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AGENDA ITEM

For Possible Action

Information Only

Date: March 28, 2023

Item Number: IV

Title: Public Health Emergency (PHE) Unwinding SEP

PURPOSE

The purpose of this report is to provide information to the Board and public regarding the status of the Exchange’s coordination for the Unwinding of the Public Health Emergency and Special Enrollment Period that would allow flexibilities for Nevadans to enroll in health insurance coverage and not experience a lapse in coverage.

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GENERAL COMMENTS

Staff of the Exchange are recommending a 16-month Public Health Emergency (PHE) Unwinding Special Enrollment Period (SEP) reporting window that will somewhat mirror the recently publicized Center for Medicare and Medicaid Services (CMS) SEP. On January 27, 2023, CMS released a Temporary SEP for Consumers Losing Medicaid or the Children’s Health Insurance Program (CHIP) Coverage Due to the Unwinding of the Medicaid Continuous Enrollment Condition. This technical document asks and answers ten technical questions concerning CMS’ version of their SEP. Namely, this FAQ states that CMS’ SEP will run from March 31, 2023, to July 31, 2024, for consumers who are losing Medicaid, CHIP, or if applicable, Basic Health Plan (BHP) coverage due to unwinding and consumers can access the Unwinding SEP by submitting or updating an application on healthcare.gov. Consumers who are determined eligible for the Unwinding SEP will

have 60 days from the date they submit a new or updated HealthCare.gov application to make a plan selection. Consumers do not have to wait until their Medicaid or CHIP coverage to end before submitting an application for HealthCare.gov coverage. Consumers losing minimum essential coverage (MEC) may report that loss of coverage up to 60 days before their last day of Medicaid or CHIP coverage. Coverage will begin the first day of the month following plan selection.

Nevada Health Link will mirror this 16-month PHE Unwinding SEP reporting window in many aspects but deviate in some. Because Nevada Medicaid will be conducting redeterminations starting on April 1, 2023, Nevada Health Link's PHE Unwinding SEP will run from April 1, 2023, to July 31, 2024. Another deviation that the Exchange is planning from CMS' Unwinding SEP is a retroactive coverage date up to 60 days if an application is submitted within 60 days of a Medicaid end date. In a June 2022 article titled "Using Marketplace Retroactive Coverage to Facilitate Continuous Enrollment in the Public Health Emergency Unwinding" published by State Health & Value Strategies, a program supported by the Robert Wood Johnson Foundation and housed at Princeton University¹, authors Joel Ario and Tara Straw of Manatt Health, and Jason Levitis of the Urban Institute highlight fellow State Based Marketplace (SBM) – and fellow GetInsured client - Pennsylvania's "Pennie" marketplace initiative in offering retroactive coverage and additional supporting reasons. From a health equity and policy perspective, continuous coverage is essential in the continuity of care and preventing consequences of medical debt, especially with those consumers with chronic or acute health care needs. Consumers who experience a gap in health insurance coverage may incur uninsured medical bills especially if continuity of care is required. Uninsured care often leads to a path of foregoing treatment because of cost which in all probability leads to worsening health conditions; or in the instance of care being necessary, medical debt.

To avoid a gap in coverage, Exchange staff are recommending giving those consumers who start or update an application at the Exchange within 60 days of their Medicaid end date and who have lost coverage specifically due to the PHE Unwinding two options: 1) chose a coverage effective date the first of the following month after selecting a plan, or 2) chose a retroactive coverage date to the first of the month after losing Medicaid coverage. If a consumer chooses retroactive coverage, the consumer will be responsible for any and all back premiums owed to carriers for coverage months.

Retroactive coverage could have positive impacts to both providers and insurers in Nevada, with well-thought protections in place. Retroactive coverage could provide insurance payments to providers who may have otherwise offered past services with non-payment. And as the State Health and Value Strategies article states, insurers could create increased long-term enrollments – especially with consumers receiving high subsidies – ultimately increasing their market share of enrollees. Insurance carriers allowing for retroactive coverage which allows continuity of care and preventative care could also be curbing the need for their enrollee's exposure to high-cost treatments down the road due to a break in health care.

Furthermore, protections for carriers that the Exchange can put in place to protect against fraudulent enrollment using the PHE Unwinding SEP as mentioned in the State Health and Value Strategies article include: confining the Unwinding SEP to Medicaid redetermined consumers found ineligible as a result of PHE Unwinding, limiting the retroactive period (in Nevada to only 60 days); and allowing the retroactivity selection to only the current plan year.

¹ <https://www.shvs.org/using-marketplace-retroactive-coverage-to-facilitate-continuous-enrollment-in-the-public-health-emergency-unwinding/>

In essence, this PHE Unwinding SEP is a traditional 60-day loss of non-employer sponsored insurance minimal essential coverage (non-esi mec) offered over a 16-month period due specifically to the PHE Unwinding and only available to those consumers who have been redetermined Medicaid ineligible due to the Unwinding. Consumers coming in 60 days since their date of losing coverage will have the option of prospective coverage (the first day of the following month) or retrospective coverage (back to the first day of loss of Medicaid coverage, but no more than 60 days). Consumers interested in coverage 61+ days after losing Medicaid coverage will only be offered prospective coverage.

Exchange staff is closely mirroring CMS' 16-month PHE Unwinding SEP with adjustments specific to Nevada's health insurance marketplace climate balances the need of consumers first and foremost, with protective considerations for providers and carriers alike.

At this time, the Exchange is respectfully asking the Board to vote on whether to approve the 16-month PHE Unwinding SEP reporting window as recommended, or with any adjustments.