

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
THURSDAY, JULY 12, 2018, 1:30 P.M.

-oOo-

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.

1 MS. KORBULIC: Ms. Lavonne Lewis?
2 Okay. Dr. Cook?
3 DR. COOK: Present.
4 MS. KORBULIC: Mr. Jonathan Johnson?
5 MR. JOHNSON: Present.
6 MS. KORBULIC: Jose Melendrez?
7 MR. MELENDREZ: Present.
8 MS. KORBULIC: Mr. Quincy Branch?
9 MR. BRANCH: Present.
10 MS. KORBULIC: And, Quincy, you must be on the
11 phone. I'm -- yeah. Okay.
12 MR. BRANCH: Yes.
13 MS. KORBULIC: Marta Jensen?
14 MS. JENSEN: Present.
15 MS. KORBULIC: Commissioner Richardson?
16 COMMISSIONER RICHARDSON: On the phone.
17 MS. KORBULIC: Okay. Thank you.
18 And Bessie Wooldridge?
19 MS. WOOLDRIDGE: Present.
20 MS. KORBULIC: Okay. We can't hear any of
21 that. But I see you, Bessie, so.
22 Okay. And, Madam Chair, we do have a quorum.
23 And we can then go into our meeting.
24 MS. CLARK: Thank you very much, Heather.
25 The next item on the agenda is public comment.

1 Is there any public comment in the north?

2 If you could just tell us your name.

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

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

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

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

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

24 I'm not here to talk about that necessarily.
25 I've met with Heather, and she invited me to address you

1 today. It is something that we call independent
2 purchase of dental benefits.

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

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

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

23 But California and District of Columbia
24 required that the qualified health plans embed the
25 dental in the medical plan to ensure that it was

1 provided for children.

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

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

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

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

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

23 Now, there may be many reasons why less people
24 took it up on HealthCare.gov than did on Nevada Health
25 Link. I think that Nevada Health Link did such a great

1 job of bringing dental to the fore, really making it
2 very apparent in their web portal, that people saw it,
3 took notice of it, and thereby purchased it.

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

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

25 Our request is, and what we've been pushing for

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

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

20 And so this decoupling is the concept that we
21 would like to approach. Now, it would require the
22 vendor -- and, I think, you have chose you have chosen
23 GetInsured. I'm not very familiar with them. But they
24 would have to do the architecture, right, to do that.
25 And I don't know how difficult it is. I don't know how

1 costly it is. We will be looking to figure that out as
2 we go approach this and try to position this to happen.

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

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

18 So, with that, I just appreciate your time.

19 MS. CLARK: Thank you so much.

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

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

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

1 Okay.

2 MR. JAMES MULLEN: I will give --

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

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

7 MS. KORBULIC: Thank you.

8 MS. CLARK: Thank you.

9 Is there any public comment in the south?

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

12 MS. CLARK: Okay. Thank you, Heather.

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

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

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

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

20 MR. BRANCH: Quincy Branch. Second.

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

23 MR. BRANCH: Oh, Quincy.

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

25 Okay. Is there any further discussion?

1 If not, all in favor, please say "aye."

2 (Board members said "aye.")

3 MS. CLARK: Is there anyone opposed?

4 And then, Dan, you said you were abstaining?

5 DR. COOK: Okay. Yeah.

6 MS. CLARK: Okay.

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

9 MS. CLARK: Thank you.

10 Okay. I believe, motion carries. Thank you.

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

13 MS. KORBULIC: Thank you, Madam Chair and
14 members of the Board. I appreciate this opportunity to
15 kind of report on what's gone on. And as per usual with
16 the Affordable Care Act, there is never a dull moment.
17 This report was written about two weeks, or about a week
18 ago. And a lot changed Monday and Tuesday of this week.
19 So I'm going to go over my report and then kind of add a
20 bit that's gone on this week.

