



COMMONWEALTH of VIRGINIA  
*Department of Medical Assistance Services*

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December 1, 2009

**MEMORANDUM**

**TO:** The Honorable Timothy M. Kaine  
Governor of Virginia

The Honorable Charles J. Colgan  
Chairman, Senate Finance Committee

The Honorable Lacey E. Putney  
Chairman, House Appropriations Committee

The Honorable R. Edward Houck  
Chairman, Joint Commission on Health Care

**FROM:** Patrick W. Finnerty

A handwritten signature in black ink, appearing to read "P. W. Finnerty", written over the printed name.

**Subject:** Report on the Status of the Family Access to Medical Insurance Security (FAMIS) Plan Trust Fund

Section 32.1-352 of the *Code of Virginia* requires DMAS to report annually to the Governor, the General Assembly, and the Joint Commission on Health Care on the status of the Virginia Family Access to Medical Insurance Security (FAMIS) Plan Trust Fund.

I have enclosed for your review a copy of the report for Fiscal Year 2009. Should you have any questions or need additional information, please feel free to contact me at (804) 786-8099.

Enclosure

cc: The Honorable Marilyn B. Tavenner, Secretary of Health and Human Resources

**Annual Report on the Status of the  
Family Access to Medical Insurance  
Security (FAMIS) Plan Trust Fund**



**Department of Medical Assistance Services**

**December 2009**

**BACKGROUND ON FAMIS TRUST FUND**

The Virginia Family Access to Medical Insurance Security (FAMIS) Plan Trust Fund was established in the state treasury as a special non-reverting fund in 1997 (though it was originally named the *Virginia Children's Medical Security Insurance Plan Trust Fund*). The State Corporation Commission annually calculates the tax revenue that is deposited into the trust fund. The *Code of Virginia* mandates that any moneys remaining in the Fund at the end of each fiscal year shall not revert to the general fund but shall remain in the Fund. From the beginning of the Fund until the middle of Fiscal Year 2002, the interest earned on the cash balances of the Fund was deposited into the Fund. However, language has been included in the Appropriation Act since 2003 that mandates that interest earned from the trust fund shall remain in the state General Fund.

Furthermore, in Chapter 951 of the 2005 Acts of the Assembly (§3-1.01 M.1 on Page 612 of Chapter 951) the language limits the deposits into the fund to \$14,065,627 in each year of the biennium. If the amount to be deposited into the fund (based on the criteria set forth in the *Code of Virginia*) were to exceed the limit, the amount exceeding the limit is deposited in the General Fund. The moneys in the Trust Fund are used, in lieu of state general funds, to draw down federal funds to cover costs incurred in the Commonwealth's Title XXI program. Table 1 provides a history of deposits into and expenditures out of the Trust Fund for FY 1998 through FY 2009. Table 2 provides the appropriated amounts for the 2009-2010 biennium.

**Table 1**  
History of Deposits and Payments from the Trust Fund

Fiscal Year	Deposits into Fund	Expenditures from Fund	Balance at the end of the Fiscal Year
FY 1998	\$239,503	\$0	\$239,503
FY 1999	\$8,072,030	(\$4,726,038)	\$3,585,496
FY 2000	\$9,449,406	(\$9,326,338)	\$3,708,564
FY 2001	\$12,421,643	(\$9,670,920)	\$6,459,287
FY 2002	\$14,680,907	(\$16,936,664)	\$4,203,530
FY 2003	\$14,065,627	(\$18,211,360)	\$57,797
* FY 2004	\$14,025,229	(\$14,001,661)	\$81,365
* FY 2005	\$13,995,237	(\$14,065,627)	\$11,128
* FY 2006	\$13,984,302	(\$13,995,245)	\$185
FY 2007	\$14,065,812	(\$14,065,563)	\$249
FY 2008	\$14,065,876	(\$14,065,627)	\$249
FY 2009	\$14,065,876	(\$14,065,627)	\$249

\*The deposits in FY 2004, FY 2005, and FY 2006 were reduced due to language in the Appropriation Act which transferred \$40,456, \$70,390, and \$81,325 respectively, in cash from the trust fund to the General Fund to cover expenses incurred by central service agencies.

Source: DMAS Staff Analysis, Commonwealth Accounting and Reporting System (CARS)

**Table 2**  
**FAMIS Trust Fund Appropriation FY 2009 – FY 2010**

	Total
FY 2009	\$14,065,627
FY 2010	\$14,065,627

*Source: Chapter 781, 2009 Acts of the Assembly*

**FAMIS/CHIP PROGRAM INFORMATION: FY 2009**

The FAMIS program was established in the summer of 2001 as Virginia’s Title XXI CHIP program, replacing the Children Medical Security Insurance Program (CMSIP). Prior to state FY 2003, all of the children enrolled in Virginia’s Title XXI plan were enrolled in the FAMIS program (or previously the CMSIP program). Beginning in FY 2003, children age 6 through age 19 and in families with income between 100% and 133% of the federal poverty level were enrolled in the Medicaid program. This change was to make the eligibility criteria for Medicaid standard for children of all ages and prevent families from having children enrolled in two different programs (children under the age of 6 being enrolled in Medicaid and children age six and over in the same family being enrolled in FAMIS). While these children were transitioned to Medicaid, Virginia continues to receive enhanced federal funding under the federal CHIP program for this population. The Commonwealth’s CHIP program is funded with a combination of state general funds, the FAMIS trust fund (which is used in lieu of state General Funds) and federal funds. During FY 2009, the federal match rate was 65 percent. Table 3 illustrates the expenditures for the CHIP program by fund source for FY 2009 incurred by DMAS.

