

**QUARTERLY REPORT ON THE STATUS OF THE**

**FAMILY ACCESS TO MEDICAL  
INSURANCE SECURITY PLAN  
(FAMIS)**

**Second Quarter 2005**

**April 1, 2005 – June 30, 2005**

**Virginia Department of Medical Assistance Services**

# TABLE OF CONTENTS

<u>SECTION</u>	<u>PAGE NUMBER</u>
<b>EXECUTIVE SUMMARY</b> .....	<b>1</b>
<b>I. PURPOSE</b> .....	<b>2</b>
<b>II. BACKGROUND</b> .....	<b>2</b>
<b>III. NUMBER OF CHILDREN ENROLLED</b> .....	<b>3</b>
A. CURRENT ENROLLMENT .....	3
B. PROGRESS TOWARD ENROLLING ALL ELIGIBLE UNINSURED CHILDREN .....	4
<b>IV. FAMIS OPERATIONS</b> .....	<b>4</b>
A. CALL CENTER ACTIVITY .....	4
B. APPLICATION PROCESSING .....	5
C. DMAS FAMIS PLUS UNIT .....	7
D. FAMIS WEB SITE.....	8
<b>V. POLICIES AFFECTING ENROLLMENT</b> .....	<b>8</b>
A. “NO WRONG DOOR” .....	8
B. FOUR-MONTHS WAITING PERIOD .....	9
C. IMPACT OF PREMIUMS AND CO-PAYMENTS .....	9
<b>VI. COVERED SERVICES</b> .....	<b>10</b>
A. TYPE OF ACCESS .....	10
B. DELIVERY SYSTEM .....	10
C. MANAGED CARE ENROLLMENT .....	10
<b>VII. OUTREACH EFFORTS TO ENROLL ELIGIBLE CHILDREN     IN FAMIS</b> .....	<b>11</b>

A. EVENTS, CONFERENCES, PRESENTATIONS AND TRAINING .....	11
B. COVERED THE UNINSURED WEEK .....	11
C. RETENTION INITIATIVES .....	12
D. CHILD HEALTH INSURANCE PROGRAM ADVISORY COMMITTEE.....	12
E. NEW PROGRAM IMPLEMENTATION .....	12
F. PUBLIC RELATIONS AND MARKETING .....	12
G. <i>PROJECT CONNECT</i> GRANTEES .....	12

**VIII. COORDINATION WITH THE DEPARTMENT OF SOCIAL SERVICES .....** **13**

A. APPLICATION PROCEDURES .....	13
B. DSS CASES PROCESSED .....	14
C. CHILD SUPPORT ENFORCEMENT OUTREACH .....	14
D. DSS RETENTION GRANTS .....	14

**IX. EMPLOYER-SPONSORED HEALTH INSURANCE (ESHI).....** **15**

**X. FAMIS EXPENDITURES OF FUNDS .....** **17**

**TABLES**

TABLE #1 – March 2005 CHIP Enrollment By City/County By Program.....	17
TABLE #2 – Enrollment in the Children’s Health Insurance Program Since the 9/1/2002 Program Changes .....	20
TABLE #3 – FAMIS FPL (Federal Poverty Level) Income Limits .....	21
TABLE #4 – FAMIS Expenditures by Type of Service .....	22
TABLE #5 – Medicaid Expansion Expenditures by Type of Service .....	24

**APPENDICES**

Appendix I – Joint Legislative Audit and Review Commission Recommendations .....	26
Appendix II – 2002, 2003, 2004, and 2005 General Assembly Legislation .....	28
A. 2002 Legislation .....	28
B. 2003 Legislation .....	28
C. 2004 Legislation .....	30
D. 2005 Legislation .....	31

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

---

**EXECUTIVE SUMMARY**

The Family Access to Medical Insurance Security (FAMIS) program is Virginia's State Child Health Insurance program (SCHIP) for low-income children funded under Title XXI of the Social Security Act. This quarterly report conveys the status of the FAMIS program during the second quarter of calendar year 2005 – April, May and June 2005.

During the second quarter of 2005:

- Enrollment in Virginia's SCHIP program (including the separate FAMIS program and the SCHIP Medicaid Expansion program) reached 73,187 representing a net increase of 2,326 children since the end of the previous quarter on March 31, 2005;
- Approximately 96% of children estimated to be eligible for FAMIS Plus (Medicaid) or FAMIS were enrolled, an increase of 1% from the end of the previous quarter;
- The FAMIS Central Processing Unit (CPU) received 38,336 calls, 9,865 applications and 3,158 FAMIS cases transferred from local departments of social services;
- 11,252 children were approved by the CPU and the Department of Social Services for FAMIS;
- Approximately 74% of enrolled children received FAMIS or Medicaid Expansion benefits through a Managed Care Organization (MCO);
- Total second quarter expenditures for medical services for children enrolled in Virginia's Title XXI program were **\$31,038,357**, and administrative expenditures totaled **\$1,637,674** or **5%** of total expenditures; and
- DMAS finalized program planning to implement an expansion of the FAMIS program to cover pregnant women with income up to 150% FPL and to modify the SCHIP premium assistance program as authorized by the 2005 General Assembly. The Centers for Medicare and Medicaid Services granted approval of Virginia's waiver on July 1, 2005 and both programs will be implemented August 1, 2005.

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

---

**I. PURPOSE**

Item I of Section 32.1-351 of the Code of Virginia requires the Department of Medical Assistance Services (DMAS) to provide quarterly reports of the FAMIS program to the Virginia General Assembly. This report is distributed to the chairs of the following committees: House Appropriations; House Health, Welfare and Institutions; Senate Finance; Senate Education and Health; and the Joint Commission on Health Care.

DMAS must report on the following topics:

- enrollment, and policies affecting enrollment (such as the exceptions that apply to the prior insurance coverage limitation, and the provisions and impact of the premium and co-payment requirements),
- benefit levels,
- outreach efforts, and
- other topics (such as expenditure of the funds authorized for the program).

**II. BACKGROUND**

The Family Access to Medical Insurance Security (FAMIS) Plan was implemented as Virginia's State Child Health Insurance (SCHIP) program on August 1, 2001. The total enrollment in FAMIS and the SCHIP Medicaid Expansion group as of June 30, 2005 was **73,187** children, an increase of 2,326 over the 70,861 children who were enrolled as of the last day of the previous quarter. As of June 30, 2005, FAMIS Plus (Medicaid) and FAMIS covered an estimated **96% (416,548)** of children living below 200% of poverty in Virginia who are likely to be eligible for state-supported coverage (432,773 children). FAMIS, the SCHIP Medicaid Expansion group, and all Medicaid Families & Children groups are collectively referred to as the Virginia Child Health Insurance Program. (See Section III B for information on the estimate of uninsured children).

Virginia's State Child Health Insurance Program (SCHIP or Title XXI), includes the following program components:

- Coverage of eligible children from birth through age 18 in families with income too high for Medicaid but at or below 200% of the federal poverty level (FPL).
- A combined program consisting of both the separate FAMIS program and the SCHIP Medicaid Expansion. The Medicaid Expansion program was created in September 2002 for uninsured children ages 6 through 18 with income greater than 100% FPL but less than or equal to 133% FPL; thereby allowing all children in most families to be covered by the same program (FAMIS Plus or FAMIS) regardless of age.
- A simplified and coordinated application process for children applying for FAMIS Plus or FAMIS.
- "No wrong door" application processing and eligibility determination to increase access to the programs through the FAMIS Central Processing Unit and all local departments of social services.
- Comprehensive benefits including well-child and preventive services.

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

- Health care delivery system that utilizes managed care organizations where available.
- Subsidized health insurance premiums of eligible children with access to employer-sponsored insurance, which may enable coverage of entire families.

**III. NUMBER OF CHILDREN ENROLLED**

**A. Current Enrollment**

Information on the number of children enrolled in the Children’s Health Insurance Program as of June 30, 2005, is shown in the table below.

<b>PROGRAM</b>	<b>INCOME</b>	<b># Enrolled as of 6-30-05</b>	<b>% of Total Enrollment</b>
FAMIS - Children < 19 years	> 133%, ≤ 200% FPL	41,502	10%
MEDICAID Expansion - Children 6-18 years	> 100%, ≤ 133% FPL	31,685	8%
	FAMIS Subtotal	73,187	18%
MEDICAID - Children < 21 years	≤ 133% FPL	343,361	82%
	<b>TOTAL</b>	<b>416,548</b>	<b>100%</b>

Source: VaMMIS (Virginia Medicaid Management Information System) 07-01-05

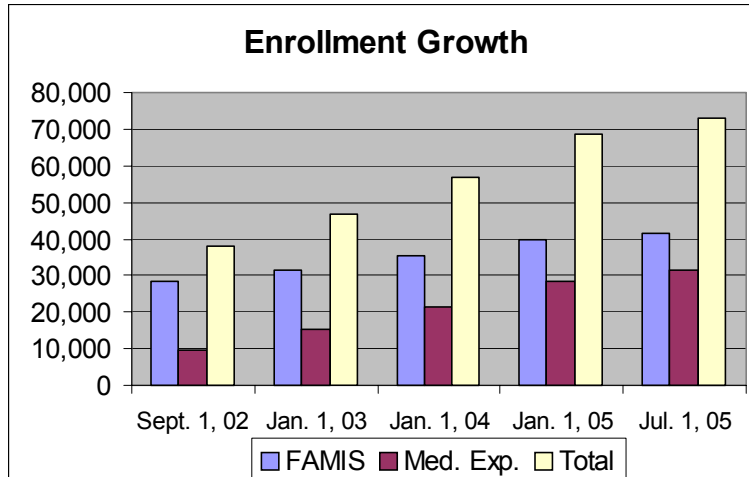
Table #1, attached to this report, displays the June 2005, enrollment by each city and county in Virginia. It also shows the estimated number of remaining eligible but uninsured children by locality, which is discussed below, in section B.

