



**Brian Sandoval**  
Governor

**Barbara Smith Campbell**  
Chairwoman

**Jon M. Hager**  
Executive Director

# Silver State Health Insurance Exchange

2310 S. Carson Street, Suite 2, Carson City, NV 89701 • T: 775-687-9939 F: 775-687-9932  
exchange.nv.gov

## Silver State Health Insurance Exchange (SSHIX) Board Meeting Minutes Thursday, May 9, 2013

### **Meeting Location:**

Silver State Health Insurance Exchange  
2310 South Carson Street, Suite 3A  
Carson City, NV 89701

### **Videoconference Location:**

College of Southern Nevada  
3200 East Cheyenne Ave.  
Cheyenne Campus Bldg. B, Room 2647  
North Las Vegas, NV 89030

### **Members Present**

CC: Barbara Smith Campbell  
Marie Martin Kerr, Esq.  
Scott Kipper (Non-voting Ex-  
Officio)

LV: Lynn Etkins, Esq.  
Leslie Johnstone  
E. Lavonne Lewis  
Ronald M. Kline, MD

### **Members Absent**

Judith P. Ford, MD  
Mike Willden (Non-  
voting Ex-Officio)  
Jeff Mohlenkamp  
(Non-voting Ex-  
Officio)

### **Staff Members Assisting**

Jon M. Hager, SSHIX  
Shawna DeRousse, SSHIX  
C.J. Bawden, SSHIX  
Damon Haycock, SSHIX  
Athena Cox, SSHIX  
Keith Marcher, Chief DAG

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

Chair Barbara Smith Campbell called the meeting to order at approximately 1:35 p.m., welcoming all. Roll call was taken by Executive Director Hager, who stated that a quorum was present. Instructions were given to public phone participants to mute their phones so that we don't get any background feed. Mr. Hager announced that agenda item VII has been postponed until Thursday, the 16th, at 4:00 p.m., and that due to the Exchange Summit on June 13th and 14th, the next Board meeting will be on Wednesday,

June 12th. He gave some information regarding the length of the paper single streamlined application.

## **II. Public Comment**

There was no public comment at this time.

## **III. Approval of the minutes of the April 11, 2013 and April 24, 2013 Board meetings**

**MOTION** To approve the minutes of the April 11, 2013 and April 24, 2013 Board meetings.

**BY:** Ms. Kerr

**SECOND:** Ms. Etkins

**PASS:** Unanimously

## **IV. Executive Director's Report regarding the following matters of the Exchange:**

- A. 2013 Legislative Session**
- B. Status of Exchange implementation**
- C. Advisory committees**
- D. Board calendar**

Mr. Hager presented the report on each of the listed items, There was a question by a Board member and input by Commissioner Kipper.

## **V. Discussion and possible action regarding Legislative Bills that may impact the Silver State Health Insurance Exchange, including the following:**

- A. Assembly Bills - 65, 251, 425, 489**
- B. Senate Bills - 266, 318, 352, 359, 454**

Mr. Hager stated that there are really no changes since the last Board meeting, that some of the bills have moved past the first house and are into the second house, and some have had a hearing at the finance committees. There were no Board questions or comments. No action was taken.

## **VI. Discussion and possible action regarding the adoption of network adequacy standards for standalone dental plans**

Mr. Haycock presented the Standalone Dental Plan Network Adequacy report, noting that on page 3 "Aopt" should be "Adopt." He then went through the 11 sections in the attached Network Adequacy Standards for Standalone Dental Plans in the Silver State Health Insurance Exchange, noting that there are two changes to this document from this morning's Plan Certification and Management Advisory Committee meeting, as follows:

In Section X, the last two bullets on this document have been combined into one bullet, to ensure we have parity across both types of networks, HMO and PPO, to read as follows: "Compliance with the distance standards will be achieved if 80 percent of the population

of the geographic service area or existing membership is within the distance standards of the providers with whom the carrier contracts."

