



Silver State Health Insurance Exchange

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FISCAL AND OPERATIONAL REPORT
PROVIDED TO THE GOVERNOR AND LEGISLATURE
PURSUANT TO NRS 695I.370 (1) (B) & (C)
JUNE 30, 2023

The Silver State Health Insurance Exchange (Exchange) is pleased to offer this Fiscal and Operational Report, required pursuant to [NRS 695I.370 \(1\) \(b\) & \(c\)](#), to the Governor, the Legislature and the public. It provides information regarding the activities of the Exchange from January 1, 2023, through June 30, 2023.

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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 22nd, 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 8th 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 8th. 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 12th and 13th for Fiscal Year 24 and both the Exchange and DWSS have therefore entered into an Interlocal Agreement.

On May 8th, 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 83rd 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 the 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.

New Exchange Staff 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.

MARKETING & ADVERTISING

General Comments

The period after open enrollment has been a time for the Exchange, The Abbi Agency (TAA) (the Exchange's marketing and outreach vendor), and Marketing for Change (M4C) (a subcontractor to TAA and research team for the Exchange), to dive deeper into Nevada Health Link's (NVHL) audience and better understand the customer journey and the customer's level of understanding, needs and wants when it comes to health insurance coverage. M4C conducted several research studies after the conclusion of the Open Enrollment Period (OEP) to build a more detailed understanding of the Nevada consumer.

The Exchange's communications team and TAA have worked together to message the Special Enrollment Period (SEP) to target audiences that have experienced qualifying life events.

This campaign featured updated website landing pages in both English and Spanish, a revised creative concept with clear and concise messaging, digitally focused advertising, and a robust community outreach program.

Additionally, throughout this timeframe, TAA worked closely with the Exchange and statewide key stakeholders/partners to develop and support messaging on the unwinding of the Public Health Emergency (PHE), that has led to the redeterminations of all recipients on Medicaid, causing people to fall off Medicaid for the first time in three years since the COVID-19 Pandemic started.

Lastly, TAA and Ericka Aviles Consulting (EAC), subcontractor of TAA that focuses on Hispanic media and outreach, put together an off-season content plan that is both robust and engaging. This content is founded in keyword research and depicts the relevant health-related content topics and themes to highlight along with the partners to best engage. This strategic plan allows the community outreach and public relations teams to work in lockstep with the digital content team and ensure that NVHL is highlighting items in their blogs and email newsletters that resonate with the target audiences and position the brand as a thought leader.

General Research & Insights

In support of marketing efforts, multiple research studies were conducted. M4C designed and fielded two (2) surveys immediately following the end of open enrollment in January 2023: A robust survey of Nevada residents ($n = 2720$) and a survey of current Nevada Health Link consumers ($n = 881$).

The annual quantitative survey was designed to provide an overview of potential future audiences for Nevada Health Link. The survey utilized a robust methodological approach to ensure a sample that closely matched the demographic characteristics of the state. The survey provided accurate estimates and assessment of the key characteristics of future audiences for NVHL including those who are uninsured, self-insured or insured through Medicaid. In addition, results provided key information on attitudes toward health insurance and future purchasing plans for each of these audiences. Findings from this survey will contribute to planning for the marketing campaign for OEP 24 by helping to focus message frames and understand the demographic characteristics and experiences of potential future customers.

The user survey was fielded to existing enrollees of Nevada Health Link. The survey provided key information on customers' current satisfaction with NVHL, and results indicated that customers who had a more positive appraisal of their shopping experience on the site were more likely to be promoters. These survey findings will help inform continued optimization of the website and shopping portal.

M4C also conducted exploratory, qualitative research with an audience of gig workers. M4C's study included 58 gig workers across 10 focus groups to uncover insights about this growing Nevada audience who often does not have health insurance and who could turn into long-term Nevada Health Link customers. M4C sought to explore and understand the knowledge, attitudes and beliefs gig workers hold around seeking health insurance, including where health insurance

fits into their lives now. Findings from this research included barriers to securing health insurance, what may encourage or discourage this type of worker from purchasing health insurance, and insights into how the previous campaign resonated with this audience. These insights will be used to inform the OEP '24 messaging and advertising.

Throughout the year, M4C continuously analyzed Sisense (the Exchange's program used to create data reports) data to monitor performance metrics associated with enrollment data. Analyses included examination of demographic, geographic, and socioeconomic correlates of enrollment at NVHL. Specifically, M4C explored how variables such as race/ethnicity, family size, household income, county of residence, and age were associated with levels of new enrollees and active re-enrollees during the 2023 Open Enrollment Period. In addition, analyses compared differences in patterns of enrollment between the PY2022 and PY2023 Open Enrollment Periods. Findings provided key insights into population differences and shifts among NVHL consumers, as well as informed future targeted marketing efforts.

The Unwinding of the Public Health Emergency & Medicaid Redeterminations: Marketing & Outreach

The Abbi Agency worked together with the Exchange and the Nevada State Medicaid office to put together a marketing and outreach plan that targets first the public and focuses on those Nevadans potentially losing their Medicaid benefits throughout the redetermination process as a result of the PHE ending. The goal is to support our partners at the Medicaid office by amplifying the message to update all personal information so that Nevadans are reachable and don't experience a lapse in health insurance coverage. The next phase of this program is to provide those who are losing their coverage with easy enrollment information through NVHL. The total number of individuals is estimated to reach 200,000 Nevadans.

Public relations efforts have included active media pitching to relevant journalists interested in covering this topic, as well as proactive measures to raise awareness about the redeterminations. TAA has distributed press releases around the first round of redeterminations in April, with a follow up release in May that pinpointed 30 days from the first round of redeterminations.

To proactively get the message out, TAA produced a 30-second PSA video in English and Spanish about the redeterminations and encouraging Nevadans to fill out their packets and to talk to Nevada Health Link if they lose their insurance. TAA has coordinated with local media outlets as well as putting paid social media dollars to uplift the PSA message.

With a full set of data anticipated to be available by early June, TAA is working hand in hand with the Exchange, Nevada Medicaid and DWSS to host a private media briefing session to set the stage of the redetermination process within the first few months and give media an overview of what data will be announced on a rolling basis throughout the redetermination process.

Special Enrollment Period: Campaign Overview

The overarching goal of this Special Enrollment Period was to have a targeted campaign that spoke directly to the identified target audiences who recently experienced a qualifying life event.

The campaign creative is heavy on clear and distinct messaging and uses bold colors from the branded color palette to draw attention.

The target audiences identified for this campaign were as follows: Those who were recently married or divorced, moved to Nevada (or a new service area zip code), experienced a change in income or change in employment status, birth, loss of health coverage, turning 26, and gaining U.S. legal status.

Special Enrollment Period: Paid Media Strategy

TAA is committed to reaching Nevadans from all backgrounds and communities on behalf of Nevada Health Link. More diverse than ever, Nevada has robust Asian American Pacific Islander, African American, Native American, and Hispanic communities. The 2023 Special Enrollment Media Plan takes a digital approach with highly effective tactics to reach these historically underserved communities, as well as the remaining communities in Nevada.

