



The Florida KidCare Evaluation Series



Fl rida KidCare

EVALUATION REPORT 2008

State Fiscal Year 2007-2008
Final Report, Year 10, June 2009

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I. Executive Summary

Background

Florida KidCare is comprised of four program components:

Medicaid for children

MediKids for young children

Healthy Kids for school age children

Children's Medical Services Network (CMSN) for children with special health care needs.

This report presents the descriptive results for the Year 10 Evaluation of the Florida KidCare Program as required by state and federal guidelines. This evaluation covers the period from July 1, 2007 through June 30, 2008, which encompasses the state fiscal year; information is also provided, where available, on the federal fiscal year (October 1, 2007 through September 30, 2008).

Due to a change in KidCare application and enrollment database systems in May 2008, some sections of this report show results for only 10 months of the state fiscal year (July 1, 2007-April 31, 2008) and other sections use a 12 month period (May 1, 2007-April 31, 2008) that is offset by two months from the state fiscal year. Readers are asked to pay special attention to the dates on tables and figures. Readers should use appropriate professional judgment when comparing results from this report, especially for 10 month periods, with reports from prior state fiscal years. If data quality and analyses for May and June 2008 can be verified, results for that period will be included in a follow-up report or a future KidCare evaluation report.

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 with the KidCare program. In this Year 10 evaluation, 2,000 interviews were conducted with KidCare families. 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 three months (new enrollees) or 2) enrolled for 12 months or longer (established enrollees).

Findings

KidCare continues to provide quality health care services to low and modest income children in Florida. Several areas that were already strengths for the program, such as satisfaction with provider communication and dental care and access to well-child visits, remained strong.

During the 10 month period July 2007-April 2008, applications were received from 185,999 families representing 364,848 children. Forty-three percent of the children who applied became enrolled in one of the KidCare Program components. This is a modest increase from the prior evaluation of state fiscal year 2006-2007, when 41% of applicants became enrolled.

Total Florida KidCare program enrollment increased by 5% July, 2007 to June, 2008.

Total KidCare enrollments increased by five percent from July 1, 2007 to June 30th, 2008. As of June 30, 2008, 1,458,980 children

were enrolled. While the Title XIX enrollments grew by 5.6%, Title XXI enrollments grew slower at three percent.

Of those children who were enrolled in Title XXI programs at the beginning of the May 2007-April 2008 period (a 12 month period offset by two months from the state fiscal year), 55.1% of MediKids, 68.6% of Children's Medical Services Network (CMSN), and 68.4% of Healthy Kids remained in the program throughout the 12 months.

The KidCare program serves a higher share of children (30%) with special health care needs than might be expected based on statewide estimates (13%).

KidCare continues to serve many children with special health care needs (CSHCN), as reported by their parents. Statewide 2005-2006 estimates from the National CSHCN Survey found about 13% of Florida's children have special needs compared to 30% identified by the same instrument used in the KidCare established enrollee survey. When answering the survey items, families may not perceive their child to have a special need even if their child has a clinical condition, but enrollment in CMSN requires a clinical eligibility determination (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 program components, including the Healthy Kids and MediKids full-pay options.

The high level of CSHCN in KidCare is also associated with high demand for specialty care. As a result, the KidCare program components 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.

About 86% of families report having a usual source of care. Ninety-two percent of enrollees had a well-child visit in the last year, but only 55% received dental care in the same period. Overall, about 12.2% of KidCare enrollees (ages 2-18) have a Body Mass Index (BMI) of 30 or greater, indicating obesity.

Families enrolled for 12 months or more expressed high levels of satisfaction with the KidCare program and services. On a scale from 1 (never) to 4 (always), KidCare scored 3.1 on getting needed care and 3.5 on getting care quickly. Provider's communication styles and getting prescription medications received excellent scores from KidCare families (3.7 and 3.6, respectively). Health plan customer service was scored 3.1 out of 4. Additionally, on a scale of 0 to 10 (best), families rated KidCare at 8.7 overall and they rated their primary care experiences at 9.3.

Satisfaction among newly enrolled families with their application processing experience was lower than in previous years. Over a third of families (35.9%) reported waiting three or more months between their application submission and approval of coverage; only 23.9% of families in the prior year's report waited that long for coverage. Less than half (45%) of families reported that they were kept well informed of the status of their children's application; this is a large decline from 74% in the prior year's report. Nearly half (48%) of families surveyed for this report who called the toll-free support number were not able to reach anyone easily, compared to only 18% in the prior report. Among families who actually reached a customer representative, only 21% report that the agent was very helpful.

The KidCare population has large shares of children from diverse racial and ethnic groups. Thirty-six percent of enrollees are Hispanic and 24% are black.

KidCare serves families from diverse backgrounds. About 36% of program enrollees are Hispanic and 23% of enrollees speak Spanish as their primary language in the home. Twenty-four percent of enrollees are black non-Hispanic and 35% are white non-Hispanic. Half of KidCare enrollees live in two parent households. Their parents' educational levels vary greatly with about 10% of them having an Associates degree or higher. However, 26% of enrollees' parents report not having a high school or GED diploma.

More in-depth statistical analyses will be conducted in 2009, which will provide further detail that can be used for ongoing quality improvement in the KidCare Program.

Recommendations

1. KidCare should continue to work with ACS, the third-party application and enrollment administrator, to ensure the timely processing of applications and documents as well as ease with which families can reach a customer service agent and receive helpful assistance.
2. KidCare should consider developing services to reduce obesity among its enrollees. A small, but growing share of KidCare enrollees are obese. Efforts to reverse this trend will result in improved long-term health outcomes for enrollees.
3. KidCare should continue to provide services in a culturally competent and family-centered manner. Hispanic children comprise the largest race-ethnicity group of KidCare enrollees, and many children speak primarily Spanish at home. Providing materials and services in Spanish will allow many enrollees and their families to take full advantage of health care options.

II. Introduction

Introduction and Purpose of the Report

The purpose of this report is to present the descriptive results for the Year 10 Evaluation of Florida KidCare, a health insurance program for children, as required by state and federal guidelines. The evaluation includes children enrolled in Medicaid (MCOs and MediPass), MediKids, Healthy Kids, and the Children's Medical Services Network (CMSN). This evaluation covers the period from July 1, 2007 through June 30, 2008, which encompasses the state fiscal year; information is also provided, where available, on the federal fiscal year (October 1, 2007 through September 30, 2008). Due to a change in KidCare application and enrollment database systems in May 2008, some sections of this report show results for only 10 months of the state fiscal year (July 1, 2007-April 31, 2008) and other sections use a 12 month period (May 1, 2007-April 31, 2008) that is offset by two months from the state fiscal year. Readers are asked to pay special attention to the dates on tables and figures. Readers should use appropriate professional judgment when comparing results from this report, especially for 10 month periods, with reports on prior state fiscal years. If data quality and analyses for May and June 2008 can be verified, results for that period will be included in a follow-up report or a future KidCare evaluation report.

Separate evaluations were conducted for Years 1-9 of the Florida KidCare Program. For Evaluation Years 1 and 2, descriptive reports were prepared. In Years 3-9, 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, program disenrollment trends, 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 10 and comparisons to prior years.

The current report contains the following content areas:

1. A description of the program structure, eligibility, and financing;
2. Evaluation approaches used and data collected for this evaluation period;
3. A description of the applications submitted, number of children approved for coverage, and number of children enrolled;
4. Transition between programs and overall retention in KidCare;
5. Experiences with the application process, enrollment, and paying premiums;
6. Presence of special health care needs among program participants;
7. Children's access to a usual source of care;

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8. Families' satisfaction with the program;
 9. Dental care;
 10. Compliance with well-child guidelines;
 11. Crowd-out;
 12. Demographic and household characteristics; and
 13. Conclusions and recommendations.

III. Program Structure, Eligibility, Changes, and Funding

Program Structure

Florida KidCare consists of four program components, which provide children with health insurance coverage. Assignment to a particular component is determined by the child's age, health status, and family income. Families receiving Medicaid insurance coverage do not pay a premium. Except for Medicaid, Florida KidCare is not an entitlement, which means that the state is not obligated to provide Title XXI benefits to all children who qualify. Except for Native American enrollees, Title XXI 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% and 150% of the Federal Poverty Level (FPL) and \$20 for those families whose incomes fall between 150% and 200% FPL. These premiums are constant regardless of the number of children in the family. In addition, Healthy Kids families pay a co-payment for certain services.

- **MediKids** is a Medicaid "look-alike" program for children ages 1 through 4 years, who are at or below 200% of the FPL and 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 a managed care option. Families residing in counties where two or more Medicaid Managed Care Organizations (MCOs) are available must choose one of the MCOs. Families residing in counties where only one MCO is available have the choice between MediPass and the MCO.
- **Healthy Kids** is for children ages 5 through 18 who are at or below 200% of the FPL and eligible for Title XXI premium assistance. The Florida Healthy Kids Program became available statewide in September 2000. For each county, 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 Medicaid's benefit package, with no cost sharing or copayments, but there is an \$800 annual limit. Title XXI enrollees do not pay any additional monthly premiums for this coverage.

- **Children's Medical Services Network (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 for full benefits in Title XIX or Title XXI who meet clinical eligibility. This report covers the experiences of CMSN Title XXI enrollees only, but other reports from the Institute for Child Health Policy examine the experiences of Title XIX enrollees. Enrollees in Title XXI coverage are limited to ages 0-18, while enrollees with Title XIX coverage can be 0-21 years of age. Children in CMSN have access to specialty providers, care coordination programs, early intervention services, and other programs that are essential for their health care.

A partnership between the Department of Health and the Department of Children and Families has created the Behavioral Health Network (BNET), which is a program for CMSN Title XXI enrollees whose primary health care need is a serious 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** is the health program for children from families whose incomes fall below the income thresholds for Title XXI coverage. Families that are eligible for Title XIX Medicaid coverage do not pay a monthly premium. Upon enrollment, families select the type of managed care program they want for their children. The Agency for Health Care Administration contracts with an enrollment broker to assist families in making this important decision for their children. Children can receive their care through a managed care organization (MCO, which includes CMSN for eligible children), a primary care case management (PCCM) program called MediPass, or a Provider Service Network (PSN). In the MediPass PCCM program, providers receive a small monthly fee for each child for which they provide care management. All other health care services are reimbursed according to the Medicaid fee schedule.

Medicaid coverage has been expanded twice to increase the types of children that are eligible for coverage. Beginning in April 1998, Medicaid was expanded to include adolescents ages 15 through 18 who are at or below 100% 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% FPL. These expansions have resulted in a small number of children being covered by Medicaid whose eligibility criteria is distinct from the rest of the Medicaid population.

- **Full-pay coverage options** also exist for families of children ages 1 through 18 who apply to KidCare, but are determined to be ineligible for Medicaid or Title XXI premium assistance. Families can enroll

their children in Healthy Kids or MediKids “full-pay” options if 1) their income is under 200% FPL, but they are not eligible for Title XXI premium assistance (e.g., state employees) or 2) their income is over 200% FPL or 3) their income is under 200% FPL, but they have access to employer-sponsored insurance that costs less than five percent of their income. Healthy Kids full-pay coverage is available at \$128 per month per child for medical and dental coverage. Families who opt-out of the dental coverage reduce their premium by \$12 per month. MediKids full-pay coverage costs \$159 per month per child, which includes dental coverage. There is not a full-pay coverage option for CMSN; rather, children with special needs that are not eligible for Title XXI premium assistance enroll in the full-pay options of MediKids or Healthy Kids, depending upon the child’s age.

**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% of the FPL,
- Be a United States citizen or a qualified alien, and
- Not be an inmate of a public institution or a patient in an institution for mental diseases.

In addition, state law specifies that a child must:

- Not have access to employer-sponsored insurance which would cost less than five percent of the household income,
- Not have voluntarily disenrolled from employer-provided coverage within the last six months, and
- Provide information in a timely manner such that the application can be processed in 120 days or less.

Table 1 provides information about the federal poverty levels for a family of four for 2000 through 2008. Table 2 summarizes the financial eligibility requirements and Figure 1 illustrates the coverage levels for KidCare.

Table 1. Federal Poverty Levels for a Family of Four

Income as a Percent of FPL	2000	2001	2002	2003	2004	2005	2006	2007	2008
100%	\$17,050	\$17,650	\$18,100	\$18,400	\$18,850	\$19,350	\$20,000	\$20,650	\$21,200
133%	\$22,677	\$23,475	\$24,073	\$24,472	\$25,071	\$25,736	\$26,600	\$27,465	\$28,196
150%	\$25,575	\$26,475	\$27,150	\$27,600	\$28,275	\$29,025	\$30,000	\$30,975	\$31,800
185%	\$31,543	\$32,653	\$33,485	\$34,040	\$34,873	\$35,798	\$37,000	\$38,203	\$39,220
200%	\$34,100	\$35,300	\$36,200	\$36,800	\$37,700	\$38,700	\$40,000	\$41,300	\$42,400

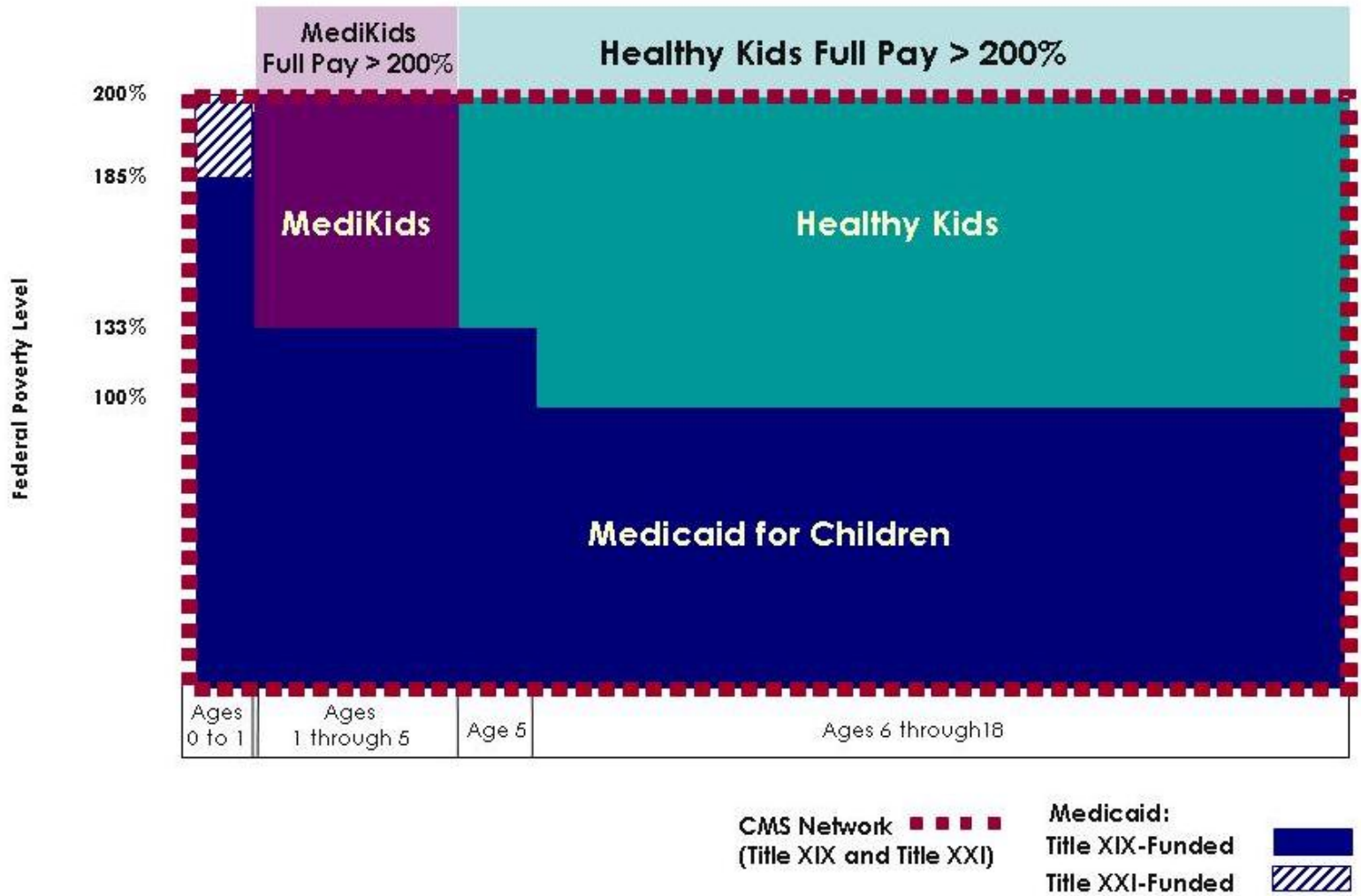
Table 2. KidCare Program Components and Coverage Levels, FY 2007-2008

KidCare Program Component	Coverage by Federal Poverty Level
<i>Medicaid for Children</i>	
Age 0 (infants under one year)	200% or below
Ages 1 through 5	133% or below
Ages 6 through 18	100% or below
<i>MediKids</i>	
Ages 1 through 4	134% to 200%**
Ages 1 through 4	Above 200% -can participate full-pay, but receive no premium assistance
<i>Healthy Kids</i>	
Age 5	134% to 200%**
Ages 6 through 18	101% to 200%**
Ages 5 through 18	Above 200% -can participate full-pay, but receive no premium assistance
<i>CMS Network-physical health*</i>	
Age 0 (infants under one year)	0%-185% Title XIX Medicaid coverage
Ages 1 through 5	0%-133% Title XIX Medicaid coverage
Ages 6 through 18	0%-100% Title XIX Medicaid coverage
Age 0 (infants under one year)	186% to 200% Title XXI coverage**
Ages 1 through 5	134% to 200% Title XXI coverage**
Ages 6 through 18	101% to 200% Title XXI coverage**
<i>CMS Network-behavioral health*</i>	
Age 5	134% to 200% Title XXI coverage**
Ages 6 through 18	101% to 200% Title XXI coverage**

* Children must meet CMSN clinical determination.

** Those families 101-150% of FPL pay a reduced premium of \$15 per month, while those families 151-200% of FPL pay \$20 per month.

Figure 1. Florida KidCare Eligibility, State Fiscal Year 2007-2008



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.

Continuous Eligibility

Children in Medicaid who are under five years of age receive 12 months of continuous eligibility without eligibility redetermination. Children ages 5 through 18 are allowed six months of continuous Medicaid eligibility without eligibility redetermination. 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. In 2006, the federal Deficit Reduction Act of 2005 (DRA) also required that new Medicaid enrollees and current Medicaid enrollees at their first renewal after DRA must provide original documents to prove citizenship and identity in order to receive Medicaid benefits.

