

# Silver State Health Insurance Exchange

Presentation to the Legislative  
Committee on Health Care

January 11, 2018



nevada  
health link


Agenda Item V C-2 (HEALTH CARE)  
Meeting Date: 01-11-18



# Agenda

- Overview of the Exchange
- 2018 Exchange Enrollment
  - Demographic breakdown
  - Geographic breakdown
- Year-Over-Year changes to enrollment
- Federal policy changes and implications
- Next steps

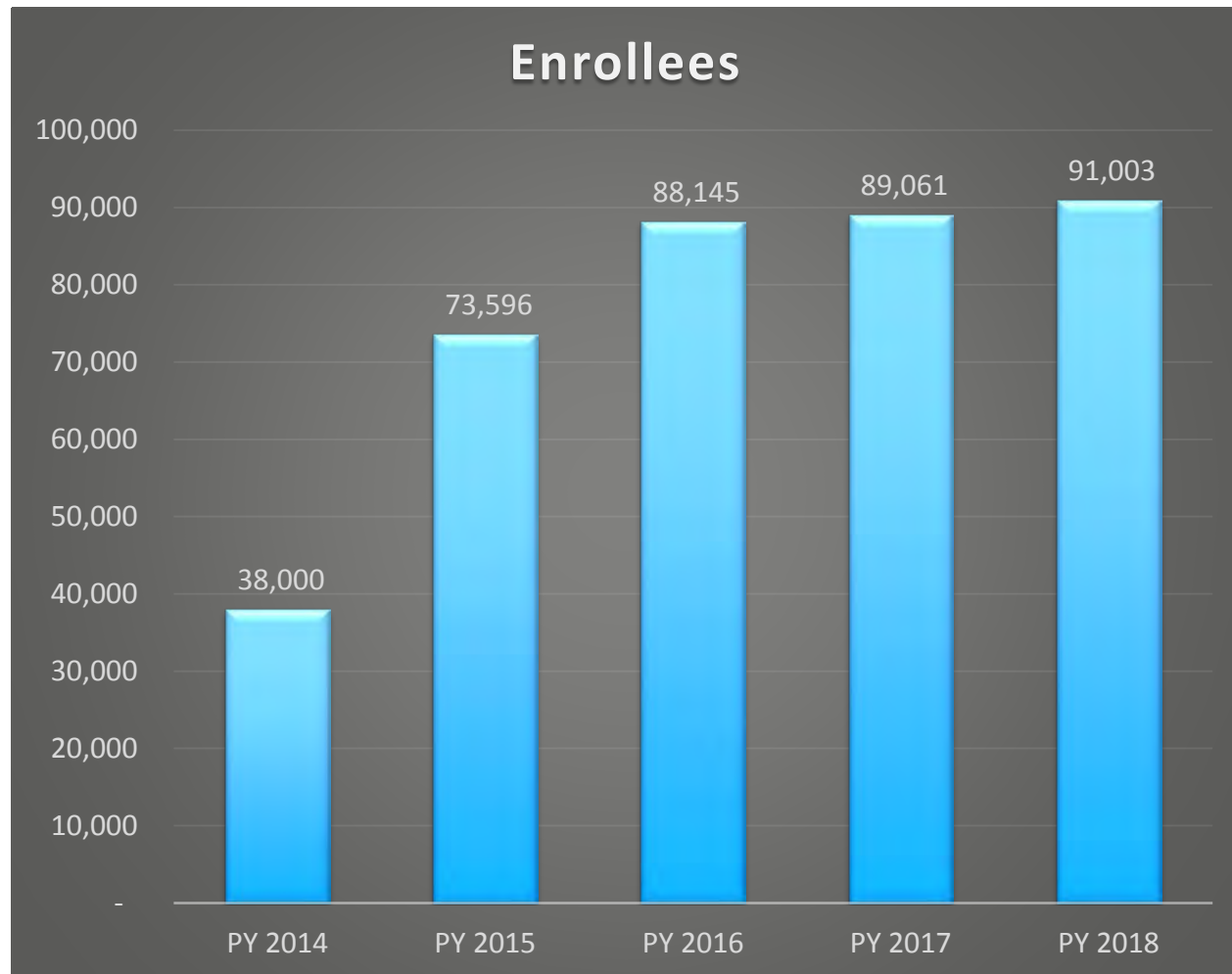
# Silver State Health Insurance Exchange

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- 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.

