QUARTERLY REPORT ON THE STATUS OF THE

# FAMILY ACCESS TO MEDICAL INSURANCE SECURITY PLAN (FAMIS)

**First Quarter 2005**

**January 1, 2005 – March 31, 2005**

**Virginia Department of Medical Assistance Services**

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**Quarterly Report on the Status of the**
**Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)**
**2005 First Quarter: January 1, 2005 through March 31, 2005**

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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 first quarter of calendar year 2005 – January, February and March 2005.

During the first quarter of 2005:

- Enrollment in Virginia's SCHIP program (including the separate FAMIS program and the SCHIP Medicaid Expansion program) reached 70,861 representing a net increase of 2,337 children since the end of the previous quarter on December 31, 2004;

- Approximately 95% of children estimated to be eligible for FAMIS Plus (Medicaid) or FAMIS were enrolled, an increase of 2% from the end of the previous quarter;

- On February 18, 2005, the Department of Health and Human Services issued new Federal Poverty Limits (FPL) and these new income limits were immediately implemented for the FAMIS program;

- On February 1, 2005, a new on-line application was initiated on the FAMIS web site. In the first two months (February and March), 1,088 unduplicated applications were submitted electronically;

- The Department of Medical Assistance Services (DMAS) and the Virginia Department of Health (VDH) collaborated to enhance the web-based intake system currently utilized by VDH to automatically prefill a FAMIS/FAMIS Plus application for uninsured children. Six health districts began pilot testing the new system in preparation for statewide implementation;

- The FAMIS Central Processing Unit (CPU) received 39,251 calls, 9,688 applications and 2,715 FAMIS cases transferred from local departments of social services;

- **11,067** 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 first quarter expenditures for medical services for children enrolled in Virginia's Title XXI program were $27,331,750, and administrative expenditures totaled $1,176,057 or 4% of total expenditures; and

- DMAS began 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.

## 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 March 31, 2005 was **70,861** children, an increase of 2,337 over the 68,524 children who were enrolled as of the last day of the previous quarter. As of March 31, 2005, FAMIS Plus (Medicaid) and FAMIS covered an estimated **95% (409,996)** 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.
- "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 March 31, 2005, is shown in the table below.

| PROGRAM | INCOME | # Enrolled as of 3-31-05 | % of Total Enrollment |
|---|---|---|---|
| FAMIS - Children < 19 years | > 133%, ≤ 200% FPL | 40,613 | 10% |
| MEDICAID Expansion - Children 6-18 years | > 100%, ≤ 133% FPL | 30,248 | 7% |
| | Subtotal | 70,861 | 17% |
| MEDICAID - Children < 21 years | ≤ 133% FPL | 339,135 | 83% |
| | **TOTAL** | **409,996** | **100%** |

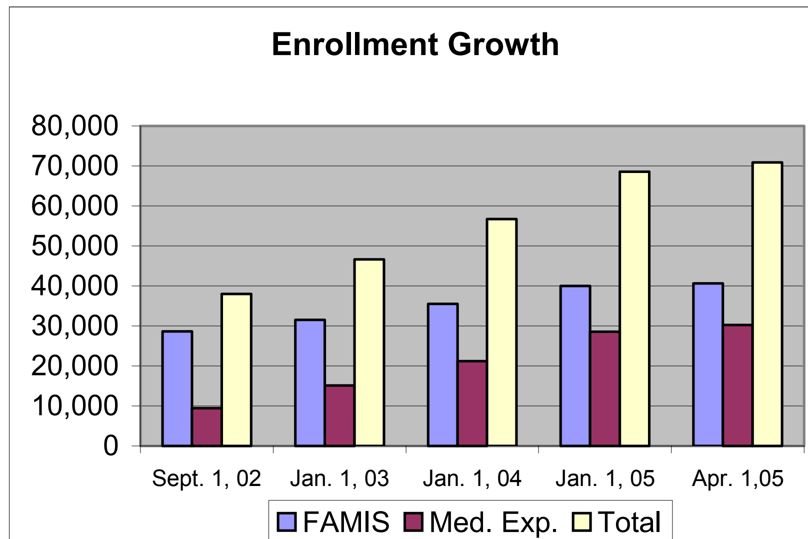
Source: VaMMIS (Virginia Medicaid Management Information System) 04-01-05

Table #1, attached to this report, displays the March 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 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 Medicaid Expansion enrollment figures from September 1, 2002 (implementation of program changes), January 1, 2003, January 1, 2004, January 1 2005, and end of first quarter 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 March 31, 2005, FAMIS Plus and FAMIS covered approximately **95%** (409,996) of these uninsured children. Approximately 23,000 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

The FAMIS Central Processing Unit (CPU) was established in August 2002 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. Some elements of the new contract that were completed in the first quarter of 2005 include:

- Development and implementation of Electronic Application filing
- Continued reconciling the CPU and VaMMIS Medicaid data.
- Coordination with State DSS in developing Electronic Transfers of approved FAMIS enrollments from local agencies.
- Implementation of outbound calls to applicants for missing information

## A. Call Center Activity

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

| MONTH | Incoming Calls Received | Incoming Calls Answered | Abandon Rate | Total Outbound Calls |
|---|---|---|---|---|
| **January 2005** | 12,501 | 12,314 | 1.5% | 1,729 |
| **February 2005** | 11,867 | 11,507 | 3.0% | 1,432 |
| **March 2005** | 14,883 | 14,600 | 1.9% | 2,766 |
| **Totals** | **39,251** | **38,421** | **2.1%** | **5,927** |

Source: ACS Monthly Report March 2005.

The average number of calls received per month for the first quarter was 13,084 with an average abandon rate of 2.1% per month. There was a 3% increase from the average of 12,760 calls received per month in the fourth quarter of 2004.

The first quarter abandon rate of 2.1% remained the same as for the previous quarter and is well within the 5% contract standard.

## B. Application Processing

On February 1st, 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. In the first month of operation, the CPU received 453 applications via the website and by the end of the 1st quarter 1,088 unduplicated applications had been submitted electronically.

The contractor (ACS) received a monthly average of 3,229 new, redetermination and renewal applications; averaged 905 cases transferred from local DSS offices monthly; averaged 1,345 verification documents and 60 correspondence documents per month during the first quarter of 2005. The number of applications, DSS cases transferred, and verifications increased from the end of the prior quarter.

The CPU Eligibility Team ended the quarter processing applications in an average of 12.9 business days from receipt of the completed applications (more than the average 11 day processing time achieved at the end of the previous quarter).

