



Silver State Health Insurance Exchange

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FISCAL AND OPERATIONAL REPORT
PROVIDED TO THE GOVERNOR AND LEGISLATURE
PURSUANT TO NRS 695I.370 (1) (B) & (C)
DECEMBER 31, 2020

The Silver State Health Insurance Exchange (Exchange) is pleased to offer this Fiscal and Operational Report, required pursuant to [NRS 695I.370 \(1\) \(b\) & \(c\)](#), to the Governor, the Legislature and the public. It provides information regarding the activities of the Exchange from July 1, 2020 through December 31, 2020.

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EXECUTIVE SUMMARY

The Silver State Health Insurance Exchange (Exchange) spent the second half of 2020 operationalizing year-round functions of a State Based Exchange (SBE) while adjusting to remote work as a result of the COVID-19 pandemic. Throughout the time period from July – December, 2020 the Exchange managed and oversaw the Maintenance of the GetInsured technology platform and call center, built the agency’s 2022-2023 budget, successfully planned and executed the second open enrollment period (OEP) as an SBE, and strengthened working relations with state agencies include the Department of Employment, Training and Rehabilitation, the Division of Welfare and Supportive Services (DWSS) and the Division of Health Care Finance and Policy (DHCFP). While the SBE learning curve has been steep, the flexibility, autonomy, and economic certitude have been valuable rewards.

Vendor Management

Successful operation of an SBE requires a fully functioning enrollment technology platform and a scalable call center. The Exchange works closely with GetInsured to monitor performance of the enrollment system and assists with the prioritization of system defects and system enhancements. The Exchange’s Quality Assurance team coordinates with the GetInsured call center management and staff to ensure consumer satisfaction and issue resolution.

In July of 2020 the Exchange’s Board of Directors voted to extend the Nevada Health Link OEP for an additional month. The Exchange’s OEP ran from November 1, 2020 through January 15, 2021. Consumers who enrolled by December 31, 2020 had policies that began on January 1, 2021, consumers who enrolled between January 1st and the 15th had policies that start on February 1, 2021. Programming the Nevada Health Link policies into the GetInsured platform and operationalizing call center functionality for the extended period required Exchange project management resources to ensure accurate deliverables.

The GetInsured technology platform successfully managed Nevada Health Link’s Exceptional Circumstance Special Enrollment Period related to the COVID-19 pandemic from March to May 2020. The Exchange worked with GetInsured to improve backend functionality during the general Special Enrollment Period including enhancing Administrator, Reconciliation Specialist, and Quality Assurance Specialist access and experience navigating the platform. The Exchange certified qualified health and dental plans and tested plan preview functionality while also overseeing and testing the OEP functionality prior to deployment on November 1, 2020.

In March of 2020, the consumer assistance call center began working remotely. As a result, call monitoring increased to ensure service levels were maintained through the transition to the remote work model. This includes live call monitoring and 27 scorecard categories to evaluate phone calls for each individual call center representative. The goal of meeting 85% of service levels has been met, however the Exchange identified opportunities to improve the hold time experience and build rapport with the consumer, GetInsured worked on implementing the Exchange’s directives and staff monitored implementation. Exchange staff and call center leadership have collaborated to make the consumer and broker/enrollment assister Interactive

Voice Response (IVR) experience better, faster, and more efficient as an initial interaction with the Exchange and call center.

Transitioning the call center to working remotely allowed GetInsured to recruit and hire 16 Nevada residents for the OEP to work in the call center. During OEP the Nevada Health Link call center was staffed with 50 full time customer service representatives, and fielded calls seven days a week from 9:00am-5:00pm PST, excluding observed holidays.

Plan Year 2021 Open Enrollment

Window shopping for plan year (PY) 2021 went live October 1, 2020. The Exchange was proud to announce the participation of two (2) additional QHP carriers, for a total of five (5) QHP carriers, for PY 2021. Nevada consumers were able to choose from a combined total of 50 health plans from returning carriers: Anthem, Health Plan of Nevada (HPN), and SilverSummit, and new carriers Friday Health Plans and SelectHealth. Six returning dental carriers have submitted a total of 21 standalone dental plans. Nevadans living in Clark and Nye County were able to select health plans from all five carriers; Washoe county residents were able to select health plans from Anthem, HPN, Friday Health Plans, and SilverSummit. The 14 remaining counties were able to select health plans from Anthem, Friday Health Plans and SilverSummit.

The average rate increase in PY 21 was 4.2% for on-exchange plans. The Exchange continues to remind consumers that when rates increase, subsidies also increase to offset the change. Consumers who received subsidies will see little to no impact resulting from rate increases.

Nevada Health Link enrolled a total of 81,903 consumer in plan year 2021. 25,297 of these consumers are new to the Exchange and 56,606 are consumers who returned.

Every facet of the Exchange quickly adapted to the COVID landscape, none more so than the Exchange's marketing and outreach efforts. As a small standalone agency, the Exchange has always been nimble. That ability has proven extraordinarily useful throughout the pandemic, and especially as the agency entered the Open Enrollment advertising season. The Exchange, in partnership with Penna Powers, developed a comprehensive advertising campaign that spoke to the reasons for getting coverage and highlighted people living within the realities of COVID. The campaign targeted newly unemployed Nevadans, gig employees, culturally diverse populations, parents, and others. PY 2021 campaign strategy took from the previous season's successes and built a robust digital and social campaign that all Nevadans were bound to encounter throughout their daily lives.

The Exchange and outreach partners throughout the state were forced to think creatively when it came to meaningful outreach and engagement. Early in the pandemic in-person events and conferences were canceled and online conferences and events do not easily lend themselves to meaningful engagement with potential consumers. In response, Exchange staff delivered promotional and educational material to schools, churches, health centers, and other entities who were directly interacting with Nevadans throughout the pandemic.

To accommodate social distancing requirements to prevent transmission of COVID, Exchange Navigators provided virtual assistance to consumers via ZOOM meetings and

FaceTime. Navigators used these technologies to provide face-to-face advice and walk consumers through the application process while remaining safely at home. While this proved to be a preferred method of assistance, Navigators scheduled in-office appointments if requested, however limited the number of consumers and staff in Navigator offices. In-office appointments followed all Centers for Disease Control and Prevention (CDC) and state COVID safety recommendations and requirements.

In addition to new processes for individual assistance, new procedures for outreach events were developed. Navigators are the primary event staff representing Nevada Health Link at community events. While public gatherings were drastically reduced, some still took place. To ensure the safety of both navigators and consumers, navigators complied with and employed all CDC and state transmission safety measures, including the use of PPE, social distancing guidelines, gathering limits, and table/booth disinfecting.

Coordination with State Agencies

The Exchange is committed to working closely with statewide organizations, state agencies, and stakeholders to not only communicate about the importance of comprehensive health insurance, but to also educate, improve, and streamline the existing systems and programs throughout the state.

The Exchange's efforts to ensure cross agency partnership and collaboration have grown throughout the pandemic and in response to the significant increase in unemployment and Medicaid enrollment. The Exchange partnered with the Department of Employment Training and Rehabilitation (DETR) to extend outreach of Nevada Health Link services to the hundreds of thousands of Nevadans filing claims with the Department. DETR shared the Exchange's open enrollment content on their social media and web pages and the Exchange and DETR continue to work to insert Nevada Health Link material into each piece of mail sent out to unemployed Nevadans from the Department. The Exchange also worked with the communications team with the Department of Health and Human Services to cross promote important information via social media, web pages, and email communications.

