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SILVER STATE HEALTH INSURANCE EXCHANGE

BOARD MEETING

Thursday, June 13, 2019, 1:30 p.m.

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DR. JAMESON: Good afternoon and welcome, everyone, to what will be, I think, a very exciting Board meeting with an amazing update by our Executive Director.

First, I'd like to call the meeting to order and start with our roll call.

And who's going to do roll call?

MS. KORBULIC: I will.

DR. JAMESON: Okay.

MS. KORBULIC: Okay. Dr. Florence Jameson?

DR. JAMESON: Present.

MS. KORBULIC: Ms. Valerie Clark?

MS. CLARK: Present.

MS. KORBULIC: Lavonne Lewis?

Dr. Cook?

DR. COOK: Present. Can you hear me?

MS. KORBULIC: Yes, I can.

DR. COOK: Oh, thank you.

MS. KORBULIC: Jonathan Johnson?

1 MR. JOHNSON: Present.

2 MS. KORBULIC: Jose Melendrez?

3 MR. MELENDREZ: Present.

4 MS. KORBULIC: Quincy Branch?

5 Thank you.

6 Okay. Cody Phinney.

7 MS. PHINNEY: Present.

8 MS. KORBULIC: Commissioner Richardson?

9 COMMISSIONER RICHARDSON: Here.

10 MS. KORBULIC: And Lynnette Aaron?

11 MS. AARON: Present.

12 MS. KORBULIC: Thank you.

13 We have a quorum, Madam Chair.

14 DR. JAMESON: So we do have a quorum. And so

15 we will be -- no announcements on my part. I think,

16 we'll just go right on to public comment, unless you had

17 an announcement, Heather?

18 MS. KORBULIC: No, I can wait for after public

19 comment.

20 DR. JAMESON: Okay. Is there anyone up north

21 that would like to make a public comment first?

22 MS. KORBULIC: No.

23 DR. JAMESON: Okay. We do have some people

24 attending our meeting today. We will see if they would

25 like to start with public comment?

1 MS. KORBULIC: I think, you can sit here and
2 they'll hear you.

3 MR. GOLD: Where's the --

4 MS. KORBULIC: Awkward.

5 MR. GOLD: Where's the button for this?

6 MS. KORBULIC: Oh, yes, testify.

7 DR. JAMESON: Can you hear Barry from where you
8 are?

9 MR. GOLD: Can you hear me from there?

10 MS. KORBULIC: Okay. Yes.

11 MR. GOLD: Okay. Madam Chair -- I'm so used to
12 the one --

13 MS. KORBULIC: I think, I can give your spiel
14 right now. We've heard it, yeah.

15 MR. GOLD: For the record, my name is Barry
16 Gold, and I'm the Director of Government Relations for
17 AARP Nevada. It is so good to be here again. It is
18 nice to be back in Las Vegas and not in Carson City,
19 even though the weather is so fabulous up there now.
20 I'm not tired of being snowed on in the month of May.

21 Once again, it's a great thing to do. I'm
22 looking through the Executive Director's report and the
23 marketing report. I am very pleased. AARP is pleased
24 at the migration to a full state-based exchange. It
25 seems to be going well. I think, that's a great thing.

1 During the Legislative Session, I was very
2 pleased to join your Executive Director to support
3 several bills that looked at protecting access to
4 quality affordable health care. Nevada Health Link was
5 very well-represented by your Executive Director, is
6 looked at as quite a good knowledge source and very
7 credible. So I was glad to see that.

8 MS. KORBULIC: Thank you.

9 MR. GOLD: And I was pleased to be able to
10 testify on several bills, including the Patient
11 Protection Commission, which is just recently being
12 created and all that. I'm very glad that she was named
13 as one of the ex-officio members, because only two out
14 of the 11 voting members are designated as patient
15 advocates. So two out of 11 is not a whole lot. Having
16 Heather there means there will be three out of 11 who
17 will be looking at consumer issues and protecting
18 consumers. So I'm glad for that.

19 Looking at the outreach and marketing report,
20 Is was very, very pleased to see the words 50-plus in
21 there.

22 MS. KORBULIC: I'm glad.

23 MR. GOLD: It took a while. I've been talking
24 about that for a long time. So I'm very pleased that
25 the 50-pluses would still be looked at for outreach and

1 marketing.

2 And I'm glad to be here. And I'm glad to be
3 here. I'm glad that the Exchange is moving together so
4 well as it is right now.

5 Thank you.

6 DR. JAMESON: Thank you very much.

7 Was there anyone else for public comment?

8 MS. KORBULIC: They do.

9 DR. JAMESON: M-hm (affirmative). Okay. Well,
10 moving on, then, we'd like everybody to go to the
11 minutes from February 14th, 2019 Board meeting. And
12 we'd like to go ahead, if you've finished reviewing
13 them, to have a motion to accept those minutes.

14 MR. MELENDREZ: Motion to approve.

15 DR. JAMESON: Very good. And a second?

16 MR. JOHNSON: Jonathan Johnson. I'll second
17 that.

18 DR. JAMESON: And were there any concerns,
19 anything to be discussed, concerns of omissions or
20 anything that needs to be deleted or corrected?

21 Nothing, no additions?

22 MR. MELENDREZ: No.

23 DR. JAMESON: Okay. So everybody who agrees
24 with approval of those February 14th, 2019 Board meeting
25 minutes, please say "aye."

1 (Board members said "aye.")

2 DR. JAMESON: Any opposed?

3 Any abstaining?

4 MS. KORBULIC: Sorry. Didn't see you.

5 DR. JAMESON: And, for the record, although in
6 these tight quarters, I think, everybody can appreciate,
7 that Lavonne Lewis has just joined us, and we'll add her
8 to our present on roll call.

9 And, now, you got here just in time for the
10 very exciting Executive Director's report.

11 MS. LEWIS: Yes. Okay.

12 MS. KORBULIC: Thank you, Madam Chair and
13 members of the committee. I wanted to first just
14 apologize for the change in location this time. We are
15 having some, we were having some technical difficulties
16 with our AB equipment. It has been addressed and
17 resolved but not in time for a public meeting
18 announcement. So we will, hopefully, be back in our
19 space after this. So appreciate your coordination and
20 patience.

21 I am going to go through our -- the Executive
22 Director's report. It is, unfortunately, long. And so
23 I will try to be fast and abbreviated. But I wanted to
24 cover as much as possible, because the last three months
25 have been anything but boring. We have had just an

1 absolute wild ride. And everything's going swimmingly.
2 But I wanted to give you some more details about all of
3 the pieces.

4 So I am going to read my report. And I asked
5 Janel, our Marketing Director, to kind of abbreviate her
6 report for the sake of not, not boring everyone to
7 tears. And it is already in your packet.

8 So here we go. During this last several
9 months, the Exchange has made steady progress towards
10 our Board of Director's mission to transfer us,
11 transition Nevada Health Link to a fully operational
12 state-based exchange. In addition to the rigorous work
13 that's involved with our transition project, we've also
14 navigated the 80th Legislative Session, we monitored and
15 commented on proposed federal rule changes, and we have
16 coordinated with stakeholders in preparation for plan
17 year 2020.

18 Let's talk a little bit about -- not a little,
19 a lot about our transition and give you some of the
20 scoop on where that is. We have been massive engrossed
21 in this rigorous project. And it is, it is something.

22 Beginning with a series of meetings in 2016
23 with the Division of Welfare and Supportive Services,
24 followed by a formal request for information,
25 stakeholder engagement sessions and, ultimately, a

1 request for proposal with our signed contract for our
2 technology and call center vendor, GetInsured, in August
3 of 2018, we have made steady progress towards a go-live
4 date of November 1st, just in time for plan year 2020
5 enrollment.

6 DR. JAMESON: (Clapped.)

7 MS. KORBULIC: Thank you.

8 And more about our soft launches and our
9 go-live in a little bit.

10 The transition project is very complex, and it
11 requires a comprehensive transition strategy, but it
12 also requires a project management office. Eric Watt is
13 here today. He's our lead project manager and will be
14 providing some more details on where we are with that
15 team. We have two quality assurance analysts, a
16 training implementation specialist and a technical
17 writer that make up our project management office.

18 Between that combined PMO staff and our
19 Exchange staff along with the GetInsured team, the
20 project has remained on schedule and within budget. No
21 small feat.

22 DR. JAMESON: (Clapped.)

23 MS. KORBULIC: Thank you.

24 The Exchange has taken extensive measures to
25 learn from the errors of the first state-based exchange

1 implementation, and we've developed a streamlined
2 technology and call center implementation that
3 configures commercial off-the-shelf products to meet
4 Nevada's specific needs. Working with a single
5 experienced vendor with a proven eligibility enrollment
6 product has mitigated many of the risks that are
7 associated with establishing a state-based exchange.
8 However, contingency plans to stay on HealthCare.gov
9 were developed around the success of the consumer data
10 migration effort. Migrating consumer data from
11 HealthCare.gov system to the GetInsured platform is
12 critical for the purposes of consumer retention, and it
13 eases the burdens of the Exchange's transition on
14 consumers and our enrollment partners.

15 Nevada's one of the first states to migrate
16 consumer data to a state-based exchange; and as such, we
17 spent months working collaboratively with HealthCare.gov
18 staff and their vendors to identify a format, a
19 methodology, and dates of delivery for the consumer data
20 as necessary to accommodate the Exchange's goals and
21 GetInsured's platform.

22 In order to make a "go" decision to move away
23 from HealthCare.gov, the Exchange required GetInsured
24 provide evidence of their ability to successfully accept
25 and process consumer application and enrollment data.

1 GetInsured was given a deadline of May 31st to provide
2 the Exchange with a report that was then independently
3 verified by our Exchange's Information Security Officer.
4 The report demonstrated the necessary capability to
5 successfully transfer consumer data and populate Nevada
6 Health Link. And we continue to execute on the
7 establishment of a state-based exchange.

8 We also have to demonstrate compliance with the
9 Minimal Acceptable Risk Standards for Exchanges, or
10 MARSE 2.0, and in order to be permitted to access and
11 retain private consumer information. The compliance
12 must be achieved...

