

**QUARTERLY REPORT ON THE STATUS OF THE**

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

**Fourth Quarter 2004**

**October 1, 2004 – December 31, 2004**

**Virginia Department of Medical Assistance Services**

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**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 fourth quarter of calendar year 2004 – October, November and December 2004.

During the fourth quarter of 2004:

- Enrollment in Virginia's SCHIP program (including the separate FAMIS program and the SCHIP Medicaid Expansion program) reached 68,524 representing a net increase of 4,810 children since the end of the previous quarter on September 30, 2004;
- Approximately 93% of children estimated to be eligible for FAMIS Plus (Medicaid) or FAMIS were enrolled, an increase of 3% from the end of the previous quarter;
- The FAMIS Central Processing Unit (CPU) received 38,281 calls, 9,026 applications and 3,024 FAMIS cases transferred from local departments of social services;
- 10,943 children were approved by the CPU and the Department of Social Services for FAMIS;
- Approximately 75% of enrolled children received FAMIS or Medicaid Expansion benefits through a Managed Care Organization (MCO);
- Total fourth quarter expenditures for medical services for children enrolled in Virginia's Child Health Insurance Program were \$26,960,712, and administrative expenditures totaled \$915,512.

Appendix I provides updates on the Department's implementation of the Joint Legislative and Audit Review Commission's (JLARC) January 2002 recommendations for improving the Child Health Insurance Program in Virginia. Appendices II, III and IV provide a summary of the program changes mandated by the 2002, 2003 and 2004 sessions of the Virginia General Assembly and the resulting impact on enrollment.

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**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 and the Central Processing Unit (CPU), administered at ACS, Inc., began operations on August 1, 2001. Since that date, the CPU has answered more than 645,000 telephone calls, has mailed 95,459 FAMIS application packets to callers, and has enrolled more than 75,347 children in FAMIS. The total enrollment in FAMIS and the SCHIP Medicaid Expansion group as of December 31, 2004 was **68,524** children, an increase of 4,810 over the 63,714 children who were enrolled as of the last day of the previous quarter. As of December 31, 2004, FAMIS Plus (Medicaid) and FAMIS covered an estimated **93% (402,854)** of children living below 200% of poverty in Virginia who are likely to be eligible for state-supported coverage (432,773 children). FAMIS, the Medicaid Expansion group, and all Medicaid Families & Children groups of children 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.

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- “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.
- 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 December 31, 2004, is shown in the table, below.

<b>PROGRAM</b>	<b>INCOME</b>	<b># Enrolled as of 12-31-04</b>	<b>% of Total Enrollment</b>
FAMIS - Children < 19 years	> 133%, ≤ 200% FPL	39,970	10%
MEDICAID Expansion - Children 6-18 years	> 100%, ≤ 133% FPL	28,554	7%
	Subtotal	68,524	17%
MEDICAID - Children < 21 years	≤ 133% FPL	334,330	83%
	<b>TOTAL</b>	<b>402,854</b>	<b>100%</b>

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

Table #1, attached to this report, displays the December 2004, 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.

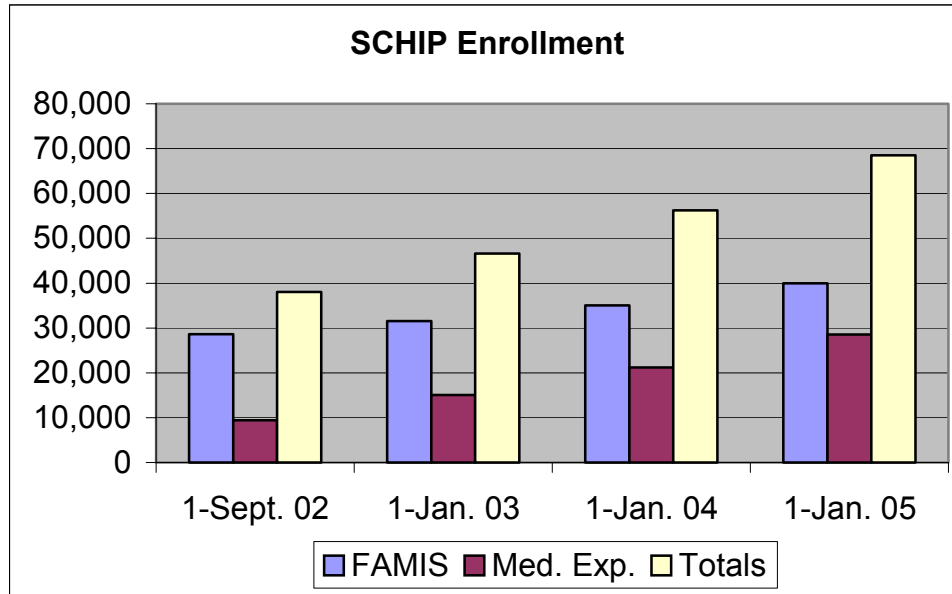
Enrollment of new children into Virginia’s Title XXI program (FAMIS and Medicaid Expansion) has been increasing steadily since September 1, 2002. From September 1, 2002 through December 31, 2004, an average of 1,156 children were enrolled in FAMIS and Medicaid Expansion each month. The steady increase in enrollment since September 1, 2002 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.

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



**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 December 31, 2004, FAMIS Plus and FAMIS covered approximately **93%** (402,854) of these uninsured children. Approximately 30,000 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**

A new FAMIS CPU contract was implemented in December 2003 for one year, with many changes to the CPU’s scope of work. Some of the new contract elements included:

- Enhanced reporting requirements,
- Expansion of essential staffing requirements,
- Contractually required training specialist and training plan,
- More specific performance requirements,
- New quality measurements and reconciliation process.

Contract elements that were addressed in the fourth quarter of 2004 included:

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- Completion of the one-year contract extension with ACS., Inc, for the new contract year starting December 1, 2004, and
- Completion of reconciling the backlog of CPU and VaMMIS data.

**A. Call Center Activity**

The following table shows the call volume at the CPU for the fourth quarter of 2004:

<b>MONTH</b>	<b>Incoming Calls Received</b>	<b>Incoming Calls Answered</b>	<b>Abandon Rate</b>	<b>Total Outbound Calls</b>
<b>October 2004</b>	14,124	13,753	2.6%	1,394
<b>November 2004</b>	12,800	12,550	2.0%	1,817
<b>December 2004</b>	11,357	11,165	1.7%	1,602
<b>Totals</b>	<b>38,281</b>	<b>37,468</b>	<b>2.1%</b>	<b>4,813</b>

Source: ACS Monthly Report December 2004.

The average number of calls received per month for the fourth quarter was 12,760 with an average abandon rate of 2.1% per month. The decrease in calls from the previous quarter (average 13,642 per month in the third quarter 2004), can be attributed to the ending of the 2004 “Back to School” campaign in September 2004.

The fourth quarter abandon rate of 2.1% increased from the previous quarter’s 1.6% abandon rate but is still well within the 5% contract standard.

**B. Application Processing**

The contractor (ACS) received 9,026 new, redetermination and renewal applications, 3,024 cases transferred from local DSS offices, 3,326 verification documents, and 185 correspondence documents during the fourth quarter of 2004. The number of applications, DSS cases transferred, and verifications increased from the end of the prior quarter; the correspondence documents received decreased. The CPU Eligibility Team ended the quarter processing applications in an average of 11 business days from receipt of the completed applications (more than the average 9.2 days processing time achieved at the end of the previous quarter, but within the contract standard of 12 business days).

