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SILVER STATE HEALTH INSURANCE EXCHANGE  
BOARD MEETING  
THURSDAY, FEBRUARY 24, 2022

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T. DAVIS: Good afternoon, everyone. Tiffany Davis, for the record, from the Silver State Health Insurance Exchange. It looks like Madam Chair Jameson is still trying to connect with her audio. So, we'll be starting shortly.

DR. JAMESON: Greetings. Can you hear me now? Great. Welcome. Janel, I think you're gonna sor -- be guiding us through, or would it be Tiffany?

T. DAVIS: That'll be me, Dr. Jameson.

DR. JAMESON: Okey dokey. Good morning, everybody, or good afternoon. And it is gorgeous here in Las Vegas. And, I think we have got a quorum, it looks like. Correct?

T. DAVIS: That is correct, Madam Chair.

DR. JAMESON: So why don't we go ahead, and Tiffany, if you would do the roll call?

T. DAVIS: I'd be happy to. Dr. Florence Jameson?

DR. JAMESON: Present. Thank you.

T. DAVIS: Ms. Valerie Clark?

CLARK: Present.

T. DAVIS: Ms. Lavonne Lewis? I see her. Uh, Ms. Lavonne

1 Lewis?

2 LEWIS: Uh, present. Sorry.

3 T. DAVIS: Thank you so much. Dr. Sarah Friedman?

4 DR. FRIEDMAN: Present

5 T. DAVIS: Um, Mr. Jonathan Johnson?

6 JOHNSON: Here.

7 T. DAVIS: Mr. Jose Melendrez?

8 MELENDREZ: Present.

9 T. DAVIS: Quincy Branch, he did let me know that he was going  
10 to be out of town on business, unless he was able to join us. So, I'll mark  
11 him as absent. Suzanne Bierman? not hearing from her. Commissioner  
12 Richardson? She (inaudible). Okay. And Kellie Anderson? I do see Kelly,  
13 but she might not be around, so. I'll mark her as present. And so, Madam  
14 Chair, we do have a quorum.

15 DR. JAMESON: Thank you so much, Tiffany. This is Florence  
16 Jameson. And I do see one familiar name of, actually multiple, but one  
17 that is usually there for our public comment. So, let's start with the public  
18 comment. Tiffany, will you prefer to start with in-person comment and  
19 then go to anything that was sent in?

20 T. DAVIS: Yes, that would be a nice start, Madam Chair. And,  
21 for the record, for those who would like to make public comment, just a  
22 reminder, if there's any attendees who would like to provide public  
23 comment, please raise your hands with your raise hand feature on Zoom  
24 and Katie can unmute your mic, and we'll go from there. And then also we  
25 do have our public comment, possibly in our Carson City conference room,

1 as well.

2 CHARLESON: (Inaudible) Barry (phonetic).

3 GOLD: Thank you. Thank you for the opportunity. For the  
4 record, my name is Barry Gold. I'm the Director of Government Relations  
5 for AARP in Nevada. Unfortunately for me, but maybe fortunately for you,  
6 I can't stay for the whole meeting, so I will not be doing another public  
7 comment at the end of the meeting. I will limit myself to just this one. I  
8 want to reiterate something that I mentioned at the last meeting. I see  
9 that you're looking at interviewing and hiring for the executive director.  
10 And again, AARP strongly, strongly urges that you select the candidate who  
11 is, first and foremost, a consumer advocate. That is so important, that  
12 people -- that they understand who the market is, who the people are that  
13 want to buy this insurance, and that will really help, moving forward.  
14 Second thing I want to mention is I would like to thank the Board. I'd like  
15 to thank the marketing agency. When I looked at the -- both the  
16 presentation and the marketing report, I saw a couple of different places  
17 where it talked about the 50 plus. So, I don't have to urge you to include  
18 them. I can thank you for (phonetic) including them. And, I think that's a  
19 great idea because we all know they have a strong need for insurance, and  
20 if you reach out to them the right way, they certainly will purchase  
21 insurance. So, thank you for that. Thank you for including the 50 plus in  
22 the marketing and the outreach. And again, please consider that consumer  
23 advocate for-- for the executive director position. And, that's pretty much  
24 my public comment on behalf of yes, the 345,000 AARP members across the  
25 state. So, thank you for the opportunity to give public comment.

1 DR. JAMESON: Thank you, Barry Gold. And any other verbal  
2 present? Anyone present who would like to now speak public comment?

3 T. DAVIS: We do have, Madam Chair, Tiffany Davis, for the  
4 record. We have Kaitlyn in our conference -- conference room in Carson  
5 City. Kaitlyn, is there anyone for public comment?

6 KAITLYN: No, Tiffany. There's no one here.

7 T. DAVIS: Thank you, Kaitlyn, for confirming that. With that,  
8 Madam Chair, would you like me to go ahead and read the public comment  
9 that was emailed to us this week?

10 DR. JAMESON: Yes. Thank you.

11 T. DAVIS: Okay. This public comment was received on February  
12 22nd, 2022. It reads, "My name is Mindy Pretner, and I have been a broker  
13 with Nevada Health Link, and previously healthcare.gov, since market  
14 inception. My agency, Affordable Health Insurance LV, currently has -- the  
15 purpose of this letter is to provide an unwavering support for Mr. Ryan  
16 High to become the executive director of the Nevada Health Link. When  
17 Nevada Health Link first came to be, the website was good, but there were  
18 issues that required rectifying from the broker standpoint. A post  
19 enrollment survey was sent to brokers, but the questions were more for  
20 data collection than were real concerns could be addressed -- where real  
21 concerns could be addressed. In turn, I wrote a six-page, single-spaced  
22 letter with suggestions for improvement. I was very happy when Ryan  
23 reached out, upon receiving the letter, as well as following up multiple  
24 times during the year to check on and give me updates on some of the  
25 concerns. He did not make excuses or simply listen. He devised strategic

1 plans to fix the issues. As a direct result of Mr. High's leadership, the  
2 enrollment process was considerably more efficient and effective for this  
3 enrollment season. I reached out to thank him and let him know I would  
4 have a similar but less expensive request list for this year. Once again, Mr.  
5 High was welcoming to the input, and I have already seen follow through  
6 on this year's request, just one month out of open enrollment. My agency  
7 has close to 1,500 clients. As a broker, when I have an issue, I need to feel  
8 supported and at least heard about concerns. I 100% felt that way when  
9 interacting with Mr. High, and I know that, if hired for the job as executive  
10 director, the brokers of consumers of Nevada would directly benefit from  
11 having him at the helm. Thank you, Mindy Pretner.

12 DR. JAMESON: Thank you, Mindy for your public comment.  
13 And, at this point I will resume my video. I apologize. I am still connected  
14 to you. I will figure this out in a second, so you can see my face. But in  
15 the meantime, I would like to go ahead with the next item on the agenda,  
16 and the approval of minutes -- of the October 14th, 2021 -- and the recent  
17 February 3rd, Board meeting, just leading us up to today's meeting. And  
18 so, do I hear a motion from our Board for approval of those minutes --  
19 both minutes? Thank you.

20 LEWIS: I move approval of the minutes. This is Elsie (phonetic)  
21 Lavonne Lewis, and I move approval of the minutes of both, October 14th,  
22 2021, and February 3rd, 2022.

23 MELENDREZ: And, this is Jose Melendrez. Second.

24 DR. JAMESON: And, everybody, in favor, please say, aye or  
25 present or yes.

1 MEMBERS: Aye.

2 DR. JAMESON: Thank you. Is there anyone opposing? No  
3 opposing. Were there -- I usually would have asked, and I apologize,  
4 before the vote. I'm assuming -- never assume -- since, I heard nothing. I  
5 usually give you an opportunity to say if you had an edit, or that you  
6 thought there was no omission. So, we will go back to that vote and  
7 everyone who approves the minutes. Yes, aye?

8 MEMBERS: Aye.

9 DR. JAMESON: And then, anyone opposed? No. Okay. So,  
10 going on to one of the reasons that we're all here today, the interview  
11 candidates for the Silver State Health Exchange. We will be doing them in  
12 alphabetical order. First, Ryan High, and then Troy Johns (phonetic). And  
13 before we start, there'll be some comments. I believe these will be by  
14 Tiffany, just explaining our process, and then we will proceed, and she'll  
15 explain the process, which we believe has been well thought out and fair.  
16 Tiffany.

17 T. DAVIS: Thank you, Madam Chair and members of the Board.  
18 Yes, for the record. Just wanted to go over a couple of things with you.  
19 Right now, currently, both candidates are being held in waiting rooms. So,  
20 they're unable to hear or see the meeting. We will bring in the candidates  
21 one at a time for the interview process and then return them to the  
22 waiting room once the interview is complete. So, we would ask the Board  
23 to please wait for Katie to be able to confirm that they are back in the  
24 waiting room before the Board does -- has any discussion. Once we go  
25 through both candidates, both interviews, and once a decision is made and

1 the Board has voted on who they would like to make an offer to, we'll  
2 bring that one candidate back into the meeting, and so the Board can offer  
3 them that position. If they accept, then the candidate that isn't selected  
4 will be called offline by Exchange management to let them know. And to  
5 assist us today with facilitating these interviews, and if anything comes up  
6 -- if the Board has extra questions on the process, we do have with us  
7 today, Michelle Garton (phonetic), Deputy Administrator with the Division  
8 of Human Resources Management, and also our DAG, Michelle Briggs. So,  
9 if there's any extra questions that I'm not able to answer, they can assist  
10 us as well. And, (inaudible) as you said, Madam Chair, they will be  
11 interviewed alphabetically. So, Ryan High will be first and then Troy Johns  
12 will be the second one to be interviewed. Do we have any questions from  
13 the Board?

14 DR. JAMESON: Thank you, Tiffany. So, I just wanted to clarify  
15 the -- the one item, which is, sometimes when candidates are interviewed,  
16 there could be discussion after each candidate. And in this particular case,  
17 just to clarify, so that we're all on the same page, and if there's any  
18 concern from the Board members now, they could bring it up, we'll do the  
19 one interview. They will go in. If you feel there's something urgently you  
20 need to say, absolutely, once we've been told that everything is clear, you  
21 could go ahead and proceed, but since there were just two candidates, we  
22 decided to go right into the second candidate and ask questions without  
23 really having a discussion about the first candidate until after the two  
24 candidates are done. And if there's any concerns about that, you could  
25 bring that up now, otherwise we'll just do the two candidates, back-to-

1 back, then open up for either a discussion or really just go straight to vote,  
2 unless there is a need for a discussion. So, were there any questions on  
3 that? So, we'll go ahead and proceed then.

4 T. DAVIS: Madam Chair, Katie, we'll go ahead and move Ryan  
5 from the waiting room into the meeting as this time.

6 CHARLESON: All right. Ryan is in the meeting room.

7 JAMESON: Will we be seeing Ryan? Oh, there he is.

8 (Inaudible).

9 HIGH: Hello, again.

10 JAMESON: Thank you for submitting your application. It's our  
11 pleasure to interview you today. And we'll start our questions with Dr.  
12 Friedman.

13 DR. FRIEDMAN: (Inaudible).

14 HIGH: I'm sorry, could you repeat that one more time? It came  
15 through a little bit --

16 DR. FRIEDMAN: (Inaudible).

17 HIGH: I couldn't hear it too.

18 DR. FRIEDMAN: I apologize. (Inaudible). (Inaudible) your  
19 qualifications for this position is that anything (inaudible) for the  
20 executive director (inaudible).

21 HIGH: Sure. Thank you for the question. So my qualifications  
22 for this position, and why I believe I'm the best candidate, is first of all, I'd  
23 been here, at the Exchange since 2016. I've been the Chief Operations  
24 Officer since then. And I am currently the Interim Executive Director.  
25 There've been two other times in the past two years where I've worked



1 with the leadership team here when our executive director has taken  
2 another position to help the State out. So, me being the Interim Executive  
3 Director right now gives me three opportunities to show my experience in  
4 helping lead the Exchange here. In addition to my time of being the Chief  
5 Operations Officer here, previous positions that I think add to my  
6 qualifications are, I used to work for the city of Reno, working on strategic  
7 planning and budgeting. I also worked at the Nevada Secretary of State's  
8 Office as Director of Operations there. And also the Help America Vote Act  
9 Administrator. So, I have -- the skill sets that I do bring to this position  
10 are budgeting -- state budgeting, experience in front of the Nevada  
11 Legislature, in front of the Interim Finance Committee, in front of the  
12 Board of Examiners, also working on fiscal notes during session, strategic  
13 planning, like I mentioned from the city of Reno. And then, my five years  
14 (inaudible) the state-based Exchange experience here at Nevada Health.

15 DR. FRIEDMAN: (Inaudible). (Inaudible) the most important  
16 professional principles that you believe to be (inaudible)?

17 HIGH: I'm sorry. I'm sorry, could you repeat that one more  
18 time?

19 DR. FRIEDMAN: (Inaudible). What would you say are the most  
20 important professional principles that you use to conduct yourself as an  
21 executive director?

22 HIGH: Gotcha. Okay. So, the -- the -- the most important  
23 professional principles are, first of all, I believe that what gets measured,  
24 gets managed. So, setting clear expectations for the team that you're  
25 leading. As an executive director, I think it's important to set

1 expectations, to let staff know, and your teams know, what's expected of  
2 them and how they'll be measured to perform to those expectations. I also  
3 believe that communication is very important. This is something that I  
4 learned from our previous executive director. That being firm, fair, and  
5 friendly in the way you conduct yourself, with not only consumers or state  
6 -- sister-state agencies, but also important partners that we have, such as  
7 our carriers, our navigators, our broker community. That's all very  
8 important. So, I would say those two, customer service, setting  
9 expectations for your staff. Also responsiveness, too. That's something  
10 that's been instilled in the culture here at the Exchange, is being extremely  
11 responsive to consumers, to carriers, and to our enrollment partners.

12 DR. FRIEDMAN: (Inaudible). And (inaudible), can you please  
13 describe (inaudible) leadership style. Please give us specific examples of  
14 how you would, and how you have used this style to change organizational  
15 culture, lead (phonetic) successful teams, and resolve serious and long-  
16 standing conflicts.

17 HIGH: Okay. Great. So, I'll use my example -- the example of  
18 my current position as Chief Operations Officer here, and the Quality  
19 Assurance Team that I lead. Also, my partnership with our broker liaison  
20 and our Navigator Manager. So, I would say my leadership style that way,  
21 is to, first of all, is to be a servant leader. I feel it's my duty and  
22 responsibility to help raise those that I manage, and help make them  
23 successful because that makes the whole team successful, and the team  
24 that I -- that I lead. I try and actively listen to what their concerns are and  
25 their issues. I try to provide solutions to what they need, either fix it, or if

1 it's an issue we need to solve together. And, I do it in a manner where I  
2 believe that, especially working here at the Exchange, you know, we have  
3 rules that we have to live by. The code of Federal regulations. So, we'll  
4 first look at that. We'll, you know, see what the issue is. Then we'll see  
5 what the rule is that we have to apply to that, maybe a situation or  
6 scenario. We'll perform the analysis together. We'll do it in a  
7 collaborative manner. I don't think I'm the smartest person in the room,  
8 always. I know there are subject matter experts that work here at the  
9 Exchange that know more than I do. So, I know it's -- it's important to --  
10 to bring in their perspectives and their opinions, as well. And then we'll  
11 try and reach a conclusion there. And whether this be maybe a consumer  
12 issue, or maybe it's a technology improvement that we have to do for -- for  
13 brokers or navigators. So that's, I think the way I would -- I would answer  
14 that question. I hope I answered it. If -- that -- if I missed a part, please  
15 let me know.

16 DR. FRIEDMAN: If I could just follow up (inaudible).

17 (Inaudible).

18 HIGH: I'm sorry?

19 T. DAVIS: Dr. Friedman, sorry. I -- this is Tiffany Davis. Sorry,  
20 I don't mean to jump in. But it's really hard to hear you and understand.  
21 Could you type in your question maybe in the chat? Thank you so much.

22 J. DAVIS: And also, Ryan, sorry, this is Janel. The three  
23 questions that have already been asked are in the chat. Tiffany typed  
24 those out.

