



Nevada Health Link Open Enrollment Plan Year 2021 Prep Sessions Q&A 10/7/20

Question:

Define self-funded. No state or federal funds? Where does the Silver State Exchange get its operating funds?

Answer: The Exchange is a self-funded state agency meaning they operate on Carrier Premium Fees. The Exchange does not use any general fund.

Question:

Active enrollment includes broker assisted, correct?

Answer: Yes.

Question:

Do we have income information on the enrollees?

Answer: The Exchange has information/data on its enrollees, however it contains PII. We are able to see APTC and CSR within the data reports.

Question:

How does one know if they have opted in for auto renewal?

Answer: The consumer will receive a letter from Nevada Health Link informing them about their cross walked plan or re-enrollment continued with the same plan.

Question:

Will the notice consumers receive about their auto-renewal include plan benefits from both their old and new mapped plans? Since the most popular plans are the HPN Bronze 10 and Silver 9, both of which are gone, we need to know if those changes will be made in that e-mail.

Answer: If the plan is no longer available the old plan will be listed on the renewal notice.

Question:

Does the grantees mean that the broker call center will no longer function?

Answer: The broker call line will still be available through the call center as well as consumers can call in and get connected to all of our certified brokers. The broker call line is 1-800-547-8156. The customer service line is: 1-800-547-2927.

Question:

What is or who are the Broker Grantees?

Answer: The broker grantee program is a grant program that the Exchange has put on where we give the brokers who apply marketing funds. Learn more about the Grant program and see who was awarded for plan year 2021 here: https://www.nevadahealthlink.com/broker_pilot-program/

Question:

Why aren't the carriers required to appoint licensed/certified agents who are on the exchange? I have written numerous policies without compensation?

Answer: The Exchange is not involved in the offer or setting of compensation levels or pay commissions to agents or brokers. Certified agents and brokers who sell plans on the Exchange receive compensation directly from marketplace qualified health plan (QHP) issuers in accordance with the QHP issuers' agreements and any applicable state - specific requirements. Compensation includes commissions, fees, or other incentives as established in the relevant contract between an issuer and the agent or broker; the Exchange is not a party to these offers and is neutral to the number of contracts offered and compensation.

Question:

Many enrollees could not find their access code last year. Can you talk about when you send those out? And how to circumvent this issue?

Answer: Since we are no longer transitioning away from HealthCare.gov, Nevada consumers should not be needing an access code to shop or get into their account on the platform. They will need their log in information. If a consumer or enrollment assister needs help, please call the call center and they can assist with password changes and account log in process. 1-800-547-2927.

Question:

Please talk about how to guesstimate income for 2021, as most unemployment income would throw enrollees into Medicaid.

Answer: 2021 Medicaid limit is just over \$1700. It was lowered one more time. Nevada Health Link uses the Federal Poverty level and consumers can estimate their costs on the platform and window shop before Open Enrollment begins.

Question:

When an application is sent to Medicaid for redetermination, are they looking at them for only medical Medicaid or do they also check for SNAP eligibility?

Answer: The application is a universal eligibility application when going through the Division of Welfare & Supportive Services (DWSS). The Exchange only does a Medicaid assessment if a consumer who is an Account Transfer over to DWSS and wishes to see eligibility for SNAP – they will need to communicate that with DWSS and likely submit a SNAP application with DWSS.

Question:

Is there a way to identify the Primary Care Physician (PCP) on the Nevada Health Link enrollment platform rather than them being auto assigned?

Answer: Primary Care Physician designation is maintained with the Insurance Carrier and not on the Nevada Health Link website.

Question:

How do we project consumer income for 2021 if they are currently on unemployment? If you are wanting proof of income from their projection, how do they supply that?

Answer: Similar to advice offered by HealthCare.gov, the Exchange offers the following advice:

Step 1. Start with your household's adjusted gross income (AGI) from your most recent federal income tax return. You'll find your AGI on line 7 of [IRS Form 1040](#).

Don't have recent AGI? [See another way to estimate your income](#).

Step 2. Add the following kinds of income, if you have any, to your AGI:

- Tax-exempt foreign income
- Tax-exempt Social Security benefits (including tier 1 railroad retirement benefits)
- Tax-exempt interest

***Don't include Supplemental Security Income (SSI).**

Step 3. Adjust your estimate for any changes you expect.

Consider things like these for all members of your household:

- Expected raises
- New jobs or other employment changes, including changes to work schedule or self-employment income
- Changes to [income from other sources](#), like Social Security or investments
- Changes in your household, like gaining or losing dependents. Gaining or losing a dependent can have a big impact on your savings.

Now you have an estimate of your expected income.

It's hard to predict your income if you're unemployed, self-employed, on commission, or on a work schedule that changes regularly.

If your income is hard to predict, base your estimate on your past experience, recent trends, what you know about possible changes at your workplace, and similar information. If the job is new to you, ask people in the same field or in the same company about their experiences.

