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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING AND
INTENT TO ADOPT INSURER CPF RATES FOR PY 2020
Thursday, February 14, 2019, 1:30 p.m.

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DR. JAMESON: Okay. Let's go ahead and call our meeting to order.

DR. JAMESON: I'll start by asking for roll call.

MR. GARRETT: Mark Garrett with the Nevada Division of Insurance, and Laurie Squartsoff as well.

MS. KORBULIC: Okay. Mark, I'll get to you in a minute. I'm assuming you're calling in for Barbara Richardson. So I'll call her name and you can say that you're here for the record. Thank you.

MR. GARRETT: Thank you.

MS. KORBULIC: Okay. Dr. Jameson.

DR. JAMESON: Present.

MS. KORBULIC: Valerie Clark is going to be joining us by phone, but she cannot join till 2:00 p.m. So we will reflect that in a minute.

Lavonne Lewis?

MS. LEWIS: Here.

1 MS. KORBULIC: Dr. Cook?
2 DR. COOK: Present.
3 MS. KORBULIC: Jonathan Johnson?
4 MR. JOHNSON: Present.
5 MS. KORBULIC: Jose Melendrez?
6 MR. MELENDREZ: Present.
7 MS. KORBULIC: Quincy Branch?
8 MR. BRANCH: Present.
9 MS. KORBULIC: Cody Phinney?
10 MS. PHINNEY: Present.
11 MS. KORBULIC: Commissioner Richardson?
12 MR. GARRETT: Mark Garrett here on behalf of
13 the Commissioner.
14 MS. KORBULIC: Thank you.
15 And Bessie Wooldridge?
16 MS. WOOLDRIDGE: Present.
17 MS. KORBULIC: Thank you.
18 Madam Chair, we have a quorum. And because
19 you're driving, I would be happy to tell you that the
20 first item on the agenda is the approval of the
21 December 20th Board meeting minutes.
22 DR. JAMESON: Oh, should we do that before we
23 ask for any testimony?
24 MS. KORBULIC: Oh, you're right. Sorry.
25 Public comment.

1 DR. JAMESON: Oh, that's okay. I appreciate
2 that.

3 Is there anybody in the north that intends to
4 make a statement, public comment?

5 MS. KORBULIC: We do not have any public
6 comment in the north.

7 DR. JAMESON: And is there anybody in the
8 south, here in the Henderson office, that has come to
9 make a public comment?

10 MS. KORBULIC: Janel, do we have anyone?

11 MS. JANEL DAVIS: No, there is no public
12 comment in the south.

13 MS. KORBULIC: Thank you.

14 DR. JAMESON: Excellent. So we'll proceed as
15 suggested. Everybody had an opportunity to see our
16 minutes from our last and recent Board meeting?

17 Heather, that would be both the summer
18 conference and the meeting prior?

19 MS. KORBULIC: Correct, that was the
20 December 20th, 2018 Board meeting minutes.

21 DR. JAMESON: And did anybody want to make a
22 motion to approve those minutes?

23 MR. JOHNSON: Jonathan Johnson. I motion to
24 approve.

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

1 DR. JAMESON: Excellent, Lavonne. Thank you.
2 And so, everybody in favor of passing those
3 minutes, please say "aye."

4 (Board members said "aye.")

5 DR. JAMESON: And no objections are heard. Any
6 objections?

7 Fine. So the minutes are passed.

8 And, as you say, I don't have the agenda in
9 front of me, but we will start with the executive
10 report.

11 MS. KORBULIC: Yes. Thank you, Madam Chair.
12 Heather Korbulic, for the record. Let's go right into
13 it.

14 In the last quarter, the Silver State Health
15 Insurance Exchange completed the sixth open enrollment
16 period. We reviewed and developed marketing and
17 advertising strategies. We analyzed and responded to
18 proposed federal rule changes. And we began to
19 implement plans to successfully become a state-based
20 Exchange.

21 The sixth open enrollment period ran from
22 November 1st, 2018 to December 15th, and the Exchange
23 had 14 qualified health plans spread between two
24 different insurance carriers, Health Plan of Nevada and
25 SilverSummit. The Exchange partnered with six dental

1 carriers who offered consumers a choice between 22
2 standalone dental plans.

3 The average rates on the Exchange for plan year
4 2019 decreased by .4 percent. Final plan selection was
5 83,449 Nevadans, a decrease in enrollment from plan year
6 2018 by 8 percent. The Exchange is working closely with
7 the Nevada Division of Insurance to analyze data that
8 will provide insight as to where consumers who have left
9 the Exchange may have gone to find health benefits.

10 This open enrollment period presented a new
11 portfolio of challenges that contributed to the decline
12 in enrollment. Between the repeal of the individual
13 mandate, the introduction of completing plans, the
14 chilling effects of the proposed public charge rule, and
15 the improving job market in the state of Nevada, the
16 Exchange's role required more intricate communications
17 to assist consumers in navigating an increasingly
18 complex landscape.

19 The repeal of the individual mandate is likely
20 to have resulted in some Exchange consumers forgoing
21 insurance entirely. There is no clear data source that
22 will provide the Exchange with an exact number of
23 Nevadans who made a choice not to protect themselves
24 with health insurance as a direct result of this repeal.
25 However, identifying consumers who are most likely to

1 fall into this category, individuals who are between the
2 ages of 26 and 40 years old, will be key for the
3 upcoming open enrollment period. It's imperative that
4 the Exchange find new and innovative ways to demonstrate
5 the value and importance of health insurance as it
6 relates to protecting oneself from financial ruin.