21 The Silver State Health Insurance Exchange has
22 spent the past several months advancing the Board's
23 mission to transition to a fully operational state-based
24 marketplace. We've been refining a comprehensive
25 communication and marketing strategy for a successful

1 open enrollment period. We've been developing the next
2 biennium's budget framework. We've also solicited and
3 awarded in-person assister and broker storefront grants,
4 and have been collaborating with carriers for plan year
5 2019.

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

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

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

24 GetInsured is an exchange-based technology
25 company and is currently operational in six states,

1 including Idaho, where the state has successfully
2 transitioned from HealthCare.gov to its own private
3 enrollment platform in 2015. The Nevada Exchange is
4 certain that our relationship with GetInsured will be a
5 collaborative partnership wherein Nevada consumers will
6 benefit from cutting-edge technology and functionality.

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

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

22 The Exchange's executive staff began the
23 interviewing and hiring process for our PMO team on
24 June 25th and are poised to develop an experienced and
25 capable team in time to begin immediately following the

1 Board of Examiners contract approval.

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

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

20 We fully recognize the complexity and
21 significance of this project and have worked carefully
22 to develop risk mitigation and contingency plans. There
23 are going to be bumps in the road, but Exchange
24 employees are determined to address each challenge as it
25 arises and move deliberately toward our end goal, which

1 is a fully functional exchange acting as an SBM.
2 Through thoughtful strategizing, strong stakeholder
3 collaboration, and addressing previous lessons learned,
4 the staff will minimize disruption and the associated
5 risks.

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

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

17 The Exchange has to focus to education and
18 outreach campaign that is designed to demonstrate the
19 differences between a qualified health plan, associated
20 health plans, and short-term limited duration plan.
21 Nevadans are going to need to make un-biased and
22 informed health insurance decisions based on their
23 unique healthcare needs. The STLDs and AHPs do not
24 provide the same comprehensive benefits that can be
25 found in a QHP, and it's our job at the Exchange to

1 ensure Nevadans have the information, resources and
2 tools necessary to make knowledgeable purchases.

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

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

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

25 Budget development for fiscal years 2020

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

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

20 On February 21st, the Exchange sent a letter to
21 the Secretary of the U.S. Department of Health and Human
22 Services, Alex Azar, to request that CMS allow the
23 Exchange to maintain a HealthCare.gov user fee of two
24 percent for plan year 2019. While CMS formally denied
25 the Exchange's request in May of this year, and we are

1 grateful for their support and their continued backing
2 of our transition, maintenance of the user fee would
3 have been reasonable considering the reduced volume in
4 November when Nevadans will likely enroll on a private
5 platform for plan year 2020.

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

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

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

23 Talking a little bit about plan year 2019 plan
24 certification, based on initial plan year 2019 carrier
25 submissions, each rating area in all areas of the state

1 will have at least one carrier offering plans. Both
2 Health Plan of Nevada and SilverSummit have submitted a
3 total of 15 qualified health plans as follows: one
4 Catastrophic, four Bronze, eight Silver, and two Gold
5 plans. We have standalone dental plans from Alpha,
6 Best, Delta, EMI, Liberty, and Rocky Mountain, with a
7 total of 22 plans.

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

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

18 The Department of Justice told a federal court
19 in Texas that it is no longer going to defend crucial
20 provisions under the Affordable Care Act in a Texas
21 lawsuit. That, those two portions that they have
22 decided that they are no longer going to defend include
23 the guarantee of coverage for pre-existing conditions
24 and the community rating provisions. While it's unusual
25 for the DOJ not to defend federal law, the legal

1 arguments of the case are largely thought to be without
2 merit.

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

10 If the lawsuit is successful, between 50 and
11 130 million Americans with pre-existing conditions could
12 face exclusions, premium increases, and coverage
13 denials. Individuals with employer sponsored coverage
14 and Medicaid would be locked into their existing
15 coverage. If the lawsuit is successful and carriers can
16 rate plans based on the consumers' health status, it
17 would be impossible to determine premium tax credits.
18 Should consumers lose coverage as a result of a
19 pre-existing condition, it is highly likely that
20 hospitals and providers would see increases in
21 uncompensated care.

