



# Silver State Health Insurance Exchange

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## AGENDA ITEM

For Possible Action

Information Only

**Date:** June 22, 2023  
**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 Exchange’s fiscal and operational matters which include vendor management update, Public Health Emergency updates, and state and federal policy updates, to name a few.

### CONTENTS

PURPOSE .....	1
CONTENTS .....	1
EXECUTIVE SUMMARY.....	1

### EXECUTIVE SUMMARY

The Silver State Health Insurance Exchange (Exchange) spent the first part of 2023 wrapping up the Exchange’s fourth Open Enrollment Period (OEP) as a State-Based Exchange (SBE), which ran from November 1, 2022 through January 15, 2023. This marked the conclusion of the Exchange’s fourth OEP, and this year’s total of 96,379 unique enrollees marked Nevada Health Link’s second highest to record, down less than 5% from last year’s record-breaking total of 101,411. Of the over 96,000 Nevadans who enrolled in health insurance plans through NevadaHealthLink.com, 18,117 were new enrollees, meaning that they were not enrolled in Exchange coverage on or after 11/1/22, however, many of these people were enrolled prior to 11/1/22.

Many Nevadans also took advantage of free enrollment assistance offered through NevadaHealthLink.com. Enrollment assistance allows consumers to get connected with certified agents/brokers or navigators/in person

assisters, who can help them select plans and discover savings. Enrollment assistance is offered in multiple languages and is available in person through various locations throughout the state, as well as over the phone. GetInsured, the Exchange's technology vendor for the eligibility and enrollment functions, is also the Exchange's contracted customer assistance call center vendor. At the conclusion of this year's OEP, 93% of consumers reported satisfactory or better service levels on the call center's post-call customer surveys.

The conclusion of OEP marked the beginning of 2023's Special Enrollment Period (SEP), which is available to Nevadans who have experienced a Qualifying Life Event (QLE), including loss of Minimum Essential Coverage, change of employment or income, marriage, birth of a child, or moving to a new service area within the state. A full list of QLEs may be found on NevadaHealthLink.com [here](#).

Although the Exchange continues operating on a hybrid work schedule in both the Carson City and Henderson offices, the agency is aware of Governor Lombardo's desire to transition the State workforce to pre-pandemic office conditions by July 1, 2023. The Exchange has participated in an agency wide survey conducted by the Governor's office and provided feedback on the Exchange's telecommuting policy.

Between January and June of 2023, the Exchange continued to strengthen its working relations with stakeholder agencies including the Division of Insurance (DOI), the Division of Welfare and Supportive Services (DWSS) and the Division of Health Care Finance and Policy (DHCFP). These collaborative efforts focused on preparations for the unwinding of the Public Health Emergency (PHE), which could result in as many as 200,000 Nevadans being transitioned off of existing Medicaid or CHIP coverage. The Exchange has been coordinating with DWSS & DHCFP on a monthly basis to ensure alignment of our messaging strategies, with the goal of maximizing the number of consumers who enroll in Exchange coverage after losing their Medicaid/CHIP coverage.

## **Vendor Management**

The Exchange continues to build upon its successful relationship with technology and call center vendor GetInsured (GI). Recent collaborative efforts have primarily been focused on preparations for the unwinding of the Public Health Emergency (PHE).

Throughout the fall of 2022 and winter of 2023, GI's developers implemented features that were requested by the Exchange to ease the transition from Medicaid coverage to Exchange coverage for consumers impacted by the PHE. Historically the "account transfer" payloads which are used to refer consumers from the Division of Welfare and Supportive Services (DWSS) to the Exchange were lacking the data elements required to distinguish between denials of initial Medicaid applicants (a scenario which does *not* constitute a qualifying life event, or "QLE") versus terminations of existing Medicaid recipients (a scenario which *does* constitute a QLE, for loss of minimum essential coverage). As a result, consumers who were referred to the Exchange were required to upload proof of a Medicaid termination before their QLE would be validated. Not only has the Exchange worked closely with DWSS over the last five months to implement these missing data elements, the new functionality from GI will also ensure that the Exchange system automatically validates their QLE without any documentation being required. Furthermore, the Exchange system automatically qualifies these individuals for coverage beginning the day after their Medicaid coverage ends, even if that coverage begin date lies in the past. These changes work together to make it much easier than it's ever been for Nevadans to transition from Medicaid to Exchange coverage.

