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# Silver State Health Insurance Exchange

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## AGENDA ITEM

For Possible Action

Information Only

**Date:** June 8, 2017  
**Item Number:** IV  
**Title:** Executive Director’s Report

### 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 “off-season” is always a very busy time for the Exchange; this year is no exception with the volume and pace set to reach record heights. We remain busy monitoring and commenting on state and federal policy, developing and refining outreach and marketing strategies and initiatives, and we continue to develop long term sustainability plans.

The Nevada State Legislature has completed the 79<sup>th</sup> Session with a few items that will impact the Exchange. First, the legislature approved the Exchange’s budget with modifications to the Governor’s recommended budget. The Governor’s recommended budget included the Exchange’s request for the necessary authority to transition away from HealthCare.gov to private and proven technology platform beginning in state fiscal year 2019. The legislative body determined that because of the uncertain future of the Affordable Care Act (ACA) and the Exchange’s healthy cash reserves a platform transition in the 2018-2019 biennium is unnecessary and should be delayed until 2020 – 2021 biennium. The Exchange’s finalized budget requires the

Exchange to provide regular reports to the Interim Finance Committee regarding progress toward sustainability as it relates to technology and finances.

There were several bills that the Exchange staff tracked throughout this past Session; however, only two bills had direct implications for the Exchange. Senate Bill (SB) 394 and Assembly Bill (AB) 374 both included language that would require the Nevada Department of Health and Human Services and the Exchange to seek necessary federal waivers to allow for the sale of Medicaid-like plans to be sold through the Exchange to any Nevadan not otherwise eligible for Medicaid. The Exchange worked with lawmakers and work groups to ensure that bill sponsors and all stakeholders were aware of the limitations of the Exchange to facilitate the sale of these proposed plans due to architectural constraints of HealthCare.gov. Senate Bill 394 was amended to require an interim study of the opportunities for Medicaid-like plans to be sold on the Exchange. Assembly Bill 374 was amended to make the bill more permissive and allow for a year to determine how to develop plans and facilitate the sale of such plans while SB 394 has passed through the Legislature and is awaiting the Governor's signature or veto. Assembly Bill 374 was waiting to pass through the Senate for final passage as of June 2, 2017.

Developing, expanding, and targeting our consumer service and outreach remains a primary focus for the Exchange. Penna Powers and our outreach subcontractor, Sumnu, have been refining and implementing outreach and marketing plans by complementing our past successful activities with new and innovative approaches. Open Enrollment Period (OEP) five will begin on November 1, 2017 and run through December 15, 2017. It is critical that we have all of our partners and grantees ready to help consumers get enrolled during this truncated OEP. The Exchange is developing a breakfast event Stakeholder "Pep Rally" for the week of September 11 where we will have special guest speakers and provide ideas and information on how to get consumers to see past the rhetoric and get themselves and their families enrolled and insured. This will be held in both Reno and Las Vegas.

The application period for the Exchange's Broker Request for Applications (RFA) closed on May 31, 2017. The grading committee has begun to score the applications and we plan to provide Notice of Grant Awards by June 30, 2017. Grantees will be trained in July and begin work on engagement and enrollment efforts shortly thereafter. We received five grant applications and look forward to reviewing and partnering with these new grantees.

Finally, the Exchange has been actively involved in a working group of other states operating as State Based Marketplaces utilizing the Federal Platform (SBM-FP) to coordinate and advocate for the SBM-FP model with the Centers for Medicare and Medicaid Services (CMS) and Consumer Information and Insurance Oversight (CIIO). Our collective SBM-FP group has sent a letter to CMS/CIIO requesting member level data for our consumers to more efficiently target our self-funded marketing dollars, improve enrollment retention and recruitment efforts, and provide customer service to our consumers. The letter also included a request to work on lower HealthCare.gov fees to more fairly reflect the work of the SBM-FP and fair market value of the services provided by CMS.

The Exchange has faced unprecedented challenges over the past six months and with each new challenge our staff has rallied with innovative ideas and solutions. It is a great honor to work with this team.