The Florida KidCare Evaluation Series:

Florida KidCare Program Evaluation Report, 2005

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Florida KidCare

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Background

This report presents the descriptive results for the Year 7 Evaluation of the Florida KidCare Program as required by state and federal guidelines. This evaluation covers the period from July 1, 2004 through September 30, 2005, which encompasses both the state fiscal year (July 1, 2004 through June 30, 2005) and the federal fiscal year (October 1, 2004 through September 30, 2005).

A variety of 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 six evaluation years, a total of 22,723 interviews were conducted with families whose children participated in the KidCare Program. In year 7, a total of 2,103 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), or 2) enrolled for 12 months or longer (established enrollees).

Findings

During State FY 2004-2005, applications were received from 139,158 families representing 267,929 children. In January, 2005 alone, 61,511 applications were received representing 118,668 children. A majority (52 percent) of the children who applied during the fiscal year became enrolled in one of the KidCare Program components.

Total KidCare enrollment decreased by over 4 percent from State FY 2003-2004 to State FY 2004-2005.While Medicaid grew, the Title XXI programs declined.

For the first time in program history, KidCare enrollments declined this fiscal year. As of June 30, 2005, 1,479,613 children were enrolled – a decrease of 4.6% from the 1,550,936 children enrolled on June 30, 2004. Total enrollment includes CMSN Title XXI enrollees, Healthy Kids Title XXI and non-Title XXI enrollees, MediKids enrollees, and Medicaid Title XXI and Title XIX enrollees. While Medicaid enrollments grew by 4.4 percent (to 1,250,727 children), enrollments in the Title XXI programs declined by 39 percent.

Of those children who were enrolled in Title XXI programs at the beginning of the fiscal year, less than half were retained in the programs for the whole year - 30 percent of MediKids and 51 percent of CMSN and Healthy Kids remained in the program throughout the year.

Families report being satisfied with the mail-in application process. Fifty-seven 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 75 percent thought the mail-in process was convenient. About 44 percent of families reported waiting three months or longer for their application approval. Once enrolled, 81 percent of families report the program is run well.

An active renewal process became standard for families enrolled in Title XXI. A total of 79,137 KidCare Title XXI enrollees were eligible for renewal during the period of March, 2005 through June, 2005. Notification letters were sent by KidCare to families sixty days prior to the renewal date and the renewal process was successfully completed by families of 66,874 enrollees—84.5 percent of the eligible population. This renewal rate is higher than the 79.4 percent found in a previous report for September 2004-January 2005 renewals. Significant variation in renewal outcomes was found in this analysis by program, age of the child, family poverty status, and month of renewal notification.

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), as reported by their parents. While CMSN serves the most severe CSHCN, there are children with mild to moderate special needs (such as asthma, attention deficit disorder and other chronic conditions) in the Medicaid, Healthy Kids, and MediKids programs. Enrollment in CMSN requires a documented clinical diagnosis and parental approval of the enrollment for Medicaid beneficiaries. Hence, the reader should understand that children with special health care needs are enrolled in both CMSN and other KidCare programs as well as the Healthy Kids full-pay option. Statewide estimates find about 13 to 14 percent of Florida's children have special needs compared to 29 percent of KidCare established enrollees.

Within KidCare, CMSN has the largest share of children with special health care needs (79 percent), but there are 22 percent of Medicaid HMO enrollees, 33 percent of MediPass enrollees in counties without HMOs, 39 percent of MediPass enrolless with HMOs, 26 percent of Healthy Kids enrollees, and 20 percent of MediKids enrollees that have special health care needs as well. The high level of CSHCN in CMSN and MediPass in counties with HMOs 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.

Over 85 percent of families report having a usual source of care. Eighty-three percent of enrollees had a well-child visit in the last six months, but only 43 percent received dental care in the same period. Dental care was highly rated by those who used that service – 48 percent rated dental care a "10" and an additional 28 percent rated it an "8" or a "9".

A small share of children is not compliant with recommendations about their weight. Overall, about 9 percent of KidCare enrollees have a Body Mass Index (BMI) of 30 or greater, which is the general threshold for obesity. Thirteen percent of CMSN enrollees are obese compared to 11 percent MediPass in counties with HMOs enrollees, 9 percent of MediPass in counties without HMOs, 8 percent of Medicaid HMO, 7 percent of Healthy Kids and 3 percent of MediKids. All Medicaid HMO parents with an obese child reported discussing their child's weight with a health care provider.

Children in the KidCare Program are racially and ethnically diverse. Over a third of enrollees are Hispanic and 16 percent 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 35 percent of program enrollees are Hispanic and 16 percent of enrollees speak Spanish as their primary language in the home. Overall, 28 percent of enrollees are black. Many KidCare enrollees (53 percent) live in two parent households.

Their parents' educational levels vary greatly with about 11 percent of them having an Associates degree or higher. However, 32 percent of enrollees' parents report not having a high school or GED diploma.

More in-depth statistical analyses will be conducted in the Spring, 2006 and will provide further detail that can be used for ongoing quality improvement in the KidCare Program.

Recommendations

1. The number of applications and the number of children represented on KidCare applications has increased from the State Fiscal Year 2003-2004 to State Fiscal Year 2004-2005 (89,401 applications representing 150,490 children to 161,639 applications representing 267,929 children). However, the percentage of children whose families applied to KidCare and subsequently became enrolled has declined from 82 percent in State Fiscal Year 2002-2003 and 69 percent in State Fiscal Year 2003-2004 to 52 percent in State Fiscal Year 2004-2005. Reasons for this decline should be examined. The reasons for the declines in the number of children who have applied and subsequently become enrolled should be examined.

2. Calculations of application processing times do not meet the Federal standard of 45 days. Further exploration is required to determine if this represents a trend or if it was a one time finding.

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. An active renewal process was implemented in July 2004. In-depth analyses are recommended to examine the impact of the active renewal process in terms of re-enrollment and whether any subpopulations of children are at risk for not renewing coverage (i.e., adolescents). In addition, future evaluations will need to examine family satisfaction with the active renewal process. Current findings, however, indicate that about 85 percent of families renew their children's coverage.

5. The demographic characteristics of the enrollee population 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.

6. 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. Future research may need to examine appointment availability and access to providers to more explore parental compliance with dental recommendations.

7. KidCare should improve collection of racial and ethnic data on the KidCare applications. With less than 10 percent of Title XXI records containing race data, it is impossible to analyze patterns of renewal or transition using administrative data by race.

8. KidCare should continue to collect email addresses from parents. This is a first step towards electronic exchanges between the program and families.

II. Introduction

Introduction and Purpose of the Report

The purpose of this report is to present the descriptive results for the Year 7 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, 2004 through September 30, 2005, which encompasses both the state fiscal year (July 1, 2004 through June 30, 2005) and the federal fiscal year (October 1, 2004 through September 30, 2005). 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, 5, and 6 of the Florida KidCare Program. For Evaluation Years 1 and 2, descriptive reports were prepared. In Years 3, 4, 5, and 6 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.ahca.myflorida.com) 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 7 and comparisons to prior years.

The current report contains the following content areas:

1. A description of the program structure, eligibility, and financing;
2. Evaluation approaches used and data collected for this evaluation period;
3. A description of the applications submitted, number of children approved for coverage, and number of children enrolled;
4. Transition between programs and overall retention in KidCare;
5. Families' experiences with the application, enrollment and renewal processes;
6. Presence of special health care needs among program participants;
7. Children's access to a usual source of care;
8. Families' satisfaction with the program;
9. Dental care;
10. Compliance with well-child guidelines, including recommendations for body mass index and immunizations;
11. Crowd-out;
12. Demographic and household characteristics; and
13. Conclusions and recommendations.

III. Program Structure, Eligibility, Legislative Changes, and Funding

Program Structure

The Florida KidCare Program consists of four components, which enroll children in health insurance coverage. Assignment to a particular component is determined by the child's age, health status, and family income.

- **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. 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 $110 for medical and dental coverage.

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  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 $12 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, administered by the Department of Children and Families, which serves children whose primary health care need is a behavioral or emotional condition. According to BNET staff, the complexity of diagnoses within the BNET client population result in a per member per month average cost for BNET that is much higher than for the overall CMSN population.

- **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] In addition, Healthy Kids families pay a co-pay for certain services. There is no monthly family payment or co-pay 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,
- Not be an inmate of a public institution or a patient in an institution for mental diseases,
- Not have access to employer-sponsored insurance for less than five percent of the household income, and
- Provide information in a timely manner such that the application can be processed in 120 days or less.

Table 1 provides information about the federal poverty levels for a family of four for 1999 through 2005. Table 2 summarizes the financial eligibility requirements for each of the KidCare Program components. Figure 1 illustrates the coverage levels for the KidCare Program.

Table 1. Federal Poverty Levels for a Family of Four

Income as a Percent of FPL	1999	2000	2001	2002	2003	2004	2005
100%	$16,700	$17,050	$17,650	$18,100	$18,400	$18,850	$19,350
133%	$22,211	$22,677	$23,475	$24,073	$24,472	$25,071	$25,736
150%	$25,050	$25,575	$26,475	$27,150	$27,600	$28,275	$29,025
185%	$30,895	$31,543	$32,653	$33,485	$34,040	$34,873	$35,798
200%	$33,400	$34,100	$35,300	$36,200	$36,800	$37,700	$38,700

[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 $113 per child per month.

Table 2. KidCare Program Components and Coverage Levels, FY 2004-2005

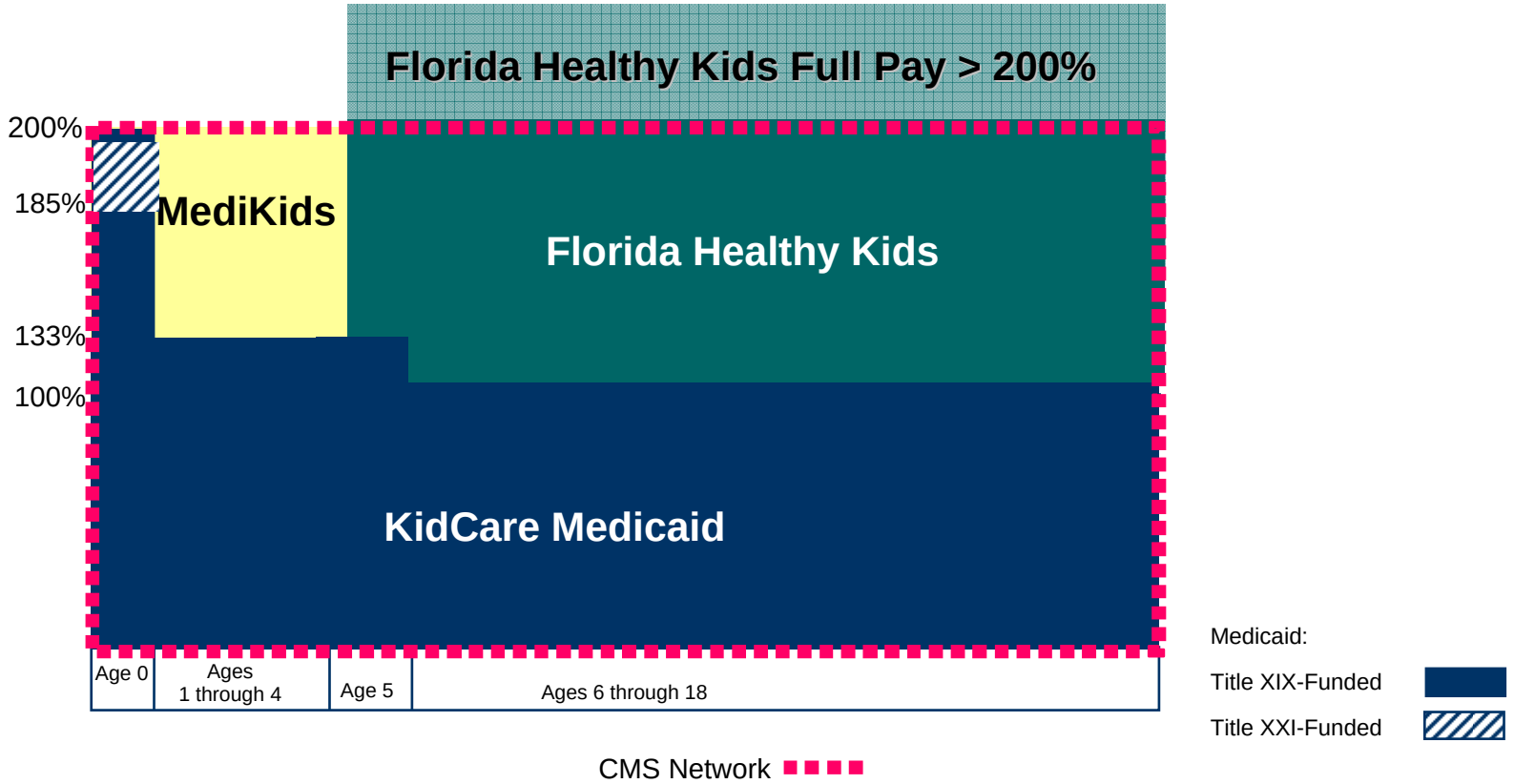
KidCare Program Component	Coverage Level (FPL)
Medicaid for Children	
Age 0 (infants under one year)	200% or below
Ages 1 through 5	133% or below
Ages 6 through 18	100% or below
MediKids	
Ages 1 through 4	134% to 200%**
Healthy Kids	
Age 5	134% to 200%**
Ages 6 through 18	101% to 200%**
Ages 5 through 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%**

* Children must also meet CMSN clinical or behavioral health-specific eligibility criteria.
** Those families under 150% of FPL pay a reduced premium.

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 they 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. In the past, a passive renewal process was used to request families 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 remained enrolled in the program. With active renewal, families must provide annual proof of earned and unearned 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. 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.

Figure 1. Florida KidCare Eligibility, State Fiscal Year 2004-2005



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, no adolescents are currently covered by Title XXI Medicaid.

Recent Legislative Changes

As of July 1, 2003, changes in cost-sharing for the Title XXI Program were implemented. 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.

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 periods were implemented, with the first one scheduled for January, 2005. Also, as previously described, beginning on January 1, 2005, the renewal process became an active annual process.

After the January 2005 open enrollment, legislation was proposed and enacted during the spring, 2005 Legislative Session that eliminated open enrollment periods and reverted to continuous year-round enrollment beginning June, 2005. The income documents required to accompany the year-round application are as follows:

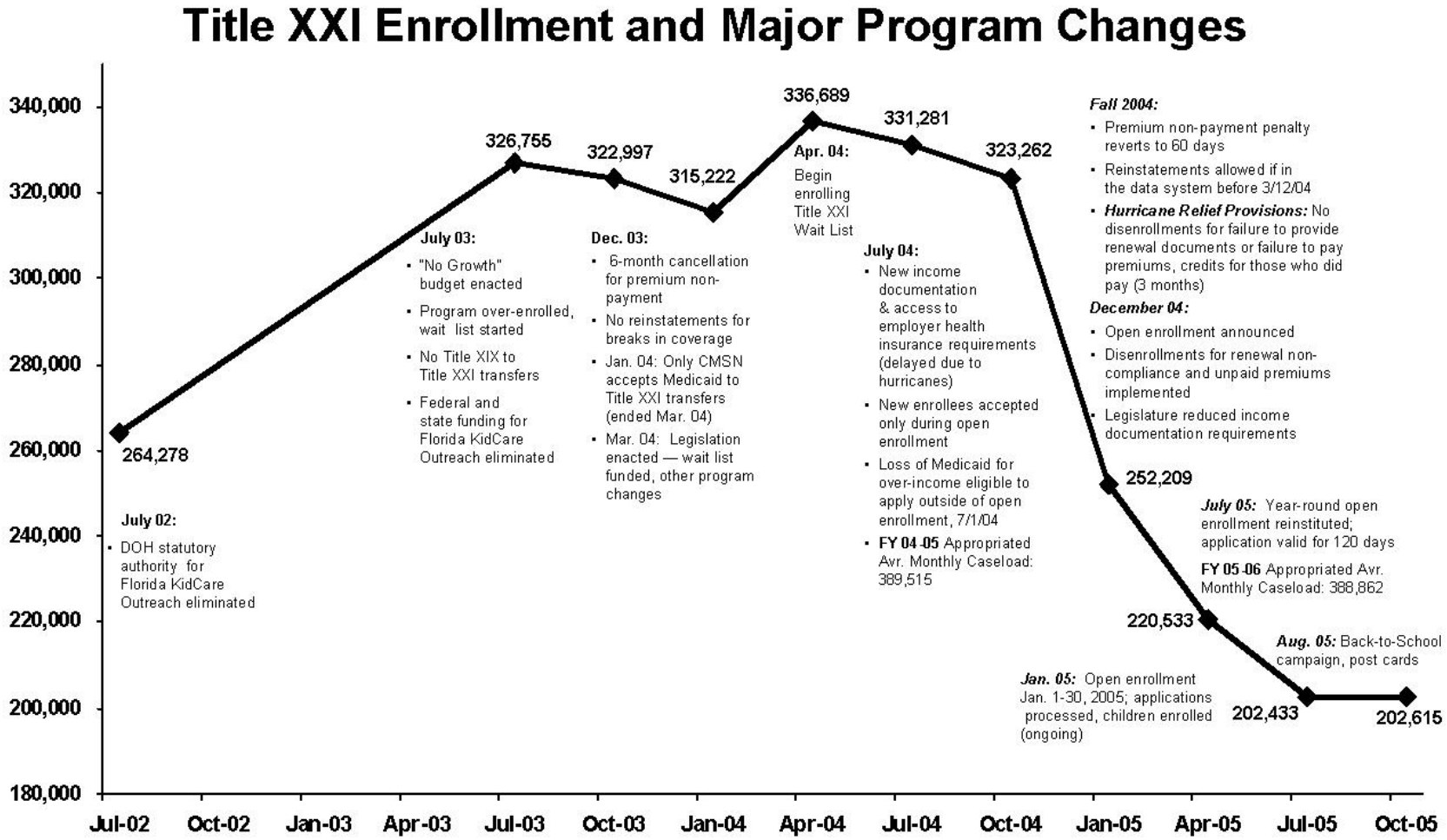
- **Earned income**

    1. Most recent federal income tax return, ***OR***
    2. Pay stubs or wage statements from the last four weeks or a letter from your employer that says how much money you earned for the last four weeks, ***OR***
    3. Most recent W-2 forms (Wage and Tax Statement).

- **Unearned income—**Social Security benefits, disability benefits, unemployment, workers' compensation, veteran's benefits, and the like are documented with a copy of the award letter or check stub.

- **Child support—**Child support is documented with a copy of the court order, or the most recent month's check received for each child, or a written statement from the parent who pays the child support.

Figure 2. Title XXI Enrollment and Major Program Changes



KidCare Title XXI Funding

Funding for the Title XXI component of KidCare comes from:

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

Table 3 summarizes the total, federal and state share budgeted for each of the KidCare Title XXI program components for State Fiscal Year 2004-2005. Table 4 contains detail on the Title XXI administrative costs budgeted for State Fiscal Year 2005-2006. Table 5 contains a summary of the premium amounts for each of the KidCare Title XXI Program components. Table 6 shows the premium amounts collected for Healthy Kids, MediKids, and the CMSN Network from families. Table 7 shows the total Title XXI expenditures for both the state and federal fiscal years. Table 8 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 six tables.

Table 3. Florida KidCare Budgeted Title XXI Expenditures for State FY 2004-2005

Program	Total	Federal Share	State Share
MediKids	$57,700,843.00	$37,767,638.00	$15,254,456.00
Healthy Kids	$434,202,134.00	$281,414,046.00	$113,663,935.00
CMS Network	$63,866,041.00	$44,911,432.00	$18,139,855.00
BNET	$4,657,500.00	$3,317,537.00	$1,339,963.00
Total Title XXI Services	$560,426,518.00	$367,410,653.00	$148,398,209.00
Administration	$26,589,231.00	$18,939,509.00	$7,649,722.00
Grand Total	**$587,015,749.00**	**$386,350,162.00**	**$156,047,931.00**

Table 4. Florida Healthy Kids Corp. Title XXI Administration Costs, Budgeted for the State FY 2005-2006

Program	Total
Estimated Average Monthly Caseload	**330,301**
Estimated Number of Case Months	**3,798,462**
Administration Cost Per Member Per Month	**$7.00**

Table 5. Per Member Per Month Premium Rates for KidCare Title XXI Program Components Budgeted for the State FY 2005-2006

Program	Premium
MediKids	$103.10
Healthy Kids	$114.31
CMS Network	$561.25
BNET	$1,000.00

Table 6. 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 7. 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 8. Federal Allotment Balances Carried Forward or Projected Forward from Each Federal Fiscal Year, as of June 2005

	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	$343,412,171
FFY 2006	$197,106,018
FFY 2007	$71,242,504
FFY 2008	$71,242,504

IV. The Evaluation Approaches and Data Collection

Evaluation Phases

The Year 7 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:

- 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.
- Exploration of models of school readiness as a function of insurance coverage.
- Verification of the accuracy of parent-report of child's weight using survey collection and medical record review.

Data Sources

A variety of 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. The University of Florida Institute for Child Health Policy (ICHP) warehouses application and coverage information provided by the Florida Healthy Kids Corporation (FHKC) and the Agency for Health Care Administration (AHCA). Information contained within ICHP KidCare databases include application information, months of coverage, fields denoting enrollment and renewal status, and information from the family, including child's age, gender, family income, and zip code. Combining administrative data provided by FHKC and AHCA with interviews with families of enrollees provide a comprehensive picture of the experience of KidCare enrollees.

Populations Included in the Surveys

In the prior six evaluation years, a total of 22,723 interviews were conducted with families whose children participated in the KidCare Program. In year 7, a total of 2,103 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), or 2) enrolled for 12 months or longer (established enrollees).

Two telephone surveys were conducted from September through December 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. All sample results were weighted to the appropriate universe size at the time of sampling. The universe excluded those families without a phone number.

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

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. The Agency for Health Care Administration (AHCA) 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".

Two Surveys Were Conducted with KidCare Families

Table 9 contains a summary of universe sizes, number of targeted interviews, number of completed surveys, and confidence intervals for the two surveys.

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 and what they thought about the application and enrollment process. Demographics and health status items were also asked. This survey has a response rate of 55.7 percent, a cooperation rate of 68.0 percent, and a confidence interval of +/-4.85 percent.

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

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

Families of established enrollees were asked about their satisfaction with the quality of care their children received in the program, their children's health status, and their demographics. This survey has a response rate of 49.9 percent, a cooperation rate of 60.5 percent, and a confidence interval of +/-2.37 percent.

A web survey is being fielded in the spring, 2006 to measure satisfaction with care among Established Enrollee families who were not reached by the telephone survey. An invitation to participate in the web survey is being mailed to the address on record for Medicaid families who had been sampled for the Established Enrollee survey, but could not be reached by the telephone survey due to a non-working or disconnected phone line. The web survey pilot project should provide additional information on the program experiences of families that are otherwise difficult to contact through traditional survey methods. A report on the web survey results will be available in May, 2006.

