



Silver State Health Insurance Exchange

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AGENDA ITEM

For Possible Action

Information Only

Date: February 24, 2022
Item Number: VI
Title: Executive Director’s Report

PURPOSE

The purpose of this report is to provide information to the Board and public regarding the status of the Exchange’s implementation of a state-based health insurance exchange and other operational matters of the Exchange.

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GENERAL COMMENTS

EXECUTIVE SUMMARY

This meeting’s Executive Director’s report closely aligns with the Executive Summary in the Fiscal and Operational Report. The Silver State Health Insurance Exchange (Exchange) spent the second half of 2021 preparing for and executing on the Exchange’s third open enrollment as a state-based exchange. Additionally, the Exchange continued providing a special enrollment period (SEP) through August 15, 2021, where the Exchange implemented increased subsidies, expanded the federal poverty level (FPL) for subsidies, and provided \$0 plans for Nevadans who claimed unemployment insurance as a result of benefits provided in the American Rescue Plan Act of 2021. The Exchange both concluded this SEP in August and prepared for the third open enrollment period starting November 1, 2021, while transitioning back to work through a hybrid staff

schedule in both our Carson City and Henderson offices. Throughout the time period the Exchange continued to strengthen our working relations with state agencies that include the Department of Employment, Training and Rehabilitation (DETR), the Division of Welfare and Supportive Services (DWSS) and the Division of Health Care Finance and Policy (DHCFP), especially in relation the anticipated ending of the COVID-19 public health emergency (PHE). The Exchange's third open enrollment period proved highly successful and broke previous enrollment records with a Plan Year (PY) 2022 total enrollment of 101,409. This enrollment success is a direct result of strong efforts in marketing and outreach, tremendous statewide broker and navigator partnerships, a reliable and stable enrollment and eligibility system, and consistent expert advice provided by our call center.

Vendor Management

The Exchange continued its professional relationship with its contracted enrollment/eligibility and call center vendor, GetInsured (GI) with quarterly enhancements to the nevadahealthlink.com technology platform and ramping up the hiring of professional and knowledgeable customer service representatives (CSRs) in the call center.

The GetInsured technology platform concluding and ARPA SEP on August 15, 2021. As mentioned in previous board reports, 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. At the conclusion of the ARPA SEP, the Exchange enrolled 17,094 consumers.

It is important to note that during this record-breaking year, the call center continued to maintain expected and contracted service levels for Nevada consumers, brokers, and navigators. The goal of meeting 85% of service levels has continued to be met. As a reminder, CSRs are reviewed against 27 scorecard categories to evaluate quality and accuracy of phone calls. As the Exchange makes an effort every year to expand call center hours and availability into the weekends, the call center was open for both consumers and enrollment professionals both Saturdays and Sundays throughout open enrollment. Additionally, the call center had extended hours until 11:59 pm PST on 1/14/22, 1/15/22, and 1/20/22 to accommodate end of open enrollment enrollments.

With this being the Exchange's first open enrollment with a new marketing and outreach vendor in 5 years, The Abbi Agency (TAA), the Exchange recognizes the contributions that TAA's marketing and outreach strategies and campaigns made to the Nevada's enrollment success. The Exchange saw success in advertising storylines such as: Traditions, Being There, Healing Knee, Super Saver, and Weight Lifted. Janel Davis, the Exchange's Communications Manager, will highlight more on marketing and outreach in her following report.

Preparing for the End of the Public Health Emergency (PHE)

For several months now the Exchange has been working in coordination with the Department of Welfare and Supportive Services (DWSS) and the Division of Health Care Financing and Policy (DHCFP) to adequately plan how to best service Nevadans needing health insurance coverage in the event that they transition off of Medicaid when redeterminations begin in volume at the end of the PHE. As the end of the PHE is yet to be

determined at the writing of this report, the Exchange is actively planning with the two aforementioned state agencies and its vendor, GetInsured, in order to assure that Nevadans in need will be properly and efficiently account transferred – when appropriate – to the Exchange for a seamless opportunity for coverage. Those Medicaid clients that have been redetermined to not be eligible for Medicaid coverage will be electronically sent to the Exchange where their information will pre-populate an Exchange Qualified Health Plan application and the consumer will be sent a unique code to come claim their application and account. The consumer can then shop plans that best fits their needs. Staff of the Exchange will also be performing quality control