The Division of Welfare and Supportive Services (DWSS) is the state agency that determines Medicaid eligibility and a close partner with the Exchange. The two agencies share critical eligibility functionality through connections to the federal data services hub along with important consumer information as mandated by federal law, to ensure that Nevada consumers are routed to the appropriate program for health insurance coverage. DWSS has processed tens of thousands of Medicaid enrollments throughout the pandemic. The Exchange has partnered with DWSS to include Nevada Health Link informational inserts in the redetermination notices they sent out in October. This insert notices Nevadans about open enrollment and the affordable options available through the Exchange. It is intended to reach Nevadans who will no longer be eligible for Medicaid as a result of their income putting them over Medicaid asset thresholds.

During the reporting period the Exchange began meeting with staff at DWSS to explore a partnership between the Exchange's Navigator program and the state's Medicaid program to provide outreach and education services to Medicaid and Nevada Check Up (NCU)

recipients. According to historical program records, roughly 25% of a Navigator entity's time is spent assisting Medicaid and NCU recipients with post-eligibility activities as part of the normal activities that occur under the Navigator program. As such, the Exchange may be able to obtain a 50% federal match from CMS to provide these services to Medicaid recipients. A proposal was drafted and submitted as part of Medicaid's Eligibility and Enrollment Implementation Advanced Planning Document (IAPD) in July 2020. If the proposal is accepted, the Exchange could receive up to \$633,644 over the course of two years to fund and expand the outreach and education services provided to some of Nevada's most vulnerable populations. The Exchange expects an update in the near future and will keep the Board apprised of the outcome.

The Executive Director of the Silver State Health Insurance Exchange is also an ex-officio member of the Patient Protection Commission. The commission met several times over the reporting period and submitted requests for two of the three allocated bill draft requests – the first would expand telehealth services and the second would establish a state medical claims database.

The Executive Director of the Silver State Health Insurance Exchange is also appointed to the Advisory Committee on Medicaid Innovation. This committee focuses on the creation or expansion of public and/or private prescription purchasing coalitions, encourages coordination of private and public health care coverage, and explores waiver opportunities related to the U.S. Department of Health and Human Services.

Finally, the Exchange's Executive Director provided information and guidance to Mannat Health and Wakely Consulting, two private organizations responsible for producing the report outlined in [Senate Concurrent Resolution No. 10](#), a bill passed in the 2019 legislative session. SCR10 directs the Legislative Commission on Health Care to study the feasibility, viability, and design of a public health care insurance plan that may be offered to residents of Nevada.

MARKETING & ADVERTISING

General Comments: Marketing & Advertising

From July 2020 until late October, the Exchange, the state agency that oversees the online health insurance marketplace known as Nevada Health Link, continued to focus paid media (advertising) on promoting the Special Enrollment Period (SEP) to encourage eligible Nevadans to enroll if they had a qualifying life event such as giving birth, adopting a child, marriage or divorce, or moving to Nevada. While this strategy is not entirely new, the marketing team took into account the extraordinary job loss and therefore health insurance loss circumstances due to COVID-19. Many Nevadans were facing these unfortunate events and Nevada Health Link made appropriate modifications to ensure both messaging and advertising platforms were as targeted as possible to reach those expanded audiences. As a result, Nevada Health Link has enrolled 81,903 Nevadans in qualified health plans during Open Enrollment for Plan Year 2021, which is Nov. 1, 2020 through Jan. 15, 2021.

Advertising Strategy Highlights for OEP Campaign:

Due to the global COVID-19 pandemic, the marketing and outreach strategy for Nevada Health Link's eighth OEP looked a little different than in years past. The number of jobs lost resulting from layoffs in the hospitality, travel, and event industries throughout the state of Nevada pushed unemployment rates to unprecedented highs and created a wider platform of potential for Nevada Health Link enrollees. This, coupled with 4 out of 5 Nevadans qualifying for financial assistance (subsidies or tax credits), enabled the marketing team to brainstorm and build a campaign flexible enough to react swiftly and effectively to Nevada's "new normal" and to highlight a wide range of life scenarios or "reasons" to have health insurance through realistic but thoughtful and careful messaging.

The plan year 2021 campaign, entitled: "Reasons," featured the following ad/TV spots:

- *Single mom* – a young single mother able to give her son preventative care because he was enrolled in a qualified health plan.
- *Job search* – reflecting the all-to-common scenario of a man knowing he's covered between jobs and beyond should his next employer not offer health insurance.
- *Injury* – focused on a couple who avoided the threat of having to use their savings to cover emergency and treatment costs for a broken bone because they were insured.
- *Driver* – featuring a rideshare (Uber/Lyft) driver with a chronic illness (asthma) that doesn't need to worry about losing shifts because he can get the prescriptions he needs to stay well.
- *Check-up* – an authentic scenario of an extended Hispanic family engaging in a weekend barbecue. The family patriarch is seen checking his blood sugar with his monitor and reflecting on the peace of mind he has gained now that he is insured - and time he can share with his family because he gets the care he needs. This spot was shot in Spanish and appealed exclusively to Nevada's large Hispanic/LatinX populations.
- *Anthem* – a 30-second montage of the individual "Reasons" spots to collectively represent the diversity of reasons and Nevadans who get insured through Nevada Health Link.

TV/Video Placements: With 2020 being a political year with a presidential election on the ballot, the Exchange waited to launch TV and video placements until after November 3rd when spot inventory and costs were lower and the "noise" of the election didn't threaten to overshadow our commercial spots.

Lifestyle/Long Form Programs Replaced by Pre-recorded 1-minute Health Insurance Tips:

With COVID-19 affecting in-studio recording opportunities, the marketing team pivoted to develop informative spots starring Janel Davis, Nevada Health Link's Communications Officer. The 1-minute spots were also produced in Spanish and featured Rosa Alejandre, Nevada Health Link's Navigator Program Manager. The spots aired the latter half of the Open Enrollment period (mid-Nov thru Jan) in addition to the branded campaign spots to not only create an additional layer of frequency, but to help convey Nevada Health Link's role as an important health-related resource for Nevadans.

The inclusion of OTT (Over-the-Top TV) and Online Video: The inclusion of OTT and online video platforms were implemented to reach our viewing audiences which were plentiful especially due to COVID-19 stay at home orders.

Radio and Audio: Radio and Audio are cornerstone mediums to reach large audiences and niche audiences including Nevada’s Hispanic/LatinX and African American populations. Podcasts and streaming stations such as Pandora and Spotify were also used.

Out-of-Home: Digital Billboards and Posters, Bus Sides and Bus Shelters – a mix of high-traffic freeway locations and specific community locations targeted to reach varied income, Hispanic/LatinX, and Asian/Asian American audiences were incorporated and used for the outdoor billboard campaign. Buses acted as traveling billboards and specific routes and zip codes were chosen purposefully to target key audiences.

Print Publications – Specialty state-wide Hispanic, Asian and Native American publications and newsletters helped ensure exposure to these key niche audiences was frequent and well-rounded.

Native Content/Video – This excellent medium was leveraged for awareness and building audiences.

Down Funnel/Conversions (Retargeting, Display and Search digital advertising) – Used to continue with potential enrollee engagement to compel them further to shop and enroll.

