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SILVER STATE HEALTH INSURANCE EXCHANGE  
BOARD MEETING  
THURSDAY, AUGUST 10, 2017, 1:30 P.M.

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DR. JAMESON: Good afternoon.

MS. KORBULIC: Hello.

DR. JAMESON: How are you?

MS. KORBULIC: Fabulous.

DR. JAMESON: Us as well, had about a 10-pound baby there. Not me, thank goodness.

And just before we do roll call, I wanted to stop and just say welcome to Quincy, our new Board member.

MR. BRANCH: Thank you.

DR. JAMESON: Are they present? Oh. Very good. Thank you very much. So wonderful to have you with us. Did you want to say anything, where you're from and your interest in how it came that you joined us?

MR. BRANCH: Well, one, Quincy Branch, a southern Nevada independent insurance agent. I'm very excited and happy to be a part of this Board, first and foremost.

1 DR. JAMESON: We couldn't, we can't hear.

2 MR. BRANCH: Okay.

3 DR. JAMESON: It's on a volume one out of 10.

4 Can we make it any louder down here?

5 MR. BRANCH: Is that better?

6 DR. JAMESON: A little better.

7 MR. BRANCH: Okay. I'll try to somewhat scream  
8 and not scream.

9 But I'm, again, Quincy Branch, independent  
10 insurance agent down in southern Nevada. I'm, again,  
11 very happy and excited to be a part of the Silver State  
12 Board. I'm looking forward to making meaningful  
13 contributions.

14 And, I think, from an aspect of spent almost 20  
15 plus years in DataBay and HE Space, so dealing with  
16 consumers, talking to carriers and, also, plan  
17 information and advisement, so bringing a different  
18 perspective from those three areas and probably a little  
19 bit more.

20 So, again, just excited and happy to be here.

21 DR. JAMESON: Excellent. That is a very  
22 welcome perspective on this Board. And indeed we  
23 welcome you.

24 I would like to start now with roll call.

25 MS. KORBULIC: Thank you, Madam Chair.

1 Dr. Florence Jameson?  
2 DR. JAMESON: Present.  
3 MS. KORBULIC: Ms. Valerie Clark?  
4 MS. CLARK: Present.  
5 MS. KORBULIC: Ms. Lavonne Lewis?  
6 MS. LEWIS: Present.  
7 MS. KORBULIC: Dr. Dan Cook?  
8 DR. COOK: Present.  
9 MS. KORBULIC: Mr. Jonathan Johnson?  
10 MR. JOHNSON: Present.  
11 MS. KORBULIC: Mr. Jose Melendrez? He notified  
12 me he will be absent.  
13 Mr. Quincy Branch?  
14 MR. BRANCH: Present.  
15 MS. KORBULIC: Marta Jensen?  
16 MS. JENSEN: Present.  
17 MS. KORBULIC: Commissioner Barbara Richardson?  
18 COMMISSIONER RICHARDSON: Here.  
19 MS. KORBULIC: And Debi Reynolds?  
20 MS. Reynolds: Here.  
21 MS. KORBULIC: Madam Chair, we have a quorum.  
22 DR. JAMESON: Very good.  
23 I'd like to proceed with public comment and  
24 start in the north. Is there anyone there for public  
25 comment?

1 MS. KORBULIC: It does not appear so.

2 DR. JAMESON: We have a few in attendance down  
3 here. Is there anyone interested in making public  
4 comment at this time?

5 We have one person standing up. Could you  
6 please announce your name?

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

10 AARP has fought its entire history for access  
11 to affordable healthcare. AARP has been involved with  
12 the State of Nevada since before Nevada Health Link was  
13 born, working with the Nevada Legislature on the  
14 enabling legislation and everything that's happened up  
15 until today.

16 While I know we are going to hear today about  
17 some challenges that Nevada is facing and the Health  
18 Exchange or Nevada Health Link is facing, what I wanted  
19 to say, what I wanted to preface this with, is since the  
20 ACA, with its various components, including controlling  
21 costs for older adults, Nevada Health Link or the Health  
22 Exchange marketplace and the Medicaid expansion, Nevada  
23 has been able to lower its uninsured rate from  
24 approximately 23 percent, which is one of the highest in  
25 the country, to, depending on whose numbers you look at,

1 either 11 percent or 12 percent. That is a great  
2 success. Tell them I'm busy, I can't take that call.

3 So that is a great success that we have cut our  
4 uninsured rate by half. And that is an amazing thing.  
5 And we need to relish in that, and we need to celebrate  
6 that success that people have access to affordable  
7 quality healthcare across our state.

8 While there's some challenges we're going to  
9 hear about, I know Nevada, with our Governor leading the  
10 way and the Division of Insurance and Nevada Health Link  
11 and this very capable Board and the staff, and all the  
12 advocates across the state are going to work hard to  
13 make sure that quality affordable healthcare will remain  
14 something that is available to all the Nevada citizens  
15 who live in our state.

16 I also would like to add that I am very, very  
17 pleased, when I looked in the marketing materials, to  
18 see that you're doing outreach up to 64-plus. I've  
19 talked about that a lot, making sure that we reach out  
20 to people of all ages to tell them that this is  
21 available.

22 Thank you.

23 DR. JAMESON: Thank you, Barry.

24 Were there any other public comments?

25 No other comments. We'll go ahead and move on

1 with approval of our minutes.

2 I would like to -- there are actually two sets  
3 of minutes to be approved since our last time we met,  
4 and I would like to take them separately.

5 First, the minutes for June 8, 2017. Do we  
6 have a motion to approve?

7 MS. CLARK: Valerie Clark. Motion to approve  
8 the minutes for June 8th.

9 MS. LEWIS: Lavonne Lewis. Second the motion.

10 DR. JAMESON: And no comments, edits,  
11 suggestions, then I'll go ahead and ask anybody in favor  
12 of approving those minutes to say "aye."

13 (Board members said "aye.")

14 DR. JAMESON: Okay. The minutes from June 8th,  
15 2017 have been passed.

16 And now, similarly, June 28th, 2017, do I hear  
17 a motion to pass those minutes?

18 MS. LEWIS: Lavonne Lewis. I move approval.

19 MR. JOHNSON: Jonathan Johnson. Second.

20 DR. JAMESON: Thank you.

21 And no comments, edits or suggestions, then  
22 I'll go ahead and ask everyone in favor to say "aye."

23 (Board members said "aye.")

24 DR. JAMESON: Thank you very much.

25 And now it's time for our Executive Director's

1 report, which will include the plan year 2018 carriers  
2 and coverage. We look forward to this report.

3 UNIDENTIFIED MAN: Can this wait just a moment,  
4 please? I'm very sorry. We had a network issue. We  
5 lost the Livestream.

6 MS. KORBULIC: We just lost our Livestream, so  
7 we have to reconnect. And I will go ahead and proceed  
8 as soon as that's reconnected. Sorry.

9 DR. JAMESON: No worry. You have a captivated  
10 audience.

11 (There were a few minutes taken to reconnect  
12 the Livestream.)

