



The Florida KidCare Program Evaluation

State Fiscal Year 2011-2012

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Executive Summary

Executive Summary

Introduction

The Institute for Child Health Policy (IHP) presents the results of an evaluation of Florida KidCare, the health insurance program for children, as required by state and federal guidelines. Florida KidCare covers children enrolled in the Title XXI Children Health Insurance Program (CHIP) and the Title XIX Medicaid program. There are three primary assessments included in the report: 1) Programmatic, 2) Family Experiences, and 3) Quality of Care. Programs included in the evaluation include the Children's Medical Services Network (CMSN), Florida Healthy Kids, and MediKids Title XXI programs as well as the Medicaid Managed Care Organization (MCO) and Primary Care Case Management (PCCM) Title XIX programs. Medicaid Fee for Service (FFS) and Provider Service Network Non-Reform (PSNNR) are also included in the Quality of Care section. Florida KidCare program application and enrollment and family experiences data are presented in this evaluation for the period from July 1, 2011 through June 30, 2012 whereas the quality of care measures are presented in this evaluation from January 1, 2011 through December 31, 2011. Quality of care measures require a minimum of one year of data to be analyzed.

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 health care data. Volumes, trends, and outcomes for applications and enrollment in the KidCare program are presented first. Data from this section come from administrative, application, and enrollment sources. Second, results from 2,502 telephone interviews conducted with families enrolled in Florida KidCare are presented. The interviews measured parents' assessment of experiences and satisfaction with the program and health care providers and services. Third, analysis of claims and encounter data are provided as additional information about children's health care use in ambulatory and inpatient environments and their filled prescriptions.

Findings

Programmatic

During State Fiscal Year (SFY) 2011-2012, the Florida KidCare program received 196,406 unduplicated applications that resulted in 267,661 children being approved for KidCare, including full pay programs. At the end of SFY 2011-2012, the KidCare program enrolled 2,027,200 children. This is an increase of 3.9% from the previous evaluation year. The largest gain in number of children occurred during SFY 2011-2012 for Healthy Kids (Title XXI and Full Pay), which increased 5.4%. CMSN Title XXI (-1.5%) and MediKids Title XXI and Full Pay (-.35%) had slight decreases in their enrollment during SFY 2011-2012, however, overall Title XXI enrollments increased by 2.4%. Medicaid (Title XIX and Title XXI) enrollment increased 3.9% from the previous year.

Family Experiences

Florida KidCare serves families from diverse racial and ethnic backgrounds. Overall, 31% of KidCare enrollees are Black and 61% are White. In addition, 39% of enrollees report their ethnicity as Hispanic. About three fourths of enrollee families reported speaking English at home. These results are similar to the previous year's results. About 60% of KidCare enrollee families reported living in a two parent household. This is a slight increase from last year's evaluation. Interestingly, there was a sharp increase in the number of parents reporting having an AA degree or higher. The percentage increased from 14% in SFY 2010-2011 to 28% in SFY 2011-2012. About 81% of KidCare enrollee families reported having both internet access and a computer at home. Additionally, 93% of KidCare enrollee families stated that they had a mobile phone. These results are also a slight increase from what the KidCare enrollee families reported last year.

About 86% of families of established enrollees reported having a personal doctor or nurse who provided their child with health care. Having a usual source of care is especially important for families of children with special health care needs: about 47% of Florida KidCare families reported that their children have special health care needs. This is an increase from last year.

Seventy-one percent of families reported that their child had a routine visit in the six months prior to the interview. Additionally, 46% of families reported their child receiving dental care in the same time period. Of those that received dental care, 50% of families rated their dental care a “10” and 30% rated their dental care an “8” or “9”.

Several areas that were previously reported as strengths in last year’s evaluation continued to be, and some additional areas of experiences and satisfaction improved, in SFY 2011-2012. Eighty four percent or more families reported positively to the following areas: getting needed care quickly, experience with the doctor’s communication skills, getting needed prescriptions, experience with their personal doctor or nurse, shared decision making, getting needed information, and office staff helpfulness and courtesy. The areas that received the lowest positive responses were doctor’s attention to child’s growth and development (59%) and doctor’s advice on keeping your child safe and healthy (48%).

