

Nevada CHIP Fact Sheet

2012

NATIONAL ACADEMY
for STATE HEALTH POLICY

The Children's Health Insurance Program (CHIP) was created in 1997 to provide quality health coverage for children in families that earn too much to qualify for Medicaid but are unable to afford coverage in the private market. The Children's Health Insurance Program Reauthorization Act (CHIPRA) of 2009 strengthened the program through increased federal funding, new enrollment and outreach opportunities, and other provisions. In addition, the Patient Protection and Affordable Care Act (ACA) extended CHIP funding through federal fiscal year (FY) 2015 and required states to maintain eligibility levels through 2019. The ACA also required state to use the Modified Adjusted Gross Income methodology, which seeks to standardize the calculation of income across insurance affordability programs, including Medicaid, CHIP and the exchanges. States can continue to move forward in covering eligible children by taking advantage of the policies put in place by CHIPRA and the ACA. This fact sheet provides an overview of Nevada's CHIP program.¹



Name of State's CHIP Program: [Check Up](#) operates as a separate CHIP program.

Number of Children Covered: In 2011, 29,760 children were covered by Check Up.

Participation Rate: 62.9% of eligible children in Nevada participated in either Medicaid or Check Up in 2009. The national average was nearly 85% in 2009.²

Federal CHIP Match Rate: 69.34% in FY 2012.³

Eligibility: 2011 income eligibility levels for Nevada CHIP are in the chart below.

Income Eligibility Levels for CHIP in Nevada (by Age Group) in 2011		
Younger than age one	Ages one to five	Ages six to 18
36% to 200% FPL	36% to 200% FPL	36% to 200% FPL

Dependent coverage of public employees: Nevada does not cover the dependent children of state employees. CHIPRA provided states the option to cover the dependents of state employees.⁴

Waiting period requirement: Nevada requires children to wait six months before enrolling in CHIP coverage. Certain exceptions apply.

Removed five-year waiting period for lawfully residing children: Nevada has not removed this requirement. CHIPRA provided states the option to remove the five-year waiting period for lawfully residing children.⁴

Buy-in option: Nevada does not have a buy-in option. States can allow families with incomes that exceed the upper income eligibility limit to pay the full cost to purchase coverage for their uninsured children through CHIP.⁴

¹ Unless otherwise noted, this fact sheet uses 2011 information reported by the state to the CHIP Annual Reporting Template System.

² The most recent data is from 2009. Genevieve Kenney et al, "Gains for Children: Increased Participation in Medicaid and CHIP in 2009." Washington, DC: Urban Institute, August 2011.

³ Department of Health and Human Services, Federal Financial Participation in State Assistance Expenditures; Federal Matching Shares for Medicaid, the Children's Health Insurance Program, and Aid to Needy Aged, Blind, or Disabled Persons for October 1, 2011 through September 30, 2012.

⁴ Martha Heberlein et al., Performing Under Pressure: Annual Findings of a 50-State Survey of Eligibility, Enrollment, Renewal, and Cost-Sharing Policies in Medicaid and CHIP, 2011-2012, (Washington, DC: Kaiser Family Foundation, 2012), 32.

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Efforts to Simplify Enrollment and Renewals: To reduce barriers to enrollment and renewal in CHIP, states have the option to implement a range of strategies to streamline these processes. The table below describes some of these strategies, specifically those that are considered for CHIPRA performance bonuses. States that have implemented some of the strategies in their Medicaid and/or CHIP programs may qualify for a CHIPRA performance bonus.

Efforts for Simplifying Enrollment and Renewal in CHIP in Nevada (as of Dec. 31, 2011)		
Strategy	Explanation	Used in CHIP
Presumptive eligibility	The state allows certain entities to make a preliminary determination and temporarily enroll children in the program who appear to be eligible, pending a full determination of eligibility.	No
No asset test	The state has eliminated the asset or resource test requirement.	Yes
No in-person interview	The state does not require an in-person interview as part of the application or renewal process.	Yes
Use joint application and renewal forms for Medicaid and CHIP	The state uses the same or interchangeable application and renewal forms for establishing and renewing eligibility.	No
Automatic/Administrative renewal	The state uses administrative redetermination (the provision of a pre-populated form with eligibility information along with a notice indicating that eligibility will be continued) or ex parte redetermination (the state renews eligibility based on information contained in the applicant's file or based on other information made available to the state) to renew coverage.	No
Continuous eligibility for 12 months	The state allows children to retain coverage for 12 months, regardless of whether their family income changes during that time period.	Yes
Express Lane Eligibility	The state uses eligibility determinations from other public programs to determine if a child is eligible.	No
Premium Assistance	The state uses CHIP funds to subsidize the cost of private health insurance coverage for children eligible for the program.	No

CHIPRA Performance Bonus: CHIPRA established a performance bonus fund to provide additional federal funding to states that have implemented at least five of the eight enrollment and renewal procedures described above in their Medicaid and/or CHIP programs, and that have achieved a targeted increase in enrollment of children in Medicaid. In 2011, Nevada did not qualify for a performance bonus.

Cost Sharing Requirements:

Premiums	Deductible	Copayments/Coinsurance
Premiums are charged per quarter: for families earning between 36% - 150% FPL, \$25; for families earning between 151% - 175% FPL, \$50; for families earning between 176% - 200% FPL, \$80	No	No

Benefits and Delivery System:

- **Same delivery system or provider networks used in Medicaid and CHIP:** Yes, managed care is offered in urban areas, while fee-for-service is offered in all other regions. Newborns are enrolled in their mother's or family's managed care organization.
- **Changes in benefits in 2011:** Non-emergency transportation was eliminated effective September 1, 2011 due to budgetary constraints.

For more information, please contact the National Academy for State Health Policy at info@nashp.org.