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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
TUESDAY, DECEMBER 17, 2024

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V. CLARK: I see it's 1:30.

T. DAVIS: Madam Chair, would you like to give a few more minutes for people to join us, or --

V. CLARK: I'm checking to see who I see on the screen. I think we're getting close. I think we're good. Okay. I think we can get started now. It is 1:31. And welcome, everyone. It's great to see you all again. Let's call the meeting to order. Tiffany, can we do roll call, please?

T. DAVIS: Sure, Madam Chair. My pleasure to take roll call. Chair, Valerie Clark?

V. CLARK: Present.

T. DAVIS: Vice Chair, Jonathan Johnson?

J. JOHNSON: Here.

T. DAVIS: Ms. Lavonne Lewis? Believe she was gonna be absent today, so. Not hearing anything -- marking her as absent. Dr. Sarah Friedman?

S. FRIEDMAN: Present.

T. DAVIS: Thank you. And, Mr. Quincy Branch? Marking him as absent. Ms. Amber Torres? Not currently hearing anything -- go ahead and mark her as absent, for now. Mr. Sam Kumar? I'm not hearing anything, so

1 also mark him as absent. And Stacie Weeks? I'm not hearing anything. I'll
2 mark her as absent. And I believe we do have a second designee for her --
3 Todd Rich? I -- I --

4 V. CLARK: I see him on the screen.

5 T. DAVIS: I do see him, yes.

6 T. RICH: Sorry. I couldn't unmute. I believe Stacie will be on.
7 But in the interim, I'm here, in -- in her stead. Thank you.

8 T. DAVIS: Thank you for confirming. Commissioner Scott
9 Kipper?

10 S. KIPPER: Here.

11 T. DAVIS: Thank you. And Jenny Helton?

12 J. HELTON: (Inaudible).

13 T. DAVIS: Excellent. Thank you. And, Madam Chair, that does
14 complete our roll call at this time. I will ask and see if Amber Torres, if she
15 has joined us on -- looking at our -- those who are joining us at the
16 present, too. We have people continuing to join us. Amber Torres, are you
17 present? I'm still not hearing anything. So, Madam Chair, we only have --
18 we have three voting members who have joined us today. That is less than
19 a quorum, currently.

20 V. CLARK: Well, myself, Jonathan, Sarah, and --

21 T. DAVIS: And that's it for voting members.

22 V. CLARK: Oh, okay. You're right. Okay. So we do not have a
23 quorum. So next steps would be to either talk -- Radhika (ph), should --
24 should we even have any public comment or anything? Or should we just
25 immediately reschedule the meeting?

1 RADHIKA: You can go through the discussion items, if you
2 wish, have a public comment, and go through the discussion items, if you
3 wish. However, you cannot -- I mean, because we do not have a quorum, I
4 believe you can -- you cannot go through the voting process, or --

5 V. CLARK: Right.

6 RADHIKA: -- any action -- the action items should be, either
7 pushed to another meeting or rescheduled for a -- call another meeting --

8 V. CLARK: Okay.

9 RADHIKA: -- to take action on those items.

10 V. CLARK: Okay. So why don't we have, at least public
11 comment and the non-action items, so that -- because I believe we do have
12 some important things that we need to hear about. But we will refrain
13 from doing any of the voting items. So, let's go ahead and do public
14 comment next.

15 RADHIKA: Thank you, Madam Chair.

16 V. CLARK: Thank you, Radhika.

17 T. DAVIS: Thank you Madam Chair. Tiffany Davis, for the
18 record. I'm happy to help facilitate the public comments. And I'd like to
19 remind those that have joined us online that, if you would like to make a
20 public comment, please raise your electronic hand feature or indicate in
21 our chat box that you would like to make a public comment. And our staff
22 will let you know when you may unmute yourself. For those who've called
23 into our meeting, we'll let you know when you may unmute yourself, so
24 that you may provide your public comment. And I'll just go ahead and start
25 with our Carson City conference room. Kassie, do we have anybody in our

1 physical location there, that would like to make a public comment?

2 K. FUENTES: This is Kassie Fuentes, for the record. There is
3 no public comment here in the Carson City office.

4 T. DAVIS: Thank you for confirming that, Kassie. And then
5 online, once again, if we have any attendees who would like to provide
6 public comment, you may at this time, raise your electronic hand feature
7 on Zoom, and we will call your name and you may unmute yourself for
8 public comment. And I will refer to Kaitlyn. Kaitlyn, do you see anybody
9 line that would like to make a public comment?

10 K. BLAGEN: Kaitlyn Blagen (ph), for the record. No, I'm not
11 seeing any hands raised or anything in the chat box at this time.

12 T. DAVIS: Thank you for confirming. On the phone lines -- if
13 anybody has joined us on the phone lines and would like to make a public
14 comment, you may at this time, go ahead and unmute yourself, and provide
15 your public comment. Not hearing anything. Madam Chair, I would say at
16 this point, we do not have any public comment.

17 V. CLARK: Okay. Thanks, Tiffany. So we will skip item number
18 three, which is the approval of the minutes, and go straight to item
19 number four, which is the Executive Director report. And I will turn it over
20 to Russell Cook.

21 R. COOK: Thank you, Madam Chair and members of the Board.
22 I will begin my executive report presently. I did want to check and see,
23 given the audio problems that we've had in the past, are you able to hear
24 me okay? Madam Chair, I want to make sure I'm coming through loud and
25 clear.

1 V. CLARK: Yeah, I can hear fine.

2 R. COOK: Okay, wonderful. All right. I will start with general
3 comments. In the two-month interim, since the October Board meeting, the
4 Exchange has been primarily focused on ensuring a successful open
5 enrollment period for plan year 2025. Our communications team
6 maintained a busy schedule of media and public event appearances
7 throughout October and November. And our quality assurance team has
8 worked closely with call center vendor Get Insured -- to ensure that the
9 needs of consumers and enrollment professionals are being met. Additional
10 details on the Exchange's recent OEP activities are provided in the open
11 enrollment 2025 section of this report. And given the comprehensive
12 amount of detail that's in the balance of the report, I kept the general
13 comments short and sweet this time. We have agendized each section of
14 the report here, so that I can pause after each section and address any
15 questions or comments that the Board might have. So I did want to pause
16 and see if there are any comments, thus far. All right. I did not anticipate
17 any. But we'll get into the meat of the report, shortly here. The next
18 section is the four month look ahead. There are a variety of sections within
19 the four month look ahead, starting with the conclusion of the plan year
20 2025 open enrollment period, which will be happening in January. So,
21 applications for coverage, under the plan year 2025 open enrollment
22 period, or OBP, must be submitted by midnight on January 15, 2025. Excuse
23 me just a moment. Sorry. I've been fighting some illness over the last
24 couple days. So, the applications must be submitted by midnight on
25 January 15th. However, consumers will have an additional six days, through

1 Tuesday, January 21st, to submit their plan selections and secure coverage,
2 beginning on February 2, 2025. Building on last year's messaging efforts,
3 the Exchange will send effectuation reminders throughout the month of
4 January, to consumers whose 2025 enrollments remain in a pending or non-
5 effectuated status. In addition to email reminders, the Exchange will be
6 sending effectuation reminders via SMS messaging for the first time, in
7 light of our successful use of SMS messaging for Nevadans impacted by the
8 unwinding of the public health emergency. Following the conclusion of the
9 planning year 2025 OEP, the special enrollment period, or SEP, for 2025
10 will begin on January 16th, and continue through October 31, 2025. The
11 next update in the look ahead, is in regard to the 2025 legislative session.
12 The 2025, biennial legislative session will begin on February 3, 2025. In
13 addition to defending its agency budget for the upcoming state fiscal year
14 2026 and 2027 biennium, the Exchange's top priority for this session will
15 be the identification and subsequent tracking of proposed legislation,
16 which might have a fiscal or operational impact on the Exchange. At this
17 time, the Exchange anticipates at least one bill draft request, or BDR,
18 which will be of interest. On August 12, 2024. The Nevada Legislature's
19 Joint Interim Standing Committee on Health and Human Services voted in
20 favor of introducing a BDR in the upcoming 2025 legislative session, which,
21 if approved and signed into law, would require the Exchange to, "seek a
22 waiver to section 1312, chapter F, section 3, of the Affordable Care Act, to
23 the extent it would otherwise require excluding certain Nevada residents
24 from enrolling in qualified dental and health plans of the state's Exchange
25 section." Additional details can be found in the work session documents of

