SILVER STATE HEALTH INSURANCE EXCHANGE

BOARD MEETING

AND ADOPTION OF INSURANCE CPF RATES FOR PY 2021

-oOo-

MS. KORBULIC: Jameson?

DR. JAMESON: Yes.

MS. KORBULIC: I think, we'll have our last few members joining in the next 10 minutes or so. So if we want to get started, we do, it appears we have a quorum.

DR. JAMESON: Oh, excellent. Well, then, what I'd like to do is go ahead and thank everybody for coming and go ahead and take roll call.

MS. KORBULIC: Okay. Dr. Jameson?

DR. JAMESON: Present.

MS. KORBULIC: Valerie Clark is on her way.

Lavonne Lewis?

MS. LEWIS: Present.

MS. KORBULIC: Dr. Dan Cook?

DR. COOK: Present.

MS. KORBULIC: Jonathan Johnson?

MR. JOHNSON: Present.

MS. KORBULIC: Jose Melendrez, he will be here in a minute, so I will mark him here when he arrives.

Quincy Branch?

MR. BRANCH: Present via phone.

MS. KORBULIC: Thank you.

Suzanne Bierman is on her way.

Commissioner Richardson?

COMMISSIONER RICHARDSON: Here.

MS. KORBULIC: And Lynnette Aaron?

MS. AARON: Here.

MS. KORBULIC: Great. Madam Chair, we do have a quorum.

DR. JAMESON: Very good. So let me see. There are no announcements. But I do want to say congratulations -- and it won't be the first or the last time that I'll probably repeat this, like a record, broken record, throughout this afternoon -- to you and your staff for the amazing job you did. There were times we all sat here, and not to say we were doubting Thomases or doubting folks, but the task seemed insurmountable. And when we drifted temporarily out of the green zone, we still didn't have any doubt you'd complete this task.

But what you did, as we are about to hear, through your report, was nothing short of a miracle. And just congratulations on implementing an amazingly successful state-based Exchange that the Silver State

could not be more proud of. Congratulations to all of you for a job well-done. Excellent. Thank you.

(Applause.)

MS. KORBULIC: Thank you, Madam Chair.

DR. JAMESON: And, now, approval. Oh, we're going to go to public comment first.

Barry, AARP.

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

Before I do my formal comments, I'd like to personally thank Felicia from LCB, who is doing a wonderful job of doing the audio and the visual today. And she's going to hate me for saying that, but that's what happens. So thank you, Felicia.

I would like to also add my commendations to Heather and the staff and the Board for guiding and steering Nevada Health Link back to being a state-based Exchange. I heard nothing anecdotally but good things. All that I heard was people really enjoy being back on the state-based Exchange, that there were people to talk to, and that the platform worked very well.

And so Nevada Health Link, or the Silver State Health Exchange, continues to be not just a viable option, a very good option to provide people with

healthcare coverage, affordable to quality, affordable healthcare, including the ever so important 50- to 64-year-olds, which you hear me mention before, that aren't old enough for Medicare, and you pay attention to them, and you recruit them as well.

So thank you very much for a job well-done.

DR. JAMESON: Thank you, Barry.

Any other public comment?

Do we have any public comment in the north?

MS. KORBULIC: It does not appear that we do, Madam Chair.

DR. JAMESON: Thank you, Executive Director Ms. Korbulic. Would you -- we'd like approval of the minutes from September 19th, 2019. Do I hear a motion?

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

MR. JOHNSON: Jonathan Johnson. Second.

DR. JAMESON: And do we hear any discussion, or were there any edits, any noted omissions?

Not hearing anything, then I'll take a vote. Everybody in favor of passing our minutes from the September 19, 2019 Board meeting, say "aye."

(Board members said "aye.")

DR. JAMESON: Any opposition?

Thank you. Any abstaining?

The minutes are passed unanimously. Thank you.

And now it is such a pleasure to ask our Executive Director, Heather Korbulic, to go ahead and give her executive report.

MS. KORBULIC: Thank you, members of the Board and Madam Chair. It is an honor to sit on this side of the fence finally on the state-based Exchange. And we have a lot to update you on about what's gone on over the last four months. So please bear with me as I read through a report that we put together for you.

As you're aware, in September 2019, the Silver State Health Insurance Exchange officially transitioned to our technology and our call center functionality off of HealthCare.gov. And we are now fully an autonomous state-based Exchange. This was in time for our open enrollment for plan year 2020 and ongoing.

Our first open enrollment, of course, began on November 1st and ended on December 15th. We had an extension to December 20th for any Nevadan who began their application by December 15th.

At the end of open enrollment, we had a total of 77,410 consumers who enrolled for plan year 2020, which included 20,111 new consumers and 25,587 returning consumers who took active action and shopped on NevadaHealthLink.com.

For the very first time in our history, we have access to real-time data. And this information provides details about plan selections along with the demographic makeup of our consumers. Plan year 2020 is our new baseline from which we will work to continue to increase the number of insured Nevadans.

This transition project, as you are all aware, was multifaceted and in credibly complex. It required coordination with the Centers for Medicare and Medicaid Services, the IRS, GetInsured, and both their technology and their call center team. The Division of Welfare and Supportive Services has been an extremely important partner. Nevada Division of Insurance has also been an extremely important partner. The Exchange and our insurance carriers, the Nevada licensed brokers, navigators, community partners, and consumers have all played a role in helping to ensure a successful transition.

We were able to not only successfully transition away from HealthCare.gov, we were also able to produce an on-time, under-budget technology project, which is no small feat for a state agency.

As the Exchange moves into our operation, maintenance and operations phase of this project, the focus is going to be on establishing best practice for

contract monitoring, both for our technology and our call center vendor, with a focus on defect resolution while also seeking opportunities to improve and enhance the Exchange's configuration for efficiencies and effectiveness. The Exchange is also going to continue to build and refine policy that's in line with federal and state laws and in sync with national best practices. All along the way, we will continue to ensure the security and privacy standards in order to remain in compliance with both CMS and the IRS. We will also be continuing to coordinate with our insurance carriers to align reconciliation efforts while we monitor specific data to ensure effective outreach and marketing tactics.

While the Exchange's project can be counted as a success, there are also a lot of opportunities for improvement. And we are working right now actively to survey and engage all of our stakeholders in an effort to identify and prioritize opportunities for advancement both in our SEP, or our special enrollment period, and for open enrollment for plan year '21.

Let me give you a little bit of information about our enrollment for 2020. As a part of our state-based Exchange transition, we migrated data from HealthCare.gov to our own state-based Exchange on GetInsured's platform. The migration was approximately

65,563 Nevadans who were actively enrolled at the end of October who we migrated from HealthCare.gov.

As a result of the successful transition away from that federal platform, the Exchange established a new and accurate baseline. And we will highlight on some of these, some of the numbers related to our enrollment.

So the total enrollment, as I said earlier, was 77,410. The average net premium for consumers on the Exchange, on Nevada Health Link this year is $281. The consumers who were eligible for APTC of that 77,000-plus was 61,920, or approximately 80 percent of our enrollees. We had 20,111 new enrollees. 25,587 were actively -- took action to reenroll. And then we had a total of 45,698 who were a combined total of new and active reenrollees.

So that's the number of people who were actively engaged on Nevada Health Link during open enrollment.

By metal tier, we can break it down into approximately 1,600 folks who enrolled in gold plans, 26,064 who are in silver plans, 1,150 who are on bronze plans. Our expanded bronze has a pretty significant population with 16,533. And the catastrophic plans were about 301.

This is another exciting thing for us this year. We're able to track the number of enrollees who were enrolled with a broker. And we know that this number is up by a significant margin from previous years. So this year, 26,110 enrollees were enrolled through a broker or one of the partners that were certified and licensed with us. And then we saw 19,590 people did self-service.

Let's talk a little bit briefly, because Janel and Patty will talk more about our marketing and outreach efforts. But I wanted to make sure that the Board knows that we developed a comprehensive strategy for marketing, outreach and communication for plan year 2020. The multiphased plan included our most diverse approach in our history and was developed nearly and maybe even more than a year in advance of our launch.

We had intense communication with stakeholders that began early in 2019 and focused on developing buy-in by engaging all of our stakeholder groups in the project's progress through transparent and regular communication.

The Exchange's marketing vendor, Penna Powers, developed creative advertisements and used consumer data to refine outreach and marketing to target audiences within specific geographic regions.

We will also provide a little bit more of those details in a later report.

So, as I mentioned earlier, we had a significant chunk of our enrollment done through our brokers that we partnered with this last year. And this has been an exciting part of being a state-based Exchange. During the last six months of 2019, we embarked on a new process for training and certifying brokers to tell QHPs and dental plans on the Exchange.

The first part in this process was to create our owned Nevada Health Link online training and certification program. The Exchange, through our Project Management Office, designed a course, curriculum, and online instructional program using a training platform called Mindflash. The interactive training program based on the CMS training offered returning brokers an abbreviated training and new brokers a longer more robust training. Whether a broker took the abbreviated training or the longer training, each course taught brokers ACA basics, privacy security and fraud prevention standards, and marketplace assister essentials.

In addition to providing instructions, each course offered frequent knowledge checks to ensure that content was being absorbed as well as a final exam.

Additionally, incorporated into this training and certification process were attestations ensuring compliance with our privacy policy on Nevada Health Link and acceptable use policy along with our code of conduct and our marketplace privacy and security agreements.

