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Economic Forum Presentation

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Agenda

Purpose: Present projections for health care enrollment and spending for NVHA programs and markets.

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- 1 **NVHA Markets Overview**
 - 2 **Nevada Health Link**
 - 3 **Medicaid Projections**
 - 4 **Healthcare Economic View**
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Who We Are

One unified authority leveraging the state's buying power to make health care in Nevada more affordable, reliable, and well run.

Why It Matters

- Stronger purchasing power and negotiating leverage across programs
- Reduced administrative duplication and shared infrastructure
- Aligned policy and data across coverage markets
- Better value and efficiency for Nevada taxpayers and enrollees



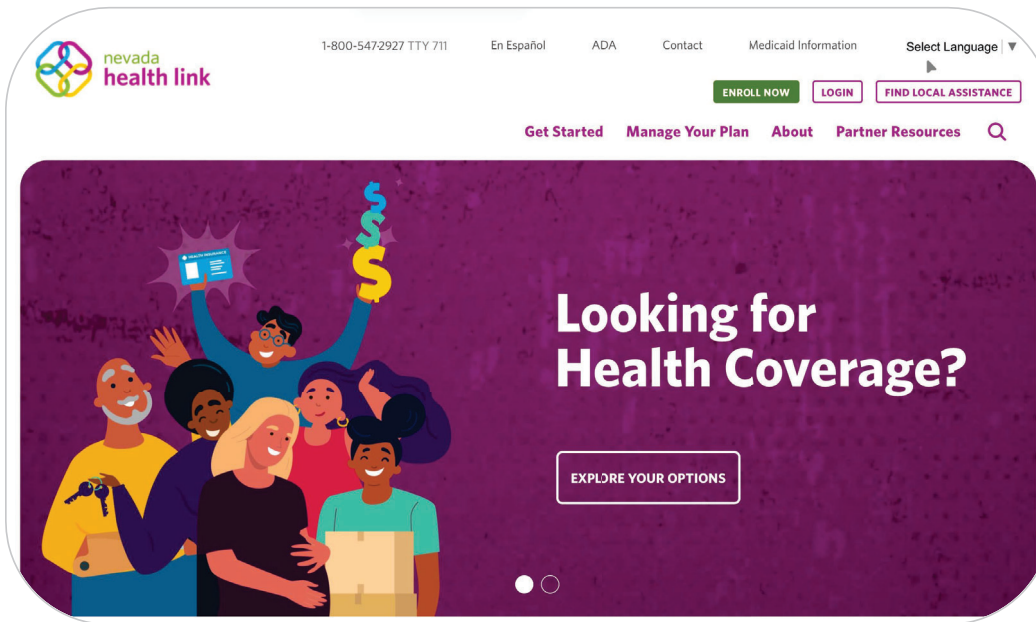


Nevada Health Link

- Enrollment Statistics
- Unique Impacts on Enrollment
- Looking Ahead

Nevada Health Link

Nevada's state-based health insurance marketplace, serving over 100,000 Nevadans.



NEW FEATURES

2026

Plan Year 2026

- Launch of the state's public option — the Battle Born State Plan (BBSPs)



2027

Plan Year 2027

- New Medicaid enrollment through Nevada Health Link
- New Medicaid health plan shopping and selection

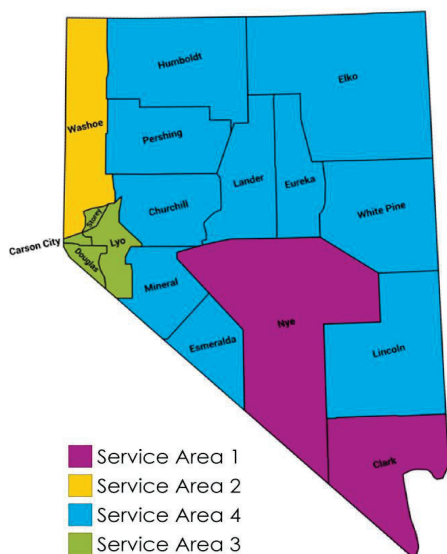


Only marketplace where eligible Nevadans can access financial assistance to lower the cost of their monthly premiums.

Nevada Health Link: Rating & Service Areas

Carriers offering Qualified Health Plans by Nevada Exchange rating region.

