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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
THURSDAY, JUNE 24, 2021, 12:30 P.M

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DR. JAMESON: So I'll go ahead and call the meeting to order. Welcome. And roll call.

MS. KORBULIC: Great. So Dr. Jameson?

DR. JAMESON: Here.

MS. KORBULIC: Valerie Clark?

MS. CLARK: Present.

MS. KORBULIC: Lavonne Lewis?

I do not see her. Dr. Friedman?

DR. FRIEDMAN: Present.

MS. KORBULIC: Jonathan Johnson?

All right. Jose Melendrez?

MR. MELENDREZ: Here.

MS. KORBULIC: Quincy Branch?

MR. BRANCH: Present.

MS. KORBULIC: Suzanne Bierman?

MS. BIERMAN: Here. Hello.

MS. KORBULIC: Commissioner Richardson?

I don't see her.

MS. KORBULIC: And Aaron Frantz?

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DR. JAMESON: I see him.

MS. KORBULIC: I see you, Aaron.

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

DR. JAMESON: Excellent. Thank you.

And, first, as I already said, welcome back, Heather, and we're so excited to have you with us.

MS. KORBULIC: Thank you.

DR. JAMESON: Once again. And where did that time go, right? Or was that an agonizingly slow legislative session, slow, slow, slow?

MS. KORBULIC: I would say it was long, long days and short months.

DR. JAMESON: Exactly. When you're really busy, time flies.

MS. KORBULIC: Yeah.

DR. JAMESON: And you were really busy.

MS. KORBULIC: Yeah.

DR. JAMESON: And, as always, while you were gone, your team, well-oiled machine, smooth as silk.

MS. KORBULIC: Yeah.

DR. JAMESON: And so that's to your credit and all of theirs.

So announcements, nothing else. And public comment. Do we have any public comment?

MS. KORBULIC: Madam Chair, there is no public

1 comment in our office. Is there any on Zoom, anybody on
2 Zoom wanted to public comment?

3 MS. CHARLESON: There's no comments at this
4 time.

5 MS. KORBULIC: Okay. Thanks, Katie.

6 DR. JAMESON: All right. Well, we literally
7 are going to zoom right along to the approval for the
8 minutes of the February 25th Board meeting. And do I
9 have a motion for the approval?

10 MS. CLARK: Valerie Clark. So moved.

11 MR. BRANCH: Quincy Branch. Second.

12 DR. JAMESON: Thank you, Valerie, Quincy.

13 And is there any discussion; after reviewing,
14 did anybody find any concerns, omissions, any edits, any
15 corrections?

16 Hearing no discussion or items, then we will
17 have a vote. Everybody in favor of passing it, you
18 could either put your little hand up, or we could just
19 say "aye." There's a very small group. So, I think,
20 the "aye" would work. Everyone in favor of passing?

21 (Board members said "aye.")

22 DR. JAMESON: Got it. It is passed.

23 And now the ever so exciting part, which we all
24 look forward to, our executive report. Our wonderful
25 Executive Director Heather Korbulic, could you please

1 take it away.

2 MS. KORBULIC: Yes. Thanks, Madam Chair. And
3 as just a point of privilege, I would love to take a
4 minute to thank my entire team, as you say. The entire
5 team, appreciate you held down the fort in my absence,
6 and not just held it down, but actually grew us in a
7 pretty significant way. And I just wanted to make sure
8 to put on the record that they are the best. And I am
9 very lucky, and that's why I keep coming back, because
10 this team is awesome.

11 And I also wanted to make sure, and I think you
12 all have met our Deputy Attorney General, Michelle, who
13 is on the Zoom call, in the capacity of helping us with
14 some other things, but I wanted to make sure, and I'm
15 not sure if that's been made clear yet, but she is now
16 our agency's acting Deputy Attorney General. And we're
17 very happy to have her.

18 And then another introduction, you can't see
19 her on TV, and I don't have a fancy camera yet, but
20 Meagan Worth Ranson is a new add to our team at the
21 Exchange, and she has taken over plan certification.
22 And we're very excited to have her. She worked with me
23 at the Governor's Office and has kind of a long legacy
24 and history in the state of being just like super
25 capable. And I was happy to steal her and bring her

1 over to the Exchange.

2 And then in sort of bittersweet and sad news,
3 one of our sort of founding employees, Jamie Sawyer, who
4 has been with the Exchange for almost as long as I have
5 been, has taken a job, and it happens to be with
6 GetInsured, our vendor. So she's going to go over there
7 and advocate for us on the other side. But we are going
8 to miss the heck out of her. And she's been
9 instrumental in making the Exchange into what it is and
10 as functional as it is. And so it's a big loss for us,
11 but a huge gain for them.

12 With that, I'm happy to kind ever go over the
13 Executive Director report, which I will try to fly
14 through. I do want to say that a lot -- this was super
15 helpful for me to have this, the timing of this report.
16 As you all know, we, every six months, are legislatively
17 required to put forward a fiscal and operational report
18 to the Governor's Office and the Legislature. And so,
19 in my absence, and I was happy to read all of the great
20 things that have gone on over the last six months, and
21 so my Director's report is really largely taken from
22 that material. And so I'm going to do my best to just
23 breeze through it. So if I don't read every line,
24 forgive me. But it's all on paper for you if you want
25 it.

1 So, like I said, this report is really closely
2 aligned to the Fiscal and Operational Report that you
3 all should have and that we're looking at today for
4 final approval. Right? Yes? Okay. Just making sure.
5 And as you're well aware, the first half of 2021 has not
6 been any less interesting than the last year of
7 pandemic, and, in fact, it's been pretty wild for the
8 Exchange. We've been doing and implementing two special
9 enrollment periods.

10 First was that first, that special enrollment
11 implemented by the Biden-Harris Administration, which
12 was really designed to address COVID and the gaps in the
13 insured population as a result of the pandemic.

14 And then, from there, we implemented American
15 Rescue Plan special enrollment period, which started on
16 April 19th and runs through August 15th. That was a
17 really exciting SEP, and we'll get into it a little bit
18 more. But the American Rescue Plan is significant in
19 terms of healthcare legislation. Probably I would just
20 hands down say it is the biggest piece of legislation
21 since the Affordable Care Act and will have just a huge
22 and significant impact on Nevada. So we're really
23 excited about that.

24 Throughout the last six months, the Exchange
25 has also overseen our contract with the technology

1 platform GetInsured, really worked closely with our call
2 center. We had a legislative session. And we presented
3 our budget and were able to successfully accomplish what
4 we were hoping to achieve, which was to get four new
5 positions built into our budget. We planned and
6 executed our technology releases, strengthened our
7 working relationships with different State agencies,
8 including DETR and Welfare, Medicaid, DOI, I would add.
9 And as we prepared to head into our third year, which is
10 unbelievable, as a state-based exchange, the leadership
11 and the staff have been really working on improving and
12 refining our policies and our processes in order to
13 provide a technology platform that really offers the
14 most efficient operations and service to Nevada
15 consumers.

16 With vendors, you probably are all aware that
17 the successful operation of an SBE really does require
18 successful and functioning technology and accurate
19 eligibility and policy along with that scalable call
20 center. We have been working very closely with
21 GetInsured to monitor the performance of our enrollment
22 system and assist with the prioritization of system
23 improvements. Our QA team, our quality insurance team,
24 coordinates regularly with the call center and
25 GetInsured to make sure that we're satisfying all of our

1 consumers.

2 The COVID pandemic in March of 2020 was another
3 challenge for the GetInsured technology platform, and
4 they stood up and rose to the occasion. And they
5 provided both of those special enrollment periods, both
6 the Harris-Biden one and the ARPA one. Highlights from
7 our ARPA technology changes included some really awesome
8 new opportunities for Nevadans, which are additional
9 subsidies for people over that 400 percent of the
10 federal poverty level and then additional enhanced
11 subsidies for people who were already getting them, so
12 more generous subsidies for people who are subsidized on
13 the Exchange.

14 And on top of all of that, we were also able --
15 I'm just winging this, guys. This is not even written
16 down. Sorry. I don't feel like reading this right now.
17 But, basically, we were able to implement employment
18 insurance changes, too. So anybody who is collecting
19 unemployment insurance in 2021 is eligible for a zero
20 dollar plan on the Exchange.

