SILVER STATE HEALTH INSURANCE EXCHANGE

CONSUMER ASSISTANCE ADVISORY COMMITTEE

MONDAY, APRIL 23, 2012, 9:30 A.M.

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MS. ETKINS: It is 9:35 on Monday, April 23rd. I'll call to order the Consumer Assistance Advisory Committee for the Silver State Health Insurance Exchange. I'd like to welcome everyone, all the Committee members, all staff, and all the public for attending. And if we could have Mr. Hager call the roll.

MR. HAGER: Mr. Downey?

MR. DOWNEY: Present.

MR. HAGER: Ms. Ellis?

MS. ELLIS: Here.

MR. HAGER: Ms. Joiner.

MS. JOINER: Here.

MR. HAGER: Mr. Mazzone?

MR. MAZZONE: Here.

MR. HAGER: Was that a "Here"?

MR. MAZZONE: Yes, sir

MR. HAGER: I can't -- I think, your mic is off.

MR. MAZZONE: That's affirmative, sir.

MR. HAGER: Thank you very much.

Mr. McCoy?

MR. McCOY: Here.

MR. HAGER: Ms. Pierotti-Buthman?

MS. PIEROTTI-BUTHMAN: Present.

MR. HAGER: And Mr. Rodriguez?

And Vice Chair Lewis?

MS. LEWIS: Present.

MS. ETKINS: She just arrived.

MR. HAGER: And Chair Etkins?

MS. ETKINS: Present.

MR. HAGER: We have a quorum, eight members present. Mr. Rodriguez is absent.

MS. ETKINS: And are there any announcements, Mr. Hager? I do not have any announcements. Do you or any member of the staff?

MR. HAGER: No, we don't have any announcements. We do have some public comment that was sent to us this morning, when you're ready for that.

MS. ETKINS: Let's start with public comment.

MR. HAGER: So the two items that were received, one was an e-mail that had an NCQA White Paper. And I can't remember exactly what NCQA stands for, but it's the national accreditation, one of the

national accreditation agencies. They accredit carriers. And the White Paper talks about helping Exchange shoppers understand value, helping Exchange shoppers find value, helping Exchange plans provide better value, just items on value, talking about outreach, talks about some of the plan certification aspects of it, but also the consumer outreach sections of our responsibilities.

So I will send that out to the Board members when we -- after the meeting. And we will post that on line.

The second one was from Ms. Ellen Nakamura from the observer -- an observer from the League of Women Voters Health Committee. And that comment, basically, concerns involving the public and forming focus groups.

I would like to point out that we had 31 focus group meetings last calendar year. We intend to start them again at some point when we start getting into the marketing advertising campaign. We are, obviously, including the public in all of these meetings, so we are trying to get as much public involvement as possible. It is difficult to get everybody to come. We are trying to get the announcements out there. But as it is, we're getting as much information out there as we possibly can. And can you go onto our website to find any of the

information.

So those ready two public comments and, I guess, my response to that. If there's any other public comments.

MS. ETKINS: Is there any other public comment in the north?

MR. HAGER: There is not.

MS. ETKINS: We do have public comment in the south.

MS. MAZE JOHNSON: Good morning. My name is Peggy Maze Johnson, and I represent the Consumer Assistance and Resource Enterprise. I also am a member --

MR. HAGER: Ma'am, could you spell your last name, please. Could you spell your last name, please.

MS. MAZE JOHNSON: Yes. It's Peggy Maze, M-A-Z-E, and then Johnson, as it sounds.

MR. HAGER: Thank you.

MS. MAZE JOHNSON: And I'm also a member of the League of Women Voters. And this Committee was quite prominent in comments at the league meeting on Saturday morning. And, I think, the question was having these meetings, you know, they're legally posted, but they are not being sent out to interested organizations. And League of Women Voters is kind of a -- it's kind of a

no-brainer because of the kind of work that we do at the league, you know, that it would be nice for some of the community organizations to get information about these meetings so that we could be in attendance.

I know that that's been my frustration. And I've served on boards that we've legally had to notify the public, and we had three postings. But that doesn't get to the people that really need the information.

So that was, that was the entirety of the comments at the League on Saturday morning.

MR. HAGER: Ma'am, before you go --

MS. ETKINS: Thank you, Ms. Johnson.

MR. HAGER: Before you go, can you please send me an e-mail of the people that you would like to have contacted? We will be happy to get this information out to whoever you might think it should go out to. If we can get e-mails from those individuals saying that they would like to be on the distribution list, we will get that information to them.

MS. MAZE JOHNSON: I will certainly do that.

MR. HAGER: Thank you. We are happy to --

MS. REYNOLDS: Jon?

MR. HAGER: -- provide this information to anybody that wants it.

MS. REYNOLDS: Jon, I just wanted to let you

know that per the open meeting law, if they request it, the request is good for six months for you to send it to them. But it's up to you if you want to continue to send it to them.

MR. HAGER: Yes. And so far, we have not taken people off of the list yet. At some point, we might do that. I think, it would probably be after implementation. But certainly we're well aware. And I appreciate, I appreciate that.

And if anybody, if they want to know about these meetings, let us know. We will send out e-mails to them. If they don't have e-mail, we will send a letter out to them that provides the agenda as soon as we send it out to everybody else.

Thank you.

MS. MAZE JOHNSON: Just a comment, Mr. Hager, you must be the only organization that takes names off of lists.

MR. HAGER: We have not taken anybody off the lists.

MS. ETKINS: We have another public comment. And please state your name and organization for the record.

MR. GOLD: For the record, Barry Gold, AARP, Nevada Director of Government Relations. I encourage

the subcommittee to be -- when they're discussing the navigator and broker programs, which are probably pretty much how this whole thing is going to get transmitted to the public and it's going to work, If you build it, will they come? kind of a concept, is really, really important. But I encourage you to be as inclusive as possible when considering the types of agencies or the people that can be navigators. That is very important. And not just the types of agencies and people, but the kinds of technology that's available for these people to use.

At the last Board meeting, there was talk about whether people could apply in person, on the website, by -- by paper method, by fax. And there was a question whether fax methods would be necessary or not, because, gee, who uses faxes anymore? And I public commented at that meeting, spoke that in some of the underserved areas and the rural areas and some of these very small community agencies and these organizations that may need to be navigators in these small rural areas, where there still is a digital divide in some parts of Nevada, all they may have is a fax machine.

So I would encourage that some of your recommendations not only that the agencies be as inclusive as possible, but the use of technology as

well. Thank you.

MS. ETKINS: Thank you. Is there any more public comment in Las Vegas?

MS. DeROUSSE: Yes.

MS. ETKINS: No, there is not. Is there any public comment in the north?

MS. DeROUSSE: Yes, Ms. Etkins, we do have public comment in the north.

MR. HAGER: And hit the button.

MS. MOSS VETICA: Good morning. Alise Moss Vetica, with AMV Healthcare Consulting, for the record. I would just like to concur --

MR. HAGER: Can you spell your last name, please. Moss Vetica, M-O-S-S space V, as in victory, E-T-I-C-A, Vetica.

MR. HAGER: Thank you.

MS. MOSS VETICA: Okay. I'd like to concur with what Barry Gold said in his comment. We do need to be more inclusive. Last week, I did mention the very same thing about the public notification. And I noticed in the agenda the organizations that were notified of this meeting, where it was posted. And all of those postings are in like Carson City, Nevada, but government facilities.

And if one of the goals of the Consumer

Assistance is to reach the public and be inclusive of the public, I feel that there is a need, again, and I'm greatly emphasizing this, of thinking out of the box. Because most people do not chase this information. But because they don't chase the information does not mean that they don't want to be included in the information. I constantly run into people who will say to me, "I didn't know about this. I didn't know about this."

And especially when we are trying to be very diverse, and I'm not talking about race, but diverse in background, diverse in knowledge and information, skill sets and bringing navigators to the table, we should reach out to them proactively, not afterwards, during the initiation and planning phase rather than the execution phase of this project.

So I am just asking you again to please think out of the box. We have the technology. It can be done. It can be done. There are simple things like robocalls of when a meeting would be. And the money has been provided through the Affordable Care Act for the planning, for the initiation. I'm just asking that you would take some of those resources and proactively reach out to the other enterprises that may be interested in this.

Thank you very much.

MR. HAGER: And, Ms. Moss Vetica -- for the record, Jon Hager. I meant to ask you to stick around after the last meeting to talk with you. Can you stick around here? I'd like to hear some of your ideas so that we can make sure this gets out it everybody.

MS. MOSS VETICA: I will. Thank you.

MS. ETKINS: Any other public comment up north?

MR. HAGER: None here.

MS. ETKINS: All right. Public comment -- oh.

MR. DOWNEY: Madam Chair, may I make a comment, if possible? This is Randall Downey, for the record. At the last Board meeting, speaking about communications, it was brought to my attention following the meeting that individuals who are interested were not able to log on or to phone in to follow the proceedings. And I'm not certain if that was a one-time event or if it's just a technological problem at that point, or it's that's been an extended problem.

MR. HAGER: For the record, Jon Hager. We have had some issues. I think, we've gotten them all resolved. The website issue, that did not start for 15 minutes. So, unfortunately, if you gave up after five or 10 minutes, then you would not have been able to follow it. But, I believe, it was on line about 15 minutes into the program.

We are trying our best to make sure that the meetings are at this meeting and at the Grant Sawyer Building so that we can have easy access from the website and for the call-in number. The call-in numbers will be up and running at every single meeting from this point forward. It is up on this meeting.

I don't know if we have anybody on the phones right now. But, yes, it was an issue. It, hopefully, will not be an issue in the future.

MS. ETKINS: With that, is sounds like public comment is closed at this time. And if we can go to agenda item III, approval of the minutes of March 9th and March 20th. I believe, those were on the website and prepared by staff.

Has everyone had an opportunity to read them? And should we do them one at it's time, or should we do both? Why don't we do both together? They're fairly short.

MR. HAGER: That's fine. And a point of clarification, these are action minutes. They're not the full minutes with all of the full discussion. They are just the minutes on the recommendation, or the items that have been recommended or -- the items that have been taken action on.

MS. ETKINS: Thank you. Do we have a motion to

the minutes and then discussion?

MS. LEWIS: Madam Chair, I move approval of the minutes of March 9th and March 20th.

MS. ETKINS: Any discussion?

MR. MAZZONE: Second.

