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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
TUESDAY, FEBRUARY 20, 2024

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DR. JAMESON: Can you hear me?

T. DAVIS: Yes, Dr. Jameson, we can hear you.

DR. JAMESON: All right, thank you.

T. DAVIS: And Dr. Jameson, before we get started, I'm just confirming that we, um, have everyone, I still have people joining the meeting. If we could just give it one more minute.

DR. JAMESON: Oh, yes -- yes. I'll put on mute and just --

T. DAVIS: Madam Chair and Director Cook, I do believe we are good to go.

KUNNEL: Madam Chair. And, uh, um, may I say something here? There's a (inaudible) --

DR. JAMESON: Good afternoon.

KUNNEL: -- in the chat box, um, someone asking if it's okay to record the meeting for Sabrina Schiner.

DR. JAMESON: I will defer to Tiffany and thank you for, uh, observing that. Um, I believe it's a public meeting, but I will leave that to our, uh, attorney as well as Tiffany to respond to that question. Thanks for pointing that out.

1 T. DAVIS: Yes, Radhika, thank you so much for, uh, noticing
2 that in the chat. And I would like to say that we do record all of our board
3 meetings so that they can later on be posted to their website. So, um, this
4 is something that we do for every meeting is recording our board meetings.

5 KUNNEL: Thank you for the clarity. I just wanted to know if
6 that's somebody from the Silver State Health Exchange or outside of, uh,
7 the board. Thank you.

8 DR. JAMESON: Uh, Tiffany, would you be able to determine
9 what that is?

10 SCHNUR: Hi, I'm Sabrina Schnur. Um, that's, I'm with Bells and
11 Case Government Affairs. That's our internal recorder. We just sent her to
12 meetings in case we have to step out our Wi-Fi breaks so we can catch up
13 on notes later, things like that. So, it stays internal. We're honestly trying
14 to figure out if she has to put that note into every single meeting. She
15 does it automatically. But I'm here as well if there are any questions. But
16 yes, we sent her to open meetings just so that we have recordings
17 internally.

18 DR. JAMESON: Thank you. And perhaps this individual can
19 confirm on the chat that they have that so they know it'll be readily
20 available.

21 SCHNUR: I'm -- I'm the individual.

22 DR. JAMESON: Oh, thank you.

23 SCHNUR: Yeah, no problem. Yeah, I'm -- I'm Sabrina Schnur.
24 She automatically, the, the, the bot automatically puts that message in,

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1 just to let people know who she is. But yeah, she is a bot and I am Sabrina
2 Schnier that she is recording for. So again, it just goes to our internal
3 software so that we have it for any notes later.

4 DR. JAMESON: Very good. Very good. All right. Well, having
5 cleared that up, I think at this point we can absolutely, uh, start the
6 meeting. Call to order. Uh, welcome everybody, and I will, um, ask, will it
7 be Tiffany or Russell usually likes to do the roll call. Have our roll call.

8 COOK: Madam Chair. Uh, Russell Cook for the record, I will be
9 conducting today's roll call. I did wanna briefly share a few housekeeping
10 reminders, uh, before we start the meeting. Um, Kaitlyn Blagen is hosting
11 this webinar meeting in our Carson City office. Um, as a reminder, we're
12 asking you to please keep yourself muted if you are not the one presenting
13 or making a comment. For those on the phone, please remember to mute
14 yourselves or else we will hear your private conversations. Um, there may
15 also be people on the phone that would like to make a public comment, so
16 we just wanna remember to ask if there are any public comments on the
17 phone. Um, we, uh, also have our Carson City Conference location open to
18 the public, so public comment may come from there as well. Uh, last
19 reminder, for anyone speaking, please remember to state your name for
20 the record before making a comment or presenting. Um, and with that
21 Madam Chair, I will commence with the roll call Dr. Florence Jameson.

22 DR. JAMESON: Present.

23 COOK: Wonderful. Uh, Ms. Valerie Clark.

24 CLARK: Present.

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1 COOK: Ms. Lavonne Lewis. All right. I will be --
2 LEWIS: Present.
3 COOK: Oh.
4 LEWIS: I'm present.
5 COOK: Thank you very much, Ms. Lewis. Wonderful. Uh, Dr.
6 Sarah Friedman.
7 DR. FREIDMAN: Present.
8 COOK: Mr. Jonathan Johnson.
9 JOHNSON: Present.
10 COOK: All right. And it gives me great pleasure to welcome
11 our newest member of the board, Ms. Amber Torres, who was appointed
12 last month. Welcome to the board, Ms. Torres. Um, I can see that your
13 present did want to give you the opportunity, if you wish, uh, to -- to make
14 a brief introduction before we move on.
15 TORRES: Uh, (foreign). So, thank you in, um, in my language.
16 It's an honor and a pleasure to be here with you guys today. I am a tribal
17 citizen of the Walker River Paiute Tribe here in Schurz, Nevada. Um, my
18 passion has always been healthcare, and so I'm very -- very excited to have
19 that native perspective at the table and join you today. So, again, pleasure
20 to be with you and I look forward to working with all of you (foreign).
21 COOK: Thank you very much for the introduction, Ms. Torres.
22 And, uh, welcome to the board, uh, Mr. Quincy Branch.
23 BRANCH: Present.
24 COOK: All right, Stacie Weeks.
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WEEKS: Present.

COOK: And Commissioner Scott Kipper.

KIPPER: Here.

COOK: All right. And Jenny Helton.

TILLEY: This is Shauna Tilley. I am representing Jenny today.

COOK: All right. Uh, well, with that, uh, we have a hundred percent attendance and we certainly do have a quorum. Madam Chair.

DR. JAMESON: Thank you. Uh, I would again like to thank all of our board members and all of the ex-official members for joining us today and, uh, for being part of the team. Uh, we really appreciate your time and your commitment and your passion. And I wanted to say a special thank you, uh, to Jose, uh, who had been with us for, gosh, I would guess near on, what do you think, 10 years. And he has rotated off. He has a lot of other opportunities now as he's, uh, just in high demand. And we are so grateful for all of his years in contribution and, uh, and very excited as an obstetrician gynecologist, I see all ages from birth to -- to one step into the grave and, uh, the cycle of life. And so as Jose is leaving us, we now have Amber, Russell, thank you for introducing her. And it's so exciting, uh, to have you, Amber, as a new board member in general, but also it (inaudible), uh, it is now, uh, completing, uh, this project of having representation -- tribal representation on the board. It's just a wonderful thing. So, um, thank you so much. And with having said that, I have no other real, uh, no other actual announcements. We have a few motions and we'll try to move along efficiently and make sure we get through all

1 those motions and don't keep any of you too long. So, uh, as we go into
2 public comment, as Russell pointed out with some revised, but pretty much
3 the heart of the same public, uh, open meeting laws, we do wanna ask if
4 anyone has public comment. We usually start with the north and then the
5 south, and then telephone, if anyone on the telephone has any. So let's go
6 ahead and start with the North. Are there any public comments from the
7 north?

8 T. DAVIS: Dr. Jameson, I am so sorry to interrupt. This is
9 Tiffany Davis for the record per --

10 DR. JAMESON: Oh, yes. I would love you to go at length first
11 and -- and give a capsule of the new amended public, uh, comment.

12 T. DAVIS: Yes.

13 DR. JAMESON: Uh, open meeting, uh, policies. Thank you.

14 T. DAVIS: Thank you, Dr. Jameson. Uh, yes, just per AB 219
15 from our last session does require that for virtual meetings that we, um,
16 give, uh, a clear and, um, clear, uh, statement as far as how the public may
17 make public comment regarding these meetings. And so I'll go ahead and
18 jump into that. Um, so anyone -- just to remind anyone who has joined us
19 virtually, or if you have called in that, if you would like to make a public
20 comment, if you have joined us virtually, you may raise your electronic
21 hand or indicate in the chat box if you would like to make a public
22 comment. And Kaitlyn will, or you will, Kaitlyn will call you, and you'll be
23 allowed to unmute yourself for that public comment. But I'd first like to
24 get started in our Carson City conference room. We have Kassie there.

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1 Kassie, do we have anyone in our physical location of the Carson City
2 conference room who would like to make a public comment?

3 K. FUENTES: Kassie Fuentes for the record. There is no public
4 comment here in the Carson City location.

5 T. DAVIS: Thank you so much, Kassie, for confirming that. And
6 then online, just as a reminder, if any of the attendees would like to
7 provide public comment, you may raise your electronic hand feature on
8 Zoom, and then Kaitlyn will call your name. And then at that time, you'll
9 be allowed to unmute yourself to be able to provide your public comment.
10 Kaitlyn, can you see anyone who has raised their hand with this?

11 BLAGEN: Hi, Kaitlyn Blagen, for the record. No, I do not see
12 any hands raised and nothing in the chat right this time.

13 T. DAVIS: Wonderful. Thank you so much for confirming that.
14 And then anybody who has joined us on our phone lines, if anyone has
15 joined us by calling in, you may go ahead at this time and unmute yourself
16 in order to provide us with public comment. Do we have anyone on our
17 phone lines not hearing anything? And Kaitlyn, can you confirm that you
18 do not see, uh, see anything as well?

19 BLAGEN: Yes, that is correct, Tiffany. I do not see anything.
20 Okay. Thank you so much. Madam Chair, it looks at this -- like at this
21 time, we do not have any public comment.

22 DR. JAMESON: Thank you. So, going on to the next item on our
23 agenda, approval of the minutes from December 14, 2023, board meeting.
24 I'd like to ask our board, uh, for a motion for approval second, and then

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1 we'll discuss and, uh, then we'll take action. Could I hear a motion for the
2 approval of the December 14, 2023 board meetings?

3 JOHNSON: Jonathan Johnson motion to approve.

4 BRANCH: This is Quincy Branch, second.

5 DR. JAMESON: Thank you, Jonathan, Quincy. So, um, having
6 heard the motion, is there anyone, uh, having reviewed these that may
7 have any corrections, any errors noted, any errors of, uh, omissions or, uh,
8 any, uh, thing that, um, may -- may -- may be incorrect? Uh, and if not,
9 we'll give you a moment if you're just finishing perusing those minutes and
10 not hearing anything. Thank you staff for your excellent job on the
11 minutes, and we will go ahead and everybody in favor of passing. You can,
12 uh, I think, let's raise the hand. I think, uh, the staff can see -- oh, not
13 everybody has their pic, uh, uh, some people have a picture, so let's just
14 do it by voicemail, by voice, so everybody who approves, uh, please say,
15 uh, yay.

16 MEMBERS: Yay.

17 DR. JAMESON: And does anybody, uh, disapprove? Not, um,
18 okay. Is there any abstinence? The December 14, 2023 board mini meeting
19 minutes have been approved unanimous, and now we're gonna go on to our
20 very favorite part, the Executive Director report, providing all the updates
21 on topics that have been covered here at the Exchange and there is a list
22 of them. Uh, and I will say I know that frequently, uh, um, Russell will ask
23 if we just wants to hit the highlights, uh, or to read it directly. I think for
24 the most part, we could read through it and it's on the recording as well

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1 for people who listen later and may not print some of the attachments if
2 there are certain areas that you wanna paraphrase. I am so good with
3 that, Russell, take it away.

