



Silver State Health Insurance Exchange

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AGENDA ITEM

For Possible Action

Information Only

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Item Number: IV
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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.

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GENERAL COMMENTS

EXECUTIVE SUMMARY

The Silver State Health Insurance Exchange (Exchange) is poised to have one of the most successful open enrollment periods in the agency’s history. Between the expansion of financial assistance through the American Rescue Plan Act (ARPA), growth in both carriers and qualified health plans, the maturation of the state-based exchange platform, robust marketing and outreach strategies, and seasoned teams both internally and externally, the Exchange is prepared for success.

The Exchange team has continually demonstrated its nimbleness and responsiveness to federal changes, technical challenges, and Nevadan’s needs. This past year has highlighted the agility of a state-based exchange to quickly address Nevada’s specific needs relating to the pandemic and the implementation of ARPA. The

Exchange quickly implemented Special Enrollment Periods and an Open Enrollment Period all of which ran from essentially February through August of 2021. In total, 17,094 Nevadans, including new consumers and active re-enrollees (meaning existing consumers returned to Nevada Health Link and actively selected a qualified health plan during ARPA) signed up for health insurance plans and benefited from increased subsidies during Nevada Health Link's Special Enrollment Periods. For Nevadans collecting unemployment benefits in 2021 with lack of access to health insurance options, Nevada Health Link assisted nearly 6,000 households enroll in \$0 premium plans during the ARPA enrollment period. Thanks to ARPA nearly 90% of Nevada Health Link consumers are able to access financial assistance to make their premiums affordable.

As the Exchange heads into the third open enrollment period operating as a state-based exchange, Nevada Health Link remains a go-to resource for other states planning to transition away from HealthCare.gov. We are proud of our status as a trailblazing state that developed the pathway to state autonomy and savings that only a state-based exchanges can achieve. We look forward to welcoming Kentucky, New Mexico, and Maine to the club this open enrollment period.

Open Enrollment Plan Year 2022

The Exchange, in coordination with our vendors, GetInsured and The Abbi Agency, have spent the past several months executing on detailed plans to implement a successful open enrollment period, set to run November 1, 2021 through January 15, 2022. Every unit in the agency has been laser focused on preparations for plan year 2022 with the agency's mission to reduce the number of uninsured Nevadans at the front of mind.

Plan Year 2022 will offer Nevadans a record breaking 126 plan offerings including plans from two new Qualified Health Plan carriers – Aetna and Hometown Health. Health Plan of Nevada, SilverSummit, Anthem, SelectHealth, and Friday Health Plans will all return to the Exchange as will Alpha, EMI, Delta, Liberty, Best, and Rocky Mountain dental carriers. The average rate increase on-exchange is 4.2%, however the Exchange makes it very clear to consumers that subsidies increase with rates, so consumers are expected to see little to no increase in their premium costs.

Program and Vendor Updates

The Exchange has been a steady and consistent source of information, resources, and affordable, comprehensive health insurance and has always made significant investments in a diverse Navigator program which, in partnership with 10 community-based organizations representing the diversity of our state, provides multilingual grassroots outreach and enrollment assistance for both Nevada Health Link and Medicaid. When there were federal funding cuts to Navigator programming, the Exchange continued to invest in Nevada's Navigators in recognition of their strong ties to the community and ability to make outreach in harder to reach populations. Each year the Exchange's Navigator and Broker grantees receive training directly from each carrier's staff regarding plan designs and updates from the previous year. These trainings began on October 11, 2021 and runs for three weeks. The one to two-hour trainings are an opportunity to hear from carrier subject matter experts about the features and benefits that each respective carrier plans to offer on-exchange consumers in the upcoming Plan Year. During these training sessions Navigators and Brokers are provided with specific plan materials, distinctions between plan offerings, carrier contact information and the opportunity to ask questions. These annual trainings highlight the continued partnership the Exchange has with its carriers and the importance of having a highly trained Navigator and Broker community to serve Nevada consumers.

On September 29th, the Exchange made its biggest upgrade to Broker Book of Business (BoB) administration since its conversion to a state-based exchange based on Broker feedback and requests. The Exchange recently invested in transitioning from an individual broker portal to an agency-wide portal configuration. This transition now allows an agency brokerage to manage its entire agent team through a singular portal. This transition also allows a brokerage's administrative staff to assist in supportive account maintenance tasks and book of business management, which in turn frees up valuable time for Brokers to have more face-to-face or virtual time to service and advise consumers on the best plan options for them and their families.

