



Where Health Insurance Competes for You.

Silver State Health Insurance Exchange Advisory Board Meeting

September 10, 2026

Call to Order: Roll Call

Valerie Clark, Chair and Janel Davis, Exchange Executive Officer

Silver State Health Insurance Exchange Advisory Board

Division of Consumer Health Services

Nevada Health Authority



Public Comment

For Possible Action: Approval of June Minutes

Valerie Clark, Chair

Silver State Health Insurance Exchange Advisory Board

Division of Consumer Health Services

Nevada Health Authority

For Possible Action: NV Health Link Policy Manual Updates

Joseph Filippi, Exchange Policy Manager

Silver State Health Insurance Exchange

Division of Consumer Health Services

Nevada Health Authority

Nevada Health Link Policy Manual – PY27 Updates



1. Alignment with Federal Requirements

- Updated to reflect current Federal Marketplace regulations, CMS guidance, and recent federal legislation (including H.R.1).
- Enhanced eligibility and financial assistance sections, including updated lawfully present categories for noncitizens (pgs. 12-15).
- Refreshed policies on hardship exemptions/catastrophic coverage (pgs.61-62), and payment thresholds/binder payments (pg. 31).



2. New Consumer & Stakeholder Resources

- Added guidance on tax reporting (pgs.67-68), Health Savings Accounts (pg.29), grace periods (pg. 32), binder payments (pg. 31), assister roles (pg.64), APTC rebalancing (pg. 22), notices (pg. 65), MAGI calculations (pg. 16), and accessibility assistance (pg. 66).



3. Improved Structure and Usability

- Reorganized eligibility and enrollment content for greater clarity and consistency.
- Streamlined layout to improve transparency and operational administration.

