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SILVER STATE HEALTH INSURANCE EXCHANGE

BOARD MEETING

Thursday, January 28, 2021

1:00p

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DR. JAMESON: And thank you for taking the time to join us. We sure appreciate that.

And our roll call, do you want to do an official roll call? Or essentially you've just done that.

MR. HIGH: I can go -- this is Ryan, for the record. I can go through and do a quick roll call, if that's okay.

DR. JAMESON: We'd love it, Ryan.

MR. HIGH: Great. Okay. Dr. Jameson, we see you're present via Zoom.

Ms. Valerie Clark? Okay.

Ms. Lavonne Lewis? We see you here via Zoom. Thank you.

And Dr. Sarah Friedman? See you here via Zoom. Good afternoon. Great.

Mr. Jonathan Johnson, on the phone, is that correct?

1 MR. JOHNSON: Present.

2 MR. HIGH: Great. Thank you.

3 Mr. Jose Melendrez? See on you the Zoom,
4 present. Good afternoon.

5 Mr. Quincy Branch, I believe, you're on the
6 phone?

7 MR. BRANCH: Present.

8 MR. HIGH: Great. And then, Suzanne, I
9 believe, I saw you here. There you are. Good
10 afternoon.

11 Commissioner Richardson? Not here.

12 And then, Aaron Frantz, I think, I saw you on
13 here as well.

14 MR. FRANTZ: Yes, sir, present, Ryan.

15 MR. HIGH: Sounds good. Thank you.

16 All right. We have a quorum, Dr. Jameson.

17 DR. JAMESON: Excellent. Thank you, Ryan.

18 And there are no special announcements on my
19 part. And are there any special announcements, Ryan,
20 that you wanted to make? I think, everybody got the
21 notice about our Executive Director. So, unless --

22 MR. HIGH: Yes.

23 DR. JAMESON: Yeah.

24 MR. HIGH: Yes. Absolutely. And then just one
25 quick, because I assume we'll probably talk about this

1 today at some point, so I'll just get it out in the very
2 beginning here. A quick note from Heather regarding the
3 news today from the federal administration that Nevada
4 Health Link is very excited about the supportive actions
5 coming from the Biden administration.

6 We are working with our vendor and states,
7 their vendor, on implementing a similar special
8 enrollment for the Exchange. So we're talking with
9 other states that use the GI platform. We will share
10 information with the Board as plans are solidified. But
11 I can assure you that Heather and myself and a few other
12 staff were on the call with CMS at 6:30 a.m. this
13 morning, already starting to working on this.

14 So more information will be forthcoming. We
15 are actively working on this.

16 DR. JAMESON: And, Ryan, just for those
17 individuals that may have been working hard all morning
18 and not seen that on CNN breaking news, would you share
19 with them that it would be a special enrollment period
20 from February to May. Is that what it was?

21 MR. HIGH: To May, a 90-day, a proposed 90-day
22 enrollment period, yes.

23 DR. JAMESON: Excellent. You know, I just
24 thank you so much for making that announcement. And we
25 are very excited about it. It makes you feel like, you

1 know, we're about to receive some CPR, because we did
2 have such a, you know -- I don't want to use a negative
3 word, but such a cutback on our capacity to do
4 everything it was originally designed to do. And so it
5 is so exciting that we are going to get some CPR here
6 and get back to as robust as we were meant to be, and
7 ideally even more.

8 And I'm so happy, as I reflect on where we've
9 been, that we survived those last few years, and not
10 just survived, I usually wait for the end, but that you
11 guys have done a phenomenal job at our Health Link in
12 offering individual and family qualified health plans
13 for those that have come, and your service has been,
14 also, excellent.

15 So incredible, incredible job. And now it was
16 all -- it was always worth it, but now it's going to go
17 into overdrive. Thank you all. Now we'll go on. It's
18 so exciting. It's so exciting.

19 So public comment. Anyone north and south all
20 at once. So any public comment?

21 MS. CHARLESON: And if you guys could please
22 use the chat box or raise your hand, and I will unmute
23 you.

24 I'm not seeing anything on my end.

25 DR. JAMESON: Okay. Then, we're going to move

1 right on to the approval of the minutes from October 8th
2 of 2020. The minutes were on the website. And,
3 hopefully, everybody had a chance to review them. And
4 the Board minutes, again, Thursday, October 8th, 2020,
5 do I hear a motion to approve the minutes, and a second?

6 MS. LEWIS: This is Lavonne Lewis. I move
7 approval of the minutes.

8 MR. MELENDREZ: Jose. Second.

9 DR. JAMESON: Thank you, Lavonne and Jose.

10 And is there any discussion with regards to the
11 minutes? Was there any omissions, any edits, any
12 additions required?

13 Not hearing any, then everyone in favor of
14 passing the motion to approve the October 8th, 2020
15 minutes, say "aye" or raise your hand. Well, you have
16 to say "aye."

17 (Board members said "aye.")

18 DR. JAMESON: Anybody opposed?

19 Okay. Anybody abstained?

20 So that would be a unanimous, and the minutes
21 are accepted.

22 And then going on to always such an exciting
23 time, and we do have so much wonderful information, the
24 Executive Director's report. Thank you.

25 MR. HIGH: Oh, that's great. Thank you. I

1 will go through this. And just to give you some
2 highlights, we're going to talk about vendor management,
3 the upcoming agency budget, the plan year 2021 open
4 enrollment, our coordination with other state agencies.
5 And that should take care of it. And I'll just jump
6 right in here.

7 So the Silver State Health Insurance Exchange
8 has spent the second half of 2020, last year,
9 operationalizing year-round functions for a State Based
10 Exchange while adjusting to remote work as a result of
11 the COVID-19 pandemic. Throughout the time period from
12 July to December of 2020, the Exchange managed and
13 oversaw the maintenance of the GetInsured technology
14 platform and call center, built the agency's 2022 to
15 2023 state fiscal year budget. We successfully planned
16 and executed our second open enrollment period as an
17 SBE, and strengthened our work relationships with state
18 agencies, including the Department of Employment,
19 Training and Rehabilitation, also known as DETR, the
20 Division of Welfare and Supportive Services, the
21 Division of Health Care Finance and Policy.

22 While the SBE learning curve has been steep,
23 the flexibility, autonomy, and the economic certitude
24 have been valuable rewards for the Exchange. This
25 information, and that to follow, has also been

1 highlighted in our Fiscal and Operational Report that's
2 later on in the agenda.

3 So regarding vendor management, successful
4 operation of an SBE requires a fully functioning
5 enrollment technology platform and a scalable call
6 center. The Exchange has worked closely with GetInsured
7 to monitor performance of the enrollment system and
8 assists with the prioritization of system defects and
9 system enhancements. The Exchange's Quality Assurance
10 team has been coordinating with the GetInsured call
11 center management and staff to ensure customer
12 satisfaction and issue resolution.

13 In July of 2020, the Exchange's Board of
14 Directors voted to extend the Nevada Health Link OEP for
15 an additional month. The Exchange's OEP ran from
16 November 1, 2020 through January 15th of 2021.
17 Consumers who enrolled by December 31st had policies
18 that began on January 1st. Consumers who enrolled
19 between January 1st and the 15th had policies that
20 started on February 1st, 2021, or will start on
21 February 1st, 2021.

22 Programming the Nevada Health Link policies
23 into the GetInsured platform and operationalizing the
24 call center functionality for the extended period
25 required Exchange project management resources to ensure

1 accurate deliverables.

2 The GetInsured technology platform successfully
3 managed Nevada Health Link's Exceptional Circumstance
4 Special Enrollment Period, or ECSEP, related to the
5 COVID-19 pandemic. The Exchange worked with GetInsured
6 to improve back-end functionality during the general
7 Special Enrollment Period, including enhancing
8 Administrator, Reconciliation Specialist, and Quality
9 Assurance Specialist access and experience navigating
10 the platform. The Exchange certified qualified health
11 and dental plans and tested plan preview functionality
12 while also overseeing and testing the EOP functionality
13 prior to deployment on November 1st of 2020.

14 In March of 2020, the consumer assistance
15 center began working remotely. As a result, call
16 monitoring increased to ensure service levels were
17 maintained through the transition to the remote work
18 model. This includes live call monitoring and 27
19 scorecard categories to evaluate phone calls for each
20 individual call center representative. The goal of
21 meeting 85 percent of service levels has been met.
22 However, the Exchange identified opportunities to
23 improve the hold time experience and build rapport with
24 the consumer. Thus, GetInsured implementing the
25 Exchange's directives and staff were able to implement

1 our suggestions.

