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CHILD HEALTH POLICY
UNIVERSITY OF FLORIDA

THE FLORIDA KIDCARE PROGRAM EVALUATION

State Fiscal Year 2010 – 2011

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ABBREVIATIONS AND ACRONYMS

ACS	Affiliated Computer Services, the third-party administrator for KidCare applications
ADD	Follow-up care for children prescribed ADHD medication
ADV	HEDIS® Annual Dental Visit
AHCA	Agency for Health Care Administration
ASM	HEDIS® use of appropriate medications for people with asthma
AWC	HEDIS® adolescent well-care visits
BNET	Behavioral Health Network, CMSN
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CAP	HEDIS® children and adolescents' access to Primary Care Practitioners
CDC	Centers for Disease Control
CHIPRA	Children's Health Insurance Program Reauthorization Act of 2009 (Public Law 111-3)
CHL	HEDIS® Chlamydia screening in women
CMSN	Children's Medical Services Network
CRG	Clinical Risk Group
CSHCN	Children with Special Health Care Needs
CWP	HEDIS® appropriate testing for children with pharyngitis
DCF	Department of Children and Families
DOH	Department of Health
DRA	Federal Deficit Reduction Act of 2005
ER	Emergency room
FFS	Fee-For-Service
FHKC	Florida Healthy Kids Corporation
FPC	HEDIS® frequency of ongoing prenatal care
FPL	Federal Poverty Level
FUH	HEDIS® follow-up after hospitalization for mental illness
HEDIS®	Healthcare Effectiveness Data and Information Set
HMO	Health Maintenance Organization
ICHP	Institute for Child Health Policy, University of Florida
IET	HEDIS® initiation and engagement of alcohol and other drug dependence treatment
IOM	Institute for Medicine
LSC	HEDIS® lead screening in children
MCO	Managed Care Organization
NCQA	National Committee for Quality Assurance
PCCM	Primary Care Case Management (also called MediPass in Florida)
PCP	Primary Care Provider
PMPM	Per Member Per Month
PSN	Provider Service Network
URI	HEDIS® appropriate treatment for children with upper respiratory infection
W34	HEDIS® well-child visits in the 3rd, 4th, 5th, and 6th years of life

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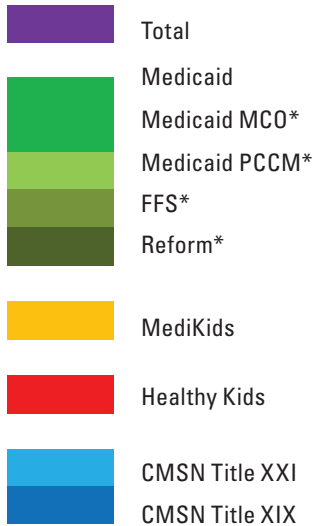
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*Note: This color scheme is used when multiple Medicaid program components appear on the same figure.

EXECUTIVE SUMMARY



EXECUTIVE SUMMARY

This report presents the results of an evaluation of the Florida KidCare Program, health insurance program for children, as required by state and federal guidelines. KidCare covers children enrolled in Medicaid, MediKids, Healthy Kids, and the Children's Medical Services Network (CMSN). Analyses of applications and enrollment and family experiences with KidCare are presented in this evaluation for the period from July 1, 2010 through June 30, 2011. Quality of care measures are presented in this evaluation for 2010. Florida KidCare continues to provide quality health care services to low and modest income children in Florida.

A variety of sources were used to conduct this evaluation including data from prior KidCare evaluations, KidCare application and enrollment files, a telephone survey conducted with families involved with the KidCare program, and health care data. In this evaluation, 4,571 interviews were conducted with KidCare families. The interviews measured parents' assessment of experiences with the program and health care providers and services. Analysis of health care (claims and encounter) data provides objective information on children's health care use in ambulatory, emergency room (ER), and in-patient environments and their filled prescriptions.

At the end of State Fiscal Year 2010-2011, the KidCare program enrolled 1,949,789 children. This was an increase of 5.3% over the same date 12 months earlier. This follows an increase of 14.2% from June 30th, 2009 to June 30th, 2010. The largest gain in number of children occurred during State Fiscal Year 2010-2011 for Medicaid Title XIX, which increased from 1,574,521 to 1,670,627 children. Healthy Kids Title XXI (-1.5%) and CMSN Title XXI (-1.3%) had small declines in their enrollments. MediKids Title XXI enrollments increased 5.5%, but that increase was not enough to offset the declines in Healthy Kids and CMSN Title XXI. Overall, Title XXI enrollments declined by 0.7% from June, 30th 2010 to June, 30th 2011.

KidCare serves families from diverse backgrounds. About 41% of children enrolled for six months or more (called "established enrollees" in this report) are Hispanic; 23% of all established enrollees and 30% of parents speak Spanish as their primary language in the home. Twenty-three percent of established enrollees are black non-Hispanic and 31% are white non-Hispanic.

About 88% of families of established enrollees report having a personal doctor or nurse who usually provides health care to their child. Having a usual source of care is especially important for families of children with special health care needs; about 29% of KidCare families report that their children have special health care needs. Eighty-two percent of families report that their child had a well-child visit in the last six months, but 46% reported receiving dental care in the same period. Based on their parent's report of height and weight, 31% of KidCare enrollees have a Body Mass Index (BMI) that exceeds the 85th percentile for their age and gender group, indicating they are overweight or obese.

Several areas that were already strengths for the program, such as getting needed care quickly and access to well-child visits, remained strong during State Fiscal Year 2010-2011. Families enrolled for six months or more expressed high levels of satisfaction with KidCare providers and services. Overall, 65% of KidCare families rated their general health care experience a "9" or a "10". About 87% of families report positive experiences with being able to get care quickly for injuries or illnesses. Families were also highly satisfied with their personal doctor or nurse, 73% rated their children's primary care provider (PCP) a "9" or a "10". Over 86% of families had a positive report about their provider's communication style. These ratings are virtually unchanged from prior reports, suggesting that KidCare provides, from the families' perspective, a consistently high quality of care to children.

For the third time, this evaluation report includes quality of care measures derived from health care (claims and encounter) data. The quality of care measures present a complementary and/or alternative view to the perspective and feedback provided by parents during the family interviews. For example, although 82% of KidCare families reported that their child had a well-child visit in the six months prior to the family interview, the Healthcare Effectiveness Data and Information Set (HEDIS®) quality of care measures were able to identify well-child visits in 2010 for 64% of Title XIX 3-6 year olds and 43% of Title XIX adolescents. The KidCare Title XIX programs exceeded the national Medicaid means for the following HEDIS® measures: access to Primary Care Providers for children 12-24 months, initiation and continuation of treatment for alcohol and other drug dependence, the use of appropriate medications for children with Asthma, and initiation and continuation of ADHD medication follow-up care.

Although KidCare performed well on many measures in this report, KidCare did not meet national averages for several indicators of quality of care. The following indicators are recommended for further quality improvement efforts:

- Compliance with the recommended number of dental visits
- Compliance with the recommended number of ongoing prenatal care visits
- Compliance with lead screening tests
- Compliance with appropriate testing guidelines for Pharyngitis
- Compliance with appropriate treatment guidelines for Upper Respiratory Infections
- Compliance with the recommended follow-ups for mental health hospitalizations



SECTION 1

INTRODUCTION

- This report contains an evaluation of the Florida KidCare Program, health insurance program for children.
- The analyses cover three content areas: application and enrollment trends, family experiences with KidCare and health care, and quality of care indicators.
- A variety of sources were used to conduct this evaluation including data from prior KidCare evaluations, KidCare application and enrollment files, a telephone survey conducted with families involved with the KidCare program, and health care data.
- In this evaluation, 4,571 interviews were conducted with KidCare families. The interviews measured parents' assessment of experiences with the program and health care providers and services.
- Analysis of health care (claims and encounter) data provides objective information on children's health care use and the quality of care received in ambulatory, emergency room (ER), and in-patient environments and their filled prescriptions.



SECTION 1.

INTRODUCTION

1.1 PURPOSE OF THE REPORT

This report presents the results of an evaluation of the Florida KidCare Program, health insurance program for children, as required by state and federal guidelines. KidCare covers children enrolled in Medicaid Managed Care Organizations (MCOs), Medicaid Primary Care Case Management (PCCM, also called MediPass), MediKids, Healthy Kids, and the Children's Medical Services Network (CMSN). Analyses of applications and enrollment and family experiences with KidCare are presented in this evaluation for the period from July 1, 2010 through June 30, 2011. Quality of care measures are presented in this evaluation for 2010. Copies of prior evaluation reports are available 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 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. Applications processed and their outcomes;
4. Enrollment trends, including retention and coverage renewal;
5. Enrollee and family characteristics, including presence of special health care needs among program participants, Body Mass Index, enrollee demographics, and household demographics;
6. Family experiences with KidCare, including the application and enrollment process, satisfaction with the program, access to care, and experiences with dental care;
7. Quality of care measures, and;
8. Conclusions and recommendations.

1.2 PROGRAM STRUCTURE AND ELIGIBILITY

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 one MCO is available have the choice between Medicaid PCCM 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. Two dental insurers provide the benefits and form the provider networks. The dental benefit package is the same as Medicaid's benefit package, with no cost sharing or copayments. Title XXI enrollees do not pay any additional monthly premiums for this coverage. Effective January 1, 2011, Healthy Kids made health plan choice available to its enrollees statewide through expansion of its health plan contracting efforts.
- **Children's Medical Services Network (CMSN)** is the state's Title V Children with Special Health Care Needs (CSHCN) program. The Florida Department of Health (DOH) operates the program, which is open to all children eligible for full benefits in Title XIX or Title XXI who meet clinical eligibility. 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 health care needs include 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 (PMPM) average cost for BNET that is 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 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 in selected areas), a primary care case management (PCCM) program, a Provider Service Network (PSN), or through Fee-For-Service (FFS). In the Medicaid 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. To accelerate the expansion, beginning April 1998, Medicaid covered 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. The latter expansion resulted in a small number of infants being covered by Medicaid whose eligibility criteria are 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) they are non-qualified aliens. Healthy Kids full-pay coverage was available at \$133 per month per child for medical and dental coverage in SFY 2010-2011. Families who opted-out of the dental coverage reduced their premium by \$12 per month. MediKids full-pay coverage cost \$159 per month per child in SFY 2010-2011, which included 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, state and federal laws specify 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,
- Not be an inmate of a public institution or a patient in an institution for mental diseases,
- Not have voluntarily disenrolled from employer-provided coverage (subject to certain exceptions) within the last 60 days, 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 2004 through 2011. **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	2004	2005	2006	2007	2008	2009	2010*	2011
100%	\$18,850	\$19,350	\$20,000	\$20,650	\$21,200	\$22,050	\$22,050	\$22,350
133%	\$25,071	\$25,736	\$26,600	\$27,465	\$28,196	\$29,327	\$29,327	\$29,726
150%	\$28,275	\$29,025	\$30,000	\$30,975	\$31,800	\$33,075	\$33,075	\$33,525
185%	\$34,873	\$35,798	\$37,000	\$38,203	\$39,220	\$40,793	\$40,793	\$41,348
200%	\$37,700	\$38,700	\$40,000	\$41,300	\$42,400	\$44,100	\$44,100	\$44,700

* The 2010 poverty guidelines are unchanged from 2009 because the Consumer Price Index did not increase over that period. Source: <http://aspe.hhs.gov/poverty/11poverty.shtml>

**TABLE 2. KidCare PROGRAM COMPONENTS AND COVERAGE LEVELS,
STATE FISCAL YEAR 2010-2011**

Medicaid for Children	
Age 0 (infants under one year)	200% or below
Ages 1 through 5	133% or below
Ages 6 through 18	100% or below

MediKids	
Ages 1 through 4	134% to 200%**
Ages 1 through 4	Above 200% - can participate full-pay, but receive no premium assistance

Healthy Kids	
Age 5	134% to 200%**
Ages 6 through 18	101% to 200%**
Ages 5 through 18	Above 200% - can participate full-pay, but receive no premium assistance

CMS Network-physical health*	
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

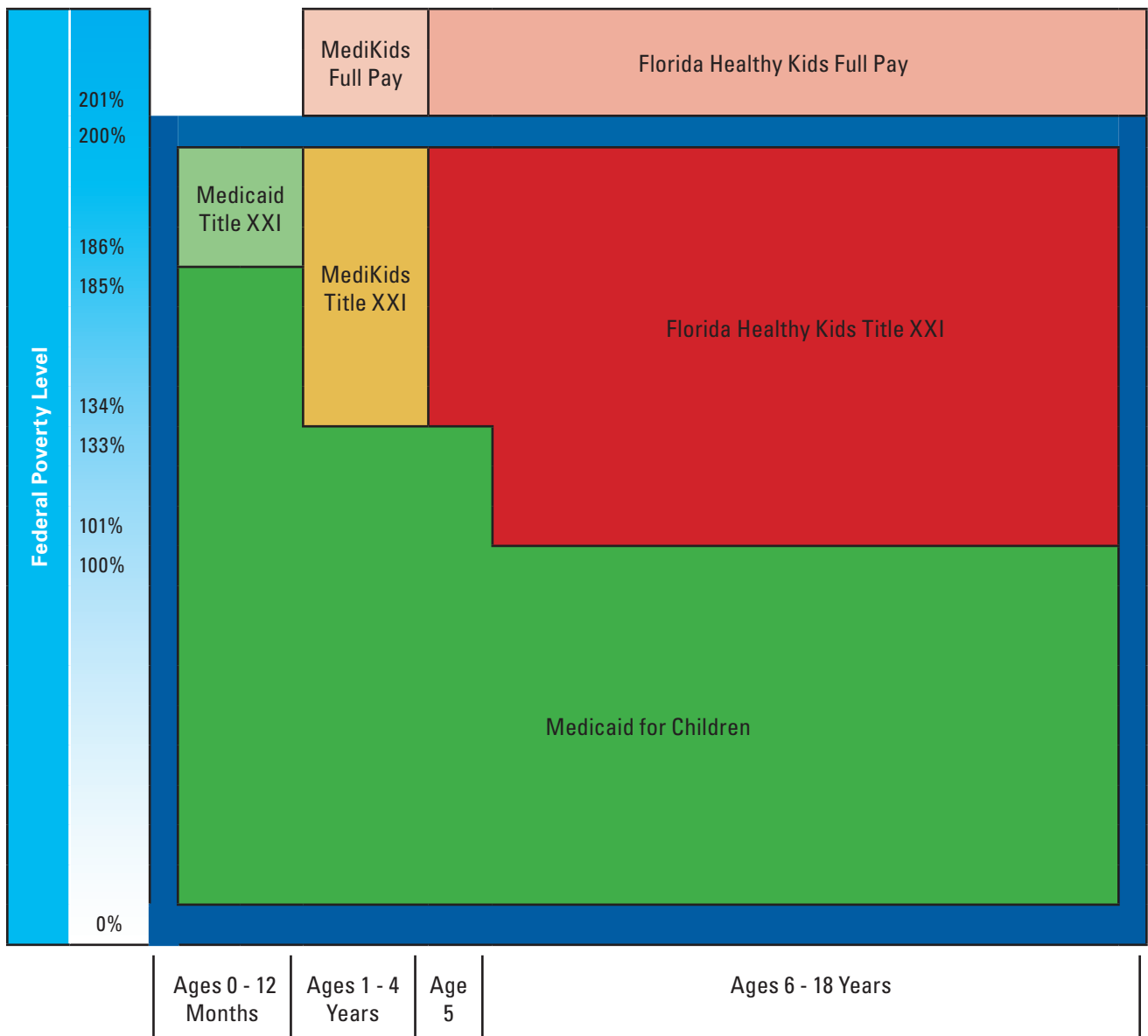
Age 0 (infants under one year)	186% to 200% Title XXI coverage**
Ages 1 through 5	134% to 200% Title XXI coverage**
Ages 6 through 18	101% to 200% Title XXI coverage**


CMS Network-behavioral health*	
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 2010-2011



 CMS Network (Title XIX and Title XXI)

Note: On July 1, 2000, using Title XXI funds, Medicaid expanded to provide coverage for infants under one year of age who reside in families with incomes 186-200% FPL.

Source: Florida KidCare Coordinating Council.

Continuous eligibility

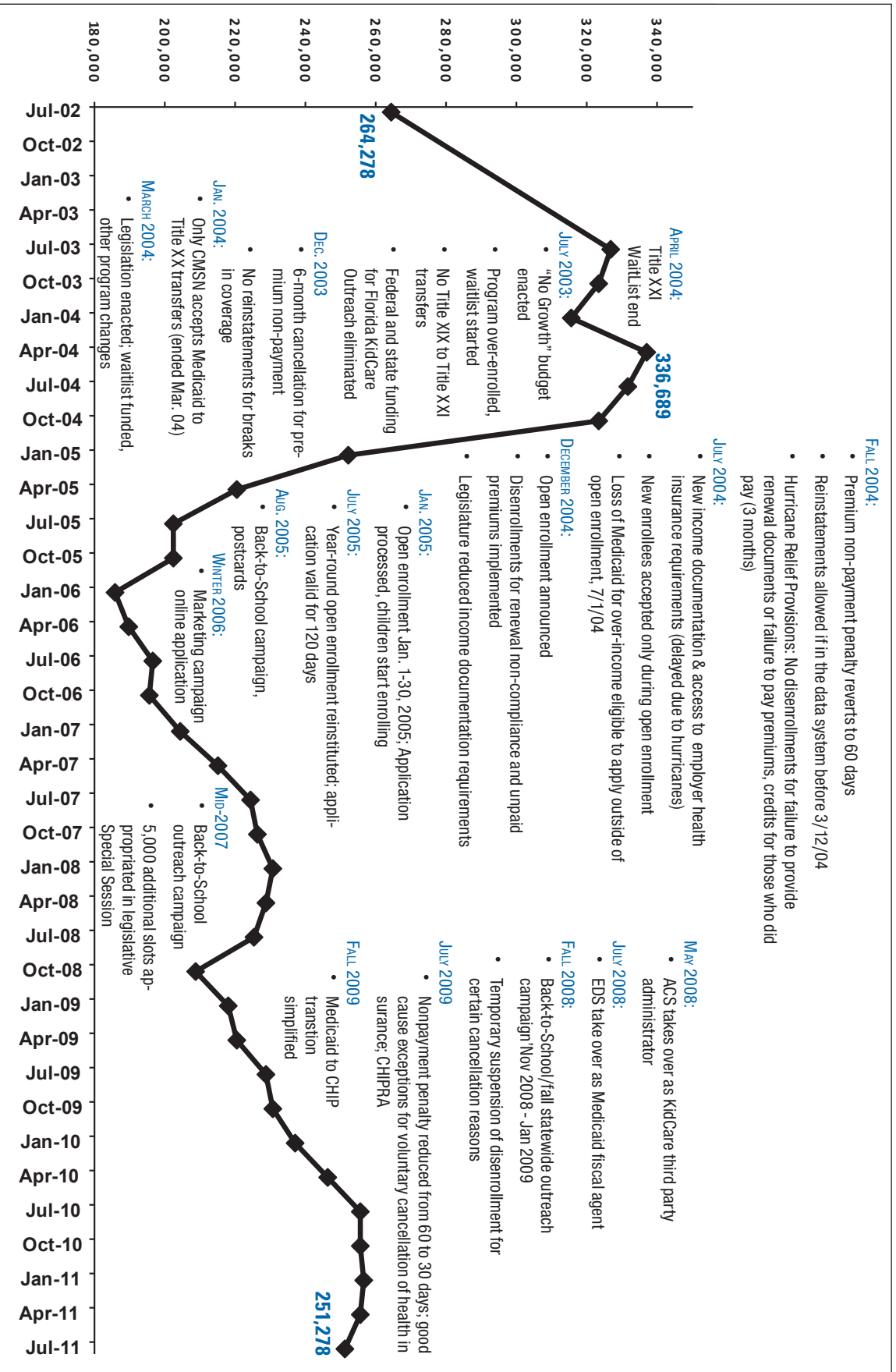
Children in Medicaid who are under five years of age receive 12 months of continuous eligibility without eligibility redetermination. Children ages 5 through 18 are allowed six months of continuous Medicaid eligibility without eligibility redetermination. Families receive notice from the Department of Children and Families (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. Beginning in 2006, the federal Deficit Reduction Act of 2005 (DRA) requires that new Medicaid enrollees and current Medicaid enrollees at their first renewal after DRA 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. Prior to July, 2004, a simplified renewal process was used to request that 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. Active renewal began in July, 2004, which required families to provide annual proof of earned and unearned income. Beginning in January 2010, federal CHIPRA legislation also requires families to provide proof of their children's citizenship and identity. 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

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

FIGURE 2. FLORIDA KIDCARE TITLE XXI ENROLLMENT AND MAJOR PROGRAM CHANGES



Source: Florida KidCare Coordinating Council

1.3 KIDCARE TITLE XXI FUNDING

Funding for the Title XXI component of KidCare comes from the federal government, state allocations, and individual payments for premiums. Tables 3-8 provide information on the funding of KidCare's Title XXI programs. ICHP gratefully acknowledges assistance from AHCA and the Florida Healthy Kids Corporation in compiling information for these tables.

Table 3 summarizes the total, federal and state share for each of the KidCare Title XXI program components for State Fiscal Years 2010-2011 and 2011-2012 (projected).

Table 4 contains detail on the Title XXI administrative costs projected for State Fiscal Year 2011-2012.

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 four 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.

TABLE 3. FLORIDA KIDCARE TITLE XXI EXPENDITURES, ACTUAL FOR STATE FY 2010-2011 AND PROJECTED FOR STATE FY 2011-2012

SFY 2010-2011 by Program	Expenditures	Family Contributions	Federal Funds	State Funds
MediKids	\$51,763,420	\$11,370,633	\$27,766,560	\$12,626,227
Medicaid Infants <1	\$3,505,001	\$0	\$2,409,803	\$1,095,198
Healthy Kids*	\$282,289,060	\$26,089,690	\$175,898,805	\$80,300,565
CMS Network	\$124,569,328	\$2,318,826	\$84,030,993	\$38,219,509
BNET	\$11,190,000	\$0	\$7,692,098	\$3,497,902
Total Title XXI Services	\$473,316,809	\$39,779,149	\$297,798,259	\$135,739,401
Administration	\$20,029,825	\$0	\$13,768,754	\$6,261,071
Grand Total	\$493,346,634	\$39,779,149	\$311,567,013	\$142,000,472

Projected SFY 2011-2012 by Program	Expenditures	Family Contributions	Federal Funds	State Funds
MediKids	\$54,483,399	\$13,839,455	\$28,097,134	\$12,546,810
Medicaid Infants <1	\$3,426,113	\$0	\$2,368,447	\$1,057,666
Healthy Kids*	\$290,251,680	\$25,818,643	\$182,799,951	\$81,633,086
CMS Network	\$124,928,290	\$2,387,818	\$84,710,617	\$37,829,855
BNET	\$11,586,000	\$0	\$8,008,991	\$3,577,009
Total Title XXI Services	\$484,675,482	\$42,045,916	\$305,985,140	\$136,644,426
Administration	\$19,953,450	\$0	\$13,794,150	\$6,159,300
Grand Total	\$504,628,932	\$42,045,916	\$319,779,290	\$142,803,726

* Title XXI medical and dental services only.

TABLE 4. FLORIDA HEALTHY KIDS CORP. TITLE XXI ADMINISTRATION COSTS, ACTUAL FOR STATE FY 2009-2010 AND 2010-2011 AND PROJECTED FOR STATE FY 2011-2012

Program	SFY 2009-2010	SFY 2010-2011	SFY 2011-2012
Estimated Average Monthly Caseload	189,113	199,739	232,158
Estimated Number of Cases Per Month	2,269,353	2,396,868	2,785,896
Administration Cost Per Member Per Month	\$8.36	\$8.33	\$8.19

TABLE 5. PER MEMBER PER MONTH PREMIUM RATES FOR KIDCARE TITLE XXI PROGRAM COMPONENTS, ACTUAL FOR STATE FY 2009-2010 AND 2010-2011 AND PROJECTED FOR STATE FY 2011-2012

Program	SFY 2009-2010	SFY 2010-2011	SFY 2011-2012
MediKids	\$121.73	\$120.80	\$123.76
Healthy Kids	\$120.05	\$120.86	\$121.10
CMS Network	\$446.52	\$450.99	\$450.99
BNET	\$1,000.00	\$1,000.00	\$1,000.00
Medicaid Expansion <1 Expansion <1	\$323.90	\$383.79	\$363.82

TABLE 6. PREMIUMS COLLECTED FROM TITLE XXI FAMILIES FOR THE LAST FOUR STATE FISCAL YEARS

Program	SFY 2007-2008	SFY 2008-2009	SFY 2009-2010	SFY 2010-2011
MediKids	\$2,799,151	\$2,143,028	\$2,755,143	\$3,119,121
Healthy Kids	\$24,235,900	\$22,962,144	\$24,168,335	\$25,818,643
CMS Network & BNET	\$1,361,593	\$1,776,965	\$2,277,142	\$2,387,818
Total	\$28,396,644	\$26,882,137	\$29,200,620	\$31,325,582

TABLE 7. TOTAL TITLE XXI EXPENDITURES REPORTED TO THE CENTER FOR MEDICARE AND MEDICAID SERVICES, LAST SEVEN STATE AND FEDERAL FISCAL YEARS

State Fiscal Year	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
SFY 2008-2009	\$369,068,722	\$256,465,855	\$112,602,867
SFY 2009-2010	\$481,889,901	\$331,636,630	\$150,253,271
SFY 2010-2011	\$476,064,762	\$329,579,635	\$146,485,127
Federal Fiscal Year (FFY)			
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
FFY 2008-2009	\$412,156,415	\$286,407,493	\$125,748,922
FFY 2009-2010	\$465,871,447	\$320,612,730	\$145,258,717
FFY 2010-2011	\$516,794,038	\$357,776,513	\$159,017,525

TABLE 8. FEDERAL ALLOTMENT BALANCES CARRIED FORWARD OR PROJECTED FORWARD FROM EACH FEDERAL FISCAL YEAR, AS OF OCTOBER, 2011

Federal Fiscal Year	Total
FFY 1998	\$263,858,437
FFY 1999	\$481,790,808
FFY 2000	\$510,983,294
FFY 2001	\$462,262,623
FFY 2002	\$384,375,554
FFY 2003	\$211,948,371
FFY 2004	\$363,745,836
FFY 2005	\$408,399,011
FFY 2006	\$438,741,036
FFY 2007	\$453,103,635
FFY 2008	\$482,522,621
FFY 2009	\$552,210,606
FFY 2010	\$356,095,478
FFY 2011	\$323,190,224
FFY 2012	\$319,602,352

1.4 EVALUATION APPROACH AND DATA COLLECTION

Data sources

This KidCare Program evaluation examines programmatic, family experience, and quality of care indicators, which are used annually to meet federal and state evaluation and reporting requirements. A variety of sources were used to conduct this evaluation including data from prior KidCare evaluations, KidCare application and enrollment files, telephone surveys conducted with families involved in the KidCare Program, and health care (claims and encounter) data. Combining administrative and health care data provided by AHCA and FHKC with interviews with families of enrollees provides a comprehensive picture of the experience of KidCare enrollees.

The University of Florida Institute for Child Health Policy (ICHP) warehouses application, enrollment coverage, and health care 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 application and enrollment coverage 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. ICHP also warehouses health care information containing fields on the date of service, type of visit (ER, in-patient hospital, out-patient/ambulatory care), diagnoses, procedures, and prescriptions filled.

Interviews with KidCare families

In this evaluation, a total of 4,571 interviews were conducted with KidCare families. The interviews were designed to measure parents' assessments of their children's experiences after they had been enrolled in KidCare for six months or longer. 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.

Two telephone surveys with families of established enrollees were conducted. The first survey was conducted with 2,068 Florida Healthy Kids Title XXI families during January, 2011-May 2011.¹ The second survey was conducted with 2,503 families of enrollees in Florida Healthy Kids Title XXI, CMSN Title XXI, MediKids Title XXI, Medicaid PCCM, and the Medicaid MCO program during May, 2011-August, 2011. The first "FHK" survey included all items from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, selected items from the CAHPS Clinician and Group survey, and a few additional items. The second "KidCare" survey was longer than the first; it included all items from the CAHPS Health Plan Survey, a set of items from the CAHPS Clinician and Group survey, selected items from the CDC's National Survey of Children's Health, and additional demographics items. The second KidCare survey is the sole source of information for this report's sections

¹ This survey was conducted by Dr. Jill Herndon of the University of Florida, Institute for Child Health Policy as part of the evaluation she leads for the Florida Healthy Kids Corporation. The KidCare Evaluation team gratefully acknowledges Dr. Herndon and her team, as well as Florida Healthy Kids Corporation, for their support of this KidCare Evaluation. A detailed analysis of results for Dr. Herndon's FHK survey's combined Title XXI and full-pay enrollee population is provided in the September 2011 report *Quality of Care in the Florida Healthy Kids Program: Family Experiences and Satisfaction with Health Care CAHPS® Composites and Overall Ratings Reporting on Experiences during Calendar Year 2010*. Results shown in that ICHP report differ slightly from this report because this report does not include the Florida Healthy Kids full-pay enrollees, but the September 2011 report does.

3.1 to 4.1, which include the demographic characteristics. Data from the two surveys are combined to provide information for this report's sections 4.2 to 4.4.

Children were randomly selected for the two surveys from the universe enrolled for at least six months (with a maximum of a single 30-day period of coverage lapse and no program transitions allowed). Samples were selected from the KidCare application and enrollment files maintained at the Institute for Child Health Policy. Interviews were conducted with parents, guardians, or primary caregivers (including foster parents) regarding the health care experiences of the sampled children. All sample results were weighted to the appropriate universe size at the time of sampling. The universe for the KidCare telephone survey excluded those families without a phone number; the universe for the FHK survey included those families without a phone number, but that share of records was negligible. The fieldwork for the FHK Health Plan Survey had a response rate (AAPOR #4) of 58%, and an estimated confidence interval of $\pm 2.1\%$. The fieldwork for the KidCare survey had a response rate (AAPOR #6) of 32%, a cooperation rate (AAPOR #4) of 50%, and an estimated confidence interval of $\pm 2.0\%$. **Table 9** contains a summary of universe sizes, number of completed interviews, and confidence intervals by program component for the surveys conducted for this report.

TABLE 9. SUMMARY OF INTERVIEWS CONDUCTED FOR STATE FISCAL YEAR 2010-2011 EVALUATION

	Eligible Universe (Population N)	Completed Interviews (sample n)	Confidence Interval (%), $p < .05^*$
Total, all five program components, for report sections 3.1-4.1	913,478	2,503	$\pm 2.0\%$
CMSN Title XXI, KidCare survey	16,289	300	$\pm 5.6\%$
Healthy Kids Title XXI, KidCare survey	142,136	300	$\pm 5.7\%$
MediKids Title XXI, KidCare survey	20,469	300	$\pm 5.6\%$
Medicaid MCO, KidCare survey	459,577	901	$\pm 3.3\%$
Medicaid PCCM, KidCare survey	275,007	702	$\pm 3.7\%$
<hr/>			
Total, all five program components, for report sections 4.2-4.4	919,691	4,271	$\pm 1.5\%$
CMSN Title XXI, KidCare survey	16,289	300	$\pm 5.6\%$
Healthy Kids Title XXI, FL Healthy Kids Health Plan Survey	148,349	2,068	$\pm 2.1\%$
MediKids Title XXI, KidCare survey	20,469	300	$\pm 5.6\%$
Medicaid MCO, KidCare survey	459,577	901	$\pm 3.3\%$
Medicaid PCCM, KidCare survey	275,007	702	$\pm 3.7\%$

* 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.

SECTION 2

APPLICATIONS AND ENROLLMENT

- During 2010-2011, KidCare processed a total of 204,738 unduplicated applications representing 343,810 children. Title XIX or Title XXI coverage was approved for 74% of the children applying and an additional 8% of children were approved for coverage at the full-pay premium option.
- At the end of State Fiscal Year 2010-2011, the KidCare program enrolled 1,949,789 children. This was an increase of 5.3% from June, 2010.
- The largest gain in number of children occurred for Medicaid Title XIX, which increased from 1,574,521 to 1,670,627 children.
- 58% of KidCare enrollees had coverage for all 12 months of state fiscal year 2010-2011.



SECTION 2. APPLICATIONS AND ENROLLMENT

2.1 APPLICATIONS TO KIDCARE

Monthly Application Volume

By state law, Florida Healthy Kids Corporation is responsible for processing applications for KidCare coverage. Application and enrollment processing is done by a third-party vendor (ACS) under contract to the Florida Healthy Kids Corporation. Applications for KidCare coverage are submitted via mail, telephone, fax, or internet. **Figure 3** displays the number of unduplicated KidCare applications received monthly by the Florida Healthy Kids Corporation for processing over the last decade. Duplicate applications submitted by families are excluded from this figure. Months with high application activity often correspond to the beginning of school years, when school-based outreach activities occurred. There was an open enrollment period in January, 2005 which also caused a single-month spike in applications.

Table 10 provides monthly information on KidCare applications submitted during the 2010-2011 state fiscal year. During 2010-2011, KidCare received a total of 258,252 applications, including duplicate applications. When duplicate applications were removed, KidCare received a total of 226,199 applications, of which 204,738 applications contained processable information on 343,810 children. KidCare received an average of 18,850 unduplicated applications monthly, ranging from a high of 23,319 unduplicated applications in December, 2010 to a low of 13,692 unduplicated applications in February, 2011. The mean age of applicants was 8.9 years. The mean monthly income of families applying for KidCare coverage was \$2,188 during 2010-2011. Families applying for KidCare coverage had a mean household size of 3.7 persons.

It should be noted that children can also be enrolled in Medicaid through direct application to DCF; those direct applications are not reflected here. Also, none of these figures include children automatically transferred from Medicaid to Title XXI coverage.

FIGURE 3. KidCare UNDUPLICATED APPLICATIONS RECEIVED MONTHLY, SEPTEMBER, 1999 – JUNE, 2011

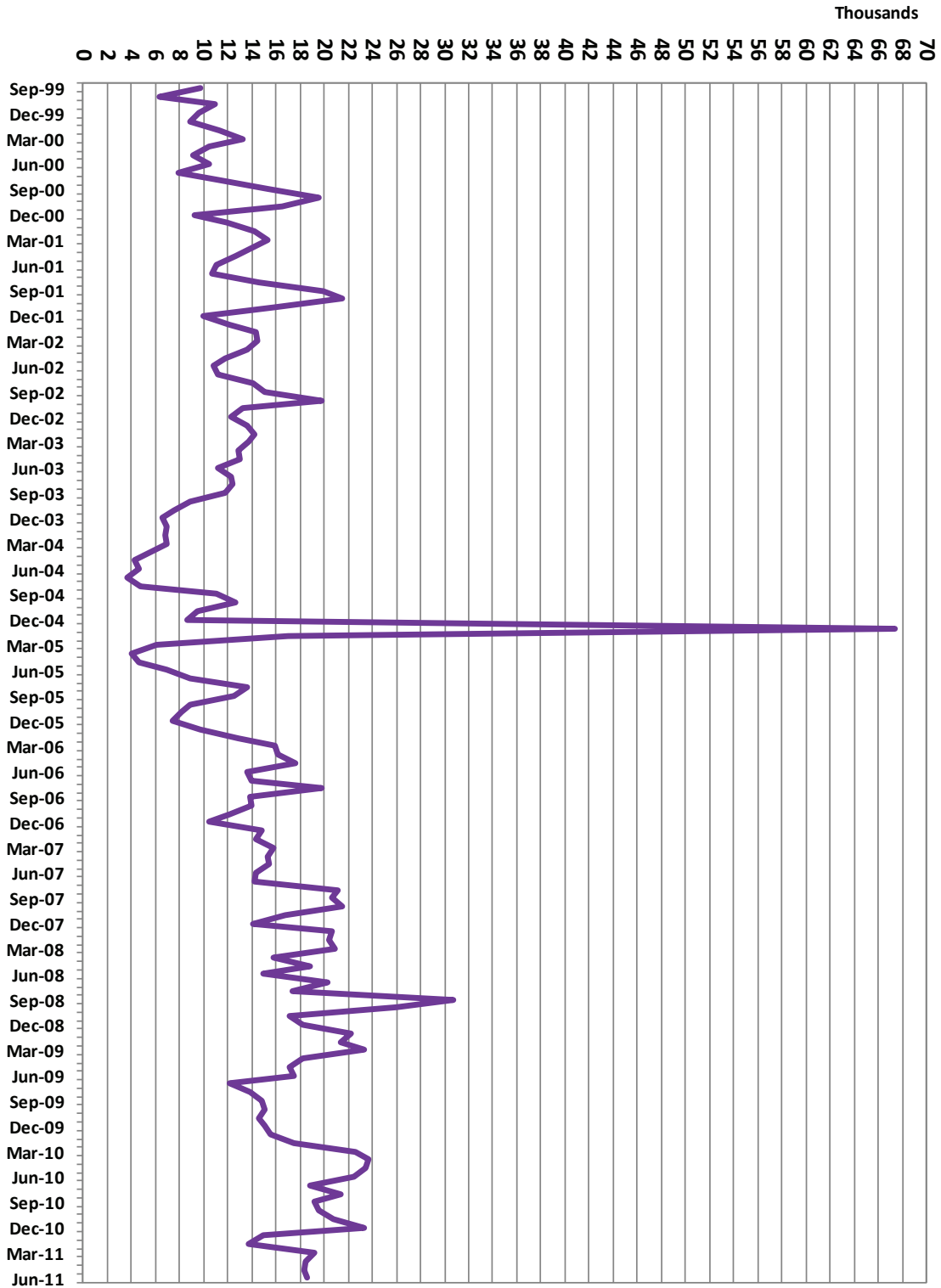


TABLE 10. KIDCARE UNDUPLICATED APPLICATION INFORMATION, STATE FISCAL YEAR 2010-2011

Application Information	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11	Total
Number of applications received, including duplicate applications	24,439	26,641	23,299	23,274	24,322	26,592	16,791	14,944	20,581	19,400	19,013	18,956	258,252
Number of applications received, excluding duplicate applications	18,843	21,384	19,153	19,552	20,736	23,319	14,962	13,692	19,168	18,449	18,362	18,579	226,199
Number of children represented on applications received, excluding duplicate applications	30,746	34,424	29,958	30,478	32,219	36,225	22,837	20,564	29,119	26,538	25,843	24,859	343,810
Child age, mean years*	9.0	9.1	9.1	9.1	9.1	9.2	8.6	8.7	8.8	8.8	8.8	8.7	8.9
Child age, standard deviation	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0	5.0
Monthly family income, mean**	\$2,212	\$2,151	\$2,027	\$2,104	\$2,077	\$2,073	\$2,204	\$2,295	\$2,312	\$2,310	\$2,280	\$2,261	\$2,188
Monthly family income, standard deviation	\$1,696	\$1,832	\$1,878	\$2,785	\$1,603	\$1,497	\$1,684	\$5,733	\$1,935	\$1,978	\$1,776	\$2,953	\$2,403
Household size, mean***	3.7	3.7	3.7	3.7	3.7	3.7	3.6	3.6	3.7	3.7	3.6	3.6	3.7
Household size, standard deviation	1.3	1.3	1.3	1.3	1.3	1.3	1.2	1.2	1.3	1.3	1.3	1.3	1.3

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

**Figures are rounded to the nearest dollar. Annual incomes below \$0 and above \$100,000 were considered out of range and were not used in calculation of mean monthly 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.

