



Silver State Health Insurance Exchange

2310 South Carson Street, Suite 2 Carson City, and NV 89701 T: 775-687-9939 F: 775-687-9932

www.nevadahealthlink.com/sshix

FISCAL AND OPERATIONAL REPORT
PROVIDED TO THE GOVERNOR AND LEGISLATURE
PURSUANT TO NRS 695I.370 (1) (B) & (C)
JUNE 30, 2020

The Silver State Health Insurance Exchange (Exchange) is pleased to offer this Fiscal and Operational Report, required pursuant to [NRS 695I.370 \(1\) \(b\) & \(c\)](#), to the Governor, the Legislature and the public. It provides information regarding the activities of the Exchange from January 1, 2020 through June 30, 2020.

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EXECUTIVE SUMMARY

On January 1, 2020 the Silver State Health Insurance Exchange (Exchange) officially began its Plan Year 2020 servicing of consumers as a fully autonomous State Based Exchange (SBE) after transitioning off of HealthCare.gov. The impact of this change to consumers, carriers, and Exchange partners is that now all functions of a SBE are solely hosted by the Exchange, including: enrollment, eligibility, plan selection, call center functions, quality assurance, special enrollment periods, marketing and outreach, navigator and broker relations, policy and compliance, and administrative duties of running an exchange. Nevada Health Link's first official open enrollment as a SBE began November 1, 2019 and ended December 15, 2019, with a shopping extension to December 20, 2019 for Nevadans who began their application by the December 15th deadline. A total of 77,410 consumers enrolled for plan year 2020 which included 20,111 new enrollees and 25,587 returning consumers who actively shopped on NevadaHealthLink.com.

In addition to offering consumers a new enrollment and eligibility platform, the Exchange is also now servicing consumers and enrollment professionals with two separate and dedicated phone numbers with a scalable call center. The call center is meeting all expected service levels, and boasts a current 7-day average customer service satisfaction survey score of 100%. While offering technical enrollment support, call center staff do not provide enrollment or plan selection advice. If a consumer needs assistance enrolling and advice in selecting a plan, call center staff will refer that consumer to a licensed and trained broker or navigator.

As mentioned in the previous Fiscal and Operations report, for the first time in its history the Exchange has real time access to enrollment and plan selection data. Plan Year 2020 enrollment data is the new baseline from which the Exchange will work to continue to increase the number of insured Nevadans. Publication of the Exchange's newly accessible data may be found in the recently produced comprehensive public use file data report, provided to the Centers for Medicare and Medicaid Services (CMS) and found at: <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Marketplace-Products/2020-Marketplace-Open-Enrollment-Period-Public-Use-Files>.

Since completing its first Open Enrollment Period (OEP) as an SBE the partnerships with CMS, the Internal Revenue Services (IRS), GetInsured (GI) technology and call center teams, the Division of Welfare and Supportive Services (DWSS), Nevada Division of Insurance (DOI), Nevada Exchange insurance carriers, Nevada licensed brokers, certified navigators, and community partners, prove to be more valuable than ever. The Exchange is proud to report that it has successfully tested these relationships and associated dependencies through a live OEP on an independent SBE platform. While the planning and preparation of the past two years came to fruition with a successful inaugural OEP, opportunities to find even greater efficiencies with the state's valued stakeholders were revealed. As the Exchange begins planning the second Plan Year as a SBE, the Exchange continues to work with partners on enhancements such as: more

streamlined account transfers with DWSS (Nevada Medicaid), improved reconciliation processes with insurance carriers, 1095A production with GI and the IRS, promoting increased plan options with the DOI, and growing the broker and navigator grantee program with an emphasis on virtual outreach and enrollment assistance in response to COVID-19.

Currently, the Exchange is in the Maintenance and Operations phase of the transition project, and is focusing on establishing best practices for contract monitoring for both the technology and call center functions with an attention on defect resolution and system improvements for efficiency and effectiveness. The Exchange will be making its first update to the policy manual this summer since restarting as a SBE. The revised policy document will include any major updates or changes as a result of the final 2021 Notice of Benefit and Payment Parameters (NBPP) which was released in May 2020, as well as technical enrollment and eligibility policy updates.

While in the Maintenance and Operations phase of the PY 2020, the COVID-19 virus pandemic hit the state of Nevada in the middle of March. The pandemic forced entire industry closures, namely gaming, hospitality and service industries. In response to Governor Sisolak's March 12 [Emergency Declaration](#), the Exchange was able to quickly coordinate a limited-time Exceptional Circumstance Special Enrollment Period (ECSEP) with GI to offer Nevadans who did not enroll in health insurance during the November 1 to December 15, 2019 Open Enrollment Period the opportunity to purchase insurance between March 17 and May 15, 2020. Nevadans who lost their jobs due to COVID-19 (or other circumstances) or experience a Qualifying Life Event (QLE) could enroll in a new qualified health plan. Call center resources for both consumers and brokers/navigators were extended throughout weekends during this ECSEP.

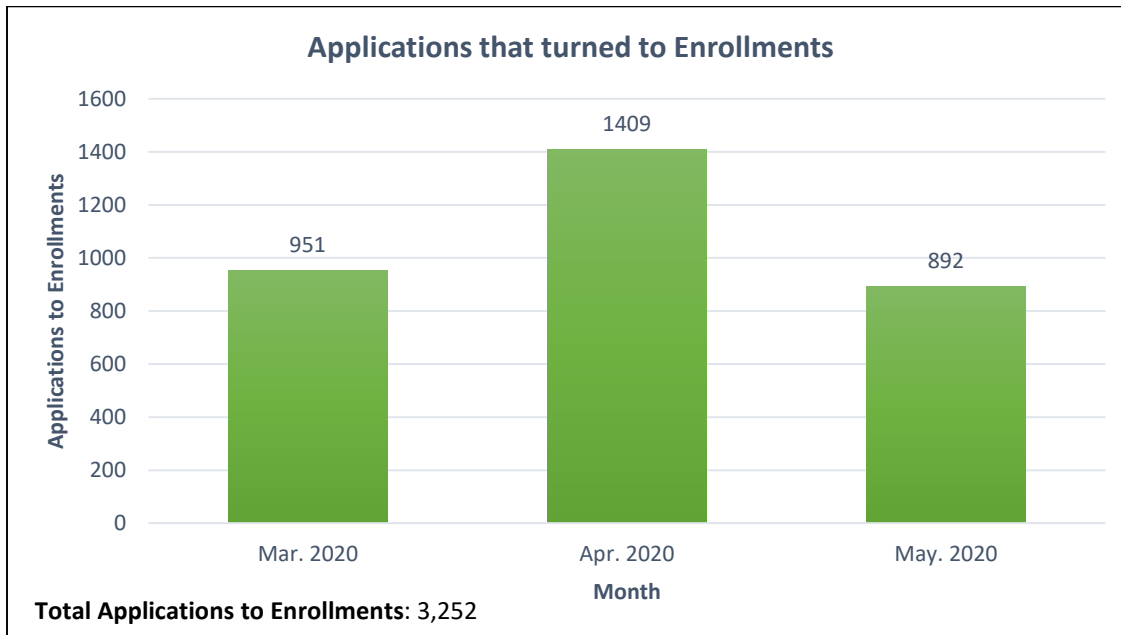
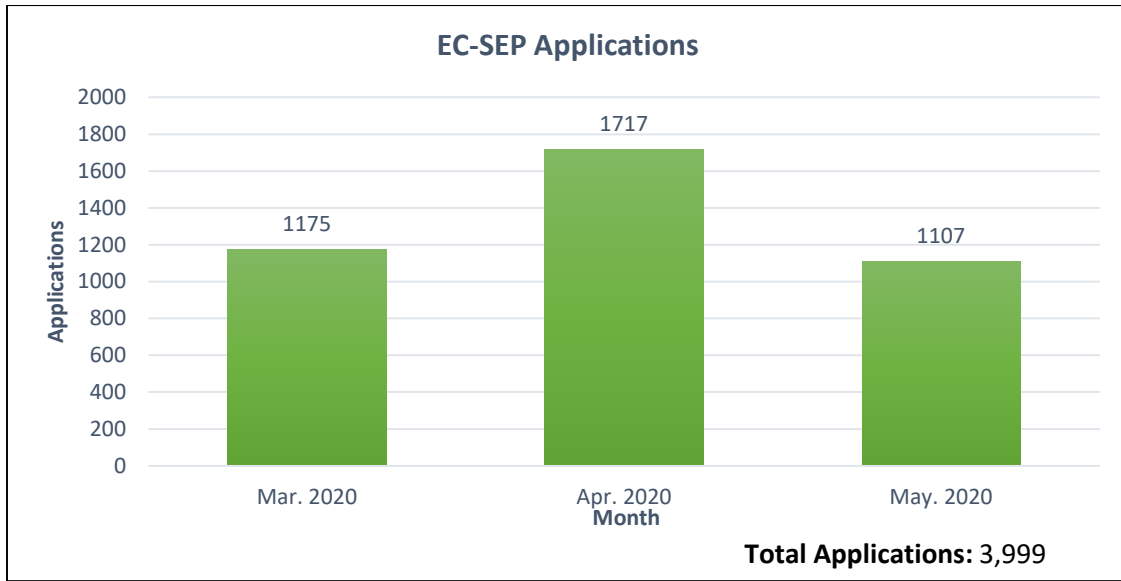
The Exchange has since transitioned out of the ECSEP into the regular Special Enrollment Period (SEP). While the project can still be considered a success through OEP, ECSEP, now in the standard SEP, there still remains opportunity for improvements which will be made in three quarterly releases in June, September, and December of 2020. The Exchange is continually working to survey and engage stakeholders in an effort to identify and prioritize opportunities for advancement both in the Special Enrollment Period and for the PY 2021 Open Enrollment Period.