Table 9. Summary of Surveys Conducted for Fiscal Year 2004-2005 Evaluation

Surveys	Eligible Universe (Population N)	Targeted Number of Interviews	Completed Interviews (sample n)	Confidence Interval (%), p<=.05**
New Enrollee				
CMSN	534	100	101	+/-8.79%
Healthy Kids	7,587	100	100	+/-9.74%
MediKids	2,548	100	100	+/-9.61%
Medicaid*	13,816	100	100	+/-9.76%
Total	24,485	400	401	+/-4.85%
Established Enrollee ("Caregiver")				
CMSN	2,624	300	300	+/-5.33%
Healthy Kids	99,629	300	299	+/-5.66%
MediKids	5,543	300	301	+/-5.49%
Medicaid HMO*	290,031	300	256	+/-6.12%
MediPass only* (in counties without HMOs)	57,568	300	283	+/-5.81%
MediPass wHMO* (in counties with HMOs)	214,539	300	263	+/6.04%
Total	669,934	1,800	1,702	+/-2.37%

* 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. Application and Enrollment Patterns

KidCare Applications Received

Figure 3 shows the KidCare application process for State FY 2004-2005. Figure 4 displays the outcomes of unduplicated single page KidCare applications submitted to the Florida Healthy Kids Corporation from July 1, 2004 through June 30, 2005 (State FY 2004-2005). The following calculations were made using single page KidCare application and enrollment information:

Fifty-two 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 69 percent and the prior period's 82 percent enrolled.

- Florida Healthy Kids Corporation received 161,639 applications from 139,158 families. (The following analysis considers only the most recent applications and excludes prior duplicate applications.) The 139,158 unduplicated applications included information on 267,929 children.

- No referral to CMSN for medical eligibility determination or to DCF for Medicaid Title XIX eligibility determination was required for 28,453 children who were immediately enrolled in Healthy Kids or 3,986 children who where immediately enrolled in MediKids.

- 31,496 children (12 percent) were referred to CMSN for medical eligibility determination. Of the children referred to CMSN, 2,621 of them became enrolled in the Title XXI component of CMSN, 2,319 of them became enrolled in the Title XIX component of CMSN. Of those children who were referred, but not approved for CMSN, 6,609 enrolled in Medicaid, 3,866 enrolled in Healthy Kids, and 560 of enrolled in MediKids, and 15,561 children were not found to be enrolled in any KidCare program.

- 135,399 children (51 percent) were referred to DCF for Medicaid eligibility determination. Of the children referred to DCF, 74,678 became enrolled in Medicaid and 16,166 became enrolled in Healthy Kids or MediKids.

- 128,711 children or 48 percent of all children applying for coverage did not become enrolled in any KidCare Program component. A small number (470) of these applicants were age 19 or older and not eligible for the KidCare Program. An additional 11,110 children were already insured. The remaining 117,131 children not enrolled represent the population declined coverage for other reasons, and the small group of children whose parents did not accept an offer of coverage.

Figure 3. KidCare Application Process

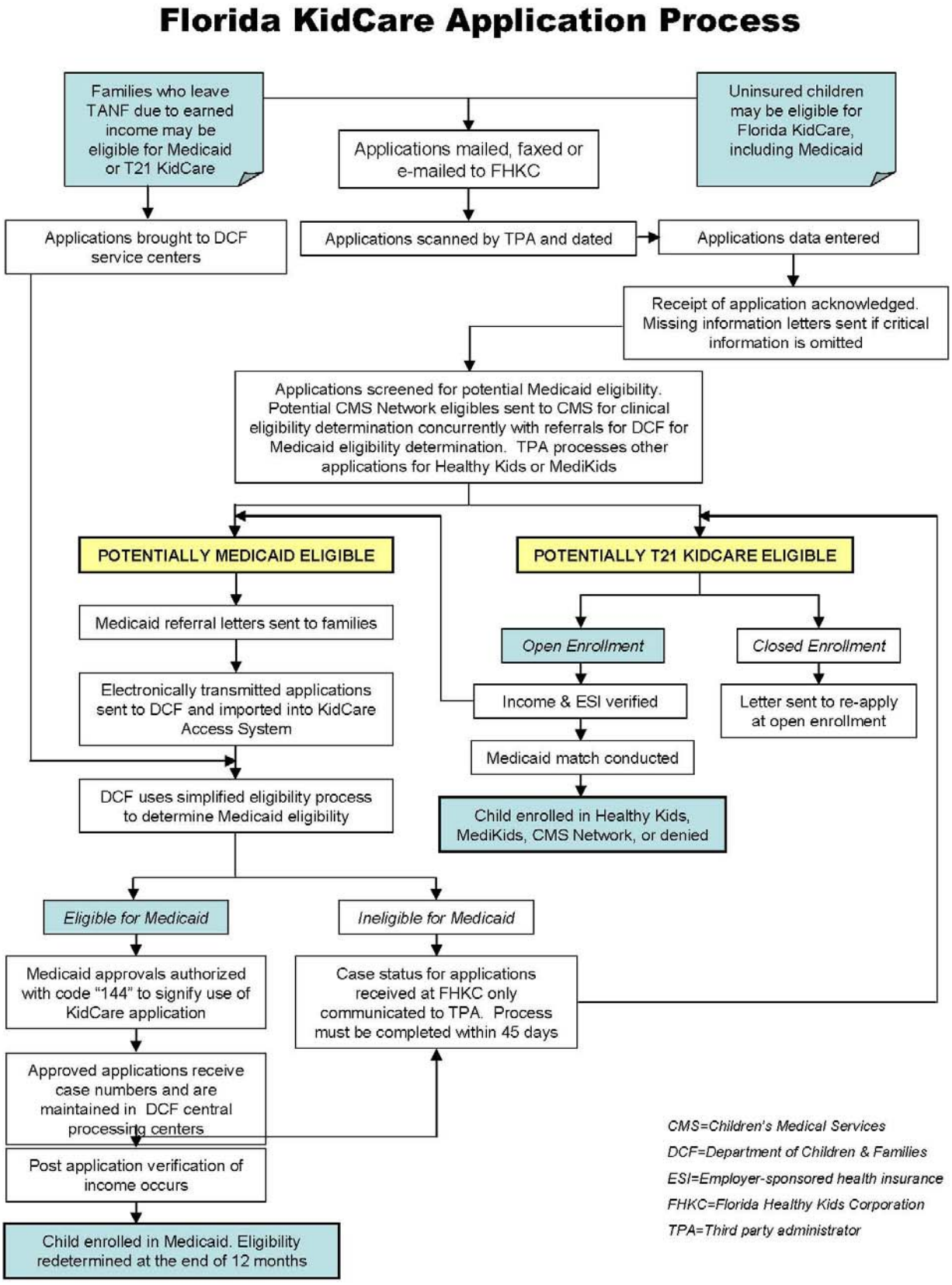


Figure 4. Outcomes of Single Page Applications Submitted During State FY 2004-2005

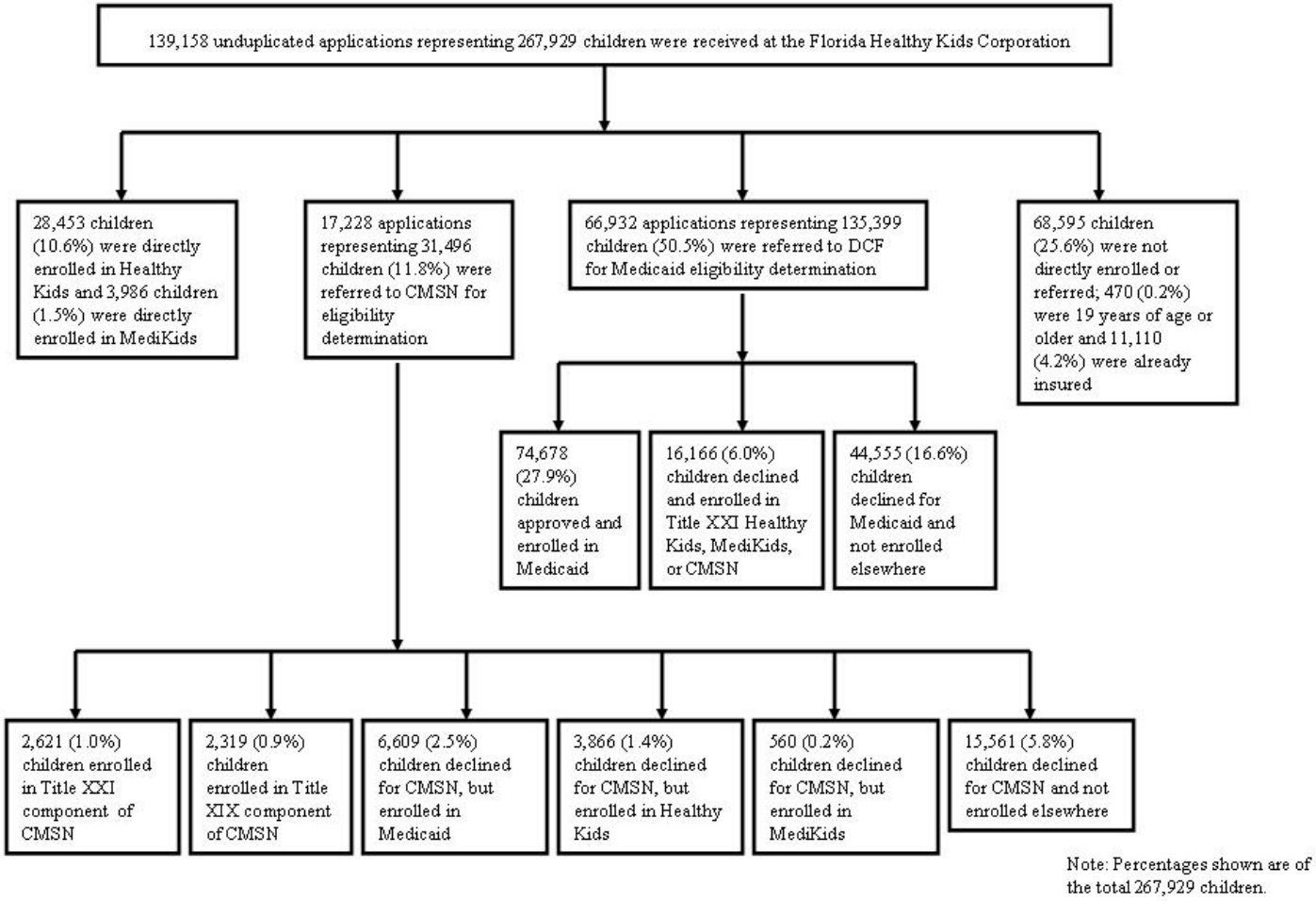


Table 10 shows application and enrollment figures for each month of the State and Federal FY 2004-2005. The average number of monthly applications received was 13,261 during State FY 2000-2001, 14,221 during State FY 2001-2002, 14,054 during State FY 2002-2003, and 7,450 during State FY 2003-2004. For State FY 2004-2005 though, KidCare received an average of 14,287 applications per month, ranging from a high of 61,511 applications in January 2005 to a low of 3,514 applications in April, 2005. Designation of January 2005 as the Title XXI open enrollment period caused the high number of applications in that month and the sharp decline in applications in the spring of 2005.

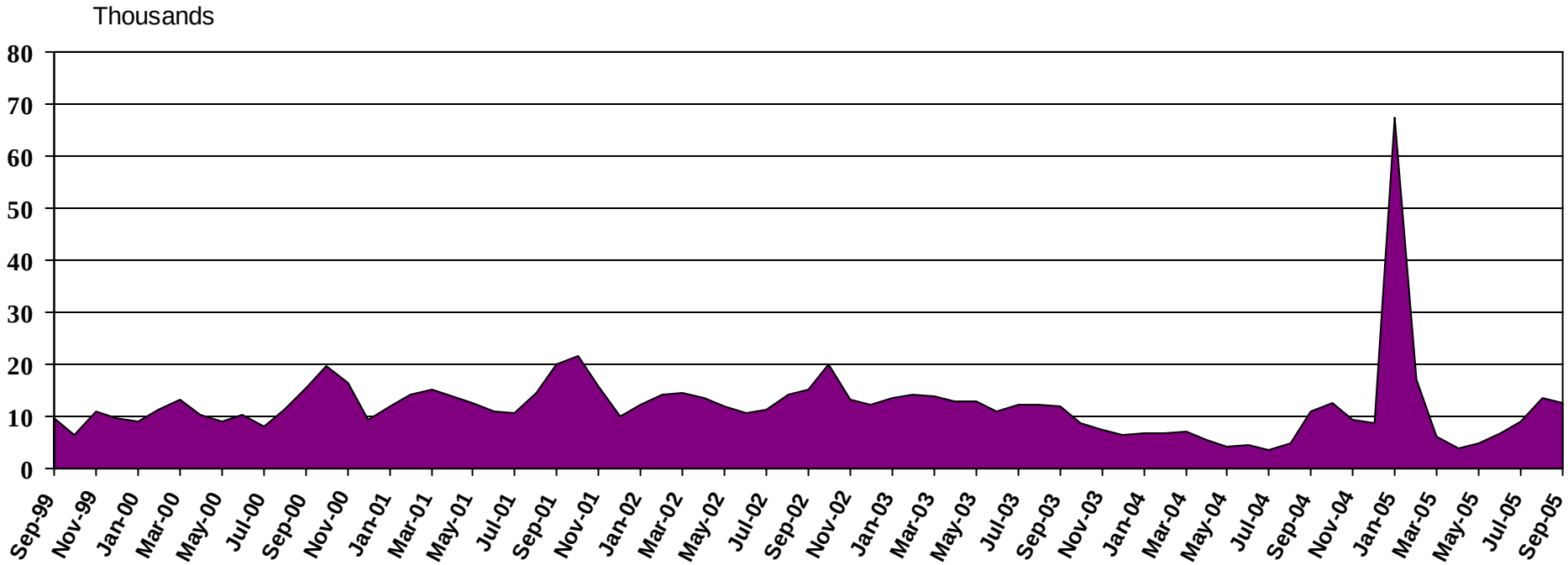
Figure 5 depicts the number of KidCare applications received during the period from September, 1999 to September, 2005. Several periods of high activity can be identified. Many of these periods correspond with the beginning of each school year, when school-based outreach activities occur. The January 2005 open enrollment period is very visible.

Table 10. Application Information, July 2004 through September 2005

Application Information	Jul-04	Aug-04	Sep-04	Oct-04	Nov-04	Dec-04	Jan-05	Feb-05	Mar-05	Apr-05	May-05	Jun-05	Jul-05	Aug-05	Sep-05	Total
Number of Applications Received	6,279	7,607	7,145	8,805	6,568	6,471	61,511	15,795	5,375	3,514	3,994	6,094	7,975	12,473	11,838	171,444
Number of Children Represented on Applications Received	11,880	14,643	13,806	16,957	12,667	12,569	118,668	30,917	10,156	6,589	7,498	11,579	15,176	24,186	22,788	330,079
Applications Referred to DCF for Medicaid Eligibility Determination	3,273	4,070	3,547	4,330	3,257	3,060	27,466	8,181	2,806	1,836	2,127	2,979	3,841	6,155	5,831	82,759
Number of Children Referred to DCF	6,474	8,059	7,066	8,592	6,587	6,203	56,176	16,866	5,626	3,616	4,169	5,965	7,748	12,395	11,725	167,267
Number of Applications Referred to CMSN	628	824	758	1,014	766	799	8,006	1,889	722	467	566	789	1,055	1,495	1,396	21,174
Number of Children Referred to CMSN	1,133	1,492	1,416	1,857	1,416	1,450	14,670	3,557	1,290	834	992	1,389	1,867	2,783	2,520	38,666
Mean Child Age*	6.5	6.7	6.7	6.5	6.5	6.4	6.7	7.2	6.3	6.1	5.9	5.8	5.9	6.6	6.5	6.6
Standard Deviation of Mean Child Age	5.0	5.0	5.1	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	4.9	4.9	5.0	5.0	5.0
Mean Annual Family Income**	12,969	13,134	14,277	15,376	15,180	17,895	17,556	12,191	13,810	19,071	19,195	21,045	21,317	20,479	20,310	17,023
Standard Deviation of Mean Annual Family Income	14,813	15,075	15,362	15,320	15,457	15,494	16,100	14,920	14,990	14,594	14,101	14,770	14,976	15,212	15,209	15,699
Mean Household Size***	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.7	3.6	3.6	3.5	3.6	3.6	3.6	3.6	3.6
Standard Deviation of Mean Household Size	1.2	1.3	1.2	1.2	1.3	1.3	1.2	1.3	1.3	1.3	1.2	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.

Figure 5. KidCare Applications Received Monthly, September 1999 – September 2005



State and Federal Fiscal Year 2004-2005 Enrollment

Table 11 shows the total number of new enrollees and the total number of children ever served for State and Federal Fiscal Years 2002-2003, 2003-2004, and 2004-2005. Total enrollment refers to the total number of children ever enrolled during the specified time frames. Table 12 shows the point-in-time enrollment figures for the end of both the State and Federal Fiscal Years 2003-2004 and 2004-2005, 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 describe the number of children served by the KidCare program.

Trends in KidCare enrollment include:

- There has been a decline in new enrollees entering the Title XXI programs (Table 11). In State FY 2003-2004, there were 76,231 new enrollees in Healthy Kids, but only 38,570 new enrollees joined the program in State FY 2004-2005.

- From State FY 2003-2004 to State FY 2004-2005, there was a 4.6 percent decrease in KidCare total enrollment (Table 12). In the prior four years, KidCare grew by 3 percent, 9 percent, 12 percent, and 20 percent, hence this decline is a major change in the pattern of enrollments in KidCare. As of June 30, 2005, there were a total of 1,479,613 children enrolled in KidCare. Figure 6 displays the growth trend in KidCare enrollment for each of the programs for State Fiscal Years 2000-2001, 2001-2002, 2002-2003, 2003-2004, and 2004-2005.

- The Title XXI component of the KidCare Program declined by 38.5 percent from State FY 2003-2004 to State FY 2004-2005. This decline is significant since the four prior years showed growth of 0.3 percent, 21 percent, 18 percent and 38 percent.

- Overall, Medicaid grew by 4.4 percent, to a total enrollment of 1,250,727 children.

Federal fiscal year trends were similar to those found for the state fiscal year in Table 6.

Table 11. Total Enrollees and Total New Enrollees for State and Federal FY 2002-2003, 2003-2004, and 2004-2005

	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

	SFY 2004-2005		FFY 2004-2005	
	Total New Enrollees*	Total Enrollees**	Total New Enrollees*	Total Enrollees**
CMSN	2,337	12,590	3,232	13,239
Healthy Kids	38,570	348,543	48,764	353,356
MediKids	7,064	41,938	9,831	42,078

*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.

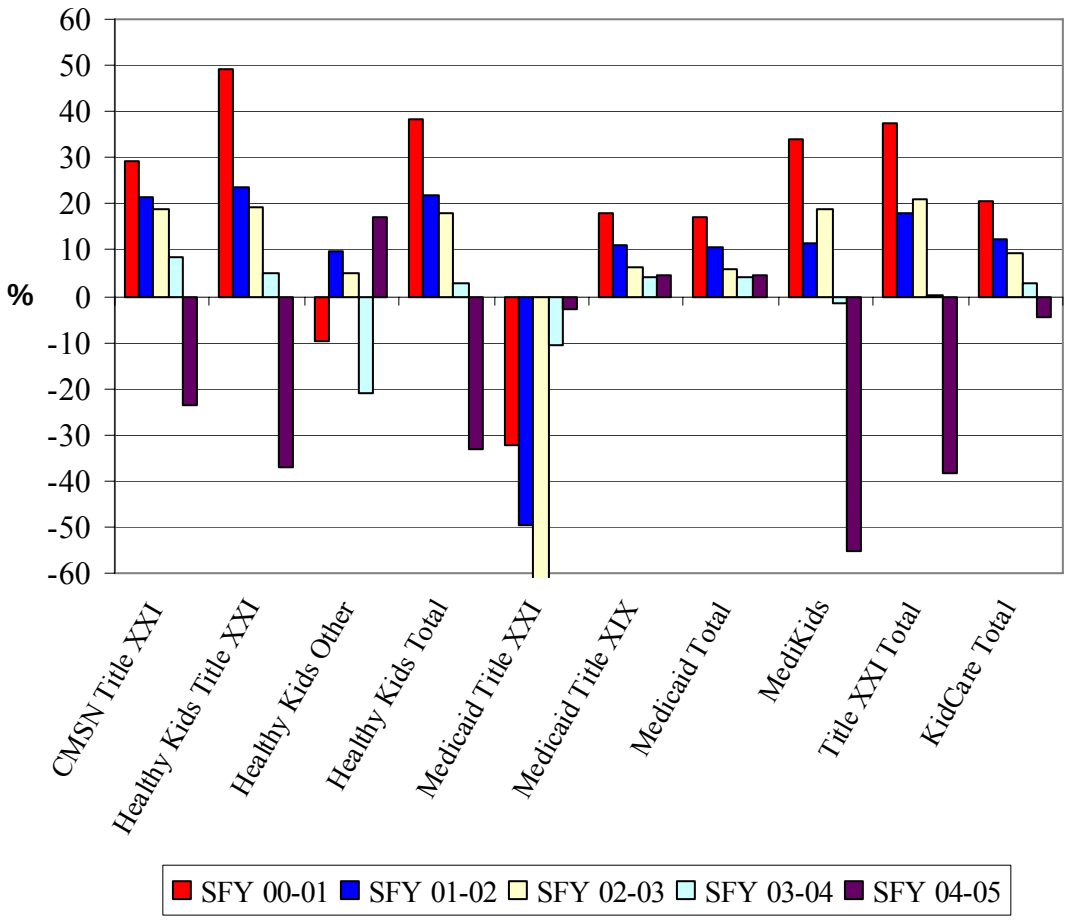
Note: These figures represent enrollees as they enter each program. Thus, a child who ages from the MediKids program to the Healthy Kids program would be represented three times in this table: once as an existing MediKids enrollee, once as a new Healthy Kids enrollee, and once as a Healthy Kids Total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

Table 12. Point in Time Enrollment Figures for the Last Day of State and Federal FY 2003-2004 and 2004-2005

	State Fiscal Year			Federal Fiscal Year		
	Enrollment on June 30, 2004	Enrollment on June 30, 2005	% Change 2004-2005	Enrollment on September 30, 2004	Enrollment on September 30, 2005	% Change 2004-2005
CMSN Title XXI	10,138	7,728	-23.8	9,751	7,789	-20.1
Healthy Kids Title XXI	284,370	178,997	-37.1	279,146	177,683	-36.3
Healthy Kids Other	22,378	26,157	16.9	20,713	25,435	22.8
Healthy Kids Total	306,748	205,154	-33.1	299,859	203,118	-32.3
Medicaid Title XXI*	1,292	1,254	-2.9	1,273	1,235	-3.0
Medicaid Title XIX	1,196,842	1,249,473	4.4	1,194,969	1,259,497	5.4
Medicaid Total	1,198,134	1,250,727	4.4	1,196,242	1,260,732	5.4
MediKids	35,916	16,004	-55.4	33,343	16,618	-50.2
Title XXI Total	331,716	203,983	-38.5	323,513	203,322	-37.2
KidCare Total	1,550,936	1,479,613	-4.6	1,539,195	1,488,254	-3.3

* 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 6. Percentage Growth in KidCare for the Last Four State Fiscal Years, By Program



KidCare Monthly Enrollment

Figures 7 through 12 show the monthly enrollment in each of the KidCare Programs from April 1998 through September 2005. All programs showed a steady increase in enrollment until early 2004. Since 2004, enrollments in Title XXI programs have fluctuated and declined.

