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SILVER STATE HEALTH INSURANCE EXCHANGE

BOARD MEETING

TUESDAY, JUNE 18, 2024

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T. DAVIS: Madam Chair?

JAMESON: Hello. How are we doing on our quorum?

T. DAVIS: We do have a quorum now. There are four voting members that have joined us.

JAMESON: Oh, this is wonderful. All right. And, uh, it's just 1:31 and just turned into 1:32. We are right on track. I will go ahead then and call the, uh, meeting to order and, uh, welcome everybody and go ahead and ask you to take roll call. Thank you.

COOK: Thank you, Dr. Jameson. Russell Cook for the record. Dr. Florence Jameson?

JAMESON: Yes. Here. Present.

COOK: Yes. Present. Ms. Valerie Clark?

CLARK: Present.

COOK: All right. Ms. Lavonne Lewis? I will mark Ms. Lavonne Lewis as absent for now. Dr. Sarah Friedman? I will mark Dr. Friedman as absent for now. Mr. Jonathan Johnson?

JOHNSON: Present.

COOK: Ms. Amber Torres? I will be marking Ms. Torres absent for now. Mr. Quincy Branch?

1 BRANCH: Present.

2 COOK: I will now proceed with roll call for our ex-officio
3 members. Ms. Stacie Weeks?

4 WEEKS: Present.

5 COOK: Okay. Thank you. Commissioner Scott Kipper?

6 KIPPER: Here.

7 COOK: Thank you. And Ms. Jenny Helton?

8 HELTON: Sure.

9 COOK: Wonderful. Madam Chair, roll call is complete with four
10 voting members present.

11 JAMESON: Excellent. Well, we'll just get on with business then.
12 Uh, I would like to first ask, uh, for you to request if there's anyone who
13 would like to have public comment.

14 DAVIS: Madam Chair, Tiffany Davis for the record. I would like
15 to be able to assist you with the public comment since there's been some
16 added language that we need to use in, um, doing this. So, uh, for public
17 comment, I would like to remind those who have joined us online that if
18 you would like to make a public comment, if you could please raise your
19 electronic hand feature or please indicate in the chat box that you would
20 like to make a public comment. And then Kaitlyn will go ahead and call on
21 you and let you know when you may unmute yourself, uh, when it's time.
22 And then also for those who have called into the meeting, if anyone has
23 called via the telephone, if you would, um -- we'll let you know when you
24 may unmute yourself to make your public comment. But to get us started,
25 I'd like to start and ask Kassie, who is in our Carson City conference room,

1 is there anyone in our co-conference room that has public comment to
2 make, Kassie?

3 FUENTES: Kassie Fuentes For the record, there are no public
4 comments here in the Carson City office. Thank you.

5 DAVIS: Thank you, Kassie, for confirming that. And then online,
6 if any attendees, once again would like to provide public comment, you
7 may at this time raise your electronic hand feature and Kaitlyn will call
8 your name so to, uh, allow you to unmute yourself and make your public
9 comment. Do we have any public comments on our Zoom feature? And
10 Kaitlyn, if you could please confirm for me if you see any hands.

11 BLAGEN: Hi, Tiffany. Kaitlyn Blagen for the record. I do not see
12 anybody's hands raised or -- or anything in the chat.

13 DAVIS: Okay. Thank you so much for confirming that. And then
14 if you've called in on our phone line, if, uh, anyone calling in would like to
15 go ahead and unmute yourself at this time and provide co -- public
16 comments. And maybe Kaitlyn, you can verify if we do have anybody on the
17 phone -- telephone as well.

18 BLAGEN: Kaitlyn Blagen for the record. I do not see any hands
19 raised for the telephone.

20 DAVIS: Okay. And not hearing anything as well. Again, just one
21 more opportunity if anyone has any public comment if you'd like to go
22 ahead and unmute yourself at this time and provide that. Okay. Not
23 hearing any, uh, Madam Chair, there are no public comments at this time.

24 JAMESON: Thank you. Okay. Um, Florence Jameson, and we are
25 moving on to approval of the minutes of the February 20, 2024 board

1 meeting. Did, um -- having reviewed them, I did not see any, uh,
2 corrections, errors of remission, or, um, concerns. And, uh, have anybody
3 had any concerns about them? So, I would entertain a motion, uh, to pass
4 the minutes from, uh, Tuesday, February 20, 2024.

5 JOHNSON: Jonathan Johnson, motion to approve the minutes
6 from February 20, 2024.

7 CLARK: Valerie Clark, second.

8 JAMESON: And before we do the vote, uh, were there -- was
9 there any changes that anyone wanted to make or any -- any discussion of
10 the minutes? Hearing none, we'll go ahead and take a vote. Everybody in
11 favor can say aye.

12 MULTIPLE: Aye.

13 JAMESON: Any -- everyone -- anyone opposed? Anyone
14 abstaining? It sounds like those minutes are unanimously passed. And now
15 we get to one of my very favorite parts of the meeting, which is our
16 Executive Director Report. And I do wanna compliment you on your report.
17 They just become more and more organized, uh, allowing all of us to follow
18 on each of the critical -- each of the issues so very well. So, I will go ahead
19 and, uh, ask our CEO Russell Cook to present his Executive Report.

20 COOK: Thank you, Dr. Jameson. Russell Cook for the record. I
21 did want to remark before I read my report that I was just notified that Ms.
22 Amber Torres has joined us. So, unless there are any objections, uh, from
23 the Board members or our DAG, I will be marking her present for this
24 meeting.

25 TORRES: Thank you.

1 LEWIS: Hey, Russell, can I just say one thing? It's -- you're --
2 you're very hard to hear. Um, is anyone else having trouble hearing you? Is
3 it -- maybe it's me.

4 JAMESON: No trouble on my end.

5 LEWIS: Okay. Maybe it's on my end.

6 COOK: I'll try and speak, uh, as clearly as I can, and I'll try to
7 direct my voice to the microphone. Does that seem better, Ms. Clark?

8 LEWIS: Much better, yeah. Thank you.

9 COOK: Okay, great. I will, uh -- I will project. All right. Uh, in
10 the interest of time, I'm going to skip over the purpose, which is
11 unchanged, uh, it's always the same, and the table of contents. And I'll
12 jump right into the general comments. The four-month interim -- oh, and
13 before I begin, I just wanted to remind the Board about the new format for
14 this report. We will be pausing after each section for, uh, questions,
15 comments, and discussion from the Board. So, if you have any questions,
16 uh, please hold them until the end of the respective section and I will
17 pause, uh, to entertain those at the end of each section. The four-month
18 interim since the February Board meeting has provided an important
19 opportunity for reflection. I've spent a significant amount of time
20 reviewing past board meeting agendas and recordings from the pre-
21 pandemic era up through the past year. And one conclusion seems evident.
22 In recent years, the Exchange's Board of Directors has not been included in
23 the day-to-day operational decisions of the agency to the same extent that
24 they were previously. Certainly, the shift can be attributed, at least in
25 part, to the overall maturation and stabilization of the Exchange as a state-

1 based marketplace. It's also apparent that the change from monthly board
2 meetings to quarterly board meetings had an impact on the scope and
3 impact of the Board at a -- as a decision-making body. But it's my belief
4 that, even in light of the quarterly meeting schedule, the Board can and
5 should be kept more proactively apprised of current and future Exchange
6 activities. Having been faced with no shortage of urgent, high impact
7 decisions since assuming the Executive Director position last August, many
8 of which have boiled down to choosing the least bad option, I can say with
9 frank honesty that I would welcome a degree of shared accountability. One
10 example, which I think illustrates this point particularly well, involves a
11 vision carrier who approached the Exchange last year seeking a
12 partnership. To provide the appropriate background context, the Exchange,
13 like all ACA marketplaces, does not sell vision plans through the Nevada
14 Health Link website. We have, however, maintained a relationship with a
15 vision carrier called VSP Vision Plans for several years, which involves
16 endorsing them as a trusted partner alongside the various health and
17 dental carriers listed on our website. VSP pays an annual fee to the
18 Exchange for this endorsement. I have to admit that when I first learned
19 about the nature of this relationship, I felt some ethical reservations about
20 the Exchange endorsing the services of a carrier over whom we have no
21 regulatory purview and whose operations, including their customer service
22 activities, are opaque to us. This type of relationship is not unusual,
23 however. Most state-based marketplaces have a similar relationship in
24 place with one or more vision carriers. And at any rate, I had no intention
25 of trying to modify an existing contractual relationship. But these concerns

1 were top of mind when reviewing the more recent request from the new
2 vision carrier last fall, who was seeking a similar arrangement. I was
3 especially sensitive to the idea of an endorsement because the Exchange
4 had recently dealt with the fallout from Friday Health Plans' court-ordered
5 exit from the marketplace, which resulted in thousands of Nevada Health
6 Link enrollees losing their existing coverage. The Exchange was criticized in
7 the media for having endorsed Friday Health Plans as among the seven
8 Nevada Health Insurance Providers offering the best health plans in the
9 state. And we were criticized again for removing their logo from our
10 website after Friday was de-certified, omitting any mention of the insurer
11 that the Exchange had previously praised. So, we approached the proposal
12 from the new vision carrier with a fair degree of caution. Our first priority
13 was to assess the performance of this carrier by reviewing customer
14 feedback. During a phone meeting last fall, their director indicated to us
15 that they receive only a few consumer complaints each year, and those
16 complaints are generally resolved quickly. However, when we looked this
17 carrier up on the Better Business Bureau's website, we found many dozens
18 of consumer complaints from 2023 alone, the vast majority of which had
19 not been resolved. One common complaint was that consumers were
20 consistently unable to reach a live agent in their call center. Several of our
21 staff members, including myself, attempted to contact their call center on
22 multiple occasions over a one-week timeframe using several different
23 phone numbers obtained from the websites of other state Exchanges who
24 partnered with this particular carrier. We were unable to reach even a
25 single agent. The results of this investigation convinced the Exchange's

1 administrative staff that a partnership with this carrier would not be in the
2 best interest of our consumers, and that the public reputation of this
3 carrier presented a risk to the Exchange's status as a trusted source of
4 high-quality insurance coverage. We notified the carrier of our decision,
5 and we invited them to attend our February 2024 board meeting if they
6 wished to address the Board directly. We also mentioned that if the carrier
7 was able to make notable progress in resolving their apparent customer
8 service deficiencies, that we would be willing to reconsider our decision.
9 They did not provide comment at the February meeting, and we've had no
10 correspondence with this carrier since then. I have no reservations about
11 the due diligence that we conducted or the decision that we reached. But
12 today, with the clarity of hindsight, I believe it was a misstep not to
13 present this issue to the Board for a vote. With that in mind, I'm resolved,
14 moving forward, to improve the inclusion of the Board as a decision-
15 making stakeholder. This is the spirit which informs the remainder of my
16 Executive Director's Report, starting with an overview of the operational
17 milestones that the Exchange must accomplish before the October board
18 meeting. I will now pause for any questions or comments from the Board.
19 Commissioner Kipper?

20 KIPPER: Uh, couple questions on, uh -- on the issue around, uh,
21 the other -- well about VSP and the, uh, endorsement. Uh, the -- the report
22 mentioned that, uh, receive a fee or an endorsement fee is --

23 COOK: That is correct. An annual fee, yes.

24 KIPPER: And -- and how mu -- how much would that fee be?

25 COOK: Uh, I-I-I don't know off the top of my head what the VSP

1 fee is. I have not reviewed that contract recently. My recollection of the
2 proposal from the newer insurance carrier that approached us last fall was
3 that the fee would be on the order of \$5,000 per year.

4 KIPPER: And is the endorsement based on, uh, a level of, uh,
5 any quality measures or is this just, uh, a pay to play type of program?

6 COOK: That's an excellent question, and I cannot speak on the
7 historical, uh, nature of the – the agreement with VSP. Uh, but the
8 questions you raised were -- were -- were central to, um, our consideration
9 of -- of the new proposal last fall. Um, and -- and in fact, our reservations
10 along those lines contributed, uh, to our decision, uh, not to enter into a
11 partnership with this, uh -- with this insurance bank, the -- the lack of
12 insight and -- and -- and the lack of, uh -- the lack of accountability, uh,
13 specifically.

14 KIPPER: All right. Thank you.

15 COOK: You're very welcome.

16 JAMESON: Were there any other, uh, questions or comments
17 from the other members?

18 CLARK: Uh, Madam Chair, I had a question. I just -- so is the
19 vision -- the VSP arrangement, when did that start?

20 COOK: Uh, my understanding is that that started either in plan
21 year 2020 or plan year 2021. But again, I apologize, I-I have not reviewed
22 the contract. Uh, uh, I would be more than happy to provide a follow-up
23 email to the Board, um, with both the, uh, begin date and the expiration
24 date of the contractual agreement, uh, as well as the, uh -- the specific
25 dollar amount for the year desired.

1 CLARK: Okay. And then, just to be clear, it was the VSP that
2 approached the Exchange to create this relationship. You -- it wasn't that
3 you circulated like maybe an RFP to all the vision carriers, uh, soliciting,
4 uh, uh, uh, information and advising them of a potential relationship. And
5 also, I have the same question about dental plans as well.

6 COOK: Uh, so it's my understanding that there was never a
7 solicitation involved, uh, or, you know, with -- with the insurance carrier
8 partnerships. And again, I-I was not involved with the sort of brokering or
9 negotiation of the deal with VSP. Um, I only became aware of the nature of
10 that, uh, agreement after I assumed the Executive Director position last
11 August. Um, but as far as the, uh -- the -- the newer vision carrier who
12 approached us, there was no solicitation at all. I can confirm that. Um,
13 they did approach us of -- of, you know -- voluntarily of their own volition,
14 um, and, uh, worked, uh, with the Exchange leadership. I believe we were
15 first approached, uh, in the, uh, late spring of, uh, 2023. Uh, but the
16 Exchange was absent an Executive Director from May until my appointment
17 in August, um, so I could have picked up the project with that.

18 CLARK: Okay. And then we don't -- we don't have any
19 relationships, um, where they pay, uh, on the dental side, do we?

