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SILVER STATE HEALTH INSURANCE EXCHANGE

BOARD MEETING

MEETING TRANSCRIPT

TUESDAY, SEPTEMBER 17, 2024

SHELLY CAPURRO: -- our recommendations, as we initially noted, NVAHP appreciates the exchange for its engagement and partnership. We value the opportunity to highlight the many active and pending activities that will ultimately be impacted by a change in the main technology platform that is utilized. Therefore, NVAHP respectfully requests that the Exchange Board consider pausing the launch of this RFP until the current and pending procurements for public option, DSNIP (phonetic) and the statewide Medicaid managed care program are complete to avoid member abrasion, disruption, unexpected costs, and prevent other unknown consequences as a result of a vendor change. We appreciate your consideration of our comments, and we very much look forward to continuing this discussion. Thank you.

CLARK: Thank you. Are there any other public comments?

FUENTES: This is Kassie Fuentes. For the record, at the moment, there are no more public comments for online.

T. DAVIS: Thank you, Kassie, for confirming. And then I'd like to just repeat that if there's anybody who's joined us on the phone lines by calling in, if you would like to go ahead and unmute yourself and provide public comment at this time, you may go ahead and do so. Not hearing anything, Madam Chair, I believe that concludes the public comments at this time.

CLARK: Thank you, Tiffany. And I believe we had another Board member just join us. Lavonne Lewis, I believe is on now. Did we have any other late Board members join us? Okay. I don't see any, but I just happened to see Lavonne pop up there.

COOK: Chair, this is Russell Cook for the record. I will be marking Ms. Lewis as present for today's meeting.

CLARK: Thank you. Okay. The next agenda item is the approval of the minutes of the August 29, 2024 Board meeting. Do we have any motions or any discussion on that item?

KUMAR: Madam Chair, Sam Kumar, I move for the approval of previous meeting's --

JOHNSON: Jonathan Johnson. Second.

CLARK: Thank you, Sam, and thank you, Jonathan. Do we have any discussion? Okay. All in favor, please say aye or raise your hand.

MEMBERS: Aye.

CLARK: Any opposed? And is anyone abstaining? Okay. I believe the motion has carried. Thank you for that. Next item on the agenda, presentation on overview and scope of request for proposal, the RFP, and procurement process for procurement of the exchange state-based marketplace technology platform and Consumer Assistance Center. I believe, Russell, will you be handling that?

COOK: Thank you, Madam Chair. Russell Cook for the record. Yes, I have prepared a PowerPoint presentation that I would like to present to the Board, and I'm happy to begin that whenever you'd like.

CLARK: Okay. I believe we are ready for that now. Thank you.

COOK: Okay, and I'll show my screen share up here momentarily. Okay. So, if there's anyone who cannot see that screen, please let me know and I'll try and make an adjustment but assuming everyone can see that, I did want to check first with our Deputy Attorney General Mr. Detmer. Is it all right if I address a few of Ms Capurro's comments in the introduction to the presentation here? Cause I think her comments were very relevant to the actual materials that we're going to present today, which will be presented in public. Is that all right if I just give her a very brief introduction?

DETMER: Mike Detmer for the record. As Mr. Cook stated, I'll be

serving as Board counsel today. Mr. Cook, I think that's fine as long as it fits within the agenda item itself and the Board isn't necessarily taking action on something outside the agenda items that are listed for possible action, it should be okay.

COOK: Okay. Well, I'll keep it very simple. I just wanted to start out by mentioning that contrary to the discussion that occurred in the previous Board meeting in August, we have confirmed with our legal representation as well as with the State Purchasing Agency, that all the information we're going to cover today is subject to open meeting laws, can be shared in public, and so we're planning on doing so. So the remainder of the presentation will be shared with the public. The presentation that I prepared has also been posted to the Board meetings page of our website so any Board members or any attendees who wish to obtain a copy of this presentation can do so by downloading a PDF directly from our website. And I wanted to close the introduction by saying that I believe each of the points that Ms. Capurro raised will be addressed within this presentation and we certainly recognize and appreciate the risks associated with the procurement at this particular juncture. So hopefully we'll be able to address and perhaps alleviate some concerns about some of the comments that you made, but all of the information you shared has been very much top of mind for us as we've approached this procurement process.

CLARK: And, Russell, can I just interject one thing?

COOK: Sure.

CLARK: In the prior meeting you had asked any concerned Board members to send questions over to you, and I believe some of us have. Will those be addressed in your presentation here?

COOK: Those will. I had put those -- so you can see the last bullet point on the agenda is SSHIX's responses to questions from Board members.

CLARK: Okay.

COOK: Each of the questions that I received in advance of today's meeting has its own slide associated with it where I've listed the question as well as our answer, and of course any responses that we get where additional information or

context might be required, we're more than happy to go into additional detail. In fact, that is the primary intent of today's presentation. Wanted to mention also upfront that we are fortunate to have been joined by Mr. Ryan Vradenburg, who is with the State Purchasing Division, and he is the subject matter expert who has been assigned to this particular procurement. So, any questions that I am not able to answer in sufficient detail, I may be asking Ryan to jump in and come to help provide some additional information or context.

    CLARK: Okay. Thanks, Russell.

    COOK: Very welcome. And, you know, to the extent, you know, that Open Meeting Laws permit, I would like for this to be, you know, a conversational presentation, and if questions do come up during the presentation again, you know, provided that it's acceptable to our DAG and that we're not violating any regulations, I would be more than happy to entertain questions as we go, want to make sure that we're addressing any concerns as they arise, and that we don't miss out on the opportunity to provide any clarification simply because of the pace at which we're moving through the presentation. So, with that being said, the agenda for the presentation, I wanted to start with a very brief review of some historical context of our initial state-based marketplace transition back from the 2018-2019 timeframe, and even actually a few years prior, some of the lead up to the considerations that drove that procurement. Wanted to review the 2018 RFP timeline because, of course, it served as a model that heavily influenced our strategy for the forthcoming procurement, and I also wanted to review the role of the Board of directors in that 2018 RFP and transition process. I then wanted to talk a little bit about, just very briefly, one slide to review some of the parameters regarding the existing contract with Get Insured, who is our vendor for both the technology platform, the marketplace website, as well as call center services, and then I wanted to review our proposed, though still tentative timeline, for the forthcoming RFP and also highlight a few goals, in particular a few changes for the 2024 RFP compared to the previous 2018 RFP. I then wanted to close, as I alluded to a moment ago, by

reviewing each of the questions that I received from the Board members and providing our initial responses to those questions, which of course, you know, additional detail is required. You know, again, I'm always happy to see if we can provide the requested information. This meeting is being conducted first and foremost to address any concerns that the Board members may have throughout the procurement process, as well as to provide general contextual information about the process because it's been some time since we've been down this road. So regarding the historical context of the marketplace transition, this began way back in 2015 and 2016 when Bruce Gilbert, our former director, began kind of laying the preliminary groundwork, the foundational plans for the eventual transition. Included in this process, but predating my employment at the Exchange, I was hired in July of 2016, but it's my understanding that Mr. Gilbert invited representatives from a number of potential technology vendors for onsite meetings and informal presentations. It's my understanding also that some of these meetings included members of SSX's Board of directors at that time. Mr. Gilbert's last day as director was September 16, 2016, and Heather Korbulic, Mr. Gilbert's successor, then placed the transition project on indefinite hold that fall following the results of the 2016 presidential election. That was due to uncertainty regarding the future status of the Affordable Care Act itself.

JOHNSON: Hey, Russell?

COOK: Yes, sir.

JOHNSON: It might be on my end, but your mic is coming through very muffled. I don't know if anybody else is kind of --

CLARK: I'm having the same trouble. Thanks, John.

JOHNSON: You know, I'm having a hard time.

CLARK: It's hard to hear you, Russell. Sorry.

COOK: We have that sorted out. If you can give me just a moment here.

CLARK: Now you're muted.

COOK: I apologize. I was trying to utilize a different microphone

here. If you weren't hearing that, I'm hoping I'm going to be coming through better now?

CLARK: A little bit.

COOK: Okay.

CLARK: It just sounds like you're far away from whatever you're talking into.

COOK: I apologize. I'm just trying one other option, and then I will -- okay. Let's see. All right. I appear to have turned up the volume on the microphone as loud as it'll go. Is that an improvement?

CLARK: Much. How about you, Jonathan? I can hear much better.

COOK: And if that's too loud, please let me know. I can turn that down. That's higher than I typically run it. Again, my apologies for the technical difficulties there. So just to kind of reiterate and summarize, Bruce Gilbert, it's my understanding, had invited vendors onsite in 2015 and 2016 for some informal presentations. His last day as director was in September of 2016. Afterwards, Heather Korbulic, Mr. Gilbert's successor, took over as Director, and she placed the transition project on an indefinite hold following the results of the 2016 presidential election, and that was due to uncertainty regarding the future status of the Affordable Care Act itself. As you may recall, when efforts to repeal and place the ACA in 2017 were unsuccessful, the transition project then began again in earnest that fall, and the first stage was the development of a request for information. So that takes us up to the beginning of the next slide, which would represent the 2018 RFP timeline. So that request for information was issued in December of 2017, and that was an open RFI, soliciting feedback from potential respondents to the forthcoming RFP, to the eventual RRP rather, as well as other subject matter experts who might want to share information with the state. We also incidentally conducted, myself and our then operations manager, Ryan High, conducted site visits both to the Minnesota State Exchange, as well as the Idaho State Exchange to do some fact finding and to better understand their operations, their staffing levels, their budget

methodologies, et cetera, all of which combined with the information that we gleaned from the RFI process directly informed the development of the 2018 RFP. That RFP was then issued in the first week of March of 2018 and it advertised a vendor response deadline of April 13th of 2018, so just under a six-week response window. We did incidentally receive some complaints, I'll call them, from vendors about the short duration of that response window, and that's why we're shooting for something closer to hopefully a seven or eight-week response window for the forthcoming RFP. I'll mention that again in a few slides when we talk about the upcoming timeline, but just wanted to kind of address that here in terms of the duration of that vendor response window. We received the responses again in April of 2018 and then later that month and primarily throughout the month of May of 2018 was when the evaluation committee conducted its evaluation of the vendor responses. There are, by the way, some questions that were submitted by Board members, which are specific to the details of the evaluation committee and the evaluation process, so I'll definitely be providing some more information later on in the presentation about the nuances of the evaluation process, but for the purposes of the historical context here, just wanted to provide a high level overview of the timeline with some of kind of the key milestones along the way. So following evaluation of vendor responses and the selection of a winning vendor, we then spent the month of June in 2018 negotiating what became the Get Insured Contract. On August 14, 2018, that contract was presented to the Board of Examiners for review and approval, and I did leave out a critical milestone on here, I just realized, which was on July 12th of 2018, we presented the contract that we had negotiated with Get Insured to the Board of Directors for review and approval and it was approved on that day, on July 12th. So, the project began formally in August of 2018, and there was an approximately one-year period dedicated to design, development, and implementation, or DVI, which is a, you know, common term to describe implementation for projects at this scale. What that meant in more detail is that, you know, we had to migrate consumer data away from the healthcare.gov platform,

from the federally facilitated exchange, or FFE, we had to onboard all of our existing insurance carriers at the time, both health and dental, which is a largely technical process to ensure that they can interface and exchange data electronically with the exchange system. We also had to conduct in parallel the plan certification process for plans that would be sold through the Nevada Health Marketplace for planning of 2020. And then of course, we had to onboard our broker and navigator communities, and we did, by the way in addition to migrating consumer data from the healthcare.gov platform, we were also successfully able to migrate existing agent broker data, including books of business from the FFD as well to ensure continuity in terms of, you know, the agent broker community and their ability to keep their existing book of business. So, all of that experience has informed our strategy for the forthcoming RFP, and as we'll kind of discuss in more detail in a few slides, we are planning on conducting, or at least we have contingencies in place in the event of a vendor change, to ensure that all of these processes are conducted next year within the proposed transition timeframe. In August of 2019 we performed a soft launch. That was not a public facing soft launch, that was intended to allow insurance carriers to conduct a final review of their plans and all the plan data as it would be displayed to Nevada Health and consumers during open enrollment, and that is, in fact, something that we do every year as part of our plan certification process, we call it plan preview, and insurance carriers have an opportunity to review and see exactly how those plans are going to be displayed to consumers. In October of 2019, we did our hard launch, and so that's when a preview of plans that were going to be offered during open enrollment was made available to enrollment professionals, agents, broker, and navigators, as well as consumers for the first time. So, they had roughly a month to get familiar with that information with the plan offerings and their respective rating areas before we went live on November 1st and then -- no, I'm sorry, before open enrollment began rather on November 1st, and then on November 1st of 2019 marked the beginning of the open enrollment period, for plans with a January 1st, 2020 effective date. The next slide is about Board of Directors and

