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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
THURSDAY, JUNE 23, 2022

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DR. JAMESON: Hello Everybody. Since I see it looks like we have a quorum. Yay. I'll have -- welcome, meetings open and we'll have roll call taken.

HIGH: That sounds good. I'll be happy to do that. Dr. Jameson. A few housekeeping reminders. So, we have Katie Charleson who is hosting this webinar. As a reminder, please keep yourself muted if you're not the one presenting or making a comment. If you'd like to make a comment, please raise your electronic hand or indicate in the chat box that you would like to make a comment, and Katie will unmute you. And for those on the phone, please remember to mute yourselves or else we will hear your private conversations. Madam Chair, there may be people on the telephone that would like to make a public comment, so we just want to remember to ask if there are any public comments on the phone. We also have our Carson City conference location open to the public. So, public comment may come from there as well. And now I'll take roll call.

HIGH: Dr. Jameson, I see you're present on zoom. Ms. Valerie Clark.

CLARK: Present.

HIGH: Great. Ms. Lavonne Lewis?

1 LEWIS: Present.

2 HIGH: Dr. Sarah Friedman?

3 DR. FRIEDMAN: Present.

4 HIGH: Mr. Jonathan Johnson? Mr. Jose Melendrez? I

5 think we knew Jose was not going to make it today. Mr. Quincy Branch?

6 BRANCH: Present.

7 HIGH: Suzanne Bierman? Commissioner Richardson? And

8 Kelli Anderson?

9 BIERMAN: Hi, Ryan, Suzanne. Sorry I wasn't able to get off

10 mute on time.

11 HIGH: That's okay. It's great to see you. Thank you for joining.

12 BIERMAN: Thank you.

13 HIGH: And Kelli Anderson? Okay. Madam Chair, we have a

14 quorum.

15 CHARLESON: Dr. Jameson, You're on mute.

16 DR. JAMESON: I know it wasn't responding, but all set now.

17 So, let's go ahead with public comment and we'll start if there -- is there

18 an office open in the north or south where public comment is occurring

19 before we go to telephone, or is it all phone only?

20 HIGH: We are open in the North here in Carson City.

21 DR. JAMESON: And do we have anybody in the North here for

22 public comment?

23 T. DAVIS: Chairwoman Jameson, this is Tiffany Davis for the

24 record. I am here in our conference room in Carson City, and there is no

25 one here for public comment.

1 HIGH: Thank you, Tiffany. Then we'll go ahead. Anyone on the
2 phone for public comment?

3 CHARLESON: If you're on a phone line only, I went ahead and
4 opened up the line so you can speak now or if you're on zoom you can add
5 a comment in the chat, and I will unmute you or raise your hand.

6 JAMESON: Give them a good minute or so. The line's been
7 open, and it sounds like we're not hearing anyone for public comment. All
8 right. We are gonna move on to approving an action item -- approving the
9 minutes from February 24th board meeting. Do I have a board member
10 who would like to make a motion to approve those?

11 BRANCH: So, moved.

12 JAMESON: And second?

13 DR. FRIEDMAN: Second. Second the motion.

14 DR. JAMESON: Was there any discussion about the minutes?
15 Were there any omissions or edits? Hearing nothing. Thank you for those
16 very excellent minutes. And, if there is any -- will everybody who's in
17 favor of the minutes, if you just say aye.

18 MEMBERS: Aye.

19 DR. JAMESON: Anyone opposed to the minutes? So, the
20 minutes are passed unanimously and we're gonna move on to our very
21 favorite part, which is our still new Executive Director, Executive Director's
22 report. Ryan, thank you so much.

23 HIGH: Sure thing. Thank you, Dr. Jameson. So, this report
24 closely mirrors the executive director section in the latest fiscal and
25 operational reports. The Silver State Health Insurance Exchange has spent

1 the first half of 2022 wrapping up the Exchange's third open enrollment
2 period as a state base exchange. The Exchange concluded its third OAP at
3 record breaking levels, enrolling an astonishing 101,409 consumers, which
4 is almost a 24% increase over the prior plan year of 81,900. The Exchange
5 continues operating on a hybrid staff schedule in both the Carson City and
6 Henderson offices. Throughout this time period The Exchange continued to
7 strengthen our working relationships in the state agencies that include
8 Department of Employment, Training Rehabilitation, the Division of
9 Welfare and Supportive Services and the Division of Healthcare, Finance
10 and Policy, especially in relation to the anticipated ending of the COVID 19
11 public health emergency or PHE. The Exchange has been coordinating on a
12 monthly basis with DHCFP, and DWSS to align on messaging and strategy to
13 make sure no Nevadan is without coverage after redeterminations at the
14 end of the PHE. Additional focuses for The Exchange during this time
15 period has been strategizing impacts of the potential expiration of
16 increased APTC benefits found in the American Rescue Plan Act or ARPA.
17 The impact of potential premium increases for the upcoming plan year,
18 carrier filing for the upcoming plan year, completion of the exchanges,
19 smart audit and prepping both our enrollment and eligibility systems and
20 marketing and outreach strategy where the exchanges fourth upcoming
21 open enrollment period for plan year 2023. Now regarding vendor
22 management, The Exchange continued in the first half of this year. It's
23 established quarterly technology enhancement cadence to Nevada
24 healthlink.com with is contracted enrollment eligibility and call center
25 vendor get insured. During this recording period the GI technology

1 platform performed its best to date during the last open enrollment, which
2 concluded on January 15, 2022, which was during this reporting period. It
3 is important to note that during this past record-breaking enrollment year,
4 the call center continued to maintain expected and contracted service
5 levels for Nevada consumers, brokers, and navigators. The goal of meeting
6 85% of service levels has continued to be met. As a reminder, CSRs are
7 reviewed against 27 scorecard categories to evaluate quality and accuracy
8 of phone calls. As the exchange makes an effort every year to expand call
9 center hours and availability into the weekends, the call center was open
10 for both consumers and enrollment professionals, both Saturdays and
11 Sundays throughout open enrollment. Additionally, the call center had
12 extended hours until practically midnight on January 14th, 15th, and on
13 the 20th to accommodate end of open enrollments. The Abbi agency that
14 exchanges marketing and outreach vendor of record, wrapped up its first
15 open enrollment with an award-winning advertising campaign garnering an
16 award of excellence in community relations at the 2022 PRSA Silver Spikes
17 award for their advertising campaign for the exchange. The Exchange
18 continues to recognize the contributions that the Abbi Agency's marketing
19 and outreach strategies and campaigns made to the Nevada's plan year
20 2022 enrollment success. As a reminder, The Exchange saw success in
21 advertising storylines such as traditions being there, healing knee
22 Supersaver and weightlift. The successful core components of this
23 advertising campaign will be carried forward into the next open enrollment
24 in an effort to promote brand recognition. The Abbi Agency and Katie
25 Charleson, the Exchanges Communications Manager will highlight more on

1 marketing and outreach in the following reports. Now regarding continued
2 preparation for the end of the PHE. Throughout the first 6 months of
3 2022, the Exchange has been coordinating with the Department of Welfare
4 and Supportive Services and the division of healthcare, financing, and
5 policy to adequately plan how to best service Nevadans needing health
6 insurance coverage in the event that they transition off of Medicaid when
7 redeterminations begin in the volume at the end of the PHE. As the end of
8 the PHE is still yet to be determined at the writing of this report, the
9 Exchange is actively planning the two aforementioned state agencies and
10 its vendor get insured in order to assure that Nevadans in need will
11 properly and efficiently be account transferred when appropriate to the
12 exchange for a seamless opportunity for coverage. Those Medicaid clients
13 who will be redetermined to be not -- to not be eligible for Medicaid
14 coverage will be electronically sent to the exchange where their
15 information will prepopulate an exchange qualified hub plan application,
16 and the consumer will be sent a unique (inaudible) to come claim their
17 application and account. The consumer can shop plans that best fits their
18 needs. While this process is the same automated process the Exchange has
19 had for the past three years since becoming a state-based Exchange, staff
20 will also be performing manual quality control checks to ensure the
21 account transfer process is working properly, especially in light of the
22 anticipated increase in volume. The Exchange is still planning and
23 budgeting to enhance its contracted call center through funding from the
24 Center for Medicare and Medicaid Services State Exchange Modernization
25 Grant. These are federal funds that we received from CMS. Upon final

1 direction from the Center for Medicare and Medicaid Services that the PHE
2 will definitively end, the Exchange will stand up through get insured a
3 special team of CSRs charged with making outreach to redetermined
4 Medicaid clients that are deemed ineligible to continue on Medicaid and
5 who are transferred to the Exchange. This special team of CSRs will
6 educate those consumers as to exchange coverage options, including, but
7 not limited to specific Medicaid transition plans on the marketplace from
8 carriers that are also a Nevada Medicaid managed care organization.
9 These transition plans are designed to help make transitioning as easy as
10 possible for consumers on those specified MCOs wish to continue with
11 their same providers. Now regarding federal and state legislation updates,
12 from January 2022 to June 2022, the Exchange tracked a number of federal
13 state legislative priorities that continue to have direct impacts on the
14 exchange. These priorities include the American Rescue Plan act or ARPA,
15 Build Back Better Act. CMS's plan year 2023, notice of benefit and
16 payment parameters, Senate bill 420 and Nevada Assembly Bill 432. As
17 mentioned before in previous board reports, executive director reports,
18 ARPA provided over 17,000 Nevadans to enroll within increased subsidies,
19 expanded FPL thresholds, federal poverty level thresholds and automatic
20 \$0 plans for consumers who acquired unemployment insurance during
21 calendar year 2021. Many of these enhancements are critical benefits
22 suggested to be extended in various versions of the President's social
23 services and healthcare Build Back Better Act. Another topic that the
24 Exchange paid particular attention to recently is on April 5, 2022, the
25 Internal Revenue Service issued a final rule to fix a longstanding

1 conundrum from employer-sponsored healthcare known as the Family
2 Glitch. Oh sure.

