



# Silver State Health Insurance Exchange

2310 South Carson Street, Suite 2

Carson City, and NV 89701 T: 775-687-9939

F: 775-687-9932

[www.nevadahealthlink.com/sshix](http://www.nevadahealthlink.com/sshix)

## **FISCAL AND OPERATIONAL REPORT** **PROVIDED TO THE GOVERNOR AND LEGISLATURE** **PURSUANT TO NRS 695I.370 (1) (B) & (C)** **JUNE 30, 2024**

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, 2024, through June 30, 2024

### CONTENTS

CONTENTS.....	1
EXECUTIVE SUMMARY.....	2
MARKETING & ADVERTISING.....	3
STATE BASED EXCHANGE OPERATIONS.....	13
THE BOARD.....	18
BROKERS.....	19
NAVIGATORS, IN-PERSON ASSISTERS, AND CERTIFIED APPLICATION COUNSELORS.....	21
FEDERAL UPDATES.....	22
FINANCE.....	23

## EXECUTIVE SUMMARY

During the first half of 2024, the Silver State Health Insurance Exchange (Exchange) has experienced year-over-year gains in almost every area of its operations. Overall health enrollments at the end of the most recent Open Enrollment Period were up 3% from 2023, for a total of 99,312 unique enrollees, the Exchange's second-highest total ever. Dental enrollments were up by nearly 13%, for a total of 20,984 unique enrollees, our highest ever. The number of consumer eligibility appeals filed between January—May dropped to 86, a 58% reduction versus 2023. This represents a rate of approximately one appeal per every 1100 consumers, by far the Exchange's best figure to date.

A more subtle area of improvement relates to the cancellation of new enrollments throughout the first quarter due to non-effectuation, a phenomenon commonly referred to as “erosion.” Historically the Exchange could lose 5% or more of its total enrollee base throughout the first quarter of each year, primarily due to cancellation for non-payment of premiums. In 2023, for instance, total health enrollments decreased by 4.75% between January 20<sup>th</sup> (the end of Open Enrollment) and April 1<sup>st</sup>. During the same period in 2024, total health enrollments declined by only 2.75%. The Exchange attributes this improvement to an increase in targeted consumer outreach (multiple email reminders were sent to consumers with non-effectuated policies throughout Jan—Feb) and improved coordination with our agent/broker and Navigator communities.

Customer service is another area of the Exchange's operations to benefit from recent innovations. In late January, the AI-driven “Amelia” virtual call center agent was promoted to full time, 24/7 availability in both English and Spanish. Since then, the Exchange has achieved approximately a 25% reduction in average wait times, while at the same time experiencing approximately a 20% *increase* in average handling time (i.e. call duration) with live agents. Ordinarily call centers aim to keep handle times down, but the ability of the virtual agent to promptly and effectively resolve basic customer service needs has allowed call center agents to spend more time serving callers with complex needs. Consumer satisfaction, as measured by post-call surveys, typically averages 95% or higher each week, and the Exchange considers its investment in this leading-edge technology to be a great success.

A significant change to the Exchange's fiscal outlook came recently from the Centers for Medicare and Medicaid Services (CMS), who announced in December 2023 that they would no longer fund the use of Equifax's “Verify Current Income” (VCI) data service, and that State Based Marketplaces (SBMs) who wished to continue using VCI would need to pay for the service beginning July 1<sup>st</sup>, 2024. For context, SBMs are required to verify income when determining subsidy eligibility, and at a minimum they are required to reference the IRS-hosted “Income and Family Size” (IFSV) data service. Use of secondary services, such as VCI, is optional. However, based upon analysis of historical data it appears that the Exchange has been unable to verify income levels for a significant number of households using IFSV alone, and the use of VCI as a fallback data source has allowed the Exchange to electronically verify income for many thousands of these households each year. The availability of this fallback data prevented these households from having to upload supporting documentation to verify their

income, improving the customer experience while reducing the caseload of our call center's document verification workgroup.

Setting aside the potential costs associated with the continued use of the VCI service, the quantity and quality of income data provided by VCI unquestionably improves the Exchange's ability to provide a streamlined application and enrollment experience. And given the short runway provided by the timing of CMS' announcement, it would not have been feasible for the Exchange to implement the numerous operational changes necessary to stop using the VCI service by July 1<sup>st</sup>. As a result, the only feasible option was to continue using the VCI service at least through the end of this year's Open Enrollment Period. The spending authority required to do so was approved at the June 13, 2024, meeting of the Interim Finance Committee. The Exchange is currently working with technology vendor GetInsured to develop the reporting capabilities necessary to assess the true cost of the benefits provided by VCI, with the goal of providing a detailed report to our Board of Directors in February of 2025, when they will be asked to vote on its continued use.

While the preceding paragraphs summarize the most noteworthy highlights from 2024 to date, the following sections provide a detailed overview of each of the Exchange's operational areas.

## **MARKETING & ADVERTISING**

### **General Comments**

The period after open enrollment from January to June of 2024, 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 website landing pages in both English and Spanish, a revised creative concept with simplified messaging, digitally focused advertising, and a robust community outreach program.

TAA and the Exchange also worked closely on the continuation of the Public Health Emergency (PHE) campaign. As the redetermination process has been extended, TAA has identified opportunities to enhance ad performance, assisted with development of the text messaging campaign, and connected the Exchange with both regional and national news outlets to discuss the coverage options available for former Medicaid recipients on NevadaHealthLink.com.

Lastly, TAA and Ericka Aviles Consulting (EAC), a subcontractor of TAA specializing in Hispanic media and outreach, developed a comprehensive off-season content plan centered on the Hispanic and Latino communities. This plan is strategically designed to follow relevant

healthcare topics and themes, ensuring that the content is both community-focused and engaging. By aligning the efforts of community outreach, public relations, and digital content teams, the plan ensures that NVHL effectively highlights key messages across all communication channels. Furthermore, EAC proposed several innovative ideas for the off-season aimed at engaging multicultural communities and delivering key messages to broader audiences through collaboration with community partners.

EAC also enhanced NVHL's off-season presence by increasing community engagement. They developed more Hispanic-focused social media posts, showcasing NVHL navigators actively working within the Hispanic community. Additionally, EAC implemented a collaborative social media series "On the Road with Rosa" with NVHL's brand ambassador Rosa Alejandre and RTC Southern Nevada, which connected the local community to NVHL navigators, further boosting brand awareness. These initiatives are part of the strategic plan to ensure that NVHL remains visible and engaged with the community throughout the off-season.

