

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
THURSDAY, OCTOBER 14, 2021, 12:30 P.M.

-oOo-

DR. JAMESON: So, it looks like we've got just about everybody here. So I'd like to go ahead and call this meeting to order.

And who like to do the roll call?

MS. KORBULIC: I'll do that, Madam Chair. I can see everybody. It's been a while since we met. I'm happy to see all of your faces.

So I'll call roll. Dr. Jameson?

DR. JAMESON: Present.

MS. KORBULIC: Valerie Clark?

We knew she would be absent, but just confirming.

Lavonne Lewis?

I see Lavonne's name on our Zoom.

DR. JAMESON: I suspect that is a mute issue.

MS. KORBULIC: Yes. So I will mark you present. And, hopefully, you can chime in.

Dr. Friedman?

DR. FRIEDMAN: Present.

1 MS. KORBULIC: Jonathan Johnson?

2 MR. JOHNSON: Present.

3 MS. KORBULIC: Jose Melendrez?

4 MR. MELENDREZ: Present.

5 MS. KORBULIC: Quincy Branch?

6 We knew he would be absent, but I wanted to
7 call just in case.

8 Suzanne Bierman?

9 MS. BIERMAN: Hi. Present.

10 MS. KORBULIC: Commissioner Richardson?

11 COMMISSIONER RICHARDSON: I'm here.

12 MS. KORBULIC: And Aaron Frantz?

13 I saw you come off mute for one second. So I'm
14 assuming that you said "here." All right. I will mark
15 you as present.

16 And, Madam Chair, we have a quorum.

17 DR. JAMESON: Excellent. Thank you, everybody,
18 for again taking the time to volunteer to be part of
19 this fabulous Silver State Exchange and the good work
20 they're doing for access to healthcare Nevada.

21 And I would like to start by asking for public
22 comment. And do we have any public comment at either
23 anyone on line or that has sent any public comments?

24 MS. KORBULIC: So if anybody in the attendees
25 would like to provide public comment, if you could just

1 raise your hand with the raise your hand feature, and
2 Katie can unmute your mic.

3 MS. CHARLESON: I'm not seeing any on my end.

4 DR. JAMESON: Thank you, Katie. Shall we give
5 it another moment? We don't see anything.

6 MS. KORBULIC: If there is anyone who would
7 like to provide public comment, you can push the raise
8 hand feature on your Zoom and we can unmute your
9 microphone.

10 I'm also seeing Tiffany in our Carson City
11 conference room, and there doesn't appear to be any
12 public commenters there.

13 Katie, anybody wishing to make public comment?

14 MS. CHARLESON: No, no one's hand is up.

15 DR. JAMESON: Okay. So there is no public
16 comment. And we do have another opportunity at the end.

17 So I'll just move right on to the approval of
18 the minutes. And those would be the minutes from our
19 June 2021 Board meeting of the Silver State Exchange.
20 Does anybody want to make a motion to approve those
21 minutes?

22 MR. JOHNSON: Jonathan Johnson. Motion to
23 approve.

24 MR. MELENDREZ: This is Jose.

25 DR. JAMESON: I believe, we actually got a

1 first and second. Is there any discussion? Were there
2 any omissions that anyone noted or edits, corrections?

3 I found none. And if not, hearing no
4 discussion, we will go ahead and approve the Board
5 minutes from June 24, 2021. Everybody in favor, say
6 "aye."

7 (Board members said "aye.")

8 DR. JAMESON: Excellent. Anyone opposed?
9 Anyone abstaining?

10 I will consider that unanimous, then, and the
11 Board minutes from June 24, '21 have passed.

12 And now it's so wonderful to have Heather with
13 us and joining us for her infamous executive report.

14 MS. KORBULIC: Thank you, Madam Chair and
15 members of the Board. It's my very pleasure to see you.
16 And I wanted to, before I get into my formal remarks,
17 introduce the two new members of the Nevada Health Link
18 team.

19 Gina Castaneda, if you could turn on your
20 camera. There's Gina. Gina is our newest Policy
21 Compliance Manager. She joined us two months ago and
22 came to us from DETR where she was kind of a rock star.
23 And we're happy to have borrowed or taken her, I guess.
24 So we're very pleased to have Gina as part of our team.
25 She's learning all of the ropes of the Affordable Care

1 Act. It's not an easy thing to learn. And so she's
2 doing a really great job. And we're pleased to have her
3 on our team. So thanks for turning your cameras on.

4 And I also want to introduce you to someone who
5 started this week. His name is Jonathan Lopez. And
6 Jonathan -- there he is -- is our new CFO. Our Chief
7 Financial Officer Jennifer Krupp, who had been with the
8 Exchange and did so much, took a job actually with
9 Virginia, in Virginia's new Exchange. They are also
10 setting up a state-based exchange. So she's moving out
11 to Virginia. We've really appreciated all of her work.
12 And she was able to do some cross-training with Jonathan
13 before she left.

14 So we are so pleased to have Jonathan, who's
15 joining us from the Division of Public and Behavioral
16 Health where he was working as a Management Analyst and
17 ASO looking at all sorts of federal grants. So he's got
18 all the right experience, and we're really blessed to
19 have him on our team.

20 DR. JAMESON: Thank you. And welcome to both
21 of you.

22 MS. KORBULIC: Yes.

23 DR. JAMESON: We're excited to have you.

24 MS. KORBULIC: Me, too. Nice to have all the
25 seats filled.

1 All right. So let me get right into it. I
2 felt like I could have written 12 more pages, but I
3 didn't want to bog you all down with tiny details. A
4 lot has happened since the last we met in June. I mean
5 there's never a dull moment at the Exchange, and this
6 has been a wild several months.

7 So let me just kind of get right into it by
8 telling you that I could confidently say I feel like the
9 Exchange is poised to have its most successful open
10 enrollment period in our agency's history. So good news
11 where that's concerned. Just thinking about between the
12 expansion of our financial assistance that's coming to
13 us through the American Rescue Plan -- I also call it
14 the ARPA -- also thinking about the growth in our
15 carriers and all with the number of qualified health
16 plans that we have, the significant maturation of our
17 state-based exchange platform over the last several
18 years has come a long way and lends itself to a lot of
19 growth and confidence. Our robust marketing and
20 outreach strategies that are, you know, just as good, if
21 not better, than every year before. And then just
22 really also looking at the seasoned teams that we have,
23 both internally and externally, that are really kind of
24 preparing us for a successful open enrollment.

25 Our team has continued to demonstrate

1 nimbleness and responsiveness in regards to federal
2 changes and technical challenge, always with the idea of
3 meeting Nevadans' needs. I think that this year has
4 really highlighted the agility of the state-based
5 Exchange to quickly address Nevada's specific needs, not
6 only related to the pandemic, but also to the
7 implementation of ARPA.

8 We quickly implemented a special enrollment
9 period and an open enrollment period, all of which kind
10 of merged together and lasted from February through
11 August 15th of 2021. In total, we had 17,094 Nevadans
12 who, that were including new and active in enrollment,
13 or consumers, who took action and came onto the Exchange
14 either to enroll newly or to make changes to their
15 applications in order to get access to those enhanced
16 subsidies through the American Rescue Plan.

17 So we've seen people sign up for health
18 insurance. We saw our growth -- I didn't write this in
19 this report, but I wrote it somewhere else earlier, so
20 I'll share with you. During that SEP OEP period, we saw
21 growth in our enrollment on the Exchange by about
22 7.6 percent. So we're really excited about what that
23 has meant to Nevada.

24 We also saw that about 6,000 Nevadans, or 6,000
25 households with Nevadans who has collected unemployment

1 benefits in and during 2021 were able to access and
2 enroll in zero-dollar premiums, thanks to ARPA. So
3 nearly 90 percent of our consumers are now eligible and
4 receiving financial assistance that helps make their
5 premiums affordable.

6 As we head into our third open enrollment
7 period, we -- I can't even believe I'm saying that out
8 loud. It's our third open enrollment period operating
9 as a state-based exchange. What we -- sorry, I deviate,
10 moved away from my report for a second. We are really
11 still a go-to resource for other states that are trying
12 and working on making a transition away from
13 HealthCare.gov. And we're proud of the status that we
14 have as a trailblazing state. We developed the pathway
15 to state autonomy and the savings that only state-based
16 exchanges can receive. And I'm very pleased to welcome
17 the newest members to our crew of misfits. Kentucky,
18 New Mexico and Maine are all going to be live as
19 state-based exchanges this year. Whew, yeah, great
20 news.

21 So, in coordination with our vendors,
22 GetInsured, The Abbi Agency and -- and, yeah, I should
23 say the Division of Insurance. I apologize for leaving
24 them out. That's a very critical partner here. We
25 spent the last several months executing on our detailed

1 plans to implement a successful open enrollment. It's
2 going to run, as you all know, November 1st through
3 January 15th. And I can confidentially tell you that
4 every single unit in this agency has been wildly busy
5 and laser focused on preparations for 2022, always with
6 our mission and vision of reducing the number of
7 uninsured Nevadans at the front of our mind.