2 Exchange staff and call center leadership have
3 collaborated to make the consumer and broker/enrollment
4 assister Interactive Voice Response experience better.
5 This is our IVR system. Not only better, but also
6 faster and more efficient for callers' initial
7 interaction with the call center and the Exchange.

8 Transitioning the call center to working
9 remotely allowed GetInsured to recruit and hire 16
10 Nevada residents for the OEP to work in the call center.
11 During OEP, the Nevada Health Link call center was
12 staffed with 50 full-time customer service
13 representatives, and fielded calls seven days a week
14 from 9:00 a.m. to 5:00 p.m. PST, including observed
15 holidays.

16 Now to move on to our budgets, our agency
17 budget.

18 The Exchange submitted the agency request
19 budget to the Governor's Finance Office on
20 September 4th, 2020 and presented the requested budget
21 to the GFO and LCB, or Legislative Counsel Bureau, on
22 September 23rd, 2020. Building a biennial budget in
23 such a distinct time of uncertainty was complex. A
24 combination of the continued scrutiny of the ACA's
25 legality, the shifting of newly unemployed Nevadans to

1 the Exchange versus Medicaid, and a worldwide pandemic
2 and the related urgency for Nevadans to have access to
3 comprehensive health insurance all impacted the budget
4 building process. Nevadans -- I'm sorry. The Exchange
5 included many known and unknown factors into budget
6 development and projects as conservatively as possible
7 to ensure adequate resources to meet Nevada's needs.

8 The Exchange requested \$18.8 million for the
9 state fiscal year, for state fiscal year 2020, and
10 \$17.2 million for budget, for the budget for state
11 fiscal year 2023. As has always been the case, the
12 Exchange is self-funded and operates solely from carrier
13 premium fees and reserves.

14 The agency requested four additional full-time
15 employees to assist the management of the duties
16 absorbed as a result of the transition away from
17 HealthCare.gov: a Health Resource Analyst, to act as a
18 lead librarian for all reports and data management and
19 analysis; a second Business Process Analyst 1 in the
20 Reconciliation Unit, which is currently operating at a
21 deficit and will require another employee in order to
22 manage the increase in carriers, which is always good
23 news; a Health Program Specialist to coordinate the
24 Exchange's outreach efforts, thus bringing the
25 functionality in-house, which is a preference for -- and

1 our preference is for an individual that was bilingual;
2 and, finally, an additional Program Officer in the
3 Customer Service Unit to assist with complex consumer
4 cases by coordinating resolution with Exchange carriers.

5 In addition to the new positions, the Exchange
6 has requested the reclassification of several executive
7 positions to commensurate with additional duties
8 absorbed as a result of the transition, and to align
9 with comparable positions in similar state agencies.

10 Now on to our plan year 2021 open enrollment.

11 Window shopping for plan year 2021 went live
12 October 1st, 2020. The Exchange was proud to announce
13 the participation of two new additional QHP carriers,
14 for a total of five QHP carriers, for plan year 2021.
15 Nevada consumers were able to choose from a combined
16 total of 50 health plans from returning carriers,
17 Anthem, Health Plan of Nevada, and SilverSummit, and the
18 two new carriers, Friday Health Plans and SelectHealth.
19 Six returning dental carriers have submitted a total a
20 21 standalone dental plans.

21 Nevadans living in Clark and Nye County were
22 able to select health plans from all five carriers.
23 Washoe County residents were able to select health plans
24 from Anthem, HPN, Friday, and SilverSummit. The 14
25 remaining counties were able to select health plans from

1 Anthem, Friday Health Plans, and SilverSummit. Lastly,
2 the Exchange was able to offer consumers for plan year
3 2021 optional and separate vision coverage through links
4 to VSP, a national vision coverage provider.

5 The average rate increase in plan year 2021 was
6 4.2 percent for on-Exchange plans. The Exchange
7 continues to remind consumers that when the rates
8 increase, subsidies also increase to offset the change.
9 Consumers who received subsidies will see little to no
10 impact resulting from rate increases.

11 Nevada Health Link enrolled a total of 81,903
12 consumers in plan year 2021. 25,297 of these consumers
13 are new to the Exchange, and 56,606 are consumers who
14 returned.

15 Every facet of the Exchange quickly adopted to
16 the COVID-19 landscape, none more so than the Exchange's
17 marketing and outreach efforts. As a small standalone
18 agency, the Exchange has always been nimble. That
19 ability has proven extraordinarily useful throughout the
20 pandemic, and especially as the agency entered the open
21 enrollment advertising period. The Exchange, in
22 partnership with Penna Powers, developed a comprehensive
23 advertising campaign that spoke to the reasons for
24 getting coverage and highlighted people living within
25 the realities of COVID. The campaign targeted newly

1 unemployed Nevadans, gig employees, culturally diverse
2 populations, parents, and others. Plan year 21's
3 campaign strategy took from the previous season's
4 successes and built a robust digital and social campaign
5 that all Nevadans were bound to encounter throughout
6 their daily lives. We were everywhere.

7 The Exchange and outreach partners throughout
8 the state were forced to think creatively when it came
9 to meaningful outreach and engagement. Early in the
10 pandemic, in-person events and conferences were
11 cancelled, and online conferences and events do not
12 easily lend themselves to meaningful engagement with
13 potential consumers. In response, Exchange staff
14 delivered promotional and educational materials to
15 schools, churches, health centers, and other entities
16 who were directly interacting with Nevadans throughout
17 the pandemic.

18 To accommodate social distancing requirements
19 to prevent transmission of COVID, Exchange navigators
20 provided virtual assistance to consumers via Zoom
21 meetings and FaceTime. Navigators used these
22 technologies to provide face-to-face advice and walk
23 consumers through the application process while
24 remaining safely at home. While this proved to be a
25 preferred method of assistance, navigators scheduled

1 in-office appointments if requested, however, limited
2 the number of consumers and staff in navigator offices.
3 In-office appointments followed all Centers for Disease
4 Control and Prevention, the CDC, and state COVID safety
5 recommendations and requirements.

6 In addition to new processes for individual
7 assistance, new procedures for outreach events were
8 developed. Navigators are the primary event staff
9 representing Nevada Health Link at community events.
10 While public gatherings were drastically reduced, some
11 still took place. To ensure the safety of both
12 navigators and consumers, navigators complied with and
13 employed all CDC and state transmission safety measures,
14 including the use of PPE, social distancing guidelines,
15 gathering limits, and table/booth disinfecting.

16 Now on to our coordination with other state
17 agencies.

18 The Exchange is committed to working closely
19 with statewide organizations, state agencies, and
20 stakeholders to not only communicate about the
21 importance of comprehensive health insurance, but to
22 also educate, improve, and streamline the existing
23 systems and programs throughout the state.

24 The Exchange's efforts to ensure cross-agency
25 partnership and collaboration have grown throughout the

1 pandemic and in response to the significant increase in
2 unemployment and Medicaid enrollment. The Exchange
3 partnered with the Department of Employment, Training
4 and Rehabilitation to extend outreach to Nevada Health
5 Link services to the hundreds of thousands of Nevadans
6 filing claims with the Department. DETR shared the
7 Exchange's open enrollment content on their social media
8 and web pages, and the Exchange and DETR continue to
9 work to insert Nevada Health Link material into each
10 piece of mail sent out to unemployed Nevadans from the
11 Department. The Exchange also worked with the
12 communications team with the Department of Health and
13 Human Services to cross-promote important information
14 via social media, web pages, and email communications.

15 The Division of Welfare and Supportive Services
16 is the state agency that determines Medicaid eligibility
17 and a close partner with the Exchange. The two agencies
18 share critical eligibility functionality through
19 connections to the federal data services hub along with
20 important consumer information, as mandated by federal
21 law, to ensure that Nevada consumers are routed to the
22 appropriate program for health insurance coverage. DWSS
23 has processed tens of thousands of Medicaid enrollments
24 throughout the pandemic. The Exchange has partnered
25 with DWSS to include Nevada Health Link informational

1 inserts in the redetermination notices sent out. This
2 insert notices Nevadans about open enrollment and the
3 affordable options available through the Exchange. It
4 is intended to reach Nevadans who will no longer be
5 eligible for Medicaid as a result of their income
6 putting them over Medicaid asset thresholds.