### **General Research & Insights**

In support of marketing efforts, multiple research studies were conducted. M4C designed and fielded three (3) surveys immediately following the end of open enrollment in January 2024: A robust survey of Nevada residents including a sub-sample of Spanish-speaking Nevadans ( $n = 3,042$ ), a survey of current Nevada Health Link consumers ( $n = 976$ ), and a survey of enrollees that terminated their plan with NVHL ( $n = 399$ ).

The annual quantitative survey was conducted for a second consecutive year to provide an overview of potential future audiences for Nevada Health Link. Similar to last year, 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 assessments of the key characteristics of future audiences for NVHL including those who are uninsured, self-insured or insured through Medicaid and key information on attitudes toward health insurance and future purchasing plans for each of these audiences. Importantly, with two years of data, M4C was able to track initial patterns of change in future audience attributes as well as patterns of change in awareness and attitudes toward NVHL among the general public. Findings from this survey will contribute to planning for the marketing campaign for OEP PY25 by helping to focus message frames and further 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 their shopping experiences. Results indicated that customers who had a more positive appraisal of their shopping experience on the site, particularly their experience comparing plan attributes within the shopping portal, were more likely to indicate that they would encourage others they know to consider shopping at NVHL (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 Nevadans who were eligible for a financial subsidy to help offset their health insurance cost. The study focused on

three specific audiences of future NVHL shoppers: Medicaid unwound (those being removed from Medicaid), self-insured (those who purchase insurance directly from an insurance company) and current NVHL customers (as a comparison group of “doers”). The study included 53 total participants across 10 focus groups. M4C sought to explore and understand the knowledge, attitudes and beliefs these potential consumers hold around seeking health insurance. Findings from this research included barriers to securing health insurance including problems they had experienced at various stages of the shopping experience. A key finding of this research was the identification of four unique shopping “personas”, who shared similar health insurance-related attitudes and experiences. This research will contribute directly to creative messaging for OEP PY25.

Throughout the year, M4C continuously analyzed figures from Sisense (the Exchange’s program used to create data reports) to monitor performance metrics associated with enrollment data. Analyses included the examination of how demographic, geographic, and socioeconomic correlates to enrollment at NVHL. Specifically, M4C explored how variables such as race/ethnicity, family size, household income, and age were associated with patterns of enrollment during the 2024 Open Enrollment Period. In addition, analyses looked at geographic locations to isolate counties and even zip codes that were exhibiting either high or low levels of new enrollment given the number of potential consumers who were uninsured in those areas. This data helped to guide targeted messaging during OEP PY24.

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

Following the completion of the OEP PY24, The Exchange and The Abbi Agency continued to execute a target marketing and outreach strategy to inform Nevadans about the ongoing redeterminations of Medicaid eligibility and drive the affected individuals to seek coverage through Nevada Health Link.

Given the significant challenges in driving enrollments from this audience, The Exchange made the decision to move forward with adding an SMS texting campaign to supplement our marketing and outreach efforts to reach those individuals whose information was shared with The Exchange through the Account Transfer process.

The Abbi Agency drafted and distributed a press release highlighting the new texting campaign as another opportunity to garner media attention and reach potential enrollees from this audience.

Additionally, after a year in the market, The Abbi Agency identified several key creative and copy elements that could be updated to enhance campaign performance. The Abbi Agency is in the process of finalizing those messaging and creative shifts and implementing those in the marketing campaign. The updated approach moves away from encouraging the target audience to complete their Nevada Medicaid redetermination packets and instead shifts to engaging those who may have already had coverage terminated, either for procedural reasons or due to excess income and making them aware that Nevada Health Link has plans that fit their needs.

## **The Unwinding of the Public Health Emergency & Medicaid Redeterminations: Paid Media Strategy**

Over the past few months, The Abbi Agency has been dedicated to addressing the challenge of convincing Nevadans to update their Medicaid information and re-enroll if necessary. To tackle this, TAA strategically leveraged various paid media channels including Google SEM and Display, YouTube, Meta, Spotify, and Out-of-Home (OOH) ads to effectively reach and engage our target audience, with an additional emphasis on retargeting individuals who visited the website or interacted with our ads.

Through a comprehensive paid media strategy encompassing multiple channels, we successfully amplified awareness of NVHL's financial assistance programs and facilitated enrollment among Nevada's Medicaid-eligible population. This integrated approach ensured that individuals across diverse communities were effectively reached and engaged, contributing to improved healthcare accessibility and outcomes in Nevada. During this period GA4 attributes 200 completed enrolls directly to PHE digital paid campaign efforts, and we can assume even more were indirectly converted (e.g. converted after seeing a billboard or visiting the website after having seen but not clicked on an ad).

### *Paid Media Tactics*

**Google SEM:** Google SEM is geo-targeted to focus on zip codes with the highest concentration of lower-income, Medicaid-qualifying individuals. We utilized responsive search ads that enabled the algorithm to serve the highest-converting combination of creative assets to an individual to drive action. From January through May 10th (the latest date for which we have full data at the time of this report) SEM saw a Click-Through Rate (CTR) of 23.19%; magnitudes higher than the average healthcare industry CTR of 3.27%. Individuals took nearly 6k “conversions” (high-value actions like beginning an application or calling) with a 74% conversion rate.

**Google Display:** Google Display campaigns saw an increase in impressions and clicks over the prior period, driving over 20k visits to the website. This upper-funnel tactic focused on reaching the target audience with high frequency, increasing brand awareness and name recognition. It targeted the same zip codes as SEM with the goal of increasing market penetration as they browsed the web and engaged with apps.

**YouTube:** YouTube similarly focused on upper-funnel awareness tactics, garnering 966k impressions during the stated period (up 12.8% over the prior period), with a Cost Per Mile (CPM) of \$5. YouTube was chosen as a key platform due to its unparalleled reach and engagement potential, offering the opportunity to convey the value proposition of NVHL through compelling video content to a wide and diverse audience, ultimately driving awareness and consideration among potential Medicaid enrollees.

**Paid Social Media:** Meta platforms, including Facebook and Instagram, were selected for their robust targeting capabilities, allowing us to reach Medicaid-eligible individuals with personalized messaging tailored to their demographics, interests, and behaviors. By leveraging these platforms, TAA aimed to foster meaningful interactions and drive enrollment among our target audience effectively. NVHL saw a 2.56% CTR (up 25%) - higher than the 0.73% average. Cost-Per Click (CPC) was down 17.7% to \$0.81, and ads drove 11k visits to the website with 1.8k high-intent “conversion” actions taken.