In Section XI, the final bullet will read as follows: "A provider directory must be available for publication online and to potential enrollees in hard copy upon request. A provider directory must identify general dentists that are not accepting new patients."

There were Board questions and comments. At the suggestion of Ms. Campbell and the request of Mr. Hager, Dennis Spain of Nevada Dental Benefits provided input and answered questions. The following action was taken:

**MOTION**      **To adopt the network adequacy standards for standalone plans attached to the report, with the amendment of replacing the words in Section IX of the document "one (1) general dentist and one (1) dental specialist/facility" with the words "one (1) pediatric dentist, one (1) oral surgeon, and one (1) orthodontist."**

**BY:**              **Dr. Kline**

**SECOND:**      **Ms. Lewis**

**PASS:**           **Unanimously**

**VII. Discussion and possible action regarding amending Plan Certification and Management Advisory Committee Recommendation 11(3), approved by the Board on March 14, 2013, in which the Exchange required all Qualified Health Plans (QHPs) that provide the pediatric dental essential health benefit separate the pricing out from the remainder of the health plan by submitting the dental benefit as a rider for that product. Due to guaranteed issue rules, any dental product certified as a standalone dental product must be available to all individuals. Therefore, dental riders cannot be certified as standalone dental plans. This agenda item allows the Exchange to:**

- a.      Decide whether it should allow dental benefits to be embedded in QHPs or if it should prohibit dental benefits from being embedded in QHPs.**
- b.      Decide whether the purchase of standalone dental should be required on the Exchange when an individual purchases a QHP that does not include dental benefits.**

Mr. Hager announced at the beginning of the meeting that this item will not be heard today and is being postponed to Thursday, the 16th, at 4:00 p.m.

**VIII. Discussion and possible action regarding amending Plan Certification and Management Advisory Committee Recommendation 10, approved by the Board on February 14, 2013, in which the Exchange:**

- A.      Aligned the service areas for Qualified Health Plans with the rating areas developed by the Division of Insurance and approved by the Center for Consumer Information and Insurance Oversight (CCIIO).**
- B.      Indicated it will review the services areas once they are approved by CCIIO.**

**The service areas approved by CCIHO changed the Clark County rating area to include Nye County.**

Mr. Hager presented the report, with input by Commissioner Kipper, indicating that because the recommendation was to align the service areas, and they are still aligned, that no action is necessary. No action was taken.

**IX. Discussion and possible action regarding the process to submit comments to the Federal Government regarding preliminary regulations**

Ms. Campbell recapped this item and the underlying issue of the timing back to the federal government for comments on regulations, that Mr. Hager doesn't have the opportunity of putting those comments out to the full Board at a Board meeting; and she provided recommendations and thoughts. Mr. Marcher provided input regarding the open meeting law. There were Board questions, comments and discussion. The following action was taken:

**MOTION** That they're all sent out to the Board; the Board's given two days, three days, five days to send comments back to Mr. Hager; if there are no comments, then the comments get sent to the federal government; if there are any comments, then the Chair, the Vice-Chair and Executive Director can get together and discuss and try and come up with a solution that the three of them are happy with; and if not, then the result is that on that particular issue that there is a conflict on, we just don't comment. There will be a deadline of two days to a week for us to get comments back.

**BY:** Ms. Etkins  
**SECOND:** Dr. Kline  
**PASS:** Unanimously

**X. [Discussion and possible action regarding the Silver State Health Insurance Exchange Bylaws and an agreement between the Board and the Executive Director](#)**

**FIRST MOTION** To approve the recommended changes to the bylaws.

**BY:** Ms. Johnstone  
**SECOND:** Ms. Lewis  
**PASS:** Unanimously

**SECOND MOTION** To accept, with the deletion of 6.d. and replacing item number 9 with the language that we just approved in agenda item number IX.