20 COOK: No. Uh, well, to be clear, every single insurance carrier,
21 both health and dental, who sells plans through Nevada Health Link
22 Marketplace receives, uh, a monthly invoice, uh, for what's, uh, called our
23 carrier premium fee. That's the sole source of the Exchange's operating
24 revenue. Um, so they do pay, uh, a-a premium fee, um, for, you know -- for
25 -- for the opportunity to do business on the Nevada Health Link

1 Marketplace. But I would not characterize that necessarily as -- as a pay
2 for play type of an operation, or at least not a paid endorsement. Um, you
3 know, there -- there's no, uh -- as far as -- as endorsements are concerned,
4 all, uh, health and dental carriers are on equal footing, uh, you know,
5 through the Nevada -- I hope that answers the question though, if I missed
6 some --

7 CLARK: Yeah. I'm just trying to get in my head, how do we --
8 how do we -- what's the process for choosing a carrier? And medical, I
9 understand, is probably different because we're more limited in medical
10 carriers, but there are a significant number of dental and vision carriers on
11 the marketplace. So I was just trying to understand how you choose the
12 ones that you put on the website. That's all.

13 COOK: That's an excellent question. And -- and I'm going to --
14 I'm going to speak to the areas of this process that -- that -- that I feel
15 comfortable that -- that my expertise is appropriate. Um, you know, I may
16 have to defer to our Plan Certification Manager. Certainly, the Division of
17 Insurance plays a central role, uh, in this process. But it all begins when
18 insurance carriers who wish to enter the marketplace submit a form called
19 an Intent to Sell. Typically, that form is circulated, uh, in February and
20 March of each year, and -- and I believe the deadline for submission is
21 roughly the end of March of each year.

22 CLARK: Okay.

23 COOK: So, insurance carriers who are not currently selling
24 health or dental plans to the Nevada Health Link Marketplace, but wish to
25 begin doing so, um, that's how they start the process. There is, uh, a DOI

1 review, uh, component, and then of course the Exchange, uh, has a-a kind
2 of a stringent process for reviewing, uh, kind of, the minimum
3 qualifications of the insurance carrier. Um, they must meet minimum
4 financial qualifications. The plans they sell are subject to, uh, you know,
5 uh, uh, plan design, uh, benefit standards, network adequacy standards.
6 And then the insurance carrier organizations themselves must complete a
7 robust, uh, electronic testing and onboarding process, so they must be able
8 to interface with the Exchange system. They must be able to perform
9 enrollment reconciliation on a monthly basis. And, um, you know, they
10 must complete, uh, a-a comprehensive three month long, uh, suite of test
11 scenarios designed to emulate real world, uh, types of -- of operating
12 issues. So again, hope that answers the question, happy to provide more
13 detail if not.

14 CLARK: Yeah. No, it does. And I'm -- and it's actually very
15 timely that we would be talking about, um, bringing the Board, uh, more
16 proactively into some of these things, because actually I've been on this
17 Board since 2015 and I never really understood how that was done. So, it'll
18 be nice to maybe have some of these things brought to our attention, um,
19 more proactively so we can, you know, just be aware. Thank you.

20 COOK: I appreciate the feedback. You're very welcome. And
21 that is precisely the intent of the next, uh, section of the report, which is a
22 four month look at four months, because that's the interim between this
23 board meeting and the next board meeting. It'll be a two month look ahead
24 in October, that sort of thing. But, uh, you know, it, it really was a-a-a goal
25 of mine, uh, to provide a forward looking, uh, and inclusive update, uh, so

1 that the Board was aware of events before they actually happened so we're
2 not just providing retrospective updates.

3 JAMESON: And Russell, just before you go on, uh, another
4 brief, uh, request. I do believe you did an excellent job of vetting out this,
5 um, candidate to be, uh, on our website for endorsement. And since, uh, as
6 Valerie pointed out, some of these things were done in a different way
7 prior to you coming on, and we really understand a little bit, and now even
8 more about the process for actually carriers. This other issue where
9 someone just wants an endorsement, we probably should have just as a
10 rigorous process written out that we go through for anyone we do
11 endorsements for. So that would be wonderful if in -- you can consider
12 before the next board meeting, number one, to develop a process for
13 vetting anybody who might be endorsed and, uh, bring that back to discuss
14 with our Board. And number two, this other person, we, uh, are all
15 assuming, uh, that they were vetted out properly, but we really don't know
16 that. So since none of us seem to be familiar with, uh, the -- the people
17 that are currently on for visual referral, perhaps it would be a good idea
18 for you just to do a little retrospective, um, review, uh, with them and see,
19 uh, if they would follow the -- if they would qualify under the new process
20 to be on -- uh, endorsed by the Board, uh -- by the Board, uh, as well to be
21 on the website and for our clients. So, um, I would really appreciate that.
22 And would the rest of the Board like to see that? Okay. It sounds good.

23 DAVIS: Madam Chair, my apologies for the interruption. I just
24 had seen, uh, saw it earlier that Stacie Weeks had her hand up, so I just
25 wanna make sure to see if she's <crosstalk>.

1 JAMESON: Oh, I couldn't see that. My apologies, Stacie. Please,
2 Stacie.

3 COOK: Me -- me too.

4 JAMESON: Okay. Who's doing the hand watching 'cause I only
5 see four hands on my field, so.

6 COOK: I apologize, I'm not seeing any, but, uh, Ms. Weeks, I'd
7 be happy to, uh -- to -- to, uh, uh, hear --

8 WEEKS: <inaudible> my question. So I-I appreciate like -- I'm,
9 you know, been in my role two years. I get you don't <inaudible> but I
10 would assume someone on your staff can share with the Board exactly
11 <inaudible> like this is in addition to being certified on the Exchange. It's a
12 pers -- it's sort of a --

13 DAVIS: Stacie, you're in and out -- kind of breaking in and out.

14 WEEKS: I know. So just read my post and that will do it.

15 JAMESON: Thank you. Thank you so much, Stacie. I agree.

16 JOHNSON: My -- my question -- I understand with medical and
17 dental plans, there's a specific certification criteria process that they have
18 to go through to be listed on, uh -- on Nevada HealthLink. Um, but when it
19 comes to vision plans or anything else that may come up in the future and
20 these endorsements that are solicited, um, first question is, do we have
21 any other arrangements like that outside of medical and dental that's run
22 through that standard process on the Exchange that -- that you're aware
23 of?

24 COOK: Well, to be clear, I-I wouldn't say that we have kinda a
25 standardized review process per -- per Dr. Jameson's suggestion a moment

1 ago. And I-I really wish we had one last fall, um, because we kind of had to
2 make it up as we went along. Um, I do think that this would be an excellent
3 candidate for a written policy and procedure that we could publish on our
4 website, um, so that we have something, you know, in the way of
5 objective, you know, criteria. Um, and -- and -- and I would welcome
6 involvement from the Board to -- to make the final, you know -- to be the
7 final arbiters of -- of -- of -- of who receives, uh, you know, the
8 endorsements for -- for Nevada Health. But if I'm understanding your
9 question correctly, um, I'm not aware of any other, uh, entity, insurance
10 carrier or otherwise, besides VSP Vision care, um, who currently maintains
11 an endorsement from the Exchange. And -- and as I mentioned earlier, but I
12 just want to clarify, uh, we do not endorse, per se, any specific insurance
13 carriers that offer health or dental plans to the Nevada Health Link
14 website. We do in kind of implicitly, uh, endorse them in so far as they,
15 you know -- they're not allowed to sell plans that don't, uh -- you know,
16 that -- that don't meet the standards of our -- of our rigorous plan
17 certification process, which is conducted in --

18 JOHNSON: But to that -- to that point, right, vision isn't one of
19 those that have to meet a particular measure or definition or standard,
20 right? And so, when it comes to some of these things that are out -- that
21 are outside the purview of the Exchange, and its intent, what is the
22 objective -- what is our -- our role? And that -- that's -- that's really where
23 the -- the question comes in. And --

24 COOK: Yeah.

25 JOHNSON: And -- and then just given this recent experience,

1 are there any other, uh, arrangements, uh, in place that we need to be
2 aware of?

3 JAMESON: Yes.

4 COOK: Nothing comes to -- sorry, I didn't mean to cut you off,
5 Dr. Jameson. Did you have a comment?

6 JAMESON: No, I was gonna say, uh, very, uh, uh, understood.
7 So, I'm looking forward to your feedback. I just had one last comment on
8 your, um -- on the first subject, which was, I really appreciate, uh, you
9 recognizing and using this example. And, uh, even as I reflect back, the
10 couple examples you used, the one in writing and the one -- the one you
11 talked about earlier, um, um, with, uh -- you mentioned Friday, going
12 through that almost on your own without much -- enough feedback from us
13 perhaps. And we could perhaps have helped you feel more confident that
14 you weren't going to take any missteps through that. So, there were a
15 couple of good things. You know, when we first started, uh, many of us
16 remember, 10 years ago, that all of us were working board members, that
17 we were a part of committees, and that's how entities start. And then
18 eventually, when we hire incredibly competent people such as yourself and
19 everyone on this conference call right now, the pendulum swings the other
20 way. And we try not to be a micromanaging Board. We try to have faith and
21 confidence. And now that the pendulum was, you know, swung where we
22 used to be a working board, and then it swung all the way other way, your
23 suggestion of finding that middle ground is beautiful. And I compliment
24 you and appreciate and thank you for inviting us. You may get a lot more
25 input than you desired. So, thank you so much,

1 T. DAVIS: Dr. Jameson,

2 COOK: More than what we wish for, right? I'm sorry, Tiffany.
3 Go ahead.

4 T. DAVIS: I apologize for continuing to interrupt. Um, with
5 both of your permissions, if you wouldn't mind, I do -- I wouldn't mind,
6 um, tracking the hands -- electronic hands for when board members make
7 comments that they do raise 'em. And I would just like to read Stacie
8 Weeks' since it's the appropriate time to do so. Her comment that she put
9 into the chat for anybody, um, who may have called in and is not able to
10 see that so that they know what all comments have been made. So, she
11 wrote in the chat, "I appreciate that you do not have the information, but
12 can we work with your team to share with the Board on what criteria you
13 used to use. That would be helpful. Also, are there any federal
14 requirements that apply to what we should be using to guide the Silver
15 State Health Insurance Exchange endorsement?" So just wanna make sure
16 that was clear for all -- all attending to here.

17 JAMESON: Thank you. That may help us from having to recreate
18 the wheel if there's already some federal guidelines. Thank you, Stacie.
19 Russell, I think we're gonna let you go on to the next paragraph.

20 COOK: If I may, if -- if -- if it pleases the Board, I-I wanted to
21 acknowledge, uh, what I think is an excellent point that Ms. Weeks made,
22 which -- which in my mind connects directly to -- to a question that -- that
23 -- the question that Mr. Johnson raised. So, I just wanna kind of -- kind of
24 close the loop on that one. We looked into federal requirements last fall,
25 and we were unable to -- in fact, we reached out to CMS for guidance. And

1 we are not aware, based upon that work, of any federal guidelines that
2 apply to these types of -- of endorsement, you know, types of deals. Um, in
3 terms of, you know, what kind of structure we can impose potentially
4 around those types of arrangements, these are organizations, you know,
5 again, for which the Exchange itself has no regulatory purview. Uh, the
6 Division of Insurance certainly has their -- their -- their -- you know, their
7 purview. Uh, but, uh, you know, in particular for us, we would be
8 concerned about, uh, customer service levels, um, and having some insight
9 into consumer complaints, you know, that -- that sort of thing. Um, that's
10 what I meant when I used the word opaque or opacity, uh, in my -- uh, in
11 my report, is that we just don't have that level of insight. So one
12 possibility that had occurred to me, you know, kind of in the tail end of --
13 of our process last fall was that, you know, if -- if we could develop a
14 policy and if that policy -- if one of the minimum requirements for
15 endorsement, aside from meeting certain criteria about, you know, current
16 existing performance, existing customer service levels, that sort of thing --
17 but if we could require perhaps a quarterly report or maybe even a-a semi-
18 annual report from these carriers in terms of consumer complaints, uh, you
19 know, performance metrics essentially, key performance indicators that
20 could be utilized to track their performance and then share that
21 information as part of our Board reports, um, I think that might be a really
22 good start in terms of a structured approach to these partnerships. Clearly
23 -- and I-I think every state-based Exchange out there that maintains such a
24 partnership, um, will tell you that there are benefits to these partnerships.
25 Um, what I am, uh, primarily focused on and -- and -- and what was the

1 primary focus of our -- our decision-making process last fall was risk
2 management. So I think somewhere between the risk management versus,
3 you know, providing additional options to our -- our consumers, there's
4 certainly work that the Exchange can do to vet these insurance carriers.
5 But establishing the objective criteria by which we're going to -- to -- to
6 vet, uh, you know, their -- their -- their services, um, is, uh, I think, uh,
7 also a process that the Board should be included in. So, um, just to kind of
8 summarize, Dr. Jameson, um, it sounds like there's an appetite for the
9 Exchange to present, uh, either at the October board meeting or perhaps
10 before then, uh, a plan for, uh, perhaps a draft of a policy, um, that would
11 apply to -- to endorsements for -- for non-health and -- and dental carriers.
12 Uh, I-I would say, you know, it could be vision carriers in particular, but,
13 you know, um, uh, by -- by saying non-health and non-dental carriers
14 maybe wouldn't constrain ourselves quite as much, be a little more
15 flexible. Does that sound an agreeable proposal?

16 JAMESON: Yes. And I think what you mentioned, uh, about
17 having some accountability in there is excellent as -- as all of us reviewed
18 for the day's meeting the semi-annual fiscal and operational report. And
19 one of the things we look at and focus on is those calls and how they're
20 managed and responded to. I think that it's kind of like when you drive
21 through a lot of establishments, and if you have any problems, be sure to
22 call this number, that when we post these on the website, there should be
23 something similar in a pathway. You said it, I think, uh, a good plan and we
24 can -- we can move on.

25 COOK: Okay, wonderful. I do see a hand raised from Radhika

1 Kunnel, our DAG. Um, please -- please go ahead, Radhika.

2 KUNNEL: Hey, um, and the interest of staying on top of topic
3 and, uh, staying within the noticed agenda, I just wanted to send a friendly
4 nudge to keep the conversations and topics to what's been agendized. I
5 know the ED report is on the agenda, but the notice is only provided to the
6 headline. So as long as we stay within the purview of what's noticed, we,
7 uh -- we align ourselves with the OM law. I'm not indicating that any of the
8 previous topics were out of scope, but I felt like there were certain areas
9 that were beyond the scope of, uh, what's been noticed.

10 COOK: Well, I always appreciate --

11 KUNNEL: So, just a friendly reminder. Thank you very much.

12 JAMESON: Thank you.

13 COOK: I look forward to, uh -- to updating the -- the -- the
14 Board on our plans in the interim, uh, uh, prior to the October meeting.

