

# Nevada Public Option Implementation Design Session #6

Licensure and Oversight | Offering the Public Option in the Small Group Market |  
Next Steps: Actuarial Analysis and Opportunities for Future Public Engagement

January 28, 2022

## Written Comments:

Participants may submit comments and questions through the **Zoom Q&A box**; all comments will be recorded and reviewed by the State. To submit questions or comments outside of today’s session, write to: **[NVpublicoption@dhhs.nv.gov](mailto:NVpublicoption@dhhs.nv.gov)**

## Spoken Comments:

Participants must “raise their hand” for Zoom facilitators to unmute them to share comments; the facilitators will notify participants of the appropriate time to volunteer feedback.

### If you logged on via phone-only

Press “\*9” on your phone to “raise your hand”

Listen for your phone number to be called by moderator

If selected to share your comment, please ensure you are “unmuted” on your phone by pressing “\*6”

### If you logged on via Zoom interface

Press “Raise Hand” in the “Reactions” button on the screen

If selected to share your comment, you will receive a request to “unmute;” please ensure you accept before speaking

# Public Comment Opportunities

- Public comment will be taken during the meeting at designated times.
- Individuals will be recognized for up to two minutes and are asked to state their name and organizational affiliation at the top of their statements.
- Participants are encouraged to use the comment box to ensure all feedback is captured or email their comments to [\*\*NVpublicoption@dhhs.nv.gov\*\*](mailto:NVpublicoption@dhhs.nv.gov)
- The State will publish a public option FAQ and will continue to use this resource to inform the public and address design questions

- **Meeting Overview**
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# Meeting Overview

# Design Session Schedule

## Session 6

- Timing: January 28<sup>th</sup> 1-2 pm PT
- Topics Covered:
  - Licensure and oversight
  - Offering the public option in the small group market
  - Next steps (actuarial analysis, subsequent opportunities for stakeholder feedback, waiver development)

<b>Overarching Objectives</b>	<ol style="list-style-type: none"><li>1. <b>Develop proposals for the public's consideration related to public option licensure and oversight as well as offering the public option in the small group market.</b></li><li>2. <b>Present on next steps in the implementation process and highlight future opportunities for public engagement.</b></li></ol>
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## Key questions for the public include:

### Licensure and Oversight

- Given DHHS new contracting role with health carriers for the public option, what does the public view as the biggest risks of having another agency playing a role in oversight?
- What areas would the public recommend for additional oversight? Networks? Provider payments? Other?

### Offering the Public Option in the Small Group Market

- How important is it that the public option be offered to small employers in the small group market?
- What considerations should the State give to the small group market and health plans before pursuing this option?

# Licensure and Oversight



**Public option plans will be subject to the oversight of the Nevada Division of Insurance (DOI), the Silver State Health Insurance Exchange, and the Nevada Department of Health and Human Services (DHHS).**

Like all qualified health plans in the individual health insurance market, public option plans will be subject to **DOI** and **Exchange** oversight. **DHHS** will play an additional oversight role for public option plans, ensuring public option contract provisions are met.

## Division of Insurance Oversight:

- Rate filings for annual review by DOI staff of consulting actuaries
- Forms and binder requirements, including riders for non-essential health benefits offered
- Network adequacy submissions within plan binders
- Solvency and reserve requirements

## Exchange Oversight:

- Certification of qualified health plans (which includes public option plans)
- Determination of eligibility for premium tax credits

## DHHS (Medicaid) Oversight:

- Per SB 420, Director of DHHS will oversee the procurement of the public option and work closely with DOI and the Exchange to ensure State requirements are met including ongoing contract oversight

Sources: 1. [SB420 Text \(state.nv.us\)](http://state.nv.us) 2. State of Nevada; 2022 Health Benefit Plan Filing Guidance

**DHHS will oversee the procurement of the public option and work closely with DOI and the Exchange to ensure State requirements are met including ongoing contract oversight.**

DHHS' role in overseeing the public option will be determined by the oversight activities outlined in the State's public option contracts with health carriers.

- For instance, if the public option plan contract has heightened network adequacy standards, then DHHS will need to oversee those standards.

