



Joe Lombardo
Governor

NEVADA HEALTH AUTHORITY

SILVER STATE HEALTH INSURANCE EXCHANGE

2310 S. CARSON STREET, SUITE 2
CARSON CITY, NV 89701
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Stacie Weeks, Director



Jennifer Krupp, Administrator
Division of Consumer Health

Silver State Health Insurance Exchange (SSHIX) Board Meeting Draft Minutes February 24, 2026

Meeting Location:

Teams and 2310. S Carson Street, Suite 2, Carson City NV. 89701

Members Present

Valerie Clark
Dr. Tara Raines
Ann Jensen
Commissioner Ned Gaines
Melissa Bullock
Tiffany Greenamyre

Members Absent

Lavonne Lewis
Angie Wilson

Staff Members Assisting

DCHS Jennifer Krupp
SSHIX Director Janel Davis
SSHIX Katie A. Charleson
SSHIX Joseph Filippi
SSHIX Nathan Osborne
SSHIX Jena Taylor
DAG Veronica C. Jarchow

I. Call to Order, Welcome, Roll Call, Announcements

The meeting was called to order at 1:32 p.m. by Janel Davis, who announced that Melissa Bullock is the permanent designee for Laura Rich, Administrator, DHS.

II. Public Comment

Brian Douglas expressed appreciation to the Exchange for establishing broker compensation for Battle Born State Plans, noting that brokers were pleased not to be working without compensation and encouraged continued progress toward carrier-funded compensation in future years.

No additional comments were offered, and the public comment period was closed.

III. Approval of Minutes – December 22, 2025 Board Meeting - For Possible Action

The following action was taken:

MOTION Approve the minutes of the December 22, 2025 Board Meeting.

BY: Ann Jensen



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SECOND: Valerie Clark

PASS: Motion carried with one abstention.

It was noted that Jack Childress, filling in for Commissioner Gaines, shared that the Commissioner would be arriving later than planned due to unforeseen circumstances.

IV. Executive Summary, Post Open Enrollment for Plan Year 2026

Janel Davis presented the Executive Summary and proposed increasing the Carrier Premium Fee from 2.95% to 3% for Plan Year 2027. She reviewed the historical fee structure, including Nevada’s transition to a State-Based Exchange in 2019–2020 and subsequent rate reductions.

Davis reported that Plan Year 2026 Open Enrollment closed with over 107,000 enrollees, with a notable shift toward Expanded Bronze plans. She highlighted that 82% of enrollees received APTC and that confirmed enrollments increased 30% over the prior year.

January call center performance exceeded service-level goals, with 17,297 calls offered and 10,100 connected. Davis also introduced Sage, the Exchange’s virtual agent supporting Tier 1 and Tier 2 inquiries.

Communications Officer Katie Charlson reported strong growth in website traffic, earned media, community outreach, and social media engagement, noting that influencer partnerships and expanded content strategies contributed to a 20% increase in active shopping.

Davis concluded with a four-month operational outlook, including SEP support, federal rule implementation, Medicaid coordination, policy updates, and preparations for the 2027 legislative session, navigator RFA, budget development, and ongoing system release management.

V. Health Market Research & Survey Research

Janel Davis introduced Marketing for Change to present recent health market and survey research findings. Aaron Metzger outlined the year-round research cycle, including pre-Open Enrollment messaging research, qualitative focus groups, and quantitative message-testing surveys.

Metzger explained that the team also conducts research with brokers and navigators to assess readiness for policy changes and identify consumer challenges. Enrollment data analysis during Open Enrollment helps pinpoint ZIP-code-level gains and losses to guide targeted outreach.



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He highlighted the annual post-Open Enrollment statewide survey, which evaluates campaign performance and provides a detailed snapshot of Nevada’s insurance landscape. Additional surveys with current enrollees and “leavers” assess website experience, shopping behavior, and year-over-year trends.

Metzger noted that multivariate analysis identifies which aspects of the enrollee experience most strongly influence marketplace perceptions. He also highlighted the Exchange’s annual Health Industry Report, which translates survey findings into an accessible statewide resource.

