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.
Jose Melendrez also will be absent today.

Mr. Quincy Branch?

MR. BRANCH: Present.

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

Commissioner Richardson?

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

MS. KORBULIC: Thank you.

And Bessie Wooldridge?

MS. WOOLDRIDGE: Present.

MS. KORBULIC: Thank you.

Madam Chair, we do have a quorum.

DR. JAMESON: Thank you.

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

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

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

Is there any public comment here?

MR. BARRY GOLD: Good morning, Madam Chair,
members of the Board. For the record, my name is Barry Gold. I'm the Director of Government Relations for AARP Nevada.

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

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

Heather?

MS. KORBULIC: Yes.

MR. BARRY GOLD: About 300?

MS. KORBULIC: Yes, they did.

MR. BARRY GOLD: So it's a great event. It's a great opportunity. And they really select people who really do amazing things. So I would like to congratulate Heather for receiving that award, Human Services Network award. It is an amazing opportunity. Unfortunately, AARP was not able to get up there this
year. Otherwise, we usually go to those. So win it again next year, and we'll come up next year. Okay?

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

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

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

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

Thank you.

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

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

(There was applause.)

MS. KORBULIC: Thank you.

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

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

Do we have a motion to approve those minutes?

This is from December 14th Board meeting, the key thing being approval of our budget.

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

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

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

(Board members said "aye.")
DR. JAMESON: Any abstaining? Anyone opposed?
No corrections. The motion is passed.
And now the highlight of every meeting.
Heather, our Executive Director, could you present us with your report. Thank you so much.

MS. KORBULIC: Thank you, Madam Chair.
Heather Korbulic, for the record. I don't know that this is the highlight, but I'm happy to present some great information to the Exchange's Board of Directors today.

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

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

Accordingly to healthcare analyst Charles Gaba,
the Nevada Health Exchange had the seventh highest percentage of enrollment of all of the states that use HealthCare.gov, something that I think we can be directly attributed to our robust education, outreach, and marketing campaign.

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

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

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

There are a lot of different factors that played into the successful open enrollment period, perhaps no more, none more important than the dedicated focus of 47 navigators, over 100 partnered producers, three broker storefront grantees, stakeholder partners, and community allies. The Silver State came together in an unprecedented and critical way to engage Nevadans and
connect them to affordable health insurance through Nevada Health Link. And I am particularly, and we are particularly grateful for their passion and commitment.

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

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

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

Complementing the Exchange's marketing and outreach efforts was a direct mail campaign that was the result of a first-ever sharing of consumer-level household data from CMS. The Exchange leveraged this
data into a direct mail campaign to over 40,000 Exchange consumers just prior to the start of open enrollment. With call volume up 133 percent the first week of open enrollment, the impact of the mailer was significant in generating consumer awareness.

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

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

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

The Exchange issued -- and you all know this. The Exchange issued a request for information on December 1st, 2017. The purpose of that RFI is to collect information about an integrated online health insurance exchange platform and associated consumer
assistance center. The request was developed in anticipation of the Exchange's transition to a state-based marketplace effective November 1st of 2019, in time to enroll Nevadans for plan year 2020.

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

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

As the Board is aware, the Exchange believes that we can achieve significant cost savings as a result of a transition away from HealthCare.gov. Based on our initial quotes and estimates, we believe that in the first year alone we'll be able to save approximately $5 million in estimated technology costs. This transition will not only provide a sustainable financial pathway for the Exchange, it will also benefit consumers, carriers, and Exchange operations.
We expect our transition to allow for an improved customer service with a single consumer assistance center, with more efficient complaint resolution and appeals processes.

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

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

Year-over-year, states that operate SBMs outpace, or states that operate state-based marketplaces outpace states that rely on HealthCare.gov in both enrollment and, and more importantly, retention. An SBM model will allow the Exchange stability and certainty in pricing with a contract that has a known price independent of CMS's rulemaking deadlines.
SBMs have access to real-time consumer-level data which allows for targeting advertising, individual messaging, and increases the effectiveness and efficiency of outreach. SBMs are also more nimble in accommodating both state and federal-level program changes and can make system changes independent of the politics in Washington, D.C., such as extending open enrollment deadlines and processing last-minute applications.

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

The Exchange is working on developing a comprehensive project strategy which will include stakeholder engagement. We recognize the complexity and significance of a project like this and understand that we're going to face challenges with implementation, but we're determined to address each challenge as it arises and move deliberately towards our end goal. Through our careful strategizing and addressing previous lessons learned, we'll minimize disruption and the associated
Finally, the Exchange is keenly aware of the ongoing disruption and uncertainty resulting from Washington, D.C., legislation and policymaking. We’re working collaboratively with the Governor's Office, with the Division of Insurance, the Department of Health and Human Services to identify practiced and innovative methods to bring state-level stability.