**1.** The following table shows the number of applications received by the CPU in the first quarter of 2005:

| Month | New | Re-app | Redetermin-ation | Renewal | TOTAL |
|---|---|---|---|---|---|
| **January 2005** | 1,255 | 561 | 65 | 958 | 2,839 |
| **February 2005** | 1,447 | 532 | 79 | 1,039 | 3,097 |
| **March 2005** | 1,744 | 653 | 84 | 1,271 | 3,752 |
| **Total** | **4,446** | **1,746** | **228** | **3,268** | **9,688** |

Source: ACS Monthly Report March 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.

**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 first quarter of 2005:

| Month | New | Re-app | Redetermination | Renewal | TOTAL |
|---|---|---|---|---|---|
| **January 2005** | 762 | 30 | 9 | 2 | 803 |
| **February 2005** | 824 | 34 | 12 | 2 | 872 |
| **March 2005** | 992 | 28 | 20 | 0 | 1,040 |
| **Total** | **2,578** | **92** | **41** | **4** | **2,715** |

Source: ACS Monthly Report March 2005.

**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 3,908 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 |
|---|---|---|---|---|
| **January 2005** | 1,940 | 3,276 | 1,624 | 3,099 |
| **February 2005** | 1,981 | 3,201 | 1,516 | 2,912 |
| **March 2005** | 2,787 | 4,590 | 2,210 | 4,397 |
| **Totals** | **6,708** | **11,067** | **5,350*** | **10,408*** |

*3,908 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 January – March 2005.

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

| DENIAL REASONS | January | February | March | TOTALS |
|---|---|---|---|---|
| Ineligible immigration status | 50 | 34 | 78 | **162** |
| Income is over the limit | 437 | 410 | 652 | **1,499** |
| Unauthorized applicant | 4 | 0 | 5 | **9** |
| Has or dropped other health insurance | 325 | 343 | 539 | **1,207** |
| Not a Virginia resident | 1 | 0 | 1 | **2** |
| Over age 19 | 11 | 20 | 29 | **60** |
| State employee benefits available | 32 | 25 | 31 | **88** |
| New & Re-app – Incomplete application | 1,687 | 1,508 | 1,896 | **5,091** |
| Renewal – Incomplete application | 1,451 | 1,390 | 1,430 | **4,271** |
| **FAMIS Plus-likely*** | 1,178 | 1,055 | 1,675 | **3,908** |
| **Total denial reasons**** | **5,176** | **4,785** | **6,336** | **16,297** |

* 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 March 2005.

**5.** 6,814 children were disenrolled from FAMIS in the first quarter 2005. The following table shows the number by month and disenrollment reason:

| DISENROLLMENT REASON | January | February | March | TOTAL |
|---|---|---|---|---|
| Renewal incomplete | 1415 | 1812 | 1658 | **4885** |
| Ineligible immigration status | 0 | 0 | 0 | **0** |
| Income is over the limit | 146 | 177 | 145 | **468** |
| Child moved out of home | 1 | 0 | 1 | **2** |
| Has other health insurance | 11 | 7 | 2 | **20** |
| No longer a Virginia resident | 31 | 27 | 49 | **107** |
| Over age 19 | 64 | 53 | 43 | **160** |
| State employee benefits available | 16 | 10 | 9 | **35** |
| Requested by applicant | 31 | 39 | 27 | **97** |
| Appeal denied | 0 | 0 | 0 | **0** |
| FAMIS Plus application not completed | 0 | 0 | 8 | **8** |
| Death | 1 | 0 | 1 | **2** |
| Cannot locate family | 0 | 0 | 0 | **0** |
| DMAS request | 0 | 1 | 3 | **4** |
| Child incarcerated | 0 | 0 | 0 | **0** |
| Child in institution for treatment of mental diseases | 0 | 0 | 0 | **0** |
| **FAMIS Plus/Medicaid enrolled*** | **355** | **321** | **350** | **1,026** |
| **Number of children disenrolled** | **2,071** | **2,447** | **2,296** | **6,814** |

* 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 March 2005.

## 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 first quarter of 2005:

| ACTIVITY | January | February | March | Total | Average per Month |
|---|---|---|---|---|---|
| Referrals received | 803 | 835 | 1245 | **2883** | 961 |
| | | | | | |
| FAMIS Plus Approved | 667 | 694 | 956 | **2317** | 772 |

| ACTIVITY | January | February | March | Total | Average per Month |
|---|---|---|---|---|---|
| FAMIS/FAMIS Plus Denied | 34 | 52 | 80 | **166** | 55 |
| FAMIS Approved | 41 | 43 | 52 | **136** | 45 |
| **Total Applications Processed** | **742** | **789** | **1088** | **2619** | **873** |
| Applications on Active DSS Cases (sent to LDSS) | 116 | 139 | 147 | **402** | 134 |
| **Total Cases** | 858 | 928 | 1235 | **3021** | 1007 |
| | | | | | |
| DSS transfers corrected | 97 | 174 | 273 | **544** | 181 |
| DSS Transfer returned | 115 | 96 | 125 | **336** | 112 |
| DSS calls | 295 | 387 | 465 | **1147** | 382 |
| Client calls | 115 | 130 | 160 | **405** | 135 |

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

The FAMIS web site, at 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 first quarter 2005 are:

| January | February | March |
|---|---|---|
| Visits = 15,736<br>Average per Day = 507<br>Average Visit Length = 09:16 | Visits = 15,798<br>Average per Day = 564<br>Average Visit Length = 10:44 | Visits = 17,492<br>Average per Day = 564<br>Average Visit Length = 09:13 |

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. 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 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 first quarter of 2005, the FAMIS CPU and the local departments of social services enrolled **11,067** children in FAMIS.

## B. Four-Months "Waiting Period"

| Month | # Children Denied | # Denied for Current or Recently Dropped Insurance | # Denied for Insurance Dropped within 4 months |
|---|---|---|---|
| **January 2005** | 3,099 | 304 | 21 |
| **February 2005** | 2,912 | 317 | 26 |
| **March 2005** | 4,397 | 484 | 55 |
| **Totals** | **10,408*** | **1,105** | **102** |

*3,908 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 March 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 first quarter of 2005, only 34 children (.32% 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.

| 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. Delivery System

In response to an ongoing dialogue with dental providers, advocates, clients, and the Virginia Dental Association, the Department announced last year that it would create a new dental program *Smiles for Children*. *Smiles for Children* will provide dental services for all clients enrolled in Medicaid and FAMIS. In March 2005, the Department awarded a contract to Doral Dental to administer this program. Starting July 1, 2005, enrollees in MCOs will no longer access dental services through their assigned MCO.