**Spotify:** Spotify was included in our media mix to tap into the audio streaming habits of our target audience, offering a unique opportunity to connect with them during their daily routines. By integrating the messaging seamlessly into their listening experiences, TAA aimed to capture attention and drive awareness of NVHL's offerings among potential Medicaid enrollees. We saw a fantastic CPM of \$6.50, lower than the platform’s \$25 average - even with niche geo-targeting parameters.

**OOH:** Out-of-home (OOH) advertising was integrated into our media strategy to complement our digital efforts by providing a physical presence in high-traffic areas within the designated zip codes. By strategically placing billboards, we aimed to increase brand visibility and prompt action among our target demographic, reinforcing our campaign messaging and driving enrollment in Medicaid programs.

### **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.

After identifying the QLEs most frequently selected by consumers, target audiences for this campaign were outlined as follows: those who recently experienced a change in household size (birth or adoption), income or employment status, a loss of health coverage, or have moved to Nevada (or a new service area within the state).

### **Special Enrollment Period: Paid Media Strategy**

In our strategic approach, TAA and the Exchange have once again allocated budget spending across a diverse array of media channels, ensuring comprehensive coverage across digital platforms frequented by Nevadans. Leveraging Google Search and Display, we continue to build awareness of Nevada Health Link and the Special Enrollment Period (SEP), exposing individuals to the SEP campaign and driving traffic to NevadaHealthLink.com. Paid social media placements remain instrumental in guiding individuals from initial exposure to consideration, employing targeted messaging tailored to life events to resonate with audiences effectively, and upper-funnel tactics like YouTube and Spotify increase brand awareness and recognition via high-frequency placements.

The Exchange and TAA remain steadfast in their commitment to reaching Nevadans from diverse backgrounds and communities. With Nevada's population becoming increasingly diverse, the 2024 Special Enrollment Media Plan continues to prioritize inclusivity and engagement with historically underserved demographics, as well as the broader population.

Furthermore, our digital ad experience on NevadaHealthLink.com enables retargeting, ensuring continued engagement with interested individuals and reinforcing our campaign messaging. By employing retargeting campaigns, TAA consistently nudges individuals who have shown interest in Nevada Health Link enrollment, generating awareness and fostering consideration among our target audiences once again. Since starting back up in February, the SEP campaign has generated 186 directly attributable enrollments according to GA4 and generated awareness amongst thousands of Nevadans.

### *Paid Media Tactics*

**Google SEM:** SEP geo-targeting strategy broadened its focus to encompass the entire state, aiming to maximize reach and engagement across Nevada. Implementing responsive search ads, we empowered the algorithm to dynamically serve the most effective combination of creative assets to each individual, driving actionable results and encouraging enrollment. The campaign saw a CTR of 23.53%, higher than the 3.27% average. CPC was similarly high performing, at just \$1.37 versus the \$2.62 average. TAA observed 5.6k “conversions” (high-intent actions) with an 88% conversion rate. These individuals are later retargeted through other campaigns to encourage enrollment.

**Google Display:** Our approach to Google Display remained consistent, prioritizing high-frequency exposure to our target audience to bolster brand awareness and name recognition. By saturating the digital landscape with SEP messaging, TAA aimed to capture attention and prompt consideration among potential enrollees. Display garnered 3.78 million impressions, with a \$1.62 CPM (compared to the \$3.12 average). It drove 16.7k clicks to the website.

**YouTube:** Continuing the strategic use of YouTube, TAA capitalized on its extensive reach and engagement potential to communicate the value proposition of NVHL through captivating video content. By leveraging the platform's diverse audience base, TAA aimed to elevate awareness and foster consideration among individuals seeking health insurance coverage across Nevada. YouTube brought in 292k impressions and had a .91% CTR (compared to a 0.44% average). It drove 2.5k high-intent actions.

**Paid Social Media:** Meta platforms were once again instrumental in our media mix, chosen for their robust targeting capabilities and ability to reach individuals with qualifying life events. Through personalized messaging tailored to their unique circumstances, we sought to facilitate meaningful interactions and drive enrollment effectively among our target audience. Meta drove 580k impressions amongst 401k Nevadans, leading to 5.8k clicks and a 1.01% CTR (above the 0.73% average). This led to 542 conversion actions.



**Spotify:** Inclusion of Spotify in the media strategy remained consistent, leveraging the platform to tap into the audio streaming habits of our target audience. By seamlessly integrating our messaging into their daily routines, we aimed to capture attention and raise awareness of NVHL's offerings among individuals experiencing qualifying life events. Spotify did a fantastic job of increasing awareness, driving 561k impressions with an \$8 CPM (\$25 average). While not its primary objective, the campaign drove 1k clicks for a 0.18% CTR (compared to the 0.4% average).

## **Off-Season Content Strategy**

In the post-open enrollment period, The Abbi Agency and the Exchange developed a growth plan to enhance ongoing tactics across all digital content channels. This robust content strategy provided relevancy for NVHL and supported NVHL in being a thought-leader in healthcare.

The first step was to build a robust topical baseline to act as a foundation for comprehensive coverage, allowing the website to rank higher for key industry terms and relevant topics. This also allowed the website to have historical or “evergreen” content that is always pertinent to a user whenever they decide to begin their decision journey. Keyword research was another effective cornerstone of building the content strategy; it provided valuable insights into the language and terminology each audience uses, enabling TAA to tailor content to their preferences.

These elements were utilized to curate an editorial calendar for the Off-Season that was cultivated for search engine optimization, boosted domain rank authority, and naturally allowed the consumer to move fluidly through the marketing flywheel.

### *Content Tactics*

#### **Blog Content**

Blog content outlined various content pillars including local events and enrollment information; TAA partnered with the Exchange to identify and address Frequently Asked Questions (FAQs) by consumers throughout the enrollment process. Health information and tips are another key topic, as it builds NVHL's authority as trusted experts in the health insurance sphere.

#### **Newsletter**

Throughout the Off-Season, TAA and the Exchange worked in tandem to improve the newsletter distribution process; this included a transition to the new email marketing management system, MailChimp. The Exchange has optimized contact lists to ensure audiences are receiving relevant information. The Abbi Agency's research led to platform recommendations and further refinement of email communication types and communication goals for each audience.