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

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

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

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

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

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

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

MS. KORBULIC: Yes.

DR. JAMESON: Isn't that just wonderful? I would like to now ask if there is any questions from our Board members first, or comments.
MS. CLARK: Madam Chair -- okay.

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

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

Thank you.

DR. JAMESON: Any comments from up north? Yes, go ahead.

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

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

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

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

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

MS. CLARK: Yes.

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

And then, in turns of how things went with Centene, you know, I don't have any, I don't know the specifics of what their enrollment is compared to HPN. I think, business was brisk for everybody. And so I'm anticipating that with their being the only carrier in most, or, you know, most of the geography of the state, that they did very well. But I am working closely. We
try to follow up with HPN and SilverSummit in finding
out what we can do better, where we can focus our
advertising for the next year, and trying to figure out
where they stand in terms of ongoing participation.

MS. CLARK: Thanks.

DR. COOK: Dr. Jameson?

DR. JAMESON: Go ahead, please.

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

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

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

Thank you.

MS. KORBULIC: You have very good questions.
We're sorting through the request for information. And
we got our first response this afternoon. And so once
we get through that, I think, it's going to help us
align ourselves and really put together our quality request for proposal, although I know we could do a good job without that. But we are using that as our guide.

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

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

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

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

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

DR. JAMESON: Thank you so much, Heather.

And I do not want to forget. We've been congratulating our Executive Director, our staff, the Board. And as you started out in your report, when you were talking about the outreach, I just have to say that great work must be recognized that was done by our marketing and outreach. I don't want to forget them. They were absolutely phenomenal. I have never seen such a robust campaign as we had last season. So I don't want to forget to thank them for their amazing work. It's like they got everybody possible to be involved. They reached out.
We saw people participating in this campaign that we haven't seen before. It was just extremely exciting to every day open up our newspaper and see a full page ad showing how you enroll. That was amazing.

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

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

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

And then, other than sharing that, on those three additional things you added, I think, the most --
and I know you don't have a crystal ball. But, I think, the thing most of us are curious about is what do you think, Executive Director, about how -- I mean all the hurdles we saw last year, as daunting as they were, we did not feel that they were going to be a -- increase morbidity but not mortality, that we would survive, that we would overcome, we would do it. But how do you feel about the loss of the mandate, or do you feel balancing, in couple of years to come, the new state-based marketplace, that we're going to be able to successfully compete without the mandate?

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

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

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

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

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

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

I think, more concerning even, more immediately concerning are the new executive rule changes around associated health plans and short-term limited duration
plans. Those could have a potential effect to drive people out of the individual market, which would degrade, again, the risk pool.

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

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

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

MS. KORBULIC: The committee had some wonderful
questions about the future and the landscape of the ACA
and some technical questions about how -- or the ongoing
existence of subsidies, which we can assure them needs
to be -- the subsidies will continue to exist until
legislative action is taken. So there's low likelihood
that legislative action will be taken against those
subsidies right now.

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

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

What we're seeing this last year and what we're
going to continue to see as rates increase as a result
of this and other policy changes is those individuals
who are over 400 percent of the federal poverty had some real sticker shock this last year on the pricing of their plans. And at some point, it's going to become unattainable, it will not be affordable, and they will not be able to access health insurance.

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

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

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

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

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

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

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

And have you had any concerns about that?

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

DR. JAMESON: If the Sprinkle comes back.

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

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

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

Are there any other questions?

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

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

UNIDENTIFIED WOMAN: No, thank you.

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

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

I'm going to try and summarize this, because a
lot of this has been said already, so. I'm, for the record, Janel Davis, Communications Officer.

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

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

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

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

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

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

As marketing research dictates, the Exchange's marketing campaign continued to target the uninsured and underinsured population throughout the state. Strategically, the advertising was concentrated in the areas of online digital content and social media, a truly effective medium that continues to net significant response. In addition, the campaign included the more
traditional elements of outdoor and billboards and
television ads as well.

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

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

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

    So the bulk of our advertising media dollars
were spent to promote the open enrollment period. And
in addition to increased television ads, outdoor and
online digital content, the Exchange also incorporated streaming radio, digital search, display and digital online retargeting, radio, targeted print, and cinema advertising which was new this year.

Media included both general market and Hispanic market stations statewide.

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

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

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

Another enhancement and key component carried out to support open enrollment was a complete home page restructure and navigational updates on NevadaHealthLink.com. This included a redesign of the home page to be more consumer-facing and allow easier access to information related to the ACA, subsidies, health-related tips, consumer testimonials, and new
health insurance plans offered on the Exchange. It was proven to be effective as the Exchange saw a 40 percent increase in our website traffic, higher click rates, and longer pay sessions overall.

