

SignUpNow



Outreach

Communities Connecting Kids With Health Coverage

Governor is Child Health Superhero

By Kim Bemberis,
Coordinator, Child Health
Insurance Unit and
SignUpNow,
Virginia Health
Care Foundation

Heroes in Health Care

On May 6, 2005, Governor Mark Warner was awarded the "Child Health Superhero Award" at the Virginia Health Care Foundation's annual Heroes in Healthcare luncheon. Presented annually by VHCF, this award is usually given to the child health insurance outreach worker who has gone "above and beyond the call of duty" to enroll and retain children in Virginia's FAMIS Programs. This year, VHCF chose instead to acknowledge the "ultimate source" of the extraordinary progress that has been made in Virginia - Governor Warner. He was presented with a bronze sculpture of happy, healthy children riding a playground merry-go-round and his very own superhero cape!



As the "Child Health Superhero", Governor Warner is awarded with his very own cape, complete with FAMIS Logo.



Amazing Progress

Since Governor Warner took office in January 2002, 129,000 additional children have been enrolled in Virginia's state-sponsored child health insurance programs, FAMIS and FAMIS Plus, placing Virginia at 96% enrollment of estimated eligible children. Children's health insurance had been a priority in his campaign and when elected, Governor Warner followed through on his promise to stop Virginia from returning unused federal money earmarked for coverage of eligible children. He immediately suspended premiums in FAMIS; hired a "dream team" of highly motivated leaders at the Department of Medical Assistance Services to tackle the issue; and implemented program, policy and administrative changes to streamline the program making it easier for children to get enrolled. He challenged the Commonwealth to reach 100,000 new children enrolled by Back-to-School 2004, and this goal was exceeded.

He could be called the "Turn Around Kid." Under Governor Warner's leadership, Virginia has risen from the bottom of the list of states effectively implementing the State Children's Health Insurance Program, to a place at the top, acknowledged as a model for other states in two national studies.

Recognizing that continuity of health care is critically important for children, Governor Warner is just as concerned with retaining children in coverage once enrolled. He has challenged DMAS to reduce the number of children cancelled at annual renewal by one half by the end of his term in office. To reach that goal DMAS has developed a multi-pronged plan, utilizing public private partnerships to study the issue and make the necessary changes to increase retention. (See article on page 7 for more on retention.)

Clearly, Governor Warner has demonstrated that he is a "Child Health Superhero"... 129,000 children now enrolled in health insurance are living proof. We join them in saying, "Thank You Governor Warner!"



Inside:

Using Technology

Did you know?

Project Connect
Continued

Message Study
Findings

FAMIS Moms and
FAMIS Select

Virginia's Work on
Retaining Children
in Coverage





Using Technology

Source:
DMAS

We have the technology...now let's use it!

Since February, the Maternal and Child Health Unit at DMAS has launched two very promising technology initiatives.

Electronic Application

On Tuesday, February 1st, the FAMIS program unveiled the online application for child health insurance at www.famis.org. Available from any computer with Internet access, the "eApplication" takes only 30 minutes to complete. It must be followed by a signed confirmation page and any needed verifications (e.g. paystubs) sent via mail or fax. *(Note that the date the signed confirmation page is received by the CPU is the "official" submission date for the application.)*

During the first three months of use, 1,700 eApplications were submitted; representing 30% of all the new applications received by the FAMIS Central Processing Unit (CPU) during the same period. Twenty-five percent of the eApplications received came in to the CPU during nonbusiness hours (*before 8AM or after 7PM*). In the near future, DMAS will be doing in-depth analysis of eApplications received, including the number of eApplications approved, referred for FAMIS Plus determination, and denied (*including the reason for denial*) to see how they compare with paper applications.



While the eApplication is currently available in English only, a Spanish version is being planned. DMAS is also looking into online renewal and continues to explore the use of electronic signatures.

WebVISION Application Link

Because the 150 local health departments often serve uninsured children who may qualify for the FAMIS programs, DMAS and the Virginia Department of Health recently announced a modification to WebVISION, the web-based registration system used by all local health departments, that will benefit an estimated 20,000 patients statewide. The system will now alert a worker when he/she is entering registration data on a child who might be eligible for FAMIS or FAMIS Plus.

