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SILVER STATE HEALTH INSURANCE EXCHANGE  
BOARD MEETING  
THURSDAY, OCTOBER 8, 2020

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DR. JAMESON: Hello and welcome, everybody.  
Welcome to our meeting. And Heather has, as usual, a  
packed full of exciting information.

I'd like to first have our roll call taken and  
make sure, as I do believe we do, we have a quorum.

MS. KORBULIC: Great, Madam Chair. Thank you.  
Heather Korbulic, for the record. I'm happy to call the  
roll.

I just wanted to also remind everybody that is  
listening on attending mode, if you have public comments  
during our public comment section or agenda item,  
pleases go ahead and raise your hand or put something  
into the chat box that you would like to speak.

And before I call roll, Katie, if you could add  
A. Frantz to the list of panelists, that would be great,  
too. Thank you.

So I'll start with Dr. Florence Jameson?

DR. JAMESON: Present.

MS. KORBULIC: Valerie Clark is absent.

1           Lavonne Lewis? I see you, and your camera  
2 seems to have frozen. Is everyone else seeing that,  
3 too?

4           MR. JOHNSON: Yes.

5           MS. KORBULIC: Okay. We will mark you as  
6 present, Lavonne.

7           MS. LEWIS: I'm here.

8           MS. KORBULIC: Oh, okay. I can hear you now.  
9 Thank you.

10          All right. Dr. Friedman?

11          DR. FRIEDMAN: Present.

12          MS. KORBULIC: Jonathan Johnson?

13          MR. JOHNSON: Present.

14          MS. KORBULIC: Jose Melendrez?

15          MR. MELENDREZ: Present.

16          MS. KORBULIC: Quincy Adams is absent.

17          Has Suzanne Bierman joined us? Oh, she's in --  
18 I see she's in the attendees. Katie, if you could also  
19 join her to the panelists. And I will mark her as  
20 present.

21          Commissioner Richardson?

22          COMMISSIONER RICHARDSON: I'm here.

23          MS. KORBULIC: Great. And Aaron Frantz?

24          MR. FRANTZ: Aaron Frantz is present.

25          MS. KORBULIC: Thank you. Thanks for being

1 here, Aaron.

2 MS. AARON: Thanks for having me.

3 MS. KORBULIC: Great. So, Madam Chair, we have  
4 a quorum.

5 DR. JAMESON: Excellent. Let's see. I just, I  
6 just had my agenda here.

7 Go ahead and let us first, after welcoming  
8 everybody, ask if we have any comments. Any comments,  
9 public comments?

10 MS. KORBULIC: Katie, do we have anybody who's  
11 raised their hand?

12 Again, if you would like to make a public  
13 comment, please go ahead and raise your hand or put  
14 something into our chat box, and we will allow you to  
15 speak on the Zoom meeting.

16 MS. CHARLESON: No, I'm not --

17 MS. KORBULIC: Katie, are you seeing anything?

18 MS. CHARLESON: No, I'm not seeing any.

19 MS. KORBULIC: Okay.

20 DR. JAMESON: Great. In that case, I would  
21 love to entertain a motion from one of our Board members  
22 for the approval of the minutes from the July 21st, 2020  
23 Board meeting.

24 MR. JOHNSON: Jonathan Johnson. Motion to  
25 approve.

1 MR. MELENDREZ: Jose Melendrez. Second.

2 DR. JAMESON: Everyone in favor of approving  
3 the minutes from July 21st, 2020 Board meeting, please  
4 say "aye."

5 (Board members said "aye.")

6 DR. JAMESON: Anyone opposed?

7 Is there anyone who's abstained?

8 So the minutes from July 21, 2020 Board meeting  
9 have been approved.

10 And at this time, we are all been excited and  
11 waiting to hear our Executive Director's report.

12 Ms. Heather Korbulic, we are ready to hear  
13 about all the exciting things you are doing for our new  
14 enrollment period. Thank you.

15 MS. KORBULIC: Thank you, Madam Chair and  
16 members of the Board. I just want to remind all of you  
17 and anyone who is listening that you can follow along  
18 with all of our material at our webpage,  
19 NevadaHealthLink.com, under the board meeting section.  
20 All of this material is posted there.

21 And so, with that, I will, just before I start  
22 reading my more formal comments, let you know that  
23 sometimes people think that the Exchange maybe doesn't  
24 really have a busy time before open enrollment. But I  
25 can assure you that that is not at all the case. It has

1 been a bit of a wild ride. And I'm actually looking  
2 forward to being in open enrollment when things might  
3 settle down slightly.

4           So with that, thank you again for being here.  
5 I want to just let you know that we've spent the summer  
6 months of 2020 settling into our new normal, while also  
7 preparing for our second open enrollment period as a  
8 fully autonomous State Based Exchange. This preparation  
9 work includes: developing new partnerships with our QHP  
10 carriers; the creation and development of a new  
11 marketing campaign strategy; eligibility platform  
12 changes and, of course, the corresponding testing; our  
13 agency biennial budget and the development of that  
14 budget; state agency partnerships; and then, of course,  
15 tracking and monitoring the ever-evolving field of  
16 federal policy and rule changes.

17           We have learned an enormous amount over this  
18 past year. And we remain confident that our eighth open  
19 enrollment period for Nevada Health Link is going to be  
20 one of our best.

21           So I'm going to give you an overview of what's  
22 to be expected for plan year 2021. Window shopping for  
23 plan year '21 went live on October 1st. The Exchange is  
24 proud to announce the participation of two additional  
25 qualified health plan carriers, for a total of five QHP

1 carriers for plan year '21. Nevada consumers will be  
2 able to choose from a combined total of 50 health plans  
3 from returning carriers, Anthem, Health Plan of Nevada,  
4 and SilverSummit, and our new carriers, Friday Health  
5 Plans and SelectHealth. Six returning dental carriers  
6 have submitted a total of 21 standalone dental plans.  
7 And Nevadans living in Clark and Nye County will be able  
8 to select health plans from all five of those carriers.  
9 Washoe County residents will be able to select health  
10 plans from Anthem, HPN, Friday Health Plans, and  
11 SilverSummit. And then the 14 remaining counties, we're  
12 very excited to announce, they'll have even more  
13 selection this year. They will be able to select health  
14 plans from Anthem, Friday Health Plans, and  
15 SilverSummit.

16           The average rate increase for plan year '21 is  
17 4.2 percent for on-Exchange plans. We continue on  
18 remind and message consumers that when rates increase,  
19 subsidies also increase to offset that change. So  
20 consumers, the bulk of them, 80 plus percent, who  
21 receive subsidies will see little to no impact resulting  
22 from that rate increase.

23           Open enrollment and an overview on our  
24 marketing and outreach campaign, which you'll get to see  
25 a sneak peak of later on during the presentation and get

1 more information from Janel Davis, our Communications  
2 Officer, but I'll give you my perspective at a  
3 50,000-foot view of what we've been working on.

4           Every facet of the Exchange has quickly adapted  
5 to the COVID landscape, and none more so than the  
6 Exchange's marketing and outreach efforts. As a small  
7 standalone state agency, the Exchange has always been  
8 very nimble. That ability to be nimble has proven  
9 extraordinarily useful throughout the pandemic, and  
10 especially as our agency heads into the open enrollment  
11 advertising season.

