



# Silver State Health Insurance Exchange

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## AGENDA ITEM

For Possible Action

Information Only

**Date:** February 20, 2024  
**Item Number:** IV  
**Title:** Executive Director’s Report

## PURPOSE

The purpose of this report is to provide information to the Board and public regarding the operational matters of the Exchange, as well as State and federal updates affecting the operations of the Exchange.

## CONTENTS

PURPOSE .....	1
CONTENTS .....	1
REVISED FORMAT FOR EXECUTIVE DIRECTOR’S REPORT .....	1
GENERAL COMMENTS .....	2
WORKSHOP APPROACH TO PUBLIC COMMENT SOLICITATION .....	2
PERSONNEL UPDATES .....	3
OPEN ENROLLMENT REVIEW .....	3
MEDICAID UNWINDING.....	3
TRIBAL SPONSORSHIP .....	3

## REVISED FORMAT FOR EXECUTIVE DIRECTOR’S REPORT

Beginning with today’s Board Meeting, the format of the Executive Director’s Report is being revised to allow for comments or questions from the Board following the conclusion of each section. This change was driven in large part by the Board’s favorable reaction to being asked for comments and questions after each section of the October Executive Director’s report. However, following the October Board Meeting the Exchange’s leadership met with our Deputy

Attorneys General, who suggested that this change in format might require each section of the Executive Director’s report to be individually enumerated on the corresponding meeting agenda in order to ensure continued compliance with Nevada’s Open Meeting laws. As a result the Exchange has modified the agenda to today’s Board Meeting accordingly, and we will continue to do so in the future so long as this format continues to meet with the Board’s approval.

## **GENERAL COMMENTS**

This year’s Open Enrollment Period (OEP) ranks broadly as the Exchange’s most successful on record. While our overall enrollment numbers trailed slightly behind those from Plan Year 2022—whose numbers were bolstered by the introduction of expanded APTC subsidies under the American Rescue Plan Act—we still saw a noteworthy increase in both medical and dental enrollments versus 2023. Of even greater importance to the Exchange is that fact that complaints submitted by consumers, agents, and brokers reached an all-time low, while consumer satisfaction (as reported via post-call surveys in our call center) was at an all-time high.

Looking ahead towards 2024’s Special Enrollment Period, The Abbi Agency is planning targeted marketing and outreach activities for each month of the year, including discussions between the Executive Director and a variety of community leaders and expert stakeholders on culturally relevant topics. Increasing engagement from all Exchange stakeholders is a top priority for 2024, as is outreach to policy makers in advance of the 2025 Legislative Session.

As part of our ongoing commitment to improving the accessibility of the Nevada Health Link platform, the Exchange has been working in collaboration with vendor GetInsured to translate the large number of print notifications generated by the system into Spanish. 100% of notifications are expected to be available in English and Spanish by June, 2024.

The Exchange’s leadership recently met with members of its Finance Team for the annual assessment of our monthly Carrier Premium Fee, the sole source of SSHIX’s operating revenue. Based upon healthy reserve levels and a favorable revenue outlook in the coming years, the Exchange is proposing to further its ongoing commitment to reducing the Carrier Premium Fee by lowering the existing 3.05% fee to 2.95% for Plan Year 2025. Additional details on the proposed change, included rationale and revenue projections, will be provided in agenda item 06 – Adopting 2025 Carrier Premium Fees. The Exchange is confident that the proposed change will ultimately translate into cost savings for marketplace consumers.

## **WORKSHOP APPROACH TO PUBLIC COMMENT SOLICITATION**

In recent years the Exchange has administered a number of initiatives which have required the solicitation of public comment. These activities have led to a desire by the Exchange’s administration to standardize this process, and to improve the Exchange’s transparency and accountability by gathering and reviewing all commentary in the public sphere. Among our sources of inspiration were the recent public workshops conducted by Nevada’s Department of Health and Human Services and the Division of Healthcare, Financing, and Policy, in relation to the Nevada Public Option. These workshops were characterized by lively contributions from a variety of stakeholders, and perhaps most importantly the open and transparent meeting format allowed the comments from each stakeholder to inform the subsequent discussion.

The Exchange is implementing a similar format for the future solicitation of public comment, with the addition of a dedicated time period for the submission of written comments prior to each workshop. Workshops will then begin with a reading of written comments received to date before entertaining live public comments. We look forward to pilot testing the workshop format for our upcoming revisions to the Exchange’s Language Access Plan, which will be described in greater detail later in today’s presentation.

## **PERSONNEL UPDATES**

As of the drafting of this report, the Exchange is operating with 25 of 27 positions filled, representing only a 7% vacancy rate. This is our lowest vacancy rate since prior to the COVID pandemic, and the remaining two vacancies are expected to be filled within the next few weeks.

