

**MARYLAND TITLE XXI STATE PLAN
FACT SHEET**

Name of Plan: **Maryland Children's Health Program**

Date Plan Submitted: April 30, 1998

Date Plan Approved: July 29, 1998

Plan Effective Date: July 1, 1998

Date Phase I Plan Submitted: June 30, 2000

Date Phase I Plan Approved: October 26, 2000

Phase I Plan Effective Date: July 1, 1998

Date Phase II Submitted: July 27, 2000

Date Phase II Approved: November 7, 2000

Phase II Plan Effective Date: July 1, 2001

Date Amendment #3 Submitted: June 14, 2002

Date Amendment #3 Approved: September 12, 2002

Date Amendment #3 Effective: July 1, 2002

Date Amendment #4 Submitted: June 27, 2002

Date Amendment #4 Approved: September 19, 2002

Date Amendment #5 Submitted: July 30, 2003

Date Amendment #5 Approved: October 28, 2003

Date Amendment #5 Effective: September 1, 2003

Date Amendment #6 Submitted: July 30, 2003

Date Amendment #6 Approved: October 28, 2003

Date Amendment #6 Effective: July 1, 2003

Date Amendment #7 Submitted: June 1, 2004

Date Amendment #7 Approved: August 30, 2004

Date Amendment #7 Effective: January 1, 2004 and July 1, 2004

Date Amendment #8 Submitted: February 13, 2007

Date Amendment #8 Approved: May 21, 2007

Date Amendment #8 Effective: June 1, 2007

Current Plan:

- The State Plan under which Maryland operates as of its 8th Amendment, permits children to be enrolled in a Children's Health Insurance Program (CHIP) Medicaid expansion program

from above Medicaid upper income thresholds up to and including 300 percent of the Federal Poverty Level (FPL).

Background:

- On April 30, 1998, Maryland submitted a title XXI plan, under Phase I, to expand Medicaid eligibility to children born after October 1, 1983, from 185 percent to 200 percent of the Federal poverty level (FPL). It also expanded eligibility to children born before October 1, 1983, up to age 19, from 100 percent to 200 percent of the FPL. Eligible children receive the full Medicaid benefit package and all Medicaid program policies will apply.

Amendments:

- On June 30, 2000, Maryland submitted an amendment under Phase I, to expand coverage to targeted low-income children ages 1 through 5 in families with income above 133 percent of the FPL and at or below 185 percent of the FPL. It also expanded eligibility to children ages 6 and above who were born after September 30, 1983, in families with income over 100 percent of FPL and at or below 185 percent FPL. Prior to July 1, 1998, these children were eligible for a section 1115 demonstration project that did not provide inpatient hospital coverage.
- On July 27, 2000, Maryland submitted an amendment to implement Phase II of the Maryland Children's Health Program. Under Phase II, Maryland will provide SCHIP coverage to children with family income above 200 percent but at or below 300 percent of the FPL through a separate child health program. For Phase II enrollees, it also introduces cost sharing and establishes a premium assistance program to provide coverage through employer sponsored health benefit plans that meet title XXI requirements.
- On June 14, 2002, Maryland submitted an amendment to change the required minimum employer contribution for family health coverage from 50 percent to 30 percent in its premium assistance program.
- On June 27, 2002, Maryland submitted an amendment to update and amend the SCHIP State plan to indicate the State's compliance with the final SCHIP regulations.
- On July 30, 2003, Maryland submitted its fifth and sixth amendments. The fifth amendment converts children whose family income is above 185 percent but at or below 200 percent FPL from the CHIP Medicaid expansion program to the separate child health program. The sixth amendment eliminates the employer-sponsored insurance program as an enrollment option; imposes cost sharing for children whose family income is above 185 percent FPL but at or below 200 percent FPL; and institutes an enrollment freeze on the group of children with family incomes above 200 percent of the FPL and not greater than 300 percent of the FPL.
- On June 1, 2004, Maryland's seventh amendment was submitted. This amendment removes the freeze on new enrollment for children with family incomes above 200 but not greater than 300 percent FPL. This amendment also increases the lower income standard for the separate child health program, MCHP Premium, from 185 percent of the FPL to 200 percent

of the FPL, which in combination with an increase in the upper income standard for the CHIP Medicaid expansion program, changes the program type for this group of children from a separate child health program to a CHIP Medicaid expansion program. Finally, this amendment changes income definitions and removes two dental services strategic objectives.

- On February 13, 2007, Maryland's eighth amendment was submitted. This amendment converts children whose family income is above 200 percent but at or below 300% from the separate child health program to the CHIP Medicaid expansion program. This changes Maryland's status from a combination State to a Medicaid expansion State and allows the State to provide Medicaid benefits to children through 300% of the Federal poverty level.

Children Covered Under Program:

- In FFY 2008, the State reported that 132,864 children were ever enrolled in Maryland's Children's Health Insurance Program (CHIP)

Administration:

- The Department of Health and Mental Hygiene administers the program.

Health Care Delivery System:

- Services are provided through the current delivery system for the Medicaid program, HealthChoice, a Section 1115 demonstration project. This population is required to choose a Managed Care Organization (MCO) for delivery of health care services.

Eligibility:

- Effective June 1, 2007, MCHP Premium became a Medicaid Expansion Program. This will allow Medicaid coverage to be extended to children with family income above 200 percent but at or below 300 percent of the FPL after the State has exhausted the available Title XXI funds. The provision is pending approval by June 14, 2008.
- At the same time, through an 1115 Medicaid Demonstration, the Maryland Medicaid expansion program became eligible for the managed care services provided through the State's Medicaid program and maintained its 6 months uninsurance provisions, but disallowed retroactive eligibility.

Benefit Package:

- The Medicaid benefit package.

Cost Sharing:

- Through the Medicaid State plan, under Deficit Reduction Act provisions, premiums are charged to families of children enrolled in the higher income groups as they previously existed under the Maryland Premium (stand alone) CHIP program:

- For families whose income is above 200 percent of the FPL but at or below 250 percent of the FPL, the premiums will be 2 percent of the FPL for a family of two at 200 percent of the FPL.
- For families whose income is above 250 percent of FPL but at or below 300 percent of FPL, the premiums will be 2 percent of the FPL for a family of two at 250 percent of the FPL.

Coordination between SCHIP and Medicaid:

- Maryland uses the same system to determine eligibility for its Medicaid expansion program and its Medicaid program.
- Maryland uses a Client Automated Resource Eligibility System (CARES) that uses financial and other data from the joint application process for Medicaid and the Maryland Children's Health Program (MCHP) to determine eligibility. CARES interfaces with the State's Medicaid Management Information System (MMIS) and triggers the HealthChoice enrollment process by the enrollment broker.

State Action to Avoid Crowd-Out:

- In the CHIP Medicaid expansion program (under section 1115 demonstration authority), any individual whose income falls above Medicaid levels and up to and including 300 percent of the FPL and who is covered by employer-based health insurance, or who has voluntarily terminated employer-based health insurance, will have to wait 6 months prior to enrolling in the program.

Outreach Activities:

- The State utilizes many strategies to identify and enroll eligible children, which include:
 - A grassroots information dissemination campaign involving collaboration with State agencies, advocacy and community-based groups and provider organizations.
 - A redesign of the application and eligibility determination process.

Financial Information:

Total FFY '09 CHIP allotment -- \$194,773,700
 FFY '09 Enhanced Federal matching rate -- 65%

Date last updated: July 22, 2009