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State/Territory Name: Nevada

State Plan Amendments (SPA) #: NV-20-0010

This file contains the following documents in the order listed:

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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

June 4, 2020

Suzanne Bierman
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 Ms. Bierman:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), NV-20-0010, submitted on May 6, 2020, has been approved. This SPA is effective from January 27, 2020 until the end of the federal COVID-19 public health emergency. The SPA allows the state to make the following changes:

- Delay processing of renewals and extend deadlines for families to respond to renewal requests;
- Waive collection of premiums;
- Suspend the premium lock-out policy; and,
- Conduct tribal consultation subsequent to the submission of this SPA, as permitted under section 1135 of the Social Security Act.

Your title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning this amendment and other CHIP-related issues. Her contact information is as follows:

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

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

Sincerely,

/signed Amy Lutzky/

Amy Lutzky
Acting Deputy Director

cc: Courtney Miller, Director, Medicaid and CHIP Operations Group
Jackie Glaze, Deputy Director, Medicaid and CHIP Operations Group

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).

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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.

Effective Date: January 27, 2020

Proposed Implementation Date: April 1, 2020

SPA # 20-010 Purpose of SPA: Disaster Relief Plan due to COVID-19 Pandemic

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Effective April 1, 2020, Nevada added provisions to provide temporary adjustments to tribal consultation, redetermination and premium policies, during the Federal COVID-19 public health emergency.

Original Plan

Effective Date: September 1, 2008

Implementation Date: September 1, 2008

SPA #19-0006 Purpose of SPA: Compliance with the Medicaid Managed Care Final Rule

Proposed effective date: July 1, 2018

Proposed implementation date: July 1, 2018

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.

To address the Federal COVID-19 public health emergency, the state seeks a waiver under section 1135 of the Act to modify the tribal consultation process by conducting consultation after submission of the SPA.

A tribal consultation letter was sent to the tribes on June 19, 2019 and consultation was not requested; however, the DHCFP tribal liaison was able to add the NV CHIP SPA to the July 9, 2019 tribal consultation meeting agenda. Theresa Carsten, Chief of the Managed Care and Quality Assurance Unit provided an update on the SPA revisions and the only concern noted

TN No: ~~19-0006~~

Approval Date: ~~August 20, 2019~~

Effective Date: ~~July 1, 2018~~

by members was to ensure that tribal members remained voluntarily enrolled into the managed care benefit plan.

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TN No: ~~19-0006~~

Approval Date: ~~August 20, 2019~~

Effective Date: ~~July 1, 2018~~

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, resident address, gender, Social Security Number, citizenship status, age, ethnicity (optional) and relationship to applicant of all children in the household who are seeking enrollment;
- 2) Name of person(s) responsible for health care costs of a child;
- 3) All sources of income as defined in 4.1.3 from all persons residing in the household and contributing to or benefiting from the support of the household;
- 4) All adults residing in the household;
- 5) Insurance status, including whether a child is currently or has been insured within the last six months; and
- 6) If determined eligible: children declared to be citizens will be enrolled.

In addition, the applicant/participant must provide proof of income for each household member. Proof of income may include but is not limited to copies of two current pay stubs from each job dated within 90 days prior to the eligibility determination. For newly hired employees, a signed statement from their employer may be accepted. If self-employed, the applicant may be required to submit a copy of the most recently filed federal/state income tax return.

NCU may accept a client statement of income to determine eligibility for newborns.

Nevada Check Up (NCU) may require additional documentation to determine projected gross annual income from self-employment (including but not limited to bank statements and information about household expenses).

The applications are processed and those individuals found eligible are enrolled. If the family is found to have a prior unpaid premium balance, an approval letter is sent requesting the past due balance be paid, at which time the child will be enrolled. For those individuals found eligible without past due balances, an enrollment letter is sent along with an invoice for the first premium (which may be an amount sufficient to cover one, two or three months, depending on the date enrollment begins). Program enrollment begins on the first day of the next administrative month.

