthcare Network, whose medical discount program may
20 provide some very limited assistance to those impacted
21 consumers in rural counties.

22 I'm going to go ahead right now and encourage
23 any consumer that has a qualified health plan in the
24 affected counties, who are expected to enroll again in
25 2018, to contact our customer services center at

1 855-768-5465 to be connected with some available
2 resources.

3 The Exchange is going to be arranging meetings
4 with our contracted navigators, broker association,
5 state lawmakers and federal delegates over the next
6 several days to provide information about what resources
7 might be available to consumers in those impacted areas.

8 I am available to speak with consumers, media,
9 lawmakers, and other related stakeholders. And I
10 encourage anyone who wants to talk with us to reach out
11 to Janel Davis, our Exchange Communications Officer, at
12 775-687-9934.

13 I will be keeping our Board fully apprised of
14 what is a fluid situation.

15 Happy to take any other questions that the
16 Board might have.

17 DR. JAMESON: Thank you so much. Could you
18 repeat that number for patients who want to reenroll.

19 MS. KORBULIC: For consumers, sure. It's
20 855-768-5465.

21 DR. JAMESON: Very good.

22 And I'm sorry. I think, I heard someone trying
23 to come in there. Could you proceed.

24 MS. WILSON: Hi, this is Angie, Angie Wilson
25 here, for the record.

1 You know, I am so -- I just have to say, you
2 know, I'm just so disappointed. You know, the -- I mean
3 I know it's very disappointing for all of us who are
4 working in this field and, you know, certainly, sitting
5 on the Board, to hear news like this.

6 One of the questions I had was how much time
7 can we continue to, you know, work with these carriers,
8 you know, how much time do we have left before we run
9 out of time? That's one question.

10 And I do think, you know, a lot of this is -- I
11 mean we all know this is happening specifically because
12 of the uncertainty about, you know, what's going to
13 happen, who will enroll, who's going to be able to
14 maintain coverage under both, either the American
15 Healthcare Act or the Better Care Reconciliation Act
16 (BCRA) that just came out, you know. It's already
17 causing disruption in our individual market.

18 I am concerned because of the amount of money
19 Nevadans are receiving is what I thought, what I see,
20 35 million in cost-sharing reductions and which assist
21 them in the coverage. I'm really hoping that -- and I
22 don't know if any of our carriers who discussed. You
23 know, you could have been having meetings with the
24 Division of Insurance. You know, I'm sure hoping that
25 this information is getting carried all the way up to

1 our Senators, you know, our representatives, you know,
2 about the significant impact that this is having.

3 And I do know, Heather, in talking with you,
4 that you're trying, and I've seen the documents that you
5 send out. But I am just, I'm very, very worried when
6 we're talking about the majority of the state, you know,
7 that are in populations that, you know, don't have
8 adequate access if you don't live in Reno or Las Vegas.
9 I mean we're talking about a ton of people here. I'm
10 just really -- I mean I'm not sure. How much more time
11 do we have? What options, you know, can we extend? I'm
12 just curious.

13 MS. KORBULIC: Thank you, Angie. This is
14 Heather Korbulic, for the record. And I will just agree
15 with you about your deep concern and let you know that
16 we have been in regular contact with our delegates at a
17 federal, and will be soon at the state level.

18 I will let Glenn Shippey answer questions about
19 the timeline.

20 MR. SHIPPEY: Sure. This is Glenn Shippey
21 again.

22 And we -- the revisions that were made to
23 Nevada statutes to effectively allow carriers to make
24 revisions to their applications, we defined a date
25 certain of up through September 20th.

1 And we encourage -- I'll repeat again something
2 I said earlier. We strongly encourage carriers to
3 expand their plan offerings into other counties in the
4 state, because they do have the flexibility over the
5 next three months to monitor and evaluate what does
6 happen over the summer and make decisions accordingly.