During the same time period the Exchange executed a Change Request (CR) to increase staffing levels in the GI call center, in preparation for a consumer outreach effort targeting PHE referrals. This effort, which began on

May 15, 2023 and will run through January 1, 2024, added ten full-time employees to the call center with the primary goal of making outbound calls to consumers transitioning off of Medicaid coverage. These agents will make a minimum of three (3) attempts at outbound phone calls to each consumer with a valid phone number on file. If a consumer is contacted, the CSR then connects them with a certified Agent/Broker or In Person Assister (IPA) who can assist them with submitting a financial application through the Exchange system. Regardless of the type of connection that is ultimately made, the CSR will record the disposition in the system for each call attempt so that the success of the campaign can be continuously monitored.

Looking toward the future, GetInsured will be implementing a new Artificial Intelligence (AI) tool called Amelia (<https://amelia.ai/>), which is intended to handle automated self-service interactions with persons (Consumers, Brokers, Stakeholders etc.) who ordinarily interact with live agents in the GI Call Center. The Amelia “digital assistant” is a conversational system that enables natural language understanding and provides human-like virtual assistance to phone and web chat interactions, for various tasks that traditionally require the assistance of a CSR. In addition to providing 24/7 availability for basic consumer assistance functions, the Amelia system can also be deployed to mitigate high call volumes during business hours, reducing the need for human agents to handle repetitive inquiries and freeing up call center resources for more specialized inquiries. The goal is to pilot Amelia for this OEP season beginning Nov. 1, 2023.

With 2023 being the second open enrollment supported by The Abbi Agency (TAA), the Exchange’s marketing & outreach agency of record, Exchange staff members and stakeholders recognize the contributions that TAA’s marketing, outreach, data analysis, and survey strategies and advertising campaigns have made to Nevada’s enrollment success. TAA wrapped up this OEP with an award-winning advertising campaign, garnering an award of excellence in community relations at the 2023 PRSA Silver Spikes award for their advertising campaign for the Exchange. TAA also recently received an Award of Excellence in the Integrated Communications: Government Category at the PRSA Anvil Awards in New York City! The Exchange’s Special Enrollment Period (SEP) campaign focuses on the top reported Qualifying Life Events (QLEs) among current Nevada Health Link enrollees. TAA and Katie Charleson, the Exchange’s Communications Manager, will provide more details on their recent initiatives in the Marketing and Outreach update.

### **The Unwinding of the Public Health Emergency**

May 11, 2023, marked the end of the Public Health Emergency (PHE) by the federal Health and Human Services Secretary. The Exchange worked in coordination with the Department of Welfare and Supportive Services (DWSS) and the Division of Health Care Financing and Policy (DHCFP) to adequately plan and prepare 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.

The Exchange enhanced its contracted call center through funding from the Center for Medicare and Medicaid Services State Exchange Modernization Grant. As previously mentioned, the Exchange stood 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. The call center continues to make outbound calls to referred households, and approximately 10% of the households reached are accepting some degree of assistance. Overall, enrollment numbers remain low, but we anticipate an increase as the unwinding time period goes on.

On May 22<sup>nd</sup>, DWSS deployed additional data elements to their referral payloads which allows the Exchange to distinguish between denials of initial Medicaid applicants versus terminations of existing Medicaid recipients. These data elements indicate the eligibility end date for consumers transitioning off of Medicaid/CHIP coverage, which allows the Exchange to automatically validate an SEP for these households without any

supporting documentation, and also provides these households with the option for an eligibility begin date which falls on the day after their loss of Medicaid coverage – thereby allowing these households to avoid a gap in coverage.

As required on the 8<sup>th</sup> of every month during the unwinding timeline (4/1/23 – 6/31/24), the Exchange submitted its second Medicaid Unwinding Data Submission to the Centers for Medicaid & Medicare Services (CMS) on June 8<sup>th</sup>. The reporting period was from 5/1/23 – 5/31/23. In May 2023, the Exchange received 8,625 Account Transfers (ATs) due to Medicaid/CHIP denials or terminations. From these received AT's 228 applications were submitted for 409 individuals. 386 of those consumers were found eligible for a QHP, and 294 of those consumers were additionally found eligible for financial assistance. This resulted in 64 active plan selections due to Medicaid/The Children's Health Insurance Program (CHIP) denial or termination during the month of May, and 120 active plan selections due to Medicaid/CHIP denial or termination since the start of the unwinding (April 1, 2023). As the unwinding continues it is expected that inquiries on the subject will increase.

