

<b>Implement Healthy Montana Kids program.</b>		<b>Agency/Program #:</b> 69010-00-G3
		<b>Division:</b> Multiple
		<b>Program:</b> Multiple
<b>Agency Name:</b>	Department of Public Health and Human Services	
<b>Agency Contact:</b>	Mary Dalton	444-4084
<b>LFC Contact:</b>	Senator Lewis, Senator Wanzenried	
<b>LFD Liaison:</b>	Lois Steinbeck	444-5391
<b>OBPP Liaison:</b>	Pat Sullivan	444-1207

**Program or Project Description:**

The Healthy Montana Kids (HMK) program was established by voter initiative November 2008. The initiative raised financial eligibility for the Children's Health Insurance Program (CHIP) and Medicaid and combined the two programs. Effective October 1, 2009, the program includes two coverage groups: HMK (formerly CHIP) and HMK Plus (formerly children's Medicaid).

Appropriation, Expenditure and Source					
Fund Name:	2010		2011		Approp & Expenditure numbers are as of
	Approp.	Expended	Approp.	Expended	
General Fund					
State Special					
Federal Funds					
<b>Total:</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	

**Goal(s):**

No goals provided. The workgroup could consider using the goals submitted to the Centers for Medicare and Medicaid Services (CMS) in the DPHHS state plan amendment for CHIP to implement HMK, which are included in Section 9: Strategic Objectives and Performance Goals and Plan Administration. (attached for LFC workgroup consideration)

**Performance Measures :**

No performance measures provided.

The workgroup could consider using the performance measures submitted to the Centers for Medicare and Medicaid Services (CMS) in the DPHHS state plan amendment for CHIP to implement HMK, which are included in Section 9: Strategic Objectives and Performance Goals and Plan Administration. This section is attached for LFC workgroup consideration.

DPHHS staff has reported delays of 44 to 45 days in eligibility determination for HMK. The LFC workgroup could also consider implementing a performance measure related to timely eligibility determination.

2009 Biennium Significant Milestones:	Completion Dates	
	Target	Actual
1 No milestones provided. The LFC could consider the following milestones.		
2 Submit CHIP state plan amendment.		
3 Submit Medicaid state plan amendment.		
4 Integration of online application and automated eligibility system.		
5 All computer system changes necessary to administer eligibility and provide data for federal performance measures are complete.		
6		

**Performance Report:**

Increase the number of low-to-moderate income Montana children who have health care coverage.

Baseline: 19,012 children were enrolled in CHIP and 50,290 in Medicaid effective September 2009.

**LFD Narrative:**

LFD ASSESSMENT - Progress report needed.

APPROPRIATIONS/EXPENDITURES PROVIDED - None provided.

GOALS - None provided. (See attachment from CHIP State Plan Amendment 6 for possible goals.)

PERFORMANCE MEASURES - None provided. (See attachment from CHIP State Plan Amendment 6 for possible measures.)

MILESTONES - None provided.

PERFORMANCE REPORT - The department expects to track the number of children enrolled compared to baseline information. According to this measure, DPHHS has already met the outcome measure since more children are enrolled in Medicaid and CHIP. DPHHS has proposed other goals and performance measures as part of its federal requirements for CHIP and Medicaid program administration.

ISSUES/COMMENTS - The workgroup may wish to ask that the department provide the information requested by the LFC. The lack of data regarding appropriation amounts, goals, measures, and implementation milestones inhibits legislators' ability to evaluate the implementation of HMK and whether the program outcomes are achieved. For instance, the legislature may wish to know how many and which of the FTE funded for HMK implementation have been filled, how many branch managers. The LFC may request that some of the same information be provided for legislative evaluation in order to reduce workload impacts for DPHHS staff. If DPHHS does not have management information that it uses to evaluate HMK implementation and outcomes, the LFC could request that Legislative Fiscal Division staff suggest data that would allow legislators to evaluate HMK implementation.

Version	Date	Author
6901-00-G3 BP - 1	12/07/09	Steinbeck

Change Description
LFD narrative added

# ATTACHMENT TO HEALTHY MONTANA KIDS PERFORMANCE MONITORING INITIATIVE (6901-00-G3)

*Source: Montana State Plan – Children’s Health Insurance Program – Amendment #6, pages 61 - 69  
Printed from the federal Centers for Medicare and Medicaid Services website, December 8, 2009*

## Section 9. Strategic Objectives and Performance Goals and Plan Administration (Section 2107)

- 9.1. Describe strategic objectives for increasing the extent of creditable health coverage among targeted low-income children and other low-income children: (Section 2107(a)(2)) (42CFR 457.710(b))

DPHHS’s strategic objectives are to:

1. Improve the health status of children with a focus on preventive and early primary care treatment.
2. Increase the number of children who are enrolled in the Healthy Montana Kids Plan.
3. Prevent “crowd out” of employer coverage.
4. Coordinate and consolidate with other health care programs providing services to children to create a seamless health care delivery system for low-income children.