13 UNIDENTIFIED MAN: Okay. All right. We're  
14 back. Thanks, Heather.

15 MS. KORBULIC: Okay. It sounds like we are  
16 back on line and streaming again.

17 So if it's okay with you, Madam Chair, I will  
18 proceed with the Executive Director's report.

19 DR. JAMESON: Thank you, Executive Director.

20 MS. KORBULIC: Okay. Despite a tumultuous  
21 several months in Washington, D.C., the Silver State  
22 Health Insurance Exchange staff has remained focused and  
23 on our agency's mission to increase the number of  
24 insured Nevadans. While the volatility and uncertainty  
25 remain both in our state and in Congress, the operations

1 and functions of the Exchange are steady.

2           The landscape for plan year 2018 on the  
3 Exchange continues to vacillate primarily as a result of  
4 the federal instability around the funding of  
5 cost-sharing reductions and the enforcement the  
6 individual mandate.

7           At our last meeting, the Division of Insurance  
8 announced that 14 of Nevada's 17 counties would have no  
9 on-Exchange plan offerings. As of when I wrote this,  
10 August 6, 2017, the bare counties remain without a  
11 carrier.

12           The DOI, Exchange, and the Governor's Office  
13 have been working collaboratively and feverishly to  
14 identify an on-Exchange solution for consumers in these  
15 counties. While we're very hopeful that we'll be able  
16 to find and announce a carrier that will have plan  
17 offerings on-Exchange, the situation does remain fluid  
18 while the particulars are finally worked out.

19           In July, the DOI and the Exchange were notified  
20 by Aetna and Anthem that both companies will not be  
21 participating on the Exchange for plan year 2018.

22           Aetna had submitted a binder of plans to be  
23 sold on the Exchange and has since retracted those  
24 plans. Aetna has not sold plans on the Nevada Exchange,  
25 and as such, no current consumers will be impacted by



1 their exit. Aetna has also exited their contract to  
2 provide managed care services for the Division of Health  
3 Care Finance and Policy, aka Medicaid.

4 In June, Anthem announced a reduction in their  
5 Nevada footprint, whereby leaving 14 counties without  
6 Exchange plans. Anthem then submitted filings to offer  
7 qualified health plans in Clark, Washoe and Nye  
8 counties.

9 Based on the rate submissions that the DOI  
10 received from Anthem, they proposed an average rate  
11 increase of 62 percent for those QHPs. This proposed  
12 increase did not reflect the potential elimination of  
13 CSRs. In late July, Anthem notified the DOI and the  
14 Exchange that they intend to leave the Exchange  
15 entirely, which will impact approximately 24 percent of  
16 our Nevada Exchange consumers. Anthem has indicated  
17 that the federal instability and uncertainty have  
18 resulted in their exit.

19 While the Exchange is extremely disappointed in  
20 Anthem and their decisions, we look forward to working  
21 with our two remaining carriers, Centene, otherwise  
22 known as SilverSummitt, and Health Plan of Nevada.

23 It's important that Anthem's Exchange consumers  
24 understand and know that there will be Exchange plans  
25 available for them to replace their existing Anthem

1 plans. It is going to be critical that these consumers  
2 work with an enrollment professional and shop the  
3 marketplace during open enrollment to select a plan  
4 that's right for their specific health and financial  
5 needs.

6 If consumers do not actively shop, they will  
7 automatically be enrolled into another plan on the  
8 Exchange for plan year 2018.

9 As per the Board's request from June 28th, of  
10 our June 28th meeting, I have reached out to Prominence,  
11 Aetna, and Anthem and asked that they attend this  
12 meeting and provide the Board with an explanation as to  
13 why they've left the Exchange. I did not receive any  
14 response from Prominence or Aetna. Anthem had told me  
15 at the time that I wrote this report that they would  
16 provide a statement, but I received an e-mail from them  
17 earlier today saying that would not have something done  
18 in time.

19 So, and moving on, throughout the month of  
20 July, the Senate bill to repeal the Affordable Care Act  
21 was drafted, modified and ultimately voted down in a  
22 spectacular show late Thursday night. During that time  
23 period, I spent a great deal of time working with the  
24 Department of Health and Human Services, Division of  
25 Health Care Finance and Policy, and our Governor's

1 Office analyzing the impact of the bills on the Exchange  
2 consumers and our operations. Our organizations were  
3 able to provide rapid analytical responses which  
4 required deep collaboration. All of our agencies helped  
5 each other and were unified around one goal, and that  
6 was to protect the interest of Nevadans.

7 I was also in regular and frequent contact with  
8 Nevada's federal delegates and provided them with  
9 requested data and analysis.

10 Although the Senate was unable to successfully  
11 pass a repeal bill, there are indications that the  
12 initiative is not over. While Congress continues to  
13 debate healthcare reform, many lawmakers are working  
14 towards stabilizing the existing marketplace. These  
15 efforts are going to be critical for Nevada and in our  
16 individual market and, if successful, will offer  
17 carriers the stability that they've been looking for,  
18 for the past seven months.

19 Nevada carriers need assurances around the  
20 payments of CSRs, and they need enforcement of the  
21 individual mandate as it relates to their risk-mix. And  
22 they also need some indications of whether or not there  
23 will be short- and long-term reinsurance programs.

24 Many states have filed a lawsuit in order to  
25 ensure the payment of CSRs should the administration

1 choose not to fund them. I have provided information  
2 about this lawsuit to the office of Nevada's Attorney  
3 General with a request that the state consider the  
4 merits of joining that suit.

5 Overt past five months, the Exchange has been  
6 keenly focused on the strategy for open enrollment  
7 period five, OE5. These challenges for OE5 are  
8 daunting. A truncated open enrollment period went down  
9 from 90 days to -- or, no, from 90 days to 45 days,  
10 unknown support from HealthCare.gov, and the  
11 long-standing limitations of having absolutely no  
12 member-level data.

13 My colleagues from other state-based  
14 marketplaces that utilize the federal platform -- we  
15 call ourselves the SBM-FPs -- and I have collectively  
16 and individually requested information from CMS  
17 regarding the ability of HealthCare.gov's infrastructure  
18 to support a truncated open enrollment period. We've  
19 requested details about what kind of outreach they'll be  
20 making to our consumers. And we've requested specific  
21 information about HealthCare.gov's plans for outreach  
22 and marketing for this upcoming open enrollment period.

23 I have yet to receive any answers to my  
24 questions or any indication as to when I will receive  
25 answers. Which is particularly frustrating, considering

1 that the Exchange is set to spend over \$5 million to  
2 lease HealthCare.gov for 2017.

3 I will remain committed in my requests. And,  
4 meanwhile, the Exchange will continue to develop a  
5 targeted outreach and effectively, or and actively  
6 engage consumers through the Nevada Health Link's  
7 advertising campaign, regardless of the answers we may  
8 or may not receive.

9 Finally, CMS sent out a request for information  
10 in June with a response deadline in early July. The RFI  
11 was titled Reducing Regulatory Burdens Imposed by the  
12 Patient Protection and Affordable Care Act and Improving  
13 Healthcare Choices to Empower Patients.