MR. DOWNEY: Madam Chair, Randall Downey, for the record. I'd like to ask for a correction to be made to the minutes of March 20th. In the recording of the vote tally under agenda item IV, I did cast a vote. However, I'm misidentified. My name is Randall, not Robert. Robert is my father. And a second cousin is a well-known personality.

MS. ETKINS: Mr. Hager will make sure that gets corrected. We apologize.

MR. HAGER: Yes, we will correct that. Can I get the name of the second? We heard Ms. Lewis was the motion.

MS. ETKINS: Mr. Mazzone.

MR. HAGER: Mr. Mazzone. And we'll need an amendment to the motion because of that correction.

MS. ETKINS: May we have an amended motion to accept the minutes as amended by Mr. Downey to change his name to Randall from Robert?

MS. LEWIS: I so amend the motion.

MR. MAZZONE: Second. Dwight Mazzone.

MS. ETKINS: Any further discussion?

All in favor?

(Committee members said "aye.")

MS. ETKINS: Opposed?

The motion passes.

And if we can move on to agenda item IV. Mr. Hager.

MR. HAGER: Agenda item number IV provides information regarding the Consumer Assistance Advisory Committee, specifically the Committee calendar information provided at the previous Committee meetings and Committee recommendations approved by the Board. The calendar has not changed significantly. You'll notice that in the status column for the inventory, we're awaiting the inventory report. We hope to have that to the Committee at the next meeting, which, I believe, is sometime at the end of May. I don't have the exact date on me right now.

We're, obviously, going to talk about navigators and brokers for the third time today. We are -- while we indicated in the past that we wanted only two, we wanted to talk about each item twice, this is, obviously, a significant issue, and we are not delaying the implementation of the Exchange at all by having a couple of extra shots at this.

So third, fourth, we will definitely be talking about this a fourth time, maybe a fifth time. But, hopefully, the fourth or fifth time, we'll get some resolution on defining the roles of the navigators and brokers.

At the next meeting, we'll start talking about the consumer assistance program, the detail on it, and some of the other items on the calendar.

In the previous meetings, we spoke about the regulations that were promulgated by the feds. Again, the consumer assistance inventory report that will, hopefully, be available at the next meeting. The strategic plan was provided. This was a Board decision. I wanted to make sure that everybody had this so that our decisions are in line with the strategic plan, the mission, vision, values and goals of the Board.

The recommendations that were approved by the Board. The Board approved all of the recommendations of the Committee. Specifically, we talked about a basic outreach strategy, which talked about assembling a team, hiring a communications officer, hiring a marketing and advertising vendor, conducting market research, partnering with private and public sponsors, collaborating with business, and measuring and reporting success.

The Board approved that recommendation with only a -- there was a minor change. I think, the only thing that we added was the -- added the word "tribal communities" in the outreach to ethnic community. So it's "Outreach to ethnic and tribal communities," which, I think, is within the spirit what the Committee recommended.

There is a misspelling on Red Sox, S-O-X, not socks like the ones you wear. But, you know, that thing happens.

The types of consumer services for enrollment, that we -- we categorized into those required by the Affordable Care Act and those that are recommended, although we noted that they require further cost analysis.

I would like to point out that the -- that the Committee did not recommend the use of paper applications. However, in getting into the nitty-gritty of the regulations, we are required to take paper applications. So that will be in one of the items that we use to enroll people. So the items are currently the website, toll-free number, toll-free number for hearing impaired, by mail, and a walk-in center.

And, again, we are going to have a walk-in center, but it's not going to be run by the Exchange.

It will likely be run by navigators or brokers, the Welfare office, Welfare offices that currently enroll Medicaid enrollees. So there will be a number of ways to walk into an office, but the Exchange itself will not have a brick and mortar office other than our administrative offices. Well, I should say office. And it's a small office, and we have to get into a larger space soon as we expand our staff.

But, basically, those items, other than the mail, are exactly what the Board recommended. The other ones, kiosks, e-mail, website, chat support, mobile phone apps and mobile -- possibly a vehicle for some of the rural areas, that those were approved. And, again, those require some additional cost analysis, but we'll make sure that we do an appropriate analysis for those.

The other item that was brought up at the Board meeting, which wasn't specifically voted on, was accepting faxes. And we will certainly consider that as we move forward and try to make sure that all possible avenues for getting information for enrollment are available.

With that, I will take any questions that the Committee might have.

MS. ETKINS: Any questions down south?

Any questions up north?

MR. McCOY: Just point of clarification. I don't know whether it's covered somewhere else. This is Tom McCoy. Are we addressing any issues related to the blind, in any aspects of what we're doing?

MR. HAGER: I would -- well, we will. The Affordable Care Act requires that we provide -- provide information in a way and enrollment avenues in a way that can support those that have issues such as hearing loss or vision impairment.

So, yes, we will do -- the Affordable Care Act requires that we ensure that those avenues are covered.

MS. ETKINS: Mr. Mazzone?

MR. MAZZONE: Dwight Mazzone. Mr. Hager, would I be right in assuming that because this is a federal law, that we must comply with ADA; and if so, doesn't that answer that question? ADA, Americans with Disabilities.

MR. HAGER: Yeah, I know what it is. I'm not -- I would assume that we need to, but I can't say for certain. But we will make sure that all avenues for enrollment are available to those that need it.

MS. ETKINS: Lynn Etkins, for the record. Just getting back to the fax discussion that we had at the last Board meeting and then public comment this morning, to me, it completely makes sense, and it probably falls

under the paper applications, I would say. It's just a different method of getting that paper application in, whether it be my mail or by fax. So that makes perfect sense to me. And I just wanted to say that.

So any other comments on agenda item IV?

All right. With that, we will move to agenda item V. Mr. Hager?

MR. HAGER: Oh, yeah, that was the verbal report, So the verbal report, it was a discussion on the inventory report. We should be getting -- as I indicated before, we should be getting that inventory report in the next couple of weeks. So it should be available for the Committee to review at its next meeting. And, I believe, that meeting is somewhere around the 17th or 18th, but don't quote me on that.

So with that, that concludes agenda item number V.

MS. ETKINS: Thank you. And we will now move to agenda item VI.

MR. HAGER: Agenda item number VI discusses the roles of navigators and brokers, specifically the roles as required by the Affordable Care Act; the relationship with insurers and the Exchange; target population priorities; scope of responsibilities; certification, licensing, training requirements and process;

performance metrics; and compensation schedules.

There are some recommendations regarding brokers. However, I think, we would like to delay the final recommendation on the brokers until we figure out the navigator program.

As we've talked about before, the navigator program is required by the Affordable Care Act. And we'll discuss that further, in further detail. The broker program is allowed by the -- the use of brokers is allowed by the Afford Care Act; it's not required.

There will be discussion on whether or not we'll allow brokers to sell insurance products in the Exchange and what we might require for a compensation schedule. And so that's discussed in here. However, I think it's important to make sure that we have a good inventory of our resources available for the navigator program and set that navigator program prior to making recommendations on the broker program.

I think, we'll find, through this report and subsequent discussion, that, I think, both groups are important.

But that being said, obviously, we are required to establish an effective, efficient and sustainable consumer assistance and outreach program. It's very important, given that the 500, 550 thousand uninsured in

Nevada don't have insurance for a variety of reasons. And it is incumbent on this program to make sure that they are educated and understand the reasons that you should get insurance.

It's going to be quite a challenge given that we have one of the higher rates of uninsured in the nation. We have -- one in five Nevadans are uninsured. Approximately 27 percent of nonelderly adults are uninsured. So it's a significant issue that we will have to figure out.

The final rule issued on March 27th -- they actually provided it on March 12th, but actually published it March 27th -- by the Health and Human Services for the U.S. lays out a number of requirements and expectations for the Exchange. The rule also clarifies to a certain extent the distinction between navigators and brokers. We've included in Attachment A, segments from that final rule. It's Title 45 of the Consolidated Federal Regulation 155.205, 155.210, and 155.220, which talks about the consumer assistance tools available, the Navigator program, and the ability for states to permit agents and brokers to sell products in the Exchange to qualified individuals, qualified employers and qualified employees.

The role of brokers in the Exchange, again, the

final rule allows brokers to sell products in the Exchange, to sell qualified health plans that are offered through the Exchange, assuming the state permits it. And so one of the discussions that we will need to have in this committee and then at the Board, is whether or not we permit brokers to sell products in the Exchange.

Brokers in Nevada play an important and influential role in the distribution of health insurance. Both individual consumers and business owners rely on brokers to sort through their health insurance options, provide health plan recommendations, and serve as their agents throughout the year in dealing with insurance companies. This value provided by a broker is measured by the commission paid to brokers by the insurance carriers. If the service provided by broker was not valuable, brokers would not receive commissions. But, obviously, they do.

Furthermore, if brokers are not allowed to service the Exchange market, it is likely they would drive business away from the Exchange toward plans offered by carriers for which they receive compensation. This would decrease enrollment, making sustainability more difficult.

Now, obviously, if you are eligible for a

premium tax credit, your only way to get that is through the Exchange. So it is unlikely they drive that business away. But we would not get any of the additional business for those individuals that are unsubsidized, those that have incomes that are over 400 percent of the federal poverty level.

And the more comers, the better. So we'd like to have as many people as possible. It will allow us to distribute our fixed costs among a wider array of individuals and lower the cost on a per member per month basis.

Finally, it should be noted that a large portion of uninsured Nevadans do not have insurance because it is not affordable. The premium tax credit will make health insurance much more affordable, and brokers are currently in a position to assist these new entrants into the health insurance market.

When we wrote this report, the recommendation was to permit agents and brokers to assist qualified individuals, qualified employers and qualified employees with enrollment in qualified health plans in the Exchange. That's not to say that that won't be the recommendation, but we need to have a discussion here today and talk about it further. Once we get the discussion about navigators solidified, then we'll

circle back on the question of brokers.

The final rule requires brokers to register with the Exchange, receive training on qualified health plan options and other publicly subsidized insurance programs and comply with the Exchange's privacy and security standards.

The Department of the Treasury has some strict security standards regarding the promulgation of MAGI, modified adjusted gross income, information because brokers will be assisting individuals with obtaining premium tax credits, assuming that the Board, assuming that the committee and the Board go forward with the recommendation to allow brokers to assist individuals to enroll. Because they have access to that information, they will need to make sure that they are certified in the requirements that the Treasury requires and, of course, the privacy and security standards that we end up having with the Exchange as well.

