

Silver State Health Insurance Exchange Advisory Board Semi-Annual Fiscal and Operational Report

Pursuant to NRS 695I.370



Division of Consumer Health



Janel Davis

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01/06/2025*

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FISCAL AND OPERATIONAL REPORT
PROVIDED TO THE GOVERNOR AND LEGISLATURE
PURSUANT TO NRS 695I.370 (1) (B) & (C)
DECEMBER 31, 2025

The Silver State Health Insurance Exchange (Exchange) is pleased to offer this Fiscal and Operational Report, required pursuant to [NRS 695I.380 \(5\) \(a\) & \(b\)](#), to the Governor, the Legislature and the public. It provides information regarding the activities of the Exchange from July 1, 2025, through December 31, 2025.

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EXECUTIVE SUMMARY

The second half of 2025 was marked by significant changes. On July 1, 2025, the Silver State Health Insurance Exchange (Exchange) was moved under the Nevada Health Authority, Division of Consumer Health Services, as a result of the passage of Senate Bill (SB) 494 in the 83rd Nevada Legislative Session. Senate Bill 494 also revised the Exchange's Executive Board from a governing to an advisory body, restructured board composition, and redefined the voting and non-voting board roles. As the largest unit within the Division of Consumer Health Services, the Exchange has been primarily focused on transitioning into a new division, setting priorities and goals in support of the Nevada Health Authority, and ensuring a successful Plan Year 2026 for Nevada Health Link's Open Enrollment Period (November 1, 2025 – January 15, 2026).

The Exchange was also focused on the assessment of the impacts of numerous proposed changes at the federal level and the development of response plans to minimize negative impacts to Nevada consumers/enrollees. In preparing for OEP, the Exchange, under the Division of Consumer Health Services was instrumental to the successful implementation of Battle Born State Plans (BBSPs), part of Nevada's Market Stabilization Program and Nevada's Public Option.

Throughout the summer of 2025, the Division worked closely with the Division of Insurance (DOI) during plan certification season to certify 140 qualified health plans and 13 qualified dental plans for sale through the Nevada Health Link marketplace. In late September, resulting from the *City of Columbus v. Kennedy*, the Exchange, in coordination and partnership with the DOI, was able to successfully recertify all previously finalized plans with narrower AV de minimis ranges in less than two weeks, ensuring window shopping began as anticipated on October 1.

The Exchange certified 810 agents and brokers to offer Nevadans enrollment assistance for Plan Year 2026. Navigators, In-Person Assisters and Exchange Enrollment Facilitators conducted dozens of outreach and education events through the state, as detailed in the Marketing & Outreach section of this report. The Exchange's Communications Team also attended several media appearances during the months of October and November to promote Open Enrollment Period and the importance of getting covered.

As the 83rd Legislative Session concluded in June of 2025, only two Senate Bills had a direct operational impact on the Exchange: SB 494 moving the Exchange under the Nevada Health Authority, and SB 97, which required that one of the two members of the Board appointed by the Governor, be a member of an Indian tribe located in this state, with expertise in health care administration.

In the summer of 2025, the Exchange's Information Systems Manager worked closely with the Centers for Medicare & Medicaid Services (CMS) to renew the Authority to Connect (ATC) on

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the third-year assessment which allows the Exchange to continue operations as a State Based Exchange. Nevada Health Link also successfully secured approval for its annual Operational Enrollment Readiness Review (OERR) with CMS. In October, the Exchange successfully closed out the CMS Improper Payment Pre-Testing and Assessment (IPPTA) project. This project was established by CMS to prepare states for and inform the development of a more formal process, called the State Exchange Improper Payment Measurement Program (SEIPM), that CMS is implementing in the future to measure exchange errors and potential improper subsidy payments. Nevada was one of the first states to close out IPPTA with a successful report and is now a model state for other state-based marketplaces beginning the process.

Earlier this Fall, the Exchange participated in CMS's Concurrent Enrollment Initiative. CMS provided the Exchange a data file of potential concurrent enrollments in Medicaid/CHIP and subsidized Exchange coverage from March through April of 2025. The Exchange submitted its analysis to CMS in October and is pleased to report findings are in line with other state-based marketplace submissions. Moving forward, Exchange staff is working closely with Nevada Medicaid to improve the periodic data matching (PDM) process and further minimize potential concurrent enrollments in the future.

At the end of August 2025, the state of Nevada experienced a cyber security attack leading to statewide network outages lasting several days. During this time, the Nevada Health Link enrollment platform and customer service call center were both fully operational, allowing consumers to continue to enroll in coverage, and consumer's accounts were unaffected by the attack.

EXCHANGE ACTIVITIES (JULY – DECEMBER 2025)

Battle Born State Plans – Nevada's Public Option

Under the Division of Consumer Health Services, Exchange staff worked closely with the Public Option team to support the successful launch and implementation of Battle Born State Plans. The Exchange team developed a marketing strategy and specific BBSP logo for the rollout of the BBSPs. The Communications team developed and designed consumer outreach materials, including brochures (in English and Spanish), oversaw the development and implementation of the BBSP landing page, and created and executed robust email marketing campaigns to educate Nevadans on BBSPs and how to access the plans on NevadaHealthLink.com.

