

Joe Lombardo
Governor



Richard Whitley
Director

Nevada Battle Born State Plans

Division of Health Care Financing and Policy

Informational Webinar

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Department of Health and Human Services

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Agenda

- 1. Welcome and Introductions**
- 2. Background on Nevada Battle Born State Plans (BBSPs)**
- 3. Key BBSP Policies**
- 4. Next Steps and Timing for the BBSPs**
- 5. Adjournment**



Welcome and Introductions

Malinda Southard

**Deputy Administrator, Division of Health
Care Financing and Policy**



Background on Nevada BBSs



Nevada Revised Statute (NRS) 695K

- NRS 695K requires the Director of Nevada DHHS to **contract with health insurance carriers to offer public option plans** (referred to as Battle Born State Plans or BBSPs) as qualified health plans (QHPs) on the Nevada Health Link beginning Plan Year 2026. *See NRS 695K.*
- The law requires, among other things:
 - Carrier submission of a “good faith bid” to offer BBSPs if they seek to participate in Medicaid Managed Care.
 - Establishment of a “reference premium” and a premium reduction target that is at least 15 percent lower than the reference premium over the course of four years.

Statutory Goals for the Program

- Reducing individual market health insurance premiums and consumer out-of-pocket costs.
- Improving access to high quality, affordable health care.
- Reducing disparities in health care access and outcomes.
- Improving the availability of coverage for residents in rural areas.



1332 Waiver Application and Market Stabilization Program (1/2)

- Nevada also **seeks a State Innovation Waiver** under Section 1332 of the Affordable Care Act (ACA), as required by state law.¹
- The state intends to implement the following initiatives – together referred to as the Market Stabilization Program – as part of the Section 1332 waiver:²
 - **A state-based reinsurance program** aimed at alleviating any unexpected financial risk to participating carriers and their provider networks with the introduction of the BBSPs;
 - **A Quality Incentive Payment Program** to reward high-performing BBSP insurers; and
 - **A “Practice in Nevada” Program** to provide financial incentives to providers coming to the state to increase the state’s health care workforce capacity and address the significant imbalance between provider supply and demand in Nevada’s market.
- Additionally, the state plans to implement a **targeted premium relief** program for enrollees whose premiums increase due to the BBSP program’s premium reduction requirements.

1. See Nevada Revised Statutes (NRS) Chap. 695K.

2. BBSPs will save federal government funds, which can be sent back to the state as “pass-through funding.” This pass-through funding will be used to establish the market stabilization program.



1332 Waiver Application and Market Stabilization Program (2/2)

New Federal Waiver Funds

Market Stabilization Program

Premium Relief Program

- Provides premium relief for qualifying individuals whose net premiums are higher under the waiver program
- Promotes affordability

Reinsurance

- Applies to all individual market plans
- Subsidizes high-cost claims
- Fosters healthy competition
- Reduces risk of cost-shifting

Quality Incentive Payments

- Applies to Nevada BBSP carriers
- Annual bonus payment
- Drives use of value-based payments
- Rewards carriers for high performance

Practice in Nevada Program

- Applies to qualifying providers who live/work in Nevada
- Invests in health care workforce via a loan repayment program



Key BBSP Policies



Key BBSP Policies (1/2)

DHCFP has designed requirements for insurance carriers offering BBSPs that are focused on promoting health care affordability and quality. The following is a selection of those new policies:



Compliance with QHP Requirements

BBSPs must comply with all **state and federal laws and regulations that apply to QHPs** offered for sale on the Nevada Health Link and health insurance policies offered through the individual health insurance market.



Metal Level Offerings

Carriers will be required to **offer at least one Bronze, Silver, and Gold Level BBSP**, plus **at least one non-BBSP QHP at the Silver Level** in each applicable geographic rating region.



Premium Reduction Requirements

Silver Metal Level BBSPs must **meet annual premium reduction targets**, which will be calculated by the state each year. Silver Metal Level BBSPs must meet the total premium reduction target of 15% by 2029.



Key BBSP Policies (2/2)

DHCFP has designed requirements for insurance carriers offering BBSPs that are focused on promoting health care affordability and quality. The following is a selection of those new policies:



Network Adequacy

Carriers offering BBSPs must **prioritize contracting with Essential Community Providers**. BBSP carriers will be required to create, implement, and report on a **comprehensive plan to improve access** to quality, culturally competent, and value-based service providers for BBSP enrollees.



Provider Reimbursement

Except as otherwise provided in statute, **BBSP network provider reimbursement rates must be, in the aggregate, comparable to or better than reimbursement rates available under Medicare**, inclusive of add-on payments or other subsidies under Medicare and exclusive of Medicare payments for a patient encounter or cost-based payment rates under Medicare.



Marketing and Outreach

BBSP carriers will be required to **promote marketing and consumer outreach** for the BBSPs. Carriers will develop consumer outreach campaign proposals that will be subject to review and approval by the state.



Next Steps and Timing for the BBSPs



Key Dates and Deadlines

The updated BBSP RFP was released on October 2, 2024. Good faith bid proposals are due **October 23, 2024**, and technical proposals are due **October 31, 2024**.

All dates for the RFP are tentative and subject to change. Please refer to the procurement documents and materials made available in [NevadaEPro](#) for official communications regarding procurement dates and deadlines.

Key Steps	Date
Interested vendors submit good faith bids prior to submitting technical proposals.	October 23, 2024
Interested vendors submit technical proposals .	October 31, 2024
DHCFP sends notification of good faith bid determination to interested vendors. <i>Interested vendors deemed as submitting a good faith bid as determined by the state are eligible to proceed in the Medicaid Managed Care procurement.</i>	October 31, 2024 – November 6, 2024
DHCFP issues Notice of Intent to Vendors.	On or about February 1, 2025
DHCFP issue Notice of Award to selected Vendors.	On or about March 1, 2025
Contracts are reviewed and approved by the Board of Examiners .	March 13, 2025
Contract Start Date	March 31, 2025
BBSP Go Live: BBSP offered for purchase on and off the Nevada Health Link.	January 1, 2026



Thank You!