NHL 2020 Open Enrollment

NEVADA HEALTH LINK

NOV 01, 2020 - JAN 04, 2021

Overview

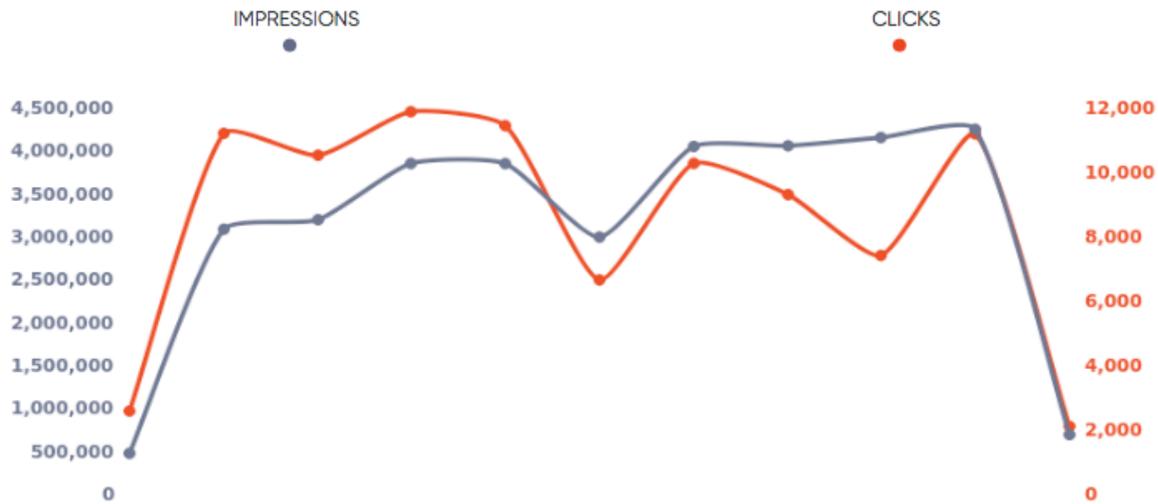
<p>34,722,823</p> <p>IMPRESSIONS</p>	<p>94,762</p> <p>CLICKS</p>	<p>0.27%</p> <p>CTR</p>
<p>\$11.67</p> <p>CPM</p>	<p>\$4.28</p> <p>CPC</p>	<p>\$0.16</p> <p>COST PER COMPLETED VIEW based on 100%</p>

CHANNEL PERFORMANCE BY IMPRESSIONS

CHANNEL	IMPRESSIONS	CLICKS	CTR	EVENTS ENROLL
Display	15,057,292	23,545	0.16%	252
Paid Social	9,707,883	40,285	0.42%	17,997
Video	5,970,766	4,920	0.08%	553
Audio	2,806,799	1,104	0.04%	N/A
Native	1,079,859	3,720	0.34%	N/A
Paid Search	100,224	21,188	21.14%	2,800

IMPRESSIONS/CLICKS BY WEEK

NHL OEB



Total Combined Impressions for TV, Radio and Outdoor: 215,789,028

Public and Media Relations

In conjunction with the advertising campaigns, public relation (PR) and media relations is a core marketing component to continue driving Nevada Health Link’s success. Nevada Health Link’s expert PR team, The Warren Group, synchronizes strategies that align with all marketing and advertising activities to garner positive exposure, solidify position and respond proactively and appropriately to ongoing industry and political issues.

Special Enrollment Period and Open Enrollment PR and Media Relations Highlights

Press Releases and Media Advisories (11)

- 7/2/20 [Nevada Health Link RFA Grantees Awarded](#)
- 7/21/20 [OEP Extension](#)
- 9/1/20 [Enroll in Nevada Health Link Coverage if Job Loss, Income Change or Loss of Insurance](#)
- 9/17/20 [LV Ballpark Hosts Vitalant One October memorial Blood Drive Presented by Nevada Health Link](#)
- 10/28/20 [Nevada Health Link VSP Vision Plans Announcement](#)
- 10/29/20 [Open Enrollment Virtual Kick-Off Press Conference](#)
- 12/1/20 [45 Days Remain to Secure Health Insurance for 2021](#)
- 12/14/20 [Nevada Health Link Remains Open Through January 15, 2020 to Purchase 2021 Coverage](#)
- 12/16/20 [Nevada Health Link Reminds Nevadans That Four Weeks Remain To Get](#)

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- 1/4/21 [Covered and Purchase Health Insurance for 2021](#)
- 1/11/21 [Two Weeks Remain To Enroll Covid-19 Treatment, Diagnosis and Vaccines Included in All Nevada Health Link Plans; Open Enrollment Ends at 11:59pm Jan. 15, 2021 Four More Days Remaining](#)

Total Impressions, Ad Value and PR Value:

	<u>Aggregate Coverage*</u>	<u>Total Impressions</u>	<u>Total Ad Value</u>	<u>Total PR Value</u>
July 2020	14	5,311,461	\$50,726.22	\$17,178.66
August 2020	31	24,828,544	\$252,755.28	\$758,265.84
September 2020	86	14,137,185	\$144,229.44	\$432,668.32
October 2020	47	30,649,750	\$174,633.05	\$523,899.15
November 2020	182	202,030,928	\$1,911,813.36	\$5,735,440.08
December 2020	113	92,889,514	\$876,751.55	\$2,630,254.65

*Aggregate coverage references the number of times Nevada Health Link was specifically referenced, named or mentioned in a story, article, press release, media advisory, etc., across all online, broadcast and print platforms for the given month.

Event Outreach and Community Relations

As COVID-19 remained at the forefront of our business and in a public health perspective, most of Nevada Health Link’s in-person outreach event attendance was either canceled or was converted to a virtual format. In the same vein, sponsorships were affected as well. In spite of coronavirus, Nevada Health Link was able to continue its outreach and community relations involvement by making calls to established community organizations that we have relationships with and were in need of updated resource information such as Resource Guides for both the North and South. Below are some highlights.

Outreach & Community Relations Highlights

Sponsorships:

- Cox Back to School Virtual Fair, August
- One October Memorial Blood Drive, October
- Immunize Nevada

Event Participation (via SWAG and material drop off, virtual or drive-thru)

- July – 1 event
- August – 5 events
- September – 5 events
- October – 11 events
- November – 5 events

- December – 5 events

Community Partner Collaborations

- Food Bank of Northern Nevada
- Immunize Nevada
- City of Reno
- Sierra Kids
- Southern Nevada Health District
- AARP
- UNLV School of Public Health
- Asian Community Resource Center
- Value-add distribution opportunities with radio stations

Consumer Resources Developed

- Resource Guide in English and Spanish
- SEP Rack card in English, Spanish, Chinese, Vietnamese, Korean and Thai
- COBRA fact sheet in English and Spanish

Email Marketing, Social Media and Blogs:

Email marketing, social media, and blogs are all methods of communication that are an integral and enduring facet of Nevada Health Link’s combined marketing efforts. The marketing team uses anonymized data to build niche email campaigns that allow us to communicate on a more personalized, near real-time level. Nevada Health Link engages in a robust, ongoing organic social media strategy that features varied content and graphics to bolster our position as a statewide health-related resource, authority and mission-driven community advocate. The content team pushes out content that informs and educates Nevadans about Special and Open Enrollment periods, financial assistance eligibility, the 10 Essential Health Benefits and Qualified Health Plans. Organic social media is used as a platform to highlight Nevada Health Link’s community partners, recognize important health-related causes and promote relevant national and statewide events or current happenings. Nevada Health Link’s blog content is another way to connect consumers with relational topics in a more relaxed, conversational fashion.