15 JAMESON: Thank you.

16 COOK: All right. The next section is the four-month look ahead.
17 Historically, the bulk of the updates that Exchange staff have presented to
18 the Board have been retrospective in nature. As part of my goal to better
19 include the Board in the day-to-day operations of the Exchange, though,
20 I'm establishing a look ahead section of the Executive Director's Report to
21 highlight significant activities occurring in the interim between today's
22 meeting and the October board meeting. From my perspective, as someone
23 who's worked for the Exchange since 2016, I don't recall a busier or more
24 critical four-month period. The first milestone is RFPs. The Exchange is
25 planning on releasing two RFPs, or Requests for Proposals, during the

1 upcoming interim. The first relates to a CMS requirement for state
2 Exchanges to engage the services of a third-party information security
3 consultant to perform an Independent Security Assessment, or ISA.
4 Conducting an ISA is a tri-annual requirement, and this will be the
5 Exchange's third ISA since moving away from the healthcare.gov platform.
6 We hope to release this RFP in early August with at least a six-week
7 response window. The contract period for ISA services will run from
8 January 2025 through July of 2025. The second RFP will be a two-part
9 solicitation for technology platform and call center services due to our
10 existing contract which will be shortly expiring at the end of plan year
11 2025. This RFP will be patterned after the original RFP issued in 2018 and
12 will allow vendors to provide a response for technology platform services
13 alone, call center services alone, or both services in a single proposal. We
14 hope to release this RFP in late August with at least a two-month response
15 window. In the event of a vendor change for either the call center or the
16 technology platform, a significant amount of time and resources will be
17 required to navigate the transition, which is why the Exchange is building a
18 substantial runway into the project timeline. The next milestone is plan
19 certification. The Exchange's annual plan certification process is underway
20 and will continue through the end of September. This process, which is
21 conducted in collaboration with the Division of Insurance, ensures that all
22 qualified health and dental plans sold through the Nevada Health Link
23 marketplace meet the minimum requirements of ACA regulations. These
24 requirements include minimum standards for benefit design, prescription
25 drug coverage, actuarial value, and provider network adequacy. At present,

1 the Exchange's plan certification responsibilities are handled by a single
2 Plan Certification Manager. The next milestone is our biennial budget. The
3 Exchange's finance team has already begun preparing our biennial budget
4 in preparation for the 2025 legislative session. This budget, which includes
5 all operational, personnel, and vendor expenses for fiscal years 26 -- uh,
6 2026, rather, and 2027, must be submitted at the end of August. We are
7 planning on requesting two new positions in the upcoming budget. One will
8 be a support position for our Plan Certification Manager in order to
9 accommodate the anticipated increase in the number of insurance carriers
10 selling plans on the Exchange following implementation of Nevada's Market
11 Stabilization Program. The other will be a dedicated full-time position for a
12 Tribal Liaison in order to deepen our commitment to Nevada's 28 federally
13 recognized tribes and ensure the enduring success of the Exchange's Tribal
14 Partnership Program. The Exchange welcomes any comments or feedback
15 from the Board regarding these proposed positions.

16 JAMESON: I would like to commend you, again, on the work
17 you've done with the tribes. Uh, I just was at the MA conference and, um,
18 many of the other states that have Exchanges and have, uh -- also, uh,
19 tribes that may not have the best access to healthcare are very curious
20 about this process, so you may hear from some of them.

21 COOK: We -- we have, uh -- we have, uh, been -- been very
22 honored to receive inquiries from a number of state-based marketplaces
23 thus far. And, uh, the meetings have been very productive. We've learned a
24 lot about, uh, approaches they've considered just as we've been able to
25 share some information. So, I appreciate the comment and -- and, uh --

1 JAMESON: Thank you. Thank you.

2 COOK: I-I-I'm realizing now I could have worded, uh, the -- the
3 last sentence of the last section a little bit better, um, in terms of, uh,
4 feedback from the Board. I will, of course, pause at the end of this section,
5 <inaudible> uh, look ahead, uh, for any comments or questions. So, didn't -
6 - didn't mean to, uh -- to confuse the issue there, but -- but appreciate the
7 recognition Dr. Jameson. Thank you. Uh, the next milestone, uh, is annual
8 policy updates. This year's -- okay, yeah. I just wanna make sure I didn't
9 skip something. My apologies. This year's annual Notice of Benefit and
10 Payment Parameters, or NBPP, from CMS included several dozen rule
11 changes that will require corresponding updates to the Exchange's policy
12 manual. Many of these changes will also require changes to the design and
13 behavior of the Nevada Health Link website platform. These changes are
14 currently being coordinated by the Exchange's policy team with the goal of
15 circulating a draft release of the policy manual to stakeholders in August,
16 followed by the release of the final version in September. Details regarding
17 the rule changes have been omitted here for brevity, but if desired, the
18 Exchange can provide a follow-up email to board members with additional
19 information. The next milestone relates to our fall marketing campaign.
20 The Exchange's communications team and marketing vendor, the Abbi
21 Agency, will be working throughout the summer to develop our fall
22 marketing campaign. Details of the campaign itself are provided in the Abbi
23 Agency's marketing and outreach presentation, so I won't repeat them
24 here, but I did wanna highlight the significance of the recent focus groups
25 they conducted. My biggest takeaway from the feedback gathered was that

1 the Exchange should consider simplifying its approach to brand awareness
2 with a focus on defining exactly what the Nevada Health Link Marketplace
3 is and how the marketplace is different from other outlets for purchasing
4 insurance coverage. The next milestone relates to federal privacy and
5 security.

6 I just have a question on this.

7 COOK: Yes.

8 JAMESON: Um, since they -- they have been doing an
9 outstanding job, and you're right, I like them focusing on simpler. I agree.
10 It's all beautiful. I just wondered -- we just talked about a couple RFPs and
11 I remember when we had an RFP, uh, for our marketing campaign --
12 marketing, uh, companies. And I just wondered how long our contract with,
13 uh -- with the -- with them right now is. When does that end? Will there be
14 an RFP out soon, or are we good with this with them for a while?

15 COOK: Uh, forgive me, Dr. Jameson. I-I know our -- our, uh -- I
16 believe we're within the final year of our contract. If -- if it's okay with the
17 Board and if it's okay with -- with Radhika, uh, I wanted to ask if there's
18 anyone else, uh, on the -- the, uh, line here, either Janel Davis, our
19 Operations Manager, or perhaps Kaitlyn Blagen, who's filling in for Katie
20 Charleston, our Communications Manager, who can confirm the answer to
21 that question, uh, regarding the expiration of -- of the, uh -- the -- the
22 Abbi Agency's existing contract.

23 JAMESON: I was just curious, because they've been doing such
24 a good job, if it was gonna come up next -- next meeting. But that's okay,
25 though. We can move on. It's fine.

1 COOK: I-I would be more than happy, if it's okay with you,
2 Radhika, to provide, uh, an email update after the fact, and I'll -- I'll make
3 a note right now, uh, to do so. Does that sound okay, Radhika?

4 KUNNEL: Yeah. And also, um, that is an agenda item at a later
5 time, right? Um, maybe that's a question for the agenda item.

6 JAMESON: Yes. 4 -- Oh, 5. Yeah,

7 COOK: That's an excellent point.

8 KUNNEL: Unless the Chair decides to deviate from it, go out of
9 the order and goes in and out, um -- out of the order. Okay. Thank you.

10 COOK: Wonderful. Thank you again, Radhika for the, uh -- for
11 the -- for the -- the, uh -- the assistance. Okay. So, I will move on then to,
12 uh, the next milestone, which is privacy -- uh, federal Privacy and security
13 compliance. Each year, the Exchange is required to update and submit to
14 CMS a substantial body of documentation demonstrating our compliance
15 with federal privacy and security requirements. We're also required to
16 update and submit to the IRS a comprehensive document known as the
17 Safeguard Security Report in order to maintain authorization to use the
18 IRS's Income and Family Size Verification, or IFSV service, a mandatory
19 component of the Exchange's process for verifying subsidy eligibility. Max
20 Borgman, the Exchanges Information Systems Manager, will be working
21 closely with the <inaudible> Insured Information Security team in the
22 coming months to ensure that all required documentation is updated and
23 submitted by the applicable deadlines, which is July 31st for the IRS
24 Safeguard Security Report and August 16th for the CMS documents. The
25 next milestone relates to, uh, an -- uh, an ongoing LCB audit throughout

1 the summer and fall of 2023. The Exchange hosted a number of site visits
2 for Nevada's Legislative Council Bureau, or LCB, who were conducting an
3 onsite audit of the Exchange's operational privacy and security controls.
4 On June 24th, the Exchange team will be meeting with the LCB team to
5 accept delivery of their findings, which we anticipate to be relative to the
6 number and low in severity. The Exchange will then develop a corrective
7 action plan to address and resolve any remaining deficiencies. I wanted to
8 take the opportunity to commend Max Borgman for his diligent work over
9 the past nine months to preemptively resolve a number of LCB's
10 preliminary findings, which will streamline the process of implementing the
11 Exchange's remaining corrective action. On balance, the audit was a
12 confidence building exercise, and we appreciate the opportunity to have
13 collaborated with LCB's subject matter experts. The next milestone is an
14 IRS audit. The Exchange recently received notification from the IRS that
15 they will be conducting an onsite privacy and security audit during the
16 second week of September. This will be the first such audit for the
17 Exchange. And based on feedback from other states who completed similar
18 audits, we are anticipating a heavy lift, but we are also feeling well
19 prepared thanks in large part to the recent operational improvements,
20 which were prompted by the LCB audit. The next milestone relates to
21 automatic voter registration. The Exchange was named as an Automatic
22 Voter Registration Agency, an AB432, during the 2021 legislative session,
23 which requires the submission of marketplace applicant data to the Nevada
24 Secretary of State's office to facilitate the automated voter registration of
25 qualified individuals. AB 432 originally mandated an implementation --

1 date, uh, of -- of January 1, 2024. But AB192 from the 2023 legislative
2 session extended the implementation deadline to January 1, 2025. The
3 Exchange has met with the Secretary of State's office in recent months to
4 confirm the technical requirements for implementation. At present, we
5 believe that the Exchange will be able to meet those requirements with
6 existing staff resources and expertise without a reliance on support from
7 our technology vendor. We also believe that such an approach is in the
8 best interest of the state. Our goal is to have a solution prototype in time
9 for a more detailed presentation during the October board meeting. The
10 last milestone of the format outlook involves our annual passive renewals
11 job. Work on the annual passive renewals job begins in July with a
12 complete staged run that allows the Exchange and technology vendor
13 insured to identify eligibility or data quality issues, which could potentially
14 be resolved prior to the October production run. The continued refinement
15 of this process allowed the Exchange to achieve a renewal success rate of
16 greater than 99% last fall, and we anticipate a similar result from this
17 year's job. A new challenge that we will face this year involves CMS's
18 introduction of a per transaction fee associated with Equifax's verified
19 current income, or VCI service, which has been an integral part of the
20 Exchange's eligibility verification workflow in the past. More details are
21 provided in the Executive Summary section of the Fiscal and Operational
22 Report, but the new expense posed by this change has resulted in a desire
23 by the Exchange to find innovative solutions for reducing the overall use of
24 the VCI service. I will now pause for any questions or comments from the
25 Board.

1 JAMESON: Is our -- do our Board members, uh, Ex-Officio
2 members, or others have any questions regarding this at this point? So, I
3 did see in the, uh, operating -- in the report, uh, as you say, more
4 information on this subject. So, I -- although I will not be the Chair at that
5 time, I will be looking to see, very curiously, what the cost per, um, client
6 is going to run. And so, I-I-I didn't get any hint of it in the follow up in the
7 operational report.

8 COOK: Since you asked, um, I'm happy to share Madam Chair.
9 The per, uh, transactional or per household fee is approximately \$5, uh, for
10 the next year being, uh -- beginning of July 1st. Uh, and then it will ramp
11 up gradually, uh, through, uh -- through fiscal year -- federal fiscal year
12 2027, uh, to over \$9 per household. So, it is -- it is a non-trivial expense.
13 Um, and this, uh -- a similar, uh, scenario is facing state Medicaid agencies
14 as well. Um, so this is definitely a big operational change. Um, I did want
15 to share, um, and -- and -- and this, you know, repeats a little bit of
16 information on the fiscal and operational report. Um, but, uh, we had a
17 very short timeline, uh, to prepare for this change, only a couple of months
18 really. And, uh, the, the amount of -- of operational changes as well as the
19 staffing changes that would be required in our call center, um, and I'll
20 explain a little bit more about why that would be, uh, in the fiscal and
21 operational report, um, would require more time than we had. So we made
22 a calculated decision to continue utilizing the service, uh, from July 1st of
23 this year through -- through, uh, June 30th of next year. And we're gonna
24 be keeping very close tabs on the, uh -- the -- the -- essentially the benefit
25 that this, uh -- that this investment, uh, is providing to us. Um, the -- the -

1 - the chief benefit that this, uh, service provides to our consumers is that
2 if and when the IRS's, uh, IFSB service is unable to verify income for a
3 given household, if we're able to, uh, verify it by using, uh, the VCI as a
4 fallback service, then we prevent that household from being required to --
5 to upload supporting documentation. Um, now, that's a mild, uh, bit of
6 consumer abrasion, and, you know, we do see some attrition each year, uh,
7 from households who, for whatever reason, either fail to or are unable to
8 provide, uh, the required supporting documentation and they lose their
9 subsidy eligibility. They might then become subject determination for non-
10 payment due to a past due balance. We're gonna be keeping very close
11 tabs on that. Essentially, what we want to define is how much money are
12 we spending for each household that is being spared the inconvenience of
13 uploading that supporting documentation. We will then present that me,
14 uh -- information to the Board. We should have, uh, a-a pretty good answer
15 of -- of -- of what that number is by the February board meeting, having
16 just completed the open enrollment period. So that -- that's, uh, in -- in a
17 nutshell, that's, uh -- that's our plan for next year.

18 JAMESON: And that is on our, uh, next board agenda, so thank
19 you so much.

20 COOK: Absolutely, my pleasure. Um, so with the Board's
21 permission, uh, this is Russell Cook again for the record, I will move on to
22 the next section of the Executive Director's Update, which is an update on,
23 uh, workshop approach to public comment solicitation. The Exchange
24 recently conducted two public comment workshops to gather stakeholder
25 feedback on our language access plan, or LAP. As will be mentioned into

1 the -- in the introduction to the LAP agenda item, both workshops were
2 characterized by a lack of critical feedback. But the organization of the
3 workshops themselves provided the exchange with a valuable opportunity
4 to assess the effectiveness of this format for the solicitation of public
5 comments, and in that regard, the workshops presented a great success.
6 Both meetings proceeded smoothly and efficiently, and I'm especially
7 grateful for the significant amount of time that Radhika Kunnel, the
8 Exchange's Deputy Attorney General, devoted to preparing our staff and
9 ensuring that both workshops were conducted in strict accordance with
10 open meeting laws. I believe that the Exchange now possesses a valuable
11 new tool for improving stakeholder communications. I will now pause for
12 any questions or comments from the Board.