Informational Item: Executive Summary

Janel Davis, Exchange Executive Officer

Silver State Health Insurance Exchange

Division of Consumer Health Services

Nevada Health Authority

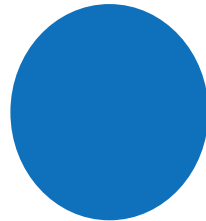
Introductions

Meet some of the Silver State Health Insurance Exchange Team



Janel Davis

Exchange Executive
Officer



Jennifer Krupp

Division Administrator



Joseph Filippi

Policy Manager



Nate Osborne

Compliance Manager



Katie Charleson

Communications
Officer

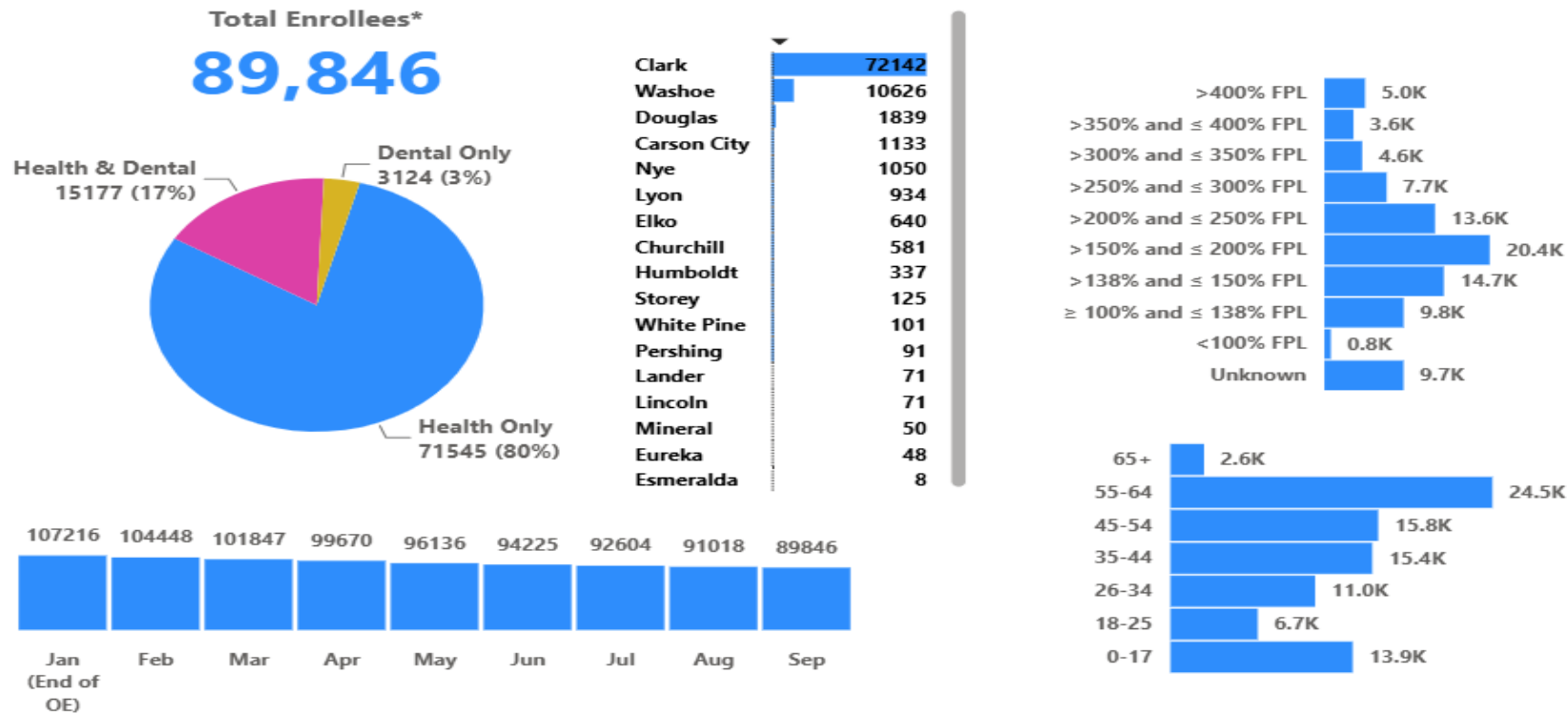


Sarah Moses

Chief Operations
Officer

Enrollment Summary

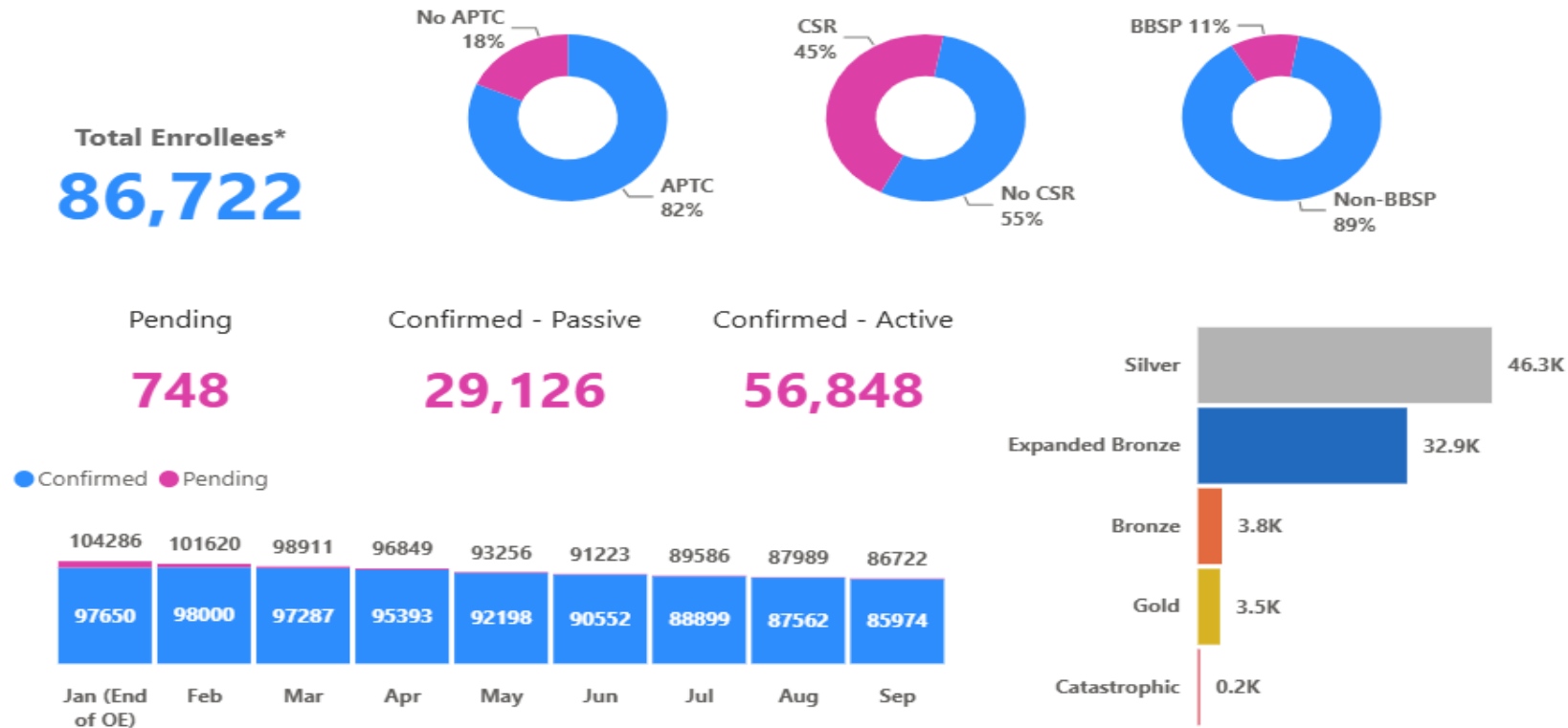
(September 1, 2026)



*Includes unique enrollees with a PY26 plan selection in Confirmed or Pending status as of 9/1/26. Consumers with Terminated or Cancelled policies have been removed from these counts.

Enrollment Summary

(September 1, 2026)



*Includes unique enrollees with a PY26 plan selection in Confirmed or Pending status as of 9/1/26. Consumers with Terminated or Cancelled policies have been removed from these counts;

**Average Premium values are monthly averages for all enrollees; Average APTC is the monthly average for enrollees with monthly APTC > \$0.

Pre-Enrollment Verification (PEV)



- New APTC pre-verification process required to be developed by **Aug. 1, 2027**, effective Plan Year 2028
 - Auto renewals will require the pre-enrollment verification processes to be completed before subsidies can be applied
 - If PEV requirements are not met, a consumer can be auto renewed into a plan without subsidies
- CMS implementation guidance pending
 - *Proposed rule anticipated October 2026.*

Coming Soon: Nevada Medicaid Express on Nevada Health Link

Shifting Nevada Health Link from an Assessment State to a Determination State for Medicaid/CHIP eligibility

WHAT IT MEANS

A Determination State: the Exchange makes the Medicaid/CHIP eligibility decision under MAGI rules.

TODAY — Assessment State

Exchange assesses → transfers account →
DSS/Medicaid makes final call



FUTURE — Determination State

Exchange determines eligibility directly and allows for
managed care plan shopping and selection

Requires CMS approval, a signed agreement between the Exchange and single state Medicaid agency, and system readiness to apply MAGI rules directly.

WHY DO IT — KEY BENEFITS

1

Faster coverage, no coverage gaps or stigma

Eligibility is decided in one real-time session — fewer consumers lose momentum or coverage — while allowing individuals to enroll in Medicaid in the privacy of their own homes - online.

2

Simpler consumer experience

Consumers aren't bounced between the Exchange and Medicaid to learn their status for coverage supports (Medicaid or tax credits).

