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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
THURSDAY, OCTOBER 13, 2022

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DR. JAMESON: Can you hear me?

HIGH: Yes.

DR. JAMESON: Great. Great. Well, I've just always odd at how well everything works most of the time. It's truly amazing, technology. Should we start or wait a few more minutes?

HIGH: It -- it's up to you, Madam Chair. We -- I see it's at 12:33, so we're past 12:30, so whenever you're ready.

DR. JAMESON: Okay.

HIGH: (Inaudible) housekeeping things and I'll take roll call if you're ready.

DR. JAMESON: Yes. I just wasn't sure if we were waiting for anything more magically from the IT aspect, but yes, I'd like to go ahead at 12:03 and call the meeting to order this beautiful October 13.

HIGH: Great. So just a few housekeeping, uh, reminders and -- Zoom etiquette. So we have Kaitlyn Blagen, 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 would like to make a comment, please raise your electronic hand on your Zoom box or indicate in the chat box you would like to make a comment and Kaitlyn will un -- unmute you. Uh, we

1 also have a chance for, uh, public comment in our, uh, Carson City
2 conference location, which is open to the public. So the public may
3 comment here, if there's one in attendance, uh, and I'll take roll call next
4 here. Let's see. All right. So Dr. Jameson, I see you're here present, uh,
5 on Zoom. Uh, Ms. Valerie Clark, I saw you. Good to see you on Zoom. Uh,
6 Ms. Lavonne Lewis? Okay. Dr. Sarah Friedman? Okay. Mr. Jonathan
7 Johnson? I see you. Good to see you, Jonathan. Great. Mr. Jose
8 Melendrez? I see you there.

9 MELENDREZ: Present.

10 HIGH: Mr. Quincy Branch? See you there. See you. Great.
11 Uh, Suzanne Bierman? Okay. Commissioner Richardson? Okay. And then
12 Kelli Anderson? I saw you there.

13 ANDERSON: Yes, I'm here. Thank you.

14 HIGH: Good to see you, Kelli. Madam Chair, we have a
15 quorum.

16 CHARLESON: Ryan, Sarah Friedman is on and, um, Chair
17 (inaudible).

18 DR. JAMESON: Oh, thank you very much. At the AMA, we all
19 have to donate if we speak when we're muted to our favorite AMA
20 foundation. So thank you so much, uh, Executive Director Ryan High for
21 this. And I wanna thank all of our staff for the amazing job they're doing
22 on our, um, Exchange, just incredible, as we'll hear about when we get to,
23 um, Executive Director High's excellent, uh, report coming up very soon.
24 And also wanna really thank all of our board members for being present,
25 uh, and for their participation, their wisdom. And so proceeding with the,

1 um, agenda, we're gonna go to public comment. Uh, do you wanna start
2 with the north? Did I hear you might have a couple of people there?

3 HIGH: Tiffany, are you on? Do we have anybody for public
4 comment?

5 DAVIS: Tiffany Davis for the record. No, there's no one from
6 the public in our office here for public comment.

7 DR. JAMESON: And was there anyone in the south? Is that
8 office open today?

9 CHARLESON: No, that office is not open today and there's no
10 hands up on the Zoom.

11 DR. JAMESON: Okay, thank you so much. So we will with, uh,
12 brevity and vigor move right up to approval of the minutes of June 23rd,
13 2022 board meeting. Do I hear, um, from the, uh, board, uh, anyone who
14 wants to make a motion to approve those minutes?

15 BRANCH: So move.

16 DR. JAMESON: And, um, is, uh, there a second?

17 CLARK: Second.

18 DR. JAMESON: Before approving, did anybody, uh, have any,
19 um, edits, uh, either in the way of, uh, deletions or omissions of this
20 report? Excellent. So does everyone, uh -- everyone who approves of this
21 report, please say aye or yay. Yay.

22 MEMBERS: Aye.

23 DR. JAMESON: Raising your hand works too. How did that
24 count come out, Ryan?

25 HIGH: I think it was unanimous.

1 DR. JAMESON: Any -- anyone opposed? The minutes from June
2 23rd, 2022 board meeting are approved and executive directors report,
3 and, um, I think if you're not careful, you may take a record for long
4 reports here, Executive Director Ryan. But I appreciate you, uh -- since
5 time passes, the thoughtfulness and the incredible organization with which
6 you deliver -- deliver this report. Thank you.

7 HIGH: I'll try and be fast and -- and brief here.

8 DR. JAMESON: Oh, no reason to be fast, just -- yeah.

9 HIGH: Okay, great. Thank you. Well, it's my pleasure, at the,
10 uh, Executive Director of the Silver State Health Insurance Exchange
11 present this executive director's report, as the exchange prepares to enter
12 its fourth open enrollment as a state-based Exchange since trans -- uh,
13 transitioning off of healthcare.gov. And coming off its most successful
14 year of enrollments to date, cresting over 101,000 enrollees, uh, last year.
15 September and October are always a busy time of year for the exchange.
16 During this early fall, uh, time period, the Exchange is, uh, signing carrier
17 contracts with our seven returning, uh, QHP carriers and our five returning
18 dental carriers. Um, we're promoting rate changes for the next plan year.
19 We're launching, uh, anonymous window shopping, which launched on
20 October 1st. We're performing auto renewals of our consumers that are
21 auto renewed. And this is -- this number is coming in a little over 90,000
22 consumers will be auto renewed for next plan year already. We're
23 finalizing eligibility and enrollment system builds, uh, enhancements and
24 user experiences for open enrollment. The Exchange is also in the midst of
25 broker and navigator training. We're gonna have over 800 brokers invited

1 this year, which is an increase from just a little over 600 last year. So our
2 -- our broker ranks are growing that are gonna help consumers in Nevada,
3 and we're finalizing the outreach and marketing campaign, and the
4 Exchange is hosting, uh, the annual prep-rallies informing statewide
5 community partners, navigators, brokers, insurers, and sister agencies
6 about what to expect, uh, as we come upon November 1st in the startup
7 open enrollments. Additionally, this year the Exchange is finalizing a
8 budget request for the next biennium and presenting it to the Governor's
9 finance office, which will ultimately go to the legislature next session. And
10 the Exchange is doing all of this with the lean, the passionate and
11 professional staff of only 26 full time employees, which is a testament to
12 the dedication expertise of our team at the Exchange. As the leader of this
13 tremendous team, I will be proud to represent all Exchange employees at
14 the kickoff to the fourth open, uh -- fourth open enrollment has SPE on
15 November 1st in Las Vegas at the Southern Nevada Health District. In
16 addition to myself, speakers at the press conference, uh, will include, um,
17 Dr. Mike Johnson of the SNHD, Dr. Florence Jameson, or our -- our Chair,
18 uh, and Alberto Ochoa, one of our grantee brokers. The kickoff will focus
19 on the following messaging, now is the time to get insured, Federal level
20 decisions impacting Nevada's now and in the future, why you should stay
21 insured, the 10 essential health benefits, and affordability. After the press
22 conference, the event will also provide a health fair with representatives
23 from some of the major insurance carriers within the state. This should be
24 an exciting event with healthcare leaders from throughout the state, with
25 media and tenants to amplify the importance of open enrollment and the

1 need for those uninsured or underinsured Nevadans to enroll in health
2 insurance to par -- protect themselves and their families from medical and
3 financial hardships. Now switching to our vendor management and our
4 partners at Get Insured, the Exchange in this contracted eligibility and
5 enrollment platform and call that vendor Get Insured, continued enhancing
6 enrollment and eligibility systems with quarterly enhancements to Nevada
7 healthlink.com. Many of the enhancements were system flow and textual
8 changes to improve the consumer experience. Rates and plans were
9 updated in an anonymous shopping, uh, portal so that on October 1st,
10 consumers and brokers slash navigators alike we're able to see plan year
11 2023 new rates and plan options. I'm excited to say that the Exchange for
12 Plan year 2023 has grown to offering Nevadan, depending on geographic
13 location, 163 different qualified plan options throughout seven qualified
14 health insurance carriers at 18 qualified dental plan options through five
15 dental insurance carriers. Clark County and Nye county consumers will
16 have a choice from 104 different plan offerings, Washoe county, uh, will
17 have 88 different plan offerings, 58 plans are available in Carson City in
18 the quad, uh, capital region here. And then, um -- let's see, 58, uh -- no,
19 I'm sorry, 51 plans are available in our 10 rural counties. All plans will be
20 sold on nevadahealthlink.com, which is the only place in Nevada where
21 consumers not enrolled in Medicaid, Medicare, or employee responsive
22 coverage can shop and purchase plans often with financial assistance. Less
23 than often, 9 out of 10 of our consumers last -- its current plan year for
24 2022, 9 out of 10 did receive some type of financial assistance. When
25 shopping these plans, consumers will see combined, uh -- continued