1 the August 12th meeting. And I did include a link to that meeting in my
2 report here -- specifically, agenda item five, recommendation number two.
3 And in practical terms, the BDR is intended, in part, to extend QHP or QDP
4 eligibility to certain categories of undocumented immigrants, which would
5 require the configurable modification of the Exchange's lawful presence
6 verification functionality. An update on the Exchange's bill tracking efforts
7 will be provided during the February 18, 2025, board meeting. The next
8 section in the look ahead is related to DACA eligibility changes. During the
9 October 15th board meeting, my executive director's report described a
10 CMS rule change, which expanded the definition of lawfully present, to
11 include DACA recipients, thereby allowing these individuals to enroll in
12 ACA coverage, beginning December 1, 2024. Earlier this fall, the Nevada
13 Health, Inc., Marketplace was updated to ensure that DACA recipients
14 would be granted lawfully present status, beginning on November 1st. In
15 October, we also reported that a group of 19 state attorneys general filed
16 a lawsuit in federal district court in North Dakota, seeking an injunction to
17 block the implementation of this rule. On December 9th, Judge Daniel
18 Traynor of the US District Court in North Dakota, ruled that DACA
19 recipients in the 19 plaintiff states would be barred from enrolling in ACA
20 coverage. At this time, DACA recipients in Nevada remain eligible to enroll.
21 However, the Exchange will continue to closely monitor any legal or
22 executive developments related to eligibility for DACA recipients. The next
23 item in the form -- look ahead, is related to Equifax's Verify Income --
24 Verify Current Income service. As we first reported in the June 18, 2024,
25 executive director's report, a CMS rule change promulgated earlier this

1 year, required state-based Exchanges to begin paying for the use of
2 Equifax's Verify Current Income, or VCI, data service, which is used to
3 verify the income of Nevada Health applicants who are seeking financial
4 assistance. This rule took effect on July 1, 2024. For context, state-based
5 Exchanges are required to verify household income using the IRS's income
6 and family size, or IFSV, service. But use of the VCI service is optional, and
7 the Nevada Health, Inc., system is configured to use VCI as a fallback
8 verification service, in the event that household income cannot be verified
9 through the IRS. Without a fallback verification service in place,
10 households whose income cannot be verified through the IRS alone would
11 be required to upload supporting documentation to verify their subsidy
12 eligibility, which places a burden on consumers and exchange resources
13 alike. Failure to upload the required documentation is also a leading
14 contributor to loss of subsidy eligibility, and eventually to cancellation or
15 termination for nonpayment of premiums. The practical value of the VCI
16 service, then, is to minimize the administrative burden associated with
17 manual income verification, as well as the associated risk of disenrollment.
18 But at nearly \$6 per household, the cost of the VCI service is significant.
19 Given the extremely short runway provided by the CMS rule change, it was
20 not practical for the Exchange to discontinue its use of the VCI service by
21 the July 1st deadline. Instead, our strategy was to continue utilizing VCI
22 throughout the plan year 2025 open enrollment period, after which the
23 Exchange would assess the value that the VCI service provided to Nevada
24 Health Link consumers. In simplest terms, we want to quantify the average
25 cost for each household whose income could not be verified through the

1 IRS, but whose income could be verified using VCI. The Exchange is
2 currently in the process of developing the required reporting, and we
3 intend to present the results of this analysis to the board in February, with
4 the goal of allowing the board to consider and potentially vote on the
5 continued use of the VCI service. I'll move on to an update on carrier
6 premium fees. In February of each year, the Exchange presents its
7 recommendations to the board regarding potential adjustments to the
8 monthly carrier premium fee, or CPF, which is the percentage of monthly
9 gross premiums assessed to each of the Exchange's insurance carriers. The
10 CPF is the Exchange's sole source of operating revenue. In February of
11 2024, the Exchange recommended that the CPF be reduced from 3.05% to
12 2.95% of gross premiums, citing healthy reserve levels in an optimistic and
13 enrollment outlook for plan year 2024. The Exchange will be performing a
14 similar analysis for presentation at the February 18, 2025, board meeting.
15 However, this year's recommendation might be contingent upon the
16 continued use of the VCI service, as described in the previous section. In
17 such a case, the agenda for the February board meeting will be structured
18 to allow the board to consider the continued use of the VCI service, before
19 considering the Exchange's recommendations for the CPF. And the last
20 update in the form of look ahead, is related to the recent LCB and IRS
21 audits. During the October board meeting, the Exchange reported on the
22 recent completion of two information security audits conducted by the IRS
23 and Nevada's Legislative Council Bureau, or LCB. The results of the LCB
24 audit are now publicly available on LCB's website, at this link
25 <https://www.leg.state.nv.us/division/audit/Full/BE2024/LA24->

1 [14%20Silver%20State%20Health%20Insurance%20Exchange%20Report%2015](#)
2 [-08-2024.pdf](#) . And again, I included a link in the report. But I believe the
3 most telling bit of information in the document is contained on the first
4 page. And I'm reading a quote from the document here. "While we noted
5 various opportunities for improvement, our work did not identify any
6 critical security vulnerabilities at the Exchange, within our testing areas."
7 A summary of their most significant findings follows. And I'll just read
8 down the list of these findings here. The first is that user access requests
9 lack consistency and documentation, with respect to agents, brokers, and
10 navigators, for whom an explicit access request form has not previously
11 been required. The Exchange has implemented this requirement, going
12 forward. So we will be required explicit access requests, going forward.
13 security training for agency personnel lacks oversight. And the Exchange
14 has addressed this control by implementing a state sponsored training
15 framework, known as KnowBe4. This is an online training privacy and
16 security training framework which logs the results of employee
17 participation. Next, is routine user access reviews were not being
18 documented. The Exchange has addressed this finding, by implementing
19 and documenting quarterly user access reviews. The next finding is that
20 internal risk assessments were not being conducted. Now for reference,
21 the Exchange does conduct an annual information security risk assessment,
22 as required by CMS regulations. However, agency workstations and
23 network infrastructure have not historically been included in this process.
24 And that's simply because they're not required by federal regulations. but
25 the Exchange has addressed this finding, by implementing automated

1 network vulnerability scanning. And agency hardware will be included in
2 our risk assessments, going forward. The next finding is in relation to our
3 asset inventory process, which involves tracking our IT assets --
4 workstations, laptops, etc. This was noted as requiring improvement. The
5 Exchange has addressed this finding, by updating its asset inventory to
6 accurately reflect our workstation and laptop holdings. So, we're all synced
7 up now. And then, also wanted to mention they're finding that the security
8 room -- the server room security, rather -- should be enhanced. We do
9 have a room in our Carson City office location, that contains some network
10 hardware, as well as a file server, that we maintain on premises. So, we
11 are currently working to obtain bids for a metal door, to replace the
12 wooden door, in order to increase the security of our on on-premises
13 server room. Now moving on -- the IRS's findings overlap substantially with
14 LCD's findings. And although they remain confidential, they did add some
15 findings that were specific to IRS regulations, including the need to add IRS
16 exhibit seven, contract language to our vendor contract with Get Insured.
17 So, the Exchange is currently working on a contract amendment to address
18 this deficiency, rather. The IRS also noted physical security deficiencies,
19 including the lack of a written policy prohibiting tailgating or piggybacking,
20 with respect to foot traffic through the main entrances of the exchanges
21 office location. Tailgating would just be, you know, one person walking in
22 right after another person who -- who's used their key card to open the
23 door. The vast majority of the IRS's findings have been addressed, or will
24 be addressed in the near future, by the modification of existing policy and
25 procedure or contractual documentation. And as with the LCB audit, no

1 critical findings were identified by the IRS. And I mentioned a moment ago,
2 that the IRS findings are still confidential. I don't believe we've shared any
3 compromising information in this report. But I mentioned that specifically,
4 because we cannot provide, at this time, a link to the complete report that
5 was delivered by the IRS. So that concludes the format look ahead. At this
6 time, I will pause for questions or comments from the board. And --

7 V. CLARK: All right, Russell, I just have a quick question. I

8 R. COOK: Yes?

9 V. CLARK: I didn't -- so what you just -- the findings that you
10 just went through, did you put those in the report that's online, or do we
11 have those?

12 R. COOK: Those were actually sourced from the report that
13 was online. So what I just read through represents about two thirds or so
14 of the findings that were included in the LCB report. There were other
15 findings that I did not mention. I did not include them in this report, for
16 brevity, and because the findings that I did not include, we considered to
17 be of less severity than the findings that we did include. But the link in my
18 executive director's report will take you directly to the complete
19 document, which includes all of LCB's findings, along with their
20 recommendations.

