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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
THURSDAY, AUGUST 13, 2015, 1:30 P.M.

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MS. JOHNSTONE: All right. Bruce, I think we'll go ahead and get started.

MR. GILBERT: All right.

MS. JOHNSTONE: This is Leslie Johnstone, and I'd like to call the meeting of the Silver State Health Insurance Exchange Board together.

We'll start with item number I, which is -- includes welcome, roll call and announcements.

Bruce, if I could get you to do the roll call.

MR. GILBERT: Yes, thank you.

Ms. Johnstone?

MS. JOHNSTONE: Present.

MR. GILBERT: Okay. Ms. Lewis?

MS. LEWIS: Present.

MR. GILBERT: Dr. Jameson?

DR. JAMESON: Present.

MR. GILBERT: Ms. Wilson?

Dr. Grinshteyn?

MS. GRINSHTEYN: Present.

1 MR. GILBERT: And Ms. Clark?

2 MS. CLARK: Present.

3 MR. GILBERT: Now the ex-officio members.

4 Ms. Aiello?

5 MS. AIELLO: Present.

6 MR. GILBERT: Okay. And on behalf of Acting
7 Commissioner Parks, Mr. King?

8 MR. KING: Present.

9 MR. GILBERT: Very good. And on behalf of
10 Mr. Wells, Janet Murphy?

11 MS. MURPHY: Present.

12 MR. GILBERT: We have a quorum, Madam Chair.

13 MS. JOHNSTONE: Thank you.

14 And thank you to the new members.

15 I wonder if Ms. Clark would like to say a few
16 words about herself. And, hopefully, one day we will
17 all get to meet you in person.

18 MS. CLARK: Absolutely. Thank you, Madam
19 President. I'd be happy to.

20 My name is Valerie Clark. I was just appointed
21 by the Governor to this Board chair, I believe, just
22 about a month ago. I'm the person that has insurance
23 experience. And I've been in the business 23 years. I
24 own an independent insurance agency in Reno called
25 Clark & Associates and have been doing life and health

1 insurances, employee benefits for the past 23 years.

2 Prior to that, my background is in nursing as a
3 public health nurse for 10 years. And so I do have a
4 lot of health care background as well.

5 I'm very happy to be serving this Board and
6 looking forward to helping in any way I can.

7 MS. JOHNSTONE: Thank you very much. Very nice
8 to meet you.

9 Mr. Gilbert, do we have any announcements?

10 MR. GILBERT: We do not.

11 MS. JOHNSTONE: Okay. Then, at this point, I
12 would open it up to public comment. We can start here
13 in Henderson.

14 MR. BARRY GOLD: I miss the big microphones.

15 Good afternoon. For the record, my name is
16 Barry Gold. I'm the Director of Government Relations
17 for AARP Nevada. It is good to be back at a Health Link
18 Board meeting, always talk about a lot of different
19 things and hear what's going on.

20 The thing that I want to comment on is the
21 introduction of the new marketing agency. And I was
22 looking through their marketing plan. And I'm looking
23 at the primary targets. And I understand the need to
24 look at the invincibles and the single moms and the
25 minority populations. But, once again, the 50 to

1 64-year-olds seem to be neglected. I know that the
2 first year of enrollment, they were the largest
3 percentage of enrollees through Nevada Health Link. I
4 don't know what last year's numbers were.

5 And it may be that the marketing firm, or
6 whomever, thinks that that population is like shooting
7 fish in a barrel, and we don't have to report to them.
8 But I think that's a mistake. I think, whatever numbers
9 you did get, how much bigger could it have been if you
10 had reached out to them?

11 Fifty- to 64-year-olds are the ones that
12 definitely need insurance as much or more than anybody
13 else. Some of them have chronic conditions, cannot
14 afford insurance. The job market has gotten better but
15 still isn't better. So I'm disappointed again to see
16 that they seem to be left out.

17 I know that, you know, it's catch-as-catch-can
18 with the community events in terms of going to senior
19 events. Once again, last year, I think, they attended
20 some. They were conspic -- Health Link was
21 conspicuously absent at a few others. So I think that's
22 always a good way to go out and talk to the seniors that
23 are there.

24 I understand there's an issue with, you know,
25 you have the 50 to 64s and the 65 plus that really don't

1 belong in Nevada Health Link. But that 50 to 64 is a
2 really reachable market, really understand the value of
3 insurance. And, I think, I guess, the way to put it is
4 a little marketing will go a long ways to helping them
5 in getting them to sign up.

6 When I go out, I talk to those people. And
7 they're really interested. And the other thing is
8 there's other events that are more primarily 65 plus who
9 AARP talks to, and they talk about their children, and
10 their children need insurance, and how can their
11 children get insurance who are in that 50 to
12 64-year-olds.

13 So I just would like to make sure that they're
14 included in whatever marketing plans you have. I looked
15 at the sample materials, and I see new moms with babies,
16 and I see kids falling off skateboards, but I don't see
17 anybody over the age of 35 years old.

18 I think, I think that there's something missing
19 there. I think, there's a whole population that should
20 be addressed.

21 And that's my public comment. Thank you.

22 MS. JOHNSTONE: Thank you, Mr. Gold.

23 Any other public comment in Henderson?

24 Hearing none, do we have any public comment in
25 Carson City?

1 MR. GILBERT: I see none, Madam Chair.

2 MS. JOHNSTONE: Thank you.

3 That takes us to approval of the minutes of the
4 July 11th Board meeting.

5 MS. LEWIS: Madam Chair, is a motion in order?

6 MS. JOHNSTONE: A motion would be in order.

7 MS. LEWIS: I move approval of the June 11th
8 minutes.

9 MS. JOHNSTONE: Thank you.

10 DR. JAMESON: I second that motion.

11 MS. JOHNSTONE: Thank you.

12 We have a motion and a second. All those in
13 favor, say "aye."

14 (Board members said "aye.")

15 MS. JOHNSTONE: Anyone opposed?

16 The minutes are approved.

17 MS. CLARK: For the record, I'm abstaining,
18 because I wasn't here.

19 MS. JOHNSTONE: Thank you.

20 The next item is election of the vice-chair per
21 statute. And unless the Executive Director has anything
22 to offer, I'll take nominations for --

23 (Feedback acoustic sounds.)

24 MR. GILBERT: Wow, terrible acoustics.

25 As the chair knows -- I'm pointing at my AV guy

1 back here and giving him crap, just so you know.

2 As the Chair knows, when it became obvious that
3 we would have to fill the vice-chair position by
4 statute, I did reach out to the various members and
5 asked for expressions of interest. And Dr. Jameson, to
6 her credit, did step forward and indicate that she would
7 not be adverse to serving. I did not receive anything
8 from any other member.

9 So I did want to bring that to your attention.

10 MS. JOHNSTONE: Thank you, Mr. Gilbert.

11 I want to just offer, if anybody's had a change
12 of heart, make sure that we do this in an open,
13 transparent fashion.

14 So, any other nominations, or any nominations
15 at all? I would like to do this in the form of a motion
16 for the nomination.

17 MS. LEWIS: Madam Chair, I move for the
18 nomination of Dr. Leslie -- I'm sorry. I'm sorry. I'm
19 getting there -- Dr. Florence Jameson for vice-chair.

20 MS. JOHNSTONE: Thank you.

21 With that, can we can, I think, just call for a
22 vote of the Board.

23 All those in favor of Dr. Jameson serving as
24 our vice-chair, say "aye."

25 (Board members said "aye.")

1 MS. JOHNSTONE: Anyone opposed?

2 Thank you. Congratulations.

3 DR. JAMESON: Thank you.

4 MS. LEWIS: Congratulations. I was being so
5 proper, I got your name all wrong.

6 MS. JOHNSTONE: All right. Appreciate that.

7 The next item is number V, which is the
8 Executive Director's report.

9 MR. GILBERT: Thank you, Madam Chair.

10 (Feedback acoustic sounds.)

11 MR. GILBERT: Wow. It's not me, is it?

12 Ope, I think, we -- I think, we --

13 (Feedback acoustic sounds.)

14 MR. GILBERT: Well, we're still in bad shape.

15 All right. Let's try this. Can you -- hey,
16 Ian, come on now.

17 All right. You know, I was thinking the other
18 day, it's almost a year to the day since I first
19 appeared before the Board as Executive Director. My
20 first Board meeting was actually August 14th last year.
21 And a lot of things have changed over the course of the
22 year.

23 We had a successful movement onto the
24 healthcare.gov platform. We were able to double our
25 enrollment. We now have, I think, a really good call

1 center that is certainly serving us better than we had
2 when I came aboard. I think, we've made really
3 tremendous and great strides.

4 And, you know, I wanted to take a moment and
5 thank the Board for having the faith to allow me to come
6 here and not mess up things anymore than I actually did.
7 I feel really good about where we are. I think, we
8 still have challenges. But overall, I think, we're in a
9 really good place.

10 I'd also like to sort of segue off of my
11 written remarks and say that I appreciate Mr. Gold's
12 comments earlier today in the course of public comment.
13 We try very hard to be inclusive. But it's also true
14 that at times our targeting is driven by a number of
15 considerations, and it is possible for us to not pay as
16 much attention to some groups as we should.

17 I very much appreciate his remarks. I
18 appreciate his bringing that to our attention. And it's
19 certainly something that we will talk about with our
20 marketing firm on a going-forward basis.

21 That being said, let's turn to my report. As I
22 indicate in my report, we've been pretty busy this
23 summer. There are a lot of projects which are on our
24 plate and that we're moving through. And you'll hear
25 more about some of those today.

1 The first and perhaps the most important is the
2 sustainability discussion which we continue to have with
3 our federal partners at CMS and CCIIO. We did attend a
4 two-day Workshop for Building Toward State-Based
5 Marketplace's Financial stability -- or Sustainability.
6 And all that really means is we all got together in a
7 couple of different rooms in McLean, Virginia, to talk
8 about issues that affected, to some degree, all of us
9 when it comes to State-Based Marketplaces, including
10 targeting and demographics and things like that, so that
11 we were looking at the marketing and revenue side, but
12 also specifically with respect to us and to Oregon and
13 New Mexico and potentially Hawaii, at what the cost will
14 be attendant to remaining on the federal eligibility and
15 enrollment platform.

16 I'd like to be able to tell you that we've
17 arrived at a number, that we're happy, that they're
18 happy, and everything is wonderful. I can't do that.
19 They have not provided us with guidance to this point in
20 time as to what that ultimate number may be. I know
21 that we have exchanged some ideas back and forth. I
22 don't know that we'll know before November, when they do
23 some rulemaking and it comes out.

24 So at this point in time, we will continue to
25 have discussions and try and figure out where we're

1 going to end up on that.

2 On July 15th, we did host a supported
3 state-based marketplace collaborative at the Henderson
4 office to talk about sustainability, as well as to
5 discuss best practices and lessons learned. We did have
6 representation from New Mexico and Oregon and Hawaii, as
7 well as some guests.

8 And our expectation is that we will continue to
9 have those meetings on a going-forward basis and share
10 our experiences and see if it's not possible for us to
11 help one another.

12 Also, as you will hear, we have received and
13 accepted the 2014 plan year data from Xerox. That data
14 has been transferred to our office and uploaded on a
15 server. And Natoma created some applications that allow
16 us to go in and reconstruct data for general research
17 and reporting and for IRS 1095A form corrections and
18 reporting.

