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SILVER STATE HEALTH INSURANCE EXCHANGE  
BOARD MEETING  
THURSDAY, OCTOBER 12, 2017, 1:30 P.M.

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MS. KORBULIC: Okay. We do, I believe, have a quorum, and we're ready to do roll call whenever you are, Madam Chair.

DR. JAMESON: Thank you. Go ahead and proceed with roll call.

MS. KORBULIC: Okay. Dr. Florence Jameson?

DR. JAMESON: Present.

MS. KORBULIC: Ms. Valerie Clark is absent.

Ms. Lavonne Lewis?

MS. LEWIS: Present.

MS. KORBULIC: Dr. Cook?

DR. COOK: Present.

MS. KORBULIC: Jonathan Johnson?

MR. JOHNSON: Present.

MS. KORBULIC: Jose Melendrez?

MR. MELENDREZ: Present.

MS. KORBULIC: Mr. Quincy Branch? I see that he's absent.

Marta Jensen, our ex-officio, Debi Reynolds,

1 and Commissioner Richardson are all absent, too.

2 We do have a quorum, Madam Chair, and we can go  
3 on ahead and have our meeting.

4 DR. JAMESON: Very good. Thank you.

5 So I'd like to go ahead and welcome everyone  
6 and ask if there are any comments from the north?

7 MS. KORBULIC: We do not see any public  
8 comments.

9 DR. JAMESON: No comments.

10 Are there any comments?

11 We actually do not have any from the south.

12 So, first, for everyone who has read our  
13 minutes from our last visit, take, entertain a motion  
14 for to pass the minutes from August 10th, 2017 Board  
15 meeting.

16 MR. MELENDREZ: Jose Melendrez, for the record.  
17 Motion to approve the minutes.

18 DR. JAMESON: Did we have a second? We don't  
19 actually need one.

20 MR. JOHNSON: Jonathan Johnson. Second.

21 DR. JAMESON: And anyone opposed to the  
22 minutes? Questions? Comments?

23 Then, everyone agrees to the minutes, yes?

24 (Board members said "aye.")

25 DR. JAMESON: Minutes are passed.

1           And we're going to start off with our Executive  
2 Director's report.

3           MS. KORBULIC: Thank you, Madam Chair. Heather  
4 Korbulic, for the record. This is not a short report,  
5 so I apologize in advance.

6           I just wanted to start with the usual  
7 commentary about not having a single dull or routine  
8 moment over the last few months, since the Board last  
9 met in August. We have spent all of our time focusing  
10 on plan year 2018 open enrollment, the strategy and the  
11 challenges therein. We've worked closely with the  
12 Division of Insurance.

13           I just saw myself on the camera. I'm sorry. I  
14 got distracted.

15           We've worked closely with the Division of  
16 Insurance as they develop and approve their rates for  
17 plan year '18. We've advanced the Board's goal to  
18 transition to a private platform. We've developed  
19 collaborative and supported relationships with new and  
20 existing stakeholders through our Prep Rallies and  
21 through ongoing public relation engagements.

22           So, first, talking about open enrollment, as  
23 the Board is well-aware, the Exchange faces several  
24 challenges and changes as we head into our 2018 open  
25 enrollment period, which will be our fifth open

1 enrollment period. This truncated open enrollment, down  
2 from 90 days to 45 days, requires an even more targeted  
3 and robust outreach and marketing campaign which focuses  
4 consumers on the November 1st through December 15th  
5 timeline.

6           Recently, HealthCare.gov announced another  
7 challenge with a planned maintenance schedule of outages  
8 whereby HealthCare.gov will be unavailable overnight on  
9 the first day of open enrollment, Wednesday, the 1st,  
10 beginning at 9:00 p.m. on Saturday and into Sunday at  
11 9:00 a.m. Pacific Standard Time. This will happen every  
12 Sunday except for December -- during open enrollment  
13 except for December 10th.

14           The Centers for Medicare and Medicaid Services,  
15 or CMS, has stated that for the last year's open  
16 enrollment, of those 14 Sundays in last year's open  
17 enrollment period, six had 12-hour windows for planned  
18 maintenance, three had 10-hour windows. So this equates  
19 to about 102 hours of the 336 Sunday hours allocated for  
20 maintenance, or about 30.36 of those Sundays.

21           In contrast, with this next open enrollment  
22 period for 2018, the planned maintenance on Sundays will  
23 equate to 60 hours of the 144 Sunday hours, or 41.67  
24 percent, which is a significant increase from the prior  
25 year.

1           The Nevada Exchange is set to spend an  
2 estimated \$7.2 million to lease HealthCare.gov's  
3 eligibility and enrollment platform for 2018. This  
4 number represents a fee that's increased from the  
5 estimated \$5.5 million that were set to spend this plan  
6 year, 2017. The decrease in service and increase in  
7 cost is unacceptable.

8           Considering these increases and the amount the  
9 Exchange will pay to lease HealthCare.gov for  
10 eligibility and enrollment, and the significant decrease  
11 in HealthCare.gov services, I've requested that the  
12 Attorney General, Nevada Attorney General submit a  
13 letter to CMS on behalf of the Exchange and our state's  
14 consumers. The A.G.'s Office responded to this request  
15 with a statement that says "there does not exist at this  
16 time a legally actionable basis for seeking redress for  
17 the shortened open enrollment period and the significant  
18 downtimes, but rather those items should, in the  
19 Exchange's discretion, be pursued in the policy arena."

20           So I spent this morning working on a letter and  
21 refining the letter that will be sent to CMS to express  
22 our concerns about the outages and those potential  
23 impacts on our enrollment period.

24           I've also engaged our federal delegates on this  
25 matter, and Senator Cortez Masto's office has agreed to

1 write a letter on the Exchange's behalf and will work  
2 with the entire Nevada delegation to build bipartisan  
3 support for that.

4           The Exchange will post the planned  
5 HealthCare.gov outages on our webpage in order to keep  
6 consumers and our enrollment partners apprised. I am  
7 concerned that Sunday outages are going to have a  
8 disproportionate impact on the State of Nevada and our  
9 consumers because, as a result of the fact that Nevada's  
10 a 24-hour state, many of our consumers work graveyard or  
11 night shifts.

12           I've formally requested that CMS provide the  
13 Exchange with Nevada-specific documentation to  
14 demonstrate that the outages are, in fact, the lowest  
15 traffic periods for our state. I have not received any,  
16 any response to that request.

17           In addition to the shortened open enrollment  
18 period and maintenance outages, the Exchange has  
19 substantial changes in our carrier participation for  
20 plan year '18, down from our four participating carriers  
21 to just two. Health Plan of Nevada and SilverSummit, or  
22 Centene, will offer a combined total of 14 plans which  
23 will all be available for purchase in Clark, Nye and  
24 Washoe counties. The other 14 Nevada counties will have  
25 a choice of four different SilverSummit plans.

1           As a result of market changes, the Exchange is  
2 encouraging and emphasizing that consumers actively shop  
3 the marketplace with an enrollment professional in order  
4 to find a plan that's right for their individual and  
5 family needs.

