



The Florida KidCare Evaluation Series



Fl♥rida KidCare

EVALUATION REPORT 2006

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1 Executive Summary

Year 8 Descriptive Report

BACKGROUND

This report presents the descriptive results for the Year 8 Evaluation of the Florida KidCare Program as required by state and federal guidelines. This evaluation covers the period from July 1, 2005 through September 30, 2006, which encompasses both the state fiscal year (July 1, 2005 through June 30, 2006) and the federal fiscal year (October 1, 2005 through September 30, 2006).

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 seven evaluation years, a total of 24,826 interviews were conducted with families whose children participated in the KidCare Program. In this year 8 evaluation, a total of 2,062 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 2005-2006, applications were received from 139,387 families representing 267,422 children. Fifty-one percent of the

children who applied during the fiscal year became enrolled in one of the KidCare Program components.

For the second time in program history, KidCare enrollments declined this fiscal year. As of June 30, 2006, 1,455,380 children were enrolled – a decrease of 1.6 percent from the 1,479,613 children enrolled on June 30, 2005. There had also been a 4.6 percent decrease in enrollments from July 2004 to June 2005. 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 the Title XXI enrollments declined by 5.1 percent, Medicaid Title XIX enrollments only declined 1.2 percent.

Of those children who were enrolled in Title XXI programs at the beginning of the fiscal year, only 30 percent of MediKids, 50 percent of CMSN, and 56 percent of Healthy Kids remained in the program throughout the year.

Families report being satisfied with the mail-in application process. Sixty-six percent reported that they were kept well informed of the status of their children's application. Over 89 percent of families thought the application form was easy to understand and over 84 percent thought the mail-in process was convenient. An online application option became available in February, 2006. Future evaluations will consider family satisfaction with this new process for application.

AT A GLANCE

- Program enrollment decreased by 1.6 percent from State FY 2004-2005 to State FY 2005-2006. While Medicaid declined 1.2 percent, the Title XXI programs declined 5.1 percent.
- The KidCare Program serves a higher percentage of children with special health care needs than might be expected based on state-wide estimates.
- Children in the KidCare Program are racially and ethnically diverse. The children surveyed were evenly distributed between Hispanic, black non-Hispanic and white non-Hispanic.

About 36 percent of families reported waiting one month or less for their application approval. Once enrolled, 87 percent of families report the program is run well.

Beginning July, 2004, an active renewal process became standard for families enrolled in Title XXI. A total of 119,172 KidCare Title XXI enrollees were eligible for renewal during the period of December, 2005 through May, 2006. 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 103,805 enrollees—87.1 percent of the eligible population. This renewal rate is higher than the 84.5 percent and 79.4 percent found in the previous two reports on 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 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 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 (81 percent), but there are 28 percent of Medicaid HMO enrollees, 34 percent of MediPass enrollees, 22 percent of Healthy Kids enrollees, and 16 percent of MediKids enrollees that have special health care needs as well.

The high level of CSHCN in CMSN and MediPass 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 83 percent of families report having a usual source of care. Ninety percent of enrollees had a well-child visit in the last year, but

only 49 percent received dental care in the same period. Overall, about 12 percent of KidCare enrollees have a Body Mass Index (BMI) of 30 or greater, which is the general threshold for obesity.

Families expressed high levels of satisfaction with the KidCare program and services. On a scale of 0 to 100 (best), KidCare scored 84 on getting needed care and 65 on getting care quickly. Provider's communication styles and their office staff helpfulness received excellent scores from KidCare families, 86 and 87, respectively. The family-centeredness of care scored 74 while health plan customer service scored 76. Satisfaction with access to prescription medicine received the highest rating (89).

The KidCare Program continues to serve families from diverse backgrounds. About 32 percent of program enrollees are Hispanic and 17 percent of enrollees speak Spanish as their primary language in the home. Thirty-two percent of enrollees are black non-Hispanic and 31 percent are white non-Hispanic. Half of KidCare enrollees live in two parent households. Their parents' educational levels vary greatly with about 8 percent of them having an Associates degree or higher. However, 33 percent of enrollees' parents report not having a high school or GED diploma. ■

2 Introduction

INTRODUCTION AND PURPOSE OF THE REPORT

The purpose of this report is to present the descriptive results for the Year 8 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, 2005 through September 30, 2006, which encompasses both the state fiscal year (July 1, 2005 through June 30, 2006) and the federal fiscal year (October 1, 2005 through September 30, 2006). The evaluation includes children enrolled in Medicaid (HMOs and Medi-Pass), MediKids, Healthy Kids, and the Children's Medical Services Network (CMSN).

Separate evaluations were conducted for Years 1, 2, 3, 4, 5, 6, and 7 of the Florida KidCare Program. For Evaluation Years 1 and 2, descriptive reports were prepared. In Years 3, 4, 5, 6, and 7, descriptive reports and 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 were prepared. 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 8 and comparisons to prior years. ■

The current report contains the following content areas:

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;
11. Crowd-out;
12. Demographic and household characteristics; and
13. Conclusions and recommendations.

3 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. Beginning July 1, 2006, MediKids is offering a full-pay premium option for families whose income exceeds 200% of the federal poverty level and are not eligible for Title XXI premium assistance.

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 man-

aged 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** 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.

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, but there is an \$800 annual limit to services provided. 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** 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, Broward, and Duval counties only. The Agency for Health Care Administration contracts with an enrollment broker to assist families in making this important decision for their children. In the Medi-Pass 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-payment for certain services. There is no monthly family payment or co-payment for those in the Medicaid Program. Children whose families submit a KidCare application are automatically screened for potential Medicaid eligibility.

1. Those enrolled in Healthy Kids who are below 200 percent FPL but are not Title XXI eligible also pay \$15 or \$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.

TITLE XXI 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, In addition, state law specifies that a child must:
- Not have access to employer-sponsored insurance for less than five percent of the household income,
- Not have recently disenrolled from employer-provided coverage, and
- Provide information in a timely manner such that the application can be processed in 120 days or less.

Table 1: Federal Poverty Levels for a Family of Four

Income as % of FPL	1999	2000	2001	2002	2003	2004	2005	2006
100%	\$16,700	\$17,050	\$17,650	\$18,100	\$18,400	\$18,850	\$19,350	\$20,000
133%	\$22,211	\$22,677	\$23,475	\$24,073	\$24,472	\$25,071	\$25,736	\$26,600
150%	\$25,050	\$25,575	\$26,475	\$27,150	\$27,600	\$28,275	\$29,025	\$30,000
185%	\$30,895	\$31,543	\$32,653	\$33,485	\$34,040	\$34,873	\$35,798	\$37,000
200%	\$33,400	\$34,100	\$35,300	\$36,200	\$36,800	\$37,700	\$38,700	\$40,000

Table 1 (p. 11) provides information about the federal poverty levels for a family of four for 1999 through 2006. Table 2 summarizes the financial eligibility requirements and Figure 1 illustrates the coverage levels for KidCare.

CONTINUOUS ELIGIBILITY

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 re-determine 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.

RECENT LEGISLATIVE CHANGES

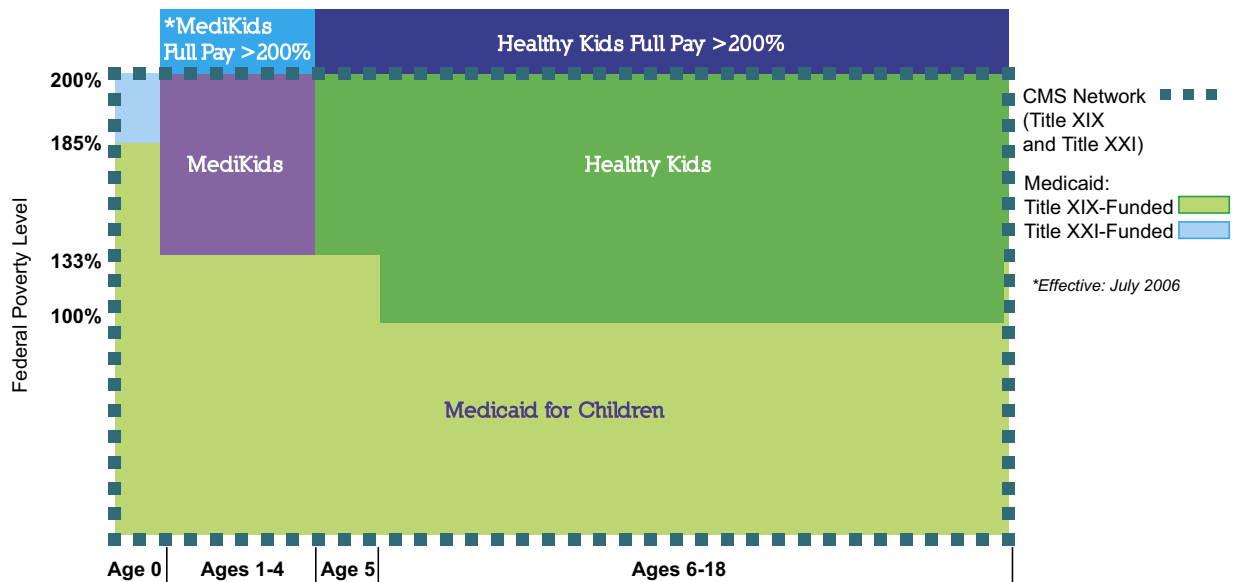
As of July 1, 2003, changes in cost-sharing for the Title XXI Program were implemented. The monthly premium for Title XXI coverage for families between

Table 2. KidCare Program Components and Coverage Levels

FY 2005-2006	
KIDCARE PROGRAM COMPONENT	COVERAGE BY FEDERAL POVERTY LEVEL
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%**
Ages 1 through 4	Above 200% - can participate but receive no premium assistance***
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*	
<i>Physical Health</i>	
Age 0 (infants under one year)	186% to 200%
Ages 1 through 5	134% to 200%**
Ages 6 through 18	101% to 200%**
<i>Specialized Behavioral Health</i>	
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.
 *** This option is available beginning July 1, 2006 for eligible families.

**Figure 1. Florida KidCare Eligibility
State FY 2005-2006**



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.

150 and 200 percent FPL was raised to \$20. Healthy Kids dental benefits were 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:

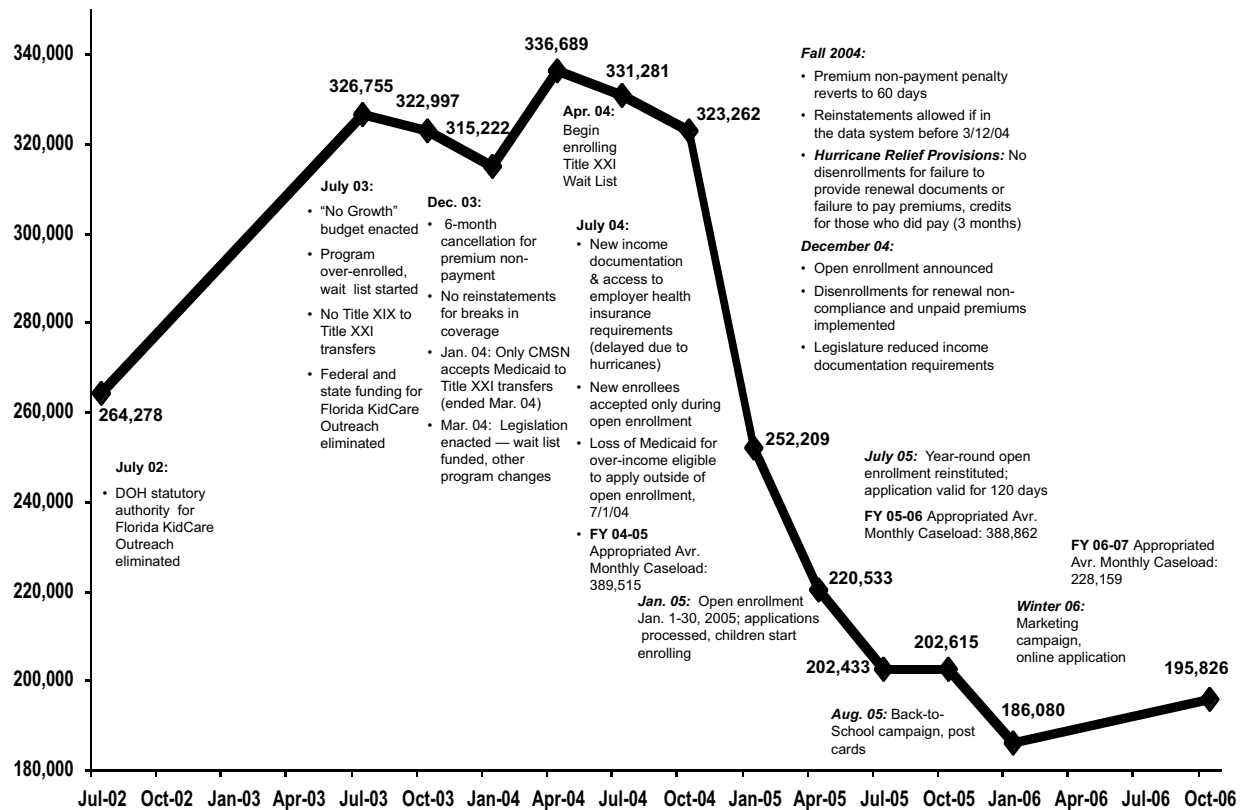
■ **Earned income:** Most recent federal income tax return, OR Pay stubs or wage statements from the last four weeks or a letter from your employer that says how much money you earned for the last four weeks, OR Most recent W-2 forms (Wage and Tax Statement).

■ **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.

On December 8, 2005, the Florida Legislature granted approval to implement Medicaid reform in Florida. AHCA had submitted a 1115 waiver application to the

Figure 2. Title XXI Enrollment and Major Program Changes



federal Centers for Medicare and Medicaid Services (CMS) on October 3, 2005, after posting the draft application for 30 days as required by Senate Bill 838. CMS reviewed the application and after intensive negotiations with Florida, granted approval. Waiver activities began July 1, 2006 in Broward and Duval counties, and are anticipated to expand to Baker, Clay, and Nassau counties on July 1, 2007.

The 1115 waiver demonstration project includes comprehensive choice counseling for Medicaid enrollees, customized benefit packages, enhanced benefits for participating in healthy behaviors, a low-income pool, risk-adjusted premiums based on enrollee health status, and state reinsurance to support HMOs and PSNs in rural and underserved areas of the state. For more information on the implementation of Medic-

aid reform in Florida, please see http://ahca.myflorida.com/Medicaid/medicaid_reform/index.shtml.

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. Florida KidCare Title XXI Expenditures**STATE FY 2005-2006 AND BUDGETED FOR STATE FY 2006-2007**

SFY 2005-2006 BY PROGRAM	EXPENDITURES	FAMILY CONTRIBUTIONS	FEDERAL FUNDS	STATE FUNDS
MediKids	\$20,663,925.00	\$2,821,604.00	\$12,707,718.00	\$5,134,603.00
Medicaid Infants <1	\$4,223,163.00	\$0.00	\$3,007,853.00	\$1,215,310.00
Healthy Kids*	\$203,860,056.00	\$21,470,310.00	\$129,901,889.00	\$52,487,857.00
CMS Network	\$49,798,719.00	\$711,657.00	\$34,960,980.00	\$14,126,082.00
BNET	\$4,615,000.00	\$0.00	\$3,286,914.00	\$1,328,086.00
Total Title XXI Services	\$283,160,863.00	\$25,003,571.00	\$183,865,354.00	\$74,291,938.00
Administration	\$39,878,008.00	\$0.00	\$28,259,921.00	\$11,618,087.00
GRAND TOTAL	\$323,038,871.00	\$25,003,571.00	\$212,125,275.00	\$85,910,025.00

SFY 2006-2007 BY PROGRAM	EXPENDITURES	FAMILY CONTRIBUTIONS	FEDERAL FUNDS	STATE FUNDS
MediKids	\$26,444,828.00	\$2,115,100.00	\$17,310,568.00	\$7,019,160.00
Medicaid Infants <1	\$4,489,336.00	\$0.00	\$3,194,243.00	\$1,295,093.00
Healthy Kids*	\$224,446,722.00	\$22,190,152.00	\$143,907,459.00	\$58,349,111.00
CMS Network	\$73,190,014.00	\$974,764.00	\$51,381,341.00	\$20,833,909.00
BNET	\$5,664,001.00	\$0.00	\$4,030,061.00	\$1,633,940.00
Total Title XXI Services	\$334,234,901.00	\$25,280,016.00	\$219,823,672.00	\$89,131,213.00
Administration	\$39,778,489.00	\$0.00	\$27,591,288.00	\$12,187,201.00
GRAND TOTAL	\$374,013,390.00	\$25,280,016.00	\$247,414,960.00	\$101,318,414.00

* Title XXI Medical and Dental Services

**Table 4. Florida Healthy Kids Corp.
Title XXI Administration Costs****STATE FY 2005-2006 AND BUDGETED STATE FY 2006-2007**

PROGRAM	2005-2006	2006-2007
Estimated Average Monthly Caseload	168,791	173,625
Estimated Number of Case Months	2,025,492	2,083,500
Administration Cost Per Member Per Month	\$7.22	\$9.38

Table 3 summarizes the total, federal and state share for each of the KidCare Title XXI program components for State Fiscal Years 2005-2006 and 2006-2007. 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 5. Per Member Per Month Premium Rates for KidCare Title XXI Program Components	
STATE FY 2005-2006	
PROGRAM	PREMIUM
MediKids	\$99.50
Healthy Kids	\$100.65
CMS Network	\$518.24
BNET	\$1,000.00
Medicaid Expansion <1	\$285.32

Table 6. Premiums Collected For MediKids, Healthy Kids, and the CMSN Participants					
STATE AND FEDERAL FY 2001-2002, 2002-2003, 2003-2004, 2004-2005, 2005-2006					
STATE					
Program	SFY 2001-2002	SFY 2002-2003	SFY 2003-2004	SFY 2004-2005	SFY 2005-2006
MediKids	\$2,508,772	\$3,102,615	\$3,651,450	\$2,821,604	\$2,115,100
Healthy Kids	\$33,130,176	\$42,009,218	\$46,832,766	\$21,470,310	\$22,190,152
CMS Network & BNET	\$538,545	\$651,270	\$847,435	\$711,657	\$974,764
Total	\$36,177,493	\$45,763,103	\$51,331,651	\$25,003,571	\$25,280,016
FEDERAL					
Program	FFY 2001-2002	FFY 2002-2003	FFY 2003-2004	FFY 2004-2005	FFY 2005-2006
MediKids	\$2,658,937	\$3,432,935	\$3,651,450	\$2,821,604	\$2,115,100
Healthy Kids	\$35,210,124	\$45,672,285	\$46,832,766	\$21,470,310	\$22,190,152
CMS Network & BNET	\$562,845	\$732,145	\$847,435	\$711,657	\$974,764
Total	\$38,431,906	\$49,837,365	\$51,331,651	\$25,003,571	\$25,280,016

Table 7. Total Title XXI Expenditures Reported to the Centers for Medicare and Medicaid Services

**STATE AND FEDERAL FY 2001-2002,
2002-2003, 2003-2004, 2004-2005, 2005-2006**

	TOTAL	FEDERAL	STATE
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
SFY 2004-2005	\$379,009,143	\$269,255,913	\$109,753,230
SFY 2005-2006	\$306,710,206	\$218,469,680	\$88,240,526
FEDERAL			
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
FFY 2004-2005	\$342,584,367	\$244,022,845	\$98,561,522
FFY 2005-2006	\$300,646,603	\$214,120,511	\$86,526,092

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 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

4 The Evaluation Approaches and Data Collection

EVALUATION PHASES

The Year 8 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 care experiences and performance for enrollees with diabetes or sickle cell disease.

