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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
THURSDAY, JANUARY 11, 2018, 1:30 P.M.

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DR. JAMESON: Good afternoon. And Lavonne is right behind me.

Including who is present up north, do we have a quorum now? We have Lavonne, Quincy and myself.

MS. KORBULIC: Hello, Madam Chair. Yes, we do.

DR. JAMESON: In that case, although I think we may have one or two more either on the phone or coming in, we'll go ahead and call the meeting to order.

And, executive chair, would you do our roll call, please, or anyone you would like to do it.

MS. KORBULIC: I will do that. Dr. Jameson?

DR. JAMESON: Present.

MS. KORBULIC: Ms. Valerie Clark?

MS. CLARK: Present.

MS. KORBULIC: Ms. Lavonne Lewis?

MS. LEWIS: Present.

MS. KORBULIC: Dr. Dan Cook?

DR. COOK: Present.

MS. KORBULIC: Jonathan Johnson is absent.

1 Jose Melendrez also will be absent today.

2 Mr. Quincy Branch?

3 MR. BRANCH: Present.

4 MS. KORBULIC: Marta Jensen let me know that
5 she will also be absent.

6 Commissioner Richardson?

7 MR. MOORE: Mackay Moore on behalf of
8 Commissioner Richardson.

9 MS. KORBULIC: Thank you.

10 And Bessie Wooldridge?

11 MS. WOOLDRIDGE: Present.

12 MS. KORBULIC: Thank you.

13 Madam Chair, we do have a quorum.

14 DR. JAMESON: Thank you.

15 And this is Florence Jameson. Welcome back,
16 everybody. I hope your holidays were good. And happy
17 new year.

18 And despite all the, as always, tumultuous
19 things going on in healthcare across the country, we are
20 still going to remain optimistic in 2018. And I'd like
21 to wish everybody a very happy new year.

22 So, I think, we'll just get -- kick right off
23 and ask for any public comment in the north?

24 Is there any public comment here?

25 MR. BARRY GOLD: Good morning, Madam Chair,

1 members of the Board. For the record, my name is Barry
2 Gold. I'm the Director of Government Relations for AARP
3 Nevada.

4 I had the good fortune of being at the health
5 committee meeting and heard a little bit of the report
6 from your Executive Director, Heather, this morning.
7 And so there's really good news.

8 But what I want to also let you know, if you
9 didn't know, is this morning, also, that Heather
10 received an award from the Human Services Network. The
11 Human Services Network, for those of you who only live
12 down south, is this amazing organization of providers,
13 advocates, consumers, and a lot of people up north. And
14 the Human Services Network awards is this amazing event.
15 They had about 300 people there this morning, I believe.

16 Heather?

17 MS. KORBULIC: Yes.

18 MR. BARRY GOLD: About 300?

19 MS. KORBULIC: Yes, they did.

20 MR. BARRY GOLD: So it's a great event. It's a
21 great opportunity. And they really select people who
22 really do amazing things. So I would like to
23 congratulate Heather for receiving that award, Human
24 Services Network award. It is an amazing opportunity.
25 Unfortunately, AARP was not able to get up there this

1 year. Otherwise, we usually go to those. So win it
2 again next year, and we'll come up next year. Okay?

3 So that was one thing I wanted to say. The
4 other thing I wanted to say is in today's volatile
5 world, where from one day to the next you're not sure
6 what's going to happen, Nevada Health Link, the Silver
7 State Health Exchange, managed to enroll a record number
8 of people, in spite of all the challenges, all
9 challenges that were thrown in front of it. And I think
10 that's an amazing thing.

11 And so AARP would like to thank this Board. We
12 would like to thank the staff. We would like to thank
13 everyone who was involved, the marketing company,
14 everything else.

15 And, by the way, 25 percent of the people who
16 signed up were over the age of 50. So I'm going to keep
17 talking about those people over the age of 50 and having
18 them sign up, because they understand the value of
19 insurance.

20 So that about does my time, but I want to
21 congratulate everyone for what turned out to be a very
22 successful open enrollment, in spite of all the
23 challenges in these volatile times.

24 Thank you.

25 DR. JAMESON: Barry Gold, thank you so much, so

1 very, very much.

2 And we would also like to join in with Barry
3 Gold and AARP in congratulating our amazing Executive
4 Director on winning her award.

5 (There was applause.)

6 MS. KORBULIC: Thank you.

7 DR. JAMESON: Definitely well-deserved and very
8 well-earned. I don't know anyone who works harder for
9 this than she does, and we have a pretty hardworking
10 staff and Board.

11 What I would like to just -- we'll let our
12 Executive Director, since public comments are now
13 concluded, we'll let our -- we'll go with approval of
14 the minutes first.

15 Do we have a motion to approve those minutes?
16 This is from December 14th Board meeting, the key thing
17 being approval of our budget.

18 MS. LEWIS: Lavonne Lewis. I move to approve
19 the minutes of December 14.

20 MS. CLARK: Madam Chair, Valerie Clark. I make
21 a motion to approve the minutes of December 14th.

22 DR. JAMESON: Thank you very much. So we have
23 a first and second. Everyone in favor, please say
24 "aye."

25 (Board members said "aye.")

1 DR. JAMESON: Any abstaining? Anyone opposed?

2 No corrections. The motion is passed.

3 And now the highlight of every meeting.

4 Heather, our Executive Director, could you present us

5 with your report. Thank you so much.

6 MS. KORBULIC: Thank you, Madam Chair.

7 Heather Korbulic, for the record. I don't know
8 that this is the highlight, but I'm happy to present
9 some great information to the Exchange's Board of
10 Directors today.

11 As Barry alluded to earlier, we kind of --
12 surprised me and broke and enrolled a record number
13 91,003 consumers for plan year 2018, a number that
14 exceeded most analysts' expectations. I'm very proud of
15 this. This enrollment figure is up from the number that
16 we released on December 20th as a result of some of
17 CMS's reconciliation, which also included the consumers
18 who were in line at the deadline and subsequently
19 finished their applications.

