



Silver State Health Insurance Exchange

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AGENDA ITEM

For Possible Action

Information Only

Date: June 24, 2021
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.

CONTENTS

PURPOSE	1
CONTENTS	1
GENERAL COMMENTS	1

GENERAL COMMENTS

EXECUTIVE SUMMARY

This meeting’s Executive Director’s report closely aligns with the Executive Summary in the Fiscal and Operational Report. The Silver State Health Insurance Exchange (Exchange) spent the first half of 2021 implementing two special enrollment periods (SEPs): the Biden-Harris Missed Enrollment Special Enrollment beginning on February 15, 2021, and the American Rescue Plan Act (ARPA) beginning in Nevada on April 19, 2021. The Exchange operationalized both of these SEPs while working remotely as a result of the COVID-19 pandemic. Throughout the time period from January - June, 2021 the Exchange managed and oversaw the maintenance of the GetInsured technology platform and call center, presented and defended the agency’s 2022-2023 budget at the Nevada Legislature which will add four new positions, successfully planned and executed

two planned quarterly technology releases, and strengthened working relations with state agencies that include the Department of Employment, Training and Rehabilitation (DETR), the Division of Welfare and Supportive Services (DWSS) and the Division of Health Care Finance and Policy (DHCFP). As the Exchange prepares to head into its third year as a state based exchange (SBE), leadership, staff, and the Exchange's vendors have continued to improve policy, processes, and technology to provide the most efficient operations and service to Nevada consumers.

Vendor Management

Successful operation of an SBE requires a fully functioning enrollment technology platform, accurate eligibility policy and logic, and a scalable call center. The Exchange works closely with GetInsured to monitor performance of the enrollment system and assists with the prioritization of system improvements and enhancements. To service enrollment and eligibility questions or concerns on a personal level, the Exchange's Quality Assurance team coordinates with the GetInsured call center management and staff to ensure consumer satisfaction and issue resolution.

As it did for a COVID-19 pandemic SEP in March to May 2020, the GetInsured technology platform successfully stood up and provided not one, but two, SEPs from January to June of 2021. First, the Exchange implemented a Biden-Harris SEP that ran from February 15, 2021 to April 19, 2021. This SEP was intended to allow for additional enrollment opportunities to Nevadans in an effort to provide increased health insurance coverage in response to needs coming from the national COVID-19 pandemic. Secondly, on April 19, 2021, the Exchange implemented ground breaking eligibility changes with an ARPA SEP. The highlights of the ARPA changes include: subsidies being applied for the first time to consumers making above 400% of the federal poverty level; redetermination of monthly subsidy premium tax credits (the majority of which were increased); \$0 plans for consumers that had claimed unemployment insurance; and an automatic large scale batch subsidy recalculation for Exchange consumers that had taken no action but may have been eligible for new subsidies. As our vendor, GetInsured programmed and deployed these various complicated and technical SEP changes, Exchange staff worked tirelessly to test and validate these changes to ensure that new enrollment and eligibility functionality mirrored appropriate policy and federal regulations. To date, the Exchange has enrolled nearly 9,000 consumers through the duration of these SEPs.

To support these technology changes and subsequent questions from consumers, brokers, and navigators, the contracted GetInsured call center was apprised and brought up to speed on new policy and system functionality, all the while meeting its service level agreements even though staff continued to work remotely. As mentioned in a prior report, call monitoring has remained increased to ensure service levels were maintained through the remote work model. This includes live call monitoring and 27 scorecard categories to evaluate phone calls for each individual call center representative. The goal of meeting 85% of service levels has continued to be met. In order to provide increased call center service opportunities to consumers, brokers, and navigators, the call center added Saturday hours starting in April of 2021 that will continue through August of 2021.

