

Silver State Health Insurance Exchange

Broker Focus Group:
Leaders of the Industry
July 29, 2025



nevada
health link

Agenda

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- Call Center Hours for PY26
- Policy Updates:
 - CMS Final Rule: Marketplace Integrity & Affordability, Policy Analysis
 - ePTC expiration data analysis
- Q&A

Introductions

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Nevada Health Authority

- July 1, 2025 NV Health Authority was launched upon the passage and signage of SB 494
- The Silver State Health Insurance Exchange now falls under the new Division of Consumer Health Services within the NVHA Dept
 - Along with the Public Option (BBSPs), PPC, PEBP, Purchasing and Compliance, NV Medicaid, Eligibility Policy for Medicaid
- Leadership Appointments
- Goals of NVHA Dept



Battle Born State Plans (BBSPs)

Beginning in 2026, insurance carriers in Nevada who operate as Medicaid Managed Care Organizations (MCOs) are required to offer Battle Born State Plans through the Nevada Health Link marketplace. Battle Born State Plans offer the same essential health benefits, protections, and cost-sharing reductions as other plans on Nevada Health Link. They comply with all applicable state and federal regulations, just like traditional Qualified Health Plans.

- **What makes BBSPs different?**

The only difference between BBSPs and traditional Qualified Health Plans is that BBSPs are required to meet specific premium reduction targets. This means more Nevadans may be able to find quality coverage at a lower cost—regardless of household income—while still getting the benefits they need.

- **When Can I Enroll in a BBSP?**

You can sign up for a Battle Born State Plan during the Open Enrollment Period (OEP) starting November 1, 2025. If you enroll during OEP, your coverage will begin on January 1, 2026.

- **Already Enrolled? You've Got Options!**

If you're already covered through Nevada Health Link, you will have the opportunity to explore and re-enroll in a Battle Born State Plan during Open Enrollment.



Key BBSP Policies (1/2)

Nevada Medicaid has designed requirements for insurance carriers offering Battle Born State Plans (BBSPs) that are focused on promoting health care affordability and quality. The following is a selection of those new policies:



Compliance with QHP Requirements

BBSPs must comply with all **state and federal laws and regulations that apply to QHPs** offered for sale on the Nevada Health Link and health insurance policies offered through the individual health insurance market.



Metal Level Offerings

Carriers will be required to **offer at least one Bronze, Silver, and Gold Level BBSP**, plus at **least one non-BBSP QHP at the Silver Level** in each applicable geographic rating region.



Premium Reduction Requirements

Silver Metal Level BBSPs must **meet annual premium reduction targets**, which will be calculated by the state each year. Silver Metal Level BBSPs must meet the total premium reduction target of 15% by 2029 (3% target in 2026).



Key BBSP Policies (2/2)

Nevada Medicaid has designed requirements for insurance carriers offering BBSPs that are focused on promoting health care affordability and quality.

The following is a selection of those new policies:



Network Adequacy

Carriers offering BBSPs must **prioritize contracting with Essential Community Providers**. BBSP carriers will be required to create, implement, and report on a **comprehensive plan to improve access** to quality, culturally competent, and value-based service providers for BBSP enrollees.



Provider Reimbursement

Except as otherwise provided in statute, **BBSP network provider reimbursement rates must be, in the aggregate, comparable to or better than reimbursement rates available under Medicare**, inclusive of add-on payments or other subsidies under Medicare and exclusive of Medicare payments for a patient encounter or cost-based payment rates under Medicare.



Marketing and Outreach

BBSP carriers will be required to **promote marketing and consumer outreach** for the BBSPs. Carriers will develop consumer outreach campaign proposals that will be subject to review and approval by the state.

Insurance Carrier Participation – on Exchange

➤ On-Exchange Qualified Health Plan Carriers:

