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SILVER STATE HEALTH INSURANCE EXCHANGE
BOARD MEETING
THURSDAY, MARCH 10, 2016, 1:30 P.M.

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DR. JAMESON: Good afternoon, everyone.

MR. MELENDREZ: Good afternoon.

MS. LEWIS: Good afternoon.

MR. GILBERT: Good afternoon, Madam Chair.

DR. JAMESON: I would like to go ahead and call
the meeting to order.

Mr. Gilbert, would you like to take roll call.

MR. GILBERT: Thank you, Madam Chair. I'd be
delighted.

Chairman Jameson?

DR. JAMESON: Here.

MR. GILBERT: Thank you.

Dr. Grinshteyn?

Is absent.

Ms. Lewis?

MS. LEWIS: Present.

MR. GILBERT: Thank you.

Ms. Wilson?

Ms. Clark?

1 MS. CLARK: Present. Sorry. That was loud.
2 MR. GILBERT: There you go. Mr. Melendrez?
3 MR. MELENDREZ: Present.
4 MR. GILBERT: Thank you.
5 Ms. Ritter?
6 MS. RITTER: Present.
7 MR. GILBERT: Mr. King?
8 MR. KING: Present.
9 MR. GILBERT: And Ms. Reynolds?
10 MS. REYNOLDS: Present.
11 MR. GILBERT: Thank you.
12 We have a quorum, Madam Chair.
13 DR. JAMESON: Very good. I'd like to go ahead
14 and call for public comment.
15 Is there anyone in Reno for public comment?
16 MR. GILBERT: No public comment in the north,
17 Madam Chair.
18 DR. JAMESON: Do we have any public comment
19 here in Henderson?
20 There is no public comment here. So we'll end
21 public comment and go on to the approval of the minutes
22 for February 11th, 2016.
23 Do I hear a motion to approve?
24 MR. MELENDREZ: Motion to approve the minutes.
25 MS. CLARK: Valerie Clark, for the record.

1 I'll make a motion to approve the minutes.

2 DR. JAMESON: We have a first by Jose Melendrez
3 and a second by Valerie Clark. Is there any discussion?

4 We then will go ahead, and everyone, everyone
5 in favor of approving?

6 (Board members said "aye.")

7 DR. JAMESON: Thank you. The February minutes
8 are passed.

9 Our Executive Director report. Mr. Gilbert.

10 MR. GILBERT: Thank you, Madam Chair. Bruce
11 Gilbert, for the record.

12 You know, when last we met, I shared with the
13 Board that a lot of our time over the upcoming months
14 was going to be dictated by the final Notice of Benefit
15 and Payment Parameters when issued by CMS.

16 And that rule was issued finally on February
17 the 29th and, as expected, sets user fees for
18 state-based marketplaces such as Nevada, which utilize
19 the federal, the federal eligibility and enrollment
20 infrastructure. That fee was set at 3 percent of the
21 presubsidized premium generated by QHPs and standalone
22 dental plans sold through the Exchange. However, the
23 rule also sets a 1.5 percent fee for 2017 as a
24 transitional year and indicates that CMS intends to
25 annually review the fee charged and will adjust it as it

1 deems appropriate.

2 You know, even at 1.5 percent of premium, the
3 cost of remaining on the federal infrastructure in 2017
4 is expensive. It's over \$4 million. That figure
5 represents about 47 percent or so of the annual revenues
6 of the Exchange for that year, as we project them to be,
7 and could -- and I know it says "will" in my report.
8 But the truth is, it could require a reduction in the
9 historical level of spending on consumer education and
10 outreach, our navigator program and marketing.

11 I would share with the Board that I spent some
12 time this morning with our Chief Financial Officer and
13 have been assured that as we have been good stewards of
14 our money, between our reserves and the revenues which
15 we will take in in 2017, we have the luxury to decide,
16 based on our interests and the timing that we believe
17 appropriate, how long to remain on the federal system,
18 including 2017. We can afford to do that if we wish.

