

**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
Date Fifth Amendment Submitted:	June 15, 2004
Date Fifth Amendment Approved:	September 13, 2004
Amendment Effective Date:	August 1, 2003 and June 1, 2004
Date Sixth Amendment Submitted:	June 29, 2004
Date Sixth Amendment Disapproved:	April 16, 2007
Date Seventh Amendment Submitted:	July 3, 2006
Date Seventh Amendment Approved:	September 26, 2006
Amendment Effective Dates:	Vary as follows: <ul style="list-style-type: none">• August 1, 2005 pregnant applicants no longer subject to the waiting period; and removes reference to premium assistance program.• August 1, 2006 retroactive eligibility for newborns;• July 1, 2006 adds disease management benefit to the fee-for-service delivery system

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. This amendment also made the following changes:
 - Changed the benefit package from Medicaid look-alike 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.
 - 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 State no longer has approval to operate its premium assistance program through its State plan. See Amendment # 7).
 - Incorporated cost sharing in the form of premiums and co-payments.
- 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 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 a Medicaid look-alike package, until such time as a contract with a managed care entity is implemented. This amendment also allowed the State to exempt children receiving services through the PCCM program from paying co-payments.
- On June 28, 2002, Virginia submitted its third amendment 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 benefit package and provided to enrollees but were inadvertently omitted from earlier SCHIP State plan amendments.

- On August 30, 2002, Virginia submitted its fourth amendment to establish 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 moved from the separate child health program into the Medicaid expansion program. This move makes all children below 133 percent of the FPL eligible for Medicaid and allows all of the children in one family to be covered in the same program. This amendment also increased dental, vision, and other services in the state employee health plan benefit package, eliminated premiums from cost-sharing requirements, changed procedures to improve coordination with Medicaid on eligibility determination for FAMIS, and added additional good cause exceptions to the 6-month waiting period requirement.
- Virginia submitted its sixth amendment on June 29, 2004. The amendment requested the addition of new school based health services to the State's SCHIP (FAMIS) benefit package. This Amendment was disapproved. In the absence of a response from the State, it was not possible to ascertain whether the amendment met the statutory and regulatory requirements of the State Children's Health Insurance Program (SCHIP), including the definition of "child health assistance" at section 2110(a) of the Act, the coverage requirements under section 2103 of the Act, and Section 2101(a), which requires the provision of child health assistance in an effective and efficient manner. Therefore the SPA was disapproved.
- This seventh amendment was submitted on July 3, 2006 with additional changes made on August 7, 2006. It made the following changes to the State plan:
 - Excludes the State's four-month period of uninsurance if an applicant is pregnant at the time of application;
 - Permits 90-day retroactive coverage for newborns;
 - Adds disease management to the benefit package provided to enrollees in the fee-for-service delivery system; and
 - Removes all references to its previously approved SCHIP state plan premium assistance program, since the State currently operates its premium assistance program through an SCHIP Section 1115 demonstration.

Children Covered Under Program

- The State reported that 65,536 children were ever enrolled in the Medicaid expansion and 71,646 children were ever enrolled in the separate child health program in FFY 2006.

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 PCCM in others.

- In the separate child health program, enrollees living in geographic areas of the state with more than one managed care entity must choose a managed care entity. Enrollees in geographic areas of the State without a contracted managed care entity receive services through the PCCM until such time as a contract with a managed care entity is implemented.

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 that is a Medicaid look-alike, with the addition of substance abuse services.
- Enrollees in the separate health program 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 certain mental health services 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 in the separate program 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 co-payments ranging from \$2 per outpatient visit to \$15 per inpatient admission with an annual co-payment cap of \$180. For families with incomes above 150 percent of the FPL, co-payments range from \$5 to \$25 with an annual co-payment cap of \$350. Families track the amount they spend on co-payments and notify the State when the annual co-payment cap is met. A new card is then issued excluding these families from additional co-payments.
- American Indian and Alaska Native children are not subject to cost sharing.

State Action to Avoid Crowd Out

- If a child has had health care coverage within 4 months of application for or receipt of FAMIS services, the child will be ineligible unless good cause for discontinuing the coverage is demonstrated or if the child is pregnant.

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 2007 SCHIP Allotment -- \$94,070,318
FY 2007 Enhanced Federal Matching Rate -- 65 %

Date last updated: May 4, 2007