


NEVADA CHECK UP MANUAL
TRANSMITTAL LETTER

August 14, 2014

TO: CUSTODIANS OF NEVADA CHECK UP MANUAL

FROM: LAURIE SQUARTSOFF, ADMINISTRATOR 

SUBJECT: NEVADA CHECK UP MANUAL CHANGES
CHAPTER 1000 – NEVADA CHECK UP PROGRAM

BACKGROUND AND EXPLANATION

Revisions to Nevada Check Up (NCU) Manual, Chapter 1000, are being proposed to remove all references to eligibility. As of July 2013, NCU eligibility was transferred to the Division of Welfare and Supportive Services (DWSS).

Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

These policy changes are effective September 1, 2014.

MATERIAL TRANSMITTED

MTL 13/14
NCU CHAPTER 1000 – NEVADA CHECK UP PROGRAM

MATERIAL SUPERSEDED

MTL 01/08, 37/10, 13/11
NCU CHAPTER 1000 – NEVADA CHECK UP PROGRAM

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
1001	Authority	Added verbiage indicating the Nevada Check Up program is a combination program.
1002	Definitions	Definitions removed: Applicant, Disenrollment, Enrollment, Household, Income, Redeterminations and Re-Evaluation.
1003.1A	Coverage and Limitations	Removed language pertaining to a circumstantial exception to the start of NCU coverage for a newborn. Removed verbiage pertaining to coverage of the Division of Child and Family Services (DCFS),

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
		reunification and eligibility.
		Added verbiage regarding child welfare cases.
		Removed language pertaining to redetermination.
1003.1B	Closed Enrollment/ Enrollment Cap	Removed “terminate the HIFA waiver” and language relating to income.
1003.1C	Premiums	Removed language related to when premiums are due.
		Added language regarding how premiums are charged.
1003.1E	Participant Responsibility	Removed language relating to establishing eligibility.
		Added language relating to the agency and its representatives.
		Removed language regarding approval of eligibility.
		Added language referring to MSM Chapter 100 for information regarding participant responsibility.
1003.1F	Medical Care Payments	Removed the whole section and replaced with “Refer to MSM Chapter 100.”
1003.2	Choice of Provider	Removed the whole section and replaced with “Refer to MSM Chapter 100.”
1003.3	Eligibility	Removed whole section and replaced with information regarding eligibility functions now being provided by DWSS.
1003.4	Income Types	Removed whole section.
1003.5	Income Verification	Removed whole section.
1003.6	NCU Referral to Medicaid	Removed whole section.

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
1003.7	Medicaid Referral to Nevada Check Up	Removed whole section.
1003.8	Crowd Out	Removed whole section.
1003.9	Outreach	Removed whole section.
1003.10	Disenrollment for Non-Payment of Premium	Removed whole section.
1003.11	Debt Collection/Overpayments	<p>Replaced NCU with the Division of Health Care Financing and Policy (DHCFP) or the DWSS.</p> <p>Added language referring to the DWSS Eligibility and Payments (E&P) Manual.</p>
1003.13	Notification of Adverse Action	Removed whole section.
1003.14.c	Differences Between Nevada Check Up and Medicaid	Removed verbiage regarding newborns.
1003.15	Confidentiality	Removed whole section and replaced with “Refer to MSM Chapter 100.”
1003.16	Investigation	Replaced NCU with the DHCFP.
1003.17	Hearing Preparation Meeting (HPM)	Removed whole section.
1003.18	Health Service Matters	Removed reference to MSM Chapter 3100.
1004	Hearings	<p>Added language referring to DWSS for eligibility determination issues.</p> <p>Added language to reference MSM Chapter 3100 regarding hearings information.</p>
1005.1	Fiscal Agent Contact Information	Added contact information for Fiscal Agent and Managed Care Organizations (MCO).

DIVISION OF HEALTH CARE FINANCING AND POLICY

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DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 1000
NEVADA CHECK UP MANUAL	Subject: INTRODUCTION

1000 INTRODUCTION

The Nevada Check Up (NCU) Program is Nevada’s version of the federal Children’s Health Insurance Program (CHIP). It serves children ages **zero** through 18 years. The program is designed for families who do not qualify for Medicaid and whose incomes are at or below 200% of the Federal Poverty Level (FPL).