3 UNIDENTIFIED: (Inaudible).

4 HIGH: Hold on. Hold on one second. We're gonna switch
5 to the phone real quick.

6 DR. JAMESON: I was hearing loud and clear. Was someone
7 having trouble hearing?

8 CLARK: I actually was.

9 DR. JAMESON: Oh.

10 CLARK: It was going in and out quite a bit.

11 DR. JAMESON: My message was very strong and, is anybody
12 else having difficulty?

13 DR. FRIEDMAN: I was. Just at the end it got really quiet; I
14 couldn't hear anything.

15 DR. JAMESON: Oh, okay. Ryan, why don't you then try again?

16 HIGH: Can you hear me now? Let's see. Can you
17 hear me?

18 DR. FRIEDMAN: Yes.

19 DR. JAMESON: Really loud -- really loud and clear. I'm
20 now gonna turn my sound back.

21 HIGH: There you go.

22 CLARK: Much better. Thank you.

23 HIGH: Okay, great. Great. Thanks, Katie, for helping out.

24 So, I was just about to talk about the IRS family glitch interpretation. So,
25 on April 5, 2022, the Internal Revenue Service issued a rule to fix

1 longstanding conundrum of employer sponsored healthcare known as the
2 Family Glitch. So, as it is currently interpreted, the family glitch as stated
3 by the white house is under the ACA people who do not have access to
4 affordable health insurance, so their jobs may qualify for a premium tax
5 credit to purchase affordable high-quality coverage on the ACA's health
6 insurance marketplaces. Current regulations define employer-based health
7 insurance as affordable if the coverage solely for the employee, solely for
8 the employee and not for family members is affordable, which makes
9 family members ineligible for a premium tax credit even though they
10 needed to afford high quality coverage through the marketplace. So, the
11 fix -- the fix to the family glitch is now to calculate affordability based on
12 the entire family, not solely on the employee and to extend marketplace
13 subsidies to millions of family members, primarily children and women who
14 are currently ineligible for financial help through the marketplaces because
15 affordability is calculated solely on the employee. So, we are watching
16 that closely and I believe there's supposed to be an interpretation out by -
17 - or a final rule out by the end of this month, at the end of June. State
18 level legislation continuing on the state level, two important pieces of
19 legislation that the Exchange continues to follow closely, and that may
20 have significant impact in the future is AB432, which will designate the
21 exchange as an automatic voter registration agency, an SB420 commonly
22 referred to as a public option bill. The Exchange had conversations in June
23 with the Center for Secure and Modern Elections, an organization that
24 aligns bipartisan and pro voter campaigns regarding operationalizing the
25 exchanges, automatic voter registration mandate in AB432. Next steps

1 include conversations with the Nevada Secretary of State's Office regarding
2 how to transfer required data elements in our application to them when
3 exchange consumers indicate they wish to register to vote. Exchange has
4 also advanced the conversation and technical planning in relation to SB
5 420, the public option bill. The Exchange is in initial conversations with
6 getting insured to initially architect how the marketplace platform will
7 accept and display carrier public option design plans. While the public
8 option bill is not expected to be up and running until January 1 of 2026,
9 the exchange is initiating the planning process now regarding our audits,
10 our plan year 2021 programmatic and fiscal audits. The Exchange
11 completed it's (inaudible) and financial audits in May of 2022. The
12 programmatic audit was conducted through the auditing firm, Berry Dunn
13 and the financial audit through the State of Nevada Division of Internal
14 Audits. For the programmatic audit, Berry Dunn examined the compliance
15 of the Exchange with the requirements in subparts of the code of federal
16 regulations that are listed here. C, D, E, F, K and M. And this was during --
17 which ended during, June 30th, of 2021. So, it went from July 1st of 2020
18 to June 30th of 2021. So, the auto process included verbal interviews with
19 Exchange staff, written interviews of Exchange enrollment partners, and
20 staff from the division of insurance review of Exchange documents and
21 policies and procedures, as well as sampling of enrollees to ensure
22 appropriate eligibility and enrollment. The Exchange did receive two minor
23 findings. The findings were A, a deficit or a defect in the second lowest
24 cost, Silver Plan Calculation Logic, which caused the SLCSP to be calculated
25 with the wrong number of applicable children for SLCSP. This system

1 coding error was corrected in September of 2021, so it's already been
2 corrected. Again, this audit is a look back to a previous year. And two, a
3 system coding error that calculated incorrect age factors, which resulted in
4 incorrect APC amounts for some consumers, not all, just some during a
5 battery determination process that was implemented in June 2021. This
6 error was detected and corrected in September of 2021. Again, this has
7 already been corrected. For the financial audit, the division of internal
8 audits performed a fiscal review covering the period July 1, 2020, through
9 June 30th, 2021. The purpose of the review was to assess the Exchange's
10 internal controls for compliance against established authority. The review
11 process included verbal interviews with the Exchange fiscal staff and
12 thorough review of internal controls over management control
13 environment, revenues, and accounts receivable purchasing and
14 expenditures, travel contracts and procurement cards to ensure
15 compliance with state and federal laws, regulations, and guidelines. Based
16 on review findings the division of internal audits recommended that some
17 internal controls could be improved and that some policy and procedures
18 could be updated. Exchange staff is currently working on addressing the
19 recommendations of the Division of Internal Audits and updating the
20 agency's policies and procedures. And now my favorite part of this report
21 here, new Exchange staff for 2022. The Exchange is growing and maturing.
22 The Exchange is excited to announce that Janel Davis, the Exchange's
23 former Communications Manager applied for and has been selected to the
24 Exchange's Chief Operations Officer position. Janel has been with the
25 Exchange since 2015 and brings almost 7 years of experience and

1 institutional knowledge to the COO position. Please join me in welcoming
2 Janel to her new role and responsibilities with the Exchange. So, with
3 Janel advancing internally that left the Communications Manager position
4 open within the Exchange. I'm pleased to announce that another internal
5 candidate applied and was selected to advance their career with the
6 Exchange, Katie Charleson, the Exchange's former Training Specialist and
7 marketing assistant has been selected to be the Exchange's new
8 Communications Manager. In her former role, Katie not only supported the
9 Exchange's information technology manager in day-to-day IT duties, but
10 also supported Janel in her communications manager role. Katie is coming
11 into her new duties with an understanding of marketing and outreach in an
12 already established relationship with the Abbi Agency. The third position
13 that the Exchange has promoted is Brooke Mills from Appeals Coordinator
14 to Data Analyst. A data analyst position is based under the Chief
15 Operations Officer team and will assist the Exchange with in-depth data
16 analysis in regard to enrollments, CMS requests, recon support, policy
17 needs, and marketing and outreach support. Please join me in welcoming
18 Brooke to her new role. And then finally with Brooke moving into the data
19 analyst role, a vacancy was left in the Appeals Coordinator position. This
20 position works closely with the quality assurance team in attempting to
21 resolve appeals and complaints before they advance to a hearing.
22 Although the talent pool of applications for this position was competitive,
23 please join me in welcoming Bri Wright, former Program Officer with the
24 QA team to a new position as Appeals Coordinator for the Exchange. Bri's
25 experience with the QA team will provide an added benefit and efficiency

1 in administering the exchanges appeals process. And that's my report, Dr.
2 Jameson.