22 Also impacting pre-existing conditions, on
23 June 19th, 2018, the Heritage Foundation released a new
24 conservative health reform plan which would turn the ACA
25 into a fixed block grant to states. That plan is

1 similar to the Graham-Cassidy-Heller bill, although with
2 less federal funding, wherein the funding would
3 eventually be equalized across states based on the
4 number of low-income residents. It would explicitly
5 remove ACA benefit requirements, limits on age ratings,
6 limits on insurer overhead and profit, and the
7 requirement that insurers maintain a single risk pool.
8 The proposal would effectively remove pre-existing
9 coverage protections by removing benefit requirements
10 and risk pooling.

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

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

23 Pivoting to AHPs, the U.S. Department of Labor
24 finalized the AHP rule on June 19th. The rule allows
25 for associations, such as business chambers, to form in

1 order to create a group health plan. The finalized rule
2 leaves regulatory authority in the hands of states, and
3 while AHPs are allowed to set rates based on gender,
4 age, and industry, the rule maintains that AHPs may not
5 rate based on health status.

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

17 The Department of Labor and Health and Human
18 Services propose to reverse the 2016 standards for STLD
19 plans, which currently allow products to a term of less
20 than three months, by allowing these plans up to 364
21 days. STLD plans are exempt from consumer protections
22 guaranteed under the ACA. They allow exclusions for
23 coverage based on pre-existing conditions, caps on
24 benefits, annual lifetime limits, and the exclusion of
25 essential health benefits. Consequently, STLD plans do

1 not provide consumers with comprehensive coverage and
2 discriminate against individuals with pre-existing
3 health conditions.

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

17 As the AHPs and STLDs roll out, Nevada Health
18 Link has to remain the trusted resource for Nevadans to
19 find quality health plans with comprehensive coverage.
20 With more than 91,000 consumers enrolled in our plans
21 this past year alone, we're committed to continuing to
22 help Nevada residents who want and need access to
23 quality, affordable coverage and help them find it.
24 Nevada Health Link remains the only place consumers can
25 access financial help to lower the cost of a plan.

1 All plans sold through Nevada Health Link
2 provide essential health benefits, including
3 preventative care, screenings, hospitalizations,
4 prescription medicines, checkups, and more. The rule
5 finalized -- oh, excuse me. That's not today. Excuse
6 me -- loosens restrictions on plans offered outside the
7 marketplace to individuals through associations. I'm
8 talking about STLDs and AHPs there. Excuse me.

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

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

21 There's two areas that I wanted to cover that
22 were not in this report. And the first was a ruling
23 that, or a guidance that was put out on Saturday of this
24 week, or last week, I guess. And that was about risk
25 adjustment. CMS put a hold on risk adjustment payments

1 between insurance carriers due to a district court's
2 ruling from New Mexico. The determination was that risk
3 adjustments were being calculated using an inappropriate
4 formula. The ruling barred CMS from collecting or
5 making payments under the current methodology, which
6 uses statewide average premium. The ruling did not say
7 that the risk adjustment is inappropriate, only that the
8 methodology to calculate the payments is not currently
9 accurate.

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

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

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

25 The other item that I wanted to discuss was the

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

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

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

22 Although the federal landscape remains divided
23 in partisanship, the Exchange is confident that our
24 self-funded direction will continue to provide quality
25 resources and services at the lowest cost point

1 available. Through a focused, mission-driven planning
2 and implementations, the Nevada Exchange is set to lead
3 the country in developing an Exchange technology and
4 consumer assistance package that can be adopted and
5 afforded by other states wishing to control their
6 market.

7 Happy to answer any questions that the Board
8 might have.

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

12 Is there any questions from the Board?

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

15 Thank you, Heather.

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

18 MR. HIGH: Great.

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

21 MR. HIGH: Yes.

22 MS. CLARK: Thank you.

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

24 For the record, my name is Ryan High, Chief Operations
25 Officer of the Exchange. And I will be presenting the

1 marketing and outreach report today.