The success of the Exchange's SEP enrollment numbers is a direct result of the Exchange's marketing and outreach efforts. As a small standalone agency, the Exchange continues to be nimble in its outreach and marketing abilities. Those abilities have proven extraordinarily useful throughout the pandemic and these two subsequent SEPs. During the time period of this reporting, the Exchange's outreach and marketing strategy

added a layer of complexity to the mix with a change in communications vendor. As a result of a competitive Request for Proposal (RFP) process, the Exchange, transitioned from a five year relationship with its former marketing and outreach vendor, Penna Powers, to a newly awarded vendor, The Abbi Agency. Getting caught up to speed rather quickly starting in April 2021, The Abbi Agency hit the ground running with messaging concepts, outreach to current consumers, consumer surveys, promotion of brokers, and development of a comprehensive advertising campaign that highlights how what were already good subsidies and value of health insurance is getting even better with the new SEPs. The Exchange's marketing and outreach goal is a never ending message to educate Nevadans as to the value of Exchange plans, the financial impact and savings afforded to consumers, protections that insurance provides, and how easy it is to enroll from a technology standpoint or that free professional assistance is available.

As Nevada climbs its way out of the COVID-19 pandemic, the Exchange and its outreach partners throughout the state continue to explore creative ways to promote the Exchange. While the past year leveraged the power of social media, the Exchange's navigators are starting to attend more and more in-person events.

And whereas last June Exchange staff was working remotely, it is exciting to report that plans have been implemented to have Exchange staff return in full force to the Carson City and Henderson offices starting June 14, 2021.

Coordination with State Agencies

The Exchange is committed to working closely with statewide organizations, state agencies, and stakeholders to not only communicate about the importance of comprehensive health insurance, but to also educate, improve, and streamline the existing systems and programs throughout the state.

The Exchange's efforts to ensure cross agency partnership and collaboration have grown throughout the pandemic and in response to the significant increase in unemployment and Medicaid enrollment. During the reporting period the Exchange continued to meet with staff at DWSS to explore a partnership between the Exchange's Navigator program and the state's Medicaid program to provide outreach and education services to Medicaid and Nevada Check Up (NCU) recipients. According to historical program records, roughly 25% of a Navigator entity's time is spent assisting Medicaid and NCU recipients with post-eligibility activities as part of the normal activities that occur under the Navigator program. As such, the Exchange is actively striving and coordinating with DWSS to obtain a 50% federal match from CMS to provide these services to Medicaid recipients. The Exchange expects an update in the near future and will keep the Board apprised of the outcome.

The Executive Director of the Silver State Health Insurance Exchange continues to be an ex-officio member of the Patient Protection Commission, as well as an appointee to the Advisory Committee on Medicaid Innovation which focuses on the creation or expansion of public and/or private prescription purchasing coalitions, encourages coordination of private and public health care coverage, and explores waiver opportunities related to the U.S. Department of Health and Human Services.

Federal and State Legislation Updates

During the reporting period, influential federal legislation that impacted the Exchange included the “2021 Special Health Insurance Enrollment Period Through Healthcare.gov” which the Exchange mirrored as a SBE. In a statement by President Biden, this particular special enrollment period was a precursor to the American Rescue Plan Act in which healthcare.gov and SBE’s, including Nevada, opened a special enrollment period planned from February 15, 2021 to May 15, 2021 “for all Americans to have the opportunity to sign up for health insurance.” President Biden went on to say that “Now, everyone will be able to use a special enrollment period to help secure some peace of mind as we work to beat the pandemic and strengthen and build on the Affordable Care Act.” More than 3,000 Nevadans took advantage of this SEP before a second SEP, the American Rescue Plan Act of 2021 (ARPA), which started April 19, 2021 and is running to August 15, 2021. As previously mentioned, almost 9,000 consumers actively took advantage of the new ARPA benefits to re-determine their eligibility for lower subsidies. For those enrolled Exchange consumers that did not actively re-shop prior to June 4, 2021, the Exchange ran a batch job during the weekend of June 4 -6 to automatically apply new ARPA eligibility rules to that population.

On the state level, the 81st Session of the Nevada Legislature concluded on May 31, 2021. Two important pieces of legislation that the Exchange followed closely, and that may have significant impact in the future, is AB 432 which will designate the Exchange as an automatic voter registration agency, setting for requirements for such an agency to transmit certain voter registration information to the Secretary of State and county clerk’s offices as captured in the Exchange’s normal course of business. The implementation of this new process has been pushed to the biennium following next to allow for proper planning and design.

