

Family and Children's Health Programs Group, Center for Medicaid and State Operations

Mr. Michael Wilden
Director
Department of Human Resources
505 E. King Street
Room 600
Carson City, NV 89701-3708

Dear Mr. Wilden,

Thank you for your State Children's Health Insurance Program (SCHIP) state plan amendment submitted on December 3, 2002. As you are aware, your proposal has been undergoing review by the Department of Health and Human Services. In order to proceed with our review, we find it necessary to seek further information. Our major concerns relate to the following areas.

- Section 4, the State needs to explain the procedures used to ensure that children who have other creditable coverage or access to coverage under a State health plan due to a parent's employment with a public agency do not receive coverage under SCHIP. Additionally, please describe how the State monitors substitution.
- Section 6.3, please provide an assurance that the State shall not permit the imposition of any pre-existing medical condition exclusion for covered services.

The enclosure more fully explains this and other areas of the proposal that require additional information and clarification. CMS may have further questions in addition to the information requested at this time.

Under section 2106(c) of the Act, CMS must approve, disapprove, or request additional information on a proposed title XXI State plan amendment within 90 days. This constitutes our notification that specified additional information is needed in order to assess fully the concerns raised in this letter. The 90-day review period has been stopped by this request and will resume as soon as the State's response to this request for additional information is received. The members of the Review Team will be happy to answer any questions you may have in regard to this letter and to assist your staff in formulating a response.

Please send your response, either on disk or electronically, as well as in hard copy, to Meredith Robertson, project officer for the Utah title XXI proposal, with a copy to CMS Region VIII Office. Meredith's Internet address is mrobertson@cms.hhs.gov. Her mailing address is:

Centers for Medicare & 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

We appreciate the efforts of your staff and share your goal of providing health care to low-income, uninsured children through title XXI. If you have questions or concerns regarding the matters raised in this letter, your staff may contact either Meredith Robertson at (410) 786-6543 or Barbie Robinson, CMS Region IX, at (415) 744-3591. They will provide or arrange for any technical assistance you may require in preparing your response. Your cooperation is greatly appreciated.

Sincerely,

Richard Chambers
Director

Enclosure

cc: CMS Region IX DMSO

ENCLOSURE

1. Section 2.3

How is SCHIP coordinated with other relevant child health programs, such as those mentioned in Section 2.1, to increase the number of children with creditable health coverage?

2. Sections 3.2

Please clarify whether managed care organizations may require prior authorization for emergency care or preventive services.

3. Section 4.1.9

Please specify whether the State requires a social security number for any applicant in accordance with the provisions at 42 CFR 457.340(b).

4. Section 4.4.1

Either here or in section 4.4.4.1, the State needs to explain the *procedures* used to ensure that children who have other creditable coverage or children who have access to coverage under a State health plan due to a parent's employment with a public agency do not receive coverage under SCHIP.

5. Section 4.4.4.1

How does the State monitor for substitution?

6. Section 6.1.4

Please provide an assurance that the State is providing EPSDT benefits under the Secretary-Approved Coverage, Medicaid package.

7. Sections 6.2.6

Please clarify whether the State provides prescription drug coverage for inpatient services.

8. Sections 6.2.7 and 6.2.20 and 6.2.21

Has the State been providing over-the-counter medications or case management or care coordination services?

9. Section 6.3

Please provide an assurance that the State shall not permit the imposition of any pre-existing medical condition exclusion for covered services.

10. Section 7.2.4

Please describe the methods used, including monitoring to assure that decisions related to the prior authorization of health services are completed in accordance with State law, or, in accordance with the medical needs of the patient, within 14 days after receipt of request for services.

11. Section 8.3

Please describe how the public will be notified, including the public schedule, of cost-sharing (including the cumulative maximum) and changes to these amounts and any differences based on income.

12. Section 9.10

Please revise to include the State's share of program costs and the federal matching rate used for the submitted budget.