MONTANA TITLE XXI PROGRAM
FACT SHEET

Name of Plan:	**Montana's Children's Health Insurance Plan**
Date of Plan Submitted:	April 13, 1998
Date Plan Approved:	September 11, 1998
State Plan Effective Date:	January 1, 1998
Date First Amendment Submitted:	December 27, 1999
Date First Amendment Approved:	October 6, 2000
First Amendment Effective Date:	June 1, 2000
Date Second Amendment Submitted:	July 1, 2002
Date Second Amendment Approved:	September 27, 2002
Second Amendment Effective Date:	July 1, 2002
Date Third Amendment Submitted:	March 6, 2006
Date Third Amendment Approved:	July 13, 2006
Third Amendment Effective Date:	October 1, 2005
Date Fourth Amendment Submitted:	July 16, 2007
Date Fourth Amendment Approved:	October 5, 2007
Fourth Amendment Effective Date:	July 1, 2007, October 1, 2006, October 1, 2007
Date Fifth Amendment Submitted:	May 1, 2009
Date Fifth Amendment Approved:	December 9, 2009
Fifth Amendment Effective Date:	October 1, 2009
Date Sixth Amendment Submitted	July 31, 2009
Date Sixth Amendment Approved	December 18, 2009
Sixth Amendment Effective Date	October 1, 2009

Background

- On April 13, 1998, Montana submitted a Title XXI State plan to expand coverage to children through a benchmark-equivalent benefit package. The State proposed to provide coverage for children under the age of 19 and with family income at or below 150 percent of the Federal Poverty Level (FPL).

Amendments

- On December 27, 1999, Montana submitted its first State plan amendment, implementing the following major programmatic changes: an enrollment cap of

10,100 children implemented on January 1, 2001; the adoption of a universal application form; modification of definition of countable income; elimination of the annual enrollment fee; exclude coverage for contraceptives; the addition of a $350 dental benefit and an eyeglass benefit; increase in the annual maximum copayment from $200 to $215; and, the elimination of cost-sharing for the Native American children enrolled in CHIP.

- Montana submitted its second amendment on July 1, 2002. This amendment updated and amends the CHIP state plan to indicate the State's compliance with the final CHIP regulations. This amendment reduces mental health benefits. They will still include inpatient and outpatient mental health services and prescription drugs.

- Montana submitted its third amendment on March 6, 2006. This amendment made numerous clarifying, administrative and technical changes to the State plan. This amendment reinstates additional mental health benefits to the benchmark-equivalent plan for children who are diagnosed as seriously emotionally disturbed (SED); provides for private donations to be used for Federal match; replaces the Universal application with a simplified CHIP application; reduces the waiting period from three months to one month; increases the enrollment cap from 10,900 to 13,900 children; and eliminates the requirement for income documentation.

- Montana submitted its fourth amendment on July 16, 2007. This amendment expanded coverage from 150 percent to 175 percent of the Federal poverty level (FPL), add an Extended Dental Plan (EDP) in addition to the basic dental plan, and update the State Plan to reflect Montana's current practice of contracting with a Third Party Administrator (TPA). The proposed retroactive effective date for the FPL increase is July 1, 2007, for the contract with the TPA, is October 1, 2006, and for the prospective effective date for the expansion of dental benefits, is October 1, 2007.

- *Montana submitted its fifth amendment on May 6, 2009. This amendment requests approval of Federal matching funds for a $150,000 donation by the Caring Foundation of Montana to be used to provide dental services through the Montana CHIP program. This amendment has an effective date of October 1, 2009.*

- *Montana submitted its sixth amendment on July 31, 2009. This SPA changes Montana's CHIP program from a separate child health program to a combination program. The Medicaid expansion program will be for children for children 6 to 18 years of age above 100 percent of the FPL up to and including 133 percent of the FPL. The SPA also increases the upper income level for the separate child health program from 175 percent of the FPL up to and including 250 percent of the FPL. The SPA makes several other changes related to program administration, eligibility determinations, adds benefits and a new source of funds. Lastly, the SPA changes the name of the program from Montana Children's Health Insurance Plan (CHIP) to Healthy Montana Kids and Healthy Montana Kids Plus (previously Medicaid). The SPA has a retroactive effective date of October 1, 2009.*

Children Covered Under Program

Montana reports that there were 17,906 ever enrolled in the State's CHIP program in 2008.