**Table 3**  
**Total CHIP Expenditures in FY 2009**

	General Fund	Trust Fund	Federal Fund	Total
FAMIS Medical	\$27,303,538	\$14,065,627	\$77,711,211	\$119,080,376
FAMIS Administrative*	\$4,830,501		\$8,971,449	\$13,801,949
Medicaid CHIP	\$31,428,787		\$58,345,148	\$89,773,934
Total	\$63,562,825	\$14,065,627	\$145,027,808	\$222,656,260

Source: DMAS Staff Analysis, Commonwealth Accounting and Reporting System (CARS) of expenditures and revenue transfers  
 \* FAMIS Administrative expenditures include \$2.0 million General Fund expenditures incurred by DSS for eligibility determinations.

**UPDATE ON CHIP RE-AUTHORIZATION & FEDERAL ALLOTMENT**

The federal authorization for the State Child Health Insurance Program (CHIP), Virginia’s FAMIS program, expired on September 30, 2007. Congress passed two extensions of CHIP on October 13 and September 29 of 2008 and another one that extended the program through March of 2009. In February 2009, the President signed Public Law 111-3, the Child Health Insurance Program Reauthorization Act (CHIPRA),

which reauthorizes the Children's Health Insurance Program (CHIP) through 2013. This law also expands health coverage for children and establishes quality requirements and protections for both health and mental health care services. CHIPRA also alters how Medicaid and CHIP programs cover services for pregnant women.

Virginia's federal allotment for FFY 2008 was \$90.3 million; however, only \$65.2 million of the allotment was expended due to the availability of carry over funds from previous years' allotments. Virginia carried over a balance of \$25.1 million of the 2008 allotment into FFY 2009. The final federal allotment for FFY 2009 after the passage for CHIPRA was \$175.9 million. This amount combined with the carry over from the previous year provided Virginia with \$201 million of federal funding in FFY 2009.

### **CHIPRA IMPLEMENTATION**

With the signing of CHIPRA (Public Law 111-3, the [Children's Health Insurance Program Reauthorization Act](#)) in February of 2009, a new funding formula resulted in the Commonwealth receiving a significant increase in its Federal Fiscal Year (FFY) 2009 allotment. Virginia's new FFY 2009 CHIP allotment under CHIPRA was \$175.9 million which was an 81% increase over Virginia's original FFY 2009 allotment and provided adequate federal funding for our FAMIS and FAMIS MOMS programs for the remainder of FFY 2009. With the increased allotment, the law gives states the option to expand health care coverage to children and pregnant women in families with income up to 300% FPL. States also have the option to cover additional lawful resident immigrant children and pregnant women and to provide wrap-around dental coverage for children covered by private insurance. CHIPRA expands options for verifying eligibility requirements and provides a new premium assistance option.

The Department is implementing numerous CHIPRA provisions that do not require additional general fund dollars. Beginning January 1, 2010, participants in FAMIS and FAMIS MOMS will be required to provide documentary evidence of citizenship as part of the eligibility process. A new provision enables citizenship to be verified by matching applicants' Social Security numbers against the files of the Social Security Administration. This is especially important to states since increased federal funds are available to states that increase enrollment of eligible children and pregnant women in the form of bonus payments.

CHIPRA also expands health coverage for children and establishes quality requirements and protections for both health and mental health care services. Individuals enrolled in FAMIS who reside in an area where only one managed care organization (MCO) is available, now have the option to disenroll from their MCO and receive care through fee-for-service. With the MCO contracts beginning July 1, 2010, FAMIS recipients will no longer be charged co-payments for pregnancy-related services, and coverage limits on mental health and substance abuse treatment services will be brought into parity with medical services. DMAS is working with CMS to identify how the CHIPRA legislation will impact Virginia's CHIP waiver programs for pregnant women (FAMIS MOMS) and families enrolled in premium assistance (FAMIS Select) and our upcoming renewal.