7 During the reporting period, the Exchange began
8 meeting with staff and DWSS to explore a partnership
9 between the Exchange's navigator program and the state's
10 Medicaid program to provide outreach and education
11 services to Medicaid and Nevada Check Up recipients.
12 According to historical program records, roughly
13 25 percent of a navigator entity's time is spent
14 assisting Medicaid and NCU recipients with
15 post-eligibility activities as part of the normal
16 activities that occur under the navigator program. As
17 such, the Exchange may be able to obtain a 50 percent
18 federal match from CMS to provide these services to
19 Medicaid recipients.

20 A proposal was drafted and submitted as part of
21 Medicaid's Eligibility and Enrollment Implementation
22 Advanced Planning Document, or IAPD, in July of 2020.
23 If the proposal is accepted, the Exchange could receive
24 up to a little over \$600,000 over the course of two
25 years to fund and expand the outreach and education

1 services provided to some of Nevada's most vulnerable
2 populations. The Exchange expects an update in the near
3 future and will keep the Board apprised of the outcome.

4 The Executive Director of the Silver State
5 Health Insurance Exchange is also an ex-officio member
6 of the Patient Protection Commission, or PPC. The
7 commission met several times over the reporting period
8 and submitted requests for two of the three allocated
9 bill draft requests. The first would expand telehealth
10 services, and the second would establish a state medical
11 claims database.

12 The Executive Director of the Exchange is also
13 appointed to the Advisory Committee on Medicaid
14 Innovation. This committee focuses on the creation or
15 expansion of public and/or private prescription
16 purchasing coalitions. It encourages coordination of
17 private and public health care coverage, and explores
18 waiver opportunities related to the U.S. Department of
19 Health and Human Services.

20 Finally, the Exchange's Executive Director
21 provided information and guidance to Mannat Health and
22 Wakely Consulting, two private organizations responsible
23 for producing the report outlined in Senate Concurrent
24 Resolution No. 10, a bill passed in the 2019 legislative
25 session. SCR 10 directs the Legislative Commission on

1 Health Care to study the feasibility, viability, and
2 design of a public health care insurance plan that may
3 be offered to residents of Nevada.

4 The team at the Exchange is preparing for
5 another year servicing Nevada consumers during a
6 pandemic. While the team can't predict the future,
7 leadership at the Exchange has come to expect the need
8 to be flexible and agile in response to this new normal
9 that we are in with COVID-19. Layer on top of COVID-19
10 the fact that there is a new administration at the
11 White House, new leadership structure in Congress, and a
12 Nevada legislative session coming through June, and the
13 Exchange can only brace itself for the changes,
14 requirements, and new frontiers ahead of it as it
15 continues through calendar year 2021.

16 Thank you.

17 DR. JAMESON: Thank you, Ryan. Thank you.
18 That was excellent.

19 I first want to go ahead and ask of the Board
20 members, any comments or questions, and/or questions?
21 And I can't see your hands or anything. Most of you are
22 on telephone. So just go ahead and speak up. If
23 there's two people at once, one of you will, of course,
24 wait. Go ahead.

25 DR. FRIEDMAN: Hi. This is Sarah Friedman. I

1 would like to first congratulate the Exchange on a
2 successful open enrollment period.

3 And then I just have comments following up on
4 Ryan's special announcement at the beginning of the
5 meeting regarding the new executive order, which I echo
6 Dr. Jameson's comments about how exciting it is to get
7 this report from D.C.

8 And I know it's early days. You guys are busy
9 digesting all this new information. And I just want to
10 express interest in learning more as you go and as have
11 the information available about how Nevada's going to
12 respond to this new opportunity.

13 MR. HIGH: That's great. Thank you for that,
14 for your comments and your excitement. And as we, you
15 know, progress through our conversations with our vendor
16 and with our other states to see how we can most
17 efficiently do this, we will absolutely keep the Board
18 apprised.

19 DR. JAMESON: Any other comments?

20 MS. CHARLESON: There's one in the comment box.
21 Katrina Hall said, "thank you. And let me just mention
22 the folks are the broker support line working on all
23 this enrollment period."

24 DR. JAMESON: Very good. And sometimes it's
25 hard to tell who's talking, so. Oh, that was us. Okay.

1 Gotcha.

2 MS. CHARLESON: Sorry. It's Katie.

3 DR. JAMESON: Gotcha.

4 MS. LEWIS: This is Lavonne Lewis. And I'm
5 just really excited to see us working under a different
6 administration. I think that it is going to be
7 exciting, it's going to allow us more opportunities, and
8 we won't be so -- well, it'll probably be very hurried,
9 but it'll be a different, I hope, a different kind of
10 rush that to get things done, it'll be different from
11 what we have had for the last few years. So I'm really
12 excited about that.

13 And, I think, it's very interesting that we had
14 an opportunity to get some additional funds for
15 providing some support to Medicaid. So I'll be
16 interested to hear more about that as we go along.

17 Thank you. Good report. Thank you.

18 DR. JAMESON: Thank you, Lavonne.

19 And anyone else? Don't be shy.

20 I just had a few comments. And, I think, I
21 might start with that segue, because Lavonne mentioned
22 about the possibility of getting the additional funds,
23 and perhaps as much as the \$633,644. And I was just
24 curious what it was based on and what are the chances
25 that we get done this funding?

1 MR. HIGH: And, for the record, this is Ryan
2 High. So we are working right now on doing a time
3 analysis with our navigator entities to see about that.
4 And these numbers in here are estimates, in our report
5 here. So we're going to try and shore up these numbers
6 and kind of fine-tune these numbers here, do a time
7 study to see how, through this past open enrollment, how
8 much they did actually service the -- or work with
9 consumers regarding about Medicaid questions and
10 Medicaid servicing.

11 These here, there will be more information
12 coming. We did engage with a third-party research firm
13 to help us with this, and we're actually working with
14 them right now.

15 DR. JAMESON: Very good. Ryan, I was
16 wondering. So we had this fabulous Special Enrollment
17 Period. And, of course, going on through some of the
18 toughest times during the COVID, and were challenged
19 about meeting people one-on-one or having special events
20 to have them come in during a Special Enrollment.

21 So how successful -- so we had, as you
22 mentioned, a total number of 81,903. What were the --
23 how much, what was the number percentage of people that
24 took advantage of the Special Enrollment Period? And
25 then, depending on that number, was it as good as you

1 had hoped for, and if not, why not? So I'll just stop
2 there.

3 MR. HIGH: That is a great question. And to
4 give you an accurate answer, I'm going to have to do
5 some research and get back to you about that
6 specifically. And I wanted to clarify. You're looking
7 to see what population may have taken advantage on that
8 December 16th to January 15th time period?

9 DR. JAMESON: Yes.

10 MR. HIGH: I don't have numbers at my
11 fingertips, but I can certainly get back to you about
12 that.

13 DR. JAMESON: Oh, that's fine. That's fine.

14 And then, you know, we talked about this in
15 some of our prior meetings. When the call center and
16 the monitoring and the 27 scorecard categories and
17 trying to always reach 85 percent service levels. And
18 when we at one time had a breakdown, the service, the
19 service level was exemplary. There was very little
20 issues whatsoever. And you mentioned that you met your
21 85 percent service level.

22 But the question is, how -- I would imagine you
23 actually surpassed 85 percent. I would imagine that you
24 had very few calls that weren't resolved very quickly.
25 And if you were to say, how much better did you do than

1 that 85 percent? And what were any of the key concerns
2 on the calls? What were the key issues that you may
3 have received in the call center, particularly ones that
4 may have given difficulty or that required a response or
5 changes within our system?

6 MR. HIGH: Sure thing. So in talking about the
7 service levels, we usually talk -- there's two different
8 types that we talk about. One is your service levels,
9 is the call center answering calls within a certain
10 number of seconds, right? Are we answering a number, a
11 certain number of calls that are coming in of calls
12 offered? We, in past reports, we have typically talked
13 about a service level of quality assurance level, where
14 consumers, after they call in, they can choose, they can
15 opt in taking a survey after the call and then giving us
16 a rating.

17 So when we usually talk about that, when we
18 have talked about that in the past, that's the number
19 that we talk about. What kind of -- how happy were you
20 with your experience? And typically, that's been over
21 90 percent. And then we can add different metrics, from
22 the past two years, to the past month, the past week.
23 But, typically, an average over the entire time, even
24 after the previous open enrollment, over 90 percent.
25 And it depends kind of, a little bit, ebbs and flows.