21 So all of that happened in a significant like
22 short time period. We, in June, in the beginning of
23 this month, ran renewals on every single application.
24 So if a consumer had not come over to the Exchange and
25 made changes to their application, we were, basically,

1 we ran that, the changes to their applications. And so
2 all of those consumers on the Exchange are now receiving
3 the enhanced subsidies that are due to them.

4 Moving on, we've been coordinating with other
5 State agencies and making sure that we have these
6 cross-agency partnerships and collaborations.
7 Administrator Bierman is on the line, and she knows. We
8 talk a lot about how our agencies can cross-collaborate
9 and what we can do to make sure that we're managing the
10 Medicaid growth and the Exchange growth and making sure
11 that consumers don't fall between the cracks.

12 And so we have been meeting with the Division
13 of Welfare and Supportive Services pretty regularly,
14 thanks to Jennifer Krupp, our CFO, to explore a
15 partnership with our navigator program, and to couple
16 that with the State's Medicaid program. And, basically,
17 what this program will do will allow the Exchange to
18 provide additional outreach and education services to
19 Medicaid and Nevada Check Up recipients. And,
20 basically, we discovered that about 25 percent of our
21 navigator entities' time goes to Medicaid and Check Up.
22 And so we are working on a partnership to collect some
23 funding with a federal match from CMS to augment those
24 services and to really increase the Exchange navigator
25 capacity to do outreach for those populations.

1 I think, you all know that I am continuing to
2 be an ex-officio member on the Patient Protection
3 Commission, which is undergoing a pretty significant
4 change in its makeup in the next few months. So I look
5 forward to working with them.

6 I had a conversation yesterday with
7 Administrator Bierman on the Advisory Committee on
8 Medicaid Innovation and what we can do in that space as
9 it relates to new legislation that came out this last
10 session.

11 Oh, I don't need to tell you about how
12 important ARPA is. I think, I've made a pretty
13 convincing argument. We're working really hard. And
14 all of these unfamiliar faces that you're seeing on the
15 Zoom today are folks from The Abbi Agency, who jumped
16 right in and have started with the Exchange in engaging
17 this population and really kind of marketing the new
18 changes from the American Rescue Plan. They have moved
19 forward, and we're really pleased with their
20 accomplishments so far. And you'll hear more from them
21 in a little bit.

22 At state level, this legislative session was
23 anything but boring, especially for me in my wearing
24 both hats roles. And so there are two pretty important
25 pieces of legislation that will impact the Exchange.

1 The first is Assembly Bill 432, which designates the
2 Exchange as an automatic voter registration entity. And
3 so, basically, what that does is it sets up requirements
4 for our agency to transmit voter registration
5 information to the Secretary of State and to County
6 Clerk offices.

7 That is not something that the Exchange is
8 currently equipped to do and will likely come with some
9 pretty significant technological endeavors. As many of
10 you know, it is, when you register to vote, you have to
11 have an electronic signature. And so that is a complex
12 piece of technology to try to work and implement. But
13 we have two years to work through those technical
14 requirements before that legislation is going to be
15 required, or before the Exchange is required to stand
16 that technology up.

17 The second piece of legislation is Senate Bill
18 420, which has commonly been referred to as the public
19 option bill. And this is a vehicle that will use ACA
20 qualified health plans to facilitate the sale of a lower
21 benchmark priced plan. I don't want to read this
22 paragraph to you, because I've been saying this all
23 week. I'll just kind of wing it again and just share
24 that the Exchange is in the driver's seat largely in
25 coordination with the Department of Health and Human

1 Services and the Division of Insurance. We will be
2 running the actuarial analysis on these plans and
3 submitting 1332 waivers. And there are a lot of complex
4 things about this bill that have already begun in terms
5 of conversations with the Centers for Medicare and
6 Medicaid Services and with other stakeholders.

7 So just to give you -- I will report on these
8 bills in every subsequent Board meeting. But to give
9 you a quick synopsis of what's next for the public
10 option, the Exchange will be convening stakeholder
11 groups and having conversations with them about what
12 they think needs to be included in our actuarial
13 analysis. And then we will be going out to bid for an
14 actuarial company to run this analysis. And then we'll
15 be working, hopefully, with that company to do some --
16 hopefully, they can help us, because it's a significant
17 undertaking -- to apply for waivers to the federal
18 government.

19 I am more than happy; I know there are a lot of
20 questions probably from our Board specifically, about
21 that. And if any of you want to call me at any time, we
22 can have a really long substantive conversation at your
23 convenience. Also happy to answer any questions when I
24 finish my report, too.

25 Finally, or two more things, we had our annual

1 programmatic audit. And I will just say that I am
2 thrilled with the outcome. I was on pins and needles,
3 because it was our first audit of our first year acting
4 as a state-based exchange. And I can tell you, I was a
5 little bit anxious about what this would look like. But
6 we have such a great team. We only had two very
7 insignificant findings that have pretty much been
8 already addressed, one of which is related to some
9 noticing for our appeals process, and the other -- what
10 was the other one?

11 MR. HIGH: Verification. It was about the --

12 MS. KORBULIC: Oh, right, reasonable
13 opportunity period, which is a requirement on
14 notifications to consumers who have data matching
15 incidents and what we need to do to follow up with them
16 to ensure that they are getting properly noticed about
17 how to resolve those. We had a meeting about it today.
18 We're clearing up those issues constantly.

19 So that was a good thing. And then, finally, I
20 am really excited and can't, I can't tell you how
21 important this is. We have four new positions that were
22 approved in our budget. This report's a little bit
23 behind. This week we were notified that two of those
24 positions can start effective July 1st. So, yay. And
25 thank you, Aaron Frantz.

1 And I just also wanted to share. So one of
2 those positions will help in our quality assurance unit.
3 That has had an extremely overwhelming year, because
4 we've basically been in an open enrollment period since
5 February. Our quality assurance team has been working
6 around the clock trying to address consumer issues. And
7 this new person will be extremely helpful.

8 We also will have another member joining our
9 reconciliation team. And those folks are critically
10 important to making sure that our system matches our
11 carrier's system. And so we're real excited about
12 hiring somebody into those positions effective July 1st.

13 We also have added a Program Officer, or excuse
14 me, a helper in -- what is it called -- a Health
15 Resource Analyst, who is going to help us with a lot of
16 data analysis and reporting. We have an enormous amount
17 of requests from all different sorts of folks asking us
18 for information and data, and we could really use some
19 help in this space.

20 And then, finally, we are going to be able to
21 hire somebody to help with communications in our
22 Las Vegas office. And we're looking to help find
23 someone who speaks Spanish primarily would be a great
24 person to join our team.

25 So with that, I am done and happy to take any

1 questions from the Board.

2 DR. JAMESON: Thank you. That was a fabulous
3 report, full of, chock full of lots of good news and
4 good reports and interesting things going on. And I
5 can't thank you enough for the brevity and vigor with
6 which you presented it. Whoop.

7 And I would like to first ask if there's any
8 comments or questions from the other Board members? Do
9 I see anybody?

10 I would like to make just a couple comments.
11 In fact, instead of my usual dozen, it'll probably be
12 like two or three, because the report is so explanatory.
13 And what is not there, basically, will be evolving and
14 be coming back to us in more detail as the year goes on.
15 And so I know though I'd be curious to say, well, what
16 about this, and what if, what if, with regard to some of
17 that legislative stuff, really we have such -- there is
18 so much to be done.

19 And so, first, I just want to say that I feel
20 that I just couldn't be more pleased that with regards
21 to the legislative two points, that we're going to help
22 improvement enrollment. Bravo. That was so brilliant.
23 And I'm just so glad the Exchange can be involved with
24 that. Every opportunity we can do something like that
25 in this state and boost voting is just amazing. And,

1 you know, it's amazing where people are putting this
2 opportunity, and it's wonderful to have it parked with
3 us as well now.

4 And then, with regard to the other major
5 legislative issue, the public option, as I said, I'm
6 really not going to say much there as a physician. I
7 think, our Executive Director knows the physician
8 community had great concerns. And many people felt it
9 should have been studied a lot more before it was sort
10 of revealed towards the end of the session, and that
11 studies were more called in order. And, I think, the
12 bottom line is now -- what's the expression -- the horse
13 has left the barn, the train has left the station. And
14 so that being the case, I have to say, I am thrilled
15 that our Executive Director is going to be working
16 intimately to help explore this new public option and be
17 part of the team that helps literally do the correct
18 investigating, exploration, to try to figure out indeed
19 how this whole thing is going to roll out.