The Nevada Division of Insurance currently regulates and licenses brokers. The Division requires applicants to take and successfully pass the state insurance exam in the lines of authority for which the applicant is applying; for example, health, property, life, casualty. The individuals applying for a resident license with the DOI must furnish a complete set of

fingerprints and undergo a criminal background, history background check.

So if there are additional requirements that we have, we will work with the DOI to make sure that those additional requirements for broker licensing are met. And, again, they have to register with the Exchange.

The brokers' target population. And rather than specifically talking about a specific demographic, what we did is break this down between the reasons that people don't buy insurance. And it may not be completely applicable. But, generally, people don't buy health insurance because it's -- because it's not required. They don't need to buy it. Health insurance costs too much. Health insurance choices are too complicated. They are invincible. They are uneducated on their financial risk. They do not believe in health insurance. Because it's an intangible product, they don't see what they're getting for it. And/or their cultural heritage does not value health insurance.

Now, obviously, a lot of those questions are intertwined, a lot of those reasons are intertwined. Somebody as invincible is also not getting it because it's not required. So there's a lot of different reasons why people buy it.

But due to the forms required by the Affordable

Care Act, health insurance will be more affordable. The choices will be less complicated, although slightly so. But they should be less complicated. If we do our job right, they should be shown in a manner that makes it a little bit easier to do side-by-side comparisons. And it will be required, assuming that the Supreme Court does not strike down the Act or any portion of it.

Between the premium tax credit, the individual mandate and the employer tax credit, brokers should easily be able to increase enrollment for those individuals who did not previously purchase insurance because of the first three items, which, again, were the health insurance is not required, health insurance costs too much, and health insurance choices are too complicated.

These individuals will likely be a fairly similar demographic to that of the brokers' current clientele and are likely to have numbers that fall in the upper range of the subsidized Exchange market as well as the unsubsidized Exchange market.

I would imagine that if you're going into a broker's office, you are more inclined to have done that in the past. You may not have done it because of those reasons. But you're going in there because you have money to pay for the insurance. It is less likely that

those that are closer to the lower income range will go into a broker's office, although they still might. But I would imagine that many of those individuals would end up going possibly to the Welfare offices, going through the Medicaid side of it, and understanding suddenly that they're not eligible for Medicaid, but that they could get coverage through the Exchange.

And, again, there's going to be a lot of overlap in these targets. And I could be wrong. But that's kind of the way that we see it, and we'll see if that holds true.

The brokers' scope of responsibilities. Brokers currently provide individuals and employers with information regarding health insurance and assistance in enrollment and health plans. Brokers that enroll individuals in the Exchange should also understand the basics of premium tax credits, the qualified health plans and where to send individuals who require social services such as Medicaid, SNAP and TANF.

Couple more items about brokers, and then we'll pause for questions.

Brokers' current relationship with insurers. Obviously, they are contracted with insurers to provide enrollment to those plans. They are a distribution channel for insurers. The rates paid by insurers to

brokers vary depending on the insurer, whether the broker is enrolling an individual or a group, and how big those group are.

There are concerns that as a carrier raises its commissions, brokers will enroll more individuals in that carrier's plans, regardless of whether that carrier offers the best product. One way to mitigate this adverse selection is to introduce a fixed commission for enrollment in all qualified health plans. However, if commissions for enrollment within the Exchange are fixed at a point that is too low, carriers could raise the commissioners they offer to steer enrollment away from the Exchange. If the commissions are too high, insurance coverage will be less affordable. Because carriers offer different rates, carriers will have commissions that are higher or lower than the fixed Exchange rate, which will cause a situation in which enrollment is steered away from the Exchange, or in other cases where the commissions are too high.

It is important to note that the current state of broker commissions has evolved over the years to its current state and continues to evolve as market conditions change. Introducing a fixed commission in the market introduces an additional complexity that would need to be monitored and adjusted regularly by

Exchange staff or the Board.

Additionally, in the strategic plan, the Board declared one of its values to be "...creating a business friendly environment for the simple purchase of health insurance."

Some of the other committees -- this particular Committee didn't establish a set of key principles. But the Plan Certification and Management Committee indicated that a couple of their key principles were to encourage enrollment, which would indicate not only that we're creating an effective consumer outreach campaign, but also that we keep premiums low, as low as possible, but also to protect special populations.

So there's a balancing act. In this Committee there is less of a balancing act, there are fewer decisions that require the balancing act. And we are trying to go out and get the word out as much as possible. So we didn't focus on key principles for this committee. But I think it's important to note that we're trying to keep -- we're trying to keep premiums as low as possible. And, most likely, one way to do that is to let the carriers and the brokers figure out what their commissions should be.

So the recommendation, again, we'll wait until we get the navigator question figured out. But the

recommendation was to allow brokers to receive compensation from carriers for enrollment in the Exchange in accordance with the brokers' contracts with the carriers. And staff will ensure that the enrollment system can accept a broker ID and transmit that data to the carrier so that the broker can receive the commissions.

As far as performance metrics go for the brokers, if we proceed in this manner, we would let the carriers determine what -- how their performance is. We would, of course, monitor the enrollees that each broker has, and we would have access to the rates that the brokers have, that brokers are paid, the commissions that brokers are paid. And we'd probably do a review of the enrollment from each broker to try to make sure that there isn't too much swing in one direction or another. That is counter to what we expect based on pricing and quality.

So we will monitor that, those items. But they would be in the -- it would be for the purpose of determines whether or not we should make additional tweaks or additional changes to the way brokers are compensated in the future. As for now, before we have any data, it makes sense to us that we try to leave the market as closely as possible to what it is today and

let the remainder of the Affordable Care Act create the changes that we'd like it to make.

So with that, I'll pause before we start talking about the navigators and ask if there's any questions.

MS. ETKINS: John, this is Lynn. I think, what I would prefer us doing -- I apologize -- is to actually go backwards and discuss the navigators first prior to the brokers. I want to get a much clearer sense and make sure everybody's on the same page.

Although we don't have the list of resources of where the navigators might be, I want to get a much better sense of what the navigators are going to do and how they're going to do it, because I don't think you can kind of figure out the broker question until we know what it is that we have to have with the Affordable Care Act.

So, I guess, that's how I would like to do the discussions. So, I guess, it's a little bit backwards. And I know you just went through a lot of that, I know you're probably -- your voice is probably tired to go through the navigator portion. But at least that's how I kind of think and just want to see how it all plays out step by step. So that's my request.

MR. HAGER: Absolutely. I was just pausing to

give myself a chance to get a drink. So thank you.

Okay. So navigators defined. Navigators are private or public entities that are qualified and licensed, if appropriate, to care out at least three of the following duties: maintain expertise in eligibility enrollment and program specifications and conduct public education activities to raise awareness of the Exchange; provide information and services in a fair, accurate and impartial manner; facilitate selection of a qualified health plan; provide referrals to appropriate state agencies for any enrollee with a grievance, complaint or question; and provide information in a culturally and linguistically appropriate manner.

Navigators must demonstrate that they have existing relationships or can establish those relationships with employers, employees, consumers, et cetera, or self-employed individuals that are likely to be eligible to enroll.

It is expected that navigators, perhaps unlike brokers, will have expertise in the broad range of public medical assistance programs, including Medicaid and Nevada Check Up. While we would expect that brokers have some of that information so that they know where to send individuals if they need help with those items, the navigators would have much more, much greater

information or much broader knowledge of those topics.

In much the same way that the state is developing a "no wrong door" approach with regard to eligibility determination systems, which will allow an individual to apply for all medical assistance programs -- for instance, Medicaid, Check Up and the Exchange, through a single portal application -- navigators will need to have expertise across multiple programs. A navigator will likely not know which programs an individual or family may be eligible for until the eligibility process is complete or at least started.

Accordingly, navigators will need to be well-versed in each of these programs and will need to be able to assist people with the eligibility and enrollment process for all medical assistance programs.

So just a little bit of background on how this works with the web portal, and if you may recall from previous discussions, everything, all of the decisions will go through the web portal whether you're going online yourself as an enrollee, or you're going into a navigator or broker's office, or you're calling into our call center, all of that information will be funneled through the web portal. You may not be doing it yourself; somebody on the other end of the line might be

doing it. But, basically, you'll enter some basic demographic information. That information goes to our eligibility engine, which would go to the federal data hub and come back with possibly a verification of citizenship status, with the modified adjusted gross income information that's provided, and will come back through those systems, back to the web portal, and say, "Yes, you're eligible for the Exchange, and here is the amount of your premium tax credit, and here is the amount of your premium," depending on which item you select.

If you're not eligible -- or excuse me. If you're eligible for Medicaid or other public assistance programs, it will indicate that, and at that point the web portal would redirect you to --

MS. DeROUSSE: Access Nevada.

MR. HAGER: Access Nevada. Thank you. And you'll be able to access those programs through that system.

So that is the gist of how it would work with the web portal. The navigators would work with the same work flow to get the people, the consumer to the right place.

As discussed with the brokers, the primary reason that people don't purchase insurance, again, it's

because health insurance is not required, it costs too much, the choices are too complicated, the individual is invincible, the individual is uneducated on their financial risk, they do not believe in health insurance, because it's an intangible product, or their cultural heritage does not value health insurance.

While brokers' likely target populations will be those who do not currently purchase insurance because of items one through three above, navigators will likely target populations who have the issues of the other items. So, basically, items three through seven. And, again, there will be some overlap. These issues generally will require a stronger educational component to secure coverage. These individuals will likely have lower incomes and will be less educated than those serviced by brokers.

One item that I would like to point out, of the 500 or 550 thousand individuals that don't have insurance, health insurance in Nevada, I believe, the -- one of the numbers was 45 percent of those individuals are Hispanic. I've been told -- I haven't confirmed this -- but that the Hispanic culture does not value insurance. They can understand paying a doctor. They can't understand -- this is a very broad generalization. But, again, their culture does not value purchasing

insurance. So I'll leave it at that.

Moving on, licensing certification and conflict of interest standards. Navigators must meet licensing or certification standards as determined by the Exchange. But the standards are not defined by the final rule. So we would need to define those licensing standards. And, apparently, there will be further information coming from Health and Human Services. They typically say "soon." Don't know how long that will take. But soon.

