



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/sshiix

FISCAL AND OPERATIONAL REPORT **PROVIDED TO THE GOVERNOR AND LEGISLATURE** **PURSUANT TO NRS 695I.370 (1) (B) & (C)** **JUNE 30, 2025**

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, 2025, through June 30, 2025.

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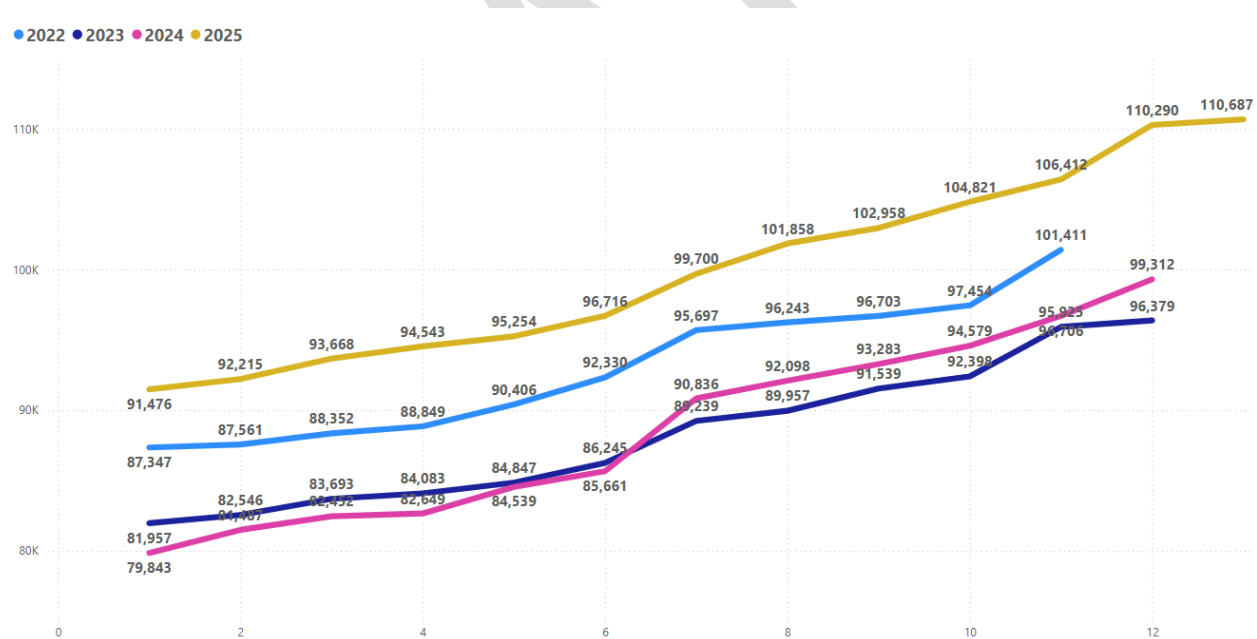
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EXECUTIVE SUMMARY

During the first half of 2025, the Silver State Health Insurance Exchange (Exchange) was primarily focused on tracking the activity in the 83rd Nevada Legislative Session, as well as assessing the potential impact of numerous proposed changes at the federal level. We have also been working in close collaboration with the Division of Health Care Financing and Policy (DHCFP) and the Division of Insurance (DOI) to prepare for the rollout of the forthcoming Battle Born State Plans, part of Nevada's Market Stabilization Program. A brief summary of the Exchange's activities during this time period is provided below.

Plan Year 2025 Open Enrollment Period (OEP)

The Plan Year 2025 OEP was the Exchange's most successful to date, with 110,687 Nevadans enrolling in health coverage through the Nevada Health Link marketplace platform 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 Affordable Care Act (ACA) awareness/literacy throughout the state, the retention of 2024 enrollees—based in part on this

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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 unique Nevadans who enrolled in health and/or dental coverage for Plan Year 2025.

Federal Rule Changes

Between March and May of 2025, a number of federal rule changes were proposed by CMS and Congress which, if enacted, would have a significant impact on the Exchange's operations and the ongoing eligibility of Nevada Health Link consumers. Among the most impactful of the proposed changes would be the elimination of subsidy eligibility for most categories of lawfully present immigrants, which would result in significant monthly premium increases for approximately 20% of Nevada Health Link enrollees. Another proposed rule would shorten the annual OEP by more than four weeks, which the Exchange estimates would significantly reduce the number of new consumers who enroll in coverage during OEP.

In addition, the Enhanced Premium Tax Credits introduced by the American Rescue Plan Act, and later extended by the Inflation Reduction Act, are scheduled to expire at the end of 2025. If the enhanced tax credits are not extended by congressional action before the end of the year, the Exchange estimates that the monthly premiums of Nevada Health Link's subsidized enrollees will increase by an average of more than \$85 per month, with many households seeing an increase of over \$350 per month. The combined impact of these changes could result in a statewide marketplace enrollment decrease of more than 20% by 2027.

83rd Nevada Legislative Session

The 83rd Nevada Legislative Session began on February 3rd, 2025, and adjourned *sine die* on June 3, 2025. The Exchange tracked approximately 30 Assembly and Senate Bills and responded to numerous requests for fiscal notes throughout the legislative session, however only two Bills which had an operational impact on the Exchange were ultimately passed by the Legislature.

SB97 revised the membership of the Exchange's Board of Directors by requiring that one member appointed by the Governor be a member of an Indian tribe located in this State with expertise in health care administration for an Indian tribe.

SB494 changed the Exchange's governance model by creating a new Department within the Executive Branch known as the Nevada Health Authority; creating a new Division within the Health Authority known as the Consumer Health Division; moving the Exchange under the Consumer Health Division; revising the duties, composition, and authority of the Exchange's Board of Directors; and revising the manner in which the Exchange's Executive Director is appointed.

In addition, the Governor's Recommended Budget (G01) for the Exchange has been released. The Exchange is waiting for final legislative approval of the Budget and expects very minor modifications to the GO1. This budget included funding for two new positions: an additional

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position related to the Certification of Health and Dental plans (currently the Exchange has only one Plan Certification position), and a full-time Tribal Liaison (currently the Exchange has a part-time tribal liaison).

