

Silver State Health Insurance Exchange



Request for Proposal: Informational Session





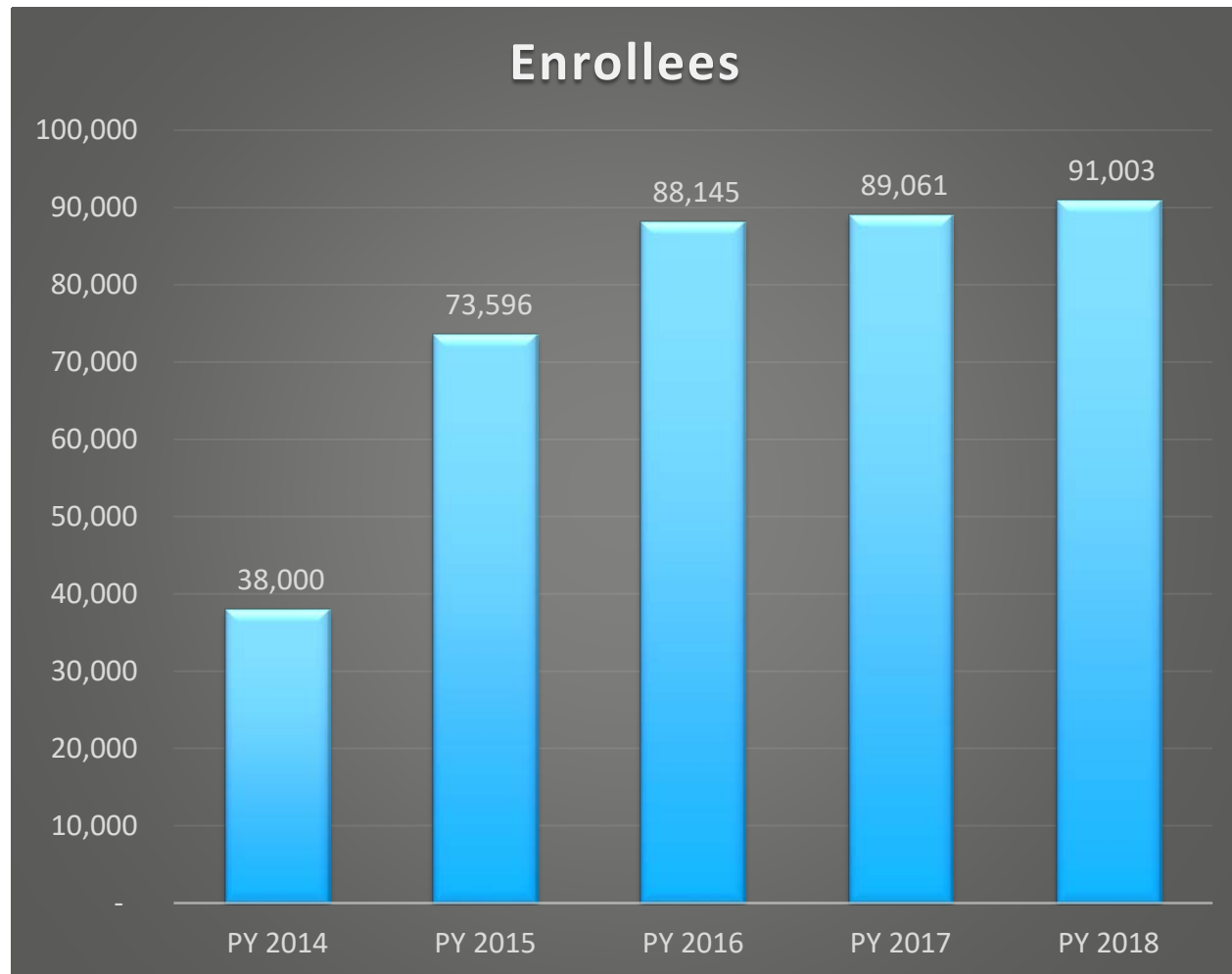
Agenda

- Exchange History
- New Directions – back to State-Based Marketplace (SBM)
- Advantages of SBMs
- Transition Timeline
- RFP Overview
- Vendor Requirements
- RFP Deliverables
- Eligibility and Enrollment Model
- Specific information for attendees

