The Florida KidCare Evaluation Series:

Florida KidCare Program Evaluation Report, 2003

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I. Executive Summary

This report presents the descriptive results for the Year 5 Evaluation of the Florida KidCare Program as required by state and federal guidelines. This evaluation covers the period from July 1, 2002 through September 30, 2003, which encompasses both the state fiscal year (July 1, 2002 through June 30, 2003) and the federal fiscal year (October 1, 2002 through September 30, 2003).

A variety of data sources were used to conduct this evaluation including data from prior KidCare evaluations, KidCare application and enrollment files, and extensive telephone surveys conducted with families involved in the KidCare Program. Across the five evaluation years, a total of 19,951 surveys were conducted with families whose children participated in the KidCare Program. During Year 5 alone, 3,503 surveys were conducted. The primary focus of the surveys was to assess children's experiences in the program when they were 1) enrolled in the program for less than 3 months (new enrollees), 2) enrolled for 12 months or longer (established enrollees), or 3) disenrolled from the program.

Program enrollment increased by 9 percent from State FY 2002 to State FY 2003. One out of every twelve residents in Florida was served by KidCare.

The KidCare Program continued to grow with a total enrollment of 1,507,513 children as of June 30, 2003 – a 9 percent increase over the preceding year. Approximately one out of every twelve residents in Florida was enrolled in KidCare on June 30, 2003. The total enrollment included CMSN Title XXI enrollees, Healthy Kids Title XXI and non-Title XXI enrollees, MediKids enrollees, and Medicaid Title XXI and Title XIX enrollees.

During State FY 2002-2003, 168,647 single page KidCare applications were received representing 274,087 children. A large majority (71 percent) of these children became enrolled in one of the KidCare Program components. A waiting list has been formed to hold those children who are approved for coverage, but not eligible for immediate enrollment.

The KidCare Program continues to serve families from diverse backgrounds. About 30 percent of program enrollees are Hispanic and about 17 percent of enrollees speak Spanish as their primary language in the home. Overall, 19 percent of enrollees are black. Many KidCare enrollees (61 percent) live in two parent households.

Their parents' educational levels vary greatly with about 13 percent of them having an Associates degree or higher. However, about 36 percent of enrollees' parents report not having a high school or GED diploma. These statistics highlight the importance of working with

Children in the KidCare Program are racially and ethnically diverse. About a third are Hispanic and about a fifth speak Spanish as the primary language in the home. The parents have a wide range of educational backgrounds.

KidCare enrollees and their families in a culturally competent and family-centered manner. The health care providers and program administrators must be sensitive to the racial, ethnic, and educational diversity seen among program enrollees.

Depending on the KidCare Program component, about one-half to three-quarters of the families have access to the Internet at home. However, only 11 percent reported that they learned about KidCare through the Internet. This is a significant increase from the one percent who reported learning about KidCare on the Internet in State FY 2001-2002.

The KidCare Program serves a higher percentage of children with special health care needs than might be expected based on statewide estimates.

The KidCare Program continues to serve many children with special health care needs (CSHCN). WhileCMSN serves the most severe CSHCN, there are still those with more mild to moderate special needs (such as asthma, attention deficit disorder and other chronic conditions) in the Medicaid, Healthy Kids, and MediKids Programs. In fact, statewide estimates find about 13 percent to 14 percent of Florida's children have special needs compared to 24 percent of KidCare established enrollees.

Within KidCare, CMSN has the largest share of children with special health care needs (81 percent), but there are 21 percent of Medicaid HMO enrollees, 30 of MediPass enrollees in counties without HMOs, 33 percent of MediPass enrollees with HMOs, 23 percent of Healthy Kids enrollees, and 15 percent of MediKids enrollees that have special health care needs as well. As a result, the KidCare Program may experience higher than expected health care costs and must be attentive to the quality of the provider network to ensure appropriate access to specialists.

Almost half of CMSN parents on the Title XXI Wait List report not seeking care when they thought they should have due to the anticipated costs of care.

Surveys of parents on the Healthy Kids Summer 2003 and the CMSN Fall 2003 wait lists found that while waiting for coverage, families often need to make decisions about whether to seek medical care or not. These decisions may be influenced by the lack of insurance coverage and concerns about the costs of care. Parents were asked if they had not sought medical care when they thought they should have in the prior six months due to anticipated out-of-pocket expenses. More than a fifth (22 percent) of parents with children on the Healthy Kids wait list reported that they had not sought care when they thought they should have due to anticipated costs. Almost half (47 percent) of parents of children on the CMSN wait list did not seek care due to anticipated costs. Given that children on the CMSN wait list have a wide-range of chronic and severe conditions, it is not surprising that their parent have concerns about the cost of care.

Children's unmet health care needs were reduced in nearly every category assessed after enrollment in the KidCare Program. Thirteen percent of KidCare enrollees did not receive well-child visits prior to enrollment compared to 2 percent post-enrollment.

Crowd-out does not appear to be a significant problem for the KidCare program. Only 18 percent of families of new enrollees and 16 percent of families of established enrollees have access to and are eligible for employer-provided family coverage. Families in poverty have lower rates of crowd-out than families with incomes above the poverty line.

In summary, the KidCare Program continues to provide quality health care services to low income children in Florida. Several areas that were already strengths for the program, such as satisfaction with the application process and with the quality of health care, remained strong. Other areas saw significant improvement over prior evaluation years.

More in-depth statistical analyses will be conducted in the Spring, 2004 and will provide further detail that can be used for ongoing quality improvement in the KidCare Program.

II. Introduction

Introduction and Purpose of the Report

The purpose of this report is to present the descriptive results for the Year 5 Evaluation of the Florida KidCare Program as required by state and federal guidelines. This evaluation covers the period from July 1, 2002 through September 30, 2003, which encompasses both the state fiscal year (July 1, 2002 through June 30, 2003) and the federal fiscal year (October 1, 2002 through September 30, 2003). The evaluation includes children enrolled in Medicaid (HMOs and MediPass), MediKids, Healthy Kids, and the Children's Medical Services Network (CMS).

Separate evaluations were conducted for Years 1, 2, 3, and 4 of the Florida KidCare Program. For Evaluation Years 1 and 2, descriptive reports were prepared. In Years 3 and 4, a descriptive report was prepared as well as detailed statistical analyses examining such critical issues as the influence of place of residence and family sociodemographic characteristics on family satisfaction with their children's health care, children's disenrollment behaviors, and other critical outcomes.

The interested reader may obtain copies of these reports by accessing the Agency for Health Care Administration's web site (www.fdhc.state.fl.us) or the Institute for Child Health Policy's web site (www.ichp.edu). The current report includes new data gathered during KidCare Evaluation Year 5 as well as comparisons to prior years.

The current report contains the following content areas:

1. A description of the program structure and eligibility;
2. The evaluation approaches used and data collected for this evaluation period;
3. A description of the applications submitted; number of children enrolled; and number of children disenrolled;
4. An overview of how families learned about the program;
5. Demographic characteristics of program participants;
6. Presence of special health care needs among program participants;
7. Families' experiences with the application and enrollment process;
8. Children's access to a usual source of care and unmet needs;
9. Families' satisfaction with the program;
10. Dental care;
11. Compliance with immunization guidelines;
12. Families' experiences with disenrollment;
13. Crowd-out;
14. Program financing; and
15. Summary and conclusions.

III. Program Structure, Eligibility, and Recent Legislative Changes

Program Structure

During the 2003 Legislative Session, several program changes were approved. Each of the KidCare program components is briefly discussed in the following paragraphs. A summary of the KidCare program changes that occurred as a result of the 2003 Legislative Session is then provided.

The Florida KidCare Program consists of the following components:

- **MediKids** is a Medicaid "look-alike" program for children ages 1 to 5 years, who are at or below 200 percent of the federal poverty level (FPL). During State and Federal Fiscal Year 1998-1999, MediKids also served children under one year of age who were at or below 200 percent FPL. The Florida Legislature subsequently changed the Medicaid eligibility levels to include infants (less than 12 months) under 200 percent FPL in the Medicaid Program. Title XXI funds are used to finance care for these infants, although they are served by Medicaid.

  MediKids offers the same benefit package as the Medicaid Program, with the exception of special waiver services that are available to Medicaid enrollees. State law provides that children in MediKids must receive their care through one of two managed care options. Families residing in counties where two or more Medicaid HMOs are available must choose one of the HMOs. Families residing in counties where only one HMO is available have the choice between MediPass and the HMO.

- **Healthy Kids** is for children ages 5 to 19, and at designated sites, their younger siblings. The Healthy Kids Program includes three groups of children: 1) those under 200 percent FPL who are Title XXI eligible, 2) those under 200 percent FPL who are not Title XXI eligible, and 3) those over 200 percent FPL. Parents who are over 200 percent FPL may enroll their children and pay the full per-child premium. The average full premium is about $92.
  .
  The Florida Healthy Kids Program became available statewide in September 2000. For each region, the Florida Healthy Kids Corporation selects one or more commercially licensed health plans through a competitive bid process.

The 2000 Florida Legislature directed Healthy Kids to implement a dental program, which became available statewide in 2002. Three dental insurers provide the benefits and form the provider networks. Families have the opportunity to select one of these three plans.

The dental benefit package is the same as is offered to children enrolled in Medicaid with no cost sharing or copayments. Title XXI enrollees do not pay any additional monthly premiums for this coverage. Non-Title XXI families who are enrolled in the full premium option pay an additional $20 per child per month if they select dental coverage.

- **Children's Medical Services (CMS) Network** is a program for children ages 0 to 19 who have a special health care need. CMSN is the state's Title V Children with Special Health Care Needs (CSHCN) Program. The Department of Health (DOH) operates the program, which is open to all children in Title XIX or Title XXI meeting medical eligibility criteria. Children in CMSN have access to specialty providers, care coordination programs, early intervention services, and other programs that are essential for their health care. These children receive the Medicaid benefit package, as well as the previously described expanded services.

- **Medicaid** Prior to KidCare, the Medicaid Program provided coverage for infants age 0 to 1 at or below 185 percent FPL, children ages 1 to 6 at or below 133 percent FPL, children and adolescents ages 6 to 15 at or below 100 percent FPL, and 15 to 19 year olds at 28 percent FPL. Beginning in April 1998, the Medicaid Program was expanded to include adolescents ages 15 to 19 who are at or below 100 percent FPL. On July 1, 2000, the Medicaid Program was expanded a second time to provide coverage for infants age 0 to 1, residing in families with incomes at or below 200 percent FPL.

  Families may select the type of managed care program they want for their children. Children can receive their care through a health maintenance organization (HMO), MediPass, which is a primary care case management (PCCM) program, or a Provider Service Network (PSN), available in Miami-Dade and Broward counties only. A special Emergency Room Diversion Program is also available to MediPass enrollees in Miami-Dade, Broward, and Palm Beach counties. The Agency for Health Care Administration contracts with an enrollment broker to assist families in making this important decision for their children. In the MediPass program, providers receive a monthly capitation fee for the children in their panels to provide care coordination. All other health care services are reimbursed according to the Medicaid fee schedule.

Premium Payments

Families receiving Medicaid insurance coverage do not pay a premium. Except for Medicaid, the Florida KidCare Program is not an entitlement, which means that the state is not obligated to provide Title XXI benefits to all children who qualify, and can establish a waiting list for the program. Participants contribute to the costs of their monthly premiums. The monthly family payment for Title XXI enrollees is $15 for those families with incomes between 100 percent and 150 percent FPL and $20 for those families whose incomes fall between 150 percent and 200 percent FPL. These premiums are constant regardless of the number of children in the family.[1] There is no monthly family payment for those in the Medicaid Program. Children whose families submit a KidCare application are automatically screened for potential Medicaid eligibility.

KidCare Eligibility

To be eligible for Title XXI-financed premium assistance, federal law specifies that a child must:

- Be under age 19,
- Be uninsured,
- Be ineligible for Medicaid,
- Not be the dependent of a benefits-eligible state employee,
- Have a family income at or below 200 percent of the FPL,
- Be a United States citizen or a qualified alien, and
- Not be an inmate of a public institution or a patient in an institution for mental diseases.

Table 1 provides information about the federal poverty levels for a family of four for 1999 through 2003. Table 2 summarizes the financial eligibility requirements for each of the KidCare Program components. Figure 1 illustrates the coverage levels for the KidCare Program.

Children in the Medicaid Program, who are under five years of age, are given 12 months of continuous eligibility. Those who are 5 to 19 years of age are allowed six months of continuous eligibility. Families receive notice from the DCF when it is time to redetermine their children's eligibility; this is not a passive re-enrollment process.

A passive redeterminaton process is used for those enrolled in Healthy Kids, MediKids, or the Title XXI component of CMSN. Every year, families are sent letters asking them to update their demographic information. More information about the effectiveness of the passive redetermination process is contained in section *XI-Experiences With Paying Premiums*.

[1] Those enrolled in Healthy Kids who are below 200% FPL but are not Title XXI eligible also pay $20 per family per month. Children over 200% FPL may be covered under the Healthy Kids program at full premium of approximately $92 per child per month.

Recent Legislative Changes

As of July 1, 2003, the following program changes were implemented by KidCare:

- The use of waiting lists for Title XXI coverage was authorized. Families were encouraged to continue to apply for KidCare coverage since applications are accepted and children will be enrolled in Title XXI programs as space becomes available. As enrollment in Medicaid is authorized by Title XIX though, Medicaid will continue to accept applications and enroll eligible children all year; waiting lists do not apply to Medicaid.[2]
- The monthly premium for Title XXI coverage for families between 150 and 200 percent FPL was raised to $20.
- Healthy Kids dental benefits are limited to $750 per child, per year.
- Co-pays for children enrolled in Healthy Kids receiving selected services increased to $5.

Table 1. Federal Poverty Levels for a Family of Four

Income as a Percent of FPL	1999	2000	2001	2002	2003
100%	$16,700	$17,050	$17,650	$18,100	$18,400
133%	$22,211	$22,677	$23,475	$24,073	$24,472
150%	$25,050	$25,575	$26,475	$27,150	$27,600
185%	$30,895	$31,543	$32,653	$33,485	$34,040
200%	$33,400	$34,100	$35,300	$36,200	$36,800

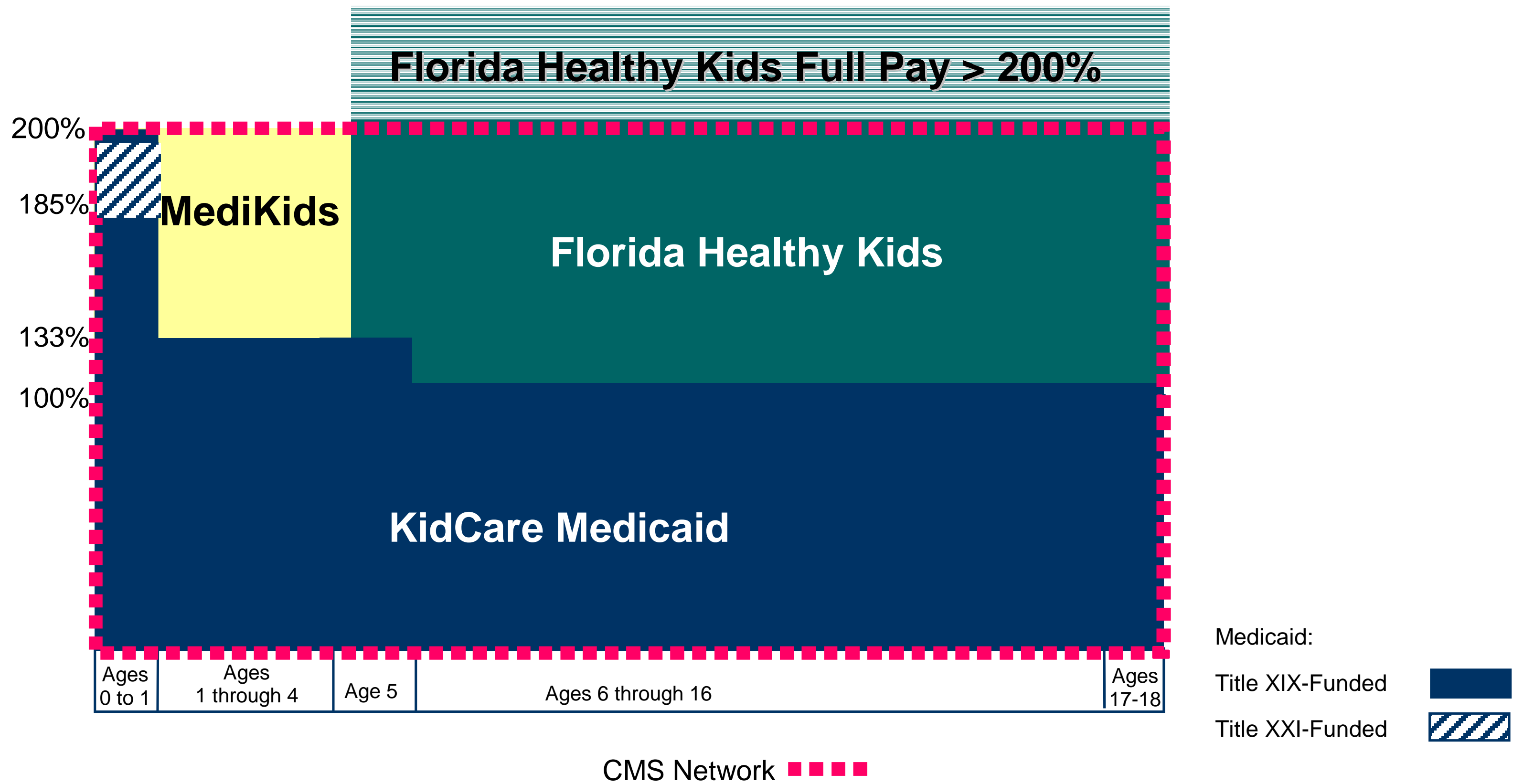
[2] Other states have implemented similar waiting list processes. Please see the Kaiser Commission on Medicaid and the Uninsured for a report comparing the management of waiting lists in other states, www.kff.org/medicaid/4159.cfm.

Table 2. KidCare Program Components and Coverage Levels, FY 2002-2003

KidCare Program Component	Coverage Level (FPL)
Medicaid for Children	
Ages 0 to 1	200% or below
Ages 1 to 6	133% or below
Ages 6 to 19	100% or below
MediKids	
Ages 1 to 5	134% to 200%***
Healthy Kids*	
Age 5	134% to 200%***
Ages 6 to 19	101% to 200%***
Ages 3 to 19	Above 200% -can participate but receive no premium assistance
CMS Network**	
Physical Health	
Ages 0 to 1	186% to 200%
Ages 1 to 6	134% to 200%***
Ages 6 to 19	101% to 200%***
Specialized Behavioral Health	
Ages 5 to 19	101% to 200%***

* Some counties include children ages 1 to 5 who are siblings of enrollees ages 5 to 19.
** Children must also meet CMSN medical or behavioral health-specific eligibility criteria.
*** Those families under 150% of FPL pay a reduced premium.

Figure 1. Florida KidCare Eligibility, State Fiscal Year 2002-2003



Note: Federal law specifies that only adolescents born before October 1, 1983 may enter the Title XXI funded Medicaid coverage. As those adolescents have aged, there are no replacements for them. Hence, there are no adolescents currently covered by Title XXI.

IV. The Evaluation Approaches and Data Collection

Evaluation Phases

The Year 5 KidCare Program Evaluation is being conducted in phases. The first phase is the descriptive information contained in this report, which satisfies the federal and state evaluation requirements.

The second phase will include more detailed multivariate analyses and results from special focused studies addressing the following topics:

- An analysis of physical health care use, mental health care use, and satisfaction with care for a sample of BNet enrollees compared to a cohort of children with mental health conditions in Medicaid, in Healthy Kids, and on a waiting list for enrollment into BNet (after controlling for illness burden or case-mix).
- A report detailing the issues associated with being on a waiting list to enter the KidCare Program and its impact on the family in terms of out-of-pocket spending for health care and deferred or forgone care.
- An evaluation of the transition in Medicaid coverage for infants under the age of one. An analysis of performance data, including Health Employer Data and Information Set (HEDIS)[3] measures, lag between specialist referrals and appointment, and CAHPS dental outcomes.
- A report investigating retention in KidCare programs using Kaplan-Meier survival techniques.

Data Sources

A variety of data sources were used to conduct this evaluation including data from prior KidCare evaluations, KidCare application and enrollment files, and extensive telephone surveys conducted with families involved in the KidCare Program. Across the five evaluation years, a total of 19,951 surveys were conducted with families whose children participated in the KidCare Program. During Year 5 alone, 3,503 surveys were conducted. The primary focus of the surveys was to assess the children's experiences in the program when they were 1) enrolled in the program for less than 3 months (new enrollees), 2) enrolled for 12 months or longer (established enrollees), or 3) disenrolled from the program.

Populations Included in the Telephone Surveys

Telephone surveys were the primary data source for this report. Table 3 contains a summary of the response rates for each survey, number of completed surveys, and confidence intervals. Four separate surveys were conducted from July through December 2003, each with a different purpose, and a different population. Children were randomly selected for each survey from the KidCare program components. Telephone interviews were conducted with parents of these sampled children.

Samples were selected from the KidCare application and enrollment files maintained at the Institute for Child Health Policy for those enrolled in

[3] National Commission on Quality Assurance. *HEDIS 2004*. Washington DC: 2003.

MediKids, Healthy Kids, and CMSN as a result of the single page KidCare applications.

The Agency for Health Care Administration (AHCA) also provided random samples of children enrolled in the Medicaid HMO and MediPass programs. MediPass enrollees were separated into two groups: those residing in counties in which no Medicaid health maintenance organizations (HMOs) were available and those residing in counties with Medicaid HMOs. The two groups are, respectively, labeled in this report as "Medipass Only" and "MediPass wHMO". These Medicaid sample files were shared with the Department of Children and Families (DCF) who provided the most up-to-date contact information available about these families.

The four types of surveys conducted during State FY 2002-2003 were:

The New Enrollee Survey was designed to obtain information from families whose children recently became enrolled in the KidCare program. Specifically, the families interviewed had to meet the following criteria for inclusion in the sample:

- Enrolled for three months or less in Medicaid, MediKids, Healthy Kids, or CMSN,
- Had not been enrolled in any KidCare program component for at least 9 months prior to the survey, and
- Had not switched between KidCare program components during the time of their current enrollment.

Because these families were interviewed so early in their enrollment, they were asked about how they heard about KidCare, what they thought about the application and enrollment process, and what kind of medical care they had prior to enrollment. Questions about demographics, health status, and unmet need were also asked. The overall cooperation rate for this survey was about 63% percent.

