The Florida KidCare Evaluation Series:

Florida KidCare Program Evaluation Report, 2004

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Authors

June Nogle, Ph.D.
Associate Research Scientist
Institute for Child Health Policy
University of Florida

Elizabeth Shenkman, Ph.D.
Director, Institute for Child Health Policy
Professor, Department of Pediatrics
Professor and Chair, Department of Epidemiology and Health Policy Research
University of Florida

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Table of Contents

List of Tables 4
List of Figures 5
List of Diagrams 5
Appendices 5
I. Executive Summary 6
II. Introduction 9
III. Program Structure, Eligibility, and Recent Legislative Changes 10
IV. The Evaluation Approaches and Data Collection 18
V. Enrollment Patterns in the KidCare Program 22
VI. Transition and Retention in KidCare Programs 38
VII. Learning about KidCare and Experiences with the Application Process 40
VIII. Demographic Characteristics of Program Enrollees 45
IX. Presence of Special Health Care Needs Among New Enrollees, Established Enrollees and Disenrollees 52
X. Experiences with Paying Premiums 55
XI. Usual Source of Care 58
XII. Unmet Health Care Needs Pre- and Post-KidCare Enrollment 60
XIII. Family Satisfaction with the KidCare Program 62
XIV. Dental Care 66
XV. Compliance with Preventive Care Guidelines 68
XVI. Disenrollment Experiences 74
XVII. Crowd Out 78
XVIII. Program Financing 89
XIX. Conclusions and Recommendations 92

List of Tables

Table 1. Federal Poverty Levels for a Family of Four 14
Table 2. KidCare Program Components and Coverage Levels, FY 2003-2004 14
Table 3. Summary of Surveys Conducted for Fiscal Year 2003-2004 Evaluation 21
Table 4. Application and Enrollment Information, July 2003 through September 2004 26
Table 5. Total Enrollees and Total New Enrollees for State and Federal FY 2002-2003 and 2003-2004 29
Table 6. Point in Time Enrollment Figures for the Last Day of State and Federal FY 2002-2003 and 2003-2004 30
Table 7. Percentage of Enrollees in Each Program by Length of Continuous Enrollment during State FY 2003-2004 39
Table 8. Out of Pocket Expenditures Incurred While Awaiting KidCare Coverage, ... 43
Table 9. Experience with Application and Enrollment Process, State FY 2003-2004 45
Table 10. Percentage of KidCare Respondents with Computer and Internet Access and a Cellular Phone, State FY 2003-2004 51
Table 11. Children Identified With Special Health Care Needs by Program Component and Enrollment Status for State FY 2000-2001, 2001-2002, 2002-2003, and 2003-2004 53
Table 12. Families' Experience with Premium Payments, State FY 2003-2004 57
Table 13. Unmet Health Care Needs, State FY 2003-2004 61
Table 14. Family Satisfaction with Their Children's Health Care, State FY 2003-2004 64
Table 15. Body Mass Index for Established Enrollees, by KidCare Program, 2003-2004 69
Table 16. Immunization Compliance among Established KidCare Enrollees, State FY 2003-2004 71
Table 17. Immunization Compliance among Established KidCare Enrollees, State FY 2002-2003 72
Table 18. Immunization Compliance among Established KidCare Enrollees, State FY 2000-2001 and 2001-2002 73
Table 19. Disenrollment From MediKids, Healthy Kids, and CMS, State FY 2000-2001, 2001-2002, 2002-2003, and 2003-2004 75
Table 20. Percentage of Parents Citing These Reasons for Disenrollment, State FY 2001-2002, 2002-2003, and 2003-2004 76
Table 21. Access to Insurance and Its Cost for Families of New Enrollees, State FY 2003-04 81
Table 22. Access to Insurance for Families of New Enrollees, by Poverty, State FY 2003-04 82
Table 23. Access to Insurance for Families of Established Enrollees, State FY 2003-2004 83
Table 24. Access to Insurance for Families of Established Enrollees by Poverty, SFY 03-04 84
Table 25. Access to Insurance for Families of Established Enrollees by Program, SFY 03-04 85
Table 26. Florida KidCare Budgeted Title XXI Expenditures for State FY 2004-2005 89
Table 27. Detail of Title XXI Administration Costs, State FY 2003-2004 90
Table 28. Per Member Per Month Premium Rates for KidCare Program Components Budgeted for the State FY 2004-2005 90
Table 29. Premiums Collected For MediKids, Healthy Kids, and the CMSN Participants, State and Federal FY 2001-2002, 2002-2003, and 2003-2004 90
Table 30. Total Title XXI Expenditures Reported to the Centers for Medicare and Medicaid Services for the State and Federal FY 2001-2002, 2002-2003, and 2003-2004 91
Table 31. Federal Allotment Balances Carried Forward or Projected Forward from Each Federal Fiscal Year 91

List of Figures

Figure 1. Florida KidCare Eligibility, State Fiscal Year 2003-2004 15
Figure 2. KidCare Application Process........ 24
Figure 3. Outcomes of Single Page Applications Submitted During State FY 2003-2004 25
Figure 4. KidCare Applications Received Monthly, September 1999 – September 2004........ 27
Figure 5. Percentage Growth in KidCare for the Last Four State Fiscal Years, By Program........ 31
Figure 6. CMSN Title XXI Program Enrollment, 1998-2004 32
Figure 7. Healthy Kids Program Enrollment, 1998-2004 33
Figure 8. MediKids Title XXI Program Enrollment, 1998-2004........ 34
Figure 9. Medicaid Program Enrollment, 1998-2004 35
Figure 10. Medicaid Title XXI Program Enrollment, 1998-2004........ 36
Figure 11. Overall Title XXI Program Enrollment, 1998-2004........ 37
Figure 12. Percentage of Families Who Learned about KidCare by Information Source and Program Component, State FY 2002-2003........ 41
Figure 13. Percentage of Families Who Learned about KidCare by Information Source and Program Component, State FY 2003-2004........ 41
Figure 14. Children's Race and Ethnicity By KidCare Program Component, State FY 2003-2004 47
Figure 15. Hispanic Enrollees by Ancestry Group, State FY 2003-2004 47
Figure 16. Enrollee Household Type and Respondent Marital Status, State FY 2003-2004........ 49
Figure 17. Respondent Education, State FY 2003-2004........ 50
Figure 18. Children with a Usual Source of Care by Program Component, State FY 2003-2004 58
Figure 19. Respondents Reporting Problems with Obtaining a Usual Source of Care, State FY 2003-2004 59
Figure 20. Established Enrollees Needing and Getting Specialty Care, State FY 2003-2004........ 62
Figure 21. Established Enrollees Needing and Getting Mental Health Care, State FY 03-04........ 63
Figure 22. Children Seeing a Dentist in the Last Year, State FY 2002-2003 and 2003-2004 67
Figure 23. Families' Ratings (on a Scale of Zero Equals Worst to Ten Equals Best) of Their Children's Dental Care, State FY 2003-2004 67
Figure 24. Percentage of Established Enrollee Families' Reporting Discussing Healthy Lifestyle Issues with their Health Care Provider, State FY 2003-2004 70
Figure 25. Children with Employer-Based Coverage at Some Point in the Twelve Months Preceding KidCare Program Enrollment, State FY 2003-2004 80
Figure 26. Distribution of Families of New Enrollees in KidCare by Their Access to Employer-Provided Insurance Coverage, State FY 2003-2004 86
Figure 27. Distribution of Families of Established Enrollees in KidCare by Their Access to Employer-Provided Insurance Coverage, State FY 2003-2004 87
Figure 28. Summary of KidCare Families with Access to Employer-Provided Coverage, State 2003-2004 88

List of Diagrams

Diagram 1. Title XXI Enrollment and Major Program Changes, SFY 2002-03 and SFY 2003-04 16
Diagram 2. Title XXI Enrollment and Major Program Changes, SFY 2004-05 17

Appendices

Appendix 1. Disposition of Attempted Phone Numbers and Response to the KidCare Established Enrollee Survey, Fall 2004 96

I. Executive Summary

This report presents the descriptive results for the Year 6 Evaluation of the Florida KidCare Program as required by state and federal guidelines. This evaluation covers the period from July 1, 2003 through September 30, 2004, which encompasses both the state fiscal year (July 1, 2003 through June 30, 2004) and the federal fiscal year (October 1, 2003 through September 30, 2004).

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. In the five prior evaluation years, a total of 19,951 interviews were conducted with families whose children participated in the KidCare Program. During Year 6 alone, 2,772 interviews were conducted. The primary focus of the surveys is 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.

During State FY 2003-2004, 89,401 single page KidCare applications were received representing 150,490 children. A majority (69 percent) of these children became enrolled in one of the KidCare Program components.

Program enrollment increased by almost 3 percent from State FY 2003 to State FY 2004. Growth is concentrated in the Medicaid program.

The KidCare Program continued to grow with a total enrollment of 1,550,936 children as of June 30, 2004 – a 2.8 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. The majority of the program growth is attributable to increases in Medicaid caseload, which grew by 3.9 percent. Title XXI enrollments grew by only 0.3 percent during the state fiscal year. Since Title XXI was not accepting new enrollments for most of the state fiscal year, enrollment was flat. Between the end of the state fiscal year and the end of the federal fiscal year, Title XXI enrollments declined from 331,716 to 323,513 children.

Families report being satisfied with the mail-in application process. Over 60 percent reported that they were kept well informed of the status of their children's application. Over 90 percent of families thought the application form was easy to understand and over 90 percent thought the mail-in process was convenient. These results present a baseline for future studies. The New Enrollee families

interviewed for this evaluation are the last group to enter Title XXI programs before open enrollment periods were enacted late in 2004.

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

The KidCare Program continues to serve families from diverse backgrounds. About 30 percent of program enrollees are Hispanic and 17 percent of enrollees speak Spanish as their primary language in the home. Overall, 25 percent of enrollees are black. Many KidCare enrollees (55 percent) live in two parent households.

Their parents' educational levels vary greatly with about 12 percent of them having an Associates degree or higher. However, 33 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 half to three-quarters of the families have access to the Internet at home. Fourteen 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). While CMSN 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 to 14 percent of Florida's children have special needs compared to 28 percent of KidCare established enrollees.

Within KidCare, CMSN has the largest share of children with special health care needs (83 percent), but there are 22 percent of Medicaid HMO enrollees, 32 percent of MediPass enrollees in counties without HMOs, 38 percent of MediPass enrolless with HMOs, 21 percent of Healthy Kids enrollees, and 13 percent of MediKids enrollees that have special health care needs as well. The high level of CSHCN in CMSN and MediPass wHMO is also associated with high demand for specialty care. 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.

Information gained from the disenrollment that occurred following premium increases in 2003 for the Healthy Kids enrollees was used to estimate the impact of any future premium increases on program disenrollment. Price elasticities were calculated for the disenrollment hazard rate of 2.2, indicating that disenrollment from Title XXI is very sensitive to price changes. For example, given this price elasticity, a 10 percent increase in the monthly premium would produce a 22 percent increase in the disenrollment hazard rate.

Children's unmet health care needs were reduced in nearly every category assessed after enrollment in the KidCare Program. According to parent report, ten percent of KidCare enrollees did not receive well-child visits prior to enrollment compared to two percent post-enrollment. The need for surgical or other medical procedures was reduced from 17 percent before enrollment to 4 percent post-enrollment. Although enrollment reduces the need for dental care, over 15 percent of parents still express a need for dental services after enrollment in KidCare.

While 90 percent of enrollees had a well-child visit, a small share is not compliant with recommendations about their weight. Overall, about 8 percent of KidCare enrollees have a Body Mass Index (BMI) of 30 or greater, which is the general threshold for obesity. About 10 percent of KidCare enrollees aged 10-19 are obese. Thirteen percent of MediPass wHMO enrollees are obese compared to 11 percent of CMSN enrollees, 8 percent of Medicaid HMO and MediPass Only, and less than five percent of MediKids and Healthy Kids.

While thirty percent of families of new enrollees and 20 percent of families of established enrollees have access to and are eligible for employer-provided family coverage, employer coverage is more expensive than SCHIP coverage. Employer coverage would cost, on average, 8 percent of family income. Less than 36 percent of New Enrollee respondents could get employer coverage for less than 5 percent of their income; co-pays and deductibles represent an additional expense.

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 access to well-child visits and getting needed care quickly, remained strong.

More in-depth statistical analyses will be conducted in the Spring, 2005 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 6 Evaluation of the Florida KidCare Program, a health insurance program for children, as required by state and federal guidelines. This evaluation covers the period from July 1, 2003 through September 30, 2004, which encompasses both the state fiscal year (July 1, 2003 through June 30, 2004) and the federal fiscal year (October 1, 2003 through September 30, 2004). The evaluation includes children enrolled in Medicaid (HMOs and MediPass), MediKids, Healthy Kids, and the Children's Medical Services Network (CMSN).

Separate evaluations were conducted for Years 1, 2, 3, 4, and 5 of the Florida KidCare Program. For Evaluation Years 1 and 2, descriptive reports were prepared. In Years 3, 4, and 5, a descriptive report was prepared as well as detailed statistical analyses examining critical issues such as the influence of place of residence and family sociodemographic characteristics on families' 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.ufl.edu). The current report includes new data gathered during KidCare Evaluation Year 6 and 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 spring, 2004 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 spring, 2003 and spring, 2004 Legislative Sessions is then provided. The Florida KidCare Program consists of the following components:

- **MediKids** is a Medicaid "look-alike" program for children ages 1 through 4 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 through 18, 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 $112.
  .
  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 Network (CMSN)** is a program for children ages 0 through 18 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. The Behavioral Health Network (BNET) is a program within CMSN, which serves children whose primary health care need is a behavioral or emotional condition.

- **Medicaid** Prior to KidCare, Medicaid Title XIX provided coverage for infants age 0 at or below 185 percent FPL, children ages 1 through 5 at or below 133 percent FPL, children and adolescents ages 6 through 14 at or below 100 percent FPL, and adolescents ages 15 through 18 years at 28 percent FPL. Beginning in April 1998, Medicaid was expanded to include adolescents ages 15 through 18 who are at or below 100 percent FPL. On July 1, 2000, Medicaid expanded a second time, using Title XXI funds, to provide coverage for infants under one year of age who reside in families with incomes 186-200 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. 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 through 18 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 and must complete renewal paperwork for their children to remain in the program.

Families whose children are in MediKids, Healthy Kids, and CMSN must also participate in an active renewal process. This is a change from the passive process that was used. In the past, families whose children were enrolled in Title XXI received a letter notifying them about renewing their children's coverage. Families were asked to update information about their income and health insurance coverage. If families did not respond to the request for additional information, but continued to pay the premium, the children

[1] Those enrolled in Healthy Kids who are below 200 percent FPL but are not Title XXI eligible also pay $20 per family per month. Children over 200 percent FPL may be covered under the Healthy Kids program at full premium of approximately $112 per child per month.

remained enrolled in the program. Now families must provide annual proof of income and information about their access to employer-sponsored family coverage, and the cost of such coverage if it is available to them. If families do not respond, their children are disenrolled from the program. To assist families with this new process, the Healthy Kids Corporation implemented "Project Pathfinder." Parents with children currently enrolled in Title XXI receive detailed information about the re-enrollment period and what they are required to provide to verify their children are still eligible for benefits. "Project Pathfinder" includes comprehensive measures to track families who may have moved or do not respond to the initial re-enrollment request. Once contacted, staff members are available to assist them with their paperwork. The "Project Pathfinder" initiative is being evaluated as part of the annual Healthy Kids Program evaluation and results will be available in the spring of 2005 in a separate report.

Recent Legislative Changes

As of July 1, 2003, changes in cost-sharing for the Title XXI Program were implemented. The impact of these changes on the children and their families is still being assessed and reports will be available in the spring 2005. The specific cost-sharing changes are listed below.

- 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-payments for children enrolled in Healthy Kids receiving selected services increased to $5.

Additionally, during the 2004 Legislative Session, changes were made to the enrollment and re-enrollment process for Title XXI. Instead of continuous open-enrollment and/or a waiting list, open enrollment may take place up to twice a year; the periods are anticipated to be in the Fall and Winter. As previously described, beginning on January 1, 2005, the renewal process became an active annual process. A summary of policy changes and enrollment trends over three fiscal years are presented in Diagrams 1 and 2.

A more detailed report on the experiences of CMSN enrollees while on the waiting list during 2003-2004 is available at www.fdhc.state.fl.us/affordable_health_insurance/111703_meeting/cmsn_wait_list_eval_1103.pdf.

Many of these changes were planned to take effect on July 1, 2004, but they were not fully implemented because of the hurricanes that disrupted normal business practices during September, 2004. For example, hurricane relief policies protected children from disenrollment during fall 2004 for failure to pay premiums.

Table 1. Federal Poverty Levels for a Family of Four

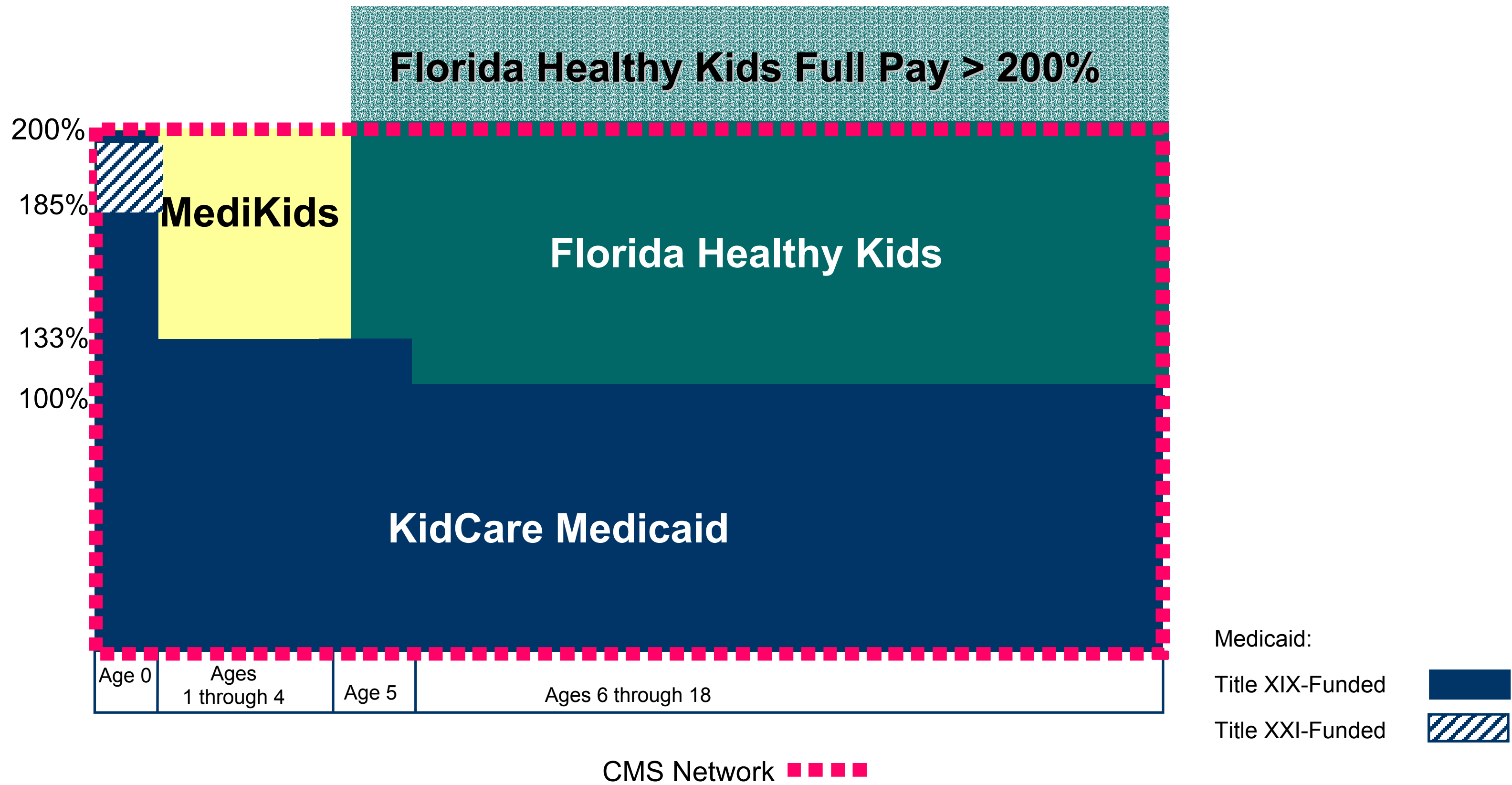
Income as a Percent of FPL	1999	2000	2001	2002	2003	2004
100%	$16,700	$17,050	$17,650	$18,100	$18,400	$18,850
133%	$22,211	$22,677	$23,475	$24,073	$24,472	$25,071
150%	$25,050	$25,575	$26,475	$27,150	$27,600	$28,275
185%	$30,895	$31,543	$32,653	$33,485	$34,040	$34,873
200%	$33,400	$34,100	$35,300	$36,200	$36,800	$37,700

Table 2. KidCare Program Components and Coverage Levels, FY 2003-2004

KidCare Program Component	Coverage Level (FPL)
Medicaid for Children	
Age 0 (infants under one year)	200% or below
Ages 1 through 5	133% or below
Ages 6 through 18	100% or below
MediKids	
Ages 1 through 4	134% to 200%***
Healthy Kids*	
Age 5	134% to 200%***
Ages 6 through 18	101% to 200%***
Ages 3 through 18	Above 200% -can participate but receive no premium assistance
CMS Network**	
Physical Health	
Age 0 (infants under one year)	186% to 200%
Ages 1 through 5	134% to 200%***
Ages 6 through 18	101% to 200%***
Specialized Behavioral Health	
Ages 5 through 18	101% to 200%***

* Some counties include children ages 1 to 5 who are siblings of enrollees ages 5 through 18.
** 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 2003-2004



Note: Federal law specifies that only adolescents born before October 1, 1983 were eligible to enter 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 Medicaid.