21 V. CLARK: Okay. And that is on the website?

22 R. COOK: That's hosted on the legislature's website, yeah, the
23 LCB website, in particular. So that's a publicly available document, at this
24 time.

25 V. CLARK: Okay. Thank you.

1 R. COOK: You're very welcome.

2 J. JOHNSON: I have a couple of questions. One is about the
3 VCI service fee. Is that something that is paid on all households, for all
4 participants in the Exchange, or just those that cannot be verified by the
5 IRS?

6 R. COOK: Great question. Generally speaking, it's the latter.
7 We will attempt to verify income through the IRS, if we are either unable
8 to verify the income, meaning that the consumer attested income is
9 outside of the -- what's known as the compatibility threshold. So differs
10 by, I think more than 50% of what the IRS was -- is returning, or if the IRS
11 either returns no data or an error response indicating a technical error on
12 their end, that's when the VCI service will be invoked as a fallback.

13 J. JOHNSON: Okay. And perhaps in our February board
14 meeting, when we revisit that aspect, we can get an idea, in terms of, like
15 the occurrence rate for using that VCI service, and what the cost impact is
16 to that? That'd be helpful to know. And then, the other question -- I'm
17 assuming since Nevada was not one of the -- was it 14 or 19 states -- that
18 filed the injunction on the DACA eligibility changes what does that mean
19 for Nevada? Is there something that we have to do or don't have to do?
20 What's the status of that?

21 R. COOK: Great question. And this is literally changing, on
22 almost a daily basis lately, following the December 9th ruling. But the
23 short answer, is at this time, no action, no changes are required on the
24 part of the Exchange. The rule that was implemented early this year by
25 CMS, which extended ACA eligibility to DACA recipients, remains in effect

1 in Nevada. And the changes that we implemented, earlier in the fall, in
2 order to allow for DACA eligibility, that functionality remains in effect in
3 our system. We do, for reference, have the ability to roll that functionality
4 back, on short notice. So we've had this contingency in mind, you know,
5 when we developed this functionality with Get Insured. So, if there is a
6 rule change impacting Nevada, and if we are no longer allowed to grant
7 eligibility to DACA recipients, we can revert to the previous functionality,
8 which would deny eligibility to DACA recipients. So at this time, no changes
9 are required. But we are awaiting you know, federal guidance. And we will
10 have the ability to sense and adjust accordingly.

11 J. JOHNSON: Okay. And so, the question again -- this is
12 helpful for me -- but are we allowed to extend it or required to extend it,
13 presently?

14 R. COOK: DACA eligibility?

15 J. JOHNSON: Yeah.

16 R. COPOK: We are. It's a federal rule. And, you know, within
17 the framework of the Exchange's regulations that govern our operations,
18 we are required to extend DACA eligibility, at present. So that's a federal
19 rule. To be perfectly frank, I'm not certain, how exactly the ruling that
20 impacted the 19 plaintiff states was architected, because that was seem to
21 be a state specific prohibition, in relation to a federal rule. But, you know,
22 we've clarified with CMS recently, following that ruling, that we are
23 required to continue extending DACA eligibility in Nevada, for the time
24 being.

25 J. JOHNSON: Thank you.

1 R. COOK: Absolutely. And, again, I just wanted to confirm
2 also, that, you know, with regard to your comments or questions about the
3 VCI service, that was precisely the intent of the analysis that we're
4 working on right now. We wanted to provide, you know, actual numbers,
5 dollars and cents, numbers of households -- both households that
6 benefited from VCI, as well as households where VCI might have been
7 utilized, but didn't actually end up, you know, verifying the income of that
8 household. We wanted to provide an accurate breakdown of all aspects of
9 the benefits, or lack thereof, the VCI is providing in February. So it sounds
10 like we're very much aligned with your comments.

11 J. JOHNSON: Perfect.

12 R. COOK: All right. Hearing no other questions, I will proceed
13 to some good news. The next section is about open enrollment for 2025.
14 Following the close of week seven, the plan year 2025 OEP is the
15 Exchange's highest performing, to date. The annual passive renewals or
16 auto renewals job, was completed in mid-October, with a greater than
17 99.9% renewal success rate. That is a record. When OEP began on
18 November 1st, there were 91,555 individuals enrolled in 2025 health
19 coverage, and 16,820 individuals were enrolled in dental coverage -- our
20 highest starting numbers ever. Since November 1st, enrollments have
21 increased steadily. As of December 13th, 99,700 Nevadans were actively
22 enrolled in health coverage for 2025. And I just got word yesterday, from
23 our data analysis, that we are over 100,000 now. Already, though, this
24 figure exceeds 2024's end of OEP total, of 99,312 health enrollees. And if
25 the current trajectory continues, then 2025 could see a record setting

1 number of marketplace enrollments in Nevada. And I did include a chart in
2 my report, which I'll share on the screen momentarily. And this chart
3 illustrates the weekly pace of OEP enrollments for the last four plan years.
4 So I think it provides a really good illustration of, kind of, the year over
5 year comparison here. So hopefully, you all can see that. Please let me
6 know if there's anyone who cannot see that. But the topmost line, which is
7 kind of a gold color, represents 2025. The next line below, at the blue line,
8 represents 2022. Some of the board members may recall that 2022 was our
9 previous high watermark, in terms of enrollments at the end of OEP. The
10 final count in 2022 was 100,400 -- 101,000, rather, 411. The next line is the
11 pink line, which is the current year, 2024. We finished with 99,312. And in
12 2023, which was the lowest of the last several years, we ended with 96,379
13 health enrollees. And all these numbers I should clarify -- are health
14 enrollees. Dental enrollees are counted separately. So, as you can see from
15 the trend line here, we've been hovering, on a week over week basis, at
16 about a consistent level of 10,000 more health enrollees, for any given
17 week of open enrollment, versus that record setting year of 2022. The
18 number of new enrollees that we're seeing on a week over week basis, is
19 actually comparable to 2022. I would attribute most of these, you know,
20 the gains for 2020 -- for this year's open enrollment, I should say, for
21 2025, to our high starting number. You can see that we started with 91,000
22 -- nearly 91,500 enrollees on November 1st, versus 87,347 for 2022. All
23 right. So, moving on. As with prior years, the Exchange is offering extended
24 call center hours during OEP. Based upon a review of historical call
25 volumes, though, we made the decision to discontinue offering Sunday

1 hours. This allowed the Exchange to achieve a substantial cost savings
2 versus the extended call center hours for plan year 2024's OEP, while still
3 exceeding target service levels for average weight and handle times. And,
4 for reference, average wait times have been hovering in the five second
5 region or less. Customer satisfaction, as measured by post call surveys, has
6 averaged 92%, since OEP began on November 1st, which includes calls
7 handled during non-business hours, by the Amelia (ph) automated virtual
8 assistant. A post-OEP summary report, as well as any relevant analysis
9 regarding demographics and consumer behavior, will be provided during
10 the February 18, 2025, board meeting. So we're still in the midst of OEP,
11 but things are looking pretty good so far. I would be happy to address any
12 comments or questions by the board, regarding OEP. All right. Hearing no
13 comments or questions, I'm going to move on to a brief update regarding
14 our agency budget. At the time of this report's preparation, the governor's
15 recommended budget for state fiscal years 2026 and 2027 has not been
16 officially released. But as we reported during the October board meeting,
17 the Exchange's agency request budget reflected an average increase of
18 8.3%, versus the current biennium, which included the new cost associated
19 with the Equifax's VCI income verification service. That will, of course, be
20 contingent upon its continued use in the upcoming biennium, as well as
21 two new staff positions that we requested. The first of these requested
22 positions is a plan certification supervisor, which the Exchange hopes will
23 address the steadily increasing plan certification workload associated with
24 the growing number of insurance carriers offering plans for sale through
25 the Nevada Health Link Marketplace. We believe this position will also be

1 essential for ensuring the successful rollout of the market stabilization
2 program at the associated ballot board state plans next fall. The second
3 requested position is a full-time tribal liaison, which we believe will be
4 essential to ensuring the growth and continued success of the Exchange's
5 tribal partnership program. Based on recent meetings with the governor's
6 finance office, the Exchange remains optimistic that these positions will be
7 forwarded for legislative review, as part of the governor's recommended
8 budget. Further details regarding the final status of the governor's
9 recommended budget will be provided during the February 18, 2025, board
10 meeting. So, again, as with OEP, it's kind of a work in progress. But we
11 wanted to provide you with what we thought were the, the most relevant
12 updates. I will, again, be happy to address any comments or questions from
13 the board.

