Spring/Summer 2007

SignUpNow Outreach

Communities Connecting Kids With Health Coverage

SCHIP Program Up for Renewal

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

The legislation creating the FAMIS and FAMIS MOMS programs was signed in 1997. The Children's Health Insurance Program or "SCHIP" programs in all 50 states must be "reauthorized" by Congress to continued. This important issue is being debated in Congress right now.

SCHIP funding pays for the following programs in Virginia:

FAMIS – health insurance (based on the state employee health plan) for children up to age 19 with income from 133% - 200% of the federal poverty level (FPL).

FAMIS Plus – coverage for children ages 0 to 6 with family income up to 133% FPL and for children between ages 6 and 19 with family income between 100% and 133% FPL. The SCHIP funded expansion of Medicaid for older children allows all children in a family to have the same health insurance.

FAMIS *Select* – Families with FAMIS-eligible children can opt for a $100 per-month-per-child subsidy to apply toward private or employer-based insurance.

FAMIS MOMS – A program for pregnant women with incomes from 133% - 185% FPL.

In Virginia, SCHIP is funded with 65% federal and 35% state funds. In 2007, Virginia's SCHIP allotment is $94 million. Total expenditures for 2006 (state and federal) exceeded $148 million. However VA will not face a shortfall in funds in 2007. Due to low enrollment in the early years of SCHIP in Virginia, the Commonwealth still maintains some carryover federal funds from the previous year. Given the current rate of spending, it is projected that Virginia will face a shortfall in federal funding in 2009 if SCHIP is only funded at the 2007 level.

Call to Action!

Based on new estimates, there are still approximately 96,000 uninsured Virginia children who qualify for FAMIS or Medicaid, but they are not enrolled. With only flat funding, by 2009 Virginia would not have enough federal SCHIP funds to serve eligible children. Your help is needed, e-mail your state Senator and Representative today!

It is important to urge Congress to reauthorize SCHIP in 2007 and increase the federal government's investment in child health programs so states can improve and expand coverage for children. Congress should:

- Provide $50 billion in new SCHIP funding over five years to avoid shortfalls and reach most children who are already eligible for SCHIP and Medicaid.
- Support the Immigrant Children's Health Improvement Act (ICHIA) to restore federally funded Medicaid and SCHIP benefits to lawfully present immigrant children and pregnant women.
- Give states more flexibility to offer new coverage and reduce unnecessary barriers to enrollment, such as the Medicaid citizenship and identity documentation requirements.

Continued on next page

Inside:

SCHIP Renewal

Continued from Front Page

Why is SCHIP So Important?*

The State Children's Health Insurance Program (SCHIP) was adopted by Congress to provide health insurance to uninsured children whose family income was over the Medicaid income guidelines. Extensive evidence demonstrates that SCHIP and Medicaid have bolstered children's health coverage, strengthened access to medical and dental care, and improved children's health.

SCHIP has been very successful in reducing the number of uninsured children in the US:

- The percentage and number of low-income children who are uninsured has fallen by more than one-third since the SCHIP legislation was enacted. The growth in children's enrollment in Medicaid and SCHIP more than offset the reduction in employer-sponsored coverage between 1997 and 2005.
- SCHIP covers children who would otherwise be uninsured. Most newly enrolled children were previously uninsured or had recently lost their Medicaid or private health coverage for involuntary reasons, such as income changes, job loss or divorce.
- White children, African American children, and Hispanic children have all experienced substantial reductions in rates of uninsurance in the past decade because of the expansion of the public programs.

SCHIP helps working families. Most children covered by the program are in working families that are unable to get or afford private health insurance for their children.

Children served by Medicaid/SCHIP often have serious health problems. They are more likely have fair or poor health than privately insured children. Publicly insured children are more likely to have asthma, learning disabilities, and/or health conditions that require regular treatment with prescription medications. Medicaid and SCHIP provide access to the medical care to treat these problems and help children grow, function, and learn more effectively. Children with special health care needs — those whose developmental, chronic, or behavioral health problems that require specialized care — are especially reliant on the Medicaid and SCHIP programs.

