



Broker/Navigator Compliance Workshop

Division of Consumer Health Services
Silver State Health Insurance Exchange

Jennifer Krupp, Administrator



11/6/25



Introductions



Jennifer Krupp, Administrator, Division of Consumer Health Services

Janel Davis, Exchange Executive Officer

Adam Plain, Chief – Battle Born State Plans/ Market Stabilization Program

Katie Charleson, Communications Officer

Rebecca Lomazzo, Broker Manager

Rosa Alejandre, Navigator Program Manager

Alie Garcia, Program Officer

Shae Herbert, Quality Assurance Manager



Agenda



- Facts vs Myths: Battle Born State Plans
 - Commissions
 - Clarify myths that have surfaced around BBSPs
- Broker Code of Conduct
 - Review agreements that are signed during certification process
- Broker Compliance Process
- Resources
- Questions



Battle Born State Plans (BBSPs)



Key Points

- BBSPs are fully-insured commercial plans offered by private carriers
- Available statewide through Anthem, SilverSummit, and Health Plan of Nevada
- Must meet all federal + state QHP requirements, including:
 - 10 Essential Health Benefits
 - No lifetime or annual limits on essential benefits
 - Federal rules for deductibles & out-of-pocket maximums
- Eligible for APTCs through Nevada Health Link
- Created under NRS 695K to achieve a 15% Silver-level premium reduction by 2030
- BBSP contracts overseen by the Nevada Health Authority; regulated by the Division of Insurance

Goal

Improve access to affordable, comprehensive coverage for Nevadans while maintaining market competition and consumer protections.



Broker Commissions & BBSPs



For Plan Year 2026, two Battle Born State Plan (BBSP) carriers have elected to file products without broker commissions. These decisions are made by each carrier, not by Nevada Health Link or the State.

Broker Requirements

All Nevada Health Link-certified brokers are required to act in the consumer's best interest, regardless of whether a plan pays commissions. Brokers must:

- Provide fair and unbiased enrollment assistance
- Present all available plan options
- Recommend coverage based on consumer needs, not compensation

The Division of Consumer Health Services is currently exploring all options to support stakeholders and protect consumer access.

Nevada Health Link will provide updates as more information becomes available.



BBSP Myth vs Fact

BBSPs are a government-run or “Medicaid lite” program.



False. BBSPs are fully-insured qualified health plans offered by private insurance carriers.

They’re regulated by the Nevada Division of Insurance, not part of Medicaid.

BBSPs will have small or “narrow” networks.



BBSPs must meet network adequacy standards enforced by the Division of Insurance and federal regulators, ensuring access to a full range of providers statewide.



BBSP Myth vs Fact

BBSPs are only available in certain counties.



False. BBSPs are available statewide through Anthem, SilverSummit, and Health Plan of Nevada.

BBSPs will drastically cut provider payments to lower costs.



By law, BBSPs cannot pay providers below Medicare rates. Early data show BBSPs continue to reimburse providers at or above Medicare levels, just like other qualified health plans.



BBSP Myth vs Fact

BBSPs don't cover the same benefits as other plans.



BBSPs are Qualified Health Plans (QHPs) certified by Nevada Health Link. They must:

- Cover all 10 Essential Health Benefits
- Follow federal rules for deductibles and out-of-pocket maximums
- No lifetime or annual limits on essential benefits
- Remain eligible for premium tax credits through Nevada Health Link



BBSP Myth vs Fact

BBSPs will delay care with more prior authorizations.



BBSPs follow the same state and federal rules as all other fully-insured plans. Starting January 1, 2026, Assembly Bill 463 will further restrict prior authorization use and shorten response times for all plans, including BBSPs.

BBSPs can't be paired with dental or vision coverage.



BBSPs can be paired with eligible dental and vision plans, just like any Qualified Health Plan on Nevada Health Link.



Broker Code of Conduct



Broker/Agents must act in the consumer's best interest, helping them enroll in the most appropriate coverage, optimizing affordability, providing transparent and relevant information, and offering meaningful consumer choice.

Provide fair, unbiased enrollment assistance

Present all qualified plan options & affordability programs

Do not steer clients based on compensation or affiliation

Avoid conflicts of interest, act in the consumer's best interest

Nevada Health Link actively monitors for compliance

Violations may result in suspension or decertification



Broker Compliance Process

Compliance concern identified

- Potential violation of the Broker Code of Conduct is reported or observed.

Compliance letter issued

- Broker receives written notice outlining the concern and required next steps.

Investigation conducted

- Nevada Health Link reviews the case; brokers may be asked to provide additional information.
 - → Please cooperate—and be professional!

Findings shared

- Nevada Health Link notifies the broker of investigation results.

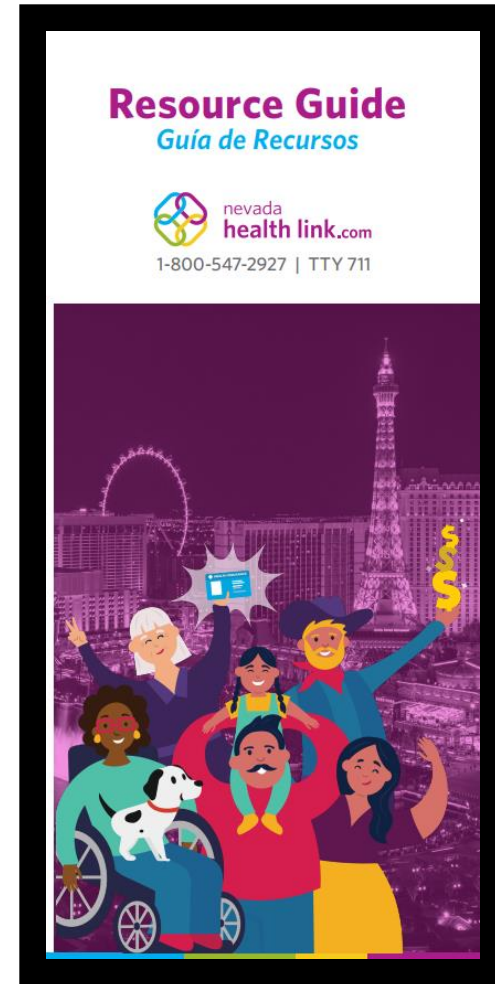
Action taken (if needed)

- Based on severity or frequency, disciplinary actions may occur, including decertification if not resolved.



Resources

- [Southern Nevada Resource Guide](#)
- [Northern Nevada Resource Guide](#)
- [Open Enrollment Landing Page](#)
- [Battle Born State Plans Landing Page](#)
- [Toolkits](#)



<https://nevadahealthlink.com/information-for-brokers-and-navigators/>



Questions?



Thank you!



If you have any questions or need support, please contact the Broker/Navigator Support Line at 1-800-547-8156 or email brokersupport@exchange.nv.gov.



During Open Enrollment, the Broker/Navigator service line will be open Monday through Friday from 8 a.m. to 7 p.m. and Saturday from 9 a.m. to 5 p.m. (excluding holidays).