4 COOK: Thank you very much, Madam Chair. Um, the first
5 section of the Executive directors report is title revised format for
6 Executive Directors Report. Beginning with today's board meeting, the
7 format of the executive director's report is being revised to allow for
8 comments or questions from the board following the conclusion of each
9 section. This change was driven in large part by the board's favorable
10 reaction to being asked for cognizant questions after each section of the
11 October Executive Director's report. However, following the October
12 board meeting, the Exchanges leadership met with our Deputy Attorneys
13 General who suggested that this change in format might require each
14 section of the Executive Director's report to be individually enumerated on
15 the corresponding meeting agenda in order to ensure continued
16 compliance with Nevada's Oak meeting Laws. As a result, the Exchange has
17 modified the agenda, uh, to today's board meeting accordingly, and we will
18 continue to do so in the future so long as this format continues to meet
19 with the board's approval. And I will now pause for any comments or
20 questions from the board. Okay. Alright, moving right along. Uh, the next
21 section is titled General Comments. This year's open enrollment period
22 ranks broadly as the Exchange's most successful on record. While our
23 overall enrollment numbers trailed slightly behind those from plan year
24 2022, uh, whose numbers were bolstered by the introduction of expanded

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1 APTC subsidies under the American Rescue Plan Act, we still saw nowhere
2 the increase in both medical and dental enroll, uh, versus 2023 of even
3 greater importance to the Exchange is the fact that complaints submitted
4 by consumers, agents and brokers reached an all time low. While
5 consumer satisfaction as reported by a post-call surveys in our call center
6 was at an all time high looking ahead towards '24's, uh, 2024 rather, uh,
7 special enrollment period. The Abbey Agency is planning targeted
8 marketing and outreach activities for each month of the year, including
9 discussions between the executive director and a variety of community
10 leaders and expert stakeholders on culturally relevant topics. Increasing
11 engagement from all Exchange stakeholders is a top priority for 2024, as is
12 outreach to policy makers in advance of the 2025 legislative session. As
13 part of our ongoing commitment to improving the accessibility of the
14 Nevada helping Platform, the Exchange has been working in collaboration
15 with vendor get insured to translate the large number of print notifications
16 generated by the system into Spanish, 100 percent of notifications are
17 expected to be available in, uh, English and Spanish by June of 2024. The
18 Exchange's leadership recently met with members of its finance team for
19 the annual assessment of our monthly carrier premium fee, uh, which is
20 the sole source -- the -- a sole source of SSHIX's operating revenue based
21 upon healthy reserve levels and a favorable revenue outlook in the coming
22 years. The Exchange is proposing to further its ongoing commitment to
23 reducing the carrier premium fee by lowering the existing 3.05 percent fee
24 to 2.95 percent for plan year 2025. Additional details on the proposed
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1 change, including rationale and revenue productions, uh, will be provided
2 in agenda item '06, adopting 2025 carrier premium fees, uh, in the
3 Exchange is confident that the proposed change will ultimately translate
4 into a cost savings for marketplace consumers. And again, I'll pause, uh,
5 for any comments or questions from the board. Alright, hearing no
6 questions, I will move on to the next section. Workshop approach to
7 public comment solicitation. In recent years, the exchange has
8 administered a number of initiatives which have required the solicitation
9 of public comment. These activities had led to a desire by the Exchange's
10 administration to standardize this process and to improve the Exchange's
11 transparency and accountability by gathering and reviewing all
12 commentary in the public sphere. Among our sources of inspiration were
13 the recent public workshops conducted by Nevada's, um, department of
14 Health and Human Services, and the Division of Healthcare Financing and
15 Policy in relation to the Nevada Public option. These workshops were
16 characterized by lively contributions from a variety of stakeholders, and
17 perhaps most importantly, the open and transparent meeting format
18 allowed for the comments from each stakeholder to inform the subsequent
19 discussion. The Exchange is implementing a similar format for the future
20 solicitation of public comment with the addition of a dedicated time period
21 for the submission of written comments prior to each workshop.
22 Workshops will then begin with a reading of written comments received to
23 date before entertaining live public comments. We look forward to pilot
24 testing the workshop format for our upcoming revisions to the Exchange's
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1 Language Access Plan, which will be described in greater detail later in
2 today's presentation. I will, again, pause for the comments or questions
3 from the board.

4 DR. JAMESON: Look forward to hearing those comments on the
5 language Pro uh, trans -- translation, available literature and everything
6 else. It's really exciting.

7 COOK: We're excited about it too madame chair, and I'm -- I'm
8 -- I'm really looking forward to, I think this is a -- an ideal, um, scenario,
9 uh, to -- to pilot test this, uh, this approach with. So -- so we're really
10 looking forward to what this workshops yield. We will of course, uh,
11 provide updates in the, uh, the June board, uh, June Board meeting.
12 Alright, moving on to personnel updates. As of the drafting of this report,
13 the Exchange is operating with 25 of 27 positions filled, representing only
14 a 7 percent vacancy rate. This is our lowest vacancy rate since prior to the
15 Covid Pandemic. And the remaining two vacancies are expected to be
16 filled within the next few weeks. One of the vacancies is for our appeals
17 coordinated position, which is responsible for reviewing and investigating
18 eligibility related appeals filed by consumers. I'd like to commend the
19 efforts of Brooke Mills and Justin Prazak (phonetic) from the Exchange's
20 policy team for their extraordinary efforts to ensure that appeals continue
21 to be processed in a timely and efficient manner while we work to fill this
22 position. The other vacancy lies with the Exchange's quality assurance
23 team and the exemplary customer service I mentioned above was achieved
24 even despite this position having been vacant for a significant portion of

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1 OEP. Again, I'll pause for any comments or questions. Alright, hearing
2 none, we'll keep it rolling. Um, I want to provide a very brief, uh, open
3 enrollment review here. We are gonna provide more details, uh, later on
4 in the presentation. Um, but relative to the final count of last year's, OEP
5 2024 saw a 3 percent net increase in medical enrollments and a 13 percent
6 net increase in dental enrollments. The increase in medical enrollments
7 occurred despite over 7,000 medical enrollees canceling their 2024 auto
8 renewal policies and abandoning their marketplace medical coverage
9 altogether. Although these losses were more than offset by new
10 consumers who were not previously enrolled in medical coverage through
11 Nevada Health Inc. The Exchange is planning on deploying a survey later
12 this week to learn more about their choice to leave the marketplace and
13 what opportunities might exist to improve the customer, uh, experience in
14 the future. As mentioned above in the general comments section, this
15 year's OEP was characterized by record load numbers of complaints from
16 consumers and business partners and record high reported levels of
17 consumer satisfaction. From a technical and operational perspective,
18 though, this OEP was also an overwhelming success with the Exchange
19 having achieved a record high auto renewal rate in October of 99.5
20 percent, and a record low number of errors with our annual job of
21 producing IRS forms 1095 (a) and late January. Again, I'll pause for
22 comments or questions.

23 DR. JAMESON: I'll just say congratulations, um, on that 3
24 percent net increase in the medical enrollments and 13 percent increase in

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1 the net dental, uh, despite, as you said, the 7,000 medical enroll enrollees
2 that -- that canceled, uh, it is really showing that, uh, we're giving some
3 really great product out there. And also I think, uh, it's got to have to do
4 with, again, us being so affordable. And, uh, what you mentioned earlier
5 in previously when you commented that, uh, you're continuing to try to
6 keep the price down and, uh, the fact that you are constantly assessing the
7 monthly carrier premiums and just staying on top of it is why we are so
8 invaluable in this state. So thanks for never getting complacent, staying
9 totally on top of this and being the very compulsive team that we have to
10 give this wonderful option for healthcare.

11 COOK: Thank you. I -- I appreciate your comments. Uh,
12 Madam Chair, um, we -- we -- we do take these concerns very seriously
13 and, uh, we're -- we're grateful to be able to, to move the needle in the
14 right direction, so -- so appreciate the recognition. Thank you. Uh,
15 moving on. I wanted to provide an update on, uh, Medicaid unwinding,
16 which of course is still ongoing. The Exchange measures the success of its
17 efforts to support the unwinding of the public health emergency, primarily
18 in terms of conversion rate, which we measure as the percentage of
19 consumers referred by Nevada Medicaid, who ultimately enroll in
20 marketplace medical coverage. Medicaid referrals include all individuals
21 belonging to a given household. And at present, the Exchange has no
22 means of distinguishing referred consumers who actually lost their existing
23 Medicaid chip coverage from other household members who were not
24 enrolled in Medicaid chip, but who happen to be listed on the same

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1 application. With respect to actual losses of Medicaid chip coverage, this
2 has the effect of artificially lowering the apparent conversion rate for any
3 given month, even if the impact of this constraint is at least proportionally
4 consistent from month to month for the months of May through November
5 of 2024, the Exchange's conversion rate never exceeded 5 percent.
6 However, in December, the Exchange reported a conversion rate of over 13
7 percent, and in January the conversion rate climb to over 16 percent.
8 While these gains are most likely attributable to OEP related factors,
9 including increased promotion and visibility of the Nevada Health and
10 brand name, they have nonetheless yielded nearly 2000 marketplace health
11 enrollments and the Exchange hopes to build on these successes with the
12 pending rollout of its new SMS messaging campaign for Medicaid referrals.
13 This campaign, which will be launched within the month of February, will
14 provide information and resources to individuals impacted by the Medicaid
15 winding directly on their SMS enabled phones, including our call center's
16 phone number. Uh, so again, I'll -- I'll pause for, uh, comments or
17 questions before the last section. Alright, we'll keep it moving. Last
18 update is on the topic of tribal sponsorship. The Exchange continues to
19 build momentum with its tribal sponsorship program. Last week on
20 Wednesday, February 14th, the first group of Tribal Exchange
21 Representatives or TERs received the final stage of their TER training from
22 Rosa Alejandre SS Six's Navigator program Coordinator. This training took
23 place at the Reno Sparks Colonies Tribal Health Clinic in Reno, and the
24 Exchange is very grateful for the Reto Sparks Colonies continued support of
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1 our tribal sponsorship initiatives. These TERs are now eligible to provide
2 application and enrollment assistance to members of the respective tribal
3 communities directly through the Nevada Health Link platform,
4 representing a huge milestone for our tribal sponsorship program Several
5 weeks ago, the Exchange was contacted by representatives from covered
6 California, California's a CA marketplace, who were interested in discussing
7 Nevada's approach to tribal sponsorship. The first such meeting is
8 scheduled for Wednesday of this week, February 21st. Not only are we
9 honored that our work in this space is achieving such recognition, but
10 we're also looking forward to establishing a working relationship with the
11 California team, which can improve our collective support for tribes
12 situated along the California Nevada Board. During the December board
13 meeting, I reported that the Exchange was still working with the Division
14 of Insurance to review a number of potential policy concerns related to the
15 processing of specialist referral claims related to tribal enrollees. I'm
16 happy to report that these concerns have been said accurately addressed,
17 and that the Exchange has pivoted towards identifying opportunities to
18 support the claims processing workflow for insurance carriers, as well as
19 the claims submission process for tribal health clinics. Continued meetings
20 with both tribes and insurance carriers have convinced the Exchange that
21 all parties have an appetite to improve the efficiency and accuracy of
22 claims processing for tribal enrollees. And our team is looking forward to
23 meeting with our on-Exchange insurance carriers in the coming weeks to
24 address any outstanding concerns related to tribal sponsorship. Uh, that
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1 concludes the Executive Director's report. Uh, happy again to pause for
2 any comments or questions from the board.

3 DR. JAMESON: I have, uh, two comments. One is, uh, great job
4 and, uh, I'd love, uh, to get a little feedback, uh, from our, uh, Amber --
5 from Amber Torres, our new board member, tribal representative, uh, uh,
6 uh, her own personal feedback on, uh, what this program will mean to
7 some of the tribal -- tribes. Um, I'd love to hear that. And I just wanna
8 say also the other comment is, again, congratulations to our standout
9 amazing way, you know, you set the bar in this country for what Exchanges
10 should be like. Again, once again, being a role model for launching a new
11 program within the Exchange for other states and guiding them through it
12 as part of your already, uh, adding it to your other very busy schedule so
13 that not just in Nevada, but in other states, they get the benefit to
14 optimize their Exchanges. So thank you and bless you and keep up that
15 great work. And Amber, any comments?