Overall, TAA and the Exchange allocated the budget spend broadly across a diverse range of media channels to ensure Nevadans were reached on the digital platforms that they frequent. Google Search and Display are used to build awareness of Nevada Health Link and the Special Enrollment Period (SEP) through exposure to its SEP campaign. Paid social media placements similarly moved individuals from initial exposure to consideration by using specific targeting of life events. As users landed on NevadaHealthLink.com, the digital ad experience is able to retarget them in the future. Each of the digital platforms have retargeting ad sets and creatives, ensuring that individuals who had shown interest in Nevada Health Link enrollment were nudged again. This combination of channels and tactics generated awareness and consideration of the target audiences.

Paid Media Tactics

Google: This expansive network was the second largest media channel, which can be attributed to Google's reach. The Google SEM campaigns ran on Google's search engine as well as their extended reach network. The SEM campaign drove the highest Click-Through-Rate (CTR), which is not uncommon, however our CTR was well above the platform average, nearly 400% above the typical 4.5-5%.

The Exchange geo-targeted the SEP campaigns to Nevada, however, it was expected this market share in Nevada to hold true. Additionally, Google's display network was leveraged to reach individuals across the internet, on sites such as news, shopping, sports, weather and more. Finally, the YouTube network was used to reach Nevadans with engaging video content. Nevada Health Link's ads ran on the YouTube platform, as well as their streaming services YouTube TV/Movies, and their extended video network. YouTube's extended video network reaches viewers across the web, on sites like Fox News, AccuWeather, and ESPN.

TAA deployed a multitude of creatives that were designed to speak to the different Qualifying Life Events (QLEs). In turn, TAA was able to develop more in-depth optimization strategies to target users experiencing events such as marriage, job changes, and moving.

Paid Social Media: A strong mix of social media platforms are being used to reach Nevadans where they are, so to speak. TAA leveraged messaging on each platform that was appropriate for the demographic present, yielding over 10 million impressions from February to May.

- Facebook: One of Nevada Health Link’s broadest awareness platforms, as nearly 70% of US adults use Facebook, spending an average of 38 minutes on the platform daily. Both Spanish and English language audiences were reached. Throughout the time period, TAA was able to generate a CTR of 2.12%.
- Instagram: Skews slightly younger than Facebook. Demographically, the Spanish Language audiences are more active on Instagram than on Facebook.
- Twitter: This demographic also skews younger, but is more diverse than Facebook and Instagram, and has a more even user distribution between men and women. This platform allows Nevada Health Link to reach minority communities including African American, Hispanic/Latino and LGBTQ+ residents.
- LinkedIn: Nevada’s self-employed, gig and contractor populations were reached here. A broad range of appropriate job titles such as hairdressers, rideshare drivers or tradespeople were targeted throughout SEP.
- TikTok: A younger audience was reached with this platform. This platform is highly popular with the Gen Z audience but is growing in other audiences. There are over 700k TikTok users in Nevada, with 70% of them over the age of 20.

Print: TAA and the Exchange worked with various print and out-of-home partners during this time period. This included placements with the Vegas Chamber, Focus Health Magazine, Las-Vegas Review Journal, and Lamar Advertising.

Off-Season Content Strategy

In the post-open enrollment period, The Abbi Agency and Nevada Health Link developed a robust content strategy that provided relevancy for NVHL, supported NVHL in being a thought-leader in healthcare, and supported all partner agencies. Backed by keyword and search intent research, this off-season content strategy has been a key component in boosting Nevada Health Link’s organic search ranking and overall domain authority, while answering health consumers questions quickly and efficiently. TAA identified the following challenge and implemented the following strategic approach to addressing it:

The Challenge

As Nevada Health Link's Open Enrollment Period closes, the Exchange can avoid losing content momentum by enacting a content strategy that engages consumers (especially new enrollees) in relevant health information that inspires them to live healthy lives and use their new insurance coverage in the most impactful ways possible.

The Solution

An off-season content strategy that leverages performing keywords at NevadaHealthLink.com, as well as attainable keyword optimization on key topics, will increase interaction with Nevada Health Link during this special enrollment and off-season period but also increase sustainable organic search performance by identifying and using keywords in Nevada Health Link's content to online boost search results. Content that is formatted to perform well in search, answer key health questions efficiently and directly, and inspire the insured to live healthy lifestyles will create long-lasting organic search equity on NevadaHealthLink.com.

A Themed Strategy

The Abbi Agency proposed a steady cadence of content across five content categories to appeal to a wide range of Nevada Health Link readers and give them a steady stream of useful, actionable, and inspiring content.

- **Partnerships:** Any new or existing Nevada Health Link partnerships that amplify the services or reach of the state exchange.
- **Events:** Health events where Nevadans can connect with Nevada Health Link in person or the Exchange's partners.
- **Health Information:** Overall health information that is relevant to, and actionable for the Nevada Health Link audience.
- **Themed days/months:** Leveraging days or months such as "Diabetes Awareness Month" to deliver important themed health content. Here we will also incorporate multicultural dates important to diverse communities.
- **Special Enrollment Period:** Do you qualify? How to enroll. What to know.

Public and Media Relations Overview & Strategy

The Abbi Agency supported the Exchange's goal of getting more Nevadans enrolled in health insurance through the Special Enrollment Period, aligning Public Relations efforts with relevant and newsworthy angles from the off-season content strategy and supported Nevada Health Link's key announcements.

After OEP wrapped in mid-January, TAA and NVHL focused on pushing post-OEP messaging, highlighting the strong number of enrollees. With nearly 100,000 consumers enrolled in health insurance by the end of Open Enrollment, TAA and NVHL pushed out a statewide press release and individual media pitches around why this enrollment was so successful and the impact this has on Nevadans.

In February, TAA and NVHL pushed out PR pitches surrounding topics of “what to do once you’re insured,” as many new consumers’ insurance plans took effect starting February 1, 2023.

In March, TAA and NVHL sent out a press release on behalf of the Exchange highlighting the 13th Anniversary of the Affordable Care Act (ACA). This garnered statewide coverage and reminded Nevadans of how the ACA has helped more Nevadans become enrolled in insurance and why this still matters today.

Other PR pushes included National Public Health Week in April, Small Business Week in May, Women’s Health Month in May, and PRIDE Month in June.

In March, TAA and NVHL sent out a press release to inform Nevadans that Medicaid redetermination will resume, and Nevada Health Link is here to provide affordable health insurance options to individuals losing Medicaid benefits in Nevada.

On May 1, TAA and NVHL sent out a press release announcing the first wave of Nevada Medicaid redeterminations have begun.

Ericka Aviles Consulting (EAC) provided a Hispanic Marketing, Media, and Community Outreach strategy plan; identified and facilitated interviews and media opportunities (print and broadcast); identified/connected with stakeholders and community groups targeted to Spanish speaking populations in Southern & Northern Nevada; and translated marketing materials.

- EAC secured media opportunities and partnerships that targeted other minority demographics in the community including with AAPI and Black and African American community.
- EAC also included Nevada Health Link messaging in organization communication channels to partners including Latinas in Power, EAC social channels and newsletter.
- EAC secured an op-ed in Las Vegas PRIDE Magazine, which ran in June in honor of Pride Month, and supported messaging around health equity and health disparities in the LGBTQ+ community.