their role in the RFP and transition process, but I wanted to pause for a moment to see if there were any questions about any information I provided on the last two slides. All right, hearing nothing, I'm going to move on, but again, please, I'll try and keep an eye off her hands raised. If any questions do come up, please feel free to jump in and interrupt me. Want to make sure that we're addressing questions as they arise. All right, with regard to the role of the Board of Directors in the 2018 RFP and transition, as I mentioned a moment ago, development of the content, the vendor requirements, the scopes of work in the RFP was driven primarily by information that we obtained through the RFI process, as well as those site visits that I mentioned a moment ago to the Minnesota and the Idaho Exchanges. The first time that we provided an overview of the RFP to the Board of Directors was on April 12th of 2018, and that was approximately five weeks after the RFP was released in early March. The next transition-related update to the Board occurred on July 12th, when the Get Insured contract was presented for the Board's approval. So, I did leave that milestone at the previous slide, but I wanted to make sure that I emphasized that here because that was of course, you know, a critical milestone for us to reach in the procurement process. And then throughout the design, development, and implementation period all the way up through open enrollment in the fall of 2019, we did provide transition-related updates at most of the Board meetings that were held all the way up through September 19th of 2019, and that was when the ultimate readiness of the Get Insured technology platform for conducting passive renewals and facilitating open enrollment was confirmed. That was essentially, you know, the completion of our successful testing of the platform, after which we went public and held on for the ride. So, again, I'll pause and see if there were questions from the Board about that material. All right, hearing no questions, I'll move on to an overview, a brief overview, of the existing contract with Get Insured. As I mentioned previously, the contract was approved by the Board on July 12, 2019 -- 2018 rather, and it was approved by the Board of Examiners on August 14th of 2018. The initial contract period covered the design, development, and implementation phase, I've

referred that to here as the project implementation timeline, and it also covered website and call center services for plan years 2020 through 2023, so three years of actual technology and call center services combined with a little bit more than a year for the initial implementation phase of the contract. In August of 2023, the contract was extended for two additional years, which changed the end date from January 31st of 2024 through January 31st of 2026. That may seem like kind of an oddball contract end date, but that was designed to cover a contingency in which we might have to switch vendors to ensure that we had some wind-down time and some overlap between the two technology platforms, again only in the event of a vendor change. So, again, I'll pause before moving on to the forthcoming RFP timeline, see if there are any questions about the existing contract with Get Insured.

KUMAR: Hey, Russell, I have a quick question. What are the state regulations in terms of the maximum length of vendor contracts?

COOK: That is an excellent question, and I would like to defer to Ryan Vradenburg from the State Purchasing Division, if possible. Ryan, is that a question you're able to answer? I did realize, by the way, Mr. Kumar, that I did not cover the last two bullet points. I was getting a little ahead of myself, but we'll answer your question first and then I'll circle back to those.

VRADENBURG: So, hello Ryan Vradenburg for the record. The state administrative manual puts a suggestion in that we're practicable. The solicitation should be -- contracts should be resolicited about every four years. However, during the development phase of an RFP, the purchasing administrator can approve a contract length in the RFP for longer than that for viability of the services, so in terms of, like, following grants, sometimes grants extend for seven years, we would want to initiate a contract that matches the grants and so forth. So, if the system needed a longer term, then we could entertain that and it would be approved by the purchasing administrator prior to the RFP released to the public.

CLARK: Thanks, great question, Sam. So, Ryan, I just want to be very clear. Are we at this moment in time required to send this RFP out now, or not

required? I mean, I understand you're recommending that it should be every four years and I understand all of that, but if there was a compelling reason to not do this right now, are we within our ability to extend the contract or continue on with the contract as opposed to a mandatory RFP at this time?

VRADENBURG: There is some piece of information that I do not have specifically in front of me, so maybe Russell can correct me, but when an RFP is released, the purchase administrator is the individual in the state of Nevada who has the regulatory authority to determine or approve a contract term at the beginning of an RFP and any extensions, and then if that was not approved at the front end, a formal request would have to be placed with the purchasing division and with justification, and the purchasing administrator would then, with counsel review, the need and may or may not approve a contract extension. So oftentimes a contract will be solicited with four or five years plus one option here if the best interest of the state or so forth, but without that language, or if we've already exhausted those, the intent is that a RFP solicitation would be required.

CLARK: Okay. So, Russell, with that contract maybe in front of you, have we extended all options to extend the contract? Have we exhausted all options to extend the contract?

COOK: Thank you, Madam Chair, Russell Cook for the record. It was my understanding, based upon the process that led up to the extension of the contract last year, that the extension was a one-time option and that we would not be authorized to make a second extension. Now, I do want to disclose that, you know, Ryan High, our previous Director was still in this position in March of last year when those conversations began. My role in the contract extension process was admittedly limited to signing the ultimate contract extension shortly after I assumed this position in August of last year. However, I definitely think that's -- you know, some clarification, it is worth seeking out from State Purchasing. Yes. I see Ms. Weeks has her hand raised.

WEEKS: Thanks, Russell. I was just wondering, and I think Ryan

kind of answered it, you know, there is an option usually in state contracts to extend one or two years. I think just having that information for the Board is helpful. And then the question I had though is, you know, because it is a technology vendor, and often these things take -- I don't know about you, sometimes I feel like on our end at Medicaid, by the time we get something stood up, we're already building the procurement for the next one and that can be a lot of work on the team and staff and everyone. So, I'm just curious what other states with Exchanges, what is their typical timeline for their vendors? Do you guys have examples? Are they working with their vendors five to seven years, longer? And Medicaid I know is very different. You know, we often have much longer technology contracts, but I'm just curious on your end if you have any information from other states.

COOK: So, thank you very much, Ms. Weeks. This is Russell Cook again for the record. My understanding of other state's contractual agreements is rather limited. I do know of at least one other state marketplace who's a quasi-public agency, meaning they're not a governmental agency strictly speaking so they have a little bit more leeway in terms of defining the terms of their own contract, and it's my understanding that this state I'm thinking of has an open-ended contract with severability clauses that allow them to essentially terminate the contract for a variety of reasons with, you know, sufficient notice being provided to the vendor. Get Insured has also secured contracts very recently with the states of Illinois and New Mexico, and I don't honestly know what the term of those contracts was. A lot of that information is kept non-public at first and may not be available to us. I would be more than happy though to do some additional digging. I do know from our previous site visits, as well as subsequent discussions with other state marketplaces over the years, that five years is the typical contract length for a technology center vendor. Our initial contract was a little over five years in duration with a year and change for the implementation period, and then four years of actual operations. We then extended that by two years. So, at the end of the current contract, it will have been over more than a seven-year contract period.

WEEKS: Thank you.

COOK: Absolutely.

KUMAR: Madam Chair, Sam Kumar, I have a couple of follow up questions. So, there are two different components we are talking about. One is within our state, what are the restrictions? Have we exhausted all options, to use Valerie's phrase? Ryan, can you clarify that for us? Including extensions and everything, are we at a dead end? I don't mean to imply we are going to take that route. I just want to establish the outside parameters for this conversation.

VRADENBURG: Hi, Ryan Vradenburg for the record. Thank you. The contract was, to Russell's point, awarded. I'm looking at the front page of the -- or page 4 of the RFP that the awarded the VMO (phonetic) Get Insured. It was for five-and-a-half years of an initial contract with one option to extend for two years, which I believe may have been used already. Those were the only options given in the RFP for an extension. So, at this point, a new RFP would be the state appropriate route to take. Otherwise coming up with significant justification to request for an additional extension, if that helps provide that clarity for you.

KUMAR: That helps. Thank you.

CLARK: Thank you.

COOK: All right, thanks everyone. This is Russell Cook again for the record. I'll close out this slide before we move on. Did want to mention as well that the very last slide of this presentation is an open question and answers period, so if there are any questions that, you know, arise in the duration of the presentation rather and you want to hold the questions until the end you're certainly welcome to do so but again, would encourage any Board members to raise any questions that occur to them as they arise. Just to circle back on the existing contract with Get Insured, we talked about some of the parameters of the contract, initially five-and-a-half years extended for two years. At the time that the initial RFP was developed, that was the maximum that state purchasing was willing to grant in terms of optional contract extensions. So, in response to Ms. Weeks' question in the chat, yes,

absolutely we have that option in there. We have at this time exercised that option, and in light of the extension, we have Get Insured contracted through January 31st of 2026. Now I did want to clarify they have never failed to meet minimum service levels. They have never incurred any performance penalties, and the need for this forthcoming procurement, as I think we just kind of discussed over the last couple minutes, is driven by the fact that we've already exhausted the option available to us to extend that contract by two years. So, we'll switch gears a little bit here and start talking about the forthcoming RFP. Did want to mention there's the big asterisk up top that all the dates that are included on this slide and the next are proposed or tentative as of today's presentation and may be subject to change, but this is our goal based upon our experience with the previous RFP and the subsequent implementation in light of the additional information expertise that we guarded in the past five years of operations as a state marketplace. So, we're shooting for an early October RFP release with a vendor-response window for the duration of October and then the entire month of November. The vendor-response window will include, by the way, a question-and-answer period. We did that back in 2018 and it was very helpful for vendors to be able to raise clarifying questions about the RFP content, after which the exchange has an opportunity to provide responses to those questions to, you know, address, you know, the need for additional detail that might be required. And then we're proposing a response deadline of November 30th of 2024, which would allow us to spend basically the first three weeks of December prior to the Christmas break to conduct the evaluation of the vendor responses. And again, I'll get into some additional details in a few more slides, we'll get into the questions from Board members about what exactly that process entails and who comprises the evaluation committee. And then in January of 2025, we expect to have already evaluated and scored the vendor responses and to have chosen a winning vendor. Again, we'll provide additional details about the scoring process, what all that entails, but we were hoping to spend the month of January, or at least some portion of that month, negotiating the vendor contracts. Now, I do want to clarify

that in the event that a single vendor is chosen for both scopes of work, again, one scope of work is technology services, the other scope of work is a call center, then a single contract such as the one that we have with Get Insured right now will be sufficient. If different vendors are chosen for the respective scopes of work, then obviously two contracts would be required, so we would either be pursuing two negotiations in parallel or else one master negotiation during January. In February we intend to present the negotiated contract. Oh, I just saw a hand go up. I'm sorry, I didn't want to miss that. Someone had a question?

WEEKS: Keep going, Russell, I'll get you at the very end. Sorry.

COOK: Wonderful. No problem. All right, so February is when we plan to present the contracts to our Board of Directors for review and approval, just as we did back in 2018, and then concurrent with that review and approval -- or I'm sorry, concurrent with that presentation to the Board rather, we would submit the negotiated contract to the Board of Examiners in order to meet the agenda deadline for the March Board of Examiners meeting. Now, I understand there's going to be -- you know, there may be some, you know, balancing required of meeting schedules in February, and it may -- I have yet to confirm the agenda submission deadline, I don't believe it had been posted last time I checked that at the Board of Examiners website so, you know, we do need to make sure that we meet the deadline to include the contract on the March Board of Examiner's agenda, but were it not to be subsequently approved by the Board, we would, of course have the option to simply remove the contract from that BOE agenda. So don't mean to get ahead of ourselves. There's just a huge number of compliance and process related deadlines and milestones that we have to keep in mind along the way and all of those considerations factored into the timeline that we're proposing. And then the last stage of at least this portion of the process would be March of 2025, which would coincide with the BOE review and potential approval of the vendor contract or contracts. And as I mentioned a moment ago, the exact timing of contract negotiation approval is still being worked out with state purchasing. That's an area

where we tend to kind of defer to the expertise of our state purchasing representatives. So, again, happy to pause and take any questions at this point. Yes, Ms. Weeks?

