



Joe Lombardo  
Governor

# NEVADA HEALTH AUTHORITY

## SILVER STATE HEALTH INSURANCE EXCHANGE

2310 S. CARSON STREET, SUITE 2  
CARSON CITY, NV 89701  
NVHA.NV.GOV  
NEVADAHEALTHLINK.COM



Stacie Weeks, Director



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## Nevada Health Link (NVHL) 3/19/2026 Broker Workshop Q & A

### 1) How can we request retroactive terminations for consumers who were deemed eligible for Medicaid?

Per the NVHL policy manual, consumers who are deemed eligible for Medicaid can request retroactive terminations of their QHP coverage up to 60-days back from the date reported to the Exchange. In accordance with 45 CFR 155.430(b)(1), if requests are received to back date termination of enrollment more than 60-days, the consumer will need to demonstrate he or she attempted to terminate coverage but experienced a technical error; or demonstrate the enrollment in a QHP was unintentional, inadvertent, or erroneous and was the result of the error or misconduct. Such requests must be provided to the Exchange within 60-days of discovering the error.

### 2) How does a consumer opt-out of their plan automatically being cancelled on their Medicare month?

If this question is answered NO, then no action will be taken to terminate the consumers plan due to gain of Medicare.

Is **Dad Citizen** currently enrolled in Medicare, or will be enrolled in the next 3 months? \* [Learn more](#)

- Yes
- No

Enter **Dad Citizen** 's Medicare start date \* [Learn more](#)

Month	Day	Year
MM	DD	YYYY

### 3) Would coverage continue for spouses and other family members automatically if primary household member moves to Medicare?

Yes, if the system takes action to terminate a member due to gain of Medicare coverage, the other members will be re-enrolled without the Medicare member going forward.



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#### **4) What about individuals who do not qualify for Medicare? Does the system take that into account?**

This question will be answered by each member of the household, so action will be taken only for the member who answered YES to gaining Medicare.

#### **5) What if people do not want to apply for Medicaid due to citizenship status?**

If consumers do not want to be assessed for Medicaid or they want to withdraw their Medicaid application, they will not be eligible for subsidies on the Exchange.

#### **6) When the income on the application is over income, why are they being sent to Medicaid?**

If you have a specific consumer example you would like us to research, please contact [Brokersupport@exchange.nv.gov](mailto:Brokersupport@exchange.nv.gov).

#### **7) For mixed households, do we as agents make changes or does Medicaid make any changes to the application?**

Medicaid does not make changes to the consumer's NVHL application. If any updates need to be reported, then the consumer or their designated agent/broker should make changes to the application as needed.

#### **8) Medicaid can take a minimum of 30 days to assess the client. If they are denied, will NVHL backdate the coverage for those consumers?**

Requests to backdate may be submitted with all pertinent information and will be reviewed for approval on a case-by-case basis.

#### **9) Where can I go to see the 2026 FPL threshold for Medicaid?**

The 2026 FPL chart will be uploaded to NVHL website by 4/1/2026. For now, you can view 2026 FPL thresholds here: [detailed-guidelines-2026.pdf](#)

#### **10) If a consumer is sent to Medicaid and they don't respond to requests for documentation and get denied, would they now be eligible for coverage on NVHL?**

A consumer who does not cooperate with Medicaid to obtain a valid determination or denial, they will not be eligible for subsidies on Exchange.



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### **11) If we know a consumer will be ineligible for Medicaid due to the 5-year bar, can we skip the Medicaid verification referral?**

If the consumer's application notes an income level that meets the Medicaid FPL threshold, they will be assessed for Medicaid eligibility. If the consumer is ineligible for Medicaid due to immigration status (5-year bar), the consumer will then be assessed for premium tax credits (PTC) eligibility if their projected income is above 100% FPL. Effective 1/1/2026, consumers who are ineligible for Medicaid due immigration status and have income below 100% FPL are ineligible for PTC. Eligible non-citizens can still enroll in an unsubsidized QHP if they remain "lawfully present" during the entire enrollment period.

### **12) Could that be an added question? To avoid the denial for Medicaid due to immigration status specifically?**

If you have a specific consumer, please email [Brokersupport@exchange.nv.gov](mailto:Brokersupport@exchange.nv.gov)

### **13) What do we do in a situation in which Medicaid sent a denial letter but did not provide a reason for the denial?**

If there is no reason listed on the Medicaid denial letter, then the document will not be approved. If one of your consumers is having trouble getting the proper denial letter from Nevada Medicaid, please email [Brokersupport@exchange.nv.gov](mailto:Brokersupport@exchange.nv.gov).

### **14) Are you releasing a new FPL chart with income changes?**

The 2026 FPL chart will be uploaded to NVHL website by 4/1/2026. For now you can view the 2026 FPL thresholds here: [detailed-guidelines-2026.pdf](#)