Silver State Health Insurance Exchange

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- The Silver State Health Insurance Exchange operates the online marketplace, Nevada Health Link.
 - Connects Nevadans who are not insured by their employer, Medicaid, or Medicare to health insurance.
 - Individuals can purchase Affordable Care Act certified Qualified Health Plans through the Exchange. If eligible they can receive subsidy assistance to help offset monthly premium costs.
 - Hybrid model – State Based Marketplace that utilizes the Federal Platform (HealthCare.gov)
 - Solely self-funded – no state or federal funds to support operations.

Year-over-Year Enrollment



Exchange History

2014 – OE 1

- Private eligibility and enrollment technology

2015 – OE 2

- FFM Platform

2016 – OE 3

- FFM Platform

2017 – OE 4

- FFM Platform
- 1.5% User Fee = \$5.1 million PY

2018 – OE 5

- FFM Platform
- 2% User Fee = \$7.2 million (estimated) PY

2019 – OE 6

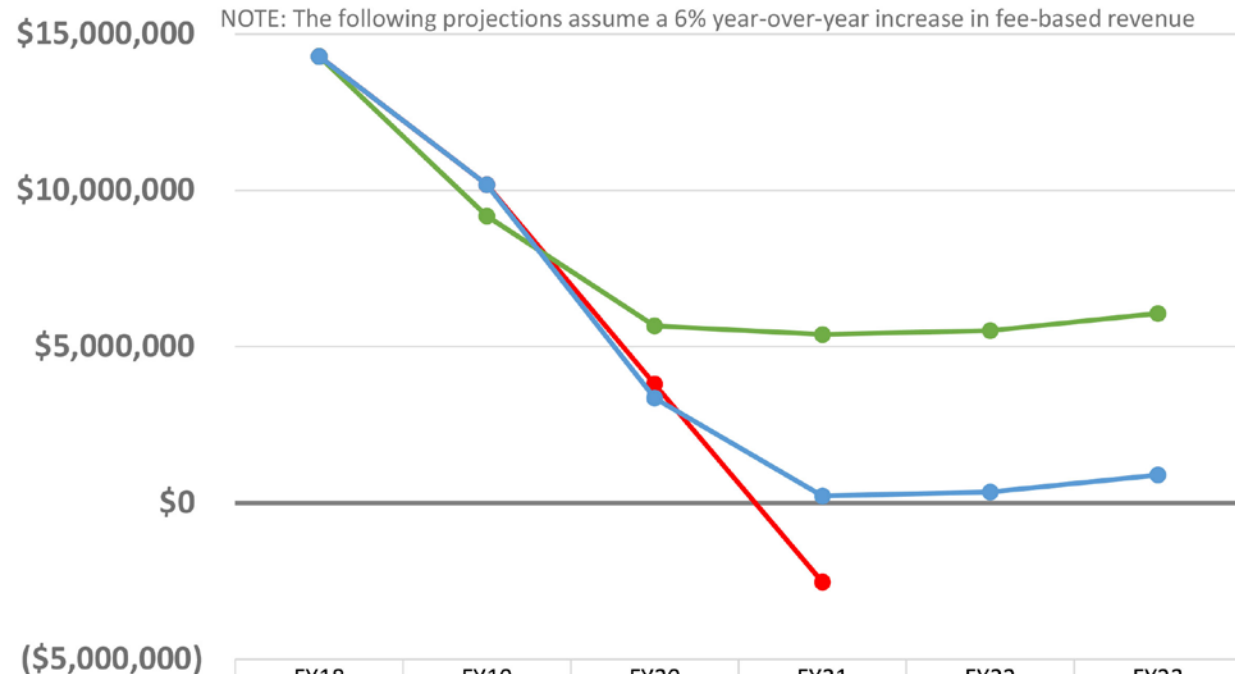
- FFM Platform
- 3% User Fee = \$11.4 million (estimated) PY