Medicaid enrollments have continued to increase throughout the period that Title XXI enrollments have been declining, except that Title XXI population in Medicaid showed sharp declines from 1998 through 2002. The Title XXI Medicaid population 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 has been stable since 2002 and will not drop to zero.

Figure 7. CMSN Title XXI Program Enrollment, 1998-2005

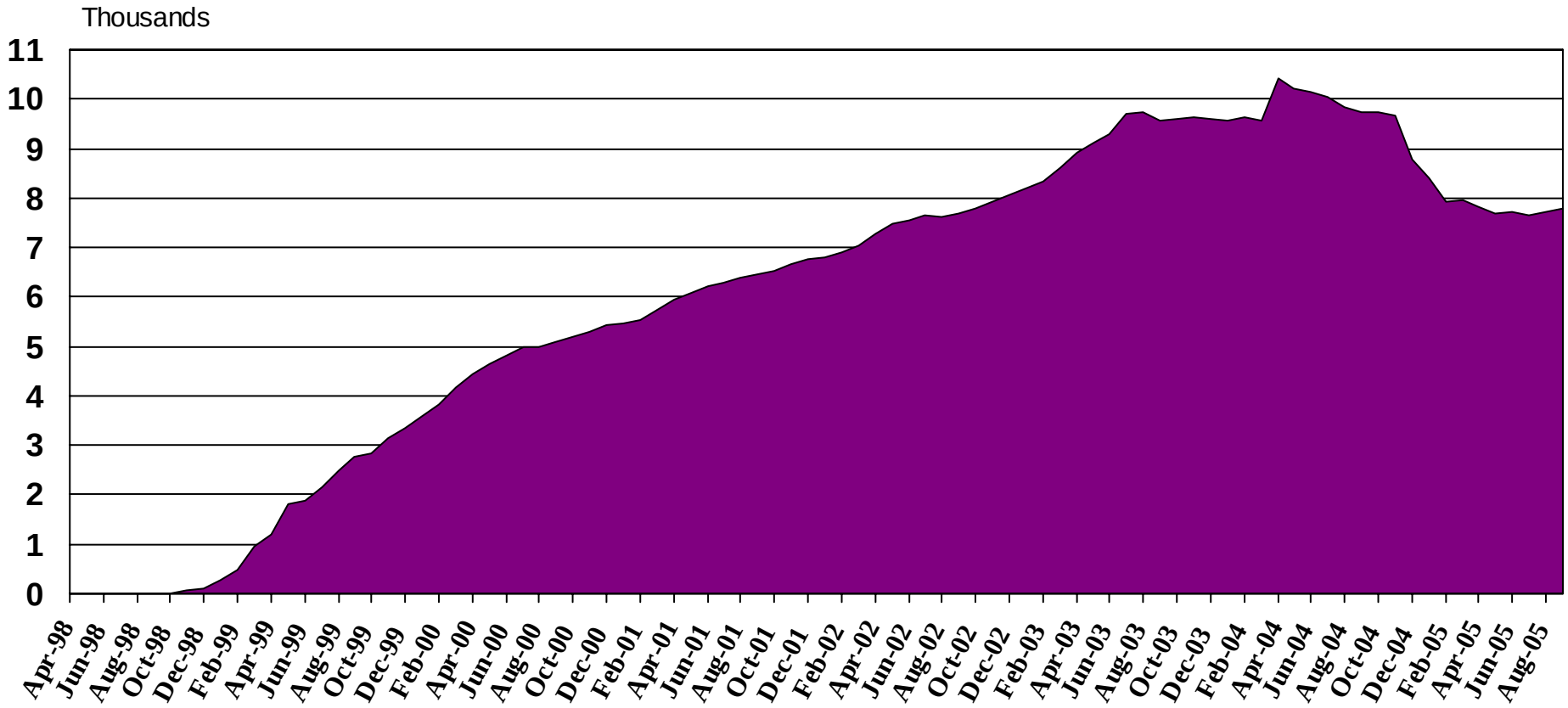


Figure 8. Healthy Kids Program Enrollment, 1998-2005

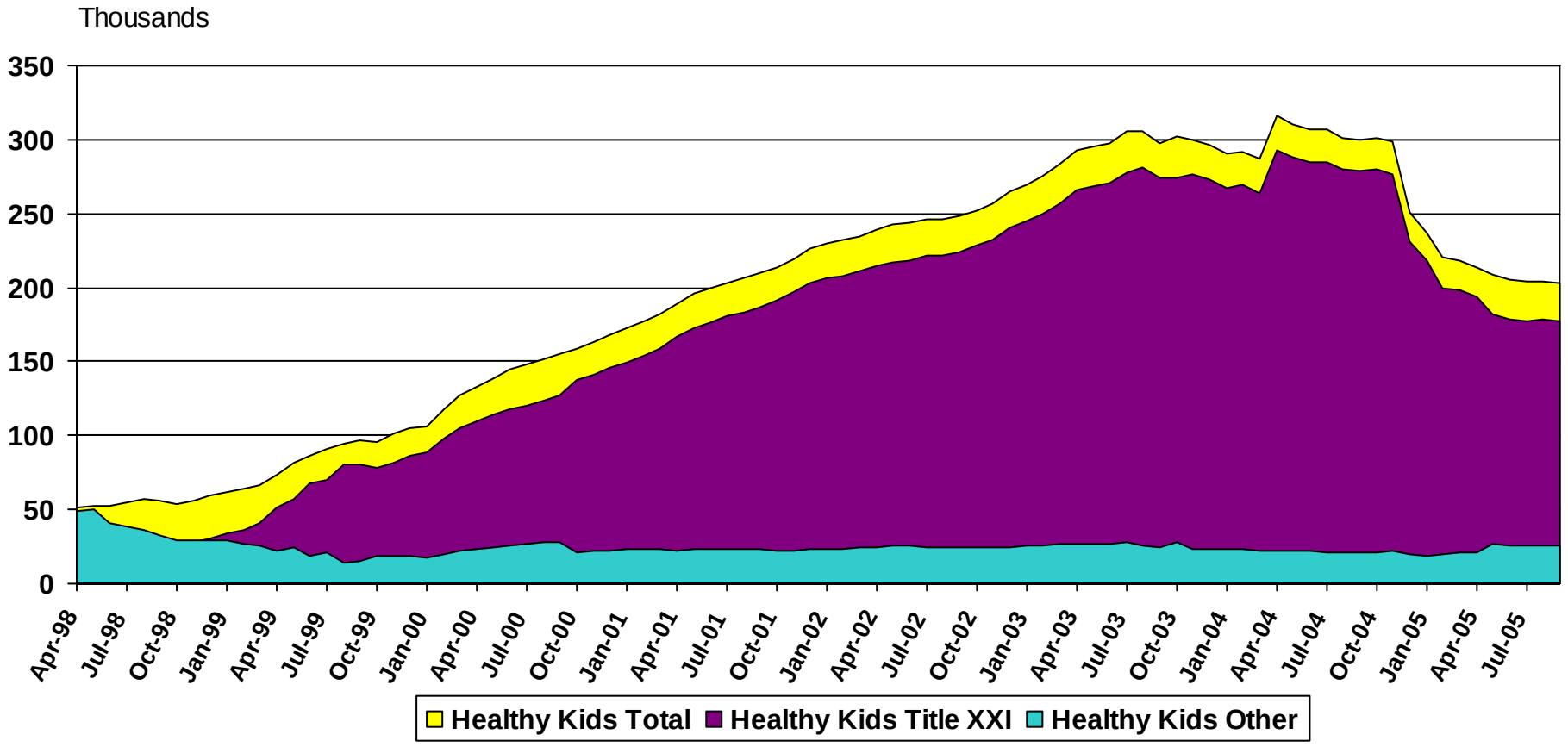


Figure 9. MediKids Title XXI Program Enrollment, 1998-2005

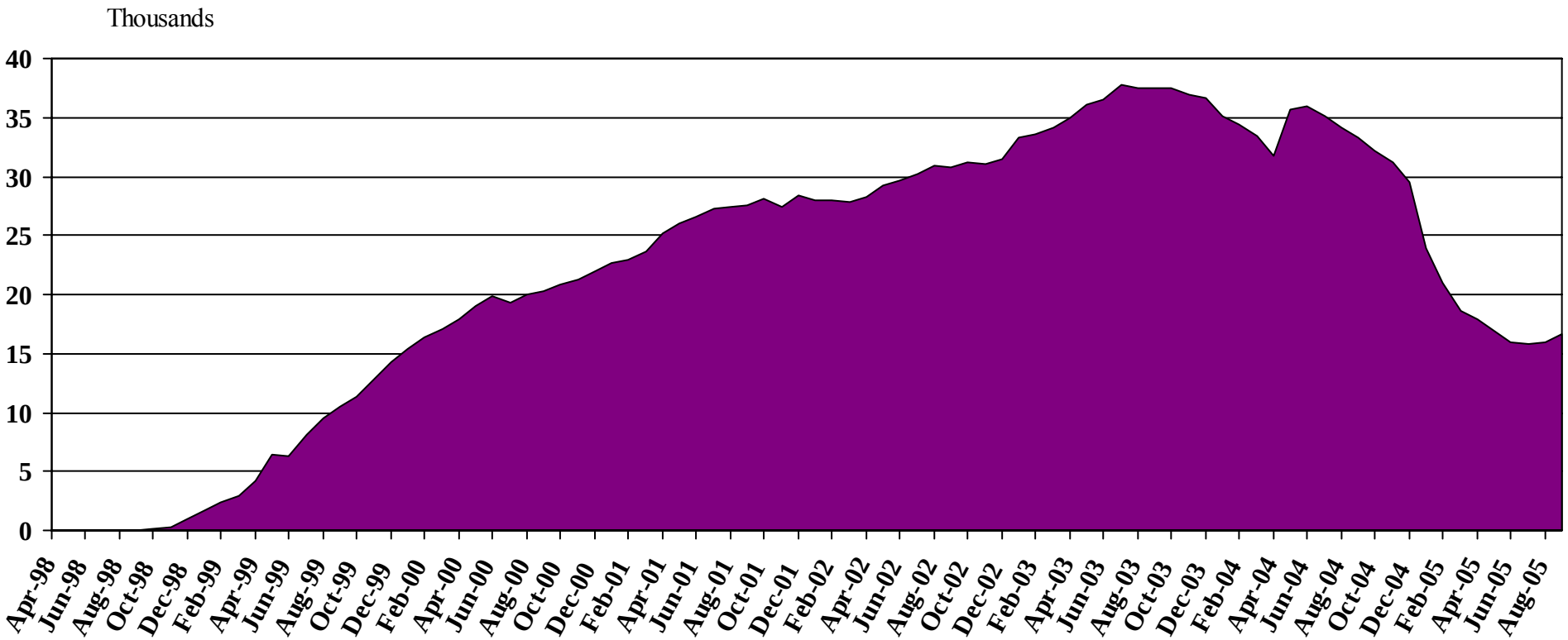


Figure 10. Medicaid Program Enrollment, 1998-2005

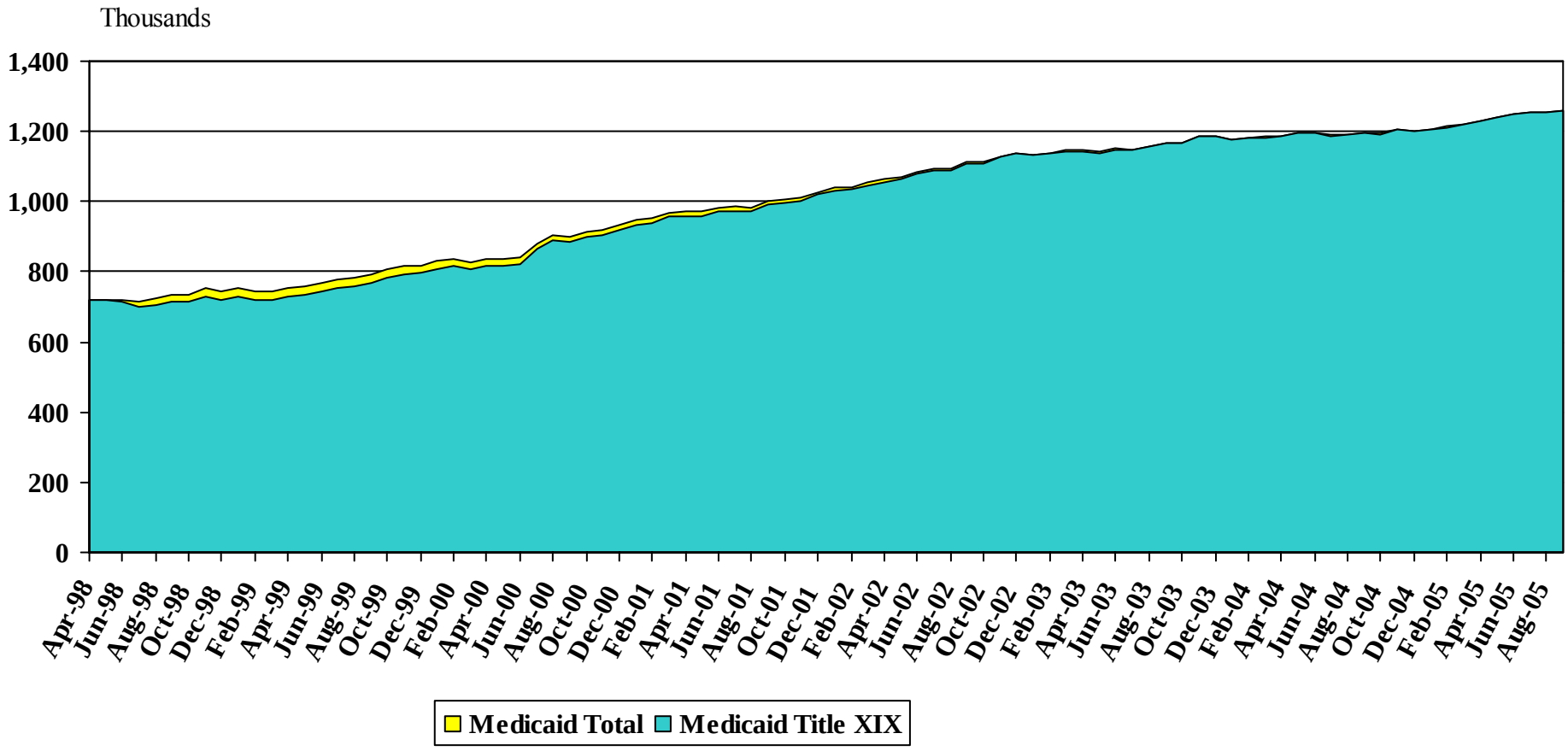


Figure 11. Medicaid Title XXI Program Enrollment, 1998-2005

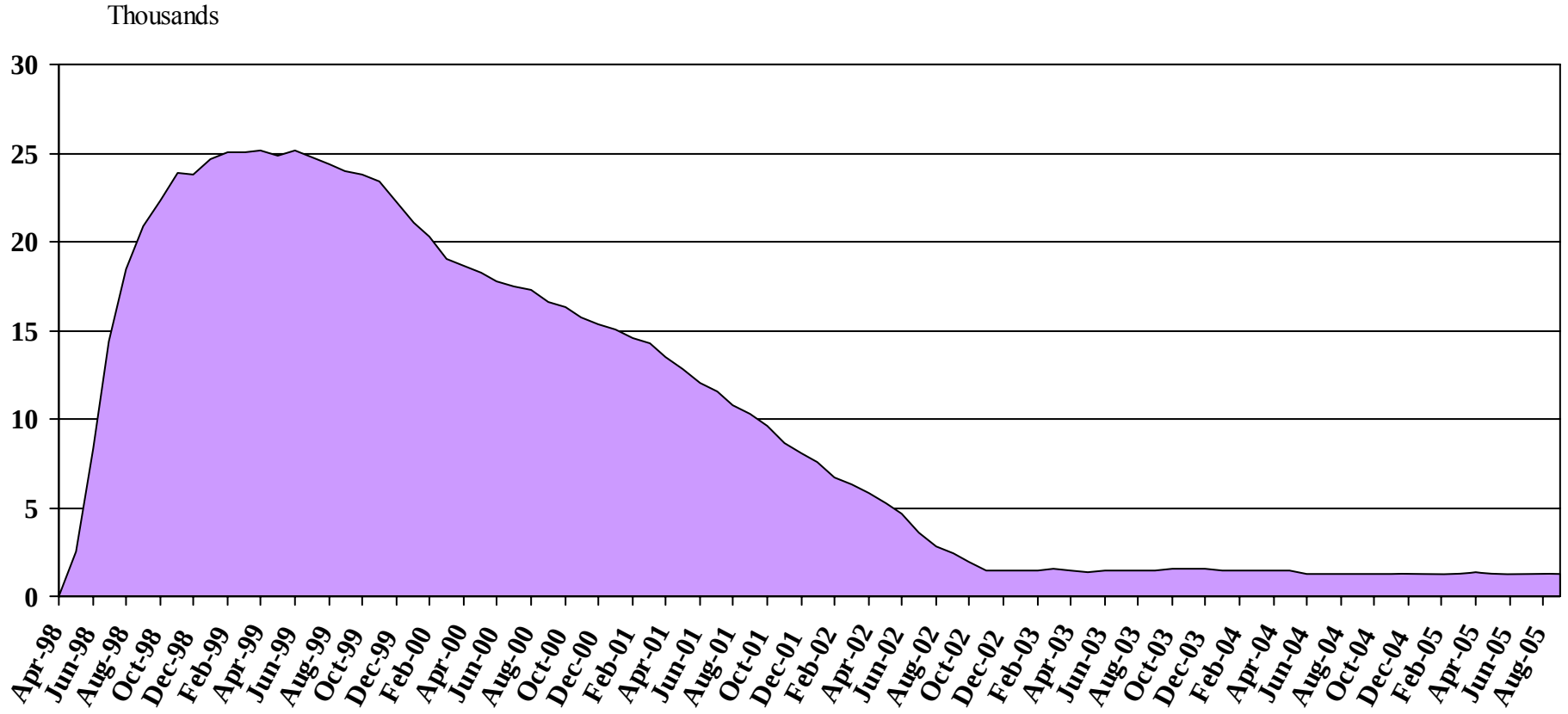
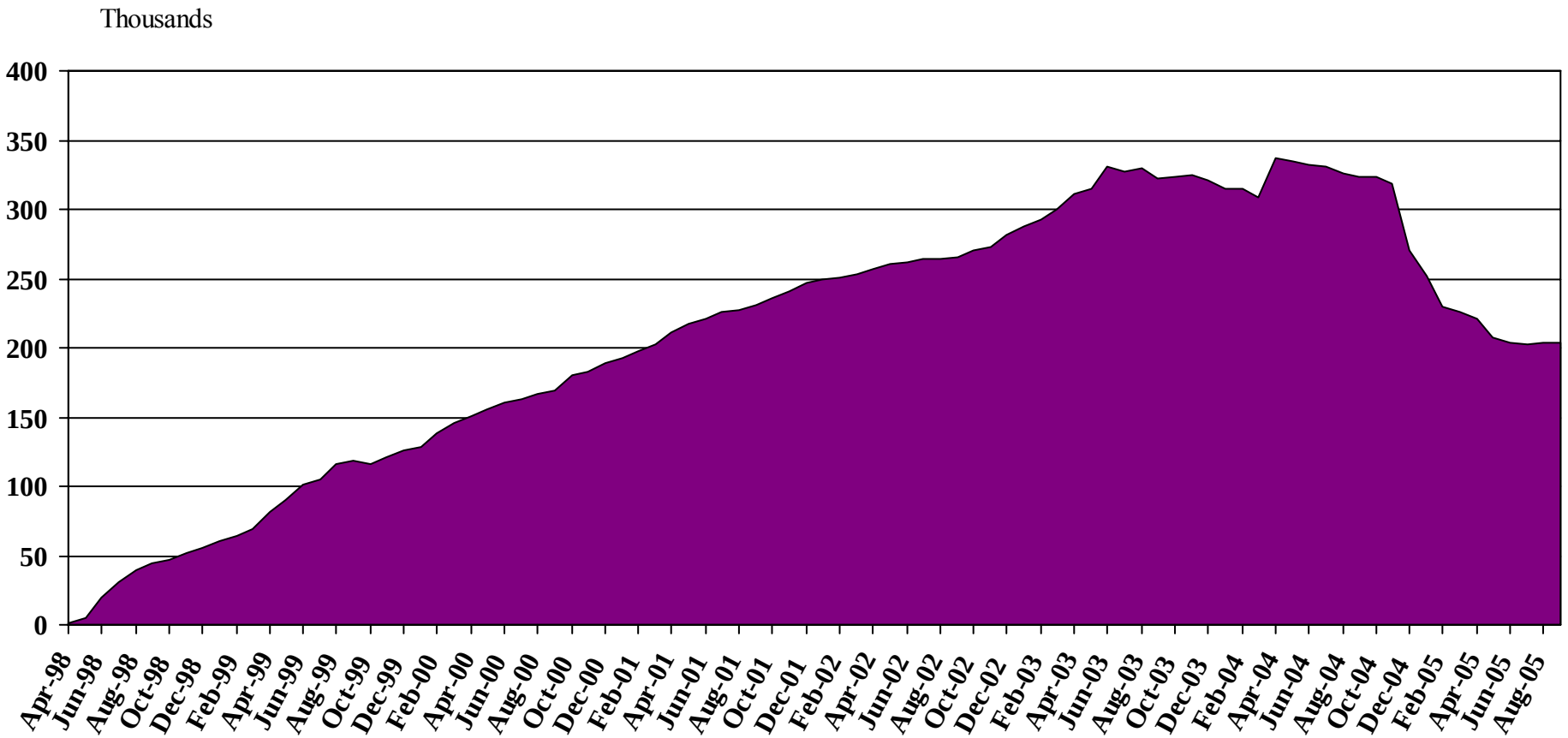


Figure 12. Overall Title XXI Program Enrollment, 1998-2005



VI. Transition and Retention

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 2004-2005 was assessed.

The following findings were obtained:

- 6,645 children transitioned from MediKids to Healthy Kids, which represented approximately 16 percent of the *total* MediKids enrollment for State FY 2004-2005. This is more than the 14 percent who transitioned State FY 2003-2004, the 7 percent who transitioned State FY 2002-2003, and the 6 percent who transitioned State FY 2001-2002.
- 71 children transitioned from MediKids to CMSN, which represented far less than one percent of the *total* MediKids enrollment for State FY 2004-2005. In State FY 2003-2004, 76 children transitioned from MediKids to CMSN.
- 523 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 2004-2005. In State FY 2003-2004, 474 children transitioned from Healthy Kids to CMSN. In State FY 2002-2003, 440 children transitioned from Healthy Kids to CMSN.
- 716 children transitioned from CMSN to Healthy Kids in State FY 2004-2005, which represented approximately 5.7 percent of the *total* CMSN enrollment for State FY 2004-2005. This is a significant increase from the 262 children who transitioned in the prior year.