**UPDATE ON CURRENT ENROLLMENT**

During SFY 2009, enrollment in the CHIP program increased from approximately 90,900 children at the beginning of the fiscal year to approximately 96,200 children at the end of the fiscal year. During FY 2009, medical expenditures for the CHIP program equated to approximately \$180 per enrollment month, or approximately \$2,165 for a child enrolled for the entire year. The cost per enrollee increased approximately 11.5% compared to FY 2008. Information on the number of children enrolled in the Children’s Health Insurance Program as of June 1, 2009, is shown in the table below:

**Table 4**  
*CHIP Enrollment*

PROGRAM	INCOME	# Enrolled As of 06-01-08	# Enrolled As of 06-01-09	Total Growth	% Growth
FAMIS (Children <19 years)	>133% to ≤ 200% FPL	53,451	57,041	3,590	7%
MEDICAID EXPANSION (Children 6- 19 years)	>100% to ≤ 133%FPL	36,612	39,122	2,510	7%
<b>TOTAL CHIP Children</b>		<b>90,063</b>	<b>96,163</b>	<b>6,100</b>	<b>7%</b>

*Source: VaMMIS (Virginia Medicaid Management Information System) 07-01-09.*

More than 166,000 children were covered by CHIP at some point in FFY 2009. That is a 7% increase over the previous year. The Table below displays the total unduplicated ever enrolled figures for FFY 2009:

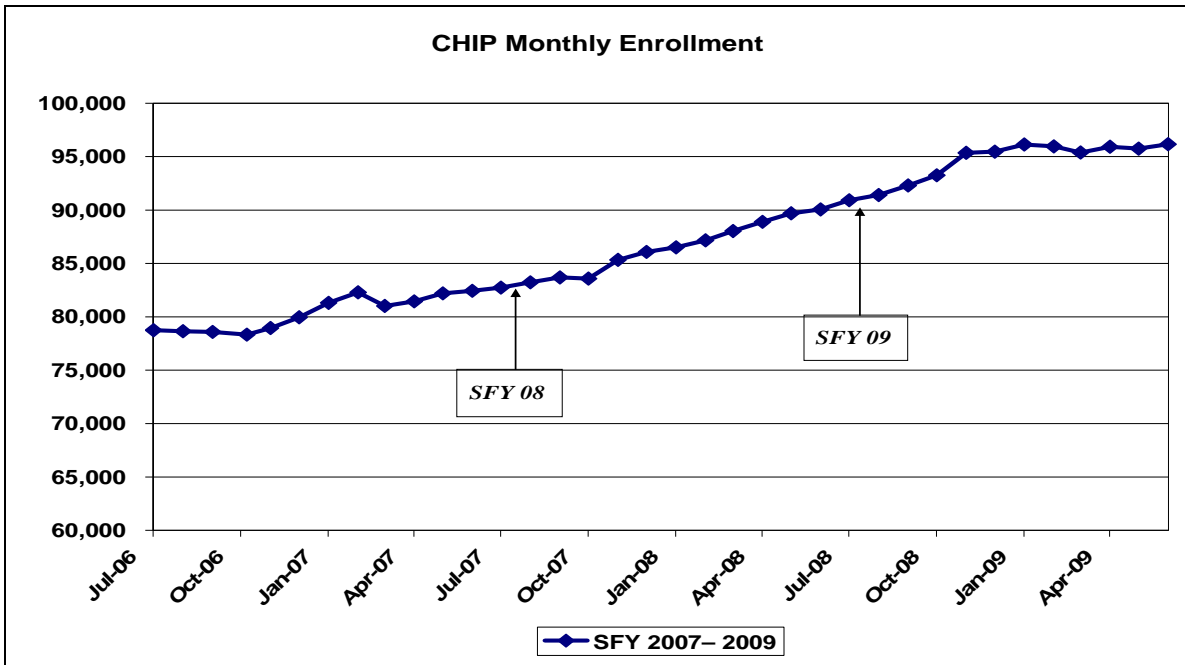
**Table 5**  
*CHIP Unduplicated Ever Enrolled*

PROGRAM	INCOME	FFY 2008 Unduplicated Ever Enrolled	FFY 2009 Unduplicated Ever Enrolled	Total Growth	% Growth
FAMIS (Children <19 years)	>133% to ≤ 200% FPL	84,574	90,777	6,203	7%
MEDICAID EXPANSION (Children 6- 19 years)	>100% to ≤ 133%FPL	70,715	75,736	5,021	7%
<b>TOTAL CHIP Children</b>		<b>155,289</b>	<b>166,513</b>	<b>11,224</b>	<b>7%</b>

*Source: DMAS staff analysis, CMS Statistical Enrollment Database System (SEDS).*

Enrollment increased in the beginning of the Fiscal Year but had leveled off by the end of the year. At the conclusion of SFY 2009, more than 96,000 children were covered by CHIP state wide. The chart below shows CHIP (FAMIS and CHIP Medicaid Expansion) monthly enrollment growth for SFYs 2007, 2008 and 2009.

