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September 9, 2002

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Thomas W. Lenz
Associate **Regional** Administrator
for **Medicaid** and State Operations
Centers for Medicare and Medicaid Services
Federal **Office** Building
601 E. 12th Street
Kansas City, MO 64106

Dear Mr. Lenz:

As requested by Angela Corbin in her August 30, 2002 email, enclosed for your review are revised pages to Missouri's State Children's Health Insurance Program (SCHIP) State Plan Template. The attachments submitted with Missouri's SCHIP State Plan Template dated August 12, 2002 are the same attachments that were submitted and approved with the original State Plan Template dated September 1, 1998.

Please feel free to contact **Gregory A. Vadner**, Director, Division of Medical Services, at 573-751-6922 if you have any questions with regard to this matter.

Sincerely,

Dana Katherine Martin
Director

DKM/sme

Enclosures

cc: Angela Corbin

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Section 2 General Background and Description of State Approach to Child Health Coverage and Coordination (Section 2102 (a)(1)-(3)) and (Section 2105)(c)(7)(A)-(B))

- 2.1. Describe the extent to **which**, and **manner** in which, children in the state including **targeted** low-income children and **other classes of children**, by income level and other relevant factors, such as **race and ethnicity and geographic location**, currently have creditable **health** coverage (as defined in **42 CFR 457.10**). To the extent feasible, **make a distinction between creditable** coverage under public health insurance programs and public-private partnerships (See **Section 10** for **annual report requirements**). (**42 CFR 457.80(a)**)

Response: Please refer to Attachments 1, 2, and 3. Information **regarding age, income, coverage by other health insurance, and location** is currently available from **Missouri's** Application For Benefits. **Information regarding age, income, coverage by other health insurance, and location** will be required **from** Title XXI applicants. The **state** will require that **any** participant **cooperates** fully with the **state and federal government** in **establishing** eligibility and in providing **my** verification necessary as requested by **the state** in the initial application process **or at any subsequent time**. Title **XXI** recipients will **have a distinct** ME code for **tracking purposes**.

- 2.2. Describe **the** current state **efforts to provide or obtain** creditable health coverage for uncovered children by addressing: (**Section 2102)(a)(2)** (**42CFR 457.80(b)**)

- 2.2.1. The **steps the state is** currently taking to identify and enroll all uncovered children **who are** eligible to participate in public health insurance programs (i.e. Medicaid and **state-only** child health insurance):

Response: Please refer to Attachment 4. Outreach and eligibility determination occur **throughout** Missouri **with** state offices in **every** county. Free materials **are** available and used by other entities assisting in outreach, such as other **state agencies** with whom **DS S** has **interagency agreements, social welfare organizations, schools,** and health care providers through **outstationed** eligibility workers. The Department of Social Services **has** interagency agreements **with the** Department of Health and Senior Services to **develop a Well Child outreach Project, a Lead Poisoning Outreach Program, and to** conduct outreach activities to identify possible **Medicaid** eligibles and refer **them** to the Division of Family Services for eligibility determination, There is no state-only child health insurance program in Missouri.

- 2.2.2. **The** steps the state is currently taking to identify and enroll all uncovered children **who are** eligible to participate in health insurance programs that involve a public-private partnership:

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.
- 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
 - 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.

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Section 8. Cost Sharing and Payment (Section 2103(e))

Check here if the state elects to use funds provided under Title XXI only to provide expanded eligibility under the state's Medicaid plan, and continue on to Section 9.

8.1. Is cost-sharing imposed on any of the children covered under the plan? (42CFR 457.505)

8.1.1. YES, as approved in the Title XIX section 1115 demonstration waiver that may affect individuals covered under Title XXI.

8.1.2. NO, skip to question 8.8.

8.2. Describe the amount of cost-sharing, any sliding scale based on income, the group or groups of enrollees that may be subject to the charge and the service for which the charge is imposed or time period for the charge, as appropriate. (Section 2103(e)(1)(A)) (42CFR 457.505(a), 457.510(b) & (c), 457.515(a) & (c))

8.2.1. Premiums:

8.2.2. Deductibles:

8.2.3. Coinsurance or copayments:

8.2.4. Other:

8.3. Describe how the public will be notified, including the public schedule, of this cost-sharing (including the cumulative maximum) and changes to these amounts and any differences based on income. (Section 2103(e)(1)(B)) (42CFR 457.505(b))

8.4. The state assures that it has made the following findings with respect to the cost sharing in its plan: (Section 2103(e))

8.4.1. Cost-sharing does not favor children from higher income families over lower income families. (Section 2103(e)(1)(B)) (42CFR 457.530)

8.4.2. No cost-sharing applies to well-baby and well-child care, including age-appropriate immunizations. (Section 2103(e)(2)) (42CFR 457.520)

8.4.3. No additional cost-sharing applies to the costs of emergency medical services delivered outside the network. (Section 2103(e)(1)(A)) (42CFR 457.515(f))

8.5. Describe how the state will ensure that the annual aggregate cost-sharing for a family does not exceed 5 percent of such family's income for the length of the child's eligibility period in the State. Include a description of the procedures that do not primarily rely on a refund given by the state for overpayment by an enrollee: (Section 2103(e)(3)(B)) (42CFR 457.560(b) and 457.505(e))

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9.9, **Describe** the process used by the state to accomplish involvement of the public in the design and implementation of the plan and the method for insuring ongoing public involvement. (Section 2107(c)) (42CFR 457.120(a) and (b))

Response: During public hearings for Missouri's 1115 waiver amendment and in all other public discourse it was clearly stated our intent to coordinate the use of the new State Children's Health Insurance Program to expand Medicaid coverage.

These discussions have continued in numerous additional public settings, newswire stories, and in our state legislative and appropriation processes.

On an ongoing basis the MC+ Statewide Quality Assessment and Improvement (QA&I) Advisory Group will advise the Division of Medical Services regarding health policy that improves the health status of MC+ clients; maintains or reduces the cost of health care while maintaining or improving quality of care; and describes best practices.

The role of the QA&I subcommittees will be to evaluate, refine, and recommend sentinel indicators; recommend intervention strategies; and review satisfaction and audit data as it relates to maternal and child health and behavioral health issues. The QA&I subcommittees will also communicate provider complaints and system issues to the QA&I Advisory Committee and the Division of Medical Services and respond to ad hoc requests of the QA&I Committee.

9.9.1 Describe the process used by the state to ensure interaction with Indian Tribes and organizations in the state on the development and implementation of the procedures required in 42 CFR part 457.125. (Section 2107(c)) (42CFR 457.120(c))

Response: There are no federally recognized Indian Tribes and Organizations in the State.

9.9.2 For an amendment relating to eligibility or benefits (including cost sharing and enrollment procedures), please describe how and when prior public notice was provided as required in part 457.65(b) through (d).

Response: "here has been no amendment relating to eligibility or benefits,

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