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State/Territory Name: Montana

State Plan Amendment (SPA) #: MT-13-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

The complete title XXI state plan for Montana consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <http://medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html>

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-26-12
Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

DEC 24 2013

Ms. Mary E. Dalton
State Medicaid and CHIP Director
State of Montana
Department of Public Health and Human Services
Post Office Box 202925
Helena, MT 59620

Dear Ms. Dalton:

I am pleased to inform you that your Title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) MT-13-0010 submitted on August 28, 2013 and with additional information submitted on December 5, 2013, related to Modified Adjusted Gross Income (MAGI) Eligibility has been approved with an effective date of January 1, 2014.

MAGI Eligibility & Methods:

SPA number MT-13-0010 provides assurance on page CS15 that the state will apply methodologies based on MAGI for all separate CHIP covered groups; using the approved MAGI conversion plan income thresholds, the state indicates on page CS7 that it will cover targeted low-income children; and page CS10 allows the state to cover children who have access to public employee coverage and updates the supporting documentation. A copy of the approved CS15 is attached and should be incorporated within a separate subsection under Section 4.3 of the state's approved CHIP state plan. A copy of the approved CS7 is attached and supersedes the current Geographic Area, Age and Income Sections 4.1.1, 4.1.2 and 4.1.3 of the current CHIP state plan. A copy of the approved CS10 and its supporting documentation is attached; the CS10 supersedes the current information on dependents of public employees in section 4.1.7 of the current CHIP state plan, and the supporting documentation should supersede the current documentation in an Appendix to the current CHIP state plan.

Your Title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning these amendments and other CHIP-related issues. Ms. Jordan's contact information is as follows:

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
Mail Stop: S2-01-16
7500 Security Boulevard
Baltimore, MD 21244-1850

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Telephone: (410) 786-3413
Facsimile: (410) 786-5882
E-mail: Joyce.Jordan@cms.hhs.gov

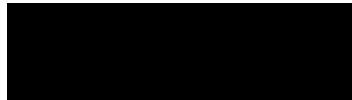
Please copy Mr. Richard Allen, Associate Regional Administrator (ARA) in our Denver Regional Office on all communications. Mr. Allen's address is:

Centers for Medicare & Medicaid Services
Denver Regional Office
Colorado State Bank Building
1600 Broadway, Suite# 700
Denver, Colorado 80202-4967

Congratulations on the approval. If you have additional questions, please contact Ms. Linda Nablo, Director, Division of State Coverage Programs at (410) 786-5143.

We look forward to continuing to work with you and your staff.

Sincerely,

A solid black rectangular box redacting the signature of Eliot Fishman.

Eliot Fishman
Director

Enclosure

cc: Richard Allen, ARA, CMS Region VIII, Denver

logged in as TONIABROWN(CMS CO Staff)

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application rev p01

Children's Health Insurance Program Eligibility

MT.0249.R00.00 - Jan 01, 2014

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Summary

Children's Health Insurance Program Eligibility: Summary Page

State/Territory name: Montana

Transmittal Number:

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.

Type of SPA:

- MAGI Eligibility & Methods
 XXI Medicaid Expansion
 Establish 2101(f) Group
 Eligibility Processing
 Non-Financial Eligibility

Proposed Effective Date
 (mm/dd/yyyy)
Federal Statute/Regulation Citation

Federal Budget Impact
 This SPA has a budget impact.

Total budget impact:

State Funds: \$ Federal Funds: \$ **Subject of Amendment**

Please provide a brief summary of SPA changes.

Character Count: 295 out of 2000

Signature of State Agency Official

Submitted By: Jo Thompson

Last Revision Date: Dec 24, 2013

Submit Date: Aug 28, 2013

[FAQs](#) | [Site Map](#) | [Contact](#) | [Medicaid.gov](#) | [CMS.gov](#)



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program Eligibility - Targeted Low-Income Children

CS7

2102(b)(1)(B)(v) of the SSA and 42 CFR 457.310, 315 and 320

Targeted Low-Income Children - Uninsured children under age 19 whose household income is within standards established by the state.

The CHIP Agency operates this covered group in accordance with the following provisions:

Age

Must be under age 19.

Income Standards

Income standards are applied statewide. Yes

Are there any exceptions, e.g. populations in a county which may qualify under either a statewide income standard or a county income standard? No

Statewide Income Standards

Begin with lowest age range first.

Please note that the lower bound for CHIP eligibility should be the highest standard used for Medicaid poverty-level children for the same age group or groups entered here.

| | From Age | To Age | Above (% FPL) | Up to & including (% FPL) | |
|---|----------|--------|---------------|---------------------------|---|
| + | 0 | 19 | 143 | 261 | X |

Age ranges may overlap. If there is an overlap, provide an explanation. Include the age ranges for each income standard that has overlapping ages and the reason for having different income standards.