Email Marketing, Content Media & Blog Highlights

- 67 unique emails sent to Nevada Health Link’s database of over 91,000 subscribers
- Nearly 200 organic social media posts
- *Ask the Expert* insurance broker blog series that shared important tips and health insurance-related details
- “*What’s Your Reason*” *Wednesday social media clips*
- Nevada Health Link’s 4th Annual Prep Sessions
 - Held for stakeholders, partners and community leaders
 - Virtual format featuring (2) 1-hour sessions
 - Record-setting 303 Viewers/Attendees

STATE BASED EXCHANGE OPERATIONS

The expansive sections below detail every aspect of the operations of the Exchange. It is important to note that in only its second year operating as a SBE the Exchange was able to leverage its full autonomy and agility to not only open its enrollment system to offer an Exceptional Circumstance Special Enrollment Period from March to May in response to the COVID-19 pandemic, but was also able to institute a Market Stabilization Special Enrollment Period tacked onto the end of its traditional Open Enrollment; in essence extending Open Enrollment from December 16, 2020 to January 15, 2021. As most agencies in Nevada have been forced to do during the unprecedented year that was 2020, the Exchange was able to operate, often remotely, with the utmost flexibility to service Nevadans. Virtual became the preferred mode of operation for the Exchange in 2020 as everything from outreach events to enrollment assistance to our annual kick-off events known as “Prep Rallies” were held over computer screen shares. Most importantly, though, as you will read in the detailed sections below, that even though the Exchange was tested in 2020 with the COVID-19 pandemic, the office showed a flexibility and maturity in how our systems, our staff, our call center, and our vendor were dedicated to serve the underinsured and uninsured citizens of Nevada in providing the opportunity to purchase comprehensive qualified health and dental plans.

Policy & Compliance

The Policy and Compliance unit consists of the Policy and Compliance Manager, and the Policy and Compliance Coordinator. The policy unit is considered to be content experts in released guidance and policy manuals to internal staff, external stakeholders, and to the public. The policy unit also oversees the librarianship of all documents to ensure documents are being updated appropriately and schedules reviews of documents. The Exchange’s Policy and Compliance team have been spending time since August of 2019 researching, verifying, and advising internal staff, brokers/navigators, consumers, and GI on the finer details of enrollment policy related to eligibility, federal regulation changes, and plan selection.

The Policy and Compliance Manager is required to oversee and ensure that the Exchange’s vendor system is in compliance with all applicable state *Nevada Revised Statutes* (NRS), *Nevada Administrative Code* (NAC), and federal law and rule changes as they occur. This position serves as the Program Manager over the policy team, the appeals unit, and plan certification unit. The Policy and Compliance Manager oversees the development, implementation, and training of internal and external vendor staff related to the system and eligibility. The Policy and Compliance Manager also assists and engages with compliance related to User Acceptance Testing (UAT) and is required to report potential defects or issues to vendor staff accordingly. The Policy and Compliance Manager also oversees the quarterly release management of future system design and coordinates testing for the release. The metrics by which the position will be analyzed will be related to the assistance and testing of implementation of rule and law changes

applicable to system eligibility, reporting operational impacts based on rule and law changes, engaging with various stakeholder groups for future policy discussions, in addition to creating content for discussion of future policy within each applicable group.

The entire 2020 year has been tremendously busy for the Policy and Compliance Manager. As the Exchange's policy expert, the Policy and Compliance Manager has advised all Exchange teams on a daily basis regarding the nuances of eligibility and enrollment policy to educate and help consumers, brokers/navigators, the Quality Assurance team, the Exchange call center staff, GI, and internal staff to arrive at the correct technical answers on questions that vary from simple to complex in nature. In order to provide this guidance, the Policy and Compliance Manager will have to recommends technical changes to the functionality of the GI platform and then test those changes to ensure the operation of the system is in line with Exchange policy. A prime example is that the Policy and Compliance Manager was instrumental in quickly establishing policy and ensuring system functionality in standing up the ECSEP in response the COVID-19 emergency in March 2020. Another example was providing the vendor staff with applicable system business requirements for the extension of the Open Enrollment Period (OEP). Additionally, the Policy and Compliance Manager has been analyzing federal policy from the IRS and CMS, namely the 2022 Notice of Benefit and Payment Parameters (NBPP) released on November 25, 2020, to create technical guides and communication materials.

The Policy and Compliance Coordinator conducts research on policy related matters that impact operations and works collaboratively with the Policy and Compliance Manager to counsel management and staff on policy impacts to business operations. The Policy and Compliance Coordinator is required to assist in the creation and revision of guidance and policy manuals for internal and external use. The Policy and Compliance Coordinator assists in UAT with the Policy and Compliance Manger, and is actively learning eligibility related policy changes that must be implemented. The Policy and Compliance Coordinator assists in librarianship and document control related to all policy manuals and guides for the use of the platform. The metrics by which this position will be analyzed include workload related to document control, revision history, and provide training materials to internal staff, and external stakeholders. The Policy and Compliance Coordinator has focused some of his time in 2020 receiving and coordinating with the Exchange's Broker Liaison as to responses to complaints received from consumers regarding questionable broker business practices. Additionally, the Policy and Compliance Coordinator has assisted the Policy and Compliance Manager with analysis of federal and state policy research, along with writing of technical guidance, namely the federal CARES Act, the 2022 NBPP, Health Reimbursement Accounts (HRAs), and overall marketplace stabilization strategies especially in light of COVID-19.

Appeals

Since becoming a SBE the Exchange has assumed the duties of consumer appeals as they relate to PY 2020 and ongoing. The Exchange oversees first level appeals, and if applicable sends

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hearing requests to the Division of Welfare and Supportive Services (DWSS) for adjudication. The table below highlights appeal metrics received during June 2020 – December 2020 covering PY 2020. The information includes the number of appeals the Exchange has received by month, the resolution rate by the end of each month, and the average number of days appeals were open during the given month.

The Exchange has successfully informally resolved all but one appeal that has gone to hearings. The appeal that has gone to hearings was received in December 2020. The Exchange took all applicable steps for this appeal to be resolved informally. Currently the hearing request is being reviewed by the Division of Welfare and Supportive Services.

Month	Number of Appeals Received	Resolution Rate At the End of the Month	Average Number of Days Open
June 2020	23	82.61%	7.4
July 2020	44	63.64%	14.2
August 2020	23	82.61%	5.1
September 2020	22	72.73%	8.7
October 2020	15	86.67%	7
November 2020	9	77.78%	9
December 2020	9	77.78%	4

Security & Reconciliation

The Reconciliation Team consists of two positions: the Reconciliation Specialist, a Business Process Analyst I (BPA I); and the Reconciliation Lead, a Business Process Analyst II (BPA II). The activities of the Reconciliation Team are overseen by Information Systems Manager, who also serves as the Exchange’s Information Security Officer (ISO). Together these three (3) positions comprise the Exchange’s Security & Reconciliation unit, which is collectively responsible for the monthly reconciliation of enrollment data with the Exchange’s Insurance Carriers; the analysis and troubleshooting of Electronic Data Interchange (EDI) files with external systems, including systems maintained by our on-Exchange Insurance Carriers and also by Nevada’s Division of Welfare and Supportive Services (DWSS); User Acceptance Testing and coordinated release management for the Nevada Health Link Exchange Platform (in collaboration with our technology vendor, GI); annual testing of electronic data interfaces between the Exchange and its Insurance Carriers; compilation and analysis of enrollment data to support the Exchange’s messaging and reporting requirements; ad-hoc casework investigation in collaboration with the Exchange’s Quality Assurance team; and development, testing, and account maintenance support for the Exchange’s “Carrier Connector” casework and reconciliation system, which is used by the Quality Assurance and Reconciliation teams in collaboration with Insurance Carrier personnel.