OUTCOMES OF APPLICATIONS

Figure 4 displays the outcomes of applications for KidCare coverage during 2010-2011. KidCare processed a total of 204,738 unduplicated applications representing 343,810 children. The following analysis considers only the most recent applications and excludes previous duplicate applications. Also, the following analysis does not use the “referral” flag provided in the applications database because that field is not well-populated. Rather, the following analysis considers an application to have been “reviewed” if it was specifically approved or denied. For this analysis, “approval” means that the applicant has submitted all necessary documentation and has been deemed eligible for Title XIX or Title XXI or full-pay coverage. Following approval, enrollment in Title XXI or full-pay coverage is contingent upon the family paying the appropriate premium.

Application processing included internal review at KidCare/ACS and additional external review by DCF and/or CMSN for applications that met certain criteria. DCF assessed each child’s eligibility for Medicaid coverage. CMSN assessed each child’s clinical eligibility for CMSN coverage. Of the 204,738 processed applications, 64,410 applications received internal review only, 112,070 applications received internal and DCF review, 7,749 applications received internal and CMSN review, and 20,509 applications received internal, DCF, and CMSN review.²

The four review processes resulted in a total of 254,291 (74%) children being approved for KidCare Title XXI or Title XIX coverage. The distribution of approvals across the KidCare program components included:

- 112,866 (33%) children approved for Florida Healthy Kids Title XXI coverage
- 30,911 (9%) children approved for MediKids Title XXI coverage
- 96,634 (28%) children approved for Medicaid coverage, but not CMSN
- 10,263 (3%) children approved for CMSN Title XXI coverage
- 3,617 (1%) children approved for Medicaid and CMSN coverage

An additional 27,937 (8%) of children were approved for coverage as full-pay enrollees in Florida Healthy Kids (19,826) or MediKids (8,111).

Among the 61,582 (18%) children not approved for KidCare Title XXI, Title XIX, or full-pay coverage during SFY 2010-2011, 1,647 (0.5%) were not approved because their applications were still in review at the end of the fiscal year. Pending requests for documentation from families resulted in 10,621 (3%) children not being approved for coverage. It is expected that some of the children not approved for coverage in 2010-2011 due to applications in review and pending documentation requests will be approved for KidCare coverage in the 2011-2012 fiscal year. Having a family income that was too high resulted in 94 children not being approved. Being over 18 years of age resulted in 10,500 (3%) children not being approved for coverage.

² Children can also be approved for Medicaid coverage through direct application to DCF. These figures only reflect the applications for KidCare coverage that were originally submitted to KidCare, not DCF.

Not being a Florida resident resulted in denial for 82 children. Current insurance coverage (other than Medicaid or Medicare) reported on the KidCare application resulted in 3,917 (1%) children not being approved for coverage. An additional 158 children were not approved because they were already covered by Medicaid and 1,437 children were not approved because they were receiving SSI and were already covered by Medicare. Coverage was not approved for 432 children due to expiration of their application when their parents did not respond to requests for documentation. Coverage was not approved for 8,278 (2%) children who were non-compliant with documentation requests from DCF for their Medicaid eligibility determination. Non-compliance with requests for documentation as part of prior Title XXI coverage renewal processing resulted in coverage not being approved for 22,355 (7%) children. The reason for coverage denial could not be determined for the remaining 2,061 (0.6%) children not approved.

Families that were approved for Title XXI or full-pay coverage made their children's coverage effective by paying their first premium; the premium amount was specified by the third-party enrollment vendor in correspondence with the family. Of the 154,040 children approved for Title XXI coverage during SFY 2010-2011, a first premium was paid and coverage was initiated for 93,912 children (61% of the approved Title XXI children). Of the 27,937 children approved for full-pay coverage during SFY 2010-2011, a first premium was paid and coverage was initiated for 9,519 children (34% of the approved full-pay children). Among the program components, premiums were paid and coverage was initiated for:

- 69,955 (62%) of the 112,866 children approved for Florida Healthy Kids Title XXI coverage
- 17,170 (56%) of the 30,911 children approved for MediKids Title XXI coverage
- 6,787 (66%) of the 10,263 children approved for CMSN Title XXI coverage
- 6,578 (33%) of the 19,826 children approved Florida Healthy Kids full-pay coverage
- 2,941 (36%) of the 8,111 children approved for MediKids full-pay coverage.

FIGURE 4. OUTCOMES OF KIDCARE APPLICATIONS RECEIVED STATE FISCAL YEAR 2010-2011

A total of 226,199 unduplicated applications were received 204,738 unduplicated applications representing 343,810 unduplicated children were processed (an additional 21,461 applications were received that did not contain information on children and could not be processed)										
Applications reviewed by KidCare...	Without Referral to DCF or CMSN		With a Referral to DCF (but not CMSN)		With a Referral to CMSN (but not DCF)		With Referrals to both DCF and CMSN		Total	
Number of Unduplicated Applications	64,410		112,070		7,749		20,509		204,738	
Number and Percent of Unduplicated Children	120,644	35.1%	189,385	55.1%	10,456	3.0%	23,325	6.8%	343,810	100.0%
TOTAL, children approved for KidCare or full-pay	78,760	22.9%	171,881	50.0%	9,394	2.7%	22,193	6.5%	282,228	82.1%
Healthy Kids Title XXI	46,594	13.6%	57,875	16.8%	3,671	1.1%	4,726	1.4%	112,866	32.8%
MediKids Title XXI	11,378	3.3%	18,344	5.3%	442	0.1%	747	0.2%	30,911	9.0%
Medicaid, but not CMSN	0	0.0%	89,401	26.0%	0	0.0%	7,233	2.1%	96,634	28.1%
CMSN Title XXI	0	0.0%	0	0.0%	4,695	1.4%	5,568	1.6%	10,263	3.0%
Medicaid and CMSN (Title XIX)	0	0.0%	0	0.0%	0	0.0%	3,617	1.1%	3,617	1.1%
Healthy Kids full-pay	14,990	4.4%	4,165	1.2%	434	0.1%	237	0.1%	19,826	5.8%
MediKids full-pay	5,798	1.7%	2,096	0.6%	152	0.0%	65	0.0%	8,111	2.4%
TOTAL, children not approved for KidCare or full-pay	41,884	12.2%	17,504	5.1%	1,062	0.3%	1,132	0.3%	61,582	17.9%
Application still being reviewed	157	0.0%	841	0.2%	423	0.1%	226	0.1%	1,647	0.5%
Document requests/ verification pending	6,904	2.0%	3,717	1.1%	0	0.0%	0	0.0%	10,621	3.1%
Income too high	46	0.0%	29	0.0%	10	0.0%	9	0.0%	94	0.0%
Over 18 years of age	10,276	3.0%	202	0.1%	15	0.0%	7	0.0%	10,500	3.1%
Not a Florida resident	78	0.0%	4	0.0%	0	0.0%	0	0.0%	82	0.0%
Has other insurance (not Medicaid or SSI/Medicare)	3,364	1.0%	491	0.1%	46	0.0%	16	0.0%	3,917	1.1%
Has Medicaid coverage	9	0.0%	137	0.0%	0	0.0%	12	0.0%	158	0.0%
Receiving SSI/has Medicare coverage	1,422	0.4%	9	0.0%	2	0.0%	4	0.0%	1,437	0.4%
Application expired	233	0.1%	163	0.0%	21	0.0%	15	0.0%	432	0.1%
Non-compliant with Medicaid information requests	113	0.0%	7,598	2.2%	13	0.0%	554	0.2%	8,278	2.4%
Non-compliant with Title XXI coverage renewal requests	19,282	5.6%	2,408	0.7%	487	0.1%	178	0.1%	22,355	6.5%
For other reasons	0	0.0%	1,905	0.6%	45	0.0%	111	0.0%	2,061	0.6%

CROWD-OUT

Crowd-out occurs when health insurance beneficiaries shift from private coverage to public coverage even though private options may exist for them. For example, employees may either opt out of or not take employer-based coverage if there are less expensive public insurance options. Alternatively, employers may drop dependent coverage options when they believe that other insurance alternatives exist for their employees. 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.

In past evaluations, respondents to the KidCare family surveys were asked whether they had access to family coverage through their employers and the cost of the families' share of the premium per month. Two years ago, in the 2008-2009 evaluation, 3.6% of newly enrolled families and 2.7% of established enrollee families reported having access to employer-provided family coverage which costs less than five percent of their household income. These levels of crowd-out were virtually unchanged from 2006-2007 and 2007-2008. It should be noted that survey responses are not a confirmed client attestation.

Beginning in last year's evaluation, crowd-out was estimated directly from information contained on applications for KidCare coverage. The KidCare application form requests information on other insurance coverage in the two months prior to submission of the application. Crowd-out is being defined as the percent of children on KidCare applications for whom their parents answered "yes, they had other coverage in the two months prior to application". It should be noted that families who had other coverage in the two months prior to application are directed by the instructions to answer "no" to the insurance item for a variety of "exception reasons", such as that coverage cost more than five percent of their income, the parent lost the job that provided the employer-sponsored coverage, the employer-sponsored coverage was cancelled by the employer, COBRA coverage reached its legal limit, etc. The advantage of using information from the KidCare application is that the parent completing the form signs the document and certifies to the completeness and accuracy of their responses.

During July, 2009-June, 2010, 1.9% of children applying for coverage were reported to have had other insurance in the two months prior to application.

For this year's evaluation of July, 2010-June, 2011, 1.3% of children applying for coverage were reported to have had other insurance in the two months prior to application.

APPLICATION PROCESSING TIMES

For those applicants that received KidCare coverage, the average (mean) and median number of calendar days for processing their coverage is presented in **Table 11**. The starting point for the processing time calculation is the date that the third-party vendor recorded receiving each application. The end-point for processing coverage is the effective date of enrollment. For Title XXI enrollees, the effective date of enrollment was set after their first month's premium was received by the third-party vendor; families who submitted an initial premium with their application had an effective date of enrollment set when their application was approved for coverage, but families that did not include a premium had their coverage processing completed after they submitted their first premium.

For KidCare overall, the average processing time was 45 days and the median processing time was 36 days. The three Title XXI programs varied slightly in processing times from a median of 33 days for CMSN to 39 days for Healthy Kids and MediKids. KidCare applications approved for Medicaid coverage had a median processing time of 32 days.

TABLE 11. APPLICATION PROCESSING TIMES, STATE FISCAL YEAR 2010-2011

	Average Number of Days Elapsed	Median Number of Days Elapsed
For all approved applicants, by their program of enrollment:		
Total	45	36
CMSN	40	33
Healthy Kids	46	39
MediKids	45	39
Medicaid	44	32
Only those applicants NOT referred to DCF for Medicaid eligibility determination, and later enrolled in:		
Total	46	39
CMSN	41	33
Healthy Kids	46	39
MediKids	46	40

2.2 ENROLLMENT IN KIDCARE

Enrollment at the end of the fiscal year

Table 12 shows the point-in-time enrollment figures for the end of the State and Federal Fiscal Years 2009-2010 and 2010-2011 and the percent growth during those time frames. Point-in-time figures represent the number of children enrolled on a specific date.

At the end of State Fiscal Year 2010-2011, the KidCare program enrolled 1,949,789 children. This was an increase of 5.3% over the same month a year earlier; KidCare grew by 14.2% in the prior period from June 30th, 2009 to June 30th, 2010. KidCare's growth in 2010-2011 was driven by growth in Medicaid Title XIX enrollments, which increased 6.1% from 1,574,521 to 1,670,627 children. In contrast, Title XXI enrollments declined by -0.7% from June, 30th 2010 to June, 30th 2011. MediKids Title XXI enrollments grew by 5.5%, but the Healthy Kids and CMSN enrollments declined by -1.5% and -1.3%, respectively.

TABLE 12. POINT-IN-TIME ENROLLMENT FIGURES FOR THE LAST DAY OF STATE AND FEDERAL FISCAL YEARS 2009-2010 AND 2010-2011

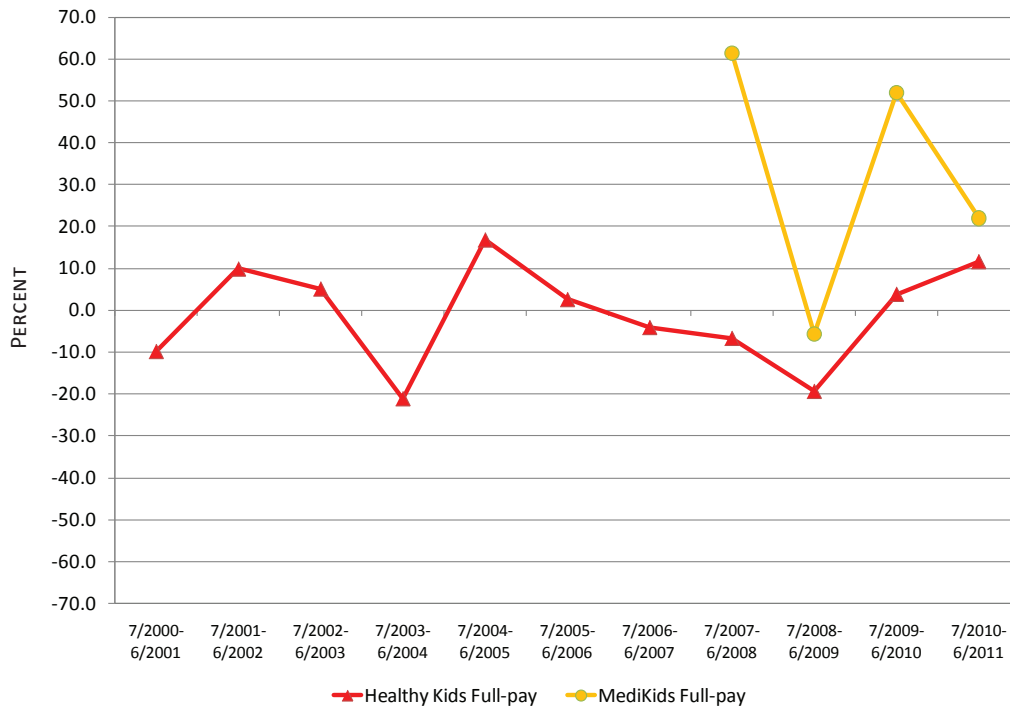
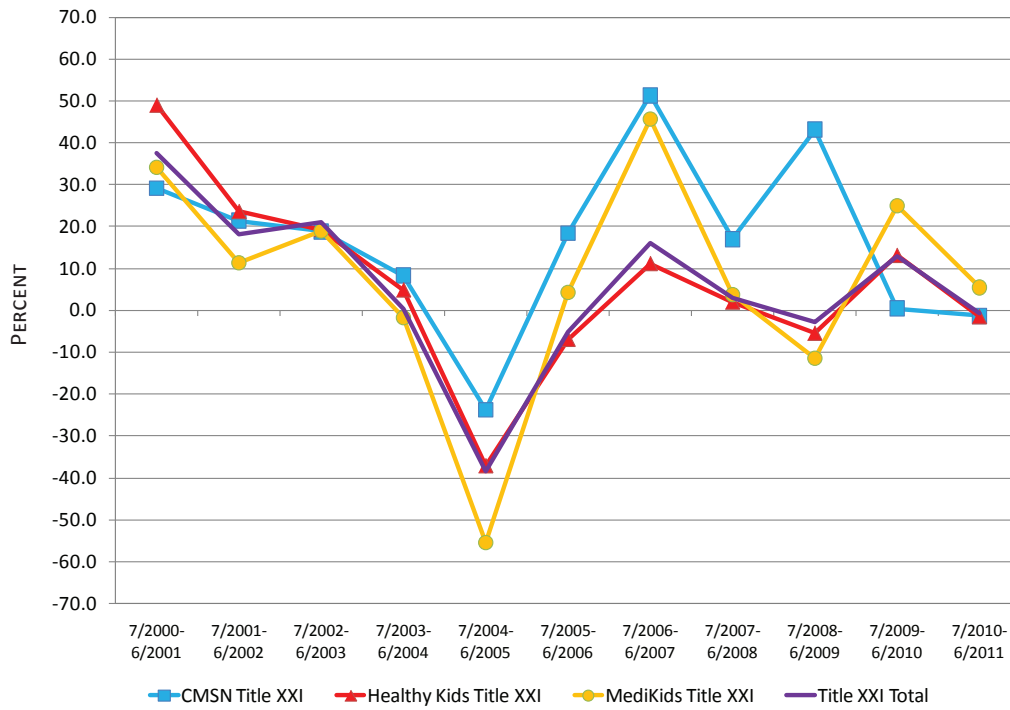
	State Fiscal Year			Federal Fiscal Year		
	Enrollment June 30, 2010	Enrollment June 30, 2011	Percent Change 2010-2011	Enrollment Sept. 30, 2010	Enrollment Sept. 30, 2011	Percent Change 2010-2011
CMSN Title XXI	23,313	23,005	-1.3	23,077	22,818	-1.1
Healthy Kids Title XXI	202,236	199,198	-1.5	202,838	197,033	-2.9
Healthy Kids Full-pay*	20,105	22,456	11.7	19,493	23,265	19.4
Healthy Kids Total	222,341	221,654	-0.3	222,331	220,298	-0.9
MediKids Title XXI	27,909	29,435	5.5	29,365	28,801	-1.9
MediKids Full-pay	3,491	4,259	22.0	3,140	4,617	47.0
MediKids Total	31,400	33,694	7.3	32,505	33,418	2.8
Title XXI Total	254,217	252,447	-0.7	256,062	249,379	-2.6
Medicaid Title XXI**	759	809	6.6	782	727	-7.0
Medicaid Title XIX	1,574,521	1,670,627	6.1	1,605,276	1,689,194	5.2
Medicaid Total	1,575,280	1,671,436	6.1	1,606,058	1,689,921	5.2
KidCare Total	1,852,334	1,949,789	5.3	1,883,971	1,966,455	4.4

* This number includes 23 children whose premiums were locally subsidized, non-Title XXI.

** 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 displays the enrollment growth trends, by program, during the last eleven state fiscal years. To improve readability, separate panels are shown on this figure for the Title XXI programs, the full-pay programs, and KidCare and Medicaid Title XIX.

FIGURE 5. PERCENTAGE GROWTH IN KidCare FOR ELEVEN STATE FISCAL YEARS, BY PROGRAM





ENROLLMENT TRENDS BY PROGRAM

Figure 6 through **Figure 11** show the enrollment trends by month for each of the KidCare program components from April 1998 through August 2011. These figures were developed 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. The Medicaid Title XXI program serves children in a narrow range of ages and income levels. 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, 1998-2011

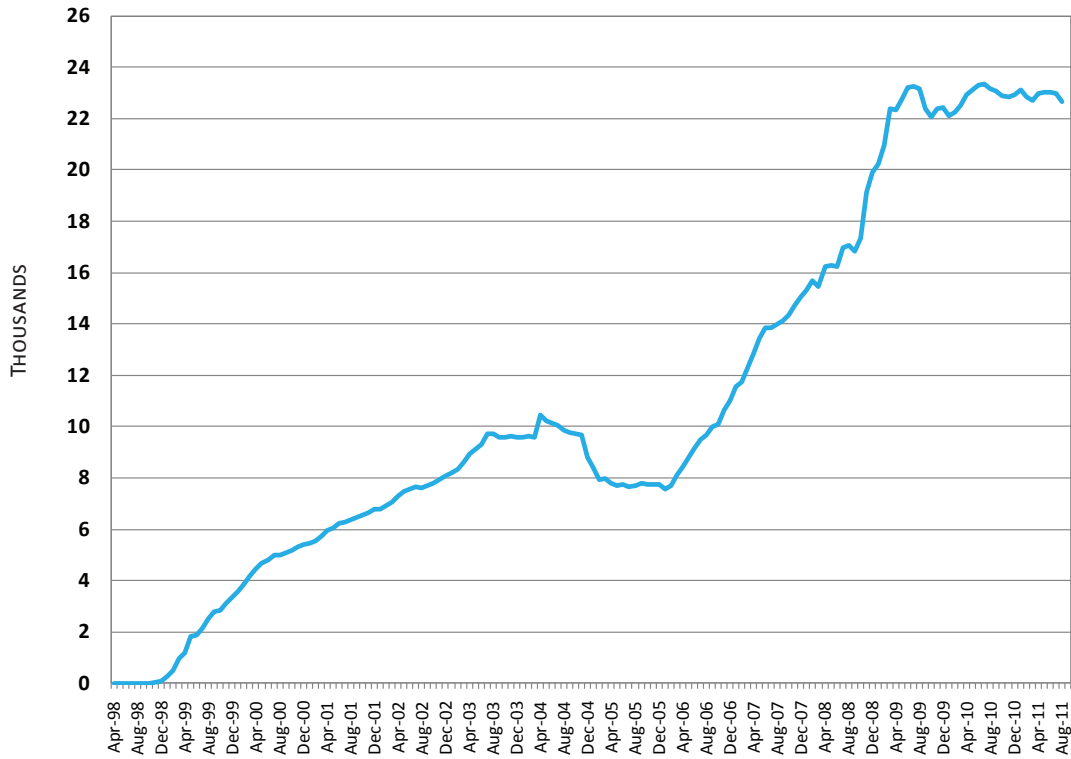


FIGURE 7. HEALTHY KIDS PROGRAM ENROLLMENT, 1998-2011

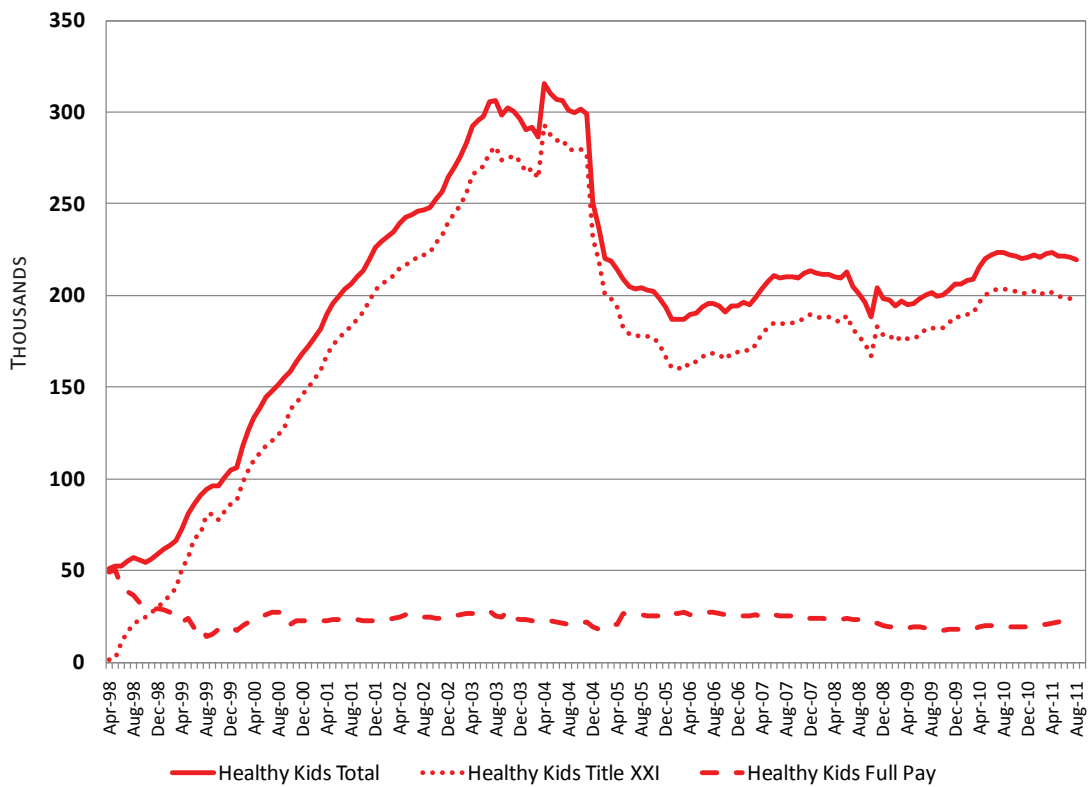


FIGURE 8. MEDIKIDS PROGRAM ENROLLMENT, 1998-2011

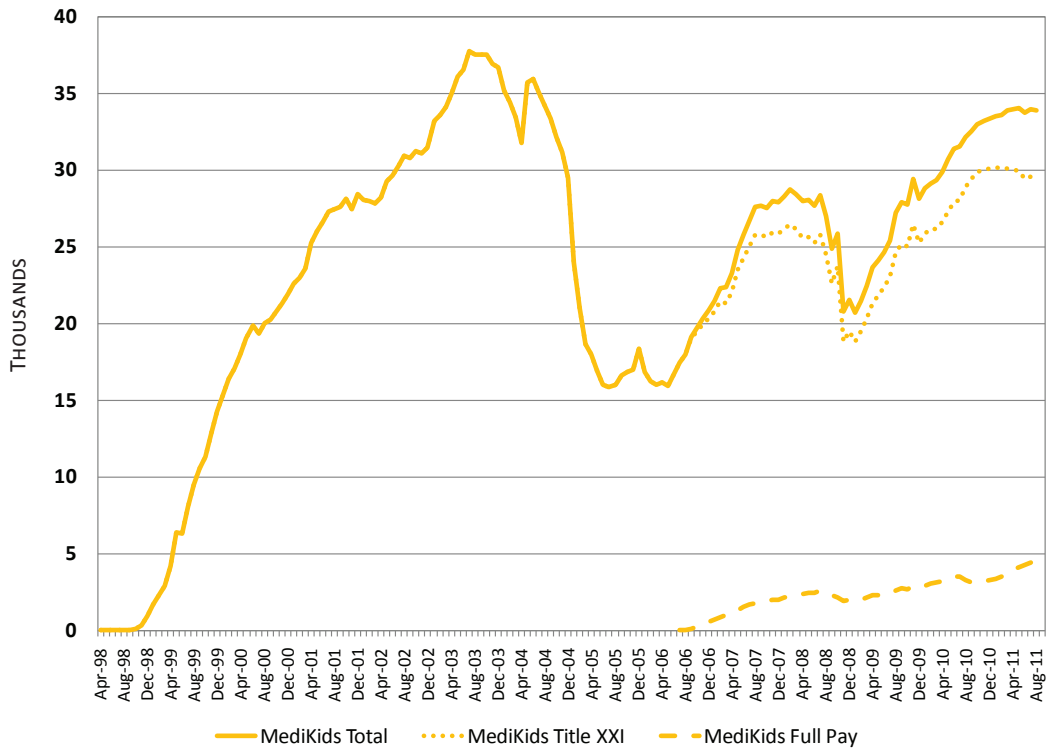


FIGURE 9. MEDICAID PROGRAM ENROLLMENT, 1998-2011

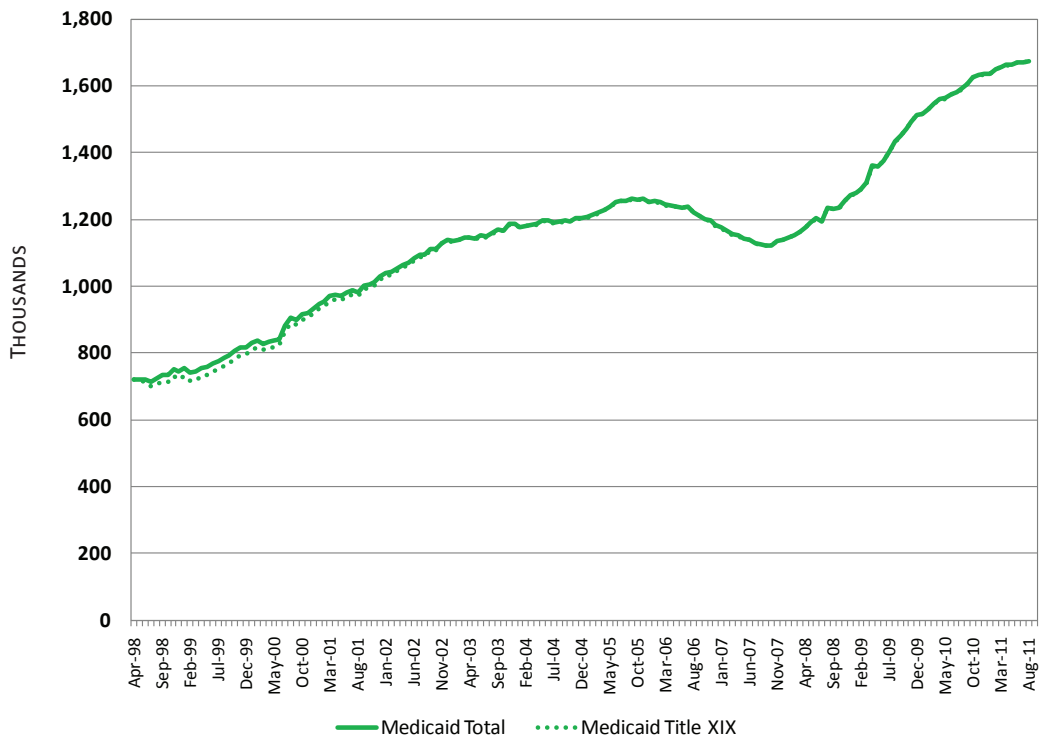


FIGURE 10. MEDICAID TITLE XXI PROGRAM ENROLLMENT, 1998-2011

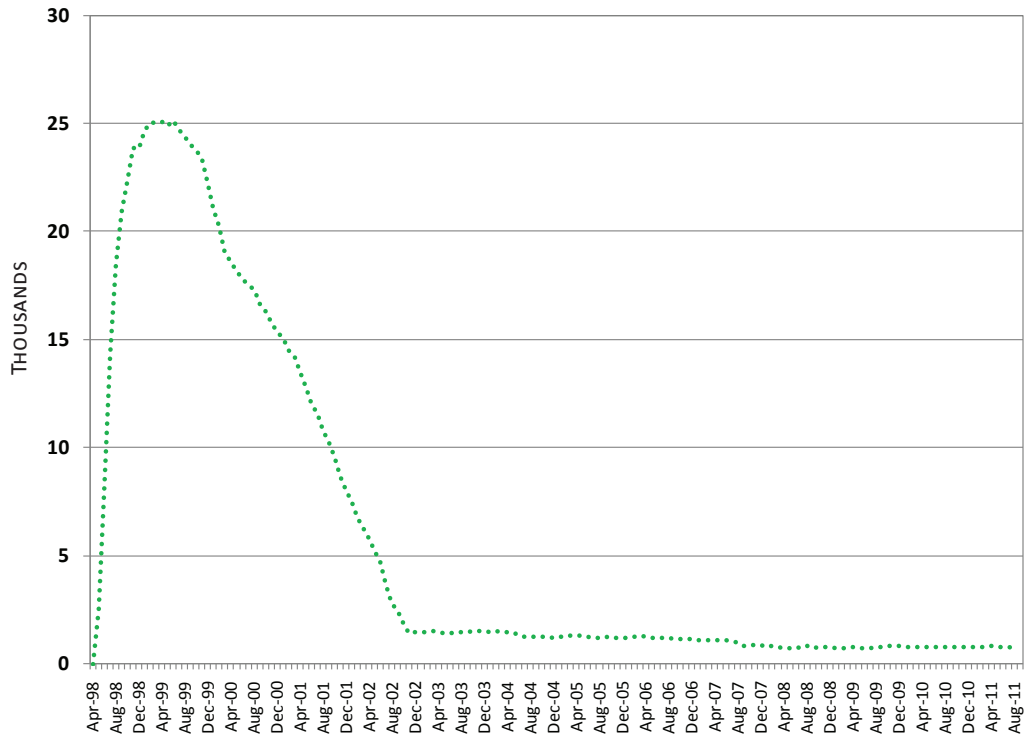
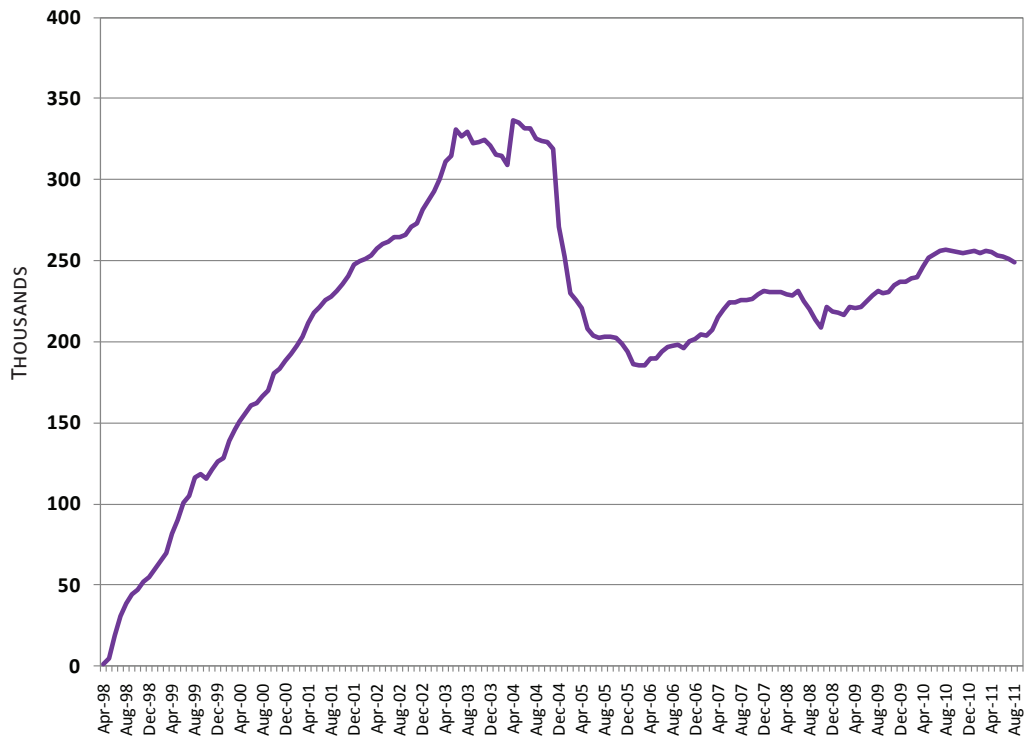


FIGURE 11. OVERALL TITLE XXI PROGRAM ENROLLMENT, 1998-2011



Ever enrolled and newly enrolled

Table 13 provides a second perspective on the number of children enrolled in KidCare’s program components. During state fiscal year 2010-2011, KidCare’s Title XXI program components served a total of 409,827 children, some of whom were in the program for one or more short periods and some of whom were in the program for the entire year. This was a decrease from the 421,752 children “ever” served by Title XXI programs in 2009-2010, but it was an increase over the 388,810 children “ever” served in 2008-2009. Of the 409,827 children served by KidCare Title XXI programs at some point during State Fiscal Year 2010-2011, 148,078 (36%) had not been covered by Title XXI programs in the year prior to their enrollment in 2010-2011; the newly enrolled children are counted separately in the table as well as included in the count of “ever enrolled” children. These “newly” enrolled children and families may need more programmatic support as they learn about KidCare’s health care coverage.

This evaluation also examined enrollments for Medicaid. During state fiscal year 2010-2011, Medicaid served a total of 2,266,992 children. Of those 2.2 million children served by Medicaid in 2010-2011, 491,247 (22%) had not been served by Medicaid in the year prior to their enrollment in 2010-2011.

It is important to highlight the difference between the two ways of representing enrollment in **Table 12** and **Table 13**. **Table 13** shows the volume of children served by the program within a specified time period, during which enrollees may enter and exit the program. Point-in-time enrollment figures (**Table 12**), on the other hand, are important to show the number of children being served by a program at a specific time.

TABLE 13. CHILDREN “EVER” AND “NEWLY” ENROLLED IN KIDCARE PROGRAM COMPONENTS, STATE FISCAL YEARS 2008-2009, 2009-2010, AND 2010-2011

SFY 2008-2009			
	Ever Enrolled*	Newly Enrolled**	Percent Newly Enrolled
CMSN Title XXI	33,542	20,297	60.5
Healthy Kids Title XXI	304,121	124,928	41.1
MediKids Title XXI	51,147	27,361	53.5
Total Title XXI	388,810	172,586	44.4
SFY 2009-2010			
	Ever Enrolled*	Newly Enrolled**	Percent New Enrollees
CMSN Title XXI	36,296	17,516	48.3
Healthy Kids Title XXI	323,647	155,394	48.0
MediKids Title XXI	61,809	40,900	66.2
Total Title XXI	421,752	213,810	50.7
SFY 2010-2011			
	Ever Enrolled*	Newly Enrolled**	Percent New Enrollees
Medicaid Title XIX	2,266,992	491,247	21.7
CMSN Title XXI	35,473	11,729	33.1
Healthy Kids Title XXI	313,244	106,100	33.9
MediKids Title XXI	61,110	30,249	49.5
Total Title XXI	409,827	148,078	36.1

*Ever enrolled includes any children 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 ever enrolled column.

** 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 12 months.

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 MediKids “ever” enrollee, once as a Healthy Kids “new” enrollee, and once as a Healthy Kids “ever” enrollee.

2.3 RETENTION AND RENEWAL

Patterns of KidCare coverage

The number of months that enrollees maintained KidCare coverage, during state fiscal year 2010-2011, is presented in **Table 14**. In prior evaluations, this analysis only counted coverage spells within discrete program components—program transitions were not considered. For this evaluation, an additional analysis was conducted that allowed children who transitioned between KidCare program components to be counted once across the multiple KidCare programs they were enrolled in. Allowing for program transitions results in a lower count of total enrollees than when program transitions are not accounted for by the calculation. For example, if a child had Medicaid coverage for six months and Healthy Kids Title XXI coverage for five months in 2010-2011, that child would appear only once (for 11 months) when program transitions are accounted for, but the child would be counted twice (for Medicaid and Healthy Kids) when program transitions are not accounted for.

The first panel of the table shows the retention of coverage for all enrollees, regardless of when they started KidCare coverage. About 58% of KidCare enrollees had coverage (in one or more KidCare program components) for all 12 months of state fiscal year 2010-2011.