3 DR. JAMESON: Excellent. Let me see here. I -- you can hear
4 me, right?

5 HIGH:I can. Yes.

6 DR. JAMESON: Okay, great. Well first thank you for that
7 wonderful report, Ryan. And thank you for telling us about our new --
8 well, shall I say our -- our old staff that have all been able to move into
9 their new positions. This is so exciting and I'm happy for each and every
10 one of them. So, congratulations, Janel Davis and Katie Charleson and
11 Brooke Mills and Bri Wright. This is just absolutely wonderful.
12 Congratulations. And thank you so much for staying with us. And it's really
13 a sign that you've been very happy and that the Exchange is not only
14 effective, but an excellent team and has good camaraderie, it speaks so
15 well of all of you that you like it working there, and you are a good team
16 together that all of these people wanted to apply and move within the
17 organization, stay within the organization and continue to work together.
18 So, I congratulate all of you and I -- and I really again congratulate you for
19 all this great work that Ryan has just reviewed, that you've been all
20 involved with. For myself I have a couple questions, but before I ask them,
21 I'd like to put it all over to my board. They may beat me to the questions.
22 How about my board members, do you have any comments or questions on
23 that report from Ryan? Well, not hearing anything, I actually don't have
24 too many, but on the interest, 'cause part of the material we covered was
25 some of the material we covered last time and not much change there as

1 we wait to hear some of the final dispositions from the -- about the IRS on
2 the family glitch. And then also some of the other issues that you covered.
3 The only really kind of new thing that I wanted to ask a couple more
4 questions about was I'm very happy about your internal audit and looking
5 to see how things went and if there were any concerns and doing that so
6 that you can figure out how we might improve things. So, congratulations,
7 because that's what it's all about, trying to always make it a better place.
8 So, what I was wondering when you discovered that there were a number
9 of people that there was a defect in the second lowest plan, the silver
10 plan, which when calculated, caused the second lowest silver plan to be
11 calculated with the wrong number of applicable children for that plan,
12 what I just kind of wondered was how many of our customers were
13 affected by that? And did it -- was it in favor of the customer or did it --
14 was it not in favor of the customer so that children may have been left off,
15 or if you understand my question.

16 HIGH: I do. I do. And I believe it's an extremely limited
17 number almost one off, I would say. It's the way that the methodology
18 that went is we provide Berry Dunn with a list of all the applicants for that
19 plan that given year, and let's say it was 140,000 applicants. You know,
20 enrollers are less than the applicants, but this is the number their universe
21 to begin with is the number of applicants. So, let's say that's 140,000, out
22 of that 140,000, then they take a sample -- a random sample size of about
23 130 consumers. So, then we -- and may -- and I have to give kudos to the
24 policy team, to Gina and Justin, they were just fantastic about this, and
25 they were almost surgical in the way that they went through and explained

1 to Berry Dunn about why some consumers got APTC, why some didn't,
2 about the exceptions, about the interplay with Medicaid rules as well. So,
3 what happens, we got down to, I wanna say the 130, we justified
4 everybody, but I want to say maybe just three or four of those sample
5 sizes. And these two findings came off of one or two, you know, of those
6 three or four, these two findings here came out of that very small pop
7 there. So, to answer your question, I believe really this was just a system
8 error or glitch, in a limited individual basis, not a system-wide issue there.
9 And I don't know, I'll have to get back to you to see how -- which way the
10 error went. It was against, or for the consumer. I don't have that off the
11 top of my head, but I can certainly get back to you about that.

12 DR. JAMESON: Only then, the following question would be,
13 was it adjusted if the consumer -- if it was against a consumer or -- and
14 then just follow up on that was of course the second area where you had a
15 system coding error for calculating incorrect age factors, how large was
16 that?

17 HIGH: Again, I wanna say this was a one off on that.

18 DR. JAMESON: Okay.

19 HIGH: You know, three or four out of the sample size of
20 130 that we couldn't get to a resolution on. I want to say one was for the
21 first error and one consumer case was for the second error. I don't know if
22 it was a larger, but I can -- I can certainly follow up with the board with
23 you and the board to let you know what the scope of that was.

24 DR. JAMESON: And the only concern our board would have is
25 that the customers, if they were at -- if there was any disadvantage to

1 them if it's been adjusted and then of course going forward, you are
2 planning to see what you can do to correct that from the future. And I
3 think that as variances and best laid plans go that this is pretty small
4 group affected from what you're saying with me more one offs than
5 actually any large segment. So, I think that anytime we do things in this
6 scale, we're gonna have a couple things fall through the crack. So, I think
7 overall, I would say practically perfect in every way.

8 HIGH: We were happy with the findings.

9 DR. JAMESON: Yes.

10 HIGH: We never wanna have any, but these extremely
11 small findings.

12 DR. JAMESON: And that was what I wanted to know. So, very
13 good, very good. And did -- while we've been chatting did our board have
14 any other questions? Because actually everything else is very
15 straightforward and I have no further questions on your very good report,
16 Ryan.

17 HIGH: Thank you.

18 DR. JAMESON: So, moving on from the report then, and we
19 really do appreciate the written report and, look forward to continuing
20 written reports in case you ever had a question. Once Heather brought
21 up, do you think I should really do this written report? Absolutely. And
22 moving on to marketing and outreach update.

23 BEHRE: Hi, I think that's gonna be me. My name is Ashley
24 Behre. I am director of client strategy at the Abbi Agency. Just wanna
25 check that you can hear me okay.

1 DR. JAMESON: Clear.

2 BEHRE: Okay. Perfect. All right. So, we have a
3 presentation that we'd like to share with you, some of it, Ryan did touch
4 on a little bit, but we'll give you a little bit more in depth on how we've
5 been working with the Exchange and our partners throughout the off
6 season from post open enrollment through to now. Let me just move this.
7 Okay. So, in that period from the last time we met in February through to
8 now and then ongoing into September the Abbi Agency has been working
9 with the Exchange, and like I said, our partners at Marketing for Change
10 and Ericka Aviles Consulting to really do a deep dive into the Nevada
11 Health Link audience, and do some reporting and, data analysis on our
12 consumer, potential consumers, and understanding the success of open
13 enrollment and how we can prepare and optimize for the next upcoming
14 open enrollment and plan year. This has come in the form of multiple
15 research projects. So, I'm gonna go through each of those and touch a
16 little bit on -- about the research project and then some of the key findings
17 for each and then how we're incorporating that here, moving forward. So,
18 the first research projects that we worked on were -- was our target
19 market survey. This was looking at potential Nevada Health Link
20 customers, specifically the uninsured, self-insured and then current
21 Medicaid recipients, noting that we knew the unwinding of the public
22 health emergency was going to potentially happen this year, and we
23 wanted to start doing some background research, so we better understood
24 that audience. So, understanding the profiles of these customers,
25 assessing the awareness levels of Nevada Health Link with each, and then

1 identifying motivators and obstacles for purchasing health insurance, and a
2 little bit of evaluating the open enrollment advertising campaign as well.
3 So, some of the key findings that came out of this, the uninsured audience,
4 in particular in Nevada are mostly formally insured. So, you know, for
5 example, they had insurance through their employer, but then lost their
6 job. So, that's good for us to note. Health insurance for some of these
7 audiences can seem out of reach. We do know that the key issue is money
8 or cost. One out of three uninsured Nevadans want to be insured, but they
9 are just waiting until they are financially stable enough to do so. And then
10 we found that there is a need in the uninsured market, 4 out of 10
11 uninsured Nevadans do want health insurance this year, so that's great.
12 So, we'll be looking actively reaching them during our open enrollment
13 period this next year. If you look off to the right we have some visual aids,
14 the first at the top, again, understanding those motivators and obstacles.
15 So why didn't you buy health insurance plan after visiting Nevada Health
16 Link? Again, we know that cost is the number one reason why, so they
17 didn't find an affordable plan, or couldn't find the right plan. But then we
18 also found that there, to note, the application process wasn't completed
19 because it was difficult or confusing. And then the website also a little bit
20 confusing and we'll touch kind of on how we're looking at those, 'cause
21 those are some actionable components for us. The second visual, have you
22 heard anything about Nevada Health Link? So, that's us understanding
23 which of these audiences best already knows Nevada Health Link or has the
24 highest awareness levels and which of these don't. This a makes a lot of
25 sense to us. We saw the self-insured audience last year with some of our

1 marketing on LinkedIn through open enrollment being highly engaged and
2 interested. So, that's great. We developed a small business toolkit in the
3 off season to help reach this market and are further identifying in open
4 enrollment this next season, how we can better reach the self-insured.
5 Makes a lot of sense that the Medicaid audience has the lowest awareness
6 rate. They have health insurance through Medicaid currently. There isn't
7 currently a need for them to look for additional options for health
8 insurance, so, good for us to know. And then also important for us to see
9 where the uninsured market fits and how much do we need to drive
10 awareness or engage in even more like down the funnel tactics of pushing
11 them into enrollment, see where we sit there. And then the last visual,
12 this is for us to gauge our open enrollment advertising plan from last year,
13 and then incorporate this into next year's paid media plan, which of these
14 tactics best hit. Google search always does really well, but we were
15 surprised to see that our social media advertising efforts were very, very
16 strong. And then there's just little subtleties like knowing that audio
17 streaming outperforms broadcast radio. Of course, we're gonna continue
18 to do both, but good for us when we're thinking about where the allocation
19 of spend falls and how we're reaching our audience. The second research
20 project that we put together was a -- oh, sorry.

21 DR. JAMESON: Normally I don't interrupt your
22 presentation, but there's so much information to unpack here for the
23 board, and I wanna applaud you on your study survey, et cetera. Some of
24 those findings -- can you go back to the page 1?