19 We're not in a position where we can say that
20 that data is accurate, nor can we say that it is
21 complete. I think, those questions will linger.

22 Nonetheless, we've taken ownership of the data
23 such as it is. We've determined that we can reconstruct
24 the data for the purposes that we need. And we've begun
25 providing direct access and assistance to consumers in

1 the Division of Insurance with respect to that data.

2 We've also begun working more closely with
3 Nevada's agent and broker communities in preparation for
4 the upcoming open enrollment period. We've had a series
5 of meetings, the most recent of which occurred this
6 week, actually a couple of days ago.

7 And we have met with the leadership of all
8 three of the industry's professional associations to
9 talk about how we can work together and co-brand
10 enrollment events, which will allow us to expand the
11 scope of our in-person assistance throughout the state
12 and offer assistance in multiple locations, and will
13 also, we believe, help us to better identify and enroll
14 our underserved populations.

15 Finally, it says here we will be; but we, in
16 fact, have advised the Internal Revenue Service that
17 we're in receipt of our 2014 plan year data and that
18 we've provided appropriate safeguards for the associated
19 federal tax information. Any issues regarding retention
20 and purging of federal tax information by our former
21 vendor will now be handled directly between Xerox and
22 the Internal Revenue Service.

23 I'm sure that we'll have more to share about
24 many of these matters over the coming months. In the
25 meantime, we're just going to continue to slog forward.

1 And I do feel that we're really very well positioned and
2 should be able to meet the needs of and provide real
3 value to Nevada and its citizens.

4 And that would be the sum and substance of my
5 remarks.

6 MS. JOHNSTONE: Thank you, Mr. Gilbert.

7 Any questions from the Board members?

8 All right. Let's take up item number VI, which
9 is the Exchange sustainability.

10 MR. GILBERT: Yes, and I'll be giving that
11 report.

12 As I indicated in the course of my Executive
13 Director report, the staff did travel down to McLean,
14 Virginia, specifically to talk with CMS and CCIIO about
15 the issue of sustainability, and within that,
16 specifically with regard to whatever fee might be levied
17 for continued access to the healthcare.gov eligibility
18 and enrollment platform.

19 We had been told, when we met with them back in
20 May, that we could expect some additional information to
21 be forthcoming, which would allow us to plan and
22 determine how we would deal with whatever that cost
23 would be. That has not happened to this point in time.
24 There will be some rulemaking that comes out in
25 November, and I don't think we'll see anything before

1 that.

2 We did have what I would call frank discussions
3 with CMS leadership at the highest levels about our
4 concerns given the size of our market and the strictures
5 on our revenue generation being limited to a user fee,
6 essentially, assessed against the carriers. That's not
7 the case, for example, in New Mexico, which has a
8 marketwide assessment, nor is it the case in some other
9 states. So it was very important, from my perspective,
10 to make sure that they understood our situation.

11 And Oregon's is similar to ours. Hawaii finds
12 itself in a very unusual position. They only have about
13 eight or 10 thousand people which they've signed up.
14 So, I think, there's a very real question as to the
15 sustainability of their Exchange under any
16 circumstances.

17 But certainly with respect to us and New Mexico
18 and Oregon, we took some time really to make sure that
19 they understood our situation, our various situations.
20 We have not been provided with actual dollar figures or
21 cost methodology. They're still trying to figure out
22 where they're coming out on that. Our hope was that by
23 going to the sustainability conference, we would be in a
24 position to report specifics to you at this point in
25 time. We cannot.

1 I am constrained, to some degree, because as we
2 went through the conference and we all met, there was a
3 constant reminder that the information that was being
4 shared was confidential and not for public consumption.
5 And so I'm honoring that request to this point in time.
6 I think, we're really going to have to wait until
7 November and the rulemaking.

8 In the meantime, there will be ongoing
9 discussions. And, I think, we're just going to have to
10 wait and see where we go from here.

11 MS. JOHNSTONE: Thank you.

12 Any questions of Mr. Gilbert?

13 Bruce, were these sessions only with the
14 state-supported Exchanges?

15 MR. GILBERT: No, these were all state-based
16 marketplaces. So California was there. New York was
17 there. And there were a number of states that were
18 partnership states, like Delaware. And, I think,
19 Pennsylvania falls into that as well. But there were
20 representatives sort of from a spectrum of states. The
21 only hybrid states, of course, are the ones like us, you
22 know, Oregon, New Mexico, and Hawaii.

23 It was interesting, though, because the session
24 on the cost of accessing the federal platform was
25 attended by more than just us. I think that there's

1 fairly widespread interest, but I don't think anything
2 was resolved in the course of that meeting.

3 MS. JOHNSTONE: Thank you. I was going through
4 the thought process that our situation is relatively
5 unique, and I was surprised to hear that there were
6 other states there that were fully state-operated
7 Exchanges.

8 MR. GILBERT: I think, there have been a lot of
9 reports in the media that even though states that are
10 freestanding state-based marketplaces struggle, to some
11 degree, with the cost of technology and the continuing
12 expenses involved in having your own technology platform
13 and a -- and staffing a call center, a fully operational
14 call center.

15 You know, most states are like us. They're not
16 like a California or a New York. If you take a look at
17 a state like Rhode Island or Massachusetts, they're much
18 more like us in terms of population and the ability to
19 generate the revenue necessary to sustain an Exchange
20 than in California or New York.

21 So, I think, there's fairly widespread
22 interest.

23 MS. JOHNSTONE: Okay. Thank you.

24 The next item is an update on the Consumer
25 Assistance Center.

1 MS. RICH: For the record, Laura Rich, Project
2 Management Officer. I'll be giving the update on the
3 Consumer Assistance Center.

4 As Bruce mentioned, the Exchange successfully
5 implemented a Consumer Assistance Center. Once we moved
6 away from Xerox, I believe that the call center staff,
7 they've done an excellent job of picking up where Xerox
8 left off. And they have been able to help consumers,
9 not only with 2014 issues, but with 2015 issues, arising
10 from anything dealing with carriers to dealing with
11 healthcare.gov and, of course, previous Xerox issues.

12 So this will be a really short report. I'm
13 just going to go over the metrics and discuss a little
14 but of the issues.

15 As you see, the call volume did drop from the
16 last update that I provided. We are averaging about 113
17 calls a day. And our average hold time is under half a
18 minute, 28 seconds. So we're looking pretty good there.
19 We are able to assist consumers pretty quickly and
20 pretty effectively.

21 The calls that are coming in are broken up
22 into -- as you can see, about 45 percent of them are
23 healthcare.gov calls. These are not calls that we just
24 hand off to healthcare.gov. These are calls that come
25 in, and our staff at the Consumer Assistance Center does

1 do usually a three-way call with the consumer and
2 advocate on their behalf. So it's another layer of
3 advocacy for our consumers. Which sometimes is needed,
4 because healthcare.gov, because we are in a unique
5 situation, they don't always have the right answers.

6 The next category would be Medicaid and CHIP
7 calls. We get a lot of those. You know, unfortunately,
8 a lot of our consumers just don't know where to call.
9 So they're calling our call center. Our staff are
10 redirecting those people to the Medicaid call center.
11 And sometimes they need a little bit of hand-holding.
12 So usually we don't stay on the line beyond the point
13 where we get them through the prompts, but we at least
14 walk them through that.

15 I also have -- you know, there's 2014 issues
16 that are still existing. There is two categories of
17 2014 issues, and I'll go into that in a minute. But
18 there's 2014 1095s, the tax concerns, tax calls that are
19 still coming in, and 2014, just residual Xerox-related
20 issues.

21 So, that being said, unfortunately, some of the
22 consumer resolution related to 2014 plans managed by
23 Xerox continue to be a priority of the Exchange. And as
24 you can see on Table 2, approximately 10 percent of
25 those calls are related to 2014 issues in terms of tax

1 documents, refunds, and other coverage date
2 complications.

3 The Division of Insurance, with the assistance
4 and support from the Exchange, has absorbed many of the
5 complaints associated with the QHP coverage or any
6 financial matters. And all of those consumers have been
7 contacted by the Consumer Assistance staff to -- and
8 redirected over to the Division of Insurance to file
9 complaints through that division.

10 The Exchange and the DOI meet regularly to
11 discuss and move forward toward a final resolution for
12 outstanding consumer complaints.

13 1095As continue to also be a priority of the
14 Exchange. There is a -- we're working through the 2014
15 backlog of 1095A corrections. We did receive the data
16 from Xerox that occurred in early July. And at that
17 point, we began processing approximately 130 known
18 corrections, that these were callers that had identified
19 themselves as either needing reprints or corrections of
20 some sort. And the staff has been working really
21 diligently on that. We expect all corrections to be
22 complete by the end of August.

23 So, with that, I'll take any questions.

24 MS. JOHNSTONE: Thank you.

25 Any questions for Ms. Rich?

1 MS. CLARK: I just have a very quick question.
2 What is your staff size right now; in order to take care
3 of the issues that you're dealing with, what is -- what
4 size group of people is doing that?

5 MS. RICH: Are you referring to the call center
6 or --

7 MS. CLARK: Yeah, your call center.

8 MS. RICH: Okay. The call center, right now --
9 we were staffed up to six. And then, with the drop in
10 call volume, we are down to actually four. And we will
11 ramp up during open enrollment. But right now, you
12 know, obviously, our 30-second --

13 MS. CLARK: Sure.

14 MS. RICH: -- hold time seems to be appropriate
15 with four staff.

16 MS. CLARK: Great. And that's here in northern
17 Nevada? Is there people in southern Nevada?

18 MS. RICH: No, it's actually right next door.

19 MS. CLARK: Got it. Okay. Thank you.

20 MS. JOHNSTONE: And, Ms. Rich, could you remind
21 us when the call center began. Wasn't it early June,
22 or?

23 MS. RICH: No, actually, Xerox, their last day,
24 I believe, was April 15th. And we began operations of
25 our call center, Consumer Assistance Center, on

1 April 16th. So there was no gap.

2 MS. JOHNSTONE: Okay. I wonder if we could
3 provide a little bit of longitudinal information on the
4 call center matrix for future reports, month by month,
5 so that we can see kind of the trend on the calls
6 received and the average hold time, and maybe even add
7 the dropped calls, if there are any, and the average
8 time on the phone with someone, just so we can get a
9 sense for the complexity of the issues that you're
10 dealing with.

11 MS. RICH: We can definitely provide that.

12 MS. JOHNSTONE: And then I'm not sure how to
13 display it. But the information that's on Table 2 is
14 very helpful. I'd be curious to see that in some kind
15 of a longitudinal view as well, so we could see the
16 trending on the types of issues you're having to deal
17 with.

18 DR. JAMESON: It's such a great idea. And I
19 love the way like Nevada energy and power do it, where
20 they show you, and then on the bar one. So the graphics
21 is such a good idea. But, I think, that bar one
22 (indistinct) to it really beautifully.

23 MS. CLARK: Madam Chair, I have another
24 question.

25 MS. JOHNSTONE: Yes.

1 MS. CLARK: Is it possible to give some detail
2 in terms of what types of issues people are calling in
3 for, I mean to maybe categorize them, what issues get
4 resolved, what issues remain unresolved? Is that asking
5 too much, to try and get a feel for what the angst is
6 when people are calling in, what is the -- what are the
7 reasons, are we able to resolve their issues?