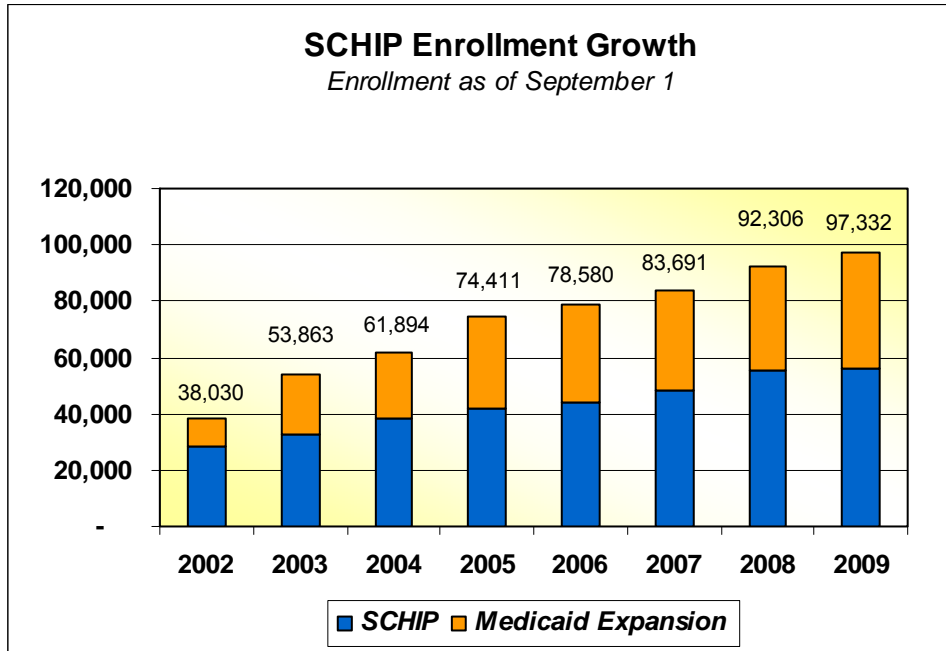
**Chart: 1**



**Source:** DMAS staff analysis, VaMMIS (Virginia Medicaid Management Information System) – Enrollment in CHIP (FAMIS) & CHIP Medicaid Expansion.

The FAMIS program replaced the former CMSIP program on August 1, 2001. At that time, there were 32,587 children enrolled. One year later, with enrollment at 38,030, Governor Warner, with the support of the General Assembly, instituted numerous programmatic improvements and policy enhancements. These changes had a dramatic effect on enrollment of eligible children up to 200% of the federal poverty limit, which grew by almost 42% to 53,863 by September 1, 2003. The steady increase in enrollment was the result of aggressive outreach efforts at the State and local level, as well as the implementation of program and policy improvements in 2002. However, enrollment growth in recent years has leveled off. The chart and table below show the CHIP enrollment growth from September 1, 2002 (implementation of program changes) through September 1, 2009:

**Chart: 2**



Source: DMAS staff analysis, VaMMIS (Virginia Medicaid Management Information System).

**Table 4**  
Enrollment in CHIP Program

	FAMIS	CHIP Medicaid Expansion	Total CHIP
August 1, 2001	32,587	N/A	32,587
September 1 2002	28,603	9,427	38,030
September 1, 2003	32,684	21,179	53,863
September 1, 2004	38,532	23,362	61,894
September 1, 2005	42,210	32,201	74,411
September 1, 2006	44,004	34,576	78,580
September 1, 2007	48,066	35,625	83,691
September 1, 2008	55,165	37,148	92,306
September 1, 2009	56,309	41,023	97,332

Source: DMAS Staff Analysis

**MAXIMIZING ENROLLMENT OF KIDS – RWJF GRANT**

DMAS was awarded \$1 million in funding and support from the Robert Wood Johnson Foundation (RWJF) to increase enrollment and retention of eligible children in the FAMIS (CHIP) and FAMIS Plus (children’s Medicaid) programs. Virginia was one of eight states selected for the four-year RWJF grant, *Maximizing Enrollment for Kids* ([www.MaxEnroll.org](http://www.MaxEnroll.org)). Under the direction of the National Academy for State Health Policy (NASHP), which serves as the national program office for *Maximizing Enrollment for Kids*, a team of national experts are working with Virginia officials to identify ways to strengthen systems, policies, and procedures and establish best practices. The program will measure the impact of these changes and will share findings nationally throughout



the four-year initiative. To ensure Virginia's success, the Governor established an Executive Steering Committee, chaired by the Secretary of Health and Human Resources and comprised of leadership from various state agencies, child health advocates, and the chair of the Children's Health Insurance Program Advisory Committee (CHIPAC).

With approval from CMS to draw down federal matching dollars with the RWJ grant funds, DMAS will have nearly 3 million dollars dedicated to these efforts. DMAS goal is to use these funds to develop and build a child health data warehouse that will link DMAS enrollment data as well as eligibility data from the Virginia Department of Social Services and the FAMIS Central Processing Unit (CPU). Additionally, funding and technical support provided by the MaxEnroll program will assist Virginia to improve application and renewal processes at both the FAMIS Central Processing Unit and the Local Departments of Social Services. There are four main components of the Maximizing Enrollment for Kids program:

- Diagnostic Assessment of enrollment and retention systems to identify strengths and weaknesses leading to improvement plans;
- Tailored Technical Assistance to build on strengths and assist with improvements in key areas that can maximize enrollment;
- Peer-to-Peer Learning to share state experiences and jointly problem solve; and
- Evaluation with ongoing data collection, monitoring of progress and the impact of changes on enrollment and retention, allowing for adjustments in strategies.

