MS. KORBULIC: Madam Chair, I think, we have a quorum, if we want to call roll.

MS. CLARK: Okay. Thank you very much.

And good afternoon, and welcome to the Silver State Health Insurance Exchange Board of Directors meeting.

Just for the record, I'm Valerie Clark, who's filling -- I'm the Vice Chair, and I'm filling in for Dr. Jameson, who's not here today.

So we'd like to call the meeting to order.

And let's take a roll call. Heather.

MS. KORBULIC: Okay. Let's see. Just a matter of business. Athena, if you can turn up the volume in Las Vegas, we can just barely hear the Chair speaking there.

And let me get to the roll. Dr. Jameson, we all know, is going to be absent.

Valerie Clark?

MS. CLARK: Present.
MS. KORBULIC: Ms. Lavonne Lewis?

Okay. Dr. Cook?

DR. COOK: Present.

MS. KORBULIC: Mr. Jonathan Johnson?

MR. JOHNSON: Present.

MS. KORBULIC: Jose Melendrez?

MR. MELENDREZ: Present.

MS. KORBULIC: Mr. Quincy Branch?

MR. BRANCH: Present.

MS. KORBULIC: And, Quincy, you must be on the phone. I'm -- yeah. Okay.

MR. BRANCH: Yes.

MS. KORBULIC: Marta Jensen?

MS. JENSEN: Present.

MS. KORBULIC: Commissioner Richardson?

COMMISSIONER RICHARDSON: On the phone.

MS. KORBULIC: Okay. Thank you.

And Bessie Wooldridge?

MS. WOOLDRIDGE: Present.

MS. KORBULIC: Okay. We can't hear any of that. But I see you, Bessie, so.

Okay. And, Madam Chair, we do have a quorum. And we can then go into our meeting.

MS. CLARK: Thank you very much, Heather.

The next item on the agenda is public comment.
Is there any public comment in the north?

If you could just tell us your name.

MR. MULLEN: My name is -- is this on?

MR. HIGH: Press the button. Make sure the green light is lit.

MR. JAMES MULLEN: Yeah, there we go. Yes, good afternoon. My name is James Mullen. I am with Delta Dental Insurance Company.

I have spoken before this Board, not in quite a while. We have been a partner to the Nevada Health Link since the very beginning, 2014 plan year. I spent quite a bit of time up here in 2012, 2013, those heavy days when everybody was trying to figure out how to get the Exchange up and running.

And pediatric dental is one of the essential health benefits. And it was pretty commonly left for the end, after a lot of the medical and, you know, you had kind of gone through the wringer to try and figure out how to stand up an exchange. And I remember coming up here quite often and being on teleconferences with the members of the Board at that time, because we'd postponed pediatric dental. And it's quite, it was quite complicated, how to fit that in.

I'm not here to talk about that necessarily.

I've met with Heather, and she invited me to address you
today. It is something that we call independent purchase of dental benefits.

So, as we know, on the Nevada Health Link and all of the exchanges, including the HealthCare.gov, family dental plans are available. So even though the essential health benefit is only for a pediatric child, the exchanges saw the reasonable approach to say, well, let's allow for the entire family to purchase dental benefits.

So adults can buy dental plans on exchanges as much as children. And children can get it in a couple of ways, either through standalone dental plans, like Delta, or through a qualified health plan that embeds the pediatric dental in their health plan.

And so, if I can go back a bit to the first year of the Nevada Health Link, the Board at that time, and we talked about this, was committed to requiring the purchase of pediatric dental. And it was one of the few states that did so. California did it. The District of Columbia did it. Connecticut did it. And, I think, Nevada was the only -- or the fourth state. Again, this is the first year.

But California and District of Columbia required that the qualified health plans embed the dental in the medical plan to ensure that it was
provided for children.

Nevada and Connecticut allowed standalone dental plans, because they are allowed under the ACA to offer the benefit as well. So you could buy a qualified health plan without pediatric dental and then move over and buy a standalone dental plan, which is what Nevada allowed.

In that first year, our enrollment for dental in this state was a little over 24,000 members. Most of them were adults. And we were told at the time that many of them were Medicaid-eligibles that chose to purchase an adult dental plan for themselves, no kids.

So I bring that up just to show the impact that a board can have on the results.

So 2014 goes through. As we all know, it was a bumpy road for Nevada and the Health Link, and so you transitioned to the HealthCare.gov platform, which you're now talking about reversing again.

In the second year, 2015, our company's enrollment for dental went down to three and a half thousand. So we lost over 20,000 dental enrollees, just our company, from a transition that took place.

Now, there may be many reasons why less people took it up on HealthCare.gov than did on Nevada Health Link. I think that Nevada Health Link did such a great
job of bringing dental to the fore, really making it very apparent in their web portal, that people saw it, took notice of it, and thereby purchased it.

So, to bring us current -- and I know you have a lengthy agenda, so I'm sensitive to your time -- this concept of independent purchase is one that we've been pushing HealthCare.gov to do and other state exchanges. And we saw, with your decision to now go back to a state-based exchange approach, that this was an opportunity to discuss this. So I reached out to Heather. And we talked about it, exchanged some emails, and, again, she asked me to address you.

We don't think that this can really happen until plan year 2021. We might shoot for 2020. And Heather might speak to that with more knowledge about the capacity. But to get to the point, the exchanges that have been constructed to date, the portals, first require that you buy medical, and then you are given the option to buy dental. Whether it's a required purchase or not, it doesn't matter. You have to come in with the intent and commitment to actually purchase dental, and then you are given the offer of optional dental. Some exchanges do it better than others. Nevada, again, did it very well in the first year.

Our request is, and what we've been pushing for
is to decouple medical and dental. There really isn't a very good reason why they have to be connected so intrinsically. And we think that there are many people -- there are almost 500,000 Medicare enrollees in the state of Nevada. And Medicare, as we all know, is available to seniors 65 and older, and it does not cover any dental benefits at all.

And so we see that as an opportunity to allow people who have Medicare coverage to come onto an exchange in this state or any other state and just buy a dental plan. It's supposed to serve as a marketplace. And it wouldn't be just Medicare enrollees. It could be enrollees of small groups or even somewhat larger groups that don't offer dental, for whatever reason, the price of the medical premium keeps going up, that maybe they've had to abandon that, or they make it completely voluntary and then a consumer has to pay a hundred percent and it's not a very good deal and they'd rather go shop on an exchange.