As of January 2020, the Exchange has 779 resident and non-resident brokers trained and certified on our platform. Of this number, 271 have opted into availability in the telephonic Broker Connect referral system, which is an automated telephony system that will search the phone number of a broker within a specified mile radius of a caller's location and zip code. And it will call multiple agents until a connection is made or a message is left on the desired broker's phone. This is how consumers were connecting to brokers throughout open enrollment to get enrolled.

Our broker liaison continues to travel to various areas of the state, and meets with licensed brokers and agencies individually to promote the benefits of selling plans on the Exchange, to talk about new features regarding the enrollment and eligibilities on our GI system, and to talk about the features of the broker portal and the broker book of business features.

Furthermore, our broker liaison is continually discussing with the broker community how changes to

short-term limited plans and association health plans will impact the individual market, and it takes time to educate and review important ACA requirements. A substantial amount of time this open enrollment was spent by the broker liaison and our broker Exchange enrollment facilitator, quality assurance specialist. All of us were fielding broker enrollment and eligibility questions, system questions, and policy questions. These two Exchange staff members, in our QA and our broker liaison, coordinated broker questions with the GI call center to ensure a consistent policy application and brokers and consumers were getting the consistent messaging.

Because the Exchange is now able to provide a dedicated broker support line, the Exchange was able to increase call center coverage hours for our brokers and EES, our Exchange enrollment facilitators, throughout open enrollment.

Our broker liaison is steadfast in actively engaging and promoting marketplace participation in both northern and southern Nevada to broker groups such as Northern Nevada Association of Health Underwriters, Clark County Association of Health Underwriters, and at Chamber of Commerce events.

Following up on a successful request for

applications back in May of 2018, which solicited applications for a maximum of six broker/agent storefront programs for plan year 2019, we awarded five grants for plan year 2020. The Exchange released our RFA back in May, and five grants with $10,000 each were awarded on July 1st. This funding helped to assist with marketing, outreach and operational costs related to enrolling consumers in QHPs. The goal of this RFA is to increase the number of enrollees in qualified health plans by brokers and servicing Nevadans in in-person or storefront locations.

The questions and concerns -- or the Exchange recognizes the value of brokers having a public-facing physical location to service consumers and to answer questions and concerns and to comparatively shop plans, as well as directly assisting with the enrollment process during the enrollment period.

Due to the Exchange's success with this program, we're enthusiastically planning to continue this program for plan year '20, and we're looking for geographical diversity across the state as it relates to our grantees.

Based off of the end of open enrollment data, we can see that 33 percent of active applications were assisted by brokers, which is a 9 percent increase from

plan year 2019 on HealthCare.gov. The grants have helped to directly provide and have an impact in assisting over 2,500 consumers with convenient locations throughout southern Nevada.

We'll move on to the navigators and in-person assisters section.

To be compliant with the federal regulations, we have to have a consumer assistant resource and function, including a navigator program. And we must refer consumers to appropriate state resources when available. We have allocated a $1.5 million budget for the year-round work performed by navigators and in-person assisters, and we continue to operate with two awarded entities to serve as statewide navigators with six IPA, or in-person assister, entities.

Navigator and IPA organizations are responsible for outreach, education and enrollment, and specifically with our uninsured and underinsured population.

We also work with certified application counselors. And these are comprised of private entities that are licensed by the Division of Insurance and have been trained by Nevada Health Link, and they work closely with the Exchange to both educate consumers on the resources available in the health marketplace and to enroll as appropriate.

Exchange navigators and IPAs attended over 580 events between July and December of 2019 and remain the primary event staff when attending statewide community outreach events, which continue to be a vital part of Nevada Health Link's marketing and outreach initiatives. Navigators and IPAs attend community outreach events to promote upcoming open enrollment while providing consumers with education of the health insurance marketplace. They also dedicate and educate consumers to special enrollment periods for anyone who might be experiencing a qualifying life event.

I'm going to pause for a second and breathe. And then we'll move on to our discussion about our contract management with the GetInsured company and our vendor.

As you know, our transition project is nearing completion. So the design, development, and implementation phase is almost over. We are still working on some of our special reenrollment period launch. And as we're doing that, we're entering into the maintenance and operation phase of our contract.

GetInsured will work to continue to resolve legacy defects that were related to the DD&I phase while we move into our M&O. The Exchange has developed a scope of work designed to augment our contractual

obligations. This scope of work outlines tasks, schedules, and expected outcomes for maintenance and operations.

The GI contract for the design, development, and implementation phase outlined milestones and deliverables and correlated payments accordingly. As is expected with a contract of this size and complexity, many milestones and deliverables were adjusted through formal change requests and were signed by all parties. The Exchange required and continues to require satisfactory delivery of all associated deliverables prior to payment.

The Exchange has outlined our expectations for maintenance and operations in this statement of work, and it covers both the technology and the call center functions. The Exchange's Chief Operations Officer and the Executive Director are going to continue to oversee our efforts to monitor GetInsured for compliance with the contractual obligations and our statement of work. If any deficiencies are found, we will communicate the deficiency, the expectation for correction, and the timeline for compliance in writing to our Account Manager with GetInsured and to their CEO for rectification.

One of the most bright-shining parts of our

transition to a state-based Exchange was the call center. I'm very proud of the work that we did in our call center. So I'm excited to give you guys an update on that.

We began operations in our call center for consumers on September 4th. And it was just in time to align with the invitation that went out to all of our migrated consumers from HealthCare.gov. We called this our soft launch. And it offered stakeholders and consumers this opportunity to work with Nevada Health Link, and it really set the tone for open enrollment.

The call center supported two phone numbers dedicated to two specific audiences. One line is dedicated to consumers, and the other is dedicated to enrollment professionals. While the call center is open during typical office hours during the off-season, so right now and during the special reenrollment period, that's 9:00 a.m. to 5:00 p.m., the Exchange was able to work with our vendors to extend call centers throughout the day during open enrollment from 7:30 a.m. to 7:00 p.m. Monday through Friday. And then we also provided extended hours on Saturdays and Sundays.

The service provided during these hours was available in both English and Spanish and, when needed, in other languages through this Language Line Solutions

phone interpretation services. The overall strategy was for GetInsured consumer representatives to provide technical support, to answer basic questions, and to direct consumers to brokers and other enrollment professionals if they wanted assistance with enrollment.

Furthermore, our call center representatives reviewed and processed data matching issues. They also worked on SET verification issues and documentation. And to achieve this strategy, GetInsured established a permanent and seasonal peak staffing plan to hire level 1 CSRs, level 2 escalation CSRs, and broker support CSRs, supervisors, quality insurance personnel, a manager, a director, a trainer, IT support personnel.

The hiring for GetInsured began in June of 2019, with a staffing peak at 55 employees during open enrollment.

The CSRs were provided foundational training on ACA and health insurance basics, exceptional circumstances, privacy, security, HIPAA, positive customer services, level 1 service, level 2 service, how to use the consumer assistance portal, support for our brokers, and their key roles and responsibilities. We also established performance indicators, and the call center representatives were trained on those.

Supporting the call center locally for the

Exchange was a team of one supervisor and three program officers comprising of the quality assurance team. This was another shining star in our transition as a state-based Exchange. This team is awesome.

So the quality assurance, this four-person team reports to our COO and is a level 3 support team, and they address the most complex issues that require in-depth research. For reference, our preliminary workload statistics of the QA team included approximately 800 emails responded to and closed, and the closure of 600 CAP tickets, which is our consumer assistant portal tickets.

The quality assurance unit's partnership with the GetInsured call center included support of escalated issues resulting from some 42,700 calls since the call center's operational start. And the consumer support line on -- or excuse me.

Coordination of workload has been managed by daily check-in calls with our call center during open enrollment. And we have now gone to twice weekly check-ins during SEP. Since their opening day, the call center has maintained a 90 percent or greater consumer satisfaction rate.

And then I wanted to provide you with some information about our new employees and kind of our

growth as a state-based Exchange as it relates to our operations.

So our biannual budget that was approved this last legislative session included an additional nine classified full-time employees to assist with our state-based Exchange functionality. Between the months of August and December, we coordinated with the Division of Human Resource Management to recruit, interview and hire all nine employees, which by itself is a giant feat of state bureaucracy. We are very proud of that work.

So the hiring process was an enormous task, and it took place in the middle of what was an incredibly complicated technology transition project. We immediately employed all of these new team staff members to develop, to help us develop new processes and policies and workflows to align with their respective positions. We understood what the functionality would be and what functionality would be necessary to operationalize the state-based Exchange, but the flow is still something that we are working to completely understand. I think, it'll take about a year of operations for us to totally understand all of this.

So the quality assurance and consumer assistance unit, which I talked about earlier, was started back in September of '19. And we built this

unit with those three QA analysts that we mentioned earlier. They report to our QA Manager, who reports to our COO. Each of these positions are cross-trained to ensure daily coverage and to assist each other with increased workloads.

The QA for Carrier Support Specialist is a subject matter expert who works directly with our health and dental insurers who offer products through the Exchange. Under the direction of the QA Officer, this position is the single point of contact for our carriers for on-Exchange policies, practice and systems, because, or from starting this position, since she started this position, she's been responsible for researching and confirming some of the most complex payment transaction processes, enrollment and eligibility verifications with our carriers, and, of course, identifying system interactions among our consumers and our carriers. This person is primarily responsible for identifying trends and defects and then, of course, reporting them as appropriate.

One of our other QA analysts is primarily responsible for partner supports and is a liaison and subject matter expert for navigators, enrollment counselors, CACs, and our licensed agents and brokers. She is responsible for program development and

implementation to support all of those folks. She supports case management, policy research and analysis. I could go on, but you could read that. So we -- she also has been in direct and daily and constant contact with our broker liaison who works out of our Henderson office.

