STATE OF NEVADA

TRANSCRIPT

June 17, 2025

TIFANNY: Hi Valarie, how you doing?

VALERIE: Good -- good. How are you, Tiffany?

TIFANNY: Doing good. We'll just kind of wait as people slowly trickle in and I'll let you know when we -- it looks like we have a quorum to start.

VALERIE: Okay. Sounds good.

TIFANNY: Thank you. Good afternoon, Ms. Lewis. Do you want to test to see that we can hear your microphone?

LAVONNE: Sure. Good afternoon. How are you?

TIFANNY: I'm doing great. That's perfect. We can hear you loud and clear. Thank you so much. We're just waiting to -- obviously for others to trickle in and I'll be letting you guys know when we have a quorum to start. Thanks for joining.

LAVONNE: There you go.

TIFANNY: Yeah, that's perfect.

LAVONNE: Okay. I'll turn on ring light and then I'll turn off the video so I can finish my lunch.

TIFANNY: That sounds great. Madam Chair, Tiffany Davis for the record. It is 1:30. I -- we are still waiting for a couple other voting members in order for us to be able to get started.

VALERIE: Okay. Thanks Tiffany. We'll just sit tight for a few more minutes. Does it look like we need two, Tiffany? Is that what I'm seeing?

TIFANNY: Madam Chair, Tiffany record for the record -- Tiffany Davis, sorry for the record. Right now we have three voting members that we do need a fourth. And so far we -- that fourth has not joined us.

VALERIE: Oh, so we need one more. I'm sorry. Okay.

TIFANNY: So depending on how much time you want to allow to go by, please advise for how you'd like to proceed forward. And we do have our DAG on hand as well.

VALERIE: Okay. Thank you. It's 1:33. We do have a number of items. Let's give it till 1:35. I would offer to text message a few, but I don't know any of their numbers. Okay, so it's 1:35. We're missing one person for a quorum. Radhika, what would you suggest we do if we do not get the quorum that we need?

RADHIKA: Madam Chair, I believe there are a few action items on the agenda. Those definitely you will not be able to proceed with -- on. I'm aware of the rest of the board, the board in attendance is so inclined to continue the meeting. I believe you can continue with all the discussion items and talk -- and with the executive officer presenting the report. And hopefully during that process, if the fourth item -- a fourth member joins in, you may be able to switch. You can

take items out of order, Madam Chair.

VALERIE: Okay. Oh, fantastic. So Sam and Lavonne, are you okay to proceed on the items that are not action items?

SAM: Yes.

VALERIE: Because there are a few really good things we need to go through today that are not action items. So if that's okay with you, we'll proceed.

LAVONNE: Yes.

VALERIE: And then Tiffany, if you see another board member pop in, just let me know.

TIFANNY: Okay.

VALERIE: All right. Well, welcome to the Silver State Health Insurance Exchange Board meeting. Today is June 17th, 2025 and I appreciate all of your attendance. We have a lot to review today, so we will get started with roll call. Tiffany, would you like to do the roll call?

TIFANNY: Sure, Madam Chair. Tiffany Davis for the record roll call. Valerie Clark.

VALERIE: Present

TIFANNY: And Jonathan Johnson, he did tell me he was going to be out, so I'll mark him as absent. Ms. Lavonne Lewis.

LAVONNE: Present.

TIFANNY: Thank you. Dr. Sarah Friedman. She also notified that she would be out. Mr. Quincy Branch. Not any

hearing anything, mark as absent. Ms. Amber Torres. Not hearing anything, mark as absent. And Sam Kumar.

SAM: Here.

TIFANNY: Thank you. I did see Stacie Weeks. Saw that she had joined. Todd Rich.

TODD: Hi, this is Todd. I'm here.

TIFANNY: Thank you. Commissioner Kipper. Not hearing anything, mark as absent. And Kelli Lay.

KELLI: I'm here.

TIFANNY: Thank you. Madam, we do not currently have a quorum, but I will keep you posted once we -- if along the way we do receive a quorum.

VALERIE: Okay. Thank you so much. Next item on the agenda, item number two is public comment. Do we have any public comment today?

TIFANNY: Yes. Tiffany Davis once again for the record. I'm happy to help facilitate with public comments and I would like to remind those who have joined us online that if you would like to make a public comment, please raise your electronic hand feature in Zoom or indicate in the chat box that you would like to make a public comment and our staff will let you know when you may unmute yourself. For those, if anyone has called into the meeting, we will let you know when you may unmute yourself and provide your public comment. We do -- would like to remind those making public comments to please

keep their comments to two to three minutes and to please state your name for the record before presenting your public comment. I'll start with our Carson City conference room. Kassie, is there anyone in our physical location who would like to make a public comment at this time?

KASSIE: This is Kassie Fuentes for the record. There is no public comment here in the Carson City location. Thank you.

TIFANNY: Thank you for verifying that, Kassie. And then once again online, if any of attendees online on Zoom would like to provide public comment, you may raise your electronic hand feature at this time and Kaitlyn will call your name and then you may unmute yourself for public comment. Kaitlyn, do you see anyone with their hands raised for public comment online at this time?

KAITLYN: Kaitlyn Blagen for the record. No, I don't see anything at this time.

TIFANNY: Okay. Thank you so much for that verification. And then on our phone lines, if anyone has joined us by calling in, you may go ahead at this time and unmute yourself to provide public comments. Kaitlyn, I will refer to you again. Do you see anybody on the phone lines who might want to provide public comment?

KAITLYN: Blagen for the record. No, not at this time. Tiffany.

TIFANNY: Thank you. Madam Chair, there are no public

comments at this time.

VALERIE: All right. Thank you so much, Tiffany. So items three, four, five and six are all for possible action. So I think I will skip over those items and go straight to item number seven, which is update on approval of 1332 waiver and rollout of the Battle Born State Plans and update on the Nevada Health Authority presented by Todd Rich, chief of staff at DHCFP. Todd, are you on the line and ready to go?

TODD: Sure. I didn't know I was going first, but I am ready for you. Good to see you, Valerie.

VALERIE: Yes, good to see you.

TODD: I think Stacie was trying to get through. I know she's got a number of meetings and -- but if she's not on the line, then I'll go ahead and present this information. So really appreciate the board letting us speak to what's happening. And I think there are some slides. Tiffany, if you want to try to share those, that would be great. Perfect. Thank you so much. So again, my name is Todd Rich, I work for Nevada Medicaid at the moment, but as of July 1st, we'll be moving to a new department called the Nevada Health Authority. So I wanted to provide an update to the board about this legislative change and the impact that it has to a number of areas within the state, including the Silver State Healthcare Exchange. So if you want to move forward, Tiffany, I just wanted to briefly go over the purpose statement. And this was

in the enabling legislation, which was Senate Bill 494, which was passed in the last legislative session and signed by the governor actually just a few days ago. So we're really just finished up with the session and we're working rapidly to make sure that we can move forward in respect to this transition and all the moving parts that go along with it. But really the purpose statement that is in SB 494 really talks about why we're doing this. And it's really to improve the access to healthcare, that is high-quality, affordable, promotes the development of provider workforce in the state. There's some pieces that we're getting from other areas that will help us do that, ensures the availability of affordable health coverage for both residents and state employees, including retirees. It also develops effective and efficient systems for delivering healthcare and value-based strategies, in respect to buying health insurance. And I'll talk more about that. Ensures long-term stability of Medicaid, the Public Employees benefit program and the new public option, the Battle Born State Plans that were just recently implemented and will be for sale in 2026 on the Insurance Exchange, which is very exciting. The mission statement, Tiffany, if I want to go to the next slide. And we're still kind of working on this, so it's kind of a work in motion that we've developed a mission statement, but it may change, but really to protect and promote the health of Nevadans through innovative policy and

purchasing strategies that result in kind of long-term sustainable and responsive healthcare programs and the respective systems of the healthcare programs. When we look at, you know, why did we -- and why did the governor support going to a new department? Tiffany, if you can go to the next slide. There's really three main goals of the Health Authority. Number one is to leverage the purchasing power that we have in the state. When you look at Nevada Medicaid, we have approximately 800,000 recipients statewide. When you look at the Exchange and the individual commercial market, that has about 107,000 I believe, and Russell could fill me in if I'm wrong there. And then when you look at the Public Employees Benefit program, there's about 70,000 covered lives there. So when you add that all together, it's almost a million lives that are covered and when you combine all that purchasing power, we should be able to get better deals for all the stakeholders that purchase healthcare in the state of Nevada. So that's the first goal. The second is really to increase healthcare coverage for Nevadans. So we do this a couple of ways. One is, with this change, we -- we're gonna be focused on what we call the Medicaid Express. So when consumers go to potentially get Medicaid, we want them to go through one door. So if they go in and they're eligible for Medicaid, great, let's get them set up, let's get them benefits, let's get them eligible as quickly as possible. If they don't meet those

requirements, then we want to make sure that they can purchase coverage. And so in that same door, we want to make sure they understand what subsidies they can get through the Health Exchange, through the Nevada Health Link. And so we want to make sure they don't have to go to two different spots, because we know that sometimes if they're forced to go to different websites, different programs, they may not go down the full path. So that's really what we want to make happen. We've also implemented the public option, which are the Battle Born State Plans, and this was legislation that went back to 2021. And under Governor Lombardo, we kind of reframe those as the Battle Born State Plans. And so this requires by statute that carriers operating with the Battle Born State Plans have to meet premium reduction targets. So for the first year, which is 2026, that target is three percent. So the carriers have to submit rates that are three percent below what they normally would've included. Along with the public option, is our market stabilization program, which includes a reinsurance program for all the individual carriers in the marketplace. So that equates to about a four percent reduction in premium. So if you add the Battle Born Plans with the reinsurance program, we're really looking at a seven percent reduction. So it is very exciting that consumers will be able to purchase great plans, they're the same as any other qualified health plans that are offered on the Exchange. They're just -- they're