All eligible clients, regardless of whether they are in an MCO, or FFS will be covered by *Smiles for Children*. The Department and the MCOs will notify enrollees that they will access dental care through the *Smiles for Children* program using their permanent plastic blue and white identification card. While benefits will remain the same, the transition to one dental vendor to deliver care 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 first quarter of 2005, 52,150 FAMIS and Medicaid Expansion children were enrolled in managed care plans (74% of all children enrolled in FAMIS and Medicaid Expansion as of March 31, 2005). Below is a table showing the Managed Care Organizations contracted with DMAS and the areas they serve.

| Managed Care Organization | FAMIS | Medicaid Expansion | Localities & MCO Enrollment Effective June 30, 2004 |
|---|---|---|---|
| Optima Family Care | 7,378 | 5,680 | 69 localities (focused in Tidewater, Central Virginia, Charlottesville, Danville and Halifax) |
| Anthem HealthKeepers Plus | 6,631 | 4,515 | 55 localities (focused in Tidewater, Central Virginia and Halifax) |

| Managed Care Organization | FAMIS | Medicaid Expansion | Localities & MCO Enrollment Effective June 30, 2004 |
|---|---|---|---|
| Southern Health – CareNet | 988 | 707 | 30 localities (focused in Central Virginia) |
| UniCare Health Plan of Virginia, Inc. | 10,250 | 3,637 | 19 localities (focused in Northern Virginia and Charlottesville) |
| Virginia Premier Health Plan | 7,703 | 4,661 | 73 localities (focused in Tidewater, Central Virginia, Charlottesville and Roanoke) |
| **Total MCO Enrollment** | **32,950** | **19,200** | |

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

During the first quarter of 2005, the DMAS Maternal & Child Health (MCH) Outreach Team participated in activities throughout the Commonwealth including attending events and conferences, developing and strengthening outreach partnerships, conducting mailings, and supporting retention initiatives.

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

The first quarter of the year is typically less active with events and conferences due to the nature of the season, however, this year FAMIS did keep a very busy schedule participating in a variety of events. Overall, the outreach team participated in approximately 22 events, conferences and presentations during this quarter. Some noteworthy events include two mini-MOM dental clinics in Richmond sponsored by the Virginia Dental Association, a series of tax-preparation clinics for immigrants sponsored by the IRS and the Henrico County Hispanic Coalition, and a Hispanic event called *Que Pasa en Mi Comunidad* in Sussex County.

In addition to events, the Team attended and displayed at several key conferences around the state such as the Virginia Early Childhood Education Conference in Richmond and the Annual 4-H Conference at Smith Mountain Lake. The Team also delivered presentations to both community organizations and potential eligible families. Presentations included those given at the Asian American and Pacific Islander Advisory Council's Public Forum and the Virginia Latino Advisory Commission's quarterly meeting.

DMAS continues to contract with *SignUpNow* to provide local Child Health Insurance enrollment training sessions across the state. This quarter, DMAS underwrote three *SignUpNow* workshops. They were held in Alexandria, Abingdon, and Virginia Beach and included over 100 participants. The Outreach Team spent a great deal of time planning and preparing for the pilot *SignUpNow* workshop developed for human resources staff in Virginia Beach. Development of this workshop is one strategy to help institutionalize the FAMIS program within the business community. The pilot training was a success with HR staff representing employers across the Hampton Roads region. The evaluations for the training were very positive and it is anticipated that additional trainings will be held in the second quarter.

## B. Special Outreach Partnerships

Two new partnerships were developed with the Richmond City Public Libraries and the Peninsula YWCA during the first quarter of 2005. The Team also strengthened the partnership with VCU Health Systems' Children's Pavilion. VCU has installed an online application station and a CPU direct-dial phone in their NICU. These stations will also be installed in the children's ER and the Children's Pavilion in the near future to help families with uninsured children make immediate application to FAMIS/FAMIS Plus.

## C. Cover the Uninsured Week 2005

During this quarter, the Outreach Team has also focused on planning the program's participation in *Cover the Uninsured Week* 2005, May 1-8th. Plans for the week include highlighting the new FAMIS e-application through a statewide webcast and the modifications to the Health Department's WebVISION system that allows it to prefill a Child Health Insurance application via two statewide videoconferences. The theme for the week will be '*We have the technology…Now let's use it*.' So far ten organizations across the state plan to host a local webcast viewing.

Also planned for the week is a media campaign in the Richmond and Tidewater markets and a special message printed on all Child Support Enforcement checks during the month of May. The team has also requested a proclamation from the Governor.

## D. Retention Initiatives

Retention activities were enhanced this quarter by the hiring of a Retention Specialist. The specialist oversees the nine 2$^{nd}$ year *Keep 'Em Covered* retention grants and other initiatives aimed at increasing retention of eligible children. The specialist has been busy this quarter making initial technical assistance visits to the nine refunded local departments of social services, as well as, final closing visits to the year one grantees. A conference call with all year two grantees was held in early March and focused on progress made toward implementing the new ex-parte renewal process and the new one-page renewal form.

During this quarter, 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. Data from the surveys are currently being analyzed. In addition, the FAMIS CPU now 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 in the packet. Data from this effort will also be analyzed in the coming months.

## E. Child Health Insurance Program Advisory Committee (CHIPAC)

The CHIPAC Interim Executive Committee met twice via conference call during the quarter to discuss possible expansion of the committee and the agenda for the next full committee meeting. It was decided not to pursue expansion of the committee via legislation, but instead to include additional agencies and advocates through sub-committees and workgroups.

The next two meetings of the full committee will be dedicated to reviewing information dealing with three major areas. The first is policy: How does FAMIS currently work; What policies are in place; and What new policies/programs are planned? The second is process: How are policies changed; What sorts of changes can be approved and enacted from DMAS; What changes need to be approved by the General Assembly; and What changes need to be approved by the federal government/CMS? The third topic is resources: How does CHIPAC go about getting data; and Once CHIPAC has recommendations for changes where would the money come from to fund those changes? Following those meetings the committee members will participate in a retreat designed to help them prioritize the issues they wish to address and to set goals.

## F. New Program Implementations

This quarter, the Outreach team was also heavily involved in implementation planning for FAMIS Select the proposed premium assistance program; FAMIS MOMS, the proposed expansion for pregnant women; and Smiles for Children, the new dental program. The Outreach Manager served on all three implementation teams and staff has developed new promotional and program material for each program.