1. The following table shows the number of applications received by the CPU in the fourth quarter of 2004:

<b>Month</b>	<b>New</b>	<b>Re-app</b>	<b>Redetermin- ation</b>	<b>Renewal</b>	<b>TOTAL</b>
<b>October 2004</b>	1,621	507	78	1,027	3,233
<b>November 2004</b>	1,417	534	87	989	3,027
<b>December 2004</b>	1,153	573	82	958	2,766
<b>Total</b>	<b>4,191</b>	<b>1,614</b>	<b>247</b>	<b>2,974</b>	<b>9,026</b>

Source: ACS Monthly Report December 2004.



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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.

2. As of September 2002, implementation of the “No Wrong Door” policy allowed families to apply for FAMIS at either the FAMIS CPU or at all local departments of social services. The following table shows the number of enrolled cases, by type of application, forwarded from local DSS agencies to the CPU in the fourth quarter of 2004:

Month	New	Re-app	Redetermination	Renewal	TOTAL
October 2004	956	25	15	7	1,003
November 2004	990	28	11	4	1,033
December 2004	947	23	17	1	988
<b>Total</b>	<b>2,893</b>	<b>76</b>	<b>43</b>	<b>12</b>	<b>3,024</b>

Source: ACS Monthly Report December 2004.

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 3,560 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
October 2004	2,602	4,136	1,837	3,666
November 2004	2,158	3,561	1,821	3,474
December 2004	1,980	3,246	1,721	3,261
<b>Totals</b>	<b>6,740</b>	<b>10,943</b>	<b>5,379*</b>	<b>10,401*</b>

\*3,560 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 Reports October-December 2004.

4. The following table shows the number of children denied FAMIS by the CPU in the fourth quarter of 2004, by denial reason:

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<b>DENIAL REASONS</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>TOTALS</b>
Ineligible immigration status	71	46	46	<b>163</b>
Income is over the limit	478	516	496	<b>1,490</b>
Unauthorized applicant	3	3	4	<b>10</b>
Has or dropped other health insurance	425	407	340	<b>1,172</b>
Not a Virginia resident	0	0	1	<b>1</b>
Over age 19	26	20	17	<b>63</b>
State employee benefits available	28	28	34	<b>90</b>
New & Re-app – Incomplete application	2,292	2,432	1,801	<b>6,525</b>
Renewal – Incomplete application	1,612	1,540	1,469	<b>4,621</b>
<b>FAMIS Plus-likely*</b>	<b>1,331</b>	<b>1,087</b>	<b>1,142</b>	<b>3,560</b>
<b>Total denial reasons**</b>	<b>6,266</b>	<b>6,079</b>	<b>5,350</b>	<b>17,695</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 December 2004.

5. 7,295 children were disenrolled from FAMIS in the fourth quarter of 2004. The following table shows the number by month and disenrollment reason:

<b>DISENROLLMENT REASON</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>TOTAL</b>
Renewal incomplete	1584	1620	1724	<b>4928</b>
Ineligible immigration status	1	1	1	<b>3</b>
Income is over the limit	161	153	152	<b>466</b>
Child moved out of home	0	3	13	<b>16</b>
Has other health insurance	5	5	6	<b>16</b>
No longer a Virginia resident	54	123	73	<b>250</b>
Over age 19	45	62	48	<b>155</b>
State employee benefits available	19	3	9	<b>31</b>
Requested by applicant	63	27	39	<b>129</b>
Appeal denied	0	0	0	<b>0</b>
FAMIS Plus application not completed	0	0	4	<b>4</b>
Death	0	0	0	<b>0</b>
Cannot locate family	0	0	0	<b>0</b>
DMAS request	0	0	4	<b>4</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>428</b>	<b>449</b>	<b>416</b>	<b>1,293</b>
<b>Number of children disenrolled</b>	<b>2,360</b>	<b>2,446</b>	<b>2,489</b>	<b>7,295</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 December 2004.

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**C. DMAS FAMIS Plus Unit**

The DMAS FAMIS Plus Unit consists of an Eligibility Supervisor, five Eligibility Workers, and three clerical workers, and 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. 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.

Below is a table that shows the FAMIS Plus Unit's activities in the fourth quarter of 2004:

<b>ACTIVITY</b>	<b>October</b>	<b>November</b>	<b>December</b>	<b>Total</b>	<b>Average per Month</b>
Referrals received	1026	663	760	<b>2449</b>	816
FAMIS Plus Approved	817	500	612	<b>1929</b>	643
FAMIS/FAMIS Plus Denied	42	27	30	<b>99</b>	33
FAMIS Approved	68	35	50	<b>153</b>	51
<b>Total Applications Processed</b>	<b>927</b>	<b>562</b>	<b>692</b>	<b>2181</b>	<b>727</b>
Applications on Active DSS Cases (sent to LDSS)	145	96	90	<b>331</b>	110
<b>Total Cases</b>	<b>1072</b>	<b>658</b>	<b>782</b>	<b>2512</b>	<b>837</b>
Reinstatements	109	4	0	<b>113</b>	38
DSS transfers corrected	186	86	102	<b>374</b>	125
DSS Transfer returned	164	80	127	<b>371</b>	124
DSS calls	269	198	204	<b>671</b>	224
Client calls	214	122	110	<b>446</b>	149

**D. FAMIS Web Site**

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.

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The FAMIS web site statistics for the fourth quarter 2004 are:

**1. October**

Visits = 14,198  
Average per Day = 458  
Average Visit Length = 00:07:10  
Median Visit Length = 00:02:22

**2. November**

Visits = 13,850  
Average per Day = 461  
Average Visit Length = 00:07:15  
Median Visit Length = 00:02:09

**3. December**

Visits = 14,621  
Average per Day = 471  
Average Visit Length = 00:08:52  
Median Visit Length = 00:02:42

**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 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 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 fourth quarter of 2004, the FAMIS CPU and the local departments of social services enrolled 10,943 children in FAMIS.

**B. Four-Months “Waiting Period”**

Month	# Children Denied	# Denied Due to Other Health Insurance	# Denied Due to Canceled Insurance
October 2004	3,666	425	13
November 2004	3,474	407	5
December 2004	3,261	340	6
<b>Totals</b>	<b>10,401</b>	<b>1,172</b>	<b>24</b>

Source: ACS Monthly Report December 2004

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 fourth quarter of 2004, only 24

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children (.23% 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 the shortening of 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.

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 an MCO.

The fee-for-service benefit package is almost identical to the Medicaid benefit package and 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. Managed Care Organization (MCO) Activity**

On October 1, 2004, Sentara changed its name to "Optima Family Care."

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**C. Managed Care Enrollment**

At the end of the fourth quarter 2004, **51,212** FAMIS and Medicaid Expansion children were enrolled in managed care plans (75% of all children enrolled in FAMIS and Medicaid Expansion as of December 31, 2004). Below is a table showing the numbers of FAMIS and Medicaid Expansion children enrolled in each managed care plan.

<b>Managed Care Organization</b>	<b>FAMIS</b>	<b>Medicaid Expansion</b>	<b>Localities &amp; MCO Enrollment Effective June 30, 2004</b>
Optima Family Care	7,424	5,448	69 localities (focused in Tidewater, Central Virginia, Charlottesville, Danville and Halifax)
Anthem HealthKeepers Plus	6,648	4,303	55 localities (focused in Tidewater, Central Virginia and Halifax)
Southern Health – CareNet	984	689	30 localities (focused in Central Virginia)
UniCare Health Plan of Virginia, Inc.	10,115	3,452	19 localities (focused in Northern Virginia and Charlottesville)
Virginia Premier Health Plan	7,633	4,516	73 localities (focused in Tidewater, Central Virginia, Charlottesville and Roanoke)
<b>Total MCO Enrollment</b>	<b>32,804</b>	<b>18,408</b>	

See Table #4 at the end of this report for the list of Virginia localities and the MCO(s) available in each locality.

