

State of Nevada

Silver State Health Insurance Exchange
2310 S. Carson St. #2
Carson City, NV 89701



Agent/Broker Guide for Public Health Emergency (PHE) Eligibility Verification

July 7, 2023

Version 1.0

Table of Contents

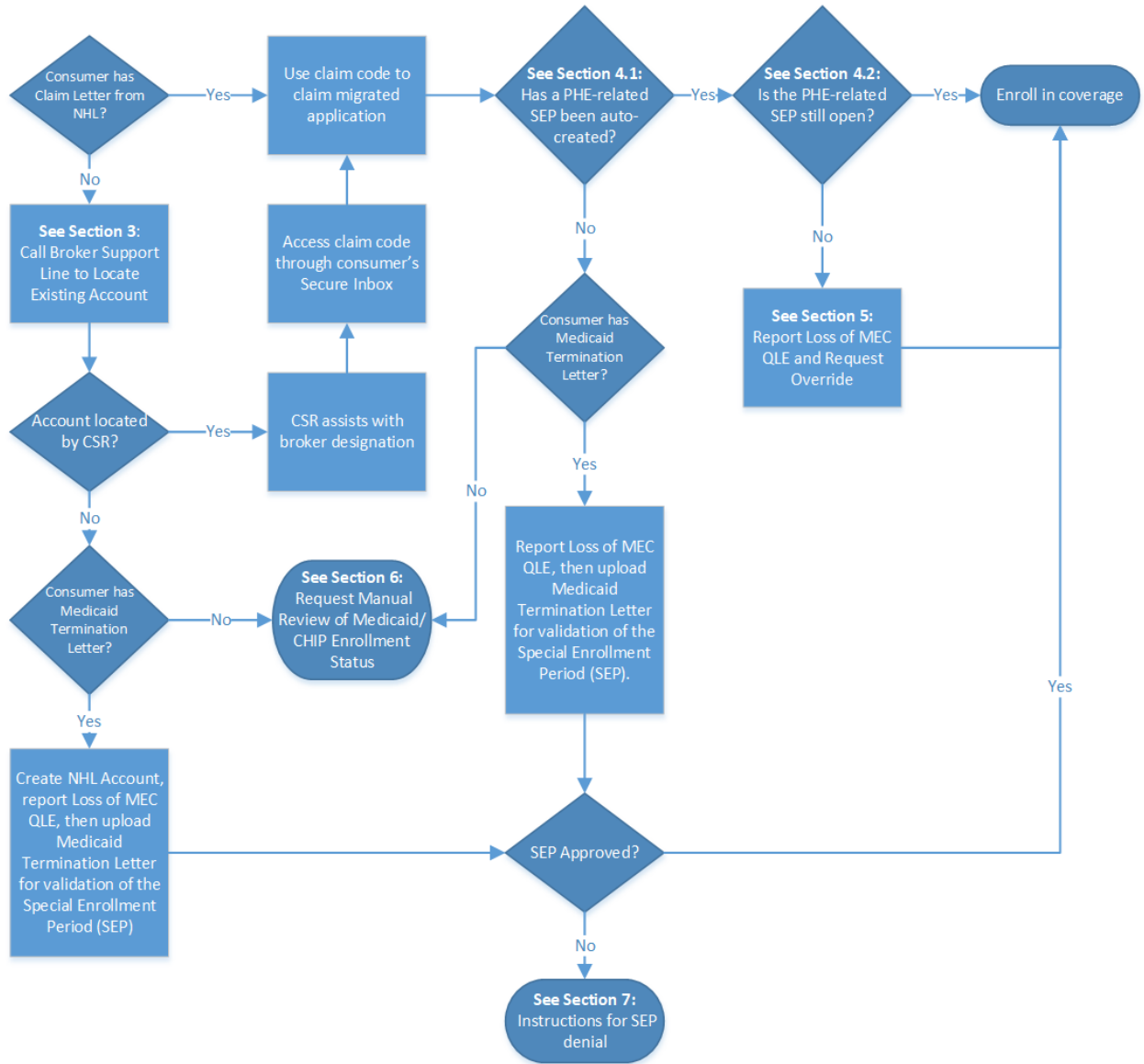
1. Introduction	3
2. Eligibility Verification Workflow	4
3. Call Broker Support Line to Locate Existing Account	5
4. PHE-related SEP Verification	5
4.1 Has a PHE-related SEP been auto-created by Nevada Health Link?	5
4.2 Is the enrollment window for the PHE-related SEP still open?	6
5. Report Loss of MEC QLE and Request Override	6
6. Request Manual Review of Medicaid/CHIP Enrollment Status	7
7. Instructions for SEP Denial	7

1. Introduction

This document is intended to assist agents/brokers with the process of verifying consumer eligibility for Exchange enrollment during the unwinding of the Public Health Emergency (PHE). For consumers who indicate a loss of Medicaid/CHIP coverage, it's important to avoid taking any action in the Nevada Health Link system—including the creation of a new household account—until directed to do so by the flow chart in Section 2.

PLEASE NOTE: Consumers who are in possession of a Claim Letter from Nevada Health Link, and/or a letter from the NV Division of Welfare and Supportive Services (DWSS), do not automatically qualify for Exchange coverage. These letters are sent to initial Medicaid/CHIP applicants whose eligibility is denied, and they are also sent to existing Medicaid/CHIP recipients whose coverage is being terminated. However, initial Medicaid/CHIP applicants whose eligibility is denied do not qualify for Exchange coverage. Only existing Medicaid/CHIP recipients whose existing coverage is being terminated will qualify for a Special Enrollment Period (SEP). The flow chart in Section 2, as well as the supplemental instructions in the following sections, are intended to streamline the process of verifying eligibility for an Exchange SEP.