8 In plan year 22, we will offer Nevadan's with a
9 record-breaking 126 plan offerings, including plans from
10 two new qualified health plan carriers. Aetna and
11 Hometown Health will be new to the Exchange this year.
12 They'll be joining Health Plan of Nevada, SilverSummit,
13 Anthem, SelectHealth, and Friday Health Plans, who are
14 all returning to the Exchange for '22, along with our
15 dental carriers, Alpha, EMI, Delta, Liberty, Best, and
16 Rocky Mountain.

17 The average rate increase on the Exchange this
18 year is 4.2 percent. And as I say, every year, we are
19 really focused on making sure that consumers and brokers
20 and partners understand that when those rates increase,
21 so does our subsidies, and so consumers are expected to
22 see little to no increase in the cost of their premiums.

23 I want to provide you with some updates on just
24 the various things happening within the agency's
25 programs and provide you with some updates about our

1 vendor.

2 We've been steady, we've been a steady and
3 consistent source of information, resources and
4 affordable, comprehensive health insurance and have
5 always made a really significant investment in our
6 diverse navigator program, which partners with 10
7 community-based organizations who represent the
8 diversity of our state and provide multilingual
9 grassroots outreach and enrollment assistance for both
10 Nevada Health Link and Medicaid.

11 When there were federal funding cuts to
12 navigator programming, the Exchange continued to invest
13 in our navigator program, and that was in recognition of
14 their strong ties to the community and their ability to
15 make outreach in harder to reach populations.

16 Every year, the Exchange's navigator and broker
17 grantees receive training directly from each of our
18 insurance carrier's staff regarding the plan designs and
19 updates from previous years. These trainings have been
20 going on this week, and they run for this week and then
21 for the next two. The one- to two-hour trainings are an
22 opportunity for all of our stakeholders to hear from
23 carrier subject matter experts about the features and
24 the benefits that each respective carrier's plans offer
25 on-Exchange consumers for the next year. During these

1 trainings, our navigators and brokers are provided with
2 specific plan materials, distinction between the plan
3 offerings, carrier contact information and an
4 opportunity to ask the carriers direct questions. These
5 annual trainings really highlight our continued
6 partnership with our carriers and the importance of
7 having highly trained navigators and brokers to serve
8 our community.

9 On September 29th, the Exchange made our
10 biggest upgrade to the broker book of business. I'm
11 very pleased about this. So this is our biggest upgrade
12 to our platform for brokers since its conversion to a
13 state-based exchange, and this was a change that we made
14 based on broker feedback and requests.

15 So we recently invested in transitioning from
16 what was previously an individual broker portal to what
17 is now an agencywide portal configuration. And this
18 allows for agency brokerages to manage an entire agent
19 team and all of their book of business in a singular
20 portal rather than just in individual portals. It
21 allows a brokerage's administrative staff to assist in
22 supportive account maintenance tasks and book of
23 business management, which, in turn, frees up valuable
24 time for brokers to have more face-to-face or virtual
25 time to serve as an advisor to consumers on the best

1 plans for them and their families.

2 So far, we've received a lot of great feedback
3 about this, very small issues that have been worked out
4 quickly by our vendor. So we're really confident about
5 that transition as we head into our open enrollment
6 period.

7 As highlighted in our agency portal training
8 manual, which we have posted on our website under the
9 Partner Resources webpage, the broker and agency model
10 has features to manage brokers, manage agencies and to
11 provide administrative service to brokers and agencies
12 through five independent portals. That includes the
13 broker administration portal, which allows our broker
14 liaison, Rebecca Lomazzo, to manage that certification
15 status for brokers and agencies and approve agency
16 managers and administrative staff, so that they can --
17 and edit broker and agency account and profile
18 information, and manage and create tickets.

19 We also have an agency portal that allows
20 agency managers to view and edit their agency account
21 and profile, their personal account and profile, and add
22 manager accounts, and add different delegations.

23 We have a broker portal, which allows brokers
24 to manage their account and profile information, to
25 process delegation requests, and act on behalf of their

1 delegated individuals.

2 There's an administrative level staff 2 portal,
3 which allows for administrative staff to view and update
4 broker and agency elements and to transfer delegations
5 between brokers.

6 And then there's an administrative staff
7 level 1 portal, and that allows administrative staff to
8 view the agency's broker list and accept pending
9 delegations on behalf of the agency.

10 So that's been a really wonderful undertaking.
11 It's been really complex. And I want to just throw out
12 some thoughts to the team who have been working really
13 diligently on this for almost six months to make sure
14 that this has been as successful as it has been.

15 I also want to report on our quality assurance
16 team, which, I have to say, have managed to accomplish
17 heroic amounts of work throughout the last year and the
18 past few months, have been particularly busy and
19 productive. In June, our Exchange vendor GetInsured,
20 made system improvements to the Consumer Assistance
21 Portal, also known as CAP, and that allowed for a more
22 streamlined workflow for our quality assurance unit to
23 track, process and resolve consumer tickets more
24 efficiently. That improvement has made a huge
25 difference and has contributed to the resolution of over

1 2,500 consumer requests since July. So in June of
2 '21, the QA unit had a backlog of about 1,300 unclaimed
3 tickets. And today that backlog is down to 72. Which
4 is a massive amount of work. And I'm really proud of
5 the things that they've been able to achieve.

6 GetInsured also did a lot of other system
7 improvements that were deployed in September as a part
8 of our quarterly release schedule. Those changes impact
9 the call center and our QA staff. They've introduced
10 things like ticket tags, which give more visibility to
11 our call center team to monitor their internal teams'
12 tickets and to bulk reassign tickets to other staff
13 members. And the expected benefit of that improvement
14 is for our customer service teams and team leads to be
15 able to track the progress and timely resolution and to
16 triage consumer requests in a more timely fashion.

17 In September, our QA onboarded a new Program
18 Officer who will serve as a carrier support specialist
19 who will assist with consumers' enrollment requests.
20 This was a position that was approved in the 2021
21 legislative session. We are so excited to have Kayla on
22 our team, and she is important in terms of assisting our
23 growing partnerships with carriers. As I outlined
24 earlier, we have two new carriers, which means we have
25 more interaction and more touch points externally, which

1 means we need more internal touch points. So we're very
2 excited about that.

3 And then in early October, our vendor procured
4 a new phone-type vendor for their telephony system.
5 It's called NICE. And it manages their IVR. And so
6 this system is what we think to be much more reliable.
7 And it's the only vendor, this NICE vendor is the only
8 vendor who has achieved FedRAMP certification, which is
9 very important in terms of security and privacy. That
10 system offers greater flexibility in configuration and
11 allows for more in-depth reporting for day-to-day
12 reports and identifying trends. It also allows the
13 Exchange to prioritize our VIP brokers, our very
14 important brokers, and route calls to a specific subset
15 of the customer service representatives. It also helps
16 with authenticating consumers and allows for
17 self-service of password resets, which is the number one
18 reason people give us a call. And it allows people to
19 access that service even after the call center hours are
20 closed.

21 So in addition to those upgrades in the broker
22 portal and in CAP, we've worked really closely with
23 GetInsured and the other states that use the GetInsured
24 platform over the last several months to improve our
25 user interface, to update eligibility rules as has

1 become necessary, whether it's from ARPA or other rule
2 changes, and then to improve the reconciliation workflow
3 and allow for an easier administrative user experience.

4 Okay. Let me tell you a little bit about
5 marketing for 2022, although I know Janel is excited to
6 present more details on that, so I'll try to keep it
7 real short.

8 This year -- I'm moving away from this report.
9 I'm sorry. As with any open enrollment and marketing
10 and outreach it is always a critical and necessary
11 component to drive enrollments. Nevada Health Link has
12 built strong brand recognition over the last several
13 years through our robust marketing campaigns that drive
14 people to Nevada Health Link for not only information
15 and enrollment assistance, but also to get that
16 financial assistance. The Exchange's advertising
17 campaign strategy targets both mass market and
18 grassroots and works to encourage diverse audiences to
19 explore affordable options at NevadaHealthLink.com.

20 As with all state programs, you all know that
21 the budgets for our navigator and our Exchange marketing
22 are built around stringent benchmarks and metrics.

23 This year, our vendor, The Abbi Agency, has
24 developed a data-driven advertisement and public
25 relations campaign based on consumer surveys and concept

1 testing. This year's campaign is focused on themes that
2 resonated with tested audiences that revolve around
3 traditions, both cultural and familial traditions, super
4 savings and highlighting the affordability, and then
5 highlighting the fact that Nevada Health Link is always
6 here for Nevadans. The advertisements will cover a
7 diversity of mediums and will target both macro and
8 micro audiences.

9 The Abbi Agency has also begun implementation
10 of a broad public relations campaign that provides
11 Nevadans access to information through diverse
12 platforms, including multilingual publications, social
13 media, traditional media and including TV and print.
14 And the well-seasoned Exchange communications team is
15 ready to hit the ground and get the word out through our
16 grantee partners, our stakeholders, our advertisements,
17 and our public relations.

18 And, like I said, Janel will cover more
19 information. I will just say, as a personal aside, I
20 was able to go and visit with the crew yesterday who was
21 filming our ads, and they are going -- you'll get a
22 little peak of the pictures today. They look stunning.
23 I'm really excited about this campaign, maybe most, more
24 excited than any other year. So it's going to be a good
25 one.