Special Enrollment Period: Event Outreach and Community Relations

During the Special Enrollment Period, the community relations and event outreach teams were focused on enriching the off-season content plan through community outreach, attendance of events and key sponsorships. Navigators are projected to participate in 78 community events between Jan 1, 2023, and June 30, 2023. More than 75,000 people attended the events where we had navigators attending with Navigators reporting 19,632 interactions with attendees. TAA completed a total of 32 sponsorships.

Ericka Aviles Consulting researched and provided Hispanic | Latino collaborations with organizations serving underserved communities by facilitating and securing tabling events and sponsorships targeting those communities.

January 1 – June 30 Events:

- City of Henderson Health Henderson
- ACRC Annual Asian
- AAPI Chamber of Commerce Chinese New Year
- UNR Wolf Pack Men's Basketball Home Game
- Lunar New Year Celebration - Spring Festival 2023
- Black History Month Family Wellness Fair
- There is No Hero In Heroin Black Monday 2023
- City of Henderson Bark in the Park
- Springs Preserve Black History Month Family Wellness Fair
- Community Dental Fair
- Parent Leadership Team Event
- City of Henderson St. Patrick's Day Festival
- Project 4 Humanity Community Wellness Fair
- Women's Day Out Expo
- Water Lantern Festival
- Boys & Girls Night Out
- NV Workforce Connection 2023 Spring Job Fair
- Las Vegas Review-Journal Aging Wellness Expo
- Cesar Chavez Festival Day - CW Diaz
- Senior Expo - Spring Series
- Reno Aces - Las Vegas Aviators rivalry series
- City of Henderson Silver Springs Spring Festival
- Boys & Girls Club of Truckee Meadows: Kickoff to Summer
- Mobile Health Collaborative
- Las Vegas Baby Expo x The Body Beautiful Women's Expo
- Clark County Law Foundation Community Health & Wellness Fair
- Carson Valley Chamber Business Showcase
- DRI at the Springs - The Water Toolkit
- It's All In A Day's Play - Las Vegas Clark County Library District
- Springs Preserve Earth Day
- ACCEPT National Minority Month Health Fair
- Carson Valley Job Fair & Volunteer Expo
- Festival Del Nino
- CCP&R 5th Annual Tacos and Tamales Festival
- Fernley Boys & Girls Club Kick off to Summer
- Cinco de Mayo
- Commissioner Kirkpatrick Cinco de Mayo Celebration
- Cinco de Mayo Festival Reno Glow Plaza

- NLV Police Dept - Cinco de Mayo Boxing Event
- Washoe County Health Districts 2023 Family Health Festivals
- Veterans Career and Resources Fair
- Reno River Festival
- Juneteenth in the 106
- Dreamsickle Kids 5th Annual Warrior Drive
- Summer Health Fair

STATE BASED EXCHANGE OPERATIONS

The expansive sections below detail every aspect of the operations of the Exchange. In the first half of calendar year 2023, the Exchange's operations team had a new Chief Operations Manager, Janel Davis and a new member to the Operations team, Brooke Mills, who assisted greatly in data analysis, reporting requirements, and policy and research analysis for all Exchange projects. Front of mind for operations going into the Special Enrollment Period (SEP) continues to be ensuring Nevadans are educated on the SEP by way of marketing and communications, maintaining a low ticket count with the QA team, continued service to the broker and navigator community, but more specifically, the Awards selection for both the Broker Award and the Navigator Grants, improving upon broker compliance, managing audits and ad hoc information requests and reporting requirements from the Centers for Medicare & Medicaid Services (CMS), and the Exchange's financial audit regarding processes to prevent improper payments and the unwinding of the PHE. More importantly, the operations team and the Exchange as a whole continued to focus on the unwinding strategies and efforts of the PHE which consisted in immense planning with other state agencies such as the Division of Welfare and Supportive Services, the Division of Health Care Financing and Policy, and the Division of Insurance.

The operations team also monitored legislation during the State of Nevada's 83rd Legislative Session as well as presented the next budget for FY 24 and FY 25. The Exchange operations team also experienced significant changes in staff and continued to deal with recruitment changes throughout this time period.

Policy & Compliance

The Policy and Compliance Manager position is the program manager for policy, appeals, and plan certification units. These units are content experts in releasing guidance and policy manuals to internal staff, external stakeholders, and the public. They also oversee the librarianship of all documents to ensure they are updated appropriately. They schedule document reviews, including researching, verifying, and advising internal staff, brokers/navigators, consumers, and GI on the finer details of enrollment policy related to eligibility, federal regulation changes, and plan selection.

The policy and compliance unit consists of the policy and compliance manager and a policy and compliance coordinator; both are essential in collaborating to support policy-related matters that impact operations for the Exchange. They work to counsel management and staff on policy impacts and business operations by ensuring system integrity and functionality by reporting potential defects or issues to vendor personnel. The policy & compliance team continues to oversee the quarterly release management of future system design and coordinates testing for the release with compliance related to User Acceptance Testing (UAT). Below are a couple examples of release management or future system designs:

- The policy team provided internal guidance to staff and approved system enhancements to eliminate the need for document verification for consumers losing eligibility of the continuous coverage or Medicaid via the Account Transfer (AT) process from the Department of Welfare and Supportive Services (DWSS).
- The policy team in conjunction with the Quality Assurance (QA) officer started updating the notices that consumers are receiving on a scheduled basis. The notices reference CFR and include instructions of next steps that the consumer needs to take regarding their eligibility.

The Policy and Compliance unit started collaborating with the Quality Assurance Officer and the QA team as the QA team is able to identify system defects quicker which allows the policy unit to oversee and ensure that the Exchange's vendor system complies with all applicable state Nevada Revised Statutes (NRS), Nevada Administrative Code (NAC), federal law and rule changes as they occur.

The Policy and Compliance Coordinator coordinates with the Exchange's Broker Liaison to address consumer complaints regarding questionable broker business practices.

Appeals

The Appeals unit consists of the Policy and Compliance Manager and the Appeals Coordinator. If Nevada consumers believe there was a mistake or disagree with certain eligibility determinations made by the Exchange, they have a right to request an appeal. The Exchange continues to oversee first-level appeals, and if applicable, will send hearing requests to DWSS for adjudication. The table below highlights appeal metrics received from January 1, 2023 – to May 31, 2023, part of PY 2022.

The information listed in the table below is the number of appeals the Exchange has received in each month, the resolution rate by the end of each month, and the average number of days appeals were open during the given month.

Month	Number of Appeals Received	Resolution Rate at the End of the Month	Average Number of Days Open
January 2023	26	62%	9.2
February 2023	21	33%	12.8
March 2023	73	55%	16.3

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April 2023	55	44%	14.6
May 2023	29	69%	4.25

The Exchange has successfully informally resolved all appeals which were closed within a standard time and settled in the following month.

The Exchange recognizes the dramatic increase in Resolution Rates and Average Number of Days Open during the above reporting period. Starting in Plan Year 2023, the Exchange began to take action on consumers' Reasonable Opportunity Period (ROP). ROP is a process the Exchange follows when an applicant attests to something on the application, and there is a discrepancy with a data source, or electronic verifications are unavailable. Most of the ROP expirations were completed in February of this year; the Exchange appeals unit received its highest volume of appeal submissions in March of 2023. Another factor in the rise of appeals is an increase in network change requests outside of the Open Enrollment Period (OEP).

