

1 SILVER STATE HEALTH INSURANCE EXCHANGE

2 BOARD MEETING

3 MEETING TRANSCRIPT

4 THURSDAY, FEBRUARY 16, 2023

5 MR. HIGH: Good afternoon, everybody. Let's give people another
6 minute or two to join and we'll get started shortly.

7 DR. JAMESON: Welcome. Good afternoon.

8 MR. HIGH: Good afternoon, Dr. Jameson.

9 DR. JAMESON: Greetings, everyone. How does the attendance look?
10 Should we wait a few more minutes, or does that -- are we -- do we have our
11 quorum?

12 MR. HIGH: Maybe one more minute would be good.

13 DR. JAMESON: Excellent. Greetings, Jose, and Valerie, and Lavonne,
14 Quincy, Owen.

15 MR. HIGH: Hello.

16 DR. JAMESON: Sarah.

17 DR. FRIEDMAN: Yes.

18 DR. JAMESON: Teresa.

19 MR. HIGH: Good afternoon, everyone.

20 UNIDENTIFIED: Good afternoon.

21 DR. JAMESON: And to the rest of the team, Katie and Nick and Janel and
22 Rosa, everyone.

23 MR. HIGH: Dr. Jameson, I think we can get started if you're ready.

24 DR. JAMESON: Yes. It sounds like we do have our quorum. Did you want
25 to do roll call by checking in on the site and seeing who's attending, or would you like
to call it?

MR. HIGH: I will call it. I'll just start with a few housekeeping and

1 etiquette reminders if I could real quick.

2 DR. JAMESON: Thank you.

3 MR. HIGH: So we have Kaitlyn here, who's hosting this webinar. As a
4 reminder, please keep yourself muted if you are not the one presenting or making a
5 comment. If you would like to make a comment, please raise your hand, your
6 electronic candor indicate in the chat box that you would like to make a comment,
7 and Kaitlyn will unmute you. For those on the phone, please remember to mute
8 yourselves or else we'll hear your private conversations. Madam Chair, there may be
9 people on the telephone that would like to make a public comment or in person
10 today as well so we might, we just want to remember to ask if there is any public
11 comment on the phone. We also have our Carson City Conference location open to
12 the public, so public comment may come from there as well. And a reminder for
13 anyone speaking, please remember to state your name for the record before making
14 a comment or presenting. I have been reminded about this now, that session is
15 started down the street here, and it's always helpful to have someone state their
16 name when making a comment so we have an accurate and clear record. So now I
17 will take roll call. Dr. Jameson?

18 DR. JAMESON: Present.

19 MR. HIGH: Great. Ms. Valerie Clark?

20 MS. CLARK: Present.

21 MR. HIGH: Ms. Lavonne Lewis? I see you there, Ms. Lewis, I'll mark
22 you present. Dr. Sarah Friedman?

23 DR. FRIEDMAN: Present.

24 MR. HIGH: Mr. Jonathan Johnson. Absent. Mr. Jose Melendrez?

25 MR. MELENDREZ: Present.

MR. HIGH: Great. Mr. Quincy Branch?

MR. BRANCH: Present.

MR. HIGH: Great. All right. And our ex-officio members. Stacie
Weeks? Interim Commissioner Nick Stosic?

1 MR. STOSIC: Present.

2 MR. HIGH: Great, thanks, Nick. And another new face as an ex-officio
3 member, Theresa Bawden. She is representing Director Stephenson's office, the
4 budget office.

5 MS. BAWDEN: Present.

6 MR. HIGH: Great. And I also want to make one more introduction.
7 We have our new Deputy Attorney General, Radhika Kunnel on the phone.

8 MS. KUNNEL: Present.

9 MR. HIGH: Great. Thank you. All right, we have a quorum, Madame
10 Chair. And you may be on mute, Dr. Jameson.

11 DR. JAMESON: Yes, Florence Jameson, and welcome, everyone. Now that
12 our meeting's been called to order, roll call, and just a reminder about announcing
13 ourselves as before we speak. Thank you so much, Ryan. We're going to first go, of
14 course, to our public comment. Do we have anybody present, north, or south or on
15 the line?

16 MR. HIGH: I think, Dr. Jameson, yes, we do have some public
17 comment here, present, in the Carson City office, and I'll hand it over.

18 DR. JAMESON: Thank you, Ryan.

19 MS. DAVIS: Dr. Jameson, Madam Chair, Tiffany Davis for the record. I
20 do want to state we do have our Fallon Tribal Health Director and a few of his
21 associates with him in the room. I do believe they want to make public comment
22 towards the end. Oh, well, go ahead and do it now. Here you go. Um, good
23 afternoon.

24 MR. PISHION: My name is Jon Pishion, Health Director for the Fallon
25 Paiute Shoshone Tribe for Nevada. We are here today on support of the Exchange's
26 agenda item to address the tribal sponsorship implementation. I've read through the
27 proposal that Tiffany handed me, and we'd like to encourage you guys to consider
28 this. It would be a great benefit to my tribe, as well as the other tribal health centers
29 in the area. We're not looking at becoming the certified enrollment counselors, but

1 more of the tribal representatives and as indicating your agenda requests, all those
2 items are very specific to us and very necessary as we move to adopting our --
3 implementing our own sponsorship program. I know there's only right now Ft.
4 McDermitt that does it, but I believe ourselves, Reno Sparks, and Pyramid are
5 definitely looking at that as well. So I'd just like to throw my support behind this
6 proposal that has been submitted to you guys on behalf of the Fallon Tribe. Thank
7 you.

8 MS. DAVIS: Madam Chair, Tiffany Davis for the record once again.
9 That would conclude our public comment here in our Carson City conference room
10 and I would like to ask if Kaitlyn could please confirm if we have any public comments
11 at this time online, or maybe those people who want to make public comment at the
12 end of the meeting.

13 MS. BLAGEN: Hi, Kaitlyn Blagen, for the record, it looks like Angie Wilson
14 has her hand raised. So, Angie, you can go ahead and unmute yourself and speak.

15 MS. WILSON: Hi, good afternoon. Can everybody hear me okay?

16 MR. HIGH: Yes.

17 MS. WILSON: Okay, great. This is Angie Wilson, the Director of the Reno
18 Sparks Tribal Health Center here in Reno, Nevada, and I do also have public
19 comments in consideration. I know that we've been meeting with Tiffany Davis, our
20 tribal liaison to the Nevada Health Link, in regards to a pathway for a viable tribal
21 sponsorship program. So I just wanted to reiterate a couple of comments in support
22 of, you know, the designation of a new tribal enroller opportunity. You know, the
23 Affordable Care Act provides an opportunity for any tribe to establish a tribally
24 sponsored program to purchase health insurance coverage for their uninsured tribal
25 members through the Health Insurance Marketplace, or in our case, the Health Link.
(Inaudible) Healthcare Improvement Act specifically authorizes that tribes may use
our funds made available under our Indian Self-Determination and Education
Assistant Act to purchase health insurance and that, you know, our members of
federally recognized tribes across this nation have the right to open continuous

1 enrollment. Can you guys hear me okay?

2 MR. HIGH: Yes.

3 MS. WILSON: Okay. Sorry. And, you know, I'm not sure if you may
4 know, but I used to serve on the Board of Directors for the Nevada Health Link years
5 ago when we were just transitioning from Xerox, I think at that time and at that time
6 there were so many issues going on with the state, but one of the things I continually
7 said is there needs to be a pathway for tribal sponsorship. The state-based Exchange
8 that we've had has been up for nine years, nine years at this point, and we still don't
9 have a viable pathway through for a viable tribal sponsorship opportunity. And so I'm
10 very encouraged, I appreciate all of the hard work from Tiffany and of the tribes, you
11 know, really looking at ways that we can do this. The Affordable Care Act has specific
12 provisions that support American Indian and Alaska native beneficiaries and the
13 largest benefit is that there is zero cost sharing for American Indian Alaska native
14 members who are enrolled in a federally recognized tribe and are 300 percent federal
15 poverty level or less. And what this means is that there's no out-of-pocket expenses
16 or charges to our members who are eligible for these services. Right now, our tribal
17 programs pay for these costs out of our programs here called Purchase and Referred
18 Care and oftentimes we're paying 100 percent of the billable charges, which I'm sure
19 you can understand are very concerning for us. The opportunity that we do have the
20 ability to actually purchase insurance from the Exchange, you know, being able to
21 look at oftentimes our tribal members and our communities are within that 300-
22 percent federal poverty level is a huge issue for us. We know that American Indians
23 and Alaska natives are the only population right now that have open continuous
24 enrollment with the Health Exchange all year long that could come on a program or
25 off a program at any given time and this really allows us in Indian country to be able
to look at ways to better support our patient population, to look at ways that we pay
for the health insurance for our members, that we look at ways to create better
access to care for our First Nation folks, and looking at ways that we might be able to
do that here through the Exchange. You know, I think that for us I would just say my

1 last comments here is, you know, we really need a way that helps to support this
2 process. It is a barrier for us to be able to have our folks come through what's
3 established as a state-based certification program. We're not looking at upselling.
4 You know, our goal is to look at bronze level plans, to be able to get our folks into
5 those plans in an efficient way, and our overall goal, we do feel like this is a win-win
6 where, you know, we get more Nevadans to be able to be eligible for the Exchange,
7 more people signed up for health insurance, you know, through the Exchange, and,
8 you know, to solidify, you know, finally having a really -- a great opportunity for the
9 Nevada tribes to be able to work with our Nevada Health Link to make this happen.
10 So I appreciate and want to thank you all for hearing our comments today. We do
11 understand that the Board of Directors does have the authority to authorize an
12 exemption for tribal enrollers so that we can move forward with this process. I do
13 appreciate it, and thank you so much for allowing us to speak today.