1 Let me give you some updates from the feds, who
2 have been very busy. The Biden Administration has been
3 super engaged in the development of rules to assist
4 Exchanges to better service consumers that have resulted
5 in millions more Americans accessing Affordable Care Act
6 certified qualified health plans. These new rules,
7 while they are beneficial to Nevadans and Americans as a
8 whole, require the Exchange to nimbly implement changes,
9 which often applies a strain on an already resource thin
10 organization. I am happy to say that despite this
11 strain, the Exchange has successfully ended the special
12 enrollment period initiated as part of ARPA, in
13 conjunction with our federally facilitated marketplace,
14 and that ran from April 19th through August 15th. I
15 already shared these numbers with you, so I'll skip
16 through this.

17 I also want to share that President Biden, when
18 signing ARPA, allowed the federal government to pay
19 100 percent of COBRA insurance premium for eligible
20 employees who had lost their jobs between April 1st and
21 September 30th of 2021. We have been as responsive as
22 possible at the Exchange to those individuals, those
23 Nevadans who lost their COBRA premium assistance. So
24 what we did was put together an SEP on Nevada Health
25 Link that ran from September through the duration of

1 2021. That is available to anyone who lost those COBRA,
2 their COBRA plan or their premium assistance. They are
3 now eligible for an SEP on Nevada Health Link.

4 ARPA also allowed individuals who received
5 unemployment insurance benefits during plan year 2021 to
6 receive full APTC on zero-dollar premiums for the
7 duration of 2021. Unfortunately, that benefit was only
8 extended through the legislation through 2021. So those
9 premiums go away at the end of this year. And so the
10 Exchange will be doing some targeted and direct
11 marketing and outreach to those 6,000 households that
12 have been receiving zero dollar premiums, because they
13 had UI, and making sure that they know that they need to
14 probably take action and shop the market.

15 The Administration also issued a final Notice
16 of Benefit Payment Parameters. This is actually the
17 third one they've put out this year. Been busy. So
18 this one's called the Affordable Care Act; Updating
19 Payment Parameters, Updating Section 1332 Waiver
20 Implementation Regulations, and Improving Health
21 Insurance Markets for 2022 and Beyond. That rule really
22 had minimal impact on the Exchange but did provide some
23 notable changes that did expand health insurance
24 coverage across all marketplaces. So I wanted to share
25 those two or three items with you there.

1 One was a lengthening of the annual open
2 enrollment period for '22 and then future benefit years.
3 So, as you remember, the previous Administration took
4 that 90-day open enrollment period and cut it in half to
5 45 days. This, although the Exchange was already
6 planning on it, but this rule allows HealthCare.gov to
7 open, to run open enrollment November 1st through
8 January 15th.

9 And then it also implements a new monthly
10 special enrollment period for qualified individuals or
11 the tax dependents, or the dependents of qualified
12 individuals who are eligible for APTC whose household
13 income does not exceed 150 percent of the federal
14 poverty level. And this changed specifically targets
15 states that have not yet expanded Medicaid, which, you
16 know, Nevada has, but it will be highly beneficial to
17 those states. And meanwhile, Nevada's Exchange, in
18 coordination with the other states that are on the
19 GetInsured platform and Division of Insurance and
20 Medicaid were all looking, or we are looking at the data
21 and researching this implementation, or the
22 implementation of such an SEP on Nevada Health Link.

23 And then, finally, there is a change in this
24 rule that basically repeals the establishment of a
25 direct enrollment option for exchanges. That was

1 established under the Trump Administration. And so it
2 modifies regulations and policies related to Section
3 1332 waivers and basically repeals some rules that they
4 had rolled out related to that before.

5 I'm going to take a quick breath, and then we'll
6 talk about state policy updates, and then I'm almost
7 done. I have two more, three more updates for you.

8 So, in terms of what's happening at a state
9 level, there is no shortage of health policy activity.
10 And we have been primarily focused on three different
11 projects, the biggest of which is the unwinding of the
12 public health emergency, also the implementation of the
13 automatic voter registration, and then our
14 responsibilities as an agency as they relate to Section
15 16.5 of the Public Option legislation from the 2021
16 session.

17 So let me give you a little bit of information
18 about the public health emergency. And, hopefully, if I
19 get any of this wrong, you will feel comfortable
20 correcting me. I think, I got it right, but we'll see.

21 The Families First Coronavirus Response Act
22 included a provision of continuous coverage requirement
23 for state Medicaid agencies. And basically what that
24 does is it limits the Medicaid agency's ability to
25 disenroll individuals from Medicaid for the duration of

1 the declared public health emergency. And they have to
2 have that continuous coverage as a condition of
3 accessing enhanced federal funding, often known as
4 F-MAP. And states will not be subject to this
5 requirement of continuous coverage once the federal
6 government ends the public health emergency. Nor will
7 we have access to the enhanced funding that has come
8 from that declaration of public health emergency.

9 So this could result in widespread
10 disenrollment from Medicaid, which could create
11 healthcare coverage and access issues for many Nevadans.
12 The Exchange is working closely with the Division of
13 Welfare and Supportive Services, with Suzanne and her
14 team at the Division of Health Care Finance and Policy,
15 with the Governor's Office and others, to identify
16 different methods to limit that disruption to Nevadans
17 as a result of the end of the public health emergency.

18 In a normal annual redetermination process, the
19 Division of Welfare and Supportive Services will see
20 some percentage of enrollees lose Medicaid coverage due
21 to changes in their personal circumstances that would
22 impact their eligibility; for example, an increase in
23 their income. More commonly, Medicaid-eligible people
24 churn, or lose coverage, at that redetermination point
25 because they did not or were not able to participate in

1 the administrative processes required for
2 redetermination.

3 So the Exchange is very focused on capturing
4 those previously mentioned individuals who will lose
5 their Medicaid coverage because of a change in their
6 income, and making sure that we can connect them to the
7 Exchange plan and financial assistance as appropriate.

8 CMS did release some pretty comprehensive
9 guidance that describes the planned timelines and when
10 they plan to end the public health emergency. And the
11 current declaration is set to expire on December 31st,
12 which does mean that terminations could be effective as
13 early as March 1st of 2022. The guidance attempts to
14 mitigate consumer disruptions by giving states
15 flexibility to complete the unwinding process and
16 requires a robust consumer communication.

17 So we are actively engaged in conversations
18 with the Division of Welfare and Supportive Services to
19 determine the timing and the volume of accounts that
20 will be transferred to us, and we've developed a project
21 plan to conduct direct and targeted outreach to
22 consumers who have that potential Exchange eligibility.
23 I will provide you just a little bit more information on
24 that when I get to the portion of this report about our
25 CMS grant.

1 I also wanted to share the news on the
2 automatic voter registration bill. So during this last
3 legislative session, this bill, Assembly Bill 432
4 designated the Exchange as an automatic voter
5 registration agency and sets requirements for the
6 Exchange for transmission of certain voter information
7 to the Secretary of State. Full implementation of this
8 bill is not required until January 1st of 2024, which
9 does give us ample time to determine business processes
10 and changes that will be necessary to the logic and the
11 coding of our current platform in order to sufficiently
12 meet the bill's intent and transmit data. While it does
13 not require the state to capture any new information, it
14 does require the Exchange to expand on our existing
15 business processes and establish reporting pathways to
16 other state agencies.

17 So, again, we're working closely with Division
18 of Welfare and Supportive Services, the Governor's
19 Office, and some national organizations that are
20 actively engaged in conversations to help us build out
21 workflows and standard business logic.

22 And then related to the public option, the
23 Exchange is primarily responsible for section 16.5 of
24 Senate Bill 420, which requires the Executive Director
25 to apply for any necessary waivers to allow for

1 organizations that offer plans to tradespersons to offer
2 those plans on the Exchange and receive any and all
3 applicable federal subsidies. And so I have met with a
4 representative from the Nevada Health Services Coalition
5 prior to seeking formal guidance from the CMS 1332
6 waiver team. So I am currently waiting for CMS to
7 provide that guidance and will, of course, keep the
8 Board apprised.

9 Two more things and I'm done, I promise.

10 CMS grant. On September 10th, I sent an email
11 to the Board notifying all of you that we were thrilled
12 to be notified by CMS that our application for a State
13 Based Exchange Modernization Grant was successful, and
14 we are rewarded or awarded the full request of
15 \$1,046,000 some odd dollars. Of those funds, \$418,600
16 will be used to reimburse the Exchange for the
17 implementation of ARPA. So all of that work we did
18 earlier in this year to implement all of those changes,
19 we will be reimbursed for some portion of that. And
20 \$627,900 will be used to establish a new innovative
21 program to help Nevadans who have been denied or
22 terminated from Medicaid or CHIP to get coverage on the
23 Exchange.

24 So with the impending unwinding that we talked
25 about earlier of the federally declared public health

1 emergency, Nevada's Welfare Division expects to begin
2 redetermining about 30,000 Medicaid recipients each
3 month. This will result in some recipients who lose
4 coverage because they are now over income guidelines to
5 qualify for Medicaid. And so we have contracted with
6 GetInsured to begin conducting direct outreach via a
7 dedicated phone or call center team who will make phone
8 calls to these newly terminated recipients.