About 73% of KidCare families rated their primary care provider as a “9” or “10” while 70% rated their specialty care provider as a “9” or a “10”. When rating their overall health care experience and health plan experiences, 63% of KidCare families rated their health care experience as a “9” or a “10” and 60% rated their health plan experience as a “9” or a “10”. These results are virtually unchanged from prior reports which suggest that Florida KidCare continues to provide a high quality of care to children, from the families’ perspective.

Quality of Care

This evaluation report includes quality of care measures derived from health care (claims and enrollment) data. Several HEDIS® measures exceeded the national Medicaid mean, including initiation and engagement of alcohol and other drug dependence, and initiation and continuation of ADHD medication follow up care. These trends are similar to last year’s results.

There were several HEDIS® measures that the KidCare Title XIX mean did not exceed the national Medicaid mean. These measures include:

- Children’s access to Primary Care Practitioners
- Well-child visits in the 3rd, 4th, 5th, and 6th years
- Well-care visits for adolescents
- Frequency of prenatal care, compliance with recommended number of ongoing visits
- Lead screening for children turning two years old
- Appropriate testing for children with Pharyngitis
- Appropriate treatment for children with an Upper Respiratory Infection

These measures of quality of care indicate areas for improvement and are discussed further in the Recommendations section.

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 3.9% from the previous SFY. The results from the parent experience interviews indicate that generally, the families of enrollees are satisfied with the health care services they receive from Florida KidCare. In addition to being satisfied with their child’s healthcare services, overall the families of KidCare enrollees are satisfied with their child’s personal doctor or nurse, how their child’s doctor communicates with

them, getting needed care quickly and how the doctor’s office staff treats them. The quality of care outcomes also showed some strengths of the Florida KidCare program. For several 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 Medicaid mean indicate areas that need improvement within the Florida KidCare program.

Recommendations

Domain	Recommendations	Rationale
Evaluation of BNET	The ICHP recommends that future evaluations, to the extent possible, include examination of the Behavioral Health Network (BNET).	This program continues to show high expenditures per enrolled member. It is important to understand the programmatic trends, family experiences, and quality of care within this program. It is best practice to include all sub-program (when possible) in programmatic evaluation.
HEDIS® measures need improvement	The ICHP recommends that the KidCare program continues to focus its efforts on promoting quality of care provided to enrollees particularly among the measures which did not meet or exceed national benchmarks.	For the KidCare Title XIX Medicaid population, there were seven HEDIS® quality of care measures that did not exceed the national Medicaid mean.
Disparities in Enrollment, Experience, and Quality of Care	The ICHP recommends that future work be conducted to examine race, ethnicity, geographic, and gender disparities in programmatic, parent experience, and quality of care.	Research shows that disparities in quality of care among publically funded enrollees exist. Moreover, the Centers for Medicare and Medicaid Services (CMS) emphasize examining disparities in quality of care among those in Medicaid. Future focused studies should focus on disparities among Florida KidCare enrollees.



Introduction

Introduction

Florida KidCare covers children enrolled in both the Title XXI Children Health Insurance Program (CHIP) and the Title XIX Medicaid program. There are three primary assessments included in the evaluation: 1) Programmatic, 2) Family Experiences, and 3) Quality of Care. This report includes results from the following KidCare programs - the Children's Medical Services Network (CMSN), Florida Healthy Kids, and MediKids Title XXI programs as well as the Medicaid Managed Care Organization (MCO) and Primary Care Case Management (PCCM, also called MediPass). Title XXI CMSN Quality of Care data are not included in the report because the Institute for Child Health Policy (IHP) currently does not have access to these enrollees' data. Medicaid Fee for Service (FFS) and Provider Service Network Non-Reform (PSNRR) data are included only in the Quality of Care section.

Analyses of applications and enrollment and family experiences with Florida KidCare are presented in this evaluation for the period from State Fiscal Year (SFY); July 1, 2011 through June 30, 2012. Quality of care measures presented in this evaluation are from Calendar Year (CY) 2011; January 1, 2011 through December 31, 2011. Copies of prior evaluation reports are available by accessing the Agency for Health Care Administration's web site (www.ahca.myflorida.com) or the Institute for Child Health Policy's web site (www.ichp.ufl.edu).

