



In the last year, SignUpNow has...

- Trained over 1,000 community workers and created and distributed almost 2,000 comprehensive "Tool Kits" throughout Virginia.
- Provided technical assistance to numerous communities/organizations on initiating and implementing enrollment activities with their clients or within their communities.
- Developed and disseminated materials to support ongoing local enrollment efforts, including this quarterly newsletter, a series of "how to" guides on successful outreach activities, special issue publications on outreach strategies, and a web site to inform and connect the growing child health outreach network throughout the Commonwealth. [www.vakids.org/SUN]
- Collaborated with state and local departments of social services to streamline the enrollment process for community organizations, to help resolve systemic problems, and to eliminate barriers.
- Provided direct assistance to community workers with unique or difficult cases through a toll-free help line.
- Built a statewide network of more than 2,800 individuals and organizations interested/involved in helping lower-income children receive quality health care.

**Please, We Still
 Need Your
 Help!**

SignUpNow is still assessing the effectiveness of our publications, we have not yet received input from enough recipients of our newsletter to determine how we are doing. Please help us by answering the following brief survey and faxing your responses to **804/965-0475, Attn: Kim**. Circle those that apply:

1) I find this newsletter, *SignUpNow Outreach*, to be:

Informative and/or helpful	Yes	No	
Accurate	Yes	No	
4 pages are	too much	not enough	just right
4 issues a year are	too few	too many	just right

Comments on specific features: (i.e. Did You Know?, etc.)

2) The series on best-practices *For Example...* gives:

Good ideas for outreach activities	Yes	No
Enough detail about each example	Yes	No

Comments:

3) If you have a copy of the resource binder, the *SignUpNow Tool Kit*, have you found it to be:

A helpful source of information	Yes	No
Complete and comprehensive	Yes	No
Easy to use	Yes	No

The next edition of the Tool Kit should be changed in the following ways:

If you have additional comments or suggestions – please send them to us. Thank You!

**Almost
 FAMIS**
 By Linda Nablo,
 SignUpNow

Following months of negotiation, Virginia's new plan to provide health insurance for children was finally approved by the Health Care Financing Administration (HCFA) on December 22, 2000. When it is implemented later this summer, the new program, Family Access to Medical Insurance Security (FAMIS), will replace the current CMSIP program.

According to the Virginia Department of Medical Assistance Services (DMAS), Phase I of FAMIS will come on line in July or August of this year. Phase II is planned for later in the year – probably in October.

With Phase II, all FAMIS families will be responsible for co-payments for services. Families with incomes between 150% and 200% FPL will be billed for monthly premiums by the CPU. Costs to families cannot exceed certain annual limits.

For more information:
 804/965-1352
 or
 signupnow@vhha.com



Phase I will include the name change to FAMIS, marketing for the new program, a change in eligibility to 200% of FPL (without deductions), a reduction in the waiting period for previous insurance from 12 months to six months, and the creation of the new Central Processing Unit (CPU). Once operational, this Richmond-based center will be responsible for processing applications for FAMIS from all over the state. While local Departments of Social Services (DSS) will still provide some assistance to families wishing to apply for FAMIS, staff of the CPU will determine the child's eligibility for FAMIS. This will be a significant change from the current CMSIP process where eligibility is determined by local DSS offices.

The Request For Proposal (RFP) for vendors to administer the Central Processing Unit for FAMIS is available on the DMAS web site at www.cns.state.va.us/dmas/admin_business. Highlights of contractor requirements include:

- Maintenance of a toll-free call center, with translation services, form 8AM to 8PM weekdays and 9AM to noon on Saturdays
- Friendly customer service – answering calls by the second ring, not using voice mail except when the call center is closed, etc.
- Applications accepted by telephone, fax, mail, or on-line from the web site (when necessary, applications would be mailed to family for signature)
- Written requests sent to family within one business day for any additional information or verifications necessary to determine eligibility
- Make information available on children and families needing additional information so advocacy organizations and other entities can follow-up
- Determine eligibility and notify family of decision within 10 working days from receipt of a completed application with all necessary verifications
- Co-locate six Medicaid eligibility staff to process potentially Medicaid eligible children
- Ensure a smooth transition between Medicaid and FAMIS for children moving between programs
- Enroll approved FAMIS children in a managed care entity
- Calculate, track and collect premiums due from eligible families
- Create a coupon payment book and allow premiums to be paid monthly, quarterly, or annually