The Exchange's annual fall marketing campaign was 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 was updated to distinguish BBSPs from, and a filter was added to display only BBSPs. The Exchange's Executive Officer and Communications Officer have lent their expertise and participated in ongoing monthly marketing coordination meetings with BBSP carriers; ensuring that all marketing components – including messaging, timelines, compliance considerations, and Exchange/Carrier-specific requirements—were aligned and comprehensive. This collaborative

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approach helped facilitate consistency across marketing and outreach efforts and supported the successful implementation of BBSP marketing activities statewide.

Vendor Management

On December 9, 2025, Nevada's Board of Examiners approved a two-year contract to develop a technology platform and consumer assistance center to support certain Medicaid eligibility operations. This is referred to as the Medicaid Express project and will be in tandem with the Exchange's contract to present the Nevada Health Link platform as the front door for eligibility for on-Exchange coverage and new Medicaid-eligible recipients in the state of Nevada. This contract has an end date of March 31, 2028.

The Division 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 PY 26 marketing campaign. Details on these activities are provided in the Marketing & Advertising section of this report. The contract for The Abbi Agency has been extended by one year, with a contract end date of March 31, 2027; currently awaiting approval at Governor's Finance Office.

This year's passive renewals job resulted in 102,158 unique enrollees being renewed, including 100,0067 unique health enrollees and 18,021 unique dental enrollees. This represents an overall Renewal Success Rate of 99.22%. Post-Renewal Reports were distributed to insurance carriers in early November. Between November 1 to November 17, the Exchange has processed 13,056 active health plan selections and 1,521 active dental plan selections. These numbers include both new enrollees and active re-enrollees.

Personnel Updates

In September 2025, Janel Davis accepted the position of Exchange Executive Officer, after serving as the Exchange's Interim Director beginning in July. Ms. Davis formerly served as the Exchange's Chief Operations Officer, and the Exchange's Communications Officer. She has a wealth of experience and has been instrumental in the Exchange's continued success and adaptability through the transition under the Nevada Health Authority.

Over the past several months, the organizational structure of the Exchange has been reviewed to help identify efficiencies and capacity, resulting in streamlined roles and responsibilities for the Exchange team. While there has been minimal turnover over the last six months, all key positions have been filled, except for the Chief Operations Officer (COO). Interviews for the COO role are planned for January 2026.

FEDERAL UPDATES

The following sections will detail Federal updates relating to Nevada's State-Based Marketplace.

Enhanced Premium Tax Credit Expiration

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Enhanced premium tax credits introduced by the American Rescue Plan Act, and later extended by the Inflation Reduction Act, are scheduled to expire December 31, 2025.

Nevada Health Link has been operating under the assumption that the enhanced premium tax credits will expire at the end of 2025. All rates on the Nevada Health Link platform reflect pre-enhancement rates for consumers.

In the case of Congressional action resulting in an extension of the premium tax credits, the Exchange has several contingency plans ready to deploy.

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

On July 4, 2025, President Donald J. Trump signed the [One Big Beautiful Bill Act \(H.R.1\)](#) into law. Sections 71119, 71301, 71302, 71303 and 71305 of H.R.1 have Marketplace eligibility policy and operations impacts.

Sec. 71119 Requirement for states to establish Medicaid community engagement requirements for certain individuals.

Effective 01/01/2027

Following the dates after December 31, 2026, persons who are denied Medicaid because of failure to meet work requirements, are barred from receiving subsidized Marketplace coverage.

Sec. 71301 Permitting premium tax credits only for certain individuals.

Effective 01/01/2027

Amendments made to the definition of ‘lawfully present.’ Individuals eligible for subsidized Marketplace coverage must fall under one of the following immigration statuses:

- United States of America citizens;
- Permanent residents;
- Cuban and Haitian entrants; or
- Resides in the U.S. in accordance with a Compact of Free Association.

Sec. 71302 Disallowing premium tax credit during periods of Medicaid ineligibility due to alien status.

Effective 01/01/2026

Beginning dates after December 31, 2025, people who are denied Medicaid based on not meeting the minimum immigration requirements but would otherwise be eligible for Medicaid from a MAGI determination (applicant is under 100% FPL), are barred from receiving subsidized Marketplace coverage.

Sec. 71303 Requiring verification of eligibility for premium tax credit.

Effective 01/01/2028

Marketplaces are required to pre-verify eligibility for Advanced Premiums Tax Credits (APTCs) and cost-sharing reductions (CSRs) against documentation actively submitted by applicants. Elements that must be verified include income, immigration status, health coverage status, place of residence, and family size.

Sec. 71305 Recapture of excess premium tax credits.

Effective 01/01/2026

Requires that all premium tax credit recipients repay the full amount of any excess, no matter their income.