Diagram 1. Title XXI Enrollment and Major Program Changes, SFY 2002-03 and SFY 2003-04

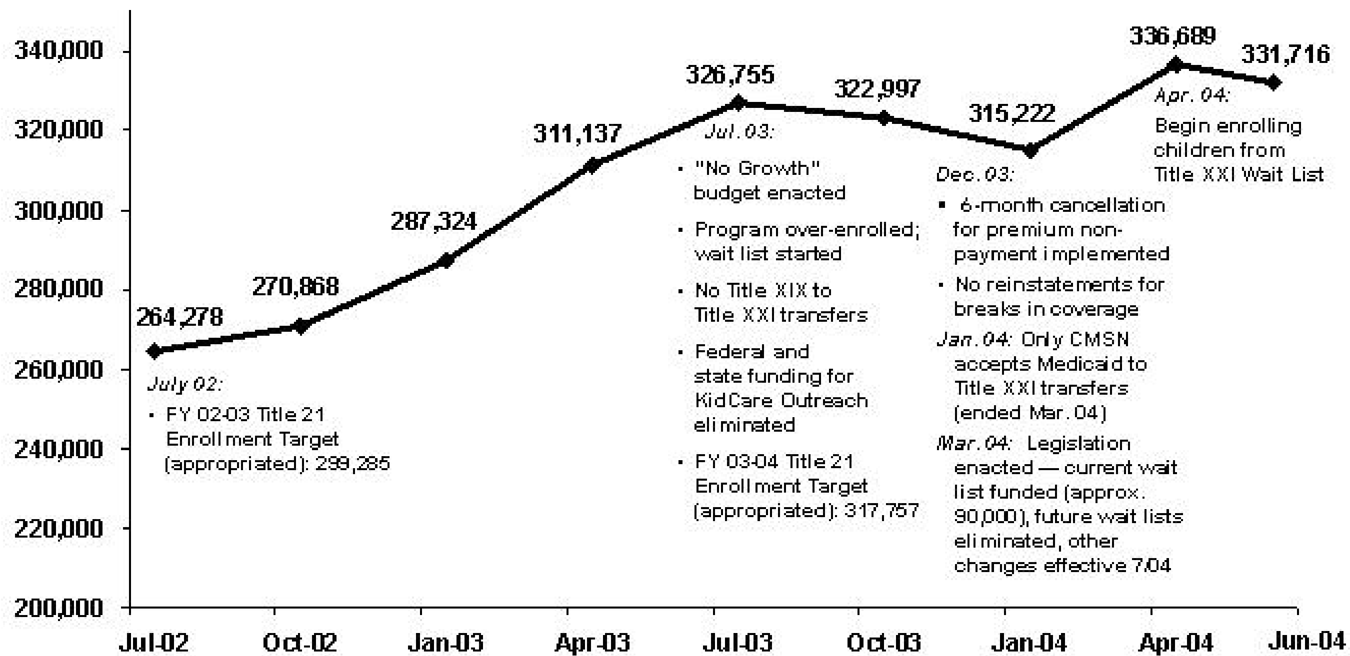
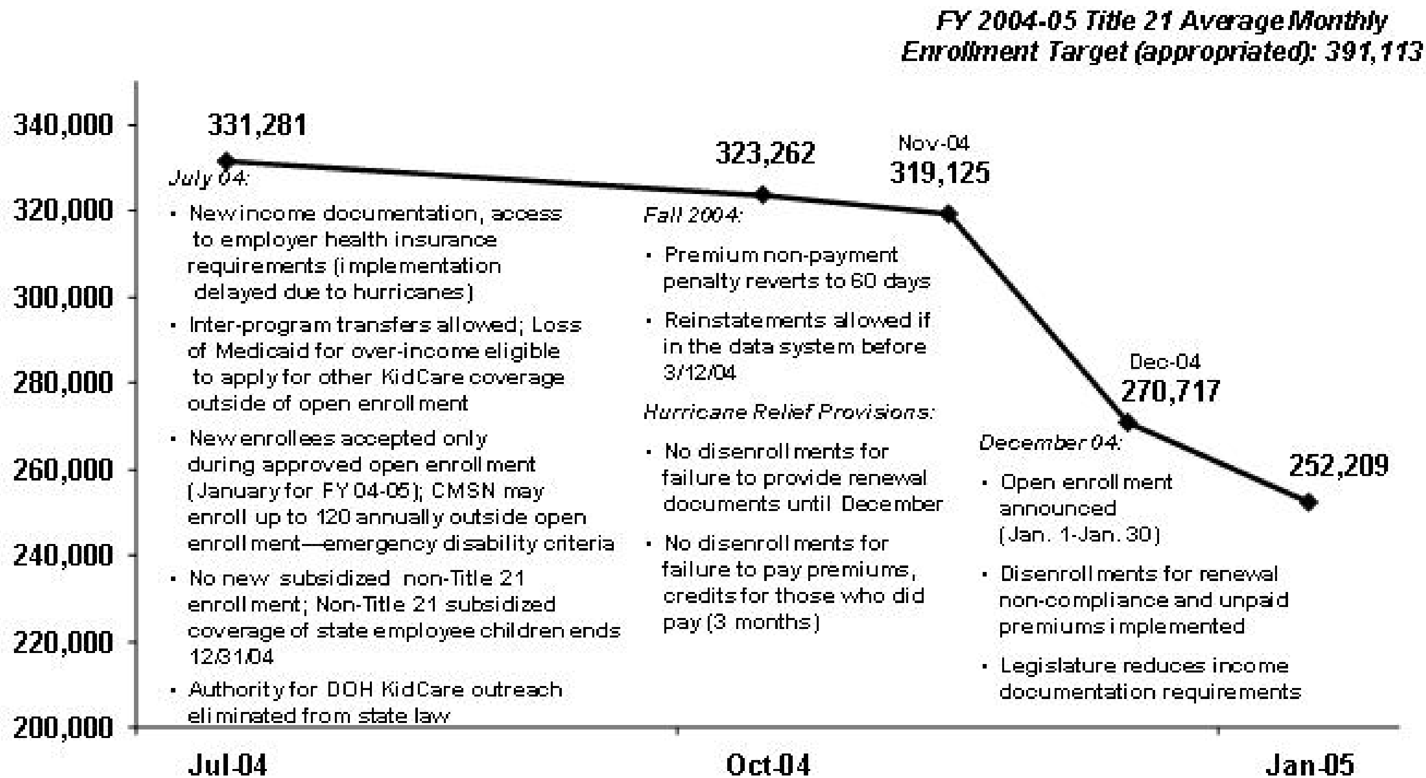


Diagram 2. Title XXI Enrollment and Major Program Changes, SFY 2004-05



IV. The Evaluation Approaches and Data Collection

Evaluation Phases

The Year 6 KidCare Program Evaluation is 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:

- Evaluation of the transition in Medicaid coverage for infants under the age of one and children five years of age.
- Analysis of quality of care performance using the Health Employer Data and Information Set (HEDIS)[2] measures and other quality of care indicators.
- In-depth analysis of disenrollment given the changes in renewal policies.
- Analysis of dental care provided to KidCare enrollees.
- Exploration of models of school readiness as a function of insurance coverage.
- Analysis of factors impacting adolescent's health status, usual source of care, and receipt of services.

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. In the prior five evaluation years, a total of 19,951 interviews were conducted with families whose children participated in the KidCare Program. In year 6, a total of 2,772 interviews 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 universe sizes, number of targeted interviews, number of completed surveys, and confidence intervals. Three separate surveys were conducted from September 2004 through January 2005, 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 MediKids, Healthy Kids, and CMSN as a result of the single page KidCare applications. All sample results are weighted to the appropriate universe size at the time of sampling.

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

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.

Three Surveys Were Conducted with KidCare Families

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. This survey has a confidence interval of +/-3.94 percent and a cooperation rate of 58.0 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,[3] 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. This survey has a confidence interval of +/-4.84 percent and a cooperation rate of 46.9 percent.

[3] 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.

<u>The Established Enrollee Survey</u> 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. This survey has a confidence interval of +/-2.31 percent and a cooperation rate of 53.5 percent.

Since Established Enrollee is the largest survey conducted for the KidCare Evaluation, additional analyses of contact attempts and response were conducted by demographic characteristics. The demographic characteristics were compiled from data included in the child's health plan enrollment record. While detailed demographic information is collected during the interview, such information is not available for families that could not be contacted. The limited set of characteristics included in KidCare enrollment records are the only source of information available for all families.

Overall, 17 percent of attempted families did complete an interview. There are no statistical differences in survey completion by the child's gender, but there are slight differences by the child's age group and race-ethnicity (Appendix 1). Survey completion ranged from 15.2 percent of all attempted families for children age 5-9 years to 18.5 percent for children age 10-14 years. By race-ethnicity, survey completion ranged from 10.4 percent for families of black children to 19.7 percent for families of children of unknown race.

Although over 30 attempts were made for each phone number in the sample during different times of the day and evening, many phone numbers remained disconnected or were never answered during the survey period. Over a quarter (28 percent) of families could not be contacted due to phone numbers that were unusable—disconnected or connected to a business, institution, or fax/data line. An additional 19 percent of families never answered or always answered contact attempts with voicemail. In future evaluations, difficulties reaching families will continue to be monitored and analyzed.

Table 3. Summary of Surveys Conducted for Fiscal Year 2003-2004 Evaluation

Surveys	Eligible Universe (Population N)	Targeted Number of Interviews	Completed Interviews (sample n)	Confidence Interval (%), p<=.05**
New Enrollee				
CMSN	191	100	79	+/-8.47%
Healthy Kids	3,194	300	303	+/-5.36%
Medicaid*	5,350	100	100	+/-9.71%
MediKids	1,351	100	100	+/-9.43%
Total	10,086	600	582	+/-3.94%
Established Enrollee ("Caregiver")				
CMSN	4,499	300	303	+/-5.44%
Healthy Kids	138,793	300	301	+/-5.64%
Medicaid HMO*	245,744	300	300	+/-5.65%
MediPass only* (in counties without HMOs)	90,789	300	300	+/-5.65%
MediPass wHMO* (in counties with HMOs)	191,809	300	297	+/-5.68%
MediKids	13,196	300	300	+/-5.59%
Total	684,830	1,800	1,801	+/-2.31%
Disenrollee				
CMSN	295	100	91	+/-8.56%
Healthy Kids	8,822	100	100	+/-9.74%
Medicaid*	6,632	100	98	+/-9.83%
MediKids	1,447	100	100	+/-9.46%
Total	17,196	400	389	+/-4.84%

* 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.

Note: "MediPass only" describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan.

V. Enrollment Patterns in the KidCare Program

KidCare Applications Received

Figure 2 shows the KidCare application process for State FY 2003-2004. Figure 3 displays the outcomes of single page KidCare applications submitted to the Florida Healthy Kids Corporation from July 1, 2003 through June 30, 2004 (State FY 2003-2004). The following calculations were made using single page KidCare application and enrollment information:

- 89,401 applications were received from families, which included information on 150,490 children.
- 28,589 children were immediately enrolled in Healthy Kids or MediKids and no referral to CMSN or to DCF for Medicaid eligibility determination was required.
- 11,295 children were referred to CMSN for medical eligibility determination.

  Of the children referred to CMSN, 2,333 of them became enrolled in the Title XXI component of CMSN, 880 of them became enrolled in the Title XIX component of CMSN. Of those children who were not approved for CMSN, 3,528 became enrolled in Medicaid, 2,231 became enrolled in Healthy Kids, and 299 of them became enrolled in MediKids.
- 85,416 children were referred to DCF for Medicaid eligibility determination.

  Of the children referred to DCF, 54,114 became enrolled in Medicaid and 12,111 became enrolled in Healthy Kids or MediKids.
- 46,192 children or 31 percent of all children applying for coverage did not become enrolled in any KidCare Program component.

  A small number (1,178) of these applicants were age 19 or older and not eligible for the KidCare Program. An additional 6,104 children were already insured. The remaining 38,910 children not enrolled represent the population wait-listed for coverage, those children declined coverage for other reasons, and the small group of children whose parents did not accept an offer of coverage.

Sixty-nine percent of those children applying to the KidCare Program through the single page application process became enrolled in one of the program components. This a decrease from last year's 82 percent enrolled. This change appears to be due to the use of wait lists for the Title XXI program during the 2003-2004 state fiscal year.

Table 4 shows application and enrollment figures for each month of the State and Federal FY 2002-2003. The average number of monthly applications received was 13,261 during State FY 2000-2001, 14,221 during State FY 2001-2002, and 14,054 during State FY 2002-2003. For State FY 2003-2004 though, KidCare received an average of 7,450 applications per month, ranging from a high of 10,716 applications in July, 2003 to a low of 4,662 applications in June, 2004. The policy changes undertaken to establish distinct open enrollment periods for the Title XXI programs most likely caused the sharp decline in average monthly applications from the prior fiscal year.

Figure 4 depicts the number of KidCare applications received during the period from September, 1999 to September, 2004. 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 2003-2004 are not as great as those seen in the prior fiscal year due to waiting lists in the first part of the fiscal year and the establishment of open enrollment periods in the second half of the fiscal year.

Figure 2. KidCare Application Process

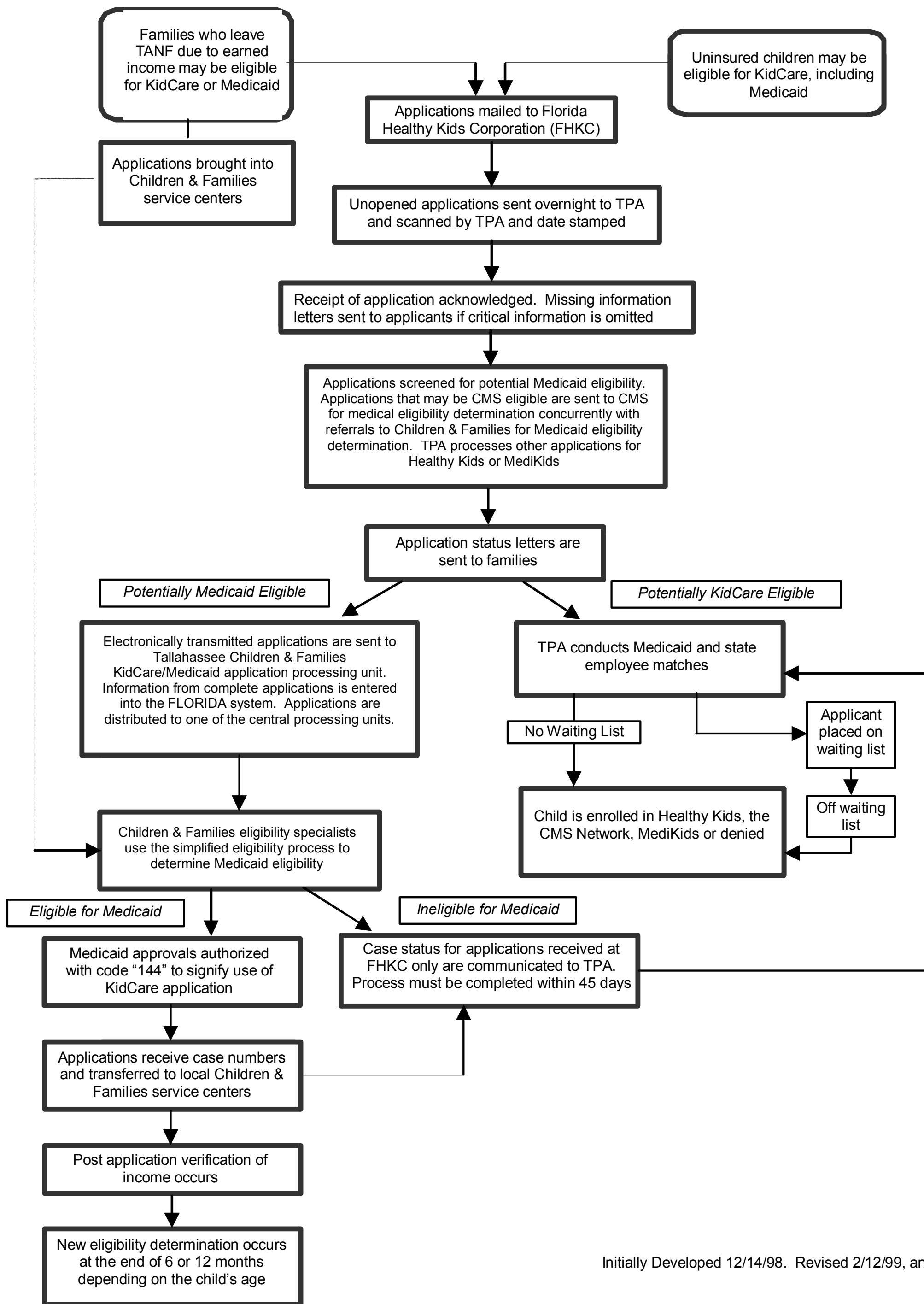
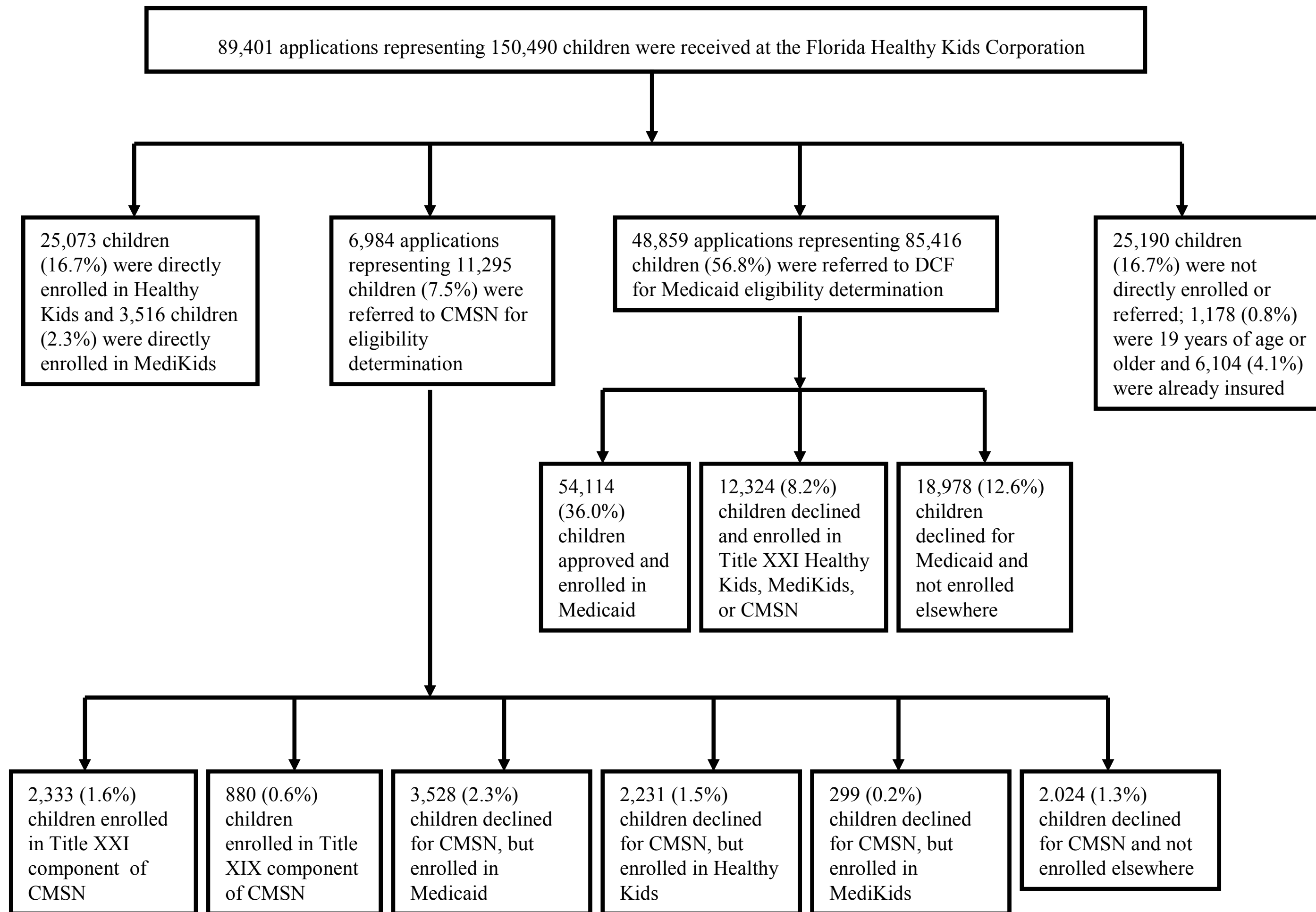


Figure 3. Outcomes of Single Page Applications Submitted During State FY 2003-2004



Note: Percentages shown are of the total 150,490 children.