16 TORRES: Yes. Um, thank you. Most definitely. Um, first off, I
17 just wanna say congratulations. You know, this has been a long time in the
18 making a long ongoing conversation between respective tribal nations and
19 the Silver State Exchange. You know, I happened to be a tribal leader
20 when the Silver State Exchange first, um, was, was brought forward. And,
21 you know, the, um, the transition for the general public, you know, was
22 huge. Um, it was also a learning curve for tribes as to, you know, what
23 that looked like, what that meant, options, affordability, um, you know, so
24 I can -- I can definitely say, you know, your -- your first tribal sponsorship,
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1 um, you know, should be a huge celebration, you know, not only here in
2 Nevada, but across Indian country because it just -- it makes a difference.
3 The inclusion, the option, the variety, um, and that people do not have to
4 rely on Indian Health Services anymore. You know, that is definitely an
5 option. But I think it's, it's rewriting the story that, you know, they -- they
6 definitely have the option, um, now to go where they choose. And again,
7 it's just a -- it's a historical thing. Um, I would really like to see that, um,
8 recognized, you know, in a huge way. So again (foreign), you know, my,
9 um, my eternal greatness just for the effort that's been put behind this.
10 Um, you know, I had the opportunity to work with, um, Tiffany in the very
11 beginning since day one. And, you know, just, um, I'm sure she's -- she's
12 smiling from ear to ear as well because of, you know, of how far this
13 program has come and what it means to, um, native people, especially here
14 in Nevada. So, (foreign), thank you so much.

15 DR. JAMESON: Thank you so much Ms. Torres, and it's such a
16 pleasure to have you join us and be able to give us the personal feedback
17 on this project and just help us overall on the Exchange as the board
18 considers all the things that will come down the line in the future. I saw
19 that -- I think it was da -- da -- had her hand up. Yes. Stacie weeks,
20 please.

21 WEEKS: All right. Thank you, Stacie Weeks for the record. Uh,
22 thanks for the up that update. I think it's great. I just was curious how
23 many tribal members are enrolled through the Exchange and currently get
24 their healthcare coverage through the Exchange.

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1 COOK: Uh, thank you Ms. Weeks. Uh, Russell Cook for record.
2 I -- I'm assuming you're talking about actual enrollees, right? Um, uh --
3 WEEKS: Yes. How many people are enrolled in healthcare?
4 COOK: (Inaudible). Um, I -- oh, I gotta be honest. I -- I don't
5 have a current number, um, yeah. In front of me, um, but I believe it is,
6 uh, around, uh, 1500. Um, if -- if -- if you can, uh, spare, um, me just a
7 few more moments, I can actually run that query and get it -- get it down
8 for you. Thank you. And, uh, we can maybe circle back, uh, later, later on
9 in the, in the meeting, if that's all.
10 WEEKS: Yeah.
11 DR. JAMESON: Wow. It is. Absolutely all right. Wow. And
12 yes, if you can't put your finger on that, because you're also participating -
13 - major participating in our meeting today, feel free to send it us. Oh, it's
14 a meeting. Did a, uh, a, um, uh, email to the board afterwards. Were
15 there any other questions for, uh, Russell on his report or, um, other
16 questions for our newest, uh, board member Ms. Amber Torres?
17 TORRES: Um, I no -- am this is Amber Torres for the record, I
18 just wanna state that, you know, um, in the very beginning, the enrollees
19 through the, um, silver State Exchange for, um, for natives has been very,
20 very low. Um, I think for one, because they don't quite understand how
21 that works in conjunction with the -- the coverage that they have through
22 Indian Health Services. Um, also, you know, what that penalty looks like
23 from the IRS, but I think, again, there's 28 tribes in Nevada, um, that can
24 now possibly take a look at accessing this tribal sponsorship. Um, you
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1 know, some tribes have in the range of 2,500 plus members, you know, and
2 so this again, um, can work in conjunction with purchase referred care.
3 And, you know, if a tribe is actually, um, compact where they run and take
4 their own dollars from Indian Health Services, that just opens a whole new
5 world up for coverage for, um, Native Americans. So, I just wanna say,
6 even though they may not be enrolled now, this is a game changer, um, for
7 that population. And again, you know, the more we get it out, the more
8 we do the best practice, it can just be a -- a beautiful thing and a win-win
9 for everybody. So, I just wanted to put that 2 cents in. Thank you for the
10 opportunity.

11 DR. JAMESON: Thank you. And yes, it's so early in the game
12 with regards to this being available, and I anticipate, as you are saying that
13 we will see significant increase in those numbers. Okay, thank you again,
14 Amber. Going on to -- oh, Russell did -- I think -- did you have any other
15 final comments? I'd like to thank you for that outstanding and always
16 brilliant report. Uh, and, uh, some people had always questioned, uh, if
17 you would have enough, um, experience overall, uh, as the new director
18 because you were so, uh, such a numbers cruncher. But I can't imagine,
19 again, as I said before, that anyone could be better, because so much of
20 this is all about the data, where we are, where we're going, and nobody
21 crunches those number or explains them better, so we can understand it
22 than you do. So thank you.

23 COOK: I appreciate it. Madam Chair, thank you very much for
24 the, uh, the encouraging words there. Uh, Ms. Torres, um, uh, likewise,

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1 uh, for you, um, we're -- we're really privileged, uh, to be in a position to -
2 - to help, uh, you know, provide, um, hopefully some valuable services, uh,
3 and support to this underserved community. We're definitely dedicated,
4 um, to continuing the support in the future. So, uh, with your help and
5 your guidance, uh, we're hoping to -- to build on -- on the successes that
6 we've achieved in the last year. Um, at this time, I had nothing else to
7 add, madame chair, other than I'm still working on crunching and some of
8 these numbers for you related to, uh, tribal enrollments. And I'll, I'll be
9 happy to post an update in the chat in a few moments here when I have
10 them before you.

11 DR. JAMESON: Thank you so much. So moving on, now that
12 we've sort of been the -- that side of the brain with all numbers, now we
13 go to the creative side and, um, this is really fun always, um, the
14 marketing and outreach update by our partners, uh, and the ab, um, Abbi
15 Agency. It's always such a delight, uh, to see what you've been up to and
16 share with us how your marketing campaign went over, how you do
17 everything you do. And thank you for doing it on our small budget,
18 probably one of the smallest in the country, and the most outstanding
19 work that I think any state Exchange sees from their marketing team. So
20 go ahead and show it off.

21 CHARLESON: Thank you, Madam Chair, this is Katie Charleson,
22 Communications Officer in Nevada Health Link for the record. So, I'm just
23 gonna give a brief summary of our marketing report, and then I'm gonna
24 pass it over to Connie with the Abbi Agency to give our beautiful

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1 presentation and show all the research and pictures and all the great
2 things that we've been doing this past year. Um, so I will go ahead and get
3 started and then, um, if you guys could save all questions till the end and
4 we can answer anything that comes up. So, for Open Enrollment Plan, year
5 2024, ran from November 1st to January 15th with a five-day extension for
6 those who completed an application but did not select a plan. Had an
7 additional five days to enroll. As Russell said, we had 99,312 Nevadans
8 enroll in a plan through Nevada health.com, our second highest year, um,
9 ever. And of those over 99,000, uh, Nevadans, who enrolled in a health
10 insurance plan, 25,553 were new enrollees. This open enrollment plan, we
11 created a campaign that builds on the successful execution of our plans,
12 are made for your plans creative concept that we implemented in plan year
13 2023. By building and expanding on our creative, um, asset and further
14 tailoring the message, we'll continue to generate that brand awareness
15 with a diverse target of audiences and drive enrollment through
16 performance marketing approach to the campaign. Based on the messaging
17 research conducted in advance of open enrollment, we conducted a three-
18 phase campaign for window shopping, open enrollment, and deadline
19 periods. The target audience identified for this campaign were, were as
20 follows, those who currently are enrolled with Nevada Health Bank and
21 need to re-enroll or shop, um, those who were not yet enrolled, uninsured
22 Nevadans, rural Nevadans individuals and families, 50 plus, 26 to 45, the
23 young Invincibles members of Nevada Tribes, Hispanic, Latino, Asian
24 Americans, and Asian Pacific Islanders, African Americans and multicultural
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1 populations. The Abbi Agency and Marketing for Change develop and
2 tested a variety of creative campaigns, uh, evolutions from the Open
3 Enrollment Plan year 2023 campaign. These evolutions were meant to test
4 the messaging and best ways to deliver the message. This year's focus
5 included, um, a rural focus LGBTQ plus pre-Medicare couple, and a single
6 male campaign production included a full week across a variety of
7 locations in Reno, Fallon, and Minden. The Abbi Agency produced four
8 different broadcast quality videos and four different print advertisements
9 in English and Spanish. We, uh, kicked off open enrollment by organizing
10 and coordinating a press conference on November 1st at the Washoe
11 County Administrative Complex. Um, it included, um, the previous, uh,
12 Public Health Resource Officer with the governor's office, Allison Ko, Kevin
13 Dick, the Northern Nevada Public Health Officer, Angie Wilson, Tribal
14 Health Director with the Reno Sparks Indian Colony. And in addition to our
15 -- with our Executive Director, Russell Cook and Rosa Alejandre, our
16 Navigator Program Manager who provided remarks in both English and
17 Spanish, they were all, the Abbi agency was also able to secure November
18 1st as Nevada Health Coverage Day with the Governor's office. That will be
19 a yearly holiday, which is very exciting. We'll continue to promote that.
20 November 1st, every open enrollment to celebrate Nevada Health Coverage
21 Day, Nevada Health Inc. made use of messaging across all social channels,
22 focusing on Instagram, Facebook, Twitter, and LinkedIn pro platforms.
23 Each platform had updated imagery to encourage open enrollment and to
24 maintain campaign consistency for all consumers via their recover photos,
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1 open enrollment content, and encourage Nevadans to find an insurance
2 plan best suited to their new their needs. This content highlighted that
3 eight carriers, um, and small correction. Our report, we listed seven
4 carriers. We actually have eight carriers this year, um, and over a hundred
5 different health insurance plans available and the free assistance of our
6 licensed enrollment professionals, which we had almost 70 percent of our
7 enrollees utilized. Um, an enrollment professional. Just very exciting.
8 Um, the content corresponded with themes outlined in open enrollment
9 plan, including being your own boss. Our plans are made for your plans.
10 This theme is bolstered through a wide range of age demographics to show,
11 um, imagery that, uh, shows healthcare is not one size fits all. Solution
12 relates to Nevadans of all walks of life, and Spanish content was also
13 developed in a variety of social posts. The main call to action is always to
14 drive Nevada individuals to Nevada Health inc.com to explore resources
15 and ultimately enroll on coverage. All content linked back to Nevada
16 Health Inc's main landing page for open enrollment with links to navigator
17 broker resources when appropriate or see with increased, um, to the
18 corresponding deadline. And just a couple of small outreach, um, outreach
19 and community relation highlights. Um, during November, the community
20 relations and event outreach teams were focused on brokering new
21 relationships and fostering current ones with organizations and partners
22 such as Las Vegas Pride Reach and the city of North Las Vegas, uh,
23 libraries. And October Abbi Agency community relations team helped
24 Nevada Health Link plan and host a healthcare resource event at the North
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1 Las Vegas Alexander Library. And I was actually lucky enough to attend
2 that. It was a great event. We had a local face painter there. A lot of kids
3 came in. It was a really good presentation. Um, and we got a lot of great
4 questions, um, from the community. Um, additionally throughout October
5 and November there continued to be ongoing community event
6 participations and attended the Family Health festivals, trunk or creek
7 events, uh, day of the Dead Food Bank of Northern Nevada Mobile Harvest,
8 senior Expos and Thanksgiving community events. Um, that wraps up my
9 quick summary and I will pass the mic over to Connie to show what else
10 we've been doing.

