



Silver State Health Insurance Exchange

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January 30, 2023

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-9899-P
P.O. 8016
Baltimore, MD 21244-8016

Re: Comments on Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2024 - CMS-9899-P

To Whom It May Concern:

The Silver State Health Insurance Exchange (hereinafter, the Exchange), the state agency tasked by statute with oversight and operation of Nevada's public health insurance marketplace known as Nevada Health Link, appreciates your consideration of the following comments related to the Patient Protection and Affordable Care Act; Updating Benefit and Payment Parameters for 2024.

The Exchange thanks the Administration for the opportunity to comment and for the continued commitment to preserving States' autonomy as it relates to the management of their health insurance markets and protecting the authority exercised by State-Based Exchanges (SBEs) to control the implementation of policy, operations, and technical improvements to their marketplaces. The Exchange respectfully offers the following comments addressing specific provisions of the proposed rule.

Exchange Blueprint Approval Timelines (155.106)

The Exchange is in support of the proposal to revise the current timelines by which a state must have an approved or conditionally approved Exchange Blueprint to require states to gain approval before the date on which an Exchange proposes to begin the change to start including standardized plan options on the federally facilitated marketplaces (FFM) and state-based marketplaces on the federal platform (SBM-FPs). The Exchange believes that other states planning to become a SBE will benefit from this as they design the SBE for additional time and flexibility should it be needed to be able to facilitate a smoother transition while they also invest time in their personnel. SBEs can provide greater transparency to consumers regarding the Blueprint approval process by adding information to their board meetings and making consumers aware of those public meetings.

Repeal of Prohibition on Door-to-Door and other Direct Contacts (155.210, 155.215, and 155.225)

The Exchange strongly supports the proposed rule regarding repealing the provision prohibiting Navigators, certified application counselors, and non-navigator assistance personnel in certain State

Exchanges from going door-to-door. Most of Nevada's rural and frontier communities are in sparsely populated counties. Repealing the provision will allow Navigators, non-Navigator assistance personnel, and certified application counselors to offer application and or enrollment assistance to a broader consumer base in a timelier manner, helping reduce uninsured rates and health disparities.

Special Rule for Loss of Medicaid or CHIP Coverage (155.420(c))

The Exchange supports the proposed rule to extend the current 60-day reporting window for Loss of Medicaid or CHIP coverage, to 90-days from loss of coverage. An extension of the reporting window to 90 days, will allow consumers appropriate time to complete an appeal process with state Medicaid/CHIP agencies, will mitigate the likelihood of a lapse in the reporting window consumers face, and promote more cohesive transitions for consumers moving from Medicaid/CHIP coverage to Exchange coverage. Additionally, the Exchange would advocate for an amendment to the current rule to allow, but not require, SBEs to implement the extended window for reporting loss of Medicaid/CHIP coverage, prior to the 2024 plan year. This would allow SBE's to better utilize the extended window during the majority of the Public Health Emergency (PHE) unwinding, if said SBEs were technologically able to implement these new proposals.

Improper payment Pre-Testing and Assessment (IPPTA) for State Exchanges (155.1500 through 155.1515)

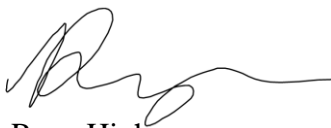
The Exchange is neutral to the proposed standards for establishing Improper Payment Pre-Testing and Assessment (IPPTA) but opposed to the change from the voluntary nature of the State Exchange Improper Payment Measurement Program (SEIPM) with the mandatory nature of the IPPTA participation. The Exchange is currently participating in the SEIPM pilot program on a voluntary basis and would advocate for time to assess the results of the pilot program prior to any requirement for participation being implemented for all SBEs.

Due to currently unknown technology requirements for reporting related to the SEIPM, SBE's cannot readily make accurate assessments in planning for technology change costs and implementation feasibility. These factors should better be accounted for after the conclusion of the voluntary SEIPM pilot program. Additionally, the Exchange maintains a cautionary stance regarding removal of SBE autonomy that allows each state to make the most appropriate decisions based on unique technology, cost, and consumer needs.

We look forward to working with the Department on these proposals and in our ongoing efforts to improve access to affordable Exchange coverage.

Thank you for your time and attention. Please feel free to contact me should you have any questions or require any additional information.

Respectfully,



Ryan High
Executive Director
Silver State Health Insurance Exchange