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 seven evaluation years, a total of 24,826 interviews were conducted with families whose children participated in the KidCare Program. In year 8, a total of 2,062 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 August through November 2006, 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.

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.

TWO SURVEYS WERE CONDUCTED WITH KIDCARE FAMILIES

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

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

Because these families were interviewed so early in their

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

Table 9. Summary of Surveys Conducted

FY 2005-2006 EVALUATION				
Surveys	Eligible Universe (Population N)	Targeted Number of Interviews	Completed Interviews (sample n)	Confidence Interval (%), p<=.05**
New Enrollee				
CMSN	1,496	100	100	+/-9.47%
Healthy Kids	13,302	100	100	+/-9.76%
MediKids	3,585	100	100	+/-9.66%
Medicaid*	13,594	100	89	+/-10.35%
Total	31,977	400	389	+/-4.93%
Established Enrollee (“Caregiver”)				
CMSN	3,691	300	305	+/-5.38%
Healthy Kids	92,683	300	300	+/-5.65%
MediKids	4,756	300	304	+/-5.44%
Medicaid HMO	266,305	300	279	+/-5.86%
MediPass	249,647	500	485	+/-4.45%
Total	617,082	1,700	1,673	+/-2.39%

* Newly enrolled Medicaid families are limited to those who entered the system through the KidCare 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.

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 50.3 percent, a cooperation rate of 67.0 percent, and a confidence interval of +/-4.93 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 satis-

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

faction 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 48.0 percent, a cooperation rate of 62.8 percent, and a confidence interval of +/-2.39 percent. ■

5 Application and Enrollment Patterns

AT A GLANCE

- Fifty-one percent of those children applying to the KidCare Program through the single page application process became enrolled in one of the program components. This is similar to last year's 52 percent, but a decrease from the prior two years 69 percent and 82 percent enrolled.

KIDCARE APPLICATIONS RECEIVED

Figure 3 shows the KidCare application process for State FY 2005-2006. Figure 4 displays the outcomes of unduplicated single page KidCare applications submitted to the Florida Healthy Kids Corporation from July 1, 2005 through June 30, 2006 (State FY 2005-2006). The following calculations were made using single page KidCare application and enrollment information:

- Florida Healthy Kids Corporation received 155,498 applications from 139,387 families. (The following analysis considers only the most recent applications and excludes prior duplicate applications.) The 139,387 unduplicated applications included information on 267,422 children.
- No referral to CMSN for medical eligibility determination or to DCF for Medicaid Title XIX eligibility determination was required for 28,203 children who were immediately enrolled in Healthy Kids or 7,709 children who were immediately enrolled in MediKids.
- 37,648 children (14 percent) were referred to CMSN for medical eligibility determina-

tion. Of the children referred to CMSN, 3,418 of them became enrolled in the Title XXI component of CMSN, 2,876 of them became enrolled in the Title XIX component of CMSN. Of those children who were referred, but not approved for CMSN, 7,051 enrolled in Medicaid, 4,955 enrolled in Healthy Kids, and 909 of enrolled in MediKids, and 18,439 children were not found to be enrolled in any KidCare program.

- 120,607 children (45 percent) were referred to DCF for Medicaid eligibility determination. Of the children referred to DCF, 73,000 became enrolled in Medicaid and 8,091 became enrolled in Healthy Kids or MediKids.
- 131,210 children or 49 percent of all children applying for coverage did not become enrolled in any KidCare Program component. A small number (628) of these applicants were age 19 or older and not eligible for the KidCare Program. An additional 11,072 children were already insured. The remaining 119,510 children represent the population declined for coverage for other reasons, and the small group of children whose parents did not accept an offer of coverage.

Figure 3. KidCare Application Process

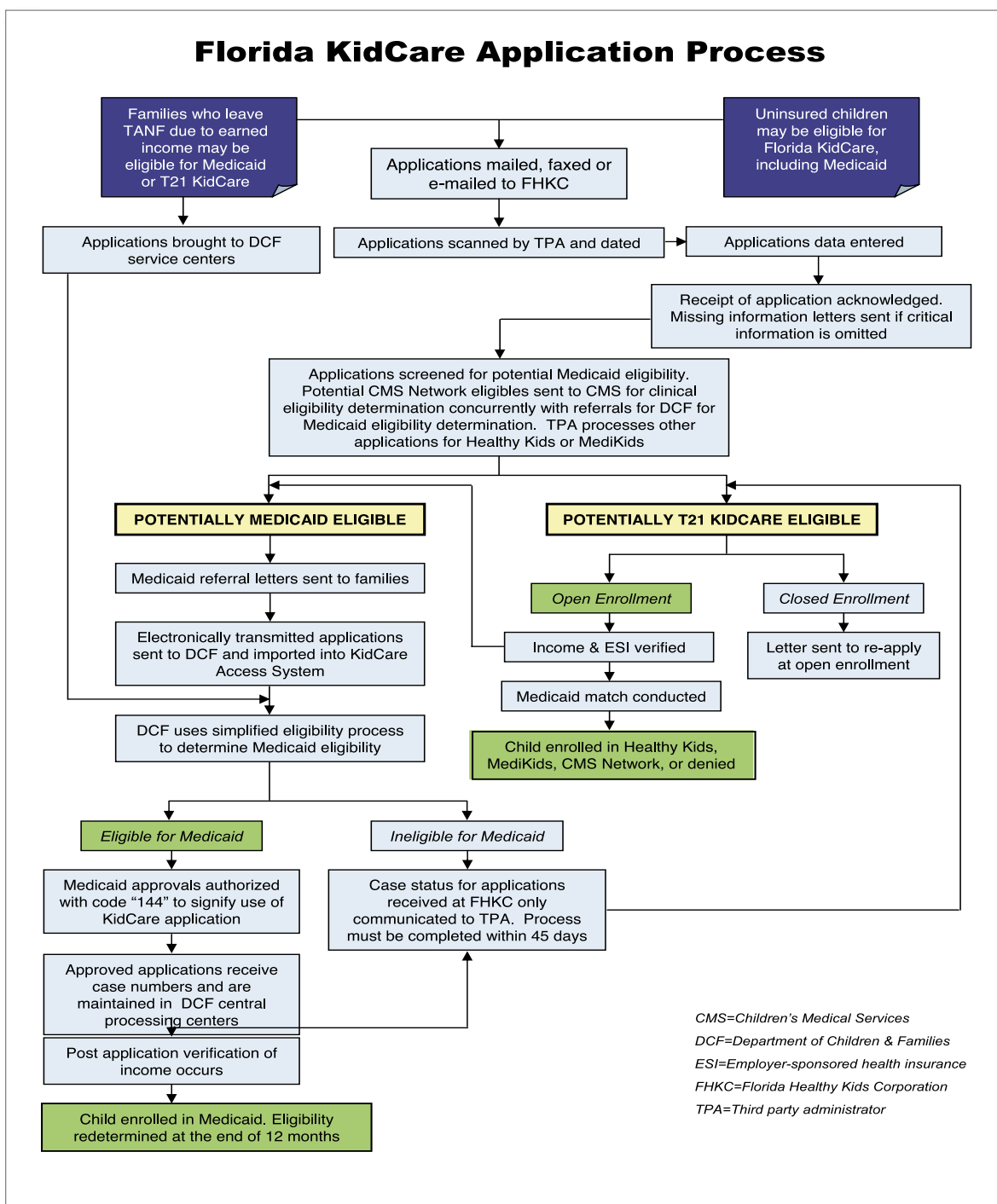
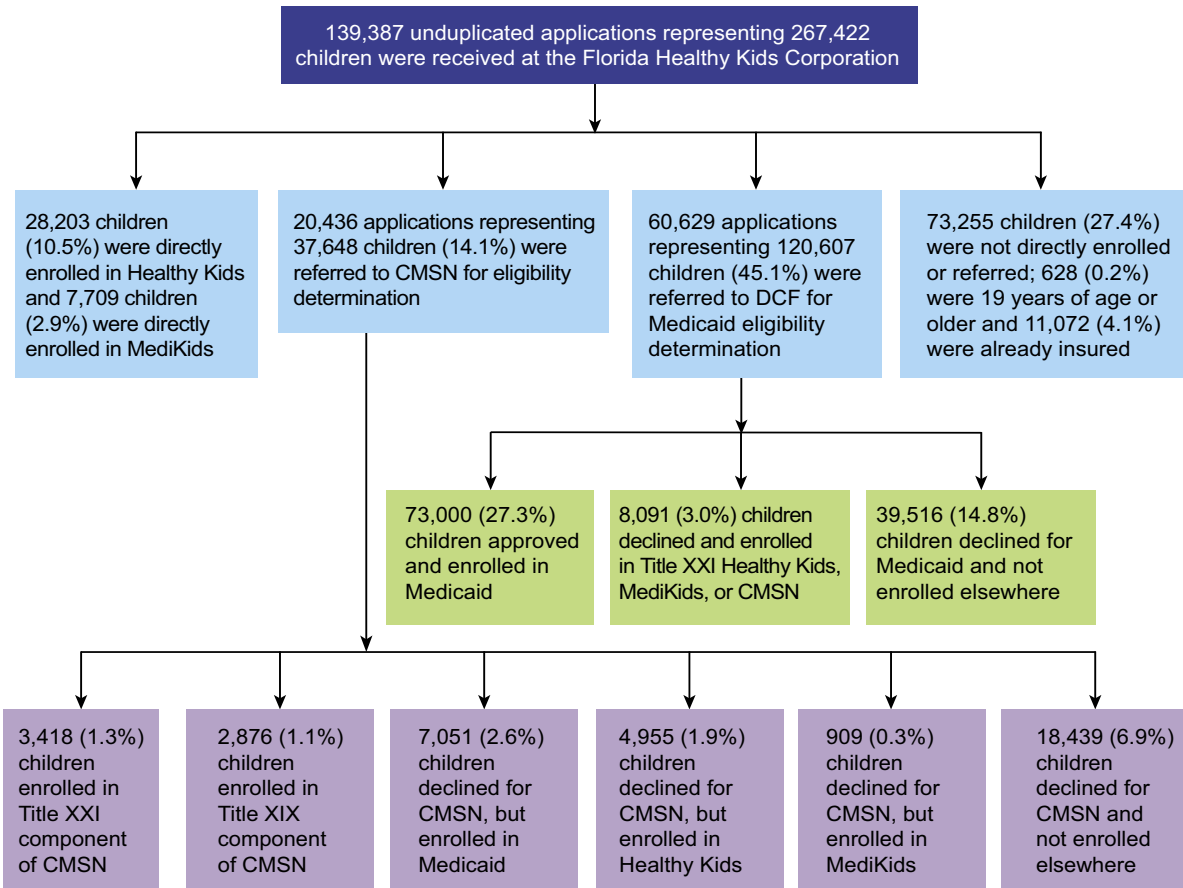


Figure 4. Outcomes of KidCare Single Page Applications Submitted DURING STATE FY 2005-2006



Note: Percentages shown are of the total 267,422 children.

Table 10 shows application and enrollment figures for each month of the State and Federal FY 2005-2006. 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, 7,450 during State FY 2003-2004, and 14,287 during State FY 2004-2005.

For State FY 2005-2006, KidCare received an average of 11,488 applications per month, ranging from a low of 6,923 applications in July, 2005 to a high of 17,494 applications in May, 2006.

For Federal FY 2005-2006, KidCare received an average of 13,317 applications per month, ranging from a low of 7,345 applications in December, 2005 to a high of 19,724 applications in August, 2006.

Figure 5 depicts the number of KidCare applications received during the period from September, 1999 to September, 2006. 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 2005 THROUGH SEPTEMBER 2006**

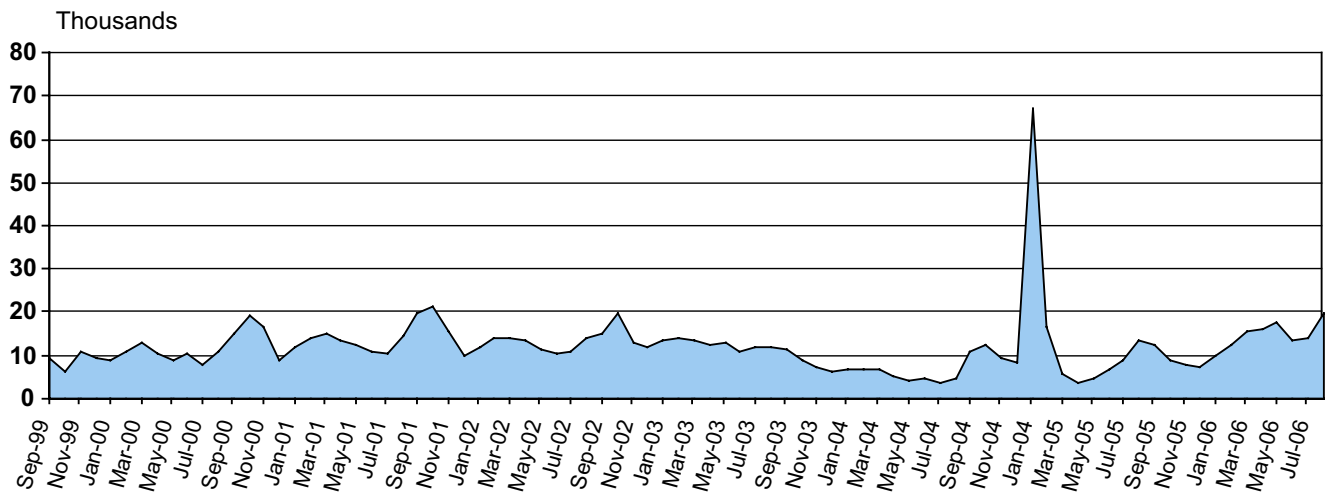
	JUL-05	AUG-05	SEP-05	OCT-05	NOV-05	DEC-05	JAN-06	FEB-06	MAR-06	APR-06	MAY-06	JUN-06	JUL-06	AUG-06	SEP-06	TOTAL
Applications Received	6,923	10,982	10,447	8,848	8,042	7,345	9,693	12,791	15,743	16,008	17,494	13,535	13,886	19,724	16,689	188,150
Children Represented on Applications Received	13,148	21,326	20,110	16,954	15,409	14,102	18,800	24,693	30,361	30,768	33,448	25,776	26,680	38,120	32,372	362,067
Applications Referred to DCF for Medicaid Eligibility Determination	2,949	4,852	4,604	3,767	3,365	3,051	3,944	5,235	6,943	6,890	7,314	5,929	6,188	9,180	8,300	8,2511
Children Referred to DCF	5,745	9,640	9,085	7,496	6,599	6,045	7,877	10,581	13,870	13,808	14,754	11,775	12,573	18,553	16,925	165,326
Applications Referred to CMSN	1,076	1,569	1,561	1,332	1,174	1,141	1,494	2,019	2,419	2,418	2,609	1,927	2,048	2,667	2,274	27,728
Children Referred to CMSN	1,901	2,940	2,854	2,420	2,178	2,066	2,861	3,754	4,457	4,474	4,825	3,498	3,672	4,907	4,240	51047
Mean Child Age*	6.0	6.7	6.5	6.3	6.2	6.1	6.0	6.2	6.0	6.00	5.9	5.9	6.0	6.4	6.1	6.1
Standard Deviation of Mean Child Age	4.9	5.0	5.0	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.8	4.9	4.9	4.9	4.9	4.9
Mean Annual Family Income**	22,302	21,635	21,892	21,723	21,862	22,079	22,760	22,125	21,483	21,734	21,784	21,497	21,316	20,990	20,569	21,610
Standard Deviation of Annual Family Income	15,655	15,795	15,888	15,318	15,217	15,197	14,806	14,643	14,726	14,859	15,194	15,029	15,303	15,428	15,214	15,201
Mean Household Size***	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.5	3.6	3.6	3.5	3.5	3.5	3.6	3.6	3.6
Standard Deviation of Household Size	1.2	1.3	1.3	1.2	1.2	1.3	1.2	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3

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

**Figures are rounded to the nearest dollar. Incomes below \$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 2006**



STATE AND FEDERAL FISCAL YEAR 2005-2006 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, 2004-2005, and 2005-2006. 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 2004-2005 and 2005-2006, 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 sharp increase in new enrollees entering the Title XXI programs (Table 11). In State FY 2005-2006, there were 93,716 new enrollees in Title XXI, but only 47,971 new enrollees joined the program in State FY 2004-2005. The 2005-2006 level is similar to that found in 2003-2004.
- From State FY 2004-2005 to State FY 2005-2006, there was a 1.6 percent decrease in KidCare total

Table 11. Title XXI Total Enrollees and Total New Enrollees**FOR STATE AND FEDERAL FY 2002-2003, 2003-2004, 2004-2005, and 2005-2006**

	SFY 2002-2003			FFY 2002-2003		
	Total New Enrollees*	% New Enrollees	Total Enrollees**	Total New Enrollees*	% New Enrollees	Total Enrollees**
CMSN	4,589	35.5	12,925	5,386	39.8	13,544
Healthy Kids	122,898	31.4	390,887	133,879	33.6	398,276
MediKids	29,074	45.6	63,697	31,988	49.4	64,741
Total	156,561	33.5	467,509	171,253	35.9	476,561
	SFY 2003-2004			FFY 2003-2004		
	Total New Enrollees*	% New Enrollees	Total Enrollees**	Total New Enrollees*	% New Enrollees	Total Enrollees**
CMSN	3,474	25.3	13,738	2,800	21.7	12,924
Healthy Kids	76,231	19.3	395,187	64,360	17.1	376,612
MediKids	19,723	31.9	61,812	16,022	28.7	55,867
Total	99,428	21.1	470,737	83,182	18.7	445,403
	SFY 2004-2005			FFY 2004-2005		
	Total New Enrollees*	% New Enrollees	Total Enrollees**	Total New Enrollees*	% New Enrollees	Total Enrollees**
CMSN	2,337	18.6	12,590	3,232	24.4	13,239
Healthy Kids	38,570	11.1	348,543	48,764	13.8	353,356
MediKids	7,064	16.8	41,938	9,831	23.4	42,078
Total	47,971	11.9	403,071	61,827	15.1	408,673
	SFY 2005-2006			FFY 2005-2006		
	Total New Enrollees*	% New Enrollees	Total Enrollees**	Total New Enrollees*	% New Enrollees	Total Enrollees**
CMSN	5,870	42.9	13,675	6,629	45.2	14,655
Healthy Kids	70,097	24.6	284,897	68,603	24.2	282,951
MediKids	17,749	51.8	34,233	18,767	52.0	36,058
Total	93,716	28.2	332,805	93,999	28.2	333,664

*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.

enrollment (Table 12). In the prior year, KidCare had also declined by 4.6 percent, but it had grown in the four years earlier by 3 percent, 9 percent, 12 percent, and 20 percent. The two years of decline are a major change in the pattern of enrollments in KidCare. As of June 30, 2005, there were a total of 1,455,380 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, 2004-2005, and 2005-2006.