14 DR. JAMESON: Angie, thank you so much for the comments and also for
15 all that information, which I'm sure that everyone that's listening may not have been
16 familiar with all of that, and it's extremely helpful for many of, I'm sure, our members
17 to hear that history. Thank you so much. And now I think if there's any other
18 comments, otherwise we will move on. Okay. So no other comments. We are going
19 to start with the approval of the minutes from our December 14th, 2022 Board
20 meeting, and if we could have someone move to approve those minutes, take
21 yourself off mute.

22 MR. MELENDREZ: So moved. Jose Melendrez.

23 DR. JAMESON: Thank you, Jose. And a second?

24 MR. BRANCH: Second, Quincy branch.

25 DR. JAMESON: Thank you, Quincy. And we'll take a moment
before we pass and just ask if there's -- after reviewing the minutes, if anybody had
noted any errors, any omissions, or if they feel there were any additions that needed
to be made to the minutes on December 14, 2022, you may speak now. Hearing
nothing, then I'll go ahead and call for a vote for the approval of the minutes for

1 December 14, 2022. Everybody in favor, you could just -- what are we finding is the
2 most effective? Because we're all on mute. Would everyone raising their hand be
3 most effective? Ryan, what do you think the best way to do that for our voting?

4 MR. HIGH: I think the voice is good. If you want to --

5 DR. JAMESON: Okay. Let's start with the voice, and if there's a question
6 we'll go to hand raising. So everyone in favor of passing our minutes from December
7 14, 2022, please say aye.

8 MEMBERS: Aye.

9 DR. JAMESON: Anyone opposed? And has anybody abstained? All right,
10 then the minutes are unanimously passed. We are going to go to our very exciting
11 portion, the Executive Director's report. Ryan High, please?

12 MR. HIGH: Great, thank you, Madam Chair. So it's my pleasure as the
13 Executive Director of the Silver State Health Insurance Exchange to present this
14 Executive Director's report recapping the Exchange's successful fourth open-
15 enrollment season as a state-based Exchange. It is with great pride to say that the
16 Exchange had a second best year ever, enrolling 96,379 consumers for Plan Year
17 2023. This total enrollment number breaks down to 18,117 new enrollees, 13,602
18 active re-enrollees, meaning re-enrollees that came back on the Exchange and
19 shopped, and a little over 64,000 auto re-enrollees. Furthermore, an impressive 86
20 percent of those who shopped received some type of financial assistance, and 40
21 percent of consumers received plans with monthly premiums of \$100 or less. For
22 healthcare to be accessible, it must be affordable and consumer shopping on Nevada
23 healthlink.com found that to be true this year. With a November 1 start date, the
24 Exchange launched open enrollment with a press event at the Southern Nevada
25 Health District. This professionally produced event had print and television press in
attendance, and the event was streamed live for broader viewing. Speakers included
Nevada Health Links Board Chair Dr. Florence Jameson, SNHD's, Executive Director
Dr. Michael Johnson, Nevada Health Link Broker grantee Alberto Ochoa, US
Congresswoman Susie Lee, and myself. A focal point for the event was the unveiling

1 of the Exchange's media campaign, Our Plans are Made for Your Plans, as well as
2 consumer testimonials, additionally, carrier staff tables to provide information to
3 consumers and answer any enrollment or plan questions consumers may have.
4 While the Exchange was competing for consumer attention against a nationwide
5 midterm election and the Thanksgiving holiday during November, enrollment
6 momentum began to pick up in December and carried through mid-January. The
7 open enrollment advertising campaign proved effective and a comprehensive recap
8 will be shared later in this meeting. Of other important note is the start of the 82nd
9 session of the Nevada Legislature. We kicked off on Monday, February 6th.
10 Exchange team members will be actively tracking and testifying on bills impacting
11 healthcare and health insurance during this session, which runs until June 5th this
12 year. Exchange fiscal and operational staff were presenting and championing the
13 Exchanges biennial budget for fiscal years 2024 and 2025. The Exchange's full
14 governor's recommended budget may be found at the link provided in the report.
15 Now onto vendor management. The Exchange's contracted eligibility and enrollment
16 platform and call center vendor, Get Insured, provided near error-free service via the
17 enrollment and eligibility system, powering Nevadahealthlink.com during plan year
18 2023 open enrollment. This was no small feat, especially in light of the Exchange
19 offering a record level 163 different qualified health plan options through seven
20 qualified carriers and 18 qualified dental-plan options through five dental insurance
21 carriers: Clark and Nye County consumers have the choice of 104 plans offered via six
22 carriers; 88 plans were offer -- were available in Washoe County from Aetna,
23 Hometown Health, HPN, Anthem, and Friday Health Plans; 58 plans were available in
24 Carson City and rural counties, Douglas, Lyon, and Storey, from Hometown Health,
Silver Summit, Anthem, and Friday; and then 51 plans were available in Churchill,
Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Pershing, and White
Pine Counties. Regarding qualified dental plans, the Exchange was proud to offer 18
QDPs, about five dental carriers: Alpha, EMI, Delta, Best, and Rocky Mountain.
Consumers continue to enjoy savings thanks to the continued increased subsidies

1 offered via the Inflation Reduction Act, such as subsidies being applied to consumers
2 making over 400 percent of the federal poverty level, and increased subsidies being
3 applied to all consumers under 400 percent of the FPL. In fact, almost 5,000
4 consumers received subsidies over that 400-percent threshold, whereas this was not
5 an opportunity before the American Rescue Plan Act or the Inflation Reduction Act.
6 Another 11,000-plus consumers locked in plans for plan year 2023 at \$0 monthly
7 premiums. Again, over 11,000 Nevadans shopped and found plans for \$0 a month.
8 Consumers and brokers, (inaudible) alike were happy with the Get Insured operated
9 call center, which offered extended hours during this past open enrollment period.
10 The broker navigator line was open from 9 to 7 Monday through Friday, and the
11 consumer line was open 9 to five 5 through Friday. On Saturdays and Sundays
12 throughout open enrollment, both lines were open 9 to 5. I'm proud to state that the
13 call center wrapped up open enrollment, boasting a call center consumer satisfaction
14 score of 93 percent. The Exchange concluded Plan Year 2023 Open Enrollment in its
15 second year with its marketing and outreach vendor, the Abbi Agency. Following my
16 report, Communications Manager Katie Charleson and the Abbi Agency will highlight
17 the success of our marketing and outreach strategies and campaigns. It'll be a
18 fantastic presentation, which was centered around the theme Our Plans are Made for
19 Your Plans. Now switching to preparing for the end of the public health emergency.
20 As featured in past Board reports, the Exchange continued to work in coordination
21 with the Department of Welfare and Supportive Services and the Division of
22 Healthcare Financing and Policy to adequately plan how to best service Nevadans
23 needing health insurance coverage in the event that they transition off of Medicaid,
24 and this will happen when redeterminations begin in volume at the end of the PHE
(phonetic). We now know this will happen beginning in April. The Exchange
continues to actively plan and coordinate with the two aforementioned state
agencies and its vendor, Get Insured, in order to ensure that Nevadans in need will
properly and efficiently the account transferred to the Exchange for a seamless
opportunity for coverage. So some of the features of our transition plan here, or the

1 unwinding plan: we've had monthly meetings with the state's Medicaid agency and
2 Medicaid managed-care carriers to discuss strategies and touch base on each entity's
3 respective unwinding efforts; we've also invested approximately \$30,000 so far in
4 paid media efforts to reach Nevadans with messaging, encouraging them to update
5 their contact information, which is critical at this time, with Medicaid to be prepared
6 for changes as a result of PHE unwinding; we've also implemented media tactics,
7 including billboards, social media, and Google Ads targeted towards individuals who
8 likely are on Medicaid; we developed a PHE toolkit in both print and digital formats.
9 The physical toolkit includes a poster flyer and rack card that we created and
10 cobranded with Medicaid that includes high-level information on the unwinding and
11 simple steps Medicaid enrollees need to make to continue coverage. The digital
12 toolkit includes social media posts and talking points. Both toolkits are in English and
13 Spanish. We have created a list of 300 community partners and health organizations
14 and social service organizations who will receive the toolkits and help distribute this
15 important information and timeline to Nevadans all over the state. After April 1st,
16 the Exchange will increase the paid media budget to about 25 percent of our special
17 enrollment budget. At that time, we will explore more outreach opportunities such
18 as events, social media, Facebook live recordings, grocery store ambassadors, et
19 cetera. Outreach to providers such as physicians and hospitals -- we will provide
20 outreach to providers such as physicians and hospitals to amplify messaging about
21 Nevada Health Link in the event a Medicaid consumer who has been re-determined
22 ineligible realizes their loss of coverage while at a provider or know it's upcoming.
23 Enhancing the Consumer Assistance call center: we will also enhance the consumer
24 Assistance call center by adding additional customer service reps to perform direct
outreach to consumers transferred over from Medicaid. Additionally, the Exchange
realizes that navigators and assisters are the frontline resource to getting Nevadans
informed and enrolled. We are providing navigators and assisters with printed and
digital resources to keep consumers informed as things change. We also plan on
leveraging our navigators with Medicaid to be deployed where Medicaid may need