1 It's great. It really is fantastic. And it kind of
2 ebbs and flows depending on where we are, in an OE
3 period or in an SEP period. But, you know, it's always
4 a highlight for us to highlight that number.

5 These other numbers, these, you know, meeting
6 the 85 percent of the service levels, these are more
7 call center, I guess, industry-specific standards. And
8 that's what we're still, you know, meeting that over
9 85 percent. And that's always been our goal is to be
10 over 85 percent there.

11 And, I think, the third part of your question
12 were maybe where were some -- I'm sorry. Could you
13 repeat the third part? Was it regarding where there was
14 some issues or wherever you may shift for improvements?

15 DR. JAMESON: Yes.

16 MR. HIGH: Okay. You know, working, what we
17 try and do, especially with our call center, is have a
18 robust but also convenient and efficient IVR system.
19 You know, that initial phone tree where people come in,
20 so they can, first of all, maybe self-service and not
21 have to stay on hold, right? If a consumer calls our
22 Exchange and maybe recognizes right off the bat, I
23 actually need to talk to somebody at Medicaid, or maybe
24 I really want to talk to a broker, they can self-service
25 through that phone tree and get connected right away.

1 So maybe some, we can always improve, I think,
2 efficiencies there, right? Transferring people where
3 they want to go as fast as we can.

4 So we're always kind of going through and
5 reviewing that IVR tree every open enrollment. So that
6 may be one place there.

7 We typically don't have too much technology
8 down time with the odd year system or with our call
9 center. So that's, you know, there would be minimum of
10 improvements there.

11 And then probably just maybe training our CSRs.
12 We get, in my opinion, rave reviews that we hear from
13 our Navigator Manager and our Broker Liaison from
14 brokers that are talking them that I just had a great
15 experience with calling the call center.

16 And we have two dedicated lines, as you know,
17 one for consumers and one for brokers, to help, again,
18 transfer people to right where they want to go, those
19 callers.

20 But, you know, there's always, I think, a way
21 to improve through training aspects, especially as we
22 have these, these new situations, like this new SEP
23 period that we're going to have coming up from February,
24 you know, to May.

25 And, also, you know, every year there's this

1 NBPP, the new rules that come out from CMS about how
2 exchanges should operate. So it's taking those rules,
3 those new ones, each year, trading new training and
4 enhancing training, I think, would be another way to
5 improve those levels there.

6 DR. JAMESON: Thank you. Yes, I just assumed
7 as much, but wanted to hear that, that you definitely
8 surpassed that 85.

9 You know, we have a couple of brokers. We've
10 got Valerie. We've got Jonathan. And I'd be curious
11 how they found everything working from the broker's
12 point of view over this last enrollment season, if they
13 want to share.

14 MS. CLARK: Valerie Clark here. I have used
15 the portal as a consumer for some friends. I don't sell
16 on the Exchange myself, as we do employee benefits. But
17 the times I've used it more on the consumer side, I've
18 found it very user-friendly and easy to navigate, and
19 lots of resources. So all positive things from my
20 perspective.

21 DR. JAMESON: Excellent.

22 MR. JOHNSON: Yeah, this is Johnson. I think,
23 I would echo those, those same things. I think, it's
24 been a good experience, especially after, you know,
25 adapting to the new thing.

1 But the other thing that I would point out is,
2 you know, we get, I think, we run into a lot of
3 questions as it relates to like Medicaid and that sort
4 of eligibility. And I don't know if there's a way for
5 the broker community to further assist, you know, in
6 that process. And that's a two-way street, you know,
7 individuals that qualify for Medicaid or those that are
8 coming off of Medicaid that would be eligible for
9 Exchange coverage. But I'm not sure if, you know, the
10 survey that's going out, as it relates to that, is
11 including the broker community. That might be a good
12 source of information as well.

13 DR. JAMESON: Very good point.

14 Ryan?

15 MR. HIGH: Yeah, I'm sorry. Could you repeat
16 that question one more time? I apologize.

17 MR. JOHNSON: It's not so much a question, but
18 rather a comment. Just that, you know, you're doing the
19 study to kind of determine the amount of time spent
20 assisting folks that may be eligible for Medicaid. I'm
21 just curious if that survey's including, you know, the
22 broker community as well.

23 MR. HIGH: That's a great question. I don't
24 know if it's, if it includes that audience. But I can
25 certainly take a note and get back to you about that.

1 DR. JAMESON: Thank you, Ryan. And thank you,
2 Jonathan, Valerie.

3 MS. CLARK: Also, Ryan or Dr. Jameson, when I
4 was on the site, the person I was trying to help, there
5 was some Medicaid crossover there in their needs. And
6 at that time, I struggled to connect, to help them
7 understand the Medicaid side of things, not that I was
8 trying to educate them as a professional, but just to
9 understand it as a consumer myself. And it was hard for
10 me to get, to understand when that line was crossed on
11 into the Medicaid system.

12 Is there more training, or is there more
13 customer support as it relates to people who are in that
14 transition of waffling possibly into Medicaid from the
15 Exchange, or vice versa? It was a little difficult for
16 me to navigate that piece of it.

17 MR. HIGH: Thank you for that feedback,
18 absolutely. We can absolutely try and enhance that.
19 And maybe it could be if there would be an -- I guess,
20 this is the question back to you. You know, would more
21 informational pop-ups as you're navigating the specific
22 questions, would that be helpful?

23 MS. CLARK: M-hm (affirmative).

24 MR. HIGH: Because our system is at the
25 Medicaid assessment state. So at the initial point

1 where consumers are going through the Exchange's
2 application, we're doing an initial assessment and then
3 transferring the information over to Medicaid to
4 actually do the determination where they're getting
5 really into it to determine. But if, based on your
6 feedback, if you think even just simple, as you're going
7 through answering where there may be a reference, if we
8 can, you know, increase the education to consumers and
9 to brokers and to navigators that the reason why we're
10 asking this question is because of X, Y or Z, and
11 actually having an informational pop-up regarding those
12 questions, we could actually --

13 MS. CLARK: Maybe even like a little checkbox
14 or something. I don't know if that's overkill. But
15 just either live or a phone number to call or somebody
16 to kind of walk them through that moment or help them
17 understand that moment, some sort of resource that is
18 interactive.

19 MR. HIGH: I'm taking notes here.

20 DR. JAMESON: Excellent.

21 MS. CLARK: Yeah.

22 DR. JAMESON: That is so helpful, Valerie and
23 Jonathan, so helpful. Because more than ever, that is
24 so important now with the COVID and the unemployment so
25 high and people kind of toggling between the two and not

1 knowing where they go, that it is confusing. And the
2 more we can clarify that, the better for both clients
3 and brokers. That is excellent.

4 MS. CLARK: Yeah. And, but I will tell you,
5 Ryan, I love the system. I think, we're, as a state,
6 we're in the top tier of states in this regard. It's
7 exciting.

8 MR. HIGH: Great. Thank you so much.

9 DR. JAMESON: Thank you so much.

10 And then moving on to the open enrollment,
11 where we are talking about for the 2021, it's almost too
12 exciting. If I was physically there, I'd do the happy
13 feet dance. Because I remember just a couple years ago
14 when we could barely get a couple carriers, and we were
15 working on, you know, a prayer for covering the rural
16 areas. And it was so tight and so hard, so, so very
17 hard.

18 And to announce to us today that for 2021 we're
19 going to have five different entities, carriers, five, I
20 mean it is just incredible. The return of Anthem,
21 Health Plan of Nevada, SilverSummit, who have been
22 amazing. And now the new carriers, Friday Health Plan
23 and SelectHealth. This is just all of our dream come
24 true. And so this is, you know, more than we ever --
25 exactly what we'd hoped for.

1 Now, I apologize. I'm not familiar with, as a
2 physician, Friday Health Plan or SelectHealth. Can you
3 tell me where they came from, who they are?

4 MR. HIGH: I believe that Friday Health is out
5 of Colorado. I believe, they sold on the Colorado
6 Exchange. They had been selling on the Colorado
7 Exchange, a new entry for us here.

8 And SelectHealth, I'm not sure where they're
9 from, where they're based.

10 DR. JAMESON: Okay. That's okay. And no
11 worry. And so congratulations. Congratulations. And,
12 I think, as we continue to grow, we will get more
13 people, more carriers back and just continue to have
14 more to offer our clients. It's just, it's just so like
15 wow.

