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SILVER STATE HEALTH INSURANCE

BOARD MEETING

THURSDAY, OCTOBER 25, 2018, 1:30 P.M.

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DR. JAMESON: Okay. So, shall we go ahead and do our roll call. We'll go ahead and commence with the meeting at 1:31 and a half.

And who will be taking roll call? Heather, will that be you today?

MS. KORBULIC: That is me, Dr. Jameson.

DR. JAMESON: So welcome, everybody. And thank you for joining us, everyone up north and down south and on the telephone.

So roll call.

MS. KORBULIC: Okay. Dr. Florence Jameson?

DR. JAMESON: Present.

MS. KORBULIC: Ms. Valerie Clark?

MS. CLARK: Present.

MS. KORBULIC: Lavonne Lewis?

MS. LEWIS: Present.

MS. KORBULIC: Dr. Cook?

DR. COOK: Present.

MS. KORBULIC: Mr. Jonathan Johnson? Absent.

1 Mr. Jose Melendrez?  
2 MR. MELENDREZ: On the phone. Thank you.  
3 MS. KORBULIC: Mr. Quincy Branch?  
4 MR. BRANCH: Present.  
5 MS. KORBULIC: Ex-officio member Marta Jensen?  
6 MR. JENSEN: Present.  
7 MS. KORBULIC: Barbara Richardson is absent.  
8 And Bessie Wooldridge is also absent.  
9 Madam Chair, we do have a quorum.  
10 DR. JAMESON: Excellent.  
11 We'll go ahead and get started with public  
12 comment. Do you have anybody for public comment in the  
13 north?  
14 MS. KORBULIC: We do not.  
15 DR. JAMESON: I'll go ahead and ask the  
16 question, but I don't see anyone. Is there anyone for  
17 public comment here?  
18 And I apologize. I did not look to see if  
19 there was any submitted public comments. Are we aware  
20 of any submitted public comments?  
21 MS. KORBULIC: There was no submitted public  
22 comment.  
23 DR. JAMESON: Thank you so much.  
24 All right. In that case, we're going to move  
25 right on to the approval of the minutes of July 12th,

1 2018, Board meeting.

2 Do I hear a motion to approve the July Board  
3 minutes?

4 MR. MELENDREZ: This is Jose.

5 MR. BRANCH: This is Quincy.

6 MR. MELENDREZ: Motion to approve.

7 DR. JAMESON: I have a first and second. Was  
8 there any questions or discussion, addendums,  
9 corrections?

10 That being the case, I would entertain a yea  
11 for everybody that approves the minutes.

12 (Board members said "yea.")

13 DR. JAMESON: Thank you.

14 And, of course, the most exciting part of our  
15 minute, which I have really been looking forward to.  
16 Normally, I must say, Heather, we all are impressed with  
17 your content of your reports and especially how much  
18 material you get into a relatively short report, a page  
19 and a half or so. And you are definitely known for  
20 brevity and vigor. But I must say, we do have a lot of  
21 information to cover, and you still do, though, cover it  
22 incredibly well.

23 So if you'd like to proceed with your report,  
24 please go ahead.

25 MS. KORBULIC: Thank you, Madam Chair. Heather

1 Korbulic, for the record.

2 I do have not -- it's not the briefest report  
3 today. I apologize. It's seven pages. And then I have  
4 an additional page that I need talk about, because a lot  
5 has gone on this week that I wanted to make sure to  
6 bring the Board up to speed on.

7 And I can see Dennis.

8 DR. JAMESON: I knew that.

9 MS. KORBULIC: It's nothing, don't worry,  
10 Dennis, it's nothing off agenda.

11 Okay. So let's just get started. The Silver  
12 State Health Insurance Exchange is opening, or entering  
13 into our sixth open enrollment period. And we are  
14 energized. I know. Clapping. Thank you, Dr. Jameson.  
15 And energized about connecting eligible Nevadans to  
16 affordable comprehensive qualified health plans. Our  
17 grantees, community partners and stakeholders are  
18 standing by and are ready to engage, educate and enroll  
19 consumers during the brief 45 days.

20 Our landscape this year is not without  
21 challenges, which may have an impact on our enrollment  
22 numbers. Specifically, the challenges are the  
23 elimination of the Affordable Care Act individual  
24 mandate penalty, competing off-Exchange plans, proposed  
25 executive rule changes, and a compressed enrollment time

1 frame. The Exchange has historically overcome every  
2 trial we have faced, and there is little doubt that this  
3 organization is ready to rise once again to the  
4 challenge for a successful open enrollment 2019.

5 So I'm going to give you guys our plan, our  
6 year overview about plan year 2019. As you're probably  
7 all aware, healthcare is one of the top issues for  
8 voters to go to the polls in just five, just five days  
9 after open enrollment begins. With very affordable  
10 options rate decreases and a stabilizing market, this  
11 year Nevadans on the Exchange, or people who are  
12 eligible for the Exchange, have a lot to be encouraged  
13 about.

14 As we've mentioned, open enrollment runs from  
15 November 1st through December 15th, allowing just that  
16 45-day reenrollment period to reenroll returning  
17 consumers and to enroll new consumers.

18 This year, we have both Health Plan of Nevada  
19 and SilverSummit returning to the Exchange to offer a  
20 combined total of 14 qualified health plans, two of them  
21 gold, seven silver, and four bronze, with one  
22 catastrophic plan. The Exchange is going to have six  
23 dental carriers with 22 standalone dental plans  
24 available to our consumers. The consumers that reside  
25 in Clark, Washoe and Nye counties will be able to select

1 qualified health plans from both HPN and SilverSummit,  
2 while the other counties will have the five SilverSummit  
3 plans to choose from.

4           This year, the Nevada Division of Insurance has  
5 approved the 2019 health insurance rates for all plans  
6 in the individual market. The approved rate change for  
7 the individual market for both off and on Exchange is an  
8 increase in 3 percent. The average rate change on the  
9 Exchange is a decrease of .4 percent, which is very good  
10 news for Exchange consumers.

11           On average, consumers who are eligible for  
12 subsidies, which is 82 percent of our consumers, will  
13 continue to find low cost and even no cost plans. Those  
14 consumers who are not subsidized, about 13 percent, will  
15 see slight decreases to their monthly premiums.

16           The individual mandate is going away this year.  
17 So the U.S. Congress repealed the penalty associated  
18 with the individual mandate effective January of 2019.  
19 This does present a challenge to the Exchange as it  
20 relates to consumer retention and recruitment.

21           Health policy analysts have had a difficult  
22 time determining the impact of the repeal; however, most  
23 agree that the individuals most likely to forego health  
24 insurance as a result of the repeal are healthy  
25 individuals between the ages of 26 and 40. The Exchange

1 has tailored our marketing and outreach campaign with  
2 additional emphasis on this segment of the population.  
3 And we're highlighting the prohibitively expensive  
4 prices associated with medical care should one opt out  
5 of health insurance. Our message is clear. The  
6 unexpected and routine medical care comes at a  
7 significantly high cost, and that could potentially  
8 bankrupt an individual or their family, and insurance  
9 protects you against that devastating outcome.

10           We have several competing plans this year.  
11 There are three types of plans competing with QHPs in  
12 2019: associated health plans, short term limited  
13 duration plans, and health sharing ministries. While  
14 Nevada's association health plans offer some of the  
15 protections afforded by the ACA, short term plans and  
16 health sharing ministries offer limited benefits and are  
17 not subject to ACA rules. The Exchange's outreach  
18 around competing plans aims to educate our consumers  
19 while providing assistance and resources to connect them  
20 with comprehensive affordable plans that are right for  
21 their individual and family needs.

22           AHPs allow small businesses and employers to  
23 ban together by geography or industry to obtain coverage  
24 as if they were a single large employer. Several  
25 Chambers of Commerce in Nevada have formed association

1 health plans. And the Nevada Division of Insurance  
2 regulates their benefit design for the plans, and,  
3 however, they do not regulate the rates for the  
4 networks.

5           These plans may offer consumers who are  
6 ineligible for subsidies a more affordable option.  
7 However, the Exchange always encourages consumers to  
8 work with an enrollment professional to determine if  
9 these plans are right for their individual needs. And  
10 we remind consumers that there are affordable plans  
11 available on the Exchange with subsidized premium  
12 payment assistance.

13           The United States Department of Health and  
14 Human Services issued a rule expanding the length of  
15 short term limited duration plans from 90 days to 364  
16 days, with the option of 36 months of the renewability.  
17 Our current Nevada Administrative Code limits the sale  
18 of these plans to 185 days and bans renewability. That  
19 is not going to change.

20           Short term plans are useful in some  
21 circumstances; for instance, when an individual has  
22 missed the open enrollment period and he needs emergency  
23 coverage for a short period of time until they are  
24 eligible to purchase a QHP or obtain insurance through  
25 other means. These plans do not provide comprehensive



1 coverage, nor do they provide minimal essential  
2 coverage. Most short term plans have high deductibles,  
3 and they do not cover prescriptions, behavioral health,  
4 maternity care, et cetera.

5 Short term plans allow for medical underwriting  
6 and discrimination based on individuals with  
7 pre-existing conditions. When a consumer applies for  
8 one of these plans, they fill out a health assessment or  
9 an application, and they have to indicate whether they  
10 have any medical issues. If they do, the carrier can  
11 refuse to cover them or charge them more based on that  
12 medical issue.

13 Aside from the skimpy benefit package, many  
14 short term carriers engage in post-claim underwriting,  
15 which leaves consumers on the hook for medical care and  
16 the associated costs. A carrier receives an insurance  
17 claim and can then, there research the consumer's  
18 medical history to determine whether they had any  
19 indicators of illness prior to the application. If the  
20 carrier finds that the consumer had health issues that  
21 were not disclosed in their application, they can  
22 retroactively terminate their coverage and deny the  
23 claim, leaving the consumer fully responsible for those  
24 costs.

