The Florida KidCare Program Evaluation

State Fiscal Year 2012-2013

FINAL REPORT

Prepared by the

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Executive Summary

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1 Executive Summary

Introduction

The Institute for Child Health Policy (ICHP) presents the results of an annual evaluation of Florida KidCare, the health insurance program for children, as required by state and federal guidelines. This evaluation presents data from the 2012 calendar year and includes data from the 2012-2013 state (SFY) and federal (FFY) fiscal years. Introductions to each section outline which data period was used. Each measurement section includes Florida KidCare covers children enrolled in the Title XXI Children Health Insurance Program (CHIP) and the Title XIX Medicaid program. This report includes three primary areas of assessment (Programmatic, Family Experiences, and Quality of Care) for the following programs: Title XIX Medicaid and Children's Medical Services Network (CMSN), Title XXI Healthy Kids, Medikids and CMSN.

Methods

A variety of sources and methods were used to conduct this evaluation, including data from prior Florida KidCare program evaluations, application and enrollment files, a telephone survey conducted with families involved with the program, and claims and encounter data. Data for the Programmatic section come from administrative, application, and enrollment sources. The Family Experiences Section is the results from 1,501 telephone interviews conducted with families enrolled in Florida KidCare. The Quality of Care section includes an analysis of claims and encounter data and provides additional information about children's prescriptions as well as use of ambulatory and inpatient environments.

Findings

Programmatic

During State Fiscal Year (SFY) 2012-2013, the Florida KidCare program received a total of 211,225 applications, of which 196,213 applications contained process-able information on 317,625 children. At the end of SFY 2012-2013, the Florida KidCare program included 2,090,002 enrolled children. This is an increase of 3.10% from the previous evaluation year. The largest gain in number of enrolled children occurred for Medicaid Title XIX, which increased by 3.21% from the previous year. Overall Title XXI enrollments increased by 1.77%. CMSN Title XXI, however, had a slight decrease (-1.09%) in enrollment. MediKids (Title XXI and full pay) and Healthy Kids (Title XXI and full pay) had enrollment increases of 1.42% and 2.15%, respectively.

Family Experiences

Findings from the parent experiences survey suggest continued satisfaction from families of enrollees. More than 80% of families report positive experiences with getting needed care quickly, their doctor's communication skills, getting needed prescriptions, their personal doctor or nurse, and getting needed information.

Approximately 72.3% of Florida KidCare families rated their primary care provider as a "9" or "10"and 71.5% rated their specialty care provider as a "9" or a "10". When rating their overall health care experience and health plan experiences, 63.1% of the Florida KidCare families rated their health care experience as a "9" or a "10" and 59.0% rated their health plan experience as a "9" or a "10". These results are virtually unchanged from prior reports which suggest that, based on family perspectives, Florida KidCare continues to provide a high quality of care to children.

1 Executive Summary

Quality of Care

All quality of care measures represent CY2012.

HEDIS®. This report section presents rates for the Healthcare Effectiveness Data and Information Set (HEDIS®) measures using National Committee for Quality Assurance (NCQA) compliant specifications. There were several HEDIS® measures where Florida KidCare did not meet or exceed the national Medicaid mean. However, areas where the Florida KidCare Title XIX mean did exceed the national Medicaid mean include:

- HEDIS® Initiation and engagement of alcohol and other drug dependence treatment (IET)
- HEDIS® Frequency of prenatal care (FPC)
- HEDIS® Follow-up care for children prescribed ADHD medication (ADD)

Title XXI means (Healthy Kids and MediKids) were also compared to the national Medicaid mean. See Findings section for details.

AHRQ-PDIs. Pediatric Quality Indicators (PDIs) were calculated differently from the AHRQ specifications this year making yearly comparisons difficult. Unlike HEDIS® measures, lower rates are more desirable for PDIs.

- ***Asthma Admissions.*** The KidCare Title XIX mean was 5.63%. The rates ranged from 2.8% in CMSN Title XIX to 11.4% in MediKids.
- ***Diabetes Short-term Complication Admissions.*** The Kidcare Title XIX mean was 1.05% with the rates ranging from 0.7% in Medicaid Title XIX PCCM to 1.9% in CMSN Title XIX.
- ***Gastroenteritis Admissions.*** The KidCare Title XIX mean was 1.74%. The rates for gastroenteritis admissions ranged from 0.7% in FFS to 5.5% in MediKids.
- ***Perforated Appendix Admissions.*** The KidCare Title XIX mean was 37.9%. The rate for Healthy Kids was 24.7%.
- ***Urinary Tract Infection Admissions.*** The KidCare Title XIX mean was 1.19%. Rates for urinary tract infection admissions ranged from 0.57% in Medicaid Title XIX FFS to 4.76% in Medicaid Title XIX Provider Service Network –Non reform (PSNNR).

Potentially Preventable Events. PPEs include potentially preventable admissions (PPAs), readmissions (PPRs), and emergency department (ED) visits (PPVs).

- ***Rates.*** Potentially preventable emergency department visits (PPV) rates for Healthy Kids (37%) and Medicaid (53.1%) were moderately high. Potentially preventable admission (PPA) rates were 28.9% for Healthy Kids and 21.9% for Medicaid. Potentially preventable readmission (PPR) rates for Healthy Kids and Medicaid were generally low (6.1% and 3.6%, respectively), as is expected with this measure.
- ***Reasons.*** Asthma and pneumonia were the primary reasons for PPAs. The primary reasons for PPRs were medical continuation or recurrence of a medical condition, acute medical conditions or complications, or mental health or substance abuse continuation or recurrence. The primary reason for PPVs was infections of the upper respiratory tract. Other top PPV-related diagnoses included non-bacterial gastroenteritis and signs, symptoms and other factors influencing health status.
- ***Expenditures.*** Expenditures for PPRs were the lowest for both Healthy Kids and Medicaid. Healthy Kids and Medicaid expenditures were highest for PPVs. Total expenditures for Medicaid (PPA: $63,865,810; PPR: $26,757,828; PPV: $72,957,021) were greater than for Healthy Kids (PPA: $4,754,465; PPR: $1,121,534; PPV: $6,233,206).

1 Executive Summary

Conclusions

The findings of this evaluation indicate that the Florida KidCare program continues to provide quality health care services to its enrollees. Overall enrollment in the Florida KidCare program increased 3.1% from the previous SFY. The results from the parent experience interviews indicate that, generally, families of enrollees are satisfied with the health care services they receive from the Florida KidCare, including satisfaction with their child's personal doctor or nurse, how their child's doctor communicates with them, and getting needed care quickly. The quality of care outcomes also demonstrated strengths of Florida KidCare program. For two HEDIS® measures, the KidCare Title XIX mean exceeded the national Medicaid mean. The HEDIS® measures in which the KidCare Title XIX mean did not exceed the national averages indicate areas that need improvement within the Florida KidCare program. Variation in PPE rates, reasons and expenditures suggest the influence of multiple factors and opportunities for improvement.

Recommendations

Domain	Recommendations	Rationale
Below average rates of comprehensive diabetes care measures and treatment surrounding asthma.	The ICHP recommends that future work be conducted to examine provider and patient barriers to providing and receiving care in these areas.	Understanding multi-factor (i.e., family, provider, health care system) boundaries to care is an important step in developing evidence-based guidelines and prevention/intervention programs.
General strategies for reducing Potentially Preventable Events (PPEs)	To reduce PPEs, the Florida KidCare program should promote strategies to enhance: • *Access to care* • *Care coordination* • *Patient-centered education* • *Improved patient literacy* • *Provider-patient relationships* • *Team-based care*	Findings from this report indicate higher than expected rates of potentially preventable events for some Medicaid program components and Healthy Kids plans as well as cost associated with PPEs overall in Florida Healthy Kids and Medicaid. A number of research studies support the argument that reducing PPEs using these strategies has the potential to lead to cost savings for Florida Healthy Kids and Medicaid and improved health outcomes for the populations they serve.

Introduction

In this Section

- Florida KidCare Program Structure
- Title XXI Eligibility
- Florida KidCare Eligibility
- Recent Florida KidCare Changes

Florida KidCare Program Structure

Florida KidCare consists of four program components (Children's Medical Services Network, Medicaid, Healthy Kids, MediKids), which provide children with health insurance coverage. Assignment to a particular component is determined by the child's age, health status, and family income (see Figure 1). Except for Medicaid, Florida KidCare is not an entitlement program, which means 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.

Figure 1. Florida KidCare eligibility, SFY 2012-2013

Children's Medical Services Network (CMSN). The Children's Medical Services Network (CMSN) is Florida's Title V Children with Special Health Care Needs (CSHCN) program. Children in the CMSN have access to specialty providers, care coordination programs, early intervention services, and other medically necessary services that are essential for their health care. The Florida Department of Health (DOH) operates the program, which is open to Title XIX or Title XXI-funded children with special health care needs who meet clinical eligibility requirements. Enrollees in Title XXI coverage are limited to ages

1-18, whereas enrollees with Title XIX coverage can be 0-21 years of age. Infants under one year of age are Title XXI funded but receive services through the Medicaid CMSN. The CMSN covers Medicaid state plan services for its Title XIX and Title XXI-funded enrollees and there are no copayments for services. Medicaid waiver services are available only to Title XIX-funded enrollees who meet the waiver eligibility requirements. The Florida Legislature created the Behavioral Health Network (BNET) in s.409.8135, F.S., for children ages 5 through 18 with serious behavioral or emotional conditions. Administered by the Department of Children and Families, a child must be enrolled in Title XXI CMSN for physical health services to qualify for BNET.

Florida Healthy Kids. Florida Healthy Kids is a statewide program for children ages five through 18 (inclusive) who are at or below 200% of the Federal Poverty Level (FPL) and eligible for Title XXI premium assistance. For each county, the Florida Healthy Kids Corporation selects two or more commercially licensed health plans through a competitive bid process. In addition, Healthy Kids selects at least two dental insurers to 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. Florida Healthy Kids families pay a monthly premium of $15 (for family income between 100% and 150% FPL) or $20 (for family income between 151% and 200% FPL) as well as a co-payment for certain services. Information on Full Pay families is provided below.

MediKids. MediKids is a Medicaid "look-alike" program for children ages one through four 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 only 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 Medicaid MCO. MediKids families pay a monthly premium of $15 (for family income between 100% and 150% FPL) or $20 (for family income between 151% and 200% FPL). Information on Full Pay families is provided below.

Medicaid. 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 (AHCA) contracts with an enrollment broker to assist families in making this important decision for their children. Children can receive their care through a MCO (which includes CMSN for eligible children in selected areas), a PCCM program, a Provider Service Network Non Reform (PSNNR), PSN Reform (PSNR), or through a Fee-For-Service (FFS) program. In the Medicaid Primary Care Case Management (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.

Full-pay. Full-pay coverage options also exist for families of children ages one through 18 who apply to Florida KidCare, but are determined to be ineligible for Medicaid or Title XXI premium assistance. Families can enroll their children in Florida 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, 2) their income is over 200% FPL, or 3) they are non-qualified U.S. aliens. Florida Healthy Kids full-pay coverage was available at $141 per month per child for medical and dental coverage in SFY 2012-2013. MediKids full-pay coverage cost $196 per month per child in SFY 2012-2013, 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. Full-pay enrollees are included in the programmatic results in this report only (i.e., not included in the parent experiences or quality of care sections).

Title XIX Eligibility

To be eligible for Title XIX-Medicaid assistance, state and federal laws specify that a child:

- Under age 1 have a household income less than 200% of FPL
  - Children under the age of 1 year with a household income between 185% and 200% FPL are funded by Title XXI
- Ages 1-5 have a household income less than 133% FPL
- Ages 6-19 have a household income less than 100% FPL

Title XXI Eligibility

To be eligible for Title XXI-CHIP assistance, state and federal laws specify that a child must:

- Be under age 19,
- Be uninsured,
- Be ineligible for Medicaid,
- Have a family income at or below 200% of the FPL,
- Be a United States citizen or a qualified alien, and
- Not be an inmate of a public institution or a patient in an institution for mental diseases.

Table 1 provides information about the federal poverty levels for a family of four for 2009 through 2013.

Table 1. Federal poverty levels for a family of four

Income as a Percent of FPL	2009	2010*	2011	2012	2013
100%	$22,050	$22,050	$22,350	$23,050	$23,550
133%	$29,327	$29,327	$29,726	$30,657	$31,322
185%	$40,793	$40,793	$41,348	$42,643	$43,568
200%	$44,100	$44,100	$44,700	$46,100	$47,100

**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/12poverty.shtml#thresholds http://aspe.hhs.gov/poverty/13poverty.cfm

Table 2 summarizes the financial eligibility requirements for the Florida KidCare program.

Table 2. Florida KidCare program components and coverage levels, SFY 2012-2013

KidCare Program Component	Coverage by Federal Poverty Level
CMS Network *	
Age 0 (infants under one year)	0% to 185% Title XIX Medicaid coverage 186% to 200% Title XXI funding**
Ages 1 through 5	0% to 133% Title XIX Medicaid coverage 134% to 200% Title XXI funding ***
Ages 6 through 18	0% to 100% Title XIX Medicaid coverage 101% to 200% Title XXI funding ***
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.
MediKids	
Ages 1 through 4	134% to 200%***
Ages 1 through 4	Above 200% - can participate full-pay, but receive no premium assistance.
Medicaid for Children	
Age 0 (infants under one year)	0% to 185% Title XIX Medicaid coverage 185% to 200% Title XXI-funded Medicaid coverage**
Ages 1 through 5	0% to 133%
Ages 6 through 18	0% to 100%

**Children must meet CMSN clinical eligibility requirements. Eligibility for Behavioral Health Network (BNET) is determined by the Department of Children and Families.*

***Infants less than one year are enrolled in Medicaid but coverage is financed with Title XXI funds. These families do not pay a premium for coverage.*

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

Florida KidCare Eligibility

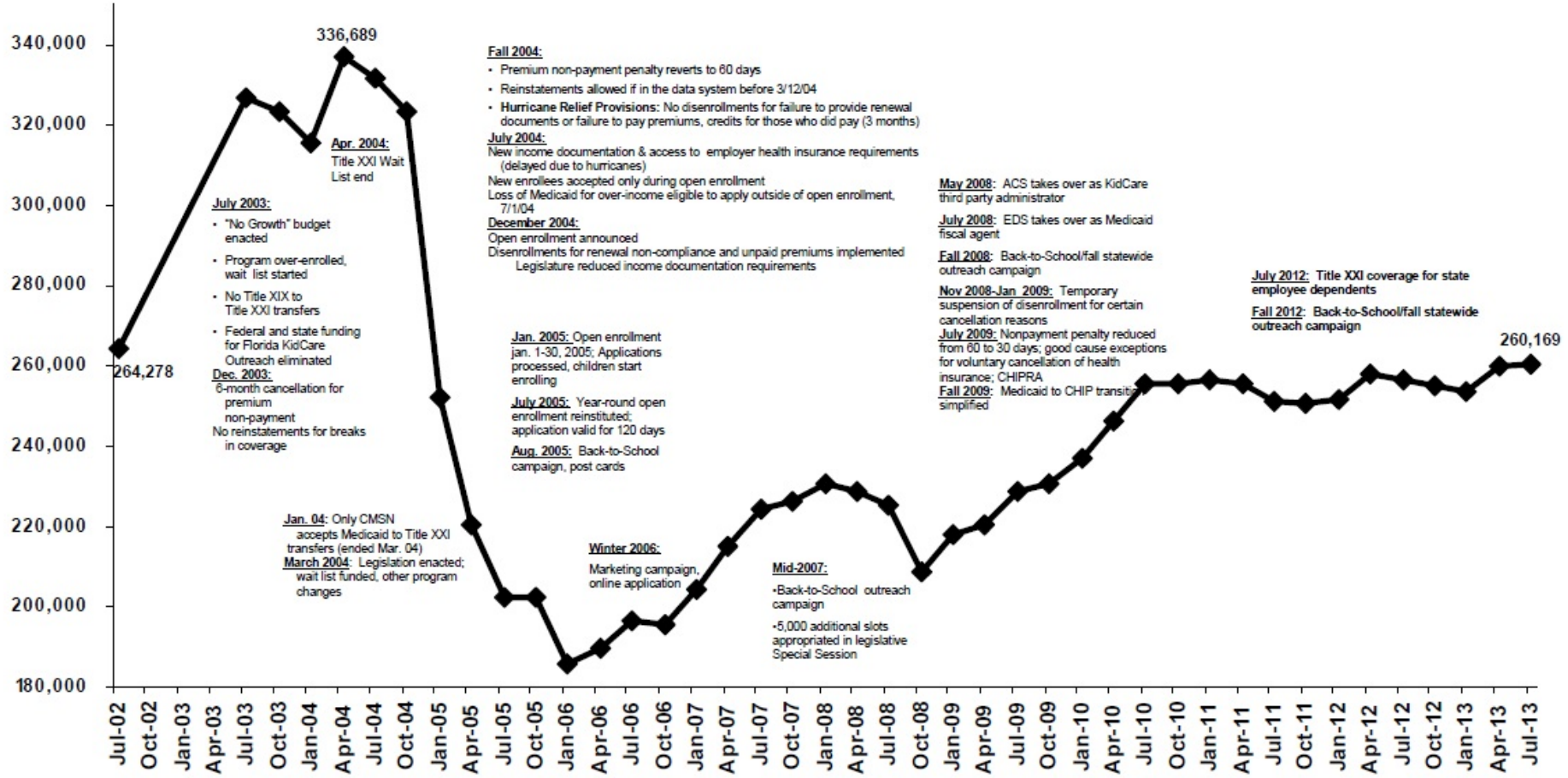
Families whose children are in the CMSN, Florida Healthy Kids, and MediKids programs and receive Title XXI premium assistance must also participate in an active renewal process to receive 12 months of eligibility. Since July 2004 families are required to provide annual proof of earned and unearned income. Beginning in January 2010, federal Child Health Insurance Program Reauthorization Act (CHIPRA) legislation also required families to provide proof of their children's citizenship and identity. Existing enrollees at that time were required to provide proof of citizenship at their renewal.

Children in Medicaid who are under five years of age receive 12 months of continuous eligibility without an eligibility redetermination. Children ages five 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. Since 2006, as a result of the federal Deficit Reduction Act (DRA) of 2005, Medicaid enrollees have been required to prove citizenship and identity.

Recent Florida KidCare Program Changes

There have been several recent Florida KidCare Title XXI enrollment and programmatic changes. **Figure 2,** created by the Florida KidCare Coordinating Council, displays the major program changes over the last 11 years.

Figure 2. Recent Florida KidCare Title XXI Enrollment and programmatic changes.



Florida KidCare Title XXI Financing

Funding for the Title XXI component of Florida KidCare comes from the federal government, state allocations, and individual payments for premiums. **Tables 3-8** provide information on the funding of Florida KidCare's Title XXI programs. The 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 SFY 2012-2013.

Table 3. Florida KidCare Title XXI expenditures, Actual for SFY 2012-2013 and Projected for SFY 2013-2014

SFY 2012-2013 By Program	Expenditures	Family Contributions	Federal Funds	State Funds
CMS Network	$120,254,278.00	$2,312,642.00	$82,912,791.00	$35,028,845.00
Healthy Kids*	$315,929,187.00	$27,159,648.00	$203,067,288.00	$85,702,251.00
MediKids	$54,218,416.00	$11,992,239.00	$29,682,313.00	$12,543,864.00
Medicaid infants <1	$3,349,159.00	$0.00	$2,355,690.00	$993,469.00
BNET	$10,853,892.00	$0.00	$7,631,322.00	$3,222,570.00
Total Title XXI Services	$504,604,932.00	$41,464,529.00	$325,649,404.00	$137,490,999.00
Administration	$20,180,526.00	$0.00	$14,187,487.00	$5,993,039.00
Grand Total	**$524,785,458.00**	**$41,464,529.00**	**$339,836,891.00**	**$143,484,038.00**
Projected SFY 2013-2014 By Program	**Expenditures**	**Family Contributions**	**Federal Funds**	**State Funds**
CMS Network	$109,852,876.00	$2,067,527.00	$76,537,211.00	$31,248,138.00
Healthy Kids*	$300,209,252.00	$24,514,132.00	$195,788,050.00	$79,907,070.00
MediKids	$55,597,414.00	$12,078,155.00	$30,910,295.00	$12,608,964.00
Medicaid infants <1	$5,214,688.00	$0.00	$3,706,096.00	$1,508,592.00
BNET	$9,600,068.00	$0.00	$6,816,905.00	$2,783,163.00
Stairstep Children**	$62,658,237.00	$0.00	$44,581,336.00	$18,076,901.00
Total Title XXI Services	$543,132,535.00	$38,659,814.00	$358,339,893.00	$146,132,828.00
Administration	$17,976,209.00	$0.00	$12,765,227.00	$5,210,982.00
Grand Total	**$561,108,744.00**	**$38,659,814.00**	**$371,105,120.00**	**$151,343,810.00**

**Title XXI medical and dental services only*

***Beginning in 2014, Stairstep children will be children, ages 6-19, with family incomes between 100% and 133% FPL. Because this program does not begin until 2014, it is not included in subsequent analyses of this report.*

Source: SFY 2012-2013 data, KidCare's Estimating Conference documents, June 2013

Source: SFY 2013-2014 data, KidCare's Estimating Conference documents, June 2013

Table 4 contains detail on the Title XXI administrative costs for SFY 2012-2013 and projected for SFY 2013-2014.

Table 4. Florida Healthy Kids Corp. Title XXI administration costs, Actual for SFY 2012-2013, and Projected SFY 2013-2014

Program	2012-2013	2013-2014
Estimated Average Monthly Caseload	206,299	187,252
Estimated number of Case Months	2,475,588	2,247,024
Administration Cost per Member Per Month	$8.16	$8.00

Source: SFY 2012-2013 data, KidCare's Estimating Conference documents, June 2013
Source: SFY 2013-2014 data, KidCare's Estimating Conference documents, June 2013

Table 5 presents the per member per month premium rates for the Florida KidCare Title XXI program components for SFY 2012-2013 and projected for SFY 2013-2014.

Table 5. Per Member Per Month premium rates for KidCare Title XXI program components, for SFY 2012-2013 and Projected for SFY 2013-2014

Program	State Fiscal Year 2012-2013	State Fiscal Year 2013-2014
CMSN	$455.50	$469.16
Healthy Kids*	$127.62	$134.77
MediKids	$130.70	$139.14
BNET	$1,000.00	$1,000.00
Medicaid Expansion <1	$381.98	$406.96
StairStep Children**		$147.82

***Title XXI medical and dental only*
***Beginning in 2014, Stairstep children will be children, ages 6-19, with family incomes between 100% and 133% FPL.*
Source: SFY 2012-2013 data, KidCare's Estimating Conference documents, June 2013
Source: SFY 2013-2014 data, KidCare's Estimating Conference documents, June 2013
http://edr.state.fl.us/conferences/kidcare/kidcare.htm

Table 6 presents the total premiums collected from Title XXI families in the last five state fiscal years and projected for SFY 2013-2014.

Table 6. Premiums collected annually from Title XXI Families for the last five SFYs and projected for SFY 2013-2014

Program	SFY 2008-2009	SFY 2009-2010	SFY 2010-2011	SFY 2011-2012	SFY 2012-2013	SFY 2013-2014
CMS Network & BNET	$1,776,965	$2,277,142	$2,387,818	$2,374,982	$2,312,642	$2,067,527
Healthy Kids	$22,962,144	$24,168,335	$25,818,643	$26,279,835	$27,159,648	$24,514,132
MediKids	$2,143,028	$2,755,143	$3,199,121	$3,067,995	$3,105,856	$3,061,221
Total	$26,882,137	$29,200,620	$31,325,582	$40,962,036	$42,618,016	$39,712,667

Source: SFY 2012-2013 data, KidCare's Estimating Conference documents, June 2013
Source: SFY 2013-2014 data, KidCare's Estimating Conference documents, June 2013

Total Florida KidCare Title XXI expenditures are reported in **Table 7**.

Table 7. Total Florida KidCare Title XXI expenditures reported to the Center for Medicare and Medicaid Services, last five SFYs and FFYs

	Total	Federal Funds	State Funds
State Fiscal Year (SFY)			
2008-2009	$369,068,722	$256,465,855	$112,602,867
2009-2010	$481,889,901	$331,636,630	$150,253,271
2010-2011	$466,484,231	$320,614,612	$145,869,619
2011-2012	$499,350,341	$345,200,891	$154,149,450
2012-2013	$514,494,873	$361,278,300	$153,216,573
Federal Fiscal Year (FFY)			
2008-2009	$410,443,527	$286,407,493	$124,036,034
2009-2010	$443,399,819	$308,517,594	$134,882,225
2010-2011	$485,678,043	$334,243,629	$151,434,414
2011-2012	$498,948,622	$345,422,131	$153,526,491
2012-2013	$551,052,424	$389,373,643	$161,678,781

Source: AHCA Medicaid Program Analysis, June 2013

Table 8 presents the project allotment balances carried forward from each FFY for the last five years and projected for FFY 2013-2014.

Table 8. Federal allotment balances carried forward or projected forward from each FFY for last five years and projected for FFY 2013-2014

	Total
FFY 2009	$552,210,606
FFY 2010	$356,095,478
FFY 2011	$324,871,259
FFY 2012	$319,264,379
FFY 2013	$299,751,728
FFY 2014	$267,751,728

Source: SFY 2013-2014 data, KidCare's Estimating Conference documents, June 2013

Methods

In this Section

- Data Sources
- Evaluation Approaches

3 Methods

Data Sources

An assortment of data sources were used to complete the Findings portion of this report. The Programmatic section used application and enrollment data; the Parent Experience section used results from surveys conducted with established Florida KidCare enrollees' families; and claims and encounter data were used to complete the Quality of Care section.

Evaluation Approaches

Florida KidCare Programmatic Data

The following programmatic areas are included in the evaluation:

- Monthly application volume
- Outcomes of applications
- Crowd-out (i.e., health insurance beneficiaries shift from private coverage to public coverage even though private options may exist for them)
- Application processing time
- Enrollment trends
- Patterns of coverage
- Renewal of coverage

Family Experience Surveys

In this evaluation, a total of 1501 telephone surveys were conducted with Florida KidCare families beginning in March 2013 and ending in June 2013. The surveys were designed to measure parents' assessments of their children's experiences after they had been enrolled in KidCare for six months or longer. Parents of 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.

Children were randomly selected from the population 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 Florida KidCare application and enrollment files maintained at the ICHP. Surveys were conducted with parents, guardians, or primary caregivers (including foster parents) regarding the health care experiences of the sampled children. The universe for the KidCare telephone survey excluded those families without a phone number (home or mobile).

As a quality control measure, live survey monitoring was conducted by the ICHP staff for the Parent Experience Survey from March 2013 until June 2013 for a total of 25 hours. Interviewers were evaluated on a scale of one to five on seven specific domains. The domains included: 1) Reading Verbatim, 2) Probing, 3) Clarifying, 4) Feedback, 5) Voice Quality, 6) Pacing, and 7) Professionalism. A score of five or four is considered excellent and above average, respectively. A score of three, two, or one is considered average, below average, and poor. For any interviewer that received a three or below rating on any of the seven domains, the survey center was contacted and the issue was discussed. The results from the survey monitoring were excellent. The average score for each domain was 4.8 or higher.

Quality of Care

The ICHP also warehouses Florida KidCare enrollees' health care information, including fields on the date of service, type of visit (e.g., emergency department visits, inpatient hospitalizations, and outpatient visits), diagnoses, procedures, and prescriptions filled. These data were used to calculate the Quality of Care measures. The current evaluation used standard Healthcare Effectiveness Data and Information Set (HEDIS®), Agency for Healthcare Research and Quality (AHRQ) Pediatric Quality Indicators (PDIs), and Potentially Preventable Events (PPEs) measures to assess quality of care.

Findings

In this Section

- Programmatic Results
- Florida KidCare Parent Experience Survey Results
- Quality of Care Results

4 Findings

Programmatic Results

Monthly Application Volume

By state law, the Florida Healthy Kids Corporation is responsible for processing applications for Florida KidCare coverage. Application and enrollment processing is done by a third-party vendor under contract with the Florida Healthy Kids Corporation. Applications for coverage are submitted via mail, telephone, fax, or internet. The Department of Children and Families determines eligibility for Medicaid.

Figure 3 displays the number of unduplicated Florida KidCare applications received monthly by the Florida Healthy Kids Corporation for processing over the five years. Months with high application activity often correspond to the beginning of school years, when school-based outreach activities occurred.

Figure 3. Florida KidCare unduplicated applications received monthly, July 2008 to June 2013

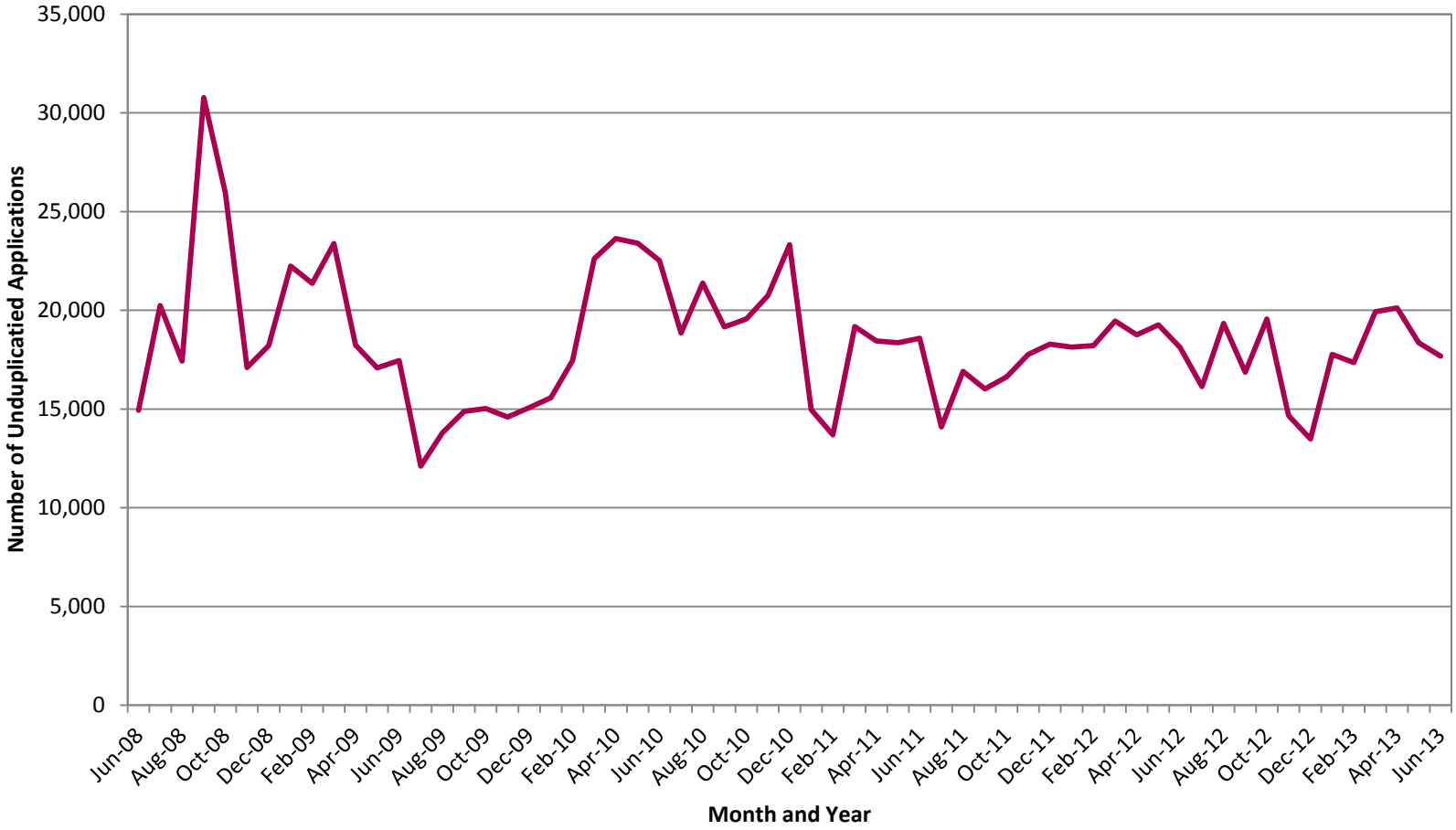


Table 9 provides monthly information on Florida KidCare applications submitted during the State Fiscal Year (SFY) 2012-2013.

- Florida KidCare received a total of 231,331 applications, including duplicate applications.
- When duplicate applications were removed, Florida KidCare received a total of 211,225 applications, of which 196,213 applications contained process-able information on 317,625 children.
- Florida KidCare received an average of 17,602 unduplicated applications monthly, ranging from a low of 13,485 unduplicated applications in December 2012 to a high of 20,113 unduplicated applications in April 2013.
- The mean age of applicants for the 12-month period was 8.72 years.
- The mean monthly income of families applying for Florida KidCare coverage was $2,283.00 during 2012-2013.
- Families applying for Florida KidCare coverage had an average household size for the 12-month period of 3.46 persons.