25 BEHRE: Sure.

1 DR. JAMESON: Are a little surprising to me.

2 BEHRE: Okay.

3 DR. JAMESON: So, I would like to ask you what the

4 audience size was?

5 BEHRE: Oh, that's a good question. Katie, I'm

6 wondering if I know that Peter and Aaron (phonetic) from Marketing for

7 Change are in the in the audience, are you able to promote them to

8 panelists or allow them to speak because they are -- our partners at

9 Marketing for Change are much more intimate with the sample size, and

10 the development of the surveys.

11 CHARLESON: Absolutely. Aaron and Peter I have you

12 on the phone.

13 BEHRE: Thank you. Okay.

14 PETER: Can you hear me?

15 BEHRE: Yes.

16 DR. JAMESON: I do wanna thank you once again for

17 doing this excellent survey because this is just telling us so much about

18 how effective we are and can be, it's sort of like the audit Ryan just

19 finished. The better we can analyze what's going on, the better we can

20 serve. And this is just fantastic. So, I wanted to know the audience size

21 and definitely the date of the survey. I'm certainly imagining it preceded

22 the economy problems that we're having right now. 'Cause I wouldn't be

23 surprised if this was even -- if it was prior to the last few months that if

24 you repeated it today, we'd even have more on the find affordable plan

25 part. And so, the sample size, the date, and then what I'm really looking at

1 for 50% of people couldn't find affordable health plan. We have this
2 amazing service we offer that immediately directs them to a broker. And I
3 thought that was gonna solve this. Couldn't complete an application and
4 couldn't find affordable plan. So, if you can address some of those
5 questions, I would really appreciate it. And then just saying this so I don't
6 forget. And then the other board members can chime in, and I'll back off.
7 I think it'll be really important for us to repeat this each year and see what
8 kind of improvements we make. Go ahead.

9 MITCHELL: So first of all, I love your questions. The --
10 we did this between January 26th, 2022, and February 24th. Most of it,
11 most of the sample was in the beginning of that. So, in the January 26th,
12 probably the first week of that the total end was 800. And I'm trying to
13 remember all the questions. And we are going to repeat this. In fact,
14 we're thinking about sort of -- we've did a number of surveys. You'll hear
15 about some of the other surveys. We're thinking about investing, taking
16 that same budget and investing it into a more robust survey that will give
17 us more information focused on the target market. I'm -- one question -- I
18 don't know if I answered all your questions.

19 DR. JAMESON: Thank you. Because -- and that's what I
20 wanted to say because some of these responses, like the 50% couldn't find
21 affordable plan, that needs a real drill down.

22 MITCHELL: Yeah.

23 DR. JAMESON: I know Ryan wants to know about that.
24 Right, Ryan? And the others though, you know, website confusion, minimal
25 people are getting savvy. Our website's pretty perfect practically. But

1 couldn't find the right plan, 30% say they couldn't find the right plan,
2 these need drill downs.

3 MITCHELL: Right, right.

4 JAMESON: Can't find affordable plan. Go ahead.

5 MITCHELL: So, I think that this is -- this is the kind
6 of thing that -- these are all, you know, some of these are addressable by
7 marketing. Some of them -- the actual price of the plan of course, is not
8 something that's in our purview. But as far as the shopping experience,
9 we're looking at that and we're doing, we're actually doing UX user
10 research right now that is specific to the website. So, it's not just whether
11 they're confusing -- confused by the website, but it's whether they can find
12 the best plan. So, are we giving them the best experience so they can find
13 a plan that fits them, or is it, they're just not a plan like that, that exists?
14 And so, we are finding some areas where we can improve in that area. So,
15 we try to look at the full journey from, are we getting their attention,
16 which I think we did a really good job of this -- this last time. Two, are
17 they going through enrollment and look at each piece of that and what's
18 happening? And so, this survey is part of the -- looks at sort of the top of
19 the funnel a lot. There's a user survey that we do. There's some other
20 things you'll come across that look at different points in the journey. But
21 this is really about -- and, the numbers, like can't find an affordable plan, I
22 know that's our highest, but that's always likely to be the highest if we
23 were to look at exchanges everywhere around the country, that's just an
24 issue with the pricing of insurance and what people expect it to be and
25 what it actually ends up being. I should mention that we do this for other

1 states, so that's how (inaudible).

2 CHARLESON: You're on mute, Dr. Jameson.

3 DR. JAMESON: Oh, Valerie. Uh, if you're, if you're
4 there, could you make a comment on since we implemented the availability
5 of finding that broker so easily on our website? Do you feel that you've
6 noticed a difference?

7 CLARK: Hi, Dr. Jameson, Valerie Clark, for the record.
8 I have not heard of anyone having tr -- I don't sell on the Exchange. I do
9 refer it to -- I have a person that I refer all of our Exchange business to,
10 and she's very busy. I've never heard of anyone having trouble finding a
11 broker on the Exchange, but I will tell you that in regard to the availability,
12 you know, where people say they didn't find the right plan or, affordable
13 plan. The one bit of feedback that I do get very frequently is people
14 coming off of group plans that go to the exchange. It is different. It's a
15 very different -- the plan designs are very different. And so, you might see
16 a lot of people coming off of group programs saying, well, I didn't find the
17 right plan because it didn't match an expectation that they had from being
18 on a group plan prior. So, that's my guess as to why you're having that
19 issue.

20 DR. JAMESON: Yeah. Excellent comment. Yes.
21 Because if they came off group or employee plans and had a very minimal,
22 it's an entirely different thing when you're looking for a quality health plan
23 that's single person or group plan. So, I mean, a family plan. So, any
24 other comments on this and we'll let her go on report, 'cause I know she
25 has a lot to go through. Ryan, did you have a comment before we go

1 through?

2 HIGH: I'm good.

3 DR. JAMESON: Okay.

4 BEHRE: So, we'll move to the next one, and I'll pause
5 if you have questions after each. I have four research projects, so there is
6 quite a bit. As Peter mentioned, the next research project was the
7 biannual pulse check survey. So, we do this twice a year. This is the
8 audience is the general population of Nevada. We do a larger -- this is a
9 larger pulse kind of checkup both the brand. And then we did as well, the
10 open enrollment campaign to understand the views on Nevada Health Link.
11 Has it changed in the last six months, if so, how? So, the key findings are
12 that awareness, both awareness and favorability of the Nevada Health Link
13 brand among the general public is stable, which is fantastic. Awareness of
14 open enrollment, so we look at year over year. So, last open enrollment
15 versus this most recent open enrollment campaign did grow both in the
16 self-insured and uninsured Nevadan audience, so that's great. And both
17 brand favorability and campaign awareness were higher among families
18 with children, this, to us made a lot of sense. Quite a bit of our marketing
19 did focus on showcasing the family unit, making sure to speak about caring
20 and protecting for your family. So, it wasn't surprising to us, and we were
21 very pleased to see that this was resonating with families with children.
22 And then there was a correlation between exposure to advertising,
23 messaging and higher favorability rankings overall. So, that's fantastic.
24 So, the more the consumer was seeing advertising of the open enrollment
25 campaign, the higher the favorability of the Nevada Health Link brand. So,

1 not only was the open enrollment campaign successful in speaking about,
2 open enrollment, driving awareness and enrollment, but it also helps
3 support the Nevada -- and builds the Nevada Health Link brand, which is
4 fantastic. The third research project that we conducted was the user
5 survey. So this is the one that Peter was just speaking about where we
6 took those consumers that had mentioned that in the first survey that they
7 were having trouble with the website or the shopping process, and we
8 wanted to dive deeper into understanding what are the reasons why you
9 had difficulty with that, because that is where we have the most ability to
10 affect change. And we even went a little bit further and broke it down into
11 four components, invitation, which is the email communication series and
12 driving them to enroll the website user experience and then shifting from
13 website into the shopping and purchase. So, the components of get
14 insured as well to see where along the process were consumers having
15 trouble and what were they having trouble with. It is important to note
16 that in the overall survey, most of the people that were surveyed in
17 general did find that the website was easy to navigate 8 out of 10 were
18 likely to recommend. We were just taking that kind of 2 out of 10 and
19 really breaking it down and going, okay, what were the reasons why you
20 had issues just so that we understood. Some key items that popped out,
21 website organization in general was confusing to the consumer, and
22 technical language was not intuitive for some. So, we do have -- we're
23 actually conducting an audit right now and building out kind of an action
24 item punch list, if you will, of how to best organize the website based on
25 some of their feedback, and we are going to send that to review with the

1 Exchange and work on that prior to open enrollment this next year. And as
2 well, reviewing the copywriting on the website and understanding, the
3 technical language. We know that there is a necessity for having some of
4 this technical language, but I think that there's an opportunity to look at it
5 when the consumer goes to the website, first speaking to them in a more
6 conversational manner where it's a little bit easier to understand, and then
7 as they read further, or if they have more information that they need to
8 find, then having that technical language kind of come in, because there is
9 a need for both, I believe. In the shopping experience we wanted to dive
10 deeper into that to make sure that we could provide, get insured in the
11 exchange with, some actionable items there. The main pieces that came
12 through from the consumer, it was not easy to make comparisons, and
13 there were unclear directions and it's not as easy as other shopping
14 experiences. And I truly believe this is a case of the consumer being very
15 well trained in some really fantastic shopping experiences across the
16 board. I don't think you can't from an app or the website -- any website
17 you can buy all your groceries, you can compare all of your flights. Like
18 the consumer has been very well trained in order to how to shop online.
19 And there are some really well put together clear and concise shopping
20 tools for consumers in general. And this shopping tool is just a little bit
21 more in depth and a little bit more difficult. So, The Exchange is working
22 with Get Insured to take our findings from this research survey, as Ryan
23 mentioned and see what can be implemented to help simplify and make the
24 experience a little bit more clear for the consumer. And our last research
25 project, which we actually just completed and shared out.