12           The Exchange, in partnership with Penna Powers,  
13 has developed a comprehensive advertising campaign that  
14 speaks to the reasons for getting coverage and  
15 highlights people living within the realities and the  
16 confines of COVID. The campaign targets newly  
17 unemployed Nevadans, gig employees, culturally diverse  
18 populations, parents, among many others. This year's  
19 campaign strategy takes from last year's successes and  
20 builds a robust digital and social campaign that all  
21 Nevadans are bound to encounter throughout their daily  
22 lives.

23           The Exchange and our outreach partners  
24 throughout the state have been forced to think  
25 creatively when it comes to meaningful outreach and

1 engagement. Early on in the pandemic, our in-person  
2 events and conferences were cancelled. And online  
3 conferences and events do not easily lend themselves to  
4 meaningful engagements with potential consumers. In  
5 response, the Exchange staff have delivered promotional  
6 and educational material to schools, churches, health  
7 centers, and other entities who are directly interacting  
8 with Nevadans throughout the pandemic.

9           To accommodate social distancing requirements  
10 and to prevent transmission of COVID, Exchange  
11 navigators are providing virtual assistance to consumers  
12 via Zoom and FaceTime meetings. Navigators use these  
13 technologies to provide face-to-face advice and then  
14 walk consumers through the application process while  
15 they remain safely at home. While this has proven to be  
16 a preferred method of assistance, navigators are  
17 scheduling in-office appointments if requested. But  
18 they do so with a limited number of consumers and staff  
19 in our navigator offices. And they follow all of the  
20 CDC guidance and recommended safety requirements.

21           In addition to the new processes for individual  
22 assistance, new procedures for outreach events have been  
23 developed. Our navigators, of course, always have been,  
24 and are, the primary event staff to represent Nevada  
25 Health Link at community events. While public

1 gatherings have drastically been reduced since March of  
2 this year, some still do occur. And to ensure that the  
3 safety of both our navigators and our consumers and  
4 fellow Nevadans are protected, navigators, of course,  
5 again, comply with all of the CDC and state transmission  
6 safety measures, including the use of PPE, social  
7 distancing guidelines, gathering limits, and table and  
8 booth disinfecting.

9           We have wonderful and very exciting  
10 partnerships going on with our brokers and navigators  
11 this year. So in July, the Exchange announced our  
12 licensed broker and agent, navigator and in-person  
13 assisters that were selected to receive our grants for  
14 plan year '21. The program is, of course, designed to  
15 help close the uninsured gap in Nevada by helping those  
16 on the front line to more effectively market to  
17 uninsured and underinsured populations.

18           In May, our licensed brokers/agents, navigators  
19 and in-person assisters applied for the program and  
20 provided us with detailed outlines on how they would use  
21 funding for marketing, outreach and operational costs,  
22 with the goal, of course, of increasing enrollees. In  
23 light of COVID-19, this year's applicants were also  
24 required to outline how they would implement social  
25 distancing and community mitigation strategies, to

1 reduce the transmission of COVID through the duration of  
2 the performance period, which will run July 1st of this  
3 year to June 30th of 2021.

4 We awarded these grant to five different  
5 brokers and agents, including Brian Douglas, Brent  
6 Leavitt, Chris Carothers, Albert Ochoa, and Gina  
7 Aguerre, who is new and in the north, and we're very  
8 excited to have her this year.

9 We have also awarded the grant to eight  
10 in-person assister and navigator grantees, including  
11 Asian Community Development Center, Asian Community  
12 Resource Center, Access to Healthcare Network, which  
13 we're very excited to have rejoin us after several  
14 years, and Nevada Health Centers, Nevada Outreach  
15 Training Organization, the Office of Consumer Health  
16 Assistance, and St. Rose Dominican Hospital Dignity  
17 Health. These grantees will receive funds to help them  
18 with marketing, outreach and enrollment efforts  
19 throughout the open enrollment period.

20 And I'm going to skip some of this, because, I  
21 think, you know a lot of it. I'll go on to the next  
22 section.

23 The navigator landscape for plan year '21,  
24 versus plan year '20, includes the differences from the  
25 number of full-time navigators. We revamped the funding

1 structures and new coverage in northern Nevada and then,  
2 also, decreased -- or excuse me. We revamped our  
3 funding structures. We have new coverage in northern  
4 Nevada and decreases in in-person outreach  
5 opportunities. So the Exchange is funding 26 navigators  
6 over eight different agencies for plan year '21.  
7 Navigators and in-person assisters consist of public  
8 entities and private entities that communicate, educate,  
9 and enroll eligible individuals in Affordable Care Act  
10 Qualified Health Plans and publicly funded healthcare  
11 through the multiple enrollment methods provided by the  
12 Exchange. The Exchange currently awards 26 FTEs. We've  
13 already been over that. Sorry that that got a little  
14 repetitive.

15           In state fiscal year '20, the navigator  
16 entities were awarded with a maximum of \$3,500 a month  
17 per full-time in-person assister, reimbursable on a  
18 billable hour basis. If a navigator entity had a  
19 reduction in billable hours, they would have had a  
20 subsequent reduction in reimbursements. Throughout the  
21 year, the billable hours for IPAs would fluctuate  
22 depending on demand and consumer need. For instance,  
23 there were much higher billable hour reimbursements  
24 during the open enrollment period, and lower billable  
25 hour reimbursements during the special enrollment

1 period. This reimbursement methodology made it  
2 difficult for our navigators to develop accurate cost  
3 projections and budgets. And the COVID-19 pandemic  
4 requiring the closure of nonessential businesses and the  
5 shelter-in-place orders beginning in March had a real  
6 detrimental impact on our navigator entities along with  
7 the billable hours that they were able to bill for.

8           So, in an effort to stabilize funding for our  
9 navigator entity and partners and to provide more  
10 consistent and stable statewide pool of IPAs, or  
11 in-person assisters, for state fiscal year '21, the  
12 Exchange realigned the reimbursement methodology to be  
13 consistent with grant management best practices and  
14 reimbursement guidelines as directed by the Office of  
15 Grants Procurement, Coordination and Management. This  
16 realignment includes the development and implementation  
17 of mutually agreed upon goals, objectives and detailed  
18 work plans. And evidence based evaluation methods are  
19 used to gauge the performance of navigator entity  
20 partners. The reimbursements are based on maintenance  
21 of the full-time employee in-person assisters and  
22 progress towards the achievement of program goals. This  
23 provides our navigator entities with the ability to  
24 focus on broader, longer term goals to identify and  
25 assist eligible Nevadans, Nevada consumers with

1 enrollment into qualified health plans.

2 Take a quick break here. Wet my whistle.

3 Sorry.

4 All right. So Exchange platform and call  
5 center updates. That's been a work in progress for a  
6 whole year, and we've learned so much.

7 The Exchange and our technology vendor,  
8 GetInsured, have spent much of the past year developing  
9 processes and policies by which we can operationalize  
10 our maintenance and operation portion of the contract.  
11 These processes and policies outline how the Exchange  
12 and GetInsured coordinate the maintenance and  
13 enhancements of both platform improvements and our call  
14 center functions.