13 I told Dr. Jameson -- she's chuckling right
14 now, because I told Dr. Jameson earlier that this report
15 ended up being 1,200 pages. And it was submitted this
16 week, and it was a big beast. And our hats are off to
17 our Information Security Officer, who is not at this
18 meeting today, but Russell Cook deserves an honorary
19 Ph.D. for the work that he did on this project.

20 DR. JAMESON: I'm glad they asked us to do the
21 minimal acceptable.

22 MS. KORBULIC: It is minimal accepted, yes.
23 Yes.

24 All right. So we have to have compliance with
25 this in order to be given authority to connect to the

1 federal data services hub. And it requires approval
2 from both the IRS and CMS. The Exchange spent most of
3 February through May working on this and in exhaustive
4 reporting and documentation requirements. And we also
5 have a third-party vendor, SeNet, who produced a systems
6 security report that is aimed for in a part of our
7 authority to connect package.

8 And so, as the Exchange awaits our authority to
9 connect, the project management team, the Exchange staff
10 and the staff at the Division of Welfare and Supportive
11 Services are leveraging the DWSS connection to the FDSH
12 to test system functionality within a harnessed
13 environment.

14 In addition to FDSH testing, we began systems
15 testing in April. PMO staff have taken delivery of
16 GetInsured modules for testing and has implemented user
17 acceptance testing plans and processes.

18 Concurrent to the user acceptance testing, PMO
19 staff have begun to develop their reference manuals,
20 training materials for carriers, licensed enrollment
21 professionals, and Exchange's administrative staff. We
22 work closely with PY20, or excuse me, plan year '20
23 insurance carriers to provide necessary technical
24 assistance to enable the testing of electronic data
25 interchange between their systems and GetInsured.

1 Testing began in April. And each carrier must
2 successfully complete 16 scenarios to be approved to
3 work with the Exchange.

4 Transitioning to a state-based exchange is
5 incredibly complex when it comes to communication. So
6 we have plans that are tailored to diverse stakeholders
7 through a variety of different mediums. Our stakeholder
8 communication and project transparency is an absolute
9 top priority for the transition project. We've engaged
10 directly with stakeholders on topics specifically
11 related to their involvement with Nevada Health Link and
12 the new enrollment portal.

13 Carrier communications were the first to begin
14 in December of last year and monthly informational
15 webinars and regular one-on-one meetings, along with
16 ad hoc meetings as necessary to provide support and
17 technical assistance. The monthly carrier meetings are
18 recorded and published on a page on Nevada Health Link,
19 along with important user manuals and other reference
20 materials.

21 We've also had monthly webinars with enrollment
22 professionals who have -- and broker and navigator
23 partners in these meetings received updates about the
24 transition project and details about plan year '20
25 training and certification requirements. Webinars are

1 recorded and published at a dedicated enrollment
2 professional page on Nevada Health Link's website. And
3 as in previous years, enrollment professionals will be
4 required to successfully complete training, to agree to
5 abide by Nevada Health Link's broker code of conduct and
6 acceptable use requirements prior to being granted
7 access to the GetInsured portal. That training, just so
8 you know, will begin in July.

9 One of the primary goals of our transition
10 project is to connect consumers to enrollment
11 professionals for plan year '20 and beyond. As a part
12 of that data migration from CMS, we paid close attention
13 to ensure that HealthCare.gov provides not only consumer
14 application and enrollment data, but also the broker of
15 record affiliated with their application. Migrating
16 broker data will allow the Exchange to transfer a
17 broker's book of business into the GetInsured portal.
18 Brokers who sold plans in plan year '19 and who complete
19 training and certification by August 12th will have
20 their HealthCare.gov book of business migrated into the
21 GetInsured portal.

22 I need to flag here that the data that we get
23 from CMS related to our brokers and their book of
24 business as it lives on HealthCare.gov will only be good
25 as that which is in HealthCare.gov right now. So if

1 there are errors for our brokers in the HealthCare.gov
2 book of business, those errors are going to be reflected
3 on our site, too. And we will work with our brokers to
4 resolve those errors.

5 Let's see. To ensure adequate availability of
6 enrollment professionals, we developed communication
7 plans to train and certify returning brokers by that
8 August 12th deadline, while we've also casted a very
9 wide net to over 10,000 health and life brokers across
10 the state who may be interested in partnering with the
11 Exchange for plan year '20. As of yesterday, we had 179
12 of those 10,000 interested and engaged. And that's
13 important. That's 2 percent. That's something. But it
14 is a much bigger pool than we currently have, and so
15 we're excited about that opportunity to work with new
16 brokers.

17 Consumers are going to be connected to brokers
18 through the call center's interactive voice response
19 system through -- and then online through a broker -- or
20 excuse me -- through that IVR system on a tool called
21 the Broker Connect. Callers who wish to receive
22 assistance with enrollment will enter zip code into that
23 IVR system and will be connected directly to a broker to
24 set up an appointment. Consumers who visit
25 NevadaHealthLink.com will have access to a directory of

1 all broker and navigator enrollment partners.

2 The Exchange intends to soft launch Nevada
3 Health Link. This is important good stuff that's
4 happening right now that we're working very hard on. We
5 intend to soft launch Nevada Health Link's enrollment
6 portal and call center on September 4th. Consumers will
7 be sent an email during this week with an activation
8 code that allows them to come to Nevada Health Link and
9 claim their user account. During the months of
10 September and early October, consumers will have the
11 opportunity to claim their accounts, designate a broker,
12 and/or opt into auto-reenrollment for plan year 2020 and
13 ongoing.

14 The Exchange is going to work closely with
15 enrollment professionals to encourage and assist
16 consumers with account activation prior to open
17 enrollment. We want that volume to happen during the
18 months of September and October rather than during the
19 month of November. And we will -- and enrollment
20 professionals will by that time have the proficiency
21 necessary to provide consumers with technical
22 assistance, and the Nevada Health Link call center will
23 be available to provide further assistance as
24 appropriate. In the month of October, consumers and
25 enrollment professionals will be able to anonymously

1 window-shop for plan year '20 qualified health plans and
2 standalone dental plans.

3 The Exchange is working closely with
4 HealthCare.gov, our insurance carriers, and GetInsured
5 to coordinate all forms of transition communication
6 efforts. Which each entity will need to notify consumer
7 through mail, email, website, and call centers that
8 NevadaHealthLink.com will be the only place for Nevadans
9 to enroll beginning November 1st.

10 Okay. So HealthCare.gov is going to remain
11 responsible for any consumer matter related to plan
12 years 2015 to 2019. So that's a somewhat difficult
13 thing to communicate to consumers, but we want everyone
14 to clearly understand that Nevada Health Link will not
15 be taking on any responsibility for plan year '15, '16,
16 '17, '18 or '19. HealthCare.gov will be responsible for
17 those matters, and we will take full responsibility
18 beginning for plan year '20.

19 We have also just been working carefully and
20 constantly on distilling complicated transition messages
21 into simple actionable items for our consumers. The
22 transition project has a lot of different partners who
23 require a policy-based approach to workflows and
24 collaboration, and we're working closely with
25 stakeholders to understand their unique needs, their

1 existing business processes, and the way in which they
2 prefer to collaborate with the marketplace. Taking a
3 consumer service approach, we've developed collaborative
4 workflows for our internal staff, for work with CMS, for
5 the work that we will be doing with DWSS, GetInsured,
6 carriers, enrollment professionals, and consumers.

7 In addition to work flows, the Exchange
8 developed a draft policy manual for eligibility and
9 enrollment with a priority to limit disruption to
10 existing insurance carrier business processes. The
11 draft policy manual went out for comment and feedback to
12 stakeholders in May, and we received comments that were
13 all very helpful and reasonable in June, and we worked
14 on having a finalized copy for Board approval in
15 September of 2019.

16 As the first state-based exchange -- this is
17 the exciting part for me. As the first state to
18 transition from a state-based exchange using the federal
19 platform to a fully operational state-based exchange,
20 we've received a significant amount of national
21 attention. And aside from being among the first states
22 to transition away from HealthCare.gov, our Exchange
23 developed a unique Exchange-In-A-Box model where all
24 technology and call center functionality would be
25 supported by a single vendor. Many states are

1 interested in better understanding our model, and our
2 Executive Director, myself, have provided one-on-one
3 consultation with interested states in addition to
4 topical webinars hosted by the National Association of
5 State Health Policies and the State Values Health
6 Strategies.

7 All right. Pivoting -- should I pause for
8 questions; would you like me to do that, Madam Chair?

9 DR. JAMESON: I think, that probably actually
10 would be a great idea.

11 MS. KORBULIC: Okay.

12 DR. JAMESON: Just because that was a lot of
13 material. We'll pause here just for a moment. You can
14 have a drink of water.

15 And I would like to ask if there are any
16 questions from the Board about what -- or comments about
17 what our Executive Director has already said.

18 MS. LEWIS: Lavonne Lewis.

19 And I had one question. When you talked about
20 submitting the Minimal Acceptable Risk Standards for
21 Exchanges, MARSE, to the IRS and CMS, are they able to
22 decline that document or not accept that document?

23 MS. KORBULIC: Heather Korbulic, for the
24 record.

25 Yes, that is a possibility. But I can assure

1 you that we have the biggest brain on the job; and, I
2 think, we'll submit a package that far exceeds the
3 expectation.

4 MS. LEWIS: Okay. I was just concerned that,
5 you know, what happens if they say no.

6 MS. KORBULIC: Yeah. And --

7 MS. LEWIS: And, hopefully -- and some say that
8 they will not.

9 MS. KORBULIC: Yeah, and just so you know, what
10 will more likely happen is that we would have findings
11 that needed addressed, and so we would put a plan
12 together that would address those findings, and they
13 would still grant us the authority while we worked
14 towards that.

15 MR. ERIC WATT: I may add, if I may add.

16 MS. KORBULIC: Oh, yes.

17 MR. ERIC WATT: We've had weekly meetings with
18 the security people at CMS. And so they know what we've
19 been doing. And we've been working very closely with
20 them. So they know what's coming. And so far, they're
21 pretty happy with it.

22 MS. LEWIS: Great. Okay.

23 MS. KORBULIC: All sorts of risks. We
24 understand, yeah.

25 DR. JAMESON: And any other questions?

1 MS. CLARK: Madam Chair?

2 DR. JAMESON: Comments? Yes?

3 MS. CLARK: Oh, I'm sorry. Valerie Clark, for
4 the record.

5 I was just curious. What, what, how many
6 carriers are jumping onto this boat with you, and how
7 has that process been going? And what carriers, what
8 carriers are they?