25 HIGH: Okay. I see the second part of that question there, Dr.

1 Friedman. See, how would I use this style to change the organizational  
2 culture, build successful teams, resolve serious or longstanding conflicts?  
3 So, what I would do, I would get back to the -- the premise that I -- I said  
4 about what gets measured gets managed. I would like to see here at the  
5 Exchange, and something that I might want to initiate, is more  
6 performance metrics here, where each of the certain departments or teams  
7 here, whether it be reconciliation or quality assurance, or maybe policy  
8 and compliance, or maybe our -- our financial teams, would have maybe  
9 three to five key performance indicators, or measures, that we could  
10 consistently track, whether that be on, you know, a -- a weekly, a monthly,  
11 an annual basis to try and fine tune any areas where we might see that  
12 needs improvement. That would be one way I would do a little bit of  
13 organizational culture change to build successful teams. I would revisit  
14 our vision and mission here at the Exchange, what I think is what has been  
15 in place its inception in 2013. That might need a refresh. And I think  
16 looking at -- at that, holistically with our entire staff. Again, to get  
17 feedback, collaborative feedback, from everyone to see, now that we're a  
18 state-based Exchange, where we were -- first, a state-based Exchange, then  
19 we were the SBMFP, and now back to an SBE, to see if that vision, mission,  
20 those priorities need -- might need a refresh. And then, to resolve serious  
21 or longstanding conflicts. I think it's, first of all, we'd have to identify  
22 with those are, recognize those, and then to move forward for any long  
23 standing, which I -- I -- I personally don't think we have a lot of those here  
24 at the Exchange, but there's always need for improvement. You know,  
25 whether it be the improvements for technology, improvements for

1 customer service, so on and so forth. I think the best way to solve that,  
2 resolve longstanding conflicts, is to come to, you know, first of all,  
3 recognize what they are and then try and come to a consensus with  
4 whatever party that is that we need to discuss those with. Again, the  
5 culture here at the Exchange, and I hope this has been seen is, it's very  
6 customer service friendly. Like I said, no matter if it was for consumers,  
7 for carriers, for sister agencies, or enrollment partners that way, we try to  
8 actively listen, we try to, you know, have empathy and we try to come to  
9 the best fair solution possible, with that consumer-focus in mind.

10 DR. JAMESON: Thank you so much. Sarah, (inaudible), Florence  
11 Jameson here. Sarah, did you have anything else you -- you wanted  
12 clarification on your questions?

13 DR. FRIEDMAN: No, thank you (phonetic).

14 DR. JAMESON: In that case, we will move on to Jonathan  
15 Johnson. Thank you, Jonathan.

16 JOHNSON: Yeah, you bet. Ryan, great to have you on. You  
17 alluded to this in -- in a previous question, but this, this role involves  
18 pressure from a number of different stakeholders, including insurance  
19 agents and brokers, insurance carriers, state legislature -- legislators,  
20 consumers, small businesses, et cetera. How would you balance these  
21 competing forces?

22 HIGH: Understanding that the success of the Exchange is the --  
23 is increasing the insured rate for Nevadans. Providing, you know, a stable,  
24 user-friendly platform for them, taking into consideration all these,  
25 sometimes competing interests that you just mentioned. So, we -- I think

1 the way we've done that so far that it has been successful, is to take it  
2 piece by piece. And, if I can give some examples about how I think we've  
3 done that, is first of all, in the consumer aspect. We, here at the  
4 Exchange, perform not only quarterly updates to our technology or  
5 enrollment and eligibility platform, with the interest of looking forward  
6 three months at a time to see what's the best thing we can do for a  
7 consumer, as we do that, we also take in the thoughts of the broker and  
8 enrollment facilitator community as well. So, as we're helping to make --  
9 streamline the processes for the consumer, we're also thinking if we're  
10 streamlining for the consumer, how can we also streamline it and combine  
11 those interests for the broker community? I.e., our new (inaudible) --  
12 rollout of an agency platform there, for both the navigators and -- and  
13 brokers there. That coupled with what we have to do for the state  
14 legislature. You know, that -- we sometimes are either included in bills, or  
15 it -- maybe it's a budget reason that we were asking for improvements,  
16 maybe increased staff. Again, improving the Exchange here through the  
17 legislative process, whether, again, it's through an increased budget or  
18 working with legislation that we're named in. We will layer that on top of  
19 how we can make that work for our broker community and our navigator  
20 community as well as our consumers. So, I think it's a layered approach to  
21 see how we can mesh all of these different competing interests together.

22           JOHNSON: Thank you. Next question. The Exchange is heavily  
23 reliant on good working relationships with many other states agencies,  
24 both elected and administrative. The Exchange is responsible to the state  
25 of Nevada for proper fiscal management. Please describe any legislative

1 experience you've -- you've had and any experience working with budget  
2 planning. Moreover, please explain if you are familiar with the state of  
3 Nevada legislative process for submitting budgets. Also, what media  
4 experience do you have, specifically responding to media inquiries and/or  
5 public relations experience. And how have you handled potential negative  
6 or hard questions from the statewide or national media?

7 HIGH: Okay, great. I'll take, I think the legislative part first,  
8 then I'll move to the media part. If that works?

9 JOHNSON: All right.

10 HIGH: Okay, great. So, we're getting ready to get into the  
11 budget season right now. Previous experience, when I was with the  
12 Secretary of State's office, I was involved in, not only federal budgets  
13 there, but also statewide budgets, as both the HAVA, the Help America  
14 Vote Act Administrator, which was a federal grant program. Also, as the  
15 Deputy for Operations, working on the biennial budgets there for the  
16 Secretary of state's office, and then moving forward quickly, working with -  
17 - at the City of Reno, working primarily on tying the strategic priorities  
18 into the budgeting process there. And then, currently at the Exchange  
19 here, my budget experience has been mostly around working on fiscal  
20 notes, during the legislative session. Also working with the previous  
21 executive director on priorities here at the Exchange. As we build those  
22 budgets, we'll start now in March, and work through the summer. I know  
23 it's submitted in September, and we'll have the Governor's recommended  
24 budget, and then the -- after the session, the legislative -- legislatively  
25 approved budget. So it's working on not only the requests we have here

1 from the Exchange, but also working with the LCB, the Legislative Council  
2 Bureau, the Governor's finance office to provide justification's, to provide  
3 data for -- for the -- the -- the requests that we do have, when it comes to  
4 the budget season there. And then, presenting also budgets to the  
5 legislature -- to legislators during session. So, I hope that that answers my  
6 experience and past experience and inclusion in the budget process. Now,  
7 regarding the media. This is -- I have worked with our communications  
8 director here at the Exchange, with mostly written types of  
9 communications with media, whether it be, you know, national media, local  
10 media, whether it be maybe, public universities and colleges asking for  
11 data requests from us. I believe I have done one, maybe print interview,  
12 or part of one print interview. And then, recently I was also part of a  
13 interview. I don't -- we were quoted at that one, but that was for Politico  
14 a couple weeks ago, regarding the end of the public health emergency and  
15 how we were prepared for that. And then, I'm sorry, the last part of your  
16 question, I think, was handling difficult or tough --

17 JOHNSON: Yeah, negative or --

18 HIGH: (Inaudible) --

19 JOHNSON: -- or hard questions. Yeah.

20 HIGH: -- or negative or hard questions. Okay. So, from a  
21 legislative standpoint, I did go through a program here the state called the  
22 Certified Public Manager Course, the CPM course. And, one of the first  
23 things they taught us was, if we get a tough or negative question that we  
24 might not know the answer to, it's okay to say we don't know, that we can  
25 do the research and get -- get back to you --to legislators, whether it be



1 during, you know, at interim finance committee meeting or, maybe BOE or  
2 during the legislative session. Naturally, we try our very best, and I try my  
3 very best to be prepared, and kind of guess questions and maybe do some  
4 mock interviews before we have any of these sessions. It's just sort of  
5 (phonetic) the best prepared, but you can never guess every question that  
6 we're going to get. And as far as media interviews, I would use that same  
7 tactic (phonetic). I haven't had that experience, where I've had a -- a  
8 tough negative question that way. But I would, you know, answer directly.  
9 And if I didn't know the answer or didn't have the stat or didn't know the,  
10 maybe the CFR or -- or the -- the rule that we relied on, to get back and  
11 provide that accurate answer.

12           JOHNSON: Thank you. Over -- over the past few years, the  
13 Exchange implemented a new eligibility and enrollment platform, and thus,  
14 this position works closely with our contracted technology vendor, Get  
15 Insured. How do you see your role in managing the Exchange's vendors  
16 and what would your approach be to problem escalation?

17           HIGH: That's a good question. I've thought about this in  
18 preparing for this interview and potentially having this position, if I'm  
19 lucky enough someday to have this. I would treat that relationship as, it's  
20 not the same, one to one comparison, but something similar where I would  
21 treat the Exchange as almost my third child. I have two -- two children.  
22 But they're almost like my third child and have that type of deep vested  
23 interest in our relationship with our vendor, Get Insured, letting them  
24 know that -- how important this is not only to the staff here and to myself,  
25 but to the -- our over 100,000 consumers here. It would be a very

1 protective relationship of the Exchange. And then, going back to what our  
2 past executive director taught us, firm fair and friendly. You know, we  
3 have contracts here for a reason with vendors. You know, we can rely on  
4 those. It sets expectations of what we expect from them and what -- how  
5 we think we should be treated. So, it'd be a very protective relationship  
6 that way.

7           JOHNSON: Thank you, Ryan.

8           DR. JAMESON: Thank you, Jonathan and, Florence Jameson  
9 here, and we would like to move on. We are halfway through (inaudible)  
10 group, and, to ask Valerie Clark to ask our next few questions.

11           CLARK: Thank you, Madam Chair. And it's great to see you,  
12 Ryan, today. Here's my first question. What is your specific experience in  
13 the field of individual health insurance? And also, could you please  
14 describe your working knowledge of insurance rating principles and  
15 processes?

16           HIGH: Sure. So, my specific experience in health insurance has  
17 just -- has been at the Exchange. Before coming to the Exchange, I had  
18 more of a operations background, of a strategic planning background, but  
19 the health insurance, I learned here on the fly. I started October 31st,  
20 2016, and it's been somewhat of a roller coaster ride since then. And it's  
21 been -- it's been learning a lot -- a lot on the fly. And it -- when I say that  
22 it was learning, first of all, how we were operating as a state-based  
23 Exchange. Like, using the federal platform, and getting that knowledge of  
24 what we were doing. Everything here is a state-based Exchange, but for  
25 using healthcare.gov as the technology. And then, it was working with our

1 previous executive director and our IT manager to go to present to CMS, to  
2 make that case for us to become a state-based Exchange, and why it was  
3 beneficial. And then, throughout that process as the Chief Operations  
4 Officer, working with our broker liaison and our navigator manager, and  
5 just learning about this important partnerships (phonetic) throughout the  
6 community, you know, our 600 plus broker community and our seven  
7 navigators throughout the state, and how important the consumer  
8 education is about health insurance and actually use it -- and once you get  
9 it, it's more about using it, once you do have it. So, I hope that answers  
10 the first part of your question. And can you repeat the second part  
11 please?

12 CLARK: Yes. The second part was, please also describe your  
13 working knowledge of insurance rating principles and processes.

14 HIGH: So, insurance reading principles and processes. I'm  
15 gonna try and answer this one way, and if it's not the right way, if you  
16 want more, please let me know. But, you know, as we start the pro -- and  
17 we've started the process now with the draft letter to issuers, so that  
18 insurance companies will know what to expect, come filing season, which  
19 runs through the spring and summer. They'll work closely with the DOI,  
20 and we are partners with the Division of Insurance here in Nevada. They  
21 will actually work with the carriers, just to set the rates, and they'll  
22 usually be finalized early fall, around the September - October timeframe.  
23 You know, traditionally we've seen maybe a four p -- well, not  
24 traditionally. Last year was about a little bit over a 4% increase, but I  
25 remember previous years where it's been in the teens, rate increases, year

1 after year. But, with Nevada's landscape, the competitive market, the  
2 increased subsidies, especially with the recent ARPA, American Rescue Plan  
3 Act, enhancements, I think it's also brought a new level of competition to  
4 the Exchange. I was part of the Exchange when we were -- had two  
5 carriers, and I want to say maybe 12 bare counties at one point. And that  
6 was an eye-opening time for the Exchange. Now we have seven QHP  
7 carriers, and it's a different landscape, and it's more of a positive  
8 landscape, and it's encouraging for, I think Nevadans that we have this  
9 now.

10 CLARK: Thanks. Yeah. And I think where at -- where I was just  
11 going is, do you -- do you work with the carriers in asking them to justify  
12 how they're justifying the rates that they want to charge -- the actuarial  
13 formulas that they're looking at? You know, how they derive the rates that  
14 they get to, and what do they base that on?

15 HIGH: We will receive more of the benefits they want to  
16 include and make sure that the plans that are being offered and the  
17 different meta-levels are -- we'll meet our CFR and CMS guidelines, but the  
18 rate setting is more done by the division of insurance and working more  
19 closely with the carriers that way, than the Exchange.

20 CLARK: Oh, very good. Okay. Great. Thanks. Can you please  
21 provide a synopsis of what your goals and objectives for the Exchange  
22 would be and a general outline of how you will accomplish them if you  
23 were the next executive director?

24 HIGH: Sure. You know, the overarching goal we've -- we've  
25 had since I've been here, I think since the inception of the Exchange, is to

1 increase consumer enrollment, to lower the uninsured rate here in Nevada,  
2 and to make sure that all Nevadans have, just tremendous access to good  
3 quality, subsidized healthcare plans. I would, as I mentioned before, I  
4 want to create, first of all, take a -- revisit our our vision and mission and  
5 strategic priorities, to make sure we're still aligned and we're tracking  
6 where we need to go for that, you know, in their -- in our upcoming years.  
7 'd also want to, have some more performance measurements, to again,  
8 what gets measured gets managed. I strongly believe that. And the next --  
9 and if -- hopefully this answers your question a little bit further, but say if  
10 it was a 90- or 180-day planning, moving forward, if I was lucky enough to  
11 get this position, it would obviously be to start recruiting for another chief  
12 operations officer. It would be to meet with each of the division heads  
13 here. Our, you know, our recon, our QA, our finance, our policy and  
14 compliance heads to our communications, to see what their needs are.  
15 Again, I don't -- I -- I wouldn't be -- I know -- I'd want to take all of their  
16 input, because they have specific needs that I, as a Chief Operations  
17 Officer, just don't know about in my role. As Interim Executive Director  
18 for the past few months, I'm learning more and more about that, but  
19 meeting with them and hearing their specific needs and how I, as an  
20 executive director could help them achieve those goals and those needs  
21 and solve any issues that they may have, I think would be very important.  
22 It would also be to, I think set clear expectations and give these  
23 department heads and staff the power to, you know, greater decision-  
24 making power, where it's not maybe a funnel through one or two or the  
25 executive director. Give them, you know, setting those clear expectations,

1 setting those priorities, setting that mission and vision, so it's clear to  
2 them, so they can make their own decisions and maybe have some more  
3 latitude in their -- in their daily Workday.

4 CLARK: Fantastic. Thanks, Ryan. And then my last question,  
5 can you please tell us what you love about healthcare and the health  
6 insurance industry?

7 HIGH: Sure. I think it's a very altruistic industry. My entire  
8 career -- not entire career. I would say, maybe most recent career, has  
9 been in public service. I went to a public-service oriented law school. I  
10 worked -- I clerked for a -- a state court judge. I worked the at the  
11 Secretary of State's office in elections, which I think is also a very  
12 altruistic type of profession. I think that's what drew me here to  
13 healthcare, was that it's that sense of helping people in a time of need.  
14 You know, we hear stories from consumers all the time and we get to help  
15 them with their insurance and with -- with subsidies, you know, so they --  
16 they can afford insurance. We can help them, you know, not only during  
17 open enrollment, but during the year when they have a qualifying life  
18 event, they know we're here to help them get insurance, to help them in  
19 their families. So it's -- I think it's that sense of public service that I see  
20 this position and this agency, really being.

21 CLARK: Excellent. Thanks a lot, Ryan.

22 DR. JAMESON: Thank you so much, Valerie. Florence Jameson.  
23 And, we would like to move on, now. Lavonne Lewis will be asking the next  
24 set of questions, before I wrap up. Lavonne? I think you're on mute.

25 LEWIS: I know. I just realized that. Lavonne Lewis here. Ryan,

1 could you tell us a little about yourself and your background that hasn't  
2 already been addressed in this interview?

3           HIGH: Sure. Let's see. My name is Ryan High. I'm originally  
4 from outside of Annapolis, Maryland. I went to undergrad at Loyola  
5 College in Maryland. My first job out of college was working for Maryland  
6 Family Magazine, doing graphic design. Then spent some time as a  
7 corporate recruiter in the DC and Maryland areas. Came to Nevada for the  
8 first time in 20 -- 2002. Was here for a year and went back to DC for three  
9 years, and then came back for good in 2006. Again, I, you know, I've had  
10 my most recent part of my career has been in public service and that's  
11 where I intend to stay. That's where I see myself being. Hobbies and  
12 interests, anything Tahoe (phonetic) here. Hiking, camping, the lake  
13 during the summer or snowboarding during the winter. Let's see, what  
14 else can I tell you about myself? I, as I mentioned, I was -- I was in the  
15 state's certified public manager's program. Bel -- believe that was in -- I  
16 think I graduated in 2013. I have started classes, or I've taken classes,  
17 after law school, at the University of San Diego, in business intelligence. A  
18 few classes there. And, I think it will all -- in the interest of time, I'll keep  
19 it there.

20           LEWIS: Thank you. As executive director, how would you work  
21 to increase diversity among the staff, state employees, and can share with  
22 us any initiatives you have directed to engage the diverse communities in  
23 Nevada?

24           HIGH: Okay. To increase diversity amongst the staff. You  
25 know, we here at the Exchange, we use -- we go through the State's

1 Department of Human Resource Management in our recruiting process. It's  
2 a very -- it's a -- it's a standard process that we use here. But possible  
3 ways to increase diversity, and I've seen this through other agencies, is if  
4 we have the opportunity to maybe post these jobs on varied job boards.  
5 Also, you know, we have a very diverse navigator community here. So,  
6 maybe getting the word out more throughout those different navigating  
7 communities. think those would be two examples I would give to increase  
8 diversity here amongst the staff. And the second part, I'm sorry, could you  
9 please repeat the second part of your question?