1 DR. JAMESON: I wanted to ask Ryan if he had any
2 comments on that or our board members had any comments on that.

3 HIGH: I don't have any comments directly on this,
4 but as we -- when we transitioned off of healthcare.gov to become a state
5 based exchange, I know one of our biggest points was we wanted to do a
6 lot more with the data on our consumers to do a deep, deep dive, to see
7 who they are, you know, what their concerns are, where they are and how
8 we can improve the user experience for them. And these research projects
9 here, I feel like are in the tip of the iceberg into really customizing our
10 product and our service for consumers in Nevada. And I'm just -- these --
11 each time we review these new data sets and these new findings and these
12 new surveys, I feel like it's only -- it's only improving our website in
13 Nevada Health Link.

14 DR. JAMESON: And my only comment was when, you
15 know, things such as we've come a really long way, number one. Our
16 current platform, current website is incredibly sophisticated, and it's come
17 a long way. And when they say 47% extremely likely only 72%, and then
18 72% likely, of course, we'd love to get those numbers up to 98%, but it's
19 inherent in the nature of our product when they say not as easy as other
20 shopping experiences. Well, most other shopping experiences comparing
21 trips, vacations, comparing houses and even comparing, you know, so many
22 other things they're pretty straightforward. And I actually wanna applaud
23 everyone on taking the most complicated shopping experience and even
24 making it as presentable as it is because some of our early experiences
25 were quite deficient. And this is -- it is the nature of the beast we're

1 wrestling with. But of course, that doesn't mean we're going to be happy
2 with where we're at, especially when we see these numbers and with more
3 technology and technology advances, hopefully we can get better and
4 better, but we are. Of course, it's not gonna be as easy as other shopping
5 experiences. This is an incredibly complicated beast to wrestle with on the
6 shopping experience. And I just wanna say, having said that we're gonna
7 try to do much better. We wanna get in the 90%, but where we've come
8 and how challenging this is. And so I'm looking forward to hearing how
9 people can make it better, but I just on a positive note wanted to say this
10 doesn't, you know, it says, what's the problem, but we really still -- it's --
11 we haven't gotten down to the real, you know, microscopic look at this to
12 see what we can maybe really do. And I'm not sure who's gonna be doing
13 that. I imagine a lot of it's done not just with the website, but the
14 platform, Get Insured are probably working on some more things.

15 HIGH: And, Dr. Jameson said, I did wanna add that
16 point too, is that the Abbi Agency and Marketing for Change, we did have
17 conversations with developers over at Get Insured, so we are coordinating,
18 we're sharing these findings with them, they're being receptive. So, there
19 is that. I just wanted to assure you and the rest of the board that there is
20 that collaboration there and the sharing of information to, you know, just
21 continually improve the product and the user experience.

22 DR. JAMESON: The Get Insured people are nothing
23 short of brilliant, but we never wanna get complacent. But when it says
24 not as easy as other shopping experiences, I don't think you're talking,
25 apples and apples. And so, I can't imagine that there is another, exchange

1 experience in our country, if you're saying not as easy as other exchange
2 shopping experiences, I can't imagine that any one of them is better than
3 ours. So, not as easy as other shopping experiences in other areas, 'cause
4 if there's an exchange that has a better shopping experience than ours, I
5 wanna know about it. And so does our board.

6 BEHRE: Definitely.

7 DR. JAMESON: Okay.

8 BEHRE: Good, to move to the next project. All right.

9 So, the last research project that we put together was on the Latino
10 audience. We've always found this, you know, of course this is a key
11 demographic for us in the state of Nevada in general. But we've always
12 looked to describe the Hispanic audience in kind of one way with utilizing,
13 like thinking of them as one audience, and we really felt it was time to do
14 a deeper dive and break down this audience to better understand all of the
15 cohorts within. What are the – what does the younger Hispanic audience
16 prefer versus the older Hispanic audience, those that are single versus
17 those that are families. Let's really kind of drill down in that so that we
18 can better prepare messaging and advertisement, and owned content for
19 this audience. The key findings from this, there's quite a few, but all really
20 valuable. First, that family drives much of the health insurance
21 discussion. I think we knew that last year, but what we found that was
22 interesting this time around is that a portion of that is that others are
23 more important than self. So, it's not just a strong value in the family
24 unit, but it's also important that, you know, parents are thinking of their
25 children more so than their own personal in insuring themselves. It was

1 also interesting to note that when it came to finances that personal
2 financial ruin was not a top driver for this audience. There were a number
3 of those that we spoke to that were first generation immigrants that came
4 to this country without anything in their pocket, and they've -- essentially,
5 they've dealt with financial components like this before, so they're not as
6 concerned as other target audiences that we have spoken to. Additionally,
7 younger audiences focus on getting ahead now in the near future. There
8 was a portion of the audiences that we spoke to that were very proud to
9 note that they had investment properties. They're really thinking ahead
10 starting now, so that was really great to note. Middle aged adults spoke of
11 both caring for their parents, thinking about retirement and then watching
12 their adult children grow. So, again, breaking down that idea of family and
13 how that works together for this target audience. We also spoke to some
14 self-employed individuals trying to better understand that self-employed
15 audience and then the Hispanic self-employed audience. We saw a strong,
16 response from them in the last open enrollment period. These
17 respondents did note that they will deprive themselves of insurance as it
18 was seen as cost prohibitive, and that they find that it's better for them to
19 have money in their pocket now to make payroll or, you know, pay business
20 expenses for this month, rather than saving for future, potential issues
21 that might happen with their healthcare. The uninsured respondents, and
22 this isn't -- this wasn't a shock to us, but the uninsured respondents within
23 this cohort felt that healthcare was out of reach, especially for the Latino
24 audience. We know that cost is always, as we discussed already, it's
25 always something that is brought up with health insurance, and as Peter

1 mentioned earlier, this isn't new for Nevada, this is something that we see
2 as a trend across different states. But some really positive things that
3 came out of this survey, respondents showed a lot of appreciation for
4 attempts from Nevada Health Link to reach the Latino community. They
5 were very happy to know that there was marketing and advertising that
6 was directed towards them, that was authentic to them, and that research
7 was being done to better understand that audience. All of that was really
8 positively perceived. So, really happy to know that our most recent efforts
9 have been positively impacting this audience. And we're excited to take
10 some of these findings and work this into the next open enrollment and
11 future advertising, so that we're better reaching this audience.

12 DR. JAMESON: My question, of course, all of these
13 people that you made, part of your group and audience in for the Latinos,
14 then these were all -- they were not the illegal immigrants, they were
15 people that would actually be available, you know, would be able to come
16 onto our plan.

17 BEHRE: I will let Peter speak to that. I think there
18 were a few, but --

19 MITCHELL: Yeah, there were a few. Yeah. We
20 didn't do -- we didn't check their IDs in that case of -- but there were -- we
21 recruited for people that would be potentially able to buy. So, there were
22 a few people that, that may not actually be there's -- there's maybe some
23 not a full understanding of where they are citizen wise by themselves, so
24 they got in the group, but almost all of these were people yes, that could
25 qualify. And what you have to remember about this. These are groups we

1 just did. So, there were a large -- there was a good increase of Latino in
2 that gain that Ryan talked about, that a lot of those were Latino. Those
3 people were not gonna be in these groups cuz we were looking specifically
4 at uninsured. So, those were -- so this is essentially like we kind of keep
5 raising the bar on ourselves. So, we look at -- we're not looking at sort of
6 our past success. We're looking at where do we gonna get a future
7 success? And so, these are gonna be a tougher audience than the one we
8 got last year, and you know, each year, hopefully as we grow this, the
9 audiences get tougher and tougher, but we try to raise our game so we can
10 reach them. So, that's part of what we're trying to do this is to learn
11 more. There's also not been, you know, surprisingly the amount of Latino
12 research specifically in Nevada is not what we see in some other states,
13 it's mostly the political stuff. So, it's just interesting. This is kind of
14 interesting, more widely too.

