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SILVER STATE HEALTH INSURANCE EXCHANGE  
BOARD MEETING  
MONDAY, JUNE 29, 2020, 1:30 P.M.

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MR. HIGH: Well, Madam Chair, before the Board gets started, would it be okay if I went over a few reminders?

DR. JAMESON: Yes.

MR. HIGH: On Zoom meeting etiquette, real quick?

DR. JAMESON: Yes.

MR. HIGH: Thank you.

All right here. So we have Katie Charleson, who is hosting this webinar for us. As a reminder. Please keep yourself muted if you're not the one presenting or making a comment. If you would like to make a comment, please raise your electronic hand or indicate in the chat box that you'd like to make a comment, and Katie will unmute you.

For those on the phone, please remember to mute yourselves, or else we'll hear your private conversation.

Madam Chair, there may be people on the

1 telephone that would like to make a public comment. So  
2 we just want to remember to ask if there are any public  
3 comments on the phone when we get to that part of the  
4 agenda.

5           And just a few common Zoom etiquette points.  
6 Please mute your microphone. Please be mindful of  
7 background noise. Please position your camera properly.  
8 Please limit distraction. And please look into the  
9 camera when talking instead of looking at yourself or a  
10 picture of yourself on the screen.

11           Those are the etiquette points and some  
12 preliminary just housekeeping there.

13           Would you like me to take roll call?

14           DR. JAMESON: Yes, Ryan. Thank you.

15           And I was just going to say, and, I guess,  
16 everybody knows this, but in case there is anyone out  
17 there, public, listening, et cetera, Ryan High is our  
18 Chief Operating Officer, and he will be taking roll call  
19 and acting as our executive for this meeting.

20           Thank you, Ryan. Please take roll call.

21           MR. HIGH: Thank you, Madam Chair.

22           Dr. Jameson. Present.

23           DR. JAMESON: Present.

24           MR. HIGH: Great. Valerie Clark?

25           MS. CLARK: Present.

1 MR. HIGH: Present. Ms. Lavonne Lewis?  
2 Absent.  
3 Dr. Cook?  
4 DR. COOK: Present.  
5 MR. HIGH: Mr. Jonathan Johnson? We will mark  
6 as absent.  
7 Jose Melendrez, is he present?  
8 MR. MELENDREZ: Present.  
9 MR. HIGH: Mr. Quincy Branch?  
10 MR. BRANCH: Present.  
11 MR. HIGH: Great. And then Suzanne Bierman? I  
12 will mark as absent.  
13 Commissioner Richardson?  
14 COMMISSIONER RICHARDSON: Here.  
15 MR. HIGH: Present. Great. And Lynnette  
16 Aaron?  
17 MR. JOHNSON: This is Jonathan Johnson.  
18 MR. HIGH: Oh, perfect.  
19 MR. JOHNSON: I don't know if you could hear me  
20 earlier.  
21 MR. HIGH: Perfect. Thank you, Jonathan. We  
22 appreciate it.  
23 Madam Chair, we do have a quorum.  
24 I think, you're on mute, Dr. Jameson.  
25 DR. JAMESON: Thank you, Ryan.

1           And we'll go on now to welcome everybody. Roll  
2 call is complete. We have a quorum. And there are no  
3 special announcements that I have to make.

4           And at this point, we will go right to public  
5 comment. And since we're on the web, Zoom, it won't be  
6 north-south, it'll be anyone on the line.

7           Do we have anybody, are you aware, Katie, on  
8 public comment?

9           MS. CHARLESON: I have a lot of phone numbers  
10 on here, but, no, nobody has raised their hand.

11          DR. JAMESON: Okay. And if there is no public  
12 comment, we're going to go ahead to the first --

13          MS. CHARLESON: I'm sorry. We do have one. I  
14 apologize.

15          DR. JAMESON: Public comment, please proceed.

16          MS. JANEL DAVIS: Katie, it looks like they  
17 wrote in the chat feature. So if that person wants to  
18 present public comment on the chat, or.

19          MS. MINDY PRETNER: Yes, I did, I sent it in to  
20 the comments. Do you want me to try to paste it in, or  
21 do you want me to just say them?

22          MS. CHARLESON: Go ahead and state them. I'm  
23 sorry.

24          DR. JAMESON: Go ahead and state them.

25          MS. MINDY PRETNER: Okay.

1 MS. CHARLESON: And it'll just be a one-minute;  
2 is that okay, to talk for one minute?

3 MS. MINDY PRETNER: Hi. My name is Mindy  
4 Pretner, and I am a proud health insurance broker at  
5 Nevada Health Link. I am fortunate to have over 800  
6 clients. And I'm thrilled with your new website.

7 I want you to know that the staff at GetInsured  
8 is easy to work with, the hold times are minimal, and  
9 they are great at customer service. Overall, the  
10 transition to the new site has been great from the  
11 broker perspective. The people on your staff have been  
12 super helpful, specifically Rebecca, Athena and Ryan,  
13 open-minded and receptive to my problems. So they  
14 cringe when I call, but they're always willing to  
15 listen. It's just super nice.

16 I do have an issue I want to bring to your  
17 attention, for those who make the decisions, and ask for  
18 assistance in order to be proactive for open enrollment.  
19 About two months ago, there was a programming change  
20 that allowed only one person to login at a time into an  
21 account. There is absolutely no way that I or other  
22 brokers are going to be able to service our clients at  
23 open enrollment unless that goes back and gets fixed.

24 So what that means is I have 800 clients. Our  
25 client calls and they're like, "Okay. I need to upload

1 this document." And I can't do it because of how you  
2 now have the system. When my customer service person  
3 goes and uploads it, it logs me out, and it cancels me  
4 in the middle of my appointment.

5 And I really, really, really need this fixed.  
6 The good news is that Ryan totally understands the  
7 problem. And he can work with you and explain what the  
8 problem is in better detail and in words that I'm  
9 probably not using that you guys know. I would never  
10 let an unlicensed person do any sales. I can guarantee  
11 you that. But to not be able to login two at a time is  
12 creating a massive hardship, and it will mean that I  
13 will have to substantially reduce my book of business in  
14 order to service my clients. And I know that you want  
15 us to increase our book of business, not reduce them.  
16 And so we need this problem fixed.

17 With 800 clients in a 45-day period, I have to  
18 hold a minimum of 20 appointments a day. And if you  
19 count Thanksgiving, I'm at 25 appointments a day. I  
20 need my office person to be able to login to my account  
21 at the same time as me. This is going to create a  
22 serious impact.

23 And so I'm really, really hoping that we only  
24 have five months left, that you guys get this problem  
25 fixed. We start our appointments at 7:00 a.m. We go

1 every 20 minutes until 10:00, 10:30 at night, seven days  
2 a week. So please don't say, "Oh, they can login when  
3 you're not on there." It won't work. We're  
4 absolutely -- and we're not all in the same location,  
5 especially with COVID and what's going on. So my office  
6 person doesn't know, "Oh, don't login because Mindy's  
7 on," and it hangs up on the person in the middle of the  
8 appointment.

9 This is something new that was just put into  
10 effect about two months ago. And I am imploring you to  
11 please fix it before open enrollment comes.

12 So thank you very much for letting me have my  
13 one minute. And I'm really hoping you guys will do the  
14 right thing and get that fixed. Thank you.

15 DR. JAMESON: Thank you, Mindy, for your input.  
16 It's very valuable and most helpful. And we definitely  
17 will be taking all of that in consideration, and the  
18 team will be right on that.

19 Any other public comment?

20 Can you hear me?

21 MS. CHARLESON: I'm not seeing any. I'm sorry.  
22 I'm going back and forth.

23 DR. JAMESON: Was that there is more public  
24 comment?

25 MS. CHARLESON: No, ma'am.

1 DR. JAMESON: Okay. So going on to the next  
2 item of business, we have the approval of our minutes.  
3 And we have quite a few. It's three sets of minutes.  
4 We will need to be approving January 22nd, March 17th  
5 and April 13th. And I'd like, for clarity, to keep each  
6 of the minutes separate as we move for their approval.

7 So if somebody would like to move for the  
8 January 22nd, 2020 minutes to be approved.

9 MS. CLARK: Valerie Clark. So moved.

10 DR. JAMESON: Second?

11 MR. BRANCH: This is Quincy. Second.

12 DR. JAMESON: Is there any discussion, edits,  
13 changes to those meeting, any concerns, minutes?

14 Hearing none, then, everybody in favor of  
15 passing the minutes for January 22nd, 2020, please say  
16 "aye."

17 (Board members said "aye.")

18 DR. JAMESON: And the minutes from the  
19 January 22nd, 2020 meeting are passed and accepted.

20 And now for the March 17th, 2020 minutes. I'll  
21 entertain a motion for them to be approved.

22 MR. MELENDREZ: This is Jose. Motion to  
23 approve.

24 DR. JAMESON: Second?

25 MS. CLARK: Valerie Clark. Second.



1 DR. JAMESON: And any discussion, edits,  
2 comments on those minutes from March 17th, 2020?

3 Hearing none, everybody in favor of passing  
4 those minutes, please say "aye."

5 (Board members said "aye.")