11 DR. JAMESON: Wow -- wow. That was a mouthful. What a
12 year. Thank you so much. And now we will go on to the picture part of it.

13 ANDERSON: Absolutely. Lemme share my screen program.
14 Okay.

15 DR. JAMESON: Welcome Connie.

16 ANDERSON: Thank you. Connie Anderson with the Abbi
17 Agency. For the record, can you all see this? Don't know oh, exactly how
18 to go into full screen. So, we're just gonna stick with this. Um, okay. Uh,
19 I have some key, uh, members of the team on the phone. Um, the Abbi
20 Agency is incredibly proud to work with the entire Silver State Health
21 Insurance Exchange team, as well as our partners, um, Marketing for
22 Change, as well as Erica Avila's Consulting, uh, going, this is our third open
23 enrollment working together, and I think that every year we get better at
24 refining how we share data, how we all work together to make sure that

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1 our marketing efforts are finding the right Nevadans, um, and creating
2 awareness of Nevada Health Link, who Nevada Health Link is, and how, um,
3 they can utilize our services to help really live the life they want to lead.
4 Um, as Russ or Director Cook mentioned at the beginning of the call, we
5 had over 99,000 enrollees, our second-best year ever. I'm really happy to
6 say that over 25,000 of those were brand new enrollees who have never
7 enrolled before. I think it's amazing that, uh, in such, you know, our open
8 enrollment periods, you know, not the whole year, it's just a few months.
9 So, for us to be able to get in front of those enrollees, um, talk to them
10 about the importance of insurance and bring them into the fold in that
11 time period really speaks to the entire integrated effort of marketing, uh,
12 the call center, the navigators, the brokers, really how this whole
13 ecosystem works together to bring people in and get insurance. So, it was
14 very exciting to see that. Um, as Katie and the team mentioned, research
15 is critically important to everything that we do. We wanna make sure that
16 all marketing assets that we're putting out there are well researched and
17 thought through. Um, so we partner with Marketing for Change to help
18 administer all of our research efforts. I'll talk about a few key research
19 efforts that were completed. This open enrollment period. First is we
20 surveyed 528 Nevadans about potential creative campaigns. You'll see
21 here that what we're looking for is relevant scores, perceived impact, um,
22 emotions generated, understanding generated by these, uh, creative
23 campaigns that are shown. This year, very interestingly, um, we found that
24 younger audiences and older audiences had slightly different reactions to
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1 different key messages. Um, we use that information to help create
2 messages and then target those messages to individuals. So for instance,
3 one of the key findings we found was that younger customers were more
4 likely to react positively to messages that having health insurance made
5 them more dependable as an individual, that it was a point of pride and a
6 point of dependability. So that's a message that we use in many of the
7 TikTok videos that we did, because younger individuals are more often on
8 TikTok than some of the other platforms. Um, we also did find in all of our
9 creative testing, this is something we continue to find and something that
10 we are always working on, but there's a lot of confusion about Nevada
11 Health Link and where it exists in the insurance marketplace at overall,
12 even though the marketplace has been around for many years now, there is
13 still need to continue clarifying and educating individuals that Nevada
14 Health Link is that government backed shopping platform. So that's
15 something that we attempt to do in our messaging through open
16 enrollment, and then we continue to do year-round, um, when we're out in
17 the community, when we're doing social media posts so that individuals
18 know. Um, we also found that the term -- we were testing the term middle
19 class, um, oftentimes because we wanted to make sure that everyone knew
20 that this is something they can take advantage of. And we found that that
21 was confusing, and some people had very negative, uh, reactions. Others
22 were okay with it, but it's something that we chose to stay away from in
23 messaging. Next, I wanted to talk about, uh, what we will be doing after
24 open enrollment, which is, right now, we're doing this right now, but it is
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1 our quantitative survey. And this is an annual public survey, meaning that
2 we are looking at reaching a wide swath of individuals throughout Nevada.
3 Um, usually it's over 2,500 individuals. We do this in both English and
4 Spanish because we want to identify, um, individuals and their thoughts
5 about Nevada Health Link overall, um, throughout Nevada. So, we try to
6 attempt to understand if people saw the marketing campaign, what they
7 thought about the marketing campaign, if people heard of Nevada Health
8 Link, what they think about Nevada Health Link and their general overall
9 awareness of health insurance. Um, last year we found that most people
10 did report health insurance is too expensive. So, this year we did focus a
11 lot more on price as we went through the open enrollment marketing
12 campaign. So hopefully, uh, we'll see individuals who report that a little
13 bit less this year. Uh, in our June board meeting, you'll see the results of
14 this survey. Uh, finally we wanted to talk about the, uh, data analysis and
15 data sharing that marketing for Change and the Silver State Health
16 Insurance Exchange have worked on, uh, throughout open enrollment every
17 two weeks, we do, uh, an review of in -- individuals who have enrolled and
18 identify, uh, their age zip code where they're at. We look at year over
19 year, as well as compare individuals in that zip code to the census to
20 identify if there's areas of opportunity for targeting more individuals in
21 that zip code if we're over indexing or under indexing based upon the
22 amount of individuals who are uninsured in that zip code. Um, we use that
23 information throughout open enrollment to, uh, analyze and then move our
24 marketing dollars around to make sure that we're reaching individuals.

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1 Um, so this is, uh, a little bit of an analysis of that and shows that we have
2 done that throughout open enrollment. Um, I think Peter from Marketing
3 for Changes on the line, so I don't know if Peter, there's any --

4 MITCHELL: Yeah, yeah. By -- by the way, that last thing, it was
5 our user survey, which we do at the end of open enrollment. So, from
6 open enrollment, at the end of open enrollment, we look at, uh, the
7 general public and we do a -- a -- it's a big survey. It's, uh, actually more
8 than 3000, um, people that are -- are surveyed this year. Uh, and this year
9 we've done, uh, uh, about 600 Spanish speaking, um, to get that, uh,
10 specifically and, um, and, and then we can look at -- and then we also do
11 the, what this, this, uh, slide here is looking at quantitatively all the like,
12 people that are currently, um, members. So that's a separate additional
13 survey we do. And then we also that year are looking at levers, people
14 that left. And so, by looking at it from all these different angles, we're
15 able to sort of give you a composite of here's what happened during open
16 enrollment, here's where people are. And this is one of the things that
17 informs the campaign the coming year. So, the idea is each year we get
18 better. So, Russell says this is our best year, so he is -- he's throwing
19 down the -- the gauntlet for next year. Um, so, uh, we started out, we had
20 a very strong first year, so he -- he -- he just keeps raising the bar. Um,
21 so, uh, anyways, that, that, that's all the, the pieces and, and we will have,
22 we just got the data in actually, so we're just analyzing it now and starting
23 to look at what was different from last year to this year, and then, um, just
24 what people's attitudes are around insurance. So.

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1 ANDERSON: Thank you so much. Next, um, we'll show you
2 some of those pretty pictures, uh, that Chairwoman Jameson spoke about.
3 Uh, you, the board saw this, um, these assets, the window-shopping assets
4 in the, our October board meeting. So, I won't share this too much in the
5 interest of time, but I will show you some of those commercials that Katie
6 spoke about. Uh, one big, I -- a few key, I, uh, a few key points that I
7 wanna make on the creative campaign is that if you think about our own
8 individual, uh, days, we are seeing marketing messaging and advertising
9 constantly. Reports are showing that people need to see a message over
10 20 times to even remember that they're seeing it. So, we as marketers are
11 thinking about that. And as I mentioned at the beginning, um, of this
12 presentation, open enrollment is only two and a half months long. You
13 know, we aren't like Geico selling car insurance where we have ads going
14 year-round. So, with that in mind, we didn't want to change the creative
15 campaign fully year over year because we want to have that memory. As I
16 mentioned, people need to see something at least 20 times to remember it.
17 So, we aren't helping ourselves if we're changing the creative campaign
18 every year because then they need to relearn the creative campaign. And
19 through our testing, we found that there is, um, a dis - people like this
20 campaign, there's opportunities for refining it and you know, diving into
21 different key messages. So, we've been doing that. Um, but overall we
22 wanted to keep the same look and feel and not change it again, to really go
23 down into that, make sure we people can remember us as much as
24 possible. So, the tagline has stayed with our plans are made for your
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1 plans, um, we've talked about, and then we dive into, we don't help, we
2 don't just help you find good private health insurance. We help you pay
3 for it. Again, we wanted to really tackle that misconception. We learned
4 that who is Nevada Health Link? Is it just government sponsored health
5 insurance? What is it? We wanted to really take that on and say, no, this
6 is private health insurance. And then two, we wanted to take on that
7 concern about cost and say we help you pay for it. And that's supported
8 down here. Um, by this note, join nine out of 10 individuals who got help
9 on their premiums. Um, you'll see here that, as Katie mentioned, we want
10 to continue to add as many representative voices of Nevadans that we can
11 find. So, we've added a rural family and we went out and we did a video sh
12 -- and photo shoot in Minden and Fallon this year. Um, and we wanted to
13 add an LGBTQ representative, um, couple as well. So, you'll see that
14 reflected in our assets. And I will now share with you this commercial.
15 This is one of four. Um, they're all styled in this way. Um, and I think
16 these are a really great way to talk about who Nevada Health Link is. So,
17 I'll play this for you now.

18 "Welcome to a health insurance marketplace built for
19 nevadan@nevadahealthlink.com. Our plans deliver a variety of health and
20 dental plans with free assistance, navigating your options so you can keep
21 fulfilling your plans and focus on what matters most with coverage that
22 you can count on. because@nevadahealthlink.com, our plans are made for
23 your plans." So very exciting video we had, um, as Katie mentioned, four
24 different scenes with that. And then here are some examples of the