Families whose children are in MediKids, Healthy Kids, and CMSN and receive Title XXI premium assistance must also participate in an active renewal process to receive 12 months of eligibility. In the past, a simplified 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; they are required to verify their children are still eligible for benefits.

Recent Program Changes

Several changes occurred to the KidCare program administration during the stare fiscal year 2007-2008. In May, 2008, ACS became the third-party administrator for KidCare applications and enrollment management for MediKids, Healthy Kids, and CMSN Title XXI and full-pay enrollees. The transition from the prior administrator to ACS resulted in a backlog of applications and renewal documents. Due to lack of communication and correspondence to families and an inability to match accounts with documents, disenrollment of enrollees was temporarily suspended in October through December 2008. No children lost coverage by MediKids, Healthy Kids, or the CMS Network for premium non-payment or non-compliance with renewal requests during this period. In November, 2008, ACS began a corrective action plan which ran through February 2009; most of the identified issues related to disenrollment were resolved by late December 2008. But, enrollment and application data covering the transition period of May through December 2008 should be used with caution and are subject to reconciliation.

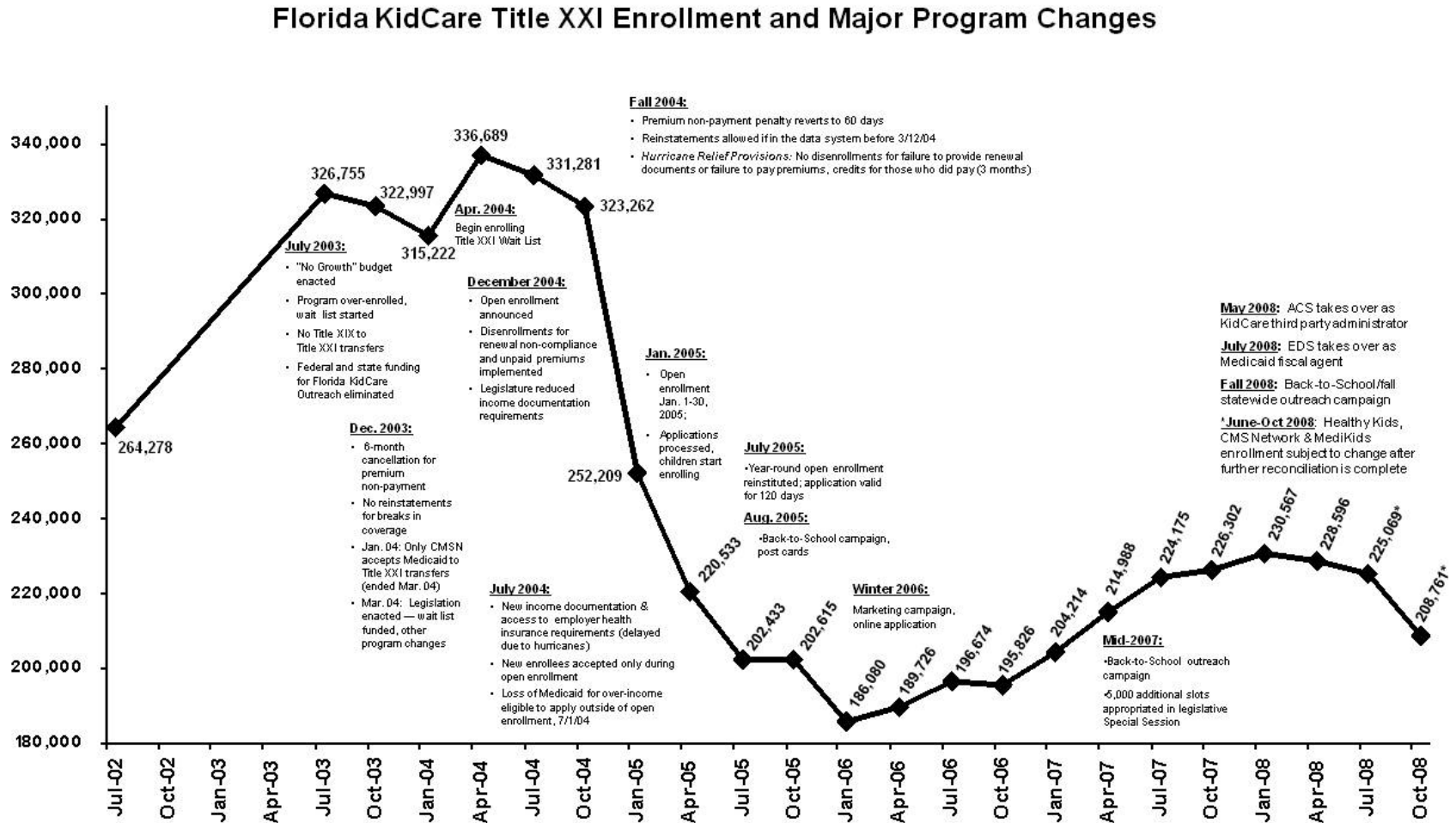
The data challenges that arose during the ACS transition period posed significant barriers to the conduct of evaluation activities for this report. The change in administrators was accompanied by a change in the database system used for program administration. Documentation of the new database system was not provided to the Institute for Child Health Policy, despite numerous requests, until November, 2008. The lack of documentation forced delays in the

extract of a random sample of families for our surveys. Additionally, the disenrollment suspensions and delay in database documentation made calculations of various application and enrollment measures very difficult. Hence, many of the application and enrollment measures shown in this report are limited to the time period prior to the May, 2008 administrator transition. Also, due to the significant backlog of applications, the fielding of the New Enrollee survey was delayed from fall, 2008 until late February, 2009 to ensure that the family experience reflected more routine and regular processing rather than the initial backlog.

In July, 2008, EDS became the fiscal agent for Medicaid, assuming responsibility for health claims processing and payments. This change had only a minor delay in the availability of data for fall, 2008 Medicaid survey fieldwork for this report. But, the transition in health claims databases will impact the data series available for analysis in other KidCare Evaluation projects conducted by the Institute for Child Health Policy, including the Quality of Care chartbook.

Figure 2 summarizes the legislative and programmatic changes in KidCare since July 2002.

Figure 2. Title XXI Enrollment and Major Program Changes



KidCare Title XXI Funding Funding for the Title XXI component of KidCare comes from:

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

Table 3 summarizes the total, federal and state share for each of the KidCare Title XXI program components for State Fiscal Years 2007-2008 and 2008-2009 (projected). Table 4 contains detail on the Title XXI administrative costs projected for State Fiscal Year 2008-2009. Table 5 contains a summary of the premium amounts for each of the KidCare Title XXI Program components. Table 6 presents the total premiums collected from Title XXI families in the last three state fiscal years. Total Title XXI expenditures are reported in Table 7. Table 8 shows the projected allotment balances carried forward from each federal fiscal year to the next. ICHP gratefully acknowledges AHCA's assistance in compiling information for these tables.

Table 3. Florida KidCare Title XXI Expenditures, Actual for State FY 2007-2008 and Projected for State FY 2008-2009

SFY 2007-2008 by Program	Expenditures	Family		
		Contributions	Federal Funds	State Funds
MediKids	\$37,316,165.00	\$2,798,339.00	\$24,195,932.00	\$10,321,894.00
Medicaid Infants <1	\$3,069,031.00	\$0.00	\$2,152,195.00	\$916,836.00
Healthy Kids*	\$263,331,612.00	\$24,421,096.00	\$165,863,059.00	\$73,047,457.00
CMS Network	\$84,996,495.00	\$1,361,593.00	\$58,649,763.00	\$24,985,139.00
BNET	\$7,259,000.00	\$0.00	\$5,085,378.00	\$2,173,622.00
Total Title XXI Services	\$395,972,303.00	\$28,581,028.00	\$255,946,327.00	\$111,444,948.00
Administration	\$48,907,053.00	\$0.00	\$34,079,701.00	\$14,827,352.00
Grand Total	\$444,879,356.00	\$28,581,028.00	\$290,026,028.00	\$126,272,300.00

SFY 2008-2009 by Program	Expenditures	Family		
		Contributions	Federal Funds	State Funds
MediKids	\$37,820,025.00	\$2,918,256.00	\$24,085,380.00	\$10,816,389.00
Medicaid Infants <1	\$3,283,273.00	\$0.00	\$2,266,621.00	\$1,016,652.00
Healthy Kids*	\$269,855,545.00	\$24,583,881.00	\$168,516,299.00	\$76,755,365.00
CMS Network	\$94,676,975.00	\$1,592,368.00	\$64,246,680.00	\$28,837,927.00
BNET	\$9,297,000.00	\$0.00	\$6,415,997.00	\$2,881,003.00
Total Title XXI Services	\$414,932,818.00	\$29,094,505.00	\$265,530,977.00	\$120,307,336.00
Administration	\$34,124,624.00	\$0.00	\$23,506,687.00	\$10,617,937.00
Grand Total	\$449,057,442.00	\$29,094,505.00	\$289,037,664.00	\$130,925,273.00

* Title XXI Medical and Dental Services

Table 4. Florida Healthy Kids Corp. Title XXI Administration Costs, Actual for State FY 2007-2008 and Projected for State FY 2008-2009

Program	2007-2008	2008-2009
Estimated Average Monthly Caseload	230,702	234,830
Estimated Number of Case Months	2,768,424	2,817,960
Administration Cost Per Member Per Month	\$ 7.27	\$ 8.54

Table 5. Per Member Per Month Premium Rates for KidCare Title XXI Program Components, Projected for State FY 2008-2009

Program	Premium
MediKids	\$ 120.51
Healthy Kids	\$ 116.46
CMS Network	\$ 468.81
BNET	\$ 1,000.00
Medicaid Expansion <1	\$ 309.66

Table 6. Premiums Collected from SCHIP Families for the Last Three State and Federal Fiscal Years

Program	SFY 2005-2006	SFY 2006-2007	SFY 2007-2008
MediKids	\$2,821,604	\$2,127,961	\$2,799,151
Healthy Kids	\$21,470,310	\$22,055,610	\$33,584,520
CMS Network & BNET	\$711,657	\$1,027,753	\$1,361,593
Total	\$25,003,571	\$25,211,324	\$37,745,264

Program	FFY 2005-2006	FFY 2006-2007	FFY 2007-2008
MediKids	\$2,821,604	\$2,127,961	\$2,799,151
Healthy Kids	\$21,470,310	\$22,055,610	\$33,584,520
CMS Network & BNET	\$711,657	\$1,027,753	\$1,361,593
Total	\$25,003,571	\$25,211,324	\$37,745,264

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

	Total	Federal Funds	State Funds
SFY 2004-2005	\$379,009,143	\$269,255,913	\$109,753,230
SFY 2005-2006	\$308,401,216	\$217,508,904	\$90,892,312
SFY 2006-2007	\$354,186,924	\$248,572,753	\$105,614,171
SFY 2007-2008	\$407,369,267	\$281,096,967	\$126,272,300
FFY 2004-2005	\$342,584,368	\$244,022,845	\$98,561,523
FFY 2005-2006	\$300,646,603	\$214,120,511	\$86,526,092
FFY 2006-2007	\$367,923,758	\$261,704,169	\$106,219,589
FFY 2007-2008	\$422,910,225	\$295,106,755	\$127,803,470

Table 8. Federal Allotment Balances Carried Forward or Projected Forward from Each Federal Fiscal Year, as of October, 2008

	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	\$363,745,836
FFY 2005	\$408,399,011
FFY 2006	\$438,741,036
FFY 2007	\$453,103,635
FFY 2008	\$459,721,256
FFY 2009	\$154,057,771

IV. The Evaluation Approaches and Data Collection

Evaluation Phases The Year 10 KidCare Program Evaluation is conducted in two phases. The first phase is the descriptive information contained in this report, which satisfies the federal and state evaluation requirements.

The second phase, conducted during spring, 2009, 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)¹ measures and other quality of care indicators.
- In-depth analysis of disenrollment and non-renewal of health insurance coverage.
- Testing of survey instruments to identify children with special health care needs and recommendations for improvements to the KidCare survey questionnaires.

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), the FHKC third-party administrator (ACS), and the Agency for Health Care Administration (AHCA). Information contained within ICHP's KidCare databases includes 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 this Year 10 evaluation, a total of 2,000 interviews were conducted. The primary focus of the surveys was to assess the children's experiences when they were 1) enrolled in KidCare for less than 3 months (new enrollees), or 2) enrolled in KidCare for 12 months or longer (established enrollees).

A telephone survey with families of established enrollees was conducted October 2008-February 2009, and a survey with families of newly enrolled children was conducted in late February and March, 2009. These two surveys have different objectives, questionnaires, and respondents. Children were randomly selected for each survey from the KidCare program components. Telephone interviews were conducted with parents, guardians, or primary caregivers (including foster parents) of these sampled children. All sample

¹ National Commission on Quality Assurance. *HEDIS 2004*. Washington DC: 2003.

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. The Agency for Health Care Administration (AHCA) provided random samples of children enrolled in the Medicaid MCO and the Medicaid PCCM (MediPass) programs.

**Two Surveys
Were
Conducted
with KidCare
Families**

Table 9 contains a summary of universe sizes, number of targeted interviews, number of completed surveys, and confidence intervals for the two surveys being conducted to collect information for this report.

The **New Enrollee Survey** was designed to obtain information from families whose children recently enrolled in the KidCare program after submitting a single-page KidCare application. Specifically, the families interviewed had to meet the following criteria for inclusion in the sample:

- Enrolled for two months or less in MediKids Title XXI or Healthy Kids Title XXI, or enrolled for three months or less in CMSN Title XXI,
- 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 are interviewed so early in their enrollment, they are asked about how they heard about KidCare and what they thought about the application and enrollment process. Demographics and health status items are also asked. Overall, the New Enrollee survey had a response rate (AAPOR #6) of 43.5%, a cooperation rate (AAPOR #4) of 65.7%, and an estimated confidence interval of +/-5.61%.

The **Established Enrollee Survey** was designed to gather information during late 2008 and early 2009 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 Title XXI, Healthy Kids Title XXI, MediKids Title XXI, Medicaid PCCM, or the Medicaid MCO Program, and
- Had not switched between KidCare program components during the time of their current enrollment.

Families of established enrollees were asked about their satisfaction with the quality of care their children received in the program, their children’s health status, and their demographics. Overall, the Established Enrollee survey had a response rate (AAPOR #6) of 42.8%, a cooperation rate (AAPOR #4) of 58.7%, and an estimated confidence interval of +/-2.37%.

Table 9. Summary of Surveys Conducted for Fiscal Year 2007-2008 Evaluation

Surveys	Eligible Universe (Population N)	Targeted Number of Interviews	Completed Interviews (sample n)	Confidence Interval (%), p<=.05*
<i>New Enrollee</i>				
CMSN	1,660	100	100	+/-9.50%
Healthy Kids	12,756	100	100	+/-9.76%
MediKids	2,753	100	100	+/-9.62%
Total	17,169	300	300	+/-5.61%
<i>Established Enrollee (“Caregiver”)</i>				
CMSN	7,184	300	300	+/-5.54%
Healthy Kids	93,183	300	300	+/-5.65%
MediKids	8,353	300	300	+/-5.56%
Medicaid MCO	201,064	300	300	+/-5.65%
Medicaid PCCM	173,943	500	500	+/-4.38%
Total	483,727	1,700	1,700	+/-2.37%

* The confidence intervals are presented for hypothetical items with uniformly distributed responses, with a 95% confidence level. These numbers are a worst case generality presented for reference purposes only.
 Note: The CMSN, Healthy Kids and MediKids universe is limited to Title XXI enrollees only.

V. Application and Enrollment Patterns

KidCare Applications Received

Forty-three percent of those children applying to KidCare July, 2007-April, 2008 became enrolled in one of the program components. This is an increase from 41 percent in the prior state fiscal year, but less than 51 and 52 percent enrolled in the two years prior.

Figure 3 displays the outcomes of unduplicated single page KidCare applications submitted to the Florida Healthy Kids Corporation for the 10 month period from July 1, 2007 through April 30, 2008. On May 1, 2008, ACS assumed responsibility from the prior vendor for processing KidCare applications. Problems acquiring database documentation and complete data extracts from ACS made it impossible for this analysis to be extended to include the final two months (May and June) of state fiscal year 2007-2008. Hence, readers should use extreme caution when comparing results from the 10 months of data in this report with prior reports that include full 12 month state fiscal years.

The following calculations were made using KidCare application and enrollment information for July, 2007 through April, 2008, the first 10 months of State Fiscal Year 2007-2008:

- Florida Healthy Kids Corporation received 210,930 applications from 185,999 families during the ten-month period of July 2007-April, 2008. The 185,999 unduplicated applications included information on 364,848 children. The following analysis considers only the most recent applications and excludes previous duplicate applications.
- Applications were approved for 48,535 children (13.3%) enrolled in Healthy Kids and 11,897 children (3.3%) enrolled in MediKids. None of these applicants were referred to CMSN for clinical eligibility determination or to DCF for Medicaid Title XIX eligibility determination.
- 54,352 children (14.9%) were referred to CMSN for clinical eligibility determination. Of the children referred to CMSN, 7,403 (2.0%) of them became enrolled in the Title XXI component of CMSN and 3,193 (0.9%) of them became enrolled in the Title XIX component of CMSN. Of those children who were referred for clinical eligibility determination, but not approved for CMSN coverage, 4,452 (1.2%) enrolled in Medicaid, 9,441 enrolled in Healthy Kids (2.6%), and 1,106 (0.3%) enrolled in MediKids.
- 186,814 children (51.2%) were referred to DCF for Medicaid eligibility determination. Of the children referred to DCF, 48,251 (13.2%) became enrolled in Medicaid and 22,757 (6.2%) became enrolled in Title XXI Healthy Kids, MediKids, or CMSN.
- 207,813 children (57%) of all children applying for coverage did not become enrolled in any KidCare Title XIX or Title XXI component. A small number (1,077) of these applicants were age 19 or older and not eligible for the KidCare Program. An

additional 22,347 children were already insured. The remaining 184,389 children represent the population declined for free or subsidized coverage for other reasons, and the small group of children whose parents did not accept an offer of coverage.

