



Silver State Health Insurance Exchange

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FISCAL AND OPERATIONAL REPORT
PROVIDED TO THE GOVERNOR AND LEGISLATURE
PURSUANT TO NRS 695I.370 (1) (B) & (C)
JUNE 30, 2021

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, 2021 through June 30, 2021.

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EXECUTIVE SUMMARY

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 continuing to remote work 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, 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.

In July of 2020 the Exchange's Board of Directors voted to extend the Nevada Health Link OEP for an additional month. The Exchange's OEP ran from November 1, 2020 through January 15, 2021. Consumers who enrolled by December 31, 2020 had policies that began on January 1, 2021, consumers who enrolled between January 1st and the 15th had policies that start on February 1, 2021.

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 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 continues 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.

Biden-Harris Missed Open Enrollment and ARPA Enrollment

Throughout this reporting period of January to June of 2021 Exchange consumers were able to shop during the multiple SEPs from a total of five (5) QHP carriers for PY 2021 coverage. Nevada consumers were able to choose from a combined total of 50 health plans from returning carriers: Anthem, Health Plan of Nevada (HPN), and SilverSummit, and new carriers Friday Health Plans and SelectHealth. Consumers were also able to continue to shop six returning dental carriers that offer a total of 21 qualified dental plans. Nevadans living in Clark and Nye County were able to select health plans from all five carriers; Washoe county residents were able to select health plans from Anthem, HPN, Friday Health Plans, and SilverSummit. Consumers in the 14 remaining counties were able to select health plans from Anthem, Friday Health Plans and SilverSummit.

From April 20, 2021 to June 15, 2021 (the date this report was written), the Exchange enrolled almost 9,000 consumers pursuant to the ARPA SEP alone. 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 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 SB420, 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.

MARKETING & ADVERTISING

General Comments: Marketing & Advertising

Beginning in the fall of 2020 and going through Mid-March of 2021, the Silver State Health Insurance Exchange (Exchange), the state agency that oversees the online health insurance marketplace known as Nevada Health Link, went through a rigorous Request for Proposal (RFP) process as required by the state of Nevada to seek marketing and outreach services. Through this process, the Exchange has on-boarded a new agency of record, The Abbi Agency (TAA). Subcontracted with the Abbi Agency is Marketing for Change and Ericka Aviles Consulting. The Exchange went into contract with TAA on April 1, 2021 and has set forth a new scope of work, budget, and strategy for all marketing and outreach moving forward.

The Open Enrollment Period for Plan Year 2021 (PY 21) concluded on January 15, 2021, with an extension for consumers who completed their application by the January 15th deadline. Enrollees who met this deadline had an additional five days to shop for a plan until midnight on January 20, 2021. During one of the most turbulent and difficult years in response to the COVID-19 pandemic, the Exchange enrolled nearly 82,000 Nevadans in its eighth open enrollment cycle. These figures exceed 2019's enrollment numbers by 4,493, or a 5.8 percent increase.

In April & May the Exchange was intensely focused on two things, first was onboarding the TAA as along with its partners Marketing for Change and Ericka Aviles Consulting. The second was planning, strategizing and developing a creative campaign and content to support The American Rescue Plan Act (ARPA). All owned channels, social media, email marketing and Nevada Health Link's blog, saw a consistent cadence from March to April and through to May. The website saw a decline in traffic which is to be expected without a media campaign in the market. Exponential growth in email open rates and click through percentages indicate the

Exchange has found a highly qualified audience within the database and are serving customers engaging content. The Abbi Agency's Public Relations & Community Outreach teams are working diligently on expanding the network and building relationships with key stakeholders.

Additionally, in May TAA and its partner Marketing for Change began a series of audits and started conducting research that will lay the strategic foundation to build the Marketing Plan and guide future direction for the Exchange and its marketing campaigns. Audits to be completed in early June include: chatbot, Search Engine Optimization (SEO), website content, email marketing and social media. Research began in May of this year with strategic planning and recruitment for those to be involved in our three-day online focus group, a consumer bulletin board discussion guide, as well as drafting the statewide omnibus survey.

Special Enrollment Period: Marketing & Outreach

On January 28, 2021, the Biden Harris Administration issued an Executive Order on Strengthening Medicaid and the Affordable Care Act (ACA). Pursuant to this order, the Center for Medicare and Medicaid Services (CMS) released a press release on February 12, 2021 announcing that a Special Enrollment Period (SEP) for HealthCare.gov would officially be available to consumers starting on Monday, February 15, and continuing through Saturday, May 15. The Exchange immediately began having conversations with vendors and planning to make necessary technology changes and communicate another SEP to Nevada consumers.

The Executive Order and accompanying SEP was late breaking news; but the marketing team and agency of record during this time: Penna Powers/The Warren Group, quickly provided a game plan to message consumers about this new enrollment opportunity. The messaging was going to be simple and direct, and move away from the previously planned qualifying life event (QLE) messaging since this enrollment period would be open to all new consumers without needing a specific QLE reason. Current messaging for the new SEP included:

- Are you uninsured? Nevada Health Link is here for you. Get Peace of Mind.
- Nevada Health Link is your resource for comprehensive health insurance coverage. Think you can't afford to get covered?; Nevada Health Link is the only place Nevadans can qualify for financial assistance to help pay monthly premiums; 4 out of 5 enrollees qualify; Some enrollees pay \$0 out of pocket each month.

Once the Exchange and marketing partners determined the messaging to consumers and education to stakeholders, the next task was to determine where to advertise the message. It was decided that the Exchange's best strategy as where to market messaging regarding this SEP would be:

- Paid Search (review search terms within Search Engine Optimization (SEO))
- Display Advertising – Advertising on hand sanitizing stations (test market to run 3/29 – 6/29/21)

- Hand sanitizing stations are located in CVS pharmacies
- 16 locations in Reno; 2 locations in Carson City
- Email Campaigns Weekly
- Social Media (i.e., Facebook, Twitter, Instagram)
- Stakeholder Promotion and cross-promotional opportunities (i.e., SNHD, Immunize Nevada, etc.)
- Community Relations and messaging through community partners
- Continued delivery of Resource Guides throughout community organizations statewide

Special Enrollment ARPA Campaign Overview:

Shortly after the Executive Order, the Biden Administration enacted the American Rescue Plan Act of 2021 (American Rescue Plan or ARPA). The American Rescue Plan, passed by Congress and signed by President Biden on March 11, 2021, increases the opportunity for unprecedented numbers of Nevadans to receive subsidies, including Nevadans making over 400% of the federal poverty level. It simultaneously reduces premiums for ACA compliant health insurance plans sold through Nevada Health Link. Nevadans who have received unemployment insurance may also be able to take advantage of \$0 premium plans sold on the Exchange. Nevada Health Link fully implemented ARPA subsidies and unemployment insurance rules starting on April 20, 2021, thus extending the SEP from May 15 to August 15 to match the federal (HealthCare.gov) extension.