The next person is a consumer support specialist, and she is a subject matter expert who is working daily and directly with consumers. So she's performing all sorts of support and research of any kind of consumer complaint that reaches a Tier 3 level. Often, these are coming to us through phone calls or emails or through delegates or the Governor's Office. She is charged with providing coordination with the GI call center and ensuring that all of the consumers that call get timely and satisfactory resolution to their issues.

And then, just to give you -- I already gave you that information. Wow. I repeated things. Sorry about that.

So the last, or one other unit that I wanted to provide you with some information on is our policy and compliance unit. This was brand-new to us. And I am thrilled about this, because as of -- those of you Board members who know, over the last several years, policy

and compliance has also been my third full-time job. So I'm excited to have some support in this. And we are really lucky to have the team that we have.

We have a Management Analyst III, who is our compliance manager, and then a Management Analyst I, who does our policy and compliance coordination. And these are content experts, subject matter experts in reviewing guidance and developing policy manuals for our internal staff, our external stakeholders, and for the public. The policy unit also oversees librarianship of all documents that ensure that they are being updated appropriately and that the scheduled reviews of those documents are happening as appropriate.

The Manager is in charge of ensuring that our vendor system is in compliance with all NRS, NAC, and federal law, and any rule exchanges that come, which we'll talk about some of those later. The position serves as a manager over the policy and appeals team. She engages with compliance -- or works on our user acceptance testing to any changes that the vendor deploys to the system to ensure that defects are being managed appropriately and within compliance of all required standards.

The MA-I is focused on researching policy-related matters that impact our operations. He

works collaboratively with the policy and compliance team to identify any kind of changes that may impact our business and our operations. He's also required to assist with the creation and revision of guidance and our forward-facing policy manual for both internal and external use, and has been instrumental in helping to establish -- I will just wing it here, but policy manuals and any changes in interpretation of those policy manuals that have come up over the course of the last several months.

Finally, the last set of the two, of the nine employees that we hired were the two reconciliation specialists. And they have a critically important role that we're just starting to dig into now. We hired them last because, basically, reconciliation couldn't start until after the end of open enrollment. And reconciliation is a critical part of interacting with our carriers to ensure that their system matches the GetInsured system. So they've been busy over the last several months establishing some policies and processes, working to develop relationships with our reconciliation teams on our carriers, and have been building an external system that we will be using to manage reconciliation.

I promise I'm getting near the end here.

I wanted to provide the Board, because it is important that we continue to pay very close attention to what is happening in Washington, D.C. And it is not boring at all.

So we are tracking several different items. One of them is the public charge, which we've discussed at length in our Board meetings, previous Board meetings.

And this year, I wanted to provide you with a quick update that on January 8th the federal appeals court blocked an executive order from October 2019, which was to prohibit lawful entry into the United States for individuals who could not supply -- oh, wait. That's not even the -- woops, that's not even the public charge. That was a different -- I need to make some corrections to the record. This is an entirely different immigration-related health insurance regulation. So I will make changes to that, apologies, and provide everybody with an update on that, for the record. Tiffany, sorry about that.

Let's talk about the program integrity rule. This is a big one that is creating quite a bit of stir in our offices. So CMS enhanced, or enhanced and published a final rule related to state-based Exchange program integrity. And this rule requires state-based

exchanges to conduct a biannual periodic data matching for plan year '20-21.

So what that would do is allow the Exchange to identify compliance with the correct eligibility and enrollment for any consumer who's on the Exchange. This, basically, means that we would have to do a second round of checking on all of our existing enrollees to ensure that they are still accurately eligible for qualified health plans and any subsidies that they may be receiving.

This creates some technical tricks, or trickiness for the Exchange, because this is not something that was in previous rules, and it's not something that the Exchange has budgeted for. So we are working with CMS to really kind of understand the timeline and better understand, and other states that use the GetInsured platform, what their plans are for deployment, to see if there are any opportunities for cross -- for building technology across all of the platform.

The program integrity also requires -- this is something that gets a lot of national attention, and I think it's important to bring it up here. It requires that Nevada insurance carriers or any insurance carriers separately bill consumers for non-Hyde abortion

services. Carriers are required to bill a minimum of $1 per enrollee per month even if that enrollee premium is less than $1 a month due to allocation of premium tax credits.

So there are no current Nevada insurance carriers that offer non-Hyde abortion services. But should a carrier choose to do that, they will experience quite the administrative burden to do so.

We are currently waiting for the annual notice of benefit and payment parameters. There's a lot of things that will be more relative to Nevada Health Link as a state-based Exchange that could be included in this year's NBPP. And we are hoping to see that before February and to understand what might be included in that.

If you remember, in previous Board meetings, we talked about how there was some suggestion that that NBPP would prevent auto-renewals, and it would prevent silver-loading. But a spending bill, that I'll talk about a little later actually, that was passed and signed by the President prevents CMS from telling states or telling carriers that they can no longer silver-load. So that should not be a problem for us, at least in the next couple of years.

We are also looking at health reimbursement

accounts, an HRA rule that we've also previously discussed in other Board meetings. And the reason that this is something that we're concerned about is that it is -- there's two different kinds. There's a group HRA, and there is an individual HRA. Both require that we put different technology or coding and questions and logic into our application. CMS does not have a timeline for deployment for state-based exchanges. And by their own admissions, it does not appear that they may be ready with their own application for plan year 2021. But it is something that we're working with other states who use the GetInsured platform to better understand how to deploy this logic.

In August of last year, CMS released a rule for quality star rating transparency, and it requires that state-based exchanges incorporate QRS, or quality star ratings, into the plans that are sold on the Exchange. It's supposed to be a tool to help provide consumers with transparent ratings of the plans that they're looking at.

Due to the time frame in which that rule was released and with permission from CMS, Nevada did not have the necessary time to publish those ratings within the GetInsured platform for plan year 2020. However, we are working with GetInsured to incorporate that feature

into the plan, platform with hopes that we can do that in time for plan year 2021.

As you may be aware, and this has changed since we published this report, but on December 18th, the Fifth Circuit Court of Appeals issued a decision about the ACA individual mandate case and said that the individual mandate associated with the ACA is unconstitutional. Oh, I'm sorry. They issued a decision that that case needed to be pushed back to the lower courts. There was request from the states' attorney generals to have that looked at and expedited at the Supreme Court level. However, yesterday, the Supreme Court decided that they would not expedite that case until the lower courts made their final ruling.

And then, finally, President Trump signed a $1.4 trillion spending bill in December, and that bill has provisions that allow for the continuation of silver-loading for Exchange plans. And the silver-loading, as you guys remember probably, was introduced in the fall of 2017 when the Trump Administration chose to stop paying insurance carriers for cost-sharing reductions.

This silver-loading allows insurance carriers to load the cost of unpaid CSRs into the premium of silver plans, which allows insurance carriers to receive

a higher tax credit from the government. It also has a positive impact for consumers by loading the silver plan premium to allow for a higher tax credit to be granted to consumers who qualify for subsidies.

The other good part of the spending bill includes provisions to continue to allow annual auto-renewals. Auto-renewals, as we know, occur on an annual basis where a consumer can elect to allow the Exchange to auto-renew them into the same plan if it was available.

And so we're happy to know that at least for the next couple of years, silver-loading and auto-renewal should be okay.

I wanted to provide just a little bit of more information that's not in my report, just to give you an overview. At the next Board meeting, I hope to provide the Board with a visual demonstration of our platform and so we can show you the various different user experiences. But at a high level, I wanted to let you know that our Exchange carriers, our consumers, our broker, our agents, our navigators, and our staff are, of course, all getting used to an entirely different system. And our carriers were introduced to our platform through -- in this last late summer through the plan certification process.

So carriers have two main points of entry. One is to view the plan preview portal. And that allows them to ensure that the details of their plans are being correctly displayed when a consumer is shopping on the forward-facing shopping tools.

The second point of entry is through the issuer portal where our carriers have access to view all of their enrollments, meaning the enrollments for their specific company, and to view the details of each enrollee.

So carriers are beginning to get familiar with that tool and are using it to conduct our reconciliation activities.

Consumers were welcomed onto our portal in October, when they began to look at the consumer shopping tools and look at plan year '20 plans, prices and subsidies. These tools allow consumers to do side-by-side comparisons and find plans that are right for their needs.

Consumers were then able to view their portal on November 1st. And the consumer portal is a place for them to manage their applications and their enrollment and to review notifications about the status of their enrollment.

Our certified brokers and agents also have

their own portal that they were welcomed into on November 1st. And they were able to view and manage both their migrated book of business and then to add to their book of business. So they could complete applications and enrollments through their portal for existing and new consumers.

Brokers can view all of their enrollments and have the ability to easily export enrollment data for the management in their own proprietary systems, too.

Our navigators and in-person assisters were probably the happiest of all bunches above our stakeholders as it relates to our technology, because for the first time ever they had their own enrollment platform. Previously, enrollment professionals, or navigators and in-person assisters had to help a consumer establish their own account and then help them to apply and enroll through that account.

So now our navigators and grantees for in-person assisters are able to do, by proxy, applications and enrollments for consumers that they were assisting. And this makes the management of their business and the work that they were doing for consumers a lot more manageable. So they're very happy with this.

And then, finally, our Exchange staff, we're working on getting our arms around all the different

views that we have as in our different administrative roles. But we're very excited about being able to view our consumer applications and activities, to monitor our reconciliation with our carriers and with the Exchange, and then to keep a close eye on the activities of our consumer assistance center to ensure good results and outcomes for our consumers.