Battle Born State Plans

In February, 2025, the Exchange began meeting regularly with the DHCFP's administrative team to develop a marketing strategy for the rollout of the forthcoming Battle Born State Plans (BBSPs). The Exchange's annual fall marketing campaign will be enhanced to promote awareness of BBSPs, with particular emphasis on the availability of new options—and potentially lower monthly premiums—in every area of the state. In addition, the Nevada Health Link marketplace website will be enhanced to visually distinguish BBSPs from non-BBSPs, and a filter will be introduced to allow website visitors to display only BBSPs. These changes are scheduled to be deployed in late September in advance of the October “window shopping” period, which provides a month for consumers and enrollment professionals to familiarize themselves with new plan offerings prior to the November 1 start of OEP.

Vendor Management

On April 8, 2025, Nevada's Board of Examiners approved a two-year extension to the Exchange's contract with technology and call center vendor GetInsured, which will ensure continuity of service to Nevada Health Link consumers through the end of Plan Year 2027. This extension was sought by the Exchange in part to help ensure the stability of the BBSP rollout mentioned above, and to provide maximum flexibility to the new administration of the Nevada Health Authority. However, the Exchange is also grateful for the opportunity to continue its remarkably successful business relationship with GetInsured, whose expertise has been an integral part of our enrollment gains in recent years.

In March, the Exchange executed a contract with Bulletproof Solutions, a vendor who specialized in IT security audits, to conduct a federally-required, triennial security assessment of the Nevada Health Link website platform. As of the date of this report's preparation, the Exchange appears to be on track for an on-time submission of Bulletproof's completed Security Assessment Report by June 13, 2025, and no significant findings were encountered during the assessment.

Throughout the first half of 2025, the Exchange has worked closely with marketing vendor The Abbi Agency to assess the effectiveness of the previous fall's marketing campaign and to integrate awareness of BBSPs into the Exchange's upcoming marketing campaign. Details on these activities are provided in the Marketing & Advertising section of this report.

Automatic Voter Registration

The Exchange worked diligently throughout 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 of 2024, representatives from Nevada's Division of Welfare and Supportive Services (DWSS)—who, like

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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 findings suggest that the Exchange does not, in fact, possess the statutory authority to share applicant data with outside agencies, and that even CMS does not have the ability to grant approval to the Exchange to share this information for any purpose that does not directly support the administration of the Exchange’s statutory obligations under the Affordable Care Act.

At present the Exchange is uncertain why this particular issue was not investigated in more detail by its leadership during the 2021 Legislative Session, however our current priority is to safeguard the Exchange from any potential liability that could result from the unauthorized furnishing of Nevada Health Link applicant data to the Secretary of State. As a result, the Exchange has made the decision to put AVR reporting on hold until further clarification can be obtained from CMS.

Personnel Updates

As of the date of this report’s preparation, the Exchange has only one vacancy out of 27 full-time positions, which is an Administrative Assistance position located in our Henderson office. Recruitment for the two new positions approved in the 2025 Legislative Session will occur in the first quarter of State Fiscal Year 2026.

MARKETING & ADVERTISING

General Comments

The period after open enrollment 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 collaborated to communicate the Special Enrollment Period (SEP) to target audiences who have experienced Qualifying Life Events. This campaign features website landing pages in both English and Spanish, a continuation of the animated concept with simplified messaging, digitally focused advertising, and a robust community outreach program

General Research & Insights

In support of marketing efforts, multiple research studies were conducted. M4C designed and fielded two surveys immediately following the end of open enrollment in January 2025: A robust

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survey of Nevada residents including a sub-sample of Spanish-speaking Nevadans (n = 3,167), a survey of current Nevada Health Link consumers (n = 1115).

The annual Future Audience Evaluation Survey (Pulse survey) was conducted for a third consecutive year to provide an overview of potential future audiences for Nevada Health Link. Similar to previous years, the survey utilized a robust multi-mode approach including phone, text-to-web, and online surveying 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. Now with three years of data, M4C was able to track initial trends over time in future audience attributes as well as patterns of change in awareness and attitudes toward NVHL among the general public in Nevada. Findings from this survey will contribute to planning for the marketing campaign for OEP PY25 by helping to focus on message frames and further understand the demographic characteristics and experiences of potential future customers. This year's survey provided multiple important findings including:

- 1 in 3 Nevadans were aware of the 2025 OE messaging campaign.
- Recall of specific campaign messages was associated with increased visits to the NVHL website.
- The proportion of Nevadans who are uninsured has declined slightly over the past three years (change was within the margin of error).
- Subsidy-eligible Nevadans were more aware of and had more positive views of Nevada Health Link.
- Nearly half of Uninsured, subsidy-eligible Nevadans who had shopped for insurance within the past 4 months had visited the NVHL website.

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 ability to navigate the site and more easily choose health plans that were a good fit for their needs, 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 the continued optimization of the website and shopping portal. Additional key findings from the survey include:

- The net promoter score for NVHL in 2025 was 38 and has steadily increased from 2024 (33) and 2023 (24).
- 79% of enrollees found it somewhat or very easy to find the information they needed at NevadaHealthLink.com, up from 73% in 2024.
- Enrollees who recalled the OE messaging campaign were more likely to recommend NVHL to others.

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 2025 Open Enrollment Period. A key addition to the analyses this year was targeted geographic analysis by zip code that was matched to findings from our survey and to the outreach data and messaging strategy employed by The Abbi Agency.

Battle Born State Plan Implementation Support

The Silver State Health Insurance Exchange team has worked collaboratively with the Division of Insurance and the Division of Health Care Financing & Policy (DHCFP) to implement the Battle Born State Plans for PY 2026. The Abbi Agency has provided marketing and communications counsel and support for these efforts. Specifically, The Abbi Agency helped create a customized graphic logo to be utilized as a marketing signifier for BBSPs on the platform as well as in communications to potential enrollees and stakeholders. The BBSP logo will be displayed on the window-shopping platform to help distinguish these plans from standard Qualified Health Plans. Additionally, our technology partner, Get Insured, will implement a toggle feature to filter BBSP plans, along with a static banner for added visibility. The SSHIX and TAA teams provided web design support to create a landing page with information on the Battle Born State Plans.

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

TAA looked to maintain a strategic and diverse media budget to reach Nevadans across key digital platforms. Our approach utilizes a full-funnel strategy: Google Search and Display to build awareness of Nevada Health Link and the Special Enrollment Period (SEP) and drive traffic to the website; targeted paid social media to guide consideration through life event-focused messaging; and upper-funnel tactics like YouTube and Spotify for high-frequency brand awareness and recognition.

The strategy was focused on the ongoing commitment to reaching all Nevadans, recognizing the state's growing diversity. The 2025 Special Enrollment media plan prioritizes inclusive engagement with historically underserved groups and the general population. The media plan is specifically designed to reach both rural and urban populations throughout Nevada.

