

Section 1. General Description and Purpose of the State Child Health Plans and State Child Health Plan Requirements (Section 2101)

1.1 The state will use funds provided under Title XXI primarily for (check appropriate box (42 CFR457.70):

1.1.1. Obtaining coverage that meets the requirements for a State Child Health Insurance Plan (Section 2103); OR

1.1.2. Providing expanded benefits under the State's Medicaid plan (Title XIX); OR

1.1.3. A combination of both of the above.

1.2. Please provide an assurance that expenditures for child health assistance will not be claimed prior to the time that the State has legislative authority to operate the State plan or plan amendment as approved by CMS. (42 CFR 457.40(d))

1.3 Please provide an assurance that the state complies with all applicable civil rights requirements, including the title VI of the Civil Rights Act of 1964, title II of the Americans with Disabilities Act of 1990, section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, 45 CFR part 80, part 84, and part 91, and 28 CFR part 35. (42 CFR 457.130)

1.4.1 Please provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this plan or plan amendment (42 CFR 457.65):

Effective date: October 1, 2003

4.3. Describe the methods of establishing eligibility and continuing enrollment.

(Section 2102)(b)(2)) (42 CFR 457.350)

Eligibility is determined through the completion of an application form which includes the following information:

- 1) Name, date of birth, age, sex, ethnicity, and relationship to applicant of all children in the household;
- 2) All sources of income, including employment, child support, SSI, and other income;
- 3) Name of person responsible for health care costs of a child, if any;
- 4) Insurance status, including whether insurance is offered through an employer; and,
- 5) Citizenship and residency.

In addition, the applicant must provide proof of income by submitting copies of the two most current pay stubs from each job and for each employed adult in the household.. If self-employed, the applicant must submit a copy of the most recently filed federal/state income tax return.

Applications are made available statewide through schools, health care providers, child care facilities, family resource centers, social service agencies, and other locations where eligible children and/or their parents frequent. Applications are completed and returned to DHCFP. A toll free telephone number is listed on the application as well as on posters and outreach brochures placed at the above mentioned locations.

All applications are considered equally. The applications are processed and those found eligible are enrolled, subject to a full enrollment limitation (see below). An approval letter is sent to those applicants found eligible, along with an invoice for the first premium (may be an amount sufficient to pay one, two or three months depending on date services begin). Children begin enrollment the first day of the following administrative month.

The approval notice includes the following information:

- Household Nevada Check Up ID number;
- Names of eligible children and their ID numbers;
- Name of health plan (HMO or FFS);
- Effective month of enrollment; and
- The amount and due dates of the quarterly premium.

American Indians who are members of federally recognized Tribes and Alaska Natives are exempt from premium payment.

For subsequent eligibility determinations, all children enrolled in the program will stay in the program as long as the family income is below the program maximum and they are not found to meet the circumstances listed in section 4.1.8. There are no enrollment fees for redeterminations of eligibility.

Application Tracking

Application information is entered into the data system and a unique family ID is generated at the time of entry for the purpose of linking related records within the system. If necessary, the applicant is sent a letter requesting additional or missing information and is given 30 days to provide the information requested.

Enrollees are required to notify DHCFP within 30 days if their circumstances change and when they are no longer eligible for Nevada Check Up. The MCO contract also requires the health plans to report updated family information to DHCFP within 7 days of receipt of information.

8.2. Describe the amount of cost-sharing and any sliding scale based on income, the group or groups of enrollees that may be subject to the charge and the service for which the charge is imposed or time period for the charge, as appropriate.

(Section 2103(e)(1)(A))(42CFR 457.505(a), 457.510(b) & (c), 457.515(a) & (c))

- 8.2.1. Premiums: A quarterly premium is charged per family based on gross income, except for American Indians who are members of federally recognized Tribes and Alaska Natives, who are exempt from premiums. For families whose incomes are at or above 176% of FPL, the premium is \$70 per quarter (\$280 per year). For families whose incomes are at or above 151% FPL but at or below 175% FPL, the premium is \$35 per quarter (\$140 per year). For families whose incomes are at or above 36% FPL up to 150% FPL, the premium will be \$15 per quarter (\$60 per year) and these families are offered the option of paying their premium monthly, rather than quarterly. For families whose incomes are below 36% FPL, the premium is zero. These enrollees are either Medicaid referrals or have assets that would preclude their enrollment in Medicaid.

Families whose incomes are at or below 150% FPL are notified on the premium notice that Nevada Check Up premiums may be paid on a monthly basis.