NCU insurance is comprehensive health insurance covering medical, dental, vision, mental health services, therapies and hospitalization. All Medicaid policies and requirements (such as prior authorization, etc.) except for those listed in section **1003.6** are the same for NCU.

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NEVADA CHECK UP MANUAL	Subject: AUTHORITY

1001 AUTHORITY

Title XXI of the Social Security Act authorizes the states to design and operate children’s health insurance programs. The 1997 Nevada Legislature enacted legislation, **Nevada Revised Statute (NRS) 422.021** “Children’s Health Insurance Program”, enabling the Division of Health Care Financing and Policy (DHCFP) to prepare and submit a state plan for the operation of a stand-alone children’s health insurance program. **In September of 2012 the Nevada Title XXI State Plan was amended and Nevada now operates a combination program including a separate child health program and an expanded Medicaid plan program.**

The program was established pursuant to the federal regulations at 42 **United States Code (U.S.C.) §§ 1397aa to 1397jj** and under the Code of Federal Regulations (CFR) at 42 CFR § 457.10-1190, inclusive, to provide health insurance for uninsured children from low-income families in this state.

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NEVADA CHECK UP MANUAL	Subject: DEFINITIONS

1002 DEFINITIONS

1002.1 COVERED SERVICES

Those services for which **Nevada Check Up (NCU)** reimburses providers.

1002.2 FEE FOR SERVICE (FFS)

See Chapter 100, **S**ection 109 of the Medicaid Services Manual (MSM) for the definition.

1002.3 MANAGED CARE

See Chapter 100, Section 109 of the MSM for the definition.

1002.4 MANAGED CARE ORGANIZATION (MCO)

See Chapter 100, Section 109 for the definition of Health Maintenance Organization (HMO) or Managed Care Organization (MCO) of the MSM.

1002.5 NATIVE AMERICANS

Are members of federally recognized Tribes or Alaska Native families who can provide verification of affiliation. Native Americans are exempt from premium payments in NCU.

1002.6 NEVADA CHECK UP (NCU)

The appellation adopted for the Children's Health Insurance Program (CHIP) in Nevada.

1002.7 NEVADA CHECK UP CARD

The program verification card that is issued to each child. The card includes the name, and billing number of each child. The card is mailed to the **Head of Household (HOH)** for each enrolled child in a family.

1002.8 OUT OF NETWORK SERVICES

Are those services received from a provider who is neither FFS Medicaid nor MCO contracted provider. Participants are instructed that they must seek care with a contract provider, or they may be liable for the cost.

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1002.9 PARTICIPANT

Is a NCU enrolled child receiving services through either a contracted Managed Care Organization or the FFS program.

1002.10 PREMIUMS

Are payments that constitute cost sharing for insurance. They are based on the family's gross income and the calculated percent of the current federal poverty level.

1002.11 PRIMARY CARE PHYSICIAN (PCP)

Is a physician who practices general medicine, family medicine, general internal medicine, general pediatrics or osteopathic medicine. Physicians who practice obstetrics and gynecology may function as PCPs at the discretion of the contractor within their policy guidelines. MCO participants are required to designate a PCP. The PCP is responsible for referring to specialists and getting prior authorizations.

1002.12 PROVIDER

See Chapter 100, Section 109 of the MSM for definition.

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1003 POLICY

1003.1 GOAL

Nevada Check Up's (NCU) primary focus is to provide affordable health care to children in families who have incomes at or below 200% of the Federal Poverty Level (FPL). Our goal is to ensure that, within the limits of the budget, every eligible child is enrolled and receiving care.

1003.1A COVERAGE AND LIMITATIONS

Participants are covered for most medical care benefits established in the Nevada Medicaid plan. If a family wishes to receive services not included in the Medicaid plan, the entire cost of the service must be paid by the family. Such services must be agreed upon, in writing, between the provider and the responsible adult seeking services for a NCU participant.