Provisions in the Marketplace Integrity and Affordability – CMS Final Rule

On June 25, 2025, CMS finalized a rule revising several Marketplace standards. The provisions were to take into effect beginning on August 25, 2025, however there is pending litigation (The City of Columbus et al. v. Kennedy et al.), that stayed some of the CMS provisions. As of the date of this report, there has been no final ruling.

The following sections will detail all provisions that are stayed and will be labeled accordingly.

DACA Eligibility

Effective 08/25/2025

Removes Deferred Action for Childhood Arrivals (DACA) recipients from the “lawfully present” definition, making them ineligible for enrollment in Exchanges and Basic Health Programs (BHP), and thus ineligible for federal health insurance subsidies.

There were 102 Nevada consumers that lost coverage effective 08/31/2025 due to this provision. The Nevada Health Link communications team were able to identify and notify impacted consumers and send text messages, platform notifications, and letters sent via USPS. All impacted consumers were in receipt of upcoming loss of coverage notices on 08/01/2025.

Past-Due Premiums (STAYED)

Effective 08/25/2025 (STAYED)

Permits health insurers to require repayment of outstanding premiums, including attributing new payments to past debts, before effecting new coverage—subject to state law.

APTC Failure-to-Reconcile Policy (STAYED)

Effective 01/01/2026 – Sunset at end of PY2026 (STAYED)

For plan year 2026, returns to a one-year threshold (from two years) before advanced premium tax credits (APTC) are discontinued for individuals who have not filed and reconciled their taxes (reverting to the two-year policy in 2027).

Due to the stay on the injunction, Nevada Health Link has since reverted to the two-year failure to file and reconcile for Plan Year 2026. The two-year policy was in place prior to the CMS Final Rule.

Removal of 60-Day Extension for DMI Resolution

Effective 08/25/2025

Tightens eligibility checks by ending the automatic 60-day extension for income data matching issues (DMIs). All DMIs must be resolved within 90 days.

Income Verifications (STAYED)

Effective 08/25/2025 – Sunset at end of PY2026 (STAYED)

Adding new documentation requirements when attested income is just above subsidy thresholds (over 100% FPL) but trusted data sources indicate otherwise (under 100% FPL).

150% FPL Monthly SEP

Effective 08/25/2025 – Sunset at end of PY2026

Pauses the monthly special enrollment period for individuals with income at or below 150% of the federal poverty level through 2026. Nevada Health Link does not authorize these types of SEPs. This provision sunsets at the end of PY2026, however H.R.1 disallows subsidies for income SEPs permanently, effective 01/01/2026.

Broker Standards

Effective 08/25/2025

Increases transparency and strengthens enforcement regarding agents, brokers, and web-brokers who fail to comply with legal requirements or Exchange agreements.

Nevada Health Link independent brokers and agents are to maintain standards agreed upon set forth in Nevada Health Link's Broker Code of Conduct. Any violations to the Nevada Health Link Broker Code of Conduct, the Exchange will conduct a disciplinary assessment of the

broker/agents according to the progressive disciplinary framework and investigation protocols established by the Exchange.

Open Enrollment Period

Effective Plan Year 2027

Shortens and standardizes the annual Open Enrollment Period for all individual market Exchanges to a maximum of nine weeks between November 1 and December 31, effective for plan year 2027 and beyond.

Premium Payment Thresholds

Effective 08/25/2025 – Sunsets at the end of PY2026

For 2026, restricts issuer flexibility to accept partial premium payments under fixed-dollar or gross percentage thresholds, reverting to prior policy in 2027.

EHB Coverage Exclusion

Effective Plan Year 2026

Prohibits coverage of specified sex-trait modification procedures as Essential Health Benefits (EHBs) starting in 2026; states may require such coverage separately, but the state must cover the cost.

Actuarial Value (AV) and Premium Adjustment Changes (STAYED)

Effective Plan Year 2026 (STAYED)

Widens AV de minimis ranges for metal tiers and updates the premium adjustment percentage calculation to reflect overall private insurance market premium growth, affecting cost-sharing and affordability calculations.

Due to this rule change, Nevada Health Link worked closely with the Division of Insurance to allow insurance carriers to make changes to their plan year individual market form, binder, and rate submissions to account for the finalization of this rule. The rule finalized a higher maximum out-of-pocket for plan year 2026 as well as a wider de minimis range in certain instances. Insurance carriers selling on-exchange plans were able to quickly turnaround their rate re-filings with a short deadline prior to window shopping beginning October 1st.

MARKETING & ADVERTISING

Open Enrollment Preparation & Strategy

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As Nevada Health Link prepared for the Open Enrollment Period, the Exchange implemented a coordinated marketing and outreach strategy designed to build early awareness, educate consumers, and reduce barriers to enrollment. Preparation efforts aligned advertising, digital platforms, community outreach, and partner engagement to ensure clear, consistent messaging reached Nevadans ahead of key deadlines. Inclusive, plain-language communications, trusted messengers, and multiple access points for assistance were prioritized to support diverse audiences. In advance of Open Enrollment, the Exchange also relied on consumer and stakeholder research to refine messaging and outreach tactics, ensuring strategies were informed by audience needs and positioned to maximize engagement, awareness, and readiness for enrollment.