Enrollment of new children into Virginia’s Title XXI program (FAMIS and SCHIP Medicaid Expansion) has been increasing steadily since September 1, 2002. The steady increase in enrollment is the result of aggressive outreach efforts at the State and local level, as well as the implementation of programmatic improvements outlined in Section V.

See Table #2 at the end of this report for the monthly program enrollment numbers since September 1, 2002.

Below is a table that compares FAMIS and SCHIP Medicaid Expansion enrollment figures from September 1, 2002 (implementation of program changes), January 1, 2003, January 1, 2004, January 1 2005, and end of second quarter 2005.

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**



**B. Progress Toward Enrolling All Eligible Uninsured Children**

The estimated number of children potentially eligible for FAMIS and FAMIS Plus was revised in December 2003, using actual poverty level data by locality instead of estimated poverty level data. The new estimate showed that **432,773** children living in Virginia are potentially eligible for coverage. As of June 30, 2005, FAMIS Plus and FAMIS covered approximately **96%** (416,548) of these uninsured children. Approximately 16,200 children in Virginia, who are potentially eligible for FAMIS or FAMIS Plus are not yet enrolled and do not have other health insurance.

**IV. FAMIS OPERATIONS**

The FAMIS Central Processing Unit (CPU) was established in August 2001 to provide a statewide call center and application-processing site and is administered by ACS Inc., under contract to DMAS. A one-year extension of the FAMIS CPU contract was implemented in January 2005.

During the second quarter of the 2005 the CPU experienced a very positive response to the newly implemented Electronic application with an average of 27% of “new” applications coming directly from the website. In the near future (2006) plans are to implement the second phase of the electronic application with the following enhancements:

- Acceptance of electronic signature
- Electronic submission/verification of income
- Interface of the web application with the Contractor’s eligibility system (eliminates data entry)

Also during this quarter, the FAMIS CPU implemented a new customer-satisfaction phone survey and survey database. The current version of the 10-question survey targets customers who have recently called the CPU but for some reason failed to follow through with the application process. This survey will identify what those reasons are and provide insight as to how the CPU can improve application processes. Results from the survey will be reported when sufficient responses have been received to provide a fair representation of the FAMIS customer base.

**A. Call Center Activity**

The following table shows the call volume at the CPU for the second quarter of 2005:

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

<b>MONTH</b>	<b>Incoming Calls Received</b>	<b>Incoming Calls Answered</b>	<b>Abandon Rate</b>	<b>Total Outbound Calls</b>
<b>April 2005</b>	12,550	12,265	2.3%	3,102
<b>May 2005</b>	13,100	12,867	1.8%	2,914
<b>June 2005</b>	12,686	12,411	2.2%	3,513
<b>Totals</b>	<b>38,336</b>	<b>37,543</b>	<b>2.1%</b>	<b>9,529</b>

Source: ACS Monthly Report June 2005.

The average number of calls received per month for the second quarter was 12,779 with an average abandon rate of 2.1% per month. The average volume decreased 2.4% from last quarter's average monthly volume of 13,084.

**B. Application Processing**

On February 1<sup>st</sup>, 2005, the contractor (ACS) and DMAS implemented the E-Application on the FAMIS website. FAMIS applicants can now complete and submit a FAMIS application electronically directly to the CPU. Currently applicants must printout, sign and mail/fax their signature page, however phase II of this project plan is to allow electronic submission of signatures.

1. The following table shows the number of documents received by the CPU in the second quarter of 2005:

<b>Month</b>	<b>Electronic Applications</b>	<b>Applications</b>	<b>DSS Transfers</b>	<b>Verification Documents</b>	<b>Total</b>
<b>April 2005</b>	515	2,765	991	1,500	5,772
<b>May 2005</b>	594	2,646	1,047	1,552	5,855
<b>June 2005</b>	525	2,820	1,120	1,416	5,881
<b>Total</b>	<b>1,634</b>	<b>8,231</b>	<b>3,158</b>	<b>4,468</b>	<b>17,508</b>

Source: ACS Monthly Report June 2005.

The contractor (ACS) received a total of 9,865 applications (electronic, mailed and faxed combined) for the second quarter, with an average monthly volume of 3,288 new, redetermination and renewal applications. E-applications averaged 545 per month. The CPU averaged 1,053 cases transferred from local DSS offices monthly and averaged 1,489 verification documents per month during the second quarter of 2005. The number of applications, DSS cases transferred, and verifications increased 5% from end of the prior quarter.

The CPU Eligibility Team ended the quarter processing applications in an average of 11.6 business days from receipt of the completed applications (less than the average 12.9 days processing time achieved at the end of the previous quarter).

2. The following table shows the number of applications received by the CPU in the second quarter of 2005 by type of application:



**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

Month	New	Re-app	Redetermin -ation	Renewal	TOTAL
<b>April 2005</b>	1,465	475	59	1,109	3,108
<b>May 2005</b>	1,692	493	89	861	3,135
<b>June 2005</b>	1,540	497	61	1,077	3,175
<b>Total</b>	<b>4,697</b>	<b>1,465</b>	<b>209</b>	<b>3,047</b>	<b>9,418</b>

Source: ACS Monthly Report June 2005.

Application type definitions for the above table follow:

- New – A “new” application is one received from an applicant who has never applied, or from an applicant more than 93 days after FAMIS coverage was canceled.
- Re-app – A “re-application” is one received from an applicant within 93 days after FAMIS coverage was canceled.
- Redetermination – A “redetermination” application is one received from an enrolled applicant family that reports a change in the family’s income and/or size.
- Renewal – A “renewal” application is the annual application filed by an enrolled family to certify their eligibility for another twelve-month coverage period.

3. The following table shows the number of applications (families) and number of children approved for FAMIS by the CPU and DSS combined, and the number of applications (families) and number of children denied FAMIS (the number of children denied includes 3,895 children who were denied FAMIS because they appeared eligible for FAMIS Plus and were referred to the FAMIS Plus unit for processing):

Month	Applications Approved	Children Approved	Applications Denied	Children Denied
<b>April 2005</b>	2,526	4,090	1,834	3,646
<b>May 2005</b>	2,040	3,276	1,739	3,457
<b>June 2005</b>	2,432	3,886	2,104	4,192
<b>Totals</b>	<b>6,998</b>	<b>11,252</b>	<b>5,677</b>	<b>11,295*</b>

\*Includes 3,895 children were denied FAMIS because they appeared eligible for FAMIS Plus and were referred to the FAMIS Plus unit for case processing.

Source: ACS Monthly Report – June 2005.

4. The following table shows the number of children denied FAMIS by the CPU in the second quarter of 2005, by denial reason:

DENIAL REASONS	April	May	June	TOTALS
Ineligible immigration status	45	52	67	<b>164</b>
Income is over the limit	569	475	637	<b>1,681</b>
Unauthorized applicant	1	1	2	<b>4</b>
Has or dropped other health insurance	434	387	539	<b>1,360</b>
Not a Virginia resident	0	1	0	<b>1</b>
Over age 19	18	27	24	<b>69</b>
State employee benefits available	35	43	43	<b>121</b>
New & Re-app – Incomplete application	974	891	1,180	<b>3,045</b>
Renewal – Incomplete application	280	344	331	<b>955</b>

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

DENIAL REASONS	April	May	June	TOTALS
FAMIS Plus-likely*	1,290	1,236	1,369	<b>3,895</b>
<b>Total denial reasons**</b>	<b>3,646</b>	<b>3,457</b>	<b>4,192</b>	<b>11,295</b>

\* Children identified as likely eligible for FAMIS Plus instead of FAMIS are referred to the FAMIS Plus Unit at the CPU. See Section C below.

\*\*The number of denial reasons is greater than the number of children denied because some children were denied for more than one reason.

Source: ACS Monthly Report June 2005.

5. 6,486 children were disenrolled from FAMIS in the second quarter 2005. The following table shows the number by month and disenrollment reason:

DISENROLLMENT REASON	April	May	June	TOTAL
Renewal incomplete	1380	1229	1386	<b>3995</b>
Ineligible immigration status	0	3	0	<b>3</b>
Income is over the limit	173	163	137	<b>473</b>
Child moved out of home	0	4	3	<b>7</b>
Has other health insurance	6	10	13	<b>29</b>
No longer a Virginia resident	44	37	29	<b>110</b>
Over age 19	58	74	52	<b>184</b>
State employee benefits available	7	10	7	<b>24</b>
Requested by applicant	41	46	33	<b>120</b>
Appeal denied	0	0	0	<b>0</b>
FAMIS Plus application not completed	2	1	0	<b>3</b>
Death	0	0	1	<b>1</b>
Cannot locate family	2	1	36	<b>39</b>
DMAS request	3	0	0	<b>3</b>
Child incarcerated	0	0	0	<b>0</b>
Child in institution for treatment of mental diseases	0	0	0	<b>0</b>
<b>FAMIS Plus/Medicaid enrolled*</b>	<b>384</b>	<b>539</b>	<b>570</b>	<b>1493</b>
<b>Number of children disenrolled</b>	<b>2,100</b>	<b>2,117</b>	<b>2,267</b>	<b>6,484</b>

\* Children enrolled in FAMIS who were found eligible for FAMIS Plus were disenrolled from FAMIS and enrolled in FAMIS Plus; they did not lose coverage during this process.

Source: ACS Monthly Report June 2005.

**C. DMAS FAMIS Plus Unit**

The DMAS FAMIS Plus Unit is located at the FAMIS CPU. The Unit receives Children's Health Insurance applications from the CPU after the CPU screens the applications and finds that the children are likely to be eligible for FAMIS Plus (Medicaid for Children). The Unit determines the children's eligibility for FAMIS Plus and sends approved and enrolled FAMIS Plus cases to the appropriate local Departments of Social Services.