14 V. CLARK: I think we're good.

15 R. COOK: All right, moving right along here. Next, I wanted to
16 provide an update on the RFP for technology platform and call center
17 services. Due to administrative delays encountered in late October and
18 early November, the Exchange was unable to deliver the proposed RFP for
19 technology platform and call center services to the state purchasing
20 agency, until November 26th. As of the writing of this report, the RFP
21 remains under review from state purchasing and the Exchange's deputy
22 attorney general. I acknowledge that the schedule represents a substantial
23 delay, relative to the timeline that was proposed in the executive
24 director's report from our October board meeting. And I'd like to provide
25 the board with some insight into the impediments that we encountered, in

1 the meantime. To provide the appropriate context, the Exchange is
2 required to maintain a status, known as the authority, to connect, or ATC,
3 to the Federal Data Services hub, which is the source of the electronic data
4 services that the Nevada Health Link Marketplace uses to verify the
5 eligibility of its enrollees. ATC status is granted in three-year increments.
6 And the Exchange's current ATC is set to expire on September 13, 2025. In
7 order to renew its ATC status, the exchange is required to solicit a third-
8 party agency to perform an independent security assessment, which
9 involves the review and testing of the privacy and security controls
10 implemented by the marketplace technology platform. Based upon previous
11 discussions with the Exchange's information security liaisons at CMS, with
12 whom the Exchange (inaudible) on a monthly basis to ensure ongoing ATC
13 compliance, it was our understanding that, if the RFP resulted in a vendor
14 change, an independent security assessment would only be required for
15 the new technology platform. It was also our understanding that the ATC
16 for the new technology platform would not be required until verification
17 services were needed to facilitate passive renewals in late October, and
18 the proposed project schedule structured accordingly. But during our
19 recent meeting with CMS, which included senior information security
20 personnel who did not attend the monthly meetings, the Exchange was
21 informed that, in the event of a vendor change, independent security
22 assessments would be required for both technology platforms, and that the
23 ATC for both systems must be in place by September 13, 2025. Given the
24 numerous dependencies associated with the RFP's proposed transition
25 plan, this change required significant modifications to the project schedule

1 and deliverables, to ensure CMS compliance. As a result of this
2 correspondence with CMS, the Exchange learned that no other state-based
3 marketplace has yet faced the possibility of a vendor transition. As with
4 the Exchange's transition away from the healthcare.gov platform in 2019,
5 we once again find ourselves in the position of having to develop a
6 playbook for an unprecedented contingency. Based on the impact of these
7 delays on the timeline for solicitation, state purchasing has expressed
8 concerns about the risk of not meeting the required implementation
9 deadline. To ensure the continued services remain available to Nevada
10 Health Link's consumers, state purchasing is recommending a temporary
11 contract extension with existing vendor, Get Insured, in order to allow for
12 a lengthier procurement timeline. The Exchange is in favor of this
13 contingency, and we intend to work with state purchasing in the coming
14 weeks to develop a proposed contract extension, which will be presented
15 to the board for review and approval during the February 18, 2025, board
16 meeting. And I do realize this is a big curve ball. A lot of this just came
17 together in the last few days. But we do have Gideon Davis, who is the
18 state purchasing administrator, joined us on the call today to address any
19 questions or concerns that the board might have, or answer any questions
20 that might have been raised by this update.

21 V. CLARK: So, does it -- I know this is a big topic for some. I
22 know -- my question was, is Get Insured in the boat with you? Do they
23 understand what's happening? Do they have -- have they expressed that
24 they were willing to extend their --

25 R. COOK: I have reached out to Get Insured, today actually,

1 because, I, again, this is literally in light of an email that I received this
2 morning from state purchasing. And I've spoken with our contact at Get
3 Insured and proposed the idea. He indicated that he would run it up the
4 flagpole essentially and get back to me by tomorrow. So we don't yet have
5 this solidified with Get Insured. But we have already begun to have those
6 discussions.

7 V. CLARK: Does anyone else have any questions? So, if Gi -- is
8 Gideon -- there he is. I see his name. Mr. Davis, so you weren't the one in
9 our prior board meeting, who --

10 G. DAVIS: No. Hi, I'm Gideon Davis. I'm the administrator of
11 the state purchasing division, for the record. No -- Ryan Bradenberg (ph),
12 who is my senior purchasing officer, was the one who attended your last
13 meeting. But actually, I was the person who ran the solicitation five years
14 ago, that led to the award to Get Insured. So I do have some unique
15 experience related to this project.

16 V. CLARK: Okay. So I -- and I admit, this is -- the language that
17 you guys use, is a little bit over my head. So I might -- if I ask a dumb
18 question, bear with me. but I thought there was a major sense of urgency,
19 with either state purchasing, or someone, that this had to go out right
20 away. And now, we don't have that sense of urgency anymore. And now
21 we're okay extending the contract, which is what we had asked for in the
22 last board meeting. So I guess I'm just a little bit lost. To be completely
23 honest, I'm just a little bit lost as to where this whole thing stands. And if
24 we're asking for an extension, how long of an extension are we asking for?

25 G. DAVIS: So I understand your confusion there -- again,

1 Gideon Davis, state purchasing -- because circumstances changed, and so
2 we had to react. And that's basically the simple answer to the question.
3 The more complicated answer is, last board meeting, we believed we did
4 have enough time. As Russell explained, there was some complicating
5 factors with CMS. But there was also, just normal kind of delays that
6 happen sometimes, because government doesn't always move as quickly as
7 we hope. And that led to, we are in a different situation now, two months
8 later than we were then. And as a result of that, there are concerns that
9 we cannot succeed in the way that we thought we could two months ago.
10 And the thing that is unique about the Silver State Health Insurance
11 Exchange, that is different for other contracts, is you have to operate on
12 the program year. And so, whereas like, you know, a DPBH contract for
13 their electronic health record system -- right? -- if we had a delay in a
14 procurement, we would be able to potentially delay that implementation
15 by a month or two, and then still be able to operate fine. Right? But the
16 timeline we were looking at, to award a contract in April, have an
17 implementation, and have the vendor potentially ready for open
18 enrollment by October and November, is a pretty tight timeline.

19 V. CLARK: Right.

20 G. DAVIS: And so, if we miss that, we are in a worse position
21 three or four months from now, than we are right now. And so it benefits
22 the state to consider that now --

23 V. CLARK: Yeah.

24 G. DAVIS: -- even if it is potentially premature. Because we
25 recognize that there are steps in this process, like getting an amendment

1 approved by BOE, that have fixed amount of time, that they will take.
2 Right? And so, even to amend this contract, to bring that potential
3 amendment back to the board before taking it to BOE for approval, you're
4 looking at that amendment going to, probably April BOE. Right? And so, the
5 idea that you could complete an entire RFP, in the same time that we we'll
6 need just to do an amendment to the existing contract, is a little bit, you
7 know, fantastical, I guess. And so --

8 V. CLARK; At least we're recognizing it now versus later.

9 G. DAVIS: -- so we have a choice, where we can either run an
10 RFP now, that is quicker and sloppier than we would like it to be, in order
11 to get it done on the original timeline we proposed, or the state can
12 choose to do what we don't really like to do, which is extend the contract
13 beyond what we originally said five years ago, it was gonna be. Right?
14 Because what we are tied to is what we tell vendors. And so, in the original
15 solicitation for this contract, I believe we said -- and Russell will correct
16 me if I'm wrong here -- we set a four-year contract, with the option to
17 extend for one year. And we are in that one year option now. And so,
18 extending beyond that is not in line with what we originally intended to do
19 five years ago. And that was the kind of, you know, push that we were
20 trying to stay in line with what we originally intended.

21 V. CLARK; Sure.

22 G. DAVIS: But because of the circumstances that exist here, in
23 our now reality, we have to live with that. And we have to recognize that
24 ensuring that service continues for the Exchange is tantamount, and
25 there's too much risk of failure to not plan for that. And so I think, giving

1 yourself another year, provided Get Insured agrees to that, obviously, I
2 think puts you in a better position for long-term success. And then, we can
3 discuss, as part of that, because we would've more time to develop that
4 RFP, what we can do in the next solicitation, to better position us the next
5 time we're in this position.

