

IDAHO TITLE XXI PROGRAM FACT SHEET

Name of Plan:	Idaho Children's Health Insurance Plan
Date Plan Submitted:	February 17, 1998
Date Plan Approved:	June 15, 1998
Effective Date of Plan:	October 1, 1997
Date Amendment #1 Submitted:	October 13, 1998
Date Amendment #1 Approved:	December 4, 1998
Date Amendment #1 Effective:	July 1, 1998
Date Amendment #2 Submitted:	March 21, 2000
Date Amendment #2 Approved:	March 1, 2001
Date Amendment #2 Effective:	January 1, 2000
Date Amendment #3 Submitted:	June 28, 2002
Date Amendment #3 Approved:	September 19, 2002
Date Amendment #3 Effective:	July 1, 2002
Date Amendment #4 Submitted:	February 25, 2004
Date Amendment #4 Approved:	June 10, 2004
Date Amendment #4 Effective:	July 1, 2004
Date Amendment #5 Submitted:	August 30, 2004
Date Amendment #5 Approved:	January 13, 2005
Date Amendment #5 Effective:	July 1, 2004
Date Amendment #6 Submitted:	June 9, 2005
Date Amendment #6 Approved:	September 7, 2005
Date Amendment #6 Effective:	June 1, 2005
Date Amendment #7 Submitted:	April 28, 2006
Date Amendment #7 Approved:	May 25, 2006
Date Amendment #7 Effective:	July 1, 2006
Date Amendment #8 Submitted:	May 5, 2006
Date Amendment #8 Approved:	May 25, 2006
Date Amendment #8 Effective:	July 1, 2006
Date Amendment #9 Submitted:	January 24, 2007
Date Amendment #9 Approved:	September 28, 2007
Date Amendment #9 Effective:	January 1, 2007 (Wellness PHA) February 1, 2007 (cost sharing)

Date Amendment #10 Submitted:
Date Amendment #9 Approved:
Date Amendment #9 Effective:

March 17, 2009
Pending
***November 1, 2008 (Substance Abuse
& Speech-Language Pathology Services)***
***January 1, 2009 (Mental Health &
Developmental Disability Agency)***

Background

- On February 17, 1998, Idaho submitted a Title XXI state plan to expand Medicaid coverage to optional targeted low-income children up to age 19 with incomes through 160 percent of the Federal poverty level (FPL).

Amendments

- On October 13, 1998, the State submitted an amendment to its approved Title XXI plan to lower the income eligibility standards from incomes through 160 percent of the FPL to incomes through 150 percent of the FPL, retroactive to July 1, 1998. This change was mandated by the Idaho Legislature, and the State discussed this change in its original Title XXI Plan proposal.
- On March 21, 2000, Idaho submitted an amendment to its Title XXI plan to implement program design changes to increase coordination of efforts across agencies, simplify the application, and improve media and outreach approaches.
- Idaho submitted its third amendment on June 28, 2002. This amendment updates and amends the CHIP state plan to indicate the State's compliance with the final CHIP regulations.
- On February 25, 2004, Idaho submitted an amendment to create a separate child health program (CHIP B), to expand coverage to children with family incomes over 150 percent through 185 percent of the FPL.
- On August 30, 2004, Idaho submitted its fifth Title XXI state plan amendment (SPA), and subsequently revised it on December 1, 2004, to request secretarial approval for a new benefit package for the State's separate child health program, CHIP B. The amendment specifically: removes the 20-day limit on coverage of outpatient mental health services; limits coverage of inpatient mental health services to 30 days per year; eliminates coverage for dental services, except for emergency dental; eliminates coverage for durable medical equipment; and limits coverage of therapy services (i.e., physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders) to only those services provided by a hospital.
- On June 9, 2005, Idaho submitted its sixth amendment. The amendment removes the enrollment cap on the State's separate child health program (CHIP-B) and changes the consequences for delinquent CHIP-B premium payments from a family losing

eligibility for one year, with the debt forgiven, to a family losing eligibility until the debt is paid in-full.