Nevada Exchange Service Areas



Rating Area 1

90 plans (11 BBSPs)

- Anthem
- HPN
- SilverSummit
- Imperial
- Molina
- CareSource
- Select Health

Rating Area 2

80 plans (11 BBSPs)

- Anthem
- HPN
- SilverSummit
- Imperial
- CareSource
- Kaiser Permanente (Hometown Health)
- Molina

Rating Area 3

59 plans (11 BBSPs)

- Anthem
- HPN
- SilverSummit
- Kaiser Permanente (Hometown Health)
- CareSource

Rating Area 4

52 plans (11 BBSPs)

- CareSource
- Anthem
- HPN
- SilverSummit

Statewide Carriers & BBSPs

Offer plans in all four rating regions



Silver Summit



Community
Care Health
Plan of Nevada



Health Plan of
Nevada

Unique Factors Affecting Enrollment in Nevada



Federal Changes to Exchanges

- H.R. 1 – Statutory changes
- Regulatory updates

Reduces Enrollment



High Inflation in Private Health Insurance Market

- Reduces enrollment through higher costs for consumers

Reduces Enrollment



Battle Born State Plan (Premium Reduction Targets)

- Counters inflation trends

Supports Enrollment



Reinsurance (1332 Waiver)

- Offsets costs in the marketplace

Supports Enrollment



Note: Most federal changes have effective dates ranging from Plan Year 2026 through Plan Year 2028.

2026 Plan Year End of Open Enrollment

Unique enrollees with a confirmed or pending 2026 plan selection, as of 1/21/26

Total Enrollees

104,286

Pending applications

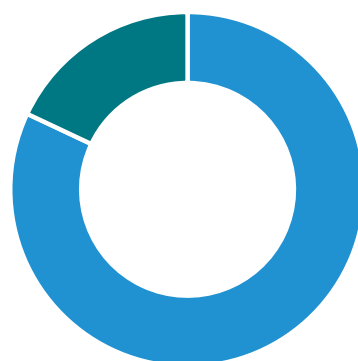
6,636

Confirmed – Passive

41,103

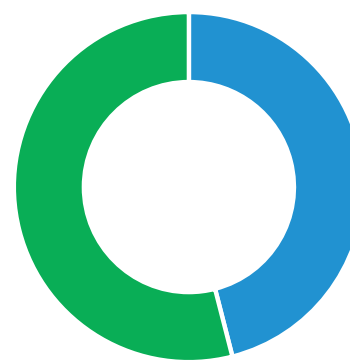
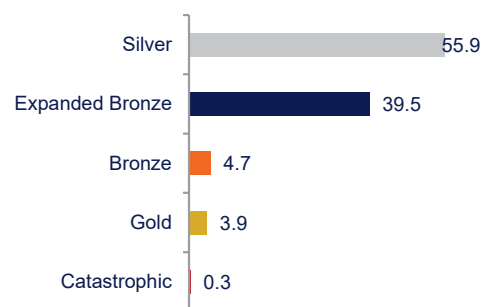
Confirmed – Active

56,547



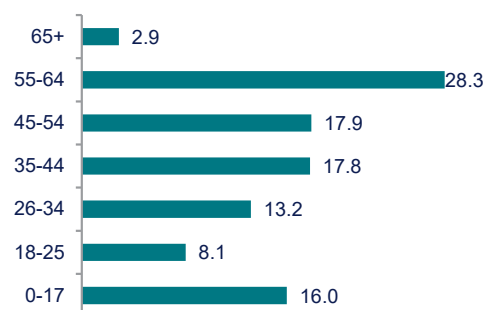
■ APTC 82% ■ No APTC 18%

Enrollment by Metal Tier (K)



■ CSR 46% ■ No CSR 54%

Enrollment by Age (K)



