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# Outreach

Communities Connecting Kids With Health Coverage

## Update from the Virginia Department of Medical Assistance Services

By Linda Nablo, Director, Division of Maternal & Child Health, Virginia Department of Medical Assistance Services



### Reorganization at DMAS

In order to provide more coordinated services, the Department of Medical Assistance Services (DMAS) is reorganizing and changing the Division of Children's Health Insurance into the Division of Maternal and Child Health. This means that in addition to responsibility for administration of the FAMIS program and outreach for all of children's health insurance (FAMIS Plus and FAMIS), the division will now oversee DMAS programs serving children and pregnant women (EPSDT, maternity services in fee-for-service areas delivered through "Baby Care", collaboration with other agencies on programs such as WIC, and school-based services, etc). DMAS is excited about this change and believes it will allow for better program integration, sharing of valuable resources, and improved customer service for pregnant women and children.

### Changes to FAMIS

DMAS is planning to implement two significant changes to the FAMIS program this summer. If the Centers for Medicare & Medicaid Services (CMS) and the General Assembly approve, FAMIS coverage will be expanded to include pregnant women and the premium assistance program currently called ESHI will be revamped to attract more families. Both changes are planned for a July 1, 2005 implementation. If you have comments or questions about the proposed changes to FAMIS, which are described below, please send an e-mail to: [famis@dmas.virginia.gov](mailto:famis@dmas.virginia.gov).

### FAMIS MOMS

The proposed budget submitted by Governor Warner includes authorization and

funding to provide coverage to uninsured eligible pregnant women with incomes above the Medicaid limit (133% of the Federal Poverty Level) up to 175% FPL. Pregnant women who enroll in the "FAMIS MOMS" program will receive FAMIS-like benefits and will be able to apply for benefits through either their local DSS or the FAMIS Central Processing Unit. DMAS will conduct an aggressive outreach campaign when the new program is implemented to encourage women, providers, and community workers to help enroll women early in their pregnancy and fully utilize the valuable prenatal care services available.



### FAMIS Premium

The Employee Sponsored Health Insurance (ESHI) component of FAMIS makes it possible for some FAMIS families to enroll their children in their employer's health plan and be reimbursed by FAMIS for the cost of the coverage. This program is currently underutilized and DMAS is seeking approval from CMS to revamp the program into a new premium assistance program called "FAMIS Premium." The new program will be streamlined and simplified to be more easily understood by families and employers and to allow more families to meet the required cost-effectiveness test for participation.

Some of the proposed changes for FAMIS Premium include:

- A simplified application process;
- A flat reimbursement rate for most families of the employer's health plan premium cost per eligible child (i.e., \$100 per month/per child)

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# DMAS Update

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- Elimination of reimbursement for co-payments and other expenses charged by the employer's plan;
- No required minimum contribution by an employer toward the cost of family coverage;
- Elimination of any additional or wrap-around benefits (except for a guarantee of coverage for immunizations); and
- The ability to move the FAMIS Premium covered child into the regular FAMIS program immediately upon stopping the employer's coverage for any reason.

Although FAMIS Premium will only pay for the child's portion of the family health insurance cost, this may help many afford employer-based health insurance coverage for the whole family for the first time. Some added benefits of FAMIS Premium are: all members of a family can be covered by the same health insurance company, access is gained to some new providers through private health plans used by these employers, and Virginia's SCHIP dollars can be stretched further to cover more children. FAMIS Premium will be implemented by July 1, 2005. [ESH/ also has a new toll-free number: (888) 802-KIDS or (888) 802-5437.]

## New Electronic Application

DMAS is in the final stages of developing an electronic application for Child Health Insurance which will be accessed on-line through the FAMIS website, [www.famis.org](http://www.famis.org). In Phase I of development, the electronic application will allow customers to complete and submit an application directly to the FAMIS Central Processing Unit (CPU). The applicant, however, will still be required to submit, via mail or fax, the signature page and other required verifications. The date the signature page is received by the FAMIS CPU will be the official "application-received" date. The on-line application is expected to "go live" by the first of February 2005.

In Phase II of this project, DMAS will work towards a fully electronic submission

including electronic signature and possible electronic income verification.

## Outreach Partnerships

During the summer of 2004, FAMIS announced an exciting new partnership with Central Virginia CVS pharmacies. Beginning in August, 138 CVS pharmacies in central Virginia were provided with point-of-purchase displays stocked with FAMIS brochures. In addition, FAMIS posters are displayed within the pharmacy area and each store pharmacist has an *Easy FAMIS Reference Sheet* to use as a tool. Recently, FAMIS has expanded this partnership to include 40 Northern Virginia CVS pharmacies bringing the total to 178 participating locations!