16 And so, moving on, you talked about -- and I
17 can't impress enough on everyone, and Heather had
18 reminded everyone, that when we see a little increase of
19 4.2 percent on the Exchange plans, to make sure we make
20 clear, and mostly brokers, when you're talking about
21 clients, that those subsidies also increase to offset
22 that change. I just, when we get to Penna Powers and
23 all that, I mean that's kind of the detail, and it might
24 be complicated. I don't know if you guys ever
25 incorporate that in your -- or that's just TMI for them

1 at that level of enrollment. But, anyway, as Heather
2 even mentioned in the past, we need to remind people, as
3 including ourselves, that that increase is offset.

4 And then, moving on, congratulations overall on
5 the 81, let's almost round it up, my accountant husband,
6 to almost 82,000 enrollment. And on the 82,000, you
7 said you'll get back to me on what was part of the
8 special enrollment.

9 And so I wanted to go on to the last thing,
10 which was, you were talking about the Legislative
11 Commission on Health Care, and we've all talked about
12 this before, that they're going to study the
13 feasibility, viability, and design of the public health
14 option. We refer to it public healthcare insurance
15 plan, which some of us call public option. And that may
16 be offered to the residents. And, of course, at our
17 last AMA meeting, this was always, as always, a kind of
18 a controversial thing.

19 And so the bottom line is the AMA, just to make
20 it very clear, wants to try to enhance in every way
21 every opportunity for people to have access to health
22 care. We were just concerned about the public health
23 plan options, because sometimes some of these may, for
24 people, involve providers, which when we were just
25 talking about all these carriers coming on, sometimes

1 public health plans may not be reimbursers reimbursing
2 providers in a way that they can actually even continue
3 to provide services.

4 And so I don't know if you know, but you
5 brought it up here, and you know whenever you bring
6 anything up, it's fair play for questions. We still
7 don't know who. Is there a task force in the
8 Legislature that's creating this? Who is working on
9 this? Do we have anything to look at yet? Is there
10 something that's been created that's going to be a BDR
11 that's been perfected that's being offered in the next
12 legislative session? Where are we with this? How would
13 it affect us at the Exchange?

14 MR. HIGH: Sure. So I do not know if there is
15 BDR created yet. I know that Heather, even though she,
16 as we all know, she's doing her work for the Governor's
17 Office, she is still keeping her finger on this pulse
18 here. And this, in full disclosure, she did write this
19 Board report here. So I know that she's trying to track
20 closely.

21 But I will, I think, we did have it in here. I
22 think, it's the PPC that is following this here with the
23 Advisory Committee on -- I'm sorry. No, I think, it's
24 the PPC that is going to be talking about this or
25 following this or is closely involved with this.

1 But I have not seen a BDR about this yet. I
2 don't know where we are as far as where it is in the
3 legislative process, if we'll see in this session.
4 That's about as much as I know and can offer right now.

5 But if you'd like details, I can certainly
6 circle back with Heather and get you some more details.

7 DR. JAMESON: Well, being that she's, you know,
8 getting a little more involved with that type of thing,
9 perhaps you can just tell her, if she finds anything
10 out, that, I think, many of us on the Board that are
11 interested in access to healthcare would love having an
12 email update of just any --

13 MR. HIGH: Yes.

14 DR. JAMESON: -- such action. And then later,
15 at our next meeting, we can certainly talk about if and
16 how it might affect the Exchange.

17 Thank you so much. I let you off easy today
18 because it's you, Ryan. You know, I give Heather a much
19 harder time.

20 MR. HIGH: Thank you. I appreciate it.

21 DR. JAMESON: Let's go ahead. Let's see where
22 I buried my agenda. Yes. So marketing and outreach
23 update.

24 MS. JANEL DAVIS: Hi, everybody. Can you hear
25 me?

1 DR. JAMESON: Great.

2 MS. JANEL DAVIS: All right. Awesome. For the
3 record, Janel Davis, Communications Officer for Nevada
4 Health Link. And just because we were talking about the
5 advisory committees, I don't think that a BDR has been
6 created, but I'm sure it's probably in the works for a
7 public option. And then an advisory council would be
8 created. And I know that they were talking a lot about
9 this, the lawmakers in the PPC as well as in Interim
10 Health, the Committee on Health and Human Services.

11 So they are working on that. But, yes, we will
12 happily -- I took note of that and will give you guys an
13 update.

14 I also wanted to piggyback off of what Ryan was
15 talking about, the announcements of the executive order.
16 There will be a statement that we will push out with a
17 quote from Heather. I'm thinking probably that will go
18 out tomorrow morning. So I'll be sure to share that
19 with all of you.

20 And then, you know, once we work out the
21 details with our vendor, we will put a formal
22 announcement in a press release and share that with all
23 of you on that.

24 Okay. I'll start on my report. As we all
25 know, open enrollment concluded on January 15th. There

1 was a little extension for consumers who completed their
2 application by the January 15th deadline.

3 Oh, and I'm sorry. I should have introduced;
4 Penna Powers is going to, in tandem with my words, they
5 are going to show their presentation for marketing and
6 outreach.

7 All right. So during one of the most turbulent
8 and difficult years, in response to the pandemic, the
9 Exchange, we enrolled nearly 82,000. I, too, really
10 enjoyed seeing nearly 82,000. And believe it or not,
11 this is our eighth open enrollment cycle. These figures
12 exceeded 2019's enrollment by 4,493, nearly a 6 percent
13 increase.

14 Are you guys seeing kind of some fuzziness
15 going on? Okay. But you can still hear me?

16 Okay. All right. So this is kind of --

17 DR. JAMESON: I can see clearly and hear
18 clearly.

19 MS. JANEL DAVIS: Okay. Good. Great.

20 So this is in tandem with the Fiscal and
21 Operational Report. My report is just a little
22 condensed version of this. But we are talking about
23 July of 2020 until late October. And the Exchange
24 continued to focus on paid media, which is advertising,
25 on promoting the SEP, the Special Enrollment Period, to

1 encourage eligible Nevadans to enroll if they had a
2 qualifying life event such as giving birth, adopting a
3 child, marriage or divorce or even moving to Nevada.
4 While this strategy is not entirely new to us, referred
5 to as the off-season campaign, the marketing team took
6 into account the extraordinary job loss and therefore
7 health insurance loss circumstances due to COVID-19.
8 Many Nevadans were facing these unfortunate events, and
9 Nevada Health Link made appropriate modifications to
10 ensure both messaging and advertising platforms were as
11 targeted as possible to reach those expanded audiences.

12 So in response to the global pandemic, as well
13 as leading up to OEP, some strategic tweaks surrounding
14 marketing and outreach included adding paid social and
15 display advertising in addition to search engine
16 optimization. The Exchange promoted social media posts
17 to give Nevada Health Link a stronger online presence
18 for those Nevadans who were facing layoff or furloughs
19 and, obviously, spending more time online and looking
20 for jobs or filing for unemployment, to keep abreast of
21 current events.

22 While mass media channels including radio, TV
23 and outdoor advertising, which are posters and
24 billboards, were also considered, the marketing team
25 felt Nevada Health Link's target audiences could be

1 better reached for a longer period of time online, such
2 as social media, email marketing, and just online in
3 general.

4 The team also made a strategic determination to
5 maintain a heavy emphasis on job loss messaging, with a
6 sprinkling of other SEP messaging due to that. This is
7 obviously to exploit enrollment availability and, again,
8 solidify Nevada Health Link as a main health insurance
9 recourse.

10 And so in late October, when we all met, the
11 paid advertising campaign segued into the open
12 enrollment campaign. Our call to action was set up in
13 three phases to help elicit the strongest responses.
14 And the first one was "Get ready to enroll/learn more";
15 the second "Enroll now"; and the third, you know, "Only
16 X days left to enroll."

17 So while the online digital strategy from the
18 Special Enrollment Period advertising campaign remained
19 largely intact, additional mediums including TV, radio,
20 out-of-home, print and additional online video formats
21 were added to establish a well-rounded advertising
22 campaign that ensured significant reach and frequency
23 within our target audiences.