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

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

21 The Exchange has continued to build on the
22 message of explaining the benefits inherent in
23 purchasing qualified health plans, while also
24 communicating to Nevada residents that Nevada Health
25 Link is the state's trusted resource when it comes to

1 health insurance.

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

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

17 Nevada Health Link has been in close
18 communications with stakeholder groups and continues to
19 expand and sharpen mechanisms to identify key
20 influencers and community partnerships statewide in
21 order to pursue cross-promotional opportunities. The
22 generated interest in Nevada Health Link and the
23 response from community partners who wish to participate
24 in getting our message out to their constituents has
25 been overwhelmingly positive in the response.

1 Since we began the stakeholder initiative,
2 Nevada Health Link's community partner list has grown to
3 with the over 200 confirmed partners who now have
4 educational literature as a resource for potential
5 consumers.

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

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

1 Exchange.

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

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

19 Stakeholder support will carry through to
20 brokers and navigators after the prep rallies as the
21 Exchange is developing specific techniques and material
22 to cross-promote and highlight in-person assistance to
23 those brokers and navigators recently awarded grants
24 through the competitive request for application process
25 from the Exchange. Receiving in-person assistance from

1 a licensed enrollment professional has always been a key
2 almost of our communication plan for consumers. And
3 cross-promotion materials highlighting broker and
4 navigator locations will be available at prep rallies
5 and advertised throughout open enrollments.

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

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

22 As we all move forward with the communication
23 strategy, we will need to, one, be mindful of the
24 complex political environment and heated healthcare
25 rhetoric surrounding the transition; two, maintain and

1 grow Nevada Health Link's reputation as a trusted source
2 for quality, affordable health coverage in Nevada; and,
3 three, ensure a thoughtful rollout for consumers and all
4 stakeholders. Achieving these three objectives will
5 help to prevent confusion in Nevada's the marketplace,
6 lead to increased enrollment during plan year '18, and
7 lay the groundwork for a successful open enrollment
8 period for 2019.

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

20 Next, from January to May of 2019 and ongoing,
21 the Exchange will need to engage in a phase titled
22 "Maintaining on Transparency and Build." This is where
23 we will continue to communicate with stakeholders, being
24 clear about milestones leading up to a November launch
25 on our technology platform.

1 In the summer of 2019, we will embark on a
2 phase titled "Prepping the Assister Network" meant to
3 ensure a successful rollout with consumers. The
4 Exchange will be training navigators, brokers, and call
5 center employees and part of which we will be equipping
6 the assisters with communication tools to handle
7 inquiries from consumers and media.

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

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

25 Overall, the Exchange has been working

1 diligently to prepare for its sixth open enrollment
2 period and on the optics, logistics, and messaging of
3 the marketing and outreach campaign.

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

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

16 Happy to take any questions.

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

19 Are there any questions?

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

22 Oh, I'm sorry. Patty.

23 MS. KORBULIC: Yeah, okay. We'll have Patty
24 come up and give a little bit of information on our
25 marketing and outreach.

1 MS. CLARK: I apologize. I didn't realize
2 Patty was in the room. Sorry.

3 MS. KORBULIC: Yeah.

4 MS. HALABUK: Shoot, I almost got away.
5 For the record, Patty Halabuk, Penna Powers.
6 Ryan, you gave us an (indistinct).

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

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

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

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

23 We've used native content. That's online news
24 and articles that contain when it's relative with links
25 to Nevada Health Link website and (indistinct)

1 impressions and under a hub when people actually click
2 on our links over to Nevada Health Link.

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

6 Other platforms that may be used are Reddit.
7 Also, used LinkedIn for that job space we mentioned.

8 Some display advertising, video. And Ryan
9 mentioned that we repurposed some of our campaign video.
10 So that's what was running there.

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

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

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

23 We put there an advertorial for Nevada Health
24 Link to address some of the issues. And I'll talk a
25 little bit about the transition (indistinct), and that

1 all came out in the advertorial that went to
2 (indistinct) Business to Business. It ran in Nevada
3 Business Magazine, was a special issue of Desert
4 Companion.

