

VIRGINIA TITLE XXI STATE PLAN FACT SHEET

Name of Plan:	Family Access to Medical Insurance Security Plan (FAMIS)
Date Plan Submitted:	June 15, 1998
Date Plan Approved:	October 22, 1998
Effective Date:	October 26, 1998
Date First Amendment Submitted:	June 23, 2000
Date First Amendment Approved:	December 22, 2000
Amendment Effective Date:	December 22, 2000
Date Second Amendment Submitted:	November 15, 2001
Date Second Amendment Approved:	January 23, 2002
Amendment Effective Date:	December 1, 2001
Date Third Amendment Submitted:	June 28, 2002
Date Third Amendment Approved:	September 26, 2002
Amendment Effective Date:	December 1, 2001
Date Fourth Amendment Submitted:	August 30, 2002
Date Fourth Amendment Approved:	December 23, 2002
Amendment Effective Date:	September 1, 2002

Background

- On June 15, 1998, Virginia submitted a proposal for a separate child health program, known as the Virginia Children's Medical Security Insurance Plan (VCMSIP).
- The initially approved plan covered children up to age 19 with family incomes up to 185 percent of the Federal Poverty Level (FPL).

Amendments

- Virginia submitted its first amendment on June 23, 2000, to change the name of the title XXI program to the Family Access to Medical Insurance Security Plan (FAMIS). The program covers children from birth through age 18 with family incomes up to 200 percent of the FPL.
- The first amendment also changed the benefit package from Secretary-approved coverage that was a package essentially the same as the Medicaid package to coverage based upon the State employee health plan, with the addition of physical therapy, occupational therapy, speech language pathology, and skilled nursing services for special needs children.

- The first amendment also established a premium assistance program for children in families that meet FAMIS eligibility requirements and who have access to health insurance coverage through their parent's employer. Under the program, the State may pay the employee's share of the premium for dependent coverage if certain requirements are met.
- The first amendment also incorporated cost sharing in the form of premiums and copayments.
- Virginia submitted its second amendment on November 15, 2001, to allow the State to offer two different benefits packages to FAMIS enrollees based upon their geographic location in the State. Enrollees obtaining care through a managed care entity receive the Secretary-approved coverage that is an enhanced benefit package based upon the State employee health plan. Enrollees in geographic areas of the State where there is not yet a contract with a managed care entity continue to obtain services through the Primary Care Case Management (PCCM) program and receive the Secretary-approved coverage that is a package of benefits essentially the same as Medicaid, until such time as a contract with a managed care entity to offer the Secretary-approved coverage modeled after the State employee health plan is implemented.
- The second amendment also allowed the State to exempt children receiving services through the PCCM program from paying copayments.
- Virginia submitted its third amendment on June 28, 2002, to update and amend the SCHIP State plan to indicate the State's compliance with the final SCHIP regulations. This amendment also suspended premiums and added case management and hospice services to the State plan for the benefit package modeled on the State employee health plan. These services were always included in the benchmark plan modeled on the State employee health plan and were always provided to individuals served by those plans providing this coverage, but the services were inadvertently omitted from earlier SCHIP state plan amendments.
- Virginia submitted its fourth amendment on August 30, 2002. This amendment establishes a SCHIP Medicaid expansion program, in addition to the existing separate child health program. Children ages 6 through 18 with family income equal to or less than 133 percent of the FPL will move from the separate child health program into the Medicaid expansion program. This move will make all children below 133 percent of the FPL eligible for Medicaid and will allow all of the children in one family to be covered in the same program.
- Virginia's fourth amendment also increases dental, vision, and other services in the benefit package for the separate child health program modeled on the State employee health plan. This amendment also eliminates premiums from cost-sharing requirements, changes procedures to improve coordination with Medicaid on eligibility determination for FAMIS, and adds additional good cause exceptions to the 6-month waiting period requirement.

Children Covered Under Program

- The State reported that 73,102 children were ever enrolled in its separate child health program during Federal fiscal year 2001.

Administration

- Virginia's Department of Medical Assistance Services administers both the FAMIS and Medicaid programs.