- The Title XXI component of the KidCare Program declined by 5.1 percent from State FY 2004-2005 to State FY 2005-2006. This decline is much less than the 38.5 percent found from State FY 2003-2004 to State FY 2004-2005,

but these two years are a significant change from growth in the four prior periods of 0.3 percent, 21 percent, 18 percent and 38 percent.

- Medicaid also declined by 1.2 percent, to a total enrollment of 1,236,101 children.

Federal fiscal year trends were similar to those found for the state fiscal year in Tables 11 and 12.

Table 12. Point in Time Enrollment Figures

FOR THE LAST DAY OF STATE AND FEDERAL FY 2004-2005 AND 2005-2006

	State Fiscal Year			Federal Fiscal Year		
	Enrollment on June 30, 2005	Enrollment on June 30, 2006	% Change 2005-2006	Enrollment on Sept. 30, 2005	Enrollment on Sept. 30, 2006	% Change 2005-2006
CMSN Title XXI	7,728	9,159	18.5	7,789	10,012	28.5
Healthy Kids Title XXI	178,997	166,596	-6.9	177,683	167,804	-5.6
Healthy Kids Other	26,157	26,840	2.6	25,435	26,640	4.7
Healthy Kids Total	205,154	193,436	-5.7	203,118	194,444	-4.3
Medicaid Title XXI*	1,254	1,200	-4.3	1,235	1,177	-4.7
Medicaid Title XIX	1,249,473	1,234,901	-1.2	1,259,497	1,209,811	-3.9
Medicaid Total	1,250,727	1,236,101	-1.2	1,260,732	1,210,988	-3.9
MediKids Title XXI	16,004	16,684	4.2	16,618	19,038	14.6
MediKids Other	0	0		0	59	
MediKids Total	16,004	16,684	4.2	16,618	19,097	14.9
Title XXI Total	203,983	193,639	-5.1	203,322	198,031	-2.6
KidCare Total	1,479,613	1,455,380	-1.6	1,488,254	1,434,541	-3.6

* 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.

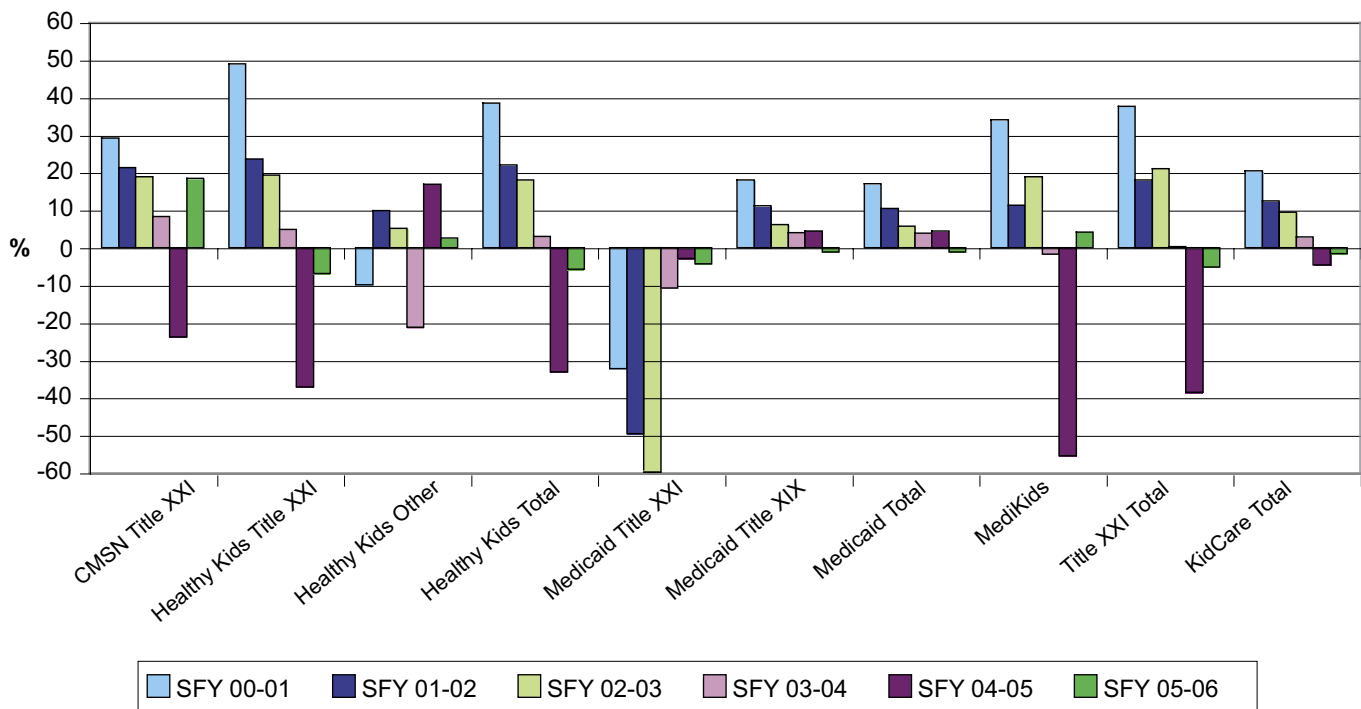
KIDCARE MONTHLY ENROLLMENT

Figures 7 through 12 show the monthly enrollment in each of the KidCare Programs from April 1998 through September 2006. All programs showed a steady increase in enrollment until early 2004. Since 2004, enrollments in Title XXI programs declined and then rose.

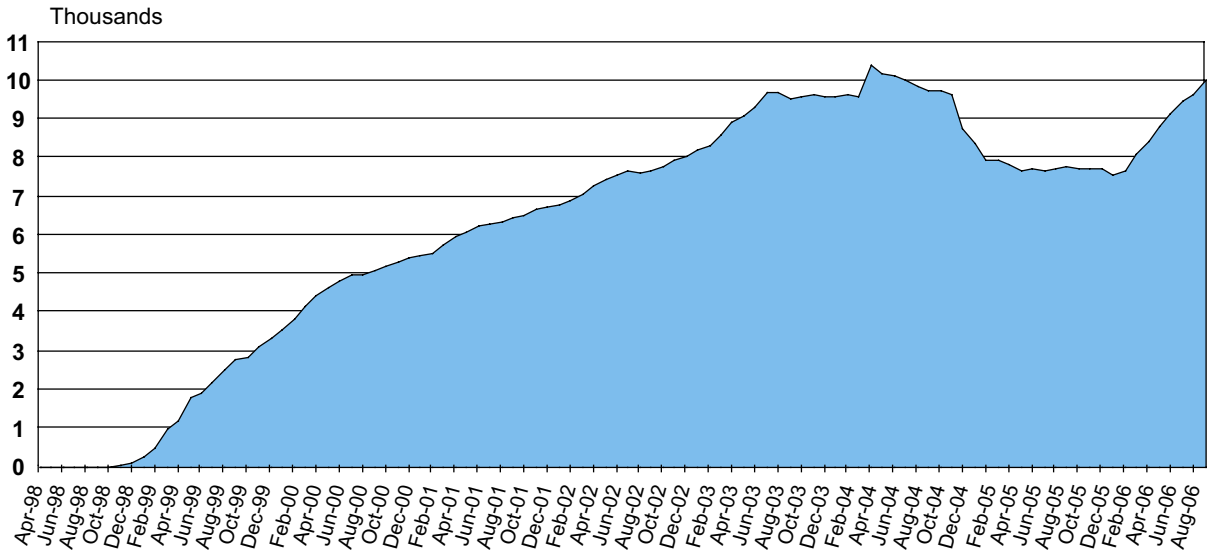
Medicaid enrollments increased throughout the period that Title XXI enrollments were declining, with the exception of the most recent period that has shown small decreases in Medicaid enrollments. Children in a narrow range of ages and income levels are served by Medicaid Title XXI instead of Title XIX. The Title XXI population in Medicaid declined from 1998 through

2002 because federal law did not allow for replacements as 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.

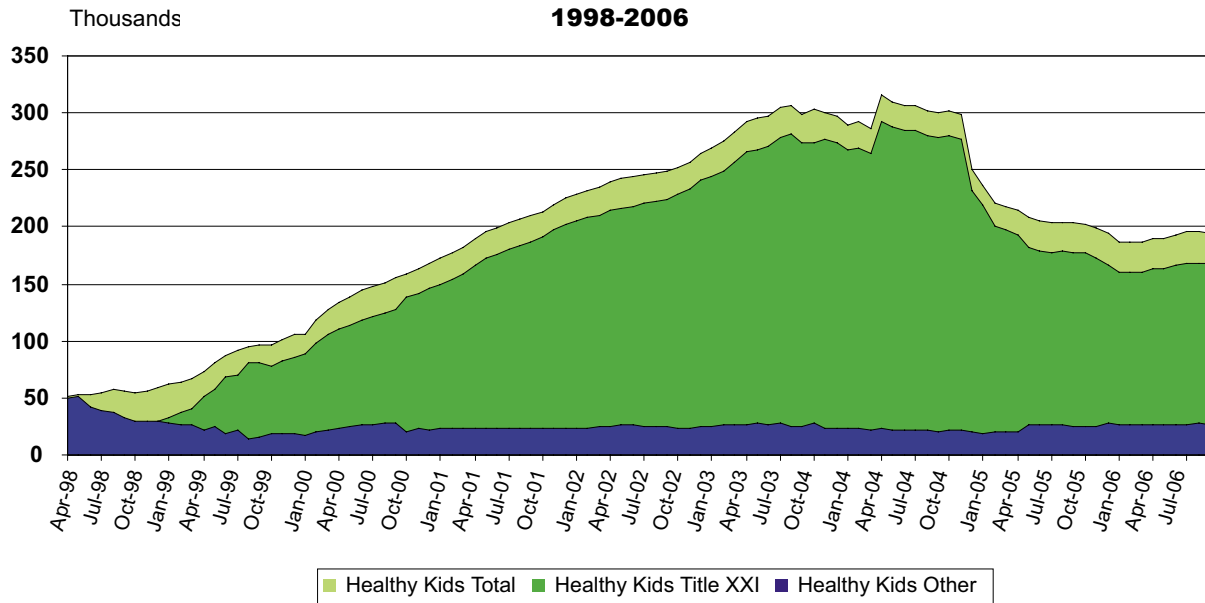
Figure 6. Percentage Growth in KidCare FOR THE LAST SIX STATE FISCAL YEARS, BY PROGRAM



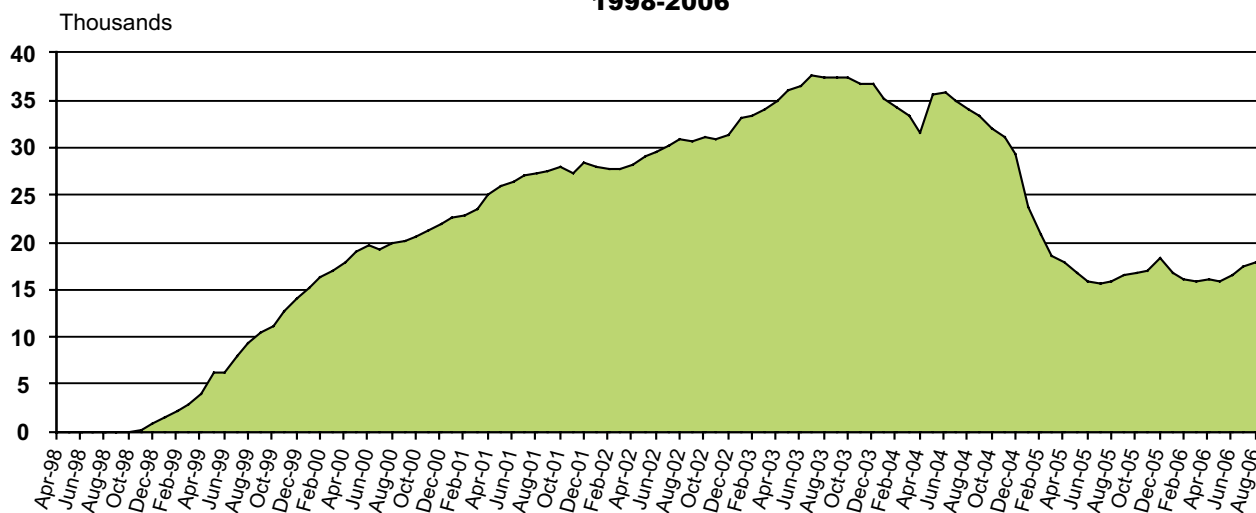
**Figure 7. CMSN Title XXI Program Enrollment
1998-2006**



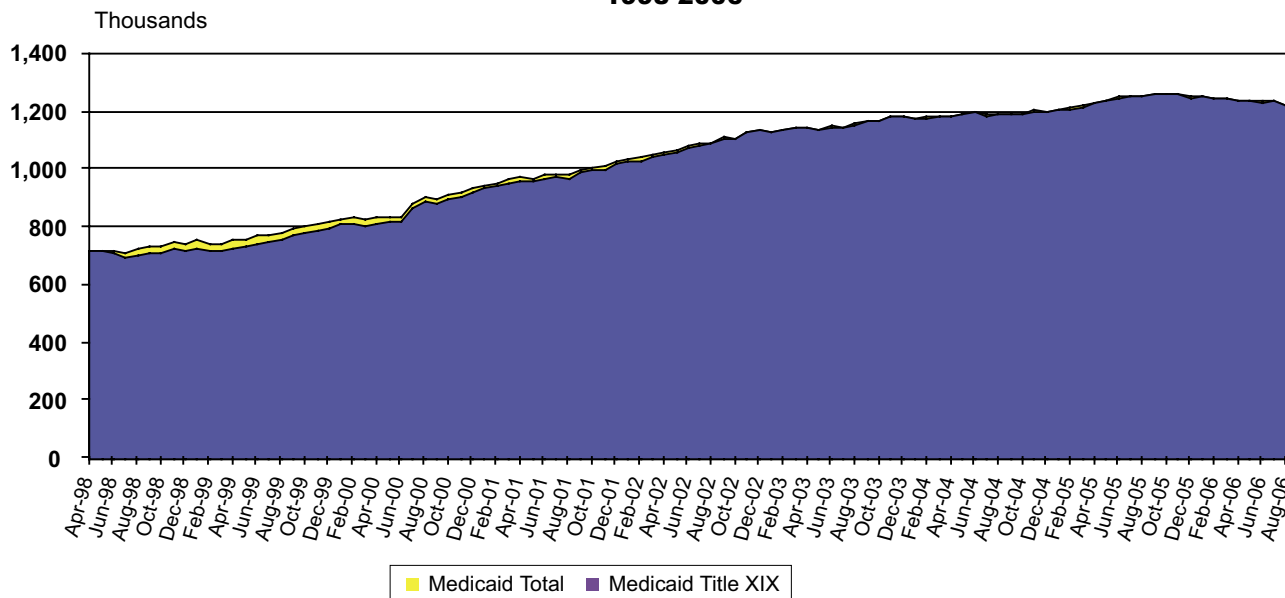
**Figure 8. Healthy Kids Program Enrollment
1998-2006**



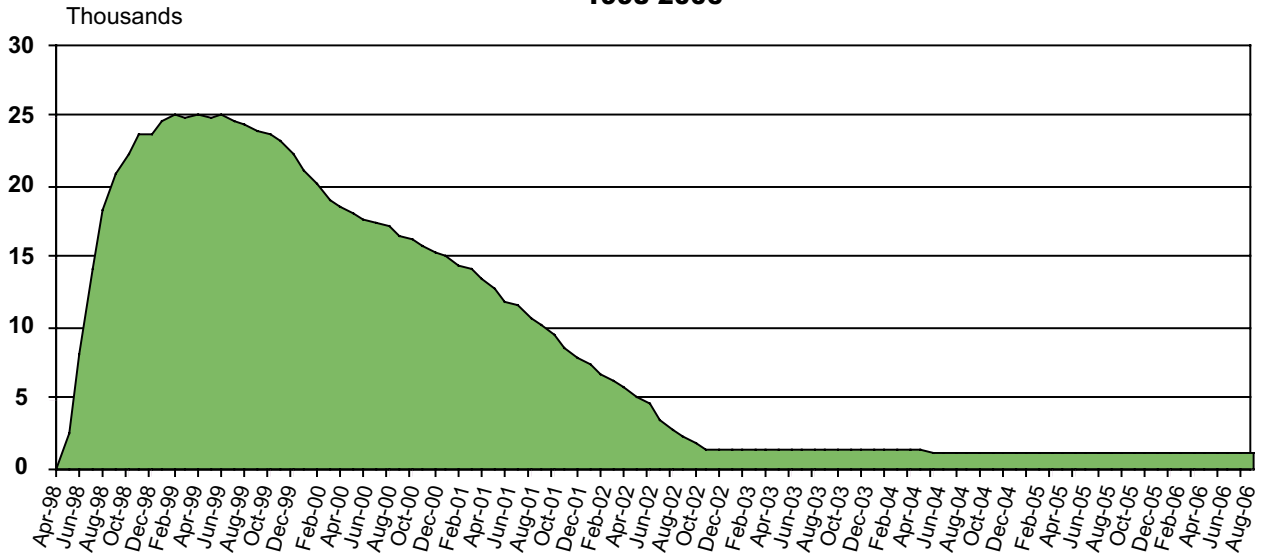
**Figure 9. MediKids Title XXI Program Enrollment
1998-2006**



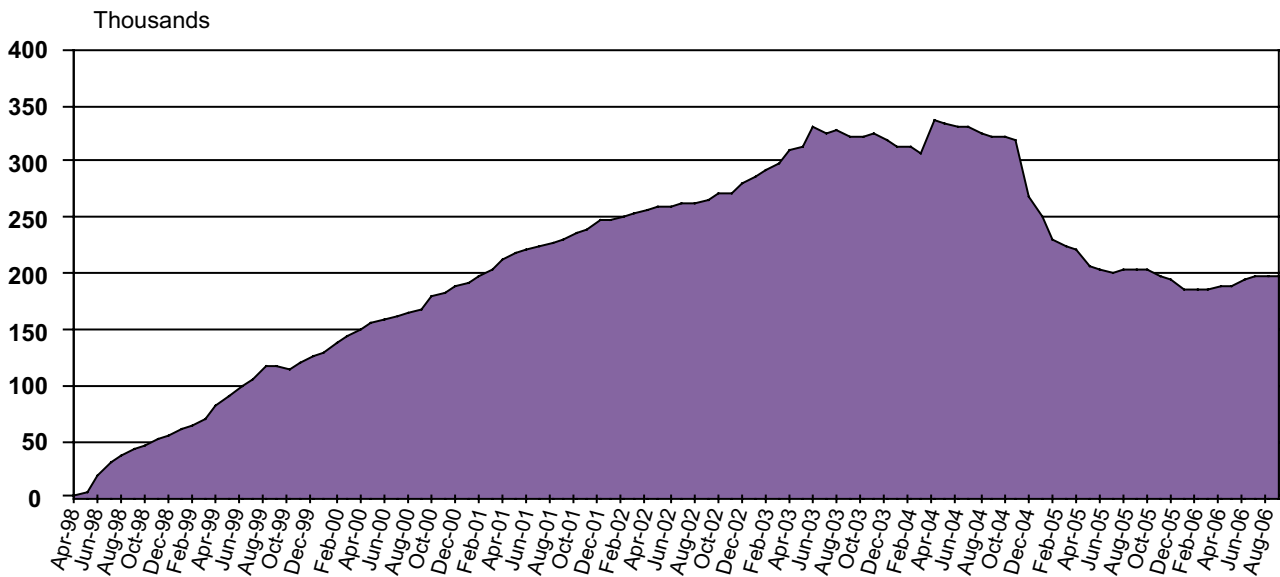
**Figure 10. Medicaid Program Enrollment
1998-2006**



**Figure 11. Medicaid Title XXI Program Enrollment
1998-2006**



**Figure 12. Overall Title XXI Program Enrollment
1998-2006**



6 Transition and Retention

Year 8 Descriptive Report

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 2005-2006 was assessed.