## G. Project Connect Grantees

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.

| PROJECT GRANTEE | LOCALITIES SERVED | FAMIS Enrolled | FAMIS Plus Enrolled | Total Enrolled |
|---|---|---|---|---|
| Alexandria Neighborhood Health Services | Alexandria | 55 | 79 | 134 |
| Bon Secours Richmond Health System | Richmond | 3 | 44 | 47 |
| CHIP/Healthy Families of Chesapeake | Chesapeake | 54 | 74 | 128 |
| CHIP of Roanoke Valley | Botetourt, Craig and Roanoke Counties and the Cities of Roanoke and Salem | 48 | 49 | 97 |
| Consortium for Infant and Child Health (CINCH)* | Portsmouth, Suffolk, Virginia Beach only (DMAS supported expansion) Project also serves other Tidewater localities with RWJ funds | 6 | 99 | 105 |
| Cumberland Plateau Health District | Buchanan, Dickenson, Russell, Tazewell | 46 | 79 | 125 |
| Inova Partnership for Healthier Kids | Fairfax City, Fairfax, Loudoun and Alexandria | 131 | 207 | 338 |

| PROJECT GRANTEE | LOCALITIES SERVED | FAMIS Enrolled | FAMIS Plus Enrolled | Total Enrolled |
|---|---|---|---|---|
| Johnson Health Center | Amherst, Appomattox, Bedford City and County, Campbell, Danville, Henry, Lynchburg, Martinsville, And Pittsylvania. | 60 | 55 | 115 |
| REACH | Richmond | 8 | 52 | 60 |
| 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 | 0 | 18 | 18 |

## 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 first quarter of 2005, the CPU received **2,715** FAMIS cases from the local Departments of Social Services throughout Virginia. This is a decrease of 309 over the 3,024 cases received in the fourth quarter of 2004. The efforts of the Department of Social Services have been instrumental in the steady increase in CHIP enrollment.

During the first quarter of 2005, the DMAS FAMIS Plus Unit at the CPU forwarded **2,317** approved FAMIS Plus cases to local Departments of Social Services for case maintenance. This was an increase of 388 from the 1,929 FAMIS Plus cases the Unit transferred to local DSS agencies during the fourth 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. 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
- 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 FAMSI Select to replace the current ESHI program. The 2005 General Assembly authorized the modification of this program and a waiver application has been submitted to the Centers for Medicare and Medicaid Services (CMS). Pending CMS approval, FAMIS Select will replace the ESHI program July 1, 2005

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

| ESHI Activity | January 2005 | February 2005 | March 2005 | Total for 1st Quarter |
|---|---|---|---|---|
| **Applications sent out** | 45 | 50 | 60 | 155 |
| **Applications received** | 9 | 5 | 5 | 18 |
| **Application disposition** | | | | |
| **Approved** | 8 | 5 | 3 | 16 |
| **Denied** | 1 | 0 | 1 | 2 |
| **– not enrolled in FAMIS** | 1 | | | 1 |
| **– not cost-effective** | | | 1 | 1 |
| **ESHI payments made** | **$6,516.00** | **$6,975.00** | **$6,449.00** | **$19,940.00** |

| ESHI Caseload | January 2005 | February 2005 | March 2005 |
|---|---|---|---|
| # Families enrolled in ESHI | 36 | 40 | 45 |
| # Children enrolled | 82 | 92 | 98 |
| # Families disenrolled | 4 | 0 | 2 |

Both the number of children enrolled in ESHI (82) and the total ESHI payments ($15,362) increased from the fourth quarter of 2004.

## X. FAMIS EXPENDITURES OF FUNDS

DMAS expenditures for the medical services received by FAMIS enrollees for the first quarter of 2005 totaled **$16,429,086,** an increase of $40,148 over the prior quarter's expenditures of $16,388,938. Expenditures for medical services received by the Medicaid Expansion group of enrollees for the first quarter of 2005 totaled **$10,902,664,** an increase of $330,890 over the prior quarter's expenditures of $10,571,774. The total of Title XXI (FAMIS and Medicaid Expansion) expenditures for medical services for the first quarter of 2005 was $27,331,750**,** an increase of $371,038 over the prior quarter's expenditures of $26,960,712.

Administrative expenditures for FAMIS and Medicaid Expansion in the first quarter totaled **$1,176,057**, an increase of $260,545 from the prior quarter's administrative expenditures of $915,512. Administrative expenditures were approximately 4% 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.

The total first quarter Title XXI expenditures for children enrolled in Virginia's Child Health Insurance Program, including the administrative expenses, was **$28,507,807**, an increase of $631,583 from the prior quarter's total expenditures of $27,876,224.

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

## TABLE #1

### March 2005 CHIP ENROLLMENT BY CITY/COUNTY PER PROGRAM

| FIPS | LOCALITY | FAMIS Plus* | MED EXP | FAMIS | Current TOTAL Enrolled | Estimated Eligibles** | Remaining Eligibles to Enroll*** | % Enrolled of Estimated Eligibles |
|---|---|---|---|---|---|---|---|---|
| 001 | ACCOMACK | 2817 | 296 | 264 | 3377 | 3903 | 526 | 87% |
| 003 | ALBEMARLE | 2308 | 249 | 355 | 2912 | 3075 | 163 | 95% |
| 510 | ALEXANDRIA | 4321 | 320 | 917 | 5558 | 6963 | 1405 | 80% |
| 005/ 560/580 | ALLEGHANY/COVINGTON/ CLIFTON FORGE | 1364 | 98 | 136 | 1598 | 1910 | 312 | 84% |
| 007 | AMELIA | 602 | 49 | 75 | 726 | 710 | 0 | 102% |
| 009 | AMHERST | 1848 | 246 | 172 | 2266 | 2236 | 0 | 100% |
| 011 | APPOMATTOX | 810 | 102 | 98 | 1010 | 1235 | 225 | 82% |
| 013 | ARLINGTON | 3903 | 487 | 1180 | 5570 | 7728 | 2158 | 72% |
| 015/790 | AUGUSTA/STAUNTON | 3850 | 378 | 405 | 4633 | 4591 | 0 | 100% |
| 017 | BATH | 135 | 13 | 35 | 183 | 236 | 53 | 78% |
| 019/515 | BEDFORD CITY/CO | 2505 | 283 | 416 | 3204 | 4902 | 1698 | 65% |
| 021 | BLAND | 239 | 30 | 41 | 310 | 394 | 84 | 79% |
| 023 | BOTETOURT | 626 | 82 | 133 | 841 | 1027 | 186 | 82% |
| 520 | BRISTOL | 1464 | 85 | 113 | 1662 | 1589 | 0 | 105% |
| 025 | BRUNSWICK | 1341 | 136 | 117 | 1594 | 1626 | 32 | 98% |
| 027 | BUCHANAN | 2112 | 236 | 329 | 2677 | 3468 | 791 | 77% |
| 029 | BUCKINGHAM | 947 | 87 | 96 | 1130 | 1529 | 399 | 74% |
| 031 | CAMPBELL | 2943 | 343 | 314 | 3600 | 3729 | 129 | 97% |
| 033 | CAROLINE | 1475 | 144 | 170 | 1789 | 1801 | 12 | 100% |
| 035 | CARROLL | 1892 | 240 | 200 | 2332 | 2356 | 0 | 100% |
| 036 | CHARLES CITY CO | 301 | 20 | 32 | 353 | 390 | 37 | 91% |
| 037 | CHARLOTTE | 933 | 79 | 129 | 1141 | 1175 | 34 | 97% |
| 540 | CHARLOTTESVILLE | 2385 | 196 | 244 | 2825 | 2931 | 106 | 96% |
| 550 | CHESAPEAKE | 9041 | 755 | 1017 | 10813 | 12319 | 1506 | 88% |
| 041/ 570 | CHESTERFIELD/ COLONIAL HEIGHTS | 10255 | 973 | 1512 | 12740 | 10263 | 0 | 124% |
| 043 | CLARKE | 283 | 28 | 40 | 351 | 359 | 8 | 98% |
| 045 | CRAIG | 215 | 31 | 38 | 284 | 296 | 12 | 96% |
| 047 | CULPEPER | 1572 | 146 | 290 | 2008 | 2025 | 17 | 100% |
| 049 | CUMBERLAND | 721 | 89 | 79 | 889 | 930 | 41 | 96% |
| 590 | DANVILLE | 4756 | 259 | 261 | 5276 | 5614 | 338 | 94% |
| 051 | DICKENSON | 1416 | 207 | 221 | 1844 | 2255 | 411 | 82% |
| 053 | DINWIDDIE | 1356 | 143 | 116 | 1615 | 1679 | 64 | 96% |
| 057 | ESSEX | 837 | 55 | 71 | 963 | 926 | 0 | 104% |
| 059/ 600/610 | FAIRFAX CITY/FAIRFAX CO/FALLS CHURCH | 22960 | 2803 | 4866 | 30629 | 28708 | 0 | 107% |
| 061 | FAUQUIER | 1507 | 160 | 211 | 1878 | 1940 | 62 | 97% |
| 063 | FLOYD | 706 | 91 | 109 | 906 | 1058 | 152 | 86% |
| 065 | FLUVANNA | 581 | 81 | 157 | 819 | 902 | 83 | 91% |
| 620 | FRANKLIN | 854 | 41 | 44 | 939 | 2419 | 1480 | 39% |
| 067 | FRANKLIN COUNTY | 2707 | 250 | 293 | 3250 | 2294 | 0 | 142% |
| 069 | FREDERICK | 1906 | 192 | 320 | 2418 | 2261 | 0 | 107% |