#### **Social**

TAA has curated content that incorporates keywords and uses information on what the consumer is looking for, to build short-form content that engages the current audience. TAA is continuing social engagement in Spanish with the help of EAC and has leveraged media stories, community partnerships, and more to continue building trust across the state. As the team heads into the new fiscal year, TAA's digital content specialists will slightly adjust social strategy by capturing more in-person events and using photos that feature real Nevadans and/or NVHL staff in posts.

## **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 the Exchange 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 the Exchange pushed out a statewide press release and individual media pitches around why this enrollment was so successful and the impact this has on Nevadans. This was also complemented by an op-ed in the Nevada Independent that The Abbi Agency helped draft and place on behalf of Russell Cook, emphasizing the need for expanded access to affordable health care coverage.

In March, TAA and the Exchange sent out a press release on behalf of the Exchange highlighting the 14th 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. In conjunction with the release, The Abbi Agency helped coordinate a virtual conversation between Russell Cook and former Exchange Director Heather Korbolic to discuss the impact and significance of the ACA.

During the same month and into April, the Exchange worked with the technology vendor, GetInsured, to send out a press release to announce the successful integration of Artificial Intelligence (AI) into our State-Based Marketplace (SBM) platform. This first-of-its-kind initiative underscores Nevada Health Links's unwavering commitment to innovation, transparency, and consumer-centric strategies. Along with this press release, TAA helped promote Nevada Health Link's extension of the Special Enrollment Period for those who no longer qualify for Medicaid or Children's Health Insurance Program (CHIP).

Other PR pushes included National Women's Health Month in May and PRIDE Month in June.

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 continued to secure media opportunities and partnerships that targeted the

Hispanic community in Southern and Northern Nevada by collaborating with county and city officials on Facebook Live conversations and securing added value radio audio spots in Southern Nevada.

- Developed three SEP Hispanic|Latino marketing strategies which included a Spanish radio segment, “En Vivo” Facebook Social Media series and “On the Road with Rosa” social media monthly series in collaboration with the RTC Southern Nevada summer heat campaign.
- EAC also included Nevada Health Link messaging in organization communication channels to partners including RTC Southern Nevada, Latinas in Power, EAC social channels and newsletter.

### **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 marketing plan through community outreach, attendance of events and key sponsorships. Navigators are projected to participate in 94 community events between Jan 1, 2024, and June 30, 2024. More than 47,000 people attended the events where we had navigators attending with Navigators reporting 10,911 interactions with attendees. NVHL completed a total of 44 sponsorships.

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

#### **January 1 – June 30 Events:**

- Three Kings Day
- UNR School of Medicine Rural Outreach Clinic
- Las Vegas School Choice Fair
- Clark County Food Distribution at Whitney Community Center
- 10 Foodbank of Northern Nevada Mobile Harvest Events
- Hey Neighbor Community Event
- There is No Hero in Heroin Black Monday
- Fam Fest: Black Family Day Celebration
- Springs Preserve Black History Month
- AAPI Chamber Chinese New Year 2024
- Lunar New Year Spring Festival
- BHM Event
- 2024 Black Cultural Fest
- Las Vegas Review-Journal Aging Wellness Expo
- 2024 Spring Job Fair
- Women's Day Out Expo
- International Women's Day Health, Education, Resource Fair & Expo
- Tacos and Tamales Festival

Silver State Health Insurance Exchange  
Fiscal and Operational Report  
June 30, 2024

- 2024 Injured Police Officers Fund Classic Car and Emergency Vehicle Show
- Spring Eggstravaganza at Mater Academy
- Senior Expo Spring 2024
- Spring Fling and Car Show
- COH Spring Carnival & Hippity Hoppity Egg
- Veteran and Family Resource Fair
- Las Vegas Job Fair
- Senior Expo Spring 2024
- COH Spring Forward Family Music Festival
- Molina Community BBQ
- Color Fest
- I ♥ My City Amigos with The Community
- Senior Expo Spring 2024
- COH Silver Springs Spring Festival
- Women & Leadership
- Fair Housing Month Community Resource Fair
- Spring Festival and Resource Fair
- LoveBug Festival
- Fiesta en el Parque
- Puentes and Wooley ES Registration Day/Resource Fair
- Reno Earth Day
- Thai New Year Community Resource Fair
- Reno Aces v. Sugar Land
- Senior Expo Spring 2024
- American Foundation for Suicide Prevention Out of the Darkness Walk
- “Dia del Nino” Festival
- Boys & Girls Day Out 2024
- Kickoff to Summer
- Senior Expo Spring 2024
- Cinco De Mayo
- Arc in the Park
- 2024 Immunize Nevada Health Conference
- Chamber's Biggest Business Expo
- Senior Expo Spring 2024
- Puentes and Dream Hers Mental Health 2nd Annual Awareness Day
- NABIP 2024 Benefits Expo
- Senior Expo Spring 2024
- Reno Aces v. Salt Lake
- Africa Day 2024 Las Vegas Festival & Celebration
- Senior Expo Spring 2024
- Henderson Pride Fest
- Reno River Festival
- Reno Aces v. Sacramento
- Northern Nevada Taco Fest
- Carson Valley Days

- NBCAS Northern Nevada Juneteenth Festival

## **STATE BASED EXCHANGE OPERATIONS**

The expansive sections below detail every aspect of the operations of the Exchange. In the first half of calendar year 2024, the Exchange's operations team experienced some staff changes and additions with Brooke Mills being promoted from the Data Analyst within the Operations team to Policy & Compliance Manager on the Policy team. Nate Osborne is now in the Data Analyst role within the Operations team who brings extensive data and research experience to the team. Front of mind for operations continued to be lowering the Q/A teams ticket count which was at an all-time low at the beginning of the year, continued service to the broker and navigator community, and managing audits and ad hoc information requests from the federal Government Accountability Office and Center for Medicare and Medicaid Services (CMS) regarding processes to prevent improper payments. The Operations, Policy, and Data teams also managed the submission of various reports related to the unwinding of the PHE with DHFCP and CMS. During this time period, the operations team began working closely with the finance team to build the budget for the FY 2024-2026 biennium.