The Exchange is planning to enhance its contracted call center through funding from the Center for Medicare and Medicaid Services State Exchange Modernization Grant. Upon final direction from CMS that the PHE will definitively end, the Exchange will stand up through GetInsured a special team of CSRs charged with making outreach to redetermined Medicaid clients that are deemed ineligible to continue on Medicaid and transferred to the Exchange. This special team of CSRs will educate those consumers as to Exchange coverage options, including, but not limited to, specific “Medicaid Transition” plans on the marketplace from two carriers that are also a Nevada Medicaid Managed Care Organization (MCO). These transition plans are designed to help make transitioning as easy as possible if consumers on those specific MCOs wish to continue with their same provider.

Federal and State Legislation Updates

From June 2021 to December 2021, the Exchange tracked a number of federal and state legislative priorities that continue to have direct impacts on the Exchange. These include ARPA, Build Back Better Act (BBBA), CMS’ Plan Year 2023 Notice of Benefit and Payment Parameters, Nevada Senate Bill 420 (2021 Session), and Nevada Assembly Bill 432 (2021 Session).

As previously mentioned, ARPA provided 17,094 Nevadans to enroll with increased subsidies, expanded FPL thresholds, and automatic \$0 plans for consumers who acquired unemployment insurance during calendar year 2021. Many of these enhancements are critical benefits suggested to be extended in various versions of the President’s social services and health care Build Back Better Act.

On December 28, 2021, CMS’ annual draft Notice of Benefit and Payment Parameter (NBPP) was released. This release welcomes and solicits public and state exchange comment. The Exchange’s comments can be found on nevadahealthlink.com on our “Nevada Public Notices” page. In the interest of brevity for this report, the Exchange was supportive of standardized plans, reducing burdens of the SEP verification process, neutral on the program integrity and oversight section (due to possible redundancy), supportive of random sampling verification for job-based coverage, supportive of the proposed rule regarding the reimplementation of protection from discrimination in plan benefit design, opposed to the proposed rule change regarding state-based exchange (SBE) mandated proration of premiums and APTC for partial month coverage, and supportive of the proposed rule to eliminate the rule that allows carriers to refuse enrollment to a consumer based on past year premiums owed due to the technical reason of guaranteed availability.

Continuing on the state level, two important pieces of legislation that the Exchange continues to follow closely, and that may have significant impact in the future, is AB 432 which will designate the Exchange as an automatic voter registration agency, and SB 420, commonly referred to as the Public Option Bill. The Exchange

has been participating in public listening sessions where stakeholders can provide input and ask questions regarding priorities, affordability, rate-setting, provider contracting, value-based payment/cost containment, benefits, strengthening the marketplace, and licensure/oversight. Work on both of these bills will continue throughout calendar year 2022.

New Exchange Staff Starting in SFY 2022

The Exchange is pleased to announce that three of the four new positions approved by the 2021 Legislature within the Exchange's Governor's Recommended Budget have been filled. These positions absorb functions and responsibilities previously provided by CMS. The Exchange is excited to welcome Nivedita Kasireddy, a Business Process Analyst 1 (BPA 1) in the Reconciliation Unit. This position will support increased workloads due to additional insurance carriers anticipated to join the marketplace for PY 2022 for a total of 7 QHP carriers and 11 total including QDPs.

The Exchange is excited to welcome Gricelda Chapa, hired to be the Exchange's newest Health Program Specialist 1 (HSP 1) in the Communications Unit in the Exchange's Henderson office. This position will have in-house responsibility for outreach planning, coordination, and statewide community relations and partnership building. Additionally, this position will assist in streamlining the Exchange's efforts to conduct outreach to targeted, at-risk uninsured and underinsured populations to increase enrollment into Qualified Health Plans.

The third position that the Exchange has hired for is a classified Program Officer 1 (PO 1) in the Quality Assurance Consumer Assistance Unit. The Exchange welcomed Kayla Jost to this position to administer carrier support in partnership with an existing program officer due to increase in carrier participation. Kayla provides timely investigation and resolution of carrier complaints related to eligibility, enrollment and coverage. This critical position ensures positive outcomes for both carriers and consumers.

The remaining position to be filled is a data analyst position. While the Exchange has been actively recruiting this position since October and has advanced as far as conducting interviews and landed on a candidate that unfortunately accepted another position, the Exchange is hopeful to have this position filled before the next Board meeting.