

1 SILVER STATE HEALTH INSURANCE EXCHANGE

2 BOARD MEETING

3 THURSDAY, OCTOBER 12, 2023

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7 T. DAVIS: Good afternoon, everyone. This is Tiffany Davis
8 from the Silver State Health Insurance Exchange, and we're just waiting for
9 our Board members and a few others to join us today. Thank you for your
10 patience. Welcome everyone. Tiffany Davis for the record. We're just
11 waiting for a few more to join us before we get started. Thank you.

12 JAMESON: Greetings, everyone.

13 COOK: Good afternoon, Madam Chair.

14 JAMESON: Good afternoon. And it is wonderful to see you in
15 your new role as Executive Director.

16 COOK: Thank you. Seems to be--oh, I didn't mean to cut
17 you off. Sorry, ma'am.

18 JAMESON: Oh, how are you doing?

19 COOK: I'm doing well. Um, I had hoped to join you from my
20 palatial new director's office today, but unfortunately my family and I are
21 a little bit under the weather, so I'm joining you from home today. But
22 very pleased to be here and grateful for the opportunity.

23 JAMESON: And we are blessed to have you as well as the rest
24 of there are amazing staff.

25 COOK: Well, we're all pleased to be here. I'm going ask for

1 your patience today and to please bear with me. This is my first time
2 facilitating one of these meetings, and while Tiffany spent a great deal of
3 time prepping me for it, I may still have some questions along the way. So,
4 your patience and understanding is appreciated.

5 JAMESON: When looking at the agenda, it looks pretty
6 straightforward today, so I don't think there'll be any hurdles, and your
7 report is excellent.

8 COOK: Well, thank you. Um, I--if we're ready to begin I'm
9 happy to, uh, initiate the roll call at any time, Madam Chair.

10 JAMESON: And who would know--Tiffany, who would know if
11 we have our quorum?

12 T. DAVIS: Madam Chair, I have been monitoring who has
13 joined us, and so far, it looks like we have a quorum, but then Russell
14 Cook, after he does roll call, we'll confirm that.

15 JAMESON: Oh, excellent. Well then, our chief Executive
16 Director, Russell Cook, would like to call the order to call the meeting to
17 order. And welcome everyone and thank you very much for making time in
18 your very busy schedule to join us today for our Board meeting. Uh, and
19 we'll go ahead and proceed with roll call and any announcements.

20 COOK: Thank you, Madam Chair. I'll begin the roll call
21 now. Dr. Florence Jameson?

22 JAMESON: Present.

23 COOK: Wonderful, Ms. Valerie Clark? Ms. Valerie Clark? I
24 thought I saw you on the roster here.

25 T. DAVIS: Russell, it looks like she's just joining again.

1 COOK: I see. Okay. Oh, there you are Ms. Valerie Clark?
2 Wonderful. Uh, we'll mark you down as present. Ms. Lavonne Lewis?
3 LEWIS: Present.
4 COOK: Wonderful. Dr. Sarah Friedman?
5 Dr. Sarah Friedman?
6 FRIEDMAN: Present.
7 COOK: Present. Thank you. Mr. Jonathan Johnson?
8 JOHNSON: Present.
9 COOK: Mr. Quincy Branch? One more time. Mr. Quincy
10 Branch? I will mark Mr. Branch as absent. Ms. Stacie Weeks?
11 WEEKS: Here.
12 COOK: Good afternoon, Director. Commissioner Kipper?
13 KIPPER: Here.
14 COOK: All right. Thank you for joining us. And Ms. Theresa
15 Bawden. Ms. Theresa Bawden? I will be marking Ms. Bawden as absent for
16 today. All right. Um, I wanted to give a few custodial reminders up top
17 here, to please keep yourself muted if you are not the one presenting or
18 making a comment at the moment. And for those on the phone, please
19 remember to mute yourselves or else we'll be able to hear your private
20 conversations. Uh, so now that we've completed the roll call, Madam Chair,
21 I do believe we have a quorum.
22 T. DAVIS: Dr. Jameson, I believe you're muted. My apologies.
23 JAMESON: Uh, public comment time. Do we have any public
24 comments in the North or in the South?
25 T. DAVIS: Dr. Jameson, Tiffany Davis, for the record. I'm

1 happy to assist with public comment due to a few new changes in the open
2 meeting law. There are some specific directions that we do need to provide
3 for public comment, so I'm happy to go over that at this time. Um, so for
4 anyone who has joined us on our Zoom meeting and/or has called in, just
5 as a reminder, if you would like to make a public comment, please raise
6 your electronic hand, or indicate in our chat box if you would like to make
7 a public comment, and then you will be called upon to make that public
8 comment. So, to start things though, I will start in our--with our
9 conference room in our conference city, sorry, conference room in our
10 Carson City office. And there we have Kassie Fuentes in that location.
11 Kassie, is there anyone in our physical location that would like to make a
12 public comment?

13 FUENTES: Kassie Fuentes for the record. There are no public
14 comments here in the Carson City location.

15 T. DAVIS: Thank you so much for confirming that, Kassie. And
16 then online, if we have any attendees who would like to make public
17 comment, once again, you can raise your electronic hand feature on the
18 Zoom, and then Kaitlyn will call your name and you may unmute yourself
19 for--to make public comment. Kaitlyn, do you see anybody who would like
20 to make public comment at this time?

21 BLAGEN: Kaitlyn Blagen for the record. No, I do not see
22 anybody online to make a public comment.

23 T. DAVIS: Okay. And then I know that there may--I also want
24 to acknowledge there may be somebody who has called in. Um, if there's
25 anybody calling us on the--calling in on the phone lines, if you would like

1 to make a public comment, go ahead, and unmute yourself at this time, and
2 present your public comment. Kaitlyn, maybe you can see if there's
3 anybody who may do that.

4 BLAGEN: Kaitlyn Blagen for the record. I do not see anybody
5 at this time, Tiffany.

6 T. DAVIS: Thank you for that confirmation. Madam Chair, it
7 does not look at this moment that we have any public comments.

8 JAMESON: Thank you, Tiffany. And then going on, item
9 number three on our agenda, approval of the minutes of the July 31st,
10 2023, Board meeting. Having reviewed them, I would like to ask our Board
11 if they would like to make a motion to approve those minutes.

12 JOHNSON: Jonathan Johnson, motion to approve.

13 JAMESON: Thank you, Jonathan. And do we have--

14 LEWIS: (inaudible)

15 JAMESON: Thank you, Ms. Lewis. And at this point, I'll ask if
16 anyone has noted during the review of the minutes of July 31st, 2023, any
17 omissions, any edits you care to make, any corrections or additions? I
18 would like to thank our staff for the excellent minutes. And everybody in
19 favor of approving those minutes if you just say, uh, aye or <laugh>

20 MEMBERS: Aye. Aye. Aye.

21 JAMESON: Is there anyone opposed to the minutes? Anyone
22 abstaining? The minutes for July 31st, 2023, Board meeting are approved.
23 Thank you. And now the exciting executive report by our new Executive
24 Director.

25 COOK: Thank you, Madam Chair. Russell Cook for the

1 record. Uh, it's my understanding that in the past the Executive Director's
2 reports have been read in full. Um, I wanted to ask if it might be all right
3 to--if I summarize certain portions of the report. In--in particular, I wanted
4 to allow some time as we go through each section to address any questions
5 that the Board might have along the way to make sure we don't lose track
6 of any of those questions and to make sure that any questions you do have
7 are addressed during this meeting. So, Mr. Detmer, does that sound like
8 that would be acceptable, or is there a requirement that I read the report
9 in full?

10 DETMER: Uh, Mike Detmer for the record. I--I think that
11 would be fine as far as doing--conducting the meeting in the manner and
12 method in which the commission decides. Um, the question will be as to
13 whether or not the report itself becomes support material. Um--

14 JAMESON: You know, the report is very organized, beautifully
15 organized, and quite concise. I don't think that it would be too much
16 considering the amount of material we have in the meeting if you do want
17 to read it with the (inaudible) for all Board members just in case any of
18 them have not had an opportunity to thoroughly review and study it.

19 COOK: That sounds great, Madam Chair. Uh, again, Russell
20 Cook for the record. I'll start with the section titled General Comments.
21 Since I assumed the Executive Director role on August 14th, the Exchange
22 has experienced an unprecedented volume of challenges as well as
23 numerous opportunities for growth. In my experience, the agency-wide
24 workload is at an all-time high, but I also believe that the adversity posed
25 by 2023 thus far has strengthened the resilience of our staff while

1 substantially increasing the maturity of the Exchange as an ACA
2 administering entity. As we prepare to embark upon our fifth open
3 enrollment period as a state-based Marketplace, it's my privilege to direct
4 a team whom I believe to be the most knowledgeable, capable, and
5 compassionate staff to serve the Exchange to date. Next, I wanted to
6 provide an update on some recent changes in--in terms of our staffing. Uh,
7 this is the section titled Personnel Updates. SSHIX has made great strides
8 over the last few months in terms of filling key staff vacancies. On
9 September 18th, we welcomed Brooke Mills, who previously served as the
10 Exchange's Health Resource Analyst to the Policy and Compliance Manager
11 position. On the same day, Max Borgman, who most recently worked as an
12 IT Manager for the Department of Taxation, began work as the Exchange's
13 new Information Systems Manager and Information Security Officer. So,
14 that was my old role. Kassandra Fuentes joined our Carson City staff as
15 Administrative Assistant on September 5th, and Michelle Fazio Guardia will
16 join our Las Vegas office as Administrative Assistant on the 16th of
17 October, on this coming Monday. At present, the Exchange only has three
18 remaining vacancies, one position on our Reconciliation Team, one position
19 on our QA Team, that's our Quality Assurance Team, and Brook's former
20 position as Health Resource Analyst. Each of these positions is currently
21 listed on the state's job recruitment website, and we anticipate having
22 each of these positions filled before the end of the year. And it's been
23 quite some time, in my recollection since we've been at full staff. So,
24 really looking forward to achieving that goal. Uh, let me pause right there.
25 I'm just going to pause briefly, if it's okay, after each section. Again, I want

1 to grab questions in line, if possible. Any questions from the Board
2 regarding the personnel updates? All right. I'll--I'll keep moving along.

3 JAMESON: And I would just comment that I like the idea of
4 the questions in each section. And I would like to tell you, I'm very excited
5 about the fifth open enrollment and that I congratulate you on being able
6 to fill these positions, especially your job. These are very unique positions,
7 and I don't think our state, or across the country really, businesses have
8 had a harder time filling positions with qualified candidates. And I just
9 think it's great that you have been able to fill your old position as well as
10 some of the others. And I have great hope, then, that you may come close,
11 if not fill all the positions. So, great job.