And now I am done, and I am more than happy to take any questions.

DR. JAMESON: Thank you. Incredible report just reflecting an incredible job again. I said it before, insurmountable, between the technology you were working with, the new employee hires. It probably wasn't as easy as just going to a dot com. And just the complexity, so many layers. Again, we just all have to say well-done, phenomenal.

And it is, as you started off with, wonderful to be sitting on this side, with the mission accomplished, and not just accomplished, but done beautifully, success beyond all measure. And I could just say congratulations once again. Incredible.

I'd like to now ask everyone for comments and questions. And who would like to start?

MS. LEWIS: Madam Chairman, Lavonne Lewis, for the record.

And I would just like to say that I am probably, I am the only person who has been through this once before. Because I was here at the start of this whole process. And I must say and must extend my congratulations to our Executive Director and the staff for a job well-done. Really this report is incredible. And we are so grateful to you for all of your hard work. Thank you very much.

DR. JAMESON: So I'd like to welcome any questions.

Please, go ahead.

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

I'm just so excited to -- congratulations again, you guys. I wasn't on this Board when the first go-around happened, but I watched it on TV, and it was -- you guys have done fantastic. And for all the people that I know that were asking me, well, you know, when they heard this was going to happen, they were a little freaked out, and I'm like, "You know what, this team has it." And you guys, you guys just did such a great job. So congratulations to you and the whole team, Heather.

My interests and questions are more about, now that you've had access to so much more information, will

you be targeting, will you be evaluating that information to target, well, to see the areas that you're serving well, to target areas that may not be aware of what's going on with the Exchange, I mean are you -- do you have a plan in place to start to really do outreach and target those populations that you may find need more assistance?

MS. KORBULIC: Yes. Thank you. Yeah, absolutely. And one of the things that I kind of neglected in this report was to talk about some of the interactions that we now have with our Medicaid sister agencies.

So, first, to answer your question, the access to information and data is like drinking from a fire hose. We don't know what we don't know quite yet about it, but we are working through all of it. Every day, we get a different request for information that we think, "Ah, we know that now. How do we get to it?"

So we're learning. And I would say that we are absolutely targeting populations. One of the benefits of having our own state-based Exchange is that we can now send survey questions to anyone who cancels or turns or does it for nonpayment or in the middle of the year, and ask them where exactly they went and try to get an understanding of what that flow looks like for people

who are coming on and off the Exchange.

The other thing that has been really enlightening and interesting and a little bit stunning, if I may, is the interactions that we've had with our sister agency, with the Division of Welfare and Supportive Services.

So to give the Board a little bit of information on the kind of interactions that we have with the Division of Welfare and Supportive Services, when someone enrolls on Nevada Health Link and it looks like they are Medicaid-eligible, we will basically tell them, "Looks like you're likely eligible for Medicaid. You can continue to shop at full price if you want to, but we're going to send your account and your application to our partners at DWSS for assessment."

So then we conduct an account transfer where that application goes over to DWSS. And they do their thing. And they'll tell us one way or another whether that consumer, yes, is eligible or, no, isn't. If the answer is no, then that consumer can come over and shop for a qualified health plan with subsidies.

For consumers who start at DWSS, Division of Welfare and Supportive Services, those individuals who are denied Medicaid because they are over assets, those folks are then transferred to Nevada Health Link.

So during open enrollment, we saw very big numbers. So the number of applications that we received during open enrollment is somewhere between 18 and 22 thousand applications. And the good news about those consumers is that we give them 60 days from the date of denial. So the date that Medicaid says, "You are not eligible for Medicaid," we then give them 60 days to enroll on Nevada Health Link with a subsidy.

So we're still chasing a lot of those people and really kind of figuring out how best to interact with them. One limitation that we have identified that was unexpected -- but that's to be expected, the unexpected -- is that the Division of Welfare and Supportive Services does not prioritize the collection of email addresses. So we have found that the bulk of those people, we have their mailing addresses, but not their email addresses. So with GetInsured and with Nevada Health Link, we are sending direct mail to them.

One of the advantages over what happens or did happen at HealthCare.gov is that we basically take their application and we plop it into our system. And we invite them through a code, a unique code for them to claim that application. That never happened on HealthCare.gov. With HealthCare.gov, they had to go and restart.

So we think there's some advantages there. And we're really kind of trying to figure out how best to do outreach to those folks and then really kind of capture them so that they don't fall between the cracks and become uninsured because they've missed open enrollment or because they've been denied Medicaid.

So that's a real opportunity for growth.

MS. CLARK: Fantastic.

DR. JAMESON: Thank you.

Further questions?

I was just curious. Last year, at the end of last year's, when we completed enrollment, not this year, last year, what was the final number last year?

MS. KORBULIC: Last year's open enrollment reports from CMS was a total of 83,449 plan selections.

DR. JAMESON: Close enough, yeah. And I noticed you mentioned when migrated accounts over, a number that was a bit smaller. And I wondered, is that because by the time you migrated the accounts, that was the attrition rate that had occurred?

MS. KORBULIC: I'm going to do my very best diplomatic tap-dance on that. And so, to answer your question, it is very on-brand, in trend, in line with all state-based exchanges and exchanges in general that you have more plan selections than you ever have

effectuated numbers.

But, yes, the number of 83,000-plus, versus the number of consumers we migrated in October of 65,000-plus, is a significant difference and is generally in line with what we saw with CMS, our plan selections versus our effectuations.

But, again, that's why I have spent a lot of time talking to the press and anyone else who want to talk about our numbers and the differences between this year and the previous year, is this is why I think it's our new baseline. We actually have an understanding of how many people made plan selections, and we have very real-time data on how many people are effectuated and terms.

So I think that we really do need to be judged from this plan year and moving forward.

DR. JAMESON: And that was actually the point I wanted to make, was have everybody understand that those numbers last year were not our numbers, and they were not, you know -- as you say, it's which, what is really the effectuated plan. And so that's why this number of 77,000 I actually think is an incredible number. And it's a real number. And I just wanted to stress that.

Going on, I wanted to applaud you. I don't know if -- as you said, no small feat for any agency. I

really can't say that I know other agencies' production or budget. But to be on time. Of course, you had no choice. You had to be on time. And to be under budget, wow, that's just amazing. So congratulations.

And when you, the Exchange moved and you were focusing on the established best practice, you have pointed out that the technology and call center vendor, that you are going to focus now, and while you were doing it, on defects and finding defect resolutions so that you could improve and enhance. And I was curious if there were any major defects that you went through and just how you managed them, that of any one in particular of significance that you feel is worth sharing with us.

MS. KORBULIC: Well, I have been joking that I've aged a decade in the last year. Yeah, so there were isolated defects and issues, primarily things that we've been chasing and continue to chase, that really didn't block many people from completing their enrollment. And if they did, those were very isolated and attended to as quickly as possible.

And, I guess, the one that comes to mind is more of a consumer confusion experience, not so much something that actually blocked somebody. And I know our enrollment partners would agree that this has been

the confusion. Something that we saw over and over again was consumers who would log into their portal, and there would be the infamous red banner. We talked a lot about this red banner. And the red banner basically said "You've had a data matching issue." And that was there whether or not a purpose had a data matching issue.

And for those of you who don't have to live and breathe this, a data matching issue would mean, for instance, we pinged the federal data services hub, and the information they gave to us on your income, for instance, doesn't match what you put in, so we need you to upload and provide us with some documentation. And so there was a consumer experience where some people were seeing that regardless of whether or not they had a data matching issue.

And then some, the other problem related to that, which we are still sifting through and sorting out, was that people would upload data to match and to provide the requested documentation, and that banner would just stay, and it wouldn't go away.

And so it was creating confusion. But I mean, ultimately, that was not preventing people from getting enrolled.

DR. JAMESON: Excellent. It sounds like that

was a major hassle and that you guys are working well. Do you think you're going to find a way to reduce a lot of the things that caused that red banner? Is our state, is our GetInsured, is part of it something they can help, or does it have to do a lot with aligning with federal data that we could never help?

MS. KORBULIC: That was purely on our end. That is was a GetInsured-specific defect. And so we've touched base with them daily to manage this list and to resolve these issues, and I think we'll continue to do that. And I will say that they've been very responsive, especially anything that related to blocking someone, which those were on occasion there.

And I would also just, I'd like to add that GetInsured has prioritized Nevada, but Nevada really has and will continue to be the trailblazer in identifying and testing their financial application and resolving any defects with that. So states that come behind us, which several have lined up to do, and I talk to them pretty regularly, too, will have a better experience when it comes to launch. Not that we didn't have a good experience. But they'll have an improved experience.

DR. JAMESON: Thank you for doing that. And when we look at our total enrollees, again, it's a fabulous number, it's a real number. The average net

premium, can you tell me, in our state right now, for a qualified health plan, not on the Exchange, but for an individual who just purchases it, which is virtually almost impossible off the Exchange if you're not doing a play-based or, you know, what is the average net premium now in Nevada?

MS. KORBULIC: Do you know that?

DR. JAMESON: I thought it was closer to 400, but I could be wrong.

COMMISSIONER RICHARDSON: So this is Division of Insurance. It's over $400. And that's just for an individual. It runs about 480, I would say, on average, for off-Exchange.

DR. JAMESON: So I just want to applaud the Exchange, the Link, Health Link, for making this so accessible. Because, although we still all, as we know, have a national crises about access to affordable quality healthcare. This net premium of 281, and if you compare it to well over 400 for a qualified health plan for individuals off the Exchange, I want to make sure everybody appreciates the difference between 280 or 480, it puts it completely out of many people's budget. And that this is an amazing service that you're being able to provide. Really it is. If you look at statewide and nationwide and affordable health care plan, it's not as

low as we'd like to get. It's not affordable by everybody, granted. But this is excellent work.