7 So we're still trying to be optimistic that
8 we'll find solutions that involve our Exchange carriers
9 to create some options for consumers.

10 DR. JAMESON: Thank you so much.

11 Valerie, did you have --

12 MS. LEWIS: This is Lavonne Lewis. And --

13 DR. JAMESON: Oh, Lavonne, go ahead.

14 MS. LEWIS: Yes. Well, you know, I appreciate
15 the information that we have received, and I appreciate
16 Heather for keeping us informed as to what seems to be
17 going on in this arena.

18 And I would certainly encourage the
19 continuation of the conversations with the politicians
20 who are responsible for making these kinds of decisions.

21 And then my personal feeling is that, of
22 course, that this is an attempt to just to continue to
23 be able to say that the Affordable Care Act is failing
24 and, of course, to pressure people to then vote for what
25 I perceive to be a diabolical bill that would provide

1 health care to very few and provide an awful lot of
2 money for the very rich.

3 So I encourage, you know, all of us to continue
4 our discussions with the politicians who are responsible
5 for really -- because, I think, that they are
6 responsible for this dilemma that we find ourselves in.
7 I'm trying to use words that are not expressing my real
8 feelings.

9 So I just encourage us to continue to try to
10 bring about some movement to be able to offer, you know,
11 healthcare options to all Nevadans, rather than just
12 those that are in the more, you know, populated areas.

13 Thank you.

14 MS. WILSON: This is Angie. And I absolutely
15 100 percent concur with Lavonne on every single level.

16 I'm also -- you know, of course, you guys have
17 heard me say before, my, you know, discontent for
18 gutting Medicaid and the major impact that will also
19 have, under the both of these bills, I absolutely think
20 it's appalling, and it will hit our Nevadans in a very
21 serious way.

22 MS. LEWIS: And this is Lavonne. You know, I
23 think that I just can't imagine -- this is my personal
24 feeling again. I just can't imagine how people, you
25 know, human beings, can come to the decisions that are

1 being proposed, that will destroy, really, people. I
2 can't imagine what, where you are to have to come to
3 those kinds of decisions.

4 MS. CLARK: Hey, Heather, it's Valerie. Or,
5 Madam Chair, I'm sorry, it's Valerie Clark. Could I
6 just make a comment or a statement?

7 DR. JAMESON: Oh, yes, Valerie. Yes, please
8 do.

9 MS. CLARK: I'm wondering if it would be
10 helpful for this Board to invite the decision-makers,
11 whoever they are, the CEOs, or what have you, of these
12 carriers that we are doing business with, to meet with
13 us and talk with us about their issues, and give us a
14 better understanding of what is going on, from their
15 perspective.

16 DR. JAMESON: I'm going to ask our Executive
17 Director, Heather, to address that.

18 MS. KORBULIC: Madam Chair, this is Heather
19 Korbulic. And I'd be happy to try and arrange a meeting
20 like that for our Board, to have the CEOs and
21 decision-makers of carriers come and talk to the Board
22 about their concerns.

23 MS. CLARK: Because, I think, it's very
24 important right now that we -- I completely concur with
25 all of your feelings and understand. I -- doing what I

1 do for a living, this has not come as a surprise to me.
2 It's been boiling for -- and brewing and simmering for
3 quite some time. And I hear it from all sides. I hear
4 it from the consumer side, and I hear it from the
5 carrier side. I hear it from the provider side.

6 And the issues that we're really dealing with,
7 I think, could be -- I think, we could be a very
8 objective Board if we could understand the dilemma that
9 these carriers are facing or what is causing them to
10 make the decisions that they're making. I think, it
11 would be very helpful to get them in front of us.

12 DR. JAMESON: Thank you so much, Valerie.

13 And along those lines, I just want to -- of
14 course, I agree with the lots of words that have been
15 spoken. But I remain ever optimistic that with the
16 fortunate bill the Governor signed and the extra time
17 our carriers have, that they may -- we can (indistinct)
18 or, I believe, one carrier hasn't made a firm decision,
19 may decide to move forward. I heard Heather say one
20 day.