At the end of November, DMAS partnered with the *Virginia Department of Taxation* to include information on FAMIS along with a tax notice about new withholding policies being sent to businesses. As a result 277,000 Virginia businesses received a flyer stating "If you have employees with children that are uninsured, please tell them about FAMIS" and providing information on the FAMIS program. Many businesses have contacted DMAS expressing interest in the program and requesting additional information.

FAMIS staff has also been working with the *Virginia Community College System* to distribute FAMIS outreach materials (in both English and Spanish) to 28 community college locations. These materials are located mainly in the Registrar's offices where over 200,000 students are served each year.

## New Staff Member

In January DMAS hired *Anita Browning* as a Retention Specialist. She will provide support for the Division's retention initiatives and also be responsible for providing technical assistance and strategy coordination to the nine *Keep 'Em Covered* grants at local Departments of Social Services (DSS) that received second year funding from DMAS. Anita can be reached at [anita.browning@dmass.virginia.gov](mailto:anita.browning@dmass.virginia.gov) or (804) 371-8684.

## Did you know?

*New information and clarifications to the FAMIS and FAMIS Plus programs.*

**Source:**  
FAMIS E-Update,  
December 29, 2004

### New FAMIS Plus Renewal Policy

On December 1, 2004, DMAS instituted new policy revamping the renewal process for FAMIS Plus/Medicaid cases.

One change is implementation of "ex-parte" renewal. This process is an internal review of FAMIS Plus/Medicaid eligibility based on information already available to the DSS offices. Ex-parte renewal is being used for FAMIS Plus children and other Medicaid groups that do not require asset tests or receive long term care services. When eligibility is determined through the ex-parte process, the family is not required to complete or sign any renewal forms.

The primary piece of information needed at annual renewal is updated income information. Income information received during renewal of other DSS benefits (e.g. Food Stamps, TANF) may be used. DSS also has access to various electronic systems and databases (e.g., Virginia Employment Commission, Social Security Administration, Department of Child Support Enforcement, and The Work Number®) to verify a family's income. Policy now states that, whenever possible, DSS must use information available to them to verify income and complete a renewal without requiring additional information from the enrolled family.

Income information that is less than 6 months old can be used unless the DSS has a reason to believe that it is invalid. In addition, DSS eligibility workers must make an effort to coordinate renewal dates for all benefits a child receives. For example, if a family with a child on FAMIS Plus successfully renews their food stamps eight months into the child's health insurance enrollment, DSS should use the new income information to bump the FAMIS Plus renewal date forward 12 months. It is important to note, however, that if the family fails to successfully complete the Food Stamp renewal, the FAMIS Plus coverage will not be cancelled. The FAMIS Plus renewal will be done at the originally scheduled date.

If the renewal cannot be determined via the ex-parte process (due to unavailable or suspect income information or if the family is self-employed) or if the ex-parte process deems that the child may no longer be eligible for FAMIS Plus, the family must complete a paper renewal. A new one-page renewal form will be sent out to the family no later than the 11th month of eligibility and allow the family no less than 10 days to return the required verifications.

In all cases, with the ex-parte or one-page renewal, DSS offices are now required to notify the family if the coverage is successfully renewed via a "Notice of Action" and giving the family the new eligibility dates.

### Clarification on Eligibility of Emergency Services Newborns

In October 2004, DMAS issued a clarification about the FAMIS Plus/Medicaid eligibility of a child born to a mother who had the delivery paid for by Emergency Services Medicaid.

The newborn children of mothers who have been certified as "Emergency Services Aliens" should be enrolled in FAMIS Plus when the emergency labor and delivery services are certified. No application is necessary for the child's enrollment. The child's name, gender and date of birth should be reported to the local Department of Social Services by the hospital, doctor or managed care organization. The child is covered for one year after birth and renewal of coverage will be redetermined in the month the child turns one.

Women can be certified as "Emergency Services Aliens" and receive Emergency Services Medicaid if they meet all the eligibility guidelines for Medicaid but cannot be enrolled with full benefits due to their immigration status. An Emergency Services Medicaid certification enables the labor and delivery costs to be recouped by a hospital.