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1 deadline period creative. This creative we use from January 1st through
2 January 15th. Um, hammering that date of the right time to get health
3 insurance as right now. And then the date of January 15th. Um, hopefully
4 one day everyone will remember January 15th as much as they remember
5 April 15th and Tax Day. Um, next I wanna talk about paid media strategy.
6 We presented this again back in October. We very much shifted to a
7 digital led approach. This, uh, open enrollment period through digital
8 media channels. We're able to target individuals more precisely based
9 upon their zip code so we can identify those areas of opportunity. We're
10 able to deliver, um, assets such as that rural ad that shows people here out
11 in Minden to individuals out in rural Nevada. So, this looks like them, this
12 looks like their home where they're at. Um, we also are able to look at
13 people throughout the entire journey of maybe they don't have much
14 awareness to, they've been to the site three times, and we want to
15 retarget them. Overall, this open enrollment, we did spend slightly less
16 money, however, we were able to attribute more, uh, enrollees directly to
17 the paid media campaign than in previous years through the digital
18 targeting tools. Um, you'll see here I wanted to highlight the traditional,
19 uh, media outlets, so traditional media outlets are broadcast tv, radio, and
20 billboard partnerships. Um, as you'll see, uh, we spent just over almost
21 400,000 dollars. Um, we had about a whole third of that in addition with
22 added value. What that means is we negotiated for more airtime, um, and
23 more frequency of those ads. And overall, we had 30 million impressions
24 attributed to those mediums. From a digital perspective, we get to have
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1 some more metrics because we get to track more. Uh, we had a higher
2 spend almost 500,000 dollars. Um, we had 53 million impressions. Um,
3 with that we had over 400,000 clicks and a click-through rate of 2 percent,
4 which, um, is pretty high for a digital, uh, campaign overall. Um, this is
5 broken down by each period. Um, window shopping through open
6 enrollment, and then that last chance campaign. We had the highest click
7 through rate in that last chance campaign because I think there's a sense
8 of urgency when we all find that there's time running out. We are more
9 engaged and want to click through more. Um, so that's a good learning
10 lesson for us that we can bring into the rest of the campaign. Um, as I
11 think we've mentioned before, and we've shown in our assets, we do
12 conduct English as well as Spanish specific campaigns. So, everything we
13 do is trans created into Spanish and we are very thankful to our partner
14 Erica Avila, who helps us with that. Um, she looks at everything we do
15 from the beginning, and it helps us identify how can we best say this to a
16 Spanish speaking audience. This year we were really happy to see that we
17 had very similar click-through rates between our English and Spanish
18 campaigns. Um, that is an improvement, um, that we've seen year over
19 year. So, we are very excited to see that. Um, and we had very high
20 impressions. It is, um, working with our partners and working through, uh,
21 digital media platforms we're able to really reach this audience well. So,
22 we are excited about that. Um, overall, we are continually working on the
23 Nevada Health Link website. As Peter mentioned at the beginning, we do
24 testing on the Nevada Health Link website to see how are people engaging
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1 with it, how can we get people into the get insured platform, um, more
2 quickly, how can we answer their questions so that when they're actually
3 in the enrollment platform, they're following through with enrollments.
4 Um, so we do front end as well as backend improvements. Um,
5 consistently overall, we were happy to see that this open enrollment, the
6 bounce rate decreased meaning that the number of people who went to the
7 website and immediate left, immediately left was down. That means that
8 we were drawing the right people to the website to the right pages on the
9 website, and they had information they wanted to see there. Um, and they
10 knew how to engage with it. So that was very exciting. Overall, on Nevada
11 healthlink.com, we had over 400,000 users, which was an increase in users.
12 They also had more sessions, meaning they went to more pages. They were
13 engaging with more content. Though our page views was down over time.
14 Um, for those who may be in the marketing world, you know that Google
15 Analytics changed how they track how people come to the website in order
16 to comply with different privacy laws that have launched in the UK as well
17 as in California. Due to that, they aren't tracking page views and we are
18 contributing that decrease in page views to how Google is tracking. Um,
19 that overall. Overall, you'll see our session duration. That means how
20 long someone's on the website is down. This is actually a good thing. We
21 want people to find the information they want more quickly. We don't
22 want people spending 10 minutes on Nevada Health link.com. We want
23 them to get to the get insured website where they can actually enroll. So,
24 um, this is something that we're constantly looking at bringing down. And
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1 then as I mentioned, the bounce rate is down, um, o -- over these open
2 enrollment periods, which is great. Um, one thing that I think is
3 interesting that we want to call out here is that, uh, paid media, i.e.
4 advertising drove 20 percent of the website traffic to the website, meaning
5 that it is a main driver of getting people to the website. And then we are
6 seeing mobile usage, um, high mobile usage is at 64 percent on the
7 website. Um, people are using their phones constantly. And so that's
8 something that we are taking into consideration as we design and make
9 improvements to the website. And then finally, this is probably not a
10 surprise, but 41 percent of the visitors to the website are from Las Vegas,
11 considering that's where our main population base is, um, not surprising.
12 Uh, this is a report on SEO and what does that mean? That's search engine
13 optimization. So that means when you're in Google or Bing, um, when
14 individuals are looking for gen generic terms such as Nevada Health
15 insurance, Obamacare, Nevada health insurance, we want to rank within
16 those searches. Again, we are always looking at Google and Bing. We've
17 found that our rural audiences often use Bing more frequently than
18 Google. And overall, you'll see that we are ranking here, um, mostly in
19 number one positions, or one or two. Um, one means you're the first thing
20 that pops up. So that is great and we are very excited to see that and
21 continually work on that. Many competitors, uh, are often doing
22 improvements to their website to try and outrank us, but um, we are happy
23 to win that battle and be number one on these important search terms.
24 Uh, the blog is an important part of SEO and making sure that we're
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1 ranking high. Um, so we provide an update on blog here. Um, our page
2 views and our time on page went slightly down. We did refine our blog
3 strategy to do a lot more optimization versus new blogs because, um,
4 we've been working with Katie and Director Cook on making sure that
5 everything on our website is up to date. We don't wanna just continually
6 put out new blogs if that information already lives on the website. So, this
7 isn't surprising to see considering we did fewer blogs, but we did more
8 work on optimizing and updating information on the site so that matter.
9 No matter where anyone is, they're getting the best and most recent
10 information. Newsletters are an important part of reaching our current
11 enrollees and potential enrollees newsletter. Marketing continues to
12 change and it's something that our team has ongoing conversations with
13 the Silver State Health Insurance Exchange about and are always optimizing
14 and reviewing our strategy. Uh, as I mentioned earlier, California and the
15 United Kingdom have put in strict privacy regulations at a government
16 level, um, which requires opt-ins, um, that also affects Nevada. Uh,
17 there's FCC regulations that talk about how people opt in to email and who
18 we can email and why. So we're always reviewing our strategy to make
19 sure we're in alignment with the policies at hand, and that we're doing the
20 best, uh, by our consumers. Um, however, during open enrollment, we've
21 sent fewer emails with that in mind, making sure that we are taking into
22 consideration what individual's preferences were, and we didn't want to,
23 uh, over communicate with individuals. So we sent them less emails and
24 we saw positive results. We saw higher open rates and higher click-
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1 through rates, which is very good, and we are happy to see that. Next, I'll
2 dive into PR. Katie discussed this, um, quite a bit. Uh, we were very
3 excited that on November one we were able to have a press conference
4 where the governor's staff was there and declared November one as health
5 coverage day. Uh, we wish we got the news. Uh, uh, we wish, or we are
6 looking forward to next year where we can really have time to prepare and
7 make sure that that in that announcement is really, uh, shared with all of
8 our partners and we can really bring light to the importance of Nevada
9 Health Coverage Day. Um, this coming 2024, um, we did receive overall
10 many -- many placements throughout this two and a half-month period.
11 We had over 274 total placements, uh, that equated to over 2 million
12 coverage views via Nevadans. Um, we placed some op-eds, and then
13 overall we had 37 back links to the website, meaning those news stories
14 directly led people back to Nevada Health Link, which, um, we like to see.
15 Our community engagement strategy continues to be a great partnership
16 between our partner Erica Aviles, as well as the Silver State Health
17 Insurance Exchange team. We are always looking at how we best utilize
18 our dollars to ensure that our navigators are able to reach all of our
19 communities in need and ensure that they're sharing the brand message of
20 Nevada Health Link. Um, overall, this open enrollment period, uh, they
21 attended 81 events, so they were very -- very busy attending lots of events
22 while working with the community one-on-one, um, to help answer
23 questions, we sponsored many events. Overall, we believe that we were
24 able to reach over a hundred thousand attendees and had over 20,000
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1 interactions with event participants, which is great. And you'll see here
2 there's a list of events that we went to. These are just some of them. It
3 would, uh, be alongside if we listed all 81 events. Again, we're always
4 looking to make sure we're reaching the state as broadly as we can. Um,
5 so we work with different multicultural specific events. We also worked
6 with the Food Bank of Northern Nevada to, uh, do outreach to our rural
7 communities. Um, you'll see here that, again, as I mentioned before, we're
8 always looking to ensure that we're reaching our Hispanic, uh, and then
9 Spanish speaking community. Um, so we're able to negotiate added value
10 spots on Fiesta Radio, um, which was weekly spots talking about Nevada
11 Health Link. We had many different interviews with the Las Vegas Review
12 Journal in Spanish. Um, and then we had different Spanish social media
13 posts, as well as videos from Nevada Health Link staff as well as, uh,
14 community partners such as, um, Councilwoman from North Las Vegas.
15 And then social media, uh, social media is a very important part to getting
16 information out there. As Katie mentioned, we're always looking at what,
17 uh, content works best on which platform. Um, we're always looking to
18 collaborate with individuals. So, we've worked with city of Las Vegas, city
19 of Reno, city of North Las Vegas throughout this open enrollment period to
20 create different videos featuring individuals from their teams that they
21 shared on their platforms. And then we shared on our platforms overall,
22 we had an increase in impressions. So that means we're getting out in
23 front of more people. Um, there was slightly a decrease in engagements.
24 As you reach more people, there's always a trade-off, um, of reaching more
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1 people, but not all of them may want to engage. So, the engagement rate
2 is something that we're continually working on. Um, overall, we've seen
3 an over 10 percent increase, almost 15 percent increase in our audience,
4 and that's something that we continue to work on. Um, you'll see here
5 some of these top posts, um, for Facebook and Instagram, and then here
6 are top, uh, Twitter, LinkedIn, and TikTok posts throughout open
7 enrollment. And I think that takes us to the end of the marketing and
8 outreach update for open enrollment. And I'm happy to answer any
9 questions, um, that the board may have. Thank you so much. Uh, Dr.
10 Jameson, I think you're on mute.

11 DR. JAMESON: Connie, that was just an outstanding report and,
12 uh, your team is outstanding. I just wanna say, I've gotta run and get my
13 plug from my computer, so if I get cut off, I apologize. But you're -- you're
14 your overall, starting with research, your overall presentation, and then
15 showing us when you implemented your research and showing your
16 numbers, just the, uh, the overall journey you take through how you
17 implement your marketing and successfully do it, is just a really beautiful
18 journey.

19 ANDERSON: Thank you.

20 KIPPER: Madam Chair, if I might - (inaudible).

21 CHARLESON: I think her computer may have died. She --

22 KIPPER: Uh, I may --I'll jump in. Uh, for the record, this is
23 Scott Kipper at the Division of Insurance, and I think the, uh, the Exchange
24 and the good work that's, uh, took place, uh, last year to, uh, reach this,

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1 uh, level of -- of enrollments is fantastic. Um, a couple of questions. I
2 know that you said you, we had 25,000 roughly new enrollees. Um, I'm
3 just doing the math, you know, did we -- did we lose, uh, a like number of
4 enrollees? And if we did, uh, uh, in listening to the, uh, issues around the
5 survey, have we reached out to them to see why they are no longer
6 enrolled with the -- through the Exchange? Have they found other, other
7 coverage somewhere they moved, uh, moved on to Medicaid? Um, I'd just
8 be curious to -- to, uh, see, uh, about that. And then the, uh, second
9 thing, uh, maybe more of a -- a national issue, but I -- I would be curious
10 to see how, uh, the Nevada, uh, Exchange stacks up against, uh, similarly
11 situated Exchanges in other states. Uh, as far as retention, as far as
12 enrollment, um, that percentage of population and so forth. Uh, I think
13 that would be a, you know, kind of set a, uh, baseline, uh, where we may
14 want to be able to, uh, move forward on, uh, maybe, uh, focusing some of
15 the marketing or focusing some of the, uh, issues that we could help with
16 at the division, um, to improve the product, improve the process. So just,
17 just some observations.

18 DR. JAMESON: Thank you for those comments. So, sorry, I did
19 wanna also just comment on that messaging that you came up with, uh,
20 the, our plans are made for your plans. It is just so perfect, and I wanna
21 congratulate you guys on that very novel, uh, messaging. And, you know,
22 when you started off where I was going with the research, the survey, and
23 you looked at the graphs why people were getting their insurance, and
24 overwhelmingly the top one was all the way across, over 60 percent said

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1 it's too expensive. And as you saw your messaging just targeting what you
2 surveyed about, you know, why don't you get health insurance? And you
3 said, get help paying for health insurance. It was just so perfect. And I, I
4 think that, you know, as we always know, messaging, keep it simple, keep
5 it sweet, and that's just what people wanna hear. And your overall
6 numbers were amazing. Your overall click through rates over 2 percent
7 when it's above 1 percent. That's impressive. Just a really great job. And
8 did our, any other board members wanna add any other comments? Sorry,
9 I cut off for a moment.