Table 9. Florida KidCare application information, SFY 2012-2013

Application Information	Jul-12	Aug-12	Sep-12	Oct-12	Nov 12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Total
Number of applications received, including duplicate applications	19,501	22,658	19,446	22,342	16,619	15,074	19,263	18,280	20,719	20,822	18,776	17,831	231,331
Number of applications received, excluding duplicate applications	16,138	19,329	16,866	19,562	14,668	13,485	17,759	17,352	19,929	20,113	18,354	17,670	211,225
Number of children represented on applications received, excluding duplicate applications	26,323	31,278	27,226	31,569	23,471	21,377	27,859	26,958	28,152	27,641	24,402	21,369	317,625
Child age, mean years*	8.84	8.98	8.91	8.77	8.64	8.74	8.61	8.79	8.77	8.55	8.48	8.43	8.72
Child age, standard deviation	5.00	4.96	5.00	5.01	5.04	5.05	5.02	4.98	4.95	4.99	5.03	5.07	5.01
Monthly family income, mean**	2,339.12	2,283.89	2,316.21	2,321.33	2,237.45	2,247.91	2,281.29	2,232.46	2,291.98	2,245.57	2,291.49	2,291.93	2,283.00
Monthly family income, standard deviation	2,001.01	1,715.71	2,811.00	5,708.96	2,089.55	1,765.78	3,609.00	3,027.85	1,608.01	1,857.47	2,629.61	2,375.37	2,839.19
Household size, mean***	3.51	3.49	3.47	3.46	3.48	3.46	3.45	3.44	3.46	3.45	3.45	3.47	3.46
Household size, standard deviation	1.22	1.20	1.19	1.21	1.21	1.19	1.18	1.18	1.19	1.18	1.18	1.17	1.19

**Child ages below 1 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 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.*

It should be noted that children can 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 Title XIX to CHIP Title XXI coverage.

Outcomes of Applications

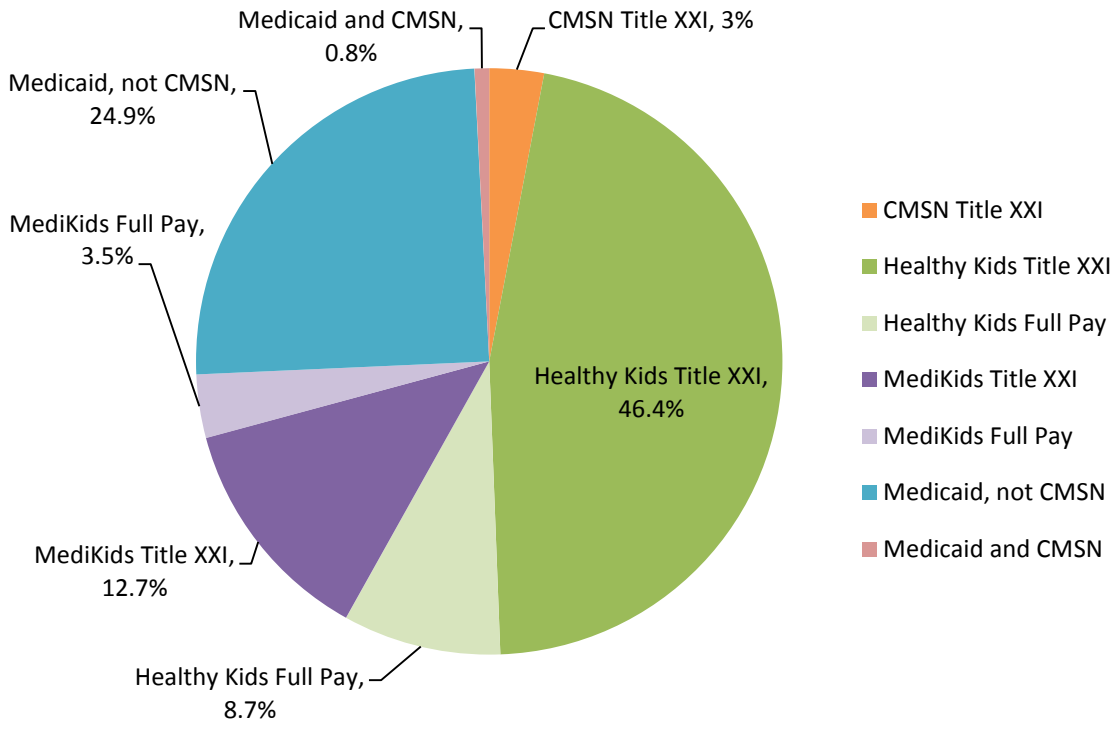
The following analysis considers only the most recent applications (if duplicates are available). Also, the analysis does not use the "referral" flag provided in the applications database because that field is not well-populated. Rather, the analysis considers an application to have been reviewed if it was specifically approved or denied. For this analysis, approval indicates that the applicant has submitted all necessary documentation and has been determined 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 Florida KidCare 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 317,625 processed applications:

- 36,544 applications received internal review only
- 244,756 applications received internal and DCF review
- 742 applications received internal and CMSN review
- 35,583 applications received internal, DCF, and CMSN review.[1]

The four review processes resulted in a total of 274,845 (86.5%) children being approved for Florida KidCare Title XXI or Title XIX coverage. **Figure 4** presents the distribution of approved applications by Florida KidCare program component. Of note, the percentage of approvals by program totals the 86.5% of applications approved, not all applications.

Figure 4. Application approvals by Florida KidCare program components.



[1] 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.

4 Findings

There were 42,780 (13.5%) children not approved for Florida KidCare Title XXI, Title XIX, or full-pay coverage during SFY 2012-2013. The reasons for not being approved include:

- Pending requests for documentation from families resulted in 2,348 (5.5%) children not being approved for coverage. Requests will be reviewed, not necessarily approved, for KidCare coverage in the 2013-2014 SFY.
- Having a family income that was too high resulted in 510 children not being approved. Though these families may have been offered full-pay coverage, this information is unknown.
- 3,211 (7.5%) children were not approved due to being over 18 years old.
- Not being a Florida resident resulted in denial for 37 children.
- Current insurance coverage (other than Medicaid or Medicare) reported on the Florida KidCare application resulted in 2,802 (6.5%) children not being approved for coverage.
- An additional 1,759 children were not approved because they were already covered by Medicaid.
- 1,211 children were not approved because they were receiving SSI/Medicare coverage.
- Coverage was not approved for 120 children due to expiration of their application when their parents did not respond to requests for documentation.
- Coverage was not approved for 25,073 (58.6%) children who were non-compliant with documentation requests from DCF for their Medicaid eligibility determination.
- The reason for coverage denial could not be determined for the remaining 153 children not approved.

Table 10 displays the outcomes of applications for KidCare coverage during SFY 2012-2013. Florida KidCare processed a total of 196,213 unduplicated applications representing 317,625 children. The following analysis considers only the most recent applications and excludes previous duplicate applications.

Table 10. Outcomes of Florida KidCare applications processed SFY 2012-2013

A total of 211,225 unduplicated applications were received 196,213 unduplicated applications representing 317,625 unduplicated children processed (An additional 15,012 applications were received that did not contain information on children and could not be processed)					
Applications reviewed by KidCare	Without referral to DCF or CMS	With referral to DCF (but not CMS)	With referral to CMS (but not DCF)	With referrals to both DCF and CMS	Total
Number of Unduplicated Applications	19,787	146,040	591	29,795	196,213
Number & Percent of Unduplicated Children	36,544 11.51%	244,756 77.06%	742 0.23%	35,583 11.20%	317,625 100%
TOTAL, children **approved** for KidCare or full-pay	9,686	230,198	684	34,277	274,845
Healthy Kids Title XXI	4,120	109,211	505	13,721	127,557
MediKids Title XXI	1,661	31,119	149	2,092	35,021
Medicaid, but not CMSN		61,681		6,622	68,303
CMS Title XXI			3	8,206	8,209
Medicaid and CMSN (Title XIX)				2,084	2,084
Healthy Kids full-pay	3,467	19,291	22	1,216	23,996
MediKids full-pay	438	8,896	5	336	9,675
TOTAL, children **not approved** for KidCare or full-pay	26,858	14,558	58	1,306	42,780
Document request/verification pending	247	2,101	0	0	2,348
Income too high	0	502	0	8	510
Over 18 years of age	3,148	56	1	6	3,211
Not a Florida resident	31	3	0	3	37
Has other insurance (not Medicaid or SSI/Medicare)	56	2,653	0	93	2,802
Has Medicaid coverage	82	1,478	0	199	1,759
Receiving SSI/has Medicare coverage	1,197	8	3	3	1,211
Application expired	21	88	1	10	120
Non-compliant with Medicaid information request	56	2,257	1	155	2,469
Non-compliance	22,006	2,691	39	337	25,073
For other reasons (unknown)	9	120	4	20	153

Application Processing Times

For those applicants that received Florida 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. For the current report, the endpoint for processing coverage is the effective date of enrollment. Note, however, that the endpoint may also be when the approval letter is generated, however, these data are unavailable. 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 Florida KidCare overall, the average processing time was 43.7 days and the median processing time was 37.0 days.
- The three Title XXI programs varied slightly in processing times from a median of 35.0 days for CMSN to 38.0 days for Healthy Kids and 40.0 days for MediKids.
- KidCare applications approved for Medicaid coverage had a median processing time of 35.0 days.

Table 11. Application processing times, State Fiscal Year 2012-2013

	Average Number of Days Elapsed	Median Number of Days Elapsed
For all approved applicants, by their program of enrollment		
Total	43.7	37.0
CMSN Title XXI	41.3	35.0
Healthy Kids	44.5	38.0
MediKids	45.6	40.0
Medicaid	42.2	35.0
Only those applicants not referred to DCF, and later enrolled in:		
Total	45.3	40.0
CMSN Title XXI	42.1	36.0
Healthy Kids	45.3	39.0
MediKids	46.2	41.0

Florida KidCare Enrollment

Table 12 presents the point-in-time enrollment figures for the end of the State and Federal Fiscal Years 2011-2012 and 2012-2013 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 2012-2013, the Florida KidCare program enrolled 2,090,002 children. This was an increase of 3.10% over the same month a year earlier.
- Florida KidCare's growth in 2012-2013 was driven by growth in Medicaid Title XIX enrollments, which increased 3.21% from 1,736,607 to 1,792,381 children.
- Title XXI enrollments increased by 1.77% from June 30th, 2012 to June 30th, 2013.
    - CMSN Title XXI enrollment declined by 1.09%, but the Healthy Kids Title XXI and MediKids Title XXI enrollments increased by 2.15**%** and 1.42%, respectively**.**
- Federal Fiscal Year 2012-2013 followed the same trends as State Fiscal Year 2012-2013.
- At the end of Federal Fiscal Year 2013, the Florida KidCare program enrolled 2,099,674, which was an increase of 2.35% over the same month a year earlier.
- Florida Healthy Kids (1.76%) and Title XXI programs overall (1.08%) enrollment increased over the same month a year earlier.
    - CMSN Title XXI (.16%) had a slight increase while MediKids increased 1.74% over the same month of the previous year.
- Florida Medicaid enrollment increased 2.46% over the same month of the previous year**.**

Table 12. Point-in-time enrollment figures for the last day of State and Federal Fiscal Years 2011-2012 and 2012-2013

	State Fiscal Year			Federal Fiscal Year		
	Enrollment June 30, 2012	Enrollment June 30, 2013	Percent Change 2012-2013	Enrollment Sept. 30, 2012	Enrollment Sept. 30, 2013	Percent Change 2012-2013
CMSN Title XXI	22,654	22,407	-1.09	22,034	22,069	0.16
Healthy Kids Title XXI	205,871	210,293	2.15	205,821	208,303	1.21
Healthy Kids Full-pay	27,735	29,989	8.13	28,521	30,159	5.74
Healthy Kids Total	233,606	240,282	2.86	234,342	238,469	1.76
MediKids Title XXI	29,133	29,547	1.42	28,997	29,271	0.94
MediKids Full Pay	4,444	4,652	4.68	4,421	4,729	6.97
MediKids Total	33,577	34,199	1.85	33,418	34,000	1.74
Title XXI Total	258,414	262,980	1.77	257,582	260,372	1.08
Medicaid Title XIX	1,736,607	1,792,381	3.21	1,760,985	1,804,407	2.47
Medicaid Title XXI	756	733	-3.04	730	729	-0.14
Medicaid Total	1,737,363	1,793,114	3.21	1,761,715	1,805,136	2.46
KidCare Total	2,027,200	2,090,002	3.10	2,051,509	2,099,674	2.35

Source: Agency for Health Care Administration's Florida KidCare monthly enrollment reports.

Figure 5 displays the enrollment growth trends, by program, during the last five 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 5a. Percentage growth in Florida KidCare for five state fiscal years, by program component, Title XXI

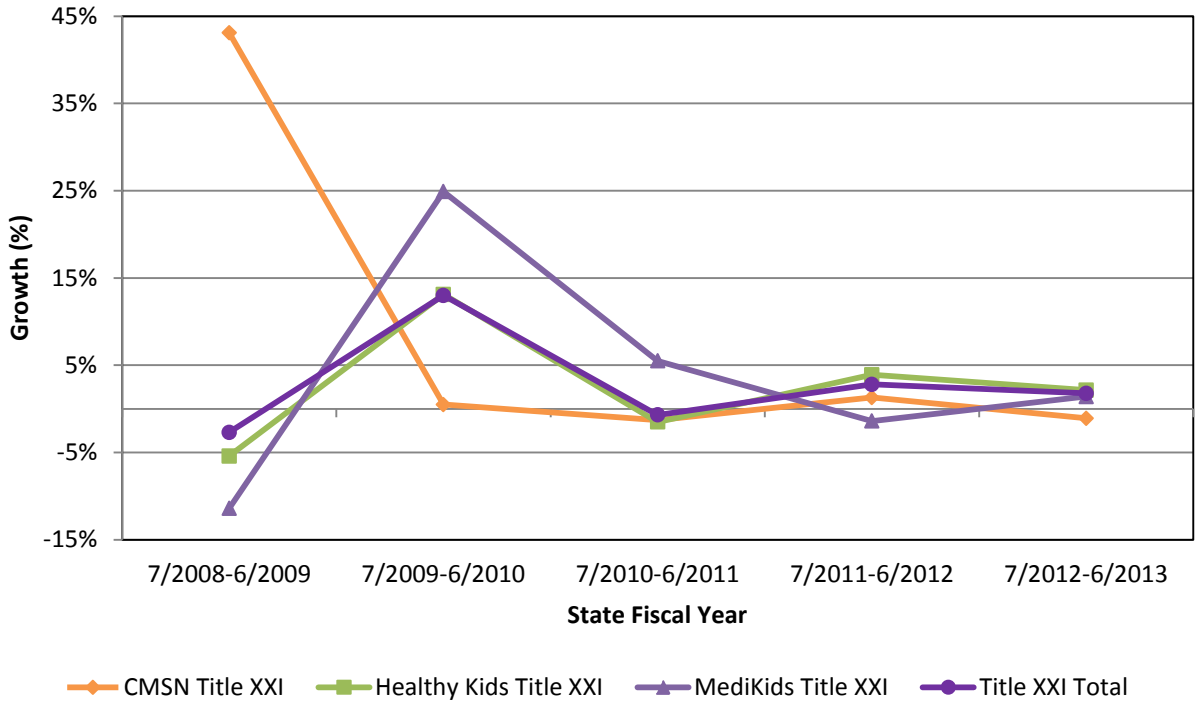


Figure 5b. Percentage growth in Florida KidCare for five state fiscal years, by Full-pay Title XXI

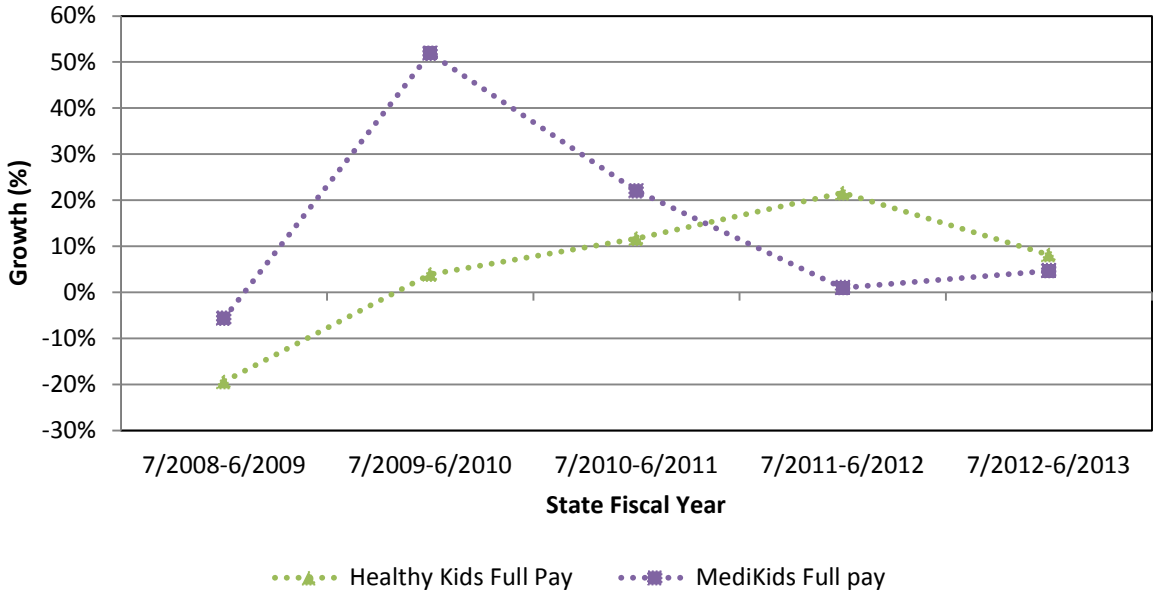
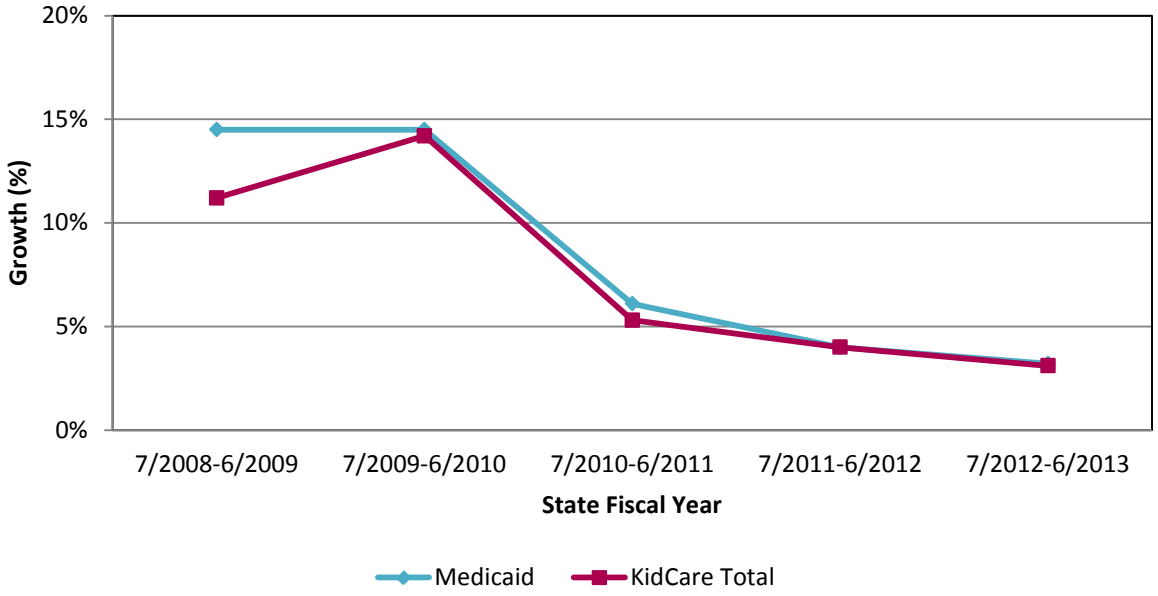


Figure 5c. Percentage growth in Florida KidCare for five state fiscal years, Title XIX



Enrollment Trends

Figure 6 through **Figure 10** present the enrollment trends by month for each of the KidCare program components from July 2008 through July 2013. These figures were developed from various agency enrollment reports and are subject to reconciliation.

Figure 6. CMSN Title XXI program enrollment, SFY 2008-2013

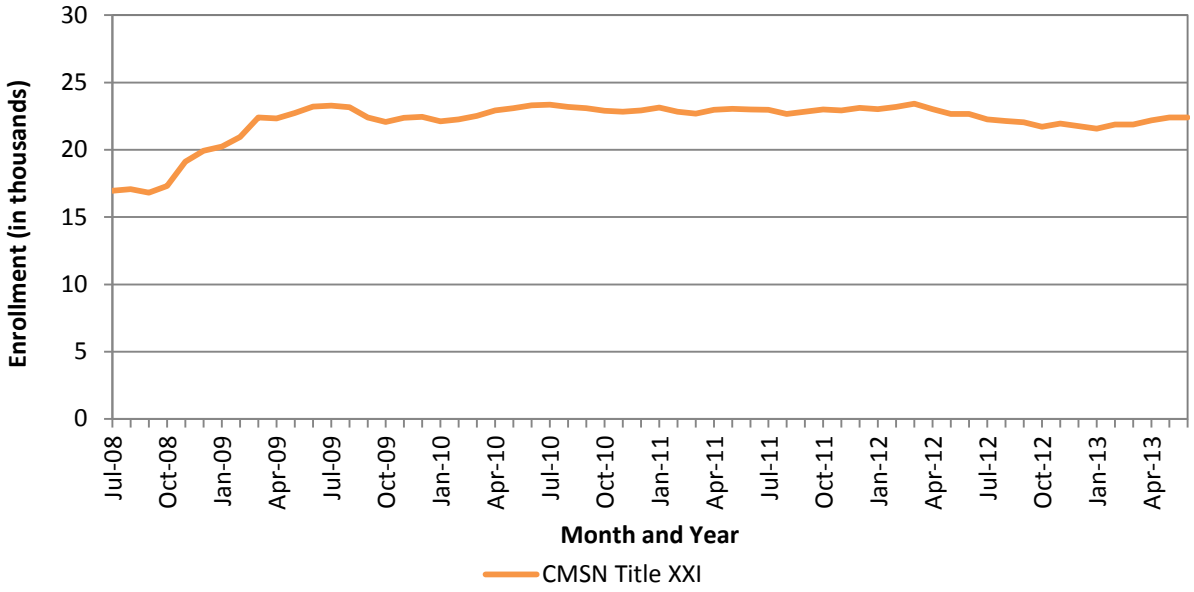


Figure 7. Healthy Kids program enrollment, SFY 2008-2013

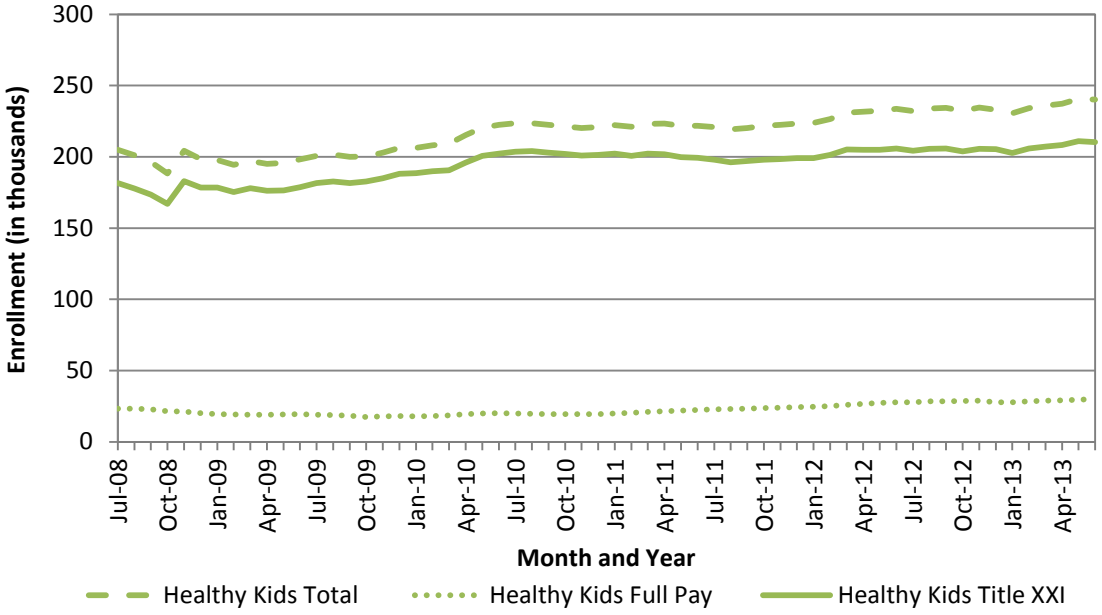


Figure 8. MediKids program enrollment, SFY 2008-2013

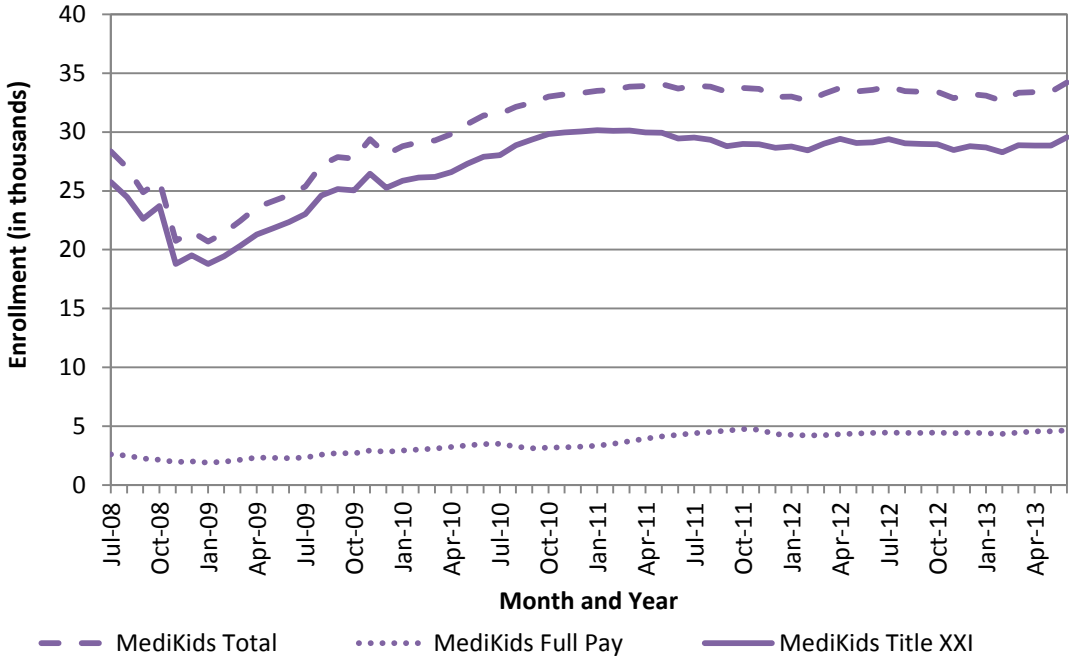


Figure 9. Overall Medicaid Title XIX program enrollment, SFY 2008-2013

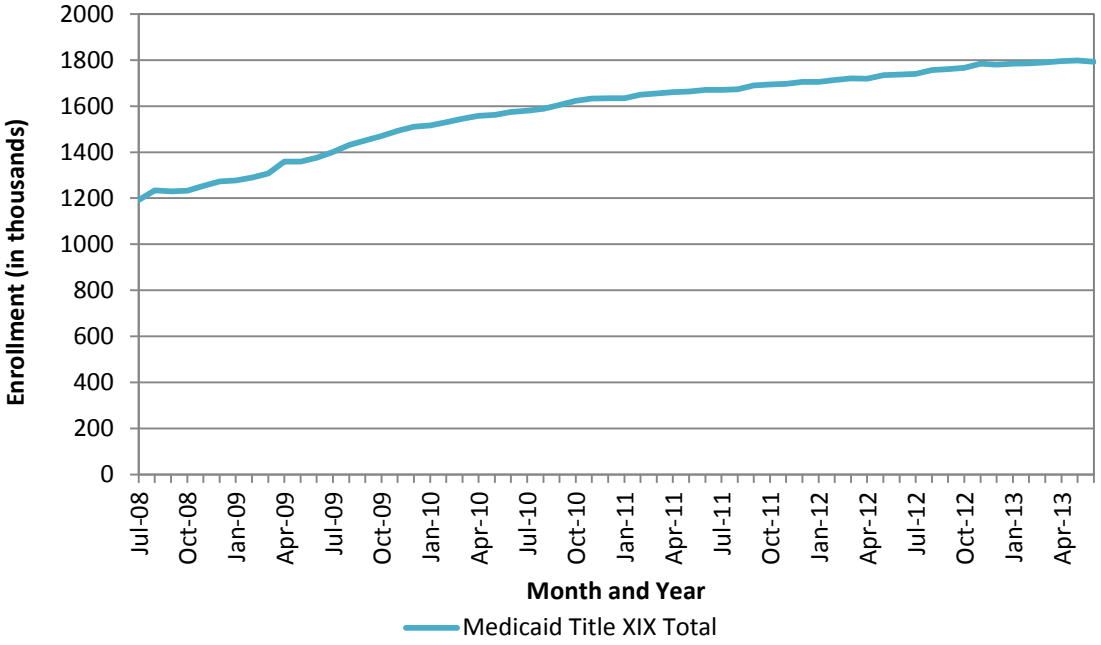
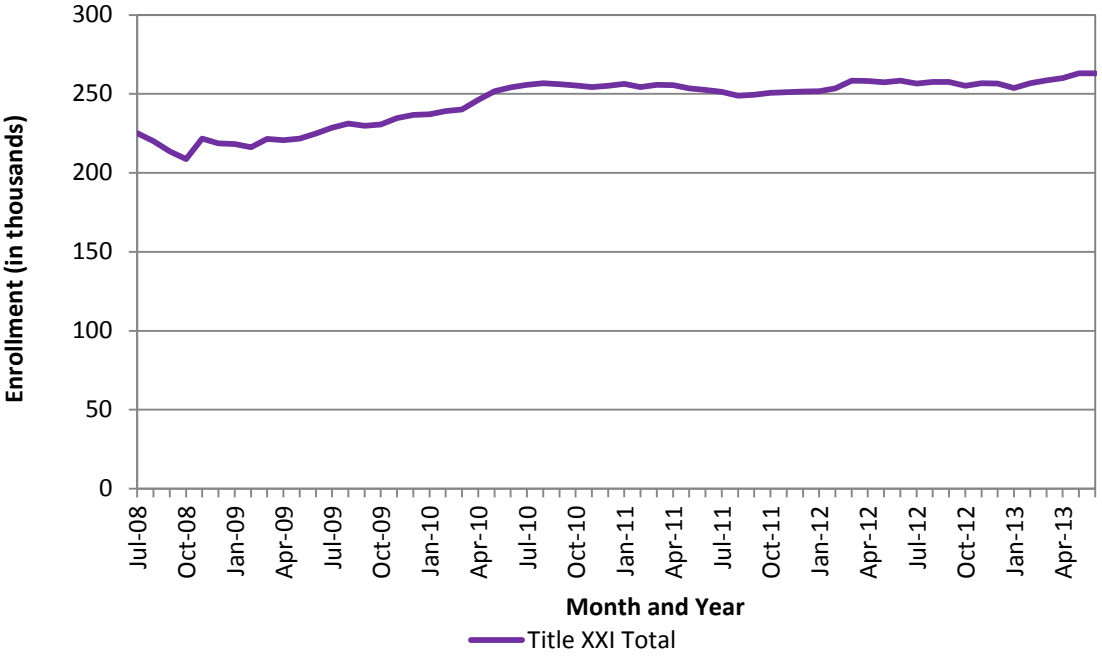


Figure 10. Overall Florida KidCare Title XXI program enrollment, SFY 2008-2013



Ever Enrolled and Newly Enrolled

Table 13 provides a second perspective on the number of children enrolled in Florida KidCare during SFY 2012-2013:

- Florida KidCare's Title XXI program components served a total of 402,012 children, some of whom were in the program for one or more short periods or in the program for the entire year.
- Of the 402,012 children served by Florida KidCare Title XXI programs at some point during SFY 2012-2013, 140,048 (34.8%) had not been covered by Title XXI programs in the year prior to their enrollment in 2012-2013; the newly enrolled children are counted separately in the table as well as included in the count of "ever enrolled" children.

This evaluation also examined enrollments for Medicaid during SFY 2012-2013:

- Medicaid served a total of 2,497,399 children. Of those children served by Medicaid in 2012-2013, 504,609 (20.2%) had not been served by Medicaid in the year prior to their enrollment in 2012-2013.

Table 13. Children "ever" and "newly" enrolled in Florida KidCare program components, SFY 2012-2013

State Fiscal Year 2012-13			
	Ever Enrolled*	**Newly Enrolled****	**Percent New Enrollees**
Medicaid Title XIX	2,497,399	504,609	20.2%
CMSN Title XXI	33,546	10,430	31.1%
Healthy Kids Title XXI	312,743	103,288	33.0%
MediKids Title XXI	55,723	26,330	47.3%
Total Title XXI	402,012	140,048	34.8%

** Ever enrolled includes any children enrolled in a program during the specific 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 specific 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.

Renewal of Florida KidCare Title XXI Coverage

Families of children in CMSN, Healthy Kids, and MediKids 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 Florida KidCare third party administrator sends send 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. Successful completion of the Title XXI coverage renewal process is an important step in retaining coverage for an extended time period.

The rate of renewal of Florida KidCare Title XXI coverage was calculated for each month from July 2012 through June 2013. During the state fiscal year, 71.8% of eligible children had their Florida KidCare coverage successfully renewed (**Table 14**). Note these data reflect applicants who switched into the Florida Medicaid Title XIX program.