And so this decoupling is the concept that we would like to approach. Now, it would require the vendor -- and, I think, you have chose you have chosen GetInsured. I'm not very familiar with them. But they would have to do the architecture, right, to do that. And I don't know how difficult it is. I don't know how
costly it is. We will be looking to figure that out as we go approach this and try to position this to happen.

But we've been making the push in several states. D.C. has done it. They will allow someone who has medical coverage off-exchange to come on and buy dental. I asked, I sent an email to them to ask how that's been going with the enrollment. I don't think they're really marketing it or advertising it very well. So I don't think it's made much penetration. So that will be a component of it as well.

But, again, I realize you have a full agenda here, and I don't want to take up too much more time. We have a lot of time to talk about this. I'm happy to answer any questions, if you have them, now. But I will be working with Heather and happy to come up here from Sacramento, where I live, and answer questions and talk about these issues as we go forward.

So, with that, I just appreciate your time.

MS. CLARK: Thank you so much.

MS. KORBULIC: Thank you. And I would recommend you stay and talk with Russell after the Board meeting, too.

MR. JAMES MULLEN: I have my son in the car, who's waiting to go to Lake Tahoe.

MS. KORBULIC: Oh, well, that's very important.
Okay.

MR. JAMES MULLEN: I will give --

MS. KORBULIC: Okay. We'll get you guys in touch. We'll all get in touch again.

MR. JAMES MULLEN: Absolutely. Yeah, I'll give him my business card. Thank you.

MS. KORBULIC: Thank you.

MS. CLARK: Thank you.

Is there any public comment in the south?

MS. KORBULIC: It does not appear that there is.

MS. CLARK: Okay. Thank you, Heather.

On to the next agenda item, the approval of the minutes of the June 14th, 2018 Board meeting.

Has everyone had a chance to review that; and if so, is -- or anyone prepared to make a motion?

MR. MELENDREZ: This is Jose Melendrez. Motion to approve the minutes.

MS. CLARK: Thank you. Is there a second?

MR. BRANCH: Quincy Branch. Second.

MS. CLARK: Okay. Thank you. I'm sorry. I didn't quite hear. Who was that?

MR. BRANCH: Oh, Quincy.

MS. CLARK: Oh, Quincy. Thanks, Quincy.

Okay. Is there any further discussion?
If not, all in favor, please say "aye."

(Board members said "aye.")

MS. CLARK: Is there anyone opposed?

And then, Dan, you said you were abstaining?

DR. COOK: Okay. Yeah.

MS. CLARK: Okay.

DR. COOK: I abstain for being absent. Thank you.

MS. CLARK: Thank you.

Okay. I believe, motion carries. Thank you.

Next on the agenda, the Executive Director's report. Heather, thank you.

MS. KORBULIC: Thank you, Madam Chair and members of the Board. I appreciate this opportunity to kind of report on what's gone on. And as per usual with the Affordable Care Act, there is never a dull moment.

This report was written about two weeks, or about a week ago. And a lot changed Monday and Tuesday of this week. So I'm going to go over my report and then kind of add a bit that's gone on this week.

The Silver State Health Insurance Exchange has spent the past several months advancing the Board's mission to transition to a fully operational state-based marketplace. We've been refining a comprehensive communication and marketing strategy for a successful
open enrollment period. We've been developing the next biennium's budget framework. We've also solicited and awarded in-person assister and broker storefront grants, and have been collaborating with carriers for plan year 2019.

The Exchange, in partnership -- so now we're going to talk a little bit about the transition. In fact, there's more on the agenda about that later.

The Exchange, in partnership with the Nevada State Purchasing Division, closed the request for proposal for a state-based exchange technology and consumer assistance center on April 13th. The RFP committee scored the submitted proposals and invited the highest scoring vendors to provide demonstrations. The Exchange sent a letter of intent to our top-scoring vendor, GetInsured, in late May and has spent the month of June and early July negotiating and finalizing the contract, which has been provided to the Board for consideration and approval at today's meeting.

The Exchange is confident that the previously announced anticipated savings will be achieved if the contract is awarded at the Board of Examiners' meeting on August 14th.

GetInsured is an exchange-based technology company and is currently operational in six states.
including Idaho, where the state has successfully transitioned from HealthCare.gov to its own private enrollment platform in 2015. The Nevada Exchange is certain that our relationship with GetInsured will be a collaborative partnership wherein Nevada consumers will benefit from cutting-edge technology and functionality.

On June 20th of 2018, Exchange staff received budgetary authority from the Interim Finance Committee to develop a Project Management Office to manage our transition to an SBM. While the Exchange is confident in our ability to oversee a successful transition, we made the determination to seek formal management, or project management assistance from qualified personnel with direct experience in establishing SBMs under the Affordable Care Act.

Our conversations and visits with other state-based marketplaces, along with the detailed project roadmap that the Exchange received from CMS, has convinced us that in order to maximize success in our transition we will require a specialized expertise and experience that our existing staff cannot provide.

The Exchange's executive staff began the interviewing and hiring process for our PMO team on June 25th and are poised to develop an experienced and capable team in time to begin immediately following the
Board of Examiners contract approval.

And to update this, we did offer the position to a project manager who has experience from California, and he will be joining us effective August 15th. We've interviewed a couple of other staff, too.

In recognition of the complex and substantial effort necessary to effectively communicate the transition from an SBM to -- I use these acronyms all over the place here; I'm sorry about that -- the Exchange has begun to develop a comprehensive phased stakeholder communication strategy. Through a partnership with State Health and Values Strategies, the Exchange and contracted marketing vendor, Penna Powers, have begun working with an advertising and marketing company called GMMB to develop a comprehensive communication strategy surrounding our transition, and it's going to include consumers, carriers, state agencies, CMS, our Board, lawmakers and stakeholder engagement in communications.

We fully recognize the complexity and significance of this project and have worked carefully to develop risk mitigation and contingency plans. There are going to be bumps in the road, but Exchange employees are determined to address each challenge as it arises and move deliberately toward our end goal, which
is a fully functional exchange acting as an SBM.

Through thoughtful strategizing, strong stakeholder collaboration, and addressing previous lessons learned, the staff will minimize disruption and the associated risks.

