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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
Thursday, September 19, 2019, 2:00 p.m.

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MS. KORBULIC: Got some folks on the phone, Dr. Jameson, and I'll help introduce them once we get into roll.

DR. JAMESON: Yes. Why don't we go ahead and call our meeting to order and start with our roll call. Thank you, Heather.

MS. KORBULIC: Before I get to roll, I just want to mention that the cameras are oriented to your microphone. So please make sure, when you're done talking, to push the off button on the mic. See. Ooh, there it went.

Okay. So let's get started with role. Dr. Jameson?

DR. JAMESON: Present.

MS. KORBULIC: Valerie Clark is absent. Lavonne Lewis?

MS. LEWIS: Present.

MS. KORBULIC: Dr. Cook?

DR. COOK: Present.

MS. KORBULIC: Jonathan Johnson?

1 MR. JOHNSON: Present.

2 MS. KORBULIC: Jose Melendrez?

3 MR. MELENDREZ: Present.

4 MS. KORBULIC: Quincy Branch?

5 MR. BRANCH: Present.

6 MS. KORBULIC: Suzanne Bierman?

7 MS. BIERMAN: Present.

8 MS. KORBULIC: Commissioner Richardson?

9 COMMISSIONER RICHARDSON: Here.

10 MS. KORBULIC: And Lynnette Aaron? Lynnette,
11 were you able to join us by phone?

12 Okay. So those of you who are on the phone
13 from the Board, please make sure that you just mute us,
14 but do not put us on hold, because we will then all have
15 to enjoy your hold music. So please don't put us on
16 hold.

17 I also wanted to mention to the Board that we
18 have Paul Neutz, who is with GetInsured, our vendor, who
19 is also on the phone in case we have any questions for
20 him today.

21 So thank you for being here, Paul. And I
22 wasn't sure. Did Chini join us, too, Paul?

23 MR. KRISHNAN: Yes, I'm right here. How are
24 you?

25 MS. KORBULIC: I agree. Hi. Thanks for being

1 here, Chini.

2 Chini's our CEO of GetInsured. Great.

3 Okay. So, Madam Chair, we do have a quorum.

4 And we can begin the meeting.

5 DR. JAMESON: Excellent. Again, this is pretty
6 fancy zeroing in on the close-up shots when we talk.

7 I would like to first ask if there's anyone for
8 public comment, first in the north.

9 And I'll ask, but I don't see anyone. Anyone
10 for public comment here?

11 None seen. So we'll go on from public comment
12 to right into approval of our June 13th Board meeting
13 minutes. Just do I have a motion for the approval of
14 those minutes?

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

17 MS. LEWIS: Second the motion. LaVonne Lewis,
18 for the record.

19 DR. JAMESON: Any discussions, comments,
20 omissions, edits?

21 We'll go ahead. And everyone in favor of
22 accepting the minutes, please say "aye."

23 (Board members said "aye.")

24 DR. JAMESON: Anyone opposed?

25 Oh, thank you. Thank you. Anyone opposed?

1 Anyone abstaining?

2 Okay. The minutes are accepted.

3 And, wow, what an executive report we have.

4 And I am looking forward to being -- to meeting and
5 hearing from our vendor of the year, not of the hour.

6 Okay.

7 MS. KORBULIC: Thank you, Madam Chair. Heather
8 Korbulic, for the record.

9 We don't have any prepared remarks from our
10 vendor. We just wanted to make sure that they were
11 available in case questions came up.

12 So with that, I'll get right to our report, or
13 the Executive Director's Report for September 19, 2019.

14 The Silver State Health Insurance Exchange is
15 positioned for a successful launch of our Nevada State
16 Nevada State Based Exchange. Through extensive
17 coordination and collaboration with our carriers,
18 brokers, CMS, and GetInsured, the Exchange has navigated
19 what's known as a first-of-its-kind transition away from
20 HealthCare.gov, and we've established a path for other
21 states who are interested in following Nevada's model.

22 Exchange staff have been focusing on
23 implementing and operationalizing a State Based Exchange
24 while also coordinating with our carriers, the Nevada
25 Division of Insurance, or excuse me, and the Nevada

1 Division of Insurance for plan year 2020. We've also
2 been soliciting and awarding navigator and broker
3 grants. We've developed comprehensive marketing and
4 outreach plans, and we've monitored federal actions that
5 are related to the Affordable Care Act.

6 Some updates on our transition project. We
7 have been working very hard in this area. The
8 transitioning the Exchange off of the federal technology
9 platform HealthCare.gov to Nevada's own State Based
10 Exchange has required an enormous amount of strategic
11 coordination and collaboration with our carriers who
12 have implemented necessary business practices and
13 processes and changes to accommodate and work with the
14 Exchange.

15 Carriers have tested electronic data
16 interfaces, or EDI. They've coordinated consumer
17 messaging. They've conducted plan preview in the
18 GetInsured system, provided insight and information
19 about current complaint processes, have provided
20 feedback about policies specific to our transition and
21 those that will guide the operations of the Exchange
22 moving forward.

23 Exchange carriers have been proven to be a
24 vital resource and have collaborated with the Exchange
25 around the same collective goal, which is to minimize

1 disruption for Nevada's consumers for plan year '20.

2 The Exchange continues to coordinate with the
3 Division of Welfare and Supportive Services who holds
4 the state's primary connection to the federal data
5 services hub. The Exchange is going to leverage DWSS's
6 FDSH connection to collect necessary eligibility
7 information while also transferring account information
8 between agencies to connect potentially eligible
9 consumers to the most appropriate agency based on their
10 reported income.

11 Our partnership with DWSS and the Exchange was
12 established prior to our transition project and has only
13 strengthened as both of our organizations have worked
14 toward technical and policy solutions to efficiently
15 connect Nevadans to health insurance.

16 We've also worked closely with CMS and the IRS
17 to demonstrate security and privacy compliance in order
18 to connect both organizations' data services. The IRS
19 approved of our Exchange security plan on September 7th,
20 2019, and we continue to wait for CMS's approval for
21 Authority to Connect. We have been assured that the
22 approval is forthcoming and have worked carefully to
23 provide all of the necessary documentation that they
24 requested while also following up on each request for
25 additional information.

1 In addition to the security and privacy work,
2 we've provided detail insight to CMS staff regarding our
3 operational readiness, and the Deputy Director for CMS,
4 or CCIIO, Randy Pate, provided a letter to the Exchange
5 on August 9th recognizing that we will no longer be in
6 the federally-facilitated exchange platform and will
7 operate as a State Based Exchange for plan year '20.

8 As you know, the Exchange oversees the online
9 health insurance marketplace in Nevada, which is, of
10 course, known as Nevada Health Link. And we soft
11 launched our partial State Based Exchange functionality
12 and a new consumer assistance call center on
13 September 4th. All of our existing Nevada consumers, or
14 those consumers whose data was migrated from
15 HealthCare.gov, were sent an email or a letter with a
16 unique access code inviting them to claim their accounts
17 at Nevada Health Link.

18 Once accounts have been claimed, consumers who
19 have not yet opted into auto-renewal are invited to
20 change their preferences to allow for auto-renewal in
21 PY20, or plan year '20, and ongoing. Consumers who do
22 not already have a designated broker are invited to
23 select a broker from the list of our certified brokers
24 to assist with their plan year '20 enrollment.

25 Consumers are going to be, of course,

1 encouraged to claim their accounts throughout the month
2 of September and October. However, they will be limited
3 to making changes to only their auto-renewal and broker
4 preferences and will not be able to modify any other
5 area of their application until we go-live on
6 November 1st of 2019. Over the next several weeks, the
7 Exchange will be sending reminder emails to our
8 consumers who have not yet activated their accounts and
9 encouraging them to do so.

10 One of the biggest challenges of our project
11 was the migration of consumer data from HealthCare.gov
12 to Nevada Health Link. We spent months in complicated
13 technical discussions with GetInsured, the Exchange
14 staff, CMS and their vendor, Accenture. And all of this
15 conversation resulted in a satisfactory format, delivery
16 method, and successful testing. This was the data that
17 was used to not only populate consumer accounts in the
18 GetInsured system, but to also populate broker books of
19 business.

20 Consumers have been invited to claim their
21 accounts, and brokers who completed necessary training
22 and certification have been invited to verify their
23 books of business. The data the Exchange received is,
24 of course, only as good as the data that CMS provided.
25 And, therefore, we do anticipate and have been working

1 with brokers on some necessary cleanup and
2 reconciliation efforts and for, also, carriers. And we
3 anticipate that that will be ongoing. But, so far, I
4 will say, it's been a success. But we are committed to
5 providing customer support and technical guidance and
6 resources as necessary to rectify any inconsistencies.

7 Part of the Exchange's transition project
8 requires the development of a collaborative case
9 management system that's modeled after CMS's HICS
10 application. The Exchange is going to be developing, or
11 is developing a proprietary system which is called
12 Carrier Connector, and it's going to manage monthly
13 reconciliation and consumer complaint resolution. We've
14 obtained a license for the Sales Force Enterprise
15 Service Cloud to develop a collaborative case management
16 system, and we've engaged with our carriers to
17 understand how they operate with the CMS system and
18 where the Exchange can improve on their experience in
19 terms of case management. We intend to have the product
20 available for our carriers to access and test in
21 October.

22 The next big milestone is our window shopping,
23 which is the next consumer-facing milestone, and it's
24 set to begin on October 3rd of 2019. This is an
25 opportunity that will allow consumers and our enrollment

1 professionals throughout the state an opportunity to
2 preview all of the plan year '20 plans while also
3 exploring details about premiums, deductibles,
4 out-of-pocket costs, copayments, and coinsurance
5 amounts. Consumers will also be able to get a general
6 idea of how much financial assistance they may be
7 eligible to receive once open enrollment begins.