cheaper because of what the state has done. So our goal moving forward is to get people excited, people informed, working with the broker community. The three carriers that have -- that have been offered contracts as Battle Born State Plans, and that is HPN United Anthem and Silver Summit. They all have to submit marketing plans to the Health Authority. And so we'll be working collectively with them as well as with the folks at the Nevada Health Link and the Exchange who have been wonderful so far and they've been very supportive of the Battle Born Plans. So between the Medicaid and ex -- and the public option, we really want to increase coverage and reduce that number of uninsured Nevadans, which helps everyone. And then finally, the third goal of the Health Authority is really to have data supported, informed policy decisions when it comes to healthcare. So we're bringing in what's called the Office of Analytics. It'll be called the Office of Data Analytics. And then we also have the All-Payers Claims database, which went live this year. And we'll really able -- be able to start getting data as of July, so next month. And so as we make decisions as a state for healthcare, we'll really know why things are costing a certain amount and it -- it will really help us make better decisions, both at the governor's office and within our department as we move forward with the challenging areas of healthcare. So if you look at the entities joining our new department, and Tiffany, if you

can go to the next slide, that'd be great. We have the Patient Protection Commission. As I mentioned, the Public Employees Benefit Plan, the Silver State Health Insurance Exchange, the Office of Analytics, the Medicaid eligibility team from the Department of Health and Human Services, the Governor's Council on Developmental Disabilities, the Graduate Medical Education Program from the Governor's Office, the Waiver Provider Oversight Team from Health and Human Services, and the Bureau of Healthcare Quality Compliance again, from Health and Human Services. And the Bureau of Healthcare Quality and Compliance, which we call HCQC, is the group that goes out and licenses healthcare facilities, so hospitals, you know, nursing homes, et cetera. So they're responsible, excuse me, for licensing and making sure that quality standards are met. So again, the Health Authority is really focused on quality and coverage and we feel that all these entities coming together will really make it much easier as we move forward. And looking at our structure on the next slide, we will have a director, and that's Stacie Weeks, and I think she's trying to get on this call, but she's having some challenges, so hopefully she can jump on it a bit. But she will be the new director, the Nevada Health Authority. We will have a couple of deputy directors that kind of work what we're calling our -- our director's office. And so they will manage the financial, HR, administrative issues as well as the Deputy

Director of Community and Stakeholder Engagement. And this person will actually manage the workforce development priorities that we need to move forward on. Within the structure, we will have basically three divisions plus the Public Employees Benefit Program. The first one will be the Administrator of Healthcare Purchasing and Compliance. We will also change the name to Nevada Medicaid, and they will be a standalone division. And then we'll have the Division of Consumer Health Services, and that's where the Health Insurance Exchange will live. It will fall under this division. And then, Tiffany, if you can go to the next slide. These are changes in addition to what we talked about, but the Exchange will be part of the Division of Consumer Health Services, as I mentioned. And then the board will kind of transition in more to an advisory board as the Exchange director will report up to the director of the Health Authority, which is Stacie Weeks. There was also some changes in the enabling statute about the board members. So moving forward, the governor will be appointing two members. The Senate Majority Leader, one member Speaker of the Assembly, one member, the administrator of the Medicaid division will also be on the board, the Director of Health -- Health Services Department, Human Services Department, excuse me, because we've changed the name. I'm so used to HHS, the Commissioner of Insurance, and then the director of office and

finance, which will be a non-voting position to help provide advice and expertise. Additionally, SB 97 was passed, and that adds one voting member, that is from the Indian tribes within the state that has some experience in health insurance, and that'll be one of the two members of the governor. So that's kind of the new structure of -- of the board in respect to this new bill being passed. So that's kind of it in a nutshell, I'd be happy to answer any questions you may have or any thoughts or ideas. Please let me know.

VALERIE: Thanks, Todd. One question I had is the board that you're referencing there in that last slide, is that the board just for the Exchange going forward or does that advisory board serve a broader number of entities?

STACIE: Todd --

TODD: Yeah, that --

STACIE: Todd. Yeah, go ahead. I can take that one, Valerie. Sorry about that guys. I've had quite a day with technology. There must be some sort of like moon movement or something. So the board is -- so it is the same number of members. It's just the governor recommended that the executive branch that sits on the board right now, so currently the Medicaid director role, the division of entrance role or non-voting, he turned several of his positions into voting. Those -- those are now voting members. He turned it from the board sort of running the agency, because it is coming under an

agency to an advisory board. And so the governance runs through the, you know, the administration through the executive branch and the position, the executive director, the appointments run through the director of the authority in the governor's office. And my understanding the way LCB drafted it is July, 1, all board members will be receiving a letter -- letter saying that their appointments have terminated just to kind of reshuffle and readjust. But you're welcome -- members are welcome to reapply or can be reappointed by the governor. Now, when the tribal member was added, it took the two additional seats the governor can add, and -- and it took one of those seats. So one of the two, the governor. Todd, can you pull up that slide real quick? Maybe it's just easier visually. One of those two is going to be a tribal member, and then the other one be appointed by the governor. And then the other positions by the governor are from his executive branch. And then the other positions are from the house majority leader and then, sorry, the speaker and the majority leader in the Senate. So I hope that answers your questions.

VALERIE: Did -- Sam, did you have a question?

SAM: Yes, I do. Todd, thank you for your time. Thank you for joining us. Couple of quick questions. You referred to Medicaid Express. What exactly is that?

TODD: Since we have the I guess current Medicaid administrators --

STACIE: Yeah.

TODD: -- I will pass that along to Stacie.

STACIE: So, you know, the ACA under the -- the Affordable Care Act, there's like, sort of originally was supposed to -- everyone was supposed to go to the new Exchange door and states could do eligibility and enrollment. Now that has not fully been implemented by all states, right? So some states have taken the option to allow individuals to come through, be assessed, and then be kicked over to their Medicaid agency for full eligibility determination and enrollment, right? What we're doing is trying to remove any stigma that's in the market. We know that about 80 to 90 percent of that Medicaid population can actually be, you know, determined, eligible in real time because they have their tax information, all of that. So really what it's gonna allow us to do is do what we're calling the Medicaid Express through the Exchange. So someone comes in, they don't know their Medicaid, they don't know what they have, instead of having to go to another website, start all over and reenter their information, get a new password, they'll have their account in the Exchange, and we say, "Hey, you're -- you're eligible and you're enrolled." And guess what? You have four products, four health plans you can choose from. Today, people don't even get to choose or compare their plans. For the first time ever, our members and Medicaid can say, I want to see the network

difference between Anthem or United. Right? And I get to pick my plan. I get to look at what the metrics are around quality for these products, what value added benefits they have. So it's a real opportunity for us to remove any stigma around shopping for health insurance, especially for low-income families, then come on and their privacy of their own home enroll, do eligibility enrollment online and then pick their plan. But like Todd said, if they're not eligible for Medicaid, they can easily move into the rest of the shopping experience on the Exchange.

SAM: Thank you for that. Another question as well. Todd, you were talking about a target of lowering premium by three percent. I believe we also use four percent, but regardless, what is the baseline for that last year's rate? Or how are you coming up with the baseline?

TODD: Yeah, it was based upon the 2024 rates, which set the baseline. And then as the statute's written each year, we have to go a little bit lower. So the first year, 2026 is the three percent reduction.

SAM: And thank you. What is the impact of that requirement on participating providers, especially in the rural counties?

TODD: So the requirements are that the three carriers have to provide plans in all the rating areas. They have to provide a silver and a couple others, I don't have that in

front of me, but basically, they have to make sure that there is available coverage in all rating areas. And then they're required to reduce premiums and they can do it how they wish, whether they want to profit, administrative costs, they can reduce provider compensation. They can't go below Medicare rates so that's kind of the floor. From what we're hearing, and again, I don't know because the rates haven't been finalized, we're hoping and we're thinking that they're gonna be using the same networks for the regular plans and not have unique networks and pay structures just for Battle Born Plans. But again, I don't know what was submitted to the division of insurance in terms of the rate plan.

SAM: Thank you. Last question, you briefly touched upon VBC. What is the strategy for VBC going forward?

TODD: The Patient Protection Commission?

SAM: Value-based care, correct.

STACIE: Oh, that's a whole -- so yeah. Value-based care is throughout all of our programs. One of the things that we want to do is look at ways to leverage new payment strategies with providers, not just through the BSPs, but we do it in Medicaid too and aligning that for providers. So they're getting -- they can do one type of value-based payment design across several markets, which as you may know, gets the -- has -- they have a better opportunity to succeed in that kind of a arrangement.

SAM: Mm-hm.

STACIE: So we would hope over time to even look at PEB and to align any of those requirements around quality reporting, pay for performance. Obviously, any risk-based models are a little more complicated, but, yeah, we have -- office of analytics and having the all-payers claims database will really help us do that in a way that we can really inform providers so they can really participate and succeed in those models.

SAM: Do you have any targets set going forward or are you still in the process of trying to get in the lay of the land?

STACIE: Targets for VBC -- VBP?

SAM: Yeah.

STACIE: Yeah. I want to say there were some types of VBP models we put in those contracts. Medicaid are definitely more specific. Right now, we're working really closely with our hospitals and Medicaid around a hospital quality collaborative, which we would hope would be used by these same carriers in the BBSP model. But it's focused on birthing hospitals around maternal health. So really trying to do pay for performance, but also reward hospitals that are doing birth -- birthing friendly practices. So all of our MCOs are actively working on that right now. And then the other one for those non birthing hospitals is really that community

transition or transitions of care from the ER. So we want to keep people from having that recycle back into ER when they can actually maybe stay in their community longer if they're getting the services they need. So right now, that's where the MCOs and the hospitals are working on those types of payment models. But there are other efforts that we want to do in the BBSP, but we're just, I think getting up and going and trying to make sure, you know, we've got all the other pieces up and we want to get the carriers involved, but would love Sam for this group to weigh in on some of those models as we start to design them.

SAM: Sounds good. Thank you, Stacie and Todd.

VALERIE: Thank you, Sam. Great questions. Does anyone else have any questions? One question I had is, there was -- a few years back there was an issue with coverage in the rural communities. Are you comfortable with your coverage in the rural communities now?