6 DR. JAMESON: Does anybody abstain or object?  
7 Object, anyone object?

8 No abstinence. The minutes from March 17, 2020  
9 have been passed and accepted.

10 And April 13th, 2020 Board meeting.

11 MR. BRANCH: Madam Chair, I make a motion to  
12 approve the April 13th Board meeting minutes.

13 DR. JAMESON: Thank you, Quincy.

14 Do I hear a second?

15 DR. JAMESON: Jose. Second.

16 DR. JAMESON: And Jose. And are there any  
17 comments, edits, changes?

18 Hearing none, everyone in favor, please say  
19 "aye."

20 (Board members said "aye.")

21 DR. JAMESON: Any objecting? Any abstinence?

22 The minutes for April 13, 2020 Board meeting  
23 are passed. So all of these three minutes have been  
24 accepted.

25 And we're going to go right on to the Executive

1 Director's report.

2 I can still hear someone talking. I think,  
3 they should mute. Oh, is that my echo, is that me  
4 coming back to me? Oh.

5 So the Executive Director's report will be  
6 presented by Ryan.

7 MR. HIGH: Okay. Thank you, Madam Chair. This  
8 is somewhat of a lengthy report. This mirrors a lot of  
9 what's in the Fiscal and Operational Report. So I will  
10 try and get through this as fast as possible. That has  
11 a lot of information in it from the past few months  
12 here.

13 So on January 1st, 2020, the Silver State  
14 Health Insurance Exchange officially began plan year  
15 2020 servicing Nevada consumers as a fully autonomous  
16 State Based Exchange after transitioning off of  
17 HealthCare.gov. The impact of this change to consumers,  
18 insurance carriers, and Exchange stakeholders is that  
19 now all functions of an SBE are solely hosted on the  
20 Exchange, including enrollment, eligibility, plan  
21 selection, call center functions, quality assurance,  
22 special enrollment periods, marketing and outreach,  
23 navigator and broker relations, policy and compliance,  
24 and administrative duties of running an exchange.

25 Nevada Health Link, the Exchange's online

1 marketplace and brand, began the first official open  
2 enrollment period as an SBE on November 1st, 2019 and  
3 ended December 15th, 2019, with a shopping extension to  
4 December 20th for Nevadans who began their application  
5 by the December 15th deadline. A total of 77,410  
6 consumers enrolled for plan year 2020, which included  
7 20,111 new enrollees and 25,587 returning consumers who  
8 actively shopped on the Exchange.

9 In addition to offering consumers a new  
10 enrollment and eligibility platform, the Exchange is now  
11 servicing consumers and enrollment professionals with  
12 two separate and dedicated phone numbers with a scalable  
13 call center. The call center is meeting all expected  
14 service levels and boasts a current seven-day average  
15 customer service satisfaction survey score of 100  
16 percent.

17 While offering technical enrollment support,  
18 call center staff do not provide enrollment or plan  
19 selection advice. If a consumer needs assistance  
20 enrolling and advice in selecting a plan, call center  
21 staff will refer that consumer to a licensed and trained  
22 broker or navigator.

23 As mentioned in the Fiscal and Operational  
24 Report, for the first time in its history, the Exchange  
25 has real-time access to enrollment and plan selection

1 data. Plan year 2020 enrollment data is the new  
2 baseline from which the Exchange will work to continue  
3 to increase the number of insured Nevadans. Publication  
4 of the Exchange's newly accessible data may be found in  
5 the recently produced comprehensive public use file data  
6 report, which is provided to the Centers for Medicare  
7 and Medicaid Services and is found at the link mentioned  
8 or noted in the report.

9           Since completing its first open enrollment  
10 period as an SBE, the partnerships with CMS, the  
11 Internal Revenue Service, GetInsured's technology and  
12 call center teams, the Division of Welfare and  
13 Supportive Services, Nevada Division of Insurance,  
14 Nevada Exchange insurance carriers, licensed brokers,  
15 certified navigators, and community partners, prove to  
16 be more valuable than ever. The Exchange is proud to  
17 report that it has successfully tested these  
18 relationships and associated dependencies through a live  
19 open enrollment period on an independent State Based  
20 Exchange platform.

21           While the planning and preparation of the past  
22 two years came to fruition with a successful inaugural  
23 open enrollment period, opportunities to find even  
24 greater efficiencies with the state's valued  
25 stakeholders were revealed. As the Exchange begins

1 planning the second plan year as an SBE, the Exchange  
2 continues to work with partners on enhancements such as  
3 more streamlined account transfers with Nevada Medicaid,  
4 improved reconciliation processes with insurance  
5 carriers, 1095A production with GetInsured and the IRS,  
6 promoting increased plan options with the Division of  
7 Insurance, and growing the broker and navigator grantee  
8 program with an emphasis on virtual outreach and  
9 enrollment assistance in response to the COVID-19  
10 pandemic.

11           Currently, the Exchange is in the maintenance  
12 and operations phase of the transition project and is  
13 focusing on establishing best practices for contract  
14 monitoring for both the technology and call center  
15 functions with an attention to defect resolution and  
16 system improvements for efficiency and effectiveness.  
17 The Exchange will be making its first updates to the  
18 policy manual this summer since starting as an SBE. The  
19 revised policy document will include any major updates  
20 or changes as a result of the final 2021 Notice of  
21 Benefit and Payment Parameters, NBPP, which was released  
22 in May of 2020, as well as technical enrollment and  
23 eligibility policy updates.

24           While in the maintenance and operations phase  
25 of the plan year 2020, the COVID-19 virus pandemic hit

1 the state of Nevada in the middle of March. The  
2 pandemic forced entire industry closures, namely gaming,  
3 hospitality and service industries. In response to  
4 Governor Sisolak's March 12th emergency declaration, the  
5 Exchange was able to quickly coordinate a limited time  
6 exceptional circumstance special reenrollment period, or  
7 ECSEP, with GI to offer Nevadans, who did not enroll in  
8 health insurance during the November 1 to December 15,  
9 2019 open reenrollment period, the opportunity to  
10 purchase insurance now between March 17th and May 15th.  
11 Nevadans who lost their jobs due to COVID-19 or other  
12 circumstances or experience a qualifying life event can  
13 enroll in a new qualified health plan. Call center  
14 resources for both consumers and broker/navigators were  
15 extended throughout weekends during this ECSEP.

16           The Exchange has since transitioned out of the  
17 ECSEP into the regular special reenrollment period.  
18 While the project can still be considered a success  
19 through the OEP, the ECSEP, and now in the standard SEP  
20 timeline, there still remains opportunity for  
21 improvements, which will be made in three quarterly  
22 releases, this June, September and December of 2020.  
23 The Exchange is continually working to survey and engage  
24 stakeholders in an effort to identify and prioritize  
25 opportunities for advancement both in the special

1 enrollment period and for the plan year 2021 open  
2 enrollment period. It's rather quick.

3           Moving on to the current and exceptional  
4 circumstance special enrollment period enrollment  
5 numbers. The Exchange is currently in its off-season  
6 special enrollment period that typically runs from  
7 December 16 to October 31st of any given year. The  
8 Exchange is showing strong enrollment numbers halfway  
9 through the year. The Exchange ended open enrollment  
10 with 77,410 consumers, and as of June 23rd, 2020, the  
11 Exchange had 75,917 consumers. This equates to a  
12 decrease of just about 1.9 percent. Whereas, in past  
13 years, the Exchange might expect a reduction in  
14 enrollment of anywhere between 10 to 15 percent. A  
15 unique explanation in calendar year 2020 supporting this  
16 minimal drop-off of enrollment is the exceptional  
17 circumstance special enrollment period that the Exchange  
18 had running from March 17th to May 15th to assist  
19 Nevadans in getting coverage in response to Governor  
20 Sisolak's March 12th emergency declaration regarding  
21 COVID-19.

22           The number of ECSEP applications received for  
23 the period of March 17th through May 15th was 3,999, and  
24 the number of applications that turned into enrollments  
25 was 3,252, and the total number of individual enrollees

1 for the period was just over 5,500. A full report  
2 regarding these numbers, and complete with graphs, may  
3 be found at the link mentioned in the Executive  
4 Director's report.

5           And moving on to marketing and outreach.  
6 Marketing and outreach at the Exchange, as will be  
7 detailed in Janel and Patty's presentations forthcoming,  
8 is a constant year-round endeavor. Nevada Health Link  
9 does not stop its work in reducing the number of  
10 uninsured and underinsured Nevadans in the off cycle of  
11 the open enrollment period just because, or because of  
12 our tireless focus on special enrollment periods and  
13 consumers' year-round qualifying life events, such as  
14 someone getting married or divorced, someone moving, a  
15 change in income or job change, a birth or adoption,  
16 loss of health coverage or turning 26.