Retention

Retention is an important aspect to consider when evaluating a health care program for children. Program retention facilitates the child and family developing an ongoing relationship with their health care providers, thereby assisting in the early detection and treatment of problems.[3] Program changes have been made to increase ease of access for families and improve retention, such as:

- direct mailing of KidCare applications to former Medicaid

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

families who were no longer eligible due to income or child's age,
- online application processing, and
- online renewal processing (which is being implemented in 2006 or 2007).

Table 13 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 2004-2005.

Continuous enrollment for all twelve months of State FY 2004-2005 was found for only 28 percent of MediKids enrollees, 43 percent of CMSN enrollees and 45 percent of Healthy Kids enrollees. This is a significant decrease from State FY 2003-2004, when 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. The 2004-2005 level is very similar to that found in 2002-2003 though, 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, 2004 results in 30 percent of MediKids enrollees being retained for the entire year. Larger shares of enrollees in CMSN and Healthy Kids (51.1 percent and 50.5 percent, respectively) that were enrolled at the start of the fiscal year were retained for all twelve months. However, these shares were lower than those found in the prior year (2003-2004), when 47 percent of MediKids, 67 percent of CMSN and 72 percent of Healthy Kids that began the fiscal year were retained for all twelve months. The shares for 2004-2005 were also lower than those found in 2002-2003, 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 13. Percentage of Enrollees in Each Program by Length of Continuous Enrollment during State FY 2003-2004 and State FY 2004-2005

Months	All enrollees, 2003-2004*			Enrollees present at the start of the fiscal year 2003-2004 only		
	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	All enrollees, 2004-2005*			Enrollees present at the start of the fiscal year 2004-2005 only		
	CMSN	Healthy Kids	MediKids	CMSN	Healthy Kids	MediKids
1 month only	6.0	4.8	7.1	2.7	2.7	2.8
2 months only	4.5	3.2	5.8	1.5	1.2	1.4
3 months only	4.3	2.9	4.4	1.9	1.4	2.5
4 months only	3.3	2.8	4.6	1.7	1.4	3.8
5 months only	9.3	14.5	13.8	10.0	15.7	14.5
6 months only	5.3	5.9	5.9	5.2	5.7	7.9
7 months only	6.6	6.9	7.8	6.9	7.1	9.7
8 months only	3.6	3.0	4.9	3.9	3.0	6.6
9 months only	4.7	4.0	5.8	5.1	3.9	7.4
10 months only	5.6	3.7	6.4	6.2	3.8	7.8
11 months only	3.7	3.6	5.1	3.9	3.4	5.5
All 12 months	43.0	44.6	28.3	51.1	50.5	30.3

*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.

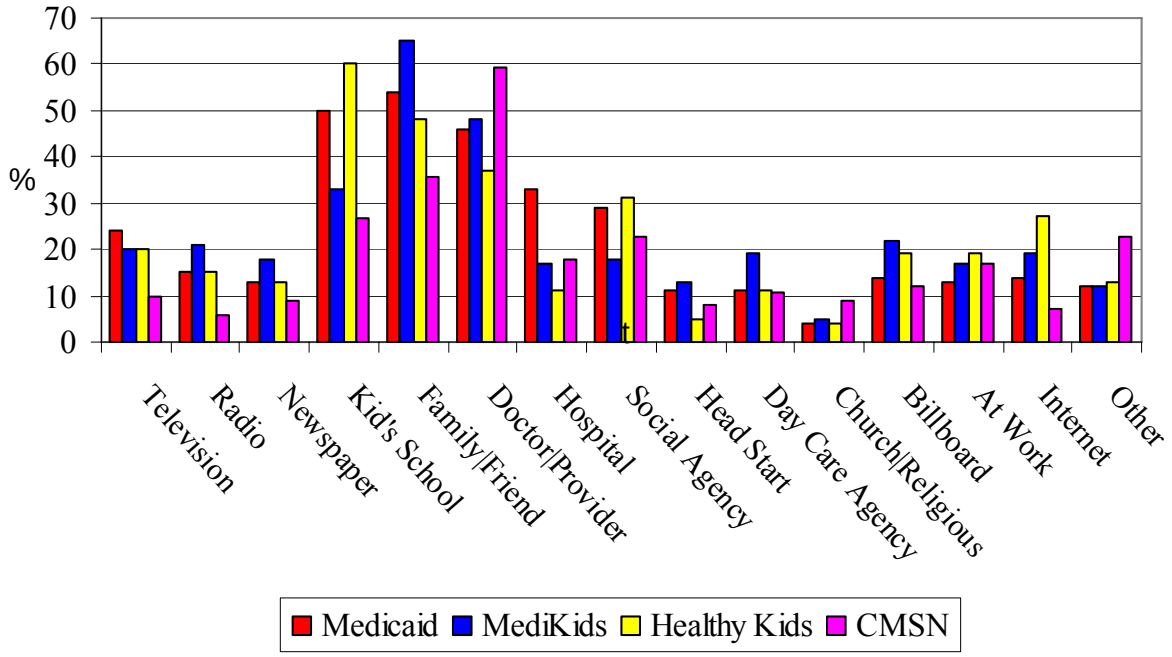
VII. Experiences with the Application Process

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 how they learned 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 2004-2005 are illustrated in Figure 13. Families report learning about the KidCare Program from a variety of personal interactions and formal media sources. Over half of the respondents recall learning about KidCare from family/friends or their children's school. Health care providers, social service agencies, hospitals, and television were also important sources of information about KidCare.

As the KidCare program has matured, public knowledge of the program has become more widespread. Although outreach funding was curtailed during State FY 2002-2003, 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 13. Percentage of Families Who Learned about KidCare by Information Source and Program Component, State FY 2004-2005



Families' Satisfaction 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 the ease of the application process, and experiences with the toll-free number. The same questions have been asked for all seven evaluation years.

Families have been very satisfied with the application process for each of the seven evaluation years. Results for FY 2004-2005 are reported in Table 14. Among these families, 57 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 75 percent thought the mail-in process was convenient.

About 44 percent of families report waiting three or more months between their application submission and approval of coverage. This is due to the record number of applications submitted during the January, 2005 open enrollment period, which caused a backlog in application processing.

Table 14. Experience with Application Process, State FY 2004-2005

Percentage Responding	Total	Medicaid S.P.A.	MediKids	Healthy Kids	CMSN
How long did you wait between application and receiving coverage?					
2 weeks or less	2.7	4.1	3.0	0.0	3.0
3 weeks	3.3	3.1	5.1	3.1	3.0
1 month	18.7	23.7	9.1	13.4	7.1
More than 1 month, but less than 2	6.7	6.2	5.1	8.3	6.1
2 months	12.3	13.4	14.1	10.3	4.0
More than 2 months, but less than 3	12.3	13.4	3.0	13.4	12.1
3 months or more	44.0	36.1	60.6	51.6	64.7
Were you kept informed while awaiting coverage?					
Yes	56.8	61.6	52.0	51.0	35.6
No	43.2	38.4	48.0	49.0	64.4
Was the application form easy to understand?					
Strongly agree	25.7	22.0	32.0	30.3	27.7
Agree	68.1	72.0	60.0	63.6	67.3
Disagree	4.4	4.0	5.0	5.1	4.0
Strongly disagree	1.8	2.0	3.0	1.0	1.0
Was the mail-in process convenient?					
Strongly agree	18.5	16.3	19.2	22.0	19.8
Agree	60.5	65.3	55.6	54.0	54.5
Disagree	13.4	11.2	17.2	16.0	14.9
Strongly disagree	7.6	7.1	8.1	8.0	10.9
Did you attempt to contact the toll-free number listed on the application for assistance?					
Yes	83.9	77.6	94.0	91.0	98.0
No	16.1	22.5	6.0	9.0	2.0
***Of those who used the toll free number,* were you able to reach someone at the toll-free number easily?**					
Yes	59.5	60.5	51.1	62.5	38.8
No	40.5	39.5	48.9	37.5	61.2
***Of those who used the toll free number,* would you say the service representatives were…**					
Very helpful	24.4	24.0	25.5	24.7	24.2
Helpful	43.3	45.3	39.4	42.7	26.3
Somewhat helpful	21.0	20.0	28.7	19.1	30.3
Not helpful at all	6.0	4.0	4.3	9.0	15.2
Could never reach a representative	5.3	6.7	2.1	4.5	4.0
Have you asked for help from a social service agency or health provider about the status of your child's application?					
Yes	18.0	20.4	10.1	15.3	32.0
No	82.0	79.6	89.9	84.7	68.0
If yes, from which agencies..? (respondent can choose more than one)					
Dept. of Children and Families	52.9	60.0	20.0	46.7	25.0
Public Health Department	11.9	10.0	30.0	13.3	6.3
Personal doctor or nurse	12.8	15.0	20.0	6.7	6.3
Case worker	13.4	20.0	0.0	0.0	15.6
Social worker	9.9	10.0	20.0	6.7	15.6
Program Office (Healthy Kids, CMS Office)	50.8	50.0	30.0	53.3	78.1
Would you say they were able to provide the help you needed?					
Strongly agree	20.7	15.0	30.0	33.3	15.6
Agree	53.3	55.0	60.0	46.7	59.4
Disagree	16.3	15.0	10.0	20.0	21.9
Strongly disagree	9.8	15.0	0.0	0.0	3.1

Assistance Needed During Application Processing

About 84 percent of families tried to use a toll-free number to seek assistance with or information on their applications for coverage (Table 14). Although the survey question asked about use of the phone number listed on the KidCare application, there are three toll-free numbers associated with KidCare and the Florida Healthy Kids Corporation, so there is no way to be certain that families correctly recall which toll-free number they used. Hence, experiences with customer service representatives should be interpreted with caution.

Of those who attempted to use the toll-free number, only 60 percent actually reached a customer service representative. About two-thirds of families who reached a representative reported that the person at the toll-free number was helpful to very helpful.

About 18 percent of all families sought assistance from a social service agency or a health care provider during the application process. Between 10 and 30 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.

Verification of Application Processing Time

A separate analysis was conducted to verify the parent report of application processing time. Processing times were calculated from the KidCare administrative records. Table 15 shows the mean and median number of days lapsed from the start of batch processing to the final approval for coverage for State FY 2004-2005. Results are shown separately for those applications that were referred to DCF for Medicaid beneficiary review and those applications that were not referred to DCF.

Application processing times averaged 92 days for Healthy Kids, 94 days for MediKids, 89 days for CMSN, and 100 days for Medicaid approvals. Median times were shorter than the means. The median processing time was 82 days for Healthy Kids, 86 days for MediKids, 79 days for CMSN, and 96 days for Medicaid approvals.

If DCF review was not needed, approved applications for Title XXI coverage were processed, on average, in 73 to 79 days. If DCF review was needed prior to approval for Title XXI coverage, the mean processing time was 90 to 101 days. Referral to DCF prior to Medicaid enrollment resulted in an average processing time of 92 days.

These processing times do not meet the federal standard of 45 days from application to Medicaid determination for several reasons. Primarily, the high number of applications submitted during the January 2005 open enrollment period resulted in an application processing backlog that took

several months to resolve. Also, changes in documentation requirements implemented during 2004 resulted in additional requests for documentation or clarification from many families before application processing could be completed. These additional requests for information extended the application processing times.

These findings from administrative data support the parental report that a large share of applications took three months or longer to approve.

A January, 2006 report by the Florida Office of Program Policy Analysis and Government Accountability found that June, July and August 2005 applications were processed within the federal 45-day processing standard.[4] This OPPAGA finding suggests that the next KidCare Evaluation of the State Fiscal Year 2005-2006 should find significant improvements in the processing times.

Table 15. Application Processing Times, State Fiscal Year 2004-2005

	Average Number of Days Elapsed	Median Number of Days Elapsed
For all approved applicants, by their program of enrollment:		
Healthy Kids	83	75
MediKids	84	77
CMSN	78	71
Medicaid	92	92
Only those applicants referred to DCF, but not determined Medicaid eligible, and later enrolled in:		
Healthy Kids	96	94
MediKids	101	99
CMSN	90	89
Only those applicants NOT referred to DCF, and later enrolled in:		
Healthy Kids	78	68
MediKids	79	68
CMSN	73	67

[4] Florida Legislature Office of Program Policy Analysis and Government Accountability. 2006. "OPPAGA Evaluation of KidCare Customer Service."

VIII. Experiences with Enrollment and Paying Premiums

Enrollment Experiences

Newly enrolled families were also surveyed about their satisfaction with the KidCare program after they enrolled. Forty-six percent of families think the program is run very well and an additional 35 percent think the program is run somewhat well (Table 16). About 90 percent of families indicated that KidCare staff is helpful and knowledgeable. While 90 percent of newly enrolled families recalled receiving an insurance card from the KidCare program, over a third (36 percent) of families reported waiting three months or longer between notification of coverage approval and receipt of their insurance card; 48 percent of families indicated that their insurance cards were received within one month of notification of coverage approval. Only 48 percent of newly enrolled families recalled being told that they would have to renew coverage in about a year.

Table 16. Experience with the Enrollment Process, State FY 2004-2005

Percentage Responding	Total	Medicaid S.P.A.	MediKids	Healthy Kids	CMSN
Have you received your insurance card?					
Yes	87.8	82.8	97.0	94.0	87.1
No	12.2	17.2	3.0	6.0	12.9
How long did you wait between coverage notification and receipt of the insurance card?					
2 weeks or less	18.1	16.5	21.9	19.3	18.6
3 weeks	13.4	15.2	15.6	10.2	5.8
1 month	17.3	22.8	15.6	9.1	12.8
More than 1 month, but less than 2	6.5	8.9	4.2	3.4	5.8
2 months	5.3	3.8	8.3	6.8	4.7
More than 2 months, but less than 3	3.7	2.5	3.1	5.7	4.7
3 months or more	35.7	30.4	31.3	45.5	47.7
How well do you think the program is run?					
Very well	46.4	50.5	43.3	39.4	59.0
Somewhat well	35.2	31.6	36.1	41.4	31.6
Somewhat poorly	12.0	10.5	14.4	14.1	6.3
Very poorly	6.4	7.4	6.2	5.1	3.2
Are program staff helpful?					
Very helpful	46.5	50.0	38.5	42.5	70.5
Somewhat helpful	43.1	38.5	52.3	48.0	25.0
Somewhat unhelpful	5.0	3.9	4.6	6.9	2.3
Very unhelpful	5.4	7.7	4.6	2.7	2.3
Are program staff knowledgeable?					
Very knowledgeable	45.4	48.1	42.2	41.1	66.3
Somewhat knowledgeable	44.0	44.2	46.9	43.8	31.5
Somewhat unknowledgeable	8.1	5.8	6.3	12.3	0.0
Very unknowledgeable	2.5	1.9	4.7	2.7	2.3
Were you told that you will have to renew coverage after about a year?					
Yes	47.5	50.0	53.7	40.9	48.4
No	52.5	50.0	46.3	59.1	51.6

Paying Premiums

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 Title XXI premium payment is projected to provide additional revenue to the program in the amount of $39,124,153 for State FY 2005-2006. This additional revenue is used to provide coverage for more children.

In the State FY 2004-2005 surveys, Title XXI families were asked questions about their experiences with premium payment. The results are summarized in Table 17. About 85 percent of families feel that the premium amount is "about right"; this share is unchanged from the prior year's 86 percent. A tenth of families felt that the premium was "too much", but that share varied by program; only 1 percent of CMSN newly enrolled families felt the premium was too much compared to 4 percent of MediKids families and 13 percent of Healthy Kids families. About 74 percent of families report that it is rarely or never difficult to pay the premium.

Ninety-five percent of families report paying the premium is "worth it" so that their children can have needed insurance coverage. However, 25 percent of families are concerned that the premium is a "waste of money" because their children are healthy. Ninety-five percent of families agreed with the statement that they felt good about paying for part of their children's health care coverage.

The premium payment is an important component of the KidCare Program operations. Overall, families are satisfied with paying a premium and with the amount that they pay.

Table 17. Family Experience with Paying Premiums for Title XXI Coverage

Percentage Responding	Title 21 Overall	MediKids	Healthy Kids	CMSN
Is the premium...?				
About the right amount	84.8	88.8	82.8	94.7
Too much	10.4	4.1	13.1	1.1
Too little	4.8	7.1	4.0	4.2
How often is it difficult for you to pay the premium?				
Almost every month	8.5	3.2	10.5	7.3
Every couple of months	17.6	16.0	18.6	12.5
Rarely	27.1	21.3	27.9	44.8
Never	46.8	59.6	43.0	35.4
Paying a premium is worth it.				
Strongly agree	75.5	82.8	72.5	83.8
Agree	19.2	14.1	21.4	12.1
Disagree	3.7	3.0	4.1	2.0
Strongly disagree	1.6	0.0	2.0	2.0
Sometimes I think the premium is a waste because my child is healthy.				
Strongly agree	15.8	16.3	16.3	6.1
Agree	9.4	13.3	8.2	9.2
Disagree	10.7	12.2	10.2	10.2
Strongly disagree	64.0	58.2	65.3	74.5
I feel better paying for some of the cost of my child's coverage.				
Strongly agree	78.9	76.0	80.4	71.0
Agree	16.7	19.0	15.5	23.0
Disagree	2.2	3.0	2.1	0.0
Strongly disagree	2.2	2.0	2.1	6.0

IX. Experiences with Coverage Renewal

Background

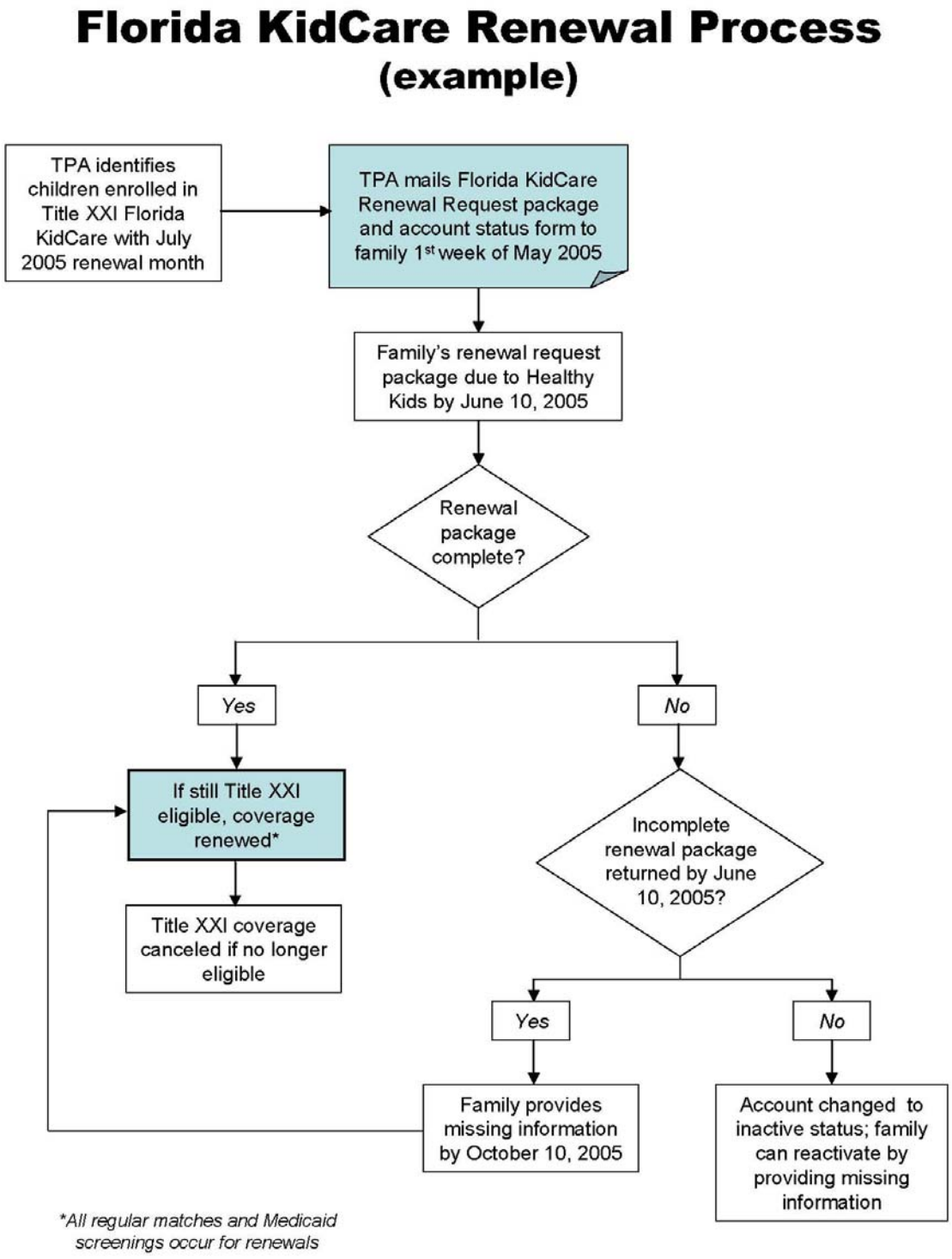
During Florida's state fiscal year 2003-2004, legislative changes were enacted to require families enrolled in the Title XXI components of the KidCare health insurance program to actively renew their children's coverage. In prior years, the renewal process was "passive", whereby families were asked to update their eligibility information every six months; coverage was continued if parents did not respond to the eligibility request, but continued to pay their premiums. With the enactment of an "active" renewal process, families are required to complete a Renewal Request application and provide documentation of their continued eligibility. If families do not complete the renewal process, their children's health insurance coverage is discontinued. To better understand the impact of active renewal on continued enrollment in the three Title XXI KidCare plans, the Florida Agency for Health Care Administration requested an analysis of renewals be included in this KidCare Year 7 Evaluation.

Active renewal was implemented beginning in July, 2004. The renewal process allowed for a sixty day notification and response period. Hence, notification letters sent to families in July, 2004 requested compliance with renewal steps for their children's coverage that would otherwise expire in September, 2004. Figure 14 depicts a sample renewal scenario.

Normally, health insurance would be discontinued if the renewal process was not completed by the coverage expiration date. Due to the hurricanes that disrupted normal activities in Florida during September, 2004 though, no children were disenrolled from the KidCare program due to non-compliance with the renewal process until December, 2004; the extension to December 2004 provided families with additional time to collect documents and respond to the KidCare notification letter.

A report released by the Institute for Child Health Policy in June 2005 summarized the renewal experience for children eligible for renewal in September 2004 to January 2005; letters regarding the documentation needed for continued eligibility were sent to families in July 2004 through November 2004. The analysis below examines the months following the prior report; it considers documentation letters sent in January 2005 through April 2005 for renewals in March 2005 through June 2005.

Figure 14. Florida KidCare Renewal Process



Determination of Population Eligible to Renew

This analysis is limited to families of Title XXI enrollees in Healthy Kids, CMSN, and MediKids who were sent a renewal notification letter during January, 2005-April, 2005. These letters were asking for active renewal of health insurance coverage that was due to expire in March, 2005-June, 2005. As disenrollment occurs if renewal is not completed within the sixty day window, final disposition of June, 2005 renewals requires enrollment records be analyzed through September, 2005 (which includes the 60 day grace period for cancellations plus another month to verify whether coverage was actually discontinued).