The Exchange worked with our marketing vendor together to prepare Nevadans to sign up for health insurance coverage during this Open Enrollment Period. The approach was to message Nevadans from October 1 - 31 and encourage them to “window shop”, ahead of the Open Enrollment Period which runs from Nov. 1, 2025, through Jan. 15, 2026. On November 1st, the creative and messaging switched to the larger ‘Our Plans Are Made for your Plans’ campaign that evokes feelings of pride, motivates Nevadans to invest in themselves and their families and clearly states the value of having coverage and how to enroll in a plan. Existing enrollees were also encouraged to log onto the platform to discover new plan options and seek out help from enrollment specialists.

Campaign Overview & Creative Direction

Nevada Health Link is carrying out a robust, integrated campaign that is a continued evolution of the Open Enrollment Plan Year 2025 (PY25). Considering all the policy changes, creative messaging shifted focus away from affordability to the value these health plans provide Nevadans.

“Our Plans Are Made for Your Plans” was made the primary headline. The Exchange highlighted the wide selection of plans available and enrollment assistance throughout the state. The animated lockup was also updated to celebrate diversity of Nevadans and now includes an elder character, a disabled character, and a father-daughter duo. The commercial was also updated to reflect different parts of Nevada and capitalize on ongoing cultural markers and events such as mining and racing.

By building and expanding existing creative assets and further tailoring messaging, the Exchange will continue to generate brand awareness with diverse target audiences and drive enrollment through a performance marketing approach to the campaign.

Marketing & Advertising Tactics

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Planned tactics include: Press Releases, Community Events, Radio, and Programmable Radio, Static and Digital Billboards, Google Search Engine Marketing, Display Banners, Paid Social Media Advertisements, Broadcast Television and Connected TV, Print Advertisements, Email Marketing, Blog Posts, Organic Social Media.

Some marketing program highlights include:

- Attending 65 community events with a cumulative total of 50,090 attendees and engaged with 29,319 event attendees from Oct 1- Nov 30.
- Securing 182 pieces of earned media coverage, with 1.87M est. coverage view.
- Generating strong social media engagement with 5,232,783 total impressions, 38,382 total engagements, 32,745 post-link clicks, and a total audience of more than 16,000 followers.

Paid Media Performance

From October 1 - December 1, the Open Enrollment campaign garnered over 4,907,166 impressions from digital paid media tactics, and more than 53,572 total clicks.

Currently all digital paid media conversion tactics are performing at platform average or better for click-through-rate. The Exchange continues to monitor all paid media campaigns and will optimize to best-performing tactics that drive awareness, consideration, and enrollment.

Public & Media Relations

The Open Enrollment public relations strategy for Plan Year 2026 marked a significant shift from prior years, driven by rate changes and the expiration of Enhanced Premium Tax Credits (ePTCs), which increased the need for early, clear, and consistent consumer education.

Key PR Activities & Milestones

- **October 2, 2025:** Distributed a press release announcing the start of the plan preview period.
- **November 3, 2025:** Issued a press release with pre-recorded press remarks in lieu of a traditional press conference, featuring:
 - o Janel Davis, Exchange Executive Officer (English remarks)
 - o Rosa Alejandre, Navigator Program Manager (Spanish remarks)
- **December 16, 2025:** Issued a press release encouraging consumers to actively shop and compare plans, sharing that early activity indicates a 29% increase in active enrollments on the Marketplace compared to the same time last year. Among enrollees who actively shopped and changed plans, consumers are seeing an average savings of more than \$280 per month on premiums.

Primary Messaging Focus

- Free enrollment assistance available through brokers and navigators
- Encouragement for consumers to actively shop and compare plans
- Continued availability of subsidies for households earning up to 400% of the Federal Poverty Level (FPL)

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- Introduction of Battle Born State Plans (BBSPs), which may provide more affordable options, particularly for rural communities
- *Media Coverage & Amplification*
- Responded to numerous media inquiries throughout Open Enrollment
- Secured coverage in major outlets, including:
 - *Reno Gazette Journal*
 - *Las Vegas Review-Journal*
 - KTNV Channel 13
 - *The Nevada Independent*
- Expanded awareness through social media partnerships with local musicians, influencers, and the University of Nevada, Las Vegas (UNLV)

Community Outreach & Multicultural Engagement

During the months of October and November, the community relations and event outreach teams were focused on brokering new relationships and fostering current ones with organizations and partners such as Food Bank of Northern Nevada, Boys & Girls Club, and Las Vegas PRIDE.

Throughout October and November, there was ongoing community event participation including attendance at family health festivals, various Day of the Dead events, trunk-or-treats, and Thanksgiving community events.

The Exchange developed and executed various outreach strategies for multicultural groups within Nevada.