6 V. CLARK: Yeah. So, you're saying, extend for one year, right?

7 G. DAVIS: That's my suggestion. I believe that's enough time.

8 If there is reason that we believe it would take longer than that, I would be
9 open to that conversation. But based off my experience in similar projects,
10 I think a year is enough time to -- because we're not just talking about a
11 year from today. We're talking about a year from your current contract
12 expiration, which is actually a little over a year from where we sit right
13 now. And so --

14 V. CLARK; Providing the (inaudible) --

15 G. DAVIS: -- ultimately that's -- right. Providing they agree to
16 that, we'd be talking about the next two enrollment periods, rather than
17 just one. So we'd be looking at an implementation for a new vendor, or this
18 vendor under a new contract in, you know, mid-2026, rather than mid-
19 2025.

20 V. CLARK: Yeah.

21 G. DAVIS: But obviously, we would be able to do that sooner
22 potentially, and give the vendor a longer runway for implementation, if we
23 delay by a year. And, when they have more time, that gives them the
24 ability to plan better, and potentially could decrease the cost of that
25 implementation, because that allows, like -- you know, you need a certain

1 number of hours, and you can have eight people for six weeks or 16 people
2 for three weeks. And the more time you have, the easier it is to do it with
3 a --

4 V. CLARK: Sure.

5 G. DAVIS: -- you know, more committed, but potentially
6 smaller team, which would save the state money. And so, there is value to
7 us in taking our time.

8 V. CLARK: Yeah. So I guess, are we violating a rule or a law? Is
9 there some -- is there any reason why this is -- I mean, I think this is well
10 thought out. And I agree with what you're saying. It seemed like it was a
11 big problem, when we asked for it a few months ago. So why isn't it a big
12 problem now? I guess that's -- I'm trying to understand why, when we
13 wanted it a few months ago, it was an absolute no. And now, everyone is
14 okay with it, but --

15 G. DAVIS: So --

16 V. CLARK; -- I mean, what do you understand --

17 G. DAVIS: At a basic level, there's not a law.

18 V. CLARK: Okay.

19 G. DAVIS: There is a regulation. And then, there is policy
20 within the state administrative manual.

21 V. CLARK: Okay.

22 G. DAVIS: And so, the regulation is NAC 333.150, which gives
23 me, as the purchasing administrator, the ability to decide whether the
24 state can award a contract, without competition. And when we are
25 extending a contract beyond its original period, that is awarding a

1 contract, without competition.

2 V. CLARK: Okay. That's what I needed --

3 G. DAVIS: And then, we have written policies beyond that, in
4 SAM. And that's state administrative manual section 0310, which covers
5 contract extension. And so, when an agency wants to extend a contract,
6 generally, they have to come to the purchasing administrator in advance of
7 negotiating with the vendor, and request that approval from me. The Silver
8 State Health Insurance Exchange has not done that, formally yet.

9 V. CLARK; Okay.

10 G. DAVIS: But Russell and I have had that conversation. But as
11 Russell said, that happened this morning. And your meeting was today. So
12 the calendar dictates what we do sometimes. And so, because we couldn't
13 put that in writing beforehand, so that Russell could bring that approved
14 document to you, I'm here instead.

15 V. CLARK: Okay. Yeah. (Inaudible) --

16 G. DAVIS: And so, I personally, as administrator of the
17 purchasing division, have the authority to decide when it is potentially
18 appropriate for us to go outside of our normal procurement rules, because
19 of the needs of a particular situation. And so, in my personal opinion, two
20 months ago, an extension for this contract was not justified, because there
21 had not been efforts by the agency towards attempting a new
22 procurement. And so we couldn't necessarily justify, oh, we're not gonna
23 have time to do this, because we hadn't really started. And so we couldn't
24 really say, we don't have time, because we hadn't committed to actually
25 doing it. Now we started -- right? -- as of that meeting, we started in

1 earnest, and we hit some roadblocks, collectively. And in doing that, that
2 now changes the actual circumstances, because now we're in a position,
3 where we recognize the path in front of us. And it's not just, we believe
4 there might be something in the forest over there. It's, we're 400 feet into
5 the forest and we saw a bear.

6 V. CLARK: Yeah.

7 G. DAVIS: And now, we actually need to react to the bear
8 before we can continue exploring the forest. And so, that's a really weird
9 metaphor that I just made up.

10 V. CLARK: Well. It worked.

11 G. DAVIS: But I think it (inaudible) --

12 V. CLARK: I understand. Well, I'm -- you know, I mean, let's
13 not lose sight of the fact that, it's the experience of the consumer that we
14 are trying to protect and --

15 G. DAVIS: Exactly.

16 V. CLARK: So that comes first and foremost. So -- okay, so I
17 understand that. I am not -- I don't operate in that space, so I'm hoping
18 Jonathan or Stacie, you guys could weigh in a little, just to, maybe provide
19 some perspective, as well.

20 S. WEEKS: I was just gonna say, Valerie, I support the
21 extension, like we asked for last time, just given the risk to the state and
22 to the consumers, if we're transitioning to new vendors. I think it's just --
23 it's always good when you have technology involved. So, I support this
24 extension and think it's probably the right thing to do. I agree with Gideon.
25 I think the closer we get, the more nervous I think we all are. So, I'm glad

1 that there's a plan, today in front of us, to extend this at least a year. The
2 only thing I would ask is, if the negotiations take longer than three to four
3 months to get an extension, that we consider, even an additional six
4 months, because it does take time. And my guess is this RFP may need to
5 be rewritten, and other things need to happen. I don't know. I just want to
6 make sure we all have enough time, and we're not, you know, scurrying at
7 the last minute to fix it.

8 V. CLARK: Yep.

9 J. JOHNSON: My question is, are there any concerns that
10 Get Insured will not extend on their part? And do we need to have a
11 contingency plan in place?

12 G. DAVIS: Gideon Davis, for the record. There's always a
13 concern -- that the possibility that the vendor is not interested in
14 continuing. I don't think it's a huge concern in this particular case. But
15 you're right, that it's not something we can rule out. Obviously, in
16 situations where a public board is involved, it's a little more difficult,
17 because we are having this discussion at a public meeting. And if I was
18 talking to -- using agency that does not report directly to the board, this
19 would be a conversation between me and their director, privately in their
20 office. And so Get Insured, in a way, has a little bit of leg up, because if
21 they're watching this meeting right now, they now know that we're gonna
22 come to them and ask for a year extension. However, I believe Get Insured
23 intends to continue in this marketplace, both potentially trying to continue
24 to earn Nevada's business and in other states. And so, I don't personally
25 believe it would benefit them, as a company, to walk away from Nevada,

1 rather than extend.

2 V. CLARK: Yeah.

3 G. DAVIS: I think it benefits both of us, potentially, to extend,
4 not for the same reasons. But I think it is something that could be mutually
5 beneficial.

6 V. CLARK: Is there a reason you didn't talk to them before the
7 meeting today?

8 G. DAVIS: As Russell said, this conversation between
9 purchasing and the Health Insurance Exchange, regarding exactly how we
10 should proceed, occurred this morning. But also, from my perspective, the
11 board needs to be involved in that decision, because you guys, just as you
12 have to approve a contract award, a contract extension is an award. And
13 so, while --

14 V. CLARK: Well, we can't deliberate today. And we can't take
15 any action today, as a board, obviously. So --

16 G. DAVIS: Right. And so, had we not had this meeting already
17 scheduled for today, it's possible that, what was presented to the board
18 would be different than it is right now. But you were expecting an update
19 on the RFP process. And this is part of the update on the RFP process. And
20 so, this discussion had to happen, because of the calendar. And so, in a
21 normal circumstance, it's possible that Russell would've come to me, I
22 would've approve the authority to extend, and he would've brought that to
23 you, or brought that and Get Insured to you, together. But there's not a
24 requirement, with regard to which order that necessarily has to happen in.
25 But with regard to the direction of the contract, that ultimately has to be a

1 board decision. Informing you of it now, helps prepare you for that action
2 item that would occur at your next meeting in February.

3 V. CLARK: Okay. So, we actually have until -- we won't
4 deliberate it -- we won't be in a position to approve anything until
5 February. Is that okay? You're -- we're okay with that?