In contrast, the second panel of the table is limited to the enrollees who had coverage at the start of the fiscal year. Among enrollees present in KidCare at the start of the state fiscal year, 73% retained coverage (in one or more programs) for all 12 months of state fiscal year 2010-2011. When program transitions were not accounted for, 69% of enrollees present in KidCare at the start of the state fiscal year retained coverage for all 12 months of state fiscal year 2010-2011. Among children enrolled at the start of the fiscal year, Medicaid had a higher retention rate (73%) than the Title XXI program components (CMSN Title XXI was 50%, Healthy Kids Title XXI was 46%, and MediKids Title XXI was 27%). Due to its age restrictions, the lower retention rate for MediKids is expected. Children lose MediKids coverage when they reach their fifth birthday, but they can transition into Healthy Kids if they continue to be Title XXI eligible.

TABLE 14. MONTHS OF KIDCARE ENROLLMENT, STATE FISCAL YEAR 2010-2011

Months Enrolled	Enrollees with at least one month of coverage at any time during SFY2010-11					
	Total, with program transitions allowed	Total, with program transitions NOT considered	Medicaid	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI
Total, Number	2,473,819	2,676,819	2,266,992	35,473	313,244	61,110
Total, Percentage	100	100	100	100	100	100
1 month only	2.7	4.1	3.2	9.0	8.2	13.2
2 months only	2.9	4.1	3.4	7.3	7.7	11.2
3 months only	3.7	4.7	4.3	6.3	6.5	9.3
4 months only	2.8	3.6	3.1	5.5	6.1	7.9
5 months only	3.0	3.7	3.3	5.3	6.0	7.3
6 months only	5.0	5.7	5.7	5.2	5.7	6.9
7 months only	2.5	3.0	2.5	5.5	5.8	6.8
8 months only	3.4	3.7	3.4	4.7	5.0	5.8
9 months only	4.6	4.7	4.5	4.9	5.6	6.1
10 months only	4.7	4.5	4.3	5.6	6.0	5.5
11 months only	6.5	5.8	5.5	7.7	7.7	6.1
All 12 months	58.2	52.4	56.9	33.0	29.6	14.0
Months Enrolled	Only enrollees present at the start of SFY 2010-11					
	Total, with program transitions allowed	Total, with program transitions NOT considered	Medicaid	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI
Total, Number	1,930,384	2,020,696	1,762,792	23,353	203,008	31,543
Total, Percentage	100	100	100	100	100	100
1 month only	1.4	2.1	1.7	4.4	4.2	7.9
2 months only	1.4	2.2	1.7	4.5	5.4	9.5
3 months only	1.9	2.5	2.2	3.8	4.0	6.6
4 months only	1.7	2.2	1.9	3.7	4.2	6.4
5 months only	1.7	2.2	1.9	3.6	4.2	5.9
6 months only	2.2	2.6	2.4	3.4	3.9	5.5
7 months only	2.2	2.6	2.3	4.4	4.5	6.5
8 months only	2.4	2.6	2.4	3.7	4.0	5.1
9 months only	3.3	3.3	3.0	4.4	5.3	6.4
10 months only	3.7	3.4	3.1	5.2	5.8	5.7
11 months only	5.6	4.9	4.4	8.7	8.8	7.3
All 12 months	72.5	69.4	73.1	50.1	45.7	27.1

Renewal of KidCare Title XXI coverage

Families of children in MediKids, Healthy Kids, and CMSN that receive Title XXI premium assistance must participate in a coverage renewal process every 12 months, which includes confirmation of the child's continued eligibility for the program. As each family's renewal anniversary approaches, the KidCare program sends parents detailed information about the renewal process and required documentation. If families do not respond or they are unable to confirm their child's continued eligibility, the child is disenrolled from KidCare health insurance coverage. Successful completion of the Title XXI coverage renewal process is an important step in retaining KidCare coverage for an extended time period.

The rate of renewal of KidCare Title XXI coverage was calculated for each month from January, 2009 through June, 2011. Over that 30 month period, 70% of eligible children had their KidCare coverage successfully renewed (**Table 15**). During state fiscal year 2010-2011, 67% of eligible children had their KidCare coverage successfully renewed. The trend by program component is shown in **Figure 12**. For 2010-2011, coverage was renewed for 70% of eligible CMSN enrollees, 68% of Healthy Kids enrollees, and 58% of MediKids enrollees.

The rate of successful Title XXI coverage renewal was also calculated by child demographic and family socio-economic characteristics (**Table 16**). During 2010-2011, renewal rates did not vary significantly by the child's gender or the urbanicity of the family's residence. Renewal rates did vary by the child's age, with successful renewals for 62% of 0-4 year olds, 65% of 5-9 year olds, and 69% of 10-14 year olds. Families with incomes of 100-150% of the federal poverty level had a renewal rate of 65% compared to a renewal rate of 71% for families with incomes of 151-200% of the FPL. Renewal rates for CMSN coverage did not vary by family income—70% of CMSN families below and above 150% FPL renewed successfully. But, renewal rates for Healthy Kids and MediKids did vary by family income. Among Healthy Kids families, coverage was successfully renewed for 65% of families below 150% FPL and 72% of families above 150% FPL. Rates varied more for MediKids families, with renewals successful for 49% of families below 150% FPL and 67% of families above 150% FPL.

TABLE 15. SUCCESSFUL RENEWAL OF TITLE XXI KIDCARE COVERAGE, JANUARY, 2009-JUNE, 2011

Month renewal was due	Number of children eligible for renewal	Number of children whose renewals were successfully processed	Percent of eligible children whose coverage was successfully renewed
Total, January 2009-June 2011	480,461	336,071	70
Total, January 2009-June 2009	96,195	63,420	66
Total, July 2009-June 2010	211,626	156,608	74
Total, July 2010-June 2011	172,640	116,043	67
January 2009	13,501	8,232	61
February 2009	23,390	14,726	63
March 2009	16,470	11,534	70
April 2009	18,601	12,524	67
May 2009	16,618	11,011	66
June 2009	7,615	5,393	71
July 2009	5,907	4,326	73
August 2009	10,240	7,305	71
September 2009	15,143	10,934	72
October 2009	17,375	13,108	75
November 2009	22,437	16,860	75
December 2009	21,591	16,421	76
January 2010	26,589	19,741	74
February 2010	21,642	15,617	72
March 2010	19,898	14,455	73
April 2010	19,288	14,518	75
May 2010	18,267	13,742	75
June 2010	13,249	9,581	72
July 2010	3,968	1,892	48
August 2010	8,851	5,843	66
September 2010	9,826	6,586	67
October 2010	12,873	9,328	72
November 2010	12,025	8,091	67
December 2010	16,358	11,321	69
January 2011	14,530	9,889	68
February 2011	18,352	12,072	66
March 2011	17,821	11,857	67
April 2011	18,377	12,269	67
May 2011	20,669	14,183	69
June 2011	18,990	12,712	67

FIGURE 12. SUCCESSFUL RENEWALS (%) OF TITLE XXI KidCARE COVERAGE, BY PROGRAM COMPONENT, JANUARY, 2009-JUNE, 2011

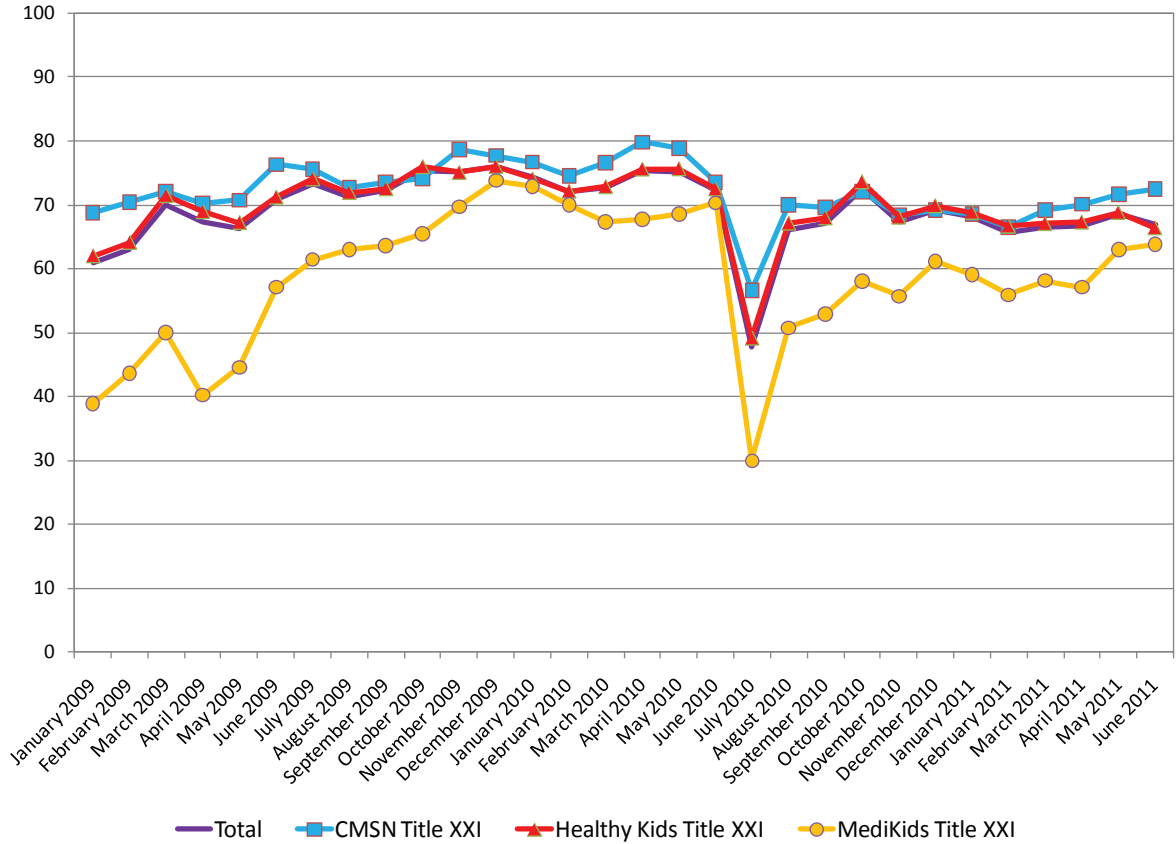


TABLE 16. TITLE XXI RENEWAL STATUS FOR ELIGIBLE CHILDREN, BY PROGRAM, JULY, 2010-JUNE, 2011

Program/ Characteristic	Children Eligible for Renewal (N)	Renewal Status			
		Not Renewed (N)	Renewed (N)	Not Renewed (Row Percent)	Renewed (Row Percent)
All Children, Title XXI					
Total	172,639	56,597	116,042	32.8	67.2
Gender					
Male	87,668	28,635	59,033	32.7	67.3
Female	84,971	27,962	57,009	32.9	67.1
Age					
0-4	15,892	6,090	9,802	38.3	61.7
5-9	47,069	14,758	32,311	31.4	68.6
10-14	63,789	19,728	44,061	30.9	69.1
15-18	45,889	16,021	29,868	34.9	65.1
Rural-Urban Commuting Area					
Urban/Large towns	161,505	53,004	108,501	32.8	67.2
Rural/Small towns	8,894	2,821	6,073	31.7	68.3
Unknown	2,240	772	1,468	34.5	65.5
Federal Poverty Level					
150% or less	108,534	38,228	70,306	35.2	64.8
151% or greater	64,105	18,369	45,736	28.7	71.3
CMSN Title XXI					
Total	18,017	5,476	12,541	30.4	69.6
Gender					
Male	11,056	3,322	7,734	30.0	70.0
Female	6,961	2,154	4,807	30.9	69.1
Age					
0-4	927	313	614	33.8	66.2
5-9	4,771	1,337	3,434	28.0	72.0
10-14	7,442	2,159	5,283	29.0	71.0
15-18	4,877	1,667	3,210	34.2	65.8
Rural-Urban Commuting Area					
Urban/Large towns	16,704	5,083	11,621	30.4	69.6
Rural/Small towns	1,113	328	785	29.5	70.5
Unknown	200	65	135	32.5	67.5
Federal Poverty Level					
150% or less	10,854	3,302	7,552	30.4	69.6
151% or greater	7,163	2,174	4,989	30.4	69.6

TABLE 16 CONTINUED

Program/Characteristic	Children Eligible for Renewal (N)	Renewal Status			
		Not Renewed (N)	Renewed (N)	Not Renewed (Row Percent)	Renewed (Row Percent)
Healthy Kids Title XXI					
Total	141,324	45,480	95,844	32.2	67.8
Gender					
Male	69,965	22,501	47,464	32.2	67.8
Female	71,359	22,979	48,380	32.2	67.8
Age					
0-4	----	----	----	----	----
5-9	43,965	13,557	30,408	30.8	69.2
10-14	56,347	17,569	38,778	31.2	68.8
15-18	41,012	14,354	26,658	35.0	65.0
Rural-Urban Commuting Area					
Urban/Large towns	132,319	42,618	89,701	32.2	67.8
Rural/Small towns	7,156	2,240	4,916	31.3	68.7
Unknown	1,849	622	1,227	33.6	66.4
Federal Poverty Level					
150% or less	90,752	31,393	59,359	34.6	65.4
151% or greater	50,572	14,087	36,485	27.9	72.1
MediKids Title XXI					
Total	13,298	5,641	7,657	42.4	57.6
Gender					
Male	6,647	2,812	3,835	42.3	57.7
Female	6,651	2,829	3,822	42.5	57.5
Age					
0-4	13,018	5,380	7,638	41.3	58.7
5-9	280	261	19	93.2	6.8
10-14	----	----	----	----	----
15-18	----	----	----	----	----
Rural-Urban Commuting Area					
Urban/Large towns	12,482	5,303	7,179	42.5	57.5
Rural/Small towns	625	253	372	40.5	59.5
Unknown	191	85	106	44.5	55.5
Federal Poverty Level					
150% or less	6,928	3,533	3,395	51.0	49.0
151% or greater	6,370	2,108	4,262	33.1	66.9

SECTION 3

ENROLLEE AND FAMILY CHARACTERISTICS

- 29% of established (long-term) enrollees in KidCare have special health care needs.
- 41% of established enrollees are Hispanic, 23% are black non-Hispanic and 31% are white non-Hispanic.
- 23% of established enrollees speak Spanish as their primary language at home.
- 76% of KidCare families have a computer and access to the Internet at home



SECTION 3.

ENROLLEE AND FAMILY CHARACTERISTICS

3.1 CHILDREN WITH SPECIAL HEALTH CARE NEEDS

The Children with Special Health Care Needs (CSHCN) Screener has been used in all KidCare evaluations to identify the presence of special health care needs among KidCare enrollees. During the telephone interviews with parents, the Screener asks respondents for their 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.³

Table 17 shows the percentage of children with special health care needs among established enrollees in KidCare over the last seven state fiscal years. Each program component has a substantial percentage of children with special health care needs. Overall, 29% of established enrollees met the Screener in State FY 2010-2011. Eighty 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. A quarter (25%) of Healthy Kids enrollees, 18% of MediKids enrollees, 25% of Medicaid MCO enrollees, and 34% of Medicaid PCCM enrollees were identified with special needs according to the CSHCN Screener criteria. The shares of CSHCN within program components have been relatively stable over the last seven years (**Figure 13**).

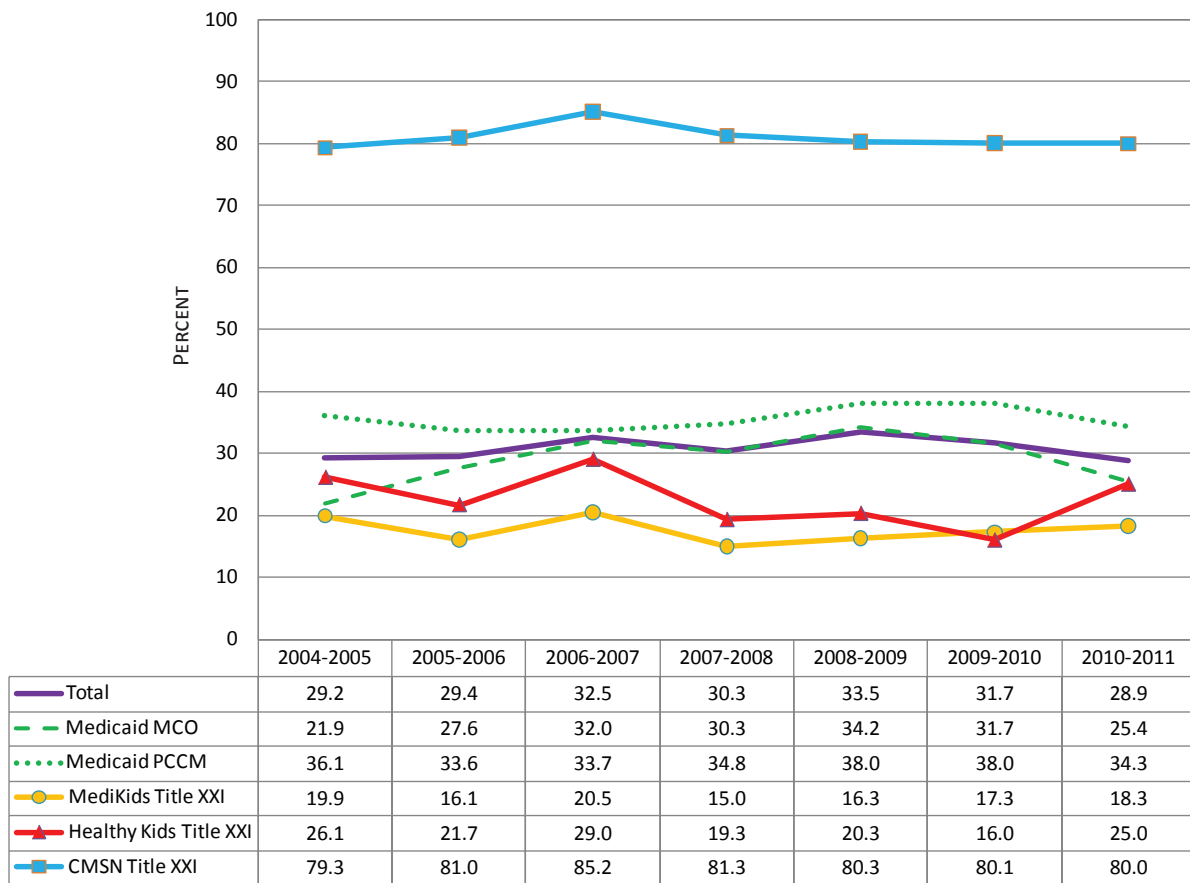
Although children must meet clinical eligibility criteria to be enrolled in CMSN, the CSHCN Screener identified 80% of CMSN enrollees, in each of the last three years, as having a special health care need. This suggests that the CSHCN Screener items are not being understood completely by parents, or families may be reluctant to answer questions about their children's health despite assurances of confidentiality.

³ Bethell C, Read D. Child and Adolescent Health Initiative. Portland, Oregon: Foundation for Accountability; 1999.

TABLE 17. PERCENTAGE OF CHILDREN IDENTIFIED WITH SPECIAL HEALTH CARE NEEDS, SEVEN STATE FISCAL YEARS

Program/State Fiscal Year	2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11
Total	29.2	29.4	32.5	30.3	33.5	31.7	28.9
Medicaid MCO	21.9	27.6	32.0	30.3	34.2	31.7	25.4
Medicaid PCCM	36.1	33.6	33.7	34.8	38.0	38.0	34.3
MediKids Title XXI	19.9	16.1	20.5	15.0	16.3	17.3	18.3
Healthy Kids Title XXI	26.1	21.7	29.0	19.3	20.3	16.0	25.0
CMSN Title XXI	79.3	81.0	85.2	81.3	80.3	80.1	80.0

FIGURE 13. ESTABLISHED ENROLLEES WITH SPECIAL HEALTH CARE NEEDS, SEVEN YEAR TREND



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 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.

3.2 BODY MASS INDEX

Parents were asked to self-report their best estimate of their child's height and weight during the KidCare Established Enrollee telephone interview.⁴ A Body Mass Index (BMI) was calculated using parents' estimate of height and weight for each child over the age of two years and compared to the Centers for Disease Control and Prevention's growth charts by age and gender.⁵ Children whose BMI exceeds the 95th percentile for their age and gender group are considered obese and children whose BMI falls within the 85th-94th percentiles are considered overweight. Additionally, the mean and median BMI and the percentage of KidCare enrollees with a BMI of 30 or greater (the adult cutpoint for obesity) were calculated.

Table 18 summarizes the BMI percentiles for established enrollees aged 2-18 years. Over 31% of enrollees have BMIs that exceed the 85th percentile for their age and gender. By program component, the share of enrollees with BMIs exceeding the 85th percentile range from a low of 30% of Medicaid MCO, 32% of Healthy Kids, to 33% of Medicaid PCCM and MediKids, and to a high of 39% of CMSN. **Figure 14** shows that the share of established enrollees that exceed the 85th percentile BMI has been relatively stable over the last seven years.

By race-ethnicity (**Table 18**), the share of enrollees whose BMIs exceed the 85th percentile vary, with 30% of Hispanic enrollees, 35% of black not Hispanic enrollees, 32% of white not Hispanic enrollees and 25% of other race or multi-racial enrollees being overweight or obese (**Table 18**). Due to the small number of children in the other race or multi-racial category, the figures for that category should be used with caution.

Average BMIs are presented in **Table 19**. The mean BMI for established enrollees ages 2-18 is 22.2 and the median is 20.7. Twelve percent of KidCare enrollees two years of age and older have BMIs of 30 or greater and 14% of enrollees ten years of age and older have BMIs of 30 or greater.

4 An evaluation of the accuracy of parent self-report was conducted by ICHP in 2006 ("Validation of Information Collected from Caregivers in Telephone Surveys with Administrative Records for KidCare Enrollees, 2005") that found parent-report to be congruent with height and weight recorded in medical records at well-child visits.

5 Kuczmarski RJ, Ogden C, Grummer-Strawn LM, et al. CDC Growth Charts: United States. Hyattsville, MD: U.S. Department of Health and Human Services, 2000. NCHS Advance Data Report No. 314.

TABLE 18. BODY MASS INDEX PERCENTILES FOR ESTABLISHED ENROLLEES, SUMMER 2011

ESTABLISHED ENROLLEES, 2010-2011						
Percent of established enrollees, by program, ages 2-18	Total	Medicaid MCO	Medicaid PCCM	MediKids Title XXI	Healthy Kids Title XXI	CMSN Title XXI
BMI under the 85th percentile	68.6	70.1	67.3	66.7	68.0	61.4
BMI 85th-94th percentile	9.9	8.8	9.1	5.6	14.7	15.4
BMI 95th percentile or higher	21.5	21.2	23.7	27.8	17.3	23.2
Sum, BMI 85th percentile or higher	31.4	29.9	32.7	33.3	32.0	38.6
Percent of established enrollees, by race-ethnicity, ages 2-18	Total	Hispanic, any race	Black, not Hispanic	White, not Hispanic	Other or multi-racial, not Hispanic	
BMI under the 85th percentile	68.6	70.5	64.8	68.0	75.5	
BMI 85th-94th percentile	9.9	9.6	10.0	10.6	7.6	
BMI 95th percentile or higher	21.5	19.9	25.2	21.5	16.9	
Sum, BMI 85th percentile or higher	31.4	29.5	35.2	32.1	24.5	

FIGURE 14. PERCENTAGE OF ESTABLISHED ENROLLEES WITH BMIs IN THE OVERWEIGHT OR OBESE RANGE, 2-18 YEARS OF AGE, SIX YEAR TREND

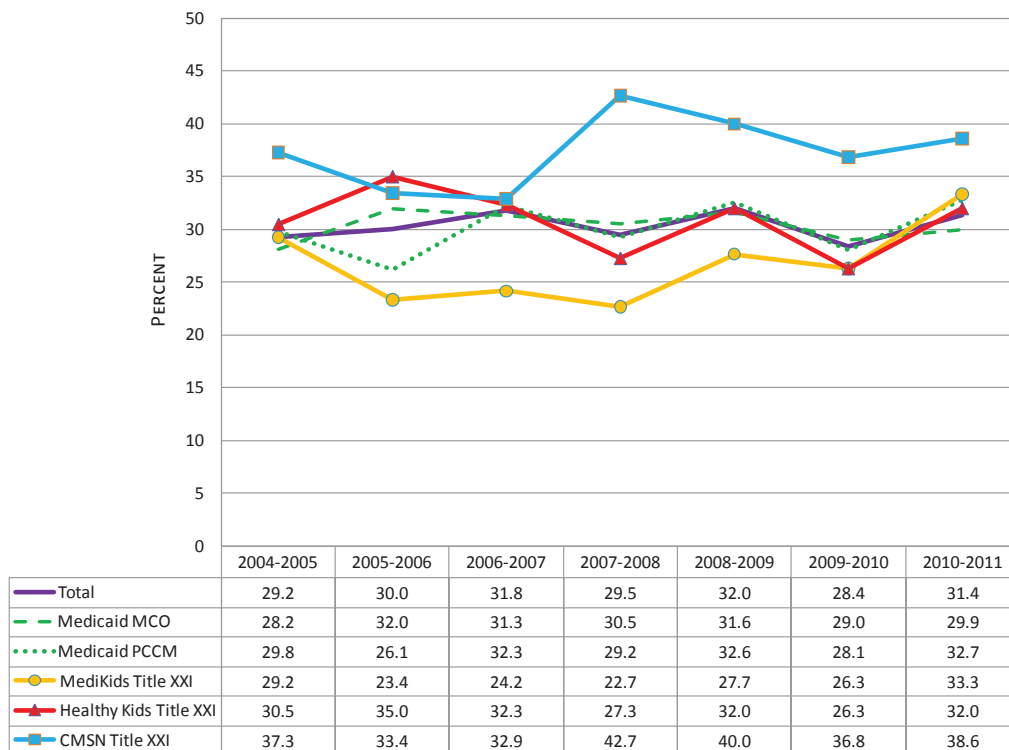


TABLE 19. BODY MASS INDEX MEANS, MEDIANS AND SHARE WITH A BMI GREATER THAN 30 FOR ESTABLISHED ENROLLEES, SUMMER 2011

Established enrollee BMI means, medians and percent 30+ 2010-2011						
	Total	Medicaid MCO	Medicaid PCCM	MediKids Title XXI	Healthy Kids Title XXI	CMSN Title XXI
Mean, ages 2-18	22.2	22.1	22.5	19.0	22.0	22.2
Median, ages 2-18	20.7	20.5	21.1	17.4	21.0	21.4
% of enrollees ages 2-18 with BMI of 30 or greater	11.8	12.9	13.2	6.5	8.0	9.8
Mean, ages 10-18	23.4	23.9	23.5	-----	22.5	23.2
Median, ages 10-18	21.8	21.9	22.6	-----	21.5	21.9
% of enrollees ages 10-18 with BMI of 30 or greater	13.8	16.3	14.5	-----	9.0	10.6

3.3 DEMOGRAPHICS OF ESTABLISHED ENROLLEES

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 information on the composition of KidCare’s long-term enrollee population.

Race and ethnicity

About 41% of program enrollees are Hispanic, 23% of enrollees are black non-Hispanic and 31% are white non-Hispanic (**Figure 15**). The Hispanic share of established enrollees has ranged between 29% and 38% in the prior six years (**Figure 16**). **Figure 17** shows the national origin of the Hispanic enrollees--Mexico (25%), Puerto Rico (18%), and Cuba (16%) were the most common origins indicated.

FIGURE 15. RACE AND ETHNICITY OF ESTABLISHED ENROLLEES, SUMMER 2011

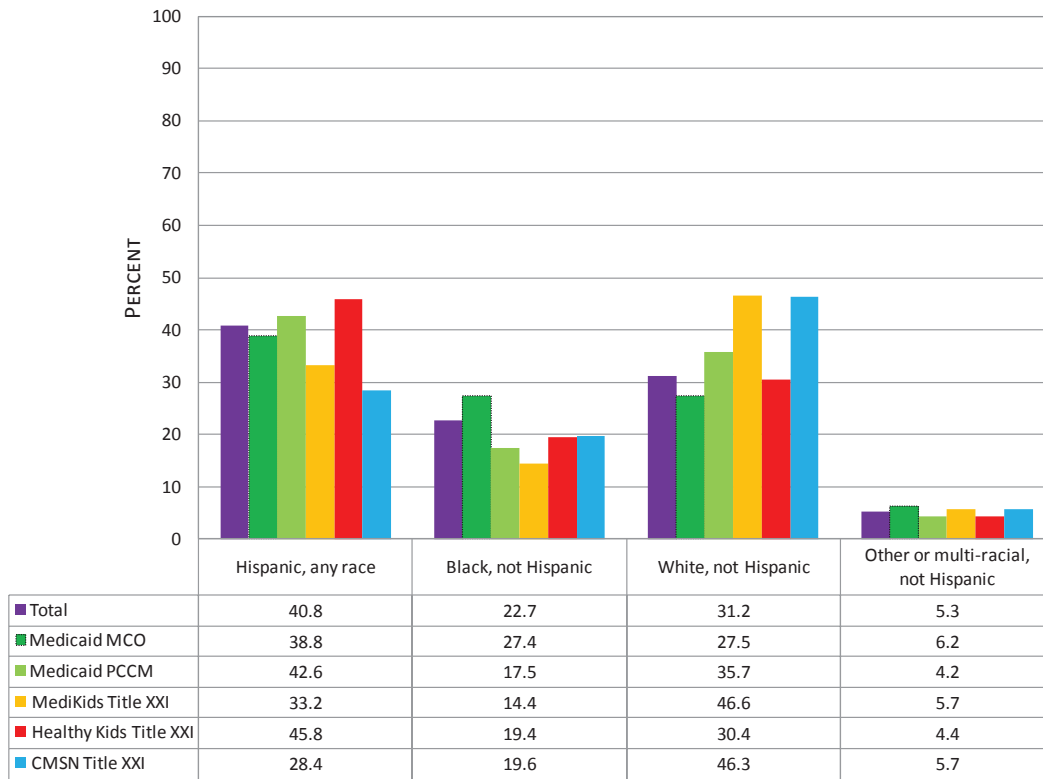


FIGURE 16. HISPANIC ETHNICITY OF ESTABLISHED ENROLLEES, SEVEN YEAR TREND

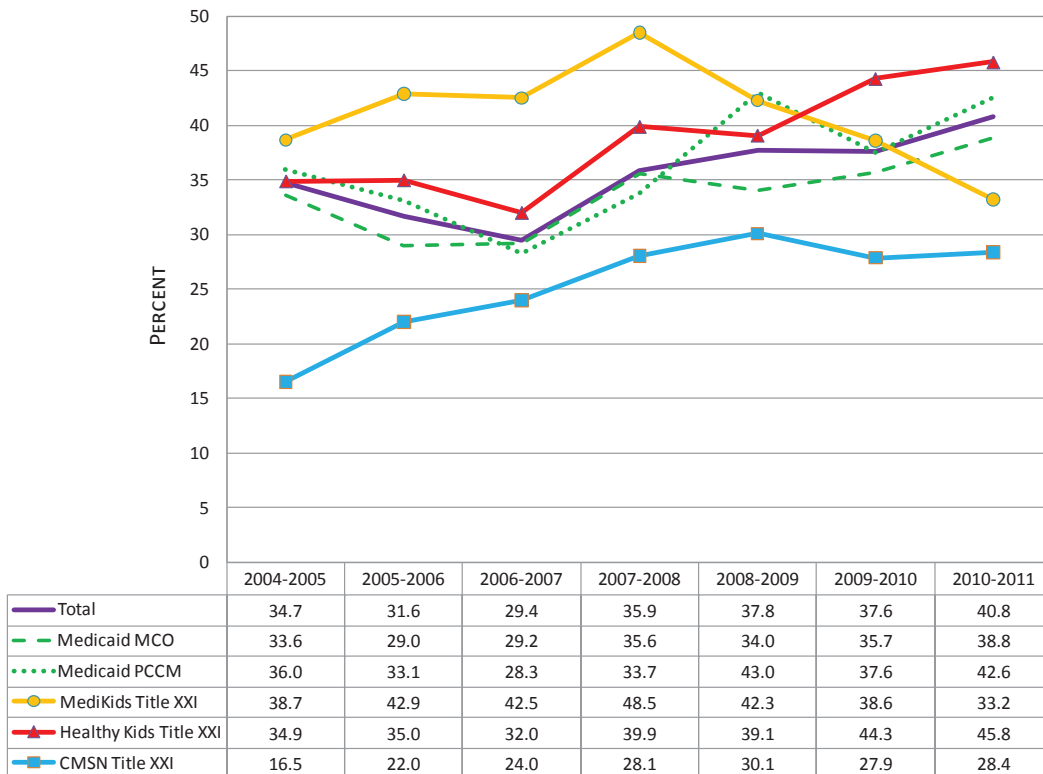
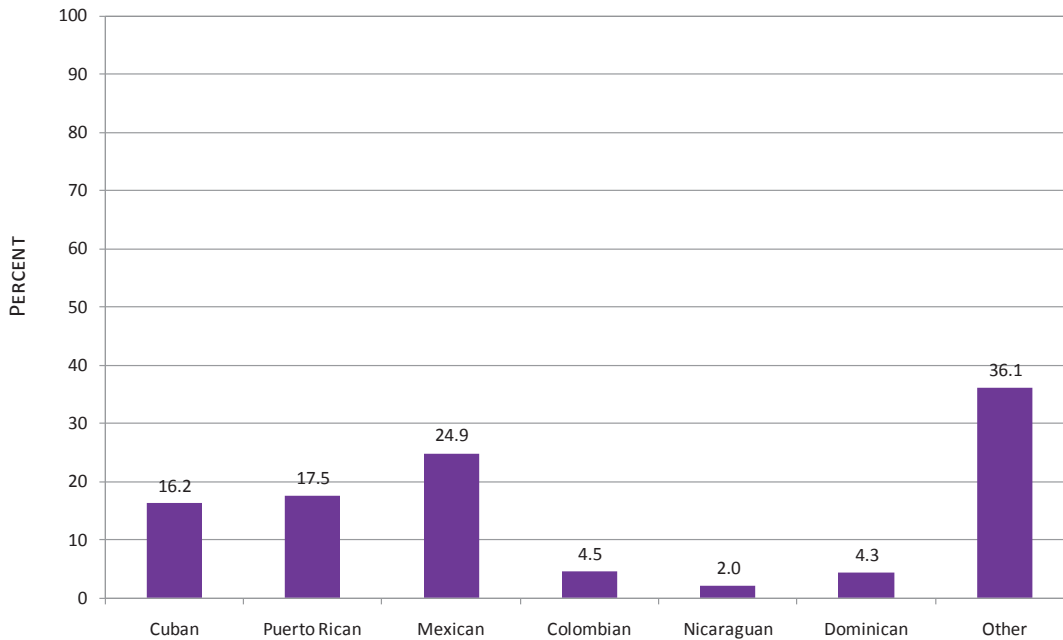


FIGURE 17. DETAILED HISPANIC ORIGIN OF ESTABLISHED ENROLLEES, SUMMER 2011



Note: Percentages add to more than 100% because respondents can designate “all that apply.”

Age and gender

The average age of the KidCare enrollees is 10.0 years ([Table 20](#)). As expected, the MediKids program has the youngest enrollees (3.7 years of age on average). The average age of Medicaid MCO enrollees is 8.7 years, Medicaid PCCM is 9.1 years, Healthy Kids is 13.3 years, and CMSN is 12.3 years.

Overall, 53% of established enrollees are male and 47% are female ([Table 20](#)).

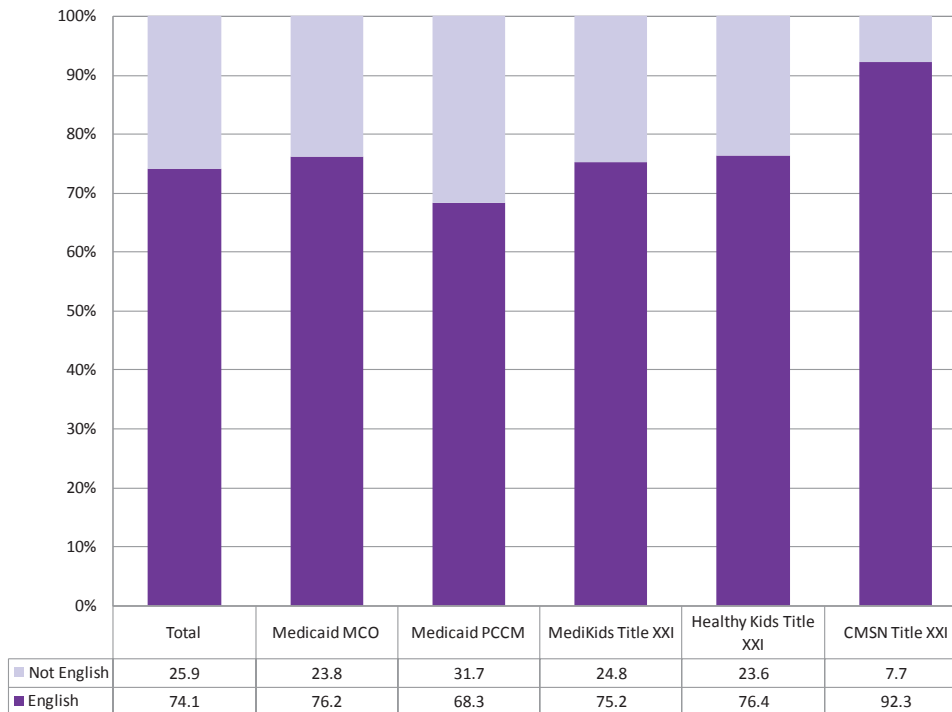
TABLE 20. AGE AND GENDER FOR ESTABLISHED ENROLLEES, SUMMER 2011

Age and Gender						
	Total	Medicaid MCO	Medicaid PCCM	MediKids Title XXI	Healthy Kids Title XXI	CMSN Title XXI
Average Age	10.0	8.7	9.1	3.7	13.3	12.3
Female (%)	47.2	48.3	46.7	51.3	45.3	37.0
Male (%)	52.8	51.7	53.3	48.7	54.7	63.0

Language spoken at home by enrollees

The majority of children in all KidCare program components spoke English as their primary language in the home (74% overall), but 23% of children speak Spanish as their primary language at home. About three percent of children speak a primary language in the home other than English and Spanish, such as Vietnamese, Mandarin, or Creole. The share of enrollees that speak English at home varies by program component from 68% of Medicaid PCCM to 92% of CMSN (Figure 18).