8 MS. RICH: We do have a method to -- actually,
9 our call center, when they receive a call, they can
10 either close the case as resolved --

11 MS. CLARK: M-hm (affirmative).

12 MS. RICH: -- or keep it open. Unfortunately,
13 with healthcare.gov, sometimes we are out of the loop.
14 If there's ever a situation where we can -- we can be
15 their advocate during that phone call, but if there's
16 follow-up that's necessary beyond that, if that consumer
17 does not involve our Consumer Assistance Center, and
18 they call healthcare.gov directly, we are, we're kind of
19 out of that loop.

20 MS. CLARK: M-hm (affirmative).

21 MS. RICH: And so it's we can provide that, but
22 it's -- I don't know how accurate it would be

23 MS. CLARK: Got it. Okay. I guess, my feeling
24 would be that we're just wanting the security of just
25 knowing that you're as effective as you possibly can be,

1 and that if people question you, you're able to show
2 that, to -- but I hear what you're saying.

3 MS. RICH: And -- yeah. And I agree. And, you
4 know, and to a point, we can look at those case notes,
5 too, and see that, you know, our role is to advocate and
6 to make sure that, you know, our consumers get the level
7 of attention that they need.

8 And, you know, I mean, for example, when
9 they -- when we have our staff call with a consumer to
10 the carrier, sometimes it involves a carrier, the
11 consumer and healthcare.gov. And, you know, it's --
12 sometimes it's even a four-way conversation.

13 And so there's multiple levels there. And I
14 think that the case notes can actually -- and we do
15 actually go through and spot-check some of those. So
16 we're able to see that advocacy is playing a role there.

17 MS. CLARK: Do you generally get calls back if
18 they don't get resolution? Like if you get out of the
19 loop, is there a way that you'll find out that, hey, I'm
20 not happy after all; they call you back and let you
21 know, or?

22 MS. RICH: Definitely.

23 MS. CLARK: Okay.

24 MS. RICH: Yes.

25 MS. CLARK: I would assume so. But I didn't

1 know if there was a mechanism for tracking that.

2 MS. RICH: We do. And, and there's -- we can
3 label it as a complaint. The complaints, I don't even
4 know if they were on here. I think, it was, you know,
5 such a -- you know, there may have been one complaint.
6 So, you know, it didn't even register on here.

7 MS. CLARK: Got it. Thanks.

8 MR. HAYCOCK: For the record, Damon Haycock.

9 I want to add just a little bit about the
10 system that we're using, a customer relations management
11 tool. It's very robust. It's littered with labels that
12 we can create on the fly.

13 And so what you see here and when we develop
14 this report, we didn't want to show, you know, 500
15 different types of pie pieces, to make it more
16 confusing, so I believe we took the top 10. But we can
17 drill down into the weeds and see exactly where the
18 issues and how we label those.

19 So we can pull even more robust reports. And
20 our general reports usually are much larger. But we
21 didn't want to make things anymore confusing, and give a
22 first overview to test with the Board to see what you
23 guys really wanted to see.

24 And so we can continue to delve even deeper
25 into those, those 2014 issues. We don't just label them

1 as 2014 issues. We really get into it. If it's
2 effective dates of coverage, if it's potential refunds,
3 if it's complaints against the system, whatever the
4 scenario is, we're able to completely label it and then
5 pull it up and pull direct reports to come up with those
6 totals at any given time.

7 MS. JOHNSTONE: Thank you, Mr. Haycock. As one
8 Board member, I'm fine with you staying with the top 10
9 reasons, if that is where the cut-off was. I would
10 just, as I said, be more interested in seeing the
11 longitudinal trend.

12 MR. HAYCOCK: And, I think, Madam Chair, we can
13 do that. Now that the system has been tested and
14 vetted, you can see from month to month, this one
15 showing, of course, July. And we'll be able to
16 replicate that and show August, September, October, as
17 we move forward.

18 MS. JOHNSTONE: Thank you.

19 Any other questions?

20 All right. Then, we will move on to item VIII,
21 which is the introduction of Penna Powers and as the
22 marketing approach.

23 MS. DAVIS: For the record, I'm Janel Davis,
24 Communications Officer at the Exchange.

25 The Exchange entered into a contract with the

1 marketing firm Penna Powers on May 12th, 2015, in order
2 to provide marketing and outreach education to
3 individuals, families, small businesses in the state of
4 Nevada.

5 The maximum amount of the contract for the term
6 of the contract is 4 million over a two-year term. The
7 marketing campaign encompasses three phases: planning,
8 preenrollment, and the open enrollment campaign.

9 We had a kickoff meeting, which was held on May
10 14th, 2015, with Penna Powers in our Carson City office
11 to discuss the unique environment and background of the
12 Exchange, as well as the expectations for planning and
13 implementation effort.

14 The firm has hired a Nevada account manager in
15 Las Vegas to oversee all the marketing and outreach
16 efforts. A comprehensive marketing plan has been
17 developed and the preenrollment phase has begun.

18 And attached you will find a report detailing
19 that plan and upcoming activities, which is Attachment A
20 in the report.

21 And, I think, they just joined us at the table
22 here. I'd like to introduce our Nevada account manager,
23 Patty Halabuk. Chris Menges's our Salt Lake City
24 account manager. They flew up from Utah. Nick
25 Giustino, who is the social media manager.

1 And then I'd also like to introduce Andres,
2 from the Ramirez Group, and Janet, who he brought with
3 him, as well. And they do our outreach and education
4 portion of the marketing.

5 UNIDENTIFIED WOMAN: Bear with us. We're just
6 trying to mirror it, to get it to be up on the screen.

7 UNIDENTIFIED MAN: Well, it's on mirror, and
8 we're just -- we need to know, does it automatically
9 switch, or does it go over to a new (indistinct)?

10 UNIDENTIFIED WOMAN: It should automatically
11 switch.

12 UNIDENTIFIED WOMAN: It should automatically
13 switch from settings with the -- are you plugged into
14 the --

15 UNIDENTIFIED MAN: Yeah, I just plugged it in
16 the guest.

17 UNIDENTIFIED WOMAN: There we go.

18 UNIDENTIFIED MAN: Turn Mary off, it works like
19 that.

20 UNIDENTIFIED WOMAN: That's interesting.

21 MS. CHRIS MENGES: Well, thank you very much
22 for having us today.

23 Just real quick. I don't want to spend a lot
24 of time on our agency, but just wanted you to know that
25 we have been in business for 30 years. And most of our

1 folks have been on staff with us for eight to 10 years,
2 which is kind of like dog years in the agency world.

3 And we are also very happy to be partnering
4 with Andres, the Ramirez Group. We've done work with
5 Andres with other accounts in Nevada and have really
6 appreciated his expertise and the relationship that we
7 have.

8 So happy to be here and very happy to be
9 working with SSHIX.

10 So, I wanted to talk to you a little bit about
11 our goals and objectives.

12 We plan on approaching the account with various
13 forms of marketing.

14 So we plan on using paid media, which is
15 obviously paid advertisements to run on air. We hope --
16 our plan is to obtain 90 percent reach of those folks
17 that we're wanting to talk to, and have them actually
18 hear or see the message six and a half times. The
19 industry level is three, frequency. We strive for six
20 or above.

21 We also plan on incorporating earned media. So
22 that's new stations covering SSHIX and any other media,
23 earned media placements. We intend on having at least
24 30 of those.

25 And then we also will include social media,

1 which I won't get into right now, because I'll let Nick
2 talk about a little bit further.

3 So, again, paid media, earned media, public
4 relations, social media, and also outreach. And I know
5 you're all familiar with outreach that the Ramirez Group
6 has been so good at doing throughout the community.

7 As far as coverage of the state, we intend on
8 making sure that southern Nevada is about 80 percent and
9 northern Nevada 20 percent.

10 This is a little bit of a crazy chart to
11 understand. What we did was we looked at counties and
12 zip codes. Let me see what our next chart is to see if
13 I have that other one.

14 But the counties that we propose to target are
15 Esmeralda, Clark, Nye, Churchill, Lyon, Washoe -- Washoe
16 and Carson.

17 And let me talk about that a little bit more.
18 We've looked at a lot of different research as far as
19 how to determine those counties. And so what we've done
20 is we've looked at the 200 percent federal poverty level
21 measurement and then zip codes that have either a
22 typical age distribution or a large percentage of
23 children and teens, young professionals 25 to 34, and
24 mid career adults 35-44, with income levels, low-income
25 25 to 50 thousand, mid income 50,000 to 75,000, with a

1 population of 20,000 or higher.

2 And then, lastly, what we did was we went back
3 and looked at enrollment levels and included only those
4 zip codes that had at least 51 enrollees or more.

5 And, Mr. Gold, I wanted you to know that we
6 heard you loud and clear, also, and that we are very
7 flexible as a marketing firm and want to know that, want
8 you to know that we will work with you to make any
9 changes that are necessary. That's really one thing
10 about the philosophy of our agency, is that we don't
11 believe that you just put it out there and then watch
12 it. We believe it's all about a conversation and that
13 there's a lot of fluidness that's required to really
14 perfect the message.

15 And so just want you to know loud and clear
16 that we truly believe we are your working partner, and
17 we want to target those audiences that we all agree
18 upon.

19 This is a marketing plan that's just really
20 difficult to read, so I apologize. It's -- really the
21 reason that I wanted to show it to you is it's just
22 broken up on how we spend our money. Your money, I
23 should say, our money. Professional services,
24 production, and then media placement. And then
25 outreach. Also, P.R. and social media.

1 We'll get into, we will get into the actual
2 media placements a little bit later in the presentation.
3 But as you can see, our start dates -- I'll go back up
4 here. Our start dates are mid October for paid media.

5 And with that, I'm going to hand this over to
6 Melissa, who's in Carson City, and she can walk you
7 through our media strategy.

8 MS. MELISSA DEITZ: Thank you, Chris.

9 For the record, I'm Melissa Deitz. I am the
10 media planner with Penna Powers (indistinct). Sorry.
11 (Indistinct.)

12 MS. JOHNSTONE: We need you to speak up,
13 please.

14 MS. MELISSA DEITZ: Oh. The little light is
15 on. Put this closer to me. Okay. Sorry. There we go.
16 Now I can hear it. Okay.

17 So, for the record, my name is Melissa Deitz.
18 I'm with Penna Powers. I am the media planner. I'm
19 actually based out of Reno. So now, between Patty being
20 in Las Vegas and me being up here, we have the state
21 fully covered.

22 With our media, what we did is we, as we
23 developed our media plan, we focused on these primary
24 target audiences as we started laying things out.
25 Again, to Chris's note to Mr. Gold, we're nimble. If we

1 go back and reevaluate this, and we need to make
2 changes, we can certainly do that.

3 But our primary target's based on all the data
4 that we collected. We're looking primarily at Hispanic
5 eligible uninsureds. We will be targeting tribal and
6 rural communities. We'll be looking at single mothers,
7 families, those recently laid off, and millennials and
8 invincibles.

9 As our secondary target, we understand that we
10 also need to go out and reach the business environment.
11 So brokers, small business owners and legislators.