NCU does not offer retroactive coverage. Unlike Medicaid, services in NCU always begin the first of the administrative month following approval and enrollment. **An exception to this rule is when a child returns to NCU after being placed in the custody of an agency which provides child welfare services pursuant to the provisions of Nevada Revised Statute (NRS) 62A.380 or 432.010 to 432.085. The child will be re-enrolled if the return falls within the annual redetermination cycle that was previously established for the case.**

Child(ren) who are placed in the custody of an agency which provides child welfare services will be terminated from NCU and referred to Medicaid, as the child(ren) would be Medicaid eligible through the Division of Child and Family Services (DCFS). Per NRS 432.085 the parents are liable for any expense occurred by the agency that provides child welfare services while the child is in the custody of an agency which provides child welfare services pursuant to the provisions of NRS 62A.380 or 432.010 to 432.085.

NCU accepts children with pre-existing conditions for enrollment into the insurance program. There is no penalty or other distinction imposed on children who have medical or emotional conditions prior to the family's application to NCU.

NCU is required by federal law to process all completed applications within 45 days of receipt. An application must have a hand written signature or an electronic signature in order to be processed.

Once determined eligible and enrolled, the **child(ren)** is entitled to one year of insurance coverage, as long as quarterly premiums are paid and the child(ren) **does not lose eligibility due to one of the following conditions**. A child will lose eligibility at any time under the following conditions: child dies; obtains other insurance; leaves the home; leaves the state; or is incarcerated for a period more than 30 days; the child turns 19; gets married or emancipated; voluntarily withdraws from NCU; enrolls in Medicaid, or additional information is received that indicates the

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information NCU used at the time of the original decision, to make the original decision, was incomplete or inaccurate and that negates the original decision.

1003.1B CLOSED ENROLLMENT/ENROLLMENT CAP

NCU will monitor the status of available State and Federal Children’s Health Insurance Program (CHIP) funds. A period of closed enrollment and/or 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 a period of closed enrollment and/or cap and waiting list, the state will:

1. provide 30 days of public notice; **and**
2. provide notification to Center for Medicare and Medicaid Services (CMS).

Once closed enrollment is in place or the enrollment cap is reached, new applications will continue to be accepted through the normal processes. NCU eligibility would be run on all applications. The application of individuals that appear to be eligible for Medicaid would be forwarded to Medicaid for eligibility determination. Those applicants not eligible for NCU will be denied with the appropriate reason. The applicants that are eligible for NCU but are not able to be enrolled due to the closed enrollment/enrollment cap will be put on the wait list with a wait list date equal to the date when NCU received the completed application. These applicants will be notified of the closed enrollment/enrollment cap and entry onto the wait list.

On a monthly basis, NCU 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 notified of the availability of coverage. Notifications will go out first to those applicants with the earliest waitlist date; thus a first come, first served process. To update eligibility, if the update is within the 12 month continuous coverage period, applicants would attest that there have not been any changes to their family circumstances (e.g. number in household, income, insurance status, and the like). If changes have occurred, the new information would be added into the NCU database and eligibility re-determined.

Enrollees determined eligible prior to any closed enrollment period will not be impacted by this particular change so long as they continue to pay premiums timely and comply with any requests for information. Enrollees who are disenrolled from the program for failure to timely pay premiums or for failure to timely complete their redetermination process or provide requested information will be precluded from reenrollment during any closed enrollment period and will be added to the wait list.

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1003.1C PREMIUMS

Premium levels are broken out by <36% FPL, 36% through 150% FPL, 151% through 175% FPL and 176% to 200% FPL. Premiums are charged for participation in Nevada Check Up. Premiums are charged per family not per child. NCU allows a two month grace period beginning the first day of any covered month in which the premium is intended. The entity responsible for premium payments will send premium reminders, late notices and final notices to inform eligible families of their responsibility for payment. If payment is not received, the children will be disenrolled at the end of the two month grace period.

1003.1D PROVIDER RESPONSIBILITY

A provider must be an active Nevada Medicaid service provider in order to use NCU insurance for children enrolled in NCU. If the child is a member of one of the Managed Care Organization (MCO) plans, the provider must be on the MCO's panel or be an out-of-network provider who has negotiated a contract with the MCO to furnish covered services.