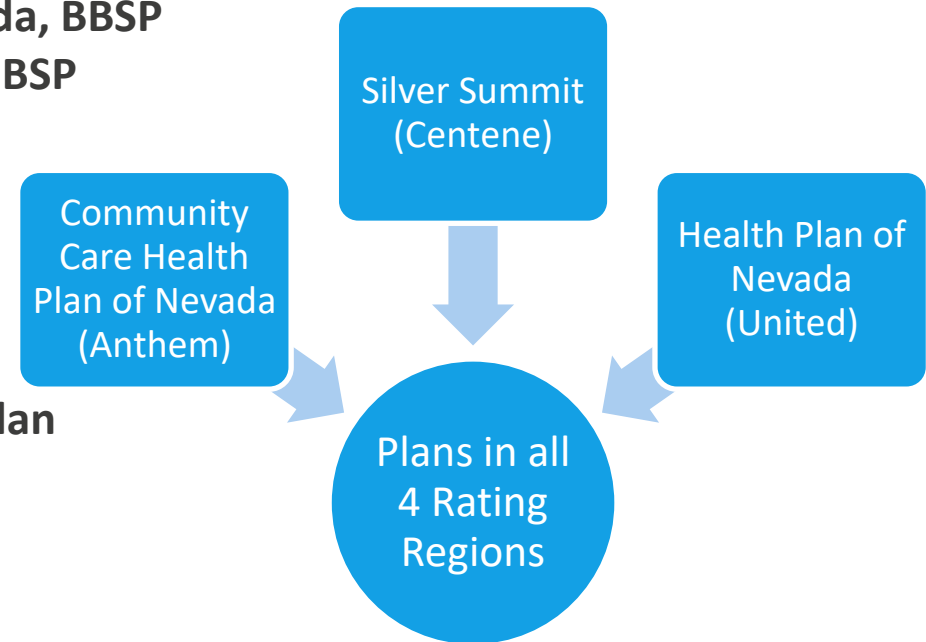
- Anthem
 - Community Care Health Plan of NV (BBSP)
- UHC – Health Plan of Nevada, BBSP
- SilverSummitt, Ambetter, BBSP
- Caresource (NEW!)
- Select Health
- Hometown Health
- Molina Healthcare
- Imperial Health

➤ On-Exchange Qualified Dental Plan Carriers:

- Alpha Dental
- Anthem – Rocky Mountain
- Best Life
- Delta Dental

* Aetna and EMI will be exiting the market at the end of 2025.

BBSP Carriers & Regions





25.6 Release Items – Review Enhancements

Released into production on 06/24/2025

- Adding Broker information to Notices.
- Denial of QHP eligibility for Lawful Presence.
- New survey feature- Agents and Agency Managers will be able to provide feedback to GI.
- Allowing Brokers to self designate consumers.
- QLE Document upload

We are aware of a few system issues that have been reported regarding QLE uploads and shopping for plans. We are diligently working with GI on solutions.

25.9 Release Items

Set to be released into Production at the end of September.

- Updates to a few labels in the Broker Book of Business.
- Annual communication Preferences Review:
 - Adding a flag on “My Preferences” tab to prompt Consumers, Brokers and Navigators to confirm their communication preferences.
- Adding License renewal date field
- Allow Agent/ broker website to be displayed in the Consumer Directory



Auto Renewal Look Ahead

- Pre- renewal Notice- To be released by September 2nd
Broker information will be on this notice
- Window shopping- October 1st
- Auto Renewal data run is scheduled for around the second to third week of October
- Renewal Notices- To be released by 4th week of October
Broker Information will be on this notice
- Eligibility Notices- To be released by 4th week of October
Broker Information will be on this notice
- Open Enrollment Begins- November 1st

Call Center Hours for OEP

Broker line Hours:

8:00a-7:00p PST Mon-Fri.

9:00a-5:00p PST Saturday

Closed: Sunday

Holiday Closures:

Labor Day- September 1st

Indigenous People's day- October 13th

Veterans Day- November 11th

Thanksgiving- November 27th-28th

Christmas- December 24th-25th

Extended Hours: 9:00a- 10:00p PST

Monday December 15th -

Wednesday December 31st

Thursday January 15th

Tuesday January 20th



CMS Final Rule – Marketplace Integrity and Affordability

SSHIX Analysis
Policy & Compliance
July 29, 2025

Background

- Proposed rule was published March 19, 2025
 - Comment period ended April 11, 2025 (over 26k comments received)
- **Final rule published to Federal Register June 25, 2025**
- Many provisions in the final rule are temporary and are only applicable for Plan Year 2026.

Full text of the 2025 Marketplace Integrity and Affordability Rule can be found [here](#).



Key Provisions for Brokers

- Failure to File Taxes and Reconcile APTC Process (§ 155.305(f)(4))
- 60-Day Extension to Resolve Income Inconsistency (§ 155.315)
- Deferred Action for Childhood Arrivals (DACA) (§ 155.20)

Failure to File Taxes and Reconcile APTC Process (§ 155.305(f)(4))

- Finalized applicability date: Plan Year 2026
- Applicable for Plan Year 2026 ONLY
- Consumer impact:
 - If consumers do not file 2024 taxes and received APTC, the consumer will not be eligible for PY26 APTC.

[Removal of] 60-Day Extension to Resolve Income Inconsistency (§ 155.315)

- Finalized applicability date: August 25, 2025 and beyond.
- Consumer impact:
 - Any income DMI *must* be resolved within 90 days. If the DMI is unresolved it will result in loss of APTC or CSRs.

