



Silver State Health Insurance Exchange

2310 South Carson Street, Suite 2

Carson City, NV 89701

T: 775-687-9939

F: 775-687-9932

www.nevadahealthlink.com/sshiex

AGENDA ITEM

☐ For Possible Action

☒ Information Only

Date: June 23, 2022
Item Number: IV
Title: Executive Director's Report

PURPOSE

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

CONTENTS

PURPOSE	1
CONTENTS	1
GENERAL COMMENTS	1

GENERAL COMMENTS

EXECUTIVE SUMMARY

This report closely mirrors the Executive Director's section of the latest Fiscal & Operational report. The Silver State Health Insurance Exchange (Exchange) spent the first half of 2022 wrapping up the Exchange's third Open Enrollment Period (OEP) as a State-Based Exchange. The Exchange concluded its third OEP at record breaking levels, enrolling an astonishing 101,409 consumers; an almost 24% increase over the PY 2021 total of 81,903. The Exchange continues operating on a hybrid staff schedule in both the Carson City and Henderson offices. Throughout this 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 has been coordinating on a monthly basis with DHCFP and DWSS to align on messaging and strategy to make sure no Nevadan is without coverage after redeterminations at the end of the PHE. Additional focuses for the Exchange during this time period has been strategizing impacts of the potential expiration of increased APTC benefits found in the American Rescue Plan Act (ARPA), the impact of potential premium increases for the upcoming plan year, carrier filing for the upcoming plan year, completion of the Exchange's SMART audit, and prepping both our enrollment and eligibility systems and marketing and outreach strategy for the Exchange's fourth open enrollment period for Plan Year 2023.

Vendor Management

The Exchange continued in the first half of this year its established quarterly technology enhancement cadence to NevadaHealthLink.com with its contracted enrollment/eligibility and call center vendor, GetInsured (GI).

During this reporting period, the GI technology platform performed its best to date during this last open enrollment, which concluded on January 15, 2022, during this reporting period.

It is important to note that during this past record-breaking enrollment 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.

The Abbi Agency (TAA), the Exchange's marketing and outreach vendor of record, wrapped up its first open enrollment with an award winning advertising campaign, garnering an award of excellence in community relations at the 2022 PRSA Silver Spikes award for their advertising campaign for the Exchange. The Exchange continues to recognize the contributions that TAA's marketing and outreach strategies and campaigns made to the Nevada's PY 2022 enrollment success. As a reminder, the Exchange saw success in advertising storylines such as: Traditions, Being There, Healing Knee, Super Saver, and Weight Lifted. The successful core components of this advertising campaign will be carried forward into the next open enrollment in an effort to promote continued brand recognition. TAA and Katie Charleson, the Exchange's Communications Manager, will highlight more on marketing and outreach in her following report.

Continued Preparation for the End of the Public Health Emergency (PHE)

Throughout the first six months of 2022 the Exchange has been coordinating 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 *still* 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 who will be 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. While this process is the same automated process that the Exchange has had for the past three years since becoming a state based exchange, staff will also be performing manual quality control checks to ensure the account transfer process is working properly, especially in light of the increased volume.

The Exchange is still planning and budgeting to enhance its contracted call center through funding from the Center for Medicare and Medicaid Services State Exchange Modernization Grant. Upon final direction from Center for Medicare and Medicaid Services State (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 who were 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 January 2022 to June 2022, 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.

IRS Family Glitch Interpretation

On April 5, 2022, the Internal Revenue Service (IRS) issued a rule to fix a longstanding conundrum of employer sponsored health care known as the “Family Glitch.” As it is currently interpreted, the “Family Glitch” - as stated by the White House - is “Under the ACA, people who do not have access to “affordable” health insurance through their jobs may qualify for a premium tax credit to purchase affordable, high-quality coverage on the ACA’s health insurance marketplaces. Current regulations define employer-based health insurance as “affordable” if the coverage solely for the employee, and not for family members, is affordable, making family members ineligible for a premium tax credit even though they need it to afford high-quality coverage through the Marketplace.” The fix to the “Family Glitch” is to now calculate affordability on the entire family and extend marketplace subsidies to

millions of family members—primarily children and women—who are currently ineligible for financial help through the marketplaces because affordability is calculated solely on the employee.