20 The Exchange enrolled 29,212 new enrollees and
21 61,791 returning consumers. The final week of
22 enrollment we saw 22,716 active reenrollments, or active
23 enrollments. This is a surge beyond any prior year. It
24 was huge.

25 Accordingly to healthcare analyst Charles Gaba,

1 the Nevada Health Exchange had the seventh highest
2 percentage of enrollment of all of the states that use
3 HealthCare.gov, something that I think we can be
4 directly attributed to our robust education, outreach,
5 and marketing campaign.

6 This year, this Exchange set enrollment records
7 each week of the enrollment period. We developed deep
8 community partnerships and enhanced our enrollment
9 development channel, all in spite of congressional
10 efforts to repeal and destabilize the components of the
11 ACA that benefit our consumers.

12 Every element that was within the Exchange's
13 control, whether it was marketing, outreach, plan
14 certification, community engagement, and local customer
15 service, was a definitive success.

16 As we begin preparations for 2019, we hope to
17 deepen and expand the successes to continue to drive
18 down Nevada's uninsured rate.

19 There are a lot of different factors that
20 played into the successful open enrollment period,
21 perhaps no more, none more important than the dedicated
22 focus of 47 navigators, over 100 partnered producers,
23 three broker storefront grantees, stakeholder partners,
24 and community allies. The Silver State came together in
25 an unprecedented and critical way to engage Nevadans and

1 connect them to affordable health insurance through
2 Nevada Health Link. And I am particularly, and we are
3 particularly grateful for their passion and commitment.

4 Another critical factor in the Exchange's
5 record enrollment was our robust and creative marketing
6 campaign that highlighted the importance of insurance to
7 protect individuals and families from financial ruin.
8 Clearly consumers heard our message.

9 The Board will hear more detailed analytics on
10 our campaign from Patty Halabuk with Penna Powers, with
11 details on our marketing mediums that produced the most
12 consumer engagement.

13 In addition, in addition to the comprehensive
14 work done to advertise and promote open enrollment, the
15 Exchange engaged in a vigorous public relations campaign
16 designed to inform consumers through media interviews,
17 TV appearances, and community engagement. Janel and I
18 were very busy this open enrollment period. That role,
19 the role that outreach and marketing had in generating
20 awareness and prompting enrollment cannot be
21 understated.

22 Complementing the Exchange's marketing and
23 outreach efforts was a direct mail campaign that was the
24 result of a first-ever sharing of consumer-level
25 household data from CMS. The Exchange leveraged this

1 data into a direct mail campaign to over 40,000 Exchange
2 consumers just prior to the start of open enrollment.
3 With call volume up 133 percent the first week of open
4 enrollment, the impact of the mailer was significant in
5 generating consumer awareness.

6 During our fifth open enrollment period, the
7 campaign and our enrollment partners helped tens of
8 thousands of Nevadans enroll in quality, affordable
9 health plans. Consumers receiving subsidies were even
10 able to find some bronze and silver plans with zero
11 dollar monthly premiums.

12 Despite the challenges of this past year, and
13 there were many, the Exchange saw firsthand how much
14 Nevadans want and need health coverage.

15 As we look to the future, we're focused on
16 returning to a full state-based marketplace to create a
17 sustainable platform that that will not only be
18 cost-effective, but will also allow necessary
19 flexibility and freedom to better control Nevada's
20 marketplace.

21 The Exchange issued -- and you all know this.
22 The Exchange issued a request for information on
23 December 1st, 2017. The purpose of that RFI is to
24 collect information about an integrated online health
25 insurance exchange platform and associated consumer

1 assistance center. The request was developed in
2 anticipation of the Exchange's transition to a
3 state-based marketplace effective November 1st of 2019,
4 in time to enroll Nevadans for plan year 2020.

5 We hope to issue a request for proposal in
6 March, whereby we will select a proven private
7 technology solution, with a contract start date of July
8 of 2018. This will allow a year-over-year careful
9 design, or over a year of careful design, development,
10 testing, and implementation.

11 As a side note here -- it's not written in my
12 Board report -- the Exchange will be presenting to the
13 Interim Finance Committee on February 7th a letter of
14 intent to transition, along with a work program
15 requesting the budgetary authority to begin that
16 transition.

17 As the Board is aware, the Exchange believes
18 that we can achieve significant cost savings as a result
19 of a transition away from HealthCare.gov. Based on our
20 initial quotes and estimates, we believe that in the
21 first year alone we'll be able to save approximately
22 \$5 million in estimated technology costs. This
23 transition will not only provide a sustainable financial
24 pathway for the Exchange, it will also benefit
25 consumers, carriers, and Exchange operations.

1 We expect our transition to allow for an
2 improved customer service with a single consumer
3 assistance center, with more efficient complaint
4 resolution and appeals processes.

5 Consumers will benefit from the Exchange having
6 direct access to individualized enrollment data that
7 will allow the Exchange to preemptively address common
8 problems like dual or simultaneous enrollments in
9 multiple qualified health plans. This direct
10 integration with the Division of Welfare and Supportive
11 Services will allow for a more effective churn
12 management whereby we will anticipate, we anticipate
13 helping consumers transition between Medicaid and
14 Exchange plans to avoid any lapse in coverage.

15 By implementing a more modern web platform,
16 consumers can also expect a more streamlined consumer
17 experience, including integrated support for mobile
18 devices. We'll have an app.

19 Year-over-year, states that operate SBMs
20 outpace, or states that operate state-based marketplaces
21 outpace states that rely on HealthCare.gov in both
22 enrollment and, and more importantly, retention. An SBM
23 model will allow the Exchange stability and certainty in
24 pricing with a contract that has a known price
25 independent of CMS's rulemaking deadlines.