STACIE: I can -- Todd, I can take this. I mean, we can always do better in terms of having more providers, but for those provide -- in Medicaid, we actually believe that our networks obviously meet all the federal standards, which are a little higher than the state standards and the provider -- and the health plans that we have contracted with overlay those networks. And part of the reason we want to leverage MCO carriers is because they can leverage those same networks in

our rural areas. There is a BBSP and every rating region, they're leveraging similar networks and they have all agreed to meet their target. And like Todd mentioned, they cannot take the entire reduction out on their provider side, they have to adjust that across. We are looking, obviously if there are rate, you know, changes in the pass-through money, there could be opportunities to take -- do additional reinsurance, which I don't know, Todd, if you talked a little bit about reinsurance. But that reinsurance program is gonna lower premiums across the entire market. And so the more pass-through money we can drive to the state, the more we can increase that reinsurance program, which helps everyone adjust the market. And then, we have been exploring opportunities to pay brokers or look at ways to adjust any losses there if plans are looking at cutting some of those fees. But we have to work through CMS and all of those requirements with them. But if we are able to use some of that pass-through funding to help with the broker community too, I think those are things that we're looking at and trying to make sure we're adjusting to not -- so no one's seeing a huge hit to the market.

VALERIE: Is the reinsurance allocated at a PM -- PM basis or how is that distributed equitably between the participants or the -- the carriers that are -- that have the population -- that are insuring those populations?

STACIE: It's based on claim. Todd, do you want to talk a

little bit about how it applies to the cost of the claim and --

TODD: Sure. Yeah. So we were looking at a couple different models, but I think for year one we wanted to make it somewhat simplified. So there's really no attachment point. So it's basically the first four percent of claims, will be eligible for this reinsurance program. And then that caps out at the max, where the risk corridors would -- would pick up. And so it's that first set of, I think it's up to a hundred thousand. But yeah, basically four percent just comes off the top. So we made it very simple instead of having, you know, $50,000 attachment point or something like that. So our goal is to really look at that at the end of 2026, make sure we have calculated it correctly, probably bring in a third party to make sure it's audited and then we'll make payments out to the carriers to make them whole in respect to the reinsurance dollars and not just the BBSP carriers, but all carriers in the individual market will be eligible for the reinsurance program.

VALERIE: Oh, okay. So it's not just the better business or the Battle Born Plans, it's also the --

STACIE: All plans.

TODD: Yeah, it's comprehensive way to really try to keep costs down for the entire market.

VALERIE: Yeah. Very nice. Okay, thank you. All right.

Any other questions? I really appreciate Stacie and Todd, your time. This has been a big deal and we've been looking forward to seeing -- seeing it go through.

STACIE: It's a labor of love, but really appreciate --

VALERIE: It's a labor of love.

STACIE: -- for your time and Todd did a fantastic job. I apologize; I was having so many microphone issues. It's not the camera's, the microphone, but just definitely appreciate you guys' time. And then obviously depending on after July, we should, you know, be regrouping with this group to kind of walk through a lot of things, kind of where the BBSP contracts are. Maybe even talk some more about that value-based payment design depending on what interest -- where you guys want to go. We're open to obviously having any of those conversations and getting your feedback.

VALERIE: Okay. Fantastic.

STACIE: Thank you.

VALERIE: All right. Well, if there is no additional questions, we will Thank you Todd and Stacie and then move on to the next agenda item. All right. Agenda item eight is our executive director report, Russell.

RADHIKA: Madam Chair, it's my understanding that we now have a quorum. This is Radhika Kunnel for the record.

VALERIE: Oh, do we? Okay.

RADHIKA: Is that correct Tiffany? Would you confirm,

please?

TIFANNY: Yes. Tiffany Davis for the record. I can confirm that we now have four voting members. Amber Torres has joined us.

VALERIE: Oh, fantastic. Okay, great. All right. Well then why don't we -- since we've got a quorum right now, let's go back to our action items and we'll take it from the top. Item number three, which is the approval of the minutes of the February 18th, 2025 board meeting. Has everyone had a chance to review that and if so, is there a motion?

SAM: Madam Chair, Sam Kumar. So moved.

VALERIE: Thank you, Sam. Do we have a second?

LAVONNE: Lavonne Lewis, I second the motion.

VALERIE: Thanks, Lavonne.

LAVONNE: I wasn't at the meeting, but I'll second the motion to approve the minutes.

VALERIE: Okay. Is there any further discussion? All in favor, please say aye.

ALL: Aye.

VALERIE: Any opposed? Okay. Motion carries. Thank you. Next item is approval of the semi-annual fiscal and operational report pursuant to NRS 695I.370(1)(b), to the governor and legislature. Has everyone had a chance to take a look at that and if so, do we have a motion?

SAM: Madam Chair, Sam Kumar, happy to make the motion. I

would assume there will be discussion on that.

VALERIE: Yes.

SAM: Okay. So moved.

LAVONNE: Second the motion. Madam Chair, second the motion. Lavonne Lewis for the record.

VALERIE: Thank you. Do we have some discussion on that item? I read it through. It seemed pretty straightforward to me. I was comfortable with it. Sam, do you have any questions or comments on that?

SAM: Madam Chair, yes, I have a couple of quick questions. I'll fire away. First, Russell, thank you and your team for putting this together. This is great. The question I have for you is just underneath -- on page two, you have that graph. What is on the X-axis? Is that the first 12 weeks of the year?

RUSSELL: Sorry, I'm having technical difficulties myself. Can you -- can you hear me okay? This is Russell Cook for the record?

VALERIE: Yes.

SAM: We can hear you.

RUSSELL: Thank you for the question. Yes, you're exactly right. Those are the elapsed calendar weeks of the open enrollment period. So it starts on November 1st and continues through January 15th. Now you can see that, because of the way that the seven calendar days fall, you know, relative to the

days of the week, it does appear that the most recent open enrollment period was longer than the previous. That's just because we compile the numbers, I believe every Friday. So there was one more compilation of enrollment numbers, but it does represent the same duration of time from November 1st through January 15th. Hope that answers the question.

SAM: It does. Thank you, Russell. And my second question on that is, what causes the week-over-week increase? I would've expected that a good number of that would be captured during open enrollment, but I'm a little bit surprised by the week over week increase. Any thoughts on that?

RUSSELL: You know, I -- well, I -- this may not be exactly the question that you were asking, but I did want to provide some additional context. One of the most remarkable takeaways for me was seeing that the trajectory line from 2025 was very similar in nature to the trajectory lines from the previous years. Right? So the overall angle --

SAM: Mm-hm.

RUSSELL: -- I guess of the line was the same, right? Now, that angle would represent new consumers who are coming under the Exchange who were not previously enrolled in this case in 2024, right? And that would be the same for each respective plan year. What's remarkable to me is that the starting point for plan year 2025 enrollments was so much higher than previous years. You can see we hit the ground

running with over --

SAM: Mm-hm.

RUSSELL: -- 91,000 enrollees. And that was attributable primarily to, I would say two factors. One is the lack of erosion or enrollment loss due to non-effectuation of policies in 2024. So we instituted a pretty robust consumer messaging campaign that began in December of 2023, continued through February of 2024, notifying consumers whose policies were still in a pending or non-effectuated status of the importance of submitting their binder payment to the insurer. And as a result, we saw about a 60 percent, I don't have the exact numbers in front of me, but it was about a two-thirds reduction relative to previous years in terms of that erosion for non-effectuation. The other major factor that I would attribute that high starting point to would be the success of our annual auto renewals job that we execute each October.

SAM: Mm-hm.

RUSSELL: We've been kind of inching up higher and higher as far as the percentage of existing consumers whom we're able to auto renew into the next year's coverage. And we did hit a record high of; I think 99.98 percent. Very nearly 100 percent of 2024 enrollees were auto renewed. And that's attributable to a number of factors, backing up in into the month of September, we generally do what we call a staged run of our auto renewals job. So we're able to identify eligibility-

related issues of various types that can potentially be addressed and resolved prior to the October passive renewals job. We've also have adjusted the timing of some of our midsummer eligibility verification checks, including checks for Medicaid enrollment or Medicare enrollment, other types of health coverage not provided by the Exchange. And so we're able to, if you'll forget the term, call out individuals who are duly enrolled and are already receiving coverage through Medicare or Medicaid who don't actually qualify for subsidies through the Exchange. We can get those folks dis-enrolled prior to October. Now, I know that -- that's suggesting only that we would be diminishing the number of enrollees rather than increasing them, but it's one of the factors that contributes to the high renewal success rate. So I would say, you know, it's all about retention, both on the front end in terms of effectuation and on the back end in terms of renewal success and sorting out and preemptively addressing eligibility verification issues before they prevent us from renewing certain households.

SAM: Thank you, Russell. I did notice that trend lines as well. It's almost exactly the same. There was a little bit of an aberration in '24, I believe, but otherwise, let's see how it goes for the rest of the year. My next question is on page three, where you're talking about the federal rule changes, good summary of all of that. You're talking about

significant monthly premium increase in both those paragraphs. Is that due to cross-subsidization or adverse selection of the lower number of participants?