In addition, the Information Systems Manager is responsible for ensuring the Exchange’s compliance with Federal Privacy and Security standards published by CMS and the IRS, as well

as state Privacy and Security standards published by Nevada's Enterprise Information Technology Services Division (EITS); and also for ensuring the Exchange's ongoing Authority to Connect to the Federal Data Services Hub.

A fundamental part of the Reconciliation Team's activities is to conduct regular meetings (weekly, in most cases) with Nevada's on-Exchange insurance carriers. During these meetings the team is able to work directly with their counterparts in our carrier organizations to investigate and resolve discrepancies in enrollment data, as well as to provide guidance—in collaboration with the Exchange's Policy and Compliance team—when policy-related questions arise.

Due to the complexity of the underlying data set the Exchange does not track the resolution of individual discrepancies, as we believe this metric does not provide an accurate representation of the team's efficacy. For example, a single policy might have dozens of discrepancies associated with it—perhaps several per enrolled member for each month of the year—all of which might be resolved through a single instance of corrective action. As a result the Exchange has found it more useful to track the number of policies impacted by a given discrepancy type (rather than the number of individual discrepancies associated with each policy), and also to group discrepancies by severity:

- “Eligibility” discrepancies can impact the enrollment status or coverage dates of a household, and represent the highest level of severity. As of the December 2020 Discrepancy Cycle the SSHIX Recon Team has resolved Eligibility discrepancies impacting approximately 7,000 policies.
- “Financial” discrepancies can impact the monthly premiums and subsidies associated with each policy, and represent the next highest level of severity. As of the December 2020 Discrepancy Cycle the Recon Team has resolved financial discrepancies impacting approximately 13,500 policies.
- “Demographic” discrepancies are associated with address and contact information, broker designation, etc., and represent the lowest level of severity. As of the December 2020 Discrepancy Cycle the Recon Team has resolved Demographic discrepancies impacting approximately 21,000 policies.

During this time period the Security and Reconciliation team has also helped to coordinate the testing and approval of five major software releases for the Exchange Platform, and they have developed and released innovative data-reconciliation tools through our proprietary Carrier Connector web portal. These tools provide supplemental functions not available through our Exchange Platform, which has in turn allowed the team to identify numerous opportunities to enhance the internal business rules of the Platform itself.

The BPA I and BPA II positions which comprise the Reconciliation Team were brand new for the Exchange in the fall of 2019, representing completely new functional responsibilities. As such the Exchange had little precedent with which to gauge staffing requirements, and these personnel were in the extraordinary position of essentially having to develop many of their own workflow processes. But now that the Exchange has completed its first year of operations we have a substantial data set available to us.

Based upon a detailed accounting of actual person hours spent on data reconciliation activities between January - June of 2020, the Exchange estimates that 10-15 hours of staff time is required each week for each insurance carrier. Even with the nine (9) insurance carriers we had on board in 2020 the Reconciliation team has already been operating at a net resource deficit, requiring a substantial amount of time each week from the Information Systems Manager (who is not classified to assist with reconciliation activities) in order to keep the exchange up-to-date with its workload. Now that we have eleven (11) carriers on board in 2021 the team will be spread even thinner. As a result we have requested one additional Reconciliation Specialist position (BPA I) in our upcoming budget, and the approval of this position will help ensure that the Exchange is able to continue providing the highest level of service to Nevada's enrolled consumers.

Consumer, Carrier, Broker, and Enrollment Professional Assistance

The Quality Assurance (QA) team consists of three (3) Program Officer Positions as Quality Assurance Analysts that report directly to the Quality Assurance Officer and are overseen by the Chief Operations Officer. Each of the positions are cross-trained to ensure daily coverage and to assist with increased consumer, broker, carrier, and enrollment professional workloads requiring escalated assistance beyond the abilities of the Exchange's contracted call center. The Exchange's QA team continues their stride working remotely due to the COVID-19 pandemic resulting in the resolution of consumer and broker/navigator questions and technical issues by fostering close and deep relationships within health insurance carriers to partner with subject matter experts who can assist to resolve issues from basic to complex in nature.

Casework with Exchange Insurance Carriers

The QA team continues to utilize SalesForce for case work between the Exchange and its carriers which is referred to as the "Carrier Connector." The QA team uses this platform to collaborate with the three (3) qualified health plan carriers and six (6) qualified dental carriers. The two new qualified health carriers will start utilizing "Carrier Connector" in 2021. The numbers below reflect the number of cases that have been resolved (closed) and are actively being worked on for the time period of July 1, 2020 to December 31, 2020.

Total Records	Total Open	Total Clock Is Running	Total Closed	Total Resolved Timely	Total Resolved Untimely
873	8	3	865	829	36

Consumer Assistance Ticketing Aging Report

This chart below illustrates unresolved tickets processed by the GI call center and QA Unit as of the end of December. The chart is inclusive of consumer data matching issues (DMI's) which include issues needing resolution such as income verification, citizenship verification, validation of qualified life events, technical and billing discrepancies. The GI call center staff is responsible for reviewing and processing all tickets with the exception of escalated technical and billing discrepancies which are handled by the QA unit.

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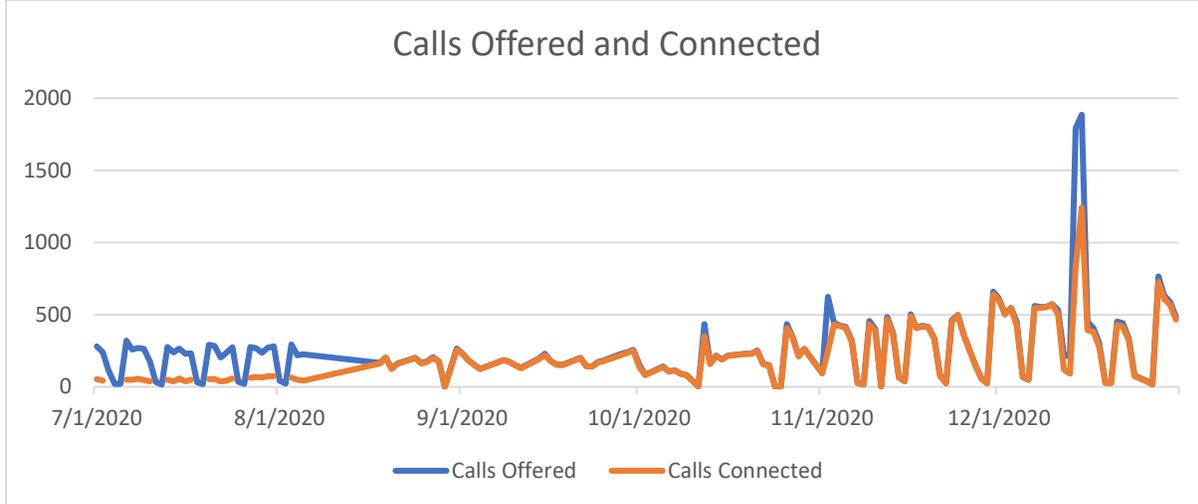
The chart below illustrates the volume of tickets that were resolved or remain open for any given month that the QA team has handled from July 1, 2020 through December 2020. The uptick of tickets is result of the 2021 open enrollment period which began November 1, 2020 and goes through January 15, 2020.