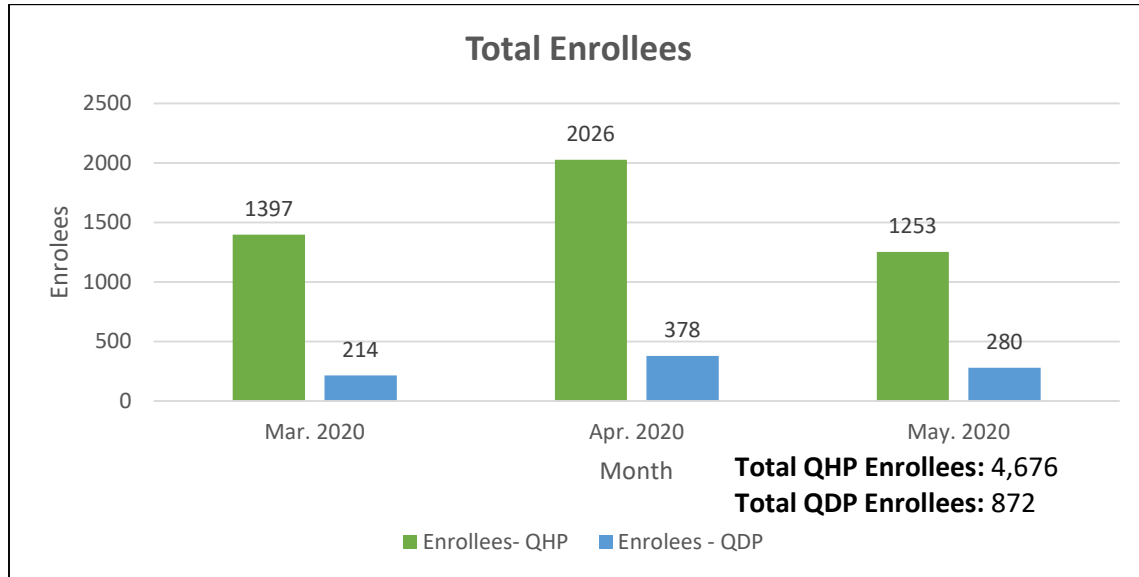
EXCEPTIONAL CIRCUMSTANCE SPECIAL ENROLLMENT PERIOD DATA

The graphs and data below display the number of ECSEP applications received, the number of applications that turned into enrollments, and the total number of individual enrollees for the period of March 17, 2020 through May 15, 2020. The first graph demonstrates the total number of applications received during this time period. The second graph, titled Applications that turned to Enrollments, demonstrates the total number of applications that turned into an enrollment at the household level. The third graph demonstrates the number of individual enrollees. Note: This data includes those enrollments for both Qualified Health Plans (QHPs) and

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Qualified Dental Plans (QDPs). For the full report, please see https://d1q4hslcl8rmbx.cloudfront.net/assets/uploads/2020/06/SEP_Report_V6.pdf





MARKETING & OUTREACH

Marketing and Outreach at the Exchange, even as a SBE now, is a constant year-round endeavor. Although Open Enrollment for Plan Year 2020 (PY 20) concluded on December 15, 2019, Nevada Health Link, the online marketplace and brand of the Exchange, does not stop its work in reducing the number of uninsured and underinsured Nevadans in the off cycle of the open enrollment period because of our tireless focus on special enrollment periods.

Nevada Health Link strategizes and prioritizes consumer outreach and messaging efforts during the off cycle—and refers to this work as the “off season campaign.” Nevada Health Link works to brand the organization as a consistent presence and resource for consumers and stakeholders as it relates to health care policy and qualified health and dental plans.

The strategy and planning for this year’s off season campaign shifted due to the impact of the COVID-19. As previously mentioned, in response to Governor’s Sisolak’s March 12th Emergency Declaration, the Exchange proposed a new regulation to open up a limited-time Exceptional Circumstance Special Enrollment Period (ECSEP). The ECSEP ran from March 17 to May 15, 2020 which allowed eligible Nevadans who missed the regular open enrollment window (November 1 – December 15) to enroll in a qualified health plan through Nevada Health Link. Since Nevada is operating as an SBE, this allowed the Exchange to make swift policy changes in response to the pandemic and open up an opportunity for more Nevada residents to gain insurance coverage to help reduce the number of uninsured.

In response to the Exchange’s regulation of the ECSEP, Nevada Health Link and marketing partner, Penna Powers, initiated a strategic ECSEP marketing campaign to inform Nevadans of the special enrollment period and inspire them to enroll at NevadaHealthLink.com. Campaign

messaging encouraged the uninsured and underinsured to shop and explore qualified health plans sold through Nevada Health Link and to consider Nevada Health Link as an alternative to COBRA plans due to a job layoff, or as an interim health insurance alternative while furloughed. Additional messages to Exchange consumers stressed the concept of *now is not the time to cancel your health insurance* coverage and advised consumers to reach out to their insurance carrier to see if they qualified for additional grace periods, or reach out to the Exchange to see if they qualified for additional subsidies in order to reduce monthly premium costs. Secondly, messaging brought awareness of the increased fraudulent activity by out of state brokers messaging to Nevadans to purchase unnecessary additional COVID-19 insurance coverage.

Because many Nevadans were required to shelter at or work from home, the campaign incorporated television and radio in addition to a digital and online presence and included :30-second television and :15-second radio spots, digital and paid social display ads and programmatic video as well as Over the Top (OTT) Television (reaching the streaming audience). The campaign media ran in both English and Spanish statewide.

NevadaHealthLink.com's homepage and SEP landing pages (English and Spanish) were also reworked to incorporate the ECSEP message. Additionally, a robust email marketing campaign was strategized and implemented to target various niche audiences with specific related ECSEP messaging. Audiences included current enrollees to come back and update their change in income (if applicable), loss of Minimum Essential Coverage (MEC) and to work with carriers to see if they could receive more subsidies, as well as non-enrollees seeking coverage and Medicaid-denied individuals/households.