During March and into April of 2021, the Exchange communications team was busy transitioning from Penna Powers and The Warren Group to the new agency, TAA team and their various subcontractors.

TAA and its subcontractors immediately began developing a campaign to provide Nevadans an understanding of the increased opportunity for subsidies due to The American Rescue Plan. The marketing for this campaign needed to communicate the following to its target audiences:

- Nevada Health Link now provides access to subsidies for an unprecedented number of Nevadans who previously were not eligible.
- There are increased subsidies which means reduced monthly premiums for Nevadans. This will hopefully enable Nevadans to allocate their hard-earned money to meet their families' other essential needs such as food and clothing, to name a few.
- Nevadans who have received unemployment insurance may also be able to take advantage of \$0 premium plans.

Advertising Strategy Highlights for Special Enrollment ARPA Campaign:

The Abbi Agency developed two campaign creative concepts, one that drives home the idea of rescuing Nevadans in their time of need and a second that speaks to quality health care at a lower cost. Both concepts were tested against each other through paid social media ads as well as a three-day online survey qualitative research project.

The first creative concept is titled ‘Rescue Savings Await’, a sample headline reads ‘Nevadans, Claim Your Rescue Savings,’ with messaging that speaks to the lower cost in premiums ‘the American Rescue Plan has reduced health coverage premiums’ and a call to action that drives home the idea of savings one last time, ‘claim your savings now.’

The second creative concept is built off of the idea that Nevada Health Link already provides quality health care, and now that same quality can be had at a better price. This concept was titled ‘The Best Just Got Better.’ Headlines used the possibility of \$0 premiums with ‘Health Insurance As Low As \$0,’ messaging brought through familiarity to ARPA with ‘The American Rescue Plan just lowered health plan premiums,’ and the call to action made it relatable and actionable to the individual with ‘see how low your premium fell.’

The target audiences for this campaign include but are not limited to: uninsured Nevadans, rural Nevadans, individuals/families statewide, 50+ age group, 26-45 age group, the young invincible, members of Nevada Tribes, Hispanic/Latino, Asian Americans and Asian Pacific Islanders, African Americans, and multicultural populations. Those who qualify financially for the additional subsidies offered through ARPA, including those who received unemployment insurance in 2021 and current enrollees who previously did not qualify for additional subsidies that may now be eligible for more savings.

The special enrollment campaign for ARPA features the following media and marketing tactics:

Marketing Collateral

- Consumer Fact Sheet (English & Spanish Versions)
- Broker/Navigator Fact Sheet
- Talking Points (English & Spanish Versions)
- FAQ Document (English & Spanish Versions)
- User Guide
- Social Media Toolkit (English & Spanish Versions)

Traditional Media Tactics

- Outdoor Boards
 - Product: Digital billboards
 - Audience(s) reached: Nevadans in the Las Vegas and Reno Metro areas
 - Strategy: Expanded reach in the metro areas via traditional billboards
- Radio Ads (English & Spanish Versions)
 - Product: A mix of local stations in English and Spanish
 - Audience(s) reached: Las Vegas and Reno metro areas and surrounding rural regions.
 - Strategy: Reaching English and Spanish speaking Nevadans in both the metro and rural areas
- Connected TV/OTT
 - Platforms include Hulu and Sling

- Region: Nevada
- Audience(s) reached: Targeting Nevadans with household income under \$75k, including those who are recently unemployed.
- Strategy: Reaching English and Spanish speaking Nevadans in both the metro and rural areas

Digital Media Tactics

- Paid Social Media Advertising
 - Platform: Facebook
 - Audience(s): State influencer targeting
 - Strategy: Statics of both creative concepts for testing in late May/early June
 - Video content featuring: An education on commonly searched questions and a tutorial on how to enroll.
- Search Engine Marketing
 - Platform: Google
 - Target Audience(s): those searching the identified keywords/terms
 - Creative: Long Form SEO vs Health Insurance Questions, Competitor Placements.
 - Strategy: Expanded reach for those searching for health care in Nevada and relative terms.
- Display Banners
 - Platform: Google Display Banners
 - Targeting: News Sites Statewide - LVRJ, RGJ, KLAS, KTNV, KOLO, etc.
 - Strategy: Increased exposure with news authorities
- YouTube
 - Platform: YouTube :15 non-skippable and :30 skippable
 - Target Audience(s): Placements vs Health Insurance, Health, News, Sports, Entertainment, Nevada State Influencers & Competitor Channels
 - Strategy: Health care related video content and increase exposure with state influencers

Public and Media Relations

In conjunction with the advertising campaigns, public relation (PR) and media relations is a core marketing component to bring awareness to the Nevada Health Link brand and its offerings. Nevada Health Link's expert PR team, The Abbi Agency along with its partner for the Hispanic Community Ericka Aviles Consulting, synchronizes strategies that align with all marketing and advertising activities to garner positive exposure, solidify position and respond proactively and appropriately to ongoing industry and political issues.

In April, the team was laser-focused on implementing a PR launch plan for ARPA, ensuring that all statewide media was made aware of the new changes under the Special Enrollment Period. Additionally, the team introduced themselves to Broker/Navigator Partners and began research and discovery on the best ways to communicate with these groups. This research was conducted through an online survey and one-on-one meetings with the Exchange's Broker Grantees.

In May, the team continued to find new angles and methods to promote messaging around the ARPA Special Enrollment Period. This was done through a number of tactics, including a data-driven pitch around “healthcare” search Google rankings in Nevada, as well as a press release highlighting Nevada Health Link’s successful enrollment numbers since implementation. Additionally, during one-on-one meetings with Broker Grantees, the agency learned that healthcare scams were a hot consumer topic. To educate the public on how to avoid various possible scams and why working with a certified broker is the best route, the agency worked with two broker grantees (Alberto Ochoa and Brian Douglas) for media interviews and story placements. The PR team also worked with two of the Exchange’s Board Members (Quincy Branch and Jonathan Johnson) to secure opinion columns on what ARPA means for self-employed/contractors. These content submissions were published in June of this year.

In June, the Abbi Agency worked on a mid-way push for ARPA where education to the public/media on consumer cost breakdowns/savings through the Special Enrollment Period is a key focus. TAA made sure to strategize a heavy push on getting Heather Korbolic back in media interviews for expert positioning. The PR team is also working to obtain consumer testimonials (request sent via email survey) to put a name and a story behind the overall ARPA savings story. These testimonials will be used for media interviews, story placements and social media, where applicable.