12 As Chris mentioned, our campaign will launch
13 initially October 19th. So what we'll do is we'll start
14 off with four flights. Primarily -- the flights will
15 run for the expanse of the campaign. But our primary
16 run will be when we have television and radio on. We'll
17 start that. We'll start for three weeks. Then we'll
18 take two weeks off. Then we'll come back on for two
19 weeks, take two weeks off.

20 What that does is helps us to expand that
21 budget and make that run a little bit longer. We feel
22 that getting in there and having a three-week start, you
23 can kind of pop in, get that message out there. And
24 then the market's not necessarily going to miss you if
25 you step out for two weeks and then step back in. And

1 it just helps us extend that budget.

2 What we'll also do is we'll take a look at --
3 while we've allocated the market for the 20 percent in
4 the north and 80 percent in the south, we also go back
5 and we take a look at the actual audiences and make sure
6 that we are allocating the budget accordingly across all
7 the media and then, also, making sure that we are
8 hitting the right demographic audiences and weighting
9 all those things accordingly.

10 Again, we'll go through and we'll do zip code
11 targeting. We will use mass media to reach all of the
12 masses. However, we have some strategies with our
13 digital and our social media where we can go through and
14 microtarget those zip codes that we find most needy, I
15 guess, for lack of a better word.

16 And then, again, we're going to just
17 continually optimize this as we go. We're not just
18 going to pop in there and let it run for four months and
19 go, okay, well, that's what happened. What we want to
20 do is be able to step in and say, okay, we're seeing
21 more activity in these zip codes, so let's start skewing
22 a little bit over there and try to find those
23 look-alikes and make sure that we really are reaching
24 the people who need our services the most.

25 With that, we expect to reach about 90 percent

1 of our audience, which is what our goal was.

2 And then here, this slide is a little bit hard
3 to read. But you can see again, we go through, and it's
4 the 20/80 allocation. And then we go through and we
5 allocate by the various media. So we have about 40
6 percent going to television, 17 percent to digital, 12
7 percent -- I can't even read my own printout. The color
8 is a little bit odd.

9 So we break that out by various media. But
10 we've got a pretty good media mix. And then we also
11 have gone in and taken a look to make sure that we're
12 allocating the money accordingly by audience. So that
13 we're making sure that we are targeting the Hispanic
14 audience. We're also going to target just general
15 market. And then we've also set aside a good allocation
16 for rural and tribal outreach, or media.

17 And then this last page, this is just a little
18 cutout of the other budget that you guys saw that's a
19 little bit easier to read, because media gets dry. And
20 so here we've just kind of listed out how we intend to
21 allocate this budget.

22 So you can see, we've included Spanish language
23 television, general market TV, radio placement, both
24 Spanish and general market, and, also, digital, radio,
25 including like Pandora, which we are all pretty familiar

1 with. And then we've also listed here the station
2 consideration.

3 So we haven't gone through the negotiation
4 process with the stations yet. But in looking at our
5 data, just raw as it is, we're looking at things like
6 Telemundo and Univision and Galavision. We'll look at
7 the broadcast networks.

8 We have an idea of the radio stations that we
9 want to work with. But really what it comes down to is
10 the whole negotiation and making sure that they're on
11 board as far as being partners and not just standing
12 back and saying, hey, can we collect a check from you
13 guys?

14 We need them to come on. We need them to
15 advocate for us. We want them to lend some of their
16 credibility to help get our message out there.

17 So, in addition to the traditional TV and radio
18 placement, we will also do digital placement, including
19 retargeting, display advertising, search, video, native
20 articles. Again, we'll go through the whole negotiation
21 process. But we have a pretty good idea of where we
22 would traditionally run these things, including, you
23 know, search being on Google, being in Yahoo.

24 With our display ads, we're going to make sure
25 that we target to under and uninsured individuals. And

1 with our native articles, we'll have to go back and
2 again evaluate that, but we'll be looking at the big
3 ones, like Las Vegas Review Journal, Las Vegas Sun, and
4 the RGJ.

5 So. And then, for the print, we'll be looking
6 at the rural newspapers and then also seeing what we can
7 do to reach our tribal audiences in our area. More
8 likely than not, we will end up working with the Nevada
9 Press Association. It's just an efficient way for us to
10 get all of these ads into these small rural
11 publications.

12 We're taking into consideration Spanish,
13 Hispanic print in both the north and the south. And
14 what I like about some of those publications is they
15 actually go -- they're not just based in Reno or just in
16 Las Vegas. We can actually get out into the rural areas
17 to reach those rural audiences.

18 And then, with the outdoor placement, this is
19 something where we will go through and take a look at
20 whether we do the big, oversize bulletins or if we do
21 the smaller, little posters, that you can get kind of a
22 little bit deeper into those neighborhoods. And -- I'm
23 sorry.

24 So, with that, we can kind of get into the
25 neighborhoods that we want to be in. They're great

1 outdoor for mass exposure but not the mass expense that
2 really generally accompanies mass marketing.

3 And last but not least, we will go ahead and
4 use the information that we already have in the database
5 to send out e-mail blasts on a bimonthly basis.

6 Again, we're going to go back and we're going
7 to make sure that the stations and all of our media
8 partners are working with us as partners. And we will
9 try on the paid media side to go ahead and incorporate
10 or earn the earned media space, so that we get some time
11 there, that we're not just going to just hand out checks
12 and pay for every single thing, we're really going to
13 try to negotiate and make sure it's a valuable asset to
14 the -- to SSHIX.

15 So, that is what I have for the media part. If
16 anybody has any questions?

17 MS. JOHNSTONE: Thank you.

18 MS. LEWIS: Madam Chair?

19 MS. JOHNSTONE: Yes.

20 MS. LEWIS: I have a question. I know that as
21 I have reviewed this, that there is a general amount of
22 information and targeting for a number of groups,
23 including Hispanics and Native American. But there does
24 not appear to be any target for African-Americans, who
25 also are -- who are in some of them, who are uninsured.

1 And I think that we need to include target teams for
2 that group also in this media plan.

3 MS. JOHNSTONE: Dr. Jameson.

4 DR. JAMESON: I was just wondering the thoughts
5 on why you didn't include the African-American.

6 MS. CHRIS MENGES: I think that it's a matter
7 sometimes of the amount of money that we have to spend.
8 And so we'll look -- and chime in here, Melissa, if you
9 want to add to this -- that we'll look at the
10 percentages and the costs and how many folks there are.

11 But, certainly, we can go back and really take
12 a hard, hard look at that.

13 DR. JAMESON: I guess, do you guys -- did you
14 find, when you looked at the numbers, that compared to
15 the Hispanic population, that 200 percent poverty below,
16 or 200, 250, et cetera, percentage-wise, comparatively
17 speaking, in a generalization, because you might not
18 have numbers at your fingertips, was it just that the
19 Hispanic population was like four times that of
20 African-American? But even that being the case, that
21 those smaller numbers they had, it's a great need.

22 MS. CHRIS MENGES: M-hm, m-hm (affirmative).

23 DR. JAMESON: So what were the proportions, or
24 what was the -- how was the thinking?

25 MS. CHRIS MENGES: Yeah, I am not able to give

1 you a number on that. But I certainly can go back and
2 look at it. We did even look at homes that are
3 Spanish-speaking and not; and there definitely were
4 several zip codes that came up with that.

5 So the Hispanic population definitely is
6 higher.

7 MS. MELISSA DEITZ: Hey, Chris, I can actually
8 address it, a little bit of that anyways, in that when
9 we look at other audiences, they have a tendency to
10 consume the same, similar general market media. So if
11 we're running on ABC or NBC or CBS or the traditional
12 radio stations, we still have that opportunity to reach
13 them. We will still have that opportunity through
14 outdoor.

15 So we'll start that with our mass media. And
16 then, as we see, if we see an uptick in, for example,
17 African-American responses, then what we can do is we
18 can use our social media or our digital media to try to
19 start microtargeting those look-alikes.

20 MS. LEWIS: There are also some
21 African-American, primarily African-American outlets
22 in --

23 MS. MELISSA DEITZ: M-hm (affirmative).

24 MS. LEWIS: -- media outlets, including radio,
25 in the Las Vegas area. So that seems some ads that

1 you -- you know, about if your comparison or review of
2 the population to maybe at, you know, 150 or 200 percent
3 of poverty, comparing Hispanic populations and
4 African-American populations or, you know, if it showed
5 that there was less, or how did those numbers compare.
6 And I'm just wondering if you actually did that kind of
7 an analysis.

8 MS. MELISSA DEITZ: We did take a look at that,
9 to tell you. But I don't have the finger, the
10 information at my fingertips. But it was, it was a
11 guideline in how we looked at how we moved with the
12 media plan forward. We took that into consideration.
13 We also took into consideration the Asian population.

14 And, again, it just kind of came back to a
15 let's go out to the mass market to start.

16 But, again, we can go back and take a look at
17 that more closely. And if an African-American station
18 would make more sense, then we can certainly add that to
19 our media mix.

20 MS. JOHNSTONE: Dr. Jameson.

21 DR. JAMESON: Yeah, the first question, it's
22 sort of related to this, where you have primary targets,
23 Hispanic and tribal and single. And you put on the side
24 there 40 percent plus. So you're saying that of the
25 primary target markets, primary target in the

1 marketplace, you think that it's 40 percent of it is
2 Hispanics, that they're the large portion, or you're
3 planning to direct 40 percent of your resources there?
4 I just wasn't quite sure what that 40 percent was.

5 MS. MELISSA DEITZ: In looking at our research,
6 when we examined the Scarborough data and then, also,
7 some third-party data that we received, the primary
8 audience that we were looking for of the -- bear with me
9 here for one second. For adults 25 plus who were un or
10 underinsured, with the limited household income that we
11 were reviewing, more than 40 percent of those were
12 Hispanics.

13 So. But the number varied. We had anywhere
14 from 40 percent to 60 percent. So we just went with the
15 40 plus, to make sure that we weren't overestimating.
16 So. But, in reality, about, we have about 48 percent of
17 our budget allocated to Hispanic marketing.

18 Again, once we start doing this, as we
19 optimize, if we find that we've overallocated, we can
20 always bring that back and reallocate that to general
21 market.

22 MS. JOHNSTONE: I would ask if there was any
23 thinking about a different approach for retaining the
24 members that have signed up, are currently on the
25 Exchange, versus trying to capture the market that has

1 not engaged with the Exchange, and to that degree, kind
2 of drilling down into why we didn't get them last year
3 or the year before, and working that into the
4 development, so that we're not -- you know, if zip code
5 one, two, three, four, five has all the right income
6 standards and is part of the target market, but they
7 were very much engaged, are we going to spend the same
8 amount of resources on that zip code as a zip code that
9 had the same opportunity but didn't have engagement in
10 the past with the Exchange?

11 MS. CHRIS MENGES: And, typically, we have, we
12 have looked at the zip codes that do well, and are
13 wanting to target those zip codes again, knowing that
14 there are -- that that is the right target in those
15 particular zip codes.

16 Also, Janel, maybe you can address this a
17 little bit. As far as those that have signed up, now,
18 they're contacted again by SSHIX; is that correct?

19 MS. DAVIS: As far as reenrollment?

20 MS. CHRIS MENGES: M-hm (affirmative).

21 MS. DAVIS: They are, by the insurance
22 carriers. And then the reenrollment process will be
23 much simpler than in the past.