GI Consumer Assistance Call Center

The Quality Assurance team supports and works closely with the GI call center team, which independently fields calls on the Broker Support and Consumer Assistance support telephone lines. The chart below demonstrates the Consumer Assistance call center volume since July 1, 2020 through December 31, 2020. It should be noted that the difference between calls offered and calls connected are typically handled within the Exchange’s IVR system where consumers can self-service and connect themselves directly to NV Medicaid or a licensed broker for further assistance. The highest call volume was on December 15, 2020 with 1,243 calls offered. The call center has maintained a 90% or greater customer satisfaction rate.

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THE BOARD

In accordance with 45 CFR § 155.110(c), the State must insure that the Exchange has in place a clearly defined Governing Board.

The Board consists of seven voting members and three non-voting members. Of the seven voting Board members, five appointments to the Board were made by the Governor, one by the Speaker of the Nevada Assembly, and one by the Nevada Senate Majority leader.

- Current Voting Board Members:
 - Florence Jameson, MD, Chair
 - Valerie Clark, Vice-Chair
 - Jonathan Johnson
 - E. Lavonne Lewis
 - Quincy Branch
 - Jose Melendrez
 - Dr. Sarah Friedman

- Ex-Officio Members (non-voting):
 - Aaron Frantz – Governor’s Office of Finance for Susan Brown, Director
 - Barbara Richardson– Commissioner, Division of Insurance
 - Suzanne Bierman – Department of Health & Human Services, for Richard Whitley, Director

Since the Exchange’s last Fiscal & Operational report, there have been two board meetings. The Board, required to meet at least once every calendar year, has changed the frequency of its meetings from monthly to quarterly, with additional meetings as needed immediately leading up

to and during open enrollment, or as directed by the Chair or majority of board members (NRS 695I.340). Board meetings are held in Carson City and Henderson as well as streamed over the internet.

BROKERS

Starting in 2019, the Exchange embarked on a new process for training and certifying brokers and agents to sell qualified health and dental plans on the Exchange. The process was successful and the Exchange is currently refreshing the program for PY 2022. The interactive training program will still offer returning brokers and agents an abbreviated training; and new brokers, a longer more robust training. No matter if a broker takes the abbreviated or longer training each course will teach brokers Affordable Care Act (ACA) Basics, Privacy Security, and Fraud Prevention Standards. In addition to providing instruction, each course will offer frequent “knowledge checks” to ensure content is being absorbed as well as a final exam. Additionally, the Exchange incorporated certification process attestations into the training to ensure compliance with the Nevada Health Link Privacy Policy, Acceptable Use Policy, Code of Conduct Agreement and the Marketplace Privacy and Security Agreement.

As of November 2020, the Exchange had 611 resident and non-resident licensed brokers and agents who have been trained and certified on the Nevada Health Link platform. Brokers and agents continue to appreciate the telephonic Broker Connect referral system, which is an automated telephony system that will search the phone number of a broker within a specified mile radius of a caller’s location and call multiple agents until a connection is made or a message is left on the desired broker’s phone.

The Exchange’s Broker Liaison, although working remotely due to COVID-19, continues to stay in contact with licensed brokers and agents in various areas of the entire state to promote the benefits of selling plans on the Exchange, new features regarding the enrollment and eligibility on the GI system, and features of the Broker Portal and virtual Broker Book of Business. Furthermore, the Broker Liaison is continually discussing with the broker community how competing plans with less generous benefits will impact the individual market, as well as taking time to educate and review important ACA requirements. A substantial amount of time in the second half of 2020 was spent by the Broker Liaison fielding broker enrollment and eligibility questions, system questions, and policy questions. The Broker Liaison is steadfast in actively engaging and promoting Nevada Health Link participation in both northern and southern Nevada broker groups such as the Northern Nevada Association of Health Underwriters (NNAHU), the Clark County Association of Health Underwrites (CCAHU), and chamber of commerce events which take place virtually.

Following up on a successful Request for Application (RFA) grant released in May of 2020 for PY 2021, the Exchange will once again release a RFA in May 2021 for PY 2022. These grants awarded this past OE to insurance professionals were to assist with marketing, outreach, and

operational costs related to enrolling consumers in qualified health plans (QHPs). The goal of the RFA is to increase the number of enrollees in QHPs by brokers servicing Nevadans in-person at storefront locations. The Exchange recognizes the value of brokers having a public facing physical location to service consumers' questions and concerns, comparatively shop plans, as well as directly assist with the enrollment process during the Open Enrollment Period. While this grant is for storefront locations, the Exchange is encouraging appropriate social distancing protections per state guidelines and virtual service as much as possible as the state continues to operate and mitigate the threats of COVID-19. Brokers are following social distancing guidelines.

NAVIGATORS, IN-PERSON ASSISTERS, AND CERTIFIED APPLICATION COUNSELORS

To be compliant with federal regulations, the Exchange must have consumer assistance resources and functions, including a Navigator program; and must refer consumers to appropriate state resources when available. The Exchange has allocated approximately \$1.5 million dollar budget for the year round work performed by Navigators and In Person Assisters' (IPAs), and continues to operate with two awarded entities to serve as statewide Navigators bolstered by six IPA entities. Navigator and IPA organizations are responsible for outreach, education, and enrollment for Nevada's uninsured and underinsured populations.

To additionally assist with enrollments, Certified Application Counselors (CACs) are comprised of private entities that are licensed by the Division of Insurance (DOI) and have been trained by Nevada Health Link. CACs work closely with the Exchange to educate consumers on the resources available in the health insurance marketplace. Exchange Navigators and IPAs attended over 120 events between July 1, and December 31, 2020. During the COVID-19 pandemic, Navigators and IPAs attended less in-person community outreach events than usual to adhere to the Governor's mandate and social distancing requirements. Although there were less in-person events during this period the Navigators and IPAs still promoted the PY 2021 Open Enrollment Period (OEP) while educating consumers – whether in-person or virtually - on the health insurance marketplace, advice regarding enrollment and eligibility, and how to provide needed application materials.

While the COVID-19 pandemic was still among us through PY 2021's OEP, our Navigators and IPA's re-focused their assistance strategy from mainly in-person outreach and education to engaging Nevada consumers through online formats such as Zoom or webinars for assistance regarding enrollments or to simply answer consumer questions. As always, the Navigators' and IPAs' focus has continued to be to educate consumers on the OEP and upcoming Special Enrollment Period (SEP). This SEP education is to assist any consumer who may experience a qualifying life event throughout the year prior to the next open enrollment cycle which begins November 1, 2021.