15 In September, a significant portion of the  
16 Exchange's staff resources went into testing the  
17 enhancements for defect resolutions and eligibility  
18 platform. While most of the enhancements were designed  
19 to simplify and provide more ease of use behind the  
20 scenes, consumers can expect to see a more streamlined  
21 application experience with simplified questions this  
22 year.

23 In early October, our Exchange staff began  
24 building enhancement requests for plan year '22. Hm, I  
25 think, I meant to -- yeah, we're already talking about

1 plan year '22. Excuse me. Yeah. So we are starting to  
2 build a list of enhancements that we'd like to see for  
3 our next plan year, plan year '22, open enrollment. And  
4 the Exchange provides those requests to GetInsured, who  
5 then provides the Exchange with an estimate which  
6 outlines requirements and the costs associated with each  
7 change. Once the estimates are received, the Exchange  
8 will determine if we will move forward with those  
9 changes, depending on the level of effort and the  
10 availability of funding. Included in our plan year '22  
11 wish list is a brokerage portal, which would allow  
12 brokerage agencies to manage all of their licensed  
13 brokers through a single page, along with some  
14 improvements to reconciliation tools, and enhanced  
15 reporting capabilities. There's lots of things on our  
16 list. And, of course, the Exchange will keep the Board  
17 of Directors apprised of these enhancements in future  
18 Board meetings.

19 In March of 2020, the consumer assistance call  
20 center began working remotely. And as a result, call  
21 monitoring increased to ensure service levels were  
22 maintained through the transition of the remote work  
23 model. This includes live call monitoring and 27  
24 scorecard categories to evaluate phone calls for each  
25 individual call center representative. The goal of

1 meeting 85 percent of service levels has been met, but  
2 opportunities to improve the hold time experience and  
3 build rapport with consumers also has been identified.  
4 Exchange staff and our call center leadership have  
5 collaborated to make the consumer and broker/enrollment  
6 assister Interactive Voice Response experience better,  
7 faster, and more efficient as an initial interaction  
8 with the Exchange and our call center.

9           Transitioning the call center to working  
10 remotely has allowed our vendor to recruit and hire 16  
11 Nevada residents for the upcoming open enrollment period  
12 to work in our call center. The call center will be  
13 staffed with 50 full-time customer service  
14 representatives and will field calls seven days a week  
15 from 9:00 a.m. to 5:00 p.m. Pacific Standard Time,  
16 excluding observed holidays.

17           We have been very busy in terms of building a  
18 budget. And I want to thank our fiscal team. Jennifer  
19 Krupp, who is our Chief Financial Officer, has been  
20 fabulous, and we've worked through a lot this year. But  
21 the Exchange has submitted our agency request budget to  
22 the Governor's Finance Office. We submitted that on  
23 September 4th. And we presented the requested budget to  
24 the GFO, or the Governor's Finance Office, along with  
25 the Legislative Counsel Bureau, on September 23rd.

1 Building a biennial budget in such a  
2 distinction time of uncertainty has been complex. Once  
3 again, the Affordable Care Act is under scrutiny. And  
4 determining how many newly unemployed Nevadans will be  
5 eligible for the Exchange versus eligible for Medicaid,  
6 compounded by a worldwide pandemic and the urgency for  
7 Nevadans to have access to comprehensive health  
8 insurance, has all impacted the budgeting and the  
9 building process.

10 The Exchange includes as many known and unknown  
11 factors into budget development and projects as  
12 conservatively as possible to ensure that we have  
13 adequate resources to meet Nevada's needs. The Exchange  
14 requested \$18.8 million for state fiscal year '22 and  
15 \$17.2 million for state budget fiscal year '23. And as  
16 has always been the case, the Exchange, of course, is a  
17 self-funded state agency and operates solely from  
18 carrier premium fees and reserves.

19 The agency requested four additional full-time  
20 employees to assist in the management of the duties  
21 absorbed as a result of our transition away from  
22 HealthCare.gov. We asked for a Health Resource Analyst  
23 to act as a lead librarian for all -- and I say that  
24 with a lot of emphasis, "all" of the reports and data  
25 management and analysis that we provide to a variety of

1 different stakeholders. We've also requested a second  
2 Business Process Analyst in our Reconciliation Unit, who  
3 that unit is currently operating at a deficit and will  
4 require another employee in order to not only manage  
5 our current work, but the increase in our carriers will  
6 also require additional coordination. We requested a  
7 Health Program Specialist to coordinate our outreach  
8 efforts, thus bringing the functionality of outreach  
9 in-house, which is a preference, and we have a  
10 preference out for an individual who is bilingual. And,  
11 finally, we requested an additional Program Officer in  
12 the Consumer Assistance Unit to assist with complex  
13 consumer cases by coordinating resolution with our  
14 Exchange carriers.

15 In addition to the new positions, the Exchange  
16 has requested the reclassification of several executive  
17 positions to commensurate with the additional duties  
18 absorbed as a result of the transition, and then to  
19 align with comparable positions within the state, within  
20 similar state agencies.

21 The Governor's recommended budget will be  
22 announced after his State of the State address in  
23 January, and the Legislature will make changes to that  
24 budget during the legislative session, which, of course,  
25 begins in February of 2021. Away we go with legislative

1 session. Here we are thinking about that already, too.

2           Okay. So there's been a lot of really  
3 interesting engagement and work and partnerships and  
4 collaboration within the state that I thought I would  
5 provide an update to you all with.

6           As you're probably well aware, myself and our  
7 team are committed to working closely with other  
8 statewide organizations, state agencies, and  
9 stakeholders to not only communicate about the  
10 importance of comprehensive health insurance, but to  
11 also educate, improve, and streamline our existing  
12 system and programs throughout the state.

13           The Exchange's efforts to ensure cross-agency  
14 partnerships and collaborations have grown throughout  
15 the pandemic and in response to the significant increase  
16 in unemployment and Medicaid enrollment. The Exchange  
17 has partnered with the Department of Employment,  
18 Training and Rehabilitation, otherwise known as DETR, to  
19 extend outreach of Nevada Health Link services to the  
20 hundreds of thousands of Nevadans who are filing  
21 unemployment claims with that department. DETR will be  
22 sharing the Exchange's open enrollment content on their  
23 social media pages and their web pages. And the  
24 Exchange and DETR are working closely to create an  
25 insert or a mail stuffer that will be inserted into the

1 mail that goes out to anybody who files for  
2 unemployment.

3           The Exchange has also worked with the  
4 communications team within the Department of Health and  
5 Human Services to do similar cross-promotion across  
6 social media pages, webpages, and email communications.