12 COOK: Thank you, Madam Chair. Russell Cook again for
13 the record. Uh, that--that's certainly our goal, but I appreciate the kind
14 words. Uh, I wanted to move next to an update regarding our fall
15 marketing campaign. Um, the marketing and outreach update, which I
16 believe is the next agenda item, will provide a detailed overview of this
17 fall's marketing strategy. But it's important to me to commend our
18 communications officer, Katie Charleston, for her tireless work in
19 collaboration with our partners at the Abbi Agency. Throughout the year,
20 Katie has frequently voiced her desire to develop a campaign aimed at a
21 diverse and representative population of citizens, which also embraces
22 Nevada's rural counties. And I think she's done an exemplary job of
23 steering the marketing camp--team towards that goal. I also wanted to
24 highlight the extraordinary work of the Abbi Agency, who not only worked
25 with Katie to develop the concepts for the campaign, but also manage the

1 production of some truly world-class content. I've had the pleasure of
2 working closely with their team on a weekly basis, and I not only consider
3 them to be excellent business partners, but also valued members of the
4 Exchange team. Uh, and I wanted to mention on a personal note, a couple
5 weeks ago, I had the pleasure of attending a media training. We also did
6 some headshots and a--and a video shoot up in Reno. And Alexis and
7 Bridget from Abbi Agency actually flew up to Reno to assist with that. And
8 while it is normally a bit off-putting for me to have so much attention paid
9 to me in--in--in one day like that, I really do feel that I benefited greatly
10 from that. And I just wanted to share with the Abbi Agency that on that
11 day, I--I finally felt like I had, you know, completely assumed the
12 appropriate confidence level for this position, started to feel very
13 directorial after that. Uh, so, just wanted to thank you for the opportunity.
14 Um, again, I want to pause briefly here. You're going to have ample time, I
15 believe, to raise questions with Katie or the Abbi Agency about the
16 marketing campaign. But I just wanted to pause here, give you an
17 opportunity to share any questions.

18 JAMESON: I agree. We'll have ample time when--after their
19 presentations. Thank you for your kind words for them.

20 COOK: Wanted to--wanted to shower them with a bit of
21 well-deserved praise there. So, I'll move on next, Madam Chair, to the
22 Issuers and Plan Offerings for 2024. The Exchange is pleased to welcome
23 two new health issuers, Imperial Health Plan, and Molina Healthcare to the
24 Marketplace for plan year 2024. This brings the statewide total of health
25 issuers up to eight, offering a combined total of 163 different qualified

1 health plans through Nevada Health Link, rating area one, which is Clark
2 and Nye counties and rating area two, which is Washoe County, saw a net
3 increase in the number of participating carriers owing to these new carrier
4 entries. Uh, rating area three, which is Quad County, saw no net change in
5 the number of carriers. Um, but rating area four, which is comprised of
6 (inaudible) rural counties did see a net decrease from three to two
7 participating issuers owing to the de-certification of one of our issuers,
8 Friday Health Plans. And I'm going to provide some more details about that
9 in the following section. Uh, the statewide number of dental issuers
10 offering qualified dental plans through Nevada Health Link holds steady at
11 five, with a combined total of 18 QDP offerings and no net change to the
12 number of participating issuers in any of Nevada's rating areas. Uh, I feel
13 that it's important to highlight the efforts of Megan Ranson, our Plan
14 Certification Manager, and Kayla Jost, our Reconciliation Team Lead, for
15 their tremendous efforts in onboarding our new issuers. Uh, I know from
16 experience that bringing even a single issuer to market is a tall order, and
17 their work will translate to a substantial increase in Marketplace choices
18 for the majority of Nevadans. Uh, again, I'd like to pause for any questions
19 about the issuers and plan offerings. Alright, hearing nothing.

20 JAMESON: Yeah. I would just like to congratulate everyone.
21 It's very exciting. Uh, at one point we were down to slim and few
22 participants, especially in the rural area, so I just want to give a special
23 welcome from myself, the Chair, as well as our Board to Imperial Health
24 Plan and the Molina Healthcare to our Marketplace plan year for 2024. And
25 thank you also to Megan Ranson, our Plan Certification Manager, and Kayla

1 Jost. It's very, very wonderful to have this growth and expansion.

2 JOHNSON: I have a--I have a question. This is Jonathan
3 Johnson. Um, the two carriers that are in the--that remain in the rural
4 areas, do you know which ones those are?

5 COOK: Oh, gosh. Um, it is Silver Summit, and if you can
6 gimme just a moment here I will be able to look that up here. And I'm so
7 sorry I didn't have that handy, but I do have a cheat sheet. It'll just take
8 me a moment. I'm on my laptop here, and I've got to go get it.

9 JOHNSON: Alright.

10 COOK: And this is Russell Cook, again, for the record. Uh,

11 JOHNSON: And--and I just--I asked the question, right? Um,
12 just kind of seeing what happened with Friday Health Plans and the impact
13 that that has on folks participating in that plan and the disruption that
14 that's meant, you know, across the system. Um, you know, yes, we don't
15 want to get back to a--a point where we're struggling to find offerings in--
16 in some of these areas. Um, but just curious to you--on these new carriers
17 that are coming to market, you know, what sort of process do they go
18 through or evaluation so that we don't end up, you know, kind of in that
19 situation like we did with <crosstalk>

20 JAMESON: And would that be possible after the--as it is part
21 of this presentation, uh, is Meagan Ranson available to give a little
22 bulleted summary with brevity and vigor on how she certifies these?

23 COOK: Madam Chair, this is Russell Cook for the record.
24 Um, if it's all right with the Board, I'd like to try and address Mr. Johnson's
25 question as best I can. I also--

1 JAMESON: Sure.

2 COOK: --did pull the cheat sheet, so I wanted to share a
3 bit of information. Uh, and then--

4 JAMESON: Great.

5 COOK: --as long as it's okay, you know, with Mr. Detmer
6 as long as we're allowed to do so, and as long as we have Meagan on the
7 line here, I would be happy to let her provide some additional detail about
8 our certification process. But I'll share what I know momentarily and then
9 see if Meagan would like to correct or amend any of the information that
10 I've shared. Uh, so, I just wanted to circle back on the question about the
11 issuers in rating area four. And I do want to apologize if there's anyone
12 from our partners at Anthem on the phone, because they, of course, offer
13 plans and all four rating areas. They are the second carrier other than
14 Ambetter, or they go by the brand name Silver Summit, on the Exchange.
15 Uh, those two carriers, Anthem and Silver Summit, are offering a combined
16 total of 33 plan offerings for rating area four. I also wanted to mention
17 that Molina Healthcare, who's one of our new issuers, they're going to be
18 offering plans in rating areas one, two, and three, while Imperial Health
19 Plan is going to be offering plans in both rating areas one and two. So, the
20 statewide outlook is continuing to improve, and we're very pleased with
21 those numbers. Uh, wanted to address the next question, if I may,
22 regarding the certification process. So, the annual certification process is
23 something that's conducted in collaboration and coordination with
24 Nevada's Division of Insurance. And there is a, kind of a clear delineation
25 of duties and responsibilities there on the Exchange side. Oh,

1 Commissioner Kipper, yes, please.

2 KIPPER: Good afternoon. For the record, Scott Kipper. Uh,
3 and I just wanted to let everybody know that, you know, we--when we're
4 talking about Friday Health Plans, as well as the two new members that are
5 joining the Exchange this year, a full review of those plans' financial
6 wherewithal is--has been undertaken and is also undertaken annually by
7 the Division of Insurance. So, that--and that is, I believe, part of that
8 annual certification process. But I just wanted to let everybody know that,
9 too, that indeed we do look at those financials very carefully in the
10 process.

11 JAMESON: Thank you, Mr. Kipper, for reassuring us after what
12 has passed with regard to the Friday Health Plan. And we will look forward
13 in a moment for the follow-up on that, as requested by our Board
14 members. Go ahead.

15 COOK: Thank you, Madam Chair. Uh, Russell Cook for the
16 record again. Uh, I believe the Commissioner did a great job of
17 summarizing the Division of Insurance's role in the annual plan
18 certification process. Um, and then I want to emphasize that that is an
19 annual process. All returning carriers are subject to the same verification
20 and validation of their fitness to offer health or dental coverage in Nevada
21 every single year. It's a month-long process. Um, on the Exchange side, we
22 are primarily focused on ensuring that the plan offerings are consistent
23 with ACA regulations regarding essential health benefits, and that they
24 meet the minimum standards for care, both for health plans as well as
25 dental plans. Um, oh, you know what? Uh, Ms. Weeks, I'm sorry. I

1 <crosstalk>. And--

2 JAMESON: Uh, yes. We have one more hand up on--I
3 apologize. I just saw myself. Um, go ahead.

4 WEEKS: Stacie Weeks for the record. Um, my hand there
5 kind of blends in with the white wall, so I apologize. Um, I just wanted to
6 give a little bit of context, too. I think how our Medicaid program impacts
7 the plans on the Exchange, we require all of our MCOs to be in the
8 Exchange. So, we currently have four. Before, we had three. That contract
9 ends in 2025. Just kind of pointing out, we may or may not have that many
10 plans in the future. Just want to be aware of that. And then also, you never
11 know, things change. Um, but also wanted to give some context that we
12 are doing statewide managed care. So, a lot of our plans are gonna need to
13 offer products that can meet rural needs. It's something we're working on
14 now, and we would in--we would require those plans. I mean, we're
15 thinking right now, looking for feedback as well from obviously this group,
16 but thinking about requiring those plans in the rural areas to also offer an
17 Exchange product to. If they're able to serve Medicaid, then we should be
18 technically, I would assume, be able to serve the individual market in the
19 Exchange as well. So, just something to think about, you know, as we move
20 forward with our contracting. I think it does impact some of the
21 availability on the Exchange.

22 JAMESON: Thank you so much. And I know it is a challenge for
23 many of the entities to be able to offer to the rural area, and we are very
24 grateful for Anthem and Silver Summit for doing so today. It'll be
25 interesting to see if some of your requirements can create more

1 participation.

2 COOK: Madam Chair, Russell Cook, again, for the record.
3 Uh, I wanted to elaborate a bit on some of the comments from Ms. Weeks
4 before I go back to Mr. Johnson and make sure that we've answered his
5 questions satisfactorily. Um, the requirements that Ms. Weeks mentioned
6 about MCO providers offering plans on Exchange, we're very excited about
7 that because that is something that has helped other states to improve the
8 conversion rate of individuals who are transitioning off of Medicaid
9 coverage and onto Exchange coverage. It also at least presents the
10 possibility of us moving in a direction, potentially, one day. There--there's
11 a lot of milestones to accomplish in the meantime. But there are other
12 states in the country that are doing auto-enrollment, so they are actually
13 transitioning these consumers, in certain cases, particularly when they
14 qualify for zero net premium Exchange coverage, they can actually
15 transition them from Medicaid coverage to Exchange coverage in a
16 comparable, or in some cases, identical plan with the same provider
17 network in place. So, looking towards the future, and I know that's maybe
18 a, you know, a couple of years down the road, we're hopeful that that's
19 going to improve our ability to work in close coordination with Nevada
20 Medicaid to ensure that these consumers have a minimum of trouble kind
21 of navigating that transition, which right now, there are, you know, despite
22 our best efforts, a number of hoops that they have to jump through to get
23 enrolled on Exchange. Um, so, with that being said, I wanted to circle back
24 to Mr. Johnson. Um, did we ask--answer your question satisfactorily? We
25 do have Megan here, and I'd be happy to ask her to elaborate a bit if we

1 didn't provide enough detail.