Moving on to open enrollment for 2019, we are working diligently and enthusiastically, of course, on our transition project, but we are actually very laser-focused on our sixth open enrollment period for plan year 2019.

Several federal rule changes create another open enrollment period where consumer education is going to be absolutely critical. The final rule on associated health plans was released in June of 2018, and the short-term limited duration plan rules will be finalized in the near future.

The Exchange has to focus to education and outreach campaign that is designed to demonstrate the differences between a qualified health plan, associated health plans, and short-term limited duration plan. Nevadans are going to need to make un-biased and informed health insurance decisions based on their unique healthcare needs. The STLDs and AHPs do not provide the same comprehensive benefits that can be found in a QHP, and it's our job at the Exchange to
ensure Nevadans have the information, resources and tools necessary to make knowledgeable purchases.

The Exchange has completed our annual Request for Applications for navigator and in-person assister and broker storefront grants, and administering and managing our navigator and in-person assister entities is often promoted as a strength of the Exchange because of their direct contact with consumers and they are an instrumental reason for our SBM-FP's year-over-year successes in enrollment.

This year, the navigator and in-person grants topped out at 11 different navigators. And I've listed them here for you all. They're also on our website. And the Exchange is also very excited to work with six -- no, five, excuse me -- five broker new agencies. Three of them -- two of them are new, Rebecca, or -- two are new. And three are returning from last year's successful program.

Marketing, advertising and education strategies have been developed and are in production for our new education-focused content. The Exchange's Communication Officer, Ryan High, this afternoon will be -- and Penna Powers will provide a little bit more details on that soon.

Budget development for fiscal years 2020
through 2021. All Nevada state agencies, and the Exchange included, have to submit our budget for 2020 through 2021 biennium to the Governor's Finance Office by 5:00 o'clock on August 31st. This budget will carry the Exchange through the transition project and will cover the first full year of operations as a fully operational state-based marketplace.

The Exchange intends to request additional full-time employees to support SBM functionality in the areas of consumer support, carrier reconciliation, and compliance. Additional staff will increase operational costs in the personnel budget category. However, the combined savings realized on technology and consumer assistance, along with the additional staff, will still demonstrate a savings of nearly half of that which we have been spending on HealthCare.gov. The Exchange believes that the cost savings, state-based control, and stakeholder and consumer improved experience will net a long-term positive return on investment.

On February 21st, the Exchange sent a letter to the Secretary of the U.S. Department of Health and Human Services, Alex Azar, to request that CMS allow the Exchange to maintain a HealthCare.gov user fee of two percent for plan year 2019. While CMS formally denied the Exchange's request in May of this year, and we are
grateful for their support and their continued backing of our transition, maintenance of the user fee would have been reasonable considering the reduced volume in November when Nevadans will likely enroll on a private platform for plan year 2020.

The Exchange is confident in our successful launch of this new technology platform, our consumer assistance center. However, being both fiscally realistic and prudent to costs during this parallel period of paying both the federal user fee and the costs associated with a transition, our preference would have been to control and maximize available funding.

So despite that denial, we continue to discuss opportunities for negotiations based on the anticipated reduction of demand on HealthCare.gov's platform. We intend to continue to be in discussion of a reduced user fee for at least the portion of calendar year 2019 where demand on HealthCare.gov will be reduced.

Further, we have requested that CMS provide details as to where the fee and the dollars that we pay for go. We think that would help us have a more robust conversation of what 2019 fees will be.

Talking a little bit about plan year 2019 plan certification, based on initial plan year 2019 carrier submissions, each rating area in all areas of the state
will have at least one carrier offering plans. Both Health Plan of Nevada and SilverSummit have submitted a total of 15 qualified health plans as follows: one Catastrophic, four Bronze, eight Silver, and two Gold plans. We have standalone dental plans from Alpha, Best, Delta, EMI, Liberty, and Rocky Mountain, with a total of 22 plans.

Carriers have submitted their initial rates to the Nevada Division of Insurance. And the DOI intends to publish those proposed rates for public comment on Tuesday, July 17th, on their agency's webpage. Consumers will have an opportunity to comment on those rates for 30 days. And the DOI will publish the final rates on October 2nd, 2018.

The federal update is where I need to add a little bit, and it's a little long-winded, so bear with me.

The Department of Justice told a federal court in Texas that it is no longer going to defend crucial provisions under the Affordable Care Act in a Texas lawsuit. That, those two portions that they have decided that they are no longer going to defend include the guarantee of coverage for pre-existing conditions and the community rating provisions. While it's unusual for the DOJ not to defend federal law, the legal
arguments of the case are largely thought to be without merit.

Many industry and advocacy groups filed amicus briefs on June 14th. And the list of organizations in opposition include doctor groups, hospitals, disease groups, consumer advocates, AARP, public health scholars, health economists, the Association of Health Insurance Plans, small businesses, unions, and legal scholars.

If the lawsuit is successful, between 50 and 130 million Americans with pre-existing conditions could face exclusions, premium increases, and coverage denials. Individuals with employer sponsored coverage and Medicaid would be locked into their existing coverage. If the lawsuit is successful and carriers can rate plans based on the consumers' health status, it would be impossible to determine premium tax credits. Should consumers lose coverage as a result of a pre-existing condition, it is highly likely that hospitals and providers would see increases in uncompensated care.

Also impacting pre-existing conditions, on June 19th, 2018, the Heritage Foundation released a new conservative health reform plan which would turn the ACA into a fixed block grant to states. That plan is
similar to the Graham-Cassidy-Heller bill, although with less federal funding, wherein the funding would eventually be equalized across states based on the number of low-income residents. It would explicitly remove ACA benefit requirements, limits on age ratings, limits on insurer overhead and profit, and the requirement that insurers maintain a single risk pool. The proposal would effectively remove pre-existing coverage protections by removing benefit requirements and risk pooling.

There's also language that states would be required to allow for Medicaid or CHIP to convert their assistance into a voucher for pretty health insurance. It would allow insurance discounts for people who are continuously covered, implying penalties for people who are not.

Health policy experts do not see the bill gaining any meaningful traction during this campaign season. However, it is important to note that the plan is aligned with the Trump Administration's budget and is aligned with the DOJ's decision not to defend pre-existing conditions.

