

# InD ept h...

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Virginia's Covering Kids & Families Initiative

## Updating the Estimates: Uninsured Children Eligible for Virginia's Child Health Insurance Programs

Dear Friends,

We are excited to share with you this issue brief that provides **new estimates of uninsured children who are eligible for Medicaid and FAMIS**. For the first time ever, we can quantify the number of eligible uninsured children and measure progress in reducing their numbers. At long last, we can track the true impact of outreach campaigns, policy changes, and program improvements that are designed to increase enrollment.

The numbers reveal a "good news" and "bad news" story. **The good news is that over 78% of eligible uninsured children were enrolled in FAMIS and Medicaid as of February 1, 2003**. In the past year alone, the progress has been extraordinary. Since January 2002, over 33,900 children were enrolled. Almost 70% of these enrollments occurred in the past five months, with over 23,000 children enrolled since September 2002.

This recent surge in enrollment can be attributed to several factors. First, Governor Warner's Administration and the Virginia General Assembly have demonstrated strong leadership and commitment to achieving full enrollment of children. In addition, there were key policy and program improvements implemented on September 1, 2002; a statewide "Back-to-School" initiative in September; major promotional events during Child Health Month in October; and sustained local outreach efforts.

**The bad news is that more than 91,500 eligible children remain uninsured**. This means that roughly one in four eligible children is still without health insurance. Most of these children come from working families. Additionally, every month a significant number of enrolled children lose coverage during the redetermination and renewal process. Retention has proven extremely difficult for Virginia and other states.

The health and academic consequences for uninsured children are substantial and preventable. Uninsured children are less likely to receive medical care for common childhood illnesses such as asthma, ear infections and sore throats compared to insured children. In fact, 25% of uninsured children are reported to have no source of care. Parents without insurance for their children tend to delay care until their children's illnesses are serious, seek expensive emergency room care, or avoid care altogether. A Florida study found that uninsured children are 25% more likely to miss school than insured children.

**Thus, while we should celebrate our successes, there is much work left to be done. There will be urgency to our work until we ensure that every eligible child throughout the Commonwealth has continuous health insurance coverage.**



Jill Hanken, Chair and Chris Bailey, Vice-Chair  
Virginia Covering Kids & Families Coalition

# Updating the Estimates: Uninsured Children Eligible for Virginia's Child Health Insurance Programs

At long last, Virginia has new estimates of uninsured children who are eligible for the state health insurance programs for children (Medicaid and FAMIS) by locality. For the first time ever, child advocates, policymakers, program planners, and outreach workers at both the state and local level can measure progress in reducing the number of uninsured.

## About The Numbers...

### How are these numbers "new and improved"?

The estimates of uninsured children are calculated using the most recent data available. And, for the first time, there is a complete picture of enrollment of children in both the FAMIS and Medicaid programs. In the past, child advocates, state officials, and localities could only track progress on children enrolled in FAMIS (originally called CMSIP). Enrollment data was not available for Medicaid by locality. Therefore, Virginia was unable to measure progress on enrolling children in the larger of the two state programs that provide health insurance to low-income children in the Commonwealth. Today, thanks to the Virginia Department of Medical Assistance Services (DMAS), monthly enrollment data for children in Medicaid is available by locality.

It is important to note that the enrollment data given by DMAS, and referred to in this report, reflect net program enrollment. Net enrollment figures capture the enrollment in a program at the first of each month taking into account all enrollments and disenrollments from the previous month.

### Is there consensus on the numbers?

These numbers are the culmination of a collaborative effort among the child advocacy community and commonwealth officials, enabling everyone to "work off the same page." Partners included the Virginia Department of Medical Assistance Services, the Virginia Health Care Foundation, the Virginia Hospital & Healthcare Association, the Virginia Poverty Law Center, SignUpNow, the Virginia Coalition for Children's

Health, the Virginia *Covering Kids & Families* Coalition. Steve Horan of the Community Health Resource Center (CRHC) provided analytical expertise.