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Our digital advertising on NevadaHealthLink.com utilizes retargeting to maintain engagement with interested individuals and reinforce campaign messaging. These retargeting campaigns consistently remind those who have shown interest in Nevada Health Link enrollment, increasing awareness, and driving consideration within our target audiences. Since restarting in February, the SEP campaign has directly resulted in 70 enrollments according to GA4 (Google Analytics) and has generated awareness among thousands of Nevadans.

Paid Media Tactics

Google SEM:

The SEP geo-targeting strategy expanded to cover the entire state of Nevada, optimizing reach and engagement through responsive search ads. These dynamically served the best-performing combinations of headlines and descriptions to each user. This campaign drove 2,309 clicks from 13,015 impressions, with a strong CTR of 17.74% and CPC of \$1.28, indicating strong ad relevance and user intent. The total cost came in at \$2,966.04. This channel continues to serve as the primary driver of high-intent site traffic, effectively feeding retargeting pools for Meta and Display.

Google Display:

Display efforts focused on maximizing brand exposure through cost-efficient impressions. The combined campaigns delivered over 999,794 impressions and 6,410 clicks, averaging a CTR of 0.64%. The retargeting arm of Display yielded 182 clicks from 116,894 impressions (0.16% CTR) at a CPC of \$2.26, while the primary Display campaign performed more efficiently with 6,228 clicks, 0.71% CTR, and an exceptionally low CPC of \$0.10.

StackAdapt:

StackAdapt channels drove considerable reach, especially through Digital Out-of-Home (DOOH), which delivered 88,318 impressions at a CPM of \$25.28, aligning with traditional OOH benchmarks. The Spotify audio campaign added 16,048 impressions at a CPM of \$16.11, reinforcing its role as an awareness-focused tactic. Combined, these channels invested \$2,490.82 to generate visibility in key lifestyle and commute-driven environments, providing ambient, passive exposure at scale.

Meta:

Our paid social ads continued to deliver strong performance across multiple campaigns, driving efficient reach and engagement. With 326,494 impressions across three flights, the platform generated 2,033 clicks and maintained consistent CTR performance between 0.36% and 0.93%. Notably, the Spanish-language campaign demonstrated the effectiveness of our tailored creative, delivering 640 clicks from 100,217 impressions. The total spend across Meta campaigns was \$1,695.87, reaffirming the platform's value in fostering meaningful audience interaction and supporting retargeting efforts across Meta.

Off-Season Content Strategy

In the post-open enrollment period, The Abbi Agency established content clusters to provide new and returning users with essential background information, guide them through the enrollment process, and highlight the unique benefits Nevada Health Link offers.

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

Content Tactics

Website

The SEP landing page has been updated to have the same imagery and styling as the evergreen campaign. This provides the consumer with a consistent experience from advertising into the digital space, building brand familiarity and trust.

Blog Content

TAA has implemented a structured blog optimization process with various impact levels. These are meant to refine brand voice and provide accurate information updates to consumers.

Newsletter

The off-season email strategy aims to drive year-round engagement by using segmented, personalized communications to maintain interaction and streamline outreach. A key focus is Mailchimp tagging, which organizes a single master list for each audience with consistent, date-based, and attribute-based tags in line with FTP uploads. This method facilitates dynamic content delivery based on factors such as geography and enrollment status. Core components include audience-specific automation, such as scheduled resends, monthly list maintenance, targeted segmentation, and A/B testing to improve performance before Open Enrollment.

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 Erika Aviles Consulting 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 NVHL's social strategy by capturing more in-person events and using photos that feature real Nevadans and/or NVHL staff in posts. Some examples of this are our Navigator Interviews and Man on the Street Interviews, where we engage and educate the audience in new fun ways on all social media platforms in short-form videos. We also will be looking to create connections with community partners to tell real stories about our rural and local communities.

Public Relations Overview & Strategy

Immediately following the end of the 2025 Open Enrollment Period, marking the largest enrollment to date, Nevada Health Link garnered significant earned media coverage around the success of Open Enrollment. This strategy included a data-driven press release distributed after Open Enrollment concluded and pitching to data reporters at local news outlets including the RGJ (Reno) and KLAS - Ch. 8 (Las Vegas).

Since then, the off-season PR campaign for Nevada Health Link has largely focused on building partnerships and strengthening community relationships with stakeholders, organizations, and the general public.

The Abbi Agency will resume active PR pitching and earned media strategies until there is newsworthy or timely information to share, including the creation of the Battle Born State Plans, the creation of the Nevada Health Authority, announcement of rates/plan options and potential changes to the Open Enrollment timeline.

This has led to a proactive community outreach and influencer approach and a reactive media relations approach during the off-season. Introducing influencers to our PR strategy for the first time comes at a turning point in the PR industry, where newsrooms are shrinking, and social media has significantly integrated into PR strategies. With 60% of PR professionals reported using influencers and content creators as part of their core strategy, we've developed new tactics involving local influencers in Nevada Health Link's brand, which includes pitching:

- Health Industry Influencers: Influencers educating Nevadans on the need for health coverage and reaching caretaker demographics.
- Musical Influencers: Local musicians to uplift NVHL's jingle launched ahead of last year's Open Enrollment and generate brand awareness.
- General NV-based Content Creators: Targeting creators with hyper-local followings who may attract potential consumers.

Additionally, TAA has continued to foster relationships with core community organizations by setting up introduction and discovery calls between Nevada Health Link and organizations such as Southern Nevada Health District, Boys & Girls Club, Communities in Schools, UNLV, UNR, Reno Aces, and more.

The Abbi Agency's multicultural outreach vendor, Ericka Aviles Consulting (EAC), helped support the following outreach strategies and initiatives during the off-season:

- Identified and recommended organizations for potential partnerships during SEP:
 - African Diaspora Healthcare Committee
 - SNHD Vida Saludable
 - Just One Project
 - Three Square Food Bank
 - The Odoobo Collective
 - UNR Cooperative Center

- RTC
- Finalized 4 outreach events in targeted zip codes and audiences.
- Secured 10 new sponsorship events targeting multicultural audiences.
- Secured Media Advertising & Branding opportunities in El Nevadense/The Nevadan Newsletter

Transitioning Multicultural Vendors:

After careful consideration and multiple discussions between The Abbi Agency and Nevada Health Link, we came to the joint decision to conclude our partnership with Ericka Aviles Consulting and identify a new multicultural vendor partner to enhance Nevada Health Link's presence among multicultural demographics in Nevada, including Hispanic/Latino, Black, AAPI, Tribal/Native Americans, and others.