ECSEP OFF SEASON AD CAMPAIGN METRICS (MARCH 17 – MAY 15)

Paid Social (Facebook and Facebook Spanish)

- 2,630,882 total impressions
- 16,387 clicks to Nevadahealthlink.com
- 65% click through rate

Video Platforms

- 957,198 total impressions
- 650 clicks to Nevadahealthlink.com
- .07% Click through rate

Display (over the top TV)

- 955,634 total impressions
- 3,135 clicks to Nevadahealthlink.com
- .33% click through rate

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Top Performing Digital Messages



- “Peace of Mind”
- “Protect”
- “Covered”

Radio (March 24 – May 15, estimated)

- Las Vegas
 - A25-49: Impressions: 4,182,500, Reach: 80.4%, Frequency 6.5x
 - A18+: Impressions: 7,797,900, Reach 72.5%, Frequency 6.2x
- Reno
 - A25-49: Impressions: 2,062,500, Reach: 55.7%, Frequency 14.1x
 - A18+: Impressions: 4,730,000, Reach 46.0%, Frequency 15.4x

TV (March 24 – May 15, estimated)

- Las Vegas
 - A25-49: Impressions: 3,805,522, Reach: 88.8%, Frequency 6.6x
 - A18+: Impressions: 12,848,374, Reach 95.5%, Frequency 8.6x
- Reno
 - A25-49: Impressions: 1,283,393, Reach: 76.5%, Frequency 9.2x
 - A18+: Impressions: 7,536,254, Reach 95.7%, Frequency 15.5x

		Nevada Health Link 2020 ECSEP Advertising																									
		WEEKS BEGIN MONDAY		JAN		FEB		MARCH		APRIL		MAY		JUNE													
NOTES		30	6	13	20	27	3	10	17	24	2	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22
Political Weekends																											
ECSEP (COVID-19)																											
Radio	South - KOAS, KOMP, KQRT, KRGT, KSNE, KVGJ, KWID, KOPT, KIQO, KYMT North - KBLU, KDOT, KLCA, KLCA, KNEV, KOZZ, KRNO, KWVL																										
TV	South - ABC, NBC, CBS, Fox, Univision, Telemundo, Comedy Central, CNN, E!, FX, MSNBC, TBC, TNT, Paramount, BET, Adult Swim, Galavisión, ESPN Deportes, Fox Deportes, CNN Español, Univision Deportes North - ABC, NBC, CBS, TBS, Discovery, TLC, A&E, Telemundo, Galavisión, News/Family/Young Adult/Hispanic Network Rotators																										
OTT																											
Social																											
Social - Promoted Posts																											
Display																											
Search																											

Public and Media Relations

In collaboration with its marketing vendors, the Exchange developed and implemented a robust ECSEP-focused public relations (PR) campaign which included identifying key media contacts with whom to make direct outreach and follow up on the ECSEP messaging and offer virtual one-on-one interviews with the Exchange's Communications Director. Outlets included: local radio community programs, local lifestyle TV shows, key print and online media outlets, and healthcare podcasts.

On March 23, 2020, Nevada Health Link also incorporated the Affordable Care Act (ACA) 10 year anniversary messaging and pushed out a press release. The communications team also developed infographics and shared those on social channels for the week of the ACA anniversary in lieu of a press conference due to COVID-19 and event cancelations. Nevada Health Link and the PR team generated multiple press releases first announcing the ECSEP, then announcing the extension of the SEP to May 15th. Two press releases were also pushed out announcing the enrollment figures based on the ECSEP and loss of Minimum Essential Coverage (MEC). Below are further media highlights that transpired from the ECSEP campaign.

Other Public Relations highlights:

- February 27: [Vegas Inc.'s Healthcare Quarterly - includes this year's Healthcare Headliners and features the Exchange's Executive Director, Heather Korbolic, as Administrator of the Year. The story is on pg. 29.](#)
- March 17: [Nevada Independent – Nevada's Exchange opens Special Enrollment Period in light of Coronavirus pandemic.](#)
- March 19: [Huffington Post online – Uninsured and worried about COVID-19? You may be able to get covered.](#)
- March 29: Reno Gazette Journal – [Nevada Health Link commemorates 10th anniversary of the Affordable Care Act](#)
- March 30: Las Vegas Sun: Guest column – [On ACA's anniversary, special enrollment period allows more Nevadans to get covered](#)
- April 2: Las Vegas Sun – Editor Ric Anderson's column featuring quotes from Heather.
- April 9: Las Vegas Weekly print and online – <https://lasvegasweekly.com/news/2020/apr/09/what-weve-learned-during-the-covid-19-crisis-so-fa/> / [Print edition – Heather's quote only](#)
- May 6: KLAS 8 News Now – interview regarding SEP extension: <https://www.8newsnow.com/news/local-news/nevada-health-insurance-deadline-is-10-days-away-silver-state-health-insurance-exchange-outlines-what-you-need-to-know/>

Nevada Health Link Outreach and Community Relations

In January and February, the Exchange and its marketing partners, navigator grantees and broker partners continued making strides to reach the community on behalf of Nevada Health Link. Due to COVID-19, established outreach practices, including in-person outreach event attendance were significantly hampered or, altogether canceled, beginning in March. As a result, the Exchange and the marketing teams refocused efforts toward internal email communication collaboration with community partners and stakeholders to reach their consumer audiences who also represent Nevada Health Link's target audiences. Highlights of activities include:

- Delivering NHL-branded hand sanitizer and educational literature to:
 - Southern Nevada Health District
 - Cleveland Clinic
 - Discovery Children's Museum
 - Insurance Brokers
 - Salvation Army
 - Washoe County Sherriff's Office
 - Communities in Schools
 - Sparks JobConnect
 - Nevada Highway Patrol

- Collaboration with partners and stakeholders to present and share ECSEP and SEP information with their audiences:
 - Las Vegas Chamber of Commerce
 - Communities in Schools
 - Immunize Nevada
 - DETR – Rapid Response
 - Senator Cortez-Masto
 - Senator Rosen
 - Congresswoman Lee
 - Congresswoman Titus
 - UMC Medical Center
 - UNR Black Business Student Association
 - OLLI UNLV
 - Touro University
 - Carson Valley Chamber of Commerce
 - Roseman University
 - Access to Healthcare Network
 - Partnership Carson City
 - Douglas County Chamber of Commerce

- Ongoing community distribution of printed resource guides and SEP information via navigator grantees.

- Collaboration with the Exchange's Asian Community Resource Center navigator grantee to develop and distribute multi-Asian language literature for the growing Las Vegas Asian population.
- Development of culturally-relatable (Hispanic/Latino and African American) promotional concepts to use at associated events (such as Quinceañera and Sweet Sixteen).
- Ongoing LinkedIn messaging campaign to HR and management individuals in industries such as casinos, hospitality, gig, independent and contract workers and associations.
- Continued collaboration with existing sponsors to creatively deliver messages to audiences during and after the Covid-19 pandemic.

Off Season Ad Campaign and Job Loss Focus

The ECSEP campaign ran from March 17 through May 15, 2020 after which the ad campaign segued back to promoting Nevada Health Link's regular SEP period. While overall messages focus primarily on the specifics of Qualifying Life Events for the special enrollment period and the ten (10) essential health benefits, significant effort is being placed on promoting job loss messages to reflect the current situation in Nevada as a result of COVID-19. The ad campaign primarily utilizes digital/online and paid social media as well as a retooled email campaign that is consistently refreshed using Nevada Health Link's real time data collected as an SBE to ensure we are reaching relevant audiences. Organic social media, including health-related blogs and native articles are also an effective part of the off season campaign.

This SEP campaign, which will run through September of 2020 incorporates a robust paid search effort to ensure Nevada Health Link is the primary result for the many Nevadans who are searching for health insurance and related coverage during this time. The primary target age demographic continues to be 26-45, as well as a broader secondary audience who may be experiencing job loss and, of course, the ongoing turnover of those who have been denied Nevada Medicaid benefits.

STATE BASED EXCHANGE OPERATIONS

The expansive sections below detail every aspect of the operations of the Exchange. It is important to note the Exchange's biannual budget included an additional nine (9) classified full time employees to assist with the operationalization of State Based Exchange functionality. As the Exchange is still within its first year of operation as an SBE and has yet to experience every phase of its new design and responsibilities, there are operational bridges still to cross. But thus far, the new SBE teams and staff have risen to every challenge to ensure Nevada has a SBE that is fiscally and technically sound, all the while providing exceptional service to consumer, brokers/navigators, and partner entities alike.

Policy & Compliance

The Policy and Compliance unit consists of one (1) Management Analyst III (MAIII), the Policy and Compliance Manager, and one (1) Management Analyst I (MAI), the Policy and Compliance Coordinator. The MAIII had a hire date of August 26th, 2019, and the MAI had a hire date of November 12, 2019. The policy unit is considered to be content experts in released guidance and policy manuals to internal staff, external stakeholders, and to the public. The policy unit also oversees the librarianship of all documents to ensure documents are being updated appropriately and schedules reviews of documents. New staff for the Exchange's Policy and Compliance team have been spending time since January of this year, researching, verifying, and advising internal staff, brokers/navigators, consumers, and GI on the finer details of enrollment policy related to eligibility and plan selection.