### Where did these numbers come from?

These numbers were computed using demographic data from the 2000 Census, results from the Virginia Health Care Foundation's 2001 Virginia Health Access Survey, and program enrollment information from DMAS. For a complete description of the methodology, go to [www.signupnowva.org/program.asp](http://www.signupnowva.org/program.asp) or contact Kim Bemberis for a hard copy at (804) 828-6062 or [signupnow@vhcf.org](mailto:signupnow@vhcf.org). For technical questions concerning the methodology, contact Steve Horan at [chrc@msn.com](mailto:chrc@msn.com) or (804) 673-0166.

### How reliable are the numbers?

These numbers represent the best estimates that Virginia has ever had. However, it is important to understand that they provide a snapshot in time. In reality, the numbers are dynamic and constantly change with variations in population, the economy, and the programs. In addition, these estimates were developed by extracting existing data from several sources on population size and insurance status. While this process of "estimating from estimates" is more efficient than collecting original survey data from each locality, the estimates cannot be stated with statistical certainty and have a margin of error of +/- 5%.

### Do the numbers take into account the recent economic downturn?

To a point. The original estimates of the uninsured were developed before the current economic downturn and skyrocketing health care costs. While the formula used to calculate the numbers in this report used the "upper bound" of 27.6% for the estimated rate of uninsured from the 2001 Virginia Health Access Survey, the estimates should be seen as conservative. It is quite likely that even more families are without health insurance than when the estimates were developed.

### Why do my locality numbers look different from before?

There may be substantial differences in the estimates for some localities compared to prior reported estimates. Since 1998, child advocates have used the estimate of uninsured children provided by the Virginia Coalition for Children's Health and SignUpNow to track progress on enrolling children. These numbers only tracked FAMIS enrollment which is a relatively small piece of the child health insurance picture. Now that Medicaid numbers are available by locality, we

have the full picture. Since Medicaid enrollment is much larger than the FAMIS program, it has a significant impact on a locality's total enrollment numbers.

In addition, since local survey data was not available statewide, the estimates were derived from state survey data and applied statistically to local census data. Therefore, the numbers may be different due to actual changes in the numbers of children eligible or enrolled, estimation error, new grouping of localities, or combinations of these factors.

Other local variations can impact the numbers as well. For example, a locality with a large military presence might have a slightly skewed estimate since the population under 200% of the Federal Poverty Level may be large. However, this population might include military families who would be covered through CHAMPUS and may not actually be uninsured.

**Can I compare these estimates with prior estimates?**

You should not compare this set of locality-level estimates to previous estimates. Differences may be caused as much by changes in the methodology as by actual changes in the number of low-income uninsured children. The current estimates are more accurate than previous estimates because more recent population data and estimated uninsured rates for low income children were used. Consequently, you are encouraged to use the estimates given in this report in your planning and evaluation efforts, with the realization that a margin of error (+/- 5%) should be assumed.

**Where can I find updated enrollment numbers in the future?**

DMAS will update the enrollment numbers monthly and post them on the FAMIS web site ([www.FAMIS.org](http://www.FAMIS.org)) by the end of the first week of each month. SignUpNow also will post these numbers monthly on its web site, [www.signupnowva.org](http://www.signupnowva.org).

**Our Progress...**



**What do the numbers show? Are we making progress?**

The chart at right shows Virginia's progress in enrolling uninsured children in Virginia's health insurance programs for children. Each bar shows the estimated total number of uninsured eligible children.

- The **red** shows the number of children who were enrolled in Title XXI (FAMIS and the Medicaid Expansion).
- The **yellow** shows the number enrolled in Title XIX (Medicaid).
- The **blue** shows the number of children who were eligible under program income guidelines, but not enrolled in either program.