Special Enrollment Period ARPA Campaign and General PR and Media Relations

Highlights - April - May

Press Releases (4); Pitches (2); written story content/Op-Eds (3)

- May 17, 2021: [Nevada Health Link Saves Thousands of Nevadans Money Through 2021 Special Enrollment Periods](#)
- April 20, 2021: [Nevada Health Link Announces Health Insurance Savings Through the American Rescue Plan Act](#)
- April 19, 2021: [Nevada Health Link anuncia ahorros en seguros de salud a través de la Ley del Plan de Rescate Estadounidense](#)
- April 9, 2021: [The Abbi Agency Named Agency of Record for Silver State Health Insurance Exchange/Nevada Health Link](#)

Earned Media Metrics:

	TAA Secured Coverage	Est. Audience Reach	Backlink Inclusions
April 2021	12	3,903,500	7
May 2021	5	651,830	3

Event Outreach and Community Relations

COVID-19 remained at the forefront of our business and from a public health perspective, most of Nevada Health Link’s in-person outreach event attendance was either canceled or converted to a virtual format. In the same vein, sponsorships were affected as well. Now that more

restrictions are being lifted community events are coming back and the opportunity for sponsorships is increasing despite of coronavirus, Nevada Health Link was able to continue its outreach and community relations involvement by making calls to established community organizations where relationships already existed – those organizations were however in need of updated resource information such as Resource Guides for both the North and South. Below are some highlights:

Outreach & Community Relations Highlights

Sponsorships:

- Reno River Festival
- The Great Reno Balloon Race
- Golden Eagles Sports Complex
- Nevada Primary Care Association

Event Participation (via SWAG and material drop off, virtual or drive-thru)

- Throwback Sizzling Jam
- City of North Las Vegas Pop-Up Vaccination event
- Juneteenth Jazz Legacy & Heritage Festival
- Las Vegas Juneteenth Festival
- Ward 5 Summer Splash
- Senior Expo events in Las Vegas, Reno, and Pahrump

Email Marketing, Social Media and Blogs:

Email marketing, social media, and blogs are all methods of communication that are an integral and enduring facet of Nevada Health Link’s combined marketing efforts. The marketing team utilized email campaigns to communicate to enrollees, non-enrollees and brokers & navigators the increased opportunity for subsidies for Nevadans due to The American Rescue Plan Act.

Nevada Health Link engages in a robust, ongoing organic social media strategy that features varied content and graphics to bolster our position as a statewide health-related resource, authority and mission-driven community advocate. The content team pushes out content that informs and educates Nevadans about Special and Open Enrollment periods, financial assistance eligibility, the 10 Essential Health Benefits and Qualified Health Plans. Organic social media is used as a platform to highlight Nevada Health Link’s community partners, recognize important health-related causes and promote relevant national and statewide events or current happenings. Nevada Health Link’s blog content is another way to connect consumers with relational topics in a more relaxed, conversational fashion.

Email Marketing, Social Media, Blog & Website Highlights

- 21 unique emails sent to Nevada Health Link’s database. In April, The Abbi Agency audited the database, removed outdated and unqualified subscribers, and are now sending to more qualified audiences; 50,000 enrollees, 11,000 non-enrollees and close to 650

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brokers. This has proven to increase the click through and open rates and decrease the bounce rates.

- Emails are created to a multitude of audiences:
 - Enrollees
 - Non-Enrollees
 - ARPA Enrollees
 - Broker/Navigators
- Email campaign to gather testimonial content for ARPA enrollees receiving savings to be used in future marketing support for the ARPA SEP campaign.

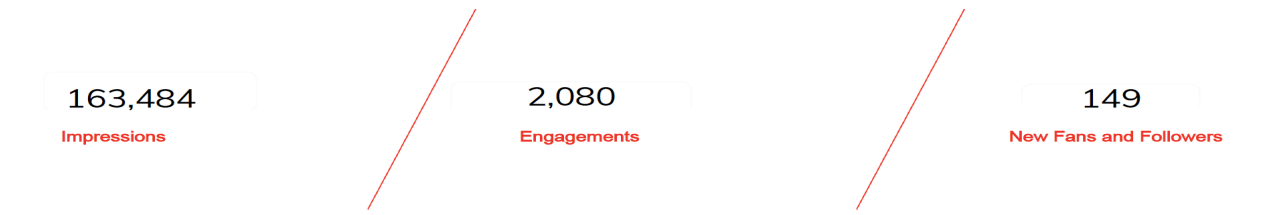
Data on this table is for April 1, 2021 through June 4, 2021.

	Clicks	Campaigns Count	Audience Reached	Click Through Rate	Open Rate
April 2021	7,163	10	124,916	3.78%	26.16%
May 2021	2,755	7	72,778	2.66%	24.83%
June 2021	733	4	48,758	1.14%	20.49%

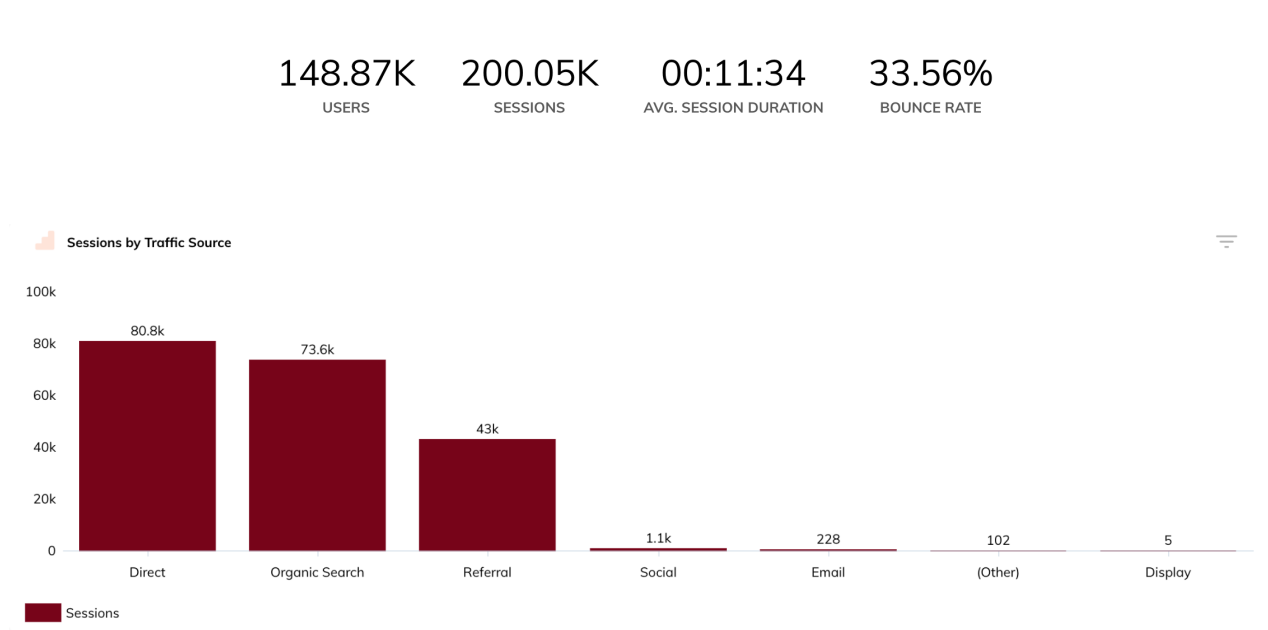
- Blog posts (2) per month, (5) in English and (1) in Spanish:
 - April 21, 2021: [Dramatic Insurance Premium Savings to Nevadans](#)
 - April 30, 2021: [El Plan de Rescate Estadounidense entrega ahorros dramáticos de la prima de seguro a los Nevadenses](#)
 - May 11, 2021: [Brokers, Navigators, CECs: What you Need to Know](#)
 - May 25, 2021: [Deep Savings for Different Demographics](#)
 - June 8, 2021: Health Care Scams and how you can prevent them
 - June 21, 2021: What Nevada Health Link Means to Me: Customer Profile
- Over 100 social media posts that support and amplify the following content:
 - General Awareness
 - Blog Content: Health Care Scams & Testimonial Content
 - Event Coverage (i.e. River Fest, Reno Balloon)
 - Earned Media Amplification & Press Release Support (LinkedIn & Twitter)
 - Related Holidays/Health Care Awareness
 - Health Partnerships