19 As I've made clear before, staff believes that
20 there are commercially available, proven and less
21 expensive alternatives to the federal technology
22 platform and call center that would both lower our
23 technology costs and provide us with ad hoc real-time
24 reporting and would allow us to better target our
25 marketing and messaging.

1 We'd also have the ability to provide better
2 customer service and certainly a less bureaucratic
3 appeals process, reducing decision time and making sure
4 that our consumers are treated fairly.

5 Our intention is to continue to collect
6 information on these alternatives, and we anticipate
7 providing additional detail to the Board at our April
8 meeting. I understand the timeline for 2017 is clicking
9 past very quickly, and a decision will have to be made
10 shortly. But we want to be able to take the time to
11 take a look at what's out there and recommend to the
12 Board whether we believe it to be in the best interest
13 of our consumers to remain associated with
14 healthcare.gov for the 2017 plan year. And we'll deal
15 with 2018 a little bit differently. And, also, propose
16 a process for choosing an alternate technology platform
17 and managing a transition in the event the Board
18 determines a move to be the best path forward.

19 You know, one of the points that we have tried
20 to make over the course of the last several months is
21 that "technology" and "exchange" are not synonymous
22 terms. Technology is one of the tools that we use to
23 further our mission, but it's not the only tool. And in
24 my opinion, we cannot afford to spend lavishly on
25 technology and cut back on those functions and

1 activities that have proven successful in driving
2 enrollment to record levels each of the past two years.
3 And my sense is that the Board agrees with that
4 sentiment.

5 I will share with you, having come from private
6 enterprise, that I would never allow my business to
7 spend more than 35 percent on technology and tools.
8 That's not where your money goes. You need to be able
9 to do marketing. You need to be able to have
10 appropriate people in appropriate positions. And if
11 you're spending 50 to 80 percent of your money simply on
12 technology and call centers, you cannot do what you're
13 supposed to do.

14 Additionally, and this is not something we have
15 talked about before, the Exchange is in the process of
16 revising our brand standards and associated policies.
17 You know, the original branding standards, while
18 appropriate when they were conceived and implemented,
19 they have proven to need adjustment as the number of
20 brand partners that we work with has expanded and our
21 name and logo have become more widely recognized.

22 In order to minimize issues arising out of the
23 policy revision, we chose to wait until after the
24 conclusion of the open enrollment period before
25 beginning the transition process. However, with the

1 enrollment period for plan year 2016 having come to an
2 end, the time has come to begin implementing the new
3 standards.

4 To that end, and as a transitional activity,
5 any and all consent previously provided for the use of
6 the Nevada Health Link name and logo has been withdrawn.
7 While the brand standards are in the process of
8 revision, and pending the provision of additional
9 information, we're working on a policy to govern
10 approval of requests to use our name, mark and logo
11 going forward.

12 Any persons or entities wishing to use or
13 continue to use the Nevada Health Link name or logo must
14 submit a formal written request for such use and provide
15 detail as to the name and logo and how they are proposed
16 to be used.

17 Our name and logo will not be placed in or used
18 as part of a third-party press release, website, on
19 social media, as a product flyer, or in promotional
20 literature without our review of that specific release,
21 website, flyer or literature and our express written
22 consent.

23 Our name and logo will not be used by any
24 entity or person not certified by the Silver State
25 Health Insurance Exchange to sell health insurance plans

1 through the Exchange.

2 And, finally, we reserve the right to prohibit
3 any use of our name and logo if we believe that usage is
4 misleading organize could discredit the Health Link or
5 tarnish our reputation and goodwill.

6 The moving force behind this is we have
7 received a number of consumer complaints, most of which
8 deal with insurance agents -- no offense -- on the
9 Internet, whose websites indicate that individuals are
10 signing up for coverage, when, in fact, that information
11 is taken and utilized by those agents or brokers or
12 others and non-Exchange products are sold.

