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January 27, 2022

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-9916-P
P.O. 8016
Baltimore, MD 21244-8016

Re: Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2023 - CMS–9911–P

To Whom It May Concern:

The Silver State Health Insurance Exchange (hereinafter, the Exchange), the state agency tasked by statute with oversight and operation of Nevada's public health insurance marketplace known as Nevada Health Link, appreciates your consideration of the following comments related to the Patient Protection and Affordable Care Act; Updating Payment Parameters for 2023.

The Exchange thanks the Administration for the continued commitment to preserving States' autonomy as it relates to the management of their health insurance markets and protecting the authority exercised by State-based Exchanges (SBEs) to control implementation of policy, operations, and technical improvements to their marketplaces. We respectfully offer the following comments and recommendations addressing specific provisions of the proposed rule.

Standardized Plans

The Exchange is in support of the proposed rule change to start including standardized plan options on the federally facilitated marketplace (FFM) and state-based marketplaces on the federal platform (SBM-FPs). The Exchange believes that consumers can benefit from the ability to more easily compare standardized plan offerings, particularly when unique display presentations are included in consumer communication.

Due to the unique challenges included in standardized plan creation and display the Exchange would like to convey support for not requiring state-based exchanges (SBE) to also include standardized plans by plan year 2023. While some SBEs have already moved forward on setting their own standardized plan requirements we believe it is important to allow SBEs to decide how and when to introduce changes like standardized plans in their own marketplaces in order to best respond to unique state needs and prioritize strategies which create the best opportunity to expand coverage within a state based on limited resources.

Special Enrollment Period Verification Processes

The Exchange supports the proposed rule to reduce the burdens placed on consumers regarding special enrollment period (SEP) pre-verification standards for all qualifying life events (QLE) other than the loss of minimum essential coverage (MEC). Based on consumer challenges that have been especially present during the last two years of the pandemic it has become clear that there are many ways in which too high a consumer burden can limit the ability of exchanges to effectively expand coverage and meet consumer needs. While the Exchange is aware that program integrity is important and necessary, a move to support a more consumer friendly approach, particularly for consumers experiencing life-changing events will create a benefit for consumers and expand coverage, while avoiding the adverse selection outcomes that may exist from younger, healthier consumers avoiding enrollment due to pre-verification hurdles, compared to older consumers. Federal leadership in reducing consumer hurdles will allow SBEs to follow suit and better serve their respective consumers.

Program Integrity and Oversight

The Exchange is neutral to the proposed rule for a new standard of state-based exchange (SBE) oversight from HHS known as a State Exchange Improper Payment Measurement Program (SEIPM). While the Exchange believes that there are obvious potential benefits to the federal oversight model instead of the audit model currently in use by state-based exchanges, it is currently too early to fully assess whether the tradeoffs regarding the cost and work related to the audit model will be more or less than the cost and work to meet the reporting requirements of the proposed federal oversight model. We are cautiously optimistic but aware that there may need to be certain technology changes, which may come with a high cost, in order to meet some of the data sharing and reporting needs of the SEIPM program. Due to the possible technological needs that the SEIPM program may require of SBEs, as well as considerations for audit contracts that SBEs may already be committed to and associated planning. The Exchange does have concerns about the relative short implementation timeframe for the program and whether it's operationally, fiscally, and technologically feasible for SBEs.

Verifying Eligibility for Job-Based Coverage

They Exchange strongly supports the proposed rule regarding waiving the random sampling verification for consumer job-based coverage options. The Exchange agrees that random sampling verification is a resource intense process that takes efforts away from expanding consumer coverage. Allowing states to determine the best course of action regarding eligibility of verification and consumer attestation will help to ensure that consumers are the priority in terms of operational practices.

LGBTQ Nondiscrimination Protections

The Exchange supports the proposed rule regarding the reimplementation of protection from discrimination in plan benefit design. The Exchange believes that safeguards against discriminatory benefit designs will help ensure that health insurance coverage is available to as many people as possible and applaud the administration's efforts to protect all consumers.

SBE Requirement of Proration of Premiums and APTC

The Exchange is opposed to the proposed rule change regarding state-based exchange (SBE) mandated proration of premiums and APTC for partial month coverage. Proration of exchange premiums is already implemented in multiple SBEs, including Nevada. However, the Exchange believes that SBE's should remain free to make operational decisions based on the individual needs of their consumers and that each SBE is going to best be able to identify, assess, and respond to those needs. For this reason, the Exchange supports SBE autonomy in decision-making. Additionally, the Exchange understands that the intent of prorated APTC for partial month coverage as proposed comes from a motivation of consumer protection from reconciliation burden. The Exchange believes the rule as proposed poses a larger net loss to affordability of coverage for the majority of consumers. The proposed rule can only allow for a decrease of potential consumer APTC, which would have an adverse effect on households regarding plan affordability compared to the current manner in which the Exchange calculates monthly premiums and APTC for mid-month enrollments and disenrollments of consumers. While well intentioned, the Exchange sees the proposed rule as less consumer friendly than our current model.

Repayment of Past Due Premiums

The Exchange supports the proposed rule to eliminate the rule that allows carriers to refuse enrollment to a consumer based on past year premiums owed due to the technical reason of guaranteed availability. While the Exchange is sympathetic to the needs of carriers to be able to collect payments, there is still the possibility of collecting past due payments available through traditional means. However, the guaranteed availability of coverage is of prime importance and consumers, even after making mistakes must be able to obtain coverage.

We look forward to working with the Department on these proposals and in our ongoing efforts to improve access to affordable Exchange coverage.

Thank you for your time and attention. Please feel free to contact me should you have any questions or require any additional information.
Respectfully,

Ryan High
Interim Executive Director
Silver State Health Insurance Exchange