Also in Phase I, the Employer Sponsored Health Insurance (ESHI) component will become available. This voluntary option would allow a family with a FAMIS eligible child to enroll in family-coverage through their employer's insurance plan if certain criteria are met. If it is determined to be cost-effective for the state, the employee's premiums would be paid for through the FAMIS program.

Phase II of FAMIS will be implemented in the Fall of 2001 and will include a revised benefit package and the beginning of costs for families. Instead of being a Medicaid look-alike, the coverage available through FAMIS will closely resemble the state employee's health insurance plan – Key Advantage.

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FAMIS

(continued from front page)

- Notify and disenroll children following two months of missed premium payments. Children must then wait six months and make up the two missed payments before being reenrolled in FAMIS
- Keep track of premium payments for families to help determine when a family has reached their maximum cost for the year. Families will be responsible for keeping track of their co-payment costs
- The ESHI component of FAMIS will be administered by DMAS

Proposals to administer the CPU are due back from vendors by March 15, 2001. RFPs for the marketing/publicity for the FAMIS plan and the benefits delivery system (insurance package) will be issued in February.

Remember – all children enrolled in CMSIP on the day FAMIS becomes effective will be automatically enrolled in FAMIS. Children need health insurance now – it is important that we all continue to promote CMSIP and assist families in their efforts to enroll children in Medicaid and CMSIP!

Legislative Issues Around Children's Health Insurance

By Jill Hanken,
Virginia Poverty Law Center

Several bills related to children's health insurance are before the 2001 General Assembly. The following are brief summaries of the bills now being considered by the legislature.

[Note: this information is accurate at the time of printing, however, bills move quickly through the process. For the most up to date information regarding these bills, look on the General Assembly's web site, <http://leg1.state.va.us/lis.htm>]

SB 724 (Lambert) – Eliminates the requirement that applicants for CMSIP/FAMIS cooperate in establishing paternity and pursuing child support. The Issue: Virginia is the only state that has this requirement, and it has been a significant barrier to enrollment for many families. Status: This bill passed the Senate with a vote of 37-3 and will now be considered by the House of Delegates.

The following bills are all in the Human Resources subcommittee of House Appropriations. They will be decided on by February 4th when all budget subcommittees must report.

HB 2208 (Van Landingham) – As amended, allows a relative with whom the child has lived for the past 90 days to file the child's application for Medicaid. HB 2209 (Van Landingham) – Same as HB 2208 but for CMSIP/FAMIS. The Issue: Currently, the application can only be filed by a parent or legal guardian or a person specifically appointed by the parent/guardian. This has been a barrier to enrollment for some children and Virginia is the only state to impose this requirement on Medicaid eligible children.

HB 2210 (Van Landingham) – Creates an "affordability" exception to the waiting period that applies to previously insured children (CMSIP -12 months, FAMIS - 6 months). The waiting period would not apply where "the individual can document that the cost of [previous] health insurance exceeded 10% of the family's countable monthly income [during the last three months]." The Issue: Currently, there is no exception to the waiting period for financial crises or significant increases in insurance premiums.

HB 2296 (Brink) – Requires the enrollment of children in CMSIP/FAMIS during the period in which their Medicaid eligibility is determined. The Issue: This would allow "presumptive eligibility" so health services would be covered while the application is pending. Many states have found this to be an effective tool in encouraging families to apply for health insurance.