One of the vacancies is for our Appeals Coordinator position, which is responsible for reviewing and investigating eligibility-related appeals filed by consumers. I'd like to commend the efforts of Brooke Mills and Justin Prazak from the Exchange's Policy Team for their extraordinary efforts to ensure that appeals continue to be processed in a timely and efficient manner while we work to fill this position. The other vacancy lies with the Exchange's Quality Assurance team, and the exemplary customer service I mentioned above was achieved even despite this position having been vacant for a significant portion of OEP.

## **OPEN ENROLLMENT REVIEW**

Relative to the final counts from last year's OEP, 2024 saw a 3% net increase in medical enrollments and a 13% net increase in dental enrollments. The increase in medical enrollments occurred despite over 7,000 medical enrollees cancelling their 2024 auto-renewal policies and abandoning their marketplace medical coverage altogether. Although these losses were more than offset by new consumers who were not previously enrolled in medical coverage through Nevada Health Link, the Exchange is planning on deploying a survey later this week to learn more about their choice to leave the marketplace, and what opportunities might exist to improve the customer experience in the future.

As mentioned above in the General Comments section, this year's OEP was characterized by record low numbers of complaints from consumers and business partners and record high reported levels of consumer satisfaction. From a technical and operational perspective, though, this OEP was also an overwhelming success, with the Exchange having achieved a record high auto-renewal rate in October (99.5%), and a record low number of errors with our annual job of producing IRS forms 1095-A in late January.

## **MEDICAID UNWINDING**

The Exchange measures the success of its efforts to support the Unwinding of the Public Health Emergency primarily in terms of "conversion rate," which we measure as the percentage of consumers referred by NV Medicaid who ultimately enroll in marketplace medical coverage. Medicaid referrals include all individuals belonging to a given household, and at present the Exchange has no means of distinguishing referred consumers who actually lost their existing Medicaid/CHIP coverage from other household members who were *not* enrolled in Medicaid/CHIP, but who happened to be listed on the same application. With respect to actual losses of Medicaid/CHIP coverage this has the effect of artificially lowering the apparent conversion rate for any given month, even if the impact of this constraint is at least proportionally consistent from month to month.

For the months of May—November of 2024, the Exchange's conversion rate never exceeded 5%. However, in December the Exchange reported a conversion rate of over 13%, and in January the conversion rate climbed to over 16%. While these gains are most likely attributable to OEP-related factors including increased promotion and visibility of the Nevada Health Link brand name, they have nonetheless yielded nearly 2000 marketplace health enrollments, and the Exchange hopes to build on these successes with the pending rollout of its new SMS messaging campaign for Medicaid referrals. This campaign, which will be launched within the month of February, will provide information and resources to individuals impacted by the Medicaid Unwinding directly on their SMS-enabled phones, including our call center's phone number.

## **TRIBAL SPONSORSHIP**

The Exchange continues to build momentum with its Tribal Sponsorship Program. Last week, on Wednesday, February 14<sup>th</sup>, the first group of Tribal Exchange Representatives (TERs) received the final stage of their TER training from Rosa Alejandre, SSHIX's Navigator Program Coordinator. This training took place at the Reno Sparks Conlony's Tribal Health

Clinic in Reno, and the Exchange is very grateful for the Reno Sparks Colony's continued support of our Tribal Sponsorship initiatives. These TERs are now eligible to provide application and enrollments assistance to members of their respective tribal communities directly through the Nevada Health Link platform, representing a huge milestone for our Tribal Sponsorship Program.

Several weeks ago, the Exchange was contacted by representatives from Covered California, California's ACA marketplace, who were interested in discussing Nevada's approach to Tribal Sponsorship. The first such meeting is scheduled for Wednesday of this week, February 21<sup>st</sup>. Not only are we honored that our work in this space is achieving such recognition, but we're also looking forward to establishing a working relationship with the California team which can improve our collective support for tribes situated along the California/Nevada border.

During the December Board Meeting I reported that the Exchange was still working with the Division of Insurance to review a number of potential policy concerns related to the processing of specialist referral claims related to tribal enrollees. I'm happy to report that these concerns have been satisfactorily addressed, and that the Exchange has pivoted towards identifying opportunities to support the claims processing workflow for insurance carriers, as well as the claims submission process for Tribal Health Clinics. Continued meetings with both tribes and insurance carriers have convinced the Exchange that all parties have an appetite to improve the efficiency and accuracy of claims processing for tribal enrollees, and our team is looking forward to meeting with our on-Exchange insurance carriers in the coming weeks to address any outstanding concerns related to Tribal Sponsorship.