The Exchange established the large-employer appeals process by the Electronic File Transfer (EFT) for the Processing of Eligibility Appeals Case Management System (EACMS) with the Centers for Medicare & Medicaid Services (CMS) in the Marketplace Appeals Group, Division of Technology & Operations. This process was established by CMS giving the Exchange access to a system username that was previously assigned to the Exchange but never utilized. The Exchange was able to successfully complete the testing process for receiving large employer appeals as well as sending related information to CMS through the EFT process.

Plan Certification

Just as OEP wrapped up on January 15, 2023, the plan certification manager has continued to stay busy from January- June 2023. During these months, the plan certification manager followed the Notice of Benefit and Payment Parameters (NBPP), as it has the final standards for issuers and the Marketplace. The Exchange's Letter to Issuers was also updated, as this letter provides updates on operational and technical guidance for the 2024 Plan Year for issuers seeking to offer Qualified Health Plans (QHPs), including Qualified Dental Plans (QDPs). Issuers that intended to sell on the Exchange had to submit an intent to sell form by April 3, 2023. For the next few months, issuers will be going through the certification process with the Exchange and the Division of Insurance.

Security & Reconciliation

The Reconciliation Team consists of two positions: one Reconciliation Specialist, a Business Process Analyst I (BPA I); and one Reconciliation Team Lead, a Business Process Analyst II (BPA II). The activities of the Reconciliation Team are overseen by the Information Systems Manager, who also serves as the Exchange's Information Security Officer (ISO). Together these three (3) positions comprise the Exchange's Security & Reconciliation unit, which is collectively responsible for the monthly reconciliation of enrollment data with the Exchange's Insurance

Carriers; the analysis and troubleshooting of Electronic Data Interchange (EDI) files with external systems, including systems maintained by our on-Exchange Insurance Carriers and also by Nevada's Division of Welfare and Supportive Services (DWSS); User Acceptance Testing and coordinated release management for the Nevada Health Link Exchange Platform (in collaboration with our technology vendor, GI); annual testing of electronic data interfaces between the Exchange and its Insurance Carriers; compilation and analysis of enrollment data to support the Exchange's messaging and reporting requirements; ad-hoc casework investigation in collaboration with the Exchange's Quality Assurance team; and development, testing, and account maintenance support for the Exchange's "Carrier Connector" casework and reconciliation system, which is used by the Quality Assurance and Reconciliation teams in collaboration with Insurance Carrier personnel.

In addition, the Information Systems Manager is responsible for ensuring the Exchange's continued compliance with Federal Privacy and Security standards published by CMS and the IRS, as well as state Privacy and Security standards published by Nevada's Enterprise Information Technology Services Division (EITS); and also for ensuring the Exchange's ongoing Authority to Connect to the Federal Data Services Hub, which is required to verify eligibility for health/dental enrollments and subsidy assistance.

Since early May the Information Systems Manager has been meeting regularly with representatives from Nevada's Legislative Counsel Bureau to help facilitate an ongoing audit of the Exchange, which is focused on Information Security. The ISO has also been working recently in collaboration with several of Nevada's Tribal Health Clinics to develop and implement a solution for the aggregated payment of monthly premiums on behalf of their tribal members. In addition, the ISO has worked extensively in recent months with personnel from the DWSS, Nevada's Medicaid Administering Entity, to implement improvements to the "account transfer" electronic referral process in preparation for the unwinding of the PHE.

A fundamental responsibility of the Reconciliation Team is to conduct regular meetings (bi-weekly, in most cases) with Nevada's on-Exchange insurance carriers. During these meetings the team is able to work directly with their counterparts in our respective carrier organizations to investigate and resolve discrepancies in enrollment data, as well as to provide guidance—in collaboration with the Exchange's Policy and Compliance team—when policy-related questions arise.

During the past year the Security and Reconciliation team has also helped to coordinate the testing and approval of four major software releases (deployed quarterly) for the Exchange Platform, and they have continued to develop and maintain innovative data-reconciliation tools which provide supplemental data analysis functions not available through our Exchange Platform. These activities have resulted in a substantial reduction in enrollment data discrepancies impacting the Exchanges consumers.

Consumer, Carrier, Broker, and Enrollment Professional Assistance

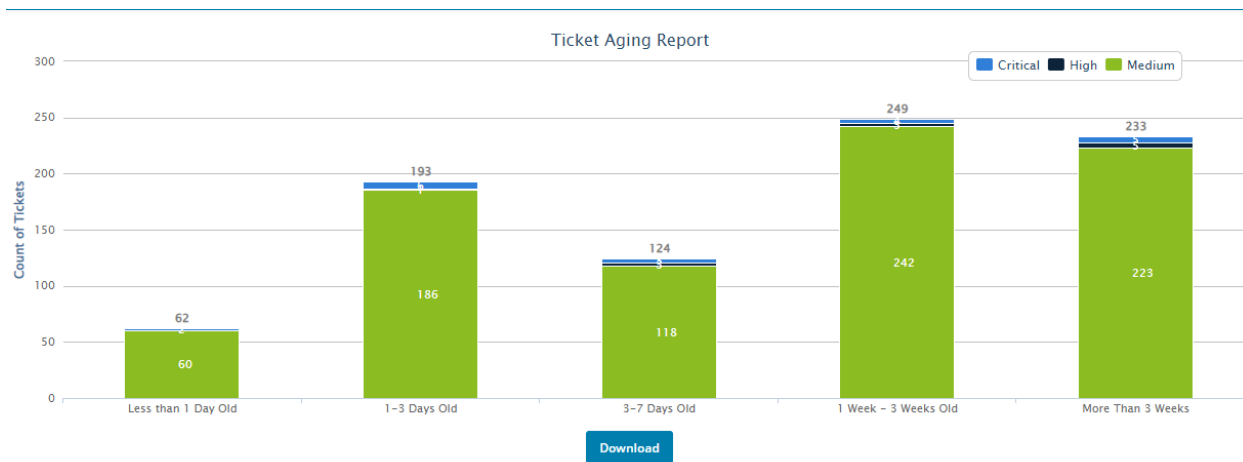
The Quality Assurance (QA) team consists of Four (4) Program Officer Positions, and a recently added position of one (1) Business process analyst as the QA team lead. The Quality Assurance Analysts report directly to the Quality Assurance Officer and are overseen by the Chief Operations Officer. Each of the positions are cross trained to ensure daily coverage and to assist with increased consumer, broker, carrier, and enrollment professional workloads requiring escalated assistance beyond the abilities of the Exchange’s contracted call center. The QA team continues to resolve consumer and broker/navigator questions and technical issues by fostering close relationships with partnered health insurance carriers. These partnerships with insurance carriers allow the Exchange to contact their subject matter experts who assist in the resolution of basic and complex issues.

