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AGENDA ITEM

For Possible Action

Information Only

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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.

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GENERAL COMMENTS

In the four-month interim since the June Board Meeting, the Exchange has completed a significant number of major milestones.

In August, the Exchange’s Fiscal Team completed work on our proposed budget for the upcoming State Fiscal Year (SFY) 2026—2027 biennium. This budget, which was presented to the Governor’s Finance Office on September 30, reflected an average increase of 8.3% versus the Exchange’s budget for SFY 2025. This increase was largely attributable to the combined impact of recent wage increases authorized by the Governor’s Office; the newly-imposed cost of utilizing Equifax’s Verify Current Income data service for income verification, which until July 1 of this year was covered by CMS; and the Exchange’s request for two new staff positions, which we hope will bolster the Exchange’s Plan Certification capacity and provide the Exchange with a dedicated Tribal Liaison.

In September, the Exchange successfully closed out two separate information security audits—one of which was conducted by Nevada’s Legislative Counsel Bureau, and the other of which was conducted by the IRS—with a small number of low- to moderate-severity findings. We anticipate that each of these findings, some of which require only minimal changes to existing policy/procedure documents, will be resolved within the first quarter of 2025. Also in September, the Exchange submitted its annual suite of compliance-related documentation to CMS, in order to preserve the Exchange’s Authority to Connect (ATC) to the Federal Data Services Hub. Collectively these accomplishments represent several months of collaborative work between the Exchange’s Information Systems Manager and technology vendor GetInsured.

During the same time period the Exchange’s communications team worked tirelessly with marketing vendor The Abbi Agency to develop what I believe is poised to be our most effective fall marketing campaign to date. The messaging for this campaign was driven by numerous email surveys and focus groups conducted over the past year by research and analysis firm Marketing for Change, and the campaign’s television and radio spots feature a newly-commissioned Nevada Health Link jingle, a first for the Exchange. Our team is grateful for the opportunity to share a preview of this campaign later in today’s meeting.

The Exchange’s Policy Team, though operating at a reduced capacity due to staffing vacancies, completed its annual revisions to the Exchange’s Policy Manual and Issuer Agreement, both of which were updated to reflect the latest guidelines promulgated in CMS’ Plan year 2025 Notice of Benefit and Payment Parameters. Draft revisions of both documents were circulated for stakeholder review and feedback during August, and the final versions were released in September.

On September 16, the Exchange successfully completed its annual Open Enrollment Readiness Review with CMS, the final regulatory hurdle in preparation for the upcoming Open Enrollment Period. This milestone represents the broadest collaborative achievement of the Exchange’s annual operational cycle, requiring the combined efforts of the Exchange’s Policy, Quality Assurance, Reconciliation, Communications, Broker, Navigator, and Fiscal teams, working under the coordination and guidance of the Exchange’s Operations Manager.

Lastly, but perhaps of the most immediate impact to the Exchange’s existing consumers, the annual Plan Certification process was successfully completed in September, with 100% of submitted plans—comprising 141 QHPs and 18 Dental Plans—being approved for sale through Nevada Health Link for Plan Year 2025. The statewide, weighted average rate increase for Nevada Health Plans is 6.55% versus Plan Year 2024.

FOUR MONTH LOOK-AHEAD

Annual Passive Renewals

Work on the annual passive renewals job began in August, with a complete “staged run” that allowed the Exchange and technology vendor GetInsured to identify eligibility or data quality issues which could potentially be resolved prior to the October production run. During this year’s staged run the Exchange achieved a renewal success rate of 99%.

The production renewals run began on October 11, and although it's still in progress as of the date of this presentation the Exchange anticipates similar results to the staged run. An overview of the passive renewals results will be provided during the December Board Meeting.

Plan Year 2025 Open Enrollment Period

The Plan Year 2025 Open Enrollment Period (OEP) will begin on November 1, 2024. As with the Plan Year 2024 OEP, the Exchange will be providing extended call center hours to consumers and enrollment professionals, including staffing on Saturdays.

In order to qualify for coverage beginning January 1, 2025, consumers or enrollment professionals must submit plan selections by midnight on December 31. To secure coverage beginning February 1, 2025, applications for coverage must be submitted by midnight on January 15, though the Exchange will allow an additional 6 days (through midnight on January 21) to submit plan selections.

DACA Eligibility Changes

On May 2, 2024, CMS finalized a rule that expanded access to health care by allowing Deferred Action for Childhood Arrivals (DACA) recipients to be considered "lawfully present" with respect to enrollment eligibility for ACA Qualified Health and Dental plans. The final rule allowed DACA recipients to applications for marketplace coverage starting November 1, 2024, for coverage beginning December 1, 2024. On August 8, 2024, a group of 19 state attorneys general filed a lawsuit in federal district court in North Dakota, seeking an injunction to block the implementation of this rule. Oral arguments are scheduled to be heard on October 15, and a ruling is likely to come shortly thereafter.

The Exchange, having already implemented the functionality required by the final rule, is prepared to extend "lawfully present" status to DACA recipients through the Nevada Health Link marketplace beginning with Special Enrollment Period applications submitted during November, 2024, for coverage beginning December 1. However, in the event that an injunction is granted following oral arguments, the Exchange will have the ability to revert the DACA-related changes to ensure compliance with the ruling.