Special Program for Children with Disabilities

Does the state have a special program for children with disabilities? No

PRA Disclosure Statement



CHIP Eligibility

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.

V.20130709



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program Eligibility - Children Who Have Access to Public Employee Coverage CS10

Sec. 2110(b)(2)(B) and (b)(6) of the SSA

- Children Who Have Access to Public Employee Coverage** - Otherwise eligible targeted low-income children who have access to public employee coverage on the basis of a family member's employment.

- The CHIP Agency operates this covered group in accordance with the following provisions:

Select one of the following conditions as described in Section 2110(b)(6) of the Social Security Act:

- Maintenance of agency contribution as provided in 2110(b)(6)(B) of the SSA.
 Hardship criteria as provided in section 2110(b)(6)(C) of the Social Security Act.

Coverage under this option is extended to children whose household income is:

Select one of the options for the income standard when compared to Targeted Low Income Children

- The same as the standards for Targeted Low-Income Children
 Lower than the income standards for Targeted Low-Income Children

Indicate whether coverage under this option is extended to all children who have access to public employee coverage, or only certain children:

- All children who have access to public employee coverage
 Certain children who have access to public employee coverage:

- Attach methodology the state has used to calculate financial hardship.

An attachment is submitted.

- The state provides assurance that the state will, on an annual basis, recalculate the financial status to determine if the hardship condition continues to be met.
- Children who are eligible for public employee health benefits coverage who are not described above are excluded from eligibility under the plan.
- Children considered to have access to public employee coverage, and therefore not excluded from CHIP through this option, otherwise meet the definition of targeted low-income child provided at 42 CFR 457.310.

PRA Disclosure Statement

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V.20130917

Table A

State of Montana Employee Group Benefits Plan

2012 State Contribution ("State Share") = \$733/month; \$8,796/year

Annual Out of Pocket Expenses for the State of Montana Employee Group Benefits Plan

| Plans | Indemnity Plan | Managed Care Plans | |
|--------------------------------------|----------------|--------------------|----------|
| | Traditional | Blue Choice | New West |
| Employee Only | | | |
| Medical Rate (paid by "state share") | \$ - | \$ - | \$ - |
| Deductible | \$ 600 | \$ 425 | \$ 425 |
| Coinsurance | \$ 2,500 | \$ 2,000 | \$ 2,000 |
| Total Out of Pocket (OOP) Expense | \$ 3,100 | \$ 2,425 | \$ 2,425 |

| | | | |
|--|--------------|------------|------------|
| Employee & Children | | | |
| Medical rate minus Employee Only rate | \$ 1,044 | \$ 1,044 | \$ 1,044 |
| Deductible | \$ 1,800 | \$ 850 | \$ 850 |
| Coinsurance | \$ 5,625 | \$ 4,500 | \$ 4,500 |
| Total Out of Pocket (OOP) Expense | \$ 8,469 | \$ 6,394 | \$ 6,394 |
| Maximum adjusted gross income at 5% of OOP | \$ 169,380.0 | \$ 127,880 | \$ 127,880 |

| | | | |
|--|------------|------------|------------|
| Employee & Family | | | |
| Medical rate minus Employee Only rate | \$ 2,712 | \$ 2,712 | \$ 2,712 |
| Deductible | \$ 1,800 | \$ 850 | \$ 850 |
| Coinsurance | \$ 5,625 | \$ 4,500 | \$ 4,500 |
| Total Out of Pocket (OOP) Expense | \$ 10,137 | \$ 8,062 | \$ 8,062 |
| Maximum adjusted gross income at 5% of OOP | \$ 202,740 | \$ 161,240 | \$ 161,240 |

Notes:

The managed care plans' **deductible** maximum is for in-network services. An additional deductible maximum is assessed for out of network services.

The managed care plans' **coinsurance** maximum is for in-network services. An additional coinsurance maximum is assessed for out of network services.

Table B

Montana University System Employee Group Benefits Plan

2012 State Contribution ("State Share") = \$733/month; \$8,796/year

Annual Out of Pocket Expenses for the Montana University System Employee Group Benefit Plan

| Plans | Indemnity Plan | Managed Care Plans | | |
|--------------------------------------|----------------|--------------------|---------------|----------|
| | Traditional | PacificSource MC | Allegiance MC | BCBS MC |
| Employee Only | | | | |
| Medical Rate (paid by "state share") | \$ - | \$ - | \$ - | \$ - |
| Deductible | \$ 1,000 | \$ 500 | \$ 500 | \$ 500 |
| Coinsurance | \$ 5,000 | \$ 2,500 | \$ 2,500 | \$ 2,500 |
| Total Out of Pocket (OOP) Expense | \$ 6,000 | \$ 3,000 | \$ 3,000 | \$ 3,000 |

