



Silver State Health Insurance Exchange

2310 South Carson Street, Suite 2

Carson City, NV 89701

T: 775-687-9939

F: 775-687-9932

www.nevadahealthlink.com/sshi

AGENDA ITEM

☐ For Possible Action

☒ Information Only

Date: February 18, 2025
Item Number: XII
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.

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GENERAL COMMENTS

In the two-month interim since the December 17, 2024 Board Meeting, the Exchange has been primarily focused on the completion of the Plan Year 2025 Open Enrollment Period (OEP), the results of which will be detailed later in this report. Additional areas of emphasis included negotiations with technology vendor GetInsured to extend the Exchange's existing contract for technology platform and call center services; the submission of OEP-related metrics to CMS in accordance with the Exchange's statutory reporting obligations; and analysis of CMS' proposed Notice of Benefit and Payment Parameters for Plan Year 2026.

From my perspective as the Exchange’s Director, the completion of OEP also provides an opportunity for reflection. Having occupied this position for the last two Open Enrollment Periods, it’s my genuine belief that SSHIX continues to rank among the highest performing State Based Marketplaces in the nation, and I want to take this opportunity to thank the Board for their consistent support as we further our goal of improving every aspect of the Exchange’s operations.

FOUR MONTH LOOK-AHEAD

Plan year 2025 Special Enrollment Period

January 16, 2025, marked the beginning of the Plan Year 2025 Special Enrollment Period (SEP). From that date forward, Nevadans who wish to enroll in marketplace health or dental coverage for Plan Year 2025 must have experienced a Qualifying Life Event (QLE) in order to qualify for an SEP enrollment. Concurrent with the launch of 2025’s Special Enrollment Period, the Exchange modified the configuration of its eligibility verification rules with respect to a number of QLE scenarios, including the birth of a new child, marriage or divorce, and the loss of minimum essential health coverage (e.g., loss of employer-sponsored coverage). Historically, SEP enrollment windows for these scenarios were approved based on applicant self-attestation. Going forward, however, applicants reporting these event types will be required to provide supporting documentation before their SEP enrollment window will be approved. This change is part of the Exchange’s overall commitment to improving program integrity.

CMS Rule Changes for Plan Year 2026

On January 13, 2025, CMS released the final HHS Notice of Benefit and Payment Parameters (NBPP), which details rule changes that will impact ACA Marketplaces for Plan Year 2026. As is typical each year, our Policy Team is currently reviewing the final rule changes to assess their impact on the Exchange’s operations. Among the applicable rule changes promulgated in this year’s NBPP are:

- Allowable Cost-Sharing Reduction (CSR) Loading: CSR loading practices—which entail the increase of premium rates to offset the cost of providing CSR benefits—will be allowed when the adjustments are actuarially justified and follow state law.
- Advancing Health Equity and Mitigating Health Disparities: This rule will allow issuers to implement a fixed-dollar premium threshold, and/or a percentage-based premium payment threshold, which will enable consumers to maintain their coverage even if they have not paid the full amount owed. In practice, this rule is likely to reduce the number of Exchange enrollments which are terminated by issuers for non-payment of premiums.
- Increased Transparency: CMS will begin releasing State Marketplace operations data, including spending on outreach and additional Open Enrollment customer service metrics (e.g., call centers and websites).