7           The Division of Welfare and Supportive  
8 Services, otherwise known as DWSS, is the state agency  
9 that determines Medicaid eligibility and is a close  
10 partner of the Exchange. Our two agencies share  
11 critical eligibility functionality through our  
12 connections to the federal data services hub, along with  
13 important consumer information as mandated by federal  
14 law, to ensure that consumers are routed, of course, to  
15 the appropriate program for health insurance coverage.  
16 DWSS has processed tens of thousands of Medicaid  
17 enrollments throughout this pandemic. The Exchange has  
18 partnered with DWSS to include Nevada Health Link  
19 informational inserts into the redetermination notices  
20 that were sent out in October. This insert notices  
21 Nevadans about open reenrollment and the affordable  
22 options available through the Exchange, and it is  
23 intended to reach Nevadans who will no longer be  
24 eligible for Medicaid as a result of their income  
25 raising to a point where they're no longer meeting

1 Medicaid asset thresholds.

2           In March of this year, the Exchange began  
3 meeting with the staff at DWSS to explore a different  
4 partnership that I'm very excited about. Between the  
5 Exchanges navigator program and the state's Medicaid  
6 program, we want to provide outreach -- or we provide  
7 already outreach and education services to Medicaid and  
8 Nevada Check Up recipients. According to historical  
9 program records, roughly 25 percent of a navigator  
10 entity's time is spent assisting Medicaid and Check Up  
11 recipients with post-eligibility activities as a part of  
12 the normal activities that occur throughout the  
13 navigator program. As such, the Exchange may be able to  
14 obtain a 50 percent federal match from CMS to provide  
15 these services to Medicaid recipients. A proposal was  
16 drafted and submitted as a part of Medicaid's  
17 Eligibility and Enrollment Implementation Advanced  
18 Planning Document, an IAPD, in July of 2020. If the  
19 proposal is accepted, the Exchange could receive up to  
20 \$633,644 over the course of two years to fund and expand  
21 the outreach and education services provided to some of  
22 Nevada's most vulnerable populations. The Exchange  
23 expects an update on that IAPD in the near future. And,  
24 we'll, of course, keep the Board apprised of the  
25 outcome.

1           The Executive Director, or me, is also an  
2 ex-officio member of the Patient Protection Commission,  
3 which is a commission that Governor Sisolak put together  
4 with a group of people from all different walks of the  
5 health industry, healthcare industry and healthcare  
6 fields. The commission has met several times over the  
7 past several months and has submitted and concluded to  
8 submit two requests for bill drafts. So they have three  
9 allocated bill draft requests and ended up submitting  
10 two of them. The first one would expand telehealth  
11 services, and the second would establish a state medical  
12 claims database. These requests are now with the  
13 Legislative Counsel Bureau and are being drafted. The  
14 commission will then vote on the finalized language  
15 before the Nevada Legislature considers them in the 2021  
16 legislative session.

17           I am also appointed to the Advisory Committee  
18 on Medicaid Innovation. This committee focuses on the  
19 creation or the expansion of public and/or private  
20 prescription purchasing coalitions, it encourages  
21 coordination of private and public healthcare coverage,  
22 and it explores waiver opportunities to the U.S.  
23 Department of Health and Human Services.

24           Finally, I have been very involved and provided  
25 information and guidance to Mannat Health and Wakely

1 Consulting, who are two private organizations that are  
2 responsible for producing the report that's been  
3 outlined in the Senate Concurrent Resolution Number 10,  
4 a bill that was passed back in 2019's legislative  
5 session. SCR 10 directs the Legislative Commission on  
6 Health Care to study the feasibility, the viability, and  
7 the design of a public health care insurance plan that  
8 may be offered to residents of Nevada. The Exchange, of  
9 course, has been not only involved in those  
10 conversations, but will continue to monitor and analyze  
11 any bill that results from this study and, of course,  
12 keep the Board apprised.

13           It has not been boring, as usual, in the  
14 federal landscape in terms of the Affordable Care Act.  
15 And if I had a crystal ball, I would tell you what would  
16 happen. But I don't, so I won't. So I will tell you  
17 what we know, because there are a lot of things that we  
18 don't know.

19           So the information I'm going to provide is  
20 really just intended to provide a very brief overview.  
21 Super happy to answer any questions that the Board might  
22 have.

23           Of course, it's clear that the Affordable Care  
24 Act is going to be heard. A case of whether or not to  
25 repeal the entirety of the ACA will be heard by the

1 Supreme Court on November 10th. And the likely  
2 decisions will be brought in the summer of 2021. The  
3 Supreme Court has to first decide whether the plaintiffs  
4 have standing to bring the case forward. And the  
5 current question of standing relates to whether or how  
6 claimants are harmed if the penalty for not purchasing  
7 insurance is zero dollars. The penalty used to be  
8 referred to as the individual mandate.

9           If the complainants do have standing, the court  
10 will have to determine whether the individual mandate is  
11 constitutional. And if it is found to be  
12 constitutional, a determination will have to be made  
13 regarding whether any portion deemed unconstitutional  
14 can then be removed from the law.

15           As it is currently highlighted in the news, of  
16 course, there's a new focus on this case as a result of  
17 the passing of Supreme Court Justice Ruth Bader  
18 Ginsburg. We don't know at this point whether or not a  
19 new justice may be appointed before the oral arguments  
20 in November. But we will, of course, closely monitor  
21 this case and look forward to reporting on this to the  
22 Board.

23           I will just add one bit of messaging, because I  
24 spent a lot of time talking to the press this week, and  
25 I know that this is going to be a continued conversation

1 over the next month. I want to just mention that it's  
2 important for consumers to know that we believe there  
3 will be very little, if any, impact on plan year '21.  
4 And pandemics are an extremely bad time to be uninsured.  
5 So we're going to go with the messaging that get  
6 connected, get connected to comprehensive and affordable  
7 options with Nevada Health Link, and let's find out,  
8 let's wait until July or June before we worry about the  
9 outcome of this case. A lot can happen. A lot happens  
10 every hour of every day. So, I think, there's a lot  
11 that would happen between now and a decision.

12 Another thing that does have an impact in the  
13 federal sphere that is applicable to the Exchange is  
14 that the HEROES Act has failed to pass Congress, nor  
15 have we seen any other COVID related relief packages.  
16 And, of course, that's been in the news the last couple  
17 of day, too.

18 As you're aware, Congress has not met any,  
19 reached any kind of agreements. If a bill is passed, it  
20 will likely have -- if a bill had been passed, and if  
21 the HEROES Act had been passed, it would have included  
22 an extension to the pandemic unemployment assistance,  
23 which is known as PUA, through the Department of  
24 Employment, Training and Rehabilitation. It would have  
25 also had a federal exceptional circumstance, SEP,

1 meaning HealthCare.gov would have opened its own special  
2 enrollment period. And it would have had an exception  
3 of the PUA money from being counted in Exchange income  
4 determinations, which would have brought the Exchange  
5 treatment in line with the way that Medicaid and CHIP is  
6 being treated in terms of counting income.

7           The same is true, and so there was the passage  
8 agreement and the approval of the lost wages assistance  
9 in early August. Ope, there was a typo there. The  
10 president signed an executive order known as the  
11 "Memorandum on Authorizing the Other Needs Assistance  
12 Program for Major Disaster Declarations related to the  
13 Coronavirus Disease 2019." The order provides a means  
14 to extend \$300 worth of weekly additional federal  
15 unemployment income through the Lost Wages Assistance  
16 program to unemployed workers due to the coronavirus.  
17 The program requires states to enter into an agreement  
18 with the federal government as well as a \$100 a week  
19 contribution from the state in order for the \$300 funds  
20 to be dispersed. Nevada is currently working on  
21 implementation. As is the case with the CARES Act and  
22 the PUA money, this income will be counted for Exchange  
23 determination. So that income will be counted when you  
24 make your determination on income for Exchange related  
25 purposes. But it will not, again, be counted for

1 Medicaid and CHIP determination.

2           The Exchange has provided consumers with  
3 resources, and we've got a policy page on our website  
4 that's designed specifically for not only consumers, but  
5 for our enrollment professionals, navigators and  
6 brokers, that outlines in a very simplified way what  
7 these policies mean. I'm very proud of the policy team  
8 and the work that they've done to analyze that and give  
9 good guidance.