HB 2297 (Brink) – Requires the use of a single application for both FAMIS and Medicaid. The Issue: Currently, DMAS plans for FAMIS applications to be submitted to the CPU on one form and for Medicaid applications for children to be submitted to local DSS offices on a different application form. If a FAMIS application arrives at the CPU and the child appears to be eligible for Medicaid, additional forms will be sent to the family to complete. This bill allows one form to serve as an application for either program thereby eliminating the need for families to complete another application or additional forms.

Several budget amendments are also before the House and Senate. They include measures to restore funding for CMSIP/FAMIS; require coordination of WIC and school lunch programs with FAMIS; monitor the impact of co-payments and premiums on enrollment; improve data collection and reporting on Medicaid; and have JLARC evaluate outreach practices and enrollment trends for Medicaid and CMSIP/FAMIS.

For more information on legislative activity, please contact Jill Hanken at 804/784-9430.

Did you know?

DMAS recently changed program policy to allow a child's application to be filed by an "authorized representative" designated by the child's parent, guardian, or legal custodian. [Policy Manual M1520.300(c), Transmittal #62 (January 2001).] Previously, the policy required the parent or legal guardian/custodian to file the application. In many localities, this was a barrier to enrollment for children who happened to live with some other adult caretaker. Some localities had allowed parents to designate a representative to file an application, but the new policy will permit this alternative statewide. Pending legislation (HB 2208/HB 2209) at this year's General Assembly would take the next step and allow applications to be filed by "another relative with whom the child has resided for the last 90 days."

Virginia's Total CMSIP Enrollment as of 1/8/01 is 29,837 or 37%.

Congratulations! Arlington and Highland Counties continue to find and enroll eligible children, they have reached 106% and 108% enrollment respectively.

The following localities have achieved higher than 70% CMSIP enrollment: the counties of Appomattox, Cumberland, Fairfax, Floyd, Prince William and the cities of Alexandria and Manassas.

An additional 22 localities are between 50% and 70%!

To check your area's progress visit the SignUpNow web site: www.vakids.org/SUN

News About the State



Department of Medical Assistance Services (DMAS)

In an effort to ensure a smooth transition from CMSIP to FAMIS, the CMSIP outreach program moved from DSS to DMAS on January 5, 2001. From this date forward, all requests for information, materials, and presentations should be directed to the FAMIS Outreach Program Manager at 804/225-4280. Autumn Barrett, formerly the CMSIP Program Consultant with DSS, has been hired as the FAMIS Outreach Program Manager. Congratulations, Autumn! She can also be reached at abarrett@dmass.state.va.us. DMAS intends to maintain a strong relationship with all local DSS agencies, community based organizations and partners.

RWJ-CMSIP Project

Recently, Success By 6, United Way Services was named as the new Richmond-based pilot project for Virginia's Covering Kids grant from the Robert Wood Johnson Foundation. Success By 6 will use the money to expand the outreach work that they are already doing in the greater Richmond area (the cities of Richmond and Petersburg and the counties of Chesterfield and Henrico) with child care providers, schools, and employers, and to add outreach through the faith community as well. Success By 6 joins the Rural Health Outreach Program serving Nelson, Buckingham and Amherst counties (and soon to expand into Prince Edward and Augusta) as Virginia's RWJ-CMSIP pilot programs.

WWW.VAKIDS.ORG/SUN

The SignUpNow web site has been revamped! Please come and visit our improved site. Here you will find the most up-to-date information we can supply, including the latest enrollment numbers, FAMIS information, updated tools, and helpful outreach strategies. Also available at the site are downloadable back issues of our publications in ".pdf" format in case you missed any.

Best Practice Guide Available

The Virginia Health Care Foundation (VHCF) is publishing a "how to" manual on creating and supporting projects that wish to enroll children in public-sponsored health insurance programs. The manual entitled Children and Health Insurance – Making the Connection: Best Practices for

Enrolling Children in Insurance Programs uses successful projects from around the country as models for success. Some Virginia projects are highlighted as well. This publication will be available on the VHCF web site in February at www.vhcf.org.