17           Of particular note, the strategy and planning  
18 for this year's off-season campaign shifted due to the  
19 impact of the COVID-19 and the ECSEP. Janel will expand  
20 upon how Nevada Health Link and our marketing partner,  
21 Penna Powers, initiated a strategic ECSEP marketing  
22 campaign to inform Nevadans of the special enrollment  
23 period and inspire them to enroll at  
24 NevadaHealthLink.com. Campaign messaging encouraged the  
25 uninsured and underinsured to shop and explore qualified



1 health plans sold through Nevada Health Link and to  
2 consider Nevada Health Link as an alternative to COBRA  
3 plans due to a job layoff, or as an interim health  
4 insurance alternative while furloughed.

5           Now, moving on to broker/agent engagement. In  
6 2019, the Exchange embarked on a new process for  
7 training and certifying brokers and agents to sell  
8 qualified health and dental plans on the Exchange. The  
9 process was successful, and the Exchange is currently  
10 refreshing the program for plan year 2021. The  
11 interactive training program will still offer returning  
12 brokers and agents an abbreviated training; and new  
13 brokers, a longer more robust training. No matter if a  
14 broker takes the abbreviated or longer training, each  
15 course will teach brokers Affordable Care Act basics,  
16 privacy and security, and fraud prevention standards.  
17 In addition to providing instruction, each course will  
18 offer frequent knowledge checks to ensure content is  
19 being absorbed, as well as a final exam. Additionally,  
20 the Exchange incorporated certification process  
21 attestations into the training to ensure compliance with  
22 Nevada Health Link privacy policy, acceptable use  
23 policy, code of conduct agreement and marketplace  
24 privacy and security agreement.

25           As of May 2020, the Exchange has approximately

1 just under 800 resident and non-resident licensed  
2 brokers and agents who have been trained and certified  
3 on the Nevada Health Link platform. Brokers and agents  
4 continue to appreciate the telephonic Broker Connect  
5 referral system, which is an automated telephony system  
6 that will search the phone number of a broker within a  
7 specified mile radius of a caller's location and call  
8 multiple agents until a connection is made or a message  
9 is left on the desired broker's phone.

10 The Exchange's broker liaison continues to stay  
11 in contact with licensed brokers and agents in various  
12 areas of the entire state to promote the benefits of  
13 selling plans on the Exchange, to promote new features  
14 regarding the enrollment and eligibility on the GI  
15 system, and features of the broker portal and the broker  
16 book of business features.

17 Following up on a successful request for  
18 application, or RFA, grant release in May of 2019 for  
19 plan year 2020, the Exchange has released a new RFA for  
20 plan year 2021 and will award a maximum of six grants of  
21 \$10,000 each. These grants will be awarded July 1, 2020  
22 to insurance professionals to assist with marketing,  
23 outreach, and operational costs related to enrolling  
24 consumers in qualified health plans. While this grant  
25 is for storefront locations, the Exchange is encouraging

1 appropriate social distancing protections per state  
2 guidelines and virtual service as much as possible as  
3 the state continues to operate and mitigate the threats  
4 of COVID-19.

5           Now moving on to navigators and in-person  
6 assisters and certified application counselors. To be  
7 compliant with federal regulation, the Exchange must  
8 have consumer assistance resources and functions,  
9 including a navigator program, and must refer consumers  
10 to appropriate state resources when available. The  
11 Exchange has allocated approximately \$1.2 million for  
12 the year-round work performed by navigators and IPAs and  
13 continues to operate with two awarded entities to serve  
14 as statewide navigators, in addition to six IPA  
15 entities. Navigator and IPA organizations are  
16 responsible for outreach, education, and enrollment for  
17 Nevada's uninsured and underinsured populations.

18           While the COVID-19 pandemic is still among us,  
19 our navigators and IPAs have switched their assistance  
20 strategy from in-person outreach and education to  
21 engaging Nevada consumers through online formats, such  
22 as Zoom, webinars for assistance regarding their  
23 consumer enrollment or simply just to answer their  
24 questions. The Exchange has put a hold on our in-person  
25 outreach events for the time being due to social

1 distancing mandates.

2 Navigators and IPAs continue to educate  
3 consumers on SEPs, including the March 17 to May 15  
4 ECSEP. This education is to assist any consumer who may  
5 experience a life qualifying event throughout the year,  
6 along with promoting the next open enrollment cycle  
7 which begins November 1st of this year.

8 The Exchange released a request for application  
9 in May of 2020 to provide an opportunity for current  
10 entities and new organizations to apply for a navigator  
11 and IPA grant. The grants are in the process of being  
12 awarded, and grantees will begin their new contracts on  
13 July 1st, which is based on the fiscal year.

14 Now, pivoting over to the GetInsured contract  
15 management. On January 1, 2020, the contract with GI  
16 transitioned from Phase Two into maintenance and  
17 operations. For the last six months of state fiscal  
18 year 2020, the Exchange's expected M&O costs, or  
19 maintenance and operation costs, were approximately  
20 \$1 million, with reoccurring annual costs in state  
21 fiscal year 2021 of approximately \$2 million.

22 In SFY20, the Exchange incurred about \$227,000  
23 in costs associated with the ECSEP, which was instituted  
24 in response to the COVID-19 pandemic. These costs  
25 include the programmer hours to modify the technology

1 platform and to accommodate the ECSEP enrollment  
2 functionality and increased call center support and  
3 hours to ensure consumers and brokers did not experience  
4 service delays during the ECSEP enrollment period.

5 Inclusive of the costs for the ECSEP in SFY20,  
6 the Exchange expects to achieve a cost savings of  
7 approximately 23 percent versus the federal fees  
8 associated with operations as a hybrid State Based  
9 Exchange using the federal platform. Beginning in state  
10 fiscal year 21, the Exchange expects to realize an  
11 annual recurring cost savings of approximately  
12 22 percent, with total cost savings through state fiscal  
13 year 24 projected to exceed \$23 million in total.

14 Now, regarding call center operations. The  
15 quality assurance team at the Exchange supports and  
16 works closely with the GI call center team, which has  
17 independently fielded over 79,000 calls since their  
18 operational start for the broker support line on  
19 July 26th of last year, and the consumer assistance  
20 support line on September 4th of last year. Since going  
21 live, the highest call volume at the call center was on  
22 December 13th, with over 4,500 calls offered in that  
23 single day. The call center has maintained a 90 percent  
24 or greater customer satisfaction rate over the length of  
25 the time it's been open, and most recent seven-day

1 average is at 100 percent satisfaction.

2           Now, regarding SBE operations. The expansive  
3 sections below detail every aspect of the operations of  
4 the Exchange. It is important to note that the  
5 Exchange's biannual budget included an additional nine  
6 classified full-time employees to assist with the  
7 operationalization of the State Based Exchange  
8 functionality. As the Exchange is still within its  
9 first year of operation as an SBE, it has yet to  
10 experience every phase of its new design and  
11 responsibilities, there are operational bridges still to  
12 cross. But thus far, the new SBE teams and staff have  
13 risen to every challenge to ensure Nevada has an SBE  
14 that is fiscally and technically sound, all the while  
15 providing exceptional service to consumers, brokers and  
16 navigators, and partner entities alike.

17           Now, regarding policy and compliance. The  
18 policy and compliance unit consists of one Management  
19 Analyst III, the Policy and Compliance Manager, and one  
20 Management Analyst 1, and the Policy and Compliance  
21 Coordinator. New staff for the Exchange's policy and  
22 compliance team have been spending time since January of  
23 this year researching, verifying, and advising internal  
24 staff, brokers and navigators, consumers, and GetInsured  
25 on the finer details of enrollment policy related to

1 eligibility and plan selection.

2           The past few months have been tremendously busy  
3 for the Policy and Compliance Manager. As the  
4 Exchange's policy expert, the Policy and Compliance  
5 Manager has advised all teams on the Exchange on a daily  
6 basis regarding the nuances of eligibility and  
7 enrollment policy to educate and help consumers,  
8 brokers/navigators, while the assurance team, the  
9 Exchange call center staff, GetInsured technical staff,  
10 and internal staff to arrive at the correct technical  
11 answers on questions that vary from simple to complex in  
12 nature.

13           In order to provide this guidance, the Policy  
14 and Compliance Manager will have to suggest small  
15 technical changes to the functionality of the GI  
16 platform and then test those changes to ensure the  
17 operation of the system is in line with the Exchange  
18 policy. A prime example is that the Policy and  
19 Compliance Manager was instrumental in quickly  
20 establishing policy and ensuring system functionality in  
21 standing up the ECSEP in response to the COVID-19  
22 emergency. Additionally, the Policy and Compliance  
23 Manager has been analyzing federal policy from the IRS  
24 and CMS, namely the 2021 Notice of Benefit and Payment  
25 Parameters released on May 7th, to help create technical

1 guides and communication materials.

2 In addition, I'm sorry, in support of the  
3 Policy and Compliance Manager, the MA1 has focused some  
4 of his time recently in receiving and coordinating with  
5 the Exchange's broker liaison and responsive to  
6 complaints received from consumers regarding  
7 questionable broker business practices.