Administration

Blue Cross Blue Shield of Montana administers Montana's Children's Health Insurance Program.

Health Care Delivery System

Montana contracts with Blue Cross Blue Shield to provide a benchmark equivalent State Employees plan for children over 133 percent of FPL and provides coverage to those at or below 133 percent of FPL through the State's Medicaid program.

Benefit Package

- Montana offers benchmark-equivalent coverage for children above 133 percent of the FPL. The benefit package includes inpatient and outpatient hospital services; emergency room services; physician services; surgical services; lab and X-ray services; well-child and well-baby services including age appropriate immunizations; prenatal and pregnancy services; abortion as permitted by law; prescription drugs; mental health and substance abuse treatment services; hearing and vision exams (including eyeglasses); and dental benefits that includes maxillofacial surgeries and prosthetics, dental implants, surgical procedure, treatment of fractures, and orthodontia.
- It offers Medicaid coverage to those at or below 133 percent of the FPL.

Cost Sharing

Cost sharing is imposed for non-Native American households above 100 percent of the FPL only, as follows:

- Inpatient hospital from no out of pocket to $25 per visit
- Emergency room from no out of pocket to $5 per visit
- Outpatient services from no out of pocket to $5 per visit
- Generic pharmaceuticals from no out of pocket to $3 per prescription
- Premium pharmaceuticals from no out of pocket to $5 per prescription
- Mail order generic (3 mos. Supply)--$6 per prescription
- Name brand mail order (3 mos. Supply)--$10 per prescription

The third party administrator will track the copayments charged to each family. When a copayment cap of $215 is reached, a maximum copayment letter will be generated and new ID card issued stating that no copayment is required.

- Should payments exceed $215, the family would submit any receipts and would be reimbursed.
- Enrollees are not disenrolled for non-payment of copayments.

State Action to Avoid Crowd Out

The application form asks families to report any health insurance coverage. A child is ineligible if the child has been covered under an individual or group health plan 3 months prior to application for CHIP, except under certain circumstances. The State monitors information collected on its eligibility and enrollment system to monitor substitution of coverage.

Outreach Activities

- Montana developed and maintains a statewide network of over 700 community partners, including health care providers, community advocacy groups, and other related agencies to increase awareness of the program, distribute applications, and offer enrollment assistance to families. In 2008, the State distributed over 13,000 brochures and applications through this network.

- In each of the past two years, the State has conducted a comprehensive back-to-school campaign in the fall. Approximately 35,000 postcards with the theme "Healthy Children Learn Better" were distributed to nearly 200 schools in 2008.

- In early 2006 the State conducted a statewide media campaign, including television, radio, and print advertising. Department staff produced all of the campaign materials in-house. A similar campaign will be conducted in support of the implementation of the Healthy Montana Kids program in the summer of 2009.

- The State staffs a telephone help-line for calls from Montanans in response to outreach campaigns, marketing, etc. The staff is knowledgeable about requirements and services available from public health programs and Medicaid-funded programs. The staff responds to public inquiries, coordinates with these programs, and makes referrals.

- The State has developed and maintained a network for referrals that includes the Women's, Infant's and Children's Nutrition Program, the Title V Program, the High-Risk Pregnant Women's Program, Federally Qualified Health Centers, Community Health Centers, Urban Indian Centers, Migrant Health Clinics, Rural Health Clinics, programs for individuals under the Disabilities Education Act, and Montana's Children's Mental Health Services Program among others.

Coordination between SCHIP and Medicaid

- Effective August 1, 2005, a simplified four-page application is being used for application to CHIP. When appropriate, the new application allows referral to

Medicaid, Children with Special Health Care Needs program, and the Mental Health Services Plan. The simplified application can also be downloaded from the CHIP website.

- The CHIP program screens all applicants for Medicaid eligibility. If the child is likely to be eligible for Medicaid, the application is forwarded to the County Public Assistance Office to begin the Medicaid application process. A child who is found ineligible for Medicaid is subsequently enrolled in CHIP.

- Children renewing CHIP coverage and considered to be potentially eligible for Medicaid will be provisionally re-enrolled in CHIP until it is determined that they are Medicaid eligible. This will ensure that a child does not have a lapse in coverage.

Financial Information

Total FFY 2009 SCHIP allotment -- $30,065,721
Enhanced Federal matching rate for FFY 2009 --77.6%
Date Last Updated: CMS, CMSO, FCHPG, DSCHI, November 23, 2009