8 This time period will provide an opportunity
9 for consumers to view and explore our updated website
10 where they can learn more about Nevada's State Based
11 Exchange functionality at Nevada Health Link.

12 The transition project is reaching its peak, of
13 course, but work will likely continue into the next year
14 as the Exchange builds agency operability to manage our
15 State Based Exchange functions. Our staff and
16 stakeholders have approached this project with a very
17 intense focus on strategizing success, identifying
18 risks, and working to resolve or mitigate any issues
19 that come to our attention. But, as we know, even the
20 most perfectly laid plans have flaws. And it is likely
21 that the State Based Exchange rollout will have
22 imperfections that require solutions that are immediate
23 and some that will require long-term solutions.

24 We look forward to counting our successes, and
25 addressing flaws, with a focus on our agency mission to

1 reduce the number of uninsured Nevadans.

2 I wanted to provide you with an update on our
3 enrollment partners. As you are aware, we began -- or
4 maybe, I think, I talked about this at the last meeting
5 we had. We began monthly meetings with brokers and
6 Exchange enrollment facilitators back in February of
7 this year. Our goal was, in each of these meetings is
8 to provide these professionals with updates on the
9 transition project and information about what they can
10 expect for plan year '20. During the month of July and
11 early August, we focused on broker outreach efforts on
12 returning brokers, or those individuals who enrolled
13 consumers on HealthCare.gov during open enrollment for
14 plan year 2019, because they were the only brokers who
15 had an opportunity to have their book of business
16 migrated out the GetInsured platform.

17 The Exchange created an abbreviated
18 certification training for these brokers, and we
19 launched a comprehensive and, I will say, persistent,
20 and emphasis on the word "persistent", campaign to
21 engage returning brokers to both complete the training
22 and set up their broker profile on the GetInsured
23 platform by August 9th in order to ensure that their
24 book of business was migrated. We had over 300 brokers
25 who are certified in time for that migration.

1 We also invited thousands of new brokers, or
2 those individuals who did not sell on the Exchange in
3 plan year '20, and who have licenses to sell life and
4 health in the state of Nevada, to partner with us for
5 plan year '20 enrollment efforts. Outreach efforts
6 resulted in hundreds of interested new brokers who have
7 completed intent to sell forms and who have been invited
8 to complete the comprehensive training in order to
9 receive certification. That is an ongoing process, and
10 I saw a report this morning with about over a hundred, I
11 want to say, who have completed their certification.

12 Brokers and Exchange enrollment facilitators
13 are going to be listed in the online enrollment
14 assistant look-up directory. This feature is available
15 to consumers looking for free enrollment assistance and
16 can be found by visiting Nevada Health Link.com, back
17 slash, find-assistance.

18 Consumers who call our consumer assistance
19 center will also be offered enrollment assistance
20 through what's called a BrokerConnect tool. Consumers
21 will connect to BrokerConnect through our Interactive
22 Voice Response system over the phone. The BrokerConnect
23 will ask a consumer to enter their zip code and will
24 then automatically call out to a randomized list of
25 brokers in their area who have about 10 seconds to

1 answer their phone before the tool calls the next broker
2 on the list. Consumers are going to be put directly in
3 touch with a broker who can set up an appointment for
4 enrollment or can enroll the consumer by phone.

5 As in the years past, we have public relations
6 and marketing efforts that are going to be focus --
7 always, of course -- on connecting consumers to licensed
8 enrollment professionals when it comes time to make
9 health insurance purchases. We all know that insurance
10 is complicated, and we're committed to connecting
11 Nevadans to trusted free enrollment assisters who can
12 provide expert guidance specific to individual needs.

13 Got to take a drink. Hold on.

14 All right. So we've been doing a lot of hiring
15 at the Exchange. And I wanted to give you an update on
16 what that looked like.

17 Staff at the Exchange and the Nevada Division
18 of Human Resources have undergone an intense amount of
19 work to classify nine new classified positions that were
20 approved by the State Legislature in our biennial
21 budget.

22 Beginning in late February, we begin the
23 process of drafting the classification requests -- I
24 won't bore you with the number of that form -- for each
25 of the new positions. They were submitted to the

1 Department of Human Resource Management in the beginning
2 of April. And the Human Resource Management office used
3 the Legislative Studies in response, which,
4 unfortunately, recommended position series and titles
5 that were very different from what we had requested.
6 For instance, we requested -- or an Administrative
7 Assistant 4 classification was recommended by the
8 Division of Human Resource Management for a position of
9 Policy and Compliance Coordinator, which the Exchange
10 had requested be classified as a Management Analyst.

11 So we met internally, and we spoke with the
12 Human Resources staff to get additional clarity and
13 guidance and to get these positions classified in line
14 with the knowledge, skills and ability that were
15 actually needed for the new positions. Several phone
16 calls, memos, requests for clarification ensued, and we
17 ended up -- well, let me just go along with this report,
18 agree with -- eventually, DHRM agreed that the
19 Legislative Studies didn't match the duties and
20 responsibilities of the position.

21 To get a clearer understanding, the Human
22 Resources staff scheduled two separate three-hour long
23 desk audits with our Compliance Officer and Information
24 Systems Manager. After these desk audits were
25 completed, we issued, or HR issued recommendations that

1 again were not in line with our needs.

2 This resulted in the Executive Director calling
3 the Administrator of DHRM to explain frustration and
4 disappointment in the process. And while he was
5 sympathetic, he was able to assist the Exchange in
6 getting more appropriate classifications.

7 So we are happy to say that the positions were
8 approved, and the final classifications are as follows:
9 we have one Policy and Compliance Manager, who is in a
10 MA 3 position; three Quality Assurance Analysts, program
11 officers; Reconciliation Specialist Lead, which is in a
12 business process analyst classification; a
13 Reconciliations Specialist, who is in a BPA class;
14 Policy and Compliance Coordinator, who's in a management
15 analyst class; Appeals Coordinator, who's also in a
16 management analyst class; and an Audit Manager, who is
17 in the MA 2 classification.

18 I wanted to just, before I go on, just tell
19 you that this was an extremely tedious process. And the
20 Exchange was successful in advocating for our needs and
21 getting the right classifications for these positions.
22 Thank you to CFO Jennifer Krupp for that.

23 The Policy and Compliance Manager position was
24 filled on August 26th. We're happy to say that that was
25 filled by one of our existing Exchange staff, Jamie

1 Sawyer. And interviews for the three QA positions took
2 place the week of September 3rd. We have also hired all
3 of those. We're going to be interviewing for the
4 Reconciliation Specialist position. And the Policy and
5 Compliance Coordinator, Appeals Coordinator, Audit
6 Manager are all supposed to be out for recruitment and
7 will close pretty soon here.

8 Okay. Moving on to what we could expect for
9 plan year 2020.

10 Carriers who are planning to participate in the
11 Exchange for plan year '20 have to sign their agreements
12 by tomorrow, Friday, September 20th. And participation
13 is not final until those contracts are submitted and
14 fully executed by both the carrier and the Exchange,
15 which is set to be completed on September 25th, 2019.

16 We are feeling very encouraged that three
17 qualified health plan carriers, Anthem, Health Plan of
18 Nevada, and SilverSummit, have submitted a total of 27
19 health plans. Six dental carriers have also submitted
20 17 standalone dental plans.

21 As it currently stands, Nevada will have
22 statewide coverage for plan year '20, with 14 counties
23 having the option of two QHP carriers, and three
24 counties will have the choice between all three
25 qualified health plan carriers.

1 The proposed average rate increase is .5
2 percent for on-Exchange plans. And the Division of
3 Insurance will release final rates to the public on
4 October 1st, in time for our open enrollment, or Nevada
5 Health Link's open window shopping functionality that
6 will be exposed to the public.

7 We're doing a lot in marketing and outreach,
8 and I'll let Janel fill in some of the blanks. But we
9 have been working with our marketing partner, Penna
10 Powers, and we've spent months strategizing
11 communication that was designed for consumers and
12 enrollment partners specific to our transition project
13 and at the same time developing a general awareness
14 campaign for plan year '20.

15 Transition-specific messaging is primarily
16 focused on engaging with existing consumers to encourage
17 them to claim their accounts, while we've also been
18 sending messages that all enrollments must be done on
19 Nevada Health Link.

20 Penna Powers produced a transition-specific
21 video that highlights information about the steps a
22 consumer must take to claim their account. This video
23 is embedded in Nevada Health Link's website. I would
24 encourage you to check it out. It's there and live
25 right now. It went live on September 4th. And it

1 coincided with our soft launch. We've also developed
2 strategy for transition messaging on social media,
3 emails. And other focused messaging will continue, of
4 course, through October.

5 This year's open enrollment campaign theme is
6 "Peace of Mind." And we were hoping to be able to show
7 you some of the clips from that but didn't get it
8 together in time. So I will send the Board a link to
9 view that. We have been sharing that at our prep
10 sessions, which I'll tell you a little bit more about.

11 So this year's campaign is "Peace of Mind," and
12 it focuses on the sense that Nevadans can have peace of
13 mind because having coverage through Nevada Health Link
14 can provide a sense of ease and reassurance for
15 individuals and their families.

16 Penna Powers has developed a dynamic
17 advertising campaign that leverages traditional and
18 nontraditional media mediums targeting our uninsured
19 population. This open enrollment offers the Exchange
20 and Penna Powers a trial run at marketing both to
21 consumers who are returning -- now that we have this
22 data, we can target those messages directly to returning
23 consumers -- versus marketing and blanket marketing to
24 recruit new consumers.