Through a collaborative selection process with team members from both TAA and NVHL, the agencies together interviewed and evaluated five potential Nevada-based partners. Through a seamless transition, we have mutually selected a new vendor, IC Media, to support multicultural outreach initiatives going forward. This process demonstrated our ability to identify areas of opportunity for Nevada Health Link's multicultural outreach and support Nevada Health Link's mission of serving all Nevadans in need of health insurance.

The Exchange is confident that IC Media will be able to fulfill the need to reach more Nevadans, provide strategic direction in Spanish campaigns, and enhance Nevada Health Link's overall brand awareness to its diverse audiences. With the official onboarding of IC Media having started in late May, the team is already working on a social media audit, identifying earned media opportunities in the North and the South, and ideating Open Enrollment strategies.

Special Enrollment Period: Event Outreach and Community Relations

During the Special Enrollment Period, the community relations and event outreach teams focused on enriching the off-season marketing plan through community outreach and engagement. This has included engaging in conversations with community organizations such as the Southern Nevada Health District, Boys & Girls Club, Communities in Schools, UNLV, UNR, Reno Aces, and more, to discuss potential community activations, events, and collaborations.

This strategy also included attendance of events and key sponsorships across the state. Navigators have participated in 101 community events between January 1, 2025, and June 30, 2025. More than 37,828 people attended the events where we had navigators attending, with Navigators reporting 16,053 interactions with attendees. Amongst those events, NVHL completed a total of 16 sponsorships.

Below is a list of events Nevada Health Link has participated in over the past six months.

January 1 – June 30 Events:

- Dia de Reyes Resource Fair

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- FBNN Mobile Harvests
- 2024 Winter Policy Summit
- Las Vegas Job Fairs
- Preview Las Vegas 2025
- MLK JR. Run
- 37th Annual Dr. Martin Luther King Jr. Birthday Celebration Dinner - Northern Nevada Black Cultural Awareness Society (NNBCAS)
- Resource Fair for Inner Healing Center
- 2025 Las Vegas School Choice Fair School
- NAMI & Puentes Las Vegas Immigrant Rights Workshops
- Together Against Breast Cancer 2025 5K/10K/13.1 LAS VEGAS
- AAPI Chamber's Las Vegas Lunar New Year Festival
- Nevada Tribes Legislative Day hosted by: Nevada Department of Native American Affairs
- Immigrant Rights and Wellness Seminar and Resource Fair
- Black History Month Festival
- Shades of the Black Experience
- Puentes and Siegel Cares Resource Fairs
- Reno Seniors Engaged Resource Fair
- Nevada's Congressional District 4 Mobile Office Hours w/ Congressman Horsford
- Immigrant Rights and Wellness Seminar and Resource Fair
- Dia Internacional de La Mujer
- International Women's Day Festival
- Veterans Stand Down
- Peace Walk & Super Saturday Family Fun Festival/ Commissioner Justin Jones
- Annual C.I.S. Knowledge Fest Resource Fair / Annual Community Partner Resource Fair
- Spring Valley Library Spring Fair
- Boys & Girls Day Out/Week 2025
- Mingo Health Solutions Resource & Networking Fair
- Northern Nevada HOPES Sagebrush Smiles
- CCSD Parents Empowering Parents
- Spring into Reading! Open House hosted by Vegas Vista Academy
- Boys & Girls Club Kickoff to Summer
- Bolden Little League Opening Day
- CCSD Adult Education - Desert Rose Community Resource Fair
- Tahoe Knight Monsters Hockey Games
- 2025 Annual Thai New Year Community Health Resource Fair
- Easter Eggstravaganza
- Senior Expos
- Northern Nevada Public Health Spring School Vaccine Clinic with WCSD
- Earth Day at Springs Preserve
- Spring Carnival & Egg Hunt at the Ranch
- Councilwoman Brune 2025 Spring Fling & Classic Car Show

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- Caribbean Heritage Festival
- Flavors of Aloha
- 1st Annual Power Scholars Academy InventFest
- The Kiwanis Club of Centennial Hills Superhero 5K Run.
- 2025 Biggest Business Expo & Career Fair - Chamber of Commerce Reno + Sparks
- Take A Walk in Their Shoes with Your Perfect Footwear Foundation with Commissioner Justin Jones
- Art in the Park & Community Fair
- Carnaval Cultural Fiesta Morelense
- SNVRHA Family Day Resource Day Event
- NABIP Northern Nevada Symposium
- Immunization Clinic at CCSD Family Support Center presented by SNHD
- Family Health Festival
- Reno River Festival
- Whitney Youth Resource Fair
- Resource Fair Family Fun Day hosted by The Children's Cabinet
- Reno/Sparks Walk for ALS 2025
- Southern Nevada Pride Fest
- The Cookout: A Juneteenth Celebration
- The Reno-Sparks Tribal Health Center Annual Health Fair
- Juneteenth Festivals
- Rock Tahoe Half Marathon

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

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applicable state Nevada Revised Statutes (NRS), Nevada Administrative Code (NAC), federal law, and rule changes as they occur.

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 issued 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 for the start of PY25, received from January 1st, 2025 – to May 31st, 2025.

The information 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 2025	12	91.6%	2.916
February 2025	10	20%	6.5
March 2025	16	25%	7.625
April 2025	21	38%	Processing on-going
May 2025	Process on-going	Process on-going	Processing on-going

PLAN CERTIFICATION

The plan certification team consists of the Policy and Compliance Manager, and the Plan Certification Manager. The SSHIX team is happy to report that David Millar has been hired for the Plan Certification position. The Policy and Compliance Manager will work collaboratively with the new Plan Certification Manager through the process of certifying plans for the PY26 Plan Certification Season. With OEP coming to an end on January 15th, 2025, the Plan Certification Manager has continued to stay busy from January- June 2025. During these months, the plan certification manager has followed the release of the yearly Notice of Benefit and Payment Parameters (NBPP) for PY26. The NBPP dictates final standards for issuers and the Marketplace. This year, as in previous election years, the new administration has released a second version of the NBPP. The second iteration, the Marketplace Integrity, and Affordability Rule is mainly focused on State Based Exchanges. There are a lot of changes proposed that will impact the daily duties of the Plan Certification workflow.

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The Exchange's Letter to Issuers was updated to provide updates on operational and technical guidance for the 2026 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, 2025. For the next few months, the plan certification team will collaborate with issuers and the Division of Insurance to certify plans for the 2026 plan year. The Plan Certification Team is also working to research changes needed to support the implementation of Battle Born State Plans for PY26 and 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.