WEEKS: Thanks. This is helpful to talk it through. The one question I have on this just seeing it is that -- and I think you referenced this before and I didn't ask then, but I'm curious on there being two scopes of work, and I hear you saying there's one technology and one's the call center vendor. Is there a reason that is -- what were the kind of reasons behind splitting the two? Is it getting a better deal for the state, or do you feel like you'll be able to get more people to bid on the contract by doing that? Are there any concerns? I guess the last question I have really is are there any concerns about the two being able to operate together. I mean, I know sometimes there is -- you know, sometimes it's hard to have one big mega vendor, but then sometimes it's nice cause then they all kind of can easily operate in sync, but I'm just curious kind of what your thoughts are around that piece.

COOK: These are wonderful questions, and so I'll kind of work backwards through those. Russell Cook for the record, by the way. In terms of, you know, the integration between potentially separate call center vendors and technology vendors, that is obviously a risk, that in fact is the chief risk, you know, when trying to coordinate multiple vendors is making sure that they're tightly integrated and that they're operating together efficiently. Now, in terms of the reason why we structured a single RFP with two different scopes of work, that was the best and most efficient vehicle available to us at the time, to potentially come away with a single contract for a single vendor or a prime with a subcontractor and kind of simplify the contract process and to your point, Ms. Weeks, simplifies some of the vendor management issues. This may be a slight oversimplification, but it really has rung true many times over the years for us: with only a single vendor, you know, there's no pointing fingers between each other like you get with multiple vendors potentially. So, we have, you know, a single -- you know, a single vendor that we can hold accountable regardless of whether it's a consumer-service issue, or a

technology-platform issue, or if that's ambiguous and requires further investigation, we found it very advantageous over the last five years to have a single contract with a single entity. That being said, you know, we're always open to the prospect that there are better options out there, perhaps even more affordable options that can meet the same service level targets for us. So that is why we have chosen to adopt a similar strategy as we did back in 2018. So just to kind of summarize, there is definitely a risk associated with two separate vendor contracts, but if the benefits, the apparent benefits, of the vendor responses and the result in scores and the evaluation process suggest that two separate vendors would be a better option for Nevada than a single vendor, that's an option that we wanted to preserve even while we recognize the advantages of a single vendor and a single contract. So I hope that answers the question. I'm more than happy to address any other questions about this slide. There is a Part 2 to this, by the way, where we get into the actual you know, transition related activities, which may be required in the event of a vendor change. Would be happy though to address any other questions before we move on.

KUMAR: Russell, Sam Kumar, just a quick question. Is there any integration of data between the two systems, the website and the call center?

COOK: So, at present, there is. The Get Insured technology platform, the marketplace website includes a robust ticketing system, which essentially fulfills the role of a Customer Relations Management or CRM software, and that software is actually utilized by their call center. So, there's no theoretical reason why a third-party call center couldn't potentially use that same software. There would be some licensing agreements involved and we built, you know, some of those contingencies into the RFP language, but at present there's a high degree of integration between the Get Insured call center and their staff versus the technology platform that we actually use. That has been very advantageous over the years, but it's not the only way to serve -- you know, to run a state-based marketplace. There are many other states out there who have separate call center vendors versus technology vendors and have been able to achieve great results. So again, you know,

the design of the RFP was in form most (inaudible) to keep our options open and to, you know, present a level playing field to any call center vendors out there who might not have a relationship with the technology vendor or vice versa. We want to make sure that we're evaluating the best of what everyone has to offer and scoring and making our decisions accordingly.

KUMAR:　　　　　Sounds like it's not a major impediment. Thank you.

CLARK:　　　　　And one last question, Russell, if you don't mind. This new RFP, what length of a contract are you proposing in this RFP?

COOK:　　　　　Again, we're still working out some of those details with purchasing but, you know, in terms of the success that we've had with the previous contract, I am proposing and in favor of at this time a five-year contract with the option for a two-year extension as well. You know, I think it's important not to get locked in for too long, you know, to manage vendor complacency for instance but, you know, to Ms. Weeks' point and to several of the points have been raised in the last few minutes, you know, we don't want to have to do this. It's an enormous administrative burden and we definitely want to minimize the frequency with which we have to run a massive procurement like this one. That being said, I think five plus a two-year option is, you know, striking the right balance between stability and consistency for, you know, a finite duration of time while also giving us the leverage that is very helpful in terms of intervention.

CLARK:　　　　　Thank you.

COOK:　　　　　All right. Absolutely. My pleasure. So, let's move on to the next slide. Now, I did want to mention here the same asterisk applies by the way, these are proposed dates potentially subject to change, but these are all based upon the playbook that we developed for our 2018 transition. Did want to provide an additional caveat on this slide though, which is that the information on this slide, these activities except as otherwise noted, are only applicable in the event of a vendor change and so to one of the points that was raised in the public comment at the top of the meeting, you know, we recognize a vendor change as a primary risk

associated with this procurement and, you know, just to kind of illustrate or put a finer point on exactly what that risk might entail, these are the activities again, except as otherwise noted, that would be required by a new vendor but would not be required to stay with Get Insured. I want to pause for a second. I just got a little boring from Zoom saying my internet connection is unstable. Are you still able to hear me okay? Just want to make sure I'm not cutting in and out. Okay.

KUMAR: I can hear you.

CLARK: I can hear you.

COOK: Okay, great. Thank you for the confirmation. I'll proceed then. So given that we are shooting for a March Board of Examiner's approval of the new contract, in the event of a vendor change, the new contract would start on or about April 1st of 2025. Now, again, obviously that would not be applicable to Get Insured. It wouldn't make sense to overlap one contract with another for the same vendor. In the event that Get Insured wins one or both scopes of work, we would of course pick up where the existing contract leaves off. In the event of a vendor change, we would need to do that overlap in order to accomplish the transition. So, for the months of April and May, we would be doing the initial implementation configuration and the testing of -- sounds a little bit redundant, I say testing of test environments. What we mean is technical testing of lower environments that we would utilize for user acceptance testing and a general kind of shakedown of the technology platform, and that would be primarily in service at that point in time of the forthcoming need to onboard our insurance carriers. So really want to drive that point home. A vendor change would require that every single existing insurance carrier be onboarded, and it would also require that new insurance carriers who would be entering the marketplace for plan year 2026 in response to the requirements related to the market stabilization plan procurement process, I'm oversimplifying a little bit and, Ms. Weeks, you're welcome to jump in if additional context is required, but essentially, vendors who are awarded an MCO contract for plan year 2026 are going to be required to also offer Battle Born state plans through

the Nevada Health marketplace, and those plans are going to be required to meet certain premium reduction requirements. Yes, Ms. Weeks?

WEEKS: Thank you. Sorry. No, yes, you're right. I mean, today we do that. Currently in our -- today we require all our MCOs to offer, I think, you know, the -- in the Exchange, at least a silver or gold, it's just that they have to meet the new requirements under the state law for the Battle Born plans. But yeah, they'll be treated just like any other QHP is my understanding and that's how it's been set up under state law.

COOK: Okay. I appreciate the clarification. This is Russell Cook again for the record. Is it fair to say, Ms. Weeks, that we're anticipating the potential entry of perhaps at least a few new insurance carriers into the marketplace as a result of that procurement?

WEEKS: I can't speak to that now that we're in an active procurement, so I apologize.

COOK: I see, okay.

WEEKS: Yeah, thanks for that.

COOK: Okay, fair enough. At the very least, it's a contingency that we're keeping in mind. In terms of, you know, the technical execution of onboarding these carriers, it wouldn't be any different for existing carriers from new carriers, it would just, you know, potentially expand the scope of the activities required. And then let's see, picking up --

KUMAR: Russell, quick question.

COOK: Yes.

KUMAR: This is Sam Kumar again. Out of curiosity, what are the different environments we're talking about, dev, test and prod, or just test and prod?

COOK: Yeah, so, there's an environment right now and this is fairly typical, and based upon our conversations with other states who use other technology vendors besides Get Insured, this seems to be a pretty typical approach. There will be a production environment, there will be an environment which is

considered production-like, which would be populated with data from the production environment, perhaps obfuscated to remove PII or mask or security numbers, that kind of thing, and those types of environments are extremely useful for instance, for rehearsing our passive renewals run each fall. We just got done last week rehearsing our passive renewals run, which will be done in the production environment in October in the lead up to open enrollment, but that exercise allows us to identify data-quality issues or other eligibility related issues, which we might actually have an opportunity to fix in advance of the passive renewals there. So, in terms of the prod-like, or production-like environment, that would be key in terms of ensuring readiness --

KUMAR: Mm-hmm.

COOK: -- to go live next fall, again, only in the event of a vendor change. You know, if Get Insured is selected as the continued vendor, then it would just be kind of, you know, par for the course in the lead up to 2026. And then in addition to that, we have an environment with Get Insured. This isn't necessarily a requirement, but it's very helpful to have an environment that's dedicated for the express purpose of onboarding insurance carriers. So we have an environment right now that we use expressly for that purpose, and we're able to maintain a very precise degree of control over test cases related to, you know, enrollment maintenance issues. There's a battery of tests that we execute over about a three-month time span for new insurance carriers to ensure not only that they're able to, you know, establish connectivity and complete basic data interchange requirements, but also to ensure that they can handle some more complex scenarios, including mid-month changes, additions of new births to existing enrollments, death events, that sort of thing. So, we kind of run the gamut of scenarios that an insurance carrier's likely to encounter in production operations. And then at the lowest end of the spectrum, we have an environment for user acceptance testing, or UAT which is typically the first environment that sees updates from our technology vendor, Get Insured. So right now with them, and this may not apply in the future to a new vendor, but at present,

we do a major release every quarter, and usually about a month or so before that

release goes out, the new code will hit the user acceptance testing environment, at

which point we have a chance to kind of run our own tasks, give it a shakedown, and

ensure that, you know, we're ready to deploy that to production. So same type of

idea. All right. And then so those test environments would have to come out first in

order to support the onboarding of insurance carriers, but we would also need to

very shortly thereafter stand up what would eventually become the production

environment in order to facilitate plan certification and collaboration with our

insurance carriers. The Division of Insurance is also involved in that process. So even

in the event of a vendor change, the requirements don't change, nor would the

timeline be subject to change. That typically starts in June, that's according to federal

deadlines for the initial submission of binder data, and then that continues all the

way up through the month of September when rate data is finalized, and plans are

approved for sale during open enrollment. So, moving forward a little bit through

next year, June through August would involve the actual onboarding activities for

insurance carriers as well as plan certification, having previously ensured the

availability of the appropriate you know, technology environments, but I did notate

on here that this would also be required if the technology vendor remains Get

Insured. So, while there would be some upfront design and development and

implementation activities that would be required to facilitate the onboarding of

insurance carriers and plan certification, we still have to go through those same

processes if we have new insurance carriers with Get Insured. And regardless of

whether or not we have new insurance carriers every single year, we are required to

complete the plan certification process. I did want to pause here for a moment

though, and introduce the kind of distinction, which I'll provide a little bit more color

on in response to one of the questions from the Board members, but there is a

distinction in terms of the technical vendor response in relation to the scope of work

and the vendor requirements in the RFP versus the cost proposal, which is required

to be presented in a separate document and has a slightly different set of rules

related to its evaluation. It occurred to us early on, with respect to the risks associated with a vendor change, that the increased costs associated with onboarding a new vendor, in general, you know, all of the details that are provided on the slide, are certainly a risk. Granted this would be a financial risk more so than a technological risk, but certainly it's something that we're, you know, keeping at the forefront of our minds. Just want to provide one small example here for context of what I'm getting at. With respect to insurance carrier onboarding, that is a cost for existing insurance carriers that would be associated with the vendor change, but there would be no cost to maintain existing vendors if Get Insured, you know, were to continue as our technology vendor. So, in order to provide what we think is the fairest possible evaluation of cost proposals, you know, as stewards of, of public resources and with that responsibility in mind, we will be requesting cost proposals to be itemized for the onboarding of existing insurance carriers as a separate line item on a per-carrier basis from the onboarding of new insurance carriers. Now that will obviously result in Get Insured cost proposal being a little bit lower than a potential new vendor in that specific regard, but we believe that that is -- you know, that that is an essential component of the cost evaluation and that those considerations need to be factored into our cost proposal kind of under that umbrella consideration of the risks associated with the vendor change. So, I'll finish up the slide and I'll pause for any questions. So, we talked about Insurance Carier On-Boarding, plan certification, non-negotiable. We have to do those, but of course it's going to be very different for a new vendor versus our existing vendor. June through August, again, this one is not applicable to Get Insured, we're back to, you know, only talking about contingencies for a vendor change, but during this timeframe of June through August ,we're going to need to get real serious about the integration of the call center technology stack with the Exchange platform in the event of a vendor change for one or both scopes of work, and kind of concurrent with the same time period here we would have to do our onboarding of brokers and navigators similar to what we did when we moved away from the healthcare.gov platform and there would be a similar data migration

involved in order to ensure continuity with existing books of business. Yes, Ms. Weeks?