25 We will be hosting and have hosted at least one

1 day of our third annual open enrollment prep sessions
2 with different formats than the past two years. This
3 year, we've hosted multiple 90-minute sessions in
4 Las Vegas and will host additional 90-minute sessions in
5 Reno next week. Attendees will be provided with
6 information about the Exchange's transition and details
7 about plan year '20.

8 Okay. Getting close here. Terms of our grant.
9 In late June of this year, the Exchange completed the
10 grant award process for both the navigator and in-person
11 assister entities and the Broker Storefront Program for
12 our fiscal year '20. Several applications from
13 well-qualified community partners and resident brokers
14 were received.

15 The Exchange staff is happy to report that we
16 have partnered with eight navigator entities, with a
17 combined awarding of just totaling over 1.1 million. A
18 total of 27 Exchange enrollment facilitators will be
19 distributed across the state, including EEFs, or
20 Exchange enrollment facilitators, who are newly placed
21 in Carson City, Elko, Pahrump, and who serve Nevada's
22 rural populations.

23 The navigator entities are Nevada Health
24 Centers, Asian Community Resource Center, CARE of
25 Nevada, Asian Community Development Council, Community

1 Health Alliance, the Office of Consumer Health
2 Assistance, St. Rose Dignity Health, and Nevada Outreach
3 Training Organization.

4 We have five brokers who received awards of
5 \$10,000 as a part of their resident broker Storefront
6 Program, for a total of \$50,000. These applications
7 were impressive and include many innovative strategies
8 for promoting Nevada Health Link and open enrollment
9 both through traditional and digital venues. The
10 awarded brokers are Nathan Kamo, Brent Leavitt, Brian
11 Douglas, Chris Carothers, and Alberto Ochoa.

12 All right. We're getting to the juicy part.
13 Federal updates.

14 We continue to monitor action from federal
15 lawmakers and federal agencies. And there are several
16 policy changes that could have a potential impact on
17 plan year '20 enrollment and the costs, including the
18 finalized health reimbursements rule, final public
19 charge rule, and changes made to consumer price
20 indexing.

21 On June 13th of 2019, the Departments of Health
22 and Human Services, Labor, and Treasury issued a new
23 final rule to expand the use of HRAs by employers to
24 fund premiums for their employees in the individual
25 health insurance market. The final rule makes two

1 changes to the regulations of HRA. Number one, the rule
2 allows employers to provide an HRA to an employee to
3 purchase an individual market plan rather than the
4 employer-sponsored plan. And, number two, the rule
5 allows employers to offer up to \$1,800 that can be used
6 to pay for premiums for excepted benefits, short-term
7 limited duration plans, and COBRA.

8 The Exchange responded to the proposed rule in
9 February of this year requesting a delay in the
10 finalization related to the technicalities of
11 implementation and the potential consumer confusion that
12 the rule will create for consumers.

13 The rule, however, was finalized as proposed.
14 And by CMS's own admission, HealthCare.gov will not be
15 ready for implementation and will be posting workflows
16 and frequently asked questions on their website. The
17 final rule allows for state-based exchanges the time
18 necessary to implement technical changes at the
19 convenience of the state and requests that states
20 provide information and education to consumers and
21 enrollment professionals in time for plan year '20. We
22 are working closely with national state-based exchange
23 work groups and working on determining best practices
24 for providing education and resources to consumers,
25 which will be available on Nevada Health Link.com in

1 time for open enrollment.

2 And I just wanted to share that I saw the
3 original or the workflows that we intend to post on our
4 webpage that will give employers and employees guidance
5 on whether or not the HRA is a good option for them.
6 And we will also be providing consumers with some
7 frequently asked questions.

8 Moving on, in August of 2019, the Department of
9 Homeland Security published a final rule related to the
10 public charge. The rule is set to take effect on
11 October 2019. However, many organizations and states
12 have filed lawsuits challenging the legality of the
13 rule, which could potentially delay the implementation.

14 The rule interprets a provision of the
15 Immigration and Nationality Act pertaining to
16 inadmissibility. The inadmissibility ground at issue
17 says a person is inadmissible if they are likely to
18 become a public charge. This law only applies to
19 individuals who are seeking admission into the United
20 States or applying for an adjustment of status. It does
21 not apply to all immigrants.

22 The rule expands the list of publicly-funded
23 programs that immigration officers may consider when
24 deciding whether someone is likely to become a public
25 charge, which is defined as a person who receives any

1 number of public benefits for more than an aggregate of
2 12 months over any 36-month period of time. Under the
3 new rule, Medicaid, SNAP and Section 8 housing
4 assistance will be used as evidence that a green card or
5 a visa applicant is inadmissible under the public charge
6 ground. Exchange subsidies are not included in the list
7 of publicly-funded programs that will be used to
8 determine if an individual is a public charge.

9 However, consumers are understandably concerned
10 about excepting any public benefits for fear it may
11 impact their residency. So we're working closely with
12 our outreach partners throughout the state to spread the
13 word that the Exchange subsidies are not included in the
14 public charge consideration, while also working with our
15 consumers to protect them, or making sure that they
16 protect themselves and families by staying insured or
17 getting insured during our open enrollment period.

18 In conclusion, the upcoming open enrollment
19 period is the most important and absolutely the most
20 watched in Nevada Health Link's history. Supporters,
21 critics, and other states are looking to Nevada to see
22 what can be achieved and learned. The pressure is
23 intense, the stakes are high, and Nevadans are depending
24 on the Exchange and GetInsured to get this right. There
25 will be snags, no project is without issue, but the

1 Board can be assured that the Exchange and our
2 stakeholders have done everything possible to foresee
3 issues, mitigate risk, and respond quickly and
4 accordingly to every matter brought to our attention.

5 That is finally the end, Madam Chair, and I'm
6 happy to answer of the Board's questions.

7 DR. JAMESON: Executive Director Heather
8 Korbolic, this was an outstanding report. I would like
9 to thank you for your just amazing work you've done this
10 last year to have this come to fruition for this year's
11 enrollment. It is truly the most exciting.

12 And I agree, I think all eyes are on us, but in
13 a really positive way compared to the Exchange history
14 where we started off with our former company and it did
15 not work out, and we had literally more cameras with
16 eyes on us. This is such a positive eyes on us. And
17 it's amazing, with how wonderful it is, we probably
18 don't have anyone here. But I'm sure they're going to
19 be at some of the other events that are scheduled. So
20 it is amazing.

21 And I would like to take this time to ask our
22 Board if they have specific questions.

23 MR. BRANCH: Chair, I do. This is Quincy
24 Branch. A comment and a question.

25 So, Heather, first and foremost, I just want to

1 give kudos, as Dr. Jameson said, to you and your team.
2 I mean you guys are doing a yeoman's job. So appreciate
3 all of the hard work.

4 I noticed that your report necessarily didn't
5 have a lot of numbers in it. And I'm thankful for that.
6 But on the navigator and the external brokers that we
7 have with the grants, are we or do we have any, I guess,
8 target numbers for enrollment or reenrollment that we
9 are, quote, unquote, establishing for these entities or
10 not?

11 MS. KORBULIC: Thank you for the question. And
12 you're asking the exact question that every media entity
13 wants to ask, which is what are our target numbers. And
14 I'll tell you that when the grantees apply, they do set
15 targets in terms of outreach numbers and enrollment
16 numbers, and we track those when they submit requests
17 for funds. If you want more information about that, I'm
18 happy to provide it to you, and I'll just have to go
19 back and look at their grants and get that collected for
20 you.

21 But in terms of overall goals for the Exchange
22 this next year, I'm very careful about talking too much
23 about what our goal target numbers are. But I would say
24 that, of course, we want to grow our enrollment. And
25 there's a lot of silver linings that we can see for this

1 next plan year, including an increase in competition
2 with three different QHP carriers, very small rate
3 increases.

4 So there are opportunities for growth. But
5 like I outlined in the federal report, there are some
6 potential impacts that could come from a chilling effect
7 of a public charge that could play a role, and just
8 confusion about the landscape of the Affordable Care
9 Act. But, of course, we're committed to providing good
10 education and outreach and hoping to, at the very least,
11 maintain our enrollment and grow it.

12 DR. JAMESON: And then just to comment, for
13 everybody who might not have the history of our
14 organization, when we first launched, everybody made
15 estimates as to the enrollment. And we didn't quite
16 make that mark because of some of the problems that we
17 experienced off the starting block. And ever since that
18 time, we really haven't had anyone, for the last several
19 years, give any numbers. And mostly we just say we're
20 going to do the very best we can, and we hope for the
21 best.

22 So Heather isn't really dodging anything here,
23 that the past -- we've learned from the past that it's
24 best to do our very, very best to not necessarily say
25 that we're going to hit a hundred thousand or such

1 numbers.

2 And I really, again, think you've done the very
3 best that anyone could have done so to maximize our
4 effort at reaching our all-time high, I think.

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

6 And I, too, want to commend you on an
7 absolutely outstanding report. Thank you very much for
8 all of the hard work that you have done over the years.
9 We really appreciate it.

10 And I have one question, which gives me, of
11 course, my HR, I guess, accounting hat. How does the
12 hire of the -- is it nine? -- new people affect your
13 budget? And was that included -- I'm sure it was, but
14 I'm asking that question anyway. Was the hire of these
15 additional, of this additional staff included in your
16 budget?

