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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
AND
ADOPTION OF INSURER CPF RATES FOR PY 2022
THURSDAY, FEBRUARY 25, 2021

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DUE TO UNFORESEEN TECHNICAL DIFFICULTY DURING THE FIRST PART OF THE ZOOM MEETING, call to order, roll call, approval of the minutes, and the first part of the adoption of 2022 Carrier Premium Fees to be charged to insurers were lost. This transcript begins during the adoption of 2022 Carrier Premium Fees to be charged to insurers, agenda item IV, in progress as follows.

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DR. JAMESON: And would, Ryan, would you like to make any comments? Would anyone care to make any comments before we simply -- to present it officially, in any way? I can say I could just go to making a motion, and then we can get a first and second and discuss. Or did anyone on the staff want to make any comments in the presentation before I ask for the motion?

MR. HIGH: I'm just going to point out that

1 we're keeping -- it's a flat rate from last year. We're
2 keeping it exactly the same. I think, that's the
3 biggest thing.

4 DR. JAMESON: Yes.

5 MR. HIGH: That's good news.

6 DR. JAMESON: It's great news. And that's why
7 I said it looks good.

8 So, then, we will go --

9 MR. BRANCH: I have --

10 DR. JAMESON: -- right to the motion.

11 MR. JOHNSON: I have a question.

12 DR. JAMESON: Yes.

13 MR. JOHNSON: If I could. I know --

14 DR. JAMESON: Sure, certainly.

15 MR. JOHNSON: You know, we're assuming a
16 projected, you know, flat, you know, premium equivalent
17 to 2020. Is there any way to better determine what that
18 forecast potentially looks like after, you know, the
19 most recent open enrollment? I know we're going into
20 the special enrollment and that can kind of change some
21 things as well. But if membership increased or, you
22 know, what the little bit of premium increase. Are we
23 expecting that, that amount to be greater than it was in
24 2020?

25 MR. HIGH: Sure, I'll let -- Jennifer, are you

1 able to -- your audio?

2 MS. KRUPP: Yes. Yes.

3 MR. HIGH: Okay.

4 MS. KRUPP: Can you guys hear me? I've got two
5 different connections going on. But Jennifer Krupp, for
6 the record.

7 Thank you so much, Board Member Johnson, for
8 your question. So I'm the CFO throughout the Exchange.
9 And so in response to your question, we do base our
10 carrier premium fee adoption information off of our plan
11 year 2020 actuals, as we have done for each year. But
12 our projected plan year 2021 revenue is looking at just
13 over 13 million for the year. And then actually these
14 are fiscal year projections. But let me go over to our
15 plan year projections for you.

16 So our plan year 2021 projected premium revenue
17 was actually looking at \$14,143,761. We are projecting
18 that flat through plan year '22 through plan year '25.

19 The reason for that is that there is so much
20 uncertainty, especially with the pandemic that is
21 happening, in terms of how that will impact premiums.
22 There are, especially here in the state of Nevada,
23 fluctuations with enrollment that could drive that up or
24 down.

25 We also take into consideration expected rate

1 increases. And if there happen to be any changes in the
2 ACA, which right now there are some, some changes that
3 are happening, but they look like they would be positive
4 impacts to state-based exchanges, our Exchange in
5 particular. So.

6 And we really don't have information related to
7 potential rate increases for a future plan year. So
8 that's dependent through the department, or the Division
9 of Insurance. And they're resetting procedures that
10 we'll have information on later this year. So.

11 MR. JOHNSON: Perfect. Thanks for the insight.

12 MS. KRUPP: You're welcome.

13 MR. JOHNSON: I think, it's interesting how,
14 you know, we have to manage within the budget and that
15 sort of thing and, you know, increase membership, great
16 thing, by insuring more Nevadans. And I know that with
17 that comes additional expense to provide the customer
18 service and the experience that they need. And, I
19 think, it's remarkable what Nevada is doing with its own
20 Exchange and the technology. And the fact that we can
21 keep that rate the same and kind of adjust as we have
22 those changes in membership is fantastic.