The following findings were obtained:

- 4,183 children transitioned from MediKids to Healthy Kids, which represented approximately 12 percent of the *total* MediKids enrollment for State FY 2005-2006. This share is less than the 16 percent who transitioned State FY 2004-2005 and the 14 percent who transitioned

State FY 2003-2004, but more than the 7 percent who transitioned State FY 2002-2003, and the 6 percent who transitioned State FY 2001-2002. It is expected that a significant share of MediKids enrollees will transition out of the program every year. Because the program only covers children ages one through four, children turning five “age-out” of MediKids eligibility and must seek coverage through another program.

- 93 children transitioned from MediKids to CMSN, which represented far less than one percent of the *total* MediKids enrollment for State FY 2005-2006. In State FY 2004-2005, 71 children transitioned from MediKids to CMSN.
- 762 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 2004-2005, 523 children transitioned from Healthy Kids to CMSN. 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.
- 711 children transitioned from CMSN to Healthy Kids in

AT A GLANCE

- Of children who were enrolled in July 2005, 29.6% of MediKid’s enrollees were retained in the program for the entire state fiscal year. Larger shares of enrollees in CMSN and Healthy Kids (49.6 percent and 55.5 percent, respectively) that were enrolled at the start of the fiscal year were retained for all twelve months

State FY 2005-2006, which represented approximately 5.2 percent of the *total* CMSN enrollment for State FY 2005-2006. In State FY 2004-2005, 716 children transitioned from CMSN to Healthy Kids, but in State FY 2003-2004, only 262 did so.

ICHP is investigating program transitions in more detail as part of their research activities undertaken during State FY 2006-2007. Survival analyses are being conducted of program retention and renewal as a function of time period (before active renewal, during the early implementation of active renewal, and after active renewal is well-established), health status of the enrollee (as assessed using the Clinical Risk Group classification system), age of the child, and rural or urban residence of the child. Results of these analyses will be available for the Title XXI program components by summer, 2007.

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

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 2005-2006.

Continuous enrollment for all twelve months of State FY 2005-2006 was found for only 16 percent of MediKids enrollees, 30 percent of CMSN enrollees and 40 percent of Healthy Kids enrollees. This is a significant decrease from State FY 2004-2005, when 28 percent of MediKids enrollees, 43 percent of CMSN enrollees and 45 percent of Healthy Kids enrollees were in those programs for all twelve months. This is also 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 rate of continuous enrollment for MediKids is expected to be 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, 2005 results in 30 percent of MediKids enrollees being retained for the entire year. Larger shares of enrollees in CMSN and Healthy Kids (49.6 percent and 55.5 percent, respectively) that were enrolled at the start of the fiscal year were retained for all twelve months. These results are very similar to those found in State FY 2004-2005, when 30.3 percent of MediKids enrollees, 51.1 percent of CMSN and 50.5 percent of Healthy Kids enrollees that were enrolled at the start of the fiscal year were retained for all twelve months. ■

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

Table 13. Percentage of Enrollees in Each Program by Length of Continuous Enrollment**DURING STATE FY 2003-2004, 2004-2005 and 2005-2006**

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	All enrollees, 2005-2006*			Enrollees present at the start of the fiscal year 2005-2006 only		
	CMSN	Healthy Kids	MediKids	CMSN	Healthy Kids	MediKids
1 month only	8.6	6.7	11.8	3.5	3.4	5.2
2 months only	8.3	6.6	10.5	3.8	4.2	5.0
3 months only	7.9	6.2	7.8	4.3	4.4	5.9
4 months only	7.9	6.0	8.3	4.5	4.3	5.8
5 months only	6.1	6.2	7.8	4.1	5.0	6.1
6 months only	6.5	6.0	8.2	6.6	5.4	8.9
7 months only	5.8	5.0	6.8	5.9	4.6	8.4
8 months only	4.7	4.6	6.9	4.8	4.1	7.6
9 months only	5.0	4.5	6.0	4.8	3.2	6.6
10 months only	5.3	4.7	5.6	5.1	3.6	6.5
11 months only	3.6	3.2	4.4	3.2	2.1	4.6
All 12 months	30.3	40.3	16.1	49.6	55.5	29.6

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

7 Experiences with the Application Process

AT A GLANCE

- The median application processing time was 33 days for Healthy Kids, 34 days for MediKids, 31 days for CMSN, and 28 days for Medicaid approvals. These processing times meet the federal standard of 45 days from application to Medicaid determination and the processing times are significantly improved from the prior fiscal year.

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 state-supported outreach funding was eliminated 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. 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.

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 State FY 2005-2006 are reported in Table 14. Among these families, 66 percent reported that they were kept well informed of the status of their children's application.

Over 89 percent of families thought the application form was easy to understand and over 80 percent thought the mail-in process was convenient.

Only 21 percent of families report waiting three or more months between their application submission and approval of coverage. This is a significant decrease from the 44 percent in State FY 2004-2005. A record number of applications submitted during the January, 2005 open enrollment period caused a backlog in application processing last year, but that issue appears to be resolved now.

ASSISTANCE NEEDED DURING APPLICATION PROCESSING

About 85 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, 73 percent actually reached a customer service representative. About 70 percent 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 13 and 23 percent of families,

Figure 13. Percentage of Families Who Learned about KidCare by Information Source and Program Component, State FY 2005-2006

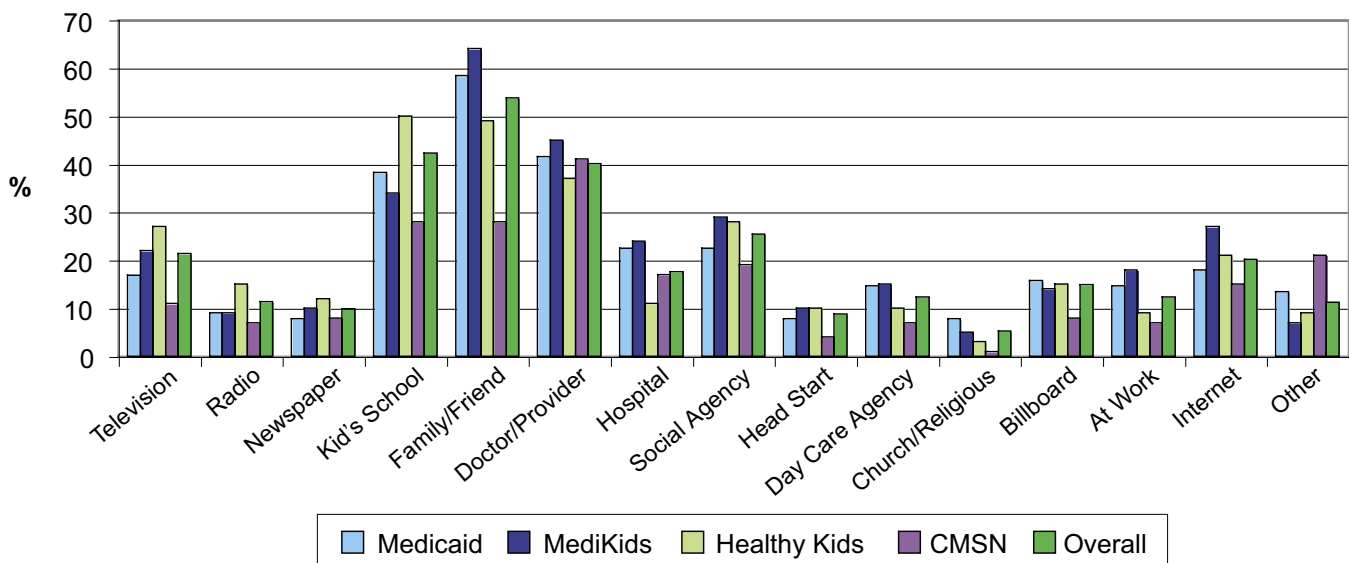


Table 14. Experience with KidCare Single Page Application Process

STATE FY 2005-2006					
PERCENTAGE RESPONDING	TOTAL	MEDICAID	MEDIKIDS	HEALTHY KIDS	CMSN
How long did you wait between application and receiving coverage?					
2 weeks or less	5.2	7.1	2.1	4.1	5.2
3 weeks	3.4	3.6	4.1	3.1	2.1
1 month	27.7	29.8	18.6	28.9	20.6
More than 1 month, but less than 2	15.9	16.7	19.6	14.4	12.4
2 months	17.5	13.1	18.6	21.7	17.5
More than 2 months, but less than 3	9.0	8.3	11.3	8.3	16.5
3 months or more	21.3	21.4	25.8	19.6	25.8
Were you kept informed while awaiting coverage?					
Yes	66.0	62.4	66.3	70.7	55.1
No	34.0	37.7	33.7	29.3	44.9
Was the application form easy to understand?					
Strongly agree	31.0	29.9	34.3	31.0	32.3
Agree	58.2	52.9	58.6	63.0	62.6
Disagree	8.6	14.9	5.1	4.0	1.0
Strongly disagree	2.2	2.3	2.0	2.0	4.0
Was the mail-in process convenient?					
Strongly agree	31.4	32.2	26.3	32.3	27.0
Agree	52.1	48.3	62.6	52.5	57.0
Disagree	11.2	12.6	6.1	11.1	10.0
Strongly disagree	5.5	6.9	5.1	4.0	6.0
Did you attempt to contact the toll-free number listed on the application for assistance?					
Yes	84.9	81.8	90.8	86.7	83.7
No	15.1	18.2	9.2	13.3	16.3
Of those who used the toll free number, were you able to reach someone at the toll-free number easily?					
Yes	73.0	68.1	74.2	77.7	70.7
No	27.0	31.9	25.8	22.4	29.3
Of those who used the toll free number, would you say the service representatives were...					
Very helpful	34.5	26.4	34.1	42.9	30.9
Helpful	35.6	30.6	39.8	39.3	35.8
Somewhat helpful	24.9	36.1	21.6	15.5	18.5
Not helpful at all	3.3	2.8	4.6	2.4	13.6
Could never reach a representative	1.8	4.2	0.0	0.0	1.2
Have you asked for help from a social service agency or health provider about the status of your child's application?					
Yes	17.9	22.7	16.0	13.1	22.2
No	82.1	77.3	84.0	86.9	77.8
If yes, from which agencies..? (respondent can choose more than one)					
Dept. of Children and Families	50.4	60.0	50.0	38.5	22.7
Public Health Department	13.8	10.0	6.3	23.1	13.6
Personal doctor or nurse	7.5	5.0	12.5	7.7	22.7
Case worker	16.9	15.0	12.5	23.1	9.1
Social worker	6.8	5.0	12.5	7.7	9.1
Program Office (Healthy Kids, CMSN)	38.0	25.0	50.0	53.9	54.6
Would you say they were able to provide the help you needed?					
Strongly agree	30.7	35.0	20.0	23.1	50.0
Agree	53.0	55.0	73.3	46.2	36.4
Disagree	6.0	5.0	6.7	7.7	4.6
Strongly disagree	10.3	5.0	0.0	23.1	9.1

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 2005-2006. 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 46 days for Healthy Kids, 47 days for MediKids, 43 days for CMSN, and 38 days for Medicaid approvals. Median times were shorter than the means. The median processing time was 33 days for Healthy Kids, 34 days for MediKids, 31 days for CMSN, and 28 days for Medicaid approvals. These processing times meet the federal standard of 45 days from

Table 15. Application Processing Times		
STATE FY 2005-2006		
	Average Number of Days Elapsed	Median Number of Days Elapsed
For all approved applicants, by their program of enrollment:		
Healthy Kids	46	33
MediKids	47	34
CMSN	43	31
Medicaid	38	28
Only those applicants referred to DCF, but not determined Medicaid eligible, and later enrolled in:		
Healthy Kids	48	38
MediKids	52	43
CMSN	50	41
Only those applicants NOT referred to DCF, and later enrolled in:		
Healthy Kids	45	31
MediKids	46	32
CMSN	41	28

application to Medicaid determination and the processing times are significantly improved from the prior fiscal year.

If DCF review was not needed, approved applications for Title XXI coverage were processed, on average, in 41 to 46 days. If DCF review was needed prior to approval for Title XXI coverage, the mean processing time was 48 to 52 days. ■

8 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-eight percent of families think the program is run very well and an additional 40 percent think the program is run somewhat well (Table 16). About 90 percent of families indicated that KidCare staff is helpful and knowledge-

able. Over 84 percent of newly enrolled families recalled receiving an insurance card from the KidCare program, and 46 percent of families indicated that their insurance cards were received within one month of notification of coverage approval. Over half (57 percent) of newly enrolled families recalled being told that they would have to renew coverage in about a year; this is an increase from 48 percent last fiscal year.

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 provided additional revenue to the program in the amount of \$25,280,016 for State FY 2005-2006. This additional revenue

Table 16. Experience with the Enrollment Process

STATE FY 2005-2006					
PERCENTAGE RESPONDING	TOTAL	MEDICAID	MEDIKIDS	HEALTHY KIDS	CMSN
Have you received your insurance card?					
Yes	84.2	73.3	92.9	91.9	93.0
No	15.8	26.7	7.1	8.1	7.0
How long did you wait between coverage notification and receipt of the insurance card?					
2 weeks or less	15.6	15.0	13.5	15.9	22.0
3 weeks	13.7	13.3	15.7	13.6	12.1
1 month	17.2	18.3	16.9	17.1	12.1
More than 1 month, but less than 2	17.0	18.3	11.2	18.2	11.0
2 months	12.7	10.0	12.4	14.8	13.2
More than 2 months, but less than 3	8.0	10.0	11.2	5.7	7.7
3 months or more	15.8	15.0	19.1	14.8	22.0
How well do you think the program is run?					
Very well	47.9	34.2	54.6	58.2	59.4
Somewhat well	39.5	52.4	39.2	28.6	27.1
Somewhat poorly	9.3	9.8	5.2	10.2	7.3
Very poorly	3.2	3.7	1.0	3.1	6.3
Are program staff helpful?					
Very helpful	52.2	42.0	50.7	59.2	64.7
Somewhat helpful	38.2	42.0	46.6	33.8	30.6
Somewhat unhelpful	7.5	16.0	1.4	2.8	3.5
Very unhelpful	2.2	0.0	1.4	4.2	1.2
Are program staff knowledgeable?					
Very knowledgeable	50.9	39.6	48.6	60.0	54.1
Somewhat knowledgeable	36.5	41.7	40.3	31.4	36.5
Somewhat unknowledgeable	10.5	18.8	11.1	4.3	7.1
Very unknowledgeable	2.1	0.0	0.0	4.3	2.4
Were you told that you will have to renew coverage after about a year?					
Yes	57.0	54.9	62.0	59.1	45.1
No	43.0	45.1	38.0	40.9	55.0

is used to provide coverage for more children.

In the State FY 2005-2006 surveys, Title XXI families were asked questions about their experiences with premium payment. The results are summarized in Table 17. Almost 91 percent of families feel that the premium amount is “about right”. Less than five percent of families felt that the premium was “too

much”. About 73 percent of families report that it is rarely or never difficult to pay the premium; this share is almost identical to the 74 reported in the last fiscal year.

Ninety-six percent of families report paying the premium is “worth it” so that their children can have needed insurance coverage. However, 20 percent of families are concerned that the premium is a “waste of

money” because their children are healthy. Ninety-six 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

STATE FY 2005-2006				
PERCENTAGE RESPONDING	Title 21 Overall	MediKids	Healthy Kids	CMSN
Is the premium...?				
About the right amount	90.9	83.7	92.9	89.8
Too much	4.9	12.2	3.0	4.1
Too little	4.2	4.1	4.0	6.1
How often is it difficult for you to pay the premium?				
Almost every month	9.2	3.5	10.5	9.7
Every couple of months	17.9	16.1	19.0	11.8
Rarely	27.8	28.7	27.4	30.1
Never	45.1	51.7	43.2	48.4
Paying a premium is worth it.				
Strongly agree	77.7	77.8	77.8	77.1
Agree	18.6	20.2	18.2	18.8
Disagree	1.1	1.0	1.0	2.1
Strongly disagree	2.6	1.0	3.0	2.1
Sometimes I think the premium is a waste because my child is healthy.				
Strongly agree	12.9	14.0	13.1	7.2
Agree	6.6	9.0	6.1	6.2
Disagree	18.5	13.0	21.2	6.2
Strongly disagree	62.0	64.0	59.6	80.4
I feel better paying for some of the cost of my child’s coverage.				
Strongly agree	80.4	83.7	79.8	77.6
Agree	15.7	12.2	16.2	19.4
Disagree	2.0	2.0	2.0	2.0
Strongly disagree	2.0	2.0	2.0	1.0
The premium is worth the peace of mind.				
Strongly agree	92.1	92.0	92.0	92.8
Agree	6.1	7.0	6.0	4.1
Disagree	0.4	1.0	0.0	2.1
Strongly disagree	1.5	0.0	2.0	1.0

9 Experiences with Coverage Renewal

AT A GLANCE

- Analysis of renewal outcomes finds that 103,805 (87.1 percent) of the 119,172 eligible children successfully completed the renewal process during the Q4-2005 and Q1-2006 observation period.

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 8 Evaluation.