20 And so I'm just so glad you are intimately
21 involved with the public option. Because it needs to be
22 aligned with our Silver State Health Exchange. And what
23 better person and place than you and this entity to be
24 working with the rollout of the new public option. And
25 I just think that was brilliant. I'm tickled about it.

1 And so despite a lot of the behavior it may not
2 have garnished from the physician community, it
3 nationally is something that people keep crying out
4 about. And the bottom line is needed to be addressed.
5 And now, with all the people that will be participating,
6 particularly our Executive Director and the Exchange, I
7 think, it's going to be done the right way.

8 So I'm excited to hear how it's going to be
9 rolled out and really will be excited to hear as you
10 investigate more, study more, more studying, and in 2026
11 what will this animal look like.

12 And so the other thing was, you were just
13 talking earlier about the wonderful review they were
14 doing and that the Exchange was working closely with
15 GetInsured and, unbelievably, into our third year, here
16 we go. And, you know, the quality assurance team was
17 really working very closely to coordinate with the call
18 center of the GetInsured.

19 So were there any significant issues?

20 MS. KORBULIC: Thanks, Madam Chair. This is
21 Heather Korbulic, for the record.

22 I think, in term of issues, it's more of a
23 conversation with consumers about connecting them to --
24 first and foremost, our number one question for the call
25 center is what's my password, I forgot it. And so that

1 takes up a lot of our time.

2 And then, I mean we spend an enormous amount of
3 time coaching and assisting our broker community and our
4 navigators to help get them through the process. Maybe
5 they hit a snag on a page or they don't understand how
6 to update someone's application, or they need help with
7 something. So we do a lot of that, too. And then, you
8 know, there wasn't any significant technical issues. It
9 was just a volume of people now applying and getting
10 access outside of our normal enrollment period.

11 DR. JAMESON: Very good. And then, with
12 regards to how intimately you do work with, you know,
13 the Medicaid state, I was very happy to hear that
14 25 percent of your time is utilized, you think, that
15 high, that you're going to seek some sort of
16 reimbursement for that time from some?

17 MS. KORBULIC: Yes, and so we've entered into
18 the tedious bureaucracy of Medicaid, and we are working
19 closely with them on their state plan in trying to find
20 a way to do some cost allocation and a memorandum of
21 understanding, so that we can get compensated for, and
22 expand even, our time with outreach to populations that
23 kind of are on the cusp. So oftentimes, our navigators
24 are out talking to groups about the Exchange, and, also,
25 those groups are eligible for Medicaid. So our

1 navigators will enroll them in Medicaid, but now we'll
2 also be accepting some compensation for that work that
3 we're doing in terms of outreach.

4 DR. JAMESON: That is so wonderful, because we
5 all know that some people think that a little curbside
6 consult and a phone call, that, you know, it isn't time,
7 and time isn't money. And yet you guys do so much of
8 that, and you're really not getting reimbursed. And yet
9 I do want to tell you, as we go into the fiscal report
10 very shortly, that I'm so, so proud of how much bang for
11 the buck you guys get. We've been maintaining our
12 coverage. We're doing so wonderful. And, but if we can
13 get reimbursement and always be in a better place
14 financially, that's a beautiful thing. Because
15 sometimes we've hit unexpected things and, fortunately,
16 had a cushion early on from when this was initially set
17 up. But, you know, so it's good to be able to do that.

18 So I'm going to say, if there's any other
19 issues that anybody -- oh, Heather, this is sort of,
20 kind of off. But on the Medicaid and on the public
21 option, will there be an opportunity for, do you think,
22 some of the undocumented finally to be coming on to it?

23 MS. KORBULIC: That's a great question, Madam
24 Chair. The way that the Senate Bill 420 legislation is
25 written is that individuals who -- that, basically, the

1 same eligibility applies to those folks who are already
2 eligible for the Exchange to the public option plan. So
3 we would not be able to address the undocumented.

4 However, in the long term, and the conversation
5 that's worth having is that if, in fact, we can show a
6 savings to the federal government in terms of money
7 saved on a lower premium cost for these public option
8 plans, there is potential that we could take those
9 pass-through savings, that the federal government would
10 give us back some of those savings, and we could
11 potentially set up a program to subsidize undocumented
12 residents.

13 DR. JAMESON: And, of course, I know this
14 sounds like a slippery slope, but at the AMA, where I
15 just got back, you know, one of the big things that
16 we're pushing is for coverage for certain niches. And
17 in our community, a huge one, as in AMA nationally, is
18 the undocumented that need dialysis. And that is such a
19 huge cost, that if we could cover it up front, could
20 save in their long-term cost if it was covered more
21 regularly up front.

22 And so perhaps we can start by going for little
23 niches. A slippery slope, opening the door, you know
24 what I mean. Because, as you say, there could be real
25 cost-effectiveness there. And it's such an urgent need.

1 MS. KORBULIC: Agree.

2 And, Suzanne, I saw you add something to the
3 chat. Did you want to share that?

4 MS. BIERMAN: Yes. And I finally was able to
5 get off mute. So happy to make a donation, but.

6 So I just wanted to point out, in addition to
7 the public option pieces of Senate Bill 420, there were
8 some provisions related to Medicaid coverage, primarily
9 maternal and child health related expansion. And one
10 that was also included in Assembly Bill 189 allows
11 Medicaid to add eligibility for lawfully residing
12 pregnant women who haven't been here for five years.

13 So that is one way that we're going to be able
14 to expand eligibility to that population, which we're
15 really excited about.

16 DR. JAMESON: That is so thrilling. Thrilling,
17 in an OB-GYN. Thank you for adding that. I should have
18 actually added that. And that's almost getting a little
19 back to where Nevada used to be.

20 MS. BIERMAN: Yeah. There's also some
21 presumptive eligibility expansions for pregnant women.
22 So if you would love to chat, I would be happy to do
23 that offline or provide information to Heather, and.

24 DR. JAMESON: Yeah, I'll reach out to you,
25 Suzanne. Thank you so much.

1 MS. BIERMAN: Yeah, absolutely.

2 DR. JAMESON: Okay. Well, what a wonderful
3 report. As we said, a lot of wonderful, exciting things
4 going on to help access to quality healthcare in Nevada
5 for everyone.

6 So the marketing and outreach update. This is
7 a real first for us, and we're so excited. If our new
8 team will introduce themselves and proceed.

9 MS. JANEL DAVIS: Thank you, Chair Jameson.
10 Nice to see everybody. Janel Davis, Communications
11 Officer at the Exchange, for the record.

12 I am actually not going to read my full report,
13 because I will be introducing our new agency of record,
14 The Abbi Agency, and they will be presenting pretty much
15 everything that my report says, in addition to some
16 metrics of our recent campaign.

17 I did want to talk a little bit about the
18 process of getting a new agency. All State agencies
19 have to go through what's called an RFP. That's a
20 request for proposal. So it's pretty rigorous. And I
21 will say that this one for marketing and outreach
22 services was very rigorous. We had a lot of people
23 apply. So we were with the prior agency for five and a
24 half years. We're required to go out to RFP.

25 And so after many hours of reading and writing

1 and presentations and scoring, the Exchange now has a
2 new agency of record. They were issued a letter of
3 intent and quickly started working on the new contract,
4 which started on April 1st of this year.

5 And I'll just say that Nevada Health Link, as
6 you all know, is an extremely complex account. We're a
7 very different State agency. And there's a lot of work
8 that still needs to be done. But The Abbi Agency, they
9 started, they hit the ground running. And you will see
10 what we've been working on in their presentation.

11 I also just wanted to inform the Board and,
12 hopefully, put your mind at ease a little bit, because
13 we get used to working with other agencies. You know,
14 we worked really hard on establishing and maintaining
15 our Nevada Health Link brand. And so, also, while
16 educating Nevadans on all federal and local, challenges
17 and changes when it comes to health insurance. And so
18 this marketing partnership with the new agency, The Abbi
19 Agency, I just want to let you know, will be a
20 continuation of growth of Nevada Health Link's already
21 very credible brand. So that's our goal.