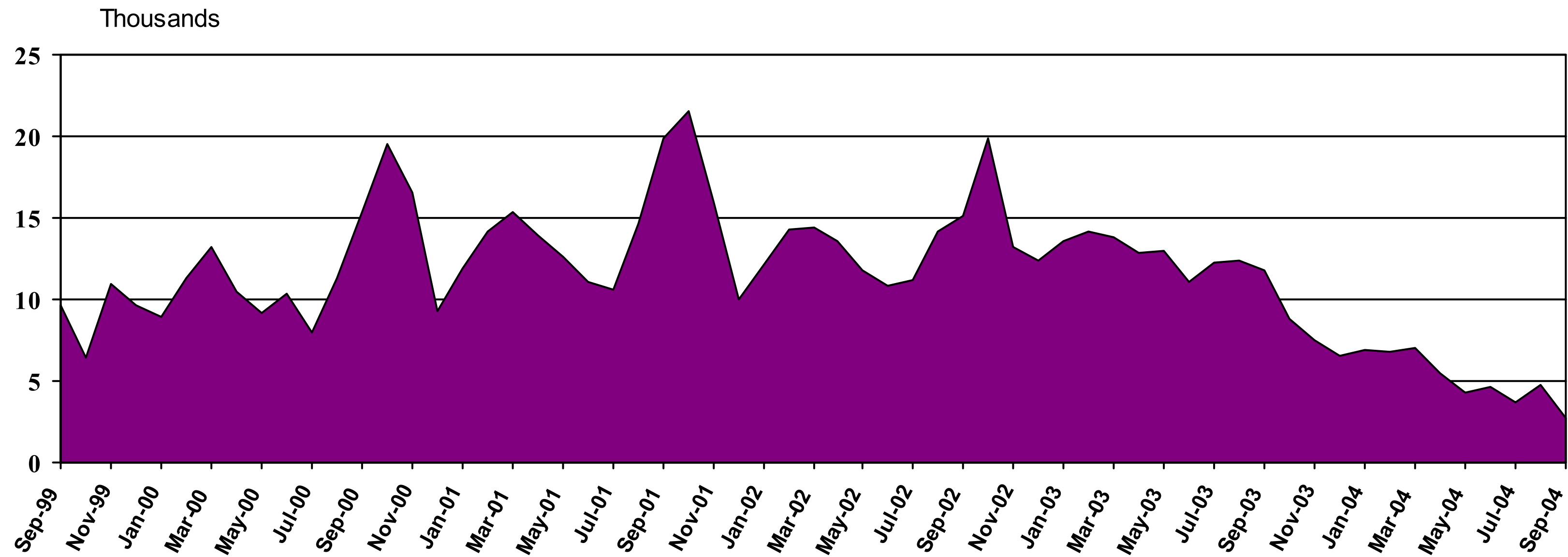
Table 4. Application and Enrollment Information, July 2003 through September 2004

Application Information	Jul-03	Aug-03	Sep-03	Oct-03	Nov-03	Dec-03	Jan-04	Feb-04	Mar-04	Apr-04	May-04	Jun-04	Jul-04	Aug-04	Sep-04	Total
Number of Applications Received	10,716	10,523	10,094	8,847	7,545	6,561	6,907	6,800	6,988	5,502	4,256	4,662	3,667	4,762	2,766	100,596
Number of Children Represented on Applications Received	18,282	18,095	17,399	15,002	12,662	10,843	11,453	11,375	11,611	9,114	7,084	7,570	6,010	7,947	4,579	169,026
Applications Referred to DCF for Medicaid Eligibility Determination	5,600	5,686	5,383	4,775	3,985	3,616	3,778	3,727	3,874	3,128	2,491	2,816	2,240	3,004	1,730	55,833
Number of Children Referred to DCF	9,959	10,166	9,674	8,386	6,941	6,184	6,499	6,472	6,700	5,400	4,318	4,717	3,808	5,228	3,015	97,467
Number of Applications Referred to CMSN	931	1,015	950	731	741	594	463	498	424	242	205	190	146	247	87	7,464
Number of Children Referred to CMSN	1,503	1,677	1,570	1,174	1,165	913	744	825	677	390	348	309	241	409	145	12,090
Mean Child Age*	7.6	7.6	7.7	7.5	7.3	7.2	7.1	7.3	7.2	7.1	7.0	6.7	7.0	7.3	7.3	7.3
Standard Deviation of Mean Child Age	5.2	5.1	5.1	5.1	5.2	5.2	5.2	5.1	5.2	5.2	5.2	5.1	5.1	5.1	5.1	5.2
Mean Annual Family Income**	20,994		21,186	21,570	21,367	21,298	21,050	20,965	20,718	20,541	20,143	20,405	20,054	n/a	n/a	n/a
Standard Deviation of Mean Annual Family Income*	12,993	13,243	13,371	12,995	12,532	12,535	12,429	12,564	12,764	12,501	12,953	12,908	12,670	n/a	n/a	n/a
Mean Household Size***	3.6	3.6	3.6	3.5	3.5	3.6	3.6	3.5	3.5	3.5	3.6	3.5	3.5	3.5	3.5	3.6
Standard Deviation of Mean Household Size	1.3	1.2	1.3	1.2	1.2	1.3	1.3	1.3	1.2	1.3	1.3	1.3	1.2	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 $0 and above $100,000 were considered out of range and were not used in calculation of mean annual family income.
***Household sizes below 2 and above 21 were considered to be out of range and were not used in the calculation of mean household size.

For the mean income figures, "n/a" represents not available because income information is no longer captured for children on the wait list.

Figure 4. KidCare Applications Received Monthly, September 1999 – September 2004



State and Federal Fiscal Year 2003-2004 Enrollment

Table 5 shows the total number of new enrollees and the total number of children ever served for State and Federal Fiscal Years 2002-2003 and 2003-2004. 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 2003 and 2004, 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 2002-2003 to State FY 2003-2004, there was a 3 percent increase in KidCare total enrollment (Table 6). This growth is far less than the 9 percent, 12 percent, and 20 percent increases seen over the prior three periods (Figure 5). As of June 30, 2004, there were a total of 1,550,936 children enrolled in KidCare. The U.S. Census Bureau estimated that the July 1, 2004 resident population for Florida was 17,397,161. About one out of every eleven residents in Florida (8.9 percent) was a child enrolled in KidCare at of the start of the state fiscal 2003-2004 year.[4]

- The Title XXI component of the KidCare Program grew by 0.3 percent from State FY 2002-2003 to State FY 2003-2004. This is much slower than in the past, with 21 percent growth in the prior period, and 18 percent growth in State Fiscal Year 2000-2001 to 2001-2002 and 38 percent growth in State Fiscal Year 1999-2000 to 2000-2001.

- Overall, Medicaid grew by almost 4 percent, to a total enrollment of 1,198,134 children.

[4] Even with KidCare, the Florida Health Insurance Study estimated that 8 percent of children aged 0-4, 12 percent of children aged 5-9, and 14 percent of children aged 10-18 are still without insurance during fall, 2004. For more information, please see http://www.fdhc.state.fl.us/docs/2004_FHIS.pdf.

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, 2002-2003, and 2003-2004.

Table 5. Total Enrollees and Total New Enrollees for State and Federal FY 2002-2003 and 2003-2004

	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

	SFY 2003-2004		FFY 2003-2004	
	Total New Enrollees*	Total Enrollees**	Total New Enrollees*	Total Enrollees**
CMSN	3,474	13,738	2,800	12,924
Healthy Kids	76,231	395,187	64,360	376,612
MediKids	19,723	61,812	16,022	55,867

*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.

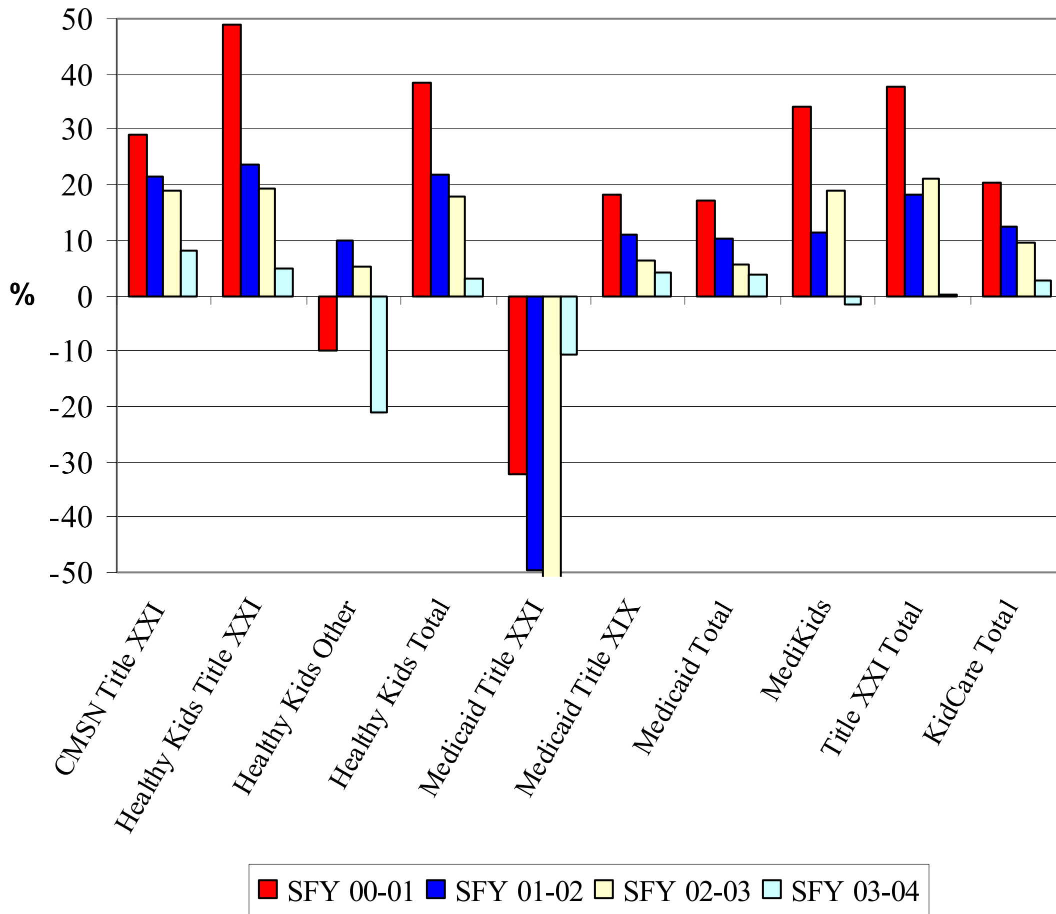
Note: These figures represent enrollees as they enter each program. Thus, a child who ages from the MediKids program to the Healthy Kids program would be represented three times in this table: once as an existing MediKids enrollee, once as a new Healthy Kids enrollee, and once as a Healthy Kids Total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

Table 6. Point in Time Enrollment Figures for the Last Day of State and Federal FY 2002-2003 and 2003-2004

	State Fiscal Year			Federal Fiscal Year		
	Enrollment on June 30, 2003	Enrollment on June 30, 2004	% Growth	Enrollment on September 30, 2003	Enrollment on September 30, 2004	% Growth
CMSN Title XXI	9,297	10,138	8.3	9,558	9,751	2.0
Healthy Kids Title XXI	270,438	284,370	4.9	273,647	279,146	2.0
Healthy Kids Other	27,119	22,378	-21.2	24,399	20,713	-17.8
Healthy Kids Total	297,557	306,748	3.0	298,046	299,859	0.6
Medicaid Title XXI*	1,431	1,292	-10.8	1,488	1,273	-16.9
Medicaid Title XIX	1,149,528	1,196,842	4.0	1,166,694	1,194,969	2.4
Medicaid Total	1,150,959	1,198,134	3.9	1,168,182	1,196,242	2.3
MediKids	36,517	35,916	-1.7	37,538	33,343	-12.6
Title XXI Total	330,866	331,716	0.3	322,231	323,513	0.4
KidCare Total	1,507,513	1,550,936	2.8	1,513,324	1,539,195	1.7

* This number represents Medicaid Title XXI coverage for Babies only. Medicaid Title XXI for Teens has zero enrollments because federal law specified that only adolescents born before October 1, 1983 were eligible, hence there were no replacements as adolescents aged out of the program.

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



KidCare Monthly Enrollment

Figures 6 through 11 show the monthly enrollment in each of the KidCare Programs from April 1998 through September 2004. 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 specified that adolescents born before October 1, 1983 could enter this program component. Thus, there are no replacements as those adolescents aged 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, 1998-2004