The Established Enrollee Survey was designed to gather information from families whose children had been enrolled in KidCare for a sustained period of time; this survey was called "Caregiver" in prior evaluations. The criteria for inclusion in the survey sample were as follows:

- Enrolled for at least 12 consecutive months in CMSN, Healthy Kids, MediKids, MediPass, or the Medicaid HMO Program, and
- Had not switched between KidCare program components during the time of their current enrollment.

Families of established enrollees were asked about their satisfaction with the quality of care their children received in the program and asked questions about their demographics, their children's health status, and unmet medical needs. The overall cooperation rate for this survey was about 53 percent.

The Disenrollee Survey was designed to obtain information from families whose children had recently disenrolled from KidCare. Specifically, respondents had to:

- Disenroll for two to three consecutive months from Healthy Kids, MediKids, or Medicaid or disenroll for one to four consecutive months from CMSN,[4] and
- Had not switched to another KidCare program component after disenrolling.

Families were asked questions about their reasons for disenrolling their children, the children's current insurance status, and their access to other types of health insurance coverage. Standard questions about health status and demographics were also asked. The overall cooperation rate for this survey was about 50 percent.

The Waiting List Survey was designed to obtain information from families whose children were on waiting lists for Healthy Kids or CMSN coverage. Families were asked questions about the length of their wait and medical costs incurred while awaiting coverage. The CMSN survey also asked for information on the child's diagnosis and special health care needs. The overall cooperation rate for CMSN families was about 87 percent, while 72 percent of Healthy Kids families cooperated.

[4] The time frame for the CMSN disenrollment surveys had to be broader than the time frame used for the Healthy Kids, MediKids, or Medicaid disenrollment surveys (i.e., 1 to 4 months versus 2 to 3 months, respectively) because so few children disenrolled from CMSN in the 2 to 3 month time frame used for the other KidCare Program components.

Table 3. Summary of Surveys Conducted for Fiscal Year 2002-2003 Evaluation

Surveys	**Eligible Universe (Population N)**	**Completed Interviews (sample n)**	**Confidence Interval (%), p<=.05****
New Enrollee			
CMSN	1,069	100	+/-9.33
Healthy Kids	20,087	303	+/-5.59
Medicaid*	21,613	100	+/-9.78
MediKids	4,466	103	+/-9.55
Total	47,235	606	+/-3.96
Established Enrollee ("Caregiver")			
CMSN	4,744	301	+/-5.47
Healthy Kids	171,264	301	+/-5.64
Medicaid HMO*	129,572	302	+/-5.63
MediPass only* (in counties without HMOs)	38,423	300	+/-5.64
MediPass wHMO* (in counties with HMOs)	31,227	302	+/5.61
MediKids	14,717	302	+/-5.58
Total	389,947	1,808	+/-2.30
Disenrollee			
CMSN	734	100	+/-9.11
Healthy Kids	16,464	100	+/-9.77
Medicaid*	12,050	101	+/-9.71
MediKids	2,485	100	+/-9.60
Total	31,733	401	+/-4.86
Waiting List			
CMSN	675	310	+/-4.10%
Healthy Kids	24,824	378	+/-5.00%

* Medicaid populations are limited to those who entered the system through the Single Page Application process.

** The confidence intervals are presented for hypothetical items with uniformly distributed responses. These numbers are a worst case generality presented for reference purposes only.

Note: The CMSN, Healthy Kids and MediKids universe is limited to Title XXI enrollees only.

V. Enrollment Patterns in the KidCare Program

KidCare Applications Received

Figure 2 shows the KidCare application process for State FY 2002-2003. Figure 3 displays the outcomes of single page KidCare applications submitted to the Florida Healthy Kids Corporation from July 1, 2002 through June 30, 2003 (State FY 2002-2003). The following calculations were made using single page KidCare application and enrollment information:

- 168,647 applications were received from families and represented 274,087 children.
- 52,729 children were immediately enrolled in Healthy Kids or MediKids and no referral to CMSN or to DCF for Medicaid eligibility determination was required.
- 21,270 children were referred to CMSN for medical eligibility determination.

  Of the children referred to CMSN, 2,194 of them became enrolled in the Title XXI component of CMSN, 1,419 of them became enrolled in the Title XIX component of CMSN. Of those children who were not approved for CMSN, 6,248 became enrolled in Medicaid, 6,843 became enrolled in Healthy Kids, and 1,142 of them became enrolled in MediKids.
- 153,323 children were referred to DCF for Medicaid eligibility determination.

  Of the children referred to DCF, 112,196 became enrolled in Medicaid and 23,440 became enrolled in Healthy Kids or MediKids.
- 79,268 children or 29% of them did not become enrolled in any KidCare Program component.

  A small number (6,058) of these applicants were age 19 or older and not eligible for the KidCare Program. An additional 9,755 children were already insured. The remaining 63,455 children not enrolled represent the waiting list population, those children declined coverage for other reasons, and the small group of children whose parents did not accept an offer of coverage.

About 71% of those children applying to the KidCare Program through the single page application process became enrolled in one of the program components. This is a dramatic decrease from last year's 86% enrolled. This appears to be due to establishment of wait lists for Title XXI programs.

Table 4 shows application and enrollment figures for each month of the State and Federal FY 2002-2003. The mean monthly number of applications received during State FY 2000-2001 was 13,261 and 14,221 for State Fiscal Year 2001-2002. For State FY 2002-2003 though, the mean monthly average number of applications was 14,054. This represents a 1.1% decrease in applications received from the prior year. This follows several years of strong growth—a 7 percent increase was measured from State FY 2000-2001 to State FY 2001-2002 and an 18 percent increase occurred from State FY 1999-2000 to State FY 2000-2001. During State FY 2002-2003, outreach activities to notify families about the availability of the program were terminated. This may have had an impact on the number of applications submitted. In addition, if families are aware that there is a wait list, they may be less willing to apply for the program.

Figure 4 depicts the number of KidCare applications received during the period from September, 1999 to September, 2003. Several periods of high activity can be identified. Many of these periods correspond with the beginning of each school year, when school-based outreach activities occur. However, the peaks of activity in State FY 2002-2003 are not as great as those seen in the prior fiscal year.

Figure 2. KidCare Application Process

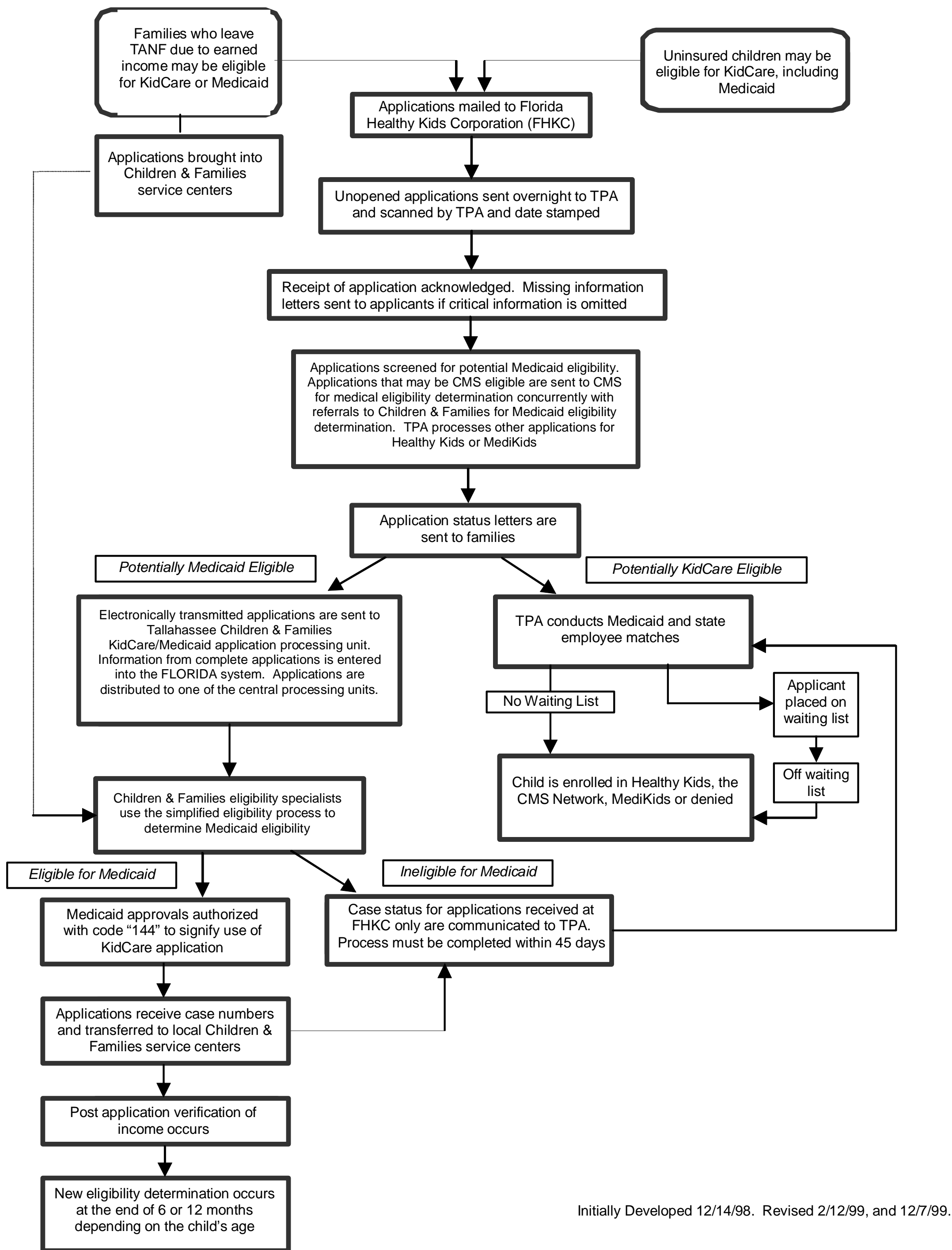


Figure 3. Outcomes of Single Page Applications Submitted During State FY 2002-2003

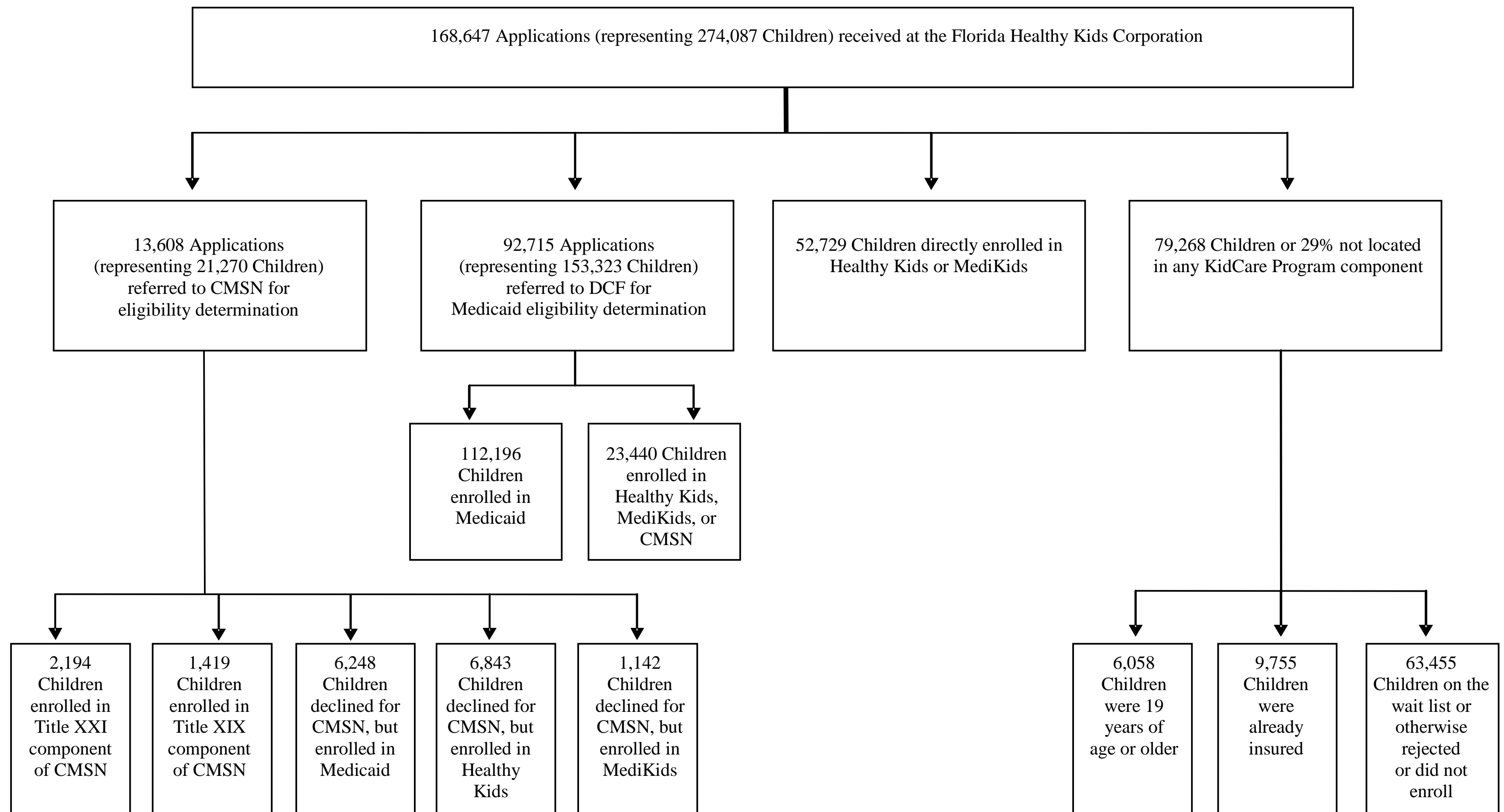


Table 4. Application and Enrollment Information, July 2002 through September 2003

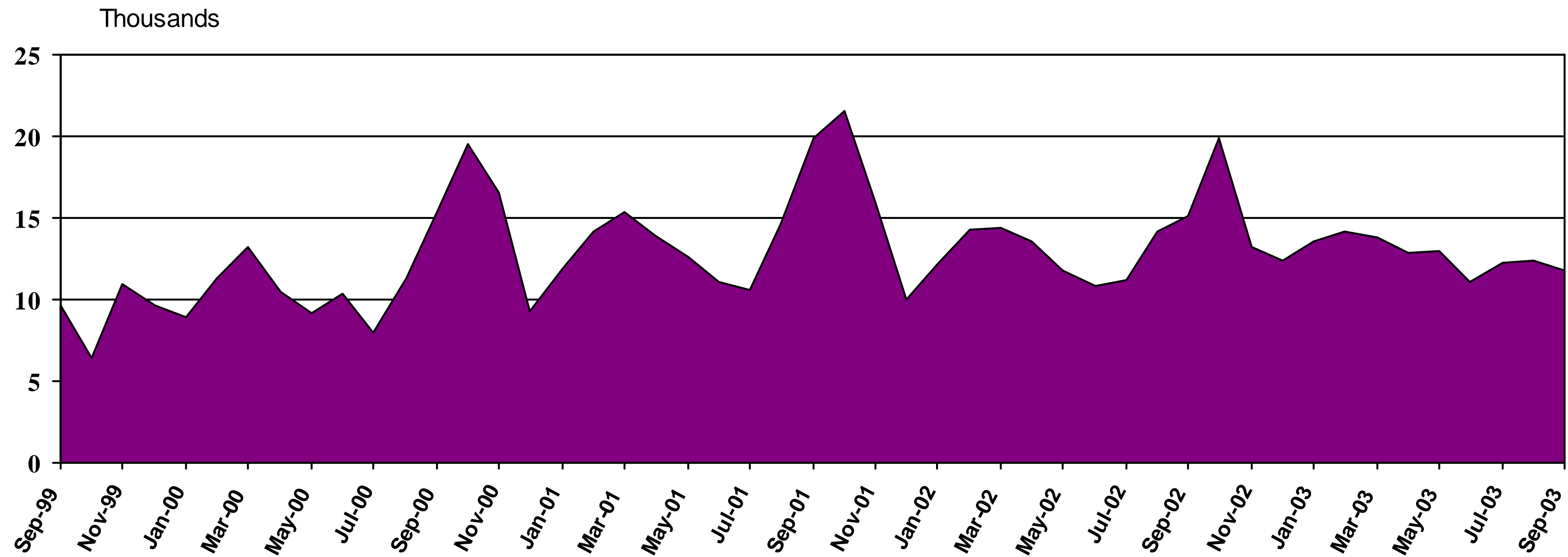
Application Information	**Jul-02**	**Aug-02**	**Sep-02**	**Oct-02**	**Nov-02**	**Dec-02**	**Jan-03**	**Feb-03**	**Mar-03**	**Apr-03**	**May-03**	**Jun-03**	**Jul-03**	**Aug-03**	**Sep-03**	**Total**
Number of Applications Received	12,524	15,660	16,598	19,851	13,196	12,331	13,560	14,215	13,769	12,859	12,959	11,125	12,282	12,349	11,840	205,118
Number of Children Represented on Applications Received	20,359	25,999	27,592	32,732	21,569	19,903	21,798	22,935	22,203	20,502	20,719	17,776	19,861	20	19,235	333,178
Applications Referred to DCF for Medicaid Eligibility Determination	6,726	8,434	8,998	10,693	7,065	6,734	7,670	8,028	7,697	7,288	7,242	6,140	6,721	6,727	6,197	112,360
Number of Children Referred to DCF	11,029	14,316	15,487	18,073	11,846	11,105	12,465	13,137	12,551	11,836	11,650	9,828	10,990	10,961	10,227	185,501
Number of Applications Referred to CMSN	955	1,197	1,243	1,362	930	905	1,081	1,121	1,147	1,591	1,155	921	1,008	1,120	1,014	16,750
Number of Children Referred to CMSN	1,461	1,936	1,934	2,151	1,496	1,405	1,682	1,713	1,786	2,488	1,784	1,434	1,565	1,789	1,623	26,247
Mean Child Age*	7.3	7.8	7.9	7.6	7.6	7.4	7.9	8.1	7.9	7.6	7.6	7.6	7.6	7.6	7.6	7.7
Standard Deviation of Mean Child Age	5.3	5.2	5.2	5.2	5.2	5.2	5.3	5.3	5.3	5.3	5.4	5.4	5.3	5.3	5.3	5.3
Mean Annual Family Income**	21,208	21,703	21,141	21,391	21,953	21,912	21,889	21,480	21,015	21,146	21,349	21,620	21,640	21,768	21,918	21,527
Standard Deviation of Mean Annual Family Income*	12,737	13,241	13,377	13,552	14,180	14,129	13,560	12,948	12,712	12,838	12,888	13,277	13,423	13,331	13,133	13,305
Mean Household Size***	3.7	3.7	3.7	3.7	3.7	3.7	3.7	3.7	3.7	3.7	3.7	3.7	3.7	3.7	3.7	3.7
Standard Deviation of Mean Household Size	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3

*Child ages below 0 and above 21 were considered to be out of range and hence are not used in calculation of mean child age.

**Figures are rounded to the nearest dollar. Incomes below $25 and above $200,000 were considered out of range and were not used in calculation of mean annual family income.

***Household sizes of below 0 and above 21 were considered to be out of range and were not used in the calculation of mean household size.

Figure 4. KidCare Applications Received Monthly, September 1999 – September 2003



State and Federal Fiscal Year 2002-2003 Enrollment

Table 5 shows the total number of new enrollees and the total number of children ever served for State and Federal Fiscal Year 2002-2003. Total enrollment refers to the total number of children ever enrolled during the specified time frames. Table 6 shows the point-in-time enrollment figures for the end of both the State and Federal Fiscal Years 2002 and 2003, and the percent growth during those time frames. Point-in-time figures represent the number of children enrolled on a specific date.

It is important to highlight the difference between these two ways of representing enrollment. Total enrollment figures are important to account for the churning that takes place in KidCare. Children may have multiple periods of enrollment, separated by periods of disenrollment.

Point-in-Time enrollment figures, on the other hand, are important to show the number of children being served by a program at a specific time. Therefore, both Tables 5 and 6 are very important to understand the number of children served by the KidCare program. Trends in the growth in KidCare enrollment include:

- From State FY 2001-2002 to State FY 2002-2003, there was a 9 percent increase in KidCare total enrollment (Table 6). This growth is less than the 12 percent increase in total enrollment from State FY 2000-2001 to State FY 2001-2002 and the 20 percent increase in total enrollment that occurred from State FY 1999-2000 to State FY 2000-2001. As of June 30, 2003, there were a total of 1,507,513 children enrolled in KidCare. The U.S. Census Bureau estimated that the July 1, 2003 resident population for Florida was 17,019,068. Hence, about one out of every twelve residents in Florida (8.8 percent) was enrolled in KidCare as of the start of the state fiscal 2002-2003 year.

- The Title XXI component of the KidCare Program grew by 21 percent from State FY 2001-2002 to State FY 2002-2003. This growth is slower than that in State Fiscal Year 1999-2000 to 2000-2001 (38 percent), but faster than the growth in State Fiscal Year 2000-2001 to 2001-2002 (18 percent).

- Overall, Medicaid grew by almost 6 percent, to a total enrollment of 1.15 million children.

Federal fiscal year trends were similar to those found for the state fiscal year. Figure 5 displays the growth trend in KidCare enrollment for each of the programs for State Fiscal Years 2000-2001, 2001-2002, and 2002-2003.

Table 5. Total Enrollees and Total New Enrollees for State and Federal FY 2002-2003

	SFY 2002-2003		FFY 2002-2003	
	Total New Enrollees*	Total Enrollees**	Total New Enrollees*	Total Enrollees**
CMSN	4,589	12,925	5,386	13,544
Healthy Kids	122,898	390,887	133,879	398,276
MediKids	29,074	63,697	31,988	64,741

*New Enrollees are children who became enrolled in a program during the specified time period, and had not previously been enrolled in that program any time during the previous 11 months.

**The Total Enrollees category includes anyone who was ever enrolled in a program during the specified time period, which includes new and established enrollees. Thus, children in the New Enrollees column are also counted in the total enrollees column.