SCHIP has improved access to necessary health care. Children covered by Medicaid or SCHIP are much more likely than uninsured children to:

- Have a "medical home." Moreover, over the past decade, the percentage of children who have a medical home has grown for children covered by public programs while declining for uninsured children.
- Have seen a physician. One of the most direct measures of access to medical care is whether a child has seen a doctor or other health professional in the past year.
- Have preventive health care and to keep up with recommended schedules of well-child visits. Children need preventive health care such as well-child visits, where doctors make sure that the child is immunized and check for health problems that might jeopardize the child's development.

Because children enrolled in Medicaid or SCHIP are typically in poorer health than other children, it is not surprising that they need to use ERs more often than privately insured children. However, the use of ERs by publicly insured children has declined by about one-quarter over the past decade. And although low-income children's access to dental care is insufficient, children who are continuously covered by public insurance are much more likely to get dental care than uninsured children.

Studies have documented improved health status for children enrolled in Medicaid or SCHIP – including fewer asthma attacks, fewer hospitalizations, fewer missed school days due to sickness and better school performance.

**The information in this article comes from a compilation of studies and research contained in a publication entitled "IMPROVING CHILDREN'S HEALTH: A Chartbook about the Roles of Medicaid and SCHIP", www.cbpp.org/schip-chartbook.htm*

Update from DMAS

By Rebecca Mendoza,
Outreach Manager
Division of Maternal
& Child Health,
Virginia Department of Medical Assistance Services

Staying Healthy Section of Web Site

Unveiled during Cover the Uninsured Week in April, the FAMIS web site (*www.famis.org*) has a new section called "Staying Healthy" - seven new pages of information for parents on well-child checkups, prevention, immunizations, safety, nutrition, behavior, parenting, dental care and more. Included are pages tailored to parents/caretakers of specific age groups: infants and toddlers, preschoolers, "Big Kids", preteens and teens. There are also pages aimed at expectant mothers. In addition to the information posted on these pages, there are over 200 links to additional resources and downloadable information on a variety of topics.

Changes as a Result of the 2007 General Assembly Session

Two significant changes to the FAMIS Programs resulted from this year's General Assembly Session.

First, the income guidelines for the FAMIS MOMS program will increase from 166% of the Federal Poverty Level to 185% on July 1st. Part of the Budget Bill, this increase in eligibility will enable more pregnant women to benefit from the FAMIS MOMS program.

Second, also effective July 1, 2007, DMAS will begin reimbursement for substance abuse treatment services for adults and children in Medicaid/FAMIS Plus. The services included are: assessment and evaluation, crisis intervention, case management, outpatient treatment, intensive outpatient treatment, day treatment, and opioid treatment for adults and children. Pregnant Women in FAMIS MOMS and Medicaid for Pregnant Women and children in FAMIS already had these benefits.

In addition to improving the health of individuals and their families, the new covered services are expected to lead to future savings for the Commonwealth. Studies have demonstrated a significant savings in unemployment, social services, health care, public safety, and other system-wide costs when substance abuse treatment services are covered.

Other News

ACS State Healthcare, LLC was awarded another contract for running the FAMIS Central Processing Unit effective August 2007. Among other things, the new contract includes: moving the CPU to a new location in Richmond; new workflow management tools; an automated telephone survey for customer satisfaction; e-application enhancements (online updates/changes), and an Interactive Voice Response System (provides caller application status 24/7).

	New FAMIS MOMS Income Guidelines - 185% FPL Effective 7/1/2007	
FAMILY SIZE	**MONTHLY**	**YEARLY**
2	$2,111	$25,327
3	$2,648	$31,765
7	$3,184	$38,203
5	$3,721	$44,641
6	$4,257	$51,079
7	$4,794	$57,517
8	$5,330	$63,955
Additional Person Add	$537	$6,438

Shelby Gonzales Named "2007 Child Health Champion"

Shelby Gonzales, Program Director of Inova's Partnership for Healthier Kids (PHK), was recognized as the Unsung Hero - Child Health Champion at the Virginia Health Care Foundation's 2007 Heroes in Health Care Awards Luncheon on May 10th. This award is given to a staff member of a VHCF grantee who has gone "above and beyond the call of duty" in the execution of his/her job related to assisting families with applying for and enrolling in Virginia's state-sponsored health insurance programs.