| Employee & Children | | | | |
|--|------------|------------|------------|------------|
| Medical rate minus Employee Only rate | \$ 2,508 | \$ 2,196 | \$ 2,280 | \$ 2,148 |
| Deductible | \$ 2,250 | \$ 1,000 | \$ 1,000 | \$ 1,000 |
| Coinsurance | \$ 11,250 | \$ 5,000 | \$ 5,000 | \$ 5,000 |
| Total Out of Pocket (OOP) Expense | \$ 16,008 | \$ 8,196 | \$ 8,280 | \$ 8,148 |
| Maximum adjusted gross income at 5% of OOP | \$ 320,160 | \$ 163,920 | \$ 165,600 | \$ 162,960 |

| Employee & Family | | | | |
|--|------------|------------|------------|------------|
| Medical rate minus Employee Only rate | \$ 5,568 | \$ 4,884 | \$ 5,052 | \$ 5,076 |
| Deductible | \$ 2,250 | \$ 1,000 | \$ 1,000 | \$ 1,000 |
| Coinsurance | \$ 11,250 | \$ 5,000 | \$ 5,000 | \$ 5,000 |
| Total Out of Pocket (OOP) Expense | \$ 19,068 | \$ 10,884 | \$ 11,052 | \$ 11,076 |
| Maximum adjusted gross income at 5% of OOP | \$ 381,360 | \$ 217,680 | \$ 221,040 | \$ 221,520 |

Notes:

The managed care plans' deductible maximum is for in-network services. An additional deductible maximum is assessed for out of network services.
 The managed care plans' coinsurance maximum is for in-network services. An additional coinsurance maximum is assessed for out of network services.

<http://www.mus.edu/Choices/forms.asp>

Hardship criteria for CHIP SPA CS10

Eligible children of State of Montana and Montana University System employees are covered in accordance with the Patient Protection & Affordable Care Act of 2010 'Hardship Exception to the Exclusion of Children of Employees of a Public Agency in a State'.

The methodology for determining eligibility for State of Montana and Montana University System employee's children is a two-fold test. First, the program determines if the family meets all financial and HMK coverage group (CHIP) eligibility requirements.

Second, the program compares the family's income to a reference table for their health insurance plan out of pocket expense requirement. It is a reasonable expectation out of pocket expenses, including premiums, deductibles, coinsurance and copayments, will exceed 5% of a family's income for families with income at or below 261% of the FPL.

The program assures an annual review of the updated state employees' health insurance plans' reference table. This review will evaluate the out of pocket expense requirements to assure this reasonable expectation remains valid for families at or below 261% of FPL."



CHIP Eligibility

OMB Control Number: 0938-1148

Expiration date: 10/31/2014

Separate Child Health Insurance Program MAGI-Based Income Methodologies

CS15

2102(b)(1)(B)(v) of the SSA and 42 CFR 457.315

- The CHIP Agency will apply Modified Adjusted Gross Income methodologies for all separate CHIP covered groups, as described below, and consistent with 42 CFR 457.315 and 435.603(b) through (i).

In the case of determining ongoing eligibility for enrollees determined eligible for CHIP on or before December 31, 2013, MAGI-based income methodologies will not be applied until March 31, 2014 or the next regularly-scheduled renewal of eligibility, whichever is later.

If the state covers pregnant women, in determining family size for the eligibility determination of a pregnant woman, she is counted as herself plus each of the children she is expected to deliver.

In determining family size for the eligibility determination of the other individuals in a household that includes a pregnant woman:

- The pregnant woman is counted just as herself.
- The pregnant woman is counted just as herself, plus one.
- The pregnant woman is counted as herself, plus the number of children she is expected to deliver.

Financial eligibility is determined consistent with the following provisions:

When determining eligibility for new applicants, financial eligibility is based on current monthly income and family size.

When determining eligibility for current beneficiaries, financial eligibility is based on:

- Current monthly household income and family size.
- Projected annual household income for the remaining months of the current calendar year and family size.

In determining current monthly or projected annual household income, the state will use reasonable methods to:

- Include a prorated portion of the reasonably predictable increase in future income and/or family size.
- Account for a reasonably predictable decrease in future income and/or family size.

Except as provided at 42 CFR 457.315 and 435.603(d)(2) through (d)(4), household income is the sum of the MAGI-based income of every individual included in the individual's household.

Household income includes actually available cash support, exceeding nominal amounts, provided by the person claiming an individual described at §435.603(f)(2)(i) as a tax dependent.

- The CHIP Agency certifies that it has submitted and received approval for the conversion for all separate CHIP covered group income standards to MAGI-equivalent standards.

An attachment is submitted.

PRA Disclosure Statement

Approval Date: **DEC 24 2013**

SPA# MT-13-0010

Effective Date: January 1, 2014

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CHIP Eligibility

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