In the intake process, WebVISION already collects up to 60% of the data needed to complete an *Application for Child Health Insurance*, including information on family income. Now when the system identifies an eligible child, a new link will appear. The worker can click on it and be connected to an application pre-populated with the child's pertinent information. The worker then has two options: 1) to print out the partially completed application and a list of instructions and hand it to the family to complete and send in, or 2) to take a few extra minutes to answer the remaining application questions on the system and then print out the completed application for client review and signature. Once signed, the worker may fax it, along with proof of income, to the FAMIS CPU or to the local Department of Social Services for eligibility determination.

An added bonus is that the potentially eligible, uninsured patient is identified at the front end, before he or she is seen. If the health department is able to assist the patient in getting insured, the services they provide will be reimbursed by the FAMIS or FAMIS Plus program.

The software modification is currently being piloted by six health districts (Chesterfield, Central Shenandoah, Richmond City, Virginia Beach, Norfolk and Lenowisco). By July, the WebVISION enhancement will be available to all 150 local health departments.

Early in the pilot process, the participating health departments have embraced the link and find that it only takes an additional minute or two to fully complete the application on their system. With advances in technology, DMAS is hopeful that the application may eventually be submitted electronically making it even more "user-friendly" to the health department worker and to families. Plans are also underway to have this link alert a worker if a pregnant woman is eligible for Medicaid for Pregnant Women or FAMIS Moms and pre-populate the corresponding application.

Did you know?

New information/clarifications regarding the FAMIS and FAMIS Plus programs.

Source:
DMAS

A New Day for Dental Services

Though FAMIS and FAMIS Plus covers dental services, many families have found it difficult to access these services. Only 17% of dentists (828 of the 4,786) in Virginia have accepted FAMIS children.

In discussions with dentists, DMAS determined that administering a single dental program would improve provider participation. During the 2004 General Assembly session, legislation was passed "carving out" dental services from managed care in the FAMIS Programs. In early April 2005, after a comprehensive procurement process, DMAS awarded a contract to Doral Dental to be the new dental program administrator for the "Smiles for Children" program, tasked with increasing the provider network, improving enrollee access, and streamlining program administration.

The nation's largest administrator of government dental programs, Doral manages nearly 7 million enrollees in 16 states. Doral will provide a dedicated call center for providers and enrollees; extensive enrollee outreach, education and appointment assistance; provider orientation/education sessions; and an enrollee handbook/provider directory.

In early June, DMAS will be mailing a notice to families regarding Smiles for Children and the change in accessing dental services. After July 1, Smiles for Children can be reached by calling their toll-free number (888) 912-3456 Monday - Friday between 8AM and 6PM.



Managed Care Organization Location Expansions

Beginning in September 2005 and continuing through May of 2006, families in certain areas of Virginia will have increased choices of managed care organizations (MCO) that deliver FAMIS/FAMIS Plus services. Families will be notified in writing about three months in advance of the changes and again when the change is imminent.

Effective Date:	Expanding MCO Name:	Entering Localities of:	Current Plan:
9/1/05	AMERIGROUP Health Plan	Alexandria, Arlington, Fairfax City/County, Falls Church, Fauquier, Loudoun, Manassas, Manassas Park, Prince William	UniCare Health Plan and MEDALLION*
11/1/05	VA Premier Health Plan	Buckingham, Fluvanna, Nelson	Optima Family Care and UniCare Health Plan
12/1/05	AMERIGROUP Health Plan, Optima Family Care, Anthem HealthKeepers Plus, VA Premier Health Plan	Page, Rappahannock, Shenandoah, Warren, Winchester, Clarke, Frederick	MEDALLION*
12/1/05	VA Premier Health Plan	Fauquier, Loudoun	UniCare Health Plan and AMERIGROUP
5/1/06	Anthem HealthKeepers Plus	Charlotte, Pittsylvania, Danville	Optima Family Care and MEDALLION*
5/1/06	Southern Health CareNet, Optima Family Care, VA Premier Health Plan	Amherst, Appomattox, Campbell, Lynchburg	MEDALLION*

**Since the families in FAMIS Plus in these localities will now have a choice between MCO plans, the MEDALLION Primary Care Case Management Program will cease to operate in these areas.*

Another Year for Project Connect

By Joanne Greene,
Project Connect
Program Manager,
Virginia Health
Care Foundation

Since 1999, the Virginia Health Care Foundation has made grants to local child health insurance outreach and enrollment projects. Started with a million dollars in private funds raised by the Foundation, the *Project Connect* grants have been supported by the Virginia Department of Medical Assistance Services (DMAS) since 2001. DMAS continued its support recently, committing \$500,000 to continue *Project Connect* through June 2006.