1 them, whether that be local statewide events or in offices. Navigators will also
2 continue to be at events throughout the community to help Nevadans be informed
3 and educate them on how to avoid gap and coverage. And then finally in my report,
4 federal state updates. The Exchange's continued success this past open enrollment
5 was due in no small part to us being touted as the most important impactful
6 congressional action since the adoption of the Affordable Care Act with the passing of
7 the Inflation Reduction Act. As a reminder, the IRA extended temporary increased
8 subsidies from the American Rescue Plan Act for another three years, or through Plan
9 Year 2025. Enrollees in the Silver State Health Insurance Exchange -- in the Silver
10 State recently received consumer friendly news with clarification from the Internal
11 Revenue Service regarding expanded application of the affordability calculation of
12 employer-sponsored coverage, or what's commonly known as the family glitch. As a
13 result of the family glitch, family members of workers, primarily low-income workers,
14 who are ineligible to receive premium tax credits through the Health Insurance
15 Marketplace, even when family coverage was unaffordable because the calculation
16 was based solely on the employee and does not factor in the entire family, the fix
17 now includes calculating affordability based on the entire family and their costs. The
18 enrollment and eligibility platform on Nevada Health Link now includes this
19 calculation. And switching to state updates, there are two important pieces of
20 legislation from the 2021 session the Exchange continues to follow closely. The first
21 is AB 432, which will designate the Exchange as an automatic voter registration
22 agency. The Exchange has actively been working with the Nevada Secretary of State's
23 Office in preliminary planning regarding information we currently collect in our
24 application process, as well as technical questions. The second piece of legislation is
25 SB 420, commonly referred to as a public option. The Exchange continues to
coordinate with Nevada Medicaid in the planning-and-design phase of this initiative
and will closely follow any legislative changes to this bill that may come out of this
current 82nd legislative session. Thank you, Chair.

DR. JAMESON: Florence Jameson. Ryan High, thank you so much for your

1 report. As always, so thorough and I do -- of course, you know, I always like to tease
2 you just a tad bit. It appeared a little shorter because you used a smaller font this
3 time. I'd like to take an opportunity now to see if some of our Board members or
4 anyone on our call, some of our other guests as well, if you have any questions or
5 comments on that report. I would like to congratulate -- oh, oh, yes, I see a hand up.
6 Lavonne, please.

7 MS. LEWIS: Yes, I would like to congratulate Ryan and the staff for the
8 enrollment. Having been on this Board since its inception, I am just so pleased to see
9 everything going so smoothly, and you all are doing a wonderful job. And I think the
10 fact that this was our second greatest year was just really exception and thank you
11 very much for all that that you've done to improve the operation of the Nevada
12 Health. Thank you.

13 MR. HIGH: Thank you. And all the credit goes to staff.

14 DR. JAMESON: Thank you, Lavonne. And I would like to echo what
15 Lavonne said. It's always an especially challenging year for us when we have our
16 limited advertising budget to put our message out there whenever we have our
17 elections. So we came -- considering that we had so much less airtime, TV time, et
18 cetera and it was put into such a shorter period of time, it, you got everybody, our
19 Exchange, our PR, marketing did just an incredible job and I did want to just take a
20 moment and say that I really want to thank you for -- we talked about a lot of this at
21 our last meeting but on a couple of points here, it has just been, as Lavonne said,
22 from the early days when we had such a limited number of carriers and such limited
23 number of plans, especially in the rural area, as you have shared these numbers with
24 us, especially the rural area, how many plans and how many providers we have out
25 there, it is just an outstanding -- gives an outstanding opportunity for our customers
of the Exchange to be given such just a wide variety of options, and that is so exciting
how you guys have worked so very hard with all of our providers to just expand the
providers and the number of different plans, and especially the rural area, which at
one point, sadly was down to, like, one provider and, like, hardly any plans at all. So

1 this is just magnificent, the coverage that you've worked so hard to get. And in
2 addition, just -- we've been just anticipating and worried about how things would
3 transition and for over a year, you prepared for the end of the public emergency,
4 public health emergency and again, as you have summarized for us what you have
5 done, including the media tactics, the toolkits you've made available, the increase
6 paid for the media budget, there's just literally, like, nothing that you haven't done
7 that I think any of our Board members can think of. You have just done everything
8 imaginable to enhance the customer assistance in this transition of going off the
9 Medicaid and onto our Exchange hopefully, and I just want to congratulate you on
10 this extensive work. I mean, really, really extensive work that you have done in order
11 to do that. And the way that now towards -- as we really are getting rolling up, we
12 know that it all comes down to one-on-one almost all the time and you really need
13 those navigators and they have -- the way you are planning to provide the navigators
14 and assisted with all their printed materials, and you're really leveraging our
15 navigators, deploying them at this time for transition this is -- this just -- honestly, I
16 can't think of anything you guys haven't done. So I want to congratulate you because
17 for these individuals, if you had not done this amazing -- all this planning, all these
18 different ways to bring them in and keep, provide them with the health insurance,
19 many of them would be elapsed without insurance or just fall off plans all together.
20 And thanks to you, you're going to help fulfill our goal as the Exchange, which is that
21 nobody goes without their much-needed healthcare. You guys have done an amazing
22 job. And finally, I just wanted to congratulate you because the call center wrapped
23 up with an enrollment boasting of -- satisfaction survey of 93 percent. Bravo. Bravo.
24 Thank you so much, staff of the Exchange, led by our Director, Ryan High. You really
25 did an amazing job and honestly, you've been juggling so many things, including
trying to figure out how to finally bring to fruition taking care of the opportunities of
offering the health plan on the Exchange to our native Indian tribes. So you guys
have juggled so much. I really don't know how you do it all with your limited staff
and your limited budget. So congratulations. And does anybody else have any other

1 comments before we move on?

2 MS. WILSON: Do you see me? Sorry.

3 UNIDENTIFIED: Dr. Jameson, it looks like Angie has a comment.

4 DR. JAMESON: Angie, yes, please. Angie.

5 MS. WILSON: Thank you. I also -- I appreciate the comment and I just
6 wanted to also say I do appreciate the work of Ryan and his team. I think you hit it on
7 the head that, you know, they've been very responsive to the Nevada tribes as we've
8 been walking through this process. I think it's also exciting as a Nevada resident to
9 see the advanced premium tax credits being expanded and I cannot express how
10 important that is in our state. Especially we all know the impact of inflation and some
11 of the high costs that lead into the social determinants of health, and so I just wanted
12 to give a -- just recognition from here at the Reno Sparks Tribal Health Center how
13 much appreciative we are. We appreciate his work and outreach to us as well. So
14 great job. We noticed the hard work and very, very excited for it. I also just wanted
15 to give a quick mention that we are also excited to see some of the marketing on
16 some of the billboards and things here that represent our native folks. So thank you
17 so much.

18 DR. JAMESON: Thank you, Angie, for your comments. And as we move
19 on, I'll just also add, which is in process here, the fix of the family glitch, which we
20 discussed last time. This is truly exciting and look forward to hearing more on that.
21 So moving on to our marketing and outreach update, did I miss any other hands that
22 might have been up? No? Okay. So who's going to go ahead and start our marketing
23 update?

24 MS. CHARLESON: Hi, this is Katie Charleson for the record. Thank you
25 Madam Chair. I'm going to give a quick summary of my Board report and then I will
26 have the Abbi Agency show their beautiful presentation and everything we've been
27 doing these last two months. So open enrollment for Plan Year 2023 concluded on
28 January 15, 2023 and a five day extension until January 20 for consumers who
29 completed their application but hadn't selected a plan. We enrolled a little over

1 96,000 in Nevadans into health insurance plan in 2023. A fully developed marketing
2 plan for open enrollment period was completed and approved in September 2022
3 and production of the newly vetted messaging, Creative Concepts, began. Campaign
4 production included a full week across a variety of locations in Las Vegas and future --
5 diverse of local owned businesses and (inaudible) models. So we didn't use actual
6 actors this year. We used rural Nevadans, which I'm just so proud of and so happy
7 the Abbi Agency found these amazing Nevadans and they did such a good job and just
8 looked beautiful and we got to shoot where they actually had their businesses so it
9 was just an honor to do that. And then starting November 1, we started our
10 messaging -- or our window shopping messaging assets were pulled from traditional
11 or from the market and then we started our open enrollment campaign and open
12 enrollment press conference took place in southern Nevada in Las Vegas with our
13 director, Ryan High, kicked off the (inaudible) with multiple speakers, including
14 Congresswoman Susie Lee, the Southern Nevada Health District Director, of course,
15 our Chair, Dr. Florence Jameson, one of our brokers, Alberto Ochoa, and a consumer
16 that had testimonials for Nevada to seek free assistance and enroll in health
17 coverage. A public health fair with Nevada on Exchange insurance carriers followed
18 the press conference and we also had one in northern Nevada in Reno at the library
19 with some of our carriers, Nevada Health Link staff, and Community Health Alliance,
20 one of our navigator organizations. The purpose of this event was just to educate
21 and to inform Nevadans about health insurance through Nevada Health Link.
22 Through December 2022, the Abbi Agency worked on a creative campaign evolution
23 that focused on the urgency of the enrollment deadline and our countdown assets
24 were launched January 1st through the 15th. And the Abbi Agency and Marketing for
Change, our research company who subcontracted with the Abbi Agency, developed
and tested a variety of creative campaign evolutions from the open enrollment
period Plan Year 2023 campaign. These evolutions were meant to test the messaging
and best ways to deliver the message. Based on our research, the following
storylines were developed, all hinging on using local businesses to represent real