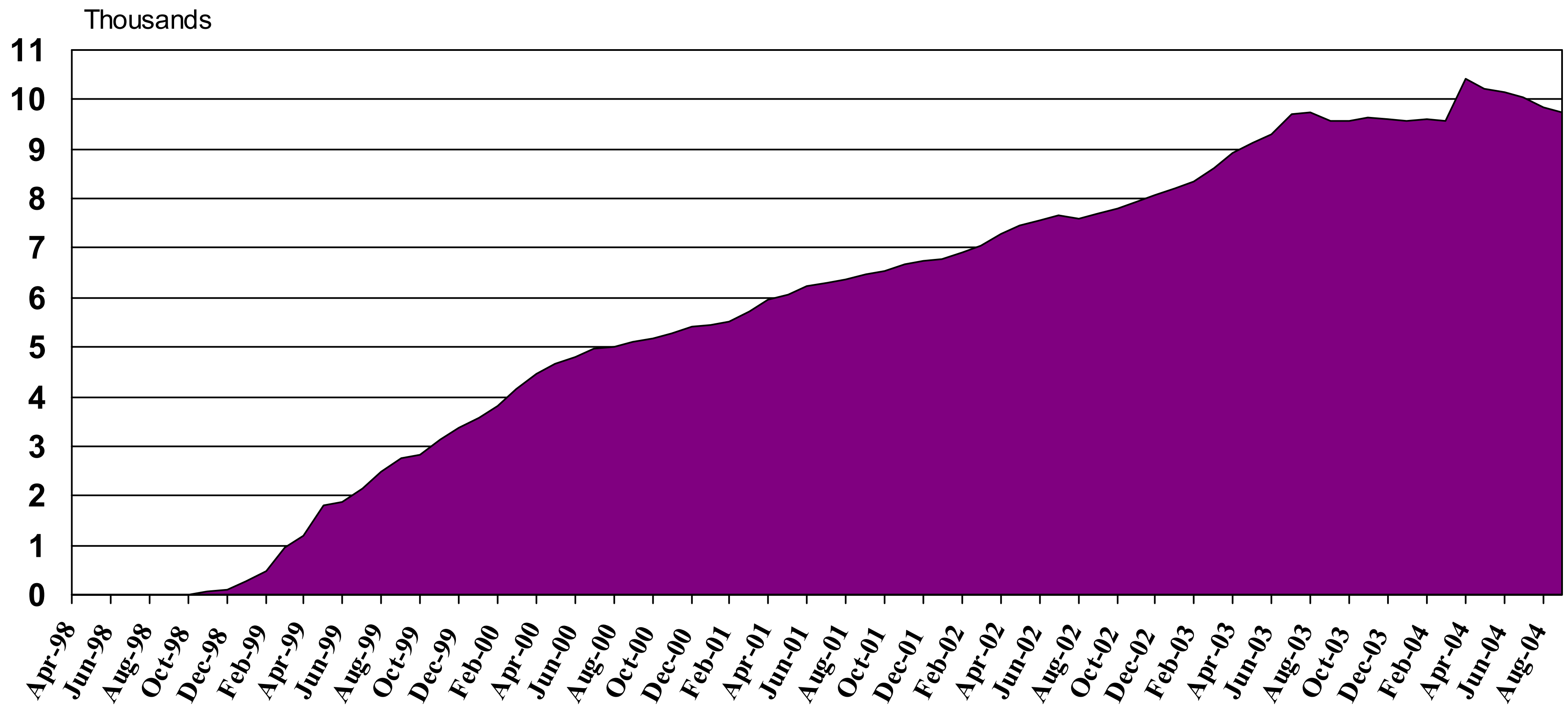


Figure 7. Healthy Kids Program Enrollment, 1998-2004

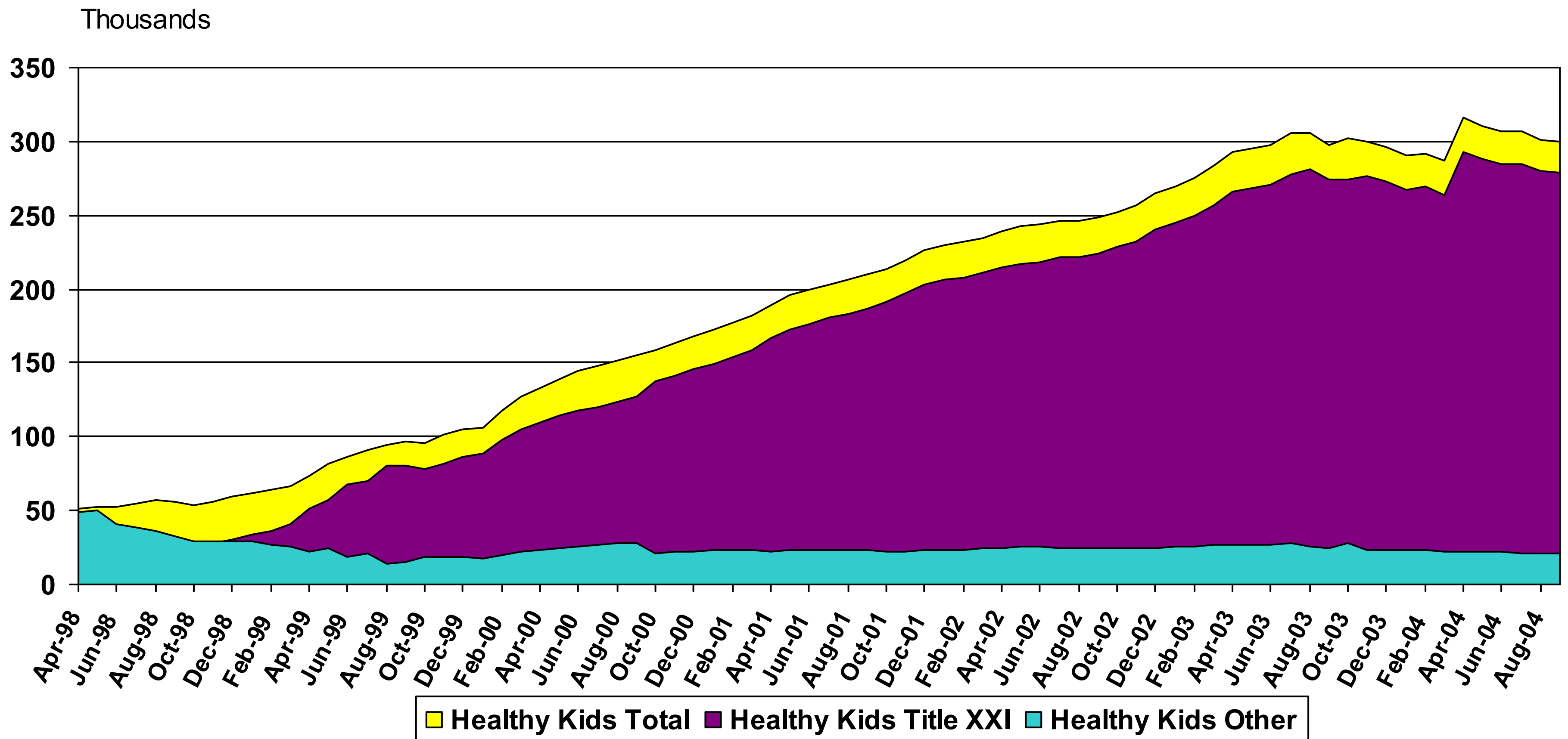


Figure 8. MediKids Title XXI Program Enrollment, 1998-2004

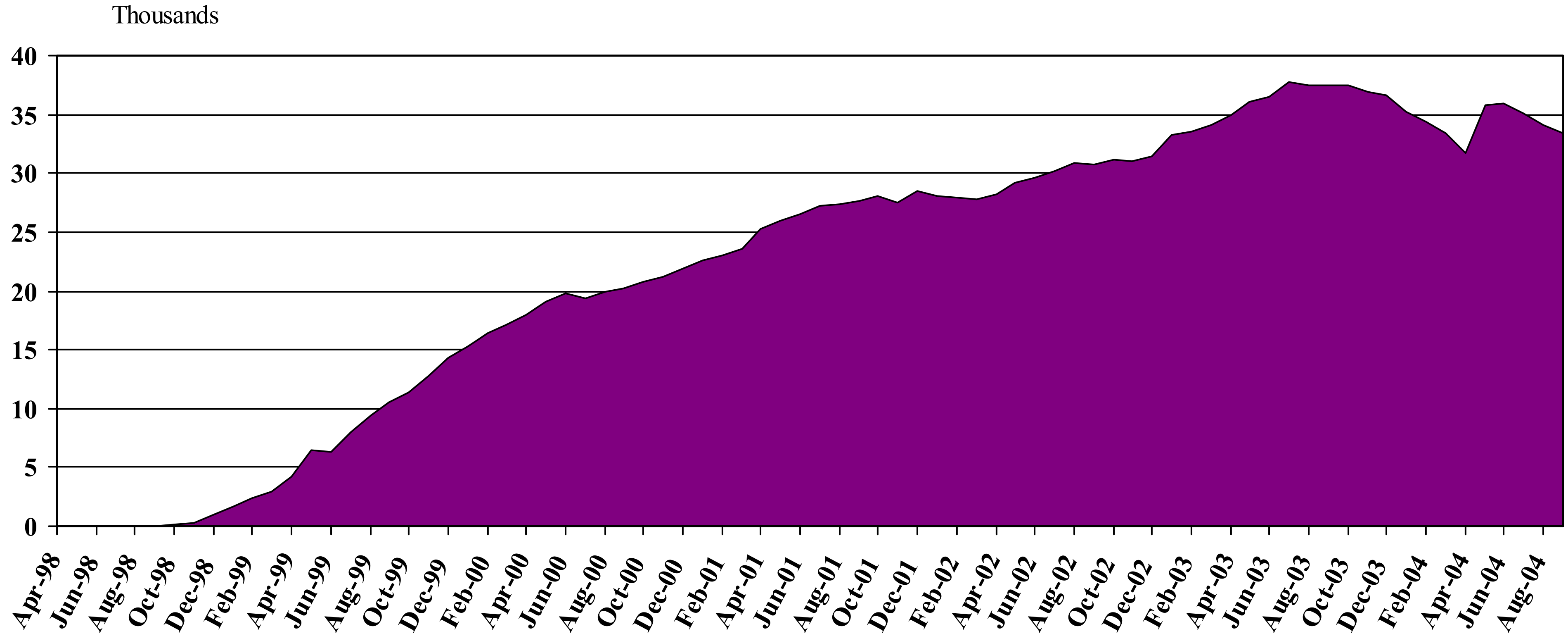


Figure 9. Medicaid Program Enrollment, 1998-2004

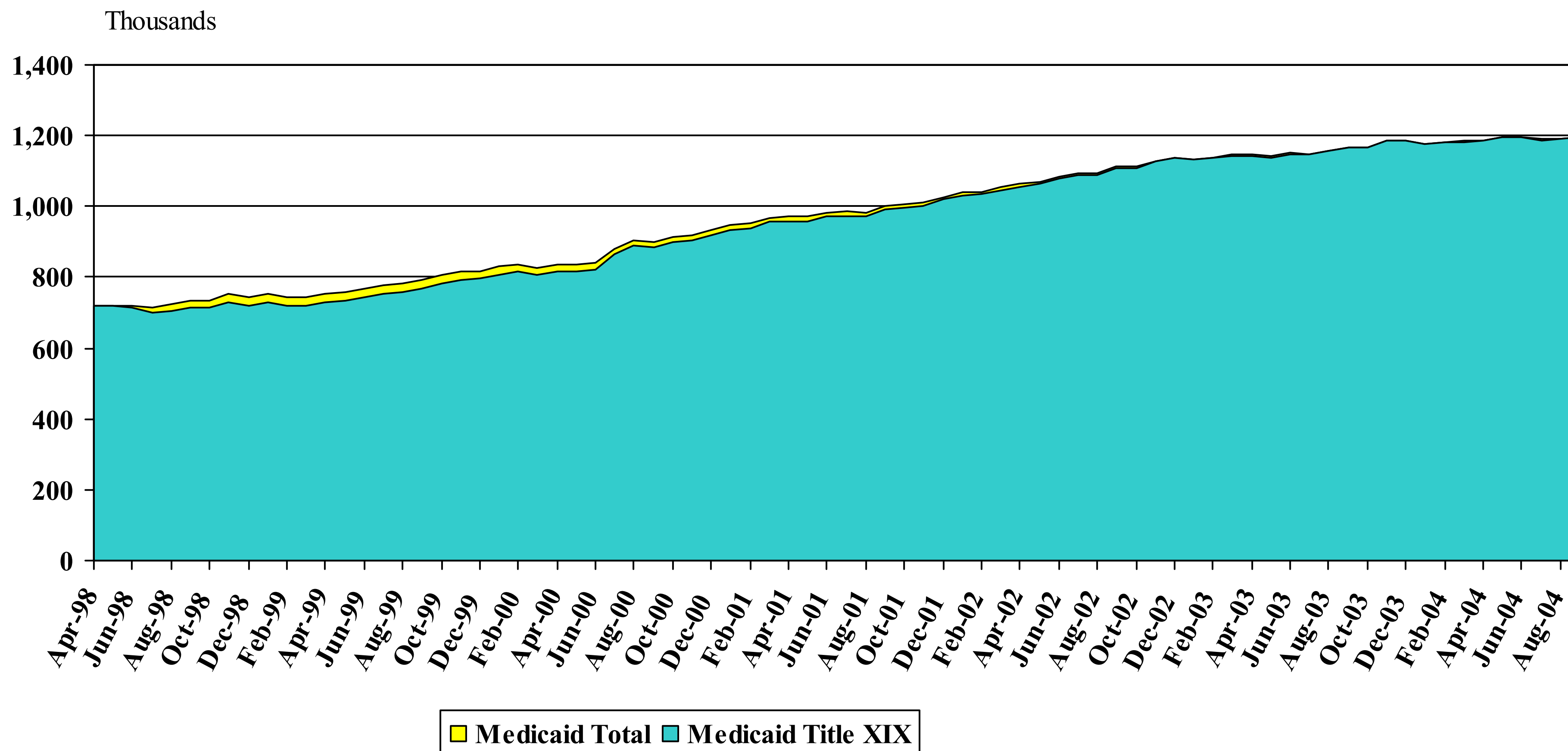


Figure 10. Medicaid Title XXI Program Enrollment, 1998-2004

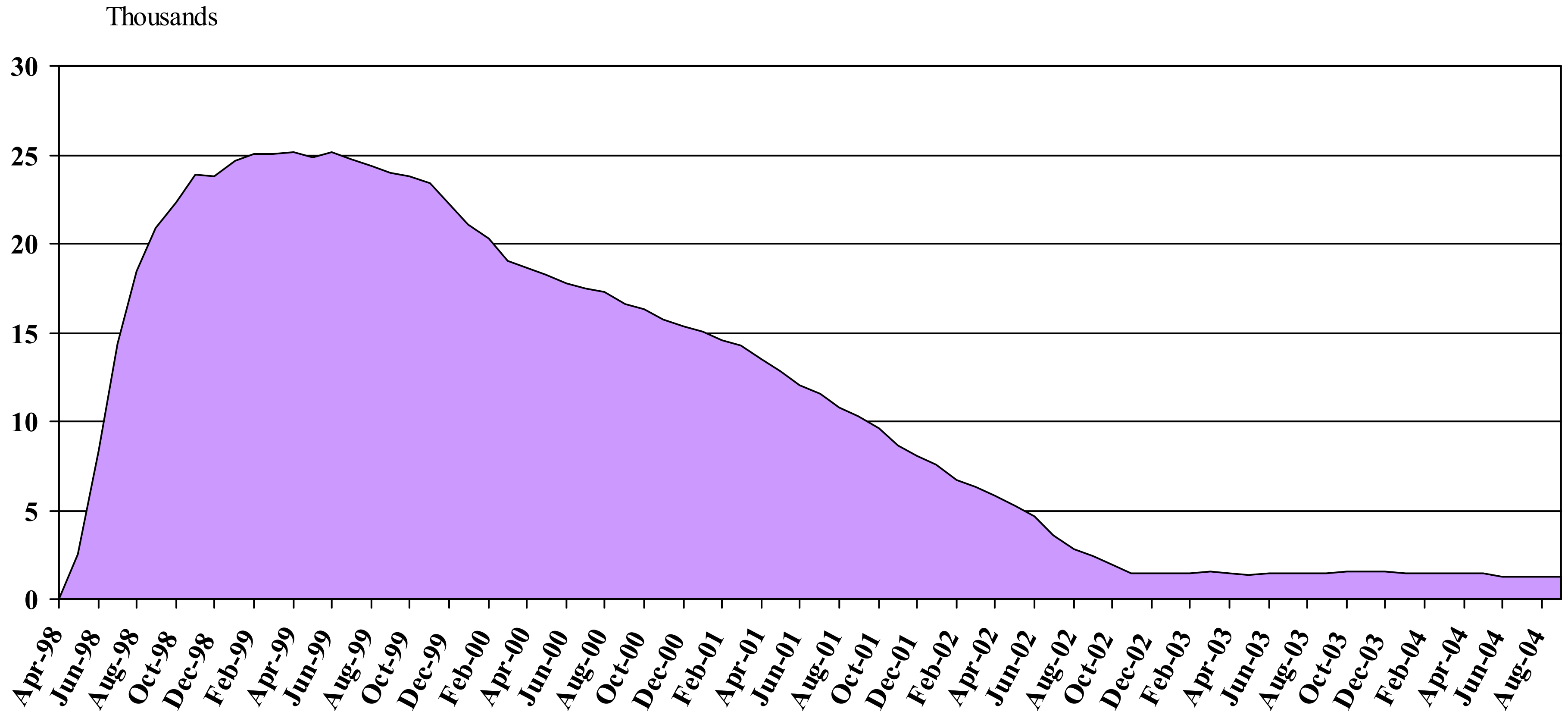
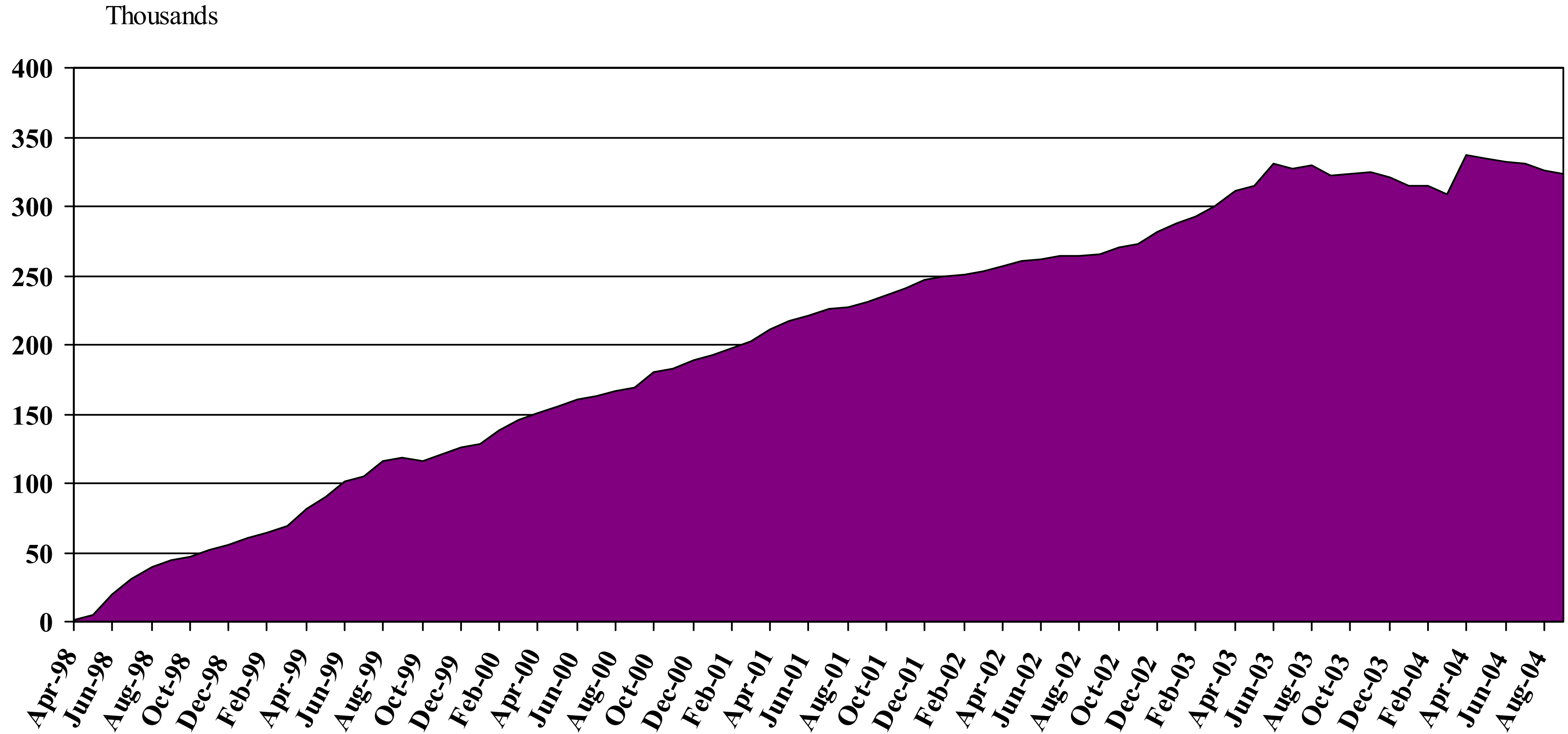


Figure 11. Overall Title XXI Program Enrollment, 1998-2004



VI. Transition and Retention in KidCare Programs

Transition Between KidCare Program Components

The Institute for Child Health Policy maintains enrollment and insurance 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 2003-2004 was assessed.

The following findings were obtained:

- 8,634 children transitioned from MediKids to Healthy Kids, which represented approximately 14 percent of the *total* MediKids enrollment for State FY 2003-2004. This is significantly more than the 7 percent who transitioned State FY 2002-2003, 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.
- 76 children transitioned from MediKids to CMSN, which represented far less than one percent of the *total* MediKids enrollment for State FY 2003-2004. In State FY 2002-2003, 37 children transitioned from MediKids to CMSN.
- 474 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 2002-2003, 440 children transitioned from Healthy Kids to CMSN. In State FY 2001-2002, 320 children transitioned from Healthy Kids to CMSN.
- 262 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 2003-2004.

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

Continuous enrollment for all of State FY 2003-2004 was found for only 34 percent of MediKids enrollees, 49 percent of CMSN enrollees and 56 percent of Healthy Kids enrollees were in those programs for all twelve months. This is a significant increase over the 2002-2003 fiscal year, during which 26 percent of MediKids enrollees, 38 percent of CMSN enrollees and 43 percent of Healthy Kids enrollees were continuously enrolled. The rate of continuous enrollment for MediKids is expectedly lower than the other programs because MediKids covers a short age span, which naturally results in many children "aging-out" of the program every year.

Because children enter the programs throughout the fiscal year, 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, 2003 results in 47 percent of MediKids enrollees being retained for the entire year. Larger shares of enrollees in CMSN and Healthy Kids (67 percent and 72 percent, respectively) that began the fiscal year were retained for all twelve months. These shares were also higher than found in the prior fiscal year, when 44 percent of MediKids, 60 percent of CMSN and 68 percent of Healthy Kids enrollees 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 2003-2004

	All enrollees, 2003-2004*			Enrollees present at the start of the fiscal year 2003-2004 only		
Months	**CMSN**	**Healthy Kids**	**MediKids**	**CMSN**	**Healthy Kids**	**MediKids**
1 month only	5.8	5.0	7.8	4.5	3.5	5.0
2 months only	5.2	4.8	8.8	3.9	3.6	4.3
3 months only	9.2	9.8	12.7	3.0	2.9	3.6
4 months only	3.7	2.6	3.2	2.8	2.6	3.4
5 months only	4.0	3.1	3.9	3.4	3.1	3.9
6 months only	4.0	3.4	3.9	3.2	2.9	5.2
7 months only	3.7	2.9	5.8	2.6	1.9	6.2
8 months only	4.0	3.7	5.2	2.8	2.5	6.0
9 months only	3.6	3.0	4.9	2.5	1.8	5.4
10 months only	3.7	3.0	5.7	2.1	1.9	5.3
11 months only	4.4	3.3	4.2	2.3	1.5	5.1
All 12 months	48.9	55.5	33.8	67.1	71.8	46.7

*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. Learning about KidCare and Experiences with the Application Process

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 2002-2003 and 2003-2004 are illustrated in Figures 12 and 13.

Findings for the two most recent fiscal years are similar. Families continue to report learning about the KidCare Program from a variety of personal interactions and formal media sources. The largest shares of respondents cited learning about KidCare from family or friends. Their children's schools, health care providers, and social service agencies 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.

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

As the program has matured, public knowledge of the program has become more widespread. During State FY 2002-2003, outreach funding was curtailed. Parents still report learning about KidCare through formal media outlets such as newspapers and television due to general media coverage of the program. However, activities to inform people of open enrollment opportunities and the availability of the Medicaid Program are important to maintain awareness of KidCare's opportunities. Since 85 percent of Florida's population growth is due to migration from other U.S. states and foreign countries, information dissemination to families new to Florida is important to make eligible families aware of the resources available to them here in Florida.

Figure 12. Percentage of Families Who Learned about KidCare by Information Source and Program Component, State FY 2002-2003

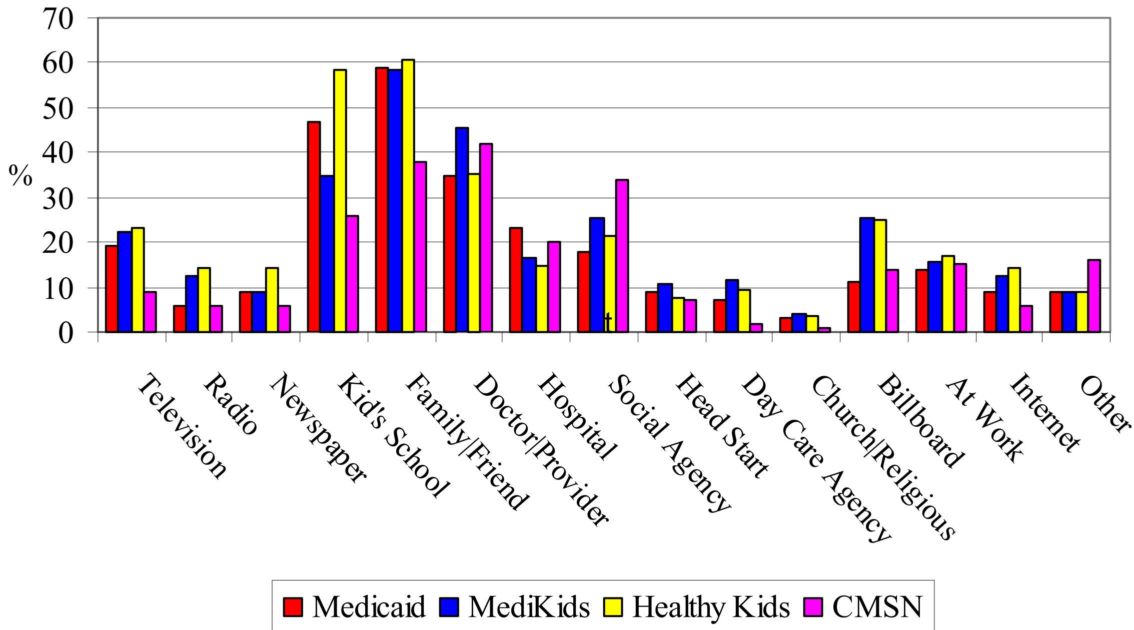
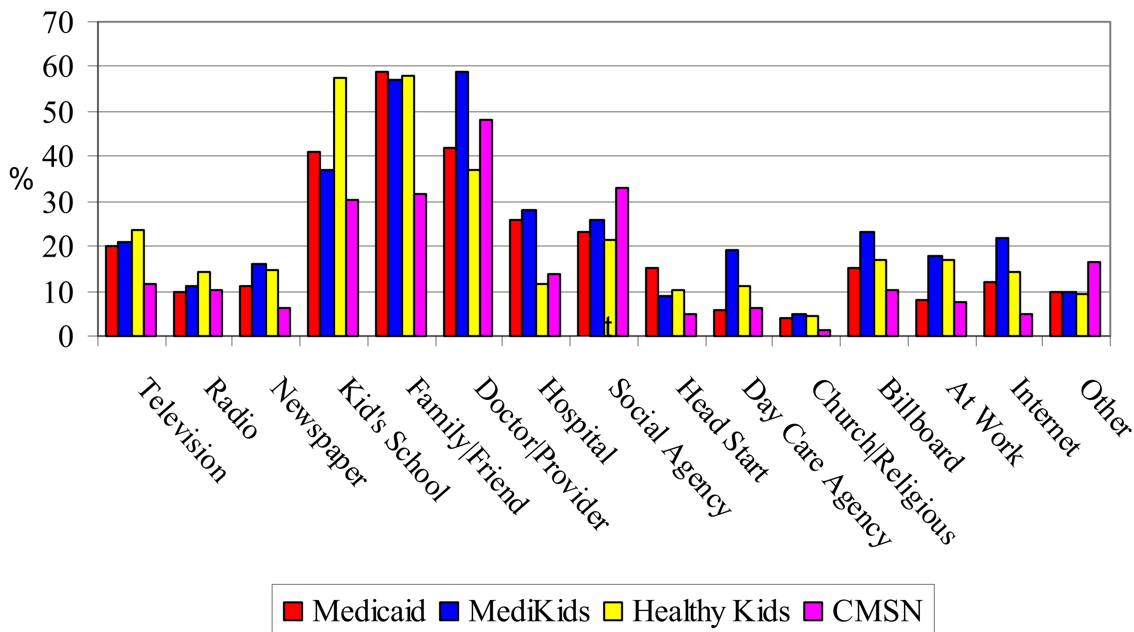


Figure 13. Percentage of Families Who Learned about KidCare by Information Source and Program Component, State FY 2003-2004



Experiences with the Application Process

Families' experiences with the application process are assessed during the telephone interview with families whose children are enrolled for less than three months in the KidCare Program During this "New Enrollee" interview families were asked about their satisfaction with the application process including: 1) out of pocket expenditures while awaiting 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 six evaluation years.

Additionally, administrative data were 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. During 2003-2004, applications were placed on a waiting list for up to nine months before the applicants could be accepted for Title XXI coverage. Only applications that were referred to Medicaid and found to be Medicaid eligible were accepted for immediate enrollment. Therefore the time from application to eligibility determination was only calculated for those children referred to DCF. Applications approved by DCF for Medicaid eligibility determination had a median processing time of 17 days. This is well within the 45-day federal guideline for Medicaid eligibility determination.

Expenditures While Awaiting KidCare Coverage

During the period between application and enrollment, many families reported that their children had to have medical treatment, which they paid out of pocket (Table 8). Overall, 36.2 percent of families reported their child had at least one visit to a primary care provider (PCP) during this period, while 15.7 percent reported at least one visit to the emergency room (ER), and 4.1 percent reported at least one hospital stay. Among those who had PCP visits, 50 percent reported they had to pay more than $50 out of pocket for the visit. Among those who had ER visits, 54 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 2003-2004 are similar to the prior year, when 35 percent of families had a PCP visit and 11 percent reporting an ER visit.

Table 8. Out of Pocket Expenditures Incurred While Awaiting KidCare Coverage, State FY 2003-2004

	Overall	Medicaid S.P.A.	MediKids	Healthy Kids	CMSN
Visits to PCP					
% reporting at least one visit	36.2	29.6	52.0	39.8	58.4
Mean visits	2.35	1.96	2.70	2.43	4.80
Cost (% paying)					
$0	22.0	37.0	6.1	12.4	15.6
Less than $10	5.0	3.7	4.1	7.1	4.4
$10 - $15	4.5	7.4	2.0	2.7	0.0
$16 - $20	1.8	0.0	4.1	2.7	2.2
$21 - $30	1.5	0.0	0.0	4.4	0.0
$31 - $50	15.4	22.2	10.2	9.7	15.6
More than $50	49.8	29.6	73.5	61.1	62.2
ER Visits					
% reporting at least one visit	15.7	13.0	27.3	14.6	29.5
Mean visits	1.50	1.54	1.63	1.28	1.91
Cost (% paying)					
$0	40.8	50.0	42.3	27.3	31.8
Less than $10	0.1	0.0	0.0	0.0	4.6
$11-$20	1.7	0.0	3.9	2.3	4.6
$51-$75	1.4	0.0	0.0	4.6	0.0
$76-$100	1.7	0.0	3.9	2.3	4.6
$100+	54.3	50.0	50.0	63.6	54.6
Hospital Admissions					
% reporting at least one visit	4.1	5.0	3.0	2.6	12.8
Mean visits	1.16	1.00	2.33	1.00	1.70
Mean cost	$728.92	$160.00	$300.00	$1,908.33	$2,550.00

Families' Satisfaction with the Mail-In Application

Families have been very satisfied with the mail-in application process for each of the six evaluation years. Results for FY 2003-2004 are reported in Table 9. These results present a baseline for future studies. The New Enrollee families interviewed for this evaluation are the last group to enter Title XXI programs before open enrollment periods were enacted in later 2004. Among these families, over 60 percent reported that they were kept well informed of the status of their children's application. Over 90 percent of families thought the application form was easy to understand and over 90 percent thought the mail-in process was convenient.

Depending upon the program component, 64 to 94 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.

Those respondents who had used the toll-free number were asked questions about their experiences using that number. Overall, 80 percent reported that they easily reached someone at the toll-free number; the range across programs was 74 to 82 percent. This is a decline from last year, when 85 percent reported reaching someone easily. The majority of families reported that the person at the toll-free number was helpful to very helpful.

Less than a quarter of all families sought assistance from a social service agency or a health care provider during the application process. Between 14 and 24 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.