Enrollment Projects

A portion of these funds will be used to support four local projects operating in high need areas. The main focus of these projects will continue to be enrolling children in FAMIS and FAMIS Plus. The projects will also be tasked with assisting pregnant women in enrolling in Medicaid for Pregnant Women or FAMIS Moms. The enrollment projects are:

Alexandria Neighborhood Health Services, Inc. (ANHSI) serving Alexandria and Arlington.

Bon Secours Richmond Health System and REACH serving Richmond city.

Consortium for Infant and Child Health (CINCH) serving the seven cities of Hampton Roads, with specific emphasis on Chesapeake, Portsmouth, Suffolk and Virginia Beach.

Institutionalization Projects

The remainder of the funding will be used to support five grants to existing projects. They will expand their efforts to "institutionalize" outreach and enrollment for the FAMIS programs into the operating procedures of local agencies. While they will still be a resource for local families when needed, these projects will be working hard to train others to take on the routine cases. The institutionalization projects are:

Blue Ridge AHEC serving Augusta, Page, Rockingham, Harrisonburg, Staunton and Waynesboro.

CHIP of Roanoke Valley serving Botetourt, Craig, Franklin, Roanoke and Salem.

Cumberland Plateau Health District (*in partnership with Clinch Valley Community Action Agency*) serving Buchanan, Dickenson, Lee, Russell, Scott, Smyth, Tazewell, Washington, Wise and Norton.

Johnson Health Center serving Amherst, Appomattox, Bedford, Buckingham, Campbell, Charlotte, Henry, Pittsylvania, Danville, Lynchburg and Martinsville.

Partnership for Healthier Kids serving Fairfax and Loudoun.



CKF Update

The Virginia Covering Kids & Families (CKF) initiative is nearing the end of its third year.

The Numbers

In Virginia, over 118,683 children have been successfully enrolled in the FAMIS programs in the past thirty-five months. This represents 125% of CKF's 4-year enrollment goal (95,019 children) set at the beginning of the initiative.

During the same time period, the three local CKF Pilots (*Radford University's FAMIS Outreach Project, United Way Thomas Jefferson Area's Insurance for Children Project and the Consortium for Infant and*

Child Health) have enrolled 4,124 children or 82% of the 5,000 child CKF goal.

Additionally, SignUpNow, the training component of the CKF initiative, has trained 2,270 people (76% of the 3,000 person goal).

Workplan

The three local CKF pilot projects and the state have submitted their workplans for the fourth year of the CKF initiative. The main focus of efforts will be on sustaining the success of the first three years by institutionalizing enrollment practices throughout Virginia.

Message Study Findings

By Judith Cash,
Director of Child Health
Insurance Initiatives,
*Virginia Health
Care Foundation*

As we continue to aggressively promote the FAMIS programs and work to enroll and retain all eligible children, we must use targeted marketing effectively and consistently. VHCF facilitated an exciting partnership between DMAS, the health plans, and providers to support the development of a research based professional marketing campaign. The goal of the campaign is to develop an effective message that resonates with families and motivates them to enroll and retain health insurance for their children and will be used consistently across all organizations.

In December 2004, VHCF contracted with Matrix Marketing Research to conduct a telephone survey contacting 400 Virginia households with children and incomes below 200% of the Federal Poverty Level - in other words, the "FAMIS market". The participants were asked to rate their feelings (*e.g. agree, strongly agree, disagree, etc.*) on 55 value statements regarding state-sponsored health insurance for children and government programs. Grouping participants together based on common responses, the market was divided into 4 "segments". Two of these segments are of primary interest to the marketing campaign.

The Results

Thirty-three percent (33%) of the population surveyed value what government programs can do for their families. Given the name "**Grateful Beneficiaries**," this segment is predominantly female, single parents with younger children. They feel that without government programs they would not be able to get medical care for their families. They are familiar with government programs and the eligibility requirements and are comfortable with the enrollment process. While on the FAMIS programs they feel they have good access to doctors, are treated with respect, and receive the same quality care as others with private health insurance.



Another segment, 23% of participants, were referred to as the "**Dependent Worriers**." Parents in this group feel a lot of financial pressure and are not sure how to get the health insurance they want for their children. They worry about how they will pay for their children's medical care. While they believe that government health insurance is their only option for getting paid medical care, they are hesitant about entering the "system" and worry about giving their personal information to the government. This segment had the lowest percentage of health coverage for their children and themselves and tended to be older than people in other segments, have older children (*48% over the age of 12*), and have the lowest income.