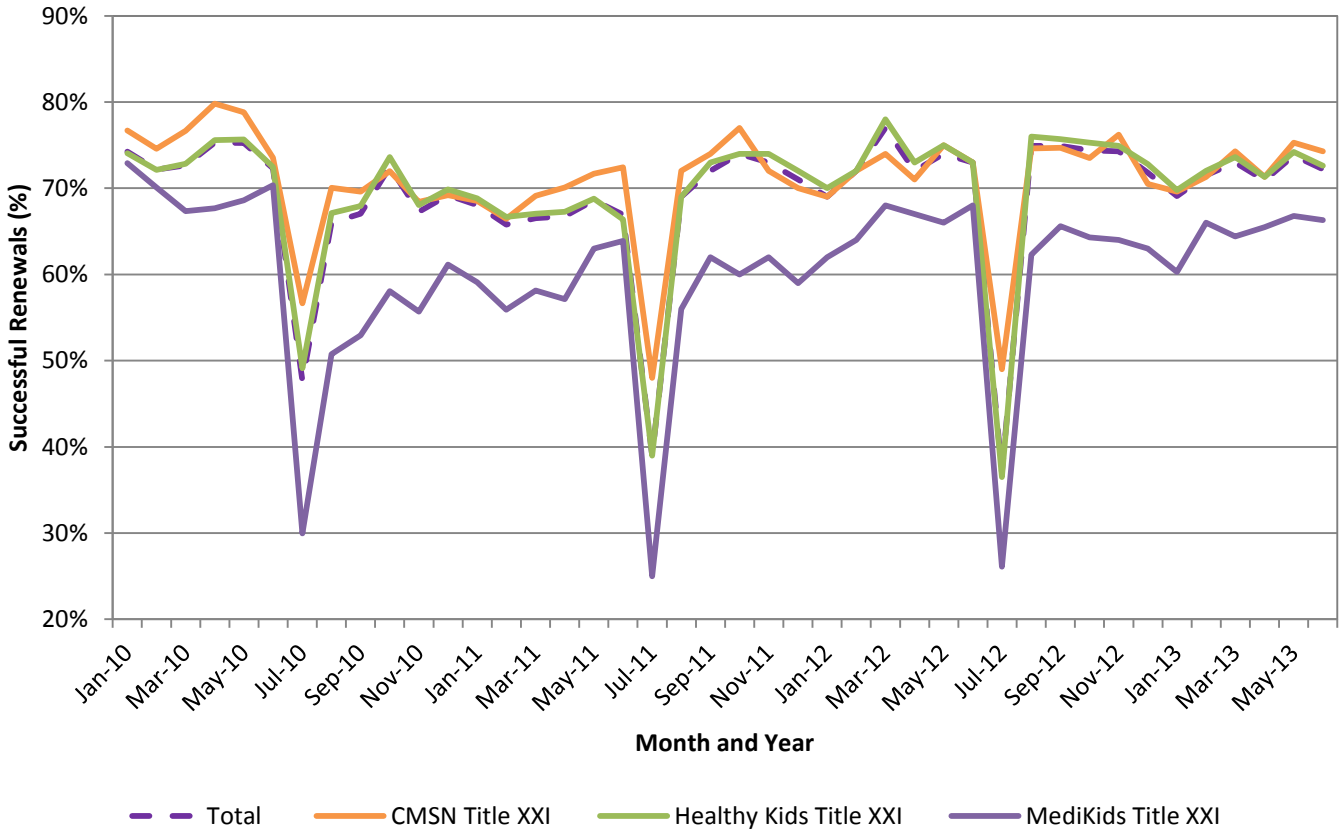
Table 14. Successful renewal of Title XXI KidCare coverage July 2012 to June 2013

Month renewal was due	# of children eligible for renewal	# of children whose renewals were processed successfully	% of eligible children whose coverage was successfully renewed
Total, July 2012-June 2013	178,955	128,483	71.8%
July 2012	4,767	1,764	37.0%
August 2012	13,425	10,053	74.9%
September 2012	14,235	10,657	74.9%
October 2012	15,414	11,466	74.4%
November 2012	13,788	10,240	74.3%
December 2012	14,239	10,230	71.8%
January 2013	14,332	9,906	69.1%
February 2013	16,552	11,828	71.5%
March 2013	18,134	13,234	73.0%
April 2013	17,038	12,076	70.9%
May 2013	18,212	13,435	73.8%
June 2013	18,819	13,594	72.2%

The renewal trend by program component is shown in **Figure 11** for 2010-2013.

- For SFY 2012-2013, coverage was renewed for 72.6% of eligible CMSN enrollees, 72.4% of Healthy Kids enrollees, and 63.5% of MediKids enrollees.
- It is unknown what accounts for the observed declines in successful renewals for June and July 2010, 2011, and 2012.

Figure 11. Successful renewals (%) of Title XXI KidCare coverage, by program component, January 2010 to June 2013



The rate of successful Title XXI coverage renewal was also calculated by child demographic and family socio-economic characteristics **(Table 15)**. During 2012-2013:

- 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 66.6% of 0-4 year olds, 72.0% of 5-9 year olds, 73.7% of 10-14 year olds, and 70.7% of 15-18 year olds.
- Families with incomes of 100-150% of the federal poverty level had a renewal rate of 69.6% compared to a renewal rate of 75.0% for families with incomes of 151-200% of the FPL.
- Renewal rates for CMSN coverage varied slightly by family income—73.8% of CMSN families below 150% FPL renewed successfully and 71.2% above 150% FPL renewed successfully.
- Renewal rates for Healthy Kids and MediKids did vary significantly by family income. Among Healthy Kids families, coverage was successfully renewed for 70.0% of families below 150% FPL and 76.3% of families above 150% FPL.
- Rates varied more for MediKids families, with renewals successful for 55.6% of families below 150% FPL and 69.7% of families above 150% FPL.

Table 15. Title XXI renewal status for eligible children, by program, SFY 2012-2013

Program/Characteristic	Children eligible for renewal	Renewal Status			
		Not renewed (N)	Renewed (N)	Not renewed (Row %)	Renewed (Row %)
All Children, Title XXI					
Total	178,952	50,471	128,481	28.2%	71.8%
Gender					
Male	91,273	25,586	65,687	28.0%	72.0%
Female	87,679	24,885	62,794	28.4%	71.6%
Age					
1-4	16,054	5,358	10,696	33.4%	66.6%
5-9	49,768	13,933	35,835	28.0%	72.0%
10-14	65,378	17,169	48,209	26.3%	73.7%
15-18	47,752	14,011	33,741	29.3%	70.7%
Rural/Urban Commuting Area					
Urban/Large Towns	167,534	47,079	120,455	28.1%	71.9%
Rural/Small Towns	8,958	2,635	6,323	29.4%	70.6%
Unknown	2,460	757	1,703	30.8%	69.2%
Federal Poverty Level					
150% or less	105,996	32,266	73,730	30.4%	69.6%
151% or greater	72,956	18,205	54,751	25.0%	75.0%
CMSN, Title XXI					
Total	19,056	5,216	13,840	27.4%	72.6%
Gender					
Male	11,771	3,244	8,527	27.6%	72.4%
Female	7,285	1,972	5,313	27.1%	72.9%
Age					
1-4	927	312	615	33.7%	66.3%
5-9	4,925	1,310	3,615	26.6%	73.4%
10-14	7,897	2,054	5,843	26.0%	74.0%
15-18	5,307	1,540	3,767	29.0%	71.0%
Rural/Urban Commuting Area					
Urban/Large Towns	17,618	4,818	12,800	27.3%	72.7%
Rural/Small Towns	1,177	319	858	27.1%	72.9%
Unknown	261	79	182	30.3%	69.7%
Federal Poverty Level					
150% or less	10,667	2,797	7,870	26.2%	73.8%
151% or greater	8,389	2,419	5,970	28.8%	71.2%

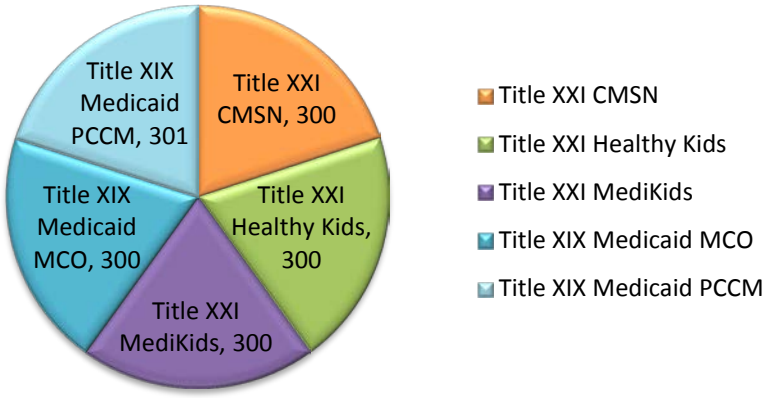
Table 15. Title XXI renewal status for eligible children, by program, SFY 2012-2013 (continued)

Program/Characteristic	Children eligible for renewal	Renewal Status			
		Not renewed (N)	Renewed (N)	Not renewed (Row %)	Renewed (Row %)
Healthy Kids, Title XXI					
Total	146,631	40,408	106,223	27.6%	72.4%
Gender					
Male	72,849	19,933	52,916	27.4%	72.6%
Female	73,782	20,475	53,307	27.8%	72.2%
Age					
1-4	2,128	440	1,688	20.7%	79.3%
5-9	44,578	12,382	32,196	27.8%	72.2%
10-14	57,480	15,115	42,365	26.3%	73.7%
15-18	42,445	12,471	29,974	29.4%	70.6%
Rural/Urban Commuting Area					
Urban/Large Towns	137,523	37,757	99,766	27.5%	72.5%
Rural/Small Towns	7,130	2,050	5,080	28.8%	71.2%
Unknown	1,978	601	1,377	30.4%	69.6%
Federal Poverty Level					
150% or less	89,415	26,846	62,569	30.0%	70.0%
151% or greater	57,216	13,562	43,654	23.7%	76.3%
MediKids, Title XXI					
Total	13,265	4,847	8,418	36.5%	63.5%
Gender					
Male	6,653	2,409	4,244	36.2%	63.8%
Female	6,612	2,438	4,174	36.9%	63.1%
Age					
1-4	12,999	4,606	8,393	35.4%	64.6%
5-9	265	241	24	90.9%	9.1%
15-18	1	0	1	0.0%	100.0%
Rural/Urban Commuting Area					
Urban/Large Towns	12,393	4,504	7,889	36.3%	63.7%
Rural/Small Towns	651	266	385	40.9%	59.1%
Unknown	221	77	144	34.8%	65.2%
Federal Poverty Level					
150% or less	5,914	2,623	3,291	44.4%	55.6%
151% or greater	7,351	2,224	5,127	30.3%	69.7%

Florida KidCare Parent Experience Survey Results

To gain understanding of parents' experiences with Florida KidCare, the Institute for Child Health Policy (ICHP) completed 1,501 telephone surveys. **Figure 12** provides a breakdown of how many Family Experience surveys were completed per Florida KidCare program component. Cases were weighted for each program for analysis purposes only; this weighting did not affect the number of enrollee families called.

Figure 12. Surveys completed by program, SFY 2012-2013



The fieldwork for the KidCare survey resulted in:

- Florida KidCare Total response rate was 28.5%, cooperation rate was 54.4%, and refusal rate was 22.5%.
- The program with the highest response rate was CMSN (39.4%).
- Medicaid MCO had the lowest response rate at 21.3%.

Table 16 shows the response, cooperation, and refusal rates for the Parent Experience surveys conducted in 2013.

Table 16. Response, Cooperation, and Refusal Rates, Interviews 2013

	Response Rate*	Cooperation Rate**	Refusal Rate***
Total	28.5%	54.4%	22.5%
CMSN	39.4%	68.9%	17.1%
Healthy Kids	30.8%	59.1%	20.5%
MediKids	29.1%	57.3%	21.1%
Medicaid MCO	21.3%	42.5%	26.1%
Medicaid PCCM	27.6%	51.9%	23.7%

**Response rate refers to the number of individuals who completed the survey divided by the number of eligible people in the sample.*

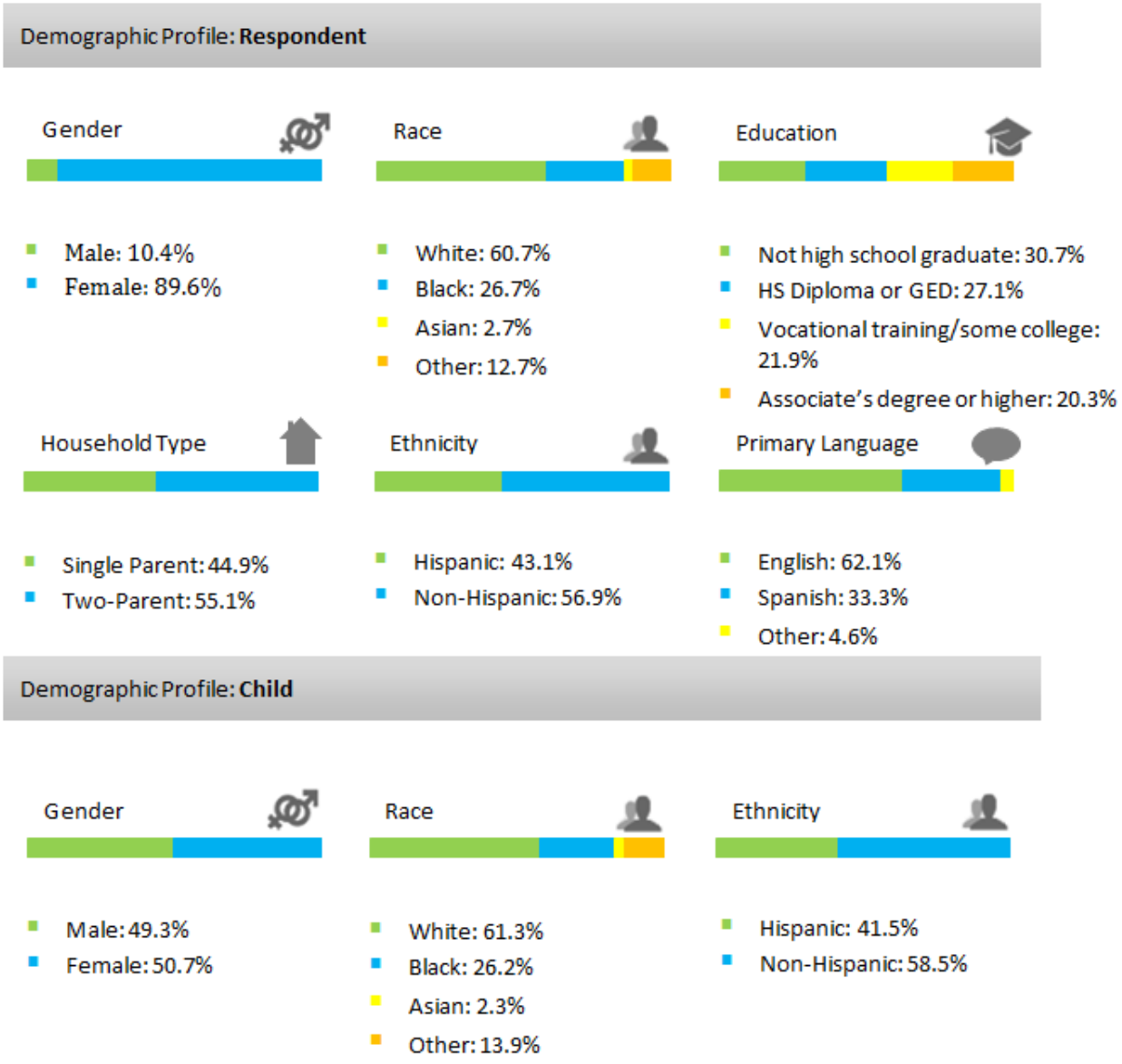
***Cooperation rate indicates the proportion of individuals interviewed of all individuals with whom we made contact (i.e., does not include those that are eligible but did not participate).*

****Refusal rate represents the percentage of eligible individuals who, though successfully contacted, refused to do the surveys.*

Demographics of Established Enrollees

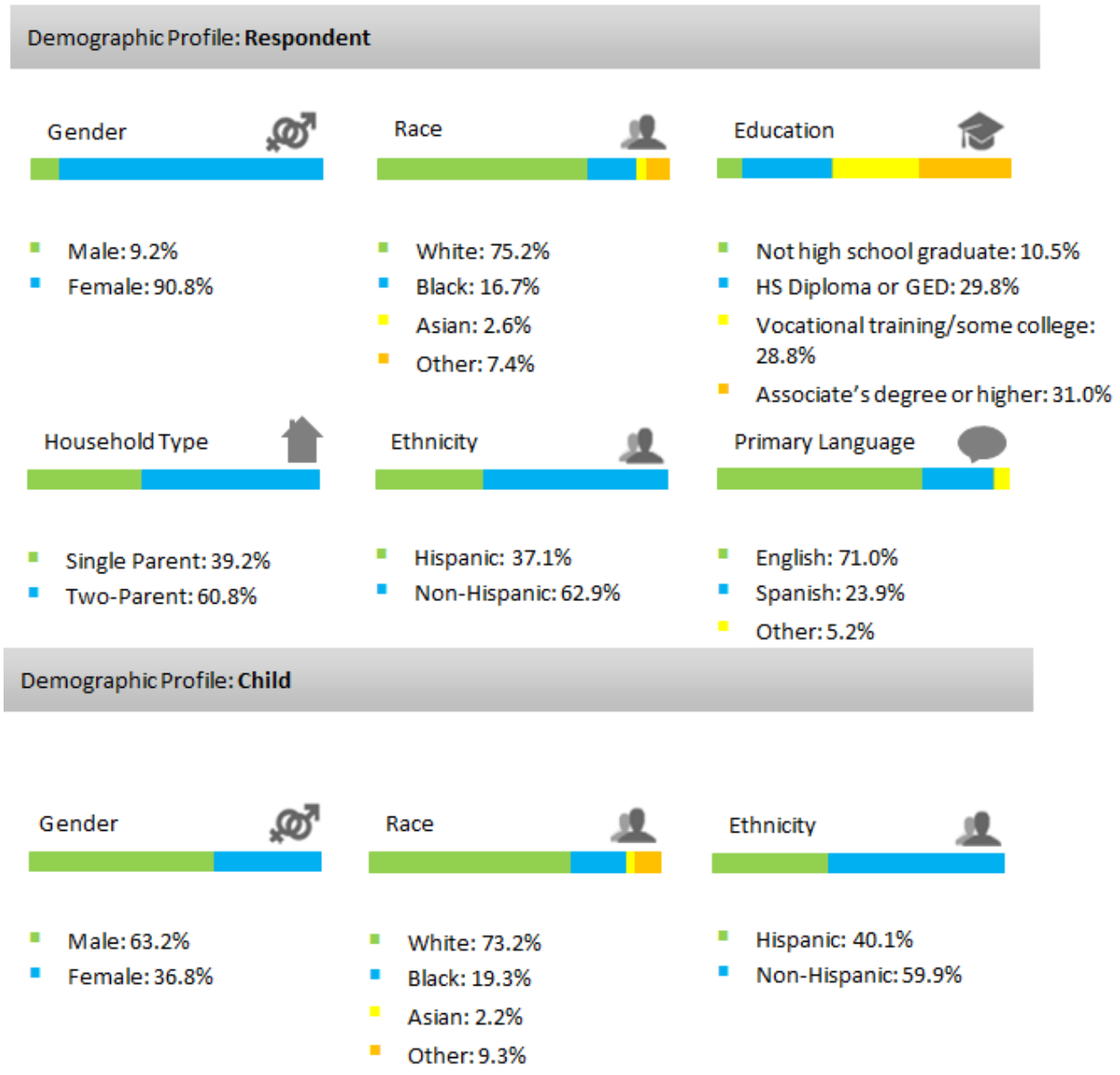
Figures 13-18 present the breakdown of demographic characteristics of Florida KidCare enrollees who participated in the 2013 Parent Experience surveys for each program. Note that race and ethnicity are separate questions in the survey and respondents can select as many races as apply for this question. Thus, results are presented separately.

Figure 13. Demographic profiles for Florida KidCare Overall, Parent Survey, 2013



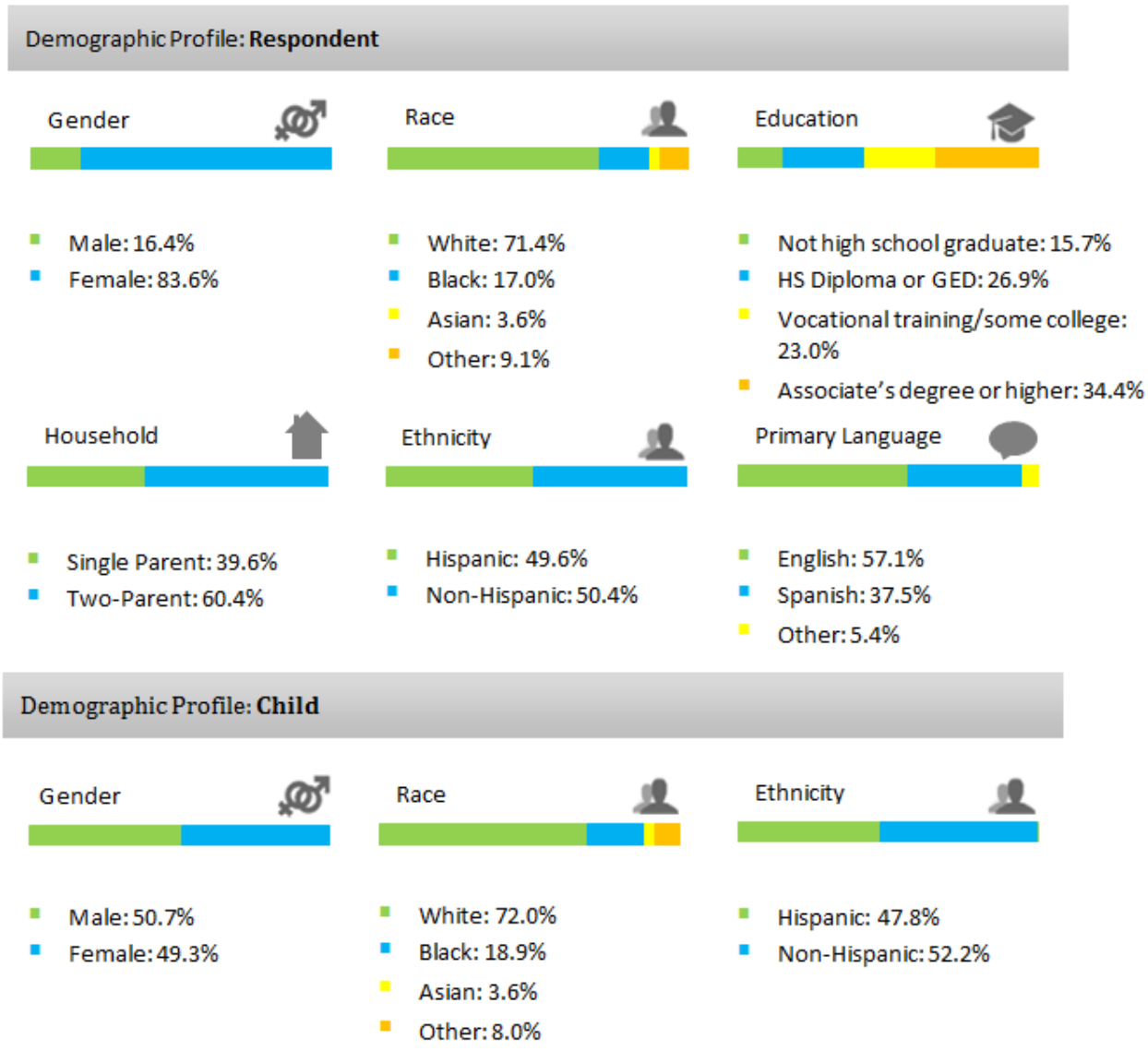
Note: Percentage may not sum to 100 due to rounding or opportunity for selection of multiple responses.

Figure 14. Demographic profiles for CMSN Title XXI, Parent Survey, 2013



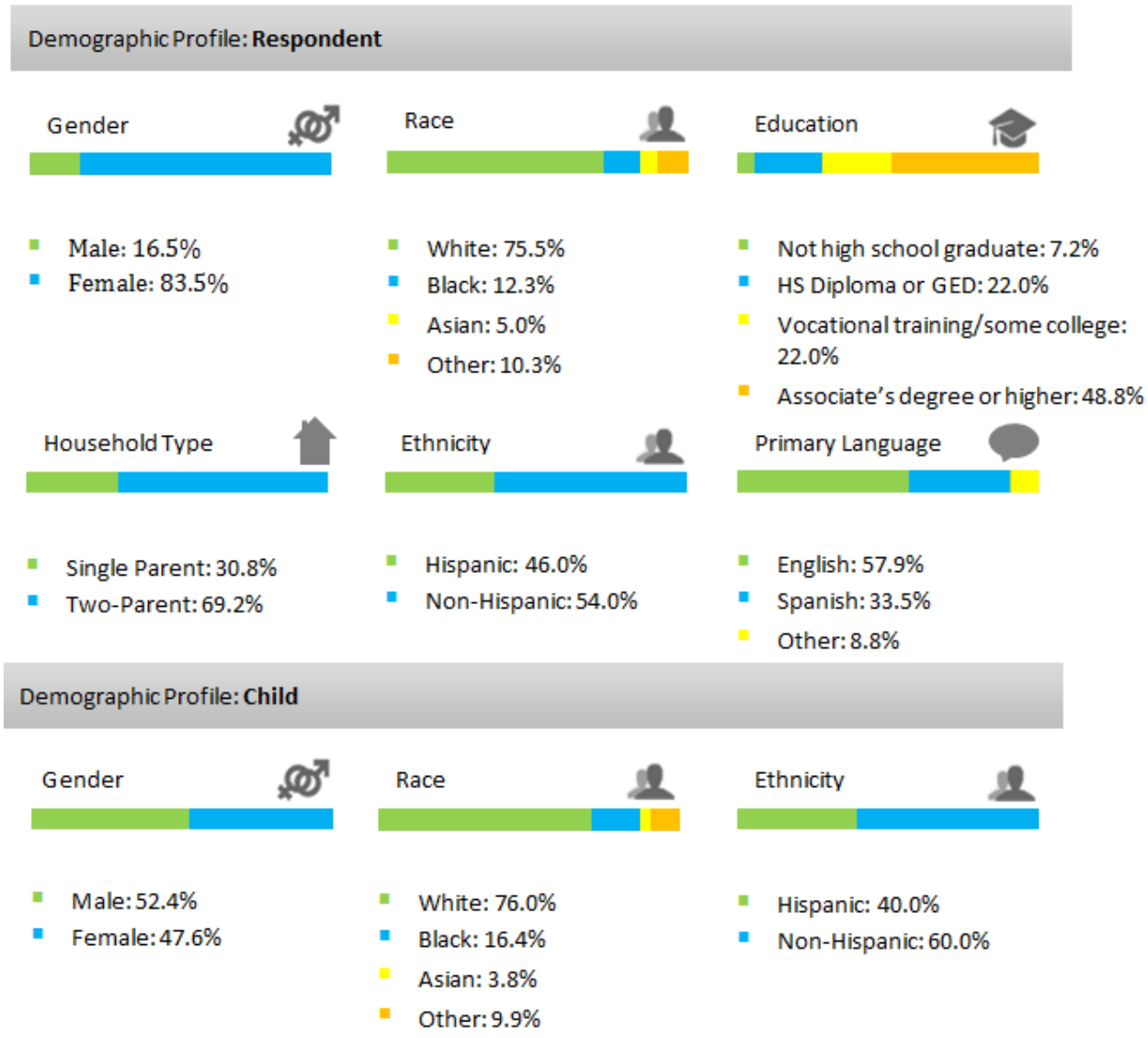
Note: Percentage may not sum to 100 due to rounding or opportunity for selection of multiple responses.

Figure 15. Demographic profiles for Healthy Kids Title XXI, Parent Survey, 2013



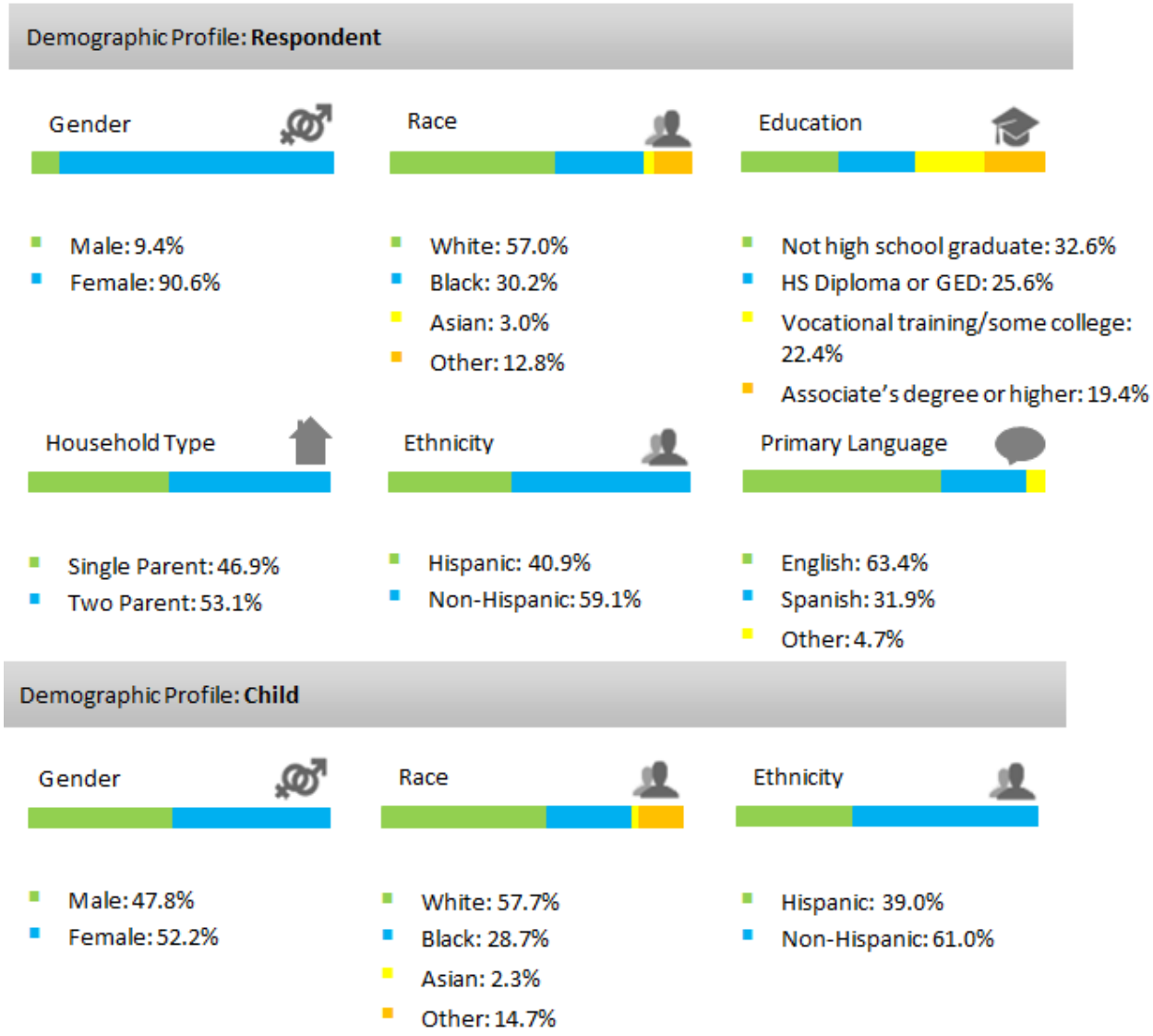
Note: Percentage may not sum to 100 due to rounding or opportunity for selection of multiple responses.

Figure 16. Demographic profiles for MediKids Title XXI, Parent Survey, 2013



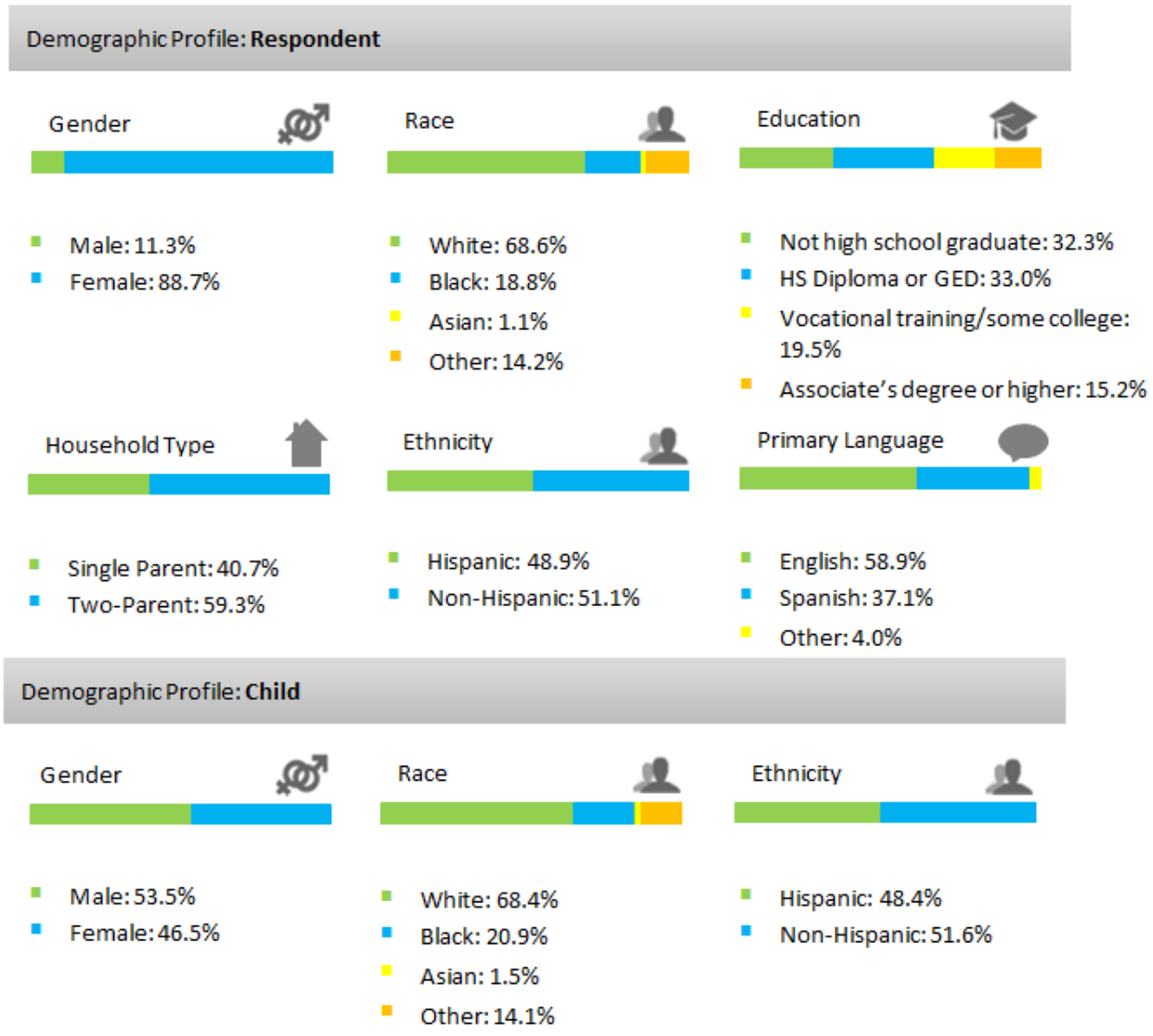
Note: Percentage may not sum to 100 due to rounding or opportunity for selection of multiple responses.