8 Additionally, the MA1 has assisted the Policy  
9 and Compliance Manager with analysis of federal and  
10 state policy research, along with writing, along with  
11 the writing of technical guidance, namely the federal  
12 CARES Act, the 2021 NBPP, health reimbursement accounts,  
13 or HRAs, and overall marketplace stabilization  
14 strategies especially in light of COVID-19.

15 Moving on to appeals, which is also in the  
16 policy and compliance section. Since becoming a State  
17 Based Exchange, the Exchange has assumed the duties of  
18 consumer appeals as they relate to plan year 2020 and  
19 ongoing. The Exchange oversees first level appeals, and  
20 if applicable sends hearing requests to the Division of  
21 Welfare and Supportive Services for adjudication.

22 The table below highlights appeal metrics  
23 received during 2019 for plan year 2020. The  
24 information includes the number of appeals the Exchange  
25 has received by month, the resolution rate by the end of



1 each month, and the average number of days appeals were  
2 open during a given month.

3           And it's important to note that these numbers  
4 are terrific, but the best number is that not one appeal  
5 has gone to a hearing yet at the Exchange. We've been  
6 able to informally resolve every single appeal that  
7 we've received since November of this past year.

8           Moving on to security and reconciliation. The  
9 reconciliation team consists of two positions: the  
10 Reconciliation Specialist, a business process analyst,  
11 and the Reconciliation Lead -- I'm sorry -- a Business  
12 Process Analyst I, and the Reconciliation Lead, which is  
13 a Business Process Analyst II. The activities of the  
14 reconciliation team are overseen by the Information  
15 Systems Manager, who is also the Exchange's Information  
16 Security Officer.

17           Together these three positions comprise the  
18 Exchange's security and reconciliation unit, which is  
19 collectively responsible for the monthly reconciliation  
20 of enrollment data with the Exchange's insurance  
21 carriers; also, analysis and troubleshooting of EDI, or  
22 electronic data interchange, with external systems,  
23 including insurance carriers systems and the Division of  
24 Welfare and Supportive Services. They often work on  
25 user acceptance testing and coordinated release

1 management of Nevada Health Link's Exchange platform, in  
2 collaboration with our technology vendor, GI. They also  
3 work on annual testing of electronic data interfaces  
4 between the Exchange and its insurance carriers;  
5 compilation of analysis of enrollment data to support  
6 the Exchange's messaging and reporting requirements;  
7 ad hoc casework investigation in collaboration with the  
8 Exchange's quality assurance team; and development and  
9 maintenance support for the Exchange's Carrier Connector  
10 casework and reconciliation system, which is used by the  
11 quality assurance and reconciliation team in  
12 collaboration with insurance carrier personnel.

13           Due to the Exchange's recent transition, the  
14 security and reconciliation unit has been faced with the  
15 added task of establishing regular technical meetings  
16 with the Exchange's nine different insurance carriers,  
17 and also with addressing the numerous technical issues  
18 that complicate the establishment of a new health  
19 insurance exchange. To date, the unit has investigated,  
20 logged, confirmed the successful resolution of over one  
21 dozen production issues impacting the Nevada Health Link  
22 Exchange platform, and it has identified, investigated,  
23 and tracked over three dozen production issues impacting  
24 the external systems hosted by the Exchange's insurance  
25 carriers. During this time, the Exchange has seen a

1 substantial reduction in the number of monthly data  
2 discrepancies.

3           The Exchange's new reconciliation team members  
4 have been able to spend the first six months of plan  
5 year 2020 triangulating the most effective business  
6 processes between the Exchange, carriers, and GI to  
7 reconcile and resolve electronic data interchange  
8 discrepancies regarding member and policy-level data.  
9 These new reconciliation specialists lead -- I'm sorry.  
10 These new Reconciliation Specialist Lead and Analyst  
11 positions have also started to provide testing support  
12 for new eligibility, enrollment, and reconciliation  
13 system updates deployed by our vendor, GI.

14           During this same time period, the security and  
15 reconciliation team has helped to coordinate the testing  
16 and approval of two major software releases for the  
17 Exchange platform. And this is being, this report is  
18 being prepared, and as this report is being prepared,  
19 they are beginning to work on a third major release, the  
20 largest to date for our Exchange, which is scheduled for  
21 deployment in late June.

22           Moving to the consumer, carrier, broker, and  
23 enrollment professional assistance team, our QA team.  
24 The quality insurance unit was established in September  
25 of last year and consists of three Program Officer

1 positions as Quality Assurance Analysts. These  
2 positions report directly to the Quality Assurance  
3 Manager and are overseen by the Chief Operations  
4 Officer. Each of the positions are cross-trained to  
5 ensure daily coverage and to assist with increased  
6 consumer, broker, carrier, and enrollment professional  
7 workloads requiring escalated assistance beyond the  
8 abilities of the Exchange's contracted call center.  
9 After onboarding and getting through their first OE  
10 working for SBE, the Exchange's QA team have found their  
11 stride during the first six months of plan year 2020  
12 resulting in the resolution of consumer and  
13 broker/navigator questions and technical issues by  
14 fostering close and deep relationships within the health  
15 insurance carriers to partner with subject matter  
16 experts who can assist to resolve issues from basic to  
17 complex in nature.

18 In January of this year, the QA team began  
19 using a sales force casework product in conjunction with  
20 the reconciliation team, which is referred to as the  
21 Carrier Connector. The QA team uses this platform to  
22 collaborate with the three qualified health plan  
23 carriers and the six qualified dental carriers. The  
24 numbers below reflect cases that have been resolved,  
25 meaning closed, that were actively being worked on as of

1 May 28, 2020, and this team has worked on over 1,900  
2 tickets, with timely resolution percentage of over 93  
3 percent.

4 Then we go on to federal updates. The Exchange  
5 monitors and tracks federal rule changes, court cases,  
6 and proposed legislation that may impact the way Nevada  
7 Health Link operates.

8 I'll highlight just a few here of our federal  
9 updates. The first is the individual health  
10 reimbursement account rule. In June of 2018, the  
11 Internal Revenue Service, Department of the Treasury;  
12 Employee Benefits Security Administration, Department of  
13 Labor; CMS and the Department of Health and Human  
14 Services issued a final rule to be put into effect in  
15 August of 2019 that allowed individuals who receive a  
16 health reimbursement account, or more commonly known as  
17 HRA, from their employer to potentially utilize these  
18 benefits to purchase a subsidized health plan, or opt  
19 out of the option of the HRA and purchase a subsidized  
20 individual health plan. Individuals would need to meet  
21 all other eligibility standards to receive subsidies to  
22 use an on-Exchange plan. Due to the time frame this HRA  
23 rule, from when it was released, many states, including  
24 Nevada, the federal government and CMS were unable to  
25 create the technology in the current platform build to

1 accommodate this rule. The Exchange will continue to  
2 work with state and federal partners to incorporate this  
3 feature in future system builds.

4           Regarding the quality star rating transparency,  
5 in August of 2019, the Centers for Medicaid and Medicare  
6 Services released a rule requiring all SBEs to  
7 incorporate quality star ratings on plans sold  
8 on-Exchange when consumers are shopping. This rule was  
9 established to help provide consumers transparent  
10 ratings on the plans they chose to enroll in. Due to  
11 the timeframe in which in rule was released, and with  
12 permitting from CMS, Nevada did not have an appropriate  
13 amount of time to publish star ratings while shopping  
14 for plan year 2020; however, ratings were posted on the  
15 Exchange's website.

16           On April 18th of 2020, of this year, in  
17 response to the COVID-19 public health emergency, CMS  
18 allowed for flexibility for QHP issuers to not submit  
19 data that would require the Exchange to publicly post  
20 the QRS ratings. For plan year 2021, the Exchange will  
21 not be required, will not require the collection or  
22 posting of this data.

23           Regarding the program integrity rule, in  
24 December of 2019, CMS enhanced a published final rule  
25 related to program integrity. The rule was made final

1 February 25th, 2020 which requires an SBE to begin  
2 biannual periodic data matching in time for plan year  
3 2021. The additional requirements may have a financial  
4 impact to the Exchange as they will require updates to  
5 our technology platform and an additional administrative  
6 burden that may not have been previously budgeted for.  
7 The Exchange is working closely with CMS and other state  
8 exchanges using the GI platform to determine the  
9 necessary timeline and potential for shared costs.

10           The CARES Act. In response to the  
11 COVID-19/coronavirus pandemic, Congress approved an  
12 economic recovery package and the president signed the  
13 Coronavirus Aid, Relief, and Economic Security Act, or  
14 CARES Act, on March 27th. The CARES Act included a  
15 recovery rebate tax credit for all citizens meeting tax  
16 and income criteria as well as federal pandemic  
17 unemployment compensation, which the federal  
18 unemployment income for qualifying individuals approved  
19 for state-based unemployment income.