From left to right: Tom Snead (VHCF Board Chairman), Shelby Gonzales, Sherrie Smith, Elita Christiansen, Jill Christiansen, Denise Osborne, Tom Byrd (VA Association of Health Plans).

For the past eight years, Shelby Gonzales has been the driving force behind PHK's work to enroll children from Northern Virginia in FAMIS and FAMIS Plus. Shelby assures that PHK does it right, every time, and in every way. She is a leader in all of the right ways, having just the right mix of management skills, people skills and an infectious enthusiasm for her work.

The results of her creativity, dedication, and hard work speak for themselves: PHK has assisted 6,619 children in enrolling in coverage since 1999.

A comment from a colleague of Shelby's says it all - "Shelby is the perfect example of that which makes the ordinary extraordinary. She brings the "extra" to every task she undertakes. Her undaunted will and winning spirit make her a champion, always and forever."

VHCF Welcomes New Child Health Program Manager/ Trainer

Jennifer S. Johnson has joined the Virginia Health Care Foundation (VHCF) staff as the Child Health Program Manager/Trainer. In this position she will oversee the foundation's *Project Connect* grantees and the *SignUpNow* project. In addition, she will be the new face of SignUpNow, conducting the *SignUpNow* workshops around the Commonwealth.

For the last five years, Jen has served as the Executive Director of the North Carolina Alliance of Public Health Agencies, a 501 (c)(3) membership organization for North Carolina's public health departments. Prior to her tenure with the Alliance, she worked as a project director and data analyst for the North Carolina Hospital Association; was a program coordinator specializing in access and coverage initiatives for children's health insurance and other advocacy programs at the Hospital & Healthsystem Association of Pennsylvania; and was a network consultant at Aetna US Healthcare.

Jen received her Bachelor's Degree in Healthcare Management from James Madison University and her Master of Health Administration Degree from Penn State University. In her free time, Jen is most often found enjoying family time with her husband and two children. She also is a reading tutor for elementary school students working to promote literacy skills.

She can be reached by calling (804) 828-5804 or e-mailing jen@vhcf.org. Please join us in welcoming her to the world of child health insurance issues in Virginia.

Special Oral Health Section Funded by Doral Dental USA

SignUpNow

Oral Health

This special dental insert is provided by a generous grant from Doral Dental USA. Dental care for children remains a significant need. The recently publicized story of Deamonte, the 12-year-old Maryland boy who died as a result of untreated tooth decay, was a true tragedy and caused quite a stir. Thankfully, there are a number of people and programs in Virginia working to address this problem. This special insert will introduce you to some exciting organizations that provide dental care to children who, without it, would risk the same dire consequences faced by Deamonte. It also provides an update on Smiles For Children, Virginia's successful dental program for children enrolled in FAMIS and FAMIS Plus. Finally it offers helpful information about oral health and tips for talking with parents about dental care for their children. VHCF and SignUpNow appreciate the generosity of Doral Dental in helping us bring this information to you.

Spotlight on VHCF's Pediatric Dental Grantees

The Virginia Health Care Foundation currently funds 6 projects that provide dental services to children, both uninsured and covered by the FAMIS programs, in Virginia.

Carilion Pediatric Dental Project is committed to providing quality dental care to children in the Roanoke area. Carilion's pediatric dental care program is a hospital-based program providing comprehensive preventive and restorative procedures for healthy as well as medically, physically and developmentally disabled children. Limited orthodontic services are also provided. The program employs several full-time dentists, including 2 pediatric dentists and a general dentist and sees children from all over Virginia and surrounding states five days a week. Contact: (540) 981-9582 (*for program information*) or (540) 224-4380 (*for appointments*) or *www.carilion.com*

Caroline Caries, a project of the Rappahannock Area Health District, is a school-based dental project operating in Caroline County on the campus of Bowling Green Primary School. The program provides restorative, preventative and emergency care to low-income Head Start, elementary and middle school children. Contact: (804) 633-5465

Charlottesville Area Dental Access (*CADA*) is working to ensure the healthy smiles of children of Charlottesville, Albemarle, Fluvanna, Green, Louisa and, Nelson Counties. Through the Community Children's Dental Center, CADA provides dental services to children through age 18 covered by Medicaid and FAMIS. The Dental Center is open Monday – Thursday from 8AM to 5PM and Friday from 8AM to Noon. A full-time dentist, two dental assistants, an office manager, a receptionist, and an executive director work tirelessly to serve as many children as possible. Contact: (434) 293-9300 or *www.cadadentalcenter.org*.