10 CHARLESON: If I could, um, just answer some of, um, Mr.
11 Kipper's, um, questions on there, but we are reaching out to those leavers,
12 so the people who did cancel their auto renewal. Um, as also said, we'll be
13 sending out that survey hopefully this week to all of them and try to get,
14 um, an understanding of why they canceled their service, whether that's,
15 um, employer sponsored coverage, going without insurance, or if they had
16 any issues so we can kind of help resolve that. Um, I don't know the
17 numbers of how many people fell off, um, but we do, um, meet like
18 nationally with all of the, um, other state-based Exchange's. I think the
19 one that's kind of closest to us is Kentucky, which we do measure up pretty
20 close to our enrollment numbers, usually quite higher than them, but they
21 have a very similar population to us. Um, but definitely something that we
22 keep in mind in talking to other states and seeing what they're doing. I
23 know Pennsylvania is very similar to us as well. Um, we always talk to
24 them beforehand, kinda share ideas, things like that. Um, but definitely as
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1 we continue to go, I think becoming like more Nevada centric too, um, and
2 kind of building stuff, especially for our rules. We know how diverse we
3 are. I think we've made a really good step towards that this year, but
4 kinda continue to engage those rural communities. I think the tribal
5 sponsorship program too also helps.

6 KIPPER: Thanks, Katie. I appreciate that.

7 DR. JAMESON: Commissioner, uh, Kipper, thank you so much
8 for bringing that up. So maybe then, uh, do we think we'll have a follow
9 up on that at our next board meeting with some of those numbers? If -- if,
10 uh, Russell will put that in the agenda when we come to the end of the
11 meeting? We often say that Russell, I see your hand.

12 COOK: Thank Madam Chair Russell Cook for the record. I -- I
13 did want to address, uh, another question that the Commissioner had
14 raised because I thought the answer might be of interest, uh, to -- to the
15 board as well. Um, and that is in regard to the relationship between, uh,
16 the, the new, uh, enrollees, uh, versus the, uh, what we've been referring
17 to as the levers population. I just wanted to clarify a little bit more about
18 that distinction because that -- that is a -- a -- a dynamic or a phenomenon
19 that we've invested a lot of resources is into trying to, to understand
20 better when we talk about the levers. Um, those are identified as
21 individuals who were enrolled in 2023, uh, medical coverage through the
22 marketplace who were also auto renewed, uh, into 2024 coverage every
23 October, we do a job called, that we call auto renewals or passive
24 renewals, where we essentially automatically re-enroll, um, you know, uh,

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1 uh, existing enrollees into coverage for the, the forthcoming plan year.
2 Um, that job happens, uh, around the third week of October. Um, but then
3 when open enrollment begins, uh, starting on November 1st and then
4 continuing all the way through January 15th of the following year, these
5 folks who have been auto renewed in the coverage for the forthcoming
6 plan year have the opportunity if they wish, or enrollment professionals
7 can do those agents, brokers, navigators on their behalf to actually, um,
8 uh, terminate their auto renewal policies, um, and potentially choose a
9 different one, uh, of -- of their own, uh, you know, choosing. Um, but
10 what we've seen with these, uh, this cohort that we're referring to as the
11 leavers is that they canceled out entirely their auto renewal policy and --
12 and -- and didn't choose, uh, another policy for -- for marketplace that cut
13 coverage. So, these are literally folks who are transitioning from on
14 Exchange coverage in 2023 to no Exchange coverage, at least medical
15 coverage, um, for 2024. Um, now we -- we shared a number also that I
16 believe was, uh, approximately 25,000, uh, new enrollees. Um, clearly
17 that, you know, if we're looking at only having lost 7,000, uh, but gained
18 25, you know, thousand, uh, new enrollees, um, that should mean an
19 increase of more like 18,000 rather than the, uh, the approximately 3000
20 that we are reporting as -- as an increase. Part of the reason for that
21 discrepancy has to do with the definition that CMS has provided for how
22 we are, uh, supposed to identify and distinguish a new enrollee from a
23 returning, uh, enrollee, which they, they also call re-enrollees. Um, and it
24 -- it's a little bit unusual, but it kind of makes sense in the context of the
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1 way that healthcare.gov runs their open enrollment periods. Um, the
2 specific definition is that any consumers who had marketplace coverage on
3 or after November 1, 2023 would be considered a returning consumer or a
4 re-enrolling. Any consumers who did not have marketplace medical
5 coverage on or after November 1st of last year would be considered a new
6 enrollee. So a significant portion of that cohort of that, you know, roughly
7 25,000 or how many were ident, however many were identifying as new
8 enrollees actually did receive coverage from the marketplace in 2023, but
9 they did not have coverage for those months of November, December. So
10 that's not, in my opinion, maybe the most useful, uh, definition, uh, at
11 least relative to, to the way the Nevada runs open enrollment, that that
12 may not be the most helpful definition for how we identify new enrollees.
13 Um, but that is at least, uh, in my mind, the primary answer to the
14 question of, you know, that apparent discrepancy between only losing
15 7,000 existing enrollees versus the, you know, apparently having gained,
16 uh, 23 or 25,000 new enrollees. Um, is that a significant number of those?
17 so-called new Enrollees, um, had actually received, uh, coverage, uh,
18 through the marketplace, uh, earlier in, in 2023. So, um, I -- I hope that
19 addresses at least, uh, some of what you're getting at with that, with that
20 question, I did want to provide, uh, one additional, um, update regarding,
21 um, our, uh, the, the comparability of Nevada's metrics to other states, but
22 just wanted to pause for a moment and see if that's helpful context and if
23 you had any follow up questions about that distinction between, uh, the --
24 the levers versus the -- the new, uh, enrolling.

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1 KIPPER: Well, it's helpful, but you know, I maybe, uh, we could
2 visit about this offline and kinda so I better understand, um, how these
3 numbers work.

4 COOK: Okay. But happy to do that and -- and we share your
5 interest in providing numbers that are not only more comprehensible, but -
6 - but perhaps more useful, um, not only to the general public, but to
7 stakeholders, other state agencies as well as insurance carriers. So we are
8 -- we are continuing to invest heavily -- heavily, uh, in improving the -- the
9 quality and the quantity, the, the metrics that we share with the, uh, with
10 the general public. Um, I did want to also, you know, acknowledge, um,
11 that, you know, uh, looking nationwide, one of the metrics that we have
12 been, uh, that at least I personally have been keeping close eye on, uh,
13 over the last, uh, year or so, particularly since I assume this role in August
14 of last year, has to do with the relative, uh, conversion rate, um, that
15 other states are experiencing with respect to the Medicaid unwinding. Um,
16 I did want to acknowledge, and this, this information is shared, uh, uh, I --
17 I, primary sources of information, our phone calls, um, that I participate in
18 biweekly that're hosted by the National Academy for State Health Policy or
19 NASHP, it's kind of consortium of state health, uh, Exchange's. And there
20 are director's calls every couple weeks where we kind of, you know, share,
21 uh, anecdotal observations about, uh, what's going on in our respective
22 states. Do just want to acknowledge that Nevada is definitely at the lower
23 end, um, of, uh, state-based marketplaces in terms of the number, um, or
24 the share of -- of -- of, uh, folks who are losing their Medicaid or chip

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1 coverage, um, that are able to actually transition into, uh, active, uh,
2 medical coverage to the marketplace. So that's something that -- that
3 we're really, um, you know, uh, uh, investing in, uh, in terms of trying to,
4 uh, better reach these consumers. Um, we're also have been working on a
5 number of initiatives, uh, in terms of data sharing, et cetera, with, um,
6 Nevada Medicaid, uh, Division of Healthcare Financing policy and Division
7 of Welfare and Supportive Services. Um, so I do feel that we've made a lot
8 of progress, uh, in that realm, and we've definitely seen an uptick in recent
9 months, which we hope to build on in the coming months. Uh, but just
10 wanted to acknowledge upfront that I -- I believe one of the most glaring
11 areas for Nevada is perhaps trailing behind some other states in the
12 nation, has to do specifically with those, uh, with -- with the unwinding
13 related to re-enrollment stuff through the marketplace.

14 DR. JAMESON: Again, I would like to thank Commissioner
15 Kipper for bringing that up because it did, uh, kind of enlighten me to
16 those numbers a little better. It would be nice if we could, even if it's with
17 an asterisk sort of add in the total number of approximately 25 new
18 enrollees, how many actually were enrolled the prior year, that would give
19 us a much better, uh, reality check.

20 COOK: Madam Chair, Russell Cook of the record, um, that we
21 would be happy to provide that additional information. Um, I did want to
22 call out briefly, uh, and recognize, uh, Nathan Osborne, who was a -- a
23 recent hire. We hired, uh, Nate back in, uh, December. Um, he, uh, is
24 working in a -- a role that we call our -- our data analyst role. Um, and he

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1 has already, um, in my opinion, um, dramatically improved, um, our overall
2 capacity as an agency, uh, in terms of -- of, uh, you know, not only
3 meeting, uh, uh, the requirements of CMSs mandated reports, um, to
4 ensure continued compliance, but also kind of going above and beyond a
5 particular, we -- we host, um, monthly presentations with our insurance
6 carriers. Uh, we hosted our February meeting last week with -- with our
7 on-Exchange insurance carriers, and it was the first month when we rolled
8 out, um, a comprehensive new set of enrollment metrics, uh, you know,
9 much, uh, broader and deeper than we've ever shared, uh, previously. And
10 those, uh, were very well received based upon initial feedback in our
11 insurance carrier community. So we're hoping to build on those successes
12 as well. Um, and if you think it would be, uh, appreciated by the board for
13 us to provide a similar type of, you know, uh, crunching the numbers, kind
14 of a breakdown, uh, summary breakdown, of course. But, uh, if you'd like
15 to, uh, you know, for us to provide that type of an update, that type of
16 insight in these board meetings, we'd be more than happy to
17 accommodate. And, uh, you know, like I said, we -- we definitely have the,
18 uh, the -- the -- the expertise and, and the capacity to do that on.

19 DR. JAMESON: Oh, thank you so much. That's terrific news. I
20 think all of us, along with the Commissioner would appreciate that, um, uh,
21 drill down and, uh, it would show us a -- a much fuller, clearer picture of
22 what's going on. Thank you. So having, uh, thank you all for the, uh,
23 wonderful comments. And now we are going to be getting to an important
24 part here for, uh, possible actions in, um, now that our marketing, our

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1 fund part is a little bit of actions required here, uh, the adoption of the
2 2025 carrier premium fees, which are Exchange's work hard to, uh, get
3 down as much as they can. And so you'll see this on our website, it's
4 posted the notice of hearing of the fees to be charged to insurers, and I,
5 um, hope that everybody has had an opportunity on the board to review
6 that. And so at this point, I would like to take, uh, the opportunity to ask
7 for any of you who'd, like, I mean, to make a motion and a second, and
8 then we can have any discussions. Uh, so open it for motion. Do I hear a
9 motion for, uh, the, uh, passage of the adoption of the 2025 carrier
10 premium fees, uh, that was posted?

11 WEEKS: Can I ask a question, process question?

12 DR. JAMESON: Sure.

13 WEEKS: Sorry.

14 DR. JAMESON: Sure -- sure.

15 WEEKS: I just don't have time always to read everything
16 beforehand. Could we have a little bit of background on why there's an
17 increase in the fee? And I apologize if this was discussed last time and just
18 back some background information, or is the motion first and then we can
19 talk about it?

20 DR. JAMESON: Well, generally we do a, a first or second, and
21 then we open it up for discussion, but it's absolutely, uh, fine right now.
22 Uh, okay. And who would like to, uh, address that general question?
23 There's a lot of information, but I think she's really pretty much asking a
24 specific question here.