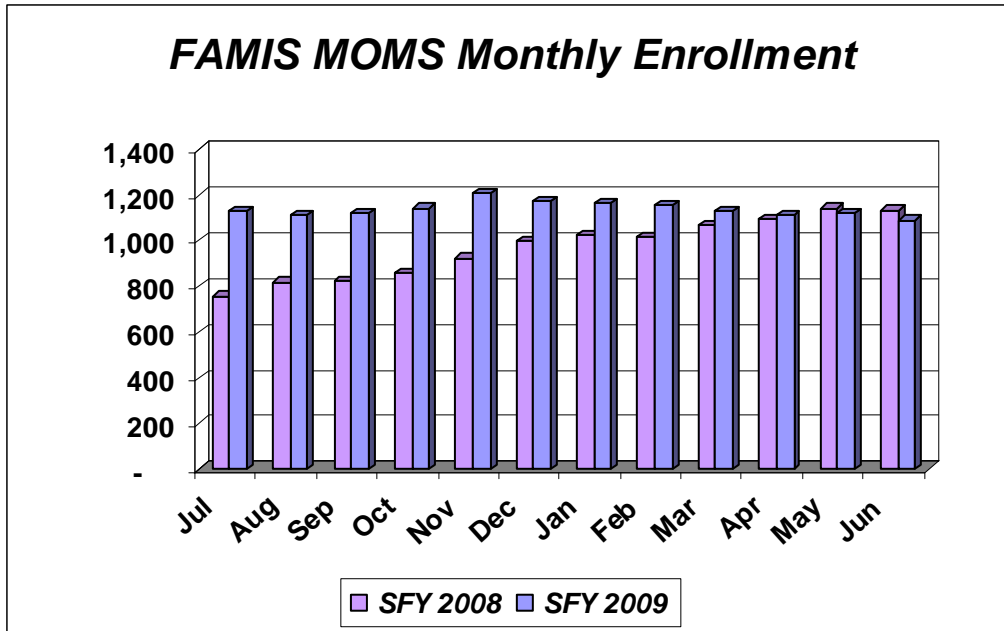
Virginia completed its Diagnostic Assessment in May of 2009 and anticipates receiving the final report by the end of the year. With guidance from the Executive Steering Committee, DMAS will develop an improvement plan based on the recommendations provided in the report. DMAS anticipates that Virginia will begin implementing its improvement plan in January 2010.

### **CHIP WAIVER PROGRAMS**

Both the FAMIS MOMS program for pregnant women and the FAMIS *Select* Premium Assistance Program are operated under a HIFA Waiver from the Centers for Medicare & Medicaid Services (CMS). On August 1, 2005, as authorized by the 2005 Appropriations Act, Virginia's CHIP program was expanded to include coverage of pregnant women with family income above the Medicaid limit of 133% FPL but less than or equal to 150% FPL. In accordance with the approved waiver, the intent of this new program expansion was to provide vital prenatal care to uninsured women living within the CHIP income range and likely to give birth to FAMIS eligible children. In 2006, the Governor proposed increasing the income limit for the FAMIS MOMS program to 166% FPL in his budget. This change was approved by the General Assembly and was implemented September 1, 2006. In 2007, the Governor proposed an additional increase of the income limit for the FAMIS MOMS program to 185% FPL, which was also approved by the General Assembly and implemented on July 1, 2007. In 2008, Governor Kaine proposed

increasing eligibility for FAMIS MOMS to 200% FPL. This increase was also approved by the General Assembly and implemented on July 1, 2009. As of November 1, 2009, 1,191 pregnant women were enrolled in the program. Enrollment growth over the last fiscal year has leveled off substantially. DMAS attributes this largely to the changing demographics of the low-income uninsured resulting from Virginia’s economic downturn and scaled back outreach efforts due to budget reductions. The chart below shows a decrease in enrollment by the end of SFY2009.

