



Listen to the voices of these parents.

Their words, spoken at focus groups across the state and supplemented by data and research points, inform us of specific problems that Virginia families face. This issue brief is one of a series that highlights policy recommendations to remedy specific problems.

“Currently the system is like a ping-pong game.”
—outreach worker

Quotes

- “I’m in [FAMIS] because of the cyclical nature of my husband’s employment and it’s nothing you can count on. In my case, except for my child who has a recognizable disability — which affects his speech — he’s on Medicaid because he has a disability. My other two get on and are off and on because of the income...It’s almost incredible. You would not believe...you get something in the mail today saying, oh so-and-so isn’t eligible, then you’ll get something in the mail tomorrow telling you something different and you have to look at when was what mailed and who was it that called and then you get on the phone and try and get it straightened out.”—parent
- “The current state health care system is not set up to handle families’ fluxuating incomes. Families often go back and forth between programs and often ‘give up’ because it is too frustrating and complicated.”
—outreach worker

Virginia has made great strides

in the last year by making it easier for families to enroll their children in health insurance resulting in a 30% increase in FAMIS enrollment since January 2002, yet obstacles remain.

One such problem relates to children’s coverage bouncing between the Medicaid and FAMIS programs as their families’ income fluctuates. Currently in Virginia, families are reevaluated annually for eligibility in FAMIS and Medicaid. In between annual evaluations, however, families are required to submit any changes in income or assets. Low-income families frequently have fluctuations in income due to part-time or seasonal work and changing jobs.

DATA/RESEARCH

- As of December 1, 2002, more than 313,000 children in Virginia were enrolled in Medicaid or FAMIS. However, an estimated 98,000 children eligible for these programs are still uninsured.
- According to the Robert Wood Johnson Foundation, one in five parents of uninsured children have either had their children go without medical care in the past year because they didn't know how to pay for it or have kept their children from playing sports because they were afraid their children would be injured and they could not afford medical treatment.
- Nationally, 8 in 10 uninsured children live in households where at least one of the adults works.
- 7,500 children were removed from the FAMIS rolls at the end of August 2002 for cause – meaning that their families had not supplied proper documentation for re-enrollment at their annual renewal or when they reported changes in income, as currently required. The Department of Medical Assistance Services had made numerous attempts to contact these families over several months, but when attempts were not successful, children lost insurance coverage.

REMEDY

- *Adopt twelve-month continuous eligibility for Medicaid and FAMIS.*

This change will guarantee a full year of health coverage regardless of fluctuations in a family's income or circumstances. With continuous eligibility, families do not have to report these changes during the 12-month eligibility period. This prevents children from fluctuating between Medicaid and FAMIS when their family's income level or circumstances change, helping promote a single medical home for the child.

Twelve-month continuous eligibility also creates administrative savings for local Departments of Social Services and the FAMIS Central Processing Unit.

Seventeen states have adopted this option for children in Medicaid and the separate SCHIP program.



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WE ARE GRATEFUL TO THE FOLLOWING PARTNERS FOR SUPPORT OF THIS SERIES:

Ford Foundation, BB&T, CIGNA HealthCare of Virginia, Inc., CHIBB Foundation, Inova Health System, Owens & Minor, SunTrust, Wachovia

Sources: Urban Institute, Virginia Department of Medical Assistance Services, Joint Commission on Health Care of the Virginia General Assembly, Covering the Uninsured, a project of the Robert Wood Johnson Foundation

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