

NORTH DAKOTA TITLE XXI PROGRAM FACT SHEET

Name of Plan:	Healthy Steps Program
Date Plan Submitted:	July 24, 1998
Date Plan Approved:	September 28, 1998
Effective Date:	October 1, 1998
Date Amendment #1 Submitted:	July 12, 1999
Date Amendment #1 Approved:	November 12, 1999
Date Amendment #1 Effective:	October 1, 1999
Date Amendment #2 Submitted:	November 28, 2001
Date Amendment #2 Approved:	February 25, 2002
Date Amendment #2 Effective:	January 1, 2002
Date Amendment #3 Submitted:	July 1, 2002
Date Amendment #3 Approved:	September 27, 2002
Date Amendment #4 Submitted:	October 28, 2005
Date Amendment #4 Approved:	February 13, 2006
Date Amendment #4 Effective:	July 1, 2005
Date Amendment # 5 Submitted:	March 3, 2008
Date Amendment #5 Approved:	April 10, 2008
Date Amendment # 5 Effective:	September 1, 2007
Date Amendment # 6 Submitted:	December 2, 2008
Date Amendment # 6 Approved:	March 6, 2008
Date Amendment #6 Effective:	October 1, 2008
Date Amendment #7 Submitted:	June 23, 2009
Date Amendment #7 Approved:	September 3, 2009
Date Amendment #7 Effective:	July 1, 2009
Date Amendment #8 Submitted:	July 7, 2010
Date Amendment #8 Approved:	October 29, 2010
Date Amendment #8 Effective:	October 1, 2009

Background

- On July 24, 1998, North Dakota submitted its title XXI State plan to expand Medicaid eligibility under title XXI for uninsured children who are age 18, whose family income is at or below 100 percent of the Federal Poverty Level (FPL).

Amendments

- On July 12, 1999, North Dakota submitted the first amendment to its title XXI State plan, to establish a separate child health program. The separate child health program covers children from age 5 with family incomes between 133 percent and 140 percent of the FPL and children age 6 through age 18 with family incomes between 100 percent and 140 percent of the FPL.
- On November 28, 2001, North Dakota submitted the second amendment to its title XXI State plan, which expanded eligibility in the Medicaid expansion program by eliminating the Medicaid assets test.
- On July 1, 2002, North Dakota submitted its third amendment. This amendment updates and amends the SCHIP state plan to indicate the State's compliance with the final SCHIP regulations.
- On October 28, 2005, North Dakota submitted its fourth amendment. This amendment redefined certain eligibility standards related to income and residency. The amendment specifically revises the budget methodology to comply with state statute for determining adjusted gross income; adds new income disregards consistent with those in the Medicaid State plan; and redefines the state residency requirement, where the eligibility is now based on the child's residence in the state rather than the parent(s).
- On October 28, 2005 North Dakota submitted its fourth amendment. The amendment was approved on March 10, 2006 and became effective on July 1, 2005. The implementation date was July 1, 2005. This change resulted in moving some families from the private coverage option to the Medicaid Program. These families were no longer subject to any co-payments and received access to the full array of Medicaid program benefits. These children were required to participate in the North Dakota Access to Care program and to select a primary care provider who can be a primary care physician, a rural health clinic, a Federally Qualified Health Center or the Indian Health Service. All services are paid using a fee for service process.
- On March 3, 2008, North Dakota submitted its fifth amendment. Effective on September 1, 2007 and implemented on September 1, 2007, this amendment made revisions to Section 4.1.3 on income deductions and disregards. It was effective on September 1, 2008 and implemented on October 1, 2008. It increased the top poverty level from 140% to 150% at which children could become eligible for SCHIP.
- On December 3, 2008, North Dakota submitted its sixth amendment. Effective and implemented on October 1, 2007, this amendment will make revisions to Section 4.1.3 page 19, regarding wages paid by the Census Bureau for temporary employment.
- On June 23, 2009, North Dakota submitted its seventh amendment. Effective July 1, 2009, this amendment increased the eligibility level from 150 percent of the FPL to 160 percent of the FPL.
- On July 7, 2010, North Dakota submitted its eighth amendment. Effective retroactively to October 1, 2009, the amendment establishes an alternative payment methodology for Federally Qualified Health Centers and Rural Health Centers. This is an amendment

designed to comply with a provision of the Children's Health Insurance Program Reauthorization Act of 2009.