9 Each month, the Exchange will receive account
10 transfers of all those consumers who have been denied or
11 terminated from Medicaid because of their income. And
12 then GetInsured will hire and train dedicated CSRs to
13 call people from these transfers and connect them with a
14 certified broker or an in-person assister at one of our
15 navigator grantee partners. The CSRs will also set an
16 appointment with the consumer to get in-person
17 assistance and then to start and submit those
18 applications for enrollment.

19 Our CSRs will be responsible for monitoring the
20 consumers they have contacted, and if the consumer has
21 been connected to help, but not enrolled, the CSR will
22 follow up with the consumer again to try and help them
23 get reconnected to in-person help and then complete that
24 reenrollment, or that enrollment process.

25 Between now and the end of December, the

1 Exchange staff and GetInsured will be working with DWSS,
2 or Division of Welfare and Supportive Services, to
3 revise that data transfer protocol to make sure that
4 we're getting all of the right, the demographic
5 information that we need in order to make contact. And
6 we will be training our CSRs for this project in early
7 January. We expect to begin making calls mid January.
8 And we have really -- I'm pretty excited about this
9 opportunity because what this does is it offers us an
10 opportunity to do some data collection and reporting to
11 kind of inform the program's operation as well as
12 understanding of barriers consumers face when applying
13 or enrolling in coverage. These quantitative metrics,
14 like the number of appointments set and the number of
15 consumers contacted who then enroll, will be tracked as
16 qualitative measures that we have to report to CMS, but
17 they'll also be tracked as a type of barrier a consumer
18 faces when they are prevented from getting enrolled.

19 We hope to use this data to inform our ongoing
20 outreach and enrollment efforts with the intent of
21 helping us achieve our goal of reducing Nevada's
22 uninsured population.

23 And, finally, I want to just share, and I've
24 said this to my team a lot this week, that people often
25 assume that open enrollment is the busiest time of year

1 for the Exchange. And while it is certainly a busy
2 time, the work that happens in the months that lead up
3 to open enrollment require our most attention and
4 energy, and this year has been no exception. I am so
5 humbled and honored to work with a team and who proves
6 their resiliency and rises to each challenge with a
7 commitment to our vision and mission and who plan for
8 every scenario.

9 And it's crazy to say that this will be my
10 sixth open enrollment with Nevada Health Link. And I
11 can't tell you how this year is more important than any
12 other year. The Exchange in Nevada, along with the
13 exchanges across the country, have to demonstrate to
14 Congress how vitally important those enhanced subsidies
15 in ARPA are when it comes to providing affordable
16 comprehensive options or providing affordable
17 comprehensive options and expanded eligibility to
18 Americans.

19 Nevada Health Link has to continue to be a
20 public health resource during, again, a persistent
21 pandemic to ensure that Nevadans have the peace of mind
22 that comes with knowing that they have protections for
23 their families and their pocketbooks. And the Board of
24 Directors for the Exchange can take comfort in knowing
25 that the Exchange is well-positioned to rise to this

1 occasion and to provide Nevadans with the consistent
2 exemplary service that we've become known for.

3 Then, finally, Madam Chair, with that, I am
4 happy to take any of the Board's questions.

5 DR. JAMESON: Thank you.

6 Boy, we all could feel the passion and the
7 excitement and are very proud of what the Exchange has
8 done and under your leadership. It is really
9 remarkable. And we are so blessed, as we face crises,
10 as we did with the pandemic, that we have this Exchange.
11 And, I think, going forward with so many of these
12 changes you've just discussed, it's amazing how we're
13 going to be able to absorb, for instance, some of the
14 Medicaid patients that are going to be unenrolled and
15 they'll be shifted over and your new programming to do
16 this. It's all so exciting.

17 But I'm going to pause right here first, before
18 I say anymore, and ask our other Board members to
19 comment and/or questions.

20 DR. FRIEDMAN: just a brief --

21 MS. LEWIS: I --

22 DR. FRIEDMAN: -- comment. Oh. Someone else
23 is saying something.

24 MS. LEWIS: No, go ahead. I was about to.

25 DR. FRIEDMAN: Okay. Well, I'll be brief.

1 Just a brief comment to commend our Executive Director
2 and her amazing team and all of their successes this
3 year. And I really enjoyed the policy discussion that
4 you always have at the end of the report. Ahead of the
5 meeting, that's always what I scroll to first. And I'm
6 always so excited to see the innovative things that you
7 guys are doing to expand access. And just, to me, it is
8 exciting to see.

9 So one little tiny question I have is whether
10 the data that you're gathering from the Medicaid, if you
11 bring Medicaid, no longer Medicaid-eligible folks,
12 hopefully, into Exchange insurance, will those data be
13 made available to the Board at some point or some
14 version of both the quantitative and qualitative
15 metrics?

16 MS. KORBULIC: Yes, absolutely. If you're
17 interested in that, we're more than happy to share that.

18 And I wanted to also say that, I think, I'm
19 thinking about this program, that is initially funded
20 through or CMS grant, as a pilot program. When
21 California launched something similar, they were able to
22 basically pay for a specific and dedicated call center
23 team to continue to do that outreach work by just
24 generating more enrollment. So the enhancements to
25 their revenue that they got by making those outbound

1 calls paid for the internal program.

2 So, hopefully, we'll be able to build that out
3 in the future.

4 DR. FRIEDMAN: That's awesome to hear. I was
5 wondering if you know if there would be, sort of what
6 the cost, return on investment, I guess, on these calls
7 as being. It sounds like California's had success with
8 that. That's good to hear.

9 All right. Thank you.

10 MS. LEWIS: Madam Chair, I just wanted to --
11 this is Lavonne Lewis, for the record. I just wanted to
12 reiterate the things that you have said and the comments
13 that Mrs. Friedman has said regarding congratulations to
14 the Executive Director and her staff on the many, many
15 accomplishments that they have made over the last year
16 and a half, certainly, well, even before that, but
17 certainly during the pandemic and the way that they have
18 served the citizens of Nevada. It is really an
19 accomplishment of which they can be very, very proud.

20 Thank you.

21 DR. JAMESON: Were there any other comments or
22 questions?

23 I had, I just wondered, then, with the amazing
24 growth of 7.6 percent during the special enrollment,
25 throughout the year, then, did we end up with our total

1 number of enrollees? What did that come to, up to now?

2 Oh, am I muted?

3 MS. KORBULIC: No. I'm sorry. I had to pull
4 up that number.

5 DR. JAMESON: Oh.

6 MS. KORBULIC: Because you asked it to me
7 yesterday, and I forgot, and I wanted to make sure I get
8 it right. So at the end of August, with that increase
9 of 7.6 percent, our total number of enrollees was
10 88,114.

11 DR. JAMESON: Yay. Thank you. That's a great
12 number. That is amazing. And then I was, you know,
13 talking about -- you were talking about how we are
14 really able to help these other states, like Kentucky,
15 New Mexico and Maine. And I was just wondering if
16 they're doing the GetInsured across-the-board, or just
17 as a fiduciary responsible board member, are there other
18 programs, not that I could imagine anything better, but
19 I should ask, being dutiful, that are now competitive to
20 GetInsured on the market that these other states may be
21 doing, or are we just already with the Cadillac?

22 MS. KORBULIC: You are asking a really good
23 question. And, I think, the answer is TBD. So we know
24 for sure that Kentucky actually set up a state-based
25 exchange when they originally rolled out. And they were

1 one of the most functional and successful state-based
2 exchanges at their launch. And so what they did was
3 just turned the lights back on their old system and, you
4 know, upgraded. Kentucky is relaunching, I guess, we
5 should say.

6 Maine has gone with -- and I always have to
7 preface this kind of statement with something that is a
8 known ism in Medicaid, which is like if you've seen one
9 Medicaid agency, you've seen one Medicaid agency. And
10 the same applies to state-based exchanges, they're all
11 very different. So the Maine project, Maine is a very
12 small state. They have an integrated system that's
13 going to be doing -- they've kind of mashed their
14 Medicaid and exchange all together. And they have used
15 an open source code that is through, IdeaCrew. So
16 that's a different company. And we'll see how that
17 launches, although IdeaCrew does support the D.C.
18 exchange successfully.

19 And then New Mexico, who had their successful,
20 at least window shopping opening on October 1st, and
21 we're hoping and praying for them for their launch of
22 their full open enrollment period, has gone with a
23 company called hCentive. And so, I think, this will be
24 hCentive's very first full exchange launch. And so,
25 hopefully, that goes well for them.

1 DR. JAMESON: Excellent. So we'll be, to be
2 announced, watching closely, waiting to hear. Under the
3 open enrollment, of course, we are all so thrilled to
4 get back to our extended enrollment as it was, as the
5 Affordable Care Act, the original intent was to happen.
6 It is just so thrilling.

7 And, in addition, it was wonderful to hear
8 about the extended, the 126 plans being offered, the new
9 carriers. It is indeed so wonderful after we were,
10 years past, through such lean times, that we didn't have
11 confidence, we had very, very lean coverage in our rural
12 communities, how we were going to cover them. So with
13 this expansion, how do you feel about the rural coverage
14 now?

15 MS. KORBULIC: I would say we're feeling really
16 good. I mean, I think, everybody remembers the sort
17 of -- and probably Commissioner Richardson more
18 painfully than some of the others, but that was a very
19 intense time when it looked like we didn't have those
20 counties. And so I mean having at least two to three
21 different choices for all of our counties makes me feel
22 like a million bucks, very happy about it.