Pivoting to AHPs, the U.S. Department of Labor finalized the AHP rule on June 19th. The rule allows for associations, such as business chambers, to form in
order to create a group health plan. The finalized rule
leaves regulatory authority in the hands of states, and
while AHPs are allowed to set rates based on gender,
age, and industry, the rule maintains that AHPs may not
rate based on health status.

Continuing with alternatives to the qualified
health plans, CMS is expected to finalize a rule on
short-term limited duration plans in the future. We
have submitted comments on the rule expressing deep
concern about the impact that the proposed rule could
have on the stability of the individual market.
Enacting the rule will not increase access to
comprehensive quality coverage. Rather, it will likely
result in increased premiums for Exchange consumers
while siphoning individuals into plans that do not offer
minimum essential coverage.

The Department of Labor and Health and Human
Services propose to reverse the 2016 standards for STLD
plans, which currently allow products to a term of less
than three months, by allowing these plans up to 364
days. STLD plans are exempt from consumer protections
guaranteed under the ACA. They allow exclusions for
coverage based on pre-existing conditions, caps on
benefits, annual lifetime limits, and the exclusion of
essential health benefits. Consequently, STLD plans do
not provide consumers with comprehensive coverage and
discriminate against individuals with pre-existing
health conditions.

If the rule is to be promulgated as proposed,
the STLD plans will likely attract healthy people and
leave others in the individual market. By using medical
underwriting, STLD plans screen and reject individuals
with medical needs. STLD plans do not cover
pre-existing conditions. They exclude prescription
drugs, maternity care, and mental health benefits, and
have annual lifetime limits. Individuals with these
pre-existing conditions and those who anticipate needing
medical care will choose comprehensive coverage through
the Exchange and not that STLD coverage, but that leaves
behind a more sick risk pool, which will result in
premium increases for all those who remain.

As the AHPs and STLDs roll out, Nevada Health
Link has to remain the trusted resource for Nevadans to
find quality health plans with comprehensive coverage.
With more than 91,000 consumers enrolled in our plans
this past year alone, we're committed to continuing to
help Nevada residents who want and need access to
quality, affordable coverage and help them find it.
Nevada Health Link remains the only place consumers can
access financial help to lower the cost of a plan.
All plans sold through Nevada Health Link provide essential health benefits, including preventative care, screenings, hospitalizations, prescription medicines, checkups, and more. The rule finalized -- oh, excuse me. That's not today. Excuse me -- loosens restrictions on plans offered outside the marketplace to individuals through associations. I'm talking about STLDs and AHPs there. Excuse me.

Basically, these plans are going to charge a lower premium, often covering far fewer benefits and services, and might not provide the same protections as a marketplace plan. Consumers are going to need to read the fine print and ensure they won't be denied coverage for services that they need or end up with unexpected medical bills.

We're going to work throughout this year and this open enrollment in close partnership with the Nevada Division of Insurance and our grantees to help educate consumers on how to pick a plan that's right for them.

There's two areas that I wanted to cover that were not in this report. And the first was a ruling that, or a guidance that was put out on Saturday of this week, or last week, I guess. And that was about risk adjustment. CMS put a hold on risk adjustment payments
between insurance carriers due to a district court's ruling from New Mexico. The determination was that risk adjustments were being calculated using an inappropriate formula. The ruling barred CMS from collecting or making payments under the current methodology, which uses statewide average premium. The ruling did not say that the risk adjustment is inappropriate, only that the methodology to calculate the payments is not currently accurate.

So CMS put holds on payments and collections as of July of this year. And they are waiting resolution of this through hearings. It could have a potential impact on our rates for 2019, because risk adjustment payments and payouts, the determinations for payments and payouts for 2017 were used to calculate the 2019 rates.

So, again, the Exchange is working closely with the DOI to determine impact for our Nevada market, and the potential is that we could trigger rate changes and other individual, small group participation shifts.

CMS has indicated a strong willingness to address this disruption through their legal and regulatory methods, and they have indicated a hope to have a resolution to this by Labor Day of this year.

The other item that I wanted to discuss was the
Centers for Medicare and Medicaid Services announced that they were going to cut funding for navigator programming. And I wanted to remind the Board that the Silver State Health Insurance Exchange is a state-based marketplace and uses our own revenue to fund our grant programs for navigators and brokers. And, therefore, those cuts at a national level are not going to be impacting the Exchange here in Nevada.

And to just compound and pile on to that point, I do want to point out that the Exchange allocates a significant portion of our budget to those critical functions, because we do believe that that's been a key contributor to our success in increasing enrollment year-over-year.

I feel like I've talked a lot, but let me just summarize by saying that we are looking through the dynamic ACA landscape that doesn't seem to be any less boring toward the future. And it becomes more and more evident to me and to the Exchange staff that state-based control will be key to providing trustworthy services to Nevadans.

Although the federal landscape remains divided in partisanship, the Exchange is confident that our self-funded direction will continue to provide quality resources and services at the lowest cost point
available. Through a focused, mission-driven planning and implementations, the Nevada Exchange is set to lead the country in developing an Exchange technology and consumer assistance package that can be adopted and afforded by other states wishing to control their market.

Happy to answer any questions that the Board might have.

MS. CLARK: Thank you very much, Heather. That was excellent. I appreciate the multifaceted and great information that you always give us.

Is there any questions from the Board?

Okay. I tend to follow this very closely myself. So I can vouch for its accuracy.

Thank you, Heather.

Next on the agenda, we have the marketing and outreach update.

MR. HIGH: Great.

MS. CLARK: Thank you. Ryan, you'll be giving that?

MR. HIGH: Yes.

MS. CLARK: Thank you.

MR. HIGH: Thank you, members of the Board.

For the record, my name is Ryan High, Chief Operations Officer of the Exchange. And I will be presenting the
marketing and outreach report today.

Nevada Health Link has embarked on a targeted off-season marketing campaign from March to August of this year, with the objective to reach the millennial and 25-to-45-year-old populations while continuing to create brand recognition and build awareness of Nevada Health Link overall.

The off-season campaign has utilized social media, ongoing email communications, online digital advertising, print, and radio. Penna Powers, Nevada Health Link’s marketing agency, has repurposed some of the open enrollment creative campaign elements from last year to reach the targeted 25-to-45-year-old age range, with the goal of engaging that audience to educate them more about affordable health insurance options and subsidies that Nevada Health Link can offer. Patty Halabuk will review the details of how the off-season campaign is performing, as well as review the specific relationships the Exchange has made with statewide community partners.