15 DR. JAMESON: I just wanna -- I -- yes, very good. I just
16 wanna clarify that it's very important for this to be an accurate research
17 number for that, it just has to be people that are legal citizens. And what
18 I'm really curious about, a question I would like to know is what is their --
19 these people that are attending, what income bracket do they fall in, these
20 people that are attending? What do they actually feel they have as
21 discretionary funds that they can put towards a health plan? Do they think
22 it's \$40 a month? Do they think it's --

23 MITCHELL: They think -- they think it's very -- they're --
24 they're very low -- lower income.

25 DR. JAMESON: Right. And, and then Ryan, sorry I

1 interrupted you, please go on.

2 MITCHELL: So, they're lower income, but we tried to
3 target people that were sort of above Medicaid. So, they're, you know,
4 more like what our customers would be, but they were generally lower
5 income, generally thought, you know, it's not, they don't have a lot of
6 extra money sitting around, and so yes, the money was a huge issue for
7 them. But they were and remember this is not because of how we
8 recruited it. It's not representative. We were purposely going after these
9 people. So, but among these people, they were not very aware of what
10 they could get off the -- from Nevada Health Link. 'Cause the people that
11 were more aware of course, are people that we were able to recruit
12 earlier.

13 DR. JAMESON: So, Ryan, how would you tell them what
14 plan we have available for them?

15 HIGH: My first inclination would be to connect them
16 with a licensed broker and/or navigator and have the experts walk these
17 consumers through, you know, step by step and give them, you know, the
18 type of advice that they're trained to give to make the shopping experience
19 optimal for these consumers.

20 DR. JAMESON: That's a good plan -- that's a good
21 response, Ryan, safe. Now Heather used to talk about our kind of \$0 in
22 plan for people that got the limited plan, but I don't remember what she --
23 the words were that she referred to it as, kind of the default plan. It
24 wasn't really, you know, platinum gold, sort of an --

25 HIGH: The bronze?

1 DR. JAMESON: No, wasn't -- wasn't the bronze, were
2 they where they were (inaudible).

3 HIGH: Oh, there's all -- for those under, I believe
4 age 29 catastrophic plans?

5 DR. JAMESON: Maybe that was it, perhaps that's -- but
6 you didn't use that word, but perhaps that's it. And those are still
7 important plans in a group like this, because I will tell you, the thing I hear
8 about from the Latin Americans are that even if they are legally here is
9 that we have the worst healthcare in the world and that, that they can't --
10 in the its system, in the sense that they can't afford the system. And if
11 they get it, if they worked here for 20 years, legally, then they lose their
12 house and, that there's no real options. And this has got to be -- there's
13 got to be an option for those people here. And so even if it's a
14 catastrophic plan and they understand that and they get to a broker and
15 they get into the hospital and they're losing, you know, they have debts of
16 a hundred, \$200,000. They don't lose their house they work so hard for,
17 and hopefully our brokers are sending that message home to them. And
18 so, and do you guys, when you're done with doing your research, do you
19 try to tell them that there could be an avenue and recommend them to a
20 broker anyway?

21 MITCHELL: We didn't, that would be a good idea.
22 We didn't actually reference with this group, the brokers, but we did note,
23 you know, and this is very common, happens to focus groups. As the
24 discussion continued, you know, part of this is they saw the ad. So, many
25 of them hadn't seen the ads cuz of the way we recruited. And there was

1 the level of interest in following up. So, the, you know, a number of
2 people were gonna go to the website, see what was there. They're much
3 more interested than they were in the beginning, which is not uncommon
4 with focus groups, 'cause you're talking about all the benefits and so on.
5 And after a conversation like that, they're much more interested. When
6 we --

7 DR. JAMESON: And I wanna applaud you for the
8 research -- for the past programs where you, you know, when -- when all of
9 this came about and, Obama would talk about the affordable health plan,
10 the big -- the big driving force was all the medical bankruptcy. It was like
11 number one because of bankruptcy in the country and you in the past, the
12 advertising has focused too. You know, when you have something, don't
13 let this be making you financially, medically bankrupt. I haven't seen as
14 many of those, I might have missed them myself, but I still think that's an
15 important drawing card for this population, particularly if they could just
16 get that message and understand it.

17 MITCHELL: Yeah, I think it's -- I think logically
18 that's true, but what we've found in the experience where that message is
19 individually, it's not, there's an optimism bias that we all have, like not
20 just this group.

21 DR. JAMESON: Yeah.

22 MITCHELL: And so it tends to be people that go by
23 their experience and you know, and this has gone back since the beginning
24 of what we did the research when with this was first set up by CMS for
25 healthcare.gov and, we would hear it then, and we'd been hearing it all the

1 way through for years and years and years of people just explained to you
2 about, hey, here's how I work out the money. So, they have to see more --
3 a more present-day reward, like a reward, an immediate reward. And so,
4 to them, it's the -- it's the peace of mind. It's being able to feel like
5 they're making it, that kind of thing is actually more motivating where
6 logically, if you break it down logically, you're like, no, it's about not going
7 bankrupt, but that logic is, and you know, this is like a lot of advertising.
8 You have to go to where they are. You can't really start with, hey, come
9 on, listen to us.

10 DR. JAMESON: Thank you. Any other board comments?
11 Okay. We'll move on.

12 BEHRE: Perfect. Yeah, I did wanna note two things
13 just to build on that, one, we did find it valuable to include or to not check
14 status when conducting this project because it is important that even if the
15 person participating in the project may not have been able to enroll, but if
16 they're part of a mixed status family, their children are. So, it was good
17 for us to gather that information. And then we do have identified Spanish
18 speaking brokers and navigators and on anything that is tailored for this
19 audience in our advertising. We do always make sure to put that as our
20 call to action because we find it to be stronger than just the website in
21 general.

22 DR. JAMESON: Thank you very much.

23 BEHRE: Okay. So then moving, there are, as Ryan
24 mentioned, there's kind of two overarching larger narratives that are
25 happening, and we have prepared some materials for The Exchange to help

1 them in communicating this, the first is the ARPA subsidies. We have put
2 together some materials and tools for both Ryan and Janel as they travel
3 this spring, both in making sure that we're identifying how these subsidies
4 currently positively impact Nevadans, and that's kind of the general
5 direction and approach. And then also just making sure that there's an
6 awareness, if these subsidies go away, how that will impact negatively
7 Nevadans, utilizing storytelling components where you see these pre and
8 post monthly ARPA monthly premiums. I think this is a really nice story to
9 tell, so we've put -- the exchange put together some scenarios that we
10 have utilized, and then we used some nice visual aids, and some samples of
11 that are on the right here of, you know, why have Nevadans lost their
12 coverage, why can't some, Nevadans find healthcare coverage? Just
13 helping identify, build out who the Nevada audience is, and then making
14 sure that the ARPA subsidies and the impacts of that are very clear for
15 them to communicate. The second is the public health emergencies. So,
16 we have worked, as Ryan mentioned in conjunction with the exchange and
17 the state Medicaid office to help put together some materials, to support
18 the Medicaid office and their outreach here now. This is a phase approach,
19 that we're taking along with the Medicaid office. The first phase started in
20 March, and I'll explain a little bit further, but the first phase is essentially
21 awareness. What is the public health emergency that it is likely to end
22 very soon, and to go update your information on the Medicaid portal so
23 that they can reach you? And then the second phase is, you know, then
24 there will be a drop off of a portion of Medicaid, current Medicaid
25 recipients, and they are best qualified to enroll through Nevada health

1 Link, and we're here for you. Let's prevent a gap in coverage. I placed a
2 few bullets here. We, in that first survey did some -- a deeper dive on
3 Nevadans on Medicaid. We wanted to better understand that audience, if
4 we're going to talk to them, to make sure that we we're crafting messaging
5 appropriately. Important to note that 75% of the Medicaid office that we
6 surveyed had been on Medicaid for at least two years. So, they are, you
7 know, longer standing customers of Medicaid. Only 21% were currently
8 unsatisfied with their coverage, so they're quite happy consumers. And
9 then more than one in 3 Medicaid recipients did fear losing their coverage.
10 So, there is already a fear kind of prior to this unwinding of public health
11 emergency. And then, you know, who's likely to shift, right? So, 20% of
12 those surveyed would shop for alternate insurance plans as soon as
13 possible, so that's great news for us. We know that there's an active
14 customer who would look immediately for health insurance plans. And
15 then, you know, how cost prohibitive is this audience, 15% would be
16 limited -- mentioned that they would be limited by financial stability in the
17 cost of plans. That makes a lot of sense. They're currently getting \$0
18 plans. So, good for us to know though, because that will help with our
19 messaging. I mentioned a phased approach. So, this is just a little bit of a
20 deeper dive into that approach. The first phase is all about education,
21 making sure that enrollers are updating their phone number, their address,
22 their email address when Medicaid is ready to reach out with
23 redetermination letters, we wanna make sure that they can actively reach
24 their audience. And some of the tactics that we're utilizing to do that
25 we're updating the Medicaid specific webpages on Nevada Health Link,

1 driving to those through some own content, blog posts, social media, et
2 cetera. We have the public relations team kind of on standby and mostly
3 keeping tabs on the conversation, what's happening in the government
4 affairs segment. And we've also developed what will be online here
5 shortly, an online toolkit for partners, all kinds of partners that we're
6 identifying to help with outreach on this message, this awareness and
7 education message about Medicaid and the public health emergency.
8 Additionally, we have a paid media plan component. We're still kind of
9 working through what that looks like, but really just driving that awareness
10 message home of going, this is happening, go in and update your
11 information so that you're ready.