22 And so, without further adieu, I would like to
23 introduce Connie Anderson. And she's the VP of client
24 strategy with The Abbi Agency. She'll review and
25 introduce the entire marketing campaign, I'm sorry,

1 team, marketing team, and then review aspects of our
2 American Rescue Plan Act, because we put some time and
3 money into advertising the American Rescue Plan. We'll
4 talk about goals and strategies moving forward and then
5 how we've worked on onboarding the new agency.

6 So thank you, Connie. I'll hand it over to
7 you.

8 MS. CONNIE ANDERSON: Thank you, Janel. We
9 appreciate it.

10 So it's great to see everyone. Some of you
11 we've worked with in the past. So it's so nice to see
12 you. I know, most recently, we've worked with some
13 Board members on op-eds. So thank you for jumping in to
14 work with us immediately.

15 As Janel mentioned, my name's Connie Anderson,
16 and I work with The Abbi Agency. Our team, when we
17 approached this RFP, was so excited to see it. We felt
18 like we have been gearing up for this for the past eight
19 to 10 years, really expanding our awareness of what's
20 happening in Nevada, working with health insurance plans
21 throughout Nevada, and then developing some partnerships
22 with key agencies in Nevada that we thought could really
23 bring a holistic team to the Health Exchange account,
24 and help expand their reach. As Janel mentioned, the
25 Nevada Health Link brand has been going through a lot of

1 evolution, and it has really cemented its place in the
2 state, and we wanted to make sure that we kept that
3 going.

4 So our team is joined by Marketing for Change,
5 so Peter and Robert are on the phone from that team.
6 And then we're also joined by Ericka Aviles Consulting,
7 so she's on the phone as well. So I'll let them
8 introduce themselves in just a second.

9 Let me share my scene. And I want to go into
10 full screen mode. One second. All right. Can everyone
11 still see that? Perfect. Okay.

12 I'll dive into introducing our team a little
13 bit. We are owned by Abbi and Ty, husband and wife
14 team. I'm sure many of you have come across them or
15 seen them on Twister or LinkedIn. They're always kind
16 of engaging in what's happening in Nevada.

17 We're also joined with Bryan, our CMO. He is
18 not -- he's out on vacation, so not here today.

19 And then Ashley Brune, I'll let you introduce
20 yourself quickly.

21 MS. ASHLEY BRUNE: Apologies, I was trying to
22 get off the -- hi, everybody. I'm Ashley. Nice to meet
23 and see you all via this virtual environment. My
24 role with The Abbi Agency is overseeing the PR
25 department and team. And for the Exchange, I oversee

1 the PR outreach and what our team is working on. I'm
2 working closely with Janel and Katie and now Heather
3 that she's back.

4 There are two other people on my team who can't
5 be with us here today. And one of them is Owen
6 Truesdell. And he really handles community outreach and
7 sponsorships, again, working closely with your team and
8 Ericka Aviles as well. And then another guy named Ben,
9 who is, basically, our coordinator, who makes sure that
10 we're staying on track and organized, and helping us get
11 all the stuff done.

12 Nice to meet everyone.

13 MS. CONNIE ANDERSON: Thank you, Ashley.

14 And then we also work with Ashley Behre, Brand
15 Manager. I think, she's listening in. She's not listed
16 as a panelist, so you may not see her today, but she's
17 listening in with us. And I work closely with her and
18 Janel and Katie and the team making sure that all of our
19 deliverables for this contract are moving forward on
20 time, on deadline and within budget.

21 Here's some other members of our team.
22 Thaison, our Creative Director, works very closely with
23 our Creative Content Director, David. He gets a better
24 picture than all of us. And then we have Caroline, our
25 Digital Director. And then Henry. And then

1 Dr. McFalls, who we work with. We'll be working with
2 him very shortly on some more insight and strategy as we
3 move into messaging for the open enrollment campaign.

4 And then I'll turn it over to Peter and Robert
5 to introduce the marketing exchange team.

6 MR. PETER MITCHELL: So, hi. My name's Peter
7 Mitchell. And we're a national researching creative
8 firm that's propelled by behavioral science and focused
9 on social change. So we only do this kind of work,
10 good-guy work. And we've been working on the Health
11 Exchange work since the ACA, the national level in
12 Minnesota and Texas and in Florida.

13 We're happily involved for this in the
14 research. We're leading the research. And we're also
15 collaborating on the creative with Abbi Agency. These
16 are just four of the people that are probably the most
17 heavily involved. You're going to hear from the two
18 oldest, myself and the baldest. Myself and Robert are
19 here to talk about the research later in the
20 presentation.

21 MS. CONNIE ANDERSON: Thank you.

22 And then, Ericka, I'll turn it over to you.

23 MS. ERICKA AVILES: Hi. Can you hear me and
24 see me?

25 MS. CONNIE ANDERSON: Yes. Yes.

1 MS. ERICKA AVILES: Okay. Awesome. I'm just
2 getting into my house. It was crazy on the 15.

3 But hello, everyone. It's great to see you,
4 great to meet you. Chairwoman Jameson, I was a previous
5 patient of your amazing clinic. So I love you and your
6 staff and all of your work.

7 And it's been awesome to work with the Abbi
8 team and Marketing for a Change, and really we hit the
9 ground running, not only from a Hispanic outreach
10 partnership perspective, right, in working with our
11 media, working on our advertising, but really from a
12 multicultural and working with Black Image magazine.
13 And we're working on engaging the AAPI community and
14 really finding those opportunities.

15 This week I actually, on another project, have
16 been knocking on hundreds of doors, believe it or not,
17 from 8:00 to 12:00. And it's really important for me
18 and our team to really be on the ground, boots on the
19 ground. What is it that people, what are they concerned
20 about? What are they asking about? What's drawing
21 attention? How do we address them? And it's awesome
22 for me to bring some of that insight, those
23 opportunities to Abbi and the team and really put those
24 opportunities together. And I'm sure we'll be sharing
25 more of just what we've been doing within the past

1 month. Right, Connie? I know we --

2 MS. CONNIE ANDERSON: Yeah.

3 MS. ERICKA AVILES: Leiandra's on my team. And
4 we're looking forward to continuing to work on just
5 securing on all assets and making sure that we're
6 reaching the community throughout the state of Nevada.

7 So thank you for having me.

8 MS. CONNIE ANDERSON: Thanks, Ericka.

9 Well, as Heather and Janel mentioned, we
10 certainly jumped in at a busy time. We had to really
11 look at what was really happening in the marketplace and
12 how to understand what was happening, how to message
13 this to both our current audiences that the Health
14 Exchange is used to speaking to, and the new audiences
15 that we now had access to with these expanded subsidies.

16 So we dove into a lot of messaging development.
17 That messaging development really led into our creative
18 efforts as well as some supporting collateral pieces
19 that we'll show you.

20 We've had to do a lot of ingenuity as we looked
21 at approaching the American Rescue Plan on how we did
22 communications and outreach. There was still a lot of,
23 there was a lot of over media fatigue, I guess you could
24 say, or media fatigue in general about subsidies coming
25 from the federal government. So we had to look at some

1 new ways to pitch media to get some coverage. We took a
2 very op-ed heavy approach to help get some news out
3 there, which we think was very successful.

4 And then, again, we had to take a different
5 approach on social media as we went to message this to
6 our audiences, so that it didn't get lost in the shuffle
7 as people were talking about other expanded subsidies.

8 You'll see here two different creative
9 campaigns that our team currently has in market. Both
10 of these creative campaigns are very short and brief.
11 We wanted to focus on the messaging and savings that
12 were available. We wanted to provide very strong calls
13 to action, and such as "Claim your health insurance
14 offer" and then "You may find insurance as well as zero
15 dollars." We thought that both of those helped to make
16 it more immediate action to our audience members and get
17 them to engage.

18 Both of these have performed very well over the
19 past month or so that we've been running these on social
20 media. We will begin to, over the next month or so,
21 start to optimize more towards the highest performing
22 creative. But right now, they're both performing fairly
23 equally well on our social media, which is great.