**Quarterly Report on the Status of the**
**Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)**
**2005 First Quarter: January 1, 2005 through March 31, 2005**

| FIPS | LOCALITY | FAMIS Plus* | MED EXP | FAMIS | Current TOTAL Enrolled | Estimated Eligibles** | Remaining Eligibles to Enroll*** | % Enrolled of Estimated Eligibles |
|---|---|---|---|---|---|---|---|---|
| 630 | FREDERICKSBURG | 1357 | 100 | 144 | 1601 | 1476 | 0 | 108% |
| 640 | GALAX | 619 | 64 | 111 | 794 | 814 | 20 | 98% |
| 071 | GILES | 918 | 93 | 111 | 1122 | 1088 | 0 | 103% |
| 073 | GLOUCESTER | 1443 | 106 | 247 | 1796 | 2017 | 221 | 89% |
| 075 | GOOCHLAND | 418 | 47 | 66 | 531 | 586 | 55 | 91% |
| 077 | GRAYSON | 1113 | 172 | 123 | 1408 | 1424 | 16 | 100% |
| 079 | GREENE | 765 | 63 | 119 | 947 | 903 | 0 | 105% |
| 081/595 | GREENSVILLE/EMPORIA | 1176 | 91 | 90 | 1357 | 1387 | 30 | 98% |
| 083 | HALIFAX | 2709 | 296 | 254 | 3259 | 3223 | 0 | 101% |
| 650 | HAMPTON | 9225 | 830 | 846 | 10901 | 11600 | 699 | 94% |
| 085 | HANOVER | 1923 | 230 | 322 | 2475 | 2304 | 0 | 107% |
| 087 | HENRICO | 10329 | 956 | 1427 | 12712 | 11417 | 0 | 111% |
| 089/ 690 | HENRY/ MARTINSVILLE | 5260 | 514 | 418 | 6192 | 5803 | 0 | 107% |
| 091 | HIGHLAND | 99 | 5 | 22 | 126 | 173 | 47 | 73% |
| 670 | HOPEWELL | 2248 | 169 | 162 | 2579 | 2853 | 274 | 90% |
| 093 | ISLE OF WIGHT | 1403 | 112 | 115 | 1630 | 1878 | 248 | 87% |
| 095 | JAMES CITY CO | 1718 | 133 | 189 | 2040 | 1879 | 0 | 109% |
| 097 | KING AND QUEEN | 448 | 39 | 57 | 544 | 862 | 318 | 63% |
| 099 | KING GEORGE | 743 | 52 | 112 | 907 | 948 | 41 | 96% |
| 101 | KING WILLIAM | 528 | 50 | 57 | 635 | 487 | 0 | 130% |
| 103 | LANCASTER | 728 | 78 | 97 | 903 | 1033 | 130 | 87% |
| 105 | LEE | 2407 | 217 | 294 | 2918 | 3436 | 518 | 85% |
| 107 | LOUDOUN | 3176 | 297 | 740 | 4213 | 3263 | 0 | 129% |
| 109 | LOUISA | 1286 | 127 | 181 | 1594 | 1665 | 71 | 96% |
| 111 | LUNENBURG | 868 | 84 | 122 | 1074 | 1255 | 181 | 86% |
| 680 | LYNCHBURG | 5020 | 390 | 446 | 5856 | 5752 | 0 | 100% |
| 113 | MADISON | 463 | 48 | 59 | 570 | 735 | 165 | 78% |
| 683 | MANASSAS | 1917 | 186 | 450 | 2553 | 1424 | 0 | 179% |
| 685 | MANASSAS PARK | 603 | 32 | 158 | 793 | 1001 | 208 | 79% |
| 115 | MATHEWS | 365 | 45 | 41 | 451 | 465 | 14 | 97% |
| 117 | MECKLENBURG | 2057 | 251 | 280 | 2588 | 2721 | 133 | 95% |
| 119 | MIDDLESEX | 487 | 47 | 86 | 620 | 698 | 78 | 89% |
| 121 | MONTGOMERY | 2984 | 293 | 351 | 3628 | 3972 | 344 | 91% |
| 125 | NELSON | 661 | 79 | 154 | 894 | 993 | 99 | 90% |
| 127 | NEW KENT | 331 | 25 | 67 | 423 | 464 | 41 | 91% |
| 700 | NEWPORT NEWS | 14692 | 1193 | 1127 | 17012 | 18051 | 1039 | 94% |
| 710 | NORFOLK | 19989 | 1123 | 1193 | 22305 | 26567 | 4262 | 84% |
| 131 | NORTHAMPTON | 1184 | 94 | 142 | 1420 | 1644 | 224 | 86% |
| 133 | NORTHUMBERLAND | 669 | 91 | 101 | 861 | 853 | -8 | 101% |
| 720 | NORTON | 371 | 15 | 46 | 432 | 546 | 114 | 79% |
| 135 | NOTTOWAY | 1220 | 100 | 88 | 1408 | 1664 | 256 | 85% |
| 137 | ORANGE | 1056 | 156 | 170 | 1382 | 1464 | 82 | 94% |
| 139 | PAGE | 1276 | 173 | 211 | 1660 | 1638 | -22 | 101% |
| 141 | PATRICK | 1318 | 134 | 94 | 1546 | 1645 | 99 | 94% |
| 730 | PETERSBURG | 3561 | 201 | 233 | 3995 | 4450 | 455 | 90% |
| 143 | PITTSYLVANIA | 3627 | 330 | 285 | 4242 | 4182 | 0 | 101% |

