

2005 NASCIO Award Submission
Category: Digital Government: Government to Citizen

Project: Using Technology to Improve Children's Health
Agencies: Department of Medical Assistance Services
and Virginia Department of Health

Executive Summary

This year, two Commonwealth of Virginia agencies partnered in a technology initiative to significantly increase participation in Family Access to Medical Insurance Security Plan (FAMIS, <http://www.famis.org>), the state's free or low-cost insurance program for uninsured children. By enabling online applications, cross-population of applicant data, and application stations on-site at health care provider locations, an estimated 18,000 uninsured children and their families as well as hospitals and 150 health departments across Virginia can now reap the benefits of their initiative.

Increasing participation in FAMIS to improve children's health is a primary and shared business goal of both the Department of Medical Assistance Services (DMAS) and the Virginia Department of Health (VDH). Their efforts provide significant benefits for children, parents, and health care providers:

- More children receive coverage, and consequently, better care and health.
- Caregivers are enabled to easily apply for needed coverage, and thus seek health care services without fear of financial hardship.
- Health care providers receive reimbursement for services, which they provide regardless of insurance status but which represent an ever-growing financial drain.
- State agencies and health care departments across the state have new tools to expand outreach and service to the neediest citizens; paperwork and redundant tasks have been reduced to allow more time for client service.

The three-tier project began with DMAS's effort to broaden citizen access to FAMIS, through a simple and secure online application. Next, a software enhancement to VDH's WebVISION information system screens for eligibility and automatically migrates patient data between intake and FAMIS application. Finally, DMAS partnered with Virginia Commonwealth University (VCU) Health Systems to pilot on-location Application Stations, putting the program directly in front of citizens that need it, when they need it most. The new tools were publicly and widely demonstrated via a webcast and teleconference for health care providers statewide, to further their use by citizens across the state.

The FAMIS projects amply illustrate Virginia's use of technology to provide citizen-centric service, revolutionizing service delivery through customer-facing Internet applications. The projects also illustrate the results of using IT to improve and coordinate service delivery between multiple state agencies, service locations across the state, local governments and private partners.

Benefits of improved access and subsequent better health flow directly to the state's neediest citizens – its uninsured children and their families. The return on investment can be easily measured by hospitals, which can realize \$200+ in reimbursement for care per patient per day plus cost avoidance for collection services. The ROI for families can also be measured financially – one hospital stay for an uninsured child quickly costs thousands, versus no cost for a FAMIS insured patient. The initiatives' most valuable return, however, is in the improved health and emotional well-being realized by families and children.

Description of Project

Participation in Family Access to Medical Insurance Security Plan (FAMIS), the Commonwealth of Virginia's program for uninsured children, provides significant benefits for children, parents, and health care providers statewide. Increasing participation in FAMIS is a primary and shared business goal of both the Department of Medical Assistance Services (DMAS) and the Virginia Department of Health (VDH). The two agencies partnered to develop an IT strategy and an associated outreach strategy to help meet that business need.

The three-tier project began with DMAS's effort to broaden and simplify citizen access to FAMIS, through launch of a simple and secure online application. Next, a software enhancement to VDH's WebVISION information system expedited the process by screening for eligibility and then automatically cross-populating patient data between intake and FAMIS application. Finally, DMAS partnered with Virginia Commonwealth University (VCU) Health Systems to pilot on-location Application Stations, putting the program directly in front of citizens that need it, when they need it most. The new tools were publicly and widely demonstrated via a webcast and teleconference for health care providers statewide, to further their use by citizens across the state.



Online Application Launched Multiple Outreach Initiatives

A host of new initiatives were enabled through DMAS's development of a secure, on-line application for FAMIS. Allowing families to apply for health coverage through the FAMIS website at <http://www.famis.org> makes any computer with Internet access an application site. The on-line application also gives providers, local governments, schools, and community organizations a new tool in their efforts to help children find needed health care coverage. The new application was launched on February 1, 2005; with no promotion, more than 1,700 electronic applications were received in the first 3 months.