10 CLARK: Can you share with us any initiatives that you have  
11 directed to engage the diverse communities in Nevada?

12 HIGH: Working with our Communications Manager and our  
13 agency of record, The Abbi Agency, and Marketing for Change, we've  
14 started to do a deeper dives into, you know, who, and when I say deeper  
15 dives, deeper data dives into enrollment and application data about who  
16 our consumers are. Not only our enrolled consumers, but also our  
17 applicants, and who they are, whether it be age range or race or ethnicity.  
18 So, we're trying to use that data to make more actionable decisions right  
19 now. And whether that be actual decisions in our metropolitan areas, like  
20 Clark County or Washoe County, or maybe out in the rurals. And then, I  
21 also work closely with our tribal liaison, Tiffany Davis, helping her with her  
22 updates for the presentation she gives to the tribal community. I think  
23 those are a few of the prime examples. It's really learning though. And  
24 this is where The Abbi Agency and Marketing for Change has really helped  
25 the Exchange in the past, almost year now, of doing those deep dives into



1 exactly who our enrollees are. Just to see the trends that we're seeing in,  
2 like I said, not only age or location, but also ethnicity.

3           LEWIS: Thank you. Please address your approach to following  
4 and responding to federal and state healthcare policies, with implications  
5 for the Exchange. And the second part of that question is what will you do  
6 to ensure that the Exchange's messages reach underserved populations,  
7 and how the Exchange will provide health equity to Nevada?

8           HIGH: Okay. So regarding responding to federal and state  
9 legislative changes. These are oftentimes opportunities for us to, not only  
10 improve our technology, regarding enrollment and eligibility, but also our  
11 policies and our compliance as well. These are, let's say for the most part,  
12 we -- we -- we welcome these changes and we work with our federal and  
13 state agencies to enact these and operationalize things that come about.  
14 You know whether it be the maybe the latest version of the end of the  
15 notice of benefit and payment parameters, the MDPP, or whether it comes  
16 out of our biannual sessions here in the state of Nevada. Typically, these  
17 changes, or these changes in law or federal or state policy, are to improve  
18 access to healthcare, which I think everyone here can agree, we could use  
19 here in Nevada. And I'm sorry, can you repeat the second part of your  
20 question, there?

21           LEWIS: What will you do to ensure that the Exchange's  
22 messages reach underserved populations and how the Exchange will  
23 provide health equity to an event?

24           HIGH: Sure. So, reaching the -- our diverse community through  
25 messaging. That's one thing that we're working with The Abbi Agency and

1 Marketing for Change on now, is seeing how our messaging is reaching  
2 different segments or populations. And we're learning that our -- our --  
3 our messaging to Hispanics and Latinos is actually really effective here at  
4 the Exchange. We also have strong partnerships in the Asian community,  
5 too. You know, knowing that if we have messaging maybe in men doing  
6 (inaudible), that might increase enrollment in those certain communities.  
7 And then, I'm sorry, there was a third part to your question I want to get  
8 to. I want to get -- I don't want to miss it.

9 LEWIS: How the Exchange will provide health equity to Nevada.

10 HIGH: So, health equity, you know, I think that's -- that's a  
11 topic that has garnered a lot of attention lately. And I think it's building  
12 trust in communities that may not have trust in government services.  
13 Whether it be at the federal or state level, it's building messaging around,  
14 you know, what these benefits are, the low -- the potential low cost of  
15 these benefits, and especially healthcare services, you know, our industry  
16 that we're in. But also, consumer education. I think that's a huge part of  
17 it. If we can get messaging out to all diverse groups regarding if you can  
18 enroll on -- on these plans, if you can enroll and, you know, have it  
19 subsidized and not only enroll and have it subsidized, but if you can use it  
20 and we can help educate you being that -- that major force here, or major  
21 voice here in Nevada regarding health insurance and health insurance  
22 usage, in diverse languages, I think that will increase the uninsur -- sorry,  
23 decrease the uninsured rate and increase healthcare usage here in Nevada.

24 LEWIS: Thank you.

25 DR. JAMESON: Thank you, Lavonne. At this point, I have a few

1 wrap-up questions. Ryan, if you were selected as the executive director,  
2 when are you able to start working in this position in the Carson City  
3 office?

4 HIGH: Last December. I'm sorry. Right away. Absolutely right  
5 away.

6 DR. JAMESON: Thank you. Now, at this point, do any of the  
7 Board Members, before we dismiss Ryan, have any questions regarding the  
8 information that Ryan has submitted in his resume? Okay. And lastly,  
9 Ryan, do you have any questions, or (inaudible) --

10 HIGH: I do.

11 DR. JAMESON: (inaudible) oh, or -- or disclosures, or anything  
12 that you would like to discuss with the Board that would assist us today in  
13 our evaluation process?

14 HIGH: I do have a few questions and I guess one thing I would  
15 like to wrap up by saying. So, I have four questions here. And should I  
16 just address them to you Dr. Jameson?

17 DR. JAMESON: Yes. Although, as you know, I love having the  
18 whole Board to assist me.

19 HIGH: Sure. Okay. Question number one. What are the most  
20 important skills and qualities required to succeed in this job?

21 DR. JAMESON: Well (phonetic), I always give my Board that  
22 opportunity. So, we're going to -- I'm going to paraphrase that. The most  
23 important qualities? Did you say qualities?

24 HIGH: (Inaudible), yes. Qualities required to succeed in this  
25 job.

1 DR. JAMESON: So, and you're asking, basically the Board, what  
2 we believe are the most important qualities in order for our executive  
3 director --

4 HIGH: Yes.

5 DR. JAMESON: -- to succeed in this job. Very good. I would  
6 like to open that up for my Board to have an opportunity to answer that.

7 CLARK: Madam Chair, I'll -- I'll take a stab at that. Valerie  
8 Clark.

9 DR. JAMESON: Thank you, Valerie.

10 CLARK: In my opinion, Ryan, I think this job is very  
11 multifaceted and requires the type of leader that has the ability to be a  
12 very big-picture, broad leader, who is -- who can handle the juggling act of  
13 dealing with a lot of different and very strong entities. You know,  
14 consumers, insurance companies, you know, your staff, the state, the, you  
15 know, the legislative arm of the government. And so, I think that is a  
16 critical piece of -- of what we, as a Board, would be looking for, is  
17 someone who can take on that role with a broad perspective and, someone  
18 who has a lot of vision -- a visionary, and someone who can collaborate  
19 well and -- and maintain a lot of control over all the moving parts.

20 HIGH: Okay. Thank you.

21 DR. JAMESON: And -- and one thing I'd like to clarify before we  
22 go on, Ryan, as I'm sure you can appreciate, that opinions on this are as  
23 very varied as every member of our Board. And so, I don't want any Board  
24 member to hesitate what they feel is important. And go ahead and  
25 proceed . Any other comments? Lavonne or Jose? You're still with us?

1 LEWIS: Well, I -- I (inaudible) --

2 MELENDREZ: (Inaudible) --

3 LEWIS: This is Lavonne Lewis, and I would agree with -- with  
4 Valerie, in terms of her talking about this being a very broad job, and you  
5 have to have the ability to be able to work in lots of arenas, and -- and  
6 work successfully with the people from lots of arenas. So, I think that is  
7 essential. And then, I think that it is important to manage the outreach  
8 from the Exchange, so that we continue to show increased enrollment.  
9 Because that's one measure of the success of our operations. So those two  
10 things I think are -- are essential.

11 DR. JAMESON: Jose? Thank you, Lavonne.

12 MELENDREZ: Yes. And thank you -- thank you, Ryan, for your --  
13 for your participation today in your responses. The only thing I would --  
14 the only other thing I was gonna add, is just understanding the, you know,  
15 obviously the -- the diversity of what we deal with in the state of Nevada,  
16 from the different communities and the income and all the different things  
17 that we always have to think about. But also, I think one of the things I've  
18 -- I've appreciated about the staff with the Exchange, is constantly just  
19 kind of the thinking outside the box when things need to get done, or when  
20 different challenges come from the federal level and all that. So, I think  
21 that's something that, you know, whoever steps into this role would have  
22 to always kind of have that open mind to that process and -- and -- and  
23 how things -- how things get done and -- and how we engage with the  
24 diversity of all the different communities that we are set up to serve. So  
25 just wanted to kind of put that out there.

1 HIGH: (Inaudible).

2 DR. JAMESON: (Inaudible). Go ahead.

3 HIGH: Should I move on to the next question?

4 JAMESON: Well, I will usually reserve a comment, but I will say  
5 that I find that today, leadership is different than it was, certainly as  
6 medicine is, and -- and healthcare is different, than it was when I started  
7 out in training over 44 years ago. Whole different paradigm. It is not so  
8 much the leader. It is teamwork. Emphasis always on teamwork. And the  
9 servant leader listening to everyone -- best -- and listening to other ideas.  
10 I think that that type of leader is the one that will be the most successful,  
11 in my opinion, in the world we live in today. And I really have always liked  
12 our prior executive directors. Fair, firm, and friendly. I think the fairness  
13 being firm and friendly and backing that up with you've got to have -- a  
14 leader has got to look at metrics. They've got to define them, and they've  
15 got to then evaluate them if we are to move forward and continue to  
16 improve -- increase access to quality health care. There you have it. We  
17 could talk hours on that subject. Go ahead.

18 HIGH: Thank you. I'll combine the next two questions. They're  
19 almost the same, but what is the biggest challenge that someone in this  
20 position faces and what is the biggest challenge that this organization is  
21 facing? So, it's about challenges. Challenges regarding the pos -- someone  
22 in this position would face and challenges that the Exchange would be  
23 facing.

24 DR. JAMESON: Yeah, and anyone like to take that question  
25 first?

1                   JOHNSON: This is Jonathan. You know, I think one of the  
2 constant things that we've seen, just over -- over the years is the changing  
3 regulations, when it comes to healthcare and the dynamic that, that is.  
4 That will continue to be a challenge, and I think something that we  
5 collectively have to navigate as those rules and regulations continue to  
6 evolve. And the key question is how do we continue to put the consumer  
7 first. Right? They're the ones that are impacted the greatest by this.

8                   DR. JAMESON: And to clarify -- thank you, Jonathan. The  
9 challenges for the Exchange, and the challenges for the -- the individual.  
10 Was that correct? The -- the --

11                  HIGH: Yes. For the Exchange --

12                  DR. JAMESON: (Inaudible).

13                  HIGH: -- and for the executive director? Yes.

14                  DR. JAMESON: Were there any other comment -- responses  
15 from the Board? I -- I would -- I would echo what Jonathan said, that I  
16 think some of the greatest challenges are when the external forces,  
17 whether it's federal or government -- state government, local legislature,  
18 bills are presented -- for you to have to negotiate these, for the Exchange  
19 as a whole, to sometimes work with, and not just survive some of the  
20 assaults, but -- but try to figure out a way to flourish under some  
21 circumstances. I think it has done a phenomenal job, the Exchange, with  
22 the challenges that were put forth over the last several years with the --  
23 with the changes that came to The Affordable Care Act that affected us  
24 dramatically. And the Exchange rallied tremendously, whether it had to do  
25 with our ability to continue to have our marketing not impaired. Because

1 without good marketing, you can't succeed, and we were -- we -- we took a  
2 torpedo there. There were so many ways that the legislation, federally or  
3 state, affected, and our Exchange rallied. And so, you'll continue to have  
4 these in our own state legislature, not necessarily always working with us.  
5 And so, I think that's one of the biggest challenges that the Exchange will  
6 continue to face as long as there is politics. Unfortunately, we always say  
7 there should be no politics in healthcare, but there is, and -- and I am  
8 impressed the way we weathered it. And, I'm sure the Exchange will  
9 continue, whether -- and on an -- and on an individual basis, the greatest  
10 challenge for the individual, a new officer, I would say that it is -- it is just  
11 reaching that goal of our mission and vision, which you may want to,  
12 should you get the job, the officer may want to adjust it, because again,  
13 we have new things, politically. The public option coming along. How do  
14 we work with it so that we both succeed? This new individual will have  
15 this new challenge, but it goes along with our mission and vision, and  
16 together, we embrace them and say, how can we provide more access to  
17 health care, which is our mission, and that's the biggest challenge, as the -  
18 - as the new leader, they will have, is, how can we increase again, the  
19 access to healthcare Nevada, so that nobody goes without access to  
20 healthcare?

21 HIGH: (Inaudible). And then, my -- my last question is how is  
22 performance evaluated or measured for this position?

23 DR. JAMESON: Again, I will open that up to the Board.

24 CLARK: Madam Chair, Valerie Clark, for the record. One thing I  
25 would, I, as a Board Member, I would measure it by, would be the monthly,



1 well, I guess we're doing quarterly Board meetings now, but the report  
2 that the executive director gives to the board, I think is a critical piece  
3 that allows us to evaluate the perf -- your performance, as well as the  
4 performance of the Exchange, as a whole. So, I would say that would be  
5 one major thing. And also, the -- the overall performance of the -- of the  
6 Exchange during open enrollment would be another thing, I would think.

7 DR. JAMESON: Did anybody else have any comments? I think  
8 that -- that is -- summarizes the biggest metrics. Of course, I think that  
9 there's so many things that one does take into account when looking at the  
10 CEOs, because as we know, it is going to be a numbers, at first glance. But  
11 of course it's going to be how well that person fits in and works with the  
12 group. And sometimes that's something at first glance, isn't so easy to  
13 determine, but nevertheless, in the end, the functioning and the quality of  
14 the performance is usually going to be reflected in that. So, going back to  
15 teamwork, what your team members think of you? So, evaluations that  
16 come from the team members are very important in seeing how well one is  
17 performing, besides the big number of how much our enrollment is.

18 HIGH: Great. Thank you. And if I can just -- just end real  
19 quick, take a few minutes to say that, you know, my -- my dad once told me  
20 to -- if you -- if you want a position, you have to ask for it. You should say  
21 it out loud. So, I just want the Board to know, and everybody listening,  
22 that I want this position. I truly do. And I don't want this as just a job, as  
23 a stepping stone, but I want it as part of a career. I think the past  
24 executive director that I worked for here at the Exchange, created just a  
25 tremendous culture, a tremendous agency, and an organization. And I

1 want to take the best parts of that and add to it, moving forward. So, if I  
2 could just leave you with those words that, I want this position, and I want  
3 this job. Thank you.

4 DR. JAMESON: Thank you very much, Ryan. And, at this point,  
5 we will thank you so much for your time and your -- and your answering  
6 our questions. And then we will allow you to go into a separate -- separate  
7 space somewhere.

8 HIGH: Okay. Thank you. Thank everyone.

9 DR. JAMESON: Thank you.

10 T. DAVIS: Madam Chair, Tiffany Davis, for the record. Yeah.  
11 Katie will be moving Ryan High back into the waiting room and we'll wait  
12 for her to let us know when she has successfully done that before we move  
13 forward here.

14 DR. JAMESON: Thank you.

15 T. DAVIS: And also, Madam Chair, for the record, while we're  
16 waiting for Katie to give us the heads up on that, I would like for the -- for  
17 the record to kind of reread the first three questions that Dr. Friedman  
18 asked, just so those on the phone know clearly what those questions were,  
19 since they were a little hard to hear the first time around. So, if I may, the  
20 first question that was read was, or asked was, 'could you please describe  
21 your qualifications for this position and why you think you are the best  
22 candidate for the executive director.' For the record, the second question  
23 was, 'what would you say are the most important professional principles  
24 that you would use to conduct yourself as an executive director?' And  
25 then the third question asked was, 'could you please describe your

1 leadership style? Please give us specific examples of how you would -- how  
2 you would and how you have used this style to change organizational  
3 culture, build successful teams, resolve serious and long-standing  
4 conflicts.' And just to note that, for those who are listening in from our  
5 public, that all questions will be asked -- the same questions are asked to  
6 each candidate and by the same Board members. So, just for clarification  
7 on the consistency of the process and the fairness of the process, and that  
8 way. And then, I believe Dr. Friedman, she wanted to test her mic to see if  
9 we can hear her a little bit better.