- 9.2. Specify one or more performance goals for each strategic objective identified: (Section 2107(a)(3)) (42CFR 457.710(c))

1. Improve health status of children with a focus on preventive and early primary care treatment.

Performance goal: 96% of children 12-24 months of age will receive preventive or primary care treatment each year

2. Increase the number of children who are enrolled in the Healthy Montana Kids Plan.

Performance goal: Enroll 29,000 additional children in the Healthy Montana Kids Plan.

3. Prevent “crowd-out” of employer coverage.

Performance Goal: Maintain the proportion of children < 250% of federal poverty who are covered under an employer-based plan taking into account decrease due to health care costs or a downturn in the economy.

4. Coordinate and consolidate with other health care programs providing services to children to create a seamless health care delivery system for low-income children.

Performance Goal: Co-ordinate with the Title V Children’s Special Health Services program and the Children’s Mental Health Services Plan to ensure 95% of eligible children who need care beyond what is offered under HMK coverage group are referred to these programs.

- 9.3. Describe how performance under the plan will be measured through objective, independently verifiable means and compared against performance goals in order to determine the state’s performance, taking into account suggested performance indicators as specified below or other indicators the state develops: (Section 2107(a)(4)(A),(B)) (42CFR 457.710(d))

Objective One: Improve health status of children with a focus on preventive and early primary treatment: The TPA Contractor is required to collect and report HEDIS data and utilization data. The Department of Public Health and Human Services will use this data to measure success of the plan in establishing baseline data and reaching the performance goals regarding immunization and well-child care.

DPHHS conducts an Enrollee Satisfaction Survey. Surveys are mailed to randomly selected current enrollees. The purpose of the survey is to assess enrollees' satisfaction with the program. The survey measures enrollees' perception of services received from providers and program staff. In addition, it measures the use and effectiveness of program materials.

Objective Two: Decrease the proportion of children in Montana who are uninsured and reduce financial barriers to affordable health care coverage: Performance goals under this objective are measured based on the decrease in the number of uninsured children in families with incomes  $\leq 250\%$  of the federal poverty level compared with the number uninsured before the state plan's effective date. First, baseline numbers of uninsured children will be calculated from a three-year average of the 2005, 2006, and 2007 March supplement to the Current Population Survey produced by the Bureau of the Census. New estimates of uninsured children will be calculated as more current data become available and will be used to compare trends from year to year.

Objective Three: Prevent "crowd-out" of employer coverage: Performance goals under this objective will be measured based on the proportion of children at or below 250% of federal poverty who are covered under an employer based plan taking into account decreases due to increases in health care costs or a downturn in the economy. The proportion of children covered under the employer-based plan will be evaluated, and analysis will be conducted to test for evidence of "crowd-out". The baseline for comparison will be obtained from a 3 year average of the 2005, 2006, and 2007 March Current Population Survey.

In addition, the eligibility determination process includes questions relating to parents' access to and coverage by health insurance. This allows the state to track the number of children who have access to employer-based coverage and to ensure that children enrolling in the program are not dropping their employment-based coverage.

Objective Four: Coordinate and consolidate with other health care programs providing services to children to create a seamless health care delivery system for low-income children: Performance goals under this objective are based on the enrollment of children receiving care through the Children's Mental Health Services Plan, HMK Plus, Health Insurance for Montana University System Dependent Care Premium Waiver Program, and Insure Montana. DPHHS staff provides information about Community Health Centers, Urban Indian Clinics, Migrant Health Clinics, National Health Service Corps sites and Montana Youth Care. DPHHS staff make referrals to Children's Special Health Services, Children's Mental Health Services Plan and other health care programs for children.

The Healthy Montana Kids Plan (HMK) will create a seamless health care delivery system for CHIP-funded and Medicaid-funded services provided by the Healthy Montana Kids Plan. The new computerized eligibility determination system for DPHHS health and social service programs will assist the department to meet this objective.

Objective Five: Increase the enrollment of currently eligible, but not participating, children in HMK Plus: Extensive outreach efforts including Community Enrollment Partners will be implemented to increase enrollment of currently eligible, but un-enrolled children.

Check the applicable suggested performance measurements listed below that the state plans to use: (Section 2107(a)(4))

9.3.1.  The increase in the percentage of Medicaid-eligible children enrolled in Medicaid.

- 9.3.2. **X** The reduction in the percentage of uninsured children.
- 9.3.3. The increase in the percentage of children with a usual source of care.
- 9.3.4. The extent to which outcome measures show progress on one or more of the health problems identified by the state.
- 9.3.5. HEDIS Measurement Set relevant to children and adolescents younger than 19.
- 9.3.6. Other child appropriate measurement set. List or describe the set used.
- 9.3.7. **X** If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:
  - 9.3.7.1. **X** Immunizations
  - 9.3.7.2. **X** Well childcare
  - 9.3.7.3. **X** Adolescent well visits
  - 9.3.7.4. Satisfaction with care
  - 9.3.7.5. Mental health
  - 9.3.7.6. Dental care
  - 9.3.7.7. **X** Other, please list: Children’s access to primary care providers
- 9.3.8. Performance measures for special targeted populations.