20           The federal pandemic unemployment compensation,  
21 FPUC, includes an additional \$600 weekly UI payments for  
22 claimants. This proved to be challenging to incorporate  
23 within the Exchange eligibility platform to provide  
24 consumers the best options for them. The additional  
25 funds are required to report to the Exchange for

1 eligibility in subsidies, however, not required for the  
2 calculation of Medicaid benefits. The Exchange provided  
3 messaging to consumers and enrollment professionals in  
4 response to the CARES Act for informational purposes.

5           The HEROS Act. On May 15th, the HEROS Act  
6 passed the House and is currently sitting with the  
7 Senate, as of the time this report was written, for a  
8 vote scheduled later this month. The HEROS Act would  
9 exempt the calculation of the FPUC additional \$600  
10 weekly in annual household income calculated to  
11 determine subsidy eligibility for the Exchange. In  
12 addition, the HEROS Act is requesting an eight-week  
13 special enrollment period for the FFM and the State  
14 Based Exchanges using the federal platform. Lastly, the  
15 HEROS Act requires affordable, ACA plans to cover  
16 treatment and mitigation of COVID-19 for those who are  
17 diagnosed and those who are presumed positive.

18 Specifications related to required coverage would be  
19 provided with Department of Health and Human Services.

20           The Exchange continues to monitor information  
21 related to the HEROS Act and is prepared to works with  
22 federal stakeholders should the Act pass.

23           The Notice of Benefit and Payment Parameters.  
24 The 2021 NBPP was finalized on May 14th, 2020 and did  
25 not have any significant business process changes that



1 directly impacted the Exchange. The NBPP allows state  
2 flexibility with revisions to existing rules related to  
3 special reenrollment periods. The NBPP is allowing  
4 states to adopt a new SEP to allow current exchange  
5 enrollees and their dependents who are enrolled in a  
6 silver plan and become newly ineligible for cost-sharing  
7 reductions to change to a QHP one metal level higher or  
8 lower if they choose. In addition, the NBPP proposed to  
9 allow states to adopt a shortened time between the date  
10 a consumer enrolls in a plan through certain SEPs and  
11 the effective date outlined in 45 CFR 155.420.

12 The Exchange is currently exploring these  
13 flexibilities with other states that utilize the GI  
14 platform to potentially share costs associated with  
15 these changes.

16 The NBPP also alleviates the Exchange from  
17 requirements under 45 CFR 155.320 regarding random  
18 sampling for employer-sponsored coverage verification  
19 for plan years 2020 and 2021. The Exchange is working  
20 to adopt processes for plan years 2022 and beyond and  
21 working with CMS to understand processes they intend to  
22 adopt.

23 The NBPP has approved a 4.9 percent increase in  
24 the maximum annual limitation on cost-sharing annually  
25 beginning with plan year 2021. The 2021 maximum annual

1 limitation on cost-sharing are approved at \$8,550 for  
2 self-only coverage and \$17,100 for other than self-only  
3 coverage. The 2020 plan year maximum annual limitation  
4 on cost sharing is \$8,150 for self-only coverage and  
5 \$16,300 for other than self-only coverage.

6 And, Madam Chair, that concludes my Executive  
7 Director's report.

8 DR. JAMESON: Wow. Congratulations. That, as  
9 you said, encompasses a lot of activity that has  
10 occurred at the Exchange in multiple departments by many  
11 people who were cross-trained to do so many new  
12 functions, it makes your head spin. Congratulations,  
13 because as operation Officer, you really did juggle a  
14 lot.

15 And what I want to say mostly after hearing  
16 your report is it is so impressive at the level of  
17 technology that this product has. It's not even fair to  
18 compare it with what we had with Xerox. But the level  
19 of this product is so amazing and so superior to  
20 virtually everything else in the country and our federal  
21 exchange, and yet you were able, in such a short period  
22 of time, to download it, implement it. And despite the  
23 high, high technology we managed to achieve and allow  
24 people to use, the user-friendliness of it is so much  
25 better than anything we've ever had. And even more, the

1 human component, the attention you're giving to every  
2 individual that has called with any problems with your  
3 call team and your troubleshooters, the human component,  
4 the care and compassion and ability to resolve these  
5 things and not forget that with this high technology we  
6 must address that human component, you have far even  
7 surpassed your technology, as is seen by the amazing  
8 satisfaction survey rates.

9           So just bravo to you. Bravo. It is  
10 unbelievable. Unbelievable. And, I think, you can  
11 appreciate that more than anyone because you're the  
12 operations officer.

13           So I mean I don't know. You know, both sides,  
14 the technical, the human component, what you've achieved  
15 for the people of Nevada with this product is just  
16 amazing.

17           And I'm going to first entertain questions from  
18 the Board, comments, questions. I could just go on  
19 talking forever. So let me go ahead and ask the other  
20 members to go ahead and state.

21           But bravo, job well done, over the top,  
22 incredible.

23           MR. BRANCH: Madam Chair, this is Quincy  
24 Branch, for the record. And I just want to sort of  
25 piggyback and applaud all, you know, Ryan and the team

1 on a tremendous job.

2           And, I guess, Ryan, there was a comment made  
3 earlier, and I forget the lady's name who made the  
4 comment, about seemed like the unforeseen circumstance  
5 of, you know, not having the multiple logins. Has there  
6 been any other items or issues like that, that maybe  
7 weren't highlighted in your report, that we just sort of  
8 found that, oh, unfortunately, okay, this happened, and  
9 we're just having to fix some items, or have things been  
10 going smooth?

11           MR. HIGH: For the most part, I would say  
12 things are going smooth. You know, we are definitely  
13 addressing Mindy's concerns and looking at them and  
14 talking to GI about that. We're going to explore it  
15 from both a policy perspective and a technical  
16 perspective.

17           As I mentioned, we are having quarterly updates  
18 with GI. So what they'll do is they'll have a roadmap,  
19 and they will plan, these releases will happen at this  
20 point in time four times a year. So they'll release it,  
21 enhancements, let's say, to the eligibility and  
22 enrollment system. We'll go through, we will test it,  
23 we'll sign off on that, and then make releases every  
24 three months or so.

25           So we, and we have this plan throughout this

1 year and into next year. So we are definitely looking  
2 forward. You know, things will still come up. And  
3 we're always trying to make enhancements. But, more or  
4 less, the problems that we hear about are being  
5 addressed right away. GI's been a terrific partner for  
6 us that way. Yeah.

7 DR. JAMESON: Did anyone have other questions  
8 or statements on our staff?

9 I remember asking this very same question last  
10 year. But I apologize. In medical school, we used to  
11 say there is no such thing as a stupid question. The  
12 total last year being \$77,410 consumers enrolled in plan  
13 year 2020, and the new enrollees 20,000, the returning  
14 25,000, and the difference between that 45,000 and the  
15 77, was that automatic or, but wouldn't that be return?  
16 I got confused.

17 MR. HIGH: That's exactly right. So the two  
18 numbers I quoted in here were the new shoppers and the  
19 returning consumers that actively shopped. The third  
20 bucket, the difference would have been just the  
21 automatic renewals, they didn't maybe actively shop,  
22 they just selected their plans and just they kind of  
23 coasted through and were automatically renewed.

24 DR. JAMESON: And, again, on page two of your  
25 report, I just wanted to again congratulate you on

1 the -- you can boast, a current seven-day average  
2 consumer survey of the 100 percent, that is just  
3 amazing. In an IT industry, I just, I'm just blown away  
4 by that, and I just have to, it bears repeating.

5           And when you were -- this was addressed a  
6 little bit earlier. The streamlined accounts transfer,  
7 I just want to congratulate you on that. That was one  
8 of the hardest things. And I am just happy to see that  
9 it's really basically, you know, you continue to work on  
10 those enhancements, but that, basically, that was a huge  
11 stumbling block for us and that you were able to deal  
12 with that.

13           And, of course, our special enrollment period,  
14 you guys, once again, I can't tell you how much that  
15 meant to so many people in our community. And when we  
16 had the approval for this, for you guys to be able to  
17 have the flexibility -- I tell all my pregnant women  
18 they have to have flexibility. You guys are,  
19 flexibility is your middle name. To be able to adapt so  
20 quickly to that special enrollment period and, you know,  
21 be able to give. Was that almost another 5,000 people,  
22 qualified health plan? That, that was invaluable and  
23 affected their lives in such a positive way that words  
24 can't express it. You guys just are just doing such an  
25 excellent job.

1           And I wanted to ask you. And that's what  
2 Quincy had talked about a little bit. A couple of  
3 places. What were some of the specifics, what would you  
4 say -- we've done this in the past. But for this last  
5 year, when you did have the complaints come in, the call  
6 center, et cetera, what were probably the recurrent  
7 issues that you would hear? And are there any of those  
8 that are lingering that are still a problem?

9           MR. HIGH: I would say, thinking back,  
10 sometimes consumers had trouble uploading supporting  
11 documentation. Or they would shop for a plan maybe and  
12 think that maybe the process was over, but we would  
13 still need some information back from them to complete,  
14 to complete the -- their shopping experience, let's say.

15           As far as other technical issues, I'm trying to  
16 think from a consumer perspective. Let me see. Jamie,  
17 are you on the call, by any chance?