1 SBMs have access to real-time consumer-level
2 data which allows for targeting advertising, individual
3 messaging, and increases the effectiveness and
4 efficiency of outreach. SBMs are also more nimble in
5 accommodating both state and federal-level program
6 changes and can make system changes independent of the
7 politics in Washington, D.C., such as extending open
8 enrollment deadlines and processing last-minute
9 applications.

10 With a modern service-oriented architecture,
11 carriers benefit from SBM's more efficient
12 reconciliation and consumer complaint issue and
13 resolution. SBM states are not only able to
14 reconcile with carriers at a quicker pace, but also
15 work closely with carriers to develop mutually
16 beneficial policies and processes.

17 The Exchange is working on developing a
18 comprehensive project strategy which will include
19 stakeholder engagement. We recognize the complexity and
20 significance of a project like this and understand that
21 we're going to face challenges with implementation, but
22 we're determined to address each challenge as it arises
23 and move deliberately towards our end goal. Through our
24 careful strategizing and addressing previous lessons
25 learned, we'll minimize disruption and the associated

1 risks.

2 Finally, the Exchange is keenly aware of the
3 ongoing disruption and uncertainty resulting from
4 Washington, D.C., legislation and policymaking. We're
5 working collaboratively with the Governor's Office, with
6 the Division of Insurance, the Department of Health and
7 Human Services to identify practiced and innovative
8 methods to bring state-level stability.

9 While the landscape remains uncertain and
10 increasingly complex, the Exchange is committed to
11 anticipating change, remaining flexible, and focusing on
12 our mission and vision to offer Nevadans affordable
13 quality health plans.

14 That being said, some things have changed since
15 I wrote that presentation. They always do. Blink your
16 eye, and then there's a change. And we have seen some
17 new rules proposed around associated health plans and
18 expect to see some on short-term limited duration plans,
19 not to mention the tax bill passed which eliminated the
20 individual mandate.

21 So we are working closely with our sister
22 agencies and the Governor's Office and trying to
23 identify ways within this state's control to stabilize
24 the marketplace.

25 All three of those things I just listed, the

1 individual mandate, associated health plans, and
2 short-term limited duration plans, have an anticipated
3 impact of an increase in premiums for consumers and
4 likely, or somewhat possibility or potential for the
5 ongoing -- or potential for carriers to exit the market
6 as a result of the ongoing instability and degradation
7 or deterioration of the risk pool. I'll be happy to
8 report more on both of those, or all three of those
9 items at the next Board meeting.

10 And I'm also happy to take any questions from
11 the Board.

12 DR. JAMESON: Thank you. Florence Jameson.
13 Thank you so much for that comprehensive and glowing
14 report, which, as our guest Barry Gold told us earlier,
15 had some amazing statistics.

16 Again, as I'm sure our Board will pitch in, we
17 cannot congratulate the staff enough for the numbers
18 that we achieved this year, despite all the amazing
19 hurdles that were put in your way. Heather and your
20 staff, you were incredible. And, I think, you were a
21 little surprised by the outcome.

22 MS. KORBULIC: Yes.

23 DR. JAMESON: Isn't that just wonderful?

24 I would like to now ask if there is any
25 questions from our Board members first, or comments.

1 MS. CLARK: Madam Chair -- okay.

2 MS. LEWIS: I just want to congratulate Heather
3 and the staff on the wonderful job, that absolutely
4 fantabulous job that you did in terms of open
5 enrollment. You know, to have the time cut in half and
6 yet be able to enroll many more people than we did last
7 year is just absolutely incredible. So congratulations.
8 I think, that's just wonderful.

9 And I am looking forward to the RFP that will
10 be going out where we'll be looking for a new SBM -- I
11 think, that's what we're calling it, a state-based
12 Exchange, a state-based market -- to handle all of our
13 enrollments and our claims going forward. So, I think,
14 that will be a wonderful, a wonderful change, and it'll
15 get us out from under, a little more out from under the
16 Federal Exchange.

17 Thank you.

18 DR. JAMESON: Any comments from up north?

19 Yes, go ahead.

20 MS. CLARK: Madam Chair, Valerie Clark, for the
21 record.

22 I was just curious. And, I think, I may know
23 the answer, but I want to confirm. Do we have
24 statistics on the enrollment, where most of our
25 enrollees are from and any demographics that you can

1 share?

2 And I'm also very curious about how the Centene
3 piece went, since they were new to the marketplace this
4 year.

5 And, also, I was at the breakfast this morning,
6 and it was a very amazing breakfast. And I wanted to
7 congratulate you and your team as well.

8 MS. KORBULIC: Thank you. Yes, we have
9 statistics on the enrollment. And the presentation that
10 Barry -- I've had a very busy morning. I started words
11 early, and then I rushed to the Legislature and
12 presented some information on our current enrollment
13 period and some of those statistics. I would be happy
14 to share that presentation with the Board, for your
15 information, and because I don't have it in front of me.

16 MS. CLARK: Yes.

17 MS. KORBULIC: And maybe provide some more in
18 my next report.

19 And then, in turns of how things went with
20 Centene, you know, I don't have any, I don't know the
21 specifics of what their enrollment is compared to HPN.
22 I think, business was brisk for everybody. And so I'm
23 anticipating that with their being the only carrier in
24 most, or, you know, most of the geography of the state,
25 that they did very well. But I am working closely. We

1 try to follow up with HPN and SilverSummit in finding
2 out what we can do better, where we can focus our
3 advertising for the next year, and trying to figure out
4 where they stand in terms of ongoing participation.

