



To: Nicole Cannizzaro, Senate Majority Leader

Date: September 22, 2021

CC: Members of the Nevada Legislature

From: United States of Care

Subject: Policy Options to Increase Coverage for Nevadans Who Are Eligible But Uninsured

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## Introduction

USofCare applauds the Nevada Legislature and Governor Sisolak for enacting the nation's second public option, which will improve access to affordable, equitable, and durable health care for residents of the state. USofCare is a nonpartisan nonprofit organization collaborating with partners and stakeholders across the country to ensure that every person in America has access to quality health care. We were proud to have been a part of the Nevada coalition to help support and advance this important new law. Our [research](#) has consistently shown that across geography, political ideology, age, and income, the cost of care is people's top concern when it comes to the health care system, and over 4 out of 10 voters have foregone insurance due to concerns about cost.

As Nevada's groundbreaking public option legislation moves toward implementation over the next few years, we encourage Governor Sisolak, the Nevada Legislature, and relevant state agencies to consider complementary legislative and administrative initiatives that increase enrollment in coverage to help give people the security they need. Nevada can also explore how to leverage federal emergency funding from the American Rescue Plan Act to further these efforts. With the combination of increased affordability through Nevada's public option and these complementary enrollment initiatives, the number of Nevadans without insurance will significantly be reduced, and health outcomes for all Nevadans will improve.

## Current Landscape and Need

In the last decade, Nevada responded to its need to provide more affordable coverage by expanding Medicaid and implementing state-specific pillars of the Affordable Care Act like creating a state-based marketplace. **Despite these efforts, Nevada still has one of the [highest uninsured rates](#) in the country, with about [350,000 individuals](#) going without coverage.** Among states that have expanded Medicaid, Nevada has the [highest rates](#) of

uninsured. Disparities within people who are uninsured persist: the uninsured population in Nevada is [disproportionately people of color](#), with close to 22 percent of Hispanics uninsured compared to 9 percent of White Nevadans. [More than half](#) of people who are uninsured are currently eligible for Medicaid or subsidies in the exchange, but due to a variety of barriers, they remain uninsured. While passage of the nation's second-in-the-nation public option will undoubtedly help more people better secure affordable coverage when it becomes available in 2026, **more can be done now for people who are eligible, but unenrolled, in coverage, whether through Medicaid or through existing Marketplace products.**

States, including Nevada, can adopt policy options to promote coverage so that people enroll in coverage and benefit from the programs they're eligible for. [Many states](#) have implemented policies that promote enrollment in and continuity of coverage. These policies increase coverage and prevent churn, which has [been shown to](#) result in disruptions in care and treatment as well as higher administrative costs and less predictable state expenditures. [Consistent coverage also promotes](#) health equity, reduces administrative burden, and drives more efficient health care spending.

This fall, as we turn toward another season of open enrollment for health insurance coverage in 2022, USofCare shares the following opportunities available to states, including Nevada, that have demonstrated success in increasing enrollment in coverage programs.

- **Include an optional checkbox on unemployment insurance applications to allow Nevada Health Link and the Department of Welfare and Social Services to contact applicants to complete an application for Marketplace or Medicaid coverage.** For example, Maryland implemented an opt-in "[Easy Enrollment](#)" process that enables the Exchange to contact people who check the box in their income tax form with details on how to sign up for coverage if eligible. Nevada can implement a similar process as a tool to increase awareness about coverage options. Nevada could also include optional checkboxes on applications for other benefits, such as SNAP or child care assistance, to provide additional information-sharing opportunities.
- **Invest in more robust assistance programs to connect people to coverage.** Nevada can follow best practices, [like the Biden Administration](#) recently did, to strengthen navigator programs that directly help people enroll in coverage. Funding should go to navigators who have ties to their communities and who can speak Spanish to help harder-to-reach populations. Nevada can also consider different payment models that incentivize enrollments, such as [one utilized in Maryland](#). The Maryland Health Benefit

Exchange provides grant funding to Connector Entities that must meet certain outreach and enrollment metrics in order to receive funding.

- **Within these investments, require all navigators to assist in enrolling eligible individuals in Medicaid.** Nevada can consider compensation structures that incentivize Medicaid enrollment in addition to marketplace enrollment.
- **Provide funding and benchmarks for the Nevada Health Link to execute a robust plan for ongoing outreach to uninsured Nevadans.** To ensure people are aware of their options, Nevada needs to prioritize outreach, education, and marketing. Successful outreach initiatives require strong partnerships with the community to ensure the right people are reached. Additionally, as provided by the [Kaiser Family Foundation](#), an outreach plan should also promote coverage collaboration with key stakeholders; provide mass marketing campaigns and localized grassroots efforts; maintain outreach efforts outside of open enrollment; target outreach and enrollment efforts to harder to reach communities (BIPOC, those experiencing homelessness, veterans, LGBTQ, immigrants); design messaging that directs individuals to assistance resources and emphasizes the availability of financial help and benefits of coverage; and harness data and technology to facilitate enrollment and renewal.
- **Leverage enhanced federal funding to update system technology to facilitate more streamlined enrollment.** Enhanced [federal matching funds may be available](#) to states for the design, development, installation, or enhancement of mechanized processing and information retrieval systems. With the enhanced federal funds, the state pays \$1 for every \$9 the federal government pays, which provides Nevada a good opportunity to leverage federal dollars to promote more streamlined systems. Specifically, this could allow Nevada to build capacity for real-time eligibility determinations. Currently, [less than 25 percent of Medicaid eligibility determinations](#) are made in real-time in Nevada, far below the national average of [40 percent](#). Nevada has the opportunity to use the 90 percent enhanced federal matching funds specifically to develop a system that supports real-time eligibility determinations, increasing agency efficiency and creating an easier enrollment process for applicants. The enhanced federal funding can also be used for other systems' enhancements.