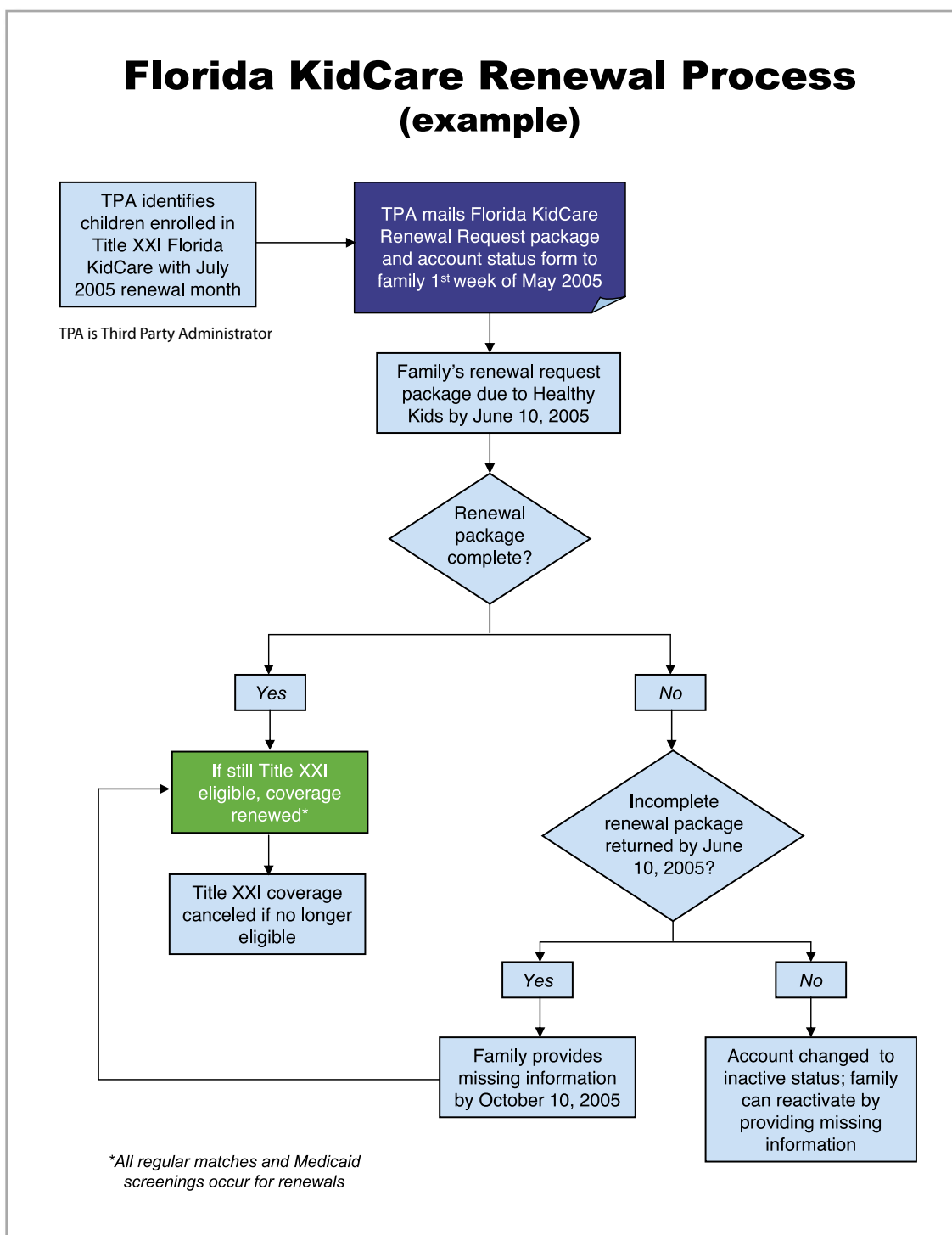
Active renewal was implemented beginning in July, 2004. The renewal process allowed for a sixty day notification and response period. Hence, notification letters sent to families in July, 2004 requested compliance with

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.

Prior reports released by the Institute for Child Health Policy summarized the renewal experience for children eligible for renewal in September 2004 to November 2005. The analysis below examines the months following the prior reports; it considers documentation letters sent in October 2005 through March 2006 for renewals in December 2005 through May 2006. ICHP is currently investigating renewal activities in more detail. Survival analyses are being conducted of renewal as a function of time period (before active renewal, during the early implementation of active renewal, and after active renewal is

Figure 14. Florida KidCare Renewal Process



well-established), health status of the enrollee (as assessed using the Clinical Risk Group classification system), age of the child, and rural or urban residence of the child. Results of these analyses will be available for the Title XXI program components by summer, 2007.

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 Octo-

ber, 2005-March, 2006. These letters were asking for active renewal of health insurance coverage that was due to expire in December, 2005-May, 2006. Because disenrollment occurs if renewal is not completed within the sixty day window, final disposition of May, 2006 renew-

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

Number of Eligible Children by Month Renewal Letter Was Sent	Total (N)	CMSN (N)	Healthy Kids (N)	MediKids (N)
Total, October 2005-March 2006	119,172	4,363	106,224	8,585
October 2005	18,406	666	16,563	1,177
November 2005	20,836	750	18,409	1,677
December 2005	26,709	927	23,881	1,901
January 2006	21,383	778	19,075	1,530
February 2006	16,467	630	14,631	1,206
March 2006	15,371	612	13,665	1,094

Month Renewal Letter Sent Percent Distribution by Program	TOTAL (ROW %)	CMSN (N)	HEALTHY KIDS (N)	MEDIKIDS (%)
Total, October 2005-March 2006	100.0	3.7	89.1	7.2
October 2005	100.0	3.6	90.0	6.4
November 2005	100.0	3.6	88.4	8.0
December 2005	100.0	3.5	89.4	7.1
January 2006	100.0	3.6	89.2	7.2
February 2006	100.0	3.8	88.9	7.3
March 2006	100.0	4.0	88.9	7.1

Month Renewal Letter Sent (Percent Distribution by Month)	TOTAL (COLUMN %)	CMSN (N)	Healthy Kids (N)	MediKids (%)
Total, October 2005-March 2006	100.0	100.0	100.0	100.0
October 2005	15.4	15.3	15.6	13.7
November 2005	17.5	17.2	17.3	19.5
December 2005	22.4	21.2	22.5	22.1
January 2006	17.9	17.8	18.0	17.8
February 2006	13.8	14.4	13.8	14.0
March 2006	12.9	14.0	12.9	12.7

als requires enrollment records be analyzed through July, 2006 (which includes the 60 day grace period for cancellations plus another month to verify whether coverage was actually discontinued). The grace period allows families time to respond to requests for missing documentation or to provide additional detail to support their application for coverage renewal.

Information on the renewal status and demographic characteristics of all children eligible for renewal during the observation period was extracted from ICHP's enrollment databases. Zip code information was translated into an indicator of rural or urban residence using an algorithm developed by the University of Washington.⁴ 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 October, 2005 to March, 2006, letters were sent to families regarding the continued eligibility of 119,172 children. Healthy Kids enrollees comprised the largest share of children eligible for renewal;

Healthy Kids enrollees were 89.1 percent of all children eligible for renewal. CMSN enrollees comprised 3.7 percent of all eligible children, while MediKids comprised 7.2 percent. Comparing notifications by month sent, a larger share of letters (22.4 percent) was sent during December 2005 than March 2006 (12.9 percent). The complete distribution of renewal notifications by month of notification is presented in Table 18.

DEMOGRAPHIC CHARACTERISTICS OF CHILDREN ELIGIBLE FOR RENEWAL

Demographic characteristics of the 119,172 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 (56 percent male and 44 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 comprised 36 percent of the eligible population sent letters in the last quarter of 2005 and 37 percent of the eligible population sent letters in the first quarter of 2006. 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. Over 90 percent of eligible children reside in urban zip codes. Just over half of eligible children (53 percent sent letters Q4-2005 and 51 percent sent letters Q1-2006) were living in households with incomes at or below 150% of the federal poverty level, while just less than half 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.

4. For more information, please see <http://www.fammed.washington.edu/wwamirhrc/rucas/rucas.html>.

Table 19. Demographic Characteristics of Children Eligible for Renewal

**from December 2005 to February 2006
(Letters Sent October 2005 to December 2005)
and from March 2006 to May 2006
(Letters Sent January 2006 to March 2006)**

DECEMBER 2005 - FEBRUARY 2006

Characteristic	TOTAL (N)	CMSN (N)	HEALTHY KIDS (N)	MEDIKIDS (N)
Total	65,951	2,343	58,853	4,755
Gender				
Male	33,834	1,308	30,164	2,362
Female	32,117	1,035	28,689	2,393
Age				
1-4	6,171	258	1,305	4,608
5-9	19,123	696	18,280	147
10-14	23,966	854	23,112	0
15-18	16,691	535	16,156	0
Rural-Urban Commuting Area				
Urban/Large towns	60,171	2,021	53,796	4,354
Rural/Small towns	4,952	280	4,329	343
Unknown	828	42	728	58
Federal Poverty Level				
150% or less	34,762	1,416	30,944	2,402
151% or greater	31,189	927	27,909	2,353

DECEMBER 2005 - FEBRUARY 2006

Characteristic (Percent of Program)	Total (COLUMN %)	CMSN (%)	Healthy Kids (%)	MediKids (%)
Total	100.0	100.0	100.0	100.0
Gender				
Male	51.3	55.8	51.3	49.7
Female	48.7	44.2	48.7	50.3
Age				
1-4	9.4	11.0	2.2	96.9
5-9	29.0	29.7	31.1	3.1
10-14	36.3	36.4	39.3	0.0
15-18	25.3	22.8	27.5	0.0
Rural-Urban Commuting Area				
Urban/Large towns	91.2	86.3	91.4	91.6
Rural/Small towns	7.5	12.0	7.4	7.2
Unknown	1.3	1.8	1.2	1.2
Federal Poverty Level				
150% or less	52.7	60.4	52.6	50.5
151% or greater	47.3	39.6	47.4	49.5

Table 19. (CONTINUED)**MARCH 2006 - MAY 2006**

Characteristic	TOTAL (N)	CMSN (N)	HEALTHY KIDS (N)	MEDIKIDS (N)
Total	53,221	2,020	47,371	3,830
Gender				
Male	27,339	1,131	24,303	1,905
Female	25,882	889	23,068	1,925
Age				
1-4	4,835	188	821	3,826
5-9	16,055	623	15,428	4
10-14	19,492	717	18,775	0
15-18	12,839	492	12,347	0
Rural-Urban Commuting Area				
Urban/Large towns	48,959	1,785	43,660	3,514
Rural/Small towns	3,653	211	3,174	268
Unknown	609	24	537	48
Federal Poverty Level				
150% or less	27,091	1,141	24,043	1,907
151% or greater	26,130	879	23,328	1,923

MARCH 2006 - MAY 2006

Characteristic (Percent of Program)	TOTAL (COLUMN %)	CMSN (%)	Healthy Kids (%)	MediKids (%)
Total	100.0	100.0	100.0	100.0
Gender				
Male	51.4	56.0	51.3	49.7
Female	48.6	44.0	48.7	50.3
Age				
1-4	9.1	9.3	1.7	99.9
5-9	30.2	30.8	32.6	0.1
10-14	36.6	35.5	39.6	0.0
15-18	24.1	24.4	26.1	0.0
Rural-Urban Commuting Area				
Urban/Large towns	92.0	88.4	92.2	91.7
Rural/Small towns	6.9	10.4	6.7	7.0
Unknown	1.1	1.2	1.1	1.3
Federal Poverty Level				
150% or less	50.9	56.5	50.8	49.8
151% or greater	49.1	43.5	49.2	50.2

* Note: Children aged 1-4 eligible for renewal in Healthy Kids represent a small cohort of children under the age of 5 who enrolled in Healthy Kids as siblings of older enrollees (which simplified program enrollment for families of children under and over the age of 5).

RENEWAL OUTCOMES

Analysis of renewal outcomes finds that 103,805 (87.1 percent) of the 119,172 eligible children successfully completed the renewal process during the Q4-2005 and Q1-2006 observation period. This renewal rate is higher than that found in the prior two reports—84.4 percent found for January 2005 through April 2005 and 79.4 percent found for the September 2004 through January 2005 period.

Results vary by program, with 89.8 percent of CMSN, 87.1 percent of Healthy Kids, and 86.3 percent of MediKids enrollees successfully renewing their coverage (see Figure 15). The variation was significant for Q4-2005 ($\chi^2=37.58$; $p<.0001$), but not for Q1-2006 ($\chi^2=10.47$; $p=.0053$). 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, and/or

interactions between the CMSN case managers and families.

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. Young adults (15-18 years old) and enrollees in poverty had significantly lower rates of renewal than younger children and enrollees whose households were not in poverty. Gender and urbanicity did not vary significantly with the renewal outcome.

RENEWAL OUTCOMES BY MONTH OF NOTIFICATION

This analysis also finds significant variation in renewal by the month of notification (Q4-2005 $X^2=38.71$, $p<.0001$ and Q1-2006 $X^2=338.35$, $p<.0001$) for the total population of KidCare enrollees. The highest renewal rate (90.1 percent) was found for enrollees who were notified in January, 2005. March, 2006 had the lowest renewal rate (83.9 percent) of the six months in this observation period.

Figure 15. Renewal Outcomes by KidCare Program Component

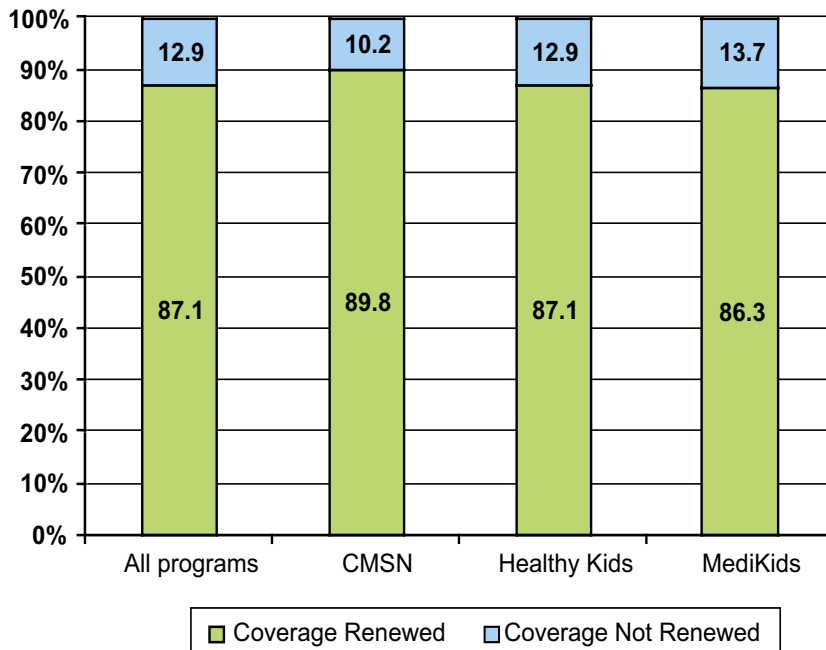


Table 20. Renewal Status for Children Eligible for Renewal, by Demographic Characteristic

**from December 2005 to February 2006 (Letters Sent October 2005 to December 2005)
and from March 2006 to May 2006 (Letters Sent January 2006 to March 2006)**

Characteristic	Children Eligible for Renewal (N)	Not Renewed (N)	Renewed (N)	Not Renewed (row%)	Renewed (row%)
Total Children DEC05 - FEB06	65,951	8,876	57,075	13.5	86.5
Gender					
Male	33,834	4,612	29,222	13.6	86.4
Female	32,117	4,264	27,853	13.3	86.7
Age					
1-4	6,171	731	5,440	11.8	88.2
5-9	19,123	2,273	16,850	11.9	88.1
10-14	23,966	3,086	20,880	12.9	87.1
15-18	16,691	2,786	13,905	16.7	83.3
Rural-Urban Commuting Area					
Urban/Large towns	60,171	8,003	52,168	13.3	86.7
Rural/Small towns	4,952	736	4,216	14.9	85.1
Unknown	828	137	691	16.5	83.5
Federal Poverty Level					
150% or less	34,762	5,697	29,065	16.4	83.6
151% or greater	31,189	3,179	28,010	10.2	89.8
Characteristic	Children Eligible for Renewal (N)	Not Renewed (N)	Renewed (N)	Not Renewed (row%)	Renewed (row%)
Total Children MAR06 - MAY06	53,221	6,491	46,730	12.2	87.8
Gender					
Male	27,339	3,331	24,008	12.2	87.8
Female	25,882	3,160	22,722	12.2	87.8
Age					
1-4	4,835	492	4,343	10.2	89.8
5-9	16,055	1,834	14,221	11.4	88.6
10-14	19,492	2,308	17,184	11.8	88.2
15-18	12,839	1,857	10,982	14.5	85.5
Rural-Urban Commuting Area					
Urban/Large towns	48,959	5,976	42,983	12.2	87.8
Rural/Small towns	3,653	434	3,219	11.9	88.1
Unknown	609	81	528	13.3	86.7
Federal Poverty Level					
150% or less	27,091	3,860	23,231	14.2	85.8
151% or greater	26,130	2,631	23,499	10.1	89.9

Table 21. Renewal Status for Eligible Children

(Letters Were Sent October 2005 to March 2006)

Month Renewal Letter Sent (Number Children)	TOTAL (N)	CMSN (N)	HEALTHY KIDS (N)	MEDIKIDS (N)
<i>Total, October 2005-March 2006</i>	119,172	4,363	106,224	8,585
October 2005	18,406	666	16,563	1,177
November 2005	20,836	750	18,409	1,677
December 2005	26,709	927	23,881	1,901
January 2006	21,383	778	19,075	1,530
February 2006	16,467	630	14,631	1,206
March 2006	15,371	612	13,665	1,094

Number of Children Whose Renewals Were Successfully Processed by Month the Letter Was Sent	TOTAL (N)	CMSN (N)	Healthy Kids (N)	MediKids (N)
<i>Total, October 2005-March 2006</i>	87.1	89.8	87.1	86.3
October 2005	86.6	90.7	86.6	84.5
November 2005	85.4	88.8	85.4	84.0
December 2005	87.4	90.1	87.4	85.2
January 2006	90.1	93.4	90.0	90.9
February 2006	88.4	89.7	88.4	88.1
March 2006	83.9	85.5	83.7	85.6

Percent of Eligibles Successfully Renewed	TOTAL (%)	CMSN (N)	Healthy Kids (N)	MediKids (N)
<i>Total, October 2005-March 2006</i>	87.1	89.8	87.1	86.3
October 2005	86.6	90.7	86.6	84.5
November 2005	85.4	88.8	85.4	84.0
December 2005	87.4	90.1	87.4	85.2
January 2006	90.1	93.4	90.0	90.9
February 2006	88.4	89.7	88.4	88.1
March 2006	83.9	85.5	83.7	85.6

**SUMMARY
OF RENEWAL
OUTCOMES**

In conclusion, 119,172 KidCare Title XXI enrollees were eligible

for renewal during the period of December, 2005 through May, 2006 (letters sent October 2005 through March 2006). 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 103,805 enrollees—87.1 percent of the eligible population. ■

10 Presence of Special Health Care Needs

BACKGROUND

The Children with Special Health Care Needs (CSHCN) Screener was used in all eight 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.⁵

CSHCN SCREENER RESULTS

Table 22 shows the percentage of children with special health care needs for each of the Kid-

Care Program components, for new enrollees and established enrollees, for four 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. Eighty-one percent of CMSN established enrollees met the screener in State FY 2005-2006. Children meeting the screener comprised significant shares of the other established enrollee groups as well. Sixteen percent of MediKids enrollees, 22 percent of Healthy Kids enrollees, 28 percent of Medicaid HMO enrollees, and 34 percent of MediPass enrollees were identified with special needs according to the CSHCN Screener criteria.