The enrollment letter includes the following information:

- Household Nevada Check Up ID number;
- Names of eligible children and their ID numbers;
- Name of health plan (Managed Care Organization (MCO) or Fee for Service (FFS));
- Effective month of enrollment; and
- The current amount due and the quarterly premium amount.

Native Americans 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 meet all eligibility requirements. If necessary, the applicant is sent a letter requesting additional or missing information.

Enrollees are required to notify Nevada Check Up immediately with any changes to their address and/or telephone number. Any mail returned indicating the family is no longer at the address may cause disenrollment due to "Loss of Contact".

To address the Federal COVID-19 public health emergency, requirements related to timely processing of renewals and deadlines for families to respond to renewal requests may be temporarily waived for CHIP beneficiaries.

4.3.1. Describe the state's policies governing enrollment caps and waiting lists (if any). (Section 2106(b)(7)) (42 CFR 457.305(b))

Check here if this section does not apply to your state.

Nevada Check Up will monitor the status of available State and Federal SCHIP funds. An enrollment cap will be placed on the number of new enrollees if it is necessary for the program to stay within available funds. Prior to implementation of an enrollment cap and waiting list, pursuant to NRS 422.2368, the State will provide 30 days of public notice and will conduct a public hearing. The State also will provide notification to CMS.

The enrollment cap may be set above or below current enrollment. If the cap is set below current enrollment levels, enrollment will be closed until the level of the cap is reached. If the cap is set above current enrollment levels, enrollment may continue until the cap is reached, and then enrollment will be closed. Once enrollment is closed, new applications will continue to be accepted through the normal process. NCU eligibility would be run on all applications. The applications of individuals that appear to be eligible for Medicaid would be forwarded to Medicaid for eligibility determination. Those applicants not eligible for Nevada Check Up will be denied with the appropriate reason. The applicants that are eligible for Nevada Check Up but are not able to be enrolled due to the enrollment cap will be denied utilizing the standard program denial process. Their denial reason will be, "denied enrollment due to enrollment cap." These applicants will be notified of the waitlist process. They will also be notified that their child/ren may be eligible for Medicaid if their circumstances change while they are on the waitlist. They will be put on the wait list with a waitlist date equal to the date when Nevada Check Up received the completed application.

On a monthly basis, Nevada Check Up will make an assessment of the number of enrollees against the appropriated funds for the program. As additional funds become available (either through attrition of enrollees or more funding is identified) a determination will be made as to the number of new enrollees that can be accommodated with the identified funds. The applicants on the wait list will be

Section 8. Cost Sharing and Payment (Section 2103(e))

- Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 9.

8.1. Is cost-sharing imposed on any of the children covered under the plan?

- 8.1.1. YES
8.1.2. NO, skip to question 8.8.

**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. Starting April 1, 2008, families whose incomes are at or above 176% of FPL, the premium is \$80 per quarter (\$320 per year). For families whose incomes are at or above 151% FPL but at or below 175% FPL, the premium is \$50 per quarter (\$200 per year). For families whose incomes are at or above 36% FPL up to 150% FPL, the premium will be \$25 per quarter (\$100 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.

To address the Federal COVID-19 public health emergency, premiums may be waived for CHIP applicants and/or beneficiaries who meet income and other eligibility requirements.

To address the Federal COVID-19 public health emergency, the premium lock-out policy is temporarily suspended and coverage is available regardless of whether the family has paid their outstanding premium for existing beneficiaries.

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

8.3 Describe how the public will be notified, including the public schedule, of this cost-sharing (including the cumulative maximum) and changes to those amounts and any differences based on income: (Section 2103(e) ((1)(B)) (42 CFR 457.505 (b))

The cost sharing information is explained to potential enrollees through the application, which includes a chart of income eligibility and premium payment amounts on its cover. If changes are necessary to the cost sharing requirements of Nevada Check Up, all current enrollees are notified by letter of the changes and effective dates. Public hearings are held to allow the public to comment on any proposed changes to cost sharing in Nevada Check Up.