9 MS. KORBULIC: So that's a sensitive question,
10 because that information is not public until September,
11 and their final participation is not actually final
12 until then. I will say that it is looking like we will
13 not be losing any carriers, that we will have the same
14 amount.

15 DR. JAMESON: Oh, bravo.

16 MS. KORBULIC: We've worked really closely, and
17 there is some potential for new, new carriers this year.

18 DR. JAMESON: Bravo.

19 MS. KORBULIC: I look forward to announcing
20 that when it's final.

21 MS. CLARK: Yeah, I was just trying to gauge
22 the competitive nature of the Exchange.

23 MS. KORBULIC: Yeah.

24 MS. CLARK: We're anticipating a big
25 competitive marketplace?

1 MS. KORBULIC: I'm going to confirm I
2 anticipate a good competitive market.

3 MS. CLARK: Excellent.

4 DR. JAMESON: And I know you -- oh, please,
5 Jon.

6 MR. JOHNSON: Just a quick question. This,
7 this system's going to integrate for Medicaid
8 eligibility?

9 MS. KORBULIC: (Shook head.)

10 MR. JOHNSON: No?

11 MS. KORBULIC: That's a really good question,
12 and a little bit technical answer, if you don't mind me.

13 MR. JOHNSON: Sure.

14 MS. KORBULIC: Okay. And for those of you who
15 didn't hear, Jonathan was asking about integration with
16 the Medicaid system. And so what, what we are doing is
17 effectively replacing the functionality of
18 HealthCare.gov in our state. And they are not fully
19 integrated making same determinations with Medicaid.

20 MR. JOHNSON: Right. So there's no
21 communication that health care --

22 MS. KORBULIC: Oh, there's absolutely
23 communication.

24 MR. JOHNSON: Okay.

25 MS. KORBULIC: Yeah.

1 MR. JOHNSON: But it's not integrated?

2 MS. KORBULIC: Right. So our system is not
3 going to tell somebody whether they're eligible for a
4 QHP and what amount of subsidy they would get. And,
5 vice versa, their system, or our system will not tell --
6 excuse me. Their system won't make people eligible for
7 QHPs, and our system won't determine eligibility for
8 Medicaid. If it appears, through a prescreener, that a
9 consumer is eligible for one or the other, we basically
10 do a website redirect.

11 DR. JAMESON: Correct.

12 MR. JOHNSON: Gotcha.

13 MS. KORBULIC: But there is so much more on the
14 back end with account transfers, and we have all sorts
15 of plans for complex upgrades, so it brings in families
16 that have parents with QHP and children who are CHIP.
17 We've worked through all of those scenarios with the
18 Division of Welfare and Supportive Services.

19 MR. JOHNSON: Okay.

20 MS. KORBULIC: Yep.

21 MR. JOHNSON: Thank you.

22 MS. KORBULIC: Yep.

23 DR. JAMESON: I was just wondering, since you
24 do sometimes have a bit of a crystal ball. You were
25 talking about the -- you know, when the -- migrating the

1 broker data and doing a exclaimer disclaimer about the
2 Exchange transferring the broker books to our new
3 system.

4 MS. KORBULIC: M-hm (affirmative).

5 DR. JAMESON: Because it will only be as good
6 as it is.

7 MS. KORBULIC: M-hm (affirmative).

8 DR. JAMESON: And I was hoping you'd say
9 that -- looking at the last couple of years at the
10 brokers' data, has it been in generally good shape, so
11 do you think that going forward, or did you make that
12 caveat because realizing what condition a lot of them
13 are, you have a concern?

14 MS. KORBULIC: I would back up and out of that
15 question and say that, that we've never seen the data.
16 So we have no idea about the integrity of that data.
17 And from what we understand from some brokers who have
18 contracts with carriers, that they're not getting paid
19 for some reason, because there's something wrong on
20 HealthCare.gov's end.

21 DR. JAMESON: Ah.

22 MS. KORBULIC: And so those are things that are
23 going to need to be resolved either now with
24 HealthCare.gov or later, once we can make those changes
25 in our system.

1 DR. JAMESON: And those number of people that
2 have brought up issues such as that, has it been pretty
3 much a very small percent, so that we could easily take
4 care of between August and September?

5 MS. KORBULIC: That's the goal, is to get --
6 well, it's to at least get -- so that's the whole goal
7 of September. September we'll allow our consumers to
8 designate a broker. So if a broker goes in, and they
9 look at their book of business, and they see that
10 they're missing Ms. Suzy Jones and Mr. Jones, then what
11 they can do is call those two people, say, hey, let me
12 help you activate your account, and let me walk you
13 through how to designate me as your broker.

14 DR. JAMESON: Okay. Were there any other?

15 I just had one other question. You were -- I
16 think, we really are going to be a role model. Even
17 though we are little, we're a mighty state. And this is
18 so impressive, this project that you have taken on with
19 your staff and the Board's support. And I really think
20 you are going to get inundated with more and more calls.

21 Currently, you said states are connecting with
22 you. I was just curious, out of the potential number of
23 states, because there's not that many of them that are
24 in the similar position we are, or are there also others
25 that --

1 MS. KORBULIC: M-hm (affirmative), yeah. Okay.
2 So, for instance, New Mexico is out for an RFP. They've
3 closed on that request for proposal. And they plan to
4 transition in plan year '21. And they basically used
5 our RFP as a model.

6 And then Oregon, the State of Oregon, has a
7 request for information out, which is basically the same
8 request for information that we put out.

9 And then there are several other states,
10 Pennsylvania being one that's publicly announced their
11 intention to move towards this, New Jersey another, and
12 then several other states that are federally facilitated
13 that want to talk through it.

14 DR. JAMESON: And that's what I wondered.

15 MS. KORBULIC: Yes.

16 DR. JAMESON: Well, I do have to say that bravo
17 on the job you're doing for us. As we all remember,
18 when we last met, there was a minor angina about the
19 timeline being met. And you're not only meeting it, but
20 I would say meeting it with accolades. And then it's
21 not just what we're doing from our -- for our
22 inspiration, you're going to go down as a legacy for
23 what you're able to do for all these other states to
24 move to a much better platform.

25 So, Heather and staff, I know we're only

1 halfway through, but just...

2 (Applause.)

3 MS. KORBULIC: Oh, thank you.

4 MR. WATT: That's the idea.

5 MS. KORBULIC: No pressure. Yeah, I mean every
6 time I hear another states say, "All eyes are on
7 Nevada," I say, "no pressure."

8 Okay. All right. So if you're ready to move
9 on, Madam Chair, to the Legislative Session?

10 DR. JAMESON: Please.

11 MS. KORBULIC: All right. So we just finished
12 our 80th session, and we presented our portion of the
13 Governor's recommend budget to the money committees
14 while also analyzing, tracking, and commenting on
15 proposed legislation that was directly impacting the
16 Exchange or related to health care in general.

17 The Exchange's budget included 16 enhancement
18 units. Those are all outlined in much more depth in the
19 fiscal and operational report, for your information.
20 Changes from the previous biennium's budget were really
21 related to two different things. The first was -- or
22 three different things: to develop and accommodate the
23 Exchange's transition away from HealthCare.gov; and then
24 to establish administration for the state-based
25 exchange; and then ongoing operation of a state-based

1 exchange.

2 Our Governor recommended budget was approved as
3 submitted and includes nine additional full-time
4 employees in the classified service to absorb the
5 functions that were previously provided by
6 HealthCare.gov. We plan to -- we have the authority to
7 hire several of those folks in August.

8 In addition to transition-related budget items,
9 we had other items, including marketing and outreach
10 along with continued support for broker and navigator
11 grantees. We anticipate a savings of \$5.3 million over
12 state fiscal year '20 through '21, from which that, from
13 that which would have otherwise been spent on the
14 continued use of HealthCare.gov.

15 The State Legislature proposed a significant
16 amount of health care-related legislation during our
17 80th session, and we successfully shepherded one bill,
18 Assembly Bill 496. That bill made changes to the
19 Exchange's enabling revised statute to allow the
20 Executive Director to hire employees in either
21 classified or unclassified service. The statute
22 previously limited the Director to hiring only employees
23 in the unclassified service. And this aligns us with
24 the Governor's recommended budget.

25 The Exchange analyzed and tracked several other

1 bills. And let me skip to it. Several lawmakers
2 proposed legislation to enshrine protections for
3 preexisting conditions into state statute.
4 Assemblywoman Spiegel's bill, AB170, was signed into law
5 by Governor Sisolak and included language to codify the
6 Affordable Care Act preexisting protections into state
7 statute while also requiring insurance carriers to
8 provide information to the Office of Consumer Health
9 Assistance. And I should have said information on who
10 at their organization is a navigator for consumer needs.

11 Governor Sisolak also signed into law Senate
12 Bill 481 and 482. Both bills were efforts to stabilize
13 the Affordable Care Act. Commissioner Richardson had a
14 lot of time on the testimony table for those two bills.
15 And they underwent significant amendments throughout our
16 bill hearing process. In the end, both bills provide
17 for more consumer protections.

18 Senate Bill 481 tightens regulations of
19 association health plans to reduce fraud, and it limits
20 short-term limited duration plans to 185 days in any
21 365-day period, while also requiring any carrier selling
22 an individual market plan off-Exchange to notice
23 consumers that they may be eligible for financial
24 assistance by enrolling on a qualified health plan at
25 Nevada Health Link.

1 DR. JAMESON: (Clapping.)

2 MS. KORBULIC: That's for Commissioner
3 Richardson.

4 Senate Bill 482 allows for reciprocal carrier
5 licensure for the states of Arizona, California, Idaho,
6 Oregon, or Utah. And the bill also gives the State of
7 Nevada the legislative authority necessary to submit a
8 1332 waiver to CMS in the case that that is the
9 direction in the state chooses to take.

10 Ah. Okay. The Governor sponsored a bill,
11 SB544, which Barry brought up. That's to establish a
12 patient protection commission. This commission is
13 responsible for a holistic examination of the state's
14 health needs, our health care systems, the quality,
15 accessibility, and affordability. The Director is
16 appointed, as is the Commissioner, I believe.
17 Commissioner Richard, are you on -- yeah, we're both
18 ex-officio members on this commission.