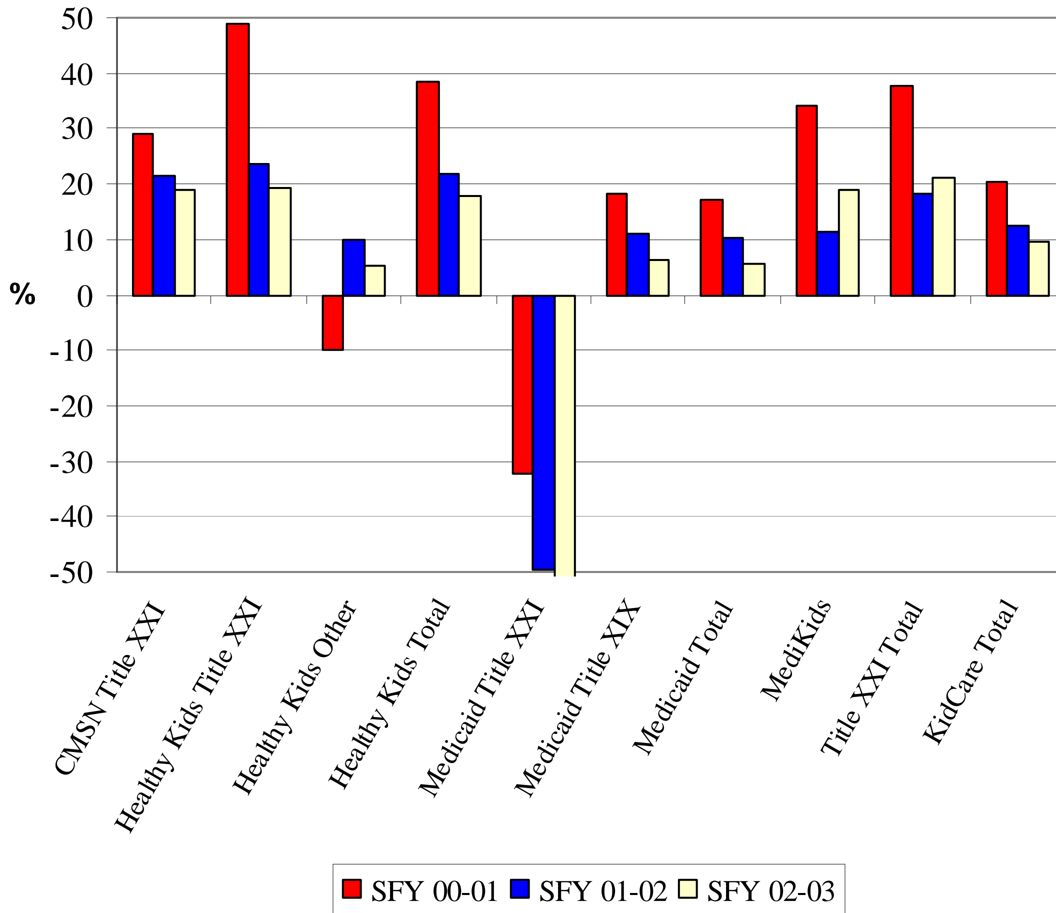
Note: These figures represent enrollees as they enter each program. Thus, a child who ages from the MediKids program to the Healthy Kids program would be represented three times in this table: once as an existing MediKids enrollee, once as a new Healthy Kids enrollee, and once as a Healthy Kids Total enrollee.

Table 6. Point in Time Enrollment Figures for State and Federal FY 2002-2003

	State Fiscal Year			Federal Fiscal Year		
	Enrollment on June 30, 2002	Enrollment on June 30, 2003	% Growth	Enrollment on September 30, 2002	Enrollment on September 30, 2003	% Growth
CMSN Title XXI	7,546	9,297	18.8	7,684	9,558	19.6
Healthy Kids Title XXI	218,160	270,438	19.3	223,457	273,647	18.3
Healthy Kids Other	25,726	27,119	5.1	24,843	24,399	-1.8
Healthy Kids Total	243,886	297,557	18.0	248,300	298,046	16.7
Medicaid Title XXI*	6,062	1,431	-323.6	3,814	1,488	-156.3
Medicaid Title XIX	1,078,627	1,149,528	6.2	1,108,434	1,166,694	5.0
Medicaid Total	1,084,689	1,150,959	5.8	1,112,248	1,168,182	4.8
MediKids	29,611	36,517	18.9	30,774	37,538	18.0
Title XXI Total	261,379	330,866	21.0	265,729	322,231	17.5
KidCare Total	1,365,732	1,507,513	9.4	1,399,006	1,513,324	7.6

* This number is expected to decline because federal law specifies that only adolescents born before October 1, 1983 may enter this program component. Thus, there are no replacements as those adolescents age out of the program.

Figure 5. Percentage Growth in KidCare for the Last Three State Fiscal Years, By Program



KidCare and Medicaid Monthly Enrollment

Figures 6 through 11 show the monthly enrollment in each of the KidCare Programs from April 1998 through December 2003. All programs showed a steady increase in enrollment with the exception of the Title XXI component of Medicaid. The Title XXI population in Medicaid represents only children in a narrow range of ages and income levels. Federal law specifies that only adolescents born before October 1, 1983 may enter this program component. Thus, there are no replacements as those adolescents age out of the program. But, infants under age one whose family income is between 185 and 200 percent of FPL are being actively enrolled in the program, so program enrollment will not drop to zero.

Figure 6. CMSN Title XXI Program Enrollment, 1998-2003

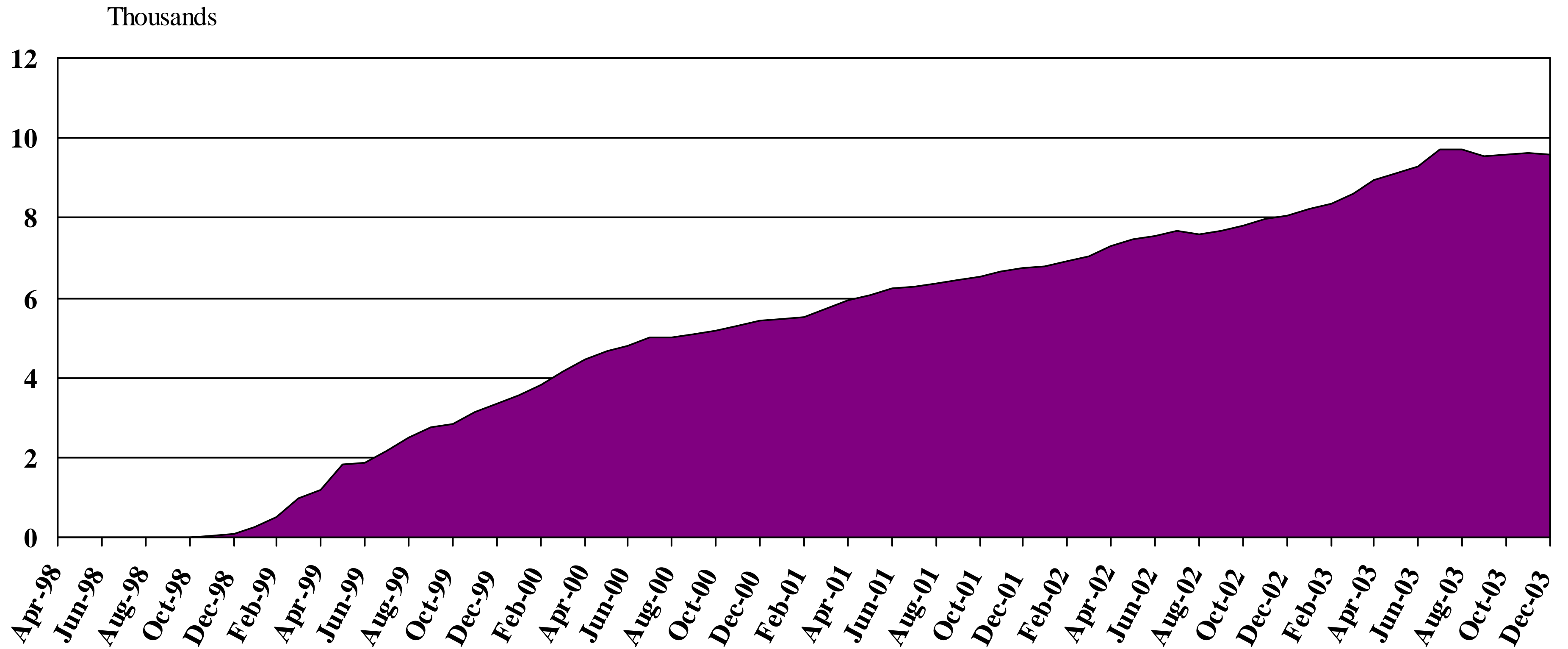


Figure 7. Healthy Kids Program Enrollment, 1998-2003

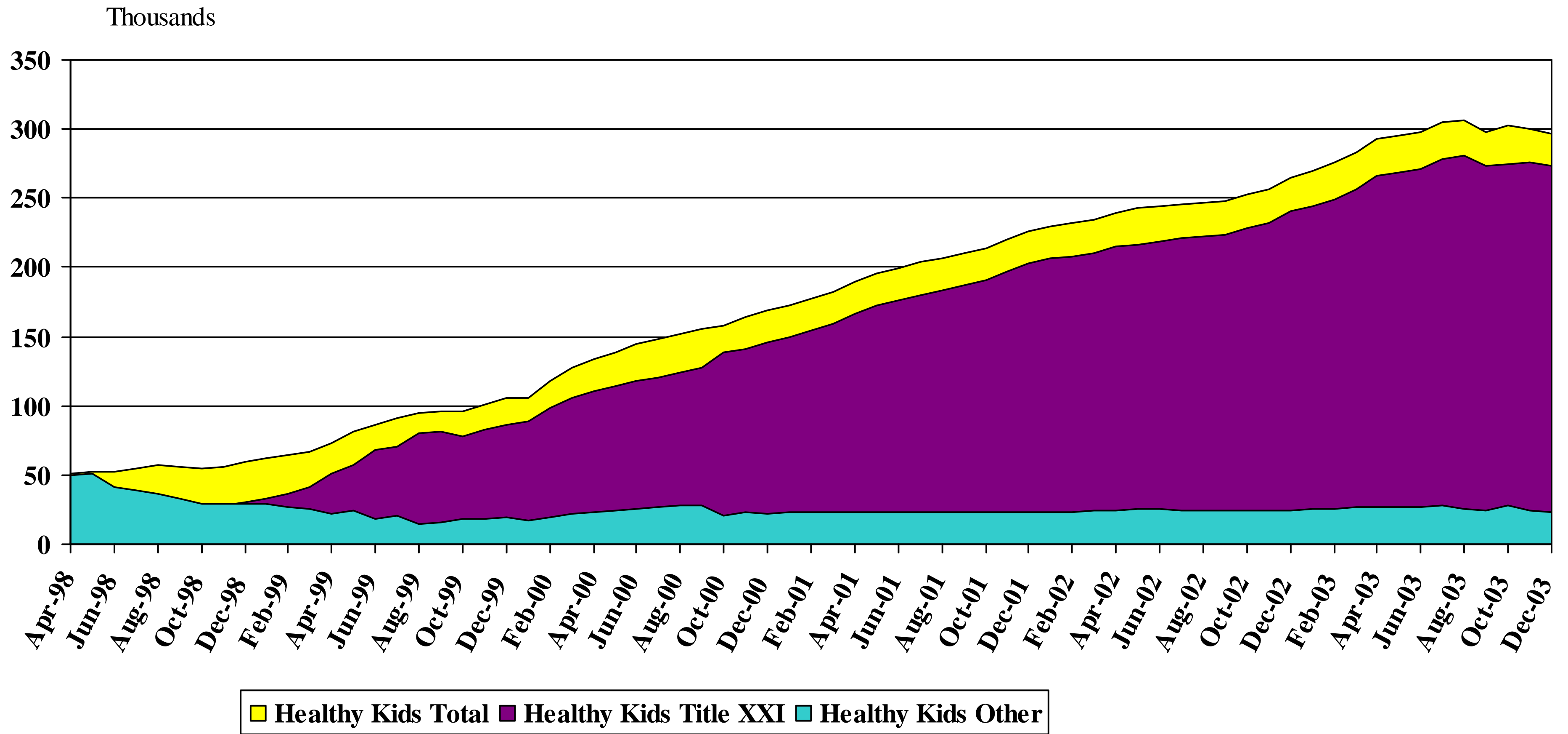


Figure 8. MediKids Title XXI Program Enrollment, 1998-2003

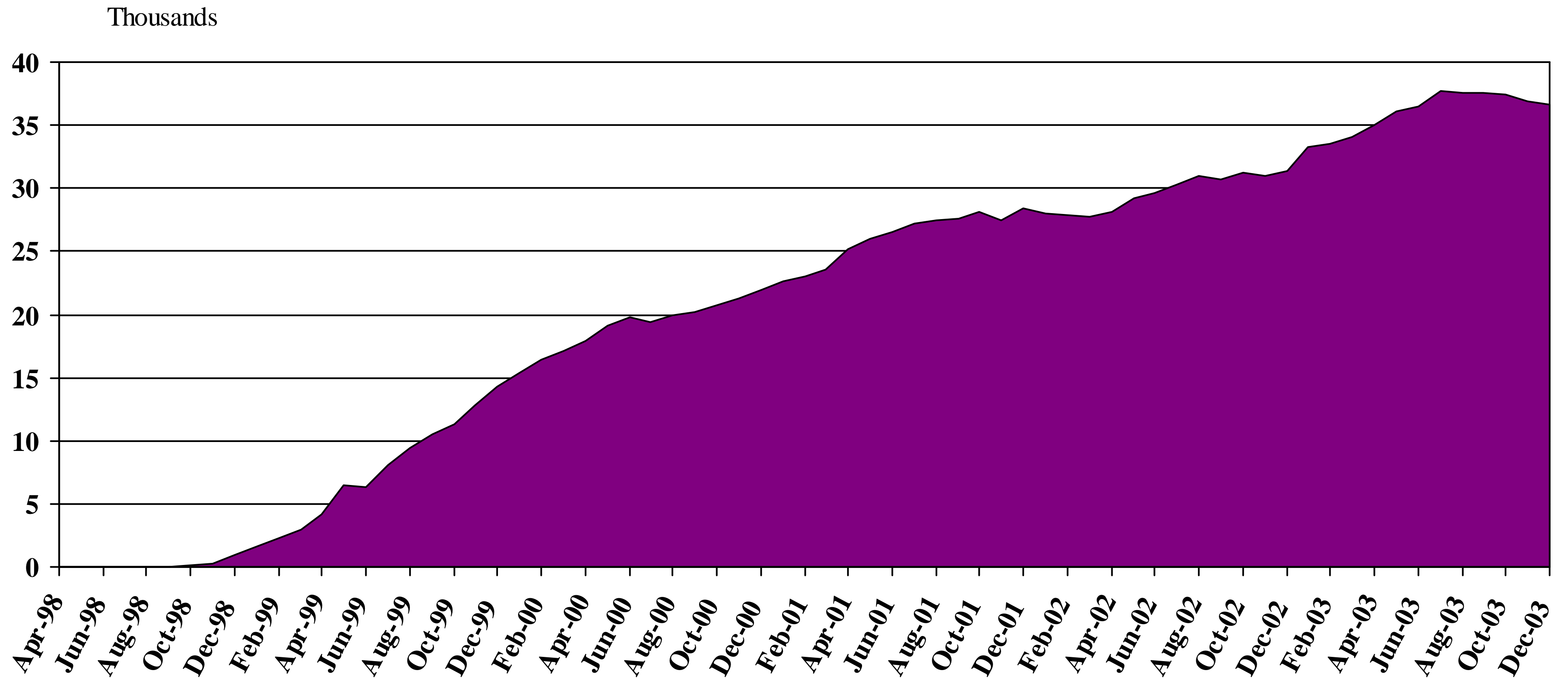


Figure 9. Medicaid Program Enrollment, 1998-2003

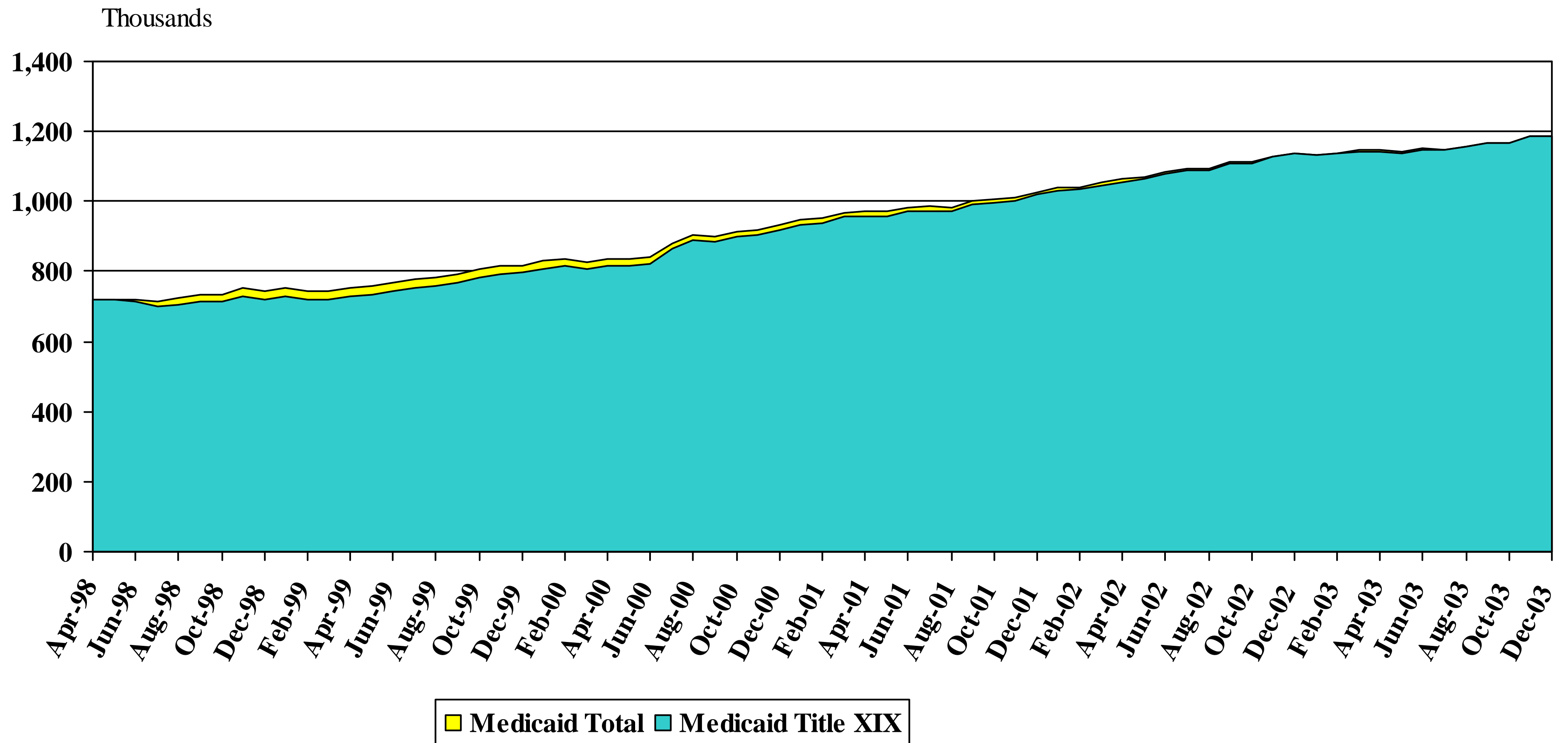


Figure 10. Medicaid Title XXI Program Enrollment, 1998-2003

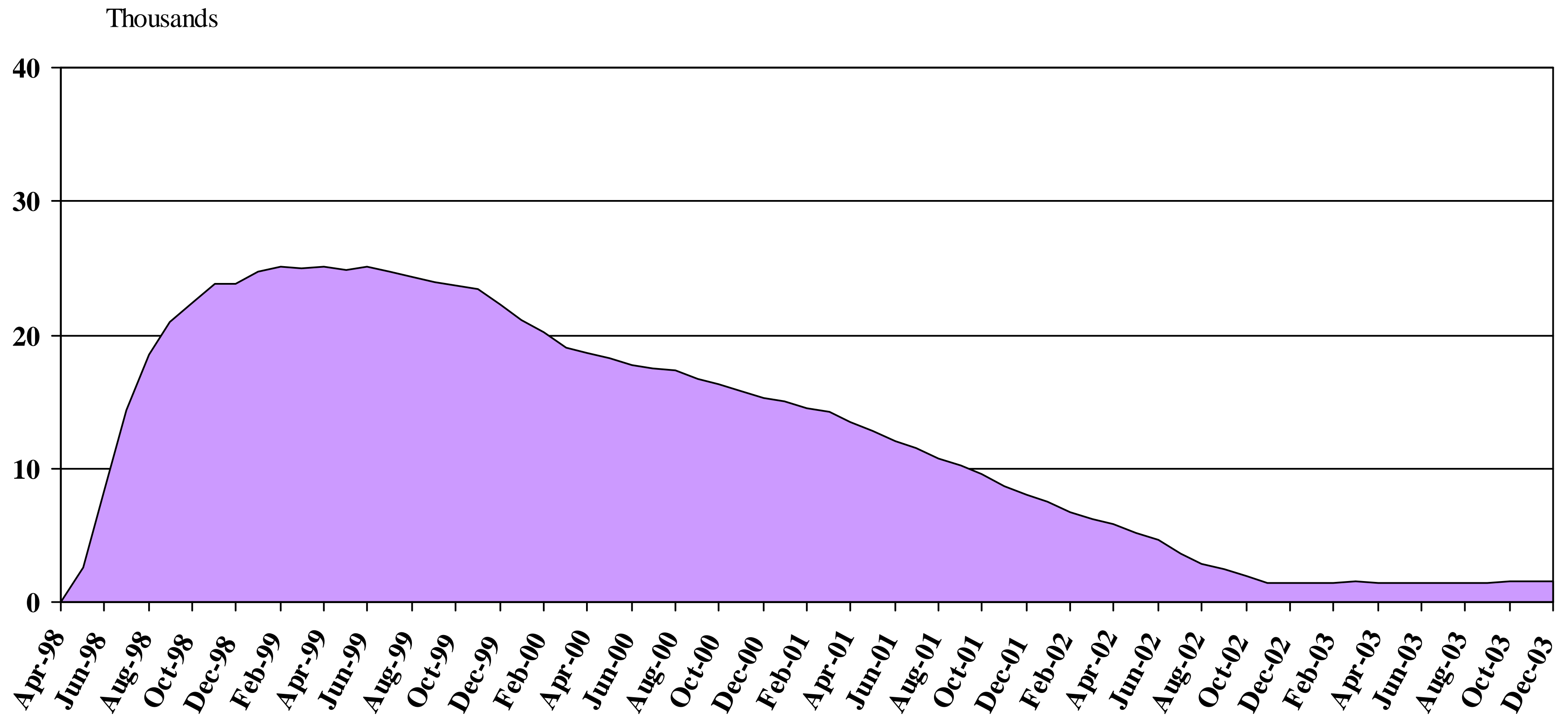
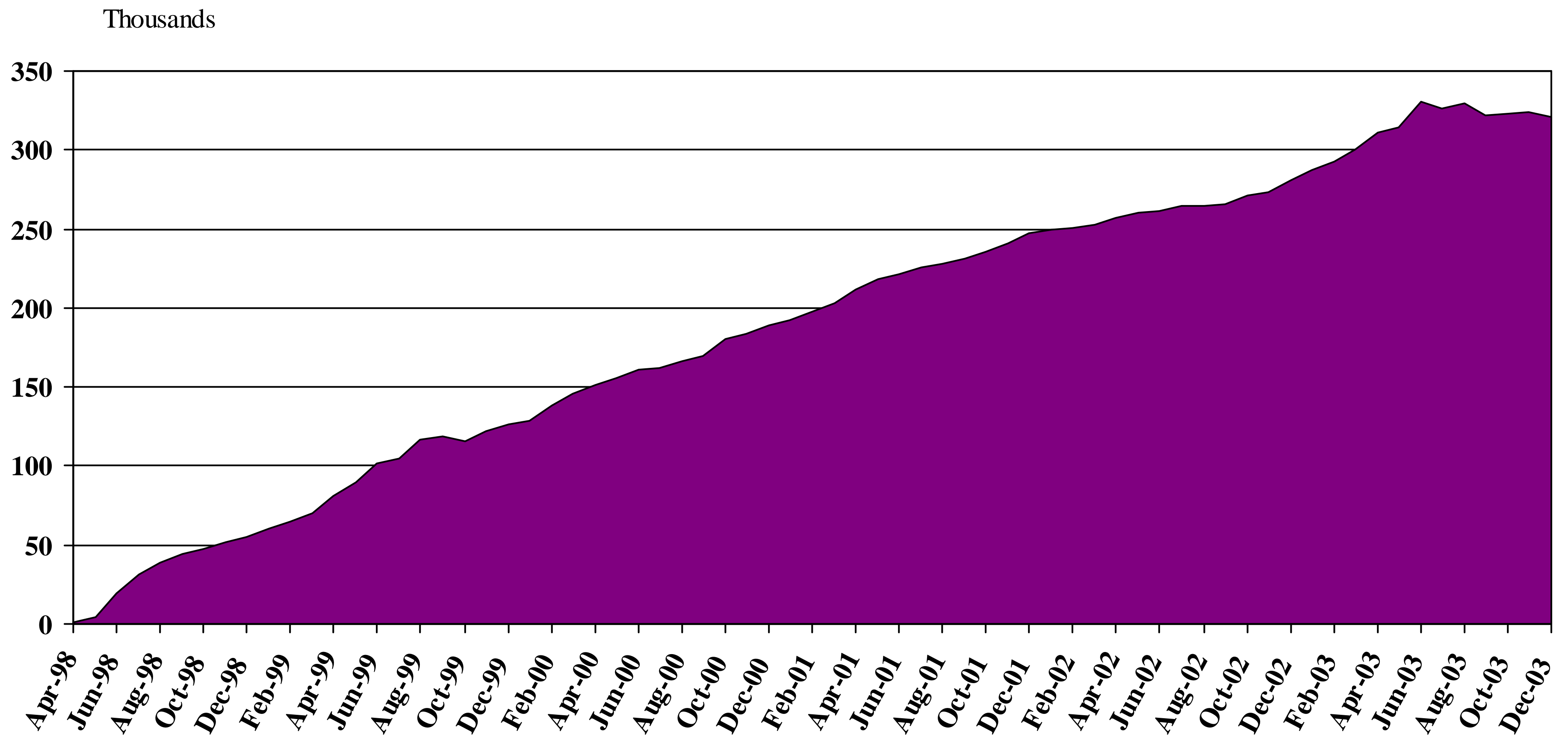


