

Silver State Health Insurance Exchange

Presentation to the
Advisory Council on the State Program for Wellness
and the Prevention of Chronic Disease

October 18, 2018



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Agenda

- Mission Statement
- Overview of the Exchange
- 2018/2019 Exchange Enrollment
 - Advertising and Marketing
 - Demographic Breakdown
 - Geographic Breakdown
- Year-over-Year Enrollment Changes
- Plan Year 2019 Challenges & 2018 Successes
- Next Steps
- Technology Transition

Mission Statement

To increase the number of insured Nevadans by facilitating the purchase and sales of health insurance that provides quality healthcare through the creation of a transparent, simplified marketplace of qualified health plans.



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(Informal) Mission Statement



Silver State Health Insurance Exchange

- The Silver State Health Insurance Exchange operates the online marketplace, Nevada Health Link.
- Connects Nevadans who are not insured by their employer, Medicaid, or Medicare to health insurance.
- Individuals can purchase Affordable Care Act certified Qualified Health Plans through the Exchange. If eligible they can receive subsidy assistance to help offset monthly premium costs.
- Hybrid model – State Based Marketplace that utilizes the Federal Platform (HealthCare.gov)
- Solely self-funded – no state or federal funds to support operations.

Open Enrollment 2019

- 15 Qualified Health Plans (QHPs) – Two Carriers
 - Health Plan of Nevada & SilverSummit
 - 1 Catastrophic; 4 Bronze; 8 Silver; 2 Gold
 - Counties: Clark, Nye, and Washoe will have the choice from all 15 plans offered
 - Counties: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Pershing, Storey, White Pine will have the choice of the 6 plans from Silver Summit
- 22 Stand-Alone Dental Plans (SADPs) – Six carriers (Alpha, EMI, Delta, Liberty, Best, and Rocky Mountain)
- The approved average on Exchange rate for HPN and SilverSummit is a 0.4% decrease – essentially flat.
- 12 Navigator Grantees, 5 Broker grantees



Advertising and Marketing

- \$3.2 million budget for advertising and outreach for plan year 2019
- Focus on benefits of insurance to protect individuals and families from financial ruin, campaign theme: “You can’t afford not to be insured.”
- Traditional ad campaign, print media, testimonials, content (social) and digital media
- Outreach, consumer education, and stakeholder involvement – Navigators/Brokers & Community
- PR and the media
- Prep rallies