6           I remain deeply, deeply concerned about  
7 HealthCare.gov's technical ability to enroll Nevada's  
8 consumers in a 45-day shortened enrollment window, and I  
9 have made several requests to CMS to provide  
10 documentation to demonstrate that the platform and the  
11 infrastructure is ready to handle the increased volume  
12 of enrollment during high-traffic times. These requests  
13 have not been satisfactorily addressed.

14           I've also made specific inquiries into actions  
15 and remedies that CMS will provide to Nevada consumers  
16 should HealthCare.gov malfunction. Again, my questions  
17 have gone unanswered.

18           It's critical that the Exchange's enrollment  
19 force assist clients to complete their applications and  
20 effectuate their plans.

21           Under the direction of former Secretary Tom  
22 Price, CMS cut the marketing and outreach efforts of  
23 HealthCare.gov by 90 percent, decreasing their budget  
24 for advertising for \$100 million to \$10 million. These  
25 cuts will not directly impact the Nevada Exchange or our

1 comprehensive and robust outreach marketing and  
2 advertising efforts. However, the TV advertisements for  
3 HealthCare.gov have in the past fortified our Nevada  
4 Health Link messaging.

5           The Exchange collects revenues from a fee  
6 assessed on participating carriers and, therefore, does  
7 not rely on any federal or state dollars. And as such,  
8 the Nevada Exchange is set to spend \$3.2 million on  
9 advertising and outreach for this fiscal year.

10           The Exchange along with other state-based  
11 marketplaces throughout the country encourage the  
12 continued federal investment in marketing and outreach.  
13 While we each, every state-based marketplace conducts  
14 our own marketing, outreach and enrollment activities,  
15 federal actions or inactions impact our effectiveness  
16 and the confusion over the longevity of the ACA.

17           Despite these many open enrollment hurdles, the  
18 Exchange is aggressively messaging our ability to help  
19 Nevada consumers navigate the confusion and connect to  
20 qualified health plans with financial assistance. We're  
21 deepening our community partnerships, leveraging our  
22 existing stakeholder relationships to spread the word  
23 about open enrollment throughout the state. Every  
24 challenge that's presented has offered an opportunity  
25 for our community to strengthen the resolve to ensure



1 that we continue to reduce the number of uninsured  
2 Nevadans.

3 I just wanted to add a little note here that  
4 over this last week, I think, alone, we've spoken to  
5 five different advocacy organizations who have reached  
6 out as a result of wanting to help the Exchange get  
7 messaging out to their constituencies and consumer  
8 groups, and this collaboration, I think, is going to be  
9 very helpful in generating awareness about open  
10 enrollment.

11 Some information about data.

12 Through the combined efforts of the state-based  
13 marketplaces using the federal platform or those other  
14 SBM-FP states, including Oregon, Nevada, Kentucky,  
15 Arkansas, and New Mexico, we've been able to obtain some  
16 member-level data from CMS, which has resulted in some  
17 of this data being provided to our states. We are  
18 excited about that, but we have several questions about  
19 the data, and that's been provided, and continue to  
20 collaborate with CMS and other states to work through  
21 data integrity questions and issues.

22 The Exchange, the Division of Insurance, and  
23 Penna Powers have begun discussions on how best to  
24 utilize the data, considering our time frames, the  
25 data's integrity, HealthCare.gov's outreach and

1 marketing efforts, confidentiality requirements, and a  
2 variety of other matters.

3 Our goal is to use the data to drive Nevada  
4 consumers to our Nevada Health Link webpage, the  
5 in-person assister tool, and to various enrollment  
6 events.

7 Now on to rates.

8 Federal lawmakers in Washington, D.C., have  
9 offered no further certainty as it relates to the  
10 ongoing payment of cost-sharing reductions or the  
11 enforcement of the individual mandate. A decision has  
12 not yet been made as to whether federal funds will  
13 continue to be appropriated to cover CSR subsidies for  
14 eligible individuals.

15 Pursuant to the C.F.R., issuers must ensure  
16 that individuals eligible for cost-sharing reduction  
17 subsidies pay only the cost-sharing amounts net of the  
18 CSR subsidy for which an individual is eligible.  
19 Therefore, if the CSR subsidies were, or not, federally  
20 funded, issuers offering plans on the Exchange will need  
21 to fund these subsidies. This additional obligation is  
22 an appropriate expense which must be reflected in the  
23 premiums charged by issuers.

24 The Division of Insurance required Exchange  
25 carriers to file initial rates for plan year 2018

1 assuming that CSRs would be federally funded for '18.  
2 But because a decision regarding the funding of the CSRs  
3 has not yet been made, the DOI determined that it would  
4 be in the best interest of Nevada consumers and the  
5 individual health market to allow carriers participating  
6 on the Exchange in 2018 to submit a review, or submit  
7 for review a CSR adjusted version of the '18 individual  
8 filing based on the assumption that CSRs will not be  
9 federally funded in 2018. These adjusted rates have  
10 been submitted in our final for PY '18 plans.

11           The average approved rate increase for Health  
12 Plan of Nevada is 36.8 percent. Because SilverSummit's  
13 health plan is new to the Exchange in Nevada, there is  
14 not a 2017 rate for comparison. For 2018, there are  
15 seven insurance companies offering plans on and off the  
16 Exchange in the individual market in Nevada. The  
17 approved average rate change in the individual market  
18 and off the Exchange is 31 percent, or 31.6 percent.

19           It's critical for Nevadans to know that over 80  
20 percent of Exchange consumers receive financial  
21 assistance to pay for their monthly premium. Consumers  
22 need to understand that when rates increase, so does the  
23 amount of financial assistance, which means that the  
24 impact of the rate increase will be minimal for most of  
25 our Exchange consumers.

1           Moving on to a more exciting arena, which some  
2 hope and silver linings here, on September 18th the  
3 Exchange's Chief Operations Officer, Information  
4 Technology Manager, and I traveled to Washington, D.C.,  
5 to sit with high-level CMS officials in order to present  
6 our proposed technology transition model.

7           The Exchange outlined a plan that is in full  
8 compliance with existing laws and regulations which will  
9 allow our state to transition from HealthCare.gov to an  
10 established and functioning eligibility and enrollment  
11 platform that will offer Nevada consumers and the  
12 Exchange a better user experience at a significantly  
13 lower cost.

14           CMS granted the Exchange approval to move  
15 forward with a state-based marketplace blueprint  
16 application. This is the first step in getting the  
17 Exchange on a sustainable pathway whereby we will have  
18 our own technology with sustainable cost structures and  
19 regular access to consumer information.

20           I have to say, I'm deeply proud of the  
21 thousands of collaborative hours and dedicated work that  
22 went into developing a model that limits its impact on  
23 our sister agencies, is compliant with all of the state  
24 and federal regulations, and will lend itself to the  
25 efficiencies that will benefit Nevada's consumers and

1 the Exchange.

2 Exchange staff has begun to work on our  
3 blueprint application and will begin meeting with a team  
4 from CMS to ensure this ongoing process and progress.