18           She's not. I was going to rely on our Policy  
19 and Compliance Manager, Jamie Sawyer, but she's on a  
20 different call.

21           Let's see. As far as the broker line or the  
22 broker portal, let's say, we are exploring to move from  
23 a system that it would go from an individual broker  
24 portal situation to an agencywide broker portal  
25 situation where there's going to be more collaboration

1 between, let's say, a broker with a larger office with  
2 more staff, let's say. It might be, it would provide  
3 better benefits for them that way.

4 And as far as the Broker Connect, which is our  
5 telephone, our telephone system, where we connect  
6 consumers with brokers in their zip code or their areas,  
7 that seemed to be a favorite among brokers.

8 I think, those are the highlights, those are  
9 the big highlights there. We just went through a patch.  
10 And the patch we just did, it was more enhancement to  
11 our technical background. We added enhancements to our,  
12 what we call our TAC program, which is our ticket  
13 tracking system. I know that our recon team is building  
14 a new portal to help with reconciliation with the  
15 carriers so we can identify discrepancies faster and  
16 clean those up quicker.

17 So those are a few of the highlights there.

18 DR. JAMESON: And I want to congratulate you,  
19 because we did promise the Nevada people that going into  
20 this State Based Exchange and using this wonderful new  
21 technology, GetInsured, and hiring of the extra staff,  
22 and making all the changes, that we would actually save  
23 money. And I'm sure some people were skeptical that  
24 this could end up costing much more. And I just want to  
25 applaud you on your four-year projection of \$23 million



1 and, in other words, over those several years, that  
2 we're going to save many million every year and have a  
3 better project.

4 Do you anticipate, now that you've been through  
5 this first year and you really did your best to do it  
6 lean and mean, that as you look back as an operation  
7 officer you see there's going to be some new positions  
8 required, or do you think you're pretty good where you  
9 all are?

10 MR. HIGH: We're exploring that right now,  
11 Madam Chair, you know, looking into -- this is budget  
12 building season. We're getting into the summertime now,  
13 you know, on these even years, getting ready for the odd  
14 year, the Legislature in the odd year. We're building  
15 those now. We're doing that analysis. We're looking  
16 at, you know, how we've performed so far, and maybe is  
17 there a need. As you just mentioned, you know, because  
18 we're still one of those, one of the, if not the leanest  
19 State Based Exchanges in the country. We have 22  
20 full-time employees. And, you know, if it makes sense  
21 asking for new positions or new resources to make the  
22 shopping experience better for Nevada consumers, that's  
23 something we're definitely exploring.

24 DR. JAMESON: So, again, as a lean machine,  
25 outstanding, outstanding product and consumer

1 satisfaction.

2           And going on to you were talking about how, at  
3 the very end of the report, you are planning to do a  
4 couple of things and even -- oh, you know what I'd ask  
5 you. You mentioned the two major software. There it  
6 is. It's on page seven, that's what I'm talking about,  
7 "During this same time period security and  
8 reconciliation team has helped to coordinate the testing  
9 and approval of two major software releases." Is this  
10 just regarding security and reconciliation for the  
11 Exchange platform, or this is something else that  
12 they're just oversight? And then that there was a third  
13 thing coming. And what exciting changes are these? Are  
14 they going to be additional services or something to  
15 streamline what we have?

16           MR. HIGH: I believe, it's -- one is the  
17 streamline that we already have. Let me see. Is  
18 Russell Cook on the line?

19           I don't know if Russ, our IT Manager, is here,  
20 if he's available to talk. And, Katie, I don't know if  
21 you might have to unmute him.

22           MS. WARREN: Lacie's on.

23           MR. RUSSELL COOK: Hi, Ryan. This is Russell.  
24 Can you hear me?

25           MR. HIGH: Yes, we can. Thanks, Russ. Can you

1 speak a little bit more to that?

2 MR. RUSSELL COOK: My pleasure. This is  
3 Russell Cook, for the record. I'm the Information  
4 Systems Manager for the Exchange.

5 The two major releases that were mentioned in  
6 the report referred to a -- recently, our vender,  
7 GetInsured, has moved towards a standardized and  
8 regularly scheduled release schedule focused at  
9 quarterly releases throughout the year. So the two that  
10 we spoke of thus far, one of them was released in late  
11 December or early January. And then the next was our  
12 spring release, which we received in March.

13 The third major release, which we actually just  
14 finished testing last week, and the results of which  
15 were deployed on, I believe, late Friday night of last  
16 week, represents the third in this series of quarterly  
17 releases for which the testing was overseen and  
18 coordinated by members of our security and  
19 reconciliation team.

20 You mentioned a moment ago that many of our  
21 staff are cross-trained on a number of different  
22 functions, or all wear, you know, many different hats.  
23 This is certainly a great example of that. The  
24 reconciliation team, who primarily deals with our  
25 insurance carriers in terms of ensuring that our data

1 stays in sync with theirs, and vice versa, they're a  
2 natural fit as being amongst the most IT-capable members  
3 of our staff for overseeing this testing. So that's an  
4 example of kind of double duty that they are playing.

5           But, specifically, the releases, it kind of  
6 straddles the line between addressing and resolving  
7 issues which we have uncovered during our production  
8 operation. As I'm sure you're aware, no project of this  
9 scale gets deployed without a few wrinkles that need to  
10 be ironed out. We were no exception. And so our  
11 reconciliation and testing team, both through reports  
12 that we received from consumers or from agents or  
13 brokers that were ultimately incorporated into change  
14 requests that we submitted to GetInsured, combined with  
15 issues that our reconciliation team identified during  
16 the course of data interchange, normal production  
17 operations exchanging data with our insurance carriers,  
18 these are among the sources of information that we use  
19 to identify the opportunity to fix certain defects or to  
20 enhance certain business processes within the  
21 application.

22           So these quarterly releases, then, involve a  
23 certain amount of new functionality, but they are also  
24 designed to make sure that we are incorporating lessons  
25 learned along the way and that we are, essentially, you

1 know, patching up the things that don't work at the same  
2 time as we are implementing new features either to  
3 address needs and requests of our stakeholders,  
4 including our brokers and consumers and insurance  
5 carriers, or else fixing issues that we have noticed  
6 with the platform -- could be eligibility-related, could  
7 be behind the scenes with the interchange, account  
8 transfers with Medicaid, that sort of thing -- we're  
9 always working to identify opportunities to further  
10 improve the efficiency of those operations.

11           So I hope that helps clarify the context. But  
12 we're happy to provide some additional information if  
13 there's any particular area that I didn't address  
14 exactly.

15           DR. JAMESON: Oh, and that's what I suspected  
16 as opposed to a lot of newer more dynamic new services.  
17 It's really tweaking it mostly.

18           MR. RUSSELL COOK: Well, I do want to clarify,  
19 though, that, you know, that the ratio of fixes to new  
20 features definitely varies throughout the year. And we  
21 do focus the release of each year. The release that  
22 just went live right now, as well as the next release  
23 which will go-live prior to open enrollment, those are  
24 the releases where we really try and put the new bits of  
25 functionality in there. Whereas the December release is

1 often to do -- or at least this past year was what to do  
2 largely with addressing issues that were discovered  
3 during open enrollment. And then the spring release was  
4 kind of mixture of both; we addressed some lingering  
5 issues from open enrollment as well as some issues that  
6 were identified January, February time frame as a result  
7 of our production operations.

8           But one major feature that I wanted to mention  
9 specifically that has been in the works for awhile and  
10 that we are working towards implementing in Nevada, that  
11 Ryan mentioned a moment ago, is the agency portal.  
12 Right now, we have a portal that works very well for  
13 individual agents to a certain extent. As we heard  
14 earlier in the phone call, when an individual agent has  
15 a book of business of a certain size, the limitations of  
16 the platform can become a bit unwieldy.

17           So this agency feature is designed to allow  
18 agents to, essentially, pass designations for broker  
19 representation amongst -- to manage the distribution of  
20 those designations amongst a pool of multiple agents.

21           One of the trouble, one of the tricky things  
22 about enhancing the platform and responding to these  
23 requests of our stakeholders is that we always have to  
24 balance the usability of a platform within the confines  
25 of the constraints that CMS and the federal regulations

1 that we operate under impose upon us. For instance, it  
2 is a CMS regulation that we not allow the sharing of  
3 login credentials by brokers on our platform.

4 So that just alone imposes a certain limit to  
5 the amount of flexibility that we can afford. But, you  
6 know, kind of between ourselves and in our relationship  
7 with GetInsured, we are always trying to find ways that  
8 we can work within the confines of those regulations to  
9 increase the flexibility of the system. And, I think,  
10 the forthcoming agent portal is going to be a major  
11 indicator of what we mean and will, hopefully, address  
12 the lion's share of what is missing now in terms of a  
13 desired level of flexibility for those brokers with the  
14 large books of business.