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

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

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

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

22 Page five and six kind of summarize the PR and
23 media coverage we've received over the last couple
24 months. April was quite busy. And that always
25 continues to be (indistinct) diligent in speaking to the

1 media. They really have (indistinct) here in the state
2 and that Nevada Health Link is the resource to educate
3 Nevadans. And they have really solidified a
4 (indistinct) position. So we want to capitalize on that
5 as much as possible, and we want to continue to be able
6 to do that.

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

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

24 And the upcoming latter half of this month and
25 into next month, we'll be heavily involved in lots of

1 back to school events where we have an opportunity to
2 talk to parents directly and provide materials for them.

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

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

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

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

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

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

1 to these folks.

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

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

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

18 In addition to that, we are brainstorming ways
19 with the Exchange to develop a campaign that really kind
20 of helps position Nevada Health Link in that, your
21 resource area. We want a campaign that has a lot of
22 flexibility, so we can address different issues that are
23 continually, continuously ongoing quickly and easily.
24 Helping Nevada Health Link maintain their position and
25 solidify it as the expert, separating fact from fiction,

1 adding equity to their resource position. And something
2 that's also harmonizing with the campaigns we have out
3 there. We want to make sure that consumers don't get
4 confused and know it's all under one umbrella, Nevada
5 Health Link, and that the branding stays intact.

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

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

22 Ryan, you mentioned the prep rallies. We'll be
23 doing those again. Obviously, that goes, what goes with
24 that is the PR and media, working with GMMB, as was
25 mentioned. We have a strategic broker, Co-Op plans, for

1 marketing to support our brokers, ongoing support of
2 navigators with essential marketing materials in the
3 field that are necessary. Basically, just really
4 ratcheting up and fortifying the means we have for
5 marketing. We know it's going to be a pivotal year.
6 And we're just calling out all the forces.

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

11 Thank you. Any questions?

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

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

19 I believe, Russ, is that you?

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

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

1 And so I'll begin with a vendor --

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

5 MR. RUSSELL COOK: Hey, we got here.

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

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

19 The RFP was divided into two separate scopes of
20 work, the first of which defined the requirements for
21 the web-based technology platform that will handle
22 eligibility and enrollment, and the second of which
23 defined requirements for the consumer assistance center,
24 or the call center. And it was structured in such a way
25 as to allow vendors to respond to either scope of work

1 individually while also allowing a single vendor to
2 respond to both scopes of work.

3 The RFP closed in early April, and the
4 evaluation committee reviewed the vendor proposals
5 during April and May. Invitations were then sent to a
6 short list of vendors for on-site presentations on May
7 21st and 22nd. And the final vendor selections, based
8 upon the highest cumulative score for each scope of
9 work, occurred on May 22nd. A single vendor,
10 GetInsured, received the highest score for both the
11 technology platform and the consumer assistance center.

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

24 Also considered during the evaluation process
25 was the vendor's cost proposal. And the Exchange is

1 happy to announce that the ongoing operational costs
2 associated with the transition will be in line with our
3 stated goal of approximately 50 percent cost savings
4 versus the federal platform.

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

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

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

20 In February of this year, SSHIX personnel
21 conducted a site visit to the Idaho Health Insurance
22 Exchange with the goal of better understanding the
23 detailed requirements for an SBE transition. During
24 this fruitful trip, it quickly became apparent that
25 establishing a Project Management Office, or PMO, and

1 engaging the services of experienced, professional
2 project management personnel would significantly reduce
3 the risks associated with this transition. Doing so
4 would also provide an independent level of verification
5 and transparency that could not be provided by the
6 Exchange or its vendor.

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

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

1 the Federal Data Services Hub.

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

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

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

23 And I'm happy to announce, as Heather mentioned
24 earlier, that our Project Manager has accepted this
25 position. And we are currently -- we have made an

1 offer, I believe, to the Information Security
2 Specialist, and we are waiting to hear regarding the
3 acceptance of that offers. So good progress there.