And the fact that 80 percent of our enrollees are benefiting from the APTC, this is just wonderful. And I just want to point that out. The difference between 281 premium for the year and over 400 is to be applauded. And so congratulations.

I wanted to -- I apologize. I should probably know this one. But could you tell us for a moment. Because your bronze plan, 1,050, and as we know, we've been getting away from that and doing a great job allowing lower deductibles on to silver, and the expanded bronze plan, though, bronze and expanded, it looks like we've still got quite a few people interested in that expanded bronze, does it have something to do with the deductible in the expanded bronze? Could you remind me. I don't know.

MS. KORBULIC: Trick question. I don't know, either. So I'm looking to see if Jonathan maybe knows, because Val is saying she doesn't know.

MS. CLARK: I don't know.

MS. KORBULIC: And our Commissioner of Insurance is saying she doesn't know. So I can get back to you. Yes. Thank you.

DR. JAMESON: Yes, yes, yes. And on broker

enrollments, again, congratulations. Marketing and outreach. I saw these commercials. They are catchy. They are to the point. They reflect reality. They are compelling. Best we've ever had. "I didn't need to enroll, and I wanted to go and act." They were very -- they were well-done and competed every bit with our Governor when he did the advertisement that was very popular. And perhaps more so, because I think the average person could relate to those commercials. They were amazing.

So I wanted to understand a little better. With the increase over the years, locally and nationwide, of short-term limited duration, these associated health plans, health plans, that we are being called to compete with, and with our Insurance Commissioner here today, how much is that market growing?

I do imagine that although they're not necessarily comparable, some of these plans that are out there, I don't know if they all do go through the Insurance Commission. How much is that marked for growing? Is there any possible way of knowing if this is actually where some of that business attrition of ours is actually going to?

I was excited to hear you're doing surveys. I

better stop here, because I'll get into too many questions at once. Maybe we could first hear from the Commissioner. Is this, are these options -- and I'm not going to use any descriptions of these plans, people, and a lot of times don't realize that the short-term plans are not offering them everything that they could have. But are they becoming popular, are they competitive, are they a concern for us in our marketplace?

COMMISSIONER RICHARDSON: So, for the record, this is the Commissioner.

I will tell you, last year, we actually passed a law, the legislators here in Nevada, that controlled how often you could buy a short-term plan. So you used to be able to buy a short-term plan for six months, and then you could buy another short-term plan for six months. And the federal government was trying to do a you can keep on renewing for three years. But Nevada stepped in and said, no, short-term plans are short-term plans. They're supposed to be a transition plan between. You know, you lose your option or you lose your insurance from a job and you need to transition to a new job. That's the focus and the priority of them.

So here in Nevada, they're not a true competition for anything that's on the Exchange.

The other thing that we did was require that they have the bulk of the essential health benefits and the mandates. So they're really not competition at all. They're just literally a holding pattern between that and what might be an open enrollment period for you.

DR. JAMESON: This is very exciting. I was following that, and I actually just didn't hear how the outcome turned out on that particular bill. So that's excellent to hear. It was realty scary wanting them to extend it and extend it. So that's excellent news.

Now, we were so excited and have been about the six broker agents that received the Exchange release, the grants, the five grants and the storefront programs. I was curious. What percent of our business do you think actually came from that project? A return on our investment, how did we do?

MS. KORBULIC: I'm trying to catch up and answer here. So we are wanting to know how many enrollments came through our broker grantees, is that correct? Oh, 2,500.

DR. JAMESON: No, do you -- oh.

MS. KORBULIC: So 2,500 combined from those five. Yes, correct.

DR. JAMESON: 2,500?

MS. KORBULIC: Yes.

DR. JAMESON: Yeah, that's very nice. And so do you feel that probably is worth the investment to do that again next year?

MS. KORBULIC: Absolutely. Just this -- I got to visit a couple of these storefronts. And one of them was, I think, the Boulevard Mall. Yeah. And that was just such a good environment for people walking through who thought, "Oh, I should get connected" And that's exactly what we need.

So I watched enrollments happen right there in the mall and connecting to consumers who wouldn't have maybe thought to do it otherwise. So that awareness and brand recognition, along with the enrollments and support for our broker partners, was just critical and something that we plan to invest in again.

DR. JAMESON: So it sounds like we'll be doing that again next year. I think, one of my questions, also, is, you know, particularly I'm involved with a lot of nonprofits. And we always call events friend and fund-raisers. And what you just said is that, I think, this is just a wonderful way of advertising those and exactly who we are and what we do, what we can do for you.

And what I'm wondering is when people come, because I haven't seen this part of our platform, does

it say how they were, how they came to us, do you say because of the commercial, because the storefront, because of -- or because a lot of people that go to a storefront, they're busy. When I'm out shopping, I'm not going to stop when I want to go do something. I'm curious.

MS. KORBULIC: Yes, so that's a really great question. There are a couple of different ways that we track that information. There isn't a specific question in the application that asks "How did you hear about us?" from new consumers. And it is something, a goal of ours to get our call center to be asking about how they've heard of us.

But, ultimately, what we can do is digital tracking. We can find out what website they were at that led them to our website, what they were searching that led them to our website. So we can kind of better refine and hone in on those types of searches and those folks.

DR. JAMESON: I'm trying to read my writing. I apologize. We'll have to, we're going to let you off the hook on that question, because. Oh, got it. You said there's some changes you think the platform may need to utilize in order to accommodate the special enrollment period of people. What do you think's going

on there? Why would that be the case?

MS. KORBULIC: That's a really great question. So one of the surprises for the Exchange staff was we thought we would launch November 1st open enrollment, and then that would be something that we managed. And that was something that we managed. But, of course, on December 21st, when we turned off all open enrollment functionality and we had to switch into our special enrollment period, we were basically launching an entirely new rules engine.

And so we are now in the second phase of understanding and managing defects and issues and kind of just going through a similar process that we did with open enrollment, identifying areas that are needing improvement and prioritizing them for resolution.

DR. JAMESON: Excellent. Now, I want to congratulate you on adding the extended hours on your call center. I think, that's amazing. Because many regular working folk need those extended hours.

I guess, I'm wondering, what percent of your volume, or during the extended hours, was that a really heavy volume time? What percent of your volume do you think actually came during the after hours and weekend hours? And, most importantly, because we're all from Las Vegas down here, and we're a 24-hour town, I think

you should consider even more extended hours, like one, maybe minimal, call person answering, even if there's a long queue. You know, even my favorite online ordering places have allowed 24 hours.

MS. KORBULIC: I appreciate that. And it's absolutely something that we're kind of in our decompression phase on open enrollment and doing postmortems and trying to figure out where the high call volume came and when we really need to sort of leverage and open hours for our call center.

So part of the statement of work that we were developing and finalizing with the GetInsured vendor includes call center maintenance and operations, and it includes key performance indicators for this next plan year and ongoing. So that'll be part of our discussion.

DR. JAMESON: Excellent. So you talk about these different level of support and how they got very, very complicated. Was most of that what we already addressed, the red banner?

MS. KORBULIC: I wish it was just that simple. Complicated cases can have just a variety of different flavors to them. I'm trying to think of one where -- let me think of one that might be a good example for you.

So a consumer enrolled and paid for their

enrollment at a full price, let's say, and then later entered and made changes to their application that would have put them within subsidy realm. So now they are getting an applied subsidy, but they've already paid the carrier for the full price of the premium. And we, at a Tier 3, our quality assurance officers are working with the consumer and our carrier to rectify that situation for that consumer. That's one of many.

DR. JAMESON: Well, considering how complicated it is, and they throw that problem in, of course, your lap where, of course, it belongs, the 90 percent consumer satisfaction is outstanding. So well-done. Well-done.

And we're going to skip over the descriptions, but I do appreciate you've shared with us before the job titles. And I appreciate you sharing with us. Because it really gives us a good overview of the complexity of your staff with the new charge of doing all of this ourselves. And it makes us appreciate the complexity, responsibility, the accountability.

And you guys, I really respect how accountable you are being, and not just because you have to, you're state-supported, but because you guys are so conscientious to do so and you want to be the very best you can be. And I just got to tell you, your new people

that you've hired to help you with your program integrity rules and everything else -- I don't mean the program integrity rules, but your policy and compliance for you, I congratulate you that you're able to share that with others.

So going to the program integrity rule, you know, it's the old expression, it just seems so unfair they can keep changing the rules, building the ship as we fly, and making one ship get it somewhat down, that you now have to adjust to all these new rules.

So what I'm wondering is, does the federal platform for checking biannually, do they already have that in place?

MS. KORBULIC: That's a good question. And I do not believe that they do. I believe, that's something that they're working towards for this next plan year, though.

DR. JAMESON: Oh, very good. I just was thinking, since you said we're not sure how we're going to go about doing that, I'm not sure if this is -- I'm not recommending we model their plan, but that it'll be interesting to see what they do. And I'm sure that our GetInsured is going to check that out first immediately. But it probably is not going to be an urgent issue, since they haven't got it started.

And, now, what I'm wondering about is the incorporating the quality star ratings. Because we didn't have enough time to do it last year. And, again, I plead ignorance. Who sets these quality star ratings, is this our Commissioner, where does this come from?