NCU providers must be as diligent in verifying participant eligibility as they would be if serving a Medicaid recipient. See **Medicaid Services Manual (MSM)** Chapter 100.

Providers are required to keep any records necessary to disclose the extent of services furnished to participants and produce these records, upon request, to authorized personnel of the State.

If prior authorization is required for a service, the provider must request it and receive approval before beginning the services.

Note: Prior authorizations for the MCO's are established by each plan and enrollees are informed of them through their Member Handbooks.

1003.1E PARTICIPANT RESPONSIBILITY

Applicants or participants must cooperate **in establishing eligibility by** providing information related to family size, income, citizenship and other facts pertinent to eligibility. Applicants or participants authorize **the agency and its representatives** to make any investigation concerning information supplied on the application or re-determination that is necessary to determine eligibility. Applicants or participants consent to the release of such information and must cooperate with **the agency** investigators. Failure to provide facts material to determining eligibility or to cooperate with investigation can result in administrative actions, including but not limited to, disenrollment, and/or referral for criminal prosecution.

Refer to MSM Chapter 100 for additional information regarding participant responsibility.

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1003.1F MEDICAL CARE PAYMENTS

Refer to MSM Chapter 100.

1003.2 CHOICE OF PROVIDER

Refer to MSM Chapter 100.

1003.3 ELIGIBILITY

All eligibility functions for the Nevada Check Up program are now provided by the Division of Welfare and Supportive Services (DWSS). Information regarding eligibility can be found in the DWSS Eligibility and Payments (E&P) Manual.

1003.4 DEBT COLLECTION/ OVERPAYMENTS

Per NRS 422.410, the DHCFP or the DWSS will collect all debt owed by the participant for any reason, including but not limited to the following:

- a. Agency error;
- b. Participant failure to pay insurance premiums; or
- c. Ineligibility of participant – including attempts to defraud the program.

To the extent allowable by law, NCU will pursue all available avenues to collect overpayment, up to and including referral to a collection agency and/or referral to prosecutorial agency. In addition, if an enrollee has a prior outstanding bad debt with NCU, they will be deemed to be ineligible until such bad debt is either paid, or sufficient payment arrangements are made with NCU.

Also refer to the DWSS Eligibility and Payments (E&P) Manual B900 Program Violation/Sanctions.

1003.5 IMMUNIZATIONS/WELL CHILD CARE

NCU encourages families to immunize their children at appropriate times. The program also encourages families to seek preventive care through Well Child Visits to their primary care providers.

1003.6 DIFFERENCES BETWEEN NEVADA CHECK UP AND MEDICAID

Below are major areas where Medicaid policy and NCU policy differ.

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- a. Residential Treatment Centers (RTC) – In NCU, for participants enrolled in an MCO, it remains the MCO’s responsibility to provide reimbursement for all medical care (physician, optometry, laboratory, dental and x-ray services, etc.) for participants who are receiving services in an RTC. The RTC bed day rate is covered by FFS.

In Medicaid, those who are admitted to a RTC are disenrolled from the MCO and receive all Medicaid-covered services as FFS recipients.

- b. Severely Emotionally Disturbed (SED)/Severely Mentally Ill (SMI) – In NCU, for participants enrolled in an MCO, it remains the MCO’s responsibility to provide evaluation and medically appropriate services.

In Medicaid, once a diagnosis of SED or SMI is confirmed through evaluation, a recipient may elect to disenroll from the MCO and the MCO must notify the DHCFP of such election.

- c. Non-Emergency Transportation (NET) – NCU does not cover NET.

1003.7 CONFIDENTIALITY

Refer to MSM Chapter 100.

1003.8 INVESTIGATIONS

The DHCFP is required to investigate reports of possible fraud or abuse within the NCU program. Investigation results substantiating fraud or abuse will be used for determination of imposition of administrative actions or referral to appropriate law enforcement officials (42 CFR § 457.915). Administrative actions include denial of eligibility, termination of enrollment or debt collection.