2020 – OE 7

- Private Platform
- At or under 1.5% of CPF = \$6.1 million (estimated) PY **vs.** \$12.1 million estimated costs for HC.gov



Silver State Health Insurance Exchange Projected Reserve Levels Through FY23



	FY18	FY19	FY20	FY21	FY22	FY23
● Remain on the FFM	\$14,283,735	\$10,182,759	\$3,804,076	\$(2,533,027)		
● Begin transition in FY19 with anticipated technology costs of 1.5% Carrier Premium Fee (formerly PMPM)	\$14,283,735	\$9,182,759	\$5,666,383	\$5,390,138	\$5,514,386	\$6,063,158
● Begin transition in FY20 with anticipated technology costs of 1.5% Carrier Premium Fee (formerly PMPM)	\$14,283,735	\$10,182,759	\$3,359,195	\$225,645	\$349,893	\$898,666



New Directions – State Based Marketplace

- CMS' user fee structure will adversely impact the Exchange's continued fiscal solvency.
- The Exchange is therefore seeking a State Based Marketplace (SBM) solution which can offer a net cost savings to Nevada versus operation as an SBM-FE.
- The desired solution will also offer an improved user experience for Nevada's consumers, insurance carriers, brokers, and non-profit partners.



Operational Advantages of an SBM

- **Stability and certainty in pricing.** An SBM can contract at a locked or known price independent of CMS' deadlines.
- **Real-time access to consumer data.** Consumer-level data allows for targeted advertising and individual messaging, increasing the effectiveness and efficiency of outreach.
- **Responsiveness to changing requirements.** An SBM is more nimble in accommodating changing program requirements, both at the state and federal level.
- **Minimal bureaucracy involved with change requests or feature enhancements.** Consumer needs outweigh political considerations.
- **A modern, service-oriented architecture.** Modular design ensures maximum potential for adaptability and integration with external systems.
- **Increased accountability and audit preparedness.** Direct access to consumer-level data allows for greater transparency and improved program integrity.
- **Increased enrollment and retention.** SBMs have consistently generated more enrollment than FFM states. For plan year 2018 FFM states lost on average 5.5% of their enrollment whereas SBMs increased enrollment by an average of 1%, Nevada increased enrollment by 2.2%.



SBM Benefits to Consumers

- **Improved consumer assistance.** A single call center would allow for more efficient complaint resolution.
- **Improved customer self-service.** More self-service options would mean less dependence on call center and enrollment professionals.
- **Increased program integrity.** Improved business rules and direct access to individualized enrollment data would allow the Exchange to preemptively address common problems like dual, simultaneous enrollments in multiple QHPs.
- **Fewer lapses in coverage.** Improved integration with state Medicaid agency would allow for better churn management.
- **A streamlined user experience.** A modern web platform would provide increased options for Consumer Self-Service through the Exchange website, including improved support for mobile devices.



Anticipated Transition Timeline

- March 2018: RFP issued
- April 13, 2018: RFP response deadline
- August 14, 2018: Contract presented to Board of Examiners
- August 2018—August 2019: Design, Development and Implementation (DDI)
- August 2019: Soft launch (Carriers review approved plan data)
- October 2019: Hard launch (Plan preview available to enrollment partners and consumers)
- November 1, 2019: Enrollment begins for plans with 1/1/2020 effective date



RFP Overview

- To achieve our goals, the Exchange is requesting proposals for an integrated online health insurance exchange platform and associated consumer assistance center.
- The scope of work for this request is divided into two parts.
 - **Part one** is intended to solicit proposals for existing online health insurance exchange platforms which are currently in use by at least one other State Based Marketplace, and which can be re-configured and re-deployed for use by Nevada. Proposals for systems whose real-world operability has not been proven are neither requested nor desired.
 - **Part two** is intended to solicit proposals for a contracted consumer assistance center to support the Exchange's operation as a State Based Marketplace.