13 We have received a number of complaints from
14 consumers. We recognize and understand this to be an
15 issue. And we intend to take steps to protect the
16 consumers in Nevada. This is the very first step in
17 that.

18 We will be working over the next month or two
19 with our deputy attorney general and others to revise
20 the brand standards so that we can make certain that
21 there is no opportunity for anybody who sees the Nevada
22 Health Link name or logo not to understand what they're
23 dealing with. And so that's important to us.

24 You know, the revision of the brand standard
25 and the associated policies really marks the further

1 evolution of the Exchange as an ongoing entity. We're
2 not a startup anymore. And over the last two years, our
3 brand, which is our identity, has been relentlessly
4 communicated. It's defined our approach to marketing,
5 to operations, and more. And it's reflected in our
6 website and signage, our social media messaging, and
7 face-to-face conversations. The first year, it wasn't
8 an asset. It's an asset now. And we have to guard
9 against its misuse or imitation.

10 The next few months are going to be a very busy
11 time for the Exchange and for its staff, with a number
12 of important decisions looming on the horizon. I am
13 confident that the Board will review these issues, these
14 questions, these things that they have to consider, and
15 base their decisions on protecting the interests of our
16 consumers and stakeholders and ensuring the Exchange
17 will be able to continue to provide access to quality
18 affordable health plans to Nevadans throughout the
19 state.

20 Madam Chair, those are the sum and substance of
21 my remarks. And I'm happy to answer any questions that
22 you or any other member of the Board may have.

23 DR. JAMESON: Thank you, Mr. Gilbert, for that
24 executive report; as always, thorough, so informative
25 and up-to-date.

1 Do we have any questions or comments regarding
2 Mr. Gilbert, our Executive Director's report?

3 Ms. Clark.

4 MS. CLARK: Yes, thank you, Madam Chair.

5 I just want to be clear on the technology that
6 we are reviewing. We are looking to make a change
7 before open enrollment starts for the 2017 open
8 enrollment. If we do, it would be --

9 DR. JAMESON: Mr. Gilbert, would you like to go
10 ahead and take that question since, I think, it's
11 still --

12 MR. GILBERT: Thank you, Madam Chair.

13 DR. JAMESON: -- somewhat decided but up in the
14 air a little bit.

15 MR. GILBERT: I don't think that we have
16 determined whether that's the path that we want to take,
17 whether 2017, because of the short runway and the issues
18 that we face in making that type of transition makes it
19 impractical or less attractive than taking the
20 longer-range approach and doing it in 2018.

21 So I don't think it's a question of are we
22 locked in on 2017, because I don't think that we are.
23 But I do think that we need to look at what makes sense
24 for us, given our history and our transition and where
25 we ought to go.

1 MS. CLARK: Thank you. I just know, you know,
2 as a broker, we struggle tremendously with the amount of
3 customer service and the amount of help that we can
4 provide to our clients on the Federal Exchange. It's --
5 we can provide very little.

6 So, you know, speaking as a broker, we would
7 love to see something more broker-friendly for 2017.

8 DR. JAMESON: Ms. Clark, that is so -- such --
9 it's very informative for us to hear that back as a
10 broker, because I did not realize that it was at a
11 significant level that you were experiencing issues with
12 the federal hub.

13 I think that Bruce will address this better.
14 But when we attended -- and it was so gracious of you to
15 spend your time attending some of the meetings with the
16 potential new vendors. And when you and I attended it,
17 we did note that from their end, it is a reality that
18 they feel they could get us up.

19 As, I think, our Executive Director's pointed
20 out, we still haven't completely vetted everything out.

21 MS. CLARK: Yeah.

22 DR. JAMESON: And, I think, with our history,
23 it's imperative that we not be fools rushing in.

24 I think, we found, undoubtedly, some excellent
25 programs we could sign up with today and probably get on

1 board by 2017. But, I think, Bruce could speak to this
2 better. At this point, we're trying to vet out if there
3 are collaborations that we could be a part of, that
4 would even be better than acting alone.