24 MS. CHRIS MENGES: Than it has been in the
25 past?

1 MS. DAVIS: Right. Right.

2 MR. GILBERT: Right. And this is Bruce
3 Gilbert --

4 MS. CHRIS MENGES: But --

5 MR. GILBERT: -- for the record.

6 Janel is correct. For the most part, those
7 that we are looking at to reenroll, the carriers do
8 reach out to them directly, so that they can assure that
9 their book of business remains, essentially, intact.

10 So as far as reenrollment effort, that's
11 actually aided by the carriers as opposed to pushed by
12 us.

13 You know, we talked about at one point whether
14 there was a need for a bifurcated approach, that is,
15 coming out of one hand for the people that we know and
16 are already enrolled, and then sort of spending part of
17 our time looking at new markets, if you will. And our
18 assessment ultimately was that because of the assistance
19 of the carriers on the reenrollment side, and they're
20 reaching out to retain their book of business --
21 Nicholas is shaking his head at me -- that we really
22 didn't have to spend a lot of time on that, because
23 there will be additional time and effort and investment
24 spent by the carriers. And we're really looking to
25 expand our market where our footprint currently is.

1 MS. JOHNSTONE: And, Bruce, that's kind of my
2 point. I wasn't hearing that in the presentation. It
3 sounded like we were going to focus on the zip codes
4 that we already had a lot of penetration. And it seems
5 like we'd want to focus on those areas that are an
6 opportunity for growth.

7 MR. GILBERT: Yeah, I think, I think, you
8 certainly make a very strong point. You know, the key
9 is, the key is what does the zip code actually look
10 like? What are the demographics in that particular zip
11 code? And the number of people that we have who have
12 come aboard and are enrolled through the Exchange for a
13 particular zip code is only a portion of that story.

14 The real question is, what else is there, if
15 anything? Because we know that our message has been
16 successful to this point in time in that zip code.
17 Depending upon the actually population density there,
18 and depending upon the demographics, that is, what it
19 looks like with respect to the federal poverty level and
20 some other things, that should be what guides us. It's
21 not, it's not just that we signed up, you know, 500
22 people here. But maybe we signed up 500 people, but
23 it's a zip code where there are 3,000 people living.
24 And according to the information that we get, based upon
25 their characteristics and their -- where they fit on the

1 federal poverty level, that may still be very fertile
2 ground for us.

3 MS. JOHNSTONE: Yeah, I think, I think, we're
4 saying the same thing. I just -- you know, if the zip
5 code has been heavily penetrated, then that would be a
6 different situation in my mind.

7 MS. CHRIS MENGES: Right. And we use a lot of
8 research data. And Melissa can speak to this. But we
9 definitely can drill down into the zip code, like Bruce
10 was saying, and look at the age, look at the -- look at
11 whether they have health insurance or if they don't, and
12 what their income level is, what their age is, even the
13 size of the family, how many children there are. So.
14 So we can really look into those specific zip codes.

15 MS. JOHNSTONE: All right. Other questions at
16 this point?

17 MS. CHRIS MENGES: Okay. I'm going to turn it
18 over to Nick to talk a little bit about both public
19 relations and social media.

20 MR. NICHOLAS GIUSTINO: So, for the record, my
21 name's Nicholas Giustino. I'm the social media
22 strategist at Penna Powers. I'm part of the public
23 relations team in the Salt Lake office.

24 My background, I work with a lot of large
25 insurance carriers. I work with Aetna, United

1 Healthcare, EmblemHealth out of New York, SHOP
2 initiatives. So a lot of experience working from the
3 social realm and then as part of a public relations
4 team.

5 So our objective, we want to generate 30 earned
6 media placements. And we do this by having a strategy
7 that promotes enrollments; creates a sense of urgency,
8 so driving them towards enrolling and being educated
9 about it; lending credibility; and then, as a final
10 piece, promoting enrollment, once again really pushing
11 that home.

12 And we're able to achieve this by launching an
13 approach with kickoff events that create awareness and
14 encourage actions to enroll, through our PR efforts and
15 outreach. We maintain momentum by staying top of mind
16 and through awareness.

17 So we're creating, by working with our media
18 team and getting media placements with TV networks, or
19 even within the print, we really do, as Melissa said,
20 make them work for the dollars. And we create
21 partnerships where they really want to provide value and
22 provide us with placements and opportunities to become a
23 team and get us on air.

24 We do that with a lot of other clients, with a
25 lot of success, to the point of some clients say it's

1 too much. We -- this person's on the air. You know,
2 it's such a great opportunity. So we're able to
3 leverage those type of partnerships.

4 We publicize the outreach. So, as it says
5 here, utilizing news advisories to secure event
6 prepublicity. So we're building up to that. And social
7 media also supports that, letting people know online
8 where these events will be held.

9 And then, of course, we're informing the public
10 of enrollment deadlines and then status reports or media
11 pitches.

12 So it's a very proactive approach. Like I
13 said, we tie our media team with our public relations
14 team. And then social media also ties in there. So
15 you're leveraging paid and earned media to reach the
16 masses in a very targeted approach and really maximizing
17 the value of these partnerships on top of us pitching
18 the earned media to the networks or to the reporters and
19 everything of that nature.

20 Does anyone have questions on the PR section?

21 Social media, everyone's favorite. That's what
22 I've heard.

23 So, social media rationale. One thing I've
24 always said with social media is if you're not on there,
25 people are still going to talk about you. And I would

1 rather control the conversation and be able to put our
2 information out there and cut through the
3 misinformation. Which is what happens on social media.
4 We all know things can snowball very quickly.

5 And with our approach, we are able to steer and
6 manage this conversation.

7 It provides us the opportunity to have a 24/7
8 focus group. So we could tie in with the call centers
9 where we're seeing a lot of chatter about a certain
10 conversation. We can then pass it along for one of
11 the -- maybe one of the new top 10 reasons someone's
12 calling in. Or if someone's putting out misinformation,
13 we can steer that conversation off-line and direct them
14 to the call center.

15 So it's allowing us to control the environment.
16 And it's going to position us as the thought leader in
17 the marketplace. We want people to come to us online,
18 to really know when they should enroll, their
19 opportunities, to go to an event, brokers in their
20 neighborhood, just all the general information, and
21 really drive home the tax calculator in this situation
22 as well.

23 And what we've developed here is a rollout
24 strategy that eases us back into the social media space.
25 It would be a four-phase rollout based on zip codes

1 enroll, enrollment. So, to your point, zip codes that
2 already have a higher engagement, we do want to target
3 them first, because they're more favorable to us. And
4 we can test out the messaging and let them know that
5 enrollment's coming up again. See how the engagement's
6 doing. Are we getting a lot of naysayers, people of
7 that nature?

8 And then, as we continue to roll that out, it
9 would go into the other phases, so eventually reaching
10 statewide.

11 And the nice thing with social media, Melissa
12 kind of brought into an earlier conversation, is we can
13 target behavior early. So if they're Spanish-speaking,
14 they're -- excuse me. If they're speaking Spanish as
15 their primary language, we can target on their age, how
16 many children they have, if they live in an apartment,
17 if they are African-American, if they are Caucasian, if
18 they're millennial. we can even target millennials. So
19 we can really get down into the behaviors of these
20 people and target them.

21 And social media is also a great opportunity
22 for us, because, depending on the demographics, there
23 are people involved with different channels. So younger
24 Hispanics and African-Americans actually use some social
25 media channels more than Caucasians. So this provides

1 us an opportunity to have that touch point with them.

2 So that's -- how we would roll this out in
3 phases, you know, we would start with Twitter first.
4 There is variance in the media plan as far as the
5 build-out. But we would ease it in, get the audience
6 built up, engage with them, and then continue to roll it
7 out, and use the many advertising products to get people
8 to go to the tax calculator or go on our events and even
9 to the promoter or public relations contact that we have
10 going out there.

11 And we're also -- on top of that, we'd have a
12 custom listening dashboard set up and launched where we
13 can actually monitor the whole health care conversation
14 nationwide and in the state, to see what people are
15 talking about, to better optimize our content, and to
16 make sure we're answering them, their questions, not
17 just falling on a deaf ear, only talking about ourselves
18 online.

19 So, as I mentioned, it would be Twitter,
20 Facebook, and then we have YouTube to put out the great
21 video content that we can create as far as testimonials,
22 real experiences people are having, how-tos, things of
23 that nature.

24 Just from my own past experience with health
25 care, if you control the conversation, and you talk to

1 them 365 days a year, somewhat how Medicare does, where
2 you become part of their life, there's less of that
3 anger. So if we're talking about like healthy lifestyle
4 tips in enrolling, someone's going to look like an idiot
5 if they're yelling at us on the healthy lifestyle.

6 So we're able to navigate the maze with what we
7 want to decide, versus letting them push the snowball or
8 giant rock on us down the hill.

9 Anyone have any questions, comments, concerns
10 on the social part of this?

11 MS. JOHNSTONE: Are there stats on social media
12 penetration by age group?

13 MR. NICHOLAS GIUSTINO: Yes, there is. Right
14 now, one of the largest groups driving social is the
15 older population. My grandfather's one of those.
16 He's very, very active on there.

17 So it kind of goes with like the tail end.
18 It's the younger people were first. And now the fast
19 population that's catching up to everyone else is
20 seniors. But it's very high amongst millennials, of
21 course, younger teenagers, the Gen X'ers, so the parents
22 that are utilizing Facebook more.

23 Facebook's the number one channel. That's why
24 we do recommend being on there, because you can hit all
25 the demographics and audiences with different content.

1 So we did a lot of research with that.

2 And then, also, now we're able to start seeing
3 data broken out by ethnicity as far as their activity on
4 there, what they're looking at, what their interests
5 are. So we can make sure content that's relevant to
6 them, both through creative and through the actual
7 (indistinct) parts, reflect what they're looking for.

8 MS. CLARK: I have a question, Madam Chair.

9 MS. JOHNSTONE: Yes.

10 MS. CLARK: In terms of social media, what was
11 your process in -- I know Facebook is number one.
12 That's easy. Twitter. Why would you not try Instagram?
13 I notice Instagram is really popular amongst a wide age
14 range.

15 And I don't -- I'm not sure how it all works.
16 But I notice that Twitter and Facebook can be connected.
17 So when you post on Facebook, it can automatically post
18 on Twitter, or vice versa.

19 So would you not want to include maybe
20 something like Instagram or something that is also very
21 popular?

22 MR. NICHOLAS GIUSTINO: So our initial
23 reaction, based on what you just said, is we went with
24 the largest audiences and then, also, based on
25 advertising products. Because you're starting so high

1 with Facebook, anything that doesn't offer a product has
2 to be done all organic. So you may not be spending
3 money on it, but you're spending time just to go here.

4 And another development that is just starting
5 to roll out literally this week is Instagram
6 advertising. So, like we said, we are very nimble.
7 That is something I'm going to go back to our social
8 media plan and re-tailor that in. Because Facebook
9 owning Instagram provides an opportunity to have awesome
10 products tied in the back end for us.

11 MS. CLARK: M-hm (affirmative).

12 MR. NICHOLAS GIUSTINO: And now we can tie in
13 this whole other layer.

14 So we will actually reevaluate using Instagram
15 and probably will use it. But it was mainly because of
16 the advertising products offered on these channels.