2 JOHNSON: That's perfect. Thank you.

3 COOK: Very good. Alright. If it's all right with the Board,
4 I'm going to move on to the next section of my report. Again, Russell Cook
5 for the record. Um, this next section is about the decertification of Friday
6 Health Plans. Uh, Friday Health Plans, one of seven health issuers to offer
7 plans through Nevada Health Link during the plan year 2023 open
8 enrollment period, was placed under a court ordered receivership in June
9 as a result of insolvency. The receiver working in collaboration with
10 Nevada's Division of Insurance assessed that Friday would likely be unable
11 to continue make--to continue paying claims beyond the month of August.
12 SSHIX was therefore instructed to decertify Friday Health Plans and
13 terminate all of their active enrollments with coverage ending August 31st.
14 This operation had the impact of ending Marketplace coverage for
15 approximately 2,700 enrollees who were enrolled at that time with Friday
16 Health Plans. Prior to terminating these enrollments, SSHIX and our
17 technology vendor, Get Insured, developed a mitigation plan in early
18 August, which involved the automatic creation of a special enrollment
19 period through October 31st for all impacted enrollees, targeted
20 instruction to our broker and navigator communities, as well as a direct-to-
21 consumer outreach campaign orchestrated by the SSHIX call center. The
22 primary goal of this plan was to support the active re-enrollment of
23 impacted consumers with a different issuer in their service area. And when
24 I say active re-enrollment, what I mean is that unfortunately it was
25 necessary for these consumers to take action and actually enroll

1 themselves or get re-enrolled with the assistance of an enrollment
2 professional with a new issuer. We just don't have the authority to do that
3 for them. Um, so just wanted to clarify the meaning of--in that context of
4 active re-enrollment. Uh, I'll continue. In spite of the extremely
5 unfortunate circumstances of this occurrence, I consider this mitigation
6 plan to be a resounding success as illustrated in the following chart which
7 is included in the report. Approximately two thirds of impacted enrollees
8 re-enrolled with a new issuer before their previous coverage lapsed on
9 August 31st. And to date, a total of more than 72% of impacted enrollees
10 have re-enrolled with a new issuer. Um, and I believe much of the credit
11 for the success is due to the work of SheaHerbert and her quality
12 assurance team. Shae has personally spoken with a substantial number of
13 the impacted consumers, including several consumers from rating area
14 four, who were most heavily impacted by Friday's departure from the
15 Marketplace. Her work has ensured that the most severely impacted
16 enrollees were provided with the best possible customer service, even if
17 the best option for some of these consumers was an off-Marketplace plan
18 offered through the individual market. And I just wanted to, again, call out
19 Shae's efforts here. Um, I lost count of how many hours she spent on the
20 phone with these individuals, but the particular, uh, example that I had
21 mentioned here, or one particular example from rating area four, involved
22 a consumer who was receiving treatment for a life-threatening condition
23 and already had specialists, procedures scheduled for the month of
24 November. Um, and it turned out that that particular specialist was not in
25 the network of Anthem or Silver Summit, and Shae was able to help this

1 consumer find an off-Exchange plan that that would allow her to continue
2 receiving her treatment through the end of the year. So, that, to me, is
3 just exceptional. It's really what we strive to do here, and I was thinking of
4 that work in particular when I used the word "compassionate" in the
5 opening paragraph. That, to me, really exemplifies what--the kind of
6 service that I hope we can always offer to our enrollees. Um, any questions
7 about Friday Health Plans? I did want to mention there was a chart in the
8 report. The main point I wanted to highlight by including the chart is that
9 the vast majority of these re-enrollment happened in the weeks
10 immediately following the implementation of our mitigation plan, which
11 again, continues to be very successful. So, while we've only managed to
12 actively re-enroll about three quarters of the impacted individuals on the
13 Exchange, as I mentioned, we've confirmed that a number of these
14 individuals were able to find coverage off-Exchange, as well. So, you know,
15 across the board, you know, we do consider this to be a success. Uh, I
16 would be happy to entertain any questions right now or provide any more
17 details about the entire process, if desired.

18 JAMESON: So, the chart, the graph actually will include those
19 re-enrolled within our own Exchange, as well as anyone that just re-
20 enrolled so that we saw everyone that got insured again, or it's just--the
21 chart is just those within the Exchange that re-enrolled within the
22 Exchange?

23 COOK: The--the latter, Madam Chair. Russell Cook.

24 JAMESON: Okay.

25 COOK: Yeah. Well, the data that we--we only have access

1 to the data in our own system, and so, you know, we just don't have the
2 ability to access data for re-enrollment on the individual market off
3 Exchange. Um, so we, you know, we're just trying to do the best we can to
4 illustrate what we've been able to accomplish within our own--within our
5 own system. Um, Commissioner, I see your hand raised. Please go ahead.

6 KIPPER: Yes, thanks. Uh, Madam Chair, for the record, Scott
7 Kipper. And I just wanted to say how much the Division appreciates the
8 work of the staff at the Exchange. Uh, it was a terrific collaboration as we
9 worked through the receivership and liquidation of making sure that those
10 who are affected had a soft-landing spot within the Exchange or the work
11 that those consumers got to find healthcare and health insurance
12 elsewhere. So, I just wanted to say how much we at the Division appreciate
13 the staff work done by the Exchange.

14 JAMESON: Thank you, Mr. Cooper--Kipper, and Scott, sorry.
15 And I just wanted to know, this is a great report, and of course, we would
16 also be interested in knowing if--it was a beautiful story about the one
17 particular person who had a very specialty provider that was able to also
18 be taken care of. Were there any unfortunate outcomes that was a--were a
19 problem in--for some of our prior enrollees?

20 COOK: Thank you for the question, Madam Chair. Russell
21 Cook for the record. Uh, unfortunately, there were many stories of, you
22 know, adverse impact on consumers. Um, I think the--you know, across the
23 board, the biggest issue that these consumers faced was that their
24 accumulators were starting over with their new issuers. So, any
25 contributions that they had made to their deductible or to their max out of

1 pocket, many of these consumers who were receiving treatment for serious
2 conditions had already reached their max out of pocket for the year. Uh, so
3 there were a, you know, significant number of consumers, unfortunately,
4 who were adversely impacted, you know, in a financial sense. Um, but, you
5 know, our call center made every effort to reach each one of these folks
6 individually. We also were receiving numerous referrals each week from
7 the governor's office, from Congressional delegates, also as a result of
8 media inquiries. I--I don't think we've ever received so many media
9 inquiries and in such a short amount of time as we did during the month of
10 August. Um, you know, all things considered, I think that the collaboration
11 that the Commissioner spoke of, you know, really improved the outcome
12 for a lot of these folks. But at the end of the day, it was a very unfortunate
13 situation and there were limits to what we could accomplish with that
14 collaboration. I--I hope that answers your question, but I'd be happy to
15 provide more details if you'd like.

16 JAMESON: It did answer my question. I really hadn't thought
17 about that issue, and it is unfortunate and are certain--certainly we are
18 very apologetic for these emotional and financial inconveniences that
19 occurred to these previous customers. Please continue.

20 COOK: Thank you, Madam Chair. Russell Cook again for
21 the record. And I did just want to take another moment to single out the
22 work of our technology vendor, Get Insured. Um, in my opinion, the
23 solution they came up with in a very short amount of time contributed to
24 the success rate of getting these individuals re-enrolled. Um, when I say
25 that they created an automatic special enrollment period, what I mean is

1 that when these individuals, you know, came, logged into their consumer
2 portal after their Friday policies had been terminated, they did not have to
3 upload supporting documentation. They did not have to provide any
4 information about their loss of coverage, which normally is a qualifying life
5 event that would have to be self-reported and there would be a validation
6 process afterwards. So, I believe that, you know, their solution, which they
7 came up with and implemented in less than a week, was able to make that
8 process a lot easier. So, I just wanted to commend them again, if there's
9 anyone from Get Insured on the lineup for their efforts. I'll move on next,
10 Madam Chair, to an update regarding annual renewals. Next week, the
11 Exchange will run its annual passive renewals job. Uh, that's currently
12 scheduled for October 18th, which will attempt to renew all active 2023
13 enrollees into 2024 coverage. As of the 2nd of October, SSHIX had 82,385
14 active health enrollees and 14,616 active dental enrollees, of which 12,615
15 were enrolled in both health and dental coverage for a total of 84,386
16 unique individuals. Based on our stage renewals run last month, every
17 year, we kind of rehearse the renewals run in the weeks prior to the actual
18 production job. Uh, but based upon this run last month, we anticipate
19 passively renewing at least 90% of those enrollees, or at least 74,000
20 health enrollees and approximately 13,000 dental enrollees into 2024
21 policies. Um, and I believe that's a conservative estimate. I believe, based
22 upon corrective action that's been taking place in the Exchange system up
23 until this very week, that that number's gonna be closer to 93 or 94%, but
24 even at the conservative level of 90%, that would put us over 74,000 re-
25 enrollees. And--and just for reference, last year there were, I believe,

1 approximately 76,000 passive health re-enrollees. So, we're really not far
2 off that mark from last year, looking to be holding steady. Uh, we did, by
3 the way, ha--see just shy of 20,000 new enrollees last year, and we
4 anticipate a similar number this year. So, all of the signs are pointing
5 towards an open enrollment whose success is going to be comparable to
6 last year's in terms of enrollment numbers. Uh, we will, of course, look
7 forward to providing you with a retrospective report, though, after the
8 conclusion of open enrollment. Um, did want to clarify also, you
9 know, you may be wondering, well, why only 90 or 93 or 94%? Um, and
10 that's because there are a variety of eligibility-related reasons why an
11 individual might not be passively renewed. Uh, among the most common of
12 those issues would be overlapping coverage due to simultaneous Medicaid
13 enrollment. Uh, but we do each year also reverify lawful presence, and we
14 reverify incarceration status. Uh, there may also be some individuals who
15 were deceased during the year and now have a death indicator present
16 with the Social Security Administration. So, there are a variety of reasons
17 why we can't just automatically renew every single enrollee into next
18 year's coverage. Uh, but we do anticipate that the vast majority of
19 consumers will be renewed. Uh, I'll pause there and take any questions
20 about the annual renewals process. All right. If there are no questions I'm
21 happy to proceed with an update about our broker certification process.
22 Wow, over 900 brokers and agents have entered SSHIX's plan year 2024
23 certification curriculum, an all-time high for SSHIX by good margin, I
24 believe, including over 200 new brokers who have not previously offered
25 enrollment assistance through Nevada Health Link. And I just--I think that's