FIGURE 18. LANGUAGE SPOKEN AT HOME BY ESTABLISHED ENROLLEES, SUMMER 2011

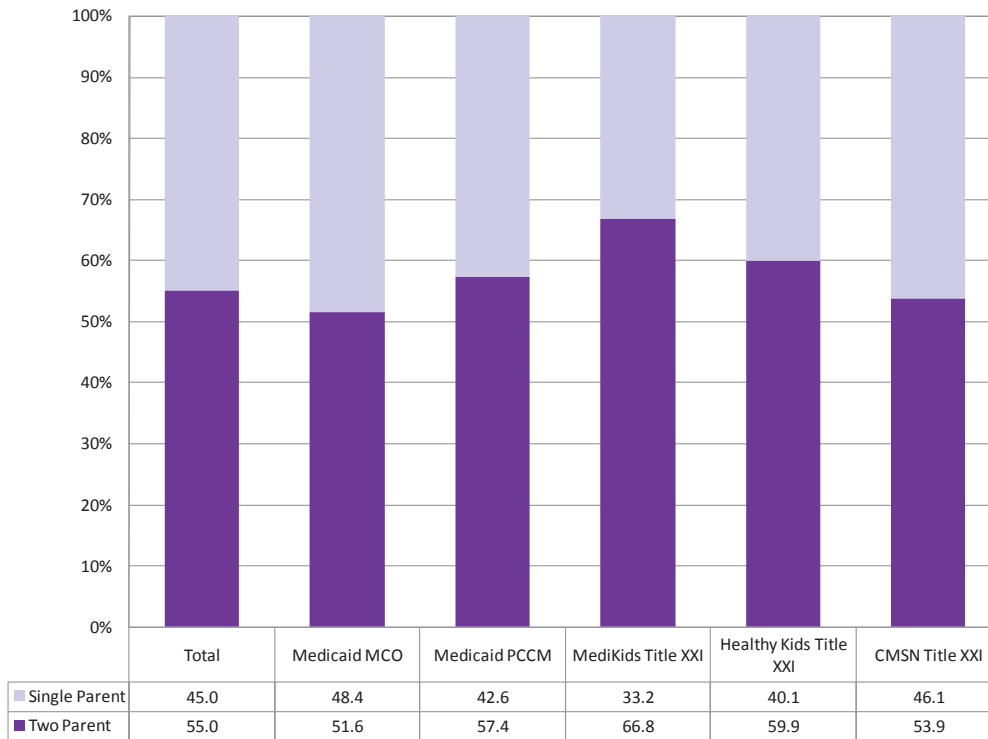


3.4 CHARACTERISTICS OF HOUSEHOLDS AND PARENTS

Household type

Fifty-five percent of KidCare established enrollees reside in two-parent households, with MediKids respondents reporting the highest percentage of two parent families of any of the program components (67% compared to 52% in Medicaid MCOs, 57% in Medicaid PCCM, 60% in Healthy Kids, and 54% in CMSN) (**Figure 19**).

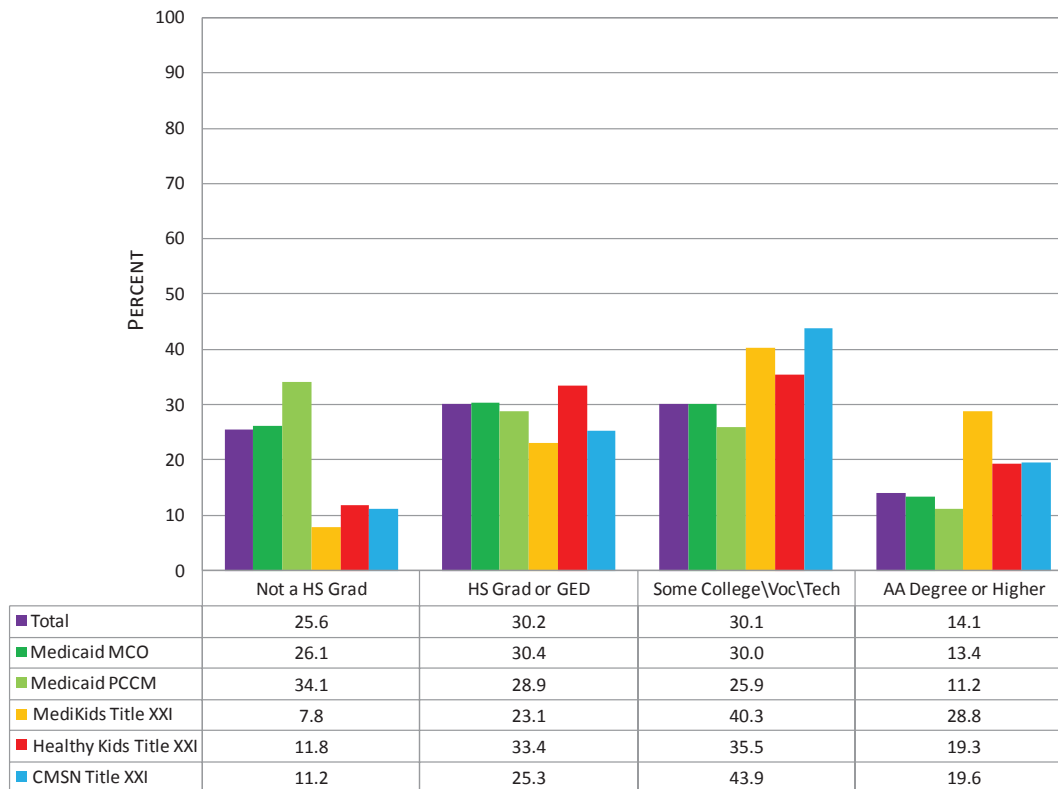
FIGURE 19. HOUSEHOLD TYPE OF ESTABLISHED ENROLLEES, SUMMER 2011



Parent's education

Figure 20 shows parental educational characteristics. Overall, about 26% of respondents do not have a high school degree, while 30% have a high school degree, 30% have some college classes or vocational/technical training, and 14% have an Associates degree or higher. Compared to Medicaid MCO or Medicaid PCCM parents, larger shares of Title XXI MediKids, Healthy Kids, and CMSN parents have post-high school training or an Associates degree or higher.

FIGURE 20. PARENTS’ EDUCATIONAL ATTAINMENT, SUMMER 2011

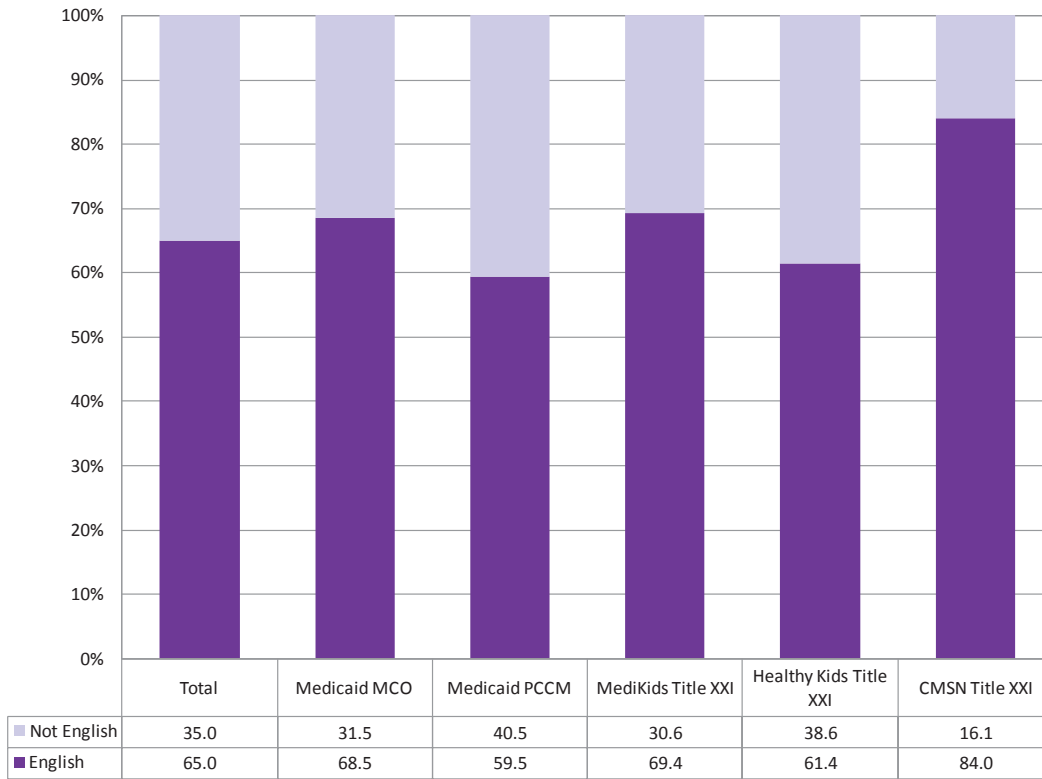


Language spoken at home by parents

Among parents of established enrollees, 65% report speaking English as their primary language at home, 30% speak Spanish as their primary language and 5% speak another language (**Figure 21**).

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 a tenth of 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.

FIGURE 21. LANGUAGE SPOKEN AT HOME BY PARENTS OF ESTABLISHED ENROLLEES, SUMMER 2011



Internet and mobile phone access

To measure internet access among KidCare established enrollee families, a series of questions about computer and internet access in the home and workplace were included in the family interview. About 76% of all KidCare families have a computer and access to the internet at home (Table 21). The share with access has increased every year from the 56% found in 2004-2005 (Figure 22). As with other family sociodemographic characteristics, the results for Medicaid MCO and PCCM 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. Seventy percent of Medicaid PCCM and 74% of Medicaid MCO families have a computer and internet access at home, compared to 88% of MediKids families, 92% of Healthy Kids families, and 90% of CMSN families.

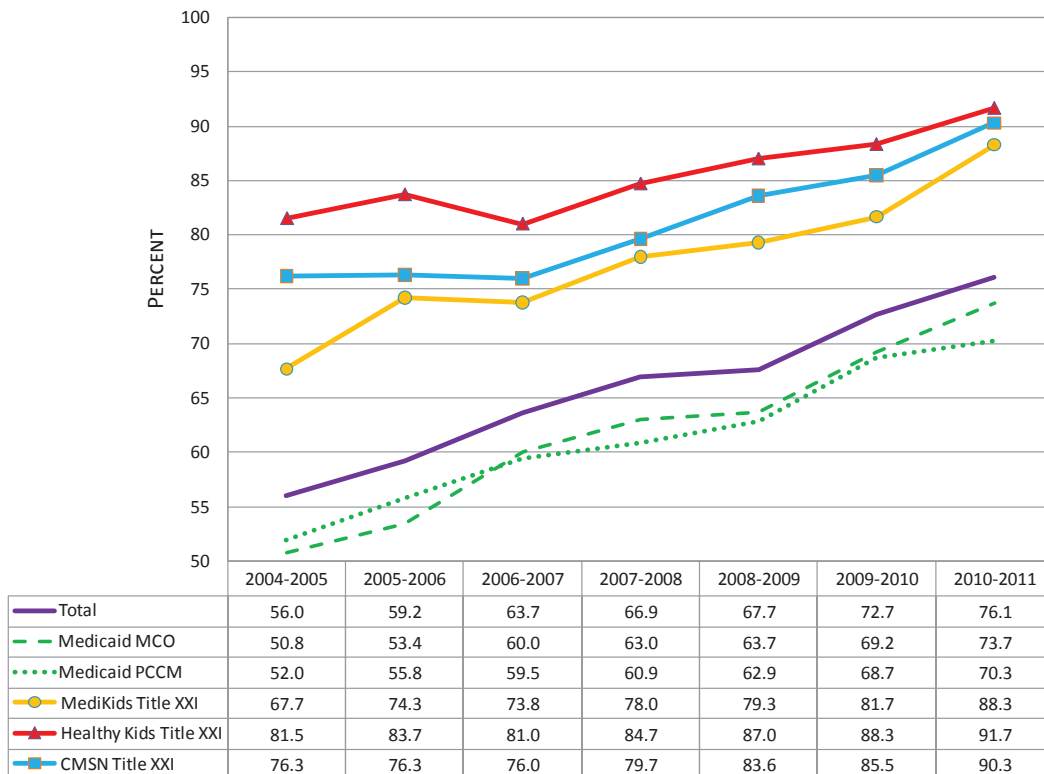
About 91% of families report having a mobile telephone (Table 21). For the KidCare Established Enrollee survey conducted in summer, 2011, being contacted on a mobile phone rather than a land-line phone did not limit the participation of any families. Increasing use of mobile phones will be monitored regularly for the impact on interviewer's ability to contact families for evaluations.

TABLE 21. KidCare ESTABLISHED ENROLLEE FAMILIES WITH A COMPUTER AND INTERNET ACCESS AND A MOBILE PHONE, SUMMER 2011

	Total	Medicaid MCO	Medicaid PCCM	MediKids Title XXI	Healthy Kids Title XXI	CMSN Title XXI
Access to a computer at home	79.5	77.4	73.9	92.3	94.0	91.6
Internet access at home	78.1	75.8	72.7	89.3	92.7	92.6
Both a computer and internet at home	76.1	73.7	70.3	88.3	91.7	90.3
Internet access at work*	31.6	33.5	21.8	50.6	37.6	41.8
Access to internet at home or at work	82.9	80.9	78.4	93.9	94.3	95.0
Has a mobile phone	90.7	91.1	86.9	96.7	95.7	93.0

* ... with employers permission to use internet access for personal issues.

FIGURE 22. KidCare FAMILIES WITH A COMPUTER AND INTERNET ACCESS AT HOME, SEVEN YEAR TREND





SECTION 4

FAMILY EXPERIENCES WITH KIDCARE

- 99% of Title XXI families agree that paying the premium is “worth the peace of mind” so that their children can have needed insurance coverage.
- 88% of families of established enrollees report having a personal doctor or nurse who usually provides health care to their child.
- Families were highly satisfied with their personal doctor or nurse, 73% rated their children’s primary care provider (PCP) a “9” or a “10”.
- 87% of families report positive experiences with being able to get care quickly for injuries or illnesses.
- 86% of families had a positive report about their provider’s communication style.
- 65% of KidCare families rated their general health care experience a “9” or a “10”.



SECTION 4.

FAMILY EXPERIENCES WITH KIDCARE

4.1 PAYING PREMIUMS

Families whose children are enrolled in KidCare's Title XXI programs pay a monthly premium for their children's coverage; families enrolled in Healthy Kids or MediKids full pay coverage also pay a monthly premium, but they are not included this evaluation. These premiums are important to overall KidCare program operations.

In the summer 2011 KidCare Established Enrollee survey, Title XXI MediKids, Healthy Kids, and CMSN families were asked questions about their experiences with premium payment. The results are summarized in **Table 22**. About 91% of all families feel that the premium amount is "about right" or "too little" and 9% of families felt that the premium was "too much". A slightly higher percent of CMSN families (95%) feel that the premium is "about right" or "too little" compared to 92% of MediKids and 91% of Healthy Kids families.

Almost all (99%) families agree or strongly agree that paying the premium is "worth the peace of mind" so that their children can have needed insurance coverage. Ninety-five percent of families agreed with the statement that they felt good about paying for part of their children's health care coverage. However, 5% of families in this survey report having difficulty paying the KidCare premium almost every month. About 6% of Healthy Kids and CMSN families found it difficult to pay the premium every month compared to 3% of MediKids families. About 6% of families who pay \$15 per month for their Title XXI coverage found it difficult to pay the premium every month compared to 5% of families who pay \$20 per month for their Title XXI premium.

TABLE 22. FAMILY EXPERIENCE WITH PAYING PREMIUMS FOR TITLE XXI COVERAGE, SUMMER 2011

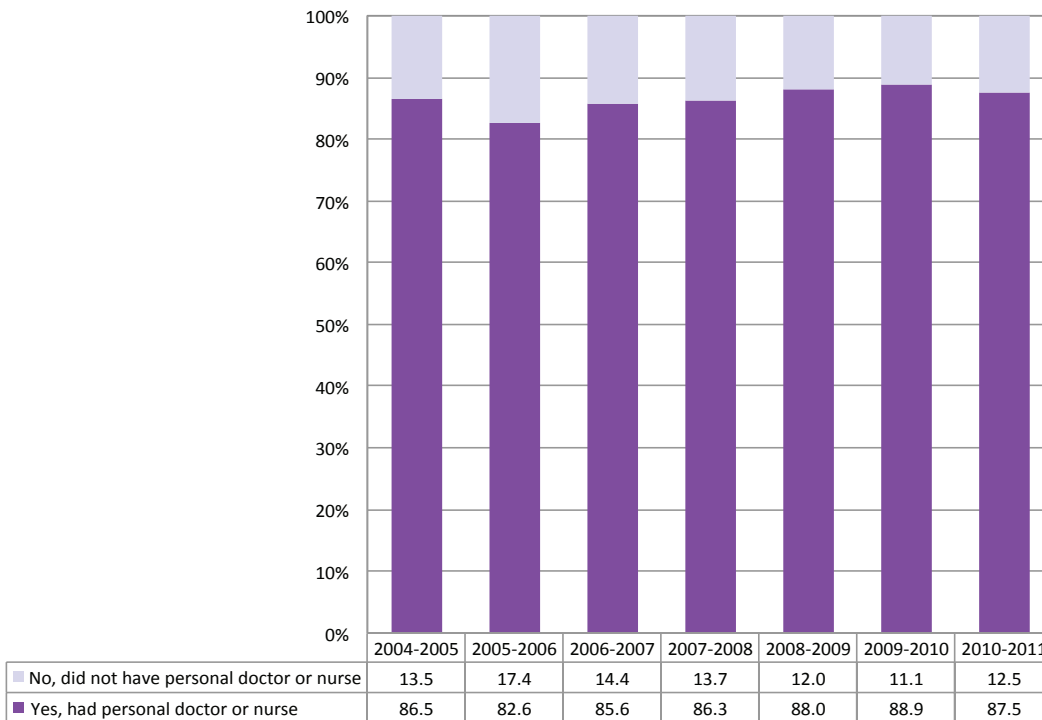
	Percentage Responding					
	Total Title XXI	MediKids Title XXI	Healthy Kids Title XXI	CMSN Title XXI	\$15/month Title XXI premium	\$20/month Title XXI premium
Is the premium...?						
About the right amount	88.0	89.0	87.5	90.9	87.3	89.2
Too much	8.6	8.2	9.0	5.4	9.1	7.8
Too little	3.4	2.7	3.5	3.7	3.7	3.0
How often is it difficult for you to pay the premium?						
Almost every month	5.4	3.4	5.7	5.7	5.8	4.8
Every couple of months	18.3	17.3	18.2	20.4	16.2	21.6
Rarely	36.0	39.1	35.6	35.4	37.7	33.3
Never	40.3	40.2	40.5	38.6	40.3	40.4
Paying a premium is worth it.						
Strongly agree	76.6	77.0	75.7	83.8	74.8	79.5
Agree	21.2	19.7	22.2	14.2	23.2	17.9
Disagree	1.6	1.4	1.7	0.7	1.1	2.5
Strongly disagree	0.6	2.0	0.4	1.4	0.9	0.2
Sometimes I think the premium is a waste because my child is healthy.						
Strongly agree	13.9	6.7	15.6	8.3	15.9	10.6
Agree	8.6	12.5	8.5	4.1	8.5	8.8
Disagree	11.4	8.8	12.1	9.6	13.7	7.7
Strongly disagree	66.1	72.1	63.8	78.0	61.9	72.9
I feel better paying for some of the cost of my child's coverage.						
Strongly agree	77.5	75.3	77.4	81.1	74.7	82.1
Agree	17.1	20.6	16.9	14.5	20.3	11.9
Disagree	3.8	3.4	4.1	2.4	3.4	4.5
Strongly disagree	1.6	0.7	1.7	2.0	1.7	1.5
The premium is worth the peace of mind.						
Strongly agree	90.8	90.7	90.6	92.9	90.7	91.1
Agree	7.8	7.7	8.1	5.7	8.3	7.0
Disagree	0.5	0.0	0.7	0.0	0.4	0.7
Strongly disagree	0.9	1.7	0.7	1.4	0.6	1.2

4.2 HAVING A PERSONAL DOCTOR AND WELL-CHILD VISIT COMPLIANCE

Having a personal doctor

Having a personal doctor is associated with early detection of health care problems, compliance with well-child visits, prompt treatment of acute care needs, and reduced costs of care. KidCare families report high levels of access to a personal provider. Overall, 88% of established families reported having a personal provider. Access is fairly similar across the KidCare programs, with 87% of Medicaid MCO, 86% of PCCM, 90% of MediKids, 92% of Healthy Kids, and 93% of CMSN families having a personal provider (Figure 23). These findings are consistent with past evaluation reports.

FIGURE 23. ESTABLISHED ENROLLEES WITH A PERSONAL PROVIDER BY PROGRAM COMPONENT, SEVEN YEAR TREND

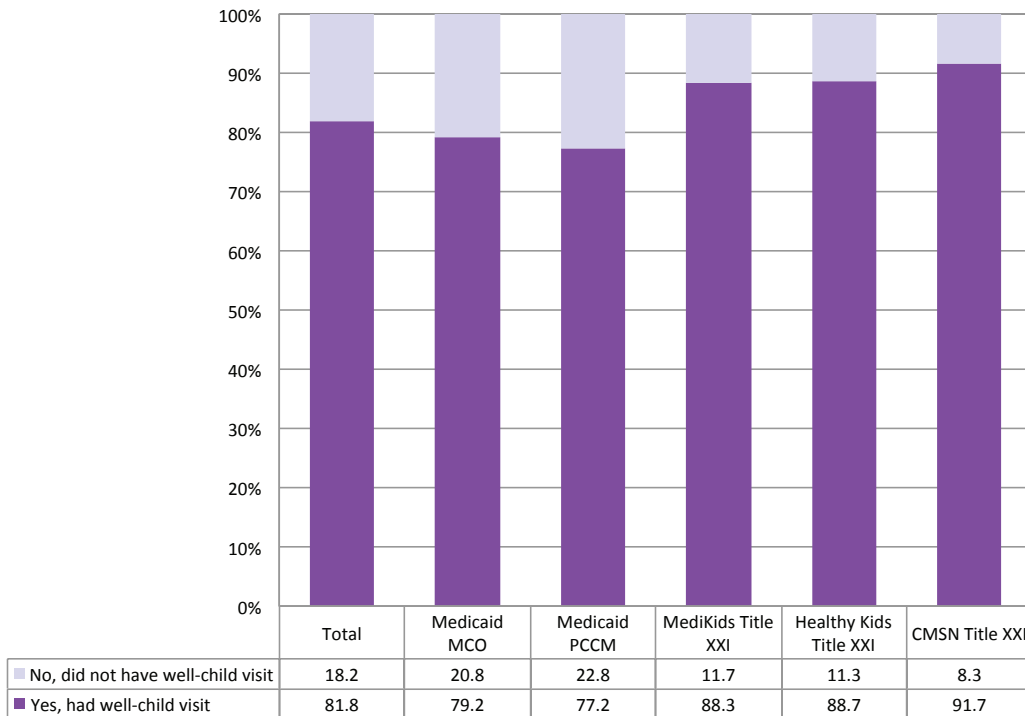


Well-child visit compliance

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. Parents of established enrollees, two years of age and older, were asked if their child had received a routine or preventive care visit in the six months prior to the interview. Eighty-two percent of parents of established KidCare enrollees reported their child received a routine visit in the six months prior to the interview. All programs have high compliance with this guideline: 79% of Medicaid MCO, 77% of Medicaid PCCM, 88% of MediKids, 89% of Healthy Kids, and 92% of CMSN families report a well-child visit. These rates of compliance are excellent given that the reference period is six months, not an entire year.

Additional information on well-child visits, derived from health care data, is included in the quality of care indicators section.

FIGURE 24. ESTABLISHED ENROLLEES WITH A WELL-CHILD VISIT IN THE LAST SIX MONTHS, BY PROGRAM COMPONENT, SUMMER 2010



4.3 MEDICAL HOME

The patient-centered medical home is a “health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family.”⁶ The Consumer Assessment of Healthcare Providers and Systems® (CAHPS®, formerly known as the Consumer Assessment of Health Plans Survey) is recommended by the National Commission on Quality Assurance for measuring experiences of KidCare enrollees, including access to a medical home.⁷ Versions of the CAHPS® instrument have been used in all the evaluation years to measure aspects of care in the six months preceding the interview, such as getting health care from a specialist, getting specialized services, general health care experiences, health plan customer service, and dental care.

This is the third evaluation in which the CAHPS® has been used to assess the medical home. The NCQA has offered suggestions for mapping survey items and thematic groupings (called “domains”) onto the concepts of the medical home. This KidCare Evaluation uses the NCQA guidance to measure the following medical home concepts: getting appointments and health care when needed, how well doctors communicate, shared decision-making, and coordination of care. Results for these medical home concepts and other indicators of family experiences with care appear in the tables and figures of this report section. National Medicaid averages for children from 2010 are provided, where available, for comparison purposes.⁸

Table 23 contains families’ responses about their children’s experiences getting needed care, including specialty care, in the six months preceding the interview. About 70% of KidCare established enrollee families made appointments for routine care in the six months prior to being interviewed; this share is similar to the 71% found in the prior evaluation. Of those families who sought routine care, almost three-quarters (71%) reported “always” getting routine appointment as quickly as the parent or caregiver wanted. This is higher than the national benchmark (63%). There was variation by program component in the parent’s report of always getting routine care as quickly as wanted. Families of MediKids enrollees (76%) reported the most satisfaction with this medical home concept, compared to 74% for CMSN, 71% for Medicaid MCO and PCCM, and 70% for Healthy Kids.

A third (33%) of KidCare established enrollee families reported that their children needed care right away for injuries or illness in the six months prior to being interviewed; this share is similar to the 32% found in the prior evaluation. Of those families who sought immediate care, 82% reported “always” getting immediate care as quickly as the parent or caregiver wanted. This is higher than the national benchmark (74%). Families of CMSN enrollees reported the most satisfaction on this concept (87%), compared to 84% for MediKids, 83% for PCCM, 81% for MCO, and 79% for Healthy Kids. **Figure 25** compares results for this important indicator of access to care.

6 AAFP, AAP, ACP, AOA, Joint Principles of the Patient-Centered Medical Home, March 2007

7 Agency for Healthcare Research and Quality, January 2010, http://www.cahps.ahrq.gov/content/products/pdf/CAHPS_C-G_for_Medical_Home.pdf

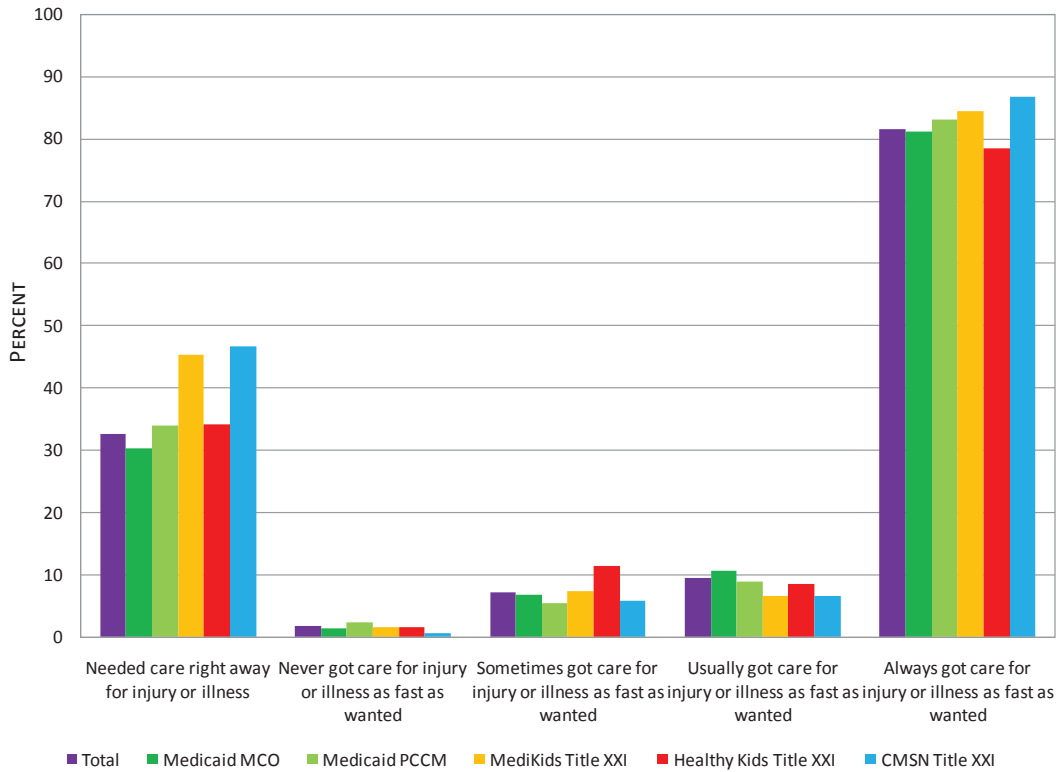
8 2010 Child Medicaid 4.0 Benchmarks, Agency for Healthcare Research and Quality. These benchmarks are unchanged from the prior KidCare Evaluation report because 2011 benchmarks are not yet available.

TABLE 23. FAMILY EXPERIENCE WITH GETTING NEEDED CARE, INCLUDING SPECIALTY CARE, IN THE SIX MONTHS PRIOR TO THE INTERVIEW, SUMMER 2011

In the last six months, ...	Percentage Responding						
	Total	Medicaid MCO	Medicaid PCCM	MediKids Title XXI	Healthy Kids Title XXI	CMSN Title XXI	National Medicaid Benchmark*
Did you make any appointments for routine care?							
Yes	70.0	69.8	67.9	79.5	71.8	82.9	
No	30.0	30.2	32.1	20.5	28.2	17.1	
If yes, how often did you get that appointment as quickly as you wanted?							
Never	3.6	4.2	3.3	1.3	3.3	1.2	18
Sometimes	14.2	13.5	16.1	14.0	13.3	14.2	
Usually	11.3	11.6	10.1	8.5	13.1	11.0	19
Always	70.8	70.7	70.6	76.2	70.2	73.6	63
Did your child have an illness or injury where you needed care right away?							
Yes	32.7	30.3	34.0	45.3	34.2	46.6	
No	67.3	69.7	66.0	54.7	65.8	53.4	
If yes, did you get that care as quickly as you wanted?							
Never	1.7	1.4	2.4	1.5	1.5	0.7	11
Sometimes	7.2	6.8	5.5	7.4	11.5	5.9	
Usually	9.5	10.6	8.9	6.7	8.5	6.6	14
Always	81.6	81.2	83.2	84.4	78.5	86.8	74
Did your child need any specialty care?							
Yes	23.6	21.7	25.0	21.0	24.5	49.3	
No	76.4	78.3	75.0	79.0	75.5	50.7	
If yes, how often was it easy to get a referral to a specialist?							
Never	9.9	10.3	11.3	9.7	7.3	5.7	
Sometimes	16.1	12.8	21.5	14.5	14.3	20.6	
Usually	14.0	17.4	8.8	14.5	14.0	15.6	
Always	60.0	59.5	58.4	61.3	64.3	58.2	
If yes, how often was it easy to get an appointment with a specialist?							
Never	12.9	16.1	11.4	9.5	8.2	6.9	26
Sometimes	16.6	11.7	21.9	25.4	17.8	22.1	
Usually	16.3	18.0	15.9	12.7	12.5	17.9	25
Always	54.3	54.2	50.9	52.4	61.4	53.1	49
Did you try to get any kind of care, tests, or treatment for your child through his or her health plan?							
Yes	27.6	26.9	27.2	28.7	27.7	51.7	
No	72.4	73.1	72.8	71.3	72.3	48.3	
If yes, how often was it easy to get plan approval for care, tests, or treatment?							
Never	10.8	11.0	12.8	7.1	7.9	7.4	19
Sometimes	16.7	17.6	15.2	11.9	16.2	22.8	
Usually	19.4	20.8	17.5	20.2	18.7	19.5	25
Always	53.1	50.7	54.5	60.7	57.3	50.3	56

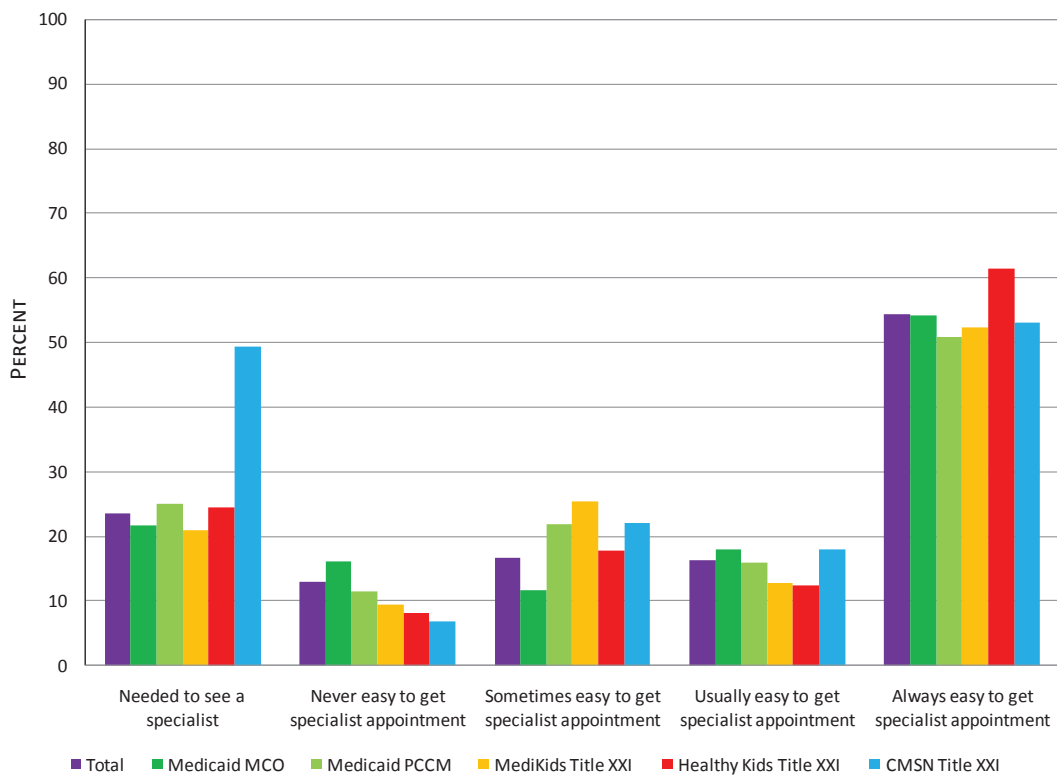
* Note: The Medicaid benchmark combines "never" and "sometimes" responses into a single figure.

FIGURE 25. ESTABLISHED ENROLLEES NEEDING AND GETTING CARE RIGHT AWAY FOR INJURIES OR ILLNESSES, SUMMER 2011



About 24% of children needed to see a specialist at some time in the six months preceding the interview (**Table 23**); this share is similar to the 25% found in the prior evaluation. Twenty-two percent of Medicaid MCO, 25% of PCCM enrollees, 21% of MediKids, 25% of Healthy Kids, and 49% of CMSN enrollees needed specialty care (**Figure 26**). 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, 54% of Kidcare overall said it was “always easy” to get an appointment to see a specialist; this share was unchanged from the prior evaluation. Fifty-four percent of Medicaid MCO families, 51% of Medicaid PCCM, 52% of MediKids, 61% of Healthy Kids, and 53% of CMSN families reported that it was always easy to get a an appointment to see a specialist. In comparison, 49% of respondents in the national Medicaid benchmark reported that it was always easy to get a specialty appointment.

FIGURE 26. ESTABLISHED ENROLLEES NEEDING AND GETTING SPECIALTY CARE, SUMMER 2011



About 28% of KidCare families report trying to get care, tests, or treatment for their child through their health plan; in the prior evaluation, 30% of families reported trying to get care, tests, or treatment for their child. Of those families who tried to get care, tests or treatment, over half (53%) reported that it was always easy to get approval from their health plan for care (Table 23). Fifty-one percent of Medicaid MCO families, 55% of Medicaid PCCM, 61% of MediKids, 57% of Healthy Kids, and 50% of CMSN families report that it was always easy to get health plan approval for care. In comparison, 56% of respondents in the national Medicaid benchmark reported that it was always easy to get health plan approval for care, tests, or treatment.

Table 24 contains families' responses about their experiences during medical appointments, including communication with their child's doctor, in the six months preceding the interview.⁹ Nearly a third (32%) of parents reported their child always being seen by the doctor within 15 minutes of their appointment time and an additional 19% report usually being seen within 15 minutes. About 75% of KidCare parents said that their child's doctor always explained things in a way that was easy to understand; this share is identical to the Medicaid national average. Compared to 77% nationally, 84% of KidCare respondents said that their child's doctor always listens carefully to them. Nearly 88% of KidCare parents said that their child's doctor always showed them courtesy and respect. Eighty-eight percent of Medicaid MCO families, 84% of Medicaid PCCM, 88% of MediKids, 92% of Healthy Kids, and 87% of CMSN families were always treated with courtesy and respect by their child's doctor. In comparison, the national Medicaid benchmark was 81%. Eighty-two percent of KidCare parents reported always being treated with courtesy and respect by clerks and receptionists at the doctor's office and 71% of KidCare parents thought the office staff were always as helpful as they should be.

Nearly 73% of parents and caregivers think their child is old enough to talk to their health care provider. Of those families, 79% percent of families report that their health care provider always explains things in a way the child can understand. This is higher than the national benchmark of 69% of respondents who report that their health care provider always explains things so the child can understand. Similarly, 69% of KidCare families, compared to 61% of the benchmark group, report that their health care provider always spends enough time with their child.

Compared to 85% nationally, 78% of KidCare parents recalled their child's doctor talking with them about how their child was feeling, growing, or behaving. About 26% of KidCare parents reported that their child had a medical, behavioral, or other health condition that had lasted for three months or longer. Of those KidCare families, 88% of parents thought their child's doctor understood how the condition affected the child's day-to-day life and 86% of the parents thought their child's doctor understood how the condition affected the family's day-to-day life. In comparison, 92% of parents nationally thought their child's doctor understood how health conditions affected their child's day-to-day life and 88% of the parents thought their child's doctor understood how health conditions affected the family's day-to-day life.

⁹ Several items in this table are drawn from the CAHPS Clinician and Group Survey. ICHP's FHK CAHPS Survey was primarily a Health Plan Survey. It included many, but not all, of the CAHPS Clinician and Group Survey items. Hence, there are four elements of Table 24 for which data is not available for Florida Healthy Kids Title XXI. Information is not available for five elements in Table 26 and one element in Table 28 for the same reason.