23 DR. JAMESON: I knew you'd say that. I just
24 wanted to hear it. Because it was so painful, and it is
25 so beautiful now.

1 So I wanted to note here, you mentioned the
2 average rate increase on the Exchange of 4.2. However,
3 we always like to make it very clear to our consumers
4 that the subsidies increase with rates, and that is
5 always something we had a hard time getting across, and
6 are expected to see little or no increase in their
7 premium.

8 So what I'm wondering is, we often will note
9 somewhere through the years how our increase internally
10 compares with the private industry. What, does anybody
11 know what's going on there with the increased premiums?

12 MS. KORBULIC: Commissioner Richardson, I don't
13 know if you have anything to offer on that, but I
14 certainly can follow up with the Board if needed.

15 COMMISSIONER RICHARDSON: And, no, we don't
16 have anything. And the reason we don't is the bulk of
17 the costs are actually for self-insured accounts. So I
18 mean you can look at PEBP; that'll tell you I mean what
19 the average is and the general curve on these types of
20 accounts. But PEBP's also a Cadillac-type plan, so it's
21 a little bit harder to make those kind of comparisons.

22 I would point out, though, that the percentage
23 increase was not, even though it was a little over
24 4 percent, it was not even. We had some carriers who
25 significantly increased and some who actually went

1 from -- had a huge decrease.

2 So I mean that's really how it fell out. So,
3 yeah, it's not, it's not --

4 DR. JAMESON: Wow.

5 COMMISSIONER RICHARDSON: I mean it just so
6 happens that the average is that, you know, 4 percent.
7 So.

8 DR. JAMESON: Well, that is great, and that's
9 great to hear. Because you never would have thought
10 that. If you hadn't told us, if we would have, I mean
11 if we had a multiple choice, did anyone ever have a
12 decrease, we would never have said that. That's
13 amazing. Thank you, Commissioner.

14 So looking at program vendor updates, I'm just
15 going to make the comment that I'm super impressed with
16 your training. And it has really matured through the
17 years, and that the training you're offering is just
18 amazing.

19 I wanted to skip over to just only make
20 comments on page three, where you go into your broker
21 administrative portal, agency portal, broker portal,
22 administrative staff, administrative staff portal, and
23 you yourself made an exchange on how happy you are, made
24 a comment on this on how happy you are with these. I
25 just want to say, meeting after meeting through the

1 years, the brokers have wanted portals like this. And I
2 just want to congratulate you that you have made their
3 dream come true. And that is so beyond, so much more
4 robust than, I think, they ever expected. And I would
5 be happy to hear any broker make a comment. We're going
6 to probably have to see the comment after we put
7 everything to the test this year.

8 MS. KORBULIC: Yeah, I got a really wonderful
9 unsolicited voicemail a couple of Fridays ago from
10 somebody, one of our broker grantees, who just said this
11 is like the best thing since sliced bread, really
12 appreciate it. And, you know, there are some really
13 great feedback that we've gotten from, you know, other
14 brokers who have pointed out small flaws that have been
15 quickly addressed. But I mean that's normal in any kind
16 of deployment.

17 DR. JAMESON: So, yeah, you seem to be hitting
18 all these issues. You know, you're coming up against
19 the -- it's unbelievable how you have your new system
20 set up for your internal resolving of all these
21 unclaimed tickets. I am, again, only want to say, wow,
22 wow, and wow. And especially since we're going to look
23 at even a best year of enrollment ever, I agree with you
24 that being able to resolve these unclaimed tickets more
25 efficiently as we get busier and busier, and that you

1 have this process in place and streamlined. Kudos,
2 bravo, fantastic.

3 Okay. Next, a welcome to our new Program
4 Officer, Kayla.

5 And going down to the meeting plan for the
6 marketing plan for the year, I'm just looking forward to
7 hearing from it. And you made this sound so exciting,
8 I can I hardly wait to hear from Janel Davis.

9 And then, when you were talking about the
10 lengthening of open enrollment, we made a comment
11 earlier, and the implementation of the new monthly
12 special enrollment period, you know, this, all of this
13 is just so exciting. And, you know, when they cut all
14 this back in the past, they had cut several other
15 things. Virtually, has Biden been able to take each and
16 everything? So, for instance, because we just talked
17 about Janel Davis, we talked about advertising, has the
18 advertising budget been reconstituted; are we back to
19 the 90 percent or so we lost, that 90 percent we lost?

20 MS. KORBULIC: So, Madam Chair, we never lost
21 any of our marketing at the Exchange. Healthcare.gov
22 and the previous Administration had kind of chipped away
23 at how much they had invested and cut it by, as you
24 mentioned, 90 percent. And I would say, based on what
25 I've seen from HealthCare.gov, over the ARPA enrollment

1 period and what's been shared with us what their plans
2 are for marketing, it's all back. They're very invested
3 in ensuring that people get the word.

4 DR. JAMESON: Well, this is so wonderful.
5 Thank you.

6 And then, you know, there was some -- the
7 redetermination may cause these patients to fall out.
8 So it's a perfect opportunity for us to ask. What is
9 our current Medicaid enrollment? And when we talked
10 about -- so this is a multipart question. I'll just
11 sort of ask some of them all together. When we talk
12 about that there will be some that will not qualify, and
13 they're working on this new program I'm not going to go
14 into, to quickly assimilate them into ours, which I'm so
15 excited about, but, so what is it, our current Medicaid
16 enrollment, what was it, if you even know, prior to the
17 crises, to our pandemic, where, what kind of percent do
18 they expect to fall off, 10 percent, 20 percent,
19 30 percent, and is that equal to a hundred thousand
20 patients, and when you say 30,000 per month -- was that
21 what you had said per month -- how many months did you
22 expect that to go?

23 So I was just kind of curious if you could give
24 me any kind of real numbers, I mean approximate.

25 MS. KORBULIC: Yeah. And because this is not

1 my wheelhouse, I don't want to speak out of turn. And
2 if Suzanne's not -- okay. Good. I don't know if you
3 can speak to that, Suzanne, with your most recent
4 numbers?

5 MS. BIERMAN: I can. So I just pulled it up.
6 I just want to make sure I'm giving you accurate
7 information. So, for Medicaid only, you know, we have
8 our CHIP program from this number. But as of
9 September 21, we were up to 845,000. As a point of
10 comparison, the year before we were at 744,000. So
11 about a hundred thousand percent increase over the
12 course of the last year, 31 percent increase since the
13 public emergency began, in our total enrollment.

14 So let me see if I can quickly put together
15 Medicaid and CHIP for you.

16 DR. JAMESON: But those are nice numbers to
17 kind of be able to get a big picture with.

18 MS. BIERMAN: Yes, definitely seeing huge
19 increases in our enrollment over the public health
20 emergency and, you know, the kind of ballpark number's
21 about a hundred thousand individual additional Nevadans
22 on Medicaid now as compared to a year ago.

23 DR. JAMESON: This is so -- so, yeah, perhaps
24 as much as 30,000. And so it's nice to know that even
25 when our regular -- since they won't be affected, really

1 by the time our regular close occurs January 15th, that
2 they'll all be eligible for special event enrollment,
3 event enrollment. So that's really great.

4 And then I was so happy, because going forward,
5 then, we will now have a better program in place just
6 for the routine of collaborating with the Medicare
7 people coming into our program, better than we've had in
8 place so far. Is that correct, then?

9 MS. KORBULIC: So, Madam Chair, I just want to
10 make one small qualification.

11 And thank you, Suzanne, for that information.

12 So not everyone who loses their, or who gets
13 redetermined and is subsequently termed from Medicaid is
14 going to be Exchange-eligible. Some of them will lose
15 because they just didn't participate in that process.
16 Others will be eligible for Medicaid, or for the
17 Exchange, and that's a much smaller percentage.

18 And I'll tell you that, I mean I know Suzanne
19 and the team at the Division of Welfare and Supportive
20 Services have been really trying to identify what that
21 universe looks like and what we expect that universe to
22 look like. So be happy to keep the Board up-to-date on
23 that.

24 But, I think, in terms of you asking about what
25 systems might be available to help manage that churn,

1 that program of our call center representatives, they'll
2 be dedicated to making that outreach. And then, just so
3 you know and the Board knows, when Welfare sends us an
4 account transfer, they give us all of the information
5 that they collected on that individual, and we
6 automatically populate an application for that person.
7 So they really don't have to do a whole bunch of
8 reapplying. They just have to simply log in, establish
9 their credentials, and then pick a plan.

10 DR. JAMESON: So currently it's been running
11 pretty good, but you're going to have even a more
12 efficient program, then?

13 MS. KORBULIC: I would hope so, yes.

14 DR. JAMESON: Well, this is -- and going
15 forward, it's just beautiful to catch this particular,
16 although not all of them would be eligible for us, but
17 it's just automatic coverage again, sort of like
18 automatic reenrollment type of stuff, it's a beautiful
19 thing. Thank you.

20 That's all I had. Awesome. You guys, team
21 awesome, really an amazing job you're doing. And I just
22 would concur with our amazing Director, Executive
23 Director that I expect this is going to be our very best
24 year.

25 So now that we've praised you, you know what we

1 always like to ask. Do you anticipate any problems? Do
2 you have any issues, concerns?