MS. KORBULIC: Thank you. That's a great question. The quality star ratings come from data that the carriers provide, related to several different metrics, to CMS. And then CMS performs algorithms on the data that they provided and rate them based on the quality of service that they give to consumers.

DR. JAMESON: Very good. So it's kind of like when you watch a movie, it's five stars, four stars. And it should give our consumers an idea of the better, better plans, the quality?

MS. KORBULIC: It should. I would say that I have some reservations about the data and the quality ratings that we've got in Nevada. And, I think, it's an ongoing conversation between carriers and CMS as to whether they're using agreeable metrics. I try to stay out of that. But there is, you know, there's some truth in the middle on whether or not those are accurate.

DR. JAMESON: I just wanted to -- my final, my final comment was on the -- and you've somewhat addressed this already. You talked about how carriers

are able to do a plan, to do a preview portal. They're able to do, finally, once they've completed it, their portal and view their enrollees and everything. And you talked about the consumers, how they can get on there. And you mentioned that, earlier, it'll be -- you'll be able to follow up and see why someone may have left our plan, et cetera.

What I'm wondering is, with the new data, I'm sure you're able to see the number of people who get to that final step but then don't actually enroll. And even at that step, like when you're out shopping, you know, the clerk tries to get you before you actually leave. Now, I know we wouldn't be able to do that. But I think, at the end of the year, looking back and saying, "Look it, we lost these people during the year," then asking them to do a survey, maybe we could get in on it a little sooner. Any chance of that?

MS. KORBULIC: Absolutely, Madam Chair. And that is something that we were very excited about throughout the open enrollment period. We were able to take a look at numbers, or the members who had started applications but not completed. And we chased them in a probably somewhat irritating way, but we were very persistent in following up with those consumers and getting them to get back into the system and complete

their enrollment in time for the end of open enrollment.

And so the other thing that we are trying to think through in our postmortem is where in the application did people stop, and then get a sense about that space and whether or not we need to do a better job explaining the questions, whether or not that question -- or, and kind of do some analysis on why people would have stopped where they stopped.

DR. JAMESON: Again, excellent.

I'd like to go ahead now, unless there's any other questions, and move ahead with our wonderful marketing and outreach update. I'm very excited to have them share what they have planned.

COMMISSIONER RICHARDSON: So, Madam Chair.

DR. JAMESON: And I'm sorry to keep you waiting.

COMMISSIONER RICHARDSON: Madam Chair.

DR. JAMESON: Yes.

COMMISSIONER RICHARDSON: I do want to add one more thing just for everyone's benefit. I would say that, you know, I know we're all very proud of Heather and her team. All the other state commissioners, insurance commissioners have been following you as well. So I get a lot of comments and a lot of, you know, how's it going? How's it working? And it's, you know, we

always send them back to you and to the other Exchange folks in order to make sure. And there's quite a few states who have followed the line and who are so excited that you've broken this path so that they can also move on to state-based exchanges.

It is very exciting. So I just wanted to make sure to echo that and let everybody know.

The other thing I wanted to reiterate to is the information about the 77,000 folks. HealthCare.gov wasn't exactly the best data, you know, sharer. That's probably a nice way to put it. And they had a tendency to not want to give as full and accurate information. It was a lot of sort of vague information that you were working with. So having Heather and her team actually have a real number to work with is going to make a huge difference. And I think that that's going to also give us some idea of what's going on in the market.

Because from the Insurance Division's perspective, the number between the 63, which is the effectuated, and the 77, that's a rise. That's huge. And they were trying to play it against the what was enrolled and potentially those folks who had either gotten jobs or moved to another program. And, you know, that was all done within the first three months, which means that they weren't truly enrollees.

So this is, this is something that I think that you all should be very proud of.

The other thing to consider is that your risk pool this year is almost exactly the same as it was last year, which is, that's an accomplishment in itself. So this is a healthy stable market that you've moved into and a healthy stable set of consumers. So kudos.

MS. KORBULIC: Thank you.

DR. JAMESON: Thank you.

MS. KORBULIC: And if you'll allow, Madam Chair, if I could just mention one other thing about other states.

DR. JAMESON: Oh, please.

MS. KORBULIC: Just for any state that might be listening, I'm going to write a book. And so you don't need to call me. I'll just write this book, and then you can read it. Thank you very much.

DR. JAMESON: Well, I don't think you're going to have time to write that book, so they may have to call.

MS. KORBULIC: That's true.

DR. JAMESON: But I do want to thank our Commissioner, Insurance Commissioner for clarifying what I was trying to say. That is exactly right. I think that that number 77 is a solid number we can rely on,

and it's a great and improved number.

So thank you for really clarifying that. Because the Exchange has done an incredible job of getting real numbers, which we've been dying to have since the inception of this organization.

So having said that, we will go on to our wonderful marketing and outreach update.

MS. DAVIS: Good afternoon. Thank you, Madam Chair. For the record, my name is Janel Davis. I am the Communications Officer here at the Exchange.

I am actually going to start on page two, because this is quite repetitive. So I'm starting with the second paragraph.

In preparing for the Exchange's 7th open enrollment period -- that's crazy, we're already in our 7th open enrollment -- Nevada Health Link communications team and our marketing partner Penna Powers introduced a new creative look and strategy for marketing and advertising for plan year 2020.

The goal of this package was to promote the open enrollment period, obviously, enforce Nevada Health Link's position as the trusted resource for health insurance, and promote the benefits of Nevada's state-based Exchange platform.

The strategy was to understand who the pool of

potential Nevada enrollees are and to use the migrated data from HealthCare.gov to help determine the pool of uninsured and underinsured throughout the state. And you can see that we increased that from a 65,500 pool to about 77,000.

The primary goal was to retain current enrollees, with a secondary goal to recruit new enrollees. The access to real-time consumer enrollment data provided the marketing team with better insight into consumer demographics which clarified our target audience focus for a more optimized marketing campaign.

So our advertising campaign was entitled "Peace of Mind." It focused on three different scenarios entitled "Sick Kid," "Body Cast" and "Anthem." And it promoted the consumer question of how do people describe their health coverage through Nevada Health Link. And then it encouraged the Nevada consumer to visit our website, NevadaHealthLink.com, to learn more, see if they qualify, and then actually complete enrollment.

The spots ran as TV advertisements, online videos in 15-second formats, while the Anthem spot, which represented Nevada's consumer diversity, was promoted in both 15-and 30-second formats. All of our media vehicles included TV, radio, out-of-home, print, outdoor, and content marketing. And they were targeted

by age, ethnicity, interest, and more.

The campaign's media buys were strategized based on their ability to reach specific audiences, which was not a one-size-fits-all approach. Even mass channels, such as TV, radio, out-of-home, which is, transit is an example of out-of-home, that have traditionally been used to blast all audiences, were very targeted by the network, genre, and zip code.

So paid campaigns were designed to complement owned and earned media efforts.

The media campaign was designed as a three-pronged approach. And that means, you can see below there, one, two, and three. We talked about transition messaging. And then we did a preenrollment campaign and then an open enrollment general advertising campaign.

So, again, having access to enrollee data provided an opportunity for Penna to precisely target the Nevadans who were most likely to enroll. If they had already enrolled once, they're not afraid of the process, and they understand the benefits.

So, in addition to the traditional preenrollment and open enrollment messaging, we reached out to existing enrollees to encourage and experience the ease of the transition away from the federal

platform.

Our target audiences are listed here as well. And then, going into a little bit of the metrics, with the push to increase the scope and budget for search engine optimization paid search marketing, website traffic to NevadaHealthLink.com observed a significant spike in users, sessions, and page duration on specific pages of our website. There was in particular a noticeable jump at the start of December through the final enrollment date.

And the page visits to NevadaHealthLink.com showed significant improvement in acquisition and behavior. And this one I was particularly proud of. It meant our campaign worked. People were spending a very significant amount of time on the actual webpage, which means they were reading about the program and staying on the page.

So paid search drove 10,000-plus more sessions. We had a lower bounce rate and significantly higher session durations.

The SBE enrollment portal brought a significant increase in referral traffic. So people would go to NevadaHealthLink.com, and then they would log in or claim their account on the actual enroll.NevadaHealthLink.com platform.

Moving on to public and media relations, in collaboration with its marketing vendors, the Exchange developed and implemented a robust transition-focused PR campaign, which included the development of a media wish list to identify and prioritize the top media targets, and pitched angles to local and national reporters.

On the day of the soft launch of the platform, Nevada Health Link pushed out a press release announcing the go-live of the website and call center that provided consumers with detailed information on how to claim their migrated user account.

Both state and nationwide interests remained focused on the transition initiative and provided significant opportunities for the Exchange to engage in meaningful conversations about the benefits and efficiencies of being our own state Exchange.

Consumer and stakeholder messaging points served as an aid in background for scheduled editorial board meetings and op-eds that were attributed to key Exchange staff and executive Board members, which provided further opportunities to talk about the transition and open enrollment to the public.

We also hosted a press conference in Las Vegas to kick off the beginning of open enrollment, which was Friday, November 1st. Governor Sisolak attended and

spoke at that presser. Also, on November 7th, we hosted a press conference here in Carson City and invited key legislators to speak on this bipartisan message and the importance of getting covered.

In addition to the kickoff of the press conferences, we collaborated with the UMC Trauma Center in Las Vegas to host a closeout press conference on December -- I think, this was actually the 15th, but I don't know, maybe 13th, where Dr. Douglas Fraser --

MS. KORBULIC: No, it was the 13th.

MS. JANEL DAVIS: Okay. Yeah. Because open enrollment ended on a Sunday.

MS. KORBULIC: Yeah.