Figure 3. Outcomes of KidCare Single Page Applications Submitted During July 2007-April 2008

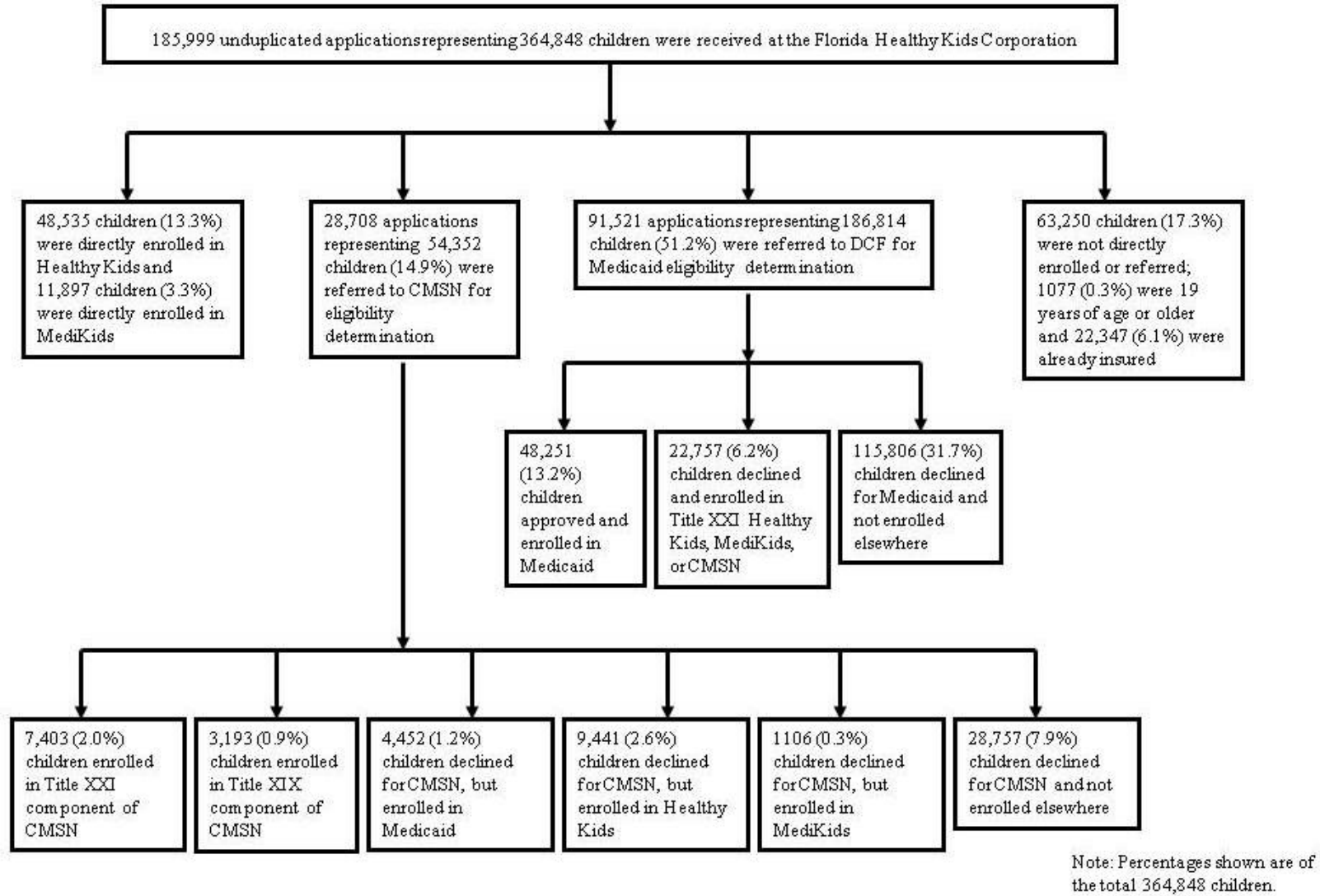


Table 10 shows application and enrollment figures for the ten months (July, 2007-April, 2008) prior to the transition in application and enrollment administrators. For July, 2007-April, 2008, KidCare received an average of 18,600 applications per month, ranging from a low of 14,072 applications in December, 2007 to a high of 21,476 applications in October, 2007. The average monthly volume during this ten month period is significantly higher than the average monthly volume in prior years; this may be due to the ease of use of the online application system, which will be evaluated in more detail in next year's report. 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, 14,287 during State FY 2004-2005, 11,488 during State FY 2005-2006, and 14,038 during State FY 2006-2007. The application figures reflect new applications only, not telephone reinstatements; new applications are those for which there is no record of application or enrollment within the prior year.

Figure 4 depicts the number of KidCare applications received during the period from September, 1999 to April, 2008. 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 a very visible, single-month spike.

Table 10. Application Information, July 2007 through April 2008

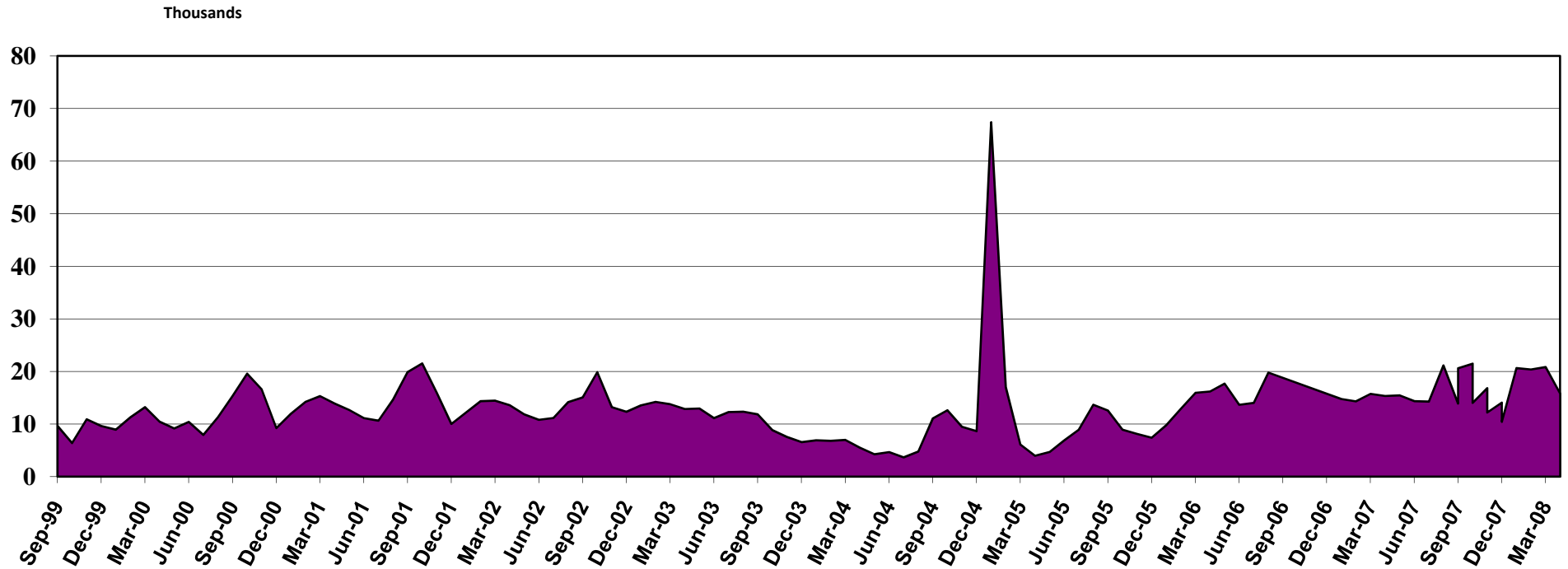
Application Information	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Jan-08	Feb-08	Mar-08	Apr-08	Total
Number of Applications Received	14,272	21,138	20,595	21,476	16,813	14,072	20,628	20,377	20,838	15,790	185,999
Number of Children Represented on Applications Received	27,550	41,274	40,545	42,145	32,987	27,677	40,477	40,033	41,188	30,972	364,848
Applications Referred to DCF for Medicaid Eligibility Determination	7,382	11,262	10,393	10,215	8,031	6,603	9,492	9,201	10,110	8,832	91,521
Number of Children Referred to DCF	14,762	22,791	21,206	21,008	16,510	13,478	19,546	19,025	20,779	17,709	186,814
Number of Applications Referred to CMSN	2,220	3,210	3,125	3,273	2,777	2,293	3,360	3,370	3,273	1,807	28,708
Number of Children Referred to CMSN	4,109	6,050	5,991	6,302	5,195	4,409	6,320	6,268	6,180	3,528	54,352
Mean Child Age*	5.7	6.2	6.3	6.1	5.9	5.8	5.8	5.8	5.7	5.6	5.9
Standard Deviation of Mean Child Age	4.9	5.0	4.9	4.9	4.9	4.9	4.9	4.9	4.8	4.8	4.9
Mean Annual Family Income**	22,024	21,314	22,338	23,571	24,163	24,618	24,661	24,726	24,330	23,146	23,489
Standard Deviation of Annual Family Income	15,483	15,767	15,774	15,842	15,772	15,965	16,137	16,213	15,876	15,718	15,855
Mean Household Size***	3.5	3.6	3.6	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5
Standard Deviation of Household Size	1.2	1.3	1.3	1.3	1.2	1.2	1.3	1.2	1.2	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 4. KidCare Applications Received Monthly, September 1999 – April 2008



Total Enrollment At Any Point in the Year and New Enrollments

Table 11 shows the total number of Title XXI new enrollees and the total number of Title XXI children ever served by KidCare for State and Federal Fiscal Years 2003-2004, 2004-2005, 2005-2006, and 2006-2007 as well as July 2007-April 2008. Total enrollment refers to the number of children enrolled ever (at any point) during the specified time frames. New enrollees are children who became enrolled in a Title XXI program component during the specified time period, and had not previously been enrolled in that component any time during the previous year.

Table 12 shows the point-in-time enrollment figures for the end of both the State and Federal Fiscal Years 2005-2006, 2006-2007, 2007-2008 and the percent growth during those time frames; Figure 5 also displays the percent growth during the last eight years. 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 11 and 12 describe the number of children served by the KidCare program. Trends in KidCare enrollment include:

- The number of new enrollees entering the Title XXI-funded program components has been relatively stable for the last two fiscal years (Table 11). In State FY 2006-2007, there were 120,186 new enrollees in Title XXI. For the 10 month period July 2007-April 2008, there were 111,063 new enrollees in Title XXI-funded Florida KidCare.
- From July, 2007 to June 2008, there was a five percent increase in KidCare total enrollment (Table 12); these figures are derived from various agency enrollment reports and are subject to reconciliation. This is a reversal from the prior three years when there had been declines of 4.5%, 1.6% and 4.6%, respectively. As of June 30th, 2008, there were a total of 1,458,980 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, 2005-2006, 2006-2007, and 2007-2008.
- The Title XXI-funded components of Florida KidCare grew by three percent from July, 2007 to June, 2008; these figures are derived from various agency enrollment reports and are subject

to reconciliation. In the prior fiscal year, Title XXI enrollments had grown by 16%. This is a trend reversal from the 5.1% decrease from 2005-2006 and the 38.5% decrease from 2004-2005.

- Similar to Title XXI, Medicaid enrollments grew by 5.6% from July, 2007 to June, 2008; these figures are derived from various agency enrollment reports and are subject to reconciliation. Enrollments stood at 1,202,064 at the end of state fiscal year 2007-2008. This is reversal from the prior fiscal year's decline of 7.9%.

Table 11. Title XXI Total Enrollees and Total New Enrollees for State and Federal FY 2002-2003, 2003-2004, 2004-2005, 2005-2006, 2006-2007, and July 2007-April 2008

	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

	SFY 2006-2007			FFY 2006-2007		
	Total New Enrollees*	% New Enrollees	Total Enrollees**	Total New Enrollees*	% New Enrollees	Total Enrollees**
CMSN	9,647	50.3	19,173	9,799	48.7	20,125
Healthy Kids	84,569	29.3	288,505	84,448	29.2	289,172
MediKids	25,970	58.1	44,679	26,704	56.8	47,038
Total	120,186	34.1	352,357	120,951	33.9	356,335

	July 2007-April 2008		
	Total New Enrollees*	% New Enrollees	Total Enrollees**
CMSN	9,566	40.4	23,651
Healthy Kids	77,126	26.2	294,552
MediKids	24,371	47.2	51,633
Total	111,063	30	369,836

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

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

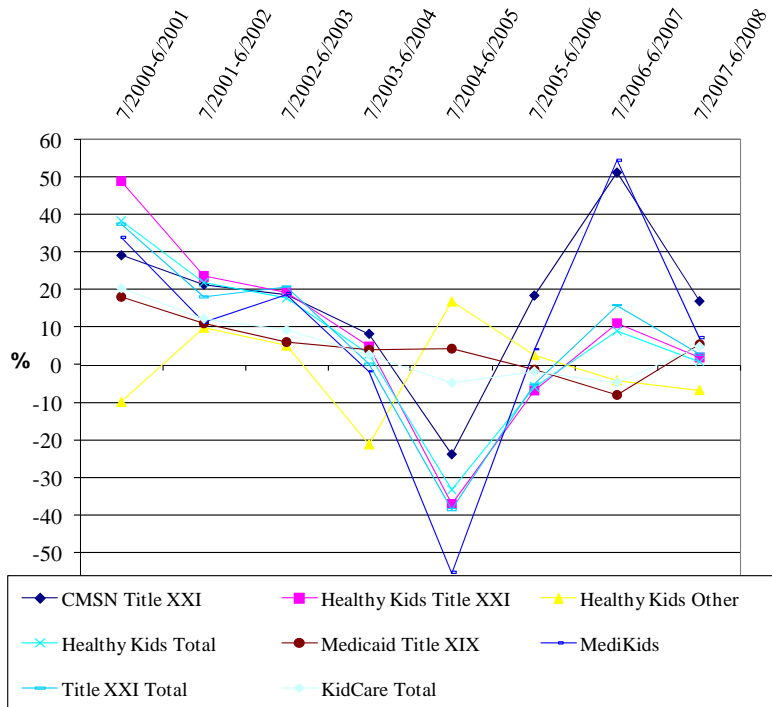
Note: These figures represent enrollees as they enter each program. Thus, a child who ages from the MediKids program to the Healthy Kids program would be represented three times in this table: once as an existing MediKids enrollee, once as a new Healthy Kids enrollee, and once as a Healthy Kids Total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

Table 12. Point in Time Enrollment Figures for the Last Day of State and Federal FY 2006-2007 and 2007-2008

	State Fiscal Year			Federal Fiscal Year		
	Enrollment on June 30, 2007	Enrollment on June 30, 2008	% Change 2007-2008	Enrollment on September 30, 2007	Enrollment on September 30, 2008	% Change 2007-2008
CMSN Title XXI	13,862	16,214	17.0	14,142	16,808	18.9
Healthy Kids Title XXI	185,334	189,022	2.0	185,121	173,506	-6.3
Healthy Kids Other	25,744	24,022	-6.7	25,309	22,805	-9.9
Healthy Kids Total	211,078	213,044	0.9	210,430	196,311	-6.7
Medicaid Title XXI*	1,091	769	-29.5	845	758	-10.3
Medicaid Title XIX	1,137,528	1,201,295	5.6	1,121,499	1,229,848	9.7
Medicaid Total	1,138,619	1,202,064	5.6	1,122,344	1,230,606	9.6
MediKids Title XXI	24,288	25,221	3.8	25,791	22,614	-12.3
MediKids Other	1,511	2,437	61.3	1,862	2,263	21.5
MediKids Total	25,799	27,658	7.2	27,653	24,877	-10.0
Title XXI Total	224,575	231,226	3.0	225,899	213,686	-5.4
KidCare Total	1,389,358	1,458,980	5.0	1,374,569	1,468,602	6.8

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

Figure 5. Percentage Growth in KidCare for Eight State Fiscal Years, by Program



**KidCare
Monthly
Enrollment**

Figures 6 through 11 show the monthly enrollment in each of the KidCare program components from April 1998 through September 2008; these figures were derived from various agency enrollment reports and are subject to reconciliation. 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% 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. CMSN Title XXI Program Enrollment, 1998-2008