3 MS. KORBULIC: So, yes, I would say that it
4 would be foolish not to plan for the worst and expect
5 the best. So, you know, I think, we've got a strategic
6 plan around every single thing that could go wrong.
7 And, you know, while we don't anticipate that that will
8 happen, and we've tested things successfully in a
9 testing environment, things always go a limit wonky
10 sometimes. And so we are prepared to respond to that if
11 we have to. And I certainly hope that they go well, but
12 we're ready if they don't.

13 DR. JAMESON: Well, that is, yes, that's true,
14 but I'm glad to know there's not a specific concern at
15 this point. That's wonderful. So thank you for that
16 excellent report.

17 And now for some very exciting marketing and
18 outreach update. Can't wait to see the pictures Heather
19 was talking about.

20 MS. JANEL DAVIS: You are going to see them,
21 Madam Chair. Janel Davis, Communications Director for
22 the Exchange, for the record. And I'm just going to
23 jump right in here so I don't take up too much of
24 everybody's time.

25 Thank you, Connie, for getting the presentation

1 up so everyone can see it.

2 Over the past several months, we've been, our
3 communications team and marketing partner, The Abbi
4 Agency, have been hard at work in developing and
5 strategizing a new open enrollment creative campaign for
6 this plan year.

7 So, as Heather stated, Nevadans can explore a
8 plethora of options through seven insurance carriers.
9 And the approach is to message consumers from
10 October 1st through the 31st through the window-shopping
11 timeframe in preparation for open enrollment, which is
12 November 1st through January 15th of 2022.

13 So starting on November 1st, the creative
14 campaign and messaging will switch to the larger
15 campaign that we're calling Price Compete. This
16 campaign evokes feelings of pride, motivates Nevadans to
17 invest in themselves and their families, and clearly
18 states the value of being covered and how to enroll in
19 coverage.

20 And so, quickly now, I'm going to turn it over
21 to Connie Anderson. She is our account executive at
22 The Abbi Agency, and she's going to review some of the
23 success and overall numbers of the American Rescue Plan
24 campaign that we did that ended this last August.

25 MS. ANDERSON: Yes. So thank you very much,

1 Janel.

2 I gave you a little preview there of the
3 creative. I wanted to touch on a few successes you saw
4 in January. The creative campaign was very much focused
5 on price and that, you know, that could make
6 record-breaking prices with the premiums as well as zero
7 dollars. We were very happy to help increase enrollment
8 throughout the summer.

9 Here are some of those quantitative benchmarks
10 that we always look for when we go through any campaign.
11 We look at public relations placements as well as reach
12 and then paid media placements, clicks to the landing
13 page. So you'll see here that we had 68 total media
14 placements, very much focused on the enrollment period
15 and how to enroll.

16 Paid media, we focus very much on digital
17 because we can be nimble. We continue to add new
18 creative executions throughout summer, including some
19 tutorial videos in both English and Spanish. All
20 together, those drove almost 4 million impressions on
21 that, which was great.

22 And then we also implemented some new
23 Spanish-specific YouTube advertising. So we're able to
24 do videos just in Spanish geared towards our
25 Spanish-speaking audience, which drove almost 2,500

1 clicks to the website.

2 You'll notice here as well that we did a
3 landing page in both English and Spanish, so that the
4 content was created and curated for the language and
5 culture of both of those audiences. So some of those
6 results are here.

7 And then, additionally, throughout summer we
8 did some research that helped to bring us to the
9 campaign concepts today. And Janel will talk on those
10 or discuss those a bit more.

11 MS. JANEL DAVIS: Thanks, Connie.

12 All right. So I'm going to talk a little bit
13 about our prep rally we are planning for. That is
14 coming up next week. So this is the invite that we sent
15 to a bunch of our brokers and navigators and community
16 partners throughout the state. So it is next Tuesday,
17 the 19th, from 10:00 to 11:00, and then Wednesday,
18 October 20th, from 1:00 to 2:00. So we've provided a
19 couple options for people to attend.

20 I just want to say that, I think, this is the
21 biggest attendance that we have for this virtual
22 presentation to kind of gear up for open enrollment. We
23 have in the south 129 attendees. I'm sorry. For
24 Tuesday. And then on Wednesday, we had 99 attendees,
25 that have already RSVP'd. So it will be a really good

1 presentation, and it's mostly a Heather show, just kind
2 of giving a warm welcome to everybody and soliciting
3 their assistance and getting the word out about open
4 enrollment.

5 All right. So I just wanted to talk a little
6 bit about here the target audiences. That's all listed
7 here, and it's not limited to this audience. Our launch
8 timeline, as I already stated, we are in the
9 window-shopping period right now. And then open
10 enrollment will launch November 1st. And we will be
11 doing a full-fledged traditional campaign in addition to
12 digital marketing and search engine marketing. So I'll
13 talk a little bit more about the -- further in the deck,
14 I'll review all of the creative concepts that we
15 developed from our research.

16 All right. Oh, and here we are at research.
17 So. Prior to choosing the creative concepts and open
18 enrollment campaign, the research team, with the
19 contractor through The Abbi Agency, called Marketing for
20 Change, conducting an online focus group with 20
21 uninsured Nevadans. It's interesting to point out that
22 four of those were English-speaking groups, and then two
23 were Spanish-speaking groups.

24 The goal was to assess the consumer response to
25 potential marketing concepts for OEP. The collected

1 data exhibited an emotional response to the creative
2 concepts for open enrollment period, general discussion
3 and reaction to those concepts, as well as we tested
4 which concept was remembered most clearly at the end of
5 the discussion.

6 So some of our key findings were concepts that
7 highlighted low pricing were received positively and
8 remembered the most clearly. Concepts that highlighted
9 being for family and protecting loved ones engender
10 positive emotional responses. The Latinx and Hispanic
11 participants were particularly responsive to concepts
12 with explicitly in Latin hues and characters. Younger
13 participants, and that's like the 26-to-30-year-old
14 range, responded more positively to concepts that linked
15 health insurance to life milestones, such as graduation
16 from college or getting their first job.

17 In addition to testing consumer responses and
18 after the completion of the online focus groups,
19 marketing pertained to survey the Exchange's certified
20 agent broker and navigator population as well. There
21 was a total of 651 participants. And the goal was to
22 gain insights from brokers and navigators regarding
23 customer needs and potential advertising language during
24 open enrollment. The total number of responses was 63.
25 I know that sounds low, but it's actually higher than

1 average response rates from this audience.

2 Those findings, some key findings there were
3 primary concerns when purchasing health insurance are
4 financial, coverage concerns, extensiveness of network
5 and inclusion of specific doctors in network.

6 And then common misconceptions customers have
7 about the Nevada Health Exchange according to the
8 brokers and navigators, were consumers believe that
9 Nevada Health Link is an insurance company. And it
10 could conflate with other governmental social welfare
11 programs or believed coverage through Nevada Health Link
12 is free.

13 All right. And then, I think, the next slide,
14 yeah, we talk a little bit about the window-shopping
15 period. And so these are just some examples of the
16 advertisements that are currently in the market during
17 the window-shopping period prior to open enrollment
18 starting November 1st. I think, something that's
19 good to point out here that we haven't done in past
20 years is that we included all of the carrier logos. So
21 I'm really excited to include all of that in our print
22 media as well as digital media.

23 All right. So I'm just going to talk a little
24 bit about open enrollment and the current photography.
25 Here is the big moment. So as Heather stated, this week

1 we are currently in video production. And these were
2 some of the pictures and stills that we're going to be
3 using in the campaign that were taken yesterday and the
4 day before. And so I just wanted to talk a little bit
5 about the story boards and how this kind of came to
6 light and what our creative concepts are.

7 So you can see here, the Tradition Campaign.
8 And this is a concept that depicts a Hispanic/Latino
9 family engaging in several family traditions, the last
10 of which is having health insurance and healthcare.

11 The second one is Being There. And this
12 concept takes the viewer through a journey with a father
13 and son as they grow up together. The son has an
14 accident at soccer practice, but the father is there to
15 care for the son by making sure he's covered with health
16 insurance.

17 We then have three more called Healing Me,
18 Gender Reveal, Super Saver, that Heather talked a little
19 bit about, and Weight Lifted, all kind of talking about
20 the affordability of plans through Nevada Health Link.

21 All right. And, I think, now I'll talk a
22 little bit about media strategy and try to zoom through
23 that.

24 The Exchange and The Abbi Agency are committed
25 to reaching Nevadans from all backgrounds and

1 communities. More diverse than ever, Nevada has robust
2 Asian American, Pacific Islander, African American,
3 Native American, and Latinx communities. The 2021 open
4 enrollment media plan integrates highly effective
5 tactics to reach these historically underserved
6 communities, as well as the remaining communities
7 throughout the state of Nevada.

8 Overall, The Abbi Agency has allocated the
9 spend broadly across a diverse range of media channels
10 to ensure we reach Nevadans on all platforms that they
11 frequent. The spend for this paid media plan is going
12 to be higher since more spend is focused on traditional
13 paid media tactics, like billboards, radio and
14 television, versus digital channels, paid social media
15 ads, display banners, et cetera. The largest channel in
16 reach is TV and Connected TV, that's via streaming,
17 followed by Google and search engine optimization
18 display and YouTube, billboards, radio, print, social
19 media, and streaming audio like Pandora and Spotify.