### **Policy & Compliance**

The Policy and Compliance Manager position is the program manager for policy, appeals, and plan certification units. The Policy team is responsible for 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. Furthermore, this team schedules 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 the Policy Analyst; they are essential in collaborating to support policy-related matters that impact operations. They work to counsel management and staff on policy impacts on business operations by ensuring system integrity and functionality by reporting potential defects or issues to vendor staff. They continue to oversee the quarterly release management of future system design and coordinate testing for the release, with compliance related to User Acceptance Testing (UAT).

The Policy and Compliance unit collaborates closely with the Quality Assurance Officer and the Quality Assurance (QA) team, as the QA team is able to identify deficiencies 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), and federal law and rule changes as they occur.

The Policy Analyst 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 within 90 days of an issues eligibility determination. The Exchange continues to oversee first-level appeals, and if applicable, will send hearing requests to the Division of Welfare and Supportive Services (DWSS) for adjudication. The table below highlights appeal metrics received from January 1<sup>st</sup>, 2024 – to May 31<sup>st</sup>, 2024, part of PY 2024.

The information depicted 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 2024	22	36.4%	37
February 2024	7	14.2%	8
March 2024	14	28.6%	9
April 2024	30	53.3%	Processing on-going
May 2024	13	53.9%	Processing on-going

The Appeal’s Coordinator position had been vacant since early September 2023 and was filled March 18<sup>th</sup>, 2024. This contributed to delayed processing and decreased end-of-month resolution rates during the vacancy of this position. Since the position has been filled all back logged appeals have been processed, end of month resolution rates has increased, and the average number of days that an appeal is open has decreased. Appeals have 90 days to reach a resolution, and since the appointment of the new Appeal’s Coordinator we have been able to keep the average processing time under two weeks.

### Plan Certification

The plan certification team consists of the Policy and Compliance Manager, and the Plan Certification Manager. With OEP coming to an end on January 15<sup>th</sup>, 2024, the Plan Certification Manager has continued to stay busy from January- June 2024. During these months, the plan certification manager followed the Notice of Benefit and Payment Parameters (NBPP) for PY25,

as it has the final standards for issuers and the Marketplace, and these years NBPP had many notable impacts to the plan certification process. The Exchange's Letter to Issuers was also updated, as this letter provides updates on operational and technical guidance for the 2025 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 1, 2024. For the next few months, the plan certification team will collaborate with issuers and the Division of Insurance to certify plans for the 2025 plan year. The Plan Certification Team is also working to research changes needed to support the implementation of Battle Born State Plans for PY26 at the planned implementation of the States Re-Insurance or Public Option plan.

### **Security & Reconciliation**

The Reconciliation Team consists of two (2) 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 Office of the Chief Information Officer (OCIO); 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.

A comprehensive audit with a focus on information security was audit conducted by the Legislative Council Bureau (LCB) and was successfully completed on xx. Following the audit, the Information Security Officer (ISO) has been actively working in implementing the recommendations to enhance security measures, including enforcing the principle of least access, maintaining a detailed asset inventory, conducting regular user access reviews, and providing ongoing staff training. To further bolster our security framework, the ISO has introduced a combination of KnowBe4 training programs and targeted training videos for all staff. These

resources are designed to increase awareness and preparedness against cybersecurity threats, equipping personnel with the necessary skills to identify and respond effectively to potential phishing attempts.

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.

The Security and Reconciliation team continues to help coordinate the testing and approval of four major software releases (deployed quarterly) for the Exchange Platform. Additionally, the team continues 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 Consumer, Carrier, Broker, and Enrollment Professional Assistance**

The Quality Assurance (QA) team consists of our (4) Program Officer positions, and one (1) Business Process Analyst as the QA team lead. The Quality Assurance team reports directly to the Quality Assurance Officer and is 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 the Exchange’s health insurance carriers. These partnerships allow the Exchange to contact their subject matter experts who assist in the resolution of basic and complex issues.

#### **Casework with Exchange Insurance Carriers**

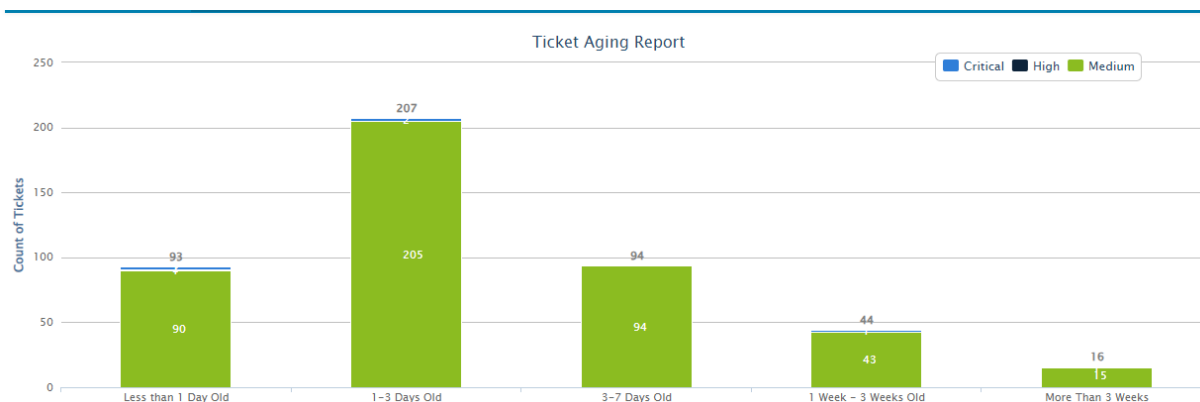
The QA team continues to utilize Salesforce case management software for case work between the Exchange and its carriers which is referred to as the “Carrier Connector.” The QA team uses this platform to collaborate with the eight (8) qualified health plan carriers and four (4) qualified dental carriers. The QA team has successfully closed 1,829 cases between the time period of January 1, 2024, to June 30, 2024.