3

Less duplicate administrative work

Removes parallel eligibility review by two agencies for the same application, freeing Medicaid staff capacity for other casework, including supporting consumers with new HR 1 requirements.

4

Higher data accuracy & fewer errors

Modernized online platform applying MAGI rules directly reduces transcription errors and inconsistent determinations across systems.

5

New shopping options for Medicaid plans

Supports consumers with comparing their Medicaid managed care plans like other consumers who are shopping for a health plan.

6

Better retention during redeterminations

Consumers who cycle between Medicaid and subsidized coverage move seamlessly, reducing churn-driven coverage loss due to Exchange capacity for Medicaid determinations.

Key Takeaway: Project is on track to go-live for fall.



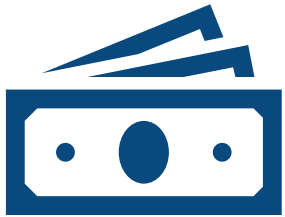
New Medicaid Eligibility Requirements

- **Beginning January 1, 2027**
 - New **Work & Community Engagement requirements** apply to enrollments and renewals
 - Medicaid members must **renew every 6 months**
 - Individuals **denied Medicaid due to community engagement/work requirements** are **not permitted to receive Marketplace subsidies (APTC/CSR)**.



New Exchange Enrollment Facilitator Grant

SB 4 (2025 Special Session) provided new grant funding to support community-based organizations that provide education and enrollment support for Nevadans who may qualify for:



Nevada
Medicaid



Battle Born
State Plans



Nevada
Health Link



MEETING PEOPLE WHERE THEY ARE

Funding will support **30 new Exchange Enrollment Facilitator (EEF) positions** statewide to provide trusted, local enrollment support in their communities.

16 Community-Based Organizations Awarded Funding



- Boys and Girls Club of Truckee Meadows
- Children's Cabinet
- Community Health Alliance
- Fallon Paiute Shoshone Tribe
- Food Bank of Northern Nevada
- Future Smiles
- Hope Christian Health Center
- Lyon County Human Services
- Mesa View Regional Hospital
- Nevada Health Centers
- Nevada Outreach Training Organization
- Northern Nevada Hopes
- Promotoras Las Vegas
- Restoration and Recovery Foundation
- Toni's House
- Vegas Stronger

Informational Item:

Federal Policy Updates

Joseph Filippi, Exchange Policy Manager

Silver State Health Insurance Exchange

Division of Consumer Health Services

Nevada Health Authority

Federal Marketplace Changes – 2027

APTC Limits for Lawfully Present Noncitizens

- **Eligible Noncitizens:**
 - Lawful permanent residents (LPR)
 - Cuban/Haitian entrants
 - Compact of Free Association (COFA) migrants



APTC Limits for Medicaid Ineligibles

- Individuals denied Medicaid due to **work requirements** are not permitted to receive Marketplace tax credits.



Program Integrity

- State Exchange Improper Payment Measurement Program (SEIPM)



Litigation Update: 2025 Marketplace Integrity Rule Provisions Overtaken

- Shortened Open Enrollment Period
- Removal of 60-day income DMI extension
- Failure-to-reconcile policy affecting APTC eligibility
- Requiring additional paperwork to verify income when tax data shows income under 100% FPL
- Requiring additional paperwork to verify income when tax data is unavailable
- Elimination of income self-attestation
- Denying guaranteed coverage to people who owe past-due premiums
- Expanding actuarial value de minimis ranges to permit lower-value plans

Court Order: [City of Columbus vs. Kennedy \(2025\)](#)

SHVS Litigation Status Tracker: [SHVS Marketplace Litigation Status Tracker](#)

Litigation Update: PY27 NBPP Provisions Under Stay Order

- Failure-to-reconcile policy affecting APTC eligibility
- Mandatory income verification requirements for <100 FPL
- Elimination of income self-attestation
- Expanded eligibility related to income for catastrophic health plans
- Relaxation of network adequacy standards
- Permitting bronze plans to have a maximum out-of-pocket (MOOP) over statutory limit

Court Order: [City of Columbus \(2026\) Motion for Stay 7-16-2026](#)

CMS FFM Statement: [Statement 7-31-2026](#)

[SHVS Marketplace Litigation Status Tracker](#)

Key Takeaway: Ongoing federal litigation will continue to impact when/if certain new federal rules take effect in PY27 and beyond.