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1 COOK: Madam Chair, this is Russell Cook for the record. I'd
2 like to take a stab at it, and then if we need any more, um, you know, uh,
3 financial details, um, we can call upon, uh, perhaps a member from our
4 fiscal team. But I -- I think I can, uh, I think I can address, uh, Miss
5 Week's, uh, questions that I add at least a high level. So for those
6 unaware, the carrier premium fee or the CPM, uh, is the sole source that
7 the Exchange is operating revenue. Uh, each month we send each of our
8 on-Exchange insurance carriers and invoice, uh, for a percentage of the,
9 uh, we call it per member per month. Uh, it would be the individual gross
10 premium of each member who's enrolled in coverage for that month or, or
11 for a fraction thereof. Uh, and for the last, uh, I believe three years, the
12 Exchange, um, has, uh, implemented a, uh, carrier premium fee rate of
13 3.05 percent. Um, and as a result of healthy reserve levels as well as a
14 favorable, you know, revenue outlook for the next couple of years, we're
15 actually proposing to lower that from 3.05 percent to 2.95 percent. So,
16 um, you know, I -- I -- I -- I, as for, you know, how that might translate to
17 savings for consumers, um, I think, you know, it's generally accepted, um,
18 that the carrier premium fee is kind of baked into the rates that insurance
19 carriers establish. Um, and so I look at that, um, although some industry
20 insiders might give you different perspective, from our perspective, we
21 look at that as essentially being a cost that is passed on to the consumer.
22 So even though it's a small amount, uh, in the aggregate, you know, it does
23 really add up, uh, when we look at our Exchange wide enrollment. Um, so
24 we are proposing, again, to lower that from 3.05 percent to 2.95 percent.
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1 That's based in large part on, you know, healthy enrollment numbers of, of
2 the last couple years. Um, it is a, you know, dynamic kind of a fluid
3 situation. We reassess every year, um, the, uh, the -- the, uh, the
4 appropriateness I guess of -- of the, uh, of that fee level. Um, we do, uh,
5 in, generally speaking, as far as agency goals are concerned, um, we do
6 endeavor to, um, maintain an absolute, you know, the lowest possible
7 carrier premium fee, while still ensuring that we have, um, a healthy
8 enough level of reserves to accommodate policy changes, for instance, that
9 might require, you know, short term, uh, but, but significant, uh,
10 technology investments, that sort of thing. So, um, this year's, uh,
11 recommendation last couple years, the recommendation was to keep it
12 flat. Um, this year the recommendation is to lower it slightly again, you
13 know, based on (inaudible). Hope that answers your question. Happy for,
14 uh, more detail if you'd like.

15 WEEKS: Nope, that's it. Thank you.

16 DR. JAMESON: That was an excellent question by Stacie,
17 because I don't think we've really discussed exactly what that was for
18 several, uh, years, uh, because many of the board members have been with
19 us so long. And so, uh, Stacie, that was an excellent question, and thank
20 you for your very good answer. So now we'll go ahead and I'll entertain a
21 motion from one of the board members and a second, and then any further
22 discussion, and then we'll take our vote.

23 TORRES: Amber Torres will make the motion.
24
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1 DR. JAMESON: Thank you, Amber. And a second. Thank you.

2 JOHNSON: Jonathan Johnson, second.

3 DR. JAMESON: Oh, go ahead, Thank you, Jonathan. Now, if
4 there, uh, especially after we had a nice, refreshing explanation of exactly
5 what that is, and so happy that we're able to reduce that, um, since our
6 Exchange has been excellent at monitoring their cost and -- and in this day
7 and age to be able to reduce something is always a miracle. So, we
8 appreciate your efforts to keep your department while even while it's
9 almost fully staffed and your running pretty much on your, uh, total
10 budget, that you're able to have a reserve and now turn around and ease,
11 ask that the, uh, carrier premium fees be decreased. Congratulations on
12 that. So, uh, that's my discussion. Were there any other discussion points
13 or questions before we take the vote? Hearing none --

14 COOK: Madam Chair.

15 DR. JAMESON: Oh, yes, there we go.

16 COOK: Sorry to interrupt you. I believe Commissioner Kipper
17 had a question.

18 DR. JAMESON: Oh, I'm sorry, Commissioner. I didn't see your
19 hand.

20 KIPPER: Thank you, director, and, uh, no problem. Uh, Madam
21 Chair for the record. Scott Kipper, I -- I -- I was just wondering if -- if the,
22 uh, Exchange had taken the, uh, reduced, uh, level and projected it into,
23 uh, you know, what the reserves then would end up at the end of the year.
24 Uh, I know we have a healthy reserve right now, and we're trying to, um,

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1 spend it down. Um, but we look at the fees that we're -- we're charging as
2 well. And I was just wondering if -- if you've done some proformas and,
3 and taken a look at, uh, what this reduction would, uh, uh, eventually look
4 like as far as your, uh -- uh -- uh, financial, uh, sheets, uh, go.

5 COOK: Excellent question Commissioner Kipper, Russell Cook
6 for the record. Um, I'm going to ask, uh, Jonathan Lopez from our finance
7 team, he's our CFO to please confirm, uh, this information. But I do know
8 that we did, uh, revenue projections, uh, at the -- at the new, uh, proposed
9 level at 2.9 percent, I believe, at least three years in the future, perhaps
10 five years as well. Um, Jonathan, if you're available, could you please, uh,
11 maybe clarify a little bit, um, in terms of, uh, co uh, revenue projections
12 and -- and sort of future impact projections, uh, from that, uh, from that
13 proposed, uh, uh, reduction?

14 LOPEZ: Yeah. So, um, Jonathan Lopez for the record, uh, can
15 you guys hear me?

16 COOK: Yeah. Yes. Crystal clear. Thank you.

17 LOPEZ: Okay. Um, so yeah, we do actually, uh, project, uh, we
18 project out to the next biennium. So, we projected out to fiscal year 2027
19 and see how that would look like with our, uh, reduction in the, um, in the
20 carrier premium fee. So, we also project out costs to see if anything, you
21 know, is going up or down. Since we have a healthy reserve level, we
22 wanna make sure that we're not just adding more reserves, we're actually,
23 you know, trying to spend it down. And like, um, I think with this
24 reduction is gonna help us, you know, stabilize it without having to, uh, do

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1 so much as like, you know, try to spend it down on, um, random activities.
2 I think it's just more about what's gonna happen in the next venue and any
3 policy changes that go along with that.

4 WEEKS: Sorry, is Stacie Weeks. I have a question on that. Um,
5 what are, are authorities, is there like broad authority to use that funding?
6 Could -- or could you use that funding to help with like premiums,
7 additional premium subsidies or cost sharing subsidies? I'm just throwing
8 that out there if you've got a lot of money that we're, we're not spending
9 and --

10 LOPEZ: Yeah.

11 LOPEZ: I'm just -- I don't even know if we have that authority,
12 uh, Jon, Jonathan Lopez for the record. So, I don't know if Russell wants to
13 chime in on this, but, uh, right now we don't, we don't have the authority
14 to, you know, uh, either reduce subsidy or increase subsidies for, uh,
15 consumers. But I don't know if Russell has any more knowledge on that.

16 COOK: Sure. Uh, thank you -- thank you for the question, uh,
17 Ms. Weeks, uh, this is Russell Cook for the record. It -- it's a very
18 interesting question. Um, and -- and you know, I can't speak for, you
19 know, what sort of discussion was involved before I -- I took over this role
20 in August of last year. Um, but I do know that it's, you know, from a policy
21 perspective, it's kind of a tricky question because, um, you know, we have
22 federal authority that's granted to us, but, you know, uh, my
23 understanding is that within the state of Nevada that these are considered
24 Nevada public funds. Now -- now they are not general funds --

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1 WEEKS: Well, that's what I was asking. It would be a state
2 subsidy Russell, and so I think your authority would lie, I would assume in
3 statute. So, if you guys wanna look at that and get back to me, that's fine,
4 but it would be a state subsid -- like some states are doing fully state
5 subsidies

6 COOK: Sure.

7 WEEKS: On top of federal subsidies.

8 COOK: Sure -- sure. Again, it's a very interesting question. I'm
9 not aware of existing, uh, authority at the state level, but, um, I definitely
10 am flagging this or follow up with our internal policy team. Um, so Brooke
11 and Justin, if you're on the horn, um, we should definitely, uh, take a look
12 at this, uh, internally and, uh, be ready to provide an update, uh, at the
13 next meeting in June.

14 DR. JAMESON: Uh, just a -- a -- a quick question. Uh, if you
15 were to consider your overall annual budget and your reserve, and we
16 always wanna keep, as we have had in the past some additional expenses
17 now and then and had to dip in, uh, and we've been doing so well, what
18 percentage do you try to maintain in your reserve of the annual budget?
19 Or do you -- what guides you?

20 COOK: Thank you, Madam Chair Russell Cook of the record.
21 Jonathan, uh, is that a question that you can answer? I'm just not familiar
22 enough with those numbers to know off the top of my head.

23 LOPEZ: Yeah.

24 DR. JAMESON: And again, you can certainly get back to us and
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1 send it to the board, uh, if that -- that may well take some looking up or
2 calculating.

3 LOPEZ: Yeah. So if you can allow me to, you know, take some,
4 uh, time to look in that?

5 DR. JAMESON: Yes.

6 LOPEZ: You project out 180-day reserve level, um, but as a
7 percentage, um, I would've to get back to you on that. So.

8 DR. JAMESON: Thank you so much. What we'll go ahead and do
9 -- I do think, is there any other, those were all excellent and interesting
10 questions, and we have, we'll be getting follow back, uh, up, uh, follow up
11 on those questions. But in the meantime, I think we do have enough
12 information to go ahead and, uh, take a vote. And so, we heard the first
13 and second and we've had discussion, and if there's no other discussion,
14 then we can go ahead and, uh, take a vote if everyone would you like on
15 the, uh, motions, uh, would you like to have a hand vote or -- or a just roll
16 call vote? Are you good with just a -- a yay vote and, uh, proceeding the
17 way we've been doing it? We'll go ahead then and proceed. Everyone in
18 favor? If you give us a -- a, yay, that would be good.

19 MEMBERS: Yay

20 DR. JAMESON: I think that was pretty much any opposed, and
21 any abs ab abstaining, the motion is unanimously passed to accept the
22 2025 carrier premium fees and thank you for that great work. Our next
23 action item, the Language Access Plan implementation that we talked
24 about earlier and the proposed solicited public comment time period.

25

1 And, uh, what I'd like to do here in case it wasn't clear during our earlier
2 discussions in this meeting, is, uh, I think either, um, Tiffany or Russell
3 could explain about, uh, the Language Access Plan and, um, the -- the, uh,
4 proposed solicited public comment staying within guidelines. Excuse me.