10           And then, finally, there's an issue that has  
11 been hot in my office all week, and that is a premium  
12 rebate credit. Due to reduction in nonemergency medical  
13 care during the COVID pandemic, many insurers nationally  
14 are seeing a lower number of claims, which is leading  
15 them to higher than expected profits. Since health  
16 insurance carriers have medical loss ratios, which  
17 regulate their allowed administrative costs versus claim  
18 payments, they must provide MLR rebates to consumers  
19 after the plan year conclusion.

20           CMS issued guidance in June authorizing  
21 insurers to provide MLR rebates for 2020 prior to the  
22 conclusion of the plan year directly related to the  
23 COVID pandemic. In August, CMS released further  
24 guidance on permitting premium rebates for the current  
25 plan year and the effects on the premium tax credits,

1 and State Based Exchanges' ability to exercise approval  
2 authority over those rebates.

3 Multiple, four, Nevada carriers issued rebates  
4 in an attempt to mitigate their MLR exposure prior to  
5 clarity regarding what the state's approval was and  
6 involvement should be. Those rebates will affect the  
7 subsidy levels that were provided to carriers from the  
8 federal government, which will subsequently affect the  
9 tax liabilities for consumers and the role of Exchanges  
10 in reporting APTC amounts to consumers for the purposes  
11 of reconciliation.

12 We have some significant technological changes  
13 to our platform and our architecture that are required  
14 to accommodate the latest guidance and the unanticipated  
15 COVID adaptation, is creating a significant cost burden  
16 for our Exchanges.

17 And I will add that after this was put to  
18 press, we have a work program that is to be heard on  
19 October 22nd requesting to use CARES Act funds to help  
20 us afford the cost of making a significant change that  
21 will allow for Nevada consumers to have correct 1095s  
22 and to accurately reflect the tax credits or the APTC  
23 funds that should have gone to our carriers for the  
24 months that these carriers gave these premium credit  
25 rebates.

1 I'm almost done. I promise.

2 All right. So the Exchange enters into plan  
3 year '21 with a continued commitment to the best  
4 consumer, carrier, and enrollment professional  
5 experience possible. Every action that we take, whether  
6 it's through or technology, our marketing or outreach,  
7 is focused on ensuring Nevadans are getting the most  
8 comprehensive health insurance the state has to offer.  
9 This year is not free from adversity. However, the  
10 Exchange remains steadfast in our organizational mission  
11 and vision, and will rise to each challenge with the  
12 best interest of Nevadans in mind.

13 With that, Madam Chair, I am happy to take any  
14 questions from the Board.

15 DR. JAMESON: Wow. That was a mouthful. And  
16 what an outstanding, thorough, just such a  
17 well-thought-out, and overall, except for a very few of  
18 the last items, super positive. And I'm glad that we  
19 have you back in the fold, in the family, to deal with  
20 these challenges now, such as premium rebate.

21 And I'm now going to open this up for any  
22 questions from our Board members. Or anyone else.

23 MS. CHARLESON: I'm not seeing any questions on  
24 the chat.

25 MR. MELENDREZ: I just -- Jose, for the record.

1 I just want to say thank you, Heather. That's a lot  
2 of -- I wrote it in the chat, too, but a lot of detail  
3 and a lot of work and during these very challenging  
4 times. So thank you for your leadership on this. And I  
5 second what our Chairwoman said, we are very, very happy  
6 to have you back.

7 MS. KORBULIC: Thank you. I will make sure  
8 that the rest of the team, who does most of the harder  
9 parts, hears that. Thank you very much.

10 DR. JAMESON: I just have mostly a lot have  
11 congratulations. When we talked about the overview plan  
12 year 2021, I was so excited, after, you know, a couple  
13 years of seeing shrinking participants, to see that you  
14 had two new QHP carriers. Bravo.

15 And do you guys actively solicit, or do they  
16 come up to you and beg to be part of it? I know,  
17 before, we had to beg on our knees and cry. Are people  
18 kind of excited about the program and coming to us more?

19 MS. KORBULIC: Well, it's been about three  
20 years since I had to beg and cry. So that's a nice  
21 feeling. No, we did not do very much active  
22 solicitation. I think, this has a lot to do with the  
23 changing dynamic in the market, some stabilization of  
24 our market, and potential growth.

25 DR. JAMESON: Excellent. And following that

1 same thought, wow, how exciting it is to see, in the  
2 rural areas, expanded options. O-M-G. That's oh, my  
3 gosh. I mean we were down to like one for many of our  
4 rural people. And what you have done is phenomenal. So  
5 ring the bell, great job, you guys, that our rurals and  
6 most areas are actually going to have more than one  
7 option. Bravo, woo-hoo.

8 MS. KORBULIC: We're very excited for them, 35  
9 plans and three different carriers.

10 DR. JAMESON: Beautiful. As my DVD physical  
11 trainer says, it's a beautiful thing.

12 And when the average rate was 4.2 percent for  
13 on-Exchange plans, of course, I -- although my husband  
14 says never compare, right. I'm always curious. For the  
15 non-Exchange plans in the private world, what was  
16 their -- and some of our brokers might know this --  
17 increase?

18 MS. KORBULIC: This is Heather. And, Barbara,  
19 please correct me if I'm wrong, Commissioner Richardson.  
20 I believe, it was 4.4 percent for off-Exchange and a 4.2  
21 average. These are averages.

22 DR. JAMESON: Well, right.

23 MS. KORBULIC: On-Exchange.

24 DR. JAMESON: I'd just like to know where we  
25 fall with the consumer. Excellent. Excellent.

1           And I'm just very excited about your campaign,  
2 looking at everything, and we're going to hear more to  
3 come. But the targeting of the unemployed Nevadans and  
4 the, you know, as usual, diverse populations, but really  
5 responding to the effects of the COVID-19 in our Nevada  
6 population, you guys are doing, as always, an amazing,  
7 an amazing job. And I'm --

8           MS. KORBULIC: Madam Chair, you just reminded  
9 me. I'm sorry to interrupt.

10          DR. JAMESON: It's okay.

11          MS. KORBULIC: You reminded me of something  
12 that I didn't, I neglected to put into my report. But  
13 it's on top of my mind, because we hosted meetings  
14 yesterday, two different prep sessions. You know, we  
15 used to do those in person, but we hosted those  
16 virtually yesterday to --

17          DR. JAMESON: Oh, great.

18          MS. KORBULIC: -- inform our stakeholders. We  
19 had over 200 attendees in the first one and, I want to  
20 say, close to 200 in the second. And that is we have  
21 posted those to our webpage. And so if you want to take  
22 a look at that presentation, you're more than welcome  
23 to. And you reminded me of that, because I got to see  
24 the teaser for -- that you guys will see, hopefully,  
25 today, as long as all the tech works, and it is really a

1 campaign to be proud of.