24 You'll see here in supportive collateral
25 pieces, our approach to community outreach is really

1 about giving people resources so that they can use it to
2 reach their audience members. So we created a new social
3 media toolkit that's quite extensive, with key messages,
4 sample posts, graphic overlays, and then instructions on
5 how to actually use those graphic overlays through
6 social media channels. So it's been great to see our
7 broker community and others use these as they go out and
8 message this to their audiences.

9 We've also created FAQ, F-A-Q sheets, talking
10 points, user reference guides. As Ericka mentioned,
11 it's very important for all of these to reach all of our
12 multicultural audiences. So we've made sure that we're
13 looking at including Spanish language in all of these
14 collateral pieces. And then we're including imagery and
15 photography of all of our audiences in Nevada as well.
16 We've also made these documents ADA compliant so that
17 anyone who's using E-Reader or anything like that on the
18 internet is able to access these.

19 Here's a couple more examples of what these
20 look like. We've adopted a pretty, what I would call
21 simplistic approach to the design on the front page so
22 that they have a very standard look and feel, so that
23 when a broker or a partner that we're working with gets
24 these, they know that these assets are about the
25 American Rescue Plan. And then when they get to the

1 next two or three pages with more information, they're
2 able to see and actually use that information on the
3 next pages.

4 I'll dive a bit more into approach and where
5 all these are going. As we mentioned earlier, we really
6 jumped in on the accelerated timeline. Usually we would
7 like to spend a month or two getting to know what's
8 happening on all of the channels, auditing the channels,
9 to understand what's been working, what areas of
10 improvement exist across all of the communications
11 channels. However, with the special enrollment period
12 open, we had to dive in.

13 And so our first month in April very much
14 focused on our owned channel and then our earned
15 channel. So what we mean by that is looking at using
16 our organic social media, our blog posts, and our
17 newsletters and email marketing to really continue the
18 messaging and getting the word out about ARPA. And we
19 paired that with a series of press releases throughout
20 the month of April to make sure that the media was also
21 informed about what was happening and able to use that
22 information.

23 Throughout the month of May, we adopted some
24 more paid media tactics, including social media, as well
25 as traditional radio advertising. Those two mediums

1 were brought on very early in May to continue building
2 the Health Link brand and continue building awareness of
3 the special enrollment period ongoing. Those assets and
4 those outreach will continue through August 15th.

5 Throughout the month of June -- which I can't
6 believe it's almost the end of June -- we are expanding
7 our paid media opportunities to Google Display, YouTube,
8 Connected TV, and then Out of Home. So Connected TV is
9 what's considered streaming TV, so things like Hulu,
10 Sling, we're able to really target individual households
11 with Connected TV, whereas broadcast is a more general
12 method. But with Connected TV, we can target people who
13 have been to the DETR website or been on unemployment.
14 So we can really expand into some of these new
15 audiences. And then Out of Home, of course, is both
16 traditional billboards that you would see when you're
17 driving down the freeway, and then we're also extending
18 into mobile billboards, which are targeted billboards
19 that drive around communities that we want to reach.

20 So I just spoke a little bit about each of
21 these tactics, so I won't dive into these. It is
22 important to note, as we look at all of our media
23 tactics, we are using both English as well as Spanish
24 language assets targeted towards Spanish-speaking
25 households, so that we can make sure we're getting our

1 message out to all of our audiences.

2 And then here's a bit more about the digital
3 media platform that we are implementing as well.

4 And then I'll turn it over to Ashley Brune from
5 our team to discuss a little bit about the public
6 relations successes.

7 MS. ASHLEY BRUNE: Thank you, Connie.

8 Does anyone have any question for Connie before
9 I begin?

10 MS. CONNIE ANDERSON: Yes.

11 MS. ASHLEY BRUNE: Okay. Maybe let's hold them
12 for the end. I just didn't know if we should break it
13 up. So.

14 Hi, everybody. Again, this is Ashley. Thank
15 you for having us be here.

16 So where do we start with PR? As everybody has
17 mentioned, yes, we all hit the ground running. One of
18 the first things that we like to do as an agency,
19 especially on the PR side, is really look at our clients
20 and who their partners are and stakeholders and where
21 they've been and their relationships, and start with
22 those first. And what I mean by that is start with
23 introductions with those partners or those players and
24 find ways for collaboration.

25 So we started doing a little bit of that in

1 April just to set our footing for, you know, what is to
2 come, well, in the midst of ARPA as well. And some of
3 those strategies that we did is we sent out an agency
4 release to, basically, statewide media letting them know
5 that we are working with you guys at this point.

6 We also sat down with your broker grantees and
7 had about an hour meeting with each of them just to get
8 to know how they feel we're doing and, you know, what
9 messaging could be better and/or how we could work
10 together and leverage their voices or how they can use
11 the materials that we're working with and put them out.

12 So that was kind of the relationship building
13 side of things. I believe, we also sent an email to our
14 navigators and all of the rest of the brokers as well,
15 introducing ourselves.

16 In addition to that, we really hit everything
17 with ARPA. So we put together an ARPA rollout. And
18 while I say, you know, we put together that plan in the
19 beginning, that plan is very flexible as we're seeing
20 news moments change. So we know what we're going after,
21 but we're also being flexible with what's happening in
22 the news environment.

23 So pitches have changed. Pretty frequently,
24 we're pitching new angles about, I don't know, every
25 other month right now just to make sure that we're

1 staying on top of all the different messaging that's out
2 there, as well as with the consumer audience and which
3 publications they're reading.

4 So, as Ericka will go into in her presentation,
5 something that we may be pitching to a Nevada business
6 magazine may be different than she's pitching to, say,
7 Pala Mundo.

8 So as far as just deliverables go, in the month
9 of May, I'll start there. Or, I guess, I'll start in
10 April. We did do the special enrollment launch, which
11 included an English and Spanish press release
12 announcement.

13 And then going right into May, we switched up
14 some different tactics as far as what pitches we were
15 doing. We did a Google insurance data pitch where we
16 actually took Google Trends and looked at what was
17 trending in search for health insurance. You're able --
18 if you guys aren't familiar with Google Trends, you're
19 able to look at it and see, you know, how hot a search
20 term is performing and/or where it's hitting in what
21 markets. So we were able to find some terms in Nevada,
22 and we thought that those would be very good news hooks
23 for the media.

24 Also, in speaking with broker grantees, we
25 heard a lot about healthcare span. And so that was

1 something that we wanted to get in front of, so we did
2 work with a broker grantee on a content submission as
3 well as pitching some media segments. And then we also
4 sent out an ARPA success numbers release, just letting
5 people know how many people were actually taking
6 advantage of the cost saving process time.

7 In May, and now moving into July, we've also,
8 as Connie mentioned, taken more of a content submission
9 op-ed approach. This allows us to get more of our
10 message into a long format readable story. And so we
11 worked with two board members, Quincy and Jonathan.
12 Thank you. And we have worked with two broker grantees.
13 And a lot of those stories we put together in May, and
14 they started to publish it in June.

15 Right now, June is really picking up. I feel
16 like we have been on fire with media right now. It felt
17 like a little bit of media fatigue, and now they're back
18 in and interested. So we've been working on a cost
19 breakdown by county pitch. We've been working on a
20 pitch around, for contractors and self-employed. And,
21 again, really working with these unique stories and
22 different voices for different niche publications where
23 we can submit content.

24 Another thing that we're working on is, now
25 that Heather's back, is getting her into some more of

1 those media show segments that are more like those
2 blogger format news, whether they're 12 to 30 minutes,
3 and then some media desk sites across the state where
4 she can meet one-on-one with editors or health reporters
5 and talk about the state of health insurance in Nevada
6 right now.

7 Next slide, Connie.

8 And then I don't think I really need to go into
9 this slide too much. This really just talks about some
10 publicity initiatives that we do. This is kind of
11 always on the back end making sure that, you know,
12 Nevada Health Link and the Exchange are highlighted. So
13 this goes over, you know, some awards submissions that
14 we've submitted on behalf of the brand, and the
15 relationship building which I've already discussed.

16 Does anybody have any questions on the PR kind
17 of thing?

18 Okay. Great. So Owen Truesdell, who I
19 mentioned, also works with me. He's not able to be on
20 the call today. He's really spearheading community
21 relations with Ericka as well as the head team. And
22 what we've done here is we came on board and took an
23 outreach strategy that we call our three-tiered
24 engagement strategy.