Figure 11. Overall Title XXI Program Enrollment, 1998-2003



VI. Transition Between KidCare Program Components and Retention

Transition Between KidCare Program Components

The Institute for Child Health Policy has coverage files for children enrolled in MediKids, Healthy Kids, and the CMSN Network. In addition, DCF provides coverage files for those children who were referred to DCF and enrolled in Medicaid as a result of their KidCare applications. Because the KidCare Program has four separate components, there is a concern that children may not have continuity of insurance coverage as they move between program components. Using the enrollment files available at the Institute, the number of children transitioning between CMSN , Healthy Kids, and MediKids for State FY 2002-2003 was assessed.

The following findings were obtained:

- 4,551 children transitioned from MediKids to Healthy Kids, which represented approximately 7 percent of the *total* MediKids enrollment for State FY 2002-2003. This is slightly more than the 6 percent who transitioned State FY 2001-2002, the10 percent who transitioned in State FY 2000-2001 and the 13 percent who transitioned in State FY 1999-2000.
- 37 children transitioned from MediKids to CMSN, which represented far less than one percent of the *total* MediKids enrollment for State FY 2002-2003. In State FY 2001-2002, 31 children transitioned from MediKids to CMSN.
- 440 children transitioned from Healthy Kids to the CMSN Network, which was far less than one percent of the *total* Healthy Kids enrollment for State FY 2001-2002. In State FY 2001-2002, 320 children transitioned from Healthy Kids to CMSN.
- 217 children transitioned from CMSN to Healthy Kids.

Retention

Retention is an important aspect to consider when evaluating a health care program for children, because it allows for the child and family to develop an ongoing relationship with their health care providers, thereby facilitating early detection and treatment of problems.[5] Table 7 shows the percentage of children enrolled in MediKids, Healthy Kids, and the CMSN Network by the number of months of continuous enrollment during the State FY 2002-2003.

[5] Starfield B. *Primary Care: Concept, Evaluation, and Policy*. New York: Oxford University Press; 1992.

A minority of children in each of the three programs were continuously enrolled for all of State FY 2002-2003. Only 26 percent of MediKids enrollees, 38 percent of CMSN enrollees and 43 percent of Healthy Kids enrollees were in those programs for all twelve months. This is because children enter the programs throughout the fiscal year, hence the maximum length of enrollment is not twelve months for all children.

Limiting the population to only the cohort of children who were enrolled in July, 2002 results in over 44 percent of MediKids enrollees being retained for the entire year. Larger shares of enrollees in CMSN and Healthy Kids (60 percent and 68 percent, respectively) that began the fiscal year were retained for all twelve months.

Table 7. Percentage of Enrollees in Each Program by Length of Continuous Enrollment during State FY 2002-2003

	All enrollees*			Enrollees present at the start of the fiscal year only		
Months	CMSN	Kids	MediKids	CMSN	Kids	MediKids
1 month only	8.7	7.3	11.5	4.2	3.6	4.9
2 months only	6.7	6.1	8.4	3.8	3.3	4.4
3 months only	6.7	6.2	8.8	3.9	3.5	4.5
4 months only	6.4	6.1	7.8	3.8	3.6	5.1
5 months only	5.9	5.6	6.4	4.2	3.3	4.1
6 months only	5.5	5.3	6.1	3.4	3.3	5.3
7 months only	5.0	5.3	7.0	3.7	2.9	6.0
8 months only	4.5	4.3	5.0	3.4	2.6	5.6
9 months only	4.6	3.9	4.7	3.1	1.9	5.2
10 months only	4.2	3.5	4.7	3.5	2.3	5.4
11 months only	3.8	3.3	4.0	3.0	2.0	5.1
All 12 months	38.2	43.2	25.6	60.2	67.7	44.6

*Months of Continuous Enrollment is a count of the longest *consecutive* period of enrollment that the child had **during the fiscal year**. In cases of two or more periods of continuous enrollment, the longest period was counted. In cases of equal periods of continuous enrollment, the most recent period was counted.

VII. How Families Learn About KidCare

How Families Learn About KidCare

For each KidCare Evaluation since State Fiscal Year 1998-1999, a sample of parents of newly enrolled children was asked to indicate their sources of information about KidCare. Respondents may choose more than one of many categories (e.g., health care providers, family and friends, television, newspaper, and so on). The results for State Fiscal Years 2001-2002 and 2002-2003 are illustrated in Figures 12 and 13. Families continue to report learning about the KidCare Program from a variety of sources. The most frequently mentioned sources remain the schools, family and friends, and health care providers. However, other sources of information are important such as television, radio, and social service agencies.

Families continue to learn about KidCare from a variety of sources including schools, family and friends, and providers.

During State FY 2002-2003, outreach funding was curtailed. However, as a program matures, less outreach funding may be needed as knowledge of the program becomes more widespread. For example, during the first two years of the program, there was a steady increase in the percentage of respondents who learned about KidCare from family and friends and health care providers.

However, it is important to sustain outreach funding and activities. As previously noted, people continue to learn about KidCare from a mixture of personal sources and formal outreach campaigns. It should also be noted that 85 percent of Florida's population growth is due to migration from other U.S. states and foreign countries. Outreach to families new to Florida would be particularly important to make eligible families aware of the resources available to them here in Florida.

The largest shares of respondents cited learning about KidCare from family or friends. Their children's schools were also important sources of information about KidCare; as enrollees in MediKids are under five years of age, it is not surprising that their parents had less information about KidCare from schools than parents of children in Medicaid or Healthy Kids. Parents of CMSN enrollees were less impacted by all sources of information about KidCare than parents of children in the other programs.

Between State FY 2001-2002 and State FY 2002-2003, there was stability in the findings about family and friends, health care providers and schools as an important source of program information. Ongoing outreach campaigns remain important given that not all eligible children have applied for coverage.

Figure 12. Percentage of Families Who Learned about KidCare by Outreach Method and Program Component, State FY 2001-2002

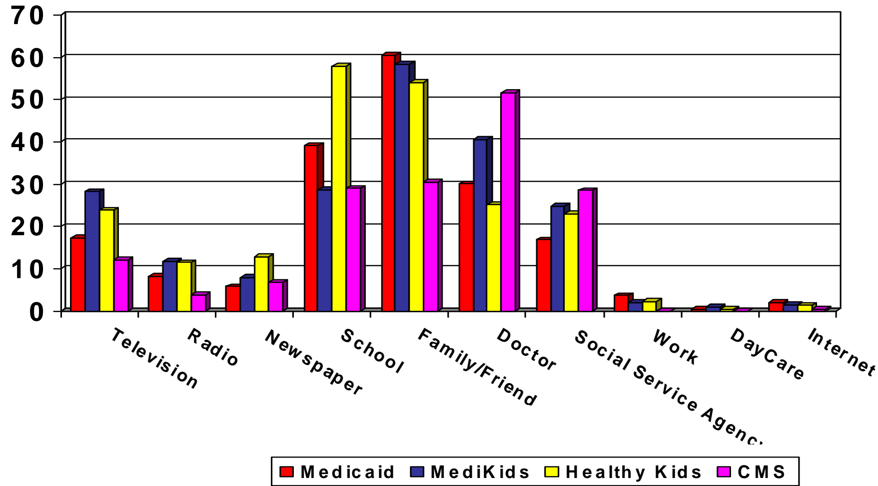
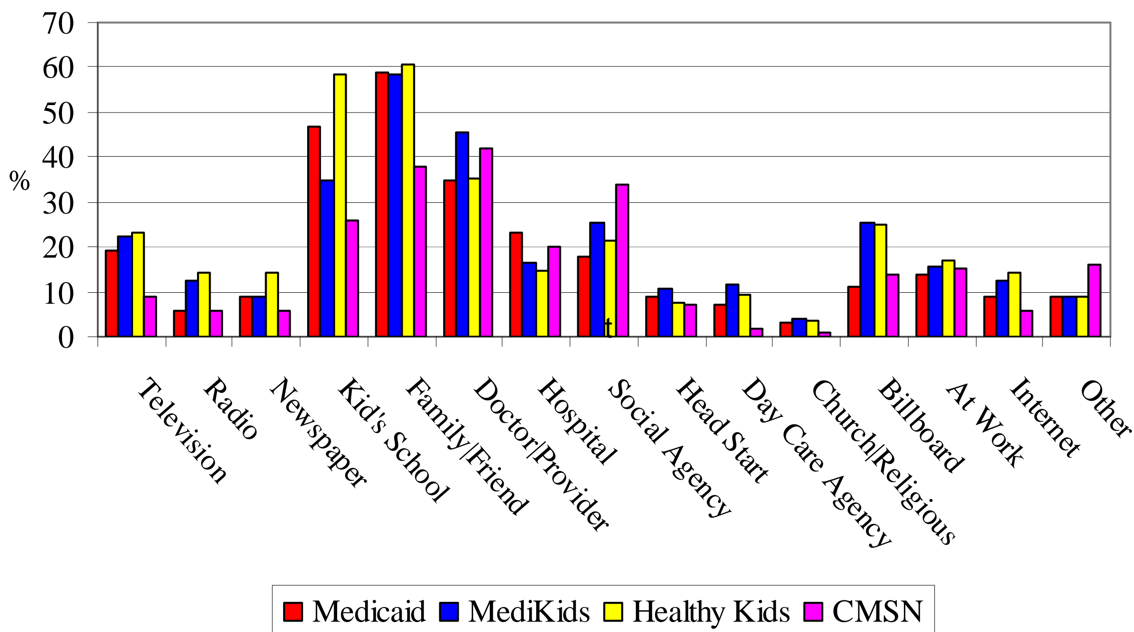


Figure 13. Percentage of Families Who Learned about KidCare by Outreach Method and Program Component, State FY 2002-2003



VIII. Demographic Characteristics of Program Enrollees

Enrollees' Race and Ethnicity

Overall, 30 percent of children served by the KidCare Program are Hispanic.

Overall, 17 percent of enrollees speak Spanish as their primary language in the home.

Demographic composition varies by program. For example, each of the KidCare Program components serves a substantial percentage of racial and ethnic minority children (Figure 14). The demographic characteristics of Medicaid enrollees varies significantly depending on whether the child entered Medicaid through the single page application process or through a variety of different mechanisms including applications submitted through DCF Service Centers. Notably, 33 percent of children in Medicaid HMOs were Hispanic compared to less than 16 percent of those in MediPass. The Hispanic enrollees had a wide variety of national ancestries, primarily Mexican, Cuban, and Puerto Rican (Figure 15).

The majority of children in all KidCare Program components spoke English in the home (80 percent overall). However, 21 percent of Medicaid HMO enrollees and 24 percent of MediKids and Healthy Kids enrollees spoke another language as their primary language at home. Less than 12 percent of MediPass or CMSN enrollees spoke another language at home. Spanish is the main language for those who don't speak English at home. Less than three percent of respondents reported speaking a primary language in the home other than English and Spanish. For example, Vietnamese and Creole were reported in less than one percent of the cases as the primary language.

The racial and ethnic backgrounds of the KidCare children and their families and the findings about the primary language spoken in the home, point to the ongoing importance of working with program staff and providers to deliver culturally competent care and to ensure program materials are available in Spanish. It is important to note that the KidCare telephone surveys were only administered in Spanish and in English. Thus, it is possible that the percentage of children speaking "other" primary languages in the home is an underestimate. However, less than one percent of the families contacted to participate in a survey could not do so because of a language barrier.

The reason for the continued increase in the percentage of Hispanic enrollees is not known. The survey question about Hispanic ancestry was the same across allevaluation years. Several possibilities exist to explain the change, all of which may be researched in the future: (1) improved outreach to the Hispanic communities, (2) an increase in uninsurance rates among the Hispanic population, and (3) improved knowledge of program eligibility requirements.

Figure 14. Children's Race and Ethnicity By KidCare Program Component, State FY 2002-2003

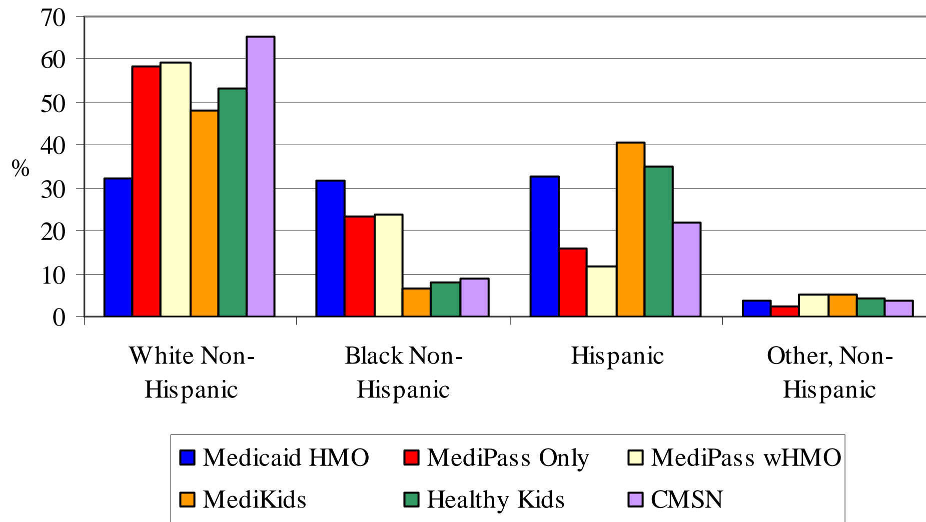
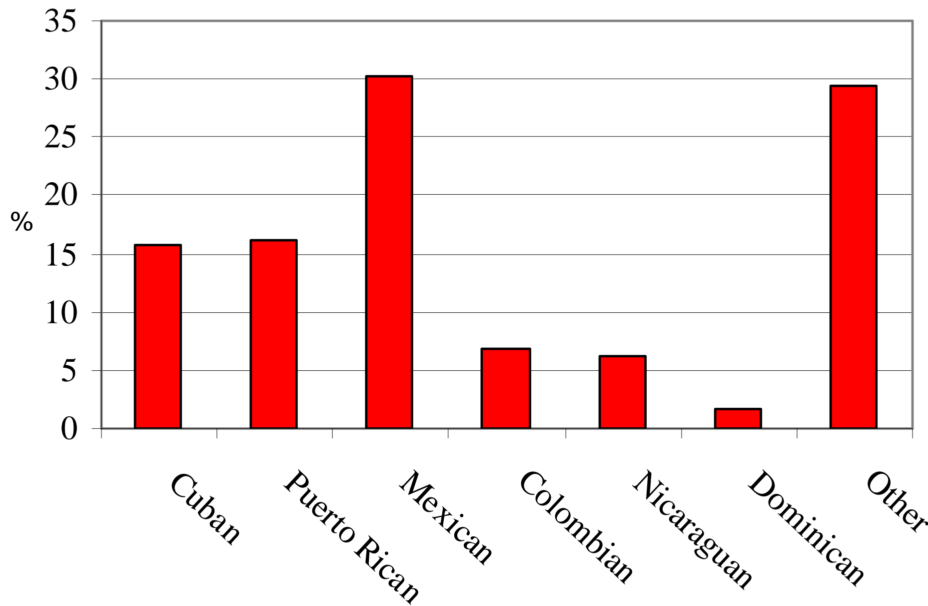


Figure 15. Hispanic Enrollees by Ancestry Group, State FY 2002-2003



Enrollees' Gender and Age

Overall, about 51 percent of enrollees are male and 49 percent are female. This slight male majority is expected; it matches the natural U.S. sex ratio at birth. Only CMSN enrollees were significantly different from the overall sex ratio. Over 58 percent of CMSN enrollees are male. The gender distribution within CMSN is consistent with findings of previous research that boys often have a higher incidence of special health care needs than girls.

As expected, the MediKids Program has the youngest enrollees, about three and a half years of age on average (3.69±0.87). Medicaid HMO enrollees are 7.96 years on average (±5.00), MediPass Only enrollees are 8.68 years on average (±4.86), MediPass wHMO enrollees are 8.46 years on average (±5.04), Healthy Kids enrollees are 12.84 years (±3.46), and CMSN enrollees are 11.83 years (±4.02), on average. No significant differences in age across the five evaluation years were noted.

Families' Household Type, Marital Status, and Respondent's Education

The majority of children in allKidCare Program components reside in two-parent households, with MediKids respondents reporting the highest percentage of two parent families of any of the program components (82 percent compared to 55 percent in Medicaid HMOs, 57 percent in MediPass Only,52 in MediPass wHMO, 68 percent in Healthy Kids, and 66 percent in CMS).

Similarly, the majority of respondents are married. However, the lowest percentage of married respondents is found among enrollees in MediPass wHMO – 44 percent. Figure 16 shows the household type and marital status for the different KidCare Program components.

Overall, 36 percent of parents do not have a high school degree.

Figure 17 shows respondent educational characteristics. Overall, about 36 percent of respondents do not have a high school degree, while 20 percent have a high school degree, 31 percent have taken some college classes or vocational/technical training, and 13 percent have an Associates degree or higher. The results are relatively similar for respondents in any Medicaid program. Compared to Medicaid HMO or MediPass enrollees, larger shares of MediKids, Healthy Kids and CMSN parents have post-high school training or an Associates degree or higher.

Figure 16. Enrollee Household Type and Respondent Marital Status, State FY 2002-2003

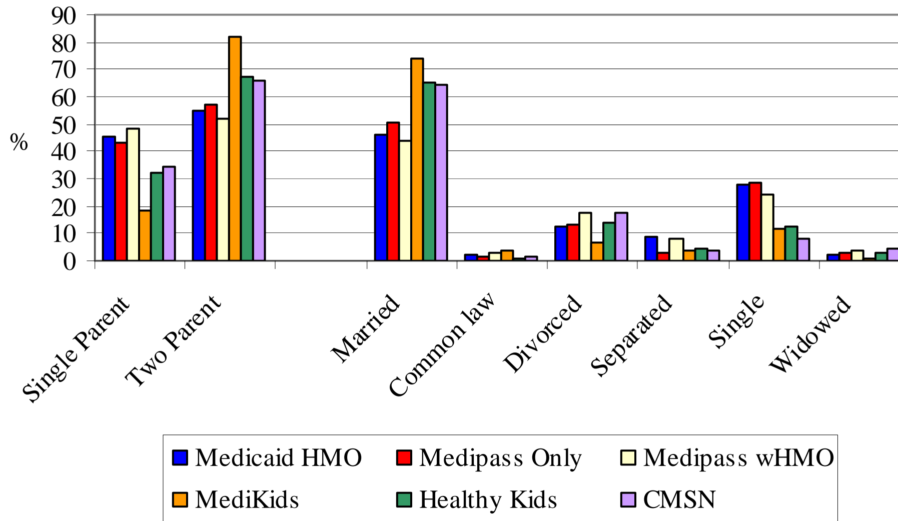
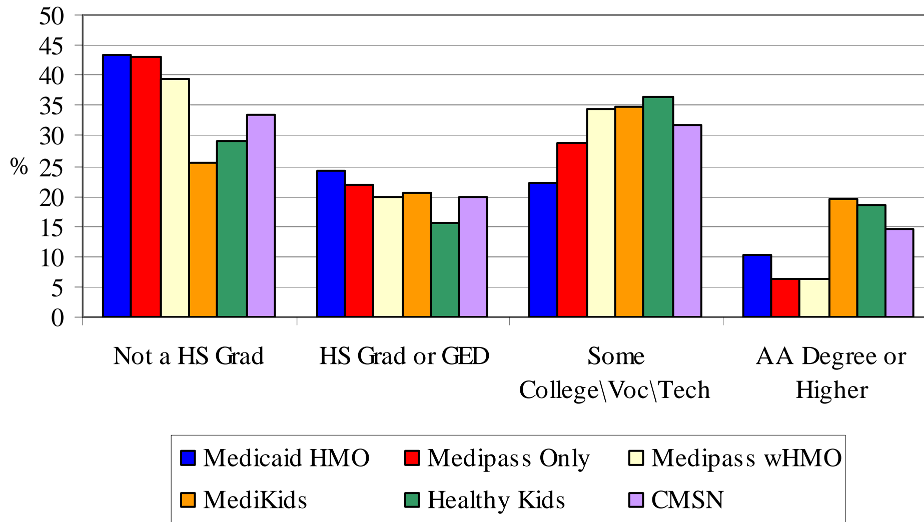


Figure 17. Respondent Education, State FY 2002-2003



Enrollees' Access to Internet

The Internet is increasingly serving as an important source of information. However, there is concern that low-income families could lag behind higher income families in terms of Internet access. To assess this issue among KidCare enrollee families, a series of questions about computer and Internet access were asked for the first time on all of the KidCare surveys administered during State FY 2001-2002. These same questions were repeated on the 2002-2003 surveys and the results are presented in Table 8.