5 So, I think, there's just more complicating
6 issues. And, I think, that's probably why it's possible
7 we will not be doing this year.

8 But, Bruce, would you like to address that.

9 MR. GILBERT: Yes. Thank you, Madam Chair.
10 Bruce Gilbert, for the record.

11 One of the things that I would point out is
12 when we talk about the customer issues that our brokers
13 and agents face -- and I understand them all too well,
14 because we work with you with regard to those -- the
15 issues are not with respect to the application and
16 enrollment process so much. The problem is once you get
17 past that, if you have a consumer who has an issue or a
18 problem, you enter into this bureaucratic maze where
19 documents are lost, and customer service is not very
20 good, it's unwieldy, it's difficult.

21 And even with our intervention and our
22 contacting CMS on behalf of brokers and on behalf of
23 consumers, we have as much trouble, frankly, as anybody
24 else, making progress in that regard.

25 That's probably one of the primary

1 dissatisfiers. The issue is not the functionality of
2 the system. The issue is two-fold. First of all, the
3 cost and whether it's worth what they are asking us to
4 pay. But, secondly, getting us away from the
5 bureaucracy of Washington and putting our consumers in a
6 position where they don't have to worry about things
7 being lost, where they can get a decision made here in
8 Nevada as opposed to in Washington.

9 And I think that that's a powerful push, just
10 as powerful, honestly, as the financial side, to get us
11 to rethink our position as what's been called a
12 Supported State Based Marketplace.

13 So I'm very well aware of those things.

14 But to move on to the second point which you
15 made, there is the potential for collaboration. I've
16 shared with the Board that Jim Wadleigh, who is the CEO
17 of Access Connecticut, which is the Connecticut
18 Exchange, will be coming here to visit with us later
19 this month to talk about ways that we might be able to
20 work together. I have ongoing discussions with friends
21 in Oregon and Colorado and elsewhere.

22 And I will tell you that we are not only state
23 that is finding this, this tension, if you will, between
24 trying to be a state-controlled marketplace and the
25 strictures that the federal government would put on us

1 as a result of use their technology and infrastructure.
2 That's problematic.

3 But the other thing that's true -- and I was
4 just in Washington actually earlier this week, speaking
5 at a conference, and I was there along with Peter Lee
6 from Covered California. And it's striking how
7 different our Exchanges are. You know, Peter got up and
8 said, "You know what, we have 1.3 million consumers, and
9 we're the largest purchasers of health insurance in the
10 state. So if you want to be on my Exchange, you better
11 do what I say." And I'm saying to myself, "I got three
12 carriers, guys," you know.

13 It's a very different world. It's just a very
14 different world. But, what you're finding is that other
15 states -- and this has all been in the news, so none of
16 this is new. States like Colorado, states like
17 Minnesota are finding that having standalone technology
18 systems and standalone customer service systems becomes
19 increasingly unaffordable. And it makes a lot of sense.

20 So there are a number of states talking
21 together. We're talking about shared services in terms
22 of technology, call centers and other things.

23 And, I think, my friend who runs the Washington
24 Exchange remarked several months ago at a meeting in
25 Portland, "You know, the first two years, all we did was

1 put out fires." And we were never in a position to sit
2 together and talk about how we might work together to
3 make it better for everyone.

4 That's now the case. Everybody's been able to
5 finally take a deep breath. And so the potential, I
6 think, for collaboration is high. If we find that that
7 is an opportunity, and it represents, at least in our
8 opinion, a better opportunity, that could bump it to
9 2018. There's no question about it.

10 But the point is, there are options out there
11 for us. And the potential for collaboration, I believe,
12 is high.

13 MS. CLARK: Valerie Clark, for the record.

14 Thank you for that clarification. And by all
15 means, I do recall, you know, the tension that there was
16 in the beginning of the -- when we first opened the
17 Exchange. And I would definitely want to be very
18 cognizant of making sure we vetted everything as
19 thoroughly as possible to avoid any complications come
20 implementation time if we were to decide to move.