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

During the fourth quarter of 2004, the DMAS Maternal and Child Health (MCH) Outreach Team participated in activities throughout the Commonwealth including attending events and conferences, developing and strengthening outreach partnerships, supporting retention initiatives, coordinating the first Child Health Insurance Program Advisory Committee (CHIPAC) meeting and overseeing public relations and marketing activities.

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

The outreach team attended twenty-four events and conferences throughout the Commonwealth during this quarter. Two noteworthy events include *Colaborando Juntos*, the Energy Fair in Richmond City and the Grundy Remote Area Medical/Mission of Mercy (RAM/MOM) clinic.

FAMIS outreach staff participated in *Colaborando Juntos* for the first time for its annual meeting which attracts a wide variety of agencies and organizations interested in reaching out to and working with the Richmond area Latino community. The Annual Energy Fair is sponsored by the Department of Housing and Community Development (DHCD) in partnership with several other state agencies and organizations. The Grundy RAM/MOM clinic was the ninth event of its kind that the Outreach team has participated in since the RAM and MOM projects began in Virginia.

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In addition to events, the Outreach team attended and displayed at several key conferences around the state including: The Virginia Association of School Nurses Annual Conference, the Community Health Outreach Workers Conference, the 2004 Virginia PTA convention, and the Governor's Symposium on Healthy Virginians where the state's policy makers, advocates and health professionals convened to formulate recommendations for the Governor.

The Team delivered seven presentations to both community organizations and potential consumers, including a presentation to the Virginia Employment Commission's Rapid Response Coordinators and a presentation at the Bedford Business Leadership Training.

DMAS continues to contract with *SignUpNow* to provide local Child Health Insurance enrollment training sessions across the state. *SignUpNow* consistently receives overall ratings of "Excellent" or "Very Good" from ninety-seven percent (97%) of attendees completing the workshop evaluations following a training. Since July 2002 *SignUpNow* has:

- Trained 1,890 people statewide;
- Distributed 2,161 full *Tool Kits (includes 675 for school nurses\*)*
- Distributed an additional 1,377 updated contents for *Tool Kits (includes 205 for VA Dept. of Health Local Contacts\*)*
- So far in state FY05, *SignUpNow* has conducted nine FAMIS & FAMIS Plus workshops. Eight were sponsored by DMAS.

*Information provided by SignUpNow. Items/events marked with an \* were made possible through funding from The Virginia Department of Medical Assistance Services.*

## **B. Special Outreach Partnerships**

During the last quarter, the Outreach team renewed a partnership with the Department of Taxation. Last year, FAMIS information was printed in the Virginia Tax Filing Instruction Booklet. This year, DMAS was able to expand the partnership and joint outreach efforts. These efforts include not only having FAMIS information in the Instruction Booklet, but also a mass mailing of a special FAMIS flyer to over 200,000 businesses across the state, a link to the FAMIS website on the Department of Taxation's website, and a new FAMIS message recorded on the Taxation customer service line during the tax season.

The partnership with CVS pharmacies deepened as an additional 40 CVS pharmacy stores in the Northern Virginia region joined the others in Central Virginia in displaying FAMIS brochures and posters in English and Spanish. As a result, FAMIS materials are now available to customers in over 170 CVS stores statewide.

The outreach team continued to work with the Virginia Department of Health (VDH) on a joint project to pre-fill Child Health Insurance applications using the VDH WebVISION system. User testing will begin after the first of the year, with the pilot projects going live in the spring. The outreach team plans to announce that VDH is one of our "Power Users" where applicants can go to apply for health insurance during the 2005 *Cover the Uninsured Week*, scheduled to begin on April 30.

Initial discussion began with the Virginia Primary Care Association (VPCA) and Community Care Network (CCN) to discuss the possibility of the Community Health Centers using their patient

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tracking and financial screening systems to also become “Power Users.” The Health Centers would pre-fill Child Health Insurance applications with existing health center data for the families with uninsured children and submit them directly to the CPU for processing. This would be similar to the project with VDH.

Several new partnerships were also developed this quarter including a special project with the Richmond area Salvation Army’s Angel Tree Project to distribute FAMIS information to 6,000 families and the Richmond area Internal Revenue Service (IRS) coalition to provide FAMIS information in English and Spanish to potentially eligible families at the free tax preparation sites.

**C. Retention Initiatives**

The outreach team made significant efforts on retention initiatives during the fourth quarter. The division awarded nine local departments of social services (LDSS) funding for a second year as a *Keep ‘Em Covered* retention grantee. The agencies that received funding are: Albemarle, Arlington, Fairfax, Greensville/Emporia, Hanover, Henry Co./Martinsville, James City County, Norfolk, and Westmoreland. In November, the DMAS held a *Keep ‘Em Covered* retention grant meeting. The meeting focused on sharing project experiences and strategies from year one, discussing recent FAMIS and FAMIS Plus policy and operations changes, reviewing the final report requirements, and discussing new strategies with year two grantees. Year one grants were extended until the end of the year due to the late start many LDSS agencies experienced. Therefore, year one final grant reports will not be due until late in January of 2005.

The MCH Division also added a part-time Retention Specialist to coordinate a variety of retention strategies, provide technical assistance to the above *Keep ‘Em Covered* grantees, and to provide support to the division’s ongoing retention initiatives.

During the fourth quarter, the Outreach team worked closely with the Virginia Health Care Foundation (VHCF) on a joint research project to survey newly enrolled and recently cancelled FAMIS and FAMIS Plus families. VHCF contracted with Matrix Marketing Research Group, a local research firm, to conduct 800 FAMIS and FAMIS Plus enrollment surveys and 800 cancellation surveys via the telephone. DMAS provided data for the sample of families to be interviewed and ensured that the transfer of data was compliant with the Health Insurance Portability and Accountability Act (HIPAA). DMAS staff worked closely with the marketing firm to construct the survey and train the telephone researchers on the FAMIS and FAMIS Plus programs prior to their interviews. Results from the surveys will be available in February 2005 and will provide invaluable insight into the enrollment and cancellation processes from the recipient’s point of view.



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In November, the Outreach team, in cooperation with the MCH Division's Program Operations Unit, began a pilot program for surveying non-renewing FAMIS families. A "Don't Want To Renew?" slip in either English or Spanish is now included with each renewal packet mailed from the FAMIS Central Processing Unit (CPU). These non-renewal response slips are intended to provide families who do not want to return their renewal forms an opportunity to tell us why they do not wish to renew. Early results indicate that a significant proportion of the respondents now have private health insurance or receive income that is above the FAMIS income limits.

#### **D. Child Health Insurance Program Advisory Committee**

During the fourth quarter, the Outreach team recruited members, planned and coordinated the logistics for the inaugural Children's Health Insurance Program Advisory Committee (CHIPAC) meeting. The committee was formed by 2004 legislation that revised the name, purpose, membership, and responsibilities of the former Outreach Oversight Committee. Along with the growth of FAMIS, the focus of the advisory committee shifted from exclusively outreach to encompass operations, policy, access, utilization, and health outcomes for children.