MS. JANEL DAVIS: Dr. Douglas Fraser, head of trauma, he spoke on the importance of having health insurance. We were also successful in securing multiple interviews with key Hispanic media outlets throughout southern Nevada, and we issued seven press releases and media advisories in the Spanish language.

Something new that we participated in this year that proved successful, some other highlights listed here, is we presented at the city council member meetings in Henderson, City of Las Vegas, and the Clark County Commission, as well as Washoe County Commissioners meeting and the City of Reno.

We also hosted our third annual prep session, and they were hosted in both Las Vegas and Reno. We offered three different session times for guest convenience. And that resulted in an increased stakeholder and community partner turnout versus prior years.

Moving on to outreach, Nevada Health Link continued to place a significant investment in strategizing and conducting year-round statewide outreach activities with the following primary goals: Build continued awareness of our call to action to visit NevadaHealthLink.com and get enrolled and educate targeted communities and help shape and change behaviors toward the importance of having coverage.

We concentrated activities to areas and groups where such behavior changes are warranted and most potential consumers would qualify for subsidies. These areas include specific zip codes with poverty levels above the 25 percent throughout the state, which include key rural areas; Hispanic/Latino populations throughout the state; Asian/Pacific Islander populations; and children in underserved populations. And then we also have a couple sponsorships listed here.

Outreach remains a critical component of the Exchange's strategy year-round, and we will continue to

work closely with stakeholder groups throughout the state to identify key influences and community partnerships statewide in order to pursue cross-promotional opportunities.

We developed creative content and print educational literature for distribution via statewide Chamber organizations, school districts and universities, just to name a few, which provide the opportunity to reach Nevadans we have not been able to communicate in years past.

In focusing on the strategy to shaping and changing behaviors, the Exchange shifted some event and sponsorship focus toward children and family activities to plant that seed toward understanding the value and importance of having health insurance at a younger age. So the message is received by both the children and, obviously, their parents.

So we continue to align with underserved community recreation centers and libraries to sponsor, promote, and attend events and functions. The Exchange enrollment facilitators serve as the primary event staff who table our events and provide an outcome event report that indicates data about the size and makeup of the audience who attended those events, the quantity and quality of Nevada Health Link booth engagement, type of

questions asked by consumers and, also, receive and capture email addresses for ongoing communications. And those are just some examples of sponsorships that we participated in this year.

So we continue to engage with these existing community partners by participating in a robust literature distribution program, and this involves well over 200 partners statewide. This year, we updated all of our educational literature because we got a new phone number. And we distributed all of those resources, printed in both English and Spanish, throughout the state. That was quite a big task to make all of those deliveries. So thanks to all of our partners and staff who helped with that.

The Exchange is mindful that outreach and community relations are a critical component to not only reaching Nevadans, but to understanding and addressing their concerns. The Exchange engages in these efforts throughout the year, and we remain committed to our job in connecting Nevadans to qualified health plans.

And so we are now at the off-season campaign. Obviously, open enrollment has concluded. But we continue to do our work to reduce the number of uninsured Nevadans in the off cycle. And we refer to this consumer outreach and messaging effort in the off

cycle as the off-season campaign.

So we work to brand the organization as a consistent presence and resource for consumers and stakeholders as it relates to healthcare policy and obtaining coverage.

For this off-season campaign, which will run from January to June of this year, Penna Powers has strategized specific goals which are focused on introducing impactful messaging and tactics to promote the special enrollment period through Nevada Health Link. We also plan to continue to incorporate outreach concepts that demonstrate the intrinsic need for health insurance coverage. And since we now have access to real-time consumer enrollee data, Nevada Health Link and Penna Powers will use that data to gather behavioral insight to understand and confirm the obstacles keeping Nevadans from enrolling in coverage. So we're looking at why people are foregoing the insurance.

Nevada Health Link is repurposing existing creative images and advertising to maintain brand consistency and to gain efficiencies. The messaging focus for digital ads and content marketing is the special enrollment period, to educate on what qualifies a life change and encourage those eligible to enroll, and target uninsured consumers with direct messages to

assist them. We will also be, as Heather already stated, surveying consumers on the reasons as to why they may be canceling their plans or foregoing insurance.

And so I will now turn this over to Patty Halabuk, who will provide some campaign metrics for us and talk a little bit more in-depth about the off-season campaign.

DR. JAMESON: Thank you so much, Ms. Davis. That was an excellent report. And sometimes it's hard to appreciate you're an independent business, because you act and breathe and function as though you are part of us. You are so, just so really in touch with our mission and vision and putting it out there. I imagine you go to bed every night dreaming about how you can do outreach better. I thank you so much for your commitment.

MS. DAVIS: That's exactly right.

DR. JAMESON: Thank you for your commitment. It really shows. And your report demonstrates your incredible commitment, enthusiasm and passion. Thank you.

MS. JANEL DAVIS: Well, I have a nice team to support us.

MS. LEWIS: I do think it was a great report.

But I do have one comment or one question. I notice the number of enrollees who are white and the number of enrollees who are Hispanic and Asian, but I see no African American enrollees. And I know that, you know, we have a lot of poor African American people. Certainly, African Americans make up about 10 percent of the population in Clark County. So I am concerned. And I don't remember seeing any, or very many, I'll say that, advertisement in African-American outlets, like KCEP or BET, for local TV, or The Urban Voice, the Pearson Center or the Doolittle Center, those places where there are large numbers of low-income African Americans. So I'm just wondering, did we not get any metrics on African American enrollment?

MS. DAVIS: Thanks for your comment, and that feedback is very appreciated. As far as the data is concerned, I think, for this report, we just, we just labeled a couple very ethnic groups. But I can absolutely provide the exact number of people who enrolled who are African American.

However, I will say, on the application, to say what your race is, is an optional question. And so sometimes we may not get the full spectrum of actual data.

And then, as far as outreach and advertising is

concerned, we do work with the Black Image Magazine and a couple of the different radio groups as well in Las Vegas. And we are a part of the northern Nevada and southern Nevada Black Cultural Awareness Society as well.

DR. JAMESON: Thank you, Ms. Davis.

I do agree. And Ms. Lewis has brought this up intermittently throughout the years. And in the future, going forward, I would love to have, even if it's a less than 10 percent, I would love to have numbers on there for the African Americans population. They're a critical group that we're trying to reach we know have poor access to healthcare.

And, also, I think, it would be very interesting, and maybe helpful, if you, who seem to understand and have knowledge of some of the media in our community, Lavonne, if you could perhaps meet with Janel and share with her some of the organizations that, or companies that provide magazines, literature that you think is fairly popular. And --

MS. LEWIS: I'd be happy to do that.

DR. JAMESON: That would be awesome.

MS. JANEL DAVIS: I'd be open to that as well. I'd be happy to connect with you, also. Yeah.

DR. JAMESON: Thank you so much.

MS. HALABUK: Good afternoon. My name is Patty Halabuk. I'm with Penna Powers. And following up to Janel's very comprehensive marketing report, I get to give you the fun visual part of the report. So I'm going to keep my highlights short and sweet and walk you through this deck.

And, Ms. Lewis, just to add on to what Janel had mentioned, you made some excellent points. I just wanted to comment as well that we in the past have in several magazines, including Black Image. Proportionately, we do look at the African American population, which is about 8.8 percent, versus the Hispanic population, which is close to 40 percent. So that is one factor.

Also, we do have several sponsorships as well as events throughout the year outreach-wise that we are involved in that have a heavy black presence. We also consult with a couple of our navigators who are African American, who also give us some guidance in that area as well.

But your points are duly noted and taken. And as Janel said, we would love to get some input from you offline to see how we can up that quotient.

Okay. Starting on to pages one and two, I've provided for you kind of an overview of the different

advertising media that made up our Open Enrollment 7 advertising campaign.

We stayed with our integrated formula, which combines both traditional media as well as digital and online media. We have found that this formula has always proven to be very both effective and cost-efficient, because it allows us to reach our various target audiences within the ways that the audiences choose to receive their information.

For example, older Nevadans still watch a lot of TV and listen to radio, versus younger Nevadans who gravitate more towards digital and online means and streaming audio and podcasts.

The campaign stated started out, as Janel said, with preenrollment with a "Get ready to enroll" message in late September and morphed into "It's time to enroll." Overall, we spent over $1.3 million in advertising on this campaign to ensure that we reached our audiences multiple times in multiple ways to reinforce the importance, value, need, and time for health insurance.

Moving on to pages three and four, you'll see some of the analytic performance, that Janel referenced in her report, of our digital and online advertising.

The summary here, you can see. I'm not going

to walk through all the individual analytics. But the summary is our targeted Nevada audiences saw our ads millions of times, and tens of thousands of our consumers clicked through to NevadaHealthLink.com as a result. And, basically, that's exactly what this advertising campaign set out to do.

I'm flipping over to page five now, which is going to show you the snapshot comparison that Janel alluded to of our activity on NevadaHealthLink.com comparatively between the time frame of November and December of 2018 to the time frame of November and December of 2019.

As Janel alluded to, you'll see across-the-board that there's a significant increase in the number of visits, the sessions, which are individual viewing periods, the average time they spent in a session. And, again, as Janel said, this really equates to our audiences knowing who Nevada Health Link is and where to go to learn more and to enroll.

Page six and seven, I'm talking a little bit about email. And I wanted to indicate that this is a demonstration really of another groundbreaking marking the advantage of the state-based Exchange. It's really the ability now to proactively and cost-effectively communicate in an email with consumers. The state-based

Exchange gave us the ability to do that throughout open enrollment, because their information was available before and during the campaign and not after the campaign. And that's really huge. This resulted in our ability to segment and send customized information via email to consumers that provided them with the tools and resources to learn and enroll in a more streamlined and personal manner.