TABLE 24. FAMILY EXPERIENCE WITH MEDICAL APPOINTMENTS, INCLUDING DOCTOR COMMUNICATION, IN THE SIX MONTHS PRIOR TO THE INTERVIEW, SUMMER 2011

In the last six months, ...	Percentage Responding						
	Total	Medicaid MCO	Medicaid PCCM	MediKids Title XXI	Healthy Kids Title XXI	CMSN Title XXI	National Medicaid Benchmark*
Did a doctor examine your child?							
Yes	96.1	96.8	95.1	95.0		96.7	
No	3.9	3.2	4.9	5.0		3.3	
How often was your child seen by the doctor within 15 minutes of your appointment time?							
Never	28.3	28.3	27.1	34.8		36.4	
Sometimes	21.4	20.3	23.1	20.6		24.0	
Usually	18.5	19.8	16.7	15.5		15.7	
Always	31.9	31.6	33.2	29.2		24.0	
How often did your child's personal doctor explain things in a way that was easy to understand?							
Never	4.3	5.5	4.1	3.4	1.4	2.5	8
Sometimes	8.3	9.9	7.3	8.8	5.5	7.9	
Usually	12.4	12.3	13.6	12.6	11.0	12.4	17
Always	75.0	72.4	75.1	75.3	82.2	77.3	75
How often did your child's personal doctor listen carefully to you?							
Never	2.3	2.7	1.7	3.8	2.3	0.4	7
Sometimes	6.2	6.9	6.7	5.0	3.1	8.7	
Usually	7.8	8.3	7.7	6.7	6.1	9.1	15
Always	83.7	82.1	83.9	84.5	88.5	81.8	77
How often were you treated with courtesy and respect by your child's personal doctor?							
Never	2.2	2.4	2.4	1.7	1.2	1.2	6
Sometimes	4.9	5.1	6.0	4.2	2.7	3.3	
Usually	5.4	4.6	7.2	6.7	4.3	8.7	13
Always	87.5	87.9	84.4	87.5	91.8	86.7	81
How often were doctor's office staff as helpful as you thought they should be?							
Never	3.2	3.1	3.4	1.7		3.3	
Sometimes	13.3	14.2	11.9	12.6		12.0	
Usually	12.6	12.8	11.9	17.7		11.6	
Always	71.0	70.0	72.7	68.1		73.1	
How often were you treated with courtesy and respect by doctor's office staff?							
Never	1.8	1.8	1.9	0.8		0.8	
Sometimes	6.2	6.2	6.1	7.5		6.2	
Usually	9.7	9.8	9.2	13.0		8.7	
Always	82.3	82.2	82.8	78.7		84.3	

TABLE 24 CONTINUED

In the last six months, ...	Percentage Responding						
	Total	Medicaid MCO	Medicaid PCCM	MediKids Title XXI	Healthy Kids Title XXI	CMSN Title XXI	National Medicaid Benchmark*
Is your child old enough to talk to the doctor?							
Yes	72.5	68.2	67.4	44.3	97.0	85.7	
No	27.5	31.8	32.6	55.7	3.0	14.3	
Did the doctor explain things in a way your child could understand?							
Never	3.4	3.5	4.2	7.7	2.0	2.9	10
Sometimes	6.9	6.8	9.3	11.5	3.4	9.2	
Usually	10.3	9.8	9.2	12.5	12.4	10.2	21
Always	79.4	79.9	77.3	68.3	82.2	77.7	69
How often did the doctor spend enough time with your child?							
Never	5.0	5.5	5.7	3.8	2.8	2.5	15
Sometimes	12.7	13.5	14.5	12.2	7.5	9.5	
Usually	13.1	13.6	12.0	15.6	13.1	14.1	23
Always	69.2	67.4	67.8	68.4	76.7	73.9	61
Did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?							
Yes	78.0	76.5	77.0	79.8	84.0	77.3	85
No	22.0	23.6	23.0	20.2	16.0	22.7	15
Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?							
Yes	26.3	23.4	31.3	21.4	21.1	75.6	
No	73.7	76.6	68.7	78.6	78.9	24.5	
If yes, does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?							
Yes	88.3	88.8	86.2	94.4	90.3	90.6	92
No	11.7	11.2	13.8	5.6	9.7	9.4	8
If yes, does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your family's day-to-day life?							
Yes	86.1	88.7	83.8	92.6	82.3	87.2	88
No	13.9	11.3	16.2	7.4	17.7	12.8	12

* Note: The Medicaid benchmark combines "never" and "sometimes" responses into a single figure.

Table 25 contains families' responses about their experiences with their health plan, including communication with customer service and getting approval for specialized services, in the six months preceding the interview. Of those families who tried to get information or help from their child's health plan, 43% of KidCare families reported that they always got the information they needed compared to 51% nationally. Sixty-four percent of KidCare families who interacted with their health plan customer service said that they were always treated with courtesy and respect; 67% of families nationally reported always being treated with courtesy and respect. Seventy-one percent of KidCare families found it always easy to get prescription medications for their child; the national rate was 69%. Of those families who tried to get special medical equipment or devices for their child, 61% of KidCare families and 55% of families nationally found it always easy to get the equipment or devices. Of those families who tried to get physical, occupational, or speech therapy for their child, 48% of KidCare families and 53% of families nationally found it always easy to get the therapy. Among families who tried to get treatment or counseling for emotional, developmental, or behavioral problems, 53% of KidCare families reported that it was always easy to get the treatment or counseling compared to 56% of families nationally.

TABLE 25. FAMILY EXPERIENCE WITH THEIR HEALTH PLAN IN THE SIX MONTHS PRIOR TO THE INTERVIEW, SUMMER 2011

In the last six months, ...	Percentage Responding						
	Total	Medicaid MCO	Medicaid PCCM	MediKids Title XXI	Healthy Kids Title XXI	CMSN Title XXI	National Medicaid Benchmark*
Did you try to get information or help from customer service at your child's health plan?							
Yes	23.9	24.9	16.4	37.8	31.1	38.3	
No	76.1	75.1	83.6	62.2	68.9	61.7	
If yes, how often did customer service at your child's health plan give you the information or help you needed?							
Never	12.0	13.1	14.5	5.3	8.4	7.0	28
Sometimes	27.8	28.7	34.2	27.4	19.8	24.6	
Usually	17.0	15.6	17.1	23.0	18.9	19.3	21
Always	43.3	42.6	34.2	44.3	52.8	49.1	51
If yes, how often did customer service staff at your child's health plan treat you with courtesy and respect?							
Never	5.4	5.2	7.7	3.6	4.3	0.9	14
Sometimes	12.6	13.0	19.2	9.0	5.9	12.4	
Usually	17.6	17.5	17.8	18.0	17.9	15.0	19
Always	64.4	64.3	55.3	69.4	71.9	71.7	67
Did you get or refill any prescription medicines for your child?							
Yes	49.3	45.0	54.6	58.1	48.4	81.1	
No	50.7	55.0	45.4	42.0	51.7	18.9	
If yes, how often was it easy to get prescription medicines for your child through his or her health plan?							
Never	1.4	1.6	0.9	1.2	2.3	0.4	11
Sometimes	12.4	15.3	9.8	10.5	10.6	9.2	
Usually	15.2	17.8	13.4	11.6	12.3	14.2	20
Always	71.0	65.3	76.0	76.7	74.8	76.2	69
Did you get or try to get any special medical equipment or devices for your child?							
Yes	6.5	7.1	6.8	7.0	3.5	11.1	
No	93.5	92.9	93.2	93.0	96.5	88.9	
If yes, how often was it easy to get special medical equipment or devices for your child?							
Never	8.9	5.4	13.5	5.0	16.2	6.3	25
Sometimes	15.6	14.5	17.5	10.0	17.0	15.6	
Usually	14.1	10.6	20.4	15.0	15.1	9.4	20
Always	61.4	69.5	48.5	70.0	51.7	68.8	55

TABLE 25 CONTINUED

In the last six months, ...	Percentage Responding						
	Total	Medicaid MCO	Medicaid PCCM	MediKids Title XXI	Healthy Kids Title XXI	CMSN Title XXI	National Medicaid Benchmark*
Did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?							
Yes	9.2	9.3	11.0	10.0	4.3	19.1	
No	90.8	90.7	89.1	90.0	95.7	80.9	
If yes, how often was it easy to get this therapy for your child?							
Never	16.5	19.3	11.2	27.6	15.6	22.8	26
Sometimes	19.8	18.4	19.4	24.1	29.6	21.1	
Usually	16.2	22.3	9.7	13.8	6.4	15.8	20
Always	47.5	40.0	59.7	34.5	48.3	40.4	53
Did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?							
Yes	12.1	13.2	11.9	4.7	8.6	28.3	
No	87.9	86.8	88.1	95.3	91.4	71.7	
If yes, how often was it easy to get this treatment or counseling for your child?							
Never	16.5	17.4	15.5	42.9	16.1	8.3	24
Sometimes	19.9	18.5	23.7	14.3	16.3	23.8	
Usually	10.4	9.1	11.0	14.3	12.5	17.9	20
Always	53.1	55.1	49.9	28.6	55.1	50.0	56

* Note: The Medicaid benchmark combines "never" and "sometimes" responses into a single figure.

Table 26 presents information on family experiences with care coordination, getting information, and making health care decisions. Among families with a child who had a special health care need that required help in school or daycare, 86% of KidCare families and 93% of families nationally reported that their child's doctor talked to the school or daycare about the child's needs. Among families with a child who needed care from more than one kind of health care provider, 54% of KidCare families and 59% of families nationally reported that they received assistance coordinating care among the various providers. About 71% of KidCare families, compared to 70% of families nationally, reported that they always had their questions answered by their child's doctor or other health provider. A smaller share of KidCare families (36%) than the national average (51%) recalled their child's doctors telling them that there was more than one choice for their child's treatment or care. Of those families presented with two or more choices, 91% of KidCare families recalled that their provider discussed pros and cons of each option with them and 85% of KidCare families recalled their providers asking the parent which choice was best for their child. Nationally, 95% of families recalled that their provider discussed pros and cons of each option with them and 64% of families recalled their providers asking the parent which choice was best for their child.

TABLE 26. FAMILY EXPERIENCE WITH CARE COORDINATION AND HEALTH CARE DECISION-MAKING IN THE SIX MONTHS PRIOR TO THE INTERVIEW, SUMMER 2011

In the last six months, ...	Percentage Responding						
	Total	Medicaid MCO	Medicaid PCCM	MediKids Title XXI	Healthy Kids Title XXI	CMSN Title XXI	National Medicaid Benchmark*
Does your child have special health care needs that requires help in school or daycare?							
Yes	12.5	13.9	13.8	10.2	7.0	19.8	
No	87.5	86.2	86.2	89.8	93.0	80.2	
If yes, did your child's doctor talk to the school or daycare about these needs?							
Yes	85.5	85.7	83.4	84.2	90.1	86.4	93
No	14.5	14.3	16.6	15.8	9.9	13.6	7
"Did your child get care from more than one kind of health care provider or use more than one kind of health care service?"							
Yes	19.9	17.5	20.4	17.6	23.5	46.6	
No	80.2	82.5	79.6	82.4	76.5	53.4	
If yes, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?							
Yes	53.8	51.5	52.3	63.5	57.6	66.7	59
No	46.2	48.5	47.7	36.5	42.4	33.3	43
How often did you have your questions answered by your child's doctors or other health providers?							
Never	3.5	3.6	2.7	3.8	4.2	0.7	11
Sometimes	12.8	15.6	13.1	12.4	9.3	11.6	
Usually	12.8	12.9	14.6	10.5	11.0	20.3	19
Always	70.9	68.0	69.5	73.3	75.5	67.4	70
Did your child's doctor or other health provider tell you there was more than one choice for your child's treatment or health care?							
Yes	36.0	33.5	34.1	32.3	49.9	45.7	51
No	64.0	66.5	65.9	67.7	50.1	54.3	49
If yes, did your child's doctor or other health provider talk with you about the pros and cons of each choice for your child's treatment or health care?							
Yes	91.4	90.0	90.4	92.6	96.5	92.4	95
No	8.6	10.0	9.6	7.4	3.5	7.6	5
If yes, when there was more than one choice for your child's treatment or health care, did your child's doctor or other health provider ask you which choice was best for your child?							
Yes	84.5	84.6	84.6	86.5	83.5	85.1	64
No	15.5	15.4	15.4	13.5	16.6	14.9	35

TABLE 26 CONTINUED

In the last six months, ...	Percentage Responding						
	Total	Medicaid MCO	Medicaid PCCM	MediKids Title XXI	Healthy Kids Title XXI	CMSN Title XXI	National Medicaid Benchmark*
Did your child's doctor order any blood tests, x-rays, or other tests?							
Yes	47.5	48.4	47.0	38.9		45.9	
No	52.5	51.6	53.0	61.1		54.1	
If yes, how often did someone from the doctor's office follow-up with you regarding the results of the blood tests, x-rays or other tests?							
Never	14.2	14.4	13.7	19.4		14.0	
Sometimes	8.2	8.1	7.8	11.8		11.2	
Usually	10.8	10.1	12.0	15.1		7.5	
Always	66.8	67.5	66.5	53.8		67.3	
Did you call the doctor's office during regular business hours with a medical question?							
Yes	52.7	53.4	51.0	55.3		58.4	
No	47.3	46.6	49.0	44.7		41.6	
If yes, how often did the doctor's office answer your medical question that same day?							
Never	2.2	2.2	2.4	1.5		2.1	
Sometimes	10.0	8.6	12.4	10.7		12.1	
Usually	15.7	16.1	14.5	19.1		18.4	
Always	72.0	73.1	70.8	68.7		67.4	
Did you call the doctor's office after regular business hours with a medical question?							
Yes	20.9	20.9	20.3	24.7		23.1	
No	79.1	79.1	79.7	75.3		76.9	
If yes, how often did the doctor's office answer your medical question as soon as needed?							
Never	4.1	3.4	5.0	6.8		3.6	
Sometimes	18.0	21.0	14.1	8.5		16.1	
Usually	13.8	13.3	14.3	18.6		10.7	
Always	64.2	62.3	66.7	66.1		69.6	

* Note: The Medicaid benchmark combines "never" and "sometimes" responses into a single figure.

Table 27 presents results for a set of survey items related to childhood growth, development, and injury prevention. These items provide additional information on communication between the parent and their child's health care provider. Because these items were recently introduced on the CAHPS® survey instruments nationally, there are not national benchmarks available at this time for comparison with KidCare results. KidCare families responded most positively about their experiences talking with their child's doctor about how their child was growing (75%) and talking with their child's doctor about their child's diet (67%).

TABLE 27. FAMILY EXPERIENCE WITH PROVIDER COMMUNICATION ABOUT GROWTH, DEVELOPMENT AND INJURY PREVENTION IN THE SIX MONTHS PRIOR TO THE INTERVIEW, SUMMER 2011

In the last six months, ...	Percentage Responding						
	Total	Medicaid MCO	Medicaid PCCM	MediKids Title XXI	Healthy Kids Title XXI	CMSN Title XXI	National Medicaid Benchmark*
Did you and your child's doctor talk about your child's learning ability?							
Yes	48.1	48.0	50.6	58.2	42.2	51.0	
No	51.9	52.1	49.4	41.8	57.8	49.0	
Did you and your child's doctor talk about the kinds of behaviors that are normal for your child at this age?							
Yes	61.3	62.0	62.3	74.8	54.7	65.4	
No	38.7	38.0	37.7	25.2	45.3	34.6	
Did you and your child's doctor talk about how your child's body is growing?							
Yes	75.2	74.2	75.9	79.5	76.4	71.2	
No	24.8	25.8	24.1	20.5	23.6	28.8	
Did you and your child's doctor talk about your child's moods and emotions?							
Yes	53.1	52.9	54.8	57.0	49.1	59.3	
No	46.9	47.1	45.3	43.0	51.0	40.7	
Did you and your child's doctor talk about things you can do to keep your child from getting injured?							
Yes	55.2	55.8	56.3	58.0	51.6	50.6	
No	44.8	44.2	43.8	42.0	48.4	49.4	
Did your child's doctor give you any printed handouts or booklets with information about how to keep your child from getting injured?							
Yes	34.9	37.1	35.3	28.9	29.8	25.8	
No	65.1	62.9	64.7	71.1	70.2	74.2	
Did you and your child's doctor talk about how much or what kind of food your child eats?							
Yes	66.7	66.6	69.6	74.9	61.1	63.1	
No	33.3	33.4	30.4	25.1	38.9	36.9	
Did you and your child's doctor talk about how much or what kind of exercise your child gets?							
Yes	62.6	62.7	60.4	56.7	67.3	64.3	
No	37.4	37.3	39.6	43.3	32.7	35.7	
Did you and your child's doctor talk about how your child gets along with others?							
Yes	48.0	49.9	47.9	53.8	41.4	50.2	
No	52.0	50.2	52.1	46.2	58.6	49.8	
Did you and your child's doctor talk about whether there are any problems in your household that might affect your child?							
Yes	35.5	37.0	35.4	35.6	30.6	39.7	
No	64.5	63.0	64.6	64.4	69.4	60.3	

* Note: The Medicaid benchmark combines "never" and "sometimes" responses into a single figure.

Selected CAHPS® items from the prior five tables of this medical home section were combined to create thematic domains measuring various aspects of the health care experience.¹⁰ The percentage of families responding positively to each domain is reported in **Table 28**. The composite of items related to getting needed care was reported positively by 72% of KidCare families and 77% of the national Medicaid comparison group. Getting needed care quickly was reported positively by 87% of KidCare families and 86% of the benchmark group. Compared to 91% of the benchmark group, 86% of KidCare families also report positive experiences with their doctor's communication skills. Health plan customer service was reported positively by 71% of KidCare families and 79% of the benchmark group. **Figure 27** through **Figure 30** provide five-year trend information for these four composite measures.

The additional concepts presented in **Table 28** were derived from the CAHPS® Health Plan Survey items for children with chronic conditions and selected items from the CAHPS® Clinician and Group Survey. Eighty-six percent of KidCare families report positive experiences getting prescription medications; the national benchmark is 89%. Three-quarters of families nationally and 68% of KidCare families report positive experiences getting specialized services. About 84% of KidCare families and 88% of families nationally report positive experiences with their child's personal doctor. Compared to 79% nationally, 71% of KidCare families had positive experiences with shared health care decision-making. Nearly 84% of KidCare families had positive experiences getting needed health care information; 89% of families nationally reported positive experiences with this concept. Over three-quarters (76%) of families nationally and 70% of KidCare families had positive experiences with care coordination.

Eighty-eight percent of KidCare families reported positive experiences with their doctor's office staff. Over 57% of KidCare families recalled that their child's doctor discussed their child's growth and development with them, while 51% of KidCare families recalled the doctor discussing keeping their child healthy and safe. National benchmarks for these concepts are not available at this time.

¹⁰ HEDIS 2010, Specifications for Survey Measures, volume III

TABLE 28. PERCENTAGE OF FAMILIES RESPONDING POSITIVELY TO CAHPS® HEALTH CARE DOMAIN CONCEPTS, INCLUDING THE MEDICAL HOME, SUMMER 2011

Percent Responding Positively	Total	Medicaid MCO	Medicaid PCCM	MediKids Title XXI	Healthy Kids Title XXI	CMSN Title XXI	National Medicaid Benchmark*
Getting needed care	71.5	71.8	69.3	73.0	74.9	70.4	77
Getting needed care quickly	86.6	87.1	86.4	87.9	85.2	89.0	86
Experiences with doctor's communication skills	86.1	87.6	85.2	84.5	91.0	87.5	91
Health plan customer service	71.1	70.0	62.2	77.3	80.8	77.6	79
Getting prescription medications	86.2	83.1	89.3	88.4	87.1	90.4	89
Experiences getting specialized services	67.6	68.8	66.4	58.7	63.1	67.4	75
Experiences with a personal doctor or nurse	84.1	84.6	82.3	89.0	85.5	85.0	88
Shared decision-making	70.6	69.4	69.7	70.5	76.6	74.4	79
Getting needed information	83.7	80.9	84.1	83.8	86.5	87.7	89
Care coordination	69.6	68.6	67.8	73.8	73.8	76.5	76
Office staff helpfulness and courtesy	87.8	87.3	88.3	88.7	----	88.8	
Doctor's attention to child's growth and development	57.1	57.4	58.3	64.6	52.7	59.4	
Doctor's advice on keeping your child safe and healthy	51.0	51.8	51.4	50.8	48.1	48.7	

* Source: The 2010 Child Medicaid 4.0 Benchmarks, Agency for Healthcare Research and Quality

FIGURE 27. KidCARE FAMILIES RESPONDING POSITIVELY TO THE CAHPS® DOMAIN ON “GETTING NEEDED CARE”, FIVE YEAR TREND

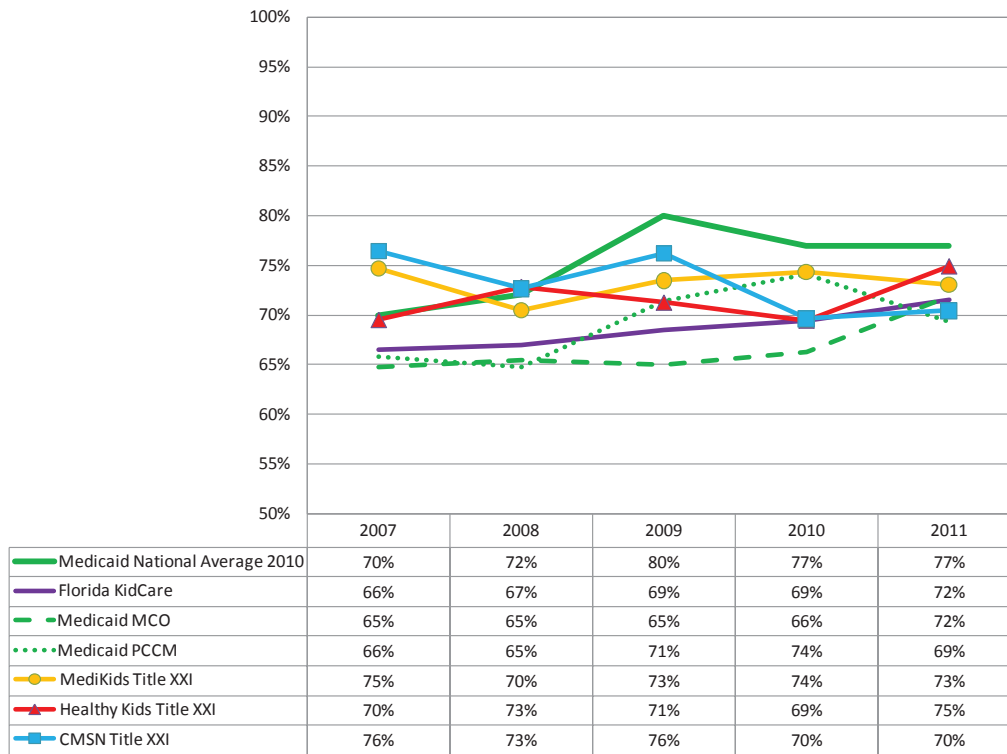


FIGURE 28. KidCARE FAMILIES RESPONDING POSITIVELY TO THE CAHPS® DOMAIN ON “GETTING CARE QUICKLY”, FIVE YEAR TREND

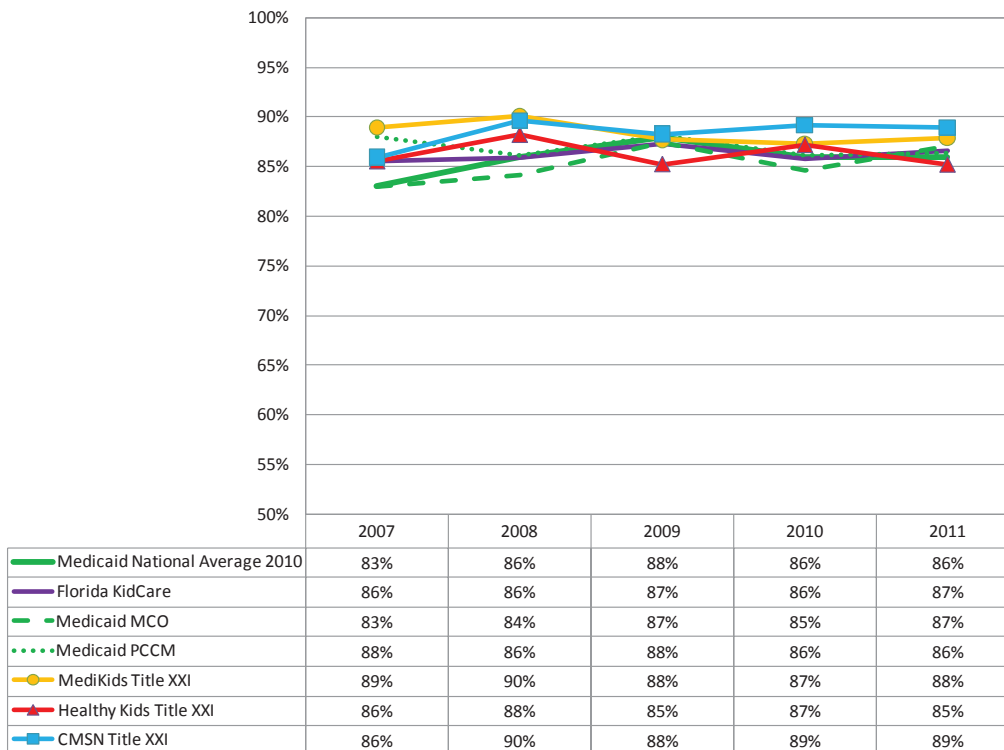


FIGURE 29. KidCare FAMILIES RESPONDING POSITIVELY TO THE CAHPS® DOMAIN ON “EXPERIENCES WITH DOCTOR’S COMMUNICATION”, FIVE YEAR TREND

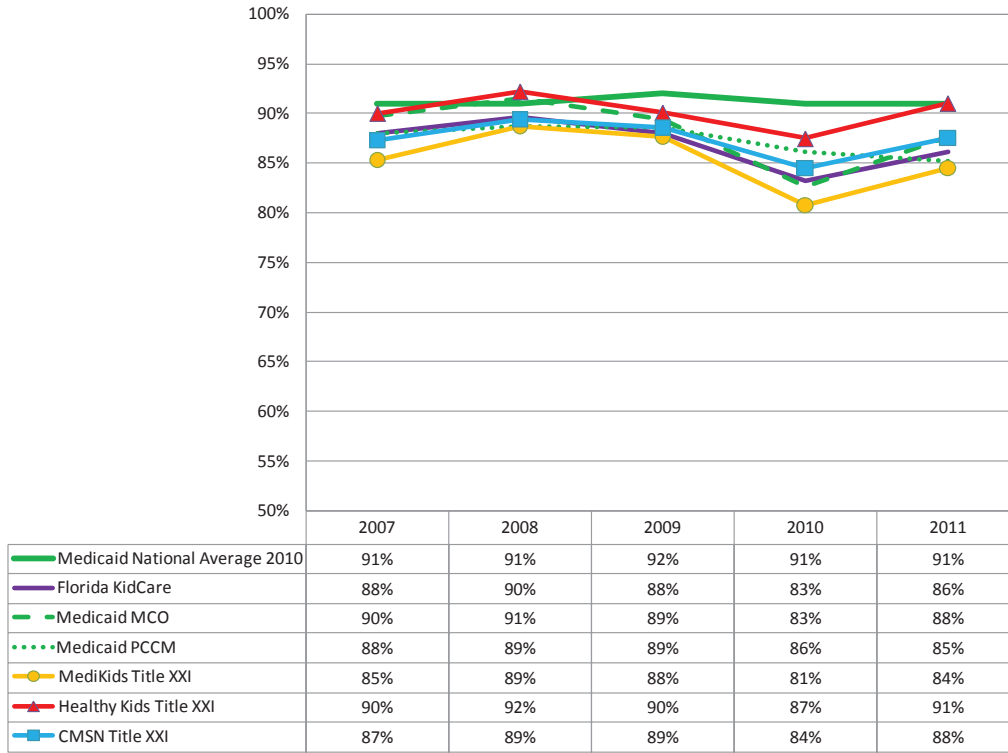
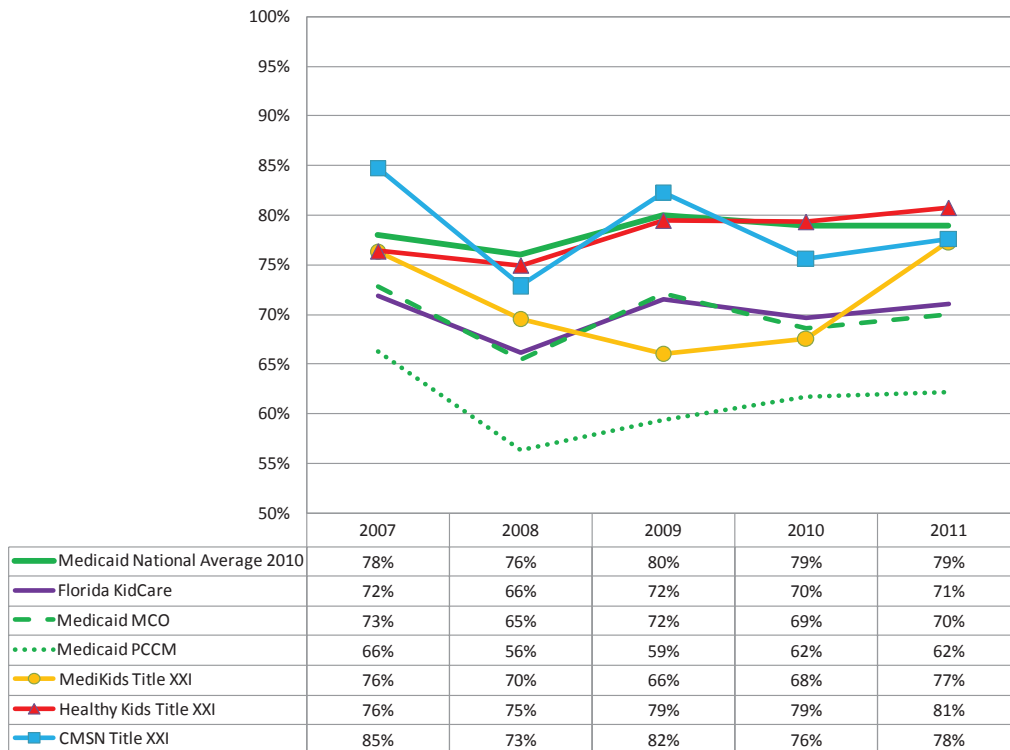


FIGURE 30. KidCare FAMILIES RESPONDING POSITIVELY TO THE CAHPS® DOMAIN ON “HEALTH PLAN CUSTOMER SERVICE”, FIVE YEAR TREND



In addition to the CAHPS® survey items with categorical responses (i.e., “never” or “always”), KidCare families of established enrollees were also asked to provide specific ratings (0 low to 10 high) about four topics: overall health care experience, primary care providers, specialty care, and their health plan. The percent of families who rated each type of care or service a “9” or a “10” is shown in [Table 29](#).¹¹

Overall health care was rated a “9” or a “10” by 65% of KidCare families and by 60% of the national Medicaid benchmark group. Primary care providers rated a “9” or a “10” by 73% of KidCare families and by 70% of the national Medicaid benchmark group. Specialty care providers rated a “9” or a “10” by 72% of KidCare families and by 66% of the national Medicaid benchmark group. Health plans were rated a “9” or a “10” by 60% of KidCare families and by 63% of the national Medicaid benchmark group. In sum, KidCare’s ratings exceeded the national benchmarks for three of the four measures: overall health care, primary care, and specialty care.

TABLE 29. KIDCARE FAMILIES RATING HEALTH CARE AS A “9” OR A “10”, SUMMER 2011

Percent Reporting a Rating of “9” or “10”	Total	Medicaid MCO	Medicaid PCCM	MediKids Title XXI	Healthy Kids Title XXI	CMSN Title XXI	National Medicaid Benchmark*
Rating of overall health care experience (range 0 low -10 high)	64.5	63.0	67.1	59.6	66.6	57.3	60
Rating of primary care providers (range 0 low -10 high)	72.6	73.2	74.9	65.9	68.4	68.6	70
Rating of specialty care providers (range 0 low -10 high)	71.7	77.3	67.2	68.2	66.7	63.6	66
Rating of health plan experiences (range 0 low -10 high)	60.1	56.1	66.1	57.6	61.0	64.9	63

* Source: *The 2010 Child Medicaid 4.0 Benchmarks, Agency for Healthcare Research and Quality*

¹¹ The findings by program for these ratings should be used with caution. Research has found that results for the ratings may be counterintuitive when compared with results for individual survey items on family experience because of tendencies to select the extreme responses (zero or ten) rather than using the entire spectrum of potential ratings. For additional discussion of extreme response tendencies (ERT), please see Elliott, M. N., A. M. Haviland, D. E. Kanouse, K. Hambarsoomian, and R. D. Hays. 2009. “Adjusting for subgroup differences in extreme response tendency in ratings of health care: impact on disparity estimates.” *Health Serv Res* 44(2 Pt 1): 542-61.

4.4 DENTAL CARE

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.

The CAHPS® survey instrument contains items about use and ratings of dental care. The percentage of children using dental services in the six months prior to the interview is shown in **Figure 31**. Overall, 46% of children received dental care in the six months prior to the interview; in the last evaluation, 48% of KidCare enrollees received dental care in the six months prior to the interview. In 2010-2011, a higher percentage of children in CMSN (65%) and Healthy Kids (61%) saw a dentist in the last six months when compared to Medicaid MCO (42%) and Medicaid PCCM (46%). 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--25% of MediKids enrollees saw a dentist in the six months prior to the interview. Families with younger children might benefit from education about the importance of taking small children to the dentist.

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 32** shows the families’ ratings of the dental care their children received. Overall, 49% of respondents rated their dental care as a “10”; this share is up from 44% in the last evaluation. An additional 29% rated their dental providers an “8” or a “9”.

FIGURE 31. ESTABLISHED ENROLLEES SEEING A DENTIST IN THE LAST SIX MONTHS, BY AGE, SUMMER 2011

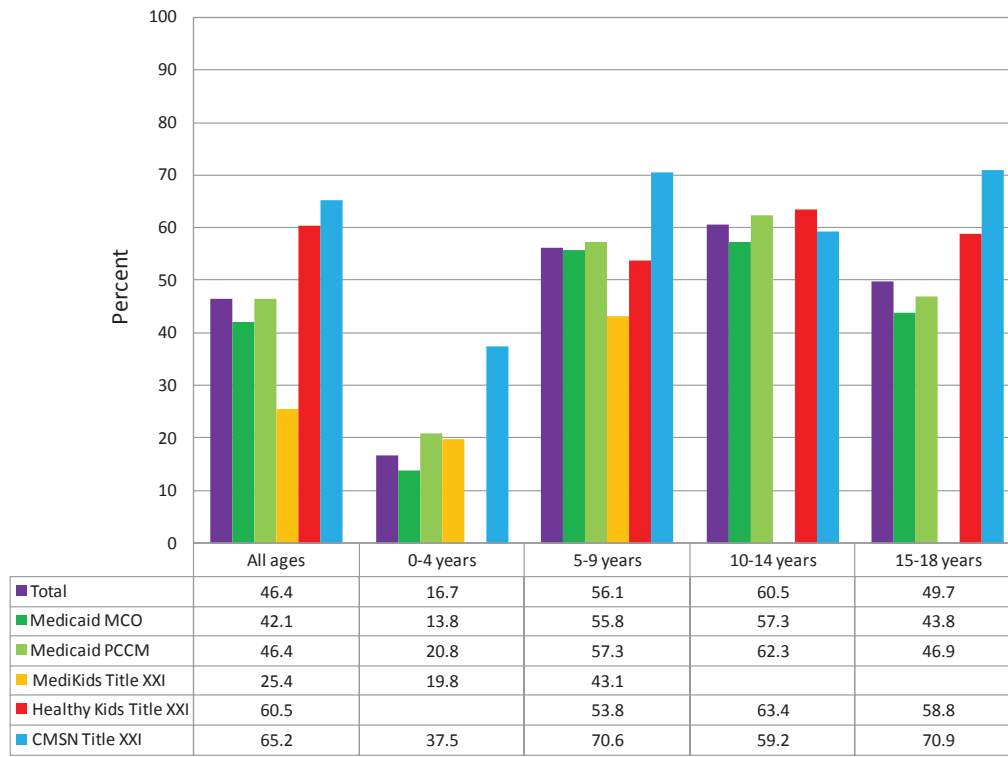
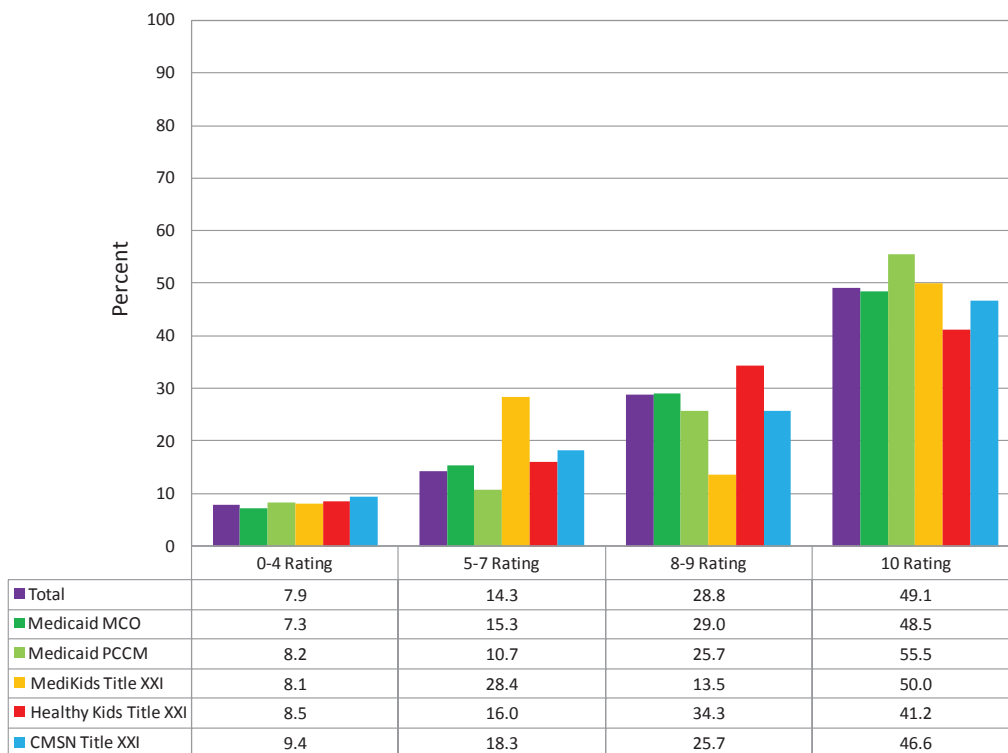


FIGURE 32. RATINGS (ZERO/LOW TO TEN/HIGH) OF DENTAL CARE FOR ESTABLISHED ENROLLEES, SUMMER 2011





SECTION 5

QUALITY OF CARE

The quality of care measures derived from health care (claims and encounter) data complement the perspective and feedback provided by parents.

