Children’s Health Coverage in Montana

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Introduction

Montana State Auditor / CSI

• Christina Goe, General Counsel
• The CSI regulates the insurance and securities industries for Montana citizens. We are a criminal justice agency that protects Montana’s consumers, ensuring fairness and transparency.
• The CSI works with the Montana Department of Health and Human Services (DPHHS) on many joint projects, including ACA outreach and enrollment, Medicaid expansion outreach, American Indian ACA and Medicaid expansion outreach and coordination with the FFM.
• We also work with them on health care delivery reform projects such as the SIM design grant and the PCMH program, which the CSI administers.
Children’s Coverage in Montana

- Montana has a unique program called Healthy Montana Kids—it was passed by a state initiative in 2005 and it covers all children in families up to 261% of FPL.
- Approximately 110,000 kids are enrolled—90,000 in HMK plus (between 51% and 138% of FPL) and 20,000 in HMK/CHIP which are those above 138% that are not eligible for Medicaid expansion.
- Exact numbers are not available right now, but of the 20,000 above 138%, about 2000 would be eligible for a 94% Actuarial Value Cost-Sharing Reduction (AV CSR) plan, 10,000 for a 87% AV CSR plan and 8,000 for a 73% AV CSR plan.
Children’s Coverage in Montana

• There are approximately 3,600 kids enrolled in the exchange. There are about 18,000 Cost-Sharing Reduction policies issued, but all the children in those plans are currently covered under HMK (85% eligible for tax credits).

• There are 7,500 children enrolled outside the 2015 exchange in the individual market, and 8,800 children coverage in small employer group plans.

• About 44% of Montanans are covered by employer health plans.

• Between 2013 and 2015, the uninsured rate dropped from 20% to 15%.
Benefits and Services

• The EHB benchmark for individual and small group coverage contains all essential benefits with no visit limits. It includes pediatric vision and dental, but for the most part, the dental requires the purchase of a stand alone policy.

• The separate coverage is not always purchased, so it is unknown how many children in that market still don't have dental coverage and it is not required at all for large group. Pediatric vision is embedded in the policies including eye glasses. However hearing aids are not covered except for cochlear implants when medically necessary.

• Medicaid/HMK covers dental, vision and hearing aids without exception.
However, private health insurance has better coverage for autism and downs syndrome because of state mandates that require coverage for intensive behavioral therapies. These therapies are not covered to the same extent in CHIP and Medicaid. There are some pilot programs. This is for all members and is not specific to children. Private health insurers report that the largest category of spending is
1. Out-patient surgery
2. Professional services
3. In-patient services and
4. Prescription drugs.
This is for all members and is not specific to children.
Costs of Children’s Coverage

- HMK limits cost sharing for $215 per child, per year. There are various co-pays that are usually $3, but major services such as hospitalization have a $25 co-pay. Emergency room is $5. Dental has a $1,900 annual limit.

- Cost-sharing in private insurance varies hugely, depending on what plan you buy or are eligible for; for example:
  
  - A 94% AV CSR plan has no deductible and a Maximum Out-of-Pocket (MOOP) of $750; coinsurance for some services is 20% until the MOOP is reached.
Costs of Children’s Coverage

- 87% AV CSR plan $500 deductible; 1,750 MOOP; 20% coinsurance.
- 73% AV CSR plan: $2,300 deductible; $5,000 MOOP; $600 ER deductible; $400 In-patient deductible; $300 Out-patient surgery deductible; 20% coinsurance.
- Cost-sharing is significantly higher in cost-sharing reduction plans than it is in HMK and Employer plans vary widely, since 60% minimum value is all that is required.
- Premiums children in private coverage in the individual market (before tax credits are applied) range from $159 to $200 in the silver tier for 2016.
Like every state, there are provider shortages in rural areas and Montana is mostly rural.

However, there are mostly sufficient numbers of PCPs. They tend to be grouped around more urban areas or areas that are more attractive to live.

Pediatricians readily accept HMK and Medicaid children.

In some more remote areas, immunizations are only available at county health departments. However, the CSI has worked with insurers to make certain that those county health departments are treated as "in network" providers so that immunizations can be received for free.
A Look Ahead

- Fortunately, Montana is expanding Medicaid in 2016, so if CHIP funding was eliminated, most of those children would be covered under Medicaid expansion.
- The CSI continues to encourage plan designs that provide low copayments for office visits and drugs to make health plans more affordable for families with children.
- The CSI has ensured through its network adequacy rules that specialist services for children are required.
Questions?

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