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

AT A GLANCE

- In Florida, an estimated 13-14 percent of all children have special health care needs, compared to over 28 percent of Medicaid HMO enrollees and 33 percent of MediPass enrollees.

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

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

survey so that reliable prevalence estimates of CSHCN could be developed for each state.

In comparison to the NCHS estimates, over 33 percent of MediPass and 28 percent of Medicaid HMO 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 Medicaid HMO is higher than that of the general population. The number of enrollees with special needs has implications for the financing and the organization of the KidCare Program. For example, health care costs may be higher than anticipated. In addition, provider networks may need to be modified to include more pediatricians and specialists to provide the care which special needs children often require. ■

Table 22. Children Identified With Special Health Care Needs by Program Component and Enrollment Status

State FY 2002-2003, 2003-2004, 2004-2005 and 2005-2006

Program/Duration	FY 2002-2003		FY 2003-2004		FY 2004-2005		FY 2005-2006	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
Medicaid								
New Enrollees (Single Page Application)	20	80	23	77	23	77	27	73
Established Enrollees-HMO	21	79	22	78	22	78	28	72
Established Enrollees-MediPass in counties without Medicaid HMOs	30	70	32	68	33	67		
Established Enrollees-MediPass in counties that also offer Medicaid HMOs	33	67	38	62	39	61		
Established Enrollees-MediPass							34	66
MediKids								
New Enrollees	8	92	13	87	19	81	20	80
Established Enrollees	15	85	13	87	20	80	16	84
Healthy Kids								
New Enrollees	19	81	21	79	24	76	28	72
Established Enrollees	23	77	21	79	26	74	22	78
CMSN								
New Enrollees	76	24	73	27	86	14	85	15
Established Enrollees	81	19	83	17	79	21	81	19

11 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.

Families whose children were recently enrolled were asked if their children had a usual source of care prior to entering the KidCare Program. In gen-

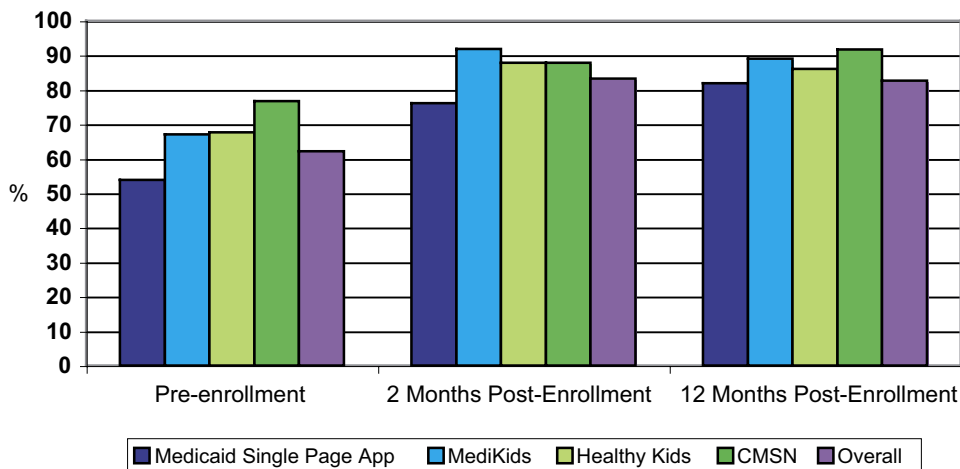
eral, a high percentage of new enrollees had a usual source of care prior to KidCare Program enrollment. Among new enrollees in State FY 2005-2006, 54 percent of Medicaid, 67 percent of MediKids, 67 percent of Healthy Kids, and 77 percent of CMSN had a usual source of care before they enrolled in KidCare. However, the percentage of children with a usual source of care improved to over 82 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 eight evaluation years.

AT A GLANCE

- More than 83 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.

Figure 16. Children with a Usual Source of Care by Program Component

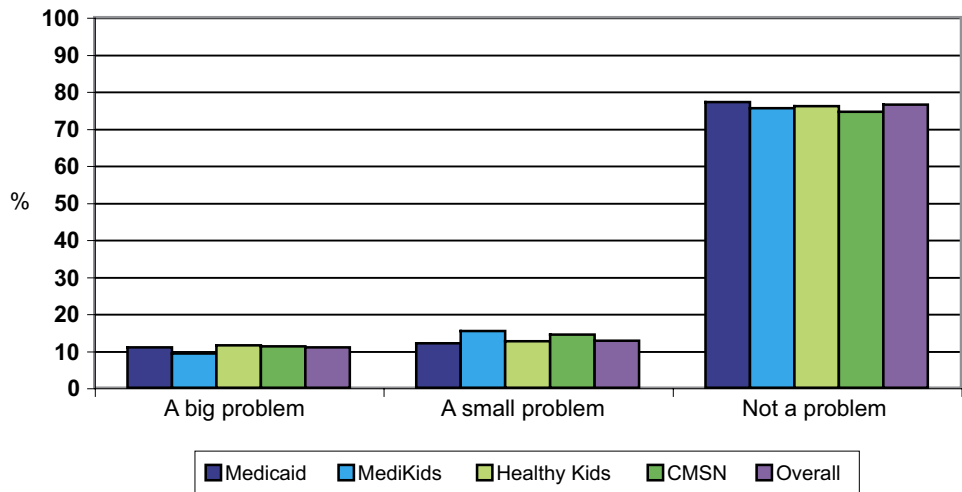
STATE FY 2005-2006



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.” Over 76 percent of families reported that it was “not a problem” to find a personal doctor or nurse. These results are summarized by program component in Figure 17.

Figure 17. Respondent Experiences with Obtaining a Usual Source of Care

STATE FY 2005-2006



12 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.

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 seven years and continues to be so. 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. The results presented in this report are not adjusted for

factors known to influence satisfaction such as respondent race and ethnicity, respondent education, and child health status.

The current findings indicate high satisfaction with KidCare overall. Over half (54 percent) 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; this does not include visits for specialty care, which children may have had in lieu of a regular routine visit. Thirty-one percent 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 69 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 59 percent for Medicaid HMO to 77 percent for MediPass. More than 74 percent of families reported it was "not a problem" for their children to get needed care. Fifty-seven percent of families said that there were no or minimal delays in their children's health care while waiting for health plan approval. Additionally, over 82 percent felt that their children's doctors "always" treated them with courtesy and respect and over 65 percent believed that the doctor "always" spent enough time with their children.

AT A GLANCE

- About 70 percent of families said they always received care as soon as they wanted when their children were ill.
- About 67 percent of families said it was "not a problem" to get specialty care.
- About 79 percent of families report that their doctor always explains things in a way that their child understands

Table 23. Family Satisfaction with Their Children's Health Care**STATE FY 2005-2006**

ITEM (Percent Reporting)	OVERALL	MEDICAID HMO	MEDIPASS	MEDIKIDS	HEALTHY KIDS	CMSN
Did you make any appointments for routine care?						
Yes	54.2	53.2	54.9	59.4	54.4	73.5
No	45.8	46.8	45.1	40.6	45.6	26.5
How often did you get that appointment as quickly as you wanted?						
Never	3.8	6.1	2.0	2.8	1.9	4.5
Sometimes	14.6	17.6	11.4	10.1	15.2	12.6
Usually	18.9	14.9	20.9	18.5	24.7	23.9
Always	62.8	61.5	65.8	68.5	58.2	59.0
Did your child have an illness or injury where you needed care right away?						
Yes	31.1	30.9	32.9	33.1	26.4	43.1
No	68.9	69.1	67.1	66.9	73.6	56.9
Did you get that care as soon as you wanted?						
Never	3.2	5.9	1.1	2.0	1.3	3.9
Sometimes	16.6	22.4	13.0	10.1	10.3	10.8
Usually	11.3	12.9	8.8	13.1	14.1	17.7
Always	68.9	58.8	77.2	74.8	74.4	67.7
Did your child need any specialist care?						
Yes	28.4	24.4	31.1	29.3	31.0	67.2
No	71.7	75.6	68.9	70.7	69.0	32.8
If your child needed to see a specialist, how much of a problem was it to get a referral?						
A big problem	16.0	17.7	15.3	9.0	15.1	9.5
A small problem	16.8	22.1	15.1	15.7	9.7	12.5
Not a problem at all	67.2	60.3	69.6	75.3	75.3	78.0
How much of a problem was it to get the care you believed was necessary for your child?						
A big problem	10.0	11.0	11.0	2.7	4.6	11.7
A small problem	16.3	19.8	12.9	20.4	16.7	12.2
Not a problem at all	73.7	69.2	76.1	77.0	78.7	76.1
How much of a problem were delays in care while you waited for plan approval?						
A big problem	18.1	18.0	21.9	16.3	10.3	17.4
A small problem	25.1	30.8	20.0	26.5	24.1	22.5
Not a problem at all	56.9	51.3	58.2	57.1	65.5	60.1
How often was child taken to the exam room within 15 minutes?						
Never	29.3	29.6	28.9	31.4	29.3	28.5
Sometimes	25.3	27.7	24.2	23.7	21.9	25.4
Usually	16.5	13.1	18.1	21.6	20.9	23.6
Always	28.9	29.6	28.8	23.3	27.9	22.5
How often were you treated with courtesy and respect?						
Never	2.2	2.9	1.7	2.4	1.8	2.8
Sometimes	7.1	10.5	4.8	6.4	3.7	5.0
Usually	8.3	6.7	8.7	9.2	11.5	10.3
Always	82.4	79.9	84.8	82.1	83.0	82.0
Is your child old enough to talk to the doctor?						
Yes	70.4	68.9	64.3	57.7	93.1	84.8
No	29.6	31.1	35.7	42.4	6.9	15.2
Did the doctor explain things in a way your child could understand?						
Never	5.8	6.9	4.4	6.3	6.0	4.7
Sometimes	7.5	10.4	5.7	10.5	4.5	12.3
Usually	8.0	6.3	8.0	12.6	11.4	10.6
Always	78.8	76.4	82.0	70.6	78.1	72.5

CAHPS questionnaire items were also merged together to measure satisfaction “domains”, like health plan customer service and family-centered care. These domains were scored 0 to 100 (most satisfied) and the results are presented in Table 24. These domains show a high level of satisfaction with KidCare services, with parents reporting an average score of

84 for being able to get needed care. Parents scored getting care quickly at only 65 though. Contact with providers scored well (86 for provider’s communication skills and 87 for office staff courtesy and respect). Health plan customer service scored 75 and coordination of care scored 68. Family-centeredness of care scored 74. Families were most satisfied with

their access to prescription medicines, that domain scored 89.

Because 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.

Table 23. (CONTINUED)**STATE FY 2005-2006**

ITEM (Percent Reporting)	OVERALL	MEDICAID HMO	MEDIPASS	MEDIKIDS	HEALTHY KIDS	CMSN
How often did the doctor spend enough time with your child?						
Never	5.3	5.7	4.8	3.6	5.6	4.3
Sometimes	14.5	19.5	11.6	12.5	8.3	10.6
Usually	14.6	14.3	14.1	19.4	16.7	12.8
Always	65.7	60.5	69.5	64.5	69.4	72.3
Does your child have special health care needs that require help in school?						
Yes	13.7	16.9	11.9	8.1	8.9	26.1
No	86.4	83.1	88.1	91.9	91.1	73.9
Did your child’s doctor talk to the school about these needs?						
Yes	87.0	83.3	88.6	94.4	100.0	85.7
No	13.0	16.7	11.4	5.6	0.0	14.3

Table 24. Family Satisfaction as Measured by CAHPS Composite Scores**STATE FY 2005-2006**

MEAN	OVERALL	MEDICAID HMO	MEDIPASS	MEDIKIDS	HEALTHY KIDS	CMSN
1. Getting needed care	83.9	82.0	86.3	83.7	83.3	81.2
2. Getting care quickly	64.9	62.3	66.5	69.0	67.5	67.8
3. Experiences with doctor’s communication skills	86.1	82.4	88.9	88.1	88.4	86.7
4. Office staff courtesy, respect, and helpfulness	87.4	84.5	89.4	88.8	90.0	88.3
5. Health plan customer service	75.5	73.9	77.0	79.8	76.1	77.6
6. Getting prescription medications	89.1	86.3	92.0	85.8	88.3	88.2
7. Experiences getting specialized services	71.7	68.1	74.6	69.7	72.9	71.4
8. Family centered care—overview	73.6	71.5	77.2	82.0	68.9	81.0
9. Family centered—having a personal doctor or nurse	75.3	73.0	79.6	82.9	69.3	85.4
10. Family centered—decisionmaking	76.3	72.7	78.6	79.5	78.8	77.9
11. Family centered—getting needed information	81.0	79.0	81.8	84.2	84.2	81.4
12. Coordination of care	68.2	70.0	68.4	67.7	61.9	67.0

AT A GLANCE

- A substantial share (28 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, 31 percent of MediPass, 29 percent of MediKids, 31 percent of Healthy Kids and 67 percent of CMSN enrollees needed specialty care (Figure 18).

GETTING HEALTH CARE FROM A SPECIALIST

A substantial share (28 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, 31 percent of MediPass, 29 percent of MediKids, 31 percent of Healthy Kids and 67 percent of CMSN enrollees needed specialty care (Figure 18). Given the large numbers of children with special health care needs in CMSN, it is not surprising that program has the highest need for specialty care. Of those families that needed specialty care, about 67 percent said it was “not a problem” to see a specialist for such care.

ACCESS TO MENTAL HEALTH SERVICES

The CAHPS contains a series of questions about the need for and receipt of behavioral treatment or counseling. Overall, about 11 percent of KidCare parents indicated that their children had a behavioral or emotional problem for which they needed counseling (Figure 19). The need for counseling ranged from 6 percent for MediKids to 22 percent for CMSN. Of those families that did need mental health services, over almost two-thirds (64 percent)

reported it was “not a problem” to receive such care.

The current findings indicate high satisfaction with KidCare overall. Over half 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. Access to care when children are ill or injured is good, with 69 percent of families overall reporting that the children “always” received care for illness or injury as soon as they wanted. Aggregations of satisfaction items into domains (scored 0 unsatisfied to 100 most satisfied) also showed high levels of satisfaction. Families were most satisfied with their access to prescription medicines (mean score 89 out of 100).

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. ■

Figure 18. Established Enrollees Needing and Getting Specialty Care

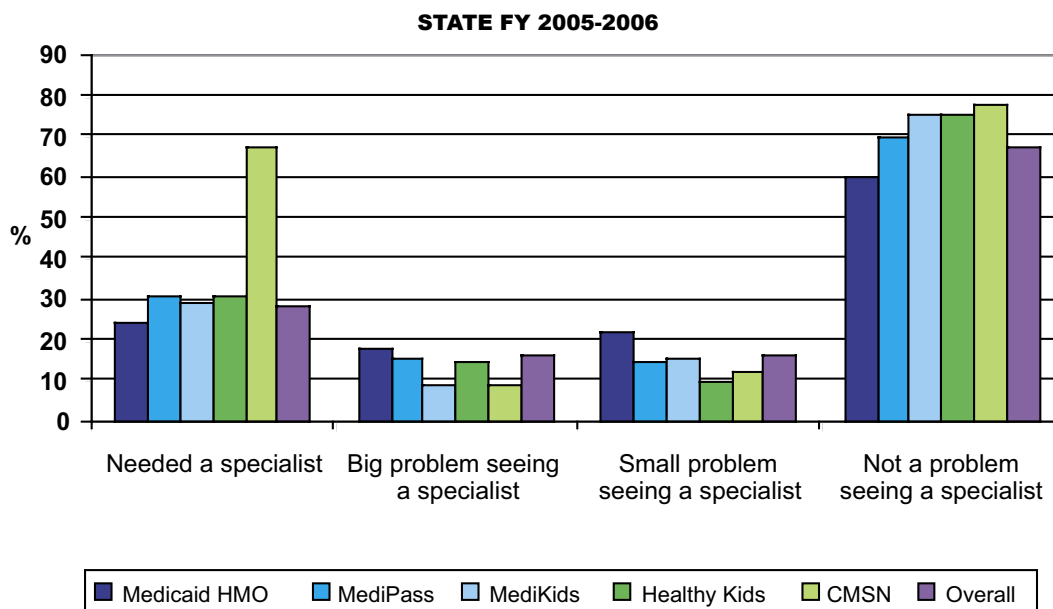
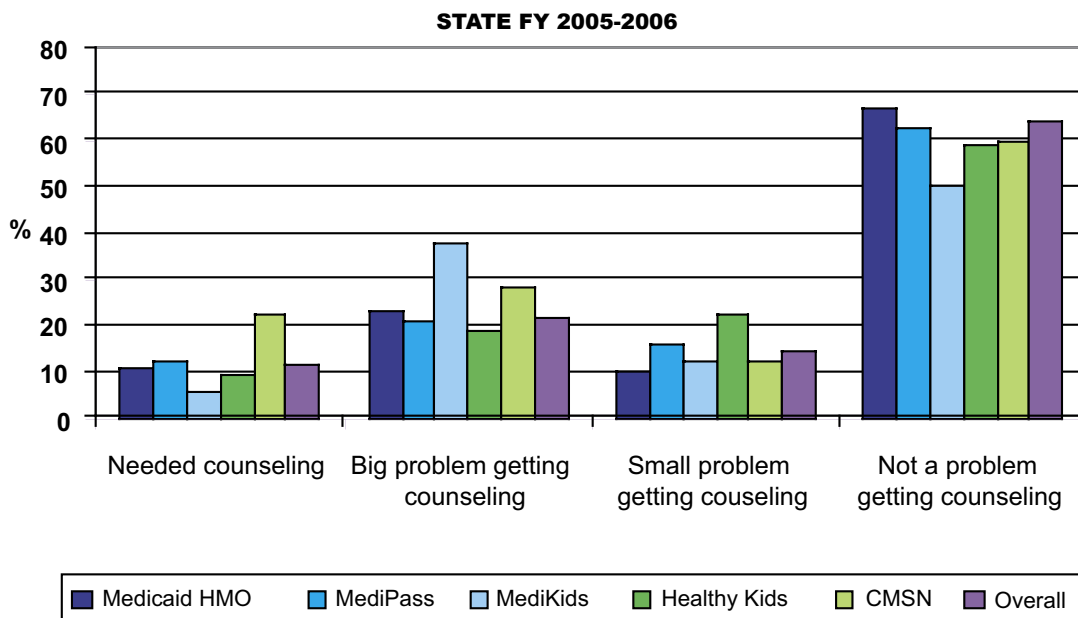


Figure 19. Established Enrollees Needing and Getting Mental Health Care



13 Dental Care

AT A GLANCE

- Of families who saw a dentist, 51% rated their dental care as a 10.

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 \$800 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 in the past year by KidCare Program component is shown in Figure 20. Overall, 49 percent of children received dental care. A higher percentage of children in Healthy Kids (65 percent) and CMSN (67 percent) saw a dentist in the last twelve months when compared to Medicaid HMO (44 percent) and MediPass (50 percent). As young children have the lowest rates of dental visits, it is not surprising that the MediKids program had the lowest rate of dental care; only 32 percent of MediKids enrollees saw a dentist in the year prior to the interview.