The Committee membership is limited to twenty individuals, with six representing prescribed organizations. These organizations 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, and the Virginia Health Care Foundation. The legislation states that representatives from various provider associations and children's advocacy groups, and other individuals with significant knowledge and interest in children's health insurance, should make up the remainder of the committee's membership. Currently, the CHIPAC committee membership includes a diverse and broad-based group of organizations, individuals, agencies, and business.

At the first full CHIPAC meeting, an Interim Executive Committee was identified. The Interim Executive Committee is charged with working with DMAS staff to make decisions between full committee meetings, including making recommendations on the design and establishment of a committee structure for CHIPAC, the development of the next meeting agenda, and short-term goals for the committee.

#### **E. Public Relations and Marketing**

A number of public relations and marketing activities also took place during this quarter. The outreach team worked with the Governor's office to have October 18-24 proclaimed *Child Health Insurance Week*. A FAMIS advertisement was run in the *Richmond Times-Dispatch* 2004 Energy Fair special supplement. The Outreach Unit also secured ad space, a feature article, and the cover page of *La Voz Hispana* magazine to promote FAMIS in the Latino community.

To promote well-child visits for enrolled children, the team designed a well-child check-up reminder birthday postcard for the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) unit, which began distribution in November. The Outreach staff taped a radio

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interview for the new non-profit radio station WRIR 97.3 in Richmond. The 30-minute interview to discuss the FAMIS program will air on the Brown Bag Lunch segment after the first of the year.

**F. Project Connect Grantees**

Below is a table of the *Project Connect* organizations that receive grants from DMAS 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	50	38	88
Bon Secours Richmond Health System	Richmond	1	38	39
CHIP/Healthy Families of Chesapeake	Chesapeake	36	22	58
CHIP of Roanoke Valley	Botetourt, Craig and Roanoke Counties and the Cities of Roanoke and Salem	15	62	77
Consortium for Infant and Child Health (CINCH)*	Portsmouth, Suffolk, Virginia Beach only (DMAS supported expansion) Project also serves other Tidewater localities with RWJ funds	7	64	71
Cumberland Plateau Health District	Buchanan, Dickenson, Russell, Tazewell	51	96	147
Inova Partnership for Healthier Kids	Fairfax City, Fairfax, Loudoun and Alexandria	106	265	371
Johnson Health Center	Amherst, Appomattox, Bedford City and County, Campbell, Danville, Henry, Lynchburg, Martinsville, And Pittsylvania.	19	49	68
REACH	Richmond	2	47	49
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	5	26	31

## **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 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 fourth quarter of 2004, the CPU received **3,024** FAMIS cases from the local Departments of Social Services throughout Virginia. This is an increase over the 2,836 cases received in the third quarter of 2004. The efforts of the Department of Social Services have been instrumental in the steady increase in CHIP enrollment.

During the fourth quarter of 2004, the DMAS FAMIS Plus Unit at the CPU forwarded **1,929** approved FAMIS Plus cases to local Departments of Social Services for case maintenance. This was a decrease from the 2,025 FAMIS Plus cases the Unit transferred to local DSS agencies during the third quarter of 2004.

### **C. Child Support Enforcement Outreach**

A partnership with the Child Support Enforcement Division (DCSE) of DSS began in the second quarter of 2004. The DCSE Customer Service Unit sends 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, Greensville/Emporia, Hanover, Henry Co./Martinsville, James City County, Norfolk, and Westmoreland. In November, a *Keep ‘Em*

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*Covered* retention grant meeting was held. The meeting focused on sharing project experiences and strategies from year one, discussing recent FAMIS and FAMIS Plus policy and operations changes, reviewing the final report requirements, and discussing new strategies with year two grantees. Year one grants were extended until the end of the year due to the late start many local agencies experienced. The year one final grant reports will be due in January of 2005.

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

As part of the State Coverage Initiative grant from the Robert Wood Johnson Foundation, DMAS is conducting an evaluation of the ESHI program to determine ways to improve access to this benefit. As of December 31, 2004, there are 37 families (82 children) enrolled in ESHI, a decrease from the 38 families and 87 children at the end of the third quarter of 2004. Even with this small population, the Commonwealth realizes a savings of approximately \$2,700 per month as the difference between what would have been paid to enroll the children in a FAMIS MCO and what is paid to assist the families with their employer's health insurance premium.

The following tables show the ESHI activity in the fourth quarter of 2004:

<b>ESHI Activity</b>	<b>October 2004</b>	<b>November 2004</b>	<b>December 2004</b>	<b>Total for 4th Quarter</b>
<b>Applications sent out</b>	10	12	15	37
<b>Applications received</b>	6	5	7	18
<b>Application disposition</b>				
<b>Approved</b>	3	2	4	9
<b>Denied</b>	3	3	3	9
– not enrolled in FAMIS	3	2	1	6
– not cost-effective	0	1	2	3
– incomplete	0	0	0	0
<b>ESHI expenditures</b>	<b>\$5,586.77</b>	<b>\$5,382.33</b>	<b>\$4,392.91</b>	<b>\$15,362.01</b>

<b>ESHI Caseload</b>	<b>October 2004</b>	<b>November 2004</b>	<b>December 2004</b>
<b># Families enrolled in ESHI</b>	38	37	37
<b># Children enrolled</b>	84	82	82
<b># Families disenrolled</b>	2	1	1

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Although the ESHI caseload and number of enrolled children decreased, the payments made on behalf of the ESHI enrollees increased. The following table compares the ESHI payments made in the four quarters of 2004:

ESHI Payments	1 <sup>st</sup> quarter 2004	2nd quarter 2004	3 <sup>rd</sup> quarter 2004	4th Quarter	4th Quarter Increase (Decrease)
<b>Total ESHI payments made</b>	\$12,832.71	\$10,532.56	\$11,134.37	\$15,362.01	\$4,227.64

**X. FAMIS EXPENDITURES OF FUNDS**

DMAS expenditures for the medical services received by FAMIS enrollees for the fourth quarter of 2004 totaled **\$16,388,938.00**, an increase of \$986,109.00 over the prior quarter's expenditures of \$15,402,829.00. Expenditures for medical services received by the Medicaid Expansion group of enrollees for the fourth quarter of 2004 period totaled **\$10,571,774.00**, an increase of \$1,513,911.00 over the prior quarter's expenditures of \$9,057,863.00. The total of Title XXI (FAMIS and Medicaid Expansion) expenditures for medical services for the fourth quarter of 2004 was **\$26,960,712.00**, an increase of \$2,500,020.00 over the prior quarter's expenditures of \$24,460,692.00.

Administrative expenditures for FAMIS and Medicaid Expansion in the fourth quarter totaled **\$915,512.00**, a decrease of \$1,940,374.00 from the prior quarter's administrative expenditures of \$2,855,886.00, which included a lump sum payment to DSS at the end of the federal fiscal year on September 30, 2004. Administrative expenditures 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 Child Health Insurance, 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.

The total fourth quarter Title XXI expenditures for children enrolled in Virginia's Child Health Insurance Program, including the administrative expenses, was **\$27,876,224.00**, an increase of \$559,646.00 from the prior quarter's total expenditures of \$27,316,578.00.