WEEKS: Thanks, Russell. I mean, maybe it's just me cause our systems are different, right, and the rules of our programs are, but when I see -- I just get nervous because for two reasons. I just want to make sure you're very comfortable with this timeline because, you know, and maybe with the Exchange it is more of an off the shelf product, you can plug it in and whoop we go. But, you know, in Medicaid we get technology and we think we were sold something and they don't really talk to each other, to all the pieces, and I just -- two months with new, with open enrollment, I just want to make sure -- two or three months I guess, that you feel, you know, that your recommendation to the Board is that you can make that work and that, you know, come January when coverage is supposed to be available to people, you know, it will work. And the only reason I do want to say this just as a -- you know, it was coming from a good place, Russell, cause, you know, in my previous history in Minnesota, I was around when the Exchange did not turn on really well and the beginning of everything, maybe that was that way for every state. It was kind of hard to turn on the Exchanges and it was quite frightening, and we couldn't get people enrolled, and it was quite a nightmare. And I just, you know, as a Board member and as also your colleague, just want to make sure we're all really comfortable with that timeline. And I recognize you're trying to meet the timelines with purchasing, and I know that they probably would be understandable if you needed a couple extra months, but the open enrollment though, being so tight right there, that's I think the question that I really have is, you know, do you really feel confident that come plugin time, there won't be some massive coverage losses or impacts to consumers, I guess is the question I have.

COOK: I do feel confident. Thank you for the question. By the way, this is Russell Cook again for the record, and that confidence you know, is really a result of having successfully executed a transition from healthcare.gov, which at the time was really unprecedented. The data migration alone, we, we kind of had to

invent that playbook and we, in terms of the Exchange personnel, were really lacking the subject-matter expertise headed into that project to know with confidence back then that we were going to be able to pull it off in that timeframe. But we set what we thought was a conservative timeline for the transition. I do want to clarify by the way that even though the design development implementation period for the initial Get Insured technology stack was scheduled for a year and a half, the actual work in terms of stakeholder involvement, testing, onboarding of insurance carriers, agents, brokers, et cetera, migration of data did not begin until March of 2019. So, we're talking about a very similar timeframe here to what we were able to execute back in 2018. What occurred during the fall of 2017 and the first couple of months of 2018 was largely, you know, spent with compliance-related paperwork, seeking the authority to connect to the federal data services hub, which we used for eligibility verifications, and navigating CMS's initial review and approval process, not in terms of ultimate readiness for open enrollment, but more in terms of foundational principles, EG, you know, making sure that we had covered our bases in terms of integration with the Nevada Medicaid system, making sure that we were satisfying all the requirements of the Medicaid assessment model, and we will, in a few slides get into the distinction between assessment and determination. I know that was of interest to the Board, but there was a lot of administrative kind of front-end work that was involved in the lead up to actually getting down to brass tacks with the technological implementation and as a result of the success that we had with that transition, as a result also of the experience that we've garnered over the last five years of successful state-based Exchange operations, I do have a high degree of confidence that even in the event of a vendor change, even the event of a vendor change for both scopes of work, that we have the internal knowledge, expertise and experience to ensure that we are able to hit the ground running in October when it's time to kind of wrap up our open enrollment.

CLARK: Russell, and this is Valerie Clark for the record. So, I just want to make sure that we are all very clear that you are including this timeline in the

RFP and every vendor that chooses to respond will be agreeing to this timeline if they want to be considered, and you and your staff are also agreeing that you can commit to this timeline being accurate and doable.

COOK: Absolutely. This timeline, once it's nailed down of course, I know we have an asterisk on here, but assuming that these are the right dates, and again, everything, you know --

CLARK: Understand. Yeah.

COOK: -- from November 1st when, you know, we kind of move backwards from there. But yes, absolutely, these are non-negotiable vendor requirements in an RFP response. In fact, we have a section of the RFP dedicated to the project schedule, there are deliverables that are associated with each phase of the project schedule, and the RFP that we released in 2018 I think really was an excellent model and example of how to break a project like this, a complex implementation, down into manageable chunks and how to ensure that dependencies from phase one to phase two to phase three, et cetera are completed before moving on. You know, again, I would fall back on the experience that we had, you know, kind of navigating this process successfully last time, but that the overall timeline in terms of these activities that you're seeing on the screen in front of you, I don't think we gave ourselves more than a couple of extra weeks back in 2018, and we were successful even despite a relative lack of experience and technical expertise in this arena as well as kind of the chief risk being the data migration from the healthcare.gov platform. You know, we really kind of jumped into that project without a solution in place for that migration whereas, you know, at present, we understand in great detail exactly which data points are going to be required in the event of a vendor change in order to facilitate a successful audit renewal and that subsequent open enrollment period.

CLARK: And you have discussed all of this with other stakeholders that partner with you, is that correct? I'm sensing a little bit of concern with the Association of Health Plans, I'm sensing a little bit of concern with the Medicaid

office. I haven't weighed in yet with the Division of Insurance or other stakeholders, but we are sensing and hearing some concern. So, I understand you are sure that you are able to meet this timeline. Are your stakeholders and partners in the loop with you, have they been consulted, are they on board with this timeline as well for the portions, the roles that they have to play?

COOK: I appreciate your question, Madam Chair. Russell Cook again for the record. This transition has been discussed at varying levels of detail with our partners at Nevada Medicaid, both with Stacie's, you know, (inaudible) the Division of Healthcare Financing and policy as well as with welfare and supported services, who administer the actual Medicaid eligibility determinations. We've been discussing this for many months. In fact, this was discussed, this transition was discussed as far back as last fall when we began talking about the market civilization program implementation. I don't want to put words in anybody's mouth though. You know, the primary intent of this meeting was to allow those concerns if they existed to be voiced and to, you know, give ourselves an opportunity to address those concerns or if we didn't have the ability to do so at present, to make the necessary adjustments in order to do so. There's a similar history of discussion with the Division of Insurance, perhaps not in as great of detail as we've covered in recent meetings with Nevada Medicaid, you know, primarily because we don't have systems that are integrated between the Exchange and the Division of Insurance, is more of workflow based considerations and their role in the plan certification process is largely agnostic of any specific technology platform that we would use. But certainly those stakeholder groups have been, you know, in the fold and have been at least informed, if not consulted or even decision making stakeholders along the way. So, you know, again, that's just my perspective. In terms of external stakeholders, including, you know, insurance carriers or other you know, interest groups that may be affiliated with insurance carriers, in terms of, you know, feedback from our agent and broker community, I'll start with the agent broker community because, you know, we're very actively involved, we have monthly calls with the agent broker

community, and I would say that their involvement in the procurement process is primarily driven by complaints or suggestions that we've accumulated over the years that will be fed forward into, you know, RFP requirements in service of that community. Any pain points, for instance, with the existing platform will be, you know, incorporated into the RFP. There aren't many of those, by the way, we have a very short list but, you know, we do have our finger on the pulse, so to speak, of that community as well as our navigator community and we're always looking for opportunities to improve their workflow. Even though I will acknowledge, I believe that, you know, in the last year or so, we're really starting to get things dialed in pretty well, we're really starting to understand the need of that of that community. With respect to insurance carriers, the nature of the relationship is a little bit different because by definition it is at times an adversarial relationship. We do have responsibilities in terms of plan certification that often result in confrontational conversations with insurance carriers. That's kind of the nature of the business. In terms of the DOI relationship with insurance carriers, the DOI is a regulatory, you know, agency, and they are responsible for oversight of insurance carriers. So, while we always do our best to, you know, provide kind of a unified front with the DOI, they're often are adversarial, you know, conversations had with insurance carrier personnel. So the nature of that relationship is not really ripe for soliciting, you know, suggestions for the procurement of the technology platform per se, but I do believe, and I hate to keep harping on our experience and our successful track record, but that is the primary source of my confidence that we're going to be able to develop a platform that works really well and serves the needs of our insurance carriers without, you know -- while minimizing the risk of disruption will lead up to open enrollment. So, I know I kind of covered a lot of ground there. I hope that answers your question but (inaudible).

     CLARK: Thank you.

     COOK: And, Mr. Kumar, I see you've had your hand up for a while. I appreciate your patience.

KUMAR: No worries. Thank you, Russell. The timeline, like you said, is fairly identical, starting with March of one year, going through October of the following year similar to what you guys did the last time around. However, the proximity to open enrollment does cause me some concern. File that away. That'll be an ongoing conversation. The second point I want to make, you touched upon cost associated. I would like to consider the total cost associated with it, not just from the bidding standpoint, but the stakeholders as well. Just want to be sure. There's a tendency, I've seen this in multiple different organizations, we spend a million on something, we can get a contract for 700,000. We say 300,000, great, but the internal cost of implementation is a million. So you know, merely shifted costs and lost some money in the process. Just want to be very careful with that. I would like to see the total cost of transition. Again, that's more to come down the road, but I just want to have a placeholder there so that you're aware of my thinking.

COOK: Thank you, Mr. Kumar. Russell Cook again for the record. I appreciate and agree 100 percent with your comments, and I am going to talk in a little bit more detail. I think I alluded previously in the presentation about the distinction between the technology proposal versus the cost proposal, which is subject to a different, you know, valuation methodology, so I'll provide an overview of that and then if additional information is desired, I may call on Mr. Vradenburg from state purchasing to maybe fill in some of the gaps for you, but that is absolutely a primary concern and a primary just to us as we approach this.

RICH: Hey, Russell, this is Todd Rich. Can I ask a question?

COOK: Absolutely. Please go ahead.

RICH: In terms of the structure of the RFP, I get the sense that that your agency and consumers are happy with Get Insured and how things have been going. In terms of breaking this new RFP into two areas, is there a value in maybe keeping it into one, understanding that may limit some of the folks that put out information and want to be involved, but it seems like when you're dealing with one vendor versus two, reduces the challenges that you may face moving forward.

Just curious as to the thought process and how you guys came up with where you're at currently.

COOK: That's an excellent question. Thank you, Mr. Rich, and definitely something we've considered carefully. You know, I will be fully transparent. The chief risk associated with this RFP model is that, you know, we might, you know, end up with two different vendors. There are risks associated with that in terms of vendor management, but if we were to go with an RFP that required a single response and a unified scope of work, as you mentioned, you know, the primary risk that we've identified is something that we might exclude certain respondents who might actually be a really good fit for Nevada's needs, but who may not be able to respond just because they don't have an established relationship with the technology vendor. So you hit the nail on the head. I mean, that's precisely the consideration that is primarily driving our interest in separating the scopes of work, but at the same time, you know, I can't emphasize enough how successful the single contract with a single vendor has been. So, you know, we certainly understand and agree with your points. We do believe in part, based upon the successful procurement that we ran in 2018, which was based on exactly that same model, two separate scopes of work, the potential for two separate vendor responses, or a single unified response covering both scopes of work, that seemed to work really well for us, gave us a desirable level of flexibility in terms of evaluation and scoring of the different vendors. So I hope that answers your question. I see Ms. Weeks has her hand raised again, but is that appropriate detail for now, Mr. Rich? Happy to provide some additional (inaudible).

RICH: No, thank you for that. I appreciate it.

COOK: Absolutely. Yes, Ms. Weeks?

WEEKS: Russell, I think kind of what you're saying goes to kind of what we -- you know, in any procurement, maybe it's sort of and, you know, unfortunately we're down to the wire in time and we can talk later on at the end about ways to engage the Board similar to what kind of what PEB does, which I think

is really successful in helping get these things kind of ironed out sooner so you're not in this situation cause none of us want to cause a problem with a procurement. But the one thing I wanted to just kind of raise, if you are thinking about, you know, the value of one vendor, and you know this, and hopefully my recommendation as a Board member would just be that you consider that in your scoring, that you consider the risk and the administrative burden, all those things in some way into the scoring. And I don't know, you know, working with Ryan and Holman (phonetic), others on that, but that's -- you know, that way you can still get all the bids, but there's a way to really recognize which is -- you know, not just on price. Price is important, but so is, you know, the consumer experience. And I just know -- I'm not going to name vendors, but we just had an experience, and I'll be honest with you, going through a situation with a vendor that's not performing and it's impacting the people, on the other end, it's really a painful experience. And so I just really, you know, thinking through how do you avoid that and I've been thinking a lot about that. So I think I would just stress that you've not only look at price, obviously, and really, really focus in on some of these other pieces that are going to be important to success.