14 The Exchange response has been included in the  
15 Board packet for your review. In summary, the Exchange  
16 suggests that the lease fees for SBM-FPs to utilize  
17 HealthCare.gov do not represent a true market value of  
18 the services provided, nor do they offer the flexibility  
19 that the Exchange requires to maximize efficiencies and  
20 effectively communicate with our consumers. Allowing  
21 Nevada to transition from its reliance on HealthCare.gov  
22 to an affordable application and eligibility technology  
23 solution that's already being used successfully by one  
24 or more state-based marketplaces will promote consumer  
25 choice while enhancing affordability.

1           Clearly, the Exchange is enduring one of the  
2 most tenuous periods in its short but tense lifetime.  
3 Every day presents new challenges and opportunities.

4           I have been focused on a list of my top five  
5 priorities for the Exchange that I prominently display  
6 on a whiteboard in my office, which are: number one,  
7 consumer service and perception; two, carrier  
8 availability; three, reliable technology; four,  
9 enrollment channel development; and, five, political  
10 sensitivity. While many of these items are sometimes  
11 out of our direct control, our staff are focused on  
12 controlling what we can within our sphere of influence.

13           And I know I say this at every meeting, but  
14 it's important for our Board to understand and know that  
15 the Exchange team is a really, a very unique group of  
16 individuals who are committed and focused on our vision  
17 and mission. And I'm grateful every day for their  
18 steady presence in this very rocky landscape.

19           That is the sum is summation of my Executive  
20 Director report. I'm happy to answer any questions that  
21 the Board might have.

22           DR. JAMESON: Thank you. That was just an  
23 excellent report.

24           Indeed we want to thank everyone at the  
25 Exchange and Exchange staff because of their steady and

1 strong and really rapid response to what's gone on the  
2 last couple of months to help provide information to our  
3 Governor and other parties in the state in order to know  
4 how to best react to the situation. You and your staff  
5 have been incredible in these very uncertain times.

6 Now, before I do my usual half a dozen, dozen  
7 questions, I'm going to, as always, defer first to my  
8 colleagues on the Board. And who would like to go  
9 first?

10 MS. CLARK: Madam.

11 MS. LEWIS: I'm not sure I have a question, but  
12 I do have a comment that I certainly want to express my  
13 concern about the inability to be able to get  
14 information from -- regarding -- and data that is so  
15 essential for our open enrollment period. I think that,  
16 you know, for the amount of money we are paying, that  
17 we'd be -- the fact that we get no information back is  
18 just very, very disheartening.

19 And, you know, I'm not sure how we can function  
20 going forward. I know that we are still looking to see  
21 what other opportunities are available for us to find  
22 someone else to handle our program. And I look forward  
23 to the opportunity when we have the ability to do that.  
24 Or at least the opportunity to do that. We've the  
25 ability. Just to have the opportunity.

1 DR. JAMESON: Yes, I agree with you, and it's  
2 such an excellent point. We've been trying to get data  
3 for a very long time. And it seems that we're not the  
4 only ones as, literally, no one is being provided with  
5 that data.

6 And as we all know, that was one of the, one of  
7 the motivating factors besides cost. And it is  
8 certainly one of the other motivating factors, one of  
9 the top five, reliable technology, when it has come to  
10 this Board and our Executive Director's search and  
11 investigation to find the best platform. And she's  
12 worked hard on that. And as we know -- I might ask. I  
13 doubt in the short time since we spoke about this, I  
14 know she has had several of our Senators leaning on the  
15 people that might be able to apply the right pressure to  
16 allow us to change the platform.

17 Has there been any progress? It's only been a  
18 short time since we discussed this the last time.

19 MS. KORBULIC: Thank you, Madam Chair. Heather  
20 Korbulic, for the record.

21 Yes, this morning actually I had a conversation  
22 with CMS based on some of the dialogue that we have had  
23 from our federal delegates and their support of the  
24 potential transition away from HealthCare.gov. So our  
25 IT staff and Ryan, our COO, and I will be traveling to



1 Washington, D.C. in the very near future to propose this  
2 plan, and hoping that we can see a different  
3 interpretation of policy.

4 DR. JAMESON: Very exciting news. We will look  
5 forward to your future updates on that subject.

6 Oh, go ahead.

7 MS. LEWIS: I'm sorry. I did have another  
8 comment. I just wanted to express my real concern for  
9 the fact that, you know, we now have 14 counties, I  
10 believe, in the state that will not have any offerings  
11 under the Affordable Care Act. And that is very,  
12 very -- of very great concern to me, and the fact that  
13 we will not be able to offer coverage to people who live  
14 in those counties.

15 And I think that, you know, I'm just so --  
16 well, just say we'll talk about the government. But  
17 it's just very, very frustrating, the attempts that are  
18 being made to move people in this country from having  
19 insurance coverage to having none. And I think that is  
20 just a real disappointment, you know, and it's a  
21 horrible outcome for people move been, for the last few  
22 years at least, able to get coverage, able to get  
23 treatment, improve their health outcomes. And when we,  
24 as a nation, are like thirty-fourth in the world for  
25 mortality rates, you know, and their infant mortality is

1 like thirty-third in the world, and then for us to feel  
2 that we don't have to offer healthcare coverage to  
3 people in this country is just very, very, very  
4 disheartening.

5 DR. JAMESON: It is, it is a sad situation  
6 we're in. But I'm going to remain, as our Executive  
7 Director, as most of you know, ever-optimistic and  
8 extremely helpful.

9 MS. LEWIS: I'm (indistinct).

10 DR. JAMESON: Because here in Nevada we have  
11 had a pretty good ride so far until Aetna and Anthem had  
12 pulled out not so long ago. And we do have, as we  
13 pointed out, Centene and Health Plan of Nevada.

14 And we are, our Director is very hopeful that,  
15 hopefully, she can announce that a carrier may offer  
16 some plans. And it's, as she said, fluid, and the  
17 particulars have to be worked out. We all must just  
18 send that, positive thoughts, energy, prayers that they  
19 will come through for us.

20 Any other comments?

21 MS. CLARK: Madam Chair, Valerie Clark.

22 My only statement, which I would like to  
23 piggyback what you both said, I'm very concerned about  
24 the lack of response from CMS. And I'm glad to hear  
25 that, hopefully, some political pressure will be put on

1 them. Because without that data that we need, it's  
2 very, very difficult for us to make these decisions,  
3 especially now that we have carriers that are leaving  
4 the marketplace.

5 My other statement was, and my other real  
6 concern is the two carriers that are left on our  
7 Exchange will be Centene and Health Plan of Nevada. And  
8 Health Plan of Nevada has been around for a long time.  
9 So we very much understand how they operate. Centene is  
10 one of the Medicaid MCOs, and they do not have a track  
11 record in the State of Nevada for offering health  
12 insurance plans in the fashion that they're going to be  
13 offering them.

14 So I'm just concerned. Or, I guess, my  
15 question is, how do we vet that, how do we monitor that,  
16 how do we deal with consumer issues as they come up,  
17 with those, with that population?