Richmond's **Children's Hospital** Pediatric Dental Program provides comprehensive services ranging from standard pediatric practices (regular checkups, cleanings and x-rays) to complex procedures such as dental surgery. Services are available for all children, from the well-child to the child with special needs, from infancy through adolescence. The program, which incorporates a strong emphasis on prevention and dental education, is led by a Pediatric Dentist with training in treating children with special dental needs. The

Continued on next page

Inside:

Don't Delay Dental Care

According to a Washington Post article in April 2007, twelve- year old Deamonte Driver from outside Washington, DC, died after bacteria from his decaying tooth spread to his brain. His death is tragic. He was failed by a lot of people and systems put in place to help. But his story is not as unusual as you might think. Dental caries (*tooth decay*) is the most common childhood disease in Virginia. It is five times more common than asthma and seven times more common than hay fever. It is also very treatable and preventable. If Deamonte's dental caries had been diagnosed and cared for earlier he might be alive today.

Fifty percent of children between the ages of five and nine have at least one cavity or filling; this percentage increases to 78% when you consider at all children 17 and under. To compound the problem, a tremendous disparity exists between children from different income levels. In Virginia, children from low income families have almost 12 more restricted-activity days due to dental pain and disease than their counterparts from higher income families. Children from families with incomes below 200% of the Federal Poverty Level (*FPL*) are three times as likely to have an unmet oral health care need as children from families with incomes at or above 200% of FPL.[1] Additionally, dental disease results in 250,000 lost school hours each year.[2] This is one of the major issues behind the diagnosis and treatment of dental caries - it affects a population that is least likely to receive regular dental care.

Seeing a dentist early and at appropriate intervals is essential to making certain that tragedies like Deamonte's do not happen again. By educating parents about the significance of good oral hygiene and the importance of making and keeping dental appointments, you will go a long way toward making certain that another child does not die as a result of dental disease. To help families access dental services for their children, assist them in enrolling in FAMIS and FAMIS Plus. Smiles For Children is Virginia's dental program for children enrolled in FAMIS/FAMIS Plus. Pregnant women under age 21 also have access to dental services via Smiles For Children. To find a dentist in your area that participates in the Smiles For Children program and to get assistance with making appointments please call (888) 912-3456.

[1] *Newacheck PW, Hughes DC, Hung YY, Wong S, Stoddard JJ. 2000. The Unmet Needs of America's Children. Pediatrics 105 (4 Pt. 1): 989-997.*

[2] *2004-2010 Oral Health Plan for Virginia*

Spotlight...

Continued from previous page

program also has a dentist who specializes in general dentistry including the needs of the adolescent population. Contact: (804) 228-5818 or *www.childrenshosp-richmond.org/CMS/index.php/services/dental/*

Healthcare on the Square, located in Boydton, serves the residents of Mecklenburg county and provides exams, child and adult cleaning, x-rays, fillings, sealants, extractions, crown and bridge, complete dentures, removable partial dentures, repairs to partial and complete dentures, and front teeth root canals. They are open from 8:30AM to 5PM Monday, Wednesday, Thursday and Friday and from 10:30AM to 7PM on Tuesday. Patients are taken by appointment only, though emergencies are accepted. Contact: (434) 738-6102 x287 or *www.boydtonmedical.org*

Johnson Health Services, a community health center, provides comprehensive dental services to both adults and children in its James River Dental Clinic, Monday through Friday from 8AM to 5PM. The dental clinic employs a full-time dentist and dental hygienist to provide dental services to needy patients and targeted populations in Lynchburg and the surrounding counties of Amherst, Appomattox, Bedford, and Campbell. In addition to providing care at the new clinic, the dental team has recently provided dental services on-site at area schools. Contact: (434) 847-4691 or *www.jhcvirginia.org/page2.html.*

VIRGINIA HEALTH CARE FOUNDATION

Smiles For Children Update

By Sandra Brown, *Smiles For Children Dental Program Manager,* Virginia Department of Medical Assistance Services

Smiles For Children, Virginia's Medicaid/SCHIP dental program administered by Doral Dental, is improving dental care across Virginia. The Fall/Winter 2006 SignUpNow *Outreach* newsletter detailed the success the Smiles For Children program is having broadening access to dental care for children in Virginia. Today there is even more news to report!