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Combined data for all social media platforms (Facebook, Instagram, Twitter and LinkedIn) for the time period of April 1, 2021 through June 4, 2021:



Website data for April 1 - May 31, 2021 featuring users, sessions, average session duration and the bounce rate along with the traffic source for the sessions:



STATE BASED EXCHANGE OPERATIONS

The expansive sections below detail every aspect of the operations of the Exchange. It is important to note that in only its second year operating as a SBE the Exchange was able to continue to leverage its full autonomy and agility to not only to institute a Market Stabilization Special Enrollment Period tacked onto the end of its traditional Open Enrollment; in essence extending Open Enrollment from December 16, 2020 to January 15, 2021, but to also institute not one, but two, Special Enrollment Periods between January 2021 and June 2021. The Exchange continued to operate the first half of 2021 remotely, providing the utmost flexibility to service Nevadans. Virtual continued to be the preferred mode of operation for the Exchange in 2021. With continued operational focus on COVID-19 pandemic mitigation, the office continued to show a flexibility and maturity in how our systems, our staff, our call center, and our vendor

were dedicated to serve the underinsured and uninsured citizens of Nevada in providing the opportunity to purchase comprehensive qualified health and dental plans

Policy & Compliance

The Policy and Compliance unit consists of the Policy and Compliance Manager, and the Policy and Compliance Coordinator. 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. The Exchange's Policy and Compliance team have been spending time since August of 2019 researching, verifying, and advising internal staff, brokers/navigators, consumers, and GI on the finer details of enrollment policy related to eligibility, federal regulation changes, and plan selection.

The Policy and Compliance Manager 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 as they occur. This position serves as the Program Manager over the policy team, the appeals unit, and plan certification unit. The Policy and Compliance Manager oversees the development, implementation, and training of internal and external vendor staff related to the system and eligibility. The Policy and Compliance Manager 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 Policy and Compliance Manager also oversees the quarterly release management of future system design and coordinates testing for the release. 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 entire 2020 and beginning of the 2021 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 Exchange teams 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 recommends 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. From 2020 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 in March 2020. Another example was providing the vendor staff with applicable system business requirements for the extension of the Open Enrollment Period (OEP). From 2021 the Policy and Compliance Manager was also instrumental in collaborating with other staff to implement the changes finalized through the American Rescue Plan Act (ARPA) that was passed on March 11, 2021. Additionally, the Policy and Compliance Manager has been analyzing federal policy from the IRS and CMS, namely two

2022 Notice of Benefit and Payment Parameters (NBPP) were released on January 14, 2021 and a second final NBPP on April 30, 2021, to create technical guides and communication materials.

The Policy and Compliance Coordinator conducts research on policy related matters that impact operations and works collaboratively with the Policy and Compliance Manager to counsel management and staff on policy impacts to business operations. The Policy and Compliance Coordinator is required to assist in the creation and revision of guidance and policy manuals for internal and external use. The Policy and Compliance Coordinator assists in UAT with the Policy and Compliance Manager, and is actively learning eligibility related policy changes that must be implemented. The Policy and Compliance Coordinator 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 provide training materials to internal staff, and external stakeholders. The Policy and Compliance Coordinator has focused some of his time in receiving and coordinating with the Exchange’s Broker Liaison as to responses to complaints received from consumers regarding questionable broker business practices. Additionally, the Policy and Compliance Coordinator 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 2022 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 January 2021 – June 2, 2021 covering PY 2020 and PY 2021. 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.

The Exchange has successfully informally resolved all but two appeals that has gone to hearings. The appeal that has gone to hearings was received in December 2020. The Exchange took all applicable steps for these appeals to be resolved informally. The result of the hearings were 1) The Exchange decision was sustained; and 2) The consumer withdrew the hearing request prior to the date of the scheduled hearing.

Month	Number of Appeals Received	Resolution Rate At the End of the Month	Average Number of Days Open
January 2020	15	86.67%	7.5
February 2021	16	100%	1.2
March 2021	17	82.36	5.5
April 2021	14	78.58	2.9
May 2021	11	63.634%	11.4
June 2021	3	N/A	N/A

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 also serves as 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; the analysis and troubleshooting of Electronic Data Interchange (EDI) files with external systems, including systems maintained by our on-Exchange Insurance Carriers and also by Nevada's 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, testing, and account 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 Nevada's Enterprise Information Technology Services Division (EITS); and also for ensuring the Exchange's ongoing Authority to Connect to the Federal Data Services Hub.

A fundamental part of the Reconciliation Team's activities is to conduct regular meetings (weekly, in most cases) with Nevada's on-Exchange insurance carriers. During these meetings the team is able to work directly with their counterparts in our carrier organizations to investigate and resolve discrepancies in enrollment data, as well as to provide guidance—in collaboration with the Exchange's Policy and Compliance team—when policy-related questions arise.

Due to the complexity of the underlying data set the Exchange does not track the resolution of individual discrepancies, as we believe this metric does not provide an accurate representation of the team's efficacy. For example, a single policy might have dozens of discrepancies associated with it—perhaps several per enrolled member for each month of the year—all of which might be resolved through a single instance of corrective action. As a result the Exchange has found it more useful to track the number of policies impacted by a given discrepancy type (rather than the number of individual discrepancies associated with each policy), and also to group discrepancies by severity:

- "Eligibility" discrepancies can impact the enrollment status or coverage dates of a household, and represent the highest level of severity. Since the January 2021

Discrepancy Cycle the SSHIX Recon Team has resolved Eligibility discrepancies impacting approximately 11,000 policies.