24 Okay. All right. So just some highlights from
25 our open enrollment campaign.

1 Our marketing and outreach strategy looked a
2 little different than in years past. So the number of
3 jobs lost resulting from layoffs in the hospitality,
4 travel, and event industries throughout the state pushed
5 unemployment rates to unprecedented highs and created a
6 wider platform of potential for Nevada Health Link.
7 This, coupled with the four out of five Nevadans that
8 qualify for financial assistance, enabled our marketing
9 team to brainstorm and build a campaign flexible enough
10 to react swiftly and effectively to Nevada's new normal
11 and to highlight a wide range of life scenarios or
12 reasons to have health insurance through realistic but
13 thoughtful and careful messaging.

14 I think, we all know health insurance is not an
15 easy sell. Each year, Nevada Health Link strives to
16 create both emotive and demonstrative ad campaigns that
17 compel our target audiences to listen, educate
18 themselves, and then take action. The call for Nevadans
19 to act on getting insured has never been more important.
20 With so many residents deeply affected by COVID-19 on
21 multiple levels, promoting Nevada Health Link's
22 resources in a profound and meaningful manner was
23 essential.

24 Our ad campaign, entitled "Reasons," focused on
25 Nevadans' need for coverage and their specific reason

1 for enrolling in a qualified health plan. The Exchange
2 wanted to dig deep into our audiences and community and
3 recognize people's personal reasons for getting covered.

4 I'm still okay, right? It's just really funky
5 on my end. Okay.

6 The plan year 2021 campaign, entitled
7 "Reasons," featured the following TV spots:

8 We feature a single mom, which was actually our
9 best performing ad, a young single mother able to give
10 her son preventative care because he was enrolled in a
11 QHP.

12 We had a job search spot reflecting the
13 all-to-common scenario of a man knowing he's covered
14 between jobs and beyond should his next employer not
15 offer health insurance.

16 "Injury" focused on a couple who avoided the
17 threat of having to use their savings to cover emergency
18 and treatment costs for a broken bone because they were
19 insured.

20 "Driver" was featuring a ride share, like an
21 Uber/Lyft driver with a chronic illness, which was
22 asthma, that didn't need to worry about losing shifts
23 because he can get the prescriptions he needs to stay
24 well.

25 We featured "Checkup" which was an authentic

1 scenario of an extended Hispanic family engaging in a
2 weekend barbecue. The family patriarch is seen checking
3 his blood sugar with his monitor and reflecting on the
4 peace of mind he has gained now that he is insured.

5 "Anthem" was kind of a compiled piece of
6 30-second montage of all of those individual "Reasons"
7 spots to collectively represent the diversity of reasons
8 and Nevadans who get insured.

9 As we are all aware, 2020 was an immense
10 political year with a presidential election on the
11 ballot. In response, the Exchange waited to launch TV
12 and video placements until after November 3rd when spot
13 inventory and costs were lower and the noise of the
14 election didn't threaten to overshadow our commercial
15 spots.

16 COVID-19, with COVID-19 affecting in-studio
17 recording opportunities with other lifestyle programs
18 and local news, the marketing team pivoted to develop
19 informative prerecorded spots direct from me. These
20 one-minute spots were also produced in Spanish and
21 featured our Navigator Program Manager, Rosa Alejandre.
22 The spots aired the latter half of open enrollment
23 through January, in addition to the branded campaign
24 spots, to not only create an additional layer of
25 frequency, but to help convey Nevada Health Link's role

1 as an important health-related resource.

2 The inclusion of Over-The-Top advertising and
3 online video platforms were implemented to reach our
4 viewing audiences which were implemented during the
5 pandemic. OTT advertising is delivered directly to
6 viewers over the internet through streaming video
7 services and devices such as smart TVs or services like
8 Hulu, for example. Radio and audio are cornerstone
9 mediums to reach large audiences and niche audiences
10 including Nevada's Hispanic and African American
11 populations. Podcasts and music streaming programs like
12 Pandora and Spotify were also used.

13 Also included in the media strategy were
14 out-of-home advertising such as digital billboards and
15 posters, bus sides and bus shelters. So these outdoor
16 billboard strategies were showcased in a mix of
17 high-traffic freeway locations and specific community
18 locations to reach lower income, Hispanic, Asian
19 American and African American audiences. Buses acted as
20 traveling billboards, and specific routes and zip codes
21 were chosen purposefully to target key audiences
22 identified by our team based on the consumer enrollee
23 data.

24 Print publications like specialty statewide
25 Hispanic, Asian and Native American publications and

1 newsletters helped ensure exposure to these key
2 audiences, and the strategy was to hit them frequently
3 and well-rounded. Native content and video advertising
4 continue to be an excellent medium for awareness and
5 building. This is like through Facebook, for example.
6 The user is uninterrupted, and the idea is to engage
7 repeat users.

8 Furthermore, when it comes to retargeting our
9 consumers, down funnel and conversions like display and
10 search engine optimization through digital advertising
11 are used to continue to reach potential enrollees to
12 compel them to go even further, shop on the Exchange,
13 and complete an application.

14 So when we talk about public and media
15 relations, obviously, in conjunction with our
16 advertising campaigns, our public relations and media
17 relations is a core marketing component to continue to
18 our drive success. Nevada Health Link's expert PR team,
19 The Warren Group, synchronizes strategies that align
20 with all marketing and advertising activities to garner
21 positive exposure, solidify position and respond
22 proactively and appropriately to ongoing industry and
23 political issues.

24 The objectives for plan year 2021 were to
25 position the Exchange as a noncommercial entity,

1 separate from other insurance sellers, highlight the
2 Affordable Care Act and the coverage of the 10 essential
3 health benefits, shine light on Nevada Health Link being
4 the number one resource when it comes to health
5 insurance in our state. All of these objectives were
6 layered where possible with messaging surrounding
7 COVID-19 as it relates to health insurance and the
8 Exchange. For example, now is not the time to go
9 without coverage.

10 The Exchange produced various op-eds, secured
11 virtual editorial board meetings. We presented to City
12 Council members in both the north and south. We
13 produced press releases in English and in Spanish, and
14 alerted media about our virtual prep conference for
15 stakeholders, and published various guest columns in
16 print media.

17 As COVID-19 remained at the forefront of our
18 business and a public health challenge, most of Nevada
19 Health Link's in-person outreach event attendance was
20 either cancelled or converted to a trial virtual format.
21 In the same vein, sponsorships for Nevada Health Link
22 were also affected. And in spite of COVID-19, Nevada
23 Health Link was able to continue our outreach and
24 community relations involvement by making phone calls to
25 established community organizations that the Exchange

1 already has relationships with and were in need of an
2 updated Resource Guide for both the north and south.

3 And then I highlight some of our sponsorships.
4 We were able to do a sponsorship with Cox Back to
5 School; it was a Virtual Fair. We hosted the
6 One October Memorial Blood Drive in October. We have a
7 very big sponsorship with Immunize Nevada.

8 We did material drop-off or drive-through
9 events, all the way July through December.

10 And then just to highlight some of our
11 community partners who have been working with us for
12 years now, Food Bank of Northern Nevada, Immunize
13 Nevada, City of Reno, Sierra Kids, Southern Nevada
14 Health District, and AARP, UNLV School of Public Health,
15 the Asian Community Resource Center, all of our
16 navigator entities.

17 And then we updated some of our consumer
18 resources and put them as a digital resource. The
19 Resource Guide was redone. We have a Special Enrollment
20 Rack card in English, Spanish, Chinese, Vietnamese,
21 Korean, and Thai. And then we also focused on COBRA.
22 We did a COBRA fact sheet and highlighting the Nevada
23 Health Link plan, it is most likely more affordable than
24 your COBRA option.

25 Email marketing, social media and blogs are all

1 method of communication that are an integral and
2 enduring facet of Nevada Health Link's combined efforts.
3 The marketing team uses anonymized data to build niche
4 email campaigns that allow the Exchange to communicate
5 on a more personalized real-time level. We engage in a
6 robust, ongoing organic social media strategy that
7 features varied content and graphics to bolster the
8 Exchange's position as a statewide health-related
9 resource, authority and mission-driven community
10 advocates. The content team pushes out content that
11 informs and educates Nevadans about special and open
12 enrollment periods, financial assistance eligibility,
13 the 10 essential health benefits and qualified health
14 plans. Also, dental plans and vision plans were
15 incorporated into that. Organic social media is used as
16 a platform to highlight our community partners,
17 recognize important health-related causes and promote
18 relevant national and statewide events or current
19 happenings. Our blog content is another way to connect
20 consumers with relational topics in a more relaxed,
21 conversational fashion.