2 DR. JAMESON: Oh, this is so exciting. And  
3 that, then, goes to what I'm sure you said yesterday. I  
4 would just pass on congratulations to the recipients of  
5 our grants, both the broker/agents and the eight  
6 in-person navigator grantees. Which I'm sure, when you  
7 did your program, you gave them a shout out.

8 MS. KORBULIC: We said hello, I think.  
9 Congratulations to them on my Board meeting, too. Yes.

10 DR. JAMESON: Yeah. Bravo. Yeah, bravo for  
11 them. Because, you know, they have to go a little, a  
12 second mile to get that grant. And it shows such  
13 support and such desire to work a little harder for very  
14 little, but for our common mission and vision. So it's  
15 beautiful.

16 And then, on the Exchange platform call center,  
17 as we were talking about in our prior Board meeting, a  
18 lot of changes, they needed little fixes. They need to  
19 constantly tweak as we roll things out. And a lot of  
20 it, like the iceberg, we only see the tip of it. We  
21 don't always see the bottom. But you mentioned how  
22 there is, though, however, a few changes that have made  
23 it more streamlined for the applicant with simplified  
24 questions. And I just want to say again, yay, because  
25 the more user-friendly we get, the better it is. And

1 that's great. I keep saying, now that it's had so many  
2 changes, I want to go in personally and do it and see  
3 how streamlined it is. I haven't had a chance. But, of  
4 course, anything from the old Xerox days would be  
5 amazing.

6           And then, when you talked about the Exchange  
7 platform, available funding, you know, I was just  
8 wondering, with the platform. And shame on me. But on  
9 the contract we've made with the platform, the new, our  
10 new people, we had a set contract. How often do we have  
11 to renegotiate it? And I'm sure there are set prices  
12 for every time they give us some new fancy, a new fancy  
13 program to add to our current portfolio of different  
14 services. And so is there any other, any concern? Are  
15 we pretty -- I'm sure we are set, that with some other  
16 reasons that we might worry about cost, that this could  
17 ever get excessively out of hand, or it's pretty much  
18 capped and we're good?

19           MS. KORBULIC: That's a good question, Madam  
20 Chair. So we have a negotiated contract for, I want to  
21 say it's through 2024 with our existing vendor. We have  
22 had some changes to that contract and to add some  
23 authority, so budgetary authority to the contract to  
24 support some of the enhancements that we've requested,  
25 including the extension of our open enrollment period to

1 support the changes necessary for technology and our  
2 call center. And so we have made some changes like  
3 that.

4 We had negotiated into our original contract a  
5 bank of programmer hours, because we anticipated needing  
6 their time and energy in order to make some enhancements  
7 throughout the years of the contract's duration. And we  
8 still have a healthy budget of those hours that, you  
9 know, we will likely work through. I won't say that we  
10 aren't going to probably maybe appear before the Board  
11 of Examiners again to make slight changes to the  
12 contract to add additional authority so that we can  
13 support some of these things like the broker, brokerage  
14 portal.

15 But for now, you know, our focus, and our focus  
16 has always been to really keep a rein on our contractual  
17 authority and to make sure that we're continuing to  
18 deliver on the promise that we made, which is that we  
19 would do it cheaper and we would do it better than the  
20 federal government.

21 DR. JAMESON: And you are. Well, that's good  
22 to know about the banked hours. That was very, very,  
23 very thoughtful, a lot of forethought there. And, do  
24 you know, when we come to the end of this next  
25 enrollment period, I see how you talked about the call

1 center with the 50 full-time, 50 full-time customer  
2 service representatives and the seven days a week, nine  
3 to five. And on that last week or so, are you extending  
4 the hours, or is it hardcore, is that it?

5 MS. KORBULIC: Yes, we are. We've negotiated  
6 later hours on deadline days following, or flowing into  
7 the ending of open enrollment.

8 DR. JAMESON: Oh, that's great, because I'm  
9 always one of those people that needs that.

10 And then I was very excited, with your skeletal  
11 crew that you have, I don't know how you've done what  
12 you have done, on the number of employees that you  
13 currently have. How many is it?

14 MS. KORBULIC: 23.

15 DR. JAMESON: 21. 23. 23. And I'm so excited  
16 that you were going to have these additional employees.

17 MS. KORBULIC: We'll see. We have to get it  
18 through, into the Governor's request and through the  
19 Legislature. So we're hopeful. And we do have the  
20 budgetary authority to support all of that very  
21 comfortably.

22 DR. JAMESON: There you go. Next question, and  
23 I'm so excited about it. And then that -- I want to,  
24 this is a huge congratulations. You know, you guys  
25 independently are rock stars. You created this amazing

1 entity, the Exchange, and it is getting to be a  
2 well-oiled machine. You have stayed in your budget.  
3 You are doing it for less, with a higher quality. In  
4 healthcare, they always tell us doctors, give a better  
5 value at a lower cost. It's really hard to give more  
6 for less. But you guys have done it.

7           But here, I have to say that we all know, the  
8 way an organization is really most successful is not  
9 really how it is out on an island, but how it partners.  
10 And, oh, my gosh, your whole state updates, the first  
11 multiple issues you brought up, this is why you guys  
12 really rock. It's because of the way you have  
13 partnered. This is amazing partnerships. And  
14 congratulations to all of you. Working with DETR,  
15 getting yourself in there, working with them, them  
16 helping you notify all of their clients about yourself,  
17 the Division of Welfare and Supportive Services, working  
18 with them, getting your little flyer, your card in with  
19 them. I mean I got to say, you know, the real success  
20 where we are just going to even be any benchmarks that  
21 we ever expected to is because of this phenomenal  
22 outreach and partnerships with all of your other  
23 organizations in the state that want to share a vision  
24 that everybody has access to healthcare.

25           You guys are just doing phenomenal.

1 MS. KORBULIC: Thank you.

2 DR. JAMESON: On the last part here, this could  
3 even be one of my last questions. Ta-da. The public  
4 option study. When do you think we'll hear anything?  
5 Do they have a deadline for the deliverables?

6 MS. KORBULIC: I believe that they -- I have an  
7 email that I haven't read entirely yet. But I believe  
8 that their due date is to get the Senate majority  
9 leader, Senator Cannizzaro, a report by December, which  
10 will guide any legislation that she puts forward during  
11 the February session, or the session that starts in  
12 February.

13 DR. JAMESON: Excellent. Well, I know all of  
14 us are not only dying to hear what they came up with.  
15 And ideally we would be intimately involved with that,  
16 if something comes to fruition there, depending, again,  
17 on Affordable Care Act court case and other multiple  
18 issues, so many balls in the air, that, as you say, you  
19 don't have a crystal ball, we don't know what's going to  
20 happen. But we're going to remain optimistic. And I'm  
21 excited that none of -- some of these things, regardless  
22 of what happens, and so we're hoping for the best, that  
23 our plan year 2020 will be moving on.

24 I want to thank you all for this amazing work  
25 you're doing. And I'm so proud to be part of this. And

1 you really, you really should be proud of yourselves.  
2 So thank you guys.