5 J. DAVIS: Dr. Jameson.

6 DR. JAMESON: Yes.

7 J. DAVIS: This is Janel Davis. I'm the Chief Operations Officer
8 here at the Exchange, and, um, I will actually be giving this update if, for
9 the board, if that's okay. Um, and I apologize, I'm not on camera right
10 now. I have my daughter in my office and it's dark, so she's sleeping. So,
11 um, you wouldn't be able to see me anyways, but I -- I do apologize for not
12 being on camera. Um, all right. So, Senate Bill 318 was signed into law
13 during the 21 legislative session, and this bill requires all state agencies to
14 create a Language Access Plan. And this will improve, um, access to
15 government services, programs and information for Nevadans with limited
16 English proficiency. So, the Governor's Office for New Americans, or ONA,
17 is requiring that each state agency develop and update their laps. Um, so
18 along with Northern Nevada International Center, ONA is assisting all of
19 the state agencies to further develop their language access, uh, programs
20 since the -- the legislative session in 2021. So, uh, I just kind of outline
21 what is in Senate bill three 18. Uh, so basically the head of each agency,
22 uh, shall designate one or more employees of the agency to be responsible.
23 So, a point of contact for developing and bi-annually revising a Language
24 Access Plan for their agency. Um, an LAP plan must also a -- assess the

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1 existing needs of persons served by the agency for language services and
2 the degree to which agency has met those needs. Uh, the plan must
3 include recommendations to expand language services if needed, to
4 improve access to those services provided by the agency. Uh, each agency
5 shall solicit public comment, uh, concerning the Language Access Plan, and
6 make recommendations to the legislature concerning any statutory changes
7 necessary to implement or improve in LAP. Also, lastly, include any further
8 necessary to carry out a Language Access Plan, including without
9 limitation, any additional funding necessary to meet the needs of persons
10 with limited English proficiency. So, the Exchange is, um, we will be
11 innovative in pro and proactive in engaging individuals from different
12 cultures, backgrounds, and businesses throughout its programs and
13 activities among the state's existing population. The following language
14 groups have been identified as being the most relevant to Nevadans with
15 limited English proficiency. And I list all of those there. I'm not going to
16 read them out. Um, the Exchange also continues to enhance its language
17 access resources to better serve this diverse community and proactive, uh,
18 step towards inclusivity. The agency is currently in the process of
19 translating the Nevada Health Link, uh, fact sheet into the top spoken
20 Asian languages in Nevada, um, including tag log, Chinese and Cantonese
21 aiming to ensure crucial information about what Nevada Health Link is and
22 offers is accessible -- accessible to a wider audience. And furthermore,
23 what we're working on is, um, extending our efforts by translating all get
24 insured platform notices into the Spanish language. Um, we recognize that
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1 this is a significance of this language and, um, within our enrolling
2 population, excuse me, uh, these measures are just two examples of what
3 we're, uh, our continued commitment to fostering clear communication
4 and accessibility for all Nevadans. And so next I'll go into the public
5 comment period guidelines. So, we are proposing a public comment period
6 for the public and stakeholders to provide feedback on the Exchanges
7 existing LAP, sorry, just got a crying baby. She's up. Um, Katie's coming to
8 help me. Um, all right, uh, lemme just go back to the beginning. So, uh,
9 public comment period for public and the stakeholders to provide feedback
10 on our existing LAP. This will be posted to the Nevada Health Link website
11 for public review. The comment period will open on February 21st, which
12 is tomorrow after this board meeting, and close on May 1st of this year.
13 So, any feedback, comments or questions, uh, can be directed to Kaitlyn
14 Blagen. Uh, she's the Exchanges Training Specialist and marketing
15 assistant, and her email contact information is right there. Um, oh, and in
16 the subject line, please include the words Language Access Plan or LAP.
17 Uh, in addition, the Exchange will be hosting two different virtual
18 workshops. Russell alluded to this in his Executive Director report. The
19 first one will be from one to 3:00 p.m. on April 3rd, and the second one
20 will be at the same time, one to 3:00 p.m. on May 2nd, with the goal of
21 soliciting comments from the general public and other Exchange
22 stakeholders. Written comments submitted by email will be read at the
23 beginning of each of these workshops, allowing those who are unable to
24 attend to provide commentary, which will inform the discussions. So,
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1 details for these two workshops will be posted to notice.nv.gov in
2 accordance with Nevada's open meeting laws. So next steps, um, feedback
3 -- excuse me, will, um, the feedback gathered during the public comment
4 period will be incorporated into a revised version of the Language Access
5 Plan. The revised plan will then be submitted for review and possible
6 approval at the Exchanges next board -- board meeting, which is currently
7 scheduled for June 18th. So, um, we are asking the board to consider for
8 approval, the open public comment period, and the two workshops that
9 will be held on April 3rd and May 2nd, which are intended to satisfy their
10 Exchanges statutory obligation to solicit public comment concerning its
11 Language Access Plan. And so I'm -- that concludes, uh, this report. And if
12 anyone has any questions, I'm sure I will be able to answer or Russell can.
13 Thank you.

14 DR. JAMESON: Thank you, Ms. Davis. That was excellent
15 explanation. So, um, I would love to hear, uh, a motion, uh, to approve
16 these additional services, uh, for the Language Access Plan implementation
17 and public solicitate, public -- public solicited, um, proposed solicited,
18 public comment time be, um, meetings that they'll be having as, uh,
19 requested, uh, by our bills. And, uh, is there, uh, is somebody who wants
20 to make a motion to approve these.

21 LEWIS: Lavonne Lewis. I move to approve.

22 DR. JAMESON: Thank you, Ms. Lewis. A second.

23 CLARK: Valerie Clark. Second.

24 DR. JAMESON: Thank you, Valerie. And, uh, is there any
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1 discussion on this? I think you were ex, uh, extremely good, uh, Janelle at
2 explaining no questions here. So, I will go ahead and take a mo -- a vote.
3 Uh, everybody in favor just say, yay.

4 MEMBERS: Yay.

5 DR. JAMESON: Okay. Thank you. And any opposed? And
6 anyone abstaining? Okay. This motion has been passed by the board
7 unanimously. Thank you. As we, uh, come up to the last part of our
8 meeting, and again, I'd like to first start off by thanking everyone for
9 spending your time with us for as, uh, as, uh, it was pointed out by Janelle
10 doing this amazing service to help with affordable healthcare in Nevada,
11 access to those people who really need to have, uh, something they, that's
12 not too expensive, so they will, uh, have the plan that fits their plan. So
13 thank you all. And here we wanna talk about, uh, any po -- give you an
14 opportunity to talk about any possible actions regarding dates, times, and
15 agenda. And take a moment to say, I hope this Tuesday worked out for
16 everybody. It works out well for me. Do any of our board members and ex
17 officio board members have any, uh, concerns? Is this going to be any
18 problem, or does this seem like a pretty good time now that we've moved
19 to Tuesdays and approximately the same time? Sounds good. And then,
20 um, future, uh, agenda items for future meetings. We'll have a little bit
21 of, uh, follow up on, um, the, uh, the -- the, uh, carrier premium fees.
22 There was some questions, uh, that our -- our staff will be getting back to
23 us on whether they do that in an email and then formally present it to us
24 at our next board meeting as well. And then also, um, I -- it's been a while
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1 because it is a, a project that has a, uh, a long rollout. Uh, but it, uh, I'm
2 sure they're making great progress. And as part of the Exchange, uh,
3 business, I would love to hear an update on our public option, uh, at our
4 next meeting added to the agenda. Was there any -- anything else that
5 anybody else, uh, would like to add to the agenda?

6 T. DAVIS: Madam Chair, this is Tiffany Davis for the record.
7 Um, while you're talking about agenda items, if you don't mind me jumping
8 in, I know that we've had a few things come up in the chat and because we
9 do have a few from the public who are maybe on the phone lines and not
10 able to see what's in the chat, or there might be those joining us virtually
11 who are also not able to, for whatever reason, see exactly what's in the
12 chat. Uh, I would like to, and if our DAG has any objection to this at this
13 moment, me jumping in here, just to clarify a few things. I wanted to, to
14 go back, um, in the chat, it had been approved, our December board
15 meeting minutes were approved. However, when you were asking if
16 anybody would like to abstain, um, or needs to abstain their, Amber Torres
17 did raise her hand. She wasn't able to vocalize it, but she did put in the
18 chat for the record. I abstain.

19 DR. JAMESON: Oh, yes.

20 T. DAVIS: Not being in attendance. Thank you. So, I just
21 wanna make a note of that for our board meeting minutes at that time so
22 we can make sure that those are correct. Um, so thank you Ms. Torres for
23 letting us know that. And then I would also like to, um, read, Russell was
24 answering a question that the board members had raised as far as the

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1 tribal enrollments. Um, and for those who are unable to see that, I would
2 like to read what he put. He said as of February 1, 2024, 1,644 unique
3 individuals who self-identified as a -- a and members had submitted
4 applications for 2024 medical coverage while 774 of those individuals are
5 actively enrolled in marketplace medical coverage. I believe I have gotten
6 those member numbers mixed up while I provided my previous estimate of
7 1500 AI/AN enrollees. My apologies for the oversight. So just wanna make
8 sure that that was clear and that everyone attending today could, um, get
9 that answer. And then also we had, um, Ms. Stacie Weeks had, um,
10 requested, she asked in the chat, can we get a budget breakdown each
11 meeting by account revenues and expenditures and projections? And she
12 said that she found that in our materials on page 34. So, I just wanted to
13 make sure that it's very clear, um, what was being put in the chat. And I
14 believe thus far that ends those kind of comments. And I thank you
15 Madam Chair, for allowing me to go over that and make those
16 clarifications.

17 DR. JAMESON: And I thank you so much for going over that.
18 You know, I had a really hard time getting this like, um, message that was
19 on top and I couldn't clear it off to see the mess -- the chat remarks
20 underneath this superimposed thing. And I finally figured it out after you
21 finished. So, thank you so much. And normally you do bring those up
22 during the meeting as they are -- as they are as we go through them. And,
23 uh, so yes, Stacie, thank you for that. I think that although it's often
24 included in some of the attachments, I think it is a very appropriate and,

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1 um, common thing that, uh, sometimes those financial, uh, highlights
2 would be reviewed. So, I think that's a wonderful thing. And you can feel
3 free to also, uh, anytime you wanna make sure something may be included
4 in our next agenda items, uh, take that opportunity in case we miss it on
5 chat to, to just, um, bring it up so we -- we don't, uh, just miss it. Thank
6 you -- and thank you so much. So, um, I think then we are pretty much,
7 we'll be adding those several items then to our next agenda. And we will
8 let Russell and our finance, uh, person maybe, uh, highlight that at some
9 point during our next meeting. I think that's, uh, really important. And
10 it's only, uh, to our credit of our team, what an amazing job they do on
11 their very, uh, bare bones budget to show the numbers off, uh, with their
12 incredible production on that limited budget they have. So, um, I would
13 like to then go to public comment unless there are any other discussions
14 about future meetings and agenda items.

15 T. DAVIS: And Madam Chair, I would like to make mention,
16 again, Tiffany Davis for the record that the next board meeting is set for
17 Tuesday, June 18, 2024 at 1:30. Unless the board, um, deems that another
18 meeting before that time, or if that one needs to be rescheduled. So.

19 DR. JAMESON: Thank you.

20 T. DAVIS: Um, and for public comment -- if we are to public
21 comment at this moment, is that correct?

22 DR. JAMESON: Yes. And you can go ahead and, uh, proceed
23 with public comment and, uh --

24 T. DAVIS: Thank you, Madam Chair. So, I'd like to go ahead
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1 and start in our conference room and our Carson City, Cassie, do we have
2 anyone in the physical location of Carson City conference room who would
3 like to make a public comment?

4 K. FUENTES: Kassie Fuentes for the record, there's no public
5 comment here in the Carson City location.

6 T. DAVIS: Thank you so much, Kassie, for verifying that. And
7 then online, again, as a reminder, if any of our attendees would like to
8 provide public comment, you may raise your electronic hand feature on
9 Zoom, and Kaitlyn will call your name and you -- then you may unmute
10 yourself. Do we have anyone online at this time who would like to make
11 public comment virtually - Kaitlyn, do you see anyone?

12 BLAGEN: Kaitlyn Blagen for the record. Tiffany, there is no
13 hands raised and I don't see anything in the chat box.

14 T. DAVIS: Thank you so much for verifying, --verifying that.
15 And then on the phone lines, if we have anyone joining us by calling in,
16 please go ahead and unmute yourself at this time and provide your public
17 comment and not hearing anything. Madam Chair, I believe, uh, that we
18 have no public comments at this time.

19 DR. JAMESON: Thank you so much. And at this point, I would
20 like to thank everybody once again for their participation and for your
21 compassionate caring about the, uh, people of Nevada and their access to
22 healthcare. So, until we meet again, please have a very healthy and happy
23 New Year. Thank you.

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