10 DR. FRIEDMAN: Okay. I swapped out my mic. Is this better?

11 T. DAVIS: Wow. Much better.

12 DR. JAMESON: Much better. That's wonderful.

13 DR. FRIEDMAN: Oh, good. All right.

14 T. DAVIS: Yay.

15 DR. FRIEDMAN: I apologize for before.

16 T. DAVIS: That's okay. Thank you so much, Dr. Friedman for --  
17 testing that. And, Katie, do you have --

18 CHARLESON: Yep. Ryan in the waiting room.

19 T. DAVIS: Okay.

20 CHARLESON: Let me know when you want me to bring Troy in.

21 DR. JAMESON: Yes. Thank you for bringing Troy in.

22 CHARLESON: Oh, wait. He's not in yet. Are we good to bring  
23 him in?

24 DR. JAMESON: Yes.

25 CHARLESON: Okay.

1 DR. JAMESON: Oh. Unless -- earlier, they had decided that we  
2 would just move right through. Yes.

3 CHARLESON: Okay.

4 T. DAVIS: Yes. It's -- it's good to bring him in.

5 DR. JAMESON: Thank you.

6 CHARLESON: Troy is in the meeting.

7 DR. JAMESON: Welcome. Let's see. I'm trying to see you. I  
8 apologize. Oh, welcome, Troy, to our meeting. Thank you so much for  
9 your application and your interest in the job of the executive officer --  
10 chief executive officer of the Exchange. And we have several of our board  
11 members, uh, who have agreed to ask you some questions. And the  
12 questions will be the same ones that are -- have been presented to our  
13 other candidate. So, we will then, without any further ado, as they say,  
14 start with our questions. And our first questions will be with Dr. Friedman.

15 DR. FRIEDMAN: Thank you, Madam Chair. My first question is,  
16 could you please describe your qualifications for this position and why you  
17 think you're the best candidate for the executive director?

18 T. DAVIS: Mr. Johns, can you please unmute yourself? Tiffany  
19 Davis, for the record.

20 JOHNS: Thank you very much. Dr. Friedman, I appreciate that  
21 question. Um, well, for -- for over 30 years, I've worked directly with  
22 boards and executive management in different healthcare organizations.  
23 And during that process, I've -- I've had the privilege of working with  
24 stakeholders that -- that mirror, the same stakeholders that we have in the  
25 Exchange. And through that process, we've designed, obtain rating for --

1 an application for, deployed healthcare coverage, and then supported that  
2 through enrollment processes, customer service, and the functionality that  
3 you have at -- at -- at the Exchange. And so, it's -- through those  
4 experiences that I feel that I have a good grasp of the type of skills that  
5 you need and the different members, stakeholder groups that you need to  
6 work with. And I can advocate for each of those consumers in each of  
7 those interests. I'd also like to say that, you know, I have a passion for --  
8 for making sure that we can cover with quality healthcare coverage, every  
9 Nevadan that -- that -- as we possibly can. You know, I just don't think  
10 that individuals can achieve all that they are destined to achieve, or want  
11 to achieve, if they have to worry about healthcare coverage. If they can't  
12 prevent disease, they can't treat chronic disease, and -- and that hurts  
13 everybody. When we have uninsured, our providers can't get adequate  
14 compensation for the services that they deliver, that creates a real burden  
15 on the healthcare providers. And our employers can't have a productive  
16 workforce. So, you know, I -- I think if we don't aggressively pursue our  
17 passion to cover everybody that we possibly can, we just can't achieve  
18 everything that we want as Nevadans, or as -- as a state.

19 DR. FRIEDMAN: Thank you. And then moving on to our next  
20 question. What would you say are the most important professional  
21 principles that you would use to conduct yourself as executive director?

22 JOHNS: Well, I -- thank you for that question. I would say that,  
23 you know, I think that it's true in every aspect of our lives, and particularly  
24 important for -- for a leadership position. I would say honesty, integrity,  
25 accountability, and reliability. Those would be guiding principles that --

1 that I ascribed to and that I would bring to this position.

2 DR. FRIEDMAN: Great. And then my final question is, can you  
3 please describe your leadership style? And can you please give us specific  
4 examples of how you would and how you have used this style to change  
5 organizational culture, build successful teams, and resolve serious or  
6 longstanding conflicts?

7 JOHNS: Well, my leadership style is -- is an alignment of  
8 interests. You know, I think if we look at individuals, we see that they  
9 have goals and objectives and aspirations as individuals. Then we look at  
10 the duties that they have on a job, in a particular position. And, if those  
11 are circles, you know, those circles would overlap, we hope -- that they're  
12 working in a particular position because they -- they want to -- to  
13 accomplish a goal or advance somewhere in their career or achieve  
14 something on a personal basis. And then we look at the organizational  
15 goals, and that's another circle. And if you put those three circles  
16 together, they're overlapping and in a center spot, you have where the  
17 organization needs to go, the individual's goals and objectives, and the job  
18 duties. And I think if we spent a lot of time to focus on that, so that  
19 individuals get to move in the direction that they want to, while  
20 accomplishing the -- the duties of the position and advancing the  
21 objectives of the organization, then, you know, everybody is very well  
22 aligned. I think stylistically it's important to listen. Everybody needs to  
23 be heard. Some people don't like to spend a lot of time talking about  
24 those things. Other people do. And so, I think it's important to listen and  
25 understand each individual and how we, as an Exchange, for the staff that

1 we have, would work to help them advance in any direction that they want  
2 to go. It's not uncommon to have somebody tell you that they want your  
3 position. Right? And I think what, you know, an element of our success  
4 can be judged by are we effective at producing executive directors for this  
5 position, should -- should the -- an executive director ever leave or for  
6 other agencies. You know, I think that's an ultimate sign of success. If --  
7 if we have people that are able to advance towards where they want to go,  
8 and -- and that's very important and, you know, it's -- it's critical to hold  
9 on to people. And I -- I think that it's an area that you need a lot of  
10 investment in. So, specific examples? I -- I can tell you that I have built  
11 multiple departments, sales and marketing departments, for healthcare  
12 coverage. And one of those I did in Colorado, Denver. The chief medical  
13 officer, who was a MD, MBA, very brilliant lady and privilege to work for  
14 her, she saw me build that for a distributed sales organization called Met  
15 Plans (phonetic). Then, she asked me to interview for the director of the  
16 HMO position, a new position there, because we were bu -- they wanted to  
17 build a sales function and department there. So, I joined that team.  
18 Sometime later, this was Dr. Ashbach (phonetic), she became a consultant  
19 for an organization that wanted to start an HMO. And she suggested to  
20 them that they bring me over to -- to develop their sales and marketing  
21 function as their vice president. And so, I think that's one of the signs of a  
22 successful development of a department and a team where the  
23 organizational leader makes other moves and then invites you to -- to join  
24 them in another organization. So, I hope I answered your questions there.

25 DR. FRIEDMAN: I apologize. That was a very long question with

1 -- with many parts. So just to follow up on the last part of it, and give you  
2 an opportunity to respond. If you could give ex -- a specific example of  
3 how you've used your leadership style to resolve serious or long-standing  
4 conflicts, as well?

5           JOHNS: I worked with -- with an organization, and two of the  
6 board members had a serious issue develop between them. It resulted in a  
7 change in the structure of funds that were coming into the organization,  
8 from investment into a loan. This was a major, major problem for the  
9 organization. It changes your balance sheet substantially. It changes what  
10 kind of programs you can fund for your growth, and to achieve all of the  
11 goals that you set out to. This developed over a period of time, and what -  
12 - what we ended up doing is, I met with the key stakeholders -- each of the  
13 board members independently. And then also the key employees. And we  
14 put a program that would demonstrate how we were all in this together.  
15 And the -- the end result was that we were able to see a way for  
16 reconciliation of the issue that separated people, because it wasn't about  
17 the organization. So, we focused on the organization's objectives, brought  
18 everybody together, and the result was the ability to -- to wipe off the  
19 over \$2 billion of long-term debt, which was substantial for our  
20 organization. And so we -- we started with a -- a very positive balance  
21 sheet following -- following that interaction.

22           DR. FRIEDMAN: Okay. Thank you.

23           JOHNS: You're welcome. Madam Chair, I can't hear you, if  
24 you're -- I think the microphone (inaudible) -- thank you.

25           DR. JAMESON: Yes. Thank you. We thank you so much. And



1 we'll go on with Jonathan Johnson. Thank you, Jonathan.

2           JOHNSON: All right. Great to meet you, albeit over Zoom. You  
3 alluded to some of this in your -- in some of your prior responses, but this  
4 -- this position involves pressure from a variety of stakeholders, which  
5 include, you know, insurance agents, brokers, insurance carriers, state  
6 legislators, consumers, small businesses, et cetera. How would you  
7 balance these competing interests -- competing forces?

8           JOHNS: Thank you, Mr. Johnson. You know, I -- I think that we  
9 have pressures similar to that, albeit this is -- this is high level, in  
10 everything that we do. Every day we're -- we're dealing with stakeholder  
11 interests and trying to -- to find a way forward, and to satisfy them. I  
12 believe that we can make a case where increasing the number of -- of  
13 Nevadans covered by quality health insurance solves a lot of the state's  
14 problems and challenges in that we are -- we are better off doing so. I  
15 think that, based on what I know of Nevada Health Link and the Exchange,  
16 is it's an exemplary organization. I mean, hats off to you as a Board and  
17 the staff, because it -- it's -- it's incredible work that you've done. And so,  
18 that makes our starting place much easier than it would be if -- if there  
19 were a lot of problems. But I think we can get down to -- to the essentials  
20 with every single stakeholder, and we can say, you know, we are reliable.  
21 We are cost-effective. We are covering people and helping them be more  
22 productive. This helps employers. This helps the state's economy. For the  
23 brokering consulting community, you know, they need to have health  
24 coverage that can be offered to their constituents that allows them to  
25 continue to grow their business. And, you know, with the reliability, the

1 statistics, the communication that staff has been able to continue, you  
2 know, I think we can solve that stakeholders' needs, you know. For the  
3 healthcare providers, you know, we have to show increasingly that we're  
4 going to solve this problem and it's not going to stay -- the numbers aren't  
5 going to stay, in terms of the number of insureds at the same level,  
6 because they will eventually lose face -- faith with us. You know,  
7 Nevadans send their representatives, both at the executive and then the  
8 legislative branches, to make sure that we get our job done. So, you know,  
9 I think if we develop relationships by meeting with all of those  
10 stakeholders, as frequently as we can and get to know them and they can  
11 see and sense our commitment to resolving these issues in a way that's  
12 accountable and reliable and effective, that -- that our problems in that  
13 regard will be minimal. And, you know, that -- I think it would be naive  
14 not to say we will expect surprises in positions because that happens in a  
15 political environment. And so, by being excellent in everything that we do  
16 and being open about it and communicate about it, if issues come up, we  
17 address them in a forthright manner, I think that we can handle that  
18 pressure and -- and demonstrate how we're aligned with the needs of  
19 Nevadans.

20           JOHNSON: Perfect. Thank you. So, this next question is multi-  
21 faceted. It's -- it's rather lengthy, so I'll -- I'll start with that. We'll --  
22 we'll break it down into a couple of key areas and I'm happy to repeat any  
23 -- any part of it as -- as needed. But the Exchange is heavily dependent on  
24 good working relationships with many other state agencies, both elected  
25 and administrative. The Exchange is responsible to the State of Nevada for

1 proper fiscal management. Please describe any legislative experience you  
2 have -- you have had, and any experience working with budget planning.  
3 Moreover, please explain if you're familiar with the State of Nevada  
4 legislative processes for submitting budgets.

5           JOHNS: So, I've had the -- I don't -- I don't know what you can  
6 call the pleasure, but I've worked with budgets for -- for my whole career,  
7 on small budgets and large budgets. We -- we had a block of over \$200  
8 million of business when I was with an organization in Arizona. Included in  
9 that, the employer groups that we covered there was the state of Arizona.  
10 And so, I worked with the State of Arizona on plan design and deployment  
11 of different types of coverage, HMO, point of service, integrated plans.  
12 There, we also had the privilege of covering legislators, as insurance, and  
13 working with their benefits managers. And, so we -- we -- we've had a lot  
14 of work, or I've had a lot of work, where we're dealing with the -- the  
15 needs of legislators as consumers of health coverage for organizations that  
16 I'm a part of. Also, in the -- the benefit design and learning about their  
17 interests and being able to reflect what -- what they need, in terms of cost  
18 controls, medical management, ease of access, distribution of -- of  
19 providers to meet the needs of their workforce. And so, I've -- I've seen  
20 that firsthand and then reflected that in plan design and network design  
21 through the organizations that I've worked with. That budget was  
22 somewhat similar to the Exchange, with the exception, I didn't have to  
23 cover some of the operational expenses that have -- have to be reflected in  
24 the budgets that we submit for the Exchange to the state. I'm aware of the  
25 process, you know, that -- that builds up prior to each session, and then

1 the accountability that the Exchange has to -- to handle the -- the budget  
2 reporting and answer questions and get that approved on a periodic basis.  
3 In terms of the legislative process here, I'm familiar with how the assembly  
4 works and the Senate works and how the executive works. And I think  
5 we've recently seen the executive at -- at work, with the -- the cost  
6 benchmarking. That's going to be very important for us and -- and all of  
7 the divisions that serve the executive. Mr. Johnson, did I give you enough  
8 information about that?

9           JOHNSON: Yeah, I think, you know, the -- the key, the key part  
10 to -- to that question is, you know, working with budgets and working  
11 through the -- the state's budget, you know, process. That's a critical part  
12 to, you know, part of the -- the role of the executive director with the  
13 Exchange. And -- and so, you know, there's the specific process to that.  
14 That -- that's, you know, critical. So yeah, thank you for -- for kind of  
15 sharing your -- your experience and past work with -- with the state of  
16 Arizona. That's helpful.

17           JOHNS: Mr. Johnson, I would also say that I do enjoy, from the  
18 perspective, if I'm privileged enough to serve as your executive director,  
19 that the budgets have been done so well and so effectively in the past.  
20 Because it's easier to work from that basis than to create them from  
21 scratch, which I've done a few times. So, that is a -- that is a favorable  
22 position for whom -- whomever you choose as your -- your executive  
23 director.

24           JOHNSON: Sure. Thank you for that. So next -- next part of --  
25 part of this is related to your media experience. You know, what is -- what

1 is your experience there, specifically responding to media inquiries or  
2 public relations experience? How have you handled potential negative or  
3 difficult questions from state or statewide or national media?

4           JOHNSON: I've had limited exposure to -- to national media,  
5 but my thoughts about a media prep is I've had some. I have enough to  
6 know that I'd like to spend time with, I think is it Janel who's in  
7 communications, and also the experts at Abbi, because I don't think you  
8 can ever be prepared enough. You know, we -- we live in an environment  
9 where, you know, somebody who has -- has an obligation as a reporter to  
10 capture something live, might only have seconds to do it. And so, we have  
11 to consistently have top of mind, what are the key points that -- that need  
12 to be made? How can we say that clearly? So, my -- from a media  
13 perspective, I think that that's essential. I think it's a very important  
14 responsibility for your executive director to be attuned to what is likely to  
15 be asked and be ready to represent the Exchange in a clear, concise way.  
16 And -- and know that media relations are vital and important. It not only  
17 gets us, you know, extends our brand in a -- in a positive way, but it's also,  
18 you know, our duty to keep people informed about what we're doing and  
19 how we're doing it. So, I have some media experience. I have learned that  
20 you do have these thoughts -- the critical thoughts, top of mind. Because  
21 if there's -- if there's five seconds to present it, you present your key  
22 points in the -- in the last five of a ten second presentation, it doesn't  
23 matter, so. Did I get to the -- the core of the matter there?

24           JOHNSON: Perfect. Yes. Thank you. Last question from me.  
25 Over the past few years, the Exchange implemented a new eligibility and

1 enrollment platform, and the -- the position of the executive director  
2 works closely with the contracted technology vendor, which is Get Insured.  
3 How do you see your role in managing the Exchange's vendors? And what  
4 would your approach to -- what would your approach be to problem  
5 escalation?

6           JOHNS: Well, I think anything that's critical to the outcomes,  
7 how are -- how the covered lives that -- that enter through the Exchange or  
8 are somehow touched by the Exchange. Any of those relationships are  
9 vital and, to the degree that staff says that any of those relationships  
10 would benefit by having executive director presence, then, you know, I  
11 want to be there for them in the way that they say that they need the kind  
12 of support that the executive director could provide. I also believe that it  
13 -- it would be beneficial to be very proactive and for -- for every  
14 constituency group and every vendor Get Insured included, it would be  
15 important to make introductions and get to know them just as soon as  
16 possible. And to know, you know, how the Exchange is working for them as  
17 well. You know, I think we can all agree in most cases, what our objectives  
18 are and how to get there. And, with respect to escalation, you know, I'd  
19 like to see, because I think it works best if, whomever is primarily  
20 responsible for that relationship, from a staff perspective, if they can  
21 handle the issues that arise. And sometimes they can't. Sometimes  
22 vendors don't perform up to the standards. And then, I'd like to see them  
23 escalate in accordance with whatever management system that we have in  
24 place. I -- I don't perceive that that needs any change. At some point it  
25 may get to the executive director level where an intervention is needed.

1 And -- but what I find is we can do our most good if we have a good  
2 process in place. And if we follow that process, and then when there's a  
3 breakdown, we get to go back and look and figure out w -- w -- why did it  
4 break down? You know? And -- and then we know how to address it,  
5 should the same symptoms arise at a future time. And so, you know, I -- I -  
6 - I feel like it's dangerous to be the -- the type of person who just jumps in  
7 too quickly. Now the nature of some issues, the people involved in some  
8 issues -- sometimes that requires a -- a different course and you have to  
9 get involved quickly. But you know, I would -- I would perceive that -- that  
10 we would have a trusting relationship between everybody in the Exchange  
11 and the Board and that, you know, we can all collaborate on strategies to -  
12 - to fix whatever issue arises, and then do that in an accountable,  
13 transparent way.