17 MS. KORBULIC: Thank you for the question.
18 Yes. So, yes, we are hiring nine new classified
19 employees, which is different from the 13 staff that
20 we've had for several years now of just 13 unclassified
21 employees. And, of course, that was something that we
22 had to justify throughout the budget process during the
23 legislative session. And I'm happy to inform the Board
24 that the hiring of these nine new additional employees
25 will still offer the Exchange significant savings as we

1 transition into our own State Based Exchange. The
2 reduction in cost to Centers for Medicare and Medicaid
3 Services and those savings, and the additional staff
4 still result in \$4 million of savings within the first
5 fiscal year.

6 DR. JAMESON: So. Thank you. You mentioned in
7 the report that on September 4th, existing consumers,
8 consumers whose data was migrated from the
9 healthcare.com, were sent out an email and letter a
10 unique access code inviting them to claim their
11 accounts; and once they've been claimed, consumers that
12 who had not yet opted into the auto-renewal were invited
13 to change their preferences to allow. So it's sort of
14 a -- is sort of a pilot testing there? And I just
15 wondered how that went.

16 MS. KORBULIC: Thank you for the question,
17 Madam Chair. Yes. So the soft launch functionality was
18 pretty much one of the biggest risks to our project. We
19 took all of the data from HealthCare.gov and populated
20 our Exchange on GetInsured.

21 And I'm happy to announce that that migration
22 was successful, and we have had many consumers -- I
23 believe, it was upwards of 3,000 this morning, when I
24 saw -- who have claimed their account without any issue.
25 And there has not been any technical snags in that.

1 The agreement that we reached with Centers for
2 Medicare and Medicaid Services in the data migration
3 process was very specific about not allowing the
4 Exchange to make any changes to application information.
5 So when we kind of tangled with CMS about this, we were
6 able to allow consumers just those two different
7 changes. So we're inviting them to claim their account,
8 and they can make a change to whether or not they'd like
9 to participate in auto-renewal. And then we can also
10 help them get connected to a broker if they don't
11 already have one.

12 DR. JAMESON: That actually led up to the next
13 question. Because for the last, you know, couple years,
14 we have been doing the auto-renewal. So in the past,
15 what percent of people, say last year, did an auto
16 renewal? And then, with all of these new changes, what
17 percent do you anticipate are actually going to do an
18 auto-renewal, and is it going to be drastically less, or
19 do you expect it to be about the same?

20 MS. KORBULIC: Thank you for the question,
21 Madam Chair. So in the migration of all of the
22 HealthCare.gov information, we are going to be honoring
23 all of those individuals who had already opted in to
24 auto-renewal, which was over 17,000. I can't remember
25 the exact figure right now. And we're inviting more.

1 So people cannot opt out when they claim their account.
2 They can only opt in.

3 We're hoping to see an increase, but we know
4 that not everybody is interested in that, and we know
5 that not everybody will claim their account prior to our
6 go-live on November 1st.

7 DR. JAMESON: So in the past, the auto
8 enrollment opt in has usually been of those already in
9 pretty much the majority of the people in the program,
10 or that would remain, or? And then, again, I'm sure
11 there's no way you can actually tell. But from what has
12 occurred and the response you've been given, do you feel
13 pretty positive that they will understand what's going
14 on?

15 MS. KORBULIC: So, to answer your question,
16 Madam Chair, there is not a -- the bulk of the consumers
17 who are coming to us from HealthCare.gov have not been
18 on the auto-renewal. So we are encouraging more folks
19 to do that.

20 And so, so far, I think, the feedback that
21 we've received from the over 3,000 consumers who have
22 claimed their account and have been exposed to the logic
23 that invites them to opt into auto-renewal, those folks
24 have understood what they were looking at and haven't
25 had any confusion or questions. At least that's not

1 been brought to my attention.

2 DR. JAMESON: And in the past, do we get the
3 majority of people that will opt in and automatically
4 reenroll, or is it usually a smaller fraction?

5 MS. KORBULIC: It's typically a smaller
6 fraction of people of our makeup of all our total
7 enrollment who are opted into auto-renewal.

8 DR. JAMESON: You mentioned that over 300
9 brokers were certified in time for the migration.
10 Excellent. And of the brokers that were already
11 participating, not after you extended an invitation for
12 thousands of other new brokers, but of the brokers
13 already participating, and about 300 went through
14 recertification, certification, what portion of that
15 300, that is, what portion of the existing brokers that
16 we were already working with?

17 MS. KORBULIC: Thank you, Madam Chair. And so
18 the list of brokers who participated in plan year 2019
19 open enrollment was about 700. Of those, the Exchange,
20 like I said, launched a very persistent and loud
21 campaign inviting them to come over and get certified so
22 that their book of business could be migrated, we had
23 over 300 who did do that.

24 I just wanted to make sure that the Board is
25 aware that the 400 or less than 400 who did not

1 participate, of those folks, the majority of them had
2 less than five enrollments. So all of the big enrollee,
3 or brokers and producers were certified and enrolled and
4 had their book of business migrated.

5 And just to kind of add to that, brokers who
6 did not get that certification in time did not have
7 their book of business migrated, we have solutions and
8 have put together video tutorials on how they can
9 repopulate their book of business. And I'm glad to know
10 that most of them have less than 10 enrollments, less
11 than five enrollments for the majority.

12 DR. JAMESON: And indeed, as always, you
13 anticipated that next question of mine. Because I
14 wondered if indeed the majority of people who did it
15 were our more active brokers, and it sort of weeded out
16 the people who might not have been.

17 And, in addition, you said, with the new
18 broker, an invitation to new brokers, you've already
19 seen over a hundred. During this period of time, did
20 you get any feedback from anyone as to why some of them
21 did not recertify with the new system, or do you think
22 at any time, when things slow down and you're not
23 completely buried, that you might reach out with a
24 questionnaire to some of the brokers as to why they
25 don't utilize and they have such a small portfolio on

1 our system?

2 MS. KORBULIC: Thank you, Madam Chair. Yes.
3 And we absolutely have continued to allow and invite
4 those brokers who were returning to take that
5 abbreviated training and go through the more abbreviated
6 certification process, knowing that they had been
7 enrolling on HealthCare.gov for 2019. And we are
8 continuing to reach out to them and hoping that they
9 will get themselves certified. And some of them have.
10 About 40, I believe, have done that after our deadline.

11 Yes, we will ask brokers what entices and what
12 kind of turns off their interest in working on the
13 Exchange.

14 DR. JAMESON: Excellent. Only because,
15 obviously, the more active brokers that are happy with
16 us, the more potential people we can get signed up. As
17 we have often talked about in the past, they are a huge
18 gateway to the utilization of our qualified health
19 plans.

20 And then, looking a little bit further down, I
21 found this fascinating. So who developed the rollover
22 consumer assistant BrokerConnect tool? And indeed are
23 current brokers happy with the way this functions? They
24 must have, obviously, had some input into it and feel
25 that it's fairly safe. Is this a different program than

1 we've used in the past for helping our clients select a
2 broker?

3 MS. KORBULIC: Yeah, Madam Chair. This is
4 Heather Korbulic, for the record.

5 And, yes, that's a function that comes with our
6 GetInsured contract. It's a tool that they have
7 developed in other states, and they have seen success
8 with that in other states. So far, brokers can opt in
9 and out of that, and they can turn it on and off as they
10 see fit. And so we have had some brokers getting calls
11 through that already. And they're excited about the
12 leads even though there isn't anything really yet to do
13 other than help a consumer claim their account.

14 But we're excited about the potential. And, I
15 think, brokers are going -- we're really working on
16 connecting more brokers to that tool and helping them
17 understand what it can do for them.

18 DR. JAMESON: I think that's just fabulous.
19 And then, I have to admit, in anticipation of the
20 changing our platform, we had so many things on the top
21 of the list that one was concerned about, whether it was
22 migration of data, et cetera, et cetera. And after you
23 reported -- this is just a comment, not a question.
24 After you reported about the hiring of the new positions
25 we've been looking forward to and the challenges you had

1 in determining, defining their job descriptions,
2 et cetera, and having to work with other agencies, the
3 bureaucratic red tape and everything you had to jump
4 through, I have to admit, we never anticipated that.
5 And you had mentioned how that ended up being such a big
6 deal.

7 And so, as you said, things are going to come
8 up we never expect. And, again, bravo. And I'm glad
9 that some of our internal staff was able to migrate into
10 some of those positions and repurpose themselves and, I
11 hope, find themselves happier in their new position.

12 So I am thrilled that we are now -- as you
13 said, there are so many pluses. We now have expanded
14 options for our clients. And I am thrilled about the
15 very minimal increase on the Exchange plans. How does
16 that increase for the Exchange plans compare with
17 increases that are going on in the marketplace off the
18 Exchange?

19 MS. KORBULIC: I'm going to ask Commissioner
20 Richardson to answer that question, because I don't
21 remember the off-Exchange rate increase amount.

22 COMMISSIONER RICHARDSON: So, for the record,
23 this is Barbara Richardson.

24 The off-Exchange increase in the plans' rates
25 are slightly higher. So on-Exchange the actual rate

1 increases are significantly lower. So we're assuming
2 that we're going to see some transition.

3 DR. JAMESON: Thank you. Excellent.
4 Excellent. Maybe there's a way we can advertise that.

5 So. And I am really excited. Did you have to
6 do anything special to solicit more plans, companies?
7 How did that come about?

8 MS. KORBULIC: Do you want to answer?

9 That's a complicated question, I think. Yes,
10 absolutely, the Commissioner, the Division of Insurance,
11 the Governor's Office, we've all been focused on needing
12 to not only stabilize the individual market, but
13 increase competition. And so we're very happy to invite
14 back the Anthem group and hoping that that will
15 contribute to a more robust marketplace.