25 Even more concerning is that once a consumer is

1 retroactively terminated from their short term policy,  
2 they're not eligible for a special enrollment period to  
3 enroll in a QHP on the Exchange because that short term  
4 plan did not cover minimum essential coverage. This  
5 leaves consumers high and dry with medical needs and  
6 without insurance.

7           There are multiple carriers currently selling  
8 short term plans in Nevada with large broker  
9 commissions. High commission structures incentivize  
10 some brokers to push consumers into short term plans  
11 when it may not be in their best interest. Short term  
12 plans also have a long history of misleading marketing  
13 tactics, convincing consumers that they're purchasing  
14 comprehensive benefits.

15           The Exchange has launched an educational and  
16 outreach campaign warning consumers to read the fine  
17 print and highlighting the differences between short  
18 term plans and qualified health plans.

19           Finally, in the competing market space, health  
20 sharing ministries are not actually insurance, but  
21 that's despite aggressive marketing that asserts  
22 otherwise. Health sharing ministries are a form of  
23 health coverage in which members who typically share a  
24 religious belief make monthly payments to cover the  
25 expenses of other members. Health sharing ministries

1 are not insurance and do not guarantee the payment of  
2 claims, but because their products closely mimic  
3 insurance products they can be confusing at first  
4 glance. They're largely unregulated and provide limited  
5 benefits and may prove to be disproportionately  
6 attractive to healthy individuals.

7           The Exchange is working to educate partners and  
8 stakeholders on the limitations of health sharing  
9 ministries while also identifying fraudulent actors and  
10 reporting them to the Division of Insurance as  
11 appropriate. Consumers are encouraged, as always, to  
12 work with licensed enrollment professionals.

13           Okay. Marketing and outreach. And we will get  
14 more into this with Janel and Patty later in this  
15 meeting.

16           But the Centers for Medicare and Medicaid  
17 Services have cut deeper into the funding for marketing  
18 and outreach for federally facilitated states.  
19 Meanwhile, the Nevada Exchange continues to invest  
20 significant portions of our budget into these critical  
21 functions with a year-over-year increase in enrollment  
22 as a return on investment.

23           For this open enrollment, the Exchange has  
24 granted funds to five brokers and 12 navigator entities  
25 in order to outreach and enroll consumers on the

1 Exchange. We provide training, program monitoring, and  
2 technical assistance for our partners, and they then  
3 submit comprehensive reports on their activities.

4 Penna Powers and the Exchange's communication  
5 team have enhanced our campaign message from last year:  
6 "You Can't Afford Not to Be Insured," with new  
7 advertisements and scenarios, a robust marketing  
8 strategy and, I'll just say, an aggressive public  
9 relations campaign.

10 In addition to our affordability message, the  
11 Exchange is focusing on educating consumers about  
12 working with licensed enrollment professionals to  
13 navigate that confusing and competing health insurance  
14 market.

15 We hosted two prep rallies in the north and the  
16 south, with Exchange grantees, broker partners and  
17 community stakeholders in attendance. We provided  
18 attendees with an in-depth insight into 2019, plan year  
19 2019, with details around our offerings, our rates, and  
20 our messaging. Attendees were fortunate to hear from  
21 Roy Tuscan, a millennial with an inspiring story about  
22 how insurance helped him afford to triumph over tragedy.  
23 Attendees in Las Vegas were also fortunate to hear from  
24 Desiree Reed Francois, the UNLV Athletic Director who  
25 shared her inspiring story surrounding her successful

1 career and then hit on the importance of working with an  
2 enrollment professional. Our partners left the prep  
3 rallies with marketing tools to promote and educate  
4 consumers about our upcoming open enrollment period.

5           So agency updates. The Exchange has spent a  
6 significant amount of time working on our state fiscal  
7 year budget for 2020 and 2021. Our agency request  
8 budget was submitted on August 31st, and it included 18  
9 enhancements, most of which are related to the  
10 transition to a state-based exchange, and it totaled  
11 \$22,977,659 for state fiscal year '20 and then  
12 \$15,312,723 for state fiscal year '21.

13           We have requested a total of 11 new positions  
14 to support our operations as a state-based exchange. If  
15 approved, we anticipate that the start dates will be  
16 between August 2019 and October of 2019. The Governor's  
17 Office and the Budget Division are currently reviewing  
18 our agency request budget, and then they're going to  
19 compile the Governor Recommends budget, which will be  
20 submitted to the Legislature on or about January 15th of  
21 2019.

22           In addition to developing our next biennium  
23 budget, the agency is preparing for the upcoming 80th  
24 Session of the Nevada Legislature, which begins  
25 February 4th, 2019. We have monitored the Interim

1 Committee on Health and Human Services with a close  
2 focus on the bill draft requests and that the Committee  
3 plans to put forward. The Legislative Counsel Bureau  
4 has begun posting next session bill draft requests on  
5 the NELIS webpage, and the Exchange is monitoring and  
6 analyzing the applicable bills, applicable -- you know  
7 what I'm trying to say -- bills and provide technical  
8 assistance, fiscal notes, and analysis as appropriate.

9 I need to break in here with some of the  
10 breaking news that happened just in terms of what's  
11 going on agency-wise. And it kind of fits with this  
12 conversation.

13 On Friday of this last week, October 19, I  
14 received a breaking news email in my inbox announcing a  
15 consumer data breach that was tied to the direct  
16 enrollment system that's used by brokers to enroll on  
17 HealthCare.gov. I immediately reached out to CMS to  
18 find out if any Nevadans had been impacted and what  
19 steps they had taken to rectify the situation, and was  
20 provided with a press release that outlined the timing  
21 on the breach.

22 On October 13th, CMS detected suspicious  
23 activity. They declared a breach on the 16th. And they  
24 released that statement on the 19th. It said that the  
25 agency had taken immediate steps to secure the system

1 and consumer information, should further investigate the  
2 incident, and then subsequently to notify federal law  
3 enforcement.

4 I was informed this Monday, the 22nd, that  
5 state-based marketplaces that use the federal platform  
6 can expect to receive information as to whether  
7 consumers in our respective states have been impacted by  
8 this breach.

9 In my response to CMS, I wrote the following:

10 I recognize there are a lot of moving parts to  
11 this situation and appreciate your communication on this  
12 matter of fact. However, I would be remiss if I did not  
13 share how frustrating it is to hear about this breach  
14 from a breaking news flash in my email inbox and not  
15 directly from the organization that we pay millions of  
16 dollars to for secure technology.

17 The Silver State Health Insurance Exchange is  
18 required to notify CMS within one hour of any potential  
19 privacy or security breach. From the press release, it  
20 appears that the investigation you did on the 13th was  
21 declared on the 16th and was released on the 19th.  
22 Nevada has not been made aware of the incident with  
23 possible implications for our consumers until six days  
24 after it was discovered, a time frame that is entirely  
25 unacceptable.

1           Moving forward, I would be happy to work with  
2 you and your team to help identify mutually agreeable  
3 policies and processes that we can communicate in the  
4 unfortunate circumstance of another potential issue of  
5 security.

6           I have also requested that if any Nevadans have  
7 been impacted, we need to know immediately, and any and  
8 all messaging has to be shared with the Exchange.

9           I am closely monitoring this and will keep the  
10 Board apprised about this breach.

11           Moving on, back to the regularly scheduled  
12 programming, transition updates. We are going to hear  
13 more about this later on. But on August 14th, a very  
14 big day for the Exchange, 2018, the State Board of  
15 Examiners approved our contract with Get Insured, a  
16 decision that will allow for the transition of our  
17 Exchange from a state-based marketplace using the  
18 federal platform to a state-based Exchange.

19           Our Project Manager, who I'll introduce to you  
20 soon, Eric Watt, started on August 15th, so the day  
21 after we approved our contract, and has been working  
22 with Get Insured's project team and our project team at  
23 full speed since. The Exchange's executive board will  
24 get to hear from Eric in more detail late today.

25           This project is multifaceted and complex, and



1 the Exchange's transition timeline allows for little  
2 error. Get Insured has thus far met all required  
3 milestones on time with approved deliverables. The  
4 Exchange is in regular contact with our stakeholders,  
5 Get Insured, CMS, Exchange carriers, and the Division of  
6 Welfare and Supportive Services. A successful  
7 transition is only attainable with an ongoing mutual  
8 commitment to success from all of our partners, and all  
9 of them have expressed a deep interest in the Exchange  
10 meeting our established goals.

11 As our Exchange's project management team  
12 develops an intricate transition plans, our staff remain  
13 laser-focused on our open enrollment at hand.  
14 Establishing Nevada Health Link as "the" resource for  
15 Nevadans looking for affordable health insurance is our  
16 number one priority and is going to be critical in  
17 developing a fully successful operational, or fully  
18 successful state-based Exchange.

19 Okay. Affordable Care Act updates. It is not  
20 boring in this neck of the woods.

21 With the 2018 midterm elections just a few  
22 weeks away, the ACA remains the divisive and political  
23 topic it has always been. It's unlikely that any  
24 substantive bills are going to be introduced prior to  
25 the election. However, the Executive Branch of the

1 federal government continues to introduce rule changes  
2 that will impact the marketplace both locally and  
3 nationally. Several lawsuits are pending court  
4 decisions and could have broad and dramatic implications  
5 for the Exchange.

6 I'm going to go through some of these changes  
7 and add to this list.

8 HHS is expected to release an annual Notice of  
9 Benefit and Payment Parameters for plan year '20 in the  
10 very impending future. The payment notice is an annual  
11 CMS omnibus rule that pulls together all of the major  
12 changes that HHS intends to implement for the next plan  
13 year for the exchange marketplaces, in particular the  
14 federally facilitated exchanges. This rule is going to  
15 lay out changes to policy for plan year '20 and is  
16 widely rumored to include changes that may negatively  
17 impact all Exchanges.

