
Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: NV-24-0026 and NV-24-0027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

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



Children and Adults Health Programs Group

December 16, 2024

Stacie Weeks
Medicaid Administrator
Division of Health Care Financing and Policy
Las Vegas Medicaid District Office
1210 S. Valley View, Suite 104
Las Vegas, NV 89102

Dear Administrator Stacie Weeks:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendments (SPA) NV-24-0026, and SPA NV-24-0027, submitted on June 29, 2024, with additional information submitted on December 13, 2024, have been approved. The effective date for these SPAs is January 1, 2024.

Through SPA NV-24-0026, Nevada amends its CHIP state plan to demonstrate that the state no longer disenrolls children from coverage due to non-payment of premiums during the continuous eligibility period. SPA NV-24-0027 removes the state's premium lock out period.

Your Project Officer is Joyce Jordan. She is available to answer your questions concerning this amendment and other CHIP-related matters. Her contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
7500 Security Boulevard, Mail Stop: S2-01-16
Baltimore, MD 21244-1850
Telephone: (410) 786-3413
E-mail: Joyce.Jordan@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Sarah deLone/

Sarah deLone
Director

Guidance: The effective date as specified below is defined as the date on which the State begins to incur costs to implement its State plan or amendment. (42 CFR 457.65) The implementation date is defined as the date the State begins to provide services; or, the date on which the State puts into practice the new policy described in the State plan or amendment. For example, in a State that has increased eligibility, this is the date on which the State begins to provide coverage to enrollees (and not the date the State begins outreach or accepting applications).

- 1.4. Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

Original Plan

Effective Date: September 1, 2008

Implementation Date: September 1, 2008

SPA #24-0026 and #24-0027 Purpose of SPA: Cost Sharing and Payment

Proposed Implementation Date: January 1, 2024

Proposed Effective Date: January 1, 2024

Effective January 1, 2024 Nevada revised section 8.7 for this state plan amendment to state that Nevada no longer disenrolls children from coverage due to non-payment of premiums during the continuous eligibility (CE) period per Section 5112 of the CAA amended titles XIX and XXI of the Social Security Act (the Act) to require that states provide 12 months of CE for children under the age of 19 in Medicaid and CHIP.

- 1.4- TC **Tribal Consultation** (Section 2107(e)(1)(C)) Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

Nevada determined that tribal consultation was not needed for SPA NV-24-0026 and SPA NV-24-0027 since these SPAs do not have a direct impact on Indian tribes or Indian health programs and services.

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. ~~Written notice~~Quarterly invoices will be provided to families with their current balance and any past due balances, to include payment options, ~~no later than seven days after the start of the grace period, when the quarterly premium is past due; additionally, a final notice indicating disenrollment will be sent 30 days prior to the potential disenrollment action. (Notices generate at system cutoff approximately five days prior to the end of the month and are mailed the next day allowing at least 30 days' notice)~~ If payment is not received prior to the ~~intended disenrollment date~~ the children renewal date following the continuous eligibility requirement, the enrollees will be terminated from Nevada Check Up. ~~will be disenrolled at the end of the two month grace period. All past due balances must be paid prior to new enrollment. (i.e. Premium request for January/February/March (new coverage period) is mailed November 29, 2011. If payment not received, late notice mailed December 7, 2011. No payment, final notice mailed January 24, 2012, indicating termination effective February 29, 2012. If payment is received by February 24, 2012, coverage will continue.)~~ If a family is disenrolled for non-payment. There is no lock-out period. The family may immediately reapply for enrollment and past due balances are not a disqualifier in the eligibility process. However, the past due balance will follow the enrollee into the new eligibility status and collection efforts will continue.

American Indians who are members of federally recognized Tribes and Alaska Natives are exempt from paying premiums.

Exception to Disenrollment for Failure to Pay Premiums: During a state or federally-declared disaster and at the state's discretion, as stated in Section 8.2.1, the state may waive premiums for CHIP applicants and/or beneficiaries who reside and/or work in state or federally-declared disaster areas. Therefore, the state will not disenroll beneficiaries for failure to pay premiums. Additionally, the state may waive any unpaid premium balance and waive the premium lock-out period for CHIP beneficiaries who reside and/or work in state or federally- declared disaster areas.

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 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.
- ☒ 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.

8.8. The state assures it has made the following findings with respect to the payment aspects of its plan: (Section 2103 (e))

- 8.8.1. ☒ No Federal funds will be used toward state matching requirements. (Section 2105 (c)(4)) (42 CFR 457.220)
 - The DHCFP ensures that no Federal funds accounts for in any way to make them appear as if they were part of a state match.
- 8.8.2. ☒ No cost-sharing (including premiums, deductibles, copays, coinsurance and all other types) will be used toward state matching requirements. (Section 2105 (c) (5)) (42 CFR 457.224)
 - Cost sharing funds received by Nevada Check Up are used only to defray administrative costs of the program.



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: NV - 24 - 0027

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|--|----------------------------------|
| Separate Child Health Insurance Program Non-Financial Eligibility - Non-Payment of Premiums | CS21 |
| 42 CFR 457.570 | |
| Non-Payment of Premiums | |
| Does the state impose premiums or enrollment fees? | <input type="text" value="Yes"/> |
| Can non-payment of premiums or enrollment fees result in loss of CHIP eligibility? | <input type="text" value="No"/> |

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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