16 DR. JAMESON: Just excellent, strong, strong
17 work. You know, just prior to last year's enrollment
18 and that year before, it was really shaky whether we
19 were going to have enough plans to continue as an
20 Exchange, especially in the rural area. So this is like
21 a beautiful thing.

22 And I love the new campaign tagline, "Peace of
23 Mind." Congratulations. And we'll hear more about that
24 shortly.

25 And then, going on down -- and I swear,

1 Heather, I will let you rest in a moment. This year's
2 Health Link with hosting multiple 90-minute sessions in
3 the Las Vegas area, September 17th in Reno,
4 September 24th, so when you say multiple, you just mean
5 basically on that particular day you had multiple
6 different sites where you offered it, or you continue to
7 offer it at different times, or? I wasn't sure. And
8 what's the attendance been like?

9 MS. KORBULIC: Thank you, Madam Chair. Yes, so
10 we offered it at multiple different times in the same
11 location at City Hall in Las Vegas. And we'll offer it
12 multiple different times throughout the day on the 24th
13 at the Reno, or at the Nevada Innovation Center. And, I
14 believe, the total for the morning session on the 17th
15 was 48 attendees. And then the second one, we only had
16 23, but I know there was way more than 23 people who
17 ended up showing up.

18 DR. JAMESON: Excellent. And as far as your
19 grants, it continues to be a really effective way in
20 engaging with our community partners and continues just
21 to be brilliant in helping us, I believe, keep our
22 footprint, expand our footprint. So I think that grants
23 are excellent. I hope we continue to give them out. I
24 think, it really helps us, you know, enables people to
25 participate that otherwise might not have.

1 So, of course, the most complicated question,
2 which you may not really be able to clarify more than
3 you already did in your report. These changes in the
4 rules, which are hard to get, wrap yourself around,
5 especially how they're going to affect us. And it
6 doesn't do any good to say it's so unfair for them to
7 implement these, understanding how complex it is to
8 provide qualified health plans in the state, whether
9 you're undergoing a change of platform or not, and then
10 implement these with just literally months before
11 enrollment.

12 So I would just, instead of any specific
13 questions, like you just to address what you think is
14 going to be the most difficult challenge here and how
15 you will face it. And your last comment at the end of
16 the report about it may have a negative adverse effect,
17 what do you see as the most negative adverse effect of
18 these new rules? And probably in numbers it would be
19 hard to say. But if you'd just share -- I'm sure your
20 mind has gone over this -- with what you feel is going
21 to be going on here.

22 MS. KORBULIC: Sure. Madam Chair, Heather
23 Korbulic, for the record.

24 So I would say -- one of the sections that I
25 forgot, I wrote about in the introductory of the federal

1 updates and forgot to write a section about, because I'm
2 really busy, was about price index changing. And I
3 think that that could have a potential impact, and I'd
4 like to just take a brief moment to talk about what that
5 means.

6 In an annual rule from the Centers for Medicare
7 and Medicaid Services called a Notice of Benefit and
8 Payment Parameters rule, the CMS or HealthCare.gov
9 basically tells exchanges how they must operate in the
10 next plan year.

11 One of the changes that they made was something
12 to an index pricing. And, effectively, what that does
13 is shift some responsibility away from the federal
14 subsidies into the pockets of consumers. So consumers
15 will potentially pay slightly more, and benefits will be
16 slightly less generous.

17 This is something that we think will be
18 minimal, but we are working with the Division of
19 Insurance right now to understand what that impact will
20 look like. As you're aware, or anybody who is paying
21 for health care, any increases in pricing are unwelcome.
22 And so, you know, I do think that that could have a
23 potential impact.

24 The area that concerns me around health
25 reimbursements accounts is making sure that the Exchange

1 can provide good guidance to both employers and
2 employees. Because what we don't want to see is an
3 employee accepting subsidy dollars that they're not
4 maybe eligible for and having to recon with the IRS
5 later down the line. So we are trying to put together
6 some good information for those folks.

7 The part that concerns me probably the most
8 about rule changes is around the public charge. Even
9 though the subsidies on the Exchange are not included in
10 what determines a public charge, there is still a
11 chilling factor. And, I believe, we saw that with some
12 of our reduced enrollment this last year. And, you
13 know, we're working with Suzanne and her office and the
14 Division of Welfare and Supportive Services to try to
15 come up with some good messaging around getting
16 consumers connected to things that they are rightfully
17 eligible for. For instance, the Children's Health
18 Insurance Program is, you know, is important to
19 supporting children, and we want to make sure that
20 people continue to access those benefits that they're
21 rightfully owed. And the same with subsidies, we want
22 to make sure people understand that those are not going
23 to be counted against them.

24 And that can be a really tricky thing to gain
25 trust on and really kind of chip into that grassroots

1 messaging.

2 DR. JAMESON: I'm going to let you rest now.
3 And we'll just look and see how things evolve. And you
4 certainly don't have a crystal ball, although sometimes
5 I ask you questions and I think you do. But excellent
6 answers.

7 Did anybody else have any other questions on
8 the report? Again, once again, not just an excellent
9 report, but outstanding work to you and all of your
10 staff for really, I think, the most exciting thing
11 that's happened in this type of program throughout the
12 United States. And everybody's eyes are on us, and I'm
13 not one bit worried how you guys have and will continue
14 to rally and be a beautiful role model for everyone
15 else.

16 And I really thank you for that, because it's
17 such a desperately needed, as we still have no clear
18 knowledge of how this country is going to deal with
19 access to health care for everyone yet. And so far, I
20 think, we, as this entity, is meeting those needs of
21 that big gap better than anyone else.

22 And so congratulations to all of you.

23 Going on, marketing and outreach update.

24 MS. JANEL DAVIS: Thank you, Madam Chair.

25 Janel Davis, Communications Officer for the Exchange,

1 for the record.

2 So, over-the-last few months, Nevada Health
3 Link's communication team and our marketing partner,
4 Penna Powers, have been hard at work defining the
5 creative look and the strategy for our new marketing and
6 advertising campaign for plan year 2020 open enrollment.

7 The goal of the final marketing package is to
8 promote the open enrollment period, enforce Nevada
9 Health Link's position as the trusted it resource for
10 health insurance, and promote the benefits of Nevada's
11 new State Based Exchange platform.

12 The strategy is to understand who the pool of
13 potential Nevadan enrollees are and use the migrated
14 data from the HealthCare.gov to Nevada Health Link in
15 order to help determine the pool of uninsured and
16 underinsured throughout our state. For the first time,
17 the Nevada Exchange will have access to real-time
18 consumer enrollment and application data, and this will
19 allow the Exchange to directly market to those consumers
20 rather than just blanket market the entire state. The
21 campaign will continue to focus 80 percent of our
22 marketing resources in Las Vegas, or in the south, and
23 20 percent here in the north.

24 When it comes to enrollment numbers, the
25 initial goal is to retain current enrollees, with the

1 objective to reduce the number of uninsured throughout
2 the state, with an additional goal to recruit new
3 enrollees in getting coverage for themselves and their
4 family.

5 Access to all consumer enrollment data will
6 allow Nevada Health Link to have a more substantial
7 understanding of existing consumer demographics, and
8 that will allow for a refined focus on our targeted
9 audiences, and specifically the young and healthy
10 population Nevadans.

11 All right. So communications as it relates to
12 our transition.

13 So in the midst of developing a new advertising
14 campaign and preenrollment messaging, we have been busy
15 coordinating and developing transition-related messaging
16 resources specifically for our stakeholders as well as
17 consumers. So transitioning away from HealthCare.gov to
18 a State Based Exchange has, obviously, been a massive
19 in-depth project that requires an immense amount of
20 communication and coordination.

21 So, as stated in previous reports, the Exchange
22 developed a comprehensive communications plan. And
23 within that plan are campaign phases, audiences, and
24 strategic goals. The Exchange worked closely with our
25 GetInsured vendor to develop a detailed consumer

1 messaging plan as it relates specifically to the
2 transition period. This plan includes alignment of
3 NevadaHealthLink.com website with the GetInsured portal,
4 content language for triggered notifications that will
5 be generated from the platform to the consumer's secure
6 inbox, and confirmation that Nevada Health Link's brand
7 and messaging will remain consistent throughout.

8 Currently, within the Exchange's comprehensive
9 comms plan, we are in the prepping consumers phase. And
10 that's scheduled for August to October of this year.
11 This phase includes a deliberate media strategy
12 detailing how to enroll on the new platform and prepping
13 consumers with instructions on how to claim their
14 migrated user account, designate an enrollment
15 professional, and sign up for auto-renewal options. All
16 communications leading up to this phase have offered
17 transparent and detailed information to ensure that
18 consumers understand the transition and, most
19 importantly, how to enroll on the platform, and also
20 what they need to know to get started.

21 So for the month of September, messaging is
22 focused on the transition, specifically developing email
23 content and reminders to previously enrolled consumers
24 on how to claim their account.

25 SBE transition-related messaging will also be

1 supported in the month of October, letting all Nevadans
2 know that window shopping is available on the platform.
3 So window shopping is an opportunity for consumers
4 shopping for coverage to compare plans and prices before
5 open enrollment actually begins.

6 Preenrollment messaging will be going on in
7 September and October. And the message focus is "It's
8 almost time to enroll, learn more at
9 NevadaHealthLink.com." Our open enrollment messaging
10 will be focused on "Enroll at NevadaHealthLink.com" for
11 all consumers, beginning in late October and leading up
12 to enrollment, which begins on November 1st. The ads
13 will run through the open enrollment period, which ends
14 on December 15th.

15 The Exchange and the public relations team were
16 careful not to bombard consumers or confuse the general
17 public with transition-related messaging until a call to
18 action to view the website and access the call center
19 were available.