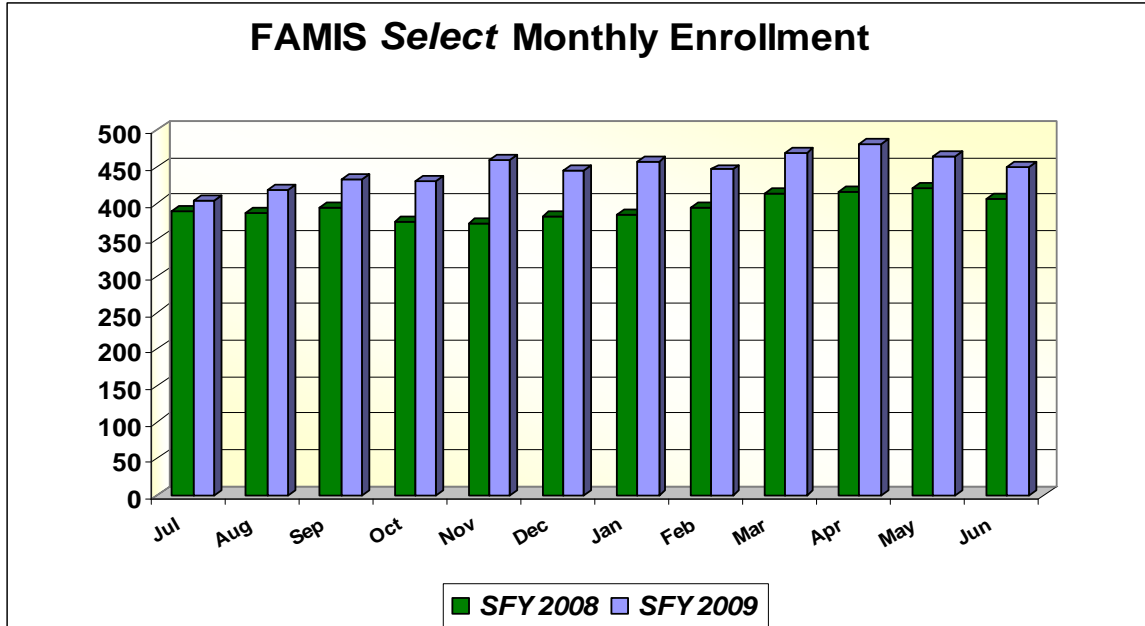
**Chart: 3**



*Source: DMAS staff analysis, VaMMIS (Virginia Medicaid Management Information System).*

In addition to implementing the new FAMIS MOMS program, the optional premium assistance program available under FAMIS was also revised. FAMIS *Select* replaced the former Employer Sponsored Health Insurance (ESHI) program on August 1, 2005, and provides an alternative for families with children enrolled in FAMIS who have access to private or employer-sponsored coverage. If the family elects to participate in FAMIS *Select*, they receive up to a \$100 per month per child to help pay for the cost of covering the child in a private or employer’s health plan instead of through FAMIS. The child then receives the health care services provided by the private/employer-sponsored health plan and the family is responsible for any costs associated with that policy. By the end of SFY 2009, these private/employer based policies funded through a combination of employer, family and CHIP funds provided coverage to more than 440 children. Enrollment in FAMIS *Select* has increased by 42 children from the end of SFY 2008 to 2009. Enrollment in FAMIS *Select* began to decrease at the end of SFY 2009. DMAS attributes this to the economic downturn and members’ loss of access to private coverage. FAMIS *Select* enrollment is displayed in the chart below:

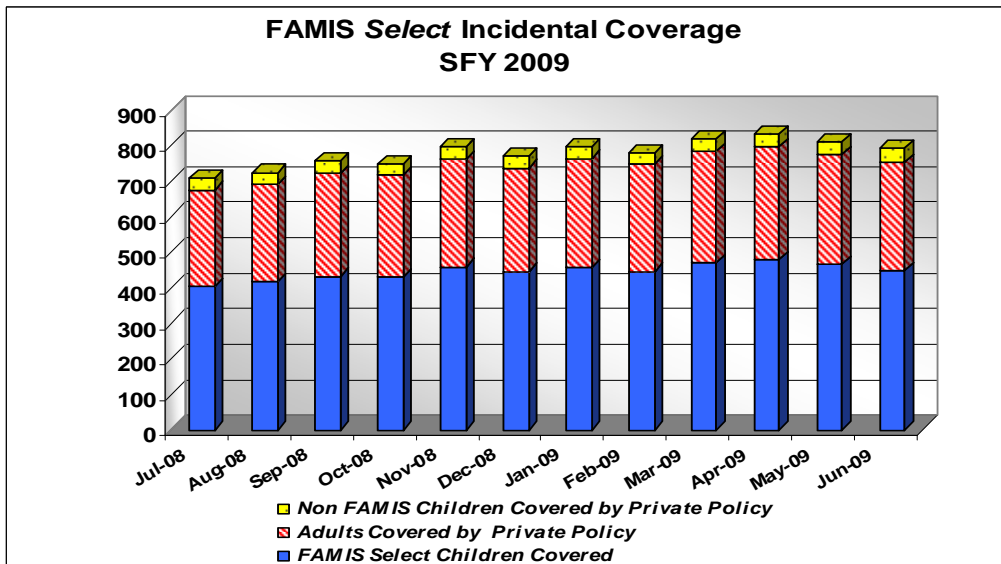
**Chart: 4**  
SFY 2008-2009 FAMIS Select  
Monthly Enrollment



Source: DMAS staff analysis, MCH Monthly Enrollment Reports.