**BY:** Ms. Etkins  
**SECOND:** Ms. Johnstone  
**PASS:** Unanimous

**XI. Discussion and possible action regarding dates, times, and agenda items for future meetings**

Mr. Hager mentioned that the next meeting will be a week from today, May 16th, at 4:00 p.m. over the phone, to discuss the embedded versus nonembedded dental and whether it should be mandatory or not, that we need to make sure that the carriers get that decision as soon as possible. He mentioned the May 29th legislative update meeting. And he mentioned the June 12th meeting also will have a legislative update, along with that we will provide the winning navigators enrollment assister grantees to the Board, will have the fiscal and operational report, a review of the market segment taking survey and the Nevada Health Link web portal demo

**XII. Public Comment**

Barry Gold, AARP Nevada

**XIII. Adjournment**

Ms. Campbell thanked everyone for their time and preparation. The meeting adjourned. No action was taken.



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## AGENDA ITEM

For Possible Action

Information Only

**Date:** May 9, 2013  
**Item Number:** VIII  
**Title:** Service Areas

### PURPOSE

The purpose of this report is to review the rating areas approved by the Centers for Medicare and Medicaid Services.

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### CURRENT POLICY TO ALIGN SERVICE AREAS WITH RATING AREAS

Affordable Care Act regulations<sup>1</sup> mandate that the Exchange must have a process to establish or evaluate the service areas of Quality Health Plans (QHP) to ensure such service areas meet the following minimum criteria:

- (a) The service area of a QHP covers a minimum geographical area that is at least the entire geographic area of a county, or a group of counties defined by the Exchange, unless the Exchange determines that serving a smaller geographic area is necessary, nondiscriminatory, and in the best interest of the qualified individuals and employers.
- (b) The service area of a QHP has been established without regard to racial, ethnic, language, health status-related factors specified under section 2705(a) of the PHS Act, or other factors that exclude specific high utilizing, high cost or medically-underserved populations.

<sup>1</sup> [45 CFR § 155.1055](#) Service areas of a QHP

In a federal ruling on March 27, 2012 by the Center for Consumer Information and Insurance Oversight (CCIIO), CCIIO recommended:

“Exchanges consider aligning QHP service areas with rating areas established by the State in accordance with section 2701(a)(2) of the PHS Act. To the extent QHPs operate within such uniform service areas, this policy would facilitate consumers’ ability to compare premiums of QHPs, promoting competition within the Exchange market. Furthermore, aligning QHP service areas with rating areas may simplify consumer understanding and Exchange administration of eligibility determinations for premium tax credits, which may be complex if QHP service areas are highly individualized.”

State laws governing the Commissioner of Insurance’s (Commissioner) duties and responsibilities, provide the Commissioner the power to establish geographical service areas and establishment of rates within those areas.<sup>2,3,4</sup> The Division of Insurance recommended to CMS that the following four rating areas be established:

1. Clark County plus Pahrump (not approved)
2. Washoe County
3. Carson City, Lyon, Douglas, and Storey counties
4. All other counties

On February 14, 2013, the Board decided to align the service areas for Qualified Health Plans with the rating areas developed by the Division of Insurance and approved by the Center for Consumer Information and Insurance Oversight (CCIIO). The Board indicated the Exchange will review the services areas once they are approved by CCIIO.

#### **APPROVED RATING AREAS**

CMS rejected Nevada’s rating area submission. The final rating areas were approved as follows:

1. Clark and Nye counties
2. Washoe County
3. Carson City, Lyon, Douglas, and Storey counties
4. All other counties

#### **RECOMMENDATION(S)**

None.

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<sup>2</sup> [NRS 689A.525](#) “Geographic area” defined.

<sup>3</sup> [NRS 689A.520](#) “Established geographic service area” defined.

<sup>4</sup> [NRS 689A.700](#) Regulations regarding rates.

Service Areas  
May 9, 2013

Rating Areas

1. Clark and Nye counties
2. Washoe County
3. Carson City, Lyon, Douglas, and Storey counties
4. All other counties