18 The Nevada Exchange, of course, is monitoring  
19 and will make comments, will provide comments once it's  
20 posted for public consumption and comment.

21 The Department of Homeland Security has  
22 announced a proposed rule change that could require  
23 immigrants seeking to -- seeking legal status in the  
24 United States -- excuse me. This sentence is terrible.  
25 I should have rewritten it. I'm sorry. Anyway, it

1 could -- essentially, any immigrants seeking to become  
2 citizens of the United States, or who are or who change  
3 their citizenship in the United States, it could deem  
4 them ineligible for visas or green cards if they are  
5 deemed likely to receive certain public benefits once  
6 they come to the country. Immigrants could be denied a  
7 change in legal status once if in the United States they  
8 received or are likely to receive public benefits such  
9 as housing and food stamps equivalent to a certain  
10 monetary threshold.

11 This rule broadens the assumption of what is  
12 considered a public charge, or someone who is dependent  
13 or likely to become dependent on the government. If the  
14 rule is promulgated as written, immigrants could be  
15 rejected from citizenship if they do not forego benefits  
16 that they or their family members would otherwise be  
17 eligible to receive.

18 It is important to note that the subsidies that  
19 the Exchange consumers receive are not included in the  
20 proposed rule change, meaning that immigrant consumers  
21 will be able to receive Exchange subsidies without  
22 impact to their immigration status. However, the change  
23 could serve as a deterrent with consumers being fearful  
24 of backlash resulting from the acceptance of any public  
25 benefit.

1 I'm going to break in here with a few other  
2 things that happened this week.

3 Two other rules were proposed, proposed rule  
4 changes were issued this week by the Department of  
5 Health and Human Services, one related to 1332 waivers  
6 and another related to health sharing reimbursements.  
7 Both I have not had a chance to fully consume, but I do  
8 plan on doing so and will issue comments and let the  
9 Board know as appropriate.

10 The rule governing 1332 state waivers changes  
11 the name of state -- or changes the innovation waiver  
12 name to "Waivers to State Relief and Empowerment  
13 Waivers." These waivers currently allow any state who  
14 wants to, to waive any or all requirements of the ACA  
15 regulation of health insurance plans so long as the plan  
16 remains at least as comprehensive as a qualified health  
17 plan, is at least as affordable as those offered under  
18 the ACA, and then provide coverage to a comparable  
19 number of the state's residents that are covered under  
20 the ACA.

21 The new rule increases state flexibility and  
22 would allow federal subsidies to be applied to  
23 association health plans and short term limited duration  
24 plans. It could also hinder the efforts of some states  
25 who have proposed to use 1332 waivers to support

1 Medicaid buy-in or public coverage options.

2           The proposed regulation applies a new standard  
3 in interpreting the ACA guardrails requiring states to  
4 make available coverage that meets affordability and  
5 comprehensive status standards, while not requiring that  
6 all of the coverage under a state's waiver meet these  
7 requirements. It proposes loosening of the federal  
8 government's, or loosening the federal government's  
9 definition of comprehensive and affordability and how it  
10 will evaluate the number of covered lives.

11           The rule would specifically apply less  
12 definition on how strictly coverage must meet essential  
13 health benefits requirements and broaden definition of  
14 coverage to include less comprehensive plans like the  
15 AHPs and short term plans.

16           The other rule change related to health sharing  
17 arrangements would allow employers to contribute up to  
18 \$1,800 in tax-free accounts for workers to buy  
19 individual health insurance either on or off the  
20 Exchange. On its face, allowing employers to contribute  
21 to HRAs could increase consumers on the Exchange and  
22 thereby improve the risk pool providing for further  
23 stabilization to the individual health insurance market.

24           However shifting employer-based insurance to  
25 employer contributions creates a scenario where an

1 employee would be receiving a defined contribution  
2 rather than a defined benefit. And that could  
3 potentially increase the healthcare costs for employees  
4 over time. As healthcare costs increase, so too will  
5 the burden on the employee to cover those costs.

6 Of course, we're monitoring these bills,  
7 reviewing impacts for Nevada, and will submit comments  
8 as we feel appropriate.

9 Going back, there are several court cases  
10 pending decisions right now, but there is one that has a  
11 more immediate impact, and that is Texas vs. the United  
12 States. On September 5th, 2018, Texas Federal District  
13 Court heard arguments in a case led by the Texas A.G.  
14 and 18 Republican attorney generals. The plaintiffs are  
15 arguing that the -- or urging the court to overturn the  
16 ACA now that the individual mandate is no longer being  
17 enforced. In a rare move, the Trump Administration is  
18 not defending the law. Instead, they are arguing that  
19 pieces of the law associated with protections for  
20 individuals with pre-existing conditions should be  
21 struck down as these protections were directly tied to  
22 the tax penalty.

23 California's Attorney General, along with 17  
24 Democratic attorney generals, have intervened to defend  
25 the law. Health advocacy groups, patient organizations,

1 healthcare providers, scholars, and consumers have filed  
2 amicus briefs outlining their opposition and the  
3 significant impact that the court's decision could have  
4 on healthcare systems and the millions of consumers  
5 therein.

6           The plaintiffs are urging the court to strike  
7 down the ACA immediately, but if the judge does rule in  
8 their favor, the case will likely head to the Supreme  
9 Court for consideration. The provisions of the  
10 Affordable Care Act that protect people with  
11 pre-existing conditions are a most popular part of the  
12 ACA and, if overturned, could have the potential to  
13 create chaos through the entire healthcare system,  
14 including Medicare, Medicaid and the employer insurance  
15 market.

16           It's projected that approximately 25 percent of  
17 Nevadans under the age of 65 have pre-existing  
18 conditions. Some states have enacted their own laws to  
19 protect consumers with pre-existing and including rules  
20 with guaranteed issue, adjusted community rating and a  
21 prohibition on pre-existing condition exclusions.

22           We are, of course, monitoring this case and  
23 working with our stakeholders in-state and nationally to  
24 analyze the impact on Nevada.

25           In conclusion, I've been talking forever. Open

1 enrollment success is made up of big and small wins.  
2 Whether we are connecting someone to their first  
3 affordable health plan or we're setting enrollment  
4 records in the face of adversity, the Exchange and our  
5 partners receive recognition for that important and  
6 critical work.

7           But what doesn't get publicized is the year of  
8 intense labor that goes into developing and implementing  
9 messaging, engaging our stakeholder and grant partners,  
10 providing outreach and education to consumers, working  
11 with partner agencies, certifying plans, analyzing  
12 policy, engaging lawmakers, and operating a state  
13 agency. The success of our Exchange is only achievable  
14 if it's built on top of this fundamental work.

15           For the reasons I've outlined in this report,  
16 the Exchange may not see an increase in our enrollment  
17 in this upcoming open enrollment period. However, I can  
18 confidently say that the dedicated work of Exchange  
19 staff over this year has resulted in success. I'm proud  
20 of our efforts and our mission-driven determination from  
21 the staff and the grant partners. And as always, it is  
22 an extreme pleasure to work with this team and our  
23 committed individuals, who are committed individuals,  
24 and it's a true honor to work for this organization.

25           With that, I will be happy to take any



1 questions.

2 DR. JAMESON: Thank you for that incredibly  
3 thorough report. And so I would echo you and say that I  
4 would entertain any questions for our Executive  
5 Director.

6 MS. LEWIS: Madam Chairman, I don't have any  
7 questions, but I would like to compliment the Executive  
8 Director and the staff on the work they have done in the  
9 face of all of the adversity they have faced in  
10 implementing and continuing to operate this program  
11 throughout the years.

12 You've just done absolutely fantastic job or,  
13 as I would say, a fantabulous job. It's been great.  
14 And you are to be congratulated on the job that you have  
15 done. Thank you.

16 MS. KORBULIC: Thank you.

17 MR. BRANCH: Madam Chair, I do have a comment  
18 as well. I want to echo fellow Board members and just  
19 applaud the whole entire team for the work that is being  
20 done and, also, our Executive Director for the reports  
21 that are being given.

22 Heather, I do have a question on an agency  
23 update. And just out of curiosity. It doesn't need to  
24 be a thorough answer. I just wanted to know, what was  
25 the basis behind -- I see, in 2020, you're saying our

1 budget is around \$22 million, but then it drops to  
2 \$15 million. So I was just curious as to what's causing  
3 that significant drop in the budget?

4 MS. KORBULIC: That's an excellent question.  
5 Happy to answer it. Heather Korbulic, for the record.

6 So, in state fiscal year '20, what you're  
7 seeing is two payments, basically. We're paying for  
8 HealthCare.gov still, and we are paying for the costs  
9 associated with our transition. When we get into fiscal  
10 year '21, we're just paying for our costs associated  
11 with being our own state-based Exchange. So we start to  
12 see the significant savings that we will achieve over  
13 the next five years.

14 MR. BRANCH: Thank you.

15 MS. LEWIS: Madam Chairman, I had a question on  
16 that same issue. And I forgot to raise it. And my  
17 question was, do we have the money?

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

20 Yes, we do. We are going to be able to achieve  
21 all of this. Thank you.

22 MS. LEWIS: Good.

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

25 MS. LEWIS: Thank you.

1 DR. JAMESON: Please.

2 MS. CLARK: I just wanted to say, I  
3 congratulate the team as well. And I concur with  
4 everything the other Board members stated.

5 I also wanted to commend you on the kickoff. I  
6 was there a few weeks ago at the one in Reno, and it  
7 went extremely well. I thought it was very well  
8 attended and very well put together. And  
9 congratulations on that.