So, in summary, this year's open enrollment advertising campaign set new benchmarks and opened up new customized communication opportunities, in large part due to the Exchange's move to their own state-based platform. So, as we've alluded to, it's new benchmarks, but we're excited from a marketing standpoint as well, because it's new benchmarks for us moving forward.

Rounding out the efforts of the advertising campaign are our ongoing outreach and community relations efforts. And page eight will show you some of those highlights. This year, we are pleased to align with several community partners who shared our open enrollment mentions with our audiences and have also committed to working with us ongoing.

Turning to page nine, Janel alluded to this, but I would really be remiss without mentioning how instrumental the efforts and results of our PR and media

relations was to the overall success we have seen. PR partner FFW, in collaboration with Janel and Heather, devised, implemented, and conquered a far-reaching robust media relations movement of sorts that sought to inform Nevada of the Exchange's new platform in a straightforward transparent way that communicated the benefits and efficiencies for Nevada consumers. Got a lot of great coverage there that equated to a lot of paid -- translated into what would be paid value for basically added value through the media. And you could see that there, the breakout.

So where do we go from here, pages 10 and 11. Although Open Enrollment 7 is over, our marketing efforts continue in the off-season, as Janel alluded to. This is the time when we construct a much smaller-scale campaign to promote the special enrollment period and continue to inform and educate Nevadans about Nevada Health Link and the importance of having health insurance.

We strive to repurpose and reformat existing campaign creative and messaging, which not only maintains an efficient bottom line, it maintains brand familiarity and positioning with our consumers.

Another key component that we use is the ongoing ability to segment and develop email

communications to Nevada Health Link customers, again made possible because of the state's own platform and data capabilities. It not only nets out as an extremely cost-effective means of communication, it continues to foster a more personalized relationship. And personalized relationship in the form of our community relations and outreach efforts are always, they always remain a cornerstone of our marketing foundation as well.

Thank you for allowing me to share the summary. We look forward to a great year ahead. And if there are any questions, I'm happy to answer.

DR. JAMESON: Thank you. Again, an excellent report.

And does anybody in the north or south have any comments, questions?

MS. BIERMAN: I do. This is Suzanne Bierman.

I just wanted to add to all of the voices that say great, fantastic job, Heather and team. In Medicaid, we're also quite concerned about our remaining and uninsured population and in particular those that are likely eligible but not enrolled in Medicaid. So I think you all have done such a fantastic job and basically provided a great roadmap of how this is done and done well.

I did have a question just trying to understand the budgetary implications in your overall PR value. So it looks like, if I'm reading this correctly, the paid advertising media budget was 1.3 million, and the total PR value is about 6.5 million. So is the rest of that free and earned media?

MS. KORBULIC: Yes. All those appearances on TV earned that.

MS. BIERMAN: It paid off.

MS. KORBULIC: Yes, yes, absolutely. Yep, you have it exactly right.

MS. BIERMAN: Okay. Thank you.

DR. JAMESON: And, Ms. Bierman, that won't be the first time. We've heard that about every year. They do manage to leverage what little money they get to go a really long way. Never been so important since the feds decreased our advertising outreach budget. So congrats to you.

And I would like to point out my favorite page and graph on page five. That's really remarkable, the difference between November 2018 graph, the '18 and the '19 year, really shows us that indeed, over time, every enrollment year you definitely -- obviously, this last time round must have gleaned a lot more experiential knowledge and wisdom, because you certainly excelled

last year. Congratulations.

And then, on Medicaid, the question that went through my mind, and perhaps you know this -- the problem with speaking up is that you might get a question.

MS. BIERMAN: I might or might not be able to answer it. I'm happy to try.

DR. JAMESON: In Medicaid, in the basic groups, white population, Hispanic, African American, is there indeed a disproportionately larger number than their number in the state population of the African Americans on Medicaid? Is that why perhaps we don't see them on our Exchange, or just didn't get the numbers?

MS. BIERMAN: I will be happy to follow up on that. I've actually been spending more time digging into the people that aren't currently on Medicaid but that we think are eligible. And I can say, based on predictions with that population, there are disparities in terms of a higher population of Latinos, African Americans, and Native American populations that have been estimated to be eligible but unenrolled. And so we're trying to figure out how to reach those populations.

But I can follow up with demographic information on our current enrollees. I'm sorry I don't

have that today.

DR. JAMESON: Thank you.

MS. BIERMAN: M-hm (affirmative).

DR. JAMESON: Thank you. When we migrate the information from those people that we refer, Heather -- it's for Heather. When we refer people who we find are eligible for Medicaid when they're enrolling, if they have clicked, and we can see what those numbers are, if -- I think, did you say there were something like -- what was the number that migrated over?

MS. KORBULIC: Oh, you mean that we received from DWSS to the Exchange. That number was somewhere between 18,000 and 22,000.

DR. JAMESON: And the ones that were on our Exchange and were directed to the Medicaid?

MS. KORBULIC: That was a lower number. I need to get you the exact figures. But I want to say, and this is just my knee-jerk response to that, it was somewhere around the number of 8,000 that came to the Exchange that were then transferred.

DR. JAMESON: What I'm curious about is just, also, in that portion of the major breakout, for what percent in the Caucasian, Hispanic, and African American that was, just a follow-up. Thank you.

MS. KORBULIC: Yeah, thank you.

DR. JAMESON: Okay. Now we'll just get down to a little business. And if there are no further questions, we'll go on to item six, approval of the semi-annual Fiscal and Operational Report pursuant to NRS 695I.370(1)(b), going to the Governor and Legislature.

Do I hear a motion? Did you want to actually first present anything or wait for discussion after first and second?

MS. KORBULIC: I'm happy to wait till discussion.

DR. JAMESON: I just do need that my Board members have reviewed that. So we'll go ahead and make a motion.

MS. LEWIS: I move approval of the Fiscal and Operational Report to be sent to the Governor.

MS. CLARK: Second.

MR. BRANCH: This is Quincy Branch. Second.

DR. JAMESON: And hearing the second, then everyone in favor, say "aye."

(Board members said "aye.")

DR. JAMESON: Is there anyone -- thank you. Anyone opposed?

Anyone abstained?

It is unanimous, moved, approved.

And for further action, adoption of the 2021 Carrier Premium Fees to be charged to insurers. See attached. And this is a notice of hearing of the fees to be charged to the insurers.

And we would like to move that we adopt that these will be put out. Do I hear a motion for that?

MS. CLARK: Valerie Clark. I make a motion to accept the fees.

DR. JAMESON: And a second?

MR. JOHNSON: Jonathan Johnson. Second.

DR. JAMESON: And everyone in favor of this motion?

(Board members said "aye.")

DR. JAMESON: Thank you. Any opposition?

And has anyone abstained?

The motion is passed unanimously. Thank you.

Now, discussion and possible action regarding dates, times. And I look to our staff to tell us. What is the next scheduled date?

MS. KORBULIC: Thank you, Madam Chair. Our next meeting is on April 9th at 1:30 p.m. And we are happy to take notes and provide the Board with whatever information they would like to hear about then.

DR. JAMESON: Is that another Wednesday, or Thursday?

MS. KORBULIC: That is a Thursday.

DR. JAMESON: Okay. Great. I loved Wednesday. I'm just... I just couldn't resist saying this was great.

So any discussion of -- we've given you a few little follow-ups for the agenda next time. Was there any other agenda items that the Board can think of at this time that they would like added to our next agenda?

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

I'm just going to point out that week of April 9th is, at least in southern Nevada, spring break for the school district. So I don't know how many people might be impacted by that. But I know I will be out of town.

DR. JAMESON: I think, that is true. I think, that is a vacation week. Does anybody else?

All right. It seems --

MS. KORBULIC: Madam Chair, I'm happy to look and work with Tiffany Davis, our Executive Assistant, to try to find a date that works for everyone.

DR. JAMESON: Yes. And it may be if -- excuse me, Jose, you're the only one --

DR. JAMESON: Yeah. Yeah.

DR. JAMESON: -- then we may go ahead and

proceed with that since the staff has determined it's good.

DR. JAMESON: Yeah, no need to change it for one person. But just pointing it out.

DR. JAMESON: I think, I could be out, but I think I failed to put it on. I think, it's my break, but I failed to put it on my calendar. But I will let you know right away, Heather.

MS. KORBULIC: Okay. Thank you.

DR. JAMESON: Okay. So, now, no other further concerns, is there any public comment?

There's none here. Is there any up north?

MS. KORBULIC: No, there's not.

DR. JAMESON: And would our Board like to make any other comments, any public comments?

MR. JOHNSON: This is Jonathan Johnson. I just wanted to comment on the question earlier about the difference between bronze plans and the expanded bronze plans. Virtually, there's no difference. A bronze plan is designed to be -- meet a 60 percent actuarial value. The expanded range gives them a little bit more latitude to make those plans richer in benefit and still be classified as a bronze level plan.

MS. KORBULIC: Thank you. That's very helpful.

DR. JAMESON: Thank you so much.

All right. Well, seeing no public comment, no other Board comments, no public comments, I would like to go ahead and accept adjournment.

MS. LEWIS: Madam Chair, I move -- E. Lavonne Lewis. I move to adjourn the meeting.

MS. CLARK: Second.

DR. JAMESON: I would say we could go ahead and adjourn. And thank you, everyone, for an amazing performance this last 12 months. Thank you.

-oOo-