23 MS. KRUPP: Thank you.

24 DR. JAMESON: Well said, Jonathan.

25 Okay. Then, I will go ahead and -- go ahead.

1 MR. BRANCH: No, I had a question to piggyback
2 off of Jonathan, just again, just for curiosity, not to
3 change --

4 DR. JAMESON: Yes, please, Quincy.

5 MR. BRANCH: But, Jennifer, in the same vein, I
6 know it's incredibly difficult to forecast in these
7 times, but are there any things in the foreseeable
8 future -- I know you mentioned something about this
9 being projected out to 2025 potentially at this point.
10 But is there anything that would make us have to come
11 back and say, okay, we need to make some adjustments in
12 another emergent meeting? And if so, is that an option
13 for us? Or are we sort of locked in once we, you know,
14 decide?

15 MS. KRUPP: Thank you so much for your
16 question, Board Member Branch. Again, Jennifer Krupp,
17 for the record.

18 We don't see anything in the foreseeable future
19 that would require us to change the carrier premium fee
20 to move it either up or down. That is something that,
21 to the best of our ability, we do try to predict the
22 future. If, you know -- I joke sometimes, but that's my
23 job, is trying to predict the future, but.

24 If there were something that were catastrophic
25 or emergent, honestly, we would probably just have to

1 figure out a different alternative. Because our carrier
2 premium fees are, directly impact the rates that our
3 consumers pay for the insurance policies that they
4 purchase off of the Exchange. We really have to be very
5 prudent and we have to do our absolute best when it
6 comes to changing these carrier premium fees.

7 So we really wouldn't be able to adjust these
8 fees again until plan year 2023.

9 DR. JAMESON: Thank you. And at least, if it
10 was an emergent, unexpected, catastrophic event that you
11 couldn't even foresee, then at least, it sounds like, we
12 don't have to wait until 2025, but it could be addressed
13 in '23, which is good to know.

14 So if any other questions, comments?
15 Otherwise, we'll go ahead, and I would say we would want
16 to have a motion pursuant the regulation. It says
17 Ex-04-A, to adopt the 2022 fees to be charged to
18 insurers.

19 And does this need to be modified, having said
20 what we just said, 2022 through 2025?

21 MS. KRUPP: No. Again, Board -- or Board
22 Member Johnson, this is Jennifer Krupp, for the record.
23 This is just for the rates for plan year 2022. So to
24 clarify, we do project our potential revenue out
25 through, at this point, plan year 2025. But the motion

1 at hand --

2 DR. JAMESON: Okay.

3 MS. KRUPP: -- is only for the plan year 2022
4 carrier premium fees.

5 DR. JAMESON: So the motion to adopt the 2022
6 fees to be charged to insurers and adopting a
7 3.05 percent of the presubsidized premium fee for
8 qualified health plans and standalone dental plans
9 offered on the Exchange.

10 Do I hear a motion?

11 MR. BRANCH: So moved.

12 DR. JAMESON: Thank you, Quincy.

13 And a second?

14 MR. MELENDREZ: Jose Melendrez. Second.

15 DR. JAMESON: Thank you, Jose.

16 And if everybody would like to say, in favor,
17 "aye."

18 (Board members said "aye.")

19 DR. JAMESON: Excellent. And is there any
20 opposition?

21 I did forget, after second motion, to ask if
22 there were questions. But I apologize. I think, some
23 of that was done prior. So before I ask the final
24 anyone abstaining, or call it, did anyone have any
25 further questions?

1 Okay. So no opposition. Was there anyone
2 abstaining?

3 No. So it is passed unanimously. So the
4 motion to adopt the 2022 fees to be charged to insurers
5 adopting the 3.05 percent of presubsidized premium fees
6 for qualified health plan and standalone dental plan on
7 the Exchange is passed.

8 And I will echo Jonathan, excellent job being
9 able to maintain these with all the changes going on.
10 And great job to -- great job to all of the staff.