### **Coordination with State Agencies**

This month, June 2023, the Interim Finance Committee (IFC) reviewed a transfer of \$134,500 from the Reserve Category 85 to the Transfer to DWSS Category 75 to allow the Exchange to fund a project that involves the current lack of several data fields in existing AT payloads which the Exchange has deemed essential to meeting the requirements of the continuous coverage mandates associated with the unwinding of the PHE. Inclusion of the Medicaid end date data fields will allow the Exchange to streamline enrollment in Exchange plans and ensure accurate eligibility begin dates for Exchange subsidies. This work program was approved during IFC and BOE on June 12<sup>th</sup> and 13<sup>th</sup> for Fiscal Year 24 and both the Exchange and DWSS have therefore entered into an Interlocal Agreement.

On May 8<sup>th</sup>, the Nevada Health Link call center began making outbound calls to households that were referred to the Exchange by DWSS. The Exchange noticed right away that the percentage of households with phone numbers on file was much lower than expected, but the reason why was not immediately obvious. The subsequent investigation, which took approximately two weeks to complete on account of the number of stakeholders involved, concluded that the inbound account transfer payloads were missing a data element which was required by the Exchange system. SSHIX and DWSS are currently working to implement this data element, with the goal of deploying the fix in late June or early July.

DWSS, the Exchange, and DHCFP participate in monthly status COVID-19 unwind calls and weekly as well as ad-hoc AT and data calls and in lock step on the unwinding strategy and messaging during this critical timeframe.

The Exchange is also working closely with sister agency, the DOI on improving broker compliance requirements and relationships with consumers. Part of these improvements include updating the Annual Broker Agreement, addressing consumer complaints and the process of handling those complaints by implementing a referral form with the DOI, and holding certified brokers more accountable when it comes to fraud and consumer complaint issues.

## **Tribal Sponsorship Program Update:**

Under the ACA, Indian tribes, tribal organizations, Tribal Health Clinics, and urban Indian organizations can pay Qualified Health Plans (QHP) and Qualified Dental Plans (QDP) premiums on behalf of their tribal members who are enrolled in health insurance through Nevada Health Link.

Nevada currently has 28 Federally Recognized Tribal Nations statewide. To date, the Exchange has received many inquiries from Tribal Nations interested in participating in a Tribal Sponsorship Program. Specifically, the Tribal Health Clinic Directors who oversee programs at their tribal clinics reached out with interest in participating in this program with the Exchange.

At the February 16, 2023 Exchange Board meeting, it was approved by the Board of Directors to recognize a tribal individual who enrolls tribal community members into a qualified health plan not be considered as an Exchange Enrollment Facilitator or Certified Enrollment Counselor, but recognize that such positions will be called Tribal Exchange Representatives (TERs) for the sole purpose of helping tribal community members enroll in qualified health plans through Nevada Health Link. The Board also approved of waiving the TERs from the DOI requirements of certification which would remove barriers and benefit the tribes in successfully implementing the Tribal Sponsorship program with the Exchange.

The process of setting up the Tribal Sponsorship Program has many moving integral pieces to it and Exchange staff has been working diligently in every aspect of implementing this program and setting it up for success now and into the future. A few main pieces of this program have been a top priority: NV Health Link certified training for TERs and other training that is specific to the Tribal Nations, working with insurance carriers on aggregated billing options, and updating internal policies, specifically the Nevada Health Link Policy Manual and the annual Issuer Agreement.

The Exchange team has been working on billing workflows and internal communication workflows with the Tribes and insurance carriers. Since the February meeting, the Exchange team has had several meetings with Tribal Health Directors to go over the billing workflow and get their feedback, as well as updating them on the status of the training and certification. The Exchange acknowledges that several Tribal health clinics are ready to have their TER's go through the training now and get certified by NVHL. The Exchange has been working diligently on policies and agreements as well as communicating with the Deputy Attorney General (DAG) to review these. These policies and agreements acknowledge the importance of protecting Personally Identifiable Information, following federal and State regulations, and outline responsibilities of the Exchange, TER's, and our Issuers. Tribal clinics and TERs will need to sign the agreements before access to the enrollment portal is provided.