1 savings, thanks to continued increased subsidies, such as subsidies being
2 applied to consumers making over 400% of the federal poverty level and
3 increased subsidies being plied -- being applied to all consumers of the,
4 uh, federal poverty level. Get Insured has incorporated in the platform
5 these subsidy enhancements as a result of the passing of the Inflation
6 Reduction Act or IRA, which will be discussed later in this report. Now
7 (inaudible) to the, uh, Get Insured operated call center, we are excited to
8 state the call center hours will be extended in the weekends, again, during
9 this open enrollment period. During open enrollment, the broker navigator
10 line will be open from 9:00 AM to 7:00 PM, Monday through Friday, and
11 the consumer line will be open from 9 to 5, Monday through Friday. On
12 Saturdays and Sundays throughout open enrollment, both lines will be
13 open 9 to 5 on, uh -- on the weekends. State holidays and closures will be
14 observed by the call center, except for Nevada Day, October 28th, during
15 which time the call center will be open on that, uh, state holiday, that last
16 Friday in October. The Exchange is entering its second open enrollment
17 with its marketing outreach vendor, the Abbi Agency, excited to build upon
18 the success that the Abbi Agency's marketing and outreach strategies
19 campaigns made to Nevada's enrollment, uh, success last year. The
20 Exchanges marketing and outreach, uh, overarching thing for this open
21 enrollment will be our plans are made for your plans. More regarding the
22 Exchanges marketing and outreach strategy will be highlighted in
23 additional board presentations to follow. Now switching to the preparing
24 for the end of the public health emergency or the PHE. The Exchange
25 continues to work in coordination with the Department of Welfare and

1 Supportive Services, and the Division of Healthcare Financing and Policy to
2 adequately plan how to best service Nevadans, meaning health insurance
3 coverage, in the event that they transition off of Medicaid when re --
4 redeterminations begin, uh, in volume at the end of the PHE. As the end
5 date of the PHE is still yet to be determined at the writing of this report,
6 the Exchange is actively planning with the two aforementioned state
7 agencies and its vendor, Get Insured, in order to assure that -- ensure that
8 Nevadans in need will be properly, uh -- efficiently a cap transferred, when
9 appropriate, to the Exchange for a seamless opportunity for coverage.
10 We're really, uh, concerned about Nevadan's possibly living -- losing
11 coverage at the -- during this determination period at the end of the PHE,
12 so we wanna be here to help them. Most recently, the Exchange is printed
13 and distributed posters to our community partners, explaining that, uh --
14 explaining that Medicaid changes will be coming, encouraging consumers
15 to update their contact information, that's very important, with, uh,
16 Medicaid offices. The Exchange is included in their immediate plan,
17 promote a paid, uh -- the Exchange has included in their media plan, paid -
18 - promoted paid social media posts and the Nevada Health Medicaid
19 information website page has been updated, along with Nevada Health
20 links partner toolkit, and PHA, uh, unwinding blog page. All of this, uh --
21 these different, uh, avenues and venues have been updated with, uh --
22 update your information. I'm proud to say that because of our coordinated
23 efforts with Nevada Medicaid, the state is ahead of the curve in preparing
24 for the unwinding by one, having a state unwinding planner summary.
25 Two, providing specific information to citizens about unwinding. Three,

1 alert consumers to update their contact information. Four, producing
2 communication materials slash toolkits for partners. Five, producing an
3 unwinding FAQ and six, plan to publish unwinding data once this, uh,
4 redetermination process gets kicked off. The Exchange plans to enhance
5 its contract to call center through funding from the center for Medicare
6 and Medicaid Services, state Exchange monetization grant. Upon final
7 direction from CMS that the PHE was, uh -- will definitively end, the
8 Exchange will stand up through Get Insured, a special team of customer
9 service reps for CSRs, charged with making outbound calls, uh, and
10 outreach to redetermined Medicaid clients that are deemed ineligible to
11 continue on Medicaid and transferred to the Exchange. A special team of
12 CSRs will educate these consumers as to exchange coverage options,
13 including but not limited to specific Medicaid transition plans on the, uh,
14 marketplace from at least two carriers that are also Nevada Medicare --
15 Medicaid managed care organizations. These transition plans are designed
16 to help make transitioning as easy as possible if consumers on those
17 specific MCOs wish to continue with their same providers. Now a little bit
18 regarding federal and state updates. Regarding federal legislative updates,
19 the federally facilitated marketplace and state-based exchanges across the
20 country experience the most important impactful congressional action
21 since the adoption of the ACA, with the passing of the Inflation Reduction
22 Act for IRA. As previously mentioned, the IRA extended temporary --
23 temporarily increased subsidies from the American Rescue Plan Act, which
24 is scheduled to, uh, sunset December of this year, but the IRA extended
25 those for another three years throughout plan year 2025. So what this

1 means is that Nevadans, both over and under 4% of the federal poverty
2 level, can count on these increased subsidies as they start to shop for plan
3 year 2023, uh, and years beyond. In this time of increased costs across all
4 aspects of life, these increased subsidies for the next three years will
5 hopefully bring some certainty to the kitchen table economics of the
6 Nevadans. Consumers in the Silver State may also have more good news
7 coming with the clarification expected in the next few weeks in terms of an
8 improved application of employer sponsored coverage, affordability rules,
9 for what's commonly known as the family glitch. Actually, this -- the final
10 rule just came out today, on the 13th. So as a result, the family glitch,
11 family members of workers, primarily low income workers, are ineligible to
12 receive premium tax credits through the health insurance marketplace,
13 even when family coverage is unaffordable because the calculation is
14 currently based solely on the employee and it's not factoring the entire
15 family. So imagine, uh, an employee has a family of, uh, four, the
16 affordability up until today used to be based on just the cost to the
17 employee and did not factor in if it was affordable to the entire family of
18 four. Now, that's, uh, being reversed and the entire family will now be
19 taken to account for this. The Biden administration is actively working to
20 fix the family glitch by including affordability of the entire family and the
21 calculation. The, uh, enrollment and eligibility platform on (inaudible)
22 Health Link will have a calculator on the platform, provide fact sheets and
23 learning materials, and have an updated calculation when -- if the law has
24 passed. So GI was already, uh, anticipating this, they've already built it
25 and it's gonna be, um, uh, into a pa -- uh, release and a patch before open

1 enrollment starts. Switching to state updates, October one brought the
2 final average premium rate change for on Exchange plans as finalized by
3 the Nevada Division of Insurance, which landed at a 9.2% increase over last
4 year. While this increases more than double that of last year, it's
5 important for consumers, brokers, and navigators to remember that
6 subsidies will also increase on an annual basis when monthly premiums
7 increase. With more plan options available than ever before, an increase
8 IRA subsidies, consumers should be able to find affordable health
9 insurance options within their price range. And based on the last Nevada
10 legislative session, there are two important pieces of legislation that I
11 continually like to bring up that the Exchange continues to follow closely
12 and that may have a significant impact in the future. One is AB 432, which
13 will designate the Exchanges of Automatic Voter Registration Agency and
14 SB 420, commonly referred to as the public option bill. Even though the
15 public option offering isn't scheduled to go into effect until January 1st,
16 2026, the Exchange has been in initial conversations with, uh, our
17 technology vendor, Get Insured, regarding how public option plans may be
18 displayed on the platform and what the user experience may be. The
19 Exchange does owe Get Insured a, uh, thorough analysis of enrollment
20 eligibility criteria that's, uh, specified within the bill, so they can actually
21 build out the shopping concept with more updates regarding this to follow
22 in future board meetings in my report. Work on both of these bills will
23 continue throughout calendar year 20, uh, 22. Um, and one of my favorite
24 parts of my -- of -- of this, uh, report here is -- is -- is highlighting new
25 Exchange staff and promotions. The Exchange is pleased to welcome Isela

1 Uriba (phonetic) as a new program officer. Isela will focus on servicing
2 insurance carriers with questions regarding consumer effectuation dates,
3 coverage start and termination dates, and payment questions and
4 discrepancies. Sounds quickly becoming, uh -- coming up to speed on the
5 Exchanges enrollment and eligibility system and consumer portal in the
6 Exchanges direct communications program for carrier, uh -- carrier issuers
7 known as Carrier Connector. In staying with the Quality Assurance Unit,
8 the Exchange is also happy to welcome Michael Reynolds, hired to be the
9 Exchange's newest program officer in the Quality Assurance Unit in the
10 Exchanges Carson City office. Michael's position will be a jack of all trades
11 within the unit, assisting on carrier issues, consumer questions, and broker
12 navigator support. In addition, Michael will be tasked with, uh, uh, special
13 quality assurance reporting as well. Another position that the Exchange is
14 hired for is a marketing assistant slash IT analyst in the communications
15 unit. The Exchange welcome Kaitlyn Blagen to this new position, uh, or
16 this position to support communications manager, Katie Charleson with
17 marketing and outreach functions, as well as assisting the entire Exchange
18 staff with day-to-day hardware and software IT needs and support. As the
19 Exchange's former administrative assistant, this was a promotion for
20 Kaitlyn. And with Kaitlyn's promotion to the marketing assistant and IT
21 analyst that left an administrative assistant vacancy within the operations
22 unit. The next new Exchange hire since the last board meeting is
23 Alexandria Zanini (phonetic). Alexandria comes to the Exchange from the
24 private sector, but has already been making a meaningful impact within the
25 operations unit, uh, with travel scheduling, office orders, outreach and

1 marketing asset management, and ADA website monitoring and compliance.
2 And then finally, our reconciliation unit has added to its ranks and internal
3 candidate, um, as a Business Process Analyst II, leading the Recon team.
4 Kayla Jost (phonetic) has been promoted from the Quality Assurance Unit
5 to the Recon Unit to work with the Exchanges carriers to reconcile
6 enrollments effective coverage dates and payments. Kayla is in the unique
7 position of bringing her knowledge of the Exchange quality assurance
8 process to the recon team. These two units were closely together in an
9 effort to solve reconciliation discrepancies with the Exchanges carriers.
10 Therefore, Kayla's dual unit knowledge turned out to be the perfect fit for
11 this position. And that's my report, Chair?

12 DR. JAMESON: Ryan, thank you so much for that fantastic
13 executive report. Um, I'd like to, uh, ask if any of our board members
14 have, uh, comments or, um, questions?