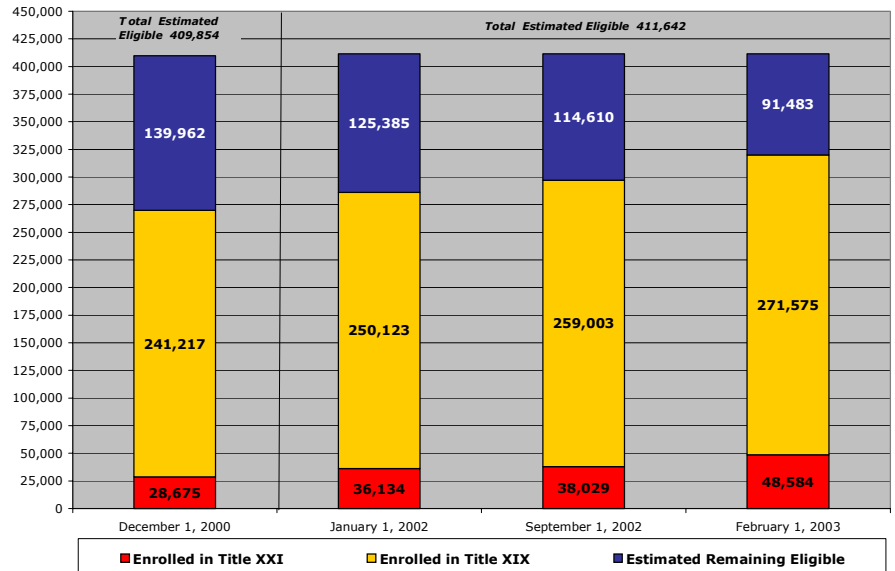
Each bar on the chart depicts important points in time. The first bar, December 2000, provides a starting point for analysis. There were an estimated 409,854 eligible uninsured children who were either enrolled in Medicaid or CMSIP, or not enrolled. By January 2002, (the second bar on the chart) this figure increased to 411,642 due to updated population data and revised economic considerations. This number is now considered a "constant" over time until new estimates are developed. On September 1, 2002 (bar three on the chart) major policy and program changes were implemented. The last bar (February 2, 2003) provides the most current data available.

This chart shows the extraordinary enrollment progress in the past year. Over 33,900 children were enrolled since January 2002. Almost 70% of these enrollments occurred in the past five months since September. As of February 2003, 78% of eligible uninsured children were enrolled.

The goal is to reduce and eliminate the **blue** segments on the chart – the eligible uninsured children. While these numbers have gotten smaller over time, 91,483 eligible children still remained uninsured as of February 1, 2003.

*Open For More Information...*

**Progress Toward Enrollment of Estimated Eligible Uninsured Children In Virginia**



## Child Health Insurance Program Enrollment Progress Report Explanation of the Table

### Locality Column

This is an alphabetical listing of counties, then cities. Note that data for some localities has been combined. That is because these localities, i.e. Alleghany County/Covington, have joint local Departments of Social Services offices and report data jointly.

### Column A: "Total Estimated Eligible/Enrolled in Title XIX/XXI"

This is the estimate of total uninsured eligible children in Virginia adjusted for enrollment in Virginia's child health insurance programs. *(Note: The estimated uninsured for 2002 includes: 1) changes in population since 2000 and 2) changes in Medicaid/FAMIS enrollment since 2000.)*

### Column B: "Title XIX Enrollment 2/1/03"

This column reflects current MI Medicaid (Title XIX) enrollment. This data is supplied by the Department of Medical Assistance Services (DMAS). *(Note: This number includes 19 & 20 year olds enrolled in Medicaid; they could not be excluded from the analysis because of data limitations.)*

### Column C: "Title XXI Enrollment 2/1/03"

This column reflects current FAMIS and Medicaid Expansion (Title XXI) enrollment. This data is supplied by DMAS.

### Column D: "Total Title XIX & XXI Enrollment 2/1/03"

Total number of children enrolled in Virginia's child health insurance programs. It is calculated by adding Column B to Column C.