#### **Consumer Assistance Ticketing Aging Report**

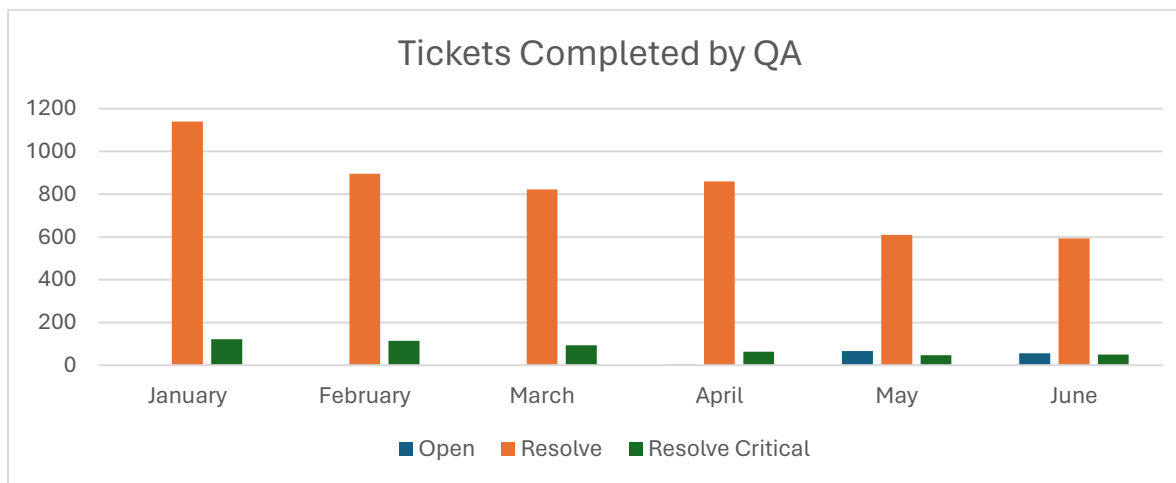
The chart below illustrates unresolved tickets processed by the GI call center and QA team. The chart is inclusive of consumer data matching issues (DMI’s) which include issues needing resolution such as income verification, citizenship verification, validation of qualified life events, technical and 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 team.



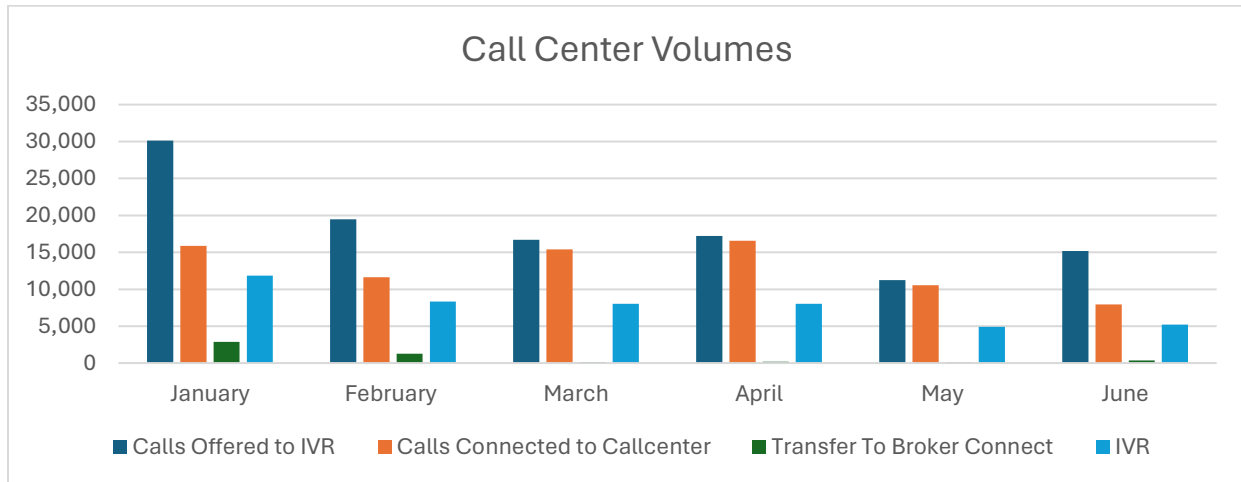
The chart below illustrates the volume of tickets that were resolved or remain open for any given month that the QA team has handled from January 1, 2024, through June 30, 2024. The QA team has done an amazing job at completing tickets within 30 days of receiving the request.



### GI Consumer Assistance Call Center

The Quality Assurance team supports and works closely with the GI call center team, which independently fields calls on the Broker Support and Consumer Assistance support telephone lines. The chart below demonstrates the Consumer Assistance call center volume from January 1, 2024, through June 30, 2024. It should be noted that the difference between calls offered, and calls connected are typically handled within the Exchange’s IVR system.

The Silver State Health Insurance Exchange recently implemented a new Artificial Intelligence (AI) technology called Amelia. This AI technology is used as the IVR system and provides assistance in English and Spanish 24/7. Amelia allows consumers the ability to self-serve and connect with a call center representative if they need additional assistance when calling within the call center’s business hours. The increase in calls handled in the IVR is due to the implementation of Amelia. The highest call volume was on January 16, 2024, with 2,609 calls offered. The call center has maintained a 94% 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
  - Dr. Sarah Friedman
  - Amber Torres
  
- Ex-Officio Members (non-voting):

- Jenny Helton as primary and Shauna Tilley as secondary designee – Governor’s Office of Finance for Amy Stephenson, Director
- Scott Kipper as primary and Todd Rich as secondary designee – Department of Business and Industry, for Terry Reynolds, Director
- Stacie Weeks – Department of Health & Human Services, for Richard Whitley, Director

Since the Exchange’s last Fiscal & Operational report, there have been two board meetings, including the June 2024 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 2024, the Exchange continued its training and certification program for brokers and agents to sell qualified health and dental plans through the Exchange. The interactive training program teaches brokers the ACA basics, privacy and security, as well as fraud prevention standards. Certification process attestations and the Agent/Broker Agreement are incorporated into the training to ensure compliance with the Nevada Health Link Privacy Policy, Acceptable Use Agreement, the Broker Code of Conduct, and the Marketplace Privacy and Security Agreement.

Last year, the Exchange implemented a Broker User Agreement that is sent via DocuSign after the certification is completed. This is a document that requires signature in order for brokers and agents to receive access to the enrollment platform. The Exchange is focused on broker compliance, and this is one avenue that allows us to hold these stakeholders accountable when responsibilities required by partnering with Nevada Health Link.

The Exchange currently has 780 licensed insurance brokers and agents who have been trained and certified on the Nevada Health Link enrollment platform. The Intent to Sell form opened on June 3rd for Plan Year 2025 as we continue the certification process. Brokers and agents continue to appreciate 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.

During the January to June timeframe, the Exchange organized meetings for the broker community entitled Broker Focus Group to provide feedback, concerns, and ask questions to the leadership at the Exchange. These meetings have been very well received and offer a space to

discuss system enhancements from GetInsured and gather feedback or wish list items from the brokers to bring back to GI to ultimately better serve the Nevada consumer.