Building on the completed LCB and IRS audits from late 2024, the Information Security Officer (ISO) has continued work on closing out the remaining IT audit findings. These efforts include addressing technical, procedural, and documentation-related recommendations to ensure full compliance. In parallel, the ISO is finalizing the MARSe assessment, with all required documentation scheduled for on-time submission to CMS by mid-June. This marks a significant milestone in maintaining our federal compliance posture and demonstrates our continued commitment to transparency and security best practices.

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 the 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. In addition to their ongoing responsibilities, the Reconciliation Team also supported select carriers and CMS during recent audits, assisting with data validation and providing documentation to ensure alignment between federal and state systems. This collaborative effort further highlights the team's role in maintaining accuracy, compliance, and strong working relationships with key stakeholders.

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.

QUALITY ASSURANCE

Consumer, Carrier, Broker, and Enrollment Professional Assistance

The Quality Assurance (QA) team consists of four (4) Program Officer 1 positions, and one (1) Business Process Analyst 1 as the QA team lead. The QA team reports directly to the Quality Assurance Officer who 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

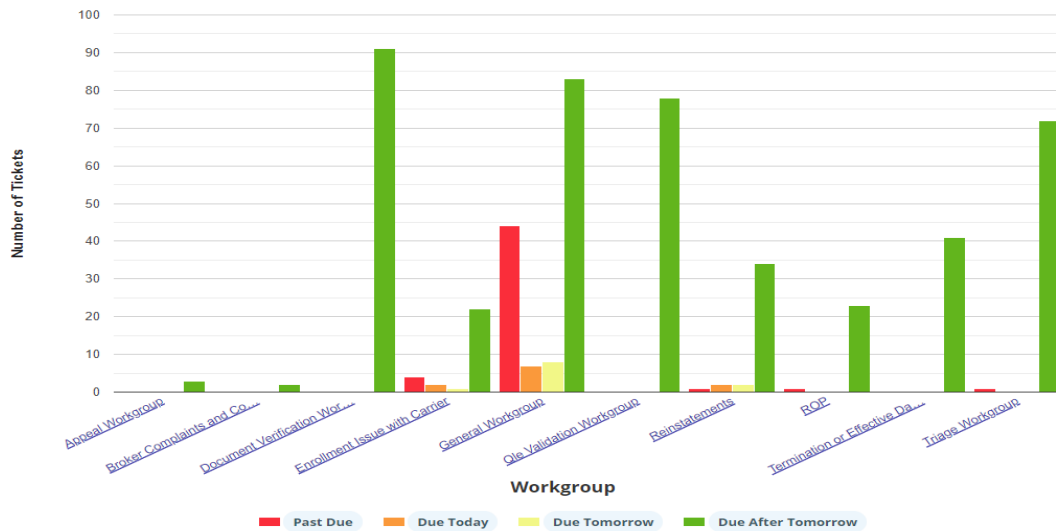
The QA team continues to utilize Salesforce case management software for case work between the Exchange and its insurance carriers which is referred to as the “Carrier Connector.” The QA team uses this platform to collaborate with the eight (8) qualified health plan carriers and four (4) qualified dental carriers. The QA team has successfully closed 1,793 cases between the period of January 1, 2025, to June 30, 2025.

Consumer Assistance Ticketing Aging Report

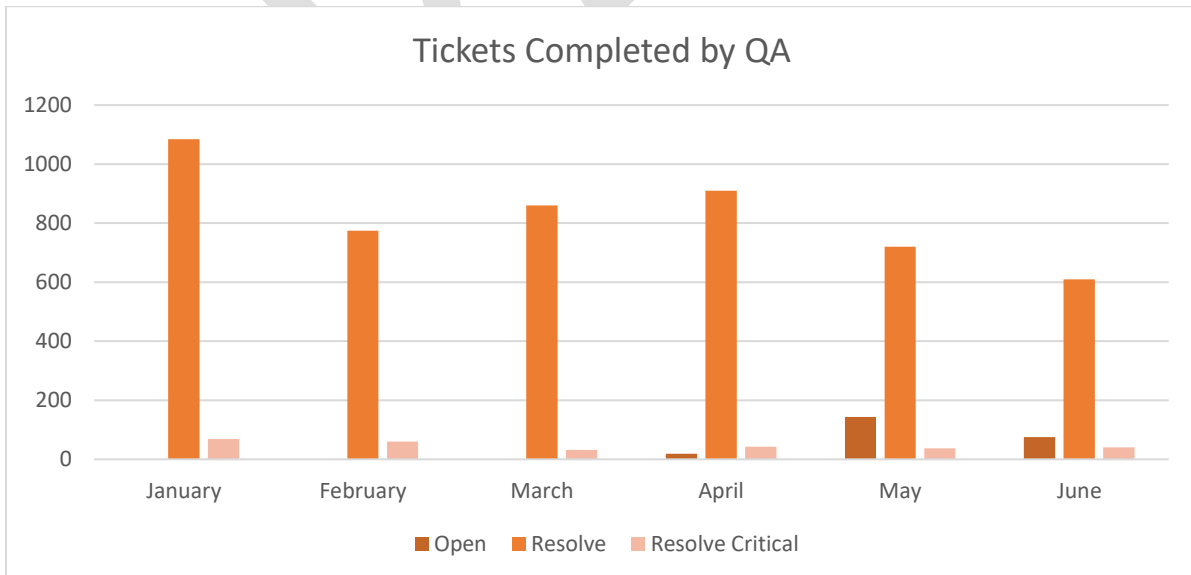
The chart below illustrates unresolved tickets processed by the GI call center and QA team. The chart is inclusive of consumer data matching issues (DMI’s) which includes issues needing resolution such as income verification, citizenship verification, validation of qualified life events, technical and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

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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, 2025, through June 30, 2025. The QA team has done an amazing job at completing tickets within 30 days of receiving the request.