15 MELENDREZ: I just wanna, uh -- Jose Melendrez for the record.
16 Just wanna say, Ryan, thank you. Great report. Uh, knowing that we meet
17 every so often, uh, I expect them to be that length, so I'd rather have more
18 information than less. So -- so thank you for that.

19 BRANCH: And Madam Chair, this is Quincy Branch for the
20 record. I just wanna sort of echo Jose's comments, just saying thank you,
21 Um, and it's just really good to see all the good work that's being done.
22 And to say that you guys are hiring staff, that's a great sign, especially in
23 today's economy as well. So, it's all good things.

24 HIGH: Great, thank you.

25 DR. JAMESON: Ryan, it was, and is not just an outstanding

1 report due to the presentation, but of course the amazing content of your
2 report. Wow. Crusting over 101,000 enrollee customers. How long we've
3 worked. Do you have the initial date? I know you mentioned the, uh, four
4 years since we are at our state based Exchange, but how many years since
5 we did our first enrollment now?

6 HIGH: Uh, that would've been 2014, and I think our numbers
7 from about first year was, I think, 38,000. So we've grown from about
8 30,000 enrollees that first -- that first Xerox year, uh, (inaudible)
9 healthcare gov, but it was about 38,000, um, up to now over 101,000.

10 DR. JAMESON: Excellent. Excellent. And so what my question
11 for you is, because we're -- our goal is to have, uh, no Nevadan left
12 uninsured, some of the things we talked about in those early days, and
13 please don't feel pressured to get these numbers back to us today, but
14 perhaps, uh, in the future would do as well, is the -- we used to talk about
15 the number of uninsured, uh, that we feel there are now existing in Nevada
16 and of those numbers, and we all know this is a educated estimate, um,
17 and that is, uh, of course the, um, undocument not eligible, although
18 they're part of the uninsured number, so what are - what is our best guess,
19 having the extended special enrollment, um, uh, and so including those
20 people, the Medicaid, the Medicaid special enrollment, the qualified health
21 plan, the employer base things, at -- as -- do we have any numbers that are
22 accurate for where we are as -- as of this last year, uh, in 2021, 2020, too
23 early for the number of uninsured and of those numbers, the number of --
24 that we could actually still hope to reach out to the number of people that
25 are eligible for our Exchange, Silver State Exchange? Because we also

1 know that many of the people that are uninsured are also people as the, uh
2 -- the young, invincible, immortals, some of them that have, uh, uh, good
3 finances and feel if they have something, they'll just buy it. So it - but --
4 but of the ones that are eligible for us, now that's a mouthful and you may
5 not have that information today and I totally, uh, will just look forward to
6 follow up to the best of your ability.

7 HIGH: So I'll -- I'll give a, uh -- a few different numbers here
8 that I've recently seen, and this comes from studies from this year, and
9 one was from public listening sessions from the, uh -- for the public
10 option, and there was a group there, uh, and that helped, um, provide
11 some of this information. So it looks like eligible -- so this is Nevada's
12 uninsured populations. So ineligible due to immigration status is 100 --
13 109,000. Eligible, but unenrolled looks to be about 225,000, and it looks
14 like from that eligible, but unenrolled, uh, bucket, there's two different
15 sub buckets. One is 148,000, looks like they could be eligible for Medicaid
16 (inaudible), and another 77,000 for the marketplace, for our marketplace.
17 And then regarding affordability challenges in the marketplace, it looks
18 like there's about 69,000 uninsured and about 49,000 are due to the family
19 glitch that we just talked about that's being fixed today as we speak, and
20 then, uh, 28,000 of those were over 400% of the FPL. But also, as I
21 mentioned, because of the American Rescue Plan Act and the IRA, Inflation
22 Reduction Act, now those consumers over 400% are receiving subsidies. So
23 I would say maybe, you know, in the term -- in probably around the 77,000
24 plus the 49,000, we could probably have a direct impact on -- at the
25 Exchange with the fix of the family glitch and what those eligible but

1 unenrolled.

2 DR. JAMESON: And do you think that -- that was an outstanding
3 answer. Thank you so much, much better than I expected. That was
4 brilliant. And um, uh, do you think of that 77,000 that, um, our current
5 programs, uh, that we have on the Exchange, once the glitch is fixed, how
6 do you believe that adding to it, the, um -- a new program programs, um,
7 uh, under the SB 420 are going to actually be, uh, capturing a different
8 significant number of those that we wouldn't already be able to cover with
9 our current amazing 163 plans, 17 different qualified health plan carriers,
10 et cetera?

11 HIGH: So I think that the -- probably the draw for the public
12 option plans that will -- again, this will be in 2026, and those carriers that
13 are, uh, Medicaid, the -- the managed Medicaid, uh, insurers that currently
14 sell will have to sell plans, these public option plans as well. Uh, I think
15 the real draw is gonna be -- it's gonna be a price issue because these
16 public option plans are gonna be sold anywhere from the first year at a 5%
17 reduction from Exchange plans, up to at least maybe 15, 16% less after
18 year four. So I think the price is gonna be a huge factor for that. You
19 know, there are gonna be -- they're gonna be qualified health plans, um, so
20 I think, uh, then the determining factor may be our preferred providers for
21 consumers within these public option plans. So I think it's gonna take a
22 few things to look at to see, you know, if someone's gonna go with a
23 traditional QHP marketplace plan in 2026 or if they're gonna look at a
24 public option plan. But if price is the big thing, the public option plan will
25 most likely be less expensive.

1 DR. JAMESON: For anywhere from 5 to 20%?

2 HIGH: Uh, 15. I'm sorry, 5 to 15%.

3 DR. JAMESON: 15 -- 15%. But obviously as with my accountant
4 husband says, nothing's for free. Then with that reduction, the benefits
5 are going to obviously be less.

6 HIGH: They will include the 10 essential health benefits, but
7 it's going to be also, um, uh, providers will be paid, I think Medicare rates,
8 if I'm not mistaken. I'll have to get back to you about that - that detail
9 there. But it's not going to be, I think, you know, uh, what the individual
10 private market will pay providers, it's gonna be a reduced rates.

11 DR. JAMESON: Correct. And that opens up something
12 different.

13 HIGH: Mm-hmm.

14 DR. JAMESON: So I apologize for being a little naive about this,
15 but obviously, um, one of the big issues, uh, was that physicians might be
16 required to enroll and that's a separate issue, uh, or whether they would
17 elect to enroll, and uh, some people are concerned -- con -- concerned
18 about that, but the, uh -- if we have the public option on our platform and
19 it's cheaper, um, will that be, uh, to the detriment of our other carriers?

20 HIGH: I don't know if I know enough to comment on that at
21 this point. You know, if we're selling it on our Exchange, what's important
22 to me and what I see in this is if we can help lower that uninsured rate in
23 Nevada, which I think, and Katie maybe you can help me with this, um,
24 there was a recent census.gov American community survey that's done, I
25 think, once a year or so, and it's -- it's really -- it's just a -- it's a small

1 snapshot in time, so it's not a comprehensive report about the uninsured
2 rate, but I wanna say that report showed Nevada was at about 11.6% of an
3 uninsured rates. Um, so if we can, you know, help lower that with any of
4 the products we can offer that are qualified health plans, you know, ACA
5 compliant, not junk plans, um, I think that's a -- that's gonna be a -- a
6 bonus to Nevadan's. But it will have, you know -- it will have an impact on
7 our traditional qualified health plans because, uh, I think some consumers
8 that are price conscious are gonna probably switch to a public option plan.

9 DR. JAMESON: So very good. So I would just be interested as
10 this could, um, have -- we don't even have any idea 'cause we don't know
11 all the -- all of the, um, details on this yet, but it could, uh, dramatically
12 change, uh, our program. And we talked about, um, you know, the public
13 options in the past and in many states where they had public options but
14 not associated with the Exchange that I'm a familiar with, uh, they -- they
15 were dismally successful. Now how many other states have the public
16 option plan associated with their Exchanges as we do -- are planning to
17 have?

18 HIGH: You know, when the bill was passed, we were touted as
19 being the second in the country. Washington State was the first, but since
20 the end of last session -- now Colorado has, uh, somewhat of a public
21 option plan. It's built a little bit differently, but that's also being touted
22 as a public option, so there -- I think there's three states only. Uh, I think
23 two active, one is Washington State, one is Colorado, and then we are in
24 the -- in the, uh, design phase right now.

25 DR. JAMESON: But they're associated with the state's

1 Exchange.

2 HIGH: They are.

3 DR. JAMESON: Okay. And --

4 HIGH: And it also -- so, um -- excuse me, um, with how the
5 states are integrated with their Medicaid systems, you know. We are not
6 integrated with our Medicaid system here in Nevada. We do assessments
7 and then we do account transfers between ours. I'm not sure if Colorado's
8 integrated with their Medicaid, nor if I'm -- I'm not sure if Washington
9 State is or not.

10 DR. JAMESON: And I guess, uh, more to come, can you tell us,
11 apart from the cost though, just what is the major difference then with the
12 public option plan and the other quality health plans, uh -- qualified health
13 plans that we'll be offering? So what would you say to a shopper?

14 HIGH: I think the two big things are gonna be priced and I
15 think it's also gonna be -- and not seeing how these are gonna be built out,
16 how the network's gonna be built out, but I think, you know, networks and
17 providers is your -- maybe it's the current doctor you're working with or
18 that you really like, is it gonna be in one of these public option, uh,
19 networks that will be built out. I think those will be the -- the two big
20 things, cost and that.