5 MS. CLARK: Thanks.

6 DR. COOK: Dr. Jameson?

7 DR. JAMESON: Go ahead, please.

8 DR. COOK: Yes. Hi. This is Dan Cook, for the
9 record.

10 I just have a question about this RFP process
11 going forward, what the Board should expect. Is there
12 any input into the -- or is there any possible
13 programmatic change that we would want to include at
14 that time, like getting the data, better access to the
15 data about the customers, for example? I know that's
16 been frustrating sometimes.

17 And just I know we'll be guided by Dennis
18 during the process if we have to have a publicly
19 accountable process for selecting the vendor, and so on,
20 how that will work.

21 Thank you.

22 MS. KORBULIC: You have very good questions.
23 We're sorting through the request for information. And
24 we got our first response this afternoon. And so once
25 we get through that, I think, it's going to help us

1 align ourselves and really put together our quality
2 request for proposal, although I know we could do a good
3 job without that. But we are using that as our guide.

4 And then, from there, you know, because we're a
5 state agency, we have to go through all the fun hoops of
6 being a state agency and getting budgetary authority to
7 even begin the process of a request for proposal. So
8 that's kind of where my eye has been.

9 But we're moving out from there. We will have
10 to select individuals to be on the committee, the
11 choosing committee for our request for proposal. We'll
12 hopefully have at least one Board representative on
13 that, along with stakeholders from our carriers.

14 And then, moving even farther from that, we're
15 starting, we're already starting to talk about the next
16 biennium and our budget. And so we're going to be
17 building a budget that is going to include this
18 transition. It's going to include the technology cost.
19 And it's probably going to include some increase in our
20 staffing, because we are the smallest staffed
21 state-based marketplace in the country right now, and
22 we'll need to increase our staffing to make sure that we
23 can accommodate all of the workload that will come with
24 being fully transitioned.

25 What I plan to do in the next month or so is

1 really start honing in on our strategy in terms of
2 involving our stakeholders. I'd like to have carrier
3 participation. I'd like to have our brokers
4 participating, our navigators participating, our Board
5 participating in the conversation and what we need to
6 get right. We have identified what went wrong and where
7 we want to not go again. But we also think that this is
8 a new day, and we want to make sure that consumers are
9 represented, or are going to be getting the best product
10 that is available to them.

11 So we'll be working closely with all of our
12 stakeholders in some kind of -- whether it's a formal
13 committee or just meetings to be determined.

14 DR. JAMESON: Thank you so much, Heather.

15 And I do not want to forget. We've been
16 congratulating our Executive Director, our staff, the
17 Board. And as you started out in your report, when you
18 were talking about the outreach, I just have to say that
19 great work must be recognized that was done by our
20 marketing and outreach. I don't want to forget them.
21 They were absolutely phenomenal. I have never seen such
22 a robust campaign as we had last season. So I don't
23 want to forget to thank them for their amazing work.
24 It's like they got everybody possible to be involved.
25 They reached out.

1 We saw people participating in this campaign
2 that we haven't seen before. It was just extremely
3 exciting to every day open up our newspaper and see a
4 full page ad showing how you enroll. That was amazing.

5 It was exciting to participate myself more, as
6 I did with Ruben, when he came, our legislator to our
7 Volunteers in Medicine where we do enrollment and
8 referral for enrolling into, to have him come and
9 campaign from there.

10 It was like they left no stone unturned. So I
11 certainly do not want to forget to thank our incredible
12 marketing and outreach work that was done.

13 In addition, because, Heather, your report was
14 so thorough, and there isn't too much to say as we watch
15 it unfold, I have just a couple of comments to make.
16 And that is that I am so excited about the state-based
17 marketplace. We have been looking forward to this for a
18 couple of years. And I am excited about it because we
19 all know it will probably be less expensive, yet to be
20 seen but most likely, and has such -- offer much better
21 services to both our clients as well as our carriers.
22 It's going to simplify and magnify our effectiveness,
23 efficiency. So it's very exciting.

24 And then, other than sharing that, on those
25 three additional things you added, I think, the most --

1 and I know you don't have a crystal ball. But, I think,
2 the thing most of us are curious about is what do you
3 think, Executive Director, about how -- I mean all the
4 hurdles we saw last year, as daunting as they were, we
5 did not feel that they were going to be a -- increase
6 morbidity but not mortality, that we would survive, that
7 we would overcome, we would do it. But how do you feel
8 about the loss of the mandate, or do you feel balancing,
9 in couple of years to come, the new state-based
10 marketplace, that we're going to be able to successfully
11 compete without the mandate?

12 MS. KORBULIC: I'm trying to conjure my crystal
13 ball and identify exactly what will happen. But I can
14 tell you that my -- I've been impressed with Nevada's
15 ability to weather the storm this last year. And I
16 think that an individual mandate is one key incentive to
17 help keep market, or the risk pool stable.

18 I think that there will eventually be some
19 deterioration in the risk pool as a result of the
20 individual mandate with consumers who feel that they're
21 healthy foregoing insurance, and potentially younger
22 people foregoing.

23 But if we continue to see smoking deals like we
24 did this last year where you can find a health insurance
25 plan for zero dollars, what's the excuse for not having

1 insurance.

2 And so the onus is really on the Exchange to
3 make sure we're communicating the value of health
4 insurance and not just trying the people to avoid a tax
5 penalty, but to really see that health insurance is
6 there to protect yourself and family from financial
7 ruin. Which we did this last year. And, I think, that
8 was our message, and we need to continue to build on
9 that.

10 That being said, I think, you know, the
11 individual mandate will probably have some deteriorating
12 effects on the risk pool. And we're going to, as a
13 state and with our legislative policymakers and our
14 future Governor, going to need to work through whatever
15 those challenges are to try to stabilize the market here
16 in Nevada.

17 We're talking about the Division of Insurance,
18 the Governor's Office, and HHS next Friday and starting
19 to really brainstorm what it is that we can do at a
20 state level to stabilize. And there are several
21 different potential avenues. But we have to sort
22 through what's really best for Nevada.