5 On to community and stakeholder development.

6 The Exchange's year over year growth in  
7 enrollment can be directly attributed to the depth of  
8 our partnerships with our navigators, brokers, and  
9 community stakeholders. Our state has experienced a  
10 dramatic shift in our uninsured population, which has  
11 offered economic and public health benefits.

12 As part of our ongoing effort to leverage our  
13 existing partnerships and increase our scope of  
14 collaboration to educate Nevadans about the Nevada  
15 Health Link, the Exchange hosted a Prep Rally in both  
16 Las Vegas and Reno. The goal of the event was to  
17 update, inform, and activate brokers, navigators,  
18 providers, lawmakers, and other community influencers in  
19 preparation for the upcoming open enrollment.

20 The event included an update on the Nevada  
21 Exchange marketplace, including clarifications on myth  
22 versus facts regarding the ACA. Attendees were provided  
23 with information about plan year '18 plans, in-person  
24 assistant services, and they left with a flash drive  
25 including all of the Exchange's open enrollment campaign

1 promotional material.

2 I would say that these events were decidedly  
3 successful. They generated larger than anticipated  
4 attendance and a lot of earned media coverage.  
5 Attendees were complimentary of the event and commented  
6 on the momentum and energy that the rally provided to  
7 get the word out and help the Exchange reach all of our  
8 Nevada consumers.

9 A few final comments. In early September, the  
10 Senate HELP Committee conducted bipartisan hearings  
11 focused on market stabilization. Governors, Insurance  
12 Commissioners, and other stakeholders provided testimony  
13 and were in near universal agreement about the need for  
14 an ongoing commitment to the payment of cost-sharing  
15 reductions, reinsurance programs, and increasing state  
16 innovation through 1332 waivers.

17 The committee's efforts were stalled when the  
18 Graham-Cassidy-Heller proposal to repeal or replace the  
19 Affordable Care Act began to gain traction. Now that  
20 that Graham-Cassidy-Heller bill has failed, the Senate  
21 HELP Committee chair, Lamar Alexander, has indicated  
22 renewed efforts. And as such, I participated in a call  
23 on October 4th with Senate HELP Committee staffers to  
24 discuss the impacts of HealthCare.gov maintenance  
25 outages on Nevada consumers.

1           The annual Notice of Benefits and Payment  
2 Parameters for plan year 2019 will likely be out for  
3 public comment any minute, I would say. The NBPP is an  
4 annual omnibus rule that pulls together in one place all  
5 of the major changes the CMS intends to implement for  
6 the next plan year for marketplaces, includes things  
7 like premium stabilization programs, and then health  
8 insurance reforms generally.

9           This rule has historically included an  
10 opportunity for states to comment on the leasing fee for  
11 an SBM-FP state to use the federal platform. It's going  
12 to be critical that the Exchange and our community  
13 partners submit comments requesting that the lease fee  
14 be more in line with the fair market value.

15           While there are no shortage in hurdles, the  
16 Exchange remains focused on one very simple goal, and  
17 that's to increase the number of insured Nevadans.  
18 Nevada's shift in the uninsured populations has offered  
19 our state, our cities, communities, consumers,  
20 providers, and healthcare systems with substantial  
21 economic and public health benefits. And we cannot go  
22 backwards.

23           And I am happy to answer any questions from the  
24 Board.

25           DR. JAMESON: Bravo, well-said. As always, an

1 excellent report. Thank you.

2 First, I'll entertain any questions from  
3 our -- from anyone, including the Board members.

4 DR. COOK: Dr. Jameson, please?

5 DR. JAMESON: Please.

6 DR. COOK: Yes. Dan Cook, for the record.

7 I think, I know the answer. But just for our  
8 full benefit, for the report, when the report says that  
9 the "a dramatic shift in the uninsured rate," I think,  
10 there was some recent data presented at the kickoff  
11 events. Do you remember the specific data? Because it  
12 because it really is impressive that we've reduced the  
13 insured rate.

14 MS. KORBULIC: Yeah, I believe that what you're  
15 hoping to get me to say here is that we took our  
16 uninsured rate in Nevada from 23 percent back in 2013  
17 down to around 11 percent in 2015, probably lower even  
18 now.

19 DR. COOK: Thank you.

20 DR. JAMESON: Jonathan Johnson.

21 MR. JOHNSON: Jonathan Johnson, for the record.

22 This is with respect to the rate increases on  
23 the plans. And I know last year there was a lot of  
24 publicity with the rate increases across the country.  
25 And I like the fact that, you know, there's going to be



1 minimal increases, because there's a significant  
2 population in the Exchange that receive assistance.

3 But is there a way to get that message out  
4 there? Because, I think, we're going to hear that  
5 again. You know, premiums are going up, almost 40  
6 percent. And people are going to be concerned about  
7 that. And my concern is that they don't necessarily  
8 realize the impact on them.

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

11 I agree and appreciate, and that's one of the  
12 main focuses of all of our press releases. Every  
13 comment that I've given, any kind of public relation or  
14 media engagement has focused on the fact that most of  
15 our consumers will feel zero to minimal impact as a  
16 result of rate increases because of the financial  
17 subsidies.

18 It's difficult to explain that, because, you  
19 know, rates are somewhat complicated, but we do try to  
20 make sure that all of our community partners understand  
21 that, so that that message is getting out through  
22 navigators, brokers, and every other organization that  
23 partners with the Exchange.

24 MR. JOHNSON: Thank you.

25 DR. JAMESON: Thank you.

1           Were there any other comments?

2           MR. BRANCH: Yes, ma'am. Well, Quincy Branch,  
3 for the record.

4           And, first of all, let me, Madam Executive  
5 Director and fellow Board colleagues, I apologize for my  
6 lateness. But it seemed like, strategically, every car  
7 that was trying to get in front of me getting here got  
8 in front of me. So I apologize for my lateness.

9           But in regards to the events that we just held,  
10 which I know I saw a lot of advertising going on, do we  
11 have any hard data as to maybe number of attendees,  
12 people that we actually touched with those events?

13           MS. JANEL DAVIS: Yes. Quincy, this is Janel  
14 Davis, for the record, Communications Officer for the  
15 Exchange.

16           And I and Patty Halabuk, who's our marketing  
17 vendor, she will be going over the exact number of  
18 attendees and some analytics from the Prep Rallies,  
19 today.

20           MR. BRANCH: Thank you.

21           DR. JAMESON: Thank you, Quincy. Thank you,  
22 then. Florence Jameson.

23           Just a couple of things I wanted to ask about.  
24 With the even more truncated hours with the Sunday hour  
25 outages, I guess, I'm not surprised that our Attorney

1 General said that he had no avenue to help us here.

2           However -- and I thank you for writing your  
3 letter. I would love to see it, if you could, if you're  
4 comfortable emailing us a copy? Because it's such an  
5 important letter that you'll be sending. I'd just love  
6 to be kept in the loop on that letter.