21 DR. JAMESON: Right. Because, um, they basically, uh, won't
22 actually be -- this is again, confusion on my part, you know, when they
23 were touted across the country, um, they were called the medic --
24 Medicare for all, Medicaid for all, uh, and so yet these not -- these actually
25 aren't going to be Medicaid or Medicare plans. Um, and so they're -- but

1 they are -- but they will be a managed care, correct?

2 HIGH: Providers -- the insurance companies that do have the
3 MCOs will provide these -- they won't be Medicaid plans per se, because
4 they will be the ACA qualified health plans, um, that will be sold on as a
5 public option plan.

6 DR. JAMESON: So they will not be --

7 HIGH: (Inaudible).

8 DR. JAMESON: -- Medicaid, and, uh -- but they will be public,
9 uh, a -- a, um, Exchange qualified health plan. Okay. So more to come on
10 this, you know. You mentioned beautifully in your letter how, uh, the, uh,
11 Biden -- how the, um, inflation Reduction Act has extended our subsidies
12 and benefits, uh, four more years. Um --

13 HIGH: Three -- three more years.

14 DR. JAMESON: Excuse me?

15 HIGH: Uh, three more years.

16 DR. JAMESON: Three more years. And, uh, should for any
17 reason, uh -- now this -- this -- this will not be affecting, um, the public
18 option. In other words, let's say in three years that doesn't get renewed
19 again, then much of the benefits of the qualified plans on our Exchange
20 will be lost, but the public option will probably still remain a very viable
21 because it's not affected by the subsidies, et cetera?

22 HIGH: Yes. And you're seeing that -- that timing there
23 perfectly, Dr. Jameson, you know. With the IRA extensions going through
24 to be sunset at the end of plan year 2025 and the public option slated to
25 go into effect January 1st, 2026, uh, it'll be interesting to see if -- if those

1 increased subsidies are extended past 2025 at some point.

2 DR. JAMESON: Do you see this as part of the big master plan?

3 HIGH: Uh, no, you know, because this, uh, was passed last --
4 this was passed in 2021. Before --

5 DR. JAMESON: Sure, that's true.

6 HIGH: -- before we knew if ARPA was going to be extended past
7 this year, and this was way before the IRA, the Inflation Reduction Act,
8 that was all sort of worked out and agreed upon this summer.

9 DR. JAMESON: But it is interesting coincidence, is it not?

10 HIGH: It is for sure.

11 DR. JAMESON: I know. Well, I -- I took up a lot of everyone's
12 time, but I find this all fascinating. I hope the others do too as well, and I
13 think it's important as this is a big factor, uh, of how it may affect our
14 Exchange for us to -- to look at it. So I wanted to congratulate you on your
15 amazing numbers, 90,000 auto renewal. That is -- we saw you preparing
16 and preparing and preparing, and this is just phenomenal. Cannot imagine
17 that we could ever hit the amazing numbers we hit had not your system
18 and processes been in place, uh, for auto renewal. Bri -- Brilliant,
19 excellent, well done by everybody. Incredible. Um, so I wanted to tell you
20 how much I appreciate your amazing enthusiasm for a kickoff that's coming
21 up. I just don't know if it was two pots of coffee or your genuine
22 enthusiasm, but I love it. It was just fantastic. So the, um, call center
23 line, I just wanna tell you that is amazing because I really think of that, uh
24 -- I'm so appreciative of the extended hours and, um, uh, I really cannot
25 tell you -- I think of that call center line as literally for people who need

1 healthcare as a call for help and the fact that you have that so extended in
2 this, uh -- and in -- the enrollment period is just -- just again, brilliant as
3 well. So moving on, um, it's a little question you may or may I'll have the
4 numbers for. Uh, the number of Nevadans on the public health emergency
5 Medicaid that will be leaving the Medicaid coverage, approximate. I
6 know you actually do probably have an adjust approximate number on that.

7 HIGH: I really --

8 DR. JAMESON: And I always want you to have some wiggle
9 room and -- and, uh, so what do you think? What -- how many of those,
10 uh, are probably going to be, uh, coming over?

11 HIGH: You know, I don't have an accurate number or a
12 definitive number on this. I know it's gonna be in the tens of thousands. I
13 don't know if it's gonna -- I don't think it's gonna be as high, and this is
14 just speculation on my part right now. These are -- this is not too many
15 data, uh, no definitive numbers. I don't think it's gonna reach a hundred
16 thousand. It's gonna be somewhere in the tens of thousands. I just don't
17 know where in the spectrum it's gonna fall. But we, you know -- there, um
18 -- Nevada Medicaid, I believe is up to about 900,000 or so enrollees at this
19 point, you know, and they'll have to be redetermined over a multi-month
20 process. Uh, it's not gonna be one fell swoop and the Exchange will get
21 tens of thousands of consumers in one day. It'll be over a -- a myriad of
22 months that, you know -- that, uh, this -- this will happen. So, uh, we have
23 the bandwidth for it, we have the system set up for it, um, we're just
24 waiting to hear from HHS and CMS of, you know, when this is gonna happen
25 and that definitive 60 day notice.

1 DR. JAMESON: Very good. Yeah, because we really -- having
2 said that, really don't know. We're looking at the 77,000 potential lives in
3 the marketplace, but, uh, in reality that could be, once this happens, that
4 could go up 10, 20, 30, well over a hundred, 120,000. We have no idea.
5 But not a hundred thousand, not 177, but perhaps 20, 30,000 more,
6 potential.

7 HIGH: Redeterminations coming over. I think that -- that's fair
8 to say.

9 DR. JAMESON: Oh, who by the way, are the, uh, two, uh, MCO
10 providers, uh, on our --

11 HIGH: I think there's four for Medicaid. I think it's Anthem,
12 HPN, I wanna say Molina, who is one carrier that's not with us yet, but
13 hopefully next year, um, and the fourth one is -- HPN, Anthem, um, maybe
14 Aetna. I'm not -- I'm not sure about the fourth one, but I know it's Melina,
15 Anthem and HPN at least.

16 DR. JAMESON: Very good, very good. Um, and so, uh, what was
17 the date on the family glitch? I know you guys are all postured. What's
18 the dates weeks -- date weeks, we expect the passage? (Inaudible).

19 HIGH: So we (inaudible) I think came out today. It was
20 expected to come out sometime today on the 13 -- October 13th. So I
21 don't know if it's been out yet, uh, as of this morning or not. I was
22 actually just running to this meeting from the economic forum. I was just
23 presenting over there this morning, so I haven't had a chance to check.

24 DR. JAMESON: Oh, okay. So -- 'cause I heard you say that, but
25 then you also later said, when the law is pass.

1 HIGH: So the final rule should be out today and Get Insured
2 has, uh, already built it into our system and basically it's, uh, toggling on a
3 switch to turn it on, and we are gonna do a patch release, uh, before
4 November 1st. So when consumers come in for open enrollment, they
5 should be able to do -- and this is barring though any, um, legal challenges,
6 any injunctions, anything like that that might happen. But, uh, our planets
7 to turn it on and have it ready for, uh, November 1st.

8 DR. JAMESON: Well hopefully with everything going on in
9 politics, they'll be too busy for this little old fish here. And, um, just
10 wanted to echo what one of our board members say. It's exciting to see
11 that we're growing and I wanted to also welcome, uh, Isela, if I said that
12 correctly, and, uh, Michael, and also Alexandra, and congratulate Katie on
13 her promotion, and of course Kayla in her new, uh, job. So very exciting.
14 And at that, if -- I'd like to -- before we leave your executive report, in
15 case we stirred up any other questions, have anybody else have the
16 opportunity to comment, uh, uh, on the report if -- before we move on?
17 Board members, do you have any other questions, comments? I haven't
18 seen, uh, uh, no raising hands. So having seen no raising hands, um, we
19 will just, uh, carry on then, and here I am on the agenda. Marketing and
20 outreach update.

21 CHARLESON: Hey everybody. Um, so I'm gonna give a
22 summarized version of my report and then the Abbie Agency is going to
23 have a beautiful presentation for you guys.

24 DR. JAMESON: Can't wait, so.

25 CHARLESON: Yeah. Um, over the past several months, Nevada

1 health and communication teams and marketing partner, the Abbi Agency
2 have been hard at work in developing and strategizing a new open
3 enrollment creative advertising campaign for plan your 2023. This open
4 enrollment, Nevadans can explore 163 qualified health plans offered by a
5 trouble of seven insurance carriers on Nevada healthlink.com. The
6 approach to mess -- um, is the approach is to message consumer, um, this
7 October from 1st through the 31st and encourage them to window shop for
8 health insurance plans and preparation of open enrollment, which runs
9 from November 1st through January 15th. Starting November 1st, the
10 created campaign and messaging will switch to our larger, our plans are
11 made for your plan's campaign that invokes feelings of having option.
12 Plans specific for them, motivates Nevadans to in invest -- invest in
13 themselves and their family, and clearly states the value of being covered
14 and how to enroll in coverage. The Abbi Agency and marketing for change
15 are research vendor developed and tested variety of campaign concepts
16 after presenting the concepts to the Exchange. Each creative concept
17 varied in tone, design styles, possible talent and messaging. All creative
18 concepts and storyboards will be produced in the traditional ad campaign,
19 meaning videos and still, both in English and Spanish. As I said, um, the
20 (inaudible) will talk about it more in, um, their presentation. I'm really
21 excited about this. We used more like, quote, unquote, real people.
22 There's a lot more diversity, body diversity, so I'm really excited to show
23 you guys, um, some images from that, um, video shoot we did a couple
24 weeks ago in Las Vegas. And, um, during the window shopping period,
25 which is right now, um, we sent out a press release announcing the