In addition to their normal eligibility determination workload, the five Eligibility Workers in the Unit serve as liaisons to local Departments of Social Services, assisting with various quality assurance measures. The Unit continued to maintain outstanding performance standards during the quarter.

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

Below is a table that shows the FAMIS Plus Unit's activities in the second quarter of 2005:

<b>ACTIVITY</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>Total</b>	<b>Average per Month</b>
Referrals received	1031	900	1096	<b>3027</b>	1009
FAMIS Plus Approved	1007	768	936	<b>2711</b>	904
FAMIS/FAMIS Plus Denied	46	46	54	<b>146</b>	49
FAMIS Approved	92	52	82	<b>226</b>	75
<b>Total Applications Processed</b>	<b>1,145</b>	<b>866</b>	<b>1,072</b>	<b>3,083</b>	<b>1,028</b>
Applications on Active DSS Cases (sent to LDSS)	114	109	135	<b>358</b>	119
<b>Total Cases Reviewed</b>	<b>1,259</b>	<b>975</b>	<b>1,207</b>	<b>3,441</b>	<b>1,147</b>
DSS transfers corrected	153	126	171	<b>450</b>	150
DSS Transfer returned	81	61	92	<b>234</b>	78
DSS calls	219	275	323	<b>817</b>	272
Client calls	102	67	67	<b>236</b>	79

**D. FAMIS Web Site and E-Application**

The FAMIS web site, at [www.FAMIS.org](http://www.FAMIS.org), is accessible in both English and Spanish. The website is updated weekly and provides general information, monthly enrollment statistics, and information on eligibility, health plans, outreach, notices, and training.

Web site statistics at the end of the second quarter for 2005 are:

<b>April</b>	<b>May</b>	<b>June</b>
Data unavailable	Visits = 18,430 Average per Day = 594 Average Visit Length = 10:26	Visits = 15,770 Average per Day = 525 Average Visit Length = 11:13

On February 1, 2005 an on-line version of the Children's Health Insurance Application was made available on the FAMIS web site. This interactive e-application leads the applicant through a series of questions resulting in a completed application, which can be submitted electronically. During this quarter, this application was the most downloaded file from the FAMIS website. See section IV B for further information on the new electronic application.

**V. POLICIES AFFECTING ENROLLMENT**

**A. "No Wrong Door"**

At the start of the FAMIS program on August 1, 2001, applications were processed and eligibility was determined for FAMIS only by a Central Processing Unit (CPU). On September 1, 2002, DMAS expanded access to the program by simplifying the application process and by implementing a "No Wrong Door" policy. This policy allows children to apply for, and be

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

enrolled in, FAMIS Plus or FAMIS through the CPU or through their local Department of Social Services (DSS). The steady increase in enrollment since implementing this and other policies shows that families' access to the program has improved. In the second quarter of 2005, the FAMIS CPU and the local departments of social services enrolled **11,252** children in FAMIS.

**B. Four-Months "Waiting Period"**

<b>Month</b>	<b># Children Denied</b>	<b># Denied for Current or Recently Dropped Insurance</b>	<b># Denied for Insurance Dropped within 4 months</b>
<b>April 2005</b>	3,646	416	14
<b>May 2005</b>	3,457	386	7
<b>June 2005</b>	4,192	519	20
<b>Totals</b>	<b>11,295*</b>	<b>1,321</b>	<b>41</b>

\*3,895 children were denied FAMIS because they appeared eligible for FAMIS Plus and were referred to the FAMIS Plus unit for case processing.

Source: ACS Monthly Report June 2005

Applicants are asked if the child had health insurance coverage in the four months prior to application. If so, and there was no "good cause" for canceling the insurance, the child is not eligible for FAMIS for four months from the date the insurance was canceled.

The intent of shortening the "waiting period" from six to four months in August 2003 was to deny fewer children FAMIS benefits because of prior insurance coverage. The average number of children per quarter who were denied FAMIS when the waiting period was six months was 82 (average per quarter from January 1, 2002 to July 1, 2003). In the second quarter of 2005, only 41 children (.36% of all denied children) were denied because the child's parent had canceled private health insurance coverage without good cause within four months of applying for FAMIS. This decrease in denials due to prior insurance shows that shortening the waiting period is succeeding in making more children eligible for FAMIS.

**C. Impact of Premiums and Co-payments**

Monthly premiums were eliminated from the FAMIS program in April 2002. However, limited co-payments are required for most services received by children who are enrolled in a FAMIS MCO. No co-payments are required for preventive care services.

The chart below presents examples of co-payments for medical services. Title XXI places limits on cost-sharing requirements for families whose income is above or below 150% of the federal poverty level (FPL), and Virginia's yearly family co-payment cap is within the federal limits.

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

Service	Equal to or below 150% FPL*	Above 150% FPL*
Outpatient Hospital or Doctor	\$2 per visit	\$5 per visit
Prescription Drugs	\$2 per prescription	\$5 per prescription
Inpatient Hospital	\$15 per admission	\$25 per admission
Non-emergency use of Emergency Room	\$10 per visit	\$25 per visit
Preventive Health Services	\$0	\$0
Yearly Co-payment Limit per Family	\$180	\$350

\*See Table #3 of this report for the 150% and 200% FPL income limits.

## **VI. COVERED SERVICES**

### **A. Type of Access**

Children who are enrolled in FAMIS access covered medical and dental services by either 1) fee-for-service, or 2) a managed care organization (MCO). “Fee-for-service” access means receiving services from a medical or dental provider who participates in Virginia’s Medicaid Program. Children who live in localities where there is no contracted MCO, access services by fee-for-service. Children who live in localities where there is an MCO available access services by fee-for-service for the first one or two months of FAMIS enrollment, and then are enrolled in a MCO.

The fee-for-service benefit package is identical to the Medicaid benefit package, but also includes substance abuse services. Fee-for-service does not have any co-pays for services. The MCOs provide the FAMIS benefit package, which is modeled on the State Employee health care plan, and does not include some of the Medicaid covered services, such as EPSDT and non-emergency transportation for medical care. Nominal co-pays of \$2.00 or \$5.00 are required for most services, but there are no co-pays required for preventive care.

### **B. Delivery System**

In June 2005, AMERIGROUP, Inc. was awarded a contract to provide managed care services to Medicaid and FAMIS clients in northern Virginia. The impacted areas include Arlington, Fairfax County, Fauquier County, Loudoun County, Prince William County, Alexandria, Fairfax City, Falls Church, City of Manassas, and Manassas Park. AMERIGROUP will start providing care effective September 1, 2005. UniCare and AMERIGROUP are the MCOs available to enrollees in northern Virginia.

Effective July 1, 2005, all eligible Medicaid and FAMIS clients, regardless of whether they are in an MCO, or FFS were covered by *Smiles for Children*. The Department and the MCOs notified enrollees that they will access dental care through the *Smiles for Children* program using their permanent plastic blue and white identification card. Doral Dental is the Smiles for Children Program Administrator. Dental benefits are the same. Doral is working to deliver care that will assure consistency in reimbursement, an improved provider network, and will ease dental provider confusion when attempting to authorize and provide care to clients.

### **C. Managed Care Enrollment**

At the end of the second quarter 2005, 52,406 FAMIS and Medicaid Expansion children were enrolled in managed care plans (72% of all children enrolled in FAMIS and SCHIP Medicaid

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

Expansion as of June 30, 2005). Below is a table showing the numbers of FAMIS and Medicaid Expansion children enrolled in each managed care plan and the areas they serve.

Managed Care Organization	FAMIS	Medicaid Expansion	Localities & MCO Enrollment Effective June 30, 2004
Optima Family Care	7,508	5,888	69 localities (focused in Tidewater, Central Virginia, Charlottesville, Danville and Halifax)
Anthem HealthKeepers Plus	6,844	5,001	55 localities (focused in Tidewater, Central Virginia and Halifax)
Southern Health – CareNet	1,056	707	30 localities (focused in Central Virginia)
UniCare Health Plan of Virginia, Inc.	9,058	3,657	19 localities (focused in Northern Virginia and Charlottesville)
Virginia Premier Health Plan	8,083	4,804	73 localities (focused in Tidewater, Central Virginia, Charlottesville and Roanoke)
<b>Total MCO Enrollment</b>	<b>32,549</b>	<b>19,857</b>	

**VII. OUTREACH EFFORTS TO ENROLL ELIGIBLE CHILDREN IN FAMIS**

During the second quarter of 2005, the DMAS Maternal & Child Health (MCH) Marketing & Outreach Team participated in activities throughout the Commonwealth including attending events and conferences, coordinating special campaigns, supporting retention initiatives, staffing the Children’s Health Insurance Program Action Committee, preparing for new program implementations, and developing a new public relations and marketing plan.

**A. Events, Conferences, Presentations, and Trainings**

The outreach unit both organized and participated in several meetings and conferences during the second quarter. Staff participated in the Cultural Diversity Committee from the American Lung Association in Richmond, the statewide and regional Covering Kids and Families (CKF) Coalitions, Child Health Insurance Action Committee (CHIAC) meetings in Richmond, the Virginia Association for Early Childhood Education Conference, the Asian-American Festival, the Women’s and Girl’s Wellness Expo, the Northern Virginia Mission of Mercy clinic, and the Immigrant Health Conference. Staff also presented at the Virginia Latino Advisory Commission and the Virginia Comprehensive Assistance Network (VACAN) meetings.

DMAS continues to contract with *SignUpNow* to provide local Child Health Insurance enrollment-training sessions across the state. This quarter, DMAS underwrote four *SignUpNow* workshops. They were held in Lynchburg, Albemarle, Hampton, and Fredericksburg and included over 180 participants.

**B. Cover the Uninsured Week 2005**

The outreach team coordinated a special *Cover the Uninsured Week* “We Have the Technology....Now Let’s Use It” campaign during the quarter which incorporated two video conferences. The first was organized in partnership with the Department of Health and focused on the new enhancements to their WebVISION software, which allows local health departments to print pre-filled child health insurance applications. Several local health departments are piloting the

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

---

use of this new enhancement and are currently populating and submitting applications to FAMIS. All health departments statewide were introduced to the concept and encouraged to participate following the pilot-phase.