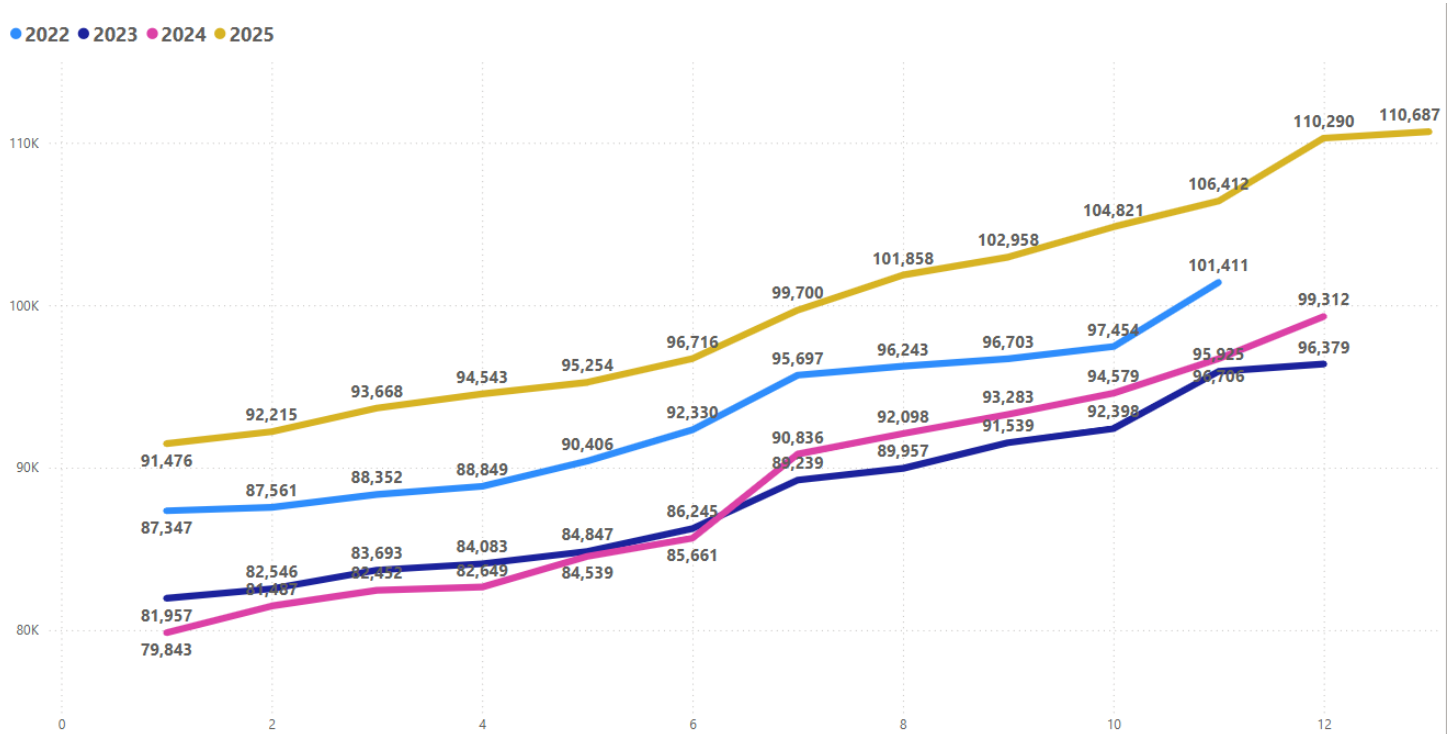
In addition, the Trump administration intends to propose additional rules that will address program integrity for ACA marketplaces. Although this proposal is still under review by the White House Office of Management and Budget, the latest information available to the Exchange suggests that it will include more stringent verification requirements for SEP eligibility, and might shorten the maximum allowable duration of the annual Open Enrollment Period.

DACA Eligibility Changes

As of the date of this report, the federal lawsuit regarding ACA eligibility for DACA recipients is ongoing, and DACA recipients residing in Nevada remain eligible to enroll through Nevada Health Link. The Exchange will continue monitoring the progress of this lawsuit to ensure that Nevada remains in compliance with the latest federal guidance.

OPEN ENROLLMENT 2025

The Plan Year 2025 OEP marks the Exchange’s most successful to date, with 110,687 Nevadans enrolling in health coverage through the Nevada Health Link marketplace prior to the January 21, 2025 plan selection deadline. This figure represents an 11.5% increase over Plan Year 2024, and a 9.1% increase over the previous enrollment record set in 2022. The following chart illustrates the week-over-week enrollment trends versus the previous three Plan Years:



26,852 of these plan selections represented new enrollees who did not have health coverage through Nevada Health Link on or after November 1, 2024, up from 25,553 new enrollees in 2024, and 19,410 new enrollees in 2023. This suggests to the Exchange that while our marketing efforts are clearly having a positive impact on brand recognition and ACA awareness/literacy throughout the state, the retention of 2024 enrollees—based in part on this year’s all-time-high renewal success rate of over 99.9%—also played a significant role in 2025’s record enrollment numbers.

In addition to the 101,687 health enrollees—21,836 of whom also enrolled in dental coverage through Nevada Health Link—2264 Nevadans enrolled in dental coverage only, for a total of 112, 951 Nevadans who enrolled in health and/or dental coverage for Plan Year 2025.

2025 LEGISLATIVE SESSION UPDATES

Thus far in the 2025 Legislative Session, the Exchange is tracking two bills which could have a significant impact on our operations.

The first is Senate Bill 97, which is sponsored by the Senate Commerce and Labor Committee. This bill, which was highlighted in my December Executive Director’s Report to the Board, aims to extend QHP/QDP eligibility to certain categories of undocumented immigrants. This change would require the configurable modification of the Exchange’s “Lawful Presence” verification functionality. On Friday, February 14, the Exchange submitted a fiscal note to the

Legislative Counsel Bureau to confirm our assessment that the \$1,000,000 appropriation specified in the bill text should be sufficient to cover the costs of bill's implementation requirements.