7           MS. KORBULIC: Absolutely.

8           DR. JAMESON: I'm wondering to myself, it is --  
9 I know some people probably think we're just whining  
10 that there's going to be literally a 41 percent versus  
11 30 percent compared with last year. But it does become  
12 significant when we're already, as you know, dealing  
13 with such a truncated enrollment period. And I feel  
14 like they think they're just trying to sneak this  
15 through without us saying anything.

16           So my question is, and I know you, so I'm sure  
17 you've done this -- no pressure -- what have the other  
18 states been doing about it? And have you had an  
19 opportunity -- you say, Catherine Masto, that she's  
20 going to do it, talk to them about it. Has our  
21 Governor, is he going to send a note about it?

22           I mean it may seem trivial to some, but this is  
23 a significant percentage when, as you know, you overlay  
24 it on the already 90 to 45. And now, as you mentioned  
25 in your other report, it could total up to about, I

1 think, was it three and a half or two and a half days  
2 total, and with our 24-hour town.

3 So I'm just wondering. Our Governor's been so  
4 active. Have you had a chance to have him say or do  
5 anything?

6 MS. KORBULIC: Sure. So Heather Korbulic, for  
7 the record.

8 And I have been a very squeaky wheel about  
9 this -- no surprise there, I'm sure -- with our CMS  
10 partners and really trying to get some information or  
11 analytics that determine why that decision was made  
12 without any feedback from our state.

13 I know that there are several other state-based  
14 marketplaces using the federal platform who are also  
15 concerned about that and have been making those concerns  
16 known. And then, across the country, those states that  
17 use the federally-facilitated marketplace entirely  
18 without any state-based marketplace support have been  
19 outspoken with their concerns and what that means to  
20 their enrollment numbers.

21 In terms of generating support, I mean I will  
22 definitely be happy to send my copy of the letter to the  
23 Board and provide you with other links and show you what  
24 else other states have been doing on the matter.

25 And I have had a conversation with the

1 Governor's chief of staff, who has supported me in  
2 making it known to CMS that we're concerned about this.

3 DR. JAMESON: Yes, I suspected so much. And I  
4 know even our Governor has limited leverage with these  
5 kind of things. And he has been so wonderfully speaking  
6 out on all of this for us, more than, I think, probably  
7 any Governor in any other state.

8 So can they actually change, have any other  
9 states done this, where they change from Sunday to  
10 Monday, Tuesday, Wednesday?

11 MS. KORBULIC: So as part of my research around  
12 this, I reached out to my state-based marketplace  
13 colleagues to take a look at the language in their  
14 contracts with their private technology vendors to see  
15 what kind of up-time agreements that they have and in  
16 terms of how much maintenance they would expect. This  
17 is significantly more maintenance than a state-based  
18 marketplace that is fully supported with its own  
19 technology will experience or would agree to in a  
20 contract.

21 That being said, I don't think that there is a  
22 lot of room for negotiation or changes to the expected  
23 HealthCare.gov maintenance windows.

24 DR. JAMESON: And then I wanted -- you know,  
25 since we last met, we really haven't had an opportunity

1 to thank you and congratulate you on just the amazing,  
2 which was, you know, to be announced at our last  
3 meeting, partnership with Centene. So I just wanted say  
4 congratulations, as I said at the Prep Rally, and it was  
5 a delight to meet the Centene representatives. And I  
6 just wanted to, personally, while we're here today,  
7 since we didn't get an opportunity last time, to say  
8 great work on your behalf, on all of your team. You  
9 guys are just amazing rabbit-out-of-the-hat incredible.

10 Thank you for pulling that off. I know we were  
11 optimistic, but we didn't know if that was really going  
12 to be a realty. So that was incredible.

13 MS. KORBULIC: Thank you.

14 DR. JAMESON: And the concern, the high  
15 traffic, last year, on our high-traffic times, was there  
16 significant delay with the federal platform? Did it  
17 create any issues at all? Do we really have a concern  
18 with this year, even with the truncated time, that our  
19 traffic would be so heavy that it could create a  
20 concern, or is it just a potential you thought of?

21 MS. KORBULIC: It's founded in data. So it is  
22 a concern that is based on last year. But last year, we  
23 had a 90-day open enrollment period. Around the times  
24 when we had a deadline, for instance, December 15th and  
25 November 1st last year, people would be put into, or

1 consumers trying to enroll would be put into wait rooms  
2 while the high-volume period was going on, and so that  
3 HealthCare.gov, it was like a queue, they were waiting  
4 to finish their applications.

5           So that did happen last year. Sometimes people  
6 waited between 15 and 45 minutes. And so, of course,  
7 that concern remains into this next year. Would have  
8 hoped that they've done something to enhance or support  
9 the infrastructure to either at least make sure that  
10 there is no longer wait rooms, or eliminate them  
11 altogether, if possible.

12           Another thing that I would say about this is  
13 that the infrastructure and the wait times that are  
14 built into this next year are based on analytics and  
15 behavior patterns from a 90-day open enrollment period.  
16 They're not based on a 45-day open enrollment period.

17           And this is why I'm really desperate for some  
18 analytics from CMS to demonstrate that there is going to  
19 be a supportive eligibility system that the Exchange is  
20 paying significant amounts of our revenue for.

21           DR. JAMESON: So two questions on that. The  
22 wait time that you were given from CMS this time, is it  
23 anticipated that it is actually -- did they actually  
24 tell you they expect less wait time this time? Who did  
25 those analytics?

1           And, two, when you said that they would be  
2 sometimes in a wait room 45 minutes at high-traffic  
3 times, did they tell you what measures they've put in  
4 place in order to minimize that this year?

5           MS. KORBULIC: No, Madam Chair. Both of those  
6 are my questions that are still outstanding and pending  
7 with CMS.

8           DR. JAMESON: I did want to say thank you to  
9 our advertising program, because -- experts, because  
10 they have done such an amazing job, that when we heard  
11 about the reduction from 100 million to 10 million, 90  
12 percent reduction, by HealthCare.gov in their local,  
13 into our local Nevada marketing and that they do no  
14 radio and no TV, that I have to tell you, I immediately  
15 thought of all of our Board meetings and about Penna's  
16 presentation and what a phenomenal job they've done with  
17 messaging and outreach. And I would have to say, I did  
18 not even flinch or worry about it.

19           And in your report today, you've reassured me  
20 that this is unlikely to be a significant issue. And I  
21 think that's because indeed we elected to have this  
22 state-based program. And you guys have done -- I can't  
23 imagine anyone having done a better job, but you guys  
24 have done just a great job here locally. So thank you  
25 all.



1           Because if we had been more dependent on health  
2 dot com on a platform from the federal government for  
3 advertising, I think, we'd really be crying right now.  
4 And you have managed to prepare us so well that it's a  
5 nonissue, in my mind.

6           And then, finally, I just want to say that that  
7 Prep Rally that I attended was excellent. I think that  
8 everybody got so much more well-informed about not just  
9 what's happening now, but about history and what the  
10 changes are that are going to happen. And I just, when  
11 I was going to that, I did not actually know what to  
12 expect. I thought, what, whatever are you guys doing  
13 with this Prep Rally?

