



# ACA/FAMILY MEDICAID 201-5

## GROUPS COVERED – ACA HMK

	FMA 201-5
<b>Supersedes:</b>	New
<b>References:</b>	42 CFR 457.310; ARM Chapter 37.79
<b>Overview:</b>	<p>Children from birth through age 18 may be eligible for HMK coverage, if their household's countable income exceeds the HMK <i>Plus</i> standard, but is equal to or less than 261% FPL (FMA 005).</p> <p>Children born to women receiving HMK have coverage (through their mother's policy) during the first 31 days after their birth.</p>
<b>NON-FINANCIAL CRITERIA</b>	<p>Standard nonfinancial requirements are listed in section CMA 300. In addition to the standard criteria that applies to all Medicaid and HMK recipients, the following nonfinancial criteria are specific to ACA HMK, the child:</p> <ol style="list-style-type: none"> <li>1. Must be under age 19;</li> <li>2. Cannot reside in an institution for mental disease;</li> <li>3. Cannot be an inmate of a public institution; and</li> <li>4. Cannot have creditable health insurance</li> </ol> <p><b>NOTE:</b> If premiums, deductibles, copays and coinsurance exceed 5% of the family's income, the health insurance doesn't meet the definition of creditable coverage.</p>
<b>CREDITABLE COVERAGE</b>	<p>The following are not considered creditable health insurance coverage:</p> <ol style="list-style-type: none"> <li>1. Accident-only insurance policies;</li> <li>2. Tribal or Indian Health Services (IHS);</li> <li>3. Healthy Montana Kids Plus (HMK Plus) or Medicaid;</li> <li>4. Mental Health Services Plan (MHSP);</li> <li>5. School insurance purchased so a child can participate in school-related activities;</li> <li>6. Children's Special Health Services (CSHS); and</li> <li>7. Specific illness (e.g., cancer) or body part (e.g., dental or vision) insurance.</li> </ol>
<b>FAMILY SPAN</b>	<p>Children eligible for HMK have a 12-month family span in which they remain eligible regardless of changes in household circumstances (except moving out of Montana, dying or turning 19). The span begins the first day of the application month and continues through the last day of the 12th month.</p> <p>A child can be enrolled (i.e., HMK coverage begins) the earlier of the first day of the month the application was received or first of the month after application. There is no retro coverage for HMK.</p>
<b>ADDING A CHILD</b>	<p>A new child can be added to an HMK household after proof of citizenship and identity is provided.</p> <p>A new child can be added to an HMK household after proof of citizenship and identity is provided.</p> <p>Eligibility is not redetermined when a child is added to an open HMK case.</p>

<b>DISENROLLMENT</b>	Children are disenrolled (no longer eligible) from HMK when they: <ol style="list-style-type: none"><li>1. become Medicaid eligible;</li><li>2. obtain creditable health insurance;</li><li>3. move out of state;</li><li>4. move and cannot be located (mail is returned); and</li><li>5. are incarcerated.</li></ol>
<b>CHILD MOVES BETWEEN HOUSEHOLDS</b>	When a child's parents both have open HMK cases and the child moves between households, the child is included in the family span that is most beneficial to them.
<b>EFFECTIVE DATE:</b>	July 1, 2016