23 I think, more concerning even, more immediately
24 concerning are the new executive rule changes around
25 associated health plans and short-term limited duration

1 plans. Those could have a potential effect to drive
2 people out of the individual market, which would
3 degrade, again, the risk pool.

4 And so, you know, we just need to really think
5 through our policies and make sure that we're doing
6 whatever we can to protect the people who are on the
7 Exchange.

8 DR. JAMESON: Actually, I didn't include the
9 last part, the last part of any questions. And that has
10 to do with this morning, when you presented to the
11 health committee. And they understand, of course, now
12 the no mandate. It hasn't -- the young and invincible
13 haven't been a huge part. But, of course, I think, the
14 mandate also just made a lot of people in low-income,
15 force them to do this, besides the young and invincible
16 group.

17 But when you spoke to the health committee --
18 and, of course, they're very, very into with the current
19 politics and quite aware of the mandate no longer
20 existing. When you spoke with them, did they express
21 any negativity about moving forward? Were they really
22 receptive to your presentation? Were they wary because
23 of these changes? What was the feeling with your
24 committee when you spoke to them?

25 MS. KORBULIC: The committee had some wonderful

1 questions about the future and the landscape of the ACA
2 and some technical questions about how -- or the ongoing
3 existence of subsidies, which we can assure them needs
4 to be -- the subsidies will continue to exist until
5 legislative action is taken. So there's low likelihood
6 that legislative action will be taken against those
7 subsidies right now.

8 So, I think, they felt pretty good. They did
9 ask some questions about the individual mandate. And
10 our friend Glenn Shippey with the Division of Insurance
11 presented some of the solution that we're looking at, at
12 a state level. And I'll just name a few of them for
13 you.

14 Well, another thing that we talked about this
15 morning is that the individual mandate going away is
16 less concerning for consumers who receive subsidies.
17 Because right now, we need to look at consumers
18 receiving subsidies, when rates increase so does their
19 subsidy assistance, and their impact is very minimal.
20 So the individuals who are under 400 percent of the
21 federal poverty level who are subsidized will likely
22 have very little, little impact.

23 What we're seeing this last year and what we're
24 going to continue to see as rates increase as a result
25 of this and other policy changes is those individuals

1 who are over 400 percent of the federal poverty had some
2 real sticker shock this last year on the pricing of
3 their plans. And at some point, it's going to become
4 unattainable, it will not be affordable, and they will
5 not be able to access health insurance.

6 So that's a population we really need to be
7 considerate of and be thinking about when we're making
8 policies. We think, you know, healthier people might
9 also opt out.

10 But some things that we're thinking about at a
11 statewide level are 1332 waivers, including reinsurance,
12 statewide-level reinsurance programs for carriers who
13 have significant losses, or losses over a certain amount
14 we would have a reinsurance program available.

15 My personal opinion is that that also has to be
16 matched and complementing a federal reinsurance program.
17 And there is some discussion, legislative discussion
18 about federal reinsurance. And how big the appetite is,
19 I don't know, but would like to see both come together.

20 We're also talking about state-run high-risk
21 pools, premium or CSR wraps, and then public options, as
22 this last legislative session we saw bill AB --
23 Assemblyman Sprinkle bill AB 374. And that bill had an
24 option where consumers would be able to purchase a
25 Medicaid plan. So that's something we're still

1 discussing.

2 So, you know, Nevadans can be reassured that
3 the Division of Insurance and the Exchange and other in
4 the Governor's Office are really trying to consider what
5 it is that's within our power to try to stabilize things
6 for, to make sure that we don't go backwards in our
7 uninsured rate.

8 DR. JAMESON: Thank you, Heather. Indeed, I
9 was going to ask you about that Sprinkle plan coming
10 back under some other name, or even Sprinkle plan. And
11 I will be curious. And we'll have to wait and see as
12 they work hard to perfect that, because it was so
13 minimally defined in the last bill what it really was
14 and how it would actually work and who it would serve,
15 et cetera.

16 So we do all understand that they are planning
17 to bring that back, some sort of public option. And it
18 will be interesting to see, because until we see that,
19 we really don't know what kind of competition that that
20 could create for us as an Exchange.

21 And have you had any concerns about that?

22 MS. KORBULIC: Can you clarify your question,
23 concerns about how we will compete, or?

24 DR. JAMESON: If the Sprinkle comes back.

25 MS. KORBULIC: Oh.

1 DR. JAMESON: So, I think, similar to the more
2 successful form, as in Tennessee, do you think that will
3 thwart any efforts in our -- thwart our success?

4 MS. KORBULIC: I think, it will -- if anything,
5 we're working collaboratively with Assemblyman Sprinkle
6 right now on that potential bill. And I would just say,
7 if anything, it would complement our success. And
8 that's what I would hope at least.

9 DR. JAMESON: Oh, excellent. Very good. Thank
10 you.

11 Are there any other questions?

12 Yeah, you know, before Bruce left, Bruce often
13 felt that if a plan like that was achieved, as you say
14 it, written the right way, it would complement it. And,
15 of course, Bruce also wanted to see the Exchange take
16 over Medicare completely.

17 Okay. So if there are no further questions on
18 any of this --

19 UNIDENTIFIED WOMAN: No, thank you.

20 DR. JAMESON: --then, I think, we are ready to
21 move on to our marketing and outreach update.

22 MS. JANEL DAVIS: Hi, Florence. Thank you for
23 all your compliments on our marketing and outreach
24 campaign.

25 I'm going to try and summarize this, because a

1 lot of this has been said already, so. I'm, for the
2 record, Janel Davis, Communications Officer.

3 Okay. So this Exchange has seen year-over-year
4 enrollment increases -- and the number's already been
5 stated, so I won't go there -- again showing the
6 importance and necessity for health insurance to
7 safeguard Nevadans and their families.