19 In the last days of the Legislative Session,
20 Senate Majority Leader Nicole Cannizzaro introduced
21 Senate Concurrent Resolution 10, and that is a bill that
22 requires the Legislative Commission to study the
23 feasibility, viability, and design of public health care
24 insurance that may be offered to all residents of the
25 state. So the Exchange will participate in the study

1 and provide necessary data.

2 I can pause again for any questions about
3 Legislative Session.

4 DR. JAMESON: I just have a question on the
5 possibility of submitting a waiver to CMS.

6 MS. KORBULIC: Okay. So one of the -- the
7 original bill, SB482, I believe, did outline the waiver
8 and what would potentially be a reinsurance waiver.
9 However, the actuarial research behind that waiver --
10 and please tell me if I'm wrong, Commissioner Richardson
11 or where I'm getting this wrong.

12 COMMISSIONER RICHARDSON: Okay.

13 MS. KORBULIC: But basically the actuarial
14 analysis led to the conclusion that there would be a lot
15 of costs and not a lot of return on investment. And in
16 going through the hearings process, we recognized that
17 there aren't a lot of state general funds available to
18 front those costs. And so it was modified to basically
19 allow the state. Because 1332 waivers require
20 legislative authority. So the state now has the
21 authority to do it if we choose to in the future.

22 DR. JAMESON: But unlikely?

23 MS. KORBULIC: But it's not happening
24 immediately. There isn't any plan in the works right at
25 this moment.

1 Anybody else? Jonathan, you look like you have
2 a question.

3 MR. JOHNSON: I always look like that.

4 MS. KORBULIC: Okay. Okay. I have a plan to
5 make this one go a little bit --

6 DR. JAMESON: But I would like to say excellent
7 job at the Legislature.

8 MS. KORBULIC: Thank you.

9 (Applause.)

10 MS. KORBULIC: I'm glad it's over.

11 Okay. Moving on to the feds, who are active,
12 as always, they continue to propose and promulgate rules
13 that impact state exchanges and the guidelines under
14 which we operate. We have actively tracked and analyzed
15 those rules and commented as necessary and appropriate.
16 And I just went over a few of the comments that we made
17 over the last couple of months. And I promise not to go
18 into all of these bullet points here. You can read
19 those.

20 But these are the comments that we made on the
21 annual notice of benefit and payment parameters. And
22 this is adopted by CMS annually. It came out very late
23 this year, which, you know, gave a lot of heartburn, and
24 then was just finalized was not too long ago. This rule
25 effectively made -- or solicited -- comments on two items

1 that will not be changed, but they wanted feedback on
2 whether they should propose changes in future
3 rulemaking.

4 So those two areas were about whether or not
5 they should continue with the automatic reenrollment
6 process. And then the other area that was very
7 important was whether or not states should be allowed to
8 continue to silver load plans.

9 The one area that the Exchange commented
10 heavily on and is still concerned about and was
11 promulgated in statute, or in the rule, was related to
12 the premium adjustment percentage. And this basically
13 is a measure of premium growth that's used to set the
14 rate of increase for the maximum annual limit of
15 cost-sharing. That's a mouthful.

16 And effectively what CMS has done is change the
17 methodology by which they derived that number. And so
18 it's about an increase of 1.29 percent for consumers.
19 And we did some math, and I'll skip right to that math
20 on what we anticipate that means for the Exchange
21 consumers. And this is based on plan year '19 amounts,
22 and so it could be very different in plan year '20 once
23 we finally have those rates set.

24 CMS proposed -- it's important to remember in
25 this space, too, that the rule doesn't only change the

1 premium adjusted percentage, it also changes the maximum
2 annual out-of-pocket limit on cost-sharing for everyone.
3 And that takes it up to \$8,200, up from \$8,000, for
4 self-coverage, and \$16,400 for a family. This is about
5 a 3 percent, or a 3.8 percent increase over plan year
6 '19. And with that increase in monthly premiums between
7 2.6 and 4.6 percent, the average Nevada consumer will
8 pay an additional \$46.80 to \$70.08 per year in premiums,
9 with an additional \$200 annually in max out-of-pocket
10 costs. That represents an increase for consumers at a
11 total of \$246.80, or between \$246.80 and \$270.00.

12 So any increase in premium costs, of course,
13 puts pressure on both subsidized and unsubsidized
14 consumers and finances and could result in some
15 consumers being unable to afford health insurance. We
16 will know more about what that means for consumers for
17 plan year '20 in the near future.

18 The other area that we commented on, or other
19 rule that we commented on is a proposed rule change from
20 the Departments of Treasury, Labor, and HHS to expand
21 the use of health reimbursement arrangements in order to
22 fund access to health insurance and health care. The
23 rule was developed in response to President Trump's
24 executive order from October 2017 and directed the
25 federal government to expand access to short-term

1 limited duration plans, association health plans, and
2 HRAs.

3 I'm not going to go into much more about this.
4 I will tell you that we have had conversations. It
5 sounds very much like this rule will be finalized this
6 week, probably right now. And it does sound like, from
7 the things that I've heard, that state-based exchanges
8 will have flexibility in implementing this rule, because
9 it will require a significant amount of education for
10 enrollment professionals, but also technological
11 changes.

12 Let's see. With the shift of the House of
13 Representatives to a Democratic majority, there has also
14 been an increase in proposed health care-related
15 legislation, some of which specifically aims to bolster
16 the ACA. And we're particularly interested in omnibus
17 legislation passed out of the house on May 17th. That
18 legislation, known as the Strengthening Health Care and
19 Lowering Prescription Drug Costs Act, combines four
20 ACA-related bills and three bills to lower prescription
21 drug costs. The bill would restore funding for
22 navigators and outreach providers for those FFE states.
23 It would provide states with \$200 million in federal
24 grant funding to establish state-based exchanges, which
25 could be very important to our friends that may want to

1 do this. And it can place limitations on short-term
2 limited duration plans and increase transparency
3 requiring HHS to publicly report on the way that
4 HealthCare.gov user fees are spent, something that we
5 have been talking about for years.

6 We regularly communicate with Nevada's federal
7 delegates and their congressional staff while also
8 tracking action and inaction from Congress. By working
9 with NASHP, or the National Association of State Health
10 Policies, group, the Nevada Exchange is afforded an
11 opportunity to provide meaningful state perspectives on
12 areas of national interest. And we monitor national
13 health policy initiatives, or monitoring these national
14 health policy initiatives allows the Exchange to provide
15 for a rich contextual dialogue on issues of state
16 interest. And that will continue to be a critical
17 function of our Director's top, or one of our Director's
18 top priorities.

19 Finally, well, almost finally, open enrollment
20 plan year 2020 is just around the corner, and it's well
21 underway. The planning is well underway. And you'll
22 hear from Patty Halabuk and Janel Davis today more on
23 those topics. But we're working with our carriers,
24 enrollment professionals, marketing partners, Penna
25 Powers, and others to weave transition-related

1 information into our general open enrollment strategy.

2 Our Exchange plan management and certification
3 staff have been in regular contact with carriers wishing
4 to participate in '20, plan year '20. We've issued plan
5 certification guidance in various formats. And on
6 December 21st we issued a Draft Issuer Letter that was
7 published and sent to carrier stakeholders for a 30-day
8 comment period and was finalized on March 21st. Other
9 guidance that we've provided includes carrier checklists
10 and carrier guidance in the form of Power Point
11 presentations.

12 Carriers were required to submit initial
13 submissions on June 3rd. And the Exchange will continue
14 to work collaboratively with the Nevada Division of
15 Insurance and our carriers in reviewing submissions for
16 compliance with state and federal regulations.
17 Throughout the plan certification process, the Exchange
18 and the DOI will conduct a series of reviews that will
19 be completed by September 25th to allow the Exchange to
20 certify and lock in plans for plan year '20.

21 We've issued an annual request for applications
22 for navigators and brokers. And that went out in May.
23 Our navigators include, but are not limited to,
24 nonprofit organizations, community-based organizations,
25 faith-based organizations, trade or labor unions,

1 chambers of commerce, ranching or farming organizations,
2 schools, school districts, Native American tribes, and
3 city or county agencies. Brokers and navigators are, of
4 course, a critically instrumental part in providing
5 education and year-round in-person assistance for
6 eligible Nevadans.

7 Finally, the Exchange and -- oh, there's an
8 error, typo here. The Exchange and Penna Powers have
9 invested time in carefully developing messaging and
10 marketing for plan year '20 as it relates to our
11 transition, and then open enrollment to targeted
12 audiences. We will build from previous year successes
13 to develop a campaign focused on the value of qualified
14 health plans and the importance of working with a
15 licensed enrollment professional.

16 Finally, I added the line that gives me anxiety
17 here, that all eyes are watching for Nevada's success
18 and our successful transition to a state-based exchange.
19 We built a model that other states are considering,
20 others are working actively towards, and others will
21 pursue if we can be successful and achieve our
22 anticipated savings.

23 Operationally, we are on the precipice of a
24 significant shift with a vastly increased scope of
25 responsibility. Over two years of thoughtful analysis

1 went into this decision to transition, and some
2 thoughtful analysis is being applied to implementation,
3 the same thoughtful analysis is being applied to
4 implementation. As with any large and complex problems,
5 there will be areas of imperfection. However, on the
6 whole, the Exchange is well-situated for a successful
7 launch, thus allowing the state full control over our
8 marketplace.

9 Whoo. Okay.

10 DR. JAMESON: Okay. Excellent.

11 MS. LEWIS: Excellent report. Excellent
12 report.

13 DR. JAMESON: And I must say, our new
14 arrangement for today is so cozy. I never feel like
15 we're really --

16 MS. KORBULIC: This close.

17 DR. JAMESON: -- engaged and connected to -- it
18 seems like you're way up north, and we're way down
19 south. Today I feel like I'm right in your lap.

20 MS. LEWIS: Great. Thanks.

21 DR. JAMESON: But, thank you.

22 Who would like to have any other comments?

23 I guess, I have a comment on the rules. It's
24 interesting to me, on the silver loading, that someone
25 had an objection to that. And I like the way the

1 Exchange submitted comments highlighting, bravo, the
2 importance of the silver load as it relates to
3 protecting consumers from the large premium increases
4 and deductibles. And so I was surprised. And do you
5 think that anything could be changed there that would
6 have to alter that very successful practice that really
7 has helped many of our consumers?