The current report contains the following content areas:

- A description of the Florida KidCare program structure, eligibility, changes, and financing;
- Data sources and evaluation approaches used for this evaluation period;
- Applications processed and their outcomes;
- Enrollment trends, including retention and coverage renewal;
- Enrollee and family characteristics, including presence of special health care needs among program participants, enrollee demographics, and household demographics;
- Family experiences with Florida KidCare, including the application and enrollment process, satisfaction with the program, access to care, and experiences with dental care;
- Quality of care measures, and;
- Conclusions and recommendations.

Florida KidCare Program Structure

Florida KidCare consists of four program components, which provide children with health insurance coverage. Assignment to a particular component is determined by the child's age, health status, and family income. Families receiving Medicaid insurance coverage do not pay a premium. Except for Medicaid, Florida KidCare is not an entitlement program, which means that the state is not obligated to provide Title XXI benefits to all children who qualify. Except for Native American enrollees, Title XXI participants contribute to the costs of their monthly premiums. The monthly family payment for Title XXI enrollees is \$15 for those families with incomes between 100% and 150% of the Federal Poverty Level (FPL) and \$20 for those families whose incomes fall between 150% and 200% FPL. These premiums are constant regardless of the number of children in the family. In addition, Florida Healthy Kids families pay a co-payment for certain services. A breakdown of each program component is provided below.

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. The Florida Department of Health (DOH) operates the program, which is open to all children for full benefits in Title XIX or Title XXI who meet clinical eligibility. Enrollees in Title XXI coverage are limited to ages 0-18, while 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. Children in the CMSN have access to specialty providers, care coordination programs, early intervention services, and other programs that are essential for their

health care. The Florida Legislature created the Behavioral Health Network (BNET) in s.409.8135, F.S. BNET is a program for Title XXI CMSN enrollees whose health care needs include a serious behavioral or emotional condition. According to BNET staff, the complexity of diagnoses within the BNET client population result in a per member per month (PMPM) average cost for BNET that is higher than for the overall CMSN population.

Florida Healthy Kids. Florida Healthy Kids is a program for children ages five through 18 who are at or below 200% of the FPL and eligible for Title XXI premium assistance. The Florida Healthy Kids program became available statewide in September 2000. For each county, the Florida Healthy Kids Corporation selects two or more commercially licensed health plans through a competitive bid process. The 2000 Florida Legislature directed Healthy Kids to implement a dental program, which became available statewide in 2002. Two dental insurers provide the benefits and form the provider networks. The dental benefit package is the same as Medicaid's benefit package, with no cost-sharing or copayments. Title XXI enrollees do not pay any additional monthly premiums for this coverage. Effective January 1, 2011, Florida Healthy Kids also made health plan choice available to its enrollees statewide through expansion of its health plan contracting efforts.

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 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.

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 Primary Care Case Management (PCCM) program, a Provider Service Network Non Reform (PSNNR), PSN Reform (PSNR), or through a Fee-For-Service (FFS) program. In the Medicaid PCCM program, providers receive a small monthly fee for each child for which they provide care management. All other health care services are reimbursed according to the Medicaid fee schedule. Medicaid coverage has been expanded twice to increase the types of children that are eligible for coverage. To accelerate the expansion, beginning in April 1998, Medicaid covered adolescents ages 15 through 18 who are at or below 100% FPL. On July 1, 2000, Medicaid expanded a second time, using Title XXI funds, to provide coverage for infants under one year of age who reside in families with incomes 186-200% FPL (referred to as Medicaid Expansion). The latter expansion resulted in a small number of infants being covered by Medicaid whose eligibility criteria are distinct from the rest of the Medicaid population.

Full-pay. 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 (e.g., state employees), 2) their income is over 200% FPL, or 3) they are non-qualified US aliens. Florida Healthy Kids full-pay coverage was available at \$133 per month per child for medical and dental coverage in SFY 2011-2012. Families who opted-out of the dental coverage reduced their premium to \$121 per month. MediKids full-pay coverage cost \$196 per month per child in SFY 2011-2012, which included dental coverage. There is not a full-pay coverage option for CMSN; rather, children with special needs that are

not eligible for Title XXI premium assistance enroll in the full-pay options of MediKids or Healthy Kids, depending upon the child’s age.