22 Just some of our email marketing highlights.
23 We sent 67 unique emails to our entire database, which
24 includes over 91,000 subscribers.

25 There were nearly 200 organic social media

1 posts.

2 We did "What's your reason" Wednesdays where we
3 can asked people what their reasons for having health
4 insurance was, and a lot of our internal staff
5 participated in that.

6 We did an "Ask the expert," which was an
7 insurance broker blog. This was a series that shared
8 important tips and health insurance-related details
9 coming direct from our experts. So that was really
10 great.

11 And then we also hosted our 4th Annual Prep
12 Session in a virtual state. And it was a record-setting
13 303 viewers and attendees, so the most we've ever had.
14 So there's a plus side to digital and the virtual space.

15 And that's all I have. I hope you guys were
16 able to see Penna Powers' screen, because I wasn't. But
17 we can share that with you all afterwards if not. And I
18 am available for questions.

19 You're on mute, Dr. Jameson.

20 DR. JAMESON: Oh. Any questions or comments?

21 Well, I am definitely going to say, just, wow.
22 I have to tell you, I really believe that the Exchange
23 gets our money's worth from you guys. You are amazing.
24 You have really built on everything through the years,
25 your messaging very consistent, and just continuing to

1 build on it and come up with other great taglines and
2 points. I really loved hearing you're bringing in the
3 COBRA. So many people don't realize, when they're
4 losing their job and they're trying to pick up COBRA,
5 how expensive that is, and when they lose their job,
6 they can qualify as a special event.

7 And I just, I just can't get over how -- I
8 can't believe, I can't, I cannot think if you've missed
9 anything. You've done just an outstanding job.

10 So noticed in the executive report and with
11 you, but I kind of missed it on your report, that you
12 did have a couple live events. When you said a couple
13 live events, were you referring to that when you showed
14 us that was just sort of a -- you're talking drop-offs
15 or what, what were the couple events you did keep, what
16 were they, what were the attendance, what was the reason
17 you selected them, how did that turn out?

18 MS. JANEL DAVIS: I'll start, and then I'll
19 pass it over to Dave and Patty, if they want to chime
20 in, because I think that the majority of our in-person
21 events, they were like a drive-through-style format, and
22 they were held in southern Nevada. I think, we had one
23 booth event in the north, that I actually attended, but
24 it was spread over three days to practice social
25 distancing, and it wasn't very well-attended.

1 But we have a very rigorous process of vetting
2 events. You know, we get on the phone with Rosa and
3 Rebecca, who oversee our brokers and navigators. And
4 our navigators are our in-person event staffers. And so
5 their role in outreach for Nevada Health Link,
6 obviously, has significantly changed this year.

7 But we -- and the majority of things got
8 cancelled. But when there was one that was hosted, we
9 made sure we were there and did everything that we could
10 to get our printed materials and digital materials to
11 those organizations who were still hosting an event.

12 DR. JAMESON: Okay. This is a hard question to
13 probably even answer. But indeed you mentioned thank
14 goodness for digital and sometimes you could accomplish
15 some things good with it. But, in general, I'd like you
16 to share some of what you might have felt with regard to
17 your limitation and frustration with not being able to
18 have the live events, how it might have affected our
19 enrollment, even though we had a percent increase, a few
20 percent. Was it a 6 percent increase?

21 I was wondering how you feel, you know, part of
22 the increase may have been the extended period, do you
23 feel that in general it was tougher getting your message
24 out there with that often the live events really do
25 boost your enrollments? What frustrations did you

1 experience, what concerns? And now that we may be
2 really looking at going into another year of some
3 limited live events and having to push harder, what
4 ideas? Although I can't imagine what new ones you can
5 have. But have you thought about how you might, you
6 know, course correct, or some of your ideas, new ones?

7 MS. JANEL DAVIS: Sure. I'll take that. And I
8 mean I'm not really in the outreach space as much as our
9 navigators are, for example. So I don't have firsthand
10 knowledge. You know, I haven't spoken to them directly
11 on what their experience was. But I don't think that we
12 struggled as much getting our message out there. I
13 think, we used all of our media channels to get our
14 messaging out there. And we came up with, you know,
15 unique ideas to still provide outreach to Nevadans who
16 were absolutely in need of our plan.

17 But, you know, and what this year is going to
18 look like, I mean we're going to continue to, you know,
19 from a community relations perspective, we try to be
20 everywhere. We really, really do. And that is virtual
21 presentations with, you know, health-related
22 organizations.

23 I think that what's hurt mostly is not having
24 that face-to-face interaction, because insurance is so
25 confusing, and people really want to have just really

1 want to talk to somebody who knows the industry in and
2 out. So I know that broker officers were still open,
3 navigator offices are still open. And so, you know, we
4 encouraged people to still get that free assistance.

5 But, you know, and sometimes when they're at
6 one of those big events, they're not always there to
7 talk about insurance. And so, in a way, I think, direct
8 communication with the individuals and getting their
9 questions answered is almost better.

10 Patty, Dave, I don't know if you want to chime
11 in on that. You guys touch outreach.

12 DR. JAMESON: Well, you know, Ryan, it always
13 comes down to, whenever we do anything, the cost benefit
14 return on our dollar. And, you know, we do spend money,
15 work with navigators, pay for people to put on events.
16 And we had an increased enrollment and yet really no
17 live events. And then you say our live events are
18 critical, or is there a place for them still?

19 So I'm just being a little devil advocate here.
20 And, of course, I won't tell you my answer to that. But
21 go ahead.

22 MR. HIGH: Thank you. I think, there is. I
23 think, the interaction, you know, face-to-face,
24 answering their questions, getting our name out there,
25 getting our collateral out there, right -- there's

1 things that people can take home and always keep them.
2 You know, they leave the event, and they're back at
3 their house, and they have our Nevada Health Link fans
4 or our cups, or things like that, that keeps us really
5 top of mind in their house like that. I think, that's
6 important.

7 And I will say, Dr. Jameson, I think you'd like
8 to hear this, is that while CMS this morning on the call
9 wouldn't admit to a dollar amount, there will be some
10 advertisement with this new administration about this
11 new open enrollment period, which will help support and
12 bolster what we're doing here at Nevada Health Link.

13 DR. JAMESON: That is so exciting. Because, I
14 think, they reduced our advertising costs by 90 percent,
15 right?

16 MR. HIGH: It was something like that from the
17 past administration. But we're looking forward, right?
18 We're looking.

19 DR. JAMESON: So this is amazing that we're --

20 MR. HIGH: Yeah.

21 DR. JAMESON: Because I can't imagine how you
22 guys could rock it any more than you already do. Can
23 you imagine getting more advertising dollars and doing
24 even more? Because you guys are doing an amazing job.

25 I just want to touch on one aspect you touched

1 on lightly, how you did get involved with the Immunize
2 Nevada. And so are you guys going to be more actively
3 involved on the immunization going forward? Because
4 this is now one of the most important things we have to
5 do in the next couple of months. Do you have any plans
6 there?

7 MS. JANEL DAVIS: Yeah, I would say that the
8 Exchange, Immunize Nevada, the Department of Health and
9 Human Services in the state, and the Division of
10 Insurance, we're all working together to talk about the
11 vaccine. But I'll just say that in all of our messaging
12 moving forward and, you know, these last eight months,
13 we've talked about that, you know, if you have a
14 COVID-19 diagnosis, or you need treatment, and when the
15 vaccine becomes available to you, it's all covered in
16 your plan. That's the main thing from the insurance.

17 And then Patty is waving her hand.

18 DR. JAMESON: Go ahead.

19 MS. HALABUK: Hi. This is Patty Halabuk with
20 Penna Powers, for the record.

21 I just want to throw in there, too,
22 Dr. Jameson, one of the things, when we were talking
23 about pivoting our strategies this year for outreach due
24 to the pandemic, one of the things we were able to do,
25 one of our promo items, if you will, for Nevada Health

1 Link was hand sanitizer. So throughout this pandemic,
2 we've reached out to agencies, large and small, everyone
3 from southern Nevada Health District, UNLV's School of
4 Public Health, to the Washoe County Health Services, to
5 the Lou Ruvo Center, and we delivered hand sanitizer to
6 all these groups throughout this whole pandemic as a way
7 to say, I am connected, and, obviously, pass that on to
8 consumers as well.