11 MR. HIGH: Thank you.

12 DR. JAMESON: So, moving on, we have update on
13 our 90-day special enrollment period.

14 MR. HIGH: Thank you, Dr. Jameson. I'll take
15 this.

16 Okay. So on January 28th, 2021, the President
17 of the United States issued the Executive Order on
18 Strengthening Medicaid and the Affordable Care Act.
19 Section 2 of this order directed "In light of the
20 exceptional circumstances caused by the ongoing COVID 19
21 pandemic, the Secretary of Health and Human Services
22 shall consider establishing a Special Enrollment Period
23 for uninsured and underinsured Americans to seek
24 coverage through the Federally Facilitated Marketplace."
25 Pursuant to this order, the Center for Medicare and

1 Medicaid services released a press release on
2 February 12th, 2021 announcing that a Special Enrollment
3 Period, SEP, for HealthCare.gov would officially be
4 available to consumers starting on Monday,
5 February 15th, and continuing through Saturday,
6 May 15th.

7 Shortly after the Executive Order was released,
8 the Silver State Health Insurance Exchange, the state
9 agency that oversees the online health marketplace known
10 as Nevada Health Link, immediately began discussions and
11 planning with our enrollment and eligibility vendor,
12 GetInsured, to make the necessary technology changes to
13 the Exchange's platform to mirror CMS's timing for the
14 SEP. Between the announcement of the Executive Order
15 and the launch of this new SEP at 12:01 a.m. on
16 February 15th, the Exchange's Policy and Compliance
17 team, Quality Assurance team, and Reconciliation team,
18 in collaboration with GetInsured, was able to design,
19 implement and test platform changes that would ensure:

20 One, that the SEP would run on those dates,
21 February 15th to May 15th.

22 Two, that the existing Qualifying Life Event,
23 the QLE, the Missed OEP SEP, shall be configured to be
24 used by consumers one time who do not have an active
25 open enrollment that are applying for coverage outside

1 of our traditional Open Enrollment Period.

2 And, three, that the QLE, life event, or event,
3 I'm sorry, will allow an effective date the first of the
4 month following the plan enrollment. If the consumer
5 does not shop within the provided shopping window, an
6 SEP denial notice will be generated and sent to the
7 consumer.

8 So those were our basic rules of engagement
9 that we had to develop and test.

10 While the aforementioned business requirements
11 were relatively short, testing was critical to ensure a
12 smooth customer experience. User acceptance testing was
13 a focus in the days leading up on to the launch.
14 Ultimately, testing revealed that minimal adjustments
15 were needed to the system. The system was launched at
16 12:01 a.m. on February 15th, and the Exchange is excited
17 to report that in the first week the Exchange will have
18 approximately 500 new consumers enrolled in this SEP.

19 Now, I just looked at numbers today. We're
20 almost knocking on a thousand new consumers since the
21 15th of February.

22 As with all Exchange Open Enrollment Periods or
23 Special Enrollment Period launches, as it launches, the
24 Exchange pays special attention in the first few days
25 and weeks to what we are hearing from our broker

1 community, our navigator community, and call center
2 staff. Due in large part to the time invested in the
3 detailed user acceptance testing, we have yet to hear
4 about any large systemic issues or concerns.

5 Enrollments and eligibility rules appear to be working
6 as expected.

7 Now, regarding marketing and outreach for this
8 Special Enrollment Period, as the Board knows, the
9 Exchange takes the long view to planning and executing
10 our marketing and outreach plans. The Executive Order
11 and accompanying SEP was late breaking news. But our
12 marketing team and partners at Penna Powers and
13 The Warren Group quickly provided a game plan to message
14 consumers about this new enrollment opportunity.

15 The messaging was to be simple and direct, and
16 move away from previously planned QLE messaging since
17 this OEP could be open to new consumers without needing
18 a specific QLE reason. Current messaging for this SEP
19 includes:

20 Are you insured? Nevada Health Link is here
21 for you. Get peace of mind.

22 Nevada Health Link is your resource for
23 comprehensive health insurance coverage. And think you
24 can't afford to get covered? Nevada Health Link is the
25 only place Nevadans can qualify for financial assistance

1 to help pay monthly premiums. Four out of five
2 enrollees qualify. And some enrollees pay zero dollars
3 out of pocket each month.