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

6 The vendor contract will be presented for
7 approval at the August 14th Board of Examiners meeting.
8 Contingent upon the approval and execution of these
9 contracts, the PMO will coordinate a project kickoff
10 meeting to introduce the project's key stakeholders and
11 establish points of contact and communication protocols.
12 The vendor and the PMO, in collaboration with the key
13 stakeholders, will then jointly develop a detailed
14 project plan during September, October, and November of
15 2018.

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

24 During April and May of 2019, the vendor will
25 work with CMS to migrate the Exchange's consumer data

1 from the federal platform to the SBE platform. During
2 this time, the vendor will also develop a detailed plan
3 for educating migrated consumers on the actions required
4 for reverification of their migrated user accounts.
5 Whiles we anticipate that qualified consumers can be
6 auto reenrolled, even if no action is conducted on their
7 parts, consumers who wish to actively shop for a new QHP
8 will be required to verify their email addresses, update
9 their contact information, and create a new login
10 password.

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

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

22 During the month of September, migrated
23 consumers will be able to use the website to reverify
24 their migrated user accounts, and call center personnel
25 will provide technical support for this process.

1 Around the second week of October, QHP plan
2 data will then be made available for anonymous plan
3 comparison.

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

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

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

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

23 MS. CLARK: Wow. Thanks, Russ.

24 Are there any questions at all?

25 I know I have just a few.

1 MR. RUSSELL COOK: Please.

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

5 MR. RUSSELL COOK: I believe, we received 12 or
6 13 responses in total. That was between the two scopes
7 of work.

8 MS. CLARK: Between the two scopes.

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

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

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

19 MS. CLARK: Okay. Excellent. Excellent.
20 Sounds very well vetted. Thank you.

21 Any other, any questions? Anyone in the south?

22 Okay. Thank you, Russ.

23 I guess, we will move on to our next agenda
24 item, then, which is an action item, agenda item VII,
25 the approval of the technology platform and call center

1 contract between Silver State Health Insurance Exchange
2 and VIMO, Inc., otherwise known as GetInsured.

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

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

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

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

14 MS. KORBULIC: Yeah.

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

18 Okay. Okay. So --

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

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

23 Do we have a motion to approve this contract?

24 DR. COOK: This is Dan Cook. I move that we
25 approve the contract as we've received it.

1 MS. CLARK: Thank you, Dan.

2 MR. JOHNSON: Jonathan Johnson. I second.

3 Jose Melendrez. I second.

4 MS. CLARK: Okay. It sounds like we had two

5 people at the same time. Great. Is there any

6 discussion?

7 Okay. All in favor, please say "aye." And

8 then I'll call out names. Aye.

9 So we'll start with Quincy Branch.

10 MR. BRANCH: Aye.

11 MS. CLARK: Okay. Jose Melendrez.

12 MR. MELENDREZ: Aye.

13 MS. CLARK: Jonathan Johnson.

14 MR. JOHNSON: Aye.

15 MS. CLARK: Dan Cook.

16 DR. COOK: Aye.

17 MS. CLARK: I believe, Lavonne Lewis is out

18 today. Lavonne?

19 MS. KORBULIC: She's not here.

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

21 available.

22 And Valerie Clark, myself, I vote aye.

23 Sounds like the motion carries. Thank you.

24 Okay. Next on the agenda, discussion and

25 possible action regarding dates, times, and agenda items

1 for future meetings.

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

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

8 MS. CLARK: Okay. Awesome. Thanks.

9 Anything else?

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

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

14 MS. KORBULIC: (Indistinct).

15 MS. CLARK: Okay. Thank you very much.

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

18 MR. BRANCH: This is Quincy. So moved.

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

21 Did someone respond?

22 MS. KORBULIC: It sounded like Quincy motioned.

23 MR. MELENDREZ: Second.

24 MS. KORBULIC: With Jose second.

25 MR. BRANCH: Yeah, this is Quincy. So moved.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

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-