### Column E: "% of Estimated Eligibles Enrolled 2/1/03"

This is calculated by dividing Column D by Column A.


### Column F: "Estimated Remaining Uninsured"

This is the total number of estimated remaining eligible but uninsured children. It is calculated by subtracting Column D from Column A. *(Note: In cases where the estimation methodology produced a negative estimated number of uninsured, the negative estimate was changed to zero.)*

Locality Name	A Total Estimated Eligible/Enrolled in Title XIX & Title XXI	B Title XIX Enrollment 2/1/03	C Title XXI Enrollment 2/1/03	D Total Title XIX & XXI Enrollment 2/1/03	E % of Estimated Eligibles Enrolled 2/1/03	F Estimated Remaining Uninsured
Accomack County	3,814	2,355	425	2,780	73%	1,034
Albemarle County	2,576	1,797	403	2,200	85%	376
Alleghany/Covington	1,319	1,111	155	1,266	96%	53
Amelia County	600	480	89	569	95%	31
Amherst County	2,206	1,458	280	1,738	79%	468
Appomattox County	1,138	754	136	890	78%	248
Arlington County	6,959	3,557	1,391	4,948	71%	2,011
Augusta/Staunton	3,955	3,087	483	3,570	90%	385
Bath County	180	133	35	168	93%	12
Bedford City/County	3,008	1,996	489	2,485	83%	523
Bland County	374	261	52	313	84%	61
Botetourt County	731	450	150	600	82%	131
Brunswick County	1,640	1,103	188	1,291	79%	349
Buchanan County	3,607	2,081	507	2,588	72%	1,019
Buckingham County	1,550	912	132	1,044	67%	506
Campbell County	3,485	2,490	505	2,995	86%	490
Caroline County	1,622	1,162	230	1,392	86%	230
Carroll County	2,134	1,563	309	1,872	88%	262
Charles City County	368	276	40	316	86%	52
Charlotte County	1,177	700	164	864	73%	313
Chesterfield/Colonial Heights	9,054	7,040	1,389	8,429	93%	625
Clarke County	381	233	43	276	73%	105
Craig County	288	185	50	235	82%	53
Culpeper County	1,750	1,163	264	1,427	82%	323
Cumberland County	910	557	137	694	76%	216
Dickenson County	2,302	1,329	315	1,644	71%	658
Dinwiddie County	1,457	1,099	194	1,293	89%	164
Essex County	881	624	93	717	81%	164
Fairfax City/Co./Falls Church	25,811	17,164	4,889	22,053	85%	3,758
Fauquier County	1,570	1,021	216	1,237	79%	333
Floyd County	935	570	173	743	79%	192