In addition, navigators cannot have any conflicts of interest. They cannot be paid for enrollment by the carriers. They cannot have any financial considerations, or nonfinancial considerations. So they can't get kickbacks from the carriers. They cannot be paid by carriers. They cannot get travel arrangements or vacations paid by carriers. They really can't have any connection with the carriers.

One of the possible groups that can be navigators are brokers. But if they -- if a broker becomes a navigator, they can't be paid by the carrier any longer, and so they would be completely separate from the outside, the non-Exchange market. And it's difficult to say whether or not a broker would decide that they want to be a navigator and only be paid for

through the Exchange. And, again, that would also depend on what kind of navigator program that we put in place.

We will need to develop training programs for individuals that perform navigator functions, including both paid and unpaid staff members for organizations that is serve as navigators. The training must ensure navigators are competent in the needs of the underserved and vulnerable populations, for eligibility and enrollment procedures, and the range of public programs and QHP options available through the Exchange. Additionally, navigators must be trained in privacy and security standards and protocols pertaining to personal information.

And, then, finally, the rule prohibits the Exchange from requiring navigators to meet the licensing requirements that apply to brokers and agents. So while we might require licensing requirements for navigators, they will definitely be different from those required of brokers.

The types of groups that may be navigators include, first of all, a community and consumer-focused nonprofit group must be a navigator. And then any -- at least one of the following: trade, industries and professional associations; commercial fishing, ranching

and farming organizations; chambers of commerce; unions, Small Business Association resource partners, licensed agents and brokers; and other private/public entities that meet navigator requirements, including tribal entities and state or local government agencies.

Additionally, the preamble to the final rule indicates that the Exchange must engage in regular and meaningful consultation and collaboration with tribal governments.

We do have a tribal consultation process set up. We have not yet been able to secure the signatures or secure that agreement with any specific tribe. We will be working on that soon. We have had a couple of minor setbacks. But we'll be working with that and then -- and working to make sure that tribal organizations are included in the process of the Exchange.

The navigators' relationship with insurers. Navigators cannot be a health insurer, a subsidiary of a health insurer, or an association that includes members of, or lobbies on behalf of, the insurance industry. And then, as discussed previously, they can't get any type of consideration, financial or otherwise, from the carriers.

And then we talked about brokers briefly. So

on the next page, structuring the navigator program. The Exchange will need to establish a process for awarding grants to navigators. Because navigators will likely be helping Nevadans complete the eligibility enrollment process for QHPs offered through the Exchange as well as other public programs, the Exchange may consider developing the navigator program in collaboration with other state entities, including Medicaid, Welfare, GovCHA and the department itself, the Department of Health and Human Services.

Nevada currently relies on community-based groups to help with outreach and enrollment for Medicaid, CHIP, and other public assistance programs, and these programs may be prime candidates to become Exchange navigators. In addition, in Exchange may need to expand consumer outreach efforts beyond those groups to reach people who normally are not eligible for public assistance programs and who may not come into regular contact with some of those groups that have historically served as enrollment assistance of some other, of the state, county, state and county public assistance programs.

And, again, we'll have that consumer inventory, consumer outreach inventory report, hopefully, at the next Committee meeting.

Funding the navigators program. According to the Affordable Care Act, no federal funds can be used for the navigator program. So any fees that we receive will have to be generated from other sources other than the federal funds.

And at this point, it appears that staff will request an advance from the General Fund pursuant to our statute. We can request up to 25 percent of our total revenues. So for the time period, basically, July through December, any navigator program -- excuse me -- of 2013, we would request an advance from the General Fund to pay for those navigator programs. Then, starting in January, we would start to receive enrollment fees probably from the carriers for the enrollment in the Exchange. At that point, we would start accumulating a small reserve to pay for our operating expenses and to pay back that advance from the General Fund.

And with that, I'll be happy to take any questions.

MS. ETKINS: Let's start, if we could, let's start with questions on the roles and responsibilities and duties of navigators, understanding that we still need an inventory of where these places might end up. Let's start with questions about navigators.

MS. PIEROTTI-BUTHMAN: Madam Chair, Gina Pierotti-Buthman, for the record. I just have a comment with regards to page five, under the heading Navigators Defined. When you consider the extent of education, training as we evolve, meeting our goals for this program, navigators will need -- the middle of the page, that paragraph, navigators will need to have expertise across all public programs.

I'll be transparent. I've done this for a while. I don't even have expertise on all public programs. I would like for consideration -- what I do have, though, is understanding my resources and how to contact them.

And, Mr. Hager, earlier you had commented, in reading through this material, the process with which to, for example, calculate the tax credit. You know, that I believe that through the means of mechanisms that navigators will have to navigate clientele through selection and providing information for them will also lend greatly to providing the navigators with resources.

Just a comment. Thanks.

MS. ETKINS: Any other questions or comments about the navigator information, up north?

MR. HAGER: We do have public comment, if you're willing to take that after everybody else is

done.

MS. ETKINS: Thank you. Mr. Mazzone?

MR. MAZZONE: Dwight Mazzone. I've read through this thing about four or five times, and I am still totally confused. Because we're not -- we haven't defined anything yet. Tell me what a navigator is. Tell me who could even qualify.

I read this stuff, and it's really doesn't get to any specifics. We can't license them. They don't have to have E and O. We think that they should know something about all the public programs in the state. Find me somebody that actually does that outside of maybe my buddy down out the end of the table. There's very few people around. And while I'm willing to let him do it, I don't think he can handle 500,000 people.

We haven't yet defined what a navigator is, at least not as definitively as we need to define it, for this Committee to be able to say this person or this organization can be a navigator, they can do the job, and here's what the job is.

We're still, I think, we're still at the 50,000-foot level or something, Madam Chair, rather than down. Right now, I feel, if we've got something, do we have to be done by -- what is it, June the 14th or something? We better down on the ground beating up each

other about what this thing really looks like and who could actually be a navigator.

MS. ETKINS: And, I guess -- Lynn Etkins. I guess, the big question for me is -- thank you for those comments, slash, questions. Assuming, if I can, for a moment, assuming folks do not need assistance in navigating the website, somebody who needs health insurance, wants to purchase it through the Exchange, goes to the website, makes their selection and moves on, never sees or talks to anybody. So there's definitely going to be that group of people, I'm assuming.

But the people that do need some assistance in making selections, I guess, getting to Mr. Mazzone's question -- and, Mr. Hager, if you'd give us your thoughts on this. Is the idea that the navigator is going to be assisting people making the actual health care choice, or the navigator is going to be assisting people through the process and through the website, or are they really going to be making -- I don't even know if recommendations is the right word, but explanations of the different health care plans that are available through the Exchange?

MR. HAGER: I guess, that's the million-dollar question and what the Committee was formed to determine. The Committee should decide -- and maybe I'm wrong.

Maybe I need to provide further definition. But, I think, the Committee needs to decide how involved the navigator should be.

The information that I have received from Mr. Mazzone and some of his broker colleagues is that because they're not required to carry any kind of liability insurance, or maybe we will require that, which would end up meaning that we would have very few navigators, but because there would probably be no requirement to carry liability, then it might lend -- that question might lend itself to they will help them through the process, but not necessarily make recommendations on coverage options.

What I thought would happen was a person would walk into a navigator's office, and the navigator would say, "Oh, you want insurance. Come on over here, and I'll help you go through the web portal, and we'll work through this process with you." And as the person has questions, had questions about, well, what's a deductible mean, what's coinsurance mean, then that navigator would be able to assist them with answering those questions.

Now, I would say that there's probably two different kinds of navigators. There's somebody that's going to assist a person through the process. And there

is groups that we might provide grants to, to create forums to discuss what insurance is all about, to teach the public what insurance is all about.

So there's -- it's a multiple-pronged approach. We're going to have the marketing and advertising vendor come on Board probably in the fall, probably late fall. And they're going to do all of the discussions about advertising, getting the word out and will probably assist in advertising for, hey, come on over to the Nugget, and we're going to have a meeting about, you know, what insurance is all about. And maybe there will be navigators or members from the Exchange there to discuss insurance and discuss why it's important and provide that kind of consumer outreach.

So you can have a navigator that specifically goes out and tries to outreach those segments of the population that don't currently have coverage. And it might be through, again, a multiple of forums. And then you have navigators that are sitting there waiting for an individual to come in.

And so then the question is how much pull do we have and how much, you know, how much -- how much of the navigator program do we arrange to get people to walk into the office, and how much do we get -- how many navigators do we get out there to get people to think

about insurance and get enrolled. And how many navigators are there waiting for people to come into their office, what kind of mixed do you have, what kind of balance. And you might have organizations that individuals that do both, so that they work in partnership. You might even have organizations that have brokers and navigators in the same office. I don't know exactly.

But these types of things are the questions that we need to answer. And I look to the expertise of the advisory committees to help answer those questions.

MS. ETKINS: Thank you. I think, I've gotten the ball rolling, because we've got lots of people here who want to ask questions. Let me start with Mr. Downey. And then we also have public comment questions here. So if we can get all of the Board comments and questions first, then we'll go to public comment. And we'll continue back and forth that way.

Mr. Downey?

MR. DOWNEY: Thank you, Ms. Etkins. Randall Downey, for the record. I have a basic question to preface my remarks. It's been unstated, and so I'm assuming that it's being considered that the SHOP and the individual portions of the Exchange will not be separated, they will be concurrent. Is that a correct

assumption?

MR. HAGER: So that is a question that has not yet been answered by the SHOP Advisory Committee. However, I would expect that they will be two separate markets. And they are very different markets. So we need to consider that they are two different markets.

The group market has different needs than the individual market. Not only do you need to cater to the individual purchasing the insurance, but the employer will have questions of his own. The employer, when an employer buys insurance, he is trying to position his organization to draw talent from the community so that they can have better employees. And so individuals that can assist employers answer questions to provide that kind of positioning will be very valuable to the SHOP Exchange. Regardless of whether those markets are combined or not, those items will still be -- will need to be considered for the SHOP Exchange.

And I will say that brokers do this right now and are very much part of the employer insurance purchasing process.

That's not to say navigators aren't. And they certainly could be.

MR. DOWNEY: Thank you. I appreciate your remarks. But, I think, that decision will frame how

we're going to construct what the roles of navigators and brokers will be. And so that could dramatically alter the final product we recommend to the Board.