Internet access at home varies widely by program, with about a half to three-quarters of families reporting such access.

As seen with other family sociodemographic characteristics, the results for Medicaid HMO and MediPass families are similar. These Medicaid families have significantly less access to computers and the Internet at home than other KidCare enrollees. On average, only 61 percent of all KidCare families have access to the Internet at home. Thus, if the Internet was used as a communication tool, other methods must also be used to ensure a broad range of families are reached.

A majority of families report having a cellular telephone (Table 8). Each of these families participated in the interviews at a home telephone number. However, increasing use of cellular phones may make it difficult to reach families for evaluation and program operation purposes.

Table 8. Percentage of KidCare Respondents with Computer and Internet Access and a Cellular Phone, State FY 2002-2003

	Medicaid HMO	MediPass Only	Medipass wHMO	MediKids	Healthy Kids	CMSN
Access to computer at home	56.8	57.9	61.3	74.3	84.8	85.4
Internet access at home	48.3	46.0	52.7	67.7	75.2	76.7
Both computer and Internet at home	47.9	45.5	52.3	67.6	74.4	76.5
Internet access at work	21.5	23.2	17.4	37.8	40.9	36.1
Access to Internet at work and at home	14.2	14.4	13.7	30.1	35.5	29.9
Has a cellular phone	52.2	46.1	50.7	67.7	67.1	63.6

IX. Presence of Special Health Care Needs Among New Enrollees, Established Enrollees and Disenrollees

Background

The Children with Special Health Care Needs (CSHCN) Screener has been used in all five of the KidCare evaluations to identify the presence of special health care needs among KidCare Program enrollees. It is based on parent self-report. The CSHCN Screener contains five items that address whether the child (1) has activity limitations when compared to other children of his or her age, (2) needs or uses medications, 3) needs or uses specialized therapies such as physical therapy and others, 4) has an above-routine need for or use of medical, mental health or educational services, or 5) needs or gets treatment or counseling for an emotional, behavioral or developmental problem. For any category with an affirmative response, the parent is then asked if this is due to a medical, behavioral or other health condition and whether that condition has lasted or is expected to last at least 12 months. The child is considered to have a special need if the parent responds affirmatively to any of the categories.[6]

CSHCN Screener Results

Table 9 shows the percentage of children with special health care needs for each of the KidCare Program components, for new enrollees, established enrollees, and disenrollees, for the last three state fiscal years. Overall, the findings are similar across the three fiscal years. Each program component has a substantial percentage of children with special health care needs. Among established enrollees in State FY 2002-2003, 81 percent of CMSN enrollees, 21 percent of Medicaid HMO enrollees, 30 percent MediPass Only enrollees, 33 percent of MediPass wHMO enrollees, 23 percent of Healthy Kids enrollees, and 15 percent of MediKids enrollees were identified with special needs according to the CSHCN Screener criteria.

In Florida, an estimated 13-14 percent of children have special health care needs, compared to over 30 percent of MediPass enrollees and 23

Although children must have a special health care need to be approved for enrollment in CMSN, this CSHCN Screener only identified 81 percent of CMSN enrollees as having a need. This suggests that the CSHCN screener items are not being understood completely by parents or families may be reluctant to answer questions about their children's health despite assurances of confidentiality.

[6] Bethell C, Read D. Child and Adolescent Health Initiative. Portland, Oregon: Foundation for Accountability; 1999.

Notably, all KidCare Program components have higher percentages of children with special needs than what might be expected among the general population. For example, there are an estimated 13 percent to 14 percent of CSHCN among the Florida childhood population based on the National Survey of Children with Special Health Care Needs 2001. The National Center on Health Statistics (NCHS) at the Centers for Disease Control specifically designed and administered this survey so that reliable prevalence estimates of CSHCN could be developed for each state.

In comparison to the NCHS estimates, over 30 percent of MediPass and 23 percent of Healthy Kids enrollees have special needs. These programs are voluntary and families can elect to insure their children. It is possible that families who believe their children have greater health care needs elect to insure those children. If this is the case, it is not surprising that the percentage of children with special health care needs in the MediPass and Healthy Kids Programs is higher than that of the general population. The number of enrollees with special needs has implications for the financing and the organization of the KidCare Program. For example, health care costs may be higher than anticipated. In addition, provider networks may need to be modified to include more pediatricians and specialists to provide the care which special needs children often require.

Table 9. Children Identified With Special Health Care Needs by Program Component and Duration of Enrollment for State FY 2000-2001, 2001-2002, and 2002-2003

	FY 2000-2001		FY 2001-2002*		FY 2002-2003	
Program/Duration	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
Medicaid Single Page Application						
New Enrollees	22	79	20	80	20	80
Established Enrollees-All Medicaid	22	78	30	70		
Established Enrollees-HMO					21	79
Established Enrollees-MediPass Only					30	70
Established Enrollees-MediPass wHMO					33	67
Disenrollees	16	84	18	82	28	72
MediKids						
New Enrollees	11	89	15	85	8	92
Established Enrollees	13	87	17	83	15	85
Disenrollees	11	89	18	82	20	80
Healthy Kids						
New Enrollees	18	82	23	77	19	81
Established Enrollees	27	73	22	78	23	77
Disenrollees	21	79	25	75	20	80
CMSN						
New Enrollees	75	25	81	19	76	24
Established Enrollees	77	23	77	23	81	19
Disenrollees	71	29	72	28	75	25

* Medicaid established enrollees include the MediPass program, but not the HMO program.

X. Experiences with the Application Process

Background

Families' experiences with the application process are assessed in two ways. First, administrative data are used to examine the length of time that elapses from the time the third party administrator receives the application to the time that the family is approved for coverage. Second, a random sample of families whose children are enrolled for less than three months in the KidCare Program participated in a "New Enrollee" telephone interview. During this interview families were asked about their satisfaction with the application process including: 1) their perceptions of the amount of time they had to wait from application to coverage, 2) whether they delayed seeking care for their children while awaiting coverage, 3) the ease of the application process, and 4) experiences with the toll-free number. The same questions have been asked for all five evaluation years.

Time From Application to Eligibility Determination: Administrative Data

Application processing times are 30 days or less for all KidCare Program components. This is within the 45 day federal standard for Medicaid eligibility determination.

The Institute for Child Health Policy uses application and enrollment information provided to calculate the time elapsed from the time the KidCare application was received to the time the child was determined eligible for Medicaid, MediKids, Healthy Kids, or CMSN. Table 10 shows the results based on administrative data for the wait times from application to eligibility determination. The results are not significantly different from those obtained in prior evaluations. The median length of processing applications is less than 30 days for all applicants. This is below the federal standard of 45 days from application to determination.

In addition, the time from application to eligibility determination was calculated separately for only those families who were initially referred to DCF for Medicaid eligibility determination, found not to be eligible and referred back to the third party administrator for Healthy Kids, MediKids, or CMSN eligibility determination. This additional step added less than one week on average to the waiting times. Even with this step, the eligibility determination time was well below the 45-day federal Medicaid standard.

Table 10. Percentage of Parents Reporting the Time Elapsed From Application to Eligibility Determination for the KidCare Program, State FY 2002-2003

	Average Number of Days Elapsed	Median Number of Days Elapsed	Modal Number of Days Elapsed
For All Applicants:			
Healthy Kids	31	22	12
MediKids	33	25	14
CMSN	28	20	8
Medicaid	33	27	20
Only those applicants referred to DCF, not Medicaid eligible, and later enrolled in:			
Healthy Kids	32	22	12
MediKids	30	21	14
CMSN	29	22	9
Only those applicants NOT referred to DCF:			
Healthy Kids	31	22	8
MediKids	40	34	40
CMSN	27	20	8

Parent Perception of Time From Application to Coverage

In addition to using administrative data to assessthe length of time from the *receipt of an application to eligibility determination*, families were asked about their perceptions of the length of time from *application to coverage* for their children. Significant improvements were noted for each of the KidCare Program components from State FY 2000-2001 to State FY 2001-2002 in the length of time families reported waiting for coverage. No additional improvements were made in State FY 2002-2003. Table 11 provides the results for the current and prior state fiscal years.

Wait times for coverage did not improve this year. Almost a quarter of all newly enrolled families waited more than two months for eligibility notice.

For those entering Medicaid through the single page application process, only 45 percent reported reporting waiting one month or less for eligibility determination. This is a decline from 60 percent in State FY 2001-2002. About 37 percent of newly enrolled families in MediKids report eligibility determination within a month. Larger shares of newly enrolled families in Healthy Kids (48 percent) and CMSN (41 percent) report receiving eligibility determination within a month. Almost a quarter of all newly enrolled families recall waiting more than two months to learn of their eligibility determination though.

Table 11. Percentage of Parents Reporting the Time Elapsed From Application to Coverage for the KidCare Program, State FY 2001-2002 and 2002-2003

	Medicaid S.P.A.		MediKids		Healthy Kids		CMSN	
Length of Time	**SFY 02**	**SFY 03**	**SFY 02**	**SFY 03**	**SFY 02**	**SFY 03**	**SFY 02**	**SFY 03**
Two weeks or less	14	16	3	4	7	9	10	12
Three weeks	15	7	8	11	14	11	9	6
One month	31	22	27	22	31	28	23	23
One to two months	17	21	21	23	21	17	19	20
Two months	8	10	18	11	12	12	17	19
More than two months	14	23	24	30	15	22	22	20

Expenditures While Awaiting KidCare Coverage

During the period between application and enrollment, many families reported that their child had to have medical treatment, which they paid out of pocket (Table 12). Overall, 34.9 percent of families reported their child had at least one visit to a primary care provider (PCP) during this period, while 10.5 percent reported at least one visit to the emergency room (ER), and 2 percent reported at least one hospital stay. Among those who had PCP visits, about 47 percent reported they had to pay more than $50 out of pocket for the visit. Among those who had ER visits, 58 percent reported they had to pay more than $100 out of pocket. The out-of-pocket costs for hospital admissions were highly variable. Findings for Fiscal Year 2002-2003 are similar to those for previous years.

Table 12. Out of Pocket Expenditures Incurred While Awaiting KidCare Coverage, State FY 2002-2003

	Overall	Medicaid S.P.A.	MediKids	Healthy Kids	CMSN
Visits to PCP					
% reporting at least one visit	34.9	45.5	40.0	22.1	40.2
Mean visits	2.39	2.30	3.80	2.03	2.25
Cost (% paying)					
$0	25.8	31.0	30.8	12.1	36.8
Less than $10	7.4	7.1	0.0	10.6	7.9
$10 - $15	5.5	7.1	0.0	4.6	0.0
$16 - $20	1.7	0.0	0.0	6.1	0.0
$21 - $30	3.2	2.4	0.0	6.1	2.6
$31 - $50	10.0	7.1	15.4	13.6	13.2
More than $50	46.5	45.2	53.9	47.0	39.5
ER Visits					
% reporting at least one visit	10.5	14.0	3.9	7.9	17.2
Mean visits	1.34	1.43	1.25	1.17	1.38
Cost (% paying)					
$0	34.4	30.8	75.0	34.8	50.0
Less than $10	1.4	0.0	0.0	4.4	0.0
$11-$20	1.4	0.0	0.0	4.4	0.0
$51-$75	3.3	0.0	0.0	8.7	12.5
$76-$100	1.4	0.0	0.0	4.4	0.0
$100+	58.1	69.2	25.0	43.5	37.5
Hospital Admissions					
% reporting at least one visit	2.4	3.1	2.9	1.3	6.0
Mean visits	1.71	2.00	1.67	1.00	1.83
Mean cost	$492.08	$200.00	$123.33	$4,000.00	$625.00

Families' Satisfaction with the Mail-In Application

Families have been very satisfied with the mail-in application process for each of the five evaluation years. There were no statistically significant changes in families' responses to questions about their experiences with the application process. Therefore, only the results for FY 2002-2003 are reported (Table 13). Over 75 percent of families reported that they were kept well informed of the status of their children's application. Over 95 percent of families thought the application form was easy to understand and convenient.

Depending upon the program component, 77 percent to 87 percent of families used a toll-free number to ask for information about their children's applications. It is important to note that there are several toll-free numbers available to families. Although the survey question specified the number listed on the KidCare application, there is no way to be certain that families correctly recall which toll-free number they used.

Over 84 percent of families reported that they could easily reach someone at the toll-free number when calling for information about their applications.

Those that used the toll-free number were then asked questions about their experiences using that number. Seventy-eightto 90 percent of families reported that they easily reached someone at the toll-free number, which is a statistically significant improvement over the results obtained in State FY 2000-2001, where only 71 percent to 80 percent of families reached someone easily. The vast majority of families reported that the person at the toll-free number was helpful to very helpful.

Less than a fifth of all families sought assistance from a social service agency or a health care provider during the application process. Between 11 and 21 percent of families, depending upon the KidCare Program component, sought help other than or in addition to the toll-free number. The most frequent place contacted was the Department of Children and Families; case workers were the next most frequent source of information and assistance. The majority of families (68%) agreed that these sources of assistance were able to provide the help they needed.

In summary, families' satisfaction with the mail-in application process has been consistently high throughout the five evaluation years. The majority of families report the application process is easy and convenient. In past evaluation years, the lowest satisfaction has been with the toll-free number and with seeking assistance from different state agencies. The satisfaction with both the toll-free number and with the help provided by state agencies significantly improved in the current evaluation year when compared to past evaluation years.

Table 13. Experience with Application and Enrollment Process, State FY 2002-2003

Percentage Responding	Medicaid S.P.A.	MediKids	Healthy Kids	CMSN
Were you kept informed while awaiting coverage?				
Yes	75.5	74.8	75.4	76.0
No	24.5	25.3	24.6	24.0
Was the application form easy to understand?				
Strongly agree	40.4	49.0	40.3	39.8
Agree	54.6	51.0	58.0	56.1
Disagree	4.0	0.0	1.3	4.1
Strongly disagree	1.0	0.0	0.3	0.0
Was the mail-in process convenient?				
Strongly agree	37.4	44.6	37.5	30.0
Agree	57.6	50.5	59.5	66.0
Disagree	3.0	4.0	2.0	3.0
Strongly disagree	2.0	1.0	1.0	1.0
Did you attempt to contact the toll-free number listed on the application for assistance?				
Yes	76.5	87.1	79.9	81.0
No	23.5	12.9	20.1	19.0
Of those who used the toll free number, **were you able to reach someone at the toll-free number easily?**				
Yes	80.8	89.7	86.8	78.8
No	19.2	10.3	13.3	21.3
When you spoke to someone at the toll-free number, would you say they were…				
Very helpful	37.8	42.1	54.0	47.5
Helpful	31.1	39.8	33.6	32.5
Somewhat helpful	20.3	13.6	10.2	17.5
Not helpful at all	10.8	4.6	2.1	2.5
Have you asked for help from a social service agency or health provider about the status of your child's application?				
Yes	21.4	15.7	10.7	19.2
No	78.6	84.3	89.3	80.8
If yes, from which agencies..? (respondent can choose more than one)				
Dept. of Children and Families	52.4	25.0	50.0	36.8
Public Health Department	19.1	0.0	21.9	5.3
Personal doctor or nurse	9.5	6.3	15.6	5.3
Case worker	42.9	31.3	21.9	26.3
Social worker	19.1	12.5	12.5	21.1
Program Office (Healthy Kids, CMS Office)	19.1	50.0	40.6	52.6
Would you say they were able to provide the help you needed?				
Strongly agree	19.1	53.3	28.1	26.3
Agree	42.9	40.0	46.9	47.4
Disagree	28.6	0.0	15.6	10.5
Strongly disagree	9.5	6.7	9.4	15.8

Wait List Surveys

Wait lists for coverage comprise another aspect of the application experience. Due to budgetary limitations, wait lists have been established for the three Title XXI programs, Healthy Kids, CMSN and MediKids. Two surveys have been conducted to assess the characteristics and experiences of children awaiting coverage. One survey was conducted of Healthy Kids applicants in the Summer 2003, before the Title XXI wait lists were established. This survey was developed in April 2003, when there were 25,121 children awaiting Healthy Kids coverage. Almost all of those children (25,089) were not eligible to enroll at that time due to their citizenship status; a small number of other children were ineligible to enroll because a parent was a state employee. When the citizenship status of non-qualified immigrants changes, they become eligible for coverage. The Summer 2003 survey serves as a baseline by which to compare the changes in Healthy Kids Title XXI program enrollment limits and the subsequent wait list enlargements during Fall 2003. This Summer 2003 survey was conducted with a random sample of 378 parents of children awaiting coverage.

Another survey was conducted in the Fall, 2003 of the 675 children on the wait list for CMSN Title XXI coverage. This survey was very similar to the Healthy Kids wait list survey conducted in the summer, except that more detailed was asked about the child’s diagnosis and severity of condition. Attempts were made to contact all 657 children, but surveys were only completed with 310 families, representing 489 children (72 percent of the universe). Girls comprised 60 percent of the 675 children on the CMSN wait list and 57 percent of the 310 surveyed (target) children. The average age of children on the wait list was 9.1 years, and 9.5 years for surveyed children. Over half (53.9 percent) of the children surveyed were reported to be white non-Hispanic. Sixteen percent were Hispanic, while thirteen percent were black non-Hispanic. About 17 percent were reported to be non-Hispanic, but with some other racial identity. At least one CSHCN screener item was met by 88 percent of children on the CMSN wait list. Ten percent of the children met all five screeners. Diagnoses included conditions that are life threatening (brain stem cancer), severe (sickle cell anemia, bipolar schizophrenia, hydrocephalus, epilepsy), chronic (asthma, ADHD), and less severe (hypothyroidism, speech disorders). Behavioral conditions (primarily ADHD) or respiratory conditions (primarily asthma) are present in almost half of all children on the CMSN waitl ist. The complete report on the results of this survey is available at www.fdhc.state.fl.us/affordable_health_insurance/ 111703_meeting/cmsn_wait_list_eval_1103.pdf.

During late 2003 and early 2004, the Institute for Child Health Policy will be conducting a new wait list survey of those children on the Healthy Kids and MediKids wait lists due to Title XXI enrollment limits. Results will be available during the Spring, 2004.

Foregone Care While On Wait List

While waiting for coverage, families often need to make decisions about whether to seek medical care or not. These decisions may be influenced by the lack of insurance coverage and concerns about the costs of care. Parents were asked if they had not sought medical care when they thought they should have in the prior six months due to anticipated out-of-pocket expenses. More than a fifth (22 percent) of parents on the children on the Healthy Kids wait list reported that they had not sought care when they thought they should have due to anticipated costs (Figure 18). Almost half (47 percent) of parents of children on the CMSN wait list did not seek care due to anticipated costs. Given that children on the CMSN wait list have a wide-range of chronic to severe conditions, it is not surprising that their parent have concerns about the cost of care (Figure 19).

Figure 18. Foregone Medical Care Due to Anticipated Expenses for Parents of Children on the Healthy Kids Wait List (Summer 2003)

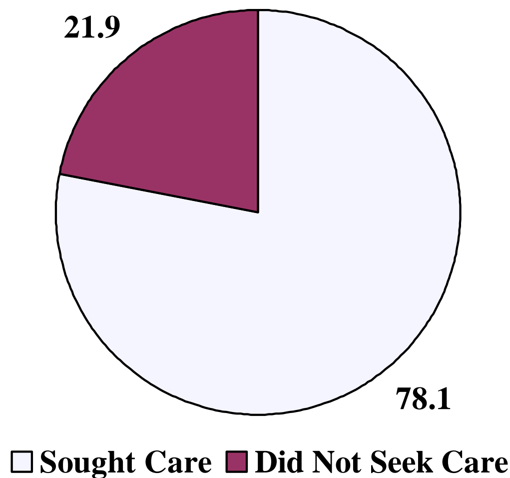
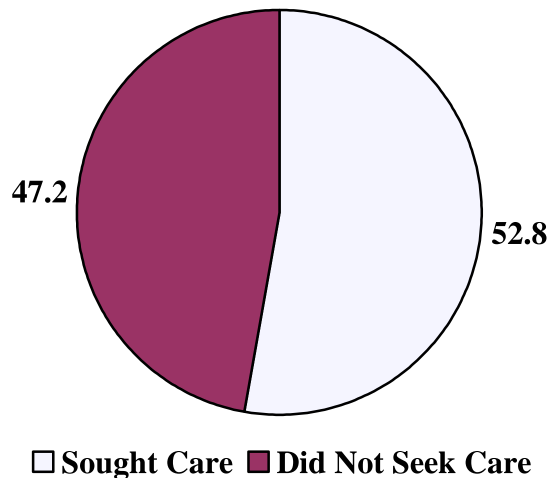


Figure 19. Foregone Medical Care Due to Anticipated Expenses for Parents of Children on the CMSN Wait List (Fall 2003)



XI. Experiences with Paying Premiums

Background

Paying a premium is an important part of Florida's passive renewal process at the end of the continuous eligibility period. Florida's passive renewal for Title XXI enrollees results in significantly lower disenrollment rates at the end of continuous eligibility periods.

Families whose children are enrolled in the Title XXI component of CMSN, Healthy Kids, and MediKids must pay a monthly premium. This premium is very important to the overall KidCare Program operations. The premium payment provides additional revenue to the program in the amount of $36,177,493 in State FY 2001-2002. This additional revenue is used to provide coverage for more children.