14 JOHNSON: Perfect. Thank you.

15 JOHNS: I think you're muted.

16 DR. JAMESON: Thank you, Jonathan. And, going on, Valerie  
17 Clark will ask the next few questions. Thank you, Valerie.

18 CLARK: Thank you, Madam Chair. And, good afternoon, Troy.  
19 It's nice to see you. My first question. What is your specific experience in  
20 the field of individual health insurance? And please also describe your  
21 working knowledge of insurance rating principles and processes.

22 JOHNS: So, my experience. I have been designing employee  
23 benefit plans, as a sales rep and then sales manager, and then vice  
24 president of HMO's and marketing leads for -- for MetLife HMO, later  
25 acquired by United, for, gosh, about 40 years or more. And so, I have a --

1 a really -- an in-depth knowledge of the rating principles and the  
2 underwriting principles that are in place, primarily for group insurance. I  
3 haven't been an individual underwriter, but I think that the -- the group  
4 underwriting experience, of rating experience that I have is highly  
5 applicable to the accountable care coverage and the distribution and  
6 underwriting and actuarial principles that we use in it. I've been involved  
7 in multiple rate filings, working with actuaries and underwriters and  
8 submitting rates to departments of insurance in -- in multiple states. And  
9 then, working to address any concerns or issues they've had. I've also had  
10 the privilege of working with medical directors and chief executives,  
11 medical management teams, underwriters and actuaries to go out to work  
12 with hospitals and physicians, as we try to talk about different kind of  
13 capitated and value-based care arrangements. And then, representing the  
14 -- the -- the way that sales and marketing, through benefit design and  
15 rating can help manage the risk and make a more predictable experience  
16 for them, so that they're -- they're not taking on more risks than they  
17 understand and how they're safeguarded against those risks. So, I believe,  
18 by (inaudible) that I have a very good grasp of underwriting principles and  
19 actuarial principles and rating principles. Not exactly individual person  
20 underwriting for individual coverages, but for groups of one and an  
21 enormous number of small groups. One of my experiences that was  
22 interesting, is when in the Denver market, everybody at that time was very  
23 standoffish working with multiple-employer groups, where you would offer  
24 a -- a composite rate for, you know, related to age. And -- and I was able  
25 to help that organization pivot to -- to be willing to offer a chamber of



1 commerce plan, and then structure it in a way that we could handle the  
2 age swings that can occur if you have, say an employer group that has two  
3 employees, you know, and one is 30 and one is 40, and then one of those  
4 employee leaves and they replace it with someone who's 62. You know,  
5 that can have a dramatic effect on the risk profile. So -- so we worked  
6 with a way to -- to adjust for those types of things and still offer the  
7 chamber a very appealing and compelling plan. So, I've tried to share a  
8 little bit there about the applicability of -- of my understanding of the  
9 rating principles.

10 CLARK: Excellent. Yes. Thank you. That was very helpful. Can  
11 you please provide a synopsis of what your goals and objectives for the  
12 Exchange would be, and a general outline of how you would accomplish  
13 them if you were the executive director?

14 JOHNS: The -- you know, I -- I guess our benchmark is we want  
15 to move the needle on how many people remain uninsured. And so, we --  
16 we will need to find a way to address whatever is causing those people  
17 that are eligible for our Exchange's coverage, you know, to cross the  
18 barrier of enrolling. You know, I would -- typically price is somewhere  
19 involved in that decision-making process. I mean, the coverages are better  
20 available and are extraordinary. So, we would have to figure out, because,  
21 you know, I've seen some really incredible outreach that -- that the  
22 Exchange is doing. So, we're getting the word out, primarily. We would s -  
23 - we want to spend some time to figure out exactly why -- why don't we  
24 have more people enrolling on a regular basis. I think we have to really  
25 focus on and prepare ourselves for what's coming though, also as some of

1 the -- the ARPA benefits and subsidies disappear. We have to be watching  
2 very closely for how that's going to impact the -- the people that we  
3 already have -- have covered. Because that's going to put some pressure  
4 on holding onto the enrollees we have. So, I -- I would foresee that we  
5 would ha -- spend a lot of time trying to figure that out and being as  
6 proactive as we can. We also know that this is a little bit unrelated, but it  
7 drives the -- the bandwidth that an individual has, financially, is rents are  
8 going through the roof. And, as the protections for people's housing costs  
9 are disappearing, you know, that's going to be a huge economic pressure  
10 on -- on our enrollees and those who might otherwise be able to choose to  
11 be an enrollee. There just won't be enough dollars in -- in their accounts,  
12 and we have to protect the individual economies, and if we don't protect  
13 the individual economies, then we can't do as much as we can for -- for the  
14 state's economies. So, those are things that -- that (inaudible) be looking  
15 at. Certainly, the public option is something that may play a positive role  
16 in this. So, it'd be interesting to see how -- how that proceeds. I'm hoping  
17 that -- that the Federal government might have some additional options for  
18 us, with respect to waivers, that could help us address these forthcoming  
19 issues. Because they have to be seen by everybody. So, I would get staff's  
20 recommendations on -- on these matters, and make sure those are  
21 presented to the Board, and get your guidance and direction on how to  
22 proceed. I perceive that my skill set is a great compliment to the-- the  
23 skill set that exists at the Exchange presently. And so, maybe perhaps  
24 together, with a -- with a -- this wide range of expertise, we might be able  
25 to come up with some new ideas and recommendations, and -- and ways to

1 implement them, that would be attractive to -- to the executive or the  
2 legislative branch.

3 CLARK: Great, thank you very much. My last question. Can  
4 you please tell us what you love about healthcare and the health insurance  
5 industry?

6 JOHNS: Well, it's -- it's such a cornerstone, you know. It's --  
7 it's so nice to have health coverage and to not have to say, you know, I  
8 have to restrict my activities because I can't afford to get sick. Right? Or,  
9 I can't afford to have an accident. And to not have that worry -- without  
10 that -- that's a blessing we want for everybody. So, it is really fun to help  
11 somebody say, hey, here's a coverage program that's good for me. It's --  
12 it's got great providers that are available to -- to me if I get sick. I  
13 understand what my cost ramifications are, when that happens. And  
14 there's a cap on how much I'm going to have to pay. Yeah, I can go on with  
15 my life because I can -- I can do this, you know. This is -- this is great.  
16 And, you know, you -- you -- you're in employee benefits. I -- there --  
17 there's nothing like it. And when you can do it and do an enrollment  
18 meeting, and you've got all kinds of people there, you know, and -- and  
19 they're like, wow, you know. This is -- this is a really fantastic. You know,  
20 and -- and when you think about some of the -- just the outstanding work  
21 that's being done by some of the new provider organizations, and their  
22 thinking about value-based care, they're focused on prevention, they're  
23 focused on chronic disease management, and integrating different  
24 providers in different ways and sharing medical information to reduce  
25 costs. I mean, this is an exciting time to be able to -- to bring healthcare

1 coverage to people and -- and those things just, you know, that -- that  
2 makes me happy. You know, to think about being a part of doing that and  
3 doing it on the scale that we can through the Exchange. That's -- that's a  
4 really compelling reason that -- that I was happy to see this job posting.

5 CLARK: Great. Thank you very much.

6 DR. JAMESON: Thank you. And we will be winding up with our  
7 questions with Lavonne Lewis.

8 LEWIS: Thank you, Chairwoman Jameson (phonetic). Troy,  
9 would you tell us a little about yourself and your background that hasn't  
10 already been addressed in this interview?

11 JOHNS: Well, I hope you have a sense, Ms. Lewis for -- for my  
12 passion for this position and -- and healthcare. I have had the privilege,  
13 for about 20 years, to serve as a trustee for an organization named Friends  
14 in the Desert Foundation. And Friends in the Desert was initiated in part  
15 by Mayor Gibson, Henderson Mayor, many years ago. At that time,  
16 Henderson was the second-fastest growing city in the nation. And yet, we  
17 had people that were dumpster diving and not able to put, you know, a  
18 meal on the table. And so, Friends in the Desert started as a group of  
19 people just wanting to make a difference as volunteers. And I was -- my  
20 wife is a Battle Born native. I met her in Dallas, and we moved to  
21 Henderson in 2020. So, I've -- I -- I'm almost getting my native rights, I  
22 think. But I was sitting in the Department of Motor Vehicles, next to a  
23 gentleman, and we were talking about things and somehow the issue of  
24 food insecurity and homelessness came up. And I -- I told this gentleman it  
25 was on my mind because of some things that -- that I had seen in how I'd

1 tried to help and felt ineffective. He goes, well, funny you should mention  
2 that. Why don't you come to our board meeting? And so, I -- so I joined  
3 that organization, Ms. Lewis. Long story short, you know, through about  
4 3000 volunteers a year, we've been able to serve 25,000, hot, sit-down  
5 meals to the homeless and insecure, you know, every year, for -- for the  
6 past 20 years. And we were able to keep that program -- that meal-service  
7 program going through COVID-19. We had to shift how we did it, to, to-go  
8 meals, but something I'm very proud of. Something I'm excited about. And  
9 it's -- it really shows what, you know, when we have gaps in the market  
10 and things aren't being addressed in a constructive way, you know what,  
11 the philanthropy and good-natured aspect of people can -- can make a  
12 difference. We can do something about it. And, you know, like one of the  
13 -- one of the changes as serving as their president right now, working with  
14 the board, we -- we just decided that we're going to recruit a social  
15 worker. You know, 'cause part of our relationship, Ms. Lewis, is we have  
16 to, you know, make sure that we're taking care of our community, too.  
17 And business leaders don't always find it consistent with their business  
18 ideal to -- to have organizations that are serving in this way. And so, we  
19 feel like, unless we're also addressing the root causes of homelessness,  
20 we're not going to be able to take care of our neighbors as much as we  
21 want to. So -- so that's an area I'm really excited that that organization  
22 has pivoted. We've raised funds and we're going to be hiring a social  
23 worker to help us address some of the root causes that have kept some of  
24 the people that -- that we provide meals to, in a homeless state. So, I'm --  
25 I'm excited. That excites me. And -- and it feels great to do something as

1 a volunteer and make a difference in that (inaudible).

2           LEWIS: Thank you. Tell me, as executive director, how would  
3 you work to increase diversity among the staff of state employees? And  
4 can you share with us any initiatives you have directed to engage the  
5 diverse communities in Nevada?

6           JOHNS: With -- in Nevada, with -- with all of the organizations  
7 that I work with, we are happy to -- to work with, employ, volunteer  
8 alongside, anyone who -- who has a passion and an interest in doing it.  
9 Most of my -- my work for -- for diversity has been a focus on making sure  
10 that our board representation at Friends in the Desert has is (inaudible)  
11 female participation as we possibly can. The -- we also, you know, want to  
12 serve anybody who comes to us, in need, for whatever reason. And so, our  
13 outreach is -- is really in our duties. I think we have a lot of -- a lot of  
14 programs available to us for -- for those privileged to work for the state, to  
15 make sure that -- that we can provide mentorship, we can make positions  
16 attractive, and we can help bring along anybody who has an interest in --  
17 in working with us and serving -- serving alongside in a way that -- that  
18 increases in the diversity. And -- and through that, you know, we get to  
19 look through another set of glasses and see things that we haven't seen  
20 and approach problems in a new and constructive way, and maybe help to  
21 address the underrepresentation of some of the Exchange's covered lives,  
22 you know, in -- in terms of the Hispanic community and other underserved  
23 communities.

24           LEWIS: Thank you.

25           JOHNS: Thank you, Ms. Lewis.

1 LEWIS: Please address your approach to following and  
2 responding to federal and state healthcare policies, with implications for  
3 the Exchange. And the second part of that program -- that question -- is  
4 what will you do to ensure that the Exchange's messages reach  
5 underserved populations, and how the Exchange will provide health equity  
6 to Nevada?

7 JOHNS: Well, in terms of following -- following legislation at  
8 the federal and state level, you know, I think we can be attuned to that a  
9 hundred percent of the time and check all the potential sources for that.  
10 Subscribe to -- to the notices that would bring those to our attention, and  
11 then work with our policy experts across the state, who are also paying  
12 attention to those things, to make sure that they're immediately on our  
13 radar, and we can start our process of determining what to expect and --  
14 and how to react to it. You know, I think we should -- we should look at  
15 where we have coverage gaps and where we are struggling to -- to meet  
16 the equity needs of -- of those that we're -- we're covering. And I think we  
17 -- we take that data and we benchmark ourselves and -- and we say, where  
18 are we today? And -- and we say, why are we there, and what do we --  
19 what do we have to do to -- to -- to move the needle here? What -- what  
20 are we going to do to -- to make a difference and increase our coverage  
21 and our exposure in each of these communities? We have Abbi -- the Abbi  
22 people are really very effective at understanding marketing messages and -  
23 - and reach. I think that if we -- we bundle that and we go to the  
24 communities that are underserved and spend time with them -- be able to  
25 exchange -- (inaudible) -- explain exactly how we can participate in their

1 lives and how we go about it, how easy it is to do, and we use language  
2 materials that support easy communication, based on whatever languages  
3 are spoken in those communities, I think we can make a difference. I don't  
4 think there's any substitute for spending time with people, and working on  
5 what the barriers they're facing, and showing them how, through the  
6 Exchange, we can overcome some of those. And I think we do have to be  
7 mindful, Ms. Lewis, all the time, of -- of what we're expecting, financially  
8 from -- from people. When the subsidy's not there, we still have to offer  
9 them something that they can afford to buy. And I think we want to spend  
10 a lot of time to couple our message that's specific to -- to whatever the  
11 underserved community is, with a compelling price and product  
12 combination, so that they can take an action.

13 LEWIS: Thank you.

14 DR. JAMESON: Thank you. Thank you, very much, Troy. Thank  
15 you, Lavonne. We just have -- I have just a few questions to round out the  
16 interview. And, first one. If you are selected as the executive director,  
17 when would you be able to start working in this position in Carson City?

18 JOHNS: Thank you, Madam Chair. The March 21st, would be  
19 ideal. I think with the -- the intensity and nature of things that are, you  
20 know, before us, if I can get read into anything prior to that time, I'm  
21 certainly open to that. I don't know what the requirements are with --  
22 with HR management, in terms of when somebody can -- can be a briefed.  
23 But, so March 21st, and if -- if something is needed before then, I'm open  
24 to it, but it may take some time to secure a -- a place to stay in Reno. I  
25 hear Reno/Carson City a pretty hot market right now.



1 DR. JAMESON: Thank you. And I would like to ask our Board  
2 members if they have any questions regarding the resume that you  
3 submitted -- to the Board members, the resume that we've all reviewed.  
4 Did you have any questions now that you've had an opportunity to have  
5 questions asked and answered? Were there any questions, concerns, or --  
6 that you thought you have -- wanted to address on the resume? Hearing  
7 none then, I --

8 LEWIS: Madam Chair, I have a question real quick. (Inaudible).

9 DR. JAMESON: Yes? Yes?

10 LEWIS: Just one question. I was reading over your resume,  
11 which is very extensive. I noticed that you've been president of your  
12 company since 2001. What has prompted you to want to make a change,  
13 from being president of your company for the last 21 years, to doing  
14 something like this, which looks quite a bit different than what you --  
15 (inaudible) -- in terms of just, you know, being in the private sector versus  
16 the public sector? What -- what has prompted this?