Figure 17. Demographic profiles for Medicaid Title XIX MCO, Parent Survey, 2013



Note: Percentage may not sum to 100 due to rounding or opportunity for selection of multiple responses.

Figure 18. Demographic profiles for Medicaid Title XIX PCCM, Parent Survey, 2013



Note: Percentage may not sum to 100 due to rounding or opportunity for selection of multiple responses.

Enrollee and Family Characteristics

Children with Special Health Care Needs

The Children with Special Health Care Needs (CSHCN) Screener portion of the Parent Experience survey has been used in all KidCare evaluations to identify the presence of special health care needs among Florida KidCare enrollees. During the 2013 telephone surveys with parents, the CSHCN Screener asked 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-average 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. The Screener does not include a specific severity of condition measure. However, 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.[2]

A child with Special Health Care Needs (CSHCN):

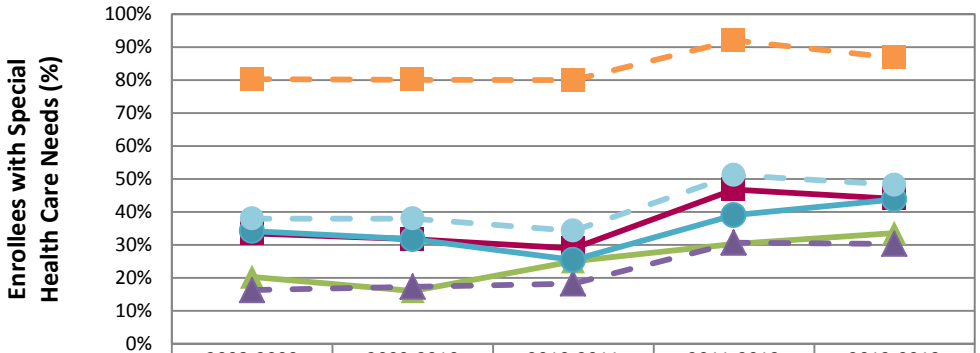
- Has activity limitations when compared to other children of his/her age
- Needs or uses medications
- Needs or uses specialized therapies
- Has an above-average routine need for or use of medical, mental health, or educational services, or
- Needs or gets treatment or counseling for an emotional, behavioral or developmental problem

Figure 19 presents the five year trend of established enrollees with special healthcare needs by program component. According to parent-reported responses, each program component has a substantial percentage of children with special health care needs.

- As expected, CMSN Title XXI enrollees (86.8%) had the highest percentage of children with special healthcare needs. Although having a special healthcare needs is a criteria for CMSN eligibility, this data is based on parent report. Thus, parents of CSHCN may not realize that their child has a special health care need or understand what qualifies as a special health care need.
- Additionally, both non-CMSN Title XXI and Title XIX enrollees were identified with special needs according to the CSHCN Screener criteria.
    - Nearly 33.6% of Healthy Kids enrollees, 30.3% of MediKids enrollees, 43.8% of Medicaid MCO enrollees, and 48.2% of Medicaid PCCM enrollees were identified with special needs according to the CSHCN Screener.

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

Figure 19. Established enrollees with special health care needs by program component, five year trend



	2008-2009	2009-2010	2010-2011	2011-2012	2012-2013
Total	33.5	31.7	28.9	46.8	44.0
CMSN Title XXI	80.3	80.1	80.0	92.0	86.8
Healthy Kids Title XXI	20.3	16.0	25.0	30.3	33.6
MediKids Title XXI	16.3	17.3	18.3	30.7	30.3
Medicaid MCO	34.2	31.7	25.4	39.0	43.8
Medicaid PCCM	38.0	38.0	34.3	51.2	48.2

Year

Note that the 2009-2010 National Survey of Children with Special Health Care Needs (CSHCN) found that approximately 15% of all of Florida's children had a special health care need. Hence, the Florida KidCare program may include 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 Florida KidCare program. For example, health care costs may be higher than anticipated. In addition, more pediatricians and specialists may be required to provide adequate care for children with special health care needs.

Family Experiences and Satisfaction with Florida KidCare

CAHPS

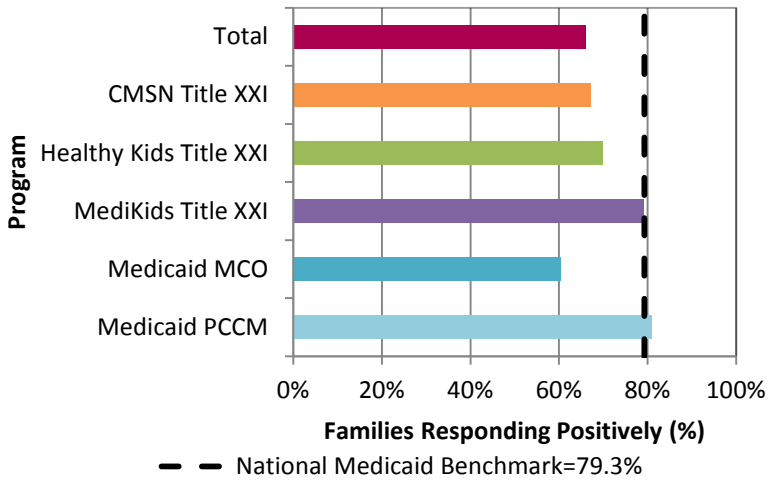
The Consumer Assessment of Healthcare Providers and Systems® (CAHPS®, formerly known as the Consumer Assessment of Health Plans Survey) is recommended by the National Committee on Quality Assurance (NCQA) for measuring experiences of Florida KidCare enrollees, including access to a medical home.[3] Versions 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. Results from these items are presented below. National Medicaid averages for children are provided, where available, for comparison purposes.[4] Items are combined to create composites; these composites are standardized and are comprised of between 1 and 4 items. Only composites are provided in this report, responses to individual items can be found in the accompanying technical appendix. Of note, calculation for the Shared Decision Making composite changed significantly from previous years and thus yearly comparisons should be made with caution.

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

[4] 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.

Figure 20. Percentage of Families Responding Positively to CAHPS® "Getting Needed Care"

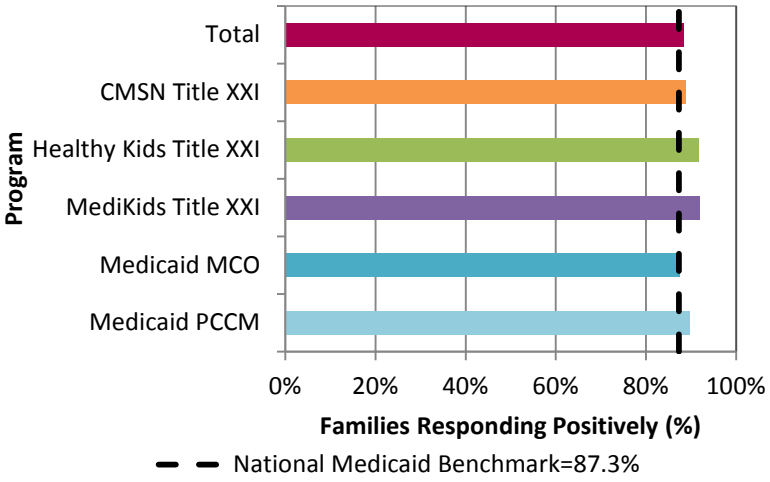
- The composite of items related to "getting needed care" was reported positively by approximately 66% of Florida KidCare families. This is below the 79% national Medicaid comparison group.
- MediKids (79.69%) and PCCM (80.84%)were the only program components to exceed the national benchmark.



Note "Responding Positively" means the respondents answered either "Always" or "Usually."

Figure 21. Percentage of Families Responding Positively to CAHPS® "Getting Needed Care Quickly"

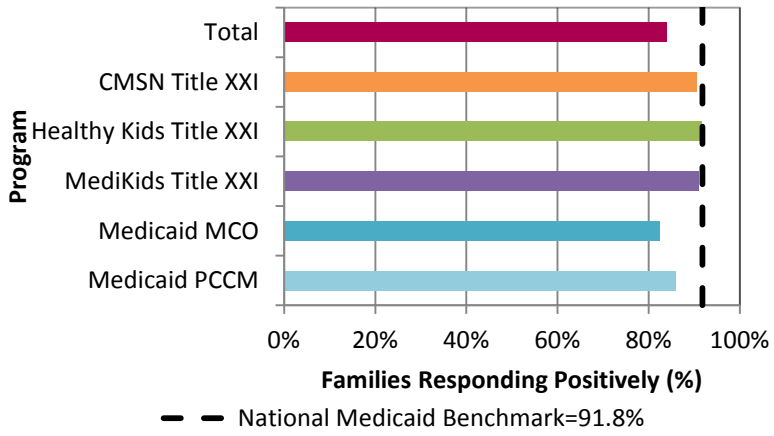
- The getting needed care quickly composite was reported positively by approximately 88% of Florida KidCare families compared to 87% of the national Medicaid benchmark group.
- All program components exceeded the national Medicaid benchmark.



Note "Responding Positively" means the respondents answered either "Always" or "Usually."

Figure 22. Percentage of Families Responding Positively to CAHPS® "Experience with Doctor's Communication Skills"

- Compared to 92% of the national Medicaid benchmark group, nearly 84% of Florida KidCare reported positive experiences with their doctor's communication skills.

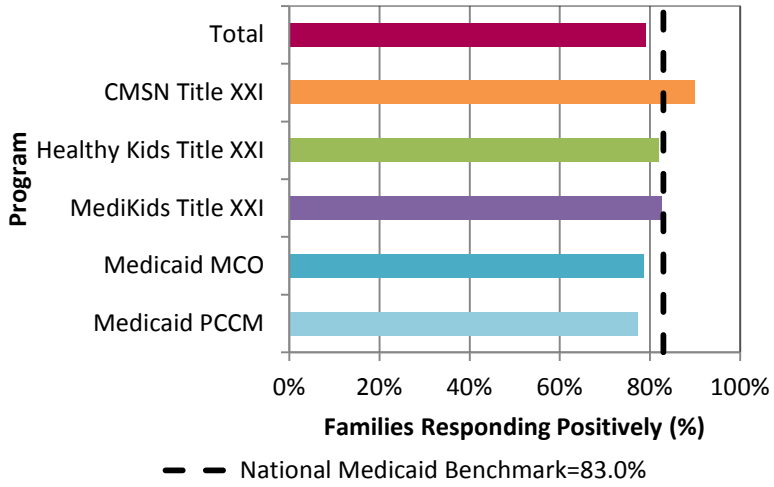


Note "Responding Positively" means the respondents answered either "Always" or "Usually."

Figure 23. Percentage of Families Responding Positively to CAHPS® "Health Plan Customer Service"

- Health plan customer service was reported positively by 79% of Florida KidCare Families and 83% of the Medicaid national benchmark group.

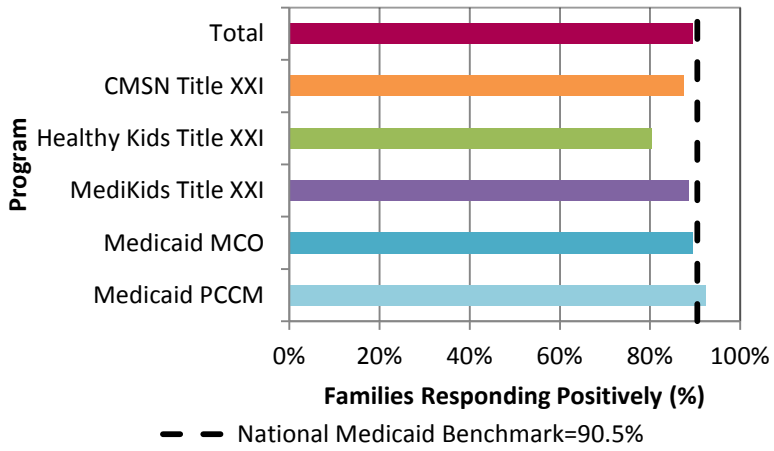
- CMSN Title XXI (90%) was the only program component to exceed the Medicaid national benchmark.



Note "Responding Positively" means the respondents answered either "Always" or "Usually."

Figure 24. Percentage of Families Responding Positively to CAHPS® "Getting Prescription Medications"

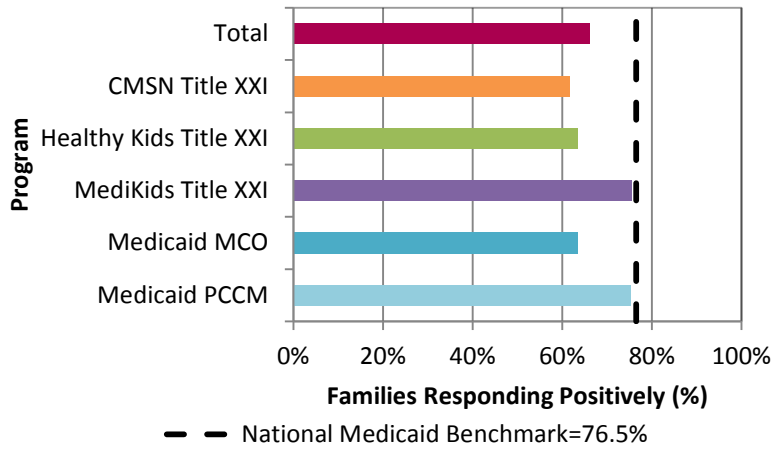
- Nearly 89% of Florida KidCare families reported positive experiences getting prescription medications; the national Medicaid benchmark is approximately 91%



Note "Responding Positively" means the respondents answered either "Always" or "Usually."

Figure 25. Percentage of Families Responding Positively to CAHPS® "Experience Getting Specialized Services"

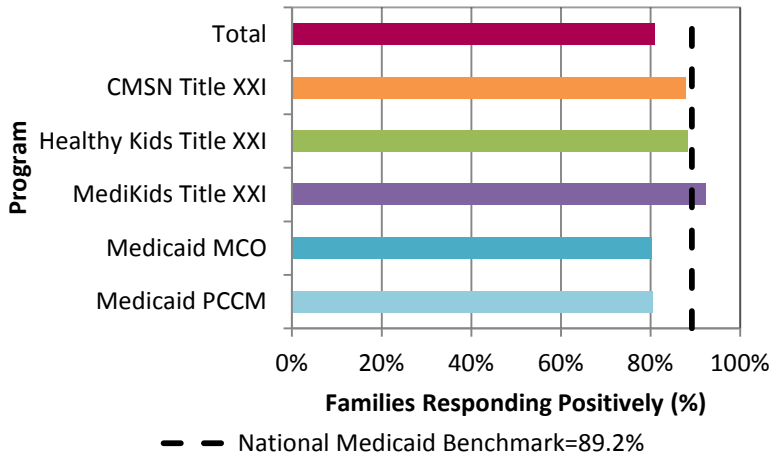
- Approximately 66% of Florida KidCare families reported positive experiences getting specialized services; the national Medicaid benchmark is 77%.



Note "Responding Positively" means the respondents answered either "Always" or "Usually."

Figure 26. Percentage of Families Responding Positively to CAHPS® "Experience with Personal Doctor or Nurse"

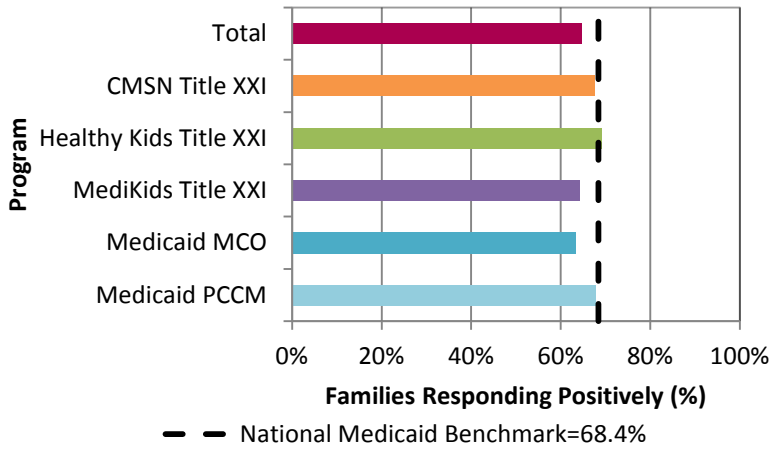
- About 81% of Florida KidCare families reported positive experiences with their child's personal doctor; the national Medicaid benchmark was 89%.



Note "Responding Positively" means the respondents answered either "Always" or "Usually."

Figure 27. Percentage of Families Responding Positively to CAHPS® "Shared Decision-Making"

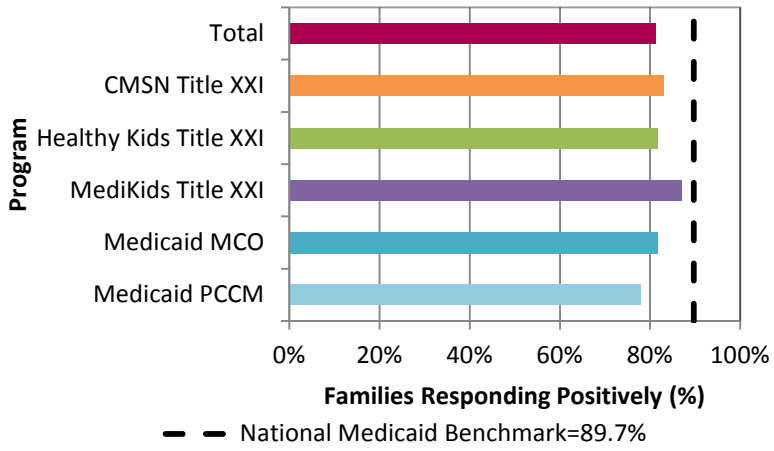
- Nearly 65% of Florida KidCare families had positive experiences with shared health care decision making; the national Medicaid benchmark was 68%.



Note "Responding Positively" means the respondents answered either "Always" or "Usually." The calculation of this composite changed significantly from previous years and thus yearly comparisons should be made with caution.

Figure 28. Percentage of Families Responding Positively to CAHPS® "Getting Needed Information"

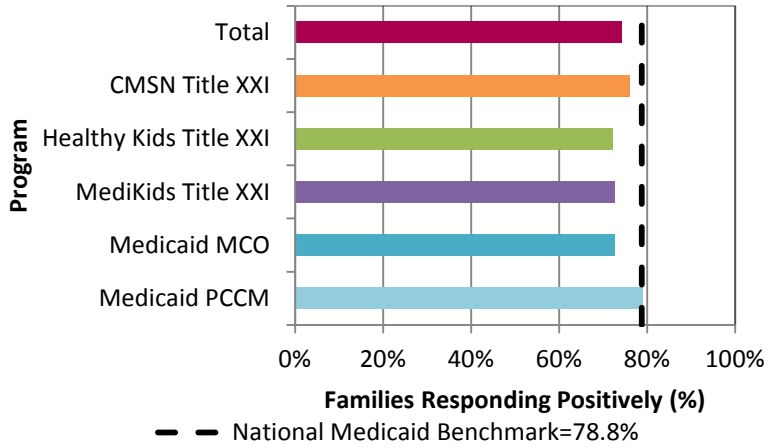
- Nearly 81% of Florida KidCare families had positive experiences getting needed health care information.
- Approximately 90% of families nationally reported positive experiences with this concept.



Note "Responding Positively" means the respondents answered either Always or Usually.

Figure 29. Percentage of Families Responding Positively to CAHPS® "Coordination of Care"

- Over 78% of families nationally and approximately 74% of Florida KidCare families had positive experiences with care coordination.



Note "Responding Positively" means the respondents answered either Always or Usually.

Figure 30. Florida KidCare families responding positively to the CAHPS® domain on "Getting Needed Care", five year trend

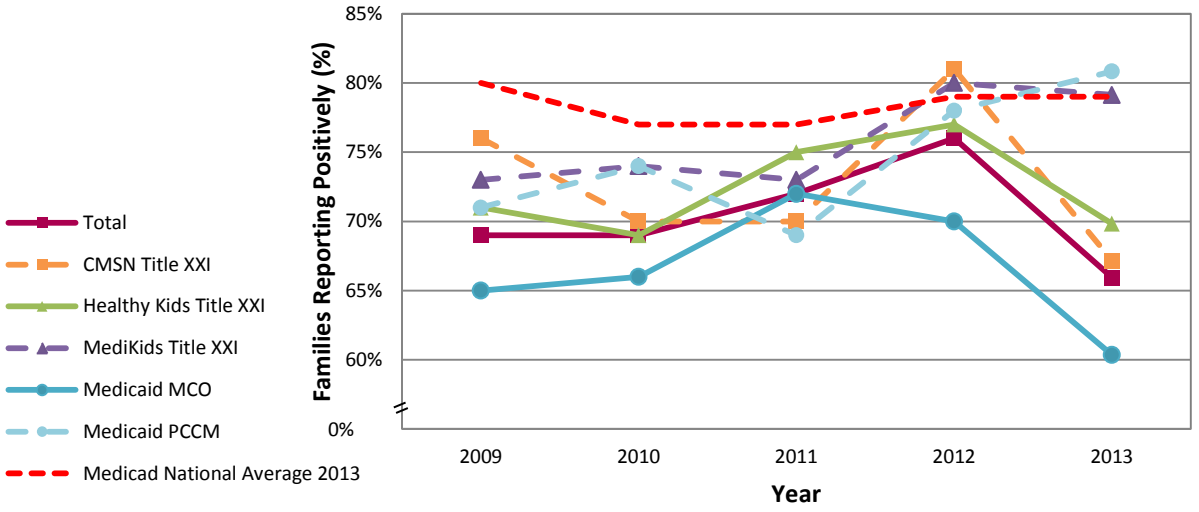


Figure 31. Florida KidCare families responding positively to the CAHPS® domain on "Getting Care Quickly", five year trend

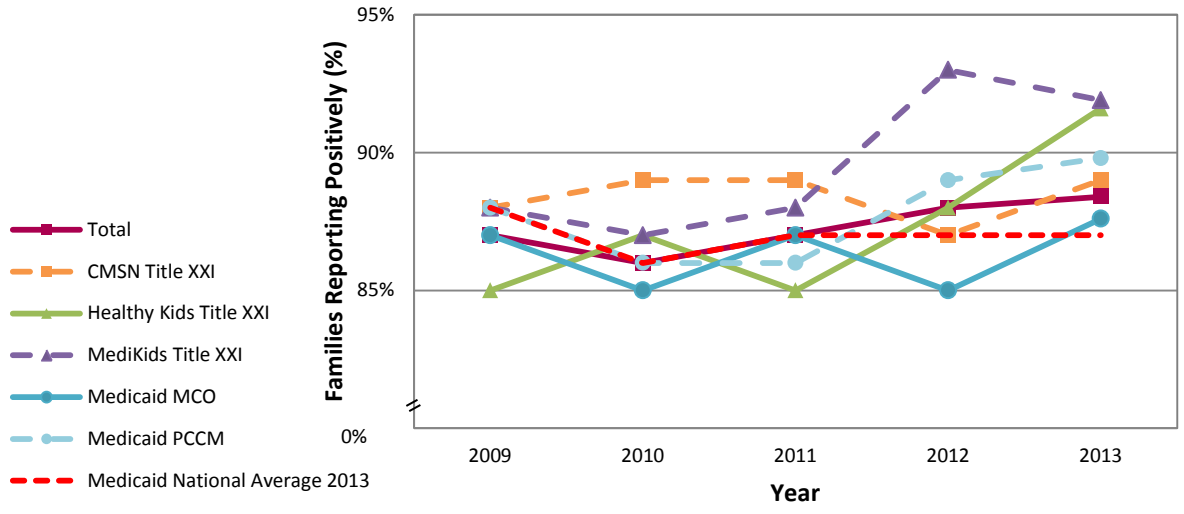


Figure 32. Florida KidCare families responding positively to the CAHPS® domain on "Experiences with Doctor's Communication", five year trend

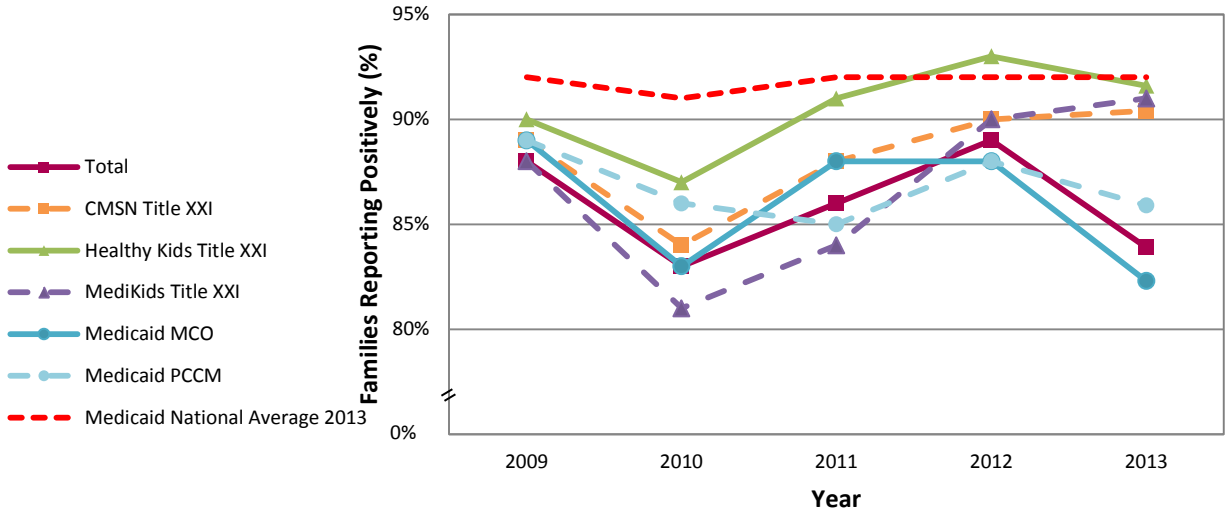
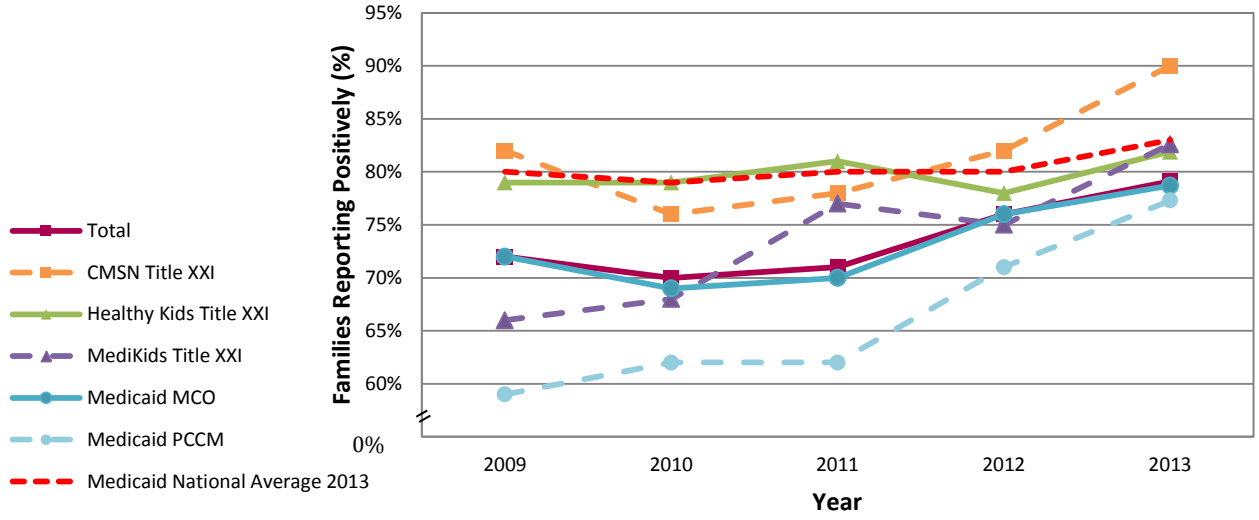


Figure 33. Florida KidCare families responding positively to the CAHPS® domain on "Health Plan Customer Service", five year trend



In addition to the CAHPS® survey items with categorical responses (e.g., "never" or "always"), Florida KidCare families of established enrollees were also asked to provide specific ratings (0 (low) to 10 (high)) about four topics: 1) overall health care experience, 2) primary care providers, 3) specialty care, and 4) their health plan. **Figures 34-37** present the percent of families who rated each type of care or service as a "9" or a "10".

- Overall health care was rated a "9" or a "10" by nearly 63.1% of KidCare families and by 64.0% of the national Medicaid benchmark group.
- Primary care providers were rated a "9" or a "10" by around 72.3% of KidCare families and by 72.1% of the national Medicaid benchmark group.
- Specialty care providers were rated a "9" or a "10" by nearly 71.5% of KidCare families and by 67.3% of the national Medicaid benchmark group.
- Health plans were rated a "9" or a "10" by approximately 59.0% of KidCare families and by 67.4% of the national Medicaid benchmark group.
- Florida KidCare's ratings exceeded the national benchmarks for two of the four measures: primary care providers and specialty care.
- These results generally mimic the pattern seen in the prior evaluation year.