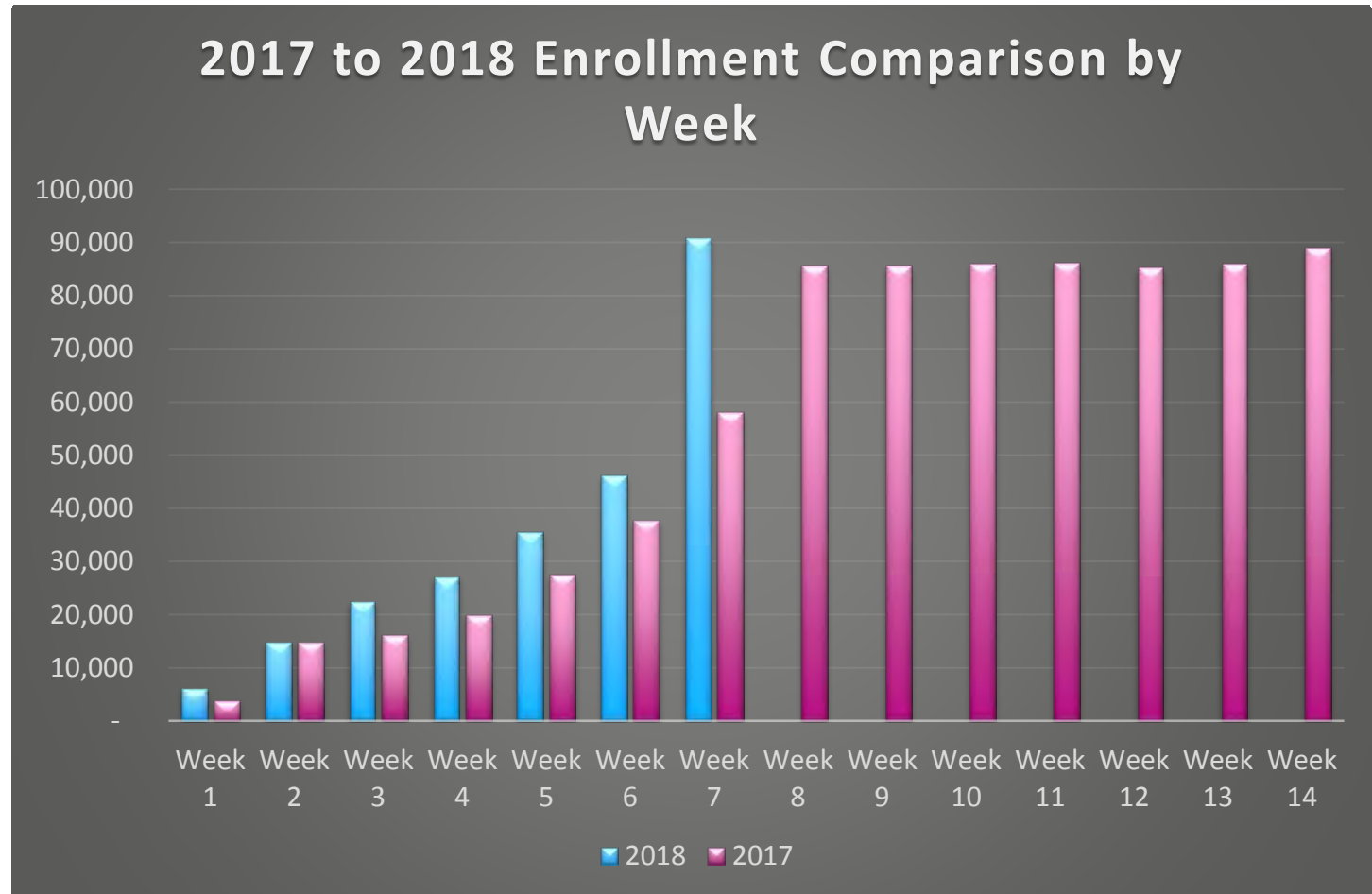
# Open Enrollment 2018

- 14 QHP Plans – Two Carriers
  - Health Plan of Nevada & Silver Summit
  - 1 Catastrophic; 4 Bronze; 7 Silver; 2 Gold
  - Counties: Clark, Nye, and Washoe will have the choice from all 14 plans offered
  - Counties: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Pershing, Storey, White Pine will have the choice of the 4 plans from Silver Summit
- 21 SADP – Six carriers (Alpha, EMI, Delta, Liberty, Best, and Rocky Mountain)
- The average approved rate increase for Health Plan of Nevada is 36.8%. Because SilverSummit Health Plan is new to the Exchange in Nevada there is not a 2017 rate for comparison.