At the time of this report, ICHP enrollments databases were updated as of September, 2005, hence, the final disposition of the June, 2005 renewals could be identified. Information on the renewal status and demographic characteristics of all children eligible for renewal during the observation period was extracted from the enrollment databases. Zip code information was translated into an indicator of rural or urban residence using an algorithm developed by the University of Washington.[5] All other characteristics of the enrollees and their families were analyzed as reported by the families to the Florida Healthy Kids Corporation.

Number of Children Eligible for Renewal

During January, 2005 to April, 2005, a total of 52,538 letters were sent to families regarding the continued eligibility of 79,137 children. Healthy Kids enrollees comprised the largest share of children eligible for renewal; Healthy Kids enrollees were 88.8% of all children eligible for renewal. CMSN enrollees comprised 3.2 percent of all eligible children, while MediKids comprised 8.0 percent. Comparing notifications by month sent, a larger share of letters (29 percent) was sent during January than February (24 percent) or March (23 percent) or April (23 percent). The complete distribution of renewal notifications by month of notification is presented in Table 18.

[5] For more information, please see http://www.fammed.washington.edu/wwamirhrc/rucas/rucas.html.

Table 18. Distribution of Children Eligible for Renewal by the Month the Notification Letter was Sent

Month Renewal Letter Sent (Number Children)	Total (N)	CMSN (N)	Healthy Kids (N)	MediKids (N)
Total, January 2005-April 2005	79,137	2,537	70,305	6,295
January 2005	23,256	748	20,667	1,841
February 2005	18,919	588	16,785	1,546
March 2005	18,440	591	16,395	1,454
April 2005	18,522	610	16,458	1,454

Month Renewal Letter Sent (Percent Distribution by Program)	Total (row %)	CMSN (N)	Healthy Kids (N)	MediKids (%)
Total, January 2005-April 2005	100.0	3.2	88.8	8.0
January 2005	100.0	3.2	88.9	7.9
February 2005	100.0	3.1	88.7	8.2
March 2005	100.0	3.2	88.9	7.9
April 2005	100.0	3.3	88.9	7.9

Month Renewal Letter Sent (Percent Distribution by Month)	Total (column %)	CMSN (N)	Healthy Kids (N)	MediKids (%)
Total, January 2005-April 2005	100.0	100.0	100.0	100.0
January 2005	29.4	29.5	29.4	29.2
February 2005	23.9	23.2	23.9	24.6
March 2005	23.3	23.3	23.3	23.1
April 2005	23.4	24.0	23.4	23.1

Month Renewal Letter Sent (Percent Distribution by Program and Month)	Total (cell %)	CMSN (N)	Healthy Kids (N)	MediKids (%)
Total, January 2005-April 2005	100.0	3.2	88.8	8.0
January 2005	29.4	0.9	26.1	2.3
February 2005	23.9	0.7	21.2	2.0
March 2005	23.3	0.7	20.7	1.8
April 2005	23.4	0.8	20.8	1.8

Demographic Characteristics of Children Eligible for Renewal

Demographic characteristics of the 79,137 children eligible for renewal during the observation period are presented in Table 19. Boys comprise a slightly larger share than girls (51 percent versus 49 percent, respectively) of eligible children; this ratio is expected because the same 51:49 ratio exists at birth for boys and girls. Compared to the overall population, the CMSN enrollees had a more skewed sex ratio (55 percent male and 45 percent female) which is not unexpected given past research documenting that families of boys report more special health care needs than families of girls. Children ages 10-14 are the largest age group present in the eligible population; they are 37 percent of the total eligible population. Children aged 1-4 years are 10 percent of the total, while ages 5-9 comprise 30 percent of the total, and ages 15-18 comprise 23 percent of the total eligible population. The large share for children ages 10-14 is expected given the peak in births in Florida that occurred during the late 1980s and early 1990s due to the fertility trends of "Baby Boomer" women. Since the MediKids plan is for children four years of age and younger, it is expected that this plan does not have any enrollees in the 10-14 or 15-18 age categories. Similarly, the Healthy Kids plan is for children aged 5-18, hence there are very few children aged 1-4 eligible for renewal in Healthy Kids. The vast majority (92 percent) of eligible children reside in urban zip codes, while 7 percent reside in rural zip codes, and 1 percent reside in areas of unknown urbanicity (most likely due to the creation of new zip codes who urban/rural quality is not yet documented). A slight majority of eligible children (53 percent) were living in households with incomes at or below 150% of the federal poverty level, while 47 percent reside in households with incomes above that threshold. Given the large population size within each health plan and their different target populations, the variation in all four demographic factors by program is significant at the 0.001 level.

Table 19. Demographic Characteristics of Children Eligible for Renewal from March 2005 to June 2005 (Letters Sent January 2005 to April 2005)

Characteristic	Total (N)	CMSN (N)	Healthy Kids (N)	MediKids (N)
Total	79,137	2,537	70,305	6,295
Gender				
Male	40,625	1,406	36,006	3,213
Female	38,512	1,131	34,299	3,082
Age				
1-4	7,603	270	1,039	6,294
5-9	23,817	741	23,075	1
10-14	29,364	929	28,435	0
15-18	18,353	597	17,756	0
Rural-Urban Commuting Area				
Urban/Large towns	72,920	2,241	64,921	5,758
Rural/Small towns	5,459	274	4,699	486
Unknown	758	22	685	51
Federal Poverty Level				
150% or less	41,723	1,436	37,286	3,001
151% or greater	37,414	1,101	33,019	3,294

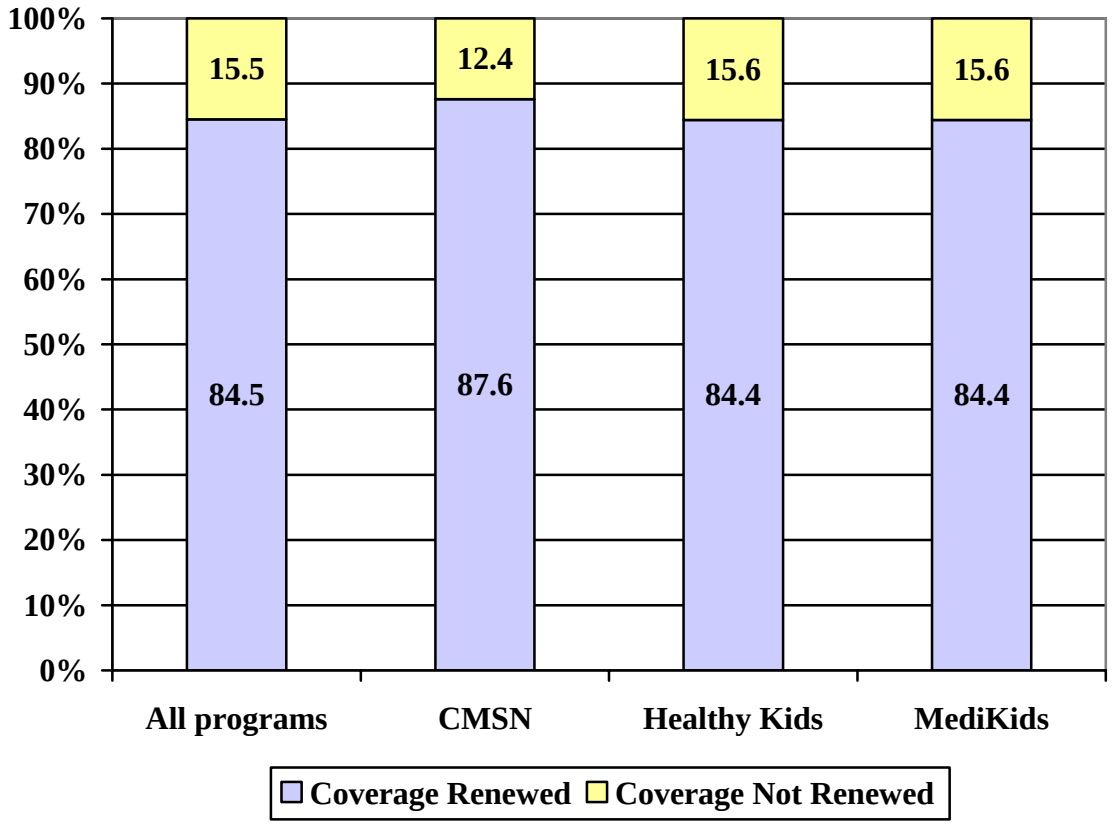
Characteristic (Percent of Program)	Total (column %)	CMSN (%)	Healthy Kids (%)	MediKids (%)
Total	100.0	100.0	100.0	100.0
Gender				
Male	51.3	55.4	51.2	51.0
Female	48.7	44.6	48.8	49.0
Age				
1-4	9.6	10.6	1.5	100.0
5-9	30.1	29.2	32.8	0.0
10-14	37.1	36.6	40.4	0.0
15-18	23.2	23.5	25.3	0.0
Rural-Urban Commuting Area				
Urban/Large towns	92.1	88.3	92.3	91.5
Rural/Small towns	6.9	10.8	6.7	7.7
Unknown	1.0	0.9	1.0	0.8
Federal Poverty Level				
150% or less	52.7	56.6	53.0	47.7
151% or greater	47.3	43.4	47.0	52.3

Renewal Outcomes

Analysis of renewal outcomes finds that 59,340 (84.4 percent) of the 70,305 eligible children successfully completed the renewal process during the observation period. This renewal rate is higher than the 79.4 percent found in a prior report for the September 2004 through January 2005 period.

Results vary significantly by program, with 87.6 percent of CMSN, and 84.4 percent of Healthy Kids and MediKids enrollees successfully renewing their coverage (χ^2=18.9; p<.0001) (see Figure 15). Several reasons may contribute to the high percentage of renewals for CMSN: high parental motivation to continue health coverage for CSHCN, the CMSN program mailing of renewal information to families, or interactions between the CMSN case managers and families.

Figure 15. Renewal Outcomes by KidCare Program Component



Renewal Outcomes by Demographic Characteristics

The renewal outcome for the total population also varied significantly by two of the four demographic characteristics presented in Table 20. A smaller share (81.8 percent) of 15-18 year old enrollees successfully renewed compared to their younger peers—85-86 percent of 1-14 year olds successfully renewed (χ^2=148.4; p<.0001). Enrollees in households closer to poverty had lower renewal success (80 percent) than their peers from households with incomes above the 150% FPL threshold (89 percent) (χ^2=1163.6; p<.0001).

Gender did not vary significantly with the renewal outcome—85 percent of boys successfully renewed and 84 percent of girls did so. Urbanicity also did not vary significantly with the renewal outcome as 84 percent of enrollees in urban areas and 86 percent of rural enrollees successfully renewed.

As the Healthy Kids plan covers the vast majority of the KidCare Title XXI enrollees, the results of renewal status by characteristics for the Healthy Kids plan are almost identical to those for the entire population. Age (χ^2=157.7; p<.0001) and poverty level (χ^2=1066.2; p<.0001) vary significantly with whether or not an eligible Healthy Kids enrollee renewed successfully. For CMSN enrollees though, only poverty level (χ^2=30.8; p<.0001) varied significantly with the renewal outcome. Poverty status (χ^2=73.6; p<.0001) was also the only significant demographic factor for renewal of MediKids enrollees.

Renewal Outcomes by Month of Notification

In the prior analysis of renewals conducted in June, 2005, significant variation in renewal outcomes was found by month of notification. Given the impact of hurricanes on Florida during September, 2004, it was not surprising that families responded differentially to information requests by the month of the request. Table 21 presents the findings for this analysis period covering letters sent to families in January 2005 through April 2005.

This analysis again finds significant variation in renewal by the month of notification (χ^2=374.8; p<.0001) for the total population of KidCare enrollees. The highest renewal rate (87.0 percent) was found for enrollees who were notified in January, 2005. The three subsequent months showed declines in the rate of successful renewal, with 86.6 percent successful in February, 82.3 percent successful in March, and 81.5 percent successful in April. April also had the lowest renewal rates for each of the three health plans. Healthy Kids renewal rates ranged significantly (χ^2=346.8; p<.0001) from 87 percent for January, 2005 notifications to 81.3

percent for April, 2005 notifications. MediKids renewal rates were also significantly different by month (χ^2=22.7; p=.0001), with the highest (86.6 percent) occurring in February and lowest rates (81.9 percent) occurring in April. CMSN renewal rates ranged from 89.4 percent for January, 2005 notifications to 83.9 percent for April, 2005 notifications; the variation by month for CMSN was insignificant though (χ^2=10.6; p=*.0139*).

Table 20. Renewal Status for Children Eligible for Renewal, by Demographic Characteristic and Program, from March 2005 to June 2005 (Letters Sent January 2005 to April 2005)

Characteristic	Children Eligible for Renewal (N)	Renewal Status			
		Not Renewed (N)	Renewed (N)	Not Renewed (row %)	Renewed (row %)
Total, All Children	79,137	12,263	66,874	15.5	84.5
Gender					
Male	40,625	6,212	34,413	15.3	84.7
Female	38,512	6,051	32,461	15.7	84.3
Age					
1-4	7,603	1,122	6,481	14.8	85.2
5-9	23,817	3,357	20,460	14.1	85.9
10-14	29,364	4,435	24,929	15.1	84.9
15-18	18,353	3,349	15,004	18.2	81.8
Rural-Urban Commuting Area					
Urban/Large towns	72,920	11,354	61,566	15.6	84.4
Rural/Small towns	5,459	775	4,684	14.2	85.8
Unknown	758	134	624	17.7	82.3
Federal Poverty Level					
150% or less	41,723	8,199	33,524	19.7	80.3
151% or greater	37,414	4,064	33,350	10.9	89.1
Total, CMSN	2,537	315	2,222	12.4	87.6
Gender					
Male	1,406	187	1,219	13.3	86.7
Female	1,131	128	1,003	11.3	88.7
Age					
1-4	270	27	243	10.0	90.0
5-9	741	83	658	11.2	88.8
10-14	929	112	817	12.1	87.9
15-18	597	93	504	15.6	84.4
Rural-Urban Commuting Area					
Urban/Large towns	2,241	281	1,960	12.5	87.5
Rural/Small towns	274	33	241	12.0	88.0
Unknown	22	1	21	4.5	95.5
Federal Poverty Level					
150% or less	1,436	224	1,212	15.6	84.4
151% or greater	1,101	91	1,010	8.3	91.7

Table 20. Renewal Status (continued)

Characteristic	Children Eligible for Renewal (N)	Renewal Status			
		Not Renewed (N)	Renewed (N)	Not Renewed (row %)	Renewed (row %)
Total, Healthy Kids	70,305	10,965	59,340	15.6	84.4
Gender					
Male	36,006	5,540	30,466	15.4	84.6
Female	34,299	5,425	28,874	15.8	84.2
Age					
1-4	1,039	112	927	10.8	89.2
5-9	23,075	3,274	19,801	14.2	85.8
10-14	28,435	4,323	24,112	15.2	84.8
15-18	17,756	3,256	14,500	18.3	81.7
Rural-Urban Commuting Area					
Urban/Large towns	64,921	10,172	54,749	15.7	84.3
Rural/Small towns	4,699	672	4,027	14.3	85.7
Unknown	685	121	564	17.7	82.3
Federal Poverty Level					
150% or less	37,286	7,383	29,903	19.8	80.2
151% or greater	33,019	3,582	29,437	10.8	89.2
Total, MediKids	6,295	983	5,312	15.6	84.4
Gender					
Male	3,213	485	2,728	15.1	84.9
Female	3,082	498	2,584	16.2	83.8
Age					
1-4	6,294	983	5,311	15.6	84.4
5-9	1	0	1	0.0	100.0
10-14	0	0	0	0.0	0.0
15-18	0	0	0	0.0	0.0
Rural-Urban Commuting Area					
Urban/Large towns	5,758	901	4,857	15.6	84.4
Rural/Small towns	486	70	416	14.4	85.6
Unknown	51	12	39	23.5	76.5
Federal Poverty Level					
150% or less	3,001	592	2,409	19.7	80.3
151% or greater	3,294	391	2,903	11.9	88.1

Table 21. Renewal Status for Eligible Children Whose Letters Were Sent January 2005 to April 2005

Number of Eligible Children by Month Renewal Letter Was Sent	Total (N)	CMSN (N)	Healthy Kids (N)	MediKids (N)
Total, January 2005-April 2005	79,137	2,537	70,305	6,295
January 2005	23,256	748	20,667	1,841
February 2005	18,919	588	16,785	1,546
March 2005	18,440	591	16,395	1,454
April 2005	18,522	610	16,458	1,454

Number of Children Whose Renewals Were Successfully Processed by Month the Letter Was Sent	Total (N)	CMSN (N)	Healthy Kids (N)	MediKids (N)
Total, January 2005-April 2005	66,874	2,222	59,340	5,312
January 2005	20,230	669	17,976	1,585
February 2005	16,385	522	14,522	1,341
March 2005	15,172	519	13,458	1,195
April 2005	15,087	512	13,384	1,191

Percent of Eligibles Successfully Renewed	Total (%)	CMSN (N)	Healthy Kids (N)	MediKids (N)
Total, January 2005-April 2005	84.5	87.6	84.4	84.4
January 2005	87.0	89.4	87.0	86.1
February 2005	86.6	88.8	86.5	86.7
March 2005	82.3	87.8	82.1	82.2
April 2005	81.5	83.9	81.3	81.9

Summary of Renewal Outcomes

In conclusion, 79,137 KidCare Title XXI enrollees were eligible for renewal during the period of March, 2005 through June, 2005. Notification letters were sent by KidCare to families sixty days prior to the renewal date and the renewal process was successfully completed by families of 66,874 enrollees—84.5 percent of the eligible population. This renewal rate is higher than the 79.4 percent found in the previous report for September 2004-January 2005 renewals. Significant variation in renewal outcomes was found in this analysis by program, age of the child, family poverty status, and month of renewal notification.

X. Presence of Special Health Care Needs

Background

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

CSHCN Screener Results

Table 22 shows the percentage of children with special health care needs for each of the KidCare Program components, for new enrollees and established enrollees, for three state fiscal years. Each program component has a substantial percentage of children with special health care needs. Overall, 29 percent of established enrollees met the screener, which is a similar share to that found in prior fiscal years. Seventy-nine percent of CMSN established enrollees met the screener in State FY 2004-2005. Children meeting the screener comprised significant shares of the other established enrollee groups as well. Twenty percent of MediKids enrollees, 22 percent of Medicaid HMO enrollees, 26 percent of Healthy Kids enrollees, 33 percent of enrollees in MediPass in counties with no HMO option, and 39 percent of enrollees in MediPass in counties with an HMO option were identified with special needs according to the CSHCN Screener criteria.

In Florida, an estimated 13-14 percent of children have special health care needs, compared to over 33 percent of MediPass enrollees and 26 percent of Healthy Kids enrollees.

Although children must have a special health care need to be approved for enrollment in CMSN, the CSHCN Screener only identified 79 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 22. Children Identified With Special Health Care Needs by Program Component and Enrollment Status for State FY 2002-2003, 2003-2004, and 2004-2005

Program/Duration	FY 2002-2003		FY 2003-2004		FY 2004-2005	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
Medicaid						
New Enrollees (Single Page Application)	20	80	23	77	23	77
Established Enrollees-HMO	21	79	22	78	22	78
Established Enrollees-MediPass Only	30	70	32	68	33	67
Established Enrollees-MediPass wHMO	33	67	38	62	39	61
MediKids						
New Enrollees	8	92	13	87	19	81
Established Enrollees	15	85	13	87	20	80
Healthy Kids						
New Enrollees	19	81	21	79	24	76
Established Enrollees	23	77	21	79	26	74
CMSN						
New Enrollees	76	24	73	27	86	14
Established Enrollees	81	19	83	17	79	21

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 33 percent of MediPass and 26 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.

XI. Usual Source of Care

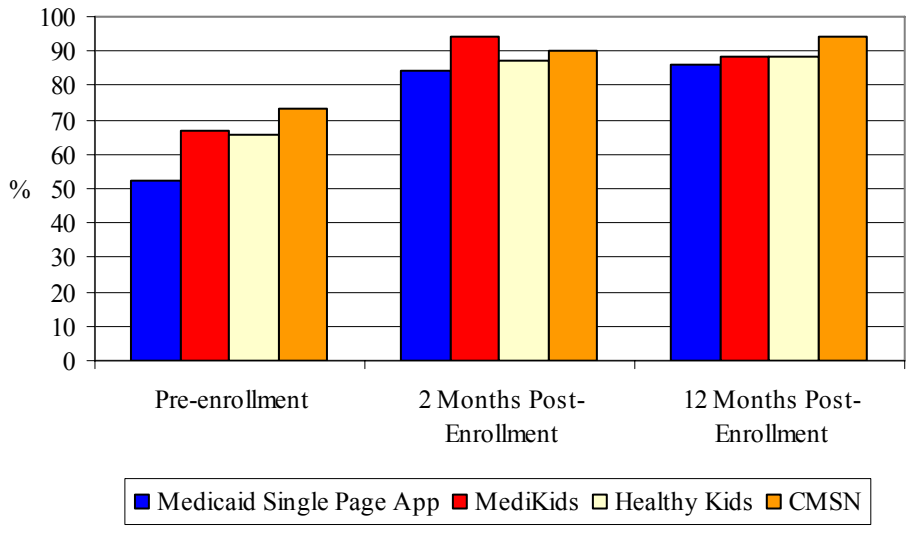
Background

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 during the telephone interviews for each of the KidCare Program components.

More than 85 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.

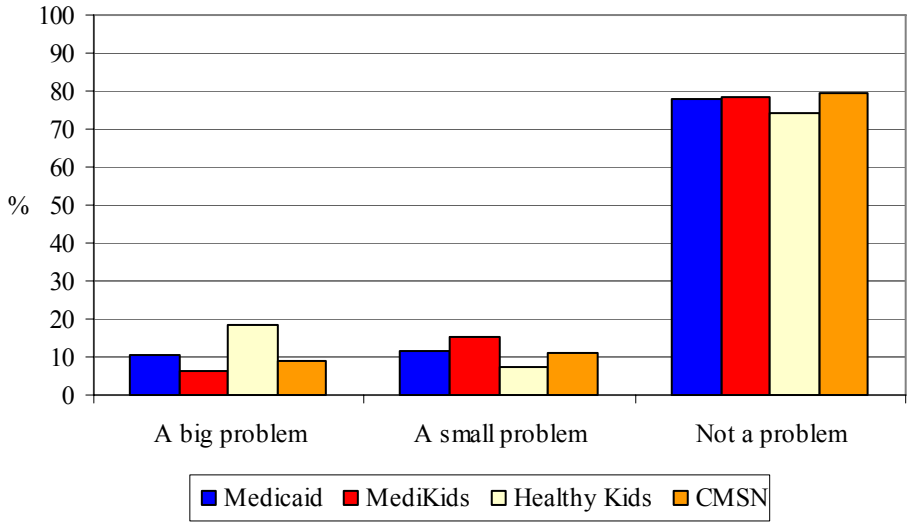
Families whose children were recently enrolleed were asked if their children had a usual source of care prior to entering the KidCare Program. In general, a high percentage of new enrollees had a usual source of care prior to KidCare Program enrollment. Among new enrollees in State FY 2004-2005, 53 percent of Medicaid, 67 percent of MediKids, 66 percent of Healthy Kids, and 73 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 85 percent by 12 months post-enrollment for all KidCare Program components. These results are summarized in Figure 16**.** These findings have been consistent over the six evaluation years.