Navigators Entities

- Dignity Health - St. Rose Dominican (Southern Nevada)
- State of Nevada - Office for Consumer Health Assistance (Statewide)

IN-Person Assistance Entities

- Asian Community Development Council (Southern Nevada)
- Asian Community Resource Center (Southern Nevada)
- Access to Healthcare Network (Northern Nevada)
- Nevada Outreach Training Organization (Southern Nevada)
- Community Health Alliance (Northern Nevada)
- Nevada Health Centers, Inc. (Statewide)

As part of the Request for Application (RFA) in May of 2020 and the Exchange's dedication to capturing enhanced metrics, the Exchange revamped its programmatic reporting. The Exchange has been working with grantee entities throughout the fall and winter to fine tune this reporting, and is now able to analyze and start to see successes and challenges in the program. As the grant year continues, the Exchange is excited to use this new reporting insight to improve the program until the new annual rounds of grantees are solicited in June of 2021.

FEDERAL UPDATES

The Exchange monitors and tracks federal rule changes, court cases, and proposed legislation that may impact the way that Nevada Health Link operates.

COVID-19 Related:

Memorandum on Authorizing the Other Needs Assistance Program for Major Disaster Declarations related to Coronavirus Disease 2019

This order was passed on August 8, 2020 which provided a program referred to as: Lost Wages Assistance Program (LWAP). The LWAP provides an additional \$300 in weekly federal unemployment benefits to eligible State Unemployment Income (UI) beneficiaries, receiving at least \$100 in state UI benefits. Eligibility is also dependent on being unemployed or under employed, due to the pandemic. The additional \$300 weekly benefits would be available from the week of unemployment ending August 1, 2020 to no later than December 27, 2020, or until available funding is depleted.

Consolidated Appropriations Act

In continued response to the Coronavirus pandemic, Congress approved the Consolidated Appropriations Act of 2021 and the president signed it into law on December 27, 2020. The Act includes a payable Rebate Tax Credit for all citizens meeting tax and income criteria as well as an extension to Federal Pandemic Unemployment Compensation, which is additional federal Unemployment Income (UI) for qualifying individuals approved for state-based Unemployment Income

\$300 Weekly Federal Pandemic Unemployment Assistance (PUA): The \$300 a week additional federal UI benefit was required to be counted for Exchange benefit determinations, but not for Medicaid determinations.

\$600 Payable Tax Credit (per adult and child): As a payable tax credit, this one-time payment and was not required to be reported as income for Exchange eligibility purposes.

Notice of Benefit and Payment Parameters (NBPP)

The proposed NBPP was released November 25, 2020. After careful review the Exchange provided comments on the proposed rule in opposition and support of various sections. One of the sections the Exchange is in opposition of is the operational development of Enhanced Direct Enrollment Entities/Direct Enrollment (EDE/DE). The Exchange showed support for enhancements to Special Enrollment Period (SEP) changes but did encourage more information be released to fully understand impacts on an SBE such as, but not limited to: technology changes, and administrative burdens.. The proposed rule also allows the Exchange to continue to explore these flexibilities with other states that utilize the GI platform to potentially share costs associated with the changes.

The NBPP has approved a 4.9% increase in the Maximum Annual Limitation on Cost Sharing annually beginning plan year 2021. The 2021 Maximum Annual Limitation on Cost Sharing are approved at \$8,550 for self-only coverage and \$17,100 for other than self-only coverage. The 2020 plan year Maximum Annual Limitation on Cost Sharing is \$8,150 for self-only coverage and \$16,300 for other than self-only coverage.

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FINANCE

The Legislatively Approved State Fiscal Year 2020 budget is as follows:

B/A 1400		Silver State Health Insurance Exchange	
Legislatively Approved SFY 2021 Budget			
Total FTE Count:	22		
		3601	
Revenue		QHP Fees	Total
2511	Balance Forward From Prior Year	\$ 5,574,917	\$ 5,574,917
4669	Transfer from CARES CRF	\$ 936,000	\$ 936,000
3601	QHP Fees	\$ 14,565,168	\$ 14,565,168
		\$ 21,076,085	\$ 21,076,085
Expenditures			
Cat 01	Personnel	\$ 2,304,145	\$ 2,304,145
Cat 02	Out-of-State Travel	\$ 14,752	\$ 14,752
Cat 03	In-State Travel	\$ 26,076	\$ 26,076
Cat 04	Operating	\$ 592,939	\$ 592,939
Cat 11	Transfer to CMS	\$ 16,995	\$ 16,995
Cat 12	Exchange Platform	\$ 5,669,055	\$ 5,669,055
Cat 14	CRF Reimbursements	\$ 936,000	\$ 936,000
Cat 26	Information Services	\$ 36,211	\$ 36,211
Cat 30	Training	\$ 17,978	\$ 17,978
Cat 50	Marketing & Outreach	\$ 3,249,004	\$ 3,249,004
Cat 71	Navigators	\$ 1,480,622	\$ 1,480,622
Cat 75	Transfer to Welfare Division	\$ 28,120	\$ 28,120
Cat 82	DHRM Cost Allocation	\$ 10,804	\$ 10,804
Cat 85	Cash Reserve	\$ 6,669,227	\$ 6,669,227
Cat 87	Purchasing Assessment	\$ 13,885	\$ 13,885
Cat 88	SWCAP	\$ 10,272	\$ 10,272
	Total Expenditures	\$ 21,076,085	\$ 21,076,085

(Note on following page)

Note:

In August 2020, the Interim Finance Committee (IFC) approved the total transfer of \$464,502 from the Reserve Category 85, to the Exchange Platform Category 12, via work programs C51386 and C51387, to fund costs associated with providing additional call center capacity and operating hours throughout the duration of PY 2021 Open Enrollment Period, which ran from November 1, 2020 through January 15, 2021. In October 2020, the IFC approved the addition and transfer of \$936,000 in Coronavirus Aid, Relief, and Economic Security (CARES) Act 2020 from the Coronavirus Relief Fund (CRF) to fund necessary eligibility and enrollment technology platform changes to respond to the immediate effects of the COVID-19 public health emergency.

Balance Forward

In August 2020, the Interim Finance Committee (IFC) approved a partial balance forward in the amount of \$16,995 of SFY 20 Category 11, Transfer to CMS, and unexpended cash to SFY 21 Category 11, Transfer to CMS, with no change in purpose. State Fiscal Year (SFY) 2020 officially closed with the Exchange carrying forward \$5,574,917 in cash reserves into SFY 2021. This is an increase of \$2,307,584 from the projected carry forward balance of \$3,267,333 in the Legislatively (L01) Approved Budget. The adjustment to L01 was made via Work Program C52490 at budget closing.

Budget Building for SFY 2022 & 2023

The budget building process for SFY 2022 and 2023 has completed and the agency request budget was submitted on September 1, 2020. At the time of this writing, the Governor's Recommended Budget (G01) has been officially released and totals \$18,853,472 in SFY 22 and \$17,424,645 in SFY 23. The G01 budget consists of 14 decision units, almost all of which relate to accommodating the growth the Exchange has experienced as a result of the transition to a State Based Exchange (SBE). The budget requests includes 26 positions (22 existing and four new positions) to support operations as a SBE.

Revenue/Carrier Premium Fees (CPF)

As of December 31, 2020 the Exchange collected \$12,735,948 in CPF for Plan Year 2020. Total Premiums for Plan Year 2020 were \$404,694,945, which is roughly \$5,550,000 less than Plan Year 2019 total premiums. This is a significant accomplishment considering not only was 2020 the first year of operations as a SBE, the Exchange was concurrently dealing with a global pandemic and resultant economic declines.