15 DR. JAMESON: Wow. It sounds exciting. And I  
16 know you're going to meet the challenge. Because  
17 everybody can't necessarily, but the security has to be  
18 met, so they just can't have anyone scanning documents  
19 in. They have to have a certain level of security. And  
20 yet, as we get more volume, as our wonderful comment  
21 person, Mindy, said, she's just going to need more of  
22 her staff to have accessibility. So you're going to  
23 walk a tightrope there between your security, privacy,  
24 how much these people have to be licensed to just get in  
25 there. But I have no doubt you will figure this out.

1           And I just wanted to go on to where we were  
2 talking about the quality star rating. I thought that  
3 was very interesting. Because I remember when that  
4 first came out and we were exempt this last year because  
5 we no way could have had time to qualify for that. But  
6 does it really -- it looks like we won't have to do it  
7 again this year. Is that correct? Amount I hearing,  
8 getting that right?

9           MR. HIGH: That's correct, we have an exemption  
10 for one more year.

11          DR. JAMESON: Okay.

12          MR. HIGH: So we will be planning for this.  
13 And we did have it posted on our website. It just  
14 wasn't -- let's say, for instance, it wasn't part of a  
15 plan selection in the GI system. But what we would,  
16 we'd be looking to in the future.

17          DR. JAMESON: Right, it wasn't integrated right  
18 in the GetInsured, but they could find the ratings.

19          MR. HIGH: Correct, yes.

20          DR. JAMESON: So very good. So with the human  
21 factor, it looks like you guys might be challenged one  
22 more time to be able to have a special enrollment  
23 period. And with the sad news of everyone reading the  
24 newspapers the last couple of days and the last weekend,  
25 Nevada being one of the absolute highest, along with



1 Texas, for a rise in the number of cases, it look the  
2 like you guys may have to come with your special  
3 enrollment period once again.

4           So I'm so glad that we couldn't have a team --  
5 this is really corny. But, you know, I was not a  
6 cheerleader. But a team that's on the beam. That's  
7 really half of the job. Because you guys will come up  
8 come up to this challenge, no doubt. And I'm so excited  
9 that you guys are going to be able to do that.

10           Now, I just want to make sure before we move on  
11 that nobody else had any questions or comments about  
12 this. Quincy, anybody, any other comments?

13           Uh-huh (affirmative). Valerie, are you still  
14 there? I see your hi there.

15           MS. CLARK: I'm still here.

16           DR. JAMESON: Okay. And you, Valerie, are  
17 often very analytical about the capacity. Any comments  
18 on your experience with your group?

19           MS. CLARK: No. I've been doing fine.

20           DR. JAMESON: That's great to hear.

21           MS. CLARK: Yep. Yep. All is well.

22           DR. JAMESON: And so why don't we go on to the  
23 next portion, which is going to be the marketing and  
24 outreach update.

25           MS. JANEL DAVIS: Thanks, Madam Chair. Janel

1 Davis, for the record. Can everybody hear me?

2 All right. Cool. Nice to see your faces. I'm  
3 going to kind of skip over a little bit because this is  
4 kind of a repeat of the fiscal and operational report.  
5 And while I am reading my report, Patty Halabuk, our  
6 marketing agency, she's sharing her screen right now.  
7 And so you'll have some pictures and metrics to go along  
8 with my report. So that'll be a nice switch-up.

9 Okay. So as Ryan said, we are always working  
10 throughout the entire year. You know, our work doesn't  
11 stop in reducing the number of uninsured and  
12 underinsured Nevadans in the off cycle, and we call this  
13 our off-season campaign. So we strategize, prioritize  
14 consumer outreach and messaging efforts during the off  
15 cycle. And we continue to work to brand organization's  
16 consistent presence and resources for consumers and  
17 stakeholders as it relates to healthcare policy and  
18 qualified health and dental plans.

19 So the strategy and planning for this year's  
20 off-season campaign shifted dramatically, obviously, due  
21 to the pandemic. In response to Governor Sisolak's  
22 March 12th emergency declaration, as you already know  
23 and what's been said, we established an ECSEP. It ran  
24 from March 17th to May 15th and, obviously, allowed  
25 eligible Nevada residents who missed the regular open

1 enrollment period to enroll in a qualified health plan.

2           So since Nevada is now operating as a State  
3 Based Exchange, and this was already said, too, this  
4 allowed us to make a very swift policy change, which was  
5 a benefit for the Exchange as well as Nevadans in need  
6 of insurance.

7           So in response to the regulation of the ECSEP,  
8 Nevada Health Link and Penna Powers initiated a  
9 strategic marketing campaign solely surrounded around  
10 the ECSEP. Campaign messaging encouraged the uninsured  
11 and underinsured to shop and explore the different  
12 qualified health plans through Nevada Health Link and to  
13 consider Nevada Health Link as an alternative to COBRA  
14 plans as well due to job layoff or as an interim health  
15 insurance alternative while furloughed.

16           Additional messages to Exchange consumers  
17 stressed the concept of now is the time -- now is not  
18 the time to cancel your health insurance coverage. And  
19 we advised consumers to reach out to their insurance  
20 carrier to see if they qualified for additional grace  
21 period or additional subsidies, to reduce those monthly  
22 premium costs.

23           The secondarily messaging brought awareness of  
24 the increased fraudulent activity by out-of-state  
25 brokers messaging to Nevadans to purchase unnecessary

1 additional COVID-19 insurance coverage.

2           And because so many Nevadans were required to  
3 work from home, shelter at home, quarantine, the  
4 campaign incorporated television and radio, in addition  
5 to digital and an online presence, and included  
6 30-second television and 15-second radio spots. Digital  
7 was very heavy and then, obviously, paid social display  
8 ads and programmatic video, as well as Over-The-Top,  
9 which is OTT television. This reaches the streaming  
10 audience.

11           The campaign media ran in both English and  
12 Spanish statewide. NevadaHealthLink.com's homepage and  
13 our special enrollment landing pages, also both in  
14 English in Spanish, were reworked to incorporate the  
15 ECSEP message.

16           Additionally, we did a robust email marketing  
17 campaign that was implemented to target various niche  
18 audiences with specific related exceptional circumstance  
19 SEP messaging. Audience included the current enrollees  
20 to come back and update their change in income if it was  
21 applicable, loss of minimal essential coverage, and,  
22 also, to work with carriers to see if they could receive  
23 more subsidies, as well as nonenrollees seeking coverage  
24 and then the Medicaid-denied individuals or households.

25           So moving on to public and media relations. So

1 in collaboration with marketing vendors, the Exchange  
2 developed and implemented another robust ECSEP-focused  
3 PR campaign which included identifying key media  
4 contacts with whom to make direct outreach and follow-up  
5 on ECSEP messaging to offer virtual one-on-one  
6 interviews with me, the Communications Officer. Outlets  
7 included local radio community programs, local lifestyle  
8 TV shows, and then print and online media outlets, as  
9 well as some healthcare podcasts.

10           Let's see. On March 23rd, Nevada Health Link  
11 also incorporated the Affordable Care Act 10-year  
12 anniversary. And so we pushed off some messaging and a  
13 press release. The communications team also developed  
14 infographics and shared those on social channels during  
15 the week of the anniversary in lieu of doing a press  
16 conference, because this all happened right in the  
17 beginning of the pandemic when we were all sent to work  
18 from home.

19           Nevada Health Link and the PR team generated  
20 multiple press releases announcing the ECSEP, then  
21 announcing our extension to the ECSEP. So two press  
22 releases were also pushed out announcing the enrollment  
23 figures. And, I believe, the Board received all of the  
24 metrics based on the ECSEP and loss of the minimal  
25 essential coverage. And that also highlighted regular

1 SEP enrollments as well.

2           And then in my report I just list some of the  
3 PR highlights. We did a couple Vegas Inc.'s Healthcare  
4 Quarterlies. We were in the Nevada Independent, Reno  
5 Gazette-Journal, Huffington Post, Las Vegas Sun guest  
6 column, let's see, Las Vegas Weekly print and online,  
7 and then various PR interviews from the virtual space.

8           All right. So moving on to outreach and  
9 community relations. In January and February, the  
10 Exchange, marketing partners, navigator grantees and  
11 broker partners continued making strides to reach the  
12 community on behalf of Nevada Health Link. Due to  
13 COVID-19, established outreach practices, including  
14 in-person outreach event attendance, was significantly  
15 hampered or altogether cancelled beginning in March.

16           So as a result, the Exchange refocused efforts  
17 toward internal email communication collaboration with  
18 community partners and stakeholders to reach their  
19 consumer audiences who also represent Nevada Health  
20 Link's target audiences.

21           And so you can just see on this slide here some  
22 of the highlights of the activities and where we dropped  
23 off hand sanitizer and educational literature. We  
24 didn't have time to actually create literature that  
25 talked about the ECSEP, but the main idea was to get

1 people to the website to enroll in coverage.

2 All right. Yes. And in my report, I just kind  
3 of list out all of the different collaboration with  
4 various partners who, you know, wanted our information.  
5 And we got a really good response, lots of different  
6 chambers, Immunize Nevada, Rapid Response. We had a lot  
7 of congressional delegation involvement. UNR, UNLV, the  
8 UMC Medical Center, and Access to Healthcare Network.