So that, bearing that in mind, I appreciate Mr. Mazzone's comments. And I think his concerns are real. I would say that the way you framed the definition of navigators is lucid, it's compact, and it speaks, and it's to the point.

So I recommend that this language, in fact, does fairly, in my experience, represent who navigators are, what they do.

I think, we need to look further in terms of how we're going to -- there is a sense, and some of the language reflects a concern, about liability of navigators within the system. And, I think, it's going to be important for the Board to consider and probably for this Committee to consider as well, do we want to assign to an organization or to an individual within the Exchange the ability to apply consequences for misbehavior or illegal actions on the term of either -- on the part of either brokers or navigators. And, I think, that needs to be considered as well, as part of our discussion.

So how do we enforce the requirements that were reflected in the language provided by HHS?

MS. ETKINS: Thank you.

Ms. Lewis?

MS. LEWIS: My comments really revolved around the definition of navigators. And it seems to me that what we have to do is to flush this out a little more in terms of, you know, the first one, maintain expertise in eligibility, enrollment, and program specifications, et cetera.

Then, I think, at some point, we have to define, what do we mean by expertise, so that as we look for navigators, we can then determine whether or not they either have it or they have to get training in that particular area.

And, I think, that's the same thing that we have to do with all of the -- you know, the definitions that are identified there. And I don't know whether we need to do that or whether we want to ask staff to bring us back some additional information that further clarifies what we mean by that, and then as we look at that, we can then say which organizations either have this, or which organizations can we identify that may be there that could get the training.

And in terms of liability, I think that we could, you know, require that everybody who is a navigator get an insurance policy that covers them with

some kind of liability level, that, you know, if they are negligent to the degree that really harmed somebody, then they would, you know, have to have some coverage that would, you know, mitigate those kinds of circumstances.

MS. ETKINS: Ms. Ellis?

MS. ELLIS: Thank you. Tibi Ellis, for the record. I guess, we are, in this Committee, at different levels of understanding the definition of navigators versus the interaction with brokers and with the Exchange. Because, I think, it's the tri-part kind of relationship where it is intertwined.

So if I may recommend, which, I think, will be helpful not only in continuing to define roles, but also, most importantly, the relationship between each other, it's to create some kind of a workflow that will go into details about the functions of each one, their relationship between each other, because I can, I can specifically see how navigators and brokers are going to have to work very closely, assuming both are given an active role in selling insurance policies from the Exchange.

So we can -- we're going to have to have a very close relationship to refer to each other those walk-ins or calls or future clients for the Exchange.

And, also, it will help us define, as we create that kind of workflow, the different levels of expertise for the navigators, and not so much the expertise, but the services that they will provide. Because, as Mr. Hager mentioned, some have them may do educational trainings, walk-in centers. Some of them will just be exclusively registering people through their software system and the Internet for people to get insurance Exchange.

So as we draft, if it's possible, this workflow, then we will be able to see where, which will also help in the process of setting up an application process and a training process, to define the different levels of functions and tasks and relationship between the components of this whole process of consumer assistance and enrollment.

Thank you.

MS. ETKINS: Thank you.

Are there any Committee members that have questions or comments up north --

MR. McCOY: Tom McCoy.

MS. ETKINS: -- before we go on. Okay.

MR. McCOY: Madam Chair. This is kind of a hybrid question and a comment. And, I think, the question would assist me in perhaps understanding a

little bit better some of these issues related to the navigators. And that is, who is going to train the navigators? That's the question.

And the comment, for example, the "Facilitate selection of qualified health plan," thinking now in terms of some of the individuals that my organization deals with on a regular basis, cancer victims, the qualified health plans, and I put that in plural, will have an impact on various chronic diseases, including cancer. And that's going to require a navigator who understands those specializations, if you will.

So if we're looking at a navigator as being an all-inclusive person, it may well be that we will have to have, you know, some subgroups of navigators who can address those specializations.

MS. ETKINS: Thank you.

Ms. Pierotti-Buthman?

MS. PIEROTTI-BUTHMAN: Thank you, Madam Chair. Gina Pierotti-Buthman, for the record. I'd like to jump on Ms. Ellis's comments with regards to what I refer to functional descriptions with the navigators, when you look at the daily activities, duties and responsibilities and clearly defining so we understand where there may be crossover with the broker, where there's collaboration, if you will, with the broker and

their expertise. And thank goodness for them as I continue to evaluate these responsibilities. Because I -- in my mind's eye, as I see this vision evolving, the navigators do have specific and select functional descriptions, which could be more clearly defined under these navigator definitions, you know, as far as providing information, facilitating selection.

So I think it important as this evolves that we have functional statements. Thank you.

MS. ETKINS: I'm going to have Mr. Mazzone make a comment, and then I would like to get to the public comment both in north and south, and then we'll get back to the committee.

Mr. Mazzone?

MR. MAZZONE: Dwight Mazzone, for the record. Couple of items and points. First of all, the 500 or 550 thousand or 527.5 thousand people in Nevada is not a static number, it's an ever-changing number. And today you can't tell me exactly what that number is. Nobody can. We've been fighting this battle for a number of years. People moving in, moving out, getting jobs, losing jobs, taking Cobra, getting off of Cobra, all the other things that are involved.

Historically, we had a plan in Nevada several years ago. It was a bare-bones plan. We offered it to

people who say they couldn't afford health insurance because it was too expensive. It had too much stuff going on with it. It was an absolute failure. It did not fly, because people won't buy it. And that was even under a broker arrangement or any other arrangements.

Another clarification, agents' commissions are not paid by an insurance company. I do not work for an insurance company. My commissions are paid by the client. My clients know they pay a commission. They just pay it in the form of an add-on to the premium. That's state law, by the way. So I'm going to get paid whatever the insurance company says I'm going to get paid based upon the contract I have with them. Nobody can come in and say, "Well, don't pay the commission, and I'll take your case, and I'll take care of it for you." Because state law won't allow that. In most instances. There are some ways out of that on larger groups.

One of the points that I would like to make, and I would hope that navigator do this, and I really don't -- I see it sort of in here, but not really. Who's going to interface between the client and the carrier if there is an issue? Is the navigator going to be that interface? If not, then where does that client go, the person who's insured in the Exchange, where do

they go when there's an issue?

Friday, I had a phone call. I had to go out and sit down with a client. And it was talking about that particular client's atrial oblation that he wants to have done. And he needed information. He needed details. And he wasn't comfortable going to the insurance company, because he was getting the insurance company route of what's going on. And you know what I'm talking about.

So I think that, you know, if we're going to have -- if the navigator can't do that for a client, then what is the outlet for that person? Are we going to have an ombudsman, who is the ombudsman for the Exchange, and the people can go there, or what? I'm not sure where that's going to be at.

Navigators versus agents. I have a little bit of an issue the way we're talking about navigators and we're talking about agents. And, unfortunately, I have 39-plus years in this business. I am licensed. I have E and O coverage. I have to do continuing education, everything else that keeps me up to date. I go to insurance company training all the time as an agent. And I speak for every agent out there, pretty much every agent. There's probably a few people that don't what I do. But, and I know that most of my peers go to all

these meetings, because that's where I see them a lot. What happens? How do we keep the people trained? Where do they get the education? I'm not saying they shouldn't get it, just how. If they're not licensed, if they're not in some sort a database that's part of an insurance company, if Anthem Blue Cross Blue Shield puts on a training session, are they going to be invited? And if so, how? Because they're not licensed.

And what obligation does -- and, I think, you know, we've discussed this a little bit. What obligation does a navigator have if they just gave bad information or if there's a complaint filed? In essence, what I heard earlier, what I felt like was I'm under triple jeopardy. Not only so I have the DOI and HHS, but now I have the Exchange to deal with. And you guys are going to -- you, the Exchange, towards the insurance agents, are going to have your own set of rules or own set of things that can happen to me. Can we find a navigator that are volunteers? I would tell you go jump, I'm not going to be a volunteer to do that.

So I really have a concern kind of the direction some of this discussion is going, that -- and while, I think, Randall and a lot of people have some really good ideas about doing this with the navigator. I don't think we're defining a navigator in a way that

is really workable for the client.

Now, if I'm mistaken, that's fine. And I did -- and I'll try and put together in a format and send it out. I did draw a little deal out here.

The last point now, because Lynn's getting after me, training for people. , GovCHA has already put together a training program for ACA. Actually, I'm one of their presenters. We've given it for three CE hours. Is there going to be CE required for navigators or not? I don't know. But there's a lot of training that's out there that could be developed. And we should also look at Utah and the other states that have already started this stuff and see what kind of training programs they have.

And certainly Mr. Hager can do some research on that, unless you would prefer. Thank you.

MS. ETKINS: Thank you.

If we can go to public comment down here in the south, and then we'll go to the north. Ms. Johnson?

MS. MAZE JOHNSON: Yes, Peggy Maze Johnson again, for the record. In reading all the information about the role of navigators and brokers, it kind of jumped out at me that for years brokers have been providing information, and still 20 percent of Nevadans remain uninsured.

And I have to tell you, I'm kind of old, and I've been out in the public for a very long time. And one of the things that I know is that there's one word that I haven't heard a whole lot, and Mr. Hager just mentioned a little bit ago, is the first thing you have to do is outreach.

And, you know, we talked about the League of Women Voters earlier, you know, not getting the information. You know, and that's a group of very educated, concerned women that know a lot about a lot of things. But they have been absolutely ignorant about this Exchange. And I think that it's really important. You know, they say you can lead a horse to water, but you can't make him drink. We have to lead the horse to water. And then the brokers can lead them to drink.

But, I think, the role of the navigator, first and foremost, be for outreach and education. And I've not heard that in all of this discussion. I think, those ought to be number one and two.

MS. ETKINS: Thank you.

Please state your name for the record.

MS. SIMPSON: Charlene Simpson. I'm an ombudsman for the Office of Consumer Health Assistance, and I've been in that capacity for seven years. And the reason I wanted to address Dwight Mazzone's concern

about who will a patron, if you will, go to when they have an issue with, you know, the doctor or the broker or whatever. And in all of the comments that I'm hearing, I'm clearly sitting there understanding that I don't think the role and the mission of GovCHA is clearly understood, or has been, because I don't know of any agency within the state that deals with all the health plans in the State of Nevada. When it comes to appeals and grievances, denials, that's what we do.

We also handle issues that are out of state. Because, as we know, many people live -- they move here from other places. So I have routinely, at different times, spoke to people from California, Texas, wherever the case might be.