In summary, families' satisfaction with the mail-in application process has been consistently high throughout the six 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 9. Experience with Application and Enrollment Process, State FY 2003-2004

Percentage Responding	Medicaid S.P.A.	MediKids	Healthy Kids	CMSN
Were you kept informed while awaiting coverage?				
Yes	65.0	64.7	62.1	70.1
No	35.1	35.4	37.9	29.9
Was the application form easy to understand?				
Strongly agree	38.5	32.7	33.6	38.0
Agree	58.3	59.2	61.0	59.5
Disagree	1.0	7.1	5.1	2.5
Strongly disagree	2.1	1.0	0.3	0.0
Was the mail-in process convenient?				
Strongly agree	35.4	26.5	31.1	34.2
Agree	60.4	65.3	62.2	60.8
Disagree	3.1	8.2	5.4	5.1
Strongly disagree	1.0	0.0	1.4	0.0
Did you attempt to contact the toll-free number listed on the application for assistance?				
Yes	64.3	93.9	88.0	85.3
No	35.7	6.1	12.0	14.7
***Of those who used the toll free number,* were you able to reach someone at the toll-free number easily?**				
Yes	78.7	73.9	82.4	79.4
No	21.3	26.1	17.6	20.6
When you spoke to someone at the toll-free number, would you say they were…				
Very helpful	36.5	39.1	45.6	38.1
Helpful	42.9	32.6	33.7	28.6
Somewhat helpful	14.3	21.7	14.9	20.6
Not helpful at all	6.4	6.5	5.8	12.7
Have you asked for help from a social service agency or health provider about the status of your child's application?				
Yes	24.2	19.4	13.7	19.5
No	75.8	80.6	86.3	80.5
If yes, from which agencies..? (respondent can choose more than one)				
Dept. of Children and Families	58.3	57.9	53.7	40.0
Public Health Department	8.3	21.1	9.8	6.7
Personal doctor or nurse	12.5	5.3	12.2	26.7
Case worker	25.0	15.8	26.8	20.0
Social worker	25.0	15.8	17.1	13.3
Program Office (Healthy Kids, CMS Office)	20.8	15.8	39.0	46.7
Would you say they were able to provide the help you needed?				
Strongly agree	34.8	21.1	24.4	40.0
Agree	34.8	57.9	53.7	33.3
Disagree	13.0	5.3	9.8	13.3
Strongly disagree	17.4	15.8	12.2	13.3

VIII. Demographic Characteristics of Program Enrollees

Demographic composition varies by program. Each of the KidCare

Enrollees' Race and Ethnicity

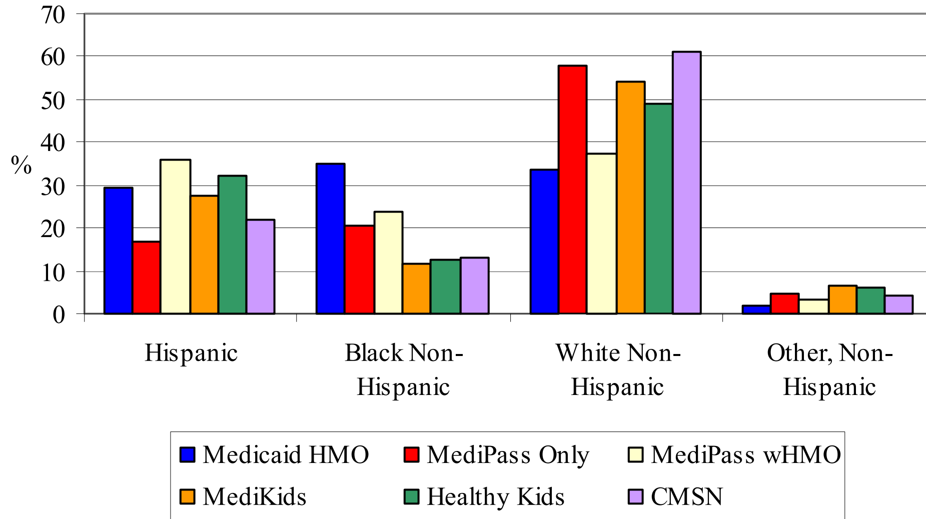
Program components serves a substantial percentage of racial and ethnic minority children (Figure 14). Thirty-four percent of children enrolled in Medicaid HMOs are non-Hispanic white, while 35 percent are non-Hispanic black and 29 percent are Hispanic. In MediPass in counties with an HMO option, 37 percent of enrollees are non-Hispanic white, while 24 percent are non-Hispanic black, and 36 percent are Hispanic. Forty-nine percent of Healthy Kids enrollees are non-Hispanic white, while 13 percent are non-Hispanic black, and 32 percent are Hispanic. The three remaining programs (CMSN, MediPass Only, and MediKids) range in their share of minority children from 39 percent to 42 percent and 46 percent, respectively.

Overall, 30 percent of children served by the KidCare program are Hispanic. This share remains the same since the prior evaluation. The Hispanic enrollees have a variety of national ancestries, primarily Mexican (25 percent), Puerto Rican (19 percent), and Cuban (18 percent) (Figure 15).

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

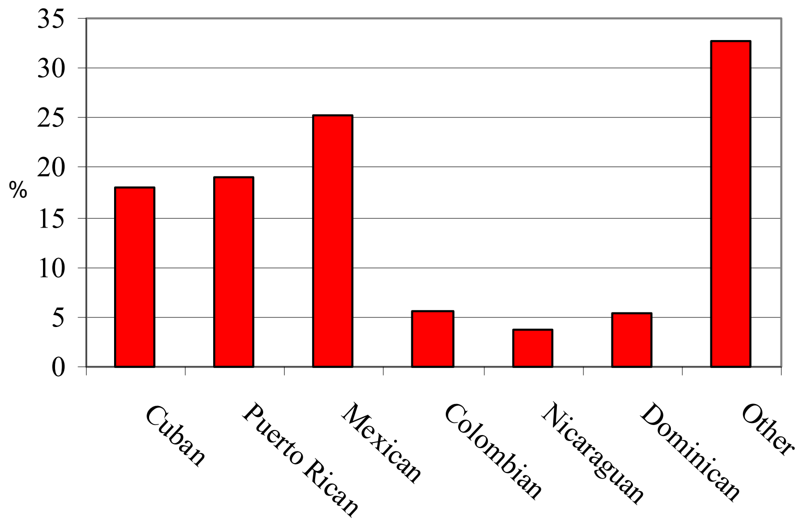
In this current evaluation, there were large shifts in ethnic composition within MediPass compared to the prior evaluation. The Hispanic share of MediPass enrollees in counties with HMO offerings grew sharply from 12 percent to 36 percent. MediPass in counties without HMO options continue to have the smallest share of Hispanic enrollees (17 percent); this share is identical to that reported last year. The overall share of Hispanics in KidCare did not increase from last year because the changes in MediPass were offset by a significant decline in the Hispanic share of MediKids enrollees (from 41 percent last year to 28 percent this year). The changes in ethnic composition will be explored further in future KidCare analyses using a combination of administrative data and county-level demographic data for children 18 years of age and younger.

Figure 14. Children's Race and Ethnicity By KidCare Program Component, State FY 2003-2004



Note: "MediPass Only" describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan.

Figure 15. Hispanic Enrollees by Ancestry Group, State FY 2003-2004



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

The majority of children in all KidCare Program components spoke English in the home (80 percent overall), but 17 percent of enrollees report speaking Spanish as their primary language 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 enrollees 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.

Enrollees' Gender and Age

Overall, about 55 percent of enrollees are male and 45 percent are female. A slightly larger share of boys than girls is expected because the natural United States sex ratio at birth has a slight male majority.

As expected, the MediKids Program has the youngest enrollees, about four years of age on average (4.11±1.32). Medicaid HMO enrollees are 8.56 years on average (±5.32), MediPass Only enrollees are 8.38 years on average (±4.91), MediPass wHMO enrollees are 8.92 years on average (±5.28), Healthy Kids enrollees are 12.92 years (±3.32), and CMSN enrollees are 11.97 years (±4.13), 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 all KidCare Program components reside in two-parent households, with MediKids respondents reporting the highest percentage of two parent families of any of the program components (78 percent compared to 53 percent in Medicaid HMOs, 60 percent in MediPass only counties, 50 percent in MediPass in counties with an HMO option, 62 percent in Healthy Kids, and 57 percent in CMS).

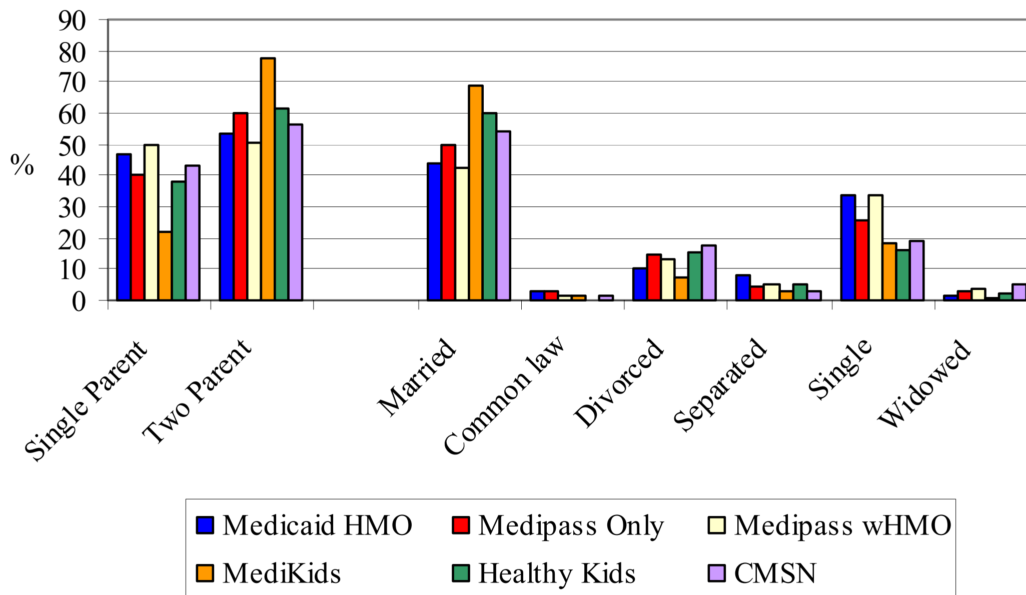
Similarly, the majority of respondents are married. However, the lowest percentage of married respondents is found among enrollees

in MediPass in counties with an HMO option – 42 percent. Figure 16 shows the household type and marital status for the different KidCare Program components.

Overall, 33 percent of parents do not have a high school degree.

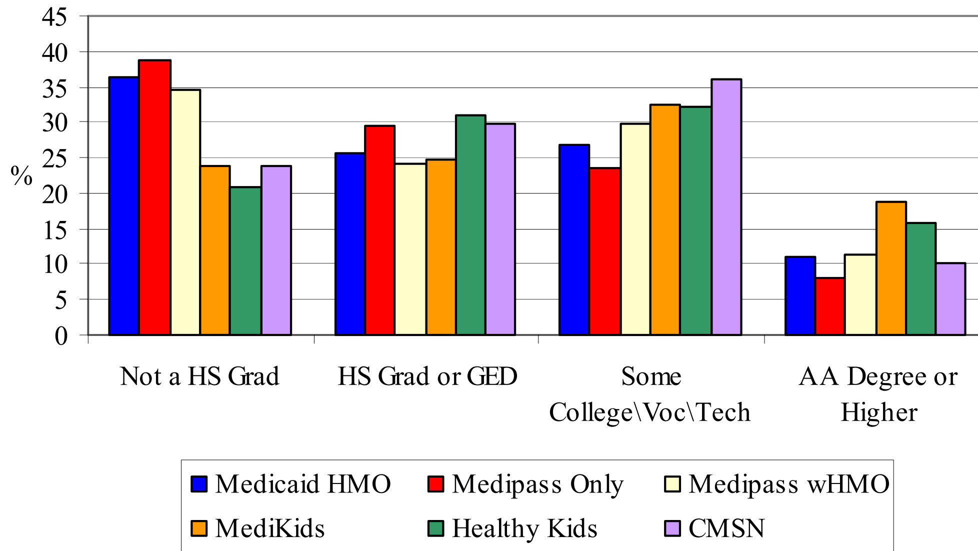
Figure 17 shows respondent educational characteristics. Overall, about 33 percent of respondents do not have a high school degree, while 27 percent have a high school degree, 29 percent have some college classes or vocational/technical training, and 12 percent have an Associates degree or higher. The results are similar for respondents in the three Medicaid programs. 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 2003-2004



Note: "MediPass Only" describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan.

Figure 17. Respondent Education, State FY 2003-2004



Note: "MediPass Only" describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan.

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. Results for these same items in 2003-2004 are presented in Table 10.

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 58 percent of all KidCare families have access to the Internet at home. Less than a third of KidCare families have Internet access at work that they can use for personal business.

A majority of families report having a cellular telephone (Table 10). 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 10. Percentage of KidCare Respondents with Computer and Internet Access and a Cellular Phone, State FY 2003-2004

	Medicaid HMO	MediPass Only	Medipass wHMO	MediKids	Healthy Kids	CMSN
Access to computer at home	62.7	60.2	60.6	75.7	83.4	77.9
Internet access at home	54.9	52.5	53.0	69.3	74.1	67.6
Both computer and Internet at home	54.2	51.8	53.0	69.0	74.1	67.2
Internet access at work*	18.4	22.8	15.7	31.4	28.2	26.6
Access to Internet at home or at work	57.2	58.7	58.5	75.2	78.7	72.4
Access to Internet at home and work	16.2	16.6	10.4	25.7	23.7	21.8
Has a cellular phone	59.5	50.7	61.6	74.8	73.8	63.8

* with employer's permission to use Internet access for personal issues.

Note: “MediPass Only” describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan.

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

Background

The Children with Special Health Care Needs (CSHCN) Screener was used in all six 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

In Florida, an estimated 13-14 percent of children have special health care needs, compared to over 32 percent of MediPass enrollees and 21 percent of Healthy Kids enrollees.

Table 11 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 four state fiscal years. Overall, the findings are similar across the fiscal years. Each program component has a substantial percentage of children with special health care needs. Among established enrollees in State FY 2003-2004, 83 percent of CMSN enrollees, 22 percent of Medicaid HMO enrollees, 32 percent MediPass in counties with no HMO option enrollees, 38 percent of MediPass in counties with an HMO option enrollees, 21 percent of Healthy Kids enrollees, and 13 percent of MediKids enrollees were identified with special needs according to the CSHCN Screener criteria.

Although children must have a special health care need to be approved for enrollment in CMSN, the CSHCN Screener only identified 83 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.

Table 11. Children Identified With Special Health Care Needs by Program Component and Enrollment Status for State FY 2000-2001, 2001-2002, 2002-2003, and 2003-2004

Program/Duration	FY 2000-2001		FY 2001-2002*		FY 2002-2003		FY 2003-2004	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
Medicaid								
New Enrollees (Single Page Application)	22	79	20	80	20	80	23	77
Established Enrollees-All Medicaid	22	78	30	70				
Established Enrollees-HMO					21	79	22	78
Established Enrollees-MediPass Only					30	70	32	68
Established Enrollees-MediPass wHMO					33	67	38	62
Disenrollees (Single Page Application)	16	84	18	82	28	72	23	77
MediKids								
New Enrollees	11	89	15	85	8	92	13	87
Established Enrollees	13	87	17	83	15	85	13	87
Disenrollees	11	89	18	82	20	80	12	88
Healthy Kids								
New Enrollees	18	82	23	77	19	81	21	79
Established Enrollees	27	73	22	78	23	77	21	79
Disenrollees	21	79	25	75	20	80	25	75
CMSN								
New Enrollees	75	25	81	19	76	24	73	27
Established Enrollees	77	23	77	23	81	19	83	17
Disenrollees	71	29	72	28	75	25	69	31

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

Note: “MediPass Only” describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan.

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 32 percent of MediPass and 21 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.

X. Experiences with Paying Premiums

Background

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 $51,331,651 in State FY 2003-2004. This additional revenue is used to provide coverage for more children.

In the State FY 2003-2004 surveys, Title XXI families were asked questions about their experiences with premium payment. The results are summarized in Table 12. About 86 percent of families feel that the premium amount is "about right." A range of 2 percent to 9 percent felt that the premium was "too much". Over 75 percent of families report that it is rarely or never difficult to pay the premium.

More than 95 percent of families report paying the premium is "worth it" so that their children can have needed insurance coverage. However, 20 percent of families think the premium is a "waste of money" because their children are healthy. Ninety-seven 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.

In 2004, the Institute for Child Health Policy examined the impact of the premium changes that occurred for Title XXI enrollees in 2003 on disenrollment in collaboration with the Office of Program, Policy Analysis, and Government Accountability (OPPAGA). Information from two premium changes that occurred in 2003 was used in the analyses. First, in July 2003, Florida increased the premium for families from $15 per-family-per-month to $20 per-family-per-month for those receiving subsidized premiums. The Centers for Medicare and Medicaid Services later determined that $20 per-family-per-month exceeded federal cost-sharing limits (5 percent of family income) for some families at or below 150 percent of the federal poverty level (FPL). In October 2003, Florida reduced the premiums to $15 for those at or below 150 percent FPL and kept the premiums at $20 for those above 150 percent FPL. Data from the Florida Healthy Kids Program were used for the analyses.

The disenrollment patterns observed during the 2003 premium changes were used to examine families' sensitivity to premium increases and the possible impact on disenrollment from the program if premiums were increased in the future. Cox proportional hazards models were used to estimate the responsiveness of disenrollment to premium changes, age, sex, income, child health status, and months enrolled.

Prior to the premium increases, about 2 percent of the children disenrolled from the Healthy Kids Program monthly. Disenrollment increased after the July 2003 premium change to 3.6 percent in August 2003 and to 4.7 percent of the children in September 2003. When the premiums were reduced, a decline in disenrollment was observed. Families with incomes at or below 150 percent FPL were 36 percent more likely to disenroll in the post-premium change period when compared to the pre-premium change period. Families in rural areas were 6 percent more likely to disenroll post the premium change than families in urban areas, even after considering the children's health status and family income. Children with significant acute (such as head injuries or other trauma) or chronic conditions were 8 percent to 17 percent less likely to disenroll compared to healthy children. Using this information, a price elasticity was estimated for the disenrollment hazard rate of 2.2, indicating that disenrollment from SCHIP is very sensitive to price changes. For example, given this price elasticity, a 10 percent increase in the monthly premium would produce a 22 percent increase in the disenrollment hazard rate.

Table 12. Families' Experience with Premium Payments, State FY 2003-2004

Percentage Responding	Title 21 Overall	MediKids	Healthy Kids	CMSN
Is the premium...?				
About the right amount	85.6	87.8	84.6	89.4
Too much	7.5	4.1	9.1	2.1
Too little	7.0	8.2	6.4	8.5
How often is it difficult for you to pay the premium?				
Almost every month	7.8	8.5	7.8	0.0
Every couple of months	15.9	11.7	17.7	17.0
Rarely	29.6	30.9	29.2	27.7
Never	46.7	48.9	45.4	55.3
Paying a premium is worth it.				
Strongly agree	77.4	75.3	78.1	85.4
Agree	18.8	21.7	17.9	10.4
Disagree	2.6	3.1	2.4	4.2
Strongly disagree	1.2	0.0	1.7	0.0
Sometimes I think the premium is a waste because my child is healthy.				
Strongly agree	9.3	4.1	11.6	8.3
Agree	11.1	10.2	11.6	8.3
Disagree	13.9	14.3	14.0	6.3
Strongly disagree	65.6	71.4	62.7	77.1
I feel better paying for some of the cost of my child's coverage.				
Strongly agree	76.0	86.0	90.7	75.0
Agree	20.9	11.0	7.7	22.9
Disagree	1.8	1.0	0.7	0.0
Strongly disagree	1.3	2.0	1.0	2.1

XI. Usual Source of Care

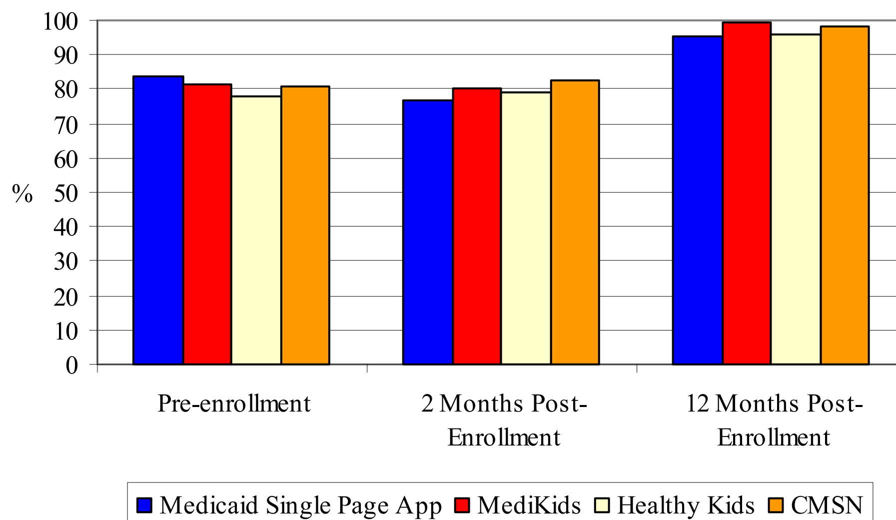
Background

Having a usual source of medical care is associated with 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.

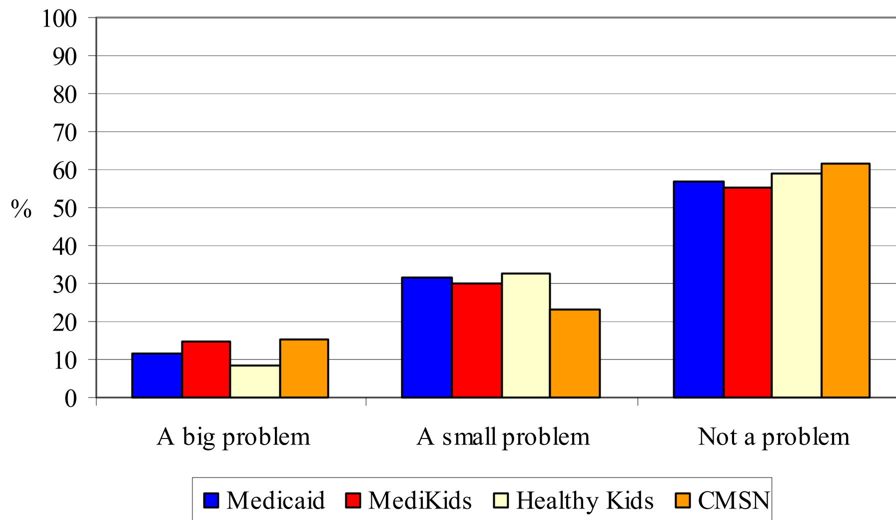
Families whose children were new enrollees were asked if their children had a usual source of care prior to entering the KidCare Program. In general, a high percentage of new enrollees had a usual source of care prior to KidCare Program enrollment. Among new enrollees in State FY 2003-2004, 84 percent of Medicaid, 82 percent of MediKids, 78 percent of Healthy Kids, and 81 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 to over 95 percent by 12 months post-enrollment for all KidCare Program components. These results are summarized in Figure 18**.** These findings have been consistent over the six evaluation years.