- “Financial” discrepancies can impact the monthly premiums and subsidies associated with each policy, and represent the next highest level of severity. Since the January 2021 Discrepancy Cycle the Recon Team has resolved financial discrepancies impacting approximately 15,000 policies.
- “Demographic” discrepancies are associated with address and contact information, broker designation, etc., and represent the lowest level of severity. Since the January 2021 Discrepancy Cycle the Recon Team has resolved Demographic discrepancies impacting approximately 17,000 policies.

During this time period the Security and Reconciliation team has also helped to coordinate the testing and approval of three major software releases for the Exchange Platform (including expanded subsidy eligibility under the American Rescue Plan), and they have developed and maintained innovative data-reconciliation tools through our proprietary Carrier Connector web portal. These tools provide supplemental functions not available through our Exchange Platform, which has in turn allowed the team to identify numerous opportunities to enhance the internal business rules of the Platform itself.

Consumer, Carrier, Broker, and Enrollment Professional Assistance

The Quality Assurance (QA) team consists of three (3) Program Officer Positions as Quality Assurance Analysts that report directly to the Quality Assurance Officer 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. The Exchange’s QA team continues their stride working remotely due to the COVID-19 pandemic 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.

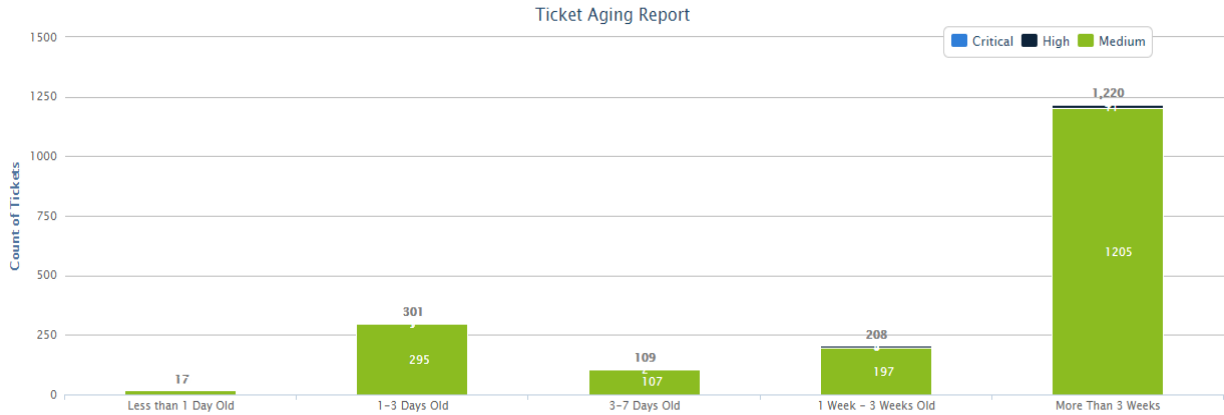
Casework with Exchange Insurance Carriers

The QA team continues to utilize Salesforce case management software for case work between the Exchange and its carriers which is referred to as the “Carrier Connector.” The QA team uses this platform to collaborate with the five (5) qualified health plan carriers and six (6) qualified dental carriers. The numbers below reflect the number of cases that have been resolved (closed) and are actively being worked on for the time period of January 1, 2021 to May 28, 2021

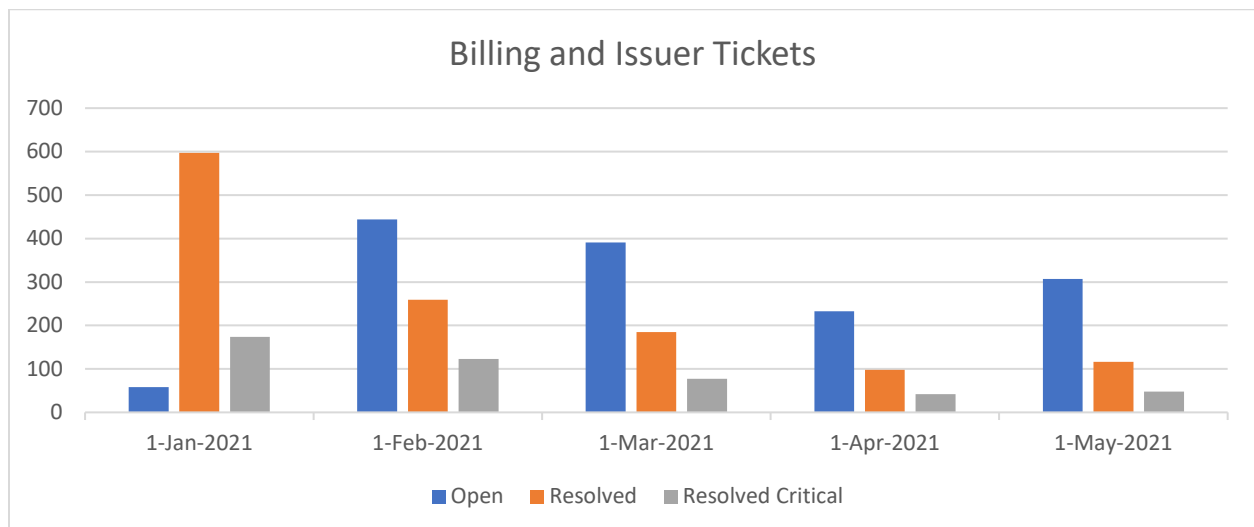
Total Records	Total Open	Total Clock Is Running	Total Closed	Total Resolved Timely	Total Resolved Untimely
4,507	41	27	4,466	4,287	179

Consumer Assistance Ticketing Aging Report

The 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.