10 MS. KORBULIC: Thank you.

11 UNIDENTIFIED WOMAN: Thank you.

12 MS. LEWIS: I have one more.

13 DR. JAMESON: Please.

14 MS. LEWIS: Madam Chairman, I hate to be coming  
15 back in so many times.

16 But I, too, want to congratulate you on the  
17 kickoff. I was there, and I thought that it was well  
18 received, and did an excellent job. And all of the  
19 presenters were very knowledgeable and seemed to be very  
20 engaged. So I thought it was very well done.

21 MS. KORBULIC: Thank you.

22 DR. JAMESON: Thank you.

23 I do just have a couple quick questions, but  
24 not that any of it this, the nature of it is not that  
25 your answers may be quick.

1 I was wondering, when the open enrollment  
2 starts, since we do have a policy of automatic  
3 reenrollment, I'm wondering how many you expect will be  
4 automatically reenrolled of the percentage that we  
5 currently -- what percentage of what we currently have.  
6 Is there any reason some don't get automatically  
7 reenrolled?

8 MS. KORBULIC: Yes. So this is Heather  
9 Korbulic, for the record.

10 I mean I can't tell you what we expect, because  
11 those numbers jump around every year depending on the  
12 solidity of our plans and the carriers. I can say that  
13 we have some stability where that's concerned. So,  
14 hopefully, that'll offer a more passive environment for  
15 consumers to just roll. Last year, we saw about 19,000  
16 of the 91,000 passively reenroll or automatically  
17 reenroll.

18 Some of the reasons for consumers not  
19 automatically reenrolled, because when you apply through  
20 HealthCare.gov, you need to check the box whether or not  
21 it's okay for HealthCare.gov to reach out and reverify,  
22 up to one year or up to three years. And so consumers  
23 who selected only one year have to be manually  
24 reenrolled.

25 So we, when we are our own state-based

1 Exchange, will be encouraging consumers to click the box  
2 for three years to make it easier on themselves and us.

3 DR. JAMESON: When we were talking about the  
4 rate decrease, that was nice to hear, both for plans on  
5 the Exchange and off the Exchange.

6 And in the same area, we were discussing the  
7 number of plans covered. The number of plans that are  
8 going to be covered with this enrollment, if you  
9 compared that to the enrollment period before, how  
10 significant is that reduction in the number of plans  
11 overall?

12 And the rule coverage, do you feel it's pretty  
13 complete, thanks to some people stepping up?

14 And then the biggest question that we like,  
15 people like to say is, well, even if they have the  
16 expanded Medicaid, and they have a card, and even if  
17 they have a plan, there just aren't enough physicians.  
18 And you can have this ACA and expanded coverage, but  
19 when you don't, like in Nevada, have enough physicians,  
20 it's still not the answer to the problem.

21 And I would be curious, with our people who are  
22 purchasing our plans, if they are noting any issues with  
23 having reasonably quick access to healthcare and to the  
24 type of providers they need and if the panels are  
25 sufficient.

1 MS. KORBULIC: Thank you, Madam Chair. Heather  
2 Korbulic, for the record.

3 So in terms of plan numbers from '18 to '19, I  
4 need to get back to you, because I can't remember my '18  
5 numbers. I'm thinking it's the exact same number of  
6 qualified health plans, but I need to confirm. So  
7 there's approximately or around the same number of  
8 plans.

9 Rural coverage, we do have one carrier, with  
10 SilverSummit providing plans in all of those areas. I  
11 would say that the people in rural Nevada would  
12 appreciate and deserve competition. And so that is  
13 always a goal with the Division of Insurance and the  
14 Exchange to build that. That involves making and  
15 finding a stability in our market, which we're starting  
16 to see this year, so I'm beginning to be more hopeful  
17 about bringing in additional competition.

18 And then, in terms of providers, I think that's  
19 the age-old question, or at least the decade-since-I've-  
20 been-at-the-state-old question, of what do we -- you  
21 know, access to insurance does not equal access to  
22 healthcare. And so that's a large system problem that  
23 certainly the state has been working on for at least the  
24 decade that I have been here, and, I think, we have seen  
25 some ground covered.

1           In terms of our consumers reaching out directly  
2 to the Exchange, we do have consumers who are reaching  
3 out to find information on how to access a network or a  
4 provider. And I'm not sure that -- I have to check and  
5 make sure and see if we're getting any specific  
6 complaints about carriers, or excuse me, providers not  
7 being willing to take them as a result of the insurance.

8           But, I think, I've answered your questions.

9           DR. JAMESON: And even more important, whether  
10 they're able to take them, whether you're seeing what  
11 many people are saying is a really long wait for care,  
12 you know, when people have our plans. Are you hearing  
13 much of this? It seems to be such a big part of the  
14 discussion.

15          MS. KORBULIC: I am not hearing anything.

16          DR. JAMESON: I have not heard this.

17          MS. KORBULIC: Yeah.

18          DR. JAMESON: But it's in the media.

19          MS. KORBULIC: Sure. And I'm not hearing that  
20 from Exchange consumers, but I would be happy to check  
21 with our call center and verify.

22          DR. JAMESON: Very good. So with regards to  
23 the individual mandate and the zero tax, across Nevada  
24 or across our country, has there been any kind of --  
25 we're anticipating young and invincible won't be

1 enrolling. But has there been any kind of polling,  
2 nationwide or otherwise, to suggest -- we believe that  
3 this will be, you know, a reason they won't. But is  
4 there, has anyone done any polling that -- because I  
5 have to tell you, I think, your message, you know, don't  
6 go without insurance, it's too dangerous to go without  
7 insurance, and it's the smart thing to do, has really  
8 gotten across. I hear it from my patients all the time  
9 at the office.

10           And I'm not so convinced that the zero tax is  
11 going to be as detrimental as we all thought it once  
12 was. Because, I think, people, being the number one  
13 issue in America, health access, the number one issue in  
14 America, I think, they're almost becoming self-motivated  
15 that they don't want medical bankruptcy. They're  
16 understanding our message. And I'm not convinced it's  
17 going to be as detrimental as we all feared at one  
18 point.

19           But has anybody done any real surveys?

20           MS. KORBULIC: Madam Chair, I'd be happy to  
21 share with you some of the research that the  
22 Commonwealths Fund and the Kaiser Family Foundation have  
23 done. It's not really -- it's using IRS data from 2014  
24 and '15. There isn't a lot of good data to use. And I  
25 have not seen any polling.



1           And I would agree that I'm not sure, like you,  
2 what the impact will be. I am not convinced that  
3 Nevadans are going to go without insurance because  
4 there's no penalty. I think that people are accessing  
5 Nevada Health Link qualified health plans because they  
6 need those insurance policies.

7           DR. JAMESON: Yes, and I really do think you've  
8 changed the narrative and the story in this state since  
9 the ACA's been here, and with Penna Powers, the very  
10 successful message you're sending to the community. I  
11 think, people are really waking up now.

12           Just some questions about your short term  
13 limited duration plans and the associated health plans.  
14 So does the Insurance Commission get a report that --  
15 yearly, for instance? Is this any kind of  
16 significant -- is there any significant utilization of  
17 these plans? I mean how many people in Nevada last year  
18 took advantage of short term limited duration plans? Is  
19 it actually anything that's significantly utilized here  
20 in Nevada?

21           MS. KORBULIC: The last number that I got from  
22 the Division of Insurance about Nevadans enrolled in  
23 short term limited duration plans was a number around  
24 2,800. That being said, we have seen increased  
25 marketing, and we have seen an additional amount of

1 carriers wanting to sell those policies in our state.

2 In terms of association health plans, those are  
3 returning. So association health plans existed prior to  
4 the Affordable Care Act. And so now that they're back,  
5 there's no way for us to tell really what kind of market  
6 they will have. However, I think, they're being very  
7 targeted for small businesses and not sole proprietors.  
8 And so, I think, this is going to be an area that will  
9 maybe create shifts in the small group insurance market.

10 Am I right, Valerie?

11 MS. CLARK: Oh, yeah. Valerie Clark, for the  
12 record.

13 We're very involved in the association health  
14 plans as brokers, and it is, we are seeing a lot of  
15 activity in that regard. There's one carrier that does  
16 offer them to sole proprietors and two carriers that do  
17 not. But they do follow all ACA guidelines and are  
18 regulated and monitored by the Division of Insurance.

19 So in our state, I'd say it's a very safe  
20 environment where small employers with groups under 50  
21 can aggregate to take advantage of savings because of  
22 the larger volume that they create.

23 So we're seeing positives in that regard.  
24 Can't speak for other states. But I would say Nevada's  
25 doing it very well.

1 DR. JAMESON: So in our state at this point,  
2 most of our short term liability duration plans and AHPs  
3 are still pretty much offering what they would have on a  
4 qualified health plan with essential benefits,  
5 et cetera?

6 MS. KORBULIC: The association health plans,  
7 yes, not in the short term limited duration plans.

8 MS. CLARK: Right. I mean short term limited  
9 duration plans are really truly meant for individuals  
10 who are going from one group plan to another, or who are  
11 in between coverage, permanent coverage. And so they do  
12 serve a very good purpose. But, yes, they have been  
13 misused in the past, and that's what has created the  
14 situation, the negative situation, that the attention  
15 that they get today, unfortunately.

16 But we do use them as brokers. It's very rare.  
17 I probably write two or three policies a year, and it's  
18 strictly for those usually 30, 60 days in between  
19 coverage.

20 DR. JAMESON: And with regard to the Exchange,  
21 when they have lapsed in insurance, that actually has  
22 provided them the equivalent essential benefits, so  
23 they're not eligible, would you remind me how it -- how  
24 would they become eligible again? How long would they  
25 have to wait to another enrollment period? They would

1 have to get other private insurance to show they had it  
2 for a certain period of time. Because, as you were  
3 saying, if they were carrying some of these insurances  
4 without essential benefits, they become not eligible for  
5 a qualified health plan.