The MAIII is required to oversee and ensure that the Exchange's vendor system is in compliance with all applicable state *Nevada Revised Statutes (NRS)*, *Nevada Administrative Code (NAC)*, and federal law and rule changes. This position serves as the Program Manager over the policy team, the appeals unit, and plan certification unit. The MAIII oversees the development, implementation, and training of internal and external vendor staff related to the system and eligibility. The MAIII also assists and engages with compliance related to User Acceptance Testing (UAT) and is required to report potential defects or issues to vendor staff accordingly. The metrics by which the position will be analyzed will be related to the assistance and testing of implementation of rule and law changes applicable to system eligibility, reporting operational impacts based on rule and law changes, engaging with various stakeholder groups for future policy discussions, in addition to creating content for discussion of future policy within each applicable group.

The first half of this year has been tremendously busy for the Policy and Compliance Manager. As the Exchange's policy expert, the Policy and Compliance Manager has advised all teams on the Exchange on a daily basis regarding the nuances of eligibility and enrollment policy to educate and help consumers, brokers/navigators, the Quality Assurance team, the Exchange call center staff, GI, and internal staff to arrive at the correct technical answers on questions that vary from simple to complex in nature. In order to provide this guidance, the Policy and Compliance Manager will have to suggest small technical changes to the functionality of the GI platform and then test those changes to ensure the operation of the system is in line with Exchange policy. A prime example is that the Policy and Compliance Manager was instrumental in quickly establishing policy and ensuring system functionality in standing up the ECSEP in response the COVID-19 emergency. Additionally, the Policy and Compliance Manager has been analyzing federal policy from the IRS and CMS, namely the 2021 Notice of Benefit and Payment Parameters (NBPP) released on May 7, 2020, to create technical guides and communication materials.

The MAI conducts research on policy related matters that impact operations and works collaboratively with the MAIII to counsel management and staff on policy impacts to business operations. The MAI is required to assist in the creation and revision of guidance and policy

manuals for internal and external use. The MAI assists in UAT with the MAIII, and is learning eligibility related policy changes that must be implemented. The MAI assists in librarianship and document control related to all policy manuals and guides for the use of the platform. The metrics by which this position will be analyzed include workload related to document control, revision history, and training internal staff, and external stakeholders. The MAI has focused some of his time the first half of 2020 receiving and coordinating with the Exchange’s Broker Liaison responses to complaints received from consumers regarding questionable broker business practices. Additionally, the MAI has assisted the Policy and Compliance Manager with analysis of federal and state policy research, along with writing of technical guidance, namely the federal CARES Act, the 2021 NBPP, Health Reimbursement Accounts (HRAs), and overall marketplace stabilization strategies especially in light of COVID-19.

Appeals

Since becoming a SBE the Exchange has assumed the duties of consumer appeals as they relate to PY 2020 and ongoing. The Exchange oversees first level appeals, and if applicable sends hearing requests to the Division of Welfare and Supportive Services (DWSS) for adjudication. The table below highlights appeal metrics received during 2019 for PY 2020. The information includes the number of appeals the Exchange has received by month, the resolution rate by the end of each month, and the average number of days appeals were open during the given month.

Month	Number of Appeals Received	Resolution Rate At the End of the Month	Average Number of Days Open
November 2019	20	100%	12.4
December 2019	33	87.8%	8
January 2020	33	81.8%	8.3
February 2020	34	85.3%	2.9
March 2020	62	83.8%	5.4
April 2020	36	83.3%	5.4
May 2020	38	86.8%	10.5

Security & Reconciliation

The Reconciliation Team consists of two positions: the Reconciliation Specialist, a Business Process Analyst I (BPA I), and the Reconciliation Lead, a Business Process Analyst II (BPA II). The activities of the Reconciliation Team are overseen by Information Systems Manager, who is also the Exchange’s Information Security Officer (ISO). Together these three (3) positions comprise the Exchange’s Security & Reconciliation unit, which is collectively responsible for the monthly reconciliation of enrollment data with the Exchange’s Insurance Carriers; analysis and troubleshooting of Electronic Data Interchange (EDI) with external systems, including Insurance Carriers and the Division of Welfare and Supportive Services (DWSS); User Acceptance Testing and coordinated release management for the Nevada Health Link Exchange

Platform (in collaboration with our technology vendor, GI); annual testing of electronic data interfaces between the Exchange and its Insurance Carriers; compilation and analysis of enrollment data to support the Exchange's messaging and reporting requirements; ad-hoc casework investigation in collaboration with the Exchange's Quality Assurance team; and development and maintenance support for the Exchange's "Carrier Connector" casework and reconciliation system, which is used by the Quality Assurance and Reconciliation teams in collaboration with Insurance Carrier personnel.

In addition, the Information Systems Manager is responsible for ensuring the Exchange's compliance with Federal Privacy and Security standards published by CMS and the IRS, as well as state Privacy and Security standards published by the State of Nevada and its Enterprise Information Technology Services Division (EITS); and to ensure the Exchange's ongoing Authority to Connect to the Federal Data Services Hub.

Due to Exchange's recent transition, the Security and Reconciliation unit has been faced with the added task of establishing regular technical meetings with the Exchange's nine (9) different Insurance Carriers, and also with addressing the numerous technical issues that complicate the establishment of a new Health Insurance Exchange. To date the unit has investigated, logged, and confirmed the successful resolution of over one dozen production issues impacting the Nevada Health Link Exchange Platform, and it has identified, investigated, and tracked over three dozen production issues impacting the external systems hosted by the Exchange's Insurance Carriers. During this time the Exchange has seen a substantial reduction in the number of monthly data discrepancies.

The Exchange's new Reconciliation team members have been able to spend the first six months of PY 2020 triangulating the most efficient business processes between the Exchange, carriers, and GI to reconcile and resolve Electronic Data Interchange (EDI) discrepancies regarding member and policy-level data. These new Reconciliation Specialist Lead and Analyst positions have also started to provide testing support for new eligibility, enrollment, and reconciliation system updates deployed by GI. During this same time period the Security and Reconciliation team has helped to coordinate the testing and approval of two major software releases for the Exchange Platform, and as this report is being prepared they are beginning work on a third major release—the largest to date for our Exchange—which is scheduled for deployment in late June.

The BPA I and BPA II positions which comprise the Reconciliation Team were brand new for the Exchange in the fall of 2019, representing completely new functional responsibilities. As such the Exchange had little precedent with which to gauge staffing requirements, and these personnel were in the extraordinary position of essentially having to develop many of their own workflow processes. While the Exchange believes that the team has performed extraordinary work given these constraints, we also believe that two full-time employees represents the lowest practical staffing level for the Reconciliation Team, and one which has required a greater-than-anticipated weekly time commitment from the Information Systems Manager. If the Exchange is able to attract additional Insurance Carriers in future Plan Years then an additional staff member for the Reconciliation Team may be required to maintain existing performance levels.

Consumer, Carrier, Broker, and Enrollment Professional Assistance

The Quality Assurance (QA) unit was assembled in September of 2019 and consists of three (3) Program Officer positions as Quality Assurance Analysts. These positions report directly to the Quality Assurance Manager and are overseen by the Chief Operations Officer. Each of the positions are cross-trained to ensure daily coverage and to assist with increased consumer, broker, carrier, and enrollment professional workloads requiring escalated assistance beyond the abilities of the Exchange’s contracted call center. After onboarding and getting through their first OE working for a SBE, the Exchange’s QA team have found their stride during the first six months of PY 2020 resulting in the resolution of consumer and broker/navigator questions and technical issues by fostering close and deep relationships within health insurance carriers to partner with subject matter experts who can assist to resolve issues from basic to complex in nature.