Title XXI Eligibility

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

- Be under age 19,
- Be uninsured,
- Be ineligible for Medicaid,
- Not be the dependent of a benefits-eligible state employee (Note, however, effective July 1, 2012, coverage became available to state employee dependents),
- Have a family income at or below 200% of the FPL,
- Be a United States citizen or a qualified alien,
- Not be an inmate of a public institution or a patient in an institution for mental diseases,
- Not have voluntarily disenrolled from employer-provided coverage (subject to certain exceptions) within the last 60 days, and
- Provide information in a timely manner such that the application can be processed in 120 days or less.

Table 1 provides information about the federal poverty levels for a family of four for 2008 through 2012.

Table 1. Federal poverty levels for a family of four

Income as a Percent of FPL	2008	2009	2010*	2011	2012
100%	\$21,200	\$22,050	\$22,050	\$22,350	\$23,050
133%	\$28,196	\$29,327	\$29,327	\$29,726	\$30,657
150%	\$31,800	\$33,075	\$33,075	\$33,525	\$34,575
185%	\$39,200	\$40,793	\$40,793	\$41,348	\$42,643
200%	\$42,400	\$44,100	\$44,100	\$44,700	\$46,100

**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>*

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

Table 2. Florida KidCare program components and coverage levels, SFY 2011-2012

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

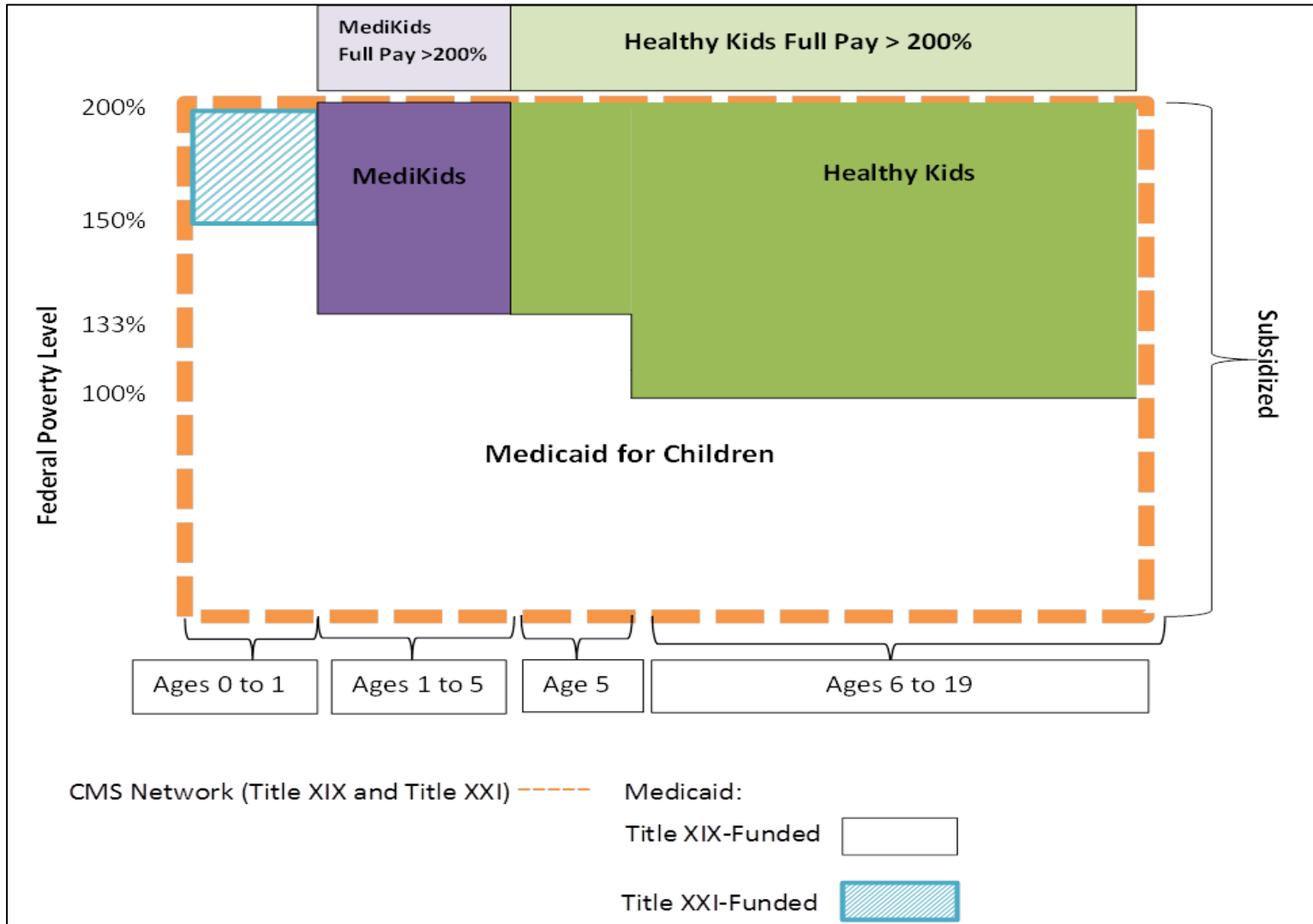
**Children must meet CMSN clinical determination*