The premium assistance payment provided by CHIP funds often helps the family afford coverage for the entire family while remaining a cost-effective way for the Commonwealth to provide coverage for the FAMIS eligible child. By the end of SFY 2009, this incidental coverage provided healthcare to an additional 304 adults and 38 non-FAMIS eligible children. The chart below displays the incidental coverage of families enrolled in the FAMIS Select program:

**Chart: 5**  
FAMIS Select SFY 2009  
Incidental Coverage



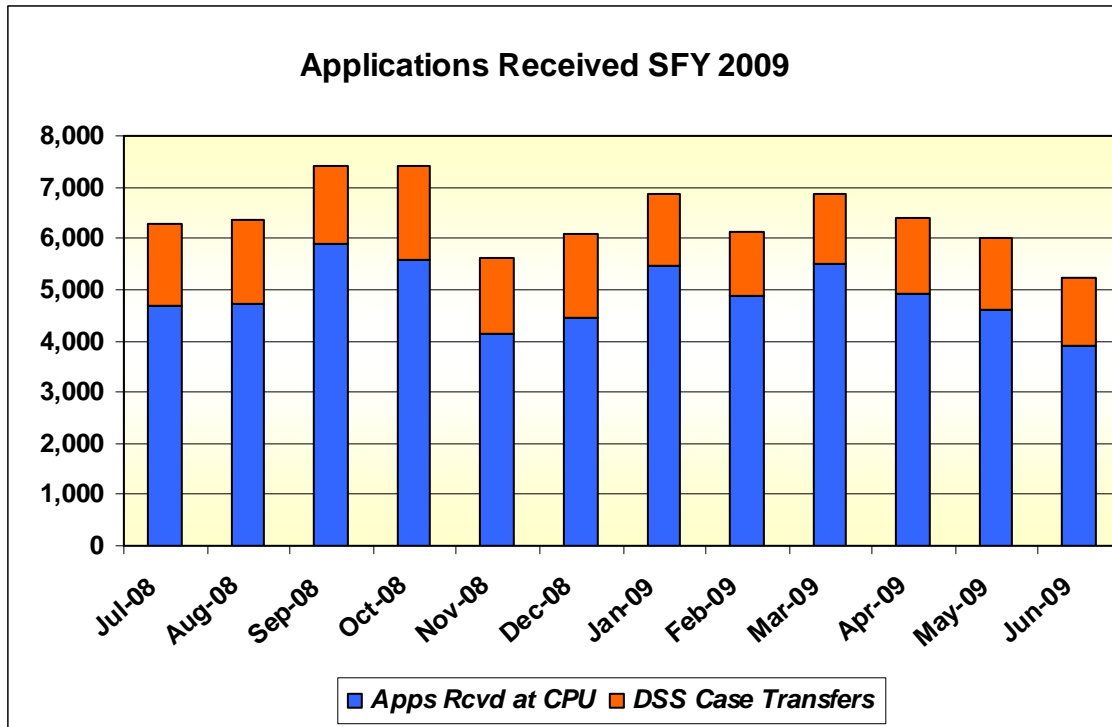
Source: DMAS staff analysis, FAMIS Select Monthly Enrollment Tracking.

## FAMIS OPERATIONS

The FAMIS Central Processing Unit (CPU) was established in August 2001 to provide a statewide call center and application-processing site and is administered by Affiliated Computer Services Inc., under contract to DMAS. A new CPU contract was awarded to ACS August 1, 2007. The initial contract period ends on July 31, 2010; however, Virginia does have the option to extend the contract for a longer period.

The FAMIS CPU received 309,563 calls in SFY 2009, with an average monthly call volume of 25,797. More than 58,000 applications were received at the CPU (electronic, mailed and faxed combined) in SFY 2009 with an average monthly volume of 4,886 applications. This is an increase of 6,923 applications over last year's 51,077. Electronic (web) applications represented 45% of all applications received at the CPU. In addition, the CPU received an average of 1,498 cases transferred from local DSS offices per month during SFY 2009. The total number of applications received at the FAMIS CPU with a pregnant woman applying for FAMIS MOMS during this fiscal year was 4,292, with an average monthly volume of 358. An additional 1,303 applications for FAMIS MOMS were transferred to the CPU from local DSS offices over the year. Below is a chart detailing the volume of applications received at the FAMIS CPU:

**Chart: 6**  
Monthly Application Volume



Source: DMAS staff analysis, ACS monthly reports.

## **MARKETING AND OUTREACH ACTIVITIES**

The Maternal and Child Health Marketing and Outreach Unit continues to focus its efforts on reaching children and pregnant women eligible to enroll in the FAMIS program. As the economy declined in SFY 2009, FAMIS Plus began to experience dramatic increases in enrollment with the growth each month averaging 4,000 children. However, the FAMIS program did not experience this same level of growth. Both trends continued throughout the year. DMAS attributes the stagnate growth in the FAMIS program to the growing population of working families facing job loss who have slipped from FAMIS to Medicaid eligibility. Anecdotal evidence suggests that a new population FAMIS eligible children and pregnant women is emerging. These are families whose recent economic demographics have changed and they therefore have no prior knowledge of public programs. In an effort to reach out to this new and growing population, Maternal and Child Health Marketing and Outreach staff re-engaged in their partnership with the Virginia Employment Commission to provide outreach, materials and assistance through the Rapid Response Team and the Virginia Workforce Network. Maternal and Child Health Marketing and Outreach staff also served on the Governor's Economic Crisis Strike Force Committee on the Jobs/Education/Entrepreneur Fairs Workgroup in response to the downturn in the economy.