Figure 18. Children with a Usual Source of Care by Program Component, State FY 2003-2004



Recently enrolled 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 (ranging from 55 to 62 percent by program) of families reported that it was “not a problem” to find a personal doctor or nurse. These results are summarized in Figure 19.

Figure 19. Respondents Reporting Problems with Obtaining a Usual Source of Care, State FY 2003-2004



XII. 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.

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

17 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 their perceptions of unmet health care needs they may have had in the period before KidCare enrollment. While parent self-report of unmet needs may vary from a physician assessment of medical needs, parent self-report is still an important source of information about perceptions and beliefs relating to their children's care.. Parents were also asked how much difficulty they perceived in 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 13).

Results show that unmet need was reduced in 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 five fiscal years.

Importantly, 10 percent of children did not receive well-child visits prior to KidCare enrollment compared to 2 percent post-enrollment. Parents also reported that 17 percent of enrollees had unmet needs for surgical care prior to enrollment compared to 4 percent post-enrollment. Twenty percent had unmet needs for access to specialty physicians prior to enrollment compared to 6 percent post-enrollment.

Dental care is the largest unmet need for children post-enrollment. Even though dental care is included in the KidCare benefit package, about 15 percent of parents are reporting that their children need this care, but are not getting it. However, the percentages reporting unmet dental care needs declined by more than 50 percent after KidCare enrollment.

Table 13. Unmet Health Care Needs, State FY 2003-2004

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	10.1	1.8	6.4	1.8	14.5	2.2	15.3	1.6	9.8	1.2
Received but a big problem	5.4	3.6	3.4	3.7	8.5	2.3	7.6	3.2	10.9	2.9
Minor Problem or Illness										
Did Not Receive	5.4	1.6	3.6	1.8	3.1	0.4	9.9	1.1	3.3	0.4
Received but a big problem	7.6	2.8	7.4	2.9	9.7	3.5	6.5	2.3	12.1	2.2
Emergency Care										
Did Not Receive	1.7	1.6	0.0	1.1	0.0	1.5	5.8	3.9	4.0	0.0
Received but a big problem	17.3	3.6	19.1	3.7	10.5	2.3	16.3	3.2	20.8	2.9
Surgical Care or Medical Procedure										
Did Not Receive	17.4	4.4	15.4	5.3	28.6	11.8	19.1	0.0	20.0	9.6
Received but a big problem	11.4	2.5	9.1	1.6	0.0	13.3	23.5	4.2	12.5	17.0
Specialty Physician Care										
Did Not Receive	19.5	6.2	13.6	6.3	20.0	6.6	30.7	6.1	16.7	4.4
Received but a big problem	10.2	4.0	5.3	2.8	25.0	5.3	16.3	7.9	10.0	8.7
Prescription Medication										
Did Not Receive	4.6	2.0	4.0	2.3	3.9	0.9	6.1	1.2	3.4	0.4
Received but a big problem	13.4	2.0	12.5	1.5	12.0	2.4	15.2	4.2	19.3	1.9
Dental										
Did Not Receive	32.4	15.2	26.8	17.2	41.7	19.0	38.7	9.6	35.7	15.2
Received but a big problem	21.4	7.5	23.3	7.6	42.9	6.5	17.0	6.9	11.1	13.6

XIII. 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 six of the 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. The CAHPS addresses several care components including getting health care from a specialist, getting specialized services, general health care experiences in the 12 months preceding the interview, and dental care.

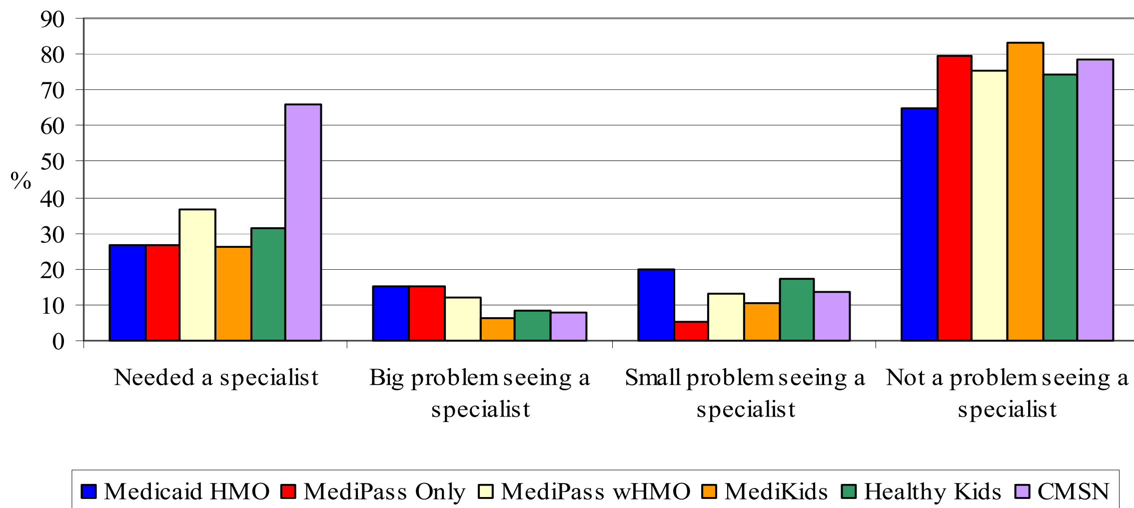
Getting Health Care From a Specialist

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

A substantial share (30 percent) of children needed to see a specialist at some time in the 12 months preceding the interview. Twenty-seven percent of Medicaid HMO enrollees, 27 percent of MediPass in counties with no HMO option enrollees, 37 percent of MediPass with HMO option enrollees, 26 percent of MediKids, 31 percent of Healthy Kids and 66 percent of CMSN enrollees needed specialty care (Figure 20). Given the large numbers of children with special health care needs in CMSN and MediPass wHMO, it is not surprising that those two programs have the highest need for specialty care.

Of those that needed specialty care, the majority reported that it was "not a problem" to get a referral for such care. More than 75 percent of enrollees in all programs, except in the Medicaid HMOs (65 percent), reported not having problems getting referrals to specialist physicians.

Figure 20. Established Enrollees Needing and Getting Specialty Care, State FY 2003-2004



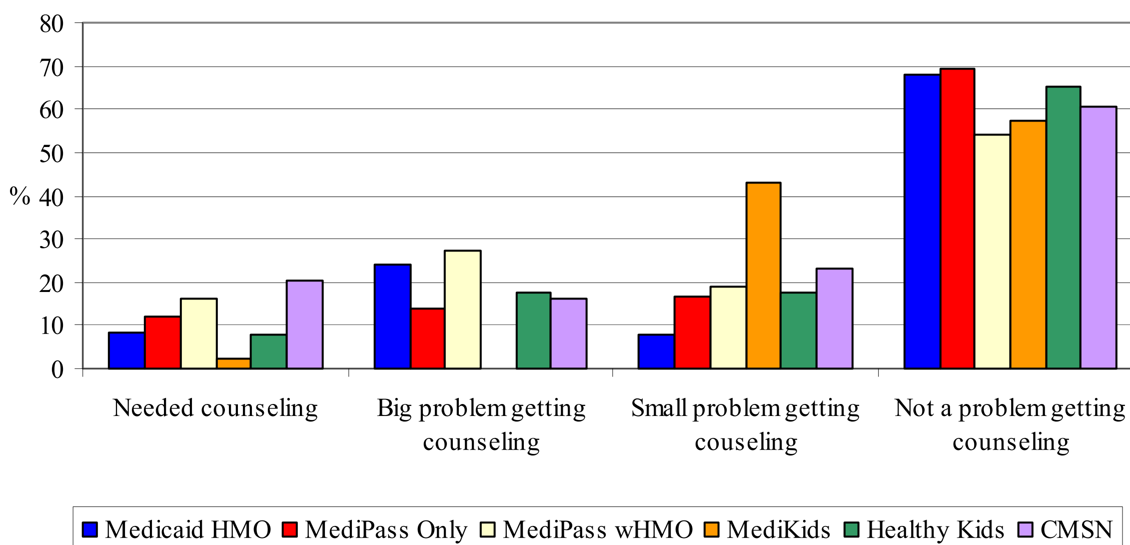
Note: "MediPass Only" describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan.

Access to Mental Health Services

The CAHPS contains a series of questions about the need for and receipt of behavioral treatment or counseling. About 16 percent of MediPass wHMO and 20 percent of CMSN parents indicated that their children had a behavioral or emotional problem for which they needed counseling (Figure 21). Smaller shares of families whose children were in the Medicaid HMO (8 percent), MediPass Only (12 percent), MediKids (2 percent), and Healthy Kids (8 percent) reported needing specialized mental health services.

Of those families that did need mental health services, the majority (62 percent) reported it was "not a problem" to receive such care. A larger than average share (46 percent) of MediPass wHMO reported problems receiving care.

Figure 21. Established Enrollees Needing and Getting Mental Health Care, State FY 03-04



Note: "MediPass only" describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan

General Health Care Experiences

Table 14 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 five 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 2003-2004 are reported. Since many factors influence satisfaction with care, including the children's health status and families' socio-demographic characteristics, more detailed multivariate statistical analyses are in progress.

Table 14. Family Satisfaction with Their Children's Health Care, State FY 2003-2004

Item	Medicaid HMO	MediPass Only	MediPass wHMO	MediKids	Healthy Kids	CMSN
Did you make any appointments for routine care?						
Yes	58.5	61.0	58.9	67.8	59.7	75.2
No	41.5	39.0	41.1	32.2	40.3	24.8
How often did you get that appointment as quickly as you wanted?						
Never	3.5	3.3	2.3	3.0	1.1	2.2
Sometimes	15.1	10.4	9.1	7.9	8.4	10.1
Usually	19.8	18.7	21.1	19.8	22.4	22.5
Always	61.6	67.6	67.4	69.3	68.2	65.2
Did your child have an illness or injury where you needed care right away?						
Yes	35.0	40.5	32.3	41.1	29.3	55.9
No	65.0	59.5	67.7	58.9	70.7	44.2
Did you get that care as soon as you wanted?						
Never	0.0	4.2	0.0	2.5	2.3	2.4
Sometimes	13.3	7.5	7.3	11.6	4.6	6.6
Usually	24.8	12.5	13.5	14.9	14.8	13.3
Always	61.9	75.8	79.2	71.1	78.4	77.7
Did your child need any specialist care?						
Yes	26.7	26.8	36.8	26.0	31.3	65.7
No	73.3	73.2	63.2	74.0	68.7	34.3
If your child needed to see a specialist, how much of a problem was it to get a referral?						
A big problem	15.0	15.4	11.9	6.4	8.5	8.0
A small problem	20.0	5.1	12.8	10.3	17.0	13.6
Not a problem at all	65.0	79.5	75.2	83.3	74.5	78.4
How much of a problem was it for you to get the care you believed was necessary for your child?						
A big problem	7.3	6.0	4.7	3.9	4.7	6.0
A small problem	11.9	9.0	11.5	15.5	10.9	10.1
Not a problem at all	80.7	85.1	83.8	80.6	84.5	83.9
How much of a problem were delays in your child's care while you waited for plan approval?						
A big problem	14.5	8.5	21.4	15.7	15.7	9.6
A small problem	25.8	23.4	23.2	15.7	24.3	31.5
Not a problem at all	59.7	68.1	55.4	68.6	60.0	58.9
How often was child taken to the exam room within 15 minutes?						
Never	34.6	28.8	29.7	30.8	29.9	23.4
Sometimes	22.8	22.6	19.4	27.6	22.4	30.4
Usually	16.0	21.8	24.0	19.4	23.6	23.1
Always	26.6	26.9	27.0	22.2	24.0	23.1
How often were you treated with courtesy and respect?						
Never	2.3	1.6	3.0	2.1	3.1	0.7
Sometimes	7.1	5.9	6.4	5.7	4.3	3.1
Usually	11.6	8.6	10.2	12.5	12.0	10.4
Always	79.0	83.9	80.3	79.6	80.6	85.8
Is your child old enough to talk to the doctor?						
Yes	61.7	65.6	60.2	41.3	89.1	82.4
No	38.4	34.4	39.8	58.7	10.9	17.7
Did the doctor explain things in a way your child could understand?						
Never	9.2	4.2	7.6	8.8	8.3	6.8
Sometimes	12.9	8.3	8.2	13.2	3.5	5.1
Usually	16.6	10.7	5.7	9.7	12.2	12.7
Always	61.4	76.8	78.6	68.4	76.0	75.4

Table 14. Continued

Item	Medicaid HMO	MediPass Only	MediPass wHMO	MediKids	Healthy Kids	CMSN
How often did the doctor spend enough time with your child?						
Never	2.6	4.3	6.1	3.6	3.1	1.4
Sometimes	16.4	12.1	10.0	7.1	9.8	6.3
Usually	20.2	15.2	14.6	17.5	17.6	21.3
Always	60.8	68.5	69.4	71.8	69.5	71.1
Does your child have special health care needs that require help in school?						
Yes	7.9	14.4	15.2	12.2	5.7	21.6
No	92.1	85.7	84.8	87.8	94.3	78.4
Did your child's doctor talk to the school about these needs?						
Yes	88.2	97.1	96.9	95.7	86.7	94.8
No	11.8	2.9	3.1	4.4	13.3	5.2

Note: "MediPass Only" describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan.

About 72 percent of families said they always received care as soon as they wanted when their children were ill.

The current findings indicate high satisfaction with KidCare overall. 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 56 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 62 percent to 78 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 80 percent of families reported it was "not a problem" for their children to get needed care. The vast majority of families said that there were no or minimal delays in their children's health care while waiting for health plan approval. Additionally, over 79 percent felt that their children's doctors "always" treated them with courtesy and respect and over 61 percent believed that the doctor "always" spent enough time with their children.

As these surveys are administered at the program component level, variations within the program at the health plan or regional level may be masked. Thus, future satisfaction studies may include more in-depth sampling to better target health plans or regional variations.

XIV. Dental Care

Background

As noted in the earlier section on unmet health care needs, there was significant unmet need for dental care prior to KidCare Program enrollment. The American Dental Association recommends that children have at least one dental visit by their first birthday and every six months thereafter. Although the Healthy Kids program now has a cap of $750 on dental benefits per enrollee, this should not impact check-ups and preventive care visits to dental providers.

Findings

The CAHPS has a section about use of and satisfaction with dental care. The percentage of children using dental services by KidCare Program component is shown in Figure 22. A higher percentage of children in Healthy Kids (67 percent) and CMSN (68 percent) saw a dentist in the last year when compared to Medicaid HMO (43 percent), MediPass wHMO (52 percent), and MediPass Only (51 percent). Since young children have the lowest rates of dental visits, it is not surprising that the MediKids program had the lowest rate of dental care; only 32 percent of MediKids enrollees saw a dentist in the year prior to the interview. Among 0-4 year olds only, MediKids (24 percent) has higher use of dental services than Medicaid HMO (17 percent) and MediPass Only (15 percent) enrollees.

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 23 shows the families' ratings of the dental care their children received. Between 41 and 56 percent of respondents rated their dental care as a "10". An additional 22 to 35 percent rated their dental providers an "8" or a "9".

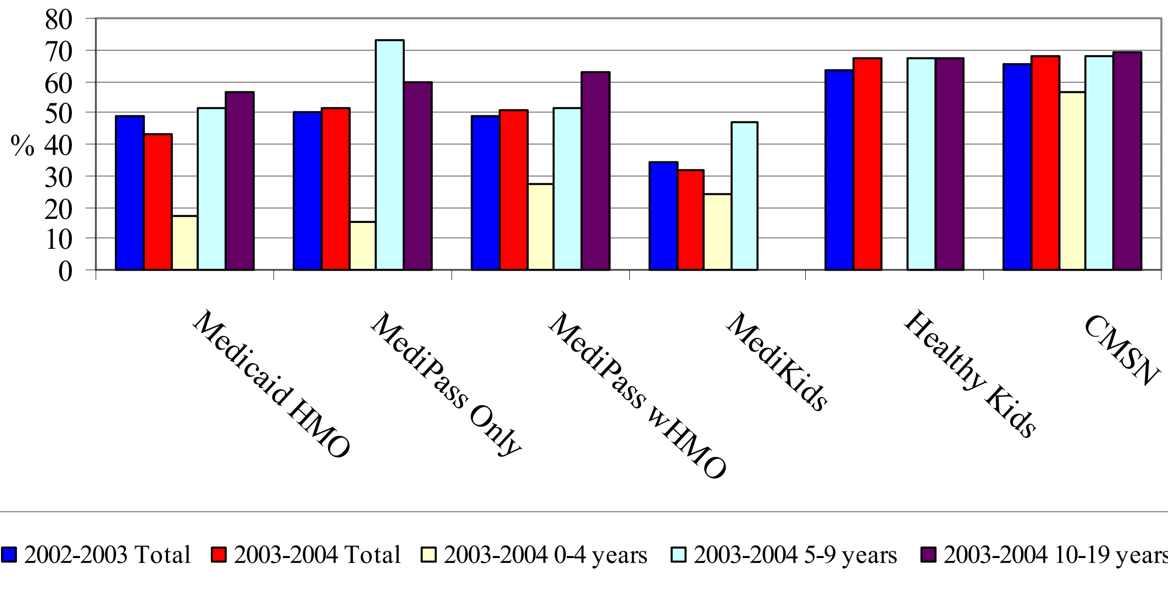
Recommendations

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.

Other Research

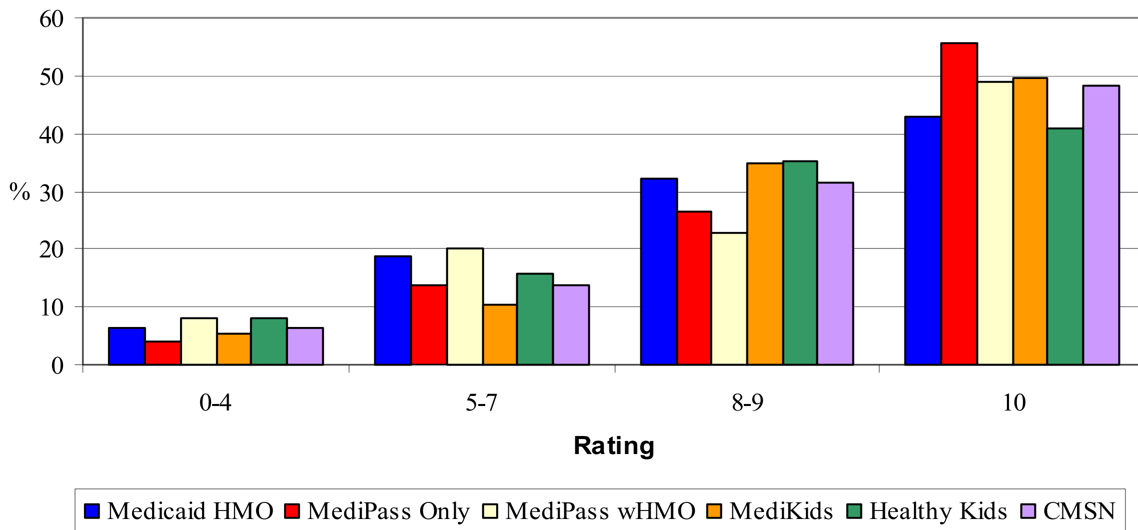
Research is ongoing to measure the impacts of unmet dental care needs. A preliminary report by the Institute for Child Health Policy has examined the cost and frequency of hospital in-patient stays and Emergency Room visits for Ambulatory Care Sensitive Conditions (ACSC) related to dental care. An example of an ACSC is a jaw infection that necessitates an ER visit; that ER visit may have been preventable if routine dental care had been provided at an earlier date. For more detail on ACSCs, please see http://ichp.ufl.edu/new-from-ichp-l/Quality_of_Care_Chart_Book_Florida_KidCare_Program.pdf .

Figure 22. Children Seeing a Dentist in the Last Year, State FY 2002-2003 and 2003-2004



Note: "MediPass Only" describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan.

Figure 23. Families' Ratings (on a Scale of Zero Equals Worst to Ten Equals Best) of Their Children's Dental Care, State FY 2003-2004



Note: "MediPass Only" describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan.

XV. 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. 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 percent of parents of established KidCare enrollees reported their child received a well-child visit. All programs have high compliance with this guideline.

Body Mass Index and Lifestyle Communication

Parents were asked to self-report their best estimate of their child's height and weight during the telephone interview. The Body Mass Index (BMI) was calculated using the parent's estimate of height and weight for each child over the age of two years. Unlike BMI for adults, there are not well-defined cutpoints for children's BMI denoting a healthy weight or obesity. Growth spurts vary by age and gender, but a BMI of 30 or greater is generally considered to be obese, regardless of age or gender. Average BMIs by program are presented in Table 15.

Based on analyses of parental report of height and weight, about 8 percent of KidCare enrollees have BMIs of 30 or greater. Younger children have lower average BMIs than adolescents. About 10 percent of KidCare enrollees aged 10-19 are obese according to parental information. In addition to the age variations in obesity, there are variations by program and race-ethnicity. Thirteen percent of MediPass enrollees in areas with an HMO option are obese compared to 11 percent of CMSN enrollees, 8 percent of Medicaid HMO and MediPass in areas without an HMO option, and less than five percent of MediKids and Healthy Kids. Twelve percent of black children are obese compared to 10 percent of Hispanic children and 6 percent of non-Hispanic white children. The largest share of obese children is found among black children in MediPass wHMO (19 percent) and Hispanic children in MediPass Only (16 percent).