2. Eligibility Verification Workflow



3. Call Broker Support Line to Locate Existing Account

Agents/Brokers are required to call into the broker service line (1-800-547-8156) for assistance before creating a new household for the consumer.

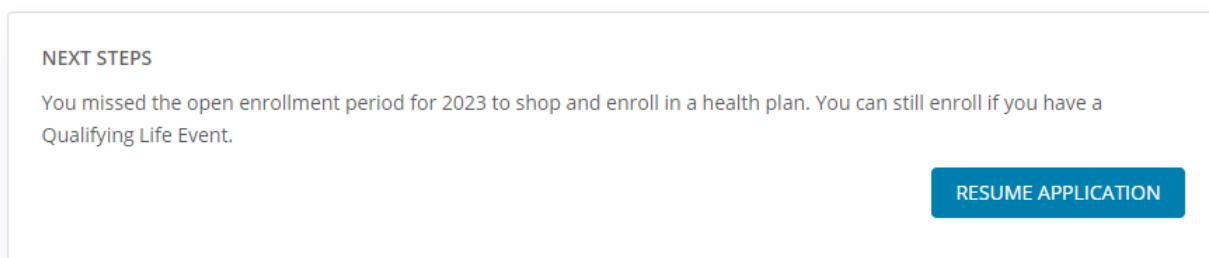
1. Advise the Customer Service Representative (CSR) you have a consumer who has lost Medicaid but has not received a letter from Department of Welfare and Supportive Services (DWSS).
2. The CSR will then assist by searching in CAP to see if there is an account that was created by the Medicaid account transfer process. CSRs should be exhausting all search fields i.e. name, phone number, email, DOB and Zip code. Searches can be done for all adult household members.

Please Note: The CSRs will be expected to ask for all these identification points for **ALL** adult members of the household, if you do not have all these pieces of information you will need to call back in when you do. We understand that this may cause call times to be a little longer than normal, but this will ensure the accuracy of the consumers enrollment.

4. PHE-related SEP Verification

4.1 Has a PHE-related SEP been auto-created by Nevada Health Link?

1. Once you have claimed the consumer’s account you will need to identify if the consumer has the Medicaid Transfer on file and has started the application on behalf of the consumer.
2. You can identify that the Medicaid transfer was successful two ways:
Resume application option on the consumer dashboard:



OR

You can also navigate to the “My Application” tab. You will see each member of the household listed with an Event “Loss of Minimum Essential Coverage due to PHE” and an event date that indicates when the consumer lost their Medicaid coverage.

This application is still in progress

→ RESUME APPLICATION

Actions you can take for this application

✕ CANCEL APPLICATION

Summary of Events [Hide](#) ^

Member Name	Event	Event Date
[REDACTED]	Loss of Minimum Essential Coverage due to PHE	May 31, 2023
[REDACTED]	Loss of Minimum Essential Coverage due to PHE	May 31, 2023
[REDACTED]	Loss of Minimum Essential Coverage due to PHE	May 31, 2023

3. The Application can then be Resumed and continue with enrolling consumers.

Please note: that if that consumer enrolls within 60 days from the loss of Medicaid they will be enrolled with no gap in their coverage.

4.2 Is the enrollment window for the PHE-related SEP still open?

1. Is the consumer still able to enroll within the initial 60 days of the Medicaid termination?
If answer is Yes:
 - a. Resume the application for the consumer and enroll in coverage.
2. Is the consumer still able to enroll within the initial 60 days of the Medicaid termination?
If answer is NO: Please proceed to Section 5

5. Report Loss of MEC QLE and Request Override

1. If the consumer did not enroll within the 60 days of their termination date, they can still enroll under a special enrollment period.
2. The Broker/ Assister will report the Loss of MEC and call into the Broker Support Line.
3. The Call center CSR will then review the account for the Medicaid Transfer, once that has been identified the QLE can then be overridden, and the consumer can shop for plans.

6. Request Manual Review of Medicaid/CHIP Enrollment Status

If the consumer does NOT have valid proof and does not have a Medicaid account transfer the broker/assister needs to email the exchange team at Brokersupport@exchange.nv.gov. This email should include the following:

1. Subject Line: **Manual review of Medicaid eligibility**
2. The body should include name of the consumer and any proof you may have or the reason you believe the consumer was termed from Medicaid.
3. The Nevada Health Link (NVHL) team will then review the account and may reach out to the broke for additional information and a response will be provided within 7 business days with next steps.

7. Instructions for SEP Denial

Please note: This option is to be used as last resort and there must be proof to show that the Broker/assister exhausted all options listed above.

This is to help brokers/assisters who have attempted to enroll consumers under the SEP but the documentation that was provided for the SEP was denied by the call center. If the broker/assister are unable to obtain proper documentation from Medicaid due to the high call volumes or they are unable to provide the consumer with correct documentation you can do the following:

1. If you have created the consumer's account after confirming with the call center, there was not one on file you can call into the Broker support line for assistance or create a ticket for your consumer.
2. The Broker/assister should use the verbiage "Escalated review for consumer due to PHE" a ticket will then be created and assigned to the NVHL staff for review.
3. A resolution will then be provided via call center call back with next steps.

Please note: This process does not guarantee an approval.

Document Revision History

Version	Issue Date	Changes	Drafted	Approved
1.0	7/7/2023	Initial Release	S. Herbert	R. Cook