State Level Legislation

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 had conversations in June with the Center for Secure and Modern Elections, and organization that aligns bipartisan and pro-voter campaigns, regarding operationalizing the Exchange's automatic voter registration mandate in AB 432. Next steps include conversations with the Nevada Secretary of State's office regarding how to transfer required data elements in our application to them when Exchange consumers indicate they want wish to register to vote. The Exchange has also advanced the conversation and technical planning in relation to SB 420, the public option bill. The Exchange is in initial conversations with GetInsured to initially architect how the marketplace platform will accept and display carrier public option designed plans. While the public option bill is not expected to be up and running until January 1, 2026, the Exchange is initiating the planning process now.

PY2021 Programmatic and Fiscal Audits

The Exchange completed its programmatic and financial audits in May of 2022. The programmatic audit was conducted through the auditing firm, BerryDunn and the financial audit through the State of Nevada Division of Internal Audits. For the programmatic audit, BerryDunn examined the compliance of the Exchange, 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, 2021. The audit process included verbal interviews of Exchange staff, written interviews of 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 findings were: 1) A defect in the Second Lowest Cost Silver Plan (SLCSP) calculation logic which caused the SLCSP to be calculated with the wrong number of applicable children for SLCSP. This system coding error was corrected in September 2021; and 2) A system coding error that calculated incorrect age factors, which resulted in incorrect APTC amounts for some consumers during a batch redetermination process that was implemented in June 2021. This error was detected and corrected in September 2021.

For the financial audit, Division of Internal Audits performed a fiscal review covering the period July 1, 2020, through June 30, 2021. The purpose of the review was to assess the Exchange internal controls for compliance against established authority. The review process included verbal interviews with the Exchange fiscal staff and thorough review of internal controls over management control environment, revenues and accounts receivable, purchasing and expenditures, travel, contracts, and procurement cards for compliance with state and federal laws, regulations, and guidelines. Based on review findings, the Division of Internal Audits recommended that some internal controls could be improved and that some policies and procedures could be updated. Exchange staff is currently working on addressing the recommendations of the Division of Internal Audits and updating the agency's policies and procedures.

New Exchange Staff 2022

The Exchange is growing and maturing. The Exchange is excited to announce that Janel Davis, the Exchange's former Communications Manager, applied for and has been selected to be the Exchange's Chief Operations Officer (COO). Janel has been with the Exchange since 2015 and brings almost seven years of experience and institutional knowledge to the COO position. Please join me in welcoming Janel to her new role and responsibilities with the Exchange.

With Janel advancing internally, that left the Communications Manager position open within the Exchange. I'm pleased to announce that another internal candidate applied, and was selected, to advance their career with the Exchange. Katie Charleson, the Exchange's former Training Specialist and Marketing Assistant, has been selected to be the Exchange's new Communications Manager. In her former role, Katie not only supported the Exchange's Information Technology manager in day to day IT duties, but also supported Janel in her Communications Manager role. Katie is coming into her new duties with an understanding of marketing and outreach, and an already established relationship with The Abbi Agency.

The third position that the Exchange has promoted is Brooke Mills, from Appeals Coordinator to Data Analyst. The Data Analyst position is based under the COO team and will assist the Exchange with in-depth data analysis in regards to enrollments, CMS requests, recon support, policy needs, and marketing and outreach support. Please join me in welcoming Brooke to her new position.

Finally, with Brooke moving into the Data Analyst role, a vacancy was left in the Appeals Coordinator position. This position works closely with the Quality Assurance (Q/A) team in attempting to resolve appeals and complaints before they advance to a hearing. Although the talent pool of applications for this position was competitive, please join me in welcoming Brianne (Bri) Wright, former Program Officer with the Q/A team, to her new position as Appeals Coordinator for the Exchange. Bri's experience with the Q/A team will provide an added benefit and efficiency in administering the Exchange's appeals process.