Figure 34. Florida KidCare Families reporting a rating of "9" or "10" for overall health care

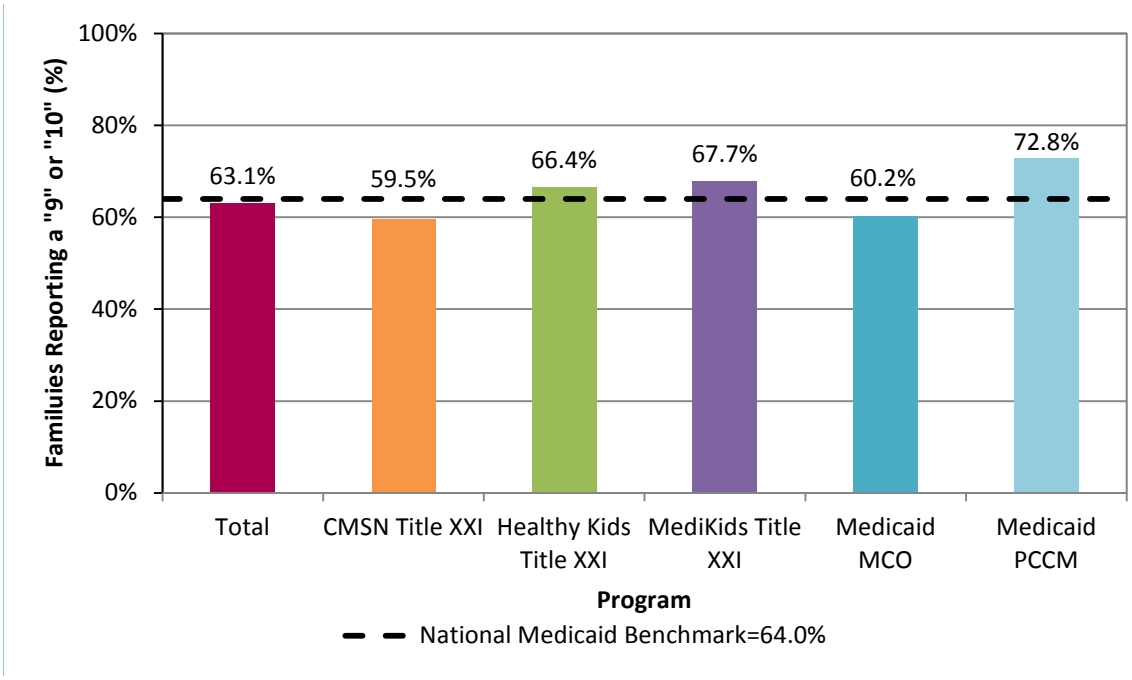


Figure 35. Florida KidCare Families reporting a rating of "9" or "10" for primary care providers

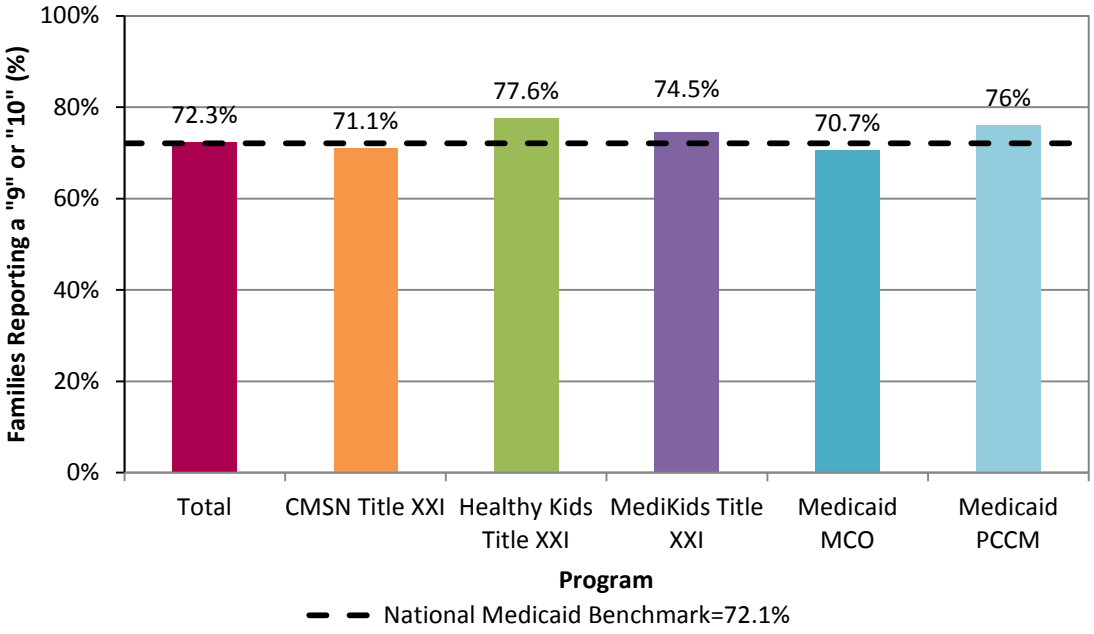


Figure 36. Florida KidCare Families reporting a rating of "9" or "10" for specialty care providers

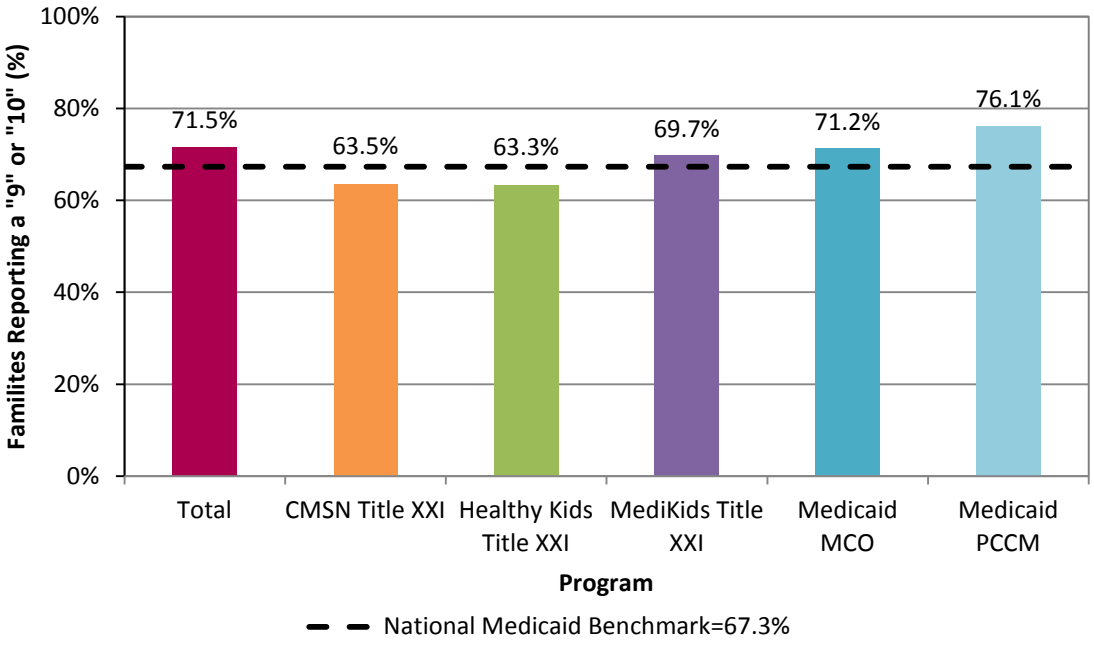
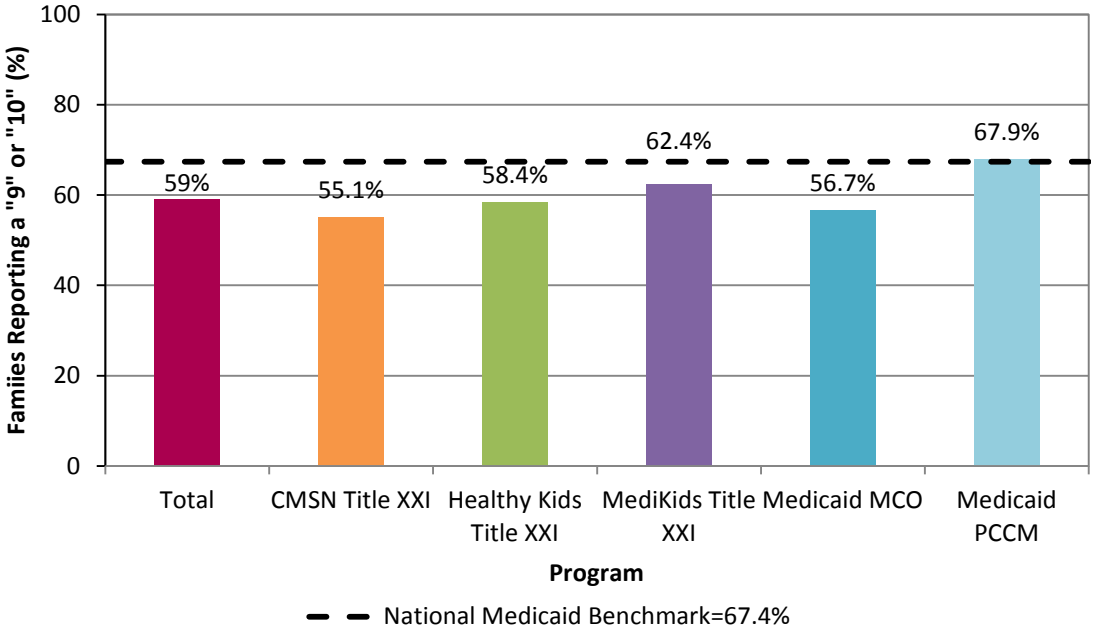


Figure 37. Florida KidCare Families reporting a rating of "9" or "10" for health plan experiences



Dental Care

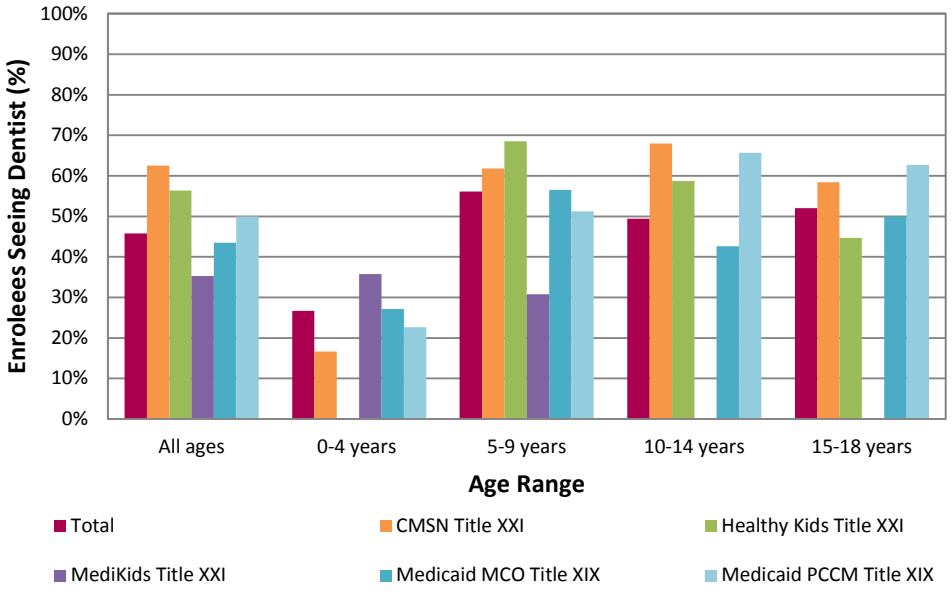
Earlier Florida KidCare program evaluations found significant unmet need for dental care prior to KidCare program enrollment. The American Dental Association (ADA) recommends that children have at least one dental visit by their first birthday and every six months thereafter. Families with younger children might benefit from education about the importance of taking small children to the dentist.

The CAHPS® survey instrument contains items about use and ratings of dental care.

Figure 38 presents the percentage of children using dental services in the six months prior to the 2013 survey.

- Overall, 45.8% of children enrolled in Florida KidCare received dental care in the six months prior to the interview.
- A greater percentage of children in the CMSN Title XXI (62.5%) and Florida Healthy Kids (56.4%) saw a dentist in the last six months compared to Medicaid MCO (43.5%) and Medicaid PCCM (50%).
- 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; 35.3.% of MediKids enrollees saw a dentist in the six months prior to the interview.
- Of note, there were a small number of children (21) represented in the MediKids ages 5-9 group. All of these children were 5-years-old and their categorization may be a result of the timing of the parent survey.

Figure 38. Established enrollees seeing a dentist in the six months prior to the 2013 survey, by age

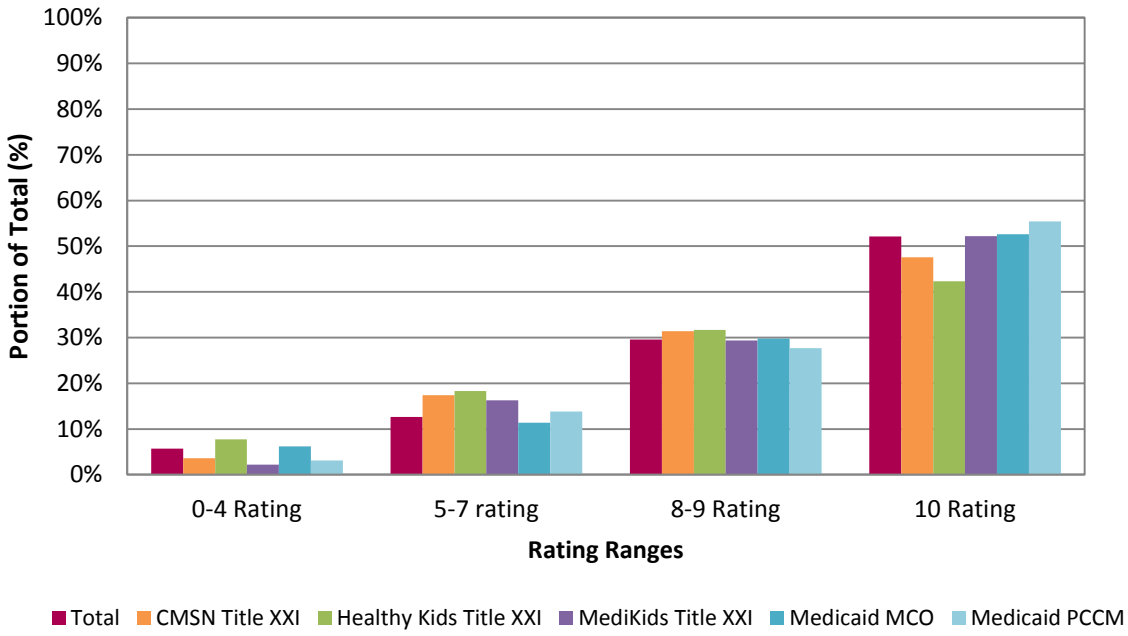


For those children who saw a dentist, families were asked to rate the dental care on a scale from zero representing the "worst possible dental care" to ten representing the "best possible dental care."

Figure 39 presents the families' ratings of the dental care their children received.

- Overall, nearly 52.1% of respondents rated their dental care as a "10".
- Close to an additional 29.6% rated their dental providers an "8" or a "9".
- These results are similar overall to those reported last year.

Figure 39. Ratings (zero/low to ten/high) of dental care for established enrollees



Quality of Care Results

This section of the KidCare program evaluation follows the Institute of Medicine (IOM) conceptual framework for assessing health care quality which includes access to and effectiveness of care.[5] A third element of the conceptual framework, patient-centeredness, has already been addressed in the family experience section of this report with the medical home concept. 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.

HEDIS®

This report section presents rates for the Healthcare Effectiveness Data and Information Set (HEDIS®) measures using National Committee for Quality Assurance (NCQA) compliant specifications.[6] To avoid duplication, only measures not currently reported by health plans are provided in results. An outline of which measures are reported for which programs is provided in **Table 17**.

Table 17. HEDIS® measures reported for Healthy Kids, MediKids and Medicaid

	Reported for:	
Measure	HK/MediKids	Medicaid
Access and availability of care		
HEDIS® Children and adolescents' access to Primary Care Practitioners (CAP)	X	
HEDIS® Annual dental visit (ADV)	X	
HEDIS® Initiation and engagement of alcohol and other drug dependence treatment (IET)	X	X
Use of services		
HEDIS® Well-child visits in the 3rd, 4th, 5th, and 6th years of life (W34)	X	
HEDIS® Adolescent well-care visits (AWC)	X	
HEDIS® Frequency of prenatal care (FPC)	X	
HEDIS® Comprehensive Diabetes Care (CDC)	X	X
Effectiveness of Care: Prevention and Screening		
HEDIS® Lead screening in children (LSC)	X	
HEDIS® Chlamydia screening in females 16-20 years (CHL)	X	
Effectiveness of Care: Respiratory Conditions		
HEDIS® Appropriate testing for children with pharyngitis (CWP)	X	
HEDIS® Appropriate treatment for children with upper respiratory infection (URI)	X	X
HEDIS® Use of appropriate medications for people with asthma (ASM)	X	
Effectiveness of Care: Behavioral Health		
HEDIS® Follow-up care for children prescribed ADHD medication (ADD)	X	
HEDIS® Follow-up after hospitalization for mental illness (7 days and 30 days) (FUH)	X	

Measures were calculated for all KidCare programs using data from Calendar Year (CY) 2012. The measures were calculated using NCQA-certified software and the results were audited. Results are reported for the HEDIS® quality of care measures for seven KidCare programs: Florida Healthy Kids, MediKids, Children's Medical Services Network

[5]The Institute of Medicine. *Crossing the Quality Chasm*. Washington, DC: National Academy Press; 2001.
[6]National Commission on Quality Assurance. *HEDIS® Technical Specifications Volume II, 2012*. Washington, DC: National Commission on Quality Assurance, 2010.

(CMSN) Title XIX not in pilot/reform counties, Medicaid Fee-For-Service (FFS), Medicaid PCCM, Medicaid Provider Service Network: Non-Reform (PSNNR), and Medicaid beneficiaries enrolled in the pilot programs (Reform)[7]. Due to data limitations, results for Medicaid HMOs Title XIX and CMSN Title XXI are not available this year, but the Institute for Child Health Policy (ICHP) anticipates including them in future years. Rates are not shown for specific measures when programs have less than 30 enrollees; these instances are denoted as "N/R" as they are not reported due to low denominator. Also, "N/A" is used to denote not applicable for specific programs with age restrictions (e.g., MediKids).

Throughout this section, when possible, comparisons are provided to national averages for Medicaid and commercial health insurance programs. NCQA gathers and compiles data from Medicaid and commercial managed care plans nationally.[8] 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 the NCQA HEDIS® reporting tend to be more established and are more likely to be affiliated with a national managed care company than the overall population of health plans in the United States.[9] 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 2011 mean results are shown and labeled "HEDIS® Medicaid Mean" and "HEDIS® Commercial HMO Mean" in the figures.

In addition to the HEDIS® measures, Pediatric Quality Indicators, Potentially Preventable Events and Clinical Risk Groups (CRGs) were calculated for each of the Florida KidCare program components.

[7] The Reform group only includes enrollees in PSNs or CMSN.
[8] The information that NCQA compiles for Medicaid and commercial managed care programs can be viewed at www.ncqa.org.
[9] 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.

Access and Availability of Care

Primary Care Providers

As discussed earlier in this report, having a "personal" doctor or a Primary Care Provider (PCP) is associated with improved health outcomes, such as early detection of medical conditions. The HEDIS® Access to Primary Care Practitioners (CAP) 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.

Table 18 displays the percentage of Florida Healthy Kids and MediKids enrollees, by age group, who met the criteria for this measure in 2012. Recall that Florida Healthy Kids only serves children 5-18, so there is no information for Healthy Kids for ages 12-24 months (information provided for Healthy Kids ages 25 months to 6 years includes only 5-6 year old children). Likewise, MediKids only serves children 1-5, so there is no information for MediKids in the 7-19 age groups.

- MediKids and Healthy Kids both performed better than the Florida KidCare Title XIX mean in all age groups except for ages 12-24 months.
- Healthy Kids performed better than the National Medicaid mean and the national Commercial HMO mean in all applicable age groups.
- These results are similar to the previous year's results.

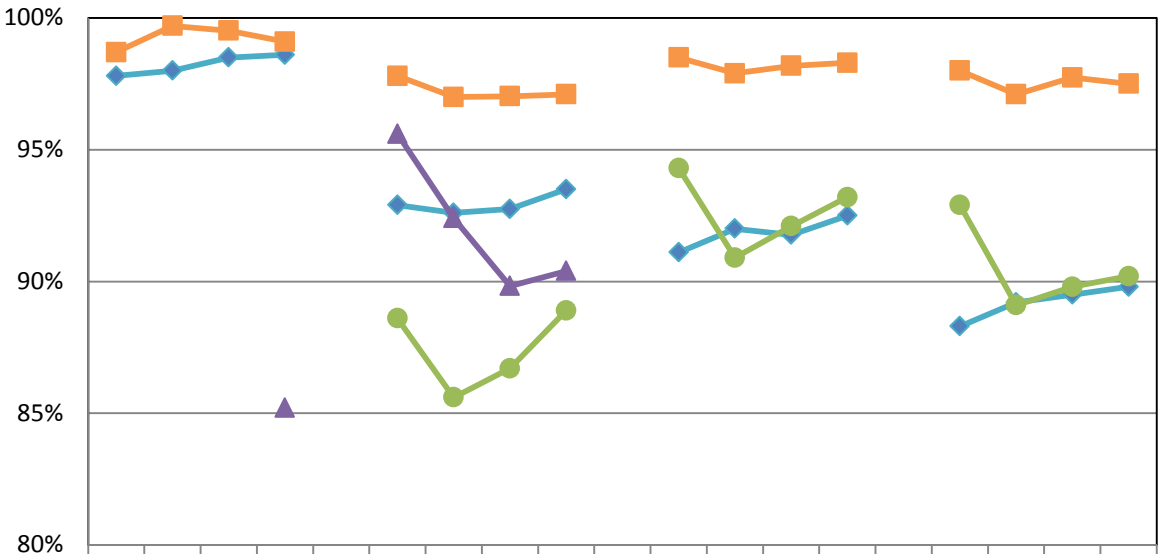
Table 18. HEDIS® Children's Access to Primary Care Practitioners (CAP), CY 2012

HEDIS® Children's Access to Primary Care Practitioners (CAP), CY 2012				
Program	CY 2012 Rates	KC Title XIX Mean	HEDIS® Medicaid Mean	HEDIS® Commercial HMO Mean
Ages 12 to 24 months				
Healthy Kids	N/A	95.4%	96.1%	97.9%
MediKids	85.2%			
Ages 25 months to 6 years				
Healthy Kids	88.9%	77.0%	88.3%	91.9%
MediKids	90.4%			
Ages 7 to 11 years				
Healthy Kids	93.2%	79.2%	90.2%	91.9%
MediKids	N/A			
Ages 12 to 19 years				
Healthy Kids	90.9%	82.3%	88.1%	89.3%
MediKids	N/A			

Figure 40 provides a comparison with 2009-2012 results for two Florida KidCare program components with available data.

- Overall during the past four years, rates of access to PCPs have remained high, indicating excellent access to PCPs for Florida KidCare enrollees.
- Healthy Kids, for all applicable age groups, had a decrease in 2010 but has had an increasing trend in 2011 and 2012.

Figure 40. HEDIS® Children's Access to Primary Care Practitioners, four year comparison



	2009 12-24 mths	2010 12-24 mths	2011 12-24 mths	2012 12-24 mths		2009 2-6 years	2010 2-6 years	2011 2-6 years	2012 2-6 years		2009 7-11 years	2010 7-11 years	2011 7-11 years	2012 7-11 years		2009 12-19 years	2010 12-19 years	2011 12-19 years	2012 12-19 years
Medicaid PCCM	97.8	98.0	98.5	98.6		92.9	92.6	92.8	93.5		91.1	92.0	91.8	92.5		88.3	89.2	89.5	89.8
CMSN	98.7	99.7	99.5	99.1		97.8	97.0	97.0	97.1		98.5	97.9	98.2	98.3		98.0	97.1	97.7	97.5
MediKids				85.2		95.6	92.4	89.8	90.4										
HealthyKids						88.6	85.6	86.7	88.9		94.3	90.9	92.1	93.2		92.9	89.1	89.8	90.2

Annual Dental Visit

The American Dental Association (ADA) 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 (ADV) 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 groups and program: 2-3 years, 4-6 years, 7-10 years, 11-14 years, and 15-18 years. The Florida KidCare program component results exclude enrollees in pre-paid dental plans.

Table 19 displays the percentage of enrollees, by age, who met the criteria for this measure in CY 2012.

- Healthy Kids exceeded both the National Medicaid mean and the Florida KidCare Title XIX mean for all applicable age groups.
- The findings from this measure are similar to last year's.

Table 19. HEDIS® Annual Dental Visits, CY 2012

HEDIS® Annual Dental Visits (ADV), CY 2012				
Program	CY 2012 Rates	KC Title XIX Mean	HEDIS® Medicaid Mean	HEDIS® Commercial HMO Mean
Ages 2 to 3 years				
Healthy Kids	N/A	15.8%	30.8%	N/A
MediKids	18.3%			
Ages 4 to 6 years				
Healthy Kids	57.0%	28.8%	54.3%	N/A
MediKids	29.8%			
Ages 7 to 10 years				
Healthy Kids	63.5%	35.5%	58.5%	N/A
MediKids	N/A			
Ages 11 to 14 years				
Healthy Kids	58.9%	33.4%	53.2%	N/A
MediKids	N/A			
Ages 15 to 18 years				
Healthy Kids	52.8%	28.9%	44.9%	N/A
MediKids	N/A			

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® IET 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 CY2012. 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® IET 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 CY2012. Treatment could have been initiated through an inpatient admission for AOD, an outpatient visit, an intensive outpatient encounter, or a partial hospitalization.

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.

Figures 41 and 42 display CY 2012 rates for both Initiation and engagement of alcohol and other drug dependence treatment.

- The Florida KidCare Title XIX Mean performed better than both the national Medicaid mean and the national commercial HMO mean in both initiation and engagement.
- Healthy Kids did not exceed any of the means.
- These results are comparable to last year's.

However, as observed in prior evaluations, Initiation of Treatment is typically greater than Engagement of Treatment. As seen historically, a greater number of enrollees initiate treatment compared to those to maintain engagement of treatment.

Figure 41. HEDIS® Initiation of alcohol and other drug dependence treatment (IET), ages 13-17 years, CY 2012

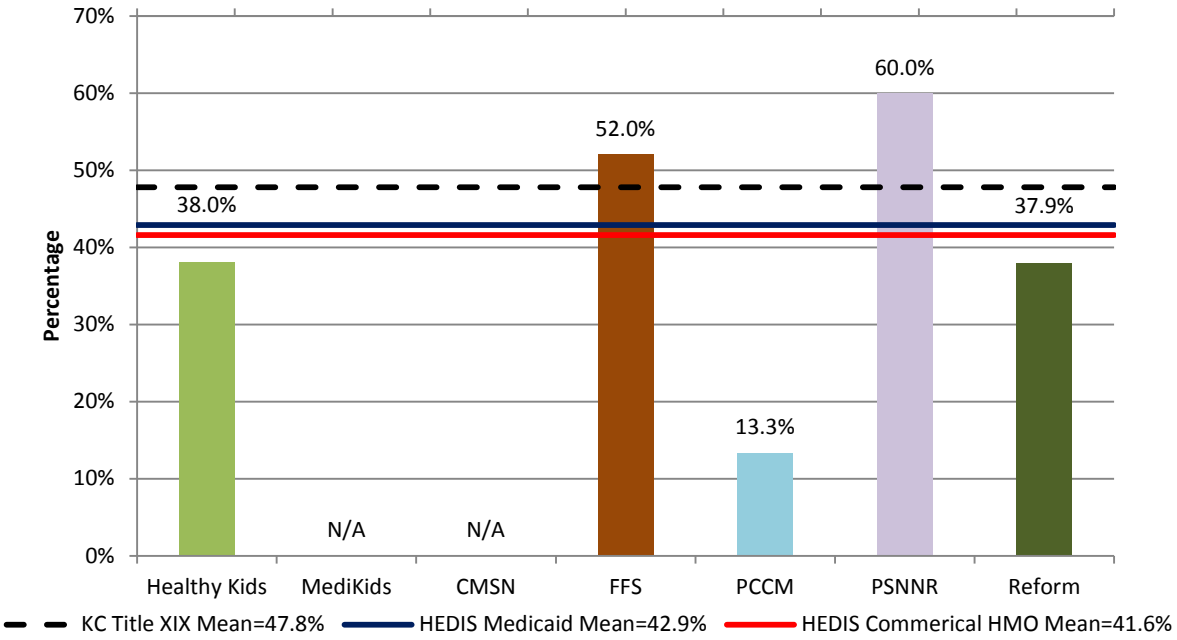
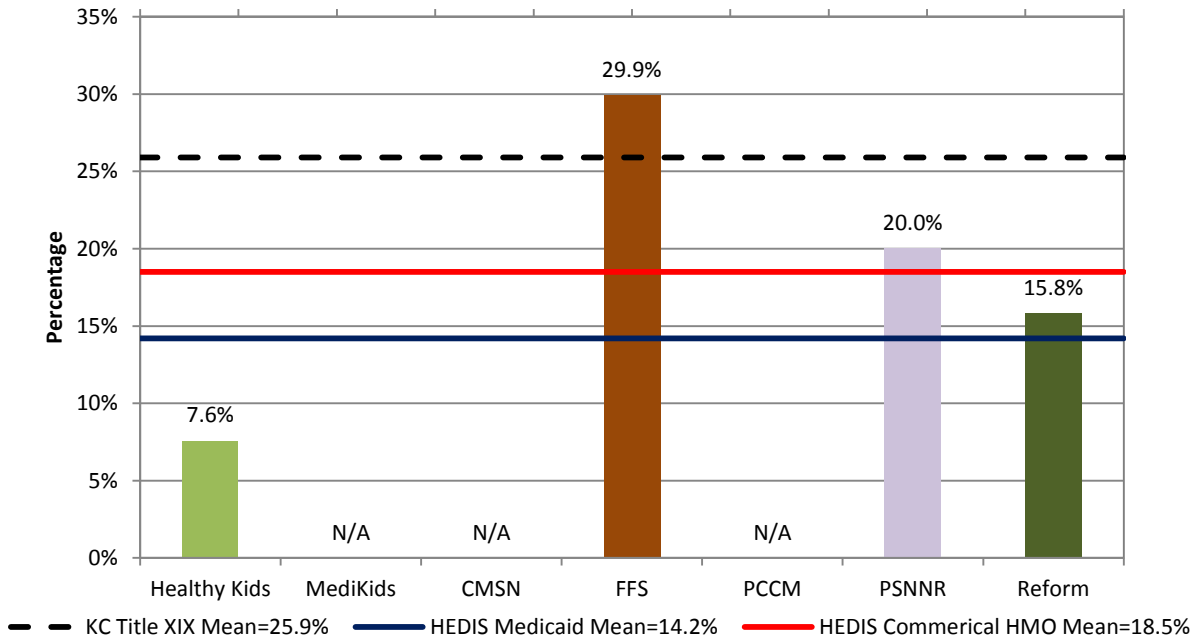


Figure 42. HEDIS® Engagement of alcohol and other drug dependence treatment (IET), ages 13-17 years, CY 2012



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® W34 indicator measures the percentage of children, 3-6 years of age, who received one or more well-child visits during 2012.

Table 20 presents the data for two Florida KidCare components.

- MediKids (77.4%) performed better than the national Medicaid mean (71.9%) and the national commercial HMO mean (72.5%).
- The Florida Healthy Kids and KidCare Title XIX mean did not exceed either national mean.
- The findings for this measure are similar to last year's reported results.

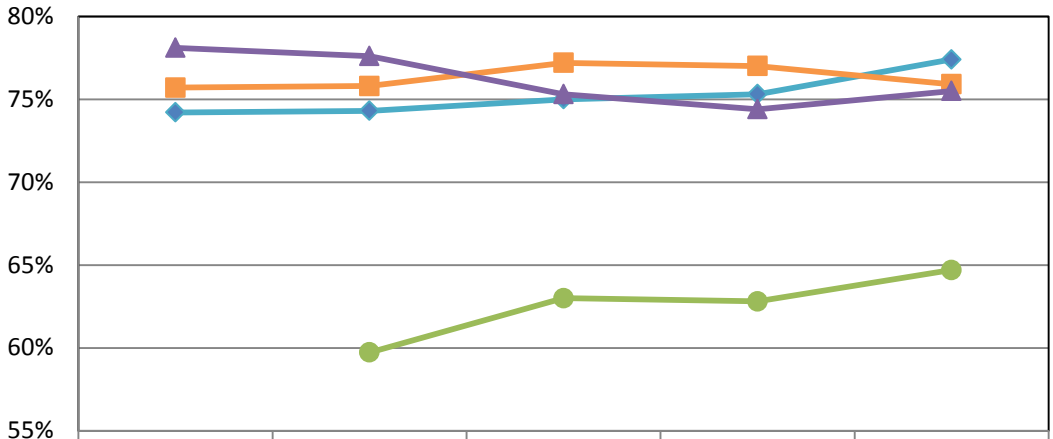
Table 20. HEDIS® Well-child visits in the 3rd, 4th, 5th, and 6th years (W34), CY2012

HEDIS® Well-child visits in the 3rd,4th,5th, and 6th years (W34), CY 2012				
Program	CY 2012 Rates	KC Title XIX Mean	HEDIS® Medicaid Mean	HEDIS® Commercial HMO Mean
Healthy Kids	64.7%	59.8%	71.9%	72.5%
MediKids	77.4%			

Figure 43 provides a comparison with 2008-2012 results for two Florida KidCare program components with available data.

- MediKids steadily decreased over the past four years, but this past year increased.
- Medicaid PCCM Title XIX has had a steady increase over the years.
- CMSN Title XIX has been increasing over the last four years and decreased slightly this year.
- Healthy Kids has seen a steady increase since 2009. Note, we do not have Healthy Kids data before 2009.

Figure 43. HEDIS® Well-child visits in the 3rd, 4th, 5th, and 6th years (W34), five year trend, CY 2012



	2008	2009	2010	2011	2012
Medicaid PCCM	74.2	74.3	75.0	75.3	77.4
CMSN	75.7	75.8	77.2	77.0	75.9
MediKids	78.1	77.6	75.3	74.4	75.5
HealthyKids		59.7	63.0	62.8	64.7

Adolescent Well-care Visits

Having a preventive care visit is important for adolescents as well as for younger children. However, adolescents often have a lower rate of compliance with preventive care guidelines than younger children. This HEDIS® AWC indicator measures the percentage of enrollees 12 to 18 years old who received one or more comprehensive adolescent well-care visits (AWC) with a physician provider during CY2012; 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.

Table 21 displays the percentage of adolescents who received one or more adolescent well-care visit during the measurement year.

- The national Medicaid average was 48.1% compliance, meaning that fewer than half of adolescents in Medicaid nationally are receiving regular well-care visits. The national commercial HMO average (43.2%) was lower than the Medicaid average.
- The rate for the KidCare Title XIX programs overall (41.5%) was slightly below the national commercial average, and below the national Medicaid average.
- Healthy Kids (55.9%) exceeded both national means.
- These results are similar to last year's findings.

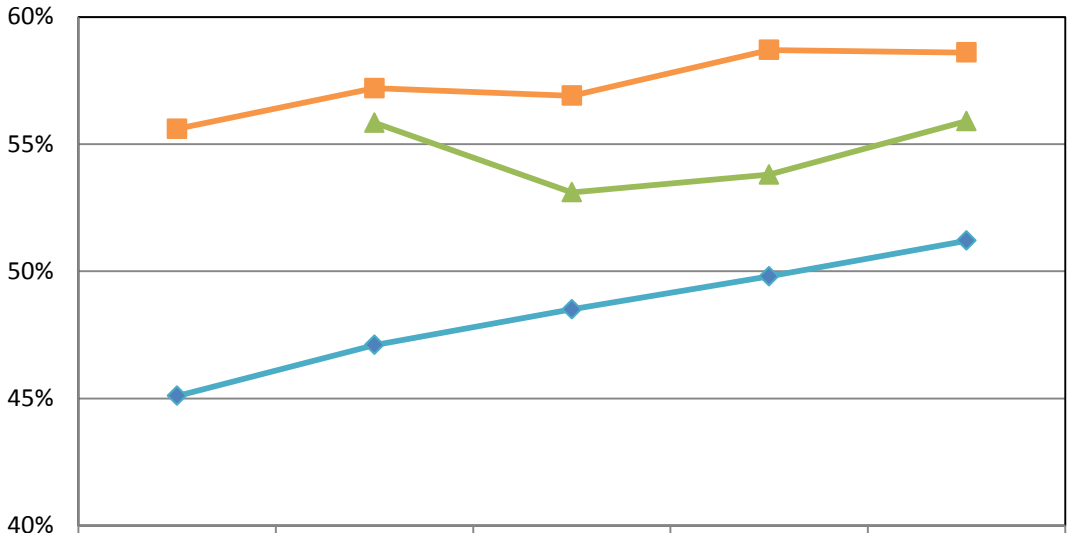
Table 21. HEDIS® Well-care visits for adolescents (AWC), CY 2012

HEDIS® Well-care visits for adolescents (AWC), CY 2012				
Program	CY 2012 Rates	KC Title XIX Mean	HEDIS® Medicaid Mean	HEDIS® Commercial HMO Mean
Healthy Kids	55.9%	41.5%	48.1%	43.2%
MediKids	N/A			

Figure 44 shows a comparison of AWC results for the past five years for the three Florida KidCare program components with available data.