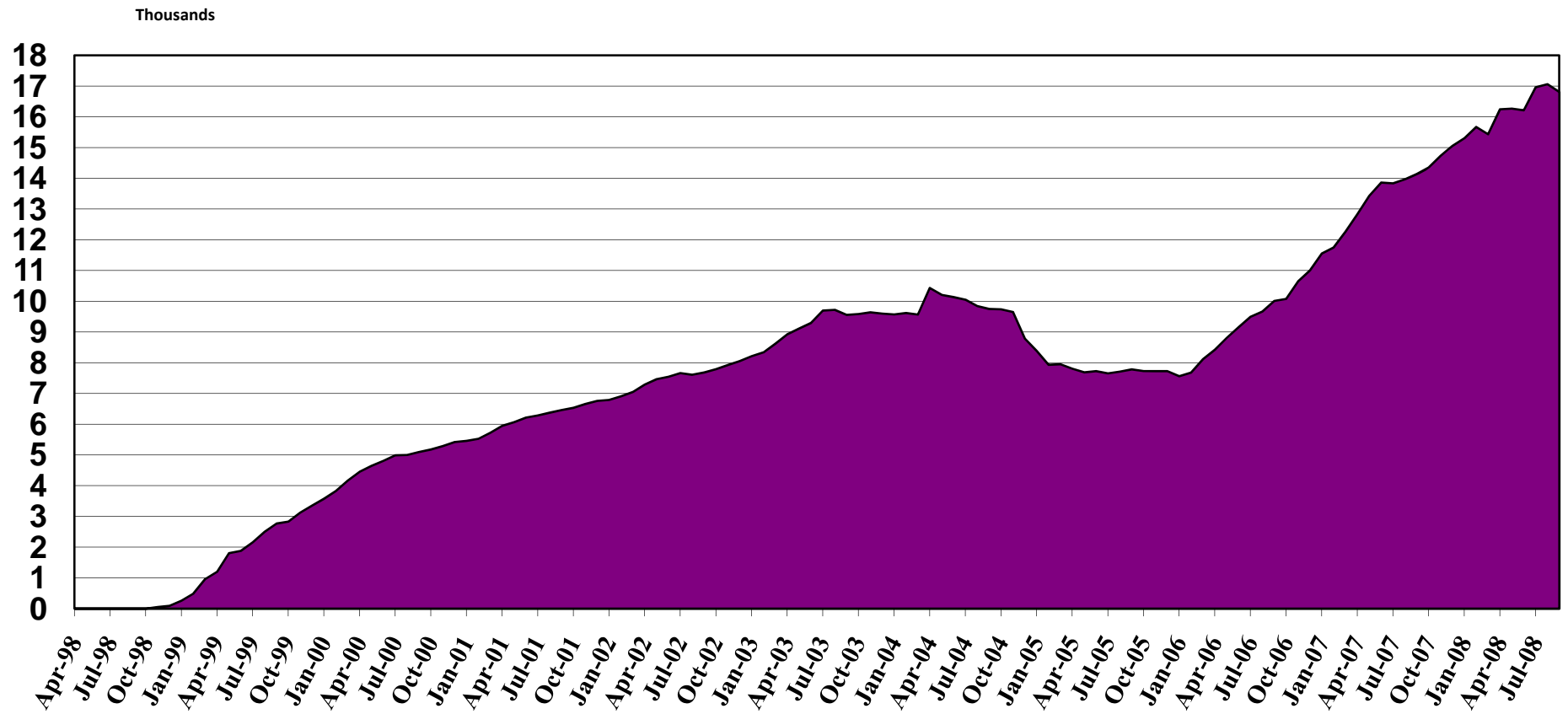


Figure 7. Healthy Kids Program Enrollment, 1998-2008

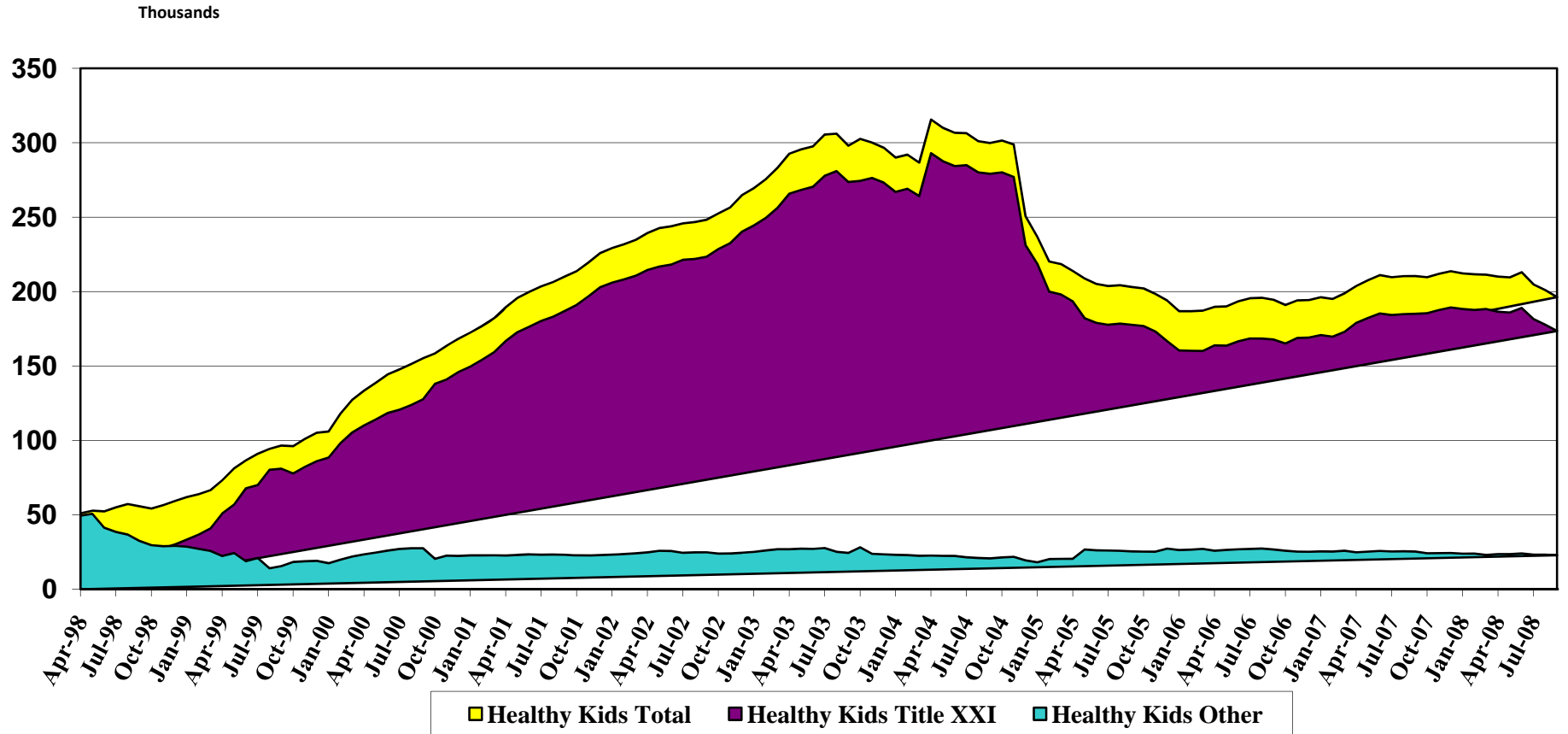


Figure 8. MediKids Program Enrollment, 1998-2008

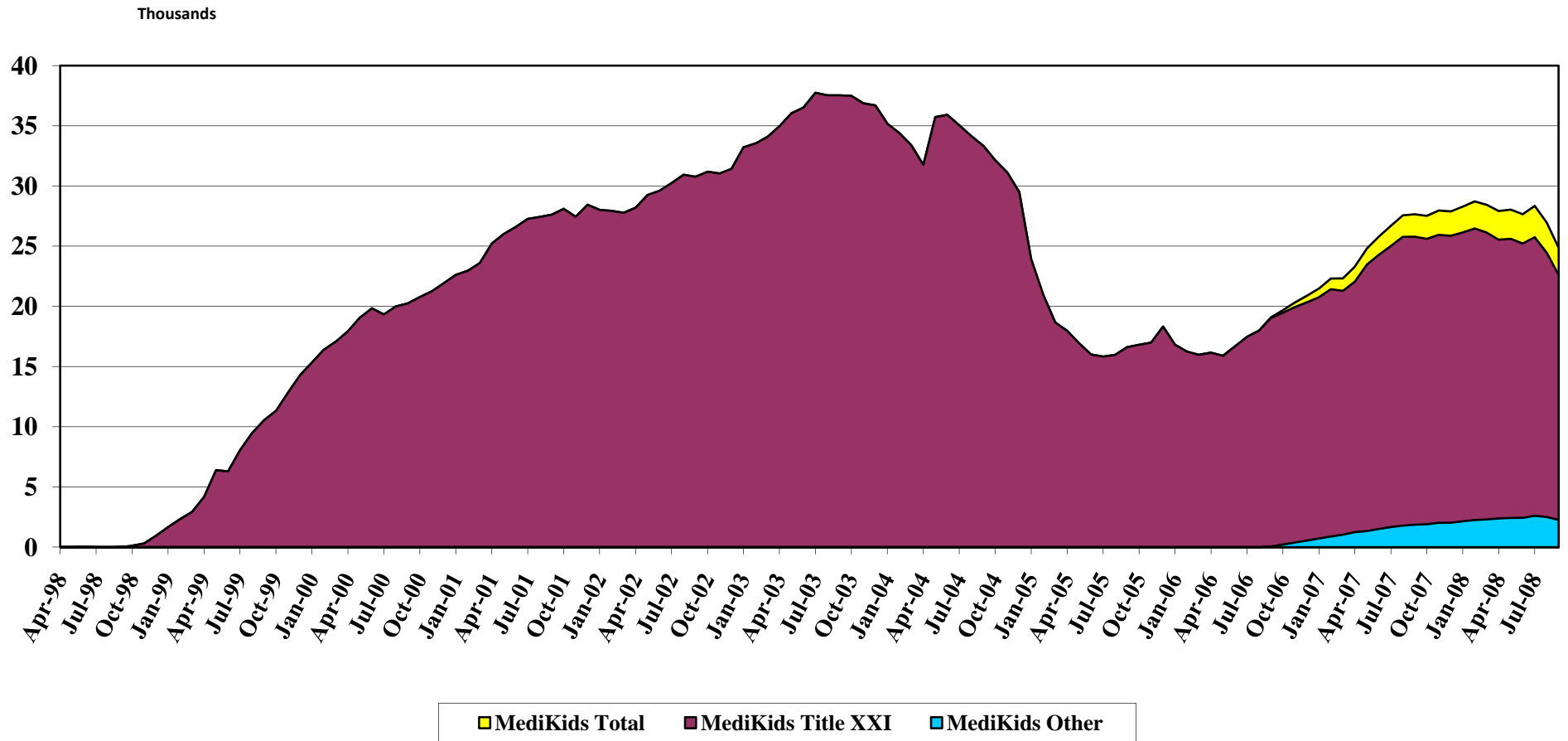


Figure 9. Medicaid Program Enrollment, 1998-2008

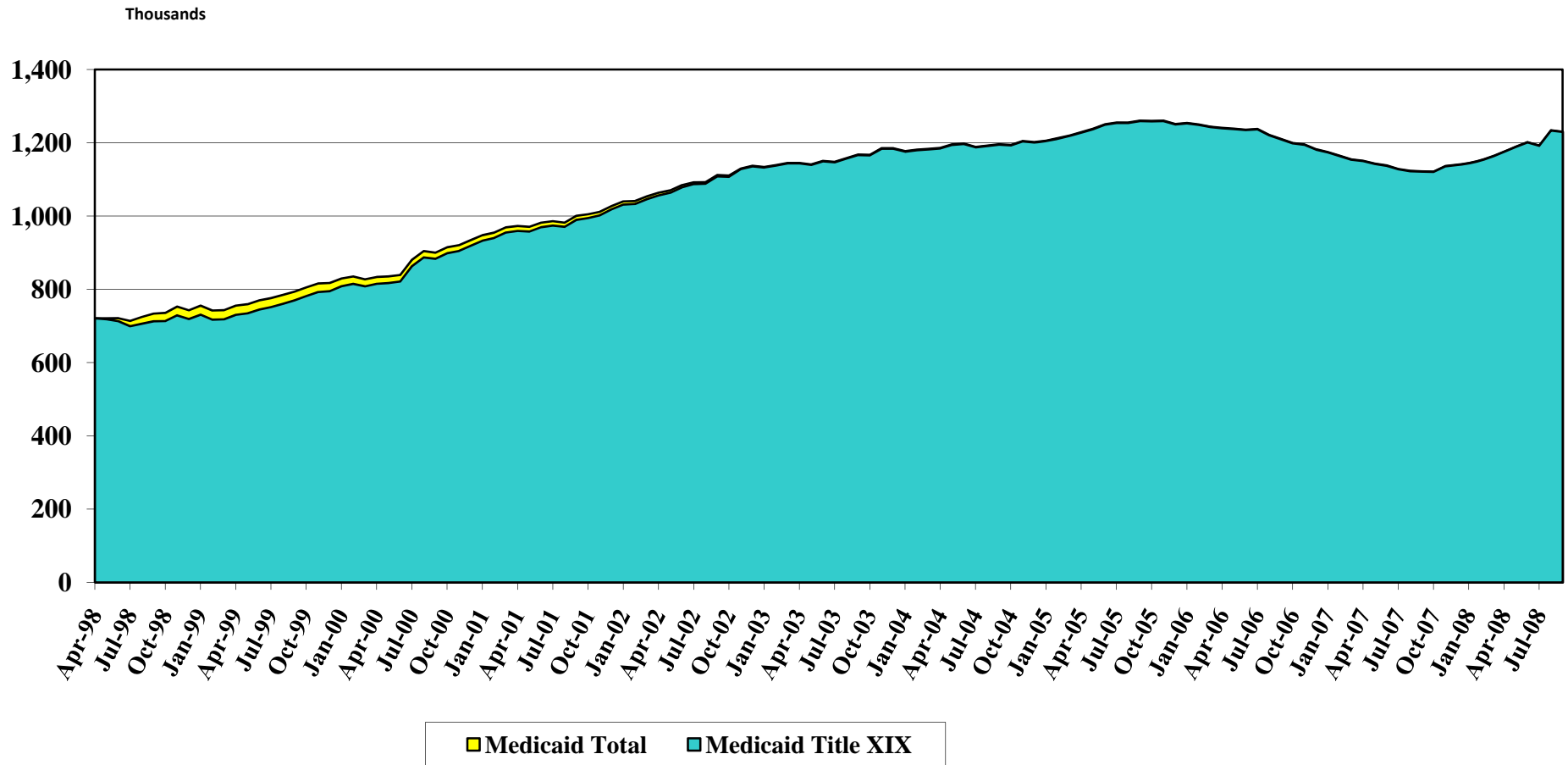


Figure 10. Medicaid Title XXI Program Enrollment, 1998-2008

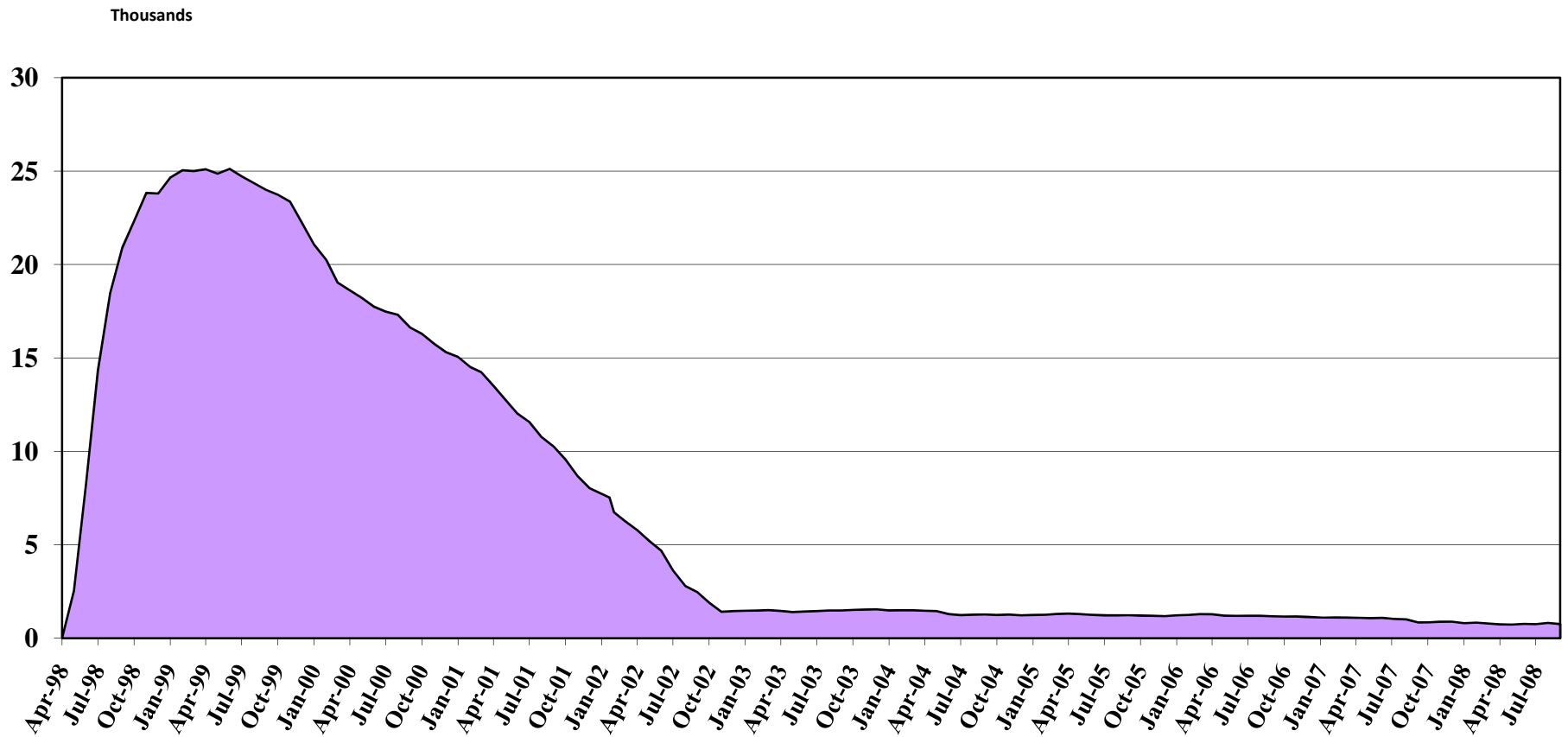
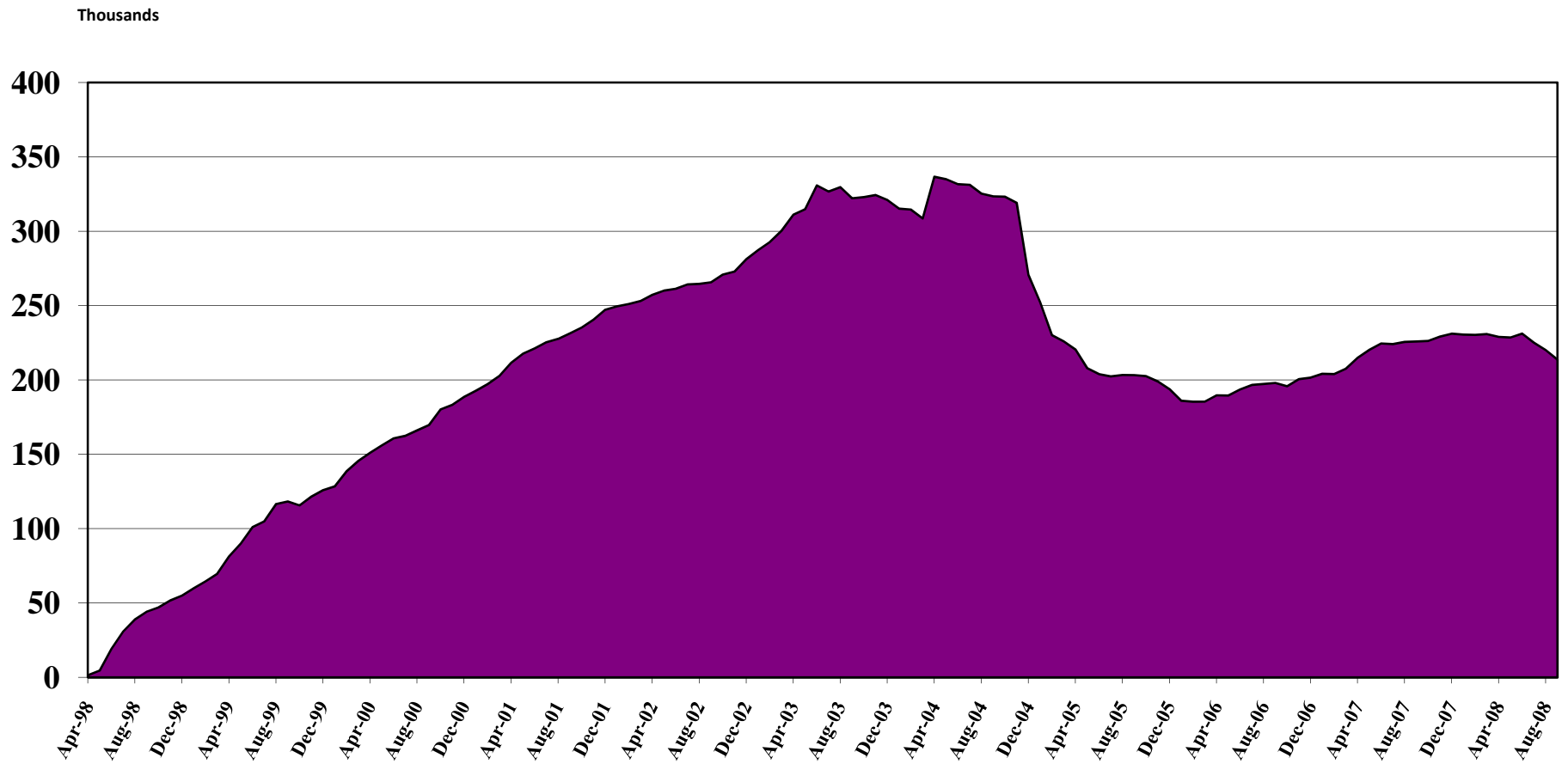


Figure 11. Overall Title XXI Program Enrollment, 1998-2008



VI. 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.² 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.

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 twelve month period May 2007-April 2008, which is offset from the state fiscal year 2007-2008 by two months.