# Year-over-Year Enrollment



# Week-over-Week Enrollment



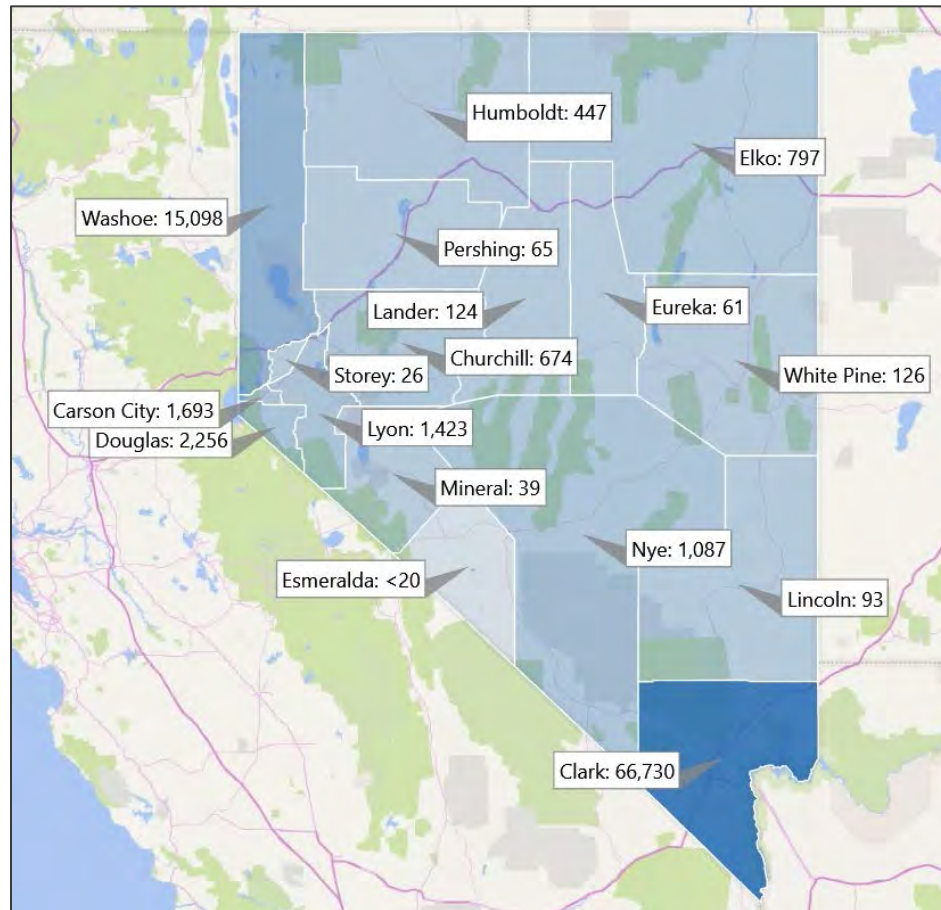
# 2018 Enrollment Demographics

- 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
  - 60.40% 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

# 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.

# Year-Over-Year Enrollment Changes

- Average monthly pre-subsidized premium 2017 - \$379 vs. 2018 - \$515; +\$136
- Average monthly premium after subsidy 2017 - \$142 vs. 2018 - \$151; +\$9
- Percentage of plan selections with APTC 2017 – 82.9% vs. 2018 – 82.1%; - 0.8%
- Percentage of plan selections with CSR 2017 – 55.1% vs. 2018 – 48.4%; - 6.7%
- Percentage of Silver plan selections 2017 – 68% vs. 2018 – 60.0%; - 8%
- Percentage of Bronze plan selections 2017 – 27.3% vs. 2018 – 35.3%; + 8%

# Challenges for 2018 Enrollment

- Cancellation of Cost Sharing Reduction (CSR) Payments
  - President Trump announced the federal government would no longer pay CSRs effective Oct 2017
  - In Plan Year 2016 NV Carriers received **\$39,369,149** in CSRs
  - Plan Year 2018 rate adjustments
- Ambiguity related to the enforcement of the individual mandate.
  - [IRS Statement](#) – “will not accept electronically filed tax returns where the tax payer does not address health coverage.”
  - 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.

# Challenges for 2018 Enrollment (cont.)

- Truncated open enrollment period (down from 90 days to 45 days (11/1-12/15/17))
- Federal cuts to HealthCare.gov's funding for marketing/advertising (90%)
- Federal cuts to HealthCare.gov's funding for outreach (40%)
- HealthCare.gov maintenance outages
- Pending application policy changes
- Communication regarding rate changes
- Carrier participation

# 2019 Marketplace Challenges

- Elimination of Individual Mandate (effective 2019)
- Expansion of Short-Term Limited Duration policies
- Carrier retention
- Marketplace competition
- CMS Support for ACA
- Executive level policy application/change

# 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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# Contacting the Exchange

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