17 JOHNS: (Inaudible). Fair -- fair question. May I tell you a  
18 story?

19 LEWIS: Sure.

20 JOHNS: I was, you know, the -- the pandemic has -- has  
21 changed, you know, a lot of things. And -- and for -- for my company, one  
22 of the things that it's changed is where we have had software solutions  
23 that people install on their own networks, and they -- they don't want to  
24 do that anymore because their employees are working remotely. And so,  
25 you know, we are pivoting -- we have a software as a service solution. We

1 also have a couple other software as a service solutions, and one that was  
2 primarily an installed solution that people would run on their own  
3 computers or networks. And I was working on the cloud deployment  
4 version for early release for that one day, and I got an email. And it was  
5 time for a break, so I looked at that email and it -- from somebody who  
6 knows me really well and knows of my professional experience and knows  
7 about my interests and passions says, wow, this job was made for you.  
8 And I said, what? And so, I didn't open it. You know? I just -- just looked  
9 at the headline and I said, well, what would a job look like, you know, that  
10 -- that I would be willing to -- to make a change for? And so -- so I thought  
11 about some things and, you know, I have loved employee benefits, and I  
12 love healthcare, and I love making a difference. And so, I said, well, if it's  
13 in healthcare, if it leverages this increased focus we have on behavioral  
14 health and addressing the needs that people have there, that have really  
15 been exacerbated by the COVID pandemic, maybe not exacerbated, but we  
16 know about them, to a degree that we never have before, and there are  
17 novel -- novel solutions to help with that, and -- and I could conceivably  
18 make a difference, and I could help individuals improve their own  
19 economy. You know, when you have a healthcare condition and you don't  
20 have coverage, your economy's wrecked, you know. And, by doing that, I  
21 could help, you know, employers and families. And I could -- I could help  
22 contribute to Nevada being the best that it could be. You know, I was like,  
23 yeah, that -- (inaudible) -- if I could make a difference in some of these  
24 ways, with respect to healthcare, yeah, I would do it. So then -- then at  
25 the end of that day, I took a look at the job description and I -- and I

1 started thinking about it. And, you know, I thought that -- that I could -- I  
2 could make a contribution to -- to what the Exchange does. I would be a  
3 good compliment to -- to the staff that's there -- a little bit different  
4 perspective and different experience base. And, you know, gotta be  
5 honest with you, I -- I watched, you know, you all as a Board work and deal  
6 with problems. You know, and overcome those. And I'm like, this is a  
7 culture that finds a way to do things in a really exemplary way. And I'm  
8 like, that's the kind of team I want to be on. That's the one -- the kind of  
9 team I want to be a part of. And -- and so, you know, those things  
10 together -- I know I've made a long story of that, but you know, that -- that  
11 made me say, yeah, yeah, if I -- if I meet their criteria and they find that  
12 I'm a good fit for their organization, that's a culture that I'd like to be a  
13 part of. I don't think it's a fixed project. I think it's a go-forward and do  
14 new things that are going to make a difference, you know, opportunity,  
15 and a, you know, those -- those -- those are great career opportunities.  
16 And so, I was -- I felt really happy to see -- I mean, your prior executive  
17 director, boy she was phenomenal in this role and I'm sure she is, I  
18 understand she moved to Get Insured, and so, you know, I'm -- I'm sorry  
19 that the Exchange lost her. But you know, it's -- it's great to see people  
20 growing and doing new things and -- and I'm -- I'm glad to have this  
21 opportunity to -- to meet with you, Ms. Clark and Ms. Lewis and Ms.  
22 Jameson, Madam Chair and -- and all of you. I see some staff online here  
23 and -- and -- and hope that I'm privileged to -- to be offered the position.

24 DR. JAMESON: Thank you. Lastly, do you have any questions or  
25 disclosures or anything that you would like to discuss with us, the Board,

1 so that it could assist us in our evaluation process and decision-making?

2           JOHNS: Well, I'm -- I'm wondering, from a priority perspective,  
3 if you, you know, you're w -- what are you watching? What -- what are you  
4 ex -- ex -- excited about in an executive director playing a role in, that --  
5 that's coming before you? You know, is it The Patient Protection  
6 Commission, 1332 waivers, the public option? I mean, what -- what's on --  
7 what's on your radar? What are -- what are you kind of, ready to have --  
8 another person carrying some of this load and -- and making a difference in  
9 -- for the Exchange?

10           DR. JAMESON: I'm going to, as I always do first, open it up to  
11 my team and invite our Board members to see who would like this  
12 opportunity to answer first, second, or third.

13           CLARK: I mean, I'll -- I'll just say something real quick. Valerie  
14 Clark, for the record. I think, you know, the Board has transitioned over  
15 the course of time. You know, when we first started, there was just  
16 building the infrastructure, the technology, we've gone through a lot to  
17 obtain the technology that we have now, and the independence that we  
18 have as a state board is critical. I think, from my perspective, it would be  
19 very -- it would be a very important thing to now start becoming more  
20 visionary on the role that the Exchange plays within the state and being a  
21 bit more proactive on finding the people that need our services, that are  
22 out there. And we have been proactive, but I think we will have more time  
23 now that we've got our infrastructure built, to really make a name for  
24 ourselves in the state of Nevada, in a way that the transition would -- or,  
25 that an evolution would -- would direct us to go. So that's where I would

1 see, you know, w -- what I would be looking for, a -- as a Board member, in  
2 terms of an executive director. Someone with that vision of how we could  
3 do that.

4           JOHNS: Thank you.

5           DR. JAMESON: Thank you, Valerie. Should (phonetic) I put  
6 anyone on the spot? Anyone else? Jonathan, look at that grin.  
7 (Inaudible).

8           JOHNS: Also, that was -- that was very consistent with Ms.  
9 Lewis asking about reaching new communities, too. It's very consistent  
10 with that -- that -- that vision.

11           DR. JAMESON: I would just (inaudible) nobody else on that  
12 question, then. I would just add, I couldn't agree with Valerie more. I  
13 think that we have reached a remarkable place, with the Exchange finally  
14 breaking through that glass ceiling of over 100,000 lives in our last  
15 enrollment period, with an amazing -- I don't want to refer to our staff as a  
16 well-oiled machine. Because it's really, as we pointed out during your --  
17 your questions, it's -- it's their amazing human component. They're  
18 incredible, compassionate, caring, but also combined with their  
19 phenomenal expertise, ability to look at data, try to set new goals,  
20 bringing on the -- being -- looking at is an (phonetic) opportunity, but not  
21 a challenge to bring on our amazing new platform with Get Insured, which  
22 really has been so user-friendly and given our clients so much -- we were  
23 dreaming of for years. So, as Valerie said, we have accomplished quite a  
24 bit and we could rest on our laurels, or we can say, oh my gosh, we are far  
25 from having every Nevadan insured. And there are certain things on the

1 table now, like the public option, and some people wonder, and there's a  
2 little negativity around it, and, but we need to embrace these things, see  
3 how we can work with it, especially our new medical director and the  
4 Exchange, and really reach new levels of -- of, uh, decreasing the  
5 uninsured in this state. And where could that take us? Some of those  
6 communities of diversity, they have many -- many undocumented. Even  
7 people that are here legally, but -- but not eligible, haven't paid in five  
8 years, you know, in many places across the United States opportunities are  
9 opening up to include them in my field, OB/GYN. They're being included,  
10 instead of waiting five years or two years, in our state legislature. There's  
11 just so many opportunities to continue, as you say, bringing healthcare to  
12 everyone because no one should have to feel that they don't have access  
13 to healthcare. Because we do believe that everybody should have access  
14 to healthcare. Everybody deserves to have a healthy, long, productive, and  
15 happy life and be able to get out there, take care of themselves. Everyone  
16 in our -- in the low-income area, undocumented. We have a long way to go  
17 before we solve the uninsured problem. We now have to think out of the  
18 box, and we want our new director to think out of the box. And maybe this  
19 all sounds very aggressive, but as long as there is someone uninsured who  
20 might die because they just don't have access to health care, or in Nevada,  
21 one in four women without maternal care, we have a long way to go. And  
22 we have this amazing Exchange to use as a vehicle to take us to that goal  
23 of, as Gates likes to say zero people uninsured. They say, how many --  
24 what's the number you want to do? What's the number? Give us the  
25 number of reduced premature births in the world? Give us a number? He

1 says, let's think about that other magic number. Zero uninsured in Nevada.

2           JOHNS: Fantastic. Well, thank you. That was -- that's  
3 fantastic. It would be a great organization to be a part of. (Inaudible) --

4           DR. JAMESON: So, you still have that opportunity. If there are  
5 any other questions or disclosures or something you would like to discuss  
6 with us?

7           JOHNS: No. I -- I am inspired and looking forward to -- to your  
8 decision.

9           DR. JAMESON: Thank you so much for your application, your  
10 time and this wonderful interview today. And, we are going to now have  
11 our staff move you into your waiting room. And I just can't tell you how  
12 much I appreciate your interest in our organization and in our -- our  
13 people in Nevada who need to have access to healthcare, as you clearly  
14 pointed out in your answers to our questions today. Thank you.

15           JOHNS: Well, thank you it is a real privilege. And thank you to  
16 all of you who have asked me questions. I really appreciate your  
17 consideration.

18           CHARLESON: Troy has been put back into the waiting room.

19           T. DAVIS: Madam Chair, it looks like Katie just confirmed that  
20 he has been moved into a wait -- wait -- waiting room. So now, we can  
21 move onto the agenda item five, if you would like, with the selection.

22           DR. JAMESON: Oh boy. Boy, this is certainly harder than I  
23 thought it was going to be. But we have this amazing Board, and collective  
24 minds. And -- and so, what I'd like to suggest is going straight. I would  
25 like to entertain a motion. If someone would like to offer a name of one of

1 the two candidates for starters -- a motion to offer X person the job of the  
2 executive director of the Exchange and of the Silver State Health Insurance  
3 Exchange, subject to all HR requirements. And, if we -- if you're  
4 comfortable Board, on going with this right now, one of you can make that.  
5 If, for any reason you feel you'd like to have a discussion first about any  
6 particular issues that you may want to talk about, that certainly can be.  
7 Otherwise, I would be happy to entertain a motion, if you feel ready to  
8 vote. Am I on mute? I know. It is so difficult, but as the Chair, I will defer  
9 to one of you members. I'm putting the pressure on one of you to take  
10 either name for a motion and start there.

11           JOHNSON: This is Jonathan Johnson. You know, I think -- I just  
12 want to share maybe some -- some comments before we get to that point.  
13 Maybe --

14           DR. JAMESON: Absolutely. Absolutely.

15           JOHNSON: -- (inaudible) discussion amongst the Board, that's  
16 great. I'm impressed with both. Both -- both Troy and Ryan. They -- they  
17 each have unique attributes and characteristics that I think would be of  
18 tremendous benefit to -- to the Exchange. Different backgrounds, different  
19 experience -- different experiences. Ryan, I see, you know, more from the,  
20 you know, logistics and navigating the -- the process of, you know, working  
21 with the state and kind of his background and experience there. Troy's  
22 background in -- in healthcare and just his passion. You know, it was -- it  
23 was really exciting. I'm torn. I -- I, you know, I feel like the, you know, it  
24 was -- it was -- didn't -- didn't really like, you know, having to go through  
25 this process, and -- and losing our -- our prior executive director, but I'm



1 really pleased with -- with the candidates that we have.

2 DR. JAMESON: I would like to say we -- we do have an option  
3 where, if we wanted, and at this point I will also ask after I've finished this  
4 comment, for Michelle or Michelle to make any comments, which is  
5 another option is -- because I -- I do believe many of us, and that was our  
6 long pause -- that long silence is that (inaudible) -- very torn. Two  
7 excellent candidates. So, if -- if you guys feel, and girls, if you, Board  
8 members feel it would be of benefit, we can always ask a few more  
9 questions to help us decide. For this I would like to call on, I think  
10 probably Michelle G. Garton. Comments.

11 GARTON: Yes. Nice to see all of you. The -- the -- there are  
12 some amazing candidates. I -- I have to agree with you there. I think  
13 that's an absolutely appropriate idea. You know, it would be sort of like  
14 considered a second round, I would say. You know, sometimes that is  
15 helpful to -- to narrow it down from five to two, or something like that.  
16 But I think that's a good opportunity, if you wanted to ask some more, you  
17 know, obviously different questions, but questions that -- that would  
18 maybe help you to -- to get over that finish line there, with the one of  
19 them.

20 DR. JAMESON: And thank you very much, Michelle. And I also -  
21 - any comments from Michelle Briggs on this?

22 BRIGGS: Hi, Madam Chair. So, no --

23 DR. JAMESON: What I would like you to address is, should we  
24 decide to do this --

25 BRIGGS: Uh-huh.

1 JAMESON: -- the question of -- of, how would we implement it?  
2 Would we do that today? Would we have to table this and set another  
3 meeting and leave our poor candidates hanging, create our new questions  
4 in a thoughtful manner, return at a later time? I -- I must say, as a Board  
5 member, although I denied being OCD, I shudder to think at spontaneous  
6 questions, not well thought out, and just throwing them at them, from  
7 anyone. I -- I wouldn't want to make this important decision based on such  
8 a -- un-thought-out process. So, I would love guidance here. And then,  
9 we'll go back to the Board and ask if the majority would like to take a vote  
10 now, more discussion or questions and et cetera, based on your answer.  
11 No pressure.

12 BRIGGS: Okay. Thank you, Madam Chair. Of course, this is all  
13 within your discretion. So, you can have another meeting, you can bring  
14 them back now, you could -- and it's possible at your next meeting, you  
15 could have more of the Board there, and maybe that would make it a little  
16 easier to make a decision. So, if -- if you wanted to wait and -- and not  
17 bring them back now and bring them back in a week or -- or two, that's up  
18 to you. But you're right. It would be better to have maybe more thought-  
19 out questions, unless you guys have specific questions that you think  
20 would help you make a decision today. And -- and -- and if you do, then I  
21 think it would probably be better to finish it today. But if you don't, I  
22 think that's a good idea to wait until you can think about it a little bit, and  
23 then put together some questions that would narrow it down.

24 DR. JAMESON: Michelle, thank you very much. So, what I  
25 would like to propose is for us to -- I'm going to ask for a motion. And I ---

1 putting in a comment here, which is, there's no fire, there's no urgency.  
2 There is a great desire to make this decision, but it is a huge decision. And  
3 we've been blessed with great leadership. We've been blessed with  
4 current staffing agreeing to be an interim executive director. I'm not sure  
5 if we need to reassure ourselves or get confirmation that this person  
6 would be okay with continuing to be our interim, should it take another  
7 two or four weeks to come to this decision. Or, whether it's just assumed  
8 that they're going to be okay if this does take a little bit longer. But if it is  
9 the case that we have in place, our safety net with an interim director,  
10 willing to continue, then the vote not being pressed. That is an option for  
11 the Board to consider now.

12 LEWIS: This is Lavonne Lewis. And I just wanted to make a  
13 comment. I am not sure that asking more questions would really help us,  
14 in terms of making a decision. You know, I think that we have asked and  
15 received answers to a sufficient number of questions to get a good feel for  
16 both of these candidates. So, you know, what is it that we would hope to  
17 ascertain by asking additional questions, that would help us, in terms of  
18 making a decision? Is it just that we're just not willing to make a decision?  
19 You know, is that where we are? Both of them --

20 DR. JAMESON: Thank you. Yes, yes, thank you very much,  
21 Lavonne. So, I think the question at hand is, for someone to make a  
22 motion, to see if we're ready to vote. And if so, we'll proceed with a vote.

23 LEWIS: Well, this is Lavonne Lewis again. I move that we vote  
24 today on the candidates that we have interviewed and see if we can reach  
25 a decision on one of these candidate.

1 DR. JAMESON: Thank you very much, Lavonne. Do I hear a  
2 second?

3 DR. FRIEDMAN: Sarah Friedman. I second (inaudible).

4 DR. JAMESON: All right. Thank you, Dr. Friedman. And now,  
5 having had a second, is there any discussion before we take the vote?  
6 Okay. Can I have Tiffany do roll call and take the vote? The vote being on  
7 whether we go ahead and vote on our new executive director now.

8 T. DAVIS: Thank you, Madam Chair. I'm happy to take roll call  
9 for our voting members. Valerie Clark?

10 CLARK: Yes.

11 T. DAVIS: Lavonne Lewis?

12 Lewis: Yes.

13 T. DAVIS: Sarah Friedman?

14 DR. FRIEDMAN: Yes.

15 T. DAVIS: Jonathan Johnson?

16 JOHNSON: Yes.

17 T. DAVIS: Jose Melendez? I believe he had to leave us for  
18 another meeting, unless he's returned. I don't think so. And then, Dr.  
19 Jameson?

20 DR. JAMESON: Yes.

21 T. DAVIS: That concludes our voting members, Madam Chair.

22 DR. JAMESON: Okay. But I'm glad we went through that. I  
23 think we're all realizing that, although it's a struggle, we can go ahead and  
24 make that -- Lavonne, thank you f -- okay. So again, I will now entertain a  
25 motion for -- from somebody on our Board -- a motion to offer X, name of

1 candidate for the job of executive director of the Silver State Insurance  
2 Exchange, subject to all of the HR requirements. Do we have a motion?

3 DR. FRIEDMAN: This is Sarah Friedman. I'd like to make a  
4 motion to offer Ryan High the position of executive director.

5 DR. JAMESON: Okay. So, I do have a motion from Sarah to  
6 offer Ryan High as the -- the job of executive director of the Silver State  
7 Exchange, subject to all HR requirements. Do I hear second?

8 JOHNSON: Jonathan Johnson. Second.

9 DR. JAMESON: Okay. Well, any discussions before we go onto  
10 the vote?

11 CLARK: My only statement --

12 DR. JAMESON: (Inaudible).

13 CLARK: -- my only statement is, this is one of the hardest  
14 decisions I've ever -- this is -- we have two great candidates. So, just for  
15 the record.

16 DR. JAMESON: Totally. Totally.

17 LEWIS: (Inaudible) we (inaudible). This is a very hard decision.

18 DR. JAMESON: Thank you so much for the comments. So, we'll  
19 do a roll call vote. Tiffany?

20 T. DAVIS: Thank you, Madam Chair. Ms. Valerie Clark?

21 CLARK: Yes.

22 T. DAVIS: Ms. Elsie Lavonne Lewis?

23 LEWIS: Yes.

24 T. DAVIS: Sarah Friedman?

25 DR. FRIEDMAN: Yes.

1 T. DAVIS: Jonathan Johnson?

2 JOHNSON: Yes.

3 T. DAVIS: Again, I'll ask if Jose Melendrez has been able to join  
4 us? Not hearing him. Dr. Jameson?

5 DR. JAMESON: Yes.

6 T. DAVIS: And that concludes our voting members, Dr.  
7 Jameson.

8 DR. JAMESON: Thank you, everybody. I know that was a very  
9 difficult decision, and I am extremely excited for us to -- just a real  
10 moment of celebration here, for us to offer Ryan the position as the  
11 executive director of the Silver State Exchange. I think it will make his  
12 day. Could we have one of our staff inform Troy how very much we  
13 appreciated his participation in this process and how -- what a difficult  
14 decision it was made, and we thank him, from all of us, so much? And --

15 T. DAVIS: (Inaudible), Madam Chair, Janel Davis, and is happy  
16 to make that phone call, or not happy, but she will be making that phone  
17 call.