- As of the end of May 2007, there are 966 providers in the dental network. This represents a 56% increase since the program began on July 1, 2005.
- 40,000 additional children received dental services in the program's first year than in the year prior and preliminary utilization data for program's second year of operation shows a continuing upward trend.
- Over 98% of all claims for dental services have been paid within 30 days, with over 98% accuracy. This has lead participating dentists in the network to report that the new program compares very favorably to commercial dental insurance plans they work with.
- The Smiles For Children program has been recognized nationally as a model for state Medicaid dental programs.

There were a number of member outreach initiatives implemented to help encourage enrollees to go to the dentist and to keep their appointments. One key member outreach activity involves a Broken Appointment Log for dentists to identify which patients are not keeping their appointments. Smiles For Children follows up with the individual patients and educates families regarding the importance of keeping appointments and maintaining compliance with treatment plans.

Smiles For Children℠
Improving Dental Care Across Virginia

The Virginia Department of Medical Assistance Services continues to partner with the Virginia Dental Association, the Old Dominion Dental Society, and other dental community representatives to promote Smiles For Children, to improve the program, and to recruit new providers.

For more information about the Smiles For Children program, contact Doral Dental, USA at (888) 912-3456 or visit the following web sites*: www.dmas.virginia.gov or www.doralusa.com.*

Fast Facts

- Although dental caries (*tooth decay*) is largely preventable, it remains the most common chronic disease of children aged 5 to 17 years — 4 times more common than asthma (*42% versus 9.5%*).
- Once established, the disease requires treatment. A cavity only grows larger and more expensive to repair the longer it remains untreated.
- Pain and suffering due to untreated tooth decay can lead to problems in eating, speaking, and attention to learning.
- For every child without medical insurance there are 2.6 children without dental insurance.

Source: U.S. Department of Health and Human Services. *Healthy People 2010*, Vol II. 2nd ed. Washington, DC: U.S. Government Printing Office, 2000: 21-11 to 21-15

Tips for Talking with Parents About Dental Care for their Children

Consider parents' attitudes, cultures, languages, beliefs, fears, and educational levels when developing and providing oral health education.

Keep health messages to parents simple, consistent, and positive.

Discuss with parents and caregivers the importance of consistent healthy oral hygiene practices:

- Beware of frequent snacking;
- Brush effectively twice a day with a fluoride toothpaste;
- Floss once a day;
- Have sealants applied when appropriate;
- Seek regular dental check-ups; and
- Assure proper fluoride through drinking water, fluoride products or fluoride supplements.

Provide clear and concise messages o parents about scheduling dental appointments on a regular basis to improve and/or maintain oral health.

Discuss with parents arrangements for dental appointments (*where their child will be seen, who will see their child, the appointment time, how they will get to the appointment, and who will pay for services*).

Help parents understand patients' rights and responsibilities (*for example, scheduling, keeping, and/or canceling appointments; what information to bring to the dental office; what to expect from oral health professionals; how to prepare their child for dental appointments*).

Encourage parents to model good oral health behaviors (*for example, brushing their teeth, visiting a dentist, and eating healthy foods*).

Source:
Holt K, Cole S. "Oral Health Tip Sheet for Head Start Staff: Working with Parents to Improve Access to Oral Health Care." Washington, DC: National Maternal and Child Oral Health Resource Center, 2003.

Oral Health During Pregnancy

Oral health is important during pregnancy and should not be neglected.