18 MS. KORBULIC: I'm looking at you, as I look  
19 at --

20 DR. JAMESON: You're looking at Commissioner  
21 Richardson.

22 MS. KORBULIC: Well, we have the Commissioner  
23 of the Division of Insurance here. So I'm going to let  
24 her take that.

25 DR. JAMESON: You are absolutely right. Right

1 back to where the buck stops.

2 COMMISSIONER RICHARDSON: For the record, this  
3 is Barbara Richardson. And I thank you for the  
4 question.

5 Actually, Centene's been around in the MCO  
6 markets for years in the other states. And we've worked  
7 with our other states' divisions of insurance to find  
8 out how they worked, how they function, what their  
9 issues are. And we've been working with them here  
10 specifically to handle those things before we start into  
11 the market. So those things have been worked out  
12 significantly before we even got to the position where  
13 we were moving ahead and approving them.

14 And the other positive thing about them is, I  
15 mean you'll hear them called Celtic or Ambetter in some  
16 of the states. It's still Centene. So that's another  
17 way to look. I think, they're in over 20 different  
18 states at this point offering these types of products.

19 MS. CLARK: Offering PPO products, insurance  
20 products, as opposed to Medicaid?

21 COMMISSIONER RICHARDSON: Yes.

22 MS. CLARK: In both?

23 COMMISSIONER RICHARDSON: Yeah.

24 MS. CLARK: Okay. Thank you.

25 DR. JAMESON: Was there any other questions

1 from anyone else?

2           So as we revolve now into our fifth opening  
3 session, fifth enrollment, you know, initially we  
4 weren't sure about the reenrollment, and then we evolved  
5 and had our automatic reenrollment. At the time, my  
6 limited understanding was that they would be enrolled in  
7 the same insurance company and a similar plan even  
8 although the rate may go up slightly year to year.

9           And it's just interesting to me that if they  
10 don't so aggressively seek enrollment professionals and  
11 shop the marketplace and reenroll, that we actual could  
12 assign them, reenroll them, assigning them to a  
13 different carrier, different plan, et cetera.

14           And, of course, as we know, some of the average  
15 rate increase being as much as 82 percent, do they get  
16 notified, and then they have an opportunity to deny it,  
17 or how does that work?

18           MS. KORBULIC: Heather Korbulic, for the  
19 record.

20           I would, first and foremost, place the emphasis  
21 on the need to work with an enrollment professional for  
22 unique specific consumer needs.

23           And the way that the State of Nevada's Exchange  
24 and the Division of Insurance are developing our  
25 crosswalks or the way that we automatically reenroll a

1 consumer into a different plan, this year the state will  
2 be making our own decisions about those, instead of  
3 letting CMS determine the crosswalks.

4           The reason we're doing that is that we want to  
5 be very careful about the way that we determine those.  
6 We're taking into consideration most common and similar  
7 plans, trying to direct consumers to something that is  
8 most similar from what they previously had. So we're  
9 considering things like metal levels, we're considering  
10 things like provider networks, and then we're thinking  
11 through pricing.

12           So all of those things are being factored in,  
13 among other things, when we're determining a crosswalk.

14           And so, again, emphasis is on having a consumer  
15 work with an enrollment professional and making it an  
16 educated choice about what they want to be enrolled in,  
17 and then automatically being enrolled from there  
18 carefully by the Exchange and the Division of Insurance.

19           DR. JAMESON: And the little detail, they get a  
20 card to remind them they need to do the active searching  
21 out in the front end, and then, the back end, if they  
22 get another card, do you want to accept this or not?

23           MS. KORBULIC: So I would -- there's several  
24 layers to the answer to that question. And I will have  
25 to go back to the fact that we don't have any specific

1 member-level data on our consumers. So we don't know  
2 who they are. And thus we require or we rely on  
3 HealthCare.gov to do that direct interaction and contact  
4 with our consumers notifying them of the fact that they  
5 need to get enrolled during the open enrollment period.  
6 Which is why it's a huge concern for the Exchange right  
7 now and making sure that our consumers are going to be  
8 contacted by HealthCare.gov.

9           There we'd add that the Exchange spends a  
10 significant portion of our budget on marketing and  
11 outreach. And so we are doing the best that we can  
12 through the channels that are available to us to make  
13 sure our consumers understand that there are changes in  
14 the market, and there are changes in their plans, and  
15 that they need to actively engage with an enrollment  
16 professional to get assistance in enrollment in the open  
17 enrollment period.

18           And then, finally, if a consumer is  
19 automatically enrolled onto a different product on the  
20 Exchange, it is up to them, once they get their bill  
21 from the company to pay their premium, whether they  
22 choose to go ahead and do that.

23           DR. JAMESON: That was extremely helpful, and I  
24 know it's so complicated, especially, thank goodness,  
25 with the large number of plans we now have.

1 I just wanted to say I'm really excited about  
2 the efforts that are going on to stabilize the issues of  
3 the CSRs. And, hopefully, that is going to be fruitful.  
4 As we all know, that's probably, along with the  
5 individual mandate, the single one and two most  
6 important issues in order to stabilize it for our  
7 carriers. And I hope that we'll be able to do that.

8 And the lawsuit you talked about that you  
9 have -- thank you very much, by the way, for encouraging  
10 our Nevada Attorney Laxalt to join the many other states  
11 that have filed a lawsuit, so that if indeed we don't  
12 get further confirmation of the CSRs, this lawsuit may  
13 indeed be enough to ensure that we will receive it.  
14 Hopefully, it'll be enough to barely to reassure our  
15 current carriers so they don't feel too much -- you  
16 know, there's a lot of instability, but maybe that could  
17 be a factor in reassuring them.

18 So this lawsuit, I know, given the current  
19 politics, that our Attorney General may not join. If he  
20 does or doesn't join, but the other states are  
21 successful, will the benefits only be for the states  
22 that were involved in the suit, or will we be able to  
23 derive the benefit? We would be right, right? Because  
24 it's, sure, it's certain states versus -- is it versus  
25 the feds, federal? Or how, could you explain how that



1 might work.

2 MS. KORBULIC: So, Madam Chair, Heather  
3 Korbulic, for the record.

4 Yes, if the cost-sharing reductions, or the  
5 current administration chooses not to pay the  
6 cost-sharing reductions, and the 16 democratic attorney  
7 generals that have filed the motion would pursue the  
8 lawsuit, which would enforce and ensure the payment of  
9 cost-sharing reductions should it be successful, the  
10 State of Nevada and every other state would benefit from  
11 a successful lawsuit there. We would -- our carriers  
12 would be paid their cost-sharing reductions if that  
13 lawsuit is successful.

14 DR. JAMESON: I know this is a question that  
15 almost sounds like, I guess, a gamble. But do you think  
16 that there's a reasonable chance that such a lawsuit  
17 could be successful? Have you heard from the colleagues  
18 and the people involved with the lawsuits that they  
19 think there's a chance of success with this lawsuit?