- 8.2.2. Deductibles: There are no deductibles.
- 8.2.3. Coinsurance: There is no coinsurance
- 8.2.4. Other:

8.4. The state assures that it has made the following findings with respect to the cost sharing in its plan: (Section 2103(e))

- 8.4.1. Cost-sharing does not favor children from higher income families over lower income families. (Section 2103(e)(1)(B)) (42 CFR 457.530)
- 8.4.2. No additional cost-sharing applies to well-baby and well-child care, including age-appropriate immunizations. (Section 2103(e)(2)) (42 CFR 457.520)
- 8.4.3. No additional cost-sharing applies to the costs of emergency medical services delivered outside the network. (Section 2103 (e) (1) (A)) (42 CFR 457.515 (f))

8.5 Describe how the state will ensure that the annual aggregate cost-sharing for a family does not exceed 5 percent of such family's annual income for the length of the child's eligibility period in the State. Include a description of the procedures that do not primarily rely on a referral given by the State for overpayment by an enrollee: (Section 2103 (e) (3) (B)) (42 CFR 457.560 (b) and 457.505 (e))

The cost sharing requirements are set at very low levels so it is extremely unlikely that any families over 150% of FPL could approach the 5 percent cap. For a family of two at 150% of FPL, the 5 percent cap is \$909 (\$18,180 x .05); the total Nevada Check Up annual premiums are \$60. For a family of two at 166% of FPL, the 5 percent cap is \$1,006 (\$20,119 x .05); the total Nevada Check Up annual premiums are \$140. For a family of two at 200% of FPL, the 5 percent cap is \$1,212 (\$24,240 x .05); the total Nevada Check Up annual premiums are \$280.

To further illustrate how low Nevada Check Up's premium amounts are, a family of two with income of \$12,120 is at 100% FPL and, if eligible for enrollment in Nevada Check Up, would pay \$60 each year in premiums, less than 1% of their income. The maximum allowed for SCHIP cost sharing in this case is \$606 per year. At the extreme low level (36% FPL) of those charged premium fees, the 5% cap equals \$218.16 annually and Nevada Check Up premium totals \$60.

The State does not impose any other co-payment or deductible.

8.6 Describe the procedures the state will use to ensure American Indian (as defined by the Indian Health Care Improvement Act of 1976) and Alaska Native children will be excluded from cost sharing. (Section 2103 (b) (3) (D)) (42 CFR 457.535)

The instructional section of the application states that premiums are waived for any household with an American Indian or Alaska Native child.

Additionally, the application includes an ethnicity question and through self declaration, the family indicates each child's ethnicity. This information is utilized to derive the premium

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 refers all children to Medicaid who appear to be Medicaid eligible at the time of application and only disenrolls Medicaid-referred families when they have chosen to be uncooperative with Medicaid. Cost sharing is always adjusted based the family income.
- The state provides the enrollee with an opportunity for an impartial review to address disenrollment from the program. (42CFR 457.570 (c))
 - Nevada Check Up letters always include information on how to request a review of any decision that impacts the family's enrollment.

projects in Northern and Southern Nevada, and rural outreach activities targeted at sustaining the CKF goals of outreach, coordination and simplification. Coalition members are recruited from a broad segment of the community and their mission is to promote awareness of children's health care coverage through the SCHIP and Medicaid programs.

Nevada Check Up notifies all applicants and participants of changes to the program in writing. Program modifications relating to enrollment levels, eligibility criteria and/or cost sharing require public hearings. The public hearings are widely advertised as to date, time, location and subject matter.

- 9.9.1. Describe the process used by the state to ensure interaction with Indian Tribes and organizations in the state on the development and implementation of the procedures required in 42 CFR 457.125. (Section 2107(c)) (42 CFR 457.120 (c))

Representatives of Indian tribal organizations and advocacy groups are members of the Statewide Covering Kids Coalition, which conducts meetings and also includes representatives from Medicaid and Nevada Check Up.

Nevada Check Up participates in Native American Advisory Council meetings, as required by state law, to provide information to the council and to receive advice about the effectiveness of certain marketing and training activities. Nevada Check Up has conducted training in application completion, along with the necessary inclusion of required documentation, for Tribal Clinic staff. This training allows the clinics to help their patients complete a Nevada Check Up application and attach the required documents before it is submitted to the state. This training has reduced the number of applications placed in pending status because of missing information.

Nevada Check Up staff attends and participates in quarterly Inter-Tribal Council meetings and other events.

- 9.9.2. For an amendment relating to eligibility or benefits (including cost sharing and enrollment procedures), please describe how and when prior public notice was provided as required in 457.65 (b) through (d).