The Exchange has continued to build on the message of explaining the benefits inherent in purchasing qualified health plans, while also communicating to Nevada residents that Nevada Health Link is the state’s trusted resource when it comes to
health insurance.

A robust consumer education campaign has also been underway emphasizing short-term limited duration plan comparisons to QHPs. An education infographic piece was produced displaying a side-by-side comparison of what is included in an STLD versus a QHP. This comparison will be promoted in Nevada Health Link’s blog, website, social channels, and converted to email communications for our stakeholder listserv to educate consumers. The same idea and education strategy will be included for association health plans, since the rule’s been finalized by the federal government.

Now more than ever it is a critical time for the Exchange to educate Nevadans on how to make informed decisions when it comes to choosing a health insurance option that is right for themselves and their family.

Nevada Health Link has been in close communications with stakeholder groups and continues to expand and sharpen mechanisms to identify key influencers and community partnerships statewide in order to pursue cross-promotional opportunities. The generated interest in Nevada Health Link and the response from community partners who wish to participate in getting our message out to their constituents has been overwhelmingly positive in the response.
Since we began the stakeholder initiative, Nevada Health Link's community partner list has grown to over 200 confirmed partners who now have educational literature as a resource for potential consumers.

To further enhance our public interactions, the Exchange and Penna Powers have done some retooling with the outreach strategy. Changes include incorporating a detailed event report to both assess and measure the effectiveness of each event we attend, as well as receiving feedback from our navigators to gauge future attendance and what kind of questions they are hearing from consumers. We will use this data and the data we receive from our consumer assistance call center to ensure components of our marketing are as effective as possible going into this next open enrollment period.

For the past several months, the Exchange has been in the planning stages and strategizing for its sixth open enrollment creative marketing and advertising campaign. The Exchange will build off our previous message of "You can't afford not to be insured" and create new medical scenarios with a cost comparison showing the cost of medical care without health insurance. This campaign will continue to emphasize the benefits of having a qualified health plan on the
Exchange.

A full comprehensive media strategy and plan, with a heavy focus on digital and online presence, as well as TV broadcast and traditional media, will go into place around the beginning of October to allow the assign with the Exchange's prep rallies in preparation of open enrollment beginning on November 1st.

Nevada Health Link will host a second year of statewide prep rally events to kick off the open enrollment season and gather all stakeholders, including brokers, navigators, lawmakers, and community partners, in one room to ramp up for another successful open enrollment. Sharing Nevada Health Link's message with organizers, influencers, and stakeholders who are out in the community adds a deep value to prep rallies. This year's events will be held on October 11th and 17th and will provide another opportunity to build public support and enrollment education.

Stakeholder support will carry through to brokers and navigators after the prep rallies as the Exchange is developing specific techniques and material to cross-promote and highlight in-person assistance to those brokers and navigators recently awarded grants through the competitive request for application process from the Exchange. Receiving in-person assistance from
a licensed enrollment professional has always been a key almost of our communication plan for consumers. And cross-promotion materials highlighting broker and navigator locations will be available at prep rallies and advertised throughout open enrollments.

In the Executive Director's report, Heather laid out exactly where the Exchange is with the technology transition away from HealthCare.gov and the transition back to a state-based marketplace. Along with the extremely complex process of selecting a vendor after a request for proposal, Project Management Office vetting interviews, and the design, development, and implementation of a private technology platform comes communicating that complex process to stakeholders and consumers.

The Exchange, along with Penna Powers and subcontracted firm Faiss Foley Warren, has been working in collaboration with the PR and marketing firm called GMMB, also known as the State Health & Value Strategies team, to develop a comprehensive transition communication plan.

As we all move forward with the communication strategy, we will need to, one, be mindful of the complex political environment and heated healthcare rhetoric surrounding the transition; two, maintain and
grow Nevada Health Link's reputation as a trusted source for quality, affordable health coverage in Nevada; and, three, ensure a thoughtful rollout for consumers and all stakeholders. Achieving these three objectives will help to prevent confusion in Nevada's the marketplace, lead to increased enrollment during plan year '18, and lay the groundwork for a successful open enrollment period for 2019.

Within the comprehensive communication plan are campaign phases, audiences, and strategic goals. The timing of specific communication to specific stakeholders are key given that we are going into an open enrollment season still utilizing HealthCare.gov. The first phase is titled "Building Buy-in and Supporting Enrollment." This phase is designed to engage with key stakeholders to ensure transparency and build buy in. Additionally, this phase will keep stakeholders informed of the process, invite input, and get ahead of criticism.

Next, from January to May of 2019 and ongoing, the Exchange will need to engage in a phase titled "Maintaining on Transparency and Build." This is where we will continue to communicate with stakeholders, being clear about milestones leading up to a November launch on our technology platform.
In the summer of 2019, we will embark on a phase titled "Prepping the Assister Network" meant to ensure a successful rollout with consumers. The Exchange will be training navigators, brokers, and call center employees and part of which we will be equipping the assisters with communication tools to handle inquiries from consumers and media.

After "Prepping the Assister Network," the next phase includes prepping for the Exchange to operate as a standalone state-based marketplace. This phase, titled "Prepping Consumers," will include a delivered media strategy detailing the consumers, detailing for consumers how to enroll on the new enrollment platform starting November 1st of 2019.

The last phase, still under development and to be completed by the whole team, will be titled "Enroll at Nevada Health Link." All communications leading up to this point should have been transparent and detailed enough to have educated consumers on how to enroll on a new Nevada Health Link enrollment platform. The current Nevada Health Link website is not intended to change but will include an area for consumers to sign in and begin the enrollment process with Nevada Health Link instead of HealthCare.gov.

Overall, the Exchange has been working
diligently to prepare for its sixth open enrollment period and on the optics, logistics, and messaging of the marketing and outreach campaign.

Furthermore, the Exchange has been preparing to communicate a very complex transition process to all stakeholders and potential consumers. The transition communication plan is extremely detailed with specific timelines and comprehensive goals for each audience identified.

The Exchange is confident with the strategy that is in place and anticipates a successful open enrollment period. We are also enthusiastic to work with new vendor partners over the course of this year and into the next with the ultimate goal of reducing the number of uninsured throughout the state.

Happy to take any questions.

MS. CLARK: Thank you, Ryan. That's an excellent report. We appreciate it.