Avg. Premium Before APTC

\$659

Avg. Premium After APTC

\$234

Avg. APTC Offsetting Premium

\$516

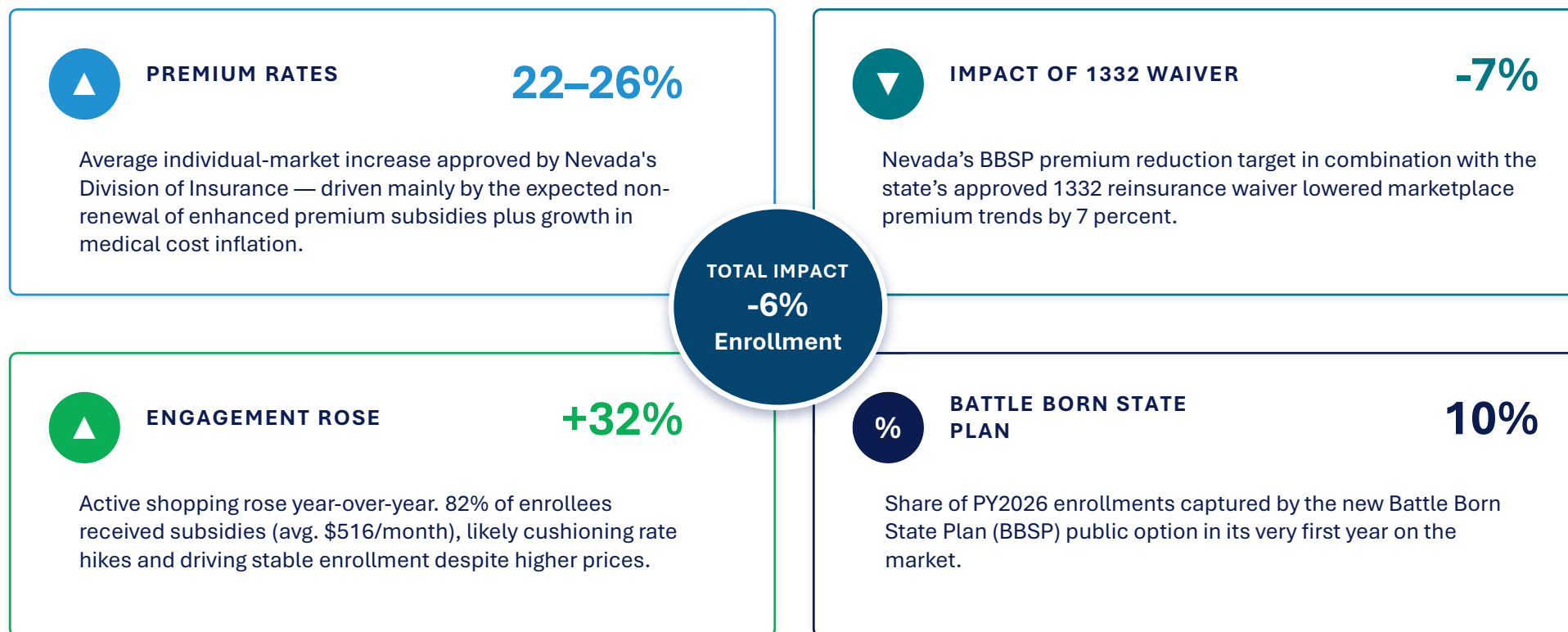
APTC = Advanced Premium Tax Credit
* Federal financial assistance for consumers



*Includes unique enrollees with a 2026 plan selection in Confirmed or Pending status as of 1/21/26. 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.

Impact on Open Enrollment for Plan Year 2026

Plan Year 2026 enrollment initially remained stable during Open Enrollment Period (OEP), even after premium hikes in market.

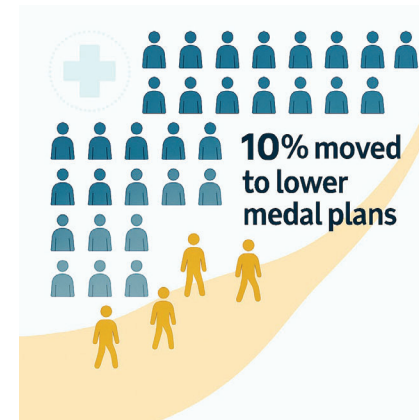


Affordability Changed the Conversation

Lower medal plans lead to lower premium taxes

For many consumers, Plan Year 2026 brought:

- **Higher monthly premiums**
- **Reduced financial assistance**
- **More difficult decisions about coverage**
- **Increased interest in lower-premium plans**
- **Greater concern about affordability**



Plan Change	PY2025	PY2026
Silver → Bronze	1,343	9,123
Gold → Silver	318	634
Gold → Bronze	110	324

Updated Enrollment Statistics for Plan Year 2026

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



Looking Ahead: Estimates for PY 2027

15%+

NATIONALLY PROJECTED AVERAGE PREMIUM RATE INCREASES

Estimated national rate increases for Plan Year 2027 ([KFF](#)) will continue to negatively affect enrollment in Nevada Health Link.