9 In addition, we did ongoing community  
10 distribution of resource guides and SEP information  
11 through our navigator entities. We collaborated with  
12 the Exchange's Asian Community Resource Center, ACRC, to  
13 develop and distribute multi-Asian language literature  
14 for the growing Las Vegas Asian population. Development  
15 of culturally-relatable Hispanic, Latino, and African  
16 American promotional concepts to use at associated  
17 events, such as Quinceanara and Sweet Sixteen. Ongoing  
18 LinkedIn messaging campaign to human resources and  
19 management individuals in industries such as casinos,  
20 hospitality, gig workers, independent and contract  
21 workers and associations. And then we continued  
22 collaboration with existing sponsors to creatively  
23 deliver messages to audience during and after the  
24 COVID-19 pandemic.

25 All right. So off-season ad campaign and job

1 loss focus. So as I said, the ECSEP campaign ran from  
2 March 17th to May 15th, after which the ad campaign  
3 segued back to promoting our regular SEP period. While  
4 overall messages focused primarily on the specifics of  
5 qualifying life events for special enrollment period and  
6 highlighting the 10 essential health benefits,  
7 significant effort is making placed right now on  
8 promoting job loss messages to reflect the current  
9 situation in Nevada as a result of the pandemic.

10 The ad campaign primarily utilizes digital,  
11 online and paid social media as well as a retooled email  
12 campaign that is consistently refreshed using Nevada  
13 Health Link's realtime data, collected now as a State  
14 Based Exchange, to ensure we are continuing to reach the  
15 relevant audience. Organic social media, including  
16 health-related blogs and native articles, are also an  
17 effective part of our off-season campaign.

18 So this SEP campaign will run through September  
19 of this year. It incorporates a robust paid search  
20 effort to ensure Nevada Health Link is the primary  
21 result for many Nevadans who are searching for health  
22 insurance online. The primary target age demographic  
23 continues to be that 26 to 45 age range, as well as a  
24 broader secondary audience who may be experiencing job  
25 loss and, of course, the ongoing turnover of those who



1 have been denied Nevada Medicaid benefits.

2           And currently, the Exchange is working with  
3 Penna Powers, our marketing partner, to concept and  
4 strategize plan year 2021. So we have been presented  
5 the creative concepts for open enrollment eight. And  
6 we're really, you know, hitting the ground running here,  
7 and we're all on the same page, and we're really excited  
8 to, you know, basically launch a whole new campaign for  
9 this year's open enrollment period that starts on  
10 November 1st.

11           And this just kind of goes over the main  
12 objections that we're looking at for this year.

13           And that's the end of our report. And if you  
14 have any questions, I'm here.

15           DR. JAMESON: Janel, thank you. As always,  
16 excellent. Do you have to, do you do that all along the  
17 way, or do you wait to the last minute? Because you are  
18 always so prepared. And it's so comprehensive. I'm  
19 really impressed.

20           MS. JANEL DAVIS: It's, of course, our  
21 collaborated effort, and they are a long time in the  
22 making.

23           DR. JAMESON: Any of our Board members have any  
24 questions for Janel and her coworkers, or anybody have  
25 any comments for Janel?

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Cool.

MS. JANEL DAVIS: Well, I guess, that was pretty comprehensive. Thank you.

MS. HALABUK: Thank you, everybody.

DR. JAMESON: Very good. And we're looking forward to your campaign. I agree with Quincy. Applause are in order.

And let's go ahead and move into the approval of the semi-annual Fiscal and Operational Report pursuant to NRS 695I.370(1)(b) to the Governor and the Legislature.

And do I hear -- do we want to have any bit of a presentation or just go straight to motion?

I have no questions or comments. Do I hear a motion for the approval of the semi-annual Fiscal Operational Report?

MS. CLARK: Valerie Clark. So moved.

DR. JAMESON: And a second?

MR. MELENDREZ: Jose Melendrez. Second.

DR. JAMESON: And a second by Quincy. And everyone in favor -- oh, any questions, concerns, edits?

Not hearing any. And let's have a vote. Everyone in favor, say "aye."

(Board members said "aye.")

DR. JAMESON: Anyone not in favor?

1 Any abstinence?

2 Okay. Then, this is passed unanimously and  
3 approved, approval of the semi-annual Fiscal and  
4 Operational Report. Very well done.

5 Approval of the regulations for the ability of  
6 the Exchange to create an annual market stabilization  
7 special enrollment period at the conclusion of the  
8 federal open enrollment period.

9 I think, that's a great idea. Does anybody  
10 here want to make a motion for this?

11 There is a cover letter. The cover letter I  
12 might share with you: "The purpose of the report is to  
13 provide information to the Board and public regarding  
14 new proposed regulatory language to, at the  
15 recommendation of staff and action of the Board, add a  
16 marketplace stabilization special enrollment period to  
17 end of the federal open enrollment period during any  
18 given plan year."

19 So does anybody have any questions? Well,  
20 first, if there's a motion, and we'll second, and we'll  
21 discuss it. I think, did we get the motion there?

22 MR. BRANCH: Motion for approval.

23 DR. JAMESON: M-hm (affirmative). Second?

24 Did I hear a second? Your mic might be on  
25 mute.

1 MR. MELENDREZ: Yes. Second.

2 DR. JAMESON: Thank you.

3 And so are there any questions about this or  
4 comments?

5 Okay. I'll just say I think it's a great idea  
6 again. And I'd like, to everyone in favor, please say  
7 "aye."

8 (Board members said "aye.")

9 DR. JAMESON: Is there anyone opposed?

10 And is there anybody who's abstaining?

11 Okay. Not hearing any, I don't hear any  
12 abstinence or any opposed, then we have approval of the  
13 regulations for the ability of the Exchange to create a  
14 special enrollment period at the conclusion of the  
15 federal open enrollment period. Yay. Okay.

16 Possible action. Discussion and possible  
17 action regarding the dates, times, and agendas for  
18 future meetings.

19 MR. HIGH: Madam Chair, I'd like to, if I could  
20 let you know, the next scheduled meeting is October 8th  
21 at 1:30 unless determined there should be one before  
22 this time.

23 DR. JAMESON: October 8th at 1:30. And,  
24 hopefully, that'll be a good date for everybody.

25 And so no -- was there anybody, any of our

1 Board members, do you have any items that you would like  
2 to be placed on the agenda for that next meeting?

3 For myself, I was very interested in hearing  
4 about the challenges when we had people with job losses,  
5 and then they get on the -- they get their unemployment,  
6 they get their \$600 a week, and the challenges that they  
7 faced when they tried to do the enrollment in the  
8 special enrollment period. And then keeping in mind as  
9 we go forward again, and we have one of the highest job  
10 loss unemployment right now, and we may continue to have  
11 such. And there may be extended supplements to  
12 individuals' income in federal legislature. And I know  
13 that was a challenge. And I'd like to keep our finger  
14 or the pulse of how that's affecting people, what it  
15 does to their premium when they come on. And these are  
16 some of our most vulnerable people that need access, and  
17 how are we all working with that.

18 Did I kind of make that clear enough?

19 MR. HIGH: Yes, thank you.

20 DR. JAMESON: Yeah. It's very -- it's a  
21 dilemma. The assistance in unemployment and then  
22 affecting their overall income rate when they really  
23 need insurance, and what it does to their premiums, I'd  
24 like to kind of get a follow-up on that.

25 Was there -- because we're going to see more as

1 we go through this year with people, as we saw our Penna  
2 Powers making a focus now on those people who have lost  
3 their jobs and reaching out to them to look for us, and  
4 they may have extended benefits.

5 But other than that, was there anything else  
6 that people want to see the dynamics of reported next  
7 time?

8 MS. CLARK: Madam Chair, this is Valerie Clark.  
9 I would just like to know if we have any prospects of  
10 any new carriers coming on to the Exchange for 2021,  
11 maybe an update on carriers that we will have available  
12 on the Exchange.

13 DR. JAMESON: Excellent. Excellent. And was  
14 there anything else that anybody can think of? I think,  
15 that is a really good point, Valerie.

16 And, I guess, that brings up the follow-up on  
17 how, for the brokers, we -- I'd like a follow-up report  
18 on that we resolved the issue that our public comment,  
19 Mindy, brought to us today.

20 Other than that, I think, I would entertain  
21 public comment now, unless there are any others.

22 So is there any public comment?

23 So not hearing any public comment.

24 MS. CHARLESON: And everyone on the phone is  
25 unmuted. So if you're on the phone and you have a

1 comment, you can go ahead.

2 DR. JAMESON: Sounds like our reports were  
3 pretty complete. No public comments.

4 So I'd like to then ask for a motion to  
5 adjourn.

6 MS. CLARK: So moved.

7 DR. JAMESON: We technically only need one to  
8 move. So everybody in favor?

9 (Board members said "aye.")

10 DR. JAMESON: Thank you, everybody. And job  
11 well done. Outstanding, exciting, and beautiful. Thank  
12 you all. Have a great day.

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