Are there any questions?

Okay. We will move on to the next agenda item, item number V.

Oh, I'm sorry. Patty.

MS. KORBULIC: Yeah, okay. We'll have Patty come up and give a little bit of information on our marketing and outreach.
MS. CLARK: I apologize. I didn't realize Patty was in the room. Sorry.

MS. KORBULIC: Yeah.

MS. HALABUK: Shoot, I almost got away.

For the record, Patty Halabuk, Penna Powers.

Ryan, you gave us an (indistinct).

So, as you mentioned, our use of advertising campaign (indistinct) start to segue into open enrollment, or what we're calling open enrollment in the September time frame.

This campaign primarily hinged only on that kind of 25-to-45'ish age group that we feel that are going to think most likely they won't need health insurance now that the mandate's going away.

We used the online digital tactics, targeting their three main lifestyles areas, so their lifestyle in general, their jobs, and education. So you can see on pages one through three there are some of the tactics.

Overall website traffic through June, we've had -- March through June had over 10,000 visitors. And we attribute that 60 percent traffic and the result of our off-season campaign.

We've used native content. That's online news and articles that contain when it's relative with links to Nevada Health Link website and (indistinct)
impressions and under a hub when people actually click on our links over to Nevada Health Link.

We've also tested headlines and (indistinct).
And, interestingly enough, males had high clicks than females in that.

Other platforms that may be used are Reddit.
Also, used LinkedIn for that job space we mentioned.
Some display advertising, video. And Ryan mentioned that we repurposed some of our campaign video.
So that's what was running there.

And TubeMogul is another vendor that we've used as well as YouTube.

And, also Search is an area that we are expanding on, with, you can see, almost 10,000 clicks to Nevada Health Link from that.

Also, on page three, you'll see kind of an overview of the media that we've been running since March. And we've also included some traditional tactics. We've been running some radio spots throughout the state, both the north and the south. And with the bin focused on running in a couple targeted print publications.

We put there an advertorial for Nevada Health Link to address some of the issues. And I'll talk a little bit about the transition (indistinct), and that
all came out in the advertorial that went to (indistinct) Business to Business. It ran in Nevada Business Magazine, was a special issue of Desert Companion.

On page four, you can see the overview of some of the new marketing materials that we've developed in conjunction with the off-season campaign. Ryan mentioned the STs versus Exchange QHP plans. You can see we put together a fact sheet for that.

We are continuing to put together fact sheets. We have one in the works for AHPs right now. And we find that it's a great way to just get in front of consumers and show them fact for fact what does and what doesn't. So it works quite well.

We did a new special enroll (indistinct) card that navigators and assisters have a handout, and we've been giving to our community partners as well.

And you can see a repurposed ad that is in the upper right. And then an advertorial is in the lower right, mentioned, that man in the Business to Business publications.

Page five and six kind of summarize the PR and media coverage we've received over the last couple months. April was quite busy. And that always continues to be (indistinct) diligent in speaking to the
media. They really have (indistinct) here in the state and that Nevada Health Link is the resource to educate Nevadans. And they have really solidified a (indistinct) position. So we want to capitalize on that as much as possible, and we want to continue to be able to do that.

Moving on to seven, Ryan mentioned it. I just want to reiterate that we had talked about one of our goals for the beginning of this year was to really kind of retool outreach and community relations to focus on that community level, that grassroots level, and give us an opportunity to speak to Nevadans, even more so with their daily lives, where they live, what their activities are day-to-day. And that really has proven fruitful for us this year.

The types of events we've been to (indistinct) events, we've taken a bit more of a quality over quantity approach, and it's paid off. You can see here a few of the areas. Community-wise, we've engaged with the Boys and Girls Club of Truckee Meadows, places like Immunize Nevada, different chambers, charities, nonprofits, churches, lots of higher education opportunities, healthcare opportunities.

And the upcoming latter half of this month and into next month, we'll be heavily involved in lots of
back to school events where we have an opportunity to
talk to parents directly and provide materials for them.

    And then, also, of course, very important are
our different cultural and diversity activities that we
attend, as well as the 55-plus.

    So it's a great mix, and we're really happy
with what we've got so far. And we've got a very robust
year planned for the rest of the year as well.

    Moving on to page nine, the same philosophy we
adopted for our community partners, and Ryan alluded to
this as well. These are just some highlights of the
last couple months, what we've been able to achieve and
engage.

    As I mentioned, Boys and Girls Club of Truckee
Meadows, we're going great guns in the north with them.
There's lots of events and activities where we're able
to reach the parents of these kids. And, also, we are
in talks right now with southern Nevada. So we have to
expand on that very soon, also.

    Carson Valley Medical Center, with nine
clinics, we've had some great meetings there, getting
information and literature out.

    Statewide rural coalitions. The Exchange kind
of created a community coalition roadtrip, I guess you
call it. And Rosa and others were out talking directly
to these folks.

    We've had lots of opportunities with groups
like the American Cancer Society, Planned Parenthood,
and Nevada Diabetes to do some social cross-promotion
and literature exchange and continue to stay in touch
with them and take advantage of those opportunities.

    And on the right on page nine, you'll see some
of the meetings and events that we have attended. A lot
of networking going on. And it's just achieving great
things.

    Quickly moving on to pages 10 and 11, as Ryan
also alluded to, we are underway with strategic planning
and development for open enrollment six and supporting
pre-enrollment and after-enrollment. We're going to
maintain the "You can't afford not to be insured"
mesgssing. It's highly successful, resonated very well
with many audiences. So we're going to expand on that.

    In addition to that, we are brainstorming ways
with the Exchange to develop a campaign that really kind
of helps position Nevada Health Link in that, your
resource area. We want a campaign that has a lot of
flexibility, so we can address different issues that are
continually, continuously ongoing quickly and easily.
Helping Nevada Health Link maintain their position and
solidify it as the expert, separating fact from fiction,
adding equity to their resource position. And something that's also harmonizing with the campaigns we have out there. We want to make sure that consumers don't get confused and know it's all under one umbrella, Nevada Health Link, and that the branding stays intact.

Let's see. The "Nevada Health Link is your resource campaign" would kind of kick off as sort of our pre-open enrollment. Then we would segue into open enrollment. And then the plan for that "your resource campaign" to really flourish would be starting early next year, right after open enrollment. We feel it's a key time. There's a lot going on, especially with the transition. And transparency is very important to the Exchange, and we want to have a marketing vehicle to be able to communicate that. So you'll see a lot more on that towards the latter half of this year and especially into next year.