***Infants less than one year who are enrolled in Medicaid receive coverage by Title XXI. These families do not pay a premium for coverage.*

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

Figure 1 shows Florida KidCare Eligibility for State Fiscal Year 2011-2012.

Figure 1. Florida KidCare eligibility, SFY 2011-2012



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. Prior to July 2004, a simplified renewal process was used to request that families update information about their income and health insurance coverage; if families did not respond to the request for additional information, but continued to pay the premium, the children remained enrolled in the program. Active renewal began in July 2004, which required families to provide annual proof of earned and unearned income. Beginning in January 2010, federal Child Health Insurance Program Reauthorization Act (CHIPRA) legislation also requires families to provide proof of their children's citizenship and identity. If families do not respond, their children are dis-enrolled from the program. Existing enrollees at that time were required to provide proof of citizenship at their renewal. All applicants since that time provide such information at the time of application.

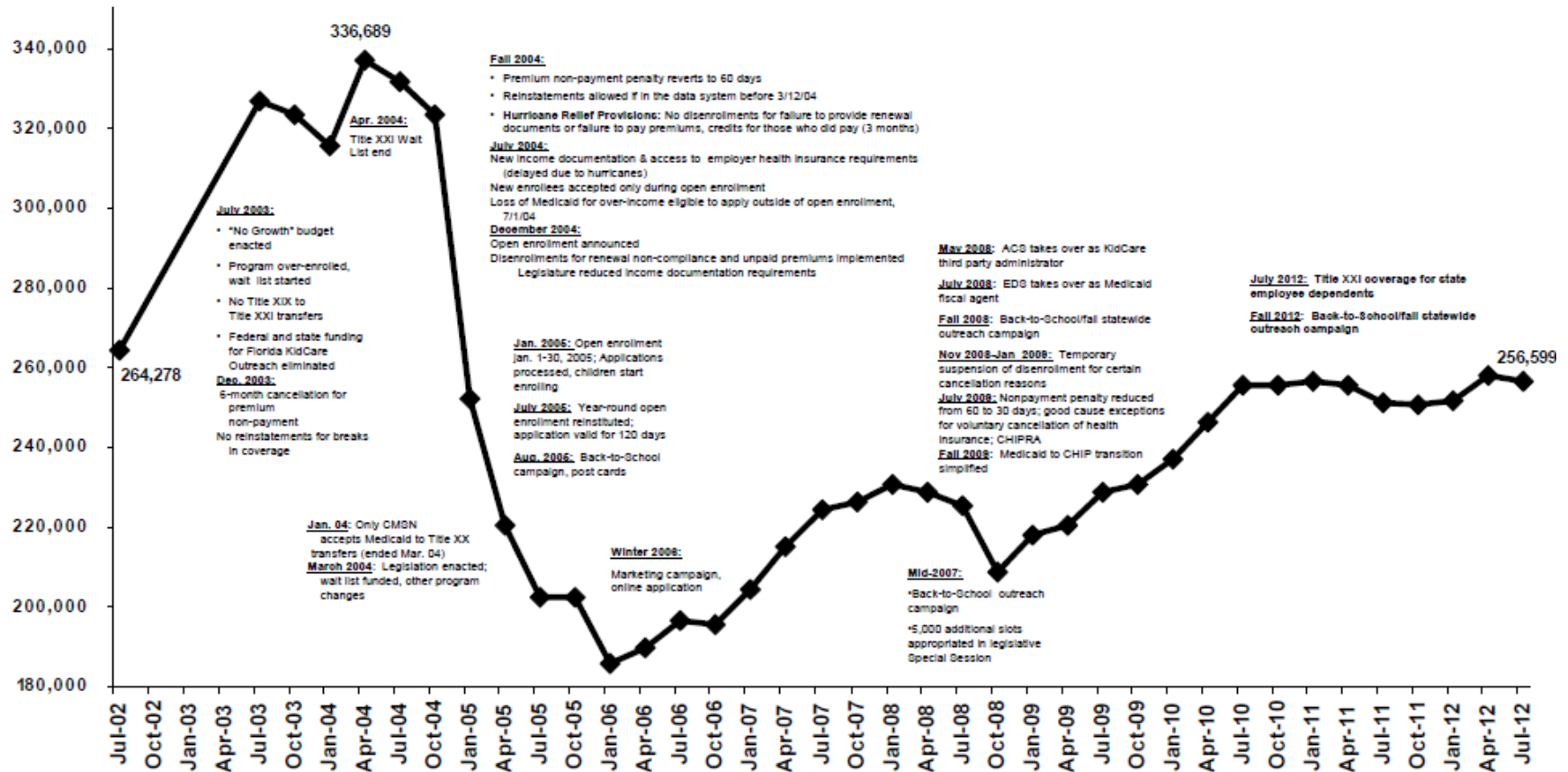
Children in Medicaid who are under five years of age receive 12 months of continuous eligibility without an eligibility redetermination. Children ages five through 18 are allowed six months of continuous Medicaid eligibility without eligibility redetermination. Families receive notice from the DCF when 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 programmatic changes. **Figure 2** displays the major program changes over the last 10 years.