State rate increases likely to be released this fall.

7% to 11%-

BBSP + REINSURANCE OFFSET

The Battle Born State Plan reduction target plus reinsurance are anticipated to reduce the inflation trend by at least this much, depending on final rates.

12.5%+

PROJECTED COVERAGE EROSION

Based on this year's premium-spike experience, NVHL estimates maintaining coverage within this range of enrollment as compared to previous Plan Year.



Federal Impact Uncertainty

Still unable to fully quantify the impact of federal changes on Plan Year 2027 enrollment.



Rising Uninsured Rate

Projected increases to Nevada's uninsured rate from these impacts, in addition to Medicaid enrollment effects from new community engagement/work requirements for eligibility.



Questions?

Thank you



Nevada Medicaid

- General Fund Impacts
- Upcoming Federal Changes
- Forecast & Projections

Recap: Medicaid Spending and State Budget



How Medicaid Is Funded in Nevada

For every \$1 of Medicaid spending in Nevada:



Nevada's State Share (40%) Is Comprised Of:



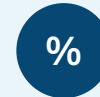
State General Fund

Core state appropriations dedicated to the Medicaid budget each biennium.



Local Monies

Intergovernmental transfers (IGTs) and other local government contributions.



Provider Tax Revenues

Assessments on providers that are matchable with federal funds.



Unique Factors Affecting Budget Projections for SFY28/29



COST IMPACT: Statewide Managed Care Expansion & Higher Program Inflation

Since the end of the pandemic and after statewide expansion of managed care, Nevada has experienced higher-than-projected levels of inflation in the program relative to the 2025-2027 biennial budget as approved.



MIX IMPACT: Impacts on Revenues from H.R. 1 – One Big Beautiful Bill Act

H.R. 1 has multiple impacts on Nevada's Medicaid program that will reduce costs while reducing available revenues to help fund the program in addition to reductions in general fund revenues as explained below.

New Work Requirements

↓ Reduces caseload projections

Fewer enrollees lower the state general fund cost of the program, since the state's share scales with caseload.

State Provider Tax Changes

↓ Reduces state revenue from hospital tax

Less hospital tax revenue reduces state funding available for children's behavioral health and supplemental hospital payments.

State Directed Payment Reductions

↓ Reduces premium tax revenues

Lower state directed payments through managed care plans lowers state collections on the insurance/premium tax. This puts added pressure on the state general fund.



Medicaid Managed Care Expansion & Inflation



Statewide managed care went live January 1, 2026 — capitation inflation is running well ahead of budget.



Managed Care Coverage

Effective January 1, 2026 — statewide expansion to most covered populations



of covered lives in a managed care plan

Managed care is typically used to help states predict budgets and contain program costs. Most recently, this has become challenging with inflation.



Capitation Rate Inflation

Since Plan Year 2026 began

3.5% → 14%

Budgeted
(2025-2027 biennium)

Actual
(PY 2026 to date)

+11.5 points above legislatively approved rate

PY 2027 outlook: early estimates point to a further 4–5% increase, subject to change once more paid claims data is available for Plan Year 2026.

