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Ms. Meredith Robertson, Project Officer  
Centers for Medicare and Medicaid Services  
Center for Medicaid and State Operations  
Division of State Children's Health Insurance  
Mail Stop S2-01-16  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Dear Ms. Robertson:

Enclosed please find Nevada Check Up's State Plan Amendment (SPA) NC 04-01. This is a SPA to eliminate provisional enrollment from the Nevada Check Up program.

This SPA reflects the elimination of provisional enrollment in Nevada Check Up which goes into effect on June 9, 2004. Provisional enrollment is the term used when a Nevada Check Up applicant appears to be Medicaid eligible. The family is referred to Medicaid and, for the interim while Medicaid is determining eligibility, the children are enrolled in Nevada Check Up.

This SPA amends Nevada Check Up's State Plan effective June 9, 2004.

If you have questions regarding this SPA, please contact John A. Liveratti, Chief, Compliance at (775) 684-3606.

Sincerely,

Michael J. Willden, Director  
Department of Human Resources

Enclosures

cc: Charles Duarte, Administrator, DHCFFP  
Debra King, ASO IV  
Mary Wherry, Deputy Administrator  
Constance E. Anderson, Chief of Medicaid and Nevada Check Up Services  
John A. Liveratti, Chief, Compliance

American children who are members of federally recognized Tribes and Alaska Natives.

**4.4.2. The Medicaid application and enrollment process is initiated and facilitated for children found through the screening to be potentially eligible for medical assistance under the State Medicaid Plan under Title XIX.** (Section 2102(b)(3)(A) and 2110(b)(2)(B)) (42 CFR 457.310(b) (42 CFR, 457.350(a)(1) and 457.80(c)(3))

In order to assure that Medicaid eligible children are enrolled in Medicaid, Nevada takes the following steps:

- 1) Families who apply with income below the requirements for Medicaid or, whose income is not more than 25% above the Medicaid income requirement (to account for work expense disregards allowed in the Medicaid eligibility determination), are informed the Nevada Check Up application may be used as a Medicaid application as well. The above factors do not apply if the family has applied for and been denied Medicaid eligibility in the past twelve months for reasons other than non-cooperation or voluntary withdrawal. The date of application will be the date received by the State of Nevada.
- 2) If a family has some children who appear, on the basis of the initial screen, to be potentially eligible for Medicaid, those children will be denied Nevada Check Up enrollment and be referred to the Nevada State Welfare Division (NSWD) for a Medicaid eligibility review.
- 3) If Medicaid rejects the application for other than non-cooperation, the family will be referred back to Nevada Check Up on the next regular NOMADS referral list for eligibility determination.
- 4) Medicaid enrollees are compared monthly with the Nevada Check Up enrollees to ensure that a child is not enrolled in both programs.
- 5) Nevada Check Up maintains statistics on families applying for the program who meet the income guidelines of Medicaid, including whether they apply for Medicaid and the disposition of the application.

**4.4.3. The State is taking steps to assist in the enrollment in SCHIP of children determined ineligible for Medicaid.** (Section 2102(a)(1) and (2) and 2102(c)(2)) (42 CFR 431.636(b)(4))

A file containing detailed information about children who have been found ineligible for Medicaid is provided electronically to the Nevada Check Up program. This file will provide information on children that meet the eligibility requirements for Nevada Check Up. This information is electronically downloaded into the Nevada Check Up database and these children are enrolled on the first day of the next administrative month following eligibility verification. At the same time the family is notified of eligibility, they are billed for the Nevada Check Up premium, including a date by which premium must be paid.

**4.4.4. The insurance provided under the State Child Health Plan does not substitute for coverage under group health plans. Check the appropriate box.** (Section 2102)(b)(3)(C)) (42 CFR 457.805) (42 CFR 457.810 (a) – (c))

4.4.4.1.  Coverage provided to children in families at or below 200% FPL

Describe the methods of monitoring substitution.

Persons covered by insurance providing hospital and medical services are not eligible for benefits under Nevada Check Up. In order to apply for Nevada Check Up, children generally will have to have been without creditable insurance for at least six months prior to the date of application. The Nevada Check Up application form includes a question regarding other insurance coverage within the last six-month period. The State gathers information on a monthly basis of the number of applicants who were denied because they had other insurance coverage in the last six months. This provides a major disincentive to families to drop current coverage. Eligibility specialists also review the applicants' pay stubs to determine if dependent premiums are being deducted by the employer.

notices. The Nevada Check Up database includes an edit to set the premium amount to zero if an American Indian or Alaska Native child is in the household.

**8.7. Please provide a description of the consequences for an enrollee or applicant who does not pay a charge. (42 CFR 457.570 and 457.505 (c))**

The applications will be processed and those found eligible are enrolled subject to a full enrollment limitation. If the applicant fails to pay the premium fee, the child(ren) are disenrolled after 30 days. American Indians who are members of federally recognized Tribes and Alaska Natives are exempt from paying premiums.

**8.7.1 Please provide an assurance that the following disenrollment protections are being applied:**

- State has established a process that gives enrollees reasonable notice of and an opportunity to pay past due premiums, co-payments, coinsurance, deductibles, or similar fees prior to disenrollment. (42 CFR 457.570 (a))
  - Participating families are always given 30 days written notice of any action that will result in their disenrollment from Nevada Check Up.
- The disenrollment process affords the enrollee an opportunity to show that the enrollee's family income has declined prior to disenrollment for non-payment of cost-sharing charges. (42 CFR 457.570 (b))
  - Families who receive notices of impending disenrollment are encouraged to respond with documentation that will assist eligibility staff to modify their premium and allow their continued enrollment in Nevada Check Up.
- In the instance mentioned above, that the state will facilitate enrolling the child in Medicaid or adjust the child's cost-sharing category as appropriate. (42 CFR 457.570 (b))
  - Nevada Check Up denies enrollment and refers all children to Medicaid who appear to be Medicaid eligible at the time of application. Families who are Medicaid eligible must apply for Medicaid and cooperate with the Medicaid eligibility determination process. These families are not considered for enrollment in Nevada Check Up until any Medicaid questions have been resolved and/or their circumstances change with the result that they are no longer Medicaid eligible. Cost sharing is always adjusted based on family income.