21 So, thank you.

22 DR. JAMESON: Bruce, and we look forward, as
23 you have noted that in April we'll have a more in-depth
24 discussion after you have those meetings. And at that
25 point, we may have a more realistic idea as to whether

1 there'll be a possibility of 2017.

2 So does anyone else --

3 MR. GILBERT: That's good. I was going to
4 say -- Bruce Gilbert, for the record.

5 I think that that's a fair assessment. I think
6 that I'll be able to come to you in April and say "2017
7 looks good" or "I think, the better course is to push it
8 off to 2018" given what the background is and what we're
9 looking at. So, yeah, I would absolutely agree with
10 that.

11 DR. JAMESON: Does anyone else have any
12 comments or questions on our Director's report?

13 Bruce, just because you spent quite a bit of
14 time on this, on your report, about the logo and the use
15 of the name by various entities, and since the Board is
16 actually all present and meeting, and it's possible that
17 some of the Board members may actually sign in
18 communications that they are a member of the Board,
19 et cetera, is that, is that an issue? Maybe our Board
20 members would like to know if that is.

21 MR. GILBERT: Madam Chair, Bruce Gilbert, for
22 the record. And thank you for the question.

23 That would not be an issue, because your
24 connection and every member of the Board's connection
25 with Nevada Health Link is unquestioned. That would not

1 be an issue.

2 Also, we appear in news articles all the time
3 and those sorts of things. What we're interested in is
4 commercial speech, frankly.

5 DR. JAMESON: Thank you, Mr. Gilbert.

6 Did I hear any other questions?

7 I want to just mention a couple of things. The
8 target, when you mentioned about the target, I'm not
9 going to go into it now, but if I forget, when we get to
10 the zip code parts about the people who signed up, I
11 just wanted to discuss that a little bit, discuss that a
12 little bit further. And I could discuss it here,
13 because we talked about (indistinct), but I
14 (indistinct), so when the zip code comes up.

15 So, moving on, marketing and outreach overview.
16 Shall we start in the north, or?

17 MS. DAVIS: Yeah. Janel Davis, for the record,
18 Communications Officer. Sorry. I think, that's the
19 loudest I've ever been.

20 So our messaging this year was specifically
21 designed to reach underinsured consumer populations. We
22 continued our outreach efforts throughout the enrollment
23 period to build those relationships.

24 Our media and advertising campaign received
25 positive feedback.

1 And, overall, coverage was very positive for
2 Nevada Health Link and the Exchange.

3 We will continue to keep a balanced tone with
4 our messaging while working on the off-season campaign,
5 and understand the importance of brand awareness, even
6 though open enrollment has concluded.

7 The Exchange will be collaborating with various
8 stakeholders to work on an off-season campaign in order
9 to reach those underserved and under -- uninsured target
10 populations. We will be focusing on the tribes, rural
11 areas, multicultural entities, Hispanic populations, and
12 the self-employed. We will continue to work to better
13 identify those consumers still uninsured and the best
14 channels on how to reach them.

15 Patty Halabuk from Penna Powers will provide
16 you with an overview and a recap of the entire campaign
17 and include a detailed report on PR, media, digital
18 advertising, social media, and outreach events, as well
19 as discuss our continued efforts throughout these
20 channels. There will be an appendix available on line,
21 also, if you'd like to see a more detailed report.

22 DR. JAMESON: Thank you.

23 And we'll continue now in Henderson.

24 MS. HALABUK: Thank you. Good afternoon.

25 Patty Halabuk with Penna Powers.

1 I'm going to, as Janel mentioned, touch on the
2 highlights from our marketing and outreach overview
3 campaign for you.

4 And, also, as Janel mentioned, there is, in
5 addition to this deck here, there is also another deck
6 containing an appendix with more marketing detail and
7 analytics related to the campaign. It is posted on the
8 website, but if anybody requires a hard copy, we can get
9 that for you.

10 We used a mix of media throughout the campaign,
11 with TV, radio, print and outdoor. We focused on the
12 number of impressions which creates our reach and
13 frequency.