8 MS. KORBULIC: So it's important to remember
9 why silver loading started. Silver loading started when
10 the Trump Administration stopped paying cost-sharing
11 reductions. And in an effort to protect consumers from
12 large premium increases and carriers from extreme loss,
13 this solution was found by many other states and worked
14 out on other states.

15 And, I think, the Commissioner would be happy
16 to hear me say that we do not require or tell anyone to
17 do a silver load. We allow our carriers to do what they
18 see best around rate setting.

19 DR. JAMESON: Absolutely.

20 MS. KORBULIC: Well, and then analyze it and
21 determine whether it's necessary or not.

22 And so, what the negative consequence for the
23 federal government when silver loading started is that
24 now there's a significant more amount of money being
25 spent on advance premium tax credits than they had

1 originally intended, which were being spent in
2 cost-sharing reductions in one way, shape or form in the
3 olden days. So in an effort to reduce those federal
4 costs, they have explored the idea of not allowing for
5 that silver load.

6 DR. JAMESON: Any, any other comments or
7 questions?

8 I know we've always been so sensitive to any
9 increased cost that our consumers could be subjected to.
10 And two things. One thing is we talked about what a
11 role model we were with this, showing people the map on
12 how to do this. But even more important, though,
13 sometimes as a map is giving people an inspiration to
14 travel, to do that journey.

15 And, I think, we've also been a beam of hope
16 when the Affordable Care Act has been threatened. And
17 by you forging on for new and better, despite being
18 dismantled in every way, shape or form, almost
19 completely eviscerated, that we have carried on under
20 your amazing leadership. And I think that that
21 inspiration is just as important as this map you've
22 created. And I want to comment on that.

23 So, yes, they've made it tough for us, and the
24 premiums are going to go up a little bit. The total
25 cost --

1 MS. KORBULIC: We'll see. I don't know that
2 for sure.

3 DR. JAMESON: Oh, okay.

4 MS. KORBULIC: Yeah.

5 DR. JAMESON: That's where I was going.

6 MS. KORBULIC: Yeah.

7 DR. JAMESON: That's where I was going.

8 MS. KORBULIC: Yeah.

9 DR. JAMESON: And I know we've always said, oh,
10 my gosh, if it goes up, \$10, \$20, \$30, we always go, oh,
11 my God, heart attack. But, so what you just said almost
12 answered my question. Do you think they necessarily
13 will; and if they do, do you have any idea how impactful
14 this might be?

15 And then we've also compared to out of our
16 world, in the real world, not Exchange world, of
17 premiums. How do you think we compare, with increases?

18 MS. KORBULIC: Well, that's a harder question
19 that I might have to do some research on and get back to
20 you about, because I don't have that right off the top
21 of my head. But what I can say is that once the
22 Division of Insurance finalizes rates for plan year '20,
23 we can effectively do a similar algorithm to the one
24 that we did here and analyze how much of that cost is
25 directly affiliated with this change in premium tax, or

1 whatever it's called. Premium adjustment percentages.

2 DR. JAMESON: Well, I'm glad that you're even
3 hopeful that perhaps we may not see too much.

4 MS. KORBULIC: It could be.

5 DR. JAMESON: Yeah.

6 MS. KORBULIC: Yep.

7 DR. JAMESON: Yeah. Any other questions?

8 Okay. Wow. Okay. At this point, then, I do
9 think that this calls for...

10 (Applause.)

11 MS. KORBULIC: Very good.

12 DR. JAMESON: To Heather Korbulic and her
13 amazing team.

14 MS. KORBULIC: Yeah.

15 DR. JAMESON: And we're looking forward to your
16 expanded team. And well-deserved, because we've often
17 said, of all the exchanges across the country, we
18 probably have the most skeleton crew and the tiniest
19 little budget and are a real little powerhouse and quite
20 effective. So, finally, your well-deserved help. Yay.

21 MS. KORBULIC: Just got to hire them all now.

22 DR. JAMESON: Yes.

23 MS. LEWIS: Yeah.

24 DR. JAMESON: If they -- hope they show up.

25 MS. KORBULIC: That's what they say, yes.

1 DR. JAMESON: Okay. So if there are no other
2 questions on our Executive Director's incredibly
3 incredibles, we're going to go to the marketing and
4 outreach. Our Executive Director, Heather Korbolic, has
5 already requested that they minimize.

6 But I would say we're really moving very well
7 and don't feel the need to minimize too much. Because,
8 actually, your portion, we actually relax and listen to
9 and enjoy. Whereas we have to strain our brain and
10 really pay attention. Now we can relax. So take as
11 long as you want.

12 MS. JANEL DAVIS: Oh, thank you, Florence.
13 This is Janel Davis, Communications Officer, for the
14 record. I always say that, too, that the marketing and
15 outreach is the fun side of the job. So I'm glad that
16 you enjoy it.

17 But I have been asked to consolidate my report.
18 So the full report is in here and then an even more
19 extensive version in the F and O report, the fiscal and
20 operational report. So I'll get started.

21 Nevada Health Link and marketing partner Penna
22 Powers have again strategized and implemented an
23 off-season campaign for the months of March to August of
24 2019. The objective for this off-season marketing and
25 outreach campaign is to drive targeted audience traffic

1 to NevadaHealthLink.com in the form of qualified
2 consumers interested in learning more about Nevada
3 Health Link or their qualified health plan, with a goal
4 of capturing these consumers' data and converting those
5 to enrollees during this year's open enrollment window
6 beginning November 1st.

7 Messages for the off-season campaign have been
8 centered around special reenrollment periods and the 10
9 essential health benefits which are required for the
10 Affordable Care Act on Exchange plans. The off-season
11 campaign will run through August of this year at which
12 time we will then segue to a pre-open enrollment
13 campaign where the Exchange's transition to a
14 state-based exchange will also be promoted. And then
15 open enrollment will begin on November 1st, run through
16 December 15th, as it has in prior years, and Nevada
17 Health Link will be operating as a fully functioning
18 state-based exchange.

19 And some components of the off-season campaign
20 include a strong strategy of paid search engine
21 optimization known as SEO, and that's marketing to
22 directly address competing entities such as short-term
23 limited duration plans. SEO has proved to be an
24 efficient online tactic for Nevada Health Link to gain
25 perspective on what consumer audiences are searching for

1 when it comes to health insurance topics.

2 The Exchange and Penna Powers recently
3 streamlined this SEO strategy, and we have put more of a
4 focus on the monthly online content of the SEO campaign.

5 We have a heavy emphasis on online video
6 formats. We have learned that much of the 26 to the 45
7 age range demographic, those who will require the most
8 encouragement to enroll, they respond favorably to
9 online video formats.

10 Nevada Health Link has, also continues to
11 produce content for email marketing and our online blog,
12 which has seen an increasing engagement, which is very
13 exciting. Our blog focuses on health literacy and
14 consumer education through Nevada Health Link.com,
15 native advertising, which utilizes subject-specific
16 articles and blogs to incorporate links back to specific
17 Nevada Health Link.com webpages.

18 So that's just a little bit of our off-season
19 campaign and how it's performing. But Patty Halabuk
20 will review the metrics and our strategy for the
21 off-season marketing outreach campaign in more detail
22 during her presentation.

23 So to touch a little bit on stakeholder
24 initiatives and outreach, Nevada Health Link partners
25 with community organizations through partnerships and

1 sponsorships. Recently, Nevada Health Link has
2 partnered sponsorships with the Boys & Girls Club of
3 Truckee Meadows, Girl Scouts, Opportunity Village,
4 Las Vegas HEALS, Washoe County Health District, Saint
5 Mary's Hospital, Centennial Hospital, Roseman
6 University -- they're a Neighborhood Health Series --
7 the Reno Aces, University of Nevada Reno, Immunize
8 Nevada, and the Southern Nevada Health District. And
9 this is just naming a few.

10 The Exchange is keenly aware that outreach and
11 community relations are a critical component to not only
12 reaching Nevadans, but to understanding and addressing
13 their concerns. The Exchange engages in these efforts
14 on a year-round basis and remains committed to our job
15 and connecting Nevadans to qualified health plans.

16 Now, to talk a little bit about the state-based
17 exchange transition project as it relates to
18 communications, the Exchange has developed a
19 comprehensive communications plan for all key
20 stakeholders and internal Exchange staff.

21 And you guys can follow along on the
22 communications portion, sorry, of the SBE project.

23 For June through August 2019 time frame, the
24 Exchange has embarked on a phase titled Preparing the
25 Front Lines, which is "Prepping the Assister Network."

1 This is with a goal to ensure a successful rollout for
2 consumers. The Exchange and the fully staffed Project
3 Management Organization have been working on developing
4 training modules for navigators, brokers and call center
5 employees. The Exchange must prepare and provide
6 training for new and existing brokers and assisters on
7 the process of enrollment at NevadaHealthLink.com.
8 Nevada Health Link will also continue to work on
9 equipping enrollment professionals with communications
10 tools to co-brand and handle inquiries from consumers
11 and the media.

12 The next phase, which is scheduled August to
13 October 2019, includes prepping for the Exchange to
14 operate as a standalone SBE. This phase, titled
15 Prepping Consumers, will include a deliberate media
16 strategy detailing how to enroll on the new enrollment
17 platform starting this November.

18 The last phase is currently in development and
19 to be completed with the whole team, and that team
20 includes the Exchange communication team, Penna Powers,
21 and our PR subcontractor Faiss Foley Warren. This final
22 phase within the communication plan has been titled
23 Enroll at Nevada Health Link. All communications
24 leading up to this phase will have offered transparent
25 and detailed information to ensure that consumers

1 understand how to enroll on the new Nevada Health Link
2 platform.

3 The current consumer-facing
4 NevadaHealthLink.com website is not intended to change.
5 The URL remains the same, the brand remains the same,
6 but will include embedded redirects for consumers to log
7 in, claim their migrated user account, verify that their
8 information is correct, designate a broker, and opt-in
9 to auto-reenroll and eventually enroll. The current
10 Nevada Health Link website will undergo minor content
11 updates in order to ensure a more consumer-friendly,
12 streamlined process to make sure that consumers are
13 getting what they need when they visit our website.