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

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

As of December last year, the Exchange has attended over 200 events, with additional events planned all the way through August of 2018. New outreach educational materials and literature was printed to engage audiences and provide a clear understanding of how to enroll in a plan and how to receive in-person assistance. The Exchange's outreach strategy included using navigators as primary event staff, attending
community-based events where there was a better
likelihood to engage those consumers, create interactive
outreach booth activities to also attract and engage
consumers.

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

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

MS. KORBULIC: Okay. And if I may, Madam
Chair, this is Heather Korbulic, for the record. I just
want to add that this last week we were asked to present
to a group of our colleagues with state-based
marketplaces and federally-facilitated marketplace
states on our successes this year with our advertising and marketing campaign, and had a lot of genuine interest in our innovative techniques. So compliments to Penna Powers and to Janel Davis for all of their work.

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


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

MS. KORBULIC: The stage.

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

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

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

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

So, starting on pages one and two of our deck, you'll see some analytics for various traditional advertising mediums we used. You can see we reached an
average of 85 percent of the viewing and listening
audiences for both TV and radio in Las Vegas, Reno, and
in many of the rural areas as well. We also continued
our outdoor campaign which complemented and built
awareness for both open enrollment and Nevada Health
Link.

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

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

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

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

Looking on to page four, this references our
push strategy. Anecdotally, we have seen that
fortifying the advertising and marketing over the last two weeks of our campaign has had an incremental effect. With this year's shortened enrollment period, we got everyone into the act, from Janel, Rosa, Rebecca, and all the Exchange staff, to the navigators and brokers, our stakeholders, and even the media. We really blanketed the state with both advertising and organic marketing exposure, and it played a really large part in moving the open enrollment needle this year.

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

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

MS. KORBULIC: Yeah.

MS. PATTY HALABUK: Let's see. Also, Facebook
and Twitter campaigns showed additional conversions. Conversions reference people going to NevadaHealthLink.com and actually performing an action. So they're going to the prescreener page, or they're looking up something specific, they're performing an action on the page.

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

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

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

The slight drop in sessions and drop in converting rate can likely be attributed to repeat users. I want to point out that the analytics only count each user one time in a 30-day period, no matter how many times they go to the site in that period. So we can count some of that drop for repeat users there.
I just want to reiterate, the most important thing is that we're reaching new people. And that's really what we're out to do here. But now that we are seeing so much traction, we can continue to adjust these various metrics and look more closely at the repeat users as well as new users.

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

So, again, they're taking action.

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

With the help of Rosa, St. Rose Dignity Health donated their conference area at their San Martin campus...
to hold both our kickoff and closeout events in Las Vegas.

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

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

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

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

We also incorporated a holiday health fair theme with the closeout enrollment event. We partnered
with stakeholders in the north and the south. Some attended as vendors or provided information, and others generously donated raffle items.

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

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

DR. JAMESON: Thank you. Do we have any questions? Comments? In the north?

In the south?

MS. LEWIS: Very good job.

MS. PATTY HALABUK: Thank you.

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

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

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

As we've discussed in the past, going forward,
we'll be going in 2018 to quarterly meetings, unless there's a concern and something is needed between the meetings.

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

With that -- oh, yes, Lavonne.

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

UNIDENTIFIED WOMAN: April 12.

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

DR. JAMESON: Thank you.

So have you guys actually set the date?

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

DR. JAMESON: Very good, as noted. And then we've in the past asked Heather that apart of your executive report, when there was so much going on in the
Legislature, to give us an update on the Affordable Care Act changes. Today, what you did was perfect. I think, going forward, I know is I would be quite content with you including any significant changes in your executive report and not having to actually, as you have in the past, give us a lengthy detailed report on all the events that often go back and forth and then finally end up with the final change.

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

And, I think that was very good.

And Lavonne?

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

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

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

DR. JAMESON: Thank you.

So are there any other suggestions for future meetings?
agenda items?

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

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

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

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

   Is there anyone in the north?

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

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

   I would like to, if I could, amend my comments from before, so my name doesn't show up twice in the record. I'd like to amend my earlier public comment because I'd also like to thank the Governor of our state
for continuing his strong support, for making sure that Nevadans have access to insurance. He not only provided his name, his face, and his voice to the commercials, but his credibility and his reputation to help do that. And, I think, that really helped that 91,003, because people believe in him.

DR. JAMESON: Thank you so much.

All right. In that case, we can adjourn.

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

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

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

MS. KORBULIC: Thank you. You, too.

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