17 These first three here all offer advertising
18 opportunities. We're able to promote our content. So
19 it doesn't matter whether we have five followers or
20 5,000. We can pick the market we want to hit, you know,
21 millennials, 18, or, you know, 24 to 34, who are
22 Hispanic or African-American. We can, we can do that
23 with these based on their advertising products
24 supporting the content.

25 MS. CLARK: Thanks.

1 MS. JOHNSTONE: Any other questions?

2 MS. CHRIS MENGES: Okay. Moving on to the fun
3 part, the creative. I'll run through some. I know
4 we're getting short on time. So we'll be quick here.

5 On the creative messaging, with our research
6 showing that, you know, the really -- the main barrier
7 is that people feel like it's too expensive, that
8 insurance is just absolutely not affordable, and that
9 the credits and the subsidies are available for -- not
10 for their specific circumstance. And so we really felt
11 like the main message we want to get across is you can't
12 afford not to be covered.

13 I'll run you through some pieces to show you a
14 couple of other things that we want to also encourage.

15 So we've got a few television spots, 15-second
16 spots. This way, we can marry them and show different
17 situations.

18 This is a biker, got a mountain biker going
19 through a trail, and then he crashes. And so you hear
20 the -- we freeze frame on the crash. You hear the
21 announcer: You can't afford not to be covered.

22 And then, with all the pieces, we want to
23 include the enrollment date. And, also, we want to
24 include a time tracker that shows how many days are
25 left. So this example shows that 30 days are left to

1 enroll.

2 Here's another situation with a mother having a
3 baby. When it comes down to it, you can't afford not to
4 be covered. Find an affordable health plan based on
5 your needs and income at Nevada Health Link. And,
6 again, talking about how many days are left to enroll.

7 This is just another situation where you've got
8 a skateboarder, and the skateboarder has crashed.
9 Again, you cannot afford not to be covered.

10 And then we've got in-banner video. So you
11 actually see a mountain biker who's coming down the --
12 down. So this is animated, I should say. So use your
13 imagination. I know this looks static. But he's coming
14 down the trail, and then he crash. So it freezes on the
15 crash scene. And then the information animates, and
16 then you can actually click on the ad to get more
17 information.

18 Obviously, it would be mobile friendly. We
19 want to reach people in every way that they now get
20 their information.

21 MS. JOHNSTONE: Can you describe this mechanism
22 a little bit better? I don't understand --

23 MS. CHRIS MENGES: Oh, this --

24 MS. JOHNSTONE: -- how it went.

25 MS. CHRIS MENGES: Yeah. So a lot of people

1 just use their phones now for getting information, and
2 they'll go to websites. And so you can actually see
3 this ad on your phone. So it would display. It would
4 display like. So what we're trying to illustrate here
5 is how it would actually look on a mobile phone.

6 MR. NICHOLAS GIUSTINO: It's similar to the way
7 they're served on a desktop ad. So if you're on your
8 regular computer, your desktop or laptop, you know, you
9 receive banner ads on the side, potentially, or in the
10 top. So this is called the leader board, and then you
11 have your sides over here. So a video will start
12 playing. And then people can click, and it'll take them
13 right to this website.

14 So we're able to do that, because of all the
15 same targeting that I mentioned with social, also on
16 digital. So we drive traffic that way and constantly
17 optimize in those positions.

18 MS. JOHNSTONE: This might show my ignorance.
19 But is this similar to if I buy something online, I
20 forever see that ad every time I go to the newspaper
21 online

22 MS. CHRIS MENGES: So that's -- yeah, that's --

23 MS. JOHNSTONE: It follows me everywhere?

24 MS. CHRIS MENGES: Yeah, that's called
25 retargeting. So this isn't necessarily showing

1 retargeting. Although that's something that we do like
2 to use to remind people, if they have been on the site,
3 and if they didn't act, we do think that there's a lot
4 of value there, in retargeting, to be in front of them
5 again.

6 MS. LEWIS: I would like to make a suggestion,
7 as I look at these pictures, that color them a bit, so
8 that they appear to be people of color, since you are
9 targeting Hispanics and all of the Native Americans,
10 that most of the people in your pictures appear to be
11 Caucasian. So you might want to look at that. Here's
12 showing this one's falling off the bike, and falling off
13 the skateboard.

14 So as you plan to appeal to groups of color,
15 you know, you might want to colorize those a bit.

16 MS. CHRIS MENGES: Yeah. Yeah. And the TV
17 spot here, this is a Hispanic mother. But you might not
18 be able to tell that.

19 MS. LEWIS: That's -- you can't.

20 UNIDENTIFIED WOMAN: I thought she was
21 Hispanic.

22 MS. CHRIS MENGES: And, and this is just spec
23 creative. So when we actually go to produce the TV
24 spot, we would definitely look at actors and actresses
25 that definitely show ethnic -- ethnicity. I can't even

1 talk.

2 MS. JOHNSTONE: Dr. Jameson.

3 MS. CHRIS MENGES: Yes.

4 MS. JOHNSTONE: Dr. Jameson.

5 DR. JAMESON: On your advertisements, I think,
6 they're overall just terrific, getting the message
7 across. But I'm just trying to clarify the message.

8 So like on the biker, 10,000 uninsured cost.
9 So I'm assuming this is -- you know, I've reviewed many
10 hospital statistics, and they will tell you like an
11 average hospitalization for certain things are
12 available, like a -- if you have a diabetic coma, or if
13 you have a heart attack or pneumonia or, I imagine, a
14 trauma such as this. So you could come up with the
15 10,000.

16 But I'm confused about, as a consumer, if I was
17 reading this, and it says "But your insurance cost would
18 have only been 250," are they telling me that would have
19 been my deductible, copayments and my -- or my monthly
20 charge or the yearly cost of my -- that's the yearly
21 cost of my policy. I mean I just don't understand what
22 we're showing.

23 MS. CHRIS MENGES: Yeah. Yeah. That is a good
24 point. What we were trying to illustrate here is --

25 DR. JAMESON: You know, monthly? What is that?

1 MS. CHRIS MENGES: What we're trying --

2 DR. JAMESON: It doesn't mean anything to me.

3 MS. CHRIS MENGES: Yeah. What we're trying to
4 illustrate is that if you didn't have insurance -- and
5 this, again, is just a concept. So it's not, you know,
6 the actual number that would be used. But just to give
7 you the idea, is that if you had no insurance,
8 out-of-pocket it could be \$10,000. But if you had
9 insurance to take care of that particular accident,
10 incident, would be 250.

11 DR. JAMESON: Right. But you get my point.

12 MS. CHRIS MENGES: Yeah. So --

13 DR. JAMESON: It doesn't really mean anything.

14 MS. CHRIS MENGES: And you're right.

15 DR. JAMESON: I understand what you're saying.

16 MS. CHRIS MENGES: We haven't worked in the --
17 you know -- yours.

18 DR. JAMESON: This, you know, an average
19 person's policy in this age range, that's riding a bike,
20 that's healthy and invincible, you know, what, their
21 yearly policy isn't going to be 250. The monthly
22 premium probably won't be, because with tax rebate or
23 other things, it might be less. So I'm just not sure
24 what that number is.

25 MS. CHRIS MENGES: M-hm (affirmative).

1 DR. JAMESON: Where did you get it?

2 MS. CHRIS MENGES: Again, we would want to
3 verify it. But, again, our concept was that if you had
4 no insurance, it would be 10. And to take care of that
5 specific crash, go to the doctor, get your past --

6 DR. JAMESON: Right.

7 MS. CHRIS MENGES: -- whatnot, would be 250.
8 So you're right, it wasn't including maybe the -- your
9 monthly cost.

10 DR. JAMESON: Well, I mean I just, I just don't
11 know what the number means. I wouldn't want to have our
12 entity, Silver State, have a misleading thing.

13 MS. CHRIS MENGES: M-hm (affirmative).

14 DR. JAMESON: Because we could get, the call
15 center could get a lot of calls that "I want that 250
16 cost by accident."

17 MS. CHRIS MENGES: M-hm (affirmative).

18 DR. JAMESON: I mean I just want to make sure
19 we don't go down a path that's very confusing.

20 MS. CLARK: I think, an easy fix would be just
21 put the word "copay" there, and you'd be fine. I mean,
22 I think, what you're trying to say is that it would be a
23 copay. The thousand --

24 MS. LEWIS: Yeah.

25 MS. CLARK: The 1250, that's probably a

1 deductible and some coinsurance. And maybe, to clarify,
2 for those who have trouble, you know, understanding that
3 terminology, using the words "copay" or "deductible,"
4 something of that nature, tends to clarify that.

5 DR. JAMESON: I think that it -- and it also
6 depends on the plan they buy. So, I think, you'd have
7 to write little --

8 MS. CHRIS MENGES: Right.

9 DR. JAMESON: -- little things that say --

10 MS. CHRIS MENGES: Yeah. And, actually -- but
11 the creative's not up right now. But we have a little
12 asterisk by the 250.

13 DR. JAMESON: I was trying to figure out what
14 it was.

15 MS. CHRIS MENGES: And you'll see that the
16 asterisk, it's not on here at the bottom; but it would
17 be on there to explain that a little bit further.

18 MS. DAVIS: I think, I actually have an
19 asterisk on mine. I just --

20 DR. JAMESON: Yeah.

21 MS. DAVIS: I have it. But do you remember
22 what it says?

23 MS. CHRIS MENGES: Ad, ad does not --

24 MS. DAVIS: Yeah, it's not like per month or
25 out-of-pocket, or.

1 MS. LEWIS: I just can't remember.

2 MS. JOHNSTONE: All right. I think, I think, I
3 understand the point there. My comment on this, and I
4 don't mean to get into the weeds, but the accident and
5 skateboard are so much alike, they seem repetitive. And
6 so if we're going to spend our ad dollars to get a more
7 diverse population, we need, you know, something that
8 happens to older folks and maybe family.

9 I don't remember us focusing on maternity so
10 much. I don't know how large that population is, that
11 income bracket. But at a minimum, I would spread the
12 dollars around the different demographics.

13 MS. CHRIS MENGES: Yeah.

14 MS. JOHNSTONE: Not have ones that are such
15 similar situations.

16 MS. CHRIS MENGES: Yes. That's understood. We
17 had the skateboarder, we were thinking, as a kid, so
18 that that would pertain to families. But that's
19 probably not a great illustration.

20 MS. JOHNSTONE: It doesn't really display the
21 whole family.

22 MS. CHRIS MENGES: Yeah.

23 MS. JOHNSTONE: Okay. All right.

24 MS. CHRIS MENGES: Okay. And then, real
25 quickly, website. We just simply suggest adding a few

1 elements to the website that then help it tie into the
2 campaign. So not making -- not redesigning the website
3 at all, but actually providing creative elements that
4 could be incorporated to the existing website.

5 Again, the 30 days to enroll, or 60 days, or 55
6 days, or whatever, to help with that sense of urgency
7 with enrollment. And then having the dates very big and
8 clear. And then the open enrollment, get started, get
9 help, manage your plan, going on.

10 This is just another version. So what you
11 could do is you could change out that hero image. So
12 before, we had the biker. We could have the Hispanic
13 mom, have -- we could have an older person. But it
14 could just change out to be relevant to the different
15 targets.