13 JAMESON: Yes, congratulations on a successful format. Maybe
14 next time more than one to two comments will be made per meeting.

15 COOK: Well, as -- as I mentioned, uh, in the introduction to
16 Language Access Plan, um, that was an encouraging sign. Uh, it was not,
17 uh, perhaps the -- the robust, uh, dialogue that -- that we, uh -- that we
18 were prepared for, um, but was a vote of confidence for the, uh -- the
19 comprehensiveness of our -- our approach to serving our -- our limited
20 English proficiency population. So -- so all in all, um, uh, uh, uh, I guess a
21 win-win.

22 JAMESON: A success.

23 COOK: All right. Russell Cook for the record. I will now move
24 on to the Market Stabilization Program. The implementation of Nevada's
25 Market Stabilization Program, formerly known as the Public Option,

1 continues to proceed under the capable leadership of the administrative
2 team at the Division of Healthcare Financing and Policy, or DHCFP. In
3 February, I notified the Board of a lawsuit that was filed by Senator Robin
4 Titus in a nonprofit group called the National Taxpayers Union, seeking
5 declaratory and injunctive relief against the implementation of the Market
6 Stabilization Program. A few days later, I received notification that the
7 Attorney General's Office and the Legislative Council Bureau had each filed
8 motions to dismiss the lawsuit on February 23rd, citing concerns about its
9 procedural and jurisdictional basis. On May 21st, I received another update
10 indicating that the court has set a hearing on the motions to dismiss for
11 June 26th, after which I will be updated on the results of the hearing. We
12 will of course forward this update to the Board once it has been received.
13 In recent weeks, the Exchange has been working with the DHCFP team to
14 develop marketing and implementation strategies for the product. One
15 particular area of interest relates to the possibility of passively renewing
16 Nevada Health enrollees from their existing plans into the forthcoming
17 battle-borne state plans in October of next year. Existing federal
18 regulations require state-based marketplaces to passively renew
19 consumers into their existing plan if it is still available. However, other
20 states who've implemented public option programs have convinced CMS to
21 waive this requirement in the financial interest of impacting consumers.
22 Nevada is currently pursuing a similar strategy with its <inaudible>
23 request. The next major project milestone will be the Managed Care
24 Organization, or MCORFP, which is anticipated to be released in
25 September. This year, MCO awardees will be required to offer battle-borne

1 state plans for sale through the Nevada Health Link Marketplace. And the
2 Exchange anticipates that this process will result in several new insurance
3 carriers entering the marketplace for plan year 2026. The timing of the RFP
4 should allow the list of awardees to be finalized by approximately March of
5 2025, which should provide ample time for the Exchange to onboard these
6 new carriers and complete the required testing for electronic data
7 interchange and enrollment reconciliation functions. I will now pause for
8 questions or comments from the Board.

9 JAMESON: Does our -- does our Board have any comments? I
10 would say that this has an excellent example. I appreciate that our motive,
11 our very existence, our mission and vision, is about helping our Nevadans
12 have access to affordable quality healthcare. And so making it more
13 affordable to those people in the low economic tier is even more
14 important. And by having this automatic, uh -- getting a waiver to have this
15 happen automatically is -- is very good. But this is exactly one of those
16 kinds of things that would've been nice to bring back to the Board.

17 COOK: I-I-I'm sorry, for -- for -- for, uh, decision making, uh --

18 JAMESON: Yeah.

19 COOK: -- conclusion, that sort of thing?

20 JAMESON: Yeah.

21 COOK: Okay. I appreciate the comment that I-I will definitely
22 take that under advisement.

23 JAMESON: Yeah. So that was very good though, yeah.

24 COOK: Okay. Well, we will, uh -- we -- we will look for
25 opportunities in the future to -- to involve the Board. We still got a pretty

1 good runaway ahead of us, and -- and I really do appreciate the feedback,
2 Dr. Jameson.

3 JAMESON: Yeah, but you've done a beautiful job on this.

4 COOK: Well, I want to emphasize that our agency has been
5 playing a support role and, uh, that, uh -- um, that Stacie Weeks and her
6 team have -- have done, uh, in -- in -- in my opinion, uh, uh, beyond an
7 admirable job, uh, getting us to this juncture. The complexity of this
8 project, uh, truly boggles the mind. And, uh, I-I continue to be impressed
9 by them. So thank you very much, Ms. Weeks.

10 JOHNSON: Jonathan Johnson here. Uh, my -- my question is,
11 are there other, um, states that have -- that have had the -- the public
12 option and not been like the default or passive enroll option? This is the
13 first question. The -- the second one, kind of closely related in my mind, is
14 enrolling members in the -- the public option, is that at a lower cost to
15 that participant because they're already, you know, getting a-a subsidy
16 that's income based? They're paying based on, um, on their income, not
17 the cost of the plan? So if -- if it's -- if it's not a cost factor, um, why are
18 we going to say, hey, you've -- you've always purchased Diet Coke, now
19 we're gonna enroll you and just give you a Diet Pepsi.

20 COOK: So, um, I think -- I think I'd like to answer that in a
21 reverse order. Um, premium reduction targets -- and yes, I see a hand
22 from, uh -- from Ms. Weeks. Um --

23 WEEKS: Can I just jump in Russell? I'm a little frustrated that
24 we -- you and I did not discuss these comments because a lot of this is
25 confidential negotiations with CMS. So, first of all, I would just note that

1 the passive enrollment, my understanding is not tied to public options.
2 States are doing this in the Federal Exchanges that has nothing to do with
3 the public option. CMS just wants to see us work as a state to put people
4 in a more affordable option. It does not have to be the public option. So, I
5 think there might be some confusion of tying this to the public option. This
6 is an opportunity for the Exchange to do something that the Federal
7 Exchanges can do, and there are tools to help people find a more
8 affordable plan. It may not be the public option. So, Russell, if you think it
9 is, then we need to have that conversation because that's not the approach
10 that we were trying to take. We were trying to respond to CMS wanting to
11 push our Exchange to do, uh, the enrollment where people are not just
12 automatically put back in a plan without them knowing that there could be
13 more affordable option, whether or not it's public option or not has
14 nothing to do with that. So, I-I just wanna clarify for that converstion.

15 JAMESON: Thank you, uh, Stacie, for clarifying. And I think
16 what we'll do, since there are sensitive topics here, we won't, uh, as our
17 DAG would recommend, go off on a tangent on this at this point. But we
18 really appreciate that update on this because it is a complicated issue and,
19 uh, we can have you guys work on this, vet it out further, and bring it back
20 to the next board meeting. Stacie, thank you.

21 WEEKS: Thank you, Madam Chair.

22 COOK: Russell Cook for the record. The next section of the
23 Executive Director's Report covers Medicaid unwinding. The exchange
24 continues to receive several thousand electronic referrals each month of
25 Medicaid or CHIP enrollees whose coverage was terminated as part of the

1 unwinding of the public health emergency. As of June 1, 2024, the
2 exchange has received referrals for a total of approximately 114,700
3 unique individuals throughout the unwinding period, of which
4 approximately 6,500 have enrolled in marketplace coverage. This
5 represents a cumulative conversion rate of 5.6%. In an effort to improve
6 this conversion rate, the Exchange recently implemented a direct-to-
7 consumer SMS messaging campaign. This campaign aims to inform
8 consumers of their available options for enrollment through Nevada Health
9 Link, and the messaging differs depending on how recently a given
10 household was redetermined as Medicaid or CHIP ineligible. Those who lost
11 eligibility within the previous 60 days are encouraged to act now to avoid a
12 gap in coverage. Those who lost eligibility more than 60 days prior are
13 notified that they're still eligible to enroll in marketplace coverage
14 through November 30th per CMS'S recent extension of the unwinding-
15 related special enrollment period. The Exchange does not have enough --
16 does not yet have enough data with which to gauge the success of the
17 campaign, but we look forward to providing a detailed update at the
18 October 4th. I'll now pause for questions and comments from the Board.

19 JAMESON: I hear no questions or comments. Are there any
20 hands up?

21 COOK: All right. Hearing no questions and seeing no hands, I
22 will move on to the next section, Tribal Sponsorship and Tribal Partnership
23 Program. In recent months, our ongoing work in support of Nevada tribes
24 has consisted primarily of seeking support from the Exchange's insurance
25 carriers for our monthly aggregated billing workflow. This process

1 aggregates monthly premiums of individual enrollments, which qualify for
2 premium sponsorship by the respective tribe, allowing for a single monthly
3 payment covering all sponsored enrollments. Thus far, four of the
4 Exchange's health carriers have expressed support and we hope to bring
5 the remaining carriers on board in the coming weeks. Another area of
6 progress relates to difficulties that tribes have experienced with specialist
7 referral claims, which is a consistent area of frustration the tribes have
8 reported to the Exchange. Over the past few months, we've learned a great
9 deal from our carriers about tools that Tribal Health Centers can use to
10 send electronic notifications of specialist referrals to their respective
11 insurance carriers. These tools have the potential to greatly improve the
12 accuracy of referral claims processing with respect to cost sharing
13 reduction benefits for AIAN enrollments. We are anxious to share this
14 information with our tribal stakeholders as we work to deepen the
15 Exchange's support for these communities. Lastly, I would like to update
16 the Board on a recent change that was made to the branding of the
17 Exchange's Tribal Support Initiative. In prior updates, we have referred to
18 this initiative as the Tribal Sponsorship Program, but the Exchange recently
19 became aware of some confusion that this moniker was causing amongst
20 our tribal stakeholders. Guidance published by the Indian Health Services
21 uses the phrase tribal sponsorship in specific reference to the sponsorship
22 of monthly premiums, i.e. the third-party pay arrangement, which tribes
23 pay the monthly insurance premiums of qualifying vendors. Since
24 aggregation of monthly premiums is only one component of our support
25 services, the Exchange has rebranded our initiative as the Tribal

1 Partnership Program, which we believe is more representative of our broad
2 commitment to serving Nevada's tribal nations. I'll now pause again for
3 comments or questions from the Board. Commissioner Kipper, yes?

4 KIPPER: Yeah. Uh, again, uh -- and I know we've, uh, had this
5 conversation between, uh, DOI staff and Exchange staff. But if there is a-a
6 question or concern about the, uh, uh, specialist and referrals, uh, simply
7 request that, uh, you use the Division as a resource. I mean, we have the
8 regulatory authority to, uh, work with the carriers to ensure that those
9 tribal members do get a proper, uh, specialist as referred as, uh, per the
10 contract that they're insured under. So, we just, again, reach out and, and,
11 uh -- and make that request and -- we look forward to greater
12 collaboration with the Exchange and the tribal representatives.

13 COOK: Thank you, Commissioner. I appreciate the suggestion.
14 Uh, Russell Cook for the record. I-I just wanted to share a little bit more
15 insight into the specific difficulties that have been encountered. Um, the --
16 the referral claims themselves are working properly. The -- the specialist
17 services are being provided. Um, the -- the trouble they've encountered
18 comes when the specialist claims get submitted to the respective insurance
19 carrier. Uh, they don't always have the appropriate, uh, cost sharing
20 reduction benefits applied to them. In conversations with insurance
21 carriers, we have learned that this is -- is largely a technical problem, uh,
22 because in most cases, these systems do not, uh -- uh, do not have an
23 electronic record of that referral being submitted to them from the
24 authorized primary care physician. So, um, the -- the -- the -- the specific
25 nature of -- of the support that we're trying to provide is to inform and --

1 and, uh -- and educate Tribal Health Centers, Tribal Benefits Manager, in
2 particular, on methods that might be available to them through electronic
3 web portals to submit notification of these referrals, uh, much like a-a
4 prior authorization would function. But absolutely, we appreciate the offer
5 for collaboration and -- and we will certainly keep you apprised, uh, on --
6 uh, on our progress. And -- and if we do run across, uh, any, uh, novel or --
7 or un-unanticipated, uh, problems, um, certainly our first course of action
8 to those -- to refer those over to the Division.

9 KIPPER: And -- and certainly as part of that -- the -- the
10 referral process, but also if there's a claims, uh, adjudication issue, uh,
11 you -- we would also make that same offer.