25 So we looked up all of the partners that Nevada

1 Health Link already had and what our list of partners
2 were, and we're basically building this new robust list
3 from scratch. So from the beginning, we're starting
4 with government agencies and elected officials and then
5 going into strategic partnerships with community
6 organizations, which is kind of happening
7 simultaneously, as well as from there, so from that,
8 we're doing broad information sharing and amplification.
9 Meaning once we get these partnerships solidified and in
10 a more formal tangible way, we'll work with them on,
11 basically, disseminating our information.

12 So the team is full steam ahead on this one.
13 They've already begun outreach. We are also looking at,
14 you know, sponsorships and community events that make
15 sense for Nevada Health Link to have a presence at,
16 really making sure that we're looking at events that
17 aren't just what I would say slapping your brand on
18 something, but are allowing us to have an experience and
19 be there and meet with people one-on-one who are our
20 consumer audience. So we're being very conscious of
21 that and conservative with our dollars.

22 Connie, is there anything you want to add to
23 that?

24 MS. CONNIE ANDERSON: No, I think -- no, I
25 think, that was great. Thank you.

1 MS. ASHLEY BRUNE: Thank you.

2 MS. CONNIE ANDERSON: Ericka, did you want to
3 talk a little bit about Hispanic and multicultural
4 outreach? Your team has obviously been very involved in
5 the PR and community outreach side of things.

6 MS. ERICKA AVILES: Sure. Let me unmute,
7 camera myself.

8 You know, in at least for southern Nevada as
9 well as northern Nevada, we know we have to get creative
10 when it comes to outreach and engagement, especially in
11 the summer months. But we really, through our
12 partnerships and relationships, have been able to
13 leverage really getting the boots on the ground. So
14 Estra en Tus Manos, which is another campaign I'm
15 leading, I manage the Clark County lead. We brokered a
16 relationship with them where, basically, every weekend
17 the entire month of June we have navigators as well as
18 our campaign ambassadors talking at supermarkets right
19 now. And so the feedback from that has been phenomenal
20 in terms of what are people asking? What is the type of
21 the information is that they're taking? And how do we
22 develop content and assets around that?

23 So that's been really great. As I know that
24 was really important, when we met with Rosa, Janel and
25 team, is how are we finding these new opportunities to

1 get in front of the community.

2 We also are working on additional partnerships
3 with the Las Vegas Latino, the Latino Bar Association,
4 with the public charge rule and just making sure that
5 we're engaged with the legal field, as we know they are
6 trusted voices in the community, and so making sure
7 they're equipped with healthcare information and really
8 looking at that from a long-term approach.

9 So with all of these, they're short-term wins,
10 but also long-term strategies on developing those out.
11 Same with the Urban Chamber of Commerce and NAACP. We
12 were very proud to sponsor that. This was their first
13 breakfast of this sort of event and celebrating
14 Juneteenth and really getting our brand. I have a
15 follow-up meeting with the NAACP of how do we really
16 make sure we're talking with all the different
17 communities and in an uptick manner and really just
18 being creative and making sure that we're delivering.

19 The other one not noted on here, unless there's
20 an additional slide, is we also did something which
21 we'll be launching next week with RTC, the Regional
22 Transportation Commission of southern Nevada. They do a
23 Summer Heat campaign. So we worked with them, and we'll
24 be sponsoring some of the bottled water. But,
25 basically, anywhere that they're at, at transit centers,

1 bus stops, we'll be able to have our team there, our
2 branding, to make sure, as transit riders, you know, are
3 staying hydrated or staying cool, that we're also having
4 that direct touch point. And not only our ambassadors,
5 but also the navigators.

6 And so with all of these events, we're getting
7 leads. So we're getting email addresses, phone numbers.
8 At Mariano is one of the great stories. We were in the
9 employee break room. Mariano supermarket, they have six
10 chains here. And even the employees, they didn't have
11 health insurance.

12 So it's really been rewarding in this past
13 month to get creative with these organizations,
14 partnerships, looking at all of the different
15 jurisdictions and having, you know, meaningful
16 conversation and developing long-term strategies.

17 Hopefully, I covered it all.

18 MS. CONNIE ANDERSON: Yes. Thank you, Ericka.

19 I'll dive into social media a bit here. We
20 believe that social media is a very important and
21 critical part of community engagement. It's obviously a
22 way for us to continue speaking with our audience
23 members on a daily basis. So we have maintained quite a
24 bit of the brand standards that have been developed
25 throughout the social media channel, as well as the

1 frequency of messaging.

2 So we've seen over the past few months an
3 increase in impressions on each platform, which we're
4 very happy to report. We're playing around with time of
5 day when we post a lot, which we credit those successful
6 increase in impressions to that.

7 I'll talk a bit about web here. You'll notice
8 that our web traffic statistics remained constant or
9 show a slight decrease over the months of April to May.
10 That's very, that's due to the fact that we weren't
11 running advertising in the beginning of April, due to
12 the changeover. However, noting that the decreases are
13 only, you know, between one and three percent, those
14 aren't super significant, which is good. That means
15 that we were really able to maintain interest in going
16 to the website through our own channels by making sure
17 they're on social media, our newsletter, through our PR
18 outreach. We were really pushing people to come to the
19 website traffic, or come to the website. The website
20 traffic didn't dip as much as we would have expected
21 with our advertising dollars and market.

22 We will -- we have advertising and market now.
23 So on our next Board report, these numbers will be quite
24 different.

25 You'll see here that newsletter was quite a

1 success story throughout April, May and the beginning
2 part of June. We used the newsletter to really
3 encourage a lot of clicks through to the website to
4 encourage people to update their applications if they're
5 a current enrollee or to go ahead and enroll if they
6 were not enrolled yet.

7 We did a lot of list cleaning. So we got down
8 with the health insurance team and looked at all the
9 lists that are in our newsletter CRM right now and
10 cleaned them up, so we were able to send them to the
11 right people. The click-through rates and open rates of
12 the newsletters throughout the first three months were
13 much higher than the industry standard. So that's
14 great, and we can plan to continue this success.

15 All right. Then, I will turn it over to the
16 marketing Exchange team to talk about the research that
17 we have also been conducting while getting all of these
18 out on market.

19 MR. PETER MITCHELL: So this is a look at what
20 we're doing and done and are going to do. But the real
21 story here is what we're trying to accomplish by doing
22 this. So we're going to be doing a biannual, twice a
23 year, pulse check. So this is a pretty rapid survey
24 where we're out there asking a limited number of
25 questions to kind of just see where we are with

1 awareness and attitudes. We'll talk about that more in
2 a moment, the initial results.

3 We also did our first qualitative. It was an
4 online multiday bulletin board. Robert's going to talk
5 a little bit about the findings there. In September
6 we'll be doing a more in-depth survey, looking much more
7 at the audiences that we're targeting, the uninsured and
8 the people currently in the marketplace. That is sort
9 of our gold standard of how we'll see how we're doing
10 all the time. We have these biannual pulse checks to
11 kind of give us what's happening in between. We'll also
12 be doing more qualitative in the fall to inform the
13 creative that we do in open enrollment.

14 So that's sort of the beat of things. And we
15 should, you should feel pretty regular in form. We'll
16 go to the next slide.

17 So I want to talk about what we found so far.
18 And so the good news is that Nevadans who know a lot
19 about, Nevadans who know about the Nevada Health Link
20 are, feel positive, overwhelmingly positive, have a
21 favorable opinion. But less than half know enough to
22 have an opinion. So this is where we'll be really
23 focusing and trying to bring up the numbers to be more
24 like healthcare.gov, ObamaCare, Affordable Care Act. We
25 wanted to get up to that level and, hopefully, beyond it

1 as we work on awareness.

2 You'll see the Silver State's Health Exchange
3 is on this as well. But that's not really our focus.
4 The real brand out there is Nevada Health Link.

5 Go to the next slide.

6 So the good news here is the uninsured, over
7 50 percent plan to get health insurance. There is an
8 appetite for it. Of course, the more difficult news is
9 the awareness is lowest among the uninsured. That's not
10 really surprising. It's similar to what happens in
11 other states. But it is something that we want to work
12 on, because we want to be the first thing that people
13 think about for insurance.