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, 51 percent of respondents rated their dental care as a “10”. An additional 24 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 Twelve Months

State FY 2005-2006 by Age

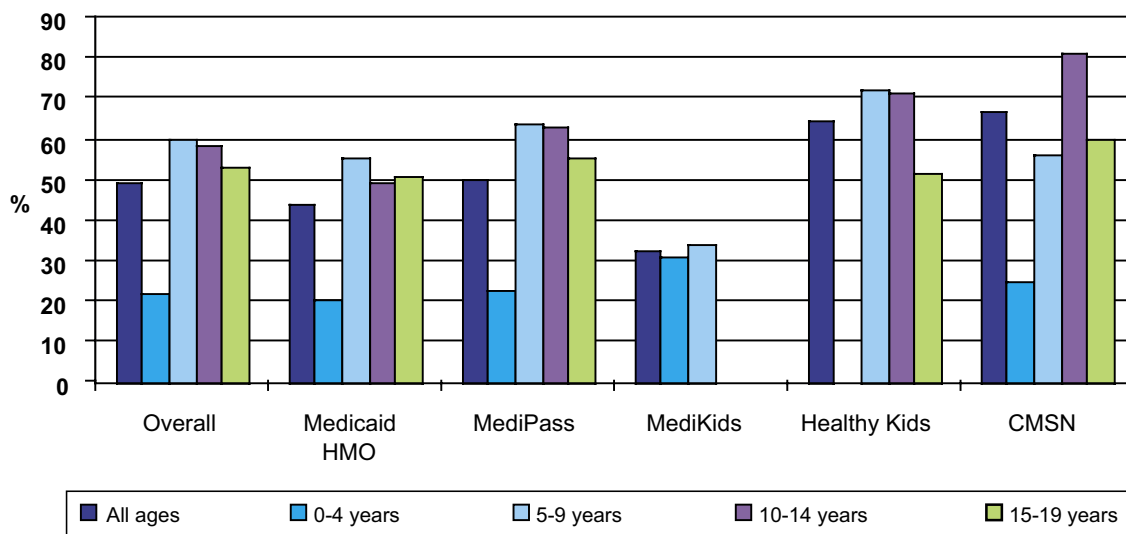
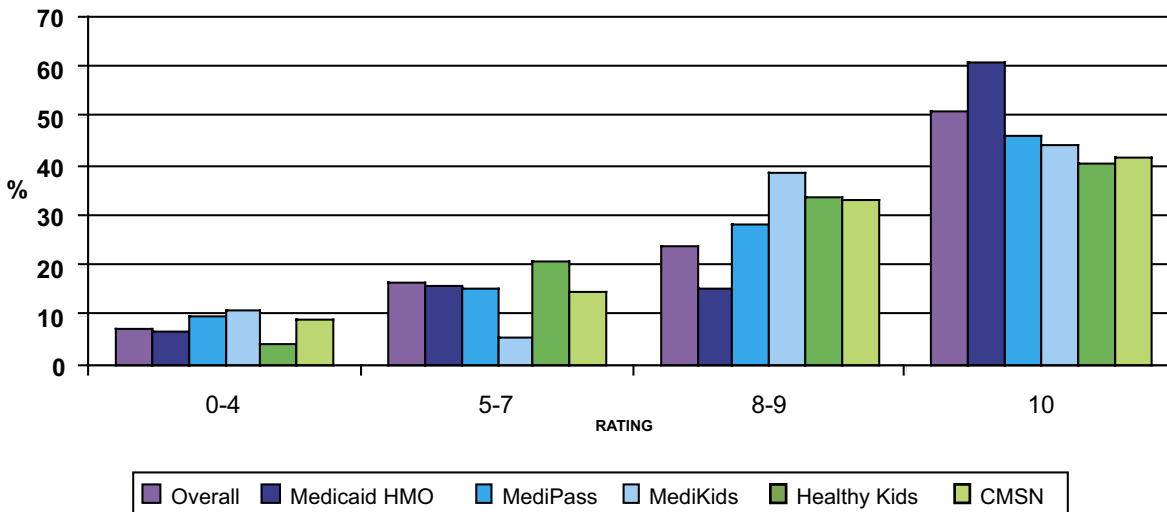


Figure 21. Families' Ratings (on a Scale of Zero Equals Worst to Ten Equals Best) of Their Children's Dental Care

STATE FY 2005-2006



14 Compliance with Preventive Care Guidelines

AT A GLANCE

■ Ninety percent of parents of established KidCare enrollees reported their child received a routine visit during the twelve months prior to the interview.

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. Ninety percent of parents of established KidCare enrollees reported their child received a routine visit during the twelve months prior to the interview. All programs have high compliance with this guideline, with 88 percent of Medicaid HMO, 89 percent of Healthy Kids, 93 percent of MediPass, 95 percent of MediKids, and 98 percent of CMSN enrollees compliant with this guideline.

BODY MASS INDEX

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 25 and Figure 22.

About 12 percent of KidCare enrollees have BMIs of 30 or greater. This share is larger than the 9 percent and 8 percent found in the prior two KidCare evaluations. Variations were found by program and race-ethnicity. Fourteen percent of Medicaid HMO enrollees are obese compared to 11 percent of MediPass and Healthy Kids enrollees, 10 percent of CMSN, and 4 percent of MediKids. Fourteen percent of Hispanic children are obese compared to 13 percent of black children and 11 percent of non-Hispanic white children. Obesity levels were highest among black children in CMSN (26 percent) and white non-Hispanic children in Medicaid HMO (17 percent). ■

Figure 22. Percentage of Children who are Obese, with a BMI of 30 or above, by program and race-ethnicity, State FY 2005-2006

STATE FY 2005-2006

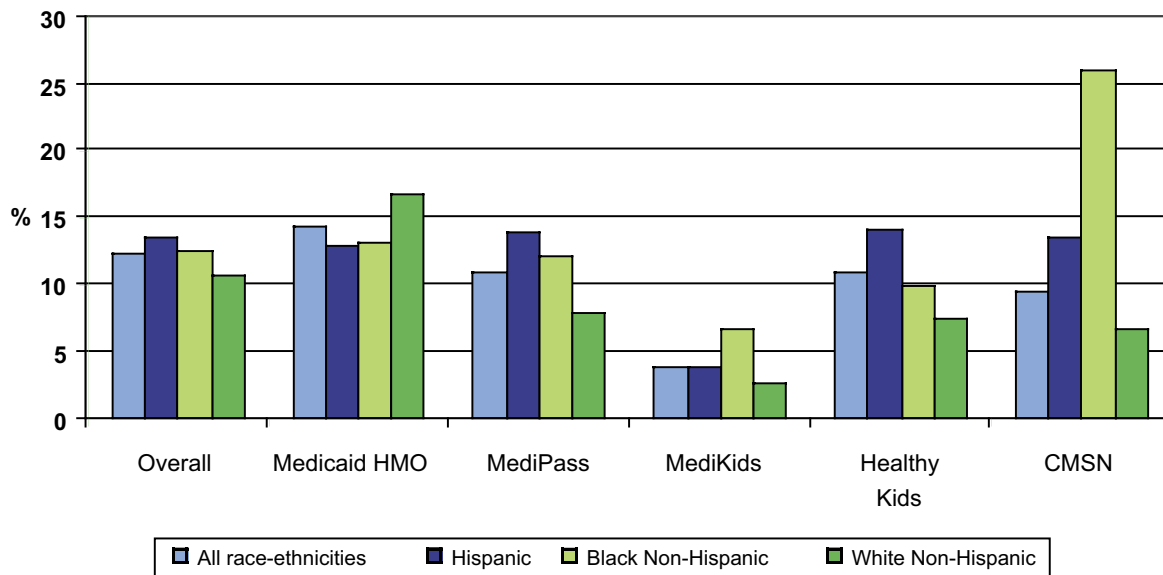


Table 25. Body Mass Index for Established Enrollees, by KidCare Program

STATE FY 2005-2006

	OVERALL	MEDICAID HMO	MEDIPASS	MEDIKIDS	HEALTHY KIDS	CMSN
Mean, ages 2-18	22.7	22.7	21.5	18.2	25.2	22.0
Median, ages 2-18	21.1	21.3	20.1	16.6	21.9	21.0
% of enrollees ages 2-18 with BMI of 30 or greater, by race-ethnicity						
All race-ethnicities	12.3	14.3	11.0	3.9	11.0	9.6
Hispanic	13.5	12.9	13.9	3.9	14.1	13.6
Black Non-Hispanic	12.5	13.1	12.2	6.7	10.0	26.1
White Non-Hispanic	10.7	16.7	7.8	2.7	7.6	6.7
Mean, ages 10-18	24.2	23.9	23.3		26.1	23.2
Median, ages 10-18	22.1	21.9	22.3		22.3	22.0
% of enrollees ages 10-18 with BMI of 30 or greater	12.9	14.3	12.4		11.3	12.4

15 Crowd Out

AT A GLANCE

- For families of established enrollees, 14% report having access to employer provided coverage, but those premiums would cost an average of 10.3% of the household income.

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? Nine percent of recent enrollees were covered by employer-based family coverage at some time in the twelve months preceding their KidCare Program enrollment. 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? Only 24 percent of families report having access to employer-provided family coverage (Table 25); this is almost identical to the 25 percent found for the prior fiscal year. It should be noted that this survey response is not a confirmed client attestation.

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 (73 percent) of those with current access had no coverage in the entire year prior to enrollment. Fifteen percent with current access were covered for less than six months out of the year prior to enrollment. Eleven percent of those with current access were covered for six to eleven months of the year prior to enrollment. One 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, 14 percent had access to employer-provided coverage (Table 26); this is a decrease from last year's estimate of 18 percent. Less than 10 percent of established enrollees in Medicaid HMOs or MediPass report access to employer-provided coverage compared to about 36 percent for established enrollees in each of the Title XXI programs. For those families with access to employer-based coverage though, premiums would cost an average of 10.3% of the household income. ■

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

STATE FY 2005-2006

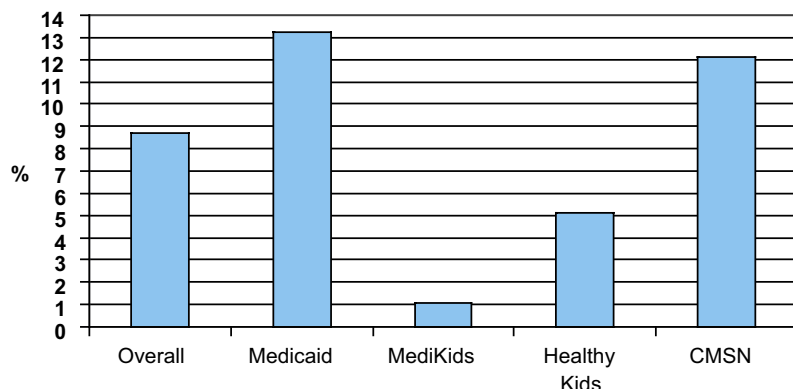


Table 26. Access to Insurance and Its Cost for Families

STATE FY 2005-2006		
CHARACTERISTICS	N	% OF TOTAL
Total number of families, New Enrollee survey, all program components.	31,006	100.00
■ <i>Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of New Enrollees.</i>	7,520	24.25
■ No, only employee coverage is available to the working parent through their employer.	2,555	8.24
■ 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.	18,172	58.61
■ Families who did not respond to the item; their eligibility for this item is unknown.	2,759	8.90
Total number of families, Established Enrollee survey, all program components.	536,577	100.00
■ <i>Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of Established Enrollees.</i>	76,555	14.27
■ No, only employee coverage is available to the working parent through their employer.	42,391	7.90
■ 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.	364,166	67.87
■ Families who did not respond to the item; their eligibility for this item is unknown.	53,465	9.96
Total number of families, Established Enrollee survey, Medicaid HMO program.	229,914	100.00
■ <i>Yes, family coverage is available to the working parent through their employer. This measures crowd-out for families of Established Enrollees in Medicaid HMO.</i>	21,942	9.54
■ No, only employee coverage is available to the working parent through their employer.	20,988	9.13
■ 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.	165,042	71.78
■ Families who did not respond to the item; their eligibility for this item is unknown.	21,942	9.54
Total number of families, Established Enrollee survey, MediPass program.	208,316	100.00
■ <i>Yes, family coverage is available to the parent through their employer. This measures crowd-out for families of Established Enrollees in MediPass.</i>	19,354	9.29
■ No, only employee coverage is available to the working parent through their employer.	15,247	7.32
■ 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.	151,069	72.52
■ Families who did not respond to the item; their eligibility for this item is unknown.	22,646	10.87
Total number of families, Established Enrollee survey, MediKids program.	4,575	100.00
■ <i>Yes, family coverage is available to the parent through their employer. This measures crowd-out for families of Established Enrollees in MediKids.</i>	1,635	35.74
■ No, only employee coverage is available to the working parent through their employer.	300	6.56
■ 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.	2,355	51.48
■ Families who did not respond to the item; their eligibility for this item is unknown.	285	6.23
Total number of families, Established Enrollee survey, Healthy Kids program.	90,244	100.00
■ <i>Yes, family coverage is available to the parent through their employer. This measures crowd-out for families of Established Enrollees in Healthy Kids.</i>	32,340	35.84
■ No, only employee coverage is available to the working parent through their employer.	5,544	6.14
■ Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	44,044	48.81
■ Families who did not respond to the item; their eligibility for this item is unknown.	8,316	9.22
Total number of families, Established Enrollee survey, CMSN program.	3,528	100.00
■ <i>Yes, family coverage is available to the parent through their employer. This measures crowd-out for families of Established Enrollees in CMSN</i>	1,284	36.39
■ No, only employee coverage is available to the working parent through their employer.	312	8.84
■ 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.	1,656	46.94
■ Families who did not respond to the item; their eligibility for this item is unknown.	276	7.82

Figure 24. Distribution of Families of New Enrollees in KidCare by Their Access to Employer-Provided Insurance Coverage

STATE FY 2005-2006

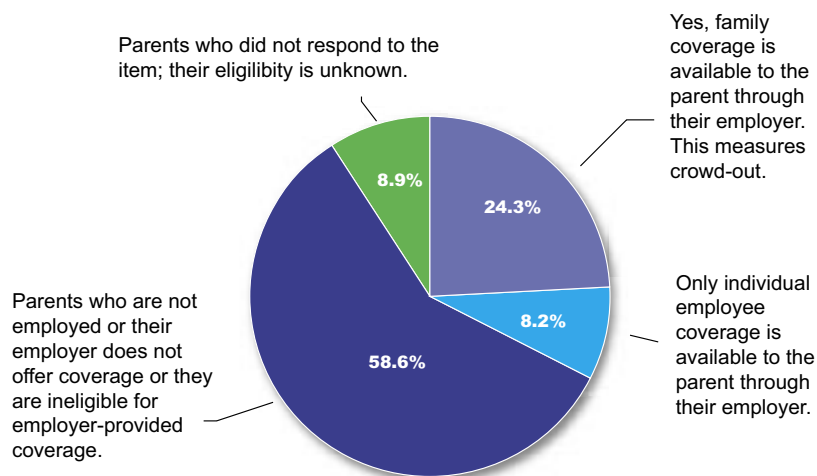


Figure 25. Distribution of Families of Established Enrollees in KidCare by Their Access to Employer-Provided Insurance Coverage

STATE FY 2005-2006

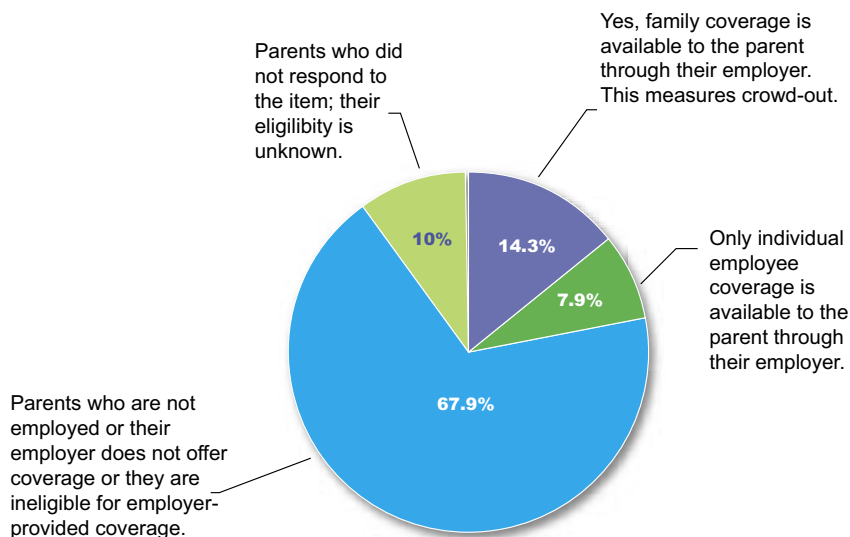
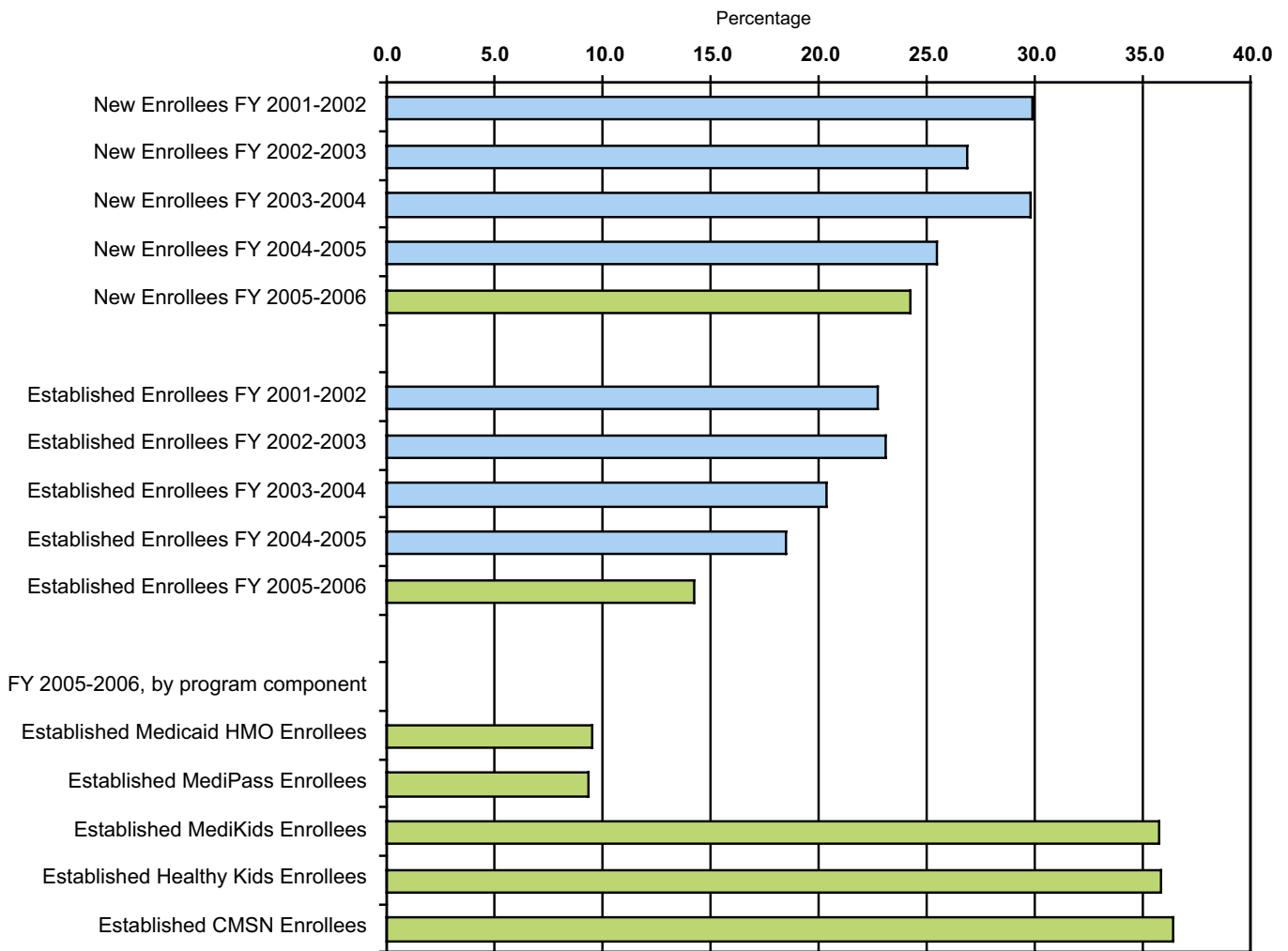


Figure 26. Summary of KidCare Families with Access to Employer-Provided Coverage



16 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). Overall, 32 percent of KidCare enrollees are Hispanic, 32 percent are black non-Hispanic, 31 percent are white non-Hispanic, and almost five percent are other race or multi-race non-Hispanic. The Hispanic enrollees have a variety of national ancestries, primarily Mexican (28 percent), Puerto Rican (19 percent), and Cuban (12 percent) (Figure 28). There is significant variation in the race/ethnicity composition of the program components, with black non-Hispanic children comprising the largest share of Medicaid HMO (44 percent), Hispanic and white non-Hispanic children compris-

ing equally large shares of MediPass (about 33 percent) and MediKids (about 42 percent), and white non-Hispanic children comprising the largest shares of Healthy Kids (44 percent) and CMSN (65 percent).