- There has been a steady upward trend in the performance on this indicator for Medicaid PCCM Title XIX and CMSN Title XIX.
- Healthy Kids saw a slight decrease in 2010 but has been increasing in 2011 and 2012.

Figure 44. HEDIS® Well-care visits for adolescents (AWC), five year trend, CY 2012



	2008	2009	2010	2011	2012
Medicaid PCCM	45.1	47.1	48.5	49.8	51.2
CMSN	55.6	57.2	56.9	58.7	58.6
HealthyKids		55.8	53.1	53.8	55.9

Comprehensive Diabetes Care

This HEDIS® CDC indicator measures the percentage of enrollees aged 18 and older with diabetes (type 1 and type 2) who had each of the following: HbA1c testing and control, eye exam, LDL-C screening and control, medical attention to nephropathy, and blood pressure control. In this report we provide data for HbA1c testing, eye exams, and LCL-C screening.

Figure 45 displays the HbA1c testing rates in Florida KidCare program components.

- The Florida KidCare Title XIX mean (55.3%) did not exceed the either the national Medicaid mean (82.5%) or the national Commercial HMO mean (89.9%).
- None of the Florida KidCare components exceeded either of the national means.

Figure 45. HEDIS® Comprehensive Diabetes Care- HBA1C Testing (CDC) CY 2012

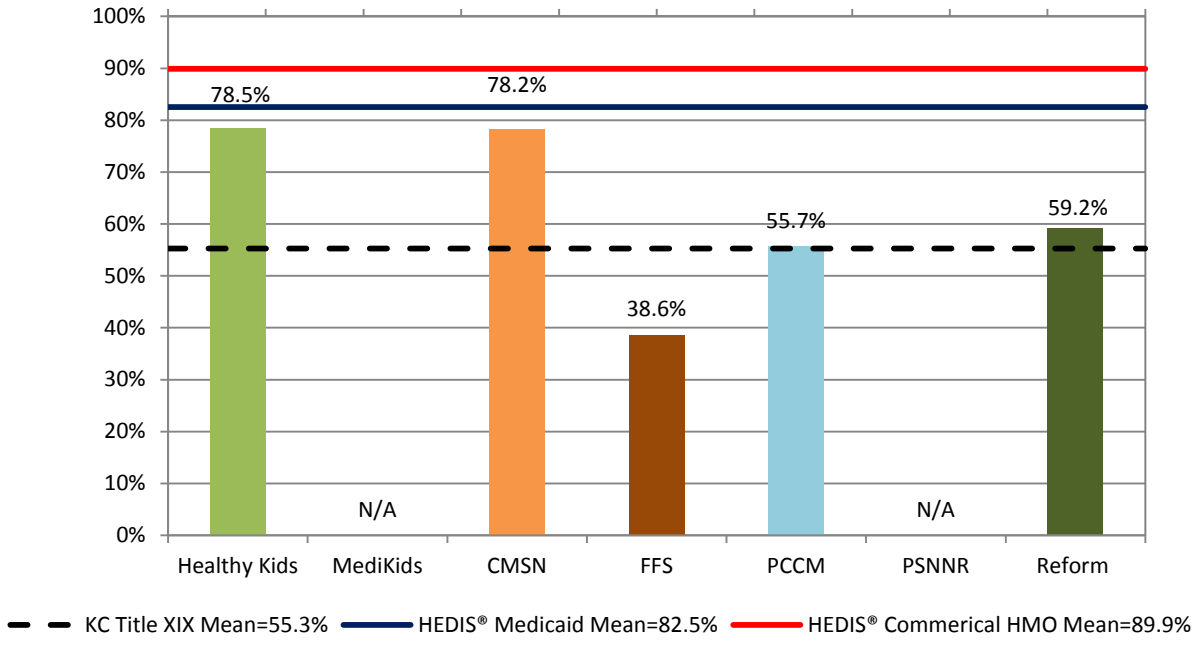


Figure 46 displays the eye exam rates in Florida KidCare program components.

- The Florida KidCare Title XIX mean (31.2%) did not exceed the either the national Medicaid mean (53.4%) or the national Commercial HMO mean (56.9%).
- None of the Florida KidCare components exceeded either of the national means.

Figure 46. HEDIS® Comprehensive Diabetes Care- Eye Exam (CDC) CY 2012

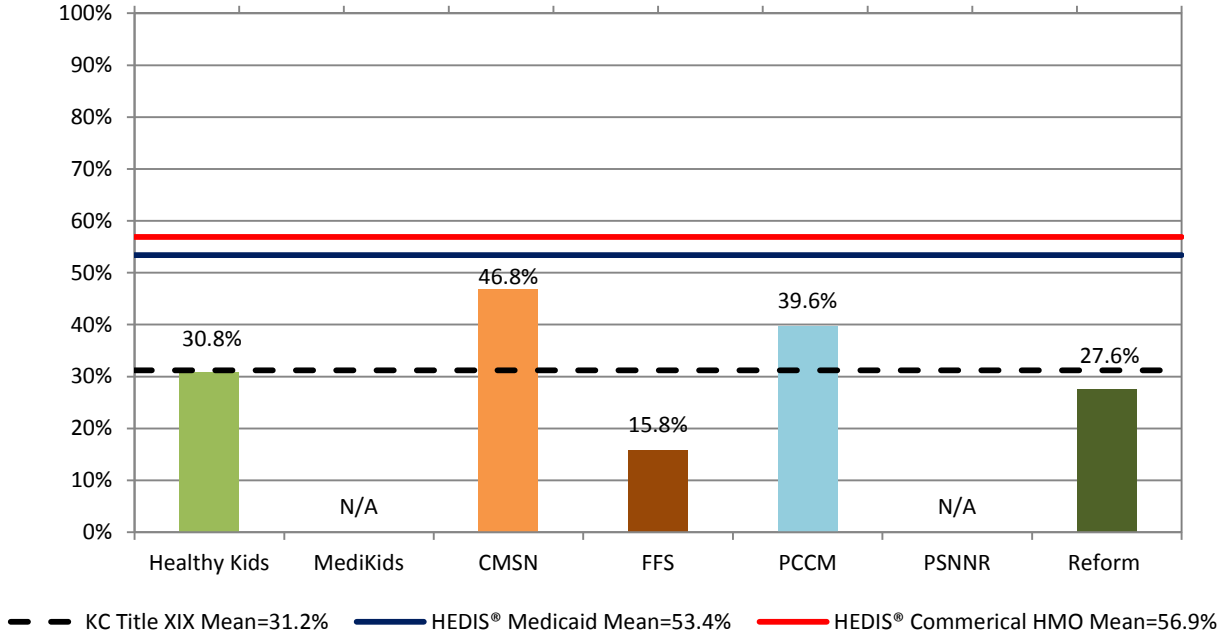
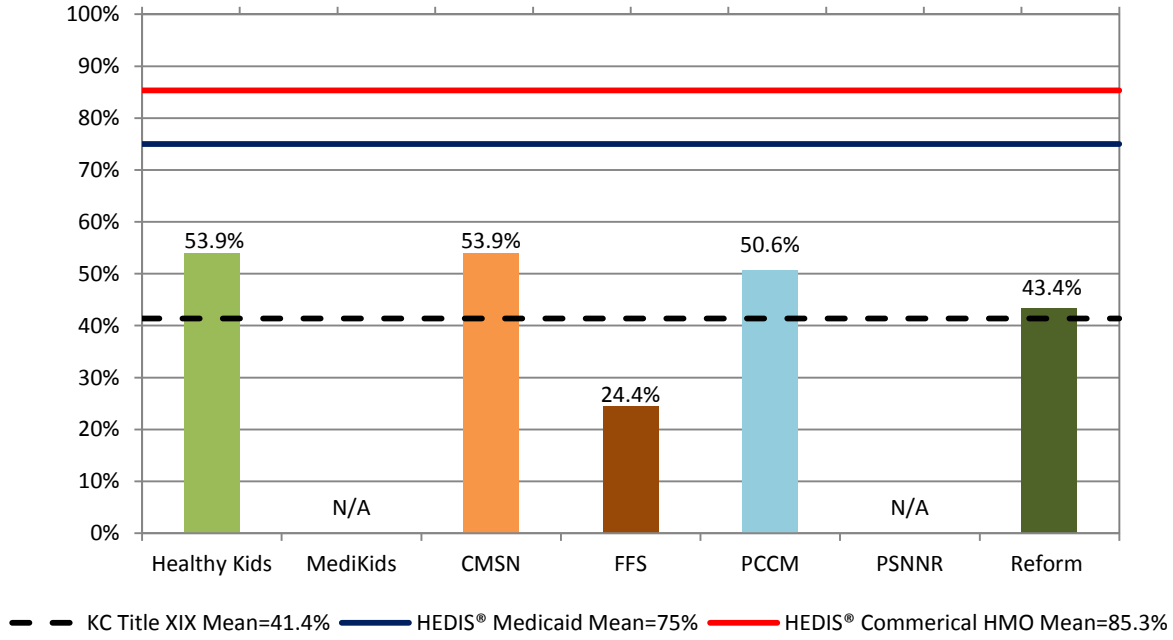


Figure 47 displays the LDL-C screening rates in Florida KidCare program components.

- The Florida KidCare Title XIX mean (41.4%) did not exceed either the national Medicaid mean (75%) or the national Commercial HMO mean (85.3%).
- None of the Florida KidCare components exceeded either of the national means.

Figure 47. HEDIS® Comprehensive Diabetes Care- LDL-C Screening (CDC) CY 2012



Frequency of Prenatal Care

Having prenatal care for the mother is very important to the delivery of a healthy baby. This HEDIS® FPC indicator measures the percentage of enrollees, who had a live birth between November 6th, 2011 and November 5th, 2012, who received prenatal care visits, adjusted for the month of pregnancy at time of enrollment (if not enrolled at conception) and gestational age. HEDIS® FPC national Medicaid averages are reported for five groups of compliance: 1) enrollees compliant with less than 21% of recommended visits, 2) enrollees compliant with 21-40% of recommended visits, 3) enrollees compliant with 41-60% of recommended visits, 4) enrollees compliant with 61-80% of recommended visits, and 5) 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.

Table 22 displays the percentage of enrollees with a live birth who were compliant with 61-80% of the recommended prenatal visits.

- The Florida KidCare Title XIX Mean (28.2%) was higher than the national Medicaid mean of 13.9% for compliance with 61-81% of the recommended visits.
- Healthy Kids (15.2%) performed better than the national Medicaid mean for 61-81% compliance with recommended visits.
- The Florida KidCare Title XIX mean (45.8%) and Healthy Kids rate (31.7%) did not exceed the national Medicaid mean of 61.1% for compliance with 81% or more of the recommended visits.
- These results are comparable to last year's reported results.

Table 22. HEDIS® Frequency of prenatal care (FPC), CY2012

HEDIS® Frequency of prenatal care (FPC), CY 2012				
Program	CY 2012 Rates	KC Title XIX Mean	HEDIS® Medicaid Mean	HEDIS® Commercial HMO Mean
Compliance with 61-80% of the recommended visits				
Healthy Kids	15.2%	28.2%	13.9%	N/A
MediKids	N/A			
Compliance with 81% or more of the recommended visits				
Healthy Kids	31.7%	45.8%	61.1%	N/A
MediKids	N/A			

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® LSC indicator measures the percentage of children, who turned two years of age in 2012, 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.

Table 23 presents the percentage of children who had at least one blood test for lead poisoning before their second birthday by program component.

- The Florida KidCare Title XIX mean did not exceed the national Medicaid mean (66.2%) for lead screening.
- MediKids (49.4%) did not meet the national Medicaid mean.

Table 23. Lead screening for children turning two years of age (LSC), CY 2012

HEDIS® Lead screening for children turning two years of age (LSC), CY 2012				
Program	CY 2012 Rates	KC Title XIX Mean	HEDIS® Medicaid Mean	HEDIS® Commercial HMO Mean
Healthy Kids	N/A	56.1%	66.2%	N/A
MediKids	49.4%			

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® CHL 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 CY2012; for Florida 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.

Table 24 presents the percentage of sexually active female enrollees who had a Chlamydia screening.

- The Florida KidCare Title XIX mean (54.4%) exceeded the commercial average of 41.5% and just barely missed meeting the national Medicaid mean of 54.6%.
- The rate for Healthy Kids (39.2%) did not exceed either of the national averages.
- The results for this measure were similar to the previous year's results.

Table 24. HEDIS® Chlamydia screening in women (CHL), ages 16-20 years, CY2012

HEDIS® Chlamydia screening in women (CHL), ages 16-20 years, CY 2012				
Program	CY 2012 Rates	KC Title XIX Mean	HEDIS® Medicaid Mean	HEDIS® Commercial HMO Mean
Healthy Kids	39.2%	54.4%	54.6%	41.5%
MediKids	N/A			

Effectiveness of Care: Respiratory Conditions

Appropriate Testing for Pharyngitis

Pharyngitis (i.e., 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® CWP indicator measures the percentage of enrollees who were diagnosed with pharyngitis and dispensed an antibiotic, and received a group A streptococcus (strep) test.

Table 25 shows the CWP rates for Florida KidCare.

- No Florida KidCare program exceeded the HEDIS® CWP national commercial HMO mean of 80.2%
- Florida Healthy Kids (71.4%) and MediKids (66.3%) exceeded the Medicaid national average of 64.9%.
- The findings from this year are similar to that of last year's results.

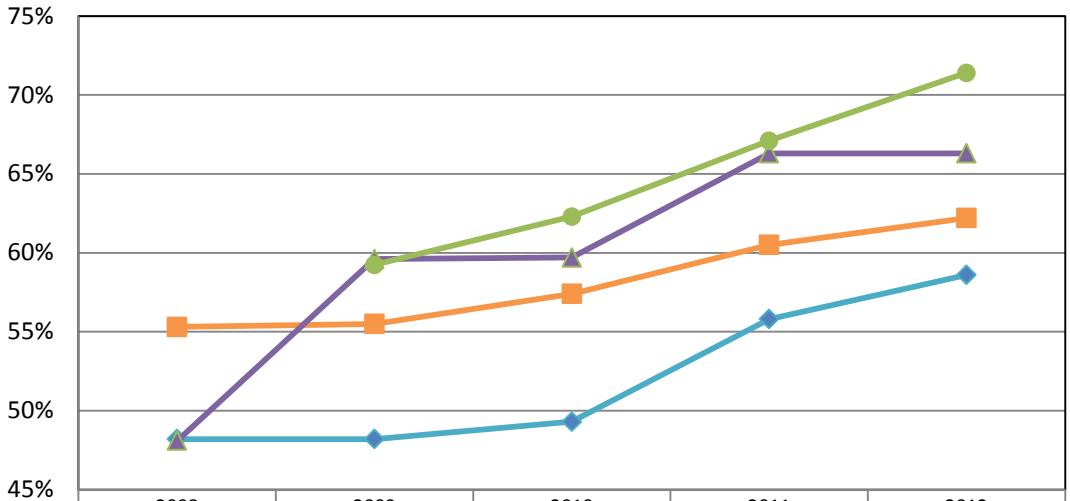
Table 25 HEDIS® Appropriate testing for children with Pharyngitis (CWP), CY2012

HEDIS® Appropriate testing for children with Pharyngitis (CWP), CY 2012				
Program	CY 2012 Rates	KC Title XIX Mean	HEDIS® Medicaid Mean	HEDIS® Commercial HMO Mean
Healthy Kids	71.4%	58.5%	64.9%	80.2%
MediKids	66.3%			

Figure 48 shows a comparison with CWP results from the prior five years is provided for the two program components with available data.

- MediKids was the same for years 2009-2010 and 2011-2012, with sharp increases from 2008-2009 and 2010-2011.
- Medicaid CMSN Title XIX and Medicaid PCCM Title XIX have been steadily increasing over the past five years.
- Healthy Kids has been increasing each year since 2009. Recall that we do not have data for Healthy Kids before 2009.

Figure 48. HEDIS® Appropriate testing for children with Pharyngitis (CWP), five year comparison, CY 2012



	2008	2009	2010	2011	2012
Medicaid PCCM	48.2	48.2	49.3	55.8	58.6
CMSN	55.3	55.5	57.4	60.5	62.2
MediKids	48.1	59.6	59.7	66.3	66.3
HealthyKids	—	59.2	62.3	67.1	71.4

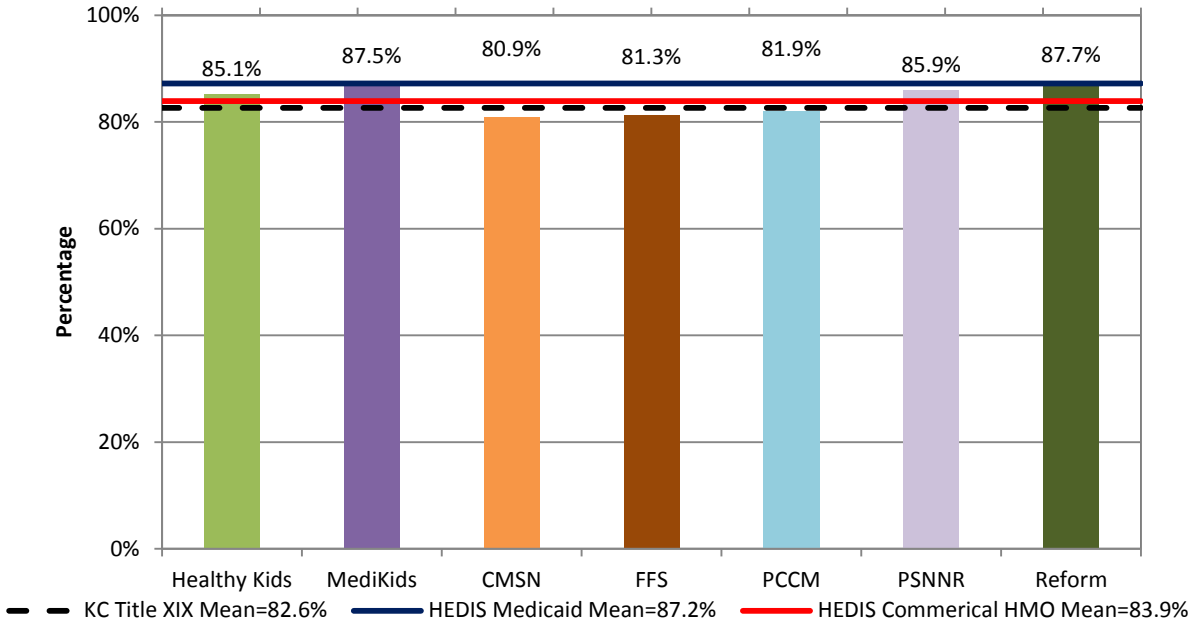
Appropriate Treatment for Children with Upper Respiratory Infections

An Upper Respiratory Infection (URI, also known as the common cold) should not be treated with antibiotics. This HEDIS® URI 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.

Figure 49 presents the URI rates for CY2012.

- MediKids (87.5%) exceeded the both the national Medicaid mean (87.2%) and the national Commercial mean (83.9%).
- Healthy Kids (85.1%) exceeded the national Commercial HMO mean.
- These results are similar to last year's reported findings.

Figure 49. HEDIS® Appropriate treatment for children with an Upper Respiratory Infection (URI), CY 2012



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® ASM indicator measures the percentage of KidCare enrollees with persistent Asthma who were appropriately prescribed medications during CY2012.

Table 26 presents the ASM rates for Florida KidCare components in CY2012.

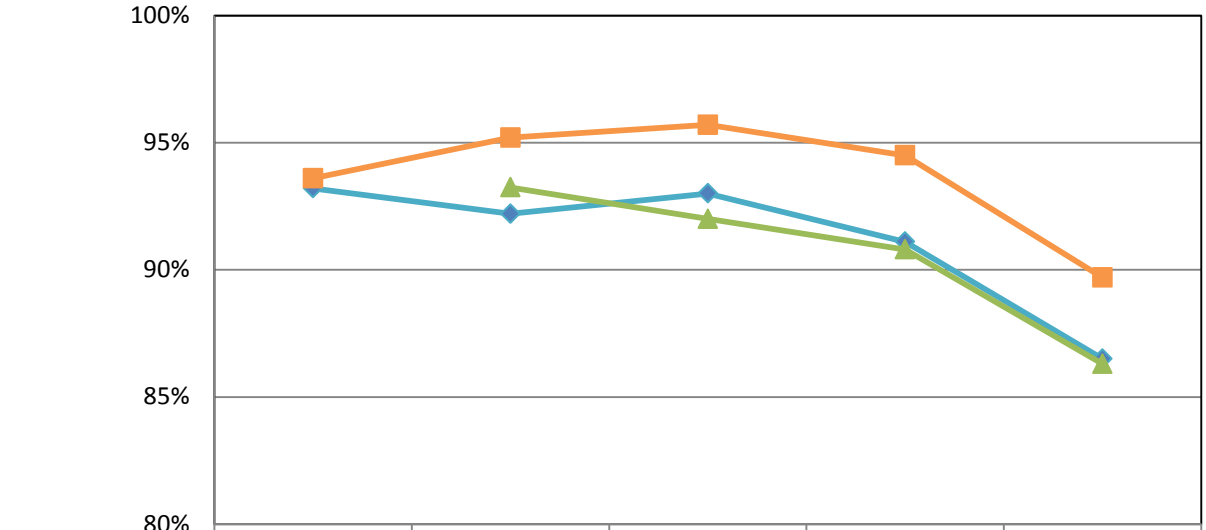
- The Florida KidCare Title XIX mean (86.3%) and Healthy Kids (86.3%) did not exceed the national Medicaid mean of 88.4%.
- These results are comparable to last year's.

Table 26. HEDIS® Use of appropriate medications for children with Asthma (ASM), CY 2012

HEDIS® Use of appropriate medications for children with Asthma (ASM), CY 2012				
Program	CY 2012 Rates	KC Title XIX Mean	HEDIS® Medicaid Mean	HEDIS® Commercial HMO Mean
Healthy Kids	86.3%	86.3%	88.4%	N/A
MediKids	N/A			

Figure 50 provides a five-year comparison of for ASM for the three program components with available data. Note that we do not have Healthy Kids data for this measure before 2009.

Figure 50. HEDIS® Use of appropriate medications for children with Asthma, five year trend, CY 2012



	2008	2009	2010	2011	2012
Medicaid PCCM	93.2	92.2	93.0	91.1	86.5
CMSN	93.6	95.2	95.7	94.5	89.7
HealthyKids		93.2	92.0	90.8	86.3

Asthma Medication Ratio

The HEDIS® Asthma Medication Ratio (AMR) measure is new this year. The measure is a percentage of children, ages 5-18, who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement period. Note that this is a new measure so national benchmark data is not available at this time.

Figure 51 displays the asthma medication ratio rates for children ages 5-11.

- The best performing program was Healthy Kids (73.2%).
- CMSN Title XIX (68.3%), Medicaid Title XIX PCCM (65.9%) and Medicaid Title XIX PSNNR (67.9%) all exceeded the Florida KidCare Title XIX mean of 64.8%.

Figure 51. HEDIS® Asthma Medication Ratio (AMR), Ages 5-11 years, CY 2012

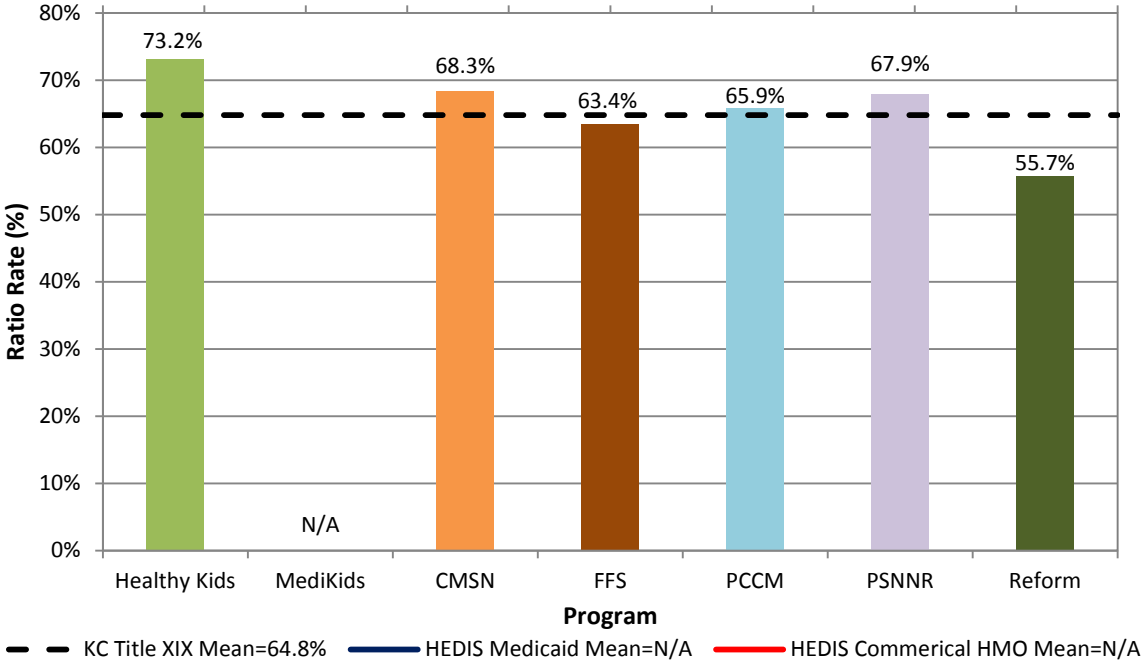


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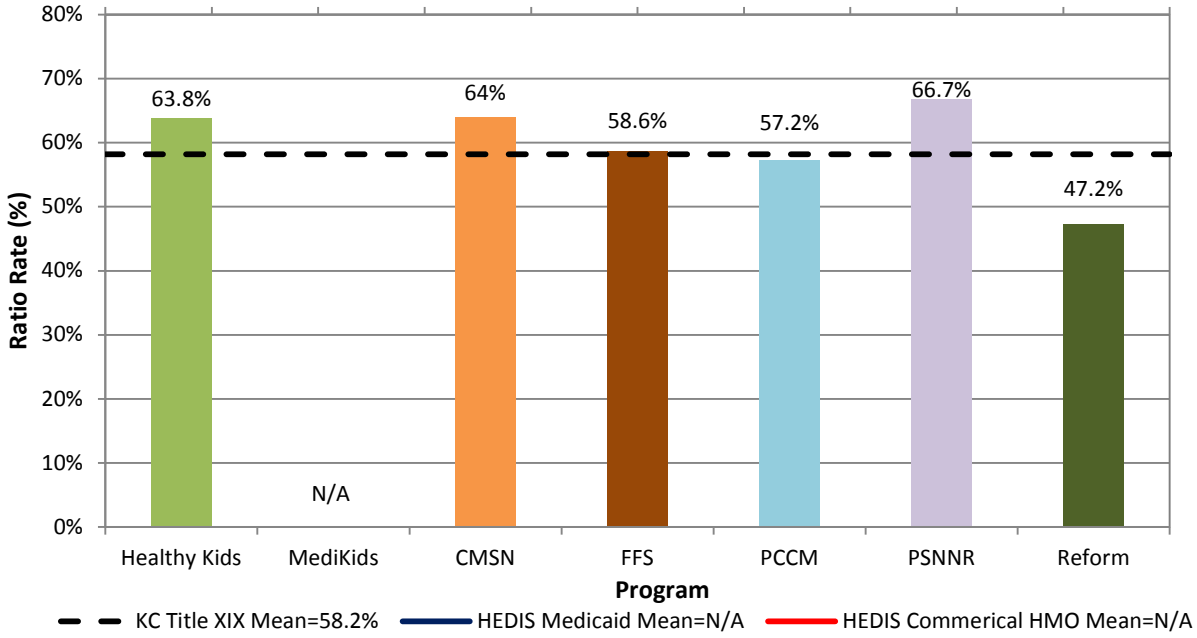
Figure 52 presents the asthma medication ratio rates for children, age 12-18.

- The program that performed the best on this measure was Medicaid Title XIX PSNNR (66.7%).
- Four programs exceeded the Florida KidCare Title XIX mean of 58.2%; Healthy Kids (63.8%), CMSN Title XIX (64%), Medicaid Title XIX FFS (58.6%) and Medicaid Title XIX PSNNR.

Figure 52. HEDIS® Asthma Medication Ratio (AMR), Ages 12-18 years, CY 2012



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® ADD measures for this topic. The first HEDIS® ADD 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® ADD 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 Florida KidCare results exclude enrollees covered by pre-paid mental health plans (<1% of PCCM enrollees are in pre-paid mental health plans). The resulting CMSN Title XIX population was too small to report for these indicators. Also there are no MediKids results for these indicators because of the age restriction of these measures.

Table 27 shows the results for the ADD the initiation phase for CY2012.

- The Florida KidCare Title XIX Mean (39.3%) exceeded the national Medicaid mean (38.1%) and just barely missed meeting the national Commercial HMO mean (39.4%).
- Florida Healthy Kids (38.0%) barely missed meeting the national Medicaid mean of 38.1%.

Table 27. HEDIS® Follow-up after initiation of ADHD medication (ADD), ages 6-12 years CY 2012

HEDIS® Follow-up after initiation of ADHD medication (ADD), ages 6-12 years CY 2012				
Program	CY 2012 Rates	KC Title XIX Mean	HEDIS® Medicaid Mean	HEDIS® Commercial HMO Mean
Healthy Kids	38.0%	39.3%	38.1%	39.4%
MediKids	N/A			

Table 28 shows the ADD results for the continuation and maintenance phase.

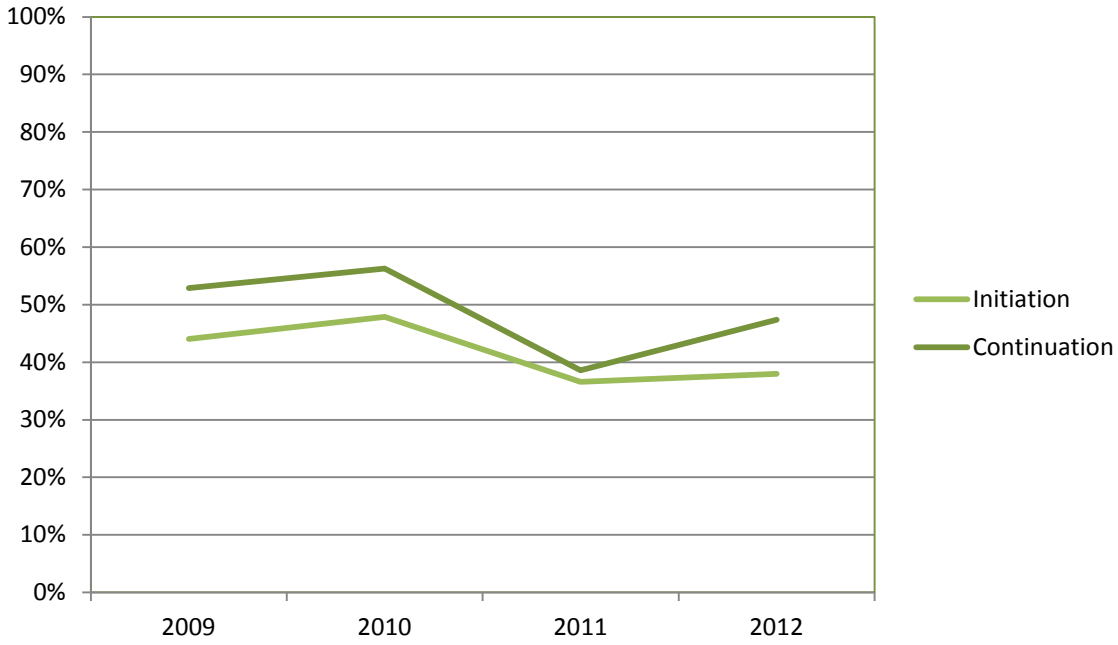
- The Florida KidCare Title XIX mean (46.5%) exceeded both the national Medicaid mean (43.9%) and the national Commercial HMO mean (44.2%).
- Healthy Kids exceeded both the HEDIS Medicaid and Commercial HMO means.

Table 28. HEsDIS® Follow-up during continuation and maintenance of ADHD medication (ADD), ages 6-12 years CY 2012

HEDIS® Follow-up during continuation and maintenance of ADHD medication (ADD), ages 6-12 years CY 2012				
Program	CY 2012 Rates	KC Title XIX Mean	HEDIS® Medicaid Mean	HEDIS® Commercial HMO Mean
Healthy Kids	47.4%	46.5%	43.9%	44.2%
MediKids	N/A			

Figure 53 presents the trend over time for follow-up after initiation and during continuation and maintenance of ADHD medication (ADD). The graph only presents the rates for Healthy Kids.

Figure 53. HEDIS® Follow-up after initiation and during continuation and maintenance of ADHD medication, four year trend – Healthy Kids Program



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® FUH measures for this topic. The first HEDIS® FUH 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 inpatient admission for treatment of mental health disorders. The second HEDIS® FUH 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 inpatient 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 these two indicators, the Florida KidCare results exclude enrollees covered by pre-paid mental health plans. There are also 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 54 shows the Follow-up after hospitalization (FUH) results for the 7-day follow-up measure.