12 COOK: We appreciate that, Commissioner. We will definitely
13 keep you in the loop. Thank you. All right. If there are no further
14 questions, I'm going to move on to the final section of the Executive
15 Director Report, which is personnel updates. And I would be remiss if I
16 didn't begin this section by acknowledging that today marks the final board
17 meeting of our current Chair, Dr. Florence Jameson. Dr. Jameson has been
18 an integral part of the Exchange's spirit and drive since before I began
19 working here in 2016. And I feel honored to express on behalf of the
20 Exchange's staff, both past and present, our gratitude for her steady
21 temperament, warm demeanor, and compassionate leadership. By any
22 objective measure, the accomplishments of the Exchange under her watch
23 represent an astonishing body of work. And on a personal level, I'm
24 extremely grateful for all that she has done to help me grow into the very
25 big shoes of the Executive Director position over the last year. Thank you,

1 Dr. Jameson, for your vigilant guidance. We wish you the very best of luck
2 in your future endeavors.

3 JAMESON: Thank you, Russell.

4 COOK: I'm happy to report that as of April 1st, the Exchange is
5 operating at full staff with zero vacancies for the first time since the pre-
6 pandemic era. It's my belief that our current staff represents as dedicated
7 and capable a group of employees as the Exchange has ever known. As you
8 know, filling all remaining vacancies has been one of my top priorities
9 since assuming the Director's position. Doing so has been a tall order, and
10 I want to take the opportunity to thank the Exchange's supervisors for
11 their diligent efforts in conducting no fewer than 10 successful
12 recruitments in as many months. I regret to inform the Board, however,
13 that the Exchange will not be at full staff for much longer. A bit of
14 background information would be required to properly explain the
15 circumstances, but I believe it's important for the Board to have some
16 insight into these proceedings. In the fall of 2021, the Division of Human
17 Resource Management, or DHRM, approved one of our senior staff
18 members to move out of the state and continue his service to the state by
19 working remotely. Throughout 2023, the Exchange awaited the release of
20 the Governor's statewide remote work policy with great interest as we
21 were concerned that changing regulations might jeopardize this
22 individual's continued employment. The only relevant guidance available at
23 the time was a document posted on DHRM'S website, which enumerated
24 seven reasons for agency directors to consider approving out of state
25 telework. These reasons included recruiting or retaining a rare skill set,

1 which incidentally was the justification for approving this employee's move
2 in the first place, and legacy agreements for previously approved out-of-
3 state work when it is working well and continuing to meet business dates.
4 When the statewide remote work policy was released in December of last
5 year, it granted latitude to agency directors to approve remote work as a
6 limited discretionary privilege. No mention was made of out-of-state
7 telework say for two stipulations of the policy, which were identified as
8 not applied to workers who are permanently stationed outside of the state.
9 The policy appeared to be entirely compatible with the guidance on
10 DHRM'S website with no apparent contradictions between the two
11 documents. We therefore agreed, with a collective sigh relief. And in
12 January, I approved a remote work agreement as required by the statewide
13 policy to allow our out-of-state employee to continue working remotely. In
14 late February, I received a request from the Governor's office to provide
15 our agency's remote work agreements for their review. Shortly after
16 providing our agreements, I was notified that the Exchange was not an
17 agency which had been approved for out of state or out station employees.
18 I requested clarification, as I was concerned that the Exchange might have
19 been operating out compliance with existing regulations, but no
20 clarification was provided. A few weeks later, the Governor's office advised
21 agency directors that they were no longer authorized to employ personnel
22 who were working remotely from out of state, and that we were either to
23 bring them back into the state or let them go. No guidance was provided
24 regarding a method for dismissal. The aforementioned document on the
25 DHRM website was eventually removed, and the Attorney General's, or

1 AG's, Office later confirmed that the document is not an official sanctioned
2 policy of the state, and that it is inappropriate to base any remote work
3 policy or decisions on the document. This scenario presented a Human
4 Resources challenge for which the Exchange had no precedent. Permanent
5 classified employees of the state of Nevada enjoy substantial protections
6 to their employment status under the Nevada Administrative Code. Before
7 they can be dismissed, they must be notified of an alleged violation of
8 conduct after which an investigation is conducted to validate the
9 allegation. If the allegation is confirmed, then the level of discipline is
10 determined and a lawful basis for the recommended disciplinary action
11 must be approved by the Attorney General's office. For this reason, I was
12 immediately concerned with identifying a lawful basis for dismissing the
13 employee in question. Over the last three months, our agency has sought
14 guidance on this topic from the Governor's office, DHRM, and the AG's
15 office. Initially, I thought that if a prohibition against out-of-state
16 telework, or even out-of-state residency itself, could be identified, then a
17 lawful basis for termination would exist. But there is apparently no such
18 regulatory prohibition. The eventual guidance from the AG's office, which
19 we received on June 6th, was that I was to order this employee to report
20 for work at the Exchange's Carson City offices. After failing to report for
21 onsite work on the prescribed date, he would eventually dis -- uh, be
22 dismissed for insubordination if he failed to comply with the order and
23 possibly also for being absent without leave for <inaudible>. I want to
24 emphasize that I have, at every juncture, endeavored to ensure that the
25 state remain protected from any potential liability for wrongful dismissal.

1 The Exchange unequivocally supports the priorities of the Governor's
2 office, and my deliberation throughout this process has stemmed from
3 caution, not from opposition. On June 10th, I notified the employee in
4 question to report for work at his Carson City office location by July 1st.
5 But I deeply regret that the state's only suggested course of action
6 requires the Exchange to tarnish the otherwise impeccable personnel
7 record of a model employee. Throughout this entire process, he has
8 maintained his substantial workload while conducting himself with the
9 utmost professionalism and integrity, knowing full well that his
10 employment status was in jeopardy, but not knowing when or how his
11 dismissal would occur. I believe his commitment to this agency is worthy of
12 the utmost respect and commendation. That concludes my Executive
13 Director's Report, and I will now take any questions or comments from the
14 Board.

15 JAMESON: Are there any, uh, questions or comments from the
16 Board?

17 COOK: Uh, Ms. Clark, yes?

18 CLARK: Yes, sorry. Uh, thank you, Madam Chair, um, and
19 Russell. I-I just want to understand that it -- it's not necessarily that he
20 has to be terminated. Um, you have a return-to-work policy. He could
21 choose to just resign because he can't comply, correct?

22 COOK: Voluntary resignation is -- is an option. Uh, doing so
23 would entail waiving a-a number of rights, um, uh, that -- that -- that are --
24 that are available to -- to classified employees. So, um, it's definitely not
25 a-a-a comparable equivalent to a -- to a -- to a -- to a lawful dismissal.

1 CLARK: Okay. So I just -- we're not -- we're not -- he doesn't
2 have to part ways in a negative way. I-I understand he doesn't wanna give
3 up any rights, but it doesn't have to be, um -- it's not a requirement that it
4 looks negative on him if he were to depart. Correct?

5 COOK: My understanding --

6 KUNNEL: If I may, excuse me. I'm sorry. I will have to interrupt
7 right there, because some of these conversations and topics are going not
8 only beyond the scope, but also protected under certain other aspects of
9 OML <inaudible> and things of that nature that relates to personnel issues.
10 Um, and one other thing I have to say, in that particular belief, that, uh,
11 Russell has, uh, divulged, uh, some of those points that would be
12 considered as protected under attorney client privilege. And, uh -- well, it
13 is for the client to waive that right, but, uh, I just wanted to put this on
14 the record, um, and thank you.

15 CLARK: Okay. Thank you.

16 JAMESON: Thank you. Thank you so much. And the only
17 comment I -- I think it would be okay to say is I just would like to give my
18 gratitude for trying to protect everybody's interest in this changes and, uh-
19 - uh, and respecting the governor's policy. And, uh, thank you so much. Uh,
20 okay. I think we're ready, uh, to move on. And, um, yeah, that was an
21 outstanding report. Russell, thank you so much. I think the Board really,
22 uh, sees where we have been and where we're going. I love your new going
23 forward -- approach going forward to give us a little idea of what's about
24 to roll out. That was really well done. Thank you. We are now going to go
25 to the Marketing Outreach Update presented by the Exchange and

1 marketing partner, Abbi Agency. And here we're gonna see what Russell
2 has given us a little glimpse of, that they wanna go to a more simple
3 approach in soliciting our clients. Please proceed.

4 ANDERSON: Good afternoon, everyone. Connie Anderson for
5 the record. Um, Kaitlyn, will you be reading the written report first before
6 I go into the presentation? Or Janel?

7 BLAGEN: Hi, Connie. Janel will be reading.

8 ANDERSON: Okay. Thank you.

9 J. DAVIS: I'll be reading, um, the report. I wasn't sure if we
10 were just gonna skip over that section. So yes, I have that for us. Uh, this
11 is just a summary and -- I'm sorry, really quick, Janel Davis, I'm the Chief
12 Operations Officer, uh, at the Exchange. And I will be just giving some
13 general comments on the Marketing and Outreach Report since our
14 Communications Officer, uh, is on maternity leave. And, um, so I have very
15 much summarized, um, the lengthy presentation, um, and -- and what's in
16 the Fiscal and Operational Report. So, this will be fairly quick, and then
17 we'll let the Abbi Agency present, uh, with some visual aids. All right. So
18 the period after OEP, open enrollment, from January to June of 2024 has
19 been a time for the Exchange, the Abbi Agency Marketing for Change,
20 which is a subcontractor to the Abbi Agency, and our research team to dive
21 deeper into Nevada Health Link's audience and better understand the
22 customer journey and the customer's level of understanding, uh, also their
23 needs and wants when it comes to health insurance coverage. Uh,
24 Marketing for Change conducted several research studies. Russell alluded
25 to this in his report, uh, after the conclusion of the open enrollment

1 period, and this was to build a more detailed understanding of the Nevada
2 consumer. The Exchange's communications team and the Abbi Agency have
3 worked together to message the special enrollment period to target
4 audiences that have experienced, uh, qualifying life events. This campaign
5 featured website landing pages in both English and Spanish, a revised
6 creative concept with simplified messaging, digitally focused advertising,
7 and a robust community outreach program. The Abbi Agency and the
8 Exchange also worked closely on the con-continuation of the public health
9 emergency campaign. As the redetermination process has been extended,
10 the Abbi Agency has identified opportunities to enhance ad performance
11 assisted with development of the text messaging campaign and connected
12 the Exchange with both regional and national news outlets to discuss the
13 coverage options available for former Medicaid recipients on Nevada
14 Health Link.com. Uh, lastly, the Abbi Agency and Erica Aviles Consulting, a
15 subcontractor of the Abbi Agency specializing in Hispanic media and
16 outreach, developed a comprehensive off season content plan centered on
17 the Hispanic and Latino communities. This plan is strategically designed to
18 follow relevant healthcare topics and themes, ensuring that the content is
19 both community focused and engaging. By aligning the efforts of
20 community outreach, public relations, and digital content teams, the plan
21 ensures that Nevada Health Link effectively highlights key messages across
22 all communication channels. Furthermore, Erica Aviles Consulting proposed
23 several innovative ideas for the off season aimed at engaging multicultural
24 communities and delivering key messages to broader audiences through
25 collaboration with community partners. Um, EAC also enhanced Nevada

1 Health Link's off-season presence by increasing community engagement.
2 They developed more Hispanic focused so-social media posts, showcasing
3 Nevada Health Link navigators actively working within the Hispanic
4 community. They also implemented a collaborative social media series
5 called On the Road with Rosa, uh, with Nevada Health Link's brand
6 ambassador Rosa Alejandre, and RTC Southern Nevada, which connected
7 the local community to navigators, further boosting brand awareness. Uh,
8 these initiatives are part of the strategic plan to ensure that Nevada
9 Health Link remains visible and engaged with the community throughout
10 the off-season period. Uh, in support of marketing efforts, multiple
11 research studies were conducted. Marketing for Change designed and
12 fielded three surveys immediately following the end of OEP, uh, in January.
13 So those three are, uh, a robust survey of Nevada residents, including a
14 subsample of Spanish speaking Nevadans, a survey of current Nevada
15 Health and Consumers, and a survey of enrollees that terminated their plan
16 with Nevada Health Link. A quick update on the unwinding and
17 redeterminations. Um, the Exchange and the Abbi Agency continue to
18 execute a target marketing and outreach strategy to inform Nevadans
19 about the ongoing redeterminations of Medicaid eligibility and drive the
20 affected individuals to seek coverage through Nevada Health Link -- excuse
21 me. Given the significant challenges in driving enrollments from this
22 audience, the Exchange made the decision to move forward with adding an
23 SMS texting campaign to supplement our marketing and outreach efforts to
24 reach those individuals whose information was shared with the Exchange
25 through the account transfer process. The Abbi Agency drafted and

1 distributed a press release highlighting the new texting campaign as
2 another opportunity to garner media attention and reach potential
3 enrollees from this audience. Um, a little bit on the special enrollment
4 period in our campaign overview. The overarching goal was to have a
5 targeted campaign that spoke directly to the identified targeted audiences
6 who recently experienced a qualifying life event. The campaign creative is
7 heavy on clear and distinct messaging and uses bold colors from the
8 branded color palette to draw attention. After identifying the qualifying
9 life events most frequently selected by consumers, target audiences for
10 this campaign were outlined as follows; those who recently experienced a
11 change in household size, birth or adoption, income or employment status,
12 a loss of health coverage, or have moved to Nevada or a new service area
13 within the state. A little bit on public relations. Um, after OEP wrapped up
14 in mid-January, we were focused on pushing post open enrollment
15 messaging highlighting the strong number of enrollees with nearly a
16 hundred thousand consumers enrolled in health insurance by the end of
17 open enrollment. The Abbi Agency and the Exchange pushed -- pushed out
18 a statewide press release and individual media pitches around why this
19 enrollment was so successful and the impact it has had on Nevadans. This
20 was also completed by an op-ed in the Nevada Independent that the Abbi
21 Agency helped draft and place on behalf of Russell Cook emphasizing the
22 need for expanded access to affordable healthcare coverage. Uh, in March,
23 we sent out a press release on behalf of the Exchange highlighting the 14th
24 anniversary of the Affordable Care Act. This garnered statewide coverage
25 and reminded Nevadans of how the ACA has helped more Nevadans become

1 enrolled in insurance and why it still matters today. And a little bit on
2 community relations and event outreach. So, during the off-season period,
3 community relations and event outreach teams were focused on enriching
4 the off-season marketing plan through community outreach, attendance of
5 events, and key sponsorships. Navigators are projected to participate in 94
6 community events between -- between January and June. Uh, more than
7 47,000 people attended the events where we had navigators attending, um,
8 and they reported over 10,000 interactions with attendees. Uh, Nevada
9 Health Link also completed a total of 44 sponsorships. And Erica Aviles
10 Consulting researched and provided the Hispanic Latino collaborations with
11 organizations serving underserved communities by facilitating and securing
12 tabling events, presentation opportunities, and sponsorships targeting
13 these communities. All right. And that is the summary of the Marketing and
14 Outreach Report, and I'll turn it back over to Connie Anderson.

15 ANDERSON: Thank you.

16 JAMESON: Thank you. Was there any questions before, uh,
17 Connie goes ahead and gives us our visual? And a lot of this will be
18 reinforced with this beautiful visual.

19 ANDERSON: Absolutely. Thank you, Janel. Um, our team is
20 always very proud and honored to work with Nevada Health Link and the
21 outreach that they do. It's been a busy, uh, open enrollment. I know we
22 went through that in our last board report, and it's been a busy, uh,
23 special enrollment period so far. So today we're gonna take a look back at
24 the first six months or so of the year -- year. We provide this report in
25 early June, so the data that you're seeing, and that Janelle reported, goes

1 through early May. I also have, um, two of our wonderful colleagues on the
2 phone, Peter from Marketing for Change, and Owen from my team, and
3 they will be helping to present a few of the slides today. So, um, overall,
4 uh, looking at our strategy. When we're looking at the off season, that
5 time outside of OEP, uh, we are looking at making sure that Nevadans still
6 know that they have access to health insurance coverage, um, whether
7 that's because they perhaps have a qualifying life event, or if that's
8 because they have, uh, fallen off of Medicaid or are becoming unwound
9 from Medicaid. As Russell indicated, our team has looked at really
10 simplifying our messages overall to make sure that Nevadans know that
11 Nevada Health Link.com is the official marketplace, um, and that this is the
12 only place that you can find subsidies. I'm gonna turn it over to Peter now,
13 who's gonna talk a little bit more in depth about two of the research
14 projects that we've completed recently.