COOK: I appreciate that. Russell Cook again, for the record. And again, that's something we devoted a lot of thought to, not only back in 2018, but also as we've approached, you know, the forthcoming procurement. In 2018, we introduced some scoring criteria into the call center scope of work which assessed the integration capabilities of a call center, you know, with a given hypothetical, you know, technology vendor and that's one area where Get Insured really shined because they were able to explain the use of this -- you know, the access to this software that was already integrated into their technology platform. So I'd be happy to provide additional details. It's just that I didn't want to get too deep down in the weeds but essentially, you know, we had set up in 2018, and we are intending to set up the scoring criteria for the forthcoming RFP in a similar manner to award a higher score for call center vendors who are not just using a generic CRM but have access to technology or at least are able to integrate technology that allows for direct

integration with a marketplace system. Similarly, on the technology platform side, we award higher points to a system which either has built-in functionality for ticketing and customer relations management or has integration API-based or interface-based technology that can allow them to integrate, rather, with leading, you know, CRM technology as typically used in a call center. So, you know, the exact language I don't have in front of me at the moment. We did spend a lot of time in that 2018, and given that we're kind of picking up where we left off with that RFP, we've kind of inherited all those requirements, but they did seem to work very well for us to satisfy, you know, that goal of ensuring that, you know, call center vendor can come in and through a lowball bid alone, you know, land Nevada in a situation where, you know, we were beholden to their technology, beholden to their integration or lack thereof with our marketplace technology platform. We really want to emphasize and build the scoring criteria around that necessity of tight integration and tight coupling between customer relations, management, ticketing, consumer complaint support, and the result in connections and touchpoints rather in the technology platform itself. And just to kind of complete the thought, you know, cost is only one of, I believe there were five scoring criteria. There will be, I believe, at least seven different groups of scoring criteria in the forthcoming RFP owing to a few new additions, which we'll cover shortly, but we, you know, do intend for -- I think cost was awarded 25 percent of the overall points in the initial proposal in 2018, and we are we are planning on a similar, although perhaps slightly different, slightly higher, slightly lower, we'll just have to see where the other you know, criteria fall, but we are certainly not planning on emphasizing cost to any greater degree than we did back in 2018, again, with those -- you know, with the interest in mind of ensuring a high degree of interoperability between call center and technology platform, and also ensuring beyond that that we have the highest, most mature technology available on those sides for both scopes of work.

    CLARK: Thank you. Just so I'm clear, Russell, how many slides do you have?

COOK: There are 18 total slides. One of them is just the Q and A at the end, and they're going to start moving a lot faster when we get into the Board --

CLARK: Okay.

COOK: -- questions.

CLARK: So just in the interest of time, I don't want to lose any Board members here.

COOK: Yeah, for sure. No. If we need to get a little hurry up offense going here, I can definitely accommodate. And if I'm moving too fast, I'm not going to, I'm not going to all of a sudden go to break that pace, but with that in mind, I'll try and pick it up a little bit, share some of the editorial context here, and if anyone would like me to slow down a little bit, delve in a little bit deeper, I'd be happy to do so, but once we get around to the Board questions, I think things go a little faster here. So and in fact, the very next slide after this one is the first question from the Board. So just kind of wanted to summarize what we've been discussing thus far by talking about some of the changes and some of the new goals for the forthcoming RFP that were not part of the historical 2018 RFP and procurement process. As I mentioned a moment ago, we are picking up essentially where we left off from the 2018 RFP. That was, you know, a very lengthy document. It was also a very successful document in terms of getting us where we wanted to be so, you know, we used that as a starting point this time around, but there are some nips and tucks, some enhancements, as well as some whole cloth new additions, which I wanted to cover on this slide. So one of those, and perhaps the one that we probably understand the best of all by now, certainly we've been discussing it with the appropriate stakeholders the longest, is readiness to support Battle Born state plans under the forthcoming market stabilization program. Now, the changes required to support these Battle Born state plans are going to be fairly minimal. In fact, until very recently, we were considering that we might not need to make any technological changes at all but during recent discussions with Ms. Week's team, we identified

some opportunities to maybe improve the customer experience, for example, providing a filter that consumers could use so that they could view the Battle Born state plans independent from the non-Battle Born state plans. So you know, fairly straightforward stuff. I want to make sure we get that built into the RFP. That's going to be relevant by the way, even if we maintain Get Insured as our contracted vendor. We have not yet invested any money in terms of pursuing a change request with Get Insured, owing to the possible contingency of a vendor change. So, you know, this RFP is an opportunity for us to include new requirements, which would be relevant to our existing vendor just as they would be relevant in the case of a vendor change. And moving on, we talked -- in fact, I gave an email update a couple of weeks ago about some recent discussions that were prompted by some federal rule changes, as well as just kind of looking on the horizon at what we think the future of Medicaid eligibility determination rules might look like, and so we wanted to be sure to include a vendor requirement for readiness to support Medicaid MAGI (phonetic) determinations in the event that Nevada in the future moves to a Medicaid determination model. I will provide -- that is the last question that I received from the Board by the way, so we'll definitely have a little bit more detailed discussion of what exactly that means on the last slide, but just wanted to mention in terms of additions to the vendor requirements and scope of work that we wanted to include readiness. Readiness is open-ended by the way. That doesn't mean the platform has to support it right now today, but there has to be a willingness and an ability for the vendor to accommodate that should the future need arise. Yes, Ms. Weeks, I was actually just going to check with you to make sure that that was all.

WEEKS: I guess I'm a little confused. I don't think CMS in our waiver conversations was really asking that the BBSP be treated any differently, it's like any other QHP. It's just that if we need to identify it as, like, an Anthem, whoever it is, right, a plan, Plan A, and then, you know, in its title, it's their -- you know, let's just say it's Anthem. I don't know, Anthem's probably, like, telling me to be quiet in the background here, but let's say it is, I don't know, and they have QHPs and they

have standard QHPs, but then they have a Battle Born plan. The fact that we could just identify that. CMS was more concerned about the fact that individuals should be able to be notified who are put back in their plans automatically by Nevada Health Link, and without them being notified that there might be more affordable options, regardless if that's the BBSP or another product. That's what they're really focused on. And so it's not about the BBSP, I think they're really pushing that states, especially federal exchanges, notify folks that there may be more affordable options, and they could stay with their plan, but there may be other things to shop for is what they'd like to see. So I just want to kind of clarify that. But there's nothing special, I don't think, other than it's available in the title.

COOK: Oh, yeah.

DETMER: Excuse me. Sorry to interrupt, Russell, Mike Detmer for the record. I know Anthem wasn't necessarily being specifically identified, it was just more of an exemplary type of --

WEEKS: Yes.

DETMER: -- reference, but I would just caution the Commission as far as making specific references to vendors.

WEEKS: Sorry.

DETMER: No, no, you're good. You were absolutely good. I apologize for the interruption.

WEEKS: No, I appreciate it. I'm just trying to give an actual simple and-- yeah, but thank you. Got it.

COOK: So, Russell Cook again for the record. Thank you, Ms. Weeks, and, you know, per, you know, the recent meetings that we've had, I understand and appreciate completely that the BBSPs were trying to fit them into exactly the same mold. In fact, we will be required to follow the same plan certification process, all the same data formats in terms of binder data, you know, all the same requirements in terms of plan management standards, but in one of our most recent meetings, according to my notes, it was agreed upon that some type of

filter or toggle available to consumers so that they could distinguish or maybe isolate their display to only BBSPs or non-BBSPs, might be an advantageous user interface convention, even if the plans themselves, you know, under the hood, you know, looked and behaved, you know, technically the same as non-BBSP qualified health plans. So that is really the extent of what I mean by readiness to support Battle Borne State Plans is that, you know, if we want to have the option, if we want to preserve the option, you know, to implement usability features, user interface features like that, I think it would be risky not to, you know, build those options in at this point, and at least put vendors on notice that we may want to exercise those options. So, I will acknowledge, you know, fully that perhaps that could have been more clear in terms of that bullet point. I was just trying at a high level to, you know, reassure the Board that we are aware of the requirements, or really the lack thereof in terms of technical changes not being required that we're aware of and we're keeping a very close eye on the rollout of the market stabilization plan and that, you know, we want to make sure that if there is a technology vendor change that, you know, they are potentially aware of user interface enhancements like that that we might want to implement. But if that's no longer the case, and if we're no longer -- just in that enhancement, certainly we have no problem, you know, (inaudible) that up. All right, and Stacie, while we have a dialogue going, we're going to talk in a little bit more detail about the Medicaid determination model just in, you know, wanted to make sure that you didn't have any concerns about the way that I've represented this year before we move on, and I'll try and close the rest of the slide out closely.

WEEKS: Yeah, we can talk about it when we get there. No, I'm good, thank you.

COOK: Okay. Another change that I mentioned in my email from late August is there is a builder after quest (phonetic) that's being put forth and sponsored primarily by Nevada Senator Fabian Donate, which is intended to, contingent upon CMS's waiving of applicable eligibility requirements, to extend baseline qualified health plan eligibility to individuals who are not considered lawfully

present according to current regulations. So, you know, given that this is a hypothetical similar to the potential transition to a Medicaid determination model, you know, we wanted to be careful about how we specify these requirements in the RFP. But in general, we are requiring vendors to be ready to support a configurable approach to eligibility verification contingent upon, you know, the need to move in that direction. So there are a lot of stakeholders involved in this process. We will be, of course, watching the BDR as it moves through the legislative session next year. That is a process that is occurring completely outside of the purview of the Exchange but should that become law, we want to make sure that we're well positioned to accommodate those eventual requirements if and when we're required to do so. Yes, Mr. Kumar?

KUMAR: That's absolutely the right approach, Russell. Configurability is key, not just with this particular BDR, but in general because requirements are going to change over the course of the contract. So that's the right approach. Let's make sure that's part of the RFP and it's included in the implementation.

COOK: I appreciate that. Russell Cook for the record. You know, configurability is really our number one takeaway lesson over the last five years to the extent that we have configurability, and in particular, by the way, with a vendor who supports multiple states and maybe all those states don't agree on the best way to do, you know, a certain function, but they all share the same code base, the same underlying technology platform, that configurable element not only for eligibility verification, but also for special enrollment period configurability, handling of Medicaid referrals, both Exchange initiated referrals, responses to those Medicaid initiated referrals. Those are all areas in which a high degree of configurability is going to be required. So appreciate the confirmation and definitely something that's top of mind for us as we move towards the future. And then one other addition to the RFP scope of work is I've described it as automatic determination of household eligibility following receipt of a Medicaid referral. That's something that we're

actually currently working on with Get Insured, but it does require some changes, corresponding changes and additions, to the account transfer payloads that we actually receive from Medicaid at the time of referral. Essentially right now, today, when we get a referral from Medicaid, we will populate that data into an application in our system, but it stops there. We'll then send a notification to the consumer, and we are reliant upon that consumer or upon an enrollment professional, you know, working on their behalf to actually claim that migrated data and submit that to our system in order to receive an eligibility determination. Many other state-based exchanges in recent years have implemented this what they call an auto eligibility for short, where they will actually, you know, provided they received enough information from their corresponding Medicaid agency to conduct an eligibility determination, rather, which requires household income data and income on tax filers, minimum data required to reconstitute a tax household composition, we can actually conduct in theory an eligibility determination on behalf of a consumer who hasn't taken any action yet so that instead of sending them a notification that says hey, we got a referral from Medicaid, you know, come and claim your application, see what you qualify for, that initial touch with that referred consumer can actually let them know how much they could qualify for in terms of premium reductions, cost saving reductions, et cetera. So that is something that has been successful in other states in terms of improving the conversion rate between, you know, those referred from Medicaid versus those who actually enroll in Exchange coverage, and even though something we're already pursuing actively with Get Insured, we want to make sure, you know, that that's going to be applicable to any potential technology vendor. And then we also wanted to, you know, increase the specificity performance penalties for non-compliant system behavior. One example I wanted to include here involves improper terminations. There are certain scenarios in which we are actually required by federal regulations to terminate coverage, for example, following the reporting of a death event but, you know, there's always the risk that that type of functionality is going to result in the improper termination of coverage. I don't mean to suggest for a

moment by the inclusion of this addition of the RFP that this is a problem with Get Insured but, you know, we were a little green when we put the 2018 RFP together and even though we got all the technical requirements right, you know, as far as service level agreements and performance penalties are concerned, we were definitely a little bit lighter than what we've been seeing recently in the RFPs that have been released within the last year or so by other state marketplaces, Illinois and New Mexico, which I alluded to earlier being two examples of those. So, we're really just trying to kind of learn, you know, from other states, incorporate other expertise, and kind of, you know, follow suit with what seemed to be the best practices in terms of the deals that state marketplaces are negotiating. So, again, just to emphasize, this is not driven by any specific complaints about Get Insured whatsoever, we just feel like it's a good, you know, best practice to kind of step up the performance penalties in order to assist in vendor management and, you know, if there's ever situations where we need to, to apply leverage to a vendor. So again, we're just about to turn a corner, transition to questions from the Board. I'll work through those as quickly as possible. Wanted to pause briefly, see if there are any questions about the information on this slide before we move on. All right, hearing nothing, I will try and get through these as quickly as I can and, Ryan Vradenburg, this is likely where I will be in need of some additional details if questions do arise as we work through these. But the first question is what vendors will receive the RFP, and my response was that vendors who are registered with the State Purchasing Division's portal, online portal, they call it NevadaEPRO, it's a procurement system, and by registering with that system, registered vendors will receive automatic notification when this RFP or other RFPs like it are made public. Registration with that system, by the way, is a requirement for vendors who wish to submit a proposal as all vendor proposals need to be submitted electronically through that system. So, before I ask you to please fact check that for me, Ryan, I wanted to add one additional point on there, which just occurred to me this morning. Can a vendor who's not registered with NevadaEPRO at the time of the RFP's release registered during the vendor

response window and still submit a proposal, or must they be registered prior to the release of that RFP? If you wouldn't mind filling in that gap for us as well as correcting anything that I might have gotten wrong on the slide, I'd be very grateful.

