

**NEVADA TITLE XXI PROGRAM
FACT SHEET**

Name of Plan:	Nevada Check Up
Date Plan Submitted:	March 11, 1998
Date Plan Approved:	August 13, 1998
Effective Date:	October 1, 1998
Date Amendment #1 Submitted:	May 4, 2000
Date Amendment #1 Approved:	September 22, 2000
Date Amendment #1 Effective:	May 4, 2000
Date Amendment #2 Submitted:	November 26, 2001
Date Amendment #2 Approved:	February 7, 2002
Date Amendment #2 Effective:	October 1, 2001
Date Amendment #3 Submitted:	November 27, 2002
Date Amendment #3 Approved:	December 11, 2002
Date Amendment #3 Effective:	September 28, 2002
Date Amendment #4 Submitted:	October 23, 2003
Date Amendment #4 Approved:	April 2, 2004
Date Amendment #4 Effective:	October 1, 2003
Date Amendment #5 Submitted:	May 12, 2004
Date Amendment #5 Approved:	September 14, 2004
Date Amendment #5 Effective:	September 1, 2004
Date Amendment #6 Submitted:	March 11, 2008
Date Amendment #6 Approved:	September 8, 2008
Date Amendment #6 Effective:	April 1, 2008
Date Amendment #7 Submitted:	September 26, 2008
Date Amendment #7 Approved:	May 6, 2009
Date Amendment #7 Effective:	September 1, 2008
Date Amendment #8 Submitted:	September 30, 2009
Date Amendment #8 Approved:	February 24, 2010
Date Amendment #8 Effective:	July 1, 2009

Background

- Nevada created a separate child health program that provides coverage to children ages 0 up to 19 with family income at or below 200 percent of the Federal poverty level (FPL).

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- Nevada's current Medicaid program covers children up to age 6 in families with income up to 133 percent of the FPL; children from age 6 through 13 in families with income up to 100 percent of the FPL; and, children age 14 through 18 in families with income up to 33 percent of the FPL. Children in families with income below 100 percent of the FPL may qualify for Nevada's CHIP program because of an asset test in Nevada's Medicaid program.

Amendments

- The first amendment waived cost sharing for children who are American Indians or Alaska Natives and are members of federally recognized Tribes. The first amendment also removed the six-month residency requirement. In addition, the amendment modified the redetermination process so that a child is eligible for the program for one year from the date of enrollment, provided they continue to meet eligibility criteria. Prior to implementing this new policy, the eligibility of all enrollees in the program was redetermined at the same time each year, regardless of the date of the enrollment.
- The second amendment was submitted on November 26, 2001 to eliminate unemployment compensation from being counted as income when determining eligibility. This amendment provided an increase of 1,700 eligible enrollees into Nevada's CHIP program.
- The third amendment was submitted on November 27, 2002 to include unemployment compensation as income when determining eligibility. The third amendment also updates and amends the CHIP State plan to indicate the State's compliance with the final CHIP regulations.
- The fourth amendment was submitted on October 23, 2003 to increase quarterly premiums for families with income at or above 36 percent of the FPL. This amendment also updates the State's description of the CHIP enrollment process, which allows children to be enrolled before the first quarter's premium is paid.
- The fifth amendment was submitted on May 12, 2004 to eliminate provisional enrollment. This amendment also updates the State's description of the CHIP screening and enrollment process, which includes the addition of an electronic Medicaid screening tool.
- The sixth amendment was submitted on March 11, 2008 to increase quarterly premiums for children in families from 36 percent of the FPL up to 200 percent of the FPL, grant the authority to implement an enrollment cap, and specify that managed care is mandatory when it is available in a county for children enrolled in the State's CHIP.

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- The seventh amendment was submitted on September 26, 2008 to eliminate coverage of non-medical vision services and orthodontia services; implement a \$600.00 annual benefit limit for dental care; update the State's procedure regarding enrollment of newborns in CHIP; and update the State Plan to specify the policy differences between Nevada's title XIX and title XXI program with the approval of this SPA.
- The eight amendment was submitted on September 30, 2009 to reinstate coverage of non medical vision services, EPSDT and orthodontia services; eliminates the \$600 annual benefit limit for dental care; replaces the language that allows the State to contract with one managed care entity with the requirement of a choice of at least two plans where MCO enrollment is mandatory.

Children Covered Under the Program

- The State reported that 33,981 children were ever enrolled in the program during Federal fiscal year 2009.

Administration

- Nevada Check Up is administered by the Department of Health and Human Services.

Health Care Delivery System

- Approximately 72 percent of all children enrolled in Nevada Check Up receive their medical care through managed care organizations (MCOs). For the geographic areas not covered by an MCO, fee-for-service coverage is offered with the same benefit package.

Benefit Package

- Nevada Check Up provides services similar to those provided under Nevada's Medicaid program. Coverage includes the full EPSDT benefit that the State has extended to the entire Medicaid population. Services not provided under managed care are provided under fee-for-service.

Cost Sharing

- For families with incomes from 36 up to 150 percent of the FPL, the premium is \$25 per quarter. Families in this group are given the choice of paying premiums on a monthly or quarterly basis.
- For families with incomes above 150 up to 175 percent of the FPL, the premium is \$50 per quarter.

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- For families with incomes above 175 percent of the FPL, the premium is \$80 per quarter.
- Written notice is provided to families when the quarterly premium is 30 days past due; 30 additional days will be allowed to receive payment. Consequently, a 60 day grace period is allowed prior to disenrollment for failure to pay the quarterly premium.

Crowd-Out Strategy

- The application includes questions about access to health care coverage, both public and private, which must be answered before the child is enrolled in the program. The State conducts random checks by contacting employers for verification of health insurance coverage.
- A child is ineligible for the program if they had coverage six months prior to application. The six-month waiting period is waived if the applicant provides evidence that the loss of insurance was due to actions outside their control (e.g., their employer discontinues health benefits).

Outreach Activities

- The State has simplified the application, which is available statewide through schools, child care facilities, family resource centers, social service agencies, and other locations where eligible children and/or their parents frequent. The program's toll-free number is listed on the application as well as on posters and marketing brochures.
- The State informs all 26 sovereign Tribal governments on changes concerning CHIP through its various subcommittees and advisory groups.

Coordination between CHIP and Medicaid

- The Nevada Check Up application functions as an application for Nevada Check Up and as a screening tool for Medicaid eligibility. Nevada Check Up screens all initial applications and redeterminations for Medicaid through an electronic screening tool that determines whether a child may be eligible for Medicaid.
- For children who appear eligible for Medicaid and who have also indicated on the application that they would like to be considered for Medicaid, the application is referred to the Medicaid Agency.

Financial Information

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FFY 2010 CHIP Allotment: \$65,134,621

FFY 2010 Enhanced Federal Matching Rate: 65.11%

Last Updated: February 24, 2010