1 Nevadans. So we did the own boss and it depicts a barbershop, a food truck owner,
2 realtor, housekeeper, landscaper, being experts in the in respective fields with a
3 voiceover: our plans are made for your plans. We also did a food delivery driver and
4 a ride share driver illustrating that Nevada Health Link connects with independent
5 contractors and gig workers, the comprehensive health insurance. And then we'd
6 had our own ads for our taco truck, barbershop, and part-time worker as we know,
7 Nevada has a really diverse working population, and we really concentrated on the
8 top jobs in Nevada that aren't considered traditional and don't usually offer
9 insurance. We also kept our being there ad from our previous year that takes you
10 through a journey of a father and son as they grow up together and the son has an
11 accident and the father is there making sure that he has health insurance. And our
12 target audience identified for the campaign are currently enrolled, and need to re-
13 enroll, and those who had not enrolled yet: uninsured, Nevadans, rural Nevadans
14 individual and family statewide, 50-plus age group, 26-to-45 age group, young
15 invincibles, members of Nevada tribes, Hispanic, Latino, Asian Americans, Asian
16 Pacific Islanders, African Americans, and multicultural populations. We also created a
17 tribal guide this year that we were able to get out to all of our tribes with a
18 breakdown of all the benefits that they have. We're really happy about that. We're
19 going to keep expanding on that. We're working on revamping our tribal page on our
20 website too, make it a little bit more user friendly so that everybody understands all
21 the benefits they have through the Exchange. For public and media relations. The
22 Abbi Agency and Nevada Health Link were committed to reaching Nevada from all
23 backgrounds and to help them learn about affordable health insurance options.
24 Nevada is more diverse than ever, so we really have to hit on every single channel to
25 make sure we're meeting people where they're at. For open enrollment 2023, we
26 have highly effective tactics to reach these historically underserved communities as
27 well as our remaining communities in Nevada. Overall, the Abbi Agency and
28 Exchange allocated to spend broadly across diverse range of media channels to
29 ensure Nevadans are reached on all platforms that they frequent. So we did all of our

1 traditional, billboards, radio to build awareness of Nevada Health Link, an open
2 enrollment period through the exposure for Our Plans are Made for Your Plans
3 campaign, the blended, traditional and digital placements from partners like Las
4 Vegas Review Journal, the Reno Gazette Journal moved individuals from awareness to
5 consideration. We also have a lot of, like, not quite ads, but editorials in our rural
6 newspapers, which was really great and we had our brokers involved, our rural
7 brokers, and then also testimonials from consumers. As our call to action was going
8 to NevadaHealthLink.com and checking out the plans and finding a plan for them. For
9 the Earn Media Metrics, we had over 180 pieces of coverage with an estimated reach
10 of 2.7 million, which was very exciting. And then for outreach and community
11 relations, as I said before, we had our health fairs at the beginning of open
12 enrollment, which were very successful, and I look forward to continue to do those
13 every open enrollment, kind of build a yearly thing out of that. Additionally we've got
14 an ongoing community event participation, including attendance at all of the senior
15 expos, UNR home games, Vegas Chambers, and various community events. And then
16 Ericka of Aviles Consulting, who is another subcontractor with the Abbi Agency,
17 provided Hispanic and Latino collaborations with organizations serving in
18 underserved communities by facilitating and securing tabling events and sponsoring
19 those communities. And for -- overall for open enrollment most encouraging non-
20 enrollees to find an insurance plan that best suited to their needs. Really
21 encouraging that we have a lot of plan options. We can find something that works
22 for you and to come check us out. And we have messaging across all the social media
23 channels, Instagram, Facebook, Twitter, LinkedIn, additionally, TikTok was
24 incorporated into the regular schedule post on primary platforms, so trying that out
this year. We also work with, like, the City of Las Vegas to do joint TikToks, which is
really successful and we're happy with that. The content correspondent themes
outlined in the broader open enroll plan, including being your own boss, our plans are
made for your plans, the theme is bolstered through a wide range of age
demographics and shown through imagery that shows that healthcare is not a one-

1 size-fits-all situation relates to Nevadans or is for Nevadans of all walks of life.
2 Spanish content was also developed in a variety of social posts. And this year, also
3 for our open enrollment, we started doing Facebook Live with community partners,
4 which was amazing for me just to meet these community partners and hear about all
5 the great work they were doing and be able to promote them and promote ourselves
6 as well. We started off with the LGBTQ Center for Southern Nevada with Mona Lisa
7 Paulo (phonetic), Nevada Health -- oh, sorry, the Food Bank of Northern Nevada with
8 Nicole Embolli (phonetic), our quality assurance manager, Shea Herber (phonetic), we
9 talked about scams and how to make sure you're on the right website. And we also
10 met with the City of Reno and did one in Spanish with Councilman Martinez. All I
11 have for my report, and then I'll let Abbi Agency do their presentation.

12 DR. JAMESON: Thank you for that very thorough report. And I think the
13 only comment I can make after hearing about everything you did is wow, it is an
14 impressive report and as we now had it really a whole year that we weren't worrying
15 about COVID, as you guys have geared up again, the list of your event participations
16 has just -- it's just amazing. I can't imagine how much more you guys could have
17 done than you did. I just -- you guys didn't go the first mile, the second mile, you guys
18 really covered the territory in every media. And as we talk about last time, you're
19 expanding, you know Instagram, Facebook Live, TikTok. You guys really do rock. So
20 I'll look forward now to hearing the second half of your report from your partner but
21 first, cause that was a lot, are there any Board members or any other comments on
22 what we just heard? Just outstanding work. I'm checking through for any hands up.
23 Does anybody else see any other hands up? Not seeing any hands up because you
24 were so thorough, nobody has any questions they need to ask. We will move on to
25 the second half.

MS. ANDERSON: Well, thank you. Good afternoon, Dr. Jameson.

DR. JAMESON: Good afternoon.

MS. ANDERSON: And good afternoon to the entire Board as well. We are so
thrilled to be able to present these reports to you. I definitely have to give a huge

1 kudos to our entire team and our partners, Ericka Aviles and Marketing for Change.
2 Going into our second year, I think we really hit our stride as far as how we all work
3 together with the Exchange staff, and we are very happy to have the second best year
4 ever. Of course, we were hoping for the first but as, Dr. Jameson, you mentioned
5 with the economy the way it is, I think with the, the election, you know, there are
6 some factors out there outside of our control. So I'll share my screen and we will
7 walk through a few slides. I know that in October we showed you the campaign as
8 we were developing it and where we were going. We have some actual final assets
9 that we'll be showing you today, and then we'll be sharing some pictures of us at
10 events, we'll be talking about some of the website visits and paid media visits as well.
11 So first and foremost, going into this year, Plan Year 23, we wanted to make sure that
12 we were evolving and building off the brand awareness that has been developing
13 over the past many years, and then that we feel that we really capitalized on in Plan
14 Year 2022. We wanted to reiterate some key messages throughout to make sure
15 that, again, we were really tying health insurance to that core need that lives within
16 every individual. So we really focused on motivation, help, value, authenticity and
17 flexibility. And as Katie mentioned, critical to our campaign this year was real
18 Nevadans in real live places. This year we conducted a new partnership with
19 Marketing for Change and the Exchange data staff and QA staff where every other
20 week, so, you know, twice a month, we came together and looked at enrollment data
21 at that point in time to identify where we were at year over year, changes we were
22 seeing, and how we could change our outreach tactics to help identify any areas
23 where maybe we were falling behind from the previous year. Currently we are
24 working with Marketing for Change on two surveys, and we will have quite a bit of
25 data on those surveys next week, and then we can share at the following Board
meeting, but we are doing our annual public insight survey, which is a sample of over
2000 Nevadans where we're learning about their awareness of Nevada Health Link, if
they saw an ad, how they responded to that ad, and what their overall perception is.
So far, in the early review of the data, we saw 37 percent have awareness and

1 positive awareness of Nevada Health Link, so that's a great number and we can
2 compare that to our survey from last year and identify different growth that we saw
3 either through demographic information or geographically. We also are working on a
4 survey of all of the enrollees to understand more information about them and what
5 drew them to make that purchase because we want to find out what motivated them
6 and how can we use that in the future to motivate even more individuals to become
7 enrolled and get health insurance so that every Nevadan has health insurance. So
8 we're excited to report back on those surveys very soon to the Exchange staff and
9 then also to the Board in future meetings. I'll let Thaison talk about our three-phased
10 approach to creative.