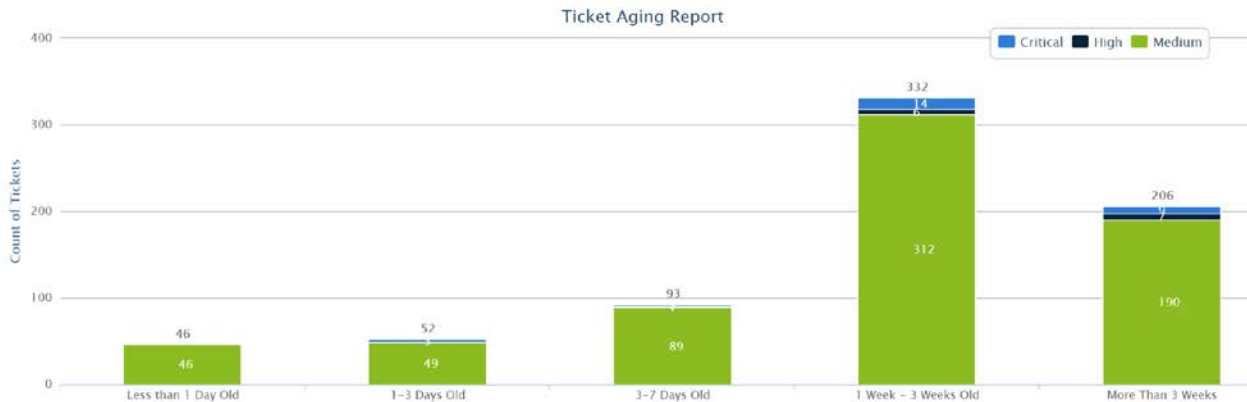
Casework with Exchange Insurance Carriers

In January 2020, the QA team began using a SalesForce casework product which is referred to as the “Carrier Connector.” The QA team uses this platform to collaborate with the three (3) qualified health plan carriers and six (6) qualified dental carriers. The numbers below reflect the number of cases that have been resolved (closed) and were actively being worked on as of May 28, 2020.

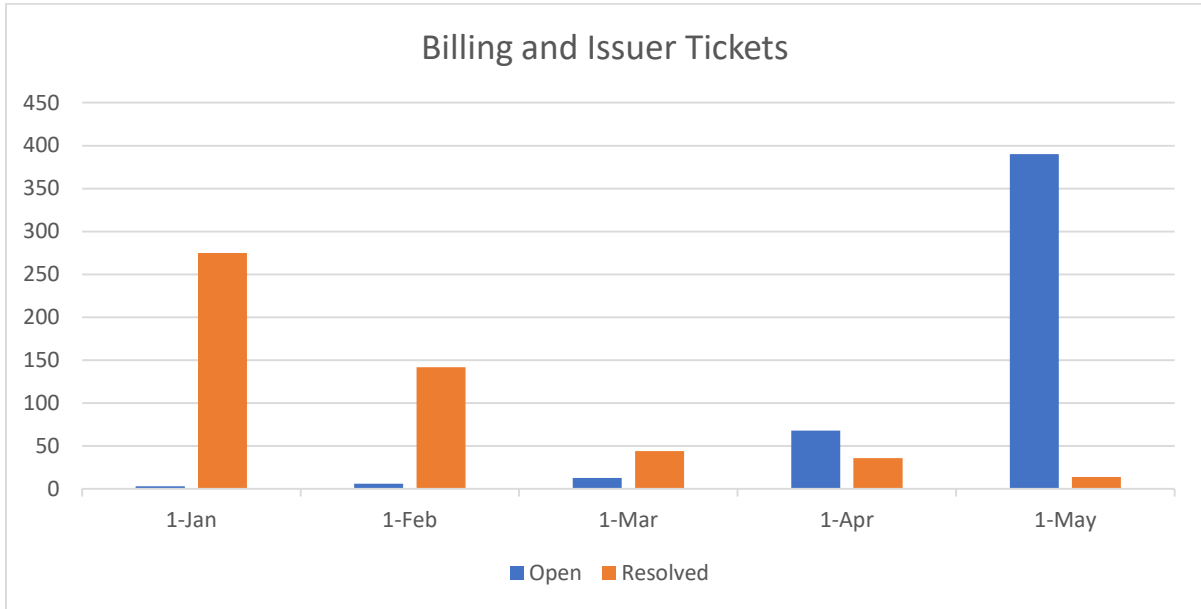
Total Records	Total Open	Total Clock Is Running	Total Closed	Total Resolved Timely	Total Resolved Untimely
1,973	43	19	1,930	1,843	87

Consumer Assistance Ticketing Aging Report

This chart below illustrates unresolved tickets processed by the GI call center and QA Unit as of the end of May. The chart is inclusive of consumer data matching issues (DMI’s) which include issues needing resolution such as income verification, citizenship verification, validation of qualified life events, technical and billing discrepancies. The GI call center staff is responsible for reviewing and processing all tickets with the exception of escalated technical and billing discrepancies which are handled by the QA unit.



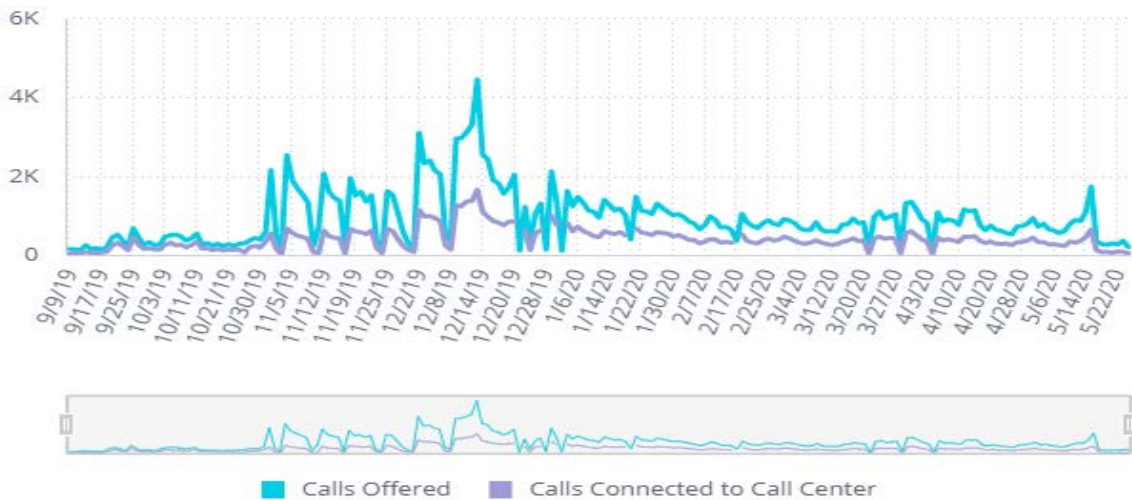
The chart below illustrates the volume of tickets that the QA team has handled from January to May 2020. The QA unit attributes the uptick in May requests to a direct result of the COVID-19 pandemic and ECSEP which began March 17, 2020 and ended on May 15, 2020.



GI Consumer Assistance Call Center

The Quality Assurance team supports and works closely with the GI call center team, which has independently fielded over 79,000 calls since their operational start for the broker support line on July 26, 2019, and the Consumer Assistance support line on September 4, 2019. The chart below demonstrates the Consumer Assistance call center volume since their opening day through the week of May 22, 2020. The highest call volume was on December 13, 2019 with 4,500 calls offered. The call center has maintained a 90% or greater customer satisfaction rate.

By day



THE BOARD

In accordance with 45 CFR § 155.110(c), the State must insure that the Exchange has in place a clearly defined Governing Board.

The Board consists of seven voting members and three non-voting members. Of the seven voting Board members, five appointments to the Board were made by the Governor, one by the Speaker of the Nevada Assembly, and one by the Nevada Senate Majority leader.

- Current Voting Board Members:
 - Florence Jameson, MD, Chair
 - Valerie Clark, Vice-Chair
 - Jonathan Johnson
 - E. Lavonne Lewis
 - Quincy Branch
 - Jose Melendrez
 - Dr. Daniel Cook

- Ex-Officio Members (non-voting):
 - Lynnette Aaron – Governor’s Office of Finance for Susan Brown, Director
 - Barbara Richardson– Commissioner, Division of Insurance
 - Suzanne Bierman – Department of Health & Human Services, for Richard Whitley, Director

Since the Exchange’s last Fiscal & Operational report, there have been four board meetings. The Board, required to meet at least once every calendar year, has changed the frequency of its meetings from monthly to quarterly, with additional meetings as needed immediately leading up to and during open enrollment, or as directed by the Chair or majority of board members (NRS 695I.340). Board meetings are held in Carson City and Henderson as well as streamed over the internet.

BROKERS

In 2019, the Exchange embarked on a new process for training and certifying brokers and agents to sell qualified health and dental plans on the Exchange. The process was successful and the Exchange is currently refreshing the program for PY 2021. The interactive training program will still offer returning brokers and agents an abbreviated training; and new brokers, a longer more robust training. No matter if a broker takes the abbreviated or longer training each course will teach brokers Affordable Care Act (ACA) Basics, Privacy Security, and Fraud Prevention Standards. In addition to providing instruction, each course will offer frequent “knowledge checks” to ensure content is being absorbed as well as a final exam. Additionally, the Exchange incorporated certification process attestations into the training to ensure compliance with the

Nevada Health Link Privacy Policy, Acceptable Use Policy, Code of Conduct Agreement and Marketplace Privacy and Security Agreement.