20 MS. KORBULIC: I don't, I don't have any sense  
21 of whether or not it would be successful. But I don't  
22 assume that 16 attorney generals would file a lawsuit  
23 that doesn't have some potential for success.

24 DR. JAMESON: Is there any timeline on that,  
25 since the stability for carriers is so rocky, you know,

1 it is nonexistent right now, do they plan to bring this  
2 forth weeks, months?

3 MS. KORBULIC: I'm sorry, Madam Chair, I don't  
4 have the details on the dates and the timelines that  
5 this lawsuit's pursuing. So I would be happy to get the  
6 Board more information on that.

7 DR. JAMESON: Thank you so much.

8 The other question I had was regarding the  
9 HealthCare.gov, and not the data, but their outreach and  
10 marketing. So we're relatively new with it compared to  
11 many of the other states. In the past couple of years  
12 in other states, since, as you shared with us, they have  
13 not been responsive to tell you what kind of an outreach  
14 marketing they would roll out here in Nevada, now that  
15 we've signed up with them for this enrollment period,  
16 are you familiar with what kind of outreach and  
17 marketing they have done in other states over the last  
18 couple of years? Has it been what we would consider  
19 poor, moderate, or robust? Can we expect that this will  
20 be good?

21 And since you don't really know, but from their  
22 track, but since you don't really know what's going on,  
23 I know it's difficult. But I would appreciate the  
24 response anyway.

25 In addition, we, as I see our marketing team

1 here, I anticipate it but continue to do, as you said,  
2 our own local outreach and marketing. So, then, would  
3 there be two programs going on at the same time, will  
4 they be aligned?

5 MS. KORBULIC: And, Madam Chair, Heather  
6 Korbulic, for the record.

7 So this is actually the fourth open enrollment  
8 period that the Exchange has utilized HealthCare.gov for  
9 our eligibility and enrollment technology. And we have  
10 had a good partnership with HealthCare.gov for the last  
11 four years. They've had robust marketing and  
12 advertising campaigns. And this last January, we did  
13 see a drop-off in the advertisements that were  
14 healthcare, that HealthCare.gov produced and we're  
15 paying for.

16 So our question is -- and over the past four  
17 years, the Exchange has done our own marketing and our  
18 own robust marketing and advertising campaigns in sort  
19 of collaboration or in the same marketing vein as  
20 HealthCare.gov, using similar messaging. And the  
21 HealthCare.gov's advertisements are across the country  
22 and national, and they do span into Nevada's digital  
23 presence and our advertising space. It doesn't -- they  
24 don't do marketing and advertising for the State of  
25 Nevada. However, it does, HealthCare.gov's advertising

1 does augment the existing strategy that we have.

2           So, of course, it's a big concern for us to  
3 understand what their messaging will be this next year,  
4 and then, in addition to understanding where they will  
5 be geographically.

6           And so we really, I really have no answers for  
7 the Board in terms of what the messaging will be for  
8 HealthCare.gov, what their budget will be, and whether  
9 or not there will be any presence in Nevada.

10           DR. JAMESON: Thank you so much. And, I think,  
11 part of what I was also trying to say is because we're  
12 paying so much this year, you know. And so we don't  
13 know what portion of that budget they actually  
14 contribute to our outreach and marketing.

15           But, moving on --

16           MS. KORBULIC: Okay. If I could just comment  
17 on that, Madam Chair. I just want to let you know that  
18 I did ask CMS to provide us the specific breakdown as to  
19 where our dollars are going in terms of supporting the  
20 infrastructure and the eligibility and technology  
21 system, along with trying to understand what portion of  
22 our dollars are being spent on our marketing and  
23 outreach.

24           So I'm hoping to get some details on that  
25 budget breakdown.

1 DR. JAMESON: Very good. Are there any other  
2 questions?

3 The executive report, again, Heather, that was  
4 just an excellent, extremely informative, as always,  
5 beautifully organized report.

6 And moving on now to our marketing, speaking of  
7 marketing and outreach, marketing and outreach report  
8 update.

9 Is she starting up north?

10 MS. KORBULIC: Yeah, Madam Chair, Janel Davis,  
11 our Communications Officer, is not in the office today.  
12 So Ryan High, our Chief Operations Officer, is going to  
13 cover her report for us.

14 MR. HIGH: Okay. So, for the record, Ryan  
15 High.

16 Although the last several months have been  
17 uncertain in regard to healthcare both at the federal  
18 and state level, the Nevada Exchange and our marketing  
19 partners have been working hard on the off-season  
20 marketing campaign and operating from a business as  
21 usual mind-set in order to gear up for a fifth open  
22 enrollment season for Nevada's Exchange consumers.

23 Nevada Health Link launched its off-season  
24 marketing campaign in mid-July of 2017 with a week off,  
25 week on approach for television advertising.

1 Nevada Health Link also kicked off a full  
2 outdoor and digital online presence throughout the month  
3 of July and ongoing through October with a seamless  
4 transition into November 1st open enrollment.

5 The theme of the Nevada Health Link campaign is  
6 "You can't afford not to be insured."

7 The off-season registering messaging is focused  
8 on cost comparisons of accidents and the medical costs  
9 associated for consumers without health insurance.

10 Our media mix remains focused on the importance  
11 of having health insurance protect consumers and their  
12 families.

13 In our public relations messaging, we continue  
14 to encourage consumers to get free in-person involvement  
15 assistance to shop the marketplace. Now, more than  
16 ever, it is important for our consumers to shop the  
17 individual market as plans and networks are changing.  
18 Nevada Health Link remains committed as the resource  
19 assisting Nevadans during this confusing and difficult  
20 time.

21 Also included in our marketing campaign is a  
22 boots-on-the-ground effort to leverage stakeholder  
23 relationships for the purpose of in-depth outreach. We  
24 have made vast inroads in this endeavor by meeting with  
25 various statewide stakeholders and community partners,

1 who wish to continue to champion the Nevada Health Link  
2 message through outreach to our target audience.

3           We are in the stages of planning for the open  
4 enrollment kickoff of November 1st and close-out  
5 December 15th events, which will be a holiday health  
6 fair themed event in both Reno and Las Vegas. As  
7 always, these are enrollment events, but are designed to  
8 draw media attention to open enrollment, as well as  
9 invite community partners to participate in an  
10 incentivized holiday health fair.

11           Nevada Health Link is also gearing up for an  
12 open enrollment by planning a "Prep Rally" during the  
13 week of September 18th. We are in the final stages of  
14 securing speakers and locations, which all will be  
15 announced very soon. This is an opportunity to gather  
16 all of our partners, navigators, brokers, lawmakers,  
17 Exchange staff, Executive Board, et cetera, to talk  
18 about the state and federal landscape, to separate myth  
19 from fact, while also energizing our stakeholders'  
20 participation and buy-in, so we will have consistent  
21 messaging throughout the state. A Save the Date will be  
22 sent to all Board members once we finalize details in  
23 the next few weeks.

24           Our objective remains steady, to educate Nevada  
25 consumers and be a resource to connecting eligible state

1 residents to affordable health insurance.