1 a heck of an accomplishment. Um, I believe the success is directly
2 attributable to the efforts of Rebecca Levazo and the SSHIX broker team.
3 The broker team has not only developed a comprehensive certification
4 curriculum which ensures that our brokers are equipped to offer the best
5 possible enrollment assistance, but they also provide constant support to
6 the broker community throughout the year by phone, by way of our broker
7 support inbox, and through our monthly broker newsletter. And I did want
8 to mention briefly that I had the pleasure of speaking at a luncheon for the
9 Northern Nevada Association of Health Underwriters. Actually, they're
10 called NNABID now, but not NNAHU anymore. Um, but it is the same
11 organization. And the feedback, the positive feedback, that I received from
12 these agents and brokers regarding our broker team and their efforts and
13 Rebecca's efforts, in particular, just was overwhelmingly positive and filled
14 me with a great deal of confidence. So, just wanted to share with you that
15 this is not only my assessment, but I believe that assessment is shared by
16 entire agent broker community. So, I really want to commend that broker
17 team for their efforts. Uh, also noteworthy is a new process for completing
18 the annual certification or recertification process. SSHIX's Deputy Attorney
19 General recently suggested that the Exchange--Exchange's previous
20 process, which involved gathering attestations to the terms and conditions
21 of Exchange certification directly through our online curriculum, might not
22 constitute a legally binding agreement. We weren't actually capturing a
23 signature through that e-learning curriculum. Uh, and as a result, we
24 developed an explicit broker agreement document. And over the past four
25 weeks, I guess five weeks now, we've been pilot testing an official

1 signature gathering process using DocuSign. Thus far, the effort has been a
2 resounding success. Uh, as of Monday, we had 640 brokers or agents
3 having signed their broker agreements. And in the future, we hope to
4 implement a similar process for navigator and in-person assisted grievance,
5 and perhaps also for our annual issuer agreements. Uh, this pilot test has
6 gone well. Uh, at the luncheon yesterday, we got nothing but positive
7 feedback from the agent broker community regarding this process. And I
8 believe that this has been, you know, a subtle but important, you know,
9 step towards the further maturation of these processes internally. So, I'm
10 happy to pause now and take any questions. All right. We'll keep rolling
11 along. Uh, next is an update regarding Medicaid unwinding, and I
12 apologize, I'm gonna have to silence my notifications here. Hope that's not
13 too distracting. Um, the--this is a brief update on an immense topic, and so
14 I will, you know, certainly be happy to provide additional details at the end
15 of this paragraph. Um, I also wanted to acknowledge that Director Weeks
16 has a lot more information in this area than I do, and I wanted to be really
17 careful to stay well within our lane at the Exchange and share some
18 information from the Exchange's perspective. So, if there are any
19 additional details requested at the end of this update, Ms. Weeks, I hope
20 you don't mind if I'd ask you to share some additional information. I would
21 also be happy if you'd like to share some additional clarification or
22 additional color of your own once I'm done. So, I'll get through my
23 paragraph, and we'll circle back on that in a moment. While Nevada's
24 unwinding effort continues its steady progress, recent developments
25 related to the Division of Welfare and Supportive Services Redetermination

1 process have resulted in the need to reinstate Medicaid or CHIP coverage
2 for a significant number of Nevadans whose coverage was previously
3 terminated for procedural reasons or failure to respond by mail to a
4 request for additional eligibility information. This is often referred to as
5 the Medicaid Packet. Uh, while consumers terminated for procedural
6 reasons are not referred electronically to the Exchange--we only receive
7 electronic referrals following terminations for verified excess income. Uh,
8 a small number of these consumers who did receive the procedural de--
9 terminations did actively enroll in Marketplace coverage between May and
10 September. And we are currently working with DWSS as well as DHCFP to
11 identify which consumers impacted by the reinstatement will need to have
12 their Marketplace coverage canceled or terminated. Once these consumers
13 have been identified and their Medicaid or CHIP enrollment status has
14 been confirmed, SSHIX will take the appropriate corrective action to
15 correct their Marketplace enrollment status while ensuring that these
16 individuals do not experience a retroactive gap in coverage. And I wanted
17 to share one additional point, which we were not clear on at the time that
18 I wrote this report, but I do believe it's very relevant to this process. These
19 individuals who might have been enrolled in Exchange coverage for one or
20 more months, maybe up to four months at this point, and might have, as a
21 result of the reinstatement, dual overlapping coverage with Medicaid or
22 CHIP. Uh, these individuals, if they have been receiving APTC through the
23 Exchange, will be eligible to have received that. There's not going to be a
24 retroactive determination of ineligibility for those months of dual
25 coverage. So, it's our goal to develop a corrective action plan that will

1 provide the option to these consumers to retain their Exchange coverage,
2 their subsidized Exchange coverage, if they wish, because if they've
3 actually utilized that coverage, if they had claims filed that were already
4 paid on, they may wish to retain that Exchange coverage for that limited
5 period of time rather than having to cancel out those claims and resubmit
6 them through their Medicaid or CHIP provider. However, we will be
7 honoring requests for outright cancellation of those policies should the
8 impacted consumers wish to wipe their Exchange coverage off the books
9 and get a refund for any premiums or partial premiums that they may have
10 made for those overlapping months. So, I want to pause there, and if it's
11 all right with the Board, I wanted to check in with Ms. Weeks to see if you
12 had anything to add to that, or if there's anything that you want to clarify
13 or correct that I mentioned.

14 WEEKS: Stacie Weeks for the record. No, I think you've
15 covered it all.

16 COOK: Thank you, Director. Uh, so, Madam Chair, I would
17 like to entertain any questions from the Board, or if you'd like any
18 additional detail, happy to provide that at this time.

19 JAMESON: Uh, do you have any numbers that you have
20 available to share with us on the--

21 COOK: So, Madam Chair, Russell Cook for the record. Uh, I
22 wanted to reiterate the clarification that these individuals who were
23 impacted by the reinstatement, the Exchange has not received any
24 electronic referrals for these individuals, so we, at present, don't have any
25 data in our system that distinguishes these individuals who would have,

1 uh, been required to self-report a loss of minimum essential coverage. Uh,
2 and there's nothing specific about that process that identifies a loss of
3 Medicaid coverage. Um, they would've also had to upload supporting
4 documentation. So, the only way that we can identify these individuals in
5 our system absent some supplementary data from DWSS, which we're
6 working on obtaining right now, but without that information, we would
7 literally have to go in and review each one of those uploaded documents to
8 see which one was a Medicaid termination letter versus some other type of
9 loss of coverage. Um, so, in other words, there's nothing to distinguish
10 these individuals from, for instance, an individual who lost employer
11 sponsored coverage as a result of losing their job. Uh, however, just
12 looking at the raw numbers of special enrollment period enrollments of
13 this type over the last four months, we estimate that the number of
14 impacted individuals is probably no more than a few hundred on the
15 Exchange. So, not a significant number of consumers. Uh, we think it's
16 certainly well under a thousand, but we'll be happy to provide an update,
17 you know, next time we meet about the status of that. I hope that answers
18 your question. Again, happy about--

19 JAMESON: Very helpful. Thank you.

20 COOK: Alright. Uh, Russell Cook again for the record, and
21 I'll keep moving with the lengthiest update and it's also, perhaps, the topic
22 that has consumed the most staff resources at the Exchange over the past
23 few months. Um, one of the Exchange's greatest success stories in recent
24 months involves the continued development of its Tribal Sponsorship
25 Program. In February, the Board approved a streamlined certification

1 process for employees of Tribal Health Clinics, allowing them to offer
2 application counseling and enrollment assistance through Nev--through the
3 Nevada Health Inc. Plat--I'm so sorry, through Nevada Health Inc. Platform
4 to Tribal members and employees. In May, SSHIX began pilot testing a
5 process for aggregating the monthly premiums of Tribal enrollees, allowing
6 tribes who offer premium sponsorship to make a single monthly payment
7 covering all of their members' enrollments. More recently, the Exchange
8 coordinated a public comment period approved by the Board during the
9 June meeting, which sought to gather stakeholder feedback on the
10 proposed tribal sponsorship framework. The Exchange received a
11 tremendous amount of valuable feedback during the comment period,
12 including feedback from Tribal Health Clinics who were experiencing
13 difficulties getting claims for specialist referrals paid for their limited cost
14 share enrollees. As a result, the scope of the Tribal Sponsorship Program
15 expanded to include a recommendation for Tribal Health Clinics to enter
16 into network provider agreements with the issuer or issuers of their choice
17 in order to take advantage of the streamlined claims processing services
18 available to in-network providers. In recent weeks, a number of Tribal
19 Health Directors, including Angie Wilson from the Reno Sparks Clinic, have
20 raised valid concerns, which call into question the necessity of these
21 network provider agreements. In the absence of definitive federal guidance
22 on the topic, SSHIX is working closely with Angie and her legal team to
23 explore whether or not Nevada's tribal enrollees might be entitled to full
24 cost sharing reductions for specialist referrals, even if the referring clinic
25 does not have a network provide--should be provider or agreement in place

1 with a respective issuer. Lastly, and most recently, the Exchange has a
2 meeting scheduled with Nevada's Division of Insurance on Wednesday the
3 11th, that was yesterday, to review the current state of our Tribal
4 Sponsorship Program and discuss any potential regulatory concerns that
5 might be related to the contractual health--contractual relationships
6 between Tribal Health Clinics and the issuers of their choice. We consider
7 the DUI to be a critical stakeholder for this program, and we look forward
8 to keeping the Board apprised of our collaborative progress moving
9 forward. And I just wanted to pause for a moment thank Commissioner
10 Kipper and his team from the DOI. I thought yesterday's meeting was
11 remarkably productive and we very much look forward to and appreciate
12 the offer for the Division of Insurance to help us assess the claims
13 processing issues that have been reported by tribes. So, extremely happy
14 to have your expertise and assistance, Commissioner. Uh, I want to close
15 this report by highlighting the efforts of Janelle Davis who spearheaded
16 the Tribal Sponsorship Program as part of her certified Public Manager
17 Capstone Project, and who laid the conceptual groundwork for the
18 comprehensive framework that eventually took shape. Tiffany Davis, our
19 Tribal liaison who coordinated and scheduled virtually every stakeholder
20 meeting associated with Tribal Sponsorship, and whose relationships and
21 experience with Nevada's Tribal Health Directors have contributed
22 immeasurably to this effort. Rosa Alejandre, SSHIX's Navigator Program
23 Coordinator, who almost single-handedly developed the Tribal Exchange
24 Representative Certification Curriculum, and Brooke Mills and Justin Prazak
25 from the SSHIX's Policy Team whose expertise and regulatory vigilance

1 have allowed SSHIX to develop an extraordinarily complex suite of
2 documents in record time. In my opinion, this project represents the
3 epitome of selfless teamwork, and I consider myself extremely fortunate to
4 be able to lead such a strong and capable team. So, if it isn't clear by now,
5 I'm absolutely thrilled at the work that the team's done over the last
6 couple of months, and I certainly want to acknowledge that I would not
7 have applied for the Executive Director position in the first place if I didn't
8 have total confidence in that team. But I wanted to close by saying that
9 they have exceeded, every single one of them has exceeded, all
10 expectations and really risen to the occasion. Uh, many of them are
11 working double or triple duty right now, you know, as a result of staffing
12 vacancies, and I just could not be happier with the results that we've
13 achieved over the last couple months. And that concludes my report,
14 Madam Chair.

15 JAMESON: Yes. Thank--thank you for the outstanding
16 Executive Director Report. The last part regarding Tribal business, did
17 anyone have any questions? That is a little bit complicated. No surprise
18 that there were hiccups when it comes to the provider network <laugh>.
19 It's always a stumbling block in many plans. We'll look forward to the
20 updates on that as you work through it.