14 So in addition to this comprehensive
15 communication plan that has been developed, the Exchange
16 is working very closely with key stakeholders to
17 identify the types of communications that they will have
18 with our consumers. The Exchange has identified four
19 mediums by which current insurance carriers will be
20 communicating with Nevada consumers; and that is direct
21 mail letters, email, their call centers, and their
22 website.

23 The Exchange has met with carriers and provided
24 suggested language for transition communication. The
25 carriers are excited and receptive to collaborate on

1 this messaging to consumers about our transition.
2 Carriers have also expressed an interest in co-branding
3 marketing efforts for open enrollment 2020.

4 The Exchange has coordinated communication
5 strategy meetings with other key stakeholders, including
6 the Office of Communications with the Centers for
7 Medicare and Medicaid Services. And the Exchange has
8 provided the Office of Communications with Nevada Health
9 Link's comprehensive communications plan that I just
10 outlined, our timeline, and is working to solidify a
11 timeline outlining CMS's Nevada transition communication
12 plan. The Exchange has requested that CMS provide a
13 detailed strategy to communicate with Nevada consumers
14 via their winter redirects, their mail, email, and call
15 centers, with a focus on content and timing.

16 The Exchange and our vendor, GetInsured, we're
17 also working on a consumer messaging plan, including
18 alignment of NevadaHealthLink.com website with the
19 GetInsured portal, content language for automatically
20 triggered notifications that will be generated from the
21 GetInsured platform to consumers, and confirmation that
22 Nevada Health Link's brand and messaging will remain
23 consistent throughout the transition and open
24 enrollment.

25 So, overall, we have been working diligently to

1 prepare for this seventh open enrollment season -- I
2 can't believe it's the seventh one -- and on the optics,
3 the logistics, and the messaging of our marketing and
4 outreach campaign.

5 Furthermore, the Exchange has been knee-deep in
6 this transition project and preparing to communicate an
7 obviously very complex process to all stakeholders and
8 existing as well as potential new consumers. The
9 transition communication plan and coordinated consumer
10 messaging plans are extremely detailed with specific
11 timelines and comprehensive goals for each identified
12 audience.

13 The Exchange is confident with this strategy
14 that is in place and anticipates a successful open
15 enrollment, as always. We are enthusiastic to work with
16 new partners over the course of this year and into the
17 next year as a fully functional Exchange with always the
18 ultimate goal of reducing the number of uninsured
19 throughout our state.

20 So, with that, I mean we can pause for
21 questions, but, like I said, Patty Halabuk is in
22 Las Vegas and has a very detailed presentation on the
23 off-season campaign metrics and our strategy as well as
24 going into open enrollment.

25 So I will hand it over.

1 DR. JAMESON: Thank you, Janel.

2 Patty?

3 MS. HALABUK: Good afternoon, everybody. Can
4 you hear me over there?

5 MS. JANEL DAVIS: Mm, yeah.

6 MS. HALABUK: Well, I get the fun part, because
7 I get visuals. So I'm going to piggyback on what Janel
8 said and walk you through the marketing and outreach
9 update presentation here.

10 So, as Janel said, we're still in the throes of
11 our off-season marketing campaign, focusing on messages
12 around special enrollment period as well as the 10
13 essential health benefits and all QHP plans.

14 And, as Janel said, starting at the end of
15 August, in September we'll start focusing on messaging
16 on transition as well as pre-open enrollment and then
17 segue into open enrollment from there.

18 So, directing you to page 1, this just gives
19 you a little snapshot of what we're doing in the
20 off-season as far as advertising goes. Obviously, we
21 focused the bulk of our advertising campaign for open
22 enrollment. We do have some funds and spend them in the
23 off-season to keep those messages going.

24 Most of the campaign in the off-season is
25 focused on online. It's extremely measurable, and it's

1 optimizable. If something isn't performing well, we can
2 move those dollars to another area that is. And because
3 it's very measurable, we can keep track of it.

4 We do, however, do some print publications.
5 There are a few throughout the state, statewide as well
6 as focused primarily in the south and in the north, that
7 offer throughout the year some relevant editorial that
8 focuses on health care or family, those sorts of things.
9 So we look to do a few print ads at that time.

10 One of the things that's not on here that I'll
11 mention is we also are going to run an ad in the
12 September issue of Nevada Business Magazine. That's a
13 statewide publication. This issue is featuring a
14 section called Childcare Heroes, and our own Heather
15 Korbolic was recognized as a humanitarian health care
16 provider.

17 So, congratulations.

18 (Applause.)

19 MS. HALABUK: Moving on to page 2, you see a
20 little snapshot of what the -- some of the actual
21 messaging and creative look of the off-season. So we
22 continue to feed off of the "You can't afford" from last
23 open enrollment to keep that credibility going there.
24 Our goal here is to drive more audience traffic to
25 NevadaHealthLink.com.

1 And, again, as Janel and I emphasized, we focus
2 on the special enrollment period and qualified health
3 plans.

4 Also, we're driving folks to Nevada Health Link
5 for information so they can compare plans, what they get
6 with a QHP versus some of the short-term limited
7 duration plans as well.

8 And our goal of the off-season is obviously to
9 keep Nevada Health Link top of mind, so that when you
10 get down to open enrollment, people needing insurance
11 know they need to go to Nevada Health Link. So that's
12 really kind of the goal of what we're doing in the
13 off-season.

14 Let's see. If we move on to page 3, you'll see
15 some highlighted performance of the actual online
16 portion. This is the portion that I mentioned is highly
17 measurable. So you can see some metrics here.

18 And as I mentioned, because we're driving
19 people to Nevada Health Link, we're able to track what
20 happens there. And that's what you're kind of seeing in
21 here.

22 So you'll see that -- and this is really only
23 through April. We didn't quite have all the metrics for
24 May yet. It takes a couple weeks. So we still have a
25 ways to go. But you can see that we've already had

1 nearly 17,000 clicks onto NevadaHealthLink.com generated
2 from this campaign so far. So that's really just March
3 through April.

4 One thing to mention, although our number of
5 visits to the website are down slightly, 13 percent
6 compared to last year, the people that are visiting are
7 spending over 20 percent more time there. And we're
8 attributing that to the level of interest on what is on
9 the website. And we continually work with Janel and the
10 team to hone that and make that even stronger. So
11 you'll see more things going into the website as we move
12 forward. So that's really good news. We are kind of
13 equating that to a higher level of interest.

14 MS. KORBULIC: M-hm (affirmative).

15 MS. HALABUK: In the online advertising
16 campaign we use a lot of video formats. Research shows
17 that people, when they're online, they pay more
18 attention to video format than they do kind of a banner,
19 flat, nondimensional ad. And to back that up here,
20 you'll see that our video ads are actually outperforming
21 the industry standards by 250 percent. So we know
22 they're getting noticed. So that's a format that is
23 proven and that we will continue to use, and you'll see
24 more in our open enrollment campaign as well.

25 Let's see. So moving on to page 4, we continue

1 to work closely with Janel and the team to maintain a
2 very robust year-round email marketing campaign as well
3 as a Nevada Health Link blog. So, on page 4, you can
4 see some of the highlights for those efforts. You can
5 see how many emails we've sent, how many blogs we've
6 published, about the topics, and then, also, some of the
7 impressions and clicks that those have generated as
8 well. So, obviously, there's different components of
9 the marketing, and these are two other factors that help
10 round out the whole marketing plan for communications.

11 Moving on to page 5, I just always emphasize
12 how successful the outreach activities are to the
13 overall marketing landscape. Connecting with our
14 consumers and like-minded community groups and
15 influencers through person-to-person contact is how
16 we're really able to educate our consumers and really
17 understand what they know, what they think, and what
18 their concerns are about health insurance as well as
19 Nevada Health Link.

20 And then, in turn, this enables us to take that
21 knowledge and really hone in on our team messages. So
22 we know we're reaching audiences with messages that
23 they're going to relate to and, hopefully, respond to by
24 enrolling.

25 So on page 5 you'll see some of the outreach

1 events that we've attended, the amount as well as the
2 types, in March, April and May. And then you can see
3 what we're projecting to attend June through September.
4 I'll also make note that August and September, you'll
5 see the increase significantly, because those are back
6 to school months. And there's lots of opportunities for
7 us to engage with parents of school age children. So
8 we've really mined into those opportunities in the last
9 couple years.

10 The other thing I want to mention about that is
11 certainly our primary target at those kinds of events
12 are the parents. But, also, it gives us an opportunity
13 to create some awareness with children. Because we all
14 know, when you can instill a behavior at a young age,
15 it's more likely that as they get older they'll follow
16 through with that behavior. So never too young to get
17 exposed.

18 MS. KORBULIC: To be insured, yeah.

19 MS. HALABUK: And Janel touched on this.
20 Moving on to page 6, you'll see some of the community
21 relations and partnership highlights. I won't list
22 them, because Janel has a list of them. But a couple of
23 unique ones here are the library districts. There's so
24 many programs in both the north and south in libraries
25 and so many people involved. So we're really thrilled

1 to be getting into those areas.

2 And then, also, on page 7, some of the
3 sponsorships that Janel mentioned, I'll just mention
4 that some of these sponsorships have different
5 components. Some of them are really more for brand
6 awareness. And, again, that's important year-round,
7 because it's top of mind. We want people to
8 continuously be thinking of Nevada Health Link. And
9 then some give us more hands-on opportunities. For
10 example, Boys & Girls Club of Truckee Meadows, there are
11 events related to children that we get to table at and
12 be involved in and talk to the parents, and things of
13 that nature. So we have a really good mix of
14 sponsorships here that we feel helps round out what some
15 of our goals are.

16 Moving on to page 8, Janel touched on our
17 relationship with Faiss Foley Warren, the PR and media
18 relations firm. They also have a year-round effort that
19 we collaborate on. They work directly, we all do, with
20 Heather and Janel to continuously strategize on how to
21 handle very important issues. And, also, they're
22 constantly looking for opportunities to address the
23 media with positive outcomes and good exposure for
24 Nevada Health Link.

25 And, obviously, it's very critical this year,

1 because as the transition unfolds, we know that all eyes
2 are on the issue. So.