[Get help estimating income and expenses with HealthCare.gov's income calculator.](#)

Learn more about how to estimate your expected income if you're:

- [Unemployed](#)
- [Self-employed](#)

And similar to HealthCare.gov, proof of income can be:

- 1040 federal or state tax return. **Note:** It must contain first and last name, income amount, and tax year. Starting with 2018 tax returns, if you file Schedule 1, you must submit it with your 1040. Schedule 1 shows additional income and adjustments, like capital gains, unemployment compensation, student loan interest, or self-employment tax.
- Wages and tax statement (W-2 and/ or 1099, including 1099 MISC, 1099G, 1099R, 1099SSA, 1099DIV, 1099SS, 1099INT). **Note:** It must contain your first and last name, income amount, year, and employer name (if applicable).
- Pay stub. **Note:** It must contain your first and last name, income amount, pay period or frequency of pay with the date of payment. If a pay stub includes overtime, please indicate average overtime amount per paycheck.
- Self-employment ledger documentation (can be a Schedule C, the most recent quarterly or year-to-date profit and loss statement, or a self-employment ledger). **Note:** It must contain your first and last name, company name, and income amount. If you're submitting a self-employment ledger, include the dates covered by the ledger, and the net income from profit/loss.
- Social Security Administration Statements (Social Security Benefits Letter). **Note:** It must contain first and last name, benefit amount, and frequency of pay.
- Unemployment Benefits Letter. **Note:** It must contain your first and last name, source/agency, benefits amount, and duration (start and end date, if applicable).

Question:

Please share how many Brokers as opposed to non-licensed Navigators there are in 2021.

Answer: Nevada Health Link partners with over 700 Agents/Brokers and 8 different Navigator entities, which brings the grantees to a total of 26 Exchange Enrollment Facilitators. There are 5 Broker grantees who were awarded the Broker Grant.

Question:

I was told United Health Care (UHC) is not accepting new appointments for new agents/brokers which makes it difficult to assist consumers. If this is true can't the Exchange assist us in opening up UHC?

Answer: This is true, the Exchange does not have the authority to require insurance carriers to accept new appointments.

Question:

Has the issue of going through the whole application to update instead of what needs updating been fixed? For example: Updating income or address.

Answer: The entire application will still need to be updated to make updates to income and address changes. The application is now clickable throughout however when certain updates are made such as income, the appropriate sections will require a review of the data and applicable update prior to submission.

Question:

If we want to write Nevada Medicare Supplement plans, do we do that through Nevada Health Link as well, or do we register as broker/agent for that through another agency? If so, which agency?

Answer: The Exchange does not write Medicare Supplemental plans.

Question:

Will the broker call center still be up and running for this open enrollment?

Answer: Yes, the broker/navigator service line is 1-800-547-8156.

Question:

So when or if the ACA is repealed (hope not), SSHIX is co-terminus with it?

Answer:

If the ACA is repealed, the Exchange/Nevada Health Link would also no longer function as an Exchange connecting eligible residents to Qualified Health Plans – depending on how the law itself is struck down. Nevada Health Link will be writing a statement if this were to happen and how it would affect Nevadans. The litigation process will take quite some time and Nevadans will NOT be affected for plan year 2021.

Question:

What are the premium fees for the insured?

Answer:

Not sure if you are referring to the Carrier Premium Fee (CPF)? If so, the CPF is 3.15%.

Question:

Will this PowerPoint be available for later viewing?

Answer: Yes, you can find the video and link to the presentation on our website:

<https://www.nevadahealthlink.com/media/media-assets/>

Question:

Can you explain \$600 for unemployment is add on ACA income not for Medicaid?

Answer: All types of unemployment insurance coverage, including PUA and FPUC, are counted as part of consumers' income when determining their APTC and CSR eligibility. FPUC, which gives an extra \$600 per week payment, doesn't count as income when determining eligibility for Medicaid and CHIP. Also see: <https://marketplace.cms.gov/technical-assistance-resources/aptc-csr-basics.pdf>.

Question:

Is it possible to put in the UE determination amount for a person's income for the year and ask them to call us back if the income changes? IE: a new job.

Answer: Please see the response above of what to include in calculating a person's income for the year.

Question:

I know we are almost to open enrollment, but I have encountered so many individuals, especially those that had coverage from small or mid-size employers that did not receive proper notification of their loss of coverage, and now it is well beyond 60 days. These people generally find out when they go to the doctor and find out their coverage terminated for which they were never notified. I would plead for an SEP for those people.

Answer: Consumers who lose employer coverage and are unable to obtain the documentation from their employer can fill out a [Letter of Explanation](#) indicating why they missed the SEP window and will be reviewed by the Exchange for consideration.

Question:

Will the consumers receive paper notices of their renewal if they opted for paper notices?