3 And are there any other questions from anyone  
4 else on this?

5 MS. CHARLESON: I'm not seeing any hands up.

6 DR. JAMESON: Okay. So, then, let me see now.  
7 I have my agenda here, if I can find it. But, I think,  
8 since I'm having trouble finding it right now, we're  
9 going to the --

10 MS. KORBULIC: The marketing and outreach  
11 update.

12 DR. JAMESON: Marketing. Yeah. Well, let's go  
13 on to there while I look for my agenda again.

14 MS. JANEL DAVIS: Thanks, Chair Jameson. Hi,  
15 everybody. Janel Davis, Communications Officer for the  
16 Exchange. It's nice to see everybody. Hi, Sarah.

17 That's always a hard report to follow. And so  
18 my report is short and sweet, because our Executive  
19 Director does such a comprehensive job.

20 So over the past several months -- and, I  
21 think, Patty and Dave, our executive assistants from  
22 Penna Powers, are going to share their screens right now  
23 while I read my report, so you guys can get a visual  
24 along with this. But I'm going to go ahead and get  
25 started here.

1           So over the past several months, our  
2 communications team and Penna Powers have been hard at  
3 work in developing and defining a new open enrollment  
4 creative campaign for the 2021 open enrollment period.  
5 The media plan and marketing package has a goal to  
6 promote OEP, which obviously has been extended, so it's  
7 November 1st to January 15th of next year.

8           Our new ad campaign is called "Reasons" and it  
9 focuses on Nevadans need for coverage and their reason  
10 for getting enrolled in a qualified health insurance  
11 plan. The campaign hones in on the idea that no one  
12 really wants to think about health insurance, but  
13 everyone has a reason to get it. Some people get a  
14 health insurance plan because we offer the 10 essential  
15 health benefits, or the generous subsidies that we  
16 offer, or because a loved one may need it. It could be  
17 used for a chronic illness or mental health. No matter  
18 your reason, our campaign states that Nevada Health Link  
19 wants to recognize everyone's personal reason for  
20 getting covered.

21           So we all know that health insurance is not an  
22 easy sell. So each year, the Exchange strives to create  
23 both emotive and demonstrative ad campaigns that compel  
24 our target audiences to listen, take note and make an  
25 action. So while this year is no different, the call

1 for Nevadans to act by getting insured has never been  
2 more important, as you heard from Heather's remarks.  
3 With so many Nevadans deeply affected by COVID-19 on  
4 multiple levels, promoting Nevada Health Link's  
5 resources in a profound and meaningful manner is  
6 essential.

7 "Reasons" is designed on a responsive campaign  
8 platform that allows for niche messages to various  
9 target audiences and acknowledges the multiple  
10 ethnicities and cultures that Nevada represents. The  
11 campaign has the flexibility to thrive and be effective  
12 against our ever-involving normal as our state forges  
13 ahead.

14 So since our last Board meeting, I think in  
15 July, the Exchange, Penna Powers, and our community  
16 stakeholders were in the midst of an off-season campaign  
17 as well as balancing a public health crisis in response  
18 to COVID-19. The Exchange made many adjustments in our  
19 outreach strategy and messaging due to the pandemic.  
20 The focus was more on outreach events going to a virtual  
21 space and ensured that community partners had social  
22 media toolkits to help promote our message about special  
23 enrollment periods. In response to the Exchange's  
24 regulation to institute the Exceptional Circumstance  
25 Special Enrollment Period, Nevada Health Link continued

1 with a marketing campaign to inform Nevadans of the SEP  
2 and inspire them to enroll at NevadaHealthLink.com.

3           In the remaining months of the off-season  
4 campaign, the Exchange continued to encourage the  
5 uninsured and underinsured to shop and explore qualified  
6 health plans sold through Nevada Health Link and to  
7 consider Nevada Health Link as an alternative option to  
8 COBRA plans due to a job layoff or an interim health  
9 insurance alternative while furloughed. Additional  
10 messages to Exchange consumers stressed the concept of  
11 now is not the time to cancel your health insurance  
12 coverage and advised consumers to reach out to their  
13 insurance carrier to see if they qualified for  
14 additional grace periods, or if they qualified for  
15 additional subsidies in order to reduce those monthly  
16 premium costs. Secondly, messaging brought awareness  
17 of the increased fraudulent activity by out-of-state  
18 brokers messaging Nevadans to purchase unnecessary  
19 additional COVID-19 insurance. Nevada Health Link also  
20 participated in cross-promoting the Nevada Health  
21 Response out of the Governor's Office to all Nevadans in  
22 need of resources during the pandemic.

23           So for this upcoming open enrollment ad  
24 campaign, Nevada Health Link and our marketing partner  
25 developed a traditional advertising campaign which

1 includes television, radio, which is different ads and  
2 lifestyle programs, podcasts, digital and online video,  
3 such as YouTube and Snapchat, outdoor, transit in Reno,  
4 search engine optimization, SEO, social content  
5 marketing, Over-The-Top such as Hulu and streaming  
6 services, native content and video for display and  
7 social advertising.

8           And so I'm just going to review a little bit of  
9 the spots, and then we will show you the video. So  
10 there's five creative television spots. They're  
11 entitled "Single Mother," "Injury," "Driver,"  
12 "Check Up," and "Anthem." That's not the insurance  
13 company. It's just a compilation of all of these  
14 different Nevadans and what their reason is to enroll in  
15 coverage.

16           So each spot portrays an individual's reason  
17 for obtaining coverage. For example, the single mom  
18 gets coverage for her child. A wife has coverage  
19 because of an injury occurred and she had to go to the  
20 hospital. The self-employed Lyft driver gets coverage  
21 because of his preexisting asthma condition. And then  
22 Anthem is a combination of all of those spots.

23           So, Patty and Dave, I'll turn it over to you,  
24 and we can see a little clip here of our ad campaign,  
25 which we're really proud of.

1           And I hope you guys see it.

2           (Video clips were played.)

3           MS. JANEL DAVIS: Yay. Thanks, Patty.

4           I know the video is slightly lagging there.

5 But, I think, you get the idea. And these will be  
6 posted on our webpage and our YouTube page. So. And  
7 you'll start seeing it on TV, but after the election.

8           So I am really proud of this campaign. I  
9 think, it really encompasses, you know, the reasons why  
10 people get covered, especially in the state of Nevada.

11           So the media plan is similar to the plan that  
12 was presented to the Board in July, with just a few  
13 changes, shifting budgets from radio to TV, adding  
14 and/or removing a few vendors to pursue new media  
15 opportunities, and pulled out partnerships with vendors  
16 that were either operating intermittently or closed due  
17 to the pandemic.

18           For a TV placement, the Exchange has decided  
19 not to launch the advertisements until after the  
20 presidential election, as I just said. The key target  
21 audiences remain the young and healthy and, more  
22 specifically, ages 26 to 45. This year's campaign also  
23 serves to speak loudly and directly to the recently  
24 unemployed, especially in the hospitality and casino  
25 sectors, as well as contractors, gig and self-employed

1 workers and ethnic populations who may need more  
2 coaxing. And, also, we have a pretty robust  
3 communications plan to speak to those individuals who  
4 are not eligible for Medicaid and falling between the  
5 gaps.