This included:

- Transcreation and distribution of the Window Shopping and Open Enrollment press release
- Review and transcreation of all OEP materials (slogans, graphics, and copy for ads)
- Prepared Spanish-language remarks for the OEP announcement press conference and providing direction during the recording.
- Development of Spanish-first content for the social media calendar.
- Influencer outreach in support of the jingle campaign.
- Coordination of radio segments in Northern and Southern Nevada.
- Interview placements with Univision, Telemundo, and Radio Fiesta.
- Media outreach for Prep Rallies.
- Outreach with local community organizations to share health coverage information with multicultural audiences. Over 60 outreach events were attended. Please see Appendix A for a detailed list of community events.

Owned Channels & Content Strategy

- Implemented a coordinated, multi-channel content strategy to guide consumers through awareness, education, enrollment, and post-enrollment stages.
- Leveraged owned channels (email, social media, blogs, and website) to deliver clear, timely, and action-oriented information to enrollees, non-enrollees, and partners.

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- Prioritized plain-language, inclusive messaging to support diverse audiences, including Spanish-speaking Nevadans.
- Used keyword and search-intent research to strengthen organic search performance and ensure consumers could easily find trusted information.
- Maintained an active, human-centric social media presence featuring trusted messengers, testimonials, and increased organic video content; launched a dedicated Spanish-language Facebook page.
- Deployed segmented email communications for current enrollees, non-enrollees, community partners, and brokers and navigators, emphasizing free assistance resources
- Implemented website enhancements, including updated Open Enrollment and plan landing pages, ADA improvements, and technical upgrades to improve the consumer journey.
- Monitored performance in real time and optimized tactics throughout Open Enrollment, driving strong engagement, increased reach, and clear indicators of enrollment intent.

Performance Highlights

Website Performance (Compared to 2024)

The Nevada Health Link website experienced a significant increase in both new and returning users in October 2025. The primary drivers of traffic were Direct traffic (72,000 new users) and Organic Search (45,000 new users), reflecting strong brand recognition and effective search-driven engagement.

Social Media Performance (Compared to November 2024)

- Total followers across all platforms increased by 529.7%
- Overall impressions increased by 198.3%
- Engagements increased by 3,919.1%
- Video views increased by 686.3%

APPEALS

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, essentially these are informal resolutions, and if applicable, will send hearing requests to the Division of Social Services (DSS) for adjudication. The table below highlights appeal metrics for the start of PY25, received from July 1st, 2025 – to December 31st, 2025.

The information in the table below is the number of appeals, or informal resolutions, 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
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July 2025	16	62.50%	10.87
August 2025	4	100%	2
September 25	15	73%	4.41
October	11	81%	2.25
November	8	87%	2.91
December	Process on-going	Process on-going	Process on-going

SECURITY & RECONCILIATION

The Exchange's Security & Reconciliation unit is 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, User Acceptance Testing and coordinated release management for the Nevada Health Link Exchange Platform.; n addition, this team 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. Over the past six months, the Security and Recon team has focused on strengthening the Exchange's security, compliance, and operational stability. Key efforts included closing outstanding audit findings, advancing the transition from MARS-E to ARC-AMPE documentation, and supporting NVHA IT Dept.

In parallel, the ISO completed several environment modernization initiatives, improved internal control processes, and expanded technical documentation, along with infrastructure planning and network switch upgrades. Collectively, these efforts have strengthened the Exchange's security posture, improved operational reliability, and supported ongoing compliance with state and federal requirements.

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, which are not available through the 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

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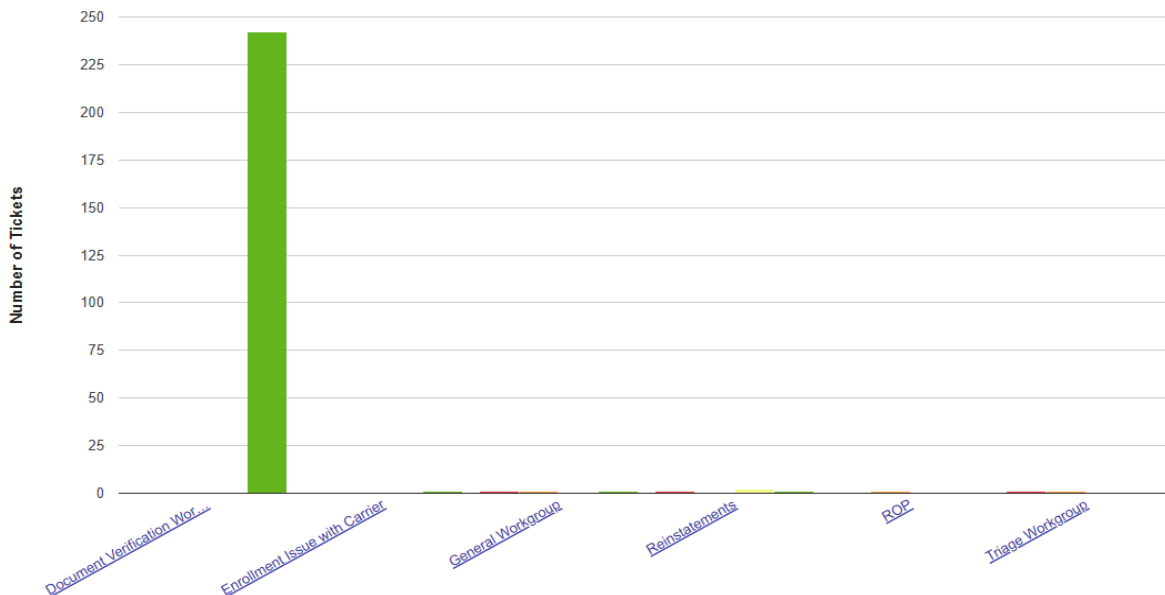
Assurance Officer who is overseen by the Chief Operations Officer. Each of the positions is cross trained to ensure daily coverage and to assist with increased consumer, broker, carrier, and enrollment professional workloads requiring escalated assistance beyond the abilities of the Exchange's contracted 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 nine (9) qualified health plan carriers and four (4) qualified dental carriers. The QA team has successfully closed 1,224 cases between the period of July 1, 2025, to December 31, 2025.