Secondly from the Nevada Legislature, and more impactful to the Exchange, is SB 420, commonly referred to as the Public Option Bill. The insurance vehicle of the public option will be an ACA qualified plan but sold at 5% below a benchmark silver plan in 2024 with plans to reduce average premium costs savings by 15% over four years. These plans will be sold on the Exchange platform and per the legislation will not be available until 2026. Upcoming steps in the upcoming biennium are to conduct an actuarial study to ensure goals and legislation align with accomplishing the Legislature’s intent of increasing access to healthcare at a lower consumer cost and apply for a Section 1332 waiver with the Center for Medicare and Medicaid Services for their approval. The Exchange’s Executive Director is explicitly mentioned in this legislation as an integral architect of the public option and will work close with the Commissioner of Insurance and Director of the Nevada Department of Health and Human Services.

PY 2020 Programmatic Audit

The Exchange completed its first audit as a fully autonomous SBE in May of 2021 through a new auditing firm, BerryDunn. The intensive process started in November of 2020 where BerryDunn examined the compliance of Silver State Health Insurance Exchange (the Exchange or SSHIE), an enterprise fund of the State of Nevada, with the requirements in Subparts C, D, E, F, K, and M of Title 45, Code of Federal Regulations, Part 155 (45 CFR 155) during the year ended June 30, 2020. The process included interviews of Exchange staff, Exchange enrollment partners, and staff from the Division of Insurance, review of Exchange documents and policies and procedures, as well as sampling of enrollees to ensure appropriate eligibility and enrollment. The Exchange did receive two minor findings. The correctable findings were: 1) SSHIE does not provide written appeal rights and

procedures in notices in conformance with the applicable regulations. SSHIE provides a link to an appeals webpage in notices rather than including the language itself; therefore, the applicants who do not have access to internet might not be able to access their appeal rights. Furthermore, SSHIE does not provide an explanation of appeal rights at the time of application; and 2) SSHIE's eligibility verification notices include information which state that if the applicant does not verify or correct the inconsistency, then the applicant's subsidy will be canceled, and they will be responsible to pay the full premium. The Exchange will execute a corrective action plan regarding both of these findings to ensure compliance and will update its Board at a future board meeting as to the status of the corrective actions.

New Exchange Staff Starting in SFY 2022

The Exchange is pleased to announce that the 2021 Legislature approved the Exchange's Governor's Recommended Budget, which included 4 new positions that will start in state fiscal year 2022. All staff are anticipated to be recruited and hired as soon as possible. In no particular order, the first position that the Exchange has been approved to hire is a Health Resource Analyst 2 (HRA 2) to absorb functions and responsibilities previously provided by CMS, including but not limited to: concentration on data analysis; research and reporting, frequent, federally-mandated reporting to CMS; in-house data analytics of over 200 internal data reports; and creation and management of a public use dashboard with statistical reports and metrics.

The second position that the Exchange has been approved to hire is a classified Business Process Analyst 1 (BPA 1) in the Reconciliation Unit. This position will support increased workloads due to additional insurance carriers anticipated to join the marketplace for PY 2022 for a total of 7 QHP carriers and 11 total including QDPs. This new BPA 1 will enable Exchange staff to meet target service levels to carriers.

The third position that the Exchange has been approved to hire is a classified Health Program Specialist 1 (HSP 1) position in the Communications Unit to be located in the Exchange's Henderson office. This position will have in-house responsibility for outreach planning, coordination, and statewide community relations and partnership building. Additionally, this position will assist in streamlining the Exchange's efforts to conduct outreach to targeted, at-risk uninsured and underinsured populations to increase enrollment into Qualified Health Plans.

Lastly, the fourth position that the Exchange has been approved to hire is a classified Program Officer 1 (PO 1) in the Consumer Assistance Unit. This position will administer Carrier Support program in partnership with the existing PO 1 due to anticipated increase in carrier participation. This Program Officer will provide timely investigation and resolution of carrier complaints related to eligibility, enrollment and coverage. This critical position will ensure positive outcomes for both carriers and consumers.

These new positions will ensure that the Exchange will mature and grow as an SBE with the appropriate staffing levels to provide the quick and knowledgeable responsiveness to consumers, carriers, and partners that these groups have come to expect from our agency.