21 COOK: Thank you, Madam Chair.

22 JAMESON: Any other comments on that report? And Janel
23 Davis, thank you for the outstanding work, indeed, Capstone work. It was
24 amazing, and indeed, I think all of us just share in celebrating the
25 wonderful access to health through the Silver State Exchange for the tribal

1 citizens in Nevada. So, thank you very much. Uh, going on then. Now, you
2 get to breathe, sir. And going on the marketing and outreach update.

3 CHARLESON: Madam Chair, this is Katie Charleson for the
4 record. I'm gonna give a brief--okay, overview of our marketing report and
5 then I'm gonna pass it off to The Abbi Agency to get a little bit more in
6 depth and share a little bit about our campaign. So, over the past several
7 months, our main focus has been educating Nevadans on qualifying life
8 events that may qualify for them for a special enrollment period, and also
9 the importance of health insurance and getting ready for the upcoming
10 open enrollment. We have done this via social media, email, blogs,
11 community events, public relations, among other tactics. We have also
12 been continuing our public health emergency unwinding campaign. This
13 including is--includes work with our partners at Medicaid to develop
14 partner--paper materials including posters, business cards, flyers to pass
15 out to our community partners. Um, we also have continued paid social
16 media ads, organic posts, billboards, public service announcements, and
17 created a new landing page on our website with information on what
18 consumers need to know. The main goal and continues to be update your
19 contact information, educating them about the unwinding, and stressing
20 the importance of keeping insurance, avoiding a gap, and to make sure
21 Medicaid members know if they lose Medicaid, that Nevada Health Link is
22 there for them. Nevada Health Link's communication team and our
23 marketing partner, The Abbi Agency, has also been hard at work in
24 developing and strategizing a new open enrollment creative advertising
25 campaign for plan year 2024. This open enrollment period means Nevadans

1 can explore 163 qualified health plans offered by a total of eight insurance
2 carriers. The approach to message consumers from October 1st to the 31st,
3 encourage them to window shop, and get ready for open enrollment
4 starting November 1st. And then we're gonna switch to our larger
5 campaign, "Our Plans are Made for Your Plans" campaign. That invokes
6 feelings of having options, plans specific for them, and motivates Nevadans
7 to invest in their self and their family. Prior to choosing the creative
8 concepts for open enrollment campaign, the research team that we also
9 partner with, Marketing for Change, conducted an online survey consisting
10 of 108 uninsured Nevadans, 111 self-insured, 151 Medicaid enrollees, and
11 157 employer insured Nevadans. The goal was to assess the consumer
12 response to potential marketing concepts for open enrollment. They
13 collected data that included emotional response to the creative concepts,
14 general discussion, and reactions to the concepts, as well as recall task
15 tested, concepts remembered most clearly at the end of the discussion.
16 Abbi Agency will go over that more in depth and then go over the results
17 that we got for those. We also included our sisters in that, our brokers and
18 navigators, to get their feelings on our campaign. So, as I said, this year
19 we're expanding last year's campaign, "Our Plans are Made for Your Plans."
20 We are gonna be able to reuse a lot of our assets from last year. So very,
21 you know, Clark County centric, showing the city and reusing the local
22 people there. And then this year we did rural, which I'm really excited
23 about. Rural is very close to my heart. I live and was raised in rural
24 Nevada. Um, so, we did our campaign this year in Douglas County and then
25 also Fernley, providing beautiful shots and imagery of rural Nevada. You

1 guys will see that on our sizzle reel at the next presentation. Um, we have
2 a few featured groups. We did a young family of three, LGBTQ couple, that
3 was what we did up in Reno, a single Hispanic man, and a pre-Medicare
4 couple. And then on October 2nd, we sent out a press release announcing
5 that window shopping is now open. We announced the average rate
6 increase and the addition of new carriers on the Marketplace, and we are
7 planning a press conference on November 1st this year in Reno, and it will
8 feature our Executive Director, Russell Cook, and other community
9 partners. And then for our open enrollment ad campaign, the Abbi Agency
10 and Exchange will--or launch press release, participate in statewide
11 community events, and implement the full traditional media campaign. The
12 media plan will include advertising and radio, and programmable radio,
13 static and digital billboards, Google, online display banners, paid social
14 media ads, broadcast television, connected tv, which is streaming, print
15 advertisements, email marketing blogs, and social media, as always. Um,
16 we are committed more than ever to reaching Nevadans from all
17 backgrounds and communities. More diverse than ever, Nevada has a
18 robust Asian-American, Pacific Islander, African American, Native
19 American, Latinx communities. Um, the 2024 open enrollment media plan
20 integrates highly effective tactics to reach these underserved communities
21 as well as remaining communities throughout the state of Nevada. So,
22 throughout, like I said, throughout October, we're gonna do our window-
23 shopping creative into 15 second ads. And then, we will shift over
24 November 1st to our open enrollment campaign, which we will have 15 and
25 30-second ads. Um, and then as we move towards the end of open

1 enrollment January 15th, we will--the frequency will increase to help move
2 individuals to take action. We all know people like waiting for the last
3 minute, so we will have a final push then. We are also trying a new tactic
4 of paid out of--or out of home paid media. Um, we partnered with a new
5 vendor this year. That's going to be at doctor's offices, so in their waiting
6 rooms. They're going to be seeing Nevada Health Link ads at, like, jukebox
7 machines at the bar, things like that. Um, so, it's really going to be
8 targeting rural Nevada and not just like touristy areas where they're going
9 to see our name and our information. Um, this year our campaign is really
10 on the nose and it's really about we offer health insurance, we're going to
11 help you pay for it, see what's available to you, get free assistance. Um,
12 I'm really excited about it, and yeah. Let's see. And to continue to reach
13 our rural communities, we developed an outreach plan that we're going
14 through right now. We have a three-year partnership with the Food Bank of
15 Northern Nevada to assist in their rural food bank deliveries that will
16 feature Nevada Health Link Brand, resource guides, and other promotional
17 materials. And our navigators will also be invited to these rural food
18 distribution events to interact with the rural communities one-on-one. And
19 then this year, the Navigators represented Nevada Health Link At 169
20 events throughout the state. Um, some statewide sponsorships include the
21 food bank, as I said, Senior Expo Fall 2023 Series, the Spring Reserve
22 Series, and the Opportunity Village. Um, we do Halloween and Christmas
23 there, as well. And then for the website, we just--we did some general
24 updates, but the big one was the navigation, um, which was getting very
25 full. We have a lot of good information, but it was a lot, and it was hard to

1 get through. So, we updated the navigation. It's a lot more streamlined.
2 Um, and then we have a new Medicaid unwinding landing page. We also
3 have a Spanish hub page, which is all of our trans-created materials and
4 pages all together on one page. We'll also have our, like, Spanish-only
5 searching for brokers, so they don't have to even put the filter on there.
6 So, that's really exciting and that's now up and running, and we'll be
7 pushing that out through open enrollment. That's all I got, and then if
8 anyone has any initial questions, I'm happy answer them. Otherwise, I'll
9 pass it over to the Abbi Agency.

10 ANDERSON: Dr. Jameson, I believe you're on mute. Apologies,
11 Connie Anderson for the record.

12 JAMESON: Thank you. Great job.

13 ANDERSON: Wonderful. I will share my screen and get started
14 then. One moment please. Okay. Good afternoon, everyone. Um, can
15 everyone see my screen all right? Wonderful. All right. I'm Connie
16 Anderson, for the record. Um, I'm The Abbi Agency's Chief Strategy Officer
17 and partner, and our team is incredibly proud to be entering our third
18 open enrollment campaign with the Exchange. We have learned quite a bit
19 over the past three years, and going into this open enrollment, it has been
20 phenomenal to work with Russell as well as Katie as we dive into who are
21 we talking to, what are the key messages that we need to share with these
22 individuals? They've been great partners in helping guide us to this point. I
23 always feel incredibly lucky when I get to present this work because it's
24 the pretty work after a culmination of a lot of meetings, a lot of
25 conversations, and a lot of wonderful conversations that really landed us, I

1 think, in an awesome place. Our goal this year is to enroll as many
2 Nevadans as we can. So, Katie and Russell both previewed this a little bit,
3 but we are trying new tactics. We're honing in on the marketing. Um, we've
4 honed in on a lot of those key message areas so that we believe we can
5 move people, as we like to say, from awareness all the way round--down
6 into active enrollment. Um, I would be remiss if I did not mention that we
7 are incredibly proud to partner with Marketing for Change, as well as Erica
8 Aviles Consulting on all of these efforts. They are great partners that help
9 guide us and bring great insights both from Nevada as well as across the
10 country to the efforts of Nevada Health Link. We have a couple overview
11 slides of the research that has been conducted that has helped us identify
12 this creative campaign and messaging. So, I'll turn it over to Aaron Metzger
13 of Marketing for Change to talk about those.

14 METZGER: Thank you, Connie. Um, Aaron Metzger. I'm the
15 Research Director at Marketing for Change, and as Katie mentioned earlier,
16 prior to the finalization of the creative concepts for open enrollment,
17 2024, we conducted some research, and the goal of this research is to help
18 refine the messages, get consumer feedback on those messages to help us
19 learn a little bit about what is resonating with those messages and what
20 potentially might we want to alter to make the messages hit with our
21 potential consumers. Um, so as part of that research effort, we conducted
22 a survey of 528 Nevadans. As Katie also mentioned, we did over-sample for
23 our potential consumers, especially those uninsured. self-insured
24 Nevadans, to really get their insights into how these messages were
25 resonating. And what we do as part of the survey is display the messages

1 for the participants. You can see an example there to the right of one of
2 the messages that consumers were shown, and then we ask a series of
3 questions designed to get how the messages are resonating, the emotional
4 impact, how it affects their intentions, and the types of information it
5 supplies about Nevada Health Link, as well as potential points of confusion
6 or things that were--rubbed participants the wrong way. So, here today, I'll
7 just highlight a couple of findings. We had a lot of findings from this
8 research. We also look at all of the findings based on numerous consumer
9 factors such as socioeconomic status, race, ethnicity, age. Um, so just to
10 highlight a few things we found that messages--that highlighted the
11 financial benefits, as well as access to financial support for things such as
12 premiums were really relevant in motivating across audiences. Uh, one
13 unique thing we did find is that with younger consumers, particularly those
14 in that young adult 25 to 34 age range, we found the messages that really
15 equated having insurance with being a more dependable person, they
16 resonated more strongly. Um, one of the things we found is that, again,
17 just to highlight it, one thing that we found is that the messages
18 sometimes included the phrase "middle class", really trying to get
19 consumers in potentially that economic range to know that they might be
20 of, you know, funding available for them. Um, so we tested that sort of
21 wording. The respondents were actually split on the inclusion of that
22 wording. Some felt it was too vague and felt that it might not be inclusive
23 of them or individuals with lower incomes, whereas other individuals
24 indicated there was new information. Um, knowing that that was available
25 for middle income families was a valuable new information. Um, so this

1 data helped inform kind of new-revamped versions of the messages. Um, so
2 we kind of took this data and then helped the Abbi Agency then alter and
3 kind of refine those messages. In the second stage of this research, we
4 actually talked directly to brokers and navigators, kind of relying on their
5 experience working directly with consumers and oh--is--and for this, we
6 had focus groups. So, we talked directly to focus groups of brokers and
7 navigators. They have--they provide feedback not only on the messaging
8 from the eyes of potential consumers, but also provide some feedback on
9 general--the general shopping experience as they see it for potential
10 Nevada Health Link customers. One of the things that we found, again, just
11 to highlight a couple of the high-level things that we found. Uh, when we
12 asked participants what rubbed them the wrong way or what they thought
13 might be problematic for participants, potential customers, the word
14 "private" actually was a point of confusion and many thought that it might,
15 for some customers, might sound off-putting and make it sound like
16 insurance sound a little bit out of reach. Uh, when we described the
17 insurance as being private insurance offerings, lines such as, "We help you
18 pay for it," the participants here, brokers and navigators, thought that this
19 would resonate strongly with participants. The other thing that we found
20 that was kind of consistent across the groups is that language that really
21 highlighted the urgency, especially for messaging that might be placed
22 during open enrollment that really highlighted the open enrollment period
23 was coming to an end. That sort of verbiage really resonated strongly in
24 the end. These participants felt that it would resonate strongly with
25 potential consumers. Uh, so, again, what we were able to do with this data

1 is, you know, present it and then help inform the refinement of the
2 creative messaging.