RUSSELL: So, excellent question, and I did just want to kind of, you know, acknowledge upfront there are a myriad of proposed rule changes both from CMS in terms of the program integrity rule, as well as the legislation's currently working its way through Congress in the form of the big beautiful bill. And, you know, what I've tried to do here is to call out what we believe will be the most impactful of those rule changes. There are many other rule changes that will impact eligibility for small subsets of our population, but these are kind of the broad strokes, right? Now in terms of any connection to adverse selection, I would suggest that eligibility -- that rules related to eligibility for special enrollment period and qualifying life events, those have been tightened up with, you know, with the goal of, you know, impacting adverse selection, right? That we're gonna have to start verifying qualifying life events of all sorts, outside of open involvement period. Didn't want to mention briefly that as of March of this year, the Nevada Exchange does verify 100 percent of qualifying life events by way of supported documentation. I off the top of my head, I don't know if any of those can be verified through electronic data sources, but every single qualifying life event is now considered a gated

event, meaning that we will not open eligibility for enrollment until eligibility for the qualifying life event has been verified. That being said, the rules that I call that here have to do specifically with subsidy eligibility. There are a couple of different rules that will impact subsidy eligibility for lawfully present immigrants or lawfully present non-citizens. There is actually one rule, which I did not mention here, which will remove baseline QHP eligibility for immigrants whose income is out or below 100 percent of the federally -- federal poverty level. Those individuals who might be barred, you know, from Medicaid due to the five-year bar, can currently seek eligibility for subsidies through the Exchange. That's going away altogether, not just the subsidy eligibility, but the QHB eligibility as well. So this -- those individuals -- and that represents a small portion of our rollies. I think that's approximately 2,000 individuals of the 20,000 or the 20 percent that I mentioned. They're going to potentially lose if this rule is enacted. Their baseline enrollment eligibility starting next year and plan year 2026. More individuals by far, another 18 and a half thousand or so we estimate are going to lose eligibility for subsidies, but not baseline QHP enrollment eligibility. So these individuals, again, who are in the broad category of lawfully present non-citizens are going to lose their APTC eligibility altogether, even though they are still eligible to enroll in health

coverage at full cost without subsidies. So again, I didn't mean to beat around the bush. I hope that addresses the questions, but I'm more than happy to provide additional details.

SAM: No, that's good. I was less concerned about what the eligibility criteria would be for all the reasons you mentioned. We don't know what we don't know at this time. I was more interested in understanding your rationale behind why you think there will be an increase. But, you know, I can probably reach out to you offline. I don't want to hold everyone else up. Moving on to page four and five, automatic voter registration. Kudos to you and your team for catching that, that's a clear bad situation, so I'm glad you caught that. Scrolling down. Give me one second, I may have another question or two. Jumping forward to page 14, have the uphill's data there, that table. I'm looking at the resolution rate at the end of the month. It was 92 percent in January, dropped to 20 and 25 and 38 in the subsequent months, also the average number of days open. Can you shed some light on that?

RUSSELL: So that -- on it, we don't have our -- I don't believe we have our policy and compliance manager on the phone, Mr. Kumar. She's in Philadelphia at a conference. Would it be acceptable if I were to take that as a follow-up item? It's fairly specific the reasons why, and I know that in general, it's connected to the transition from the end of open

enrollment to the beginning of the special enrollment period. At -- in the lead-up towards the April 15th tax filing deadline, we end up getting a lot of submissions for appeals related to the 1095-A, the forms that we send out in January. It's my understanding, I'm not suggesting that this is the only answer or even one of the answers, but I do know that one of the complicating factors that time of the year is that strictly speaking, 1095-A's are not eligible for appeal, but the underlying eligibility determinations that the Exchange rendered, which then brought about the amount of APTC that was awarded can be appealed. Those tend to be much lengthier types of appeals for us to process because there's often a back and forth required with consumers on top of which many of those appeals end up getting rejected as invalid appeals. In other words, they're not related to an actual appealable decision on the part of the exchange. I am not certain whether or not that factor has an impact on lowering the resolution rate. In other words, I don't know if we maybe exclude those from being considered as resolved. I will be more than happy to look into that though and provide you -- provide the board with an update by email.

SAM: That would be great. We can definitely have that conversation offline. My next question, moving on to page 18, is the utilization of Amelia. My specific question there is -- is that information being stored anywhere and number one,

outside of our domain and two, I would imagine it's all totally de-identified, correct?

RUSSELL: Yeah. Excellent questions and this is a little bit of deep waters that we're getting into here. But on very high level, Amelia is a third-party product, which exists separately from the Exchange's technology platform. It is a cloud-hosted product. I'm hesitant to call it an AI product, but that's how it's marketed. I believe it's really kind of a glorified extension of the types of interactive virtual assistants. You may be familiar with some of this technology yourself. This isn't Chat GPT that you're having an interactive conversation with. There's a carefully defined scope of scenarios or use cases that is designed to support that really does struggle when you start to color outside of the lines. But at any rate, that technology is licensed from the manufacturer of that technology. And our specific implementation of Amelia resides in a secure cloud-hosted data center. It's equivalent to the Amazon web services, you know, FedRAMP certified data center that we host our -- our platform in. But it is separate from that. There are -- there's a firewall surrounding, you know, each application and they communicate with each other through a secure API. That API uses I believe SHA-256-bit encryption. It's pretty robust. And furthermore, no information is actually stored in the Amelia database. What it does is it converts essentially a -- it does

a speech-to-text conversion in order to understand the intent of the consumer. If it's able to link that intent up with one of the authorized use cases, it'll send a call out to the application. Generally, with authenticating information, once the user is authenticated, it will then be able to retrieve information e.g. about the status of an appeal, that sort of thing. It can also unlock passwords on behalf of users. I -- I'm not sure if we've implemented this yet, but it's on -- if not, it's coming soon that users will be able to report a change of address, for instance, through the system. So it's a pretty, you know, strictly curated set of use cases. Again, I'd be happy to provide additional follow-up information if you want to get into the gory details, but I can at a high level say that this is something that we spent six months working with the CMS information security team, working through the review and authorization process. The details of this implementation are an integral part of our system security plan and they have become an integral part of our privacy plan as well. Use of the Amelia Technologies disclosed on our privacy poly -- policy, that sort of thing. So we tried to, you know, to go to every length to be above board with this technology. And we're also keeping a very close eye on any potential consumer complaints that might be rolling in about the use of tech -- that technology. And while I will acknowledge we have a few very colorful phone calls of

colorful interactions, you know, Amelia has gotten cussed out a few times. We have not yet received any concerns from consumers or enrollment professionals about any potential privacy violations. So again, hope that answers the question. I'd be more than happy if you'd like to provide additional, more detailed information as a follow up.

SAM: That's -- that's sufficient Russell. And my main concern was around data. If you're working with CMS and if they're on-board, then the risk is significantly mitigated or non-existent. So that's support I was most concerned about. And do you comment about AI being glorified terminology? I agree with you. Most of the AI consumer products at least are just AI by name. But nothing substantial that passes the touring test, but conversation for another day. Thank you so much for your time. Thank you for answering all my questions.

RUSSELL: You are very welcome. And just wanted to mention in closing that Amelia is slated to be sunsetted over the summer and replaced with a technology which might be more accurately described as AI based, it is LLM based. We're currently working through the review and approval process with CMS right now, and we will, of course, provide an update to the board, hopefully no later than the October board meeting, assuming everything goes well with the time.

VALERIE: Thank you. All right. So we have made a motion and we do have a second. Is there any more discussion? And if

not, all in favor, please say aye, if you're comfortable.

ALL: Aye.

VALERIE: Any opposed? Okay. Motion carries. Thank you very much. Next item on the agenda is item number five, discussion and possible action for reassessment of and continued utilization of Equifax, verification of income of consumers. Russell, would you like to give us some background on that?

RUSSELL: Yes. Russell Cook, for the record. This is an issue which was first discussed almost one year ago to the day.

VALERIE: Mm-hm.

RUSSELL: And as background, I wanted to share that during the June 18th, 2024 meeting of the SSHIX Board of Directors, the executive directors report included an update regarding a federal policy change, which shifted the cost burden associated with the use of Equifax's Verify Current Income or VCI, electronic data service from CMS to state marketplaces who utilize the service for secondary income verification. During the February 18th, 2025 meeting of our board of directors, an analysis of VCI utilization between July and December of last year was presented to the board. The analysis concluded that the actual cost of the VCI service represented a small fraction of SSHIX's initial estimate, and also that the data yielded by the services use provided

operational and strategic value to SSHIX in terms of optimizing the Nevada Health Link Income verification workflow. The board subsequently voted to approve the continued utilization of the VCI service contingent on a review of the follow-up analysis provided below. So essentially this is the follow-up report that we discussed in February. So our latest analysis has concluded that between January 1st of this year and April 30th of this year, SSHIX performed 11,037 successful income verifications. And that's an -- that's an Exchange wide total. Of these 10,546 were verified using the IRS's income and family-size verification, or IFSV Service, 118 were verified using the VCI service. And 373 could not be verified through IFSV or VCI and required the applicant to upload supporting documentation in order to clear the issue. The following table details, the monthly utilization of the VCI service during this time period. And I won't go through all the numbers in the table, really, the bottom line is that between January and April of 2025, SSHIX was charged for a total of 1,388 VCI responses. That was 951 of those at the higher tier one rate. We talked in February about the difference between tier one and tier two. I'm more than happy to, you know, to review that if anyone would like to do so. And then there were another 437 at the lower tier two rate. Essentially, the tier one is more recent data. It's supposed to be from within the last 45 calendar days. If that

data is unavailable, then the tier two data, which is a little bit older, will be shared. The difference in cost is less than 30 cents between the tier one and the tier two, so comparable in terms of expense. But the total cost for all of these inquiries was $8,251 and 65 cents. And again, that was over the four-month time period of January through April of this year. We have not yet received the invoice for our May utilization, we expect it will be in line with the utilization response. So our overall assessment at present is that the cost of using the VCI service for secondary income verification continues to represent a small fraction of the amount that we initially estimated. And we believe that the data yielded by the services use continues to provide operational and strategic value, which is commensurate with the services cost. So in other words, it's -- in summary, it's a small piece of the income verification puzzle. We definitely think it's worthwhile and looking down the road towards a potential fusion in which the exchange is verifying Medicaid eligibility as well as APTC eligibility. Services like VCI, which are much more current than the IRS service are really integral to, you know, automated Medicaid eligibility determination. So we think there's every reason to stick with the service, especially given its low cost at presence -- at present rather. So among the options that the board might consider are to maintain the status quo and continue utilizing

the VCI service, or as we discussed in February, we can submit a change request to get insured to discontinue the use of verified current income as a fallback or secondary income verification data source.

VALERIE: Okay. Thanks Russell. Any comments on that?

SAM: Madam Chair, Sam Kumar, quick question. Russell, is it fair to say that your recommendation is to stay with it?