11 MR. KAWAL: Thanks Connie. Hello, Board, I'm Thaison Kawal. I'm the
12 creative director here at the Abbi Agency. I know many of you have not met me, they
13 keep me locked up just working in the graphic design programs and whatnot but no,
14 I've been working behind the scenes for the last two years on this project and it's
15 been so fun to watch it grow and have everybody, you know, help get it to where it is.
16 So I just get the lucky part of presenting it to you. Like Connie said, we built this out
17 in a three-part series, of course starting with the window shopping period, right,
18 starting to get people ready and warmed up for open enrollment. You know, once a
19 year is almost here. Our messaging stayed very clear and concise, reminding people
20 that they can shop for plans and find assistance at Nevadahealthlink.com. And then
21 one great number we got to kind of ride the wave of was the amount of signups last
22 year. So last year, more than 100,000 Nevadans signed up. That is big momentum,
23 right, and when there's big momentum and energy, people want to be a part of that,
24 they want to grab onto it so we really bolstered that piece of data.

25 MS. ANDERSON: And I will play that video very quickly. We have just two
quick videos it's always fun to watch.

AUTOMATED VOICE: Once a year is almost here. Health insurance
enrollment opens November 1st. Now is your chance to sign up for qualified health
plans and lock in savings at nevadahealthlink.com. Don't miss this once-a-year

1 opportunity. Pick your plan now.

2 MR. KAWAL: Thanks, Connie. Like you said, we really -- the window
3 shopping period campaign was really graphically driven, right? We know open
4 enrollment definitely got into the characters and the people and the faces and the
5 personalities and to piggyback off what Katie had mentioned, we used real -- you
6 know, we didn't use any actors, we used real Nevadans and most of these folks were
7 in their real occupation. Some let us come to their -- you know, their food trucks.
8 Some let us come into their restaurants and, and others in barbershops. Like, we
9 really got to meet some awesome people. But what we, we got to do is focus on
10 occupations and in meeting Nevadans where they're at and showing that Nevada
11 Health Link has options for whether you own a small business or you just work for
12 yourself, you know, we've got many options here so here's some of the creative we
13 saw. This year was down in Las Vegas, last year was up in Northern Nevada in Reno
14 so we were able to change locations, get some different scenery and really show
15 more of the state, and for the rurals, watch out cause next year we're coming your
16 way. Next slide please. Again, some more creative, lot of interactive Pinterest ads
17 and social media, we did instant experience ads, and here's our taco truck video.
18 That's undoubtedly Las Vegas there.

19 AUTOMATED VOICE: (Inaudible) business, but word got out, you created
20 something special last year. Nine out of ten Nevada Health Link enrollees got
21 financial help on their health insurance. At Nevadahealthlink.com, our plans are
22 made for your plans.

23 MR. KAWAL: Just a quick one. I know everyone's seen the creative, so
24 but it's good just to show it one last time. So that would be the second phase of our
25 kind of approach. And then our third phase, right as the deadline is coming near, we
needed to, you know, remind people and don't put your health on hold was kind of
what we came up with. Again, another deadline message to get people to act and
kind of if they had put it off until then so. Yeah, I'll make it quick. I know we've got a
lot of slides. It's really nice to see and meet a lot of you and thank you for all the

1 kudos and support, and we look forward to next year. Thanks Connie.

2 MS. ANDERSON: (Inaudible.) I will turn it over to Julian, our Paid Media
3 Director to speak to our paid media strategy.

4 MR. TALLENT: Hi, everyone. Thank you. It's nice to meet you. Thanks for
5 the introduction, Connie. So what we do on our side of the world is put all of that
6 amazing creative in market in front of the right people. Building on top of that, we
7 heard the message and integrated highly effective tactics, targeting those hard-to-
8 reach communities as well as the general target audiences. In addition, we of course
9 leveraged our data-provider partnerships, census data to reach diverse communities
10 across the state and of course, those hard to reach rural areas. Some quick highlights
11 are that the traditional media garnered over 113 million impressions while the digital
12 media reached audiences on average of three to seven times per person, which is
13 good for retention of the ad space. In the rural Nevada, we had some traditional
14 print partners and digital channels that also geofenced (SIC) specific secluded
15 communities so what that means is that we definitely heard that we had to be in
16 every community and we put little tiny fences around them to reach them with the
17 right ads at the right time, the right amount of times. As well as diverse communities,
18 these are some tactics listed to help reach across Latinx, African American, and the
19 Asian-American Pacific Islander. So again, it was a mix of all these tactics and
20 channels paid social, YouTube, et cetera. Next slide please. And on this slide you'll
21 see broken out, I want to point out the big number, of course, those impressions I
22 just previously mentioned. However, the biggest thing here to note is that our added
23 value was over 140, 40,000 (SIC). What that means is that we leveraged our
24 relationships building on top of consecutive years of partnerships and collaboration
25 and additionally, we were able to negotiate heavily on behalf of Nevada Health Link
with any new publisher partners in the space. Thank you. Next slide. And then you'll
see our traditional -- or I'm sorry, our digital broken out here. Again, those numbers
just mean that's a frequency. That 44 million is a frequency of three to seven on all
the tactics that we use so each time, that's how many times they saw it per tactic.

1 Again, some of the highlights here to note the smaller numbers on the bottom are
2 the increases of percentages from the previous year. Again, we take these numbers
3 and we keep honing in, optimizing, and try to get 'em in the right place. So the
4 bottom left, I also want point out, and this could be due to the political landscape, is
5 that we had a drop in CPC (phonetic), which is good for us. That means everybody
6 was exhausted of all the political ads and then in our window at the end of the year
7 and right in the beginning of the New Year, it got less expensive for us, meaning our
8 marketing dollars were more effective. Next slide please. Again, here are more
9 numbers to show how the campaigns broke out with the key messaging. Again, what
10 we take from here is interest in ads. We see a click-through rate for window
11 shopping above a 3 percent, which is good as that's definitely recognizable as that's
12 what happens during open enrollment in the pre-phase. That's when people first
13 start hearing about it, employers, and et cetera. And then the bottom we have
14 combined the open enrollment and the deadline numbers. And from here our goal is
15 of course to get those people signed up right away, but at the end we really make
16 sure to reach them and that's why there's, of course, more dollars spent here. Next
17 slide, please.

14 MS. ANDERSON: This shows the breakout of English and Spanish.

15 MR. TALLENT: Yes. Perfect. Thank you. So and finally we have the
16 English and Spanish metrics, which tells us how we're splitting our message to our
17 language speakers. But beyond the numbers, what we do on the backend is continue
18 to measure creative comparisons from Thaison's team, and then we hone in on which
19 images resonate best with our audiences and leverage those. And next I will pass it
20 back to Connie for some web analytics. It's nice to meet everyone.

20 MS. ANDERSON: Absolutely. Thank you, Julian. So our goal, of course
21 through all this, is to make sure that people are aware of Nevada Health Link as an
22 option and then to drive them into converting, right, and encourage them to actually
23 take that next step, shop for a plan, pick a plan, and then enroll. We were very -- we
24 made quite a few updates leading into open enrollment and throughout open

1 enrollment to optimize the website. We created landing pages that were both in
2 English and in Spanish and then on the Spanish page, the Spanish landing page, we
3 created a searchable broker and navigator tool where individuals could search for
4 brokers and navigators close to them that spoke Spanish. We are very excited about
5 that tool and we can absolutely use it in other Nevada Health Link pages down the
6 line. We also created and focused on SEO this year, and what SEO is is Search Engine
7 Optimization. As Katie mentioned in her report, we did a Facebook Live about scams,
8 and the scammers were out strong this year. If you were googling Nevada Health
9 Link, health insurance in Nevada, there was a lot of ads put behind that and so we
10 were counteracting that with ads. We also wanted to make sure though that if
11 somebody were looking below the ads, Nevada Health Link was always the first
12 option that popped up and that we were the trusted organic source. So our search
13 engine optimization efforts included updating Meta descriptions as well as back-
14 linking strategies to ensure that we were the number one organic source, and
15 throughout Bing and Google we were that. Year over year, we saw 13 percent
16 increase in total users coming to this site so that is phenomenal to see that more and
17 more people were going to the site. Here is overall some of those key analytics: but
18 350,000 total users came to the site; those users had total sessions of 738,000; and
19 then over 16 million page views. That of course, is a high number. As you know
20 when you're going through the enrollment process, there are quite a few pages once
21 you learn about what you're going to select going through and actually completing
22 that application. However, we did see those pages per session and session duration
23 go down year over year. We were glad to see that. We want people to get through
24 that application process easier with less time and less pages. So we've been working
25 with Get Insured and the team on that leading into open enrollment and we'll
continue to do so year over year, and we've been very thankful for the partnership
that they've provided to help bring those numbers down. So they are small year-
over-year decreases, but still important year-over-year decreases so we were glad to
see that. The bounce rate did go up year over year. It is still well within an