Below is a table showing the comparison of the program expenditures in for the first through fourth quarters of 2004:

Expenditure	1 <sup>st</sup> Quarter 2004	2nd Quarter 2004	3rd Quarter 2004	4th Quarter 2004
FAMIS	\$13,914,166.70	\$14,499,891.32	\$15,402,829.00	\$16,388,938.00
Medicaid Expansion	\$7,411,028.44	\$8,347,215.56	\$9,057,863.00	\$10,571,774.00
Total SCHIP medical services	\$21,325,195.14	\$22,847,106.88	\$24,460,692.00	\$26,960,712.00
Administrative expenses	\$1,326,929.31	\$1,460,357.84	\$2,855,886.00	\$915,512.00
<b>TOTAL SCHIP expenditure</b>	<b>\$22,652,124.45</b>	<b>\$24,307,464.72</b>	<b>\$27,316,578.00</b>	<b>\$27,876,224.00</b>

Tables #5 and #6, attached to this report, show the breakdown of the fourth quarter 2004 expenditures by program and type of service.

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**TABLE #1**

**DECEMBER 2004 SCHIP ENROLLMENT BY CITY/COUNTY BY PROGRAM**

FIPS	LOCALITY	FAMIS Plus (MEDICAID)	Medicaid Expansion	FAMIS	Current TOTAL Enrolled	New Estimated Eligibles*	Remaining Eligibles to Enroll	% Enrolled of Estimated Eligibles
001	ACCOMACK	2780	286	277	3343	3903	560	86%
003	ALBEMARLE	2221	237	337	2795	3075	280	91%
510	ALEXANDRIA	4409	302	921	5632	6963	1331	81%
005/ 560/580	ALLEGHANY/COVINGTON /CLIFTON FORGE	1364	78	133	1575	1910	335	82%
007	AMELIA	609	47	80	736	710	0	104%
009	AMHERST	1833	220	179	2232	2236	4	99%
011	APPOMATTOX	808	76	109	993	1235	242	80%
013	ARLINGTON	3811	442	1171	5424	7728	2304	70%
015/790	AUGUSTA/STAUNTON	3823	355	410	4588	4591	3	99%
017	BATH	135	20	30	185	236	51	78%
019/515	BEDFORD CITY/CO	2479	262	387	3128	4902	1774	64%
021	BLAND	240	26	38	304	394	90	77%
023	BOTETOURT	626	71	140	837	1027	190	81%
520	BRISTOL	1471	88	102	1661	1589	0	105%
025	BRUNSWICK	1349	124	123	1596	1626	30	98%
027	BUCHANAN	2174	199	340	2713	3468	755	78%
029	BUCKINGHAM	959	88	95	1142	1529	387	75%
031	CAMPBELL	2857	348	304	3509	3729	220	94%
033	CAROLINE	1430	125	192	1747	1801	54	97%
035	CARROLL	1899	222	214	2335	2356	21	99%
036	CHARLES CITY CO	282	20	31	333	390	57	85%
037	CHARLOTTE	896	79	118	1093	1175	82	93%
540	CHARLOTTESVILLE	2379	208	237	2824	2931	107	96%
550	CHESAPEAKE	8679	716	982	10377	12319	1942	84%
041/ 570	CHESTERFIELD/ COLONIAL HEIGHTS	10112	930	1441	12483	10263	0	122%
043	CLARKE	268	19	37	324	359	35	90%
045	CRAIG	221	27	30	278	296	18	94%
047	CULPEPER	1574	140	270	1984	2025	41	98%
049	CUMBERLAND	741	92	89	922	930	8	99%
590	DANVILLE	4665	276	260	5201	5614	413	93%
051	DICKENSON	1440	181	220	1841	2255	414	82%
053	DINWIDDIE	1338	122	119	1579	1679	100	94%
057	ESSEX	793	62	70	925	926	0	100%
059/600/ 610	FAIRFAX CITY/FAIRFAX CO/FALLS CHURCH	22457	2522	4734	29713	28708	0	104%
061	FAUQUIER	1496	142	222	1860	1940	80	96%
063	FLOYD	698	94	113	905	1058	153	86%
065	FLUVANNA	560	91	147	798	902	104	88%
620	FRANKLIN	826	53	40	919	2419	1500	38%
067	FRANKLIN COUNTY	2680	219	298	3197	2294	0	139%
069	FREDERICK	1839	182	297	2318	2261	0	103%
630	FREDERICKSBURG	1360	88	145	1593	1476	0	108%
640	GALAX	622	59	99	780	814	34	96%
071	GILES	880	101	89	1070	1088	18	98%
073	GLOUCESTER	1372	107	232	1711	2017	306	85%

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FIPS	LOCALITY	FAMIS Plus (MEDICAID)	Medicaid Expansion	FAMIS	Current TOTAL Enrolled	New Estimated Eligibles*	Remaining Eligibles to Enroll	% Enrolled of Estimated Eligibles
075	GOOCHLAND	407	36	61	504	586	82	86%
077	GRAYSON	1075	179	120	1374	1424	50	96%
079	GREENE	737	55	113	905	903	0	100%
081/595	GREENSVILLE/EMPORIA	1181	80	76	1337	1387	50	96%
083	HALIFAX	2677	300	251	3228	3223	0	100%
650	HAMPTON	9207	749	863	10819	11600	781	93%
085	HANOVER	1886	232	308	2426	2304	0	105%
087	HENRICO	10194	934	1397	12525	11417	0	110%
089/ 690	HENRY/ MARTINSVILLE	5152	487	411	6050	5803	0	104%
091	HIGHLAND	96	3	26	125	173	48	72%
670	HOPEWELL	2251	168	162	2581	2853	272	90%
093	ISLE OF WIGHT	1406	100	132	1638	1878	240	87%
095	JAMES CITY CO	1603	129	189	1921	1879	0	102%
097	KING AND QUEEN	436	36	67	539	862	323	63%
099	KING GEORGE	729	58	112	899	948	49	95%
101	KING WILLIAM	522	48	56	626	487	0	129%
103	LANCASTER	711	73	104	888	1033	145	86%
105	LEE	2382	220	291	2893	3436	543	84%
107	LOUDOUN	3078	288	670	4036	3263	0	124%
109	LOUISA	1202	124	193	1519	1665	146	91%
111	LUNENBURG	862	93	116	1071	1255	184	85%
680	LYNCHBURG	4944	370	437	5751	5752	1	99%
113	MADISON	443	52	63	558	735	177	76%
683	MANASSAS	1867	165	462	2494	1424	0	175%
685	MANASSAS PARK	639	46	140	825	1001	176	82%
115	MATHEWS	342	39	61	442	465	23	95%
117	MECKLENBURG	2037	216	294	2547	2721	174	94%
119	MIDDLESEX	480	44	88	612	698	86	88%
121	MONTGOMERY	2970	280	378	3628	3972	344	91%
125	NELSON	641	102	137	880	993	113	89%
127	NEW KENT	334	25	73	432	464	32	93%
700	NEWPORT NEWS	14448	1114	1101	16663	18051	1388	92%
710	NORFOLK	19574	988	1141	21703	26567	4864	82%
131	NORTHAMPTON	1178	93	137	1408	1644	236	86%
133	NORTHUMBERLAND	641	80	106	827	853	26	97%
720	NORTON	380	14	41	435	546	111	80%
135	NOTTOWAY	1223	96	105	1424	1664	240	86%
137	ORANGE	1091	157	166	1414	1464	50	97%
139	PAGE	1261	154	183	1598	1638	40	98%
141	PATRICK	1329	111	88	1528	1645	117	93%
730	PETERSBURG	3605	197	224	4026	4450	424	90%
143	PITTSYLVANIA	3508	342	294	4144	4182	38	99%
740	PORTSMOUTH	9228	448	590	10266	11268	1002	91%
145	POWHATAN	444	49	92	585	754	169	78%
147	PRINCE EDWARD	1276	100	131	1507	1494	0	101%
149	PRINCE GEORGE	859	92	84	1035	1415	380	73%
153	PRINCE WILLIAM	12683	934	1735	15352	13097	0	117%
155	PULASKI	2016	220	219	2455	2343	0	105%
750	RADFORD	573	50	60	683	601	0	114%