## Quarterly Report on the Status of the
## Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)
## 2005 First Quarter: January 1, 2005 through March 31, 2005

| FIPS | LOCALITY | FAMIS Plus* | MED EXP | FAMIS | Current TOTAL Enrolled | Estimated Eligibles** | Remaining Eligibles to Enroll*** | % Enrolled of Estimated Eligibles |
|---|---|---|---|---|---|---|---|---|
| 740 | PORTSMOUTH | 9306 | 488 | 590 | 10384 | 11268 | 884 | 92% |
| 145 | POWHATAN | 463 | 43 | 92 | 598 | 754 | 156 | 79% |
| 147 | PRINCE EDWARD | 1276 | 108 | 142 | 1526 | 1494 | 0 | 102% |
| 149 | PRINCE GEORGE | 861 | 78 | 86 | 1025 | 1415 | 390 | 72% |
| 153 | PRINCE WILLIAM | 13541 | 1041 | 1792 | 16374 | 13097 | 0 | 125% |
| 155 | PULASKI | 2020 | 210 | 223 | 2453 | 2343 | 0 | 105% |
| 750 | RADFORD | 592 | 61 | 60 | 713 | 601 | 0 | 119% |
| 157 | RAPPAHANNOCK | 138 | 35 | 55 | 228 | 270 | 42 | 84% |
| 760 | RICHMOND | 21607 | 987 | 1172 | 23766 | 28382 | 4616 | 84% |
| 159 | RICHMOND COUNTY | 482 | 39 | 64 | 585 | 661 | 76 | 89% |
| 770 | ROANOKE | 8277 | 589 | 693 | 9559 | 9366 | 0 | 102% |
| 161/775 | ROANOKE CO/ SALEM | 2854 | 339 | 427 | 3620 | 3335 | 0 | 109% |
| 163/53 0678 | ROCKBRIDGE/BUENA VISTA/LEXINGTON | 1293 | 179 | 182 | 1654 | 1686 | 32 | 98% |
| 165/ 660 | ROCKINGHAM/ HARRISONBURG | 4921 | 408 | 565 | 5894 | 5730 | 0 | 103% |
| 167 | RUSSELL | 2202 | 258 | 290 | 2750 | 3338 | 588 | 82% |
| 169 | SCOTT | 1441 | 182 | 170 | 1793 | 2009 | 216 | 89% |
| 171 | SHENANDOAH | 1600 | 192 | 230 | 2022 | 1825 | 0 | 111% |
| 173 | SMYTH | 2146 | 226 | 232 | 2604 | 2654 | 50 | 98% |
| 175 | SOUTHAMPTON | 960 | 107 | 81 | 1148 | 1281 | 133 | 90% |
| 177 | SPOTSYLVANIA | 3557 | 390 | 463 | 4410 | 3932 | 0 | 112% |
| 179 | STAFFORD | 3374 | 271 | 358 | 4003 | 3518 | 0 | 114% |
| 800 | SUFFOLK | 4720 | 358 | 362 | 5440 | 6240 | 800 | 87% |
| 181 | SURRY | 317 | 37 | 53 | 407 | 576 | 169 | 71% |
| 183 | SUSSEX | 703 | 78 | 74 | 855 | 954 | 99 | 90% |
| 185 | TAZEWELL | 3403 | 355 | 465 | 4223 | 4461 | 238 | 95% |
| 810 | VIRGINIA BEACH | 13100 | 1365 | 2134 | 16599 | 21277 | 4678 | 78% |
| 187 | WARREN | 1408 | 105 | 200 | 1713 | 1819 | 106 | 94% |
| 191 | WASHINGTON | 2399 | 278 | 279 | 2956 | 3222 | 266 | 92% |
| 820 | WAYNESBORO | 1342 | 124 | 165 | 1631 | 1780 | 149 | 92% |
| 193 | WESTMORELAND | 1173 | 138 | 89 | 1400 | 1467 | 67 | 95% |
| 830 | WILLIAMSBURG | 294 | 24 | 19 | 337 | 413 | 76 | 82% |
| 840 | WINCHESTER | 1349 | 120 | 186 | 1655 | 1609 | 19 | 103% |
| 195 | WISE | 3779 | 298 | 403 | 4480 | 5301 | 821 | 85% |
| 197 | WYTHE | 1612 | 180 | 222 | 2014 | 2037 | 23 | 100% |
| 199/735 | YORK/POQUOSON | 1073 | 123 | 171 | 1367 | 2203 | 836 | 62% |
| | | | | | | | | |
| | **TOTALS** | **339135** | **30248** | **40613** | **409996** | **432,773** | **22,777** | **95%** |

* 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 has been set to zero.
Source: VAMMIS 04-01-05

**TABLE #2**

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

| MONTH & YEAR | FAMIS | Medicaid Expansion (PD 094) | MEDICAID | Total Number of Enrolled Children | Monthly Gain (Loss) |
|---|---|---|---|---|---|
| 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 |

* Data fluctuations are due to implementation of the new VAMMIS.
** Report methods were corrected this month.