12 DR. JAMESON: Excellent preparation. I can't imagine
13 that you could do any more. It is really excellent.

14 BEHRE: The second phase, this is when the end of the
15 public health emergency happens, redeterminations will begin, and those
16 consumers will be kicked into a special enrollment period for 60 days.
17 That is our opportunity as an agency to reach out to them, let them know
18 that Nevada Health Link exists, that we have the highest -- we want to
19 share awareness of low cost and high-quality plans of Nevada Health Link.
20 And this customer is, you know, a very high propensity to qualify for
21 subsidies or advanced premium tax credits. So, just making sure that they
22 understand kind of like we're the next best thing but doing it in a really
23 nice way and a way in which, you know, let's prevent a gap in coverage.
24 And here we are with all of these great things for you. This will have a few
25 more targeted tactics. We are able to reach the Medicaid and eligible

1 audience through our email newsletter, so we'll have a stronger email
2 newsletter campaign. We have an opportunity to work with the Medicaid
3 office and adding a stuffer into and send out to their mailing list. So, after
4 they've received their redetermination letter and/or with it, we can also
5 have that information, like you have lost coverage, here's an option for
6 you, kind of right away if you'd like to take care of it. And then again,
7 more own content through blogs, social media. Public relations will likely
8 have a stronger presence during this time, it's more actionable. And then
9 at that time, because we know some are losing coverage, we can have a
10 more robust and targeted paid media plan, actively targeting them. Well,
11 couple more things. Of course, we are in a special enrollment period. This
12 is not new for this team, but just making sure that the board did see that
13 we have both English and Spanish special enrollment period, advertising
14 campaign in market. This is directed to those that have recently
15 experienced a qualifying life event. You can see the creative on the right
16 it's very bold, punchy, fresh. We're trying to attract attention, making
17 sure that the messaging is very clear here. A have a video -- a quick video,
18 see if it plays. So, really trying to make sure that it grabs your attention
19 and brings the consumer through. And then the last component that I'll
20 talk about, paired with special enrollment, we also have owned content.
21 And we really wanted to think strategically about off season content. So,
22 what are we developing for blogs and email and social media, and how are
23 we impacting the community between February and September? We
24 wanted to make sure that we were thinking about the consumer and the
25 consumer's needs during this time period. We always conduct keyword

1 research first. So, like, what are consumers searching for in that time
2 period? What do they need to know? Making sure that we're preparing
3 content that speaks to that. And then what we did is we did a lot of
4 research on health themed days and months, health information and
5 making sure that Nevada Health Link is seen as that health -- that authority
6 on healthcare, and then bringing in our community relations team, our
7 public relations team, and identifying, and also Ericka Aviles Consulting
8 and, what they do and identifying key events in the community, making
9 sure that we're highlighting those and any key partners. We really wanted
10 to amplify our partnerships in the community. We have a ton of partners
11 that we work with and organizations, and they're all doing really great
12 things. So, we wanted to make sure if there was a nice strategic alignment
13 between Nevada Health link and a partner that we are supporting what
14 they're doing in the community and that we are asking them to help
15 amplify and support what Nevada Health Link is doing. On the right a little
16 bit you can see an example of May. So, not only do we talk about the
17 special enrollment period, but we identify there was Small Business Week,
18 National Stroke Awareness Month, Women's Health Month, National Nurses
19 Week, and then some like even smaller community events, the Reno River
20 Fest, Henderson Arts festival. Just making sure that we're really talking
21 about what we're doing and making sure that all the hard work that's being
22 done to be present in these communities is also being amplified through
23 the own channels for Nevada Health Link. And you can see to the right
24 these are just some samples of social media posts. Of course, everything is
25 in English and Spanish as well to make sure that we're identifying and

1 speaking to all audiences. And that is what we've been doing.

2 DR. JAMESON: You guys always do more than I think is
3 humanly possible. It's just amazing. My question is, are you gonna be
4 planning with this next year to have a more robust in person presence in
5 our state again?

6 C. ANDERSON: Dr. Jameson, we do have about 30 or 40
7 staff members in Nevada, our headquarters (inaudible).

8 DR. JAMESON: Oh, no. I mean -- I mean where -- when
9 you're, you know, how we used to plan a lot of events out on the field and
10 with COVID you had to back off.

11 BEHRE: Yeah, yeah. So, we're seeing that we're
12 able to be in person more, which is fantastic. We had a plan to be more
13 present and then the Delta variant kind of changed everything for us last
14 open enrollment period. But we're seeing that these -- the events so far
15 that are falling during the open enrollment period and prior to some back
16 to school events that are happening are all very much all systems go, so
17 that's fantastic. Additionally, we are budgeting and working through some
18 plans of being present, and engaging in some events in the rural
19 communities, so more to come on that, but we're excited to kind of build
20 out that idea and be more present in person in the rurals this year as well.

21 DR. JAMESON: Do you think that it would -- was
22 affected you in a negative way, not being out, being able to be out there at
23 events as much?

24 BEHRE: Yeah. I mean, I think that there was a an, an
25 element of that. We were able to be present in the communities in

1 September for back-to-school last year, and then October and November
2 for Halloween, and Dia de los Muertos down in Southern Nevada, those are
3 pretty large. We have some pretty large events. So that was a really
4 positive opportunity for us where we saw most of the impact was in
5 December and January. So, we're hoping to have a little bit more presence
6 during those times this year.

7 DR. JAMESON: Yes. I just remember hearing often
8 about some of your events and the attendance and how you would get a lot
9 of onsite connects. And, so if you compare, when you used to have quite a
10 few events out in the community compared to what you're planning this
11 year, what percent do you think prior to COVID you're going to be doing?

12 BEHRE: I will have to check back on that one. I think
13 we attended 43 community events last year, so I'll see.

14 DR. JAMESON: But I think prior we had probably had
15 over a hundred.

16 BEHRE: Okay. So, 40% increase. You'll see. I'll check
17 back in and see what's on plan, you know, some events didn't come back
18 after COVID and just didn't make it. And there's some new ones that are
19 kind of coming into the mix. And then we've also conducted an audit on
20 the events that we attended. Were they worthwhile, were they reaching
21 the right amount of audience? Did we make enough kind of like touch
22 points within those? So, we will come back to the Exchange with a
23 recommendation there.

24 DR. JAMESON: I think we'd like to see that and because
25 we always used to question like, how effective were the storefronts. You

1 know, and so with regard to that I think it'd be a nice thing. Just going
2 back from a moment to page 12, I think it was page 12.

3 BEHRE: Sure. Let me pull that back up.

4 DR. JAMESON: And just the comment about the one
5 study we were talking about. I think it's important that you do put a
6 notation there, if it's 10% of undocumented immigrants or if it's 30% of
7 undocumented immigrants that attend that. And, I was wondering, let me
8 see next page, maybe. You're on 7, 8. Yeah. Next page. Next. Go ahead.
9 It was the one with the -- it was the page where it was about 20% said they
10 would re-enroll or inquire. Do you remember that? Is it the -- I don't
11 think it's the -- I thought it was around page 13. Go ahead, go back then.

12 BEHRE: So maybe it's 10, actually, I think it's --

13 DR. JAMESON: Oh, there.

14 BEHRE: Question. Yeah. This one, right?

15 DR. JAMESON: No, yeah. not this page.

16 BEHRE: Was it a part of (inaudible).

17 MITCHELL: I actually think it's page (inaudible).

18 BEHRE: Ten, maybe.

19 MITCHELL: It's deeper in.

20 BEHRE: Here?

21 MITCHELL: Yeah, right there.

22 DR. JAMESON: Yes. You got it.

23 BEHRE: Okay.

24 DR. JAMESON: One in three Medicaid recipients fear
25 losing their coverage. 20% would shop for an alternate insurance as soon

1 as possible. And 15% would be limited by financial stability and the cost of
2 plans. I just didn't understand. Is that just the only number of people that
3 responded? What about everyone else?

4 BEHRE: Right. This -- oh, go ahead, Peter.

5 MITCHELL: Yeah. This is a drill down on different
6 groups. So, this is looking specifically on Nevadans on Medicaid. So,
7 remember that N equals 800 that had uninsured Medicaid and self-insured.
8 A percent part that -- that -- that other slide was just looking at the
9 Medicaid ones only. So, just looking at that section.