21 Hopefully, that they all or one of them could
22 come out with -- they would truly be such heroes, even
23 if -- ideally, I know, if they're going to lose money,
24 they're not going to do it. But ideally, if they could
25 perhaps break even and take this as a loss leader, as

1 they say, and be a hero for our Nevadans, that would be
2 amazing. And Heather and I pray that they will do that.

3 And what you're saying, Valerie, is so to the
4 point, which is, you know, how did the truck get in the
5 ditch, we do know, but how do we get it out, if we
6 understand the carriers better.

7 And our Executive Director has really shared
8 with us that the instability is primarily due to two
9 issues, the cost-sharing reduction and the enforcement
10 of the individual mandate.

11 And what I'm just so waiting to ask our
12 Insurance Commissioner representative is to this very
13 question. Because this is what it hinges on. Is it, if
14 there was no cost-sharing reduction, if there was no
15 enforcement of the individual mandate, is it as gloom
16 and doom as the carriers say, or could they service and
17 still be viable, although their profits would be
18 diminished significantly? Do you have any thoughts on
19 that?

20 MS. CLARK: Well, Madam Chair, Valerie Clark,
21 for the record. I sit in these types of meetings very,
22 very routinely with all of the carriers. And it's
23 not -- I'm right smack in the middle of it, because I
24 hear what they're saying. Yes, I am also a consumer. I
25 also represent consumers. I also happen to have a

1 public health nursing background. And I very much
2 understand the needs.

3 And I think that I -- that's why I believe the
4 only way for us to get a real handle on this is to sit
5 with them face-to-face and try and get them to
6 understand where we're coming from and get us -- you
7 know, and help us understand where they're coming from.

8 DR. JAMESON: Valerie, I absolutely agree. And
9 I did hear you. And, I think, Heather's going to set up
10 that meeting.

11 MS. CLARK: Yes.

12 DR. JAMESON: So my question in the meantime,
13 while we have a representative of our Insurance
14 Commissioner here who might understand the question I
15 posed, I was just asking his thoughts on that.

16 MS. CLARK: Oh, I'm sorry. Okay.

17 COMMISSIONER RICHARDSON: So this is Barbara
18 Richardson. I'm the Division of Insurance Commissioner.
19 And I'm sorry for being late. I'm glad that Glenn was
20 able to give you the information. Unfortunately, it is
21 sad and disappointing information.

22 However, the question that you posed is all
23 about the cost-sharing and the mandate itself. It's
24 not -- I wouldn't suggest that it's, that's something
25 the carriers can't do. But it may be so cost

1 prohibitive that the consumers couldn't afford it. At
2 least the way that's the way it's being posed to us.

3 And the question is, is how much is too much
4 cost for our consumers? Is that better or worse than
5 not having any insurance at all? And, I think, you're
6 going to hear some of that from the carriers themselves,
7 is trying to figure out how to service a very small risk
8 pool without any backstop, to make sure that the costs
9 don't get prohibitive. It's less to do with making
10 money and more to do with trying to figure out whether
11 or not they could offer something that anybody could
12 purchase.

13 DR. JAMESON: Did they actually come up with
14 any projections for the cost of the different plans?
15 And did you have an opportunity to review indeed that
16 they were that out of the ballpark?

17 COMMISSIONER RICHARDSON: As of this time, they
18 did not submit any information on rates for plans that
19 they were not planning on offering. So as Mr. Shippey
20 provided, the plans that they are offering are the only
21 ones that they have told us about.

22 This is just part of the discussion that they
23 have had with us. So that's something you should expect
24 to hear at your Exchange meeting.