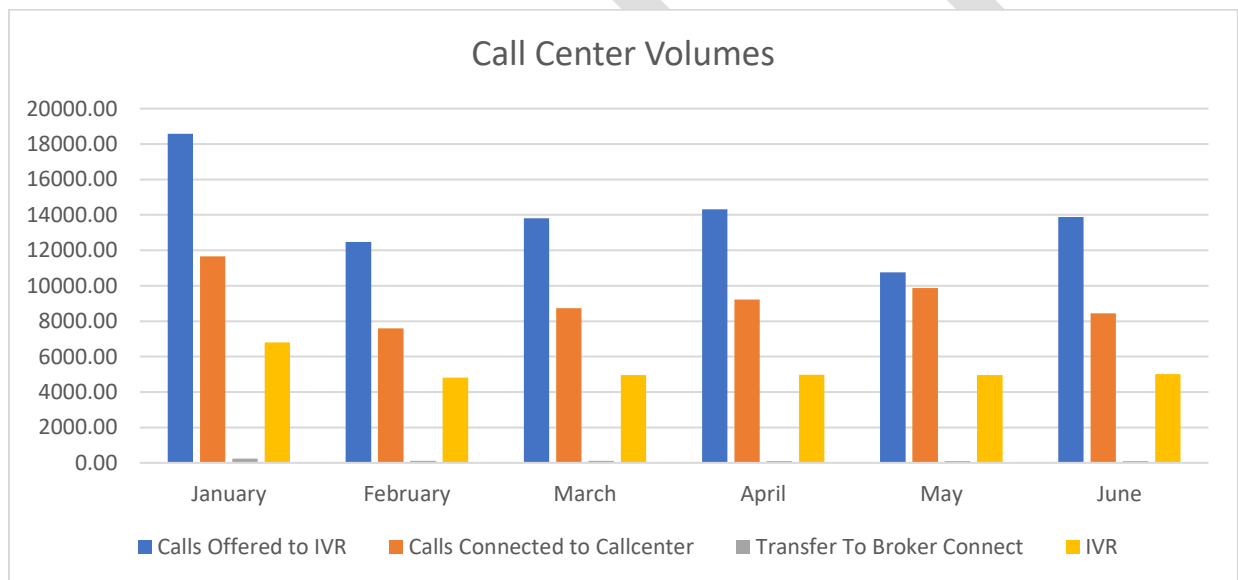
GetInsured Consumer Assistance Call Center

The Quality Assurance team supports and works closely with the GI call center team, which independently fields incoming calls on the Broker Support and Consumer Assistance support

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telephone lines. The chart below demonstrates the Consumer Assistance call center volume from January 1, 2025, through June 30, 2025. It should be noted that the difference between calls offered, and calls connected are typically handled within the Exchange's Interactive Voice Response (IVR) system.

The Silver State Health Insurance Exchange continues to utilize 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-service 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 through the IVR system is due to the implementation of Amelia. The highest call volume was on January 15, 2025 (last day of open enrollment), with 1,718 calls offered. The call center has maintained a 94% or greater customer satisfaction rate. The chart below highlights the Call Center Volumes for the timeline of this report and shows calls offered, calls connected and transfers to Broker Connect and IVR.



BOARD OF DIRECTORS

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 of Directors 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:
 - Valerie Clark, Chair

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- Jonathan Johnson, Vice-Chair
- E. Lavonne Lewis
- Quincy Branch
- Dr. Sarah Friedman
- Sam Kumar
- Amber Torres
- Ex-Officio Members (non-voting):
 - Kelli Lay as primary and Jenny Helton as secondary designee – Governor’s Office of Finance for Tiffany Greenameyer, Director
 - Scott Kipper as primary designee – Department of Business and Industry, for Dr. Kristopher Sanchez, Director
 - Stacie Weeks as primary and Todd Rich as secondary designee – 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 2025 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 2025 the Exchange is continuing 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.

The Exchange recently participated in the State of Nevada’s Class 21 Certified Program Manager (CPM) “consulting week” where a group of state employees acted as consultants on a project for our agency, where they reviewed NV Health Link’s Broker Certification process and training curriculum. After their research, the CPM consultants’ recommendations included:

- Implementing a post training survey
- Adding in videos, colors, pictures, and color blocks to reduce text heavy presence
- Moving placement of modules
- Utilizing more bullet points within the training curriculum to help break up the language

The Exchange plans to implement the above recommendations as we prepare for the broker certification and training and Intent to Sell process. The Exchange has implemented a Broker

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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 the agency to hold these stakeholders accountable when there are various responsibilities required by partnering with Nevada Health Link. For PY2026, the Exchange will no longer be using DocuSign to route for signatures; the Broker User Agreement is a document that requires signature, but the Exchange has established using Adobe for this process.

The Exchange currently has 840 licensed insurance brokers and agents who have been trained and certified on the Nevada Health Link enrollment platform. The Intent to Sell form became available via NevadaHealthLink.com on June 2nd for Plan Year 2026 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 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 ultimately to better serve the Nevada consumer. Starting May of 2025, the Exchange kicked off a brand-new series of training sessions known as Broker Workshop Wednesdays. These sessions, via zoom, are designed to help brokers and agents sharpen their skills, stay up to date, and get the most out of partnering with Nevada Health Link. The Broker Workshop Wednesdays will include such topics as how to complete the Intent to Sell form, step by step overview of the NVHL certification process, tips for navigating our enrollment platform and broker tools, and much more. These meetings were designed to not only serve as an educational opportunity for new brokers utilizing the platform for the first time, but also for seasoned brokers as new policies and procedures and guidance is provided to the Exchange.

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 continues 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 by way of site visits to existing broker offices in both the northern and southern part of the State.

The Broker Manager continues to focus on 1) training and certifying new and returning brokers for the PY 2026 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

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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 Benefits Insurance Professionals Southern Nevada) and NABIP (National Association of Benefits Insurance Professionals Northern Nevada) and Southern Nevada various Chamber of Commerce events including the Latin and Las Vegas Chambers

During January 1, 2025, through June 30, 2025, the Broker Manager conducted 28 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 2, 2025, for the 2026 Broker Award program. Eleven Brokers were selected and will be granted a one-year award, set to start on July 1, 2025. 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 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.

In addition, 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 and assist with enrolling in qualified health & dental plans through Nevada Health Link.

Between January 1st and June 30th of 2025, Navigators and IPAs, Nevada Health Link's primary event staff, attended over 100 in person events. Navigators and IPAs continue to attend in-person

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community outreach events, promoting education and enrolling consumers in Qualified Health and Dental Plans. The Navigators and IPAs continue to work diligently daily to promote the Special Enrollment Period (SEP) throughout the year after the end of Open Enrollment Period (OEP) on Jan. 15, 2025.

The grantees 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 through the Nevada Health Link platform.