7 The introduction of association health plans
8 and short-term limited duration plans put an
9 extraordinary strain on the Exchange to both compete in
10 marketing and advertising landscape and to provide
11 digestible education to enrollment professionals and
12 consumers. The Exchange had to stretch our finite
13 marketing and outreach budget to counter the loud,
14 persistent and potentially misleading advertising
15 tactics of short-term limited duration plans, whereas in
16 years past the Exchange was the dominant choice.

17 The Exchange will have to navigate a similar
18 landscape during open enrollment for plan year 2020, and
19 it's developing strategies with Penna Powers to enhance
20 our search engine optimization plan, work with our local
21 influencers, and develop and highlight new advertising
22 content in measurable ways.

23 In early October of 2018, the Department of
24 Homeland Security published a proposed rule related to
25 the definition of a public charge. This rule would

1 expand the list of publicly funded programs that would
2 be considered by immigration officers when determining
3 whether an individual, their family, or their sponsors
4 are considered a public charge, or otherwise known as
5 dependent on the government for support. The rule did
6 not include advanced premium tax credits. However, many
7 consumers expressed fear of accepting any public funds
8 and are wary about excepting APTC for their health
9 insurance needs.

10 This proposed rule required the Exchange to
11 devote manpower and budgetary resources to education
12 enrollment professionals and consumers on a complex
13 topic and likely resulted in at least some consumers
14 forgoing health insurance out of fear that their
15 immigration status would be impacted.

16 Finally, the State of Nevada experienced strong
17 job growth in 2018, which likely resulted in many
18 consumers gaining access to their employer-sponsored
19 health insurance plans. The Nevada Department of
20 Employment, Training and Rehabilitation reports that
21 jobs increased by 3.9 percent in December of 2018, with
22 a total of 52,400 new jobs added since December of 2017.
23 This is a continuation of Nevada's improving job market
24 and economy and represents positive news for consumers.
25 The Exchange will remain committed to making

1 comprehensive and affordable options available for all
2 of our consumers, and will highlight the value of the
3 Exchange's marketplace, especially as it relates to
4 independently employed consumers.

5 In the category of advertising and outreach,
6 during 2018, the federal government continued to
7 significantly decrease their advertising and outreach
8 budgets, while the Exchange invested more resources to
9 these critical functions. The level of funding
10 allocation, this level of funding allocation represents
11 a substantial part of our Exchange budget. Despite the
12 past year's decrease in enrollment, the investment in
13 advertising and outreach continues to be a critical
14 component in a changing and confusing landscape where
15 skimpy plans are aggressively targeted toward individual
16 market consumers.

17 The Exchange and our marketing partner Penna
18 Powers have an entirely new landscape to navigate as it
19 relates to SEO, or search engine optimization, tactics,
20 advertising buys, digital engagement, et cetera, where
21 the goal is to outmaneuver competitors to drive home the
22 message about the superiority of qualified health plans
23 as it relates to comprehensiveness and long-term
24 affordability.

25 In addition to an increasingly complex

1 advertising setting, the Exchange is also facing an
2 evermore challenging education landscape. Whether it's
3 short-term limited duration plans, association health
4 plans, individual mandate repeal, or proposed federal
5 rule changes, the Exchange's role in providing
6 meaningful consumer education remains critical. The
7 Exchange and our outreach partners have to process
8 complicated information as it relates to the agency, to
9 stakeholders, our consumers, and then we have to distill
10 this information into easily digestible sound bites for
11 public consumption.

12 Health insurance is often a daunting and
13 difficult to understand subject. The Exchange has to
14 remain committed to assisting Nevadans to navigate the
15 labyrinth to find comprehensive plans right for their
16 individual and family needs.

17 Now, on to our favorite topic of federal
18 updates. As we head into the 2019 Nevada Legislative
19 Session, the Exchange is focusing on analyzing proposed
20 legislation, answering budget questions, and responding
21 to lawmaker inquiries. The Exchange will provide the
22 Board with a more detailed state legislative and budget
23 breakdown at our June 2019 Board meeting.

24 There has been no shortage of federal policy
25 changes. Executive branch rule changes have created an

1 increasingly compound sting akin to a lot of paper cuts.
2 While the rule changes may be technical in nature, they
3 have an enormous impact on benefit comprehensiveness and
4 affordability.

5 In the 2020 Notice of Benefit and Payment
6 Parameters, an annual rule that guides Exchange
7 operations -- oh, had -- it was delayed this year,
8 allowing for a very short comment and consideration
9 period. Comments are due on February 19th. And,
10 hopefully, I will have those comments completed. I'm
11 working on drafting a response and will share with the
12 Board as soon as they're completed, which, hopefully, is
13 by the end of the day.

14 This NBPP rule could harm Exchange consumers
15 and is ominous of future harmful policy changes. The
16 most urgent issue in the NBPP is a change in the
17 consumer pricing index that by CMS's own analysis would
18 result in fewer people enrolled on the Exchange. The
19 intricate rule change would effectively raise the cost
20 of premiums and cost-sharing responsibilities on
21 Exchange consumers. The increase in premiums will
22 affect subsidized Exchange consumers, and the increase
23 in out-of-pocket spending will apply not just to the
24 individual market, but also to those with
25 employer-sponsored coverage as well.

1 The NBPP includes several items that are
2 proposed for comment. But this is not intended to take
3 place for plan year -- or that are not intended to take
4 place for plan year '20. The Exchange will comment on
5 two of these items. The first has to do with
6 restricting the ability for states to auto-reenroll
7 consumers. 21 percent of Nevadans were auto-reenrolled
8 for plan year '19. Without the ability to
9 auto-reenroll, many of these consumers would become
10 uninsured or experience an unexpected gap in coverage.