6 MS. KORBULIC: That has to do with the short  
7 term plans not being minimum essential coverage. And so  
8 that would not, if they were to be dropped from that  
9 insurance, it would not create a special enrollment  
10 period for them. So that individual would need to have  
11 either a qualifying life event or wait for the next open  
12 enrollment period.

13 DR. JAMESON: That's what I wondered, the next  
14 open enrollment period.

15 So are you concerned that at our next  
16 legislative session -- because when you stated that one  
17 point, that the current Nevada Administrative Code  
18 limits the sale of these plans to 185 days and bans the  
19 renewability, so earlier you mentioned in some states  
20 they were having this plan go almost like for the full  
21 year. So you were saying that that was not going to  
22 change, or that it could change? I didn't quite catch  
23 that.

24 MS. KORBULIC: No, Nevada Administrative Code,  
25 there's no plans to change that. So we will continue in

1 our state to cap those plans at 185 days and prevent  
2 renewability.

3 DR. JAMESON: Who has the ability to change  
4 that?

5 MS. KORBULIC: The Legislature, or the Division  
6 of Insurance can change it.

7 DR. JAMESON: That's what I thought. So it is  
8 possible that this legislative session, they could  
9 actually extend those. Do we know if there's any groups  
10 that are trying to, as has done in other states, expand  
11 some of these parameters to make these more attractive?

12 MS. KORBULIC: I have not heard of any  
13 organizations attempting to make changes to the short  
14 term limited duration plans in terms of enhancing or  
15 expanding the duration. I have heard conversation  
16 around more restrictions around those plans.

17 DR. JAMESON: Oh, excellent. That is certainly  
18 the way we'd like to go.

19 So that brings up the question about the waiver  
20 and the issue of pre-existing. So you briefly touched  
21 on that. But, of course, again, this is probably one of  
22 the biggest concerns that every American has, that has  
23 any, has or has any, has had or has any significant  
24 medical history disease.

25 So what is -- can you explain a little more

1 about this potential waiver and its effect on the short  
2 term -- I'm sorry -- on the pre-existing in our state?

3 MS. KORBULIC: So the most dramatic change --  
4 and remember that these waivers are for states that  
5 apply for them. So the state needs to go through the  
6 motions and apply for one of these waivers.

7 But the way that the guidance reads is that  
8 there is an expansion or a loosening on the benefits or  
9 what a definition of a comprehensive benefit looks like.

10 So right now, the Affordable Care Act defines a  
11 comprehensive plan as something that meets all 10  
12 essential health benefits. Whereas, this guidance looks  
13 as though they want to modify that as a qualifying  
14 health plan. Meaning you could subsidize through  
15 advanced premium tax credits and cost-sharing reductions  
16 a plan that does not meet the 10 essential health  
17 benefits; for instance, an association health plan or a  
18 short term limited duration plan, or these other plans  
19 called direct primary care arrangements.

20 DR. JAMESON: And could it, could it, in some  
21 states, if they wanted, could that actually may apply  
22 for the pre-existing not to be included?

23 MS. KORBULIC: Well, short term limited  
24 duration plans and association health plans are able to,  
25 basically, underwrite or discriminate at your cost based

1 on your pre-existing condition.

2 DR. JAMESON: Right. I thought, though,  
3 that -- so when the news media right now is speaking  
4 about the waiver that our current president was allowing  
5 states to apply for, and they were saying that it  
6 directly will allow for the pre-existing not to have to  
7 be taken into consideration, then, I'm just a little  
8 confused. Maybe you could explain that to us.

9 MS. KORBULIC: Yes. The media is  
10 oversimplifying that. And so they're doing so by saying  
11 that, essentially, a state can apply to waive what  
12 qualifies as a qualified health plan. And in doing so,  
13 they can allow subsidies to be applied to these other  
14 plans that don't require protections against  
15 pre-existing conditions.

16 So, essentially, it is a loosening of the  
17 ability for a state to -- or the loosening of the  
18 protections around the pre-existing conditions for  
19 states who apply to do so.

20 DR. JAMESON: Now, this is whether they're --  
21 this is in and out of Exchanges?

22 MS. KORBULIC: This, the impacts could be in  
23 and out of Exchanges. But the waiver --

24 DR. JAMESON: Which is what is so --

25 DR. JAMESON: -- is specifically for Exchanges.

1 DR. JAMESON: Okay. And what is, and what is  
2 the status of this waiver, then?

3 MS. KORBULIC: It's currently a proposed  
4 guidance rule changes. So there is a comment period. I  
5 think, the comments are due early December; the 16th.

6 DR. JAMESON: And so I loved your comments that  
7 you sent in regarding the delay in notifying us of the  
8 breach of a privacy and our data being obtained or  
9 what --

10 MS. KORBULIC: Potentially.

11 DR. JAMESON: We're not sure the isn't of it.  
12 But, and I'm looking forward to seeing, hearing your  
13 comments on this.

14 MS. KORBULIC: Just one more thing to do.

15 DR. JAMESON: Yes, but I can't think of  
16 anything more important than making comments to them on  
17 the pre-existing issue.

18 MS. KORBULIC: I agree. I agree.

19 DR. JAMESON: I think, at this point, those  
20 were the key things I wanted to discuss.

21 And then I would also just join your mutual  
22 admiration society and say congratulations, again, the  
23 last year, but also several months of really overdrive,  
24 doing the second mile, all the amazing work you've done  
25 at preparing. And I have no doubt that we're going to



1 have another outstanding open enrollment period. And I  
2 can hardly contain my excitement about our transition  
3 and our new platform. Bravo. And, I think, everybody  
4 would join me in saying, well-done.

5 (Applause.)

6 MS. KORBULIC: Thank you very much.

7 DR. JAMESON: Did anyone have any other  
8 questions about the report?

9 Oh. Is it possible, with the -- depending on  
10 the elections -- we're putting our budget in. And the  
11 governor's budget is always made by the current  
12 Governor. But is there any possibility, if we have a  
13 new Governor with a different political sway, political  
14 concept of what he feels about the Silver State Exchange  
15 and the Affordable Care Act, is it possible that this  
16 budget and our efforts could be affected by some sort of  
17 unilateral executive order? Are we pretty safe in all  
18 our legislative rules?

19 MS. KORBULIC: Anything is possible. And I  
20 would just say that regardless of who wins the  
21 gubernatorial election, they're going to have a very  
22 short amount of time to do, to process a massive budget.  
23 And so he, at this point, will be able to make changes  
24 in whatever respect he wants. And so that every agency  
25 is on pins and needles to determine what that looks

1 like.

2 DR. JAMESON: Okay. We'll talk more later.

3 MS. KORBULIC: M-hm (affirmative).

4 DR. JAMESON: All right. So, excellent.

5 Excellent report. And, of course, any of those things  
6 we could just talk all day about. But, I think, unless  
7 there's any other questions, we'll move on to the agenda  
8 for our marketing and outreach update.

9 Shall we start up north?

10 MS. DAVIS: Yes. Thank you, Dr. Jameson.

11 Janel Davis, for the record, Communications  
12 Officer at the Exchange.

13 Since we met last in July -- it seems like  
14 decades ago -- Nevada Health Link has been busy,  
15 obviously, gearing up for our sixth open enrollment  
16 period. And for this cycle, the Exchange has continued  
17 to build on the message of explaining benefits inherent  
18 in purchasing a qualified health plan, while also  
19 communicating to Nevada residents that Nevada Health  
20 Link is the state's trusted resource when it comes to  
21 purchasing these plans.

22 So a little bit about our marketing and  
23 outreach campaign. We are no longer in the planning  
24 stages. Nevada Health Link and marketing partner Penna  
25 Powers have kicked off our traditional advertisement

1 campaign building off that message that we've already  
2 hired: "You Can't Afford Not to Be Insured."

3           New scenarios were added to the campaign. And  
4 they're all named here. And we'll be showing a clip at  
5 the end of my report so you can see what those ad spots  
6 look like. Each advertisement illustrates a cost  
7 analysis of how much an accident or injury the  
8 individual endures would cost without having health  
9 insurance.

10           So, for example, in one of our advertisements,  
11 a young woman is walking and texting. She's holding her  
12 coffee. She trips into a fountain, causing her to need  
13 ACL surgery on her knee, and highlighting what that  
14 costs without having the benefits of health insurance.

15           The copy focuses on each advertisement was  
16 written to ensure messaging incorporates affordability  
17 of subsidies, as well as the state, that qualified  
18 health plans on Nevada Health Link include the 10  
19 essential health benefits.

20           In thinking about the strategy for this  
21 messaging and different medical cost, we wanted to be  
22 sure to use common, high-cost scenarios to create more  
23 of a shock value for the consumer.

24           So the pre-open enrollment campaign had a call  
25 to action: "Learn More at NevadaHealthLink.com." We

1 had a digital presence and a native ad focus.

2           And just as a reminder, native is a type of  
3 advertising that takes place mostly online and matches  
4 the form and function of the platform upon which the  
5 advertisement appears.

6           So the open enrollment campaign has already  
7 started running all throughout our state and will run  
8 through December 15th when enrollment concludes.

9           The call to action here was designed to drive  
10 people to enroll at Nevada Health Link.com. And while  
11 these campaigns are running, Penna Powers and the  
12 Exchange have already begun brainstorming creative and  
13 strategy for our upcoming off-season campaign ideas. So  
14 we are hoping to incorporate consumer testimonials and  
15 focus on an education campaign surrounding health  
16 literacy and assisting consumers in how to use their  
17 health insurance plan now that they have one.