14 Impressions means estimated number of people
15 who see and hear our ads.

16 Reach means the number of people within our
17 defined target audiences that we're actually reaching.

18 And frequency equates to the number of times
19 those people within the target audiences actually see or
20 hear the ads.

21 So the goal was the more impressions, the
22 higher the reach and frequency within our target
23 audiences.

24 For TV, radio, print and outdoor combined, we
25 generated over 112 million impressions during the

1 14-week enrollment period. This was approximately
2 4.7 million more impressions than we had originally
3 planned. Some of that is due to the bonuses that we are
4 able to acquire, and some also is due to the allocating
5 more funds in the last January push.

6 We used print primarily to reach the rural
7 areas.

8 We used TV and radio both mainstream and in the
9 Hispanic niche markets.

10 And we used outdoor digital bulletins in main
11 highway, freeway, thoroughfares and poster billboards in
12 targeted neighborhoods.

13 We felt this mix of traditional media was
14 relevant and yielded great results.

15 With the political year ongoing, we will
16 strategize and adjust how we use traditional media
17 moving forward to ensure we are as cost-effective as
18 possible. This will also include examining additional
19 ways to reach the underserved and rural communities with
20 more reach and frequency and in a more meaningful way,
21 which will include grassroots and more personal outreach
22 tactics within those identified areas. This is
23 something we are currently strategizing with the
24 Exchange.

25 We also engaged a postcard direct mail campaign

1 to support brokers and related events throughout the
2 enrollment period. This included mailing to all rural
3 zip codes within the state.

4 Digital and online advertising and social media
5 were both used with excellent results. These two
6 mediums combined yielded over 26 million additional
7 impressions and generated almost 25,000 key actions
8 taking place on NevadaHealthLink.com. Key actions are
9 people who actually clicked a link and went to
10 NevadaHealthLink.com and took some relevant action on
11 the site, whether it was looking up broker information,
12 using the subsidy calculator, or other information
13 related.

14 Because of their cost-effectiveness and the
15 analytic ability to target our specific audiences so
16 distinctly, both digital and social media mediums will
17 likely play a larger role in our next campaign,
18 especially with the challenges generated by the
19 political year with regard to advertising.

20 With PR, we made significant strides, and we
21 created extra exposure for Nevada Health Link. We
22 generated over \$9 million in earned PR value. And I'll
23 just define earned PR value as those mentions of either
24 Nevada Health Link or Silver State Health Insurance
25 Exchange that we did not pay for to receive.

1 In the off-season and through next enrollment,
2 PR will continue with the strategy to build and
3 implement a proactive strategic plan that demonstrates a
4 positive public perception and image for Nevada Health
5 Link, strives to maintain a balanced tone of coverage,
6 and measures Nevada Health Link's Share of Voice
7 statewide. This plan will also include the flexibility
8 needed to react quickly and appropriately to related
9 issues requiring a sense of urgency, as we are directed
10 by the Exchange.

11 That's the sum. I didn't go through page by
12 page. There's a lot of analytics and data that you can
13 peruse through.

14 I'd like to turn it over to Janet with the
15 Ramirez Group, who's here to recap outreach for you on
16 behalf of Andres, who's traveling today.

17 And then, after, if there are any questions,
18 I'll be happy to answer for you.

19 MS. QUINTERO: Thank you, Patty.

20 Janet Quintero with Ramirez Group, for the
21 record.

22 So for outreach, we attended a total of 63
23 events throughout open enrollment. We created
24 relationships with 83 exhibitors. This includes
25 potential partnerships in the future and strategic

1 community, community partners that we can definitely
2 reach out to in the future. In total, we engaged with
3 56,725 individuals. And we distributed posters and
4 fliers to 292 locations.

5 Again, these are -- whether it's public venues
6 or private, private companies, these are partners that
7 we can reach out to in the future.