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157	RAPPAHANNOCK	135	30	50	215	270	55	80%
760	RICHMOND	22131	972	1165	24268	28382	4114	86%
159	RICHMOND COUNTY	484	31	67	582	661	79	88%
770	ROANOKE	8205	582	683	9470	9366	0	101%
161/775	ROANOKE CO/ SALEM	2807	310	418	3535	3335	0	106%
163/530/ 678	ROCKBRIDGE/BUENA VISTA/LEXINGTON	1232	177	174	1583	1686	103	94%
165/ 660	ROCKINGHAM/ HARRISONBURG	4738	395	534	5667	5730	63	99%
167	RUSSELL	2257	226	286	2769	3338	569	83%
169	SCOTT	1446	175	157	1778	2009	231	89%
171	SHENANDOAH	1549	187	217	1953	1825	0	107%
173	SMYTH	2081	219	209	2509	2654	145	95%
175	SOUTHAMPTON	947	102	87	1136	1281	145	89%
177	SPOTSYLVANIA	3439	354	451	4244	3932	0	108%
179	STAFFORD	3394	253	354	4001	3518	0	114%
800	SUFFOLK	4675	338	385	5398	6240	842	87%
181	SURRY	338	44	54	436	576	140	76%
183	SUSSEX	686	72	74	832	954	122	87%
185	TAZEWELL	3334	340	472	4146	4461	315	93%
810	VIRGINIA BEACH	12926	1329	2181	16436	21277	4841	77%
187	WARREN	1406	107	186	1699	1819	120	93%
191	WASHINGTON	2326	261	291	2878	3222	344	89%
820	WAYNESBORO	1323	117	160	1600	1780	180	90%
193	WESTMORELAND	1212	111	86	1409	1467	58	96%
830	WILLIAMSBURG	295	15	16	326	413	87	79%
840	WINCHESTER	1303	103	184	1590	1609	19	99%
195	WISE	3763	297	381	4441	5301	860	84%
197	WYTHE	1579	179	228	1986	2037	51	97%
199/735	YORK/POQUOSON	1056	112	170	1338	2203	865	61%
	<b>TOTALS</b>	<b>334,330</b>	<b>28,554</b>	<b>39,970</b>	<b>402,854</b>	<b>432,773</b>	<b>29,919</b>	<b>93%</b>

\* new 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 has been set to zero.

Source: VAMMIS 01-01-05



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**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

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

\*\* Report methods were corrected this month.

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**TABLE #3**

**FAMIS FPL (Federal Poverty Limit) INCOME LIMITS  
(Effective February 13, 2004)**

<b>Size of Family</b>	<b>150% FPL Monthly Income Limit (for lower co-pays)</b>	<b>200% FPL Monthly Income Limit (income eligibility limit)</b>
1	\$1,164	\$1,552
2	1,562	2,082
3	1,959	2,612
4	2,357	3,142
5	2,754	3,672
6	3,152	4,202
7	3,549	4,732
8	3,947	5,262
For each additional person, add	398	530

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**TABLE #4**

**FAMIS Managed Care Organizations Available in Virginia Localities  
Effective September 1, 2003**

<b>FAMIS City/Counties</b>	<b>Anthem</b>	<b>Virginia Premier</b>	<b>Optima</b>	<b>CareNet</b>	<b>UniCare</b>	<b>Fee-for- service*</b>
ACCOMACK	X	X	X			
ALBEMARLE		X	X		X	
ALEXANDRIA					X	
ALLEGHANY						X
AMELIA	X	X	X	X		
AMHERST						X
APPOMATTOX						X
ARLINGTON					X	
AUGUSTA		X	X			
BATH						X
BEDFORD CITY		X				
BEDFORD COUNTY		X				
BLAND						X
BOTETOURT		X				
BRISTOL						X
BRUNSWICK	X	X	X			
BUCHANAN						X
BUCKINGHAM			X		X	
BUENA VISTA		X				
CAMPBELL						X
CAROLINE	X	X	X	X		
CHARLES CITY	X	X	X	X		
CARROLL						X
CHARLOTTE			X			
CHARLOTTESVILLE		X	X		X	
CHESAPEAKE	X	X	X			
CHESTERFIELD	X	X	X	X		
CLARKE						X
CLIFTON FORGE						X
COLONIAL HEIGHTS	X	X	X	X		
COVINGTON						X
CRAIG						X
CULPEPER		X				
CUMBERLAND	X	X	X	X		
DANVILLE			X			
DICKENSON						X
DINWIDDIE	X	X	X	X		
EMPORIA	X	X	X			
ESSEX	X		X	X		
FAIRFAX CITY					X	
FAIRFAX COUNTY					X	
FALLS CHURCH					X	
FAUQUIER					X	
FLOYD		X				

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<b>FAMIS City/Counties</b>	<b>Anthem</b>	<b>Virginia Premier</b>	<b>Optima</b>	<b>CareNet</b>	<b>UniCare</b>	<b>Fee-for- service*</b>
FLUVANNA			X		X	
FRANKLIN CITY	X	X	X			
FRANKLIN COUNTY		X				
FREDERICK						X
FREDERICKSBURG	X	X				
GALAX						X
GILES		X				
GLOUCESTER	X		X			
GOOCHLAND	X	X	X	X		
GRAYSON						X
GREENE		X	X		X	
GREENSVILLE	X	X	X			
HALIFAX	X		X			
HAMPTON	X	X	X			
HANOVER	X	X	X	X		
HARRISONBURG		X	X			
HENRICO	X	X	X	X		
HENRY		X				
HIGHLAND						X
HOPEWELL	X	X	X	X		
ISLE OF WIGHT	X		X			
JAMES CITY CO	X		X			
KING & QUEEN	X		X	X		
KING GEORGE	X	X				
KING WILLIAM	X	X	X	X		
LANCASTER			X	X		
LEE						X
LEXINGTON		X				
LOUDOUN					X	
LOUISA		X	X		X	
LUNENBURG	X	X	X	X		
LYNCHBURG						X
MADISON		X	X		X	
MANASSAS CITY					X	
MANASSAS PARK					X	
MARTINSVILLE		X				
MATHEWS	X		X	X		
MECKLENBURG	X	X	X	X		
MIDDLESEX	X		X	X		
MONTGOMERY		X				
NELSON			X		X	
NEW KENT	X	X	X	X		
NEWPORT NEWS	X	X	X			
NORFOLK	X	X	X			
NORTHAMPTON	X	X	X			
NORTHUMBERLAND	X		X	X		
NORTON						X

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<b>FAMIS City/Counties</b>	<b>Anthem</b>	<b>Virginia Premier</b>	<b>Optima</b>	<b>CareNet</b>	<b>UniCare</b>	<b>Fee-for- service*</b>
NOTTOWAY	X	X	X	X		
ORANGE		X	X		X	
PAGE						X
PATRICK		X				
PETERSBURG	X	X	X	X		
PITTSYLVANIA			X			
POQUOSON	X		X			
PORTSMOUTH	X	X	X			
POWHATAN	X	X	X	X		
PRINCE EDWARD	X	X	X			
PRINCE GEORGE	X	X	X	X		
PRINCE WILLIAM					X	
PULASKI		X				
RADFORD		X				
RAPPAHANNOCK						X
RICHMOND CITY	X	X	X	X		
RICHMOND COUNTY	X		X	X		
ROANOKE CITY		X				
ROANOKE COUNTY		X				
ROCKBRIDGE		X				
ROCKINGHAM		X	X			
RUSSELL						X
SALEM		X				
SCOTT						X
SHENANDOAH						X
SMYTH						X
SOUTHAMPTON	X	X	X			
SPOTSYLVANIA	X	X				
STAFFORD	X	X				
STAUNTON		X	X			
SUFFOLK	X	X	X			
SURRY	X	X	X	X		
SUSSEX	X	X	X	X		
TAZEWELL						X
VIRGINIA BEACH	X	X	X			
WARREN						X
WASHINGTON						X
WAYNESBORO		X	X			
WESTMORELAND	X	X	X	X		
WILLIAMSBURG	X		X			
WINCHESTER						X
WISE						X
WYTHE		X				
YORK	X		X			

\* No MCO available in the locality.