The KidCare Title XIX programs exceeded the national Medicaid averages for the following HEDIS measures: access to Primary Care Providers for children 12-24 months, initiation and continuation of treatment for alcohol and other drug dependence, the use of appropriate medications for children with Asthma, and initiation and continuation of ADHD medication follow-up care.

Although KidCare performed well on many measures in this report, KidCare did not meet national averages for several indicators of quality of care. The following indicators are recommended for further quality improvement efforts:

- Compliance with the recommended number of dental visits
- Compliance with the recommended number of ongoing prenatal care visits
- Compliance with lead screening tests
- Compliance with appropriate testing guidelines for Pharyngitis
- Compliance with appropriate treatment guidelines for Upper Respiratory Infections
- Compliance with the recommended follow-ups for mental health hospitalizations



SECTION 5. QUALITY OF CARE

5.1 TECHNICAL SPECIFICATIONS

Assessing the quality of care for all children is essential. This section of the KidCare evaluation report follows the Institute of Medicine (IOM) conceptual framework for assessing health care quality that includes: 1) access to care and 2) the effectiveness of care.¹² A third element of the conceptual framework, patient-centeredness, has already been addressed in the prior section of this report on the medical home. Access to and timeliness of care refers to a person being able to receive needed care without undue delays. Effectiveness of care refers to providing care that is based on the use of systematically acquired evidence as to its benefit in producing better outcomes than the alternatives, which include doing nothing. This report section presents rates for the Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures using 2011 National Committee for Quality Assurance (NCQA) specifications.¹³ Specifically, the following indicators are calculated for this report:

ACCESS AND AVAILABILITY OF CARE

- HEDIS[®] (CAP) Children and adolescents' access to Primary Care Practitioners (12-14 months, 2-6 years, 7-11 years, and 12-19 years)
- HEDIS[®] (ADV) Annual dental visit
- HEDIS[®] (IET) Initiation and engagement of alcohol and other drug dependence treatment

USE OF SERVICES

- HEDIS[®] (W34) Well-child visits in the 3rd, 4th, 5th, and 6th years of life
- HEDIS[®] (AWC) Adolescent well-care visits
- HEDIS[®] (FPC) Frequency of prenatal care

¹² The Institute of Medicine. *Crossing the Quality Chasm*. Washington, DC: National Academy Press; 2001.

¹³ National Commission on Quality Assurance. *HEDIS[®] Technical Specifications Volume II*, 2011. Washington, DC: National Commission on Quality Assurance, 2010.

EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

- HEDIS® (LSC) Lead screening in children
- HEDIS® (CHL) Chlamydia screening in women 16-20 years

EFFECTIVENESS OF CARE: RESPIRATORY CONDITIONS

- HEDIS® (CWP) Appropriate testing for children with pharyngitis
- HEDIS® (URI) Appropriate treatment for children with upper respiratory infection
- HEDIS® (ASM) Use of appropriate medications for people with asthma

EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

- HEDIS® (ADD) Follow-up care for children prescribed ADHD medication
- HEDIS® (FUH) Follow-up after hospitalization for mental illness (7 days and 30 days)

Measures were calculated for all KidCare programs using data from calendar year 2010 as well as earlier periods when appropriate. The measures were calculated using NCQA-certified software and the results were audited. Results are reported for the HEDIS® quality of care measures for six KidCare programs: Medicaid PCCM, Medicaid Fee-for-service (FFS), Children’s Medical Services Network Title XIX not in pilot/reform counties (CMSN Title XIX), Medicaid beneficiaries enrolled in the pilot programs (Reform)¹⁴, MediKids Title XXI, and Florida Healthy Kids (Title XXI and full-pay). Due to data limitations, results for Medicaid MCOs and CMSN Title XXI are not available this year, but the authors anticipate including them in future years. Rates are not shown for specific measures when programs have less than 30 enrollees in the denominator; these instances are denoted as “N/R” for “not reported due to low denominator”. Also, “N/A” is used to denote “not applicable” where age detail is not available for specific programs with age restrictions.

In charts throughout this section, comparisons are provided to national averages for other Medicaid and commercial health insurance programs. NCQA gathers and compiles data from Medicaid and commercial managed care plans nationally.¹⁵ Submission of HEDIS® data to NCQA is a voluntary process; therefore, health plans that submit HEDIS® data are not fully representative of the industry. Health plans participating in NCQA HEDIS® reporting tend to be more established, are more likely to be federally qualified, and are more likely to be affiliated with a national managed care company than the overall population of health plans in the United States.¹⁶ NCQA reports the national results as a mean and at the 10th, 25th, 50th, 75th, and 90th percentiles for the participating plans. For comparison, the Medicaid and commercial Managed Care Plans 2010 mean results are shown and labeled “HEDIS® Medicaid Mean” and “HEDIS® Commercial HMO Mean” in the graphs.

In addition to the HEDIS® measures, Clinical Risk Groups (CRGs) were calculated for each of the KidCare program components. The CRGs provide information on the health status of enrollees, which provides context for their need for and use of health care.

¹⁴ The Reform group includes enrollees in PSNs or CMSN.

¹⁵ The information that NCQA compiles for Medicaid and commercial managed care programs can be viewed at www.ncqa.org.

¹⁶ Beaulieu, N.D., and A.M. Epstein. 2002. “National Committee on Quality Assurance Health-Plan Accreditation: Predictors, Correlates of Performance, and Market Impact.” *Medical Care* 40 (4): 325-337.

5.2 CLINICAL RISK GROUPS

The Clinical Risk Group (CRG) system classifies individuals into mutually exclusive clinical categories. The use of the CRG system to create risk profiles is essential to understanding the illness burden within each KidCare program component and to place the health care expenditures and health care use patterns in a context. Specifically, the CRG software reads all ICD-9-CM diagnosis codes from all health care encounters, except for codes from non-clinician providers and ancillary testing providers. It assigns all diagnosis codes to a diagnostic category (acute or chronic) and body system, and assigns all procedure codes to a procedure category. Each individual is assigned to a hierarchically defined core health status group, and then to a CRG category and severity level, if chronically ill. Enrollees over the age of one who were enrolled in the program for six months or longer and enrollees under the age of one year who were enrolled for three months or longer are included in CRG classification process; continuity of enrollment is required to classify individuals accurately. Children who have not been enrolled for the minimum number of months are not assigned a CRG classification.

THE CRG SYSTEM CLASSIFIES CHILDREN INTO THE FOLLOWING NINE HEALTH STATUS CATEGORIES:

- (1) Healthy includes children who are enrolled in the health insurance program, but have not accessed services during the classification period (“non-users”) and children who have used the health care system, but were seen for preventive care and for minor illnesses.
- (2) Significant Acute includes children with conditions or acute illnesses, which occurred within six months prior to classification, and could be precursors to developing a chronic disease or place the individual at risk in the future for needing services of an amount and type greater than that for non-chronically ill persons. Examples in this group are head injury with coma, prematurity, and meningitis.
- (3) Single Minor Chronic includes children with illnesses that can usually be managed effectively throughout an individual’s life with typically few complications and limited effect upon the individual’s ability, death and future need for medical care. This category includes attention deficit / hyperactive disorders (ADHD), minor eye problems (excluding near-sightedness and other refractory disorders), hearing loss, migraine headache, some dermatological conditions, and depression.
- (4) Multiple Minor Chronic includes children with two or more minor chronic conditions.
- (5) Single Dominant Chronic or Single Moderate Chronic Dominant Chronic are those illnesses that are serious, and often result in progressive deterioration, debility, death, and the need for more extensive medical care. Examples in this group include diabetes, sickle cell anemia, chronic obstructive lung disease and schizophrenia. Moderate Chronic conditions are those illnesses that are variable in their severity and progression, but can be complicated and require extensive care and sometimes contribute to debility and death. This category includes asthma, epilepsy, and major depressive disorders.
- (6) Chronic Pairs includes children with dominant chronic and/or moderate chronic conditions in two organ systems.
- (7) Chronic Triplets includes children with chronic and/or moderate chronic conditions in three or more organ systems.

(8) Metastatic Malignancies includes acute leukemia under active treatment and other active malignant conditions that affect children.

(9) Catastrophic Conditions are those illnesses that are severe, often progressive, and are either associated with long term dependence on medical technology, or are life defining conditions that dominate the medical care required. Examples in this group include cystic fibrosis, spina bifida, muscular dystrophy, respirator dependent pulmonary disease and end stage renal disease on dialysis.

This report combines several CRG categories to ensure that no single category has a small population. CRG categories 3 and 4 are combined into “minor”. CRG categories 5, 6, and 7 are combined into “moderate”. CRG categories 8 and 9 are combined into “major”.

Figure 33 displays the distribution of KidCare Title XIX enrollees by CRG categories. (Due to the measures being processed at a different time, CRGs are not available for the Healthy Kids population, so the total shown here is for the Title XIX enrollees only.) About 40% of the Title XIX beneficiaries could not be assigned a CRG, presumably because the beneficiaries did not have the required length of continuous enrollment in a single program. Healthy enrollees comprised 42% of Title XIX enrollees. The remaining shares of Title XIX enrollees were assigned to significant acute (5%), minor (4%), moderate (7%), and major (2%).

Figure 34 displays the same CRG classifications for each program component. Notably, 68% of FFS and 58% of MediKids enrollees could not be assigned a CRG. According to AHCA staff, many Medicaid enrollees are initially assigned to FFS until the beneficiary has an opportunity to consider MCO and PCCM alternatives and enroll in their program of choice. This transition process from FFS to other Medicaid program components has important implications for the FFS results on many of the quality of care indicators. Since FFS enrollments are dominated by a short-term population, FFS rates for preventive care measures, for example, may be lower than other programs that have more stable, longer-term populations. The MediKids population undergoes significant turnover due to its particular age restrictions.

FIGURE 33. DISTRIBUTION OF KIDCARE TITLE XIX ENROLLEES BY CLINICAL RISK GROUP, 2010

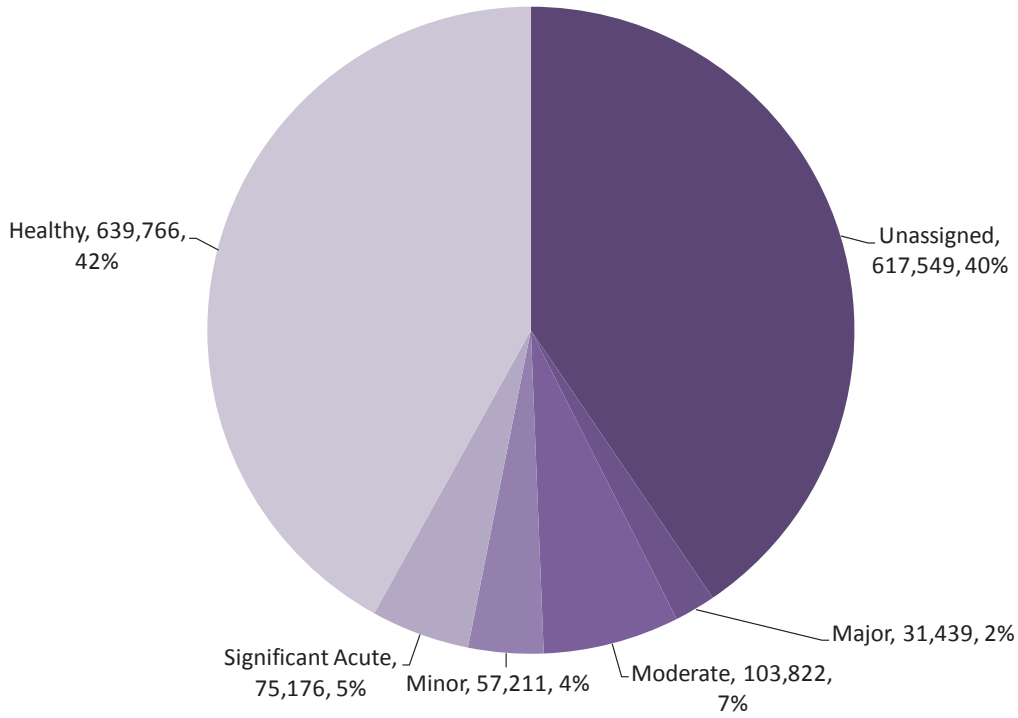
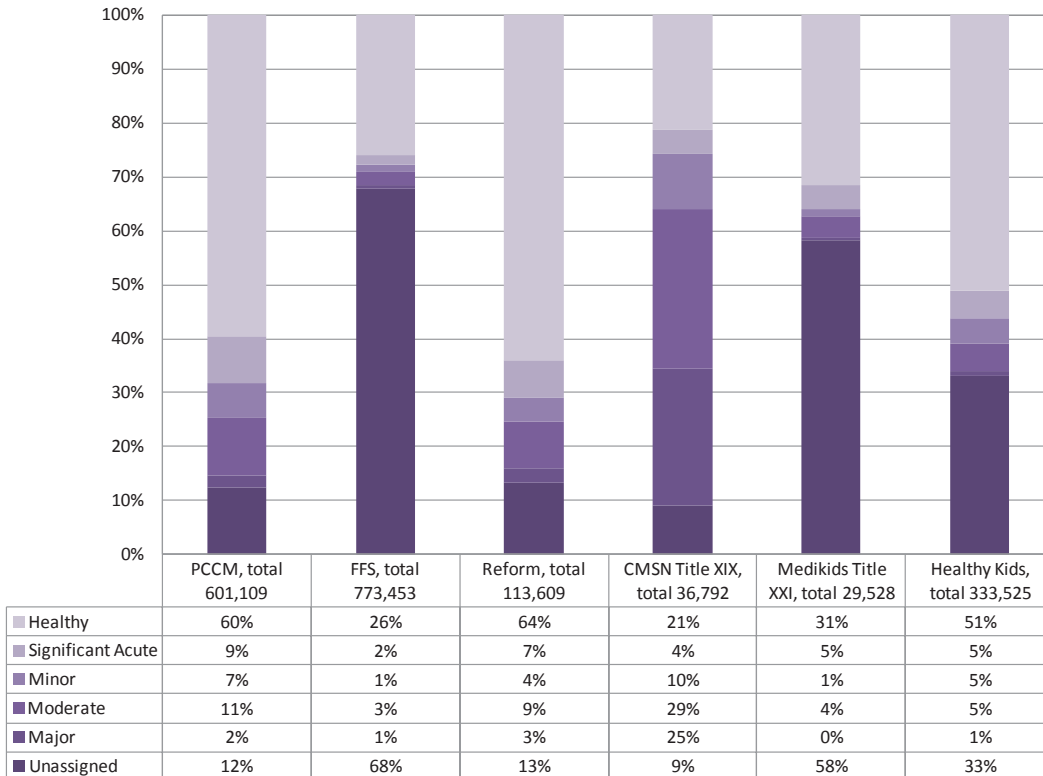


FIGURE 34. DISTRIBUTION OF KIDCARE ENROLLEES BY CLINICAL RISK GROUP, BY PROGRAM, 2010



5.3 ACCESS AND AVAILABILITY OF CARE

Primary Care Providers

As discussed earlier in this report, having a “personal” doctor or a Primary Care Provider is associated with improved health outcomes, such as early detection of medical conditions. The HEDIS® Access to Primary Care Practitioners indicator is measured as the percentage of enrollees who had a visit with a PCP during the measurement period for children aged 12-24 months and 2-6 years and those who had a PCP visit during the measurement period or the prior year for children aged 7-11 years and for adolescents aged 12-19 years.

Figure 35 through **Figure 38** display the percentage of enrollees, by age, who met the criteria for this measure in 2010. The HEDIS® means reported in these figures are average for all Medicaid and commercial HMO insurance programs that report their rates to the NCQA. Since Florida Healthy Kids serves children from ages 5-18, there is no information for Healthy Kids presented for ages 12-24 months. Similarly, MediKids serves children from ages 1 year through 4 years, so there is no information available for MediKids in the figures for older children. The MediKids rate for children ages 12 to 24 months is not reported due to a low denominator.

For ages 12-24 months (**Figure 35**), the 2010 rates for KidCare Title XIX overall (95.8%), Medicaid PCCM (98.0%) and CMSN Title XIX (99.7%) exceeded both national averages for PCP access; the Medicaid national average was 95.2% and the commercial average was 97.5%. The rate for Reform (95.8%) exceeded the Medicaid national average, but not the commercial mean. The FFS rate (79.9%) did not exceed either of the national averages.

For ages 25 months to 6 years (**Figure 36**), rates for three programs, Medicaid PCCM (92.6%), CMSN Title XIX (97.0%), and MediKids Title XXI (92.4%) exceeded both the national Medicaid (88.3%) and the national commercial average (91.6%). The rate for Reform (89.1%) exceeded the national Medicaid average. The rates for FFS (19.9%) and Healthy Kids (85.6%) did not exceed either of the two national averages.

For ages 7-11 years (**Figure 37**), the rates of PCP access for Medicaid PCCM (92.0%) and CMSN Title XIX (97.9%) exceeded the national Medicaid average (90.3%) and the national commercial average (91.4%). The rate for Healthy Kids (90.9%) exceeded the national Medicaid average (90.3%), but not the commercial HMO average. The rates for FFS (37.6%) and Reform (85.8%) did not exceed either of the national averages.

For ages 12-18 years (**Figure 38**), the rates of PCP access for Medicaid PCCM (89.2%), CMSN Title XIX (97.1%), and Healthy Kids (89.1%) exceeded the national Medicaid average (87.9%) and the national commercial average (89.0%). The rates for FFS (45.4%) and Reform (83.7%) did not exceed the two national averages.

FIGURE 35. HEDIS® CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS, AGES 12-24 MONTHS, 2010

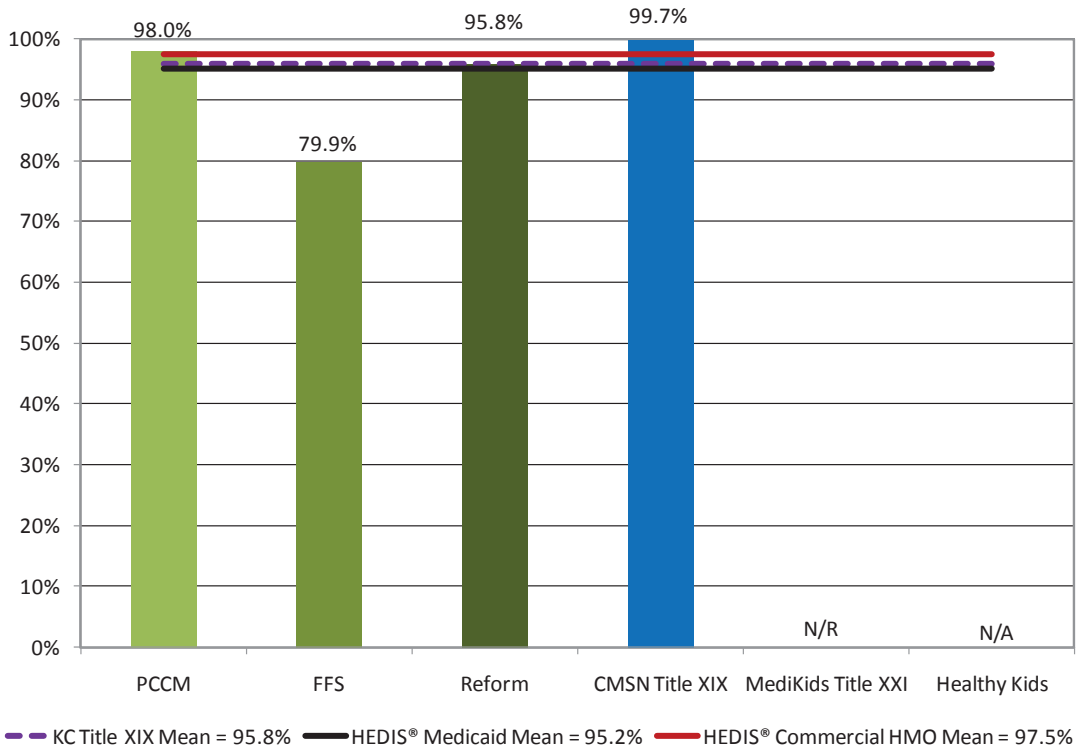


FIGURE 36. HEDIS® CHILDREN'S ACCESS TO PRIMARY CARE PRACTITIONERS, AGES 25 MONTHS TO 6 YEARS, 2010

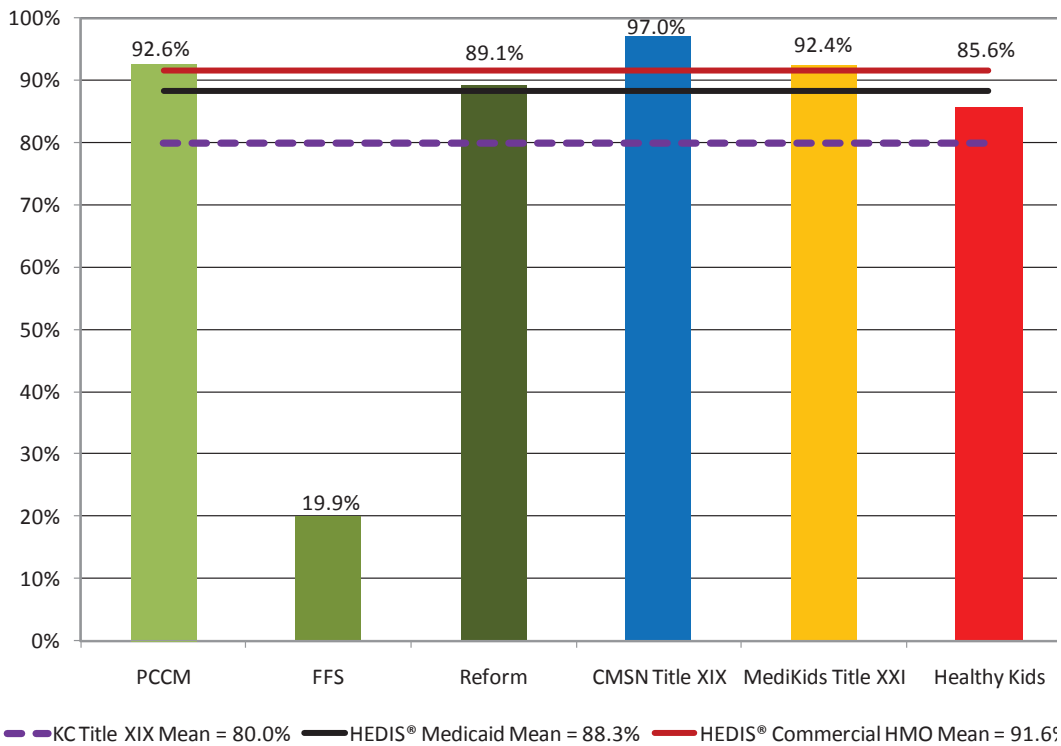


FIGURE 37. HEDIS® CHILDREN’S ACCESS TO PRIMARY CARE PRACTITIONERS, AGES 7-11 YEARS, 2010

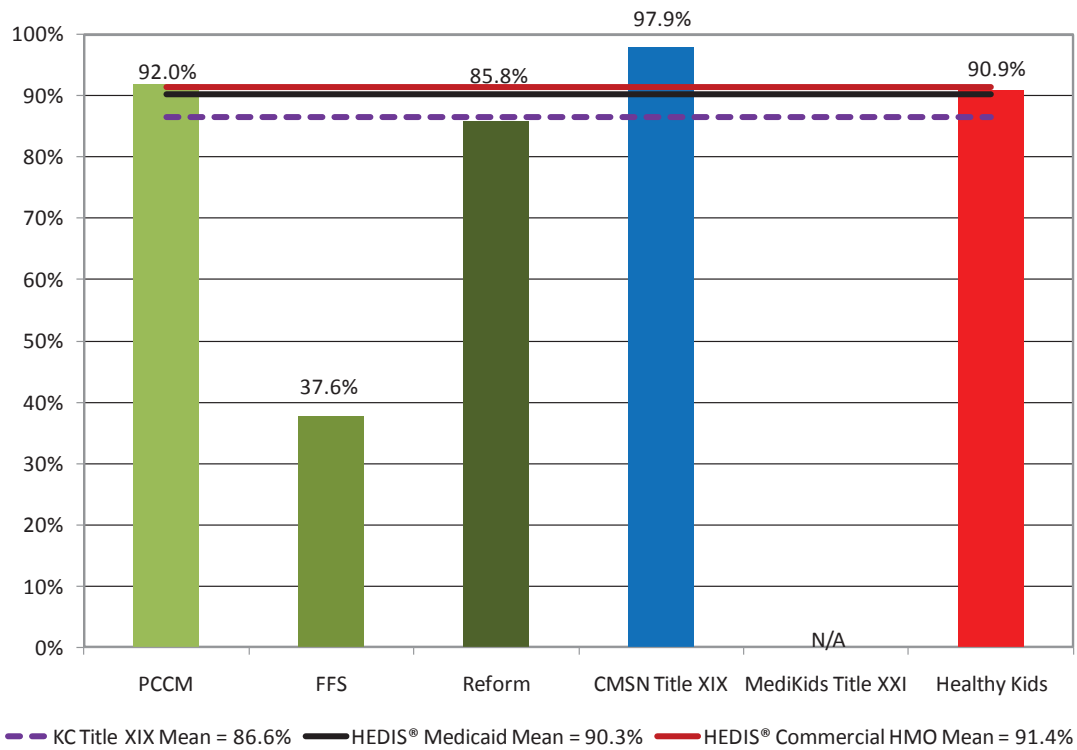
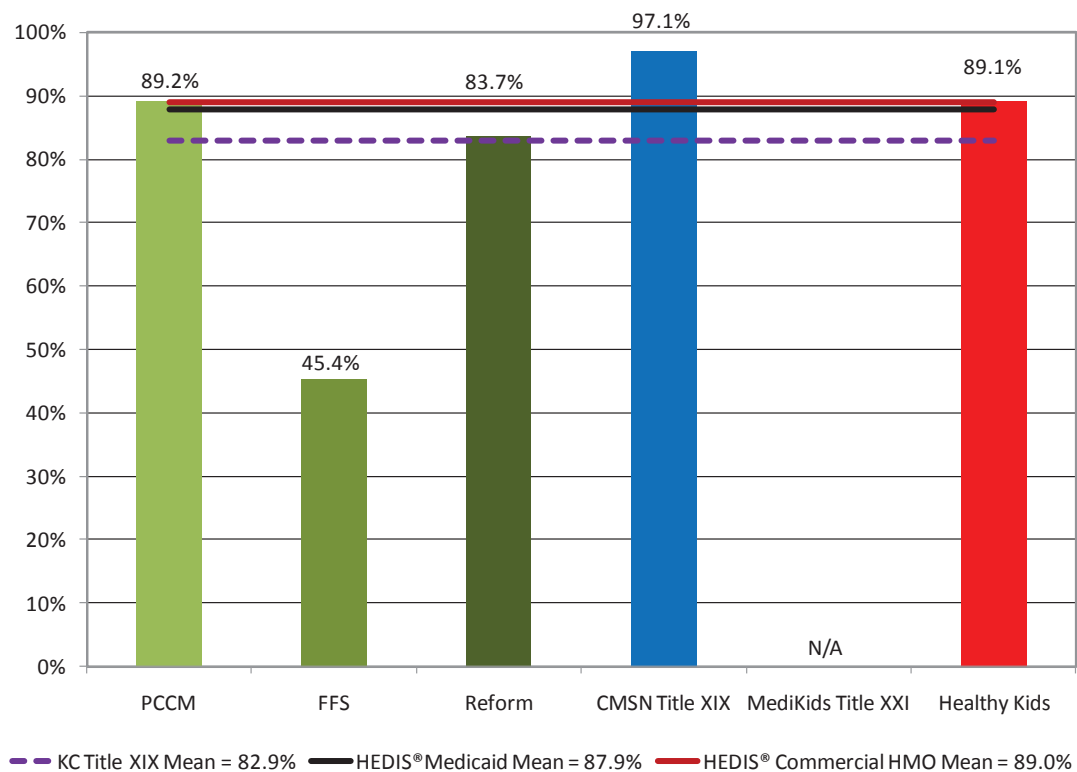
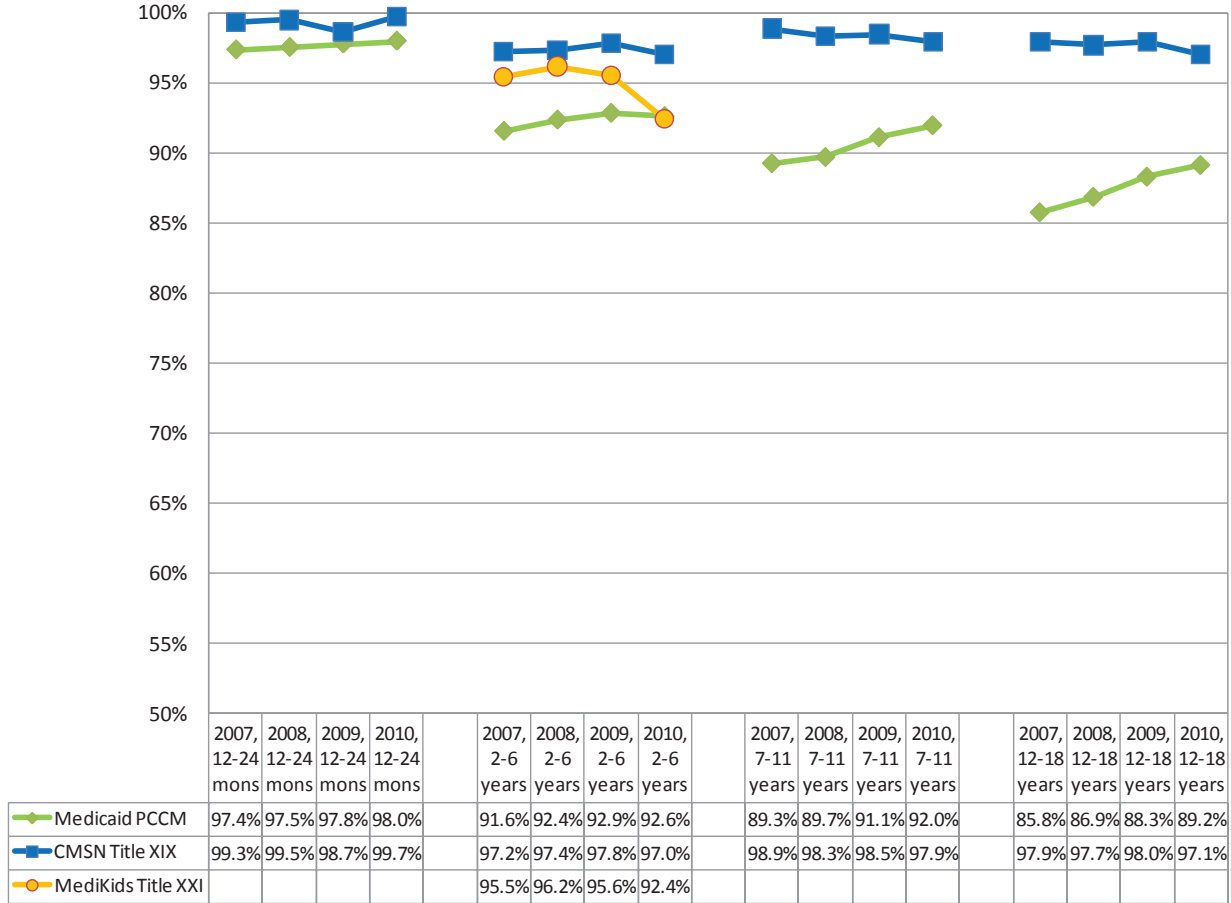


FIGURE 38. HEDIS® CHILDREN’S ACCESS TO PRIMARY CARE PRACTITIONERS, AGES 12-18 YEARS, 2010



A comparison with 2007-2009 results is provided in **Figure 39** for the three program components with available data. Over the four years, the rates of access to PCPs have remained high, indicating excellent access to Primary Care Providers for KidCare enrollees.

FIGURE 39. HEDIS® CHILDREN’S ACCESS TO PRIMARY CARE PRACTITIONERS, FOUR YEAR COMPARISON



Annual dental visit

The American Dental Association recommends that children have at least one dental visit by their first birthday and they should receive screening and preventive care visits at regular intervals thereafter. An annual dental visit is important to detect and treat oral conditions such as tooth decay and gum infections. The HEDIS® Annual Dental Visit indicator is measured as the percentage of enrollees who were continuously enrolled during the measurement year (allowing for a single gap of up to 45 days), who had at least one dental visit during the measurement year. The measure is reported by age cohorts: 2-3 years, 4-6 years, 7-10 years, 11-14 years, and 15-18 years. The KidCare program component results exclude enrollees in pre-paid dental plans.

Figure 40 through Figure 44 display the percentage of enrollees, by age, who met the criteria for this measure in 2010.

For enrollees 2-3 years of age (Figure 40), none of the KidCare programs met or exceeded the national Medicaid average of 29.2%. (A commercial average was not available for any of the dental measures at the time this report was written.)

For enrollees 4-6 years of age (Figure 41), none of the KidCare programs met or exceeded the the national average of 54.1%.

For enrollees 7-10 years, 11-14 years, and 15-18 years, Healthy Kids (59.8%, 54.9%, and 48.5%, respectively) exceeded the national Medicaid average (57.5%, 52%, and 44.2%, respectively). CMSN Title XIX exceeded the national Medicaid averages for 11-14 year old enrollees (52.4%) and 15-18 year old enrollees (47.1%). None of the other KidCare programs met or exceeded the national Medicaid average for dental visits for these age groups (Figure 42, Figure 43, Figure 44).