**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 |

## TABLE #4

### FAMIS EXPENDITURES BY TYPE OF SERVICE – January to March 2005

| SERVICE TYPE | JANUARY | FEBRUARY | MARCH | TOTAL |
|---|---|---|---|---|
| **1 Health Care Insurance Premiums** | **4,136,751** | **4,176,732** | **4,167,678** | **12,481,161** |
| 123744 ESHI Premiums | 6,516 | 6,975 | 6,449 | 19,940 |
| 123747 HMO-Options Capitation Payments | 0 | 0 | 0 | 0 |
| 123748 HMO-MEDALLION II Capitation Payments | 4,130,235 | 4,169,757 | 4,161,229 | 12,461,221 |
| 123749 FAMIS Premium Refunds | 0 | 0 | 0 | 0 |
| **2 Inpatient Hospital Services** | **317,574** | **431,575** | **232,069** | **981,218** |
| 123319 Long Stay Inpatient Hospital | 0 | 0 | 0 | 0 |
| 123341 General Hospital | 317,574 | 431,575 | 232,069 | 981,218 |
| 123348 Rehabilitation Hospital | 0 | 0 | 0 | 0 |
| **3 Inpatient Mental Health** | **0** | **0** | **0** | **0** |
| 123459 Inpatient MH Services | 0 | 0 | 0 | 0 |
| **4 Nursing Care Services** | | | | |
| 123416 Nurses Aides | | | | |
| 123541 Skilled Nursing Facilities | | | | |
| 123591 Miscellaneous Nursing Home | | | | |
| **5 Physician and Surgical Services** | **168,939** | **212,814** | **224,952** | **606,705** |
| 123441 Physicians | 168,939 | 212,814 | 224,952 | 606,705 |
| 123457 MC Providers - FFS Payments | | | | 0 |
| **6 Outpatient Hospital Services** | **124,622** | **105,507** | **106,293** | **336,422** |
| 123141 Outpatient Clinic | 124,622 | 105,507 | 106,293 | 336,422 |
| 123349 CORF | | | | 0 |
| **7 Outpatient Mental Health Facility Services** | **189,356** | **221,627** | **170,874** | **581,857** |
| 123143 Community Mental Health Clinic | 79,727 | 62,568 | 59,760 | 202,055 |
| 123243 Dental - MHMR | 0 | 0 | 0 | 0 |
| 123317 Medical Surgical MR | 0 | 0 | 0 | 0 |
| 123340 Psych Residential Inpatient Services | 5,110 | 10,560 | 16,225 | 31,894 |
| 123449 MH Community Services | 16,219 | 33,233 | 25,322 | 74,773 |
| 123451 MR Community Services | 0 | 0 | 0 | 0 |
| 123461 Private MH & SA Community | 88,301 | 115,266 | 69,567 | 273,134 |
| **8 Prescribed Drugs** | **225,322** | **256,233** | **284,520** | **766,074** |
| 123445 Prescribed Drugs | 225,322 | 256,233 | 284,520 | 766,074 |
| **9 Dental Services** | **67,385** | **76,963** | **72,476** | **216,824** |
| 123241 Dental | 63,450 | 72,001 | 68,296 | 203,747 |
| 123242 Dental Clinic | 3,935 | 4,962 | 4,179 | 13,077 |
| **10 Vision Services** | **10,824** | **12,125** | **9,274** | **32,224** |
| 123443 Optometrists | 10,824 | 12,125 | 9,274 | 32,224 |
| **11 Other Practitioner's Services** | **8,168** | **10,640** | **13,861** | **32,669** |
| 123444 Podiatrists | 295 | 208 | 433 | 935 |
| 123446 Psychologists | 1,822 | 1,548 | 1,565 | 4,934 |
| 123447 Nurse Practitioners | 3,162 | 5,592 | 6,377 | 15,130 |
| 123491 Miscellaneous Practitioners | 2,890 | 3,293 | 5,487 | 11,669 |
| **12 Clinic Services** | **62,150** | **68,623** | **73,888** | **204,661** |
| 123142 Other Clinic | 428 | 0 | 466 | 893 |
| 123147 Ambulatory Surgical Clinic | 3,799 | 4,803 | 5,790 | 14,392 |
| 123148 Rural Health Clinic | 20,000 | 22,205 | 24,333 | 66,538 |
| 123460 Federally Qualified Health Center | 10,179 | 11,288 | 13,148 | 34,616 |
| 123473 School Rehab Services | 27,737 | 30,267 | 30,144 | 88,148 |
| 123474 School Health Clinic Services | 7 | 60 | 6 | 73 |
| **13 Therapy Clinic Services** | **6,657** | **12,247** | **4,813** | **23,717** |
| 123144 Physical Therapy Clinic | 6,657 | 12,247 | 4,813 | 23,717 |

# Quarterly Report on the Status of the
# Virginia Family Access to Medicaid Insurance Security Plan (FAMIS)
# 2005 First Quarter: January 1, 2005 through March 31, 2005

| | | | | | |
|---|---|---|---|---|---|
| **14** | **Laboratory and Radiological Services** | **15,492** | **18,990** | **17,451** | **51,934** |
| 123641 | Lab and X-ray | 15,492 | 18,990 | 17,451 | 51,934 |
| **15** | **Durable and Disposable Medical Equipment** | **11,541** | **5,727** | **6,685** | **23,953** |
| 123484 | Medical Appliances | 11,541 | 5,727 | 6,685 | 23,953 |
| 134241 | Medical Appliances | | | | 0 |
| **18** | **Screening Services** | **24,431** | **26,305** | **23,233** | **73,969** |
| 123145 | EPSDT Screening | 24,431 | 26,305 | 23,233 | 73,969 |
| **19** | **Home Health** | **0** | **0** | **190** | **190** |
| 123442 | Home Health | 0 | 0 | 190 | 190 |
| **21** | **Home/CBC Services** | | | | |
| 123545 | Private Duty Nursing | | | | |
| 123566 | Personal Care | | | | |
| **22** | **Hospice** | | | | |
| 123435 | Hospice Care | | | | |
| **23** | **Medical Transportation** | **1,793** | **345** | **333** | **2,470** |
| 128641 | Transportation | 1,793 | 345 | 333 | 2,470 |
| **24** | **Case Management** | **2,229** | **5,206** | **5,602** | **13,037** |
| 123448 | Maternal Infant Care | 2,229 | 5,206 | 5,602 | 13,037 |
| 123465 | Treatment Foster Care Case Mgmt. | 0 | 0 | 0 | 0 |
| | **Total Expenditures for FAMIS Medical Services** | **5,373,234** | **5,641,660** | **5,414,192** | **16,429,086** |
| | | | | | |
| | **Administrative Expenditures** | **305,131** | **291,044** | **579,882** | **1,176,057** |
| | | | | | |
| | **Total FAMIS Expenditures** | **5,678,365** | **5,932,704** | **5,994,074** | **17,605,143** |