6 G. DAVIS: Ultimately, that's your decision. Because your
7 current contract doesn't expire until the end of next year --

8 V. CLARK: Oh, that's right.

9 G. DAVIS: -- you have some buffer time.

10 V. CLARK: You're right.

11 G. DAVIS: Right? Because we're not talking about the
12 expiration. We're talking about --

13 V. CLARK; I kept thinking it expired at the end of this year.
14 Okay. Yeah.

15 G. DAVIS: Well, that -- that's the thing that is unique about
16 this, is because we have to plan for the entire plan year, in many
17 contracts, we're having this conversation when it expires in, you know,
18 March. But for you guys, it's not actually expiring, I think, until January of
19 next year, or January of 2026. By -- what I mean by that. And so, for that
20 purpose, yes, if we came to the February meeting, and at the February
21 meeting, you guys approve the amendment, Russell's team would then be
22 able to submit that to the board of examiners, and they would be able to
23 consider that, based off your February meeting schedule. That would get to
24 them in -- the deadline in March, for the April agenda. And so, your
25 amendment would be on the April agenda. Obviously, if you, as the board,

1 wanted to move more quickly than that, you could schedule another
2 meeting before that, to take action on the item. But from my perspective, I
3 don't think that's necessary. But it's an option to you.

4 V. CLARK: Okay. I assume, Russell, you'll let us know, if it
5 becomes more important that we meet prior to February, on this?

6 R. COOK: Absolutely. I think Gideon has done an excellent job
7 of kind of laying out what the next steps are. We have to approach this
8 incrementally. I think the first step is, you know, a conversation with Get
9 Insured, just to establish the kind of the parameters, within which we can
10 approach a possible contract extension. And we certainly will keep the
11 board apprised. And as Gideon mentioned, certainly the prospect of an ad-
12 hoc board meeting, perhaps, within the month of January, is absolutely
13 something we can accommodate, if it seems like that makes sense, with
14 respect to the overall timeline. But in my opinion, I don't think that there's
15 a significant difference between -- you know, if -- if we were to move up,
16 the board's review, and potential approval of a contract extension, by a
17 month, that might mean that we could, you know, present at the March
18 board of examiners meeting, rather than April. I'm not sure that that would
19 bias us anything, though, in terms of contingency planning, you know.

20 V. CLARK: Okay. So we'll follow your lead on that, Russell. If
21 you need us to meet sooner, then just let us know. Otherwise, we'll plan
22 on voting in the February board meeting, on that.

23 R. COOK: Well, I'm grateful for your understanding and
24 grateful, especially to you Gideon, for your generous time that you and
25 your team have put into this effort, thus far. Certainly, this is not the way

1 that I wanted this process to go. We have, unfortunately, kept throwing
2 curve ball after curve ball at state purchasing, and they've done a
3 commendable job, of kind of rolling with the punches and providing us with
4 our best options at any given juncture. We, collectively, have invested
5 hundreds of hours into this process, over the last several months. I do
6 believe we have, you know, an outstanding, very well-defined scope of
7 work. And in particular, most of the work that we've done, has been
8 involved with exploring the various contingencies that might be associated
9 with a potential vendor change, just to make sure that we're covering
10 every single one of the bases. The most recent one of those changes, it was
11 in relation to that the recent discussion with CMS, which again, was a huge
12 curve ball, at the last possible minute. But we're very grateful for the
13 understanding. And, we do at least have, you know, a robust document in
14 place, which, we can further refine in the coming months, to set us up for
15 success next year.

16 V. CLARK: All right. Yes. Thank you very much, Gideon. We
17 appreciate you being with us. It's very helpful.

18 G. DAVIS: Thank you, very much. I am going to step off. If you
19 guys need me, Russell can reach out and I can hop back on. But I think
20 you're moving onto other topics and don't need me anymore. So thank you
21 and have a great day.

22 V. CLARK: Thank you. Yes. Thank you, Gideon.

23 R. COOK: (Inaudible). Thank you.

24 V. CLARK: Okay. Does anyone else have any more questions on
25 that RFP? I think I'm comfortable now. If anyone else has any questions,

1 let's ask real quick, and then, we'll let Russell move on. Okay. Thanks,
2 Russell.

3 R. COOK: My pleasure. Moving on to an update regarding our
4 tribal partnership program -- in recent months, the Exchange's tribal
5 partnership efforts have been focused on deepening our collaborative
6 partnerships with Nevada's tribes. We recently proposed a variety of
7 communication and outreach activities to director Stacey Montooth at the
8 Nevada Department of Native American Affairs, or the -- in -- of the DNAA,
9 with the goal of authentically representing Native Americans in Nevada,
10 through compelling imagery in our Nevada Health Links marketing
11 materials. Our suggestions included partnering with a skilled, Native
12 American photographer who understands tribal communities and their
13 culture, to capture professional quality photo and video assets at
14 community events, which are meaningful to Nevada's tribes. In addition to
15 using these assets in Nevada Health Links promotional materials, the tribes
16 would maintain the rights to all images taken for use in their own
17 promotional materials. Sponsoring community events to create a mutually
18 beneficial partnership that enhances these events, while promoting
19 awareness of health coverage options available through Nevada Health
20 Link, and partnering with members of Nevada's tribes to translate our fact
21 sheets, resource guides and future publications into their native
22 languages. To ensure that these materials are accessible to all community
23 members, we are committed to covering the costs associated with these
24 translation services. These suggestions were met with a favorable
25 response. And as a result of this collaboration, (inaudible) was prevented

1 with the oppor -- presented, rather -- with the opportunity to sponsor the
2 Nevada's Tribe's Day legislative lunch on February 11th. This event will
3 feature a presentation from the Exchange, and we will have a navigator
4 booth staffed at the event, with resource guides available. In the lead up
5 to the luncheon, the Exchange will collaborate with the DNAA team on
6 social media posts to promote awareness of the event. We are hopeful that
7 this event is the first of many such collaborations in 2025, and beyond. All
8 right, we'll pause again to address any questions or comments from the
9 board.

10 V. CLARK: Is this something that you do in conjunction with
11 our marketing people, or is this separate?

12 R. COOK: This is an Exchange led initiative. So our I'm
13 assuming you're referring to our marketing vendor, the Abbey Agency?

14 V. CLARK; Yes.

15 R. COOK: This is more of a homegrown project of ours. And
16 we consider this to be an extension of the tribal partnership program that
17 we've reported on, at recent board meetings. Thus far, those efforts have
18 been focused on the tribal exchange representative certification program,
19 for instance. You know, training and certifying, you know, tribal members,
20 to offer enrollment assistance in tribal health clinics throughout the state.
21 We've also developed an aggregated billing workflow, to allow for a single,
22 monthly payment that covers multiple premiums, that might be sponsored
23 by a given tribe. And we've also been working closely with insurance
24 carriers over the last year and a half, to offer policy support to tribes who
25 might be experiencing difficulties getting claims processed, in accordance

1 with their particular set of benefits, under the Affordable Care Act. These
2 recent efforts are intended to focus on collaboration -- inter-agency
3 collaboration, in particular, with other state agencies, who have a common
4 interest in serving these communities and these populations. So this is a
5 recent effort that was spearheaded by our communications director, Katie
6 Charleson. And she and Tiffany Davis, our existing tribal liaison, have done
7 wonderful work establishing these contacts, listening, learning about what
8 needs we might be able to help serve. And I really commit their efforts. I
9 think this is one of the most rewarding aspects of our activities over the
10 last year or so.

11 V. CLARK: Okay. Thanks.

12 R. COOK: You're very welcome. If there are no other
13 comments or questions, I'll move on to the next section, which is an
14 update on automatic voter registration. The Exchange's information
15 systems manager has been working diligently in recent weeks, to finalize
16 the Exchange's implementation of the automatic voter registration
17 reporting requirements, defined in NRS Chapter 293. And that was a result
18 of the assembly bill 432, in the 2021 legislative session. Successful testing
19 of the electronic reporting service was conducted during the week of
20 December 9th. The Exchange anticipates that this system will be online in
21 time to satisfy the statutory implementation deadline of January 1, 2025.
22 And, just to provide a bit more context, this process will entail the
23 reporting of qualifying Nevada Health Link applicants to the Nevada
24 Secretary of State, on a weekly basis, except in the two weeks prior to an
25 election, in which case reporting will be provided on a daily basis. And the

1 Exchange has developed a solution, which is hosted entirely on state of
2 Nevada computing infrastructure. And no direct vendor technology support
3 is required, other than the continued availability -- I'm sorry, the
4 continued ability for the Exchange to access marketplace applicant data,
5 through an online reporting tool, which is a contractually required service.
6 So, I know we've mentioned this a couple other times previously this year,
7 just wanted to give a status update and let the board know that we are on
8 track for a successful implementation in January.