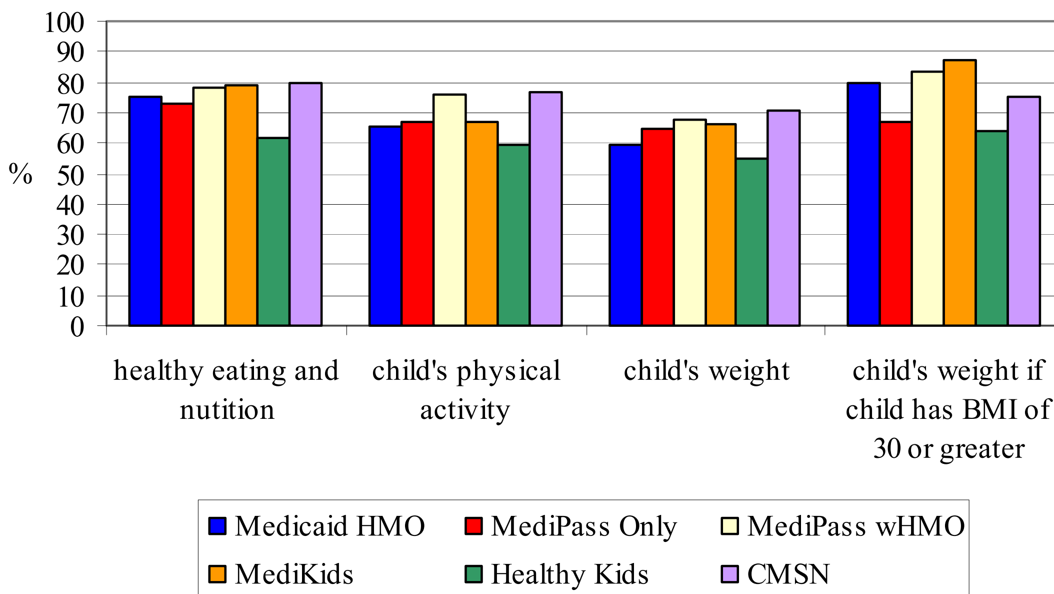
Parents were also asked if their regular health care provider had discussed three healthy lifestyle issues with them. Figure 24 reports the share of parents by program who reported that their provider discussed healthy eating and nutrition, their child's level of physical activity, and their child's weight. Seventy-three percent of families had discussed healthy eating with their provider, 67 percent report discussing their child's physical activity and 62 percent report discussing their child's weight. A larger share (77 percent) of parents of children with a BMI of 30 of greater report discussing their child's weight with their health care provider.

Table 15. Body Mass Index for Established Enrollees, by KidCare Program, 2003-2004

	Overall	Medicaid HMO	MediPass Only	MediPass wHMO	MediKids	Healthy Kids	CMSN
Mean, ages 2-19	21.5	21.3	20.8	22.6	19.2	21.2	22.5
St. Dev., ages 2-19	6.5	5.6	6.4	7.6	17.7	4.6	6.6
Median, ages 2-19, by race-ethnicity							
Total	20.7	20.6	19.7	21.7	16.7	21.1	21.3
Hispanic	21.1	20.1	20.3	22.1	17.1	22.2	22.6
Black Non-Hispanic	21.6	21.9	20.7	21.9	16.3	22.6	21.8
White Non-Hispanic	19.5	19.5	19.4	21.0	16.7	20.2	20.9
Other, Non-Hispanic	20.2	n/a	21.6	18.8	16.5	21.0	21.6
% of enrollees ages 2-19 with BMI of 30 or greater, by race-ethnicity							
Total	8.1	7.6	8.4	12.5	3.9	4.3	10.7
Hispanic	9.7	9.3	15.8	13.0	11.6	5.5	8.3
Black Non-Hispanic	11.9	10.1	8.7	19.2	4.4	8.8	11.8
White Non-Hispanic	5.5	4.1	7.8	8.2	1.6	3.0	11.2
Other, Non-Hispanic	5.2	n/a	0.0	20.0	0.0	0.0	11.1
Mean, ages 2-9	19.3	19.3	18.5	20.3	19.2	18.1	19.5
St. Dev., ages 2-9	7.6	4.9	6.4	9.0	17.7	4.8	6.6
Median, ages 2-9	18.3	18.5	17.4	18.7	16.7	18.3	18.0
% of enrollees ages 2-9 with BMI of 30 or greater	4.9	3.3	6.4	7.8	4.0	0.0	8.8
Mean, ages 10-19	22.8	23.0	23.1	24.1	n/a	21.6	23.3
St. Dev., ages 10-19	5.4	5.5	5.5	6.0	n/a	4.4	6.4
Median, ages 10-19	22.0	22.0	22.0	23.0	n/a	21.5	22.0
% of enrollees ages 10-19 with BMI of 30 or greater	10.1	11.2	10.4	15.7	n/a	4.9	11.3

Note: “MediPass Only” describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan.

Figure 24. Percentage of Established Enrollee Families' Reporting Discussing Healthy Lifestyle Issues with their Health Care Provider, State FY 2003-2004



Note: "MediPass only" describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan.

Immunization Compliance

Compliance with the tetanus booster for adolescents is 98.5 percent .

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. In Florida, children who attend school are required to prove they are compliant with AAP guidelines before they can enroll. Reviews of school enrollment records by the Department of Health confirmed that 94.4 percent of all children entering Kindergarten in fall, 2003 were compliant with all immunization guidelines.[7] 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. Hence, the immunization compliance reported here may be an under-estimate compared to other sources.

[7] Kindergarten Immunization Status Report 2003-2004, Florida Department of Health, Bureau of Immunization, http://www.doh.state.fl.us/disease_ctrl/immune/index.html

Table 16 shows that overall compliance with all of the individual immunizations was very high. Over 90 percent of families report their children to be compliant with the MMR, Varicella, and Tetanus booster recommendations.

Compliance was also compared between established enrollees in FY 2003, 2002 and 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 16. Immunization Compliance among Established KidCare Enrollees, State FY 2003-2004

State Fiscal Year 2003-2004	Overall	Medicaid HMO	MediPass Only	MediPass wHMO	MediKids	Healthy Kids	CMSN
DTP	76.3	76.9	76.0	71.2	74.5	82.6	82.4
Polio	60.9	61.4	59.8	59.5	66.8	62.3	64.2
HIB	43.0	44.4	42.4	42.7	55.0	40.1	40.1
MMR	90.7	92.7	93.6	90.0	95.1	86.0	91.1
Hepatitis B	69.2	66.2	72.5	71.7	73.1	68.1	73.8
Varicella	94.0	93.0	95.0	93.7	90.6	95.9	93.7
Tetanus Booster	98.2	99.5	99.5	96.9	N/A*	96.9	96.2
Pneumococcal	26.0	29.3	25.3	23.6	24.5	25.0	27.2

Note: "MediPass Only" describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan.

Table 17. Immunization Compliance among Established KidCare Enrollees, State FY 2002-2003

State Fiscal Year 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.

Note: "MediPass Only" describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan.

Table 18. 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*	N/A*	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.

XVI. 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.[8] [9] 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, but then rose in 2003-2004.

The percentage of children disenrolling from MediKids, Healthy Kids, and CMSN increased from SFY 2000-2001 to SFY 2001-2002, but then declined sharply in SFY 2002-2003, and rose again in SFY 2003-2004. During the 2003-2004 fiscal year, 15 percent of Healthy Kids enrollees, 16 percent of CMSN enrollees and 26 percent of MediKids enrollees ceased insurance coverage with the KidCare program.

Reasons for Disenrolling

36 percent of families indicated that their children left Healthy Kids or MediKids because they became eligible for Medicaid, while 7 percent indicated dissatisfaction with 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, 2002-2003, and 2003-2004. Families were allowed to provide multiple reasons so the distribution of responses will exceed 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.[10]

In 2003-2004, 36 percent of families indicated that their children were disenrolled from Healthy Kids or MediKids because they became eligible for Medicaid. The next most common reasons for disenrollment were child no longer eligible due to age (30 percent) or no longer eligible due to income (23 percent). Only 24 percent of families reported having difficulty with renewal; this is a decrease from 33 percent in the prior year. Seven percent of families indicated that they disenrolled their children because of dissatisfaction with the program (program not as

[8] Dick AW, Allison A, Haber SG, Brach C, Shenkman E. (2002) "The Consequences of States' Policies for SCHIP Disenrollment." *Health Care Financing Review*.
[9] Shenkman E, Vogel B, Boyett J, Naff R. (2001) "Enrollment and Disenrollment in a Title XXI Program." *Health Care Financing Review.*
[10] 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.

expected or dissatisfied with premiums). These results do not reflect the changes that have been implemented in the renewal process for Title XXI enrollees.

Table 19. Disenrollment From MediKids, Healthy Kids, and CMS, State FY 2000-2001, 2001-2002, 2002-2003, and 2003-2004

	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
State Fiscal Year 2003-2004			
Total Enrollment	61,812	395,187	13,738
Total Disenrollment	16,107	59,397	2,182
Percent Disenrolled	26.1	15.0	15.9
Total Re-Enrollment	1,065	10,638	334
Percent of Disenrollees Re-Enrolled in Same Program	6.6	17.9	15.3

Table 20. Percentage of Parents Citing These Reasons for Disenrollment, State FY 2001-2002, 2002-2003, and 2003-2004

Disenrollment Reason	2001-2002	2002-2003	2003-2004
Child switched to Medicaid	41	39	36
Obtained policy other than KidCare	28	25	20
Difficulty with renewal	19	33	24
Child no longer eligible due to age	12	19	30
No longer eligible due to income	19	23	23
Cancelled due to non-payment of premium	13	12	9
Dissatisfied with providers	6	5	3
Program not as expected	3	5	3
Dissatisfied with clinic or office setting	4	2	2
Dissatisfied with premium	4	6	4
Child no longer eligible, not in Welfare-to-Work Program	3	3	4
Did not want welfare	3	5	5
Dissatisfied with copayments at the time of visit	2	2	1

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

Upon leaving the program, 37 percent of families obtained other coverage for their children, whereas 63 percent did not. Of those who did not obtain coverage, 55 percent of families indicated that coverage was too expensive to obtain.

Of those with insurance after disenrollment (37 percent of all disenrollees), the following types of coverage were obtained:

- 29 percent entered the Medicaid Program,
- 45 percent obtained private employer-based coverage,
- 4 percent entered the Healthy Kids Program,
- 8 percent purchased insurance directly not through an employer, and
- 14 percent named other insurance options (including Medicare, military and other 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 and rose to 45 percent in 2003-2004. Thirty-three percent of those who obtained other insurance coverage did so by switching to another KidCare component.*

The type of coverage children obtained when they were insured post-KidCare enrollment is significantly different than that obtained in 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. Fiscal year 2003-2004 results are more similar to 2002-2003 results than prior years. In 2003-2004, 33 percent of those who obtained other coverage did so by switching to another KidCare Program component.

XVII. 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. Crowd-out was calculated by family to account for the families varying in size from one or two parents.

There are four types of questions often raised about access to employer-based coverage and crowd-out.

First, what share of families had access to employer-based coverage in the year prior to enrollment and what share of those with prior access also have current access? Fourteen percent of enrollees were covered by employer-based family coverage at some time in the twelve months preceding their KidCare Program enrollment, but only 18 percent of those with coverage prior to enrollment have current access to employed-based family coverage. Figure 25 presents the share of children, by KidCare program component, which had employer-based family coverage at some time in the twelve months preceding enrollment.

Second, what share of New Enrollee families has current access to employer-based coverage? Table 21 presents a detailed analysis of access to current coverage for the parents of New Enrollees. Only 30 percent of families have access to employer-provided family coverage. Access to employer based coverage for New Enrollee families by poverty level is presented in Table 22.

About 30 percent of New Enrollee families have access to employer-based family coverage but the cost of such coverage is about 8 percent percent of their total family income.

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 $165 per month, which represented on average 8 percent 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. ***Only 36 percent of New Enrollee families with access to employer based family coverage would pay five percent or less of their household income for that coverage.***

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? Over a quarter (28 percent) of those with current access had no coverage in the entire year prior to enrollment. Forty percent with current access were covered for less than six months out of the year prior to enrollment. Thirty-three percent of those with current access were covered for six to eleven months of the year prior to enrollment. Fifty-six percent of New Enrollee families with current access report having employer-provided coverage for all twelve months prior to enrollment.

Fourth, what share of Established Enrollee families has current access to employer-based coverage? For families of established enrollees, 20 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 a fifth of families of established enrollees in Medicaid HMOs or MediPass had access to employer-provided coverage compared to over 30 percent of established enrollees in the Title XXI programs (Table 25).

Figures 26, 27 and 28 summarize the share of enrollees with current access to employer-provided coverage. The final figure includes crowd-out summaries for the past two fiscal years as well as the current year; methodological changes for the current evaluation were also applied to the prior years.

Figure 25. Children with Employer-Based Coverage at Some Point in the Twelve Months Preceding KidCare Program Enrollment, State FY 2003-2004

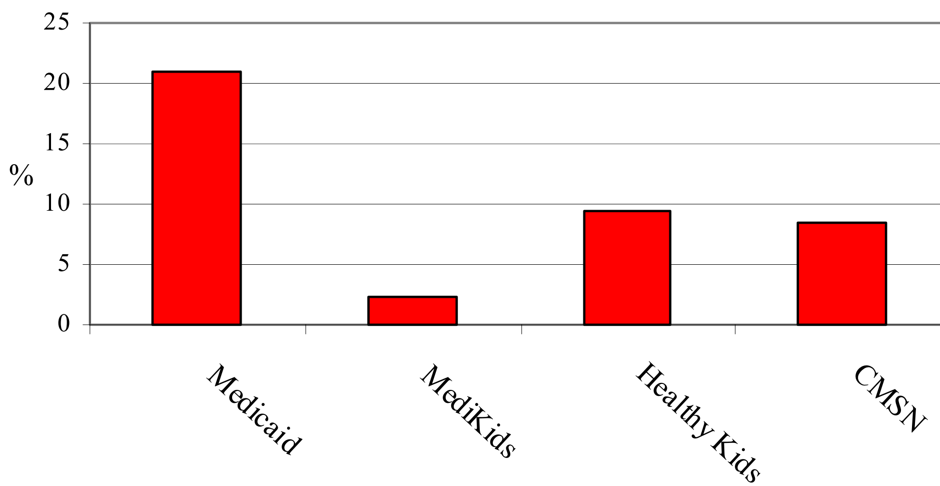


Table 21. Access to Insurance and Its Cost for Families of New Enrollees, State FY 2003-04

Characteristics of New Enrollees	N	% of Total
Total number of families enumerated by the survey.*	9,477	100.00
Yes, the family has one or two parents who are employed.	7,731	81.58
No, the family does not have a parent who is employed.	1,667	17.59
Number of families who did not respond to the item.	79	0.83
Yes, working parent's employer offers some type of insurance coverage.	4,879	51.48
No, working parent's employer does not offer insurance coverage.	2,780	29.33
Families in which parents are not employed; they are ineligible to respond to this item.	1,443	15.23
Families who did not respond to the item; their eligilibity for this item is unknown.	375	3.96
Yes, working parent is eligible for some type of coverage through their employer.	4,310	45.48
No, the working parent is not eligible for any coverage through their employer.	569	6.00
Families in which parents are not employed or their employer does not offer coverage; they are ineligible to respond to this item.	4,223	44.56
Families who did not respond to the item; their eligilibity for this item is unknown.	375	3.96
Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of New Enrollees.	***2,827***	***29.83***
No, only employee coverage is available to the working parent through their employer.	1,275	13.45
Families in which parents 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.	4,792	50.56
Families who did not respond to the item; their eligilibity for this item is unknown.	583	6.15
Yes, the working parent is enrolled in some type of employer-provided coverage.	2,647	27.93
No, the working parent is not enrolled in any type of employer-provided coverage.	1,455	15.35
Number of families in which parents 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.	4,792	50.56
Families who did not respond to the item; their eligilibity for this item is unknown.	583	6.15
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? (%)*	$50	2.27
For those parents eligible for family coverage, what is the mean monthly premium? ($) That family premium (annualized) would be what share of the average New Enrollee household's yearly income? (%)*	$165	8.07

* 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 Families of New Enrollees, by Poverty, State FY 2003-04

Characteristics of New Enrollees	N	% of Total
Total number of families enumerated by the survey, under 100% of FPL.	2,734	100.00
Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of New Enrollees, under 100% of FPL	***615***	***22.49***
No, only employee coverage is available to the working parent through their employer.	146	5.34
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	1,812	66.28
Families who did not respond to the item; their eligilibity for this item is unknown.	161	5.89
Total number of families enumerated by the survey, 101-132% of FPL.	1,920	100.00
Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of New Enrollees, 101-132% of FPL.	***404***	**21.04**
No, only employee coverage is available to the working parent through their employer.	327	17.03
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	1,064	55.42
Families who did not respond to the item; their eligilibity for this item is unknown.	125	6.51
Total number of families enumerated by the survey, 133-149% of FPL.	1,196	100.00
Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of New Enrollees, 133-149% of FPL.	***454***	**37.96**
No, only employee coverage is available to the working parent through their employer.	239	19.98
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	501	41.89
Families who did not respond to the item; their eligilibity for this item is unknown.	2	0.17
Total number of families enumerated by the survey, 150-184% of FPL.	1,426	100.00
Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of New Enrollees, 150-184% of FPL.	***530***	**37.17**
No, only employee coverage is available to the working parent through their employer.	313	21.95
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	485	34.01
Families who did not respond to the item; their eligilibity for this item is unknown.	98	6.87
Total number of families enumerated by the survey, 185% of FPL or greater.	2,201	100.00
Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of New Enrollees, 185% of FPL or greater.	***824***	**37.44**
No, only employee coverage is available to the working parent through their employer.	250	11.36
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	930	42.25
Families who did not respond to the item; their eligilibity for this item is unknown.	197	8.95

Table 23. Access to Insurance for Families of Established Enrollees, State FY 2003-2004

Characteristics of Established Enrollees	N	% of Total
Total number of families enumerated by the survey.	627,096	100.00
Yes, the family has one or two parents who are employed.	444,340	70.86
No, the family does not have a parent who is employed.	178,634	28.49
Number of families who did not respond to the item.	4,122	0.66
Yes, working parent's employer offers some type of insurance coverage.	231,868	36.97
No, working parent's employer does not offer insurance coverage.	201,547	32.14
Families in which parents are not employed; they are ineligible to respond to this item.	150,736	24.04
Families who did not respond to the item; their eligilibity for this item is unknown.	42,945	6.85
Yes, working parent is eligible for some type of coverage through their employer.	189,775	30.26
No, the working parent is not eligible for any coverage through their employer.	37,313	5.95
Families in which parents are not employed or their employer does not offer coverage; they are ineligible to respond to this item.	352,283	56.18
Families who did not respond to the item; their eligilibity for this item is unknown.	47,725	7.61
Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of Established Enrollees.	***127,666***	***20.36***
No, only employee coverage is available to the working parent through their employer.	55,013	8.77
Families in which parents 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.	389,596	62.13
Families who did not respond to the item; their eligilibity for this item is unknown.	54,821	8.74
Yes, the working parent is enrolled in some type of employer-provided coverage.	126,609	20.19
No, the working parent is not enrolled in any type of employer-provided coverage.	54,505	8.69
Number of families in which parents 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.	389,596	62.13
Families who did not respond to the item; their eligilibity for this item is unknown.	56,386	8.99

Table 24. Access to Insurance for Families of Established Enrollees by Poverty, SFY 03-04

Characteristics of Established Enrollees	N	% of Total
Total number of families enumerated by the survey, under 100% of FPL.	306,301	100.00
Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of Established Enrollees, under 100% of FPL	***35,984***	***11.75***
No, only employee coverage is available to the working parent through their employer.	18,003	5.88
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	223,693	73.03
Families who did not respond to the item; their eligilibity for this item is unknown.	28,621	9.34
Total number of families enumerated by the survey, 101-132% of FPL.	97,471	100.00
Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of Established Enrollees, 101-132% of FPL.	***22,409***	**22.99**
No, only employee coverage is available to the working parent through their employer.	13,087	13.43
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	53,287	54.67
Families who did not respond to the item; their eligilibity for this item is unknown.	8,688	8.91
Total number of families enumerated by the survey, 133-149% of FPL.	53,767	100.00
Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of Established Enrollees, 133-149% of FPL.	***16,170***	**30.07**
No, only employee coverage is available to the working parent through their employer.	5,564	10.35
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	27,353	50.87
Families who did not respond to the item; their eligilibity for this item is unknown.	4,680	8.70
Total number of families enumerated by the survey, 150-184% of FPL.	55,660	100.00
Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of Established Enrollees, 150-184% of FPL.	***18,056***	**32.44**
No, only employee coverage is available to the working parent through their employer.	6,654	11.95
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	27,714	49.79
Families who did not respond to the item; their eligilibity for this item is unknown.	3,236	5.81
Total number of families enumerated by the survey, 185% of FPL or greater.	113,897	100.00
Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of Established Enrollees, 185% of FPL or greater.	***35,047***	**30.77**
No, only employee coverage is available to the working parent through their employer.	11,705	10.28
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	57,549	50.53
Families who did not respond to the item; their eligilibity for this item is unknown.	9,596	8.43

Table 25. Access to Insurance for Families of Established Enrollees by Program, SFY 03-04

Characteristics of Established Enrollees	N	% of Total
Total number of families enumerated by the survey, Medicaid HMO.	225,225	100.00
Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of Established Enrollees in Medicaid HMO.	***38,493***	***17.09***
No, only employee coverage is available to the working parent through their employer.	17,199	7.64
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	148,239	65.82
Families who did not respond to the item; their eligilibity for this item is unknown.	21,294	9.45
Total number of familiess enumerated by the survey, MediPass Only.	78,218	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for families of Established Enrollees in MediPass in counties with no HMOs.	***16,308***	**20.85**
No, only employee coverage is available to the working parent through their employer.	4,228	5.41
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	50,434	64.48
Families who did not respond to the item; their eligilibity for this item is unknown.	7,248	9.27
Total number of families enumerated by the survey, MediPass wHMO.	169,635	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for families of Established Enrollees in MediPass in counties with HMOs.	***25,155***	**14.83**
No, only employee coverage is available to the working parent through their employer.	13,545	7.98
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	114,165	67.30
Families who did not respond to the item; their eligilibity for this item is unknown.	16,770	9.89
Total number of families enumerated by the survey, MediKids	12,943	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for families of Established Enrollees in MediKids.	***4,988***	**38.54**
No, only employee coverage is available to the working parent through their employer.	1,935	14.95
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	5,117	39.53
Families who did not respond to the item; their eligilibity for this item is unknown.	903	6.98
Total number of families enumerated by the survey, Healthy Kids.	136,917	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for families of Established Enrollees in Healthy Kids.	***41,490***	**30.30**
No, only employee coverage is available to the working parent through their employer.	17,057	12.46
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	69,611	50.84
Families who did not respond to the item; their eligilibity for this item is unknown.	8,298	6.06
Total number of families enumerated by the survey, CMSN.	4,158	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for families of Established Enrollees in CMSN	***1,232***	***29.63***
No, only employee coverage is available to the working parent through their employer.	588	14.14
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	2,030	48.82
Families who did not respond to the item; their eligilibity for this item is unknown.	308	7.41

Figure 26. Distribution of Families of New Enrollees in KidCare by Their Access to Employer-Provided Insurance Coverage, State FY 2003-2004