As highlighted in the Agency Portal training manual which the Exchange has highlighted on its website under its Partner Resources webpage, the Broker and Agency module has features to manage brokers, manage agencies, and provide administrative service to both brokers and agencies through five independent portals, including:

- Broker administration portal: allows the Exchange's Broker Liaison, Rebecca Lomazzo, to manage the certification status for brokers and agencies, approve agency managers and administrative staff edit broker and agency account and profile information, and create and manage tickets.
- Agency portal: allows the agency manager to view and edit their agency account and profile, view and edit their personal account and profile, add, and manage broker accounts and profiles, process delegation requests, act on behalf of a broker and their delegated individuals, and view and edit the overall agency BoB.
- Broker portal: allows brokers to manage their account and profile information, process delegation requests, act on behalf of their delegated individuals, and view and edit their BoB.
- Administrative staff level 2 portal: allows the level 2 agency administrative staff to view and update broker and agency profile elements, accept pending delegation requests, transfer delegations between brokers, add brokers, and start applications.
- Administrative staff level 1 portal: allows the level 1 agency administrative staff to view the agency's broker list, accept pending delegation requests, and start applications.

The Exchange's Quality Assurance team has also managed to accomplish heroic amounts of work throughout the year, and the past few months have been particularly busy and productive. In June of 2021 the Exchange's vendor GetInsured (GI) made system improvements to the Consumer Assistance Portal (CAP) which allowed for a more streamlined workflow for the QA unit to track, process and resolve consumer tickets more efficiently and timely. This improvement has contributed to the resolution of over 2,500 consumer requests since July. In June of 2021 the QA unit had a back log of over 1,300 unclaimed tickets. Today the QA unit has a back log of 72 unclaimed tickets.

Many other system improvements were deployed in late September as part of a planned quarterly release schedule that impact the call center and QA staff. GI has introduced ticket tags which will give more visibility to call center team leads to monitor their teams' tickets and the ability to bulk re-assign tickets to another staff member, just to name a few. The expected benefit of these improvements is customer service team leads can

track the progress and timely resolution of triaging consumer requests, in addition bulk re-assignments can be utilized to transfer tickets between staff in the event of an absence or staff turnover.

In September the QA unit on-boarded a new Program Officer which will serve as carrier support specialist to assist with complex consumer enrollment requests. This new position was approved in the 2021 Legislative session. The importance of this position is to assist in our growing partnerships with carriers. For plan year 2022 the Exchange is expanding from five to seven QHP carriers necessitating this new position where we expect to see immediate results.

In early October GI procured a new vendor known as NICE for their telephony and IVR system. This new system is more reliable and is the only vendor to achieve FedRAMP certification. The new system offers greater flexibility in configuration to allow for more in-depth reporting for day-to-day reporting and to identify trends. It also allows the Exchange to prioritize VIP brokers and route their calls to a specific subset of CSR's. The new service is also capable of authenticating consumers within the IVR to allow for self-service such as password reset, even after hours.

In addition to the upgrades to the broker portal and the CAP, the Exchange has worked closely with GI and the other states that use the GI platform, to improve the user interface, update eligibility rules as necessary, and improve the reconciliation workflow to allow for easier administrative use.

Marketing for Plan Year 2022

As with any open enrollment marketing and outreach are a critical and necessary component to drive enrollments. Nevada Health Link has built strong brand recognition through robust marketing campaigns that drive people to Nevada Health Link for information, enrollment assistance, and financial assistance. The Exchange's advertising campaign strategy targets both mass market and grassroots efforts and works to encourage diverse audiences to explore affordable options on NevadaHealthLink.com. As with all state programs, the budgets for Navigators and Exchange Marketing are built around stringent benchmarks and metrics.

This year the Exchange and our vendor, The Abbi Agency (TAA) have developed a data driven advertisement and public relations campaign based on consumer surveys and concept testing. This year's campaign is focused on themes that resonated with tested audiences revolving around traditions – both cultural and familial, super savings, and Nevada Health Link being there for Nevadans. The advertisements will cover a diversity of mediums and will be targeted to macro and micro audiences.

TAA has also begun the implementation of a broad public relations campaign that provides Nevadans access to information through diverse platforms including multilingual publications, social media, and traditional media (TV and print). The well-seasoned Exchange communications team is ready to hit the ground and get the word out through our grantee partners, stakeholders, advertisements, and public relations. Janel Davis will cover more details of the campaign and the Exchange's strategic marketing approach in her report later in the meeting.