Deferred Action for Childhood Arrivals (DACA) (§ 155.20)

- Finalized applicability date: August 25, 2025 and beyond
- Consumer impact:
 - Approximately 100 Nevada consumers impacted - no longer eligible for Marketplace coverage.
 - Notices to impacted consumers will be sent by SSHIX.

Let's Pause and Recap

**Effective August 25,
2025**

- FTR changing from 2-year to 1-year
- Removal of 60-day extension for income DMIs
- DACA removed from 'lawfully present' definition





Other Provisions in CMS Final Rule

Income Verification

Effective August 25, 2025, and applicable to Plan Year 2026

- **Income verification** when trusted data source indicates income less than 100% of FPL
 - DMI will be created and must be resolved within 90-days
- No acceptance of self-attestation when IRS data is unavailable.
 - DMI will be generated, and documentation will be required **within 90 days**.

Annual Open Enrollment Period Change for PY27



Effective PY27 and beyond

- **The Annual Open Enrollment Period for Plan Year 2027** will begin no later than November 1st end no later than December 31st
 - The rule allows flexibility to set an OEP up to nine weeks in duration.

Other Provisions in CMS Final Rule

Provision	Eff Date	Broker Impact
Coverage Denials for Failure to Pay Premiums for Prior Coverage (§ 147.104(i))	8/25/2025	N/A
Standards for Termination of an Agent's, Broker's, or Web-broker's Exchange Agreements for Cause (§ 155.220(g)(2))	8/25/2025	Not mandatory for SBEs
Annual Eligibility Redetermination (§ 155.335(a), (n))	TBD	Does not apply to SBEs
(Automatic Re-enrollment Hierarchy) (§ 155.335(j))	PY26	Does not apply to SBEs
Gross Premium Percentage-based and Fixed-dollar Premium Payment Thresholds (§ 155.400(g))	8/25/2025	Plan Management materials will be updated. (Up to carrier discretion)
Monthly Special Enrollment Period for APTC-Eligible Qualified Individuals with a Household Income at or Below 150 Percent of the Federal Poverty Level (§ 155.420)	PY26 only	SSHIX does follow the SEPs for individuals 150% and under FPL.
All Exchanges Conducting Eligibility Verification for SEPs (§ 155.420(g))	TBD - will sunset	In compliance with rule current state - SSHIX validate all SEPs.
Prohibition on Coverage of Specified Sex-Trait Modification Procedures as an EHB (§§ 156.115(d) and 156.400)	PY26	Does not apply
Premium Adjustment Percentage Index (PAPI) (§ 156.130(e))	PY26	Ensure consumers are selecting plans for their unique individual needs.
Levels of Coverage (Actuarial Value) (§§ 156.140, 156.200, 156.400)	PY26	In process - Plan Certification



H.R. 1

The Big Beautiful Bill

SSHIX Analysis
Policy & Compliance
July 29, 2025

H.R. 1 (Big Beautiful Bill Act) Provisions

Provision	Eff Date	SSHIX Impact	Notice to Broker?	Notice to Consumer?
Permitting Premium Tax Credit Only for Certain Individuals (Sec. 71301)	1/1/2027	Change 'lawfully present' definition and APTC eligibility criteria	Yes	Yes
Disallowing Premium Tax Credit During Periods of Medicaid Ineligibility to Ailen Status (Sec. 71302)	1/1/2026	Must review Medicaid denials due to alien status beginning PY26. Only for APTC, not overall eligibility.	Yes	No
Pre-enrollment verifications (Sec. 71303)	1/1/2028	High priority - overall platform upgrade and timeline creation	Yes	Yes
Disallowing Premium Tax Credit in case of Certain Coverage Enrolled in During Special Enrollment Period (SEP based on Income) (Sec. 71304)	1/1/2026	No income based SEPs allowed - N/A	No	No
Recapture of excess premium tax credits (Sec. 71305)	1/1/2026	No caps on excess PTC	Yes	As needed
Allowance of Bronze and Catastrophic Plans in Connection with Health Savings Accounts (Sec. 71307)	1/1/2026	Plan certification review - in progress	Yes	Yes, when enrolling in eligible plans

CMS Marketplace Integrity & Affordability

- New agent/broker standards (SBE optional)
- Premium adjustment percentage index
- Prohibition on gender affirming care as EHB
- Shortened annual enrollment period, PY 2027
- Coverage denials for failure to pay premiums for prior coverage
- Automatic reenrollment hierarchy
- Changes to actuarial value
- Rescinds DACA eligibility/tax credits

- **Income verification (tax data, ~100% FPL)**
- **Conducting SEP eligibility verifications**
- **Pause 150% FPL SEP**
- **End reenrollment in \$0 places**
- **Premium payment thresholds**

*****These provisions are only applicable for PY 2026 (not codified into H.R.1)*****

End APTC for failure to reconcile

Termination of PTC for income-based SEPs *(effectively ending them)*

H.R. 1

- End automatic reenrollment
- End eligibility for APTC pending verification
- Disallow PTC for income-based SEP
- Eliminate caps on recapture of APTC
- Limitations to immigrant coverage
- Terming all bronze and catastrophic plans as high-deductible health plans (HDHPs)
- Restrictions on Marketplace tax credits for individuals denied Medicaid due to work requirements.