Children Covered Under the Program

- The State reported that 6,966 children were ever enrolled in its program during Federal fiscal year (FFY) 2009.

Administration

- The North Dakota Department of Human Services administers the Healthy Steps program.

Health Care Delivery System

- Children in the Medicaid expansion are enrolled in the North Dakota Access and Care Program, the Section 1915(b) freedom of choice waiver that requires most children and families to select a primary care provider (PCP) who delivers primary care and makes referral for other identified medical services. Providers are paid on a fee for service basis for delivering services to these children.
- In Grand Forks County, beneficiaries can choose between the current PCP program and the capitated Health Maintenance Program (HMO).
- In the title XXI separate child health program, children obtain services from a health insurance carrier indemnity program. The carrier must be able to provide statewide coverage for the benefit package based on a monthly premium for each child. Providers receive fee for service payment for services provided to beneficiaries.

Benefit Package

- The Medicaid expansion program provides the current Medicaid benefit package.
- The separate child health program provides a benefit package that is actuarially equivalent to the package available to North Dakota State Employees. The package is enhanced by the addition of a basic preventive dental and vision package. Additionally, it includes medical preventive services not offered by the Public Employee Retirement System Health Care Plan.

Crowd-Out Strategy

- In the separate child health program, the title XXI application, quarterly questionnaire and annual renewal forms all contain questions to obtain information regarding whether applicants have dropped insurance coverage during the last 6 months. The State uses these documents to monitor substitution of coverage. Children with health insurance coverage in the last 6 months are not eligible for Healthy Steps. Exceptions to the 6-month crowd-out period are made when the loss of health care coverage occurred because of no fault of the family.

Cost Sharing

- In the Medicaid expansion program, Medicaid rules apply and no cost sharing is imposed.
- CHIP enrollees in both the Medicaid expansion and the separate child health program pay no premiums.
- In the separate child health program copayments are applicable. The copayment schedule is as follows:
 - \$50 for the first day in an inpatient hospital or a psychiatric or substance abuse inpatient facility.
 - \$5 per visit to a hospital emergency room \$2 for each allowable drug prescription.
- North Dakota exempts American Indian/Alaska Native (AI/AN) children from cost sharing.
- At the time of approval, families are informed of cost sharing responsibilities when they receive enrollment information that includes a handbook from the insurance carrier that provides coverage and other information including cost-sharing requirements.

State Outreach and Enrollment Activities

The Department of Human Services conducts the following activities:

- Works with economic assistance programs, such as TANF, and Food Stamps to identify children in families who are not eligible for Medicaid, but may be eligible for title XXI.
- Coordinates outreach and information through the Maternal and Child Health Programs (MCH) established throughout the State, both on statewide and local levels. A toll-free number is developed with the State MCH agency to answer questions related to title XXI.
- Distributes a bulletin to all Medicaid providers and professional medical and dental association discussing the Healthy Steps Program.
- Works with tribal leaders to develop outreach materials; the State Department of Instruction to identify local school districts; and the Department of Economic Development and Finance to provide information on the title XXI plan in meetings, flyers, grocery bags, milk cartons, etc.
- North Dakota also coordinates outreach activities with the Department of Public Instruction and local school districts, as well as through state and local businesses, local Head Start programs, advocacy groups, child care programs, religious groups, and written and network media.

Financial Information

Total FFY 2010 SCHIP allotment -- \$16,595,628
FFY 2010 Enhanced Federal matching rate – 74.11%

Date Last Updated November 4, 2010