RUSSELL: I think the juice is worth the squeeze. I think it's a marginal expense in terms of our overall eligibility verification apparatus and just being able to use it for an additional four months after February, we've been able to glean some new insight into the demographics of our population whose income is likely to not be verifiable through the IRS. You know, do we want to maybe, you know, expand the footprint of VCI going forward? And in particular, I suggested a relationship to future Medicaid determinations. It's really helpful for us to be able to gather some baseline data, about how much we might be able to leverage the VCI service so that we can start, you know, some capacity planning and figure out if we need a contingency plan, maybe a tertiary data source, that sort of thing. So, yes, I'm definitely in favor of continued utilization at the moment.

SAM: Madam Chair, I would like to move that we stay with VCI service.

VALERIE: Thank you, Sam. Do we have a second?

LAVONNE: Lavonne Lewis, I second the motion.

VALERIE: Thanks, Lavonne. Is there any further discussion? Okay. All in favor, please say aye.

ALL: Aye.

VALERIE: Any opposed? Okay. Motion carries. Thank you very much. Next item is the discussion and possible action to approve or modify the proposed Vision Carrier's Policy.

RUSSELL: Madam Chair, this is Russell Cook again, for the record. We have another oldie but goodie. This is another one --

VALERIE: I noticed that.

RUSSELL: June of last year, right? But I believe we've been making some good progress. It's been iterative, but we're very grateful for the opportunity to tighten this up. So there are three documents in total that I wanted to review. One is a very short introductory paragraph, and then I'll talk a little bit about the options that the board has for potential action or potential discussion today before I get into the second and third document, which respectively are the proposed policy that we put together in collaboration with the policy team. And I'll conclude with a review of the proposed application. Just as a reminder, and I'll talk in a little bit more detail about this. It was going to be a two-part process. One would be a public facing policy so that we could be transparent about what exactly these partnerships are meant to accomplish.

And then there would be a formal application process, which would allow for the Exchange and ultimately the board of directors to review and vet potential applicants.

VALERIE: Right.

RUSSELL: So as background, during the June 18th, 2024 meeting of the SSHIX Board of Directors, the executive directors report included a reference to an existing partnership between SSHIX and VSP Vision Care, a nationwide provider of vision care. This partnership entailed the hosting of a referral link on the Nevada Health Link website, which redirects users to the VSP website for possible enrollment. During this meeting, several board members expressed an interest in increasing the oversight and transparency of the manner in which vision carrier partnerships are managed by SSHIX. Subsequent discussions in the October, 2024 and February of 2025 board meetings resulted in the drafting of the proposed vision carrier policy and application documents now submitted for consideration by the board. And I did want to mention that in reviewing the nature of these documents, it is my understanding that the board does not act -- is not actually required to vote on these documents. In other words, not necessarily required to vote. It is optional for you to do so, and you can certainly discuss these documents and suggest potential changes to us, which we can take back, incorporate those changes and present the documents potentially at a

future board meeting for review. But with respect to the timeline that's proposed in the policy documents, we were proposing that the application window for plan year 2026 partnerships would begin on July 1st. So if we do want to make further changes to the policies that would probably push us into the October board meeting timeframe, and that may limit our options in terms of, you know, soliciting applications in accordance with this new process over the next couple of months. And Mr. Kumar, I see that you have a question. I just wanted to pause. Radhika, did I get that right? I hope anything to correct or amend as far as the introduction is concerned?

RADHIKA: Yeah. You have it right. This is Radhika Kunnel for the record.

RUSSELL: I appreciate the confirmation. Mr. Kumar, yes.

SAM: Thank you, Russell, thank you Madam Chair. Given the changes that are about to come down the pike in the next couple of weeks, I'm not sure if it makes sense for this group to be making a decision at this time, unless there's an immediate need to have a decision made prior to July 1st. What are your thoughts on that, Russell? Can we wait?

RUSSELL: I have thought a great deal about that consideration over the last few weeks. I don't have any personal direction. I mean, it's -- it's -- I -- I do think that would be very appropriate, given the transition

leadership in only a few short weeks here. Right. And nor do I feel that we've wasted any time in drafting these policies. I still think they are a very good starting point for consideration. But, you know, it is entirely possible that the board might approve something today and the Health Authority leadership might decide to go in a different direction. So I would chalk that all up to a timing issue. But you know, we felt it prudent to go ahead and do our best to prepare what we thought was a good durable policy that that would pass muster and stand up to public scrutiny. We do have that today. I would have absolutely no objection if the board wanted to move to postpone consideration of this policy in light of the Health Authorities' leadership.

SAM: Thank you, Russell. Stacie, any thoughts on that, or Todd?

STACIE: I mean, I think it makes sense what you're recommending, Sam, because we are transitioning to the board to an advisory role, and I mean, I just think, you know, and in this -- and the spirit of trying to also help the Exchange get their work done, I think what you recommended makes sense.

SAM: Thank you, Stacie. Madam Chair, I would like to move that we postpone consideration of this matter until the future board meeting.

VALERIE: Yeah. I'm -- I to -- I -- in terms of a discussion or a statement to that, I thought about that as I

was reading the material, and the only reason I was willing to continue the discussion in this board meeting today is because if it helps your team at all, Stacie, to get some of these ancillary type products in a, you know, in a more, you know, set up a little bit more for you, which decreases your workload on the most important thing, which is the medical piece, I'd be happy to weigh in on this and make some recommendations, but if you would prefer, if it makes more sense for us to just sit back and let your process take place when it's ready on your end, I'm completely fine doing that too. It's really just trying to help you with your workload right now.

STACIE: Yeah. And I think Russell, from your perspective, is it helpful to get it done now and just so we can move forward, or, Todd, do you have thoughts on this?

RUSSELL: Russell Cook for the record. My thoughts at the moment are we have an existing partnership with VSP. They are among the, if not the most accredited vision carriers in the nation. I feel very comfortable, you know, tacitly endorsing them as a vision carrier partner. In the meantime, this whole conversation last year was precipitated by a different vision carrier who expressed interest in a similar partnership. But we do have the option of VSP right now and certainly maintaining the status quo would be the easiest option. If you didn't catch it earlier, the timeframe we were looking at

implementing under this proposed new policy would be that we would accept applications from interested vision carriers during July and August. We would compile that information, send it out to the board of directors during the month of September, and then have the board review and vote on that during October. I don't know if any of that is compatible with what the new Health Authority leadership might want to accomplish, but I would say that the risk of inaction today is nearly that we would be maintaining the status quo with VSP and that the existing referral link will remain in place. So, again, don't mean to dodge the question, but that hope that helps.

STACIE: Todd, what do you think? Do you have any thoughts on this?

TODD: You know, I don't think it hurts to push it out so we can take a look at it as well. Again, I want to be sensitive to the board because it's still a voting board as of today. And, you know, kind of to echo other thoughts, if it helps the organization need it today, then certainly I think it makes sense to make the decision but I think more eyes are probably better. That's just my viewpoint.

VALERIE: I think the only reason it came up last year, I mean, not the only reason, but one other reason, at least for me was that I think VSP is a fantastic vision provider. I've used them for my entire career, they're great, but there are

other vision providers and some of them give us access to providers that we can't access any other way. And there are other very competitive providers. So in the interest of competition and, you know, giving people additional choices when it comes to their vision care, I think that's where my heartburn was coming from last year when we discussed this. Nothing negative about VSP at all. It's really more about choice and competition and pricing, you know, options. So happy to postpone that for a later date. Happy to, you know, just give our two cents now and then in a few weeks you can take it from there. I'm completely fine. I can see the pros and cons of each side and I'm completely fine with whatever Stacie, you and Todd and your team prefer.

STACIE: I appreciate that. I think what Todd said makes sense too. I mean, we -- you guys are a board -- still a governing board, so I think if you guys want to make the decision or defer, it's fine. And then also just be clear, you know, what your feedback is about it. So if the decision is deferred right then to later, then we can take that into consideration.

VALERIE: Mm-hm.

STACIE: So we are making decisions, you know, with your advice. I think that -- so do you want to make the decision today? I mean, I think we're more than comfortable with whichever way you guys want to move forward on this one.

VALERIE: I mean, I would -- I would be more than happy to support your motion, Sam. I think it's very practical. And I -- my only comment on at the end of that would be that I do recommend at some point the Nevada Health Authority consider alternate plans that may provide additional providers and support competition price-wise. So I'm basically seconding Mr. Kumar's motion. Do we have any other additional comments or discussion?

LAVONNE: In light of -- Lavonne Lewis on the record. In light of the upcoming changes, I would support Sam's motion also.

VALERIE: Okay. Thank you. Okay.

AMBER: Amber Torres for the record. I feel the same way.

VALERIE: Thanks, Amber. Okay. All right. Well then, shall we just all in favor then of that Sam's motion please say aye.

ALL: Aye.

VALERIE: Any opposed? Okay. Motion carries. Thank you very much. All right. So we've gotten through all the action items we've gotten through. We are now at item eight, the Executive Director report. Russell, are you prepared for that?

RADHIKA: Madam Chair, this is Radhika for the record before we proceed. There was a chat message in the chat box, I'd like for Tiffany to comment on the chat box. The message said that the meeting would be ending soon. Tiffany, can you

jump in and talk about what's going on here?

VALERIE: That's your note taker.

RADHIKA: Who's note taking?

TIFANNY: Yes. Sorry about that. Yes, Tiffany Davis for the record. Yeah, we have somebody on who has joined us who activated a notetaker, and they did send a message that the meeting is about to end. That is incorrect. So if somebody who has joined us has that notetaker, if that person could please identify themselves for us, just so we know.

SABRINA: Hi Tiffany, this is Sabrina Schnur with Cartwright Government Affairs. I'm so sorry. I'm still a little new to her, and I think I put it in my calendar as an auto-hour because of teams. And so it looks like it decided that it was going to end at 2:30. I'm so sorry. We're working with the vendor to make sure she doesn't add notes to chats, first of all. But yes, it was totally an AI message and I apologize for that.

VALERIE: Okay.

TIFANNY: Thank you for that clarification. And Radhika, is that make it clear enough for you on your end?

RADHIKA: All right. What was her name again? Sabrina who?

SABRINA: It's Sabrina Schnur, S-C-H-N-U-R.

RADHIKA: Oh, thank you. And who do you work with?