- The prevention of early childhood cavities begins prenatally. A mother's overall health, and specifically, the presence of untreated cavities in her mouth can put her child at risk for severe dental cavities.
- Pregnant women are more susceptible to gum disease and cavities. Changing hormone levels during pregnancy make the gums tender and more likely to bleed and get infected. Tooth decay and gum infections increase a women's risk for pre-term birth or a low birthweight baby by seven times.
- Excessive bacteria, which causes gingivitis, can enter the bloodstream through the mouth (gums). If this happens, the bacteria can travel to the uterus, triggering the production of chemicals called "prostaglandins," which are suspected to induce premature labor.
- A baby's teeth form during pregnancy depending upon the mother's nutrition - proper tooth formation requires enough calcium, vitamin D, vitamin A, and other nutrients from the very beginning of pregnancy. A pregnant women should get 3-4 servings of calcium rich foods every day. Collard, mustard and turnip greens, broccoli, firm tofu, cheese, yogurt and milk are good sources of calcium and a number of other important vitamins and minerals important to a baby's development.
- Second hand smoke increases a baby's risk for cleft palate and cavities.

Sources:
Texas Department of Health, Bureau of Nutrition Services, "Dental Health During Pregnancy", 2003

and

"Pregnancy and Gingivitis," Academy of General Dentistry

Unintended Consequences:
The Impact of New Medicaid Citizenship Documentation Requirements on Virginia's Children

By Judith Cash, Deputy Director, *Virginia Health Care Foundation*

Among the requirements of the Deficit Reduction Act (DRA) of 2005 is a provision requiring documentation of citizenship and identity for all those applying for or renewing eligibility for Medicaid. This was added to prevent illegal immigrants from obtaining public benefits intended for U.S. citizens, a problem that has not been identified in Virginia. Instead, the new federal requirement has hampered Virginia's ability to enroll eligible, uninsured children.

A study conducted by the Virginia Health Care Foundation (*VHCF*), in partnership with the Virginia Department of Medical Assistance Services (*DMAS*), has found that the new requirements have had a much broader impact than expected, adversely affecting thousands of citizen children since implementation last July. The unintended consequences include:

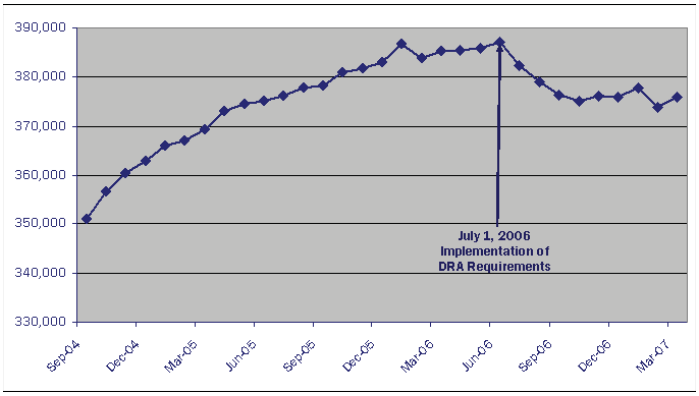
- *A significant decrease in the number of children enrolled in Medicaid in Virginia;*
- *4-6 month delays in obtaining Medicaid coverage for Virginia children;*
- *Inability of citizen children to obtain medical care; and*
- *A dramatic increase in emergency room utilization by those caught up in lengthy eligibility determinations*

These requirements have also increased costs and administrative burdens to state and local government agencies, which have required additional tax dollars.

Medicaid Enrollment Has Declined Dramatically, While SCHIP Enrollment Continues to Grow

After years of steady growth and an average net increase of 1,000 children per month in the 12 months immediately preceding the implementation of the new requirements, there has been a dramatic decline in the number of children enrolled in Virginia's Medicaid program since the requirements took effect. Specifically, there has been a net decrease of 11,108 children enrolled in Virginia's Medicaid program in the first nine months of implementation (*7/06 – 3/07*). In contrast, the monthly net enrollment of children in Virginia's SCHIP Program (*FAMIS*) continued to increase during the same period of time. SCHIP does not require utilization of original documents to prove citizenship and identity.

Monthly Net Enrollment of Children in Medicaid (2004-2007)



Given the similarities in the two programs, and the continuous growth in SCHIP, it is reasonable to conclude that enrollment in Virginia's Medicaid program would have continued increasing as well, in the absence of the new requirements. In fact, at the pre-regulation rate of monthly net increase (*1,000*), an additional 9,000 children would now be enrolled in Medicaid.