8 Some of our observations include we -- outreach
9 efforts helped identify new partners and reach target
10 audiences. New partnerships have been developed with
11 Smith's and Walgreen's, and we will engage them, and we
12 will engage with them to be even more effective with
13 outreach efforts moving forward.

14 The primary focus of outreach efforts for this
15 enrollment period was on directing consumers to licensed
16 enrollment professionals. And in the off-season, as we
17 gain momentum for the next enrollment period, outreach
18 efforts will also include identifying stakeholders, new
19 strategic partnerships, and identifying areas of
20 underserved populations statewide to engage in
21 grassroots education.

22 So, as you know, overall, our strategy
23 consisted of collecting information and forwarding this
24 information to the SSHIX portal where brokers were able
25 to access it.

1 DR. JAMESON: Thank you.

2 Does anyone have any questions?

3 Is that working?

4 Does anyone have any questions on the marketing
5 and outreach overview report?

6 I would just like to comment, that is
7 outstanding with the 56,725 individuals engaged. Do you
8 know how that compared with last year?

9 MS. QUINTERO: Unfortunately, I don't know what
10 the number was last year. I can tell you that number is
11 based on attendance to the events, estimated attendance
12 to the events. But, no, I don't have that number.

13 DR. JAMESON: Thank you.

14 On the appendix, where the information about
15 the zip codes is here, was that something that the PR
16 team did, or is that something that came from our
17 Exchange staff, where it has the direct mail coverage,
18 and it talked about the zip codes and the number that
19 were enrolled from each zip code?

20 MS. HALABUK: This was an amalgamation of some
21 preliminary data that we received from the Exchange via
22 CMS, broken down by zip code. Penna Powers
23 cross-checked it with our individual lists where we
24 mailed our broker mailings and targeted our advertising
25 to compare those lists against the preliminary CMS data,

1 so we could get an initial idea of where the advertising
2 was targeted versus the -- where the enrollment numbers
3 were coming from. And this is related to direct mail.

4 DR. JAMESON: I'm sure that you reviewed it.
5 Do you have any summary of your review on it?

6 MS. HALABUK: With regard to the direct mail,
7 there was a notation in one of the bullet points on the
8 direct mail page in the deck that, interestingly enough,
9 of the zip codes that we mailed specifically statewide
10 to the rural areas, 72 percent of those zip codes
11 yielded no enrollees, compared to where we mailed to.

12 So that is something that we are engaged with
13 the Exchange now to ensure, moving forward, we utilize
14 that data and ensure we're targeting to, as Janel
15 mentioned as well, additional areas that maybe haven't
16 been identified or need additional resources to engage
17 with.

18 DR. JAMESON: And that is what struck me. I
19 guess, I shouldn't have been surprised. But I was
20 actually quite surprised when I saw many of them were --
21 the first one, 89117, Spring Valley/Summerlin, 2,489.
22 Of course, it makes sense that in this area, these
23 people could probably afford an affordable qualified
24 health plan.

25 But it was a bit disappointing when I saw the

1 other zip codes that I'm familiar with, living in
2 southern Nevada for 30 years, with that precise notation
3 you made that no one in those areas selected our plan.

4 Do you think that's because of needing to do
5 more outreach? Do you think that's because the
6 particular -- and, Bruce, your comments would be
7 appreciated -- the particular carriers are not offered
8 in those communities, and those people in many of those,
9 what, 74 rural areas don't have providers on the
10 Exchange, on the -- they're not accessed to providers
11 that are on our Exchange? Do we have any -- I mean
12 because it's really amazing. I thought that was very
13 dramatic. Any other comments on that?

14 MR. GILBERT: Madam Chair, if I may. Bruce
15 Gilbert, for the record.

16 One of the things that I think that we learned
17 in this go-round that we didn't know previously is that,
18 is that zip code information, while helpful, does have
19 its limitations and that our outreach and the results
20 that we see are driven by more than the demographic mix
21 in any particular zip code.