2           Recently, the Exchange received quite a bit of  
3 national and local press, with a total of 82 print and  
4 broadcast stories, including topics regarding the Senate  
5 bills and their effect on Nevada, the bare county issue,  
6 the changes to plan year 2018 for the marketplace.

7           The Silver State has been in the limelight for  
8 national reporters given our unique relationship with  
9 HealthCare.gov and the ongoing instability concerns for  
10 our consumers and carriers in the marketplace. Our  
11 Executive Director and Communications Officer have been  
12 busy with messaging and educating consumers on the lay  
13 of the land. Note the updated media and PR report to  
14 see all of Nevada Health Link's mentions.

15           Our off-season campaign will trickle into the  
16 open enrollment campaign with the same theme, just  
17 adding a few different accident and medical cost  
18 scenarios, as well as incorporating local testimonials  
19 to feature throughout the marketing campaign.

20           The open enrollment campaign will kick off at  
21 the end of October and will clearly promote the new  
22 enrollment period deadlines.

23           Exchange staff and our marketing partner remain  
24 focused on our objectives and look forward to getting  
25 our message to consumers. Patty will review analytics



1 of how the off-season campaign is performing and talk  
2 about open enrollment moving forward.

3 Patty.

4 MS. HALABUK: Hello and good afternoon,  
5 everybody.

6 I'll, as Ryan said, walk you through our  
7 marketing and outreach update.

8 So, as mentioned, our off-season statewide  
9 advertising campaign is underway. And I'll just  
10 reiterate that it's digital, online, television and  
11 billboards.

12 On page one of our deck, you'll see a recap of  
13 the TV stations and programs that we're focusing on.  
14 Television is primarily being used to reach our 45-plus  
15 audience.

16 Our outdoor billboard campaign primarily serves  
17 to broaden awareness to the masses basically. And our  
18 digital campaign can be sectioned off, but primarily it  
19 will reach our millennials and then also some of our  
20 45-plus audience as well.

21 On page two, you'll see some of the analytics  
22 from our digital online campaign. And just over the  
23 last couple of years, digital and online has  
24 traditionally performed really well for us, and it  
25 continues to do so. You'll see that in the measurements

1 here.

2           We're running our videos on YouTube. And our  
3 Twins spot is performing with the highest completion  
4 rate. And what I mean by completion rate is these are  
5 people that actually click on our video and watch it  
6 through the entire video. The industry average is 18  
7 percent. And all of our videos are performing at over  
8 30 percent.

9           So we're commanding attention, and that's what  
10 the advertising is setting out to do. So we're really  
11 excited about that.

12           One thing that's noteworthy, so far, if we look  
13 at performance, as of last July compared to this July,  
14 the number of people in our universe on digital is  
15 slightly less. However, it's interesting to note that  
16 of this year's universe, six percent of them are new  
17 users.

18           So we are also reaching nuances as well, and  
19 that's a key component of what we're striving to do. So  
20 we're really excited about that.

21           Moving on to outreach, that is an extremely  
22 robust area for us, as Ryan mentioned, and we're real  
23 excited about that. On page three, you can see some of  
24 the efforts that we've been netting.

25           We have a huge collaborative team working on

1 outreach. We've expanded our efforts to include  
2 substantial distribution of our Nevada Health Link  
3 materials. And that is both in the north and south in  
4 the state. We've personally reached over a hundred  
5 businesses in distribution points, including libraries,  
6 community centers, cultural markets. And this is a  
7 significant expansion over last year. So we're real  
8 excited about that as well.

9           Also, our partner Sumnu, through their  
10 relationships and networking, they have introduced the  
11 Exchange to create partnerships with groups such as  
12 Henderson Strong, KCEP Power 88.1 radio, and others.  
13 And these, these groups have influencers who have agreed  
14 to educate their audiences on Nevada Health Link  
15 throughout the community, both in the north and the  
16 south.

17           On page four, you'll see, as Ryan mentioned,  
18 it's no surprise, that both the ACA and Nevada health  
19 link have been in the news. And between both June and  
20 July, there have been 300 stories generated, quite a  
21 few. You can see that here on page four. But you can  
22 also see there's significant PR value in that coverage  
23 as well.

24           Turning to page five, I'll just sort of echo  
25 what Ryan pointed out. Our current off-season will

1 transition into open enrollment in late October. And it  
2 will run through December 15th, which is our last day of  
3 open enrollment. During this time, we will  
4 significantly increase TV and online. We want to make  
5 sure that we are out there and we are hitting people  
6 hard and at multiple touch points. So the frequency and  
7 the amount of advertising out there will increase  
8 significantly.

9           We're also working on a testimonial campaign.  
10 And we've identified a few individuals who have some  
11 poignant stories to tell about how the ACA and Nevada  
12 Health Link have helped them. And so they will be  
13 incorporated into our marketing for open enrollment. We  
14 feel that will be a very powerful way to reach people  
15 and influence them as well. The production for all  
16 those commercials is underway. So we're off to a great  
17 start there.

18           Also, Ryan mentioned that this year, we're  
19 going to combine our open enrollment and kickoff events  
20 with a holiday health fair theme. We want to create a  
21 more lively atmosphere and allow people to do more than  
22 just enroll in healthcare. We want to give them  
23 multiple reasons to come to our events. And it ties  
24 right into the holidays, so we feel combining all that,  
25 it's a great way to get people there.

1           We'll feature visits from both the UNLV and UNR  
2 mascots and chair sessions. That's kind of appealing to  
3 lots of family audiences. We'll have vendor booths and  
4 health things like blood pressure checks and things of  
5 that nature. And we'll also raffle off donated  
6 holiday-related giveaways. So there'll be lots of  
7 reasons for people to come out to our activities this  
8 year.

9           Also, I'd like to mention that  
10 NevadaHealthLink.com is also undergoing a home page  
11 facelift. This will allow our consumers to navigate and  
12 find useful info and resources much quicker and easier  
13 than on the site.

14           So lots of exciting things going on. We're  
15 working real hard.

16           At the "Prep Rally" that's going to take place  
17 in September, we are really looking forward to sharing  
18 this and all of our marketing strategy, as well as  
19 resources and tools, with hundreds of our stakeholders  
20 so we can arm them and they can go out and help us  
21 continue to instill the importance of having health  
22 insurance and the resources that Nevada Health Link  
23 provides.

24           So right now, we are in the midst of  
25 implementing all these strategies to bring new energy

1 and enthusiasm to the next open enrollment. And I will  
2 have lots more to share with you at our next meeting.  
3 Thank you.

4 DR. JAMESON: Thank you.

5 Were there any questions or comments?

6 I just want to say that I think you're doing a  
7 great job. And the most exciting part, to me, is your  
8 patient testimonials. I think, they are the strongest  
9 tactic in your messaging to our community. I think,  
10 when people see them, they are moved, and they can  
11 relate to it. And I just love that part of your  
12 program.

13 And, in addition, I just want to know if you're  
14 going to raffle off a qualified health plan.

15 MS. HALABUK: Uh, I'm working on that.

16 DR. JAMESON: Thank you.

17 So we're going to move on to the next part.  
18 Our Executive Director is, once again, in the hot seat  
19 with her Affordable Care Act status update.