20 The overall main call to action for consumers
21 has not changed. And that is: Visit Nevada Health
22 Link.com and enroll.

23 We will also continue to encourage consumers to
24 find assistance with a licensed agent or broker or a
25 certified enrollment counselor by using the

1 BrokerConnect tool or the Broker Directory that the
2 platform offers.

3 The call to action drives consumers to the
4 Exchange's informational website, NevadaHealthLink.com.
5 And the Exchange has worked diligently to revamp this
6 site. This included massive content updates, edits,
7 menu navigation shifts, and uploading new campaign
8 images, inclusion of the platform updates and reference
9 materials, and also developing a welcome transition
10 video which provides consumers information on how to
11 claim their account. We also developed a Nevada Health
12 Link brand video that explains a little bit about who we
13 are and what we do.

14 And these videos are living on our website. So
15 I would encourage you guys to visit NevadaHealthLink.com
16 and check them out, since we weren't able to show you
17 those at this time.

18 All right. Moving on to marketing PR and
19 outreach.

20 Our off-season campaign remained active over
21 the months leading up to our soft launch on
22 September 4th. And during this time, Penna Powers and
23 the Exchange continued to leverage outreach and
24 community relations by targeting community partners,
25 influencers, and consumers through use of grassroots

1 tactics, including sponsorships, collaboration
2 marketing, presentations, events, and field marketing.

3 Penna Powers put new systems into place this
4 year to keep Nevada Health Link's content nimble,
5 relevant, and on brand. After each enrollment cycle,
6 new ideas, of course, arise. And together Penna Powers
7 and the Exchange comms team strategize and develop
8 additional marketing projects. This year the teams
9 created a specific graphical social style guide and
10 toolkit for the Nevada Health Link brand and a diverse
11 series of graphics for the special enrollment period,
12 along with other relatable messages, all of which were
13 put into rotation in a video-style format for social
14 media posts.

15 Penna Powers and the Exchange have worked
16 together to create a new marketing campaign. So, as
17 Heather stated, this year's theme is "Peace of Mind."
18 This campaign seeks to frame a rational benefit in the
19 form of a feeling or emotion. The idea is to show how
20 it feels to be a Nevada Health Link enrollee. From
21 qualifying for financial assistance to getting coverage
22 for your prescriptions, Nevada Health Link's
23 comprehensive plans help eliminate the need to worry
24 about health insurance coverage.

25 The objectives for this campaign are to devise

1 a deliberate marketing campaign that addresses two main
2 obstacles to persuade consumers to select a qualified
3 health plan, the loss of the individual mandate penalty
4 and growing competition primarily from short-term
5 limited duration plans and health-sharing ministries.
6 The Exchange aims to gain consumer trust in Nevada
7 Health Link as the place to go for access to the most
8 comprehensive health insurance coverage as well as a
9 streamlined enrollment and ongoing user experience. We
10 will also promote the consumer benefits of the
11 transition to a State Based Exchange.

12 There are three advertising slots that will be
13 rotating throughout the enrollment period. They are
14 entitled "Sick Kid," "Body Cast," and "Anthem." And
15 that will make more sense when you actually see the ads.

16 The voice over in the ad starts with "How do
17 people describe their health coverage through Nevada
18 Health Link?" And, for example, in the "Body Cast"
19 spot, an individual is in a wheelchair, he's in a full
20 body cast in a hospital, and he gives a thumbs up to the
21 camera with the voice over "Health plans with true peace
22 of mind. And with coverage for the 10 essential health
23 benefits, including hospitalizations, you can stay
24 positive."

25 This year's campaign is a three-pronged

1 approach, so transition-related messaging from September
2 4th to December 15th, preenrollment messaging with
3 general advertising around September 23rd to
4 October 31st, and open enrollment messaging with general
5 advertising through open enrollment.

6 So all of these advertising spots will be
7 running for the preenrollment and open enrollment
8 messaging with 30-second, 15-second, and 10-second ads
9 in a traditional advertising campaign that includes a
10 variety of targeted media channels and devices to gain
11 the attention of and compel our audiences to go to
12 Nevada Health Link and enroll. So this includes
13 television, radio, out-of-home, print, outdoor, and
14 social media. The channels and placements are targeted
15 by age, ethnicity, interests, and more. The paid ad
16 campaigns will also compliment owned and earned media
17 efforts.

18 Our public relations subcontractor, Faiss Foley
19 Warren, has also been strategizing and planning with our
20 team a PR campaign as it relates to transition messaging
21 for consumers. So on the day of soft launch, the Nevada
22 Exchange pushed out a press release announcing the
23 go-live of the website and the call center, which
24 provided consumers with detailed information on how to
25 claim their account.

1 As you stated, Madam Chair, all eyes are on
2 Nevada, and national press and other states are
3 interested in our project. The Exchange's Executive
4 Director and Communications Director have spoken with
5 multiple outlets about this transition project.

6 So our PR company and the Exchange have
7 developed a media wish list, if you will, to identify
8 and prioritize the top media targets and pitch angles to
9 local and national reporters. Consumer messaging points
10 and stakeholder talking points have been developed and
11 will aid in background for scheduled and upcoming
12 editorial board meetings.

13 In addition to press releases, FFW has
14 attributed opinion editorials to staff and board members
15 to start talking about the transition and open
16 enrollment to the public. The Exchange and FFW are also
17 planning to host a press conference to kick off the
18 start of appointment, which lands on a Friday this year,
19 on November 1st. The Exchange hopes to have Governor
20 Sisolak in attendance.

21 Moreover, the Exchange has incorporated
22 presentations at city council member meetings into this
23 year's PR plan. Heather will be attending Henderson
24 City Council, City of Las Vegas, and Clark County
25 Commission meetings, with a presentation on Nevada

1 Health Link, and will provide an overview of the
2 transition project to city council members. The same
3 strategy is, obviously, in place for the City of Reno.

4 FFW has also been researching and scheduling
5 interviews with local health podcasts as another avenue
6 to get the word out.

7 Nevada Health Link invited agents, brokers,
8 certified enrollment counselors, and various community
9 partners statewide to our third annual prep sessions
10 that we talked about. They're a different format this
11 year than in past. And they offer different sessions
12 for stakeholders to gain insight on the transition and
13 help prepare for assisting consumers during the open
14 enrollment period. We offered them our marketing tools
15 and gave them a teaser of our ad campaign. It was also
16 an opportunity for stakeholders to network with each
17 other and get their questions answered by Heather.

18 So we already talked about the Las Vegas
19 session and how many people RSVP'd. And, I believe, we
20 have a good showing that will show up in Reno as well.

21 So, to conclude, the Exchange has been working
22 meticulously to prepare for the most important open
23 enrollment period yet. I know we say that each year,
24 but this one is particularly important. I am, in
25 particular, extremely proud of this new marketing and

1 advertising campaign. The strategy for this campaign is
2 designed to relate to Nevadans and keep Nevada Health
3 Link top of mind as the trusted resource when it comes
4 to enrolling and health plans.

5 We're enthusiastic to be working with all of
6 our partners to make this transition and open enrollment
7 a success while also being mindful that no massive
8 technology project comes without flaws. And our team is
9 eager and open to stakeholder feedback.

10 And so I'm just going to quickly continue to
11 move on, because Patty Halabuk is not here to do the
12 marketing and outreach presentation. So I will walk
13 through that presentation for her. Okay.

14 DR. JAMESON: Just before you do, since there
15 was so much material --

16 MS. JANEL DAVIS: Yes.

17 DR. JAMESON: -- I'd just ask if any of our
18 Board members had a comment or question on this, on the
19 presentation so far, which was excellent.

20 There are no questions. And I'll just
21 compliment you on taking incredibly complex issues and
22 communicating them with your advertising in such an
23 effective and straightforward manner for people to
24 understand. I think, it's never been more complicated
25 navigating to find a health plan. And your company has

1 really had compelling advertising. It's very catchy. I
2 think, it's very effective. And it's framed in such a
3 way that it's extremely attractive for them to be
4 invited to learn more about our qualified health plans.

5 I just want to compliment you on taking a very
6 complicated and difficult project and making it
7 accessible and inviting for our Nevadans to come and
8 check it out and to, hopefully, sign up.

9 MS. JANEL DAVIS: Thank you, Madam Chair. I
10 appreciate you saying that.

11 All right. So I'm going to start on page one
12 of the marketing and outreach presentation. So as our
13 off-season marketing efforts come to a close, we begin
14 to see into our pre-open enrollment campaign in late
15 September. You'll see on page one just some analytic
16 highlights of what was accomplished.

17 Our online search efforts paid off this year.
18 It was increased paid search traffic to our website,
19 NevadaHealthLink.com. And that significantly increased
20 with consumers visiting our special enrollment page, and
21 that was a whopping 470 percent more than they did last
22 year.

23 Through organic or nonpaid as well as paid
24 social advertising in places like Facebook, Snapchat,
25 YouTube and Reddit, we have been able to make millions

1 of visual impressions to Nevada consumers. And from
2 those visuals, over 10,000 Nevada consumers made clicks
3 to our website to check out the various pages and learn
4 more about special enrollment periods and just Nevada
5 Health Link information in general.

6 We also incorporated new and ever-changing
7 visuals to keep things fresh and relatable. You'll see
8 some examples on page two. And Governor Sisolak, just
9 to shout out to him, he so graciously gave us his time
10 and produced a PSA endorsement video, which was really
11 nice.

12 Consumer visits and usage to Nevada Health
13 Link.com are up over last year, as you'll see on page
14 three. That's the end result of our off-season
15 campaign, including our ongoing email and blog efforts,
16 which are reflected on page four.

