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AGENDA ITEM

For Possible Action

Information Only

Date: January 12, 2017
Item Number: IV
Title: Executive Director’s Report; Open Enrollment Summary

PURPOSE

The purpose of this report is to provide information to the Board and public regarding the status of the Exchange’s implementation of a state based health insurance exchange and other operational matters of the Exchange.

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GENERAL COMMENTS

The Silver State Health Insurance Exchange (Exchange) has a little over two weeks left in our fourth Open Enrollment, and thus far we have had the most successful enrollment period in the Exchange’s history.

According to enrollment data released by the Centers for Medicare and Medicaid (CMS) on Thursday, January 4, 2017 the Nevada Exchange has enrolled 85,640 consumers as of December 31; up 12% from the same time period last year. This figure is 97% of our complete plan year 2016 enrollment. Over 20,000 of the consumers who have signed up are new to the marketplace, and 65,000+ have returned for another year of coverage.

With our open enrollment period ending on January 31 of this year, the Exchange recognizes the significance of this enrollment period as it relates to the cloud of discussion surrounding on the future of the Affordable Care Act (ACA). This gives the Exchange two weeks to promote,

educate, and assist eligible Nevadans to access the plans that will allow them to protect their families and health. The Exchange's staff remain focused and committed to our mission and vision and I am confident that our dedicated staff, Navigators, In-Person Assisters, and community stakeholders will be successful in making this our best enrollment year yet.

As we work toward the final few weeks of this Open Enrollment Period the Exchange is closely monitoring the politics associated with the future of the ACA. We also remain mindful of the set of issues that the recently released Notice of Benefit and Payment Parameters (NBPP) create as it relates to the fee to utilize Healthcare.gov for application, eligibility determinations and associated consumer assistance. The NBPP set the user fee for Plan Year 2017 at 1.5% of premiums, and the fee for Plan Year 2018 is set at 2%, moving to a 3% fee in Plan Year 2019.

A 3% fee represents nearly all of the revenue of our state-based marketplace. If the Board were to agree to pay CMS an access fee equal to 3% of premium for plan year 2019, under our budget – as approved by the Nevada State Legislature- there would be no monies available for plan management and certification. Additionally, there would be no monies for marketing or consumer outreach or for our navigator program.

I have previously notified the Board that I believe the methodology used by CMS to calculate the proposed user fee unfairly penalizes Nevada and other less populous states. CMS should assess a fee on the Nevada Exchange that accurately reflects the cost of servicing our population. Over the next several months the Exchange's Executive staff will continue to assess the various avenues available for a transition away from the federal platform; at the same time we will be negotiating appropriate fees for the on-going use of Healthcare.gov.

The Exchange's capable staff will spend the next month analyzing budgets and forecasting our various expenditures in order to make a recommendation to the Board in February for the Exchange's Plan Year 2018 premium assessment fee in lieu of the 2% CMS user fee.

As we begin planning for Plan Year 2018 the Exchange is enthusiastic about potential partnerships with new carriers. We have begun a dialogue with companies who were awarded contracts through the Medicaid Managed Care program and who are considering selling plans on the Nevada Exchange. We look forward to providing the Board with more details as we begin formalizing these relationships.

Finally, the Exchange remains committed to our partnerships with Navigators, In-Person Assisters, and the broker and agent community. Looking ahead to Plan Year 2018 we will be analyzing our successes along with areas needing improvement in order to develop efficiencies. Our Chief Operations Officer is actively researching and developing new opportunities for partnerships with Brokers and Agents modeled from other states' successful endeavors. The Board can look forward to hearing more about these opportunities over the next several months.

I am deeply proud of the work that our small but mighty staff do daily to benefit the Exchange's consumers and ultimately our state. I look forward to making the Exchange viable and vibrant in whatever capacity the future holds.