The Exchange's Broker Manager continues to stay in contact with licensed brokers and agents throughout 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 Manager and Administrative Assistant continue to discuss 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 with the broker community.

The Broker Manager continues to focus on 1) training and certifying new and returning brokers for the PY 2025 Open Enrollment Period, 2) continually supporting the transition to the Agency Portal, and 3) remaining a tireless resource for brokers during the and in preparation for the Open Enrollment Period and Special Enrollment Period. The Broker Manager continues to be steadfast in actively engaging and promoting Nevada Health Link participation in both northern and southern Nevada broker groups such as the NABIP (National Association of Business Insurance Professionals Southern Nevada) and NABIP (National Association of Business Insurance Professionals Northern Nevada) and Southern Nevada various Chamber of Commerce events.

During January 1, 2024, through June 30, 2024, the Broker Manager conducted 22 site visits to Brokers in both Northern and Southern NV. The purpose of the site visits is to ensure brokers are following privacy and security policies including the broker code of conduct. Also training and coaching are provided when necessary. The Exchange published an RFA (Request for Application) on April 1, 2024, for the 2025 Broker Award program. Eight Brokers were selected and will be granted a one-year award, set to start on July 1, 2024. The Award program assists brokers with advertising efforts such as television, radio, newspaper ads, billboards and more – to promote Nevada Health Link. These brokers work with diverse communities in hopes of earning their trust to enroll consumers through Nevada Health Link.

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 e 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 a \$1.5 million dollar budget for the year-round work performed by grantee Navigators and IPAs and continues to operate with two awarded entities to serve as statewide Navigators bolstered by five IPA entities. Navigator and IPA grantee organizations are responsible for outreach, education, and enrollment for Nevada’s uninsured and underinsured populations.

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. Navigators and IPAs attended over 94 in person events between January 1<sup>st</sup>, and June 30<sup>th</sup>, 2024. Navigators and IPAs continue to attend in-person community outreach events, promoting education, and enrolling consumers in Qualified Health and Dental Plans. The Navigators and IPAs continue to work diligently on a daily basis to promote the Special Enrollment Period (SEP) throughout the year after the end of Open Enrollment Period (OEP) on Jan. 15<sup>th</sup>, 2024.

The grantees Navigators and IPAs remained focused and provided enrollment assistance, outreach, and education via in-person and virtually through online formats such as Zoom, Teams or webinars.

As always, the Navigators’ and IPAs’ focus continues to be to educate and promote Nevadans on the process and the benefits of enrolling in qualified health and dental plans.

The Navigator Program Manager attended several media interviews, radio, and television community programs to promote Nevada Health Link, during the open enrollment period, and the continuous special enrollment period. In addition, the Navigator Program Manager stays in touch with all Navigator and In-person entities throughout the year to ensure each entity is armed with event swag and educational material for Nevadans seeking information about enrolling in a qualified health plan through Nevada Health Link. The Navigator Program Manager works closely with the Policy team and Operations team to stay up to date on federal and state policy changes in order to inform and educate the Navigator community. Furthermore, she works closely with the Abby Agency, the Exchange’s Marketing vendor to provide Spanish content for Facebook lives, radio, and television interviews for our consumers, secure community events and sponsorships and secure Navigator event attendance as they are the primary event staff representing NVHL at community events.

### **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 Health Centers, Inc. (Statewide)
- The Center serving the LGTBQ+ community (Southern Nevada)
- R.E.A.C.H. Ventanilla de Salud (Southern Nevada)

### **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) Unwinding**

The end of the Public Health Emergency has been underway since May of 2023 and as of May 9, 2024, flexibilities for the unwinding Special Enrollments have been extended through November 30<sup>th</sup>, 2024, per the Center for Medicaid & CHIP Services (CMCS) Informational Bulletin (CIB) published on May 9, 2024. To date, Nevada's Medicaid Agency has utilized 13 waivers that may continue under the extension to address such aspects as:

- Strategies to Increase Ex Parte Renewal Rates
- Strategies to Support enrollees in reducing procedural terminations
- Strategies to update contact information

### **Notice of Benefit and Payment Parameters (NBPP) for PY 2025 Finalization**

The NBPP for PY 2025 was released in proposed (draft) form on November 15<sup>th</sup>, 2023, and was finalized on April 15<sup>th</sup>, 2024. The Final Rule codifies changes affecting Exchange operations for plan year 2025 and beyond. Key changes for the next open enrollment and plan year include:

- Implementation of a two-year Failure to Reconcile standard for removing subsidy eligibility for consumers who have not reconciled Advanced Premium Tax Credits for two consecutive years.
- Allowing Exchanges to accept consumer attestation of non-incarceration for eligibility determinations without the need for an external Hub verification.
- Implementing minimum operational standards for call center operations
- Standardization of the Open Enrollment Period window (SSHIX was already using the new Standard)

Silver State Health Insurance Exchange  
Fiscal and Operational Report  
June 30, 2024

- Implementing a pay-per-use model for certain Hub related verification (Equifax) secondary database verifications
- Creating allowances (with conditions) to implement re-enrollment hierarchies during renewal that will permit enrollment of catastrophic plan consumers into metal tier plans.

**Final Rule Clarifying Eligibility of Deferred Action for Childhood Arrivals (DACA) Recipients**

On May 3, 2024, CMS released a Final Rule expanding the definition of “eligible immigrant status” for Exchange determination purposes to include those with DACA status (also known as “Dreamers”), a generally lawful immigration status that was previously left out of eligibility for Qualified Health Plan enrollment. The final rule also made minor changes to expand the Exchange eligible status to a previously ineligible subset of immigrant workers with Employment Authorization Documents in a streamlined manner.