So, you know, I realize you're in preliminary staging of defining who a navigator is. Our office has been very broad. We have been required to understand what the rules and regulations are of Nevada Medicaid, Nevada Check Up. We have worked extensively with the FRCs, hospital case management. We have really been that point of contact.

So while we're talking about creating another program, perhaps to supplement, or what you're doing right now, I clearly don't want GovCHA to be lost in the conversation. Because we have been doing a lot of what

do you're saying for a number of years.

MS. ETKINS: Thank you very much.

If we could go up north to public comment, please.

MS. CAFFERATA: Good morning. My name is Elisa Cafferata, and I represent Nevada Advocates for Planned Parenthood Affiliates. We have five health centers in Nevada. We see 50,000 clients a year, about 90 percent of whom do not have health insurance. So we certainly speak directly to this group that you are interested in talking to.

I had several specific points that I wanted to bring up to maybe be considered to be added to the discussion about further defining what navigators might be and how their role might work.

So I think that one of the reasons that there's so much concern is that maybe the distinction between navigators and brokers is not as clear as it could be as you're working to -- while you're waiting for goals from the feds, working to define these two groups.

Navigators, I see as being much more nontraditional organizations from your insurance brokers and insurance agents and carriers. I don't think that they necessarily need to be people with relationships with employers and employees and self-insured. But the

emphasis probably should be more on the target populations that don't fall into that group that have traditionally been served by brokers. People who qualify for Medicaid and Check Up may well not have a relationship with an employer, for example.

I think, they need to be less experts in the specific programs. As one woman noted, it might be tough to be an expert in every single assistance program in the state. And they need to more be experts in the target population that you are looking to reach. Because you can provide the education and the "no wrong door" system is going to sort of facilitate the process of getting information about all the possible programs that our clients would qualify for. And since the Affordable Care Act sort of changes some of those definitions and redefines some of those programs, nobody is right now an expert in all of the public assistance programs.

Specifically, on the target population that you're trying to reach, this 500 something thousand Nevadans, I think, there's an understanding that this is not a monolithic group.

I would add possibly the following factors to people who don't have health insurance, and in the interest of making it as neutral and positive as you

can. And there are a lot of people in the state who have done a rational cost benefit analysis, and it doesn't make sense for them to have insurance at this point, given their health status or their employment status or their current bills. These people are rational actors, and they've made a choice. Health insurance isn't retired now. So maybe give them a little bit more benefit of the doubt.

I would also include, which why I don't see here, people who are unemployed, people who are underemployed, people who are maybe serially employed. We hear a lot of stories of people who get fired right before vesting in benefits, only to be hired again, in this state. Seasonal employees. There's a large group of folks who just can't get insurance that possibly want it. Hopefully, this will be addressed by the Affordable Care Act.

I think, the most important group that the navigators are going to deal with are folks who have never had insurance, they don't understand how it works. They don't have any information on it. They've never used it. And so these are the folks who really are going to need some assistance and education in what the -- what insurance does, why you need it, why you would use it, how it's going to be of benefit, and if

it's required, you know, sort of bringing people along to this is why it makes sense to go ahead and get into the insurance Exchange, rather than just wait and pay the fine later, which will certainly be a part of the calculus.

And, I think, in Massachusetts, this was something that they found in a lot of folks who had never had insurance before. They didn't, they just didn't understand it as a product at all, and needed a lot of education on it.

And that is a role, I think, that navigators who have an expertise in this population and work with them on the very intimate basis -- as Tom with the cancer association was saying, you know, you can actually walk through it with folks and describe. Although I'm sure most of your clients pretty soon get into the situation of losing their insurance because of preexisting conditions. Which, again, goes away with the Affordable Care Act.

So this is why this relationship and education are going to be so important from the navigator site.

So, again, with the groups that you are targeting to be navigators, I think that, again, the level of expertise you're looking for might be too specific. You might think about -- we did a project

with the Secretary of State for the census on complete count and reaching out to nontraditional organizations. So ethnic organizations, churches, any group that really deals with your target population, and organizations that can take a positive approach and the educational approach, will be important.

And just one final note. The conflicts of interest requirements, as I was listening to you describe them, one of the groups that, I think, would be eliminated from consideration as a navigator, based on having an insurance product, is AARP. And they certainly are a logical group to be navigators. So I don't know how many other organizations might fall into that problem, but we might want to revisit that conflict of interest clause.

MS. ETKINS: Thank you.

MS. CAFFERATA: Thanks.

MS. ETKINS: Thank you very much. If we can -- is there another person who would like to make some public comment up north?

MS. MOSS VETICA: Yes. Alise Moss Vetica, with AMV Healthcare Consulting, LLC. Navigators are required by the Affordable Care Act. And I think that we need to realize that, that they are required. They're a part of that diverse commerce that the Affordable Care Act is

looking for in order to facilitate health care consumers to their best interest.

I do not see navigators and brokers being competitors. I see them as a professional team. And the reason why I say that is because I have a background in health care, over two decades in health care. I have been an agent for a Fortune 100 company. I have sold property, life, health, disability, you name it. I've done that. But I chose as my profession health care. And so I don't sell that product. But what I have done for the last 17 years is education, advocacy on health care. Yes, I do know about eligibility and enrollment and different insurance products and transitioning from the workforce to being uninsured or transitioning from group health to Medicare. I know that.

And I know that a lot of people consider it as complicated because people fear the unknown. But it is really not as complicated when you have trained people who advocate on behalf of the consumers dealing directly with them.

Now, a lot of that is addressed in the Affordable Care Act of trying to assemble a workforce to be available by 2014 in terms of technology, health, information technology and information, period. And so, I think, we need to remember that and connect all the

dots when we're talking about the roles of the navigators.

Navigators, this is the way I envision navigators. If you would just think back to 2005, when we had to, all 50 states and the U.S. Territories, had to take care of Medicare Part D. Medicare Part D, you have no further to think about than SHIP. I was a SHIP volunteer and then moved from SHIP volunteer to being contracted to actually train and deploy that program in the state of Nevada. And I did that.

MS. ETKINS: Ms. Vetica, I apologize to interrupt, but can we get your comments focused back on definition of a navigator?

MS. MOSS VETICA: Yes. I'm using this example on the SHIP program to really tell a story and get the understanding of how you can navigate. You have, with the SHIP program, as -- just think about health care consumers who are looking for health care. You access the system. It's in the minutes of different ways can you access the system. So for saving time, I won't tell you how. But you access the system. Let's say you access a navigator. Navigator will provide you with information so that you can make an informed decision to choose the best plan for you.

I do not see navigators as being on commission.

I've been in the producer field and so under a grant or whatever that's in here. I just think that it is doable to have these brokers and navigators work side by side.

We're looking for -- we're looking for people who are professional. I do think that in the definition of navigators, that something should be in there about continuing education, that they should address special population groups, those being like the Native American, even people with Alzheimer's disease. We have 9,000 people with Alzheimer's here in the state. They will require a different set of skills to make an informed decision. The blind, the disabled, the chronic and critically ill people, like people with dialysis and bedridden, haven't thought about that. Homeless. And, also, the churches and the culture sensitive.

And so bringing in these diverse people with diverse backgrounds, who are professionals, who are willing to commit to being trained. And I have read the information. I know that anybody that's involved in this will be trained. The training is being --

MS. ETKINS: Ms. Vetica, can I ask you to please wrap your comments up? I'm sorry. We just -- we have less than 30 minutes left, and we've got lots of other questions and comments.

MS. MOSS VETICA: Okay. And so all I'm saying

is it is doable. And I think that rather than excluding the navigators, we need to keep in mind that navigators are required by the ACA and that it can be done. Look no further than SHIP program as an example of how you can bring this information outreach and professionals into it.

Thank you.

MS. ETKINS: Thank you.

We have one more public comment down south, and then we're going to get back to the Committee members or...

So please state your name for the record.

MS. MAYVILLE: Thank you. I'm Vickie Mayville. And I have been helping Nevadans choose and use health plans since 1994 as a broker. I'm the current president of the Clark County Association of Health Underwriters.

And I would like to, I would just like to make the comment that I kind of object to the use of the word -- the words "permit and allow brokers on the Exchange." I think, you should encourage brokers in the Exchange.

The MA, the Massachusetts Connector, at first, didn't allow broker, and then they found out quickly they needed them. And, also, the Department of Insurance and insurance carriers have found that brokers

reduce their workload.

Many of you here today, like most people, have never had to purchase health insurance. And most people I work with have never bought health insurance. As a broker, I help them understand what the plans mean to them in the real world.

Since brokers can't be navigators, I don't think navigators should act as brokers, either. I just simply think that as soon as it comes to deciding which health plan, the navigators should steer them to a broker who is licensed to explain health insurance. As soon as it comes to health insurance, broker, licensed, has all stuff to do that. Navigator navigates them to whichever program. If it comes to health insurance plan, broker.

It's pretty simple, in my mind. And I just think we should stick with the current plan. We've got licensing all set up. Broker, whenever it's describing health insurance, how it works, that's who should do it.

Thank you for your consideration.

MS. ETKINS: Thank you.

Ms. Ellis?

MS. ELLIS: Tibi Ellis, for the record. In my previous question or, I guess, requested suggestion for a workflow, I think, we should also specify the

difference, which, I think, is what is causing a lot of the confusion. The brokers sell insurance and insurance products directly, whereas the navigators will only exclusively be, if you may call it, selling the insurance Exchange products, which in current are contracted with insurance companies to form the plan for the insurance Exchange.

So it's quite different what they're going to be doing. And in the future -- and I understand it's confusing because it's something new. But as we define this, we need to be specific about the clear difference between the functions that both will continue to provide in the future. So I think that -- I go back to the workflow and to specifying exactly what everybody will be, if we may want to be calling it, selling. So, that way, we can help people understand clearly what the difference in the roles are, and yet how complementary they can both be.

Thank you.

MS. ETKINS: Mr. Mazzone?

MR. MAZZONE: Didn't even push my button yet, Madam Chair. Dwight Mazzone.

First of all, I would like to go on record as saying that I am for putting this together. and as best as we possibly can, but against the navigators being

there. I just want to know that they have to operate under some rules and regulations and constraints that are at least as onerous as I am or at least as onerous as will protect the client. Put it that way.