18           The Exchange and Penna Powers have designed  
19 educational materials for consumers to understand what  
20 is in their plan before they purchase it. So an  
21 educational infographic piece was produced displaying a  
22 side-by-side comparison of those STLD plans that Heather  
23 discussed versus a QHP.

24           So the Exchange has been focused on  
25 communicating to our stakeholders, our statewide

1 community partners and consumers that a QHP is a  
2 comprehensive health coverage option that includes the  
3 10 essential health benefits.

4 So that same comparison regarding those health  
5 sharing ministries Heather discussed will also be  
6 included in these educational materials.

7 This, these education pieces have been promoted  
8 on Nevada Health Link's blog, our website, social media  
9 channels, and also converted to an email communication  
10 for our stakeholder listserve to educate partners and  
11 their constituents.

12 Since the Nevada Exchange is going to be  
13 transitioning to a state-based Exchange for plan year  
14 2020, it's now, more than ever is a critical time for  
15 the Exchange to educate Nevadans on how to make informed  
16 decisions when it comes to choosing a health insurance  
17 option that is right for themselves and their family.

18 So a little bit on messaging and PR, public  
19 relations. Heather and I are gearing up for a whirlwind  
20 of open enrollment period media interviews where the  
21 Exchange will announce that open enrollment is here and  
22 there is free in-person assistance available with an  
23 enrollment professional.

24 So we're focused on the following messages:

25 Being covered protects you from the unexpected.

1           Availabilities of zero dollar and low cost  
2 plans and financial assistance is available.

3           NevadaHealthLink.com has an updated table to  
4 estimate your costs.

5           Plans have changed. Shop the marketplace to  
6 find a plan that is best suited for your medical needs  
7 and your budgetary needs.

8           And the Exchange is available to connect  
9 consumers to free assistance by calling our consumer  
10 assistance center or by visiting Nevadahealthlink.com.

11           And a little bit on outreach.

12           I'm trying to go fast.

13           Outreach continues to be a critical component  
14 in the Exchange's communications strategy. Nevada  
15 Health Link has been in close contact with stakeholder  
16 groups statewide and continues to expand and sharpen  
17 those mechanisms to identify who our key influences are  
18 and commute partnerships statewide. So this includes,  
19 for example, scheduling meetings with various nonprofit  
20 organizations throughout the state and discovering ways  
21 we can cross-promote each other's agency's messaging and  
22 share materials to educate consumers on the resources  
23 that we provide.

24           The generated interest in Nevada Health Link  
25 and the response from the community partners who wish to

1 participate in getting this message out has been an  
2 overwhelmingly positive response. So since we began the  
3 stakeholder initiative, our list has grown to well over  
4 200 confirmed partners who now have all of our newly  
5 produced educational literature.

6           The Exchange staff and our navigator grantees  
7 have seen an increased interest from Commerce of  
8 Chambers, Chambers of Commerces across our state as well  
9 as school districts, and particularly a generated  
10 interest in northern Nevada.

11           Nevada Health Link staff has had the  
12 opportunity to provide presentations to numerous  
13 community partner groups, including Carson Valley  
14 Chamber, TMCC, UNR student outreach clinics, and Boys &  
15 Girls Club family groups, Washoe County School District  
16 counselors, just to name a few.

17           We carefully consider and strategize our  
18 outreach and event attendance opportunities to maximize  
19 exposure to potentially eligible consumers. We develop  
20 creative content, print educational literature that's  
21 aligned with open enrollment messaging. We're fortunate  
22 to have had various opportunities to provide email  
23 communications to all of those chamber members as well  
24 as school district listserves.

25           The Exchange works with the Las Vegas Metro,

1 the Latin Chamber, Carson Valley Chamber, Reno, Sparks.  
2 There's a bunch more. I can keep going, but. And as  
3 well as the universities and school districts. But this  
4 gives the Exchange a chance to provide messaging and  
5 updates on Nevada Health Link to people who we have not  
6 been able to communicate with in years past.

7           With such a small staff and a lot of ground to  
8 cover, I'm really proud to work with dedicated and  
9 passionate individuals in getting our message out -- it  
10 takes an army, quite literally -- and to continue to  
11 reduce the number of uninsured throughout the state.

12           And so although we have solidified a  
13 comprehensive transition communication plan, which, I  
14 believe, was discussed in our last meeting, the Exchange  
15 has been laser-focused, as Heather said, on this  
16 upcoming enrollment, which is November 1st through  
17 December 15th.

18           We concluded our two prep rallies. And Patty  
19 will talk a little bit about those metrics, that they  
20 were well-attended. And thanks to those who were able  
21 to attend.

22           A little bit about our media rationale. And  
23 like I said, Patty will review these details of the  
24 off-season campaign and how it was performed. But given  
25 the continued challenges within the health insurance



1 marketplace, the Exchange has concentrated marketing and  
2 outreach efforts on being louder than other health  
3 insurance options now being offered. This messaging  
4 means the marketing team has put a lot more time and  
5 energy and money into advertising the value of a  
6 comprehensive benefit package.

7           The media marketing strategy is to educate  
8 actively, engage, and to ultimately enroll the key  
9 demographic audiences we are looking into, primarily  
10 that 26 to 45 age range.

11           So in regard to media rationale, the market  
12 allocation is designed to spend with population density.  
13 So that means Nevada Health Link will allocate  
14 approximately 75 percent of our budget to southern  
15 Nevada in terms of advertising, and 25 percent to  
16 northern Nevada.

17           So we have embarked on the traditional media  
18 campaign, which includes television, outdoor, print,  
19 radio, out-of-home placement such as bus shelters, and  
20 content, which is social marketing.

21           Some additions that we've incorporated this  
22 year include Over-The-Top video platforms such as Apple  
23 TV, Amazon Fire, Roku, et cetera. We also are  
24 incorporating cinema advertisements again this year as  
25 well as streaming radio such as Pandora and Spotify.

1 Also, through content marketing we have been working  
2 with BuzzFeed and Reddit, both which provide unique  
3 opportunities to reach a diverse set of millennials.

4 And so this is only a snippet of some of our  
5 digital marketing we're incorporating into the campaign.  
6 But we feel confident that we're reaching a widespread  
7 demographic throughout the state.

8 And so, overall, and in conclusion, the  
9 Exchange staff and marketing partners have put together  
10 a comprehensive communications plan, media strategy, and  
11 outreach strategy as well as a robust educational  
12 campaign. The creative ad campaign is underway and  
13 running. And I'm excited to show that to you now.

14 MS. KORBULIC: We're going to -- so we're  
15 showing a clip now.

16 DR. JAMESON: Wow, thank you.

17 MS. KORBULIC: We wanted to show the Board a  
18 clip. So we're going to attempt the technology of doing  
19 so.

20 DR. JAMESON: Neat, very exciting.

21 (A video of spot ads was played.)

22 MS. DAVIS: Thank you to our IT team for  
23 getting that up on the screen for us. It's really  
24 important for me that you do that.

25 MS. KORBULIC: Yeah.

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MS. DAVIS: So thank you so much.

DR. JAMESON: Excellent. Thank you for that.

MS. DAVIS: And --

MS. KORBULIC: Oh, I was just going to say --

DR. JAMESON: Well-done. Any comments?

MS. KORBULIC: We're going to invite Patty Halabuk up on the table to give a little --

DR. JAMESON: Yes.

MS. KORBULIC: And if I may say something --

DR. JAMESON: And everybody can follow you along with our handout.

MS. KORBULIC: And, Dr. Jameson, before Patty starts, if I can give a minute to say some wonderful things about Patty.

DR. JAMESON: Sure.

MS. KORBULIC: I just -- she doesn't know I'm saying this, but. And I can't even see her face. So, hopefully, she's smiling. But I just wanted to -- oh, there's Patty. I just wanted to say that Patty has been our lead on this account for Penna Powers for the two years, and they've been two of the most tumultuous years in the Exchange's past. And she absolutely nails it every day. And have had the privilege to work with her. Patty is behind the scenes on everything that is outward-facing Nevada Health Link. And so she has

1 this deep industry knowledge and intense pragmatism.  
2 And the Exchange has benefitted over and over and over  
3 again from her good work. And I just wanted to thank  
4 her and point her out before she begins.

5 DR. JAMESON: And I concur.

6 MS. HALABUK: Thanks so much.

7 I'm going to make this really brief, because I  
8 know we got a lot of ground to cover, quickly going over  
9 the marketing and outreach update for you.

10 So as Janel mentioned, the first few page here,  
11 1 through 5, are kind of a quick summary of where we  
12 netted out with our off-season campaign. And on page 1  
13 is just kind of a reminder of what we did in terms of  
14 advertising. So we were heavy in the digital side and  
15 online side. We did do a little bit of radio. And we  
16 also did some targeted print.

17 And this campaign, just to refresh you, ran  
18 from March through mid September. And as everybody had  
19 said, this was targeting our kind of 26, 25'ish to  
20 45'ish age group.

21 There's some online metrics here for the  
22 different components that Janel talked about. I'm not  
23 going to go into detail with them, but I did want to  
24 point out to you that we are attributing about 60  
25 percent of our website traffic to this campaign. So we

1 see some payoff there. So that's pretty exciting, yes.

2           Also, this year marked, as Janel mentioned as  
3 well, a really robust attempt to reach the databases  
4 with ongoing blog posts and emails. We wrote some  
5 original content and developed content existing that  
6 really was informative to continue sending it out to  
7 those groups, those audiences year-round. And we think  
8 that helps create that kind of branded resource, Nevada  
9 Health Link all year-round. So that was a key thing I  
10 wanted to mention. Those emails consistently reported  
11 an above average open rate, which was over 26 percent.  
12 So we're excited about that as well.

13           On page 4, you'll see the PR and media  
14 relations for the last few months. As Heather and Janel  
15 can attest, it's a whirlwind, and it continues to be so.  
16 That coverage and awareness is so important.