14 Go to the next slide.

15 So this slide shows an opportunity, that, you
16 know, there's not a lot of -- there's some awareness,
17 aided awareness of the American Rescue Plan Act, but
18 most people do not know about that there's financial
19 help under the American Rescue Plan to get your
20 insurance premiums lower.

21 Go to the next slide.

22 And this is a look at another opportunity,
23 which is people that had a larger family were more
24 likely to expect a higher price than they would actually
25 get on the Exchange. And this is a little bit of a

1 confusing slide. But as you can see, up toward the top
2 on that top, sort of expected, the average, when we
3 asked people on average what they expected, that's sort
4 of where the average came out, you know, people were all
5 over the place. And then, when we took the average
6 person, and we kind of ran it through and how much it
7 would cost, you could see like they, the single people
8 were like pretty much right on target. But as you had
9 more and more people in the household, people expected
10 it to be more expensive than it is.

11 So that's a delightful reaction that you want
12 people to get to. So part of this is just getting
13 people to check their price. A little easier ask than,
14 you know, sign up for health insurance right now. So.
15 But it gets them into the marketing funnel.

16 So I'm going to turn it over to Robert now,
17 who's going to talk a little bit about the qualitative
18 research. Afterwards we'll have questions.

19 MR. ROBERT BAILEY: So this is the qualitative
20 exploratory part of the work where we got to dive into
21 some of the numbers Peter just went through and really
22 understand why people felt the way they did. We really
23 were interested in understanding what people are
24 hearing, thinking, feeling about both insurance, Health
25 Link, ARPA, all of the associated issues. So we started

1 out the conversations very broadly, and then we slowly
2 zeroed in on Health Link and then some creative concepts
3 for open enrollment that we'll get to.

4 And on a couple of these slides, well, on all
5 of them, in fact, we've included, you know, quotes that
6 are from participants, because in a lot of ways, they
7 can be more enlightening than bullet points we come up
8 with. But this first slide really reinforces that the
9 past year has put a real spotlight on health and health
10 insurance for folks. And, you know, I won't read these
11 quotes, but I did want to emphasize some of the language
12 that they used. And these were illustrative of all the
13 things we heard, words like scared and haunted.

14 So there's a lot of intensity and emotion
15 behind the way people talk about the topic.

16 Go to the next slide, Ash, or Connie.

17 People think, there's a perception that things
18 are going in a direction that we'd like them not to go.
19 People think that costs are going up as opposed to going
20 down. As in one of the earlier slides, you know, a lot
21 of this is because people are not aware of ARPA.
22 They're not aware of the enhanced subsidies. But, you
23 know, this was the case even for, you know, some people
24 who had gone to the Health Link recently. And just in
25 terms of timing, keep in mind this was conducted two

1 weeks ago. So enhanced subsidies had kicked in, but,
2 you know, they weren't getting through to people, you
3 know, the folks that we talked to.

4 You can go to the next slide, Connie.

5 The work extended over three days. So we were
6 able to expose people to the Health Link site. Even,
7 you know, some had been to it, some had not, but we made
8 sure they all did. They all found it very intuitive,
9 easy to get their price. So this was a little mini
10 usability part of the project that we did.

11 But what we did find is that a number of
12 people, even those who did qualify for APTC, still found
13 the plans not too affordable. So that, and that's not
14 uncommon. We, in our work with the national
15 marketplace, you know, we know there's always going to
16 be, you know, a challenge to meet everyone's
17 expectations.

18 So the last thing I'll walk through is we
19 tested four creative concepts to help inform the open
20 enrollment campaign. And the idea wasn't to pick a
21 winner out of any of these. The idea was we wanted to
22 try distinct conceptual approaches based on barriers
23 that we had uncovered and all our work for the
24 marketplace. So each of these was trying to do a
25 different thing. And the way we'll use these is to get

1 insights on what conceptual approach worked as well as
2 what some creative details.

3 So I'll walk through these quickly and just let
4 you know what they were intended to do.

5 This was trying to use a metaphor of two
6 different doorways. We know a lot of people still don't
7 know what exchanges are. There's misconceptions that
8 it's government insurance. So we used a well-known
9 brand in the state to emphasize that really the metaphor
10 is that it's the same insurance you can get elsewhere,
11 but if you go through the Health Link, that's the only
12 place you can get subsidies.

13 And this was the one that was, you know, had
14 the most broad appeal. This game show kind of format
15 was attention-getting. The use of the Anthem brand gave
16 it, lent it a lot of things, credibility and different
17 things. So we learned a lot from testing this one.

18 We know that a lot of people rely on word of
19 mouth. And if your neighbor doesn't qualify, or your
20 friend doesn't qualify or doesn't get a subsidy, there's
21 a big, you know, likelihood that for people just to
22 assume that they won't. So one thing that we've always
23 tried to convey is people in different circumstances end
24 up and kind of have different premiums. So that's what
25 this what's your number was. We had two people. Some

1 things are similar. But, you know, the punch line is
2 they get different premiums.

3 The idea of tailored prices came through very
4 strongly. It was very effective. We learned a lot of
5 things about the creative on this. But, you know, it
6 lends itself to targeting. The fact that we had two
7 younger people in there, maybe older sons think that the
8 younger people get, you know, less cost insurance. So
9 there's, you know, a lot of good nuances and details we
10 learned. But the concept, you know, sort of the
11 foundation of the concept was appealing to people that
12 things were tailored for everybody.

13 This one was a completely different approach.
14 This was trying to tie into milestones like graduating
15 school, getting car keys, your first apartment, really
16 putting kind of an emotional appeal to getting health
17 insurance, that it, you know, it's sort of attainment,
18 it's accomplishment, it's progression in life. And this
19 was one that's very targeted, much more appealing to
20 younger people, as you can see in the quotes.

21 So there is a way that we've, you know, if we
22 want to use this for older participants who their
23 sentiment was, well, you know, insurance isn't making
24 it, it's really surviving. So, you know, if we can
25 either target this towards a younger audience or make

1 some adjustments to it to make it more appealing to a
2 broader audience. But, again, there was lots. It
3 served its purposes in the sense of helping us learn a
4 lot about this approach.

5 And then the last one, with the baby, this,
6 again, was a different take on that not, costs aren't
7 one-size-fits-all. So don't just assume that if, you
8 know, your circumstances aren't right, you're not going
9 to get a good premium, a good subsidy. So similar to
10 the what's your number, the second one we looked at,
11 with the different approach. And, again, we learned a
12 lot of things, that this is very appealing to some
13 people, and it sparks different connotations. People
14 without families think it has to do with families. You
15 know, again, lots of interesting details and ways that
16 we can improve it, if we went forward with this, is, you
17 know, having a series of different imagery that doesn't
18 sort of zero in on one particular demographic or that,
19 you know, shows a range of people. But, again, good,
20 good feedback on that one.

21 And I believe that was -- yeah, we tested four.
22 So that, yeah, that was the end of the bulletin boards.

23 MS. CONNIE ANDERSON: Thank you, Robert.

24 Well, we're at the end. What next? I did want
25 to just help preview what we're planning for the next

1 quarter to look like. Being able to really hit the
2 ground running has allowed to us review our strategy and
3 our creative approach in real-time. So as you've seen
4 already, we've been able to put so many assets into
5 market and get real-time feedback. And then putting
6 this research into market, we've also been able to get
7 real-time feedback.

8 And what that all means is we can really
9 capitalize on the momentum and the learnings we've had
10 to build our open enrollment campaign. So we're working
11 with Janel and her team to develop that campaign now so
12 that we have the opportunity to create creative that we
13 think will fit, that can be expanded throughout the open
14 enrollment campaign period, and make sure that it's
15 reaching all of our target demographic.

16 You'll note some other things in here. We
17 believe that continuing to work with all of our
18 stakeholders, to listen to individuals who are part of
19 our new target audiences will be very important. So
20 we're looking at executing some sort of listening tour
21 throughout this state over this summer and fall.

22 And then we're hoping that this year may be the
23 year that we get to do a large in-person kickoff, pep
24 rally, with brokers, navigators and perhaps the public.
25 So there's ongoing internal planning meetings around

1 that. We don't have full plans yet. We want to make
2 sure that we're being cognizant of what's happening with
3 the coronavirus pandemic, what's happening with
4 restrictions throughout the state as we look forward
5 into that.