1 benefits of window shopping, announcing the average rate increase within
2 the addition of new plans on the Exchange. The Exchange is currently
3 planning a press conference, as Ryan said, and the health fair to follow.
4 It's going to take place at Southern Nevada Health District on the 1st. We
5 are also planning a community kickoff event in the north in a library in
6 Reno. Um, we also invited our carriers to that event, so we (inaudible), um
7 both, and then we're also inviting community partners, such as Immunize
8 Nevada and Medicaid. The Exchange also continues to participate in a
9 statewide community events. Um, we have advertising in the market for
10 window shopping, including radio, digital billboards, Google search engine
11 marketing, display banners, paid social media ads, television, um, email
12 marketing, blog posts, and organic social media. The Exchange and Abbi
13 Agency are committed to reaching Nevadans from all background and
14 communities. More diverse than ever, Nevada has to robust Asian-
15 American Pacific Islander, African-American, Native American, and Latin
16 mixed communities. The 2023 open enrollment media plan integrates
17 highly effective tactics to reaches historically underserved communities, as
18 well as remain -- remaining in the communities throughout the state of
19 Nevada. Overall, the Abbi Agency has allocated this spend broadly across a
20 diverse range of media channels to ensure we reach Nevadans and all
21 platforms that they frequent. The Exchange expects this combination of
22 channels and tactics will generate strong enrollment figures for plan year
23 2023. Throughout the month of October, um, the -- we're, um, started
24 broke as -- broadcast window shopping creative, which are just 15 second
25 ads. And then during open enrollment, um, the first two January 15th,

1 Nevada or the Exchange will broadcast multiple 15 second and 30 second
2 creatives via traditional advertising campaign. And then as we move
3 towards the January 15th deadline, um, the close of open enrollment, the
4 frequency of advertisement pay -- plays will increase helping the individual
5 realize the deadline of open enrollment is coming. Throughout open
6 enrollment, public relation efforts will continue with an announcement,
7 um, release highlighting the start of open enrollment and ongoing pitches
8 throughout the open enrollment period to remind Nevadans of upcoming
9 deadlines and how to enroll in plans. Our goal is to (inaudible) our
10 attentions surrounding open enrollment period through (inaudible) media.
11 The key efforts include an October 3rd press release, announcing those
12 start of window shopping, which has already gone out. Um, we're gonna
13 secure stories in statewide media outlets and share how Nevadans can
14 prepare for open enrollment. Pitch efforts, which will emph -- emphasize
15 key messaging and reiterate that all Nevadans can find a plan within their
16 budget and their health needs. Public relation efforts will also focus on
17 reaching Nevada's AAPI, African Americans, Native Americans, Latin mixed
18 communities by targeting media outlets that specifically aim to reach these
19 demographics. To continue outreach efforts to rural communities, a budget
20 with outlined, and then, um, outreach plan was developed to focus on
21 partnerships and these are being executed upon. The first step in the plan
22 was negotiating a three-year partnership with the Northern Nevada Food
23 Bank to assist with their rural full -- food bank deliveries. Um, this will
24 feature the Nevada helping fan -- uh, brand resource guides and other
25 promotional materials. Navigators will also be invited to these rural

1 distribution events to engage and interact with communities one on one.
2 Um, so we'll have our logos on their back, as well as their delivery trucks.
3 We're really excited about that. Um, then additional rural partnerships
4 throughout the state will be developed and implemented throughout open
5 enrollment, and as open enrollment approaches and we integrate the
6 content strategy into the messaging campaign, Nevada Health Link has a
7 opportunity to develop content that answers questions and engages
8 readers at all points of insurance are on the insurance enrollment journey.
9 Um, we're backed by keyword and search intent research as open - and
10 open enrollment content strategy can be a key component and boosting
11 about health links, organic (inaudible) and overall domain authority while
12 answering consumer questions, quickly and efficiently. And as every year,
13 there are challenges that come with open enrollment. Nevada Health Link
14 audience is busy with day to day task, um, and looking -- and is looking for
15 easy, efficient ways to make best decisions regarding the health insurance.
16 The Nevada health audience is broad, including residents with limited time
17 and ability to digest complex insurance information, as well as those whom
18 English is a second language. Search results, um, that detail insurance
19 information at simple and most direct terms, both benefits audience and
20 are rewarded by search engine algorithms. The Abbi Agency in Exchange
21 has proposed a customer journey focus strategy where the content blocks
22 are sync up at the stages of the customer journey, allowing insurance
23 seekers to gain awareness, be educated and feel comfortable enrolling in
24 (inaudible) Nevada Health Link. Finally, the strategy we allow enrollees to
25 get the most out of their coverage and become loyal ambassadors of

1 Nevada Health Link. Our main call to action is always to -- to drive
2 consumers to Nevada Health Link, um, to explore resources and then
3 ultimately enroll, um, and get that free assistance, um, linking them to the
4 navigators and brokers in their area. I'm sure they can call in using our
5 lookup tool. Um, the Abbi Agency conducted many general updates on the
6 website, um, to improve for this upcoming open enrollment period. We
7 have an updated partner toolkit page, which will update with the creative
8 for open enrollment, and then we also have an updated testimonial page
9 and we added, um, new videos with our Executive Director Ryan and small
10 business owners. We have a really great testimonial on there and
11 encourage anybody to go look at it. It's very sweet and emotional. Um,
12 one of our customers actually -- or one of the consumers actually filmed it.
13 It's a great video. Um, and then we're also implementing two new user
14 face -- or user interfaces, um, for user experience features on the open
15 enrollment landing pages that help provide friendly ways for individuals to
16 find more information about insurance. The first one is the Spanish broker
17 and navigator search. So, um, on our like Spanish landing page, we'll have
18 a search that's only gonna pull up Spanish navigator and brokers instead of
19 them having to select Spanish and then going through those. Um, so that
20 will be start beginning of open enrollment and then we're also creating an
21 interactive quiz on the general open enrollment landing page. A quiz will
22 be implemented that allows users to answer questions about their lifestyle
23 job and needs. The result of the quiz will provide them with a personality
24 type, such as the provider or the supersaver, and based upon the results of
25 the quiz, they will receive information about key terms they should know if

1 they shop for plans. We will also provide a graphic and encourage them to
2 share about what type of health insurance shopper they are and, um,
3 encourage them to sign up for newsletter to stay up to date as well. That's
4 my report.

5 ANDERSON: Thank you, Katie. All right, my turn. Let me share
6 my screen. Move this over.

7 CHARLESON: I think you're on mute.

8 DR. JAMESON: There (inaudible). Okay. Yeah, I don't think
9 there's much anyone could ask because it was pretty, um, detailed. Not
10 that Ryan's wasn't, but, um, his has, um -- begs more questions and yours
11 is pretty in -- information, data driven given type of a report and I can't
12 not, uh, ask questions of Ryan. He'd be so disappointed. But I would tell
13 you I don't have too many questions to ask, and so first, as I always, I'd
14 like to know if our board members have any comments on that wonderful
15 presentation or any, um, uh, questions. Well, of course, I have at least
16 one, which is, um, first off, great job adding right on that, uh, front page,
17 the, uh, Spanish -- the option for the Spanish speaking, um, uh, broker.
18 Uh, and what percent of our customers currently, um, say that their
19 primary language is Spanish of those 100,001 customers?

20 CHARLESON: I have to double check. We recently looked
21 though, and I wanna say it was around 10, 15%, uh --

22 DR. JAMESON: Oh.

23 CHARLESON: -- but I will get you the final answer.

24 DR. JAMESON: Okay. Very good, very good. Not as many as I
25 thought there might be. Uh, any other, uh, questions? I think we all get

1 real excited to see the, um, tell and show part coming up now. Go ahead.

2 ANDERSON: Wonderful. Okay. I'm very excited, as you
3 mentioned Dr. Jameson, to help, uh, show some visuals to go along with all
4 the amazing successes that Katie and Ryan have been discussing. Okay. So
5 before we dive in, um, we just wanted to, it's been phenomenal working
6 with Katie and Ryan and Kaitlyn and Janel in all of their new roles. I think
7 we've had a great working relationship over the past few months, really
8 diving into different data from our team, from their team that helps
9 inform, um, our open enrollment, uh, campaign moving forward. Our hope
10 is that this year, uh, we get to have another record breaking year again of
11 even higher than 101,000. Um, I did wanna share that just this morning,
12 we were notified that last year's open enrollment campaign won a national
13 award. Um, it was an honorable mention for the PR news Platinum Awards,
14 um, in the integrated marketing category. The winner of that award
15 category was Jameson, the whiskey, um, and then other honorable
16 mentions were Aflac and others. So we -- we were going --

17 DR. JAMESON: Wow.

18 ANDERSON: -- huge national brands with national campaigns --

19 DR. JAMESON: Wow.

20 ANDERSON: --and --

21 DR. JAMESON: Wow.

22 ANDERSON: -- and one of those five honorable mentions, uh,
23 was just a huge honor for I think --

24 DR. JAMESON: Congratulations. Congratulations.

25 ANDERSON: Thank you. A huge honor to the team, their

1 guidance, um, and abili -- you know, giving us some freedom to go in a
2 little bit of a different direction last year and we hope, um, this year that
3 will actually be that number one winner, but the campaign that won,
4 Jameson, the whiskey, was giving away \$50 to like throw your own St.
5 Patrick's Day party, so I'm like, it's kind of hard to compete against that.
6 So anyway, um, let's dive into the board report now. Um, we are gonna
7 talk about research first. As, uh, Katie and Ryan mentioned, we have been
8 conducting a lot of research since the end of last open enrollment through
9 now. We provided an update on June -- in June of some of those. Um, but
10 one ongoing research project has been our UX and UI testing. Um, what
11 that means is that we are actually engaging both current and possible
12 future users of Nevada Health Links, so individuals who qualify but aren't
13 enrolled, and we ask them to walk through the process and we film their
14 screens and we watch them find information on the website, then click in
15 to find a plan, and then go through the process. And we identify where are
16 they getting holding -- held up, what questions do they have. Um, and as,
17 uh, the team earlier noted that customer journey map is a -- a document
18 that we're continuing to develop from this testing, um, to allow us to
19 better provide a website and then actual shopping and enrollment
20 platform, um, for Nevadans. Um, we have worked collaboratively with Get
21 Insured. They've been a great partner in this and I think all of us wanna
22 make sure that we make the process as smooth as possible so that once
23 somebody's interested, they're able to enroll. So, um, initial updates have
24 been made including, um, changing some of the terminology and then
25 future updates will continue to be made. Um, okay, as Katie mentioned,