And then, on page 11, just a rundown of some basic tactics. Ryan, you touched a lot on these. We intend to have a very full, fully integrated comprehensive media plan and marketing robust campaign.

Ryan, you mentioned the prep rallies. We'll be doing those again. Obviously, that goes, what goes with that is the PR and media, working with GMMB, as was mentioned. We have a strategic broker, Co-Op plans, for
marketing to support our brokers, ongoing support of navigators with essential marketing materials in the field that are necessary. Basically, just really ratcheting up and fortifying the means we have for marketing. We know it's going to be a pivotal year. And we're just calling out all the forces.

So, together with the Exchange, we intend to make it the best year yet. And, hopefully, we'll increase numbers once again and have a great segue into the new year.

Thank you. Any questions?

MS. CLARK: Thank you so much. That was very informative. And, as usual, you guys are doing a very comprehensive job. Thank you.

Okay. Next item on the agenda, state-based Exchange transition update, the state-based health insurance marketplace technology platform and consumer assistance.

I believe, Russ, is that you?

MR. RUSSELL COOK: Yes, thank you. For the record, I'm Russell Cook. I'm the Information Systems Manager for the Exchange.

And before I begin, I wanted to thank you for the opportunity here. This is a great privilege. We've all been working a very long time and very hard on this.
And so I'll begin with a vendor --

MS. KORBULIC: Don't forget the sleepless nights, Russell. Make sure you mention all of the sleepless nights.

MR. RUSSELL COOK: Hey, we got here.

Okay. So in March of this year, the Exchange released its request for proposal, or RFP, for the state-based Exchange transition project. The goal of the project is to transition Nevada's ACA marketplace operations away from the federal platform, which is HealthCare.gov and its associated call center, and towards autonomous operation as a state-based exchange, or SBE.

And I wanted to mention, SBE and SBM are interchangeable, and they refer to the same thing. CMS seems to be leaning towards SBE these days. But where Heather's report referred to an SBM, and mine refers to an SBE, those are one and the same thing.

The RFP was divided into two separate scopes of work, the first of which defined the requirements for the web-based technology platform that will handle eligibility and enrollment, and the second of which defined requirements for the consumer assistance center, or the call center. And it was structured in such a way as to allow vendors to respond to either scope of work.
individually while also allowing a single vendor to
respond to both scopes of work.

The RFP closed in early April, and the
evaluation committee reviewed the vendor proposals
during April and May. Invitations were then sent to a
short list of vendors for on-site presentations on May
21st and 22nd. And the final vendor selections, based
upon the highest cumulative score for each scope of
work, occurred on May 22nd. A single vendor,
GetInsured, received the highest score for both the
technology platform and the consumer assistance center.

Among the scoring criteria considered during
the evaluation process was experience in the performance
of comparable engagements. And GetInsured has the
distinction of being the only vendor to transition a
state away from the federal platform and towards
operation as an SBE, which they did for Idaho in 2015.
They also offer an exceptionally high level of
integration between their technology platform and
consumer assistance center products and their existing
operations in Idaho, Minnesota, and numerous other
states offer the potential for shared cost savings among
the users of the GetInsured platform.

Also considered during the evaluation process
was the vendor's cost proposal. And the Exchange is
happy to announce that the ongoing operational costs
associated with the transition will be in line with our
stated goal of approximately 50 percent cost savings
versus the federal platform.

The Exchange recently completed a constructive
and efficient contract negotiation process, which we
hope has set the tone for a highly collaborative vendor
relationship. We believe the Exchange has negotiated a
favorable and flexible agreement that builds on the
strengths of the Idaho and Minnesota contracts, and
we're pleased that the Board is taking possible action
to approve the contract at today's meeting.

In short, we believe that our procurement
process, conducted in collaboration with the State
Purchasing Division, has resulted in the best possible
outlook for Nevada as we head into this crucial
transition.

And, next, I'd like to give an update on the
Project Management Office.

In February of this year, SSHIX personnel
conducted a site visit to the Idaho Health Insurance
Exchange with the goal of better understanding the
detailed requirements for an SBE transition. During
this fruitful trip, it quickly became apparent that
establishing a Project Management Office, or PMO, and
engaging the services of experienced, professional project management personnel would significantly reduce the risks associated with this transition. Doing so would also provide an independent level of verification and transparency that could not be provided by the Exchange or its vendor.

In May of this year, we began the solicitation process to fill two key positions. The first position is a Project Manager, who will be responsible for developing and implementing a detailed project plan, managing project status meetings and updates, working with CMS representatives to ensure the approval and operational readiness of the SBE platform, and coordinating the review and approval of vendor deliverables.

The second position is an Information Security Specialist, who will be responsible for working with CMS to ensure the privacy and security compliance of the SBE platform, independently verifying and validating the privacy and security compliance of Nevada's IT infrastructure, and ensuring the privacy and security compliance of the project stakeholders with whom the Exchange will be exchanging electronic data. This includes the Division of Welfare and Supportive Services, Nevada's on-Exchange insurance carriers, and
the Federal Data Services Hub.

In addition to these duties, both positions will be responsible for developing the Exchange's policies, standards, and procedures as an SBE, as well as developing staff training materials for the functions that the Exchange will be absorbing from the federal platform.

The solicitations were conducted using the state's Request for Services, or RFS, process, and the position advertisements listed stringent criteria for experience and expertise in the Affordable Care Act field.

Numerous qualified candidates for both positions were located, many of whom had direct experience with the establishment of an SBE. The first round of interviews with these candidates was conducted on June 25th and 26th. We then identified the standout candidates and conducted a second round of interviews on July 2nd. The Exchange is very enthusiastic about the results of this process, and we hope to have contracts in place for both positions, via master service agreement, prior to today's Board meeting.

And I'm happy to announce, as Heather mentioned earlier, that our Project Manager has accepted this position. And we are currently -- we have made an
offer, I believe, to the Information Security Specialist, and we are waiting to hear regarding the acceptance of that offers. So good progress there.

I'd like to conclude with an overview of the anticipated transition timeline.