3 ANDERSON: Thank you very much. Are there any questions about the
4 research portion before I move on?

5 JAMESON: Uh, so it sounds like you had relatively few questions
6 that you provided.

7 METZGER: I'm sorry?

8 JAMESON: Uh, some of the messaging concepts you reviewed with
9 them, it sounds like they were pretty just a relatively few limited ones.

10 METZGER: Right. We actually in--well, in the survey and in the focus
11 groups, we tested four different messages. So, I have an example there on
12 the one slide. There was--it was four different messages that were really
13 designed to touch on different themes and hit on different kind of
14 determinants that might be undergirding desire the shopping, desires of
15 potential consumers. Um, so, we did test four different versions of those.
16 Um, and again, they helped not only think about which overall message
17 frame was gonna be most important, but also were there specific wording
18 or verbiage or kind of like sentence level issues that participants had. Uh,
19 did I address your question?

20 JAMESON: Yes.

21 METZGER: Okay, perfect. Thank you.

22 ANDERSON: Wonderful. Thank you, Aaron. Uh, earlier you heard
23 some reports about the public health emergency and communications to
24 date. Um, in 2022, conversations around the unwinding began, and our
25 team worked with Nevada Health Link, as well as this Nevada State

1 Medicaid office, as well as DWSS, to put together a plan of phased
2 communications to individuals. So, the individuals who maybe were losing
3 their Medicaid benefits would know that this was coming, and they would
4 know what to do. Um, so what our team did is launched that initial plan in
5 2022 with educational messages. And most recently we launched into an
6 advertising campaign that was very much targeted towards individuals who
7 were at that threshold of Medicaid and may fall off of Medicaid. In
8 addition to advertising, we have done a variety of other outreach methods,
9 including public relations efforts, which was a great collaborative process
10 with the Nevada Medicaid office as well as DWSS, where we did press
11 briefings and releases so that we could educate the media and the state
12 about this very large and somewhat complicated topic. We also have done
13 blog posts, social media posts, and then outreach to healthcare providers
14 as well as businesses who may have a lot of individuals on Medicaid to
15 encourage them to share this information. Linked here is an example of a
16 few of those assets. Um, as I mentioned earlier, there's quite a bit of
17 information. Uh, so we like to use animated ads as well as what's called a
18 carousel ad, where somebody who's on Facebook or Instagram can scroll
19 through and see multiple messages. So, that top ad is an example of what
20 would be a carousel ad. We have done all outreach in both English and
21 Spanish. It's very important, as you know, to make sure that we are
22 reaching all Nevadans throughout the state. So, we have both English and
23 Spanish assets. Um, linked here is an example of the public relations
24 efforts about the unwinding. Um, if you have been watching information
25 about the unwinding in other states, there has been a lot of negative

1 press. Overall, in Nevada, we feel that the media has been a great partner
2 in helping share this information to Nevadan so that they can prepare, and
3 they have the information they need. Um, so you'll see here that we've had
4 a variety of print stories, TV stories, and then also Spanish specific stories
5 and coverage. Again, it's really important for us that all of our efforts are
6 reaching a wide base as possible. So, we were very excited and we're very
7 appreciative of the team at DWSS and Medicaid for helping us with this
8 public relations outreach. I'm very excited. If there's no other--is there any
9 questions about the public health emergency assets? If not, I'm very
10 excited to talk about open enrollment strategy and where we are moving
11 to. Our team is consistently looking at what's happening within Nevada,
12 what are Nevadans feeling, and how are we evolving to meet Nevadans
13 where they're at? We always look back at the successes of our previous
14 campaigns as well as we look at what areas do we think we could improve,
15 and then all of the feedback that we've received. We heard from the Board
16 last year how important it is that we are approaching Nevadans with real
17 life Nevadans, that everything they're seeing looks and feels like Nevada.
18 So, that was something that was a huge guiding light moving into this year.
19 You also heard that Katie and Russell focused on making sure we were
20 reflecting our rural communities and all Nevadans. So, you'll see that in
21 here. Um, we also know that the economic landscape, so to speak, is rough
22 for many Nevadans. Right? There's continuing inflation. While it's gone
23 down, um, it's growing a bit. There's a lot of things that are going on in
24 people's lives, and we wanted to make sure that Nevada Health Link is seen
25 as a helpful and value-driven resource to these individuals. We don't want

1 to ask them to add another thing to their to-do list because we know their
2 to-do list is long. We want to make sure that we are providing value, that
3 health insurance is bringing value to their life, and that we're doing it at
4 the best possible price. So, you'll see throughout these campaigns that
5 we're very much focused on health insurance as something that we, Nevada
6 Health Link, can provide at a great cost, and it will help bring value to your
7 life. To continue and maintain the main message from last year, we will
8 continue to use the tagline, "Our Plans are Made for Your Plans." We think
9 that it allows us to create a lot of creative executions and it also make
10 sure that we're putting Nevadans in the middle of this. This is your plan
11 and we're here to support you and help you along the way. Um, I just
12 spoke a lot about maintaining the brand, making sure there's continuity.
13 You know, as I mentioned earlier, there's a lot on people's to-do lists.
14 While we have campaigns going year-round, the majority of the marketing
15 budget is spent in this three-and-a-half-month period, but there's nine
16 other months in the year where people may not be hearing from us as
17 much. So, having continuity, making sure the brand is highlighted so that
18 there's an immediate recognition is very, very critical. Um, I'll show you
19 this, and you'll see some of this in the assets, but we have come up with
20 three phases of messaging. This phased-messaging approach is--has been
21 informed quite a bit by research. You'll notice in the window-shopping
22 phase, which is where we're at currently, our intro line is, "We don't just
23 help you find health insurance. We help you pay for it." We're putting our
24 assistance first and foremost. We're building upon that claim saying that
25 join the nine out of 10 who got financial help on their premiums, showing

1 that this is the only place that you can get that financial help. We learned
2 through our testing that the word premiums does speak to people. It makes
3 health insurance stands out to them when we say that word "premiums."
4 We then highlight, get free insurance, and learn about your options,
5 compare plans and be net--compare plans now and be ready to enroll
6 November one. So, starting again with that date. You'll see in the second
7 open enrollment campaign where we start November one and we run
8 through January 1st, there's very much similar messaging except we turn
9 the focus onto enroll in health insurance by January 15th. We were talking
10 internally. Everyone knows Tax Day is April 15th. Soon, hopefully everyone
11 will know January 15th is health insurance enrollment date. Katie
12 mentioned, we know most people are last minute, so we want to make sure
13 that we're hammering that message so that it becomes just as remembered
14 as Tax Day. Of course, the IRS has had a long time to build that January--or
15 that April 15th day, so we are doing our best and want to make sure that
16 that date is very ingrained in our audience's mind. Something new we're
17 doing this year is we are testing multiple calls to action. So, CTA is a call to
18 action. When you're on an ad and you are getting that button that says,
19 "learn more," "click here," "click now," that's your call to action. We often
20 use "check your price." Um, "check your price" is something that is a low
21 barrier to entry. We're not asking you to enroll in health insurance. We're
22 just saying, "Hey, there are options for you to come check your price." We,
23 however, this year are going to be AB testing, which means we're gonna be
24 running multiple assets where we're going to change that call to action to
25 plans as low as \$0, as well as plans as low as \$10. There's some national

1 research we're seeing that's showing individuals gravitate towards and are
2 more likely to click on an ad that actually has a dollar amount listed as--
3 and then we're also learning from that national research individuals are
4 more likely to click on asset that says plans as low as \$10 rather than \$0.
5 So, that is very interesting. Um, we're excited to test that and report back
6 in real time. How are people reacting to this message? The deadline
7 message, again, is very similar. We're talking about price and value. Uh,
8 though we change the main message to, "The right time to get health
9 insurance is right now," we're encouraging people to act before enrollment
10 ends again on January 15th, and then we will develop that call to action--
11 oops, sorry--with that pricing message, when we learn what works best
12 during that initial month of open enrollment. All right, so now for some
13 exciting things. Katie mentioned this earlier. Uh, we added much more
14 video into the window-shopping time period. On broadcast we have the
15 opportunity, like tv, we have the opportunity to do a lot of awareness
16 messaging during this window-shopping period. And then on digital
17 channels, buying video assets is very cost-effective and helps with our
18 impressions overall. So, we are excited to add a video to this window-
19 shopping period. So, I'm going to play an example of one of those videos
20 right now. <video plays> Um, so very fun energetic video there, as you saw,
21 using a lot of the Nevadans from last year, as well. Um, here's a couple
22 examples of the assets that are running currently to support window-
23 shopping. I now want to give a preview of what we'll be sharing starting
24 November 1st. This is a sizzle reel. So, what this does, is it brings together
25 quite a few of the new assets that we gathered. Um, this is not the full

1 commercial yet, that is still being edited. I will share with you the video
2 script shortly. This is simply the sizzle reel which shows the new LGG--
3 LGBTQ couple that we gathered, as well as additional rural scenes. Um, and
4 then it shows a new--how do we call this? But an--almost an interactive
5 element that we've created in these assets you'll see very shortly. Um, but
6 we have an almost 3-D moment where these actual characters and
7 Nevadans interact with the different health insurance logos and options
8 that we have throughout the state. Again, as Katie mentioned, we really
9 are trying to hit the nail on the head here with "Nevada Health Link is here
10 for you to get health insurance." So, I will play this video now. <video
11 plays> Wonderful, and I can send out the link to that as well if the sound
12 didn't work for some individuals, but I think it shows the great depth and
13 variety of the new assets. And so, we thank the Nevada Health Link team
14 for continuing to push us in this direction. We're very excited to add new
15 individuals into our assets this year.