17           And then, on page 5, to kind of wrap up the  
18 off-season campaign, Janel mentioned this as well. Just  
19 outreach and community relations is really the backbone  
20 for us. And we've hit it really hard this year. And  
21 we're really proud of what we have accomplished. Janel  
22 touched a lot on some of the partnerships with Boys &  
23 Girls Clubs, the universities, higher education, really  
24 grassroots community efforts. And we saw a lot of those  
25 attend our prep rallies as well. So really exciting

1 stuff for us.

2           And now on to open enrollment six. And it did  
3 kick off with the prep rallies. We had two, as  
4 mentioned, one in Reno, one in Las Vegas. We had a  
5 really great turnout. And we're already looking at ways  
6 to see how we can get that turnout a little higher. But  
7 these are quality people that attend these events.  
8 They're engaged. They're excited. As mentioned, they  
9 leave with tools to go out and advocate for us, and we  
10 see that. So we're really excited about the turnout  
11 that we had and what we accomplished there.

12           On page 7 is the big overview of what we're  
13 doing for advertising, where we're spending the dollars  
14 specifically for this campaign. And Janel walked you  
15 through it pretty well in-depth. The one thing I want  
16 to add here is that we specifically are not launching  
17 our TV until after the election, for obvious reasons.  
18 So. Otherwise, you will definitely see our campaign out  
19 there.

20           And on pages 8 and 9 and 10, you'll see some.  
21 Everything kind of funnels along with the TV that you  
22 saw. So you can see some kind of examples of how the  
23 rest of the campaign looks creatively.

24           On page 9, you'll see some of our actual bus  
25 shelters and bus sides in action, as well as a little

1 map. We made some real diligent efforts with our  
2 outdoor campaign, both bus and outdoor posters, to make  
3 sure that we're targeting key neighborhoods, key zip  
4 codes, and that the people in our target audiences  
5 really have an opportunity to see this stuff.

6           Quickly moving on to page 11, that PR media  
7 plan, again, you can see how robust it is here. And a  
8 lot of that is Janel and Heather going out and doing  
9 live and prerecorded interviews to talk about the  
10 Exchange and upcoming open enrollment, things that are  
11 happening. So they will be very busy the next few  
12 months. Even busier than they already are.

13           And then, lastly, again, I just want to finish  
14 up, and I can't understate enough, or overstate enough  
15 that outreach and community relations is really the  
16 backbone for us. It's the anchor. And we continue to  
17 just make great inroads with new community partners who  
18 believe in our mission and want to continue to help us  
19 out.

20           We made great inroads with the school districts  
21 this year. We're really proud of that. The Exchange  
22 stepped forward and really helped in that effort. We  
23 attended tons of back to school events at various  
24 schools in various school districts. We're allowed to  
25 send out materials to the parents, which is not an easy

1 thing to accomplish. And we're continuing to make  
2 strides with that as well as different higher education  
3 institutions, Boys & Girls Clubs, lots of different new  
4 and unique groups.

5 In addition to that, we do a literature program  
6 where we have over 200 partners across the state that  
7 allow us to put our literature out for their customers.  
8 So we're in the process of finalizing those deliveries  
9 now. And you can see in the bottom right corner on  
10 page 12 our new resource guide that we put together for  
11 consumers. Everything in one place, there's one for the  
12 north, one for the south, and they're in both English  
13 and Spanish.

14 That's about it in a quick encapsulation. And  
15 certainly at the next meeting we'll have some analytics  
16 to share with you as well.

17 DR. JAMESON: Beautiful work you're doing,  
18 really, really effective. I will say you threw me on  
19 the dancer on the throw. I was sure that was about to  
20 be a broken back or something. And when you said  
21 appendicitis. Yes, I think, you threw everyone on that  
22 one.

23 Any other comments?

24 Very impactful.

25 Well, what we've been waiting to hear about.



1 This is so exciting. State-based Exchange transition  
2 update, technology platform and consumer assistance  
3 center.

4 Wow, that sounds so beautiful, Heather. I  
5 wonder who's going give us that report.

6 MS. KORBULIC: Thanks, Madam Chair. I'm  
7 pleased to introduce the Board to our lead Project  
8 Manager, Eric Watt. And I'll let him introduce himself  
9 and then give you his report.

10 MR. WATT: Good afternoon. My name is Eric  
11 Watt, for the record. And I'll get right into it.

12 In May of this --

13 UNIDENTIFIED MAN: Maybe just a little closer.  
14 Yeah, just to make sure.

15 MR. WATT: Does this work?

16 MS. KORBULIC: Yes. Can you hear?

17 MR. WATT: In May of this year, the Silver  
18 State Health Insurance Exchange began the solicitation  
19 process to engage personnel to establish a project  
20 management office. The Exchange was seeking the  
21 services of Affordable Care Act experienced project  
22 management personnel to greatly reduce the risks  
23 associated with the state-based marketplace transition  
24 project.

25 Following multiple rounds of interviews of

1 numerous qualified candidates, the Nevada Exchange  
2 identified and signed contracts with two individuals, me  
3 being one of them, contingent upon the Board of  
4 Examiners approval of the Get Insured contract. With  
5 that approval, on the 14th of August, the contingency  
6 was satisfied, and the Project Manager and the  
7 Information Security Specialist could begin work. So as  
8 of August 15th, the SBM transition project could  
9 officially begin.

10 To recount, the Project Manager is responsible  
11 for the successful completion of the SBM transition  
12 project, providing project governance while working  
13 collaboratively with the vendor to develop and implement  
14 a detailed project plan, manage project status meetings  
15 and updates, coordinate the vendor delivery, coordinate  
16 state review and approval of all deliverables, and  
17 manage project risk and project change control board.

18 Also, the Project Manager is to work with the  
19 Department of Welfare and Supportive Services to ensure  
20 their inclusion, and the Center for Medicare and  
21 Medicaid Services representatives to ensure approval and  
22 operational readiness of the SBE platform.

23 The Information Security Specialist is  
24 responsible for working with GI, CMS and DWSS to ensure  
25 the privacy and security compliance of the SBE platform,

1 independently verifying and validating the privacy and  
2 security compliance of Nevada's IT infrastructure, and  
3 ensuring the privacy and security compliance of the  
4 project stakeholders with whom the Exchange will be  
5 exchanging electronic data.

6           At this point in time in the project timeline,  
7 the Project Manager has developed infrastructure  
8 fundamentals such as a deliverable matrix, deliverable  
9 review and approval process, meeting matrix,  
10 communication matrix, a risk analysis and mitigation  
11 process as well as a change control board and the  
12 associated change request process.

13           Project status is reported to the PMO on a  
14 weekly basis by GI. And, in turn, the project status  
15 from the PMO point of view is reported weekly to the  
16 Exchange and DWSS teams.

17           The process by which contracted deliverables  
18 are tracked has been established with the vendor. A set  
19 of steps aligns the vendor and the Exchange to contract  
20 requirements and expectations, and helps to verify and  
21 validate deliverables in a timely fashion. As this is a  
22 deliverables-based contract, payments to the vendor are  
23 made only upon Exchange approval of deliverables.

24           Relationships between the PMO, DWSS,  
25 Get Insured and CMS are being established, and we are

1 well on our way to developing a cohesive team to support  
2 the SBM transition project to a successful  
3 implementation.

4           On August 27th, the PMO coordinated a project  
5 kickoff meeting to introduce the project's key  
6 stakeholders and establish points of communication and  
7 contact.

8           As the project has progressed in the early  
9 months, we have worked collaboratively, achieving the  
10 first three milestones efficiently and effectively.  
11 Milestones 1 and 12 consisted of the project kickoff  
12 meeting and the pre-existing software license agreement  
13 for scopes of work one and two, followed by Milestone 2,  
14 the data migration plan.

15           And here I have a little update that I'll add  
16 in. Between the time this document was submitted and  
17 presented to the Board and now, a change request was  
18 processed; On October 22nd, to be exact. Change Request  
19 Number 6 modified the deliverables of Milestone 2 as  
20 defined in the contract from data migration plan and  
21 FDSH implementation plan to become drafts of both plans.  
22 It was agreed by both parties that drafts were  
23 sufficient at this time as we are still finalizing  
24 details with CMS regarding specifics of both plans.

25           We still want finalized plans, so we added the

1 final data migration plan and FDSH implementation plan  
2 to the list of deliverables included in milestone 3.  
3 This serves as a good example of the change control  
4 process and action.

5           Back to the original. We are on target to  
6 receive said Milestone 3, which consists of the project  
7 plan for technology platform phases one and two, the  
8 technology platform annual work cycle plan, the EDI test  
9 plan, carrier certification plan, consumer  
10 reconciliation plan, data migration plan, and the FDSH  
11 implementation plan, and, also, Milestone 13, which is  
12 the project plan for consumer assistance center, phases  
13 one and two, and consumer assistance center annual work  
14 cycle plan, all by November 30th. It'll be a busy end  
15 of the month.

16           The SBM transition project is progressing, on  
17 schedule, on budget and well within scope.

18           For the vendor update, Get Insured, the  
19 selected vendor for SBM, for the SBM transition project,  
20 has hit the ground running. No doubt they began  
21 preparations with the approval from the Exchange Board  
22 on July 12th, anticipating approval by the BOE on  
23 August 14th.

24           GI has formed their team, allocated key  
25 resources to be overseen by their project manager, Jay

1 Beaman.

2           The two statements of work are the technology  
3 platform led by Dawn Hughan and the consumer assistance  
4 center led by Nicole Burnett.

5           The Get Insured team behind the scenes consists  
6 of a number of subject matter experts well-versed in the  
7 GI products and implementations in their client states.