The vendor contract will be presented for approval at the August 14th Board of Examiners meeting. Contingent upon the approval and execution of these contracts, the PMO will coordinate a project kickoff meeting to introduce the project's key stakeholders and establish points of contact and communication protocols. The vendor and the PMO, in collaboration with the key stakeholders, will then jointly develop a detailed project plan during September, October, and November of 2018.

December of 2018 through January of 2019 will entail the customization of the technology platform for Nevada's specific needs, including the incorporation of the Nevada Health Link brand name. Testing of the system's electronic data interchange functions, including connections to Nevada's Medicaid system, our on-Exchange carriers, and the Federal Data Services Hub, is scheduled for February and March of 2019.

During April and May of 2019, the vendor will work with CMS to migrate the Exchange's consumer data
from the federal platform to the SBE platform. During this time, the vendor will also develop a detailed plan for educating migrated consumers on the actions required for reverification of their migrated user accounts.

While we anticipate that qualified consumers can be auto reenrolled, even if no action is conducted on their parts, consumers who wish to actively shop for a new QHP will be required to verify their email addresses, update their contact information, and create a new login password.

And I wanted to add that CMS has pledged their support to redirect existing consumers to the new platform. So visitors to the HealthCare.gov website who enter a Nevada zip code will be redirected to the Nevada Health Link website. And consumers who call the HealthCare.gov call center will receive instructions for how they can contact our new call center.

System go-live is scheduled for September 1st of 2019, and the GetInsured call center is scheduled to begin operations concurrent with the launch of the public-facing website.

During the month of September, migrated consumers will be able to use the website to reverify their migrated user accounts, and call center personnel will provide technical support for this process.
Around the second week of October, QHP plan data will then be made available for anonymous plan comparison.

And during October, migrated consumers will still have the opportunity to reverify their migrated accounts. So we're hoping to give them about a two-month window prior to the beginning of open enrollment to reverify their user accounts. But, of course, that can continue all the way out through the end of open enrollment.

And speaking of open enrollment, it's scheduled to begin on November 1st of 2019, with Nevada Health Link offering full SBE support for qualified health plans effective January 1st of 2020.

CMS has pledged to continue providing support for coverage dates prior to January 1st, 2020. And that includes not only IRS forms 1095 for the 2019 plan year, but also for the call center to provide ongoing support for issues related to plan year 2019 health and dental plans.

And with that, I'd be happy to take any questions that the Board has.

MS. CLARK: Wow. Thanks, Russ. Are there any questions at all? I know I have just a few.
MR. RUSSELL COOK: Please.

MS. CLARK: I'm just curious. How many, when you sent out the RFP, how many actual responses did you receive?

MR. RUSSELL COOK: I believe, we received 12 or 13 responses in total. That was between the two scopes of work.

MS. CLARK: Between the two scopes.

MR. RUSSELL COOK: There were two or three, I believe, two responses that covered both scopes of work, and then the remainder were divided between either the first scope of work, which is the website, or the second scope of work, which was the call center.

MS. CLARK: Okay. And then how many were invited actually to come back for the on-site demo?

MR. RUSSELL COOK: We invited two vendors for each scope of work, the highest scoring vendors, both for the technology platform as well as call center.


Any other, any questions? Anyone in the south?

Okay. Thank you, Russ.

I guess, we will move on to our next agenda item, then, which is an action item, agenda item VII, the approval of the technology platform and call center.
contract between Silver State Health Insurance Exchange and VIMO, Inc., otherwise known as GetInsured.

Do you think, Heather, that we should do this where we know, since some of our people are on the phone and we can't quite hear who's saying "aye," should we individually call out the vote?

MS. KORBULIC: Dennis, what do you -- what do you think of that, Dennis? Probably a good idea.

MR. BELCOURT: It certainly is a good idea. It's an optional idea, but I think a very good idea to have a clear vote.

MS. CLARK: I think, in this particular situation, it would be good.

MS. KORBULIC: Yeah.

MS. CLARK: Okay. So I'll just call out each Board person's name, and they can cast their vote. Is that how we would do it?

Okay. Okay. So --

MS. KORBULIC: Excuse me. Dennis, do we need a motion first, or?

MS. CLARK: Oh, yeah, I'm sorry. We do need a motion.

Do we have a motion to approve this contract?

DR. COOK: This is Dan Cook. I move that we approve the contract as we've received it.
MS. CLARK: Thank you, Dan.

MR. JOHNSON: Jonathan Johnson. I second.

Jose Melendrez. I second.

MS. CLARK: Okay. It sounds like we had two
people at the same time. Great. Is there any
discussion?

Okay. All in favor, please say "aye." And
then I'll call out names. Aye.

So we'll start with Quincy Branch.

MR. BRANCH: Aye.


MR. MELENDREZ: Aye.

MS. CLARK: Jonathan Johnson.

MR. JOHNSON: Aye.

MS. CLARK: Dan Cook.

DR. COOK: Aye.

MS. CLARK: I believe, Lavonne Lewis is out
today. Lavonne?

MS. KORBULIC: She's not here.

MS. CLARK: Okay. And Dr. Jameson is not
available.

And Valerie Clark, myself, I vote aye.

Sounds like the motion carries. Thank you.

Okay. Next on the agenda, discussion and
possible action regarding dates, times, and agenda items.
for future meetings.

I means, I mean, I think, for sure we're going
to want updates on your progress with this. This is the
most exciting thing that's happened since I've been on
the Board. And I'm so thrilled. You have no idea.

MS. KORBULIC: We are happy to continue to
provide detail updates to our Board moving forward.


Anything else?

Okay. then, I guess, it is time for public
coment. Is there any public comment here in the north?

Okay. It does not appear that there will be
any. Is there any in the south?

MS. KORBULIC: (Indistinct).

MS. CLARK: Okay. Thank you very much.

Do we have a motion to adjourn the meeting? Do
we need one?

MR. BRANCH: This is Quincy. So moved.

MS. CLARK: Okay. I normally call for a motion
to adjourn, but.

Did someone respond?

MS. KORBULIC: It sounded like Quincy motioned.

MR. MELENDEZ: Second.

MS. KORBULIC: With Jose second.

MR. BRANCH: Yeah, this is Quincy. So moved.
MS. CLARK: Great. Thank you so much.

The meeting has been adjourned. And thank you all for coming.

MS. KORBULIC: Thank you very much, Madam Chair.

-oOo-