1 acceptable range and much less than other websites. Here is just some highlights of
2 traffic by channel: overall, 33 percent of people who came to the Nevada Health Link
3 website were driven there by paid media efforts. We saw that Twitter, Google, and
4 Facebook drove people there the most. We aren't surprised to see Google up there.
5 Oftentimes you see TV ads, you see a billboard, you even see something on digital,
6 your social media feed, and then finally you choose to go to Google or another search
7 engine platform and then type in Nevada Health Link health insurance and then you
8 get there from that. Overall we saw that many people were on the homepage, then
9 were finding specific information about open enrollment, and then finally going to
10 the login page. We still saw most users coming from mobile devices, which is typical
11 with how people interact with the website. We saw 35 percent on their desktop
12 which means that, you know, as users are going through the process, they likely are
13 switching to their desktop. We saw primarily male just 55 percent, so not too high
14 but of all the users on the site, 55 percent were male and then as you may expect,
15 the majority of the users of the site are between the ages of 25 and 54. Overall, 47
16 percent of the site visitors were from Las Vegas, Reno had 11 percent of site visitors,
17 and then the trailing metros after that, or geographic areas were Carson City,
18 Pahrump, Elko, Mesquite, Ely, Eureka, and Fernley. Interestingly, just a fun fact, year
19 over year, Ely and Eureka had a very large, over 1,000-percent and then over 2,000-
20 percent increase year over year. We think a lot of that is because, as Julian
21 mentioned, in our paid media we did specific geo-fencing focused on those rural
22 areas, and so we were able to see increases year over year of them coming to our
23 website so that's great. And then blog performance, we focus on the blog a lot
24 because that helps with SEO. You know, the more new website content you put on
25 your site, the amount of back links you have, the amount of content we can talk
about helps us to rank higher and then of course, it encourages people to see us as
thought leaders that we are. So our blog this year had 8,700 page views, and the
time on page was over three-and-a-half minutes, which is great. It means that the
blog content is relevant, people are reading it. We also had a lower bounce rate on

1 the blog than on our overall site, which means again, when people are being pushed
2 to the blog, they're seeing it as a valuable resource and they're staying there. Our
3 newsletter performance was up year over year, so that was great news. We had an
4 open rate of 19 percent, our clicks were up to 738,000 clicks, which is great, and our
5 click rate was up. Overall, though, we sent less emails, so that means that people
6 were receiving less emails, we were targeting them better to our audiences with the
7 right content, encouraging them to click through. And then I will turn it over to Alexis
8 to speak to public relations.

9 MS. KEITH: Hi everyone. I'm Alexis Keith, the PR manager at the Abbi
10 Agency. So we implemented a strong public relations strategy to reach consumers
11 with messaging about open enrollment. So as Ryan and Katie had mentioned before,
12 we kicked off really strong with a press conference with the Southern Nevada Health
13 District and a health fair to follow. For one of the first and only times, we've ever had
14 all carriers in the same room for our consumers to be able to talk to about their
15 different plan options and get to know the carriers, and we also implemented an
16 event later in the week in Northern Nevada at the downtown Reno Library and
17 invited consumers to come and talk to some of the brokers and get information
18 about enrolling. And additionally, in that first week, we helped organize a round
19 table for Ryan to speak with the US Secretary of Health and Human Services. So
20 really kicked off strong even with there being the election within the first week of
21 open enrollment, and there was an event with Obama on the day of our press
22 conference. Despite all of that, we still had really strong turnout and press for the
23 opening week of open enrollment and we really continued that momentum
24 throughout open enrollment with continued press releases, media pitches, dozens of
25 interviews with Ryan and Katie and others, and so during open enrollment, we really
26 tried to focus on a diverse set of voices within our PR strategy as well. So, for
27 example, we had, you know, Board member Dr. Jameson join our press conference,
28 we had broker Alberto Ochoa join our press conference as well and do a couple
29 media interviews with Ryan. We also secured a couple of consumer testimonials as

1 well, which we were able to drive on social media as well as placing an op-ed. So
2 really a driving force all around with raising awareness towards open enrollment and
3 reaching the consumers. We also really wanted to get a better understanding of
4 what some of these consumer challenges are. So as Connie had mentioned, with the
5 scams and discount plans really affecting consumers with the advertising side, we
6 were also wanting to make that a priority on the public-relations side to continue
7 spreading awareness on how to get enrolled and doing interviews around that so that
8 consumers know to go directly to Nevadahealthlink.com, do not give your phone
9 number to any of these scammers out there and, you know, the frustrations of
10 getting hundreds of robo-calls and Nevada Health Link often taking the blame for
11 those calls. Even though we know it's not from us, there's so much confusion there,
12 so really trying to amplify that message through our media efforts as well as we did a
13 Facebook Live around that, and there were blog posts, so really tying all of those
14 messages together. Additionally, we understood that there were some challenges in
15 the rurals and for PR to get a better understanding of what these challenges are, we
16 set up individual phone calls with the brokers in several of the rurals. I think we
17 talked to three or four different brokers who are based in our rural counties to get an
18 understanding of where these folks get their news, for one, who is a trusted source
19 for them to get this information, and as well as what are these challenges to
20 enrolling, what are the barriers to them. So these phone calls were very helpful and
21 towards the end of open enrollment, we were able to secure a handful of placements
22 in the rural areas. Knowing that this is where they consume their news, we had a
23 couple different op-eds from the rural brokers that were able to directly talk to these
24 consumers and let them know they have someone in their area who understands
25 what they are going through and can help them get insurance. So that was a priority
for us throughout open enrollment as well as our multicultural PR efforts, which
Ericka will speak to in a moment. But from all of this, we resulted in over 184
placements, 2.7 million estimated coverage views. We knew it was a priority to get
more face-to-face interviews and we did so with about 18 different interviews. I'm

1 sure Katie and Ryan are, like, interviewed out with how much they were doing
2 towards the end of open enrollment, as well as placed about four different op-eds
3 and letters to the editor with messaging around open enrollments and 25 back links
4 from our online placements. And then here to the right, there are some photos of
5 Ryan speaking at the press conference. We had high praises from Susie Lee's team
6 saying it was one of the most colorful and visually appealing press conferences
7 they've ever seen as compared to the ones they do up in Washington DC. So that was
8 huge compliments but overall was really, really strong on the PR side. And I will kick
9 it over to Owen to talk about community relations.

10 MR. TRUESDELL: Good afternoon, Owen Truesdell from the Abbi Agency. I
11 can speak a little bit to community relations, which we do throughout the year and is
12 intended to be an additional amplification effort of our public relations and paid
13 media and creative efforts. In particular, our goal is really to have a in-person
14 physical presence in all of our communities, but especially our target communities
15 around multicultural, Hispanic, black, African-American, and AAPI audiences. We also
16 do quite a large number of sponsorships in order to get the Nevada Health Link name
17 out in the community so that folks are seeing our name in multiple places and we're
18 really reinforcing the fact that we are present in the community and have folks who
19 are available to speak in person through our great navigators and in-person assisters.
20 In particular, we really do look to have a wide number of events in southern Nevada
21 and northern Nevada. We understand that we are limited in our ability to have an in-
22 person presence in the rurals though that's obviously something we are continuing to
23 try and navigate around. And lastly, we use these events as an opportunity to kind of
24 add media value in terms of PSAs, radio remotes, and social sharing. That's one of
25 the things I think we did a really nice job of this year, building off of last year's efforts,
is making sure that we -- not just that we were at these events, but that we were
capturing photos and worked with Ryan and Katie's team, especially Griselda
(phonetic), who was new to the Nevada Health Link team this year, and really making
sure that all that information is shared with our navigator partners. So, Connie, if you

1 can hop over to the next slide you can see just a little bit of the number results. We
2 attended 68 events during the window shopping and open enrollment period with 23
3 event sponsorships. Navigators reported more than 80,000 event attendees and
4 nearly 20,000 participant interactions. We also put a list of some of the events that
5 we attended. I think the really big thing that this aspect of the work does is highlight
6 that in-person assistance and the fact that that Nevada Health Link does put a lot of
7 effort into making -- navigating health insurance and getting health insurance as easy
8 as possible and so I think that these in-person events really do underscore that brand
9 value. And so we continue to do that work throughout the year, and I can turn it over
10 to Ericka to speak a little bit about our multicultural engagement in particular.

11 MS. AVILES: Thank you. Owen. Can you hear me?

12 MS. ANDERSON: Yes. Thank you.

13 MS. AVILES: Awesome. Thank you. My name is Ericka Aviles with
14 Ericka Aviles Consulting. It's such an honor and pleasure to be with you today and I
15 am grateful that we've had another full year of really working really closely with the
16 Abbi Agency and Marketing for a Change and all of the different Board members and
17 the team at Nevada Health Link and how grateful we are for the opportunity to keep
18 growing our presence, building that trust on behalf of Nevada Health Link, and really
19 building that rapport and it makes me so full of joy and pride when I'm able to share,
20 you know, across with the community, across the state, all of the different tactics and
21 resources that Nevada Health Link and the Exchange continues to invest in the
22 community, not just from an advertising, but from a PR community outreach because
23 I think that is Nevada Health Link is who other entities look up to, right, as someone
24 who is doing that, who is doing that, and really making sure that we're engaging with
25 the community, not just during open enrollment, but during the year all around, and
that's something we're working on and continue to work on this year on building
those relationships. And we had some great successes on previous relationships,
established on, you know, amplifying those during open enrollment and really
working with our media partners, our stakeholders, and taking those relationships