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**TABLE #5**

**FAMIS EXPENDITURES BY TYPE OF SERVICE – October-December 2004**

SERVICE TYPE	OCTOBER	NOVEMBER	DECEMBER	TOTAL
<b>1 Health Care Insurance Premiums</b>	<b>4,020,243</b>	<b>4,098,302</b>	<b>4,109,405</b>	<b>12,227,950</b>
123744 ESHI Premiums	5,587	5,382	4,393	15,362
123747 HMO-Options Capitation Payments	0	0	0	0
123748 HMO-MEDALLION II Capitation Payments	4,014,656	4,094,816	4,105,116	12,214,588
123749 FAMIS Premium Refunds	0	(1,896)	(104)	(2,000)
<b>2 Inpatient Hospital Services</b>	<b>269,495</b>	<b>153,796</b>	<b>319,440</b>	<b>742,730</b>
123319 Long Stay Inpatient Hospital	0	0	0	0
123341 General Hospital	269,495	153,796	319,440	742,730
123348 Rehabilitation Hospital	0	0	0	0
<b>3 Inpatient Mental Health</b>	<b>30,424</b>	<b>17,111</b>	<b>2,100</b>	<b>49,634</b>
123459 Inpatient MH Services	30,424	17,111	2,100	49,634
<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>214,276</b>	<b>418,059</b>	<b>12,373</b>	<b>644,707</b>
123441 Physicians	214,276	418,059	12,373	644,707
123457 MC Providers - FFS Payments				0
<b>6 Outpatient Hospital Services</b>	<b>149,113</b>	<b>121,846</b>	<b>132,499</b>	<b>403,458</b>
123141 Outpatient Clinic	149,113	121,846	132,499	403,458
123349 CORF				0
<b>7 Outpatient Mental Health Facility Services</b>	<b>272,914</b>	<b>192,570</b>	<b>239,219</b>	<b>704,703</b>
123143 Community Mental Health Clinic	110,053	75,365	74,086	259,504
123243 Dental – MHMR	0	0	0	0
123317 Medical Surgical MR	0	0	0	0
123340 Psych Residential Inpatient Services	0	0	0	0
123449 MH Community Services	39,869	31,041	32,745	103,655
123451 MR Community Services	0	520	780	1,300
123461 Private MH & SA Community	122,993	85,643	131,608	340,244
<b>8 Prescribed Drugs</b>	<b>292,146</b>	<b>246,564</b>	<b>288,087</b>	<b>826,797</b>
123445 Prescribed Drugs	292,146	246,564	288,087	826,797
<b>9 Dental Services</b>	<b>96,114</b>	<b>69,980</b>	<b>86,149</b>	<b>252,243</b>
123241 Dental	92,255	65,927	80,005	238,187
123242 Dental Clinic	3,859	4,053	6,144	14,056
<b>10 Vision Services</b>	<b>19,738</b>	<b>12,348</b>	<b>15,883</b>	<b>47,970</b>
123443 Optometrists	19,738	12,348	15,883	47,970
<b>11 Other Practitioner's Services</b>	<b>13,572</b>	<b>10,819</b>	<b>12,252</b>	<b>36,643</b>
123444 Podiatrists	941	839	495	2,275
123446 Psychologists	2,631	1,627	2,277	6,535
123447 Nurse Practitioners	3,807	3,244	4,881	11,931
123491 Miscellaneous Practitioners	6,193	5,110	4,599	15,902
<b>12 Clinic Services</b>	<b>60,723</b>	<b>50,366</b>	<b>77,104</b>	<b>188,194</b>
123142 Other Clinic	102	257	117	476
123147 Ambulatory Surgical Clinic	2,575	4,457	6,844	13,876
123148 Rural Health Clinic	31,638	21,433	25,359	78,430
123460 Federally Qualified Health Center	14,056	11,034	14,154	39,244
123473 School Rehab Services	12,352	11,834	30,618	54,804
123474 School Health Clinic Services	0	1,353	12	1,364
<b>13 Therapy Clinic Services</b>	<b>10,716</b>	<b>12,439</b>	<b>6,675</b>	<b>29,830</b>
123144 Physical Therapy Clinic	10,716	12,439	6,675	29,830

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<b>14 Laboratory and Radiological Services</b>	<b>21,998</b>	<b>15,036</b>	<b>18,368</b>	<b>55,402</b>
123641 Lab and X-ray	21,998	15,036	18,368	55,402
<b>15 Durable and Disposable Medical Equipment</b>	<b>12,455</b>	<b>9,745</b>	<b>11,697</b>	<b>33,897</b>
123484 Medical Appliances	12,455	9,745	11,697	33,897
134241 Medical Appliances				0
<b>18 Screening Services</b>	<b>50,431</b>	<b>29,923</b>	<b>36,894</b>	<b>117,248</b>
123145 EPSDT Screening	50,431	29,923	36,894	117,248
<b>19 Home Health</b>	<b>354</b>	<b>0</b>	<b>1,543</b>	<b>1,897</b>
123442 Home Health	354	0	1,543	1,897
<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>853</b>	<b>6,489</b>	<b>1,945</b>	<b>9,286</b>
128641 Transportation	853	6,489	1,945	9,286
<b>24 Case Management</b>	<b>9,824</b>	<b>3,576</b>	<b>2,948</b>	<b>16,348</b>
123448 Maternal Infant Care	8,348	3,576	2,948	14,872
123465 Treatment Foster Care Case Mgmt.	1,476	0	0	1,476
<b>Total Expenditures for FAMIS Medical Services</b>	<b>5,545,390</b>	<b>5,468,968</b>	<b>5,374,580</b>	<b>16,388,938</b>
<b>Administrative Expenditures</b>	<b>138,024</b>	<b>431,735</b>	<b>345,753</b>	<b>915,512</b>
<b>Total FAMIS Expenditures</b>	<b>5,683,414</b>	<b>5,900,703</b>	<b>5,720,333</b>	<b>17,304,450</b>