4 So once the Exchange knew the "what" we were
5 going to message, the next question was the "where?"
6 It was decided that the Exchange's best strategy as
7 "where" to market messaging regarding this SEP would be:

8 Paid search.

9 Display advertising.

10 Email campaigns weekly.

11 Social media.

12 Stakeholder promotion and cross-promotional
13 opportunities.

14 Community relations and messaging through
15 community partners.

16 And continued delivery of resource guides
17 throughout communities.

18 Lastly, it should be noted that a big factor in
19 supporting this SEP is the GetInsured call center. The
20 call center was able to accommodate opening and
21 servicing consumers and our enrollment professionals on
22 Monday, February 15th, which was a holiday and a
23 previously scheduled day off for all call center staff.
24 The ability and flexibility shown by the GetInsured call
25 center to be able to pivot and staff not only on the

1 February 15th holiday, but looking forward to May 15th,
2 which is a Saturday and another previously scheduled day
3 off, is a testament to how the Exchange's partnership
4 with GetInsured is consumer-focused in striving to
5 achieve the never-ending goal of helping uninsured and
6 underinsured Nevadans gain affordable, comprehensive,
7 and qualified health insurance coverages.

8 Our messaging and the excitement of this new
9 opportunity proved effective. The first week of this
10 Special Enrollment Period, the February 15th to
11 May 15th, the call center's volume was up 25 percent
12 over the previous non-SEP week.

13 And that's our quick update on this.

14 I think, you're on mute, Dr. Jameson.

15 DR. JAMESON: That is a report filled with a
16 lot of glowing and reassuring information. It is really
17 fabulous how you guys were literally, all of you, were
18 able to just pivot, turn around and just get it started
19 again with minimal changes needed and to have just
20 great, be running well, smooth.

21 And it's so marvelous with our new platform
22 that you literally have live feedback instead of hearing
23 from the federal government months later how things
24 went. This is so exciting to have live feedback and be
25 able to say that there virtually was none and, also, to

1 hear about how much this really is needed by our Nevada
2 community because of the increase in enrollment that
3 you're seeing.

4 So well done, and service needed. And so, as
5 we all have dedicated, you know, this time and our
6 commitment in support of this, it just reaffirms us that
7 we are here because we are so needed by our Nevadans for
8 access to quality healthcare. And I know every one of
9 the Board members who is also committed to access to
10 quality healthcare just gets thrilled when they hear a
11 glowing report like you just gave us. So thank you.

12 And I'd like any other Board members to feel
13 free to comment.

14 MR. MELENDREZ: This is Jose, for the record.
15 I just want to say great job, Ryan, and team and Janel
16 and everybody for turning things around so quickly and
17 responding to our new President's initiatives. So I was
18 happy to see that, and those numbers are awesome. So
19 good work, everybody.

20 MR. HIGH: Thank you.

21 DR. JAMESON: I had a question, if any other
22 Board members have any comments?

23 MS. CLARK: I would just echo, great job, you
24 guys. Just year after year, you guys are a very
25 impressive to me. So good for you.

1 DR. JAMESON: Thank you, Valerie and Jose.

2 What I was wondering was I know we're going to
3 have some new PR, media. And I was just wondering when
4 that starts.

5 MR. HIGH: Sure. I'll let -- I think,
6 Janel's -- yep, Janel's on the call.

7 \ Janel, do you want to take that?

8 MS. JANEL DAVIS: Yes, I'm here. Janel Davis,
9 Communications Officer, for the record.

10 Yes, we have already started all of our PR and
11 digital and search advertising for this campaign. We
12 didn't add any budgetary items to that. But we started
13 as soon as we could and just kind of tweaked our budget
14 and messaging, basically, when the SEP started, which
15 was February 15th.

16 DR. JAMESON: Very good. I appreciate that.
17 Because I'm sure that a lot of the success, as we know,
18 it's all about awareness and getting it out there, which
19 you've just done an amazing job at doing. So, again,
20 kudos to you. Because, you know, without this great
21 media exposure, the wonderful campaign and slogans,
22 taglines and just being out there in all the different
23 ways, you do it, we couldn't have these fabulous
24 results. So, again, thanks to the team for that as
25 well.