- None of the KidCare program components exceeded the HEDIS® national commercial HMO mean (59.7%) for follow-up after hospitalization for mental illness.
- Only Medicaid PCCM Title XIX (50.0%) exceeded the HEDIS® national Medicaid mean of 44.6%.
- The 7-day follow-up rates for the KidCare program components were: Florida Healthy Kids (39.7%), Medicaid FFS Title XIX (28.0%), Medicaid PSNNR Title XIX (22.9%), and Medicaid Reform Title XIX (37.8%).
- These results are similar to last year's findings.

Figure 54. HEDIS® Follow-up visits within 7 days of discharge from a hospitalization for mental illness (FUH), CY 2012

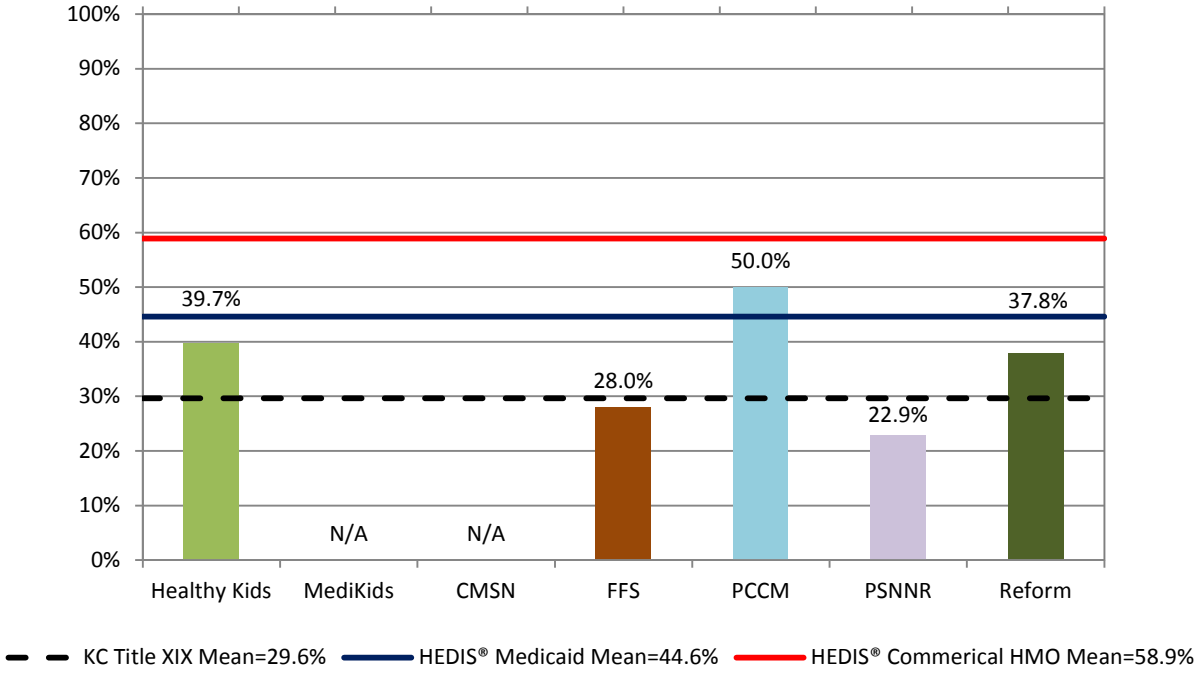


Figure 55 shows the FUH rates for the 30-day follow-up measure.

- Medicaid PCCM Title XIX was the only Florida KidCare program to exceed both the national Medicaid mean (63.8%) and the national Commercial HMO mean (77.4%).
- Medicaid Reform Title XIX (63.9%) exceeded the HEDIS® Medicaid mean of 63.8%.
- The 30-day follow-up rates for the remaining KidCare program components were Florida Healthy Kids (59.9%) and Medicaid FFS Title XIX (48.8%).
- The findings for this measure are comparable to last year's.

Figure 55. HEDIS® Follow-up visits within 30 days of discharge from hospitalization for mental illness (FUH), CY 2012

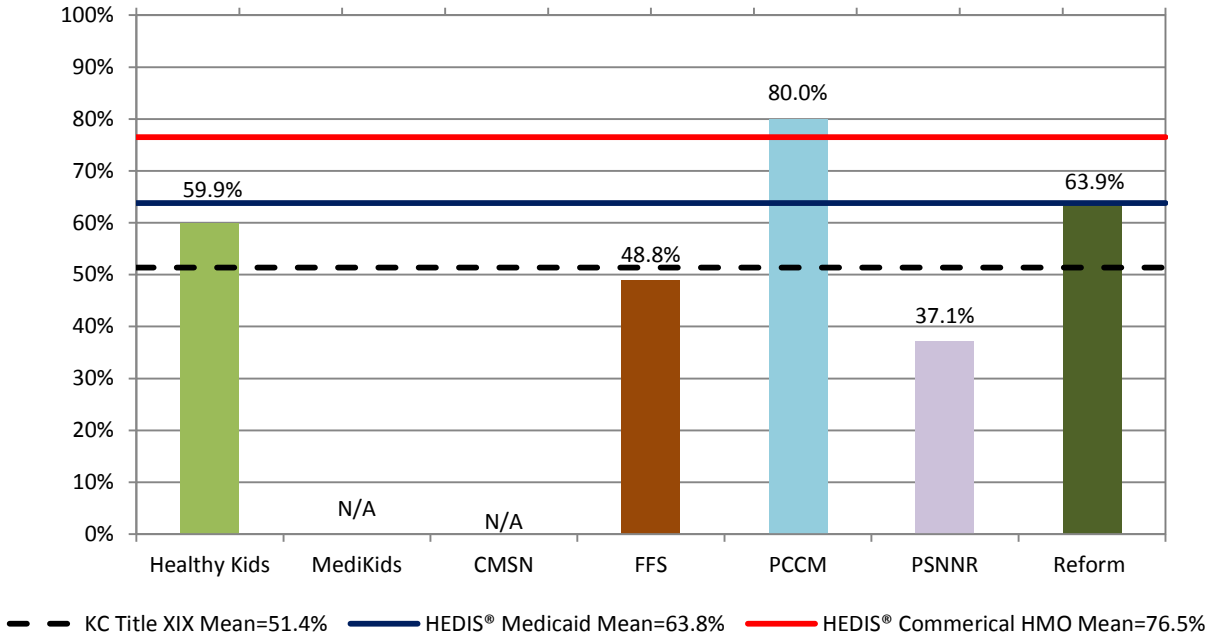
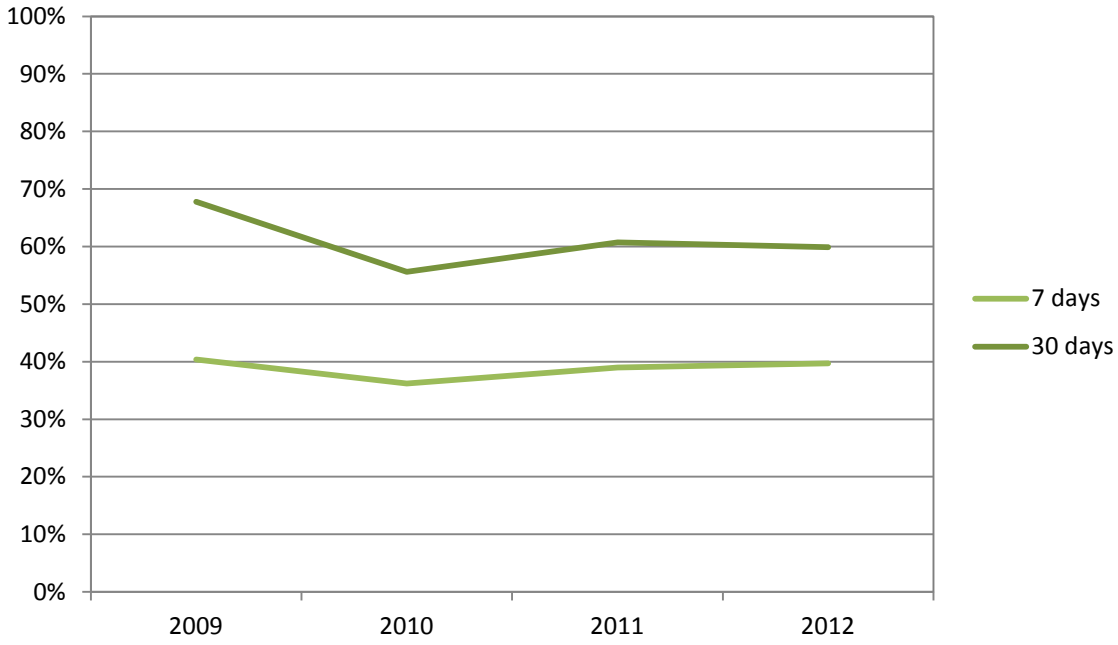


Figure 56 displays the follow-up visits (FUH) measure for both 7 days and 30 days after discharge from a hospitalization for mental illness, over the past 4 years for Healthy Kids only.

Figure 56. HEDIS® Follow-up visits within 7 and 30 days of discharge from a hospitalization for mental illness (FUH), four year trend for Healthy Kids



Pediatric Quality Indicators

Pediatric Quality Indicators are used to evaluate inpatient admissions for various conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease.

Pediatric Quality Indicators (PDI) are indicators developed for the Agency for Healthcare Research and Quality (AHRQ) and are used to evaluate inpatient admissions for various ambulatory care sensitive conditions (ACSCs). The AHRQ considers ACSCs to be "conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease." These Quality of Care indicators use hospital inpatient discharge data and are measured as rates of admission to the hospital. PDIs also screen for problems that pediatric patients encounter as a result of exposure to the healthcare system and that may be preventable by changes in the healthcare system or at a primary care level. Unlike the other measures provided in the Quality of Care section of the report, low quality indicator rates are desired, as they suggest a better quality health care system outside the hospital setting.

This year, ICHP calculated all measures using total discharges during the year, rather than total population, as the denominator. Due to this change, comparisons to previous years and the National AHRQ average are not available.

The PDI rates that were used in this report include**:**

- ***Asthma Admission Rate (PDI 14)***. The number of admissions for long-term asthma as a percentage of total discharges during the calendar year.
- ***Diabetes Short-term Complications Admission Rate (PDI 15).*** The number of admissions for diabetes short-term complications as a percentage of total discharges during the calendar year.
- ***Gastroenteritis Admission Rate (PDI 16).*** The number of admissions for pediatric gastroenteritis as a percentage of total discharges during the calendar year.
- ***Perforated Appendix Admission Rate (PDI 17).*** The number of admissions for perforated appendix as a share of all admissions for appendicitis within a geographic area.
- ***Urinary Tract Infection Admission Rate (PDI 18).*** The number of admissions for urinary tract infections as a percentage of total discharges during the calendar year.

PDI measures were calculated for all KidCare programs using data from Calendar Year (CY) 2012 using Statistical Analysis System (SAS) software. The SAS code use for the PDI analyses was created by the Agency for Healthcare Research Quality (AHRQ) and audited for adherence to standards and general accuracy.

Figures 57-61 display the PDI rates for CY 2012. All rates represent the number of inpatient admissions as a percent of total discharges in the calendar year.

Figure 57 illustrates the Asthma Admission Rates.

- PDI rates for asthma ranged from 2.8 in CMSN to 11.4 in Medikids.
- Healthy Kids (3.8), CMSN (2.8) and FFS (4.9) were below the KC Title XIX mean while all other programs were above.

Figure 57. AHRQ PDI 14- Asthma Admissions, CY 2012

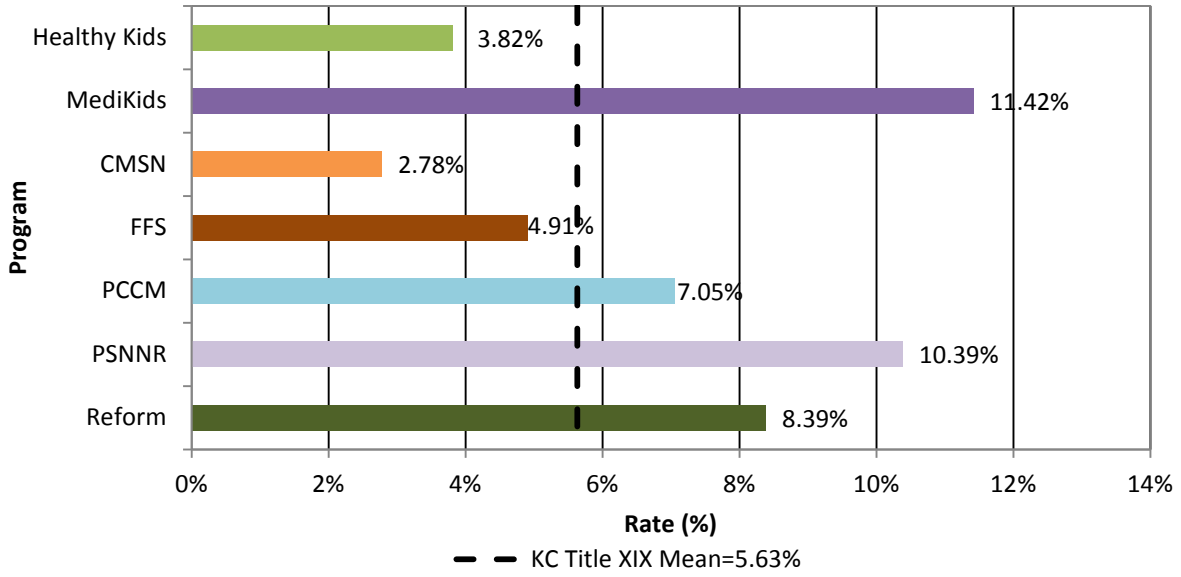


Figure 58 displays the diabetes short term complications admissions rates in Florida KidCare programs.

- All programs, except for CMSN, performed better than the Florida KidCare Title XIX mean of 1.05.
- PDI rates for diabetes short term complications ranges from 0.7 in PCCM to 1.9 in CMSN.

Figure 58. AHRQ PDI 15- Diabetes Short Term Complication Admissions, CY 2012

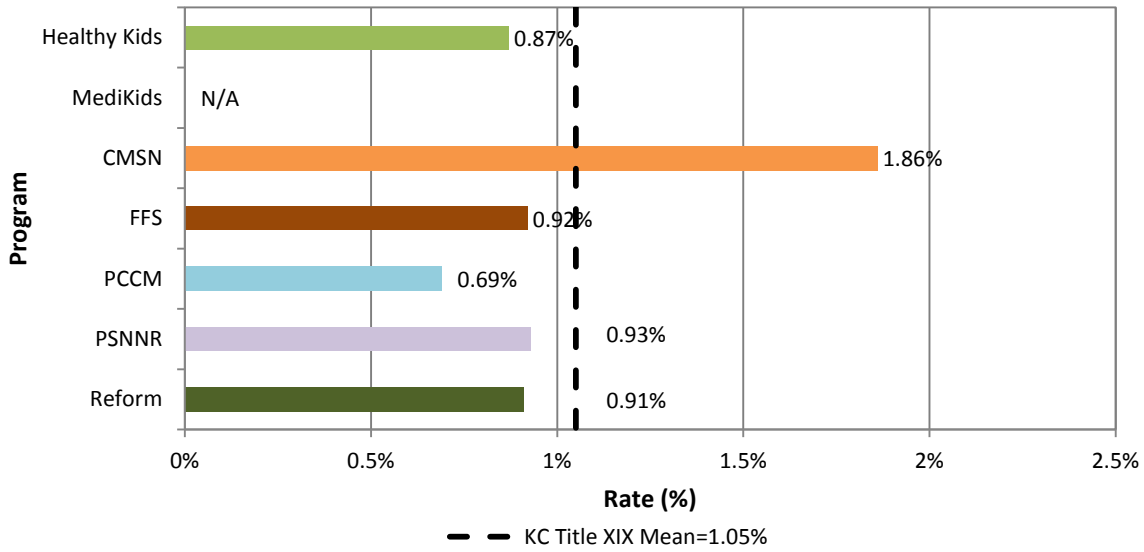


Figure 59 presents the data for gastroenteritis admissions in Florida KidCare programs.

- PDI rates for gastroenteritis admissions ranged from 0.7 in FFS to 5.5 in MediKids.
- FFS was the only program below the KC Title XIX mean of 1.74.

Figure 59. AHRQ PDI 16- Gastroenteritis Admissions, CY 2012

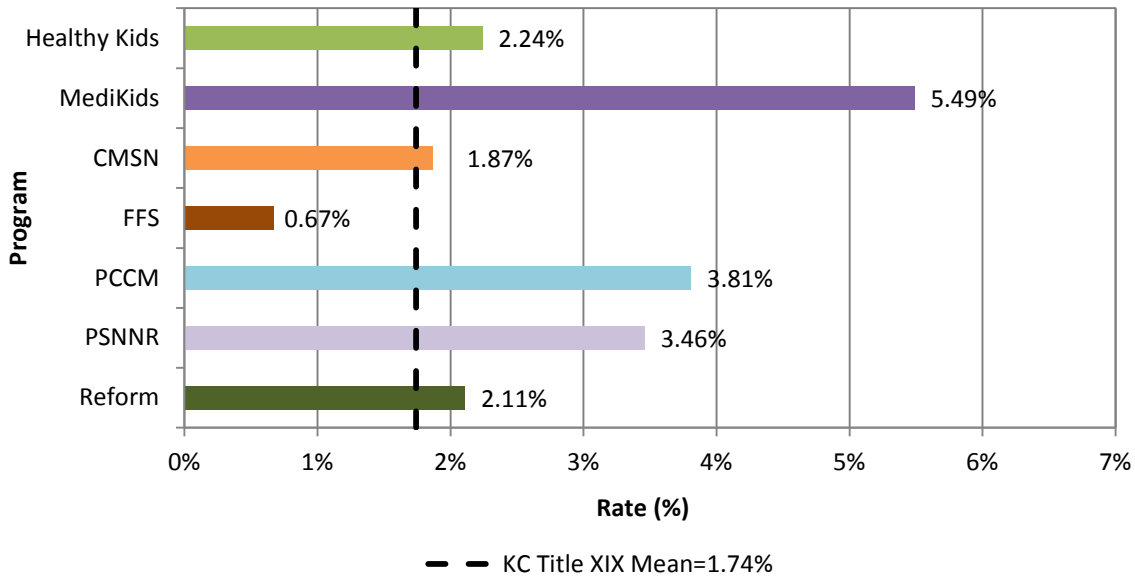


Figure 60 displays the perforated appendix admissions rates for the Florida KidCare programs.

- PDI rates for perforated appendix ranged from 24.7 per 100 admissions in Healthy Kids to 40.7 per 100 admissions in PCCM.
- PCCM (40.7 per 100) was the only program to be above the KC Title XIX mean.

Figure 60. AHRQ PDI 17- Perforated Appendix (rates per 100 admissions for appendicitis), CY 2012

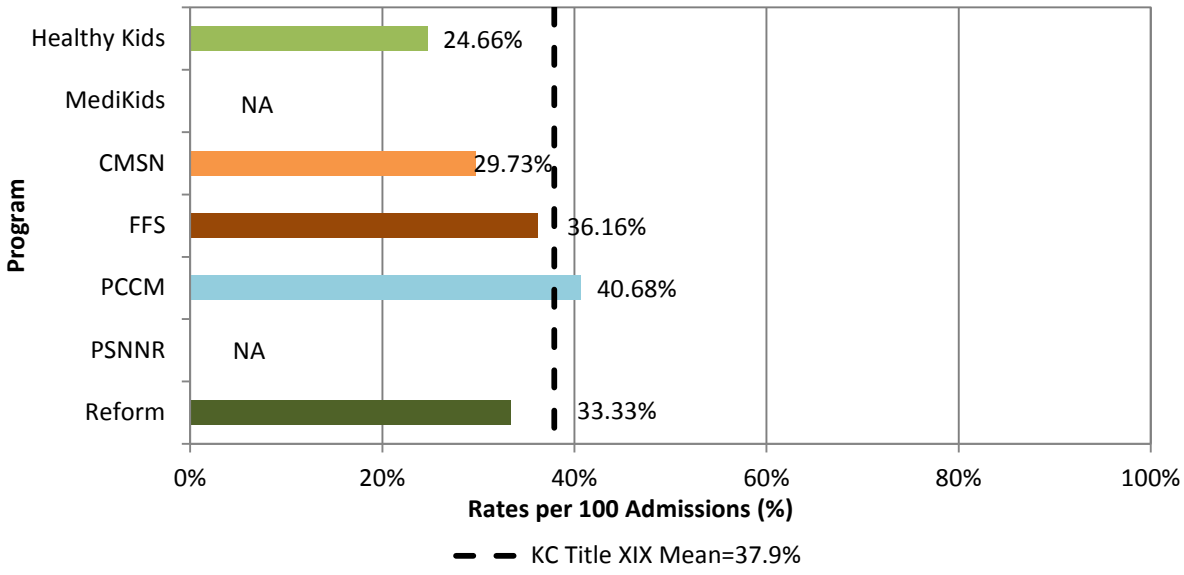
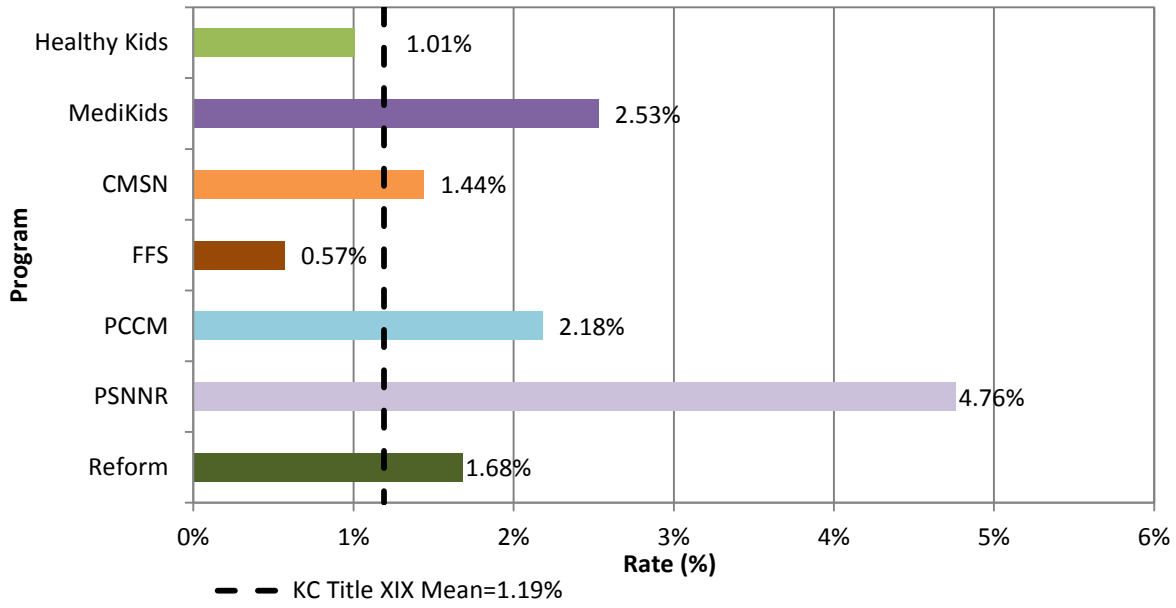


Figure 61 illustrates the admissions for urinary tract infections for the Florida KidCare programs.

- PDI rates for urinary tract infections ranged from 0.57% in FFS to 4.76% in PSNNR.
- Healthy Kids (1.01) and FFS (0.57) were below the KC Title XIX mean of 1.19%.

Figure 61. AHRQ PDI 18- Urinary Tract Infections, CY 2012



Potentially Preventable Events

Potentially Preventable Events (PPEs) in inpatient and emergency department (ED) settings represent a significant contributor to the high cost of health care in the United States (U.S.). For Florida Healthy Kids, health plan-level rates were calculated. The plans include; Amerigroup, Blue Cross Blue Shield (BCBS)-BlueCare, BCBS-BlueOption, Coventry, Florida Health Care Plans (FHCP), Simply, United Healthcare (UHC), WellCare-HealthEase, and WellCare-StayWell. The rate analyses provide the 'actual' rate compared to the 'expected' rate, for each of the PPEs, after adjusting for health status. These comparisons were completed for each of the nine Florida Healthy Kids plans relative to the entire Florida Healthy Kids population (i.e., expected rates).

For the Florida Medicaid Programs, program-level rates were calculated. The actual rates were compared to the expected rates, after adjusting for health status, for each of the PPEs. As for the Florida Healthy Kids, these comparisons were completed for each of the Florida Medicaid programs relative to the entire program (i.e., expected rates).

Ratios were also calculated by dividing the actual PPE rate by the expected rate for the plan, or program. An 'actual-to-expected ratio' over 1 indicates that the PPE rate was higher than expected and provides a measure of the extent of excess PPEs. It represents the occurrence of PPEs that could potentially be avoided with better quality of primary, ambulatory, or inpatient care. An actual-to-expected ratio equal to 1 means the rate was as expected, whereas values lower than 1 indicate the rate was less than expected. The actual-to-expected ratio is simply a tool to examine trends and to identify performance that may be unusually concerning (i.e., ratios above 1).

For the Florida Healthy Kids and Medicaid Programs, total expenditures associated with the PPEs were calculated. The total amount paid was calculated by summing up the institutional claim expenditures associated with PPAs, PPVs and PPRs within each health plan (Healthy Kids) or health program (Medicaid). The PPE expenditures per 1000 member months were then calculated by dividing the total amount paid from each health plan, or program, by the total number of months the beneficiaries had been enrolled, and multiplied by 1000.

- ***Potentially Preventable Admissions (PPAs).*** PPAs are hospital admissions that may have resulted from the lack of adequate access to care or ambulatory care coordination. PPAs are ambulatory sensitive conditions (e.g., asthma) for which adequate patient monitoring and follow-up (e.g., medication management) can often avoid the need for admission. The occurrence of high rates of PPAs represents a failure of the ambulatory care provided to the patient. To identify PPAs, the 3M Core Grouping software assigns an All-Patient Refined Diagnosis Related Group (APR-DRG) to every inpatient admission based on the diagnosis codes, and then cross-references each APR-DRG to identify whether the admission was potentially preventable.
- ***Potentially Preventable Readmissions (PPRs).*** Each inpatient admission can have zero, one, or more PPRs within a defined readmission interval. For this report, the readmission interval, defined as the maximum number of days between discharge and readmission, was set at 30 days. Any two adjacent admissions from the same person with time interval beyond 30 days were not counted as a readmission. Taking into consideration the readmission interval, the analysis of CY 2012 beneficiaries' claims therefore spanned the period from December 2011-January 2013 (CY 2012). The 30 days prior to CY 2012 were necessary to determine if an apparent Initial Admission during the first 30 days of 2012 might actually have been a readmission tied to an earlier initial admission that happened in December 2011. The 30 days following the CY were necessary to determine if an admission during the last 30 days of CY was actually an Initial Admission. The 3M PPR software then compared the APR-DRGs between the two admissions that happened less than 30 days apart and determined if the two admissions were clinically related, and whether the event was potentially preventable.
- ***Potentially Preventable Emergency Department Visits (PPVs).*** The ICHP used the 3M Core Grouping software to calculate PPV rates for CY 2012. This system defines PPVs as emergency department visits

that may result from lack of adequate access to care or ambulatory care coordination.[10] These visits are typically associated with ACSCs, which the AHRQ defines as "conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications of more severe disease. A PPV may also occur shortly following hospitalization as a result of actions taken or omitted during the hospital stay, such as inadequate treatment of the underlying problem and/or poor care coordination. Using the Enhanced Ambulatory Patient Groupings (EAPGs) assigned based on diagnosis and procedure codes, the 3M software classifies each potentially preventable ED visits into groups of similar clinical characteristics, resource used, and costs. EAPGs and the ambulatory sensitive conditions were taken into accounts to determine whether the ED visit was potentially preventable. The 3M software used to analyze PPVs requires that certain CPT codes be filled to identify a PPV. ***Special note:*** CPT code is not a mandatory field for institutional claims in Healthy Kids therefore some plans (Coventry,WellCare-HealthEase and WellCare-StayWell) have low actual rates. The plans with very low actual rates had more than 50% missing CPT code, which does not give an accurate PPV rate for those plans.

[10] 3M HIS (3M Health Information Systems). 2011. *Potentially Preventable Events*. Murray, UT: 3M HIS.

Potentially Preventable Admissions

Rates

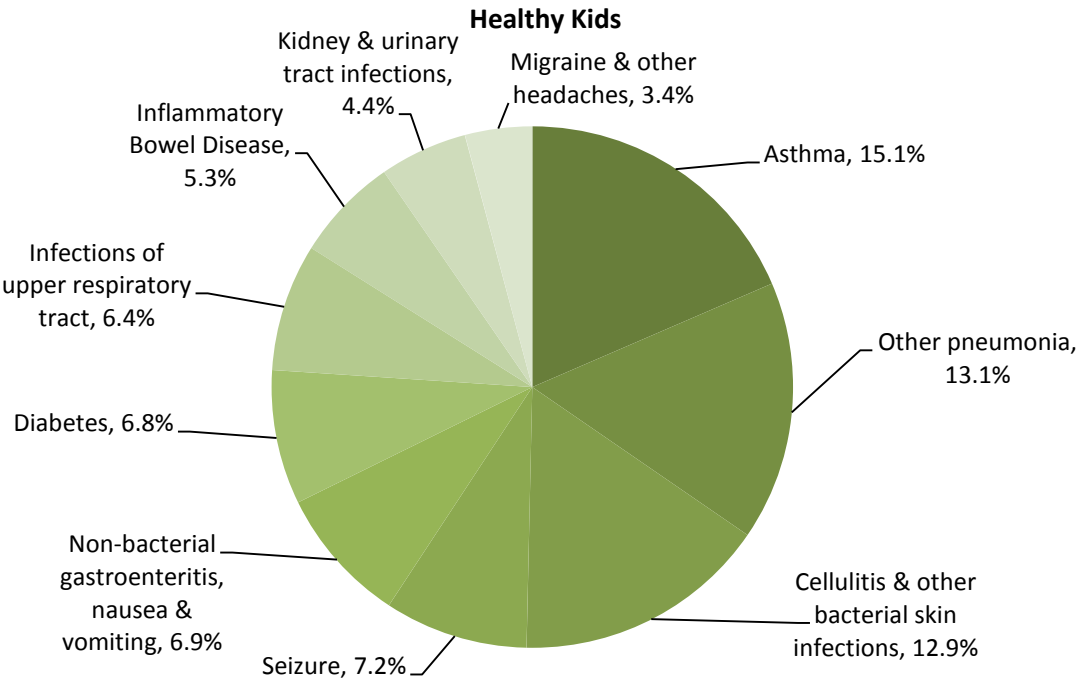
- For the Florida Healthy Kids Program overall, 29.0% of admissions were considered potentially preventable. All Florida Healthy Kids plans fell between 17.2% and 36.4%.
- The Florida Healthy Kids plan with the lowest ratio was FHCP (0.58) while Coventry (1.25) had the highest.
- About 21.9% of all admissions in the Florida Medicaid Program were potentially preventable. All other sub programs ranged from 12.9% and 42.7% of admissions being potentially preventable.
- PCCM (1.44) had the highest ratio out of the Medicaid programs while FFS (0.70) had the lowest.
- The primary reasons for PPAs (**Figure 61**) in Healthy Kids and Medicaid were Asthma and pneumonia.

Table 29. PPA Actual and Expected Rates for Florida Healthy Kids and Florida Medicaid

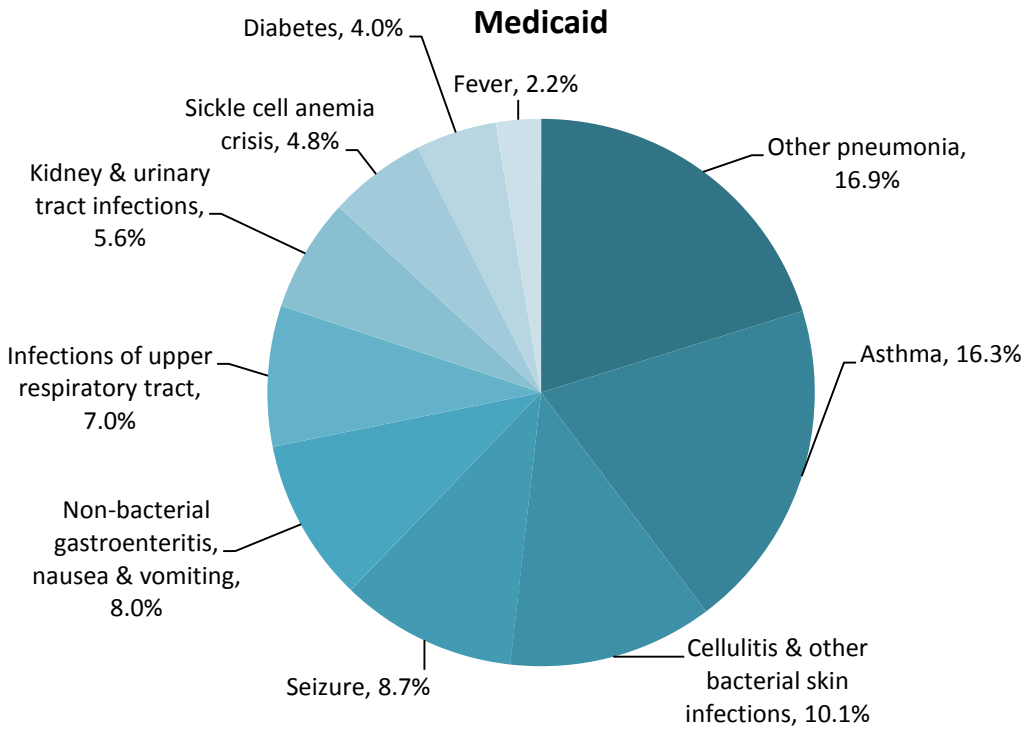
Actual and Expected Rates 2012					
	Potentially Preventable Admission				
	Total Count	PPA Count	Ratio	Expected Rates	Actual Rates
Florida Healthy Kids-Total	2,954	856	1.00	29.0%	29.0%
Amerigroup	945	241	0.88	28.9%	25.5%
BCBS-BlueCare	51	15	1.00	29.4%	29.4%
BCBS-BlueOption	40	7	0.65	27.0%	17.5%
Coventry	267	96	1.25	28.9%	36.0%
FHCP	64	11	0.58	29.4%	17.2%
Simply	19	6	1.07	29.4%	31.6%
UHC	812	210	0.90	28.7%	25.9%
WellCare-HealthEase	88	32	1.20	30.3%	36.4%
WellCare-StayWell	668	238	1.21	29.3%	35.6%
Medicaid-Total	62,381	13,635	1.00	21.9%	21.9%
PCCM	15,904	6,796	1.44	29.6%	42.7%
FFS	42,939	5,540	0.70	18.4%	12.9%
PSNR	3,538	1,299	1.29	28.5%	36.7%

Note: Values lower than 1.00 denote less than expected rates. Values greater than 1.00 denote higher than expected rates.