16 JAMESON: I didn't get the sound, so I'd appreciate the link.
17 Perhaps you would just send it to every Board member. Thank you.

18 ANDERSON: Absolutely.

19 JAMESON: And it looked fabulous, and your three phases
20 messaging is just on the money. Excellent.

21 ANDERSON: Thank you so much.

22 LEWIS: I didn't get the sound either, so.

23 ANDERSON: Wonderful. We will post or send out a link to the
24 video so you can hear the sound.

25 LEWIS: Thank you.

1 ANDERSON: Um, wonderful. Okay. Um, this is the video script
2 that go--will go along with the full video ad. I'll read it to you shortly, or,
3 and it says, "Welcome to a health insurance Marketplace built for
4 Nevadans. At nevadahealthlink.com, our plans deliver financial help for
5 qualified Nevadans, a variety of health and dental plans, and free
6 assistance navigating your options so you can fulfill your plans and focus
7 on what matters most, which--with coverage that you can count on.
8 Because at nevadahealthlink.com, our plans are made for your plans." So,
9 we think that really sums up very nicely the price as well as value message.
10 Here's examples of the new print ads. Um, we are, again, very excited to
11 add these individuals throughout the state. Um, we have--and we love
12 seeing more logos across the bottom <laugh> of our assets, as well. So,
13 kudos to the team for expanding the network and options for Nevadans.
14 Here's an example of a billboard that will be running during open
15 enrollment. It's very simple and to the point. Um, I think you'll see that
16 reiterated throughout our messaging. We wanna make sure that people
17 know that if they are looking for help, we are there to provide that help
18 for them.

19 JAMESON: Great message. Who isn't looking for health to--
20 help to get their health insurance.

21 ANDERSON: Yes, exactly.

22 JAMESON: Great.

23 ANDERSON: Thank you. It's very simple. We'll do some--a few
24 more executions of this where we have some supporting graphics that will
25 go around the logo. But when you're driving down the road, as many of you

1 do, you have very few seconds to see a billboard most of the time. And so,
2 brevity is critical when looking at a billboard. Simplicity, I think, always
3 does well on a billboard. Here's an example of a digital ad for open
4 enrollment. This will be animated as well as a carousel. So, again, one of
5 those that you can swipe through. Um, the messaging I shared earlier is
6 what is on this ad. Here are some of the video--or photos. They very much
7 warm my heart <laugh> every time I get a look at these photos. Um, they, I
8 think, really helped to bring life to camp--the campaign, as well as the
9 value of health insurance and how it empowers you to do what you want.
10 These will be across the website, across social media, um, and our
11 newsletters and other content that we have. So, here's some more
12 examples of those photos. Now, down to the nuts and bolts a bit. Um, paid
13 media is critically important. This is how we are reaching new audiences to
14 bring them into the fold. Um, Russell mentioned earlier, we expect to have
15 about 74,000 re-enrollees, but we want to have at least 20,000 new
16 enrollees. We'd love to get to that a hundred thousand mark again. So, we
17 need to bring in many more than 20,000 new people who can look at their
18 options, decide what's best, and enroll. Um, so, our paid media strategy is
19 one of those. It really helps to create awareness of the importance of
20 health insurance, and then, of course, how Nevada Health Link as the
21 official place to go and get financial help on their premiums. We will do a
22 variety of tactics. A majority of our media buy will be going to traditional
23 outlets. Traditional outlets are things such as billboard, broadcast tv, cable
24 tv, newspapers, different things like that. Uh, they do continue to help us
25 with that brand awareness. Um, we do also have a strong digital focus,

1 though. We're very excited that through our digital ads, we are able to
2 continue to target people more and more directly, so we can be very
3 efficient with the dollars that we have. This year, as Katie mentioned,
4 we're trying a few new things. Um, one of those is Nextdoor digital
5 advertising. I'm not sure how many of you are on Nextdoor, but it is an app
6 and a website where you can connect with people directly in your
7 neighborhood. So, to join Nextdoor, you have to get a code into your
8 mailbox, and then you can speak with the people directly in your
9 neighborhood. So, we can do advertising on there targeted towards--
10 throughout the state, both rural and urban areas. Um, so, we're excited to
11 try that out. We will continue to spend quite a bit of money on our search
12 engine marketing, so that's a Google and Bing. We've been learning that a
13 lot of people coming to Nevada Health Link's website use Microsoft Edge
14 search to get there. And so, Bing and then Edge Plat--advertising is very
15 important. Um, we also, as you know, every year there are quite a few of
16 the scammers or the other people who are selling disaster insurance that
17 aren't quite Nevada Health Link imitating us. So, we go head-to-head
18 competing with them on those search engine rankings. We also, as Katie
19 mentioned, we'll be doing out-of-home digital in hospital screens,
20 rideshare screens, different places like that so that we're reaching people
21 across their day. Uh, public relations may--is--continues to be a very, very
22 important part of our strategy moving forward. Um, as I mentioned earlier,
23 the media continues to help share the story of health insurance, and we
24 want to make sure that we are great partners with them. Uh, very shortly,
25 just next week, we will have two prep rallies for our broker and navigator

1 communities, and we hope that you'll be able to join them. Monday, we
2 will be in Reno, in person, hosting a prep rally. Wednesday, the 18th, we
3 will be in Las Vegas, hoping--hosting a press--prep rally. After the Las
4 Vegas prep rally, we are holding a public resource event that we are calling
5 "Ghouls, Ghosts, and Getting Insured." Um, it's the season of course, of
6 spooky things. So, that will be at the Alexander Library in North Las Vegas.
7 Um, we're partnering with a city council member in North Las Vegas who
8 will be attending and sharing this. The city of North Las Vegas has been a
9 wonderful partner in sharing out information about this event, as well.
10 This is one of the first times that Nevada Health Link has hosted a more
11 public facing event for the community, and we're really excited to have the
12 opportunity to do so and speak with consumers directly about the value of
13 health insurance. We, November 1st, will have a press conference in Reno.
14 Last year, the press conference was in Las Vegas, so we want to make sure
15 that we have equal representation across the state. So, we'll have our
16 press conference in Reno this year. It will be live streamed. Uh, we are
17 very excited that we have a member of the Governor's team confirm to be
18 a part of that. And then we are working on, also, a proclamation to
19 recognize November 1st as Nevada Health Coverage Day, which I think is a
20 phenomenal next step in really establishing how important health
21 insurance is to Nevadans. Um, we have done quite a bit of community
22 relations. Katie mentioned earlier, over 160 events this year. We continue
23 to look at making sure we are making the greatest impact with our events.
24 We have updated and improved the different collateral items handed out.
25 Um, and then we're also pursuing library partnerships both in urban areas

1 as well as rural areas. And so, the Alexander Library North Las Vegas is a
2 start to that, but those library partnerships look like sometimes hosting
3 events, sometimes having our posters and different collateral materials
4 inside those libraries so that we're reaching community citizens who are
5 there. Um, here is a couple of events that we have completed or been a
6 part of recently, as well as photos from those events. Um, listed on the left
7 are a few upcoming events. So, Rosa Griselda and the team are very busy
8 coordinating our navigators to get out and speak with our community, and
9 we are so thankful for their support and partnership in that effort.

10 Multicultural communications remains very important for us. We want to
11 make sure that we are reaching all of our audiences wherever they're at.
12 So, we continue to work with stakeholders who speak multiple languages
13 and encourage them to use our toolkit as well as the information we have
14 to better service and provide that information to the individuals they work
15 with. So, examples of some of these partners we've worked with are
16 Chambers of Commerce, nonprofit organizations, as well as Consulate
17 Offices throughout the state. We also are working with elected officials to
18 help develop scripts and videos that they can share on their own
19 communication channels or perhaps in Las Vegas. The city of Las Vegas
20 actually has their own TV channel, as many of you know, where they can
21 share video PSAs on those. So, we've conducted outreach and are working
22 with specific, targeted, elected officials on that. Okay. Um, we also
23 continue to work on contributed content and that--what that means is
24 either blog posts or social media that can be shared with these
25 organizations and help reach their audience members. Um, we are, as Katie

1 mentioned, very excited that ne--the new Nevada Health Link En Espanol
2 page has gone live on the website. Uh, if you go to nevadahealthlink.com
3 and the top--the very top row around the middle of the page, there's a
4 gray--in gray, it says En Espanol, and you can click on that, and that
5 provides a great resource for any individual who speaks Spanish to see all
6 of the information that they may need to help enroll. And if they don't find
7 the information they need on that webpage, there's many calls to action to
8 call someone or to reach out to a broker directly who speaks Spanish. We
9 will work to do Facebook lives with many organizations because that
10 provides an opportunity for individuals to engage. And then we'll continue
11 to make sure that we are targeting key dates that matter to many different
12 audiences. So, that's things like Day of the Dead, Black Friday, throughout
13 the holiday season. Content strategy for content. What that means is, what
14 information is going onto the website, what information is going into our
15 newsletters, and what information is going on to social media? All of that
16 helps support how high we rank on Google and Bing. Uh, the be--higher you
17 rank on those search engines, the better. If you think about how you
18 engage with Google or Bing, if you're looking up, you know, "coffee shops
19 near me," you're often most likely to look and pick on--click on the thing
20 that shows up first. Right? That's usually a trusted resource. It means that
21 many people have been there. nevadahealthlink.com ranks number one on
22 many, many, and most search terms related to health insurance. Um, we
23 want to make sure that we continue to rank one, two, three, four, and five.
24 And the only <laugh> news you can find, of course, about health insurance
25 is Nevada Health Link when individuals are looking to enroll. Um, so, we do

1 that through a content strategy. Um, one new thing that we launched this
2 year on our content strategy is a community newsletter. So, that
3 community newsletter goes out to our partner agencies throughout the
4 state. It goes out to organizations that we've sponsored. It goes out to
5 other stakeholders such as municipalities throughout the state, chambers
6 of commerce throughout the state, individuals who need to know what's
7 happening with Nevada Health Link so that they can share it with their
8 members. So, that is a new initiative that started at the very end of last
9 year's open enrollment, and it will continue throughout this year's open
10 enrollment. Social media is something that is critically important to
11 reaching our audience. We have focused immense amounts of efforts in the
12 past six months to grow our social media following, and we have seen a
13 great growth month over month. We will continue throughout open
14 enrollment to engage them through doing FAQs, through providing
15 information and how to reach out to brokers and navigators, really
16 highlighting the 10 essential health benefits so that if they see maybe a
17 scammer or getting outreach from somebody who is not Nevada Health
18 Link, they'll know the value of plans on Nevada Health Link because they
19 cover those 10 essential health benefits. We'll continue to focus on video.
20 Over the past three years, we have amassed quite a library of video of
21 Nevadans who are out in the community. And so, we'll continue to share
22 that because video gets great engagement. So, that is our plan for open
23 enrollment this year. We are very thankful to all of our partners within the
24 Nevada Health Link team, as well as Marketing for Change, and Erica Avilés
25 for helping put together this great campaign, and we are so excited to

1 share the results with you. Are there any questions that I may--

2 JAMESON: Great campaign, and you guys really did amazing
3 research. I think, you know, I had a few questions. Um, what do you guys
4 consider middle class these days?

