DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, Maryland 21244-1850

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

December 16, 2003

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

Dear Mr. Willden,

Thank you for your State Children's Health Insurance Program (SCHIP) state plan amendment submitted on October 23, 2003. 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 concern relates to the following area:

- Sections 8.2 and 8.5, related to cost sharing and the cost-sharing cumulative maximum. Please verify that premiums will not exceed the five percent cumulative maximum. Please also assure that the premium amounts described in section 8.2 do not exceed the amounts described in 42 CFR 447.52 for families with incomes below 150 percent of the Federal poverty level (FPL).

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 Social Security 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 Nevada title XXI proposal, with a copy to CMS Region IX Office. Meredith's Internet address is mrobertson@cms.hhs.gov. Her mailing address is:

Centers for Medicare & Medicaid Services
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Division of State Children's Health Insurance
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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 Cheryl Young, CMS Region IX, at (415) 744-3598. They will provide or arrange for any technical assistance you may require in preparing your response. Your cooperation is greatly appreciated.

Sincerely,

Cheryl Austein Casnoff
Director
Division of State Children's Health Insurance

Enclosure

cc: CMS Region IX DMSO

ENCLOSURE

1. **Section 1.4**
   Please provide the effective date of the amendment in this section of the state plan template.

2. **Section 8.2**
   Please clarify that families with income at or below 100 percent of the Federal poverty level (FPL) qualify for Nevada's SCHIP program because of an assets test in Nevada's Medicaid program.

   Please also assure that the premium amounts described in section 8.2 do not exceed the amounts described in 42 CFR 447.52 for families with incomes below 150 percent of the FPL.

   Please also clarify that families with incomes above 33 through 150 percent of the FPL are given the choice of paying the maximum monthly charge each month or the quarterly fee.

3. **Section 8.5**
   Please verify that premiums will not exceed the five percent cumulative maximum.

4. **Section 9.9.2**
   Please provide a description of how and when public notice regarding the proposed cost-sharing increase was provided in a form and manner provided under applicable state law.