11 The second item is related to allowing the
12 continued ability for carriers to concentrate the
13 premium increases into silver level plans offered
14 through the marketplaces. Premium tax credits are
15 pegged to the benchmark silver level plan in each
16 market. So silver-loading has allowed subsidized
17 consumers to draw down a larger tax credit, while
18 protecting unsubsidized individuals from even more
19 significant premium hikes. If the practice were banned,
20 there would be a premium increase for all individual
21 market enrollees.

22 The executive branch has also proposed a rule
23 change related to health reimbursement accounts that has
24 potential to allow employers to push their sickest
25 employees into the individual health market.

1 Essentially, this rule change, if promulgated, would
2 significantly reduce the way that employers are allowed
3 to provide insurance to their employees. The Exchange
4 submitted comments requesting more data to better
5 understand the implications of the rule on Nevada's
6 individual market, and then cited specific concerns
7 about the resulting confusion and complexity that the
8 rule would create for employees and enrollment
9 professionals.

10 The Centers for Medicare and Medicaid Services
11 recently issued proposed program integrity rules for
12 state-based Exchanges that includes several changes that
13 may require complex technology rule modifications. The
14 rule includes a section which would require qualified
15 health plan issuers to separately bill enrollees for the
16 cost of non-Hyde abortion coverage.

17 Under the rule, Exchange enrollees would
18 receive two separate premium bills each month, with
19 instructions to remit two separate payments in two
20 separate transactions. Insurers must bill a minimum of
21 \$1 per enrollee per month for the abortion coverage,
22 even if the enrollee's overall premium is less than \$1 a
23 month due to premium tax credits.

24 This specific change would not have an
25 immediate impact on Nevada and our Exchange, as no

1 carriers currently offer non-Hyde abortion coverage.
2 But in recognition that this may not always be the case,
3 the Exchange did submit comments about many items,
4 specifically expressing concerns about the confusion and
5 potential loss of coverage consumers could face should
6 the rule be promulgated.

7 During the federal shutdown, the Exchange
8 received many questions about how the shutdown impacted
9 operations. Prior to the shutdown, the U.S. Department
10 of Health and Human Services already had their budget
11 appropriation, so the impact was not direct on Exchange
12 activities. Because of the Exchange's reliance on the
13 IRS, some consumers who needed to reconcile their taxes
14 in order to receive subsidies may have been impacted
15 during the shutdown as the IRS was not operational. The
16 Exchange's transition requires an approval from the IRS
17 to access federal tax information through the Federal
18 Data Services Hub, and this portion of the transition
19 project could be impacted by any further shutdown.

20 It's clear that the instability and volatility
21 around Exchange functionality is coming from the federal
22 government's action and inaction, and this is part of
23 the reason that the Exchange is working towards taking
24 full control of our operations as a state-based
25 Exchange.

1 We'll hear a lot more about our transition from
2 our Budget Manager, Eric Watt, but I wanted to give you
3 just a little brief.

4 The transition to a state-based Exchange is in
5 full swing. The project planning has shifted from
6 planning towards implementation. And currently the
7 biggest risk to our transition comes from CMS, a
8 stakeholder who is outside of the Exchange's authority.
9 While CMS has been a strong partner in assisting the
10 Exchange towards a successful state-based Exchange, a
11 series of contradictory messages have put the project
12 status into yellow, or elevated, risk. The Board's
13 going to hear more about that. However, it's important
14 to note that the Exchange, GetInsured and CMS are
15 engaged daily, if not hourly, in a very productive
16 conversation to address this issue and feel more and
17 more confident that the project will be back on track,
18 with limited, in any if any, impact on our project plan
19 and timeline.

20 Just in conclusion, I think it's worth
21 considering that the Exchange has never, in its short
22 period of existence, experienced a time of normal
23 operations. Several years of federal policy changes,
24 legislative action, and limited resources have required
25 the Exchange to remain nimble in a dynamic landscape

1 where the focus has been primarily on defending Exchange
2 operations and, ultimately, the Nevada consumers that we
3 serve. The Exchange believes that a transition to a
4 state-based Exchange not only allows for a stronger
5 defense, but also provides an opportunity to think
6 strategically about growing success in the future.

7 And that is the end of my report. I'm happy to
8 entertain any questions from the Board.

9 DR. JAMESON: Thank you so much. As always, a
10 very thorough, excellent executive report. Thank you.

11 You are certainly juggling a lot of things,
12 Heather, and I really appreciate the incredible job
13 you're doing. And I appreciate some of the frustrations
14 you may be going through. And I want to say I really
15 applaud you, as you are not just rising to the
16 challenge, but the opportunity to get this right for
17 Nevada.

18 I would like to first open up to my colleagues
19 on the Board to see if they have any comments or
20 questions.

21 MR. BRANCH: Madam Chair, this is Quincy
22 Branch, for the record.

23 I do want to echo your sentiments when it comes
24 to the work that is being done with Heather, because I
25 do understand and know that the moving parts are

1 impressive, to say the least.

2 But one thing, I do have a question. And I was
3 reading your report, and I know a lot of activity is on
4 the federal level. But as the State Legislature is, you
5 know, up and running now and getting back and going, and
6 it may not be in the report, I know it's forthcoming,
7 but anything that you maybe can see or tell right now
8 from a local level that is going to have a real big
9 impact, you know, on what we're doing and how we're
10 operating here?

11 MS. KORBULIC: Thank you. I appreciate that
12 feedback from you both. And, yes, there's no shortage
13 of healthcare related legislation being proposed in
14 Carson City. I think, I heard recently that there is
15 something like along 1,600 bills that are typically
16 presented or are introduced in the legislative session,
17 and then maybe 900 of them get hearings, and then from
18 there very few actually pass, and usually they pass with
19 bipartisan support.