Informational Item: **Bi-Annual Metrics Submission Review**

Nate Osborne, Compliance Manager

Silver State Health Insurance Exchange

Division of Consumer Health Services

Nevada Health Authority

CMS Enrollment Reporting Overview

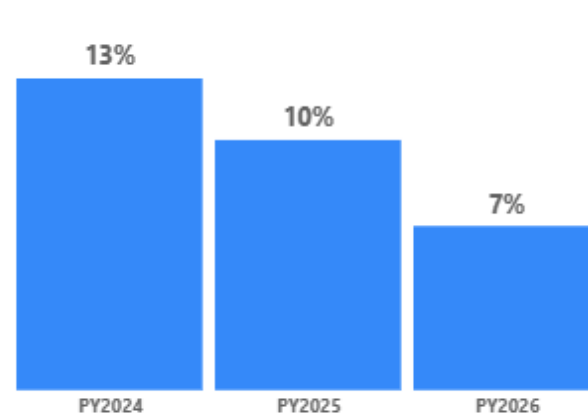
- CMS collects standardized metrics from all State-Based Exchanges for enrollments that occur during Open Enrollment (OE) & throughout the plan year:
 - **Weekly Priority OE Metrics:** 14 key indicators that summarize consumer activity throughout OE on a weekly basis.
 - **Expanded OE Metrics:** ~200 comprehensive metrics, including enrollment break-outs by age, FPL, metal level, and exchange operations. Due 5 days after OE.
 - **Bi-Annual Metrics:** Summarizes consumer activity and exchange operations twice per year, including cancellations/terminations, appeals & complaints, Data Matching Issues (DMIs), and Special Enrollment Period (SEP) types. Due at the end of August and February.
- These metrics are collected, verified and sometimes shared with stakeholders by CMS. For example, some OE Metrics are published here: <https://www.cms.gov/data-research/statistics-trends-and-reports/marketplace-products>