VRADENBURG: Hmm. Hello. Ryan Vradenburg for the record. The answer on the slide is correct and there's an initial email blast to vendors who are already registered within the system, but NevadaEPRO is built on public procurement and transparency, so it is available to anyone with a search engine and they will be able to access it, find it, and then be directed to if they're currently registered to register in the system.

COOK: Thank you for the clarification. Russell Cook again for the record. So any questions from the Board before we move on to the next question?

CLARK: That's good, thank you.

COOK: Okay, wonderful. All right. Question number 2: what is the cost of the RFP process? Now, I interpreted this question as referring to agency costs associated with facilitating a procurement. So, if I got that wrong, please jump in and let me know, but my response, assuming that that's the correct interpretation was aside from staff hours invested during the development and evaluation processes, there is no specific cost or fee for Nevada State agencies to release an RFP or manage a procurement. However, agencies -- when we build our annual budget, agencies do pay a small annual assessment to offset the State Purchasing Division's operating costs. So again, no fee per se for putting out this RFP. That's kind of baked into the administrative costs that we pay through the assessment, but of course it is a big time commitment to serve on the evaluation committee, it's a huge time commitment to develop the RFP in the first place. Those are the only durable costs that our agency has to bear in terms of mentioning this service (inaudible). So hopefully that's a satisfactory answer, but if there are any questions or additional clarification required, please let me know. Happy to address this now.

CLARK: That's good.

COOK: All right, hope that's okay. We'll move on. This answer's a

little bit more lengthy because I think there's some really helpful context that we can provide here and it's also -- you know, this is where we're starting to get into some area where, you know, I have received some information from Ryan and his colleagues at State Purchasing that was very helpful in terms of filling in some gaps that even I was unaware of based upon my experience previously. So, the question is fairly straightforward. Who evaluates the responses, but the answer has some, some nuance involved here. So, the state procurement regulations, they do require that vendor responses be evaluated solely by a predetermined evaluation committee. The evaluation committee must be selected before the RFP is released. Similarly, scoring criteria that will be utilized by the evaluation committee to arrive at a final score for each vendor must be determined prior to the RFP'S release and the criteria must also be clearly defined in the RFP itself and if you look back at our 2018 RFP, we had an entire section devoted to exactly that. So, the principal job of the evaluation committee is to assign a numerical score, and that's based upon their individual analysis of the vendor response. They're going to assign a numerical score to each one of these scoring criteria other than cost, we'll get into that in a moment here, but following the individual assignment of scores, the committee will then meet collectively to discuss the rationale behind their scores. That meeting, or if it's multiple meetings is facilitated by our state purchasing representative. So, Ryan, correct me if I'm wrong, you would be facilitating that meeting? Correct. Okay. I'm seeing a head nod.

     VRADENBURG: Correct.

     COOK: Then importantly, the committee members would have the opportunity to modify their initial scores following this discussion, and that came into play in a very valuable way back in 2018. Each of the members of the evaluation committee brought a different set of experience, a different level of expertise into the evaluation process, and we were able to have a dialogue and kind of share some of the considerations, certain details that we noticed in evaluation that other members of the committee might have missed. So, you know, in my mind that's

really an integral part of the evaluation process. We start individually, you know, we all bring our unbiased individual opinions to the quorum, so to speak, and then there is a -- you know, there's a kind of a group discussion and then, you know, if anyone decides hey, you know, that makes a lot of sense and I wasn't really thinking about that or I overlooked that in my review cause it's an enormous, you know, quantity of material you need to review, that's an opportunity for the evaluation committee to have that dialogue and, you know, to kind of, you know, finalize their scores for that initial evaluation. Cost proposals though are evaluated in a little bit different of a manner. First of all, they're separated in -- I'm sorry, submitted in a separate document so they're not a part of the vendor response, the technical response as it's called, they come in a separate document, and the scoring of cost proposals is generally evaluated by the state purchasing representative assigned to the procurement, and that evaluation is done using an objective formula. So, it's not done by the evaluation committee members themselves, and they don't have access to the cost proposal, you know, initially when they're doing their review and evaluation of the technical proposal. That's something that happens later on down the line after they've awarded their initial scores, and I believe part of the reason for that is because, you know, they don't want cost proposals to influence the review of the technical proposals. So, you know, again, you know, we appreciated that kind of separation of concerns the last time through. This formula, I don't expect you to necessarily make sense of it, the main point I wanted to convey here, this formula was provided by Ryan. The main idea is that it's essentially, you know, a form of statistical analysis on the cost proposals. We don't have a scale to go from zero to $10 million or a hundred million dollars. It is kind of a relative scale that's based upon the lowest-cost vendor response, the highest-cost vendor response, and then kind of a proportional distribution of the cost in between that lowest and that highest amount here. Ryan, is that a fair representation?

VRADENBURG: Correct, yeah. Ryan Vradenburg for the record. Yes. Cost is generally scored using a highest proposed value and lowest proposed value,

oftentimes resulting in a bell curve of where the lowest proposing vendor is awarded the majority, if not all the points, and then the distance from there proportionally moves responses that have too high of a cost the appropriate distance away from the total points available. However, there are a few other ways that potentially we could look at evaluating costs. That's generally how most procurements in the state of Nevada are scored, and that could also apply to only qualified technical proposals too so that we don't have an option to swing an underqualified vendor to the top of the list.

CLARK: So, this is mainly -- the people who evaluate these responses are people from purchasing and maybe, Russell and people under you at the Exchange, there's no any other outside people that participate in this? I just want to make sure I'm clear.

VRADENBURG: Do you want me to take that one, Russell?

COOK: Well, if you want to provide a high-level response, that's great. This is Russell Cook again for the record. There was a specific question coming up where we were going to talk about some of the requirements of who can serve on the evaluation committee. Very short answer, spoiler alert. You know, it's not just limited to agency personnel. We can have representatives of our agency serve on the Board, on the evaluation committee, even the members of the Board of Directors. I was going to get into that shortly. There are some caveats involved which, you know, wanted to cover, but certainly, you know, there are no state regulations that would prevent or preclude Board members or even other subject matter experts from outside of the agency from serving on the evaluation committee, and I believe one of the requirements that you can confirm for me in a moment, Ryan, is that we're actually required to have someone, a state employee from outside of this agency, to serve on the evaluation committee. In 2018, we had a representative from the Division of Insurance serve on the panel. I just confirmed with Mr. Rich this morning that we're going to be able to do the same thing, you know, this year for the forthcoming RFP. So, I don't mean to jump ahead around too much, but I thought it

was relevant information to share in response to your question, Madam Chair. Ryan, anything to add to that though?

VRADENBURG: Just the purchasing as the facilitator of the RFP does not evaluate the RFP. We provide the scoring formula for the cost should that be the best option to score the RFPs.

CLARK: Oh, okay. Got you. So, and then who is the person who rounds up all the people who participate? Is that you, Russell?

COOK: Well, I'll cover that a little bit on this slide and did just want to mention that, you know, the purchasing rep provides another valuable role, which is to ensure compliance with all applicable regulations and to answer questions that come up throughout the process. So, he's almost like a referee with a whistle and is able to kind of intervene if, you know, things start to go off track or in particular if we have any questions or need any guidance along the way. But in terms of, you know, who makes the final decision, I think I'm actually going to go out of order here, if you don't mind, Madam Chair, because question number 5 is about what involvement the Board will have, whereas the previous question was about who makes the final decision. I think it actually might be helpful in terms of just the flow in which these questions have come up if we talk about the involvement of the Board, because that speaks directly to the potential involvement on the evaluation committee, and then maybe we can back up and talk about who's the final arbiter of the decision, right? So, if that sounds okay, the question I wanted to address next was what involvement will the Board have in terms of RFP responses, product demos, questions for the current or proposed vendors, committees, et cetera? As soon as I received this question, you know, I forwarded it to Ryan and he was able to provide some very helpful guidance which was that there are no statutory prohibitions against Board members being involved in the evaluation of the scoring process. However, the number of participating Board members will be limited in choosing the evaluation committee makeup, and this (inaudible) was provided by Ryan, you could potentially have up to three Board members serve on the evaluation committee, but

not more. The Board has seven voting members. So, if the evaluation committee had more than three Board members, it would violate Open Meeting Law because that would constitute a quorum and then all of a sudden, you know, a process which is required to be confidential would have to be conducted, you know, in the open, right?

CLARK: Sure.

COOK: Now he did mention, and this was very helpful information for me to learn, that certain Board-run agencies such as (inaudible), they have an exemption from NRS, or in NRS, rather from the Open Meeting Law for the express purpose of evaluating an RFP. That allows them to preserve the requirement, the confidentiality requirement, for the evaluation and negotiation processes, while not being subject to the constraints of the Open Meeting Law. It does seem to be pretty well defined in statute, but that was my interpretation is that, you know, that would not apply, that would not cover the Silver State Health Insurance Exchange nor its Board. However, you know, we could sidestep the constraint of the Open Meeting Law requirement by ensuring that if any Board members did want to participate in the process, if that was of interest to the Board, that we just keep the number under a quorum.

CLARK: Yeah.

COOK: And then I -- but yeah, so I have a couple references down there, NRS and NAC, regarding the confidentiality of the evaluation and contract negotiation process. So that's really the main driving consideration in terms of the limit on the Board members that could serve on the committee. Again, Ryan, if you don't mind, I'll just pause real quick and ask to ensure that I got that right.

VRADENBURG: Yeah, this is Ryan Vradenburg for the Board. NAC 333.165 refers to the confidentiality, 170 is the session after the confidentiality lifts. So just in case there's a slight typo there on the -- if this is specific for confidentiality. Besides that, no, everything else is correct.

COOK: Okay. Thank you very much. So, Madam Chair, I hope that

in part answers your most recent question. I think the other slide, which I'm going to circle back on in a second, will fill in the rest of the gaps. We wanted to pause here and see if that was making sense, if you had any additional questions.

CLARK: Yes, and at some point in time, I don't know if now is the right time or at the end, I would like to suggest that you consider putting one Board member, and it sounds like you've already talked to Mr. Rich over at the Division of Insurance, and I would recommend possibly adding someone at the Medicaid office onto your committee. I think that would make it a well-rounded committee, and it would make me feel very comfortable that, you know, you were taking into account the needs and, you know, issues that other state agencies, healthcare agencies have. And ultimately, I would recommend Mr. Kumar as that representative, if he would be so kind as to do that, as he has quite a bit of knowledge in that field.