Continuous enrollment in Title XXI-funded coverage for all 12 months of May 2007-April 2008 was found for only 21.7% of MediKids enrollees, 32.5% of CMSN enrollees and 41.0% of Healthy Kids enrollees. The shares are very similar to those found in State FY 2006-2007, when 17.5% of MediKids enrollees, 29.3% of CMSN enrollees and 40.6% of Healthy Kids enrollees were continuously enrolled for 12 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 12 months for all children. Limiting the population to only the cohort of children that were enrolled at the start of the period May, 2007-April, 2008 provides another view on retention. Over half (55.1%) of MediKids who were enrolled at that start of the period were retained for all 12 months. Over two-thirds (68%) of CMSN and Healthy Kids children that were covered at the start of the period were retained for all 12 months. Higher retention was found in May 2007-April 2008 than in the prior two years. In State FY 2006-2007, 36.7% of MediKids enrollees, 54.7% of CMSN and 59.0% of Healthy Kids enrollees that were covered at the start of the fiscal year were retained for all 12 months.

² 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 2005-2006, 2006-2007 and May 2007-April 2008

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	All enrollees, 2006-2007*			Enrollees present at the start of the fiscal year 2006-2007 only		
	CMSN	Healthy Kids	MediKids	CMSN	Healthy Kids	MediKids
1 month only	8.1	6.6	11.5	3.8	3.6	4.6
2 months only	7.5	6.5	9.8	3.1	3.5	3.9
3 months only	8.5	7.0	10.1	4.5	4.2	4.6
4 months only	6.8	5.9	7.6	3.4	4.1	4.7
5 months only	6.4	5.2	6.8	3.8	3.7	4.7
6 months only	7.3	6.1	8.7	4.8	4.8	7.7
7 months only	6.6	5.5	7.2	5.8	4.7	8.3
8 months only	6.4	5.5	5.9	4.8	4.1	6.6
9 months only	4.9	4.3	5.5	4.8	3.8	6.6
10 months only	4.6	3.5	4.8	3.8	2.5	5.3
11 months only	3.9	3.5	4.6	2.7	2.0	6.3
All 12 months	29.3	40.6	17.5	54.7	59.0	36.7

Months	All enrollees, May 2007-April 2008*			Enrollees present at the start of the May 2007-April 2008 period only		
	CMSN	Healthy Kids	MediKids	CMSN	Healthy Kids	MediKids
1 month only	11.6	7.7	12.1	2.9	2.6	4.0
2 months only	8.5	6.8	9.0	2.9	2.8	3.8
3 months only	7.6	6.1	8.2	2.9	2.8	3.7
4 months only	6.9	6.0	8.5	3.0	3.0	4.5
5 months only	6.6	5.9	7.4	3.1	2.9	4.3
6 months only	5.1	5.4	6.3	2.2	2.8	4.0
7 months only	5.2	4.7	6.3	3.1	2.8	4.2
8 months only	4.7	4.5	5.0	3.2	3.2	3.5
9 months only	4.0	4.1	5.0	2.5	2.7	4.0
10 months only	3.2	3.5	5.0	2.2	2.6	3.3
11 months only	4.2	4.3	5.3	3.4	3.4	5.7
All 12 months	32.5	41.0	21.7	68.6	68.4	55.1

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

VII. Experiences with the Application Process

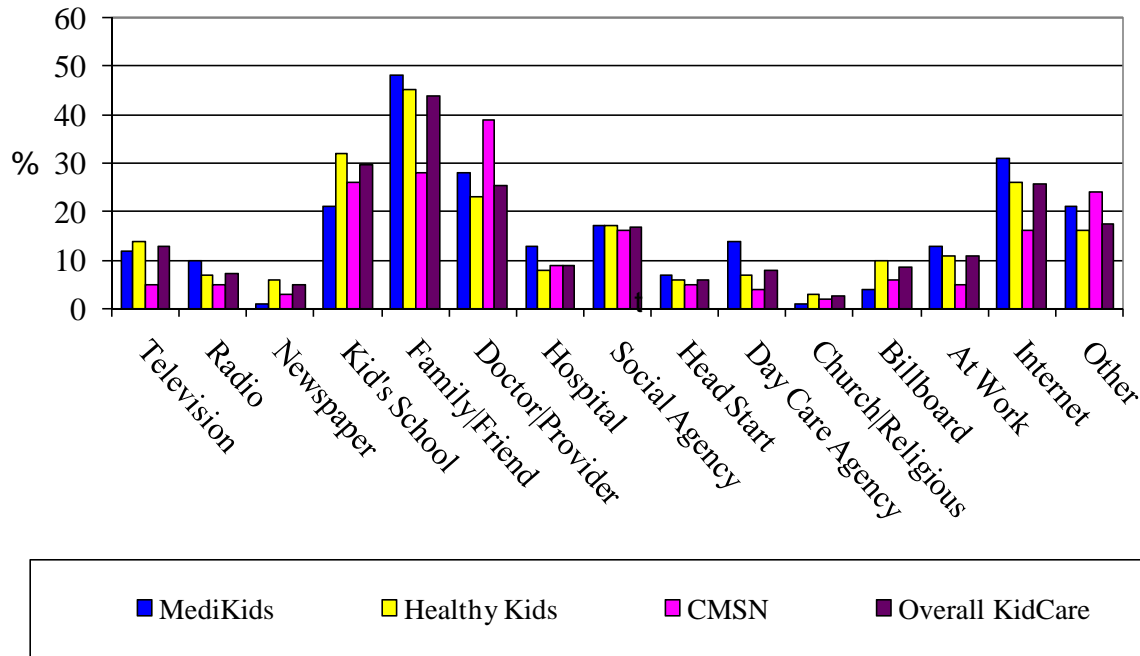
Family Surveys Information on how families learn about KidCare and their satisfaction with the application process is assessed by a survey specifically targeted at families of newly enrolled children. For this report, all families interviewed as part of this survey had their KidCare applications processed by the same application and enrollment vendor during the period November 2008-January 2009. This time frame eliminates the possibility of families working with two vendors (which would be the case if a spring 2008 time frame had been selected and data collection commenced in summer 2008) and should reduce the problems of processing applications right after the vendor transition (late spring and summer 2008).

How Families Learn About KidCare For each KidCare Evaluation, a sample of parents of newly enrolled children is 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 of this survey are illustrated in Figure 12.

Families report learning about the KidCare Program from a variety of personal interactions and formal media sources. Over 43% of the KidCare respondents recall learning about KidCare from family/friends, 29% recall learning about KidCare from their children's school and 25% recall learning about KidCare from a health care provider. Social service agencies, hospitals, television, and the Internet were also important sources of information about KidCare.

As the KidCare program has matured, public knowledge of the program has become more widespread. Activities to inform people of enrollment opportunities and the availability of the Medicaid Program are still important to maintain awareness of KidCare. Since 85% 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 child health resources available to them.

Figure 12. Percentage of Families Who Learned about KidCare by Information Source and Program Component, spring 2009



Families’ Satisfaction with the Application Process

Families of newly enrolled children were asked about their satisfaction with the application process. Results from this spring, 2009 survey are less positive than in prior reports (Table 14). Over one-third of families (35.9%) report waiting three or more months between their application submission and approval of coverage; only 23.9% of families in the prior year’s report waited that long for coverage. Less than half (45%) of families reported that they were kept well informed of the status of their children’s application; this is a large decline from 74% in the prior year’s report. A similar share of families (91% this year and 87% last year) report attempting to call the toll-free number on their KidCare application for assistance or a status update.³ However, nearly half (48%) of families surveyed for this report who called the toll-free number were not able to reach anyone easily, compared to only 18% in the prior report. Among families who actually reached a customer representative, only 21% report that the agent was very helpful; in the prior report, 41% of respondents who reached a service representative reported that agent was very helpful. Families did continue to report that the KidCare application was easy to understand. About 89% of families in this year’s survey thought the application form was easy to understand; this is an insignificant change from 92% in the prior year’s report.

³ 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.

Table 14. Experience with KidCare Application Process, spring 2009

Percentage Responding	Total	MediKids	Healthy Kids	CMSN
How long did you wait between application and receiving coverage?				
2 weeks or less	5.5	3.1	6.1	4.4
3 weeks	4.3	1.0	5.1	3.3
1 month	16.1	4.2	18.4	17.4
More than 1 month, but less than 2	12.6	10.4	13.3	10.9
2 months	14.8	9.4	16.3	10.9
More than 2 months, but less than 3	11.4	15.6	10.2	14.1
3 months or more	35.4	56.3	30.6	39.1
Were you kept informed while awaiting coverage?				
Yes	44.7	27.8	48.5	42.0
No	55.4	72.2	51.5	58.0
Was the application form easy to understand?				
Strongly agree	23.4	22.5	24.0	19.8
Agree	65.9	68.5	64.6	73.3
Disagree	7.4	4.5	8.3	4.7
Strongly disagree	3.3	4.5	3.1	2.3
Was the mail-in process convenient?				
Strongly agree	19.3	12.1	20.8	19.1
Agree	61.7	63.7	60.4	69.1
Disagree	14.4	15.4	14.6	10.7
Strongly disagree	4.6	8.8	4.2	1.2
Did you attempt to contact the toll-free number listed on the application for assistance?				
Yes	90.7	97.0	89.6	89.0
No	9.3	3.0	10.4	11.0
Of those who used the toll free number, were you able to reach someone at the toll-free number easily?				
Yes	52.0	36.5	56.5	46.5
No	48.0	63.5	43.5	53.5
Of those who used the toll free number, would you say the service representatives were...				
Very helpful	20.5	15.6	22.1	17.1
Helpful	37.3	35.4	37.2	40.9
Somewhat helpful	30.0	29.2	30.2	29.6
Not helpful at all	10.5	16.7	9.3	8.0
Could never reach a representative	1.8	3.1	1.2	4.6
Have you asked for help from a social service agency or health provider about the status of your child's application?				
Yes	18.4	24.5	15.0	35.4
No	81.6	75.5	85.0	64.7
If yes, from which agencies..? (respondent can choose more than one)				
Dept. of Children and Families	20.4	41.7	13.3	20.0
Public Health Department	5.8	8.3	6.7	0.0
Personal doctor or nurse	10.3	25.0	6.7	5.7
Case worker	6.8	8.3	6.7	5.7
Social worker	12.0	8.3	13.3	11.4
Program Office (Healthy Kids, CMSN)	29.6	70.8	13.3	37.1
Would you say they were able to provide the help you needed?				
Strongly agree	13.9	12.5	7.1	37.1
Agree	50.4	45.8	57.1	34.3
Disagree	19.1	16.7	21.4	14.3
Strongly disagree	16.6	25.0	14.3	14.3

**Verification of
Application
Processing Time**

An analysis of administrative data was conducted on application processing times. Processing times were calculated from the KidCare administrative records for the period July 2007 through April 2008, the 10 month period prior to the transition in third-party application processing to ACS. Table 15 shows the mean and median number of days lapsed from the start of batch processing to the final approval for coverage for July 2007-April 2008. Results are shown separately for those applications that were or were not referred to DCF for Medicaid beneficiary.

Application processing times averaged 39 days for MediKids, 40 days for CMSN, 42 days for Healthy Kids, and 48 days for Medicaid approvals. Median times were substantially shorter than the means. The median processing time was 32 days for MediKids, 33 days for CMSN, 35 days for Healthy Kids, and 43 days for Medicaid approvals. These median processing times meet the federal standard of 45 days from application to Medicaid determination. In the prior state fiscal year (2006-2007), the median processing times were longer for the Title XXI-funded program components and two days shorter for Medicaid approvals (37 days for CMSN, 39 days for Healthy Kids, 40 days for MediKids, and 41 days for Medicaid).

If DCF review was not needed, approved applications for Title XXI-funded coverage were processed in a median time of 21 to 23 days. If DCF review was needed prior to approval for Title XXI-funded coverage, the median processing time was 43 to 47 days.

Table 15. Application Processing Times, July 2007-April 2008

	Average Number of Days Elapsed	Median Number of Days Elapsed
For all approved applicants, by their program of enrollment:		
Healthy Kids	42	35
MediKids	39	32
CMSN	40	33
Medicaid	48	43
Only those applicants referred to DCF, but not determined Medicaid eligible, and later enrolled in:		
Healthy Kids	53	47
MediKids	44	43
CMSN	50	45
Only those applicants NOT referred to DCF, and later enrolled in:		
Healthy Kids	36	23
MediKids	35	22
CMSN	34	21

VIII. Experiences with Enrollment and Paying Premiums

Enrollment Experiences

Newly enrolled families were also surveyed about their satisfaction with the KidCare program after they enrolled. Over a third (36.3%) of families think the program is run very well and an additional 42.4% think the program is run somewhat well (Table 16). This is a decline from last year's report when 50.5% of families thought the program is run very well and 38.7% thought the program was run somewhat well. Less than half (48.1%) of families indicate that KidCare staff are very helpful and 37.6% indicate that staff are very knowledgeable; this is also a decline from last year's report (59.2% and 60%, respectively). About 87% of newly enrolled families recalled receiving an insurance card from the KidCare program, and 42.9% of families indicated that their insurance cards were received within one month of notification of coverage approval. About half (49.3%) of newly enrolled families recalled being told that they would have to renew coverage in about a year.

Table 16. Experience with the Enrollment Process, spring 2009

Percentage Responding	Total	MediKids	Healthy Kids	CMSN
Have you received your insurance card?				
Yes	87.4	74.8	89.9	88.9
No	12.6	25.3	10.1	11.1
How long did you wait between coverage notification and receipt of the insurance card?				
2 weeks or less	12.9	17.8	11.5	17.1
3 weeks	16.5	11.0	18.4	8.5
1 month	13.5	4.1	14.9	15.9
More than 1 month, but less than 2	8.2	4.1	9.2	6.1
2 months	9.6	9.6	9.2	13.4
More than 2 months, but less than 3	4.7	4.1	4.6	6.1
3 months or more	34.6	49.3	32.2	32.9
How well do you think the program is run?				
Very well	36.3	26.5	35.8	57.3
Somewhat well	42.4	39.8	44.2	32.3
Somewhat poorly	13.8	23.5	12.6	6.3
Very poorly	7.5	10.2	7.4	4.2
Are program staff helpful?				
Very helpful	48.1	33.8	48.4	65.5
Somewhat helpful	37.0	42.7	37.1	28.6
Somewhat unhelpful	11.6	17.7	11.3	4.8
Very unhelpful	3.4	5.9	3.2	1.2
Are program staff knowledgeable?				
Very knowledgeable	37.6	32.8	36.1	53.0
Somewhat knowledgeable	48.7	40.3	52.5	38.6
Somewhat unknowledgeable	9.4	17.9	8.2	4.8
Very unknowledgeable	4.3	9.0	3.3	3.6
Were you told that you will have to renew coverage after about a year?				
Yes	49.3	45.4	50.0	50.6
No	50.7	54.6	50.0	49.4

Paying Premiums

Families whose children are enrolled in the Title XXI component of CMSN, Healthy Kids, and MediKids pay a monthly premium for their children's coverage. These premiums are important to overall KidCare program operations. In the spring 2009 New Enrollee survey, Title XXI families were asked questions about their experiences with premium payment. The results are summarized in Table 17. Over 95% of families feel that the premium amount is "about right" or "too little". Less than five percent of families felt that the premium was "too much". About 73.5% of families report that it is rarely or never difficult to pay the premium; this share is almost identical to the 73.7% reported in the prior year's report.

Ninety-three percent of families report paying the premium is "worth it" so that their children can have needed insurance coverage. However, 23.1% of families are concerned that the premium is a "waste of money" because their children are healthy. Ninety-five percent of families agreed with the statement that they felt good about paying for part of their children's health care coverage.

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, spring 2009

Percentage Responding	Title 21			
	Overall	MediKids	Healthy Kids	CMSN
Is the premium...?				
About the right amount	88.9	92.9	88.0	89.5
Too much	4.8	4.0	5.0	4.2
Too little	6.3	3.0	7.0	6.3
How often is it difficult for you to pay the premium?				
Almost every month	7.6	6.3	7.5	10.8
Every couple of months	18.8	10.5	20.4	20.4
Rarely	34.9	36.8	35.5	26.9
Never	38.6	46.3	36.6	41.9
Paying a premium is worth it.				
Strongly agree	69.1	69.7	67.0	84.7
Agree	24.5	23.2	26.0	14.3
Disagree	2.2	4.0	2.0	1.0
Strongly disagree	4.2	3.0	5.0	0.0
Sometimes I think the premium is a waste because my child is healthy.				
Strongly agree	11.0	7.1	12.2	8.3
Agree	12.1	7.1	14.3	3.1
Disagree	10.5	18.2	9.2	8.3
Strongly disagree	66.3	67.7	64.3	80.4
I feel better paying for some of the cost of my child's coverage.				
Strongly agree	78.3	79.0	78.0	79.8
Agree	17.1	14.0	18.0	15.2
Disagree	3.1	4.0	3.0	2.0
Strongly disagree	1.5	3.0	1.0	3.0
The premium is worth the peace of mind.				
Strongly agree	88.2	93.0	86.9	90.9
Agree	9.8	4.0	11.1	9.1
Disagree	1.2	3.0	1.0	0.0
Strongly disagree	0.8	0.0	1.0	0.0

IX. Presence of Special Health Care Needs

Background

The Children with Special Health Care Needs (CSHCN) Screener was used in all ten of the KidCare evaluations to identify the presence of special health care needs among KidCare enrollees. It is based on parents' perceptions of their children's health and activities. 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.⁴

CSHCN Screener Results

Table 18 shows the percentage of children with special health care needs for each of the KidCare program components over four state fiscal years. Each program component has a substantial percentage of children with special health care needs. Overall, 30% of established enrollees met the screener in State FY 2007-2008, which is slightly less than the 33% found in the prior fiscal year. Eighty-one percent of CMSN Title XXI established enrollees met the screener. Children meeting the screener comprised significant shares of the other established enrollee groups as well. Fifteen percent of MediKids enrollees, 19% of Healthy Kids enrollees, 30% of Medicaid MCO enrollees, and 35% of Medicaid PCCM enrollees were identified with special needs according to the CSHCN Screener criteria.