At a Glance

Jan 1, 2026

Statewide expansion effective date

75% → 85%

Share of covered lives in managed care

14% vs 3.5%

Actual inflation vs. budgeted rate

+4–5% or more

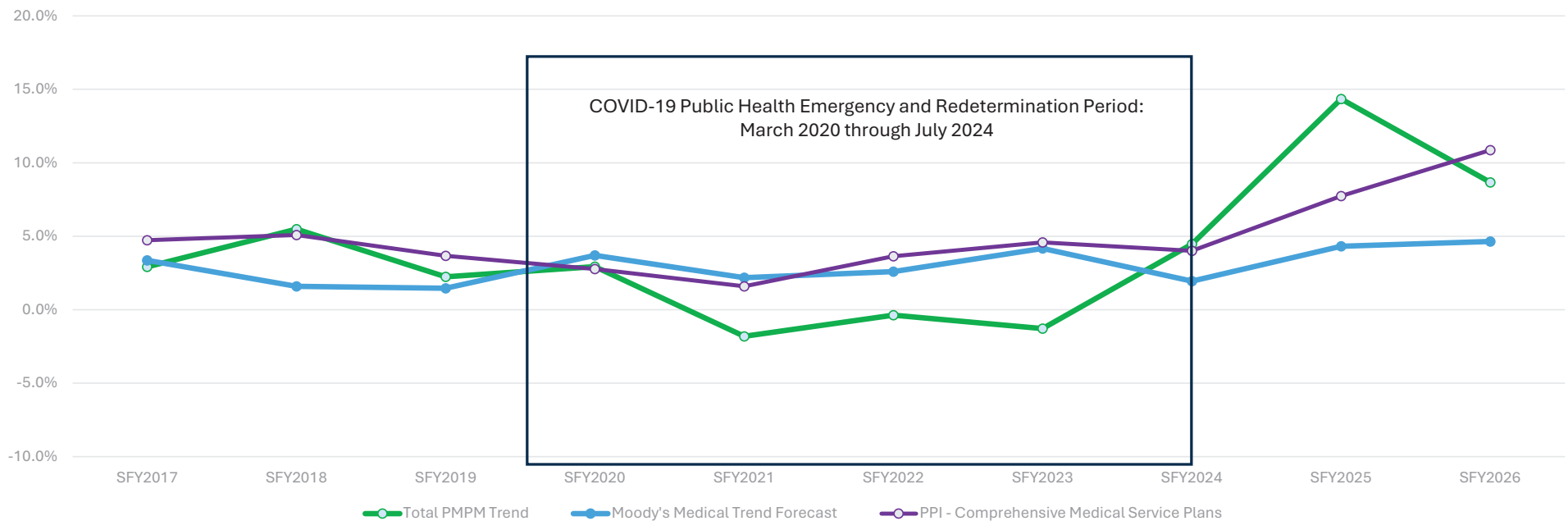
Additional PY 2027 increase (early est.)



Medicaid Inflation Trends Over Time

Annual Medicaid Cost Trends vs Moody's Forecast

Note: SFY2026 includes less than 2 months of runout



Moody's and PPI trends are based on national indices published by the Bureau of Labor Statistics. Moody's is based on CPI, which reflects consumer spending. PPI is based on total insurance premium costs for direct medical insurance carriers.

H.R. 1– Medicaid Caseload Forecast

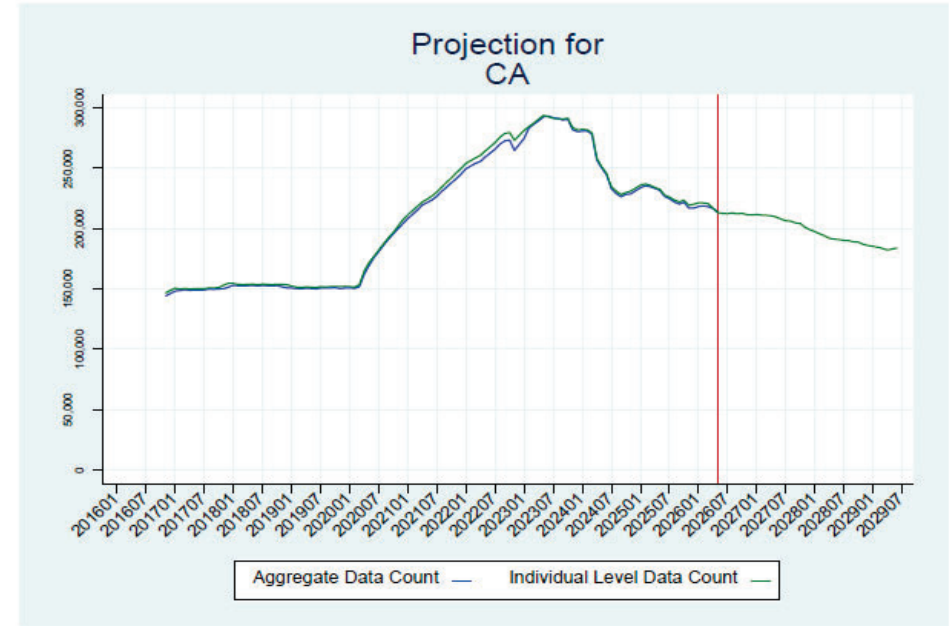
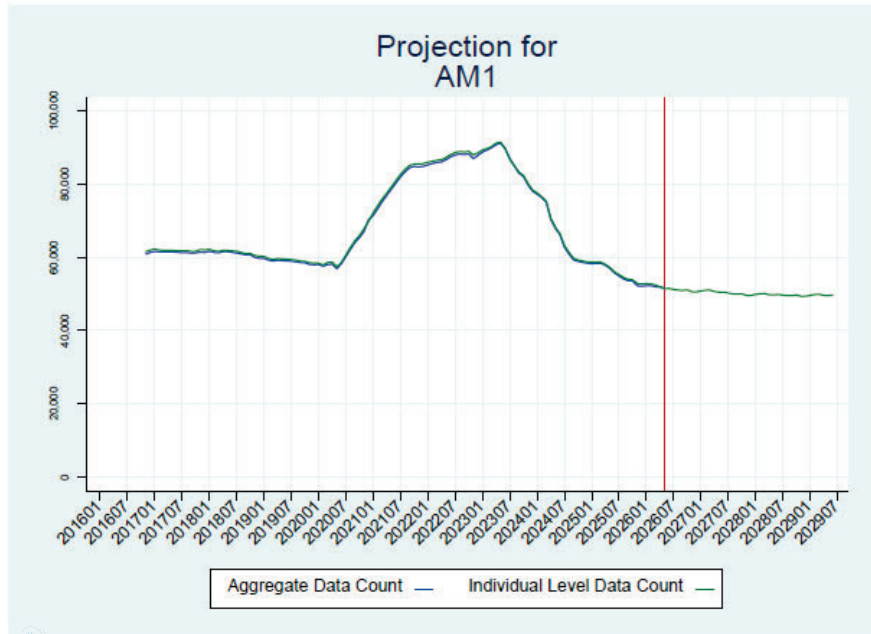
Nevada Medicaid caseload forecasted to decline by 31,000 by end of SFY29 due to new H.R. 1 work requirements