20 That being said, the Exchange is up to our
21 eyeballs in trying to track the legislation that has
22 anything to do with changes to health insurance or
23 healthcare in general. And right now, there is really
24 only very few budget, or bill draft requests, or BDRs,
25 that actually have legislative language attached to

1 them. That's starting to pick up, and we're starting to
2 see some more legislation with language. But right now,
3 I can just tell, I can point you to many, many BDRs that
4 say that they're going to have something to do with
5 healthcare, but none of them have any language.

6 So there are some areas that we're paying
7 particular attention. And I know that the Division of
8 Insurance and some, excuse me, the Interim Committees on
9 Health and Human Services will have some bills that have
10 to do with market stabilization and with consumer
11 protections.

12 And so still have not seen any language, but
13 we'll definitely be sharing that with the Board as it
14 becomes public.

15 DR. JAMESON: Were there any other comments
16 from anyone on the phone or up north?

17 MS. CLARK: Madam Chair, this is Valerie Clark.
18 I just wanted to say I got on the call while Heather was
19 talking.

20 DR. JAMESON: Thank you, Valerie.

21 MS. CLARK: And I apologize.

22 DR. JAMESON: Earlier, earlier than we
23 expected. Thank you for signing in.

24 MS. CLARK: Yes.

25 DR. JAMESON: It sounds like, at this point --

1 MS. LEWIS: Madam Chair. Oh. Madam Chair,
2 this is Lavonne Lewis.

3 DR. JAMESON: Oh, please proceed.

4 MS. LEWIS: I --

5 DR. JAMESON: Lavonne, did you want to say
6 something?

7 MS. LEWIS: Hello?

8 DR. JAMESON: Yes, would you like to --

9 MS. LEWIS: I just want to -- I just want to
10 congratulate our Executive Director for her diligence
11 and her stick-to-itiveness for dealing with all of the
12 issues that have come up since she has been in this
13 position. She has just done an absolutely superior job.
14 And I am so thankful that we have her. So I would
15 really like to compliment her on all that she does.

16 DR. JAMESON: Thank you. And we are all so
17 grateful to have our Executive Director. Thank you.

18 We'll go on now. There'll be, as Heather
19 mentioned, there's a couple of items that we will be
20 doing a deep dive into. And so I don't think I'm going
21 to go ahead and ask any further questions at this time.

22 So let's go ahead and move to the always fun
23 and exciting marketing and outreach update.

24 MS. JANEL DAVIS: Thank you, Chair Jameson. It
25 is fun and exciting. I guess, the fun stuff's the

1 marketing. Janel Davis, for the record, Communications
2 Officer for the Exchange.

3 The Silver State Health Insurance Exchange, as
4 Heather said, we concluded our sixth open enrollment.
5 And, unfortunately, this year the Exchange is not able
6 to report growth. We saw an 8 percent decrease in
7 enrollment. And there were some presented new
8 challenges that prevented from us getting to that 91,000
9 mark or over that mark.

10 Nevada Health Link was constantly in defense
11 mode over the course of open enrollment due to competing
12 marketplace plans and federal rule changes, as Heather
13 laid out for us. Despite each challenge, However, the
14 Exchange staff, our vendor partners, and our
15 stakeholders, we worked diligently to make sure Nevadans
16 heard the message that affordable health plans exist,
17 and made it clear the importance of getting help from a
18 licensed enrollment professional to enroll in a
19 comprehensive benefit package.

20 The Exchange and marketing partner, Penna
21 Powers, launched a comprehensive open enrollment
22 advertising campaign. We started with a pre-open
23 enrollment messaging in late September of last year and
24 launched the full ad campaign mid October of 2018.

25 The campaign continued to utilize that message

1 that we established in 2017 of "You can't afford not to
2 be insured." Each advertising spot illustrated a cost
3 analysis of how much the highlighted accident or injury
4 scenario would cost without having the benefit of
5 obtaining health insurance. And this played up the
6 corresponding essential health benefit associated with a
7 qualified health plan.

8 In conjunction with the integrated advertising
9 campaign, which is online, digital, TV, print, radio,
10 outdoor, et cetera, the communications team implemented
11 a robust marketing and outreach strategy, as well as an
12 aggressive public relations campaign.

13 In addition to the affordability message, the
14 Exchange focused on educating consumers about working
15 with licensed enrollment professionals to navigate that
16 confusion of competing health insurance products, such
17 as STLDs and AHQs.

18 Looking back at the 2018 enrollment campaign,
19 the Exchange saw momentum continue to build after the
20 election through the end of enrollment on December 15th.
21 While the data indicated a week-to-week increase in
22 website traffic, overall the traffic to
23 NevadaHealthLink.com was down 12 percent compared to
24 last year.

25 That being said, the funnel strategy

1 incorporated into this year's ad campaign ensured that
2 our advertising was driving a more specific target
3 audience to the website, which actually resulted in the
4 number of clicks from Nevada Health Link to
5 HealthCare.gov where enrollment actually takes place.
6 And that was up by 42 percent. This demonstrated that
7 more qualified individuals were responding to our
8 advertising campaign. And waiting to run advertising in
9 large mediums, such as television and radio, until after
10 the election ensured that the Exchange made the most of
11 our advertising dollars instead of about the election
12 noise.