Need for Security Drove Technology Development

Data security is vital when healthcare data is concerned. Every effort has been made to ensure that client data is appropriately maintained and kept confidential. The FAMIS website and Operations Center, hosted by contract with ACS Healthcare Services, uses a secure, 128-bit certificate. During a session, data is protected from tampering and interception; it is encrypted and stored on the server until the user finishes the application, when the data is transferred or ends the session, or when the data is erased. This prevents someone using a shared computer (such as at a hospital) to see data entered by a previous user.

Unique Identifier Assists Personnel

As applications are entered, each is assigned a unique 18-digit identifier stored in the database and displayed on all confirmation documents. This identifier is converted into a barcode that is displayed on forms in the FAMIS Operations Center, allowing personnel to ensure that documents received are grouped with the correct client.

On-line Application Stations, On Site

VCU Medical Center has taken a lead role in providing access to the online application, to immediately link uninsured children with health insurance while they are on site for service. The hospital's Department of Pediatrics has piloted three "Application Stations," at the Neonatal Intensive Care Unit (NICU), the Pediatric Emergency Room, and the VCU Children's Pavilion. At both the NICU and ER sites, families have access to a hotline phone to the FAMIS call center and a dedicated computer with the on-line FAMIS application. A trained, dedicated staff person at the Children's Pavilion location guides families through the application process and assists in obtaining any necessary documentation. Helpful signage and instructions further assist applicants. The system runs on the hospital's local intranet, protected by Radia security, to ensure HIPAA guidelines are met. The model has provided significant citizen assistance and proven financial benefits for other health service organizations interested in launching similar on-site stations.

WebVISION-FAMIS Application Link Populates Up to 60% of Needed Data

DMAS and VDH collaborated to use IT to enhance the health department's patient intake software, WebVISION. New tools make it possible for healthcare workers to use a patient's existing intake information to electronically populate a FAMIS Children's Health Insurance application, cutting down paperwork time for patients and staff. The 150 health departments statewide regularly see uninsured patients, engage in FAMIS application assistance, and already collect up to 60% of the information needed to complete an application. Now, that data automatically migrates from intake to application. Last year, VDH treated over 29,000 patients who had no insurance; if qualifying applications are completed at a medical appointment, services will be reimbursed.

New Features, Now in Pilot, Provide Further Enhancement

The multiple FAMIS outreach initiatives were launched as soon as the basic systems were completed, in order to speed citizen access. Further enhancements are in pilot testing:

- WebVISION will automatically alert a staff person to generate an application for FAMIS if intake data entered profiles an uninsured child in the right income range; 6 health districts are currently pilot testing the feature, which will launch statewide in July 2005.
- When the FAMIS program is expanded to include pregnant women, the online component will mirror that expansion.
- Electronic signatures will be verified by staff workers, and electronic delivery via WebVISION will be enabled, in Phase II of the initiative.

We Have the Technology... Now Let's Use It!

"Cover the Uninsured Week" is a national, bipartisan, campaign sponsored by the Robert Wood Johnson Foundation which publicizes the plight of the uninsured and underinsured. Virginia's 2005 activities focused on its new IT applications, which make it easier and faster for children to get covered, featuring the theme "We Have the Technology...Now Let's Use It!" Events were designed to inspire partners to use the technology in their own communities to help get kids enrolled - and keep kids covered. <http://www.famis.org/English/covertech.htm>



- A teleconference displayed the WebVISION information system modifications, which prefill applications and facilitate FAMIS enrollment.
- A webcast illustrated the online application and the Application Stations at VCU Health Systems.
- Agency staff and community partners participated in “Cover the Uninsured Week” outreach events in over 40 local communities and organizations.
- FAMIS partners across the state hosted local viewings of the webcast, inviting community partners and local media, to foster local enrollment strategies.
- DMAS publicized the programs via FAMIS TV commercials in the Richmond and Hampton Roads areas and radio ads on Spanish language stations.
- All Department of Child Support Enforcement checks were printed with a special FAMIS message during May.

