

Model Application Template for the State Children's Health Insurance Program

qualified health centers. The State will explore the effectiveness of expanding the sites for enrolling children in a wider variety of community settings with the MC+ Consumer Advisory Committee, advocates for children, and health care providers. We will also be cooperating with the Missouri Hospital Association in their efforts to develop an effective outreach program for not only this program, but for Medicaid children in general. Please refer to Attachment 5. We will also partner with local community groups and agencies which want to sponsor local outreach initiatives.

Income will be determined by looking at the total gross income available to the children for whom the application is being made. The current assistance group definitions used by Missouri for Medicaid budgeting will be followed. A standard income disregard equal to 100 percent of the federal poverty level will be made from the gross income figure. The net income figure will be compared to 200 percent of the federal poverty level to determine if the child(ren) is (are) eligible. To be eligible, this net figure must not exceed 200 percent of the federal poverty level for children.

It is important that the State is concerned that the Missouri SCHIP Program, MC+ For Kids, does not "crowd out" private insurance options. The following measures will help address crowd out with private insurance options:

- There will be a six month look back period for health insurance when determining eligibility. Children of parents who dropped available private health insurance coverage within the last six months will have a six month waiting period for Medicaid coverage is approved as part of the Title XIX section 1115 demonstration waiver.
 - ❑ *Any child identified as having special health care needs, defined as a condition which left untreated would result in the death or serious physical injury of a child, that does not have access to affordable employer-subsidized health care insurance will be exempt from the requirement to be without health care coverage for six months in order to be eligible for services.*
 - ❑ *A child shall not be subject to the 30-day waiting period as long as the child meets all other qualifications for eligibility.*
- Uninsured is defined as an individual who has not had employer-subsidized health care insurance coverage for six months prior to application for payment of health care. Exceptions to this limitation in cases where prior coverage ended due to reasons unrelated to the availability of government financed health insurance shall include, but not be limited to:
 - ❑ Loss of employment due to factors other than voluntary termination;
 - ❑ Change to a new employer that does not provide an option for dependent coverage;
 - or

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- Expiration of COBRA coverage period.
- Non-emergent transportation will not be covered. This benefit is so unheard of in any health insurance plan that its inclusion would serve as a significant incentive for the dropping of private coverage.
- Crowd out will be evaluated yearly to determine if additional protections are warranted. If crowd out does become a problem the state will develop additional anti-crowd out measures as warranted by the scope and nature of the problem.
- Additional options may include:
 - Adding an insurance availability test to preclude participation;
 - Lengthening the look back period;
 - Implementing cost sharing provisions;
 - Moving to once yearly open enrollment periods for children with family income over 200 percent of gross federal poverty level; and
 - Other measures designed to efficiently deal with what the research finds.

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