13 In anticipation of that political window, the
14 \$1.5 advertising budget strategy took a two-pronged
15 approach, with first launching a campaign of specific
16 digital, online and transit advertising, so buses, and
17 that was beginning in late September with the message of
18 "Learn more," and then the second segueing into the
19 fully integrated campaign kicking on which November 1st
20 with the message "It's time to enroll."

21 The Exchange included new tactics within the
22 video platform advertising approach utilizing
23 Over-The-Top -- that's OTT -- internet TV. OTT is a
24 term used for streaming movies and TV content over the
25 internet through a device, such as a Roku or a

1 PlayStation, without requiring subscription to cable or
2 satellite TV.

3 In addition, content marketing, which is social
4 media, continues as the robust, measurable medium for
5 the campaign, reaching each target audience at different
6 times during the open enrollment period.

7 And so below here, we laid out the total
8 impressions by the traditional media elements. So
9 impressions can be defined as how many times an
10 advertisement was viewed by a visitor or a number of
11 times the particular page or the ad is loaded. And so
12 you can just see the television, the cinema, the
13 Over-The-Top that I mentioned, all of those impressions,
14 pretty significant numbers.

15 So each year, outreach and marketing prove to
16 be more and more critical components in the Exchange's
17 communication strategy overall. Outreach in particular
18 continues to be a tangible element in Nevada Health Link
19 strategy. The grassroots effort our in-person assisters
20 and educators participate in proves to be impactful with
21 community partners and the public statewide. Moreover,
22 the generated interest from various community partners
23 is ever-increasing, and it proves our work is impactful
24 and is a trusted resource to Nevadans.

25 Nevada Health Link is fortunate to have had the

1 opportunity to meet with, present, and distribute our
2 educational literature to these various stakeholder
3 locations. Some examples include the Carson Valley
4 Chamber, UNR student outreach clinic, Reno-Sparks
5 Chamber, Immunize Nevada, Boys & Girls Clubs, Raley's
6 and the Minority Health Coalition.

7 The communications team has weekly meetings
8 regarding these community relations in order to stay on
9 track and focus on the inroads that the Exchange has
10 made as well as for future communications and planning.

11 The Exchange and Penna Powers will continue to
12 refine this outreach process as it relates to marketing
13 Nevada Health Link as a resource.

14 As for the public relations, the Exchange was
15 nothing short of busy. In 2018, the Exchange saw over
16 62 million impressions for earned media. And that's a
17 PR value of about 2.6 million and nearly 300 hits. So
18 if we compare this media to the hits in 2017, they're
19 about 200 less. And this could be in part due to
20 national hits, such as Yahoo Finance, ABC News, and the
21 Associated Press.

22 The Exchange's Executive Director and
23 Communications Officer were everywhere. I hope you saw
24 us. Our PR representatives secured and coordinated TV
25 and editorial meetings with Channel 13, 8, the Las Vegas

1 Review Journal, the Las Vegas Sun, and the RGJ, just to
2 name a few.

3 There was also an elevated awareness in
4 Hispanic media this past enrollment cycle, and the
5 Exchange's navigator program manager was interviewed in
6 Spanish to reach that audience throughout the state.

7 Since open enrollment has concluded, the Nevada
8 Exchange has been working diligently on strategizing new
9 concepts and ideas for the marketing and advertising
10 campaign for the next open enrollment cycle, as well as
11 developing strategic messaging for this off-season, so
12 February through August time frame.

13 Capitalizing on the progress with stakeholders
14 and community partners, it's important for the public
15 and other agencies to know that Nevada Health Link does
16 not go dark in the off-season, or outside the open
17 enrollment period. If consumers missed the deadline to
18 enroll in a QHP, they may work with a professional to
19 determine their eligibility if one experiences a
20 qualifying life event, such as losing health insurance,
21 a change in family size, such as birth or adoption of a
22 child, or becoming a U.S. citizen.

23 The off-season cycle is also an opportunity to
24 continue to build relationships throughout the state and
25 educate other agencies about the special enrollment

1 periods, provide an update on the Exchange, and be a
2 technical advisor on what is going on in healthcare both
3 at a federal and a state level, and as well will
4 continue to remain an online and digital presence for
5 consumers. Visiting NevadaHealthLink.com is still our
6 main call to action and is a resource for all Nevadans
7 to get their questions answered, no matter the time of
8 the year.

9 We will also continue to develop content for
10 email marketing to consumers as well as stakeholders.
11 We also monitor the social media channels as well as
12 update content throughout NevadaHealthLink.com. We
13 obviously work very closely with our marketing partner,
14 Penna Powers, to identify and develop content for each
15 month that contributes to those social media posts and
16 new blog content for the website and email
17 communications.

18 Our marketing partner, Penna Powers, and public
19 relations subcontractor, Faiss Foley Warren, we've all
20 met in this past January to review and discuss data and
21 appropriate strategic retooling in answer to growing
22 competitions from those marketplace plans, those
23 short-term limited duration plans and AHPs. Emerging
24 from this brainstorm was a plan to capitalize on Nevada
25 Health Link's substantial credibility and equity that

1 has been carefully curated over the last several years
2 by positioning the soon-to-be state-based Exchange as a
3 year-round resource for Nevada consumers, not only in
4 just health insurance enrollment, but in regard to
5 health insurance state policy, how to use and get the
6 most from our benefits, and clearing the general
7 confusion about health insurance in general.

8 Meanwhile, as Heather stated, it's Nevada's
9 80th Legislative Session. We are continuing to monitor
10 bills closely as they pertain to healthcare or any bill
11 that involves the Exchange. It's expected to be
12 healthcare-heavy, and we know that legislators are
13 drafting bills focused on market stabilization as well
14 as consumer protections.