- On April 28, 2006, Idaho submitted its seventh amendment. This amendment implements a school-based health service initiative for low-income children as allowed under the 10 percent administrative cap of CHIP. Grants will be made to school districts to assist with the salary expenses of registered nurses working in schools. Services provided will include health counseling and education, health screenings, prevention services, health coordination, referral to care outside of school, and application assistance leading to enrollment in Title XIX and Title XXI health coverage programs.
- On May 5, 2006, Idaho submitted its eighth amendment. This amendment changes the lower income eligibility level for the separate CHIP program for children from birth through 18 years from 150 percent of the Federal poverty level (FPL) to above 133 percent of the FPL, yielding a revised income eligibility standard of above 133 percent of the FPL through 185 percent of the FPL. This amendment also limits enrollment in the State's title XXI Medicaid Expansion Program to children ages 6 through 18 years with family income above 100 percent of the FPL through 133 percent of the FPL. The amendment removes the resource limits related to program eligibility and imposes premiums for children with family income above 133 percent of the FPL. Enrollees in the Basic Benchmark Benefit Package with family incomes above 133 percent through 150 percent of the FPL will be subject to a \$10 per member per month premium. Enrollees in the Basic Benchmark Benefit Package with family incomes above 150 percent through 185 percent of the FPL will be subject to a \$10 per member per month premium for medical services and an additional \$5 per month for dental services. Enrollees in the Enhanced Benchmark Benefit Package are not subject to premiums. This amendment also changes the current benefit package to a Secretary-Approved package, entitled the 'Basic Benchmark Benefit Package' or, an 'Enhanced Benchmark Benefit Package,' for children with special health care needs.
- On January 24, 2007, Idaho submitted its ninth amendment. This amendment established a mechanism to assist participants with their premium payment obligations, called the Wellness Preventative Health Assistance (Wellness PHA). Each enrollee who is required to make premium payments can earn 30 points every 3 months by receiving recommended wellness visits and demonstrating up-to-date immunizations. Each point equals one dollar and can be used to offset premium payments. A child with family income below 150 percent of the Federal Poverty Level (FPL) may have all his premium obligations met by utilizing Wellness PHA. Children in families from 150 percent up to and including 185 percent of the FPL may offset up to two-thirds of their payments. This amendment also adds a nominal co-payment of \$3 for participants who seek care at a hospital emergency department or access emergency transportation for a non emergency condition.

- *On March 17, 2009, Idaho submitted a CHIP SPA, which proposes to add coverage for substance abuse services, reduce limits for partial care, psychosocial rehab, therapy services and developmental disability agency services.*

Children Covered Under Program

The State reported that 43,526 children ever enrolled in CHIP during FFY 2008.

Administration

The program is administered by the State Medicaid Agency.

Health Care Delivery System

- The State utilizes its current Medicaid delivery system to provide services to CHIP enrollees. The delivery system is a primary care case management model.

Benefit Package

- CHIP enrollees will receive one of two benefit packages based on health care needs. Most children will be covered under the Basic Benchmark Benefit Package. Children with special health needs will be enrolled in the Enhanced Benchmark Benefit Package.
- These benefit packages are Secretary-approved coverage. The benefit package includes well-baby and well-child services, immunizations, emergency services, inpatient and outpatient care, prescription drugs, diagnostic services, vision services, and inpatient and outpatient mental health services.

Cost Sharing

Premiums are imposed for children with family income above 133 percent of the FPL. Enrollees in the Basic Benchmark Benefit Package with family incomes above 133 percent of the FPL to 150 percent FPL will be subject to a premium in the amount of \$10 per member per month for medical services and are not subject to a dental premium. Enrollees in the 'Basic Benchmark Benefit Package' with family incomes from 150 percent up to and including 185 percent of the FPL will be subject to a premium in the amount of \$10 per member per month for medical services and an additional \$5 per member per month for dental services. Enrollees in the Enhanced Benchmark Benefit Package are not subject to premiums. Enrollees have a nominal co-payment of \$3 for participants who seek care at a hospital emergency department or access emergency transportation for a non emergency condition.

Coordination Between CHIP and Medicaid

Idaho uses a single application, and children are first evaluated for regular Medicaid. Those who are found eligible for regular Medicaid are enrolled in Medicaid. A child who

is eligible for Medicaid is ineligible for CHIP.

Crowd-Out Strategy

Idaho requires a 6-month period of uninsurance for CHIP. The application requires information on when the child was last covered by health insurance. Exceptions to the period of uninsurance will be made if the applicant lost private insurance through no fault of their own (i.e., employer driven) or due to hardship. In addition, substitution of coverage under CHIP is monitored by tracking the number of eligibility denials due to having creditable insurance.

Outreach

- Idaho has developed a multi-dimensional approach to outreach including but not limited to:
 - Building on existing regional successes through emphasis on targeted, grass-roots outreach.
 - State-level coordination across all Department of Health and Welfare divisions.
 - Establishment of a virtual resource network for CHIP.

Financial Information

Total FFY '09 CHIP Allotment -- \$44 million

FFY '09 Enhanced Federal Matching Rate – 78.84%

Date Last Updated: CMSO, FCHPG, DSCHI on December 1, 2009