Figure 16. Children with a Usual Source of Care by Program Component, State FY 2004-2005



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 74 to 80 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 17.

Figure 17. Respondents Reporting Problems with Obtaining a Usual Source of Care, State FY 2004-2005



XII. Family Satisfaction

Background

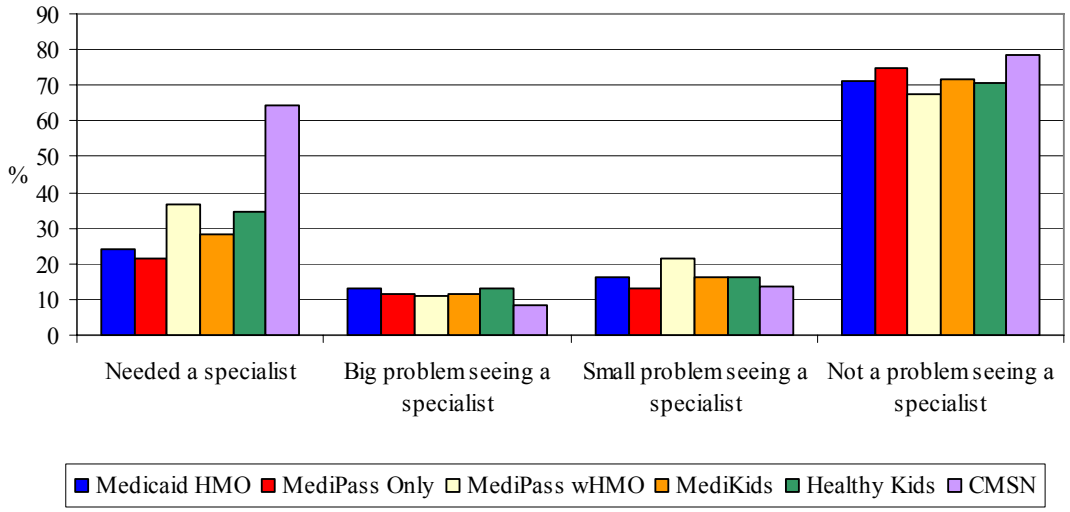
The Consumer Assessment of Health Plans Survey (CAHPS) was used during the telephone interviews to assess satisfaction with the KidCare Program among those families who had been enrolled 12 consecutive months or more. Versions of this instrument have been used in all seven of the evaluation years. The 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 aspects of care in the six months preceding the interview including getting health care from a specialist, getting specialized services, general health care experiences, health plan customer service, and dental care.

Getting Health Care From a Specialist

About 70 percent 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 six months preceding the interview. Twenty-four percent of Medicaid HMO enrollees, 22 percent of enrollees in MediPass in counties with no HMO option, 36 percent of enrollees in MediPass with HMO option, 28 percent of MediKids, 35 percent of Healthy Kids and 64 percent of CMSN enrollees needed specialty care (Figure 18). 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 families that needed specialty care, about 70 percent said it was "not a problem" to get a referral for such care.

Figure 18. Established Enrollees Needing and Getting Specialty Care, State FY 2004-2005

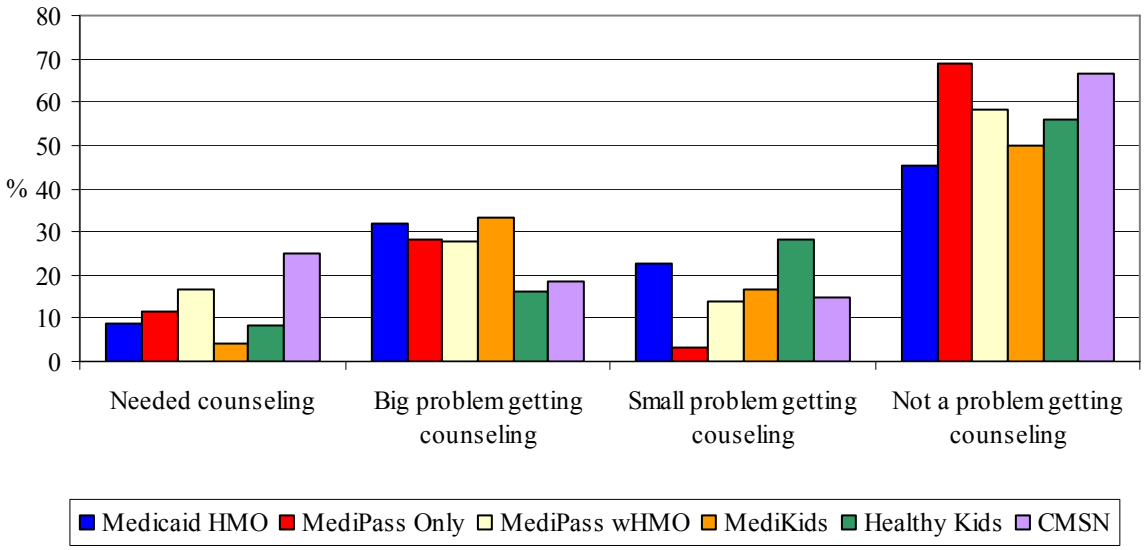


Note: "MediPass Only" describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan.

Access to Mental Health Services

The CAHPS contains a series of questions about the need for and receipt of behavioral treatment or counseling. About 17 percent of MediPass wHMO and 25 percent of CMSN parents indicated that their children had a behavioral or emotional problem for which they needed counseling (Figure 19). Smaller shares of families whose children were in the Medicaid HMO (9 percent), MediPass Only (11 percent), MediKids (4 percent), and Healthy Kids (8 percent) reported needing specialized mental health services. Of those families that did need mental health services, over half (55 percent) reported it was "not a problem" to receive such care.

Figure 19. Established Enrollees Needing and Getting Mental Health Care, State FY 2004-2005



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 23 contains families' responses about their children's health care experiences in the six months preceding the interview. Family satisfaction has been very strong over the past six 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 2004-2005 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 23. Family Satisfaction with Their Children's Health Care, State FY 2004-2005

Item	Medicaid HMO	MediPass Only	MediPass wHMO	MediKids	Healthy Kids	CMSN
Did you make any appointments for routine care?						
Yes	48.8	53.6	56.9	59.3	54.9	68.7
No	51.2	46.5	43.1	40.7	45.1	31.3
How often did you get that appointment as quickly as you wanted?						
Never	1.6	3.3	1.4	1.1	4.4	0.5
Sometimes	15.2	13.3	8.1	5.1	13.1	15.1
Usually	17.6	15.2	22.3	14.9	16.9	23.3
Always	65.6	68.2	68.2	78.9	65.6	61.2
Did your child have an illness or injury where you needed care right away?						
Yes	30.6	30.4	28.6	36.5	26.4	44.0
No	69.4	69.6	71.4	63.5	73.6	56.0
Did you get that care as soon as you wanted?						
Never	3.9	7.0	4.0	2.7	1.3	0.0
Sometimes	11.5	5.8	10.7	6.4	7.9	11.5
Usually	11.5	11.6	22.7	15.5	17.1	18.3
Always	73.1	75.6	62.7	75.5	73.7	70.2
Did your child need any specialist care?						
Yes	24.2	21.6	36.4	28.4	34.6	64.3
No	75.8	78.5	63.6	71.6	65.4	35.7
If your child needed to see a specialist, how much of a problem was it to get a referral?						
A big problem	12.9	11.7	10.8	11.8	13.1	8.3
A small problem	16.1	13.3	21.5	16.5	16.2	13.5
Not a problem at all	71.0	75.0	67.7	71.8	70.7	78.2
How much of a problem was it for you to get the care you believed was necessary for your child?						
A big problem	5.4	7.7	5.9	6.5	5.1	4.6
A small problem	18.9	10.3	12.9	10.5	14.4	14.2
Not a problem at all	75.7	82.1	81.2	83.1	80.5	81.3
How much of a problem were delays in your child's care while you waited for plan approval?						
A big problem	14.3	23.1	7.7	9.8	14.3	6.8
A small problem	28.6	11.5	28.2	33.3	28.6	24.8
Not a problem at all	57.1	65.4	64.1	56.9	57.1	68.4
How often was child taken to the exam room within 15 minutes?						
Never	35.1	26.4	30.1	30.6	34.7	25.3
Sometimes	24.9	27.8	25.6	24.6	24.1	26.9
Usually	17.6	17.6	13.7	20.2	21.1	24.5
Always	22.4	28.2	30.6	24.6	20.2	23.3
How often were you treated with courtesy and respect?						
Never	3.4	4.0	2.7	1.2	3.5	0.4
Sometimes	6.7	9.7	3.7	2.4	5.6	4.7
Usually	10.1	6.1	7.8	12.4	10.3	13.4
Always	79.9	80.3	85.8	84.1	80.6	81.4
Is your child old enough to talk to the doctor?						
Yes	63.6	72.1	67.9	57.6	92.6	83.5
No	36.4	28.0	32.1	42.4	7.4	16.5
Did the doctor explain things in a way your child could understand?						
Never	9.0	7.3	6.1	4.9	6.6	4.3
Sometimes	11.3	8.5	5.4	11.9	6.6	6.6
Usually	9.0	16.4	5.4	9.8	12.7	11.9
Always	70.7	67.9	83.1	73.4	74.2	77.3

Table 23. Continued

Item	Medicaid HMO	MediPass Only	MediPass wHMO	MediKids	Healthy Kids	CMSN
How often did the doctor spend enough time with your child?						
Never	5.7	6.1	4.6	2.0	3.9	2.0
Sometimes	17.7	14.5	15.6	12.4	10.8	10.6
Usually	16.3	13.6	17.4	18.3	18.2	17.7
Always	60.3	65.8	62.4	67.3	67.1	69.7
Does your child have special health care needs that require help in school?						
Yes	9.4	15.6	12.8	9.1	5.7	23.5
No	90.6	84.4	87.2	90.9	94.4	76.5
Did your child's doctor talk to the school about these needs?						
Yes	100.0	85.7	96.0	94.4	100.0	90.0
No	0.0	14.3	4.0	5.6	0.0	10.0

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 70 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 six months preceding the telephone survey. Twenty-eight to 44 percent of families reported that at some time in the past six months their children needed care immediately due to illness and injury. Access to care in these instances was good with 70 percent of families overall reporting that the children "always" received care for illness or injury as soon as they wanted; the range by program component was from 63 percent to 76 percent. More than 75 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 80 percent felt that their children's doctors "always" treated them with courtesy and respect and over 60 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.

XIII. Dental Care

Background

Earlier evaluations found 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 an annual cap of $750 on dental benefits per enrollee, this should not impact check-ups and preventive care visits to dental providers.

Findings

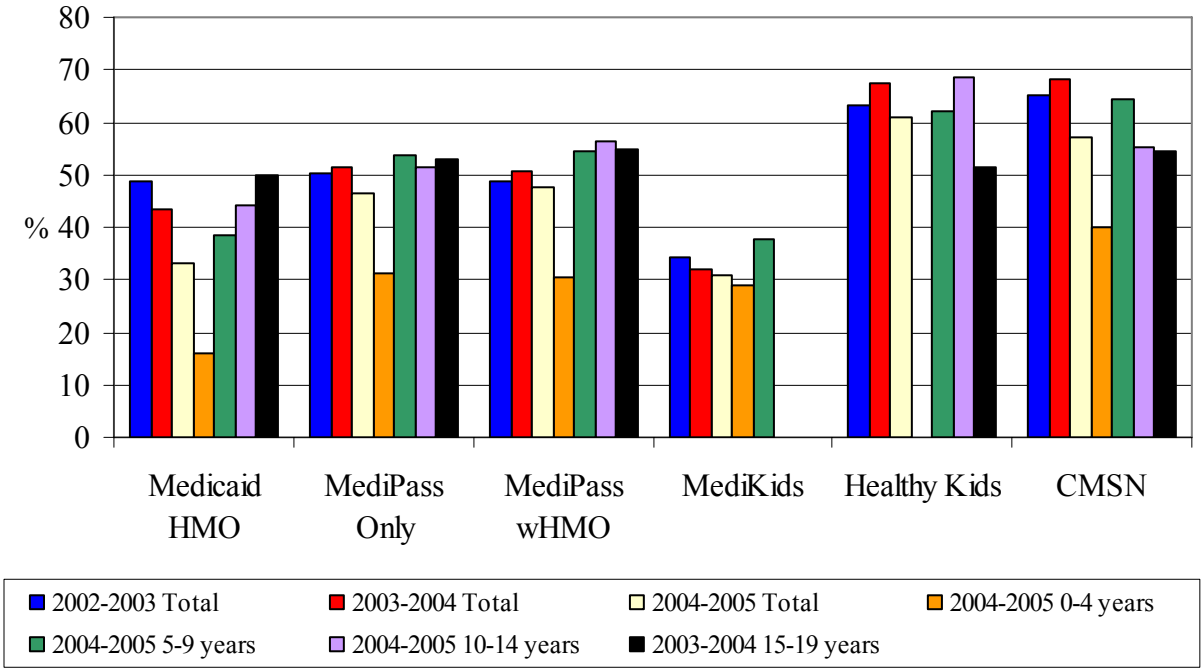
The CAHPS survey instrument contains items about use of and satisfaction with dental care. The percentage of children using dental services by KidCare Program component is shown in Figure 20. Overall, 43 percent of children received dental care. A higher percentage of children in Healthy Kids (61 percent) and CMSN (57 percent) saw a dentist in the last six months when compared to Medicaid HMO (33 percent), MediPass wHMO (48 percent), and MediPass Only (46 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 31 percent of MediKids enrollees saw a dentist in the six months to the interview. Among 0-4 year olds only, MediKids (30 percent) has higher use of dental services than Medicaid HMO (16 percent), but lower use than MediPass Only (31 percent) and CMSN (40 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 21 shows the families' ratings of the dental care their children received. Overall, 48 percent of respondents rated their dental care as a "10". An additional 28 percent rated their dental providers an "8" or a "9".

Recommendations

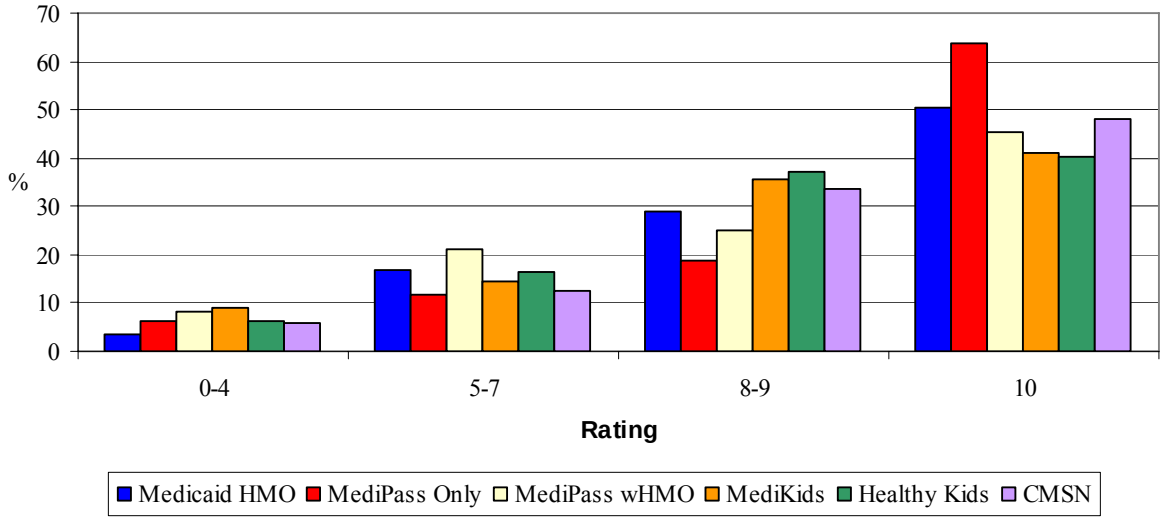
Families with younger children might benefit from education about the importance of taking small children to the dentist. Guidelines for dental care vary for very young children but it is essential for them to receive dental visits beginning as early as 12 months of age.

Figure 20. Children Seeing a Dentist in the Last Six Months, State FY 2002-2003 and 2003-2004 All Ages, and State FY 2004-2005 by Age



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 21. Families' Ratings (on a Scale of Zero Equals Worst to Ten Equals Best) of Their Children's Dental Care, State FY 2004-2005



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.

XIV. 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/preventive care visits. 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. Because the CAHPS module used for the Established Enrollee survey asks about experiences in the six months prior to the interview, parents were asked if their child had a visit for routine care during the six month reference period. This information is used to assess compliance with well-child visit guidelines for those two years of age and older. Eighty-three percent of parents of established KidCare enrollees reported their child received a routine visit during the six month reference period. 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 24.

About 9 percent of KidCare enrollees have BMIs of 30 or greater; this share is almost identical to the 8 percent found in the prior KidCare Evaluation. Variations were found by program and race-ethnicity. Thirteen percent of CMSN enrollees are obese compared to 11 percent of MediPass enrollees in areas with an HMO option, 9 percent of MediPass in areas without an HMO option, 8 percent of Medicaid HMO, 7 percent of Healthy Kids, and 3 percent of MediKids. Eleven percent of black children are obese compared to 9 percent of Hispanic children and 6 percent of non-Hispanic white children. Obesity levels were highest among black children in CMSN (18 percent), Healthy Kids and MediPass in areas without an HMO option (both 15 percent), and Hispanic children in MediPass in areas with an HMO option (15 percent).

Parents were also asked if their regular health care provider had discussed three healthy lifestyle issues with them. Figure 22 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-seven percent of families had discussed healthy eating with their provider, 70 percent report discussing their child's physical activity and 72 percent report discussing their child's weight. A larger share (84 percent) of parents of children with a BMI of 30 of greater report discussing their child's weight with their health care provider.

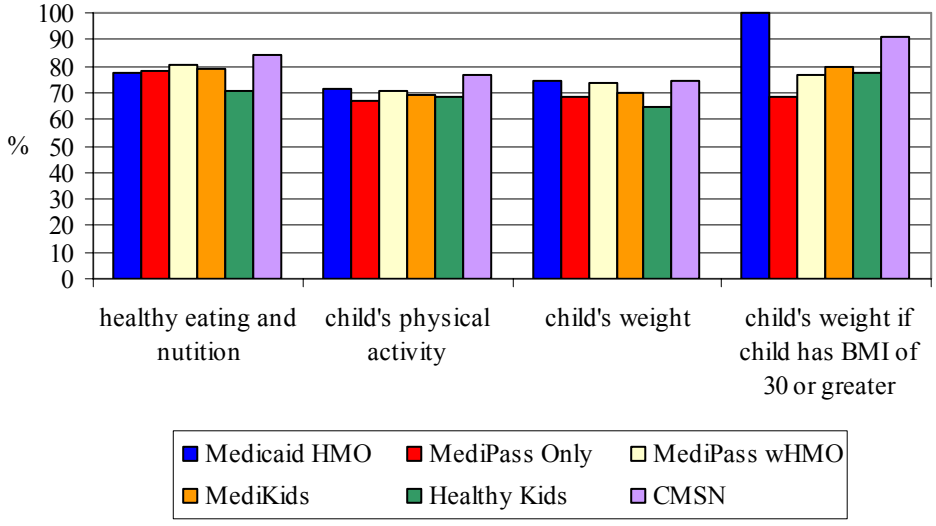
Notably, all Medicaid HMO parents with obese children reported discussing their child's weight with a health provider.

Table 24. Body Mass Index for Established Enrollees, by KidCare Program, State FY 2004-2005

	Overall	Medicaid HMO	MediPass Only	MediPass wHMO	MediKids	Healthy Kids	CMSN
Mean, ages 2-18	21.7	21.1	21.4	22.6	18.8	21.8	22.8
Median, ages 2-18	20.4	19.7	19.8	20.4	17.6	21.0	21.7
% of enrollees ages 2-18 with BMI of 30 or greater, by race-ethnicity							
Total	8.6	7.6	8.7	10.6	3.2	7.2	12.7
Hispanic	9.1	5.3	10.5	14.6	2.4	5.8	5.9
Black Non-Hispanic	10.9	10.5	14.6	9.5	4.6	14.8	18.2
White Non-Hispanic	6.1	7.3	4.7	7.0	3.5	4.5	11.8
Mean, ages 10-18	23.0	22.2	23.7	24.3	n/a	22.3	23.9
Median, ages 10-18	21.4	21.4	21.9	21.4	n/a	21.5	22.5
% of enrollees ages 10-18 with BMI of 30 or greater	8.6	4.5	13.1	12.6	n/a	7.5	14.9

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 22. Percentage of Established Enrollee Families' Reporting Discussing Healthy Lifestyle Issues with their Health Care Provider, State FY 2004-2005



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

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.

Compliance with the tetanus booster for adolescents is 99 percent .

Table 25 shows that overall compliance with all of the individual immunizations was very high in State FY 2004-2005. Ninety-six percent of families report their children to be compliant with the Varicella recommendation, while 94 percent are compliant with MMR recommendations, and 88 percent are compliant with DTP recommendations. Almost all (99 percent) of families of adolescents report their children are compliant with the Tetanus Booster vaccine recommendation.

Compared to prior years, a large increase in seen in compliance with pneumococcal vaccine recommendations. This vaccine was first added to the AAP's recommendations in 2001, so it is not surprising that it has taken several years for families to recognize and report on this vaccine. In State FY 2004-2005, 52 percent of eligible families report compliance with the pneumococcal vaccine recommendation, up from just 26 percent in the prior fiscal year.

[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 25. Immunization Compliance among Established KidCare Enrollees, State FY 2002-2003, 2003-2004, and 2004-2005

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

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

State Fiscal Year 2004-2005	Overall	Medicaid HMO	MediPass Only	MediPass wHMO	MediKids	Healthy Kids	CMSN
DTP	88.4	87.6	89.4	89.7	87.2	87.4	87.9
Polio	79.9	81.3	79.5	80.1	76.6	75.5	78.7
HIB	64.0	61.6	64.0	65.5	67.5	68.1	65.4
MMR	93.7	93.4	91.4	95.3	97.4	92.6	91.1
Hepatitis B	80.0	80.3	77.2	81.1	81.3	78.1	80.9
Varicella	95.7	96.2	92.0	96.2	92.2	95.2	97.2
Tetanus Booster	99.1	99.0	99.6	99.0	N/A*	99.0	97.9
Pneumococcal	51.5	50.6	48.2	52.3	49.7	55.2	49.7

*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.

XV. 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 surveys 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? Eight percent of recent enrollees were covered by employer-based family coverage at some time in the twelve months preceding their KidCare Program enrollment, but only three-quarters of those with coverage prior to enrollment have current access to employer-based family coverage. Figure 23 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 26 presents a detailed analysis of access to current coverage for the parents of New Enrollees. Only 25 percent of families report having access to employer-provided family coverage. It should be noted that this survey response is not a confirmed client attestation. Access to employer based coverage for New Enrollee families by poverty level is presented in Table 27.