In addition, the premium allows Florida to have a passive renewal process. At renewal time, families are asked to update their children's information. However, if they do not provide an update, their children are not disenrolled as long as the premiums are paid. Other states require an active renewal process at the end of continuous eligibility periods and children are disenrolled if the families do not comply. Florida's lower disenrollment allows for better continuity of and access to care. The premium payment is a critical component of the passive renewal process. Families wishing to remain on the program continue to pay their premiums. If there was no premium payment system, there would be no way of knowing, without some other process, whether families wished to keep their children enrolled.

In the State FY 2002-2003 surveys, families were asked questions about their experiences with premium payment. The results are summarized in Table 14. About 90 percent of families feel that the premium amount is "about right." A range of 3 percent to 5 percent felt that the premium was "too much". However, over 60 percent of families overall report that it is rarely or never difficult to pay the premium.

More than 90 percent of families report paying the premium is "worth it" so that their children can have needed insurance coverage. However, between 10 and 20 percent of families whose children are enrolled in Healthy Kids or MediKids think the premium is a "waste of money" because their children are healthy. Finally, over 95 percent of families agreed with the statement that they felt good about paying for part of their children's health care coverage. The premium payment is an important component of the KidCare Program operations. Overall, families are satisfied with paying a premium and with the amount that they pay.

Table 14. Families' Experience with Premium Payments, State FY 2002-2003

Percentage Responding	MediKids	Healthy Kids	CMSN
Is the premium...?			
About the right amount	92.2	90.4	89.7
Too much	2.9	5.0	4.1
Too little			
How often is it difficult for you to pay the premium?			
Almost every month	6.0	9.1	15.1
Every couple of months	12.0	14.3	20.4
Rarely	32.0	26.2	32.3
Never			
Paying a premium is worth it.			
Strongly agree	69.6	78.5	83.7
Agree	26.5	19.8	13.3
Disagree	3.9	1.0	0.0
Strongly disagree			
Sometimes I think the premium is a waste because my child is healthy.			
Strongly agree	9.8	8.9	5.2
Agree	4.9	10.3	5.2
Disagree	24.5	13.3	13.5
Strongly disagree	60.8	67.6	76.0
I feel better paying for some of the cost of my child's coverage.			
Strongly agree	81.2	83.5	76.5
Agree	18.8	13.5	21.4
Disagree	0.0	2.3	0.0
Strongly disagree	0.0	0.7	2.0

XII. Usual Source of Care

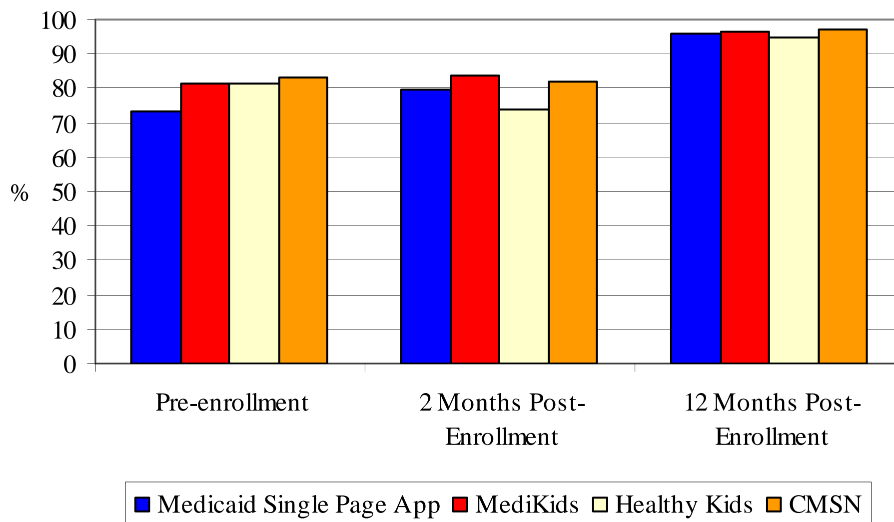
Background

Having a usual source of medical care implies that the child and his or her family are able to maintain a personal relationship with their health care provider over time. The benefits associated with a usual source of care are well documented and include early detection of health care problems and reduced costs of care. Uninsured children are less likely than insured children to have a usual source of care. Therefore, the percentage of children with a usual source of care is assessed for each of the KidCare Program components.

More than 95 percent of established enrollees have a doctor or nurse that serves as their usual source of care. This is important to ensure compliance with well child visits and prompt treatment of acute care needs.

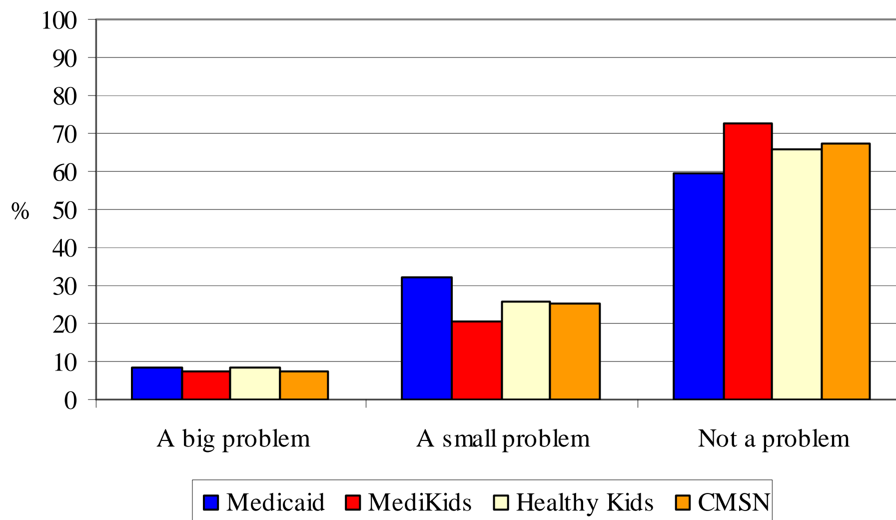
Families whose children were new enrollees were asked if their children had a usual source of care prior to entering the KidCare Program. In general, a high percentage of new enrollees had a usual source of care prior to KidCare Program enrollment. Among new enrollees in State FY 2002-2003, 73 percent of Medicaid, 81 percent of MediKids, 81 percent of Healthy Kids, and 83 percent of CMSN had a usual source of care before they enrolled in KidCare. However, the percentage of children with a usual source of care improved post-enrollment for all KidCare Program components. These results are summarized in Figure 20**.** These findings have been consistent over the five evaluation years.

Figure 20. Children with a Usual Source of Care by Program Component, State FY 2002-2003



Families also were asked, given the choice of doctors they were offered, how "much of a problem it was" to get a usual source of care for their children that they were "happy with." The majority of families reported that it was "not a problem" to find a personal doctor or nurse. These results are summarized in Figure 21.

Figure 21. Respondents Reporting Problems with Obtaining a Usual Source of Care, State FY 2002-2003



XIII. Unmet Health Care Needs Pre- and Post-KidCare Enrollment

Unmet Needs

Children's unmet health care needs were significantly reduced for a variety of health care and dental services after KidCare enrollment.

13 percent of children did not receive well-child visits prior to KidCare enrollment compared to 2 percent post-enrollment.

22 percent of children did not receive needed medical or surgical procedures prior to KidCare enrollment compared to 4 percent post-enrollment.

Children who are uninsured or underinsured frequently have many unmet health care needs or they receive needed care with difficulty. Determining how well the KidCare Program reduces those unmet needs and/or reduces problems in obtaining needed care is an important indicator of access to care and the quality of the program overall. Families whose children were newly enrolled in KidCare were asked a series of questions about unmet health care needs they may have had in the period before KidCare enrollment. They also were asked how much difficulty they faced getting needed care for their children. Their answers were compared with those of families whose children were enrolled in KidCare continuously for at least 12 months (Table 15).

Results show that unmet need was reduced in nearly every category for every program component for established enrollees in KidCare. Overall, problems in obtaining needed care also were significantly reduced when comparing new enrollees to those enrolled in the program for twelve months or longer. The reductions in the levels of unmet need from pre-enrollment to post-enrollment are similar when comparing results from the last four fiscal years.

Parents report that over a fifth of new enrollees had unmet needs for surgical care and access to specialty physicians prior to enrollment. Dental care is the largest unmet need for children post-enrollment. Even though dental care is included in the KidCare benefit package, parents are reporting that their children need this care, but are not getting it. Approximately 13 percent of established KidCare enrollees are reported to need dental care.

Table 15. Unmet Health Care Needs, State FY 2002-2003

Percentage Responding	Overall		Medicaid		MediKids		Healthy Kids		CMSN	
	Before KidCare Enrollment	After KidCare Enrollment	Before KidCare Enrollment	After KidCare Enrollment	Before KidCare Enrollment	After KidCare Enrollment	Before KidCare Enrollment	After KidCare Enrollment	Before KidCare Enrollment	After KidCare Enrollment
Preventive Care										
Did Not Receive	13.1	2.0	15.4	2.4	9.7	2.2	11.5	1.5	12.7	2.0
Received but a big problem	4.4	3.1	4.7	3.4	5.4	0.5	3.7	3.6	8.1	1.6
Minor Problem or Illness										
Did Not Receive	7.5	1.9	6.3	2.8	2.7	1.2	9.9	1.0	7.8	2.3
Received but a big problem	5.3	2.3	6.7	1.7	8.3	2.5	2.6	3.0	9.9	0.9
Emergency Care										
Did Not Receive	1.2	0.7	0.0	1.3	0.0	0.0	2.9	0.0	0.0	0.0
Received but a big problem	15.8	3.1	16.7	3.4	25.0	0.5	12.1	3.6	19.2	1.6
Surgical Care or Medical Procedure										
Did Not Receive	22.4	3.6	25.0	4.7	14.3	0.0	23.1	2.9	20.8	4.2
Received but a big problem	17.2	6.6	33.3	2.5	0.0	13.0	10.0	9.1	10.5	7.3
Specialty Physician Care										
Did Not Receive	20.8	8.1	29.4	11.7	0.0	6.3	17.1	5.7	13.3	1.8
Received but a big problem	11.7	10.7	8.3	6.9	10.5	6.7	14.7	14.5	17.3	3.2
Prescription Medication										
Did Not Receive	2.6	1.7	2.3	2.0	1.7	1.0	2.8	1.6	5.5	0.4
Received but a big problem	10.3	3.0	11.9	2.5	12.3	2.4	8.0	3.7	13.0	2.3
Dental										
Did Not Receive	29.2	13.2	35.9	15.5	0.0	15.5	24.9	11.1	27.1	14.0
Received but a big problem	13.6	9.2	16.0	7.1	0.0	8.6	12.1	10.9	22.9	7.6

XIV. Family Satisfaction with the KidCare Program

Background

The Consumer Assessment of Health Plans Survey (CAHPS) was used to assess family satisfaction with the KidCare Program among those who had been enrolled 12 consecutive months or more. This survey has been used in all five of the three evaluation years. The CAHPS is recommended by the National Commission on Quality Assurance for health plans to use when assessing enrollees' satisfaction with the health care plan. Variations in satisfaction across the five years are noted in the narrative.

The CAHPS addresses several care components including:

1. Getting health care from a specialist,
2. General health care experiences in the 12 months preceding the interview,
3. Need for and use of interpreter services,
4. Dental care,
5. A special module for those with special needs that include questions about home care and other specialized services,
6. Prescription medication use and satisfaction, and
7. Transportation concerns when obtaining health care.

These content areas are addressed in the following sections.

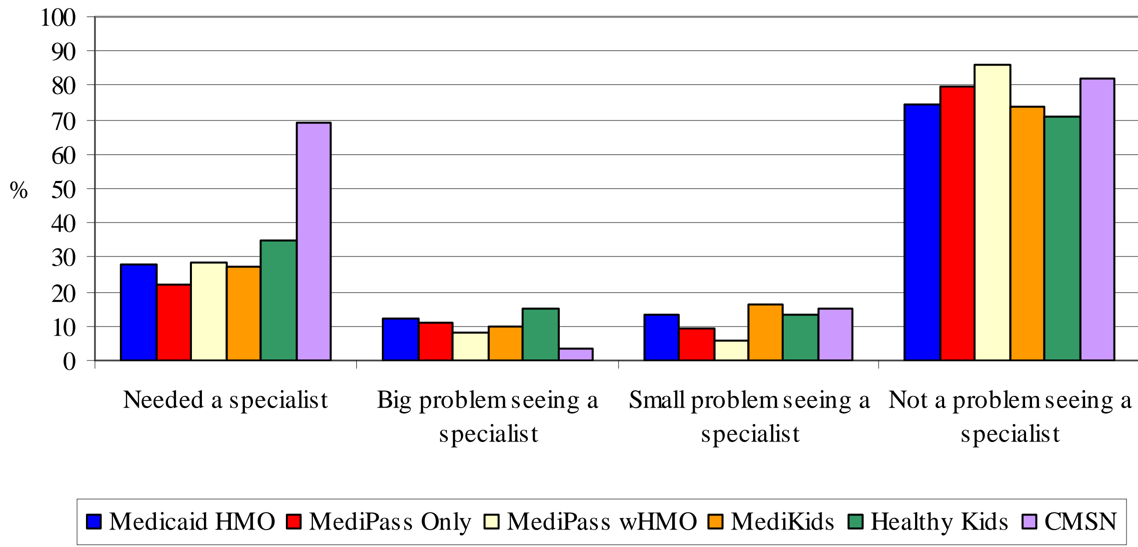
Getting Health Care From a Specialist

Three-quarters of families said it was "not a problem" to get referrals for specialty care.

A substantial percentage of children needed to see a specialist at some time in the 12 months preceding the interview. Twenty-two percent of MediPass Only enrollees, 27 percent of MediKids, 28 percent of Medicaid HMO and MediPass wHMO enrollees, 35 percent of Healthy Kids enrollees and 69 percent of CMSN enrollees needed specialty care (Figure 22). The percentage of children requiring specialty care is similar to the results obtained in prior evaluations.

Of those that needed specialty care, the majority reported that it was "not a problem" to get a referral for such care. More than 80 percent of CMSN and MediPass wHMO enrollees reported not having problems getting referrals to specialist physicians and more than 70 percent of enrollees in other programs reported not having problems.

Figure 22. Established Enrollees Needing and Getting Specialty Care, State FY 2002-2003

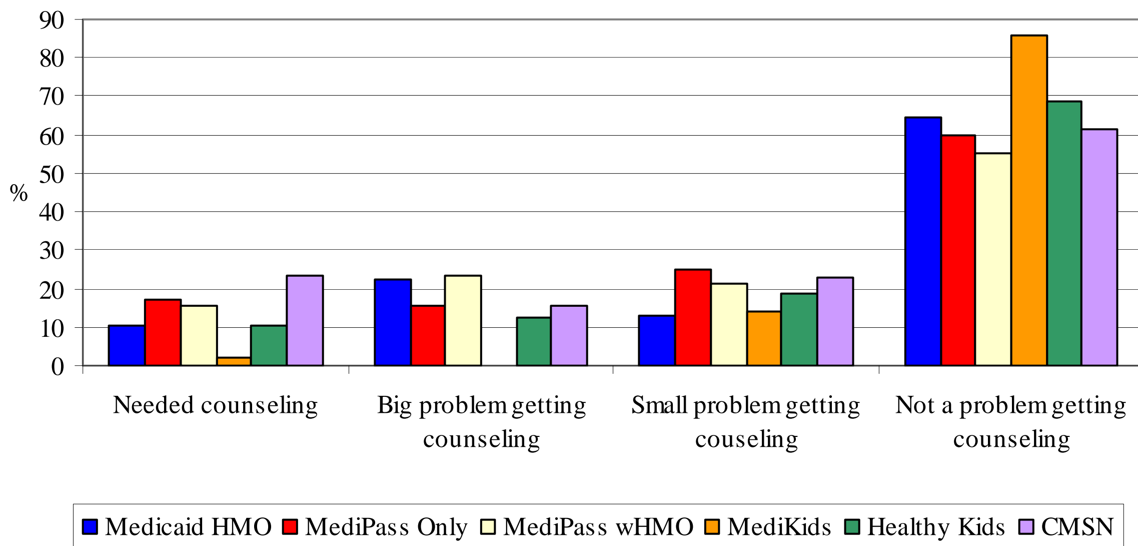


Access to Mental Health Care

86 percent of MediKids parents said it was "not a problem" to get needed mental health care for their children.

The CAHPS contains a series of questions about the need for and receipt of behavioral treatment or counseling. Over 15 percent of MediPass and almost a quarter of CMSN parents indicated that their children had a behavioral or emotional problem for which he or she received counseling. Smaller shares of families whose children were in the Medicaid HMO, Healthy Kids or MediKids Programs reported such needs (Figure 23). The majority of families reported it was "not a problem" to receive such care with families in MediPass reporting the fewest problems. These results are similar to those obtained in prior years.

Figure 23. Established Enrollees Needing and Getting Mental Health Care, State FY 02-03



General Health Care Experiences

Table 16 contains families' responses about their children's health care experiences in the 12 months preceding the interview. Family satisfaction has been very strong over the past four years and continues to be so. Because there are no significant changes in families' responses to the health care satisfaction questions, only the results from State FY 2002-2003 are reported.

It is important to note that the satisfaction results presented in this report are descriptive only. Many factors influence satisfaction with care including the children's health status and families' sociodemographic characteristics. More detailed multivariate statistical analyses are in progress.

About 75 percent of families said they always received care as soon as they wanted when their children were ill.

The majority of respondents whose children were enrolled in KidCare for 12 months or longer reported that they had made appointments for their children for routine or preventive care in the year preceding the telephone survey. Twenty-nine to 48 percent of families reported that at some time in the past year their children needed care immediately due to illness and injury. Access to care in these instances was good with 70 percent to 84 percent of families, depending on the KidCare Program component, reporting that the children always received care for illness or injury as soon as they wanted. More than 84 percent of families reported it was "not a problem" for their children to get needed care.

Over 85 percent of families said that there were no or minimal delays in their children's health care while waiting for health plan approval. Families in MediPass wHMO reported the greatest dissatisfaction with this aspect of their children's care when compared to any of the other KidCare components. Finally, over 80 percent felt that their children's doctors treated them with courtesy and respect and over 66 percent believed that the doctor always spent enough time with their children. The results obtained for this fiscal year are similar to those obtained in prior years.

It is important for the reader to note that these surveys, for the most part, are administered at the program component level. That is, a random sample is drawn from children enrolled for 12 months or longer in the Medicaid (HMO and MediPass), Healthy Kids, CMSN, and MediKids. Conducting surveys at the overall program component level may mask variations within the program at the health plan or regional level. Thus, it may be important to consider more indepth sampling for future satisfaction surveys to better target health plan or regional variation in satisfaction results. The current findings indicate high satisfaction with KidCare overall.

Table 16. Family Satisfaction with Their Children's Health Care, State FY 2002-2003

Item	Medicaid HMO	MediPass Only	MediPass wHMO	MediKids	Healthy Kids	CMSN
Did you make any appointments for routine care?						
Yes	56.0	56.9	60.9	72.2	54.5	75.3
No	44.0	43.1	39.1	27.8	45.5	24.8
How often did you get that appointment as quickly as you wanted?						
Never	4.8	0.6	3.3	1.4	3.7	1.8
Sometimes	14.3	9.4	12.0	11.6	14.1	12.5
Usually	19.6	21.8	18.6	15.3	21.5	22.3
Always	61.3	68.2	66.1	71.8	60.7	63.4
Did your child have an illness or injury where you needed care right away?						
Yes	29.4	38.9	40.9	42.3	31.9	48.3
No	70.6	61.1	59.1	57.7	68.1	51.7
Did you get that care as soon as you wanted?						
Never	3.4	3.5	1.6	0.8	3.1	2.1
Sometimes	6.8	6.9	4.9	7.9	7.3	7.6
Usually	14.8	19.0	17.9	7.1	13.5	15.3
Always	75.0	70.7	75.6	84.3	76.0	75.0
Did your child need any specialist care?						
Yes	27.81	22.1	28.5	27.2	34.9	69.4
No	72.19	77.9	71.5	72.8	65.1	30.6
If your child needed to see a specialist, how much of a problem was it to get a referral?						
A big problem	12.1	10.8	8.1	9.9	15.4	3.4
A small problem	13.3	9.2	5.8	16.1	13.5	14.8
Not a problem at all	74.7	80.0	86.1	74.1	71.2	81.8
How much of a problem was it for you to get the care you believed was necessary for your child?						
A big problem	7.5	3.3	6.5	4.2	5.0	3.9
A small problem	8.4	6.6	8.9	9.2	11.4	12.7
Not a problem at all	84.1	90.1	84.7	86.6	83.6	83.4
How much of a problem were delays in your child's care while you waited for plan approval?						
A big problem	8.8	16.7	24.4	12.5	17.8	5.4
A small problem	33.3	10.0	17.1	31.3	21.9	26.4
Not a problem at all	57.9	73.3	58.5	56.3	60.3	68.2
How often was child taken to the exam room within 15 minutes?						
Never	36.8	29.1	30.9	31.0	34.1	24.7
Sometimes	25.7	25.2	26.3	24.5	22.6	26.8
Usually	18.8	22.5	18.3	23.7	19.1	29.9
Always	18.8	23.3	24.4	20.8	24.2	18.6
How often were you treated with courtesy and respect?						
Never	1.5	1.5	1.1	1.4	2.0	1.0
Sometimes	7.9	5.4	5.6	7.9	5.9	3.7
Usually	7.1	9.7	9.4	10.1	8.6	12.6
Always	83.5	83.4	83.9	80.6	83.6	82.7
Is your child old enough to talk to the doctor?						
Yes	60.5	73.8	67.9	45.0	89.5	80.6
No	39.5	26.3	32.1	55.0	10.5	19.5
Did the doctor explain things in a way your child could understand?						
Never	8.9	9.0	5.6	8.0	3.9	4.2
Sometimes	7.6	9.0	5.1	8.8	4.4	7.6
Usually	8.9	12.6	12.9	9.6	16.1	17.0
Always	74.7	69.5	76.4	73.6	75.7	71.2

Table 16. Continued

Item	Medicaid HMO	MediPass Only	MediPass wHMO	MediKids	Healthy Kids	CMSN
How often did the doctor spend enough time with your child?						
Never	6.8	4.3	2.3	2.9	3.5	1.0
Sometimes	13.9	12.7	13.2	13.0	11.4	7.9
Usually	15.0	15.1	12.0	21.7	17.7	21.0
Always	64.3	68.0	72.6	62.5	67.5	70.1
Does your child have special health care needs that require help in school?						
Yes	9.7	13.9	12.2	7.6	10.5	25.3
No	90.4	86.1	87.8	92.5	89.5	74.7
Did your child's doctor talk to the school about these needs?						
Yes	95.5	96.9	89.3	100.0	96.0	94.1
No	4.6	3.1	10.7	0.0	4.0	5.9

XV. Dental Care

Background

As noted in the earlier section on unmet health care needs, there was significant unmet need prior to KidCare Program enrollment for dental care. The American Dental Association recommends that children have at least one dental visit by their first birthday and every six months thereafter.