# Virginia Coalition for Children's Health

By Jill Hanken,  
Staff Attorney,  
*Virginia Poverty Law  
Center*  
and  
Co-Chair,  
*Virginia Coalition for  
Children's Health*

Over the past six years, the Virginia Coalition for Children's Health (VCCH) has advocated for many legislative and policy changes to improve Virginia's health insurance programs for children. The Coalition has had more than 100 member organizations since it started and its work has been recognized by many legislators. We have enjoyed a lot of success in our efforts to streamline application procedures and remove barriers to enrollment.

*The Overall Goals* of the VCCH are 1) to maintain and improve Virginia's health insurance programs for children; 2) to support the enrollment and retention of eligible children into those programs; and 3) to improve children's health by insuring access to quality services.

With enrollment in FAMIS and FAMIS Plus (Medicaid) still increasing, and retention efforts underway at DMAS and many local Departments of Social Services, this year the Coalition is working to improve access to prenatal and dental care.

**Increasing Eligibility for Pregnant Women**  
The Coalition hopes to improve access to prenatal care for low income women by raising eligibility levels to 200% of the Federal Poverty Level (FPL). Current Medicaid eligibility for pregnant women is set at 133% FPL. By expanding coverage, Virginia would avoid indigent care costs as well as the enormous costs associated with poor birth outcomes from lack of appropriate prenatal care. A woman who does not receive prenatal care is three times more likely to deliver a low birth weight baby and hospital charges for severe premature/low birth weight babies are sixty times more than for an uncomplicated birth.

Prenatal care is extremely cost effective. Forty states have recognized this reality and have higher eligibility levels than Virginia. This increase in eligibility is also supported by the Governor's Work Group on Rural Obstetrical Care.

While we are pleased that the Governor included funding in his budget to raise eligibility for pregnant women to 175% FPL, the Coalition will be working to get an additional \$2 million of state fund to increase eligibility to 200% FPL.

## Dental Care for Medicaid, FAMIS and FAMIS Plus clients

The Coalition will be seeking a significant increase in FAMIS and FAMIS Plus reimbursement rates in order to improve participation by dentists.

Tooth decay is the single most common chronic childhood disease. Dental-related illness and pain due to untreated dental diseases lead to lost school hours and problems with eating, speaking and learning.

ALL children in FAMIS/FAMIS Plus (Medicaid) are eligible for comprehensive dental care. However, less than 24% of these children actually receive needed care. This may be due to the fact that only 17% of Virginia's licensed dentists participate in the FAMIS/FAMIS Plus programs. Numerous studies show that inadequate reimbursement is the most significant reason dentists do not take Medicaid and that increases in reimbursement rates result in greater provider participation. The current FAMIS/FAMIS Plus dental reimbursement is less than 50% of the average dental fees in the state.

The Governor's budget included funding for a 10% rate increase for dental services. However, the Coalition is seeking \$14 million to increase dental rates to the average commercial rate. A 10% adjustment, while welcome, falls far short of this goal. For example, the fee for a dental exam would increase from \$13.16 to \$14.47 - but the average commercial fee is \$31.90!

*There is still time to join VCCH to help advocate for these critical issues. Your organization cannot be included without a signed authorization so contact Kim Bemberis for a sign-up form at (804) 828-6062 or [kimb@vhcf.org](mailto:kimb@vhcf.org).*

*Remember -  
You as an individual  
can contact your  
legislator to support  
these important  
issues.*



## New Marketing Initiative Launched

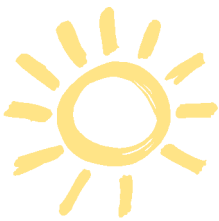
By Kim McGaughey,  
Former Director of  
Child Health  
Insurance Initiatives,  
*Virginia Health  
Care Foundation*

Virginia has made dramatic gains in simplifying the FAMIS program. Now it is time to aggressively promote the program through a powerful message that resonates with families and motivates them to enroll and retain insurance coverage for their children. The Virginia Covering Kids & Families (CKF) Coalition, along with key partners, has launched an exciting marketing initiative to identify the values and beliefs of each segment of the FAMIS target population to guide the development of a simple and focused message. To be most effective, it is critical that this message be used consistently across all organizations (*e.g., DMAS, DSS, managed care organizations, providers, and outreach projects*) to complement their individual unique messages.

All partners have invested time and funds to make this public/private initiative successful. Partners include the Virginia Department of Medical Assistance Services (DMAS), the Virginia Department of Social Services, all the managed care organizations (*Anthem Blue Cross and Blue Shield, Optima, Southern Health, UNICARE, and VA Premier*); the Virginia Health Care Foundation; the Medical Society of Virginia; the Virginia Hospital & Healthcare Association; and the Virginia Primary Care Association.

