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Division of Consumer Health Services



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Silver State Health Insurance Exchange (SSHIX)

Board Meeting

Minutes

June 16, 2026

Meeting Location:

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

Members Present

Valerie Clark

Lavonne Lewis

Ann Jensen

Commissioner Ned Gaines

Tiffany Greenamyre

Jon Pishion

Members Absent

Dr. Tara Raines

Melissa Bullock

Staff Members Assisting

DCHS Jennifer Krupp

SSHIX Director Janel Davis

SSHIX Katie A. Charleson

SSHIX Joseph Filippi

SSHIX Nathan Osborne

SSHIX Jena Taylor

DAG Jose Rivera

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

The meeting was called to order at 1:30 p.m. by Chair Clark. Roll call was completed by Director Janel Davis, noting that Jon Pishion has assumed the Governor-appointed seat previously held by Angie Wilson. At the time of the meeting, Jon Pishion was still completing his formal oath of office, and a quorum was initially not present. Once Lavonne Lewis and Ann Jensen joined the meeting, quorum was established.

II. Public Comment

Chair Clark opened the floor for public comment. No public comment was received.

Please note that a quorum was later achieved and action items were addressed at that time.

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

SECOND: Commissioner Gaines

PASS: All in favor; motion carried unanimously

IV. Executive Summary & Pre-enrollment Verification

The following action was taken:

MOTION: Approval of Semiannual Fiscal & Operational Report (NRS 695I.37)

BY: Commissioner Gaines

SECOND: Lavonne Lewis

PASS: All in favor; motion carried unanimously

Janel Davis provided an overview of enrollment trends for Plan Year 2026. She reported that overall enrollment had decreased compared to the prior year, with a notable rise in non-payment cancellations. She also outlined current demographic and geographic enrollment patterns, noting that most enrollees reside in Clark County, followed by Washoe and Douglas Counties, and that nearly half of all consumers are age 45 or older. Janel additionally discussed updates regarding participation in the Battle Born State Plan, explaining that enrollment in the plan has remained steady, representing approximately 11 percent of total health enrollment as of June.

She then presented an overview of federal requirements related to pre-enrollment verification (PEV), which will begin in Plan Year 2028. Under these requirements, consumers receiving advance premium tax credits will need to complete verification of several eligibility elements before subsidies can be applied. These elements include household income, family size, residency, immigration status, and current health coverage eligibility. Janel highlighted that although consumers may still auto-renew their plans, subsidies cannot be applied until verification is complete. She emphasized that implementation planning is currently underway with the Exchange's technology vendor, VIMO, and that the Exchange is awaiting further guidance from CMS before finalizing operational processes.

V. Informational: Federal & State Policy Updates & SB 4 Navigator Request for Application

Joseph Filippi presented an extensive update on recent federal and state policy developments. He began by outlining key provisions of the CMS final Notice of Benefit and Payment Parameters rule issued on May 15, noting CMS's projection that up to two million consumers could leave the federal marketplaces nationally, with premiums potentially increasing by up to 2.4 percent for

Plan Year 2027. He detailed new limits on APTC eligibility for certain categories of lawfully present non-citizens, as well as the elimination of tax credits for consumers below 100 percent of the federal poverty level who are ineligible for Medicaid due to their immigration status. Joseph explained that hardship exemptions will be expanded, allowing older consumers with certain income levels to enroll in catastrophic plans.

He further described new program integrity requirements requiring state-based marketplaces to measure improper APTC payments, noting Nevada's prior experience participating in the predecessor program. He then reviewed permanent changes to income verification procedures and discussed updates to the failure-to-reconcile rule, including the potential transition from a two-year to a one-year lookback period. He also highlighted current litigation that has resulted in the vacating of provisions from the Marketplace Integrity and Affordability Rule, including changes that would have shortened Nevada's open enrollment period and reduced the time available to resolve data-matching issues.

Turning to state updates, Joseph reported that Senate Bill 4—passed in the December special legislative session—allocated \$2 million to create a new Navigator-style grant program for community-based organizations to support enrollment assistance. The Division received 35 applications, which are being evaluated by a multi-agency review committee. Final award decisions are expected at the Interim Finance Committee meeting on August 13, after which organizations can begin providing enrollment and educational support to consumers, including assistance with new Medicaid community engagement requirements beginning in January 2027.

VI. Informational: Enrollment Dashboard & Proposed Metrics

Nate Osborne provided an update on the development of the Exchange's public-facing enrollment dashboard. He explained that although the team initially planned a mid-2026 release, competing priorities made this timeline too ambitious. The revised and more realistic target is to launch the dashboard in time for sharing metrics during Plan Year 2027 open enrollment. He noted that the Exchange is hiring a new data analyst who will serve as the primary owner of the project. Nate reviewed the proposed metrics to be included, such as total enrollment numbers, enrollee status, APTC and CSR enrollment counts, average premium and subsidy amounts, plan type selections, metal tier distributions, demographic details including age and federal poverty level, and county-level summaries. He invited board feedback, and acknowledged the board's prior request to incorporate metrics relating to churn between Medicaid and the Exchange. Additional demographic information—such as employment-related data—was also discussed as a potential future enhancement.

VII. Informational: Communications Update

Katie Charleson provided a comprehensive communications and outreach update. She reported that following the close of open enrollment, the Exchange shifted into its special enrollment campaign, targeting Nevadans experiencing qualifying life events while also maintaining

awareness among current enrollees. With upcoming pre-enrollment verification requirements, the communications team has emphasized the importance of consumers keeping their application information current. Katie highlighted the success of the integrated media strategy, which included digital advertising, social media, radio, search engine marketing, community events, and email communications. The campaign generated more than 4.2 million impressions, over 86,000 link clicks, and reached more than 100,000 households statewide. Community engagement remained a major communication driver, with staff attending 75 events and reaching approximately 20,000 Nevadans.

Katie noted strong digital performance, especially on Google search, where campaigns achieved a click-through rate of 17.8 percent—far exceeding the industry benchmark of roughly three percent. She also described the Exchange’s efforts to broaden multicultural engagement through Spanish-language communications, including translated materials, interviews, and dedicated social media channels. She reported that the website attracted more than 150,000 new users and 1.2 million page views during the off-season, driven in part by improvements to accessibility, SEO, and user experience. A future website redesign is also underway to improve navigation and enhance health literacy.

Katie concluded with an overview of upcoming communications milestones leading into Plan Year 2027 open enrollment. Strategic planning with leadership and marketing partners will begin in July, followed by creative development and media planning. Window shopping will launch in October, accompanied by community outreach and the annual “Prep Rally” for brokers and navigators. The full statewide open enrollment campaign will launch November 1 with coordinated paid media, public relations, community outreach, and digital initiatives.

VIII. Public Comment

Chair Valerie Clark opened the floor for a second period of public comment. No verbal comments were offered. A participant inquired via chat whether the presentation slides would be shared, and staff confirmed they would be posted to the Advisory Board website later that afternoon. No additional public comments were received.

X. Adjournment

Chair Clark thanked all attendees for their participation and acknowledged the team's extensive work across multiple programs and initiatives. Seeing no further business, she adjourned the meeting.