8 Nevada Health Link, along with marketing
9 partner Penna Powers, successfully implemented a
10 two-part off-season marketing campaign which ran from
11 July through October and an open enrollment campaign
12 which ran from November to December.

13 HealthCare.gov, the federal technology platform
14 used for the Exchange's enrollment and eligibility
15 determinations, cut marketing, advertising and outreach
16 dollars significantly this year, by 90 percent. And
17 although those ads helped fortify our messaging, the
18 Exchange has its robust, its own robust campaign making
19 marketing and outreach more important than ever this
20 year in order for consumers to hear the message about
21 the importance of getting covered.

22 Our two core marketing messages developed were
23 used for off-season and open enrollment. And that was
24 "You can't afford not to have health insurance." And it
25 evolved from consumer sentiment that straightforward yet

1 impactful messaging was the most effective.

2 As a result, our campaign featured three
3 real-life health emergencies highlighting various target
4 audiences that could realistically lead to serious
5 financial unrelated consequences as a result of not
6 having health insurance coverage. Additionally, the
7 spots promoted Health Link as the health insurance
8 marketplace, i.e. institutionalizing NHL. The three
9 spots created in the off season were done in a way to
10 generate an added shock value on the importance of
11 protecting yourself with the benefits of health
12 insurance.

13 The second message was, obviously, announcing
14 the significantly shortened enrollment period for plan
15 year 2018, which was just 45 days from November 1st to
16 December 15th. These were all infiltrated, produced,
17 and implemented in both English and Spanish in a
18 multitude of media channels.

19 As marketing research dictates, the Exchange's
20 marketing campaign continued to target the uninsured and
21 underinsured population throughout the state.

22 Strategically, the advertising was concentrated in the
23 areas of online digital content and social media, a
24 truly effective medium that continues to net significant
25 response. In addition, the campaign included the more

1 traditional elements of outdoor and billboards and
2 television ads as well.

3 All right. So our message "You can't afford
4 not to have health insurance" carried its theme into two
5 additional advertising spots during open enrollment.
6 And that was a millennial-aged friend group on a hiking
7 excursion, someone takes a tumble, heads to the
8 emergency room. And then another was mountain bikers
9 who wind up with a bit more than they bargained for.

10 These messages ran at a higher frequency
11 rotation throughout the open enrollment campaign. And,
12 furthermore, another 30-second spot promoting open
13 enrollment period featured Governor Sandoval. That was
14 our third creative inclusion to the campaign, was a
15 PSA-style message.

16 Another element that was implemented into our
17 messaging was consumer testimonials. And the Exchange
18 was able to find two Las Vegas residents to share their
19 experiences. And those, the first two were both
20 composed in 30-second video formats, which incorporated,
21 were into digital ads and were in live and full video
22 format on the Nevada Health Link website.

23 So the bulk of our advertising media dollars
24 were spent to promote the open enrollment period. And
25 in addition to increased television ads, outdoor and

1 online digital content, the Exchange also incorporated
2 streaming radio, digital search, display and digital
3 online retargeting, radio, targeted print, and cinema
4 advertising which was new this year.

5 Media included both general market and Hispanic
6 market stations statewide.

7 And to compensate for the shorter enrollment
8 period and the fact that the last two weeks of open
9 enrollment falls within the retail holiday advertising
10 time, TV and radio were ongoing throughout all weeks.

11 To assist in the effort to rise above the
12 holiday chatter, the media mix incorporated cinema and
13 transit advertising, which were bus ads. So that was
14 also new this year. And more vigorous online video and
15 streaming radio programs featuring YouTube, Facebook,
16 Pandora and Spotify.

17 I'm going to skip some of that, because I think
18 we know who we are targeting.

19 Another enhancement and key component carried
20 out to support open enrollment was a complete home page
21 restructure and navigational updates on
22 NevadaHealthLink.com. This included a redesign of the
23 home page to be more consumer-facing and allow easier
24 access to information related to the ACA, subsidies,
25 health-related tips, consumer testimonials, and new

1 health insurance plans offered on the Exchange. It was
2 proven to be effective as the Exchange saw a 40 percent
3 increase in our website traffic, higher click rates, and
4 longer pay sessions overall.

5 I won't talk about the mailer, because Heather
6 already did that as well.

7 Community partner engagement and consumer
8 outreach has, and will continue to be, as Heather
9 stated, a foundational component to the Exchange's
10 marketing strategy and plan. Outreach is an effective
11 ongoing means for one-to-one community-level interaction
12 and communication. Throughout the year, the Exchange
13 continued to concentrate attendance at statewide events
14 and community activities where our navigators and
15 enrollment assisters are on hand to alleviate consumer
16 confusion, shape favorable perceptions, educate and
17 build brand awareness of Nevada Health Link.

18 As of December last year, the Exchange has
19 attended over 200 events, with additional events planned
20 all the way through August of 2018. New outreach
21 educational materials and literature was printed to
22 engage audiences and provide a clear understanding of
23 how to enroll in a plan and how to receive in-person
24 assistance. The Exchange's outreach strategy included
25 using navigators as primary event staff, attending

1 community-based events where there was a better
2 likelihood to engage those consumers, create interactive
3 outreach booth activities to also attraction and engage
4 consumers.

5 So, as I said, ongoing community partner and
6 stakeholder efforts have resulted in fruitful outcomes
7 this year with dozens of new active alliances from both
8 in the north and the south. We've seen a big increase
9 in the north, also. Face-to-face communication with
10 groups, associations, and chambers have allowed the
11 Exchange to penetrate key target audiences by leveraging
12 various databases and contacts of partners who agree to
13 educate on behalf of Nevada Health Link and the
14 Exchange.

15 And I just have to say that this open
16 enrollment five was probably the proudest, for me, from
17 a marketing and advertising and PR perspective. And, I
18 think, we all worked really hard to get that message
19 across. And I'm just really proud to be a part of this
20 team. So, thank you.