The Plan

Big River Advertising, Anthem's PR firm and a partner in the Message Initiative, used these data to develop a message designed to motivate families to enroll in and retain health insurance. Key to the campaign was their theories that "if you try and talk with everyone, you end up connecting with no one" and "people believe people, not companies or things." As a result, the campaign uses a "Grateful Beneficiary" (*the parent of a child currently enrolled in a FAMIS program*) to speak to the target population of "Dependent Worriers." Big River is now working on production of the campaign for TV, radio and print advertising. Next steps include strategic and tactical planning for release, anticipated in time for Back-to-School 2005.

Coming Soon - FAMIS Moms and FAMIS Select

By Kim Bemberis,
Coordinator, Child
Health Insurance Unit
and SignUpNow,
*Virginia Health
Care Foundation*

Two new programs, **FAMIS Moms** and **FAMIS Select**, are currently pending approval from the Centers for Medicare and Medicaid Services (CMS) in Washington. The Department for Medical Assistance Services (DMAS) is hopeful for a July or August start.



FAMIS Moms

FAMIS Moms is the new program expanding access to insurance coverage for pregnant women with incomes up to 150% of the Federal Poverty Level. This program will be very similar to Medicaid for Pregnant Women which covers pregnant women with incomes up to 133% of poverty.

The same income methodologies used for Medicaid for Pregnant Women (*PW Medicaid*) will apply for FAMIS Moms - there will be income disregards for child care expenses, child support received, and if the mother is working. In both programs, a pregnant woman counts as a family size of two, or more if a multiple birth. Application will be via a new joint application that will be used for FAMIS, FAMIS Plus, FAMIS Moms and PW Medicaid. Both of the programs for expectant moms will have expedited 10-day application processing via the local DSS or the FAMIS Central Processing Unit.

Once enrolled, the benefits package includes doctor visits, prescriptions, hospital care, after delivery care and transportation to approved health services (if needed). FAMIS Moms cases will be managed by the FAMIS CPU, while local DSS will continue to manage PW Medicaid cases.

One important difference between the programs is coverage of the newborn. A baby born to a mom on PW Medicaid is automatically enrolled in Medicaid/FAMIS Plus for one year when the DSS is notified of the birth. This is not true of FAMIS Moms. Federal law requires a separate application for the baby once he/she is born.

FAMIS Select

FAMIS Select is the new name for the Employer Sponsored Health Insurance (*ESH*) component of FAMIS. The program has been streamlined and simplified to be

more easily understood by families and employers, and to allow a greater number of families to participate. (*Note: this program was referred to as "FAMIS Premium" in the Winter 2005 SignUpNow Outreach newsletter.*)

FAMIS Select is a "rebate" program. Once a child has been enrolled in FAMIS, the family could select this option that allows them to cover their children with health insurance offered through an employer or a private company. The family will fill out an additional application form, and once approved, they will sign up for the employer/private plan. Once they send in their pay stub (cancelled check for a private plan), the family will be reimbursed up to \$100 per FAMIS child per month. For example: a FAMIS Select family of six (mother, father and four FAMIS children) would receive \$400 per month toward the cost of family coverage. *Note: FAMIS Select will not reimburse an amount greater than the actual cost of the coverage, so if the total cost paid for insurance was only \$300, then this family would only receive that amount.*

The FAMIS Select option may allow a family to afford family coverage that truly does cover the entire family, including family members not otherwise eligible for FAMIS (*i.e. an uninsured spouse, child over age 19, and some legal immigrant children*).

It is important to note that under FAMIS Select all the deductibles and copayments required by the employer/private plan are the responsibility of the family and over time these can add up to a significant financial outlay. While it may seem like a "deal" to cover the family through FAMIS Select, it may be cheaper in the long run to have children on "regular" FAMIS and just add coverage for the spouse through work. FAMIS has only small copayments for most services and no copayments at all for preventive care. Families will need to consider this carefully when deciding whether to choose the FAMIS Select option.

If at any time a family in FAMIS Select drops the private/employer coverage, the eligible children will revert to regular FAMIS coverage.



Virginia's Work on Retaining Children

By Judith Cash,
Director of Child Health
Insurance Initiatives,
Virginia Health
Care Foundation

Retention of children in the FAMIS and FAMIS Plus programs continues to be a significant issue in Virginia, and efforts are underway to improve the processes through which coverage is renewed.