25 DR. JAMESON: Thank you so much.

1 And can everybody here? Yes.

2 So, I think, the suggestion, I know that
3 Heather and the Insurance Commissioner's office and the
4 Governor have been working with these carriers
5 face-to-face with their staff to fully vet everything
6 out and fully understand. But what you just shared with
7 me certainly helps me explain.

8 But I, as Valerie, would be curious and
9 certainly would look forward to a face-to-face encounter
10 with our carrier representatives, to just have a better
11 understanding of the details of why they feel it is not
12 possible, and see if there's any way it could be
13 possible.

14 And I thank you, Heather, for looking into
15 this.

16 MS. KORBULIC: Thank you, Madam Chair. I'll
17 work on arranging that for our next Board meeting.

18 DR. JAMESON: Are there any other comments and
19 questions? If not, since item IV --

20 MR. MELENDREZ: This is Jose. Can you hear me?

21 DR. JAMESON: Yes, Jose, very well. Please
22 proceed.

23 MR. MELENDREZ: So my question was just, I mean
24 this is obviously very, very disturbing news. Is there
25 anything that we, Madam Chair and Heather, if somebody

1 can, is there anything that we as a board in this
2 position, is there anything that we can do in terms
3 of -- and I put on my social work hat now. Is there
4 anything that we can do in terms of advocacy, public
5 statements, letters, you know, to the right folks,
6 things like that, that we are able to do or within our
7 means to do as Board members for the Exchange?

8 MS. KORBULIC: Madam Chair, this is Heather
9 Korbulic, for the record.

10 I would just respond to your question,
11 Mr. Melendrez, by saying that I will be, of course,
12 continuing to look into avenues and options and will
13 keep the Board apprised of anything that I think might
14 be useful and productive.

15 MR. MELENDREZ: Thank you, Heather. I
16 appreciate that.

17 DR. JAMESON: Thank you.

18 And since we are now -- item IV is no longer on
19 the agenda, we will move to item V, public comments.

20 Do we have any public comments in the north?

21 MS. KORBULIC: No, we do not.

22 DR. JAMESON: Do we have any public comments
23 here?

24 None. So that being the case, I would say we
25 could adjourn.

1 MS. KORBULIC: Madam Chair, can we address item
2 number IV, which is the possible action regarding dates,
3 times, and agenda for future meetings?

4 DR. JAMESON: Oh, I apologize. I thought it
5 was item IV you said we weren't going to do.

6 MS. KORBULIC: We rearranged the agenda. Thank
7 you. Sorry.

8 DR. JAMESON: Oh, my apologies. Okay. So,
9 yes. And I know one of the thoughts we had shared, in
10 discussion at future Board meetings, was we felt
11 comfortable at this point that we could go to quarterly
12 meetings or every three months. And I would like to
13 hear any comments from the Board at this time.

14 Is anyone there, or did you --

15 MR. MELENDREZ: Yeah, this is Jose. I would
16 support a quarterly meeting face-to-face. But, of
17 course, if any special items, like this one, comes up,
18 that we'd be able to call for a special meeting,
19 whatever that process is to get people together or via
20 phone. But I would support a quarterly meeting.

21 DR. JAMESON: Very good. Any other comments?

22 MS. LEWIS: This is Lavonne Lewis. And I would
23 certainly support a quarterly meeting, also. Except, I
24 think, right now, in these kind of tenuous times that we
25 seem to be in, we may need to certainly have some phone

1 meetings, just as mentioned, you know, so that we can
2 stay abreast of what our circumstances are going
3 forward.

4 MS. CLARK: Madam Chair, this is Valerie Clark.

5 DR. JAMESON: Valerie, please comment.

6 MS. CLARK: I would support quarterly meetings
7 starting January of 2018.

8 MS. LEWIS: I think, that's a good idea.

9 MS. WILSON: This is Angie, and I concur.

10 MS. LEWIS: And this is Lavonne, and I do, too.

11 DR. JAMESON: Very good. Executive Director
12 Heather, do we actually need to actually make any kind
13 of motion on that, because usually it's a discussion,
14 and we set the next meeting and go from there?