1 and opportunities to the next level by curating special events and community
2 sponsorships as well as curated pitches because we understand a scam may look
3 different from, you know, depending on the audience, right, and really making sure
4 that the trusted voice or the partner delivers that message. So it was really great
5 working with the team on some of these entities. So really that multi-pronged
6 integrated approach, you know, and having as well as Connie mentioned, the landing
7 page in Spanish, having the application now for the first year in Spanish, having
8 continued content, right, I think it just really continues to resonate with the
9 community, and I think why more partners continue to want to collaborate and really
10 amplify those relationships throughout the state. So this year we worked closely with
11 entities such as Clark County, which donated PSA time across their Channel 4 station,
12 city of Las Vegas, and then for a first time, the city of Reno recently launched a
13 Facebook channel in Spanish and we were one of the first to have a conversation with
14 the newly elected Councilman Martinez, right? So it was really making sure that we
15 stay on top of trends and opportunities and, you know, taking care of our
16 relationships to identify win-win opportunities. And that's, you know, things that we
17 were able to do with the, the African (inaudible) for solutions for change, reach, and
18 really come up with innovative ways that we can continue to amplify open
19 enrollment, but finding these other, you know, things that the entities may need
20 support with, such as the scams or such as, you know, support with speaking with the
21 community in person, you know, and just hearing and listening and coming back to
22 say here are solutions, right, from mixed-status, family information to, you know
23 public charge and making sure that we were listening and coming up with those
24 partnership elements that could help better serve our audiences, and really taking
25 some of those -- thank you, Connie, some of those relationships that we established
last year and taking them to the next level as we prepare this year with entities such
as the RTC, Workforce Connections as we try to hone in on our target audiences and
continue to amplify those, so we look forward to sharing more on what those are
going to look like this year. And just from an overall, you know, communications

1 approach, right, it was really awesome during open enrollment working, as Julian
2 mentioned, not just leveraging on our paid component, but as well as leveraging
3 these added value opportunities. So through our paid advertising, we were also able
4 to secure radio remote so across the state, anywhere that various radio stations were
5 at, we were able to display, have information handy, and get those, you know, DJ
6 mentions as well as they were at small businesses, shopping centers, things of that
7 nature. This year we also had paid advertising at Mariana Supermarkets here in
8 southern Nevada and they over-delivered, right, in terms of what that -- you know
9 what they said they were going to do and just making sure that we continue to
10 amplify the message as our community was ordering their delicious tacos and soft
11 drinks. If you've never been to Mariana's, I invite you to and really just, you know,
12 grassroots and as we -- as a lot of you know, meeting our community where they're
13 at and, and making sure we're getting creative, and I was so honored to work with
14 Griselda and Gina, and that's another great thing with Nevada Health Link, is the
15 amount of Spanish speakers that you have at the entity that we can lean on to be
16 those continued experts that speak the community's language, that look like our
17 community, you know, even the CFO right, was able to join in and meet Councilman
18 Martinez in Reno and making those relationships and those connections. So we did a
19 whole media blitz across southern and northern Nevada, worked with our partners,
20 we're at supermarkets, radio remotes, and incorporating those back to social media
21 and making sure that our community saw and we incorporated more video targeted
22 posts to make sure that we were also highlighting and thanking our partnerships as
23 well as through our own database of stakeholders for our entity making sure that we
24 were being timely when it was specific call to actions with the toolkits, with the video,
25 with the content and I think it, you know, shows with the 35-percent open rate on
average that we got across all of our email blasts, that it's something that the
community continues to be hungry for that information and I think, you know, as
Thaison and I applaud, you know, everyone that worked, right, is making sure that
everything looks -- is authentic and meaningful in our message and in our content

1 because it continues to resonate, and whether it is they go on the website or they tell
2 a friend or they tell a family member, I think it's just continuing to build on that trust
and that success for years to come. So thank you for the opportunity.

3 MS. ANDERSON: Thank you so much, Ericka. We'll quickly go through social
4 media. As mentioned, our team, the Abbi Agency and Erica Aviles worked very
5 closely together to share both English and Spanish content on social media. That was
6 a high priority for us to make sure we were engaging all of our different target
7 audiences. We focused on health issues throughout open enrollment. We wanted to
8 make sure that, again, individuals saw Nevada Health Link as thought leaders, a
9 trusted partner in their healthcare and in their health. We didn't want to just push
10 enrollment consistently but again, create the awareness, the reason, and then again,
11 that opportunity to convert. We wanted to share a few social media highlights that
12 everyone has talked throughout, but partnership collaboration was very critically
13 important, making sure that we were collaborating with our partners, engaging with
14 them on social media, and that they were engaging back. We shared different
15 community testimonials both from business owners as well as from Laura Packard
16 (phonetic), who was a cancer survivor, a health advocate, and had enrolled on the
17 Exchange. We also partnered with the city of Las Vegas on a TikTok and Instagram
18 real collaboration. You can see their team, Katie was a part of it, and then a team
19 member from our team was a part of it and those were done right in the last week or
20 so before open enrollment ended, and we had very high views on those. We were
21 very thankful to the city of Las Vegas for sharing those videos on their platforms and
22 it was great to be able to share them on Nevada Health Link platforms as well.
23 Overall, we had 2.7 million impressions on social media, which is quite high. It was a
24 slight downtick. We do think that with the election right at the beginning of open
enrollment, there was a few people taking a backseat and then of course, as you
know, with Twitter, there was some changes in their ownership and how many
people were on Twitter throughout fall, so we saw that decrease but what we saw
increase, almost double, was our total engagements, which is great, and our

1 engagement rate going up. So even though we had a few slightly less impressions,
2 we had more people engaging in the content, which means we were delivering the
3 content that individuals wanted to see and they wanted to engage with. We feel that
4 this was mainly driven by our highly video driven strategy this year. We had over 2
5 million video views, which means that we were sharing videos, individuals were
6 watching those and engaging with those, so that was great to see. We shared here
7 just some of those posts on Facebook and Instagram that performed very well.
8 People seemed to very much like our Happy New Year post but overall, we also saw
9 posts that featured the Nevada Health Link team perform very well. And then on
10 Twitter, LinkedIn, and TikTok, we wanted to share some of those posts. We saw a
11 great engagement of the testimonial piece, some definition pieces that we did, and
12 then finally on TikTok, the video from last year showing the father and son, but again,
13 a great example of us reusing content. And that wraps up the marketing report for
14 this last open enrollment campaign, and we're happy to answer any questions
15 anyone may have.

16 DR. JAMESON: Thank you so much, Connie. That was an amazing report
17 and before I have any comments, I'll just reach out to our Board members. Any
18 comments or from anyone else, is there any comments or questions for Connie?
19 We've put her on the hot seat now.

20 DR. FRIEDMAN: Can I go ahead and ask a question? This is Sarah Friedman,
21 and that was an absolute tidal wave of different approaches, and then so cool, and I
22 also really appreciated the data that you provided across all of these different
23 approaches. And, Connie, you mentioned sort of using that data to modify your
24 approach over the course of open enrollment, which sounds really interesting and I'd
25 love to hear more about, but I also have another question about the data from the
26 website, the demographics, and I'm wondering if it sort of maps to the target
27 audience of remaining potential customers for the Exchange in terms of demographic
28 breakdowns. So I'd be interested to hear your thoughts about that.

29 MS. ANDERSON: Yeah, absolutely. So on the first question about how we

1 used data and -- from enrollment data and then changed our approach, one big
2 example was that we saw at the beginning of open enrollment, Washoe County was
3 falling behind year over year and Clark County was at the very beginning, very high
4 year over year. And so we actually shifted some of our budget to doing more TV
5 advertising in Washoe County specifically. We also saw that some of our rurals, many
6 of our rurals were down year over year at the beginning and so we implemented
7 more geo-targeted strategies towards the rurals, and that's where we also used PR at
8 that time to jump in. We did the rural broker interviews that Alexis talked about and
9 then placed a few different op-eds and letters to the editor in rural counties, and
10 then over time we saw the increases in rurals more match last year. So that was
11 really exciting to be able to see that data. And then I think that our efforts helped to
12 change the tide a bit in those areas. And then secondly, looking at website data and
13 demographic data, we are seeing that the website data is very tied to the new
14 enrollees coming in, so some younger enrolls. We did actually see that male and
15 female was very equal in our enrollee data, but like I said, our website data showed a
16 little bit higher percentage of males, and then we do intend to overlay our website
17 data with census data and what we know about the uninsured and identify how do
18 we target these pockets more. So that's absolutely part of our next steps as we plan
19 for, you know, our off season campaign and then next open enrollment.

16 DR. FRIEDMAN: Sounds really smart.

17 MS. ANDERSON: Yeah. Yeah, that's --

18 DR. JAMESON: Connie. Thank you. Were there any other comments? I
19 didn't see any other hands up. If I did miss, just speak up. I just wanted to say,
20 Connie, I look forward to hearing the results of the surveys you started off with and I
21 was wondering, do you think that they will be coming between the meeting or by the
22 next meeting?

22 MS. ANDERSON: We will have them -- we will be presenting to Nevada
23 Health Link staff next week, so if we can email out afterwards, I'll defer to Ryan and
24 Katie, but we can email the Board those at that time and then follow up and present

1 at the next Board meeting. So they will be done before the next Board meeting and
2 however we can communicate those to you, we will.

3 DR. JAMESON: Thank you. And Connie, I want to congratulate you on that
4 decrease in your session time --

5 MS. ANDERSON: Yes. (Inaudible.)

6 DR. JAMESON: -- and also increase in your -- you know, open rate. It's just
7 really amazing. I remember when we had quite a bit of difficulty even getting people
8 not just to have a shorter time, but just getting them through in the early days,
9 couldn't even get 'em through so the success rate of them being able to completely
10 enroll and to do it in such a short time, this is, like, totally miraculous. And I just
11 wanted to say, you know, as someone just alluded to, you know, we might -- we've
12 wrapped up open enrollment, but we'll be going into the rest of the enrollment for
13 the rest of the year, (inaudible), you know, not over yet this year, not completely
14 (inaudible) of course, the public health emergency ends, we look forward to -- out of
15 need to be properly and efficiently transferred. And I know last time, I believe, Ryan,
16 you had mentioned how many potential new members we might have join us during
17 this transition, and I don't remember the amount. Did you say something before?