21 MS. KORBULIC: Okay. And if I may, Madam
22 Chair, this is Heather Korbulic, for the record. I just
23 want to add that this last week we were asked to present
24 to a group of our colleagues with state-based
25 marketplaces and federally-facilitated marketplace

1 states on our successes this year with our advertising
2 and marketing campaign, and had a lot of genuine
3 interest in our innovative techniques. So compliments
4 to Penna Powers and to Janel Davis for all of their
5 work.

6 MS. JANEL DAVIS: Thank you. And I'll
7 invite --

8 DR. JAMESON: Penna Powers. Go ahead.

9 MS. JANEL DAVIS: -- Patty Halabuk to the
10 stage. Yeah.

11 MS. KORBULIC: The stage.

12 MS. JANEL DAVIS: To the table. Sorry. I was
13 already on stage.

14 DR. JAMESON: Yes, come to the stage. Continue
15 your incredible, your report on the incredible work you
16 did last, that was amazing.

17 MS. PATTY HALABUK: Thank you. Happy new year,
18 everybody.

19 I'll start out kind of echoing what both
20 Heather and Janel have said. Janel gave a great
21 strategic overview for you. So my update is going to
22 focus on our successes in your advertising campaign.

23 So, starting on pages one and two of our deck,
24 you'll see some analytics for various traditional
25 advertising mediums we used. You can see we reached an

1 average of 85 percent of the viewing and listening
2 audiences for both TV and radio in Las Vegas, Reno, and
3 in many of the rural areas as well. We also continued
4 our outdoor campaign which complemented and built
5 awareness for both open enrollment and Nevada Health
6 Link.

7 If you look at page two, for open enrollment,
8 we ran our "You can't afford" spots also at cinemas, as
9 Janel mentioned. And there's some analytics here with
10 how many theaters and locations. That enabled us to
11 gain an even broader exposure to consumers.

12 And, as Janel mentioned as well, we also
13 engaged in bus advertising, both on the outside of buses
14 as well as the inside of buses, and at bus stops. Very
15 comprehensive.

16 And, additionally, new for open enrollment, we
17 used targeted print. We were able to target and reach
18 our Hispanic, African-American, 50-plus, tribal, and
19 millennial audiences with specific publications targeted
20 to each of those groups.

21 If you flip to page three, you'll see a little
22 diorama of some of our actual advertising in action,
23 some bus sides, some ads, that sort of thing.

24 Looking on to page four, this references our
25 push strategy. Anecdotally, we have seen that

1 fortifying the advertising and marketing over the last
2 two weeks of our campaign has had an incremental effect.
3 With this year's shortened enrollment period, we got
4 everyone into the act, from Janel, Rosa, Rebecca, and
5 all the Exchange staff, to the navigators and brokers,
6 our stakeholders, and even the media. We really
7 blanketed the state with both advertising and organic
8 marketing exposure, and it played a really large part in
9 moving the open enrollment needle this year.

10 Moving on to our online, digital marketing
11 content assembly on pages five through eight, this kind
12 of documents this year's performance. I'd like to point
13 out a few highlights for you.

14 One of the first things is our native and
15 suggested article placements. This concept allows us to
16 define the demographics of our audiences and uses
17 various algorithms to place Nevada Health Link
18 references and links within specific articles in content
19 that our audiences are viewing online. As a result,
20 native and suggested article placements yielded some of
21 the largest online response, with a 769 percent increase
22 of people clicking to NevadaHealthLink.com versus last
23 year. It was definitely a sweet spot for us.

24 MS. KORBULIC: Yeah.

25 MS. PATTY HALABUK: Let's see. Also, Facebook

1 and Twitter campaigns showed additional conversions.
2 Conversions reference people going to
3 NevadaHealthLink.com and actually performing an action.
4 So they're going to the prescreener page, or they're
5 looking up something specific, they're performing an
6 action on the page.

7 Let's see. We also used our "You can't afford"
8 videos and static companion banners throughout online as
9 well.

10 And another highlight point is our Google paid
11 search ad, which was embedded with the Nevada Health
12 Link call center number, generated over 3,200 phone
13 calls.

14 On page eight, you'll see a year-over-year
15 online analytic assembly. Most notably, we saw a 55
16 percent increase in the amount of new people clicking on
17 NevadaHealthLink.com. This means we're achieving the
18 goal of building awareness and use of
19 NevadaHealthLink.com.

20 The slight drop in sessions and drop in
21 converting rate can likely be attributed to repeat
22 users. I want to point out that the analytics only
23 count each user one time in a 30-day period, no matter
24 how many times they go to the site in that period. So
25 we can count some of that drop for repeat users there.

1 I just want to reiterate, the most important
2 thing is that we're reaching new people. And that's
3 really what we're out to do here. But now that we are
4 seeing so much traction, we can continue to adjust these
5 various metrics and look more closely at the repeat
6 users as well as new users.

7 Another thing I'd like to mention on page eight
8 is the standout success of our email marketing efforts.
9 The Exchange, in collaboration with Penna Powers, has
10 been hard at work all year developing and implementing
11 ongoing communication with their database in the form of
12 newsletters, blogs, and important informational updates.
13 These efforts generated 6,400 people going to
14 NevadaHealthLink.com and almost 10 percent of them
15 organically just going straight to the prescreener page.
16 So, again, they're taking action.

17 Moving on to pages nine through 11, you'll see
18 some of how we collaborated to implement a successful
19 outreach program. We attended 230 events for the year.
20 We sponsored 20 events, which brought us additional
21 brand exposure. We developed the support of 104
22 stakeholders throughout the state and engaged them on
23 multiple levels.

24 With the help of Rosa, St. Rose Dignity Health
25 donated their conference area at their San Martin campus

1 to hold both our kickoff and closeout events in
2 Las Vegas.