20 Many of the campaign's traditional channels
21 will build awareness through exposure to Nevada Health
22 Link and the open enrollment period. Our blended
23 traditional placements and digital placements, from
24 partners like Las Vegas Review Journal and Reno
25 Gazette-Journal will begin to move individuals from

1 awareness to consideration of actually enrolling.

2 As users land on Nevada Health Link's website,
3 the Abbi Agency will be able to retarget them in the
4 future via digital paid media tactics. More detailed
5 messaging will be used, like "started shopping plans,"
6 "complete your application today," to help drive
7 consumers through the enrollment process.

8 So each of these digital platforms will have
9 retargeting aspects and creatives, ensuring that
10 individuals who have shown interest in Nevada Health
11 Link enrollment are nudged again to complete the
12 enrollment process.

13 Let's see. A little bit of media tactics. I'm
14 just looking at my notes here. Included in the media
15 plan is search engine marketing. I just wanted to touch
16 a little bit on that. It's a form of internet marketing
17 that involves the promotion of websites by increasing
18 their visibility in search engine results. Google is
19 obviously an expansive network and is the second largest
20 media channel. The Abbi Agency has contracted with
21 Google and it will run search engine as well as their
22 extended reach network.

23 All right. Let's move on to the next slide.
24 All right. So public relations. Perfect. So The Abbi
25 Agency is aligned with Nevada Health Link's goal of

1 getting more Nevadans enrolled in health insurance.
2 We're using the opening enrollment period to garner
3 attention through earned media placements.

4 So ahead of open enrollment on November 1st,
5 public relations efforts will focus on securing stories
6 in statewide media outlets and share how Nevadans can
7 prepare for the enrollment period, including
8 eligibility, how to sign up and where to get help
9 throughout the process. Such efforts will emphasize key
10 messaging that reiterate that all Nevadans can find a
11 plan within their budget and health needs, no matter of
12 income, class or job status.

13 Public relations efforts will also focus on
14 reaching Nevada's AAPI, African American, Native
15 American, and Latinx communities by targeting media
16 outlets that specifically aim to reach these
17 demographics.

18 And so on November 1st, I just want to mention,
19 too, we are hosting a prep conference that will feature
20 Governor Sisolak, Heather Korbolic and other
21 distinguished guests to talk about the importance of
22 health insurance and get the word out about open
23 enrollment. That will be a virtual press conference as
24 well.

25 All right. Let's talk a little bit about

1 community engagement. We have ramped up. We're in the
2 community again in person. These are some pictures of
3 recent events that our navigators have been in
4 attendance.

5 As a continued community engagement strategy
6 throughout window-shopping and open enrollment, the
7 Exchange has established new relationships with
8 organizations such as the Latino Bar Association, the
9 African Chamber of Commerce. Navigators remain to be
10 the primary event staff representing Nevada Health Link.
11 And we've participated in 17 events thus far.
12 October is a very busy month for the Exchange gearing up
13 for open enrollment, and so we've listed some of our
14 events as well as some of our sponsorships. And we
15 continue to be involved in those statewide.

16 All right. So last is changes with our
17 website. You've probably noticed that we have a new
18 home page. The Abbi Agency and the Exchange have
19 proposed a customer journey-focused strategy where
20 content blocks are synced up with the stages of that
21 journey, allowing insurance seekers to gain awareness,
22 be educated, and feel comfortable in enrolling through
23 Nevada Health Link. The strategy would allow enrollees
24 to get the most out of their coverage and become loyal
25 ambassadors for Nevada Health Link.

1 We conducted many general updates for the open
2 enrollment period on the website, which is our main call
3 to action. And this was designed to improve both the
4 English and Spanish-speaking consumers' journey on the
5 consumer-facing website NevadaHealthLink.com. And here
6 are some of the different updates that we did, which is
7 a user interface-style kit, we're updating the main
8 navigation pages, we're resolving broken website links,
9 just basically just streamlining the entire consumer
10 experience once they're on the website.

11 All right. So content strategy. Social media
12 and messaging. As open enrollment approaches, we
13 integrate the content strategy into the messaging
14 campaign. Nevada Health Link has an opportunity to
15 develop content that answers questions and engages
16 readers at all points of the insurance enrollment
17 journey. This is backed by keyword and search intent
18 research. Open enrollment strategy can be a key
19 component, if you've seen Nevada Health Link's organic
20 search ranking and overall domain authority, while
21 answering health consumers' questions quickly and
22 effectively.

23 There are challenges that come with every open
24 enrollment period. Nevada Health Link audience is busy
25 with day-to-day tasks, and they're looking for a simple,

1 easy and efficient way to make the best decision
2 regarding their plan.

3 Nevada Health Link audience is broad, including
4 residents with limited time and ability to digest
5 complex insurance information, as well as those that
6 English is a second language. Search results that
7 detail insurance enrollment in the simple and most
8 direct terms both benefit the audience directly and are
9 rewarded by search engine algorithms.

10 And, I think, oh, so this, this slide is just a
11 little bit about our email marketing. I think, email
12 marketing continues to be an important form of
13 communication to all of our consumers and our
14 stakeholders. And so we just kind of outlined the
15 audiences and our goals and then the cadence and content
16 of reaching different audiences via email. So lots of
17 planning there.

18 And, I think, I'm turning it back over to
19 Connie to talk a little bit about social media. And
20 then we'll take questions.

21 MS. ANDERSON: Yes. Thank you, Janel. Great
22 job.

23 One thing we just wanted to note here, that as
24 Heather and the team has mentioned, there's a lot of
25 active development, planning and production that goes

1 into both special enrollment periods as well as open
2 enrollment periods. However, our team finds it's also
3 very important to keep that keyed into our communication
4 very lively, even when we're not in an enrollment
5 period. We want to create a robust audience online that
6 looks to us and Nevada Health Link as a resource,
7 because that means that they'll be engaged and more
8 likely to listen to our message when there's an
9 enrollment period. And then, also, the more engagement
10 we have, the less advertising we have to do. We can use
11 those resources to help reach new audiences, in addition
12 to those who are engaged.

13 So in your packets you'll find that there is
14 quite a bit of data here about some of that reach over
15 the past few months. Of course, all of our digital
16 tactics, I won't talk about that too much, but I did
17 want to share that we have taken on developing a TikTok
18 for Nevada Health Link, which is a really, really
19 exciting process that Janel and the team has been
20 working with us on over the past couple of months.
21 TikTok has 1 billion users worldwide, which is a huge
22 amount of users, obviously. And the great part about
23 TikTok is that it does help reach a lot of people, but
24 the content that's created helps us think in a way about
25 how do we make this digestible and in a minute or less,

1 and how do we create series of content, again, that can
2 be a minute or less to engage our audiences.

3 So you can find this on TikTok. Or you can see
4 these videos being posted throughout the Instagram page
5 for Nevada Health Link, because there's a lot of
6 crossover there. And so we've recently completed quite
7 a few. We've done some that are very focused on health
8 insurance. And you'll see Janel is featured here on the
9 Top Myths About Health Insurance video.

10 And then we've also done some videos that kind
11 of highlight why Nevada is a great place to live. We've
12 done some great videos on health eating habits,
13 different things like that, that help support both pride
14 for the state as well as specific information about
15 health insurance.

16 So in our next report we'll be able to talk
17 about some of the actual data and results of this. But
18 very excited to see these going live this month and next
19 month.

20 And then you'll notice here that over since
21 we've been working with the Nevada Health Link, we've
22 seen a positive increase in impressions, engagements,
23 postlink clicks, and then audience growth overall.
24 Again, this is great. The more engagement we have as an
25 audience, the more Instagram, Facebook will serve our

1 content to individuals that follow us. So very excited
2 to share this data.

3 And then here's just some specific posts that
4 went very well. I don't think this'll be a surprise to
5 anyone, but video assets. And I mentioned earlier the
6 tutorial the years we did. And those always are the
7 highest engaged. That's another reason we decided to
8 invest in developing TikTok content, because the video
9 assets are most engaged just across all of the
10 platforms.

11 Here's some great Twitter posts and then,
12 again, Instagram posts that were very well-engaged with.
13 And then LinkedIn posts.

14 And then Janel talks about the website audit
15 here. But overall we are excited that these
16 implementations are going in ahead of open enrollment,
17 because, as she mentioned, they'll help to simplify the
18 user journey, and our goal is to be able to get people
19 into their accounts, looking at prices, looking at plans
20 more quickly.

21 And, I think, that wraps us up.

22 DR. JAMESON: Wow. Thank you, Connie and
23 Janel. That was, was quite exciting and is quite
24 exciting, and continues to probably be very exciting
25 with all this innovative technology, and now you're

1 going to go to TikTok. I mean, wow.

2 I just want to say that our collaborating
3 partners, and you heard me say this so many times, are
4 what it's all about. If we didn't have this network of
5 amazing partners. And I just love the fact that you
6 guys are including our carriers' logos. I just think
7 that's like fantastic. And I just wanted to say the ads
8 look really beautiful. I'll look forward to seeing
9 them. And that I love your focus on helping people
10 complete the enrollment process. That's what it's all
11 about. Otherwise, the rest doesn't matter. Because
12 they got to get there and have that done smoothly and
13 efficiently.