18 MR. HIGH: For the record, Ryan High. Dr. Jameson, those numbers
19 are always fluctuating and as we -- closer to April, we'll probably have closer
20 numbers. But I want to say that the last numbers I had heard publicly was at a
21 presentation at the legislature last Friday and possibly, possibly up to 200,000 or so,
22 Medicaid enrollees may be found -- re-determined ineligible when they start doing
23 these redeterminations. Now that's over a 12 to 14 month period, it's not all at once,
24 but those are the latest numbers I had heard publicly spoken.

25 DR. JAMESON: And that is an incredible number of opportunities for the
organization, the Exchange, and you certainly have postured yourself to capture as
many as, as humanly possible. And then I wanted to say to our marketing that, again,
the testimonials were amazing. They were such great testimonials and if anybody
listening today hasn't seen 'em, I hope you'll go on the website, try to see a couple

1 they have there, but they were just amazing. Ryan, I just wondered when would the
2 automatic voter enrollment start taking place.

3 MR. HIGH: That date is to be determined, but we will be following any
4 changes to that legislation from last session. We'll be following that this session to
5 see when that will actually happen. There are some dependencies that I think the
6 Secretary of State's Office had to do first to then incorporate the different agencies
7 that have been named automatic voter registration agencies but I want to say the last
8 time I looked at the legislation last year, it would've been 2024. I just don't know
9 where they are in their processes to have their process set in stone for us to then
10 integrate with them.

11 DR. JAMESON: And then --

12 MR. HIGH: I can give an update -- I can give an update at the next
13 Board meeting if that would be helpful.

14 DR. JAMESON: Yeah, that would be nice. We can put it on our agenda.

15 MR. HIGH: Sure.

16 DR. JAMESON: Then we had talked about, you know, the family glitch
17 being fixed and that the ability to recalculate was on our website.

18 MR. HIGH: Mm-hmm.

19 DR. JAMESON: Was that on there from the onset of the open enrollment?

20 MR. HIGH: It was. It was. We got it in before open enrollment
21 started.

22 DR. JAMESON: That was close, and that was great work. What I'd like to
23 do is, if there are no other questions, other than say thank you so much to our PR and
24 marketing, I'd like to move on to a few of these action items, and is that all right now
25 if we move on to that, Ryan?

MR. HIGH: Yes.

DR. JAMESON: The Tribal Sponsorship Program implementation and
waiver for the Tribal Exchange representatives, we wanted to ask for a vote, is that
correct? A motion?

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MR. HIGH: Yes.

DR. JAMESON: Yes. So --

MR. HIGH: Tiffany Davis, if you -- do you need a quick summary or are you good to vote on this, Madam Chair?

DR. JAMESON: I'm fine to vote on it, but if any other Board members, we did talk about it last time.

MR. HIGH: Mm-hmm.

DR. JAMESON: And so if there is a motion for the Tribal Sponsorship Program implementation and waiver, the waiver for the tribal Exchange representation, I would like to -- can somebody make a motion?

MR. MELENDREZ: So moved.

DR. JAMESON: Mm-hmm.

MR. MELENDREZ: So moved, Jose Melendrez.

DR. JAMESON: And a second?

MR. BRANCH: I'll second, Quincy Branch.

DR. JAMESON: Thank you, Quincy. Were there any questions on this issue or discussions? Hearing none, then everybody in favor, if we could say yes or yea.

MEMBERS: Yea.

DR. JAMESON: Do I have any opposition? And hearing no opposition, then that would be passed, and I look forward to hearing more about the implementation of this Tribal Exchange representation. And do we have any idea, Ryan, as this comes to fruition, what kind of membership we might be looking at increasing here?

MR. HIGH: I don't think we have those numbers --

DR. JAMESON: Uh-huh.

MR. HIGH: -- that are available right now, Dr. Jameson. Tiffany, if I can ask you, do you happen to have any updates on this or any information on possible population size this might affect?

MS. DAVIS: Tiffany Davis, tribal liaison for the Silver State Health

1 Insurance Exchange for the record. Honestly, that is a great question and I'm going to
2 -- when it comes time for public comments, I'm sure Angie Wilson could give us more
3 insight on that. She's a lot -- very, very familiar with the population sizes. I know she
4 knows specifically for her clinic what they're looking at and her numbers, so I'm sure
she could expand upon that at public comment for you, Dr. Jameson.

5 DR. JAMESON: What I would like to do -- thank you so much. Let us move
6 right on to the adoption of the 2024 carrier premium fees to be charged to our
7 insurers. We've seen this on the website posted under the notice of hearings of fees
8 to be charged to insurers, and I would like to at this point ask for a motion to adopt
the 2024 carrier fees to be charged to insurers.

9 MR. MELENDREZ: So moved, Jose.

10 MS. LEWIS: Lewis, and I move adoption of the (inaudible) fees charged
to insurers.

11 DR. JAMESON: Perfect. Thank you, Lavonne, and everybody in favor? Oh,
12 any discussion or questions on that? Okay. Hearing none, then everybody in favor of
13 passing the motion to adopt the 2024 carrier fees to be charged to our insurers say
14 yea.

15 MEMBERS: Yea.

16 DR. JAMESON: Good. Any opposition? Hearing none, and I think Quincy
17 was just scratching his head because I heard him say yea, then the motion is passed.
18 And then finally if the Board members had any other comments or questions,
otherwise we'd go to discussion of possible actions regarding dates, times, and
19 agendas for future items.

20 MR. HIGH: Madam Chair, Board members, the next planned meeting
is for June 22nd at 1:30 PM.

21 DR. JAMESON: Very good. And it sounds like we'll have some additional
22 information on both the survey results and on how the Tribal Exchange is going and
23 representatives is going. And was there any other follow-up that the Board members
24 wanted to request? Hearing none, then I think it's time for our public comment. Was

1 there any public comment from north or the south?

2 MR. MELENDREZ: I see Angie Wilson has her hand up.

3 MS. WILSON: Hi, there. Thank you so much. First let me just say this is
4 such a great day. It's very exciting that the Nevada Health Link Board of Directors is
5 supporting the tribal enrollee representation so we can start moving down this path.
6 I know our tribal leaders will be looking to get the feedback from today's meeting. I
7 want to thank all of you for voting on this and supporting this effort. It is so greatly
8 appreciated. Just to give an idea on the size here of the amount of American Indians
9 and Alaskan natives we see here just at the Reno Sparks Tribal Health Center and I
10 know, you know, we have other tribal health centers represented here as well with
11 their own patient population, we serve about 8,000 active American Indians, Alaska
12 Natives just here at this clinic and while we have several of those that are eligible for
13 Medicaid, we are actually looking at offering these types of services or tribal
14 sponsorship for the majority of our remaining patients here within our tribal health
15 center. So we're very excited for this, very -- looking forward to it. The one
16 additional comment I just wanted to add is I think it's exciting to hear all of the
17 marketing efforts happening in the state around other ethnic populations and I would
18 propose the Board to consider options to allow, you know, marketing, the marketing
19 firm to be able to print some of the print material in Paiute, Washoe, and Shoshone
20 language as well. Those are the primary languages of the Great Basin Tribes here
21 represented in Nevada and we'd be very pleased to be able to work with you all in
22 that effort as we market these types of services to our tribal communities. So thank
23 you again so much for today's effort. This is a day that will go down in our history
24 here with our tribal health directors and our tribal leaders. Thank you so much.

20 DR. JAMESON: Angie, thank you so much for your current support for the
21 Exchange as well as the early support that you gave when you were a former member
22 of the Board, and thank you so much for the support of this minority group in our
23 state. And I know -- I never get tired of saying it, but as we know, every person is of
24 infinite value, and so their health is so important, and thank you for watching off for

1 this minority population that they are not marginalized and lost. Thank you so much.
2 Angie, did you -- that hand up is from before. There was nothing else? Any other --

3 MS. CHARLESON: Katie Charleson for the record. Hi, sorry. Real quick, thank
4 you, Angie, and I just want to let you know that I will connect with you and we'll work
5 on getting those resources translated and that's great.

6 MS. WILSON: Thank you.

7 DR. JAMESON: So I'd like to again thank Ryan High, our director for the
8 amazing leadership and his entire staff for the strong work they did in the open
9 session. And I thank them as we move forward because of all of the wonderful work
10 they've done, everything they've laid out so that we're going to be able to capture
11 many more individuals this year with the end of the public health and with our new
12 Tribal Exchange representatives, and it's just really exciting. Undoubtedly, by the end
13 of this year, we will reach probably our all-time high number. I thank everyone for
14 this amazing support on this program of the Exchange and making sure every
15 Nevadan has healthcare. Were there any other questions? Hearing none, I think we
16 could just entertain a motion to end. And again, thank you everybody, also PR and
17 marketing. Amazing.

18 MS. LEWIS: (Inaudible) adjourn.

19 DR. JAMESON: All right. I'll entertain that motion. Everybody in favor,
20 aye. Thank you again so much for your time. To our Board members, bless you and
21 have a wonderful day.

22 MR. HIGH: Thank you.

23 DR. JAMESON: Thank you.

24 MR. HIGH: Take care.

25 DR. JAMESON: Take care.