Requirements for Proposed Solutions

- Must be currently in-use by at least one other State-Based Marketplace
- Must have at least one year of demonstrated successful operation.
- Must be able to migrate consumer data from HC.gov
- Must be able to mirror current integration model between DWSS and HC.gov
- Must be able to interface with NV insurance carriers in the same manner as their current integration with HC.gov
- Must be in compliance with all State and Federal Regulations



RFP Phases

1. Design, Development, and Implementation (DDI)
2. Transition towards operation as SBM (Transition)
3. Autonomous, ongoing operation as SBM (Maintenance & Operations)



RFP Phase 1: DDI

Stage 1 – gather technical and functional requirements for integration with external systems.

Deliverable: Provide Exchange with a detailed test plan for external systems integration, as well as detailed project plan for Phase 1 and Phase 2.

Stage 2 – customize and configure with external systems

Deliverable: fully functional application test environment accessible to Exchange staff and external stakeholders for use in phase 3 and 4.

Stage 3 – execute test plan for integration with external systems

Deliverable: documentation substantiating the successful execution of the test plan.

Stage 4 – CMS consumer data conversion

Deliverable: documentation verifying the successful completion of the data migration effort, including detailed status info on data mismatches.



RFP Phase 2: Transition

Stage 1 – configuration of proposed solution for integration with Consumer Assistance Center.

Stage 2 – vendor loads certified plan data from SERFF system into proposed solution. Calculate eligibility re-determinations for migrated CMS data set.

Stage 3 – plan preview – begin offering eligibility and enrollment functions for QHPs.

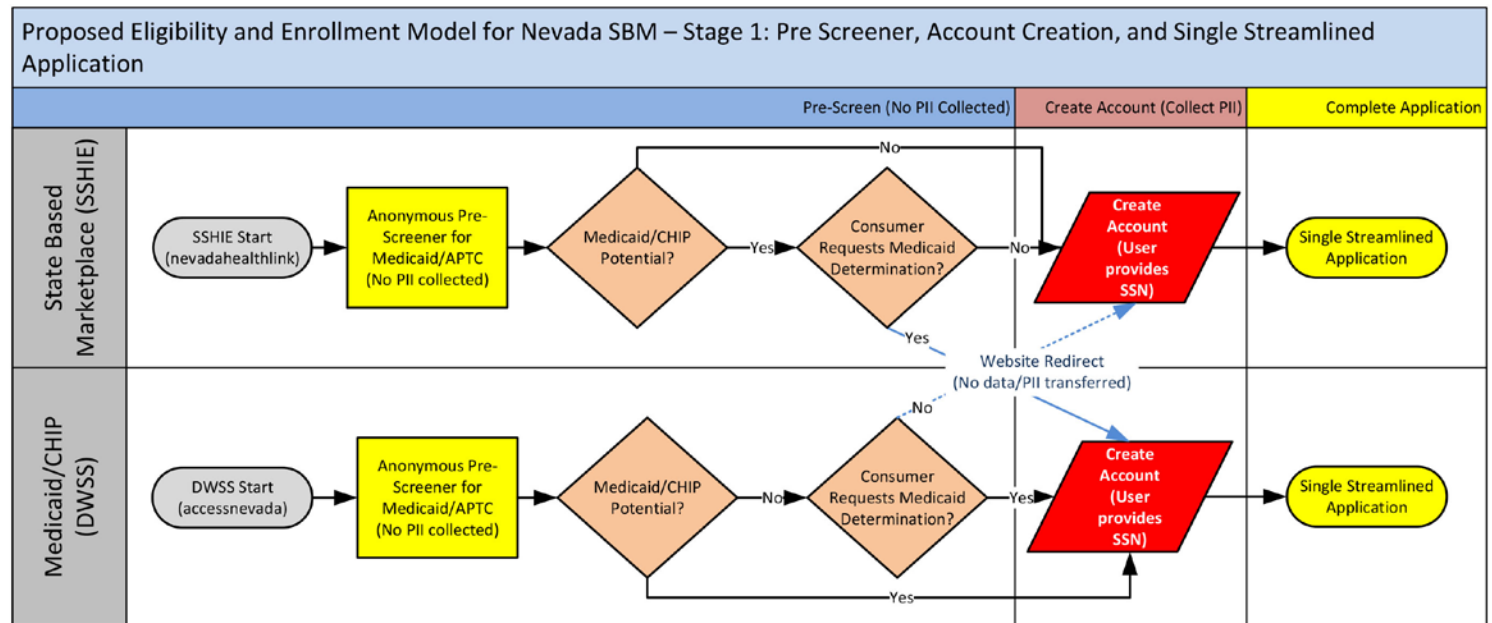
Deliverable: solution will have supported the successful completion of PY 20 OEP