3 We also aligned with several chambers and
4 associations throughout the state and distributed Nevada
5 Health Link informational rack cards and fliers to
6 various entities around the state.

7 Moving on to pages 12 and 13, yes, Janel and
8 Heather were quite busy throughout open enrollment. You
9 can see some of where they spent their time, in the PR
10 realm, getting interviews, promoting and helping
11 separate fact from fiction. Their efforts contributed
12 to mostly PR evaluations that were over two and a
13 half million for November and nearly three million for
14 December.

15 And page 14, you can see a specific breakout of
16 the Hispanic media coverage that we garnered throughout
17 open enrollment.

18 We hosted two successful kickoff and closeout
19 events. The kickoff, the Reno kickoff enrollment event
20 saw a consistent flood of traffic throughout the day,
21 while the Las Vegas enrollment started out strong but
22 tapered off early, which was kind of a switch for us
23 this year.

24 We also incorporated a holiday health fair
25 theme with the closeout enrollment event. We partnered

1 with stakeholders in the north and the south. Some
2 attended as vendors or provided information, and others
3 generously donated raffle items.

4 We had steady traffic throughout the day at the
5 both the Reno and Las Vegas closeout events. And the
6 number of enrollment attendees were significantly higher
7 at the closeout.

8 And that, basically, concludes the highlights
9 of the campaign. Thank you. And I'm happy to answer
10 any questions.

11 DR. JAMESON: Thank you.

12 Do we have any questions? Comments? In the
13 north?

14 In the south?

15 MS. LEWIS: Very good job.

16 MS. PATTY HALABUK: Thank you.

17 DR. JAMESON: Please don't take our silence as
18 any sign of a lack of excitement, enthusiasm for that
19 amazing job you did.

20 MS. PATTY HALABUK: Thank you. I take that as
21 a complement actually.

22 DR. JAMESON: Having no questions at this
23 point, then I would take us up to the next item on the
24 agenda.

25 As we've discussed in the past, going forward,

1 we'll be going in 2018 to quarterly meetings, unless
2 there's a concern and something is needed between the
3 meetings.

4 And at this point, does anybody have any
5 suggestions regarding dates, times, agenda items for
6 future meetings?

7 With that -- oh, yes, Lavonne.

8 MS. LEWIS: Lavonne Lewis. I was thinking, if
9 we go to quarterly meetings, that means that our next
10 meeting would be in April. And I would certainly
11 suggest that can keep it on the same day, the second
12 Thursday of the month, as it has been.

13 UNIDENTIFIED WOMAN: April 12.

14 MS. LEWIS: Yeah, and it would be over, it
15 would be over.

16 DR. JAMESON: Thank you.

17 So have you guys actually set the date?

18 MS. KORBULIC: Madam Chair, this is Heather
19 Korbulic. Yes. It's set for April 12th. I do want to
20 just bring to the Board's attention that we may need to
21 meet in February or possibly early March to set rates
22 for plan year 2019.

23 DR. JAMESON: Very good, as noted. And then
24 we've in the past asked Heather that apart of your
25 executive report, when there was so much going on in the

1 Legislature, to give us an update on the Affordable Care
2 Act changes. Today, what you did was perfect. I think,
3 going forward, I know is I would be quite content with
4 you including any significant changes in your executive
5 report and not having to actually, as you have in the
6 past, give us a lengthy detailed report on all the
7 events that often go back and forth and then finally end
8 up with the final change.

9 So you could just bring the final changes to us
10 in your executive report, unless anybody else wants us
11 to add or keep the way it was before.

12 And, I think that was very good.

13 And Lavonne?

14 MS. LEWIS: Well, I'm trying to find out if
15 we're going to meet in February and then meet in April,
16 or what are with going to do?

17 DR. JAMESON: I think, Heather is proposing
18 that we will probably need to meet in February. And I
19 suspect you'll put out a message to all of us as needed.

20 MS. KORBULIC: Absolutely. And my suggestion
21 is that we meet in February to set rates, and then we
22 have a more comprehensive meeting in April as per our
23 schedule.

24 DR. JAMESON: Thank you.

25 So are there any other suggestions for future

1 agenda items?

2 I would just like to add, as we've asked in the
3 past, and usually you include this in your executive
4 report, the updates on any state-based market progress.
5 Also, on any significant events at the health committee
6 level. But I really think that you've been incredibly
7 thorough already. I'm sure that these will already be
8 included.

9 Was there anything else anybody wants included
10 in Heather's report or at the next meetings?

11 Okay. And everybody knows you're supposed to
12 complete your financial disclosure by the 15th.

13 Okay. Having said that, then, I'll entertain
14 any public comments from the north and any from the
15 south.

16 Is there anyone in the north?

17 And I'll recognize Barry Gold from AARP from
18 the south. Barry.

19 MR. BARRY GOLD: Yes. Madam Chair, for the
20 record, my name is still Barry Gold. And I am still the
21 Director of Government Relations for AARP.

22 I would like to, if I could, amend my comments
23 from before, so my name doesn't show up twice in the
24 record. I'd like to amend my earlier public comment
25 because I'd also like to thank the Governor of our state

1 for continuing his strong support, for making sure that
2 Nevadans have access to insurance. He not only provided
3 his name, his face, and his voice to the commercials,
4 but his credibility and his reputation to help do that.
5 And, I think, that really helped that 91,003, because
6 people believe in him.

7 DR. JAMESON: Thank you so much.

8 All right. In that case, we can adjourn.

9 MS. KORBULIC: Do we need to move to adjourn?
10 Do we need to move to -- okay.

11 DR. JAMESON: Thank you, everybody. And have a
12 wonderful day. Thank you.

13 Again, congratulations, Heather, on your award.
14 And thank you for the incredible job you and your team
15 are doing. Bless you. Have a great day.

16 MS. KORBULIC: Thank you. You, too.

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