17 On page five you'll see a summary of outreach
18 activities, which traditionally decrease in the summer
19 months. However, we have continued to align and foster
20 different relationships with many important partners.
21 And Nevada Health Link was the proud presenting sponsor
22 of the three Cox communication back-to-school events.
23 That was in Las Vegas. It drew thousands of kids and
24 parents, many in need of support with back-to-school
25 resources. So while the kids got to play games and

1 collect our pens and pencils and other school supplies,
2 parents got to learn a little bit about Nevada Health
3 Link and what we do and the resources we can provide.

4 On pages six and seven, you'll see some of the
5 representative communications developed to support our
6 Exchange transition to an SBE as well as our prep
7 sessions. You can see the invitations there that were
8 mailed out.

9 And then, on to our "Peace of Mind" campaign
10 that I talked about in my report. So pages eight
11 through 13 you'll see some representative images of each
12 of the scenarios that I described. I think, I described
13 the "Body Cast" one. But this represents our diverse
14 Nevada target audiences and highlights specific
15 essential health benefits that consumers are assured if
16 they sign up for a qualified health plan through Nevada
17 Health Link.

18 Page 13 represents the creative. So we will
19 use an outdoor and billboards and on those large buses.
20 These are intentionally bold colors with large text to
21 grab the interest of our consumers.

22 On pages, let's see, 14 and 15, you'll see a
23 comprehensive breakout of our paid advertising plan
24 where the "Peace of Mind" campaign will run to promote
25 open enrollment for 2020. So the strategy is to run a

1 heavy mix of both traditional and online media
2 concentrated in an approximately 90-day time frame, to
3 ensure Nevada consumers know who we are and that it's
4 time to enroll.

5 So we'll be using TV, radio, billboards, buses,
6 as well as a lot of online video formats targeted to
7 different audience segments, and streamlining audio,
8 including podcasts.

9 So we're also running specifically on Spanish
10 TV and Spanish radio as well as targeted -- as well as,
11 excuse me, targeted Hispanic, Asian, senior, and the
12 young and healthy populations, focused print
13 publications, to zero in even further on those specific
14 audiences.

15 Our outdoor campaign and some of the online
16 video will launch next week, with the remaining
17 components launching the first week of October. And
18 that will include the preenrollment messaging as well as
19 the open enrollment messaging, which is that "It's time
20 to enroll" message.

21 So this important campaign has been strategized
22 to not only exploit and highlight the 10 essential
23 health benefits of a qualified health plan guaranteed
24 with Nevada Health Link, but also to humanize Nevada
25 Health Link as the resource for year-round for Nevada

1 consumers.

2 So, thanks. I'll take any questions that the
3 Board might have at this time.

4 DR. JAMESON: And does anyone have any
5 questions?

6 Excellent, excellent report.

7 Please.

8 DR. COOK: Oh. My -- I don't know. My button.
9 Okay.

10 DR. JAMESON: Did you have a question?

11 DR. COOK: Yes. Hi, Dr. Jameson. Daniel Cook,
12 for the record. Hi.

13 Thanks for the presentations. I did have a
14 question. You started the other section, Janel, by
15 saying that the data -- oh, here's my mic -- the data
16 should be better this year. And I can see where that
17 will help the campaign next year for sure. Are you
18 trying to also suggest that we can use that data during
19 this season; and if you see something happening in a
20 specific demographic or a expensive sector, that you
21 might target that even this year?

22 MS. JANEL DAVIS: Thanks for the question.
23 Janel Davis, for the record.

24 And, yes, we are getting migrated data as we
25 speak, and so we're able to see that real-time data.

1 And the goal is to absolutely use that data that we're
2 receiving now to directly target those, those
3 individuals for this campaign as well as for future
4 campaigns.

5 DR. JAMESON: Do we have any further questions?

6 I have a really important question for you,
7 Janel. Where did you find the gentleman in the full
8 body cast?

9 MS. KORBULIC: That was a fun one.

10 MS. JANEL DAVIS: Well, that wasn't just me.
11 That was our -- that was our marketing vendor, Penna
12 Powers. And I will say that all of our actors are
13 Nevadans. And so, I believe, that the body cast man
14 lives in Las Vegas. And, yeah, I wasn't at the shoot
15 this year, so I didn't get to see what exactly went
16 down, but he was a good sport.

17 DR. JAMESON: I would say I'd just about do
18 anything, but I wouldn't do that.

19 Going on, thank you, Janel, for an outstanding
20 report, incredible marketing campaign. Outstanding. I
21 can't imagine having a better partner in this than you.

22 So, going on to the State Based Exchange
23 Transition Update, State Based Health Insurance
24 Marketplace Technology Platform and Consumer Assistance
25 Center.

1 MR. WATT: Thank you, Madam Chair. Eric Watt,
2 for the record.

3 The project status is green. The status of a
4 project this size and this complicated is often yellow.
5 And it is not uncommon for it to be red periodically.
6 This project has been green, with dips into the yellow
7 occasionally, and through great team efforts we have not
8 seen red. This speaks volumes of the people on the
9 project, in SSHIX, GI as well as our partners in DWSS.

10 The Exchange received a conditional approval
11 letter on August 9th. In it, CMS recognized the
12 Exchange's readiness to become a State Based Exchange
13 for plan year 2020. They officially recognize that
14 Nevada Health Link will not be operating on the federal
15 platform for plan year 2020. This is a vote of
16 confidence in the work the Exchange and stakeholders
17 have done and will continue to do in order to ensure
18 this project is a success.

19 The great news is that the successful soft
20 launch occurred on September 4th. During this phase,
21 Nevada Health Link's existing customers are being given
22 a chance to claim their record, sorry, their account,
23 designate an agent/broker if they have not already have
24 one, and indicate they would like to auto-renew their
25 policies and for how many years. This will be available

1 until October 14th.

2 We sent invitation emails to consumers on
3 September 3rd and 4th inviting them to, one, claim their
4 accounts; two, update their passwords; three, if they
5 did not have a designated agent/broker, select one; and,
6 four, to indicate a passive auto-renewal if they so
7 desired, along with a number of years to be
8 automatically renewed.

9 The soft launch also allowed the agent/brokers
10 to get to see their book of business. All those
11 consumers who had designated an agent/broker on
12 HealthCare.gov for 2019 are listed on their book of
13 business.

14 As of September 9th, 15,079 of the emails that
15 were sent out had been opened. And as of this morning,
16 3,204 had claimed their accounts. The soft launch was a
17 resounding success.

18 The largest risk originally facing this project
19 was the required migration of Nevada's data from CMS.
20 That data in CMS is not housed but in that
21 state-by-state server easily extracted and capable of
22 being sent over a few large thumb drives. It is
23 co-located with all the other states' data. Months of
24 discussion, testing, planning got us to the point of a
25 satisfactory plan. Stage 1 was executed successfully on

1 August 15th, with only a very small amount of accounts
2 requiring any attention. This has been the basis of our
3 soft launch. The next catch-up data load will be on
4 October 1st, with a last load being scheduled for
5 October 25th.

6 The second highest risk for this project was
7 the submission of the security assessment report for
8 CMS, to achieve the Authority to Connect, along with the
9 submission of the Safeguard Security Report to the IRS
10 for their approval. Happy to report that the IRS has
11 given their approval via email as of 9-6 of this year.

12 And it is with great confidence that I report
13 to you today that these two extremely important
14 milestones will be achieved by October 15th, while we
15 continue to push very hard for the completion to be
16 October 1st.

17 For PMO status, when we last shared an update,
18 we had relatively new additions to the PMO. Since that
19 point in time, the three additions to the staff have
20 proven about be excellent hires and invaluable to the
21 success of this project. They all hit the ground
22 running with a laser focus on their tasks:

23 Create training courses for returning
24 agents/brokers, with new agents/brokers as well, and
25 CECs, which include CACs and navigators. I know you

1 will appreciate those acronyms.

2 Create numerous onboarding guides for
3 agent/brokers, EEF/CECs, insurer representatives, and
4 user reference manuals, and process flow diagrams along
5 with other guides.

6 Also, set up and start user acceptance testing
7 for each software release, focused on user roles, and
8 coordinate with GI on bug tracking and resolution.

9 The PMO is also overseeing work being done by a
10 security assessment report vendor working on
11 documentation to support our Authority to Connect, as
12 well as the group providing independent verification and
13 validation services monitoring specific GI testing with
14 CMS, and independently reporting to CMS the results of
15 said testing. Typically, the latter is a vendor engaged
16 by us, paid by us, who reports to CMS.

17 For projects testing status, various modules
18 and aspects of the project are being tested by the
19 various groups. For example, GetInsured testing has
20 been testing federal data services hub, FDSH testing.
21 An example of one service is the verify lawful presence.

22 Income and family size verification testing.

23 Electronic data interface testing, account
24 information between the carriers and SSHIX.

25 Account transfer testing, transferring accounts

1 between SSHIX and DWSS, our Medicaid counterparts.

2 And state-based marketplace inbound file
3 testing, SBM issue policy-based payment data, with CMS.

4 Happy to give you an update that the FDSH, or
5 "F-dish," and SBMI and the IFSV testing is complete.
6 Big milestone. And our IV&V report, which will be the
7 last report from our IV&V vendor, is in progress right
8 now.