The second is a forthcoming Bill Draft Request (BDR) related to the proposed creation of the Nevada Health Authority. Because the Nevada Health Authority was addressed by the previous item on today's agenda, I will forgo a detailed explanation in this report for the sake of brevity. However, I would like to underscore my enthusiastic support for the benefits that the initiative aims to provide to all Nevadans, particularly those whose health coverage depends upon effective collaboration between the Exchange and our partners at Nevada Medicaid.

Lastly, the Exchange will be called upon to defend its agency budget to the Legislature, and our first budget hearing is tentatively scheduled for Monday, March 24th. Among the enhancements in the Exchange's budget are requests for two new staff positions: one is for an additional Plan Certification position, which is meant to offset consistent increases to our plan certification caseload in recent years; and the other is for a full-time tribal liaison, which will bolster the Exchange's ability to continue expanding our Tribal Partnership Program.

TRIBAL PARTNERSHIP PROGRAM

The Exchange continues its focus on furthering the Tribal Partnership Program, which is now entering its third year. In December, we were invited by Stacey Montooth, Director of the Nevada Department of Native American Affairs, to sponsor the biennial Tribes Day at the Nevada Legislature on Tuesday, February 11th. In addition to staffing a Navigator booth at the event, the Exchange was offered the privilege of presenting an overview of the benefits available to American Indian and Alaska Native (AIAN) enrollees through Nevada Health Link, which provided a rare opportunity to address representatives from numerous tribal government councils throughout the state.

The presentation included an overview of the Exchange's forthcoming tribal partnership initiatives, such as our goal of partnering with a native photographer to capture professional-quality photo and video assets at tribal community events throughout the state, as well as our intent to engage members of Nevada's tribes to translate our fact sheets, resource guides, and future publications into their native languages. After the presentation, I spoke with several representatives who were interested in learning more about the Exchange's commitment to Nevada's 28 federally recognized tribal nations, and based on their feedback it's my belief that the information we provided was favorably received. In my estimation the Tribes Day event a significant and meaningful milestone in our continued efforts to build community trust amongst our tribal partners.

Perhaps the most encouraging sign related to the Exchange's Tribal Partnership Program was identified in our post-OEP analysis of Plan Year 2025 enrollments. Following the conclusion of the Plan Year 2024 OEP, the Exchange had 774 self-identified AIAN applicants enrolled in health coverage through Nevada Health Link. In 2025, that number climbed to 1033 AIAN enrollees, representing a 33% increase over the last year.

AUTOMATIC VOTER REGISTRATION

As indicated in the December Executive Director's Report, the Exchange worked diligently in the fourth quarter of 2024 to finalize the Exchange's implementation of the Automatic Voter Registration (AVR) reporting requirements defined in NRS Chapter 293 (per AB 432, 2021 Legislative Session). However, in December, representatives from Nevada's Division of Welfare and Supportive Services (DWSS)—who, like the Exchange, were named in AB 432 as an Automatic Voter Registration agency—raised concerns about their statutory authority to share Medicaid applicant information with the Nevada Secretary of State. Although the Exchange had successfully tested its implementation of the AVR system, DWSS' concerns prompted us to initiate a careful review of our statutory authority to share marketplace applicant information.

Our preliminary findings suggest that the Exchange does not, in fact, possess the statutory authority to share applicant data with outside agencies unless special approval is granted by CMS.

We are unsure why this particular issue was not investigated in more detail by the Exchange's leadership during the 2021 Legislative Session, however our current priority is to safeguard the Exchange from any potential liability that could result from reporting Nevada Health Link applicant data to the Secretary of State before clarification is received from CMS. Guidance from CMS seems to be on hold at present pending the establishment of their newly-appointed leadership, so the Exchange has made the decision to put AVR reporting on hold until further clarification can be obtained.

PERSONNEL UPDATES

During the week of February 10th, 2025, the Exchange interviewed four well-qualified candidates for the position of Plan Certification Manager, and we anticipate selecting one of these candidates by February 21st, with the goal of filling the position by early March. This will leave the Exchange with one remaining vacancy, an Administrative Assistant position in our Henderson office, the recruitment for which was placed on temporary hold in January pending completion of the Open Enrollment Period. We anticipate opening this recruitment in late February or early March, with the goal of filling the vacancy in late March.