14           And I was so impressed with the information  
15 that you were reaching out to the navigators with to  
16 make them feel was prepared and, may I say, as important  
17 as they are. I think that it really made them -- I  
18 hope, anyway -- appreciated. The whole table of  
19 navigators I was with, I think they really appreciated  
20 what an integral part of our program is. And that Prep  
21 Rally, I think, was just the thing to tell them how  
22 important they are.

23           So whoever -- I think, it was Penna Powers,  
24 right, who thought of that? Thank you.

25           Heather, thank you, Heather. Heather, they're

1 giving you all the credit.

2 And, I guess, that wasn't actually the last  
3 comment. There was one other on the 2018 adjusted  
4 rates, when you were talking about them, you were  
5 actually -- we haven't actually seen those rates, but  
6 they're available?

7 MS. KORBULIC: They're --

8 DR. JAMESON: I mean --

9 MS. KORBULIC: Rates and plan benefit  
10 schedules, along with formularies, are all posted on the  
11 Division of Insurance webpage.

12 DR. JAMESON: And those became available when?

13 MS. KORBULIC: October 2nd.

14 DR. JAMESON: Oh, okay. So these are the ones  
15 for the plan year '18?

16 MS. KORBULIC: Correct.

17 DR. JAMESON: Correct. Okay. And I was  
18 wondering, did you -- when you talked about percentage  
19 increases for this year and the ones that are posed for  
20 2018, and they were submitting for a review the CSR  
21 adjusted rates, but those are not the ones that are  
22 posted yet, the CSR adjusted?

23 MS. KORBULIC: No, they are, they are posted.  
24 The CSR adjusted rates have been submitted and posted.

25 DR. JAMESON: Oh, okay, so it is the CSR

1 adjusted rates?

2 MS. KORBULIC: Yes.

3 DR. JAMESON: And so what is the percent  
4 increase on those?

5 MS. KORBULIC: Well, because we only have one  
6 plan returning to the market, we have Health Plan of  
7 Nevada's increase set at 36.8 percent. But because  
8 SilverSummit was not in the market last year, we don't  
9 have a number of increase.

10 MR. JOHNSON: Can I ask?

11 DR. JAMESON: Go ahead.

12 MR. JOHNSON: Jonathan Johnson with another  
13 question.

14 As it relates to those rate increases that are  
15 adjusted for the CSRs, if the government approves the  
16 payment of the cost share reductions, how is that going  
17 to impact rates?

18 MS. KORBULIC: You have to ask me the hardest  
19 question, huh?

20 That's something that the Division of Insurance  
21 needs to answer, and I think that that's still something  
22 that they're working through.

23 MR. JOHNSON: Okay.

24 DR. JAMESON: Florence Jameson again.

25 So, in other words, this year, we talked about,

1 for 2017, the health plan rate increase was 36.8  
2 percent?

3 MS. JANEL DAVIS: For plan year 2018.

4 MS. KORBULIC: For 2018, yes.

5 DR. JAMESON: And then you're saying that even  
6 for 20 -- did we get -- so what's posted -- and I  
7 apologize, I didn't see -- on the site for 2018, what is  
8 posted there, the one carrier, is that Health Plan or  
9 Centene? And even though this year it was a 36.8  
10 percent, next year it's still only 37 percent?

11 MS. KORBULIC: So what's posted right now on  
12 the webpage is the rate increase proposed by, or  
13 requested and approved by Health Plan of Nevada, which  
14 is 36.8 percent. You can also dig down into each one of  
15 those plans to determine how much those premiums would  
16 cost, along with copays and deductibles.

17 You could do the same for SilverSummit. But  
18 you can't, you can't get an increased rate from  
19 SilverSummit, because they didn't have plans last year.

20 So you can go onto the Division of Insurance  
21 webpage and take a look at what those premiums for those  
22 plans will be, but it won't factor in the subsidy  
23 assistance.

24 DR. JAMESON: Oh, okay. Thank you. Thank you.

25 Were there -- and when everybody went to speak,

1 did our Governor attend at that, for the HELP, to speak  
2 in front of the Senate HELP Committee?

3 MS. KORBULIC: Oh, the Senate HELP Committee.  
4 No, our Governor was not one of the Governors who spoke  
5 there.

6 DR. JAMESON: Did you have an opportunity to  
7 speak there?

8 MS. KORBULIC: I had an opportunity to speak to  
9 their committee on the phone recently, since they're  
10 trying to revive the stabilization measure. But I was  
11 not in D.C. for that hearing.

12 DR. JAMESON: Excellent.

13 I don't have any other questions or statements.  
14 Was there anything else from anyone?

15 Okay. So we'll move on to the next item,  
16 marketing and outreach update.

17 MS. JANEL DAVIS: Thank you, Madam Chair.  
18 Janel Davis, for the record.

19 I'm sorry. This will be a little bit  
20 repetitive, since Heather covered everything in her  
21 report. But we'll dig a little bit deeper on the  
22 analytics and what have you.

23 Okay. So the Nevada Exchange is driven and  
24 focused, obviously, even despite political rhetoric in  
25 Washington, D.C., and the continued analysis that our

1 Executive Director has to go through on countless bills  
2 to repeal the ACA.

3 Nevadans understand that Nevada Health Link is  
4 not only -- not only still exists, but is the only  
5 resource with access to subsidies in the health  
6 insurance marketplace. This is what we're trying to  
7 achieve.

8 Our message to Nevadans is that we are here to  
9 navigate them through the marketplace changes and  
10 available to connect them to subsidies and qualified  
11 health plans.

12 Since we last met in August, as Heather stated,  
13 the Nevada Health Link has been nothing short of busy.  
14 Our off-season marketing and outreach campaign began  
15 running in mid July and will continue through the end of  
16 this month as we transition and focus to open  
17 enrollment.

18 The theme for our campaign remains you cannot  
19 afford -- "You Can't Afford Not to be Insured." The  
20 goal of this campaign was to create an added financial  
21 shock value to the consumers, so helping to inform our  
22 audience how important and necessary it is to have  
23 health insurance coverage.

24 At the Exchange, we don't believe that Nevadans  
25 are incentivized to get health insurance coverage just

1 because of a tax penalty, but rather we believe  
2 consumers are enrolling because they understand the need  
3 to safeguard themselves and their family.

4           The open enrollment campaign will kick off at  
5 the tail end of this month. Digital will go off on  
6 October 16th. And then the rest in television will be  
7 October 23rd. It will have the same theme, as I just  
8 mentioned, which outlines the cost of medical care for  
9 an individual without obtaining health insurance.

10           We've included two new cost scenarios to the  
11 campaign mix, which is a hiker who ends up having to go  
12 to the emergency room and a biker who falls and needs  
13 shoulder surgery at the -- sorry, not the emergency  
14 room. And you saw these examples at our Prep Rally.

15           I'm also excited to announce that we are adding  
16 the element of testimonials to the upcoming enrollment  
17 campaign. We were able to find two locals in Las Vegas  
18 willing to share their stories with us, both of whom who  
19 had benefitted through plans on the Exchange.