RFP Phase 3: Maintenance & Operations

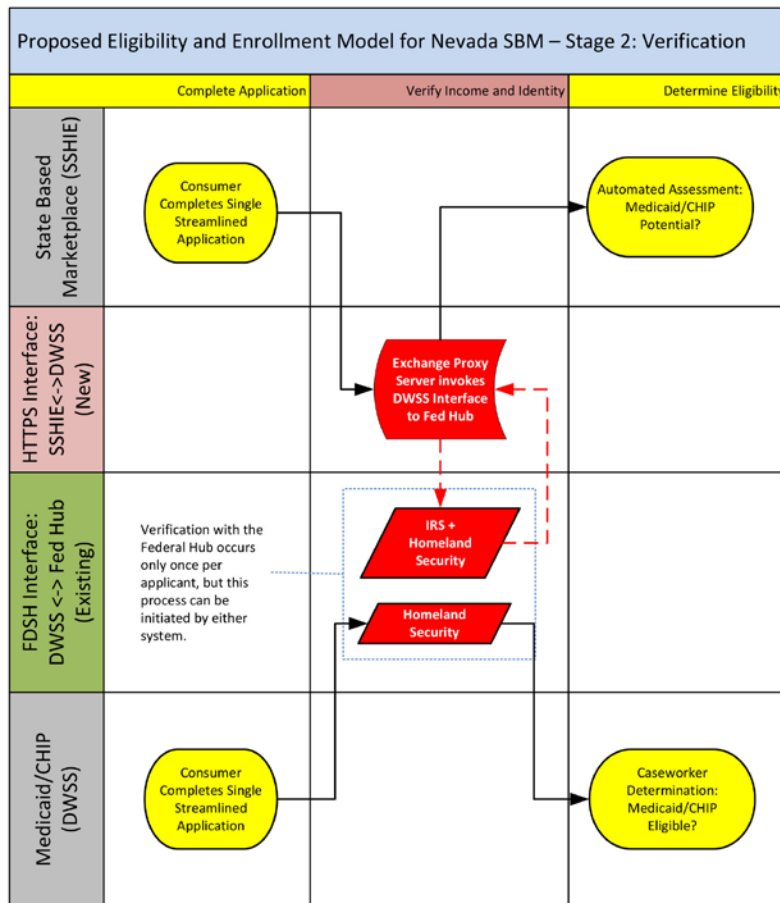
- Carrier reconciliation functionality based on existing business processes
- Solution must fulfill all reporting requirements including reports to CMS, IRS/1095A tax
- Solution must allow for the Exchange to remain in compliance with all applicable federal and state laws
- Vendor must be able to facilitate SEP enrollments and provide functionality to validate QLE documents.