- What areas would the public recommend for additional oversight? Networks? Provider payments? Other?
- What potential public option risks should be monitored through contract oversight?

## Ongoing Reporting

- Should the State have policies requiring Marketplace carriers to share data with the State Health Information Exchange (HIE) or All-Payer Claims Database (APCD) to enable additional research, analysis, and monitoring?
- What additional provider and health plan reporting might improve the State's role in monitoring and providing oversight of the public option? For example, DHHS could require in its contracts for the public option plans similar quality and encounter data reporting like its managed care plans

**Should the DHHS consider additional reporting requirements for public option plans such as those above through its contracting authority?**

## Financial Reporting

- Could the State work across DOI and DHHS to streamline the collection and reporting of carrier financial information and other carrier requirements across Medicaid managed care and individual markets to reduce administrative costs to carriers?
- What Medicaid managed care flexibilities/policies could be extended to the Marketplace with adequate contract oversight and reporting (e.g., in-lieu-of services, network standards, MLR reporting guidance)?

**How will DHHS work to provide contract oversight and coordination with DOI and the Exchange to ensure plans meet all State law and contractual requirements?**

# Offering the Public Option in the Small Group Market

The Director of DHHS may make the public option available to small employers in this State or their employees to the extent authorized by federal law.

## Key Design Considerations

- What are the trade-offs to offering the public option on the small group market (e.g., benefits vs required state resources)?
- Are there other actions the State could take that would benefit small business and their employees?
- Should the State recommend a specific stakeholder engagement process and separate analysis studying the potential impacts of the public option in the small group market?

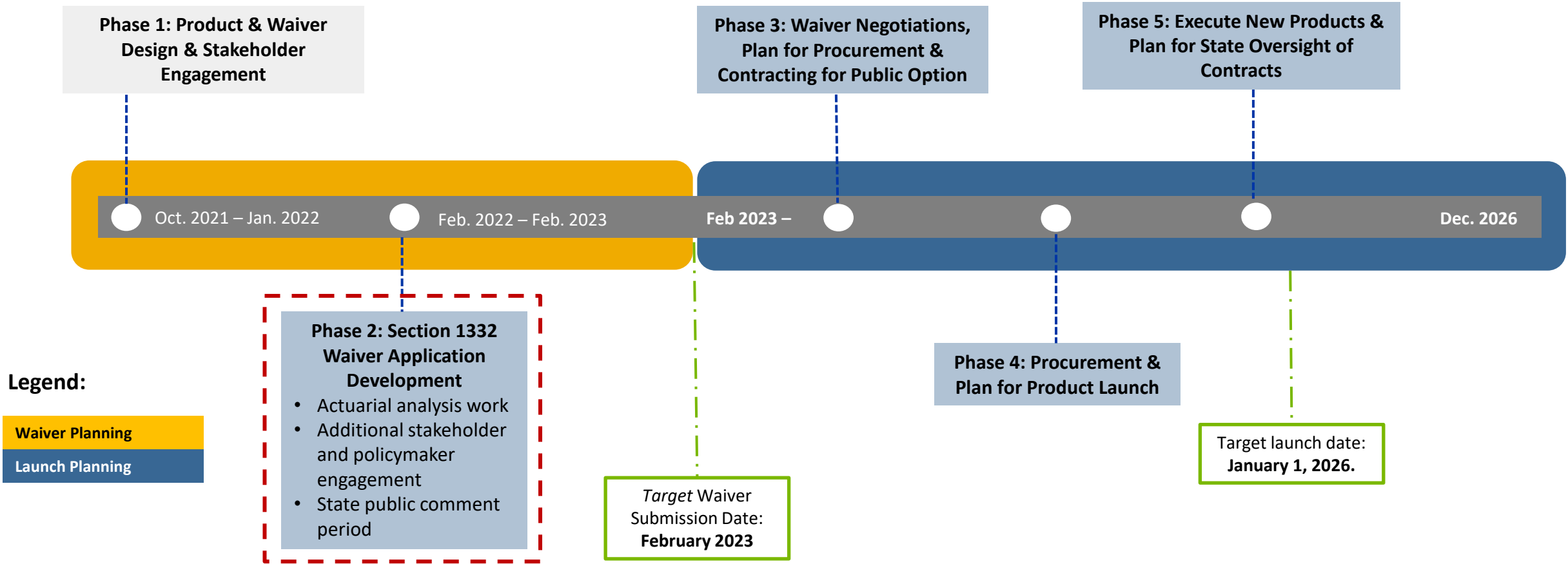
For instance, expanding access to employer subsidies in the individual market?