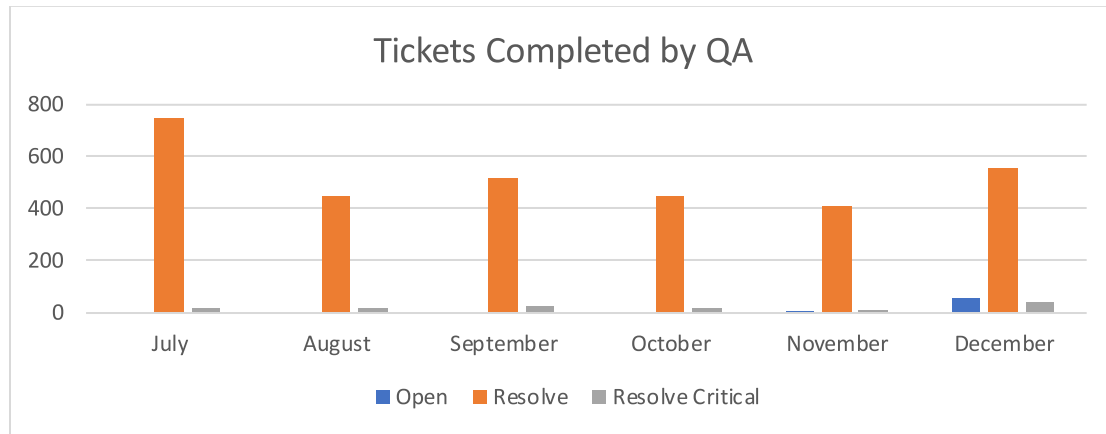
Consumer Assistance Ticketing Aging Report

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 processing all tickets except for escalated technical and billing discrepancies which are handled by the QA team.



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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 July 1, 2025, through December 31, 2025. The QA team has done an amazing job at completing tickets within 30 days of receiving them.

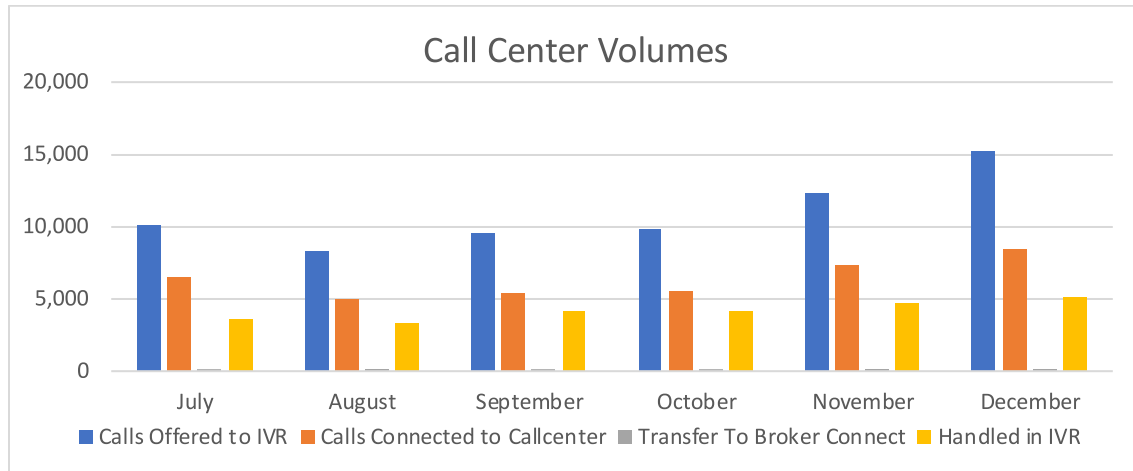


GetInsured Consumer Assistance Call Center

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 telephone lines. The chart below demonstrates the Consumer Assistance call center volume from July 1, 2025, through December 31, 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 Sage.

The Silver State Health Insurance Exchange continues to utilize Artificial Intelligence (AI) technology called Sage. This AI technology is used as the IVR system and provides assistance in English and Spanish 24/7. Sage 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 Sage. The highest call volume was on November 3rd, 2025 (First Monday of Open Enrollment), with 980 calls offered. The call center has maintained a 90% 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.