## TABLE #5

### SCHIP MEDICAID EXPANSION EXPENDITURES BY TYPE OF SERVICE – January to March 2005

| | SERVICE TYPE | JANUARY | FEBRUARY | MARCH | TOTAL |
|---|---|---|---|---|---|
| **1** | **Health Care Insurance Premiums** | **2,132,107** | **2,210,206** | **2,214,639** | **6,556,953** |
| 123757 | HMO-Options Capitation Payments | | | | 0 |
| 123758 | HMO-MEDALLION II Capitation Payments | 2,132,107 | 2,210,206 | 2,214,639 | 6,556,953 |
| **2** | **Inpatient Hospital Services** | **200,322** | **104,953** | **190,535** | **495,810** |
| 123350 | General Hospital | 200,322 | 104,953 | 190,535 | 495,810 |
| 123352 | Rehabilitation Hospital | | | | |
| **3** | **Inpatient MH - Regular Payments** | **61,796** | **9,714** | **76,436** | **147,946** |
| 123303 | Psych.Resident Inpatient Facility | 59,866 | 1,703 | 48,712 | 110,281 |
| 123357 | Inpatient Psychology Under 21 (Private) | 1,930 | 0 | 15,442 | 17,372 |
| 123358 | Long Stay Inpatient Hospital (MH) | | | | 0 |
| 123363 | Inpatient Psychology Under 21 (MHMR) | 0 | 8,010 | 12,282 | 20,293 |
| **4** | **Nursing Care Services** | | | | |
| 123554 | Skilled Nursing Facilities | | | | |
| 123559 | Miscellaneous Nursing Home | | | | |
| **5** | **Physician and Surgical Services** | **186,244** | **199,920** | **215,212** | **601,376** |
| 123424 | Physicians | 186,244 | 199,920 | 215,212 | 601,376 |
| 123425 | MC Providers - FFS Payments | | | | |
| **6** | **Outpatient Hospital Services** | **129,308** | **118,196** | **119,237** | **366,741** |
| 123116 | Outpatient Hospital | 129,308 | 118,196 | 119,237 | 366,741 |
| 123321 | CORF | | | | |
| **7** | **Outpatient Mental Health Facility Services** | **272,375** | **310,622** | **353,867** | **936,864** |
| 123115 | Mental Health Clinic | 81,762 | 77,683 | 91,467 | 250,912 |
| 123420 | MH Community Services | 65,269 | 66,417 | 89,475 | 221,160 |
| 123421 | MR Community Services | 260 | 260 | 260 | 780 |
| 123422 | Private MH & SA Community | 125,084 | 166,262 | 172,665 | 464,011 |
| **8** | **Prescribed Drugs** | **286,877** | **337,783** | **353,179** | **977,839** |
| 123426 | Prescribed Drugs | 286,877 | 337,783 | 353,179 | 977,839 |
| **9** | **Dental Services** | **105,699** | **130,937** | **124,198** | **360,834** |
| 123205 | Dental | 97,523 | 122,732 | 114,629 | 334,883 |
| 123206 | Dental Clinic | 8,176 | 8,205 | 9,569 | 25,950 |
| **10** | **Vision Services** | **15,337** | **20,164** | **15,740** | **51,241** |
| 123455 | Optometrists | 15,337 | 20,164 | 15,740 | 51,241 |
| **11** | **Other Practitioner's Services** | **6,282** | **9,214** | **7,317** | **22,813** |
| 123437 | Podiatrists | 813 | 1,044 | 2,220 | 4,077 |
| 123438 | Psychologists | 1,578 | 701 | 544 | 2,823 |
| 123439 | Nurse Practitioners | 2,445 | 5,584 | 3,198 | 11,226 |
| 123440 | Miscellaneous Practitioners | 1,447 | 1,886 | 1,355 | 4,688 |
| **12** | **Clinic Services** | **41,168** | **50,834** | **57,719** | **149,721** |
| 123117 | Other Clinic | 651 | 0 | 612 | 1,263 |
| 123118 | Ambulatory Surgical Clinic | 372 | 1,909 | 3,264 | 5,545 |
| 123124 | Rural Health Clinic | 14,498 | 15,939 | 19,695 | 50,131 |
| 123471 | Federally Qualified Health Center | 8,012 | 10,827 | 11,072 | 29,910 |
| 123462 | School Rehab Services | 17,610 | 20,113 | 23,067 | 60,790 |
| 123463 | School Health Clinic Services | 25 | 2,047 | 9 | 2,081 |
| **13** | **Therapy Clinic Services** | **4,172** | **6,054** | **6,837** | **17,064** |
| 123119 | Physical Therapy Clinic | 4,172 | 6,054 | 6,837 | 17,064 |
| **14** | **Laboratory and Radiological Services** | **20,690** | **21,703** | **22,710** | **65,103** |
| 123651 | Lab and X-ray | 20,690 | 21,703 | 22,710 | 65,103 |
| **15** | **Durable and Disposable Medical Equipment** | **1,370** | **4,920** | **677** | **6,967** |
| 123472 | Medical Appliances | 1,370 | 4,920 | 677 | 6,967 |

| Code | Description | | | | |
|---|---|---|---|---|---|
| **18** | **Screening Services** | **7,750** | **9,664** | **10,680** | **28,095** |
| 123123 | EPSDT Screening | 7,750 | 9,664 | 10,680 | 28,095 |
| **19** | **Home Health** | **2,253** | **2,124** | **1,090** | **5,467** |
| 123466 | Home Health | 1,664 | 1,816 | 649 | 4,130 |
| 123467 | Community MR Services Waiver | 589 | 308 | 441 | 1,337 |
| **21** | **Home/CBC Services** | **37,961** | **27,639** | **23,085** | **88,685** |
| 123476 | Developmental Disabilities Waiver | 37,961 | 27,639 | 22,909 | 88,510 |
| 123481 | Developmental Disability Support Coordinator | 0 | 0 | 175 | 175 |
| 123553 | Private Duty Nursing | | | | 0 |
| 123560 | Personal Care | | | | 0 |
| **22** | **Hospice** | | | | |
| 123470 | Hospice Care | | | | |
| **23** | **Medical Transportation** | **2,713** | **5,841** | **2,830** | **11,383** |
| 128651 | Transportation | 2,713 | 5,841 | 2,830 | 11,383 |
| **24** | **Case Management** | **2,278** | **4,197** | **5,288** | **11,763** |
| 123468 | Maternal Infant Care | 2,278 | 4,197 | 5,288 | 11,763 |
| 123469 | Treatment Foster Care Case Mgmt. | | | | |
| | **Total Expenditures for Medical Services** | **3,516,703** | **3,584,685** | **3,801,276** | **10,902,664** |
| | | | | | |
| | **Administrative Expenditures** | **0** | **0** | **0** | **0** |
| | | | | | |
| | **Total MEDICAID EXPANSION Expenditures** | **3,516,703** | **3,584,685** | **3,801,276** | **10,902,664** |

## 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 first 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 this quarter 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. Data from the surveys are currently being analyzed. In addition, the FAMIS CPU now 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 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 first quarter of 2005, there were **30,248** children enrolled in the Medicaid Expansion group. This represents a **227% increase** (21,406 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 first 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

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 first 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.

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 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 has 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 has developed 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. Pending CMS approval, both the FAMIS MOMS program for pregnant women up to 150% FPL and the FAMIS Select program to replace ESHI will be implemented July 1, 2005.