The subject of the second videoconference was the introduction of the FAMIS E-Application. It was held at VCU Health Systems and viewed at eight sites around the state via a web conferencing interface. Secretary Jane Woods kicked off the event and VCU was highlighted for its innovative use of the online application by installing easily accessible application stations in key hospital locations.

Also, as part of *Cover the Uninsured Week*, TV spots and radio commercials were aired in Richmond and Tidewater markets, two areas of the state with remaining high concentrations of uninsured children. In addition, a special *Cover the Uninsured Week* section of the FAMIS website was created to highlight *Cover the Uninsured Week* events and a FAMIS promotional message appeared on all Child Support Enforcement checks for the month of May.

**C. Retention Activities**

The retention specialist has done significant work during the second quarter with the *Keep 'Em Covered* (KEC) grant projects. During this period, all second year KEC grantees have had at least one site visit conducted by the retention specialist to assess their needs, concerns and progress. In addition, all second year grantees participated in a *Keep 'Em Covered* grantee meeting to share successful strategies.

**D. Child Health Insurance Program Advisory Committee (CHIPAC)**

The unit convened the second Children's Health Insurance Program Action Committee's (CHIPAC) meeting during this quarter. The meeting was developed through input from the Interim Executive Committee to provide background information to CHIPAC members regarding the process for making changes to policies, regulations, and the state plan; data that is collected and data that is available; an overview of the budgeting and funding of the program; and a program update.

**E. New Program Implementations**

Staff spent a great deal of time this quarter preparing to implement FAMIS MOMS, FAMIS *Select*, and Smiles For Children. As part of the preparations for these program implementations, new materials were developed including a new application, a new FAMIS *Select* brochure, new website pages for all three programs, a new logo for FAMIS MOMS, special Smiles For Children flyers for enrolled families and providers, new promotional items for FAMIS and Smiles For Children, and a revised FAMIS Member Handbook.

**F. Public Relations and Marketing**

Work continued on the development of the new message campaign during the second quarter. Specifically, a new marketing plan was adopted, a contract was secured with the PR firm that had worked on the marketing segmentation study, a successful search was conducted for a FAMIS spokesperson, and a new TV ad and promotional video was filmed. DMAS continued to work with its new messaging campaign partners: Virginia Health Care Foundation and Anthem to create a successful marketing and outreach plan.

**G. Project Connect Grantees**

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

Below is a table of the *Project Connect* organizations that receive grants from DMAS through the Virginia Health Care Foundation to provide children's health care outreach in their communities. Enrollment for the quarter by the individual projects is summarized in the table.

<b>PROJECT GRANTEE</b>	<b>LOCALITIES SERVED</b>	<b>FAMIS Enrolled</b>	<b>FAMIS Plus Enrolled</b>	<b>Total Enrolled</b>
Alexandria Neighborhood Health Services	Alexandria	59	50	109
Bon Secours Richmond Health System	Richmond	15	56	71
CHIP/Healthy Families of Chesapeake	Chesapeake	32	49	81
CHIP of Roanoke Valley	Botetourt, Craig and Roanoke Counties and the Cities of Roanoke and Salem	27	39	66
Consortium for Infant and Child Health (CINCH)*	Portsmouth, Suffolk, Virginia Beach only (DMAS supported expansion) Project also serves other Tidewater localities with RWJ funds	18	51	69
Cumberland Plateau Health District	Buchanan, Dickenson, Russell, Tazewell	42	100	142
Inova Partnership for Healthier Kids	Fairfax City, Fairfax, Loudoun and Alexandria	100	295	395
Johnson Health Center	Amherst, Appomattox, Bedford City and County, Campbell, Danville, Henry, Lynchburg, Martinsville, And Pittsylvania.	13	38	51
REACH	Richmond	3	54	57
United Way Thomas Jefferson Area (Harrisonburg)	Rockingham/Harrisonburg only (DMAS supported expansion). Project also serves Albermarle, Charlottesville, Fluvanna, Greene, Louisa, and Orange with RWJ funds	9	15	24

**VIII. COORDINATION WITH THE DEPARTMENT OF SOCIAL SERVICES**

**A. Application Procedures**

Applicants can file their FAMIS applications with the FAMIS CPU or their local Department of Social Services. If filed with a local Department of Social Services, the local agency determines FAMIS Plus (Medicaid) eligibility first. If the children are not eligible for FAMIS Plus, the agency



**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

---

determines their FAMIS eligibility. If eligible, the agency enrolls the children in the applicable program. After the children are enrolled in FAMIS, the local Department of Social Services transfers the case record to the FAMIS CPU for case maintenance.

If the applicant files the application with the FAMIS CPU, the CPU screens the application for Medicaid eligibility. If the applicants appear to be "FAMIS Plus-likely," the application is transferred to the DMAS FAMIS Plus Unit located at the CPU. If determined eligible for FAMIS Plus, the FAMIS Plus Unit enrolls the child and then transfers the case to the appropriate local Department of Social Services for case maintenance. This process takes place "behind the scenes" and does not require another application or any further action by the family. DMAS has implemented quality assurance procedures at the CPU and the FAMIS Plus Unit that check and double-check FAMIS Plus referrals to be sure that no application is lost.

**B. DSS Cases Processed**

During the second quarter of 2005, the CPU received 3,158 FAMIS cases from the local Departments of Social Services throughout Virginia. This is an increase of 443 over the 2,715 cases received in the first quarter of 2005. The efforts of the Department of Social Services have been instrumental in the steady increase in CHIP enrollment.

During the second quarter of 2005, the DMAS FAMIS Plus Unit at the CPU forwarded 2,711 approved FAMIS Plus cases to local Departments of Social Services for case maintenance. This was an increase of 394 from the 2,317 FAMIS Plus cases the Unit transferred to local DSS agencies during the first quarter of 2005.

**C. Child Support Enforcement Outreach**

A partnership with the Child Support Enforcement Division (DCSE) of DSS began in early 2004. The DCSE Customer Service Unit continues to send out approximately 700 brochures each month with their application packets.

**D. DSS Retention Grants**

The DMAS Maternal & Child Health Division awarded nine local departments of social services funding for a second year as a *Keep 'Em Covered* retention grantee. The agencies that received funding are: Albemarle, Arlington, Fairfax, Greenville/Emporia, Hanover, Henry Co./Martinsville, James City County, Norfolk, and Westmoreland. See Section VII D for more information on retention activities this quarter.

**IX. EMPLOYER-SPONSORED HEALTH INSURANCE (ESHI)**

Employer Sponsored Health Insurance (ESHI) is available through the FAMIS program. ESHI is a premium assistance program that can help families get health insurance through their employer by reimbursing the family for the cost of the FAMIS eligible child's portion of the family premium. To qualify for the ESHI program:

- The children must be eligible for and enrolled in the FAMIS program;
- The children must be eligible for health insurance coverage through their parent's, stepparent's, or guardian's employer;
- The employer must contribute a minimum of 40% of the cost of family coverage; and

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

- Enrollment of the child in the ESHI program must be cost-effective for the Commonwealth.

DMAS is currently working to implement a revamped SCHIP premium assistance program called FAMIS *Select* to replace the current ESHI program. The 2005 General Assembly authorized the modification of this program and a waiver application was submitted to the Centers for Medicare and Medicaid Services (CMS). CMS approval was granted July 1, 2005 and FAMIS *Select* will replace the ESHI program August 1, 2005

The following tables show the ESHI activity in the second quarter of 2005:

<b>ESHI Activity</b>	<b>January 2005</b>	<b>February 2005</b>	<b>March 2005</b>	<b>Total for 1<sup>st</sup> Quarter</b>
<b>Applications sent out</b>	35	40	37	112
<b>Applications received</b>	1	6	4	11
<b>Application disposition</b>				
<b>Approved</b>	0	5	3	8
<b>Denied</b>	1	1	1	3
– not enrolled in FAMIS	0	1	1	2
– not cost-effective	1	0	0	1
<b>ESHI payments made</b>	<b>\$6,442.00</b>	<b>\$6,817.00</b>	<b>\$6,942.00</b>	<b>\$20,201.00</b>

<b>ESHI Caseload</b>	<b>January 2005</b>	<b>February 2005</b>	<b>March 2005</b>
<b># Families enrolled in ESHI</b>	46	44	47
<b># Children enrolled</b>	100	93	98
<b># Families disenrolled</b>	2	2	2

**X. FAMIS EXPENDITURES OF FUNDS**

DMAS expenditures for the medical services received by FAMIS enrollees for the second quarter of 2005 totaled **\$17,231,512**, an increase of \$802,426 over the prior quarter's expenditures of \$16,429,086. Expenditures for medical services received by the SCHIP Medicaid Expansion group of enrollees for the second quarter of 2005 totaled **\$12,169,171**, an increase of \$1,266,507 over the prior quarter's expenditures of \$10,902,664. The total of Title XXI (FAMIS and Medicaid Expansion) expenditures for medical services for the second quarter of 2005 was \$29,400,683, an increase of \$2,068,933 over the prior quarter's expenditures of \$27,331,750.

Administrative expenditures for FAMIS and SCHIP Medicaid Expansion in the second quarter totaled **\$1,637,674**, an increase of \$461,617 from the prior quarter's administrative expenditures of \$1,176,057. Administrative expenditures were approximately 5% of total SCHIP expenditures for the quarter and cover case processing by local departments of social services, administration of the FAMIS Central Processing Unit by ACS Inc., personnel costs for DMAS staff in the Division of Maternal & Child Health, processing of medical claims for SCHIP enrolled children, media services and materials to support program outreach, grant funds to community programs and local departments of social services to assist families, and other related expenses.