Automatic Voter Registration

On September 24, 2024, the Nevada Secretary of State's (SOS) Office held a "kickoff" meeting to roll out the technical implementation requirements for Nevada's Automatic Voter Registration program, per the requirements of AB 432 (2021 Session). This meeting resulted in a number of policy-related questions being raised by SSHIX and DWSS staff, and the SOS held a follow-up discussion on October 7 to address these questions. Following this meeting the Exchange believes that we will be able to implement the required reporting functionality and satisfy our statutory obligations by the target date of January 1, 2025. A status update and progress report will be provided during the December Board Meeting.

RFP FOR TECHNOLOGY PLATFORM AND CALL CENTER

Following the Special Board Meeting on September 17, 2024, during which the Exchange provided an update on the RFP to the Board of Directors, two events occurred which have further the contents of the RFP. The first was a meeting with members of the Nevada Association of Health Plans (NvAHP) on September 25. The Board may recall that Shelly Capurro provided public comment during the September 17 Board Meeting on behalf of NvAHP, expressing concern about the timing of the Exchange's RFP in relation to the ongoing Medicaid MCO RFP. During the September 25 meeting with NvAHP I was able to gather a great deal of additional insight into the concerns of the Exchange's insurance carriers, and these concerns resulted in a number of additions and modifications to the vendor requirements in the RFP. Of particular note, the requirements surrounding the onboarding of existing, on-Exchange insurance carriers in the event of a vendor

change were strengthened to minimize the financial burden on carriers and decrease the potential need for technology changes.

The second event impacting the RFP was the aforementioned meeting with the Secretary of State's Office on October 7. Although the Exchange remains confident that the requirements of the AVR program can be met without a reliance on vendor-supported technology per se, the Exchange's technology platform must remain capable of producing a very specific type of reporting on a configurable cadence, and the detailed information provided by the SOS—along with the resultant clarification to the vendor requirements in the RFP—has increased our confidence that the Exchange will be able to remain compliant with AVR requirements in the event of a vendor change.

The RFP is currently undergoing a final internal review, with the goal of providing the completed Scopes of Work, Project Timeline, and Evaluation Criteria to the State Purchasing Division by October 16. Despite these delays the overall project timeline remains unchanged from the timeline that was proposed on September 17, with the exception of a slightly shortened vendor response window.

MEDICAID UNWINDING

August of 2024 marked the final month of Nevada's Unwinding of the Public Health Emergency. Although numerous technical difficulties were encountered over the course of the unwinding period's 16 months, the net result was a substantial improvement to the integration and interoperability of Nevada's Exchange and Medicaid/CHIP systems, and in my eight years of work with the Exchange the strength of the collaborative working relationship with the DWSS team is at an all-time high.

During the June Board Meeting, the Exchange reported the rollout of a direct-to-consumer SMS messaging campaign, which was intended to provide detailed guidance in both English and Spanish to Nevadans who lost Medicaid/CHIP coverage during the unwinding period. The SMS messages themselves were relatively simple, but they encouraged consumers to visit "landing pages" on the Nevada Health Link website which created to provide customized instructions which were tailored to the date that a given household lost their Medicaid/CHIP eligibility.

To date the Exchange has sent nearly 77,000 SMS messages, representing at least one message to each household that lost Medicaid/CHIP eligibility during the unwinding period, and whose application contained an SMS-enabled phone number. Over the course of this campaign the Exchange logged over 11,000 views of the landing pages (which were accessible only via direct hyperlink), and even though some of these page views were likely to be duplicate views from the same user, we estimate that the overall "click-through" rate was at least 10%.

Despite this apparent success, the SMS campaign was unsuccessful in significantly raising Nevada's "conversion rate," or the percentage of consumers who enrolled in Exchange coverage following their loss of Medicaid/CHIP eligibility. Throughout the unwinding period the monthly conversion rate hovered around 3.5—4%. At the end of August, the Exchange had logged approximately 129,000 individuals who lost Medicaid/CHIP eligibility during the unwinding, of which approximately 4900 had subsequently enrolled in Exchange coverage, for a cumulative conversion rate of approximately 3.8%.

TRIBAL PARTNERSHIP PROGRAM

Over the last few months, the Exchange's Tribal Partnership Program has gained momentum. We are pleased to be working with the team from the Reno Sparks Indian Colony's Tribal Health Center to provide aggregated monthly premiums for members of their community, one of the largest federally-recognized tribes in Nevada, beginning in November.

As mentioned above in the General Comments section, the Exchange has also requested a full-time Tribal Liaison in our upcoming budget. Increasing workload demands on our existing, part-time Tribal Liaison in recent months have convinced the Exchange that a dedicated staff resource will be integral to our continued efforts to build community trust and support within this historically-underserved population.

PERSONNEL UPDATES

The Exchange currently has two vacancies, both located on our Policy Team. The first is our Policy Specialist position, which is responsible primarily for reviewing revisions to applicable state and federal regulations and identifying strategies for the Exchange to remain in compliance. This position, which reports directly to our Policy Team Lead, has been vacant since August 12, 2024, and the Exchange completed interviews with potential candidates on October 14. A successful candidate has been chosen, and we hope to have the position filled within the month of October.

The second position is our Policy Team Lead, an integral leadership role within the Exchange. This position, which reports to the Executive Director, has been vacant since September 30, 2024. Although the recruitment for this position has not yet been opened to applicants, we hope to begin accepting applications the week of October 21, with the goal of filling the position by early November.