20 MS. KORBULIC: Thank you, Madam Chair. I just  
21 want to preface this report by saying that I apologize  
22 for continuing the drumbeat over and over again about  
23 the same two topics, cost-share reductions and  
24 individual mandates. But here we go anyway.

25 So, Senators in Washington, D.C. spent the

1 month of July focused on a high-stakes, high-drama  
2 debate over the repeal of the Affordable Care Act. And  
3 while the debate seems to have quieted for the time  
4 being, healthcare reform continues to make headlines.

5 Many lawmakers have begun to focus on  
6 stabilizing the marketplace through federal certainties  
7 regarding payments of cost-sharing reductions,  
8 enforcement of the individual mandate, and enforcement  
9 of the individual mandate, despite President Trump's  
10 call to let ObamaCare implode.

11 On Tuesday, July 25th, 2017, the Senate  
12 narrowly voted, voted to begin debate to repeal major  
13 provisions of the ACA. Hours later, Republican  
14 leadership faced a setback when the Better Care  
15 Reconciliation Act, or otherwise known as the BCRA, fell  
16 short of the necessary 60 votes needed for passage.  
17 Because the BCRA did not meet reconciliation rules, the  
18 bill required 60 votes and came up short with only 43  
19 Senators voting to support while nine Republicans  
20 opposed.

21 On Wednesday, July 26th, seven Republican  
22 Senators voted against the ObamaCare Reconciliation Act,  
23 otherwise known as the ORRA. This bill would have  
24 effectively repealed the ACA, with a two-year window to  
25 develop a replacement plan.

1           Following that failed vote on the ORRA, the  
2 Senate heard motions and amendments, which were, in  
3 large part, symbolic and failed to garner the necessary  
4 votes for passage. Senator Dean Heller proposed a  
5 nonbinding amendment requesting that should a bill pass  
6 the Senate and move to conference between the House and  
7 Senate, the conference body would not cut Medicaid or  
8 shift costs to states. This amendment was defeated with  
9 90 Senators in opposition.

10           On Thursday July 27th, Republican leadership  
11 focused on development of its final bill, which was  
12 largely known as the "Skinny Repeal." Majority Leader  
13 Mitch McConnell's goal with the Skinny Repeal was to  
14 garner sufficient enough votes to move the process to  
15 the conference between the House and Senate. The  
16 eight-page Skinny Bill was released around 10:00 p.m.  
17 Eastern Standard Time and included a repeal of the  
18 individual mandate, a repeal of the employer mandate,  
19 repeal of the medical device tax, and ban on funding for  
20 Planned Parenthood, changes to health savings account  
21 contribution limits, among other items. The bill made  
22 no changes to Medicaid or to the CHIP, or Children's  
23 Health Insurance Program.

24           The Skinny Bill was put up for a vote around  
25 1:30 a.m. on July -- it should say 28th, because that,



1 shall we were in D.C. time, and ultimately failed with  
2 three Republican Senators -- Murkowski, Collins, and  
3 McCain -- voting in opposition.

4           While the Republican majority still has the  
5 ability to continue the repeal efforts, they have  
6 signaled that they want to move to other matters of  
7 national importance.

8           In his speech closing the session on -- again,  
9 this should say July 28th, Leader Mitch McConnell said,  
10 "It's time to move on."

11           So many lawmakers on both sides of the aisle  
12 are eager to work on bipartisan efforts to stabilize the  
13 ACA marketplace. This would involve measures to address  
14 CSRs, enforcement of the individual mandates, and then  
15 redevelopment of federal reinsurance programs.  
16 Stabilizing actions are going to be important for  
17 Nevada's unsteady individual market. However,  
18 Department of Health and Human Services Secretary,  
19 Dr. Tom Price, has invested effort and time in the ACA  
20 repeal. The department has produced taxpayer-funded  
21 videos portraying the ACA as ineffective, and Dr. Price  
22 himself was deeply involved in lobbying lawmakers to  
23 pass a repeal bill. It is now up to Dr. Price and the  
24 administration to make decisions about funding CSRs,  
25 about outreach, and mandating the enforcement of the tax

1 penalty.

2           President Trump's first tweet after the failed  
3 vote said, in quotations, "3 Republicans and 48  
4 Democrats let the American people down. As I said from  
5 the beginning, let ObamaCare implode, then deal.  
6 Watch." End quote.

7           On August 1st, 2017, the U.S. Court of Appeals  
8 for the District of Columbia circuit ruled the  
9 Democratic state attorney generals can defend the ACA  
10 CSR payments to insurers, despite President Trump's  
11 indicating that he may cut them off. The ruling would  
12 make it more difficult for the Trump Administration to  
13 unilaterally end the payments of CSRs.

14           The Nevada Exchange has brought, like I said  
15 earlier, brought this lawsuit to the attention of the  
16 office of the Nevada Attorney General.

17           By August 16 of 2017, health insurers have to  
18 make final adjustments to their proposed 2018 premiums.  
19 Clarity from the Trump Administration as to whether the  
20 CSR payments will be made for the long term is going to  
21 be critical for insurers to finalize these rates. Some  
22 insurers are proposing higher rates as a result of this  
23 uncertainty. These premium rates will also likely  
24 increase if the Administration announces that it will  
25 not enforce the individual mandate.

1           The next CSR payments are due by August 21st,  
2 2017. The Trump Administration has been making these  
3 payments on a month-to-month basis. Many Republicans in  
4 Congress have spent the last week or so encouraging the  
5 Administration to continue to make these payments to  
6 assure stability in the marketplace.

7           The Chair of the Senate Health and Human  
8 Services Committee, Senator Lamar Alexander from  
9 Tennessee, has announced hearings starting the week of  
10 September 4th, 2017 to begin discussions on actions that  
11 Congress could take to stabilize and strengthen the  
12 individual market. His stated goal with these hearings  
13 is to help stabilize markets for 2018. Some media  
14 reported that this may also include funding of the CSRs  
15 for at least one year, among some other provisions.

16           Actions from Congress over the next several  
17 months will have tremendous impacts on Nevada's  
18 individual market. The Exchange will continue to  
19 monitor these actions closely, analyze impacts of  
20 proposed changes, and continue to work on a successful  
21 open enrollment period whereby Nevadans continue to have  
22 access to affordable health insurance.

23           Happy to take any questions that the Board  
24 might have.

25           DR. JAMESON: Any questions or comments?

1 DR. COOK: Dr. Jameson?

2 DR. JAMESON: Please.

3 DR. COOK: This is Daniel Cook, for the record.

4 I just wanted to recognize, and I think it's  
5 been said already today, that these updates from the  
6 Executive Director have been an excellent quality.  
7 They've been on nights and weekends and, surprisingly,  
8 amazingly informative. And so I just wanted to  
9 officially recognize that we were kept informed as a  
10 board in a very excellent fashion.