COOK: Well, Madam Chair, I really appreciate the suggestion. You may have seen on the meeting agenda that we have another agenda item following this presentation where the Board can raise possible motions for possible action. I did just want to confirm before I get ahead of myself with Mr. Detmer, would that be an appropriate motion for Madam Chair to raise during the next agenda item? I think that was kind of the intent of setting up the meeting in that way. We weren't sure exactly what interest would be raised, but we wanted to preserve that flexibility if possible.

CLARK: Yeah, I didn't know that it would be an action item, but if it's an action item, then that's fine.

COOK: You know, Mr. Detmer, I mean, you know, as far as I know, and maybe I should be asking Mr. Vradenburg instead, we have the authority to make that decision. I mean, you know, I serve at the pleasure of the Board and I'm more than happy to accommodate those wishes. I just didn't know Madam Chair if you wanted to perhaps put that to a vote. Again, I'm just trying to respect, you know, the decorum here and the requirements of how we're supposed to --

CLARK: Sure. Oh, me too. Whatever Mr. Detmer feels is best.

DETMER: Mike Detmer for the record. Part of my response would have to defer to Mr. Vradenburg as far as the assignment under the statute would allow under NRS 333, but as far as for OML purposes regarding the agenda, it appears to be if it is going to be an action item, it'd be more appropriate under the next one.

CLARK: Okay. I just don't want -- if it becomes an action item, I just want to make sure we don't lose any Board members cause I know this is --

COOK: Okay.

CLARK: -- you know, we're going on two hours now, so I want to make sure and be respectful of time.

COOK: Well, would it be appropriate of me, or rather, do I have the authority, provided that the Board, you know, doesn't have any objections, I would be more than happy to welcome Mr. Kumar to the evaluation committee. In fact, I think that'd be a great opportunity for us to get to know each other a little bit better. And what also looks like Ms. Weeks has already confirmed that Medicaid is happy to offer an individual to sit on the evaluation committee. That would be a wonderful -- both of those would be wonderful additions and most welcome.

CLARK: Maybe just as an item of discussion, are there any other thoughts from other -- I don't want to be the only Board member who's pushing my will into this, but it's just what's coming to me as being a natural process. So if there's any Board members that have any other comments or questions, I would definitely welcome those.

JOHNSON: No, I --

KUMAR: Sam Kumar here.

JOHNSON: Go ahead.

KUMAR: Go ahead, Jonathan. Sorry.

JOHNSON: I was just going to say I appreciate the comments, Valerie. I agree with you. I think Sam and his background would be a terrific contribution to that committee, so I just wanted to echo that.

CLARK: Thanks, Jonathan. Sam?

KUMAR: Sam Kumar here. Thank you, Madam Chair, happy to serve.

CLARK: Thank you.

COOK: Well, I'm going to call that real progress. Thank you very much for the feedback, Madam Chair, and thank you, Mr. Kumar. I will provide some additional details following the meeting cause it is a pretty big time commitment but I agree 100 percent with Mr. Johnson. What little I know about your background in the IT realm would make you especially well qualified to serve on this committee, and I couldn't be happier to have you on board, so thank you. All right I'll circle back to question number 4 then, which was who, person or persons, makes the final decision? Now, I wanted to very briefly, or as briefly as I can, talk about onsite presentations. Now, onsite presentations from vendors are not a required part of the RFP process, they're an optional part of the process, and they can be very helpful if there are two vendors who come out of the initial evaluation process with similar scores, then it's maybe ambiguous as to which, you know, vendor has the advantage. You know, so in the event that, you know, there aren't -- you know, that there isn't a clear winner, we definitely can have these presentations. But first I wanted to talk about the simpler path, which is if onsite presentations from multiple high scoring vendors are not desired, and we talked about this a little bit in the scoring criteria, you know, we could potentially use that process to identify two or more vendors whom we might want to invite for onsite presentations. If we don't necessarily want to take advantage of that opportunity, then the final vendor selection is based upon an objective tally of the evaluation committee scores combined with the calculated score for the cost proposal. So, in the simplest terms, the highest score wins. The winning vendor would then be invited to negotiate a contract after which and again, this is optional, but the precedent has been set and I think it's a good one, we would present the negotiate contract to the Board for review and approval just as we did back in 2018, and then ultimately the approved contract would be presented to the Board of Examiners for their final approval and execution of the contract. However

as with that 2018 RFP rather, we do intend to reserve the right -- yes, Mr. Kumar, see your hand, let me pause here.

KUMAR: Thank you, Russell. Sam Kumar. That decision to have an in-person presentation or not to have it for the finalist, so do we need to make that early on, or can we make that later on once we have looked at the scores and the quality and stuff like that?

COOK: I believe we reserve the flexibility, you know, and I think it depends upon how that's worded in the RFP. The way that we did that in 2018 is we said that, you know, the Exchange reserves, the right, essentially, I'm paraphrasing a bit, but that we reserve the option to request onsite vendor presentations, but we also reserve the option not to do that. But let me just double check with Mr. Vradenburg. Does that sound correct, Ryan? I mean, the evaluation committee following the initial evaluation and scoring, do we then have the option to make that decision, or does it have to be made perhaps farther upstream?

VRADENBURG: Ryan Vradenburg for the record. Yes, Mr. Kumar, the evaluation committee, based on the scores from the sessions that they would have already evaluated, can make the determination whether to move forward with or without. That is our default language, our boilerplate language, within the RFP template. It can be customized depending on the need, but the majority of solicitations ran by the state of Nevada on all levels choose to reserve that language for the evaluation committee to make the decision after technical and cost scoring.

KUMAR: Okay.

VRADENBURG: It would be a decision made by the evaluation committee.

KUMAR: Perfect. Thank you.

COOK: Great. Russell Cook again for the record. Mr. Kumar, I just wanted to conclude, you know, finish the thought by saying that if you're able to go back and review the 2018 RFP, I sent you a link to that by email over the weekend, there is a section in there immediately following the initial definition of the scoring criteria on these optional vendor presentations. So that'll give you some insight into

what language we used in 2018, and if you have any suggestions for how we can improve that going forward, you know, certainly would appreciate the feedback. So just to conclude the slide here, I'll try and speed this up a little bit. We do reserve the right, I think we covered most of this, to request onsite presentations if multiple high scoring vendors are identified, and if there's no single standout and in such a scenario and we didn't cover this yet, wanted to mention this, an additional set of scoring criteria, which is also defined in the RFP, would be used by the evaluation committee to evaluate the vendor presentation. So if you look back at the 2018 RFP, you'll see that the presentations have a different set of criteria, I believe there are four criteria to the five that were used for the technical evaluation, and they covered, you know, such topics as consumer experience, ease of use, the types of things that you only really could get a feel for if you are actually seeing and interacting with the technology platform, you know. So, attendance at these presentations, by the way, would be available to other agency representatives, including Board members, even those who do not serve on the evaluation committee, but these additional attendees would be prohibited from influencing the scores assigned by the evaluation committee. So essentially, they'd be able to come in, see the vendor presentation, even ask questions of the vendor, but they would have to kind of leave the room afterwards before the scoring actually started. Yes, Mr. Kumar, please go ahead.

KUMAR: Russell, I would imagine that's also going to be subject to the Open Meeting Law. We cannot have more than three or more members --

COOK: Yeah, any time we're talking about an assemblage of Board members, we've got to keep it under the quorum as far as the confidentiality of the evaluation and the negotiation process is concerned, and I believe vendor presentations would fall squarely under the evaluation portion of that process.

KUMAR: So just to be sure, just so I understand, you can have more than three Board members provided during that phase, is that correct?

VRADENBURG: This is Ryan Vradenburg.

COOK: I'm sorry. Please, please, please go ahead. Thank you.

VRADENBURG: Ryan Vradenburg for the record. No. During what we deem the quiet period is from the RFP development form being presented to state purchasing until the formal notice of award, after all scoring, presentations, whatever, still must maintain the evaluation makeup, committee makeup. So that means that any additional individuals in the room for a presentation could not present a quorum where we would be subject to public.

KUMAR: Got it.

VRADENBURG: Meanwhile it still has to maintain confidentiality of the subject.

COOK: So, to simplify that a little in deference to me here, it's been a long day, if Mr. Kumar's on the evaluation committee, we can invite up to two additional Board members to those presentations, but not more than those two, no more than a total of three in the room at the time, right, at the same time? Okay.

VRADENBURG: Correct.

COOK: All right. So, I think I've covered everything on here. Just wanted to close by saying that regardless of whether onsite presentations are requested, the Board would have the final say in either approving or rejecting the proposed contract, that it would occur when we presented the Board for review. Do want to clarify before we move on that the Board would have two options: they could either approve the contract award as is, or they could cancel the project altogether and start a new procurement, which would require a new RFP, but they could not influence the vendor selection that the evaluation committee had determined. All right, so we're getting down there. We're in the home stretch, I promise. Question number 6 is what other stakeholder are involved in this process and decision making? So generally speaking, the decision making process from vendor selection is limited to the RFP valuation committee. I think we've kind of talked a lot about some of these details. This constraint that was mandated by NRS and NAC regulations in order to preserve the integrity of their procurement process and ensure a level playing field for all respondents and, you know, in general, just kind of you, know, try and

discourage undue influence to the procurement process. Hopefully that one's pretty straightforward. Happy to provide additional context of desire. All right, hearing nothing, I'm going to keep us rolling along here because the last two questions are a little bit more detailed. Question number seven is will there be collaboration and/or input or representation with other healthcare related offices, IE Medicaid, CHIP, the Divisions of Insurance, and Governor's Office Insurance Carriers, brokers, or enrollers, et cetera. So, you know, what occurred to me in responding to this question is, you know, I just wanted to clarify, and I think we've kind of alluded to this, but really wanted to be explicit about the fact that the primary administrative oversight for the procurement process is provided by the State Purchasing Division, specifically by the purchasing officer that's assigned to a given procurement, and that the purchasing division is located within the Department of Administration who, you know, they're a key department in the executive branch and they work very closely with the governor's office to ensure that procurements are managed in accordance with the priorities of the governor's office and the executive branch as a whole, not to mention, to make sure that these procurements are run by the book and in accordance with all applicable regulations. Did want to mention also that in recent months we've met with personnel from DHCFP and DWSS to ensure the continued improvement to the Exchange's integration with Nevada Medicaid. Part of that I touched on earlier in terms of kind of improvements to the account transfer integration that are currently in progress with Get Insured. We want to make sure that we're not losing any ground on that front in the event of a vendor change. So even some of those prospective enhancements that we're in the process of working on right now, for example auto eligibility, those are going to be translated into RFP requirements to ensure that we're able to at least meet the current level of integration with Medicaid and not lose any ground in that regard. We also, as I mentioned earlier, want to ensure readiness for the rollout of the Market Stabilization Program. Now to Stacie's point earlier there are going to be minimal, if any technology changes required but, you know, we would like to keep our options

open and even in something as seemingly trivial as a filter that consumers could use to distinguish BSPs from non, you know, that's something that we were considering working into the RFP here. So, you know, in summary, the information that we've been discussing in recent months with the Nevada Medicaid team, has definitely informed the vendor requirements from the forthcoming RFP, but I think it's going to be a really nice addition to the evaluation committee to have a representative from Stacie's team. So, looking forward to that. And then lastly, as far as my initial response is concerned, and we touched on this earlier, a representative from DOI was included in our evaluation committee back in 2018, and that was just invaluable to the process, the perspective that he was able to bring. So, at the time that I put the slide together, we were still working on, you know, confirming staff availability and, Mr. Rich, Deputy Commissioner Rich, confirmed for me this morning that they will be able to provide an individual serve on the committee. So that means we'll have our Board of Directors, we'll have Nevada Medicaid, we'll have the DOI, as well as two kind of resident subject matter experts internally on the committee. I think that's going to be a very balanced approach to the procurement. Looking forward to that. The next slide is the last question that I've received from Board members. Wanted to pause here, see if there are any questions or if any additional information was desired on this particular question. All right, hearing nothing, I'll move on. Again, we'll conclude with a general kind of a Q and A before we turn it back to the next potential agenda item. Question 8 is how will the Medicaid assessment versus determination models be addressed on the RFP. So this is something that, you know, I tried to address in my follow up email to the Board. I think that went out the week before last, but just wanted to provide some very high level background context here before I address the question more directly. So at present, we remain compliant with federal regulations under our Medicaid assessment model, and that involves the Exchange assessing the potential Medicaid eligibility of marketplace applicants and then referring positively assessed households to Nevada Medicaid for a proper eligibility determination, after which they would send an electronic response back to

our system. And at that point, if they were rejected from Medicaid and/or CHIP, we would be able to qualify them for APTC subsidies if they were accepted into Medicaid or CHIP. Then we would take the appropriate action and, you know, we would not extend APTC or other subsidy eligibility to that household. But recent federal guidance suggests that the Medicaid determination model, which involves a State Exchange conducting a Medicaid MAGI eligibility determination before referring the eligible households to Nevada Medicaid for enrollment, so kind of, you know, definitely compressing that process and removing a few steps, certainly speeding the process up for the consumer, that may become a requirement within the term of the forthcoming technology vendor contract. So as kind of a contingency plan and to ensure, you know, adequate preparedness for that, we're going to be including a vendor requirement, which the present verbiage that we're working with is readiness to support Medicaid MAGI determinations as one of the scoring criteria, and as a non-negotiable vendor requirement. And respondents are going to be required to provide a gap analysis defining exactly which changes to their existing product, if any, would be required in order to facilitate these Medicaid eligibility determinations and the size and the scope of this gap analysis, in other words, how close they are right now or not to being able to do that would impact the evaluation committee score for this particular criteria. I did want to clarify, though, and this is something we thought a lot about, respondents are going to be required to provide a cost estimate for implementing the changes that are defined in their gap analysis, but we do not believe that this cost analysis should be factored into the cost evaluation given the, you know, a speculative nature, if you will, of this particular requirement. However, we did want to kind of pin the vendors down for any costs that would be associated with this change so that that could serve as a reference point for cost negotiations and a potential future change request, should we decide, or should we be required to implement the Medicaid determination model in the future. But I just want to pause before I open it for questions. Ms. Weeks, if you're still with us, I just wanted to see if you had anything to add to that, any additional context, or maybe clarification on

some of the points I raised.