Significance to the Improvement of the Operation of Government

The FAMIS projects amply illustrate Virginia’s dedication to using technology to provide citizen-centric service, revolutionizing service delivery through implementation of customer-facing Internet applications and increased quality and quantity of online applications. The projects also illustrate the results of using information technology to increase the networked environment and to improve and coordinate service delivery between multiple state agencies, service locations across the state, local governments and private partners.

The new on-line application gives providers, local government offices, schools, and community organizations a new tool in their efforts to help children find health coverage. There are 150 health departments located statewide. Health departments regularly see uninsured patients and many already engage in FAMIS application enrollment assistance. The new software enhancements will be able to identify eligible uninsured patients on the front end, before they are seen. If the health department is able to get the patient insured, the services they provide will be reimbursed by the FAMIS or FAMIS Plus program.

Health departments already collect up to 60% of the information needed to complete an application for FAMIS. Developing the software to capture that information and migrate it to the application was a logical next step. The project is an example of how state agencies are coordinating efforts, in this case to streamline assistance to the uninsured.

Benefits Realized by Service Recipients, Taxpayers, Agency or State

The multiple FAMIS initiatives offer their most significant benefit to the state's most vulnerable citizens – children without health insurance. The initiatives enable quick, easy access to health insurance and encourage caregivers to seek medical care without fear of financial hardship. Insurance significantly relieves financial burden of childhood illness for already-struggling parents. Adequate health care strengthens childrens' everyday wellbeing, and assists them in many other well-documented areas such as school progress.

Other citizen benefits derive from the process improvements. The online application has exponentially expanded delivery locations for benefits, and migration of data makes the process much quicker. Awareness of the FAMIS program among parents and other caregivers is greatly increased via the Application Stations at VCU locations, and this will grow exponentially as more hospitals follow suit.

Participating hospitals realize revenue gain and cost avoidance. If a patient does not have health insurance, the cost of treatment falls to the patient or family. The hospital frequently has to pursue costly collection activities for uninsured patients, receiving an average 40% return on treatment bills. If the patient is properly insured through FAMIS, most procedures are covered and the providers receive return for services rendered as bills are paid. One hospital system (VCU Medical Center) estimates that in the last fiscal year to date (July 2004 - May 2005) Pediatrics alone has been unable to collect \$227,000 for services given to self pay patients.

Community health workers have new tools to assist them in their efforts to provide health care to children – and to reduce redundant tasks and paperwork. Their time can now be more suitably spent providing much-needed client service.

Return on Investment, Short-term / Long-term Payback

Reduction in the number of uninsured children in the Commonwealth offers financial return to citizens, hospitals, and government. Development costs for software enhancements were approximately \$45,000, plus a moderate amount of staff time for development. The return on the agency investment is not measured monetarily, as it is a service and outreach driven business process.

The ROI on the patient stations in hospitals is significant and offers strong motivation for participation. The cost of set up is covered in days; future use represents profit. VCU Health Systems shows a cost of \$2,000 per station and \$120 in time for staff training. Their two station investment is \$4,120. They estimate that one patient admitted for treatment who is properly registered in FAMIS will return \$290 per day in reimbursement. One in six Richmond-area residents does not have health insurance and relies on safety net providers for medical care. VCU further estimates that on average there are 17 potential Medicaid patients admitted at any given time, representing a return of \$4,930 per day if properly registered. VCU saw its start-up costs returned in just two days.

The most important ROI for these initiatives rests with the children and families served. One of the first patients registered at an Application Station at VCU Medical Center was a 10-year-old who needed kidney dialysis. His hospital stay was 7 days. Estimated costs for his stay included \$10,000 for dialysis, \$2,030 for his hospital stay, plus various services, supplies, medication, and other expenses, which quickly accumulated to a total of \$15,000 or more. His family was able to give all of their attention to the sick child, without worrying about the cost of his stay, since the on-site FAMIS assistant promptly registered the child in FAMIS upon their arrival. This is the true success story, for this child, his family, and the many more like him who will be served throughout the Commonwealth.