9 V. CLARK: Thanks.

10 R. COOK: And again, I'll pause for questions or comments. All
11 right. We're getting towards the end of the update here. But I did want to
12 provide an update regarding the policy for vision carrier partnerships,
13 which was requested by the board, if not for the first time during our
14 October meeting, but then, perhaps prior. But Mr. Kumar had requested, at
15 the end of the October meeting, that the Exchange attempt to produce a
16 draft policy for vision carrier partnerships. And so, I wanted to address
17 that request here. When the Exchange team met recently, to discuss the
18 development of a formal policy governing prospective partnerships with
19 the vision carriers, we realized quickly that even developing a high level
20 outline of a policy would require the Exchange to assume a number of
21 decisions, which we felt should be left to the board of directors. These
22 decisions would, in turn, require action at a future board meeting. So
23 rather than attempting to produce a draft policy, which would be
24 submitted for the board's review, and which might be subject to changes as
25 a result of that review, we are proposing, instead, to administer a

1 framework within which the board can discuss and vote on what we
2 consider to be the critical decision points. In hindsight, I acknowledge that
3 this proposal might better -- might have been better presented as a formal,
4 possible action agenda item at today's meeting. But given the lack of
5 certainty that I expressed during the October board meeting, regarding the
6 Exchange's ability to produce a draft policy by this date, along with the
7 demands that this year's OEP have placed on Exchange staff, I hope that
8 the board will consider this proposal to constitute a good faith effort to
9 move this project forward in a meaningful and inclusive way. As always, I
10 welcome any comms or feedback from individual board members following
11 today's meeting. Phase one of our proposal would be for the board to
12 consider the following questions, as a formal possible action agenda item,
13 during the February 18, 2025, board meeting. On Monday, February 3rd, the
14 Exchange would contact the board member site email to solicit any
15 additional questions that should be considered by the board, with a
16 response deadline of Friday, February 7th. And the questions that we are
17 proposing for the board to consider are, what shall be the term of a
18 partnership agreement? The Exchange proposes that one year, starting in
19 November and continuing through the -- November of the next year, would
20 ensure that new partnerships were in place prior to the start of OEP. We
21 are proposing that one year should be the minimum term. But the board
22 might consider a longer term, in relation to the administrative
23 requirements of the review and approval process. The next question we're
24 proposing is, how shall the application process for a partnership be
25 administered? The Exchange proposes that a formal application and review

1 process, similar to a request for a proposal, would allow for a robust and
2 balanced review and vetting process. The implementation of a standardized
3 application form would allow for the solicitation of comparable
4 information across multiple applicants, while also allowing for the
5 inclusion of contractually binding language, which would streamline the
6 execution of any approved partnerships. The next question is, shall the
7 application require performance metrics to be provided by prospective
8 partners? If so, which metrics should be required? The next question is,
9 how shall the application review and approval timeline be structured? The
10 Exchange proposes that an application window of July to August would
11 allow for applications to be distributed to board members for review
12 during September, after which the board could vote on their approvals
13 during the October board meeting. This timeline would allow for new
14 partnership agreements to be executed and for the Nevada Health Link
15 website to be updated, prior to the start of OEP on November 1st. Next
16 question that we are proposing is, should approved vision carrier partners
17 be required to provide periodic reporting to the Exchange? If so, what data
18 should be reported? For instance, confirmed enrollments and vision
19 coverage following a Nevada Health Link referral, customer satisfaction
20 metrics, etc.? The next question we are proposing is, should there be a
21 maximum limit to the number of concurrent vision partnerships in place at
22 one time? The Exchange is not aware of any other state-based marketplace
23 with more than three vision carrier partnerships. Should a hosting fee for
24 approved vision carrier partners be charged by the Exchange? The hosting
25 fees associated with historical partnership agreements have been

1 negligible, with respect to the Exchange's operating budget and the
2 absence of hosting fees for future partnerships would not present a risk to
3 the Exchange's revenue. Phase two of our proposal would begin after the
4 board votes on these questions during the February board meeting. The
5 Exchange would draft a formal policy, as well as any supporting
6 documentation that would be required by the approved methodology, e.g.,
7 an application form, which would be submitted to the board for review
8 prior to the June 2025 board meeting. The June board meeting would then
9 include a four possible action agenda item, to either approve the
10 documentation as submitted or modify/amend the proposed
11 documentation, in accordance with the board's preferences. So clearly,
12 we've offered some pretty clear opinions on our part. But again, as we sat
13 down to actually write this thing up, we realized very quickly that there
14 were a number of forks in the road, which we thought ought to be
15 addressed by the board before we actually, you know, potentially, put a lot
16 of time and resources into developing a draft document. So I would
17 welcome any questions or comments from the board. But, you know, just
18 ask you to please keep in mind that this is not a formal, possible agenda
19 item at this time. This is just our proposal, doing our best to set,
20 hopefully, positive expectations for the February board meeting.

21 V. CLARK: Jonathan, I would want your opinion on how deep
22 we go on something like this. I mean, you I work with a lot of vision
23 carriers. but it's on a group level. what are your thoughts about how deep
24 we need to go on this, providing that it's not -- I don't think it's required
25 by ACA law. So we've got some leeway there, right?

1 J. JOHNSON: Yeah, I think, again, it's something that --
2 whether it's dental or vision, I think it's something that people look for or
3 want that coverage. And if the Exchange can facilitate that, in a way that
4 makes it easy for the consumer, I think that's great, in terms of the
5 mechanics, and how we go about that. I think the -- this whole thing came
6 about, because there is, kind of a -- an agreement already -- or something
7 that already happens, that directs folks to be able to purchase this. And
8 this just kind of ex -- expanding on that and maybe giving the consumers a
9 little bit more choice. But yeah, I think it's worthy of, you know, full
10 discussion by the board. And, happy to do a final review of the questions
11 for the RFP, and get the collective voice from the board, if there are any
12 additional questions that should be added to it.

13 V. CLARK: Yeah, I mean, a traditional RFP, I think, makes
14 sense. I think where I'm -- where I struggle is, you know, do we charge a
15 fee for this? It's so small -- you know, the premiums are so small. You
16 know, do we -- how much information do we need back from them? You
17 know, do we want customer -- you know, I -- it's customer -- ser -- service
18 is important. You know, but how much information do we want back from
19 this thing?

20 J. JOHNSON: Russell, if -- is this something that they would
21 just get information from, and they purchased it directly from a vision
22 provider, vision carrier?

23 R. COOK: The idea would be that -- so -- and for context, that
24 -- there is, as you mentioned, an existing partnership in place with a vision
25 carrier, called VSP. And we actually heard from them during the October

1 board meeting, when the board considered the continuation of the existing
2 agreement that we have in place. My biggest takeaway from that meeting,
3 was that additional competition, if you will, was desirable, and that the
4 board was in favor of developing a formal process, perhaps an application
5 process, through which multiple vision carriers would have an opportunity
6 to essentially compete for what, in my mind, you know, amounts to a tacit
7 endorsement of that carrier services. So the goal would be to, perhaps,
8 come up with maybe two concurrent partnerships, at a minimum, to
9 provide a -- kind of a baseline of, you know, you know, competition and
10 variety in the marketplace. But just to clarify, Chair Clark is exactly right.
11 This is not required by the Affordable Care Act, nor does the Nevada
12 Health Link Marketplace sell vision plans. We don't anticipate that
13 requirement anytime in the future. These would be references, and links
14 essentially, hosted on our website, that would refer consumers out to the
15 websites of these individual vision carriers for enrollment in their vision
16 plans. So right now, we have a vision page on our website. And the only
17 carrier on there is VSP. If we were to implement some type of application
18 process, that we could advertise, you know, to other vision carriers,
19 perhaps other carriers that have partnered with state Exchanges, other
20 than the Nevada Exchange, we, you know, we might -- we would likely end
21 up with a number of applications, after which we could review and vet
22 those applications and determine which carriers we thought were the best
23 fit for a Nevada Health Link Partnership. And one key distinction between a
24 traditional RFP -- and I was hesitant to use that terminology in this report --
25 - but it was mentioned by at least one board member, I think during our

1 October meeting, as was suggested, you know, possibility for the structure
2 of the application process -- this wouldn't be a procurement, in the sense
3 that we would be, you know, procuring a vendor that we would then pay a
4 fee to. In fact, historically, vision carriers have actually paid fees to the
5 Exchanges that have hosted these referral links. So we would be looking to
6 implement an application process, where, you know, no money might
7 change hands whatsoever, although, you know, the possibility of a fee paid
8 to the Exchange by vision carriers is certainly on the table. And that is how
9 our current partnership with VSP works. But that was -- there were
10 concerns expressed by a number of board members, going all the way back
11 to our June meeting, about, you know, perhaps ethical concerns related to
12 that fee. So, I just wanted to include that as part of the discussion. Our
13 main focus, and our main priority, though, is to develop a transparent and
14 balanced process, which will essentially give a fair shake to any vision
15 carriers that are interested in entering the space, and pursuing a similar
16 partnership to what we have in place with VSP. Because, you know, at least
17 my perspective on the history of that partnership, is that it was, I would
18 say, proprietary in nature, in the sense that VSP sought out this
19 partnership, and the Exchange has not, to the best of my knowledge, ever
20 actively solicited, you know, bids from insurance carriers seeking similar
21 partnerships.