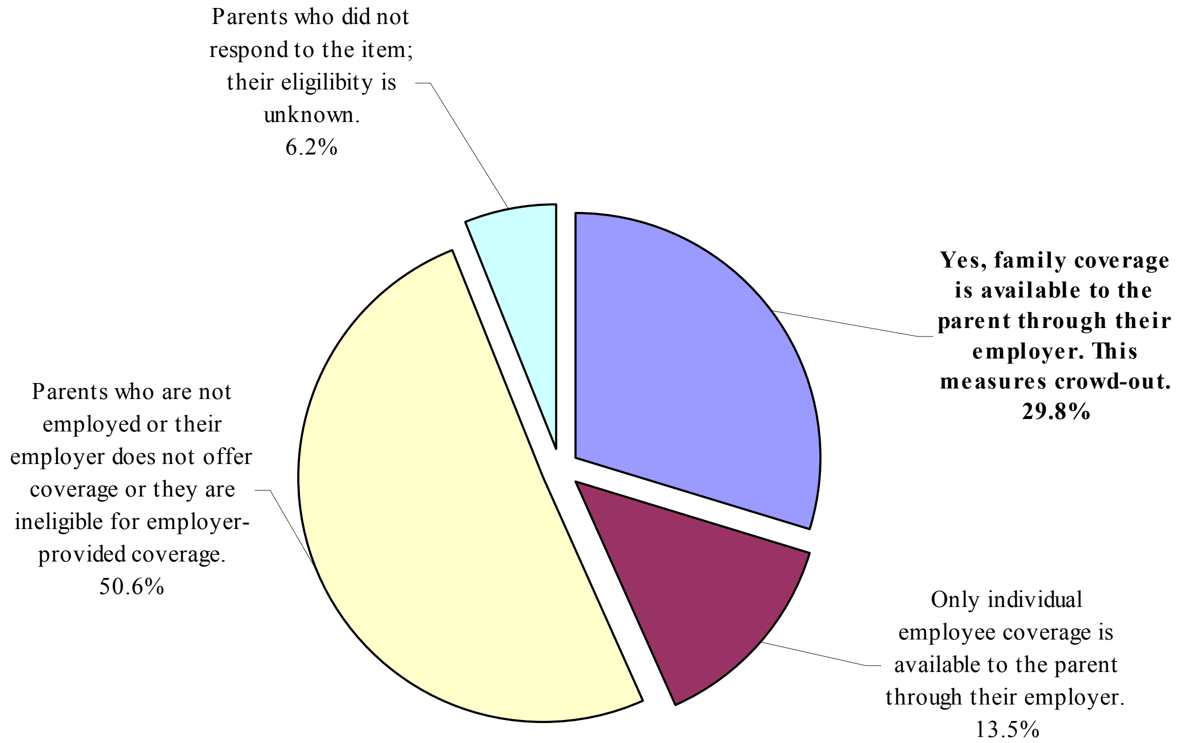


Figure 27. Distribution of Families of Established Enrollees in KidCare by Their Access to Employer-Provided Insurance Coverage, State FY 2003-2004

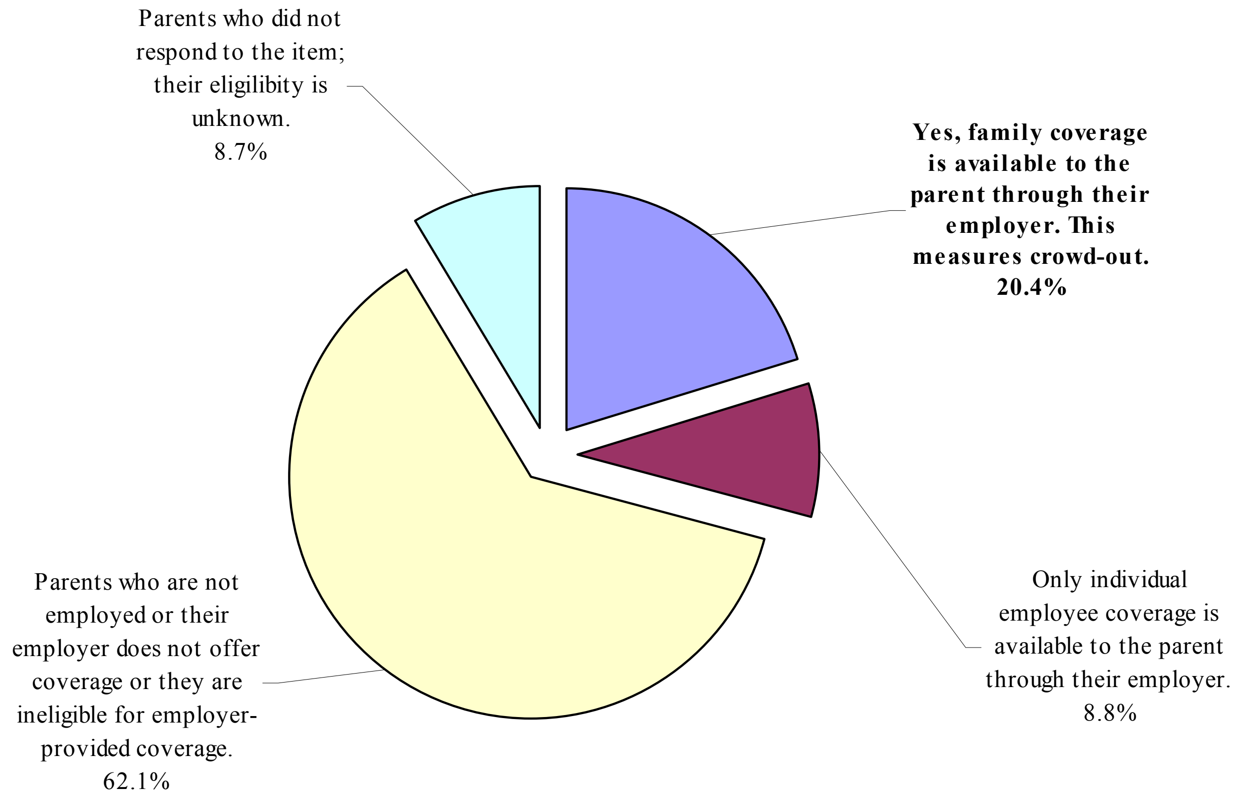
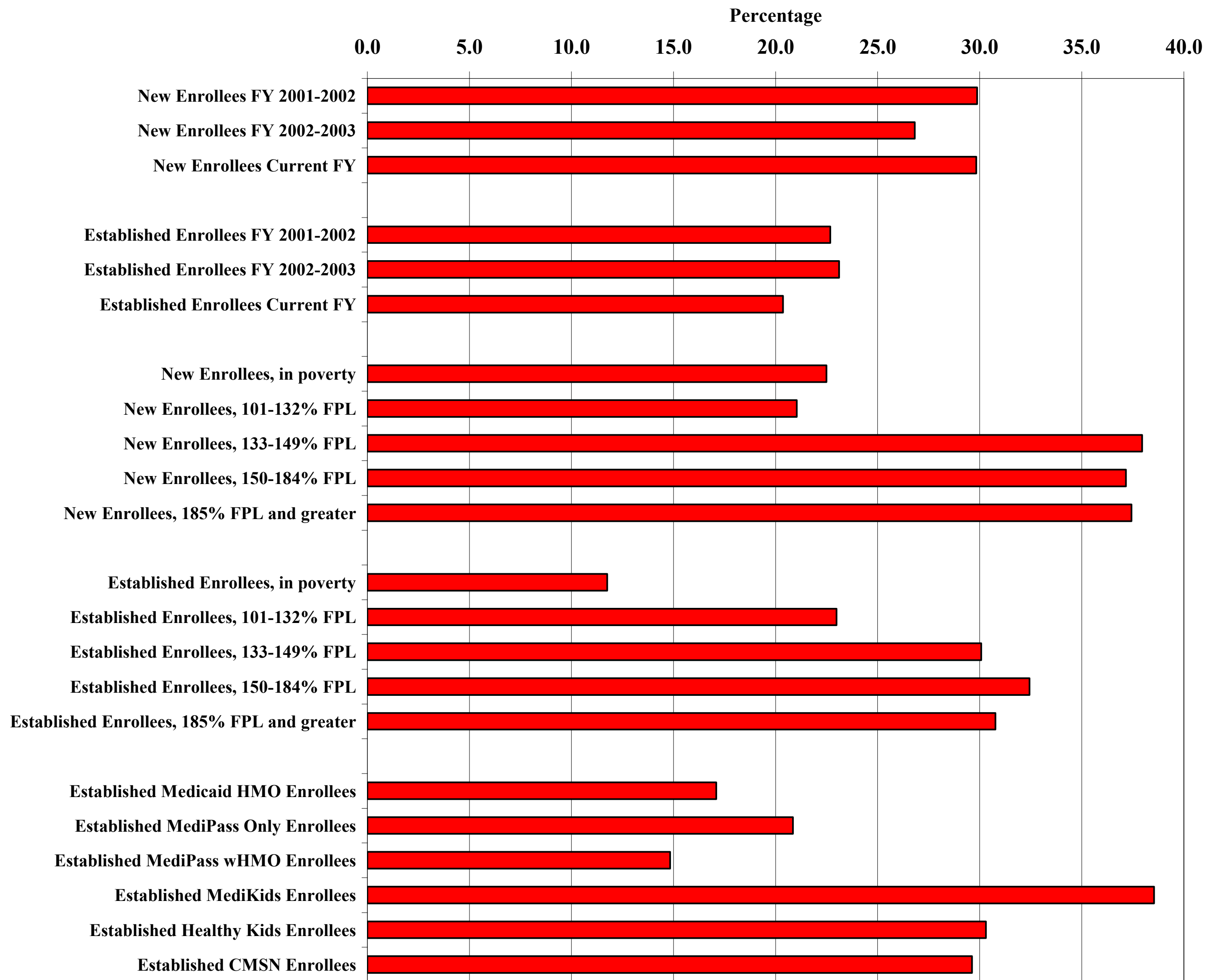


Figure 28. Summary of KidCare Families with Access to Employer-Provided Coverage, State FY 2003-2004



XVIII. 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 26 summarizes the total, federal, state, and local share budgeted for each of the KidCare Program components for State Fiscal Year 2004-2005. Table 27 contains detail on the administrative costs incurred during State Fiscal Year 2003-2004. Table 28 contains a summary of the premium amounts for each of the KidCare Program components. Table 29 shows the premium amounts collected for Healthy Kids, MediKids, and the CMSN Network from families. Table 30 shows the total Title XXI expenditures for both the state and federal fiscal years. Table 31 shows the allotment balances carried forward from each federal fiscal year to the next as well as the projected future balances. ICHP gratefully acknowledges AHCA's assistance in compiling all information for these four tables.

Table 26. Florida KidCare Budgeted Title XXI Expenditures for State FY 2004-2005

Program	Total	Federal Share	State Share	Local Share
MediKids	$31,756,537.00	$20,490,113.00	$8,273,791.00	$0.00
Healthy Kids	$314,072,254.00	$190,634,543.00	$94,142,250.00	$7,000,000.00
CMS Network	$48,677,247.00	$34,201,218.00	$13,809,714.00	$0.00
BNET	$3,637,921.00	$2,591,534.00	$1,046,387.00	$0.00
Medicaid Expansion <1	$4,898,656.00	$3,489,556.00	$1,409,100.00	$0.00
Total Title XXI Services	$403,042,615.00	$251,406,964.00	$118,681,242.00	$0.00
Administration	$34,991,863.00	$23,834,429.00	$10,448,894.00	$0.00
Grand Total	**$438,034,478.00**	**$275,241,393.00**	**$129,130,136.00**	**$0.00**

Table 27. Detail of Title XXI Administration Costs, State FY 2003-2004

Program	Total
FHK KidCare Expenses	$3,794,052.00
FHK Title XXI Administration	$10,839,829.00
Department of Children & Families	$336,690.00
Agency for Health Care Administration	$451,946.00
Department of Health Indirect	$1,252,860.00
CMS Administrative Claiming	$5,982,347.00
School Health Services	$13,053,433.00
Kidcare Call Center Contract	$515,000.00
Kidcare Evaluation Project	$300,000.00
Grand Total	**$36,226,157.00**
Estimated Average Monthly Caseload	**317,757**
Estimated Number of Case Months	**3,813,084**
Administration Cost Per Member Per Month	**$9.50**

Table 28. Per Member Per Month Premium Rates for KidCare Program Components Budgeted for the State FY 2004-2005

Program	Premium
MediKids	$88.71
Healthy Kids	$101.76
CMS Network	$518.24
BNET	$1,000.00
Medicaid Expansion <1	$317.83
Medicaid	$235.06

Table 29. Premiums Collected For MediKids, Healthy Kids, and the CMSN Participants, State and Federal FY 2001-2002, 2002-2003, and 2003-2004

Program	SFY 2001-2002	SFY 2002-2003	SFY 2003-2004
MediKids	$2,508,772	$3,102,615	$3,651,450
Healthy Kids*	$33,130,176	$42,009,218	$46,832,766
CMS Network & BNET	$538,545	$651,270	$847,435
Total	$36,177,493	$45,763,103	$51,331,651

Program	FFY 2001-2002	FFY 2002-2003*	FFY 2003-2004
MediKids	$2,658,937	$3,432,935	$3,651,450
Healthy Kids*	$35,210,124	$45,672,285	$46,832,766
CMS Network & BNET	$562,845	$732,145	$847,435
Total	$38,431,906	$49,837,365	$51,331,651

* 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, 2002-2003, and 2003-2004

	Total	Federal	State
SFY 2001-2002	$339,900,526	$236,330,490	$103,570,036
SFY 2002-2003	$498,211,978	$352,409,021	$145,802,961
SFY 2003-2004	$484,904,549	$296,491,556	$137,081,342
FFY 2001-2002	$388,478,373	$269,996,093	$118,482,280
FFY 2002-2003	$502,857,300	$357,811,448	$142,365,495
FFY 2003-2004	$247,823,966	$176,525,011	$71,298,955

Table 31. Federal Allotment Balances Carried Forward or Projected Forward from Each Federal Fiscal Year

	Total
FFY 1998	$263,858,437
FFY 1999	$481,790,808
FFY 2000	$510,983,294
FFY 2001	$462,262,623
FFY 2002	$384,375,554
FFY 2003	$211,948,371
FFY 2004	$361,654,357
FFY 2005	$280,018,256
FFY 2006	$187,317,896
FFY 2007	$148,622,905
FFY 2008	$148,622,905

XIX. Conclusions and Recommendations

Conclusions

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 access to well-child visits, remained strong.

During State FY 2003-2004, 89,401 single page KidCare applications were received representing 150,490 children. A majority (65 percent) of these children became enrolled in one of the KidCare Program components.

Program enrollment increased by almost 3 percent from State FY 2003 to State FY 2004. Growth is concentrated in the Medicaid program.

The KidCare Program continued to grow with a total enrollment of 1,550,936 children as of June 30, 2004 – a 2.8 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. The majority of the program growth is attributable to increases in Medicaid caseload, which grew by 3.9 percent. Title XXI enrollments grew by only 0.3 percent during the state fiscal year. Since Title XXI was not accepting new enrollments for most of the state fiscal year, enrollment was flat. Between the end of the state fiscal year and the end of the federal fiscal year, Title XXI enrollments declined from 331,716 to 323,513 children.

Families report being satisfied with the mail-in application process. Over 60 percent reported that they were kept well informed of the status of their children's application. Over 90 percent of families thought the application form was easy to understand and over 90 percent thought the mail-in process was convenient. These results present a baseline for future studies. The New Enrollee families interviewed for this evaluation are the last group to enter Title XXI programs before open enrollment periods were enacted in later 2004.

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

The KidCare Program continues to serve families from diverse backgrounds. About 30 percent of program enrollees are Hispanic and 17 percent of enrollees speak Spanish as their primary language in the home. Overall, 25 percent of enrollees are black. Many KidCare enrollees (55 percent) live in two parent households.

Their parents' educational levels vary greatly with about 12 percent of them having an Associates degree or higher. However, 33 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 half to three-quarters of the families have access to the Internet at home. Fourteen 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). While CMSN 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 to 14 percent of Florida's children have special needs compared to 28 percent of KidCare established enrollees.

Within KidCare, CMSN has the largest share of children with special health care needs (83 percent), but there are 22 percent of Medicaid HMO enrollees, 32 percent of MediPass enrollees in counties without HMOs, 38 percent of MediPass enrolless with HMOs, 21 percent of Healthy Kids enrollees, and 13 percent of MediKids enrollees that have special health care needs as well. The high level of CSHCN in CMSN and MediPass wHMO is also associated with high demand for specialty care. 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.

Children's unmet health care needs were reduced in nearly every category assessed by parents after enrollment in the KidCare Program. Ten percent of KidCare enrollees did not receive well-child visits prior to enrollment compared to two percent post-enrollment. The need for surgical or other medical procedures was reduced from 17 percent before enrollment to 4 percent post-enrollment. Although enrollment reduces the need for dental care, over 15 percent of parents still express a need for dental services after enrollment in KidCare.

While 90 percent of enrollees had a well-child visit, a small share are not compliant with recommendations about their weight. Overall, about 8 percent of KidCare enrollees have a Body Mass Index (BMI)

of 30 or greater, which is the general threshold for obesity. About 10 percent of KidCare enrollees aged 10-19 are obese. Thirteen percent of MediPass wHMO enrollees are obese compared to 11 percent of CMSN enrollees, 8 percent of Medicaid HMO and MediPass Only, and less than five percent of MediKids and Healthy Kids.

While thirty percent of families of new enrollees and 20 percent of families of established enrollees have access to and are eligible for employer-provided family coverage, employer coverage is more expensive than SCHIP coverage. Employer coverage would cost, on average, 8 percent of family income. Less than 36 percent of New Enrollee respondents could get employer coverage for less than 5 percent of their income; co-pays and deductibles represent an additional expense.

Families are very sensitive to premium price increases. Using information from premium increases occurring in 2003, a price elasticity was estimated for the disenrollment hazard rate of 2.2, indicating that disenrollment from Title XXI is very sensitive to price changes. This is an important issue to monitor, particularly because only 37 percent of children obtain other insurance coverage after disenrolling from Title XXI and 67 percent are uninsured.

More in-depth statistical analyses will be conducted in the Spring, 2005 and will provide further detail that can be used for ongoing quality improvement in the KidCare Program.

Recommendations

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. Families are very sensitive to premium price increases and the impact of these increases could be experienced most strongly by children residing in families below 150 percent of the FPL, those residing in rural areas, and those good health. Families may choose to forego health insurance for healthy children if they cannot afford the premium leaving their children vulnerable to a lack of preventive care and prompt treatment of acute health care needs. Caution should be exercised when considering premium increases for families.

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. Future evaluations will need to examine family satisfaction with open enrollment periods and the active renewal process.

5. KidCare should continue to address the dental needs of enrollees, particularly those in the younger age groups (ages zero to four) when compliance with recommended visits is low.

6. KidCare should evaluate the quality of care and the financing implications for those enrollees with special health care needs. Compared to overall state estimates, a high percentage of CSHCN are enrolled in KidCare, especially in the CMSN and MediPass wHMO programs. CSHCN are particularly vulnerable to variations in their health care quality and should be the focus of a special study.

7. As Internet use by families has expanded, KidCare should begin compiling email addresses for parents. This is a first step towards electronic exchanges between the program and families.

Appendix 1. Disposition of Attempted Phone Numbers and Response to the KidCare Established Enrollee Survey, Fall 2004

Response by Child's Gender	Female	Male	Total	Female %	Male %	Total %
Completed survey	835	969	1,804	16.3	17.3	16.8
Partial complete	52	60	112	1.0	1.1	1.0
Refusal	809	918	1,727	15.8	16.4	16.1
Phone rings, no one answers	982	1,072	2,054	19.2	19.2	19.2
Parent has physical or language limitation	62	47	109	1.2	0.8	1.0
Bad phone number (disconnected, business)	1,445	1,510	2,955	28.3	27.0	27.6
Phone answered, respondent ineligible	555	623	1,178	10.9	11.1	11.0
Phone answered, callback scheduled	374	396	770	7.3	7.1	7.2
Total	5,114	5,595	10,709	100.0	100.0	100.0
Chi-square value and probability	7.8	0.350				

Response by Child's Age	Age 0-4	Age 5-9	Age 10-14	Age 15-19	Total	0-4 %	5-9 %	10-14 %	15-19 %	Total %
Completed survey	607	405	487	305	1,804	17.1	15.2	18.5	16.4	16.8
Partial complete	41	31	20	20	112	1.2	1.2	0.8	1.1	1.0
Refusal	550	401	434	342	1,727	15.5	15.1	16.5	18.3	16.1
Phone rings, no one answers	652	525	507	370	2,054	18.4	19.7	19.2	19.8	19.2
Parent has physical or language limitation	26	21	35	27	109	0.7	0.8	1.3	1.5	1.0
Bad phone number (disconnected, business)	979	793	718	465	2,955	27.6	29.8	27.2	24.9	27.6
Phone answered, respondent ineligible	422	308	253	195	1,178	11.9	11.6	9.6	10.5	11.0
Phone answered, callback scheduled	269	177	183	141	770	7.6	6.7	6.9	7.6	7.2
Total	3,546	2,661	2,637	1,865	10,709	100.0	100.0	100.0	100.0	100.0
Chi-square value and probability	52.9	0.000								

Response by Child's Race-ethnicity	White	Black	Hispanic	Unknown	Total	White %	Black %	Hispanic %	Unknown %	Total %
Completed survey	334	236	216	1,018	1,804	17.0	10.4	16.5	19.7	16.8
Partial complete	9	13	11	79	112	0.5	0.6	0.8	1.5	1.0
Refusal	360	353	149	865	1,727	18.4	15.6	11.4	16.7	16.1
Phone rings, no one answers	306	299	212	1,237	2,054	15.6	13.2	16.2	23.9	19.2
Parent has physical or language limitation	6	40	3	60	109	0.3	1.8	0.2	1.2	1.0
Bad phone number (disconnected, business)	604	855	398	1,098	2,955	30.8	37.8	30.5	21.2	27.6
Phone answered, respondent ineligible	254	338	189	397	1,178	13.0	14.9	14.5	7.7	11.0
Phone answered, callback scheduled	87	129	128	426	770	4.4	5.7	9.8	8.2	7.2
Total	1,960	2,263	1,306	5,180	10,709					100.0
Chi-square value and probability	6.6	0.000								