16 And then again --

17 MS. JOHNSTONE: Kind of revolving.

18 MS. CHRIS MENGES: Yes.

19 MS. JOHNSTONE: Pictures?

20 MS. CHRIS MENGES: Yes. And then key dates
21 again, the emphasis on that.

22 And then the prescreening page to just adding a
23 subsidy calculator, giving the user another tool to help
24 motivate action. And then that green button, Get
25 Covered, again, that's just a call to action to help

1 increase responses and, also, to help reduce abandon
2 rates, so that they just don't go out of the website and
3 go on.

4 And then you get 30 days left to enroll.
5 Again, just that time-sensitive issue.

6 MS. JOHNSTONE: Can you talk a little bit about
7 the Get Help? I think, in the past, we've kind of been
8 able to narrow it down to zip code and which -- where
9 the navigators are and where the brokers are, that kind
10 of information, and that -- well, maybe that's a
11 question for Exchange staff, what we can do there,
12 again.

13 MR. HAYCOCK: Damon Haycock, for the record.
14 We will still employ a robust look-up tool on
15 our website that is able to look very similar to a
16 Google map, where you'll be able to see push pins and
17 hover over them, and you'll see the operating hours, and
18 do they accept appointments, and the name and address
19 and phone numbers of all types of in-person assisters
20 that sign up through our website.

21 So you will be able to see that again this
22 year. We found that to be very successful last year.
23 It assists our Consumer Assistance Center in looking
24 folks up and ensuring there's a randomness to the lead
25 generation for navigators and brokers as well.

1 But that process, we intend to replicate,
2 unless told otherwise.

3 MS. JOHNSTONE: I think, some of this history
4 is helpful, since we've got new members on the Board, to
5 explain what those other tools are that we use.

6 MR. HAYCOCK: No problem, Madam Chair. And the
7 remainder of the Get Help also has contact information
8 for Medicaid, for, you know, the Secretary of State's
9 Office, for registering to vote, as well as direct links
10 and contact information for healthcare.gov.

11 And so we present a plethora of information for
12 individuals to seek assistance in the manner in which
13 that they want to seek assistance, if they want to go
14 through us, go through our Consumer Assistance Center or
15 go directly to those agencies that support us.

16 MS. CHRIS MENGES: Okay. And then, just real
17 quick, some direct mail pieces, again tying into the
18 existing campaign. What's the real cost of being
19 insured? You see a mother. And then, you can't afford
20 to not be insured.

21 And, again, there is the asterisk, but the
22 little copy is missing here. But we would give that
23 detail.

24 Direct marketing, direct door hangers. We
25 would have Hispanic and English. This way, we could

1 blanket specific areas and specific targets. We can
2 also be able to educate about upcoming outreach events
3 using door hangers as well.

4 And then I'm going to turn the time over to
5 Andres to go over outreach.

6 MR. ANDRES RAMIREZ: Good afternoon. For the
7 record, Andres Ramirez with Ramirez Group.

8 And our agency, Ramirez Group, has partnered
9 with Penna Powers so that we can do a collaborative
10 approach to the marketing, advertising and education and
11 outreach that needs to happen to take this effort to the
12 next level.

13 In the previous side, previous enrollment
14 periods, Ramirez Group has functioned as a navigator.
15 And so in this enrollment period, we'll function as part
16 of the marketing and outreach team. And there have been
17 other navigators who have been designated for the
18 process.

19 We have maintained several of the licensed
20 navigators that work for us that will be helping in this
21 outreach effort, so that when we're staffing booths or
22 we're out at events, we have certified, qualified people
23 who can explain the process to the consumers and help
24 them through that, where that wasn't always the case
25 before.

1 And then the other licensed navigators that we
2 have are now working with other navigator entities, who
3 have been licensed, so that we can make sure that we
4 kept as much institutional knowledge participate in the
5 program as possible.

6 So we're very excited to participate in this.
7 Over the past couple of years, you know, we have been
8 able to build a good reputation with partner
9 organizations, community organizations. Madam Lewis,
10 including with the African-American community. So we
11 work very well with KCEP and the Urban Voice and the
12 Urban Chamber and a variety of those groups that we've
13 reached out to as well, to ensure that when we're
14 building our outreach plan, that we're including events
15 that will reach that community and that they find it
16 important.

17 In the last open enrollment period, we
18 participated in five Martin Luther King event, events
19 during that week of the celebrations. And so we were
20 very happy about that, that we made sure there wasn't a
21 single major event during that time period that Nevada
22 Health Link didn't have a presence.

23 And so we want to make sure that we continue
24 that as we move forward.

25 And so, you know, what we're excited about is

1 that, you know, there is a much more collaborative
2 strategic partnership between what's going on and doing
3 outreach to the consumers that we need to and with the
4 advertising side in the past. There has been
5 coordination and collaboration in the past but not as
6 intrinsic as we're hoping to do so now.

7 And so we're really excited about that. And,
8 you know, we think that Ramirez Group's reputation and
9 history in this process will give us a lot of leverage
10 moving forward.

11 So our current outreach plan -- and, again, as
12 I mentioned before, we are very nimble. And we are
13 proposing a draft plan of what we feel, based on our
14 previous efforts, we can reach. This is what we're
15 proposing. But we're open to changes, adaptations or
16 suggestions.

17 But we would like to reach a total of a hundred
18 thousand people through our outreach events, to
19 communicate with them, and, you know, broken down
20 between 20,000 individuals and then people who are
21 families and through small businesses and other, you
22 know, community-based partners.

23 And what we want to do, what we're -- what's
24 unique about what we want to approach the situation this
25 time is that our outreach officials will actually be

1 doing our own prescreening and evaluation of the
2 consumer as we're meeting folks, so that we'll be
3 collecting their data.

4 So if I'm at an event later this month or in
5 September, when we have all these parades and festivals,
6 rather than just giving out, you know, a giveaway or an
7 emery board or the water bottles and stuff that we give
8 to folks -- and, yes, it's great for branding. But we
9 had been walking away from those events without much to
10 get back.

11 And so now we're going to be showing up to all
12 our events with our tablets to make sure that we can
13 gather that consumer's information, so that we can then
14 give back to SSHIX, and it can be distributed to
15 enrollment and professionals, so that we know that, hey,
16 you know, Ms. Janel came, she said she was interested.
17 We got her name, her age, her income, you know, her zip
18 code and a phone number to follow up with her. So we
19 know that she meets all of the relevant criteria of
20 what's likely to, you know, qualify for a huge
21 (indistinct). We've taken a lot of questions from the
22 prescreening tool. So that we can say -- we can go to a
23 broker now and say, here is an individual lead with a
24 high likelihood of qualifying for a QHP, for you to be
25 able to reach out to them.

1 And so the effort is we want to get to the open
2 enrollment period on November 1st and have several
3 thousand new leads already generated, so that our
4 enrollment professionals and navigators can hit the
5 ground running, and we're not worried about just finding
6 them during the process.

7 So we want to build that ahead of time and
8 start driving them. And that's what we want the
9 emphasis of our outreach efforts to be during this
10 process.

11 MS. JOHNSTONE: All right.

12 MR. ANDRES RAMIREZ: I know we're short of
13 time, so I'm -- and that's --

14 MS. JOHNSTONE: No, this is important. It's a
15 good point.

16 MS. LEWIS: Yes. It sounds like, you know, the
17 outreach is going to sufficiently target the communities
18 that need to be targeted.

19 MS. JOHNSTONE: Now, are you going to help with
20 the outreach in northern Nevada as well?

21 MR. ANDRES RAMIREZ: Yes. And we have an
22 office in northern Nevada. We have an --

23 MS. JOHNSTONE: Oh.

24 MR. ANDRES RAMIREZ: -- office in southern
25 Nevada. And so we will be coordinating outreach efforts

1 throughout the state.

2 MS. JOHNSTONE: Yeah, you have an excellent
3 reputation.

4 DR. JAMESON: Excellent.

5 MS. JOHNSTONE: So I'm glad you're on board.

6 MR. ANDRES RAMIREZ: Thank you. I appreciate
7 that.

8 DR. JAMESON: And, Andres, how did you come up
9 with the hundred thousand?

10 MR. ANDRES RAMIREZ: For us, we have a goal of
11 trying to identify at least 10,000 leads. And through
12 or outreach efforts in general, through other clients
13 and projects, we know that in order to get about 10,000
14 leads, we need to talk to a hundred thousand people.
15 And so that's what we built the plan on.

16 In our previous two enrollment cycles, our
17 reach effort has averaged about a hundred thousand for
18 each one of those open enrollment periods.

19 MS. JOHNSTONE: What is the mechanism for the
20 referrals to be distributed amongst the navigators and
21 brokers that are out there?

22 MR. ANDRES RAMIREZ: So that's a process we
23 still need to finalize. What we're looking -- right
24 now, SSHIX has been talking, as was mentioned by
25 Executive Director Bruce Gilbert, with the three major

1 professional agencies who are managing those. And we're
2 looking at collaborating with the broker agencies much
3 more strategically.

4 So we want to give to them and allow them to
5 distribute with the partner agencies. Therefore,
6 there's no opportunity for steering too much one
7 direction or another direction. We just want to collect
8 the data and be able to give them the opportunity to
9 distribute themselves.

10 And so there will be data that's given to
11 brokers and then, obviously, data that's given over to
12 SSHIX for the navigators for them to give the
13 appropriate portion they feel they can handle.

14 MR. GILBERT: And, actually --

15 DR. JAMESON: And --

16 MR. GILBERT: Okay. If I can build on those
17 remarks for just a moment. We've been working very
18 closely with the leadership of NAHU, NAFA and the big I,
19 recognizing that most of our enrollment is driven, in
20 fact, by agents and brokers. It has not historically
21 been driven by navigators, nor those who come on and
22 enroll themselves.

23 And, accordingly, we've been trying to find a
24 way to allow our navigators -- and, of course, Andres
25 there -- to concentrate on education and outreach and

1 get out into the community and help us identify those
2 individuals that we can help.

3 And then our expectation is that we will allow
4 the professional associations to deal with the question
5 of where leads go or what they do. That's not for us to
6 decide. I don't want us being in the position where
7 we're favoring some broker over another. And that's
8 what led us to speak directly with the professional
9 associations.

10 MS. JOHNSTONE: Has there been an increase in
11 the number of brokers and agents that have been
12 certified to work this business?

13 MR. GILBERT: It's difficult to say, because
14 the certification process hasn't begun yet. The
15 training materials, through CMS, have not yet been
16 released. So we don't know what, ultimately, the
17 numbers are going to look like.

18 MS. JOHNSTONE: Okay.

19 DR. JAMESON: So we have been impressed in the
20 past with your incredible outreach and the diversity and
21 the entities that you connect within the large number
22 that you -- and your creativity in the past.

23 And so I'm just wondering. You're probably --
24 your mind was just spinning on how to go forward with
25 this new year and project that you're going to be doing

1 with our new group. Is that -- you, you know, went out
2 there. You connect. You're now cut down to a core
3 staff before enrollment. And you want to try to
4 prepare, so that when enrollment occurs, you have as
5 much numbers for outreach as possible.

6 So how many staff are you cut back to in the
7 non-enrollment period? And have you sort of set out
8 just a brief little, we're going to have this many, you
9 know, community activities and this many -- have you got
10 in your mind a little plan yet to share?