Number two, ma'am, I appreciate your comment that 20 percent, and we're not doing a good job getting the 20 percent. Let me assure you, we're busting our butts to get to the 20 percent.

These people don't want to talk to us. It's not mandatory. They don't understand it. And they don't want to understand it. We've tried and tried and tried and tried. We have people -- and not just us. The young lady from GovCHA. We've put together programs. We have outreach programs. We have a lot of people that are willing to speak. We offer to speak at any place. And we have people in our association and people within GovCHA that will come and speak anyplace to anybody.

As far as how you get the information, I guess, you get the information the same way the rest of us get it. I don't know. I don't know what else you can do. Public law requires it be done a certain way, and that's how we do it. So. But beyond that, if Jon's willing to sent out stuff, I commend Jon for sending it out.

But I can tell you that the industry makes a

big, big effort, that being the insurance industry, at least my aspect of it, makes a big effort to get out there and try and do something. I will tell you this. Whatever the Supreme Court does, if there is not an -- if we don't have a mandate that you have to buy health insurance, I don't think that we're going to have very much success with the 20 percent.

Thank you, Madam Chair.

MS. ETKINS: Thank you.

Any other comments or questions from up north in the Committee or staff?

MS. JOINER: This is Amber Joiner. I have two quick questions actually. From some of the member comments earlier, talking about how we will not be licensing these people, or cannot license them, I believe, someone said, my understanding is that we just can't license them as broker or agents.

And I would just like to voice my personal opinion that I do think these people need to be certified or licensed in some way. And what would alleviate a lot of these problems that we had about -- the questions were asked about how much training they will need, and how will we -- will we fine them. I think, absolutely, we need a way to either fine them or take away their license if they misbehave. And, I

think, certification and licensure is really the only way to do that.

So I was confused myself reading through on page five when it defines navigators. It says "and licensed, if appropriate." I sort of the gasped and thought, no, me personally, I think we need some accountability and a formal designation of certification.

And so that was a question that I had through the conversation. People are saying that we can't license them or won't. I hope they were only talk about as brokers or as agents.

And the second question that I had was regarding individuals versus groups. A lot of comment that we received talks about the entities that can become navigators or the types of groups that can become navigators. And when I envision navigators, and I just want to bring this up because I haven't heard a lot of talk about it, I envision these people being very much part-time navigators.

For example, and Mr. McCoy brought this up, I would hope that somebody in the cancer society could, as a portion of their job, be a navigator. And they would go and receive the training and become an officially certified person. But then, as they're encountering

people in the community, they could be -- put on their navigator hat and be that person.

So I also envision it very much as a part-time sort of situation. I think, the more people we have in the community as part-time people like that, the more people we will be able to funnel into the Exchange.

MS. ETKINS: Thank you.

Ms. Lewis.

MS. LEWIS: Lavonne Lewis, for the record. I agree with much of what was stated just a minute ago. As I perceive navigators, I would see, as opposed to an individual being identified as a navigator, or perhaps the cancer society would be identified as a navigator, with the responsibilities to have trained people on staff, who then serve in that role. And then, of course, they would have some form of an agreement with the Exchange as to what they are going to do in their role as a navigator and what will happen if they don't perform adequately in their role as a navigator. And this would be true of any group that would be designated as a navigator.

So that, that's how I perceive it. So I see us as designating organizations or, you know, nonprofits or unions or whoever, as navigators, with them, then, having the responsibility, included in their contract,

that they would have trained people who would go through whatever training we identify as being required for that particular role and, you know, that they would then get that designation. And this would all be done through a formal contract with the operation.

MR. HAGER: Ms. Etkins?

MS. ETKINS: Yes?

MR. HAGER: For the record, Jon Hager. I just wanted to indicate, and not to say that we can't continue this discussion, I feel comfortable, with the input that we've had here today, being able to come back with a solid recommendation for the navigator program and broker program, defining the two roles, putting together workflows. So I'm comfortable with what we've had.

I wanted to make a couple of comments. Some of the wording in this report may be offensive to some, but it was taken out of the Affordable Care Act. So, unfortunately, all I can say is take it up with the feds. For instance, "licensing, if appropriate, for the navigators," that is from the Affordable Care Act or from the regulations. Talking about brokers being permitted to sell products in the Exchange, that is from the Affordable Care Act. It is no way our endorsement of a specific stance. We just wanted to make sure that

we properly reference the Affordable Care Act.

MS. ETKINS: Thank you. And, I guess, maybe on an earlier comments, maybe what you were presenting the materials, Mr. Hager, maybe I misunderstood. I think, there was -- or, again, someone else might have made the comment -- some suggestion that possibly folks who were interested or who were eligible for the federal subsidies would end up working mostly with navigators, and people who were not eligible for subsidies would end up working through brokers.

I'm kind of not loving that. And I'm just hearing a separation of income level people and who they get to work with. So my general comments are I hope we don't go that, down that, down that road. 400 percent of poverty for a family of four is an income level of over $92,000 a year. So, I think, I think, lots if not more folks are going to end up qualifying for the federal subsidies than, I think, we realize.

And I do like how the conversation went. I think, I'm more comfortable with the navigators kind of going through the process and kind of everything maybe up until making an actual selection of a health insurance provider. I don't know. I think, this has helped kind of clarify some issues for me. And I do think, you know, as staff kind of starts defining these

roles a bit more, I'd much rather have them defined as duties rather than who they're helping.

MR. HAGER: Absolutely. And, first of all, the report was just to get the conversation going. And it was not meant to say that if you qualify or subsidy, you go through the navigator program. What we thought was that, more likely, if you your income was lower, you would end up going through the navigator program.

What I'm hearing from the Committee, though, is you start the process, wherever it is that you start it, and if you're going to purchase insurance, you end up at a broker's office to purchase the insurance, or you go on line, the website, but the navigator doesn't actually help you choose the actually product. However, the navigator would possibly be available to answer questions about definitions of items, such as what's a deductible, what's a coinsurance. I could be wrong on that. And maybe Mr. Mazzone has a different opinion on that. But that's what I'm hearing, I think.

MS. ETKINS: And, I guess, Mr. Downey has a question. Mr. Mazzone is not pressing his button to answer that. But.

MR. HAGER: He doesn't have a comment? That's amazing.

MS. ETKINS: Yeah, I know. I know. Let's all

take this moment.

MR. MAZZONE: I'll get you later, Jon.

MS. ETKINS: And I've just completely lost my train of thought now. Mr. Downey?

MR. DOWNEY: Thank you. And I'm not sure I have retained mine. Randall Downey, for the record.

The way navigators work, if I could speak to one of the current-like systems in operation in Nevada, the SHIP program referenced earlier, which deals with Medicare eligible individuals, a person comes in to -- actually, to speak to what Ms. Etkins was just referring to. It has historically been the case that low income individuals rely more on the SHIP program for their Medicare information than they would other proprietary forms of access.

So that being said, an individual comes into the navigator using the Web-based portal, which in this case would be Medicare.gov. You explore the different options for coverage that information that web portal gives you, because it's tied directly to the contracts the individual plan carriers have with the Medicare system. You get accurate pricing information in terms of deductibles, premiums, copays, coinsurance, and the like.

So you can help navigator with an individual

what kind of coverage are they looking for, what will their costs be, what will their access issues be, if any, in terms of restrictions, on drugs, certain of levels of access to primary care, and the like. The navigator does not make the decision for the individual, for the client, but gives them the information and answers questions so they have an informed choice that they can then pursue and enroll into health care coverage under Medicare.

At the same time, that web portal, also, by inclusion of certain -- answering a few questions about income and the like, will also identify for the navigator and the client that person is assisting, what benefit programs the person may be eligible for in order to facilitate enrollment and reduce cost.

So, I think, it's going to be -- and since, Mr. Hager, you have made it very clear that enrollment will be occurring through the web-based portal, I think it's going to be crucial that that portal is so constructed, that information is directly fed in by the carriers to that portal in terms of cost and access and restriction information, in order to make the navigators and/or the brokers assist the beneficiary to make the wisest and most rational informed choice available to them.

MS. ETKINS: Thank you.

Ms. Pierotti-Buthman?

MS. PIEROTTI-BUTHMAN: Thank you, Madam Chair. I have one quick comment. I would propose that as we continue through this, in consideration of navigators and licensure versus certification, certification will hold to a good level of accountability for the navigators and is more financially feasible. Licensure, however, is more expensive. We have brokers that are licensed. And when I consider the elements of responsibility that might call under a licensure, for example, my advance practice license, I'm accountable for a lot more understanding and expectation, you know, of a higher level. And I see those functions for a broker as we consider this program.

So I would propose that, you know, in attending to all of the elements we need to, certifications for navigators, we have brokers that are licensed. Thank you.

MS. ETKINS: Thank you.

And, Mr. Mazzone has one comment. I want to make sure to get anyone up north. But I did have one thing, I guess, I wanted maybe staff to start thinking about. If somebody is working with a navigator, and then they need to be referred to a broker, how would

that work? So I'm just kind of posing that question.

But, Mr. Mazzone?

MR. MAZZONE: Dwight Mazzone, for the record. Put all the marbles in a hat.

Jon, I agree with you. I really think that there needs to be, if an uneasy, but I don't think it should be uneasy, I think there needs an a good working relationship between the navigators and the brokerage community. I think, we really need to work on defining our role from the brokerage community better towards this Committee and towards the Exchange so we know what we're about. And the converse would be true.

And unless this Committee really sits down and takes what we've got as basically a very light skeleton of a definition of a navigator and puts it and makes it so that it's something that's palatable, something we can really work with, then we're going to be fighting this battle for a long time to come. And I really don't want to see that. I think we can work together.

Obviously, our people, the people I represent, are looking at this as being you're taking money out of my mouth. Well, I'm not getting that money now, if you will, from those 20 percent, because I can't get to them. So if somebody else can get to them, and if we can solve the problem, you know, god be -- bless us with

the fact that maybe that would reduce the cost of health care. I don't think it will in a heartbeat. But that's not the point. The point is we need to get these people covered as best we can.

Four years as, five years ago, the number of uninsured in this state hovered right around 17.4 percent. Now it's very close to 20 percent. So it doesn't change a lot. In fact, it's gone up, obviously, because of the recession. We have a lot of work to do.

But we have got, as a committee, to further define and keep defining this. And I shall work with my organization to bring our thoughts and processes in to allow the Committee to have that available as a resource.

Thank you, ma'am.