15 MS. KORBULIC: Madam Chair, it's my
16 understanding that that's up to the discretion of the
17 Chair, as long as we meet public meeting requirements
18 and that we meet one time per year as per the NRS.

19 DR. JAMESON: Would we need to actually vote as
20 a board to go to quarterly meetings as of January 2018?

21 MS. KORBULIC: No, we would not. It's up to
22 your discretion, though.

23 DR. JAMESON: Okay. Yeah, I don't think we
24 need to. I think, that's adequate discussion.

25 So I think that our next scheduled Board

1 meeting, then, would be?

2 MS. LEWIS: Next week?

3 DR. JAMESON: Rosa's looking.

4 MS. LEWIS: In two weeks, wouldn't it?

5 MS. KORBULIC: It would be July 13th.

6 MS. LEWIS: Oh.

7 DR. JAMESON: That would be July 13th. And as
8 far as I know, I don't know that we're going to have any
9 significant new business at that point. And I would
10 suggest that we -- our next meeting be in August. And
11 if there's something very urgent or really important
12 that comes up, we can always call for another meeting.

13 Heather, do you have any desire to meet in
14 July?

15 MS. KORBULIC: I think, it would be appropriate
16 to meet in August, and I can work on getting the
17 decision-makers at our carriers to be present for that
18 meeting and to provide us with some oversight or insight
19 into their decisions.

20 DR. JAMESON: Excellent. And, I think,
21 everyone, we hope, will know a little bit more about new
22 AHCA. We will know more, hopefully, about the stability
23 in the marketplace, about the main concerns of the
24 cost-sharing reduction and individual mandate. I think,
25 we kind of know where that's going. But we will

1 certainly know a lot more by August. Even though I know
2 they wanted to make a lot of decisions very early on,
3 I'm not sure that that's going to happen. So I think
4 that the August sounds good.

5 How does everybody else feel?

6 So not hearing any opposition, we'll schedule
7 our next meeting in August, pending any urgent business.

8 MR. JOHNSON: Madam Chair, this is Jonathan
9 Johnson. Question, and maybe it's something that we can
10 talk about in the August meeting. But this particular
11 situation, not having a qualified health plan in certain
12 areas, one of the questions that I'd like to discuss
13 next time we get together is, has this happened in other
14 states, and what, what they've done in response to that,
15 and what those options are for those consumers that are
16 left without a QHP on the Exchange?

17 DR. JAMESON: Thank you so much. And I think
18 that I would like to ask. I think that Heather has a
19 very excellent response for that. Because, yes, it has
20 happened in many other states. And, I think, she could
21 do her wonderful data collection that she does and
22 present it to us at the next August meeting and, also,
23 tell you the consequences of that having happened in the
24 other states. Which, of course, many of us, sadly, have
25 seen. And, in fact, during this last year or two, was

1 kind of waiting for the shoe to drop. And I expected
2 that we might have the what we're seeing right now
3 happen one or two years ago. And I felt so blessed that
4 it did not occur until now. But it's still not a done
5 deal.

6 But, yes. Our Executive Director, Heather,
7 would you mind preparing a report on it? Last I saw, it
8 was quite extensive how many no longer had carriers
9 offering to the rural areas or were down to one carrier.

10 MS. KORBULIC: Madam Chair, I'd be happy to
11 provide you with that information.

12 DR. JAMESON: And how those states are dealing
13 with that situation.

14 MS. KORBULIC: Absolutely.

15 DR. JAMESON: Thank you so much.

16 So any other discussion on future times or
17 topics?

18 Hearing none, do I hear a call for adjournment?

19 MS. LEWIS: Yes. I move that we adjourn.

20 DR. JAMESON: All right. The meeting is
21 adjourned. And I thank everybody for your
22 participation.

23 (Participants said thank you.)

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