Casework with Exchange Insurance Carriers

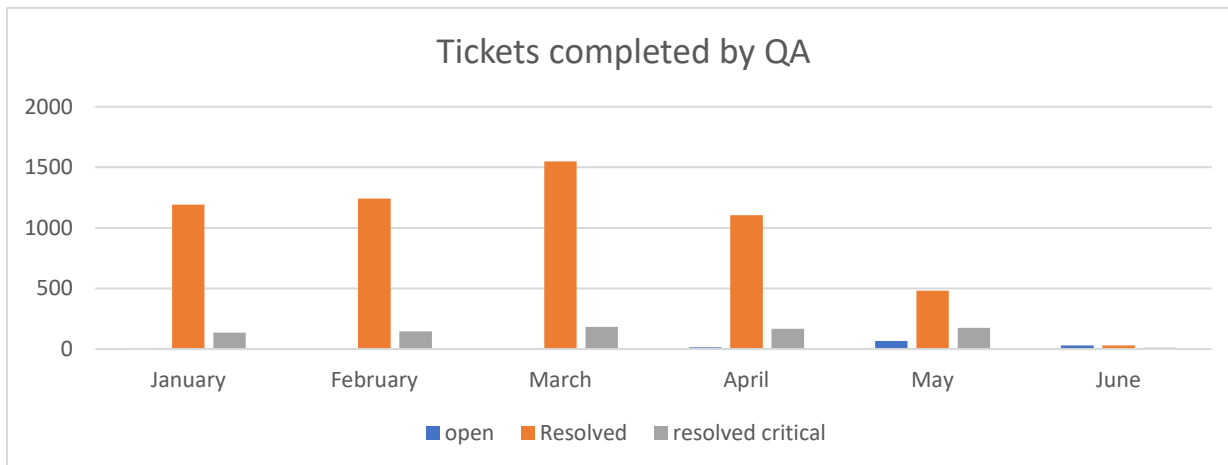
The QA team continues to utilize Salesforce case management software for case work between the Exchange and its carriers which is referred to as the “Carrier Connector.” The QA team uses this platform to collaborate with the seven (7) Qualified Health Plan carriers and five (5) Qualified Dental Carriers. The QA team has successfully closed 6,406 cases between the time period of January 1, 2023 to June 30, 2023.

Consumer Assistance Ticketing Aging Report

The chart below illustrates unresolved tickets processed by the GetInsured (GI) call center and the QA unit as of the end of June. The chart is inclusive of consumer data matching issues (DMIs) which include issues needing resolution such as income verification, citizenship verification, validation of qualified life events, and technical & billing discrepancies. The GI call center staff is responsible for reviewing and processing all tickets except for escalated technical and billing discrepancies which are handled by the QA unit.

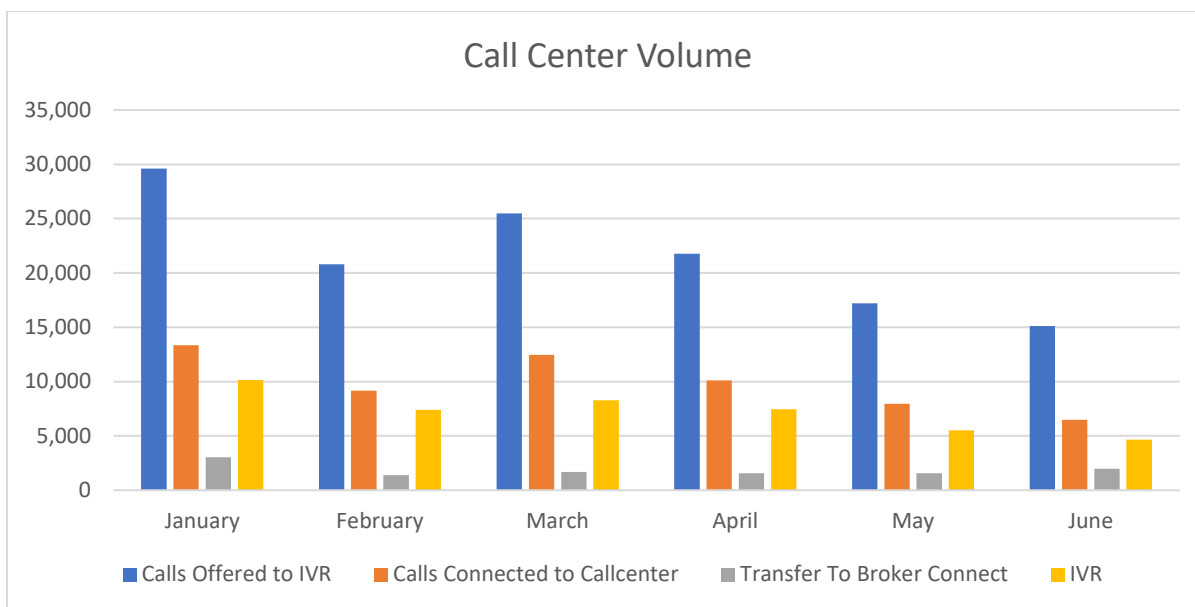


The chart below illustrates the volume of tickets that were resolved or remain open for any given month that the QA team has handled from January 1, 2023, through June 30, 2023. The QA team has done an amazing job at completing tickets within 30 days of receiving the request.



GI Consumer Assistance Call Center

The Quality Assurance team supports and works closely with the GI call center team, which independently fields call on the Broker Support and Consumer Assistance support telephone lines. The chart below demonstrates the Consumer Assistance call center volume since January 1, 2023 through June 30, 2023. It should be noted that the difference between calls offered, and calls connected are typically handled within the Exchange’s IVR system where consumers can connect themselves directly to a licensed broker for further assistance. The highest call volume was on January 13, 2023 with 1,790 calls offered. The call center has maintained a 90% or greater customer satisfaction rate.



THE BOARD

In accordance with 45 CFR § 155.110(c), the State must ensure that the Exchange has in place a clearly defined Governing Board.

The Board consists of seven voting members and three non-voting members. Of the seven voting Board members, five appointments to the Board were made by the Governor, one by the Speaker of the Nevada Assembly, and one by the Nevada Senate Majority leader.

- Current Voting Board Members:
 - Florence Jameson, MD, Chair
 - Valerie Clark, Vice-Chair
 - Jonathan Johnson
 - E. Lavonne Lewis
 - Quincy Branch
 - Jose Melendrez
 - Dr. Sarah Friedman

- Ex-Officio Members (non-voting):
 - Theresa Bawden as primary and Aaron Frantz as secondary designee – Governor’s Office of Finance for Amy Stephenson, Director
 - Scott Kipper – Commissioner, Division of Insurance
 - Stacie Weeks – Department of Health & Human Services, for Richard Whitley, Director

Since the Exchange’s last Fiscal & Operational report, there have been three board meetings, including the June 2023 meeting to approve this report. The Board, required to meet at least once every calendar year, has changed the frequency of its meetings from monthly to quarterly, with additional meetings as needed immediately leading up to and during open enrollment, or as directed by the Chair or majority of board members (NRS 695I.340). Board meetings are held in Carson City as well as streamed over the internet.

BROKERS

In Plan Year 23, the Exchange continued its comprehensive training and certification process for brokers and agents to sell qualified health and dental plans through Nevada Health Link. The interactive training program teaches agents and brokers the ACA Basics, Privacy & Security, and Fraud Prevention Standards. In addition to providing instruction, each course will offer frequent “knowledge checks” to ensure content is being absorbed, as well as a final exam. Certification process attestations and The Agent/Broker Agreement were incorporated into the training to ensure compliance with the Nevada Health Link Privacy Policy, Acceptable Use Policy, Broker Code of Conduct Agreement and the Marketplace Privacy and Security Agreement. GetInsured

System Enhancements are also presented to the broker community via broker focus group monthly meetings so brokers can see broker portal enhancements to create a better enrollment experience for their clients.