The Navigator Program Manager attended several media interviews in the Las Vegas area, radio, and television community programs to promote Nevada Health Link during the open enrollment period and the continuous SEP. The Navigator Program Manager maintains communication and stakeholder relationships with all Navigator and IPA 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 live events, radio, and television interviews for Nevada consumers, as well as secure community events and sponsorships and monitor Navigator event attendance as they are the primary event staff representing NVHL at statewide 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 LGBTQ+ community (Southern Nevada)
- R.E.A.C.H. Ventanilla de Salud (Southern Nevada)

This is the second and final year for all navigator contracts awarded in July 2023. As a result, the Exchange started a new Request for Application (RFA) process on April 2, 2025, and received submissions from existing, grant funded navigator entities for the new contract period which begins July 1, 2025, and ends June 30, 2027. All RFA submissions were carefully reviewed and scored by an internal Exchange evaluation committee in May of this year. The entities selected for funding are notified, in writing, with a Notice of Grant Award (NOGA).

FEDERAL UPDATES

The Exchange monitors and tracks federal rule changes, court cases, and proposed legislation that may impact the way Nevada Health Link operates.

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

The NBPP for PY 2026 was released in proposed (draft) form on October 4, 2024, and was finalized on January 15, 2025. The Final Rule codifies changes affecting Exchange operations for plan year 2026 and beyond. Key changes for the next open enrollment and plan year include:

- Preventing Unauthorized Marketplace Activity Among Agents and Brokers
 - Strengthening Reviews and Enforcement Actions
 - Expanding Authority to Immediately Suspend Marketplace Agents and Brokers
- Addressing Allowable Cost-Sharing Reduction (CSR) Loading
- Advancing Health Equity and Mitigating Health Disparities
 - Updating Premium Payment Thresholds to Permit Fixed and/or Premium-Percent Thresholds
 - Essential Community Provider (ECP) Certification Reviews in States Performing Plan Management
- Making It Easier to Enroll in and Maintain Health Care Coverage
 - Extending Consumer Notification Requirements to Two Consecutive Tax Years for Failure to File and Reconcile
- Increase Transparency
 - Improve Public Reporting on Marketplaces
 - Quality Improvement Strategy (QIS) Information Sharing
- Strengthening the Marketplace's Impact on Consumers
 - Clarifying the Timeliness Standard for State Marketplaces to Review and Resolve Enrollment Data Inaccuracies
 - Reconsidering Denied QHP Certifications

The Marketplace Integrity and Affordability Rule was released in proposed draft form on March 10, 2025. This proposed rule has not been made final as of May 23, 2025. This rule proposes standards for the Health Insurance Marketplaces, as well as for health insurance issuers, brokers, and agents who connect millions of consumers to Affordable Care Act (ACA) coverage. The rule proposes additional safeguards to protect consumers from improper enrollments and changes to their health care coverage, as well as establish standards to ensure the integrity of the Marketplaces. Key changes include:

- Increasing Consumer Accountability and Continuous Coverage
 - Satisfying Debt for Past-Due Premiums
 - Eliminating Gross Premium Percentage-Based and Fixed-Dollar Premium Payment Thresholds
 - Shortening the Annual Open Enrollment Period for Individual Market Coverage
- Ensuring Subsidies for Eligible Individuals
 - Affirming Previous Interpretation of "Lawfully Present" Definition

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- Verifying Consumer Income Eligibility for Insurance Affordability Programs
 - Addressing Failure to File and Reconcile
 - Verifying Income When Data Sources Indicate Household Income Less than 100% of the Federal Poverty Level
 - Verifying Income When Tax Data is Unavailable
 - Stopping Extensions of the Period to Resolve Income Inconsistencies
- Reducing Improper Enrollments through Annual Eligibility Redeterminations and SEPs
 - Requiring \$5 Premium Responsibility
 - Removing Re-enrollment Hierarchy Standards
 - Rationalizing the Monthly SEP for APTC-Eligible Individuals with Household Incomes at or Below 150% of FPL
 - Conducting Eligibility Verification for SEPs
- Aligning Essential Health Benefit and Employer-Sponsored Benefits
 - Prohibiting Coverage of Sex-Trait Modification Services on EHB

Health Provisions in the 2025 Federal Budget Reconciliation

On May 22, 2025, the House passed a budget reconciliation bill that includes significant changes to both Medicaid and the ACA. The Next step is for the bill to go to the Senate for markup and review. If there are changes, the bill will then go back to the House for approval. While the exact timeline is unknown, the Exchange is working in collaboration with DOI on potential changes that could impact the Plan Certification Process. The high-level changes include the following:

- Open Enrollment Period (OEP)
- Special Enrollment Periods (SEPs)
- Special Enrollment Periods (SEPs) and tax credit eligibility
- Verifying personal information
- Verifying personal information
- Filing and reconciling
- Actuarial value (AV)
- Premium adjustment percentage (PAP) methodology
- Recapture of excess premium tax credits
- Premium underpayments and effectuation of coverage
- Automatic reenrollment
- Prohibits coverage of gender affirming care as an essential health benefit
- ACA Marketplace coverage eligibility for lawfully present immigrants
- ACA Marketplace coverage eligibility for Deferred Action for Childhood Arrivals (DACA) recipients
- Cost-sharing reductions (CSRs)
- Limitation on use of CSR funds for abortions

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FINANCE

The Legislatively Approved State Fiscal Year 2025 budget is as follows:

BA 1400 SILVER STATE HEALTH INSURANCE EXCHANGE		3601	
LEG APPROVED FUND MAP		QHP Fees	
SFY 2025			
Total FTE Count: 27			Totals
	REVENUE AUTHORITY	15,751,940	15,751,940
2511	Balance Forward	14,081,912	14,081,912
4669	Trans From Other B/A Same Fund		0
	Total	29,833,852	29,833,852
Cat	EXPENDITURE CATEGORIES		
01	Personnel	2,632,124	2,632,124
02	Out-of-State Travel	30,850	30,850
03	In-State Travel	23,861	23,861
04	Operating (supplies and other, less IT)	321,968	321,968
11	Transfer to DWSS	546,901	546,901
12	Exchange Platform	7,404,322	7,404,322
26	Information Services	60,788	60,788
30	Training	6,160	6,160
50	Marketing and Outreach	3,200,000	3,200,000
71	Navigators	1,559,506	1,559,506
75	Transfer to DWSS	12,310	12,310
82	DHRM Cost Allocation	7,859	7,859
85	Cash Reserve	13,996,803	13,996,803
87	Purchasing Assessment	3,237	3,237
88	SWCAP	19,839	19,839
89	AG Cost Allocation Plan	7,324	7,324
Total Expenditure Categories		29,833,852	29,833,852
Revenue Over (Short)		0	0

Balance Forward

State Fiscal Year (SFY) 2025 is projected to close with the Exchange carrying forward \$14,081,912 in cash reserves into SFY 2026. This is an increase of \$4,840,025 from the projected carry forward balance of \$9,241,887 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

At the time of this writing, the Governor's Recommended Budget (G01) has been officially released and totals \$30,963,195 in SFY 26 and \$31,625,725 in SFY 27. The Exchange is waiting for final Legislative Approved Budget and expects very minor modifications to the Governor's Recommended Budget. The G01 budget consists of 8 decision units, almost all of which relate to accommodating the growth the Exchange has experienced as a result of the transition to a State Based Exchange (SBE). The budget request includes 29 positions (27 existing and two new positions) to support operations as an SBE. The major enhancements to the Budget are summarized below:

The Exchange will utilize revenue from Carrier Premium Fees (CPF) to fund additional costs related to travel to conduct necessary agency business. During the SFY 2024 and 2025 biennium, many of the meetings and conferences associated with this enhancement request were still being conducted virtually. As we head into SFY 2026 and 2027, these meetings/conferences are once again being conducted in-person.