Figure 2. Recent Florida KidCare programmatic changes.

Florida KidCare Title XXI Enrollment and Major Program 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 the 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 2011-2012.

Table 3. Florida KidCare Title XXI expenditures, Actual for SFY 2011-2012 and Budgeted for SFY 2012-2013

SFY 2011-2012 By Program	Expenditures	Family Contributions	Federal Funds	State Funds
CMS Network	\$124,256,766.00	\$2,374,982.00	\$84,254,481.00	\$37,627,302.00
Healthy Kids*	\$291,865,044.00	\$26,279,835.00	\$183,597,601.00	\$81,987,608.00
MediKids	\$54,327,453.00	\$12,201,609.00	\$29,130,372.00	\$12,995,473.00
Medicaid infants <1	\$3,663,447.00	\$0.00	\$2,533,354.00	\$1,130,093.00
BNET	\$11,358,000.00	\$0.00	\$7,851,184.00	\$3,506,816.00
Total Title XXI Services	\$485,470,710.00	\$40,856,426.00	\$307,366,992.00	\$137,247,292.00
Administration	\$19,297,702.00	\$0.00	\$13,340,014.00	\$41,957,688.00
Grand Total	\$504,768,412.00	\$40,856,426.00	\$320,707,006.00	\$179,204,980.00
Projected SFY 2012- 2013 By Program	Expenditures	Family Contributions	Federal Funds	State Funds
CMS Network	\$120,395,456.00	\$2,315,379.00	\$83,010,614.00	\$35,069,463.00
Healthy Kids*	\$315,816,032.00	\$27,067,780.00	\$203,052,244.00	\$85,696,008.00
MediKids	\$55,639,587.00	\$12,542,127.00	\$30,299,431.00	\$12,798,028.00
Medicaid infants <1	\$3,685,848.00	\$0.00	\$2,591,908.00	\$1,093,941.00
BNET	\$10,572,480.00	\$0.00	\$7,432,476.00	\$3,140,004.00
Total Title XXI Services	\$506,109,403.00	\$41,925,286.00	\$326,386,673.00	\$137,797,444.00
Administration	\$20,366,849.00	\$0.00	\$14,319,090.00	\$6,047,759.00
Grand Total	\$526,476,252.00	\$41,925,286.00	\$340,705,763.00	\$143,845,203.00

*Title XXI medical and dental services only

Source: SFY 2011-2012 data, KidCare's Estimating Conference documents, June 2012

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

Table 4 contains detail on the Title XXI administrative costs for SFY 2011-2012 and projected for SFY 2012-2013.

Table 4. Florida Healthy Kids Corp. Title XXI administration costs, Actual for SFY 2011-2012, and Projected SFY 2012-2013.