As of December 2023, the Exchange has nearly 700 resident and non-resident licensed insurance brokers and agents who have been trained and certified on the Nevada Health Link enrollment platform. The Intent to Sell form for PY 24 went live on June 1, 2023. Brokers and agents continue to express appreciation regarding the telephonic Broker Connect referral system, which is an automated telephony system that will search the phone number of a broker within a specified mile radius of a caller's location and call multiple agents until a connection is made or a message is left on the desired broker's phone number they provided.

The Exchange's Broker Liaison continues to stay in contact with licensed insurance brokers and agents in all areas of the entire State to promote the benefits of selling plans on the Exchange, new features regarding the enrollment and eligibility on the GI platform, and features of the Broker Portal and virtual Broker Book of Business. Furthermore, the Broker Liaison is continually discussing with the broker community how competing plans with less generous benefits will impact the individual market, as well as taking time to educate and review important ACA requirements or federal and state policy. Moreover, the Exchange is working closely with sister agency, the Division of Insurance (DOI) on improving broker compliance requirements and relationships with consumers. Part of these improvements include updating the 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.

In the latter half of 2023, the Broker Liaison focused on 1) training and certifying new and returning brokers for the PY 2023 Open Enrollment Period, 2) continually supporting the transition to the Agency Portal, and 3) remaining a tireless resource for brokers during the PY 2023 Open Enrollment Period and off-season period. The Broker Liaison continues to be steadfast in actively engaging and promoting Nevada Health Link participation in both northern and southern Nevada broker groups such as the formally known as Northern Nevada Association of Health Underwriters (NNAHU), the Clark County Association of Health Underwrites (CCAHU), now newly named the National Association of Benefits and Insurance Professionals (NAIBP), as well as chamber of commerce events and congressional delegation updates.

The Exchange released a Request for Application (RFA) in May 2023 for PY 2024. These Awards (previously referred to as Grants) are designed to allow insurance professionals to assist broker's business with marketing, outreach, and education on Nevada Health Link. The goal of the RFA is to increase the number of enrollees in QHPs by brokers servicing Nevadans in-person at storefront locations. For Plan Year 2024, the Exchange is excited to welcome seven agencies to the Broker Award Program, which continues to grow in interest and has been a successful program for years now. The Exchange recognizes the value of brokers having a public facing

physical location to service consumers' questions and concerns, comparatively shop plans, as well as directly assist with the enrollment process during the Open Enrollment Period. Brokers are still encouraged to focus on awareness and educating Nevadans of the unwinding of the Public Health Emergency so that consumers do not experience a lapse in coverage. Brokers are working with Nevada Health Link to receive training and resources to educate consumers and keep their contact information up to date.

NAVIGATORS, IN-PERSON ASSISTERS, AND CERTIFIED APPLICATION COUNSELORS

To be compliant with federal regulations, the Exchange is required to have consumer assistance resources and functions, including a Navigator/In Person Assistance (IPA) program; and must refer consumers to appropriate state resources when available. The Exchange has allocated approximately \$1.5 Million dollar budget for the year-round enrollment assistance and education outreach work performed by Navigators and IPAs and continues to operate with two awarded entities to serve as statewide Navigators bolstered by five IPA entities. This is the second and final year for the previous awarded contract which ends June 30, 2023. The Exchange started a new Request for Application process in April 2023 and received several submissions from existing grant funded Navigators, as well as from new prospective agencies for the new contract period which will begin July 1, 2023 and end June 30, 2025. All submissions were carefully reviewed and scored by an internal Exchange evaluation committee in May, and all the successful entities were notified in writing by Notification of Grant Award (NOGA). Unsuccessful entities were also notified of the outcome.

The Exchange looks forward to working with eight entities serving Nevadans throughout the state during the next two fiscal years. As a reminder, Navigator and IPA organizations are responsible for outreach, education, and enrollment for Nevada's uninsured and underinsured populations throughout the entire state of Nevada.

To additionally assist with enrollments, Certified Application Counselors (CACs) are comprised of private entities that are licensed by the Division of Insurance (DOI) and have been trained and certified by Nevada Health Link. CACs work closely with the Exchange to educate consumers on the resources available in the health insurance marketplace. Exchange Navigators and IPAs attended over 75 in person events between January 1st, and June 30th, 2023. Outreach and education events are picking up especially as the Public Health Emergency (PHE) are unwinding. The Navigators and IPAs continue to work hard throughout the end of the Open Enrollment Period (OEP) and assisting consumers during the Special Enrollment Period which runs all year long. An SEP is available to eligible Nevada residents who experience a qualifying life event such as having a baby, moving to the State, loss of health insurance, or a change in income.

The Navigators and IPAs prepare for the Medicaid unwinding that may possibly impact an estimated 200,000 Nevadans. Through the last six months Navigators and IPAs have distributed flyers and business cards to statewide community partners, and consumers to be aware of the process needed to prevent losing their Medicaid coverage or experiencing a lapse in coverage. The Exchange has also spent thirty percent of the marketing budget to assist with a social media and advertising campaign addressing the unwinding of the PHE and Medicaid redetermination process. While the COVID-19 pandemic still lingered amongst us through PY 2023's OEP, the Exchange's Navigators and IPAs remained focused and provided enrollment assistance, outreach, and education virtually through online formats such as Zoom, Teams or webinars, while also attending more in person events. With the Public Health Emergency (PHE) ending May, at the federal government level, all Navigators and IPAs started focusing on implementing a successful transition to start providing more in-person services, while taking all the necessary measures to safeguard everyone's wellbeing. As always, the Navigators' and IPAs' focus continues to be to educate Nevadans on the upcoming OEP and SEP process and the benefits of enrolling in qualified health and dental plans. The SEP education is to assist any consumer who may experience a qualifying life event throughout the year regardless of the open enrollment cycle which begins November 1, 2023, and goes through January 15, 2024.

The below reflects the current Navigator and IPA entities which will end July 1, 2023; updated Navigator and IPA entities are listed below as well after selection of the Awards for this Fiscal Year (FY).

Current Navigator Entities

- Dignity Health - St. Rose Dominican (Southern Nevada)
- Asian Community Resource Center (Southern Nevada)

IN-Person Assistance Entities

- Asian Community Development Council (Southern Nevada)
- Access to Healthcare Network (Northern Nevada)
- Nevada Outreach Training Organization (Southern Nevada)
- Community Health Alliance (Northern Nevada)
- Nevada Health Centers, Inc. (Statewide)

Navigator Entities for FY 24:

- Dignity Health – St. Rose Dominican (Southern NV)
- Asian Community Resource Center (Southern NV)

In-Person Assister Entities for FY 24:

- The Center Las Vegas (Southern NV)
- Asian Community Development Council (Southern NV)
- Access to Healthcare Network (Northern NV)

- Research Education Access to Community Health (REACH, Southern NV)

FEDERAL UPDATES

The Exchange monitors and tracks federal rule changes, court cases, and proposed legislation that may impact the way Nevada Health Link operates.