6 And then we'll make sure that we're continuing
7 to take advantage of the increased opportunity for
8 sponsorship and events. As the team has noted
9 throughout here, people's are starting to get out into
10 the public more. And we want to make sure that we are
11 at the events where our target audience memberships are,
12 but we want to make sure that we're leveraging those
13 relationships and that in-person opportunity into
14 ongoing relationships with our target audiences. So
15 that includes getting their email so we can add them to
16 our newsletter list. That includes creating more
17 cohesion between the event, or the organization that's
18 putting on that event, for social media sharing, for
19 newsletter sharing of them about the Nevada Health Link.

20 So we're very excited for the next quarter.
21 And we're here if you have any questions at all.

22 DR. JAMESON: Was there anybody -- oh. Yes.
23 Valerie.

24 MS. CLARK: Oh. Thank you, Madam Chair.
25 Valerie Clark, for the record.

1 I just wanted to let you guys now that, I
2 think, this looks very, very comprehensive and
3 informative. So I applaud you for all your hard work.

4 And I was just curious. On the toolkits and
5 things that you mentioned, will those be on the website,
6 or where would we access that information?

7 MS. CONNIE ANDERSON: Correct, they are on the
8 website under partner resources currently, both English
9 and Spanish version.

10 MS. CLARK: Oh, very good. Awesome.

11 MS. CONNIE ANDERSON: But I can email them to
12 you as well, if you'd like, directly.

13 MS. CLARK: Either way.

14 MS. CONNIE ANDERSON: Yeah.

15 MR. CLARK: That would be great, if you don't
16 mind.

17 MS. CONNIE ANDERSON: Yeah, of course.

18 MS. CLARK: Great job, you guys.

19 MS. CONNIE ANDERSON: Thank you.

20 DR. JAMESON: Any other comments?

21 Yes, I would echo what Valerie said,
22 outstanding, great job.

23 MS. CONNIE ANDERSON: Thank you.

24 DR. JAMESON: You know, sometimes you think
25 you've been around and seen that and what new could

1 these guys possibly bring. But sometimes even old stuff
2 is great. And I've got to applaud Ericka Aviles for her
3 getting out there at grocery stores and bus stations,
4 because that's where our population is, and going back
5 to boots on the ground. Bravo. That really is amazing.
6 'Cause the rest of you are so high tech, you know. So
7 I'm glad she's got those boots on the ground.

8 MS. CONNIE ANDERSON: Yes.

9 DR. JAMESON: And then, wow, marketing. Wow.
10 I mean these tested ideas. I just, okay, I was going to
11 say I was skeptical, what could you bring that we
12 haven't seen. And it's so novel, so sophisticated, so
13 totally brilliant, so simple, but powerful. The kind of
14 things people connect with, the game show, what's your
15 number, asking that question, not one size fits all. As
16 an OB, of course, I love it. And totally, totally
17 brilliant. Robert, really great job, presentation.

18 I just wanted to ask. Are we going to -- I
19 know people think a lot of things are getting old. But
20 is there going to be anything to a campaign about
21 continuing our people, encouraging them to get
22 vaccinated?

23 MS. CONNIE ANDERSON: We do connect regularly
24 with Immunize Nevada and then Nevada COVID response
25 Instagram and Facebook pages. So through social media

1 we are continuing to share that message regularly. And
2 then, of course, the Vax Nevada Days, which the Governor
3 and his team have just launched, we are promoting that
4 on social media as well.

5 We can certainly look at adding into it some
6 new letter content and things like that, so that we're
7 really that resource on healthcare overall. That's a
8 great idea, Madam Chairman.

9 DR. JAMESON: Yeah. Because as we all know,
10 it's been a most amazing year. None of us have ever
11 seen a year like the COVID year in the history.

12 MS. CONNIE ANDERSON: Yes.

13 DR. JAMESON: And we want to make sure that our
14 patients don't have to utilize this health insurance
15 they're purchasing. And an ounce of -- you know us
16 physicians. An ounce of prevention is worth a pound of
17 cure, worth a pound of cure. So that's why I'm just
18 wondering. Because your presentation was fabulous. I
19 just want to make sure we're all over that vaccine
20 somewhere.

21 Heather, were you trying to say something?

22 MS. KORBULIC: Yeah, I was just adding, I don't
23 think that Abbi Agency knows that I've been scheming on
24 this whole vaccination and connecting our marketing
25 campaign to the vaccination efforts in the State. So

1 we've been engaged in the last 24 to 48 hours with
2 several organizations on how we can do a better job of
3 making sure that every time someone's getting
4 vaccinated, they are also hearing about health
5 insurance.

6 DR. JAMESON: Love it. Thank you so much.

7 Okay. All right. Well, that -- thank you,
8 guys. That was absolutely wonderful.

9 And let's move on now.

10 MR. MELENDREZ: Dr. Jameson?

11 DR. JAMESON: Yeah?

12 MR. MELENDREZ: Just real quick. Heather,
13 could we set up a separate conversation after this?
14 Because of what you just talked about in terms of the
15 vaccination. Because, you know, the Nevada Minority
16 Health and Equity Coalition, along with the Immunize
17 Nevada, is coordinating on a lot of those statewide
18 equity efforts in the vaccination process. So I want to
19 make sure that we connect some of these opportunities
20 with that to work together with the Health Exchange
21 would be great.

22 MS. KORBULIC: Love that. Yes.

23 And Madam Chair, Jose just notified us in chat
24 that he needs to go. So we should probably try to get
25 our vote on the Fiscal and Operational Report before he

1 does.

2 DR. JAMESON: That is exactly where we are
3 going. So, approval of the -- and, yeah, thank you,
4 marketing and outreach.

5 Approval of the semi-annual Fiscal and
6 Operational Report pursuant the NRS code to the Governor
7 and legislators. So perfect timing actually. And do --
8 you guys all saw 32 plus pages. I'm sure you all read
9 it in detail. Did anyone want to go ahead and have a
10 motion for approval of this report, and a second, and
11 then we can have any discussions.

12 MR. MELENDREZ: This is Jose. Motion to
13 approve.

14 DR. JAMESON: Second?

15 MS. CLARK: This is Val --

16 MR. BRANCH: This is Quincy. I'll second.

17 DR. JAMESON: Okay. And everybody in favor,
18 say "aye."

19 (Board members said "aye.")

20 DR. JAMESON: Oh, I forgot to ask for
21 discussions or questions or concerns.

22 Having none, then everybody in favor, "aye."

23 (Board members said "aye.")

24 DR. JAMESON: And anybody opposed?

25 Has anyone abstained?

1 So that was a unanimous "aye," a resounding
2 "aye." And great report.

3 So we are now, discussion and possible action,
4 regarding dates, times, and agenda items. We already
5 went over some earlier. I won't repeat them. I know
6 Heather and her staff have them. So was there anything
7 else that anyone wanted to add?

8 MS. KORBULIC: Madam Chair, Heather Korbulich.
9 I just wanted to make sure everyone knows that our next
10 scheduled meeting is October 14th at 12:30 p.m. Right
11 now, there is no need to try to do any Board meetings
12 before that. But I'm excited to be able to share at
13 that Board meeting all of our confirmed carriers for
14 plan year 22, and the confirmed rates should be set by
15 that time, too. So there'll be a lot of good
16 information at that next meeting.

17 DR. JAMESON: Excellent. All right, then.
18 And somebody really wants me (after bell noise). So was
19 there -- besides Jose needing to go.

20 So was there any -- we had that voted. There's
21 no other discussions special for the agenda. We'll have
22 a lot to cover.

23 Any public comments?

24 MS. KORBULIC: There's none in the Carson
25 office. Is there any online, Katie?

1 MS. CHARLESON: No, there is none in the chat.

2 DR. JAMESON: All right, then. I will
3 entertain adjourning.

4 All right. Valerie. And I know Jose's ready.
5 So thank you, everybody. And have a wonderful day. And
6 I hope some of you were able to enjoy this amazing
7 monsoon thunderstorm that Las Vegas is just having right
8 now. It's fabulous.

9 MS. KORBULIC: Congratulations.

10 DR. JAMESON: Have a wonderful day.

11 (Several good-byes.

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