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August 24, 2000

Michelle Browne
Division of Integrated Health Systems
Health Care Financing Administration
Mail Stop C3-20-7
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Dear **Ms.** Browne:

Thank you for your e-mail request dated June 15, 2000, requesting additional information and clarification regarding Nevada's State Plan Amendment for the State Children's Health Insurance Program. We appreciate having the opportunity to respond to each of your concerns.

**Section 4. Eligibility Standards and Methodology**

**1. Section 4.4.2: How will applicants be asked to identify whether they are American Indians or Alaska Natives? Please specify any documentation requirements that will be used to verify AI/AN status.**

**Response:** The Nevada ✓Check Up application contains a question regarding the child's ethnicity. The possible responses are as follows: African American, Asian, Hispanic, Native American, White, and Other. When the applicant indicates Native American or Other (Alaska Native), the following process is followed:

- If the application is submitted through a Tribal entity, such as a Tribal Clinic or Indian Health Services/Hospital, the tribal worker will verify the applicant's membership in **a** Federally recognized tribe (as determined by the Bureau of Indian Affairs) and code the application accordingly.

- If the application is not submitted through a Tribal entity, the applicant must submit a copy of one of the following documents:

  1) Tribal membership identification card
  2) Certificate of Indian Blood (CIB)

Under Nevada ✓ Check Up, premium payments are charged per household. Therefore, premiums will be waived for all families whose children, all or part, include a child who is a member of a Federally recognized tribe. (This response has been incorporated in Sections 8.2.1. and 9.10 of the State Plan.)

2. **Section 4.3: Page 16 paragraph 3 states, "there will not be an enrollment fee for redeterminations of eligibility." Since your approved plan does not include enrollment fees, please delete this sentence.**

   **Response:** The sentence has been deleted from Section 4.3 of the State Plan.

**Section 8. Cost-Sharing and Payment**

3. **Section 8.2.1: How do the amendments, especially those related to cost sharing, affect the budget for Nevada Check Up? Please submit revised budget estimates.**

   **Response:** The fiscal impact of waiving the quarterly premium equates to enrolling 50 additional children per quarter or 2.2 children per household at an average premium payment of $13.81 per quarter or $55.24 per year per household.

   The projected cost of waiving the premium for FFY 2000

   - 4th quarter: 159 households (350 children) x $13.81= $2,196

   **Total FFY 2000: $2,196**

   The projected cost of waiving the premium for FFY 2001

   - 1st quarter: 181 households (400 children) x $13.81 = $ 2,500
   - 2nd quarter: 205 households (450 children) x $13.81 = $ 2,831
   - 3rd quarter: 227 households (500 children) x $13.81 = $ 3,135
   - 4th quarter: 250 households (550 children) x $13.81 = $ 3,453

   **Total FFY 2001: $11,919**

Relevant sections of the State Plan that incorporate the aforementioned changes are:

1) Eligibility Standards and Methodoloay: Sections 4.3. & 4.4.2. (Pages 14-19)
2) Cost Sharing and Payment: Section 8.2.1. (Pages 38 - 39)
3) Strategic Objective and Performance Goals For the Plan Administration: Section 9.10 (Pages 46 - 46a)

Should you have any questions regarding our responses, please do not hesitate to contact Dr. John Yacenda, Managing Chief of Nevada Check Up at (775) 687-4176 extension 320, or at jyacenda@govmail.state.nv.us.

Sincerely,

Charlotte Crawford, Director
Department of Human Resources

cc: Linda Minamoto, Associate Regional Administration, HCFA, Region IX

8/24/2000
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