**Thank you for your continued partnership
with Nevada Health Link!**

Full text of the 2025 Marketplace Integrity and Affordability Rule can be found [here](#).

Enhanced Premium Subsidies – Background

- Starting in 2021, the American Rescue Plan Act (ARPA), followed by the Inflation Reduction Act in 2022, allowed more households to become eligible for subsidies AND increased the amount of subsidies available to eligible households
- These enhanced subsidies are set to expire at the end of plan year 2025 (i.e., we would return to the contribution thresholds similar to the ones in effect prior to PY2021)

Enhanced Premium Subsidies – Operational Impacts

- 
- We are proceeding with the assumption that the enhanced subsidies will expire on 12/31/25 and will not be available in PY2026
 - All PY2025 applications will continue to be evaluated with the enhanced subsidies through the end of 2025 & auto-renewals will include non-enhanced subsidy amounts
 - Consumer messaging will be important (renewal notices)
 - GI is preparing for a possible late extension of the enhanced subsidies by Congress and has contingency plans in place

APTC Calculation Review

Maximum APTC = (Second Lowest Cost Silver Plan Premium) - (Monthly Income x Contribution %)

Second Lowest Cost Silver Premium is the monthly cost of the second lowest cost silver plan available to the enrollment group in their rating area

Monthly Income is the household's monthly income

Contribution % is the percentage of monthly income that a household at a certain FPL is expected to spend on their health insurance (defined by the IRS)

- ARPA lowered these contribution percentages, which increased APTC across the board
- If the enhanced subsidies expire, we will return to contribution percentages similar to the pre-ARPA amounts

Household Income as % of Federal Poverty Line	Pre-ARPA Contribution %	Enhanced Contribution %	Non-Enhanced PY2026 Contribution %
At least 100% but less than 133%	2.07%	0.0%	2.10%
At least 133% but less than 150%	3.10 - 4.14%	0.0%	3.14 - 4.19%
At least 150% but less than 200%	4.14 - 6.52%	0.00 - 2.00%	4.19 - 6.60%
At least 200% but less than 250%	6.53 - 8.33%	2.00 - 4.00%	6.60 - 8.44%
At least 250% but less than 300%	8.33 - 9.83%	4.00 - 6.00%	8.44 - 9.96%
At least 300% but less than 400%	9.83%	6.00 - 8.50%	9.96%
At least 400% and higher	100.00%	8.50%	100.00%

Enhanced Premium Subsidies – Estimated Enrollee Impact

	PY25 Enrollees	% of PY25 Enrollees	Avg Net Premium Increase (Or APTC Decrease)
Keep APTC	89683	81%	\$74
Lose APTC	6440	6%	\$267
No APTC Before & After	14564	13%	\$0
Total	110687	100%	\$76
>400% FPL	7344	7%	\$217
>350% and ≤ 400% FPL	3593	3%	\$65
>300% and ≤ 350% FPL	5913	5%	\$97
>250% and ≤ 300% FPL	10454	9%	\$108
>200% and ≤ 250% FPL	18289	17%	\$93
>150% and ≤ 200% FPL	25839	23%	\$80
≥ 100% and ≤ 150% FPL	26386	24%	\$41
<100% FPL	2965	3%	\$0
Unknown	9904	9%	\$0
Total	110687	100%	\$76
▼			
Service Area 1	88635	80%	\$68
Service Area 2	13736	12%	\$93
Service Area 3	5713	5%	\$123
Service Area 4	2603	2%	\$134
Total	110687	100%	\$76

Estimates apply non-enhanced PY2026 contribution %'s to all PY2025 health enrollees in pending or confirmed status directly following OE, assuming no other changes;

"No APTC Before & After" includes enrollees currently not requesting financial assistance and enrollees eligible for APTC but who opted not to receive any



Questions/Feedback

Please email Rebecca Lomazzo at rlomazzo@exchange.nv.gov, or call Rebecca at 775-434-9112, or email:

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Thank you for your participation and helpful feedback!