As of May 2020, the Exchange has 791 resident and non-resident licensed brokers and agents who have been trained and certified on the Nevada Health Link platform. Brokers and agents continue to appreciate the telephonic Broker Connect referral system, which is an automated telephony system that will search the phone number of a broker within a specified mile radius of a caller's location and call multiple agents until a connection is made or a message is left on the desired broker's phone.

The Exchange's Broker Liaison continues to stay in contact with licensed brokers and agents in various areas of the entire state individually to promote the benefits of selling plans on the Exchange, new features regarding the enrollment and eligibility on the GI system, and features of the Broker Portal and Broker Book of Business features. Furthermore, the Broker Liaison is continually discussing with the broker community how competing plans with less generous benefits will impact the individual market, as well as taking time to educate and review important ACA requirements. A substantial amount of time was spent by the Broker Liaison on fielding broker enrollment and eligibility questions, system questions, and policy questions. The Broker Liaison is steadfast in actively engaging and promoting Nevada Health Link participation in both northern and southern Nevada broker groups such as the Northern Nevada Association of Health Underwriters (NNAHU), the Clark County Association of Health Underwrites (CCAHU), and chamber of commerce events.

Following up on a successful Request for Application (RFA) grant released in May of 2019 for PY 2020, the Exchange has released the RFA for PY 2021 and will award a maximum of six (6) grants of \$10,000 each. These grants will be awarded July 1, 2020 to insurance professionals to assist with marketing, outreach, and operational costs related to enrolling consumers in qualified health plans (QHPs). The goal of the RFA is to increase the number of enrollees in QHPs by brokers servicing Nevadans in-person at storefront locations. The Exchange recognizes the value of brokers having a public facing physical location to service consumers' questions and concerns, comparatively shop plans, as well as directly assist with the enrollment process during the Open Enrollment Period. While this grant is for storefront locations, the Exchange is encouraging appropriate social distancing protections per state guidelines and virtual service as much as possible as the state continues to operate and mitigate the threats of COVID-19.

NAVIGATORS, IN-PERSON ASSISTERS, AND CERTIFIED APPLICATION COUNSELORS

To be compliant with federal regulations, the Exchange must have consumer assistance resources and functions, including a Navigator program; and must refer consumers to appropriate state resources when available. The Exchange has allocated approximately \$1.5 million dollar budget for the year round work performed by Navigators and In Person Assisters' (IPAs) and continues

to operate with two awarded entities to serve as statewide Navigators and six IPA entities. Navigator and IPA organizations are responsible for outreach, education, and enrollment for Nevada's uninsured and underinsured populations.

To additionally assist with enrollments, Certified Application Counselors (CACs) are comprised of private entities that are licensed by the Division of Insurance (DOI) and have been trained by Nevada Health Link and work closely with the Exchange to educate consumers on the resources available in the health insurance marketplace. Exchange Navigators and IPAs attended over 350 events between January and June 1, 2020. Before the COVID-19 pandemic, Navigators and IPAs attended community outreach events to promote the upcoming Open Enrollment Period while providing consumers with education of the health insurance marketplace.

While the COVID-19 pandemic is still among us, our Navigators and IPA's have switched their assistance strategy from in-person outreach and education to engaging Nevada consumers through online formats such as Zoom or webinars for assistance regarding consumer enrollments or simply to answer their questions. The Exchange has put a hold on our in-person outreach events for the time being due to social distancing mandates. Navigators and IPAs continue to educate consumers on SEPs, including the March 17 to May 15 ECSEP due to COVID-19. This education is to assist any consumer who may experience a qualifying life event throughout the year along with promoting the next open enrollment cycle which begins November 1, 2020.

Navigators Entities

- Dignity Health - St. Rose Dominican (Southern Nevada)
- State of Nevada - Office for Consumer Health Assistance (Statewide)

IN-Person Assistance Entities

- Asian Community Development Council (Southern Nevada)
- Asian Community Resource Center (Southern Nevada)
- Consumer Assistance Resource Center (Southern Nevada)
- Nevada Outreach Training Organization (Southern Nevada)
- Community Health Alliance (Northern Nevada)
- Nevada Health Centers, Inc. (Statewide)

The Exchange released a Request for Application (RFA) in May of 2020 to provide an opportunity for current entities and new organizations to apply for a Navigator and IPA grant. The grants are in the process of being awarded and grantees will begin their contracts on July 1, 2020.

FEDERAL UPDATES

The Exchange monitors and tracks federal rule changes, court cases, and proposed legislation that may impact the way that Nevada Health Link operates.

Individual Health Reimbursement Account (ICHRA) Rule

In June of 2019 the Internal Revenue Service (IRS), Department of the Treasury; Employee Benefits Security Administration, Department of Labor; CMS, and Department of Health and Human Services issued a final rule to be put in effect August 2019 that allow individuals who receive a Health Reimbursement Account (HRA) from their employer to potentially utilize those benefits to purchase a subsidize individual health plan, or opt out of the option of the HRA and purchase a subsidized individual health plan. Individuals would need to meet all other eligibility standards to receive subsidies to use an on-Exchange plan. Due to the timeframe this HRA rule was released, many states including Nevada, the federal government and CMS was unable to create the technology in the current platform build to accommodate this rule. The Exchange will continue to work with state and federal partners to incorporate this feature in future system builds.

Quality Star Rating Transparency

In August of 2019, the Centers for Medicaid & Medicare Services (CMS) released a rule requiring all SBEs to incorporate quality star ratings on plans sold on-Exchange when consumers are shopping. This rule was established to help provide consumers transparent ratings on the plans they choose to enroll in. Due to the timeframe in which this rule was released, and with permission from CMS, Nevada did not have an appropriate amount of time to publish star ratings while shopping for PY 2020, however ratings were posted on the Exchange's [website](#).

On April 18, 2020, in response to the COVID-19 public health emergency CMS allowed for flexibility for QHP issuers to not submit data that would require the Exchange to publically post the QRS ratings. For PY 2021, the Exchange will not require the collection or posting of this data.

Program Integrity Rule

In December of 2019, CMS enhanced a published a final rule related to program integrity. The rule was made final February 25, 2020 which requires a SBE to begin bi-annual periodic data matching (PDM) in time for PY 2021. The additional requirements may have a financial impact for the Exchange as they will require updates to our technology platform and an additional administrative burden that were not previously budgeted for. The Exchange is working closely with CMS and other state exchanges using the GI platform to determine the necessary timeline and the potential for shared costs.

COVID-19

Exceptional Circumstance SEP

In response to Governor Sisolak's March 12, 2020 Emergency Declaration, the Exchange, announced a limited-time ECSEP for qualified Nevadans who missed the Open Enrollment Period (OEP). The ECSEP was set to run from March 17, 2020 through April 15, 2020, but was extended on April 13, 2020 to run through May 15, 2020. The ECSEP allowed eligible individuals to enroll in a qualified health plan through the Exchange.

CARES Act

In response to the Coronavirus pandemic, Congress approved an economic recovery package and the president signed the "Coronavirus Aid, Relief, and Economic Security (CARES) Act", on March 27, 2020. The CARES Act includes a Recovery Rebate Tax Credit for all citizens meeting tax and income criteria as well as Federal Pandemic Unemployment Compensation, which is additional federal Unemployment Income (UI) for qualifying individuals approved for state-based Unemployment Income.

The Federal Pandemic Unemployment Compensation (FPUC) includes an additional \$600 weekly UI payments for claimants. This proved to be challenging to incorporate within the Exchange eligibility platform to provide consumers the best option for them. The additional funds are required to report to the Exchange for eligibility in subsidies, however, not required for the calculation for Medicaid benefits. The Exchange provided messaging to consumers and enrollment professionals in response to the CARES Act for informational purposes.

HEROS Act

On May 15, 2020 the HEROS Act passed the House and is currently sitting with the Senate for a vote scheduled later in June. The HEROS Act would exempt the calculation of the FPUC additional \$600 weekly in annual household income calculated to determine subsidy eligibility on the Exchange. In addition, the HEROS Act is requesting an eight week Special Enrollment Period (SEP) for the Federally Facilitated Marketplaces (FFM) and the State Based Exchanges using the Federal Platform (SBE-FP). Lastly, the HEROS Act requires Affordable Care Act (ACA) plans to cover treatment and mitigation of COVID-19 for those who are diagnosed and those who are presumed positive. Specifications related to required coverage would be provided from the Department of Health and Human Services (DHHS). The Exchange continues to monitor information related to the HEROS Act and is prepared to work with federal stakeholders should the Act pass.