15 And, most importantly, now that open enrollment
16 has concluded, the Exchange's communication team is
17 fully committed to focusing our energy on this
18 transition to a state-based Exchange. Our staff and
19 partners have already begun having conversations to
20 organize timelines as it relates to their specific
21 programmatic specialty to develop content and training
22 materials for our consumers as well as stakeholders as
23 it pertains to transition.

24 Within our communications transition plan
25 document, that we talked about, I think, in July, we are

1 currently engaged in the "Maintain transparency and
2 build" section, and it's outlined to run January through
3 May of this year. And this portion of our strategy is
4 designed to continue communications with those
5 stakeholders while also being transparent about
6 milestones leading up to the launch of the platform.

7 So during this off-season, the Exchange will
8 continue to maintain an online, digital and social media
9 presence and maintain a strong statewide presence
10 through ongoing community outreach. With the focus as
11 the trusted resource connection, Nevada Health Link
12 would like to provide more consumer education and
13 incorporate year-round consumer support on our website.
14 Those updates will reflect highlighting benefits of the
15 transition, benefits to your health insurance policy
16 that you've enrolled in, and analyzing those competing
17 plans in order to better directly market to Nevada's
18 uninsured and underinsured population.

19 I know that was a lot. So if you have any
20 questions, I'd be happy to answer them.

21 DR. JAMESON: Janel, Ms. Davis, thank you so
22 much for that excellent report, and exciting. It sounds
23 like you really, besides doing the outstanding job you
24 always do, that you have really not rested on your
25 laurels, and with the many challenges in front of you,

1 you have been searching hard and brainstorming to find a
2 way to even do a better job. And I really appreciate
3 those efforts for, on behalf of the people of Nevada.
4 And I think it is hard to beat your current that,
5 everyone, you can't afford not to go without health
6 insurance. It has been an excellent campaign. I just
7 find that hard to beat.

8 But as you were talking and talking about us
9 becoming a state-based Exchange, once again, and it's so
10 exciting, and we'll be able to offer more affordable
11 prices, we anticipate that fully. And we will continue
12 to offer, hopefully, more expanded, more plans.

13 So I couldn't help but say that perhaps your
14 new marketing, we'll say that as we say here in Nevada,
15 Nevada means home, to me. And thanks to the Silver
16 State Exchange, soon to be the State Exchange, that
17 Nevada will be a medical home, the Exchange, the
18 state-based Exchange will be a medical home for anyone
19 and everyone in Nevada who needs it. Your problem is
20 you have to make these in quick little sound bites.

21 So I don't have any other questions on your
22 report. I just would make one comment that you and
23 Heather have focused on, which is that, you know,
24 despite best efforts, that we had a slightly lower
25 enrollment. But as you also pointed out, the

1 challenges, the hurdles, the -- everywhere you turned
2 around, the difficulties you faced were unbelievable.
3 And I just want to say that you did an outstanding job
4 for us to, I think, finish as we did with all of the
5 challenges. I think, every one of you did just an
6 outstanding job, from our staff at the Exchange and
7 your -- from your PR team. I just really, I cannot
8 thank you enough for going the second mile for us.

9 Does anybody have any comments?

10 MR. MELENDREZ: This is Jose Melendrez, just
11 for the record.

12 Janel, I just want to say great work. I
13 haven't been at many of the functions where were you
14 there to provide information, and I 100 percent support
15 the idea of year-round continuing to educate and reach
16 out to organizations and groups and so that everybody
17 has as much information, so that when the enrollment
18 periods do come, that we have as much people aware of it
19 and ready to participate at whatever level they can.

20 So great work, and thank you for doing that.

21 MS. JANEL DAVIS: Thank you so much. I really
22 appreciate that.

23 And Patty Halabuk is here. There is a small,
24 short presentation from Penna Powers. But I really kind
25 of summed it up. And, I think, if you have any

1 questions for us, please don't hesitate to reach out.
2 But it just goes into a little bit more detail on the
3 numbers of the integrated campaign, as well as some
4 pictures and our grassroots effort.

5 DR. JAMESON: Well, we don't want to take her
6 moment away to shine, but I feel that you've summed it
7 up beautifully. And unless she would like to make any
8 additional comments, we'll enjoy the pictures, which we
9 always like.

10 And we have a question.

11 MR. BRANCH: And Quincy Branch, again, for the
12 record.

13 Janel, just out of curiosity -- and great
14 report -- but wondering, great to explore the state of
15 Nevada, but are we doing any benchmarking as of or
16 against other entities like yourself and other states,
17 state-based Exchanges that are doing certain things, are
18 we doing any benchmarking to see how our numbers compare
19 to other entities? Yeah.

20 MS. JANEL DAVIS: Yeah. Janel Davis, for the
21 record.

22 I would say, yes, we're continuing to work with
23 our other state-based Exchanges and see what they are
24 doing. And we continue to have calls with our other,
25 you know, state-based Exchanges. And we're all feeding

1 off of each other and what those ideas may look like as
2 far as, you know, in respect to marketing. And we're
3 all, you know, using each other's ideas and doing the
4 same thing and really reaching out into every pocket of
5 the community and our target audiences.

6 The difference is that we didn't have our data
7 that other state-based Exchanges have in real-time
8 throughout open enrollment. And so, but we take the
9 data that we do get from CMS and blanket market as well
10 as do some direct marketing as well.

11 DR. JAMESON: Any other questions?

12 In that case, we are up to our, as Heather
13 promised, further, more detailed report on the
14 state-based Exchange transition. And, also, we are
15 excited to hear about this. We can hardly all wait to
16 become state-based. And we know, as in pregnancy, that
17 when things are in gestation, it can be very
18 challenging. But we know in the end there's a beautiful
19 result.