1 um, we did test all of the open enrollment cons, creative concepts that we
2 came up with. Um, we had about four different ones. We showed people
3 video ads, we showed them print ads and we asked them, uh, how relevant
4 were these ads to you, um, what was their impact, how likely were they to
5 take action based upon this, um, was it a generally positive message to
6 them, um, and other questions. Um, in the end, the -- our plans are made
7 for your plans finding had the highest perceived impact and relevance.
8 Um, I know sometimes you're like, well, I want 4.7 and 4.2, I want the
9 highest on either end. Um, but that's not really re -- reasonable, um, in
10 any of these. What we really look at is these percentages and say, okay,
11 how, you know -- percentage wise, how many of our individuals are in that
12 somewhat agree, strongly agree category for both of these. Um, you'll see
13 that all of these performed well among uninsured, um, Medicaid or
14 currently self-insured as well. Um, and then we also did stakeholder
15 feedback. So we also sent out these campaign concepts to brokers and
16 navigators to get their thoughts, and we did in depth focus groups with
17 them. Because we wanted to see, um, from their point of view, what are
18 customers saying, what is the feedback they're getting and what are the
19 opportunities that we can, um, find from them in order to improve our
20 outreach. Um, so a lot of that and specific language items around some of
21 the self-insured and individuals who, um, you know, kind of are or their
22 own boss really played into our future messaging. Okay. Public health
23 emergency. Ryan discussed this quite a bit. Um, you'll see here that we
24 have come up with some different creative assets, including posters,
25 flyers, social media posts and rack cards in both English and Spanish.

1 You're seeing the English version on your page, but we also have it in a
2 Spanish version. We are doing paid media currently, targeting individuals
3 who are likely on Medicaid and encouraging them to update their, um,
4 Medicaid -- their contact information so that when we do get the official
5 notice that the PHE is ending, Medicaid has that information and then is
6 able to do redeterminations and then help with those account transfers,
7 uh, that Ryan mentioned. In addition to the paid media, we're doing quite
8 a bit of grassroots outreach. So we are printing, um, the posters, the
9 flyers and the rack cards, and we're sending them out to community
10 partners. So libraries, um, other government agencies who assist, um,
11 individuals, um, different charities and non-profits, such as the Catholic
12 charities around the state, the food banks around the state. So I think our
13 last list is about 300, um, organizations that we'll be printing and sending
14 out these packets of information to and encouraging them to post these,
15 uh, flyers in their areas of business and where they're serving Nevadans, so
16 that Nevadans are also seeing it, um, physically when they're out gathering
17 services in person. Um, so those are in final, uh, quote stage and we'll all
18 be distributed this month to our partners. Um, public outreach, as I just
19 mentioned, that's, uh, a quite a bit of the, uh, printing materials that you
20 just saw before. And then we're also in any of our community outreach,
21 um, finding times to talk about this with individuals as well. Okay. Off
22 season strategy. I will talk through this, um, quickly so we can get to all
23 the fun things. Um, but off season, we did quite a few events. Just in
24 September, um, we had I think eight events and now as I look to October
25 and November, we're in the dozens of events every month. Our content

1 campaign still remains strong. We post two blogs a month. We send out
2 multiple newsletters and post on social, um, nearly every day. The goal is
3 to make sure that we are continuing to be a resource around, um, health in
4 healthcare, information in general, encouraging people to make healthy
5 habits, making sure that people know if they have -- have a qualifying life
6 event for special enrollment period, we're there for them. Um, if you
7 follow our social media channels, you'd probably notice a lot of social, uh,
8 uh, Spanish posts on social, and our team has been really, uh, working with
9 our partner Erica Avilas (phonetic) to make sure that we're posting
10 relevant content for our Spanish speaking audiences. Our window
11 shopping campaign is live now. Um, you'll see that the messaging we went
12 with for window shopping is once a year, is almost here. Um, we want to
13 kind of amp up some of that excitement. We also felt, you know, with the
14 holidays around the corner, there's just a lot of relevancy to this message.
15 Um, you'll see here, um, that we also are highlighting the fact that over a
16 hundred thousand Nevadans signed up. We wanted to create a message
17 that allowed people to get excited and feel like they can be a part of a
18 movement. So here's an example of a print ad as well that has gone out.
19 Um, okay. This year so far, we have attended 169 community events, um,
20 which is a lot of community events. Our navigators have been incredibly
21 busy and spreading the amazing work that Nevada Health Link does in, um,
22 reaching Nevadans. So there's a few pictures of that here. We do weekly
23 roundups on our social media, Instagram and Facebook stories of where
24 we've been. So, uh, keep a look out of those if you haven't seen those.

25 DR. JAMESON: Wow.

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ANDERSON: I know, it's a lot.

DR. JAMESON: It's an amazing -- a lot.

ANDERSON: Yeah.

DR. JAMESON: Thank goodness COVID is quite a down.

ANDERSON: Yes, absolutely. Um, (inaudible) --

DR. JAMESON: We have a lot of opportunity to shine.

ANDERSON: Mm-hmm. It has been a great opportunity. Um, okay. So we're gonna dive into actually what open enrollment looks like. The key messages you see on this, um, screen are things that have guided us throughout all of the open enrollment, um, campaign that we're developing. One, we wanted to create motivation. Um, of course, to us it seems like, oh gosh, you have November 1st to January 15th, that's so much time. We wanted to create that sense of urgency, that motivation to make sure that people know, um, there's a reason to do this and there's a reason to do this now. Uh, we wanted to make sure that Nevada Health Link was that -- that place where we are the friendly face, we're here to help. Um, we need individuals to know that they're brokers and navigators are free. Um, they have a call center. They have a great staff that they can go to and get help. We wanted to make sure that, um, Nevada Health Link is seen as a valuable resource, and that health insurance in general is a valuable resource and something that you need to have. Authenticity, Katie mentioned that, and I'll show you some pictures shortly, but using real Nevadans, making sure that, you know, we look -- the ads look like people that you see, that when you are watching an ad, it looks like it could be your backyard or somewhere you would go. Um, and then we

1 wanted to make sure that our plans could be seen as flexible and fitting for
2 that individual. Um, hence, why we've called the campaign, our plans are
3 made for your plans, that way we can allow individuals to really see
4 themselves, uh, in the plan and see themselves taking advantage of all the
5 great things that health insurance offers. So here's one example of this,
6 uh, ad. Um, this is actually two local Las Vegans who own a food truck.
7 Um, we went and shot them, uh, filmed them in their food truck, and we're
8 able to kind of make them the front and center here. Their food trucks in
9 the background and our copy for the campaign is, um, our plans are made
10 for your plans. Your plans aren't about going corporate. Our plans deliver
11 great insurance at the best possible price, allowing you to pursue your
12 dream. Whether you work full-time, part-time, or for yourself, Nevada
13 Health Link has health insurance that fits for you. And then our call to
14 action is find your plan. And then throughout the different assets, as, uh,
15 Ryan mentioned, we highlight that last year, nearly 9 out of 10 enrollees
16 received financial help on their premiums. Again, to highlight that, we are
17 the location where you can get that federal, uh, assistance. And helping
18 with relevancy, we did include from last year's campaign, um, where we
19 are able to, uh, the logos of all seven of our carriers. I think this is really
20 important to show that we're -- we're the name brand health insurance
21 that you -- you hear of, you know, and trust, and this is the place where
22 you can come to find the best possible deal. Okay. I'm gonna show a --
23 DR. JAMESON: Relevancy and credibility. Credibility. I would
24 say, um -- wouldn't get much smaller on our -- on our Health Link up in the
25 corner.

1 ANDERSON: Yes, great point. We will make sure that Nevada
2 Health Link is of course, uh, well known and pushed very largely.

3 DR. JAMESON: I'm sure your marketing took that into
4 consideration. I couldn't -- I really took me a moment to really find it, but,
5 um, just my -- just, me, you know.

6 ANDERSON: Great point. And we will make sure that we have
7 the Nevada Health Link logo highlighted. Okay. I'm gonna show a video
8 really quickly. Um, I'm hopeful sound and all of that works. This video is a
9 sizzle reel. Um, so it takes all of the filming that we did for this year's
10 campaign, and it just shows some highlights of that. Um, so fingers
11 crossed this works. I'm gonna go large screen. All right. Okay. Hope
12 everyone is able to see that, and, um, got everyone excited about what's to
13 come. I am gonna jump back to the (inaudible) --

14 DR. JAMESON: That's what I would call, relevant. That was so
15 perfect. Perfect.

16 ANDERSON: Yeah. I'm glad to hear you think so. Our team was
17 -- it was a jam packed, uh, four days of filming and, uh, we're very happy
18 with everything that, uh, we were able to gather.