9 On to our testing. User acceptance testing,
10 UAT testing. In order to accept the system that GI is
11 providing, it must be tested. The Exchange's testing is
12 focused on user role functionality; for example, Agent
13 Administrator, Consumer, Enrollment Counselor, Use
14 Cases -- an example, an Agent Administrator, when I --
15 fill in the blank -- I should see a -- fill in the
16 blank -- as a response -- and Test Cases based on Use
17 Case scenarios. The testing is being done in our User
18 Acceptance Testing environment. We are basically
19 testing the functionality prior to it being moved to
20 production, much like the testing done on your phones or
21 laptops prior to a new release being made public. Our
22 goal is to have far fewer bugs and errors as possible.

23 EDI testing. EDI testing has been as
24 complicated and challenging as we thought it would be.
25 We have been sure to accommodate the difficulties faced

1 by each of the carriers by altering schedules to meet
2 their needs. The first phase had a number of carriers
3 working 2019 plan data, and started back on 4-29. It
4 required a concerted effort all around to get through by
5 7-15, at which point we moved to 2020 plan data, with
6 three dental carriers and one QHP carrier who did not
7 have any 2019 data. In the end, this one QHP carrier
8 has had significant challenges with code changes
9 required to work with the GI system, and we've extended
10 them into late into September, possibly October.

11 The training statuses. The training modules
12 have been built to support specific areas of training
13 and by specific groups who require the training.
14 Returning agent/brokers require less training than the
15 new agent and brokers, for example. The base of these
16 training modules is a system called Mindflash, through
17 which course availability was automatically emailed to
18 agents/brokers with completion, and completion was
19 tracked and registered. We focused on making sure that
20 the agent/brokers were very well aware of the training
21 requirements and all along the way to becoming certified
22 by the Exchange.

23 Technical writing status. The documentation
24 supporting the transition as well as ongoing operations
25 of the future environment have been the focus of the

1 technical writer; for example, Agent On-Boarding and
2 Certification Guide, On-Boarding Guide, User Reference
3 Manual, Plan Certification Guide, Returning Broker
4 Transition Guide, On-Boarding Certification Guide,
5 Application and Enrollment Guide for Agent/Brokers and
6 Consumers. And there are eight more guides in various
7 states of progress.

8 Last but not least, we're looking forward to
9 what's going to be happening in the month of October.
10 This is our last month before open enrollment. It is a
11 month that we've been all working so hard to be prepared
12 for. And the schedule we have been working on, working
13 on and working towards for quite some time now is well
14 laid out and well understood:

15 October 1st, we get the catch-up data transfer.

16 On October 2nd, at approximately 9:00 p.m., the
17 newest software release, what we're calling 19-10, from
18 GI will be installed in the production environment.
19 This is it the environment that we will be going live
20 for on open enrollment on November 1st.

21 On October 3rd, anonymous shopping, window
22 shopping will be available to our customers, returning
23 and otherwise.

24 On October 15th, auto-renew and freeze, no
25 changes to the auto-renewal or broker selection at that

1 point. Consumers will still be able to view their
2 account, but they will not be able to make any changes
3 whatsoever.

4 On October 25th, the last catch-up data
5 transfer, application and enrollment data from CMS.

6 And then, on November 1st, the long-awaited day
7 and start of a very successful moment for 2020 and
8 beyond.

9 That's my report, and I'm ready for any
10 questions.

11 DR. JAMESON: Bravo. Do we have any questions
12 in the north or in the south?

13 MS. LEWIS: Lavonne Lewis.

14 And I do have one question regarding back on
15 talking about the hire of the new people. Are they all
16 to be housed in Carson City or Reno, or in the north,
17 all of the new staff?

18 MS. KORBULIC: Madam Chair, I will answer that
19 question. This is Heather Korbulic, for the record.

20 Lavonne, the folks that we hired for Exchange
21 staff, yes, they will, all nine new staff will be housed
22 in our Carson City office. And the staff that Eric was
23 talking about were contracted project management office
24 staff, and so their contracts expire sometime between
25 December and January of this year and next.

1 MS. LEWIS: And my second question -- Lavonne
2 Lewis again -- is are we making some attempts to make
3 sure that we are looking at a diverse staff as we select
4 our new hires?

5 MS. KORBULIC: Again, this is Heather Korbulich,
6 for the record.

7 Thank you, Ms. Lewis, for your question. Yes.
8 So all of our new staff are recruited through the
9 Division of Human Resource Management. And Human
10 Resource Management has all sorts of regulations
11 pertaining to diversity and veteran status. So I can
12 assure you that that is the case.

13 DR. JAMESON: And were there any other
14 questions?

15 I just have one for you, Eric. You're going to
16 be downloading. You had mentioned that much of the data
17 that you're migrating over could have been contained in
18 just two little thumb drives. So I know it's not the
19 volume of data that's causing you to break it down into
20 separate days that you'll be downloading. So you
21 mentioned you would be doing this on October 1st and
22 then doing more catch-up data downloading on the 21st.
23 And I thought, did this indeed perhaps have something to
24 do with the fact that on October 1st, you'll put some
25 more in, and then you anticipated within a day or two of

1 doing the software update. And I'm wondering if you
2 were then wondering how well this update would be
3 working, and then you downloaded the rest of the data,
4 or you just simply didn't want to take a risk of
5 downloading all the data at one time. Thank you, Eric.

6 MS. KORBULIC: Madam Chair, this is Heather.
7 I'm going to answer on his behalf.

8 So that data is, what Eric mentioned in his
9 report is not something that could be contained in a
10 thumb drive. It is gigantic. It is hugely complex and
11 required a very intricate strategy for embedding it in
12 our own system. So, no, it is not simple.

13 And so the data that we received on August 15th
14 was the active and current information as per CMS
15 records as of the 15th. The catch-up data that we will
16 receive on the 1st of October and then again on the 25th
17 is catching up with reconciliation. So we know that
18 some consumers will have been joining plans in time, or
19 through special enrollment periods, and we'll be adding
20 them to our migrated data. And then we know some
21 consumers will be canceling or terminating their plans.

22 So it's a matter of trying to keep as
23 up-to-date with CMS data so we can start fresh at
24 November 1st.

25 DR. JAMESON: Very good. So, actually, we have

1 the majority of the data migrated, and those will
2 literally be updated downloads?

3 MS. KORBULIC: Correct.

4 DR. JAMESON: Excellent. Thank you, everybody.
5 That is just amazing. And it's hard to believe that we
6 are at that point where we are going to be ready to
7 launch. Not that I ever doubted it, but it is extremely
8 exciting.

9 And the approval of the Nevada Health Link
10 Policy Manual. Did anybody want to -- did you want to
11 say anything about before we simply make a motion?

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

14 I would just, wanted to emphasize that this is
15 something that we have worked very hard on for almost a
16 year now and is something that we sent out to our
17 stakeholders across-the-board and specifically only
18 received some comments from our carriers. We've
19 implemented changes based on those comments. And I'm
20 looking forward to any questions that the Board might
21 have about our policies.

22 DR. JAMESON: So usually what we'll do is we'll
23 take a motion on the -- a motion and then a second, and
24 then we'll go ahead into discussion.

25 Go ahead.

1 MR. BRANCH: This is Quincy Branch, for the
2 record. I move that we approve the draft of the Nevada
3 Health Link Policy Manual.

4 DR. JAMESON: Do we have a second?

5 MS. LEWIS: Lavonne Lewis. I second the
6 motion.

7 DR. JAMESON: And do we have any discussions or
8 questions on the Nevada Health Link Policy Manual, any
9 comments?

10 I just do appreciate the hard work that was put
11 into this, because there was a lot of material in there.
12 And I think that it is definitely an excellent manual.
13 And I'm just really appreciative of that hard work.
14 These are always the sort of tasks which are rather dull
15 and dry but must be carried out.

16 So I will now entertain a -- well, everybody in
17 favor?

18 (Board members said "aye.")

19 DR. JAMESON: Any opposition?

20 Were you opposing, or you were saying aye?

21 MS. KORBULIC: I believe, that was Jonathan
22 Johnson on the phone with an aye.

23 Was that, was that true, Jonathan?

24 DR. JAMESON: Yes, I believe it was just a
25 delayed response --

1 MR. JOHNSON: That's correct.

2 DR. JAMESON: -- due to the mute. Yes. Very
3 good. Thank you, Jonathan.

4 So the new Nevada Health Link Policy Manual is
5 then passed. Thank you, everybody.

6 Discussion and possible action regarding dates
7 and times. And our Executive Director, Heather, if you
8 could give us the next date.

9 MS. KORBULIC: Yes. We're scheduled for
10 December 12th at 1:30 p.m.

11 DR. JAMESON: And is there any other agenda
12 items from our members that they would like to have our
13 Executive Director, Heather Korbulic, add to the next
14 agenda?

15 MS. LEWIS: Usual updates.

16 DR. JAMESON: It's just been requested for the
17 usual updates. And we'll be very excited to look at the
18 enrollment numbers up to that point, well, the
19 enrollment numbers. And it'll be extremely exciting to
20 see, with our new platform, how readily we will have
21 access to that information like yeah never have had
22 before, and a breakdown of the data that we get. Very,
23 very exciting. I'm anticipating it as well, Lavonne.

24 Any other comments or questions?

25 Again, congratulations to all of you. This is

1 truly exciting and beyond any of our dreams when we
2 first started out with Xerox and the Silver State
3 Exchange, Nevada Health Link. It has really come a long
4 way and is beautiful to behold.

5 Anybody have any other comments?

6 Not hearing any, we'll adjourn.

7 Oh, I apologize. We have one more last
8 opportunity for public comment. Anyone up north?

9 MS. KORBULIC: No, Madam Chair.

10 DR. JAMESON: No. And anybody here? There's
11 nobody here and no public comment.

12 So we will go ahead and adjourn.

13 MS. KORBULIC: Thank you, Madam Chair. Bye,
14 everybody.

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