SABRINA: Cartwright Government Affairs. I can throw that

in the chat too, or message you separately if that's helpful.

RADHIKA: Please do. Thank you. Just for the clarity of the record. Thank you.

VALERIE: Thank you, Sabrina.

SABRINA: Thank you, Madam Chair.

VALERIE: All right. Russell, go ahead with your report.

RUSSELL: Thank you, Madam Chair. Me again, Russell Cook for the record. Did want to mention before I get into the report itself, there is a little bit of overlap with the information in the fiscal and operational report, some of which we discussed with Mr. Kumar earlier. I'll do my best to move quickly for that, but there's only about three pages of material here, so I think we'll get through it rather quickly. The purpose of this report is to provide information to the board and public regarding the operational matters of the exchange, as well as state and federal updates affecting the operations of the Exchange. The first section is general comments. During the first half of 2025, the Silver State Health Insurance Exchange was primarily focused on tracking the activity in the 83rd Nevada legislative session, as well as assessing the potential impact of numerous proposed changes at the federal level. We have also been working in close collaboration with the Division of Healthcare Financing and Policy and the Division of Insurance to prepare for the rollout of the forthcoming Battle Born State Plans part of

Nevada's market stabilization program. Perhaps the most significant change to occur during this time period was the passage of SB 494, which will move the Exchange under the governance of the newly created Nevada Health Authority, effective July 1st. And while I'm hopeful that this change will improve the integration between the Exchange and Nevada Medicaid, I would also like to acknowledge what I believe marks the end of an era. For my part, I'm extremely proud of the work that we've accomplished together in my nine years of service with the Exchange, and I'd like to extend a heartfelt thanks to the board for your timeless support of our mission. It has truly been an honor, and I look forward to what the future holds. Now moving on to the four month look ahead. The first subsection is proposed federal rule changes. This overlaps almost entirely with what we discussed previously from the fiscal and operational report. But I'll work through it quickly. Throughout the summer of 2025, the Exchanges policy and administrative teams will be analyzing a number of federal rule changes proposed by CMS and Congress, which if enacted would have a significant impact on the exchanges operations, and the ongoing eligibility of Nevada Health and consumers. Among the most impactful of the proposed changes would be the elimination of subsidy eligibility for most categories of lawfully present immigrants, which would result in significant monthly premium increases for approximately 20

percent of Nevada Health enrolling. Another proposed rule would shorten the annual open enrollment period by more than four weeks, which the Exchange estimates would significantly reduce the number of new consumers who enroll in coverage during OEP. In addition, the enhanced premium tax credits introduced by the American Rescue Plan Act and later extended by the Inflation Reduction Act, are scheduled to expire at the end of 2025. If the enhanced tax credits are not extended by Congressional action before the end of the year, the Exchange estimates that the monthly premiums of Nevada Health Link subsidized enrollees will increase by an average of more than $85 per month per household, with many households seeing an increase of over $350 per month. We project that the combined impact of these changes could result in a statewide marketplace enrollment decrease of more than 20 percent by 2027. These are broad estimates, but we have been getting fairly sophisticated with our modeling, and we just wanted to share what we believe is fairly realistic outlook in light of the eventual passage of all the proposed rules that are currently being considered in Washington. The next subsection has to do with Battle Born State Plans. In February of this year, the Exchange began meeting regularly with the DHC FPS administrative team to develop a marketing strategy for the rollout of the forthcoming Battle Born State Plans or BBSPs. The Exchanges annual fall marketing campaign will be enhanced

to promote awareness of BBSPs with particular emphasis on the availability of new options and potentially lower monthly premiums in every area of the state. In addition, the Nevada Health Link marketplace website will be enhanced to visually distinguish BBSPs from non BBSPs, and a filter will be introduced to allow website visitors to display only BBSPs. These changes are scheduled to be deployed in late September in advance of the October window shopping period, which provides a month for consumers and enrollment professionals to familiarize themselves with new plan offerings prior to the November 1st start of OEP. Next is plan year 2026, plan certification short and sweet update, but just wanted to confirm that on June 20 -- June 2nd rather, initial filings for plan year 2026, health and dental plans were submitted by the Exchanges, insurance carriers and our plan certification team will be working closely with the DOI to review and certify their plan offerings. So we do this every year. It's a little bit more complex this year because we're dealing with the introduction of the Battle Born State Plans, you know, reviewing and assuring that they meet the premium reduction targets and also that we're gathering enough information from insurance carriers to facilitate the reporting to CMS to capture savings, the reinsurance program, all that that entails. So it is a typical annual process for us, but it is more complex, greater in scope, and greater in scale than it's

ever been before. The last subsection in the form of look ahead has to do with an article that was published this morning in regard to Nevada Health Link website trackers. On June 17th, 2025, the Nevada Independent published an article which was reprinted from an online publication known as the markup alleging that the Nevada Health Link website shared personal health data with "big tech" by way of third-party software known as web trackers. The Exchanges currently investigating the extent to which data entered into the website by visitors was accessed by these trackers. However, we have disabled these trackers out of an abundance of caution. We will continue to investigate this issue in the coming weeks, in collaboration with the Exchange's legal representation, the leadership of the Nevada Health Authority and the Governor's Technology Office. And Madam Chair, I just wanted to acknowledge, I know you and I spoke on the phone about this earlier today, and you might have been expecting a more detailed report. When I was reviewing all the information that we've been able to gather so far, it did occur to me that it might not be appropriate to share information regarding an ongoing internal investigation. I can confirm that we have not yet uncovered any evidence that personally identifiable information or personal health information was compromised. But again, I think it would be premature and perhaps speculative of me to make any more of it at this point. It is

an ongoing investigation, we are taking this very seriously and above all else, we value and work very hard to protect the privacy of our consumers. But until we complete our investigation and we know exactly what happened and what didn't happen, I don't feel comfortable sharing any more information than this in the public domain. I would be happy to entertain any questions from the board and answer them to the best of my ability in light of those considerations I mentioned about.

VALERIE: Thanks, Russell. I -- yeah, that sounds like a good strategy. I know the article referenced other states, we were not the only state referenced in that article. So -- and I noticed -- and -- forgive me if I'm not a technology person, so you, or maybe Mr. Kumar might have more information, but it sounded like this happened with other states who had -- who were contracting with different companies. This is not all one company or one type of -- one technology company that was having this issue. Is that correct?

RUSSELL: Thank you, Madam Chair. Russell Cook for the record. That is correct. This is not unique to any technology vendor. This is not unique to any marketing agency, nor is this unique to any state agency. There are at least five states that I know of, who have been identified by this reporter and by these organizations as utilizing this tracker software. Now, you know, at all of these states are using it

in the same capacity, which is that we want to track visitors to our website, who might visit the website, might shop around a little bit, but not go any further than that, maybe not create a user account and certainly not enroll in coverage. That is the primary means by which we utilize our digital online advertisements. So if we can identify someone who's surfing the web and maybe earlier that day, visited the Nevada Health Link website, and we can serve them up an ad over in the sidebar about Nevada Health Link. That's really what we're trying to accomplish through this software. It does appear that the software was intercepting information that users were inputting into our website, and then transmitting that information as part of the overall payload that was used for the fundamental marketing related aspects of the tracker software. And, you know, I do feel comfortable sharing that. You know, what we've been able to validate so far is that visitors to our website, who are using what we call our anonymous pre-screener, that tool allows visitors to input prescription drug information so that they can ensure that a given drug is covered by a given plan. That information is never stored by our website, it's never transmitted by our technology platform to any third parties, never ends up in our database. What's happening as far as we can tell is that the tracking software, which actually resides on the user's computer, it's loaded as part of the webpage, and it's not

part of our website application is intercepting this information that's being input by consumers when they choose these different drugs. And then it's just grabbing that, scraping that or scooping that up with the rest of the information about the page that they visited and the fact that they visited Nevada Health Link. at all and reporting it back to the centralized, you know, tracker software that's utilized in our marketing efforts for Google AdSense and that type of thing. So that -- that's about the size of it right now. Again, anything beyond that would be speculative, but we have at least confirmed, you know, that -- that's the evidence that we gather so far, I should say.

VALERIE: Okay. All right. Any comments, Mr. Kumar, since you're the specialist here? You're not mute, you need to unmute yourself. There you go.

SAM: Thank you, Madam Chair. Russell is on the right track and I don't know how you avoid some of these things. You stop advertising on Google, where do you start, where do you end? Let's see what the investigation brings. I think we need to take these things seriously, and I think the director is doing exactly that. Let's wait for more information before we do anything.

VALERIE: Yeah. Thank you very much, Sam.

RUSSELL: Well, thank you both very much. And it may go without saying, but I'll say it anyway. There will be a follow

up report in our October board meeting.

VALERIE: Thanks, Russell. Okay. Any other questions before we move on? Okay. Seeing none, next item on the agenda is the --

RUSSELL: Oh, Madam Chair, I'm so sorry to interrupt. There are just a couple more sections in the executive direction.

VALERIE: Oh, I'm sorry -- I'm sorry.

RUSSELL: If I, may.

VALERIE: Yes, go ahead.