Linda Nablo from DMAS and Julie Locke from Anthem Blue Cross and Blue Shield co-chair the Message Campaign Task Force that is comprised of the partner organizations. Anthem's marketing division provides project management and expertise. VHCF serves as fiscal agent and provides contract oversight. Matrix Marketing Research is conducting a segmentation research study, including a survey of families with potentially eligible children across the Commonwealth. Big River Advertising is developing the message and identifying the most cost-effective vehicles for disseminating it.

The message should be kicked off in the Spring. Organizations all across the Commonwealth can then incorporate this message in their marketing efforts so that families consistently receive the same, effective message from multiple sources.



## Retention Initiative Continues

### Two Telephone Surveys

The public/private partnership started last year to improve the retention of children in the FAMIS and FAMIS Plus programs will be reporting its findings within the next few months. Two telephone surveys were conducted in December and January: one of families with newly enrolled children, and one of families with recently disenrolled children. The purpose of the surveys was to identify why families enroll their children, why coverage might be cancelled and their experiences with the enrollment and renewal processes. The Virginia Health Care Foundation, the Virginia Department of Medical Assistance Services and the Community Health Resource Center, under Steve Horan, were all part of the management team guiding this work. Final results will help to shed light on any needed system improvements.

### Additional Resources

Nine local Departments of Social Services (DSS) received second year funding (*Keep 'Em Covered* grants) from DMAS to help them hone in on specific improvements in renewal policies and procedures that could be implemented by other local agencies. The DSSs that will continue their retention work are: Albemarle, Arlington, Fairfax, Greensville/Emporia, Hanover, Henry/Martinsville, James City, Norfolk and Westmoreland.

## Outreach to the Hispanic Population

By  
Danielle Mutone-Smith,  
*The Virginia Covering  
Kids & Families (CKF)  
Coalition*

The Hispanic population is growing rapidly in Virginia. Over the last decade, the Hispanic population doubled (*155,353 to 329,540*) and is expected to double again by 2010. Hispanics now constitute five percent of the total Virginia population, including a disproportionate number of uninsured children.

Health insurance coverage for Hispanic children is critical. Nationally, 36% of all uninsured children are Hispanic. One out of four Hispanic children is uninsured, representing the highest number of uninsured children in the US. Hispanics have higher uninsured rates across all age groups compared to non-Hispanic Whites and non-Hispanic Blacks.

The *Virginia Covering Kids & Families (CKF) Coalition* established the *Hispanic Outreach Task Force* to identify: barriers to outreach, enrollment & retention; promising practices; valuable resources; simple DSS forms in

Spanish; and recommendations. Its members were primarily Spanish-speaking outreach workers from diverse agencies (*local outreach projects, DSS offices, Managed Care Organizations, VHCF and DMAS*) and geographic regions across the state.

The task force met three times over the summer of 2004. They interviewed 18 Spanish speaking families; reviewed national publications; interviewed national, state & local experts; and reviewed Spanish materials created by local agencies.

The task force concluded that Spanish-speaking families experience major language and cultural barriers in enrolling and retaining coverage for their children. They also found that local DSS and other community organizations face critical challenges in serving Spanish speaking families. These barriers and challenges are listed in the blue box below.

### Barriers and Challenges for Spanish-Speaking Families

- *Many Latino homes are Spanish-monolingual requiring that families receive assistance in Spanish.*
- *Parents/guardians may have low levels of literacy in Spanish which makes understanding translated forms, letters, and other materials difficult.*
- *There are misconceptions about the FAMIS programs, the benefits offered, who is eligible, and what impact applying for benefits may have on immigration status.*
- *There are perceived stigmas relating to public benefits that may be connected to the perceptions of public programs in the families' native countries.*
- *Due to language barriers and fear of government, families do not always trust DSS, and may be hesitate to share all relative details of their cases.*
- *Latinos feel as if they are not taken seriously, or are questioned more about whether their children are born in the US and whether the father is in the home.*
- *Alien eligibility policy for FAMIS Plus/FAMIS is very complicated and differs between the two programs.*
- *Some DSS workers may ask for parents' immigration information when it is not necessary. Parents often do not know that their immigration status does not matter when applying for FAMIS or FAMIS Plus for their children, or are unsure whether they will be reported to immigration services, resulting in applications being withdrawn.*
- *DSS and the CPU find it difficult to verify the income of some Latino families with unique situations. If the working parent is undocumented or works as a day laborer, they may use false social security numbers, be paid in cash, or are fearful of asking employers for verification. These factors may make verifying income difficult and result in an application being denied or withdrawn.*
- *Some local DSS use different forms (e.g., checklists) and require different verifications. Some DSS still request verifications on children that are not necessary (e.g., birth verifications, Social Security Cards, proof of residency and Absent Parent Form).*
- *Limited English-Speaking families have problems receiving assistance in their own language, though provisions for this are required under Title VI of the 1964 Civil Rights Act.*