15 PETER: Well, so -- just as the Abbi people are very busy during
16 OEP, we get very busy at the end of OEP, um, looking at, uh, evaluation
17 and -- and running a very large quant study. We actually surveyed more
18 than 4,000 people after the, uh -- to do this. We -- that includes, uh, 26,
19 uh -- over 2,600 general population, um, to get their, uh, feeling about the
20 -- about the -- the process and -- and look at our market. Uh, we look at
21 about -- we did about 976 users, uh, about them. We also had 373 from,
22 uh, Spanish speaking population. That was a new thing we added this year
23 is to look at the Spanish speaking population. In addition to that, this year,
24 we added, uh, looking at the levers. These were people that had left, had --
25 had -- had, um, uh, uh, been, uh, passively enrolled and then left, um,

1 mostly because they had found, uh, um, uh, coverage elsewhere, but, uh,
2 um, um, some -- some because of the -- 'cause of cost. Um, and so we do
3 that because we wanna know, uh, what does the market look like? What do
4 our customers think? And how well did OEP go? And the basic answer to
5 that is the market is fairly similar to what we found last year. This is the
6 second year we've done this. And -- and this study is actually, I believe,
7 the most extensive, um, quant survey looking at the insur -- who's insured,
8 who's uninsured, outside of the one the census does, um, through the
9 American Community Survey. So, um, that -- and that one is -- is outdated,
10 obviously, 'cause it comes out about a year later, and it's done month by
11 month when they do the ACS. Um, what we, you know -- in general we
12 learned is our market is, uh, basically 19% of Nevadans, that's, uh, one in
13 five, are either uninsured, independently insured, or insured through
14 Nevada Health Link. Um, and, um, one of the things that -- one of the, kind
15 of, insights from this is that lots of these people are eligible for subsidy
16 when we do a back of the envelope, uh, knowing their number of people in
17 their household and their income about half of these -- this population is
18 eligible for subsidies. Um, that's about 56% of the uninsured, 44% of the
19 independently insured. So we're -- we focused on these in -- in -- in the
20 qualitative, um, and we'll get in that in just a second. But, uh, um, we also
21 saw that the favorability went up very slightly of, uh, Nevada Health Link,
22 but pretty much similar to, uh, what's earlier -- what we've seen earlier
23 where we have about one in five that have never heard of Nevada Health
24 Link, and 41% with no opinion, and then, uh, uh, we went from, um -- uh,
25 up to, uh, 22%, uh -- I'm sorry, up to 26% favorable, um, the -- from the

1 users, we found out that, uh -- that we actually went up there. The net
2 promoter score, which is a measure of would you recommend this to
3 somebody, uh, else, went up, uh, from 24 to 33 this year. Um, uh, and we
4 found similar, uh, issues -- the -- the issues that people did have that --
5 people that were the minority of people that had it -- any sort of negative
6 opinion, um, it was about cost. It was about the policies, about the, uh,
7 particular carrier complaints, and then difficulty shopping for plans and --
8 and website issues. Um, so, uh, I think that, uh, and -- and then, uh, I
9 wanna go to the next slide with the qualitative, um, and talk a little bit
10 about, um, uh, this was where we looked at the subsidy eligible population
11 that we really wanna focus on. Oh, go ahead.

12 JAMESON: I just wanted to ask a question because you did such
13 a-a great job of, uh, interviewing and questioning so many people. Uh, I
14 might have missed it, but I just think that, uh, including a real breakdown
15 of those that, uh, as you say the leavers, or those that terminated their
16 plan, we -- I know for one, and perhaps the other board members, would
17 be very curious in future similar studies, and you probably have the data to
18 include it. Because some of them may have become -- I would love to
19 know, is this 100 of them that terminated? Is it a thousand that
20 terminated? I would love to know if it was because they had got a job, an
21 employee-based insurance, whether it was they got on Medicaid, whether
22 they got -- whether they left town, the state -- left the state. And, um, so I
23 just think that's a nice --

24 PETER: So, of the -- of the -- we -- have a full report on that,
25 that we can -- we can provide you certainly and it has all the data. But just

1 quickly, since you asked the question and I love giving out data, uh, about
2 two thirds of them had found insurance elsewhere, uh, mostly group
3 insurance, Medicaid, or Medicare. So, they had --

4 JAMESON: Okay.

5 PETER: -- found elsewhere insured. There were -- as far as the
6 reasons that were, uh, the most common reason outside of that -- so two
7 thirds of them -- now, we're just looking at one third. Uh, a little less than
8 half of that 14% left because of cost. They thought the cost was just too
9 high. Um, and then, um, uh, uh, that -- those were the, uh -- those were
10 the -- the top.

11 JAMESON: Mind share of them.

12 PETER: Yeah.

13 JAMESON: Thank you so much.

14 PETER: But we can give you a full breakdown. We have lots of
15 reports.

16 JAMESON: That was just nice to know.

17 PETER: We can -- we can -- we can put you to sleep forever.

18 You can read these before bed if you're having trouble.

19 JAMESON: No, that was a good big picture. Thank you.

20 PETER: Okay. I-I-I see that she's talking, but I think her mic is -

21 -

22 J. DAVIS: Stacie, we can't hear you. Sorry. I still cannot hear
23 you. Sorry, Stacie.

24 WEEKS: Does that work better?

25 J. DAVIS: Yes.

1 WEEKS: I'm struggling with Zoom today. I don't know, it
2 doesn't like me. Um, Peter, I just have a quick question on the cost. I'm
3 assuming that's premium cost. Or did -- were you guys --

4 PETER: Absolutely. Absolutely.

5 WEEKS: Not deductible, okay.

6 PETER: Although, you know, um, we found in other research
7 that we do -- we do a lot of research across the country -- that people are
8 more and more paying attention to the things like deductibles, so that --
9 that, um -- and I believe the question was worded, uh, the overall cost. So
10 we don't -- it -- it --

11 WEEKS: Okay.

12 PETER: -- typically it's premiums, I know from qualitative
13 responses and open ends, but that's, um -- deductibles are definitely
14 things people bought for and -- and, um -- um, so.

15 JAMESON: Good point.

16 WEEKS: Okay, thank you.

17 PETER: Um, one of the things that -- that we looked at subsidy
18 eligible, because there's a large share of them we know from the quant,
19 uh, I think it's about -- where do I have this? I have this here. Uh, about,
20 uh, 44% of the people that decide not to, um -- not to follow up, not to
21 even -- these are uninsured, that decide not to apply and not even to look
22 into it, and 44% of those people, um, are eligible for subsidies. So, these
23 are people that think it's too expensive, so they're not going in and they're
24 eligible for subsidies. So, we wanna look at that population, really see if
25 we can get some media weight against those people, so the -- the -- we can

1 actually raise the -- the -- the awareness level among those. Now the
2 awareness level of subsidy-eligible population is a little bit higher than
3 overall, but it's still, um -- you know, there's room for growth there. And
4 for them to know that they could actually -- they're likely to qualify for
5 subsidies, um, we feel is really critical. So, we looked at those people. The
6 -- the qualitative, I won't go into the detail of it 'cause I take up all the
7 time, but, uh, uh, did personas of who those people are, uh, that -- that --
8 then we will be developing ads against the -- the ads Abbi folks -- we just
9 talked the other day, uh, give and -- and about, uh, how they're de -- the
10 ads they're developing for that and going to that, uh, more straightforward
11 approach that -- that Russell, uh, referenced. Okay. I know, I-I overstayed
12 my welcome, uh, Connie. Sorry.

13 ANDERSON: No. Wonderful. Great job. Thank you, Peter. Um --

14 JAMESON: Thank you.

15 ANDERSON: As we discussed, we wanted to share an example
16 of some of these special enrollment ads that are running right now. Um,
17 you'll see here that we have focused very much on the brand color palette.
18 Um, we have used the similar lines that we've used in previous years, such
19 as plans change, we're here for you. We've very much highlighted, whether
20 that's through text or photos, some of those qualifying life events. Um,
21 and then our call to action, you'll see on many of these advertisements are
22 plans as low as \$10. Uh, through AB testing on digital campaigns during the
23 open enrollment period, we found that, uh, more people clicked on plans
24 as low as \$10 and plans as low as \$0, and that is supported by some
25 national research as well. So that's what you will see, um, in these special

1 enrollment ads. Um, and when we talk about the Medicaid renewal and the
2 public health emergency unwinding, here's an example of a billboard ad
3 that has been running, um, in the off season right now. Again, you'll notice
4 that, if you remember our first, uh, phase of our Medicaid and p -- uh,
5 public health emergency and unwinding ads, we very much focused on
6 encouraging people to look for their packets in the mail and to make sure
7 that they were filling those out. As the unwinding has gone on for some
8 time, we've kind of moved into what we're considering a phase two, um,
9 where we're focusing on if you have lost Medicaid, Nevada Health Link can
10 be that partner that can help you find a health insurance plan. So you'll
11 see that reiterated on our ads. And then, um, additional updates we're
12 doing to some of the website language as well.

13 JAMESON: I love these simple, straightforward bullet ads.
14 Plans change, of course as an OB, new baby, I mean, and lost Medicaid,
15 that that is, you know -- it's so effective. It really grabs 'em. I-I think it -- I
16 always say you guys do a great job. It could be your best ever.

17 ANDERSON: Thank you so much. Uh, when we're looking at
18 billboards, especially, we're always trying to keep it under eight or so
19 words. It's very hard, uh, to -- you would think it'd be easy to put, you
20 know, a message into eight words, but it's really not. So we're always
21 trying to condense it as much as we can so that the information, uh, is
22 getting across to our consumers when they need it and when they're seeing
23 it. Um, I wanna talk a little bit more about our paid media strategy. As you
24 know, uh, year round our, uh -- the Abbi Agency and Nevada Health Link
25 team is doing paid media, social media, uh, PR, and then content

1 marketing, so that includes website updates, uh, blogs and newsletters to
2 help reach our consumers and make sure we're providing them with the
3 information they need when they need it. Paid media, of course, is an
4 important part of that. Um, we are looking to reach all uninsured
5 Nevadans. As we can, um, through different targeting, we are looking at
6 subgroups of our audience. So sometimes we're looking at subsidy-eligible
7 uninsured Nevadans, we're looking at rural Nevadans, our multicultural
8 groups, and we're of course looking at the state as a whole. Um, but we do
9 deliver different ads based upon, uh, the urban markets and then rural
10 markets. This is a picture that we actually took, um, in September of last
11 year in Fallon, Nevada. So, it is something that is very, uh -- you know,
12 aligns with the rural audience directly. So, we're using pictures like this to
13 reach our rural audiences. Um, you'll see here an overview of the Medicaid
14 unwinding and public health emergency strategy from a paid media
15 perspective. Um, I know this is lots of information. It is all in the board
16 packet. I, uh -- I'll just share here at a highlighted level. We are doing
17 advertising on Google search. So, if you're on Google or Bing and you're
18 searching, you know, uh, what happens if I lose Medicaid? How to -- what's
19 next after losing Medicaid in Nevada? Things like that, you're gonna be
20 served ads. Uh, we also have Google display, which are some of those
21 square images that pop up when you're using the internet. Um, we're
22 serving videos on YouTube. We're doing meta, which includes Facebook and
23 Instagram, Spotify, and then out of home, so those billboard ads, which I
24 just showed you a couple of slides ago. We are serving everything in
25 English and Spanish. And then when anyone clicks on an ad and goes to the

1 website, we are also retargeting them. If somebody clicks on the ad and
2 goes to the site to learn more information, they probably have a reason
3 why, whether that's themselves, um, looking for this or they know
4 somebody, so we're gonna retarget them with information. So far to date,
5 looking at January through, um, May when this report was provided, uh,
6 for the Fiscal and Operational, again, this is a big, uh, data set here of
7 each of the campaigns that are running. Um, on this side here, we've
8 provided some high-level insights and findings. Um, overall, I'll just touch
9 on a couple of those. Um, on Google, we had a click through rate of
10 23.19%, meaning that when people were searching for this language, we
11 were reaching them with those right keywords, and they found Nevada
12 Health Link to be a reputable, trustworthy source to come to, which is
13 great. Um, overall, we were able to determine that we had more than
14 20,000 website visits directly from Google Display, um, coming to the
15 Nevada Health Link site after seeing the PHE message. Um, we had almost a
16 million impressions on YouTube, um, on Facebook and Instagram. We were
17 focusing on decreasing the cost per click while increasing -- increasing the
18 click through rate, so we achieved both of those goals, um, which we like.
19 Um, and then I mentioned the out of home, but we place the out of home
20 in, uh, target zip codes where we know these individuals are most likely to
21 be, whether that's living, working, commuting. So, one thing we always
22 kind of say is in Las Vegas, uh, yes, a lot of people drive the 15, but that's
23 not as targeted as some of the neighborhoods and some of the major cross
24 sections with the 215. So, we'll focus on out of home and billboards there
25 versus the major 15 corridor.

1 JAMESON: That was, uh, great Google click through rate, great
2 job, and a great bringing down of the cost on your paid social media.
3 Outstanding.

4 ANDERSON: Thank you. We're always looking to bring down the
5 cost while reaching the right individuals so we can reach more of the right
6 individuals. Um, you'll see here that, uh, this report is provided for our
7 special enrollment period. Uh, we obviously start the advertising for the
8 special enrollment period after open enrollment. So, these advertisements
9 began on February 1st. Um, we are running quite a bit of the same
10 channels. Um, Google search and display, the paid, uh, social media on
11 Meta, YouTube, Spotify, and out of home. Uh, we very much look at our
12 targeting efforts to make sure that we are not competing with ourselves on
13 any of these advertising platforms. So, we're always looking at who we're
14 targeting. Um, if we see any potential crossover, we'll change our targeting
15 to ensure that, uh, the right people are seeing the right message. Again,
16 uh, quite a big data set here of how each of these are performing. Um, our
17 Google SEM click-through rate for the SEP was even higher than PHE, which
18 is great and much higher than the industry standard overall. Um, you'll see
19 here that the Google display drove more clicks to the website, um, than
20 the PHE, which, you know, we're reaching a-a bit of a wider set of people
21 who have, uh, more qualifying life events here so, um, that's not surprising
22 to see. And then on Spotify, we had quite a few impressions, um, and 1000
23 clicks, which we are excited to see that as well. So overall, um, we believe
24 that both of these paid media campaigns are delivering people -- providing
25 an o-overall awareness with those billboards, but then on the digital side,

1 delivering the right message to the right people and then getting them to
2 the website. Speaking of the website, we are here on the website. Uh, we -
3 - over the past, uh, six months or so since -- or five months or so since OEP
4 has ended, uh, we are constantly working on making sure that the net --
5 website has the right information, it's easy to navigate, and is updated.
6 Um, so we've done certain things on the homepage just to consolidate the
7 colors, um, so that if somebody's clicking on enroll now, that's always
8 going to be a green button on the website. If they're looking to log in,
9 that's always going to be a purple button. So, we've done some
10 improvements like that just for consistency's sake across the website. Uh,
11 we're also working with the team to transition newsletters to find a system
12 that works best for the Exchanges team, as well as the Abbi Agencies team,
13 um, to deliver information to our consumers and our stakeholders.