Findings

The CAHPS has a section about satisfaction with dental care. The percentage of children using dental services by KidCare Program component is shown in Figure 24. A higher percentage of children in Healthy Kids (63 percent) and CMSN (65 percent) saw a dentist in the last year when compared to Medicaid HMO (49 percent), MediPass Only (50 percent), and MediPass wHMO (48 percent). MediKids enrollees had the lowest rate of dental care; only a third ofMediKids enrollees saw a dentist in the year prior to the interview.

For those children who saw a dentist, families were asked to rate the dental care on a scale from zero representing the "worst possible dental care" to ten representing the "best possible dental care." Figure 25 shows the families' ratings of the dental care their children received. Between 42 and 57 percent of respondents rated their dental care as a "10". An additional 25 to 32 percent rated their dental providers an "8" or a "9".

Recommendations

Families with younger children might benefit from education about the importance of taking small children to the dentist. Guidelines for dental care vary for very young children but it is essential for them to receive dental visits beginning as early as 12 months of age.

Figure 24. Children Seeing a Dentist in the Last Year, State FY 2002-2003

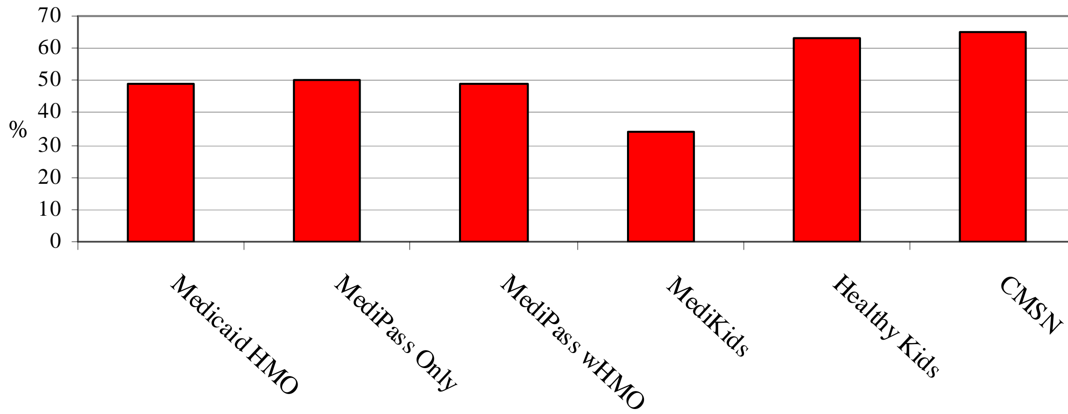
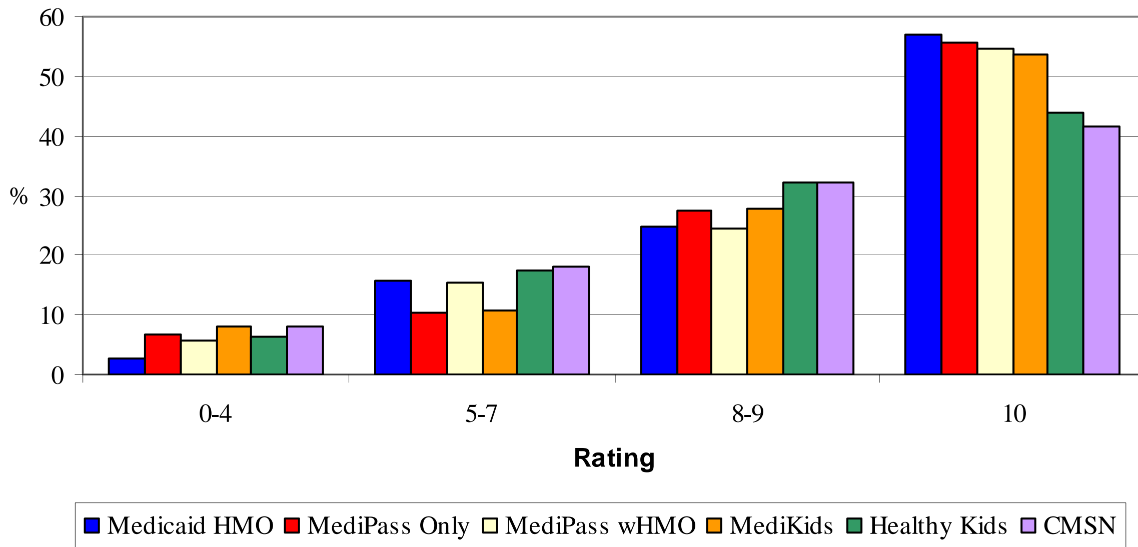


Figure 25. Families' Ratings (on a Scale of Zero Equals Worst to Ten Equals Best) of Their Children's Dental Care, State FY 2002-2003



XVI. Compliance with Preventive Care Guidelines

Well-Child Visit Compliance

The American Academy of Pediatrics (AAP) and others have established guidelines for the appropriate number of well child visits. In general, beginning at two years of age, children are expected to have annual well child visits. There is a brief span in late childhood when visits are scheduled every other year. Prior to two years of age, multiple visits are recommended at predetermined intervals. Parents were asked if their child had a preventive care visit in the preceding year. This information was used to assess compliance with well-child visit guidelines for those two years of age and older.

Ninety-eight percent of all KidCare established enrollees received a well-child visit. All programs have high compliance with this guideline. These figures are based on parent report and are higher than those reported in prior evaluations of compliance.

Immunization Compliance

93 percent of children were in compliance with the Varicella immunization in FY 2002 compared to 69 percent in FY 2001.

Parent report was used to assess compliance with the AAP's recommendations for childhood immunizations. The reader should exercise caution when interpreting data based on parent report, given that survey respondents may experience memory lapses, or may make errors in reporting the services their child has received. Another consideration in interpreting these data is the fact that children in Florida who attend school are required to prove they are compliant with AAP guidelines before they can enroll. Thus, the vast majority of school-aged children will be compliant, though their parent may not report this during the interview. In addition, individual immunization compliance is reported and not "composite scores." That is, whether the child had all of the recommended immunizations (not just individual immunizations) at the age appropriate times is not reported. Overall compliance with all of the individual immunizations was very high.

Comparison with Prior Years

Compliance was also compared between established enrollees in FY 2002 and FY 2001, to determine whether the KidCare Program has maintained its level of quality in providing immunizations to enrollees (Tables 17 and 18). Results show that, overall, the majority of enrollees continue to be compliant with AAP guidelines. The largest change between State FY 2001, FY 2002, and FY 2003 is the addition of pneumococcal vaccine to AAP's recommendations.

Table 17. Immunization Compliance among Established KidCare Enrollees, State FY 2000-2001 and 2001-2002

	Overall		CMSN		Healthy Kids		MediKids		MediPass	
	FY 2001	FY 2002	FY 2001	FY 2002	FY 2001	FY 2002	FY 2001	FY 2002	FY 2001	FY 2002
DTP	87.5	87.5	88.0	90.4	90.1	90.0	84.5	84.6	86.5	86.2
Polio	83.1	82.0	82.9	84.3	81.7	83.1	81.4	81.6	80.2	80.4
HIB	65.7	63.6	62.5	63.8	59.0	61.6	70.7	68.3	64.5	62.3
MMR	95.9	95.1	94.0	96.3	95.7	93.4	97.2	96.6	95.6	94.6
Hepatitis B	82.9	82.7	80.0	84.9	83.9	81.6	85.4	85.0	82.3	80.9
Varicella	68.5	93.1	58.3	91.4	55.8	93.0	81.2	92.1	83.9	94.6
Tetanus Booster	98.2	98.9	96.0	97.4	97.7	98.7	N/A*	1.0	98.4	99.3

*The Tetanus Booster shot is not required until 11-12 years of age. Thus, MediKids enrollees, at 1-5 years of age, do not need this immunization.

Table 18. Immunization Compliance among Established KidCare Enrollees, State FY 2002-2003

	Overall	Medicaid HMO	MediPass Only	MediPass wHMO	MediKids	Healthy Kids	CMSN
DTP	80.8	77.9	78.5	82.3	82.1	83.0	83.8
Polio	70.0	68.8	69.3	69.3	75.9	70.7	69.8
HIB	50.5	50.2	52.4	51.3	59.6	49.1	55.0
MMR	91.7	91.6	92.3	95.1	98.9	90.2	93.4
Hepatitis B	74.3	69.3	73.2	74.7	81.8	77.6	76.8
Varicella	93.7	94.4	91.4	94.7	92.9	93.5	92.8
Tetanus Booster	97.5	97.2	99.5	99.5	N/A*	96.6	98.2
Pneumococcal	28.8	23.0	36.4	24.5	26.9	32.2	33.3

*The Tetanus Booster shot is not required until 11-12 years of age. Thus, MediKids enrollees, at 1-5 years of age, do not need this immunization.

XVII. Disenrollment Experiences

Numbers of Disenrollees

Program disenrollment is an important area to assess. As previously noted, program disenrollees tend to lose their usual source of health care and may be at risk for not receiving needed health care. Program retention is important. Nationally, Medicaid and Title XXI Programs experience difficulty in retaining their enrollees, particularly when continuous eligibility periods end.[7] [8] Table 19 shows the number of children who disenrolled from MediKids, Healthy Kids, and CMSN and those who later re-enrolled following a disenrollment occurrence.

The percentage of children disenrolling declined sharply in SFY 2002-2003.

The percentage of children disenrolling from MediKids, Healthy Kids, and CMSN increased from State FY 2000-2001 to State Fiscal Year 2001-2002, but then declined sharply in State FY 2002-2003. It is possible that the imposition of waiting lists for Title XXI coverage has made parents more conscientious about re-enrollment and less likely to let coverage lapse.

Reasons for Disenrolling

39 percent of families indicated that their children left Healthy Kids or MediKids because they became eligible for Medicaid, while no more than 5% indicated dissatisfaction with some aspect of the program as a reason for disenrolling.

Table 20 contains the reasons families gave for disenrolling their children from a KidCare program component for State FY 2001-2002 and State FY 2002-2003. Families could give multiple reasons so responses will not total to 100 percent. In addition, families were not asked items that did not correspond with their program. For example, families whose children were in the Medicaid Program were not asked if they were dissatisfied with the premium amount that they paid every month or if they were cancelled due to non-payment of premium. However, families whose children were in Medicaid were asked if they had difficulty with the renewal process; whereas those in Healthy Kids, MediKids, or CMSN were not.[9]

Thirty-nine percent of families indicated that their children were disenrolled from Healthy Kids or MediKids because they became eligible for Medicaid. The next most common reason for disenrollment reported by 33 percent of families was that they had difficulty with renewal. Five percent or fewer indicated thatthey disenrolled their children because of dissatisfaction with some aspect of the program.

[7] Dick AW, Allison A, Haber SG, Brach C, Shenkman E. (2002) "The Consequences of States' Policies for SCHIP Disenrollment." *Health Care Financing Review*.

[8] Shenkman E, Vogel B, Boyett J, Naff R. (2001) "Enrollment and Disenrollment in a Title XXI Program." *Health Care Financing Review.*

[9] As previously described, Title XXI enrollees in Healthy Kids, MediKids, and CMSN have a passive renewal process at the end of their continuous eligibility period, whereas Medicaid enrollees do not.

Table 19. Disenrollment From MediKids, Healthy Kids, and CMS, State FY 2000-2001, 2001-2002, and 2002-2003

	Medikids	Healthy Kids	CMSN
State Fiscal Year 2000-2001			
Total Enrollment	39,985	252,091	8,522
Total Disenrollment	8,295	34,945	1,513
Percent Disenrolled	20.7	13.9	17.8
Total Re-Enrollment	686	7,368	313
Percent of Disenrollees Re-Enrolled in Same Program	8.3	21.1	20.4
State Fiscal Year 2001-2002			
Total Enrollment	50,740	320,402	10,660
Total Disenrollment	13,236	55,597	2,194
Percent Disenrolled	26.1	17.4	20.6
Total Re-Enrollment	922	10,247	352
Percent of Disenrollees Re-Enrolled in Same Program	6.9	18.4	16
State Fiscal Year 2002-2003			
Total Enrollment	63,697	390,887	12,925
Total Disenrollment	10,260	43,593	1,572
Percent Disenrolled	16.1	11.2	12.2
Total Re-Enrollment	958	11,531	341
Percent of Disenrollees Re-Enrolled in Same Program	9.3	26.5	21.7

Table 20. Percentage of Parents Citing These Reasons for Disenrollment, State FY 2001-2002 and 2002-2003

Disenrollment Reason	SFY 2001-2002	SFY 2002-2003
Child switched to Medicaid	41	39
Obtained policy other than KidCare	28	25
Difficulty with renewal	19	33
Child no longer eligible due to age	12	19
No longer eligible due to income	19	23
Cancelled due to non-payment of premium	13	12
Dissatisfied with providers	6	5
Program not as expected	3	5
Dissatisfied with clinic or office setting	4	2
Dissatisfied with premium	4	6
Child no longer eligible, not in Welfare-to-Work Program	3	3
Did not want welfare	3	5
Dissatisfied with copayments at the time of visit	2	2

56 percent of children are uninsured after leaving the KidCare Program.

Upon leaving the program, 44 percent of families obtained other coverage for their children; whereas 56 percent did not. Of those who did not obtain coverage, 51 percent of families indicated that coverage was too expensive to obtain.

Of those with insurance after disenrollment (44 percent of all disenrollees), the following types of coverage were obtained:

- 31 percent entered the Medicaid Program,
- 35 percent obtained private employer-based coverage,
- 13 percent entered the Healthy Kids Program,
- 6 percent purchased insurance directly not through an employer,
- 1 percent entered the CMSN Program, and
- 14 percent named other insurance options (including Medicare and other state's public insurance programs).

For those children who do obtain other coverage after leaving KidCare, the percentage obtaining employer-based coverage declined from 80 percent in State FY 2000-2001 to 35 percent in State FY 2002-2003. Forty-five percent of those who obtained other insurance coverage did so by switching to another KidCare component.

The percentages of children with and without health insurance after leaving the KidCare Program did not change from State FY 2001 to State FY 2002. However, the results about the *type of coverage* children obtained when they were insured post-KidCare enrollment are significantly different than those obtained in State FY 2000-2001 and prior evaluation years. In FY 2000-2001, about 80 percent overall of those who had coverage after leaving KidCare had employer-based coverage. Only 7 percent overall entered the Medicaid Program. In contrast, in State FY 2002-2003, only 35 percent of those with other coverage obtained it through their employers. Thirty one percent of those with other coverage entered Medicaid, 13 percent entered Healthy Kids, and 1 percent entered CMSN. Thus, almost half of those who obtained other coverage did so by switching to another KidCare Program component (45 percent of those with other coverage).

XVIII. Crowd Out

Background

Throughout the development of the Title XXI legislation at the federal level, many policy analysts expressed concern about a phenomenon called "crowd out." Crowd out can occur when employers, knowing that other insurance alternatives exist for their employees, drop dependent coverage, resulting in a shift of children from private to public programs. Alternatively, employees may either opt out of or not take employer-based coverage if there are less expensive alternatives. Each of these scenarios results in a decrease in private sector coverage and an increase in public sector spending. Moreover, substitution of employer based coverage with a subsidized state plan may result in fewer improvements in access to care and health status than anticipated because families who are already covered are simply moving to a different form of health insurance.

Because substitution can blunt the impact of health insurance expansions, federal Title XXI legislation requires states to assess the degree to which the states' programs are contributing to crowd out of employer-based dependent coverage. The Title XXI legislation does include elements that may contribute to crowd out. For example, states may elect to provide coverage for children residing in families with incomes up to 200 percent of the federal poverty level (FPL). Earlier studies have demonstrated that access to employer-based coverage varies significantly by income, with families above 185 percent FPL reporting increased access when compared to those with lower incomes. Thus, families at the upper end of the income cutoff for government subsidized insurance coverage may have greater access to employer-based dependent coverage than families at the lower end of the income range. If families at the higher range of the income scales elect a Title XXI option as opposed to their employer-based coverage, these families are then contributing to crowd out. Additionally, the Title XXI legislation mandates a rich benefit package. This benefit package may be richer than those typically offered by many employers and available at a substantially reduced premium to families, thereby potentially contributing to the substitution of public for private coverage.

Findings

Thus, as part of the New Enrollee Telephone Survey, respondents were asked whether their children had insurance coverage in the 12 months preceding their enrollment in the KidCare Program, and if so the type of insurance coverage they had. Both the New Enrollee and Established Enrollee survey asked respondents whether parents currently had access to family coverage through their employers and the cost of the families' share of the premium per month. There are four types of questions often raised about access to employed-based coverage and crowd out.

First, what share of families had access to employed-based coverage in the year prior to enrollment and what share of those with prior access also have current access? Approximately 18 percent of enrollees were covered by employer-based family coverage at some time in the twelve months preceding their KidCare Program enrollment; only 27 percent of those with coverage prior to enrollment had current access to employed-based family coverage. Figure 26 presents the share of children by KidCare program component, which had employed-based family coverage at some time in the twelve months preceding enrollment.

About 18 percent of New Enrollee families have access to employer-based family coverage but the cost of such coverage is about 8% percent of their total family income on average.

Second, what share of New Enrollee families has current access to employed-based coverage? Table 21 presents a detailed analysis of access to current coverage for the parents of New Enrollees. Only 18 percent of parents had access to employer-provided family coverage. Crowd out for New Enrollee families by poverty level is presented in Table 22.

Those New Enrollee parents thatwere eligible for family coverage were also asked why the surveyed child was not enrolled in that employer plan. Over 89 percent of the responses reported that the employer-provided coverage was too expensive. Families of new enrollees were also asked to estimate the cost of employer-based coverage if they were to take such coverage. They estimated it would be $173 per month, which represented on average 8.2% of their total household income (Table 21). This figure represents the cost of the premiums only, and not the costs of any co-payments or deductibles. It is important to note that the Title XXI legislation mandates that families do not spend more than 5 percent of their incomes on premiums and co-payments for their children.

Third, among New Enrollees with current access to employer-provided coverage, what share was uninsured for all or part of the twelve months prior to enrollment? Almost two-thirds (63 percent)

of those with current access had no coverage in the entire year prior to enrollment. Twenty-two percent with current access were covered for less than six months out of the year prior to enrollment. Thirteen percent of those with current access were covered for six to eleven months of the year prior to enrollment. Only two percent of those with current access had employer-provided coverage for all twelve months prior to enrollment.

Fourth, what share of Established Enrollee families has current access to employed-based coverage? For families of established enrollees, about 16 percent had access to employer-provided coverage (Table 23). Established enrollee families in poverty or near poverty had lower rates of access and eligibility than higher income families (Table 24). Less than 14 percent of families of established enrollees in Medicaid HMOs or MediPass had access to employer-provided coverage compared to about 18 percent of established enrollees in the Title XXI programs (Table 25).

Figures 27, 28 and 29 summarize the share of enrollees with current access to employer-provided coverage.

Importantly, at 8.2 percent of their total household income, employer-based coverage is too expensive for New Enrollee families. A sample family budget, presented in Table 26, illustrates several premium alternatives.

Figure 26. Children with Employer-Based Coverage at Some Point in the Twelve Months Preceding KidCare Program Enrollment, , State FY 2002-2003

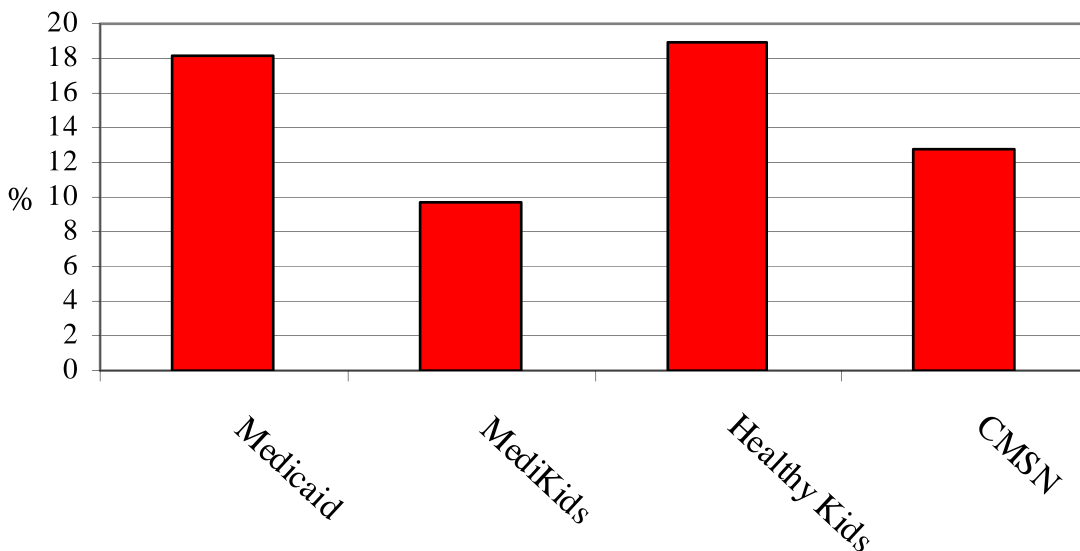


Table 21. Access to Insurance and Its Cost for Parents of New Enrollees, State FY 2002-03

Characteristics of New Enrollees	N	% of Total
Total number of parents enumerated by the survey.*	75,974	100.00
Yes, the parent is employed.	47,249	62.19
No, the parent is not employed.	28,098	36.98
Number of parents who did not respond to the item.	627	0.83
Yes, the parent's employer offers some type of insurance coverage.	26,411	34.76
No, the parent's employer does not offer insurance coverage.	18,390	24.21
Number of parents who are not employed; they are ineligible to respond to this item.	25,674	33.79
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	5,499	7.24
Yes, the parent is eligible for some type of coverage through their employer.	20,797	27.37
No, the parent is not eligible for any coverage through their employer.	4,527	5.96
Number of parents who are not employed or their employer does not offer coverage; they are ineligible to respond to this item.	44,064	58.00
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	6,586	8.67
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of New Enrollees.	***13,635***	***17.95***
No, only employee coverage is available to the parent through their employer.	6,447	8.49
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	48,591	63.96
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	7,301	9.61
Yes, the parent is enrolled in some type of employer-provided coverage.	13,577	17.87
No, the parent is not enrolled in any type of employer-provided coverage.	6,495	8.55
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	48,591	63.96
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	7,311	9.62
Total responses from employed parents whose employer offers family coverage to the item "Why are children not enrolled in the employer's family coverage plan?"**	12,505	100.00
Too expensive	11,173	89.35
Didn't need it	906	7.25
Didn't like benefit package	2,203	17.62
Didn't like doctors in the plan	370	2.96
Don't believe in health insurance	132	1.06
Other	1,319	10.55
For those parents eligible for individual coverage, what is the mean monthly premium? ($) That individual premium (annualized) would be what share of the average New Enrollee household's yearly income? (%)***	$55	3.43
For those parents eligible for family coverage, what is the mean monthly premium? ($) That family premium (annualized) would be what share of the average New Enrollee household's yearly income? (%)***	$173	8.23

* Parents include both biological and other parents (step and adopted).
** This survey item asked the respondent to "check all that apply", hence the percentages shown are of responses, not respondents.
*** A few outliers are excluded: those reporting premiums of $0 or over $500 per month, premiums exceeding 50% of household income, household income below $5000 or over $50,000 per year.