The Task Force identified effective practices and made recommendations to improve outreach, increase enrollment and retention, and improve services provided to Spanish speaking families.

Effective practices that have significantly improved service delivery:

#### *Improving Communication*

- Hire full-time bilingual worker; or share/rotate bilingual worker across agencies.
- Contract with bilingual consultant to translate or create materials.
- Coordinate with local Hispanic groups or bilingual volunteers for language assistance.
- Utilize language translation line.
- Use Spanish language video/audio to assist families with applications.

#### *Outreach & Community Networking*

- Use free promotional materials available from the FAMIS and CKF websites.
- Educate trusted community workers (*Lay Health Promoters, Faith Community, Neighborhood Leaders*) in the benefits of FAMIS and FAMIS Plus and how to apply.
- Go where families already are (*ESL Classes, health clinics, churches with Spanish speaking services, Latino markets, predominately Latino neighborhoods, soccer games, Laundromats*).
- Establish referral systems from businesses, agencies and offices that families frequent and trust (*pediatrician's offices, family practice clinics, employers, CHIP*).
- Use Spanish radio stations & newspapers.
- Develop community resource guide in Spanish for families.
- Prepare list of Spanish speaking workers/volunteers in the community for use by LDSS office staff, clinics, medical offices.

#### *Task Force Recommendations*

- Create a state level joint DMAS/DSS Language Services Coordinator to assist bringing local agencies into compliance with Title VI.
- Hire bilingual workers at Local DSS offices to reflect the proportion of Spanish-speaking families eligible for services in their communities, consistent with Title VI.

- Increase training for DSS eligibility staff on policy relating to immigrants, cultural sensitivity, and requested verifications/documentation.
- Encourage that Spanish language forms be used by DSS and CPU workers:
  - *Create a database of Spanish language forms.*
  - *Separate FAMIS/FAMIS Plus verifications from those of other benefit programs (which require more documentation) on DSS checklists.*
  - *Translate all updates to English forms concurrently into Spanish.*
  - *Require a language field in the MMIS System.*
- Implement an Education Campaign to combat misinformation and encourage enrollment and retention.
- Review and simplify Alien Policy so that FAMIS immigration eligibility requirements match FAMIS Plus.

The Hispanic Task Force continues to serve as a resource to the CKF Coalition.

For more information, contact Danielle Mutone-Smith at [dmutonesmith@adelphia.net](mailto:dmutonesmith@adelphia.net).

## *Healing, Teaching & Learning: A Conference on Immigrant and Migrant Health*

May 17, 2005 in Richmond, Virginia

*Sponsored by:*

The Virginia Department of Health,  
The Virginia Primary Care  
Association, and The Virginia Rural  
Health Association.

For more information contact:  
(804) 378-8801.



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*Thanks...*



*To Our VA CKF Partners*

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*To SignUpNow's Partners*

Virginia Department of Medical Assistance Services, Williamsburg Community Health Foundation, and the Virginia Primary Care Association.

# Cover The Uninsured Week

Planning an outreach event?

Why not have it during *Cover the Uninsured Week*

April 30 - May 8, 2005?

Stay tuned for more information in the coming months...

**Comings and Goings at VHCF:**

The Director of Child Health Insurance Initiatives, *Kim McGaughey*, has left her position at VHCF to become the Executive Director of the Office of Comprehensive Services. While VHCF will miss her greatly, we know she has moved to a position in a field that is a great match for her varied skills and where she will continue to make a difference in the lives of Virginia's children and their families. Kim's successor, *Judith Cash*, will be starting at VHCF on March 1st. We are delighted that Judith, former President of CHIP of Virginia, will take the reins and provide leadership for our work. She has extensive experience working with state agencies and policies, and as a member of the *VA Covering Kids & Families Coalition* and its Executive Committee, she is familiar with all that we have been doing, and can hit the ground running.