Federal Policy Updates

The Biden Administration has been very engaged in the development of rules to assist Exchanges to better service consumers resulting in millions more Americans accessing Affordable Care Act certified qualified health plans. The new rules, while beneficial to Nevadans, require the Exchange to nimbly implement changes which often applies strain on an already resource thin organization. Despite this strain, the Exchange

successfully ended the second Special Enrollment Period (SEP) initiated as part of ARPA, in conjunction with the Federally Facilitated Marketplace, which ran from April 19, 2021, to August 15, 2021. The total number of enrollments during the second ARPA SEP included 17,094 active enrollments conducted by consumers, brokers, and navigators on behalf of consumers, as well as 51,323 households for whom the Exchange applied the increased subsidies made available through ARPA.

On March 11, 2021, President Joe Biden signed a stimulus bill under ARPA, which allowed the federal government to pay 100% of COBRA insurance premiums for eligible employees who lost their jobs from April 1 through September 30, 2021. In response to the ending of COBRA premium assistance, the Exchange made policy accommodations to allow Nevada consumers who lose, or lost, access to their COBRA plan and/or COBRA premium assistance to qualify for an SEP on Nevada Health Link for the duration of the plan year 2021.

ARPA also allowed individuals who received Unemployment Insurance benefits during plan year 2021 to receive full APTC, or zero-dollar premiums for the duration of 2021. Those individuals will lose their full coverage of insurance premiums at the end of the year and will revert to standard income APTC dependencies in plan year 2021.

The Administration also issued a final Notice of Benefit Payment Parameters (NBPP) titled: Affordable Care Act; Updating Payment Parameters, Section 1332 Waiver Implementing Regulations, and Improving Health Insurance Markets for 2022 and Beyond. The rule had minimal impact on the Exchange, but provides some notable changes that expand access to health insurance coverage through the Marketplaces by;

- Lengthening the annual Open Enrollment Period for 2022 and future benefit years. (November 1 or the prior year through January 15 of the benefit year). The Silver State Health Insurance Exchange (Exchange) had already planned on these dates for the Open Enrollment Period; however this change will allow many more Americans to enroll through HealthCare.gov.
- Implementation of a new monthly Special Enrollment Period (SEP) for qualified individuals or enrollees, or the dependents of a qualified individual or enrollee, who are eligible for advance payments of the premium tax credit (APTC) and whose household income does not exceed 150 percent of the Federal Poverty Level, available during periods of time during which APTC benefits are available such that certain applicable taxpayers' applicable percentage is set at zero, such as during tax years 2021 and 2022 under the section 9661 of the American Rescue Plan Act of 2021. This change specifically targets states that have not yet expanded Medicaid and will be highly beneficial to those states. Nevada's Exchange, in coordination with other states on the GetInsured platform, is currently looking at data and researching this SEP.
- Repeals the recent establishment of a Direct Enrollment option for Exchanges established by the Trump Administration, and modifies regulations and policies related to section 1332 waivers.

State Policy Updates

There is no shortage of health policy activity within the state and the Exchange is focusing on three primary projects; the unwinding of the public health emergency, implementation of the Automatic Voter Registration, and the Exchange's responsibilities related to section 16.5 of the Public Option legislation from the 2021 legislative session.

Unwinding of the Public Health Emergency

The Families First Coronavirus Response Act included a “continuous coverage” requirement for state Medicaid agencies which limits their ability to disenroll individuals from Medicaid for the duration of the declared public health emergency (PHE) as a condition of accessing enhanced federal funding (often referred to as F-MAP). States will not be subject to this requirement once the federal government ends the PHE, nor will they have access to enhanced funding. This could result in widespread disenrollment from Medicaid, which could create health care coverage and access issues for many Nevadans. The Exchange staff is working closely with the Division of Welfare and Supportive Services (DWSS), the Division of Health Care Finance and Policy (DHCFP), and the Governor’s office to identify methods to limit disruption to Nevadans resulting from the end of the PHE.

In a typical annual redetermination process DWSS will see some percentage of enrollees lose Medicaid coverage due to changes in their personal circumstances that impact their eligibility – for example - and increase in their income. More commonly Medicaid eligible people “churn”, or lose coverage, at redetermination because they did not, or were not able to, participating in the in administrative processes required for redetermination. The Exchange is focused on capturing those individuals who will lose their Medicaid coverage because of a change in their income and connecting them to financial assistance on the Exchange as appropriate.