6           While the advertising campaign does much of the  
7 heavy lifting during OEP, the overall marketing strategy  
8 and effort remains the driving force that provides this  
9 ongoing synergy between all the marketing that Nevada  
10 Health Link does. As a fully functioning State Based  
11 Exchange, Nevada Health Link continues to vigorously  
12 target and communicate tailored email messages to  
13 various segments of our enrollee audiences. For  
14 example, we developed a comprehensive email marketing  
15 strategy to reach out to existing enrollees, people who  
16 have started their application but have not finished it,  
17 and those account transfers received from Nevada's  
18 Medicaid agency about.

19           Our team also reaches audiences through timely,  
20 relevant organic social media and blog content. In  
21 partnership with Penna Powers, we are creating updated  
22 resource guides and fact sheets in both English and  
23 Spanish, and some resources will also be developed in  
24 the top four Asian-speaking languages in Nevada, to  
25 ensure we're reaching communities at a grass roots

1 level. The resource guides include the broker and  
2 navigator, in-person locations and contact information,  
3 things you need to enroll and, also, examples of the top  
4 surgeries in Nevada and what that would cost without  
5 insurance. We also included the Federal Poverty Level  
6 income guidelines so that consumers can see how much  
7 insurance will cost and the benefits that they get.

8 Another important element within communications  
9 is the relationship and coordination with stakeholders.  
10 This includes our carriers, our brokers, navigators,  
11 state-level legislative supporters, state agencies, and  
12 all the community partners that we talked about earlier.  
13 This helps complement and cross-promote our Nevada  
14 Health Link information as well as our important  
15 message.

16 As far as public relations and media relations  
17 are concerned, that's an ongoing effort. Heather has  
18 spoken to the press quite frequently in the last couple  
19 of weeks. There is a lot going on. These are designed  
20 to strike the perfect proactive and reactive balance and  
21 garner ongoing media interest for Nevada Health Link.  
22 Our PR partner, the Warren Group, has created a  
23 comprehensive strategy going into this open enrollment  
24 season. This includes multiple press releases, and some  
25 will also be pushed out in Spanish, op-ed planning,

1 pitching the media, securing media interviews with local  
2 media. We are planning a virtual press conference for  
3 Monday, November 2nd, so right after open enrollment  
4 starts.

5           And as Heather said, too, we had our virtual  
6 prep sessions yesterday. They were very well-attended,  
7 lots of questions. We are following up with an email to  
8 all of our stakeholders. And all of our resources will  
9 be available in case they didn't get to attend. And  
10 then we also are preparing for some city council  
11 presentations, also, in a virtual space.

12           So even though our new normal is a little  
13 different, we are very active in a virtual space to get  
14 our message out there to Nevadans.

15           And with that, Madam Chair, I'll take any  
16 questions the Board has. Thank you.

17           DR. JAMESON: And does anybody have any  
18 comments or questions?

19           MS. CHARLESON: I'm not seeing any questions on  
20 the site.

21           DR. JAMESON: Okay. I just wanted to say that  
22 was an excellent report. And you guys -- I couldn't  
23 know where to begin. But how you guys know, with all  
24 the challenge you have, as you say, to get people to  
25 sign up, what to convince them why they need healthcare

1 and come on board, and now you have to deal with  
2 virtual. Oh, my gosh. Congratulations. You're just as  
3 flexible as our Exchange is. And it's really an  
4 amazing, amazing job you're doing.

5 I would like to say that, in medicine often  
6 we're given a hard time, because people think we need to  
7 talk in more terms of just the lay public, and  
8 sometimes, medically, they don't quite understand what  
9 we're saying. And I would always say that you guys have  
10 your own language, too.

11 And then, on your very last slide, "Get  
12 Started," and I may be this way because I'm a  
13 gynecologist, but on that slide, I would have just made  
14 the "Get Started," I would have shown the whole bubble.  
15 Because the way it looks is a little symbolic. That's  
16 all I'll say.

17 MS. JANEL DAVIS: Duly noted. Thank you.

18 DR. JAMESON: You're so welcome.

19 And then, I think, now -- now, I had just, I  
20 did just have my agenda up. Oh, here it is. And let's  
21 see. We are up to discussion and possible action items  
22 regarding dates, times for future meetings. And maybe  
23 we can have our Executive Director let us know about  
24 dates and times right after if there's anyone on the  
25 Board that would like to make any recommendations first

1 for items to be discussed.

2 I have no specific recommendation. So our  
3 Executive Director, Ms. Korbulic, could let us know  
4 about our next date and time.

5 MS. KORBULIC: Thank you, Madam Chair. Tiffany  
6 Davis, who is the facilitator of our Board meetings,  
7 will reach out to all of you to set a next time. And we  
8 don't have a firm date, partly because we were hoping to  
9 get to probably January in order to get through the open  
10 enrollment period so we can provide you with a  
11 comprehensive update. At that meeting, we'll also have  
12 to approve several different reports that are due to the  
13 Legislature and to the Governor's Office that are  
14 statutorily required.

15 So we're thinking this is probably going to be  
16 in January, and we'll be back in touch.

17 DR. JAMESON: Oh, and you just reminded me of  
18 something I was going to say after that wonderful slide  
19 show from our marketing team. I just am thrilled every  
20 time you put up a slide and it said "January." Didn't  
21 you guys just do the Happy Feet dance? Congratulations.  
22 And thank the Board, special meeting, getting the  
23 extended enrollment period. That was another beautiful  
24 thing to keep saying that we have this, we have this  
25 extended enrollment period. We are going to rock this

1 year, you guys. Thank you so much.

2 And now, any other public comments?

3 MS. CHARLESON: I'm not seeing in the chat or a  
4 raised hand, but we do have six people that are joined  
5 just on the phone. If you'd like, I can unmute them and  
6 see if they have any questions.

7 DR. JAMESON: Okay.

8 MS. KORBULIC: Does anybody on the phone have  
9 any public comment? And this is another moment of  
10 opportunity for individuals who are attendees to make  
11 public comment.

12 (There was some background noise.)

13 MS. KORBULIC: I think, that was some  
14 background noise from someone, Katie, so maybe mute  
15 those lines again, if we could do that.

16 And if we could then, one more check, once  
17 you've done that mute, go ahead and check if there's  
18 anybody who's entered anything into the chat, raised  
19 hands. I don't see anybody. I might not have the same  
20 access as you.

21 MS. CHARLESON: Nope, I'm not seeing any raised  
22 hands or questions.

23 MS. KORBULIC: Okay.

24 DR. JAMESON: Well, in that case -- oh, can you  
25 hear me? Yeah?

1 MS. KORBULIC: Yeah.

2 DR. JAMESON: Okay. In that case, no further  
3 public comment, I would like to have any Board member  
4 that would like to move that we adjourn. And I look  
5 forward to an amazing enrollment period.

6 MS. JANEL DAVIS: Thank you.

7 DR. JAMESON: Okay. I think, they might all be  
8 muted. But we don't have to have a motion. It's  
9 technically okay to actually just to adjourn when the  
10 meeting is ended.

11 MR. MELENDREZ: We are adjourned.

12 DR. JAMESON: Okay. Thank you, Jose.

13 Move to adjourn. And we have adjourned. Thank  
14 you, everybody.

15 MR. MELENDREZ: Bye, everybody. Thank you,  
16 Heather and staff. Good job.

17 MS. KORBULIC: Thank you.

18 DR. JAMESON: Woo-hoo.

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