

# Battle Born State Plan Incentive Grant Program

Division of Consumer Health Services

Adam Plain, Social Services Chief 3



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December 5, 2025

[NVHA.nv.gov](https://nvha.nv.gov)



# Housekeeping

Please stay on mute during the presentation.

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Be respectful of all attendees.

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Keep comments and discussion to a minimum.

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We will answer all questions at the end of the presentation.

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Today's session will be recorded and posted for your reference.

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# What Is the Battle Born State Plan (BBSP) Incentive Grant Program?

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- The Incentive Grant is designed to compensate you for your time, effort and resources expended to enroll individuals in BBSPs.
- The Grant is intended to provide a flat \$35 payment for every effectuated BBSP enrollment you assist with.
- Payments are made per individual, not per household.
- Nevada Health Link data will be used to verify enrollments, just as it is for carrier commission reporting.
- The incentive is planned as a one-time payment per enrollment.
- Payment amount does not vary based on:
  - Consumer premium
  - Age or demographics
  - Geographic location



# Payment Example

How the Grant is calculated:

Formula:  $\$35 \times \text{number of eligible individuals}$

**Household of 1**

**\$35**

**Household of 3**

**\$105**

**Household of 5**

**\$175**



# What is an “Effectuated Enrollment”?

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An enrollment qualifies once ALL of the following occur:

1. Consumer receives an eligibility determination through Nevada Health Link.
2. Consumer selects a BBSP plan.
3. Consumer pays their initial binder premium, activating coverage.

If all three steps are met, the enrollment is considered effectuated and should qualify for payment.



# Special Enrollment Periods (SEPs)

- NVHA intends to pay Grants for SEPs throughout Plan Year 2026.
- All effectuated SEP enrollments should be eligible.
- Standard SEP rules still apply (60-day window, qualifying life event, etc.).

**Loss Of Health  
Coverage**



**A Change In  
Residency**



**A Change In  
Household Size**



**A Change In  
Employment**



**Turning 26**





# Retro Enrollments

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- NVHA intends to pay Grants for already-effectuated enrollments that occurred earlier in open enrollment, as long as the enrollment was broker-assisted.
- Brokers must be tied to the application at the time the enrollment was completed.





# Payment Timing

- First payment batch:
  - Planned to include January 2026 effectuated enrollments
  - Expected March/April 2026
- Additional payment runs:
  - February 2026 effectuated open enrollments
  - All SEP effectuated enrollments
- Exact dates for additional payment runs will be finalized as the new program matures.





# Broker Requirements

Brokers must:

- Complete the PY26 Training: BBSP Incentive Grant Program by December 15.
  - Training links were sent from TrakStar on December 2.
  - Anticipated time to complete: 15 minutes
  - This training is an addendum to the Exchange broker certification and failure to complete could result in a compliance issue


To be eligible to receive Grant funds:

- Register as a State of Nevada vendor through the Controller's Office.
- Payments will be issued by the State Controller, not NVHA.

viewing the form click this button to proceed to the Electronic Vendor Registration Form.

Return to prior page

STATE OF NEVADA  
VENDOR REGISTRATION



STATE CONTROLLER'S OFFICE  
555 E WASHINGTON AVE STE  
LAS VEGAS NV 89101-  
PHONE: 702/486-3810 or 702/486-3811

All sections are mandatory and require completion. IRS Form W-9 will not be accepted in lieu of this form.

1. NAME For proprietorship, provide proprietor's name in first box and DBA in second box.

Legal Business Name, Proprietor's Name or Individual's Name

Doing Business As (DBA)

2. ADDRESS/CONTACT INFORMATION

Address A – Physical address of  
☐ Company Headquarters ☐ Individual's Residence  
Is this a US Post Office deliverable address? ☐ Yes ☐ No

Address B  
☐ Additional Remittance – PO Box, Lockbox or an physical location

Address

Address

Address

Address

City

State

Zip Code

City

State

Zip Code

E-mail Address

E-mail Address

Phone Number

Fax Number

Phone Number

Fax Number

Primary Contact

Primary Contact

3. ORGANIZATION TYPE AND TAX IDENTIFICATION NUMBER (TIN) Check only ONE organization type and supply the applicable Social Security Number (SSN) or Employee Identification Number (EIN). For proprietorship, provide SSN or EIN, not both.

☐ Individual (SSN)  
☐ Sole Proprietorship (SSN or EIN)  
☐ Partnership (EIN)  
☐ Corporation (EIN)  
☐ Government (EIN)  
☐ Tax Exempt/Nonprofit (EIN)  
☐ Trust/estate (SSN or EIN)

LLC tax classification:  
☐ Disregarded Entity  
☐ Partnership  
☐ Corporation

SSN  
Not associated with SSN:  
EIN  
New EIN? ☐ No ☐ Yes – Provide previous TIN & effective date.  
Previous TIN: Date:

OTHER INFORMATION Check all that apply.

☐ Doctor or Medical Facility  
☐ Attorney or Legal Facility

☐ In-State (Nevada)  
☐ DBE Certificate #:

☐ NV Business ID#(ex:NV123456789)

4. ELECTRONIC FUNDS TRANSFER Per NRS 227, payment to all payees of the State of Nevada will be electronic. Complete section AND provide a copy of a voided imprinted check for the account. If there are no checks for the account, savings or prepaid card signed letter restating the information must be provided(Companies must use company letterhead) Deposit slip or WIRE information will not be accepted. Information on this form and the supporting documentation must match. Allow 10 working days for activation.

The information is for address ☐ A ☐ B ☐ Both

Bank Name

Bank Account Type  
☐ Checking ☐ Savings

Provide ONE e-mail address for receiving payment information

Transit Routing Number

Bank Account Number

5. IRS FORM W-9 CERTIFICATION AND SIGNATURE

Under penalties of perjury, I certify that:  
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and  
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and  
3. I am a U.S. citizen or other U.S. person (as defined by IRS Form W-9 rev August 2013).

Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature

Print Name & Title of Person Signing Form

Date

FOR STATE CONTROLLER'S OFFICE USE ONLY

Primary 1099 Vendor ☐ 1099 Indicator ☐ Yes ☐ No

Entered By Date

Name of State agency contact & phone number: Comments

KTLVEN-01 Rev

# Vendor Registration: What You Need

Important: Each individual broker must register separately, agencies cannot register on behalf of brokers.

Each individual broker must register as a vendor with the controllers office.

Visit <https://www.controller.nv.gov/vendor-services/electronic-vendor-registration/> to learn how to register as a vendor.

To complete vendor registration, brokers must provide:

- Legal business name or individual name
- Mailing address
- Email address
- Phone number
- Organization type
- Tax ID (EIN or SSN)
- Voided imprinted check, or signed bank letter



# Final Reminders & Next Steps

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- Complete the BBSP Incentive Grant Training by December 15.
- Register as a State of Nevada vendor as soon as possible.
- Payments scheduled to begin March/April 2026.
- Watch for follow-up communication and resources from:  
[BattleBornIns@nvha.nv.gov](mailto:BattleBornIns@nvha.nv.gov).



# Questions?

Thank you for your partnership and for supporting Nevadans through the launch of Battle Born State Plans.