About 25 percent of New Enrollee families have access to employer-based family coverage but the cost of such coverage is about 9 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 $195 per month, which represented on average 9 percent of their total household income (Table 26). 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 34 percent of New Enrollee families with access to employer based family coverage (25 percent of the all New Enrollee families) 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? About three-quarters (74 percent) of those with current access had no coverage in the entire year prior to enrollment. Five percent with current access were covered for less than six months out of the year prior to enrollment. Seventeen percent of those with current access were covered for six to eleven months of the year prior to enrollment. Two 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, 18 percent had access to employer-provided coverage (Table 28). Established enrollee families in poverty had lower rates of access and eligibility than higher income families (Table 29). Less than a fifth of families of established enrollees in Medicaid HMOs or MediPass report access to employer-provided coverage compared to over 29 percent of established enrollees in the Title XXI programs (Table 30).

Figures 24, 25 and 26 summarize the share of enrollees with current access to employer-provided coverage. The final figure includes crowd-out summaries for the past three fiscal years as well as the current year; methodological changes for the current evaluation were also applied to the prior years.

Figure 23. Children with Employer-Based Coverage at Some Point in the Twelve Months Preceding KidCare Program Enrollment, State FY 2004-2005

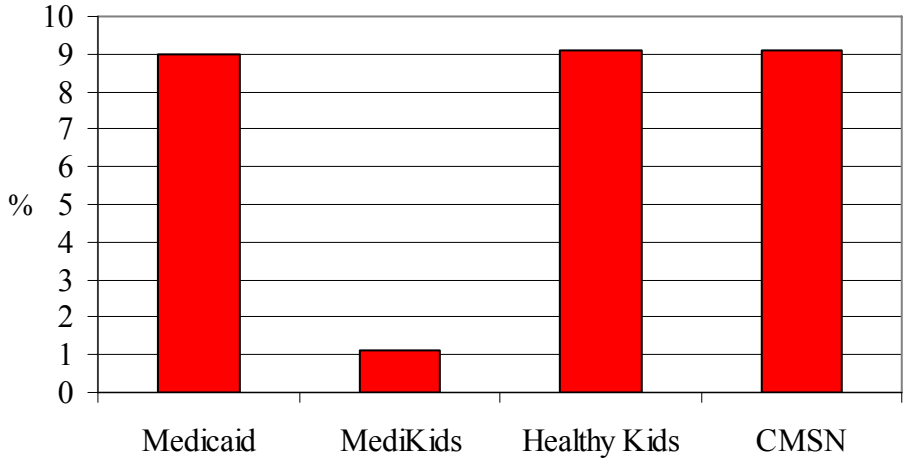


Table 26. Access to Insurance and Its Cost for Families of New Enrollees, State FY 2004-05

Characteristics of New Enrollees	N	% of Total
Total number of families enumerated by the survey.*	23,275	100.00
Yes, the family has one or two parents who are employed.	20,880	89.71
No, the family does not have a parent who is employed.	2,257	9.70
Number of families who did not respond to the item.	138	0.59
Yes, working parent's employer offers some type of insurance coverage.	11,098	47.68
No, working parent's employer does not offer insurance coverage.	8,594	36.92
Families in which parents are not employed; they are ineligible to respond to this item.	2,395	10.29
Families who did not respond to the item; their eligilibity for this item is unknown.	1,188	5.10
Yes, working parent is eligible for some type of coverage through their employer.	9,133	39.24
No, the working parent is not eligible for any coverage through their employer.	1,471	6.32
Families in which parents are not employed or their employer does not offer coverage; they are ineligible to respond to this item.	10,989	47.21
Families who did not respond to the item; their eligilibity for this item is unknown.	1,682	7.23
Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of New Enrollees.	***5,912***	***25.40***
No, only employee coverage is available to the working parent through their employer.	2,522	10.84
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.	12,460	53.53
Families who did not respond to the item; their eligilibity for this item is unknown.	2,381	10.23
Yes, the working parent is enrolled in some type of employer-provided coverage.	5,435	23.35
No, the working parent is not enrolled in any type of employer-provided coverage.	2,861	12.29
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.	12,460	53.53
Families who did not respond to the item; their eligilibity for this item is unknown.	2,519	10.82
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? (%)*	$76	4.96
For those parents eligible for family coverage, what is the mean monthly premium? ($) That family premium (annualized) would be what share of the average New Enrollee household's yearly income? (%)*	$195	9.45

* 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 27. Access to Insurance for Families of New Enrollees, by Poverty, State FY 2004-05

Characteristics of New Enrollees	N	% of Total
Total number of families enumerated by the survey, under 100% of FPL.	8,060	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	***1,555***	***19.29***
No, only employee coverage is available to the working parent through their employer.	865	10.73
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.	4,903	60.83
Families who did not respond to the item; their eligilibity for this item is unknown.	737	9.14
Total number of families enumerated by the survey, 101-132% of FPL.	4,100	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.	***1,175***	**28.66**
No, only employee coverage is available to the working parent through their employer.	438	10.68
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.	1,823	44.46
Families who did not respond to the item; their eligilibity for this item is unknown.	664	16.20
Total number of families enumerated by the survey, 133-149% of FPL.	1,848	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.	***398***	**21.54**
No, only employee coverage is available to the working parent through their employer.	388	21.00
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.	839	45.40
Families who did not respond to the item; their eligilibity for this item is unknown.	223	12.07
Total number of families enumerated by the survey, 150-184% of FPL.	3,218	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.	***876***	**27.22**
No, only employee coverage is available to the working parent through their employer.	383	11.90
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.	1,666	51.77
Families who did not respond to the item; their eligilibity for this item is unknown.	293	9.11
Total number of families enumerated by the survey, 185% of FPL or greater.	6,049	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.	***1,908***	**31.54**
No, only employee coverage is available to the working parent through their employer.	448	7.41
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.	3,229	53.38
Families who did not respond to the item; their eligilibity for this item is unknown.	464	7.67

Table 28. Access to Insurance for Families of Established Enrollees, State FY 2004-2005

Characteristics of Established Enrollees	N	% of Total
Total number of families enumerated by the survey.	604,150	100.00
Yes, the family has one or two parents who are employed.	452,442	74.89
No, the family does not have a parent who is employed.	113,082	18.72
Number of families who did not respond to the item.	38,626	6.39
Yes, working parent's employer offers some type of insurance coverage.	210,658	34.87
No, working parent's employer does not offer insurance coverage.	203,158	33.63
Families in which parents are not employed; they are ineligible to respond to this item.	151,708	25.11
Families who did not respond to the item; their eligilibity for this item is unknown.	38,626	6.39
Yes, working parent is eligible for some type of coverage through their employer.	165,669	27.42
No, the working parent is not eligible for any coverage through their employer.	41,475	6.87
Families in which parents are not employed or their employer does not offer coverage; they are ineligible to respond to this item.	354,866	58.74
Families who did not respond to the item; their eligilibity for this item is unknown.	42,140	6.98
Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of Established Enrollees.	***111,431***	***18.44***
No, only employee coverage is available to the working parent through their employer.	50,352	8.33
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.	396,341	65.60
Families who did not respond to the item; their eligilibity for this item is unknown.	46,026	7.62
Yes, the working parent is enrolled in some type of employer-provided coverage.	101,907	16.87
No, the working parent is not enrolled in any type of employer-provided coverage.	59,832	9.90
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.	396,341	65.60
Families who did not respond to the item; their eligilibity for this item is unknown.	46,070	7.63

Table 29. Access to Insurance for Families of Established Enrollees by Poverty, SFY 04-05

Characteristics of Established Enrollees	N	% of Total
Total number of families enumerated by the survey, under 100% of FPL.	338,641	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	***29,983***	***8.85***
No, only employee coverage is available to the working parent through their employer.	24,057	7.10
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.	257,235	75.96
Families who did not respond to the item; their eligilibity for this item is unknown.	27,366	8.08
Total number of families enumerated by the survey, 101-132% of FPL.	86,095	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.	***25,033***	**29.08**
No, only employee coverage is available to the working parent through their employer.	6,239	7.25
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.	50,457	58.61
Families who did not respond to the item; their eligilibity for this item is unknown.	4,366	5.07
Total number of families enumerated by the survey, 133-149% of FPL.	27,435	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.	***10,016***	**36.51**
No, only employee coverage is available to the working parent through their employer.	4,025	14.67
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.	11,218	40.89
Families who did not respond to the item; their eligilibity for this item is unknown.	2,176	7.93
Total number of families enumerated by the survey, 150-184% of FPL.	43,324	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.	***10,980***	**25.34**
No, only employee coverage is available to the working parent through their employer.	6,047	13.96
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.	23,841	55.03
Families who did not respond to the item; their eligilibity for this item is unknown.	2,456	5.67
Total number of families enumerated by the survey, 185% of FPL or greater.	108,655	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.	***35,419***	**32.60**
No, only employee coverage is available to the working parent through their employer.	9,984	9.19
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.	53,590	49.32
Families who did not respond to the item; their eligilibity for this item is unknown.	9,662	8.89

Table 30. Access to Insurance for Families of Established Enrollees by Program, SFY 04-05

Characteristics of Established Enrollees	N	% of Total
Total number of families enumerated by the survey, Medicaid HMO.	262,624	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.	***40,752***	***15.52***
No, only employee coverage is available to the working parent through their employer.	20,376	7.76
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.	182,252	69.40
Families who did not respond to the item; their eligilibity for this item is unknown.	19,244	7.33
Total number of familiess enumerated by the survey, MediPass Only.	47,908	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.	***7,511***	**15.68**
No, only employee coverage is available to the working parent through their employer.	2,842	5.93
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.	32,074	66.95
Families who did not respond to the item; their eligilibity for this item is unknown.	5,481	11.44
Total number of families enumerated by the survey, MediPass wHMO.	188,265	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.	***30,970***	**16.45**
No, only employee coverage is available to the working parent through their employer.	11,410	6.06
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.	130,400	69.26
Families who did not respond to the item; their eligilibity for this item is unknown.	15,485	8.23
Total number of families enumerated by the survey, MediKids	5,400	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for families of Established Enrollees in MediKids.	***1,548***	**28.67**
No, only employee coverage is available to the working parent through their employer.	720	13.33
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.	2,772	51.33
Families who did not respond to the item; their eligilibity for this item is unknown.	360	6.67
Total number of families enumerated by the survey, Healthy Kids.	97,569	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.	***29,970***	**30.72**
No, only employee coverage is available to the working parent through their employer.	14,652	15.02
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.	47,619	48.81
Families who did not respond to the item; their eligilibity for this item is unknown.	5,328	5.46
Total number of families enumerated by the survey, CMSN.	2,384	100.00
Yes, family coverage is available to the parent through their employer. This measures crowd-out for families of Established Enrollees in CMSN	***680***	***28.52***
No, only employee coverage is available to the working parent through their employer.	352	14.77
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.	1,224	51.34
Families who did not respond to the item; their eligilibity for this item is unknown.	128	5.37

Figure 24. Distribution of Families of New Enrollees in KidCare by Their Access to Employer-Provided Insurance Coverage, State FY 2004-2005

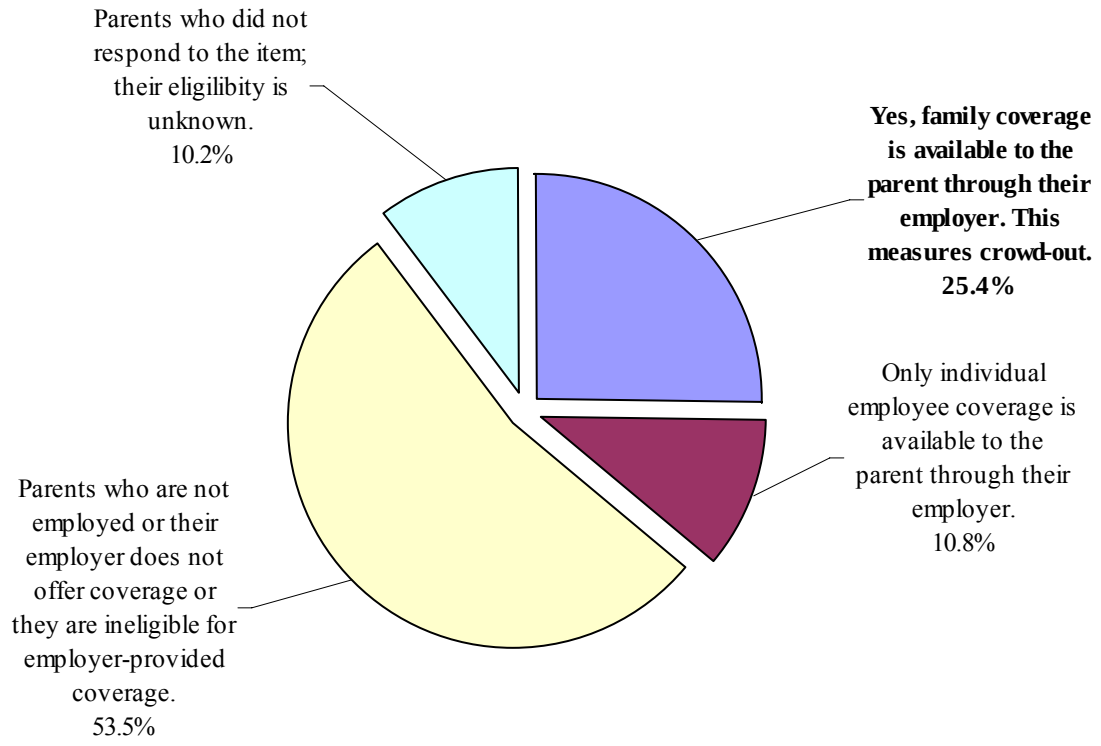


Figure 25. Distribution of Families of Established Enrollees in KidCare by Their Access to Employer-Provided Insurance Coverage, State FY 2004-2005

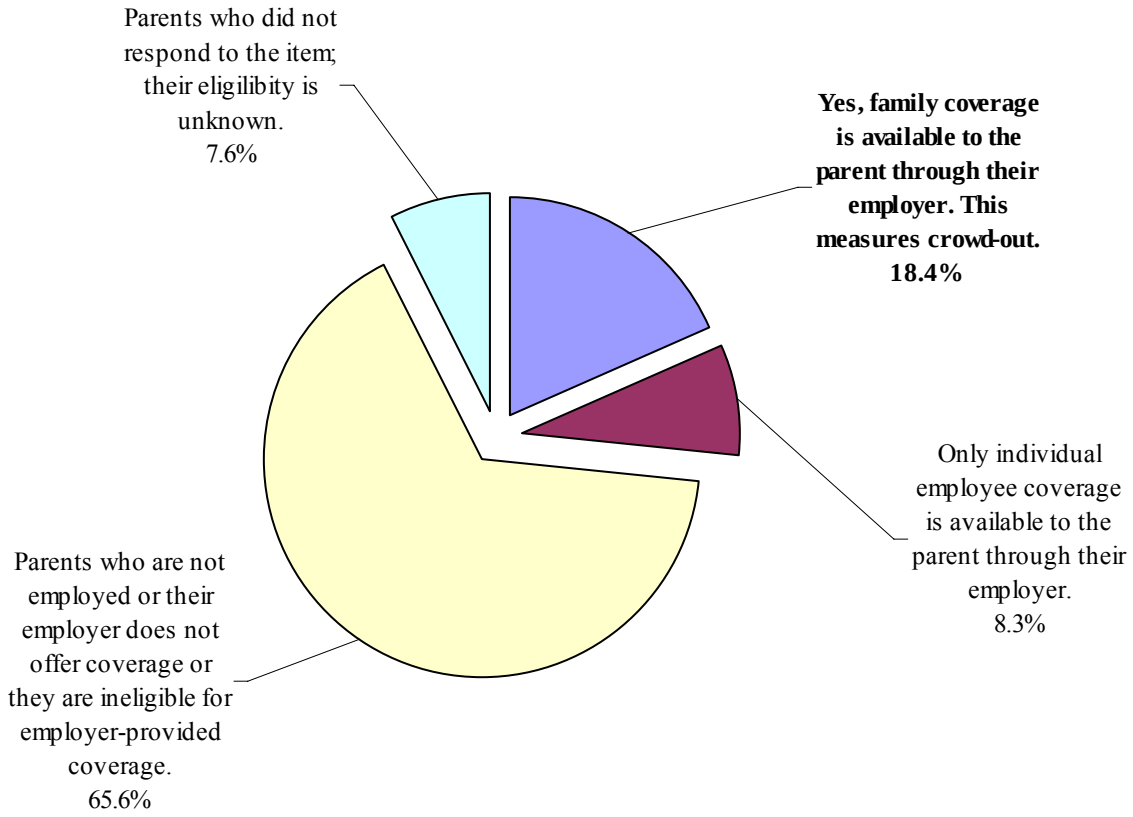
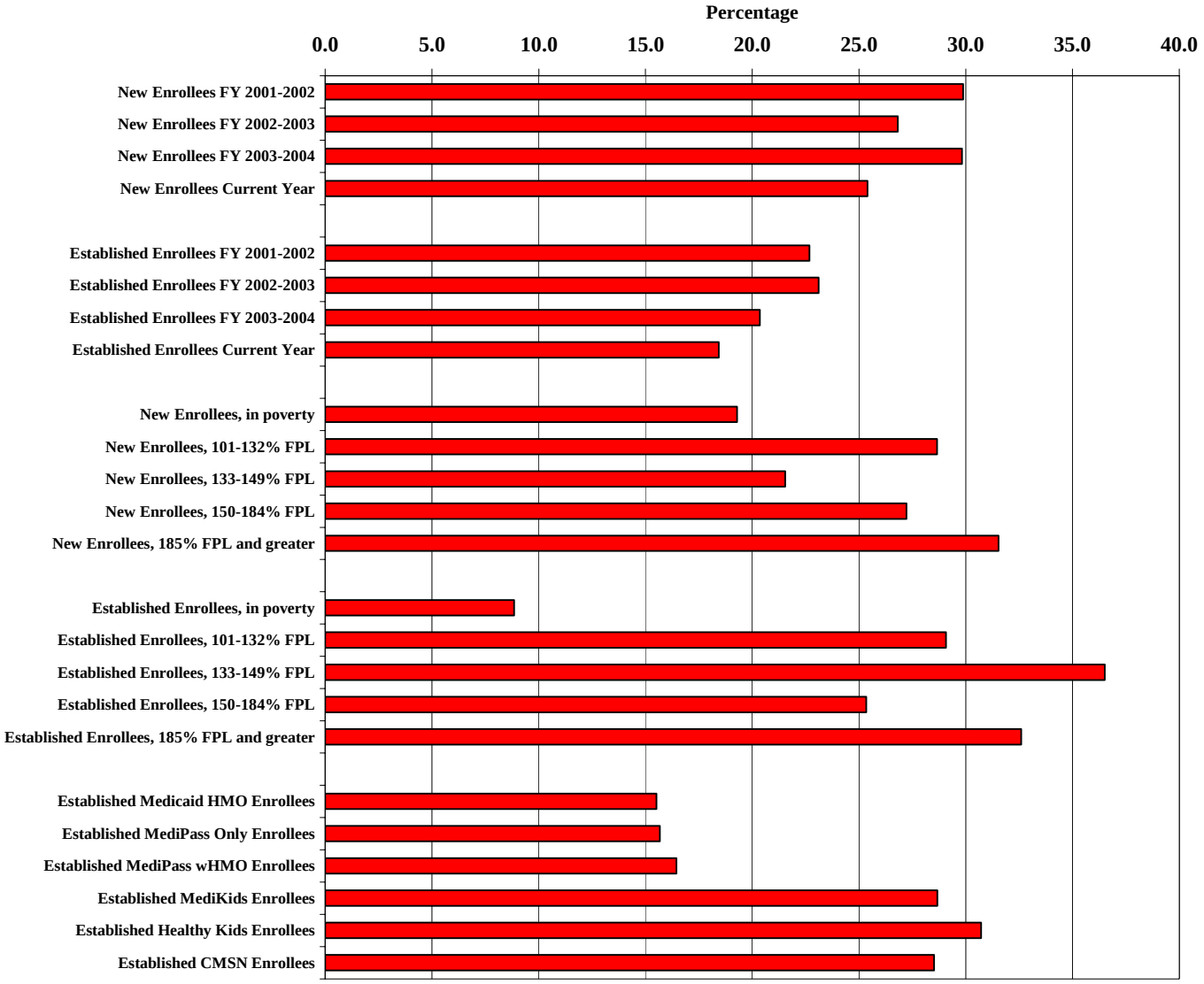


Figure 26. Summary of KidCare Families with Access to Employer-Provided Coverage



XVI. Demographic and Household Characteristics of Established Enrollees

In addition to collecting information on experiences with care and satisfaction with KidCare, the telephone interviews with established enrollee families collected a variety of information on demographic and socioeconomic characteristics of the child and the household. This section of the evaluation provides the reader with supplemental detail on the composition of KidCare's long-term enrollee population.

Enrollees' Race and Ethnicity

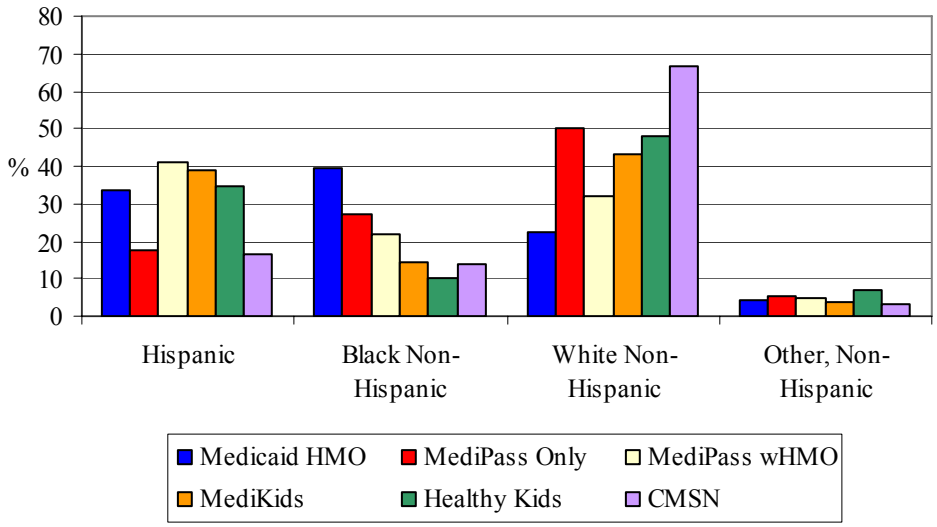
Each of the KidCare program components serves a substantial percentage of racial and ethnic minority children (Figure 27). Twenty-three percent of children enrolled in Medicaid HMOs are non-Hispanic white, while 40 percent are non-Hispanic black and 34 percent are Hispanic. In MediPass in counties with an HMO option, 32 percent of enrollees are non-Hispanic white, while 14 percent are non-Hispanic black, and 41 percent are Hispanic. Forty-three percent of MediKids enrollees are non-Hispanic white, while 14 percent are non-Hispanic black, and 39 percent are Hispanic. The three remaining programs (CMSN, MediPass in counties without HMO options, and Healthy Kids) range in their share of minority children from 33 percent to 50 percent and 52 percent, respectively.

Overall, 35 percent of children served by the KidCare Program are Hispanic.

Overall, 35 percent of children served by the KidCare program are Hispanic. This share is five percentage points higher than the prior evaluation. The Hispanic enrollees have a variety of national ancestries, primarily Mexican (31 percent), Puerto Rican (23 percent), and Cuban (15 percent) (Figure 28).