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BOARD OF DIRECTORS

In accordance with 45 CFR § 155.110(c), if the Exchange is an independent agency, the State must ensure that the Exchange has in place a clearly defined Governing Board. However, pursuant to Senate Bill 494, the Board has transitioned to an Advisory Board model. This change aligns with updated legislative requirements and reflects the evolving role of the Board in providing strategic guidance and recommendations for the Exchange.

The Advisory Board consists of seven voting members and three non-voting ex-officio members. Of the voting members two appointments are made by the Governor, one by the Speaker of the Nevada Assembly, one by the Nevada Senate Majority Leader, and three serve by virtue of their roles as the Administrator of Nevada Medicaid, the Director of the Division of Human Services and the Commissioner of Insurance.

- Current Voting Board Members:
 - Angie Wilson – Governor’s Appointee
 - Valerie Clark – Governor’s Appointee
 - Elsie Lavonne Lewis – Speaker of the Assembly Appointee
 - Dr. Tara Raines – Senate Majority Leader Appointee
 - Ann Jenson – Administrator, Nevada Medicaid, NV Health Authority
 - Rique Robb – Interim Director, Department of Human Services
 - Ned Gaines – Commissioner, Division of Insurance
- Ex-Officio Members (non-voting):
 - Tiffany Greenameyer –Director, Governor’s Finance Office

Under the new Advisory Board model meeting frequency and scheduling will be formally discussed and confirmed during the first convening of the Advisory Board on December 22, 2025.

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BROKERS

The Exchange currently has 810 licensed insurance brokers and agents who have been trained and certified on the Nevada Health Link enrollment platform. The Exchange continues to fund 11 broker agencies through the Brokers Award program to assist brokers with advertising 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 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 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 July 2025 through December 2025 the Broker Manager conducted 31 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.

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.

Between July and December of 2025, Navigators and IPAs, Nevada Health Link's primary event staff, attended over 143 in person events. Navigators and IPAs continue to attend in-person community outreach events, promoting education and enrolling consumers in Qualified Health and Dental Plans.

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. **Navigator Entities**

- Dignity Health - St. Rose Dominican (Southern Nevada)

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- 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 LGTBQ+ community (Southern Nevada)

FINANCE

The Legislatively Approved State Fiscal Year 2026 budget is as follows:

BA 1400 SILVER STATE HEALTH INSURANCE EXCHANGE		3601	
LEG APPROVED FUND MAP		QHP Fees	
SFY 2026			
Total FTE Count: 29			Totals
REVENUE AUTHORITY		16,966,392	16,966,392
2511	Balance Forward	19,039,475	19,039,475
4669	Trans From Other B/A Same Fund		0
	Total	36,005,867	36,005,867
Cat	EXPENDITURE CATEGORIES		
01	Personnel	3,524,926	3,524,926
02	Out-of-State Travel	36,487	36,487
03	In-State Travel	30,790	30,790
04	Operating (supplies and other, less IT)	349,672	349,672
11	Transfer to DWSS	536,952	536,952
12	Exchange Platform	7,405,337	7,405,337
26	Information Services	66,375	66,375
30	Training	18,820	18,820
50	Marketing and Outreach	3,200,000	3,200,000
71	Navigators	1,559,506	1,559,506
82	DHRM Cost Allocation	22,099	22,099
85	Cash Reserve	19,195,132	19,195,132
88	SWCAP	19,845	19,845
89	AG Cost Allocation Plan	39,926	39,926
Total Expenditure Categories		36,005,867	36,005,867
Revenue Over (Short)		0	0

Note:

In December IFC, the Interim Finance Committee (IFC) will be looking to approve the transfer of \$436,500 from the Reserve category to the Operating category to fund technical assistance and consulting services for the Exchange. No further work programs have been needed.

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Balance Forward

State Fiscal Year (SFY) 2025 officially closed with the Exchange carrying forward \$19,039,475 in cash reserves into SFY 2026. This is an increase of \$5,042,672 from the projected carry forward balance of \$13,996,803 in the Legislatively (L01) Approved Budget. The adjustment to L01 was made via Work Program C77983 at budget closing.

Revenue/Carrier Premium Fees (CPF)

The Exchange is projected to collect \$19,185,226 in CPF for Plan Year 2025. Total Premiums for Plan Year 2025 is projected to be \$650,346,652, which is roughly \$68,832,201 more than Plan Year 2024 total premiums. These increases can be attributed to increasing enrollment due to the enhanced subsidies available through the end of PY 2025. We also had the highest number of consumers in 2025 with 110,687. The CPF for PY 2026 was approved by the Exchange's Board in February 2025 and stayed at 2.95% of premiums. The CPF for PY 2027 will be set and approved the Exchange's Board in early 2026.

State Based Exchange Maintenance and Operations

In SFY 26, the Exchange projects to achieve an annual cost savings of approximately 28%, inclusive of operations, The cost savings realized between the fees paid for the technology platform and call center operations versus the CMS User Fee is projected to be 51% in SFY 2026 with a total expected cost savings of over \$48M through SFY 2027.