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

---

The total second quarter Title XXI expenditures for children enrolled in Virginia's Child Health Insurance Program, including the administrative expenses, was **\$31,038,357**, an increase of \$2,530,550 from the prior quarter's total expenditures of \$28,507,807.

Tables #4 and #5, attached to this report, show the breakdown of the second quarter 2005 expenditures by program and type of service.

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

**TABLE #1**

**June 2005 CHIP ENROLLMENT BY CITY/COUNTY PER PROGRAM**

FIPS	LOCALITY	FAMIS Plus*	MED EXP	FAMIS	Current TOTAL Enrolled	Estimated Eligible Children**	Remaining Eligibles to Enroll**	% Enrolled of Estimated Eligibles
001	ACCOMACK	2875	293	238	3406	3903	497	87%
003	ALBEMARLE	2322	259	348	2929	3075	146	95%
510	ALEXANDRIA	4527	362	931	5820	6963	1143	84%
005/ 560/580	ALLEGHANY/COVINGTON/ CLIFTON FORGE	1323	119	140	1582	1910	328	83%
007	AMELIA	626	45	80	751	710	0	106%
009	AMHERST	1849	241	171	2261	2236	0	100%
011	APPOMATTOX	825	101	100	1026	1235	209	83%
013	ARLINGTON	3880	525	1104	5509	7728	2219	71%
015/790	AUGUSTA/STAUNTON	3871	409	430	4710	4591	0	100%
017	BATH	119	19	35	173	236	63	73%
019/515	BEDFORD CITY/CO	2523	297	404	3224	4902	1678	66%
021	BLAND	252	28	41	321	394	73	81%
023	BOTETOURT	611	93	159	863	1027	164	84%
520	BRISTOL	1447	93	122	1662	1589	0	105%
025	BRUNSWICK	1342	137	117	1596	1626	30	100%
027	BUCHANAN	2089	248	338	2675	3468	793	77%
029	BUCKINGHAM	915	82	94	1091	1529	438	71%
031	CAMPBELL	3008	341	308	3657	3729	72	98%
033	CAROLINE	1515	151	180	1846	1801	0	102%
035	CARROLL	1877	270	195	2342	2356	0	100%
036	CHARLES CITY CO	303	23	35	361	390	29	93%
037	CHARLOTTE	949	95	133	1177	1175	0	100%
540	CHARLOTTESVILLE	2441	185	257	2883	2931	48	98%
550	CHESAPEAKE	9073	784	1026	10883	12319	1436	88%
041/ 570	CHESTERFIELD/ COLONIAL HEIGHTS	10419	1133	1547	13099	10263	0	128%
043	CLARKE	308	26	50	384	359	0	107%
045	CRAIG	231	29	31	291	296	5	100%
047	CULPEPER	1641	170	278	2089	2025	0	103%
049	CUMBERLAND	702	99	85	886	930	44	95%
590	DANVILLE	4758	282	243	5283	5614	331	94%
051	DICKENSON	1402	210	227	1839	2255	416	82%
053	DINWIDDIE	1386	132	119	1637	1679	42	97%
057	ESSEX	805	58	70	933	926	0	101%
059/ 600/610	FAIRFAX CITY/FAIRFAX CO/FALLS CHURCH	23286	2901	4892	31079	28708	0	108%
061	FAUQUIER	1530	148	221	1899	1940	41	98%
063	FLOYD	705	98	126	929	1058	129	88%
065	FLUVANNA	606	77	160	843	902	59	93%
620	FRANKLIN	895	44	51	990	2419	1429	41%
067	FRANKLIN COUNTY	2723	254	300	3277	2294	0	143%
069	FREDERICK	2013	208	312	2533	2261	0	112%
630	FREDERICKSBURG	1431	87	159	1677	1476	0	114%

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

FIPS	LOCALITY	FAMIS Plus*	MED EXP	FAMIS	Current TOTAL Enrolled	Estimated Eligible Children**	Remaining Eligibles to Enroll**	% Enrolled of Estimated Eligibles
640	GALAX	648	60	109	817	814	0	100%
071	GILES	944	102	121	1167	1088	0	107%
073	GLOUCESTER	1435	109	232	1776	2017	241	88%
075	GOOCHLAND	416	52	68	536	586	50	91%
077	GRAYSON	1087	187	135	1409	1424	0	100%
079	GREENE	791	72	121	984	903	0	109%
081/595	GREENSVILLE/EMPORIA	1217	96	90	1403	1387	0	101%
083	HALIFAX	2709	310	266	3285	3223	0	102%
650	HAMPTON	9337	847	859	11043	11600	557	95%
085	HANOVER	2053	249	325	2627	2304	0	114%
087	HENRICO	10627	1009	1462	13098	11417	0	115%
089/690	HENRY/ MARTINSVILLE	5390	500	454	6344	5803	0	109%
091	HIGHLAND	101	11	17	129	173	44	75%
670	HOPEWELL	2367	181	179	2727	2853	126	96%
093	ISLE OF WIGHT	1415	115	115	1645	1878	233	88%
095	JAMES CITY CO	1736	129	190	2055	1879	0	109%
097	KING AND QUEEN	458	38	62	558	862	304	65%
099	KING GEORGE	752	58	109	919	948	29	97%
101	KING WILLIAM	522	52	62	636	487	0	131%
103	LANCASTER	716	73	100	889	1033	144	86%
105	LEE	2402	211	294	2907	3436	529	85%
107	LOUDOUN	3211	334	740	4285	3263	0	131%
109	LOUISA	1328	148	169	1645	1665	20	100%
111	LUNENBURG	884	92	122	1098	1255	157	87%
680	LYNCHBURG	5088	402	474	5964	5752	0	100%
113	MADISON	462	58	64	584	735	151	79%
683	MANASSAS	1932	167	493	2592	1424	0	182%
685	MANASSAS PARK	698	32	166	896	1001	105	90%
115	MATHEWS	358	48	39	445	465	20	96%
117	MECKLENBURG	2101	247	284	2632	2721	89	97%
119	MIDDLESEX	500	41	89	630	698	68	90%
121	MONTGOMERY	3050	311	331	3692	3972	280	93%
125	NELSON	650	92	135	877	993	116	88%
127	NEW KENT	343	21	80	444	464	20	96%
700	NEWPORT NEWS	14654	1221	1203	17078	18051	973	95%
710	NORFOLK	20155	1206	1210	22571	26567	3996	85%
131	NORTHAMPTON	1183	109	131	1423	1644	221	87%
133	NORTHUMBERLAND	635	97	96	828	853	25	100%
720	NORTON	388	17	43	448	546	98	82%
135	NOTTOWAY	1242	112	81	1435	1664	229	86%
137	ORANGE	1063	152	188	1403	1464	61	96%
139	PAGE	1306	179	200	1685	1638	0	103%
141	PATRICK	1333	140	95	1568	1645	77	95%
730	PETERSBURG	3633	196	267	4096	4450	354	92%
143	PITTSYLVANIA	3638	332	281	4251	4182	0	102%

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

FIPS	LOCALITY	FAMIS Plus*	MED EXP	FAMIS	Current TOTAL Enrolled	Estimated Eligible Children**	Remaining Eligibles to Enroll**	% Enrolled of Estimated Eligibles
740	PORTSMOUTH	9362	507	594	10463	11268	805	93%
145	POWHATAN	484	49	95	628	754	126	83%
147	PRINCE EDWARD	1281	100	147	1528	1494	0	102%
149	PRINCE GEORGE	883	76	86	1045	1415	370	74%
153	PRINCE WILLIAM	14324	1212	1865	17401	13097	0	133%
155	PULASKI	2006	231	244	2481	2343	0	106%
750	RADFORD	603	67	54	724	601	0	120%
157	RAPPAHANNOCK	138	36	48	222	270	48	82%
760	RICHMOND	21625	1029	1288	23942	28382	4440	84%
159	RICHMOND COUNTY	488	48	61	597	661	64	90%
770	ROANOKE	8519	548	738	9805	9366	0	105%
161/775	ROANOKE CO/ SALEM	2870	373	413	3656	3335	0	110%
163/53 0678	ROCKBRIDGE/BUENA VISTA/LEXINGTON	1311	191	172	1674	1686	12	100%
165/ 660	ROCKINGHAM/ HARRISONBURG	4892	413	624	5929	5730	0	103%
167	RUSSELL	2216	268	321	2805	3338	533	84%
169	SCOTT	1435	173	174	1782	2009	227	89%
171	SHENANDOAH	1602	220	201	2023	1825	0	111%
173	SMYTH	2124	249	216	2589	2654	65	100%
175	SOUTHAMPTON	993	101	80	1174	1281	107	92%
177	SPOTSYLVANIA	3483	376	496	4355	3932	0	111%
179	STAFFORD	3404	285	395	4084	3518	0	116%
800	SUFFOLK	4638	407	390	5435	6240	805	87%
181	SURRY	316	47	60	423	576	153	73%
183	SUSSEX	700	72	79	851	954	103	89%
185	TAZEWELL	3405	375	449	4229	4461	232	95%
810	VIRGINIA BEACH	13234	1414	2167	16815	21277	4462	79%
187	WARREN	1446	119	196	1761	1819	58	97%
191	WASHINGTON	2431	277	289	2997	3222	225	93%
820	WAYNESBORO	1402	129	158	1689	1780	91	95%
193	WESTMORELAND	1189	127	102	1418	1467	49	97%
830	WILLIAMSBURG	285	28	21	334	413	79	81%
840	WINCHESTER	1337	145	234	1716	1609	19	107%
195	WISE	3837	302	406	4545	5301	756	86%
197	WYTHE	1645	194	237	2076	2037	0	102%
199/735	YORK/POQUOSON	1090	126	193	1409	2203	794	64%
975	Dept. Med Assist Svcs	2	0	1	3			
<b>TOTAL</b>		<b>343361</b>	<b>31685</b>	<b>41502</b>	<b>416548</b>	<b>432,773</b>	<b>16,225</b>	<b>96%</b>

Source: VAMMIS 07-01-05

\* Children under 21 enrolled in a Medicaid Families & Children aid category.