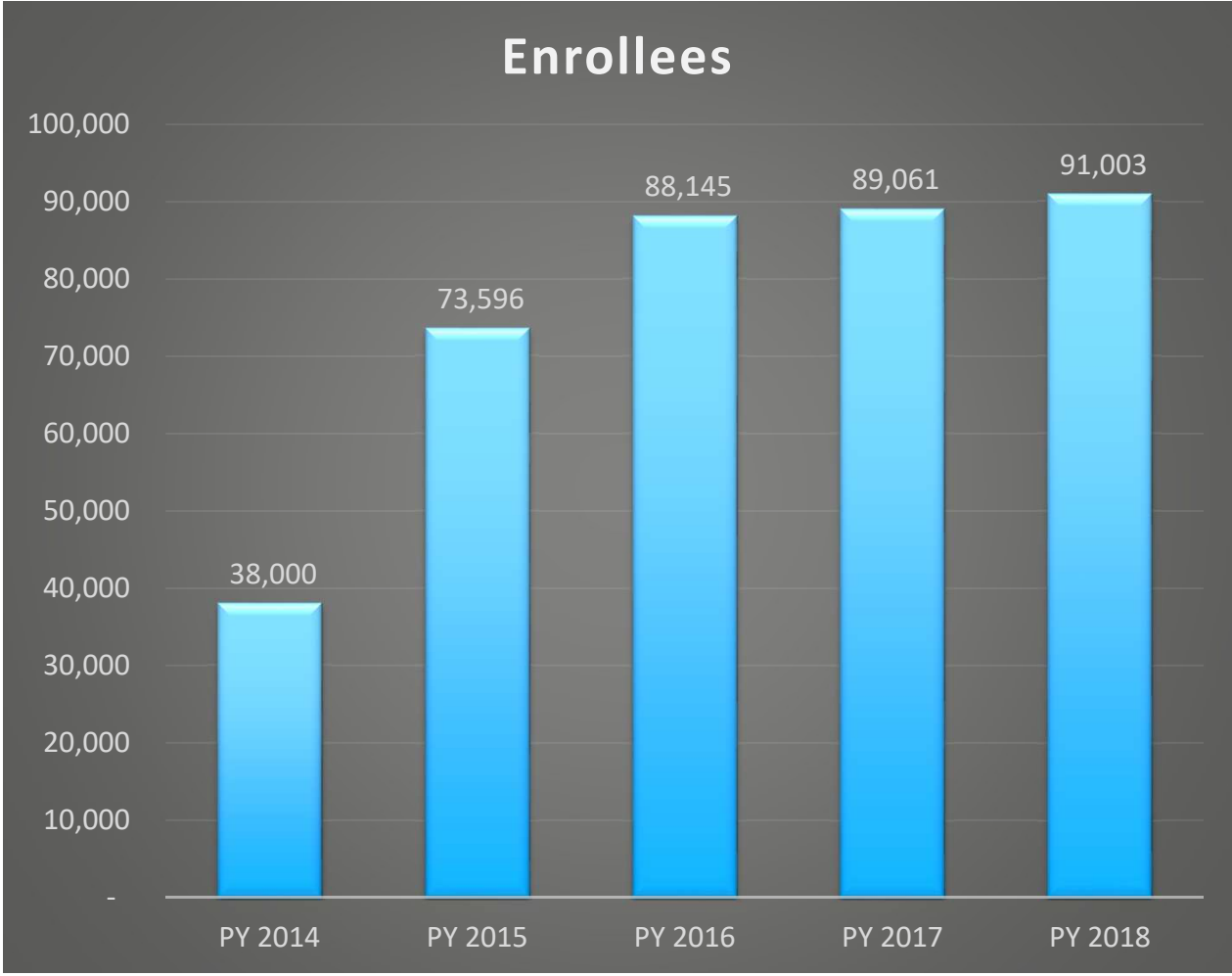
Advertising and Marketing



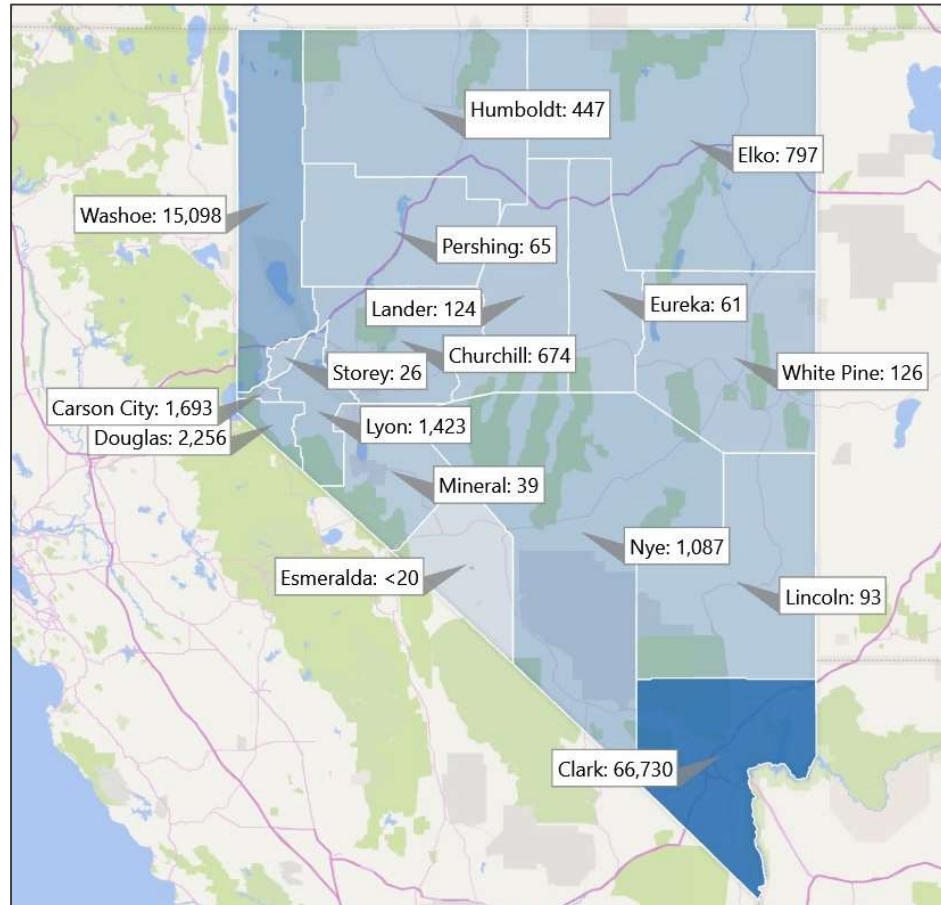
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Year-over-Year Enrollment