14 JAMESON: I love the reduced clutter and the focus on the key
15 elements. It's fantastic use of whitespace. So -- so very much more
16 readable.

17 ANDERSON: Thank you. Um, one important thing looking ahead
18 is that, um, as you all are probably aware or maybe you watch, uh, there is
19 always new regulations and/or guidance about accessibility on websites.
20 Um, Nevada doesn't nec -- have a specific guideline yet on websites, but
21 there is the web content accessibility guidelines, which is somewhat of a
22 national standard that our team is always looking to. So over the next, uh,
23 couple of months, we will be making sure that we're doing a little bit of a
24 work and audit on our end to make sure that we are adhering with those
25 accessibility guidelines. So those are things, uh, such as language, such as

1 being able to have, uh, screen readers use the website. So some of it's
2 front end and backend. The site already has much of the accessibility, uh,
3 needs and requirements done, like all tags on images and things like that.
4 But we're gonna be working to make sure that we're adhering to the
5 highest standards possible.

6 JAMESON: When someone enrolls and -- actually enrolls,
7 what's the average pages they need to do that?

8 ANDERSON: Um, that's a great question. We can get back to
9 you. I think it's --

10 JAMESON: That's fine.

11 ANDERSON: I'll show you here, uh, on the next slide. This is a
12 great setup. But, uh, in the past, uh -- January 1st through May 10th, when
13 we pulled this, you'll see we had over 500,000 web visitors, uh, over 5
14 million page views, and then pages per session is 9.5. That's often what we
15 see on -- on aggregate. And that includes Nevada Health Link.com and
16 enroll Nevada health Link.com. So that is somebody who is looking at
17 Nevada Health link's pages, as well as the enroll pages. I think that
18 depending on a variety of your personal circumstances on the get insured
19 enroll Nevada health Link.com platform, you could see a varying number of
20 pages. It's not, uh, the same for each person, but perhaps we can work
21 with the get insured team to understand what the average is on their side,
22 and then kind of marry it with what we're seeing on the informational
23 Nevada health Link.com side.

24 JAMESON: Thank you.

25 ANDERSON: Absolutely. Um, we wanted to report, uh, on blog

1 and newsletters this year. So far, the blog has had over 300,000 views. Um,
2 that is helpful and important because, uh, the blog is searched by Google.
3 So when people are looking for specific topics, uh, the blog can help give
4 them access to those specific pieces of information. Um, you'll see here
5 that these were the top performing blogs. Um, the first one being the eight
6 Nevada health insurance providers offering the best health plans in the
7 state. Um, knowing that this report includes that first -- or that last part of
8 open enrollment, it makes sense that people were definitely looking for
9 more information about carriers as they were making that final decision.
10 Um, our newsletter you'll see here, uh, overall what was sent, an open
11 rate, um, as well as click through rate. It's good to see the open rate go
12 up. We did see the click through rate go down. Um, that's not necessarily
13 surprising. More people are opening it, but they might, uh, just have the
14 information they need and not need to click through. We definitely use the
15 newsletter to deliver information. It's nice if people click through, but we
16 don't wanna almost jinx them into having to go to the website. So we try in
17 the newsletters to deliver the information they need there versus making
18 them jump through hoops to see it elsewhere. Now we're gonna talk a little
19 bit about the public relations efforts. So, Owen, I will turn it over to you.

20 TRUESDALE: Thank you, Connie. Uh, Owen Truesdale for the
21 record. I'm gonna go through a little bit of our public relations and
22 community engagement outreach efforts, uh, during the off-season
23 campaign. Uh, some of these have already been touched on by Janelle and
24 Russell, um, but happy to go through some more detail on them. A couple
25 key elements that we've, uh, been pushing out through the public relations

1 channel as part of our overall strategy. Uh, one was a, uh, integration of a
2 new AI chat bot that was, uh, brought forward by, uh, the partners at Get
3 Insured. Um, we did, uh, some -- some both statewide outreach as well as
4 national outreach in partnership with the Get Insured folks, um, really
5 trying to emphasize this as a-another step that the Exchange in Nevada
6 Health Link is taking to, uh, meet people where they are and deliver, uh,
7 you know, support and service in the way that they need it. Um, so we got
8 some very, very interested media pickup and something that we expect to
9 be kind of ongoing, uh, especially since we were one of the, kind of, first
10 movers in the nation on this, um, something that, uh, we, uh, expected
11 there to be additional media coverage on going forward. Uh, a-as Russell
12 mentioned, uh, we did a press release announcing the, uh, SMS text
13 campaign as a, uh, new outreach feature that, uh, Nevada Health Link
14 would be conducting to reach that, uh -- that hard-to-reach audience of
15 those who are, uh, not a able to access their Medicaid coverage, uh,
16 anymore. Um, really our goal with that, uh -- that outreach was to, uh,
17 balance the -- the need for, um, continued education around texting scams,
18 uh, something we know and have done a lot of, uh, public education
19 around in the past. Now that we will be, uh, you know, reaching out
20 directly via text message, we wanted to use our earned media and public
21 relations channel to tell folks, hey, this is something that, you know, is a
22 legitimate, uh, outreach coming from Nevada Health Link, the -- the official
23 marketplace, so that, you know, if people get a text and they're not 100%
24 sure they can, you know, maybe Google or -- or search on Bing to see, hey,
25 is this something that they're doing, and those news stories would pop up.

1 Um, also another way of trying to -- to remind folks that they should be,
2 uh, checking their coverage status, uh, to see if they have, in fact, lost
3 access to Medicaid. Um, and then lastly, uh, again, as part of our ongoing
4 efforts to, uh, make sure that we're, uh, bringing in more partners and
5 doing community-based conversations, uh, we have done two Facebook
6 Live events over the -- the past few months. One, uh, in March discussing
7 the anniversary of the Affordable Care Act with Russell and Heather
8 <inaudible> from Get Insured, and obviously the -- the past, uh, Executive
9 Director of Nevada Health Link, and then, uh, in May, uh, talking about
10 Women's Health Month with, uh, Rosa and, uh, Councilwoman Ruth Garcia-
11 Anderson. Um, so just some of the things that we have been doing for the
12 public relations side. Um, I will say we definitely ramped down a little bit
13 of our -- our public outreach during the, uh, uh, open -- the non-open
14 enrollment period, the off season period, to give media a little bit of a
15 break since we do really push very aggressively during the run up to and in
16 open enrollment period. Um, but we do really, uh, focus on our community
17 relations efforts there. Um, so as, uh, Janelle had mentioned, we'd, uh,
18 attended 94 different events throughout the state, executed 44, uh,
19 activations and sponsorships, and had direct, uh, interactions from our
20 navigators reported at more than 10,000, uh, conversations at these
21 different events. Chairwoman?

22 JAMESON: Uh, yeah. Uh, I just think it's very exciting trying
23 new technology. We've always prided ourselves so much in the call center
24 with the person -- personal response because we all know that, although
25 you can simplify the messages that you're advertising with, it's very

1 complicated for patients negotiating their plan. And that's why we've
2 made, uh, the brokers and everybody so available. So, I'm sure that this --
3 as you said, the benefits are great in that simple little things AI bot can
4 take care of very easily, and then, uh, it allows the call center folks to deal
5 with the more in-depth complicated things. So, I was just wondering, that
6 is it -- I'm gonna definitely try it out. I haven't yet. Um, and I'm hoping we
7 don't lose that personal touch we work hard to achieve. So, at some point,
8 does it do like all the other automated things, where it says, uh, this is --
9 you know, uh, we're gonna have to turn you to an operator. Is that what it
10 does?

11 TRUESDALE: Uh, that's my understanding. Though I will, uh,
12 admit that I will defer to the experts from, uh -- from the -- the Exchange
13 staff to know exactly what the chat bot does and doesn't do. Um, my -- but
14 my understanding is that, is it -- yes, it does do kind of the basic
15 functionality and then as necessary pulls you into, um, having those --
16 those direct conversations.

17 JAMESON: Have you had any feedback from our customers yet
18 on it?

19 TRUESDALE: I -- not that we have heard, but I would, again,
20 defer to our -- our -- our folks at the Exchange to -- to answer.

21 JAMESON: I'd just be curious on the follow up, but you can
22 proceed. Thanks.

23 TRUESDALE: Absolutely. Um, so, uh, it's a really high, uh --
24 high level results. Um, we -- in the, uh, off season period, secured 83
25 media placements, um, including some na -- uh, one national, uh, reference

1 from CNN, uh, where they quoted Katie Charleston, uh, kind of talking
2 about the, uh -- the need for health insurance. Um, again, o-obviously our
3 primary focus is speaking to Nevadans, and so national media outreach is
4 not our primary goal. I will say part of the reason we do that on -- in
5 targeted ways is to help improve our SEO score and make sure that Nevada
6 Health Link, um, is ranking highly across, um, when people are searching.
7 And so that is, uh, the real goal of doing any national media outreach, um,
8 is to -- to bolster our -- our SEO scores. Um, and then, uh, as we
9 mentioned, uh, placing, uh, some op -- an op-Ed from -- from Russell about
10 the importance of -- of healthcare and health insurance, uh, in conjunction
11 with the, uh -- the ACA anniversary. If you wanna hop to the next slide,
12 we'll talk a little bit about community engagement. Um, again, we've gone
13 through these numbers. I think, uh, the most important thing to, uh, really
14 emphasize here is that we are -- are constantly looking for new events and
15 new places to -- to interact with Nevadans in person, especially reaching,
16 uh, diverse and multicultural communities throughout the state. Um, and
17 this is really a place where we, uh, in addition to the Abbi Agency and the
18 Erica Aviles team, um, get lots and lots of suggestions from Nevada Health
19 Link staff, as well as our brokers and navigators, and work to make sure
20 that we are showing up at the right places. And we continue to get really
21 strong, uh, navigator reports back from the events that we do, uh, attend.
22 And that, uh, just again, for context, is kind of how we determine which
23 events to continue attending, um, and maybe even up our engagement
24 through sponsorship, is those navigator reports coming back saying, you
25 know, these -- these were really well attended, these events may be not.

1 So as they do kind of ebb and flow over time, uh, especially as we really
2 get into the full post-pandemic, uh, in-person landscape. All right. And
3 then if you hop to the next slide, uh, speak a little bit, uh, to the work that
4 we do in -- in partnership with Erica Aviles Consulting, um, making sure
5 that we are, uh, reaching our multicultural communities. Um, so there's a
6 full report, uh, included, but a couple things we did wanna highlight is
7 those, uh, Facebook Live Spanish conversations. Um, and in particular, I
8 wanna make sure that we, uh, shout out, uh, Rosa and the On the Road
9 with Rosa Partnership that we did with RTC of Southern Nevada. Uh, really
10 appreciate Rosa, um, kind of being the face of this campaign, um, and, uh,
11 doing something that has multiple, uh, engagements. So there's the in-
12 person element, there's the -- the social media piece, and then the ongoing
13 partnership where we provide branded water bottles, so those are being
14 handed out over time. So thank you Rosa, for -- for doing that and be
15 always being willing to -- to be a-a-a spokesperson for Nevada Health Link,
16 in addition to -- to Russell and Janelle and others.

17 JAMESON: Did -- did the bottles say, um, On the Road with
18 Rosa?

19 TRUESDALE: I think these just had our branded logo on -- just
20 the Nevada Health Link.com. I think we, uh, uh, didn't -- didn't go too far
21 that way, um, but we do have the social media segments out there and
22 have more -- more in the pipeline as well. Um, yeah, so that's, uh, a quick
23 summary of our -- our multicultural outreach, which continues throughout,
24 uh, the, uh, off season. Thank you.

25 ANDERSON: Go ahead, Dr. Jameson.

1 JAMESON: Oh, no, go ahead.

2 ANDERSON: Okay. Uh, moving on to social media. Um, our team
3 remains, uh, provide -- working on posts, again, both in English and
4 Spanish for a variety of platforms including Instagram, Facebook, Twitter,
5 LinkedIn, and TikTok. Um, we continually work to make sure that the
6 content we're putting on each of those channels aligns with the audiences
7 that are on those channels. So those who are on TikTok are, uh, younger.
8 We're -- o-only post video content on that channel because that's really
9 created for that, whereas LinkedIn, we're often posting a bit more, uh,
10 news oriented content and information that aligns with a lot of our broker
11 and navigator communities and other stakeholder communities. Um, we are
12 going to be working on this summer, uh, working better -- or working in
13 more alignment with our community outreach to be going to lots of these
14 events and doing more story content on Instagram and Facebook, which
15 shows real time, uh, people and the brand in the field, so to speak. Um,
16 overall, in looking at, um, the engagement, uh, posts with people in them,
17 uh, do very well, so we wanna make sure that we have more access to that.
18 Um, overall, here are the results, um, of social media, including total
19 impressions, engagements, and audience growth, um, in these past five
20 months. And that concludes our presentation for today. We're happy to
21 answer any questions.

22 JAMESON: Thank you. Does anyone have any questions? We
23 have, uh -- we'll be done very shortly. We just have a few items --

24 T. DAVIS: Ms. -- Ms. -- um, sorry, Madam Chair. Tiffany Davis
25 for the record. Apologies for the, um, interruption. I do see, uh, Ms., uh,

1 Elsie Lewis has her raise -- hand raise.

2 JAMESON: She is? Oh.

3 T. DAVIS: She just was able to join us during the marketing.

4 JAMESON: Um, very good. Yes? Lavonne?

5 T. DAVIS: I think you're still muted.

6 LEWIS: I know, sorry. Uh, I didn't hear an answer to your
7 question regarding the, um, artificial intelligence answering the call from
8 people and whether or not it then rolls over to a real person. I don't know
9 how other people feel, but I hate getting those answers on, um -- you
10 know, when I call to get some information, so if -- does it roll over so that
11 they get a real person? I don't think you ever got an answer to that.

12 ANDERSON: I will turn that over to Russell to answer. The AI
13 technology is fully implemented by the Get Insured and Exchange team. So
14 our team provided a press release about it, but the Exchange team and Get
15 Insured implemented, so they can discuss the specifics.