In Florida, an estimated 13% percent of all children have special health care needs, compared to 30% of KidCare established enrollees.

The 2005-2006 National Survey of Children with Special Health Care Needs found that approximately 13% of all of Florida's children had a special health care need. Hence, the KidCare program includes a larger share of children with special needs than would be expected based on the statewide prevalence of CSHCN. It is likely that families who believe their children have greater health care needs have elected to insure those children. The number of enrollees with special health care needs has implications for the financing and the organization of the KidCare program. For example, health care costs may be higher than

⁴ Bethell C, Read D. Child and Adolescent Health Initiative. Portland, Oregon: Foundation for Accountability; 1999.

anticipated. In addition, provider networks may need to be modified to include more pediatricians and specialists to provide the care which special health care needs children often require.

Although children must meet clinical eligibility criteria to be enrolled in CMSN, the CSHCN Screener only identified 81% 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.

Table 18. Children Identified with Special Health Care Needs by Program Component and Enrollment Status for State FY 2004-2005, 2005-2006, 2006-2007, and 2007-2008

Program/Duration	FY 2004-2005		FY 2005-2006		FY 2006-2007		FY 2007-2008	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
KidCare Overall								
New Enrollees (Title 21)	---	---	---	---	---	---	30.6	69.4
Established Enrollees (Title 19 & Title 21)	---	---	---	---	32.5	67.5	30.3	69.7
Medicaid								
New Enrollees	23.0	77.0	27.0	73.0	28.0	72.0	---	---
Established Enrollees-Medicaid MCO	21.9	78.1	27.6	72.4	32.0	68.0	30.3	69.7
Established Enrollees-Medicaid PCCM	---	---	33.6	66.4	33.7	66.3	34.8	65.2
MediKids								
New Enrollees	19.0	81.0	20.0	80.0	13.0	87.0	18.0	82.0
Established Enrollees	19.9	80.1	16.1	83.9	20.5	79.5	15.0	85.0
Healthy Kids								
New Enrollees	24.0	76.0	28.0	72.0	17.0	83.0	27.0	73.0
Established Enrollees	26.1	73.9	21.7	78.3	29.0	71.0	19.3	80.7
CMSN Title XXI								
New Enrollees	86.1	13.9	85.0	15.0	80.0	20.0	80.0	20.0
Established Enrollees	79.3	20.7	81.0	19.0	85.2	14.8	81.3	18.7

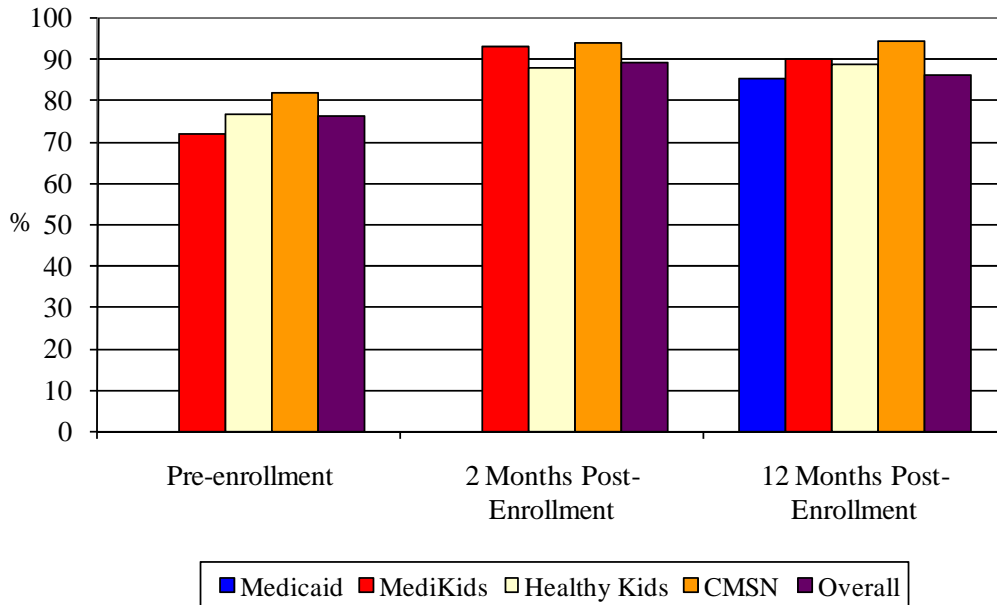
X. Usual Source of Care

Having a usual source of medical care means that families have a usual place where they go for routine or sick care or they have a usual person who provides that care. 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.

About 86% of established enrollees have a doctor or nurse that serves as their usual source of care. This is important to ensure compliance with well child visits and prompt treatment of acute care needs.

Families whose children were recently enrolled were asked if their children had a usual source of care prior to entering the KidCare. These results are summarized in Figure 13. Among new enrollees, 76% of families had a usual source of care before they enrolled in KidCare. Within two months of enrollment in KidCare though, 89% of families reported having a usual source of care. High levels of access to a usual source of care continued among established KidCare enrollees--over 86% of established families reported having a usual source of care. Access is fairly similar across the KidCare programs, with 85% of Medicaid (MCO and PCCM), 89% of Healthy Kids, 90% of MediKids, and 94% of CMSN families having access to a usual source of care. These findings are consistent with past evaluation reports.

Figure 13. Children with a Usual Source of Care by Program Component



XI. Family Satisfaction

Background

The Consumer Assessment of Healthcare Providers and Systems® (CAHPS, formerly known as the Consumer Assessment of Health Plans Survey) 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 ten 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 19 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 nine years and continues to be so.

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

The current findings indicate high satisfaction with KidCare overall. Over two-thirds (69.2%) of respondents whose children were enrolled in KidCare for 12 months or longer reported that they had made appointments for their children for routine or preventive care in the six months preceding the telephone survey; this does not include visits for specialty care, which children may have had in lieu of a regular routine visit. Thirty percent of families reported that at some time in the past six months their children needed care immediately due to illness and injury. Access to care in these instances was good with 75% of families overall reporting that the children "always" received care for illness or injury as soon as needed; the range by program component was from 72.9% for Medicaid MCO to 92.0% for MediKids. Fifty-seven percent of families said that it was always easy to get health plan approval for care. Additionally, over 90% felt that their children's doctors "always" treated them with courtesy and respect and almost three-quarters (74%) percent believed that the doctor "always" spent enough time with their children.

Table 19. Family Satisfaction with Their Children’s Health Care, State FY 2007-2008

Item (% reporting)	Overall	Medicaid MCO	Medicaid PCCM	MediKids	Healthy Kids	CMSN
Did you make any appointments for routine care?						
Yes	69.2	71.0	67.2	74.2	67.8	83.3
No	30.8	29.0	32.8	25.8	32.2	16.7
How often did you get that appointment as quickly as you wanted?						
Never	3.5	3.8	3.6	1.8	3.0	2.0
Sometimes	12.3	11.5	14.7	11.9	9.9	12.2
Usually	13.0	13.4	12.8	12.4	12.4	16.7
Always	71.1	71.3	68.9	73.9	74.8	69.1
Did your child have an illness or injury where you needed care right away?						
Yes	30.3	29.7	29.6	34.9	31.1	47.7
No	69.8	70.3	70.4	65.1	68.9	52.4
Did you get that care as quickly as you wanted?						
Never	1.5	0.0	1.2	0.0	5.4	0.0
Sometimes	10.9	16.5	8.2	6.0	5.4	6.5
Usually	12.2	10.6	14.2	2.0	12.9	14.4
Always	75.4	72.9	76.5	92.0	76.3	79.1
Did your child need any specialist care?						
Yes	22.4	21.1	22.2	18.0	24.0	49.7
No	77.6	78.9	77.8	82.0	76.0	50.3
If your child needed to see a specialist, how often was it easy to get a referral?						
Never	11.5	7.9	16.8	5.7	10.0	8.3
Sometimes	17.3	19.1	15.8	18.9	17.1	12.5
Usually	14.8	12.7	17.3	15.1	14.3	15.3
Always	56.5	60.3	50.1	60.4	58.6	63.9
If your child needed to see a specialist, how often was it easy to get an appointment?						
Never	14.0	14.3	14.0	15.1	13.9	10.3
Sometimes	24.1	22.2	31.1	22.6	16.7	18.5
Usually	18.9	17.5	17.4	13.2	23.6	25.3
Always	43.1	46.0	37.5	49.1	45.8	45.9
How often was it easy to get plan approval for care?						
Never	12.0	10.5	12.7	10.1	14.4	9.9
Sometimes	16.0	22.1	12.8	11.2	9.3	16.1
Usually	14.5	17.9	9.7	13.5	15.5	19.8
Always	57.5	49.5	64.8	65.2	60.8	54.3
How often were you treated with courtesy and respect?						
Never	1.2	0.5	2.1	1.3	1.1	0.4
Sometimes	3.2	3.7	3.1	3.0	2.2	4.8
Usually	4.9	4.7	6.3	3.5	2.2	7.0
Always	90.7	91.1	88.5	92.2	94.5	87.7
Is your child old enough to talk to the doctor?						
Yes	74.2	70.2	68.9	49.4	95.6	83.3
No	25.8	29.8	31.2	50.6	4.4	16.7
Did the doctor explain things in a way your child could understand?						
Never	2.1	2.2	2.3	5.2	1.7	0.0
Sometimes	7.1	8.2	7.7	10.4	4.0	7.9
Usually	9.9	9.0	10.8	13.9	9.8	11.6
Always	81.0	80.6	79.3	70.4	84.5	80.4

Table 19. Continued

Item (% reporting)	Overall	Medicaid MCO	Medicaid PCCM	MediKids	Healthy Kids	CMSN
How often did the doctor spend enough time with your child?						
Never	5.1	4.3	5.7	3.9	6.1	2.6
Sometimes	9.6	11.8	10.0	9.1	3.9	11.0
Usually	11.3	10.2	13.3	14.2	9.4	13.6
Always	74.0	73.8	71.0	72.8	80.6	72.8
Does your child have special health care needs that require help in school?						
Yes	11.8	12.2	14.5	9.7	5.5	21.7
No	88.2	87.8	85.5	90.3	94.5	78.4
Did your child’s primary care provider talk to the school about these needs?						
Yes	90.8	89.3	91.3	100.0	92.3	98.2
No	9.2	10.7	8.7	0.0	7.7	1.8

CAHPS® questionnaire items were also merged together to measure satisfaction “domains”, like health plan customer service and family-centered care. The results for these domains are presented in Table 20. These domains show a high level of satisfaction with KidCare services, with parents reporting an average score of 3.1 out of 4 for being able to get needed care; this result is unchanged from the prior fiscal year. Parents scored getting care quickly at 3.5 out of 4; this was virtually unchanged from 3.6 in the prior fiscal year. Contact with providers scored well (3.7 out of 4 for provider’s communication skills). Health plan customer service scored 3.1 out of 4. Families were very satisfied with their access to prescription medicines, that domain scored 3.6 out of 4. Families scored the domain for having a personal doctor or nurse at 1.7 out of 2, but family-centered decision-making scored only 1.1 out of 2. Families scored getting needed information at 3.4 out of 4.

In addition to the broad domains of experience, families rated specific aspects of their health care experience from 0 to 10 (low to high). Those results are also presented in Table 20. Overall, KidCare families rated their health care experience at 8.7 out of 10. They rated their primary care experiences at 9.3 out of 10, but their specialty care experiences were rated at 8.7 out of 10. Families rated their interactions with their health plans at 8.5 out of 10.

Table 20. Family Satisfaction as Measured by CAHPS® Composite Scores and Ratings, State FY 2007-2008

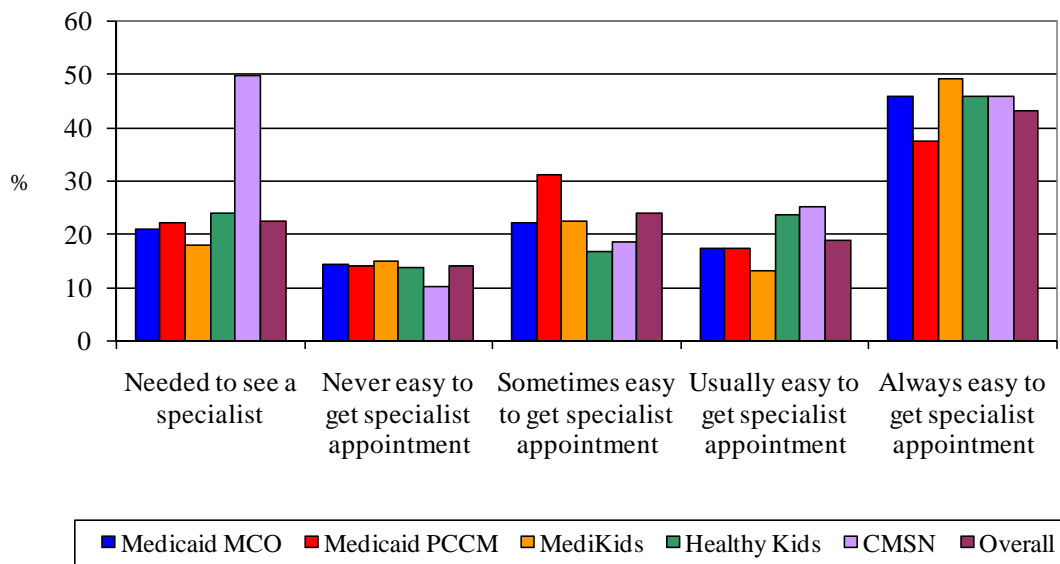
Mean	Overall	Medicaid MCO	Medicaid PCCM	MediKids	Healthy Kids	CMSN
1. Getting needed care (range 1 low -4 high)	3.1	3.0	3.1	3.2	3.2	3.2
2. Getting needed care quickly (range 1-4)	3.5	3.5	3.5	3.6	3.6	3.6
3. Experiences with doctor's communication skills (range 1-4)	3.7	3.7	3.7	3.7	3.8	3.7
5. Health plan customer service (range 1-4)	3.1	3.0	2.8	3.2	3.3	3.3
6. Getting prescription medications (range 1-4)	3.6	3.7	3.6	3.6	3.5	3.7
7. Experiences getting specialized services (range 1-4)	3.1	3.1	3.2	2.9	3.2	3.1
9. Having a personal doctor or nurse (range 1-2)	1.7	1.7	1.7	1.8	1.8	1.4
10. Family centered-decisionmaking (range 1-2)	1.1	1.1	1.2	1.1	1.1	1.1
11. Getting needed information (range 1-4)	3.4	3.5	3.1	3.6	3.5	3.4
12. Rating of overall health care experience (range 0 low -10 high)	8.7	8.7	8.5	8.8	8.8	8.6
13. Rating of primary care providers (range 0 low -10 high)	9.3	9.4	9.2	9.1	9.2	9.0
14. Rating of specialty care providers (range 0 low -10 high)	8.7	8.7	8.6	8.8	8.8	8.9
15. Rating of health plan experiences (range 0 low -10 high)	8.5	8.4	8.5	8.6	8.7	8.7

Getting Health Care From a Specialist

About 22% of families needed specialty care.

Over a fifth (22.4%) of children needed to see a specialist at some time in the six months preceding the interview. Twenty-one percent of Medicaid MCO enrollees, 22% of Medicaid PCCM, 18% of MediKids, 24% of Healthy Kids and 50% of CMSN enrollees needed specialty care (Figure 14). Given that CMSN enrollees must meet clinical eligibility determination, it is not surprising that program has the highest need for specialty care. Of those families that needed specialty care, 43% said it was “always easy” to see a specialist for such care and an additional 19% said it was “usually easy” to see a specialist.

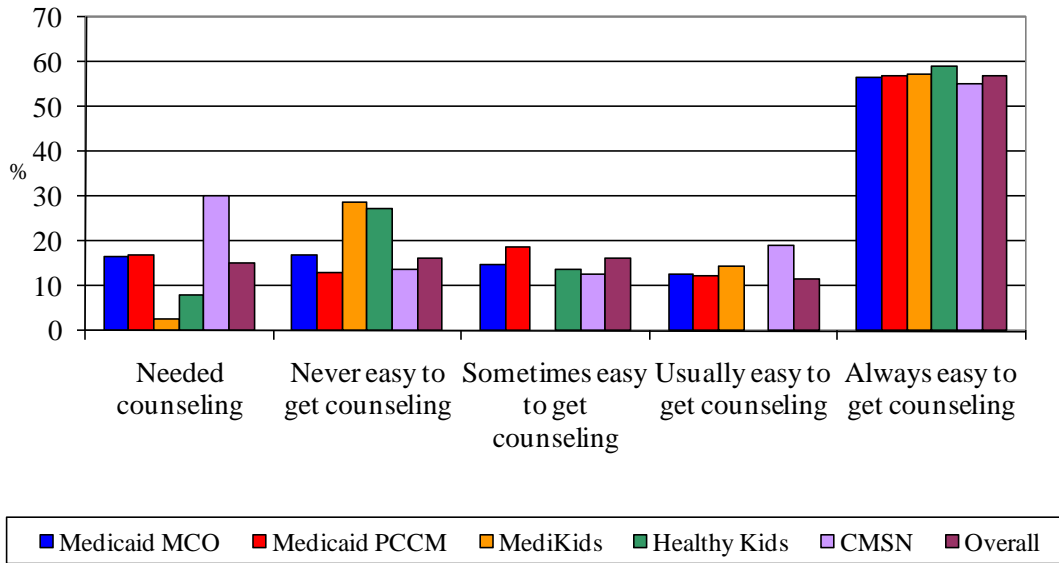
Figure 14. Established Enrollees Needing and Getting Specialty Care, State FY 2007-2008



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 15% of KidCare parents indicated that their children had a behavioral or emotional problem for which they needed counseling (Figure 15). The need for counseling ranged from 2.3% for MediKids to 30.1% for CMSN. Of those families that did need mental health services, 56.9% reported it was always easy to receive such care; this is an increase from 42.8% in the prior fiscal year.

Figure 15. Established Enrollees Needing and Getting Mental Health Care, State FY 2007-2008



Summary

The current findings indicate high satisfaction with KidCare overall. About 69% of respondents whose children were enrolled in KidCare for 12 months or longer reported that they had made appointments for their children for routine or preventive care in the six months preceding the telephone survey. Access to care when children are ill or injured is very good, with 75.4% of families overall reporting that the children “always” received care for illness or injury as soon as needed. Aggregations of satisfaction items into domains also showed high levels of satisfaction. Families were most satisfied with their access to prescription medicines and provider’s communication (3.7 out of 4 and 3.6 out of 4, respectively). Families also rated their primary care experiences very highly (9.3 out of 10).