Notice of Benefit and Payment Parameters (NBPP)

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The NBPP was finalized on May 14, 2020 and did not have any significant business process changes that directly impact the Exchange. The NBPP allows state flexibility with revisions to existing rules related to Special Enrollment Periods (SEPs). The NBPP is allowing states to adopt a new SEP to allow current Exchange enrollees and their dependents who are enrolled in silver plans and become newly ineligible for cost-sharing reductions (CSRs) to change to a QHP one metal level higher or lower if they choose. In addition, the NBPP proposed to allow states to adopt a shortened time between the date a consumer enrolls in a plan through certain SEPs and the effective date outlined in [45 CFR 155.420](#). The Exchange is currently exploring these flexibilities with other states that utilized the GI platform to potentially share costs associated with the changes.

The NBPP also alleviates the Exchange from requirements under 45 CFR 155.320 regarding random sampling for Employer-sponsored coverage verification for plan years 2020 and 2021. The Exchange is working to adopt processes for plan years 2022 and beyond and working with CMS to understand processes they intend to adopt.

The NBPP has approved a 4.9% increase in the Maximum Annual Limitation on Cost Sharing annually beginning plan year 2021. The 2021 Maximum Annual Limitation on Cost Sharing are approved at \$8,550 for self-only coverage and \$17,100 for other than self-only coverage. The 2020 plan year Maximum Annual Limitation on Cost Sharing is \$8,150 for self-only coverage and \$16,300 for other than self-only coverage.

FINANCE

The Legislatively Approved State Fiscal Year 2020 budget is as follows:

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B/A 1400 Silver State Health Insurance Exchange
Legislatively Approved SFY 2021 Budget
Total FTE Count: 22

		3601	
Revenue		QHP Fees	Total
2511	Balance Forward From Prior Year	\$ 3,250,297	\$ 3,250,297
3601	QHP Fees	\$ 14,565,168	\$ 14,565,168
		\$ 17,815,465	\$ 17,815,465

Expenditures			
Cat 01	Personnel	\$ 2,304,145	\$ 2,304,145
Cat 02	Out-of-State Travel	\$ 14,752	\$ 14,752
Cat 03	In-State Travel	\$ 26,076	\$ 26,076
Cat 04	Operating	\$ 592,939	\$ 592,939
Cat 05	Equipment	\$ -	\$ -
Cat 11	Transfer to CMS	\$ -	\$ -
Cat 12	Exchange Platform	\$ 5,204,553	\$ 5,204,553
Cat 26	Information Services	\$ 36,211	\$ 36,211
Cat 30	Training	\$ 17,978	\$ 17,978
Cat 50	Marketing & Outreach	\$ 3,249,004	\$ 3,249,004
Cat 71	Navigators	\$ 1,480,622	\$ 1,480,622
Cat 75	Transfer to Welfare Division	\$ 28,120	\$ 28,120
Cat 82	DHRM Cost Allocation	\$ 10,804	\$ 10,804
Cat 85	Cash Reserve	\$ 4,826,104	\$ 4,826,104
Cat 87	Purchasing Assessment	\$ 13,885	\$ 13,885
Cat 88	SWCAP	\$ 10,272	\$ 10,272
Total Expenditures		\$ 17,815,465	\$ 17,815,465

Note:

In May 2020, the Interim Finance Committee (IFC) approved the transfer of \$48,998 from the Reserve Category 85 to the Exchange Platform Category 12 to increase the budget to fund anticipated costs in State Fiscal Year (SFY) 2021.

Balance Forward

State Fiscal Year (SFY) 2020 is projected to close with the Exchange carrying forward \$5,231,213 in cash reserves into SFY 2021. This is an increase of \$1,980,916 from the projected carry forward balance of \$3,250,297 in the Legislatively (L01) Approved Budget. The adjustment to L01 will be made via Work Program at budget closing.

Budget Building for SFY 2022 & 2023

The budget building process for SFY 2022 and 2023 has begun and is on track for the agency request submittal date of September 1, 2020.

Revenue/Carrier Premium Fees (CPF)

As of June 2, 2020 the Exchange has collected \$10,637,053.92 in CPF for Plan Year 2020. At the time of this report, the pending May revenue totals \$1,159,609.10, with June's projected revenue totalling \$1,166,678.93, which results in total SFY 20 projected revenue of \$12,963,341.90. This amount is under the L01 projected total of \$14,565,209 by \$1,601,826.10.

This difference has not resulted in an impact to the Exchange's budget or reserve levels. This is because the SFY revenue projections used in the L01 budget were intentionally estimated high to grant the Exchange flexibility in the realization of revenue, and because the transition to an SBE has resulted in greater efficiencies and cost savings in the overall budget. Though revenue was estimated high, the Exchange has continued to take a conservative approach to spending, and has remained well under budgeted spending authority.

As the economic effects of the COVID-19 pandemic have become known, the Exchange has identified several other potential areas of cost savings, which, if needed, could be implemented to ensure continued fiscal solvency without a reduction in services to consumers or brokers, and would not require the Exchange to access reserve funding.

Despite the COVID-19 pandemic, revenue has remained steady in the first five months of PY 20. However, as the impacts of the shelter in place and subsequent quarantine continue to be understood and quantified, the Exchange has projected a 5% decrease in PY 20 revenue, with a 2% year-over-year reduction in revenue thereafter.

SFY 21 revenue is projected to be \$12,889,519 and is inclusive of the reduction in the CPF rate paid by Carriers in PY 21, and the expected 5% and 2% declines in PY revenue.

The CPF for PY 21 was approved by the Exchange's Board in January 2020, prior to the onset of the COVID-19 pandemic, and was reduced to at 3.05% of premiums. This reduction will fully support and ensure continued Exchange operations. At this time, there is no concern that the CPF fee will need to be increased as a result of the COVID-19 pandemic

CMS User Fee

In SFY 20, the projected year-end total the Exchange paid in CMS user fees to utilize HealthCare.gov for PY 19 is \$5,692,545, which is \$853,334 under the L01 budgeted total of \$6,545,879.

This amount is expected to change slightly through the end of SFY 20 and into SFY 21 because CMS processes adjustments for previous plan year premiums each month. These adjustments are final reconciliations of premiums that were either not reported by Carriers, and the Exchange is responsible for paying the CMS User Fee, or the plan was never effectuated, but the Exchange paid the CMS User Fee on the reported premium amount. Even though the Exchange has fully transitioned to a SBE for PY 20, adjustments from previous plan years, when the Exchange utilized HealthCare.gov, will continue through 2026 as CMS has a seven year look back period.

Through May, 2020 the Exchange received \$55,314.60 in net User Fee refunds for PY 19, 18 and 17.

Using an average of premium adjustments for PY 17 and PY 18, it is projected that in PY 20, the Exchange will realize an estimated net refund of \$75,032 in CMS User Fees for PY 19.

Prior Plan Year Adjustments to Carriers

Beginning in January, User Fee adjustments received by the Exchange have been used to off-set refunds or balances due in CPF for Carriers. As CMS conducts reconciliations of User Fees for plans sold on HealthCare.gov in prior plan years and issues refunds or invoices the Exchange each month, the Exchange does the same for Carriers who have paid or owe CPF. Based off the monthly report provided to the Exchange by CMS, the Exchange calculates the CPF fee either owed by or due to Carriers each month, and invoices or issues a refund.

The CPF set by the Exchange for PYs 17, 18 and 19 was 3.15% of total premiums. Through May, the Exchange has issued net refunds in CPF to Carriers totalling \$58,771.66.