# Children's Health Insurance Program Enrollment Progress Report



Locality Name	A Total Estimated Eligible/Enrolled in Title XIX & Title XXI	B Title XIX Enrollment 2/1/03	C Title XXI Enrollment 2/1/03	D Total Title XIX & XXI Enrollment 2/1/03	E % of Estimated Eligibles Enrolled 2/1/03	F Estimated Remaining Uninsured
Rockingham/Harrisonburg	5,651	3,613	566	4,179	74%	1,472
Russell County	3,337	2,102	405	2,507	75%	830
Scott County	1,984	1,235	266	1,501	76%	483
Shenandoah County	1,663	1,129	240	1,369	82%	294
Smyth County	2,410	1,728	312	2,040	85%	370
Southampton County	1,297	775	140	915	71%	382
Spotsylvania County	3,410	2,569	528	3,097	91%	313
Stafford County	2,888	2,507	460	2,967	103%	-
Surry County	500	329	63	392	78%	108
Sussex County	999	559	102	661	66%	338
Tazewell County	4,395	2,964	614	3,578	81%	817
Warren County	1,519	1,065	200	1,265	83%	254
Washington County	2,876	1,923	415	2,338	81%	538
Westmoreland County	1,468	1,042	183	1,225	83%	243
Wise County	5,527	3,432	514	3,946	71%	1,581
Wythe County	1,822	1,452	271	1,723	95%	99
York/Poquoson	1,563	888	187	1,075	69%	488
Alexandria city	6,506	3,538	1,019	4,557	70%	1,949
Bristol city	1,660	1,178	107	1,285	77%	375
Charlottesville city	3,414	2,065	317	2,382	70%	1,032
Chesapeake city	11,291	7,315	1,271	8,586	76%	2,705
Clifton Forge city	545	0	2	2	0%	543
Danville city	6,207	3,941	300	4,241	68%	1,966
Franklin city	1,129	717	72	789	70%	340
Fredericksburg city	1,569	1,098	180	1,278	81%	291
Galax city	883	551	100	651	74%	232
Hampton city	11,187	7,352	1,158	8,510	76%	2,677
Hopewell city	2,705	1,920	195	2,115	78%	590
Lynchburg city	6,061	4,086	561	4,647	77%	1,414
Manassas city	1,778	1,262	390	1,652	93%	126
Manassas Park city	426	424	90	514	121%	-
Newport News city	17,980	11,673	1,517	13,190	73%	4,790
Norfolk city	27,762	16,835	1,676	18,511	67%	9,251
Norton city	590	361	36	397	67%	193
Petersburg city	4,521	3,178	317	3,495	77%	1,026
Portsmouth city	11,581	7,220	834	8,054	70%	3,527
Radford city	684	473	43	516	75%	168
Richmond city	30,902	21,173	1,464	22,637	73%	8,265
Roanoke city	9,845	6,527	987	7,514	76%	2,331
Suffolk city	6,149	3,911	508	4,419	72%	1,730
Virginia Beach city	17,693	10,668	2,515	13,183	75%	4,510
Waynesboro city	1,745	1,216	174	1,390	80%	355
Williamsburg city	773	257	55	312	40%	461
Winchester city	1,565	1,098	162	1,260	80%	305
<b>Total</b>	<b>411,642</b>	<b>271,575</b>	<b>48,584</b>	<b>320,159</b>	<b>78%</b>	<b>91,668</b>

# Children's Health Insurance Program Enrollment Progress Report



Locality Name	A Total Estimated Eligible/Enrolled in Title XIX & Title XXI	B Title XIX Enrollment 2/1/03	C Title XXI Enrollment 2/1/03	D Total Title XIX & XXI Enrollment 2/1/03	E % of Estimated Eligibles Enrolled 2/1/03	F Estimated Remaining Uninsured
Fluvanna County	645	445	157	602	93%	43
Franklin County	2,860	2,178	380	2,558	89%	302
Frederick County	1,846	1,193	285	1,478	80%	368
Giles County	952	698	152	850	89%	102
Gloucester County	1,763	1,099	336	1,435	81%	328
Goochland County	527	323	80	403	76%	124
Grayson County	1,349	999	195	1,194	88%	155
Greene County	693	529	139	668	96%	25
Greensville/Emporia	1,355	951	111	1,062	78%	293
Halifax County	3,125	2,139	396	2,535	81%	590
Hanover County	1,905	1,405	331	1,736	91%	169
Henrico County	10,388	7,005	1,594	8,599	83%	1,789
Henry/Martinsville	5,404	4,073	555	4,628	86%	776
Highland County	151	79	33	112	74%	39
Isle of Wight County	1,668	1,149	205	1,354	81%	314
James City County	1,699	1,209	205	1,414	83%	285
King and Queen County	495	407	103	510	103%	-
King George County	840	589	123	712	85%	128
King William County	507	356	68	424	84%	83
Lancaster County	969	602	154	756	78%	213
Lee County	3,539	2,160	428	2,588	73%	951
Loudoun County	2,645	2,174	473	2,647	100%	-
Louisa County	1,425	921	226	1,147	80%	278
Lunenburg County	1,329	715	193	908	68%	421
Madison County	603	358	109	467	77%	136
Mathews County	398	318	82	400	100%	-
Mecklenburg County	2,578	1,735	452	2,187	85%	391
Middlesex County	675	362	100	462	68%	213
Montgomery County	4,281	2,344	471	2,815	66%	1,466
Nelson County	895	564	209	773	86%	122
New Kent County	405	242	77	319	79%	86
Northampton County	1,709	1,071	145	1,216	71%	493
Northumberland County	823	534	153	687	83%	136
Nottoway County	1,819	1,046	140	1,186	65%	633
Orange County	1,316	756	234	990	75%	326
Page County	1,508	932	230	1,162	77%	346
Patrick County	1,476	1,089	100	1,189	81%	287
Pittsylvania County	3,896	2,621	445	3,066	79%	830
Powhatan County	690	407	85	492	71%	198
Prince Edward County	1,777	1,049	153	1,202	68%	575
Prince George County	1,420	717	94	811	57%	609
Prince William County	11,371	8,738	1,790	10,528	93%	843
Pulaski County	2,407	1,654	332	1,986	83%	421
Rappahannock County	248	121	42	163	66%	85
Richmond County	706	452	91	543	77%	163
Roanoke County/Salem	2,762	2,033	473	2,506	91%	256
Rockbridge/Buena Vista/Lexington	1,559	974	213	1,187	76%	372