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.

XII. Dental Care

Background

Earlier evaluations found significant unmet need for dental care prior to KidCare program enrollment. The American Dental Association recommends that children have at least one dental visit by their first birthday and every six months thereafter. Although the Healthy Kids program now has an annual cap of \$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 16. Overall, 55% of children received dental care; this is virtually unchanged from the prior fiscal year. A higher percentage of children in Healthy Kids (66.7%) and CMSN (65.3%) saw a dentist in the last 12 months when compared to Medicaid MCO (46.8%) and Medicaid PCCM (57.6%). 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% 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 17 shows the families’ ratings of the dental care their children received. Overall, 45% of respondents rated their dental care as a “10”. An additional 27% 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 16. Children Seeing a Dentist in the Last Twelve Months, State FY 2007-2008 by Age

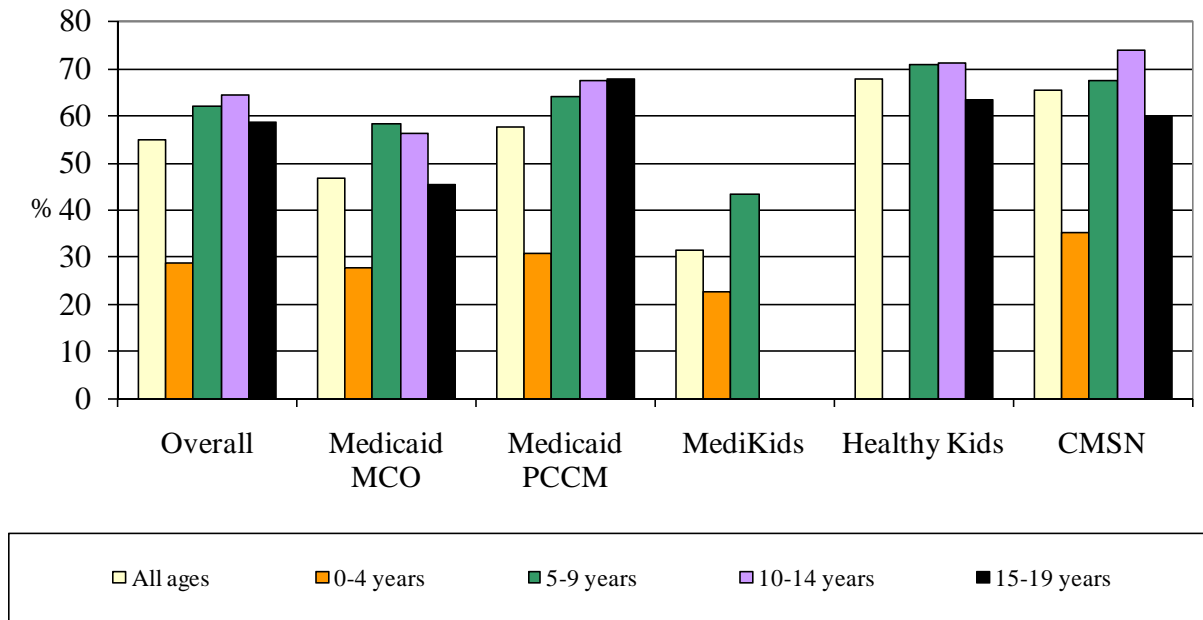
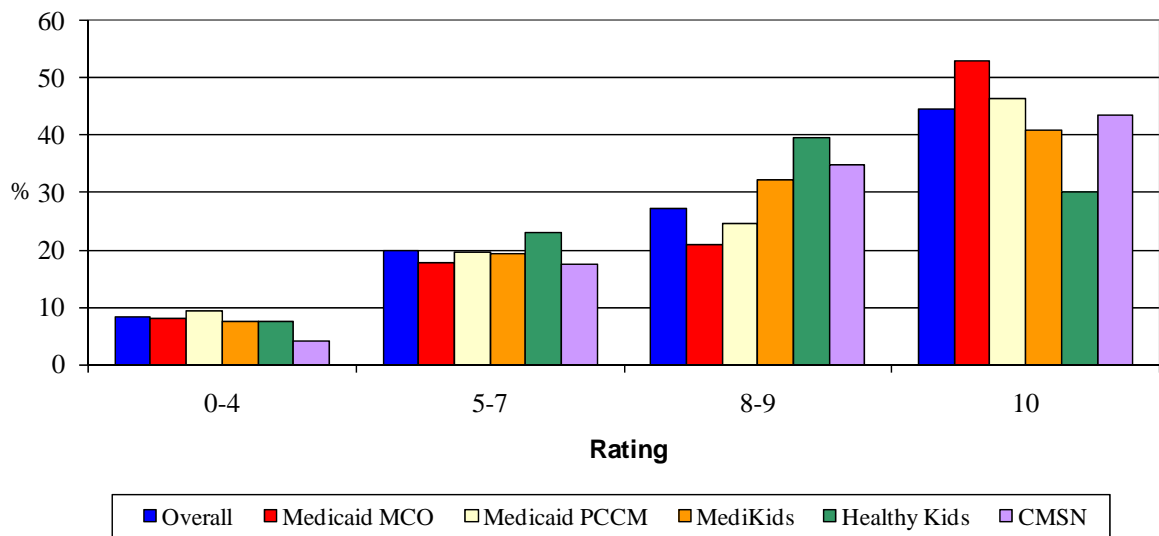


Figure 17. Families' Ratings (on a Scale of Zero Equals Worst to Ten Equals Best) of Their Children's Dental Care, State FY 2007-2008



XIII. Compliance with Preventive Care Guidelines

Well-Child Visit Compliance

The American Academy of Pediatrics (AAP) and others have established guidelines for the appropriate number of well-child/preventive care visits. Beginning at two years of age, children are expected to have annual well-child visits. Prior to two years of age, multiple visits are recommended at predetermined intervals. Ninety-two 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: 91% of Medicaid MCO, 93% of Medicaid PCCM, 96% of MediKids, 92% of Healthy Kids, and 96% of CMSN families report a well-child visit.

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 21.

Over 12% of KidCare enrollees two years of age and older have BMIs of 30 or greater; this is an increase from 8.8 percent in the prior fiscal year. Among older children ages 10-18, 13% have BMIs of 30 or greater.

Table 21. Body Mass Index for Established Enrollees, by KidCare Program, State FY 2007-2008

	Overall	Medicaid MCO	Medicaid PCCM	MediKids	Healthy Kids	CMSN
Mean, ages 2-18	22.2	22.4	22.4	18.2	21.8	22.4
Median, ages 2-18	21.3	20.8	21.7	16.7	21.4	21.7
% of enrollees ages 2-18 with BMI of 30 or greater						
All 2-18 year olds	12.2	14.4	12.8	4.5	8.2	12.4
Mean, ages 10-18	23.2	24.2	23.5	---	22.4	23.7
Median, ages 10-18	22.3	22.5	22.6	---	21.8	22.9
% of enrollees ages 10-18 with BMI of 30 or greater						
All 10-18 year olds	13.0	17.0	12.9	---	8.3	14.5

XIV. Crowd-out

Background

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

As part of the New Enrollee telephone survey, respondents were asked whether their children had health 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.

Findings

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? About eight percent of recent enrollees were covered by employer-based family coverage at some time in the 12 months preceding their KidCare Program enrollment. Figure 18 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 3.8% of families report having access to employer-provided family coverage which costs less than five percent of their household income (Table 22 and Figure 19). 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 59% of those with current access had no coverage in the entire year prior to enrollment. Nineteen percent with current access were covered for less than six months out of the year prior to enrollment. Thirteen percent of those with current access were covered for six to eleven months of the year prior to enrollment. Nine percent of New Enrollee families with current access report having employer-provided coverage for all 12 months prior to enrollment.

Fourth, what share of Established Enrollee families has current access to employer-based coverage? For families of established enrollees, 3.2% had access to employer-provided coverage which would cost less than five percent of their household income (Table 22). Only 2.7 percent of Medicaid (MCO and PCCM) families had access to coverage that cost less than five percent of household income. A slightly larger share (5.0 percent) of Title XXI families report access to employer-provided coverage that would cost less than five percent of household income. Among all families with access to employer-based coverage, premiums would cost an average of 10.1% of the household income. Figure 20 summarizes the share of established enrollees with current access to employer-provided coverage.

Figure 21 summarizes crowd-out for the past fiscal years as well as the current year; estimation algorithms are consistent across all years.

Figure 18. Children with Employer-Based Coverage at Some Point in the 12 Months Preceding KidCare Program Enrollment, spring 2009

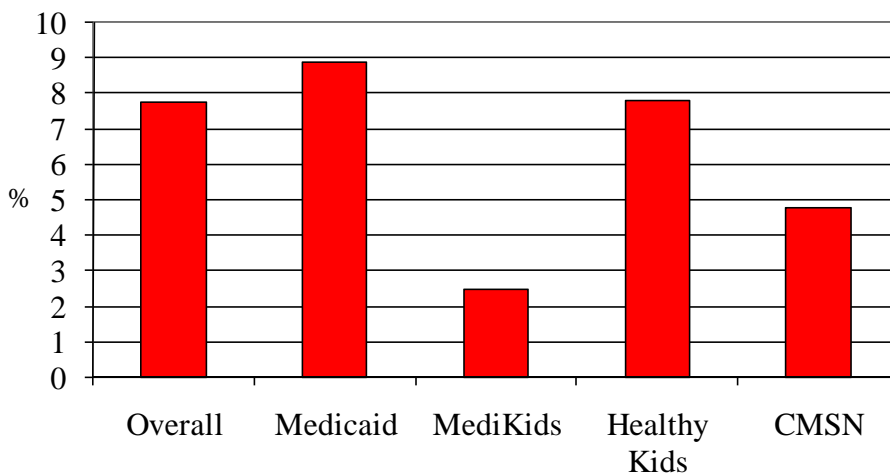


Table 22. Access to Insurance and Its Cost for Families, State FY 2007-2008

Characteristics	Weighted N	% of Total
Total number of families, New Enrollee survey, all Title 21 program components.	16,682	100.0
<i>Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of New Enrollees.</i>	639	3.8
Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	4,340	26.0
Only employee coverage is available to the working parent through their employer.	1,484	8.9
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.	9,372	56.2
Families who did not respond to the item; their eligibility for this item is unknown.	847	5.1
Total number of families, Established Enrollee survey, all program components.	415,910	100.0
<i>Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of Established Enrollees.</i>	13,461	3.2
Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	51,545	12.4
Only employee coverage is available to the working parent through their employer.	29,148	7.0
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.	274,451	66.0
Families who did not respond to the item; their eligibility for this item is unknown.	47,305	11.4
Total number of families, Established Enrollee survey, Medicaid (MCO and PCCM).	312,026	100.0
<i>Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of Established Enrollees in Medicaid.</i>	8,309	2.7
Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	23,678	7.6
Only employee coverage is available to the working parent through their employer.	21,665	6.9
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.	217,782	69.8
Families who did not respond to the item; their eligibility for this item is unknown.	40,592	13.0
Total number of families, Established Enrollee survey, Medicaid MCO program.	168,170	100.0
<i>Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of Established Enrollees in Medicaid MCOs.</i>	1,340	0.8
Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	16,750	10.0
Only employee coverage is available to the working parent through their employer.	10,050	6.0
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.	117,920	70.1
Families who did not respond to the item; their eligibility for this item is unknown.	22,110	13.1

Table 22 continued

Characteristics	Weighted N	% of Total
Total number of families, Established Enrollee survey, Medicaid PCCM program.	143,856	100.0
<i>Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of Established Enrollees in Medicaid PCCM.</i>	6,969	4.8
Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	6,928	4.8
Only employee coverage is available to the working parent through their employer.	11,615	8.1
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.	99,862	69.4
Families who did not respond to the item; their eligibility for this item is unknown.	18,482	12.8
Total number of families, Established Enrollee survey, Title XXI (MK, HK & CMSN).	103,884	100.0
<i>Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of Established Enrollees in Title XXI programs.</i>	5,152	5.0
Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	27,867	26.8
Only employee coverage is available to the working parent through their employer.	7,483	7.2
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.	56,669	54.6
Families who did not respond to the item; their eligibility for this item is unknown.	6,713	6.5
Total number of families, Established Enrollee survey, MediKids program.	7,911	100.0
<i>Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of Established Enrollees in MediKids.</i>	513	6.5
Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	1,836	23.2
Only employee coverage is available to the working parent through their employer.	972	12.3
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	4,158	52.6
Families who did not respond to the item; their eligibility for this item is unknown.	432	5.5
Total number of families, Established Enrollee survey, Healthy Kids program.	89,280	100.0
<i>Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of Established Enrollees in Healthy Kids.</i>	4,340	4.9
Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	24,490	27.4
Only employee coverage is available to the working parent through their employer.	5,890	6.6
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.	48,670	54.5
Families who did not respond to the item; their eligibility for this item is unknown.	5,890	6.6
Total number of families, Established Enrollee survey, CMSN program.	6,693	100.0
<i>Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of Established Enrollees in CMSN.</i>	299	4.5
Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	1,541	23.0
Only employee coverage is available to the working parent through their employer.	621	9.3
Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	3,841	57.4
Families who did not respond to the item; their eligibility for this item is unknown.	391	5.8

Figure 19. Distribution of Families of New Enrollees in KidCare by Their Access to Employer-Provided Insurance Coverage, State FY 2007-2008

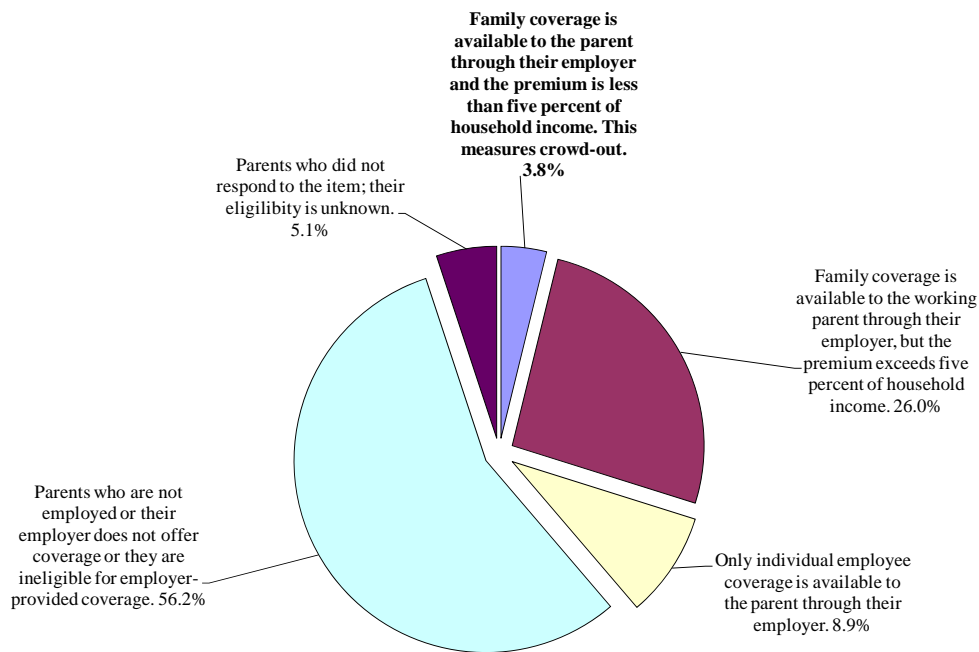


Figure 20. Distribution of Families of Established Enrollees in KidCare by Their Access to Employer-Provided Insurance Coverage, State FY 2007-2008

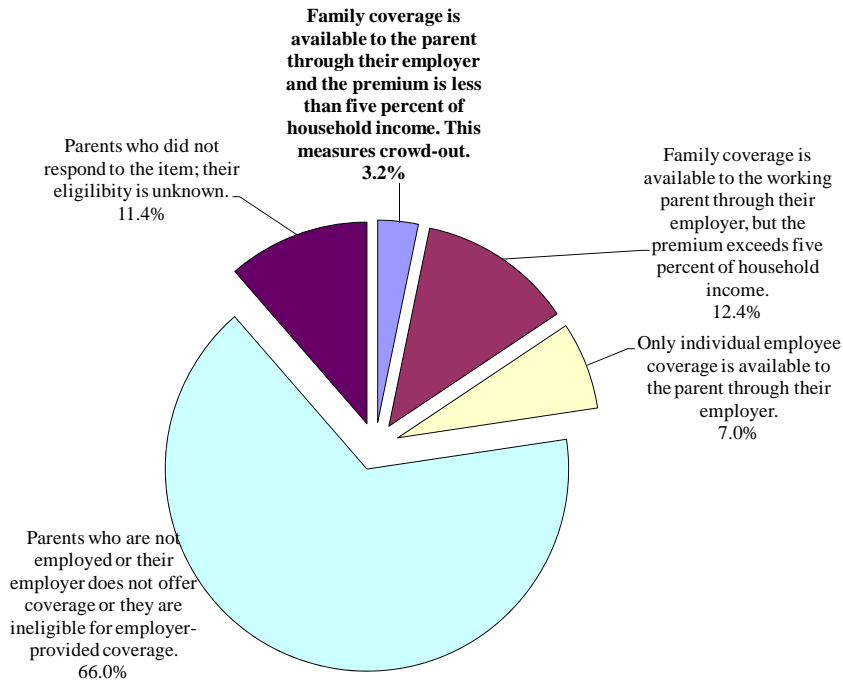
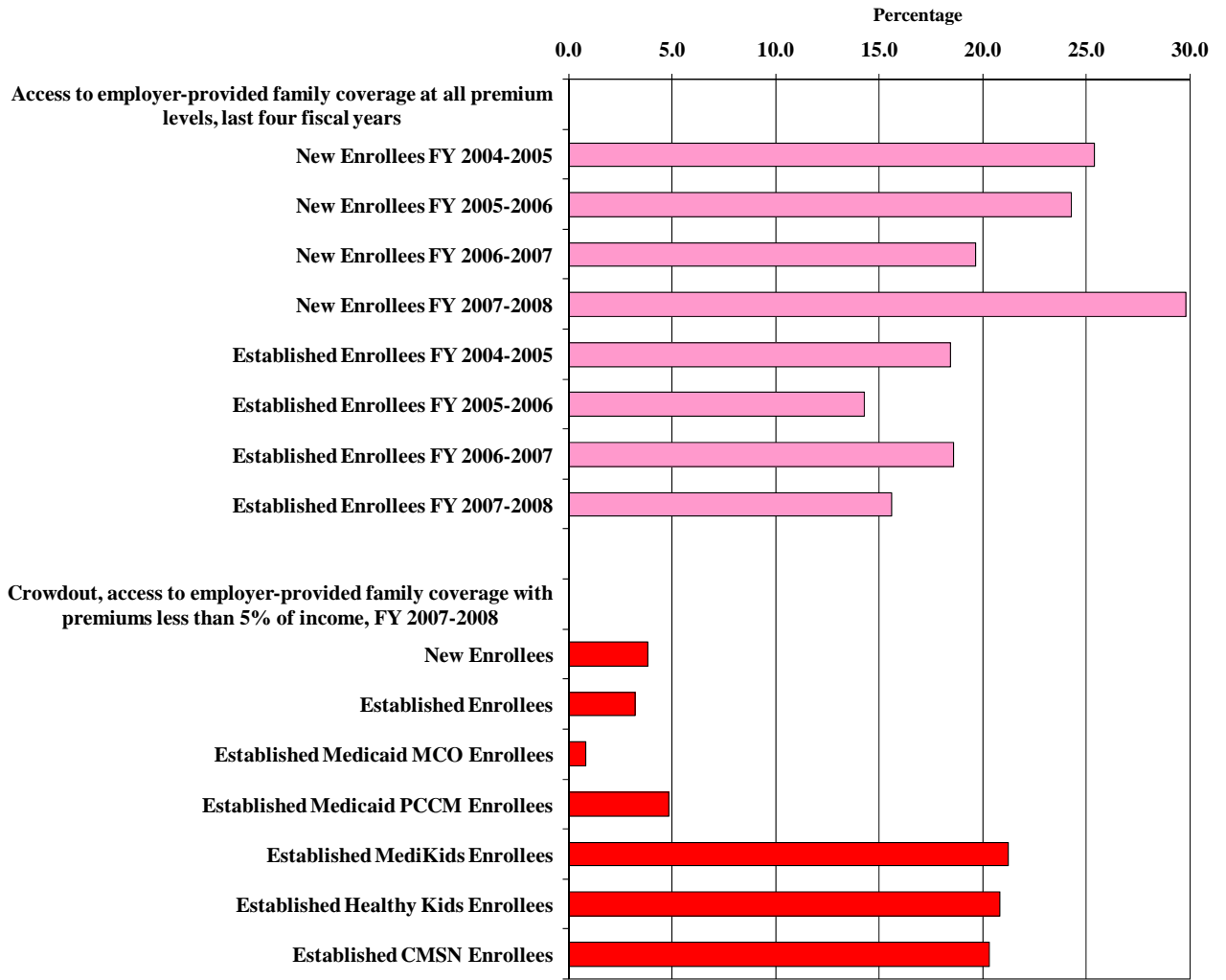