11 Thank you.

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

13 And I would just like to echo that I have been  
14 very impressed and amazed with the amount of information  
15 that our Executive Director has been providing to us.  
16 And I really appreciate it and am very appreciative of  
17 being able to be a little more knowledgeable about  
18 what's going on.

19 Thank you so much. I do appreciate that.

20 DR. JAMESON: So with all the challenges, the  
21 cost-saving, the individual mandate, the truncated  
22 enrollment time, I was thinking about the truncated  
23 enrollment time that we discussed earlier. And I know  
24 in the past there were, you know, reasons, like  
25 technical issues, and they allowed an extended

1 enrollment period, a special enrollment.

2 Do you think -- has anybody talked about that?  
3 Do you think there's any chance that if we find out our  
4 enrollment is not where it should be as we get ready to  
5 wind down on that enrollment period, do you think  
6 there's any possibility of certain people requesting an  
7 extended enrollment for another week or two, like we had  
8 in the past? Is that -- who does that? Is it possible?

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

11 Yes. The Exchange is concerned about the  
12 truncated enrollment period for a variety of reasons,  
13 one of which is that traditionally consumers who have  
14 failed to shop the marketplace up until around  
15 December 15th are typically getting a bill in the mail  
16 showing them what their premium is going to be starting  
17 January 1st, indicating how much they'll have to pay  
18 next year. And oftentimes, those consumers will see  
19 that bill and say to themselves, "Wow, that's too much.  
20 I'm going to go shop the market of the market," while  
21 they still can.

22 However, our open enrollment period this next  
23 year will be finalized on December 15th. So consumers  
24 who are not actively engaged in shopping the marketplace  
25 are going find themselves with premiums that they may

1 not have anticipated and are going to need to pay if  
2 they want to access insurance.

3           So, again, our messaging has to be very focused  
4 on getting consumers to shop the market during open  
5 enrollment.

6           And, then, yes, I ask questions of CMS  
7 frequently and consistently, trying to determine whether  
8 the architecture is going -- of HealthCare.gov has been  
9 invested in, and because we have seen wait times in the  
10 past. Even this last open enrollment period, during  
11 some of the peak enrollment times, we've seen consumers  
12 have to sit in waiting rooms for up to 45 minutes,  
13 sometimes longer. And that usually ends in somebody  
14 getting frustrated and walking away and not completing  
15 their enrollment.

16           So I'm concerned about whether or not there  
17 will be the necessary infrastructural pieces to support  
18 that shortened enrollment period.

19           And then I have asked that specific question of  
20 CMS as to if we are seeing a very long increase organize  
21 a very long time period where consumers are waiting, or  
22 any kind of complications in enrollment, will there be a  
23 special enrollment period? And, again, this is a  
24 question that has gone unanswered.

25           DR. JAMESON: Well, we'll certainly continue to

1 ask it as needed. As always, you are on the cutting  
2 edge, right up front on all these issues. Thank you so  
3 much.

4 Were there any other questions?

5 Our Executive Director, if you didn't have  
6 anything else, we were going to jump to the discussion  
7 and possible action regarding dates, times and agenda  
8 items for future meetings.

9 And, I believe, at our last meeting, we  
10 discussed the quarterly meeting. And, I think, we also  
11 said that would be starting after this one. Do you guys  
12 already have a proposed date on our next meeting?

13 MS. KORBULIC: Madam Chair, this is Heather  
14 Korbulic, for the record.

15 I believe that the Board decided at the last  
16 meeting that we would start quarterly meetings effective  
17 January. So we would start that after this open  
18 enrollment period.

19 So, then, our next Board meeting should be  
20 August -- excuse me -- September 14th. And I might need  
21 to reach out to the Board to try to reorganize that,  
22 because there is a conference in September that I've  
23 been invited to attend.

24 DR. JAMESON: Shall we push that back a week;  
25 does that work?

1 MS. KORBULIC: It should work for me.

2 MR. BELCOURT: Well, then you have your kickoff  
3 event.

4 MS. KORBULIC: Oh, right.

5 DR. JAMESON: Everyone down here thinks that  
6 would work. How does that work for everyone up there?

7 MS. CLARK: Which date are we talking about?

8 MS. KORBULIC: We're talking about  
9 September 21st.

10 DR. JAMESON: Correct. Okay. We think it  
11 should work down here.

12 MS. KORBULIC: Okay. We'll put that on the  
13 book.

14 DR. JAMESON: And were there any other agenda  
15 items?

16 I would say, as Ms. Lewis says, we'd love to  
17 continue to hear the update of the ACA and your  
18 executive report. Was there -- our beautiful marketing  
19 report.

20 Was there anything in addition to those items  
21 that anybody wanted?

22 MS. CLARK: Madam Chair, Valerie Clark.  
23 Valerie Clark, for the record.

24 DR. JAMESON: Yes, Valerie.

25 MS. CLARK: I just want to stay on top of the



1 plans for the 14 counties. If there's any information  
2 on that, that would be very helpful.

3 DR. JAMESON: Yes, if that's possible. And our  
4 Executive Director is so good. I would like to thank  
5 her for contacting the Board members whenever there is a  
6 really significant event that arises.

7 So we will look forward to hearing anything,  
8 hopefully, between meetings, if not even from the media,  
9 about the 14 counties.

10 At this time, I'd like to ask for public  
11 comment. And, again, we'll just start in the north. Do  
12 you have anyone that's interested in public comment?

13 MS. KORBULIC: No, Madam Chair, we do not.

14 DR. JAMESON: Okay. Hearing none, then, is  
15 there anyone down here who would like to make public  
16 comment?

17 We have Mr. Barry Gold again from AARP.

18 MR. GOLD: For the record, my name is Barry  
19 Gold. I'm the Director of Government Relations for AARP  
20 Nevada.

21 I am violating my own hard-and-fast rule of  
22 only making one comment per meeting.

23 But after listening to the discussion about the  
24 shortened open enrollment period, I think it's really  
25 important that that word get out. With everything else

1 that is in the media that is being heard about the  
2 future of healthcare in the United States of America,  
3 I'm hoping perhaps that the marketing campaign and as  
4 much of their materials and their commercials just say,  
5 it gets a short of time, because insurance is one of  
6 those things that people don't say, "It's time to shop  
7 for insurance, I'm going to go out today and look at  
8 it." I think, they wait till the last minute, and  
9 they're used to waiting until after the first of the  
10 year.

11 DR. JAMESON: Excellent point. And would our  
12 marketing like to address that they've already also been  
13 on this?

14 MS. HALABUK: Patty Halabuk, for the record.  
15 Just to let everybody know, we do indeed have a  
16 specific spot that is currently running that deals just  
17 primarily with the new open enrollment dates. That will  
18 continue to run during open enrollment. It will  
19 increase significantly in its frequency and its reach.

20 In addition to that, all the other spots are  
21 tagged with the new enrollment dates as well.

22 DR. JAMESON: Thank you.

23 So, hearing no other public comment, we'll go  
24 ahead and adjourn. Shall we?

25 UNIDENTIFIED WOMAN: We shall.

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DR. JAMESON: Thank you, everyone. Have a  
wonderful afternoon.

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