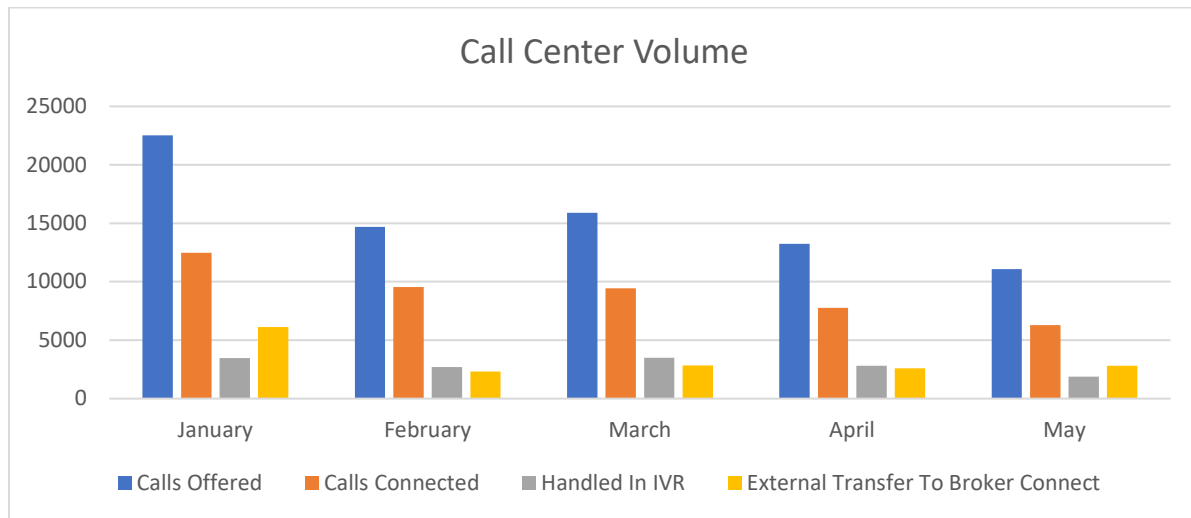


The chart below illustrates the volume of tickets that were resolved or remain open for any given month that the QA team has handled from January 1, 2021 through May 28, 2021. The uptick of tickets is result of the 2021 open enrollment period which began November 1, 2020 through January 15, 2021. In addition the Exchange opened two special enrollment periods in accordance with 1) the Executive order issued by President Biden in response to the ongoing national emergency presented by COVID-19 that began on February 15, 2021 and went to April 19, 2021; and 2) the American Rescue Plan Act (ARPA) special enrollment period that operationalized in Nevada on April 19, 2021 and will go through August 25, 2021



GI Consumer Assistance Call Center

The Quality Assurance team supports and works closely with the GI call center team, which independently fields calls on the Broker Support and Consumer Assistance support telephone lines. The chart below demonstrates the Consumer Assistance call center volume since January 1, 2021 through May 28, 2021. It should be noted that the difference between calls offered and calls connected are typically handled within the Exchange's IVR system where consumers can connect themselves directly to a licensed broker for further assistance. The highest call volume was on January 15, 2021 with 2,513 calls offered. The call center has maintained a 94% or greater customer satisfaction rate.



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. Sarah Friedman
- Ex-Officio Members (non-voting):
 - Aaron Frantz – 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 has been one board meeting. 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 PY 20 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 2022. The Exchange reopened the training certification for PY2021 in April 2021 due to the American Rescue Plan Act (ARPA)) in order for non-certified brokers to get trained and certified. This allowed brokers who have clients off exchange who are now eligible for on exchange plans to shop and enroll. The interactive training program teaches brokers 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 the Marketplace Privacy and Security Agreement.

As of June 2021 the Exchange had 611 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.

Nevada Health Link will be implementing a new Agency portal in October of this year, which has generated a lot of preparatory work for Exchange staff through the spring and early summer of 2021. This feature will replace the individual portal brokers are now using. Our Broker Liaison is contacting each broker in order to properly migrate individual broker information to their respective agency portals.

The Exchange's Broker Liaison, although working remotely due to COVID-19, continues to stay in contact with licensed brokers and agents in various areas of the entire state 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 virtual Broker Book of Business. 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 in the first half of 2021 was spent by the Broker Liaison fielding broker enrollment and eligibility questions, system questions, and policy questions especially in relation to the two special enrollment periods offered by the Exchange due to new enrollment opportunities by President Biden's administration. 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 which take place virtually.

Following up on a successful Request for Application (RFA) grant released in May of 2020 for PY 2021, the Exchange once again released a RFA in May 2021 for PY 2022. These grants to insurance professionals are 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. For Plan Year 2022, the Exchange is excited to announce that a new grantee has been added to the program, increasing the participation to six agencies. 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 continuing to encourage appropriate social distancing protections per state guidelines and virtual service as much as possible as the state prudently works towards returning to business as usual while continuing to mitigating 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 Assistors' (IPAs), and continues to operate with two awarded entities to serve as statewide Navigators bolstered by five 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. CACs work closely with the Exchange to educate consumers on the resources available in the health insurance marketplace. Exchange Navigators and IPAs attended over 20 events in person and virtually between January 1, and June 30, 2021. During the COVID-19 pandemic, Navigators and IPAs attended less in-person community outreach events than usual to adhere to the Governor's mandate and social distancing requirements. Although there were less in-person events during this period the Navigators and IPAs continued to work hard throughout the end of the Open Enrollment which ran until January 15, 2021. Due to COVID-19 we had two SEPs: one that began February 15, 2021 and one that began April 19, 2021 in which our Navigators/IPAs have continued to educate consumers – whether in-person or virtually - on the health insurance marketplace, give assistance regarding enrollment and eligibility, and how to provide needed application materials.

While the COVID-19 pandemic was still among us through PY 2021's OEP, our Navigators and IPA's re-focused their assistance strategy from mainly in-person outreach and education to engaging Nevada consumers through online formats such as Zoom or webinars for assistance regarding enrollments or to simply answer consumer questions. As always, the Navigators' and IPAs' focus has continued to be to educate consumers on the OEP and upcoming Special Enrollment Period (SEP). This SEP education is to assist any consumer who may experience a qualifying life event throughout the year prior to the next open enrollment cycle which begins November 1, 2021.

Navigators Entities

- Dignity Health - St. Rose Dominican (Southern Nevada)
- Asian Community Resource Center (Southern Nevada)

IN-Person Assistance Entities

- Asian Community Development Council (Southern Nevada)
- Access to Healthcare Network (Northern Nevada)
- Nevada Outreach Training Organization (Southern Nevada)
- Community Health Alliance (Northern Nevada)
- Nevada Health Centers, Inc. (Statewide)

As part of the Request for Application (RFA) in April 2021 to commence on July 1, 2021, the next grantee cycle has been changed to a two year grant program. This new change will allow grantees for more time to retain their employees on a longer basis rather than a temporary phase. The new grant cycle concluded on June 7, 2021 with 7 grantees, approximately 35 individual navigators and a look forward to continued partnerships throughout the State of Nevada.

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.

Notice of Benefit and Payment Parameters (NBPP)

The first proposed NBPP was released December 4, 2020 and partially finalized on January 14, 2021. The first final rule established a way for states to transition from the use of healthcare.gov and create a path for enrollments to be conducted through insurance carriers and web-brokers; changes to 1332 waiver submissions that support 2018 guidance; lowering the exchange user fee for FFM states, or states using the federal platform; payments to Qualified Health Plan (QHP) carriers directly from Health Reimbursement Accounts (HRAs) or Qualified Small Employer HRA (QSEHRA) accounts; and changes to network adequacy and QHP standards to meet an adequate network.