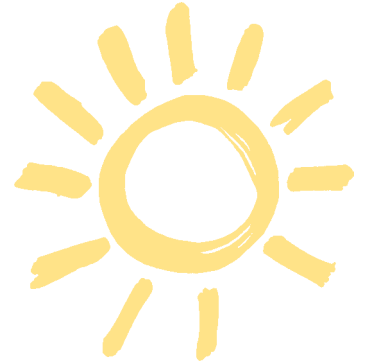
# A Call to Action...

## What will it take to reach the estimated remaining uninsured children?

There is a great enrollment disparity among localities. The percentages of eligible children enrolled ranges from a low of 40 to a high of 100. For those localities where enrollment is low, the issue is outreach and enrollment. For the localities where enrollment is high, efforts should be concentrated on retention – keeping children enrolled. The key to both increasing and retaining enrollment involves sustained local effort and continued state policy and procedural reforms.

At the local level, it does not matter what form the effort takes – whether an outreach project dedicated to providing one-on-one application assistance; a coalition of individuals from child-serving agencies conducting joint outreach; a dedicated Department of Social Services; or a special individual with child health insurance enrollment as their mission – what matters is that the effort is sustained.

At the state level, policy and program improvements need to continue. Along this vein, recent policy changes were just passed by the 2003 General Assembly, effective July 1<sup>st</sup>, that will simplify and coordinate the two programs. In addition, DMAS continues to make significant program and operational improvements.



## What can I do in my locality?

- Review the charts to identify the estimated number of children in your community that remain uninsured.
- Promote the benefits of health care coverage and publicize the cost of being uninsured in your community.
- If a child health insurance outreach project exists in your locality, see how you can best collaborate with it. A listing of outreach projects in Virginia is available on the SignUpNow web site [www.signupnowva.org](http://www.signupnowva.org) or by contacting (804) 828-6062 or [signupnow@vhcf.org](mailto:signupnow@vhcf.org).
- If your locality does not have a project, gather a local coalition of child advocates and key agencies to brainstorm strategies for outreach and enrollment. Materials on outreach and enrollment strategies are available on the SignUpNow webs site [www.signupnowva.org/pubs.asp](http://www.signupnowva.org/pubs.asp).
  - Identify key agencies in your community that routinely come into contact with uninsured children (e.g., the schools, safety net providers, hospital emergency rooms).
  - Identify key people who will help families complete applications.
  - Establish a system for identifying eligible children and referring them to people who will complete applications
- Learn more, attend a training, and become a resource in your community.



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