PY2024-26 Bi-Annual Metrics vs OE Metrics

Percentage Change From the End of OE through 6/30 Each Plan Year

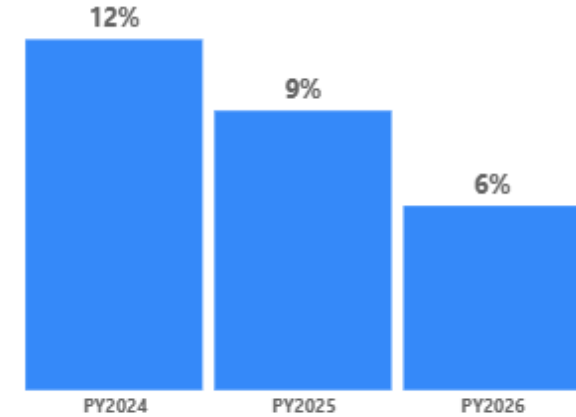
Number of Submitted Applications

91,630



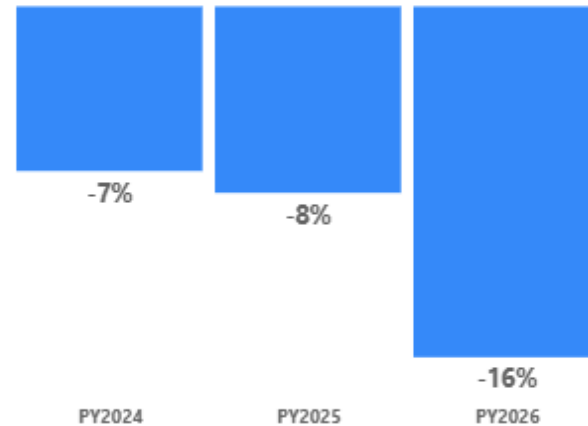
Consumers on Submitted Applications

141,144



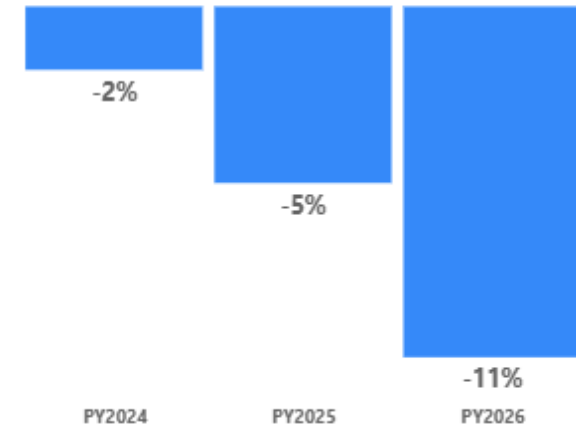
Total Plan Selections

88,116



Plan Selections <=\$10 Premium After APTC

4,188



PY2024-26 Bi-Annual Metrics vs OE Metrics II

Percentage Change From the End of OE through 6/30 Each Plan Year

	PY2024	PY2025	PY2026
With Financial Assistance	-8%	-8%	-16%
Without Financial Assistance	-3%	-11%	-14%

	PY2024	PY2025	PY2026
> 400% FPL	-5%	-5%	-14%
> 350% FPL and ≤ 400% FPL	-6%	-7%	-12%
> 300% FPL and ≤ 350% FPL	-6%	-8%	-14%
> 250% FPL and ≤ 300% FPL	-7%	-9%	-14%
> 200% FPL and ≤ 250% FPL	-7%	-10%	-15%
≥ 138% FPL and ≤ 200% FPL	-6%	-8%	-29%
≥ 100% FPL and ≤ 138% FPL	-14%	-11%	-21%
< 100% FPL	-17%	-11%	-55%
Unknown FPL	-10%	-11%	-12%

	PY2024	PY2025	PY2026
APTC Only	-10%	-10%	-16%
CSR & APTC	-6%	-6%	-16%
CSR Only	8%	0%	-8%

	PY2024	PY2025	PY2026
Silver	-5%	-6%	-16%
Bronze	-10%	-11%	-15%
Gold	-10%	-8%	-12%
Catastrophic	-27%	-30%	-30%

Disenrollments due to Non-Payment & SEP Enrollment

As of June 30, 2026, enrollment shows drop likely due to premium increases given the number of policies canceled because of non-payment of premiums.



DISENROLLMENTS

7,674

policies canceled due to non-payment of premiums
(thru June 2026)

▲ 40% vs. June 2025

Increase in non-payment cancellations compared to the same point last year.

Special Enrollment Periods (SEPs)

5,901 total SEP enrollments, by qualifying event

1

Loss of Qualifying Coverage

4,653

2

Change in Household Size

386

3

Change of Address

862

Informational Item: Communications Update

Katie Charleson, Exchange Communications Officer

Silver State Health Insurance Exchange

Division of Consumer Health Services

Nevada Health Authority

Open Enrollment Campaign Status

Nevada Health Link is still in the development phases of the Open Enrollment Campaign, but the overall marketing concept we're starting with:

This brand campaign concept uses the theme of “home” to welcome Nevadans into a place where health grows. The campaign changes the perception of health insurance enrollment from a quick transaction into a long-term investment in family health, generational health traditions and personal growth. The visuals and copy emphasize the community, support, loyalty and family traditions that are empowered by Nevada Health Link.



**Please note: This is just an example ad – not final*

Messaging Focus



The Marketplace for all Nevadans

We will continue to build awareness of Nevada Health Link as the trusted, go to resources for health insurance information, options, and support.