WEEKS: No, I think you covered it well. I mean, I think we really see this as a helpful option in the future if the state, many states are moving in this direction and really leveraging their exchange. Also, I just want to note that Medicaid brings with it federal funding that could help offset the cost of technology so I see it as a win-win for all of us, and I think it removes some of the stigma, and MAGI is a big portion of what we consider Medicaid, and I think many of them could get automatically enrolled and avoid sort of the delays sometimes that people might experience. So, you know, obviously we are still working through what that might look like, and obviously the state would have to fund it, so it just gives us that option if we decide to ever move in that direction. So, thank you, Russell.

COOK: Appreciate the confirmation, Ms. Weeks. Thank you, and I agree, and our Exchange staff agrees, we see very little downside and a whole lot of upside to that potential move. So, at that point or at this point rather, that concludes the answers that I prepared to the questions that I received from Board members. More than happy to open it up for general Q and A or if there are any specific questions about this slide, happy to address those at this time as well.

CLARK: Thanks, Russell. I don't have a question. I have a concern about the statement you made about the relationship with the carriers being adversarial, was that the word you used?

COOK: Potentially adversarial in light of, you know, issues, encounters stumbling blocks that counter the plan certification process.

CLARK: Yeah, and if there's something that, you know, I happen to be in that line of work. I'm, I've been a broker for 32 years and, you know, I work with insurance companies every day, and it can be tough at times. I know that, but if there is something I can do to facilitate that relationship or assist or if it's something that can be dealt with, I think it would be helpful to, you know, try and bring these people into the boat with you. You know, they did have comments and concerns about the timing of this. I don't want to make light of that. They are very, very -- if

not the biggest part of this whole thing. So if there is a way to bring them into the fold and listen to their concerns, and in some way bring them -- you know, listen and try and solve these issues, I would highly recommend that we don't settle for an adversarial relationship, but that we do whatever we can to patch it up, smooth it up, bring them into the fold, and make them a very active participant in this. I think it's very critical.

COOK: Thank you, Madam Chair. Russell Cook for the record. And, Mr. Kumar, I do see your hand raised. I just wanted to very quickly address Chair Clark's comments before moving on. If you got the impression or if I gave you the impression rather that we have a fundamentally adversarial relationship with any of our insurance carriers, that was definitely not what I intended to convey. I was speaking, you know, strictly at that time in the context of stakeholders who may or may not be involved in the decision making process related to a procurement like this one, and I think there are a variety of reasons, including, but not limited to potential relationships that they might have with existing vendors, because of course the vendor landscape is similar on the Exchange side as it is on the insurance carrier side in terms of their electronic data systems and (inaudible), that sort of thing. You know, I was speaking more to, you know, the fact that, you know, we have a statutory responsibility to provide, you know, the best, you know, highest levels of customer service, and also, you know, the most accurate eligibility determinations possible and, you know, that's why historically anyway, and I think in a management system with state procure guidelines, that particular stakeholder group has not been actively included in the procurement processes in the past. But I do want to emphasize, you know, beyond any shadow of a doubt, we have an extremely healthy, collaborative, constructive working relationship with each of our insurance carriers. We've met with each of them many times this year. In fact, with some of them we have monthly or biweekly -- bimonthly standing meetings rather and, you know, we work very closely with each of our insurance carriers to resolve consumer complaints because many of those complaints do require assistance. Certainly, on a monthly

basis, reconciliation of enrollment data requires a high degree of collaboration with insurance carriers and, you know, with respect to those functions, we're meeting with personnel from these insurance carriers on a daily or weekly basis. The potentially adversarial relationship that I spoke of has to do simply with the fact that the Exchange, in collaboration with the Division of Insurance have a regulatory responsibility over those agencies, over those stakeholders, which I think, you know, could be construed at times as a potentially adversarial relationship given the competing interests of these insurance carriers given, for instance, to name just one example that's, you know, fresh in my mind because we're just ending the plant certification process, certain compliance related issues, deadlines, you know, insufficient forms, filings through the plan certification process. Those are the types of issues that I was alluding to but perhaps didn't take the care that I should have to speak in a little bit more detail.

CLARK: And that helps. Thanks, Russell. I appreciate that.

COOK: You're very welcome. Yes, Mr. Kumar.

KUMAR: Thank you, Russell, this is Sam Kumar. Yeah, just one quick point I want to make in terms of Shelly's concern. These projects run over a year plus, and the other RFPs I have no visibility into, they're probably also long-term. When we have long-term projects, multiple ones going at the same time, you're going to have an overlap. I think if you look at the overall project level, everyone's going to be a little concerned. I think my suggestion would be to reach out to Shelly or whoever the appropriate person is now that we have some more, or, you know, once the final timelines and the specific different items are approved to make sure that they're comfortable with that. I don't know if there is any overlap between the timelines when the carriers have to participate on this project versus the other ones, goes back to what Valerie was saying, let's avoid conflict as much as possible, at least try and if it happens, it still happens so.

COOK: Thank you, Mr. Kumar. Russell Cook for the record. I think that's a really great suggestion and I will put a reminder on my calendar to reach out

to Ms. Capurro tomorrow morning. I did want to kind of reiterate, perhaps I should have emphasized this more, that, you know, with the exception of the onboarding process, which is absolutely non-trivial, I don't mean to just, you know, diminish the significance of that process, every other aspect of a potential transition to a new vendor would be no different essentially in terms of functional responsibilities from what they would have to do anyway in order to remain compliant with plan certification deadlines, all of the form filing deadlines, all of the plan certification deadlines, the finalization of the rate review process, the publishing, the finalized rates, all of that's going to be the same and those are all mandated by either state or federal regulations or both and again, I don't mean to be even slightly dismissive of your concerns, I think your point is 100 percent valid, but I just wanted to emphasize if anything, that those considerations were absolutely primary in terms of not only developing the 2018 RFP timeline, but also in terms of developing the forthcoming RFP timeline. We understand and appreciate that without our insurance carriers we don't have a marketplace, and so that's why we value those relationships as much as we do. And I did not mean to -- you know, when I spoke earlier, perhaps not as carefully as I should have, I did not mean in any way, shape or form to malign, you know, the value that these entities provide to the Exchange, or to Nevadans in general. These are deeply, deeply valued stakeholder relationships. They have been incredibly constructive over the years. I'm proud to say that the only insurance carrier that we've actually lost from the marketplace in recent years actually lost their authority to sell health plans in the marketplace. So, it wasn't because the relationship was sour, that was just a, you know, regulatory outcome and, you know, we do prize that relationship and are willing to invest (inaudible) staff resources to make sure that concerns of insurance carriers are addressed. To your point I will be reaching out to Ms. Capurro tomorrow morning. I would do it this afternoon, but I have to go pick up my dog from daycare shortly. So definitely understand, appreciate your point, and I'm grateful for the feedback.

CLARK: Thanks. Okay. Was that the last slide or are we done?

COOK: Yeah, the only other slide was just questions and answers and if there are no more, then I'm more than happy to take up the screenshare and we can move on.

CLARK: Yeah. Thank you so much, Russell. That was very informative, and I think it was a great discussion that really was very helpful to the Board to understand the process and next steps going forward and have some involvement without stepping on your toes too much and also get our stakeholders involved. I think that's -- really I think this served a really good purpose today. Does anyone else have any other questions for Russell before we move on to the next agenda item? Okay. I don't see any.

COOK: I believe Mr. Kumar has his hand raised.

CLARK: Oh, I'm sorry, Sam, go ahead, yes.

KUMAR: I just want to thank Russell. This has been a very long presentation, you put a lot of thought into it, so thank you so much for taking the time and patiently walking through the whole process and answering a bunch of our questions. Appreciate it.

COOK: Well, I appreciate that. I appreciate that, Mr. Kumar, and I truly look forward to working more with you in the coming weeks and months. I am very grateful that we have been able to kind of balance out the evaluation committee and I really looking forward to what we'll be able to accomplish. So --

CLARK: Yes, I appreciate it too, Russell, thank you so much, and I appreciate all the comments that have been made. Stacie and Todd, thank you very much, you're valuable stakeholders and partners, so we want to make sure we hear you and include you. With that, I'll go to the next agenda item, review and consideration of the request for proposal and procurement process for the selection of a vendor for an Exchange state-based marketplace technology platform and consumer assistance center. So do we feel we need to do a vote here, and maybe Mr. Detmer can help me on this or Russell, was this in the event that the Board was not sure which way to proceed, or do you feel we need to take a vote at this time?

DETMER: Mike Detmer for the record. I can defer to Mr. Cook if he has something additional to add, but my understanding of this particular agenda item was that should the Board feel like some form of specific action should be taken in regards to the specific RFP --

CLARK: Okay.

DETMER: -- then this agenda would be in place for it. So if there is no need for it --

CLARK: Yeah.

DETMER: -- then we can move to the next agenda.

CLARK: So, yeah, so I guess I would just open it up. Is there any Board members who feel they need to make this an action item or we need to change course or hold this thing up or, you know, impose any type of wishes upon the process? I would accept any, you know, motions if there are any out there. Otherwise, I would -- go ahead, Sam.

KUMAR: Madam Chair, Sam Kumar. I think the Board has been informed and is fully in the loop after this afternoon's presentation by Mr. Cook. I think that's sufficient. We can move forward. No, nothing else is needed.

CLARK: Okay. Any other -- go ahead.

T. DAVIS: Madam Chair, sorry, Tiffany Davis for the record, just jumping in here just to inform the Board that Jonathan Johnson, he dropped from the Zoom, but he did call into the meeting. So just so you're aware of where he's at.

CLARK: Okay.

T. DAVIS: That he is still with us.

CLARK: Any other comments from the Board members? Any motions? Okay. I agree with you Mr. Kumar. I feel much better now that I understand what's going on in the process and the future of this RFP. So as far as I'm concerned, we don't really need to do any actions and we can move on to the next agenda item. Okay. For possible action, is there any topics, dates, times, and agenda items for future meetings? Okay. Seeing none, I think we are good to go. Is there

any public comment? Next agenda item.

T. DAVIS: Madam Chair, Tiffany Davis. For the record, just regarding that last, I would like to remind the Board that our next currently scheduled Board meeting is for October 15th at 1:30. So if the Board so chooses to move that or do something different, please let me know, but that is our current next scheduled Board meeting.

CLARK: I would say we probably keep that Board meeting. I know we have some agenda items from the past Board meeting that we would like to put on that agenda. So, let's keep that. Stacie, do you have a question?

WEEKS: Yeah, I was just going to ask if either that agenda, that Board meeting or a future Board meeting, could we, Russell, maybe talk a little bit about the navigator program and some of the work you guys are doing? And I'd love to think through opportunities to leverage federal Medicaid dollars where we could in the future, support --