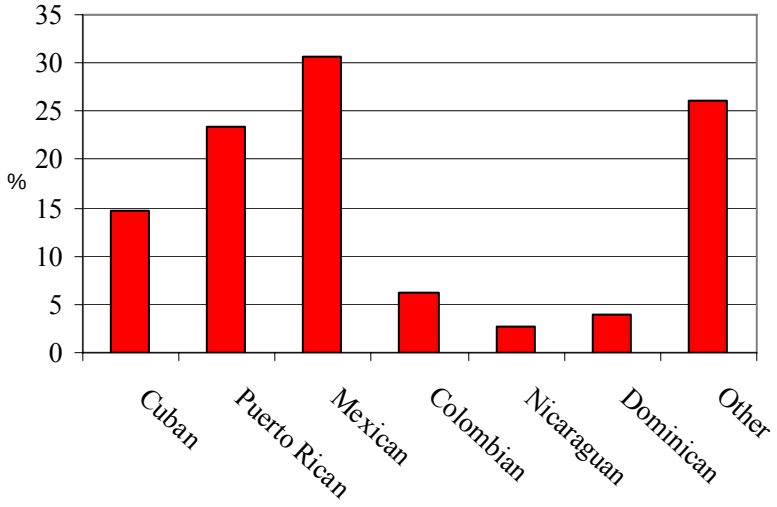
The large Hispanic share of the established enrollee population was investigated for Medicaid and MediPass enrollees using administrative data. Almost 90 percent of children in Medicaid have race information on record with AHCA. Hence, the racial composition reported by sampled families can be compared to that of the administrative data "universe". Hispanics comprise 24 percent of the Medicaid HMO universe, 13 percent of the MediPass in counties without an HMO option universe, and 35 percent of the MediPass in counties with an HMO option universe. For both MediPass groups, the Hispanic share reported by the survey respondents is within the confidence intervals of the share found within the administrative universe. The Hispanic share of Medicaid HMO families is higher than expected given the administrative findings and the confidence intervals, but not unreasonably so. Only 9 percent of Title XXI enrollees have provided race data to the Florida Healthy Kids Corporation, so a similar comparison cannot be performed for the Title XXI population.

Figure 27. Children's Race and Ethnicity By KidCare Program Component, State FY 2004-2005



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 28. Hispanic Enrollees by Ancestry Group, State FY 2004-2005



Overall, 16 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 (79 percent overall), but 16 percent of enrollees report speaking Spanish as their primary language at home. Less than five percent of respondents reported speaking a primary language in the home other than English and Spanish. For example, Vietnamese, Mandarin, 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 are administered in English and Spanish; Creole interviewers are available upon request. 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 that could not be accommodated by the Spanish or Creole interviewers.

Enrollees' Gender and Age

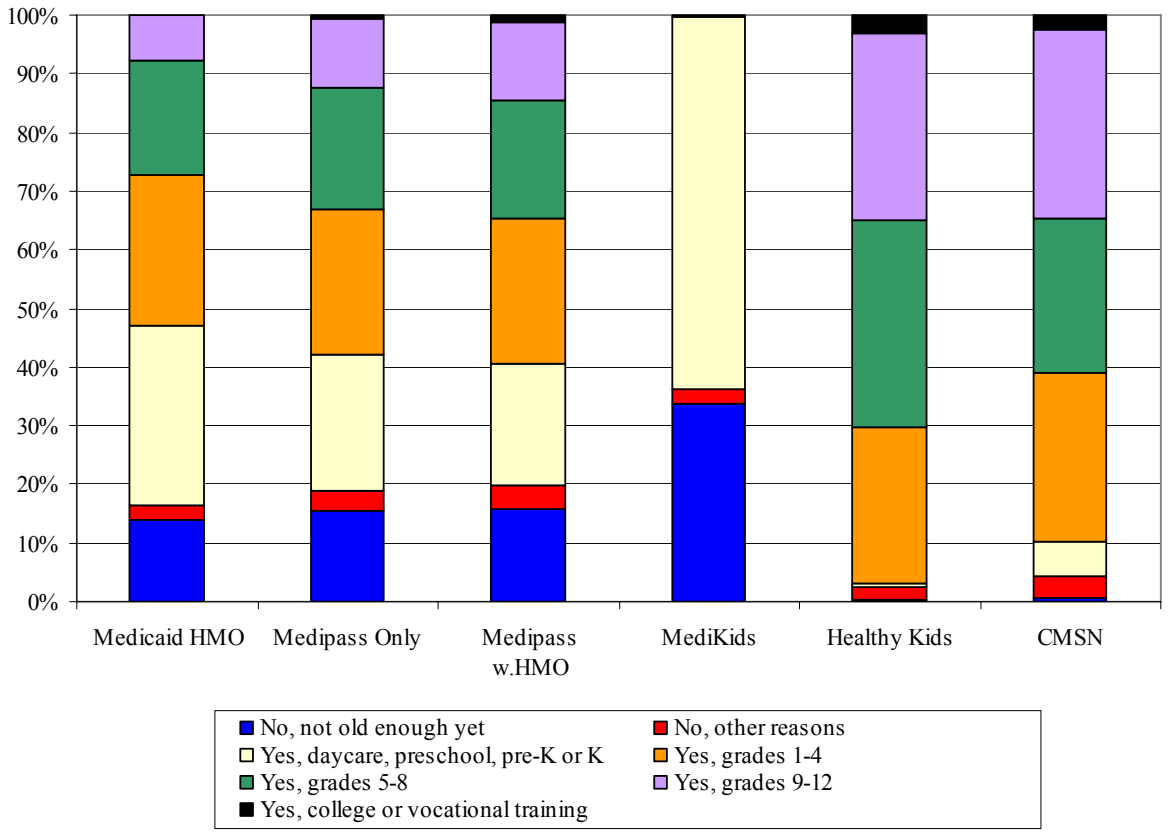
Overall, 50.1 percent of enrollees are male and 49.9 percent are female. A slightly larger share of boys than girls is expected because the natural United States sex ratio at birth has a slight male majority.

As expected, the MediKids program has the youngest enrollees, about four years of age on average (3.90±0.74). Medicaid HMO enrollees are 7.44 years on average (±4.50), MediPass Only enrollees are 8.17 years on average (±4.72), MediPass wHMO enrollees are 8.31 years on average (±5.03), Healthy Kids enrollees are 12.43 years (±3.61), and CMSN enrollees are 12.26 years (±4.02), on average. No significant differences in age across the seven evaluation years were noted.

Enrollees' School Enrollment

Over 84 percent of children are enrolled in school or daycare/preschool. Thirteen percent of children are not in school because they are too young and three percent of children are not in school for other reasons such as permanent expulsion or illness. Figure 29 displays the school enrollment status and grade level reported for children in KidCare programs. The grade level distribution is primarily a function of the age distributions within each of the KidCare programs.

Figure 29. School Enrollment and Grade Level, State FY 2004-2005

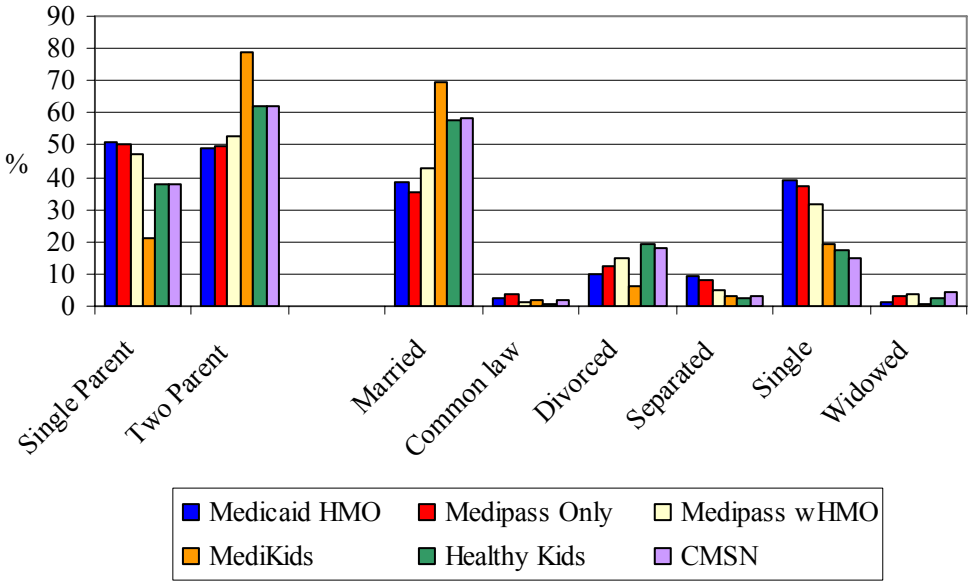


Household Type and Marital Status

The majority (53 percent) 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 (79 percent compared to 49 percent in Medicaid HMOs, 50 percent in MediPass only counties, 53 percent in MediPass in counties with an HMO option, 62 percent in Healthy Kids, and 62 percent in CMS).

Similarly, 45 percent of respondents are married. The lowest percentage of married respondents is found among enrollees in MediPass in counties with an HMO option – 39 percent. Figure 30 shows the household type and marital status for the different KidCare Program components.

Figure 30. Household Type and Respondent Marital Status, State FY 2004-2005



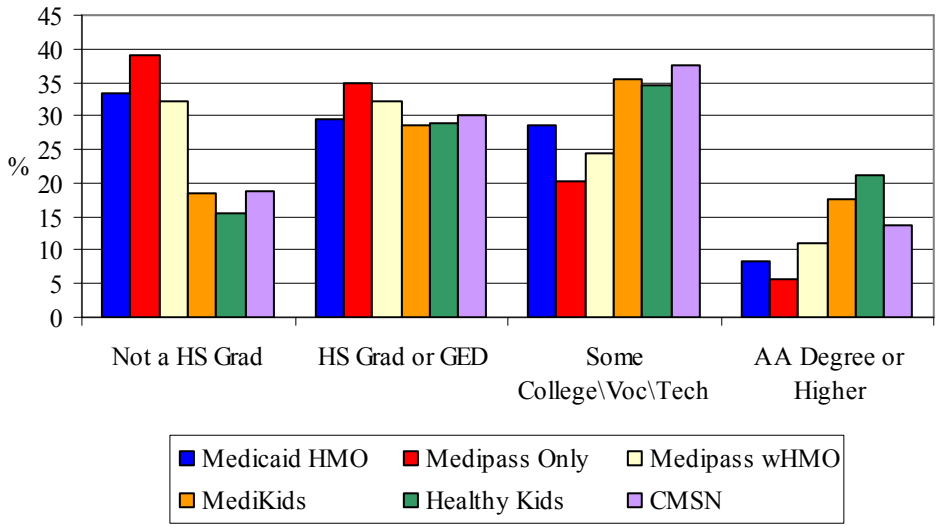
Note: "MediPass Only" describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan.

Parents' Education

Overall, 32 percent of parents do not have a high school degree.

Figure 31 shows parental educational characteristics. Overall, about 32 percent of respondents do not have a high school degree, while 31 percent have a high school degree, 28 percent have some college classes or vocational/technical training, and 11 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 31. Parents' Educational Attainment, State FY 2004-2005

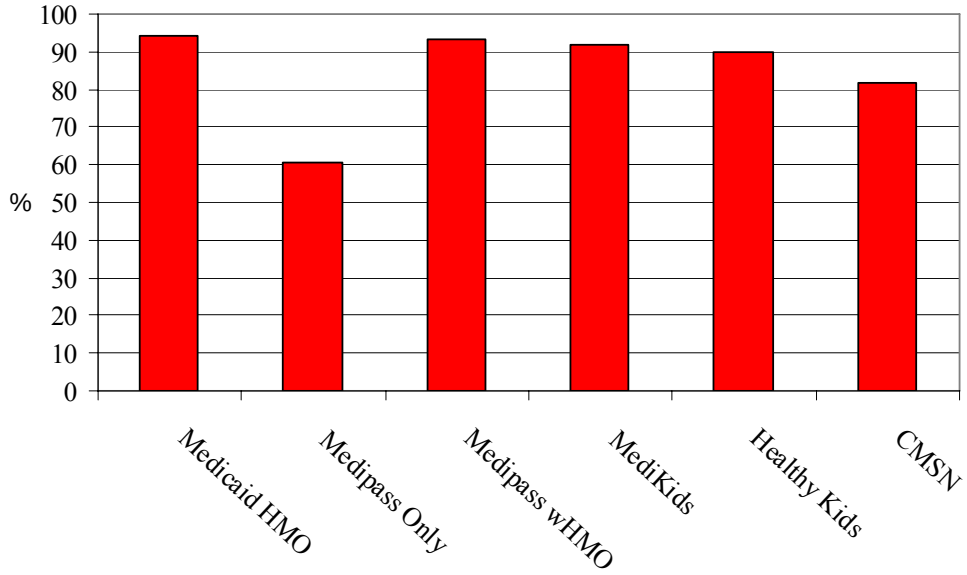


Note: "MediPass Only" describes residents of counties in which there is not a Medicaid HMO managed care enrollment option. MediPass wHMO describes residents of counties in which a Medicaid HMO plan exists as well as the MediPass primary care case plan.

Urban or Rural Residence

Figure 32 displays the share of families living in urban areas. Overall, about 90 percent of families live in urban areas, but there is significant variation by program component. Rural residents comprise 18 percent of CMSN families and 40 percent of MediPass enrollees in counties without an HMO option.

Figure 32. Percent of Families Residing in Urban Areas, State FY 2004-2005



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 2004-2005 are presented in Table 31 and Figure 33.

Internet access at home varies widely by program, with about a half of Medicaid families having access compared to over three-quarters of Title XXI families.

Over half (56 percent) of all KidCare families have access to the Internet at home. Twenty-one percent of KidCare families have Internet access at work that they can use for personal business. As seen with other family sociodemographic characteristics, the results for Medicaid and MediPass are markedly different from the results for the Title XXI programs. Medicaid families have significantly less access to computers and the Internet at home than other KidCare enrollees. Only 46 percent of MediPass families in counties without HMO options had both a computer and Internet access at home, compared to 82 percent of Healthy Kids families.

A majority (68 percent) of families report having a cellular telephone (Table 31). Each of the surveyed families participated in the interviews at a home telephone number. For the Established Enrollee survey conducted in fall, 2005, less than one percent of families were not able to be interviewed because they were contacted on a cellular phone rather than a traditional land-line phone. However, increasing use of cellular phones may make it difficult to reach families for evaluation and program operation purposes.

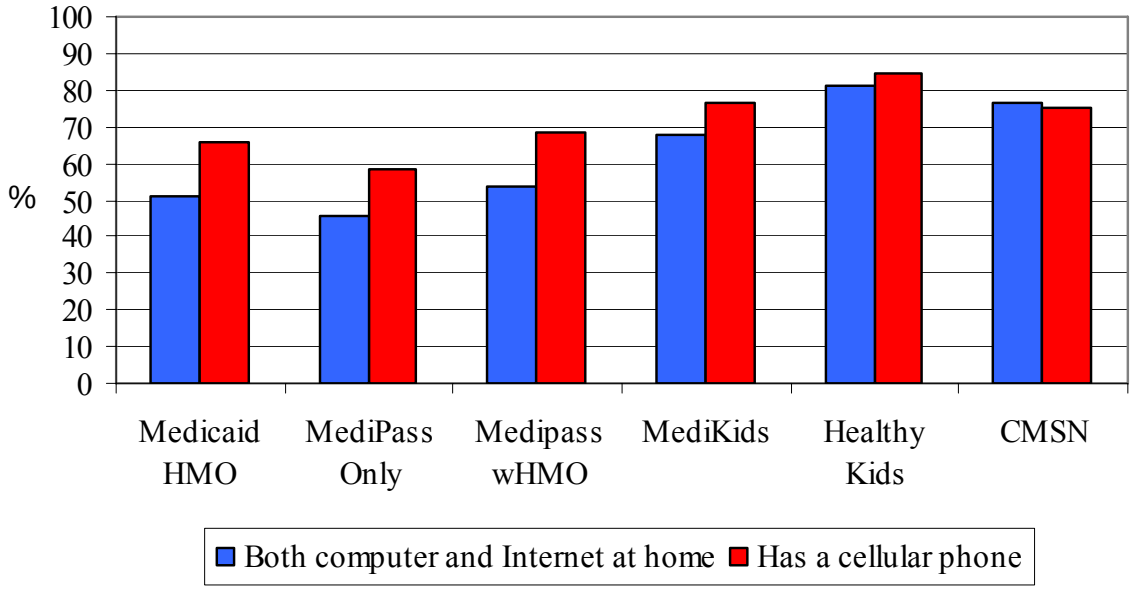
Table 31. Percentage of KidCare Respondents with Computer and Internet Access and a Cellular Phone, State FY 2004-2005

	Medicaid HMO	MediPass Only	Medipass wHMO	MediKids	Healthy Kids	CMSN
Access to computer at home	62.1	56.2	67.3	75.1	87.9	86.3
Internet access at home	50.8	46.3	54.0	67.7	81.8	76.3
Both computer and Internet at home	50.8	45.9	53.6	67.7	81.5	76.3
Internet access at work*	19.5	16.1	16.1	27.0	37.2	22.0
Access to Internet at home or at work	57.7	51.6	60.7	73.0	87.5	78.3
Access to Internet at home and work	12.7	10.8	9.4	21.6	31.7	20.0
Has a cellular phone	65.6	58.3	68.4	76.7	84.8	75.3

* 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.

Figure 33. Percentage of KidCare Families with Computer and Internet Access at Home and Cellular Phone Access, State FY 2004-2005



XVII. 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 dental care and access to well-child visits, remained strong.

During State FY 2004-2005, applications were received from 139,158 families representing 267,929 children. In January, 2005 alone, 61,511 applications were received representing 118,668 children. A majority (52 percent) of the children who applied during the fiscal year became enrolled in one of the KidCare Program components.

Program enrollment decreased by over 4 percent from State FY 2003-2004 to State FY 2004-2005. While Medicaid grew, the Title XXI programs declined.

For the first time in program history, KidCare enrollments declined this fiscal year. As of June 30, 2005, 1,479,613 children were enrolled – a decrease of 4.6% from the the 1,550,936 children enrolled on June 30, 2004. Total enrollment includes CMSN Title XXI enrollees, Healthy Kids Title XXI and non-Title XXI enrollees, MediKids enrollees, and Medicaid Title XXI and Title XIX enrollees. While Medicaid enrollments grew by 4.4 percent (to 1,250,727 children), enrollments in the Title XXI programs declined by 39 percent.

Of those children who were enrolled in Title XXI programs at the beginning of the fiscal year, less than half were retained in the programs for the whole year - 30 percent of MediKids and 51 percent of CMSN and Healthy Kids remained in the program throughout the year.

Families report being satisfied with the mail-in application process. Fifty-seven 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 75 percent thought the mail-in process was convenient. About 44 percent of families reported waiting three months or longer for their application approval. Once enrolled, 81 percent of families report the program is run well.

An active renewal process became standard for families enrolled in Title XXI. A total of 79,137 KidCare Title XXI enrollees were eligible for renewal during the period of March, 2005 through June, 2005. Notification letters were sent by KidCare to families sixty days prior to the renewal date and the renewal process was successfully completed by families of 66,874 enrollees—84.5 percent of the

eligible population. This renewal rate is higher than the 79.4 percent found in a previous report for September 2004-January 2005 renewals. Significant variation in renewal outcomes was found in this analysis by program, age of the child, family poverty status, and month of renewal notification.

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), as reported by their parents. While CMSN serves the most severe CSHCN, there are children with mild to moderate special needs (such as asthma, attention deficit disorder and other chronic conditions) in the Medicaid, Healthy Kids, and MediKids programs. Enrollment in CMSN requires a documented clinical diagnosis and parental approval of the enrollment for Medicaid beneficiaries. Hence, the reader should understand that children with special health care needs are enrolled in both CMSN and other KidCare programs as well as the Healthy Kids full-pay option. Statewide estimates find about 13 to 14 percent of Florida's children have special needs compared to 29 percent of KidCare established enrollees.

Within KidCare, CMSN has the largest share of children with special health care needs (79 percent), but there are 22 percent of Medicaid HMO enrollees, 33 percent of MediPass enrollees in counties without HMOs, 39 percent of MediPass enrolless with HMOs, 26 percent of Healthy Kids enrollees, and 20 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.

Over 85 percent of families report having a usual source of care. Eighty-three percent of enrollees had a well-child visit in the last six months, but only 43 percent received dental care in the same period. Dental care was highly rated by those who used that service – 48 percent rated dental care a "10" and an additional 28 percent rated it an "8" or a "9".

A small share of children is not compliant with recommendations about their weight. Overall, about 9 percent of KidCare enrollees have a Body Mass Index (BMI) of 30 or greater, which is the general threshold for obesity. Thirteen percent of CMSN enrollees are obese compared to 11 percent MediPass wHMO enrollees, 9 percent of MediPass Only, 8 percent of Medicaid HMO, 7 percent of Healthy Kids and 3 percent of MediKids. All Medicaid HMO parents with an

obese child reported discussing their child's weight with a health care provider.

Children in the KidCare Program are racially and ethnically diverse. Over a third of enrollees are Hispanic and 16 percent 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 35 percent of program enrollees are Hispanic and 16 percent of enrollees speak Spanish as their primary language in the home. Overall, 28 percent of enrollees are black. Many KidCare enrollees (53 percent) live in two parent households.

Their parents' educational levels vary greatly with about 11 percent of them having an Associates degree or higher. However, 32 percent of enrollees' parents report not having a high school or GED diploma.

More in-depth statistical analyses will be conducted in the Spring, 2006 and will provide further detail that can be used for ongoing quality improvement in the KidCare Program.

Recommendations

1. The number of applications and the number of children represented on KidCare applications has increased from the State Fiscal Year 2003-2004 to State Fiscal Year 2004-2005 (89,401 applications representing 150,490 children to 161,639 applications representing 267,929 children). However, the percentage of children whose families applied to KidCare and subsequently became enrolled has declined from 82 percent in State Fiscal Year 2002-2003 and 69 percent in State Fiscal Year 2003-2004 to 52 percent in State Fiscal Year 2004-2005. Reasons for this decline should be examined. The reasons for the declines in the number of children who have applied and subsequently become enrolled should be examined.

2. Calculations of application processing times do not meet the Federal standard of 45 days. Further exploration is required to determine if this represents a trend or if it was a one time finding.

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. An active renewal process was implemented in July 2004. In-depth analyses are recommended to examine the impact of the active renewal process in terms of re-enrollment and whether

any subpopulations of children are at risk for not renewing coverage (i.e., adolescents). In addition, future evaluations will need to examine family satisfaction with the active renewal process. Current findings, however, indicate that about 85 percent of families renew their children's coverage.

5. The demographic characteristics of the enrollee population 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.

6. 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. Future research may need to examine appointment availability and access to providers to more explore parental compliance with dental recommendations.

7. KidCare should improve collection of racial and ethnic data on the KidCare applications. With less than 10 percent of Title XXI records containing race data, it is impossible to analyze patterns of renewal or transition using administrative data by race.

8. KidCare should continue to collect email addresses from parents. This is a first step towards electronic exchanges between the program and families.