When the impact of decreased Medicaid enrollment (*11,108*) and the elimination of monthly growth (*9,000*) are combined, over 20,000 Virginia citizen children have been adversely affected, and unintentionally impacted during the first nine months of the new requirements.

Survey Shows Delayed Coverage and Unavailability of Needed Care for Citizen Children

In an effort to "look behind" the enrollment data and to understand the overall consequences of the documentation requirements, VHCF contracted with Matrix Research Group to conduct a telephone survey of 800 adults, who applied for Medicaid for their citizen children through DMAS' FAMIS Central Processing Unit (*CPU*) after the requirements were implemented. The survey results document a variety of troubling and unintended consequences.

Continued on next page

Impact of New DRA Rules

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Coverage is Delayed

The survey found that more than half of the children who were not yet enrolled at the time they were surveyed had been waiting for four months or more for their applications to be processed. For those who were enrolled at the time of the survey, 72% required more than the allowable 45 days to process, with 21% taking more than 76 days. These delays, which seriously affected children's access to care, are atypical for the CPU, which needed an average of only 16 days to process a child's Medicaid application in the six months prior to implementation of the new requirements.

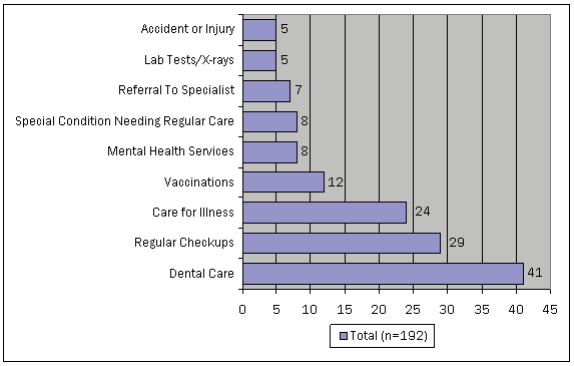
Access to Care is Compromised

While waiting for their children's enrollment to be approved, 90% of those surveyed said they had no other health coverage for their child. Of those:

- *65% reported needing some type of health care during that time.*
- *41% of those children who needed care were not able to get all of the care they needed.*
- *Almost half (47%), of the young children (aged 0-24 months) who needed immunizations were unable to get them.*
- *41% were unable to access dental care, 24% did not obtain medical care for an illness, and 17% couldn't fill needed prescriptions.*
- *The most frequently cited reason that parents said they were unable to obtain health care for their children is that they couldn't afford it (72%).*

Types of Health Care Not Able to Get While Waiting for Coverage

% among all who were not able to get health care while waiting



In addition, there was a significant increase in the use of hospital Emergency Rooms (ER) for primary care, by parents who indicated that they do not normally use the ER as their usual source of care. Only 3% of surveyed parents reported that ERs are the usual source of care for their children. But 18% indicated that their children had to use an ER for treatment while the processing of their application was delayed.

Implementing the Requirements is Costly and Undermines Recent System Efficiencies

The requirement to prove citizenship and identity has taken a toll on the state and local agencies responsible for administering the programs, as well. At the state level, the CPU's "pending" cases, (*those awaiting further documentation*), skyrocketed from about 50 a month before the new requirements were implemented to 4,000 in January.

- *To address the backlog, the CPU had to hire seven additional staff and provide accompanying space, phones, and computers. Extra costs in the first year alone will total more than $144,000.*
- *This does not include the costs of obtaining out-of-state birth certificates, ($25-$50 each). In just the first six weeks of implementation, local departments of social services received 900 requests for assistance in obtaining out-of-state birth certificates.*

To learn more about the impact at the local level, VHCF conducted focus groups with eligibility workers at five local departments of social services in different regions of the state. All reported a significant increase in workloads as a result of the requirements for original documentation of citizenship and identity.

- *Eligibility workers reported that they are taking more phone calls, and that the calls last longer. They indicate parents call repeatedly to check on the status of their applications, and to ask for help in finding care for their*

For more information on this topic and to read the full study report go to www.vhcf.org/children/additional.php *and look under the category "In Depth Research"*

sick children during the delays in enrollment.

These difficulties are reflected in the dramatic change in Medicaid applicants' experience with the application process. The survey found that 40% of respondents reported the Medicaid application process to be difficult, compared to only 8% in a similar survey conducted in 2004.