FIGURE 40. HEDIS® ANNUAL DENTAL VISIT, AGES 2-3 YEARS, 2010

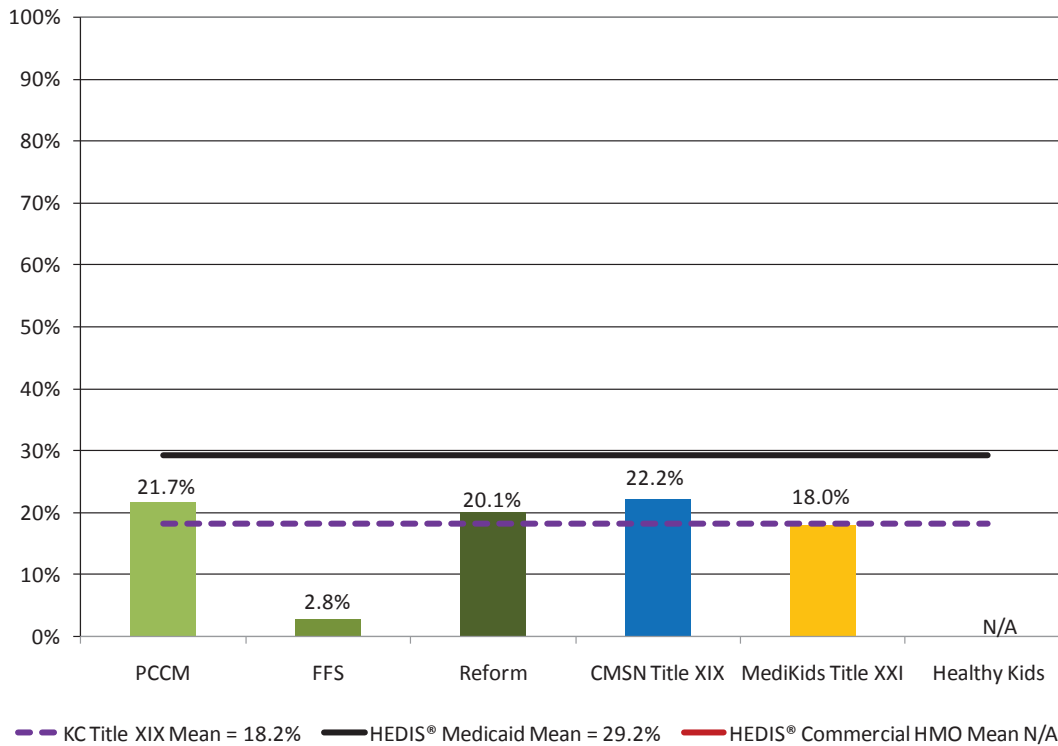


FIGURE 41. HEDIS® ANNUAL DENTAL VISIT, AGES 4-6 YEARS, 2010

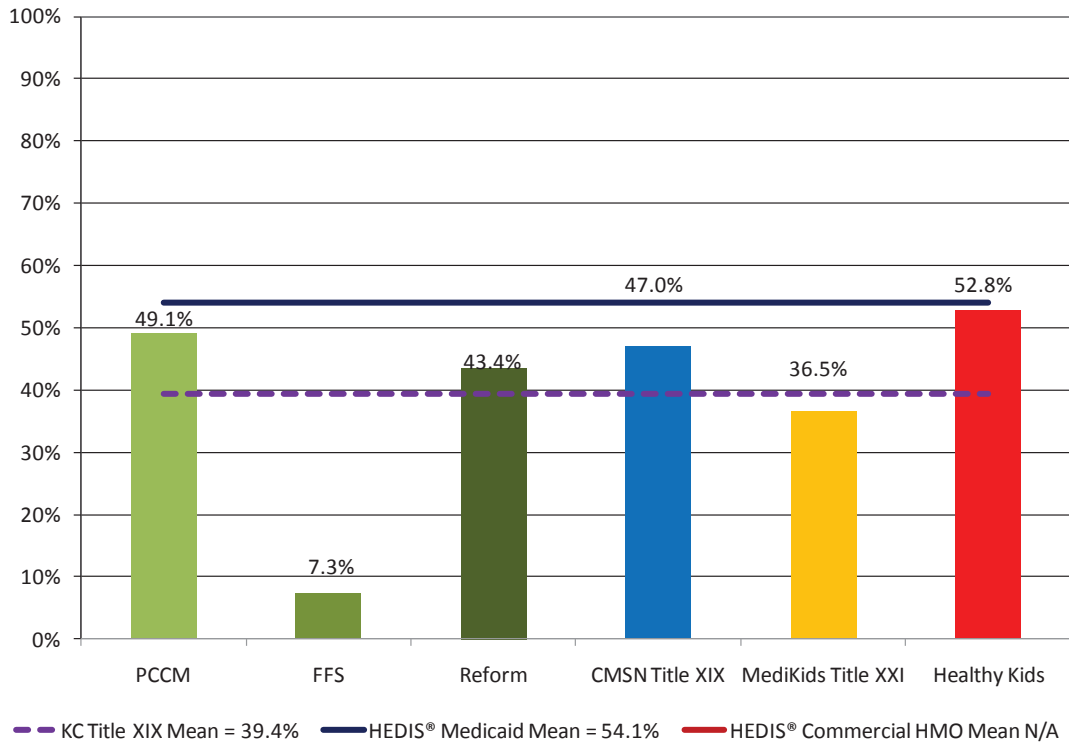


FIGURE 42. HEDIS® ANNUAL DENTAL VISIT, AGES 7-10 YEARS, 2010

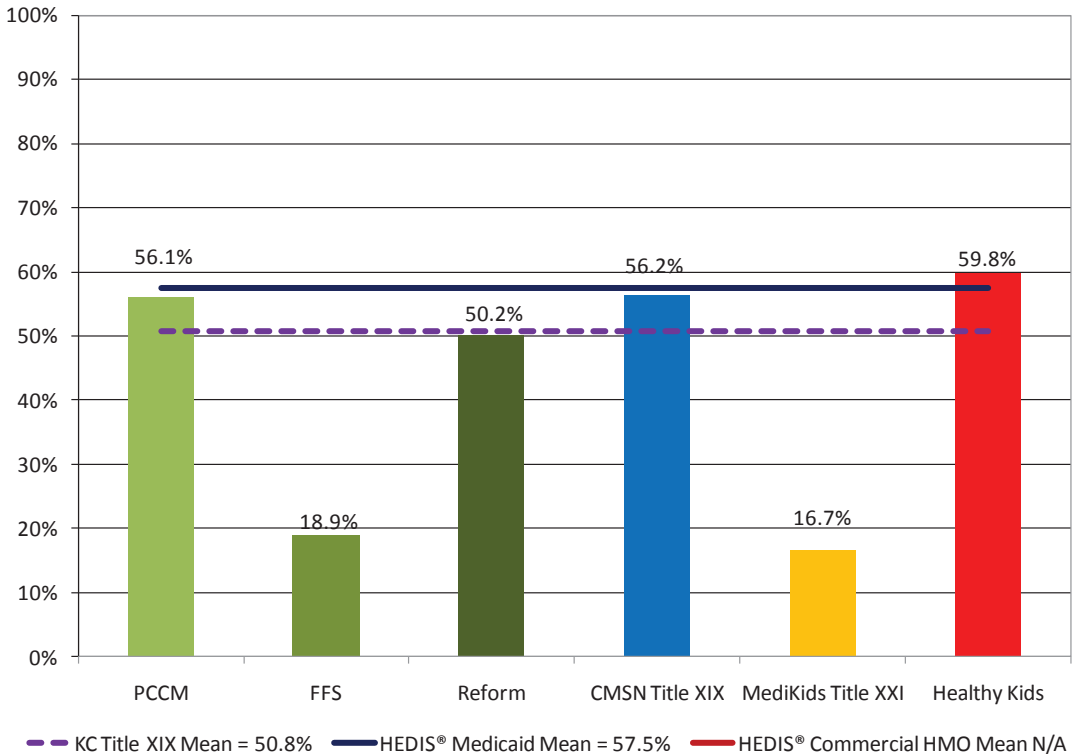


FIGURE 43. HEDIS® ANNUAL DENTAL VISIT, AGES 11-14 YEARS, 2010

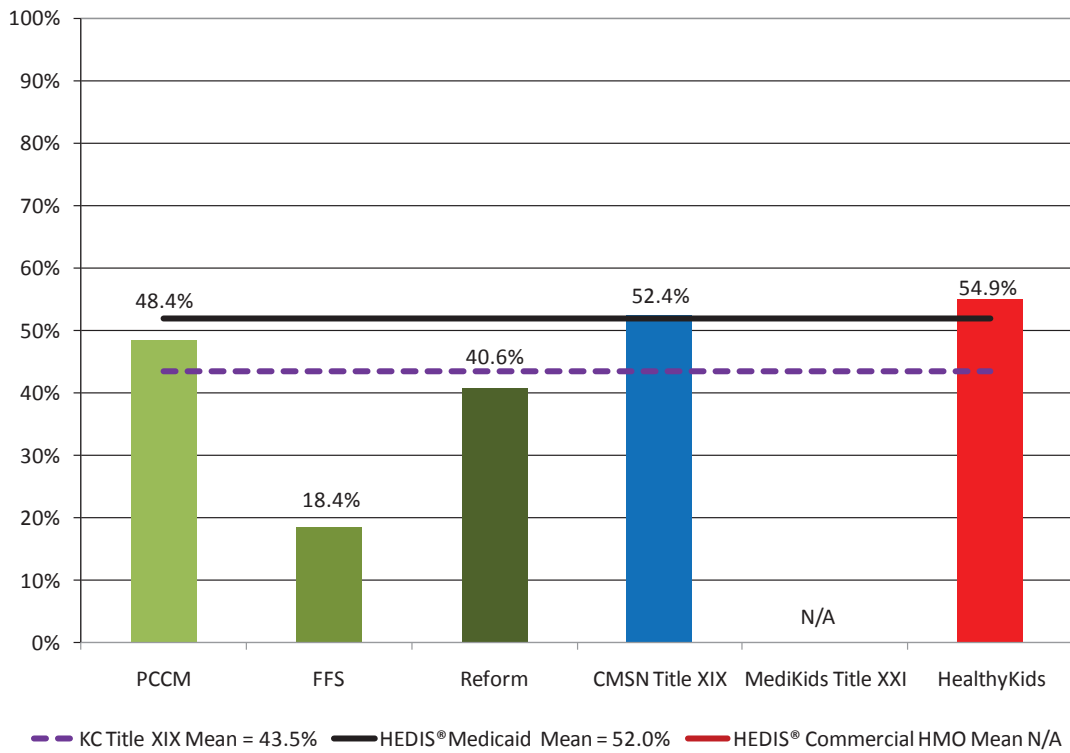
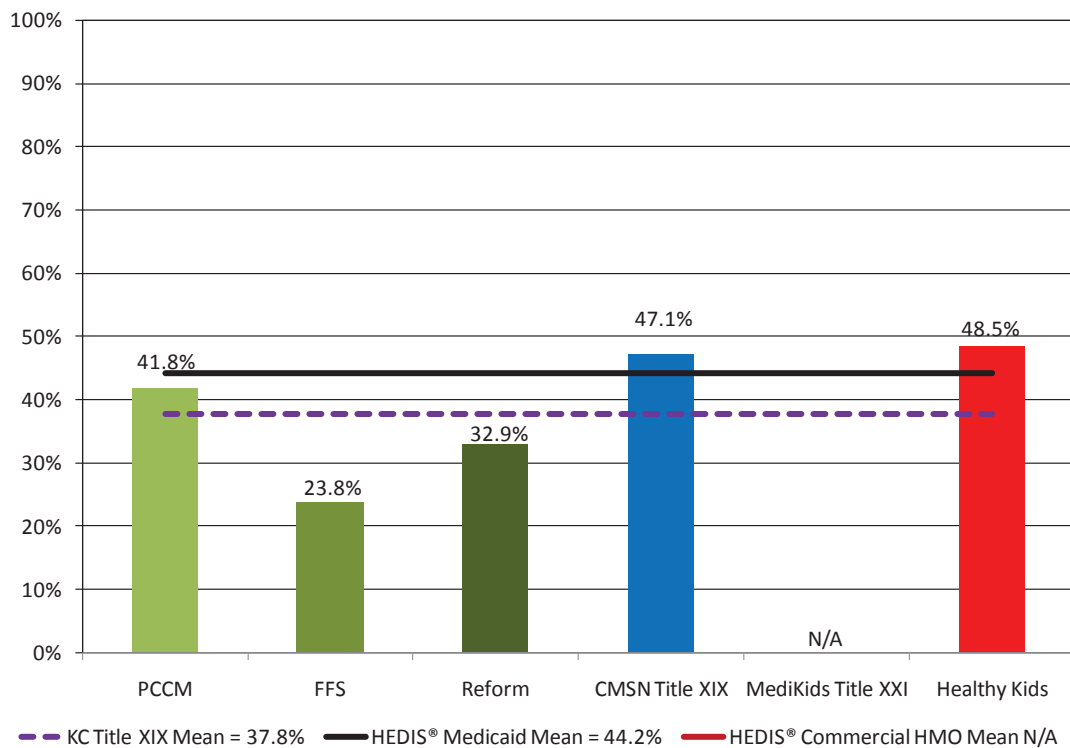


FIGURE 44. HEDIS® ANNUAL DENTAL VISIT, AGES 15-18 YEARS, 2010



Initiation and engagement of alcohol and other drug dependence treatment

Abuse of alcohol and other drugs has negative health consequences for youth. The first HEDIS® indicator for this topic measures the percentage of 13-17 year olds who **initiated** treatment for a new episode of alcohol and other drug dependence (AOD) in 2010. Treatment could have been initiated through an inpatient admission for AOD, an outpatient visit, an intensive outpatient encounter, or a partial hospitalization. This treatment had to occur within 14 days of the diagnosis. The percentage reported is the number of patients who initiated treatment according to this definition over the total number of patients with a diagnosis of AOD. A diagnosis is established by: (1) an outpatient visit or partial hospitalization with a diagnosis of AOD, (2) a detoxification visit, (3) an ED visit with a diagnosis of AOD, or (4) an inpatient discharge with a diagnosis of AOD.

The second HEDIS® indicator for this topic measures the percentage of 13-17 year olds who **engaged** further AOD care (who had two or more additional alcohol and other drug dependence services) within 30 days of the initiation visit in 2010. Treatment could have been initiated through an inpatient admission for AOD, an outpatient visit, an intensive outpatient encounter, or a partial hospitalization.

Figure 45 shows the results for the initiation measure. Two of the KidCare programs exceeded the national Medicaid average of 42.5% and the commercial HMO average of 44.9%: the rate for FFS was 47.1% and the rate for Reform was 47.4%. Overall, 45.6% of the KidCare members in the four Title XIX programs, who are diagnosed with an AOD, began treatment within 14 days of their diagnosis. Results for Title XIX overall exceed both national averages on this initiation measure.

Figure 46 shows the results for the engagement measure. The rate for FFS (23.2%) exceeded the national Medicaid average of 17.7% and the national commercial HMO average of 21.2%. Overall, 20.6% of the KidCare members in the four Title XIX programs, who are diagnosed with an AOD, received additional AOD care within 30 days of their initial visit. Results for Title XIX overall exceed the national Medicaid average on this engagement measure.

For these two indicators, the KidCare results exclude enrollees covered by pre-paid mental health plans. Results for CMSN Title XIX are not shown for either the initiation or engagement measures due to a low number of enrollees that met the criteria for this measure. Results are not shown for MediKids for either the initiation or engagement measure because the program does not enroll children 13-17 years of age.

FIGURE 45. HEDIS® INITIATION OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT, AGES 13-17 YEARS, 2010

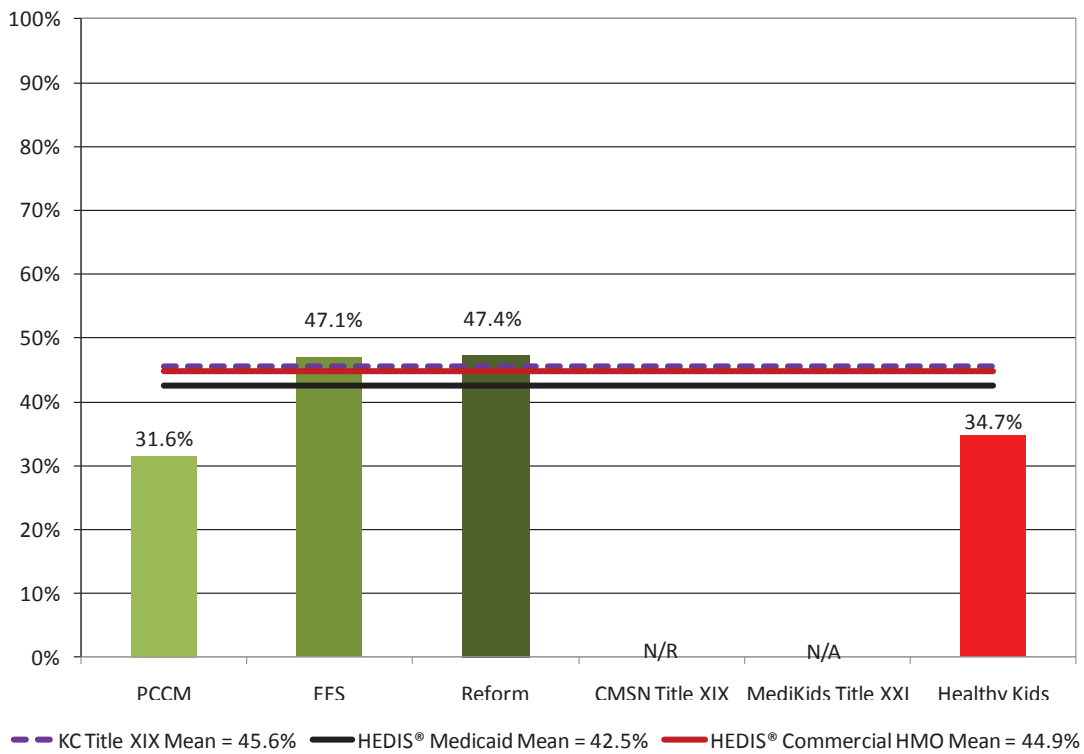
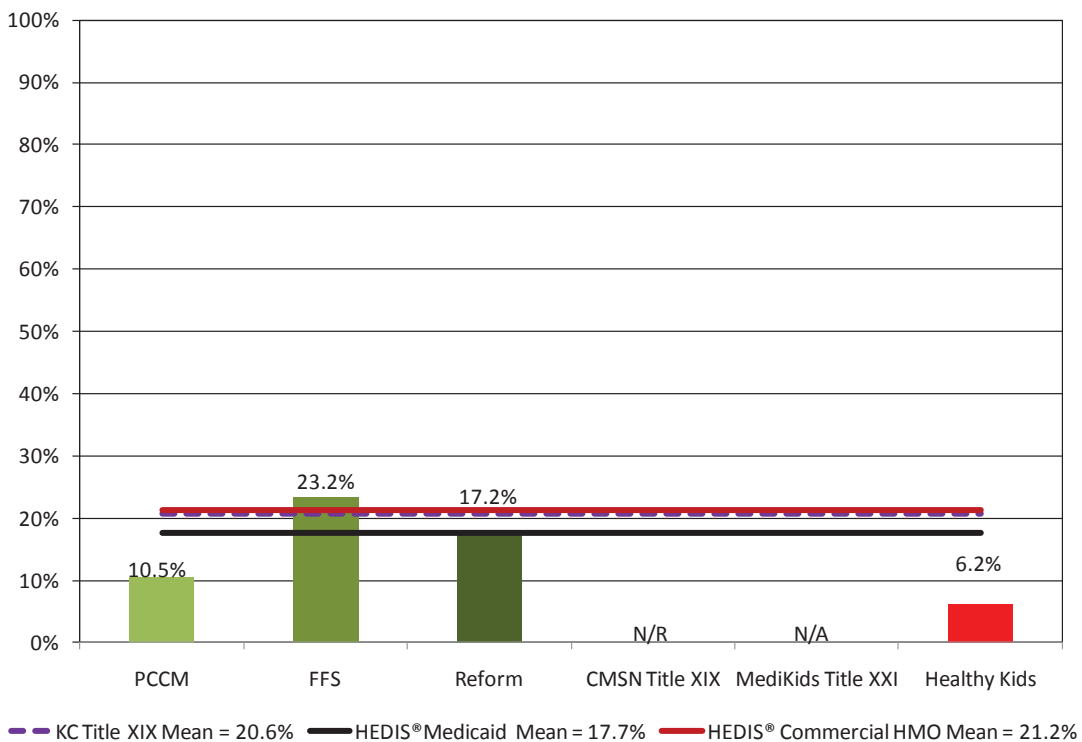


FIGURE 46. HEDIS® ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT, AGES 13-17 YEARS, 2010



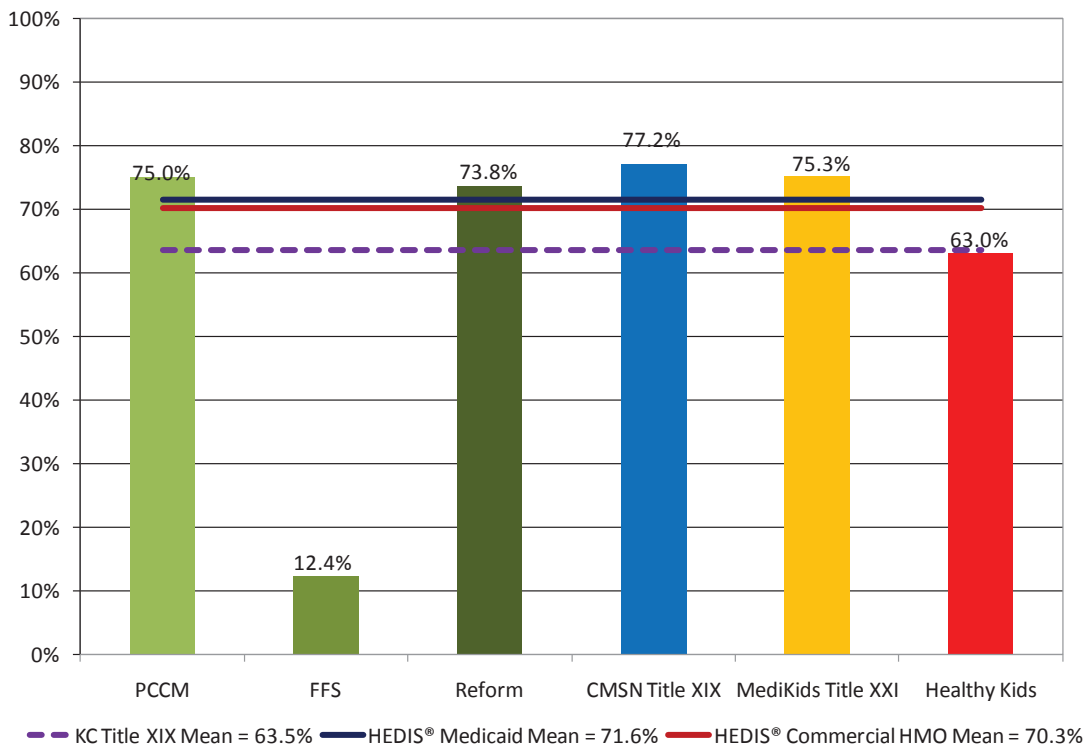
5.4 USE OF SERVICES

Well-child visits

Having a well-child or preventive care visit is a fundamental component of health care for children. This HEDIS® indicator measures the percentage of children, 3-6 years of age, who received one or more well-child visits during 2010.

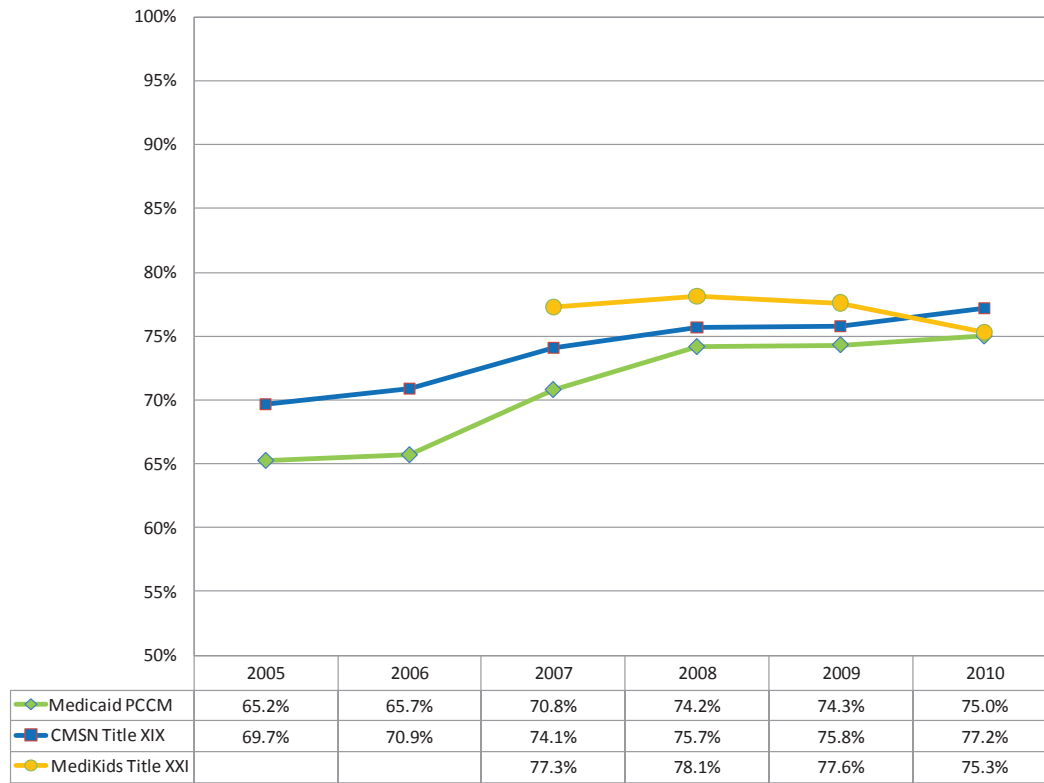
Figure 47 shows that four KidCare program components scored above the HEDIS® Medicaid mean of 71.6% and the commercial HMO mean of 70.3%: PCCM (75.0%), Reform (73.8%), CMSN Title XIX (77.2%), and MediKids Title XXI (75.3%). Results for FFS (12.4%) were much lower than the national averages, which is most likely due to the short-term nature of enrollments in this program.

FIGURE 47. HEDIS® WELL-CHILD VISITS IN THE 3RD, 4TH, 5TH, AND 6TH YEARS, 2010



A comparison with results for the past five years is provided in **Figure 48** for the three program components with available data. There has been an upward trend in this indicator for Medicaid PCCM and CMSN Title XIX, and a consistently stable, high performance for MediKids.

FIGURE 48. HEDIS® WELL-CHILD VISITS IN THE 3RD, 4TH, 5TH, AND 6TH YEARS, SIX YEAR TREND

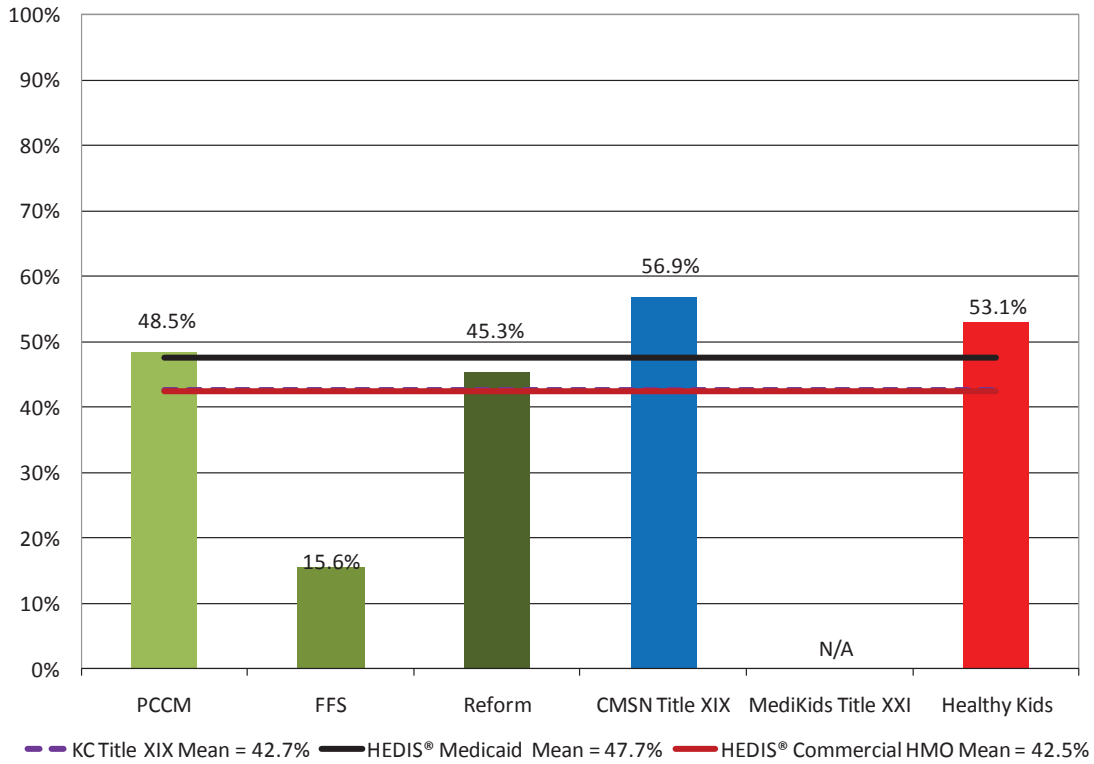


Adolescent well-care visits

Having a preventive care visit is important for adolescents as well as for younger children. But, adolescents often have a lower rate of compliance with preventive care guidelines than younger children. This HEDIS® indicator measures the percentage of enrollees 12 to 18 years old who received one or more comprehensive adolescent well-care visits with a physician provider during 2010; the original indicator measures compliance through 21 years of age, but the KidCare program only serves adolescents through age 18, hence 18 years is the oldest age group for this measure for this evaluation.

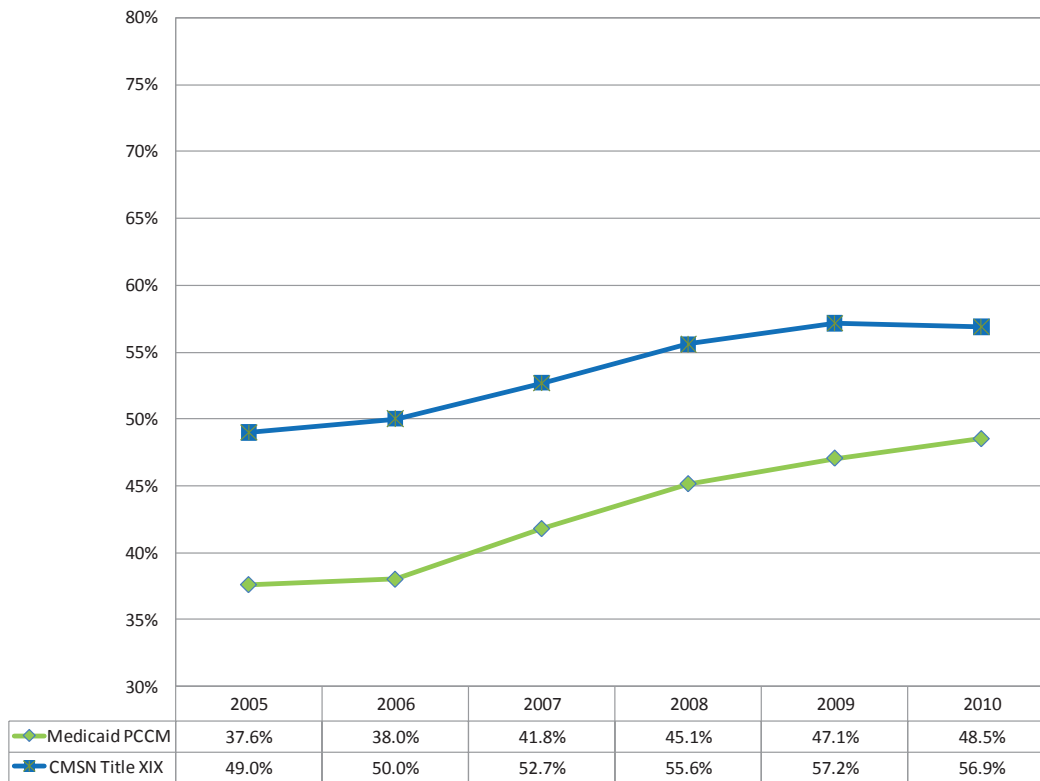
Figure 49 displays the percentage of adolescents who received one or more adolescent well-care visits during the measurement year. The national Medicaid average is 47.7% compliance, meaning that fewer than half of adolescents in Medicaid nationally are receiving regular well-care visits. The national commercial HMO average (42.5%) was lower than the Medicaid average. The rate for the KidCare Title XIX programs overall (42.7%) was above the national commercial average, but below the national Medicaid average; this was due to the low percentage (15.6%) of adolescents in FFS who had a well-care visit. As in prior measures, the high turnover of FFS enrollees makes it difficult for this program to meet preventive care benchmarks. Three KidCare program components scored above both of the national HEDIS® means: PCCM (48.5%), CMSN Title XIX (56.9%), and Healthy Kids (53.1%). The Reform rate (45.3%) was above the national commercial average, but not the Medicaid average.

FIGURE 49. HEDIS® WELL-CARE VISITS FOR ADOLESCENTS, 2010



A comparison with results for the past five years is provided in **Figure 50** for the two program components with available data. There has been an upward trend in the performance on this indicator for Medicaid PCCM and CMSN Title XIX.

FIGURE 50. HEDIS® WELL-CARE VISITS FOR ADOLESCENTS, SIX YEAR TREND



Frequency of prenatal care

Having prenatal care for the mother is vital to the delivery of a healthy baby. This HEDIS® indicator measures the percentage of enrollees, who had a live birth between November 6th, 2009 and November 5th, 2010, who received prenatal care visits adjusted for the month of pregnancy at time of enrollment (if not enrolled at conception) and gestational age. HEDIS® national Medicaid averages are reported for five “bands” of compliance: enrollees compliant with less than 21% of recommended visits, enrollees compliant with 21-40% of recommended visits, enrollees compliant with 41-60% of recommended visits, enrollees compliant with 61-80% of recommended visits, and enrollees compliant with more than 80% of recommended visits. This evaluation reports on the percent of KidCare enrollees that are compliant with 61-80% and more than 80% of recommended visits.

Figure 51 displays the percentage of enrollees with a live birth who were compliant with 61-80% of the recommended prenatal visits. The national Medicaid average is 13.9% compliance. **Figure 52** displays the percentage of enrollees with a live birth who were compliant with four-fifths or more of the recommended prenatal visits. The national Medicaid average is 61.6% compliance with four-fifths or more of the recommended prenatal visits. None of the KidCare program components exceeded the national Medicaid average for being compliant with four-fifths or more of the recommended prenatal visits.

FIGURE 51. HEDIS® FREQUENCY OF PRENATAL CARE, COMPLIANCE WITH 61-80% OF THE RECOMMENDED VISITS, 2010

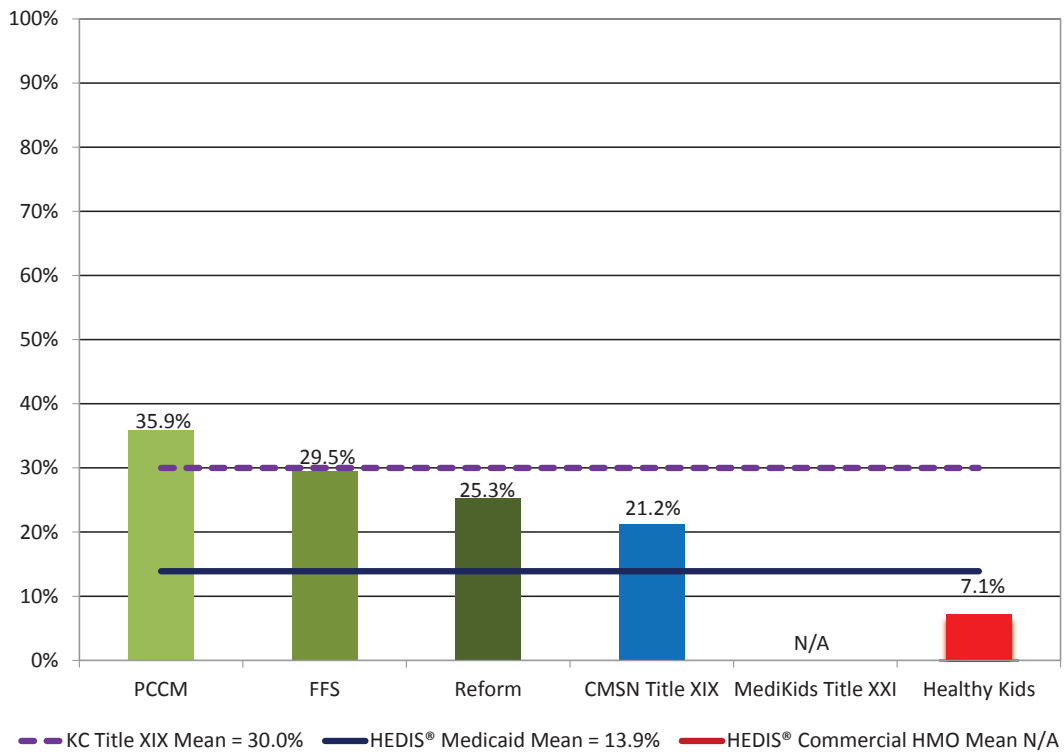
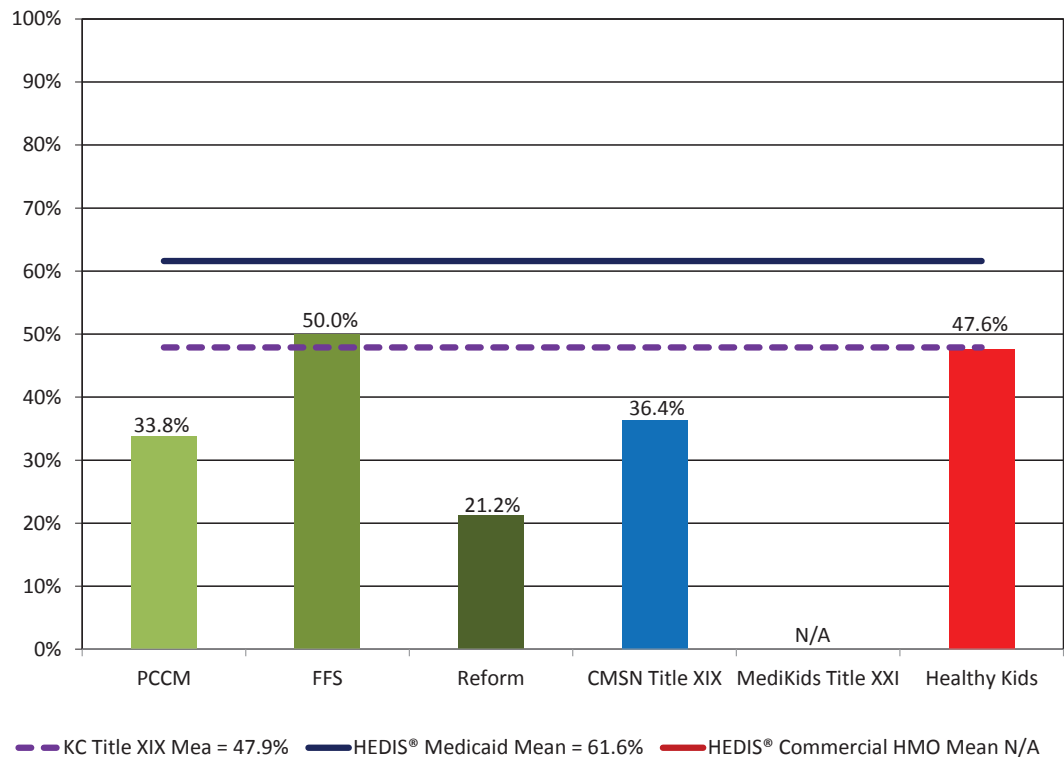


FIGURE 52. HEDIS® FREQUENCY OF PRENATAL CARE, COMPLIANCE WITH 81% OR MORE OF THE RECOMMENDED VISITS, 2010



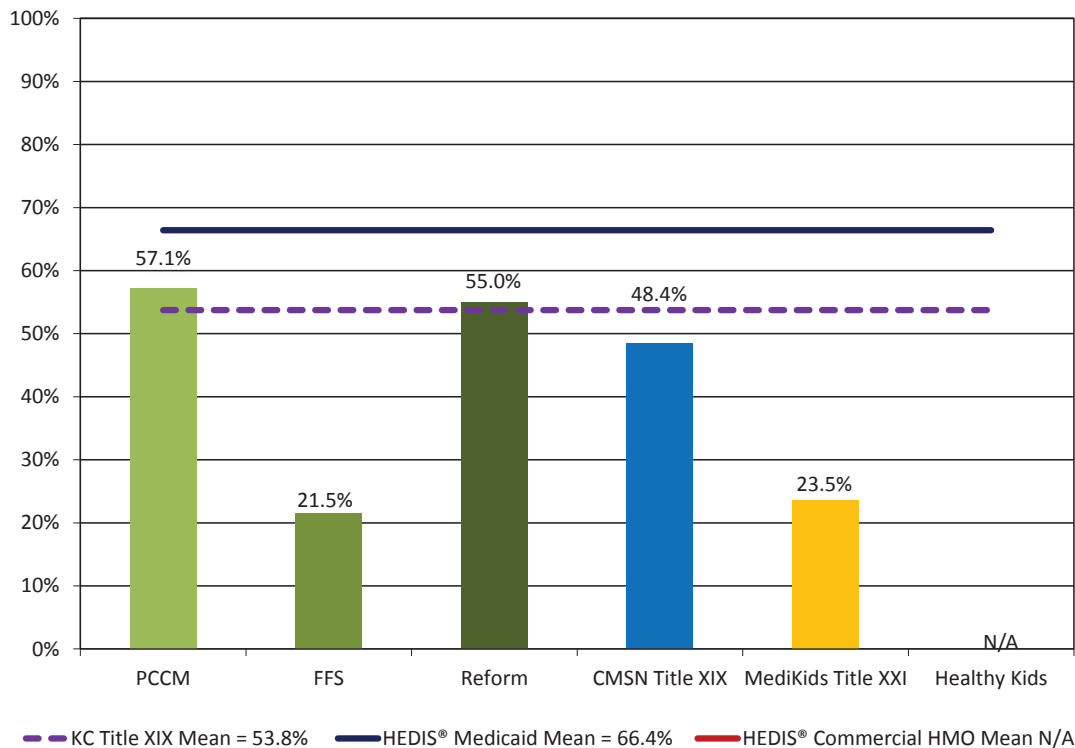
5.5 EFFECTIVENESS OF CARE: PREVENTION AND SCREENING

Lead screening in young children

Lead exposure in young children can lead to a variety of medical conditions. This HEDIS® indicator measures the percentage of children, who turned two years of age in 2010, who had received a blood test for lead before their second birthday. Unlike many other HEDIS® measures that are based on a single year of data, this indicator requires two years of data to ensure that all tests are identified.

