



Silver State Health Insurance Exchange

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AGENDA ITEM

For Possible Action

Information Only

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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

It is my pleasure as Executive Director of the Silver State Health Insurance Exchange to present this Executive Director’s report recapping the Exchange’s successful fourth open enrollment as a state based exchange (SBE). It is with great pride to say that the Exchange had its second-best year ever, enrolling 96,379 consumers for Plan Year 2023. This total enrollment number breaks down to 18,117 new enrollees, 13,602 active re-enrollees, and 64,660 auto re-enrollees. Furthermore, an impressive 86% of those who shopped received some type of financial assistance, and 40% of consumers received plans with monthly premiums of \$100 or less. For health care to be accessible, it must be affordable; and consumers shopping on nevadahealthlink.com found that to be true.

With a November 1 start date, the Exchange launched open enrollment with a press event at the Southern Nevada Health District (SNHD). This professional produced event had print and television press in attendance and the event was streamed live for broader viewing. Speakers included Nevada Health Link’s Board Chair, Dr. Florence Jameson, SNHD’s

Executive Director Dr. Michael Johnson, Nevada Health Link Broker Grantee Alberto Ochoa, U.S. Congresswoman Susie Lee, and me. A focal point of the event was the unveiling of the Exchange's media campaign "Our Plans are Made for Your Plans" and consumer testimonials. Additionally, carriers staffed tables to provide information to consumers and answer any enrollment or plan questions they may have.

While the Exchange was competing for consumer attention against a nationwide midterm election and the Thanksgiving holiday during November, enrollment momentum began to pick up in December and carried through mid-January. The open enrollment advertising campaign proved effective, and a comprehensive recap will be shared later in this meeting.

Of other important note is the start of the 82nd session of the Nevada Legislature which kicked off on Monday February 6. Exchange team members will be actively tracking and testifying on bills impacting health care and health insurance during this session, which runs until June 5, 2023. Exchange fiscal and operational staff will be presenting and championing the Exchange's biennial budget for fiscal years 2004 and 2005. The Exchange's full Governor's Recommended budget may be found here

https://www.leg.state.nv.us/Session/82nd2023/Budgets/Official%20Executive%20Budget_2023-25.pdf on pages 3,046 to 3,054.

Vendor Management

The Exchange and its contracted eligibility and enrollment platform and call center vendor, GetInsured (GI) provided near error-free service via the enrollment and eligibility system powering NevadaHealthLink.com during Plan Year 2023 open enrollment. This was no small feat, especially in light of the Exchange offering a record-level 163 different qualified health plan options through seven qualified health insurance carriers and 18 qualified dental plan options through five dental insurance carriers. Clark County and Nye County consumers had the choice of 104 plans offered via six carriers. Eighty-eight plans were available in Washoe County from Aetna, Hometown Health Plan, HPN, Anthem HMO Nevada, and Friday Health Plans. Fifty-eight plans were available in Carson City and rural counties Douglas, Lyon, and Storey from Hometown Health Plan, SilverSummit, Anthem HMO Nevada, and Friday Health Plans. Fifty-one plans were available in Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Pershing, and White Pine. Regarding Qualified Dental Plans, the Exchange was proud to offer eighteen QDPs throughout five dental carriers (Alpha, EMI, Delta, Best, and Rocky Mountain).

Consumers continued to enjoy savings thanks to continued increased subsidies offered via the Inflation Reduction Act such as subsidies being applied to consumers making over 400% of the federal poverty level (FPL) and increased subsidies being applied to all consumers under 400% of the FPL. In fact, almost 5,000 consumers received subsidies over 400% of the FPL whereas this was not an opportunity to them less than two years ago. Another 11,000+ consumers also locked in plans for Plan Year 2023 at \$0 monthly premiums.

Consumers and brokers/assisters alike were happy with the GetInsured operated call center, which offered extended hours during this past open enrollment period. The broker/navigator line was open from 9 am - 7 pm Monday through Friday, and the consumer line was open from 9 am to 5 pm PST. On Saturdays and Sundays throughout open enrollment, both lines were open 9 am to 5 pm PST. I am proud to state that the call center wrapped up open enrollment boasting a call center consumer satisfaction survey score of 93%.