The remaining part of the final rule was finalized on April 30, 2021. The second part of the final rule included lower consumer out-of-pocket amounts using former methodology; various changes to existing Special Enrollment Period (SEP); display requirements through a web-broker direct entity (DE) for QHPs and non-QHPs; and changes to data matching issues, verification of data, and termination of coverage.

COVID-19 Related:

American Rescue Plan ACT (ARPA)

The American Rescue Plan Act (ARPA) was passed on March 11, 2021. This order put various requirements on the Exchange that required several technology changes. The Federally Facilitated Marketplaces (FFMs) had extended their COVID-19 SEP until August 15, 2021 in which the Exchange also incorporated. In addition, changes were made to remove the 400% Federal Poverty Level (FPL) cap of access to Advance Premium Tax Credit (APTC). There was also a change to the applicable percentage from 9.83% down to 8.5%. This percentage defines that individuals who do not have access to affordable employer sponsored coverage will only be required to pay up to 8.5% of their annual income on health insurance. Lastly, ARPA has adjusted the eligibility rules for tax filers who have received at least one week of Unemployment Income (UI) for at least one week of 2021 to be granted maximum eligibility to APTC and Cost-share Reductions (CSRs).

The Exchange has currently implemented the UI eligibility change through the end of PY 2021 and the removal of the 400% FPL cap through the end of PY 2022.

American Family Plan Act

On April 28, 2021 the Biden Administration proposed the American Family Plan Act which entails the permanent extension of the removal of the 400% FPL cap that was passed through the end of PY 2022 under the ARPA order.

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The Exchange is monitoring this proposal and is prepared to work with applicable stakeholders and the vendor staff to ensure the correct action is taken within the eligibility system, and marketing for Nevadans.

FINANCE

The Legislatively Approved State Fiscal Year 2021 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	\$ 5,574,917	\$ 5,574,917
4669	Transfer from CARES CRF	\$ 936,000	\$ 936,000
3601	QHP Fees	\$ 14,565,168	\$ 14,565,168
		\$ 21,076,085	\$ 21,076,085
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	\$ 490,514	\$ 490,514
Cat 11	Transfer to CMS	\$ 16,995	\$ 16,995
Cat 12	Exchange Platform	\$ 5,771,480	\$ 5,771,480
Cat 14	CRF Reimbursements	\$ 936,000	\$ 936,000
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	\$ 6,669,227	\$ 6,669,227
Cat 87	Purchasing Assessment	\$ 13,885	\$ 13,885
Cat 88	SWCAP	\$ 10,272	\$ 10,272
	Total Expenditures	\$ 21,076,085	\$ 21,076,085

Note:

In April 2021, the Interim Finance Committee (IFC) approved the transfer of \$102,425 from the Operating Category 04 to the Exchange Platform Category 12 to fund anticipated costs in SFY 21 related to training software for brokers and in-person assisters, and required Independent Verification and Validation services for the technology platform.

Balance Forward

State Fiscal Year (SFY) 2021 is projected to close with the Exchange carrying forward \$5,706,335 in cash reserves into SFY 2022. This is a decrease of \$962,891 from the projected carry forward balance of \$6,669,227 in the SFY 21 Legislatively Approved (L01) budget. This decrease is due to lower than budgeted revenues in the SFY 2021 L01 budget. These lower than budgeted revenues will not impact the Exchange's operations and will not require adjustments in budgeted expenses moving forward as the Exchange maintains a conservative spending approach and sufficient reserves to fully fund operations for at least 120 days. The Exchange will make the adjustment to the Legislatively Approved (L01) Budget via Work Program at budget closing.

Budget Building for SFY 2022 & 2023

At the time of this writing, the Governor's Recommended Budget (G01) has been officially released and totals \$18,853,472 in SFY 22 and \$17,424,645 in SFY 23. The Exchange is awaiting final legislative approval of the Budget and expects very minor modifications to the G01. The G01 budget consists of 14 decision units, almost all of which relate to accommodating the growth the Exchange has experienced as a result of the transition to a State Based Exchange (SBE). The budget request includes 26 positions (22 existing and four (4) new positions) to support operations as a SBE. The major enhancements to the Budget are summarized below:

The Exchange will utilize funding from CPF to provide for an annual Market Stabilization Special Enrollment Period (MSSEP), which provides the ability to supplement and extend the federal Open Enrollment Period (November 1 – December 15) with additional time to allow Nevada consumers to shop, apply, and enroll in coverage on the Exchange. The annual MSSEP will run from December 16 to January 15 of each year. The following decision units represent the costs associated with the annual MSSEP:

- E350 - This request funds additional call center capacity and expanded operating hours during the federal open enrollment period, which runs November 1 – December 15. The Consumer Assistance Call Center provides technical support to consumers, enrollment professionals, and brokers in the processes of applying for, and enrolling in, health and dental insurance coverage on NevadaHealthLink.com. FY 22: \$83,450; FY 23: \$83,450.
- E351 - This request funds extended consumer assistance call center functionality and weekend call center capacity related to market stabilization special enrollment periods by maintaining open enrollment period staffing levels through the end of each MSSEP, allowing the Exchange to meet the needs of Nevada consumers, enrollment professionals and brokers, and ensures the consumer assistance call center is fully and appropriately staffed to handle consumer inquires. FY 22: \$381,052; FY 23: \$381,052.

The Exchange will utilize revenue from CPF to fund additional costs related to the transition away from Healthcare.gov to operations as a fully autonomous, State Based Exchange (SBE).

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- E353 - This request funds one classified Health Resource Analyst 2, effective 10/01/21, in the Operations unit to absorb functions and/or responsibilities previously provided by the Centers for Medicare and Medicaid Services in the area of data analysis, reporting and evaluation. FY 22: \$54,381; FY 23: \$72,949
- E356 – This request funds one classified Business Process Analyst 1, effective 10/01/21, in the Security and Reconciliation unit to support increased workloads due to additional insurance carriers joining the marketplace. FY 22: \$52,506; FY 23: \$70,303
- E357 - This request funds one classified Health Program Specialist 1, effective 10/01/21, in the Communications unit to absorb functions and responsibilities previously provided by the marketing and outreach vendor. FY 22: \$55,821; FY 23: \$74,869
- E358 - This request funds one classified Program Officer 1, effective 10/01/2021, in the Consumer Assistance unit to support increased workloads due to additional insurance carriers joining the marketplace. FY 22: \$48,547; FY 23: \$64,396
- E367 - This request funds software licensing costs to maintain an existing Affordable Care Act compliant casework system. FY 22: \$7,310; FY 23: \$10,979

The Exchange will also utilize revenue from CPF for the following decision units which support the continued maintenance and operations of the Silver State Health Insurance Exchange:

- E352- This request adds funding to align the costs for the 2021-2023 biennium with the actual amount of funds awarded in the base year (state fiscal year 2020) for marketing and outreach efforts. Historically, the Exchange has maximized budgeted funding to promote Nevada Health Link; however, in SFY 20, due to the COVID-19 pandemic, the Exchange was unable to fully execute budgeted funds. It is critical to maintain current funding to continue to promote awareness of Nevada Health Link and the availability low cost, comprehensive health insurance coverage. FY 22: \$128,053; FY 23 \$152,994.
- E354 - Represents costs associated with navigators/in-person-assisters (IPAs) to communicate, educate, and enroll eligible individuals in QHPs. The COVID-19 pandemic, requiring the closure of non-essential businesses and shelter-in-place orders beginning in March, 2020, had a detrimental impact on navigator/IPA entities and the Exchange realized savings of over \$300,000 in the Navigator category. This request adds \$324,519 each year for Navigator/IPA entities to align the costs for the 2021-2023 biennium with the actual amount of funds awarded in the base year (state fiscal year 2020). FY 22: \$324,515; FY 23: \$324,515
- E361 - This request funds state printing and postage costs for outgoing correspondence to Exchange consumers and state printing costs for a partnership with the Division of Employment, Training and Rehabilitation, to include Exchange information in Unemployment Insurance mailers. FY 22: \$56,240; FY 23: \$56,240
- E366 - This request funds a new copier lease for the Carson City office. FY 22: \$2,700; FY 23: \$2,700

- E710 - This request funds the replacement of computer hardware equipment per the Enterprise Information Technology Services' recommended replacement schedule. FY 22: \$0; FY 23: \$19,259
- E711 - This request funds the replacement of video teleconferencing equipment per the Enterprise Information Technology Services' recommended replacement schedule. FY 22: \$39,069; FY 23: \$0.

Revenue/Carrier Premium Fees (CPF)

Projected Total Premiums for SFY 2021 are \$435,573,894, which is an increase of \$27,908,211 over SFY 2020 total premiums; however, projected total CPF for SFY 2021 is \$13,063,237, which is \$1,501,932 less than the originally budgeted SFY 2021 CPF of \$14,565,168.

The State Fiscal Year runs from July 1 to June 30 of each year. Therefore, SFY 2021 is comprised of the last six months of Plan Year (PY) 2020 and the first six months of PY 2021. PY 2020 had an overall decrease in total premiums of -1.85% from PY 2019, while PY 2021 is projected to have an overall increase of 6.85% from PY 2020. Decreasing plan year total premiums in 2020 and increasing plan year premiums in PY 2021 account for the decrease in SFY 2021 CPF revenue while projected total premiums are increasing.

PY 2021 revenues are projected to be \$14,288,660 with future plan years remaining fairly constant. This reduction in plan year revenue is reflected in both the CPF reduction from 3.15% of total premiums to 3.05% of total premiums effective January 1, 2021 and the approved average rate increase in the individual market for on Exchanges plans of 4.4%.

This reduction is not expected to impact to the Exchange's budget or reserve levels. The SFY 22 and SFY 23 revenue projections used in the A01 budget request were intentionally estimated low to ensure the Exchange was able to meet all of its budgetary obligations in continued times of uncertainty from the COVID-19 pandemic and economic declines.

Further, the transition to a SBE has resulted in continued efficiencies and cost savings in the overall budget and the Exchange has maintained a conservative approach to spending, therefore remaining well under budgeted spending authority. It is important to note, the conservative spending approach has not lead to a reduction in services to consumers or brokers. On the contrary, the Exchange's approach has led to the expansion of services, specifically, the extended Open Enrollment Period for PY 2021 and future plan years, and extended call center hours and capacity.

The CPF for PY 2022 was approved by the Exchange's Board in February 2021 and was maintained at 3.05% of premiums. At this time, there is no concern that the CPF fee will need to be increased as a result of the COVID-19 pandemic or due to fluctuations in total premiums.

State Based Exchange Maintenance and Operations

In August 2018, the State Board of Examiners (BOE) approved the contract with GetInsured to begin the Exchange's transition away from the federal platform. The Exchange is currently halfway through its second plan year of operations as a State Based Exchange. Operating as a

SBE has resulted in many opportunities for the Exchange to quickly pivot and provide an enhanced consumer experience, particularly in light of the COVID-19 pandemic. The most significant enhancements are the extension of Open Enrollment Period through January 15th of each year and the creation of a second Exceptional Circumstances Special Enrollment Period (ECSEP) in PY 2021, as a result of the passage of the American Rescue Plan Act (ARPA). The second ECSEP runs through August 15, 2021.

The passage of ARPA catalysed additional enhancements to the technology platform to accommodate the increases in Advanced Premium Tax Credits (APTC) to consumers and the expansion of subsidies to consumers at or above 400% of the Federal Poverty Level (FPL). These enhancements will be implemented in two phases and will result in projected costs of \$955,067 to be incurred in SFY 2022. To accommodate projected increases in requests for assistance from consumers, brokers and in-person assisters, additional call center capacity, to include Saturday operating hours, was also implemented, and will have a projected cost of \$683,250, also incurred in SFY 2022, for total projected ARPA related costs of \$1,638,325. The ARPA legislation included \$20,000,000 in funding to assist State Based Exchanges with the costs of the technology and call center upgrades. This funding will be administered by the Centers for Medicare and Medicaid Services (CMS) and will be awarded to eligible Exchanges through a grant application process. At this time, the Exchange is awaiting the final grant guidance to be released in the second half of 2021. The Exchange will fund the ARPA enhancements using reserves in SFY 2022 and seek reimbursement from CMS once official guidance and application procedures have been released.

Despite all of the unforeseen and unbudgeted costs associated with the COVID-19 pandemic, in SFY 21, the Exchange expects to achieve an annual cost savings of approximately 26%, inclusive of operations, with the transition to a SBE versus the projected cost of remaining on the Federal Platform. The cost savings realized between the fees paid to GetInsured for the technology platform and call center operations versus the CMS User Fee is nearly 44% in SFY 2021 with a total expected cost savings of over \$31M through SFY 2025.

Reserve Projections

The impact of the transition on the Exchange's reserve levels has been favorable. In SFY 2021 the Exchange is projected to carry forward to SFY 2022 a balance of \$5,706,336 and is projected to carry forward a balance of \$4,745,608 into SFY 2023. These carry forward amounts do not reflect any potential additional funding that may be received through federal grants to assist with ARPA implementation costs or possible cost allocations with Medicaid for the Navigator program, so are conservative and only reflect existing revenue.

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 2020 and 2021, the SBE transition will allow the Exchange to maintain between 90 and 120 days of operational expenses in its reserves (or \$5,569,834) through the end of SFY 23.