Answer: Yes, the carriers are required to send renewal notification letters. In addition, the Exchange will be sending renewal notices to those consumers who opted into auto-renewal.

Question:

Why aren't the carriers required to appoint licensed/certified agents who are on the Exchange? I have written numerous policies without compensation.

Answer: The Exchange does not have the authority to require carriers to pay commissions.

Question:

Are the 2021 benefits for the new plans available on the website? Or on the state site?

Answer: This is available on the window shopping link on the actual enrollment platform for Nevada Health Link. You can start shopping here: <https://enroll.nevadahealthlink.com/hix/>

Question:

Are Federally Enrolled Tribal members still able to have their unique/special enrollment benefits? Meaning - their income guidelines for premium assistance and ability to enroll/disenroll as needed?

Answer: Yes, tribal members are eligible to enroll at any time throughout the year.

Question:

How is it that the federal government will fine agents when selling a plan you are not allowed to sell because of not taking their test? Why does the Exchange allow us to sell to companies that refuse to contract agents and pay them commissions?

Answer: The Exchange does not have the authority to require carriers to pay commissions.

Question:

If consumers want their coverage to begin Jan. 1st, they have to effectuate by Dec. 30th. Does that mean they can complete an application that same day?

Answer: Yes, they can complete the application that same day. Also there will be a small extension from Jan. 15 - Jan. 20 if a consumer starts their application on or before Jan. 15, and they will still have a coverage start date of Feb. 1. If they enroll on or before Dec. 31st, they will have coverage Jan. 1 2021.

Question:

In light of COVID-19, is it okay to accept electronically signed authorizations? So many applicants do not have print & scan capabilities.

Answer: Yes. The Exchange is adding this to our Policy Manual.

Question:

If a consumer's income during open enrollment for 2020 was above the 138% poverty level, but, because of increases in the income levels, their unchanged income would be below 138% now for 2021, will they automatically be pushed over to Medicaid as a part of the auto renewal if they don't update their application? When will that data get sent to DWSS?

Answer: The eligibility logic will perform a mathematical calculation and possibly assess the consumer in the scenario above as Medicaid eligible. The consumer, through an account transfer process, will be sent to Nevada's Medicaid agency for a full determination. Assuming that the consumer is a current marketplace consumer, that data will be sent to DWSS prior to November 1st.

Question:

Do you have information on where people can apply to be a remote call center agent for the upcoming open enrollment season?

Answer: Our vendor, GetInsured is still recruiting for NV call center reps. If Spanish speaking/ bilingual, even better. They need to apply as soon as possible though to get through screening and the interview process in time for the last training class. Interested applicants can apply by visiting: <https://getinsured.bamboohr.com/jobs/view.php?id=86>

Question:

Does the Exchange have any insight on the number of people who signed up for an on-Exchange plan after being laid off, received credits, and may be charged after regaining coverage through their employer?

Answer: It is important to communicate to your consumers the urgency to report changes to the Exchange via their platform account promptly to avoid receiving excess tax credits. <https://help.nevadahealthlink.com/hc/en-us/articles/360030382931-Terminating-a-plan-that-s-in-effect>.

Question:

When is recertification for 2021?

Answer:

In terms of recertification for Agent/Broker and EEF training, the recertification Nevada Health Link training has been going on since August 6th. The last day to complete training is: Oct. 15th. If you have further questions or inquiries regarding training, please email Katie Charleson at: kcharleson@exchange.nv.gov

Question:

If I have a single tax flier on unemployment now and into 2021 at, say, \$469 per week, translates to about \$24,388 per month. Let's say they get rehired to \$60k per year, are eligible for benefits June 1st and were getting a \$400 tax credit before that. They then cancel their NVHL plan May 31st and jump onto their employer's health insurance as of June 1st. (Which they would need to do since they would no longer qualify for the tax credit).

Will the consumer pay back the \$400 tax credit for the 5 months they had the plan in 2021, when they file their taxes in 2022.....or not? That \$2000 could be a big hit to some, especially if unexpected.

Answer:

Your assumption is correct. The IRS computes based on actual yearly income. That is why we ask them to provide their expected 2021 annual income. This does make it quite difficult for consumers who unexpectedly get a job which offers coverage and then ends up making more than their estimated annual income they put on their application they may in turn have to pay back those subsidies collected. IRS lays it out here pretty clear on the 4th question re: changes during the year: <https://www.irs.gov/affordable-care-act/individuals-and-families/questions-and-answers-on-the-premium-tax-credit>.

It's sort of an unfortunate gap within the ACA, but because IRS only computes on annual and not monthly that is why this happens. Similarly if a consumer reports a birth of a child in December they can claim that child and the IRS would add that member as if they were there all year versus one or partial months of the year. For example, household of two from Jan. 1, 2021 – Dec 15, 2021 adds a baby December 15th, 2021 they will be counted by the IRS as a family of three for the entire year.