New Adult Medicaid, Parent/Caretaker Newly Eligible Under ACA

202605 Actual	202906 Projection	Difference	% Change
51,509	49,718	(1,791)	-3.5%

Childless Adult, New Adult Medicaid

202605 Actual	202906 Projection	Difference	% Change
213,341	184,026	(29,315)	-13.7%



Note: The projected caseload reflects a little more than 41,000 initial disenrollments of recipients due to HR 1 and assumes about 15,000 of those will reenroll by end of SFY29. Additionally, this projection assumes about 5,000 people disenroll due to normal churn in the program (unrelated to H.R. 1). This is a conservative projection given the unknowns of this new requirement for Medicaid.

Estimated Impacts on State General Fund Revenue



Potentially over \$100 million dollars in reduced revenues through 2029*



\$20.7M

Up to \$20.7M in reduced provider taxes used to fund children's behavioral health services in Medicaid



\$81M

Up to \$81M loss in State General Funding due to premium tax revenue decline

**Impact through SFY 2029, with additional impacts anticipated through 2032.*



Impacts to Hospitals & the Broader Health Care System

Reduced Hospital Provider Tax Revenue

Changes to provider taxes under HR 1 will reduce payments to private hospitals.



Losses to Public Hospital Systems

Additional federal regulatory changes show losses to University Medical Center (UMC) and UNLV Health in supplemental payments.



Broader Health Care System Costs

Anticipated costs from uncompensated care as newly uninsured populations seek care.



Impact to Nevada's Health Care Economic System

Combined losses in revenues affect the greater health care ecosystem in Nevada.

Questions?



Appendix

Upcoming Federal Changes for Nevada Health Link

Upcoming federal changes will adversely affect eligibility and/or enrollment; most are a result of H.R. 1 and have effective dates ranging from Plan Year 2026 through Plan Year 2028.

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Expired Enhanced Financial Assistance for Consumers

COVID-era enhanced premium tax credits (EPTCs) expired – making coverage less affordable for many Nevadans.
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Financial Assistance Restrictions for Lawful Immigrants

Only certain “eligible non-citizens” may qualify for federal financial assistance.
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Financial Assistance Repayment Limit Removed

Income-based APTC repayment limits removed. Any excess will be required during tax season.
- 

Eligibility Limits for Certain Medicaid Ineligibles

Individuals denied Medicaid due to work requirements are not permitted to receive Marketplace tax credits.
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New Pre-Enrollment Verifications

Removes passive auto-renewals, increasing risk of annual churn (or gaps in coverage) for affected consumers.