Source: 1. SB420 Text (state.nv.us).

# Next Steps: Actuarial Analysis and Opportunities for Future Public Engagement

# Next Steps in the Implementation Timeline

This next phase of work will span from February 2022 – February 2023 and center on developing the State’s 1332 Waiver Application and required Actuarial Analysis.



**The next phase of work will focus on developing and seeking feedback on the 1332 waiver application to be submitted to the Center for Medicare & Medicaid Services (CMS).**

## **Key deliverables during this phase include:**

- An actuarial analysis providing estimates of the public option premiums and the resulting pass-through funding
- A stakeholder outreach plan and two public hearings to receive public feedback on the draft 1332 waiver application
- A public presentation of actuarial findings and waiver updates
- A draft 1332 waiver application to be posted for public comment for at least 45 days
- A 1332 waiver application that incorporates public feedback on the draft waiver application



The federal government requires states applying for a 1332 waiver to submit actuarial analyses and certifications to support state estimates that the waiver will comply with key federal requirements.<sup>1</sup>

The actuarial analysis will provide an estimate of the public option premiums and the resulting pass-through funding.

In order to develop the actuarial analysis, the State will be focused on



collecting market and financial data;



commencing actuarial analyses; and



developing a written actuarial briefing document summarizing 10-year projections from the actuarial and economic analysis.





SB 420 requires the analysis to give special attention to the effects of the law's provider participation requirement on premiums in the market in addition to the other elements that must be considered when preparing a 1332 waiver application.<sup>2</sup>

**Note that SB 420 explicitly requires the waiver analysis to take into consideration the effects on premiums in the State with and without the new provider participation requirement.**

Source: 1. [CCIIO Section 1332 State Innovation Waivers](#). 2. SB420 Text ([state.nv.us](#))

**The public will have many opportunities for input throughout the development of the 1332 waiver application.**

## Opportunities for public input include:

-  Participating in the public presentation of actuarial findings and waiver updates, which will inform the written first draft of the 1332 waiver application.
-  Submitting comments during the 45-day state-level public comment period which begins when DHHS publishes online the completed full draft 1332 waiver application (with the full actuarial report); DHHS anticipates that this will occur sometime in the fall of 2022 and will notify the public about the comment period via the state public option website and listserv.
-  Attending the two public waiver hearings that will be hosted by DHHS during the public comment period to receive the public's feedback on the draft application
-  Visiting the State's public option website (<https://dhhs.nv.gov/PublicOption/>) to review the project dashboard, continue to receive updates on the State's Public Option FAQ, and sign up for the notification email list where DHHS will provide further updates on this process

# State Updates on the Public Option: Public Option Progress Dashboard

The State will be publishing a project dashboard on the public option website to inform the public on the status of key implementation activities.

## Key Activities Tracker





#	Activity	Status
1	Schedule and hold 6 public design sessions (Nov. 2021 – Jan. 2022)	On-Track
2	Actuarial Findings and Public Review (Spring / Summer 2022)	Not Started
3	1332 Waiver Development Including Public Outreach, <u>Comment, and Waiver Hearings</u> (Summer / Fall 2022)	Not Started
4	Waiver Submission to Centers for Medicare and Medicaid Services [CMS]	Not Started

## Recent Updates:

- Nevada Public Option, Design Session 1 – 5 complete.
- Nevada Public Option, FAQ released on public option webpage.

## On the Radar:

- Summary design memo synthesizing the 6 public comment sessions
- Posting tentative schedule for upcoming actuarial findings review session and public comment period for completed draft application

Key:  On-Track  Delayed  At-Risk  Complete  Not Started

# Public Comments