- E252 - This request increases funding for Category (CAT) 02, Out-of-State Travel, from SFY 25 base year funding levels to conduct necessary agency business. Given the multiple program areas administered by the Exchange, as well as the constantly-changing regulatory landscape associated with each program, annual conferences—and the opportunities for collaborative instruction that they provide—are an essential part of the Exchange's ongoing commitment to regulatory compliance and program integrity. Thus, the Out-of-State travel budget will need to be increased to cover all costs associated with out of state travel. FY 26: \$5,637; FY 27: \$5,637
- E253 - This request increases funding for Category (CAT) 03, In-State Travel, from SFY 25 base year funding levels to conduct necessary agency business. As a state agency with offices both in Carson City and Henderson, as well as stakeholders, partners and carriers located throughout the state, it is necessary for Exchange staff to travel in-state to conduct agency business during SFY 26-27. FY 26: \$6,929; FY 27: \$6,929.

The Exchange will utilize revenue from CPF to fund additional costs related to new positions to continuing its operations as a fully autonomous, State Based Exchange (SBE).

- E250 – This request funds one classified Management Analyst 3 position, effective 07/01/25, to serve a leadership role with respect to the review and certification of Affordable Care Act (ACA) Qualified Health and Dental Plans. Plan certification, a mission-critical role within our agency, has experienced increases in caseload during the SFY 2025 and 2026 biennium due to new insurance carriers entering the marketplace, and further caseload increases are anticipated with the rollout of Nevada's forthcoming Market Stabilization Program. FY 26: \$104,601; FY 27: \$105,214.

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- E251 – This request funds one classified Health Program Specialist 1 position, effective 10/01/25, to serve as a dedicated Tribal Liaison and maintain communication and stakeholder relationships with Tribal Health Directors as it relates to the Exchange’s Tribal Partnership Program. FY 26: \$73,240; FY 27: \$96,910

The Exchange will also utilize revenue from CPF for the following decision units which support the continued maintenance and operations of the Silver State Health Insurance Exchange:

- E254 – This request increases funding for Category (CAT) 30, Training, from SFY 25 base year funding levels to conduct necessary agency business. As a state agency dedicated to serving our community, it is imperative that we prioritize the continuous professional development of our employees through training opportunities. FY 26: \$12,660; FY 27: \$12,660
- E255 – This request funds new memberships, registrations, and licenses needed by the agency that are essential to the agency's collaboration efforts and day-to-day operations. FY 26: \$3,776; FY 27 \$3,776
- E256 – This request funds one new phone line and three new Business Productivity Suite accounts for costs that were unbudgeted in 2023 session. FY 26: \$2,304; FY 27: \$2,304
- E710 - This request funds the replacement of computer hardware equipment per the Office of the CIO recommended replacement schedule. FY 26: \$2,638; FY 27: \$4,104

Revenue/Carrier Premium Fees (CPF)

Projected Total Premiums for SFY 2025 are \$624,410,293, which is an increase of \$70,649,006 over SFY 2024 total premiums. Projected total CPF for SFY 2025 is \$18,732,308, which is \$1,930,346 more than the originally budgeted SFY 2024 CPF of \$16,801,962.

The State Fiscal Year runs from July 1 to June 30 of each year. Therefore, SFY 2025 is comprised of the last six months of Plan Year (PY) 2024 and the first six months of PY 2025. PY 2024 had an overall increase in total premiums of 12.55% from PY 2023, while PY 2025 is projected to have an overall increase of 11.99% from PY 2024. Increasing plan year total premiums in PY 2023 and 2024 account for the increase in SFY 2025 CPF revenue, as well as projected total premiums are increasing.

PY 2025 revenues are projected to be \$19,462,176 with future years remaining fairly constant or slightly decreasing. This increase in plan year revenue from the previous year is due to both the Special Enrollment Period (SEP), which resulted in more individuals and families enrolling in coverage, and the Exchange enrolling a record-breaking number of 110,687 consumers in Open Enrollment (OE) from November 1, 2024, through January 15, 2025. This breaks out into 26,852

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new consumers and 83,835 re-enrollees. The resulting combination of the (Exceptional Circumstances Special Enrollment Period (ECSEP) and high numbers in open enrolment (OE) are the cause of the higher revenue projections.

This increase is expected to impact the Exchange's budget. The SFY 25 and SFY 26 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, federal/state initiatives, 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 2026 was approved by the Exchange's Board in February 2025 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 federal and 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, 2026, but an extension was approved by the Board of Examiners on August 8, 2025, which allowed a contract end date of March 31, 2028. The extension of this contract will allow GetInsured to be the Exchange's vendor to provide the design, development, and implementation as well as ongoing support of an integrated online health insurance exchange platform and associated consumer assistance center to facilitate the purchase of Qualified Health Plan under the ACA.

Reserve Projections

The impact of the transition on the Exchange's reserve levels has been favorable. In SFY 2025 the Exchange is projected to carry forward to SFY 2026 a balance of \$13,996,803 and is projected to carry forward a balance of \$15,074,605 into SFY 2026. These carry forward amounts reflect revenue increasing substantially in SFY 22 and 25 due to a record-breaking number of enrollments on the Exchange. With the passage of the American Rescue Plan Act (ARPA), the Exchange had to align Federal Poverty Level (FPL) and the Advance Premium Tax Credit (APTC) subsidy tables with new affordability percentages outlined in the legislation to increase subsidies to all new and existing consumers, extending subsidies to new and existing consumers with incomes above 400% of the FPL. Enrollment remained above projected levels after 2022, while expenses held steady, leading to high reserves.