3 MS. KORBULIC: No pressure.

4 MS. HALABUK: No pressure.

5 Moving on to page 9, Janel touched on we are in
6 the throes of developing an enrollment campaign. So
7 it's pointed out, to reiterate some of what Janel has
8 already said, and Heather in her report, some of our
9 objectives, obviously, the gist of that campaign is to
10 promote open enrollment.

11 We also want to help enforce Nevada Health
12 Link's position as the trusted resource for health
13 insurance and health care information. We want to
14 emphasize to consumers that Nevada Health Link is really
15 the one place to get it all. Nevada Health Link is
16 striving to make it easier for consumers, because they
17 understand, so we can talk to you so that you can
18 understand.

19 And, you know, it's a small but mighty but kind
20 of cool with the people that deal with it.

21 MS. KORBULIC: Kind of.

22 MS. HALABUK: And, lastly, we want to promote
23 the consumer benefits of the Exchange's move to a
24 state-based exchange.

25 So there are a lot of things to weave into this

1 campaign. And you'll see that at our next meeting. But
2 we're stirring the pot right now and putting the mixture
3 together.

4 And back on page 10, you'll just see a brief
5 little snapshot timeline of kind of some of the
6 messaging, when you'll start to see that. Obviously,
7 there's some key transition messaging that's going to
8 come up starting towards the end of August, early
9 September. And we'll intertwine that some pre-open
10 enrollment messaging and then go into full open
11 enrollment messaging.

12 And then, once open enrollment is over, shortly
13 on the heels of that, we start all over again with an
14 off-season campaign and keep that awareness going.

15 That's all I have. Thank you.

16 MS. KORBULIC: Thank you, Patty.

17 MS. HALABUK: I'll take any questions.

18 DR. JAMESON: Thank you so much. Wonderful.

19 Excellent work.

20 MS. HALABUK: Thank you.

21 DR. JAMESON: Any comments from anyone
22 regarding the Penna Powers combined report on marketing
23 and outreach update?

24 MR. MELENDREZ: Good work on all sides.

25 MS. KORBULIC: Thank you.

1 MS. HALABUK: And we collaborate with you.

2 DR. JAMESON: I was just curious. On the
3 little videos, which seem to be one of the things that
4 they're really attracted to --

5 MS. KORBULIC: M-hm (affirmative).

6 DR. JAMESON: -- I think, we all find that to
7 be the case in so many scenarios, business. What is, in
8 your industry and what you found with our customers, the
9 perfect length of the video that you show?

10 MS. KORBULIC: Absolutely no more than 30
11 seconds, believe it or not.

12 MS. KORBULIC: That's my attention.

13 MS. HALABUK: We generally strive to keep most
14 at 15 seconds.

15 DR. JAMESON: Wow.

16 MS. HALABUK: Some as little as 10.

17 DR. JAMESON: Whoooo, 10.

18 MS. HALABUK: It really depends on -- and
19 that's where frequency comes into play as well. You
20 show them over and over.

21 MS. KORBULIC: M-hm (affirmative).

22 MS. HALABUK: Not within a five-minute span,
23 but just build that recognition.

24 DR. JAMESON: So Heather and I could definitely
25 not be in one of those videos.

1 MS. KORBULIC: No, my report could not fit in
2 one, yeah.

3 DR. JAMESON: All right. So we're going on
4 now. Thank you, Patty.

5 MS. HALABUK: Thank you.

6 DR. JAMESON: The state-based transition
7 update, where the state-based insurance marketplace
8 technology platform, well, and consumer assistance
9 center. So.

10 MS. KORBULIC: Eric Watt, our Project Manager,
11 is going to walk us through this report.

12 DR. JAMESON: Excellent. And, yeah, this is, I
13 guess, where we've gotten quite a hint of what it is,
14 but we're looking forward to this report to fill it in
15 more.

16 MR. WATT: Thank you, Madam Chairman. Eric
17 Watt, SBE transition Project Manager, for the record.
18 There'll be no surprises in this report.

19 During development of the state-based exchange
20 transition project, a go/no-go milestone was defined,
21 and it was dated May 31, 2019, and would allow for the
22 halting of the project, if necessary, with little to no
23 interruption to carriers concurrently doing business
24 with the Silver State Health Insurance Exchange, also
25 referred to as Exchange.

1 The Exchange is pleased to report to the Board
2 of Directors that the vendor has successfully met the
3 project criteria to allow the declaration of the SBE
4 project a go.

5 One of the foundational challenges of this
6 project is the migration of the application and
7 enrollment data from the HealthCare.gov platform to the
8 GetInsured platform. In order to move pass the go/no-go
9 decision, the Exchange had to prove that the Centers for
10 Medicaid and Medicare Services could successfully
11 migrate Nevada consumer data to SSHIX and that GI, our
12 vendor, could consume the data and, essentially,
13 populate our Exchange database with consumer application
14 and enrollment data.

15 To demonstrate success, the Exchange requested
16 GI create a report that analyzed two sets of the
17 migrated data and demonstrate that they are able to
18 combine the application and enrollment data and match up
19 specific information from CMS. In short, the Exchange
20 was able to prove that CMS would be able to successfully
21 migrate the application and enrollment data over to the
22 GI technology platform, so that GI could consume the
23 data in order to build the basis for a fully functional
24 SBE.

25 The Exchange and the PMO have had a difficult

1 time reaching an agreement with CMS regarding the timing
2 of the data migration. CMS recently informed the
3 Exchange that plans to allow consumers to make changes
4 to their applications during the month of September and
5 October would not be feasible and risked causing two
6 technology systems, theirs and ours, to become out of
7 sync. After a fair amount of work on the part of the
8 Exchange and GI, timing for data migration has been
9 solidified, as has the specifications around what
10 consumers will be allowed to modify on their migrated
11 user accounts prior to open enrollment.

12 As you've heard before, on September 4th
13 consumers will be invited to NevadaHealthLink.com to
14 claim their accounts and verify their information. Once
15 logged in, consumers will be able to designate an
16 agent/broker and will be encouraged to opt-in to
17 auto-renewal, which will take place starting
18 October 15th. This is a slight change from allowing the
19 consumers to make changes to their accounts as
20 previously planned. The Exchange will maintain the
21 September 4th soft-launch date as originally scheduled.

22 The current project dashboard report, that is
23 sent to the Exchange and GI from the PMO on a weekly
24 basis, is back to presenting a green status. As
25 previously stated, it is not uncommon for a project of

1 this size to be in yellow status or even dip
2 periodically into red. As more and more tasks go into
3 play, more obstacles or challenges can arise. The
4 colors are used as tools to heighten awareness of risks
5 and issues, document them, and to ensure aggressive and
6 appropriate mitigation.

7 Two low-impact risks have been registered and
8 reported, and their mitigation is the reason for the
9 return to green status. The low-impact risks are as
10 follows:

11 Risk number 1. Milestone 4, GetInsured test
12 environment, was due on 3-31-19 and was delivered
13 incomplete. This has directly affected the ability of
14 the PMO to conduct user acceptance testing. The fully
15 functional test environment is now expected 7-1-19.

16 GetInsured is taking a new approach in which
17 the different environments for this project will be
18 available. GI has set a release date for the production
19 system which will be delivered on June 10th. And it
20 was. The release to a production system means GI will
21 release updates to the training environment and to the
22 UAT environment prior to the production environment. It
23 is normal to have various enhancements to a system that
24 are staged prior to being made available to the
25 production environment. This means that the UAT

1 environment will be leveraged as a staging environment
2 and serve a dual purpose of also being a UAT platform.

3 These changes affect the systems that are
4 currently linked to the contracted delivery dates to
5 instead be linked to the release dates supporting
6 production.

7 Some of the key dates, I have placed here. And
8 you can read those.

9 Although the dates, the key dates are
10 essentially a deviation from the contractual
11 stipulations, this plan is more focused and organized
12 methodology to address and support the production
13 environment, which, in turn, mitigates this risk.

14 Risk number 2. The authority to connect to the
15 federal services data hub, the FDSH, has made solid
16 progress with the completion of the security assessment
17 report by our vendor, SeNet. They have used the
18 required, as we said before, MARSE 2.0 standards to
19 review the SSHIX security system plan. SeNet is
20 currently in the process of writing their assessment
21 plans, to deliver the assessment, which they had, in
22 fact, have delivered to us on June 12th. And the
23 Exchange will has, in fact, presented it to CMS as of
24 last night, thanks to Russell Cook.

25 Along with the submission of the assessment

1 report to CMS, we are also required to submit
2 documentation to the Internal Revenue Service for their
3 approval to connect to the IRS to obtain and retain
4 federal tax information. After considerable effort
5 again by Russell Cook, the Exchange's Information
6 Security Officer, Information Systems Officer, the
7 required documentation was submitted to the IRS for
8 review.

9 The outstanding risk remains in CMS and IRS
10 hands. Both entities must review the submitted
11 documentation and, hopefully, promptly process our
12 authority to connect to both CMS and the IRS.

13 For the testing status, GI and SSHIX contract
14 calls for the PMO to conduct UAT, while GI is
15 responsible for all other testing. However, the SSHIX
16 has prioritized carrier testing of electronic data
17 exchange, EDI, to ensure the maintenance of strong
18 relations with one of the agency's most important
19 stakeholders.

20 In working with multiple other state exchanges,
21 it has been my experience that EDI comes with a
22 vendor-specific list containing explicit requirements.
23 Chosen technology vendor GI is no different. Those
24 requirements come in the form of a companion guide,
25 which was provided to the insurance carriers early in

1 the process. Some carriers have required more time than
2 others to adjust to the new requirements. And the
3 Exchange has allowed for the requested needs within the
4 scope of the project.

5 In an effort to support the carrier request to
6 have more time with the EDI framework, the Exchange made
7 adjustments by splitting EDI test times into three
8 specific periods: 4-1 to five-31 for the original date;
9 4-29 to 6-28, allowing time for adjustments for those
10 who needed it for the companion guide; and we'll have
11 another one 7 -- actually, 7-15 to 8-15 for those
12 insurers requiring to test with plan year 2020 data.

13 While the EDI testing in general is
14 progressing, the Exchange has identified some anomalies
15 requiring some unique solutions.

16 User acceptance testing has required
17 considerable reengineering on the part of SSHIX. The
18 PMO has developed use cases, organized by role, that
19 describe expected functionality. From there, the PMO
20 has developed test cases, which are scenarios by which
21 the system's response is tested. These use cases will
22 also serve to support training and implementation
23 specialists and the technical document writer and their
24 PMO roles as they develop training and reference
25 material.