The Exchange concluded Plan Year 2023 open enrollment in its second year with its marketing and outreach vendor, The Abbi Agency (TAA). Following my report, Communications Manager Katie Charleson and The Abbi Agency will highlight the success of their marketing and outreach strategies and campaigns, which was centered around the theme "Our Plans are Made for Your Plans."

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

As featured in past Board reports, the Exchange continues to work 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. We now know that these redeterminations will begin April 1st. The Exchange continues to actively plan and coordinate 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.

The Exchange's plan includes:

- Monthly meetings with the state's Medicaid agency and Medicaid managed care carriers to discuss strategies and touch base on each entities respective unwinding efforts.
- Investment of approximately \$30k thus far on paid media efforts to reach Nevadans with messaging encouraging them to update their contact information with Medicaid and to be prepared for changes as a result of the PHE unwinding.
- Media tactics including billboards, social media and Google ads targeted towards individuals who likely are on Medicaid (zip code targeting through account transfer (AT) data).
- A PHE toolkit that in both print and digital formats. The physical toolkit includes a poster, flyer and rack card that we created and co-branded with Medicaid that includes high level information on the unwinding and steps Medicaid enrollees need to make to continue coverage. The digital toolkit includes social media posts and talking points. Both toolkits are in English and Spanish. We have created a list of 300 community partners and health organizations and social service organizations who will receive the toolkits and help distribute this important information and timeline to Nevadans all over the state.
- After April 1 the Exchange will increase the paid media budget to about 25% of our special enrollment budget. At that time, we will explore more outreach opportunities such as events, social media, Facebook live recordings, grocery store ambassadors, etc.
- Outreach to providers such as physicians and hospitals to amplify messaging about Nevada Health Link in the event a Medicaid consumer who has been redetermined ineligible realizes their loss of coverage while at a provider or knows it's upcoming.
- Enhancing the customer assistance call center by adding additional customer service reps to perform direct outreach to consumers transferred over from Medicaid.

Additionally, the Exchange realizes that navigators and assisters are the front-line resource to getting Nevadans informed and enrolled. We are providing navigators and assisters with printed and digital resources to keep consumers informed as things change. We also plan on leveraging our navigators with Medicaid to be deployed where Medicaid may need them, whether that be at local statewide events or in offices. Navigators will also continue to be at events throughout the community to help keep Nevadans informed and educating them how to avoid a gap in coverage.

Federal and State Updates

The Exchange's continued success this past open enrollment was due in no small part to what is being touted as the most important and impactful congressional action since the adoption of the Affordable Care Act with the passing of the Inflation Reduction Act (IRA). As a reminder, the IRA extended temporary increased subsidies from the American Rescue Plan Act for another three years through Plan Year 2025.

Enrollees in the Silver State recently received consumer-friendly news with clarification from the Internal Revenue Service (IRS) regarding expanded application of the affordability calculation of employer sponsored coverage, or what's commonly known as the "Family Glitch." As a result of the Family Glitch, family members of workers — primarily low-income workers — were ineligible to receive premium tax credits through the health insurance marketplace even when family coverage was unaffordable because the calculation was based solely on the employee and does not factor in the entire family. The fix now includes calculating affordability of the entire family. The enrollment and eligibility platform on Nevada Health Link now includes this calculation.

Switching to state updates, there are two important pieces of legislation from the 2021 legislative session that the Exchange continues to follow closely. The first is AB 432 which will designate the Exchange as an automatic voter registration agency. The Exchange has actively been working with the NV Secretary of State's office in preliminary planning regarding information we currently collect in our application process and technical questions. The second piece of legislation is SB 420, commonly referred to as the Public Option Bill. The Exchange continues to coordinate with NV Medicaid in the planning and design phase of this initiative and will closely follow any legislative changes to this bill that may come out of the 82nd (2023) legislative session.