FREE Local Expert Enrollment Help

Encourage Nevadans to work with a licensed enrollment professional to help them navigate their insurance options.



All plans offered are Qualified Health Plans & New Medicaid eligible recipients can enroll at NevadaHealthLink.com

All plans available through NevadaHealthLink.com cover the ten Essential Health Benefits and you cannot be denied or charged more for pre-existing conditions. Exchange determines eligibility directly and allows for managed care plan shopping and selection.



The ONLY place to get financial assistance on private health insurance plans

Financial assistance is available for many Nevadans. Over 80% of current enrollees are utilizing financial assistance to lower the costs of monthly premiums.

A Health Insurance Literacy Approach



Building a Baseline

We are working with our research vendor to get a baseline of health insurance literacy in Nevada.



Focusing on more than Premiums

With affordability becoming increasingly challenging, we want to make sure individuals and families have a better understanding of the different aspects of using their health plan.



Enrollment to Engagement

We want to make sure enrollees are making active decisions in their health coverage and know how to use their benefits.

Examples of Health Literacy Content



Health Insurance Terms

Learn about some common health insurance terms.



Premium

The amount you pay for your health insurance every month.



Deductible

The amount you pay for covered services before your insurance plan starts to pay.



Copayment

A fixed amount you pay for a covered health care service after you've paid your deductible.



Coinsurance

The percentage of costs of a covered health care service you pay after you've paid your deductible.



Out-of-pocket maximum

The most you have to pay for covered services in a plan year.



Provider Networks

The facilities, providers and suppliers your health insurer or plan has contracted.

Campaign Activation

Meeting Nevadans Where They Are



Where Health Insurance Competes for You.



PAID MEDIA

Ads: Radio, Outdoor Billboards, Search, Display Banners, Paid Social, Print Advertising, Broadcast & Connected TV

EARNED & OWNED

Email, Blogs & Organic Social Content

COMMUNITY

Rural engagement, navigator outreach, attending and tabling community events, local partnerships, tribal communities

PARTNERSHIPS

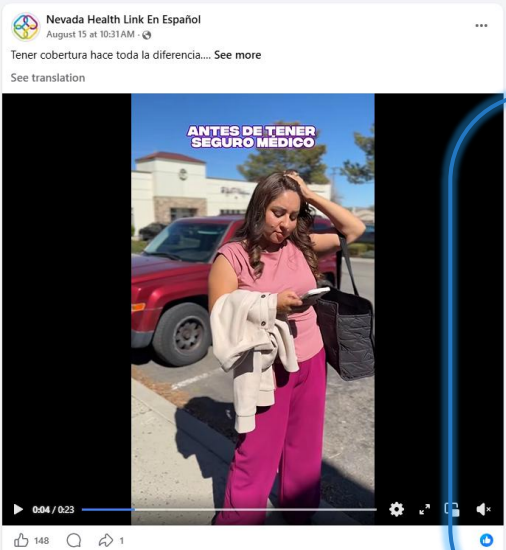
Sponsorships and speaking opportunities with community partners, collaboration with Medicaid, carriers and other stakeholders.

Recent Outreach Initiatives

She Means Business

Female Founders Class

We delivered our first health literacy presentation to a group of young women entrepreneurs preparing to launch their businesses.



Nevada Health
Link En Espanol
Facebook
hit 2.8k followers!

Nevada Health Links is sponsoring 15 youth sports teams statewide!



Thank you for your participation!

Learn More & Stay Involved



Website: <https://nevadahealthlink.com/>



[Sign up for board listserv](#)

Contact Us

Silver State Health Insurance Exchange
Division of Consumer Health Services
contact@nvha.nv.gov



Public Comment

Adjournment

Valerie Clark, Chair

Silver State Health Insurance Exchange Advisory Board

Division of Consumer Health Services

Nevada Health Authority