1 For PMO status, the project management office
2 has grown as planned. However, the security specialist
3 responsibilities have shifted over to the Exchange's
4 ISO, Russell Cook. The Exchange hired a second quality
5 analyst to work with our existing QA lead on EDI and UAT
6 testing. Recently, the Exchange hired a training
7 implementation specialist to create the necessary
8 training documentation, both digital and paper-based,
9 for onboarding brokers and enrollment assisters. Part
10 of this work will be enhanced by the new document
11 technical writer position, who is also being asked to --
12 tasked with various technical writing requirements, such
13 as desk manuals and plan certification manuals.

14 The entire team has hit the ground running.
15 And, I believe, we engaged highly experienced and
16 knowledgeable people who are more than well-qualified
17 for this project. They have quickly demonstrated their
18 added value to the PMO.

19 And at this point, the project status is
20 currently green. The entire SSHIX staff and the PMO
21 feel more confident than ever of the success of this SBE
22 transition project.

23 Thank you.

24 (Applause.)

25 MS. KORBULIC: An onboard meeting.

1 DR. JAMESON: Bravo. Bravo. I must say, the
2 whole just nature of your report was so different than
3 the last time. We weren't quite in the green zone. And
4 there you could almost see the little perspiration as
5 everyone had, with trepidation was looking to that
6 finish line and if we were going to make it.

7 And, but what you summed it up, what I was
8 going to say but not so eloquently, was that this entire
9 team hit the ground running and took us out of the not
10 so desirable zones into the green zone in no time at
11 all. And I can only say I knew that you were going to
12 do it. But it was an amazing task nonetheless. And I
13 just don't know how many people there are on this planet
14 or in this universe that could have done it. I mean
15 really an amazing job.

16 And thank you for bringing us into the green
17 and making our vision a reality. I mean it's just
18 amazing.

19 (Applause.)

20 MS. KORBULIC: Thank you.

21 DR. JAMESON: I mean it really is.

22 MR. WATT: Thank you, but nothing happens
23 without the team.

24 DR. JAMESON: Well, I'm referring to you and
25 your team. It was just amazing.

1 Does anybody -- it is really a miracle. If you
2 guys don't appreciate what a miracle that just happened,
3 it is a miracle.

4 I would like to say that -- or questions at
5 this point on his report, any questions?

6 I appreciated that --

7 MS. LEWIS: I think, it's wonderful that the
8 team can learn all of these terms.

9 MS. KORBULIC: Not only do we know the terms --

10 MS. LEWIS: Or the acronyms.

11 DR. JAMESON: Acronyms.

12 MS. LEWIS: Acronyms.

13 DR. JAMESON: Jonathan, Jose, any comments?

14 MR. MELENDREZ: I appreciate all the acronyms.

15 DR. JAMESON: Yeah. And I had -- yeah, I
16 wasn't intimidated, being in medicine, by all those
17 acronyms. I couldn't -- in medicine, I can say
18 sometimes, if they're legitimate acronyms, "I have to
19 take your word for it here."

20 MR. WATT: The IRS is real.

21 DR. JAMESON: So --

22 MS. LEWIS: And we've dealt a lot with CMS, so
23 that's real, also.

24 MS. KORBULIC: Yes.

25 MS. LEWIS: All of the others are good. Okay.

1 DR. JAMESON: So we're supposed to encourage
2 gently to encourage the opt-in. I was asking Heather at
3 this time. So the more automatic enrollment, the
4 better, obviously. And does anybody actually know at
5 this time what percent of our current clients actually
6 are already on the automatic, auto-renewal, and how far
7 we have to go as we gently encourage, with our new
8 software, the opt-in?

9 MS. KORBULIC: Madam Chair, Heather Korbulic,
10 for the record.

11 We -- I don't have the exact number on the top
12 of my head, but I'm happy to provide that later on to
13 the Board and make that public as part of our meeting
14 notes. But we also -- so when we do this data
15 migration, everybody who is eligible for
16 automatically -- auto-reenrollment right now will be
17 automatically reenrolled, Nevada Health Link.

18 Our goal is to connect as many people to
19 automatic reenrollment to really prevent the loss and to
20 protect our retention. And so we're encouraging people
21 in the months of September through October to opt-in.
22 Nobody will be allowed to opt-out during that time
23 period. They will just be allowed to opt-in.

24 DR. JAMESON: (Clapped.) Oh, excuse me. Okay.
25 So. Good. Great. Thank you.

1 So our carriers -- and you may not be able to
2 say anything, 'cause they need to do so much prep in
3 order to get themselves fully functional for our new
4 state-based amazing system. And you had mentioned, but
5 held back, that we could have new carrier added. And
6 the question is, then, are they already being involved
7 in the process so they'll be prepared?

8 MS. KORBULIC: Yes, absolutely.

9 DR. JAMESON: Oh, that's encouraging.

10 MS. KORBULIC: Yeah.

11 DR. JAMESON: Okay.

12 MS. KORBULIC: Yeah.

13 DR. JAMESON: Or it could be discouraging to
14 them, but.

15 MS. KORBULIC: Well, and I'll say that this is,
16 this plan year is going to be an anomaly because we're
17 transitioning. But there is, immediately in the last
18 several months we have come to realize that we're going
19 to need onboarding processes for our carriers that we
20 didn't anticipate needing. And so we're working on that
21 content right now, including information about when you
22 need to be connecting with the Exchange in order to
23 start doing that electronic data interface change,
24 testing, and a variety of other things, to join the
25 Exchange. Because there has been a significant interest

1 this year.

2 DR. JAMESON: Yes. I think, that's a great
3 idea.

4 MS. KORBULIC: Yeah.

5 DR. JAMESON: Okay. Any other, any other
6 questions on this?

7 MR. JOHNSON: This is Jonathan Johnson.

8 DR. JAMESON: Jonathan.

9 MR. JOHNSON: For those of us that remember the
10 first year --

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

12 MR. JOHNSON: -- and just some of the issues as
13 it related to web traffic --

14 MS. KORBULIC: M-hm (affirmative).

15 MR. JOHNSON: -- and system --

16 DR. JAMESON: Migration?

17 MR. JOHNSON: -- breaking down --

18 MS. KORBULIC: Yeah.

19 DR. JAMESON: Oh.

20 MR. JOHNSON: -- is there a way to test that or
21 to know that, you know, we're not going to have that
22 experience this time around?

23 MS. KORBULIC: There's three things that I'd
24 mention around that topic. First is one of the most
25 significant problems in the Xerox days was the attempt

1 to integrate eligibility systems. So that kind of like
2 ebb and flow, or that massive flow of new Medicaid
3 recipients at the time bogged down everybody's system.

4 So we don't anticipate -- because we're not
5 fully migrating our systems, we've addressed that
6 concern, and it's not likely.

7 The second thing to point out is that
8 GetInsured has a demonstrated track record of being
9 functional in other states, and so there's some
10 confidence in risk migration, or mitigation there.

11 Then, third, we are, yes, absolutely user
12 acceptance testing, UAT, all over the place.

13 So nobody wants to see that again.

14 DR. JAMESON: Excellent. That is the question.

15 And, so, okay, then. Moving on to the approval
16 of the semi-annual Fiscal and Operational Report.

17 MS. KORBULIC: Somebody on the phone, we can
18 hear --

19 DR. JAMESON: Water running.

20 MS. KORBULIC: You need to mute. Yeah.

21 DR. JAMESON: Approval of the semi -- I thought
22 that was you guys up there. I couldn't see what you
23 were doing, though.

24 Approval of the semi-annual Fiscal and
25 Operational Report pursuant to NRS 695I.370(1)(b) to the

1 Governor and Legislature.

2 We have in our materials the letter to
3 Governor Sisolak, Director Coombs regarding this report,
4 correct?

5 MS. KORBULIC: Yes. And there's a report.

6 DR. JAMESON: And the report is --

7 MS. KORBULIC: Yeah.

8 DR. JAMESON: -- in here as well. And does
9 anybody have any questions, comments on the report?

10 So, then, I would suggest, if there are no
11 questions or comments, we can go on to take action. Do
12 I hear any action in the way of a motion?

13 MS. LEWIS: Lavonne Lewis, for the record. And
14 I move approval of the Fiscal and Operational Report
15 submitted to the state, dated June 30th, 2019.

16 DR. JAMESON: And is there a second?

17 MS. CLARK: Valerie Clark. Second.

18 DR. JAMESON: Very good. Any questions,
19 discussions, any concerns?

20 Hearing none, then, everyone in favor of this
21 report, say "aye."

22 (Board members said "aye.")

23 DR. JAMESON: Anyone in opposition, "nay."

24 Any abstinence?

25 The report is approved for the semi-annual

1 fiscal and operations.

2 Okay. So our discussion and possible actions
3 regarding our next meeting is in September.

4 MS. KORBULIC: September 12th.

5 DR. JAMESON: September 12th. And that would
6 be Thursday at 1:30?

7 MS. KORBULIC: Yep.

8 DR. JAMESON: Boy, we are creatures of habit.
9 And will it be here?

10 MS. LEWIS: Will it be here?

11 DR. JAMESON: I understand that our old
12 building is fixed?

13 MS. KORBULIC: Yes. It should be in our Carson
14 and Las Vegas offices, yes.

15 DR. JAMESON: Excellent. Well, I'll miss this
16 cozy meet.

17 MS. LEWIS: And I'll miss the short distance I
18 have to travel to get here.

19 DR. JAMESON: Were there any other discussions,
20 action items that you would like to inform our Executive
21 Director Heather Korbulic about, anything?

22 Up north, anything? You get to talk to her all
23 of the time. But this is for the record.

24 Okay. So hearing none, I'm going to move now
25 to public comment. Do we have any public comment in the

1 north?

2 Any more public comment in the south?

3 Well, Barry's gone, so I guess not.

4 Okay. I move to adjourn. And thank you, everybody, for
5 a really great meeting and all the amazing work you're
6 doing. And it's just going to be exciting, what's
7 coming up, very exciting.

8 Thank you, everybody.

9 MS. KORBULIC: Thank you.

10 Thanks for being here, everybody.

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