\*\* Estimates of uninsured eligible children in Virginia completed January 2004. Estimates of eligible children are subject to error.

\*\*\* The sum of "remaining eligibles to enroll" at the locality level does not match the statewide total of "remaining eligibles to enroll" because the number of "remaining eligibles to enroll" for localities that have exceeded their estimated target is set to zero.

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

**TABLE #2**

**Enrollment in the Children's Health Insurance Program Since the 9/1/2002  
Program Changes**

<b>MONTH &amp; YEAR</b>	<b>FAMIS</b>	<b>Medicaid Expansion (PD 094)</b>	<b>MEDICAID</b>	<b>Total Number of Enrolled Children</b>	<b>Monthly Gain (Loss)</b>
September 1, 2002	28,603	9,427	259,000	297,030	
October 1, 2002	28,838	11,664	260,424	300,926	3,896
November 1, 2002	30,788	12,847	265,311	308,946	8,020
December 1, 2002	31,814	14,137	267,620	313,571	4,625
January 1, 2003	31,528	15,083	268,517	315,128	1,557
February 1, 2003	32,411	16,173	271,575	320,159	5,031
March 1, 2003	32,626	17,076	274,187	323,889	3,730
April 1, 2003	32,362	18,021	276,585	326,968	3,079
May 1, 2003	31,663	18,866	279,923	330,452	3,484
June 1, 2003	31,725	19,771	282,795	334,291	3,839
July 1, 2003	32,083	20,244	287,383	339,710	5,419*
August 1, 2003	32,132	20,749	286,528	339,409	(-301)*
September 1, 2003	32,684	21,179	293,998	347,861	8,452*
October 1, 2003	32,342	20,446	296,935	349,723	1,862
November 1, 2003	33,524	21,047	306,361	360,959	11,236**
December 1, 2003	34,116	21,104	308,838	364,058	3,099
January 1, 2004	35,030	21,228	312,328	368,586	4,528
February 1, 2004	35,156	21,080	314,516	370,752	2,166
March 1, 2004	35,618	21,091	317,326	374,035	3,283
April 1, 2004	35,673	21,006	319,218	375,897	1,862
May 1, 2004	36,448	20,937	322,371	379,756	3,859
June 1, 2004	36,658	20,891	323,894	381,443	1,687
July 1, 2004	37,616	21,060	324,632	383,308	1,865
August 1, 2004	38,018	20,950	323,552	382,520	-788
September 1, 2004	38,532	23,362	324,091	385,985	3,465
October 1, 2004	38,749	24,965	326,113	389,827	3,842
November 1, 2004	39,515	26,522	330,143	396,180	6,353
December 1, 2004	39,903	27,714	332,712	400,329	4,149
January 1, 2005	39,970	28,554	334,330	402,854	2,525
February 1, 2005	40,162	29,272	336,827	406,261	3,407
March 1, 2005	40,129	29,770	337,189	407,088	827
April 1, 2005	40,613	30,248	339,135	409,996	2,908
May 1, 2005	41,141	30,833	342,264	414,238	4,242
June 1, 2005	41,252	31,304	343,157	415,713	1,475
July 1, 2005	51,502	31,685	343,361	416,548	835

\* Data fluctuations are due to implementation of the new VAMMIS.

\*\* Report methods were corrected this month.

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

---

**TABLE #3**

**FAMIS FPL (Federal Poverty Limit) INCOME LIMITS  
(Effective February 18, 2005)**

Size of Family	150% FPL Monthly Income Limit (for lower co-pays)	200% FPL Monthly Income Limit (income eligibility limit)
1	\$1,197	\$1,595
2	1,604	2,139
3	2,012	2,682
4	2,419	3,225
5	2,827	3,769
6	3,234	4,312
7	3,642	4,855
8	4,049	5,399
For each additional person, add	408	544



**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

**TABLE #4**

**FAMIS EXPENDITURES BY TYPE OF SERVICE – April, May & June 2005**

<b>SERVICE TYPE</b>	<b>APRIL</b>	<b>MAY</b>	<b>JUNE</b>	<b>TOTAL</b>
<b>1 Health Care Insurance Premiums</b>	<b>4,110,094</b>	<b>4,078,065</b>	<b>4,156,156</b>	<b>12,344,315</b>
123744 ESHI Premiums	5,628	5,636	5,327	16,592
123747 HMO-Options Capitation Payments	0	0	0	0
123748 HMO-MEDALLION II Capitation Payments	4,104,465	4,072,429	4,150,828	12,327,722
123749 FAMIS Premium Refunds	0	0	0	0
<b>2 Inpatient Hospital Services</b>	<b>298,822</b>	<b>188,427</b>	<b>720,648</b>	<b>1,207,897</b>
123319 Long Stay Inpatient Hospital	0	0	0	0
123341 General Hospital	298,822	188,427	720,648	1,207,897
123348 Rehabilitation Hospital	0	0	0	0
<b>3 Inpatient Mental Health</b>	<b>0</b>	<b>(1,217)</b>	<b>(426)</b>	<b>(1,643)</b>
123459 Inpatient MH Services	0	(1,217)	(426)	(1,643)
<b>4 Nursing Care Services</b>				
123416 Nurses Aides				
123541 Skilled Nursing Facilities				
123591 Miscellaneous Nursing Home				
<b>5 Physician and Surgical Services</b>	<b>296,267</b>	<b>215,048</b>	<b>216,917</b>	<b>728,233</b>
123441 Physicians	296,267	215,048	216,917	728,233
123457 MC Providers - FFS Payments				0
<b>6 Outpatient Hospital Services</b>	<b>143,341</b>	<b>105,776</b>	<b>112,084</b>	<b>361,201</b>
123141 Outpatient Clinic	143,341	105,776	112,084	361,201
123349 CORF				0
<b>7 Outpatient Mental Health Facility Services</b>	<b>309,098</b>	<b>379,274</b>	<b>245,510</b>	<b>933,882</b>
123143 Community Mental Health Clinic	69,670	62,490	58,590	190,750
123243 Dental - MHMR	0	0	0	0
123317 Medical Surgical MR	0	0	0	0
123340 Psych Residential Inpatient Services	33,762	43,261	9,197	86,221
123449 MH Community Services	47,311	30,394	55,219	132,924
123451 MR Community Services	260	0	260	520
123461 Private MH & SA Community	158,095	243,128	122,243	523,467
<b>8 Prescribed Drugs</b>	<b>337,803</b>	<b>278,751</b>	<b>227,199</b>	<b>843,752</b>
123445 Prescribed Drugs	337,803	278,751	227,199	843,752
<b>9 Dental Services</b>	<b>95,106</b>	<b>79,585</b>	<b>81,036</b>	<b>255,727</b>
123241 Dental	87,708	74,679	76,266	238,652
123242 Dental Clinic	7,398	4,906	4,770	17,074
<b>10 Vision Services</b>	<b>14,858</b>	<b>10,944</b>	<b>12,803</b>	<b>38,605</b>
123443 Optometrists	14,858	10,944	12,803	38,605
<b>11 Other Practitioner's Services</b>	<b>21,153</b>	<b>13,538</b>	<b>14,224</b>	<b>48,914</b>
123444 Podiatrists	1,119	810	646	2,575
123446 Psychologists	3,691	2,310	2,652	8,652
123447 Nurse Practitioners	8,255	5,736	4,719	18,711
123491 Miscellaneous Practitioners	8,088	4,682	6,207	18,976
<b>12 Clinic Services</b>	<b>94,908</b>	<b>72,319</b>	<b>47,821</b>	<b>215,047</b>
123142 Other Clinic	186	114	330	630
123147 Ambulatory Surgical Clinic	10,396	5,383	4,284	20,063
123148 Rural Health Clinic	32,148	21,762	15,881	69,792
123460 Federally Qualified Health Center	14,153	10,866	8,434	33,452
123473 School Rehab Services	37,966	34,178	18,865	91,009
123474 School Health Clinic Services	60	16	25	101
<b>13 Therapy Clinic Services</b>	<b>4,888</b>	<b>15,877</b>	<b>10,253</b>	<b>31,019</b>

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

123144 Physical Therapy Clinic	4,888	15,877	10,253	31,019
<b>14 Laboratory and Radiological Services</b>	<b>23,460</b>	<b>19,694</b>	<b>21,072</b>	<b>64,226</b>
123641 Lab and X-ray	23,460	19,694	21,072	64,226
<b>15 Durable and Disposable Medical Equipment</b>	<b>13,293</b>	<b>9,765</b>	<b>5,720</b>	<b>28,778</b>
123484 Medical Appliances	13,293	9,765	5,720	28,778
134241 Medical Appliances				0
<b>18 Screening Services</b>	<b>38,139</b>	<b>37,745</b>	<b>37,404</b>	<b>113,288</b>
123145 EPSDT Screening	38,139	37,745	37,404	113,288
<b>19 Home Health</b>	<b>0</b>	<b>550</b>	<b>103</b>	<b>653</b>
123442 Home Health	0	550	103	653
<b>21 Home/CBC Services</b>				
123545 Private Duty Nursing				
123566 Personal Care				
<b>22 Hospice</b>				
123435 Hospice Care				
<b>23 Medical Transportation</b>	<b>1,660</b>	<b>865</b>	<b>3,644</b>	<b>6,168</b>
128641 Transportation	1,660	865	3,644	6,168
<b>24 Case Management</b>	<b>4,501</b>	<b>3,759</b>	<b>3,191</b>	<b>11,451</b>
123448 Maternal Infant Care	4,501	3,759	3,191	11,451
123465 Treatment Foster Care Case Mgmt.	0	0	0	0
<b>Total Expenditures for FAMIS Medical Services</b>	<b>5,807,392</b>	<b>5,508,765</b>	<b>5,915,356</b>	<b>17,231,512</b>
<b>Administrative Expenditures</b>	<b>325,794</b>	<b>399,873</b>	<b>912,007</b>	<b>1,637,674</b>
<b>Total FAMIS Expenditures</b>	<b>6,133,186</b>	<b>5,908,638</b>	<b>6,827,363</b>	<b>18,869,187</b>