16 COOK: Thank you, Connie. Uh, Russell Cook for the record. And
17 thank you, Ms. Lewis, for the question and the opportunity to clarify. Uh,
18 the -- the -- the AI technology serves as -- as kind of -- almost like a front
19 end or a welcome mat, uh, for the call center. Consumers reach the AI
20 technology, uh, before they -- they have the opportunity to reach a live
21 agent, but the AI, uh, virtual, uh -- virtual agent, virtual assistant as we
22 call it, um, does provide a responsive way for consumers to get transferred
23 to a live agent if they wish. It does gather some basic information from
24 consumers in order to verify their identity and confirm whether or not they
25 are existing, uh, enrollees at Nevada Health Link, or at least have an

1 existing account through our website, uh, and then that information is
2 passed off to, uh -- to the call center, so that results in, you know, some
3 time savings there. Um, I'm right there with you. I-I really agree about the
4 frustrating user experience of -- of certain types of -- of robotic
5 technologies. Um, I will say that, in my personal opinion, um, I think that
6 this technology is -- is head and shoulders above, uh, past experience that
7 I've had in recent years, uh, with -- with other types of, uh, kind of
8 pseudo-artificial, uh, intelligence technology. It really is conversational in
9 nature. Um, and it really does, uh, in my opinion, um, provide, uh, you
10 know, responsive, um, uh, transfer to our live call center agents, uh, for a
11 variety of -- of consumer prompts. So, general frustration, obviously, if a
12 consumer specifically asked to be transferred to a call agent, um, these
13 will tend to funnel, uh, consumers to two live agents. I will say though, the
14 quantity of consumers who actually stick it out, uh, with this -- this virtual,
15 uh, agent, um, and are able to have their -- their issues resolved by the
16 agent, um, is, uh -- is -- is not insignificant. So, we are seeing a high
17 degree of utilization, uh, of this service. And in particular, after business
18 hours, every single call that the call center receives gets routed to this
19 virtual agent. It's the only option when live agents aren't available. Wnd
20 we are consistently processing hundreds uh, at least, of calls each week for
21 consumers who require assistance with password reset, or they want to
22 check the status of the documents that they have looked for, verification,
23 that sort of thing. So, um, and -- and I'll close by saying that, uh, we do
24 monitor the performance of this technology closely using post-call surveys.
25 Not everybody opts into the surveys, but the ones that do generally get

1 very high marks and, uh, the performance of the AI agent is comparable to
2 live agents generally 90% or higher, on many weeks 95% or higher.

3 JAMESON: I hope it's not higher than a live agent response.
4 Thank you so much. It sounds like a win-win. Um, so again, uh, we should
5 be wrapping it up shortly. We have a few, uh, possible action items and
6 then, uh, we'll be able to, uh, get some public comment and, uh, adjourn
7 and let you enjoy the rest of your afternoon. The next item is the approval
8 of the semi-annual Fiscal Operation Report, much of which we've actually
9 had, uh -- seen a lot of what's on that report, discuss a lot of it in our
10 meeting so far. So, uh, I would like to, uh, hear a motion. Oh, uh, did you
11 wanna make any comments before we go on to call for a vote? Uh, as the
12 Executive Director, did you wanna make any comments about the approval
13 -- about the semi-annual fiscal report before I asked for the Board? I am
14 assuming, as always, that our board members have reviewed it. And, um,
15 after we make a motion, we can see if there's any discussions and then we
16 could vote. But did, uh, you as a Director -- Director wanna say anything? I
17 will say this much right now. Uh, all -- you and your staff have done an
18 incredible job, uh, in our marketing, uh, everyone in creating a very, uh --
19 a-a very great report for the Governor. So, thank you.

20 COOK: Thank you, Madam Chair. Uh, Russell Cook for the
21 record. I do not have any comments about the report. I-I feel that it speaks
22 for itself. Um, obviously we've been very busy, uh, so far this year, uh, but
23 I would be more than happy to entertain any questions. Uh, I might have to
24 defer to some of our other, uh, team, uh, members here on the Exchange
25 staff. Uh, but if there are no questions, um, my recommendation would be

1 that we proceed with the motion.

2 JAMESON: Okay. Let me go ahead and ask if we have a motion
3 for approval of the semi-annual Fiscal and Operational Report pursuant the
4 NRS 695I.370(1)(b) to the Governor and Legislature.

5 BRANCH: This is Quincy branch for the record, so moved.

6 JAMESON: Do I hear a second?

7 CLARK: Valerie Clark, second.

8 JAMESON: And, um, are there any questions, comments, or
9 concerns before we call for the vote? Any hands up? Hearing nothing and,
10 uh, no one seeing hands, everybody, uh, in favor, you may say, uh, aye.

11 MULTIPLE: Aye.

12 JAMESON: Any opposed? Any ab-abstaining? The motion is
13 passed unanimously. Next for possible -- oh, yeah?

14 T. DAVIS: Sorry, Madam Chair. Just for the record, I just
15 wanted to state that, um, at one point we did have six voting members. I
16 think one of our members, Amber Torres -- I don't see her any longer on,
17 um, the list of attendees. So, I just wanna make a note of that, that
18 currently we do have a quorum still --

19 JAMESON: Yes.

20 T. DAVIS: -- uh, on the five -- five members. So just so that's
21 on record for those in cases.

22 JAMESON: Excellent, excellent. And thank you, um, Ms. Lewis
23 for joining us and keeping our quorum there. Thank you so much. So, uh,
24 the next item, possible action, proposal of the final language of the
25 Language Access Plan for implementation related to the NRS 232.00 -- oh,

1 sorry about that, um, uh, 81. And, uh, it's taking in consideration the
2 public comments that we all, uh, heard earlier. And, uh, so, uh, does
3 someone wanna make a motion? I apologize again.

4 COOK: Madam Chair, Russell Cook for the record. Uh, I would
5 be more than happy to read a brief introduction that we have prepared to
6 the Language Access Plan as a supplement to the plan itself, but we're
7 more than happy in the interest of time to allow the, uh, Board to proceed
8 with the vote if -- if, uh, so moved.

9 JAMESON: I think that you could probably do that paragraph
10 because it's beautiful about how automatically they'll get English and
11 Spanish, but it can also do a hundred other languages or something. You
12 wanna do that?

13 COOK: Well, I-I wasn't gonna endeavor to read the, uh -- the
14 Language Access Plan itself, uh, only the, uh -- the introduction to it. Um,
15 and there -- there's a little bit more detailed information about the
16 workshops, uh, before we, uh, wrap up, uh, with, uh, the -- the section
17 type for board consideration and approval. Again, I know it's been a long
18 meeting thus far, uh, and more than happy to proceed with the vote. I just
19 wanted to offer to -- to provide that brief, uh, context for the Board if --
20 if, uh, the Board thinks that would be --

21 JAMESON: Would the board like to hear that? Are we ready to
22 just proceed with, uh -- okay. So, um, uh, do I hear a motion?

23 JOHNSON: Jonathan Johnson, motion to approve.

24 JAMESON: And a second?

25 LEWIS: Second the motion, Lavonne Lewis for the record.

1 JAMESON: Thank you. So, uh, any questions, concerns? If not,
2 we'll go ahead and take a vote. And everybody, uh, that is in favor of, um,
3 passing this motion, proposed final language of the Language Access Plan
4 for implementation related to the NRS 232.0081, please say aye.

5 MULTIPLE: Aye.

6 JAMESON: Hands are all up. Any opposition? Uh, any
7 abstinence? It is unanimously approved by the Board. Uh, possible action,
8 uh, next item, the memo of understanding between the Division of
9 Insurance and the Silver State Insurance Agency. The memo of
10 understanding outlines the responsibility of each agency. I have reviewed
11 it and I assume, again, all of our board members have reviewed it. I was
12 thinking perhaps here, before we take a vote, uh, Scott Kipper might have
13 his input since we have him present and/or any, uh, other input is always
14 welcome.

15 KIPPER: Thank you, Dr. Jameson. For the record, Scott Kipper.
16 And, uh, I think you've nailed it. This -- this, uh, MOU is pretty
17 straightforward. Uh, it has been revised before. This re -- the revisions in
18 front of you today just more reflect the issues around plan management
19 and the, uh, obligations under statute, uh, uh, for the, uh, Division of
20 Insurance. But certainly I-I really appreciate the opportunity to lay out the,
21 uh, collaborative efforts between the, uh, Exchange staff and leadership
22 and the Division of Insurance. Um, and again, I think the, uh -- the, uh,
23 document speaks for itself. The addition of the, uh, piece around, uh, the
24 tribal, uh, uh, responsibilities and also around defrayals are new, but I do
25 believe that, uh, they really, uh, uh, very much quantify the, uh, uh, work

1 that -- that both agencies are doing. So with that, Madam Chair, I would,
2 uh, turn it back over to you.

3 JAMESON: I had one question on the defrayal. Since it won't go
4 to the carrier, and it doesn't go to you, and, uh -- does that mean the state
5 will pay it? I mean, is that how it works?

6 KIPPER: Well, it -- yeah. I've got one of my experts on the line,
7 but I will take a shot at that. The defrayal, it does go from the state to the
8 carriers, uh, rather, so the Exchange doesn't have the money, the -- the
9 Division doesn't get the money. It does go to the carriers.

10 JAMESON: Okay. That was my -- I wasn't sure. Thank you so
11 much. Okay. In that case, I think we're ready to proceed, uh, with the, um,
12 vote on the MOU, memo of understanding, between the Division of
13 Insurance and the Silver State Health Insurance Exchange. All those in
14 favor say aye.

15 MULTIPLE: Aye.

16 JAMESON: Any opposed? Any abstaining? The motion is passed
17 unanimously. And it was very exciting, as you said, to have also included --
18 on there, the tribal group, uh, included. And then finally, possible actions.
19 I think our staff has been probably writing down everything about the VSP
20 and the, uh -- a process for, uh, creating a policy for, uh, reviewing people
21 we endorse, um, uh, our AI chat bot, follow up on, uh, how it is our
22 customers are liking this new artificial intelligence, although we had a
23 good glimpse at that from Russell's comments -- final comments. But were
24 there any other items that you board members would like to have follow
25 up next time?

1 JOHNSON: Jonathan Johnson. Um, just as it relates to the
2 public health option, um, and what happens at the end of the month with,
3 uh, the injunction.

4 JAMESON: Excellent, yes. Thank you for remembering that. We
5 are so excited to hear about the public health option follow up as well as
6 the VCI cost.

7 WEEKS: Can I ask that I present that to the Board just because
8 I think we can have a conversation? Can you hear that okay?

9 JAMESON: Yes. Yes. That would be wonderful.

10 WEEKS: I would appreciate that because that is what I typically
11 do for committees that invite us to come present on an update. I cannot
12 speak to the litigation that is still confidential, um, and ongoing.

13 JAMESON: Yes, we would love your expertise on this issue.

14 WEEKS: Okay.

15 JAMESON: Thank you so much for volunteering. All right. I
16 think we'll have a very busy agenda for the next time. I will just say this
17 approximate 10 years I've been on the Board has been an absolute
18 pleasure, and I look forward to new adventures in the next legislative
19 session because we physicians wanna do a lot of other things to make
20 access to quality healthcare better in this state. So, I can't thank you
21 enough for the honor of being a board member and a Chair. And at this
22 point I will just say, wishing you long, and healthy, happy, joyful life. And I
23 hope to run into you here and there, all of you. Thank you so much. The
24 meeting -- uh, we are first gonna say public comment and then we'll be
25 ready to adjourn.

1 T. DAVIS: Madam Chair, Tiffany Davis for the record. I am
2 happy to, uh, go ahead and help facilitate the public comment. I would like
3 to make mention that, um -- just one more brief -- um, as far as the next
4 meeting date, right now it is set for October 15th at 20 -- 2024 at 1:30
5 unless the Board determines that there is another meeting time before
6 that -- that they would like to have another one before that date. Um, for
7 public comment, uh, again, for those who have joined us online, if you
8 would like to raise your, uh, electronic hand feature and indicate -- or
9 indicate in the chat box if you'd like to make a public comment, Kaitlyn
10 Blagen will, uh, call on you and you -- uh, allow you to unmute yourself.
11 And I'll start with our car -- uh, Carson City conference room. Kassie, do we
12 have anyone in our physical location there in the conference room that
13 would like to make a public comment?

14 FUENTES: Kassie Fuentes for the record. There are no public
15 comments here in the Carson City office. Thank you.

16 T. DAVIS: Thank you for that verification. And then online,
17 once again, if you would like to provide public comment, you can raise
18 your electronic hand feature on Zoom now and Kaitlyn will call your name
19 and you may unmute yourself for public comment. Do we have any public
20 comment at this time from anyone, uh, who has joined us on Zoom?

21 BLAGEN: Kaitlyn Blagen for the record. I do not see any hands
22 raised or anything in the comment box.

23 T. DAVIS: Okay, wonderful. Thank you for that verification,
24 Kaitlyn. And then on the phone lines, I know a couple of people have called
25 in. If there anyone who has joined us by calling in that would like to go

1 ahead and make a public comment, you may now unmute yourself and
2 present your public comment. Not hearing anything. Um, just to verify,
3 Kaitlyn, do you hear or see anybody from the phone lines?

4 BLAGEN: Um, no, but it looks like Quincy Branch might have
5 had his, uh, hand raised.

6 T. DAVIS: Yes, Quincy?

7 BRANCH: Okay. No -- no, I-I did. And again, I just wanted to
8 make sure, and again, more so not a public comment, but just more so a
9 public, just thank you. Um, as a fellow board member, I know my tenure
10 has not been as long as Dr. Jameson, but just really do appreciate her time,
11 her attention, and her diligence and the time I've been on the Board. And I
12 know a lot of things that she's done, people don't see. So, Dr. Jameson,
13 just wanna say thank you again for your time and attention and your
14 talents on this Board. So, appreciate it.

15 JAMESON: Thank you.

16 T. DAVIS: Excellent. Thank you so much, Quincy. And, um, Dr.
17 Jameson, at this time it does not sound like we have any further public
18 comment, but you do have several messages in the chat that are expressing
19 a big thank you to you and your service here at the Exchange.

20 JAMESON: And again -- once again, thank you all and have a
21 wonderful day. And I will, uh, take a motion for adjournment and second
22 <inaudible> And shall we all adjourn then? Thank you so much, everybody.

23 LEWIS: So, moved.

24 CLARK: Seconded.

25 UNIDENTIFIED: Thanks, everyone.

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JAMESON: Ta-ta, for now.

UNIDENTIFIED: Thank you.