2018 Enrollment Geography



NOTE: CMS' policy is to redact exact counts for Zip codes with fewer than 10 plan selections. As a result the county-by-county figures listed above represent 264 fewer plan selections than the statewide total of 91,003.

2018 Enrollment Demographics

- Final Plan Selections **91,003**
- 53.6% Female – 46.4% Male
- Age
 - 14.6% > 18 years old
 - 23.8% between 18-34 years old
 - 33.8% between 35-54 years old
 - 27.7% 55+ years old
- Income
 - 58.9% between 138-250% FPL
 - 20.9% between 250-400% FPL
 - 2.3% < 400% FPL

2018 Enrollment Plan Selections

- Metal Levels
 - 0.7% Catastrophic
 - 35.3% Bronze
 - 60 % Silver
 - 4% Gold
- Premiums and Financial Assistance
 - Average monthly premium \$515
 - Average monthly premium after APTC \$151
 - 82.1% percent of plan selections with APTC
 - Average monthly APTC amount for consumers receiving APTC \$444
 - 48.4% percent of plan selections with CSR

Year-Over-Year Premium Changes

- Average monthly pre-subsidized premium
 - 2017 - \$379
 - vs.
 - 2018 - \$515 = +\$136
- Average monthly premium after subsidy
 - 2017 - \$142
 - vs.
 - 2018 - \$151 = +\$9

Source: CMS.gov 2017 OEP State-Level Public Use File
CMS.gov 2018 OEP State-Level Public Use File

2019 Enrollment Challenges

- Enforcement of the individual mandate (Effective Jan. 2019)
 - The tax bill slices the penalty to “\$0” and “zero percent,” starting in 2019.
 - The penalty shouldn’t be the driving force behind purchasing insurance
 - Nevadans should be insured because the price of medical care is prohibitively expensive to the point that we are all just one medical incident away from bankruptcy should we go without insurance.
- Short Term Limited Duration Plans – Rule finalized
- Association Health Plans – Rule finalized
- Carrier retention
- Marketplace competition
- CMS Support for ACA
- Executive level policy application/change

2019 Enrollment Challenges, cont.

- Truncated open enrollment period (down from 90 days to 45 days (11/1/18–12/15/18))
- Federal cuts to HealthCare.gov's funding for marketing/advertising
- Federal cuts to HealthCare.gov's funding for outreach
- HealthCare.gov maintenance outages
- Carrier participation

Open Enrollment Successes

- Increased enrollment
- Robust & dynamic Ad campaign (Penna Powers won Silver ADDY)
- Email & Direct Mail campaign
- Stakeholder engagement
- Earned PR
- Broker storefront grant program

Next Steps

- The Exchange is working to transition off of HealthCare.gov and onto a **proven** private eligibility and enrollment technology solution.
- The Exchange has spent thousands of hours researching available options and believes a transition is necessary to control and reduce technology expenses, offer a more consumer friendly shopping experience, and better control the Nevada Individual Marketplace.

Technology Transition

- Advantages of a State Based Marketplace:
 - Stability and certainty in pricing
 - Real time access to consumer data – improved retention
 - Responsiveness to changing requirements – state and federal programs
 - Modern, service-oriented architecture
 - Increased accountability
- Benefits to Nevada Consumers
 - Improved customer service
 - Fewer lapses in coverage
 - Streamlined user experience
 - Increased program integrity

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