The large Hispanic share of the established enrollee population was investigated for Medicaid and MediPass enrollees using administrative data. Ninety 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 23 percent of the Medicaid HMO universe and 26 percent of the MediPass universe. The Hispanic share reported by the survey respondents for Medicaid HMO is within the confidence intervals of the share found within the administrative universe. The Hispanic share of MediPass surveyed families is higher than expected given the administrative findings and the confidence intervals, but not unreasonably so. Only 13 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. ■

AT A GLANCE

- The KidCare population serves equal shares of Hispanic, black non-Hispanic and white non-Hispanic children.

Figure 27. Children's Race and Ethnicity By KidCare Program Component

State FY 2005-2006

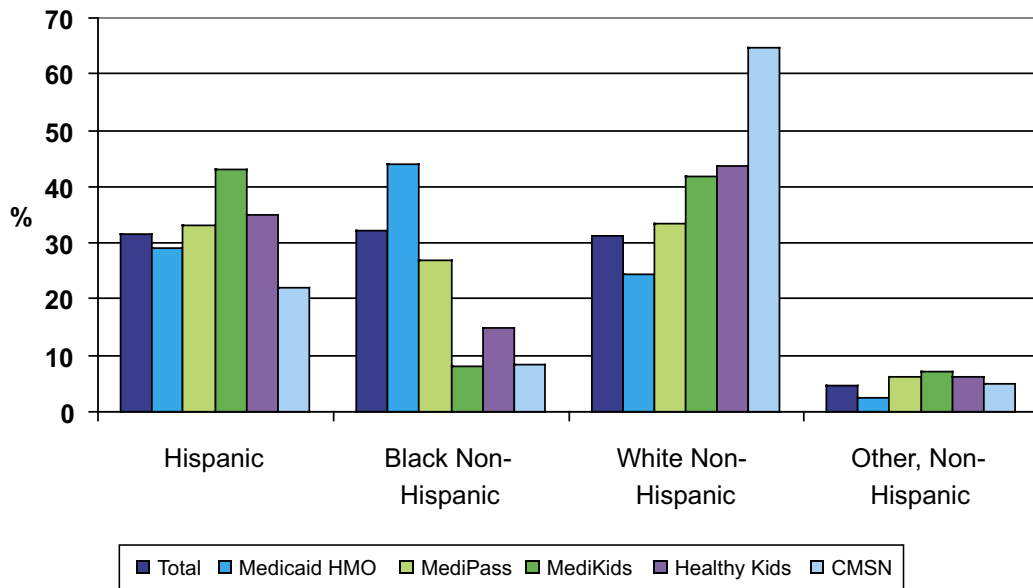
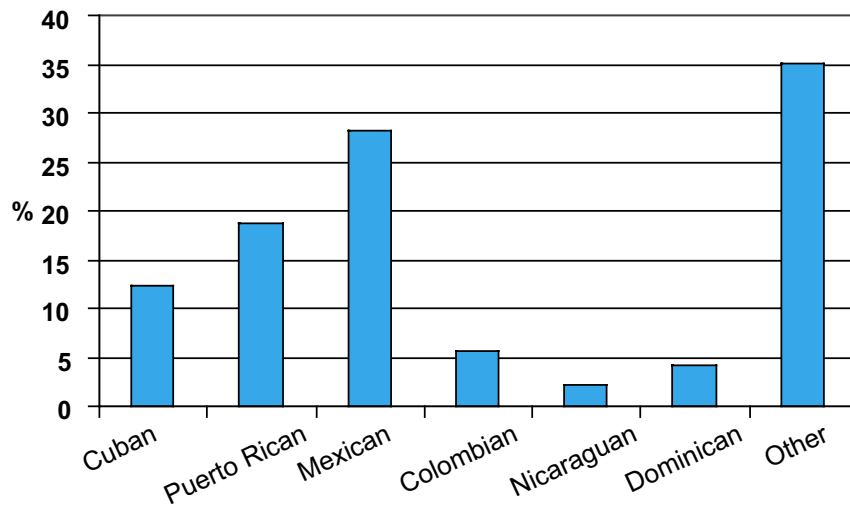


Figure 28. Hispanic Enrollees by Ancestry Group

State FY 2005-2006



The majority of children in all KidCare program components spoke English in the home (80 percent overall), but 17 percent of enrollees report speaking Spanish as their primary language at home. Less than three percent of respondents reported speaking a primary language in the home other than English and Spanish. For example, Vietnamese, 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, 52 percent of enrollees are male and 48 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.

The average age of the KidCare enrollees is 9.2 years. As expected, the MediKids program has the youngest enrollees (4.2 years of age on average). The average age of Medicaid HMO enrollees is 8.5 years, MediPass is 8.8 years, Healthy Kids is 12.7 years, and CMSN is 11.9 years.

HOUSEHOLD TYPE AND MARITAL STATUS

Half of all children in KidCare reside in two-parent households, with MediKids respondents reporting the highest percentage of two parent families of any of the program components (75 percent compared to 43 percent in Medicaid HMOs, 54 percent in MediPass, 62 percent in Healthy Kids, and 57 percent in CMSN).

About 41 percent of respondents are married. The lowest percentage of married respondents is found among parents of Medicaid HMO enrollees – 33 percent. Figure 28 shows the household type and marital status for the different KidCare Program components.

AT A GLANCE

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

AT A GLANCE

- Overall, 33 percent of parents do not have a high school degree.
- Internet access varies widely by program, with about 58-60 percent of Medicaid families having access compared to over three-quarters of Title XXI families.

PARENTS' EDUCATION

Figure 30 shows parental educational characteristics. Overall, about 33 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 8 percent have an Associates degree or higher. The results are similar for respondents in the two 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.

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 2005-2006 are presented in Table 26 and Figure 31.

Almost 60 percent of all KidCare families have access to the Internet at home; this is an increase from 56 percent found in the prior evaluation. Sixty-three percent of KidCare families have Internet access at home or 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. Less than 60 percent of Medicaid HMO and MediPass families have Internet access at home or work, compared to 79 percent of MediKids families, 89 percent of Healthy Kids families, and 83 percent of CMSN families.

A large majority (71 percent) of families report having a cellular telephone (Table 27). Each of the surveyed families participated in the interviews at a home telephone number. For the Established Enrollee survey conducted in fall, 2006, 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. ■

Figure 29. Household Type and Respondent Marital Status
State FY 2005-2006

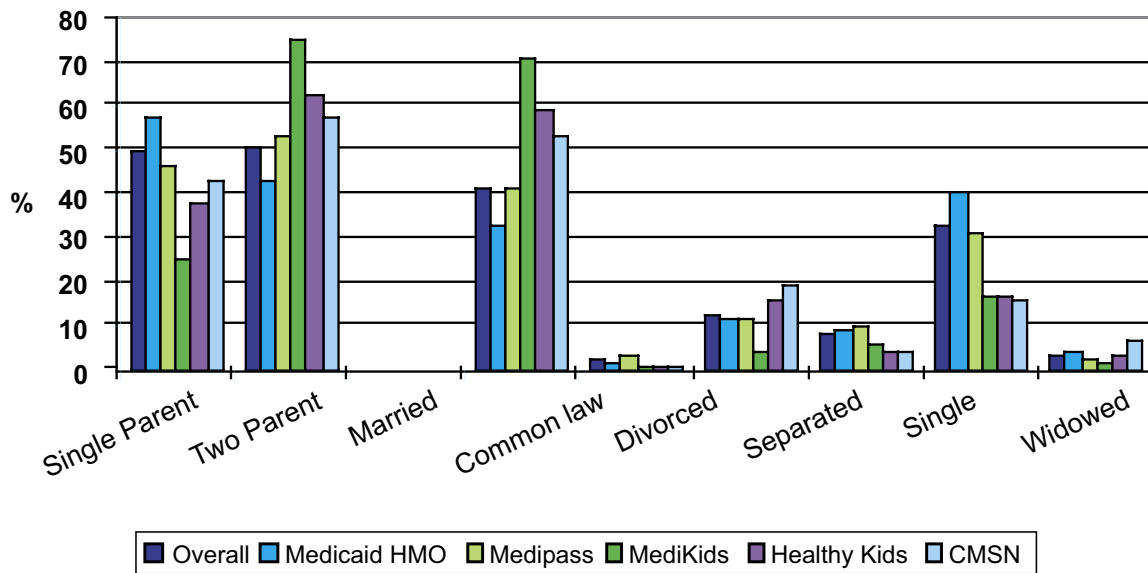


Figure 30. Parents' Educational Attainment
State FY 2005-2006

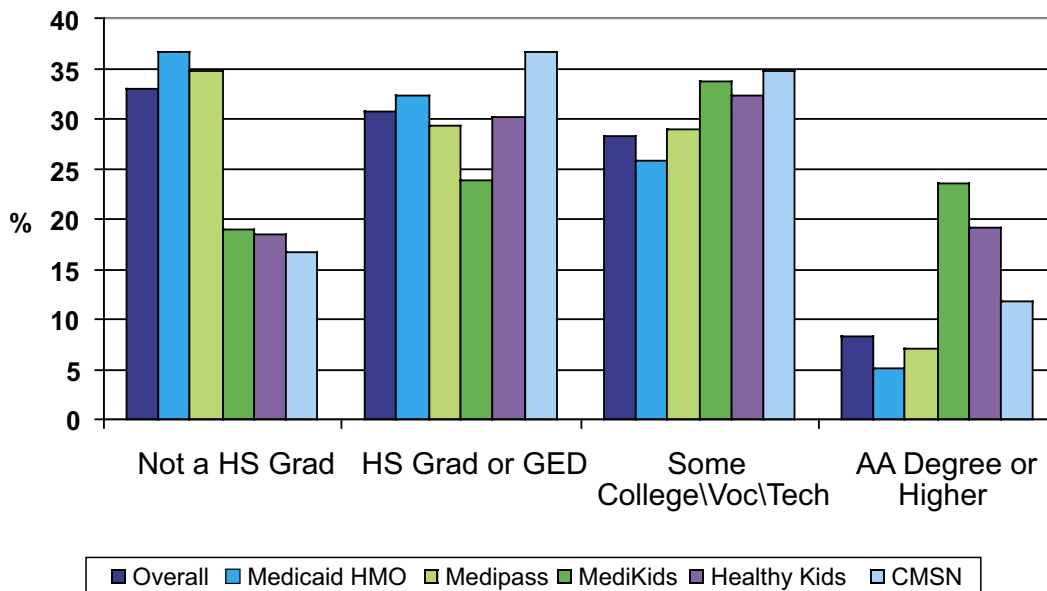
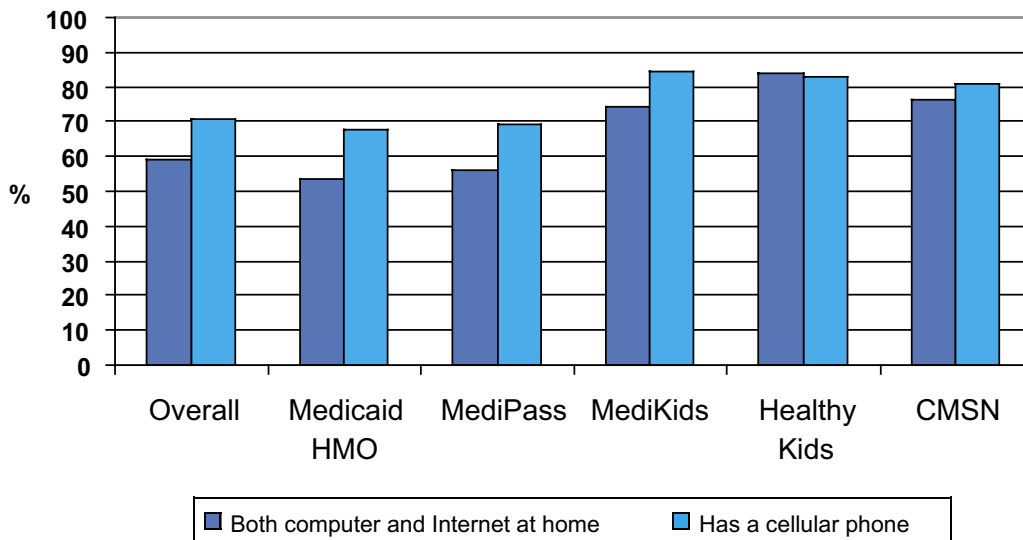


Table 27. Percentage of KidCare Respondents with Computer and Internet Access and a Cellular Phone

	Overall	Medicaid HMO	MediPass	MediKids	Healthy Kids	CMSN
Access to computer at home	65.1	59.9	61.8	81.3	87.7	82.2
Internet access at home	59.5	53.8	56.1	74.3	83.7	77.2
Both computer and Internet at home	59.2	53.4	55.8	74.3	83.7	76.3
Internet access at work*	18.6	14.0	17.3	33.7	34.3	32.1
Access to Internet at home or at work	63.4	57.5	59.7	79.5	88.6	82.6
Access to Internet at home and work	15.0	10.8	13.8	28.4	29.4	27.3
Has a cellular phone	70.7	67.7	69.0	84.2	83.0	81.0

Figure 31. Percentage of KidCare Families with Computer and Internet Access at Home and Cellular Phone Access

State FY 2005-2006



17 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 2005-2006, applications were received from 139,387 families representing 267,422 children. Fifty-one percent of the children who applied during the fiscal year became enrolled in one of the KidCare Program components.

For the second time in program history, KidCare enrollments declined this fiscal year. As of June 30, 2006, 1,455,380 children were enrolled – a decrease of 1.6 percent from the 1,479,613 children enrolled on June 30, 2005. There had also been a 4.6 percent decrease in enrollments from July 2004 to June 2005. 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 the Title XXI enrollments declined by 5.1 percent, Medicaid Title XIX enrollments only declined 1.2 percent.

Of those children who were enrolled in Title XXI programs at the beginning of the fiscal year, only

30 percent of MediKids, 50 percent of CMSN, and 56 percent of Healthy Kids remained in the program throughout the year.

Families report being satisfied with the mail-in application process. Sixty-six percent reported that they were kept well informed of the status of their children's application. Over 89 percent of families thought the application form was easy to understand and over 84 percent thought the mail-in process was convenient. An online application option became available in February, 2006. Future evaluations will consider family satisfaction with this new process for application.

About 36 percent of families reported waiting one month or less for their application approval. Once enrolled, 87 percent of families report the program is run well.

An active renewal process became standard for families enrolled in Title XXI. A total of 119,172 KidCare Title XXI enrollees were eligible for renewal during the period of December, 2005 through May, 2006. 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 103,805 enrollees—87.1 percent of the eligible population. This renewal rate is higher than the 84.5 percent and 79.4 percent

AT A GLANCE

- Program enrollment decreased by 1.6 percent from State FY 2004-2005 to State FY 2005-2006. While Medicaid declined 1.2 percent, the Title XXI programs declined 5.1 percent.
- The KidCare Program serves a higher percentage of children with special health care needs than might be expected based on state-wide estimates

AT A GLANCE

- **Children in the KidCare Program are racially and ethnically diverse. The children surveyed were evenly distributed between Hispanic, black non-Hispanic and white non-Hispanic**

found in the previous two reports on 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 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 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 (81 percent), but there are 28 percent of Medicaid HMO enrollees, 34 percent of MediPass enrollees, 22 percent of Healthy Kids enrollees, and 16

percent of MediKids enrollees that have special health care needs as well. The high level of CSHCN in CMSN and MediPass 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 83 percent of families report having a usual source of care. Ninety percent of enrollees had a well-child visit in the last year, but only 49 percent received dental care in the same period. Overall, about 12 percent of KidCare enrollees have a Body Mass Index (BMI) of 30 or greater, which is the general threshold for obesity.

Families expressed high levels of satisfaction with the KidCare program and services. On a scale of 0 to 100 (best), KidCare scored 84 on getting needed care and 65 on getting care quickly. Provider’s communication styles and their office staff helpfulness received excellent scores from KidCare families, 86 and 87, respectively. The family-centeredness of care scored 74 while health plan customer service scored 76. Satisfaction with access to prescription medicine received the highest rating (89).

The KidCare Program continues to serve families from diverse backgrounds. About 32 percent of program enrollees are Hispanic and 17 percent of enrollees speak Spanish as their primary language in the home. Thirty-two percent of enrollees are black non-Hispanic and 31 percent are white non-Hispanic. Half of KidCare enrollees live in two parent households. Their parents' educational levels vary greatly with about 8 percent of them having an Associates degree or higher. However, 33 percent of enrollees' parents report not having a high school or GED diploma.

More in-depth statistical analyses will be conducted in the Spring, 2007 and will provide further detail that can be used for ongoing quality improvement in the KidCare Program.

RECOMMENDATIONS

1. Only 51 percent of children who applied to KidCare were determined to be eligible for coverage. An evaluation should be conducted to determine the reasons for denial of coverage to better focus KidCare outreach activities.
2. 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.
3. 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 87 percent of families renew their children's coverage.
4. 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. ■