**FINANCE**

The Legislatively Approved State Fiscal Year 2024 budget is as follows:

BA 1400 SILVER STATE HEALTH INSURANCE EXCHANGE		3501	3601	
LEG APPROVED FUND MAP		State Exchange	QHP Fees	
SFY 2024		Modernization		
Total FTE Count: 27		Grant		Totals
REVENUE AUTHORITY		201,190	16,107,736	16,308,926
2511	Balance Forward		11,546,624	11,546,624
4669	Trans From Other B/A Same Fund			0
<b>Total</b>		<b>201,190</b>	<b>27,654,360</b>	<b>27,855,550</b>
Cat	EXPENDITURE CATEGORIES			
01	Personnel		2,573,844	2,573,844
02	Out-of-State Travel		30,850	30,850
03	In-State Travel		23,861	23,861
04	Operating (supplies and other, less IT)	4,290	318,713	323,003
12	Exchange Platform	196,900	7,503,822	7,700,722
26	Information Services		44,890	44,890
30	Training		6,160	6,160
50	Marketing and Outreach		3,200,000	3,200,000
71	Navigators		1,529,506	1,529,506
75	Transfer to DWSS		12,310	12,310
82	DHRM Cost Allocation		7,859	7,859
85	Cash Reserve		12,326,010	12,326,010
87	Purchasing Assessment		3,237	3,237
88	SWCAP		24,873	24,873
89	AG Cost Allocation Plan		48,425	48,425
<b>Total Expenditure Categories</b>		<b>201,190</b>	<b>27,654,360</b>	<b>27,855,550</b>
<b>Revenue Over (Short)</b>		<b>0</b>	<b>0</b>	<b>0</b>

**Note:**

*In August 2023, the Governors Finance Office (GFO) approved transfer of \$12,310 from the Reserve category to the Transfer to Welfare Division category to fund agency appeal hearings required by the Affordable Care Act. GFO also approved the carry forward of \$201,190 of federal funds from the State Exchange Modernization grant to fund anticipated costs in SFY 24. No further work programs have been needed since.*

**Balance Forward**

State Fiscal Year (SFY) 2024 is projected to close with the Exchange carrying forward \$11,546,624 in cash reserves into SFY 2025. This is an increase of \$4,311,611 from the projected carry forward balance of \$7,235,013 in the Legislatively Approved (L01) budget. This increase in reserves is due to the Exchange having higher than average consumer enrollments, which led to an increase in revenue for the Exchange. The Exchange will make the adjustment to the Legislatively Approved (L01) Budget via a Work Program at budget closing.

**Budget Building for SFY 2026 & 2027**

The budget building process for SFY 2026 and 2027 has begun and is on track for the agency request submittal date of August 30, 2024.

**Revenue/Carrier Premium Fees (CPF)**

Projected Total Premiums for SFY 2024 are \$538,793,189, which is a slight increase of \$265,871 over SFY 2023 total premiums. Projected total CPF for SFY 2024 is \$16,442,730, which is \$4,769 more than the originally budgeted SFY 2023 CPF of \$16,437,961.

The State Fiscal Year runs from July 1 to June 30 of each year. Therefore, SFY 2024 is comprised of the last six months of Plan Year (PY) 2023 and the first six months of PY 2024. PY 2023 had an overall decrease in total premiums of 5.46% from PY 2022, while PY 2024 is projected to have an overall increase of 5.88% from PY 2023. Decreasing plan year total premiums in 2023 and increasing plan year premiums in PY 2024 account for the slight increase in SFY 2024 CPF revenue, as well as projected total premiums are slightly increasing.

PY 2024 revenues are projected to be \$16,902,313 with future years remaining fairly constant or slightly decreasing. This increase in plan year revenue from the previous year is due to both the SEP, which resulted in more individuals and families enrolling in coverage, and the Exchange enrolling 99,312 consumers in Open Enrollment (OE) from November 1, 2023, through January 15, 2024. This breaks out into 25,553 new consumers and 73,759 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 24 and SFY 25 revenue projections used in the A01 budget request were accurately estimated to ensure the Exchange was able to meet all of its budgetary obligations in continued times of uncertainty from the Public Health Emergency and economic declines. With the passage of the American Rescue Plan



Act (ARPA) in March of 2021, the Exchange's enrollment numbers increased in recent years, and with that, revenues increased but are now stabilizing.

The CPF for PY 2025 was approved by the Exchange's Board in February 2024 and lowered to 2.95% of premiums. At this time, there is no budgetary concern that the CPF will need to be increased in the future as a result of the PHE Unwinding and other State implementations.

### **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. The contract was set to expire on January 31, 2024, but an extension was approved by the Board of Examiners on September 12, 2023, which allowed a contract end date of January 31, 2026. Operating as a SBE has resulted in many opportunities for the Exchange to quickly pivot and provide an enhanced consumer experience. The most significant enhancements are the extension of Open Enrollment Period through January 15<sup>th</sup> 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 second ECSEP ran through August 15, 2021. ARPA will end in 2025.

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). 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 has been administered by the Centers for Medicare and Medicaid Services (CMS) and was awarded to eligible Exchanges through a grant application process. The Exchange was awarded \$1,046,499.81 on September 10, 2021. In April of 2022, the Exchange used 40% of the award on pre-award costs to fund the ARPA enhancements. The rest of the award has been used 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. In addition, the Exchange has been conducting 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.

Another significant enhancement was the Unwinding of the Public Health Emergency. The Centers for Medicare & Medicaid Services (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 allows 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. The Exchange has been working with the Division of Welfare and Supportive Services to fund a project that involves the current lack of several data fields in existing Account Transfer (AT) payloads which SSHIX has deemed essential to meeting the requirements of the continuous coverage mandates associated with the unwinding of the PHE. The project allows SSHIX to streamline and reduce the number of steps

required for enrollment in Exchange plans while also ensuring accurate eligibility begin dates for Exchange subsidies. This request is related to State Health Value Strategies (SHVS) recommendation to use account transfer and other available information to prepopulate marketplace applications.

Despite all of the unforeseen and unbudgeted costs associated with the COVID-19 pandemic and PHE Unwinding, in SFY 24, the Exchange projects to achieve an annual cost savings of approximately 26%, inclusive of operations. 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 48% in SFY 2024 with a total expected cost savings of over \$37M through SFY 2025.

### **Reserve Projections**

The impact of the transition on the Exchange's reserve levels has been favorable. In SFY 2024 the Exchange is projected to carry forward to SFY 2025 a balance of \$12,326,010 and is projected to carry forward a balance of \$8,500,811 into SFY 2026. These carry forward amounts reflect potential additional funding that we have received through federal grants to assist with ARPA implementation costs or possible cost allocations with Medicaid for the Navigator program. These amounts also include the record-breaking enrollment numbers from the passage of ARPA, which increased our revenue in PY 2022 and 2023. This is also the result of the Unwinding of the PHE and the implementation of a new Special Enrollment Period (SEP) in PY 2023 and 2024.

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 even less after. The SBE transition will allow the Exchange to maintain 180 days of operational expenses in its reserves through the end of SFY 24.