20 So, Eric Watt, we appreciate hearing an update
21 on both the challenges and the final promise of a
22 beautiful, beautiful deliverable.

23 MR. WATT: Thank you, Madam Chairman. Eric
24 Watt, for the record. I believe, we're in the second
25 gestation period.

1 DR. JAMESON: Could you speak up just a little
2 bit.

3 MR. WATT: For the first time in this project,
4 the status of the project is yellow, and that's a result
5 of two issues that are dependent on the Centers for
6 Medicare and Medicaid, CMS. While we are working
7 collaboratively to resolve these issues and are hopeful
8 that they will come to a resolution in the very near
9 future, it is important for the Board to know that these
10 risks exist.

11 It is not uncommon for a project of this size
12 to go between a green status and a yellow status or even
13 dip momentarily into red. These colors are used as
14 tools to heighten awareness of risks and issues to be
15 mitigated. Two high-impact risks have been registered
16 and reported, and they are the reason for our current
17 yellow status: One, CMS's authority to connect target
18 achievement dates; and, two, the final determination of
19 methodology to be used for migrating application data
20 from the Federal Data Services Hub to the Silver State
21 Health Insurance Exchange.

22 In project management terms, the ATC to the
23 FDSH is on the critical path for this project. It is
24 required in order for GetInsured and SSHIX to receive
25 consumer data from the FDSH, which in our case is

1 through the Division of Welfare and Supportive Services,
2 DWSS, proxy server, which will be the SSHIX connection
3 to the FDSH once the system is live.

4 I apologize right now for all of the acronyms,
5 but this is the world we live in.

6 There are a number of steps that are required
7 to be completed on the path to achieve the ATC. One is
8 the creation of the system security report for SSHIX.
9 This will include documentation regarding security
10 controls from GI, DWSS as well as SSHIX. Next, once
11 ready for review, our SSP will be presented to an
12 independent group to complete a security assessment
13 report, which is then presented to CMS for their review,
14 ultimately giving us the authority to connect our system
15 to their system.

16 Every state-based Exchange is required to
17 conduct a security assessment based on the criteria of
18 the Minimum Acceptable Risk Standards for Exchange, also
19 known as MARS-E, which defines 17 families of security
20 controls in three separate classes. It is industry
21 standard that this be completed by an independent,
22 possibly contracted, group, slash, vendor.

23 In October and November of 2018, SSHIX
24 conducted a request for proposal. And after thorough
25 review of proposals from a number of possible vendors, a

1 company called SeNet received the highest score and was
2 awarded the contract to conduct the assessment. The
3 contract was approved by the Board of Examiners on 1-5,
4 and the project kickoff was held on 1-30.

5 One very attractive advantage of selecting
6 SeNet was their ability to conduct the vast majority of
7 the assessment remotely with our provided system
8 security plan, so that they can review the document in
9 their offices, resulting in tremendous savings on travel
10 expenses.

11 Because of our unique configuration of having
12 to share a single connection with DWSS to the FDSH due
13 to CMS's single partner ID restrictions, we need to
14 complete an SSP that includes controls within GI, DWSS
15 as well as our own in SSHIX. Our Information Security
16 Specialist is targeting tomorrow actually for the
17 completion of the SSHIX SSP package for delivery to
18 SeNet, who in turn are targeting 4-16 to complete the
19 assessment and deliver back to us the security
20 assessment report for our presentation to CMS, who
21 require up to 90 days to review. This brings us close
22 to August for a target CMS approval and ATC, which is
23 challenging to our project schedule.

24 The next risk is being mitigated, the next risk
25 being mitigated is the determination of the methodology

1 to be followed to migrate consumer data. We have
2 consumer data separated into three logical groups:
3 application data, enrollment data, and agent/broker
4 data.

5 The application data has been the most
6 challenging of the three up to this point. The
7 requirement of the completed ATC prior to allowing any
8 data transmitted via the DWSS proxy server, as well as
9 possible configuration modifications to the DWSS proxy
10 server, have complicated matters considerably. Our
11 intention has always been not to burden DWSS with large
12 amounts of work for the initial transmission of this
13 data, a process that will only be conducted three times.

14 As of 2-5-19, at a meeting with representation
15 from SSHIX, GI, and CMS, a preferred path forward was
16 agreed upon. CMS will propose to their leadership a
17 temporary connection from the FDSH directly to GI,
18 bypassing DWSS, with the ATC required only for the
19 August and October scheduled transmission of application
20 data and not required for the April/May test data
21 transmission. This temporary connection would be time
22 limited with no expectation of a need in the future.
23 This allows us to move forward and not involve DWSS for
24 this aspect of the work, something they will greatly
25 appreciate.

1 CMS has agreed to propose this methodology to
2 the appropriate levels within their organization with a
3 high level of confidence that it will be approved. They
4 have set a target date for approval of February 22nd, at
5 which time failure to approve that methodology will
6 cause us to fall back to an alternate method. When, if
7 they approve this methodology, we will have mitigated
8 both high-impact risks and will return the project to a
9 green status.

10 Vendor update. The first vendor milestone for
11 2019 will be the acceptance of the test environment on
12 March 31. GI has been building this environment,
13 preparing it for the project since late December of
14 2018. Once delivered, we will be in a position to begin
15 electronic data interchange, or EDI, testing with the
16 carriers on April 1st, along with other testing that
17 will be running concurrently.