22 V. CLARK: Yeah. I mean -- I think, yeah, I think the goal is
23 really just to enhance the shopping experience of -- of the consumer, you
24 know. And I think, if -- if we had at least two or three vision options, it
25 does enhance the experience. It may keep, you know, the vision vendors

1 more competitively priced. I think that's really the goal, is just to provide
2 that shopping experience that is, you know, optimal to the consumer.

3 J. JOHNSON: Well, and to be clear, like the Exchange has
4 no role in customer service, as it relates to these plans, no role in the
5 administration of these plans. Is that correct?

6 R. COOK: That's exactly right. And in fact, that was the topic
7 of discussion, going back to our June board meeting. And that was the
8 specific consideration that I had in mind, when I included the question
9 about whether or not we might want to require any performance data or
10 metrics to be submitted to the Exchange, as part of this -- you know, as
11 part of this process. We could, for instance, require vision carriers to
12 provide us with periodic, perhaps quarterly updates, regarding consumer
13 complaints, customer satisfaction levels, that sort of thing, in order to
14 increase our oversight in an area that has traditionally been kind of hands
15 off, as far as Exchange's role is concerned.

16 V. CLARK: Yeah.

17 R. COOK: So if that sounds okay, I think we can, you know,
18 easily put a proposal together for the February meeting, you know, as a
19 formal possible action agenda item. Certainly the board would be able to
20 make motions, there would be some flexibility involved with the ensuing
21 discussion. And it sounds to me, like it might be helpful for us to include in
22 that agenda item, an overview of the existing structure of our website,
23 with respect to that link, just so that everyone's on the same page about,
24 here's what the page looks like, here's what the link looks like; if we had
25 two vision carriers instead of one, here's what that might look like. I think

1 that might be helpful context, prior to the nuts and bolts discussion about
2 what that process might look like, after which -- and I would guess that it's
3 likely that the board might be aligned with a number of our suggestions
4 that I mentioned a few moments ago. Those were taken directly from my
5 notes from the October board meeting. So I didn't mean -- you know, I
6 wasn't anticipating any surprises or curve balls there. But if we can achieve
7 a fair degree of alignment in the February board meeting, that would give
8 us confidence to move forward internally, with actually drafting a formal
9 policy. We'll make it look like our other policies and procedures, we'll put
10 it on agency letterhead, and we can also develop a draft application form
11 that would solicit all the information that the board agrees ought to be
12 part of the application process. We would not necessarily have to develop
13 the evaluation criteria, until we meet again, at the June meeting. But if
14 desired, the Exchange would be more than happy to put together a
15 proposed, you know, evaluation methodology for further vetting at the
16 June meeting. And that would be kind of based upon where we land with
17 the actual policy and the application form, once designed.

18 V. CLARK: I think that makes sense, myself.

19 R. COOK: Okay. All right. Well, I appreciate the board's
20 consideration. Again, we're just trying to keep this one moving forward.
21 We know that there was interest from a number of different board
22 members. Did want to, just see if there were any other comments,
23 questions, concerns about our proposed approach to moving this vision
24 carrier partnership process forward, before I move on to our final agenda
25 item. All right. Thanks, everyone. The last section is short and sweet, and

1 it's in regard to personnel updates. In November, the Exchange filled two,
2 key vacancies on its policy team, in October. I have reported that the two
3 senior positions on our policy team were vacant. Those have both been
4 filled. One of these vacancies was filled with an existing staff member. The
5 Exchange's plan certification manager was promoted to our policy and
6 compliance manager position. And although this change did not result in a
7 net increase to agency staffing levels -- we traded one vacancy for another
8 -- this promotion allowed the Exchange to retain the significant program
9 expertise garnered by one of its highest performing staff members. And we
10 are always extremely happy when we're able to promote high performing
11 personnel, internally. As of the date of the support, the Exchange has two
12 remaining vacancies, both of which are anticipated to be filled in January
13 of 2025. One of those vacancies is, obviously, the plan certification
14 position, which from which we hired our new policy and compliance
15 manager. And the other position is an administrative assistant position
16 within our Henderson office. So again, we're hopeful that those vacancies
17 will be filled in January. And a recruitment for the plan certification
18 position opened last week. So we are actively working to fill that position.
19 That concludes the executive director's report. I'd be more than happy to
20 entertain any questions or comments from the board about the personnel
21 updates, or any other section of the report.

22 V. CLARK: Great job. Thanks, Russell.

23 R. COOK: All right. Thank you, Chair Clark. Thank you,
24 members of the board. Very grateful for your time.

25 V. CLARK: All right. So moving on, we will skip item number

1 five. And we won't take action. But is there any discussion? Well, no, I
2 think we will skip item number six, because that was Mr. Kumar's idea, and
3 he's not here today. So we'll skip item number six. And item number seven
4 -- topics, dates, times, and agenda items for future meetings. Does anyone
5 have any thoughts on that topic?

6 J. JOHNSON: Yeah, I think, just we identified several things
7 in the meeting today, to be discussed at our upcoming board meeting in
8 February. I think that's a good list for us to work from. I don't have
9 anything else to add.

10 V. CLARK: Okay. And I apologize for backtracking. But just very
11 briefly, when we do this thing for the vision, Russell, I assume dental,
12 either has this in place, or maybe we should just bundle dental in, under --
13 you know, if we're creating policy and procedure, do we have that for
14 dental? Or should we just, kind of make sure -- since it's also not really
15 part of ACA requirements, do we, kind of have similar policy and procedure
16 for that? Or is there a different thought on dental?

17 R. COOK: Dental carriers are actually treated in essentially
18 the same manner as health carriers, with respect to ACA regulations. So we
19 do have five dental carriers. They are subject to exactly the same annual
20 compliance and plan certification requirements. So, you know, while the
21 nature of the coverage is very different, from a regulatory standpoint, you
22 know, we treat them, and they're required to meet exactly the same
23 requirements as health carriers.

24 V. CLARK: Oh, fantastic. Okay. That makes -- that -- my -- now
25 everything is clear in my head. So, thank you.

1 R. COOK: You're very welcome.

2 V. CLARK: Okay. Seeing no other agenda items or topics, we'll
3 move on to public comment.

4 T. DAVIS: That would be me, Madam Chair. Happy to help --
5 help facilitate the public comments at this time. I'll go ahead and start
6 with our confer -- Carson City conference room. Kassie, do we have
7 anybody in our physical location, who would like to make public comment
8 at this time?

9 K. FUENTES: This is Kassie Fuentes, for the record. There is
10 no public comment here in the Carson City office.

11 T. DAVIS: Thank you for that confirmation. And then, going
12 online, onto Zoom -- if we have any attendees who would like to provide a
13 public comment, you may raise your electronic hand feature on Zoom now,
14 and Kaitlyn will call your name, and you may unmute yourself for public
15 comment. Kaitlyn, do you see anybody raising their hand or in chat, who
16 would like to make public comment at this time for the record?

17 K. BLAGEN: Kaitlyn Blagen, for the record. No, Tiffany, I'm not
18 seeing anything in the chat, or any hands raised at this time.

19 T. DAVIS: Thank you for that confirmation. And then, if
20 anybody has joined us on the phone lines, if you would like to make a
21 public comment, you may unmute yourself at this time, and provide public
22 comment. Not hearing anything from the phone lines. Madam Chair, I
23 believe there are no further public comments at this time.

24 V. CLARK: All right. Thank you so much, Tiffany. And that
25 brings us to our adjournment. I wish you all very happy holidays, Happy

1 New Year. Look forward to seeing you in 2025.

2 R. COOK: Thank you, Madam Chair, as well.

3 V. CLARK: Thank you. Bye-Bye.

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