9 So as Janel kind of referred to, we've really
10 learned how to pivot through this. And there's still
11 quite a few opportunities out there for us to make that
12 connection.

13 DR. JAMESON: Excellent. This is the last
14 comment I'll make on the immunization. We will move to
15 our next topic. One thing I've found with organized
16 medicine groups, such as the Clark County Medical
17 Society, which does most of southern Nevada, is that as
18 we are getting feedback and, you know, we listen in on
19 the Immunize Nevada calls, et cetera, the big thing
20 we've noticed just in the last few weeks, so this has
21 been really rolling out, is that the population that
22 seems most resistant and reticent and not interested in
23 getting it is indeed much of the population that we
24 serve. The Hispanics and African Americans and the
25 lower income that are not actually doing it. People

1 have brought up it may be a cultural thing. And, of
2 course, providing insurance to them, and we want them to
3 stay well, those vaccines will help us keep every one of
4 our carriers' costs down.

5 So it's so important. And perhaps some special
6 messaging may be needed for this group in our
7 population. I'll just leave it at that. Because we've
8 been getting a lot of feedback that this particular
9 group is not interested in getting the vaccine, a large
10 number of them.

11 Lavonne, did you turn yourself on there?

12 MS. LEWIS: I did, because I wanted to comment
13 on that. One, I think that the African American group
14 and the Hispanic group have probably felt over the years
15 that they have been victims of the, you know, medical
16 profession. The African Americans frequently point to
17 the kinds of things that happened at Tuskegee and other
18 places -- oh, I can't think of her name, I read the
19 book -- where people have been operated on and not been
20 treated fairly. Leaks, I think, was her name, who where
21 her cells were used, and are still being used, in cancer
22 research in Tuskegee, where African Americans were not
23 treated for syphilis and allowed to suffer with that
24 disease as an experiment that was conducted by the
25 medical profession.

1 So that they have a strong feeling that they
2 are being Guinea pigs as part of this particular
3 vaccination effort. And I think that while most of my
4 friends are not expressing that kind of feeling, there
5 is -- you know, my daughter is, for instance, one of my
6 daughters, saying, well, I don't think I'm going to do
7 that, you know, because there is some feeling that they
8 are being experimented on, that we are being
9 experimented on, and that this is not designed to be
10 helpful to the African American and the Hispanic
11 population.

12 So I think that people have to, you know, keep
13 that in mind when they -- when we are attempting to
14 convince folks that that's not happening. So we'll have
15 to have some messaging that says that.

16 You're on mute.

17 DR. JAMESON: I can't thank you enough for that
18 feedback, because it is such a huge issue if we're going
19 to get the majority of our population, and there's a
20 large number of African Americans and Hispanics in
21 Nevada, and we need to get enough of them vaccinated.

22 So I would just, maybe with messaging, we need
23 to show some of the ideas that were brought up in our
24 medical entities, when we were discussing this, showing
25 some of the leaders in the community that were trusted

1 and respected, that are encouraging that it is safe and
2 important to do.

3 This, of course, is more in your area, and but
4 I just think it's something important you just need to
5 consider. What our role in it is, I'm not sure. But, I
6 think, we need to play a role as health care providers
7 and serving the population we do.

8 Go ahead, Lavonne.

9 MS. LEWIS: I think, we do, too. And, of
10 course, you know, by far, the large majority of this
11 population, also, are what they're calling essential
12 workers. They're working in hospitals, in the menial
13 jobs, they're driving the buses, they're doing those
14 kinds of things, where they are more susceptible to the
15 exposure from COVID-19. Now, of course, there are also
16 a large number of, as I understand it, of white
17 supremacists who are also saying they're not going to
18 take the vaccine, either. You know, many of the people
19 who were, you know, tearing down the Capitol a couple
20 weeks ago are also expressing some of those same kind of
21 sentiments.

22 But, certainly, I think that, you know, there
23 are some efforts being made across the African American
24 community to get some ministers to talk to their
25 parishioners, and other people of influence. Of course,

1 it didn't help that Hank Aaron died 17 days after having
2 the COVID vaccine shot. But, you know, that has also
3 created some real consternation in the community at
4 large.

5 But, I think that, that efforts will be made to
6 convince African Americans and certainly Hispanics that
7 this is for their benefit, that this is not another,
8 well, one of the white man's tricks that's going to be
9 played on them.

10 DR. JAMESON: Thank you so much.

11 So we will let you guys think about that and
12 get back to us on any of your thoughts on how we can
13 help solve this huge problem right now in our community,
14 how we might be part of it.

15 I do want to go on, while we have most everyone
16 with us, and look at our next item, which is so
17 important, and it was on the website, the approval of
18 the semi-annual Fiscal and Operational Report pursuant
19 the NRS for the Governor and the Legislature.

20 So I would love to entertain a motion to
21 approve the semi-annual Fiscal and Operational Report.

22 MS. LEWIS: I move approval of the Fiscal and
23 Operational Report.

24 DR. JAMESON: And do we hear a second?

25 MS. CLARK: Second. Valerie Clark.

1 MR. BRANCH: Second.

2 MR. LEWIS: Lavonne Lewis made the motion.

3 DR. JAMESON: And, everybody, is there -- we've
4 had a first and second. Does anybody have any questions
5 about the report or discussion before we do vote?

6 Hearing nothing, then, everyone that is in
7 favor, please say "aye."

8 (Board members said "aye.")

9 DR. JAMESON: Good. And is there anyone in
10 opposition?

11 Anyone abstaining?

12 So the approval for the semi-annual Fiscal and
13 Operational Report pursuant the NRS 695I.370(1)(b) to
14 the Governor and Legislature, is approved.

15 And going on to discussion and possible action
16 regarding the dates, times and agenda items for the
17 future. Does anyone know when our next meeting is?

18 MR. HIGH: For the record, this is Ryan. I do
19 have that information. I believe, it is, the next
20 meeting date is February 25th at 1:00 p.m.

21 DR. JAMESON: Okay. So we've got February 5th.

22 MR. HIGH: I'm sorry. 25th. Two five, 25.

23 DR. JAMESON: Two five. And that is a
24 Thursday. And it is at 1:00 p.m. instead of 1:30,
25 because we've always done 1:30, verifying we're now

1 changing to 1:00 p.m. So a Thursday and 1:00 a.m.

2 Okay. And I just want to ask, before we go to
3 public comment, I want to say, I want to just thank
4 everybody today for your participation. I really feel
5 this was an excellent Board meeting. And everybody,
6 staff, Board members are invaluable for all your
7 participation. And it's just exciting where we are
8 today, and it is extremely exciting just thinking about
9 where we're going to be this next year.

10 Did someone raise their hand? No.

11 Okay. So if there's no other discussion or
12 possible action items to be brought up for future
13 meetings, then we will go ahead and go to public
14 comment.

15 MS. CHARLESON: All right. This is Katie. I'm
16 going to go ahead and open up the phone lines. So if
17 you have a comment, you can go ahead and ask. One
18 moment.

19 DR. JAMESON: I'm not able to hear but a little
20 echoing.

21 MS. CHARLESON: Sorry. I have cartoons in the
22 back, too. All the phone lines are open, and if anybody
23 has any questions, feel free to speak.

24 All right. I'm not seeing anything on my end.

25 DR. JAMESON: And I didn't have the chat box

1 open. Was there anything in the chat box?

2 MS. JANEL DAVIS: There was, but I think that I
3 addressed most of those.

4 DR. JAMESON: Okay.

5 MS. JANEL DAVIS: SelectHealth, by the way,
6 Dr. Jameson, is based in Utah.

7 DR. JAMESON: I see that. Oh. They own the
8 new Intermountain Network in Clark County. Excellent.
9 Now I can, I've got them -- I know where we are, thank
10 you -- referenced.

11 And all right, then. No public comments.
12 Then, I will accept a motion to adjourn.

13 MR. BRANCH: This is Quincy. So moved.

14 DR. JAMESON: And seconded?

15 MS. CLARK: Second. Valerie Clark.

16 DR. JAMESON: All right. The meeting is
17 adjourned. Thank you, everybody. Ryan, great job.
18 Thank you.

19 MS. CLARK: Good job, Ryan.

20 MR. HIGH: Thank you so much. Have a great
21 day, everybody. Thank you.

22 DR. JAMESON: Have a great day, everyone.

23 MR. HIGH: Bye-bye.

24 DR. JAMESON: Bye.

25 -oOo-