18 DR. JAMESON: Thank you, Janel. Thank you. And then, we  
19 would love for -- who was it that's going to bring our candidate back into  
20 the room?

21 T. DAVIS: Katie --

22 CHARLESON: (Inaudible) bring (inaudible) bring him back in.  
23 Are we ready?

24 DR. JAMESON: We are so ready.

25 CHARLESON: Okay, Ryan is back in the meeting.

1 DR. JAMESON: I was just waiting to actually let me see his --  
2 him on the screen. We changed the format. Ryan?

3 High: Yes?

4 DR. JAMESON: Thank you so much for joining us. As  
5 representative of the Board, I would like you to know that the Board has  
6 unanimously voted you as our new Chief Executive Officer -- Director. And  
7 that your greatest wish, hope, prayer, and dream to be our Executive  
8 Director has come to fruition. And if, as you (phonetic), extremely blessed  
9 to have you, and we want to thank you so much for -- are you still with us?

10 HIGH: I am. Oh, I (inaudible) --

11 DR. JAMESON: Oh, good. Something happened on the screen.

12 HIGH: Absolutely.

13 DR. JAMESON: I just want to thank you so much for all of your  
14 incredible years of service --

15 HIGH: Thank you.

16 DR. JAMESON: -- to the Exchange. Your amazing passion and  
17 desire to continue at this level, and to now take us to new levels, with all  
18 the amazing opportunities, until we have zero uninsured people in the  
19 state of Nevada. I would love for you to go ahead and speak to this  
20 wonderful new opportunity, if you'd like to say anything.

21 HIGH: I -- I -- I'm -- I'm just so appreciative. And -- and first of  
22 all, yes, I accept. And I'm just so appreciative. And just know that I will --  
23 I will (inaudible) -- I will cherish this opportunity and I won't let you down.

24 DR. JAMESON: And we know that, which is why we all voted for  
25 you. And we just appreciate --

1 HIGH: Thank you.

2 DR. JAMESON: -- so appreciate -- so appreciate everything  
3 you've done and -- and have high hopes. And I think, not unreasonably  
4 high expectations for the amazing job that you will do in the future. So,  
5 thank you so much and God bless you. Thank you.

6 HIGH: Thank you.

7 DR. JAMESON: Now, I think we should all take -- what do you  
8 think everyone? Maybe just a five- or ten-minute break, and then let Ryan  
9 collect himself? And although you do seem very collected, calm. And then  
10 we will prepare to go on with the rest of the meeting. Tiffany?

11 T. DAVIS: Sorry, Madam Chair. Yes, that sounds good. In fact,  
12 a (phonetic) minute meeting, or break. What would you prefer? Five or  
13 ten minutes?

14 DR. JAMESON: I think just a five-minute break and, I'll go  
15 ahead, I'll just put myself on mute and then I won't even -- I don't think  
16 anybody needs to sign out. Stretch your legs, touch your toes, reach high  
17 for the ceiling. And we just give our greatest thanks to all of the staff and  
18 to Ryan and are really excited, moving forward. Have a good, little five-  
19 minute break.

20 T. DAVIS: Thank you, Madam Chair.

21 DR. JAMESON: Welcome back everybody. Does it look like we  
22 have everyone tuned in?

23 T. DAVIS: Madam Chair, I think we -- this is Tiffany Davis, for  
24 the record. I think we're getting close.

25 DR. JAMESON: All right. I'll just wait for you.



1 T. DAVIS: Madam Chair, Tiffany Davis, again for the record.  
2 We do have a quorum, who are here and attending.

3 DR. JAMESON: (Inaudible), excellent. So, we will go ahead and  
4 resume. I would like to start now with the Executive Director's report.

5 HIGH: All right. Thank you, Madam Chair. And in the -- in the  
6 interest of brevity, I'll, kind of summarize a lot of these topics in here so  
7 we can keep this meeting flowing here. The Silver State Health Insurance  
8 Exchange, for the record, it's Ryan High, Executive Director. The Silver  
9 State Health Insurance Exchange spend the second half of 2021, preparing  
10 for and executing, on the Exchanges third open enrollment period as a  
11 state-based Exchange. Additionally, the Exchange continued providing a  
12 special enrollment period through August 15th, 2021, where the Exchange  
13 implemented increased subsidies, expanded the federal poverty level for,  
14 subsidies and provided zero-dollar plans (inaudible) who claimed  
15 unemployment insurance as a result of benefits provided in the American  
16 Rescue Plan Act of 2021, or ARPA. The Exchange both included the SEP in  
17 August and prepared for the third open enrollment period, starting  
18 December 1st, 2021, while transitioning back to work through our hybrid  
19 staff schedule in both our Carson City and Henderson offices. The  
20 Exchange's third open enrollment period proved highly successful and  
21 broke previous enrollment records, with a plan year 2022 -- thank you --  
22 total enrollment of 101,409, consumers. Very, very exciting. This  
23 enrollment success is a direct result of strong efforts, marketing and  
24 outreach, tremendous statewide broker and navigator partnerships, a  
25 reliable and stable enrollment eligibility system, and consistent expert

1 advice out of our call center. Regarding vendor management, we  
2 (inaudible) our technology platform, included the ARPA SEP on August  
3 15th, as previously mentioned, and at the conclusion of the ARPA SEP, the  
4 Exchange enrolled 17,094 consumers. This was a special enrollment period  
5 last summer. It is important to note that during this record-breaking year,  
6 of our open enrollment for plan year 2022, the call center, one of our  
7 highlights here, continued to maintain expected and contract service levels  
8 for Nevada consumers, brokers, and navigators. As the Exchange makes  
9 every effort -- makes an effort every year to expand call center hours and  
10 availability into weekends during our open-enrollment period, the call  
11 center was open for both consumers and enrollment professionals, both  
12 Saturdays and Sundays through open enrollment. Additionally, the call  
13 center had extended hours until 11:59 PM PST on 1/14, 1/15, and 1/20, to  
14 accommodate end of open enrollment enrollments. With this being the  
15 Exchange's first open enrollment with a new marketing and outreach vendor  
16 in five years, The Abbi Agency, the Exchange recognizes the contributions  
17 that The Abbi Agency's marketing and outreach strategies and campaigns  
18 made to Nevada's enrollment success. The Exchange saw success in  
19 advertising storylines such as Traditions, Being There, Healing Me, Super  
20 Saver, and Weightlifted. Janel Davis, the Exchange's Communications  
21 Manager, will highlight more on these marketing and outreach efforts in  
22 her following report. Regarding preparing for the end of the public health  
23 emergency, or PHE, for seven months now, the Exchange has been working  
24 in coordination with the Department of Welfare and Supportive Services  
25 and the Division of Healthcare, Financing and Policy to adequately plan

1 how to best service Nevadans needing health insurance coverage, in the  
2 event they transition off of Medicaid, what redeterminations begin in  
3 volume at the end of the PHE. As the end of the PHE is yet to be  
4 determined at the writing of this report, we just did recently learn that it  
5 has been extended, although the end date is -- has that been said. The  
6 Exchange is actively planning with the two, aforementioned state agencies  
7 and its vendor, Get Insured, in order to assure that Nevadans in need will  
8 properly and efficiently be account transferred, when appropriate, to the  
9 Exchange for a seamless opportunity for coverage. The Exchange is  
10 planning to enhance its contracted call center through funding from the  
11 Center for Medicare and Medicaid Services and through a state Exchange  
12 monitorization grant. Upon final direction from CMS, the PHE will  
13 definitively end, the Exchange will stand up through Get Insured, a special  
14 team of CSR charged with making outreach to redetermined Medicaid  
15 clients that are deemed ineligible to continue on Medicaid but may have  
16 opportunities on the Exchange. Regarding federal and state legislation  
17 updates. From June 2021 to December 2021, the Exchange tracked a  
18 number of federal and state legislative priorities that continue to have  
19 impacts on the Exchange. This included ARPA, the Build Back Better Act,  
20 CMS's plan year 2023, notice of benefit and payment parameters, Nevada  
21 Senate bill 420, from the 2021, session, in the sem -- and Nevada assembly,  
22 bill 432, from the 2021 session. On December 28th, 2021, CMS's annual  
23 draft notice of benefit pivot parameters was released. This release  
24 welcomes and solicits public and state Exchange comment. The Exchange's  
25 comment can be found on nevadahealthy.com on our public notices page.

1 And I'll just reference that again, in -- in terms of brevity. All of our  
2 comments can be seen there in our official letter to the -- to CMS.  
3 Continuing on the state level, two important pieces of legislation that the  
4 Exchange continues to follow closely, and that may have significant  
5 impacts in the future is AB 432, which will designate the Exchange as an  
6 automatic voter registration agency; and SB 420, commonly referred to as  
7 a public option bill. The Exchange has been participating in public  
8 listening sessions where stakeholders can provide input and ask questions  
9 regarding priorities, affordability, rate setting, provider contracting, value-  
10 based payments/cost containment, benefits, strengthening the  
11 marketplace, and licensure/oversight. Work on both of these bills will  
12 continue throughout calendar year 2022. And last, but definitely not least,  
13 new Exchange staff that started in the state fiscal year. The Exchange is  
14 pleased to announce that three of the four new positions approved by the  
15 2021 legislature, within the Governor's -- the Exchanges Governor's  
16 recommended budget, have been filled. These positions absorbed  
17 functions and responsibilities previously provided by CMS. The Exchange is  
18 excited to welcome Nivedita Kasireddy, a business process analyst, a BPA-  
19 1, at our reconciliation unit. This position will support increased  
20 workloads due to additional insurance carriers anticipated to join the  
21 marketplace, or that have joined the marketplace for our 2022 season, for  
22 a total of seven QHP carriers, and including 11, with our QDP, or qualified  
23 dental plans. The Exchange is excited to welcome Gricelda Chapa  
24 (phonetic), hired to be the Exchanges newest health program specialist in  
25 the communications unit in the Exchange's Henderson office. This position

1 will have in-house responsibility for outreach planning, coordination, and  
2 statewide community relations and partnership building. Additionally, this  
3 position will assist in streamlining the Exchange's efforts to conduct  
4 outreach to targeted, at-risk uninsured and underinsured populations to  
5 increase enrollment in our QHPs. The third position that the Exchange has  
6 hired for is a classified program officer in the quality assurance consumer  
7 assistance unit. The Exchange welcome Kayla Jost to this position to  
8 administer carrier support, in partnership with an existing program officer,  
9 due to increased carrier participation. Kayla provides timely investigation  
10 and resolution of carrier complaints related to eligibility, enrollment, and  
11 coverage. This critical position ensures positive outcomes for both carriers  
12 and consumers. The remaining position to be filled is a data analyst  
13 position. While the Exchange has been actively recruiting this position  
14 since October, has advanced, as far as conducting interviews and landed on  
15 a candidate that, unfortunately accepted another position, the Exchange is  
16 hopeful it will have this position filled before the next Board meeting. And  
17 that's my report. Thank you.

18 DR. JAMESON: I'd like to thank our Chief Executive Director for  
19 that excellent report and ask our Board if they have any questions or  
20 comments. Wow. Is that (inaudible) a first? I got to make it a home run.  
21 You know, there's a lot I could say. I always do. But I don't think I need  
22 to, at this point. I think that your report is excellent. And the rest of  
23 everything that you may not have said is quite included here for everyone  
24 to read. Well done, and we will move on, if there's no questions, then to  
25 the next item on our -- on our agenda. So, it is -- I don't want to say that

1 wasn't exciting, Ryan, but you know, we do all get excited about marketing.

2 HIGH: (Inaudible).

3 DR. JAMESON: (Inaudible) -- fun. So, let us go ahead and have  
4 the marketing and outreach update.

5 J. DAVIS: Thank you, Madam Chair. Janel Davis,  
6 Communications Officer for Nevada Health Link, for the record. And I'm  
7 just going to give a brief overview. I'm not going to read the whole report.  
8 We've all been in this meeting for a very long time and I'm going to pass  
9 the mic over to The Abbi Agency and just after my -- my quick summary  
10 here. I just want to say that this open enrollment was the most successful  
11 in the history of the Exchange. And we are all very, very proud of that.  
12 We had over a 100,000 enrollees. We had, of those two -- about 21,000  
13 were new enrollees for the Exchange, and about 28,000 more active re-  
14 enrollees. Nevada Health Link also ranked the highest among all state-  
15 based Exchanges, in terms of new enrollees, and 17th in the country,  
16 overall. And so, I just wanted to review some contributing factors that The  
17 Abbi Agency and I have kind of identified to our success. Nevada had a  
18 large market, obviously, of the uninsured population. We -- because we  
19 had the opportunity to do in-person events again with our navigators, we  
20 were able to attend 43 community events. We reached 38,000 people and  
21 engaged almost 21,000 Nevadans, from the period of October 1st to  
22 January 15th. That October timeframe is our window shopping, and we  
23 gear up for open enrollment and the -- of the traditional marketing  
24 campaign. Our PR efforts garnered strong awareness. We had 201 pieces  
25 of coverage and 2 million coverage views. The Abbi Agency will go into

1 detail of, like what that really means and what impressions are. But we  
2 had very strong impressions from digital, paid media tactics, with a lot of  
3 engaged users. So, the campaign performed very well, to say the least.  
4 We had millions of page views on the website and an average session  
5 duration of over 11 minutes, which is very, very high. Our website is our  
6 call to action, and so, people spending a lot of time getting educated and  
7 reading what we have to offer there is a really good sign that we're doing  
8 the right thing. We had -- The Abbi Agency and the communications team  
9 at the Exchange worked on a new website navigation and design of key  
10 pages, an email design to benefit the consumer user experience. The  
11 target audiences, I think we all know, but I'll just mention them again  
12 quickly for this campaign -- were those who current -- were currently  
13 enrolled, they needed to re-enroll and those who had not yet enrolled. So,  
14 this is uninsured Nevadans, rural Nevadans, individuals and families  
15 statewide, the 50 plus age group, the sweet spot of 26 to 45 age range, the  
16 young invincibles or millennials, members of the Nevada tribes, the  
17 Hispanic Latino population, Asian Americans and Asian Pacific Islanders,  
18 African-Americans, and other multicultural populations. Something that  
19 we also pride ourselves in -- we -- we reached the target audience of  
20 Nevadans that meet federal requirements of low income. And so, nearly  
21 half of all of the enrollees have a net premium that's \$100 or less. Eighty-  
22 eight percent of those are receiving subsidy assistance. And then -the o --  
23 this open enrollment period we saw a greater impact on Hispanic and  
24 Latino communities in our state, and that was something that we haven't  
25 reported as much on. So, 9.1% of new enrollees identified as Hispanic

1 Latino. Prior to campaign development, our research indicated that  
2 dedicated assets needed to be developed. That was more authentic to the  
3 Hispanic Latino communities in our state. Spanish campaigns  
4 outperformed English on almost every paid media platform. We had public  
5 service announcements, filmings, community partnerships, and numerous  
6 radio remotes. We did a lot of research and surveying with our  
7 subcontractor, Marketing for Change, and the website performance data  
8 shows that there was an increased awareness in the rural regions of our  
9 state. We -- we don't want to forget about the rural part of the state. So,  
10 a notable increase of 100% in website sessions from most rural regions in  
11 Nevada. And then, this traffic is attributed to specific paid media tactics  
12 that targeted the rural community. So, radio, print, billboards, and  
13 outdoor digital. And then also, we were able to reach a significant portion  
14 of the younger audience in our state. So 74%, about, of new enrollees  
15 were one-person households. Washoe and Clark County had the highest  
16 percentage of single households. And about 19% of new enrollees were  
17 around the age of 19 to 30 years old and 25% were 31 to 45 years old. We  
18 reached the African-American and API populations of Nevada in the  
19 following ways. Through Google campaigns and connected TV. So,  
20 streaming services. Digital and mobile billboards targeting zip codes that  
21 have high percentages of these populations. And then, campaign creative  
22 featuring that demographic. So, I will now turn the mic over to The Abbi  
23 Agency team to give a -- a review in more detail, our Exchange, media and  
24 marketing campaign, and our performance metrics.

25 BEHRE: Yeah. Thank you, Janel.



1 DR. JAMESON: (Inaudible), Just before you start, I want to  
2 pause and ask if the Board, up to now, has any questions? Janel, for -- do -  
3 - do -- do they have any questions of what we just -- or comments.  
4 Congratulations. Any comments or questions?

5 LEWIS: I would just like to say, congratulations. This is  
6 Lavonne Lewis. On -- on your outreach and your accomplishments  
7 (inaudible) for this enrollment period.