Eligibility Model – Pre Screener



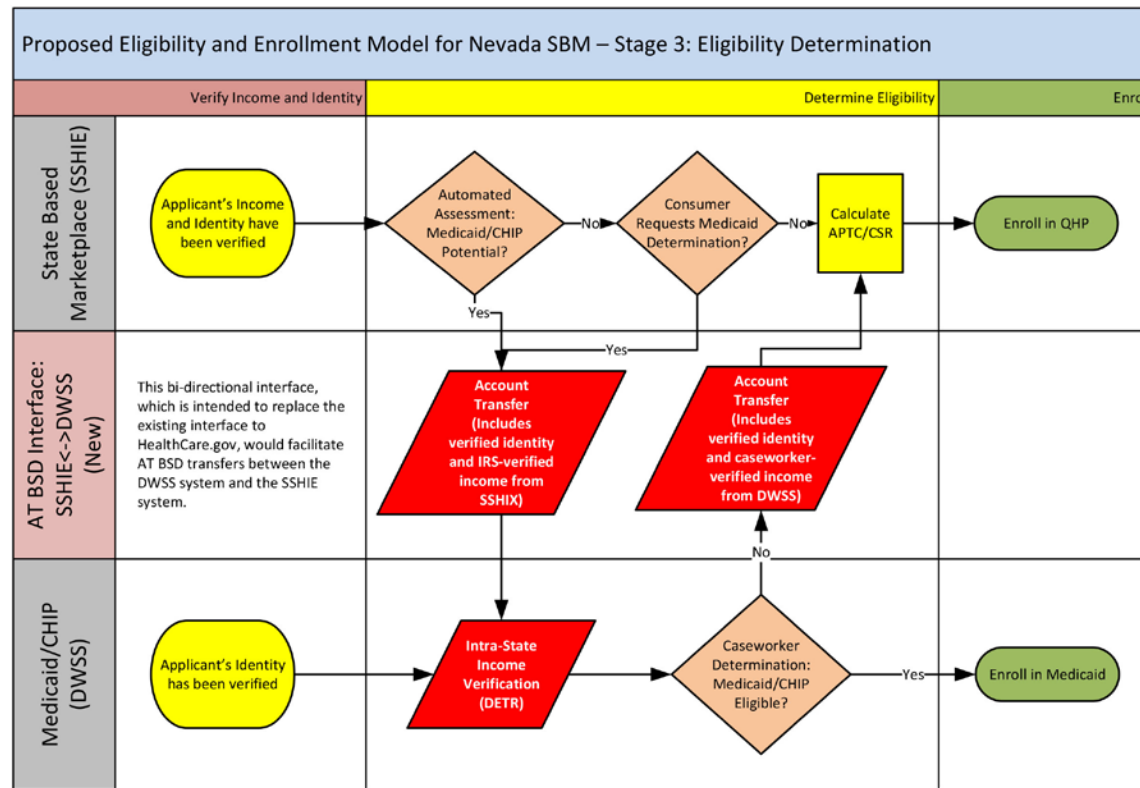
- A pre-screener is required by the Exchange to facilitate anonymous comparison shopping of QHPs. A pre-screener is also required by DWSS to prevent APTC-/CSR-eligible consumers from incurring the Medicaid caseworker review process.
- Separate user accounts minimize the risk of disruption to the Medicaid system. Single Sign-On was attempted in the Xerox system but was ultimately abandoned after repeated failures.

Proposed Model – Verification



- The financial applications are the same for both systems (i.e. Single Streamlined Application), but Nevada's Medicaid eligibility determination process requires more recent income data than can be provided by the Federal Hub. DWSS instead verifies income using intra-state data provided by Nevada's Department of Employment, Training and Rehabilitation.
- Income and Identity verification for the Exchange would use the same methodology as the Xerox system, whereby a dedicated proxy server located in the DWSS data center was utilized to route traffic from the Exchange through the DWSS interface to the Federal Data Services Hub.

Proposed Model – Eligibility



- Account transfers from DWSS to the Exchange will include all of the data required for an APTC/CSR calculation, whereas transfers from the Exchange to DWSS would still require caseworker verification of intra-state income. However, no additional work would be required from the applicant.



SBM – Public Interest

- More detailed timely data provides more insight into Nevada's public health and insurance accessibility.
- Improvements to churn management between DWSS and Exchange
- Improved consumer assistance with streamlined processes focused on dispute resolution
- No changes to consumer subsidy access or calculator
- There will be bumps in the road, but the Exchange believes the return on investment will be an improved consumer experience
- Fiscally responsible use of carrier premium fees