Figure 62. Most Common PPA Categories for Florida Healthy Kids (Title XXI) and Florida Medicaid (Title XIX)



Note: These diagnoses reflect only the top 10 most common and thus percentages do not sum to 100.



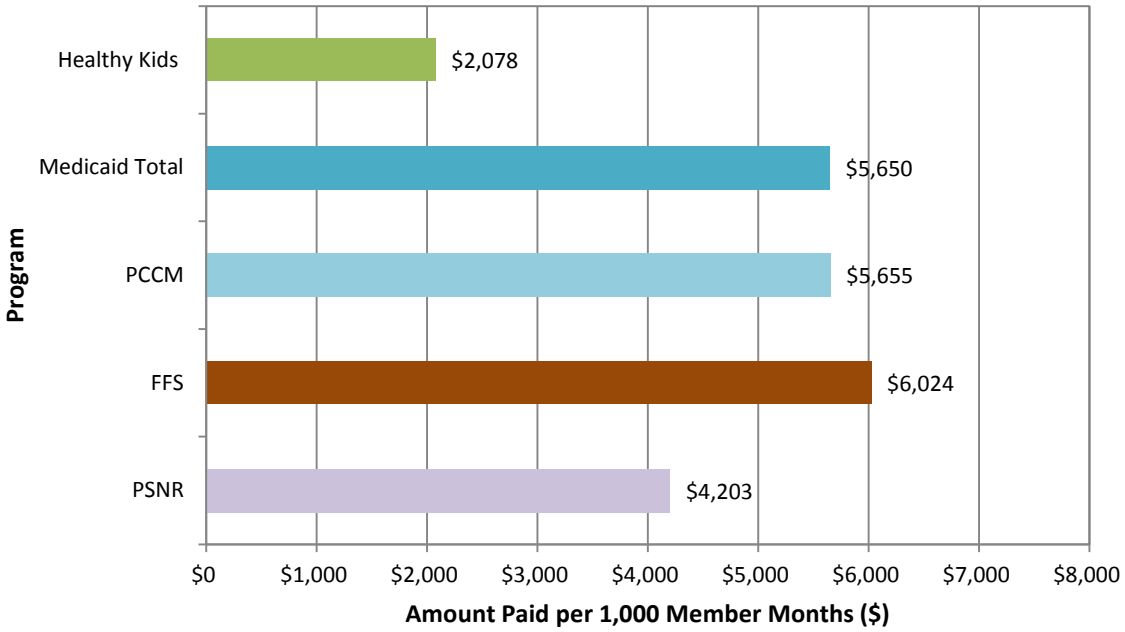
Expenditures

- **Table 30** presents the amount paid for PPAs in CY 2012 for Healthy Kids and Medicaid. Healthy Kids spent approximately $4,754,465 on PPAs while Medicaid spent about $63,865,810 million.
- Medicaid spent $5,650 per 1,000 member months for PPAs in CY 2012 while Healthy Kids spent $2,078 per 1,000 member months for PPAs (**Figure 62**).

Table 30. Amount Paid for PPAs for Florida Healthy Kids and Florida Medicaid.

Program	Amount Paid for PPAs
Healthy Kids –Total	$4,754,465
Amerigroup	$1,431,389
BCBS-BlueCare	$111,071
BCBS-BlueOption	$41,054
Coventry	$509,968
FHCP	$22,467
Simply	$33,851
UHC	$1,091,080
WellCare-HealthEase	$104,625
WellCare-StayWell	$1,408,960
Medicaid-Total	$63,865,810
PCCM	$30,693,482
FFS	$28,030,624
PSNR	$5,141,704

Figure 63. Amount Paid for PPAs per 1,000 Member Months, Florida Healthy Kids and Florida Medicaid.



Potentially Preventable Readmissions

Rates

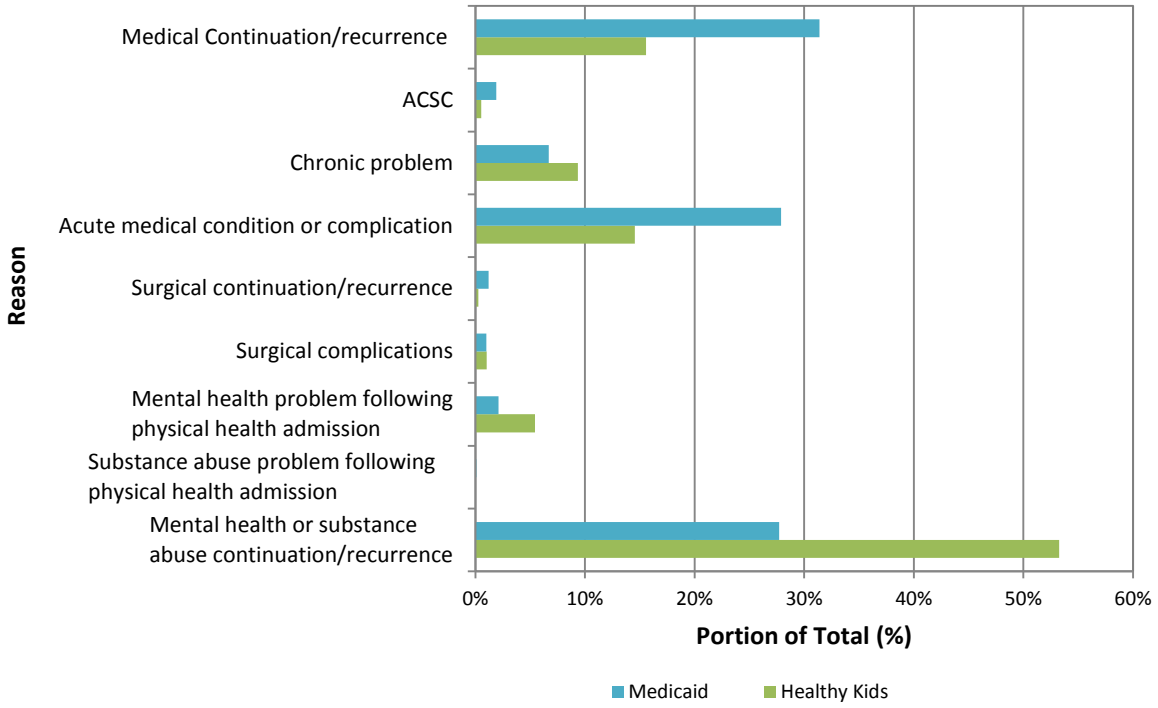
- **Table 31** presents that PPRs were approximately 6.07% for the Healthy Kids population overall.
- The Healthy Kids plan with the lowest ratio was Simply (0.00) while the highest was FHCP (1.16). In some instances the numbers of PPR occurrences (per health plan) were small; however, PPRs offer an opportunity to address continuity of care and should be monitored.
- For Medicaid overall, PPRs were about 3.60%. FFS (0.99) had the lowest ratio while PCCM (1.03) had the highest.
- The two primary reasons for PPRs in Healthy Kids (**Figure 64**) were mental health continuation or recurrence and medical readmission for a continuation or recurrence.
- The two main reasons for PPRs in Medicaid (**Figure 64**) were medical readmission for a continuation or recurrence and acute medical condition or complication.

Table 31. PPR Actual and Expected Rates for Florida Healthy Kids and Florida Medicaid

	Actual and Expected Rates 2012				
	Potentially Preventable Readmission				
	Total Count	PPR Count	Ratio	Expected Rates	Actual Rates
Florida Healthy Kids-Total	4,560	277	1.00	6.1%	6.1%
Amerigroup	1,340	83	0.96	6.4%	6.2%
BCBS-BlueCare	72	2	0.52	5.4%	2.8%
BCBS-BlueOption	46	2	0.73	5.9%	4.4%
Coventry	390	10	0.63	4.1%	2.6%
FHCP	85	4	1.16	4.1%	4.7%
Simply	25	0	0.00	1.6%	0.0%
UHC	1,379	105	1.14	6.7%	7.6%
WellCare-HealthEase	170	10	1.02	5.8%	5.9%
WellCare-StayWell	1,053	61	0.98	5.9%	5.8%
Medicaid-Total	68,814	2,477	1.00	3.6%	3.6%
PCCM	17,490	759	1.03	4.2%	4.3%
FFS	47,609	1,529	0.99	3.3%	3.2%
PSNR	3,715	189	1.01	5.1%	5.1%

Note: Values lower than 1.00 denote less than expected rates. Values greater than 1.00 denote higher than expected rates.

Figure 64. Reasons for PPRs in Florida Healthy Kids and Florida Medicaid (percent PPRs).



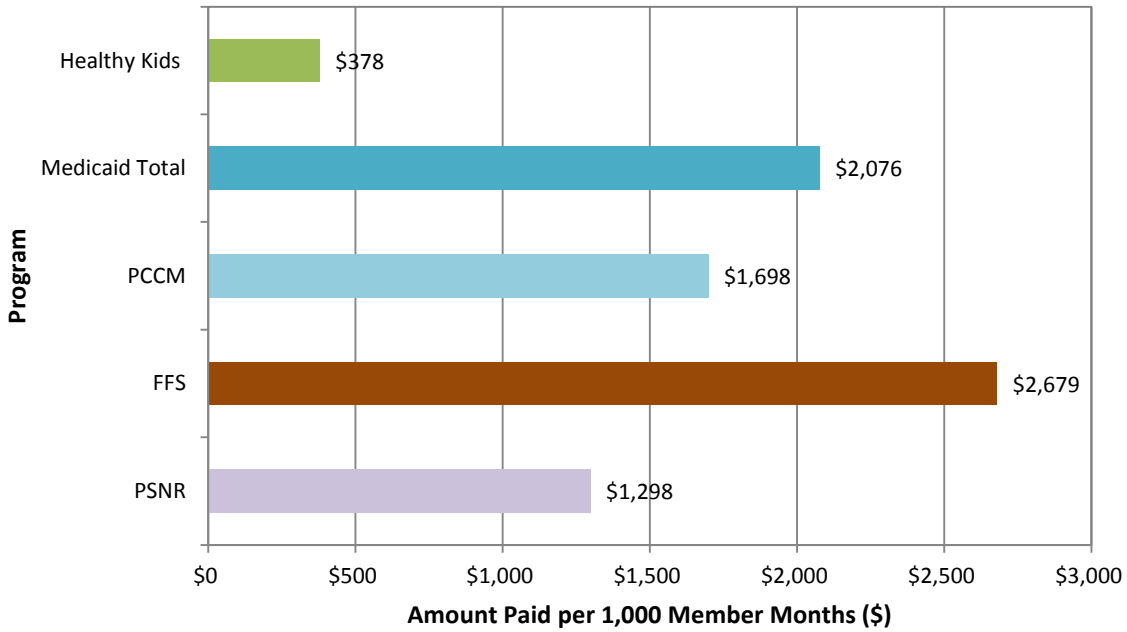
Expenditures

- In CY 2012, Healthy Kids paid $1,121,534.40 for PPRs overall while Medicaid paid approximately $26,757,828.42 for PPRs overall (**Table 32**).
- Healthy Kids, overall, spent $378 per 1,000 member months on PPRs (**Figure 65**).
- Medicaid, overall, paid $2,076 per 1,000 member months for PPRs. FFS had the highest per 1,000 member months expenditure of $2,679.

Table 32. Amount Paid for PPRs for Florida Healthy Kids and Florida Medicaid.

Program	Amount Paid for PPRs
Healthy Kids –Total	$1,121,534
Amerigroup	$363,920
BCBS-BlueCare	$27,264
BCBS-BlueOption	$12,046
Coventry	$119,255
FHCP	$19,440
Simply	$0.00
UHC	$290,441
WellCare-HealthEase	$13,952
WellCare-StayWell	$275,217
Medicaid-Total	$26,757,828
PCCM	$10,193,414
FFS	$14,791,042
PSNR	$1,773,373

Figure 65. Amount Paid for PPRs per 1,000 Member Months, Florida Healthy Kids and Florida Medicaid.



Potentially Preventable Emergency Department Visits (PPV)

Rates

- For Healthy Kids overall, about 37.0% of ED visits were potentially preventable.
- The Healthy Kids plan with the lowest ratio was Coventry (0.00) and the plan with the highest ratio was BCBS-BlueCare (2.45).
- Approximately 53.1% of ED visits were potentially preventable for Medicaid in CY 2012.
- PSNR (0.83) had the lowest ratio while PCCM (1.09) had the highest ratio.
- The primary reasons for PPVs in Healthy Kids (**Figure 66**) were infections of the upper respiratory tract and non-bacterial gastroenteritis while infections of the upper respiratory tract and signs, symptoms and other factors influencing health status were the primary reasons for PPVs in Medicaid.

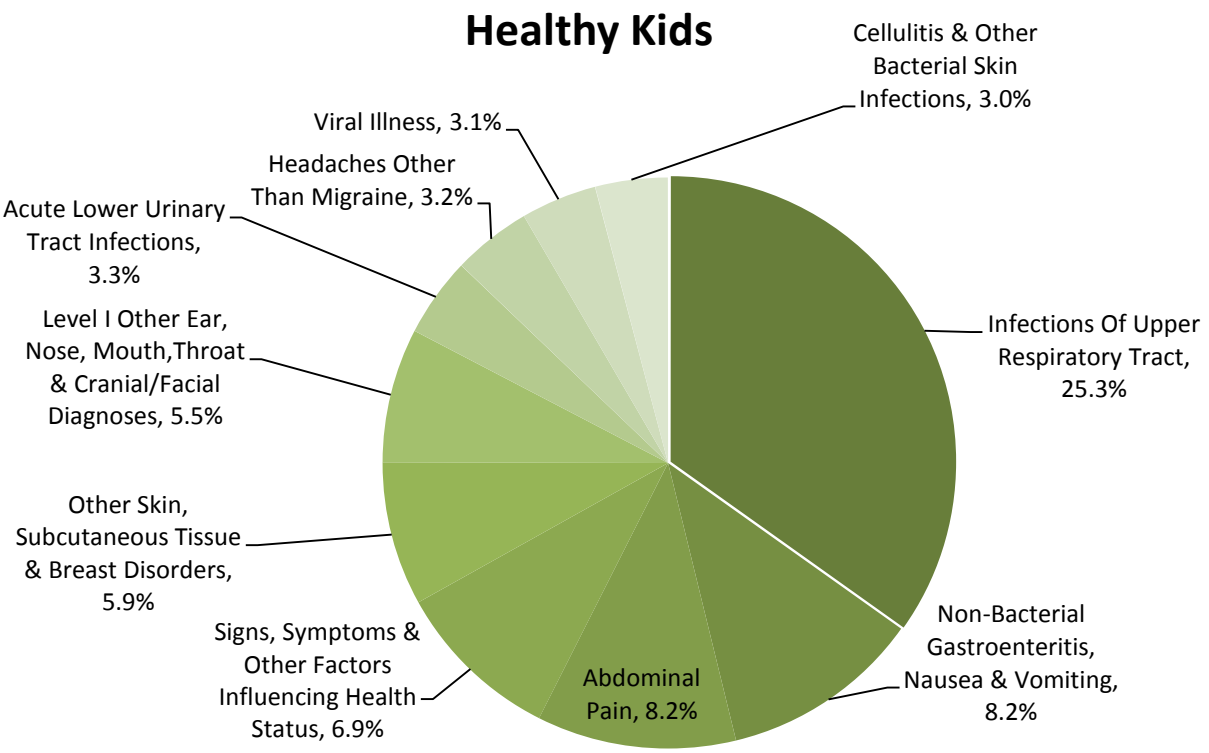
Table 33. PPV Actual and Expected Rates for Florida Healthy Kids and Florida Medicaid

	Actual and Expected Rates 2012				
	Potentially Preventable Emergency Department Visits				
	Total Count	PPV Count	Ratio	Expected Rates	Actual Rates
Florida Healthy Kids-Total	52,054	19,260	1.00	37.0%	37.0%
Amerigroup	15,260	8,057	1.40	37.6%	52.8%
BCBS-BlueCare	2	2	2.45	40.9%	100.0%
BCBS-BlueOption	2	2	2.43	41.2%	100.0%
Coventry*	6,122	9	0.00	37.0%	0.2%
FHCP	1,292	697	1.51	35.8%	54.0%
Simply	316	191	1.61	37.6%	60.4%
UHC	14,873	8,200	1.45	37.9%	55.1%
WellCare-HealthEase*	2,188	185	0.24	35.2%	8.5%
WellCare-StayWell*	11,999	1,917	0.45	35.3%	16.0%
Medicaid-Total	604,069	320,958	1.00	53.1%	53.1%
PCCM	321,163	189,959	1.09	54.4%	59.1%
FFS	210,484	98,552	0.92	50.9%	46.8%
PSNR	72,422	32,447	0.83	54.2%	44.8%

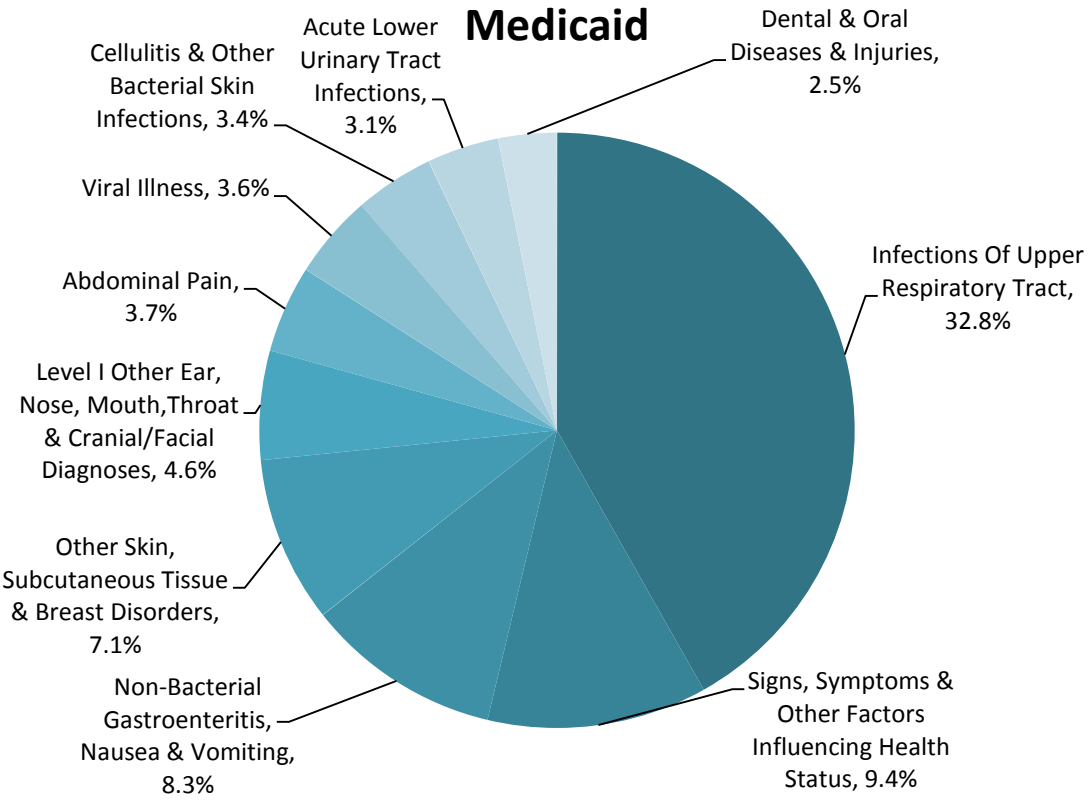
Note: Values lower than 1.00 denote less than expected rates. Values greater than 1.00 denote higher than expected rates.

*These plans have low actual rates due to missing CPT codes.

Figure 66. Reasons for PPVs in Florida Healthy Kids (Title XXI) and Medicaid (Title XIX)



Note: These diagnoses reflect only the top 10 most reasons and thus percentages do not sum to 100.



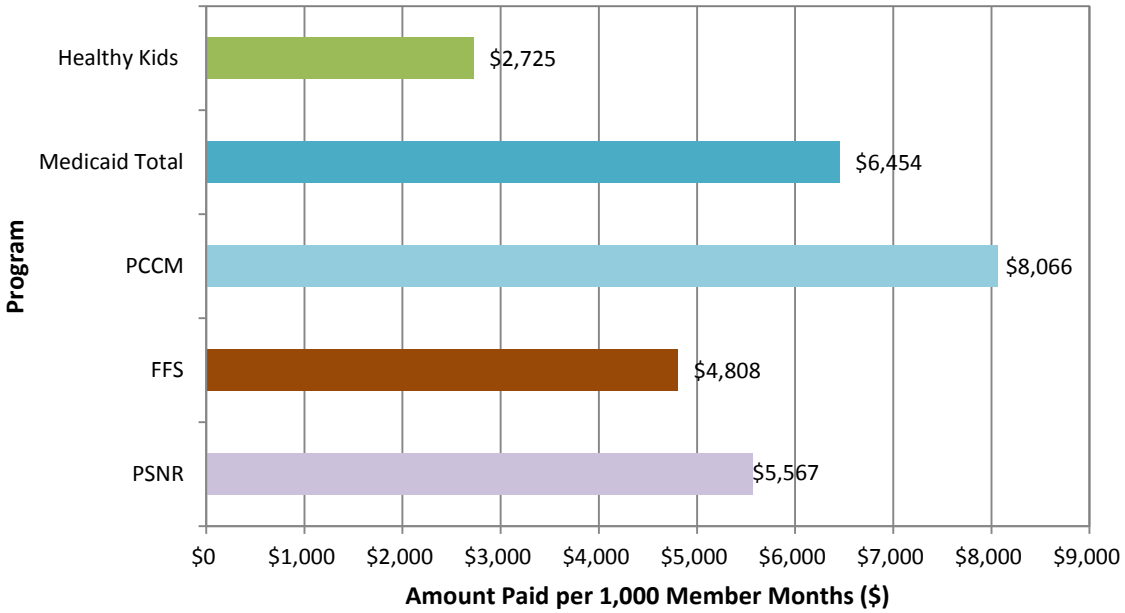
Expenditures

- Healthy Kids, overall, paid $6,233,206 for PPVs while Medicaid paid approximately $72,957,021 for PPVs in CY 2012 (**Table 34**).
- Healthy Kids paid $2,725 per 1,000 member months (**Figure 67**) and Medicaid paid $6,454 per 1,000 member months for PPVs. Of the Medicaid program components, PCCM had the highest per 1,000 member month expenditure of $8,066 while FFS had the lowest per 1000 member month expenditure of $4,808.

Table 34. Amount Paid for PPVs for Florida Healthy Kids and Florida Medicaid.

Program	Amount Paid for PPVs
Healthy Kids –Total	$6,233,206
Amerigroup	$2,736,252
BCBS-BlueCare	$726
BCBS-BlueOption	$449
Coventry	$17,030
FHCP	$143,736
Simply	$83,055
UHC	$2,395,608
WellCare-HealthEase	$52,113
WellCare-StayWell	$804,237
Medicaid-Total	$72,957,021
PCCM	$43,776,180
FFS	$22,370,042
PSNR	$6,810,799

Figure 67. Amount Paid for PPVs per 1,000 Member Months, Florida Healthy Kids and Florida Medicaid.



Clinical Risk Group

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 Florida KidCare program component and to place the health care expenditures and health care use patterns in context. Specifically, the CRG software reads all International Classification of Diseases (ICD) 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 the 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) Routine Needs. Routine needs 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. 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. 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. Multiple minor chronic includes children with two or more minor chronic conditions.

(5) Single Dominant Chronic or Single Moderate Chronic. Single dominant chronic or single moderate chronic are those illnesses that are serious, and often result in progressive deterioration, debilitation, 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. Chronic pairs include children with dominant chronic and/or moderate chronic conditions in two organ systems.

(7) Chronic Triplets. Chronic triplets include children with chronic and/or moderate chronic conditions in three or more organ systems.

(8) Metastatic Malignancies. Metastatic malignancies include illness such as acute leukemia under active treatment and other active malignant conditions that affect children.

(9) Catastrophic Conditions. 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 68 displays the distribution of KidCare Medicaid Title XIX enrollees by CRG categories.

- About 42.1% of the Medicaid Title XIX beneficiaries could not be assigned a CRG, because the beneficiaries did not have the required length of continuous enrollment in a single program.
- Routine needs enrollees comprise 41.7% of Medicaid Title XIX enrollees.
- The remaining shares of Title XIX enrollees were assigned to significantly acute (5.0%), minor (3.6%), moderate (5.9%), and major (1.7%).

Figure 68. Distribution of Florida KidCare Medicaid Title XIX enrollees by Clinical Risk Group, CY 2012

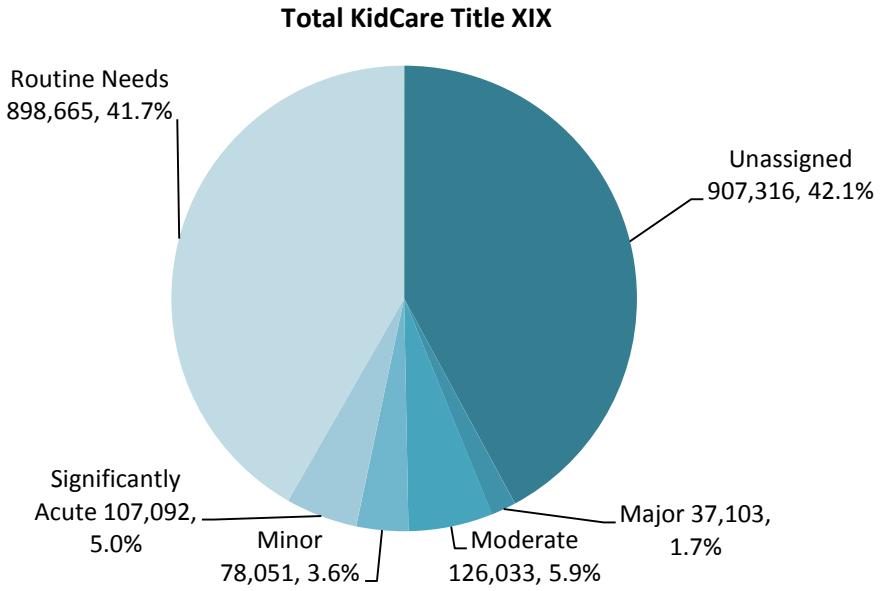
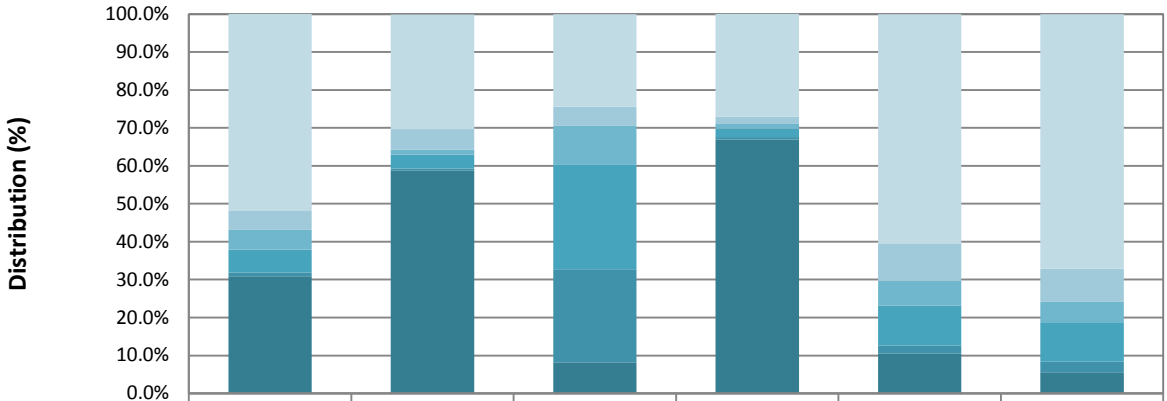


Figure 69 displays the same CRG classifications for each Florida KidCare program component.

- Notably, 58.8% of MediKids Title XXI and 66.9% of Medicaid Title XIX FFS enrollees could not be assigned a CRG.
  - MediKids XXI population undergoes significant turnover due to its particular age restrictions.
  - Also according to AHCA staff, many Medicaid enrollees are initially assigned to Title XIX FFS until the beneficiary has an opportunity to consider Medicaid Title XIX MCO and Medicaid Title XIX PCCM alternatives and enroll in their program of choice. This transition process from Medicaid XIX FFS to other Medicaid program components has important implications for the FFS results on many of the quality of care indicators.
- As expected, the majority of Florida KidCare program enrollees, with the exception of the CMSN Title XIX program, are categorized within the Routine Needs CRG category.
  - The majority of CMSN Title XIX program enrollees are assigned a moderate or major CRG category.

Figure 69. Distribution of Florida KidCare enrollees by Clinical Risk Group, by program, CY 2012



	Healthy Kids	MediKids	CMSN	FFS	PCCM	Reform
Routine Needs	51.8%	30.2%	24.4%	27.1%	60.4%	67.1%
Significant Acute	5.2%	5.4%	5.0%	2.0%	9.9%	8.8%
Minor	5.2%	1.4%	10.3%	1.2%	6.6%	5.5%
Moderate	6.0%	3.6%	27.5%	2.2%	10.4%	10.2%
Major	1.0%	0.5%	24.6%	0.7%	2.2%	2.8%
Unassigned	30.9%	58.8%	8.2%	66.9%	10.5%	5.6%

Program

Conclusions

In this Section

- Conclusions
- Recommendations

5 Conclusions

Conclusions

Overall, results from the current evaluation suggest that the Florida KidCare program continues to meet the needs of and provide affordable quality health care services to its enrollees. Enrollment in the Florida KidCare program increased 3.1% from the previous evaluation. Based on the family experiences surveys, families of enrollees are satisfied with the health care services they receive from Florida KidCare. The quality of care outcomes also suggest that the Florida KidCare program is providing high quality of care. For five HEDIS® measures, the KidCare means exceeded national benchmarks. Rates of PPEs were higher than expected for some Medicaid program components and for some health plans in Healthy Kids. Finally, costs associated with PPEs were relatively high in both Healthy Kids and Medicaid.

Recommendations

The Institute for Child Health Policy (ICHP) recommends the following areas for improvement. First, the ICHP recommends that the KidCare program continues to focus its efforts on promoting quality of care. For several quality of care measures, the Florida KidCare Title XIX mean did not meet or exceed the national benchmarks. Based on the prevalence of both asthma and diabetes in childhood, specific attention should be devoted to improving care in these areas. The first step in developing evidence-based guidelines is to understand both provider and patient barriers to providing and receiving care. Provider and family surveys, focus groups, and interviews can provide the beginning to this examination. Second, the ICHP recommends that Florida KidCare should promote strategies to enhance access to care, care coordination, patient-centered education, improved patient literacy, provider-patient relationships and team-based care as a way to reduce PPEs, which has the potential to lead to cost savings for Florida KidCare.

Abbreviations

ACSC	Ambulatory Care Sensitive Condition
ADV	HEDIS Annual Dental Visits
AHCA	Agency for Health Care Administration
AHRQ	Agency for Healthcare Research and Quality
AMR	HEDIS Asthma Medication Ratio
APR-DRG	All Patient Refined Diagnosis Related Groupings
ASM	HEDIS Use of Appropriate medication for children with Asthma
BNET	Behavioral Health Network
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CHIP	Children's Health Insurance Program
CHIPRA	Child Health Insurance Program Reauthorization Act
CMSN	Children's Medical Services Network
CPT	Current Procedural Terminology
CRG	Clinical Risk Group
CSHCN	Children with Special Health Care Needs
CY	Calendar Year
DCF	Department of Children and Families
DOH	Department of Health
DRA	Deficit Reduction Act
EAPG	Enhanced Ambulatory Patient Groupings
ED	Emergency Department
FFS	Fee-For-Service
FFY	Federal Fiscal Year
FHCP	Florida Health Care Plans
FPL	Federal Poverty Level
HEDIS	Healthcare Effectiveness Data and Information Set
ICD	International Classification of Diseases
ICHP	Institute for Child Health Policy
IET	HEDIS Initiation and Engagement of Alcohol and other drug dependence treatment
LSC	HEDIS Lead Screening in Children
MCO	Managed Care Organization
NCQA	National Commission on Quality Assurance

Abbreviations

PCCM	Primary Care Case Management
PDI	Pediatric Quality Indicators
PPA	Potentially Preventable Admissions
PPE	Potentially Preventable Events
PPR	Potentially Preventable Readmissions
PPV	Potentially Preventable Emergency Department Visits
PQI	Prevention Quality Indicators
PSNNR	Provider Service Network Non Reform
PSNR	Provider Service Network Reform
SAS	Statistical Analysis System
SFY	State Fiscal Year
UHC	United Health Care
URI	HEDIS Appropriate treatment for Children with an Upper Respiratory Infection