

---

## **Table of Contents**

**State/Territory Name:** Montana

**State Plan Amendment (SPA) #:** MT-24-0031

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-01-16  
Baltimore, MD 21244-1850



**Children and Adults Health Programs Group**

---

March 13, 2025

Rebecca de Camara  
Medicaid and Health Services Executive Director  
State Medicaid and CHIP Director  
Montana Department of Public Health and Human Services  
PO Box 4210  
Helena, MT 59620

Dear Director Rebecca de Camara:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) MT-24-0031, submitted on December 31, 2024, has been approved. The SPA has an effective date of December 31, 2024.

Through SPA MT-24-0031, Montana updates the strategic objectives and performance goals in section 9 of the state plan to align with the state's CHIP Annual Report. This SPA also removes outdated objectives and performance goals from the state plan that the state no longer includes in the CHIP Annual Report. The new strategic objectives Montana will be working toward include reducing the number of uninsured children, increasing access to care, and ensuring use of preventive care. The corresponding performance goals set by the state in order to meet these strategic objectives are to:

- Decrease the number of uninsured, low-income children by .5 percent annually until Montana reaches a 95 percent insured rate.
- Ensure at least 95 percent of Healthy Montana Kids enrollees have access to one or more physicians within 60 miles of the place of residence.
- Ensure at least 80 percent of CHIP Consumer Assessment of Healthcare Providers & Systems (CAHPS) survey respondents report that it was usually or always easy to get access to care, tests, or treatments within the last six months.
- Ensure at least 60 percent of CHIP enrolled children, ages 3 to 19 have at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement year.

To measure progress on these goals, the state will use eligibility and enrollment data, CAHPS survey data, and claims data.

Page 2 – Director Rebecca de Camara

Your title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning this amendment and other CHIP-related issues. Her contact information is as follows:

Centers for Medicare & Medicaid Services  
Center for Medicaid and CHIP Services  
Mail Stop: S2-01-16  
7500 Security Boulevard  
Baltimore, MD 21244-1850  
Telephone: (410) 786-3413  
E-mail: [Joyce.Jordan@cms.hhs.gov](mailto:Joyce.Jordan@cms.hhs.gov)

If you have any questions, please contact Mary Beth Hance, Acting Director, Division of State Coverage Programs, at (410) 786-4299. We look forward to continuing to work with you and your staff.

Sincerely,  
/Signed by Sarah deLone/

Sarah deLone  
Director

**Montana CHIP SPA for  
Updating the Goals and Objectives in the State Plan 12/31/2024**

State/Territory: Montana

(Name of State/Territory)

As a condition for receipt of Federal funds under Title XXI of the Social Security Act, (42 CFR, 457.40(b)) \_\_\_\_\_ (Signature of Governor, or designee, of State/Territory, Date Signed)

submits the following Child Health Plan for the Children's Health Insurance Program and hereby agrees to administer the program in accordance with the provisions of the approved Child Health Plan, the requirements of Title XXI and XIX of the Act (as appropriate) and all applicable Federal regulations and other official issuances of the Department.

The following State officials are responsible for program administration and financial oversight (42 CFR 457.40(c)):

Name: Rebecca de Camara

Position/Title: Medicaid and Health Services  
Executive Director/State Medicaid and CHIP  
Director

Name: Mary LeMieux

Position/Title: Division Administrator, Health  
Resources Division Department of Public Health  
and Human Services

- 1.4** Provide the effective (date costs begin to be incurred) and implementation (date services begin to be provided) dates for this SPA (42 CFR 457.65). A SPA may only have one effective date, but provisions within the SPA may have different implementation dates that must be after the effective date.

SPA #24-0031 Purpose: The state is making changes to the goals listed in the CHIP state plan to be more specific and measurable, as well as aligning with information currently reported in the CHIP Annual Report.

Implementation Date: December 31, 2024

- 1.4- TC Tribal Consultation (Section 2107(e)(1)(C))** Describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

This topic was included in the Medicaid and CHIP tribal consultation letter that was mailed on February 28, 2025..

**Section 9. Strategic Objectives and Performance Goals and Plan Administration**

Guidance: States should consider aligning its strategic objectives with those discussed in Section II of the CHIP Annual Report.

- 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. Reduce the Number of Uninsured Children.
2. Increase access to Care.
3. Ensure Use of preventive care.

Guidance: Goals should be measurable, quantifiable and convey a target the State is working towards.

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

1. Reduce the Number of Uninsured Children.  
Performance goal: Decrease the number of uninsured, low-income children by .5 percent annually until Montana reaches a 95 percent insured rate.
2. Increase Access to Care.  
Performance goal 1: Access to Physicians – one or more physicians within 60 miles of the place of residence for at least 95% of Healthy Montana Kids enrollees.  
Performance goal 2: Getting Needed Care and Getting Care Quickly- at least 80% of CHIP CAHPS survey respondents reported it was usually, or always, easy to get access to care, test, or treatments within the last six months.
3. Increase use of Preventive Care.  
Performance Goal: At least 60% of CHIP enrolled children, ages 3 to 19 who had at least one comprehensive well-care visit with a primary care practitioner (PCP) or an obstetrician/gynecologist (OB/GYN) during the measurement year.

Guidance: The State should include data sources to be used to assess each performance goal.

In addition, check all appropriate measures from 9.3.1 to 9.3.8 that the State will be utilizing to measure performance, even if doing so duplicates what the State has already discussed in Section 9.

It is acceptable for the State to include performance measures for population subgroups chosen by the State for special emphasis, such as racial or ethnic minorities, particular high-risk or hard to reach populations, children with special needs, etc.

HEDIS (Health Employer Data and Information Set) 2008 contains performance measures relevant to children and adolescents younger than 19. In addition, HEDIS 3.0 contains measures for the general population, for which breakouts by children's age bands (e.g., ages < 1, 1-9, 10-19) are required. Full definitions, explanations of data sources, and other important guidance on the use of HEDIS measures can be found in the HEDIS 2008 manual published by the National Committee on Quality Assurance. So that State HEDIS results are consistent and comparable with national and regional data, states should check the HEDIS 2008 manual for detailed definitions of each measure, including definitions of the numerator and denominator to be used. For states that do not plan to offer managed care plans, HEDIS measures may also be able to be adapted to organizations of care other than managed care.

**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: Reduce the Number of Uninsured Children:**

The performance goal under this objective is measured based on the difference between the average monthly enrollment of CHIP and Medicaid children enrolled during the previous year versus the current reporting year. This information will come from eligibility and enrollment data that is collected from the CHIMES full issuance report. The low-income uninsured rate will be sourced from the American Community Survey.

**Objective Two: Increase Access to Care:**

The first performance goal under this objective is measured based on data from the Blue Cross Blue Shield of Montana Network Adequacy Report provided to the Department quarterly.

The second performance goal under this objective will be measured based on data collected from the CAHPS survey respondents that report it was usually, or always, easy to get access to care, test, or treatments within the last six months.

**Objective Three: Use of Preventive Care:**

Performance goal under this objective is measured from administrative claims data based on National Committee for Quality Assurance standards for determining percentage of

CHIP children who received at least one comprehensive well-care visit during the measurement year.

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. ☒ 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. ☒ If not utilizing the entire HEDIS Measurement Set, specify which measures will be collected, such as:
- 9.3.7.1. ☐ Immunizations
  - 9.3.7.2. ☒ Well child care
  - 9.3.7.3. ☒ 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. ☒ Other, list:

Children's access to primary care providers

- 9.3.8. ☐ Performance measures for special targeted populations.