5 ANDERSON: That is a great question, and I think Aaron could
6 speak to that messaging, and why we tested it.

7 JAMESON: I kind of was surprised you tested that with our
8 population.

9 METZGER: Yeah. I--I think that that is a really good question. I
10 think that one of the goals is to let people know. I think that letting them
11 know that there's availables for potential subsidies, if you are a family,
12 have multiple dependents, and then that can influence your eligibility for
13 some of those subsidies. So, like, really kind of expanding the au--potential
14 audience to include families that, you know, might not consider themselves
15 eligible for some of these programs, but making sure that they, you know,
16 that if they see themselves a middle class, they, you know, know that they
17 also might be available for them.

18 JAMESON: That is such a great point because yes, many--it is
19 the perception that we are the lower income, and yet we have the range
20 indeed, for the lower end of middle class. There's no question. And I--and
21 that is fascinating. Uh, how can we reach them? Yeah. That's--that's
22 excellent. Uh, I see why you wanted to put it out there. So--and so, getting
23 back to the population. We do have quite a large number of the Latinx,
24 Spanish population. Do you know exactly what percentage of our enrollees
25 are Hispanic, Latinx out of curiosity? I can tell you that sometimes when

1 I'm on websites, when I go to something that's out of our country and it's
2 not in English, of course, I wouldn't even--I wouldn't get past the first
3 page. So, I am so excited about our Nevada Health Link Espanol because
4 it's really fantastic that we have this rolling out this year. It's just amazing
5 because it's amazing when you think about it that we've been going four
6 years without this, considering how many Hispanic, Latinx enrollees we do
7 have and that they've navigated it, which they have probably
8 become very skilled at since much of what they might participate in don't
9 always offer them in their own language. So, just bravo, bravo, bravo. I
10 think this could help us get those extra 20,000. I just think it's just so
11 fabulous, I cannot tell you. So, what do you have there for the numbers?

12 ANDERSON: We can look at--and we may want to defer to the
13 Nevada Health Link team on the current enrollees that are Hispanic or
14 Latinx. I do know in the application process it is not required to report
15 race or ethnicity. Um, so, there is a large population of individuals who do
16 not report that. However, of the reported individuals, it would probably be
17 best for the Nevada Health Link team to say how many enrollees are--self-
18 report as Hispanic.

19 JAMESON: And how many of our navigators and brokers do we
20 check? How many of them actually are bilingual with Spanish?

21 CHARLESON: This is Katie Charleson for the record. Um, we
22 do check, and I can get you an updated number for this year. I want to say
23 last year we had close--a little over--sorry. (inaudible) She's part of the
24 meeting. <laugh>. But, we're about 150 brokers that offered Spanish
25 services, as well. And I can get you an updated number for this current

1 year.

2 JAMESON: Excellent. And just with our marketing PR group
3 when they're out at our events, I imagine--is there a significant--is there
4 just a significant small majority of the Hispanic population, or is there--are
5 they literally, literally a majority? I mean, do you--that come to the
6 events?

7 ANDERSON: Every event is different. We--when we look at our
8 events, we work with Rosa and Griselda to identify--

9 JAMESON: Oh, sure, yeah.

10 ANDERSON: Is this an event where we expect a large Hispanic
11 population or Spanish speaking population to attend? Then, let's have
12 navigators there who serve that population. Or is this more of a general
13 market event? So, we're always looking at that as we engage and decide
14 our events. We do make a concerted effort, absolutely, to reach those
15 audiences. Um--

16 JAMESON: And an amazing effort. An amazing effort.

17 ANDERSON: Yeah. <laugh>, I mean, yes. We--we speak with--
18 the navigators do a great job of speaking with many, many individuals.
19 They do provide post-event recaps. I do--they don't track who they speak
20 to in English or Spanish, but it's something that we could get some
21 feedback on for future. Absolutely.

22 JAMESON: You know, when we saw the printed material and
23 some of the digital material, I have to it--I was almost not keyed into it,
24 but I can flip back through it now. Uh, so, is--it's all, I know, in both
25 English and Spanish.

1 ANDERSON: That's correct.

2 JAMESON: And I wanted to compliment you on the printed and
3 digital with the QR codes right there, because that's all they do now. And
4 that is fantastic seeing it on your materials here.

5 ANDERSON: Thank you.

6 JAMESON: And on the North Las Vegas prep rally--press
7 conference in Reno, actually, press conference in Reno, you mentioned the
8 date, what, November one? It'll be the kickoff date?

9 ANDERSON: That is correct.

10 JAMESON: And I apologize. I might've missed an email. Did
11 you send information out to all the Board members about that?

12 ANDERSON: We will do so shortly.

13 JAMESON: Because schedules are so busy. We have to kind of
14 put it ahead of time if we hope to come. And the conference in Reno,
15 where was it being held? I saw you talk about the library for later, for the
16 ghost, et cetera, but was the press conference going proceed that in the
17 same location?

18 ANDERSON: Um, so different location. Yeah. So, October 16th
19 in Reno is the prep rally. That's at--

20 JAMESON: Oh, okay.

21 ANDERSON: That is at Tamarack Junction. October 18th in Las
22 Vegas. The prep rally will be at the East Las Vegas Library. We will then
23 move in the afternoon of October 18th to the North la--the Alexander
24 Library, which is in North Las Vegas. So, two events, two libraries in Las
25 Vegas on October 18th. And then November 1st--

1 JAMESON: Yeah, the press conference.

2 ANDERSON: Press conference in Reno. And that is at the
3 Northern Nevada Public Health Office.

4 JAMESON: Yeah, that's the one I didn't really know where that
5 was. Northern--so, it's at the public health, similar to how you did it last
6 year.

7 ANDERSON: Yes.

8 JAMESON: At the public health. And the time?

9 ANDERSON: Um, we are asking people to arrive at 10:00 a.m.
10 on the 1st of November.

11 JAMESON: Was there any other questions on some of these
12 details from my--from our Board today?

13 T. DAVIS: Madam Chair, Tiffany Davis for the record. I did
14 just want to mention. I know Connie spoke about the sizzle reel. I know
15 majority of us, I don't believe, were able to hear that, so I did, just for the
16 record, want to mention for, not just the Board members, but for everyone
17 listening in and for the public, we will be posting that sizzle reel on our
18 website so that everyone can see and hear that.

19 JAMESON: Very good. Uh, just great work from our PR and
20 marketing team. Just amazing. Uh, any other comments from our Board
21 members or anyone on the presentation? Again, awesome with the Nevada
22 Health Link Espanol. I think that's gonna put us over the top of our
23 projected--our hoped number of enrollees. I just think it's fantastic.

24 ANDERSON: Thank you. We hope so, as well. Absolutely.

25 JAMESON: So, if there are no other questions, gosh, we can

1 just proceed. I don't know. Uh, Tiffany, you can always see everybody's
2 hands better than I can. Uh, I don't want to miss anyone.

3 T. DAVIS: Yeah, Madam Chair. Tiffany Davis for the record.
4 I'm not noticing any hands at this time.

5 JAMESON: Okay. So, we'll move on. Again, I just have to say
6 excellent, excellent work. So, going on to discussion of possible action
7 regarding dates, times, of--and the future meetings. Did we have any
8 follow up that our Board would like to see on the next--on the agenda for
9 our next meeting? What is the date of that next meeting, Tiffany?

10 COOK: Madam Chair, this is Russell Cook for the record.
11 I'd be happy to share that information with you. Uh, and what a team,
12 huh? Really good stuff.

13 JAMESON: I know. I--it's--it really, really amazing.

14 COOK: So, our next scheduled Board meeting is Thursday,
15 December 14th at 1:30 p.m., and the Board will be reviewing and
16 considering for approval, our next fiscal and operational report.

17 JAMESON: Fabulous. Fabulous. And so, I think, for me, I'm just
18 looking forward to hearing follow up about the Tribal Indian and out-of-
19 network providers, how you guys are going deal with that. Um, I'll be
20 looking forward to hearing how our enrollment will be going, of course.
21 Uh, not that you'll have any kind of--we'll be in the midst of things, but I
22 will be very much looking forward to hearing about that. Was there
23 anything else that our Board members would like to have our amazing staff
24 at our Exchange give us an update on? It sounds like you have answered all
25 their questions. You have done a beautiful job of bringing so much

1 wonderful information and updating us on what's been going on. Thank you
2 so much. And so, I guess we can actually, if there's nothing else under
3 discussion for the dates, times, and agenda items, we can go to public
4 comment.

5 T. DAVIS: And yes, Dr. Jameson, Tiffany Davis for the record.
6 Um, I'll help facilitate the public comment. Uh, just a reminder for anyone
7 who is on the line, if you would like to make a public comment, please do
8 so by raising your electronic hand in the Zoom, as a Zoom feature, or
9 indicate in the chat box if you'd like to make a public comment, and we'll
10 let you know when you may unmute yourself for that. So, I'll start with our
11 conference room in Carson City. Uh, Kassie, do we have anybody in our
12 physical location who would like to make a public comment?

13 FUENTES: Kassie Fuentes for the record. There are no public
14 comments in the Carson City location.

15 T. DAVIS: Thank you so much for that confirmation, Kassie.
16 And then, Kaitlyn, do you see anybody online that has their hand--
17 electronic hand raised, or any comment in the chat feature that--where
18 they would like to make public comment?

19 BLAGEN: Hi. Kaitlyn Blagen for the record. I do not see any
20 hands at this time to me, Tiffany.

21 T. DAVIS: Thank you, Kaitlyn, for that confirmation. And do
22 we have anybody on the phone lines? If you are on the phone line and
23 joining us that way if you would like to go ahead and unmute yourself and
24 make your public comment at this time. Not hearing any. I'm going to
25 assume that there's no one on our phone lines to make public comments.

1 So, Madam Chair, it does not look like we have any public comments at this
2 time.

3 JAMESON: I just want to thank everybody, once again, for the
4 amazing--from this staff, our PR and media marketing team. Everybody. It's
5 just amazing everything you have accomplished. Uh, and I think at this
6 point then we'll just entertain a motion to adjourn.

7 LEWIS: Chairman, this is (inaudible). I'll (inaudible)
8 adjourn.

9 CLARK: Valerie Clark, second.

10 JAMESON: Thank you, Lavonne and Valerie. And everyone in
11 favor of ending our meeting? Aye.

12 MEMBERS: Aye. Aye. Aye. Aye.

13 JAMESON: And thank you all for again coming here and
14 spending these very precious hours. It is so appreciated by those people
15 who really need this amazing Exchange where they are doing their best so
16 that their plans are accommodated with our great plans. And I think that
17 it's so important to listen to what my husband always says. Uh,
18 "compassionate listening." Uh, our Director started off with that word
19 "compassionate," and this team has been compassionate listening from our
20 Exchange to our Board so that we can provide the absolute best for our
21 Nevada citizens who really do need help getting, affording their insurance
22 in this world we live in today. So, thank you all so much for your time
23 coming today, and have a great weekend.

24 UNKNOWN: Thank you. Same to you.

25 JAMESON: Thank you.