End of the Public Health Emergency (PHE)

Congress declared a public health emergency (PHE) in response to the COVID-19 Crisis: The Families First Coronavirus Response Act (FFCRA) which provides enhanced federal Medicaid funding to states meeting specific maintenance of eligibility (MOE) conditions. This includes continuous beneficiary enrollment throughout the PHE period regardless of changes that might otherwise affect eligibility. When continuous registration ends, millions of current beneficiaries will remain eligible for Medicaid, increasing the importance of an unwinding process that safeguards against an erroneous termination of benefits. Federal guidance gives states broad options for returning to normal operations, but in a constrained timeframe.

- The PHE was extended multiple times and officially came to an end on May 11, 2023, according to the federal government.
- The Silver State Health Insurance Exchange (Exchange) is now receiving Account Transfers (ATs) for Nevada consumers who have been redetermined as part of the PHE end.
- The Exchange has been working with technology vendor, GetInsured (GI) and the DWSS to improve the AT process between systems to best support Medicaid enrollees losing coverage and eligible for Exchange coverage or subsidies through the Exchange/Nevada Health Link.

Notice of Benefit and Payment Parameters (NBPP) for 2024 Proposed Rule Finalized

The NBPP Final Rule changes were released on April 27, 2023. The proposed regulations build on the Affordable Care Act (ACA) and seek to reduce barriers to accessible, comprehensive, and affordable health care while advancing health equity.

NBPP Select Provisions Overview:

- An extension of the SEP window for loss of Medicaid or CHIP to 90 days, rather than 60 days, beginning in 2024.
- Provisions to allow certified Navigators to take more active roles in seeking out and communicating with potential enrollees.
- An extension to the ROP required to allow consumers to resolve inconsistencies between consumer reported information and federal Hub checks for income (from 90 to 150 days).
- A requirement of two years of failing to reconcile APTC before consumers may lose APTC eligibility due to failing to reconcile.

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Notice of Proposed Rulemaking Regarding “Eligible Immigrant Status”

On April 24, 2023, CMS released a Notice of Proposed Rulemaking (NPRM) to clarify and expand the type and manner of immigrant statuses considered “eligible” for qualified health plan enrollment and Exchange participation.

If finalized, the rule would expand QHP eligibility to immigrants under the following statuses:

- Deferred Action for Childhood Arrivals (DACA: AKA- Dreamers Non-citizens with Employment.
- Non-citizens with Employment Authorization Documents.

FINANCE

The The Legislatively Approved State Fiscal Year 2023 budget is as follows:

BA 1400 SILVER STATE HEALTH INSURANCE EXCHANGE		3501	3601	4611	
LEG APPROVED FUND MAP		State Exchange	QHP Fees	Transfer in	
SFY 2023		Modernization		FED ARPA	
		Grant			Totals
REVENUE AUTHORITY		627,900	11,940,560	32,395	12,600,855
2511	Balance Forward		8,755,512		8,755,512
4669	Trans From Other B/A Same Fund				0
Total		627,900	20,696,072	32,395	21,356,367
Cat	EXPENDITURE CATEGORIES				
01	Personnel		2,418,867	32,395	2,451,262
02	Out-of-State Travel		11,387		11,387
03	In-State Travel		16,966		16,966
04	Operating (supplies and other, less IT)	4,290	354,440		358,730
11	Transfer to CMS		16,833		16,833
12	Exchange Platform	623,610	5,794,113		6,417,723
26	Information Services		67,931		67,931
30	Training		7,845		7,845
50	Marketing and Outreach		3,224,063		3,224,063
71	Navigators		1,499,699		1,499,699
75	Transfer to DWSS		12,310		12,310
82	DHRM Cost Allocation		9,724		9,724
85	Cash Reserve		7,229,446		7,229,446
87	Purchasing Assessment		17,293		17,293
88	SWCAP		15,155		15,155
Total Expenditure Categories		627,900	20,696,072	32,395	21,356,367
Revenue Over (Short)		0	0	0	0

Note:

In May 2023, the Governors Finance Office (GFO) approved the transfer of \$5,567 from the Reserve Category 85 to the Out of State Travel Category 02 to fund anticipated costs in SFY 23 to conduct necessary travel to out of state national conferences, trainings, and vendor site visits. In June 2023, the Interim Finance Committee (IFC) is scheduled to review 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

Account Transfer (AT) payloads which Exchange has deemed essential to meeting the requirements of the continuous coverage mandates associated with the unwinding of the Public Health Emergency (PHE).

Balance Forward

State Fiscal Year (SFY) 2023 is projected to close with the Exchange carrying forward \$8,755,512 in cash reserves into SFY 2024. This is an increase of \$3,268,130 from the projected carry forward balance of \$5,487,382 in the Legislatively Approved (L01) budget. This increase is due to the Exchange having higher than average consumer enrollments, which led to an increase in revenue for the Exchange, which caused an increase in reserves. The Exchange will make the adjustment to the Legislatively Approved (L01) Budget via a Work Program at budget closing.

Budget Building for SFY 2024 & 2025

At the time of this writing, the Governor's Recommended Budget (G01) has been officially released and totals \$23,342,749 in SFY 24 and \$23,783,911 in SFY 25. The Exchange is awaiting final legislative approval of the Budget and expects very minor modifications to the G01. The G01 budget consists of 9 Decision Units, almost all of which relate to accommodating the growth the Exchange has experienced as a result of the transition to a State Based Exchange (SBE). The budget request includes 27 positions (26 existing and one (1) new position) to support operations as an SBE. The major enhancements to the Budget are summarized below:

The Exchange will utilize revenue from Carrier Premium Fees (CPF) to fund additional costs related to travel to conduct necessary agency business. Travel funds will need to be added due to the restrictions implemented by the Public Health Emergency (PHE) in the previous biennium, which caused the agency to not utilize all travel funds.

- E350 - This request increases funding for Category (CAT) 02, Out-of-State Travel, from SFY 22 base year funding levels to conduct necessary agency business. The Exchange plans to conduct in-person meetings, site visits, and conferences as it had been doing prior to the PHE during SFY 24-25. Thus, the Out-of-State travel budget will need to be increased to cover all costs associated with out of state travel. FY 24: \$25,855; FY 25: \$25,855.

- E351 - This request increases funding for Category (CAT) 03, In-State Travel, from SFY 22 base year funding levels to conduct necessary agency business. As a state agency with offices both in Carson City and Henderson, and stakeholders, partners and carriers located both in the northern and southern parts of the state, it is necessary for Exchange staff to travel in-state to conduct agency business during SFY 24-25, as it had been conducted prior to the PHE. FY 24: \$15,356; FY 25: \$15,356.

The Exchange will utilize revenue from CPF to fund additional costs related to continuing the transition away from Healthcare.gov to operations as a fully autonomous, SBE.

