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Healthy Montana Kids succeeds quietly

Goal met | Insurance program extends coverage to 21,300

By MIKE DENNISON IR State Bureau Jul 23, 2012

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Montana children covered by Healthy Montana Kids program

(Medicaid and Children's Health Insurance Plan)

	Montana kids covered by Medicaid	Montana kids covered by CHIP	Total kids covered by both programs
November 2008	46,500	17,200	63,700
April 2009	49,200	18,300	67,500
September 2009	50,900	19,000	69,900
January 2010	55,000	18,300	73,300
September 2010	65,100	15,700	80,800
January 2011	67,200	17,000	84,200
September 2011	69,000	19,800	88,800
January 2012	68,400	20,800	89,200
April 2012	69,600	21,700	91,300

Healthy Montana Kids, the expansion of government health insurance for children from low- and moderate-income families in Montana, was approved by voter initiative in November 2008, funded by the Legislature in April 2009 and officially kicked off in October 2009. It expanded eligibility for Medicaid and the Children's Health Insurance Plan (CHIP). The federal government is paying 77 percent of program costs, which were about \$75 million for the fiscal year ending last month.

Source: Montana Department of Public Health and Human Services.

As the debate rages over national health-care reform, a Montana program has slowly and quietly marched toward its own goal: Expanding health coverage to thousands of kids without it.

Healthy Montana Kids, which expanded government health insurance for children in low- and moderate-income families, has extended coverage to 21,300 additional kids since its inception almost three years ago.

“I can’t tell you how excited I am about the success we’ve had with this program,” says Anna Whiting Sorrell, director of the state Department of Public Health and Human Services, which oversees Healthy Montana Kids. “It’s not often that you can say that we have 21,000 kids with health insurance that didn’t have it before.”

“It’s very encouraging to see more than 21,000 kids who didn’t have health coverage before now have better access to doctors and other providers,” adds former state insurance commissioner John Morrison, who led the campaign for the 2008 ballot initiative enacting the program. “I hope that the progress continues so that every child in Montana who needs health coverage has it.”

Montana voters overwhelmingly approved Initiative 155 in 2008, directing the state to expand eligibility for two existing government programs funded by the state and the federal government: Medicaid and the Children’s Health Insurance Program (CHIP).

During the campaign, supporters said it would extend coverage to 30,000 children without health insurance.

The coverage is free of charge, although families covered by Healthy Montana Kids (HMK) sometimes must make a small co-payment. The state says total co-payments won’t exceed \$215 for a family.

Under the new program, the maximum annual income for families covered by CHIP rose from 175 percent of the federal poverty level to 250 percent, or \$57,625 for a family of four.

For Medicaid, eligibility tops out at 133 percent of the federal poverty level, an annual income of \$30,660 for a family of four.

While Montana voters approved the expansion, the Legislature still had to approve funding for the program and its administration.

Republicans in the Legislature have grudgingly agreed to fund Healthy Montana Kids, but some still question whether the expansion to cover more middle-income families is truly needed.

Sen. Dave Lewis, R-Helena, notes that the vast majority of kids added to the program since its inception are covered by Medicaid, the program intended for low-income families.

“(The program) was sold and portrayed that there was a tremendous demand for the CHIP program that hadn’t been met,” he says. “It wasn’t anywhere near what was discussed. ...

“The point I had made was that there is not that much demand from middle-income families. ... (but) I’m glad to see everyone get coverage.”

Of the 21,300 kids added to the program since its official kickoff in October 2009, only about 2,700 are covered by CHIP.

Middle-income families on the program, however, say it’s extraordinarily helpful in tough financial times.

Sami Bergan, a 24-year-old mother in Great Falls, says health insurance for her 2-year-old daughter is too expensive, even though she and her husband both have jobs.

“It would take almost half my monthly paycheck just to have the most minimal coverage,” says Bergan, a secretary for the Great Falls School District. “I can’t even afford it for myself, let alone my daughter.”

Coverage from HMK has enabled the family to take their daughter, Kase, to the doctor when needed, without running up big medical bills, she says.

The state budgeted \$177 million for HMK in the current biennium. The federal government covers three-fourths of the cost. State officials estimate that for fiscal 2012, which ended June 30, the program spent about \$73 million.

While the Schweitzer administration took some heat in 2009 from program supporters who said the health-insurance expansion should be launched more quickly and aggressively, HMK has slowly and steadily increased the number of children covered.

Sorrell said the state has had VISTA volunteers and contracted outreach workers pushing enrollment, engaged more than 700 “enrollment partners,” such as school districts, Indian tribes, physicians and hospitals, and taken steps to make it easier for people to enroll.

For example, starting this April, families already on the program can annually renew without having to fill out a new application. The state asks the family if their income situation is the same, and, if so, they are signed up for another year.

Sorrell, a member of the Confederated Salish and Kootenai Tribes, says she and her staff are especially proud of the state’s outreach to Indian tribes, involving each tribe in the effort to sign up Native American families eligible for coverage.

“We went to them and said, ‘We know these are your children, and it is a state program – How do we partner to get it done?’” she says.

About 19 percent of the kids covered by HMK are Native American and the expansion added almost 1,200 Indian children to the program, state officials say.

Program supporters like Sen. Mary Caferro, D-Helena, say they think the state still could do more to carry out the “active” or automatic enrollment written into the ballot measure passed by voters.

Yet she says she’s impressed and gratified by the state effort to carry out the program and make it work.

“I think it’s absolutely fantastic that the department has done such a good job of doing outreach,” Caferro says. “Montanans have spoken loud and clear that they support health care for children. I just think it’s great.”