Reserve Projections

In SFY 2026 the Exchange is projected to carry forward to SFY 2027 a balance of \$22,310,789 and is projected to carry forward a balance of \$23,670,903 into SFY 2028.

APPENDIX

Appendix A - Community Events attended by Nevada Health Link

Community Booth Events (Oct.):

- 10/1 - Las Vegas Job Fair
- 10/7 - 2025 NEAC National Night Out
- 10/7 - National Night Out/Bolden Area Command only
- 10/8 - Family Health Festival
- 10/8 - Disability Resource Center Fair
- 10/8 - Breast Cancer Awareness Month at Boulder HWY Swap Meet
- 10/9 - FBNN Mobile Harvest at Cold Springs Middle School
- 10/10 - Trucker-or-Treat & Movie in the Park
- 10/11 - 16th Annual Aki Matsuri Japanese Festival
- 10/11 - Mammo-Rama Extravaganza - Anthem BCBS Sponsored Event
- 10/11 - Reno Ice Public Skate
- 10/11 - End of Summer Pool Party
- 10/15 - Desert Skies Middle School Student-led Conference (Communities in School)
- 10/15 - Pyramid Lake 2025 Women's Health Fair
- 10/16 - FBNN Mobile Harvest at Boys & Girls Club of Truckee Meadows
- 10/17 - Children's Museum of Northern Nevada Trunk-or-Treat 2025
- 10/17 - Tahoe Knight Monsters Hockey Game
- 10/17 - Dayton Branch Library Trunk or Treat
- 10/18 - Operation Revival Resource & Health Fair
- 10/18 - Las Vegas Pride Community Festival
- 10/18 - Washoe County Sheriff Office Community Resource Fair
- 10/18 - Reno Ice Public Skate
- 10/18 - Spooky Fest Trunk-N-Treat event hosted by LVMPD Black Communities Alliance with our partners at Amazon
- 10/18 - Trunk-N-Treat event Monster Mash & Movie Bash hosted by the Hollywood Recreation Center
- 10/22 - Family Wellness & Medicaid Resource Day
- 10/23-26 - Haunted Harvest
- 10/23 - Community Baby Shower & Community Resource Event
- 10/24 - Henderson Hospital Truck or Treat Event
- 10/24 - SilverSummit + YMCA Trunk or Treat Resource Fair
- 10/25 - Douglas County Spooktacular Public Health Fair
- 10/25 - Paradise Patch Trunk-Or-Treat Celebration
- 10/25 - St. Paul's Harvest Festival
- 10/27 - BOO Bridge Trunk-or-Treat hosted by: Cambridge Recreation
- 10/28 - Once Upon a Walnut
- 10/28 - WCSSD Intervention Department All-Staff Meeting.
- 10/29 - Halloween at The Children's Cabinet

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- 10/29 - EPIC Halloween Block Party with Commissioner Justin Jones (Trunk-or-Treat)
- 10/29 - Helen Meyer/ Commissioner Naft Trunk or Treat
- 10/29 - She Means Business Female Founded Speaker Series Event – Showcasing Women CEOs & Startup Founders in the Community.
- 10/29 - Ward 6 Haunted Harvest
- 10/30 - BOOnanza
- 10/30 - 5th Annual Trunk or Treat - Boys & Girls Club of Fernley
- 10/30 - Hallow Harvest Festival
- 10/30 - Fall Festival or Festival De Otoño Councilwoman Olivia Diaz
- 10/30 - City of Henderson Trunk or Treat
- 10/30 - Trunk or Treat City of Las Vegas Mirabelli Park
- 10/30 - Boys & Girls Club Family Nite Monster Mash Bash
- 10/31 - Nevada Day Celebration
- 10/31 - Halloween Safe Night hosted by City of Las Vegas & Bolden Area Command
- 10/31 - Tales from the Dales

Community Booth Events (Nov.):

- 11/1 - Dia de los Muertos City of Las Vegas
- 11/2 - Day of the Dead Festival
- 11/2 - Reno Ice Trunk or Treat
- 11/4 - Whitney Youth Resource Fair
- 11/4 - Molina's Harvest of Health
- 11/6 - Las Vegas Job Fair
- 11/7 - Desayuno con Amigos- Latin Chamber of Commerce
- 11/8 - 3rd Annual African Caribbean Community Health Fair
- 11/15 - 3rd Annual African Caribbean Community Health Fair
- 11/16 - Gala Drama Fashion Show With Purpose
- 11/17 - FBNN Mobile Harvest at Desert Skies Middle School
- 11/19 - FBNN Mobile Harvest at Baldini's Casino
- 11/19 - Boys & Girls Club Family Night Out
- 11/20 - FBNN Mobile Harvest at Boys & Girls Club of Truckee Meadows
- 11/22 - Tahoe Knight Monsters Hockey Game
- 11/22 - ACDC Community Resource Fair

Sponsorships:

Open Enrollment Period: Event Outreach and Community Relations Performance

Events during the Open Enrollment Period: October 1, 2025, through November 30, 2025

65 Community events

50,090 Event Attendees

29,319 Engaged Attendees