- E356 – This request funds one unclassified Benefits Manager, effective 07/01/23, in the Operations unit to be a liaison of information, policy, training, certification, grant opportunities and customer service to the Exchange's certified broker community. FY 24: \$95,273; FY 25: \$84,952

The Exchange will also utilize revenue from CPF for the following decision units which support the continued maintenance and operations of the Silver State Health Insurance Exchange:

- E352- This request represents SFY 24 and 25 costs for the annual fiscal audit with 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. FY 24: \$19,350; FY 25 \$19,350.
- E353 – This request increases funds for Acrobat Pro DC. Acrobat Pro DC is a powerful tool for creating universally accessible files for practically unlimited purposes. FY 24: \$1,981; FY 25: \$1,981.
- E354 - This request increases funding for Category (CAT) 71, Navigators & Brokers, from SFY 22 base year funding levels to the projected amount to be spent in SFY 22 and to include additional Broker Entities. By expanding the program to awarding eight brokers in the first year in the first year of the biennium and ten brokers in the second year of the biennium throughout the state, it provides more experienced enrollment assistance to consumers seeking comprehensive coverage. This could open up the RFA to rural locations statewide; we anticipate more uninsured Nevadans accessing coverage through Nevada Health Link and consumers will take advantage of in-person assistance to make a well-informed decision and ultimately purchase a plan that best meets their health needs. FY 24: \$148,772; FY 25: \$178,772
- E355 - This request funds represents costs for Minimum Acceptable Risk Standards for Exchanges v2.0 Security and Privacy Control Assessment and production of a Security Assessment Report. FY 24: \$90,000; FY 25: \$0
- E710 - This request funds the replacement of computer hardware equipment per the Enterprise Information Technology Services' recommended replacement schedule. FY 24: \$5,340; FY 25: \$21,259

Revenue/Carrier Premium Fees (CPF)

Projected Total Premiums for SFY 2023 are \$542,778,882, which is an increase of \$22,744,598 over SFY 2022 total premiums. Projected total CPF for SFY 2023 is \$16,554,755, which is \$76,379 more than the originally budgeted SFY 2022 CPF of \$16,478,376.

The State Fiscal Year runs from July 1 to June 30 of each year. Therefore, SFY 2023 is comprised of the last six months of Plan Year (PY) 2022 and the first six months of PY 2023. PY 2022 had an overall increase in total premiums of 13.82% from PY 2021, while PY 2023 is projected to have an overall increase of 4.37% from PY 2022. Increasing plan year total premiums in 2022 and increasing plan year premiums in PY 2023 account for the increase in SFY 2023 CPF revenue while projected total premiums are increasing.

PY 2023 revenues are projected to be \$16,223,416 with future years remaining fairly constant. This increase in plan year revenue is due to both the SEP, which resulted in more individuals and families enrolling in coverage, and the Exchange enrolling 96,379 consumers in Open Enrollment (OE) from November 1, 2022, through January 15, 2023. This breaks out into 18,117 new consumers and 78,262 re-enrollees. The resulting combination of the ECSEP and high numbers in OE are the cause of the higher revenue projections.

This increase is expected to impact the Exchange's budget. The SFY 22 and SFY 23 revenue projections used in the A01 budget request were estimated low to ensure the Exchange was able to meet all of its budgetary obligations in continued times of uncertainty from the COVID-19 pandemic and economic declines. With the passage of the American Rescue Plan Act (ARPA) in March of 2021, the Exchange's enrollment numbers increased, and revenues are now higher than what was projected in the A01 budget.

The CPF for PY 2024 was approved by the Exchange's Board in February 2023 and remained consistent at 3.05% of premiums. At this time, there is no concern that the CPF fee will need to be increased or decreased as a result of the COVID-19 pandemic or due to fluctuations in total premiums.

State Based Exchange Maintenance and Operations

In August 2018, the State Board of Examiners (BOE) approved the contract with GetInsured to begin the Exchange's transition away from the federal platform, Healthcare.gov. As of December 31, 2022, the Exchange completed its third full year of operations as a State Based Exchange. Operating as a SBE has resulted in many opportunities for the Exchange to quickly pivot and provide an enhanced consumer experience, particularly in light of the COVID-19 pandemic. The most significant enhancements are the extension of Open Enrollment Period through January 15th of each year and the creation of a second Exceptional Circumstances Special Enrollment Period (ECSEP) in PY 2021, as a result of the passage of the American Rescue Plan Act (ARPA).

The passage of ARPA catalysed additional enhancements to the technology platform to accommodate the increases in Advanced Premium Tax Credits (APTC) to consumers and the expansion of subsidies to consumers at or above 400% of the Federal Poverty Level (FPL). These enhancements were implemented in two phases and resulted in actual costs of \$955,067 incurred in SFY 2022. To accommodate projected increases in requests for assistance from consumers, brokers and in-person assisters, additional call center capacity, to include Saturday operating hours, was also implemented, and resulted in actual costs of \$683,258, also incurred in SFY 2022, for a total amount of ARPA related costs of \$1,638,325. The ARPA legislation

included \$20,000,000 in funding to assist State Based Exchanges with the costs of the technology and call center upgrades. This funding will be administered by the Centers for Medicare and Medicaid Services (CMS) and will be awarded to eligible Exchanges through a grant application process. The Exchange was awarded \$1,046,499.81 on September 10, 2021. The Exchange was required to resubmit a revised budget to accommodate grant restrictions. Grant recipients must only request reimbursement for pre-award costs of up to 40% of the total final award amount. The revised budget was approved on December 19, 2021. The Exchange will use 40% of the award on pre-award costs to fund the ARPA enhancements using reserves in SFY 2022. The rest of the award will be used in SFY 2023-24 to ensure access to, or continuity of, health insurance coverage for populations determined ineligible for Medicaid and/or CHIP through the Exchange to maintain state-wide health insurance coverage rates, the Exchange will conduct direct outreach to consumers, via the consumer assistance center, who have been sent to the Exchange through the Account Transfer process from Nevada's Medicaid agency.

The CMS has urged the Exchange to implement a Special Enrollment Period (SEP) that matches the temporary SEP in the Federally Facilitated Marketplace (FFM) announced by CMS on January 27, 2023. This SEP would allow individuals who attest to having lost Medicaid or CHIP coverage between March 31, 2023, and July 21, 2024, to enroll in an Exchange plan at any time during that same period. States are beginning the process of conducting eligibility redeterminations and potential disenrollments for Medicaid enrollees. This is part of the process of "unwinding" continuous coverage requirements in Medicaid, which resulted from provisions of the Families First Coronavirus Response Act (FFCRA) during the COVID-19 PHE.

Despite all of the unforeseen and unbudgeted costs associated with the COVID-19 pandemic, in SFY 23, the Exchange projects to achieve an annual cost savings of approximately 28.59%, inclusive of operations, with the transition to a SBE versus the projected cost of remaining on the Federal Platform. The cost savings realized between the fees paid to GetInsured for the technology platform and call center operations versus the CMS User Fee is projected to be 52% in SFY 2023 with a total expected cost savings of over \$38M through SFY 2025.

Reserve Projections

The impact of the transition on the Exchange's reserve levels has been favorable. In SFY 2023, the Exchange is projected to carry forward to SFY 2024 a balance of \$7,229,446 and is projected to carry forward a balance of \$8,380,807 into SFY 2025. These carry forward amounts reflect potential high open enrollment numbers received and possible cost allocations with Medicaid for the Navigator program. These amounts also include the SEP for the Unwinding of the PHE and the extended period of OE.

Continued reliance on the federal platform would have fully depleted the Exchange's reserves before the close of SFY22, even while considering the reduction of the CMS User Fee to 2.25% of premiums in PY 2022 and thereafter. The SBE transition will allow the Exchange to maintain between 120 and 180 days of operational expenses in its reserves through the end of SFY 24