1 So if there are no other comments, then, we can
2 go on. And we have here discussion and possible action
3 regarding dates and times of our future agenda.

4 And is there anyone there that actually knows,
5 that knows the date of the next meeting, so all our
6 Board members can mark that in?

7 MR. HIGH: I do have that. And I'm just
8 pulling it up right now. Give me just one minute. I
9 believe, that is going to be June -- hold on one second,
10 please. Yes, June 24th at 1:00 p.m.

11 DR. JAMESON: Very good. June 24th, 1:00 p.m.
12 Everybody has that.

13 Does anyone on the Board have any particular
14 follow-up on our usual items or new items that pertain
15 to what's going on, that's new, that you would like to
16 have staff add to the next Board agenda?

17 Well, I anticipate they're going to be giving
18 us another report on the special session. So I'm sure
19 that's just going to be in there.

20 And, I guess, we might hear at that time from
21 the new PR team, I would imagine.

22 And that's the things I'm just excited to hear
23 about. Anybody else have any questions, concerns?

24 Excellent. Yes.

25 MR. MELENDREZ: Yeah, I was just going to ask

1 if it would be possible, and I don't want to rock the
2 boat, but if it would be possible. I'm now serving on
3 the Board with the Health District on their community
4 health center. And as you all probably can imagine,
5 we're very busy and crazy busy with all the pandemic and
6 everything that's going on. And they started and set
7 those meetings, of course, on the same day as this
8 meeting on the months that we meet. So if there's any
9 possibility that we might look at maybe a start time of
10 12:30?

11 But if it doesn't work for everybody else, then
12 we can leave them at 1:00 o'clock. But then I'm running
13 into the situation that I have to be off, I have to be
14 off the call at 2:00 o'clock when those other meetings
15 start. Because, again, we're just dealing with so much
16 right now with the pandemic and everything that we're on
17 the ground doing with the School of Public Health and
18 other areas that I'm involved with right now. So just
19 as a possible consideration for these meetings, if there
20 was the ability to start at 12:30 on the days that we do
21 meet. You know, but, again, if it's too much of a
22 hassle for all the other Board members, then leave it
23 where it is, and I'll just make it work on my side.

24 DR. JAMESON: Jose, thank you. Jose, these are
25 extraordinary times with COVID, and everybody is having

1 a lot of conflicts in schedule, and we respect that. So
2 why don't we just ask staff. Maybe what they can do is
3 send a monkey doodle out to all the staff members, all
4 the Board and staff members and see if 12:30 is
5 accommodating or if it's best for everyone to stay at
6 1:00. We definitely won't go back to 1:30 where we were
7 for years. That would be worse for you.

8 So why don't we just do that. And then we'll
9 let the staff get back to us. Thank you for bringing it
10 up, Jose.

11 MR. MELENDREZ: Thank you, everybody, for your
12 consideration of that.

13 DR. JAMESON: All righty. Public. Because
14 that's what we wanted to hear about, timing, dates and
15 times. So very good.

16 So any public comment? Let me know if you get
17 anything on your email chat or however you guys have
18 people reaching out to you.

19 MS. CHARLESON: Yeah, I'm going to go ahead and
20 open up the lines for all the attendees. Give me just
21 one moment.

22 Okay. So the phone lines are open for anybody.
23 So if anybody has any questions, you can go ahead.

24 And I'm not seeing any on my end.

25 DR. JAMESON: No questions and no comments.

1 All right. So that would end public comments.
2 And I would be happy to entertain a motion to
3 adjourn.
4 MS. CLARK: Valerie Clark. So moved.
5 MR. MELENDREZ: Jose Melendrez. Second.
6 DR. JAMESON: All right. That's all we need.
7 So we'll go ahead and adjourn. And I look forward to
8 seeing everybody on June 24th either at 12:30 or
9 1:00 p.m. as is to be decided. Thank you, everybody, so
10 much, and have a great afternoon.
11 MR. MELENDREZ: Bye, everybody. Stay safe.
12 MS. CLARK: Thank you.
13 MR. JOHNSON: Thank you.
14 MR. HIGH: Thank you, everyone.
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