- *Getting paperwork together (36%), obtaining answers to questions (24%), and understanding what was needed (22%), were the most frequently identified difficulties.*

Conclusion

Unfortunately, the requirement for original documentation of citizenship and identity has resulted in unintended, adverse consequences. While waiting for their health coverage to be approved, Virginia children have gone without needed medical care, including care for illness or injury, immunizations, dental care and prescription medications. All evidence indicates that these are US citizen children, born in U.S. hospitals, with more than two-thirds born in Virginia.

The new requirements have also had a serious impact on state and local agencies responsible for administering the Medicaid program, and have undermined Virginia's previously successful efforts to simplify and streamline application procedures.

Virginia's impressive progress in enrolling eligible children in the Medicaid program is being diminished by these requirements, and the health of thousands of Virginia's most vulnerable children is threatened.

VHCF and DMAS Continue Child Health Insurance Outreach and Enrollment Grants

It is estimated that there are still large numbers of uninsured children in some parts of the Commonwealth. Given this reality, the Department of Medical Assistance Services (DMAS) generously agreed to provide funding for several *Project Connect* grantees to continue their work for another year, and on June 18, 2007 the Virginia Health Care Foundation's Board of Trustees awarded continuation grants to the following projects.

Alexandria Neighborhood Health Services, Inc. (ANHSI) will continue its work in Arlington and Alexandria, focusing on lower income Hispanic families. The project can be reached by calling (703) 535-5418.

Consortium for Infant and Child Health (CINCH) will continue to enroll uninsured children and pregnant women in Hampton Roads (Chesapeake, Hampton, Newport News, Norfolk, Portsmouth, Suffolk and Virginia Beach). For assistance in these areas call (757) 668-6447.

Cumberland Plateau Health District, working in partnership with Clinch Valley Community Action Agency, will continue to provide outreach and enrollment assistance to families in the far Southwest area of Virginia. They serve Buchanan, Dickenson, Lee, Russell, Scott, Smyth, Tazewell, Washington and Wise Counties. Call (276) 889-7621 x45 or (276) 988-5583 for assistance.

Inova Partnership for Healthier Kids will continue is work on outreach through the schools in the city of Alexandria and Fairfax and Loudoun Counties and will be expanding its efforts into nearby Prince William County. Call (703) 321-1990.

In the Richmond area, outreach efforts will transition from REACH to the **Richmond Public Schools**. Working from the inside, a school employee will assess the current levels of outreach being conducted by the school system's staff and develop and implement an annual outreach plan for the school system to increase the number of eligible school children enrolled in health coverage.

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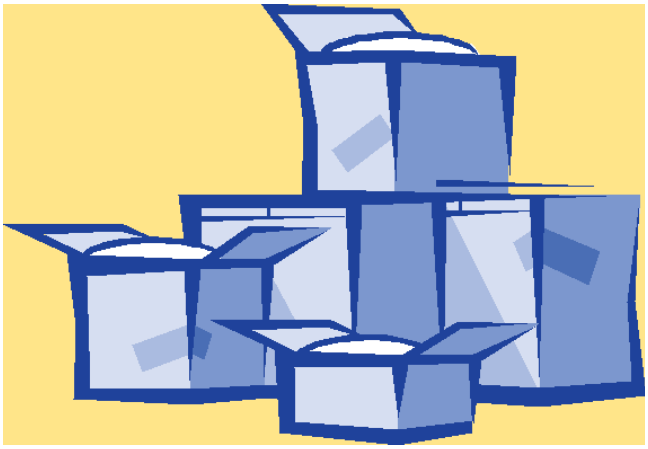
www.signupnowva.org

Contact Info Changed? Getting newsletters for people no longer with your agency? Please contact SignUpNow to update your information by e-mailing signupnow@vhcf.org.

Special thanks to the Virginia Department of Medical Assistance Services for underwriting the production and distribution of this newsletter.

SignUpNow and the Virginia Health Care Foundation are moving!



Effective August 1, 2007, the new address for VHCF and SignUpNow will be:

707 East Main Street, Suite 1350
Richmond, VA 23219

VHCF's and SignUpNow's web and e-mail addresses will all remain the same.