Surveys

Two telephone surveys commissioned by VHCF in December 2004 have been completed and preliminary data is now available. The first survey was of adults with children who are currently enrolled in FAMIS or FAMIS Plus (400 of each); the second was of adults who recently did not renew their child's enrollment in FAMIS or FAMIS Plus (400 each). These 1,600 parents/ guardians were asked a range of questions on the reasons for their decisions, their experiences while on the programs, their opinion of program materials, their understanding and use of program services, and overall satisfaction with the FAMIS programs.

Highlights of the Survey Findings:
The original source of awareness about health coverage for parents of children in both FAMIS and FAMIS Plus is most often a family member or friend.

The leading reason why parents enrolled in the FAMIS programs was that they wanted the protection of health insurance for their children.

When current enrollees last signed up their children for the FAMIS Programs, about one in three indicated that someone helped them with the application process.

Parents in both of the programs rated the application process as easy.

Sixty-one percent (61%) of FAMIS enrollees and 75% of FAMIS Plus enrollees sought to use medical services. Virtually all parents who sought to use medical services reported that they were able to obtain them, though families reported slightly less success in obtaining dental and mental health services.

Parents in both FAMIS and FAMIS Plus reported widespread satisfaction with the health care services their child has received.

The leading reason given by parents of children who did not re-enroll in the FAMIS Programs was that they felt their income was too high.

Most parents who did not renew their child in FAMIS Plus did not recall receiving a reminder notice or being told they needed to renew.

Parents of approximately 41% of children not re-enrolled in FAMIS Plus and 36% of those not re-enrolled in FAMIS reported that they currently have health insurance for their children. Of these, the majority obtained the insurance through work.

Virtually all non-renewed FAMIS and FAMIS Plus enrollees reported that they would sign their child up again for the program if they thought they were eligible.

VHCF is working with DMAS and the Virginia Department of Social Services to develop plans for use and dissemination of this, and additional, survey information. Some of the information is already being integrated into public awareness and training activities.

Additional Sources of Information

VHCF and DMAS are using additional avenues to identify effective strategies for retaining and renewing coverage of enrolled children.

VHCF's *Project Connect* and *CKF* grantees have assisted almost 2,400 children in renewing their coverage and have tested different strategies to increase retention among the families that they help.

VHCF has participated in meetings of the 9 DSS grantees funded by DMAS's *Keep 'Em Covered* project. These projects are building upon retention lessons learned in the first year of the project and working on strategies/processes that could be replicated and implemented in other local DSS offices (e.g. improved renewal reminder notices and simpler verification requirements).

DMAS has also created a longitudinal data file for tracking monthly enrollment statistics to help better understand enrollment and reenrollment patterns in the FAMIS programs.



c/o Virginia Health Care Foundation
 1001 E. Broad Street, Suite 445
 Richmond, VA 23219
www.signupnowva.org

Contact Info Changed?
 Please contact SignUpNow to
 update your information by
 calling (804) 828-6062 or e-
 mailing signupnow@vhcf.org.

Thanks...



To Our VA CKF Partners

Preparation of this newsletter was assisted by a grant from the Robert Wood Johnson Foundation, Princeton, NJ.

Additional support was provided by: Roy R. Charles Charitable Trust, Anthem Blue Cross and Blue Shield, MAMSI, Capital One, the Carillon Foundation and the Annie E. Casey Foundation.

Special thanks for participation in the Message Initiative goes to: Anthem Blue Cross and Blue Shield, Virginia Department of Medical Assistance Services, UniCare, Optima, VA Premier, Southern Health, Virginia Hospital & Healthcare Association, and Virginia Primary Care Association.

To SignUpNow's Partners

Virginia Department of Medical Assistance Services and the Virginia Primary Care Association.

SignUpNow Workshops

Since July 2004, 648 people have attended one of 17 SignUpNow workshops. Ninety-seven percent of attendees responding to evaluations continue to rate this workshops as "very good" or "excellent."

Updated Information

The project will be revamping the *SignUpNow Tool Kit* in June to include information on Medicaid for Pregnant Women, FAMIS Moms and the new rebate program - FAMIS Select. The workshop curriculum will also be updated to include information on these programs.

Interested in attending a workshop?

An up-to-date training calendar is posted on the SignUpNow web site at www.signupnowva.org/calendar.asp.

Human Resources Workshops

In addition to the general audience child health insurance workshop, SignUpNow has piloted a training geared toward human resource/benefits professionals in businesses. First given in Virginia Beach in March, this workshop was well received by the audience of local small business people. SignUpNow will be giving this workshop in Bedford in July and Northern Virginia soon thereafter.

Interested in having one of these workshops in your area? Contact signupnow@vhcf.org or call (804) 828-6062.