8 J. DAVIS: Thank you, Ms. Lewis.

9 DR. JAMESON: I -- I guess I would just like to ask. You have  
10 some great data here -- breakdown. And I just might've missed it, but right  
11 now, what is the official number of the Nevadan uninsured, and how many,  
12 out of the total number of uninsured, are actually eligible for our  
13 program? And if you don't have that, you can send it to us later. I'm just  
14 wondering how we, you know, when we started this years ago, how we  
15 would always say, you know, one in ten are uninsured and now it's down to  
16 one in five or one in four. You know, and -- and -- and they'd give us a -- a  
17 number not too long ago -- 200,000. I'm just wondering what's going on  
18 with that number. But you can actually get back to me that -- with that  
19 and any different type of -- of-- number metric that you'd like to, later.  
20 And then what I was -- what I was wondering about was when you said  
21 congratulations, that we were first with regards to the number of new  
22 enrollees in the country. Congratulations. That's awesome. And then  
23 17th overall, with the number of people that enrolled, or how was that for  
24 our percent population? Was that a percent population, 17th. 'Cause  
25 after all -- of course 17, if you compare it to some huge state, but we

1 might've had a greater -- we have small numbers, wo we might've been a  
2 better percentage than they were.

3 J. DAVIS: I believe -- Janel Davis, for the record. I believe that  
4 that 17th in the country overall, was among all 50 states plus Washington,  
5 D.C.

6 DR. JAMESON: But was it an absolute number of people signed  
7 up or was it relative to perc -- was it the percent of eligible? Do you see?  
8 Because we might've rocked it as the number per -- relative -- of that were  
9 eligible, we might've been number one versus if it's just an absolute  
10 number, and we're comparing ourselves to a big state. I didn't know which  
11 that was.

12 J. DAVIS: And correct me if I'm wrong, I'll turn it over to Ryan  
13 or -- or Connie or Ashley. But I believe that that was in terms of new  
14 enrollees.

15 DR. JAMESON: Oh, I thought in terms of new enrollees, we  
16 were just number one.

17 ANDERSON: That was the first -- number one -- I will get back  
18 to you and report. We were number one for new enrollees. I think we  
19 were number one for state-based Exchanges, as well. And then 17th  
20 overall, federally. I believe that was the gross enrollment numbers. I  
21 don't know if that is adjusted or provided for population.

22 DR. JAMESON: Very good. Thank you.

23 ANDERSO: However, we can confirm with you.

24 DR. JAMESON: Oh, thank you very much. And then, of course,  
25 'cause those are interesting metrics to understand. You (inaudible)

1 almost, no matter how you cut it, you guys have done an outstanding job.  
2 I'm just wondering if it's even better, relative to the other states, than we  
3 think. Did you do -- I think you have on your -- you do a survey. Of  
4 course, what finally brought on the new enrollees? Why did they join? I  
5 think there (inaudible) you, in the past used to say, what brought you to  
6 the Exchange? Not just how did you hear about us, but what actually  
7 finally brought you to us? Was it -- were a lot of them -- do you have any  
8 information, if they were brought onto us because of the COVID and  
9 concerned to get health coverage or, is it -- is it totally due to our  
10 incredible marketing to some of the subgroups that we've been trying to  
11 reach and you've reached them more successfully? Do you know why we  
12 had such great numbers and, or what is the most successful? The thing --  
13 the top three reasons why people joined us or found us? Just curious. And  
14 if you don't have that, that's okay.

15 J. DAVIS: I can answer. And then, also pass it over to Ryan,  
16 our new Executive Director, if he wants, but we -- we've talked about this a  
17 lot, and I think it's a lot of different reasons of -- of why Nevada saw such  
18 success. You know, we, re-enrolled all of our re-enrollees, so that -- that  
19 always brings the number back up. I think that COVID also had a lot to do  
20 with that. And then the American Rescue Plan Act, you know, that  
21 increased and expanded subsidy assistance for a lot of Nevadans, and they  
22 saw that opportunity of affordable, qualified health plans and enrolled,  
23 and also due to our marketing and messaging as well. So, lots of pieces.

24 DR. JAMESON: Yes. Very good. Do we have any kind of survey  
25 that goes on, as to -- in the end? You know how after you've maybe done

1 something out in the world, you always get an email and it asks you how  
2 easy was it to sign up for this? Who referred you to us, or what was the  
3 major reason you did it? Did we ever do that?

4 J. DAVIS: I will pass that question over to The Abbi Agency,  
5 'cause we did a lot of surveys.

6 DR. JAMESON: Okay. Now, if there's no other questions, those  
7 were just big overviews, and it is a long meeting. So, I will let it go there  
8 and ask for you to go ahead and continue your presentation.

9 BEHRE: Perfect. So let dive into this a little bit and then we  
10 can speak to some surveying that we did and are continuing to work  
11 through. I will just share screen here. Some of this, Janel covered, so I  
12 will speak a little bit more, in detail. For the record, my name is Ashley  
13 Baer (phonetic) and I'm with The Abbi Agency. So, for open enrollment  
14 period, Janel mentioned that we -- with our price compete campaign, had a  
15 variety of created -- creative outlets. We wanted to make sure that this  
16 was authentic and engaging to each target audience that we were speaking  
17 to. We wanted to ensure that the talent was diverse in ethnicity, but also  
18 in age as well. And, making sure that it was relative to all kinds of family  
19 types -- new, older, and -- and all kinds and all sorts. The messaging  
20 instills a sense of confidence. We wanted customers to see that this is a --  
21 an actionable journey that they can take. And they -- they know how to do  
22 this and we're here for them as they -- we take them through that journey.  
23 Messaging, focused on both comprehensive health insurance and also  
24 private health insurance, driving that message home. And making sure  
25 that, along with utilizing the carrier logos, that consumers understood that

1 the Exchange was a vehicle for purchasing private health insurance at the  
2 lowest possible price out there. In some of the early surveys that we did  
3 in June of 2021, that helped inform and develop this campaign, both the  
4 creative and also the messaging, knowing that consumers didn't necessarily  
5 -- there was a miscommunication in understanding that this was private  
6 health insurance that was being offered through the state-based Exchange,  
7 and that the creative really needed to speak to a variety of people -- all --  
8 all kinds of Nevadans. We, additionally, as Janel mentioned, the entire  
9 campaign was developed both in English and in Spanish. And you'll --  
10 you'll see that across the board. We believe that this was one of the most  
11 effective measures that we took in helping to engage the Hispanic and  
12 Latino audience. And then lastly, the tagline that we utilized, 'where  
13 health insurance competes for you,' creating that service element for  
14 Nevada Health Link, and -- and also letting consumers know that Nevada  
15 Health Link is here to provide healthcare for you, Nevada. Again, Janel  
16 mentioned some of notes here, so we can just kind of go a little bit more in  
17 depth. Confirming for you that the -- the ranking is percentage increase in  
18 new enrollments.

19 DR. JAMESON: Ah!.

20 BEHRE: So, Nevada Health Link had a 24% increase in new  
21 enrollees. The average state had a 17% increase, and the average state  
22 marketplace was 8% increase in new enrollees. We did this, kind of deeper  
23 dive, after open enrollment because that was kind of our first question,  
24 too. You know, was it just an anomaly because of COVID, there was a large  
25 uninsured population, how are we comparing across the United States?

1 And certainly, as Janel mentioned, it's a variety of factors, but we do think  
2 that the outreach and marketing efforts were in-depth and, tailored well to  
3 what Nevada needed at the time. And, we can certainly see the numbers,  
4 in reach. So, as Janel mentioned, Nevada opened up -- was open and  
5 closed a little bit during this time, but we were able to attend over 40  
6 community events, reaching quite a few people and engaging with over  
7 20,000 Nevadans at these events directly. We think that was a really  
8 strong community presence for us in a time when there was a little bit of  
9 uncertainty. PR efforts garnered strong awareness. We had a really great  
10 press conference kicking off open enrollment. Over 200 pieces of  
11 coverage, which translates into 2 million coverage views. This, we found,  
12 was a really strong tactic for us in a time when there wasn't a lot of in-  
13 person interviewing, which we had done in the past, but we were able to  
14 really put out quite a few pieces of coverage that helps, kind of like make  
15 up that gap, that we were seeing in the market there. From the digital  
16 paid media tactics, we had over 13 million impressions. This is paid social  
17 media, Facebook. We utilized TicTok to -- to reach the younger audience.  
18 Pinterest. Additionally, we had Spotify radio ads, and then some of your  
19 more traditional paid media tactics -- Google display and search, search  
20 being the top tactic. And we see that quite often, and I'll -- I'll note a  
21 little bit later, but Google display really helped in reaching the lower-  
22 income audiences that we were trying to reach. So, it was really nice to be  
23 able to utilize all of these tactics, kind of across the board. Additionally,  
24 linked -- with LinkedIn, we saw that we were really reaching not just small  
25 business owners, but Hispanic, small business owners, which is an audience

1 that we previously weren't able to kind of tap into where they were. So,  
2 really starting to see all the, like micro audiences, kind of come out of this.  
3 The websites, as Janel mentioned, over 15 million page views during the  
4 open enrollment period. But the stunning ta -- metric here is that time on  
5 site is over 11 minutes. Typical time on a website is maybe two to five  
6 minutes. So, 11 minutes is really astounding. And then a lot -- a lot of  
7 work with the Exchange on really thinking in-depth about the user  
8 experience, end-to-end, ensuring that, from the start, the website  
9 navigation is clear, communicate -- communicative, and thinking about the  
10 customer journey in mind. We redesigned key website pages and all of the  
11 emails that were being sent to new enrollees, current enrollees, and re  
12 enrollees, and then, the Medicaid ineligible audiences. Then, diving into,  
13 again the -- the key audiences. These are kind of some of the big points  
14 that we're really proud of with this campaign. We reached, kind of four  
15 main audiences. The low-income audience, the Hispanic and Latino  
16 communities, the rural regions of Nevada, and then a huge increase in  
17 enrollment with younger Nevadans. We know that we reached those that  
18 meet the federal requirements, as Janel mentioned. Nearly half of all  
19 enrollees have a net premium that's \$100 or less. And 88% are receiving  
20 subsidies. Again, we found that the strongest tactic that we utilized were  
21 Google paid media tactics. We were showing that that audience was very  
22 responsive, the lower-income audience is very responsive through that  
23 paid media tactic that we utilized. The impact in the Hispanic and Latino  
24 communities. As I mentioned, our Spanish paid media outperformed  
25 English on every single platform. So, we were very happy to see that. To

1 us, that -- that tells us that we developed a creative that resonated with  
2 that audience. We had some that were funny, some that were serious, and  
3 so we really could have a campaign in market that, over the course of time  
4 continued to engage that audience. Additionally, our community relations  
5 and Hispanic public relations team engaged in a variety of radio remotes,  
6 public service announcements, community partnerships. We did a couple  
7 of Facebook lives. So, really getting out, kind of boots on the ground and  
8 getting into that community and engaging them. I think the most  
9 surprising audience that we saw kind of come through with this were the  
10 rural regions of Nevada. We had some big ideas of getting out into the  
11 rural areas and, unfortunately, the delta variant and omicron kind of put a  
12 stop to that for us. So, we really focused in on some very specific paid  
13 media tactics in those regions, utilizing radio, some outdoor, or some print  
14 ads, billboard, and then we had an outdoor digital tactic that targeted  
15 users in that area. And the -- we saw, I think, in over 30 regions -- 30 rural  
16 regions of Nevada -- over 100% increase in website visitation, and ad times  
17 over 200%. So, this -- and that's looking at year over year. So, these are  
18 audiences that were just not necessarily touched in the same way last  
19 year, that we were able to engage, and saw a really strong response from.  
20 And then, I'd say the largest that we saw in the metropolitan area, so  
21 mostly Washoe and Clark County. The single households featuring younger  
22 Nevadans. So, over 74% of new enrollees were one-person households.  
23 And we're seeing a majority of them were in the 31- to 45-year-old range,  
24 but then also a pretty large chunk, over 18%, that are 19 to 30 years old,  
25 which is interesting because you don't technically have to come off of your



1 parent's insurance until you're 26. So, really engaging them to get out  
2 there and then kind of charge them with taking -- taking on their own --  
3 their own future. So, we were really excited to see these key successes  
4 from the campaign that we put together. Additionally, to your point,  
5 we've done some -- several surveys at the onset of the campaign to ensure  
6 that development was on par with key stakeholders. We surveyed brokers  
7 and navigators to ensure that we were gaining their feedback at the onset  
8 of the campaign, in addition to polling the call center to make sure that all  
9 content that we developed over the course of the time throughout the  
10 open enrollment campaign was meeting the general needs of the consumer  
11 that they typically see, making sure that we're answering their questions in  
12 advance, if we can. And then, post open enrollment, we are engaging in  
13 surveys with the enrollees and then some additional larger surveys as well,  
14 so that we can see the impact of Nevada Health Link in the marketplace,  
15 over time, now that we've had a couple of campaigns in market.

16 DR. JAMESON: Thank you. Back at you. Thank you. We do still  
17 have a lot of business. So, are there any comments or questions?  
18 Otherwise, we'll go ahead and move to the next item on our agenda, not to  
19 minimize that outstanding report. Thank you. So, moving on item number  
20 eight, which is the adoption of the 2023, carrier premium fees to be  
21 charged to insurers. And, I believe everybody has seen the attached notice  
22 of hearing of fees to be charged to insurers. So, at this time I'd like to ask  
23 a Board member if they would like to make a motion for the adoption of  
24 the 2023, carrier premium fees, which will be charged to insurers.

25 MELENDREZ: This is Jose. Motion to approve.

1 DR. JAMESON: Second?

2 CLARK: Valerie Clark. Second.

3 DR. JAMESON: Thank you, Jose, Valerie. And, if everybody --  
4 everybody who agrees for this motion to pass, say, yes, here, approved.

5 MEMBERS: Aye.

6 DR. JAMESON: Good. Any opposed? Okay. It is unanimously  
7 passed. And going -- moving right along to item number 19. I'm sorry,  
8 nine. It feels like 19, right? Nine. Approval of the semi-annual fiscal and  
9 operations report pursuant the NRS 6951.3701, 1B, (NRS 6955I.370(1)(b))  
10 to the Governor and the legislation. This is for a motion for action  
11 approval. Do I hear a motion from one of our Board members, please?

12 CLARK: (Inaudible).

13 DR. JAMESON: What was that Valerie?

14 CLARK: (Inaudible).

15 LEWIS: Lavonne Lewis. I'm sorry. And I don't know that I can  
16 make that motion in that fashion. I would like to move approval of the  
17 semi-annual fiscal and operational report pursuant to NRS 6951.370, 1B  
18 (NRS 6955I.370(1)(b)), to the Governor and Legislature.

19 DR. JAMESON: I'd say you did it beautifully, Lavonne. Do we  
20 have a second? Any comments or discussion? Hearing none, everybody in  
21 favor, say, aye or yay.

22 MEMBERS: Aye.

23 DR. JAMESON: Any opposed? Hearing no opposition, there is  
24 approval of the semi-annual fiscal and operation report. And moving on to  
25 item, can we really be there all ready? Number 10, discussion and possible

1 action regarding dates and times. Oh, my goodness, we have flown  
2 through here. The times and agenda items for future meetings.

3 T. DAVIS: Madam Chair, Tiffany Davis, for the record. We do  
4 have scheduled, thus far, the next Board meeting to be on June 23rd, at  
5 12:30, unless the Board determines that there needs to be another meeting  
6 before that time.

7 DR. JAMESON: Okay. Any -- any feedback on that, or is that,  
8 right now anyway, satisfactory with everyone? Well, here's the -- okay.  
9 Very good. If there are no other discussion on dates times or agenda  
10 items, then we can move right to our public comment. And, Tiffany, would  
11 you check in the various locations if there is any public comment now?

12 T. DAVIS: Yes, Madam Chair. Tiffany Davis, for the record. I'd  
13 be happy to do that. Katie, are you able to see anybody who's raising their  
14 hands for public comment online?

15 CHARLESON: No, I'm not seeing any hands raised (inaudible).

16 T. DAVIS: And, just for verification and Kaitlyn, there in our  
17 conference room, is there anyone for public comment?

18 KAITLYN: No, Tiffany, no one's in here.

19 T. DAVIS: Thank you, Kaitlyn.

20 DR. JAMESON: And, I then am hearing no public comment,  
21 would like to --

22 T. DAVIS: Madam Chair?

23 DR. JAMESON: Yeah.

24 T. DAVIS: (Inaudible), I'm so sorry. I think that Troy Johns  
25 would like to make a public comment.

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DR. JAMESON: Oh, excellent. Troy?

JOHNS: Madam Chair. Thank you. I -- I wanted to thank you all for allowing me to participate in this process, Congratulate Mr. High, and it's such an exciting organization to watch. You're going to do great things and I appreciate this little opportunity to be a part of it. So, thank you very much. And thanks to all those great questions that you asked.

DR. JAMESON: Troy, I would like to thank you very much for your participation. And it was an extremely difficult decision for the Board, and we so much appreciate all of your answers and just you. And God bless you and your future endeavors and everybody, hearing no other comments, then I will say have a wonderful day. The meeting is adjourned.

MEMBERS: Thank you. Take care. Thank you. Bye-bye.