11 MR. ANDRES RAMIREZ: Yes. So we plan on having
12 10 -- we right now 10 full-time outreach staff that we
13 have kept as part of this project. They have been
14 continuing to work the outreach plan. Because with many
15 of these events, we have to book them now in order for
16 us to be able to participate three to four months from
17 now, whether that's reserving a booth or paying a fee or
18 things of that nature.

19 So even though open enrollment doesn't begin
20 till November 1st, the outreach work, the planning, the
21 logistics that go into that have to start months in
22 advance.

23 So with us, we have Janet Quintero from our
24 team. She's been with us since the first open
25 enrollment period. And she has been leading our

1 outreach efforts to coordinate with our other team and
2 contact these event organizers and organizations to find
3 out what our opportunities are to participate, and so
4 forth.

5 We have provided a draft list of events that
6 we've looked up, that we think could be beneficial to
7 participate, to SSHIX for them to review and say "Now,
8 are there any events you definitely don't want to
9 participate in, or would you like us to move forward
10 with these?"

11 Right now, we have a list of about 80 events
12 statewide that we've identified as good potential
13 opportunities for us to participate in. And internally
14 we are confident that our staff can handle the amount of
15 outreach events that we have to do so.

16 And we also know that Rosa and the navigator
17 program are also going to be doing outreach events and
18 providing their staff as well.

19 DR. JAMESON: Very exciting, 80 on the books
20 already.

21 MR. ANDRES RAMIREZ: Yes.

22 DR. JAMESON: You'll probably double that
23 before we get to enrollment.

24 MR. ANDRES RAMIREZ: If we're allowed.

25 MS. JOHNSTONE: All right. Any other questions

1 from the Board members?

2 Do you have more of the presentation on that?

3 MR. ANDRES RAMIREZ: No.

4 MS. JOHNSTONE: Okay. Well, good. Then, on
5 behalf of the Board, you're invited back every month.

6 MR. ANDRES RAMIREZ: Thank you.

7 MS. JOHNSTONE: And, Mr. Gilbert, maybe at the
8 next Board meeting, we could also have an agenda item to
9 focus on the navigator work and the plan.

10 MR. GILBERT: We'll be happy to do that.

11 MS. JOHNSTONE: All right. Let's move on to
12 the next agenda item, then, which is number IX, Xerox
13 closeout and the data transition.

14 MR. HAYCOCK: Yes. I'll take this one. For
15 the record, Damon Haycock.

16 And I brought to the Board in June a report
17 summarizing the closeout activities for Xerox.
18 Operationally, that was the last time that Xerox and the
19 Exchange was going to be physically or visible to the
20 public. Any other additional services were going to
21 occur in the back end as we were awaiting the transfer
22 of data.

23 The decommissioning of the Business Operations
24 Solutions occurred on March 31st. And there was some,
25 some extra hanging activities with 1095 corrections that

1 led all the way up until June.

2 So on June 25th, Xerox sent to us a hard drive
3 filled with all plan year 2014 data. And, of course,
4 that data, as Bruce mentioned in his Executive
5 Director's report, was uploaded to a server that we
6 installed here at the Exchange.

7 On July 6th through the 10th, we invited Natoma
8 up to train staff on the two applications that were
9 built, those for research and assistance with DOI
10 complaints, anything from effective dates of coverage to
11 eligibility and potential refunds, and then, also, the
12 other application for the Exchange to continue to meet
13 the requirements to correct 1095A forms both now and in
14 the future.

15 Per the data retention requirements of the
16 Affordable Care Act, the Exchange must hold all data
17 associated with the Exchange for 10 years. And so until
18 2024, that server will sit in that server room unless we
19 move.

20 We ran into a small glitch, which is why it
21 took us a little bit of time before we could give final
22 acceptance. Xerox had maintained the credentials for
23 submitting the IRS reports for those 1095A corrections,
24 and we weren't able to get them for a week or so until
25 they figured out that they needed to transfer them over,

1 and then we were able to get that, which closed the loop
2 on that process.

3 We did some additional testing, and we were
4 able to continue to work on some other issues we had
5 with surfacing payment data, which is critical, of
6 course, to our assistance with DOI in responding to
7 those complaints and refunds.

8 So on August 5th, we concluded all of our
9 testing, and we provided Xerox with final acceptance of
10 the data. And as Bruce mentioned in his earlier report,
11 it's not perfect data. We didn't expect it to be
12 perfect. We recognize that if we wanted it to be
13 perfect, we would still be talking about Xerox for the
14 next decade. And so we took the lesser of all evils and
15 accepted the data as is, so we could continue to move
16 forward and actually assist consumers in 2015 for their
17 issues in 2014.

18 And since we've been able to accept that data,
19 we've made large strides, and with the help of our
20 Consumer Assistance Center been able to help many
21 Nevadans in this process, especially with their 1095A
22 forms.

23 So we're very pleased that this process is
24 moving forward and that we have tested and validated our
25 abilities to continue to provide this assistance.

1 And that's basically it. This report, you
2 know, concludes all of our operational interaction with
3 Xerox. And, hopefully, you won't have to hear too much
4 more about them moving forward.

5 With that, I'll take any questions.

6 MS. JOHNSTONE: Thank you.

7 Any questions for Mr. Haycock?

8 Damon, I do have one. Do we need to retain
9 Natoma, or is the maintenance of that data placed in the
10 applications with the state staff, or how is that going
11 to work going forward?

12 MR. HAYCOCK: We have a two-pronged approach to
13 this. We will maintain this in-house with staff that
14 are qualified and capable. Our IT Officer, Nick
15 Cranston, who's not here today, actually built all of
16 the visual, or the virtual machines and loaded the
17 sequel server. And I won't get too much into techies.
18 But he's skilled and he's capable of managing that
19 process moving forward.

20 However, we do like to hedge our bets. And
21 Natoma is still capable of being a vendor with us. They
22 work with Milliman, who we have a contract through the
23 end of 2016. And as the process moves forward, if we
24 determine we need additional assistance, we will come
25 back to the Board with recommendations that we continue

1 that relationship beyond 2016 as well.

2 But Natoma has promised to provide us any
3 assistance that we need, and they've been very fair with
4 their time and effort.

5 MS. JOHNSTONE: Thank you.

6 All right. That brings us to item X, which is
7 discussion and possible action regarding dates, times,
8 and agenda for future meetings.

9 As mentioned, a couple related to the navigator
10 program and continuing reporting on the marketing and
11 outreach approach.

12 Are there other items that the Board members
13 would like to suggest?

14 Hearing none, we'll go on to public comments.
15 And we will start in Carson City this time.

16 Are there any public comments in Carson City?

17 MR. GILBERT: There are, Madam Chair.

18 MS. ELISA CAFFERATA: Good afternoon. For the
19 record, my name is Elisa Cafferata with Nevada Advocates
20 for Planned Parenthood Affiliates.

21 And I don't want to sort of rehash any of the
22 conversation about the marketing. I did have some
23 concerns when I was looking through the presentation.
24 So it's good to understand how -- what level we are in
25 the process and that most of this is conceptual.

1 I just wanted to flag two concerns that we had
2 when it comes to the -- you know, the patients that we
3 see in our three health centers are largely uninsured.
4 And so we know from our experience in marketing to them
5 that there's a few things we need to make sure we cover.

6 One is sort of the central idea about this
7 insurance. The key message you want to get is that you
8 can afford health insurance through the Exchange. But
9 nowhere in any of the marketing do you actually directly
10 say that to people. And because we are generally
11 dealing with low information people who don't have
12 experience with insurance, I think, that has got to be a
13 critical message that somehow needs to get worked into
14 the creative and the messaging that you are looking at.

15 Particularly if you look at things like our
16 patients, they would be interested in maternity
17 coverage. But looking at that \$1200 price tag that you
18 would pay, your copay, or whatever it would be, that's a
19 month or more of income to these folks. And so that
20 doesn't look affordable. They would look at that ad and
21 look away, because it would not apply to them in their
22 lives.

23 And while I think that the terms "copay" and
24 "coinsurance" are clear to us, when I think about the
25 people who come to our health centers, they're not

1 clarifying terms. They're terms that would, again, sort
2 of make them look away.

3 The other thing, I've always been a big fan of
4 the Health Insurance Exchange. And so I hate to see a
5 line in your marketing that would say something like
6 "You can go to our website and even talk to a real
7 person" as though that's some kind of extraordinary rare
8 thing that happens, some kind of freak occurrence. I
9 think, you want to portray the health insurance in a
10 more positive light. That's just -- that's just me.

11 And then, finally, we have been very active in
12 terms of concern about the conflict of interest and
13 making sure that the consumers are protected. So when I
14 hear that you're going to be turning over the
15 distribution of leads to agency associations, I would
16 hope that there would be some oversight reporting, some
17 transparency in that process of how those leads do get
18 distributed.

19 Because one of the reasons we spent so much
20 time making sure conflict of interest would be addressed
21 was just to make sure that there wasn't a conflict of
22 interest in people making personal financial gains or
23 corporate financial gains from something that has been
24 generated, from leads that have been generated through
25 taxpayers' dollars.

1 So we would ask for some transparency in that
2 process.

3 So that's my -- those are my comments. Thank
4 you.

5 MS. JOHNSTONE: Thank you, Ms. Cafferata.
6 Any other public comment in Carson City?

7 MR. GILBERT: No.

8 MS. JOHNSTONE: All right. Henderson.
9 Mr. Gold?

10 MR. BARRY GOLD: I'm violating my one public
11 comment rule.

12 Again, for the record, I am still Barry Gold,
13 Director of Government Relations for AARP Nevada.

14 As usual, I will agree with Ms. Cafferata. On
15 the messaging, I think, a great message is Health Link
16 makes insurance affordable. I think, that's an
17 important one for a lot of people who are uninsured.
18 They really kind of get that.

19 I don't know how you'd use a graphic of someone
20 having a heart attack. You talked about something old.
21 I have been in this room, and I've heard problems that
22 we have had with people and their coverage. Heart
23 attacks cost a half a million dollars. So, I think,
24 that's something that's just to consider.

25 And the other thing, I was so glad, I was

1 listening to the marketing plan, and I was so glad when
2 Mr. Ramirez used the word C-O-B or community
3 organizations. And that's that community partners have
4 really pushed this for years and years and years.

5 And thank you so much for mentioning them in
6 the plan and including them, because they are very
7 important in getting what we need done.

8 What I'm not sure is you talked about posters
9 and things like that. I know I don't know how many
10 fliers AARP gave away for Health Link, but you're going
11 to need to prep lots and lots of those and make sure
12 they have them, whether it would come through you
13 (indicating Ramirez), or whether it would come through
14 you (indicating Penna Powers). We got them from both
15 people last time.

16 And I'd like to just add that social media that
17 you talked about, a lot of the community partners have a
18 robust social media presence already. And reaching out
19 to them beforehand, saying, this is what we'd like to
20 do, I think you'd get great cooperation from them, and
21 they'd like to help in that manner.

22 So thank you all very much.

23 MS. JOHNSTONE: Thank you.

24 Anybody else in Henderson?

25 All right. Good meeting. And seeing none, I

1 will call for adjournment.

2 DR. JAMESON: Thank you.

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