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1004 HEARINGS

- A. Please refer to the **Division of Welfare and Supportive Services (DWSS) Administrative Manual Section B100**, for hearings information for eligibility determination issues.
- B. Please refer to **Medicaid Service Manual (MSM) Chapter 3100**, for hearings information for health care service matters.

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1005 REFERENCES AND CROSS REFERENCES

Policy Resources - Medicaid Service Manuals (**MSM**) as follows:

- 100 Medicaid Program
- 200 Hospital Services
- 300 Radiology Services
- 400 Mental Health & Alcohol/Substance Abuse Services
- 500 Nursing Facilities
- 600 Physician Services
- 700 Rates and Cost Containment
- 800 Laboratory Services
- 900 Private Duty Nursing
- 1000 Dental
- 1100 Ocular Services
- 1200 Prescribed Drugs (Rx)
- 1300 Durable Medical Equipment (DME)
- 1400 Home Health Agency
- 1500 Healthy Kids Program (EPSDT)
- 1600 Intermediate Care for the Mentally Retarded**
- 1700 Therapy
- 1800 Adult Day Health Care**
- 1900 Transportation
- 2000 Audiology Services**
- 2100 Home and Community Based Waiver (HCBW) for Persons with Mental Retardation and Related Conditions**
- 2200 Home and Community Based Waiver (HCBW) for the Frail Elderly**
- 2300 Home and Community Based Waiver (HCBW) for Persons with Physical Disabilities**
- 2400 Comprehensive Outpatient Rehabilitation (COR) Services
- 2500 Case Management
- 2600 Intermediary Service Organization**
- 2800 School Based Child Health Services
- 3100 Hearings
- 3200 Hospice Services
- 3300 Program Integrity
- 3400 Telehealth**
- 3500 Personal Care **Services (PCS) Program**
- 3600 Managed Care Program (MCO)
- 3900 Home and Community Based Waiver (HCBW) for Assisted Living**
- Addendum MSM Definitions**

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1005.1 FISCAL AGENT CONTACT INFORMATION

PROVIDER RELATIONS UNITS (Enrollment/Claims Issues/Questions)

Hewlett Packard Enterprise Services (HPES)
 PO Box 30042
 Reno, NV 89520-3042
 Toll Free within Nevada (877) 638-3472

ELECTRONIC BILLING

HPES
 EDI Coordinator
 P.O. Box 30042
 Reno, NV 89520-3042

Telephone: (877) 638-3472 (select option for "Electronic Billing")
 Fax: (775) 335-8594
 E-mail: <http://medicaid.nv.gov>

PRIOR AUTHORIZATION FOR DENTAL AND PERSONAL CARE AIDE

Mailing Address:
 "Dental PA" or "PCA PA"
 P.O. Box 30042
 Reno, NV 89520-3042
 Telephone: (800) 648-7593
 Fax: (775) 784-7935

PRIOR AUTHORIZATION FOR ALL OTHER SERVICE TYPES (except Pharmacy)

Telephone: (800) 525-2395
 Fax: (866) 480-9903

PHARMACY

Clinical Call Center
 Pharmacy prior authorization requests
 Telephone: (877) 638-3472
 Fax: (855) 455-3303

Technical Call Center
 General pharmacy inquiries

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Telephone: (866) 244-8554

THIRD PARTY LIABILITY (TPL) UNIT

Emdeon TPL Unit
P.O. Box 148850
Nashville, TN 37214
Phone: (855) 528-2596
Fax (855) 650-5753

Email: TPL-NV@Emdeon.com

MANAGED CARE ORGANIZATIONS

AMERIGROUP Community Care

Physician Contracting
Phone: (702) 228-1308, ext. 59840

Provider Inquiry Line
(for eligibility, claims and pre-certification)
Phone: (800) 454-3730

Notification/Pre-certification
Phone: (800) 454-3730
Fax: (800) 964-3627

Claims Address:
AMERIGROUP Community Care
Attn: Nevada Claims
P.O. Box 61010
Virginia Beach, VA 23466-1010

HEALTH PLAN OF NEVADA (HPN)

Phone: (800) 962-8074
Fax: (702) 242-9124

Claims Address:
Health Plan of Nevada
P.O. Box 15645
Las Vegas, NV 89114