22 As we were talking through these things with
23 Penna, it became obvious to us that there are pockets,
24 for example, of self-employed individuals, maybe in zip
25 codes that we weren't anticipating, that allowed us to

1 drive enrollment in those areas.

2 You know, the underserved populations that we
3 are looking at, it's very easy for us to say "rural."
4 But what does that really mean? As we know, the groups
5 that find our offerings the most persuasive fall between
6 that 139 percent to about 250 to 300 percent of the
7 federal poverty level. And that's before we start
8 talking about the Asian population or the Hispanic
9 population.

10 So really, I think, what this shows is, over
11 the past two years, as a result of our emphasis on
12 rebuilding our brand and going through outreach, we've
13 been able to get an awful lot of the low-hanging fruit,
14 getting those people in and signed up who were actively
15 looking, who, I think, had pent-up demand for our
16 product.

17 And what we're seeing now is that we have to
18 more actively engage in identifying those groups, not
19 necessarily on a geographic basis, but sort of going
20 through, cutting them a bunch of different ways, to
21 understand where our additional enrollees will come
22 from.

23 You know, direct mail, what did we see this
24 year? We saw in the rurals it certainly doesn't work.
25 That's not, that's not something we want to repeat.

1 But, you know, if you look at the digital and
2 social media, you see some really interesting things.
3 It led to a lot of activity, which is really good. But
4 the other thing is it tells us that the people who are
5 going on there and looking for us and looking at us,
6 they were doing it on weekdays and in the evenings.

7 So it's -- you get to a different group,
8 depending upon how you message. And we have to figure
9 out what the right mix is, I think, at this point.

10 DR. JAMESON: Bruce, thank you.

11 Yes, and that's the trickiest one, which is, if
12 we only could know how to target the income range,
13 because it's not always, as you say, correlated to zip
14 code, we just knew where everyone was, between 138 and
15 250 percent, and target them.

16 This, this might sound sort of a -- a bold
17 question. We have now -- you know, the IRS has
18 penalized those that did not participate now last year
19 and will, undoubtedly, continue to do that this year,
20 et cetera, as long as this exists.

21 And I was wondering. But there is, of course,
22 privacy, so we can't find out who those people are. But
23 I wonder if the federal government or the IRS, if there
24 is a possibility that they could notify people who
25 they've penalized and tell them that if they're having

1 difficulty buying insurance -- because they've been
2 penalized, so clearly they haven't been able to purchase
3 it -- that they might look into their local Exchanges.

4 That probably sounds way too complicated,
5 right?

6 MR. GILBERT: No, actually, Madam Chair --
7 Bruce Gilbert, for the record.

8 We have been in touch, oddly enough, with the
9 Internal Revenue Service and with CMS to try and find a
10 way to reach those who, in fact, are paying penalties.
11 You pay one way or another. You pay and purchase
12 coverage, or you pay for coverage that you, essentially,
13 don't have.

14 That's considered federal tax information. It
15 is not made available to the Exchange or anybody else.
16 And so there's no, there's no easy way or simple way to
17 be able to identify and target those individuals.

18 DR. JAMESON: Yes. I realize, just privacy,
19 that we might not be able to do it. I was just
20 wondering if the IRS, from their end, might be able to
21 notify them of the services available in their state.
22 Maybe you could check it out.

23 Were there any other comments on the report?

24 All righty. This will be one of our briefest
25 meetings, I think.

1 Discussion and possible action regarding dates,
2 times, and agenda items for the future. Is there anyone
3 that has any suggestions or comments?

4 Quiet, everybody's so quiet today. How about
5 in the north, do we have any public comments at this
6 time?

7 MR. GILBERT: There's none in the north, Madam
8 Chair.

9 DR. JAMESON: And any public comments here in
10 Henderson?

11 Seeing none, I would call for adjournment.

12 MR. MELENDREZ: Second.

13 DR. JAMESON: Everybody, thank you so much for
14 coming and for your time and efforts. So appreciated.
15 Have a wonderful afternoon.

16 MR. GILBERT: Thank you.

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