19 DR. JAMESON: And as filming goes, I know you didn't even lose
20 -- use, like 5% of what you got.

21 ANDERSON: Yeah.

22 DR. JAMESON: You picked out some fantastic, relevant to our
23 customer population. Perfect.

24 ANDERSON: Thank you.

25 DR. JAMESON: Great job.

1 ANDERSON: Thank you.

2 CLARK: Connie, that is really fantastic. I-- I -- I'm super
3 impressed with your presentation today. Good job.

4 ANDERSON: Thank you. Thank you, Valerie. I appreciate that.
5 Um, Katie and Ryan and Janelle were critical. We went many rounds of
6 reviewing different talent, and one thing I wanna point out is that these
7 are, um, real life business owners here in Las Vegas. So our team was able
8 to, uh, go out, find individuals, you know, ask them to participate in this,
9 um, and then we went really to make sure that this was authentic and
10 relevant. So I'm so happy to hear that it strikes that chord with, um, you
11 all as well. Um, Katie just came up with a great idea earlier today about
12 actually highlighting these individuals by name and business throughout
13 social media as well, and tagging them and ensuring that we're giving them
14 the credit, and we've already talked about with some of these businesses,
15 work on the side, gonna put together like a small commercial that they can
16 use for themselves as a thank you for participating, um, because they --
17 they really did perform so well and gave us so much of their time and were
18 so open to us. So --

19 CLARK: I would a hundred percent agree with that. That's
20 really neat.

21 ANDERSON: Yeah. Thank you. I'm just gonna scroll through
22 some pictures quickly. You saw it in the video, but, um, I think the -- the
23 styling of these is great, the relevancy is great. Um, we are going to be
24 using some photos from the old campaign for our retired couple, our, uh,
25 soccer family. So there's some elements that we're gonna bring forward

1 from last year as well that I think that these tackle, um, so, so much. Um,
2 they're just bright and fun and paired with the, our plans are made for
3 your plans, uh, concept and copy. They really, really pop. Okey dokey.
4 Um, it is in your board packet as well, uh, and Katie's report as well as
5 here, but these are the scripts that we are, um, doing some final tweaks on
6 that will supplement and go over actual, uh, commercials, um, whether
7 that's for our broadcast partners, our connected TV partners in our
8 campaign or video on a digital platform, such as Facebook and YouTube.
9 Um, but these are the -- the messaging. It's really meant to be
10 empowering. So for example, for our barbershop, food truck, realtor,
11 housekeeper, landscaper, um, the voiceover we -- we imagine is, you are
12 your own boss. You built this from nothing, winning your own work.
13 There's no clocking in or clocking out, there's only getting ahead, and you
14 can spot that opportunity. Today you can find health coverage tailored to
15 your needs because at Nevada Health Link, our plans are made for your
16 plans. Nevada Health Link is the only place you can get federal financial
17 health on private health plans. Nevada Health Link where health insurance
18 competes for you. Um, and then you'll see there's a few other options
19 here, um, for some of those other scenes. Uh, paid media strategy. Katie
20 spoke about this. Um, we have a very robust paid media campaign. This is
21 where we put the majority of our money every year, is making sure that
22 this message gets out there. So we have your traditional broadcast tv,
23 radio, streaming, billboards. We also have connected TVs, so that's things,
24 um, like Hulu and Peacock and those streaming services that you see
25 online. Um, we have some unique out of home partnerships we'll be

1 bringing back, such as mobile billboards, uh, gas station ads. So, you
2 know, when you go to fill up at Terribles and it starts playing a video, um,
3 we can target different, uh, gas stations and neighborhoods so that we're
4 really reaching locals, um, not necessarily tourists and target them, um,
5 there with some additional ads. Um, we have a very large print, not very
6 large, but we do have set aside a -- a bit of money for print. Um, we will
7 be focusing on many of our different target audiences, um, through print
8 and things such as El Tiempo, Urban Voice, and then our rural communities
9 as well. We were really, really happy with the enrollment from rural
10 communities last year and the increase we saw there, and we wanna make
11 sure that we remain relevant, and so we'll be, um, focusing on a print by in
12 our rural publications to go along with the outreach that we're doing. Um,
13 and then finally we'll be doing a new thing. We're planning to, uh, do
14 something new this year, which is SMS campaign messaging. Um, there has
15 been a lot of studies over the pandemic about access to technology, as you
16 all have seen, and we know that, not only are individuals mobile first, but
17 in many households in Nevada, they're mobile only. They don't have a
18 desktop that they're going to on a regular basis, and so we've found that
19 direct messaging and texting campaigns when done thoughtfully and well
20 are actually welcome additions to individuals. They don't feel that they're
21 necessarily being marketed to, but they feel that, oh wow, someone's
22 reaching out because they care about me. They wanna let me know that
23 these important dates are upcoming. Um, so we plan to employ that this
24 year. We'll probably only do two text messages throughout the entire
25 campaign, um, and we can measure click through rate. We can measure

1 recall of some of those messages after January 15th. Um, but we're really
2 excited to test this. There's been, I think, one other exchange in the
3 country that's done this and saw good results. I think that there will
4 probably be a few that do it this year, um, but we're excited to be on the
5 forefront with that. Okie dokey. Paid media, that is our breakdown as far
6 as traditional versus digital. Um, it is strongly traditional just because the
7 costs of traditional aren't quite high, um, but we feel that we have
8 negotiated great rates. Most of our traditional will start after November
9 8th, after the election. There's a few that will start beforehand. Um,
10 since it's a long buy and we have quite a bit of buying power, we've
11 negotiated some to start early without paying the increased fees that
12 usually come with an election year on broadcast, and then digital allows us
13 to remain very, uh, specific and targeted. Okay. Public relations for open
14 enrollment. Um, November 1st is going to be a very exciting day with our
15 press conference. Um, as Dr. Jameson mentioned, Covid has gone away or,
16 you know, is down in some ways and we're back to in-person events and I
17 think it's going to be great to have an in-person press conference to kick
18 off open enrollment. Um, we will be streaming the press conference, so
19 any of our Northern Nevada media or rural media can attend. We'll also be
20 streaming it on Facebook so that individuals who follow our Facebook page
21 can, um, tune in and hear more. We're excited for the community fair that
22 will follow that, and then we're excited for the community fair, um, later
23 that week in Northern Nevada. We, um -- there's a few other things on
24 here, um, but I would always just like to say that after November 1st, we
25 will continue to follow up. We have, um, been working with Katie on a

1 plan of what a press release, as well as pitching opportunities look like for
2 every two weeks or so, um, after that November 1st day. We also plan to
3 resend out the initial press conference and recording after November 8th.
4 Um, knowing that the election usually takes up a lot of air time, we're
5 going to make sure that we don't get lost, um, with that coverage. Um, the
6 multicultural communications strategy, this remains top of mine for our
7 team in something that we work strongly with Erica Avila on. Um, we are
8 developing formal partnerships and plans with a variety of different
9 chambers, making sure that we are included in events, in the newsletters,
10 um, that they're doing in any outreach to their communities. We're also
11 for open enrollment, looking at doing PSA, uh, content with many different
12 council members and commissioners, um, that speak to many of our
13 diverse, uh, target audiences. Our blog and newsletter, as Katie
14 mentioned, really is going to follow the customer or consumer journey,
15 making sure that we are following up with them regularly and once they
16 start an application, we're able to ping them that says, Hey, you know, go
17 complete that or if they don't follow -- follow through with completing
18 that, um, they can get an email that says, is there any questions you have?
19 How about talking to a speaker or broker? Um, also as mentioned, there
20 are two critical updates we're making to our landing pages for open
21 enrollment. We'll have a search function for individuals who are Spanish
22 speakers to search for brokers and navigators who also speak Spanish. So
23 they'll enter their zip code, and then it'll bring up the list of brokers and
24 navigators that are close to them that speak Spanish. And then we have
25 that interactive quiz that is being built out based upon different personas,

1 and as an individual answers that, um, as Katie mentioned, they'll get a -- a
2 persona at the end that says, you're the super saver, or you're the, you
3 know, family leader, here are types of health insurance, um, terminology
4 that you need to know as you go into shopping, and we'll encourage them
5 to dive into reviewing plans right then and there. We'll also ask for their
6 email at the end so that we can email them their results. We can email
7 them the Facebook stickers that you see in Facebook frames so that they
8 can share that out, and then we can also, um, ask for them to opt in and
9 enroll in our newsletter list so that we can continue, uh, engaging them
10 throughout open enrollment, encouraging them to enroll. Social media.
11 Uh, Katie is coming down, um, to Las Vegas next week, and we are going to
12 do two really fun things. We are going to do a Facebook live with the
13 center here in Las Vegas, um, and we are gonna talk about the different,
14 um, services that they provide to the community and why health insurance
15 is an important part of that. And then we're also going to be filming a
16 variety of vertical videos that are specific to Instagram reels and TikTok,
17 and it's all gonna be focused on healthcare literacy, breaking down, you
18 know, the things you need to know about, uh, that qualified health plans,
19 what you need to know about deductibles, premiums, um, different things
20 like that. So we're excited for those, and that is going to help support our
21 social media strategy throughout open enrollment. And that's it. Any
22 questions?

23 DR. JAMESON: Wow. Wow. We thought Ryan was exciting and
24 Katie was exciting, but Connie, you have just bowled me over. That was a
25 amazing presentation.

1 ANDERSON: Thank you.

2 DR. JAMESON: I -- I -- I'm going to, uh, follow your, uh,
3 question there and ask our board members, uh, if they have any comments,
4 questions?