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

**TABLE #5**

**SCHIP MEDICAID EXPANSION EXPENDITURES BY TYPE OF SERVICE – April, May & June 2005**

<b>SERVICE TYPE</b>	<b>APRIL</b>	<b>MAY</b>	<b>JUNE</b>	<b>TOTAL</b>
<b>1 Health Care Insurance Premiums</b>	<b>2,293,721</b>	<b>2,294,388</b>	<b>2,327,320</b>	<b>6,915,428</b>
123757 HMO-Options Capitation Payments				0
123758 HMO-MEDALLION II Capitation Payments	2,293,721	2,294,388	2,327,320	6,915,428
<b>2 Inpatient Hospital Services</b>	<b>152,671</b>	<b>136,116</b>	<b>138,023</b>	<b>426,810</b>
123350 General Hospital	152,671	136,116	138,023	426,810
123352 Rehabilitation Hospital				
<b>3 Inpatient MH - Regular Payments</b>	<b>64,729</b>	<b>81,433</b>	<b>91,495</b>	<b>237,657</b>
123303 Psych.Resident Inpatient Facility	54,281	75,025	77,913	207,219
123357 Inpatient Psychology Under 21 (Private)	3,505	0	4,504	8,009
123358 Long Stay Inpatient Hospital (MH)				0
123363 Inpatient Psychology Under 21 (MHMR)	6,942	6,408	9,078	22,429
<b>4 Nursing Care Services</b>				
123554 Skilled Nursing Facilities				
123559 Miscellaneous Nursing Home				
<b>5 Physician and Surgical Services</b>	<b>278,498</b>	<b>222,386</b>	<b>170,017</b>	<b>670,901</b>
123424 Physicians	278,498	222,386	170,017	670,901
123425 MC Providers - FFS Payments				
<b>6 Outpatient Hospital Services</b>	<b>181,464</b>	<b>151,216</b>	<b>120,419</b>	<b>453,099</b>
123116 Outpatient Hospital	181,464	151,216	120,419	453,099
123321 CORF				
<b>7 Outpatient Mental Health Facility Services</b>	<b>457,678</b>	<b>388,634</b>	<b>439,707</b>	<b>1,286,019</b>
123115 Mental Health Clinic	109,143	99,993	92,572	301,708
123420 MH Community Services	103,319	67,584	96,045	266,948
123421 MR Community Services	260	260	260	780
123422 Private MH & SA Community	244,955	220,798	250,831	716,583
<b>8 Prescribed Drugs</b>	<b>436,624</b>	<b>349,212</b>	<b>435,396</b>	<b>1,221,232</b>
123426 Prescribed Drugs	436,624	349,212	435,396	1,221,232
<b>9 Dental Services</b>	<b>132,204</b>	<b>130,121</b>	<b>123,193</b>	<b>385,517</b>
123205 Dental	119,493	117,891	113,279	350,663
123206 Dental Clinic	12,711	12,230	9,914	34,854
<b>10 Vision Services</b>	<b>23,273</b>	<b>18,884</b>	<b>17,063</b>	<b>59,220</b>
123455 Optometrists	23,273	18,884	17,063	59,220
<b>11 Other Practitioner's Services</b>	<b>9,878</b>	<b>9,493</b>	<b>8,394</b>	<b>27,765</b>
123437 Podiatrists	1,200	2,699	1,068	4,968
123438 Psychologists	1,017	936	587	2,540
123439 Nurse Practitioners	4,987	3,484	5,178	13,650
123440 Miscellaneous Practitioners	2,674	2,373	1,560	6,607
<b>12 Clinic Services</b>	<b>75,821</b>	<b>57,540</b>	<b>47,913</b>	<b>181,274</b>
123117 Other Clinic	1,451	700	(6)	2,145
123118 Ambulatory Surgical Clinic	2,191	5,254	3,521	10,966
123124 Rural Health Clinic	22,033	18,783	14,259	55,076
123471 Federally Qualified Health Center	16,057	10,943	7,803	34,802
123462 School Rehab Services	34,052	21,789	22,336	78,177
123463 School Health Clinic Services	37	71	0	108
<b>13 Therapy Clinic Services</b>	<b>9,461</b>	<b>7,431</b>	<b>8,174</b>	<b>25,065</b>
123119 Physical Therapy Clinic	9,461	7,431	8,174	25,065
<b>14 Laboratory and Radiological Services</b>	<b>31,429</b>	<b>26,177</b>	<b>25,934</b>	<b>83,540</b>
123651 Lab and X-ray	31,429	26,177	25,934	83,540

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

<b>15 Durable and Disposable Medical Equipment</b>	<b>17,207</b>	<b>6,795</b>	<b>9,817</b>	<b>33,818</b>
123472 Medical Appliances	17,207	6,795	9,817	33,818
<b>18 Screening Services</b>	<b>13,428</b>	<b>12,882</b>	<b>12,326</b>	<b>38,635</b>
123123 EPSDT Screening	13,428	12,882	12,326	38,635
<b>19 Home Health</b>	<b>2,632</b>	<b>3,170</b>	<b>1,663</b>	<b>7,466</b>
123466 Home Health	1,457	1,939	783	4,180
123467 Community MR Services Waiver	1,175	1,231	880	3,286
<b>21 Home/CBC Services</b>	<b>28,268</b>	<b>34,396</b>	<b>29,975</b>	<b>92,638</b>
123476 Developmental Disabilities Waiver	27,741	33,870	29,098	90,709
123481 Developmental Disability Support Coordinator	526	526	877	1,929
123553 Private Duty Nursing				0
123560 Personal Care				0
<b>22 Hospice</b>				
123470 Hospice Care				
<b>23 Medical Transportation</b>	<b>1,095</b>	<b>1,015</b>	<b>4,937</b>	<b>7,047</b>
128651 Transportation	1,095	1,015	4,937	7,047
<b>24 Case Management</b>	<b>6,676</b>	<b>4,195</b>	<b>5,169</b>	<b>16,041</b>
123468 Maternal Infant Care	6,676	4,195	5,169	16,041
123469 Treatment Foster Care Case Mgmt.				
<b>Total Expenditures for Medical Services</b>	<b>4,216,757</b>	<b>3,935,482</b>	<b>4,016,932</b>	<b>12,169,171</b>
<b>Administrative Expenditures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total MEDICAID EXPANSION Expenditures</b>	<b>4,216,757</b>	<b>3,935,482</b>	<b>4,016,932</b>	<b>12,169,171</b>

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

---

**APPENDIX I**

**Joint Legislative and Audit Review Commission (JLARC) Recommendations**

Senate Joint Resolution 441 from the 2001 General Assembly Session directed the Joint Legislative and Audit Review Commission (JLARC) to conduct an evaluation of the development, management, utilization, and funding for the health and mental health services provided through the Department of Medical Assistance Services (DMAS). JLARC's report, *A Review of Selected Programs in the Department of Medical Assistance Services* (Senate Document 22, 2002), focused on four program areas, including the Child Health Insurance Program (Section II of the report). JLARC made six recommendations in the report.

Recommendation number 1 stated that the Medicaid enrollment data should be reported whenever FAMIS enrollment data is reported. DMAS added the Medicaid children enrollment figures to the Monthly Child Health Insurance Program Enrollment Report beginning with October 2002 data. The enrollment data in this report includes the Medicaid child enrollment numbers for the second quarter of 2005. (See Section III A of this report for current enrollment information).

Recommendation number 2 in the JLARC report recommended that DMAS, in conjunction with the FAMIS Outreach Oversight Committee, develop a telephone and/or mail survey to track the reasons why children drop out of the FAMIS program. DMAS has undertaken several initiatives to learn more about why children drop out of the FAMIS and FAMIS Plus programs. In addition to ongoing analysis of data from VaMMIS, during the first quarter of 2005 telephone surveys were conducted with 400 families whose children had recently failed to renew FAMIS and 400 families whose children had failed to renew FAMIS Plus. Responses from the surveys show that approximately 40% of families chose not to renew coverage as they had private health insurance and many others assumed they now earned too much income. DMAS is reviewing survey data to address other barriers to renewal identified by families. In addition, the FAMIS CPU not includes a non-renewal post-card in the annual renewal packet that is sent to families approaching their anniversary date. The brightly colored slip asks the family to provide a reason if they are not planning to return the renewal application. The non-renewal slip can be returned to the CPU in the Business Reply envelope provided. Data from this effort will also be analyzed in the coming months.

Recommendation number 3 directed DMAS to develop an up-to-date projection of the total number of uninsured children in Virginia, the number of children potentially eligible for Medicaid, and the number of children potentially eligible for FAMIS. DMAS worked with the Community Health Resource Center (consultant), the Virginia Health Care Foundation, the Virginia Hospital & Health Care Association, and the Virginia Poverty Law Center, to update the estimated number of children remaining uninsured in Virginia who are potentially eligible for Medicaid or FAMIS. The revised estimate was based on the 2001 Virginia Health Access Survey, the 2000 census data, and other indicators of rates of insurance. The estimates were completed in December 2002. The figures showed that 411,642 children living in Virginia are potentially eligible for Medicaid or FAMIS because their family income is below 200% of poverty, and they do not have health insurance coverage. Medicaid and FAMIS covered approximately 76% (315,128) of these children as of December 31, 2002. The projection methodology was updated in December 2003. See Section III B for details.