Public notice is provided pursuant to NRS 422.2368. Public hearing was provided for the sections related to the premium increase in this State Plan on July 17, 2003. Appropriate publishing and postings were

completed and the hearings were conducted so that anyone interested could comment.

9.10 Provide a one year projected budget. Include details on the planned use of funds and sources of the non-Federal share of plan expenditures. (Section 2107(d))

A suggested financial form for the budget is attached. The budget must describe:

- Planned use of funds, including:
 1. Projected amount to be spent on health services.
 2. Projected amount to be spent on administrative costs, such as: outreach, child health initiatives, an evaluation; and
 3. Assumptions on which the budget is based, including cost per child and expected enrollment.
- Projected sources of non-federal plan expenditures, including any requirements for cost sharing by enrollees.

The budget for the Nevada Check Up program is included below for Federal Fiscal Years (FFY) 2003 and 2004. The amounts represent the maximum funding that is being committed to the program, even though full enrollment may not be achieved. Actual cost may be significantly lower. The state's share of funding comes through appropriations from the State General Fund.

SCHIP Budget Plan Template	Federal Fiscal Year Costs	
	FFY 2003 Actual	FFY 2004 Estimate
Enhanced FMAP rate	66.67/33.33	68.45/31.55
Benefit Costs		
Insurance payments		
Managed care	23,303,826	21,475,858
per member/per month rate @ # of eligibles	**	**
Fee for Service	9,377,092	7,047,745
Total Benefit Costs	32,680,918	28,523,603
(Offsetting beneficiary cost sharing payments)	-1,033,172	-1,376,055
Net Benefit Costs	31,647,746	27,147,548
Administration Costs		
Personnel	1,009,018	1,081,216
General administration	469,471	308,185
Contractors/Brokers (e.g., enrollment contractors)		
Claims Processing	235,205	214,322
Outreach/marketing costs	84,945	90,432
Other		

Total Administration Costs	1,798,639	1,694,155
10% Administrative Cost Ceiling	3,516,416	3,016,394
Federal Share (multiplied by enhanced FMAP rate)	22,298,705	19,742,146
State Share	11,147,680	9,099,557
TOTAL PROGRAM COSTS	33,446,385	28,841,703

** Average cost per child, including managed care and fee-for-service, is \$1,233 and \$1,320 for FFY 2003 and 2004 respectively.

See attached Caseload Projections

Total FFY 2002 Expenditures \$32,177,170
 FFY 2002 Average Monthly Eligibles 23,397
 FFY 2003 Average Monthly Eligibles 26,497

	SFY 2002 - 2003 BUDGETED ENROLLMENT (Note 2.)	ACTUAL ENROLLMENT	PROJECTED ENROLLMENT	BUDGET VS. ACTUAL OR PROJECTED ENROLLMENT	MONTHLY GROWTH RATE
SFY 2002					
July	18,534	19,594		-1,060	
August	18,860	20,085		-1,225	2.51%
September	19,191	21,134		-1,943	5.22%
October	19,528	21,844		-2,316	3.36%
November	19,871	22,130		-2,259	1.31%
December	20,219	22,240		-2,021	0.50%
January	20,574	22,850		-2,276	2.74%
February	20,934	23,197		-2,263	1.52%
March	21,301	23,389		-2,088	0.83%
April	21,674	24,255		-2,581	3.70%
May	22,053	24,106		-2,053	-0.61%
June	22,439	24,138		-1,699	0.13%
MONTHLY AVERAGE	20,432		22,414		23.19%
				<i>Average Monthly% Increase</i>	1.93%
SFY 2003					
July	22,562	24,334		-1,772	0.81%
August	22,795	23,993		-1,782	-0.99%
September	23,031	24,284		-1,792	1.01%
October	23,268	24,668		-1,803	1.02%
November	23,508	24,946		-1,814	1.01%
December	23,751	25,361		-1,824	1.02%
January	23,996	25,523		-1,835	1.01%
February	24,243	25,731		-1,488	0.99%
March	24,493	25,848		-1,355	1.00%
April	24,745	25,687		-1,103	-1.01%
May	25,000	23,691		+1,309	-1.08%
June	25,257	23,323		+1,934	-1.08%
MONTHLY AVERAGE	23,887	24,782		-895	.96%
SFY 2004					

SFY 2002 - 2003 BUDGETED ENROLLMENT (Note 2.)	ACTUAL ENROLLMENT	PROJECTED ENROLLMENT	BUDGET VS. ACTUAL OR PROJECTED ENROLLMENT	MONTHLY GROWTH RATE
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SFY2004