Transition to State Based Exchange Maintenance and Operations

In August 2018, the State Board of Examiners (BOE) approved the contract with selected vendor, GI to begin the Exchange's transition away from the federal platform. The total not to exceed amount of the contract is \$24,404,401.93 and runs through January 31, 2024. The breakdown of the contract by fiscal year is illustrated below:

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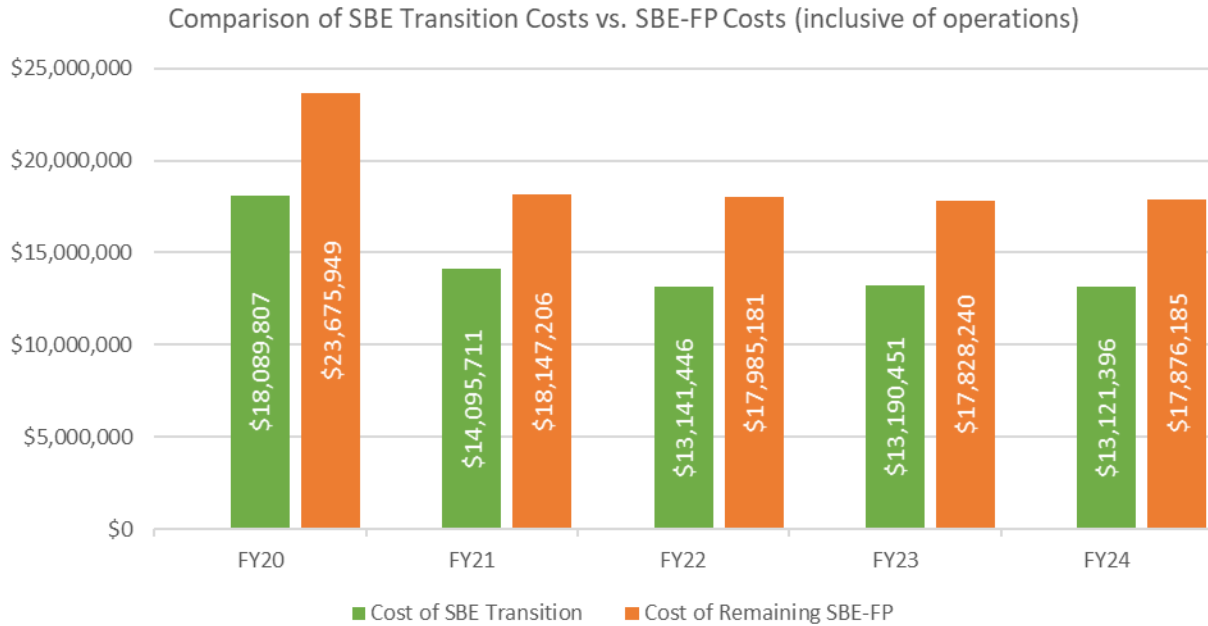
Technology Platform	SFY 19	SFY 20	SFY 21	SFY 22	SFY 23	SFY 24	Total
Tech Phase One	400,628.57	146,571.43					547,200.00
Tech Phase Two		974,517.00					974,517.00
M&O		1,549,209.67	3,098,419.34	3,098,419.34	3,098,419.34	1,549,209.67	12,393,677.36
Total Tech	400,628.57	2,670,298.10	3,098,419.34	3,098,419.34	3,098,419.34	1,549,209.67	13,915,394.36
Consumer Assistance							
Center (CAC)	SFY 19	SFY 20	SFY 21	SFY 22	SFY 23	SFY 24	Total
CAC Phase One	272,400.00	-					272,400.00
CAC Phase Two		1,288,063.00					1,288,063.00
M&O		1,028,568.08	2,057,136.16	2,057,136.15	2,057,136.12	1,028,568.06	8,228,544.57
Total CAC	272,400.00	2,316,631.08	2,057,136.16	2,057,136.15	2,057,136.12	1,028,568.06	9,789,007.57
Total per FY	673,028.57	4,986,929.18	5,155,555.50	5,155,555.49	5,155,555.46	2,577,777.73	23,704,401.93

Phase One costs were associated with design, development and implementation (DDI) of the technology platform and the Consumer Assistance Center. Phase Two costs were associated with the transition from HealthCare.gov, implementation of the technology platform and PY 20 Open Enrollment and the implementation and transition of the Consumer Assistance Center, which began in June 2019 and continued through December 2019. On January 1, 2020 the contract with GI transitioned from Phase Two into the Maintenance and Operations function.

In SFY 20, the Exchange incurred \$227,835 in costs associated with the ECSEP, which was instituted in response to the COVID-19 pandemic. These costs included programmer hours to modify the technology platform to accommodate ECSEP enrollment functionality and increased call center support and hours to ensure consumers and brokers did not experience service delays during the ECSEP enrollment period.

Inclusive of the costs for the ECSEP in SFY 20, the Exchange expects to achieve a cost savings of approximately 23% versus the federal fees associated with operation as a hybrid State Based Exchange using the Federal Platform (SBE-FP). Beginning in SFY 21, the Exchange expects to realize an annual recurring cost savings of approximately 22%, with total cost savings through SFY24 projected to exceed \$23 M.

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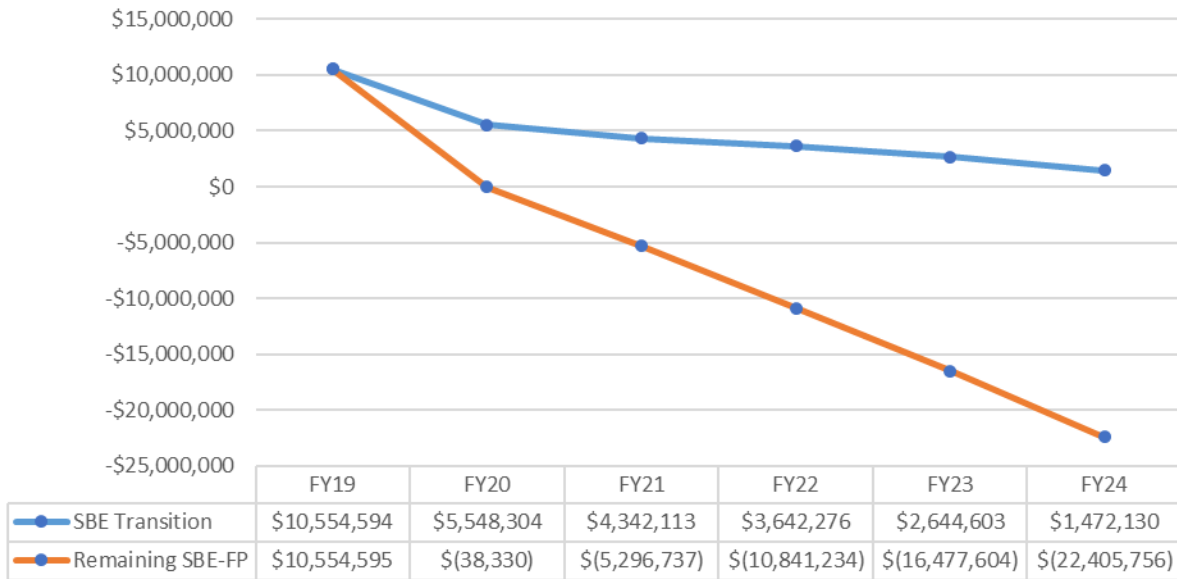
Total Annual Cost Savings (inclusive of operations) - SBE vs. SBE-FP						
	FY20	FY21	FY22	FY23	FY24	Total Through FY24
*Annual Cost of Remaining SBE-FP	23,675,949.42	18,147,205.98	17,985,181.09	17,828,240.01	17,876,184.66	113,469,687.83
Annual Cost of SBE Transition	18,089,807.33	14,095,710.80	13,141,446.38	13,190,450.94	13,121,395.59	89,595,737.87
Cost Savings of SBE vs. SBE-FP	5,586,142.09	4,051,495.18	4,843,734.71	4,637,789.08	4,754,789.08	23,873,949.95
Percentage	23.59%	22.33%	26.93%	26.01%	26.60%	21.04%

Reserve Projections

The impact of the transition on the Exchange’s reserve levels has been favorable. While continued reliance on the federal platform would have fully depleted the Exchange’s reserves before the close of SFY21, even while considering the reduction of the CMS User Fee to 2.5% of premiums in PY 20, the SBE transition will allow the Exchange to maintain between 90 and 60 days of operational expenses in its reserves (or \$2.6M) through SFY 23. In SFY 24 the reserve levels drop between 30 and 60 days of operational expenses in reserves.

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Comparison of Closing Reserve Levels



The projections illustrated above include the actual implementation and transition costs which overlapped with the payment of CMS User Fees during SFY 19 and SFY 20; the costs associated with the ECSEP in SFY 20, and reflect the projected 5% decrease in PY 20 revenue and 2% year-over-year thereafter.