- **Streamline Medicaid eligibility and enrollment processes to promote access to timely, continuous coverage.**
  - **Utilize [Express Lane Eligibility \(ELE\)](#) to streamline Medicaid enrollment and renewal processes for children.** ELE provides states with important new avenues to ensure that children eligible for Medicaid or CHIP have a fast and simplified process for enrollment and renewal. ELE allows states to use already-verified eligibility criteria for other public programs, such as the Supplemental Nutrition Assistance Program (SNAP), during people’s enrollment and renewal process. By implementing ELE policies through a Medicaid state plan amendment, Nevada can strengthen the use of automated information available from other databases to accelerate Medicaid enrollment and renewals, realize [cost savings, and reduce administrative burden](#). Nevada has the opportunity to designate “express lane agencies” (ELAs), which can include SNAP, Temporary Assistance for Needy Families (TANF), Head Start, National School Lunch Program (NSLP), and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
  - **Utilize the ex parte or automatic renewal process.** Under the ACA, states must seek to complete automated or ex parte renewals through verification of ongoing eligibility via available data sources before requesting documentation to alleviate enrollee burden and promote continuity of coverage. **Nevada is currently [one of only three states](#) that do not conduct automatic renewals.**
  - **Provide a full 12 months of coverage for children enrolled in Medicaid, regardless of family income fluctuations.** Known as “[continuous eligibility](#)”, it improves health and continuity of care while reducing administrative costs. States can choose to implement this by submitting a straightforward state plan amendment. Currently, Nevada has continuous eligibility for children in CHIP, but not in Medicaid. Overall, 26 states have [continuous eligibility](#) for all children in both CHIP *and* Medicaid.
  - **Explicitly require Medicaid to use email and text to reach enrollees in addition to phone and mail, regarding renewal requirements and other critical information to help them maintain their health insurance and reduce churn.** The ACA required states to create a [single streamlined application](#) for Medicaid, CHIP, and Marketplace coverage and provide options to apply for and renew coverage through multiple modes, including online and phone. Nevada

has made investments in [updating its online applications](#), including a mobile-compatible application. However, as of January 2019, only [30 to 40 percent](#) of Nevada Medicaid applications for non-disabled groups were filed online, which is more than [25 percent below the national average](#). Leveraging online applications can be key in reducing the time between application and enrollment. States can also provide an avenue for enrollees to elect to receive communications from the state through text or email. Nevada has the opportunity to promote these efforts and enhance communication options, which are particularly beneficial for reaching low-income individuals [who change home addresses frequently](#) or experience more frequent coverage gaps due to [income volatility](#).

- **Adopt a [Presumptive Eligibility Program](#)** to allow individuals to temporarily enroll in Medicaid coverage if it is assumed that they are eligible for coverage. The ACA requires all states to allow hospitals to use presumptive eligibility, but [many states](#) have also taken up the option to use presumptive eligibility more broadly, including to reach pregnant women and children through Medicaid and CHIP. Earlier this year, [Nevada added](#) a presumptive eligibility program for pregnant and postpartum women. Additionally, Nevada could establish a program to authorize qualified entities, such as community health centers, Head Start programs, and schools to enroll likely-eligible people in coverage through presumptive eligibility, allowing immediate coverage and access to services for children who are likely to be eligible while the state processes the full application.
- **Extend postpartum Medicaid coverage for 12 months for people giving birth.** There is a [new state option under the American Rescue Plan Act \(ARPA\)](#) to extend postpartum coverage to 12 months (up from 60 days) with enhanced federal matching funds via a state plan amendment for at least 5 years. This option takes effect on April 1, 2022. A [number of states have taken action](#) to extend postpartum coverage, including through Section 1115 Medicaid waivers, and Nevada has the opportunity to leverage this and other mechanisms to extend coverage.
- **Update the [state verification plan](#) to add flexibility for applicants.** Nevada can take steps to improve its [current process](#) for verifying applicants' eligibility, including to allow [self-attestation for additional non-financial factors](#) (such as

age, social security number, application status for other benefits); conduct post-enrollment verification that compares self-attested information to electronic data sources and request verification if needed; and set an [acceptable level of variance](#) — either a percentage of income or a specific dollar amount — when there is a difference between an applicants' attested information and information in other data sources.

- **Require Nevada Health Link to establish an extended open enrollment period and broader special enrollment periods (SEPs).** Extended or broader enrollment periods allow people more time to become aware of their options and enroll. Federal approval is not required for Nevada Health Link to extend open enrollment periods or create new SEPs.
- **Leverage CHIP Health Service Initiative (HSI) funding to support outreach and education on Medicaid and CHIP coverage options.** [CHIP HSI funding is available](#) to support state initiatives focused on improving health outcomes for low-income children. States have considerable flexibility to determine the type and scope of HSIs they choose to implement as long as the HSI does not exceed its 10 percent cap on CHIP administrative costs. For example, states could leverage this flexibility to implement HSIs to provide additional financial support to state and local communities serving children impacted by the COVID-19 pandemic. Nevada does not currently use CHIP funds to support an HSI and, to the extent it has not exceeded the cap on administrative funds, could explore applying for an HSI to support future enrollment and outreach efforts for children who may be eligible for Medicaid or CHIP but are not yet enrolled.

Thank you again for your efforts to support enhanced access to quality, affordable coverage, most recently through the enactment of the nation's second public option. We look forward to working with you to support complementary policies to enroll Nevadans in coverage as the implementation of the public option continues.