In SFY 2009, the unit utilized new strategies to reach pregnant women and children eligible but currently not enrolled in the FAMIS programs. Marketing and Outreach Staff collaborate with the CPU contractor to implement a new Member Self Service Link on the FAMIS website. As a continuation of the FAMIS Teen campaign, in August 2008, the FAMIS Teen commercial was placed on the Governor's "You Tube" website where it received more than 1,000 views in the first two months. Also, through a limited sponsorship with the 2009 Virginia High School Basketball Tournament, the FAMIS teen television ad and the original FAMIS television ad were featured a total of twenty-five times on FOX television during the two-day event. To promote FAMIS *Select* and in a continuing partnership with the Virginia Department of Business Assistance Services, the Marketing and Outreach Unit placed an ad in the 2009 Guide to Doing Business in Virginia publication.

During the 2008 Back-to-School campaign the Maternal and Child Health Marketing and Outreach Unit partnered with CBS 6 to sponsor the Back-to-School For Kids' Sake Supplies Drive. In addition, Marketing and Outreach staff coordinated the annual Back-to-School mailing. This included the creation of new 2008 FAMIS flyers and free and reduced lunch approval letter inserts that were distributed to over 900 Title I and PASS schools across the state for inclusion in students' Back-To-School packets. Marketing and Outreach staff also participated in Back-to-School outreach events across the state and appeared in an interview on CBS 6 'Virginia This Morning' talking about the FAMIS Back-to-School campaign. Lastly, the Maternal and Child Health Marketing and Outreach staff coordinated with a PR marketing contractor to place television advertising in Richmond, Norfolk, Roanoke, Charlottesville, Harrisonburg and Northern Virginia and radio advertising in English and Spanish in Richmond, Norfolk and Fredericksburg.

Additionally, the FAMIS television ad was displayed at select stores' checkouts in Northern Virginia.

Working in partnership with the Virginia Health Care Foundation, Maternal and Child Health Marketing and Outreach staff were instrumental in the development of ten new SignUpNow (SUN) online training modules that were launched in September 2008. The new online modules facilitate the training of community outreach workers and advocates who wish to assist families and pregnant women to apply for FAMIS. The new training modules allow the outreach worker to complete the training anywhere they can access a computer and at their own pace. This should encourage more community workers to complete the training without having to wait for an on-site training workshop.

Maternal and Child Health Marketing and Outreach staff also participated in Cover the Uninsured Week, 2009 during the week of March 22 – 28<sup>th</sup>. Due to budget cuts in the latter half of SFY 2009, the spring media buy that usually coincides with *Cover The Uninsured Week* had to be dropped. To ensure that the FAMIS program had a presence during *Cover The Uninsured Week* campaign, staff developed a no cost campaign which included the creation of an electronic postcard that was emailed to partners and advocates around the state. Staff were also interviewed on WTVR Channel 6, *Virginia This Morning*; a Spanish language news show on Comcast Television; a Spanish radio show in Fredericksburg; and an English interview on WRIR 97.3 radio show, *For the Rest of Us*.

## **CONCLUSION**

DMAS expended \$14,065,627 from the FAMIS Trust Fund and \$63,562,825 from the General Fund which allowed Virginia to draw down \$145,027,808 in federal funding to support the operation of the FAMIS program. Enrollment in Virginia's FAMIS program increased for the first four months in SFY2009 and leveled off by the end of the year. As a result of the economic downturn, DMAS believes that many children that may have previously been eligible for the FAMIS (CHIP) program are now being enrolled in the FAMIS Plus (Children's Medicaid) program. Additionally, the demographics of the families that are currently eligible for CHIP programs have changed. Anecdotal evidence suggest that as a result of the economic downturn, families now eligible for FAMIS may not be aware of the public health care options available to them. While funding for Marketing and Outreach has been reduced, DMAS staff worked to develop innovative and cost effective strategies to publicize FAMIS.

Net enrollment in the CHIP program increased by 7% in SFY 2009, as compared to last year's growth rate of 9%. In the separate CHIP program, enrollment increased by 7% in SFY 2009, down from 13% in SFY 2008. In the CHIP Medicaid Expansion program, enrollment also increased by 7% over the previous fiscal year. This is also a decrease over the previous years' percentage growth of 9%. As of July 1, 2009, Virginia's CHIP program provided health care coverage for 5% of the children in the Commonwealth. Enrollment in the CHIP waiver programs has fluctuated as well. Enrollment in FAMIS MOMS decreased by 3% in SFY 2009 from 1,132 women enrolled at the end of SFY

2008, to 1,089 enrolled at the end of SFY 2009. By the end of SFY 2009, the number of children enrolled in FAMIS *Select* had increased by 10%.