Figure 53 presents the percentage of children who had at least one blood test for lead poisoning before their second birthday by program component. The national average for Medicaid was 66.4%; a national commercial average is not available. None of the KidCare programs exceeded the national Medicaid average. PCCM (57.1%), Reform (55.0%), and CMSN Title XIX (48.4%), had larger shares of their enrollees compliant with this measure than FFS (21.5%) and MediKids (23.5%).

FIGURE 53. HEDIS® LEAD SCREENING FOR CHILDREN TURNING TWO YEARS OF AGE, 2010

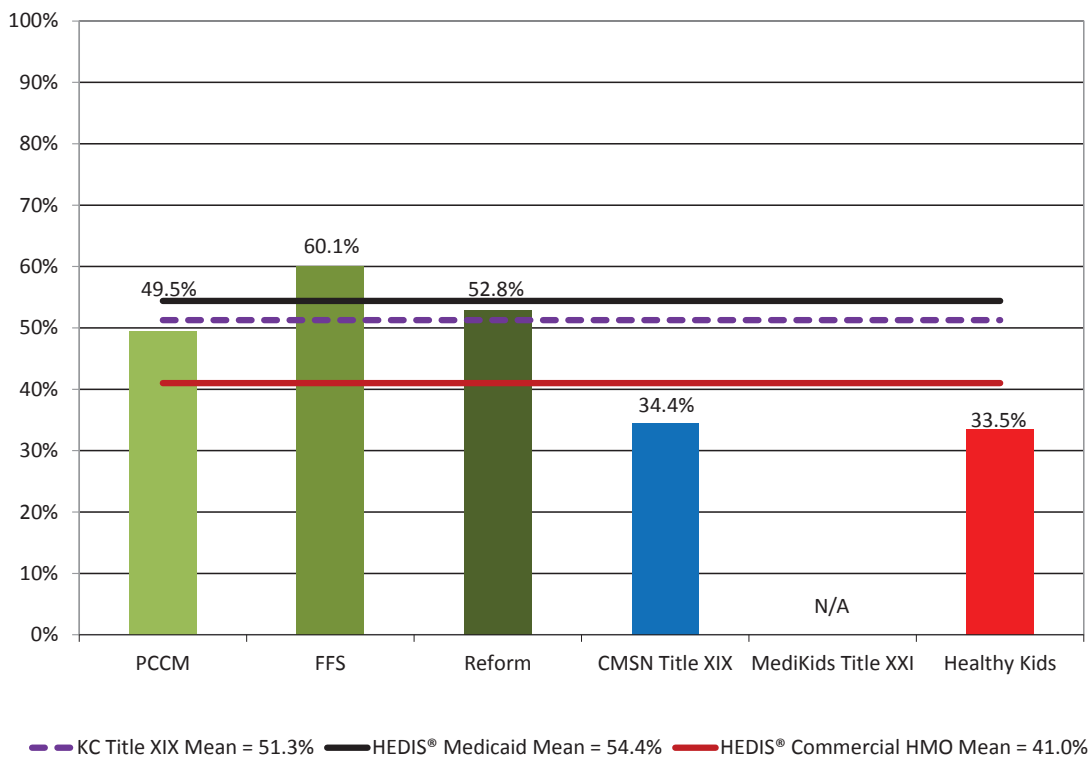


Chlamydia screening

Chlamydia is a common sexually transmitted disease that, if untreated, can lead to serious reproductive conditions like pelvic inflammatory disease and infertility. This HEDIS® Chlamydia screening indicator measures the percentage of female enrollees 16 to 20 years old, who were identified as sexually active, and had at least one test for Chlamydia during 2010; for KidCare, the measure covers female enrollees 16-18 years of age. Sexually active women were identified through pharmacy data (e.g., dispensed prescription contraceptives) or through claims/encounter procedure and diagnosis codes.

Figure 54 presents the percentage of sexually active female enrollees who had a Chlamydia screening. The national average for Medicaid was 54.4% and the commercial average was 41.0%. FFS (60.1%) exceeded both national averages. PCCM (49.5%) and Reform (52.8%) exceeded the commercial average, but not the Medicaid average. The rates for CMSN Title XIX (34.4%) and Healthy Kids (33.5%) did not exceed either of the national averages.

FIGURE 54. HEDIS® CHLAMYDIA SCREENING IN WOMEN, AGES 16-20 YEARS, 2010



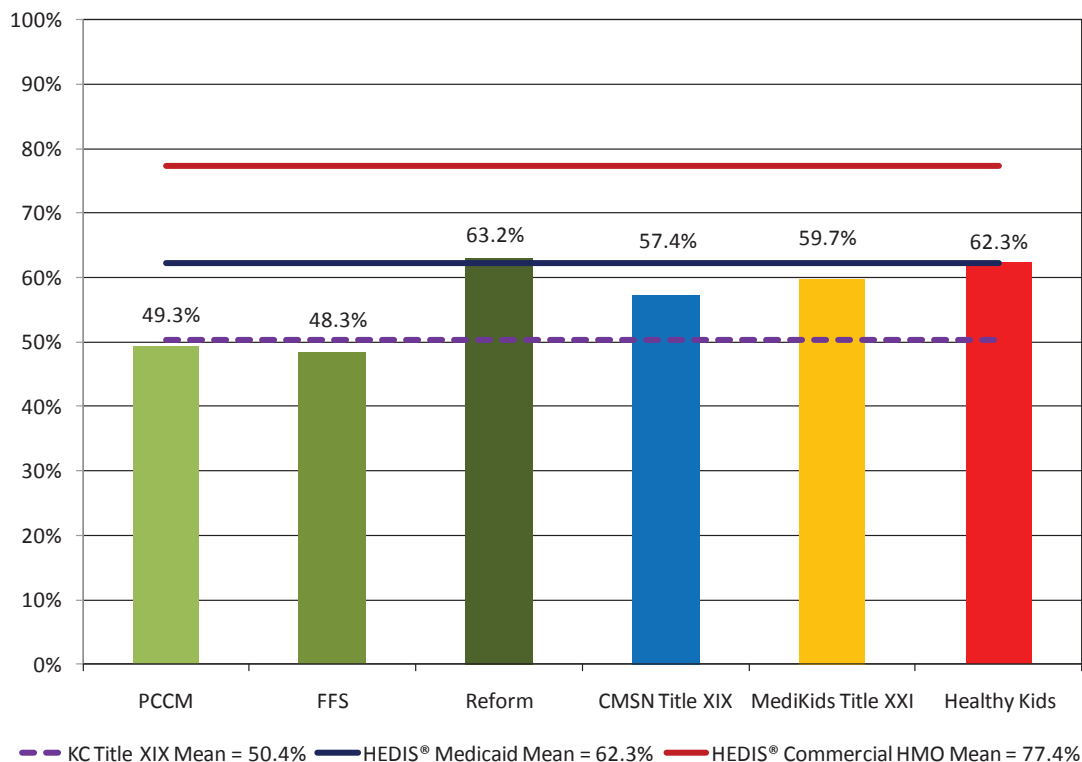
5.6 EFFECTIVENESS OF CARE: RESPIRATORY CONDITIONS

Appropriate testing for Pharyngitis

Pharyngitis (sore throat) can be caused by viruses or bacteria. Prescribing antibiotics for a condition that is actually viral increases unnecessary use of antibiotics. It is recommended that physicians order a group A streptococcus (strep) test before prescribing antibiotics for Pharyngitis. This HEDIS® indicator measures the percentage of enrollees, who were diagnosed with pharyngitis and dispensed an antibiotic, and received a group A streptococcus (strep) test.

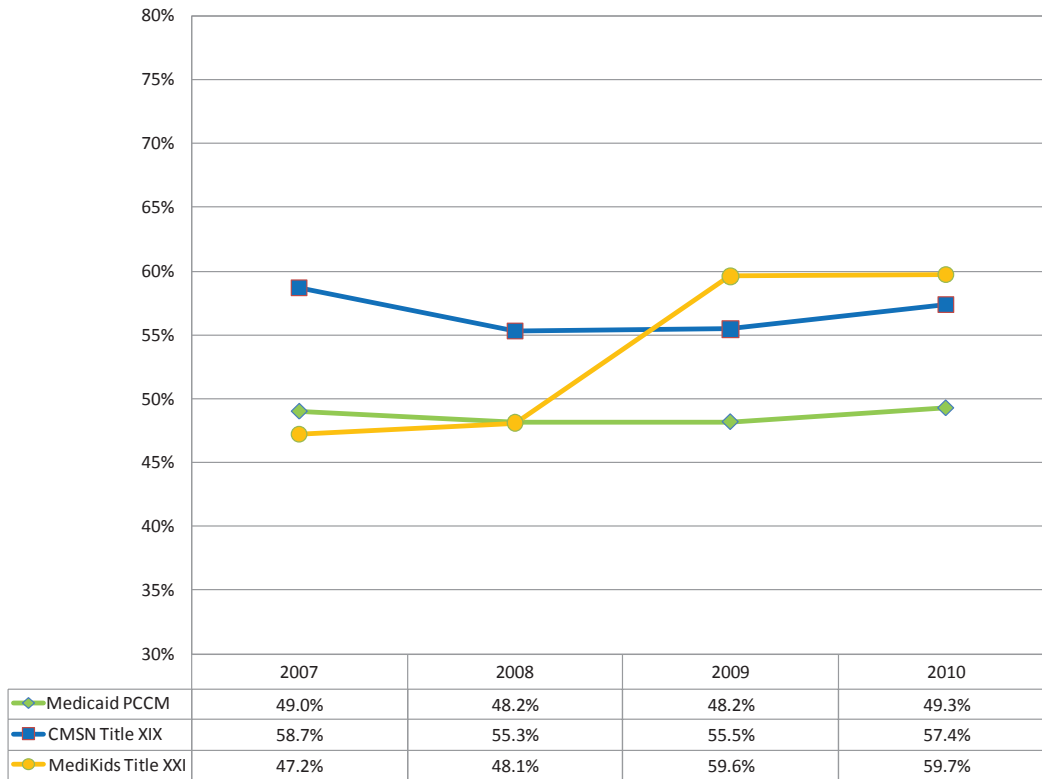
Overall, 50.4% of KidCare Title XIX enrollees received appropriate testing for pharyngitis, which is below the HEDIS® national Medicaid mean of 62.3% and the national commercial HMO mean of 77.4% (Figure 55). The Reform group (63.2%) was the single program that performed better than the HEDIS® Medicaid mean. The rate for Healthy Kids (62.3%) was the same as the national Medicaid mean. PCCM (49.3%), FFS (48.3%), CMSN Title XIX (57.4%), and MediKids (59.7%) did not exceed either the national Medicaid or the national commercial average.

FIGURE 55. HEDIS® APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS, 2010



A comparison with results from the prior three years is provided in Figure 56 for the three program components with available data. Results for PCCM and CMSN are virtually unchanged over the four years, while the MediKids rates for 2009 and 2010 are higher than in 2007 and 2008.

FIGURE 56. HEDIS® APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS, FOUR YEAR COMPARISON

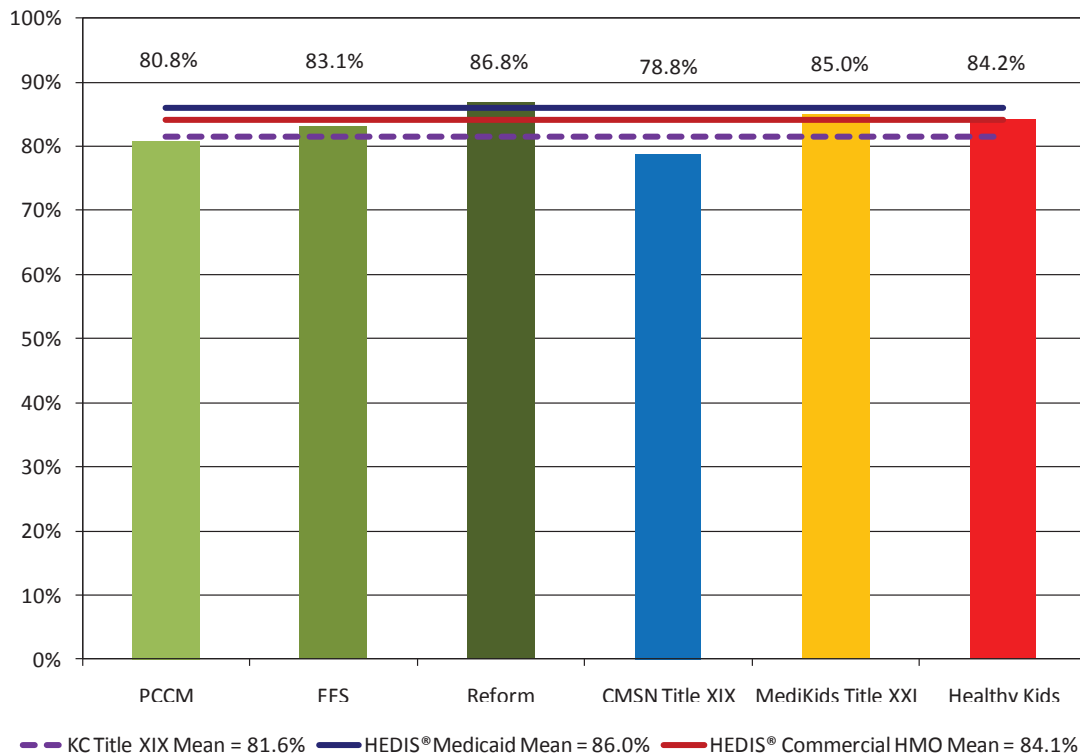


Appropriate treatment for children with Upper Respiratory Infections

An Upper Respiratory Infection (URI, aka “common cold”) should not be treated with antibiotics. This HEDIS® indicator measures the percentage of children ages 3 months to 18 years, who were diagnosed with an URI, and were not dispensed an antibiotic prescription.

The Reform group (86.8%) was the one KidCare program component that performed better than both the HEDIS® national Medicaid mean (86.0%) and the national commercial HMO mean (84.1%) (Figure 57). The other five KidCare program components performed within ten percentages of the national Medicaid average: PCCM (80.8%), FFS (83.1%), CMSN Title XIX (78.8%), MediKids (85.0%), and Healthy Kids (84.2%); the rates for MediKids and Healthy Kids exceeded the national commercial HMO mean.

FIGURE 57. HEDIS® APPROPRIATE TREATMENT FOR CHILDREN WITH AN UPPER RESPIRATORY INFECTION, 2010



Appropriate medications for children with Asthma

Uncontrolled Asthma can lead to children visiting the ER or needing in-patient hospitalization. Use of effective medications and therapies is crucial to controlling Asthma, but not all children receive appropriate medications. This HEDIS® indicator measures the percentage of KidCare enrollees with persistent Asthma who were appropriately prescribed medications during 2010.

Overall, the KidCare Title XIX programs (93.2%) performed better than the national Medicaid average (88.6%) and the national commercial HMO average (92.7%). PCCM (93.0%) and CMSN Title XIX (95.7%) performed better than both the national Medicaid and national commercial HMO averages. FFS (91.1%) and Healthy Kids (92.0%) performed better than the national Medicaid average, but not the national commercial mean. Reform (86.9%) did not exceed either of the HEDIS® means. There were not enough children with persistent Asthma in MedKids to allow for a meaningful rate to be calculated.

A six-year comparison is provided in [Figure 59](#) for the two program components with available data. Both PCCM and CMSN Title XIX showed sharp increases from 2005 to 2006, then consistently high performance on this indicator since 2006.

FIGURE 58. HEDIS® USE OF APPROPRIATE MEDICATIONS FOR CHILDREN WITH ASTHMA, 2010

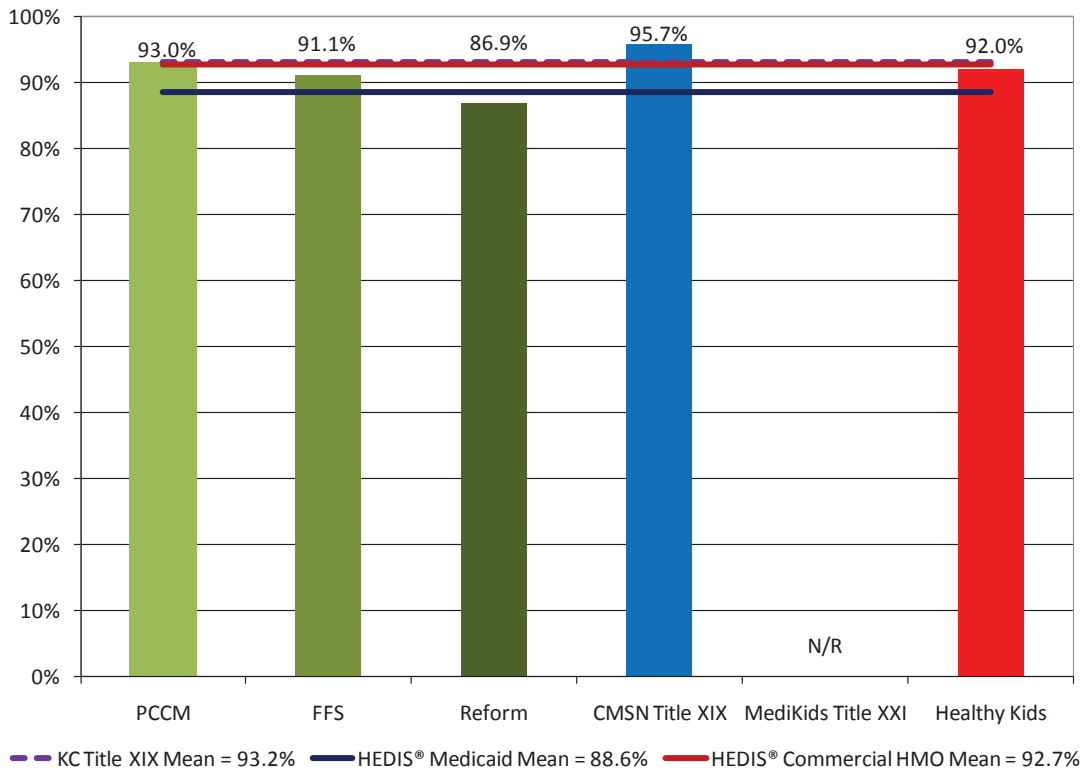
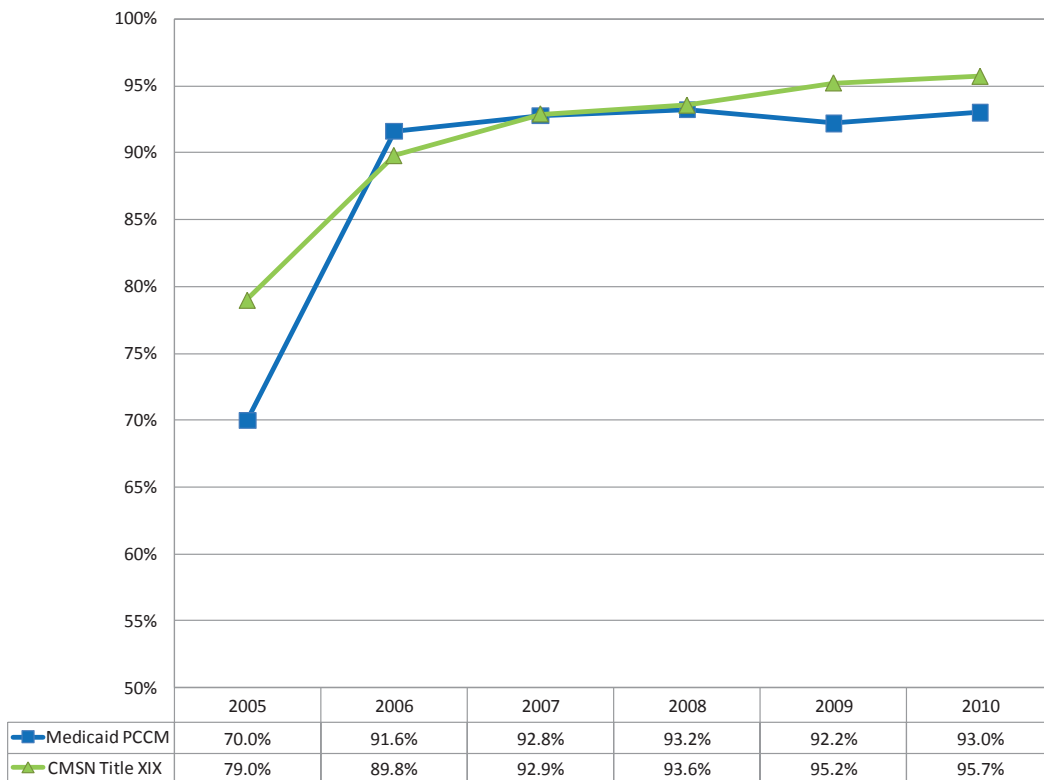


FIGURE 59. HEDIS® USE OF APPROPRIATE MEDICATIONS FOR CHILDREN WITH ASTHMA, SIX YEAR TREND



5.7 EFFECTIVENESS OF CARE: BEHAVIORAL HEALTH

Follow-up care for children prescribed ADHD medication

Children diagnosed with ADHD may receive treatment comprised of behavioral therapy and/or medication. Good clinical practice includes follow-up regarding the effects of therapy, including medication. There are two HEDIS® measures for this topic. The first HEDIS® indicator (**initiation** phase) measures the percentage of children aged 6-12 years, who have been newly prescribed medication for attention-deficit/hyperactivity disorder (ADHD), and who had one or more follow-up visits with a provider with prescribing authority within 30 days. The second HEDIS® indicator (**continuation and maintenance**) measures the percentage of children aged 6-12 years, following the initiation phase, who had at least two additional visits with a provider between the second and tenth months after the start of the medication. Children included in the continuation and maintenance measure must have remained on the medication throughout the period. For these two indicators, the KidCare results exclude enrollees covered by pre-paid mental health plans. The resulting CMSN Title XIX population was too small to report for these indicators. There are no MediKids results for these indicators because of the age restriction of these measures.

For the initiation phase (**Figure 60**), all five KidCare program components exceeded the national Medicaid average (36.6%) for ADHD medication follow-up. PCCM (41.7%), FFS (40.4%), Reform (53.0%), CMSN Title XIX (55.6%), and Healthy Kids (47.9%) all performed better than the national Medicaid average. A national commercial average was not available for comparison purposes. MediKids does not serve children in this age group, so a rate is not available for that program component.

For the continuation and maintenance phase (**Figure 61**), three KidCare program components exceeded the national Medicaid average (41.7%) for ADHD medication follow-up. PCCM (52.2%), Reform (75.0%), and Healthy Kids (56.3%) performed better than the national Medicaid average. FFS (41.2%) did not exceed the national Medicaid average, but it was very close to the benchmark. A national commercial average was not available for comparison purposes. MediKids does not serve children in this age group, so a rate is not available for that program component. There were not enough children with ADHD medication that needed follow-up for a meaningful rate to be calculated for CMSN Title XIX.

FIGURE 60. HEDIS® FOLLOW-UP AFTER INITIATION OF ADHD MEDICATION, AGES 6-12 YEARS, 2010

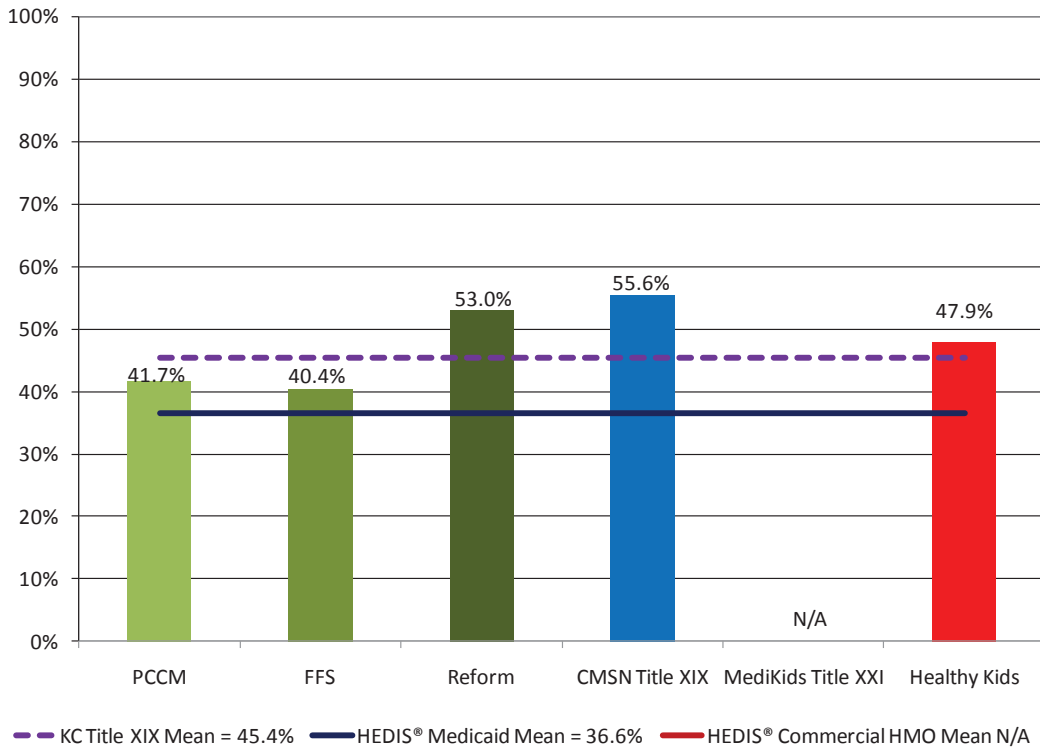
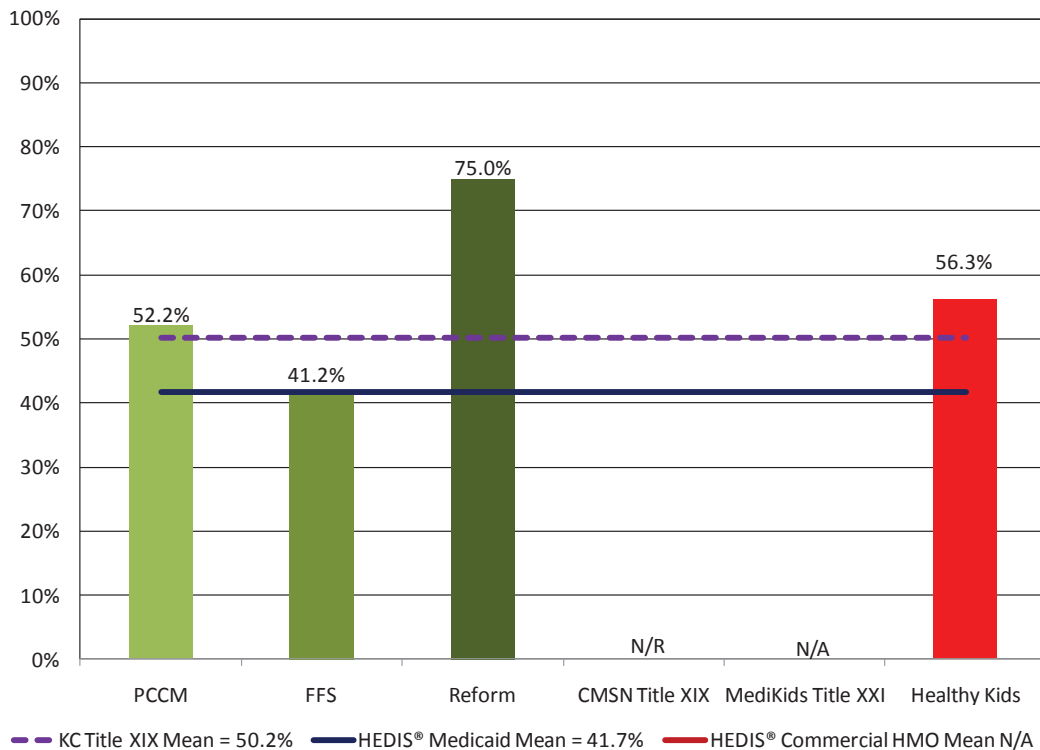


FIGURE 61. HEDIS® FOLLOW-UP DURING CONTINUATION AND MAINTENANCE OF ADHD MEDICATION, AGES 6-12 YEARS, 2010



Follow-up after hospitalization for mental illness

Follow-up after hospitalization for mental illness is important to improving outcomes for enrollees, including reducing recurrence. There are two HEDIS® measures for this topic. The first HEDIS® indicator (**7-day follow-up**) measures the percentage of children six years of age and older, who had a follow-up visit within 7 days of discharge from an in-patient admission for treatment of mental health disorders. The second HEDIS® indicator (**30-day follow-up**) measures the percentage of children six years of age and older, who had a follow-up visit within 30 days of discharge from an in-patient admission for treatment of mental health disorders. A follow-up visit is defined as an outpatient visit, an intensive outpatient encounter or partial hospitalization.

For the 7-day follow-up measure (**Figure 62**), none of the KidCare program components exceeded the HEDIS® Medicaid mean (42.9%) or the national commercial HMO mean (58.7%) for follow-up after hospitalization for mental illness. The 7-day follow-up rates for the KidCare program components were: PCCM 40.0%, FFS 23.0%, Reform 33.2%, and Healthy Kids 36.2%.

For the 30-day follow-up measure (**Figure 63**), none of the KidCare program components exceeded the HEDIS® Medicaid mean (60.2%) or the national commercial HMO mean (76.8%) for follow-up after hospitalization for mental illness. The 30-day follow-up rates for the KidCare program components were: PCCM 53.3%, FFS 33.3%, Reform 56.1%, and Healthy Kids 55.6%.

For these two indicators, the KidCare results exclude enrollees covered by pre-paid mental health plans. There are no MediKids results for these indicators because of the age restriction of these measures and there are no CMSN results due to the small number of enrollees who experienced a mental health hospitalization.

FIGURE 62. HEDIS® FOLLOW-UP VISITS WITHIN 7 DAYS OF DISCHARGE FROM A HOSPITALIZATION FOR MENTAL ILLNESS, 2010

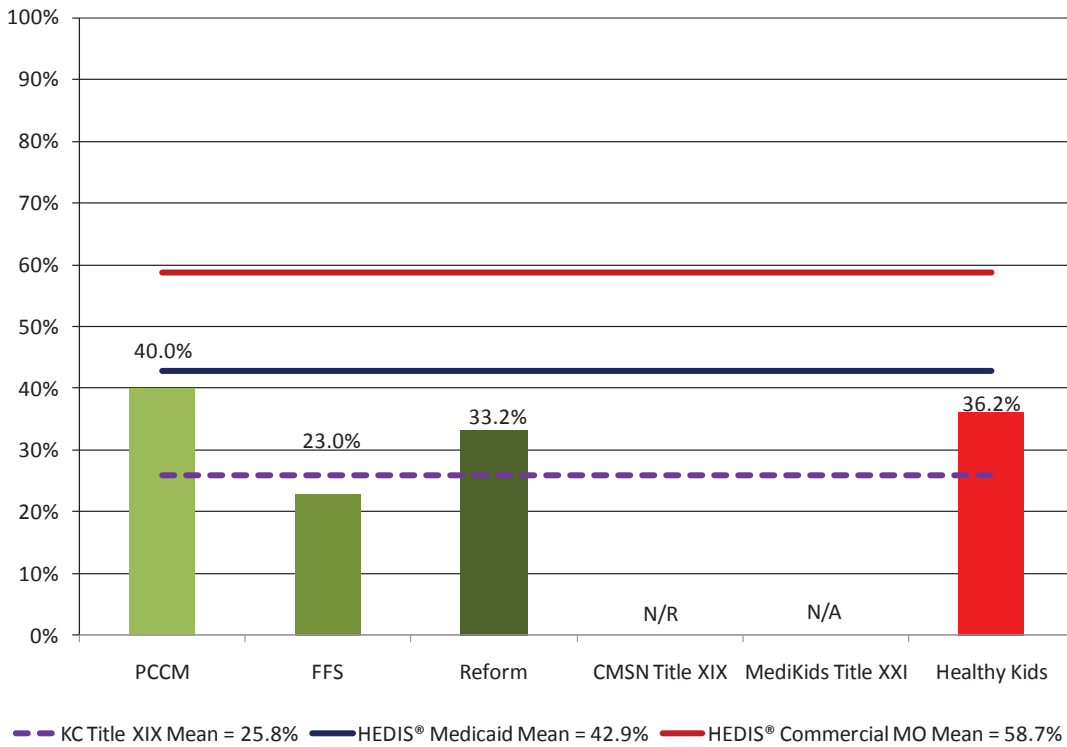
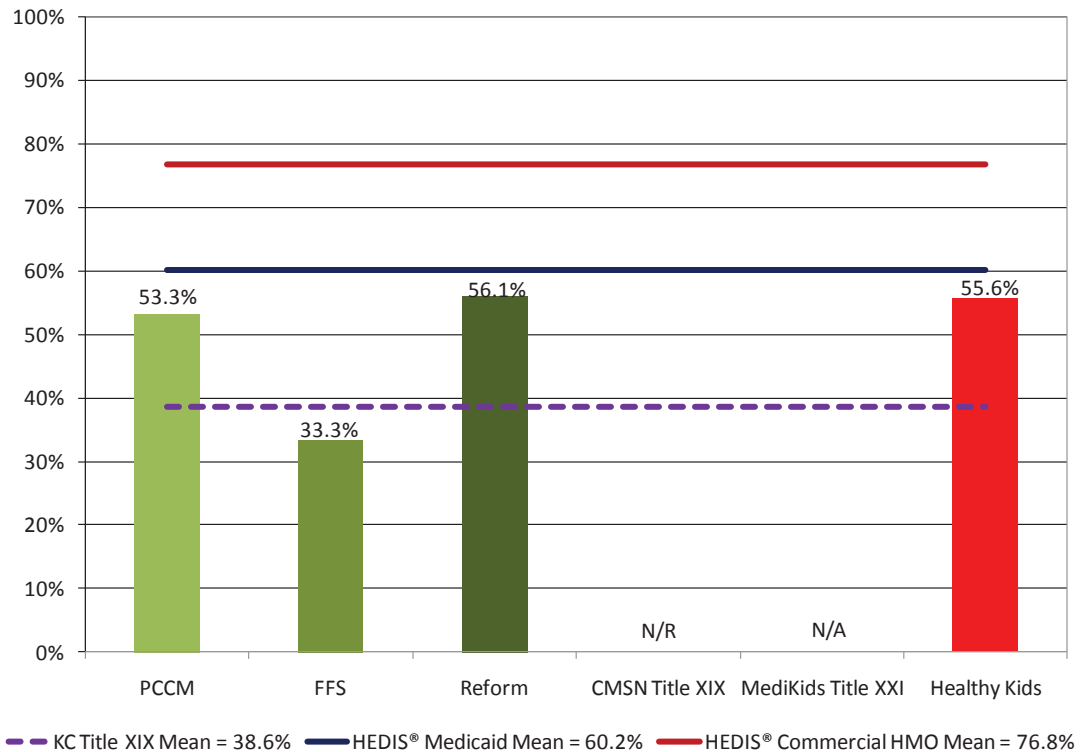


FIGURE 63. HEDIS® FOLLOW-UP VISITS WITHIN 30 DAYS OF DISCHARGE FROM A HOSPITALIZATION FOR MENTAL ILLNESS, 2010



SECTION 6



SECTION 6.

CONCLUSIONS AND RECOMMENDATIONS

6.1 CONCLUSIONS

Florida KidCare continues to provide quality health care services to low and modest income children in Florida.

At the end of State Fiscal Year 2010-2011, the KidCare program enrolled 1,949,789 children. This was an increase of 5.3% over the same date 12 months earlier. This follows an increase of 14.2% from June 30th, 2009 to June 30th, 2010. The largest gain in number of children occurred during State Fiscal Year 2010-2011 for Medicaid Title XIX, which increased from 1,574,521 to 1,670,627 children. Healthy Kids Title XXI (-1.5%) and CMSN Title XXI (-1.3%) had small declines in their enrollments. MediKids Title XXI enrollments increased 5.5%, but that increase was not enough to offset the declines in Healthy Kids and CMSN Title XXI. Overall, Title XXI enrollments declined by 0.7% from June, 30th 2010 to June, 30th 2011.

KidCare serves families from diverse backgrounds. About 41% of children enrolled for six months or more (called “established enrollees” in this report) are Hispanic; 23% of all established enrollees and 30% of parents speak Spanish as their primary language in the home. Twenty-three percent of established enrollees are black non-Hispanic and 31% are white non-Hispanic.

About 88% of families of established enrollees report having a personal doctor or nurse who usually provides health care to their child. Having a usual source of care is especially important for families of children with special health care needs; about 29% of KidCare families report that their children have special health care needs. Eighty-two percent of families report that their child had a well-child visit in the last six months, but 46% reported receiving dental care in the same period. Based on their parent’s report of height and weight, 31% of KidCare enrollees have a Body Mass Index (BMI) that exceeds the 85th percentile for their age and gender group, indicating they are overweight or obese.

Several areas that were already strengths for the program, such as getting needed care quickly and access to well-child visits remained strong during State Fiscal Year 2010-2011. Families enrolled for six months or more expressed high levels of satisfaction with KidCare providers and services. Overall, 65% of KidCare families rated their general health care experience a “9” or a “10”. About 87% of

families report positive experiences with being able to get care quickly for injuries or illnesses. Families were also highly satisfied with their personal doctor or nurse, 73% rated their children's primary care provider (PCP) a "9" or a "10". Over 86% of families had a positive report about their provider's communication style. These ratings are virtually unchanged from prior reports, suggesting that KidCare provides, from the families' perspective, a consistently high quality of care to children.

For the third time, this evaluation report includes quality of care measures derived from health care (claims and encounter) data. The quality of care measures present a complementary and/or alternative view to the perspective and feedback provided by parents during the family interviews. For example, although 82% of KidCare families reported that their child had a well-child visit in the six months prior to the family interview, the Healthcare Effectiveness Data and Information Set (HEDIS®) quality of care measures were able to identify well-child visits in 2010 for 64% of Title XIX 3-6 year olds and 43% of Title XIX adolescents. The KidCare Title XIX programs exceeded the national Medicaid means for the following HEDIS® measures: access to Primary Care Providers for children 12-24 months, initiation and continuation of treatment for alcohol and other drug dependence, the use of appropriate medications for children with Asthma, and initiation and continuation of ADHD medication follow-up care.

6.2 RECOMMENDATIONS

Although KidCare performed well on many measures in this report, KidCare did not meet national averages for several indicators of quality of care. The following indicators are recommended for further quality improvement efforts:

- Compliance with the recommended number of dental visits
- Compliance with the recommended number of ongoing prenatal care visits
- Compliance with lead screening tests
- Compliance with appropriate testing guidelines for Pharyngitis
- Compliance with appropriate treatment guidelines for Upper Respiratory Infections
- Compliance with the recommended follow-ups for mental health hospitalizations