MS. ETKINS: Any other comments from up north on agenda item VI?

MR. McCOY: This is Tom McCoy. Just one quick kind of maybe future thought starter. We are seeing in other states, and it is authorized by the Affordable Care Act, of web-based brokers. Is that something that this Exchange is going to consider?

MS. ETKINS: Mr. Hager.

MR. HAGER: And, for the record, Jon Hager. It's a possibility. However, authorizing web-based

brokers brings in a whole nother level of complexity. And staff will have to think about it. My initial reaction is that we already have a web-based system. Or we will have a web-based system. And, therefore, another web-based system is simply duplicative.

If, in some way, that web-based system does the job for us and increases enrollment, increases -- or decreases the number of uninsured, then we might think about it. But it's a whole new level of complexity.

I have asked a question of the feds on their system. The federal government is creating an Exchange, a national Exchange for any state that does not implement their own Exchange. And I've asked that if a person from Nevada were to go in and enter their zip code, would that Exchange simply redirect you to our Exchange and allow you to input it. It's a slightly different question than what you're asking, but part of the discussion.

So we're looking at it. But, I think, allowing another web-based system to enroll individuals, again, creates a whole new level of complexity that I'm not sure we're ready to explore.

And that's about all I could say on that.

Ms. Etkins, if I might, I would like to follow up with a question for Mr. Mazzone, if he could comment

on Mr. Downey's comments about navigators, from his perspective as a broker. If a navigator were to help an individual navigate the web portal, does that make sense to Mr. Mazzone, or what types of things may we have overlooked if we do that, or may not have considered if we do that?

MR. MAZZONE: Dwight Mazzone, for the record. Actually, I would think that anybody should be able to access via the portal, not just a navigator. I think, brokers should be able to, whatever it takes to do that.

Many brokers have websites, their own websites. You can go to my website. I have the companies listed. So if I'm out talking to somebody, it might be in their best interest. They might find it easier. I said, "Well, go to my website. There's a link to the Silver State Exchange. You can follow it."

Now, the compensation issues and all that stuff, I'm not ready to go into that at this point. And so let's just assume I just direct them there. Right now, I direct people to the federal preexisting condition pool websites. I don't get compensated for it. But I send people there because they need to have coverage, they want to have something done. So they can do -- I can do that through my website. Somebody else could do it. You could send them to the website,

healthcare.gov, whatever you want to do.

Right now, I think, we need to meek it as -- if we're going to try and reach the people that are out there, I think we need to make access, at whatever level people are trying to access that, as open and easy as possible, whether by a navigator, by a broker, or just, you know, Joe lunch bucket out there that heard about this thing called health care and heard about Silver State Exchange. You should be able to go in, create something that allows him to log on. And if he wants to sign up, let him sign up. If he wants to call me to sign up, let him sign up. If he wants to call Randall to sign up, let him sign up.

I don't think it matters. And we're not talking about thousands and thousands and thousands of people coming to me or Randall's office or anyplace else. You know, I'll get one or two. He'll get one or two. But if we have enough people around the state, and it works like I think it should work, then we can take a big bite out of this 500,000 people.

I will tell you, however, be very aware that I don't hold much hope for the fact that we're going to get even a majority of these 500,000 people. If you look at Hawaii, they've had mandated health care for many, many years. They're still missing. About 30,000

to 40,000 of their population are still not covered, and they've got a mandated system.

So unless you have -- unless, Jon, you're ready to hire health care police and send them around knocking on doors to make sure they're signed up, you know, I'm sorry. And in this state, very difficult unless you tied it to a driver's license or something, very, very difficult to be tracking individuals and where they are in the system.

MR. HAGER: Could you -- Mr. Downey discussed allowing a navigator to go to the web portal and walk a person through the process to answer the questions. The assumption that we've been going on is that anybody would have access to the web portal, brokers, navigators, the individuals himself.

How would a navigator assisting somebody walk through the program differ from a broker and what the broker can do? You've talked a lot about liabilities and things that brokers have that perhaps navigators should or should not have. But how would the process of a navigator walking through the web portal be different from what a broker already does walking through their own website or through whatever they have?

MR. MAZZONE: To be very mercenary towards the Exchange, I think it's an income booster for the

Exchange. Because you're not paying through any funds received within the Exchange. You're not -- you shouldn't be paying a navigator. That's the way the law is. As a broker, if I go in there, and I help somebody sign up, I'm thinking that maybe there's a code in there that says Dwight Mazzone is the agent, Dwight Mazzone gets the compensation. The navigator goes in there, he may put -- we may want to track who that person is. If it's Randall Downey, we want to know that Randall sent this person there.

But the bottom line is for our finances within the Exchange, that's a net plus to us, because whatever compensation we don't have to pay to somebody else, we keep within the Exchange to help with our operating expenses.

I think, there's probably got to be some, as you said, very detailed, very explicit work about how that Exchange is going to operate. But we have a lot of places out here that do virtually exactly the same thing. Every company I work with that has an on-line capability, they know that the application comes for me or the person comes from me when we sign that person up.

So it can be that hard to do if every insurance company is currently doing it. Maybe we can grab one of them and say, "Let us use your system," if we had to.

And I'm aware that there are some RFPs out there that are actually talking about this sort of thing at this point.

MS. ETKINS: Those are some great, great questions and great discussion items. So I want to thank everyone.

Are there any final comments on agenda item VI before we get ready to close the session?

MR. DOWNEY: Madam Chair?

MS. ETKINS: Yes, Mr. Downey?

MR. DOWNEY: Randall Downey, for the record. A question first, I guess.

Mr. Hager, were we to -- we're going to revisit this agenda item at a future meeting or -- rather than act on the recommendations?

MS. ETKINS: Yes, that's correct.

MR. DOWNEY: Okay. If I may, in terms of the recommendations you have listed under the navigator portion, which would be on page nine of the 14, if I may make some suggestions to include language. I think, the inventory that we'll be discussing of resources currently available to citizens in Nevada, being done by the Public Consulting Group, will answer a number of questions in terms of the available pool, training and resources available to us here in Nevada. So I hope

that's forthcoming as soon as possible for review.

Currently, the Medicare system, as referenced earlier, through the SHIP program, you have to meet federal guidelines provided by CMS in order to operate the program and assist Medicare beneficiaries. However, each state does provide certification. We create a certification exam. We provide the outreach and training statewide. And so that certification is required if a person is to be a volunteer or a staff navigator under the Medicare system here if Nevada.

And I would hope that we would include language that the Board would not only conduct the outreach and the training, but provide a certification exam to make sure that navigators met the required education and other necessities.

I think that we should give authority or a designate, the Board should consider designating an agency or creating an authority within itself to assist individuals with appeals, grievances and complaints, whether against brokers, navigators and/or the carriers of the plans themselves.

And, finally, I think, we should also consider as a recommendation to the Board how to more closely define the requirement under the ACA that we provide cultural and linguistically appropriate services. And I

would recommend that we begin, that we should try to create navigator or brokerage systems that would reach populations with at least five percent of the population here in Nevada, as defined in the last census, for example.

MS. ETKINS: Thank you, Mr. Downey.

With that, we'll move to agenda item -- Oh.

Mr. Hager, you have enough information, I'm assuming, to prepare documents for our next meeting regarding the definitions and roles of navigators and brokers?

MR. HAGER: Yes.

MS. ETKINS: Thank you.

Agenda items VII, I know, is a recurring agenda item. I don't believe there's been anything discussed today that's pertinent to that. Mr. Hager?

MR. HAGER: No. That's -- I think, we've covered that plenty in the last several meetings.

MS. ETKINS: Okay. Agenda item VIII, I believe, our next Committee meeting is May 17th at -- now I can't remember what time. Can someone from staff help me up north?

MR. HAGER: The next Consumer Assistance meeting is May 17th at 9:30 a.m., and then June 18th at 9:30 a.m.

MS. ETKINS: Thank you very much. And, I think, we've discussed what our agenda is going to be at that meeting.

At this time, I'm ready to take any final closing comment, public comment. Anything up north?

MR. HAGER: No comment here.

MS. ETKINS: Anyone down south?

MR. DOWNEY: Madam Chair, we had discussed --

MS. ETKINS: Yeah.

MR. DOWNEY: Okay.

MS. ETKINS: Mr. Downey has one comment, Jon.

MR. DOWNEY: Okay. Yes. Randall Downey, for the record.

Mr. Hager, at the March 30th Plan Certification meeting, they had raised some language issues and some issues they wanted to be considered by this Committee, one concerning language about consumer responsibility. I'm assuming that applies to the visions or goals statements we've adopted, or the Board has adopted, and it should be followed by this Committee. I didn't see anything on the agenda referencing that.

And there was also a question as to whether or not, and it was suggested by that committee that this Committee undertake a review of it in terms of the portability, would the -- would any carrier offering a

plan under Medicaid be required as well to offer one through the Exchange. And, again, there was no reference in the agenda that we should consider their recommendations.

MR. HAGER: So two different things. Number one, the recommendation was regarding key principles. And we did establish key principles for the Plan Certification Committee, the SHOP Committee, and the Finance and Sustainability Committee. And those key principles were designed so that the Board can take, could take into consideration not only the Board's strategic plan, but the balancing act between different items, such as protecting special populations versus encouraging enrollment through low premiums.

We did not set a set of key principles for this, for this Committee, because the decisions that we're making, they're not as much a balancing act. And maybe I'm wrong.

And we can certainly take that up, if you'd like, at the next meeting, create -- include on the agenda key principles. But because this isn't quite that balancing act, this is more of, you know, how do we get the most people to get the word out to enroll, I didn't think it was necessary to establish key principles. But if the Board would like to establish a

set of key principles, we can bring that back. Excuse me. If the Committee would like to establish a set of key principles, we can certainly bring that back to the next Advisory Committee meeting.

As far ass question about Medicaid and that continuation of coverage or the minimizing -- or excuse me -- maximizing continuity of care between Medicaid and the Exchange, that discussion was for the Plan Certification Committee. That is a discussion on how we design the plans. And that's why we didn't bring that to this Consumer Advisory Committee.

MS. ETKINS: Thank you. And, Jon, no, I don't think this group needs to spend time establishing key principles. I think, we've gotten enough on our plate. And, I think, we addressed those general principles at the beginning.

MR. HAGER: Okay.

MS. ETKINS: And with that, we will adjourn.

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