8           Early in September, GI began a series of  
9 on-site joint product review sessions with the Exchange,  
10 going into explanations of how the individual modules  
11 work. While all sessions involved Exchange staff, some  
12 were of particular interest to DWSS, who hold the  
13 all-important authority to connect to the federal  
14 services data hub. These informational sessions  
15 continued through October 12th.

16           By the end of November, GI will deliver a  
17 project management plan that will guide the rest of the  
18 SBM transition project. Overall, 2019 will see far less  
19 planning and far more action as we begin the year by  
20 standing up test and training environments and  
21 completing the electronic data tests with our partner  
22 carriers.

23           Summer of 2019 will be particularly busy with  
24 the production environment being stood up and subsequent  
25 data migration involving the federally-facilitated

1 marketplace. We are now targeting the delivery of the  
2 production environment one month earlier than originally  
3 agreed upon in order to support the data migration  
4 schedule outlined in the data migration plan. This will  
5 put us on line, in line to have the agent directory  
6 loaded into the database in July and then load the 2019  
7 consumer applications from the FFM in August. This also  
8 allows the consumers to update their application and  
9 consent information between that date and October 15th.

10           During these times, the vendor will also  
11 develop a detailed plan for educating migrated consumers  
12 on the actions required for the reverification of their  
13 migrated user accounts. Enrollment data is expected to  
14 be loaded from the FFM into the database on October 1st,  
15 thus completing the data migration from the FFM to our  
16 own SBM platform.

17           The system go live date remains September 1 of  
18 2019.

19           Open enrollment for plan year 2020 on the new  
20 Nevada state-based Exchange begins November 1, 2019.  
21 Nevada Health Link will offer full SBE support for  
22 qualified health plans effective January 1, 2020. CMS  
23 will support the coverage dates prior to that date.

24           And in conclusion, I just want to say that it's  
25 an honor to work with this group.

1 MS. KORBULIC: It's an honor to work with you,  
2 too.

3 DR. JAMESON: Wow. This is really, that was  
4 really a mouthful. You know, physicians, such as  
5 myself, are often accused of speaking in something or  
6 another simple words that are very readily  
7 understandable and that we use too many acronyms and,  
8 you know, too many, too many medical terminology. But  
9 you just put us to shame.

10 MS. KORBULIC: Yeah, welcome to a whole new  
11 language, yes.

12 DR. JAMESON: Holy moly, I guess so.

13 MS. KORBULIC: Maybe we'll come up with a  
14 directory.

15 DR. JAMESON: I think, you have to put a  
16 glossary of your acronyms from now on.

17 MS. KORBULIC: We'll work on that.

18 DR. JAMESON: But I do appreciate that you put  
19 most of them in there.

20 So any, any questions on the report, or  
21 comments?

22 Well, seeing that there are none, I'll start  
23 mine. My main questions is this. When we get started,  
24 will it immediately have a mobile app? I'm actually  
25 kidding, but I do want to know that question. Because I



1 was -- when they interviewed people, I was so impressed  
2 with the capacity of doing this on a mobile app. And  
3 many of the low-income people, their Smartphone is all  
4 they have, so.

5 But that was actually -- I was just kind of  
6 joking with that for fun, but I do want an answer to it.

7 But the first question I really want to ask --  
8 and you probably know what this is, Heather. You can  
9 predict this question after we had to migrate data from  
10 Xerox onto our platform. So do you foresee any problems  
11 migrating this data from the federal hub?

12 MR. WATT: No. The short answer is no. We're  
13 working on the extreme detailed oriented bits and pieces  
14 of that as we speak. And I don't anticipate problems.

15 MS. KORBULIC: With the data migration, and I  
16 would just add, Madam Chair, that that is a very  
17 complicated portion of this project, and it involves a  
18 lot of intricate conversations. And we've been deeply  
19 engaged in those with CMS and with the Division of  
20 Welfare and Supportive Services and, I think, have made  
21 a lot of progress. And that has everything to do with  
22 the support from CMS's and their willingness to make  
23 sure that this is a success for us.

24 MR. WATT: As far as the question --

25 DR. JAMESON: Will there be any --

1 MR. WATT: As far as the question in regards to  
2 a mobile app, the key to this project is to -- as  
3 Heather says, it's Exchange in a box. So what we want  
4 to do is install what has been proven technology, and  
5 nothing more, nothing less, at this point. Changes can  
6 happen later on. But for right now, what we want to do  
7 is have an immediate success for the 2020 plan year.

8 MS. KORBULIC: And I'm going to ask Russell to  
9 add just a little bit there.

10 MR. COOK: Thank you, Heather. Russell Cook,  
11 for the record. I'm going to try and squeeze into the  
12 picture here.

13 So Exchanges typically, in terms of mobile  
14 support, are going one of two ways these days. One is  
15 to provide a dedicated app that you can download either  
16 through the iTunes store for an iPhone, or through the  
17 Google store if you have an Android phone.

18 The alternative is to use a single website but  
19 make it responsive so that it provides a consistent user  
20 experience across mobile devices or a desktop computer.  
21 So users on a phone or a tablet will have a view that's  
22 optimized for that device, and desktop users will have,  
23 you know, the full-blown experience, blown up to the  
24 size of their screen there.

25 So Get Insured has chosen to make their website

1 highly tuned and be responsive for mobile devices. And  
2 we think this is a more streamlined user experience,  
3 because all the users can go to the same website and  
4 have a high-quality user experience regardless of the  
5 device that they're using, and they don't have to go to  
6 these app stores and download specialized software in  
7 order to utilize the applications.

8           But they've done what, I think, is the  
9 impossible here at Get Insured. They've actually  
10 created a mobile interface that can allow you to  
11 navigate the entire prescreener, eligibility,  
12 enrollment, and decision support process using just a  
13 mobile device, which is a pretty impressive feat, in my  
14 opinion.

15           DR. JAMESON: That is amazing. And I  
16 appreciate you explaining the differences. And I think  
17 that our customers are going to like the fact that they  
18 don't have to download an app and make sure their app  
19 works in order to view this. So that's really exciting.  
20 Every step that you can eliminate will give them more  
21 ready access to our fabulous plans.

22           So, you know, in the end, we ended up having  
23 some additional expenses with the transfer of data, you  
24 know, because it was more complicated. Do you think we  
25 might end up having that problem?

1 MS. KORBULIC: I will just, once again, say  
2 that we have a very finite budget. And I know we have a  
3 very finite deliverable schedule. And so there is no  
4 room for additional costs. And, I think, our vendor and  
5 everybody on our team knows that that's the case. And  
6 so far, it does not look like we're going to need to  
7 spend any additional funds to do that data transfer.

8 DR. JAMESON: That's excellent.

9 Were there any other questions? It's really  
10 exciting. We can hardly wait. I mean I can hardly  
11 wait. It's Christmas this year, Christmas next year. I  
12 mean this is so, so exciting.

13 Does anybody -- good work. Excellent.  
14 Congratulations. Welcome onboard. And I'm looking  
15 forward to our new team.

16 (There were background noises.)

17 MS. KORBULIC: If you could mute your phone.  
18 Apologies.

19 DR. JAMESON: Oh, was that from one of our --

20 MS. KORBULIC: Yeah.

21 DR. JAMESON: -- call-ins?

22 So no other -- I wanted to ask if there are any  
23 questions before we proceed with our -- I can't believe  
24 there are no more questions. But we'll go ahead. Maybe  
25 it's a sign that we've -- everybody needs to go.

1           So I will just end by asking if there is any  
2 public comment up north?

3           MS. KORBULIC: Not in the north.

4           DR. JAMESON: Oh, wait, before I do that, I  
5 apologize. Discussion and possible action regarding  
6 dates, times, and agendas.

7           Would anybody want anything particular to be  
8 discussed at future meetings?

9           Lavonne?

10          MS. LEWIS: Lavonne Lewis, for the record.  
11 Just continued updates on our progress going forward. I  
12 think that both in open enrollment and in moving from --  
13 to our own database. I can't think of the word at the  
14 moment. To that would be what I would expect.

15          DR. JAMESON: Any comments up north?

16          Yes, and I would agree with Lavonne. Just the  
17 updates on our current major issues and other, any  
18 Affordable Care Act changes that could be affecting us.  
19 More importantly, if there's any key election new  
20 legislators that could have a certain impact, that you  
21 would report on any concerns that might bring. And  
22 then, of course, our update on our transition to our new  
23 platform.

24          Thank you, guys, for all the amazing things  
25 you're doing.

1           And I would then ask for any public comment?

2           MS. KORBULIC: Madam Chair, there's no public  
3 comment in the north.

4           I did just want to mention to the Board that we  
5 have our semi-annual report due, the fiscal and  
6 operational report. So I will be reaching out to the  
7 Board to try to set up a phone meeting sometime in  
8 December to get that approved.

9           DR. JAMESON: Excellent.

10          And so no, any -- there's nobody here for  
11 public comment. No public comment in the south.

12          And I'll entertain a motion to adjourn.

13          MS. LEWIS: I move we adjourn the meeting.  
14 Lavonne Lewis.

15          DR. JAMESON: Okay. We will adjourn. And I  
16 must say, it's just been a pleasure, and it's very  
17 exciting. And I'm very optimistic about the new  
18 upcoming open enrollment. Because, as Heather said, our  
19 PR team rocks.

20          MS. KORBULIC: Thank you. Thanks for being  
21 here, everybody. Bye.

22          DR. JAMESON: Yes, I always tell Heather how  
23 her and her team rock. I just wanted to kind of, you  
24 know, not forget about PR team.

25          Thank you, Heather. Bye.

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MS. KORBULIC: Thank you. Bye.

MR. MELENDREZ: Good-bye, everybody.

MS. KORBULIC: All right. Jose. Thank you for  
joining us.

-oOo-