20           Testimonials have continued to be proven to be  
21 effective in all elements of our campaign, and we're on  
22 the hunt for more. So if you, in your conversations  
23 with your constituents, meet somebody who wants to share  
24 their story, let us know.

25           This 2018 plan year has proven to be the most

1 critical yet. The Exchange is tirelessly working on  
2 messaging to existing and potential consumers and  
3 understands the importance of consumer outreach and  
4 education. Given it's our fifth open enrollment, we've  
5 been able to hone in on where we need to most  
6 concentrate our time and efforts, and that's talking  
7 about the value of health insurance and letting  
8 consumers know that Nevada Health Link is a resource.

9           Due to recent challenges and changes the  
10 Exchange faces both at a state and federal level, we  
11 have taken measures to deepen our relationships with  
12 community stakeholders and partners in order to get this  
13 message out about shortened enrollment period.

14           To help facilitate these goals, we hosted our  
15 first annual Prep Rally. I hope it's annual. And I'm  
16 going to skip over that, because we are going to show  
17 you a video after this so you can see the attendance and  
18 how it was.

19           So in addition to a robust media mix, including  
20 digital, radio and TV advertisements, the Exchange has  
21 been focused on grassroots efforts in order to reach  
22 consumers to educate them.

23           While the decrease in changes to federal  
24 funding for HealthCare.gov, marketing outreach does not  
25 directly affect Nevada's Exchange. Because we use our



1 own revenue to contract with navigators, outreach, and  
2 marketing and advertising, Nevada consumers will not  
3 receive the one, two federal HealthCare.gov and Nevada  
4 Health Link advertising punch they have received in the  
5 past.

6           Continuing in the tradition of previous years,  
7 the Exchange is organizing a kickoff to open enrollment  
8 on November 1st in both Las Vegas and Reno. And I've  
9 listed the locations there. Both events are intended to  
10 kick off enrollment activities and will provide an  
11 opportunity for consumers to get their questions  
12 answered and complete the enrollment process with a  
13 licensed enrollment professionals.

14           The closeout event will also be on December  
15 15th, when enrollment closes this year, and will host a  
16 variety of vendors with a holiday health fair theme  
17 given the time of year. This will give consumers some  
18 incentive in attending our event and will provide  
19 activities during wait times for enrollment.

20           Also, this year, the navigators will be  
21 stationed at libraries and their offices for extra open  
22 enrollment through the 45-day window. This information  
23 is posted on our fliers and will be available on our  
24 website as well.

25           And speaking of the website, which continues to

1 be our call to action throughout enrollment and special  
2 enrollment periods, the Exchange and our website host  
3 vendor, KPS3, has initiated a full home page  
4 reconstruction. I don't want this to confuse you.  
5 We're not redoing our entire website, just the home page  
6 to be more consumer-friendly.

7           We are currently in the staging site process  
8 and developing content for the new navigation menus.  
9 This is set to go live just before open enrollment, and  
10 we'll be testing that a week before.

11           In conjunction with the traditional media  
12 outlets for advertising, the Exchange has learned how  
13 powerful email marketing is. We will continue to build  
14 our email subscription. And given the new data we have  
15 received from CMS, we will have access to directly  
16 market to our enrollees, not all of them, just some.

17           And Penna Powers will assist in developing the  
18 regularly scheduled emails and content to send to our  
19 subscribers.

20           We are looking into a possible direct mail  
21 campaign. The research is still in development, since  
22 this is not being done by HealthCare.gov.

23           Exchange staff and our marketing partner, Penna  
24 Powers, remain focused on our objectives and look  
25 forward to getting the message out.

1 I am going to now turn it over to Patty  
2 Halabuk, who will review a summary and analytics, as I  
3 discussed, on the off-season campaign and how that  
4 performed, and then also encapsulate our recent  
5 Prep Rallies for you.

6 And so we will answer any questions you have  
7 after that.

8 Thank you.

9 DR. JAMESON: Thank you.

10 MS. HALABUK: Good afternoon. Patty Halabuk,  
11 for the record. And I am going give you a brief  
12 commentary for the marketing deck that you guys just  
13 received here in the south and you should have in the  
14 north.

15 On page one, it's a summary of our off-season  
16 advertising campaign that Janel mentioned, "You Can't  
17 Afford Not to be Insured."

18 I believe, you know the campaign consisted of  
19 three real-life scenarios that can happen in an instant  
20 and wind up costing folks tens of thousands of dollars  
21 without health insurance coverage. The scenarios were a  
22 couple finding out they were having twins, a child  
23 breaking his nose while playing soccer, and a woman  
24 slipping on water while innocently sipping her  
25 umbrella-clad beverage by the pool.

1           Although the off-season advertising was set to  
2 perform as a steady trickle, the number of impressions  
3 or views we made to our target audiences proved  
4 substantial. And the spots themselves proved intriguing  
5 enough for consumers to spend enough time watching them.  
6 They consistently performed well over the average  
7 industry online viewing rate.

8           On pages two and three, you will see that our  
9 continued outreach stakeholder and partner efforts  
10 proved to be effective. September and October are two  
11 of the busiest event months which allow our navigators  
12 to connect frequently with consumers in the community at  
13 a key time leading up to open enrollment.

14           We all know that the ACA and the Exchange have  
15 been in the news regularly. And on page four, you'll  
16 see the monetized value of that exposure, which is  
17 pretty significant.

18           On page five, you'll see detailed out some of  
19 the specific coverage that we received in September.

20           On page six, you'll see a pictorial summary of  
21 the two very successful open enrollment Prep Rallies  
22 that we've been talking about. They were very  
23 well-attended and well-received.

24           And as Janel mentioned, we'll close out this  
25 marketing deck commentary with a little video that

1 encapsulates everything that happened there.

2           On to page seven and our open enrollment  
3 campaign. As Janel mentioned, we've produced two  
4 additional real-life emergency scenarios. You can see  
5 the artwork here.

6           And we also completed two testimonial spots  
7 from our two testimonial customers. The 30-second  
8 testimonial spots will air on TV and online, and they  
9 will encourage the viewers to see their full video  
10 stories on NevadaHealthLink.com.

11           Governor Sandoval also recorded a new PSA-style  
12 open enrollment spot that will air as well.

13           Page eight shows where the steady trickle for  
14 our off-season advertising migrates to a full stream for  
15 open enrollment. This means that we will have a much  
16 higher frequency of television, digital, social media.  
17 And we are also adding radio, bus advertising, and  
18 targeted print publications into the mix.

19           As Janel mentioned, the majority of the  
20 campaign will kick off the week of October 23rd. Some  
21 of it will launch beginning next week.

22           Page nine details our comprehensive PR and  
23 media relations plan focusing on TV morning show  
24 segments and interview opportunities for realtime  
25 Q and A.

1           And page 10 highlights some of the outreach  
2 kickoff and closeout event materials developed for  
3 distribution and use by our navigators, partners, and  
4 stakeholders. We'll also be advertising the kickoff and  
5 closeout events in social media, online, and in print  
6 publications for added exposure.