Table 22. Access to Insurance for Parents of New Enrollees, by Poverty, State FY 2002-03

Characteristics of New Enrollees	N	% of Total
Total number of parents enumerated by the survey, under 100% of FPL.	25,061	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of New Enrollees, under 100% of FPL	***3,354***	***13.38***
No, only employee coverage is available to the parent through their employer.	1,538	6.14
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	17,071	68.12
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	3,098	12.36
Total number of parents enumerated by the survey, 101-132% of FPL.	12,953	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of New Enrollees, 101-132% of FPL.	***2,012***	**15.53**
No, only employee coverage is available to the parent through their employer.	1,017	7.85
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	8,599	66.39
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	1,325	10.23
Total number of parents enumerated by the survey, 133-149% of FPL.	10,859	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of New Enrollees, 133-149% of FPL.	***2,484***	**22.88**
No, only employee coverage is available to the parent through their employer.	918	8.45
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	6,864	63.21
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	593	5.46
Total number of parents enumerated by the survey, 150-184% of FPL.	7,227	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of New Enrollees, 150-184% of FPL.	***1,468***	**20.31**
No, only employee coverage is available to the parent through their employer.	1,094	15.14
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	4,165	57.63
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	500	6.92
Total number of parents enumerated by the survey, 185-199% of FPL.	6,825	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of New Enrollees, 185-199% of FPL.	***1,081***	**15.84**
No, only employee coverage is available to the parent through their employer.	807	11.82
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	4,343	63.63
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	594	8.70
Total number of parents enumerated by the survey, 200% or greater of FPL.	10,349	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of New Enrollees, 200% or greater of FPL.	***3,236***	***31.27***
No, only employee coverage is available to the parent through their employer.	1,073	10.37
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	7,549	72.94
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	1,191	11.51

Table 23. Access to Insurance for Parents of Established Enrollees, State FY 2002-2003

Characteristics of Established Enrollees	N	% of Total
Total number of parents enumerated by the survey.*	536,627	100.00
Yes, the parent is employed.	324,431	60.46
No, the parent is not employed.	209,791	39.09
Number of parents who did not respond to the item.	2,405	0.45
Yes, the parent's employer offers some type of insurance coverage.	170,518	31.78
No, the parent's employer does not offer insurance coverage.	142,072	26.48
Number of parents who are not employed; they are ineligible to respond to this item.	191,952	35.77
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	32,085	5.98
Yes, the parent is eligible for some type of coverage through their employer.	145,765	27.16
No, the parent is not eligible for any coverage through their employer.	21,097	3.93
Number of parents who are not employed or their employer does not offer coverage; they are ineligible to respond to this item.	334,024	62.25
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	35,741	6.66
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of Established Enrollees.	***84,004***	***15.65***
No, only employee coverage is available to the parent through their employer.	58,267	10.86
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	355,121	66.18
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	39,235	7.31
Yes, the parent is enrolled in some type of employer-provided coverage.	112,851	21.03
No, the parent is not enrolled in any type of employer-provided coverage.	28,745	5.36
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	355,121	66.18
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	39,910	7.44

Table 24. Access to Insurance for Parents of Established Enrollees by Poverty, SFY 02-03

Characteristics of Established Enrollees	N	% of Total
Total number of parents enumerated by the survey, under 100% of FPL.	310,646	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of Established Enrollees, under 100% of FPL	***39,178***	***12.61***
No, only employee coverage is available to the parent through their employer.	22,120	7.12
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	226,053	72.77
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	23,205	7.47
Total number of parents enumerated by the survey, 101-132% of FPL.	49,603	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of Established Enrollees, 101-132% of FPL.	***7,370***	**14.86**
No, only employee coverage is available to the parent through their employer.	6,391	12.88
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	32,495	65.51
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	3,347	6.75
Total number of parents enumerated by the survey, 133-149% of FPL.	34,787	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of Established Enrollees, 133-149% of FPL.	***4,951***	**14.23**
No, only employee coverage is available to the parent through their employer.	8,026	23.07
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	18,766	53.95
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	3,044	8.75
Total number of parents enumerated by the survey, 150-184% of FPL.	49,012	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of Established Enrollees, 150-184% of FPL.	***9,341***	**19.06**
No, only employee coverage is available to the parent through their employer.	7,605	15.52
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	30,666	62.57
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	1,400	2.86
Total number of parents enumerated by the survey, 185-199% of FPL.	21,116	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of Established Enrollees, 185-199% of FPL.	***6,063***	**28.71**
No, only employee coverage is available to the parent through their employer.	4,672	22.13
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	9,528	45.12
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	853	4.04
Total number of parents enumerated by the survey, 200% or greater of FPL.	71,463	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of Established Enrollees, 200% or greater of FPL.	***17,101***	***23.93***
No, only employee coverage is available to the parent through their employer.	9,363	13.10
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	37,613	52.63
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	7,386	10.34

Table 25. Access to Insurance for Parents of Established Enrollees by Program, SFY 02-03

Characteristics of Established Enrollees	N	% of Total
Total number of parents enumerated by the survey, Medicaid HMO.	162,162	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of Established Enrollees in Medicaid HMO.	***21,879***	***13.49***
No, only employee coverage is available to the parent through their employer.	10,725	6.61
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	118,833	73.28
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	10,725	6.61
Total number of parents enumerated by the survey, MediPass Only.	46,464	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of Established Enrollees in MediPass in counties with no HMOs.	***5,632***	**12.12**
No, only employee coverage is available to the parent through their employer.	3,072	6.61
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	33,536	72.18
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	4,224	9.09
Total number of parents enumerated by the survey, MediPass wHMO.	36,462	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of Established Enrollees in MediPass in counties with HMOs.	***4,635***	**12.71**
No, only employee coverage is available to the parent through their employer.	2,163	5.93
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	26,883	73.73
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	2,781	7.63
Total number of parents enumerated by the survey, MediKids	26,064	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of Established Enrollees in MediKids.	***4,560***	**17.50**
No, only employee coverage is available to the parent through their employer.	3,456	13.26
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	16,320	62.62
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	1,728	6.63
Total number of parents enumerated by the survey, Healthy Kids.	258,440	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of Established Enrollees in Healthy Kids.	***46,008***	**17.80**
No, only employee coverage is available to the parent through their employer.	38,056	14.73
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	155,064	60.00
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	19,312	7.47
Total number of parents enumerated by the survey, CMSN.	7,035	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for parents of Established Enrollees in CMSN	***1,290***	***18.34***
No, only employee coverage is available to the parent through their employer.A13	795	11.30
Number of parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	4,485	63.75
Number of parents who did not respond to the item; their eligilibity for this item is unknown.	465	6.61

Figure 27. Distribution of Parents of New Enrollees in KidCare by Their Access to Employer-Provided Insurance Coverage, State FY 2002-2003

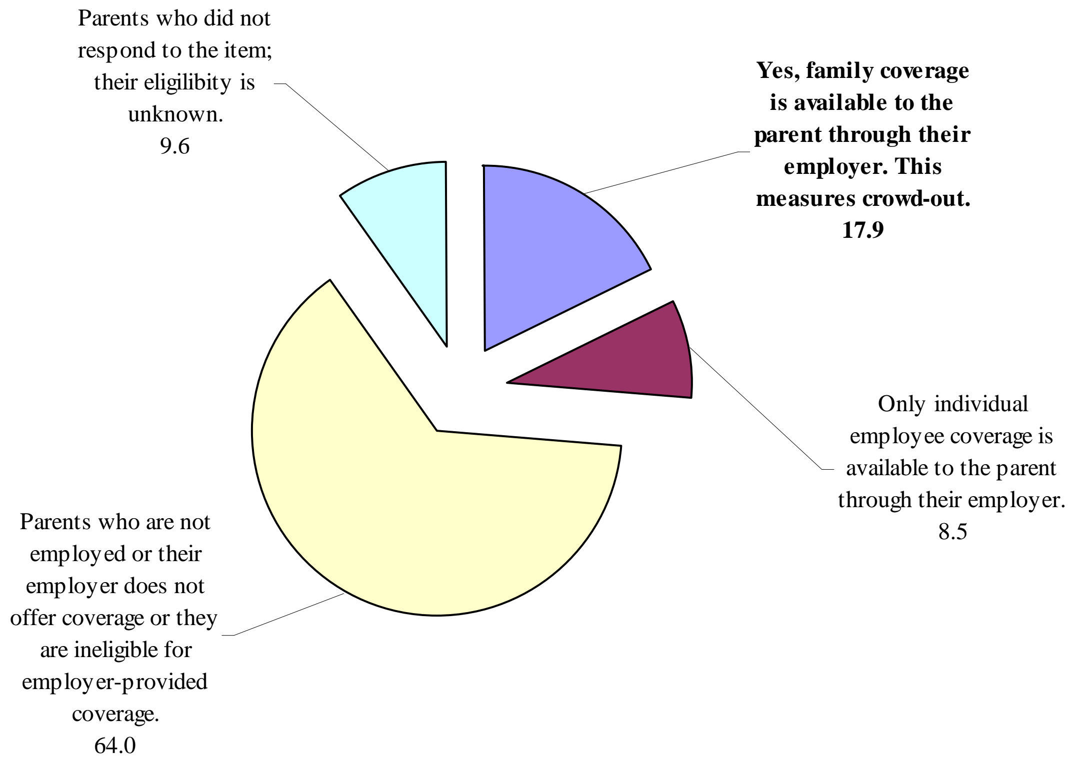


Figure 28. Distribution of Parents of Established Enrollees in KidCare by Their Access to Employer-Provided Insurance Coverage, State FY 2002-2003

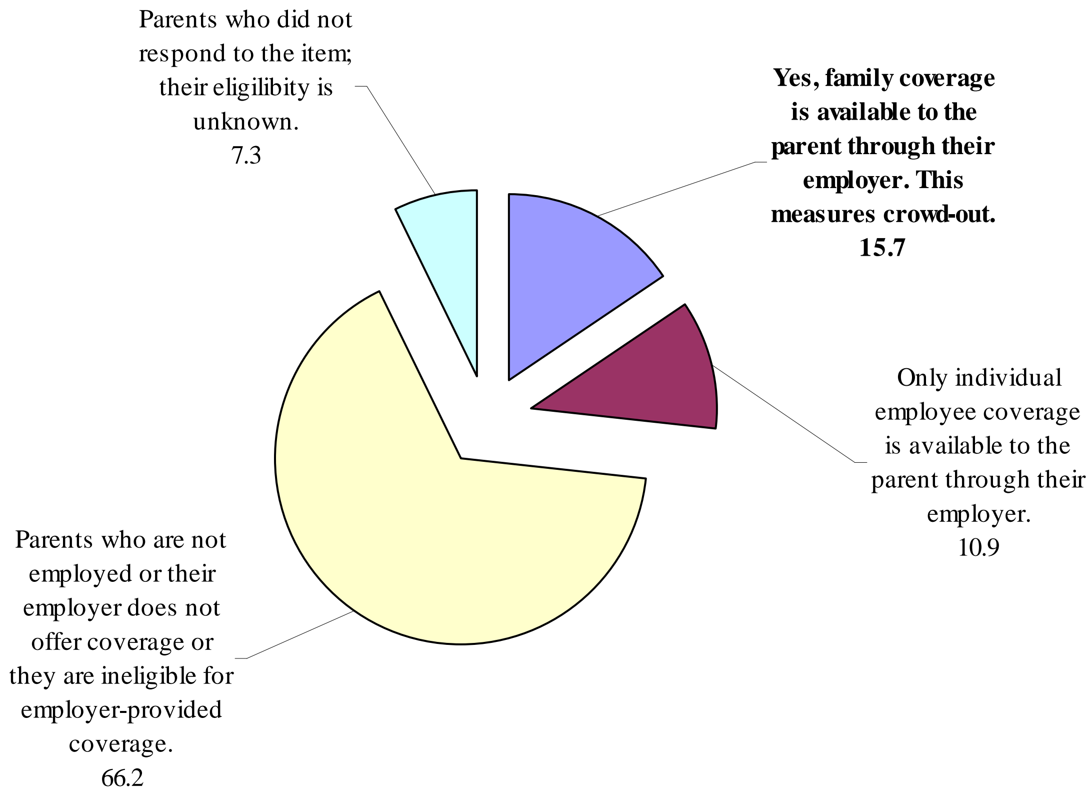


Figure 29. Summary of KidCare Enrollees with Access to Employer-Provided Coverage, State FY 2002-2003

Table 26. Estimated Monthly Family Budget for a Parent and Child, Including Insurance Premium Options, at Various Income Levels

	150% of FPL	185% of FPL	200% of FPL
Annual Income	$18,180	$22,422	$24,240
Monthy Income	$1,515	$1,869	$2,020
Estimated Family Budget*			
Monthly housing	$536	$536	$536
Monthly food	$230	$230	$230
Monthly transportation	$158	$158	$158
Monthly taxes	$130	$130	$130
Sum of general budget categories	$1,054	$1,054	$1,054
Remainder of income for all other expenses, including health care	$461	$815	$966
Average Monthly Cost of Employer-Provided Family Coverage (Table 21)	$173	$173	$173
Percentage of Total Monthly Income	11.4	9.3	8.6
Monthly Cost of Full Healthy Kids Premium**	$92	$92	$92
Percentage of Total Monthly Income	6.1	4.9	4.6
Monthly Cost of Full CMS Premium	$415	$415	$415
Percentage of Total Monthly Income	27.4	22.2	20.5

* Source: Economic Policy Institute estimates for Gainesville, Florida. http://www.epinet.org
** This does not include the cost of dental coverage, which is additional.
Note: Poverty level for a family of two is $12,120 for 2003.

XIX. Program Financing

Introduction The purpose of this section is to address all sources of program financing for the Title XXI Program. For the KidCare Program, these sources include:

- The federal government,
- State allocations, and
- Individual payments for premiums.

Table 23 summarizes the total, federal, state, and local share budgeted for each of the KidCare Program components for State Fiscal Year 2002-2003. Table 24 contains a summary of the premium amounts for each of the KidCare Program components. Table 25 shows the premium amounts collected for Healthy Kids, MediKids, and the CMSN Network from families. Table 26 shows the total Title XXI expenditures for both the state and federal fiscal years. ICHP gratefully acknowledges ACHA's assistance in compiling all information for these four tables.

Table 27. Florida KidCare Budgeted Federal and State Share for State FY 2003-2004

Program	Total Share	Federal Share	State Share	Local Share
MediKids	$30,177,670.00	$21,495,554.00	$8,682,116.00	$0.00
Healthy Kids	$324,945,890.00	$218,538,969.00	$99,406,921.00	$7,000,000.00
CMS Network	$43,777,198.00	$31,182,498.00	$12,594,700.00	$0.00
BNET	$4,440,000.00	$3,162,612.00	$1,277,388.00	$0.00
Medicaid Expansion <1	$7,745,357.00	$5,518,567.00	$2,226,790.00	$0.00
Total Title XXI Services	$7,745,357.00	$279,898,200.00	$124,187,915.00	$0.00
Administration	$36,526,157.00	$23,993,363.00	$12,532,794.00	$0.00
Grand Total	**44,271,514.00**	**303,891,563.00**	**136,720,709.00**	**0.00**

Table 28. Per Member Per Month Premium Rates for Each KidCare Program Component from the State FY 2003-2004 Budget

Program	Premium
MediKids	$81.22
Healthy Kids	$106.83
CMS Network	$414.93
BNET	$1,000.00
Medicaid Expansion <1	$406.96

Table 29. Premiums Collected For MediKids, Healthy Kids, and the CMSN Network Participants, State and Federal FY 2001-2002 and FY 2002-2003

Program	SFY 2001-2002	SFY 2002-2003	FFY 2001-2002	FFY 2002-2003*
MediKids	$2,508,772	$3,102,615	$2,658,937	$3,432,935
Healthy Kids*	$33,130,176	$42,009,218	$35,210,124	$45,672,285
CMS Network	$538,545	$651,270	$562,845	$732,145
Total	$36,177,493	$45,763,103	$38,431,906	$49,837,365

* These figures are subject to slight revision because some families under 150% of FPL paid $20 premiums in August and September 2003, rather than the $15 premium they should have, hence refunds are being issued in early 2004.

Table 30. Total Title XXI Expenditures Reported to the Centers for Medicare and Medicaid Services for the State and Federal FY 2001-2002 and 2002-2003

	Total	Federal	State
SFY 2001-2002	$339,900,526	$236,330,490	$103,570,036
FFY 2001-2002	$388,478,373	$269,996,093	$118,482,280
SFY 2002-2003	$498,211,978	$352,409,021	$145,802,961
FFY 2002-2003	$502,857,300	$357,811,448	$142,365,495

XX. Summary and Conclusions

Summary

The KidCare Program continues to provide quality health care services to low income children in Florida. Several areas that were already strengths for the program, such as satisfaction with the application process and with the quality of health care, remained strong. Other areas saw significant improvement over prior evaluation years.

Program enrollment increased by 9 percent from State FY 2002 to State FY 2003.

In summary, the KidCare Program continued to grow with a total enrollment of 1,507,513 children as of June 30, 2003 – a 9 percent increase over the preceding year. The total enrollment included CMSN Title XXI enrollees, Healthy Kids Title XXI and non-Title XXI enrollees, MediKids enrollees, and Medicaid Title XXI and Title XIX enrollees.

During State FY 2002-2003, 168,647 single page KidCare applications were received representing 274,087 children. A large majority (71 percent) of these children became enrolled in one of the KidCare Program components. A waiting list has been formed to hold those children who are approved for coverage, but not eligible for immediate enrollment.

The KidCare Program continues to serve families from diverse backgrounds. About 30 percent of program enrollees are Hispanic and about 17 percent of enrollees speak Spanish as their primary language in the home. Overall, 19 percent of enrollees are black. Many KidCare enrollees (61 percent) live in two parent households.

Children in the KidCare Program are racially and ethnically diverse. About a third of enrollees are Hispanic and about a fifth speak Spanish as their primary language at home. Their parents have a wide range of educational backgrounds.

Their parents' educational levels vary greatly with about 13 percent of them having an Associates degree or higher. However, about 36 percent of enrollees' parents report not having a high school or GED diploma. These statistics highlight the importance of working with KidCare enrollees and their families in a culturally competent and family-centered manner. The health care providers and program administrators must be sensitive to the racial, ethnic, and educational diversity seen among program enrollees.

Depending on the KidCare Program component, about one-half to three-quarters of the families have access to the Internet at home. However, only 11 percent reported that they learned about KidCare through the Internet. This is a significant increase from the one percent who reported learning about KidCare on the Internet in State FY 2001-2002.

The KidCare Program serves a higher percentage of children with special health care needs than might be expected based on statewide estimates.

The KidCare Program continues to serve many children with special health care needs (CSHCN). WhileCMSN serves the most severe CSHCN, there are still those with more mild to moderate special needs (such as asthma, attention deficit disorder and other chronic conditions) in the Medicaid, Healthy Kids, and MediKids Programs. In fact, statewide estimates find about 13 percent to 14 percent of Florida's children have special needs compared to 24 percent of KidCare established enrollees.

Within KidCare, CMSN has the largest share of children with special health care needs (81 percent), but there are 21 percent of Medicaid HMO enrollees, 30 percent of MediPass enrollees in counties without HMOs, 33 percent of MediPass enrolless with HMOs, 23 percent of Healthy Kids enrollees, and 15 percent of MediKids enrollees that have special health care needs as well. As a result, the KidCare Program may experience higher than expected health care costs and must be attentive to the quality of the provider network to ensure appropriate access to specialists.

Almost half of parents on the CMSN Title XXI wait list report not seeking care when they thought they should have due to the anticipated costs of care.

Surveys of parents on the Healthy Kids Summer 2003 and the CMSN Fall 2003 Title XXI wait lists found that while waiting for coverage, families often need to make decisions about whether to seek medical care or not. These decisions may be influenced by the lack of insurance coverage and concerns about the costs of care. Parents were asked if they had not sought medical care when they thought they should have in the prior six months due to anticipated out-of-pocket expenses. More than a fifth (22 percent) of parents with children on the Healthy Kids wait list reported that they had not sought care when they thought they should have due to anticipated costs. Almost half (47 percent) of parents with children on the CMSN wait list did not seek care due to anticipated costs. Given that children on the CMSN wait list have a wide-range of chronic and severe conditions, it is not surprising that their parents have concerns about the cost of care.

Children's unmet health care needs were reduced in nearly every category assessed after enrollment in the KidCare Program. Thirteen percent of KidCare enrollees did notreceive well -child visits prior to enrollment compared to 2 percent post-enrollment.

Crowd-out does not appear to be a significant problem for the KidCare program. Only 18 percent of families of new enrollees and 16 percent of families of established enrollees have access to and are

eligible for employer-provided family coverage. Families in poverty have lower rates of crowd-out than those with higher incomes.

More in-depth statistical analyses will be conducted in the Spring, 2004 and will provide further detail that can be used for ongoing quality improvement in the KidCare Program.

Conclusions

There are several strategies to consider:

1. Although great strides have been made in providing health insurance coverage to children, the State must remain vigilant in its efforts to insure low-income children.

2. The findings about the application and enrollment process are very positive and several areas show significant improvement. This information can be used as a baseline to evaluate the improvements that the Healthy Kids Corporation and the KidCare Partner Agencies made to the application process.

3. Family satisfaction and other measures of health care quality in the program remain very high. However, these results are descriptive only and do not reflect further statistical analyses that will be conducted to assess whether there are racial or ethnic disparities in the quality of health care delivered to enrollees.

4. KidCare should continue to address the dental needs of enrollees, particularly those in the younger age groups (0 to 4) where compliance with recommended visits is particularly poor.

5. KidCare should evaluate the quality of care and the financing implications for those enrolleeswith special health care needs. Compared to overall state estimates, a high percentage of CSHCN are enrolled in KidCare. CSHCN are particularly vulnerable to variations in their health care quality and should be the focus of a special study.