10 DR. JAMESON: Oh, okay. So, it's the 20% of the total?

11 MITCHELL: Well, no, they were actually a bigger
12 (inaudible) 'cause the Medicaid audience actually are considerably larger
13 in Nevada than the uninsured or the self-insured, it's about 22% incidents.
14 So, that 22% when we -- of 22% of all the whole market, that they were --
15 that, that's what they were saying on that other slide, which was, I can't
16 remember what number it was, but that's just looking at that. It's from
17 that same survey, but we just took -- if we just asked the Medicaid people,
18 this is what we found out about them, you know.

19 DR. JAMESON: So, of the (inaudible).

20 MITCHELL: They're very satisfied with their
21 coverage. So, only 21% are unsatisfied. That's pretty good. And --

22 DR. JAMESON: Right.

23 MITCHELL: And, and that --

24 DR. JAMESON: Of the hundred percent of Medicais --

25 MITCHELL: Of, of the people that are Medicaid.

1 Yeah. These are people currently on Medicaid. Medicaid has a certain
2 churn that they have in every state.

3 DR. JAMESON: Yeah.

4 MITCHELL: And so, people fall outta Medicaid.

5 That's a good audience for us. So, we're kind of trying to learn about them
6 in Nevada to understand where they -- where they are and what they're
7 looking for.

8 DR. JAMESON: Okay. So, and maybe you could explain
9 that 20% would shop for alternate meaning they would shop with The
10 Exchange.

11 MITCHELL: Yeah. With the Exchange to, or with
12 some in some way. So, you know, a lot of them aren't aware of The
13 Exchange, you know, there's -- that number is someplace else, but they
14 would shop for an alternative, like they would -- they would want to get
15 insurance right away. So, we gave them a bunch of problems. So, we said,
16 okay, you lose your Medicaid. What would you do next? And some people
17 would wait and just hope for the best. Some people -- we gave them
18 different options they could do. And 1 in 5 said they would want to get
19 alternate insurance as soon as possible. So those are your most eager.

20 DR. JAMESON: I guess, being that I'm an Exchange -- a
21 pro Exchange, I would've made one of these questions, would you be
22 shopping on The Exchange?

23 MITCHELL: And I think -- I have to go back to the
24 instrument. I don't know if you remember Aaron, if we had --

25 DR. JAMESON: Because that's what, you know, that's

1 what I would wanna know. I would really wanna know that. We're doing
2 this research. I would wanna know how many of them as they -- because
3 we wanna capture this, as you just said in the Medicaid market.

4 MITCHELL: Right. Right.

5 DR. JAMESON: In a question, I'd even put it out there,
6 cuz you said they might not know about it. So, it's a way for us in even
7 questioning them to make sure they know were an option would you, do it?
8 And if some say no, then say, oh yeah, that is an option.

9 BEHRE: Yeah.

10 DR. JAMESON: That was all.

11 BEHRE: Right. Yeah. We've found that this audience
12 does not have high awareness of Nevada Health Link, they're on Medicaid
13 already, so they don't -- they don't think that they have to look yet. But I
14 think that the paid media for public health emergency and the other
15 outreach efforts that we're doing is gonna help with awareness with this
16 audience prior to them losing coverage. So, (inaudible).

17 DR. JAMESON: Yeah, I think your advertising is a
18 wonderful plan. Just would it probably included an alternate insurance as
19 soon as possible, including The Exchange. 'Cause I'd wanna know how
20 many of them already know about us, who would be willing to come to us,
21 just keep plugging ourselves. And were there any other questions
22 otherwise? You guys are doing an amazing job and we could go on.

23 CHARLESON: Oh, I have questions. This is Katie
24 Charleson. I just wanted to add a (inaudible) on a few of the focus groups
25 and at the end they usually give out all of our information. You know, we

1 are Nevada Health Link (inaudible). Please visit the website, give us a
2 call. So, usually at the end, after we get through everything, there is a
3 plug to (inaudible).

4 DR. JAMESON: Well, that's wonderful at the end, but
5 while questioning, if they give us feedback that they're aware of us, that's
6 really nice too, before we give them our spiel. Gives you feedback on how
7 many people while you're in the group would be able to say they are. But,
8 moving on then. So, we now have, I guess we're you guys are -- are you
9 finally done or --

10 BEHRE: Yes.

11 DR. JAMESON: And noother questions? Okay. So,
12 we'll go on for the approval of the semiannual fiscal and operational report
13 pursuant to NRS 695I.370(1)(b)&(c) to the Governor and Legislature. Do I
14 hear a motion from one of our board members?

15 CLARK: Valerie Clark. So, moved.

16 DR. JAMESON: Thank you, Valerie. And a second?

17 BRANCH: This is Quincy Branch, second.

18 DR. JAMESON: Second from Quincy. And everybody in
19 favor, please say aye. Oh, discussion. Was there any discussion on the
20 report? Okay. Everybody in favor please say aye.

21 MEMBERS: Aye.

22 DR. JAMESON: Was there anyone opposed? Hearing no
23 opposition, the fiscal and operational report, the NRS 695I. 370(1)(b)&(c)
24 to the Governor and Legislature is approved unanimously. So, going on
25 discussions and possible future action regarding dates, times, agenda

1 items, future meetings. When is our next meeting scheduled?

2 HIGH: Sure. Dr. Jameson, this is Ryan High for the
3 record. October 13th at 12:30 PM. Unless it's determined there should be
4 a meeting beforehand, but right now the next one is scheduled for October
5 13th, at 12:30 PM.

6 DR. JAMESON: Is there any other -- does anybody have
7 anything they wanna have brought up at our October 13th, apart from the
8 couple of things that we've already mentioned during this meeting? So,
9 I'm looking forward to that. Does someone wanna remind us of the two
10 topics we talked about bringing back?

11 HIGH: Was it regarding updates regarding ARPA
12 subsidies and unwinding of the PHE?

13 DR. JAMESON: Well, the last one was just regarding the
14 events and the first one that's the one I'm having trouble remembering.
15 With our collective team here -- we -- all of us might be able to recall the
16 other item that you guys -- we're gonna get back on. Hopefully not having
17 to review the whole recording. Perhaps it was just something as simple as,
18 as something on one of the reports. Ryan, we were gonna get follow up
19 on?

20 HIGH: (Inaudible) missing about the follow up
21 regarding the findings and adjustments on the audit.

22 DR. JAMESON: Oh, that was it. Excellent. So --

23 HIGH: I already --

24 DR. JAMESON: Yeah.

25 HIGH: Our staff is so fantastic. I already have those

1 answers for you. So, regarding the first one it was in favor of the
2 consumer -- the error was in favor of the consumer.

3 DR. JAMESON: Okay.

4 HIGH: And the second one, it was negligible. It
5 wasn't for or against the consumer. And I can tell you that the two issues
6 have been fixed. They were fixed last September, September of 2021. So,
7 it's been fixed in favor of the consumer and then negligible.

8 DR. JAMESON: Excellent. So, we only have the one
9 item following up on our events for the next year, our calendar of events.
10 And how did that compare to the pre COVID and just in general after you
11 had reviewed everything, what you find to be the most effective ways with
12 regard to events. Certainly, your social media has been amazing. And so,
13 if there's no other agenda items, we'll move to public comment again.

14 CHARLESON: I will go ahead and open up all the
15 phone lines. So, if you have a comment, you can go ahead and have up.

16 DR. JAMESON: Is there any public comment on
17 our phones? I see a lot of phones on the board, but I don't see anybody
18 raising their hand or anybody saying anything. Okay. So, then I --

19 T. DAVIS: Madam Chair?

20 DR. JAMESON: Yes.

21 T. DAVIS: Sorry, Madam Chair. I just wanted to say that
22 there is for the record there is no public comment here in the conference
23 room as well.

24 DR. JAMESON: Oh, thank you so much. Okay. So
25 that being the case, I would say we'll take a motion for adjournment. Oh,

1 first I wanna thank everybody. The board, thank you for your participation
2 and your input. And of course, thank you to our wonderful Exchange team
3 who is doing an amazing job. And as somebody during the course of our
4 meeting said, they're only looking forward to trying to keep reaching
5 further and further to those that we haven't been able to connect with and
6 get more and more enrolled. it'll be exciting to see how other things
7 unfold with the emergency Medicaid ending and how many we can capture
8 and also what the public option might bring. So, we'll see what the future
9 holds for us. And hopefully we'll be able to help more people who have
10 not had access to healthcare and improve their quality of life and let them
11 sleep at night because they have healthcare for them and their families.
12 Thank you, guys. You're doing an amazing job. And adjournment, does
13 anybody wanna move to adjourn?

14 DR. FRIEDMAN: Sarah Friedman, I will move to adjourn.

15 CLARK: Second, Valerie Clark.

16 DR. JAMESON: All right. And, unanimous. Everybody,
17 see you in October.

18 UNIDENTIFIED: Thank you.

19 DR. JAMESON: Thank you so much. Bye.
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