7           On page 11, you'll see just a preliminary  
8 glance of the newly designed home page that Janel  
9 mentioned. It's pretty exciting. And, again, as she  
10 mentioned, the intention is to improve consumer ease of  
11 use and navigability.

12           Sorry. I feel like there's an echo here.

13           Page 12 is simply a wrap-up to show the  
14 highlights of our upcoming enrollment campaign.

15           And to kind of close out the deck and before we  
16 answer any questions, I'd like to just play the  
17 Prep Rally video for you.

18           And I'd like to note, too, that we heard  
19 genuine sentiment from attendees both in the north and  
20 south about how much they really valued and appreciated  
21 this event. They felt that it was a forum and an  
22 opportunity to see and hear from the Exchange and  
23 network with their peers and other partners.

24           As Heather said, the goals were to inform,  
25 educate, activate. And we believe the video

1 encapsulates those goals.

2           And before we turn to the video, Mr. Branch, I  
3 wanted to just mention to you, you saw the numbers here  
4 of attendees, but we invited close to 300 attendees.  
5 And in addition to the attendees we had here, our staff  
6 at Penna Powers, our stakeholder and partner development  
7 staff are following up with everybody who didn't attend  
8 to ensure that they received the flash drive.

9           We also have these materials available online.  
10 So we're sending out to everybody.

11           And, in addition, there were a lot of  
12 navigators who took additional information and flash  
13 drives to share with their peers and partners as well.

14           So there was really a ripple effect from this  
15 event. So we're really excited about it.

16           Janel, do you want to play the video?

17           MS. JANEL DAVIS: Yes. Athena is actually  
18 going to press Play, and you will see it on the  
19 coinciding screens.

20           (The open enrollment Prep Rally video described  
21 was played.)

22           MS. HALABUK: And with that, I can take any  
23 questions related to marketing.

24           (Loud noises.)

25           MS. KORBULIC: Can we still hear them?

1 DR. JAMESON: We lost --

2 MS. JANEL DAVIS: Visual. They have audio.

3 MS. KORBULIC: We're working on it. Nothing in  
4 technology is ever simple.

5 DR. JAMESON: Testing.

6 MS. KORBULIC: Can you hear?

7 DR. JAMESON: We're getting a lot of feedback.  
8 I don't know if you hear it up there. It's almost  
9 difficult to speak, there's so much feedback.

10 MS. KORBULIC: Yes, we're working that, trying  
11 to --

12 DR. JAMESON: Again, congratulations to  
13 everybody who put that on and participated. I just  
14 can't imagine that it could have gone better. Great  
15 job.

16 And as you said, the attendance was remarkable.  
17 We had such an amazing attendance. And a surprise  
18 guest, as we all now, Mayor Carolyn Goodman, who  
19 accidentally wandered into the wrong meeting and stayed  
20 with us for quite awhile. And, as I mentioned earlier,  
21 had an opportunity to meet with many of the individuals  
22 at our meeting.

23 So it really, as we say, the angels were  
24 watching over. That was an incredible success, in  
25 addition to all the hard work.



1 Did anyone have any other comments on the  
2 report?

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

4 And I certainly thought that the event was very  
5 well-done. And I appreciated all of the comments that  
6 people made.

7 So thank you.

8 DR. JAMESON: I'd like to, special thanks that  
9 virtually every Board member, I think, was able to  
10 attend. And that really added as well.

11 Going on now, the Affordable Care status  
12 update.

13 MS. KORBULIC: Yes. Heather Korbulic, for the  
14 record. And I was commenting before the meeting started  
15 that I write these reports, and then more things change.  
16 And so it feels almost dated at this point. It's only a  
17 few days old.

18 So let's get started. Congress entered the  
19 month of September of 2017 with a list of competing  
20 priorities and pressing deadlines. There was a debt  
21 ceiling, government spending, hurricane relief,  
22 Children's Health Insurance Program financing, and  
23 ongoing efforts to repeal the ACA through  
24 reconciliation.

25 Meanwhile, Congress was met with extra pressure

1 to take steps to stabilize the individual market as  
2 deadlines for plan year '18 rate filings and the  
3 uncertainty around the ongoing payment of cost-sharing  
4 reductions threatened to increase consumer premiums.

5           The Senate Health, Education, Labor, and  
6 Pensions Committee convened hearings, including various  
7 panels of experts, during the week of September 6th.  
8 That committee's stated goal was to address market  
9 stabilization in order to develop a narrow insurance  
10 market stabilization bill. The committee heard from  
11 State Insurance Commissioners, Governors, policy  
12 experts, and other stakeholders on efforts and measures  
13 they recommended to immediately stabilize the  
14 marketplace.

15           As I mentioned earlier, they were all in pretty  
16 much universal agreement around the need for CSR  
17 payments to be ongoing, state flexibility, and the need  
18 for federal reinsurance programs.

19           The bipartisan efforts were stalled during the  
20 week of September 15th as a result of disagreements over  
21 state flexibility, and as a result -- and then were  
22 halted completely as the Graham-Cassidy-Heller-Johnson  
23 ACA repeal bill gained momentum. After that failure of  
24 that bill, the committee has renewed its efforts in  
25 negotiating bipartisan plan to stabilize the marketplace

1 in '18 and '19.

2 Senators Heller, Graham, Cassidy, and Johnson  
3 released legislation in the middle of September to  
4 repeal and replace parts of the ACA. President Trump  
5 expressed support for these bills, for the bill  
6 progress. Leader McConnell called for a CBO score. And  
7 the bill was under evaluation of the parliamentarian.

8 The bill would have converted ACA funding into  
9 a block grant system, giving states flexibility to  
10 design their healthcare systems. The bill would have  
11 eliminated the individual and employer mandates,  
12 insurance subsidies and cost-sharing reductions,  
13 Medicaid expansion, and allow for states to make changes  
14 to the essential health benefits, and change the age  
15 rate band rating to five-to-one.

16 The Center on Budget and Policy Priorities'  
17 analysis of the bill indicated that it would add  
18 millions to the number of uninsured Americans and  
19 destabilize the marketplace.

20 The Nevada analysis conducted by the Governor's  
21 Office, the Department of Health and Human Services, the  
22 Division of Insurance, and the Exchange indicated that  
23 the bill would result in Nevada losing funding at a rate  
24 between \$600 million and \$2 billion. Government  
25 Sandoval was quoted saying "Flexibility with reduced

1 funding is as false choice. I will not pit seniors,  
2 families, the mentally ill, the critically ill,  
3 hospitals, care providers, or other Nevadans against  
4 each other because of cuts to Nevada's healthcare  
5 delivery system proposed by the Graham-Cassidy  
6 amendment."

7 The bill sponsors were unable to garner enough  
8 votes to bring the bill to a vote, and then  
9 reconciliation expired on September 30th.

10 While Congress spent September debating repeal  
11 and replace legislation, the U.S. Department of Health  
12 and Human Services made decisions relating to the ACA,  
13 including outreach and marketing funding and  
14 HealthCare.gov operations and maintenance.