CMS has released [guidance](#) that describes planned timelines as they relate to the end of the PHE. The current PHE declaration expires on December 31, 2021, which means terminations could be effective as early as March 1, 2022. The guidance attempts to mitigate consumer disruptions by giving states flexibility to complete the PHE “unwinding” process and requires robust consumer communication. The Exchange is actively engaged in conversations with DWSS to determine the timing and volume of accounts that will be transferred and has developed a project plan to conduct direct and targeted outreach to the consumers who have potential Exchange eligible. More information about this plan is outlined in the CMS grant portion of this report.

Automatic Voter Registration

The Nevada Legislature passed [Assembly Bill 432](#) during the 81st legislative session. This bill designates the Exchange as an automatic voter registration agency and sets requirements for transmission of certain voter registration information to the Secretary of State. Full implementation of the bill is required by January 1, 2024, giving the Exchange ample time to determine required business process changes and necessary code changes to transmit data. While the bill does not require the state to capture any new information, it does require the Exchange to expand existing business processes and establish reporting pathways to other state agencies. The Exchange, DWSS, the Governor’s Office, and national organizations are actively engaged in conversations to develop work flows and standard business logic.

Public Option

The Exchange is primarily responsible for section 16.5 of [Senate Bill 420](#) which requires the Executive Director to apply for any necessary waivers to allow for organizations that offer plans to tradespersons to offer plans on the Exchange and receive any applicable federal subsidies. The Exchange met with a representative of the Nevada Health Services Coalition prior to seeking formal guidance from the CMS 1332 waiver team. The Exchange is currently waiting for CMS to provide guidance and will keep the board apprised.

CMS grant

On September 10, 2021 the Exchange was notified by the Centers for Medicare and Medicaid Services that the application for the State Based Exchange Modernization Grant was successful and the Exchange was awarded the full request of \$1,046,499.81. \$418,600 will be used to reimburse the Exchange for the implementation of ARPA earlier this year, and \$627,900 will be used to establish an innovative program to help connect Nevadans who have been denied or terminated from Medicaid or CHIP with coverage on the Exchange. With the impending unwinding of the federally declared Public Health Emergency, Nevada's DWSS expects to begin redetermining 30,000 Medicaid recipients each month. This will result in some recipients losing coverage because they are now over the income guidelines to qualify for Medicaid. The Exchange has contracted with GetInsured to begin conducting direct outreach via phone call to these newly terminated recipients.

Each month, the Exchange receives account transfers from all the consumers who have been denied or terminated from Medicaid due to income. GetInsured will hire and train dedicated Consumer Services Representatives to call the people from these transfers and connect them with a certified broker grantee or an In-Person Assister at one of the Navigator grantee partners. The CSRs will set an appointment with the consumer to get in person assistance to start and submit an application for enrollment. The CSRs will monitor the consumers they have contacted, and if the consumer has been connected to help, but not enrolled, the CSR will follow up with the consumer again to try and help get them reconnected to in person help and complete the enrollment process. Between now and the end of December, Exchange staff and GetInsured will work with the Division of Welfare and Supportive Services to revise the data transfer protocols to ensure that phone numbers and email addresses are provided in the monthly account transfers. GetInsured will hire and train dedicated CSRs for this project in early January and outreach calls are planned to begin around January 15, 2021. Included in this project are robust data collection and reporting measures designed to inform the program's operations as well as provide an understanding of barriers consumers face when applying for and enrolling in coverage. Specific quantitative metrics, like the number of appointments set, and the number of consumers contacted who enroll will be tracked, as well as qualitative measures such as the types of barriers consumers faced preventing them from getting enrolled. The Exchange hopes to use this data to inform ongoing outreach and enrollment efforts with the intent of helping us achieve our goal of reducing the uninsured population in Nevada.

Conclusion

People often assume that open enrollment is the busiest time of year for the Exchange, and while it is certainly busy, the work that happens in the months leading up to open enrollment require the most attention and energy. This year has been no exception and I am constantly humbled to work with a team that proves their resiliency, rises to each challenge with a commitment to the agency's mission and vision, and who plans for every scenario.

This will be my sixth open enrollment period with Nevada Health Link and there has never been a more important year. The Exchange, along with Exchanges across the country, must demonstrate to Congress how vitally important the enhanced subsidies in ARPA are when it comes to providing affordable comprehensive options and expanded eligibility to Americans. Nevada Health Link must continue to be a public health resource during a persistent pandemic to ensure Nevadans have the peace of mind that comes with knowing they have protection for their families and pocketbooks. The Board of Directors can take comfort in knowing that the Exchange is well-positioned to rise to this occasion and provide Nevadans with the consistent exemplary service that we've become known for.