Health Care Delivery System

- Enrollees in the Medicaid expansion program receive services through the established Medicaid delivery system, which includes mandatory managed care plans in certain geographic areas and a Primary Care Case Management (PCCM) program in geographic areas that do not have more than one contracted managed care entity. The PCCM delivery system is a prepaid health plan that manages and delivers health care for enrollees for a monthly capitated amount and is reimbursed on a fee-for-service basis.
- Enrollees in the separate child health program who obtain services either through the PCCM program or on a fee-for-service basis receive a benefits package that is similar to the Medicaid package. Enrollees transitioned from CMSIP to FAMIS obtain services through their assigned PCCM. Newer enrollees will receive services through Fee For Service until such time as the new MMIS is implemented, expected in 2003.
- Enrollees in the separate child health program who obtain services through a variety of managed care entities receive a benefit package that is based upon the State employee health plan. The State intends to identify managed care entities that can offer this benefit package to serve all geographic areas of the State. Once this occurs, the PCCM delivery system will no longer be used to deliver services to title XXI enrollees.

Benefit Package

- Enrollees in the Medicaid expansion program receive the Medicaid benefit package.
- Enrollees in the separate child health program living in geographic areas of the State where a managed care entity has not yet been identified receive a Secretary-approved benefit package which is essentially the same as the State's Medicaid plan, with the addition of substance abuse services.
- Enrollees in the separate SCHIP living in geographic areas of the State where a managed care entity has been identified receive a Secretary-approved benefit package based upon the State employee health plan, with the addition of physical therapy, occupational therapy, speech language pathology, and skilled nursing services for special needs children, and blood lead testing.
- The State provides supplemental coverage for children in the premium assistance program if the employer plan does not provide services included in the benchmark plan.

Cost Sharing

- Premiums were suspended on April 15, 2002, and eliminated from cost-sharing requirements effective September 1, 2002.

- Families at or below 150 percent of the FPL are subject to copayments ranging from \$2 per outpatient visit to \$15 per inpatient admission. For families with incomes above 150 percent of the FPL, copayments range from \$5 to \$25. Total copayments for non-premium assistance families are limited to \$180 per year for families with incomes at or below 150 percent of the FPL, and \$350 for families with incomes above 150 percent of the FPL.
- Families not enrolled in the premium assistance program track the amount they spend on copayments and notify the State when the out-of-pocket cap is met. A new card is then issued excluding families from additional copayments.
- Families enrolled in the premium assistance program and families obtaining services through the PCCM or fee-for-service delivery system are not subject to copayments.
- American Indian and Alaska Native children are not subject to cost sharing.

State Action to Avoid Crowd Out

- If a child has been covered under a health insurance plan within 6 months of application for or receipt of FAMIS services, the child will be ineligible unless good cause for discontinuing the coverage is demonstrated.

Coordination between SCHIP and Medicaid

- A joint Medicaid/FAMIS application, which addresses specific questions about health insurance coverage or available coverage, can either be mailed to a central processing unit (CPU) or taken to a local Department of Social Services office for determination. Medicaid eligibility staff is co-located at the CPU. Applicants are not required to have a face-to-face interview or contact.

Outreach Activities

- Virginia's comprehensive marketing and outreach efforts promote both Medicaid and FAMIS. The State coordinates activities with other state agencies, community-based organizations, the business community, and health care associations and providers.
- Virginia also has a Central Processing Unit that provides a toll-free help line number, serves as a distribution point for applications, assists callers with completing applications, serves as a source for answering questions, and provides eligibility status.
- A contract with a public relations firm is used to assist with the development of a statewide marketing plan, development of multimedia marketing materials, and evaluation of activities to promote application and enrollment.
- Other strategies include coordination with school districts and other agencies/organizations, a toll-free hotline number, the use of a simplified application, and direct-marketing techniques.

Financial Information

Total FY 2003 SCHIP Allotment -- \$53,437,771

FY 2003 Enhanced Federal Matching Rate -- 65.37 percent

FFY 2003

State Share -- \$24,686,487

Federal -- \$46,599,933

Total -- \$71,286,420