Figure 21. Summary of KidCare Families with Access to Employer-Provided Coverage



XV. Demographic and Household Characteristics of Established Enrollees

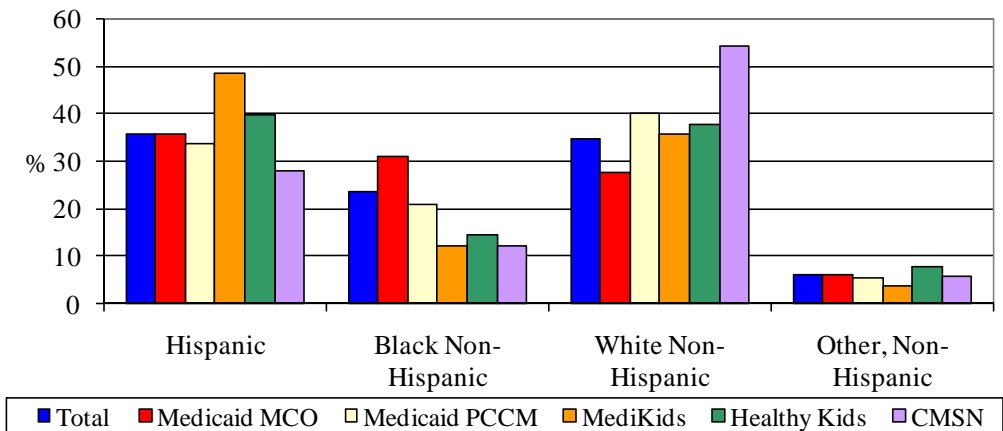
In addition to collecting information on experiences with care and satisfaction with KidCare, the telephone interviews with established enrollee families collected a variety of information on demographic and socioeconomic characteristics of the child and the household. This section of the evaluation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

Enrollees’ Race and Ethnicity

The KidCare population has large shares of children from diverse racial and ethnic groups. Thirty-six percent of enrollees are Hispanic and twenty-four percent are black.

Each of the KidCare program components serves a substantial percentage of racial and ethnic minority children (Figure 22). About 36% of program enrollees are Hispanic and 23% of enrollees speak Spanish as their primary language in the home. Twenty-four percent of enrollees are black non-Hispanic and 35% are white non-Hispanic. There is significant variation in the race/ethnicity composition of the program components, with Hispanic children comprising the largest share of Medicaid MCO (36%) and MediKids (48.5%). White non-Hispanic children comprise the largest shares of Medicaid PCCM (40%) and CMSN (54%). Hispanic and white non-Hispanic children comprise nearly equal shares of the Healthy Kids population (40% and 38%, respectively).

Figure 22. Children’s Race and Ethnicity By KidCare Program Component, State FY 2007-2008



Overall, 21 percent of enrollees speak Spanish as their primary language in the home.

The majority of children in all KidCare program components spoke English in the home (77% overall), but 21% of enrollees report speaking Spanish as their primary language at home. Less than two 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, 47.5% of enrollees are female and 52.5% are male.

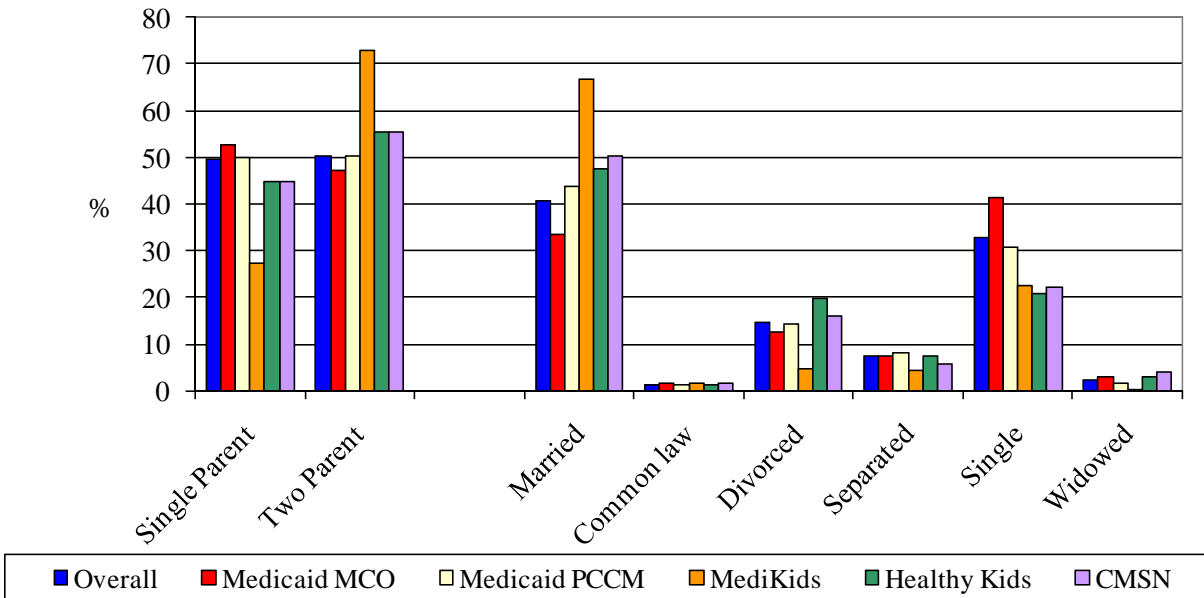
The average age of the KidCare enrollees is 9.8 years. As expected, the MediKids program has the youngest enrollees (4.3 years of age on average). The average age of Medicaid MCO enrollees is 8.7 years, Medicaid PCCM is 9.2 years, Healthy Kids is 13.4 years, and CMSN is 12.0 years.

**Household Type
and Marital
Status**

Fifty percent 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 (73% compared to 47% in Medicaid MCOs, 50% in Medicaid PCCM, and 55% in Healthy Kids, and CMSN).

About 41% of respondents are married. The lowest percentage of married respondents is found among parents of Medicaid MCO enrollees – 34 percent. Figure 23 shows the household type and marital status for the different KidCare Program components.

Figure 23. Household Type and Respondent Marital Status, State FY 2007-2008

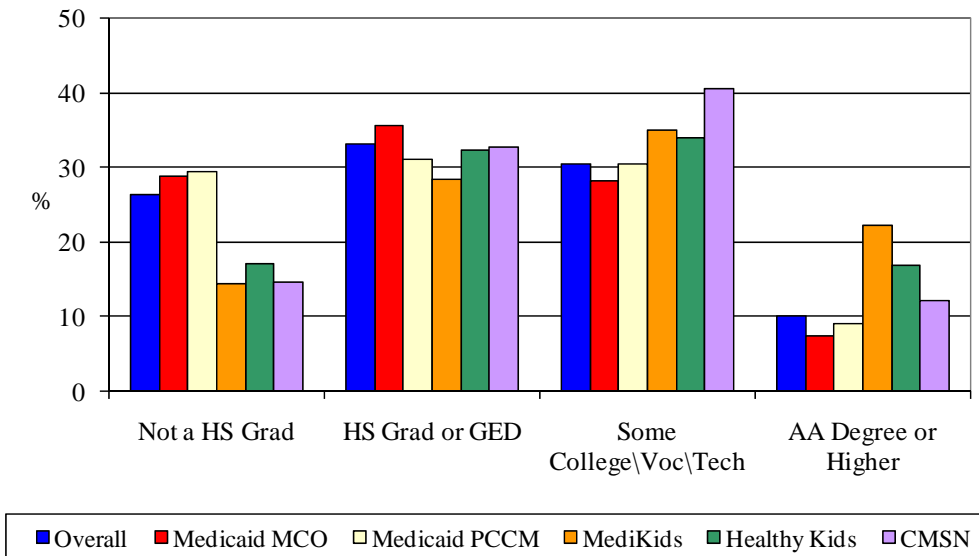


Parents' Education

Overall, 26% of parents do not have a high school degree.

Figure 24 shows parental educational characteristics. Overall, about 26% of respondents do not have a high school degree, while 33% have a high school degree, 30% have some college classes or vocational/technical training, and 10% have an Associates degree or higher. Compared to Medicaid MCO or Medicaid PCCM parents, larger shares of MediKids, Healthy Kids and CMSN parents have post-high school training or an Associates degree or higher.

Figure 24. Parents' Educational Attainment, State FY 2007-2008



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 2007-2008 are presented in Table 23 and Figure 25.

Internet access varies widely by program, with about two-thirds of Medicaid families having access compared to more than 80% of Title XXI families.

Almost 68% of all KidCare families have access to the Internet at home; this is an increase from 64% found in the prior evaluation. Almost 71% 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. Sixty-four percent of Medicaid MCO and 62% of Medicaid PCCM families have Internet access at home, compared to 79% of MediKids families, 85% of Healthy Kids families, and 80% of CMSN families.

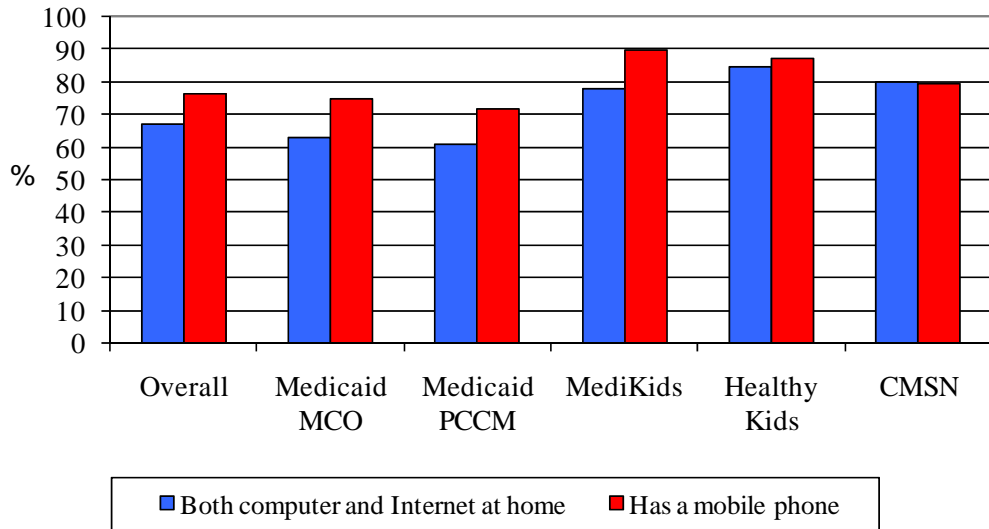
About three-quarters (76%) of families report having a mobile telephone (Table 23). Each of the surveyed families participated in the interviews at a home telephone number. For the Established Enrollee survey conducted in fall, 2008 and spring, 2009, less than one percent of families were not able to be interviewed because they were contacted on a mobile phone rather than a traditional land-line phone. However, increasing use of mobile phones may make it difficult to reach families for evaluation and program operation purposes.

Table 23. Percentage of KidCare Respondents with Computer and Internet Access and a Mobile Phone, State FY 2007-2008

	Overall	Medicaid MCO	Medicaid PCCM	MediKids	Healthy Kids	CMSN
Access to computer at home	72.5	69.3	65.6	82.0	90.3	84.7
Internet access at home	67.8	64.0	61.9	78.7	85.3	79.7
Both computer and Internet at home	66.9	63.0	60.9	78.0	84.7	79.7
Internet access at work*	17.5	13.8	15.2	28.9	28.0	29.2
Access to Internet at home or at work	70.5	67.9	63.8	83.3	86.3	82.7
Has a mobile phone	76.3	74.8	71.4	89.7	87.3	79.6

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

Figure 25. Percentage of KidCare Families with Computer and Internet Access at Home and a Mobile Phone, State FY 2007-2008



XVI. Conclusions and Recommendations

Conclusions

Florida KidCare continues to provide quality health care services to low and modest income children in Florida. Several areas that were already strengths for the program, such as satisfaction with provider communication and dental care and access to well-child visits, remained strong.

During the ten month period July 2007-April 2008, applications were received from 185,999 families representing 364,848 children. Forty-three percent of the children who applied became enrolled in one of the KidCare Program components. This is a modest increase from the prior evaluation of state fiscal year 2006-2007, when 41% of applicants became enrolled.

Total Florida KidCare program enrollment increased by 5% July, 2007 to June, 2008.

Total KidCare enrollments increased by five percent from July 1, 2007 to June 30, 2008. As of June 30, 2008, 1,458,980 children were enrolled. While the Title XIX enrollments grew by 5.6%, Title XXI enrollments grew slower at three percent.

Of those children who were enrolled in Title XXI-funded program components at the beginning of the May 2007-April 2008 period (a 12 month period offset by two months from the state fiscal year), 55.1% of MediKids, 68.6% of CMSN, and 68.4% of Healthy Kids remained in the program throughout the 12 months.

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

KidCare continues to serve many children with special health care needs (CSHCN), as reported by their parents. Statewide 2005-2006 estimates from the National CSHCN Survey found about 13% of Florida's children have special needs compared to 30% identified by the same instrument used in the KidCare established enrollee survey. When answering the survey items, families may not perceive their child to have a special need even if their child has a clinical condition, but enrollment in CMSN requires a clinical eligibility determination (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 program components, including MediKids and Healthy Kids full-pay options.

The high level of CSHCN in KidCare is also associated with high demand for specialty care. As a result, the KidCare program components 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.

About 86% of families report having a usual source of care. Ninety-two percent of enrollees had a well-child visit in the last year, but only 55% received dental care in the same period. Overall, about 12.2% of KidCare enrollees (ages 2-18) have a Body Mass Index (BMI) of 30 or greater, indicating obesity.

Families enrolled for 12 months or more expressed high levels of satisfaction with the KidCare program and services. On a scale from 1 (never) to 4 (always), KidCare scored 3.1 on getting needed care and 3.5 on getting care quickly. Provider's communication styles and getting prescription medications received excellent scores from KidCare families (3.7 and 3.6, respectively). Health plan customer service was scored 3.1 out of 4. Additionally, on a scale of 0 to 10 (best), families rated KidCare at 8.7 overall and they rated their primary care experiences at 9.3.

Satisfaction among newly enrolled families with their application processing experience was lower than in previous years. Over a third of families (35.9%) reported waiting three or more months between their application submission and approval of coverage; only 23.9% of families in the prior year's report waited that long for coverage. Less than half (45%) of families reported that they were kept well informed of the status of their children's application; this is a large decline from 74% in the prior year's report. Nearly half (48%) of families surveyed for this report who called the toll-free support number were not able to reach anyone easily, compared to only 18% in the prior report. Among families who actually reached a customer representative, only 21% report that the agent was very helpful.

The KidCare population has large shares of children from diverse racial and ethnic groups. Thirty-six percent of enrollees are Hispanic and twenty-four percent are black.

KidCare serves families from diverse backgrounds. About 36% of program enrollees are Hispanic and 23% of enrollees speak Spanish as their primary language in the home. Twenty-four percent of enrollees are black non-Hispanic and 35% are white non-Hispanic. Half of KidCare enrollees live in two parent households. Their parents' educational levels vary greatly with about 10% of them having an Associates degree or higher. However, 26% of enrollees' parents report not having a high school or GED diploma.

Recommendations

1. KidCare should continue to work with ACS, the third-party application and enrollment administrator, to ensure the timely processing of applications and documents as well as ease with which families can reach a customer service agent and receive helpful assistance.
2. KidCare should consider developing services to reduce obesity among its enrollees. A small, but growing share of

KidCare enrollees are obese. Efforts to reverse this trend will result in improved long-term health outcomes for enrollees.

3. KidCare should continue to provide services in a culturally competent and family-centered manner. Hispanic children comprise the largest race-ethnicity group of KidCare enrollees, and many children speak primarily Spanish at home. Providing materials and services in Spanish will allow many enrollees and their families to take full advantage of health care options.

Next Steps

1. Detailed analyses of disenrollment, non-renewal, transition, and retention will be completed in summer, 2009. The results of these analyses will be provided in a separate report.
2. A Quality of Care chartbook will be completed in summer, 2009 to examine how well the KidCare program components deliver health care as measured by federal quality standards.
3. A detailed analysis of alternative special health care needs and quality of life survey instruments will be completed in summer, 2009 to provide guidance on future changes to the KidCare Evaluation survey questionnaires.