5 CLARK: I had a quick question, Madam Chair.

6 DR. JAMESON: Thank you, Valerie.

7 CLARK: Um, where did -- I -- maybe you said this, but I -- I
8 missed it. Um, where did you find the participants in those, uh, movies
9 that you made?

10 ANDERSON: Well, two of them --

11 CLARK: How did you find them?

12 ANDERSON: -- are our employees, so --

13 CLARK: Okay.

14 ANDERSON: -- um, and then others are just friends. So, uh, we
15 -- through Erica, we connect, she's friends with the food truck owners, um,
16 through me.

17 CLARK: Okay. So you knew --

18 ANDERSON: (Inaudible) with the owners of the barber shop.
19 Yeah, so we just -- from our personal connections --

20 CLARK: Oh, okay.

21 ANDERSON: -- wanted to make sure that we were, um, pulling
22 in a few favors. Um, I wish (inaudible) --

23 CLARK: No, I just -- I was --

24 ANDERSON: -- (inaudible).Nevada.

25 CLARK: -- I think you just hit the nail on the head in terms of

1 the types of businesses, the types of people who need, um -- who need this
2 type of coverage, and I just -- I'm just totally blown away by, uh, how --
3 how you pinpointed that. I -- I -- and the research that you did with, you
4 know, your approach, I think was spot on. I, um -- I think this is one of the
5 best presentations I've ever -- I -- I -- the one I paid the most attention to
6 at least, uh, since I've been on the board, so very good. Very good.

7 ANDERSON: Yeah. Thank you, Valerie. And I would say that,
8 um, Ryan, Katie, and Janelle challenged us in the best way possible to get
9 here. There was a lot of conversation back and forth. It was absolutely a
10 collaborative effort, um, between our teams, from the research end to find
11 who these individuals are, and then as we went through, who's the right
12 individual, they definitely, um, challenged us in the best ways, and we are
13 very, very happy with the results as well. So I'm glad (inaudible).

14 CLARK: Yeah, it's the most personalized, um, marketing effort
15 I've ever witnessed on this board, I believe. I'm really impressed with it,
16 so (inaudible).

17 ANDERSON: Thank you.

18 DR. JAMESON: Uh, were there any other comments from --
19 from anyone else? I would just want to echo what Valerie said. If -- if we
20 didn't know better or know otherwise, um, I would've thought they were
21 the most perfectly selected, um, um, representative models of businesses
22 with the best smiles ever imaginable.

23 ANDERSON: Yeah.

24 DR. JAMESON: Uh, it was unbelievable. Valerie was so right.
25 They're just the most outstanding. And along that line, I wanna just, uh,

1 compliment you because when I first saw your, um, slogan for this year,
2 and, you know, we've gone through this quite a few years, and I -- and I'll
3 even go back a little further, when, uh, there was the bidding for, uh, new
4 marketing and, um, for all of us, we get attached and, uh, you guys came in
5 at a lower bid and I just didn't know how you could possibly outperform
6 our prior company at a lower price, and I must say, I'm blown away. Just
7 amazing year after year. And so we saw these years, uh, slogan, uh, and I
8 thought, you know, your plans and our plan, and I just thought, Oh my
9 gosh, where can they possibly go with that? It's not near as -- as catchy as
10 so many other slogans. How are you gonna manifest this in your
11 advertising, your -- your media presentations? And Valerie hit on the nail.
12 You absolutely just made a home run here, and I never would've guessed it
13 when I first saw this, but as she said, you know, it's the testing you do and
14 your UXUI testing you do to check, uh, if the customer's getting
15 bottlenecked anywhere, uh, on our system. OMG, you just, you know --
16 you just go the second mile in every aspect of collaborating with the
17 overstate Exchange, far more than I ever would've realized that this job
18 you're doing would've encompassed and making sure that our customer has
19 the most enhanced experience from going online and utilizing our, uh,
20 online enrollment experience to the -- what you show them in the
21 advertising, the whole spectrum. And I did have a question as we look at
22 the whole spectrum, and you talked about adding the text. When
23 everybody lives on text, why you would only limit yourself to two text?
24 ANDERSON: Yeah, absolutely. Um, we -- we don't want to be
25 annoying, so that's kind of the -- the catch 22, I think, of texting is that,

1 uh, there's the opportunity to reach the individual, um, but o -- overdoing
2 it could turn them off from us. That being said, uh, with text messaging,
3 you get and click through rates immediately, and we can monitor that. So
4 if we see amazing results, um, we could absolutely increase that
5 throughout the campaign and we can, uh, get data around who clicked and
6 start to narrow the audience, and I think Dr. Jameson, as you brought up,
7 um, if we find a niche audience that's always on their phones and they
8 want, you know, texting and they want to talk through texting, um, we can
9 keep narrowing that down and target those individuals more, absolutely.
10 So, um, I will take that back to the team and we'll monitor and if we can
11 and find that it's working to add more than just two, um, we'll definitely
12 do it.

13 DR. JAMESON: Yeah, I think you're gonna see that as you
14 narrow it down and see what responses and analyze the data that even
15 though you have your large Facebook following et cetera, that when you
16 start working through this avenue, you're gonna have more people clicking
17 on and going straight to our Exchange for enrollment than you do on
18 everything else put together.

19 ANDERSON: Yes. I --

20 DR. JAMESON: So I'm looking forward to that follow up.

21 ANDERSON: Yes.

22 DR. JAMESON: And then I just wanted to, uh, congratulate you
23 again on the amazing follow through of everything. You -- you know, uh,
24 you guys are consultants and -- and I've just got limited time on the planet
25 as any less than two years, I'll meet the big 70, and I've been on quite a

1 few boards and worked with a lot of companies that are consultants for
2 entities, but you guys don't even seem like you're a consultant. You work
3 so closely and it's like, well, you are a member of the team, you're a
4 member of the family. You -- you dance fluidly with everyone and it isn't
5 as though you're this consultant. I just want to tell you how much we
6 appreciate these phenomenal, amazing collaborating efforts that just work
7 seamlessly with our team and your team, and I -- you're really family,
8 you're not a consultant and I just cannot thank you enough because we
9 always start off by thanking our staff at the Exchange for the outstanding
10 excellent work they do. But honestly, where would they be without you
11 guys? God bless you.

12 ANDERSON: We wouldn't be anywhere without them. This --
13 when you think the staff, I always echo that fully because they have been
14 so welcome, opening. Um, they answer my calls at all times, um, to go
15 through data that. I'm like, I don't understand this. Help me explain.

16 DR. JAMESON: Well --

17 ANDERSON: So explain this to me.

18 DR. JAMESON: -- well --

19 ANDERSON: Having true partners

20 DR. JAMESON: Truly, uh, we always, uh, look at the Exchange
21 and we talk about our numbers, but, um, you guys truly add magic or what
22 we call, uh, you guys are the sexy part of our campaign.

23 ANDERSON: Thank you. It is fun to be on the marketing side. I
24 feel like we do get to add the flare a lot of time. It is fun time.

25 DR. JAMESON: And you thought you could make us so

1 attractive. Thank you.

2 ANDERSON: Thank you.

3 DR. JAMESON: So going -- no, thank you. But let's go back to
4 our agenda. I think we're just about ready to wrap this up now. Uh, let's
5 see here. And yep. Uh, discussion -- oh, uh, one more opportunity as
6 always, if the board members wanted to make any other comments or
7 additions. All right. Discussion and possible action regarding our dates,
8 times, and agenda items for our future meetings.

9 HIGH: So, Dr. Jameson, we do have a -- a meeting scheduled.
10 Our next meeting is scheduled for Wednesday, December 14th at 12:30 PM
11 to approve the fiscal and operational report. It's a report we send over to
12 the governor's office and the legislature once, uh -- two a year. So this is
13 to talk about the second one, uh, unless it's determined, there should be
14 another meeting before this, but our next one's scheduled is December
15 14th at 12:30.

16 DR. JAMESON: Excellent. And of course, we are all looking
17 forward to our fourth open enrollment and, um, uh, the November 1st in
18 Las Vegas, uh, Southern Nevada district and the kickoff. So we'll be seeing
19 each other soon again, and, um, so we should consider that as part of our,
20 uh, informal agenda. And I hope that, uh, all the board members can, uh,
21 make it, uh, over to the Southern Nevada Health District. And then, um --
22 yeah, I think we're, uh, ready to go. So no other -- other than the follow
23 up, uh, Ryan, on the ever evolving, um, work of the, uh, public option
24 follow up on our, uh, SB 420 and how it will have future impact on our
25 Exchange and our other qualified, uh, um, health plan providers. That is

1 very important I think, to all of us, uh, just regular, uh, updates on that.
2 Were there any other things that, uh, the board would like on the future
3 agenda? All right. Well, hearing none, I think we can go back to public
4 comment. Is there any public comment?

5 DAVIS: Madam Chair, there is no public comment here at our
6 Carson City office.

7 DR. JAMESON: All right. And the other office, was it open or
8 closed? Uh, any other public comment online, on the phone?

9 CHARLESON: Closed, but I'm not seeing any other online.

10 DR. JAMESON: Okay. Well, hearing, uh, no other comments
11 and no other, uh, board in -- input, we'll go ahead and, uh, adjourn the
12 meeting now at 4:07. And I thank all of you once again for your amazing
13 work. It's really fantastic and I'm looking forward to our best year ever.
14 And with the switch over from the, um, uh, emergency, um, Medicaid
15 services, we are going to have our most -- our best year ever. Thank you
16 everybody. Have a great day. God bless you.

17 HIGH: Thanks everyone. (Inaudible).

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