\*HCFA/CMS CATEGORY AND STATE OBJECT CODE

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**TABLE #6**

**MEDICAID EXPANSION EXPENDITURES BY TYPE OF SERVICE\* -  
October-December 2004**

SERVICE TYPE	OCTOBER	NOVEMBER	DECEMBER	TOTAL
<b>1 Health Care Insurance Premiums</b>	<b>1,807,547</b>	<b>1,928,697</b>	<b>2,034,890</b>	<b>5,771,134</b>
123757 HMO-Options Capitation Payments				0
123758 HMO-MEDALLION II Capitation Payments	1,807,547	1,928,697	2,034,890	5,771,134
<b>2 Inpatient Hospital Services</b>	<b>136,857</b>	<b>253,777</b>	<b>110,536</b>	<b>501,170</b>
123350 General Hospital	126,451	253,777	110,536	490,763
123352 Rehabilitation Hospital	10,407			
<b>3 Inpatient MH - Regular Payments</b>	<b>102,246</b>	<b>94,686</b>	<b>72,018</b>	<b>268,950</b>
123303 Psych.Resident Inpatient Facility	65,572	70,918	70,950	207,439
123357 Inpatient Psychology Under 21 (Private)	14,991	14,156	0	29,147
123358 Long Stay Inpatient Hospital (MH)				0
123363 Inpatient Psychology Under 21 (MHMR)	21,684	9,612	1,068	32,364
<b>4 Nursing Care Services</b>				
123554 Skilled Nursing Facilities				
123559 Miscellaneous Nursing Home				
<b>5 Physician and Surgical Services</b>	<b>248,671</b>	<b>203,433</b>	<b>231,397</b>	<b>683,501</b>
123424 Physicians	248,671	203,433	231,397	683,501
123425 MC Providers - FFS Payments				
<b>6 Outpatient Hospital Services</b>	<b>169,605</b>	<b>131,958</b>	<b>140,658</b>	<b>442,221</b>
123116 Outpatient Hospital	169,605	131,958	140,658	442,221
123321 CORF				
<b>7 Outpatient Mental Health Facility Services</b>	<b>342,188</b>	<b>281,789</b>	<b>364,374</b>	<b>988,352</b>
123115 Mental Health Clinic	65,312	58,691	59,484	183,488
123420 MH Community Services	59,442	45,032	56,430	160,904
123421 MR Community Services	260	0	520	780
123422 Private MH & SA Community	217,174	178,066	247,940	643,180
<b>8 Prescribed Drugs</b>	<b>358,610</b>	<b>303,647</b>	<b>357,143</b>	<b>1,019,399</b>
123426 Prescribed Drugs	358,610	303,647	357,143	1,019,399
<b>9 Dental Services</b>	<b>125,856</b>	<b>111,814</b>	<b>115,819</b>	<b>353,489</b>
123205 Dental	117,429	102,150	104,109	323,688
123206 Dental Clinic	8,426	9,664	11,710	29,801
<b>10 Vision Services</b>	<b>22,485</b>	<b>19,244</b>	<b>23,926</b>	<b>65,655</b>
123455 Optometrists	22,485	19,244	23,926	65,655
<b>11 Other Practitioner's Services</b>	<b>7,729</b>	<b>5,007</b>	<b>9,868</b>	<b>22,604</b>
123437 Podiatrists	947	1,156	958	3,061
123438 Psychologists	1,153	1,208	1,974	4,335
123439 Nurse Practitioners	4,156	1,745	5,334	11,234
123440 Miscellaneous Practitioners	1,473	898	1,603	3,974
<b>12 Clinic Services</b>	<b>47,065</b>	<b>40,791</b>	<b>56,131</b>	<b>143,987</b>
123117 Other Clinic	738	552	579	1,869
123118 Ambulatory Surgical Clinic	2,501	3,739	3,060	9,300
123124 Rural Health Clinic	23,003	17,875	19,791	60,669
123471 Federally Qualified Health Center	7,958	9,203	10,675	27,835
123462 School Rehab Services	11,620	9,423	22,025	43,068
123463 School Health Clinic Services	1,246	0	0	1,246
<b>13 Therapy Clinic Services</b>	<b>5,641</b>	<b>9,151</b>	<b>8,645</b>	<b>23,437</b>
123119 Physical Therapy Clinic	5,641	9,151	8,645	23,437
<b>14 Laboratory and Radiological Services</b>	<b>30,469</b>	<b>17,944</b>	<b>23,961</b>	<b>72,374</b>
123651 Lab and X-ray	30,469	17,944	23,961	72,374
<b>15 Durable and Disposable Medical Equipment</b>	<b>6,913</b>	<b>2,987</b>	<b>1,090</b>	<b>10,991</b>



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123472 Medical Appliances	6,913	2,987	1,090	10,991
<b>18 Screening Services</b>	<b>12,407</b>	<b>13,864</b>	<b>12,493</b>	<b>38,764</b>
123123 EPSDT Screening	12,407	13,864	12,493	38,764
<b>19 Home Health</b>	<b>12,015</b>	<b>3,876</b>	<b>1,742</b>	<b>17,633</b>
123467 Community MR Services Waiver	5,303	1,178	122	6,603
123466 Home Health	6,712	2,698	1,620	11,030
<b>21 Home/CBC Services</b>	<b>41,660</b>	<b>39,143</b>	<b>46,170</b>	<b>126,973</b>
123476 Developmental Disabilities Waiver	41,484	38,441	45,995	125,920
123481 Developmental Disability Support Coordinator	175	702	175	1,052
123553 Private Duty Nursing				0
123560 Personal Care				0
<b>22 Hospice</b>				
123470 Hospice Care				
<b>23 Medical Transportation</b>	<b>1,735</b>	<b>1,680</b>	<b>925</b>	<b>4,340</b>
128651 Transportation	1,735	1,680	925	4,340
<b>24 Case Management</b>	<b>6,479</b>	<b>5,503</b>	<b>4,819</b>	<b>16,801</b>
123468 Maternal Infant Care	6,479	5,503	4,819	16,801
123469 Treatment Foster Care Case Mgmt.				
<b>Total Expenditures for Medical Services</b>	<b>3,486,178</b>	<b>3,468,990</b>	<b>3,616,606</b>	<b>10,571,774</b>
<b>Administrative Expenditures</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total MEDICAID EXPANSION Expenditures</b>	<b>3,486,178</b>	<b>3,468,990</b>	<b>3,616,606</b>	<b>10,571,774</b>

\*HCFA/CMS CATEGORY AND STATE OBJECT CODE

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**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 fourth quarter of 2004. (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. A new survey instrument is being designed as part of a comprehensive research initiative to examine enrollment and retention trends of children in both FAMIS and FAMIS Plus. The research consists of analysis of how children move into, between, and out of the program, surveys of new enrollees and of former enrollees who failed to renew their coverage, and the administrative costs involved. The research is a public/private partnership by DMAS and the Virginia Health Care Foundation. The telephone survey was administered in December 2004, with results available in February 2005.

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 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).

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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 fourth quarter of 2004, there were **28,554** children enrolled in the Medicaid Expansion group. This represents a **200% increase** (19,127 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 General Assembly 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 fourth quarter of 2004. (See section on Outreach for details).

#### **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.

## **APPENDIX III**

### **2003 General Assembly 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**

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 current stocks are 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 completed in May 2004.

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.

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- 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.

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.

## **APPENDIX IV**

### **2004 General Assembly 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 recommendations on FAMIS and FAMIS Plus to the Director of the Department of Medical Assistance Services and the Secretary of Health and Human Resources.

During the fourth quarter of 2004, the Maternal and Child Health Outreach team recruited committee members and planned and coordinated the logistics for the inaugural Children's Health Insurance Program Advisory Committee (CHIPAC) meeting. At the first full CHIPAC meeting, an Interim Executive Committee was identified. The Interim Executive Committee is charged with working with DMAS staff to make decisions between full committee meetings, including making recommendations on the design and establishment of a committee structure for CHIPAC, the development of the next meeting agenda, and short-term goals for the committee.