18 Apart from the milestones, GI is hard at work
19 giving attention to acquiring a plan year 2019 data from
20 carriers for testing purposes; working with our ISS to
21 complete their SSP for inclusion in our SSP; working on
22 test scenarios for carrier EDI testing; reviewing their
23 EDI companion guide for carriers; preparing for
24 application, agent/broker and enrollment data migration;
25 coordinating with SERFF for connectivity and testing;

1 working with DWSS to finalize proxy server connectivity;
2 completing account transfer user stories; working with
3 consumer assistance center details.

4 Carrier updates. SSHIX has scheduled regular
5 monthly meetings with carrier representatives, with a
6 goal of keeping them apprised of the project status and
7 listening to their questions and concerns.

8 We have also set up a series of meetings with
9 the carrier identified technical teams to address
10 specifics of the project. The three current focus areas
11 are EDI testing, reconciliation and
12 workbook/policy-based payments.

13 We had our first technical meeting in January,
14 and our next meeting is scheduled for actually
15 February 20th, and we will continue to discuss, where we
16 will continue to discuss GI's EDI companion guide and
17 start to discuss EDI test scenarios.

18 We have begun to gather approval from the
19 carriers to use their plan year 2019 SERFF data for
20 testing purposes between GI and the carriers.

21 For PMO update, what began with a senior
22 project manager, me, and an information security
23 specialist on August 15th has now grown to include a
24 quality assurance lead tasked primarily with building
25 and executing a user acceptance test plan, which starts

1 on April 1st and continues through June 21.

2 We welcomed Stephen Ostien to the team on
3 January 3rd. Additional duties include providing
4 validation and verification of both test methodologies
5 as well as test results, tracking and resolution by the
6 vendor. Steve is fully engaged with reviewing EDI test
7 scenarios with GI and providing valuable insight and
8 suggestions to improve the documentation that will be
9 provided to the carriers to support EDI testing.

10 We are currently scheduled to bring on our
11 second QA staff and document technical writer on 6-1,
12 followed by a third QA staff on August 1st. These dates
13 could change to address specific needs should needs and
14 funding allow.

15 Our ISS is currently very busy reviewing the
16 SSP control documents from our vendor, GetInsured, and
17 DWSS, as well as coordinating control documents provided
18 by SSHIX. He is targeting completion of the SSP by
19 2-15, tomorrow, and will be a key contact for our MARS-E
20 assessment vendor, SeNet.

21 The winter continues to be busy, and the spring
22 and summer are on schedule to be even busier, as we look
23 forward to getting back to a green status and working to
24 be able to stay there throughout the open enrollment
25 period in December.

1 Thank you. Any question? Any questions?

2 DR. JAMESON: Thank you so much. Mr. Watt,
3 thank you for making this topic very clear to us. You
4 have a lot of things going on, and you really did
5 communicate this to us extremely well. And I appreciate
6 that, because it is a lot going on. And some people
7 would call people such as yourself a nerd. This is so
8 crazy, all this stuff and these things you're dealing
9 with. But as such, I must say, you still made it in
10 pretty good plain English for myself and our Board to
11 understand. And I really appreciate that.

12 I want to also welcome Steve Ostien to our
13 team. And we're excited to have him part of our quality
14 assurance lead.

15 I would like to ask if anybody else would have
16 questions or comments.

17 Not hearing any, not -- I told you, you had
18 such an excellent report that all questions were
19 answered.

20 MR. WATT: Thank you.

21 DR. JAMESON: So I would like to move on.

22 Thank you. And I am very excited about hearing
23 your next report as we get further into this process.
24 It's really so exciting. We've waited years for this,
25 and it is very exciting.

1 I'd like to go ahead to our last subject.
2 Although in the past we've occasionally actually
3 discussed, read and discussed our fees, I think, at this
4 point, since everyone has received this, it's been
5 public notice, and unless somebody wanted to, I would
6 suggest that having all Board members having reviewed
7 it, that I would just entertain a motion from anyone on
8 the Board to adopt the 2020 carrier premium fees to be
9 charged to our insurers.

10 And go ahead.

11 MR. MELENDREZ: Jose Melendrez, for the record.
12 I so move to adopt the 2020 carrier premium fees.

13 DR. JAMESON: Do I hear a second?

14 MS. LEWIS: Lavonne Lewis. I second the
15 motion.

16 DR. JAMESON: Thank you, Lavonne.

17 And everybody in favor, say "aye."

18 (Board members said "aye.")

19 DR. JAMESON: Is there any opposition?

20 Thank you. Hearing none, this Board has
21 adopted the 2020 carrier premium fees. And thank you.

22 Unless there's any other business, I would move
23 to discuss the -- any other possible actions regarding
24 dates, times, and agendas. When would the next meeting
25 be; it's scheduled for when?

1 MS. KORBULIC: Madam Chair, it's scheduled for
2 June 13th.

3 DR. JAMESON: Wow, we're going to have
4 tremendous progress on our very special project of
5 transitioning to a state-based Exchange by then.

6 And I'm fully optimistic, as Mr. Watt said,
7 confident, in this project, and that in the next few
8 days we'll hear from CMS and get everything we need to
9 make some next moves quickly.

10 No other questions or any other -- Lavonne,
11 anyone, any other desires of our incredible staff that
12 you would like to have them bring to our next meeting?

13 Okay. So I'll call for a public comment in the
14 north.

15 MS. KORBULIC: There is no public comment in
16 the north.

17 DR. JAMESON: Public comment in the south?

18 And there is no public comment in the south.

19 So we'll entertain a motion to adjourn.

20 I would like to thank everybody, especially our
21 staff, everybody for doing an amazing job. And we're
22 really looking forward to this exciting new year. Thank
23 you so much.

24 MS. KORBULIC: Thank you, Madam Chair.

25 -oOo-