RUSSELL: I know we're getting on in the afternoon. Just wanted to close this one out because there's some new information that was not duplicated in the F&O report. Thank you, Madam Chair, Russell Cook again for the record. The next section of the report is called Vendor Management. On April 8th, 2025, Nevada's Board of Examiners approved a two-year extension to the Exchanges contract with technology and call center vendor Get Insured, which will ensure continuity of services to Nevada Health and consumers through the end of plan year 2027. This extension was sought by the Exchange in part to help ensure the stability of the BBS, excuse me, BBSP role I've mentioned above, and to provide maximum flexibility to the new administration of the Nevada Health Authority. However, the Exchange is also grateful for the opportunity to continue its remarkably successful business relationship with

Get Insured, whose expertise has been an integral part of our enrollment gains in recent years. In March, the Exchange executed a contract with a Bulletproof Solutions, a vendor who specialized in IT security audits to conduct a federally required triennial security assessment of the Nevada Health Link website platform. As of the date of this report's preparation, the Exchange appears to be on track for an on-time submission of Bulletproofs completed security assessment report by June 13th. This report was prepared last week and no significant findings were encountered during the assessment. This is, by the way, our third complete independent security assessment from a third-party auditor. We executed one back in 2019 before we went live. We executed another one in 2022. This is our third, you know, third round in 2025. No significant findings were uncovered by any of those audits, so I think that's really a great accomplishment and a testament to our information security team as well as that of being insured. And last update in this section of Vendor Management is that throughout the first half of 2025, the Exchange has worked closely with marketing under the Abby Agency to assess the effectiveness of the previous falls marketing campaign and to integrate awareness of BBSPs into the Exchanges upcoming marketing campaign. And additional details on these activities will be provided in the Abby Agency's Marketing and Outreach presentation. Just two more sections to go here. Quick update

regarding the 2025 legislative session. We've already covered a lot of this, so I'll move very quickly. The 83rd Nevada legislative session began on February 3rd and adjourned on June 3rd. The exchange tracked approximately 30 assembly and Senate bills and responded to numerous requests for fiscal notes throughout the session. However, only two bills, which had an operational impact on the Exchange were ultimately passed by the legislature. The first is SB 97, which I believe, Todd discussed in his presentation, but it revised the membership of the Exchanges board of directors by requiring that one member who was appointed by the governor be a member of an Indian tribe located in the state with expertise in healthcare administration for an Indian tribe. SB 494, we covered that was to do with the Health Authority, I think Todd covered it much better than I can here. And the last thing I wanted to mention about the session is that, our governor's recommended budget for the Exchange has -- I'm sorry, it has been released. It was released actually back in January. But the Exchange is waiting for final legislative approval of the budget, and we expect very minor modifications to the governor's recommended budget. I have to admit, there may have been some progress. The legislatively approved budget might have been finalized since -- since this report was completed, but as of last week, we were still awaiting that finalization. But as far as we know, every one of our

enhancement units including funding for two new positions was approved. Those two new positions, there is gonna be one additional position related to the certification of health and dental plans. Currently we have only one plan certification manager, and the other position is a full-time tribal liaison. Currently, we only have Tiffany who serves as a part-time tribal liaison, not to sell her short. She does a tremendous job. But given the success of our tribal sponsorship program, we really do feel that a dedicated tribal liaison is warranted. So I know we mentioned those positions back in February, but we got them. And we will -- in the next section, I'll jump right into that. We're gonna be recruiting for those two new positions, starting in the first quarter of the next fiscal year, which will begin in July. Last thing I wanted to share is that in May, we fill the key vacancy on our policy team that of our eligibility specialist position. And so as of the date of this report, the Exchange has only one vacancy out of 27 full-time positions, which is an administrative assistant position located in our Henderson office. We will inherit two new vacancies on July 1st. We, you know, for these student positions that were approved, hope to have those filled prior to the October board meeting. We will, of course provide another personnel update during that meeting. And that concludes the executive directors report, be more than happy to entertain any questions right now or if there are no

questions, we can move on to the Abbi Agency's presentation.

VALERIE: All right. Thank you, Russell. Are there any additional questions, comments? All right. Seeing none, we can move on to item number nine, marketing and outreach update, presented by the exchange and marketing partner, the Abbi Agency.

JANELLE: Hi, Janelle Davis for the record. I'm going to give a quick summary on the marketing board summary -- board meeting report, since our communications officer Katie Charleson is also in Philadelphia today. And then I'll turn it over to the Abbi Agency to do a presentation. Since the end of open enrollment, Nevada Health Link, the Abbi Agency and Research partner Marketing for Change have focused on better understanding our audience and refining the customer journey. Several research studies were conducted to gather insights on consumer needs, behaviors, and attitudes towards health insurance. One key effort was the future audience evaluation survey, which they will talk about in more detail. This was conducted for the third year in a row. This statewide survey provides valuable data on the uninsured self-insured and Medicaid populations, including their awareness of Nevada Health Link and future insurance plans. With three years of data now under our belt, we're able to identify trends and shifts in audience attitudes, which help shape messaging for the next open enrollment campaign. Additionally, a user survey

was conducted among current enrollees to measure satisfaction and gather feedback on their shopping experience. Results showed that users who found the platform easier to navigate were more likely to recommend it to others. These insights will help guide future improvements to the website and our shopping portal. On the outreach front, we've actively communicated the SEP or special enrollment period to those with qualifying life events through adding bilingual landing pages. We've simplified digital advertising and robust community outreach. Our community relations team has worked to enhance off-season engagement by connecting with groups like the Southern Nevada Health District, Boys and Girls Club, and UNLV, as well as participating in statewide events and activities. Between January and June of this year, our navigators, our primary event staff, attended 101 community events engaging over 16,000 individuals directly with a total event attendance exceeding 37,000. We also secured 16 different sponsorship -- sponsorships, excuse me, during this period. In preparation for plan year 2026, we've worked closely with DHCFP, as you've already heard about, to support the rollout of the Battle Born State Plans. So the Abbi Agency developed a custom logo for the Battle Born State Plans. This will appear on the window-shopping platform alongside a new toggle filter and banner for added plan visibility. A dedicated BBSP landing page has also been created to support

outreach and enrollment in these plans. Together, these efforts are positioning Nevada Health Link to better serve Nevadans year-round and strategically plan for the upcoming open enrollment period starting November 1st. Thank you. I'm happy to answer any questions, but I would encourage the Abbi Agency to give their presentation, and then maybe we'll have more after that. Thank you.

VALERIE: Thank you.

ALEXIS: Awesome. Well, thank you Janelle. I'm going to go ahead and share my screen. All righty. Hopefully you can all see that. Just to introduce myself, my name is Alexis Keith, and I am the Director of Public Relations with the Abi Agency. And we are the agency of record for Nevada Health Link. Joined with me today, I have Natalie and Bridget from the Abbi Agency team, who supports on all of our marketing efforts. There are a couple members of our team who are unable to make it today, so we will do our best to answer all of your questions. But if there is something pertaining to a specific service or project, we will do our best to answer that question or get you that answer following this presentation. So Janelle, thank you for that recap. We will kind of talk through what our strategy was during the special enrollment period and coming off of our last open enrollment, which was the biggest open enrollment in the state's history. And so coming off of that, we know that there are -- are many planned

changes to come. And so we have spent the last couple of months preparing for the changes and anticipating how we can maintain as many enrollees as possible, knowing that there will be some changes to come. So I will go ahead and pass it over to Natalie who can talk about our research.

NATALIE: Hello everyone. I'm Natalie Osei, I am the project manager for the Nevada HealthLink account at the Abbi Agency. So excited to see some familiar faces and also new ones. So as Janelle mentioned at the top of the call, we do work with a marketing research partner called Marketing for Change. Each year after open enrollment ends, we conduct a survey, just to get a better understanding of how the campaign performed and how it resonated with consumers. So this year we've surveyed over 3,000 Nevadans that were both English and Spanish speaking. We found that one in three of them were aware of the campaign and were able to recall it. And those that did, tended to visit the website more frequently. Nevadans who were subsidy eligible tended to typically be more aware of Nevada Health Link and have more positive views of the Exchange as well. The way we'll utilize this information is to improve our messaging and -- our messaging and content for the upcoming open enrollment campaign. We'll also be developing a health insurance industry report and that will -- we'll be utilizing that to continue establishing Nevada Health Link as an expert voice. And you can go to the next slide,

Alexis. And then we also did a survey of current customers as well, just to gauge an understanding of their experiences through the enrollment process on the website. Over 70 -- nearly 80 percent of enrollees found it easy to navigate the website, which is really great. We do take these insights and use them to enhance and or improve the consumer shopping experience. So and then Alexis, you are good to go to the next slide. So for the special enrollment campaign, we actually did a continuation of the current open enrollment campaign. This is a -- this is -- that last year we implemented an animated campaign. So it really resonated well with consumers. So we decided to continue that style and messaging. So within that, we wanted to make sure we were strengthening brand familiarity as well. We did make updates to some of the campaign messaging. We did use, as you can see here on this ad, words like growing family, new address to address some of the different QLEs that people might have and we also implemented some of that into the artwork as well. As you can see, there's a character that's pregnant, there's a character that has moving boxes, so really utilizing that to speak to Nevadans that may qualify for a special enrollment period. And Alexis, you can go to the next slide. We also worked on updating the SEP landing pages. So these have been updated to match the current aesthetic of the campaign just so consumers have a consistent through line while they're -- when they look at an

ad to when they get to the website and they feel that kind of overall brand familiarity as I mentioned before. But yes.

ALEXIS: Awesome. And now we will talk a little bit about some of the paid media strategies. So as Natalie just walked us through some of the digital ad creative, this was really important during this special enrollment campaign to ensure that we're still meeting Nevadans, and driving brand awareness during this season. Whether it's for people who may have a qualifying life event and can enroll in health insurance now, or people that may be looking for health insurance ahead of the next open enrollment period. So making sure that we are continuing to stay in front of uninsured Nevadans or any Nevadan that may in the future need health insurance and continuing to sustain that brand awareness all throughout the year and not just during our open enrollment period. So we continued to target Nevadans all across the state, including those that are in our larger metro region such as Reno and Las Vegas, and then also our rural areas of Nevada as well. And so we continued with some of our strategies, but really tried to maintain efficiency through the SEP period. And so we continued to leverage our paid media channels, such as Google search and display ads as well as streaming. And so through that we were able to see that in this special enrollment period so far, between February to May, we had routed 70 individuals who had seen and clicked on our ads to the Nevada

Health Link website and converted them into enrollees. And so here's a little bit about our results. Unfortunately, our paid media director was unable to be in this call, but I just wanted to share some of his sentiments. So he said the key findings do a good job of highlighting our high performing campaigns, our Meta and Google campaigns have been leading the way and have done an excellent in terms of engagement and performance. So here you can see some of those metrics here with Google, SEM, there were over 2,300 clicks and Google Display over 6,000. And we also saw some great results through our Spanish campaign as well through the Meta platforms and over 16,000 impressions on streaming. And then I'll pass that over to Natalie.