Program	2011-2012	2012-2013
Estimated Average Monthly Caseload	200,664	206,327
Estimated number of Case Months	2,407,968	2,475,924
Administration Cost per Member Per Month	\$8.01	\$8.23

Source: SFY 2011-2012 data, KidCare's Estimating Conference documents, June 2012

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

Table 5 shows the per member per month premium rates for the Florida KidCare Title XXI program components for SFY 2011-2012 and projected for SFY 2012-2013.

Table 5. Per Member Per Month premium rates for KidCare Title XXI program components, Actual for SFY 2011-2012 and Projected for SFY 2012-2013

Program	State Fiscal Year 2011-2012	State Fiscal Year 2012-2013
CMSN	\$450.99	\$455.50
Healthy Kids*	\$121.21	\$127.56
MediKids	\$130.00	\$134.07
BNET	\$1,000.00	\$1,000.00
Medicaid Expansion <1	\$414.51	\$417.52

*Title XXI medical and dental only

Source: SFY 2011-2012 data, KidCare's Estimating Conference documents, June 2012

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

Table 6 presents the total premiums collected from Title XXI families in the last five state fiscal years and projected for SFY 2012-2013.

Table 6. Premiums collected from Title XXI Families for the last five SFY and projected for SFY 2012-2013.

Program	SFY 2007- 2008	SFY 2008- 2009	SFY 2009- 2010	SFY 2010- 2011	SFY 2011- 2012	SFY 2012- 2013
CMS Network & BNET	\$1,361,593	\$1,776,965	\$2,277,142	\$2,387,818	\$2,374,982	\$3,040,162
Healthy Kids	\$24,235,900	\$22,962,144	\$24,168,335	\$25,818,643	\$26,279,835	\$27,067,780
MediKids	\$2,799,151	\$2,143,028	\$2,755,143	\$3,199,121	\$3,067,995	\$3,040,162
Total	\$28,396,644	\$26,882,137	\$29,200,620	\$31,325,582	\$40,962,036	\$42,586,702

Source: SFY 2011-2012 data, KidCare's Estimating Conference documents, June 2012

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

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 SFY and FFY

	Total	Federal Funds	State Funds
State Fiscal Year (SFY)			
2007-2008	\$407,369,267	\$281,096,967	\$126,272,300
2008-2009	\$369,068,722	\$256,465,855	\$112,602,867
2009-2010	\$481,889,901	\$331,636,630	\$150,253,271
2010-2011	\$476,064,762	\$329,579,635	\$146,485,127
2011-2012	\$499,350,341	\$345,200,891	\$154,149,450
Federal Fiscal Year (FFY)			
2007-2008	\$422,910,225	\$295,106,755	\$127,803,470
2008-2009	\$412,156,415	\$286,407,493	\$125,748,922
2009-2010	\$465,871,447	\$320,612,730	\$145,258,717
2010-2011	\$516,794,038	\$357,776,513	\$159,017,525
2011-2012	\$498,944,527	\$345,419,296	\$153,525,231

Source: AHCA Medicaid Program Analysis, November 2012

Table 8 shows the project allotment balances carried forward from each FFY for the last five years and projected for FFY 2012-2013.

Table 8. Federal allotment balances carried forward or projected forward from each FFY for last five years and projected for FFY 2012-2013.

	Total
FFY 2008	\$482,522,621
FFY 2009	\$552,210,606
FFY 2010	\$356,095,478
FFY 2011	\$323,190,224
FFY 2012	\$319,264,379
FFY 2013	\$269,464,749

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

Methods

Methods

Data Sources

This KidCare Program evaluation examines 1) Programmatic, 2) Family Experience, and 3) Quality of Care indicators, which are used annually to meet federal and state evaluation and reporting requirements. A variety of sources were used to conduct this evaluation including data from prior KidCare evaluations, KidCare application and enrollment files, telephone surveys conducted with families enrolled in the KidCare program, and health care (claims and encounter) data. Combining administrative and health care data provided by the Agency for Health Care Administration (AHCA) and Florida Healthy Kids Corporation (FHKC) provides a comprehensive picture of the experience of KidCare enrollees. The University of Florida Institute for Child Health Policy (ICHP) warehouses KidCare programmatic application, enrollment coverage, and health care information provided by the AHCA, the FHKC, and the FHKC third-party administrator.