The Exchange is very focused in working closely with a partnered carrier in getting the workflow for aggregated billing implemented. The Ft. McDermitt Wellness Center has enrolled their Tribal members with this specific carrier and ongoing meetings have been held to work collaboratively to get this billing workflow moved from the test period to full implementation. For the month of June, the Exchange is in the testing process and the goal is to have this fully implemented sometime in July. The Exchange is in communication with all other insurance carriers regarding the aggregated billing workflow and the feedback from the public comment period for issuers on proposed language to be included in the Policy Manual and Issuer Agreement will be discussed in further detail in the next Board meeting as a possible agenda item for the Board to consider for possible action.

## **Federal and State Legislation Updates – NV State Legislative Session**

From January 2023 to June 2023, the Exchange's primary federal legislative focus was the unwinding of the PHE, as well as the finalization of the Notice of Benefit and Payment Parameters (NBPP). This annual release welcomes and solicits public and state exchange comments. Any future Exchange comments can be found on NevadaHealthLink.com on our "Nevada Public Notices" page. There is also a federal update from the Exchange's Policy & Compliance team further in this report.

This year marked the 83<sup>rd</sup> Legislative Session for the State of Nevada which started Feb. 6, 2023 and ended on June 5, 2023 with two special sessions to close Nevada's budget categories. The Exchange remained under the radar this legislative session, but continues to monitor two important pieces of legislation that may have significant impact in the future: Assembly Bill (AB) 432 which will designate the Exchange as an automatic voter registration agency, and Senate Bill (SB) 420, commonly referred to as the Public Option Bill. The Exchange has previously participated in public listening sessions where stakeholders provided input and asked questions regarding priorities, affordability, rate-setting, provider contracting, value-based payment/cost containment, benefits, strengthening the marketplace, and licensure/oversight. Additionally, the Exchange has worked participated in actuarial studies along with NV Medicaid in preparation of a CMS waiver mandated in the original legislation. The work on both of these bills will continue throughout calendar year 2023 to 2026, upon implementation.

The Exchange participated in contributing an unsolicited fiscal note to SB 419, also referred to as the Nevada Health Opportunities, Planning and Expansion Act of 2023 (or the HOPE Act), sponsored by Senator Fabian Donate, the Chair of Senate Health and Human Services. The HOPE Act would expand Medicaid for all Nevadans, regardless of their immigration or citizen status. Ultimately, the unsolicited fiscal note was regarding the Exchange to apply for a 1332 waiver through the federal government to implement a state subsidy to make plans on the Exchange affordable for this population. SB 419 is in the Governor's office.

## **PY 2023 Programmatic Audit – BerryDunn**

45 CFR 155.1200(c) requires every State Based Exchange (SBE) to perform an annual financial audit independent external audit and must engage an independent, qualified auditing entity which follows generally accepted governmental auditing standards to perform the audit and make the information available to the US Department of Health and Human Services. The purpose of this independent external audit is to ensure that the Exchange is in compliance with the financial and programmatic requirements set forth by the CMS.

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, 2022. 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 received zero formal findings, but in the Management Letter from BerryDunn, there were six recommendations for the Exchange to follow up on for better practices in the next audit cycle.

For the financial audit, BerryDunn audited the Exchange in accordance with the U.S generally accepted auditing standards applicable to financial audits contained in the Government Auditing Standards issued by the Controller General of the United States, the financial statements of the Exchange, a function within the State of

Nevada, which comprise the balance sheet as of June 30, 2022, and the related statement of revenues and expenditures and changes in net position for the year ended.

As part of obtaining reasonable assurance about whether the Exchange's financial statements were free from material misstatement, BerryDunn performed tests on the Exchange's compliance with certain provisions of law, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. The Exchange received no instances of noncompliance or other matters that are required to be reported under Government Auditing Standards.

### **Exchange Staff Update 2023**

The Exchange has promoted Tracy Reed, from Program Officer to Business Process Analyst 1 position which is a team lead role within the Quality Assurance Unit. The BPA1 will assist the Exchange/QA team with developing training and workflows for existing processes and programs while training staff to effectively resolve complex consumer situations.

Of the Exchange's 26 full-time employee (FTE) positions the remaining positions to be filled are Executive Director, an Administrative Assistant position within the Operations team, a Business Process Analyst with the Recon team, and the Policy & Compliance Manager position. Every single FTE at the Exchange has always worn different hats when performing various duties, but since we have been operating as a skeleton crew for the last few months, I am proud to say that each of us have really stepped it up in a way that seems impossible, but the work is getting done and deadlines are being met.