14 And then, I think, I just wondered, on the
15 TikTok, Instagram and all that, do you actually have to
16 prepare, can you use the same short videos on each, or
17 do you have to do something different on TikTok than
18 Instagram? Because I don't know much about that.

19 MS. ANDERSON: We do use quite a bit of similar
20 content. We use some of the photos that we showed for
21 doing the actual advertisements on those. And then some
22 of them we will shoot separately. We've done them a
23 little bit grassroots. And Janel came up to our office
24 in Reno for a day, and we put her in different outfits
25 on different backgrounds and shot many of these in one

1 day.

2 So we do try and gather as much content as we
3 can to avoid having too much production costs. And then
4 actually, technically, they're not too much different.
5 The sizing is still the same for Instagram or TikTok.
6 So once we're able to create them, we just load them
7 with different hashtags in each platform. But,
8 technically, they're not too much different on sizing.

9 DR. JAMESON: Well, very, very exciting. I'd
10 like the opportunity for any of our other Board members
11 to comment on our report.

12 MS. LEWIS: This is Lavonne Lewis, for the
13 record. And, I think, the report is indeed impressive.
14 It appears that, you know, you're certainly doing some
15 creative and innovative things in terms of marketing.

16 I just could not see the pictures very well
17 that are in the printed copy of the report. So I just,
18 I hope that we have a significant number of obvious
19 minorities included in the photographs. So I just want
20 to encourage you to be sure that that is, so that
21 they're marketing, so that people will see folks who
22 look like themselves as they look at our marketing
23 pieces.

24 Thank you.

25 DR. JAMESON: Thank you for that.

1 MS. KORBULIC: And we certainly prioritize
2 that. And when you see our full campaign, you will see
3 that that does represent the diversity of Nevada.

4 DR. JAMESON: And Jose has the hand up. Thank
5 you.

6 MR. MELENDREZ: I just want to say that --
7 thank you. Jose Melendrez, for the record. I just want
8 to say I one hundred percent agree with the wider use of
9 TikTok and all the other social media venues, because
10 that seems to be where everything's at. So I look
11 forward to seeing that. And I know I spend way too much
12 time looking at those little 30-second video things, and
13 like the next thing I know, I've spent an hour there and
14 I'm like, oh, my gosh, what happened?

15 So make them fun, make them fun like the
16 commercials, I think, and it'll be a big payoff for us.

17 MS. KORBULIC: You and everyone else, yes.

18 DR. JAMESON: Thank you.

19 MS. LEWIS: And if I ever get them.

20 MS. KORBULIC: We'll make sure you get to, yes.

21 DR. JAMESON: Thank you so much.

22 Well, if there are no more comments on our
23 marketing and outreach update -- and, again, great
24 job -- I'd like to move on to the discussion and
25 possible actions regarding times and the dates, times

1 and agenda items for future meetings.

2 I think, one was already brought up, and
3 getting feedback on that, if we can list that. I think,
4 you've already noted it, Heather.

5 MS. KORBULIC: Yes, Madam Chair, I have noted
6 the request to have an update on the grand figures on
7 our outreach around the public health emergency and
8 provide that data to the Board at the next meeting,
9 which is scheduled for February 24th at 12:30.

10 And the other items that will need to be on
11 that agenda are approval of our Semi-Annual Fiscal and
12 Operational Report. And then we will need to set our
13 carrier premium fees for plan year 23 at that meeting.

14 So we will be probably another 90 minutes or
15 so. So, I think, we have a lot to cover. And I'll be
16 happy to see all that.

17 DR. JAMESON: Another 90 minutes of
18 action-packed. Almost as exciting as TikTok, right,
19 Jose?

20 MR. MELENDREZ: Yes.

21 DR. JAMESON: So I would like to ask now at
22 this point if we have any public comment. Oh, Jose has
23 something.

24 MR. MELENDREZ: Sorry. I did have my hand up.
25 Heather and the incredible team, can we -- I had

1 something come up this semester. I'm working with,
2 we're working with the UNLV legal clinic. And they had
3 an incident with some undocumented students who are
4 utilizing the clinic's services. And I'm just wondering
5 if there's anything we can do or if where we connect
6 with state-based groups in regards to like services and
7 emergency type of things that we can, you know, at least
8 be, if we can't provide something, at least that we
9 could be a resource for undocumented communities,
10 undocumented families, things like that. Because I know
11 I gave them, they were able to find some information on
12 those. I know Rosa was able to give them some insights.
13 But, I think, if we have more of a presence in that
14 area.

15 MS. KORBULIC: M-hm (affirmative).

16 MR. MELENDREZ: Because, I think, that's
17 something that's going to be addressed during this
18 Administration, God willing. And so, I think, we just
19 need to be ready with whatever we can on this side of
20 the house with supporting or, you know, or providing
21 resources to undocumented folks.

22 So I just wanted to put that out there. And,
23 like I said, I know we do some things, but.

24 MS. KORBULIC: Right.

25 MR. MELENDREZ: Just, you know, we can really

1 have a presence there. We're a leader. This group is
2 such as a leader in so many other areas, that I just
3 want to be able to say, yeah, we've got something there
4 for people. So.

5 MS. KORBULIC: Yeah, absolutely. So I'll make
6 sure that we can, so that I can get the right people in
7 touch with folks at the legal center. But just also for
8 the Board's information, have been coordinating with the
9 Office of New Americans, and specifically more recently
10 to help with Afghan refugees and connecting them to
11 whatever they might be eligible for in this state.

12 But happy to make sure that we can expand our
13 presence in that space, and we'll do so.

14 MR. MELENDREZ: Thank you, Heather.

15 MS. KORBULIC: Yes.

16 DR. JAMESON: Thank you, Jose. Thank you,
17 Heather. And then Tom Clark has something.

18 MS. KORBULIC: Oh, and just so you know, Madam
19 Chair, we have to move to the public comment item before
20 we can call on any of the other attendees who have all
21 been put into the queue.

22 DR. JAMESON: Oh, good.

23 MS. KORBULIC: So if anybody has something to
24 say, they can raise their hand like Mr. Clark.

25 DR. JAMESON: So we're ready, then, to move to

1 the public comment.

2 MS. KORBULIC: Yes.

3 DR. JAMESON: Okay.

4 MS. CLARK: Is that me?

5 MS. KORBULIC: That is you, Mr. Clark.

6 MR. TOM CLARK: Good afternoon. My name is Tom
7 Clark, and I represent the Nevada Association of Health
8 Plans. We're the statewide trade that represents
9 carriers who provide health benefits and medical
10 coverage to folks here in our state.

11 Our association makes up 41 percent of Nevada's
12 total insured population. And together we work to
13 provide solutions for a sustainable healthcare system
14 that meets the needs of our consumers. The member plans
15 who provide coverage through the Exchange want to really
16 thank the Silver State Exchange team for their
17 dedication and hard work to make our state-based
18 Exchange such a big success.

19 The Exchange coordinates and collaborates with
20 each of the carriers and has been responsive, very
21 responsive to our questions. And we believe that this
22 collaboration has been one of the keys to the success of
23 the Exchange here in our state. Most recently, under
24 the American Rescue Plan, the state exchanges had the
25 opportunity to take additional advantage of an open

1 enrollment period from the end of April through August.
2 The Health Link took quick action, partnering with
3 carriers to implement the special enrollment period,
4 which resulted in 17,000 plus Nevadans signing up for
5 plans and benefitted from increased subsidies.

6 Our goals are similar, to ensure Nevadans have
7 access to enroll in our affordable and comprehensive
8 health insurance plans. Currently, the Health Link is
9 actively partnering with the carriers to make sure
10 everyone is collaborating on ideas and kickoff events
11 leading up to November to January open enrollment.

12 We can't thank you enough, this team, for your
13 dedication to the health of all Nevadans. Thank you.

14 DR. JAMESON: Tom, or Mr. Clark, thank you so
15 much for those comments. We don't, I don't think our
16 team ever gets enough appreciation for their hard work
17 and their amazing accomplishments. Thank you.

18 MR. TOM CLARK: Thank you. And I can just tell
19 you every time I see a commercial, I know that the back
20 end of this team is working so hard to keep Nevadans
21 insured, is just working really hard. And we, from a
22 carrier perspective, we can't thank you enough.

23 DR. JAMESON: Thank you.

24 Were there any other public comments?

25 MS. KORBULIC: If you want to make a public

1 comment, you can raise your hand. And, otherwise, we'll
2 give it one more second.

3 MS. CHARLESON: Also, all the lines are open,
4 if anybody wants to speak.

5 MS. KORBULIC: Thank you.

6 I don't hear any. And it doesn't look like
7 there's anybody in our conference room in Carson City.
8 So.

9 DR. JAMESON: So I would like to thank
10 everybody, of course, our wonderful Exchange, for all
11 the work you're doing. And thank you for this wonderful
12 meeting and update. And I just wish you all happy
13 holidays. And I'm excited and looking forward to the
14 best enrollment period ever.

15 God bless you all, and thank you.

16 MS. LEWIS: Thank you. Thank you so much,
17 all of you. Meeting is adjourned.

18 DR. JAMESON: Thank you.

19 -oOo-

20

21

22

23

24

25