- 9.4. **X** The state assures it will collect all data, maintain records and furnish reports to the Secretary at the times and in the standardized format that the Secretary requires. (Section 2107(b)(1)) (42CFR 457.720)
- 9.5. **X** The state assures it will comply with the annual assessment and evaluation required under Section 10. Briefly describe the state’s plan for these annual assessments and reports. (Section 2107(b)(2)) (42CFR 457.750)

DPHHS completes the annual assessments and evaluations required in Section 2108(a). The Annual Report includes an assessment of the operation of the program and its progress toward meeting its strategic objectives and performance goals.

DPHHS completes and submits quarterly statistical reports through the SCHIP Statistical Enrollment Data System (SEDS). These statistics of unduplicated ever-enrolled children is reported by gender, race and ethnicity.

- 9.6. **X** The state assures it will provide the Secretary with access to any records or information relating to the plan for purposes of review of audit. (Section 2107(b)(3)) (42CFR 457.720)
- 9.7. **X** The state assures that, in developing performance measures, it will modify those measures to meet national requirements when such requirements are developed. (42CFR 457.710(e))
- 9.8. **X** The state assures, to the extent they apply, that the following provisions of the Social Security Act will apply under Title XXI, to the same extent they apply to a state under Title XIX: (Section 2107(e)) (42CFR 457.135)
  - 9.8.1. **X** Section 1902(a)(4)(C) (relating to conflict of interest standards)
  - 9.8.2. **X** Paragraphs (2), (16) and (17) of Section 1903(i) (relating to limitations on payment)
  - 9.8.3. **X** Section 1903(w) (relating to limitations on provider donations and taxes)
  - 9.8.4. **X** Section 1132 (relating to periods within which claims must be filed)

9.9. Describe the process used by the state to accomplish involvement of the public in the design and

implementation of the plan and the method for insuring ongoing public involvement. (Section 2107(c)) (42CFR 457.120(a) and (b))

Since implementation, DPHHS advisory councils have provided important advice, comments, and recommendations.

When DPHHS proposes changes to the Administrative Rules of Montana notice is given and a public hearing is scheduled to allow interested parties to comment and provide input.

In November, 2008, a citizens' initiative, Montana Initiative I-155, Healthy Montana Kids Plan Act was approved by 70% of all voters. The HMK Plan Act increases the income eligibility guideline for HMK (formerly known as CHIP) enrollees to 250% of the FPL. Included in HMK Plan Act is the elimination of the Medicaid asset test for children. The department also is implementing a CHIP-funded/Medicaid Expansion Program for children ages 6-18 years of age whose family incomes are at or below 133% of the FPL.

Other provisions in the Healthy Montana Kids Act include the following:

- Enrollment Partners
- Increase the "insurance delay period" from one month to three months
- Coordinate enrollment and application for CHIP-funded and Medicaid-funded benefits
- Presumptive eligibility
- Premium assistance
- Assistance to employers to implement Premium Only Health Benefit Plans ("Section 125 Plans")

Legislative Input:

- The legislature approved an increase from 150% to 175% of the federal poverty level (FPL) during the 2007 legislative session.
- During the 2009 legislative session the legislature appropriated funding for state match for the HMK initiative described above.

DPHHS provides quarterly program updates to legislative interim committees.

Meetings with Interested Parties:

DPHHS staff meets with other statewide association advisory boards and interested parties, including: Montana Hospital Association, Primary Care Association, Health Advisory Council, Public Health Association, Family Planning State Council, Montana Council for Maternal and Child Health, Montana Children's Alliance, Children's Committee of the Mental Health Association, Head Start, Public Health and School Nurses, Governor's Council on Children and Families, the Montana Association of Counties, Human Services Committee, Montana People's Action, Working for Equality and Economic Liberation, Montana Migrant Council, and the Native American Advisory Council. At the request of several organizations, a program update is provided at each meeting, allowing time for questions, comments, and problem solving.

- 9.9.1 Describe the process used by the state to ensure interaction with Indian Tribes and organizations in the state on the development and implementation of the procedures required in 42 CFR 457.125. (Section 2107(c)) (42CFR 457.120(c))

DPHHS works directly with tribes, the Indian Health Service, Tribal Health Services, Bureau of Indian Affairs, Urban Indian Clinics and the Governor's Native American Advisory Council to inform Native Americans in Montana about the program. DPHHS staff provides annual updates and training

at each of the seven Montana reservations and five Urban Indian Clinics. In addition, DPHHS staff participates in the annual CMS/IHS Medicare, Medicaid and CHIP training.

DPHHS staff presented a web-based seminar to Tribal Council Chairpersons, IHS and Tribal Health Directors, Urban Indian Clinic Directors and IHS administrators regarding the Healthy Montana Kids Plan.

- 9.9.2 For an amendment relating to eligibility or benefits (including cost sharing and enrollment procedures), please describe how and when prior public notice was provided as required in §457.65(b) through (d).

Prior public notice of proposed changes is provided in a form and manner provided under applicable State law. Public notice will be published prior to the requested effective date of the change.