NATALIE: So for our overall web strategy during the off season, we've been focused on strengthening our key landing pages. We -- and that can look a little bit different depending on what we're doing. So in terms of blog optimization, we are looking at making the pages more dynamic and including additional content like video testimonials. For the newsletter, we have also implemented a tagging system in MailChimp, so this allows for smarter segmentation of our audiences, and it also improves the health -- health of our contact list, which improves Nevada Health Link's deliverability. That's important because we don't want to get flagged as spam and we want this information to be able to

reach consumers. And then you can go ahead to the next slide. And then since -- throughout the off-season, we've had over two million page views. We do see a moderate bounce rate, so we are looking at ways to enhance that web performance there. And then we can go to the blocks, and the newsletter continues to perform really well with an open rate of 62 percent. That's well above industry standard, which for healthcare related industries tends to be around 40 percent. And then for the blog, we -- the -- how much is health insurance in Nevada continues to be a top performing blog. So we take information like that and utilize it to optimize and update those kinds of blogs with relevant information for consumers.

ALEXIS: Awesome. Now I'll dive into the public relations and community relations portion. And so during this off-season campaign, we really focused on maintaining and building relationships with different community partners. Janelle mentioned some of those in her summary, but as the public relations industry is shifting and newsrooms are shrinking, we need to continue to keep up with the trends. And so a new strategy that we've kind of started implementing this off-season is working with influencers as well as -- as mentioned before, really strengthening our community partners to elevate our message and continue brand building throughout the state. And so for the first time, we have started doing outreach to local influencers that have a background in healthcare or they

are community focused platforms that reach a hyper-local audience. One influencer that we are currently working with, her -- her name is Dementia Darling. She has a background in caregiving and dementia, really focused on healthcare, but she resides here in Boulder City and has a great reach locally here. And she's also a enrolling on Nevada Health Link and enrolled through a qualifying life event. And so we are working with her right now to work on a testimonial and share her story because that's very important to be able to connect with other Nevadans through these real stories as well as someone that has such a strong reach as she does. So that's just one example of an influencer we've been working with. And we've also, as Janelle mentioned, are working with some other community partners such as UNLV and UNR, the Reno Aces, Girls and Boys club. And so they're through this off-season, we have been really trying to strengthen those relationships and looking at different ways that we can partner with them. We also had four media placements, in the off-season we've kind of focused on pitching around the special enrollment period and the QLEs as well as we had a really nice story featuring Katie and Janelle from Nevada Health Link in a Mother's Day story in a local, rural publication. And then I'll pass it over to Bridgette to talk about community relations.

BRIDGETTE: Awesome. Thank you. Hello everyone. Bridgette Menist for the record. In the same vein as public relations,

our priority for community relations includes community partnerships and community presence throughout the year. So the special enrollment period is the time of year where Nevada Health Link Navigators have the most capacity to attend community events and meet with potential customers. So our goal is to find as many appropriate and quality events as possible around the state to have a navigator and brand presence at during this time. These community partnerships range from communities and schools, Boys and Girls club and multicultural organizations like the AAPI Chamber. With that being said, through these events, we were able to secure over a hundred events to have Nevada Health Links presence at, of those included 16 sponsorships and navigators had over 16,000 interactions with the general public.

ALEXIS: Awesome. And then for multicultural outreach, this remains a top priority for Nevada Health Link and the Abbi Agency as we work together in this partnership, during this SEP campaign, we've continued to identify different outreach events that target multicultural audiences throughout Nevada as well as sponsorships. And that also leads us to our new multicultural vendor selection. So this came as a joint decision between the Exchange and the Abbi Agency. In order to continue best serving our multicultural audiences and diverse population throughout the state, we made the joint decision to identify a new multicultural PR marketing vendor that could

support our efforts and align with our strategies as well as bringing new ideas and strategies to our existing campaigns. So we're very excited to announce IC Media strategy. They are Nevada based with their headquarters up in Northern Nevada, but they also have team members based in Southern Nevada as well. They are an award-winning agency and have very strong connections and ties, not only with media outlets throughout the state, but also with different community organizations and stakeholders that we aim to reach. So we had about probably a few week process of interviewing a handful of multicultural agencies, Nevada Health Link and the Abbi Agency together joined in on those conversations and we all kind of unanimously agreed IC Media would be the strongest going forward. So that has been a seamless transition, they're already onboarded and are starting to provide strategy recommendations as well as building out social media and PR plans. So we are very excited to announce IC Media as now part of our team. And then, lastly, we'll go over some social media strategy. So we have really started to identify some new ways to engage with our audiences on social media. And that really has been driven by a vid -- like short form video and connecting with the faces of Nevada Health Link. So we've had our social media team capturing content at several community events, which has continued to perform well on social media, while keeping up with trends on social media as well. So we've

started engaging in navigator interviews so that way we can educate and inform the audience around, you know, how they can use the enrollment assisters and get free help in enrolling in health insurance, through really engaging content. We've also integrated a man on the streets style interview content, which has been really fun to interact with local Nevadans and get their perspective and insights around the healthcare industry and kind of a play on, you know, how much they know about healthcare in Nevada and a way that Nevada Health Link can continue to inform and educate its audiences. So we've had great engagement rate and I've grown the audience over 234 individuals as well as a total of a 15,000-person audience. And our engagement -- engagements and impressions have continued to rise. And that is all we have. So thank you all. If you have any questions, please let us know.

VALERIE: Thank you very much, Alexis and Bridgette and Natalie. Appreciate that. Sam, do you have a question?

SAM: With time, I know how to unmute. Thank you, Madam Chair. Sam Kumar. First of all, thank you Janelle, Alexis, Natalie, and Bridgette for taking the time to update us. My question is specific to the rural. So we have an interesting rural scenario about one-sixth of the populations in rural counties, and they are spread out over huge mass land area. We have one of the top 20 biggest counties in the country and one of the bottom smallest counties in the country, and

(inaudible) county as well. What efforts are you putting in to reach the rural population, which has more healthcare needs and is very difficult to reach? And how does your spend break down between rural versus urban populations?

ALEXIS: Yeah, thank you for asking that question. That is really a big initiative for our team that we work alongside with Nevada Health Link to identify the best ways to engage with the rural because we know that it is very difficult to reach them, and reaching them in a way that resonates with them is really important. So in past we've conducted conversations with brokers in the rurals to understand what -- how we can best reach their audiences in a way that is meaningful to them because we know that the strategies and tactics that we use for our more metro regions like Las Vegas and Reno will not resonate with those that are living in the rural. They have different healthcare barriers, and that -- what matters to them is different than that what matters to those that are living in some of our metro region. So that said, we have worked through this SEP to really focus on some different community organizations that we can partner with and Bridgette can talk a little bit about our partnership with Communities and Schools and the fill the bus. Bridgette did you want to talk about that a little bit?

BRIDGETTE: Yeah, so we have partnered up with Communities and Schools this summer through their fill-the-bus

events. And through that we're able to share Nevada Health Link materials, including resource guides and just getting that brand presence out there in front of those members of the rurals is really critical. So that's one way we're engaging them, is just through different organizations. We've previously worked with Family Respite Care to do a community event where we served breakfast and got, you know, Russell from the team in front of their audience and was able to speak to them in the Elko community. So those are a few different examples of how we're engaging those rural residents. But definitely through sponsorships, we've found has really helped just getting that brand awareness out there is key.

SAM: Thank you.

BRIDGETTE: Thank you for your question.

VALERIE: I'm sorry, what?

BRIDGETTE: Oh, I just said thank you for your question.

VALERIE: Oh, great. Yeah, thanks Sam. That was a great question. Sometimes our rural communities are -- we don't always think of them right up front as much as we do the other ones. So thank you for your focus on that and your attention. Any other questions, comments from the group? Okay, well thank you again to our Abbi Agency partners, appreciate that. That is the end of our meeting. The last topic is for possible action is topics, dates, times, and agenda items for future meetings. Do we have any comments for that? We do have a few

items that we know we have to come back with. I think we want to kind of get some updates on the investigation that Russell referred to. Anything else that we need to get updates on, I'm sure there'll be plenty of other updates and I'm not exactly sure how we proceed because the new authority kicks in on 07/01, so I'm sure we'll get updates from the Exchange or from Stacie's team. But seeing no additional topics, we will go to the next agenda item, which is public comment.

TIFANNY: Madam Chair, Tiffany Davis for the record, I'm happy to help facilitate the public comments at this time. And I'd like to remind those who have joined us online that if you'd like to make a public comment that you may raise your electronic hand feature on Zoom at this time, or if you want to indicate in the chat box that you would like to make a public comment, please do so. And our staff will let you call on you and then let you know when you may unmute yourself. And then for those who have called into the meeting, we'll let you know when you may unmute yourself and provide your public comment. And I'll start in our physical location of Carson City. Kassie is there anyone in our conference room that would like to make a public comment at this time?

KASSIE: This is Kassie Fuentes for the record. There is no public comment here in the office. Thank you.

TIFANNY: Thank you for verifying that for us, Kassie. And then online, once again, any attendees who would like to

provide public comment, please raise your electronic hand feature on Zoom and we will let you know when you may unmute yourself. Kaitlyn, do you see anyone who would like to make a public comment online?

KAITLYN: Kaitlyn Blagen for the record. No, I do not see any comment at this time.

TIFANNY: Thank you for verifying. And then our phone lines, if anyone has joined us by calling in, you may go ahead at this point and unmute yourself and provide your public comment. Madam Chair, not hearing anything, I think that we are good to close the comment -- public comments, there's nothing at this time.

VALERIE: Thanks, Tiffany. All right. And that brings us to adjournment. Do we have a motion to adjourn the meeting?

SAM: Madam Chair, Sam Kumar, so moved.

VALERIE: Do we have a second?

LAVONNE: Lavonne Lewis, second the motion.

VALERIE: Thanks, Lavonne, appreciate that. All right. All in favor say aye. Thank you everyone.

ALL: Aye.

VALERIE: All right. Have a great rest of the day and thank you again everyone for your time and attention. Appreciate it. Bye-bye.

LAVONNE: Bye-bye.

SAM: Thanks everyone.

*** END OF MEETING ***