15 HHS administration sent notices to navigators  
16 in fully federally-facilitated marketplace states  
17 indicating large cuts in funding and announced a  
18 decrease in total marketing and outreach funding by 90  
19 percent.

20 CMS informed the Exchange that the upcoming  
21 HealthCare.gov marketing campaign will not include any  
22 radio or television advertisements and will largely  
23 focus on digital marketing techniques along with direct  
24 email and text messaging awareness.

25 HealthCare.gov announced maintenance outages,

1 which we've already discussed, which will result in a  
2 total of 2.5 fewer days of open enrollment. Senate  
3 Democrats and called on HHS inspector general to  
4 investigate this decision.

5           As legislative repeal and replace efforts cool,  
6 the decisions that are made by HHS will have dramatic  
7 implications on the Nevada Exchange and the individual  
8 marketplace. The Exchange continues to monitor and  
9 analyze actions and inactions closely to make sure to  
10 navigate the Exchange through various challenges and to  
11 make sure we assist Nevadans to access qualified health  
12 plans.

13           I just want to mention one more time here that  
14 there's a few things that are upcoming. One is the  
15 Notice of Benefit and Payment Parameters, which will  
16 have an impact on the Exchange rules.

17           And then we did have an executive order this  
18 morning from President Trump to expand -- gosh, I have  
19 to look at the words -- associated health plan and  
20 short-term limited plans. I'm doing an analysis of that  
21 and will share that with the Board.

22           DR. JAMESON: I'll look forward to that  
23 analysis, because when I heard that this morning, I was  
24 wondering what that one meant. So we'll await your  
25 analysis.

1           Were there any other questions or comments on  
2 this report?

3           A lot of it you did cover in your executive  
4 report. And, you know, one thing you brought up in one  
5 of these two reports was what if the platform, federal  
6 platform had actual issues and then broke down; and on  
7 top of everything else we're dealing with, it could  
8 really harm.

9           But I would imagine, as was done in our first  
10 and second year, if there were technical issues or  
11 legitimate reasons, I would imagine we could apply for a  
12 few additional days, as we've talked about in the past.

13           MS. KORBULIC: I am hoping for the best and  
14 expecting the worst and trying to get some answers as to  
15 how Nevadans would be considered if there were technical  
16 glitches.

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

19           Just regarding all those technology challenges  
20 that they're doing, do you have -- is there an expected  
21 time that they would turn around an answer to us?

22           MS. KORBULIC: I have a very long list of  
23 questions that I'm waiting for answers for, and so would  
24 have loved to have timelines even provided to me about  
25 when I could get answers to those questions. But I have

1 sort of given up hope that I will even have an expected  
2 timeline of when I'll get an answer.

3 DR. JAMESON: There was a comment as to --

4 MR. MELENDREZ: Thank you for trying.

5 DR. JAMESON: There was a comment as to where  
6 they might be filing those questions.

7 MS. KORBULIC: I have an idea.

8 DR. JAMESON: But, you know, I would say we  
9 don't give up hope. And the reason I would say that was  
10 we, a couple years ago, were feeling rather discouraged  
11 about getting off the federal platform, even last year.  
12 And you and your team rallied with our state Senators  
13 and other supporters.

14 And I meant to tell you after your executive  
15 report to congratulate you, because you've been working  
16 on this so hard last year. And it can't go unsaid that  
17 congratulations that you are finally able to start  
18 aggressively pursuing options to the federal platform.  
19 Great job, Heather and team.

20 And when you were talking about that, I did  
21 skip over this question about specifics. And I know we  
22 don't have any yet. And I know last year, with our  
23 former Executive Director, he did a lot of interviewing  
24 of potential other options. And there were some really  
25 great options out there. Especially the services

1 provided were amazing for the same, for less, less money  
2 and, also, like you said, less down time, less  
3 maintenance time.

4 And I'm just wondering now if it's premature  
5 for me to ask this, but it won't stop me. Do we have  
6 any number one runner on who you are looking at right  
7 now?

8 MS. KORBULIC: There are several different  
9 agencies or companies that have products that are  
10 standing and functioning for other states right now. It  
11 will go through a fair and formal request for proposal.  
12 So it will be through the transparent request for  
13 proposal process.

14 DR. JAMESON: Thank you. I know, when we  
15 interviewed several of them, it was absolutely exciting  
16 what technology can do today.

17 So, no other questions, then, on our report?

18 And then we'll go on to, finally, discussion  
19 and possible action items regarding the dates, times,  
20 and agenda items for our future meetings.

21 Lavonne, anything?

22 Jose?

23 Quincy?

24 Anything from up north regarding future times?

25 We had all agreed at our prior meetings about meeting



1 every other or quarterly?

2 MR. MELENDREZ: Quarterly.

3 DR. JAMESON: Quarterly. So that would place  
4 our next meeting at -- what, we were going to start that  
5 after the first of the year and do it every other?

6 UNIDENTIFIED MAN: (Indistinct).

7 DR. JAMESON: Yeah. So our next meeting will  
8 be?

9 MS. KORBULIC: The 3rd?

10 DR. JAMESON: Was it going to be January?

11 MS. KORBULIC: I'm looking at the dates right  
12 now. I'm sorry. December is when I was expecting to  
13 have it. And do we do it the first or second? Second  
14 Thursday. So December 14th. That's the day before the  
15 end of open enrollment.

16 DR. JAMESON: Correct. I thought it was going  
17 to be every other for the rest of the year, and then  
18 starting next year quarterly?

19 MS. KORBULIC: Right, correct.

20 DR. JAMESON: So December. What was that,  
21 December?

22 MS. KORBULIC: 14th.

23 DR. JAMESON: 14th. Excellent. And were there  
24 any special agenda items? Of course, we love our  
25 current agenda where you are giving us our executive

1 report. You're doing an update on the Affordable Care  
2 Act changes. And other than continuing to have that and  
3 looking forward to if you -- surprising us if you get  
4 some answers to that long list of questions you've been  
5 putting in, I think, there's nothing else.

6 So having said that, and nobody else speaking  
7 up, we'll go on for public comment up north.

8 Has anybody come in who would like to make any  
9 public comments?

10 MS. KORBULIC: Does not appear to be any public  
11 comments.

12 DR. JAMESON: And there is no one here for  
13 public comments.

14 So that being the case, we can go ahead, and if  
15 no one else has anyone else, we would entertain  
16 adjournment.

17 Great job, again, you guys, great job, I just  
18 have to say it, with the Prep Rally, with getting  
19 Centene and our outlying rural communities, with getting  
20 off the federal platform in motion. I mean just  
21 amazing.

22 So I think there's a lot of reason to hope.

23 Thank you.

24 MS. LEWIS: And maintaining your sanity through  
25 all of the --

1 MS. KORBULIC: That's questionable. That's  
2 still questionable.

3 MS. LEWIS: -- the changes and all of the  
4 expressed attempts to disband everything. So I think  
5 that you ought to be admired for being able to just  
6 remain sane.

7 MS. KORBULIC: Thank you.

8 DR. JAMESON: Have a great afternoon.

9 MS. KORBULIC: Thank you.

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