PY 2021 revenues are projected to be \$12,343,195, with future plan years remaining fairly constant. This reduction in plan year revenue is reflected in both the CPF reduction from 3.15% of total premiums to 3.05% of total premiums effective January 1, 2021 and the approved average rate increase in the individual market for on Exchanges plans of 4.4%. The resulting combination of decreased CPF and level premium rates for PY 2021 are the cause of the lower revenue projections.

This reduction is not expected to impact to the Exchange's budget or reserve levels. The SFY 22 and SFY 23 revenue projections used in the A01 budget request were intentionally estimated low to ensure the Exchange was able to meet all of its budgetary obligations in continued times of uncertainty from the COVID-19 pandemic and economic declines. Further, the transition to a SBE has resulted in continued efficiencies and cost savings in the overall budget and the Exchange has maintained a conservative approach to spending, therefore remaining well under budgeted spending authority. It is important to note, the conservative spending approach has not lead to a reduction in services to consumers or brokers. On the contrary, the Exchange's approach has led to the expansion of services, specifically, the extended Open Enrollment Period for PY 2021 and extended call center hours and capacity.

SFY 21 revenue is projected to be \$12,592,332 and is inclusive of the reduction in the CPF rate paid by Carriers in PY 2021.

The CPF for PY 2021 was approved by the Exchange's Board in January 2020, prior to the onset of the COVID-19 pandemic, and was reduced to at 3.05% of premiums. At this time, there is no concern that the CPF fee will need to be increased as a result of the COVID-19 pandemic. The CPF for PY 2022 will be presented and approved by the Exchange's Board in February 2021.

State Based Exchange Maintenance and Operations

In August 2018, the State Board of Examiners (BOE) approved the contract with GetInsured to begin the Exchange's transition away from the federal platform. As of December 31, 2020, the Exchange completed its first full year of operations as a State Based Exchange. Operations as a SBE has identified many opportunities for the Exchange to provide an enhanced consumer experience. The most significant enhancement has been the decision to extend the PY 2021 Open Enrollment Period through January 15th, with the intention to offer the expanded Open Enrollment in future plan years. While this is a significant consumer benefit, the Open Enrollment extension does have an annual cost of \$464,502. This will require the contract with GetInsured is amended and the overall contract authority is increased. At this time, it is expected that the contract amendments with GI will be on the March 2021 agenda of the Board of Examiners. The breakdown of the current contract is below:

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Technology Platform	SFY 19	SFY 20	SFY 21	SFY 22	SFY 23	SFY 24	Total
Tech Phase One	400,628.57	146,571.43					547,200.00
Tech Phase Two		974,517.00					974,517.00
M&O		1,549,209.67	3,098,419.34	3,098,419.34	3,098,419.34	1,549,209.67	12,393,677.36
Total Tech	400,628.57	2,670,298.10	3,098,419.34	3,098,419.34	3,098,419.34	1,549,209.67	13,915,394.36
Consumer Assistance							
Center (CAC)	SFY 19	SFY 20	SFY 21	SFY 22	SFY 23	SFY 24	Total
CAC Phase One	272,400.00	-					272,400.00
CAC Phase Two		1,288,063.00					1,288,063.00
M&O		1,028,568.08	2,057,136.16	2,057,136.15	2,057,136.12	1,028,568.06	8,228,544.57
Total CAC	272,400.00	2,316,631.08	2,057,136.16	2,057,136.15	2,057,136.12	1,028,568.06	9,789,007.57
Total per FY	673,028.57	4,986,929.18	5,155,555.50	5,155,555.49	5,155,555.46	2,577,777.73	23,704,401.93

Phase One costs were associated with design, development and implementation (DDI) of the technology platform and the Consumer Assistance Center. Phase Two costs were associated with the transition from HealthCare.gov, implementation of the technology platform and PY 2020 Open Enrollment and the implementation and transition of the Consumer Assistance Center, which began in June 2019 and continued through December 2019. On January 1, 2020 the contract with GI transitioned from Phase Two into the Maintenance and Operations function.

In SFY 20, the Exchange incurred \$227,835 in costs associated with the ECSEP, which was instituted in response to the COVID-19 pandemic. These costs included programmer hours to modify the technology platform to accommodate ECSEP enrollment functionality and increased call center support and hours to ensure consumers and brokers did not experience service delays during the ECSEP enrollment period.

In SFY 21, the Exchange incurred additional costs related to the COVID-19 pandemic. When the public health emergency hit, a second-order effect evolved as consumers were unable to utilize their health insurance benefits because medical services across the board were being reserved/utilized to only treat high numbers of COVID-19 patients, which created a Medical Loss Ratio (MLR) greater than the 80/20 allowed under the Affordable Care Act. Due to the MLR, and the significant economic impacts of the pandemic and quarantine, some insurance issuers on the Exchange chose to give Premium Credits to consumers. These premium credits were highly encouraged by CMS; however, guidance related to the issuance of premium credits was distributed in a disorganized fashion. This led to inconsistencies and variance from the required process in the approval of premium credits by issuers, CMS, SSHIX and Nevada's Division of Insurance (DOI). This haphazard premium credit issuance forced the Exchange to make changes to the eligibility and enrollment platform to remain compliant with guidance issued by CMS related to the accounting of premium credits and Advance Premium Tax Credits.

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To date, the Exchange has incurred \$447,400 in additional costs related to the need to make retrospective changes to consumers’ monthly premiums, however, additional costs may be realized and projections indicate total costs could reach a maximum of \$936,000. The Exchange was successful in securing funding for these costs from the CARES Act and the CRF and these costs do not impact the Exchange’s overall budget or reserve projections.

In SFY 21, the Exchange expects to achieve an annual cost savings of approximately 43% with the transition to a SBE versus the projected cost of the CMS User Fee with a total expected cost savings of over \$22M through SFY 24.

Total Annual Cost Savings (CMS User Fee vs. Technology Vendor Fee)						
	FY20	FY21	FY22	FY23	FY24	Total Through FY24
Annual Cost to CMS	11,212,413.08	10,117,373.61	10,117,373.61	10,117,373.61	10,117,373.61	51,681,907.54
Annual Cost to Tech/CAC Vendor	5,950,697.00	5,715,138.64	5,892,802.00	5,798,971.00	5,798,971.00	29,156,579.64
Cost Savings of SBE vs. SBE-FP	5,261,716.08	4,402,234.97	4,224,571.61	4,318,402.61	4,318,402.61	22,525,327.90
	46.93%	43.51%	41.76%	42.68%	42.68%	43.58%

Reserve Projections

The impact of the transition on the Exchange’s reserve levels has been favorable. In SFY 21 the Exchange is projected to carry forward a balance of \$6,669,226 and is projected to carry forward a balance of \$5,293,524 into SFY 23. While continued reliance on the federal platform would have fully depleted the Exchange’s reserves before the close of SFY21, even while considering the reduction of the CMS User Fee to 2.5% of premiums in PY 2020, the SBE transition will allow the Exchange to maintain between 90 and 120 days of operational expenses in its reserves (or \$3,681,211) through SFY 23.

The projections illustrated above include the actual implementation and transition costs which overlapped with the payment of CMS User Fees during SFY 19 and SFY 20 and the costs associated with the ECSEP in SFY 20 and the costs of the Premium Credit Rebates in SFY 21.