Recommendation number 4 in the JLARC report recommended that DMAS adopt a single eligibility level of 133 percent of the federal poverty level for all medically indigent children under age 19 in the

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

---

Medicaid program. The 2002 General Assembly authorized DMAS to make this change, which was effective on September 1, 2002. Approximately 9,000 children were transferred from FAMIS to Medicaid as a result of implementing the SCHIP Medicaid Expansion group that increased the Medicaid income limit for all children under age 19 to 133 percent of the Federal Poverty Level (FPL).

These children are funded by Title XXI funds (state child health insurance dollars) at the higher federal match rate. As of the end of the second quarter of 2005, there were 31,685 children enrolled in the Medicaid Expansion group. This represents a 236% increase (22,258 additional children) since its implementation on September 1, 2002.

Recommendation number 5 of the JLARC report directed the Department of Medical Assistance Services, in cooperation with the Virginia Department of Social Services (DSS), to develop a detailed plan to improve ongoing communication and coordination between the Medicaid and FAMIS programs. DMAS staff met with state and local DSS staff to develop policies and procedures to improve communication and work flows between local DSS agencies, the DMAS FAMIS Plus Unit and the FAMIS CPU. Detailed procedures were developed by the two departments' staff to implement the single Children's Health Insurance application form for Medicaid and FAMIS, uniform verification procedures and the "No Wrong Door" policy.

The sixth recommendation directed DMAS to expand the quarterly report to include information about how it is implementing the recommendations in the report. This information is included in the subject sections of this report.

## **APPENDIX II**

### **2002, 2003, 2004 and 2005 General Assembly Legislation**

#### **A. 2002 Legislation**

The 2002 General Assembly passed legislation that improved the access and outreach for the FAMIS program. These actions included:

##### **1. House Bill 1062**

This bill directed DMAS to work with the Departments of Health and Education to identify children in the Women, Infants, and Children (WIC) and school lunch programs who may also be eligible for FAMIS or Medicaid. DMAS continued to implement these interdepartmental initiatives during the second quarter of 2005.

##### **2. House Bill 790**

This bill allows an adult caretaker relative to submit a FAMIS application on behalf of a child. DMAS implemented this provision on July 1, 2002.

##### **3. Budget language**

Language in the Budget bill directed DMAS to:

- a. Provide an exception to the six-month waiting period for dropping insurance for reasons of affordability. DMAS implemented this provision on July 1, 2002.
- b. Allow a caretaker relative to apply on behalf of a child (same as House Bill 790). DMAS implemented this provision on July 1, 2002.
- c. Adopt a single income level for Medicaid eligibility at 133 percent of the federal poverty limit for all children under age 19. DMAS implemented this provision on September 1, 2002. See Section III A of this report for information on the SCHIP Medicaid Expansion.

The continued increase in numbers of children enrolled in Virginia's Child Health Insurance Program attests to the success of this legislation in improving families' access to the program.

#### **B. 2003 Legislation**

The 2003 General Assembly passed legislation that improved the access to FAMIS and the retention of enrolled children. DMAS implemented these changes on August 1, 2003. Several provisions to create an "umbrella program" for Child Health Insurance in Virginia were passed, including the name change for the medically indigent Medicaid-enrolled children to "FAMIS Plus," and the coordination of administration of the FAMIS and FAMIS Plus programs. The legislation included:

##### **1. House Bill 2287 & Senate Bill 1218**

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

---

This legislation amended the FAMIS law for the following items, which were implemented on August 1, 2003:

- a. Coordination with “FAMIS Plus”, the new name for the medically indigent groups of Medicaid-enrolled children, and provided for a single application form for FAMIS and FAMIS Plus. In order to start phasing-in an umbrella program of Child Health Insurance, children who meet medically indigent criteria under the Medicaid program rules are covered under the new name, “FAMIS Plus”, effective August 1, 2003.

FAMIS Plus children continue to receive the full Medicaid benefit package and have no cost-sharing responsibilities. As stocks were depleted, the Medicaid and FAMIS member handbooks, the FAMIS brochures, the FAMIS MCO contracts, the managed care organizations’ member handbooks, and mailings from DMAS were revised to reference “FAMIS Plus” as the new name for children’s Medicaid. The enrollee eligibility verification systems used by service providers was changed to reference “FAMIS Plus” instead of “Medicaid” for children who are enrolled in the medically indigent aid categories. The system change was partially completed in May 2004 and the remainder was completed in the second quarter of 2005.

DMAS staff meets regularly with Department of Social Services (DSS) staff to discuss administrative procedures that will make the administration of both FAMIS and FAMIS Plus efficient and seamless for the families, and to discuss computer systems-related issues. The procedures for coordinating administration, including outreach, enrollment, re-enrollment and services delivery, of the FAMIS and FAMIS Plus programs were developed by DMAS in partnership with DSS and the FAMIS contractor.

The combined Child Health application form was implemented on September 1, 2002, and is a single application form currently used to determine eligibility for both FAMIS and Medicaid medically indigent children. This application form was revised to reference FAMIS Plus, and will continue to be used for both programs, FAMIS and FAMIS Plus.

- b. Co-payments for FAMIS benefits will not be decreased from the amounts in effect as of January 1, 2003. Co-payments for FAMIS children enrolled in managed care are based on the family’s income. The co-payments that were in effect as of January 1, 2003, are outlined in Section V. C.
- c. The six months prior insurance coverage limitation (“waiting period”) changed to four months. Beginning August 1, 2003, families are asked if the child had health insurance coverage in the four months prior to application. If so, and there was no “good cause” for dropping the insurance, the child is ineligible for FAMIS for four months from the date the insurance was canceled. The revised eligibility policy was implemented on August 1, 2003. See Section V. B for more information on the impact of the four-month waiting period.
- d. Specific mental health services were added to the FAMIS benefit package. Effective August 1, 2003, the following community mental health services are covered for FAMIS recipients:
  - intensive in-home services,
  - case management services,
  - day treatment, and
  - 24-hour emergency response.



**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

---

Enrollees and service providers were notified of these new covered services in July 2003. The services are provided in the same manner and with the same coverage and service limitations as they are provided to children under the state plan for Medicaid. These services are “carved out” of the managed care plans and are reimbursed directly to the service provider by DMAS. Coverage of these services under FAMIS should reduce the general fund dollars utilized by the Comprehensive Services Act Program.

## **2. House Bill 2594**

This legislation amended the FAMIS law by adding the sentence “Eligible children, residing in Virginia, whose family income does not exceed 200 percent of the federal poverty level during the enrollment period shall receive 12 continuous months of coverage as permitted by Title XXI of the Social Security Act.”

For FAMIS, families are required to report a change in their income only when the family’s gross monthly income increases to an amount that is over the 200% federal poverty level for the family size. Families of enrolled FAMIS children were notified of this change in the reporting requirements prior to the August 1, 2003, implementation of the change. Effective August 1, 2003, enrollment in FAMIS is for 12 continuous months, unless one of the following events occurs before the annual renewal:

- a. an increase in gross monthly income to above 200% FPL,
- b. a child moves out of state,
- c. a child turns age 19,
- d. a child dies,
- e. the family requests cancellation, or
- f. the family applies for Medicaid and the child is determined eligible for Medicaid.

Families must report the following changes before the annual renewal:

- increase in gross monthly income only if it goes above 200% FPL,
- change in the family size, and
- move to an out-of-state address.

If none of the above changes is reported, FAMIS eligibility will be renewed annually.

## **C. 2004 Legislation**

### **House Bill 836**

This legislation revises the name, purpose, membership, and responsibilities of the current Outreach Oversight Committee to Family Access to Medical Insurance Security (FAMIS) to create the Children’s Health Insurance Program Advisory Committee and declares the purpose of the committee to be to assess policies, operations and outreach for FAMIS and FAMIS Plus (Medicaid for children) and to evaluate various enrollment, utilization, and outcomes of children for these programs. The committee’s membership is limited to 20 members and will include the Joint Commission on Health Care, the Department of Social Services, the Department of Health, the Department of Education, the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Virginia Health Care Foundation, various provider associations and children’s advocacy groups, and other individuals with significant knowledge and interest in children’s health insurance. The committee will make

**Quarterly Report on the Status of the  
Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)  
2005 Second Quarter: April 1, 2005 through June 30, 2005**

---

recommendations on FAMIS and FAMIS Plus to the Director of the Department of Medical Assistance Services and the Secretary of Health and Human Resources. See Section VII E for further information about committee activity during this quarter.

**D. 2005 Legislation**

The 2005 General Assembly authorized the expansion of the FAMIS program to pregnant women with income up to 150% of the Federal Poverty Level and modification of the current premium assistance program currently know as ESHI (Employer Sponsored Health Insurance).

**House Bill 2284**

This legislation removed the requirement that the Family Access to Medical Insurance Security (FAMIS) plan provide wraparound benefits through supplemental insurance when benefits equivalent to the Virginia Medicaid program are not included in the employer-sponsored health insurance benefit plan.

**Budget Item 324 L**

This budget item gave the Department of Medical Assistance Services the authority to amend the Family Access to Medical Insurance Security Plan and related regulations to expand medical coverage to pregnant women who are over the age of 19 with annual family income in excess of the Medicaid limit but less than or equal to 150 percent of the Federal Poverty Level and to simplify the administration of the premium assistance program available to families with children eligible for FAMIS who have access to an employer-sponsored health insurance program. It also gave the department authority to promulgate emergency regulations to implement this amendment within 280 days or less from the enactment date of the act.

DMAS submitted a waiver to the Centers for Medicare and Medicaid Services (CMS) to implement the two programs provided for by the 2005 General Assembly. During this quarter, DMAS staff finalized policies, regulations and materials to support the programs. In addition, the necessary computer system changes for both VaMMIS and the FAMIS CPU have been developed. Approval of the waiver was received from CMS on July 1, 2005 and both the FAMIS MOMS program for pregnant women up to 150% FPL and the FAMIS *Select* program to replace ESHI will be implemented August 1, 2005.