Early results from the latest survey showed that 38% of Nevadans recalled the campaign’s messaging and that those exposed demonstrated higher awareness, more favorable views, and greater website engagement. Metzger concluded by noting that these findings will inform next year’s messaging and invited questions.

VI. Federal & State Policy Updates

Joseph Filippi provided a comprehensive update on state and federal policy developments. He reported that Senate Bill 4 directs the Division to issue payments to brokers who assisted with Battle Born State Plan enrollments and to launch a new navigator grant program supporting Medicaid, Battle Born, and QHP enrollment. The RFA is expected later this spring.

Filippi reviewed federal developments, including the expiration of enhanced premium tax credits and the lack of congressional action to extend them. He explained that the CMS Marketplace Integrity and Affordability Rule remains partially in effect, requiring a shorter Open Enrollment period for Plan Year 2027 and stricter 90-day deadlines for resolving data-matching issues.

He outlined several provisions of HR 1, including narrowed eligibility for lawfully present immigrants and full repayment requirements for excess premium tax credits. Beginning in 2027, individuals denied Medicaid for failing to meet community engagement requirements will also be ineligible for marketplace subsidies. In 2028, consumers must verify application information before receiving subsidies.

Filippi summarized key elements of the proposed 2027 Notice of Benefit and Payment Parameters, including expanded catastrophic plan options, reinstated verification requirements, new obligations to track improper premium tax credit payments, changes to network adequacy oversight, and requirements for states to defray costs of most post-2011 mandated benefits.

He noted that Nevada does not currently include routine adult dental in its benchmark plan but flagged the proposed prohibition on treating it as an essential health benefit.



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Ann Jensen thanked Filippi for the detailed overview and emphasized the operational complexity of implementing HR 1’s community engagement provisions. She expressed interest in cross-division collaboration once CMS issues further guidance, which Filippi agreed would be essential.

VII. Enrollment Dashboard

Nate Osborne, Compliance Manager and former Data Analyst, presented an update on the development of a new public-facing **Exchange Enrollment Dashboard**, targeted for rollout in **April or May**.

He explained that the dashboard will provide interactive visualizations of aggregated metrics, including enrollment counts, enrollee status, applications submitted, average premiums and APTC amounts, plan types, metal tiers, FPL bands, age groups, and geographic breakdowns. Examples from New Mexico and Maryland illustrated the type of drill-down functionality Nevada aims to emulate.

Osborne noted that the dashboard will likely be built in **Power BI**, leveraging existing Nevada Health Authority tools, monthly enrollment data snapshots, and established reporting processes, while ensuring all PII is excluded.

Next steps include finalizing metrics and visualizations, creating an Exchange-specific style guide, establishing a review and refresh process, and aligning dashboard outputs with CMS reporting and press releases.

Feedback:

- **Dr. Tara Raines** emphasized the importance of including demographic attributes such as race and gender and asked whether the dashboard would remain adaptable over time. Osborne confirmed that Power BI allows ongoing updates.
- **Valerie Clark** asked about the intended audience and level of interactivity; Osborne noted that carriers, brokers, reporters, and the public will all benefit, and users will be able to filter and drill down but not input data.
- **Janel Davis** reiterated that the purpose of the agenda item was to gather Advisory Board feedback and confirmed that the dashboard will be built internally.
- **Dr. Raines** highlighted the value of publicly accessible data for nonprofit funding and statewide advocacy.
- **Ann Jensen** suggested including, in a later phase, metrics to help identify consumers who may be Medicaid-eligible.



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VIII. Public Comment

Heidi Sterner, Southern Nevada NAPEO President, thanked the Exchange for ensuring brokers received compensation for Battle Born State Plan enrollments. She emphasized that without the Exchange's intervention, many brokers would have received no payment despite significant work performed. Sterner noted that the resolution was deeply appreciated and critical to maintaining brokers' ability to assist consumers, particularly given E&O insurance requirements. She encouraged continued collaboration with carriers as Plan Year 2027 approaches.

X. Adjournment

Janel Davis adjourned the meeting at 3:33pm

DRAFT