Evaluation Approaches

Florida KidCare Programmatic Data

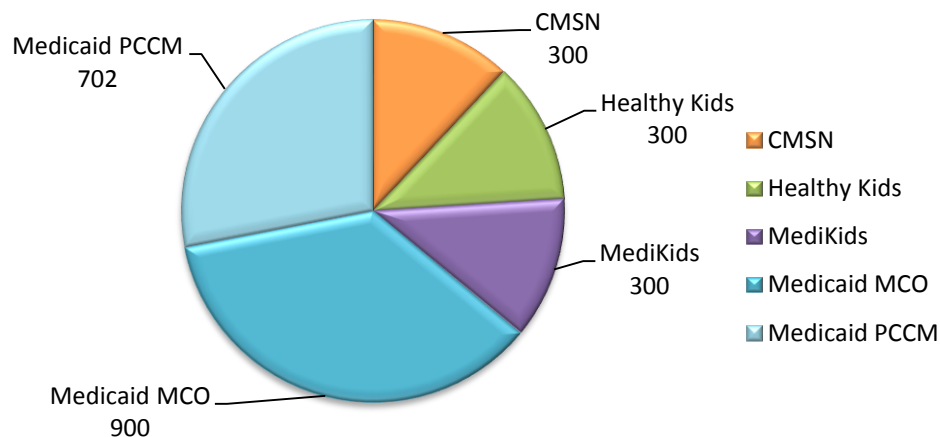
Information contained within ICHP's KidCare programmatic application and enrollment coverage databases includes application information, months of coverage, fields denoting enrollment and renewal status, and information from the family, including child's age, gender, family income, and zip code. The following programmatic areas are included in the evaluation 1) monthly application volume, 2) outcomes of applications, 3) crowd-out, 4) application processing time, 5) enrollment trends, 6) patterns of coverage, and 7) renewal of coverage.

Family Experience Interviews

In this evaluation, a total of 2,502 telephone interviews were conducted with Florida KidCare families beginning in February 2012 and ending in June 2012. The interviews were designed to measure parents' assessments of their children's experiences after they had been enrolled in KidCare for six months or longer. Families of "established" enrollees were asked about their satisfaction with the quality of care their children received in the program, their children's health status, and their demographics.

Figure 3 shows a breakdown of how many Family Experience interviews were conducted per Florida KidCare program component.

Figure 3. Interviews conducted by program SFY 2011-12



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. Interviews 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. The fieldwork for the KidCare survey resulted in:

- A KidCare Total response rate of 32%, a cooperation rate of 55%, and a refusal rate of 24%.
- The program with the highest response rate was Healthy Kids (40%) with CMSN close behind (38%).
- Medicaid MCO had the lowest response rate at 29%.

Table 9 shows the response, cooperation, and refusal rates for the Parent Experience interviews conducted in 2012.

Table 9. Response, Cooperation, and Refusal Rates, interviews 2012

	Response Rate	Cooperation Rate	Refusal Rate
Total	32%	55%	24%
CMSN	38%	65%	20%
Healthy Kids	40%	65%	21%
MediKids	31%	57%	22%
Medicaid MCO	29%	51%	25%
Medicaid PCCM	31%	54%	25%

As a quality control measure, live survey monitoring was conducted by the ICHP staff for the Parent Experience Interview from February 2012 until June 2012 for a total of 40 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, respectfully. 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 telephone survey center was contacted and the issue was discussed. The results from the survey monitoring were excellent. The average score for each domain was 4.5 or higher.

Quality of Care

The ICHP also warehouses Florida KidCare enrollees' health care information containing 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®) measures to assess quality of care. Specification details are included in the Quality of Care findings section.

Findings

Findings

1. Florida KidCare Programmatic Results

This section presents the findings from the Florida KidCare Programmatic results, including: 1) monthly application volume, 2) outcomes of applications, 3) crowd-out, 4) application processing time, 5) enrollment trends, 6) patterns of coverage, and 7) renewal of coverage.

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 to the Florida Healthy Kids Corporation. Applications for coverage are submitted via mail, telephone, fax, or internet.

Figure 4 displays the number of unduplicated KidCare applications received monthly by the Florida Healthy Kids Corporation for processing over the five years. Duplicate applications submitted by families are excluded from this figure. Months with high application activity often correspond to the beginning of school years, when school-based outreach activities occurred.

Figure 4. Florida KidCare unduplicated applications received monthly, July 2007 to June 2012

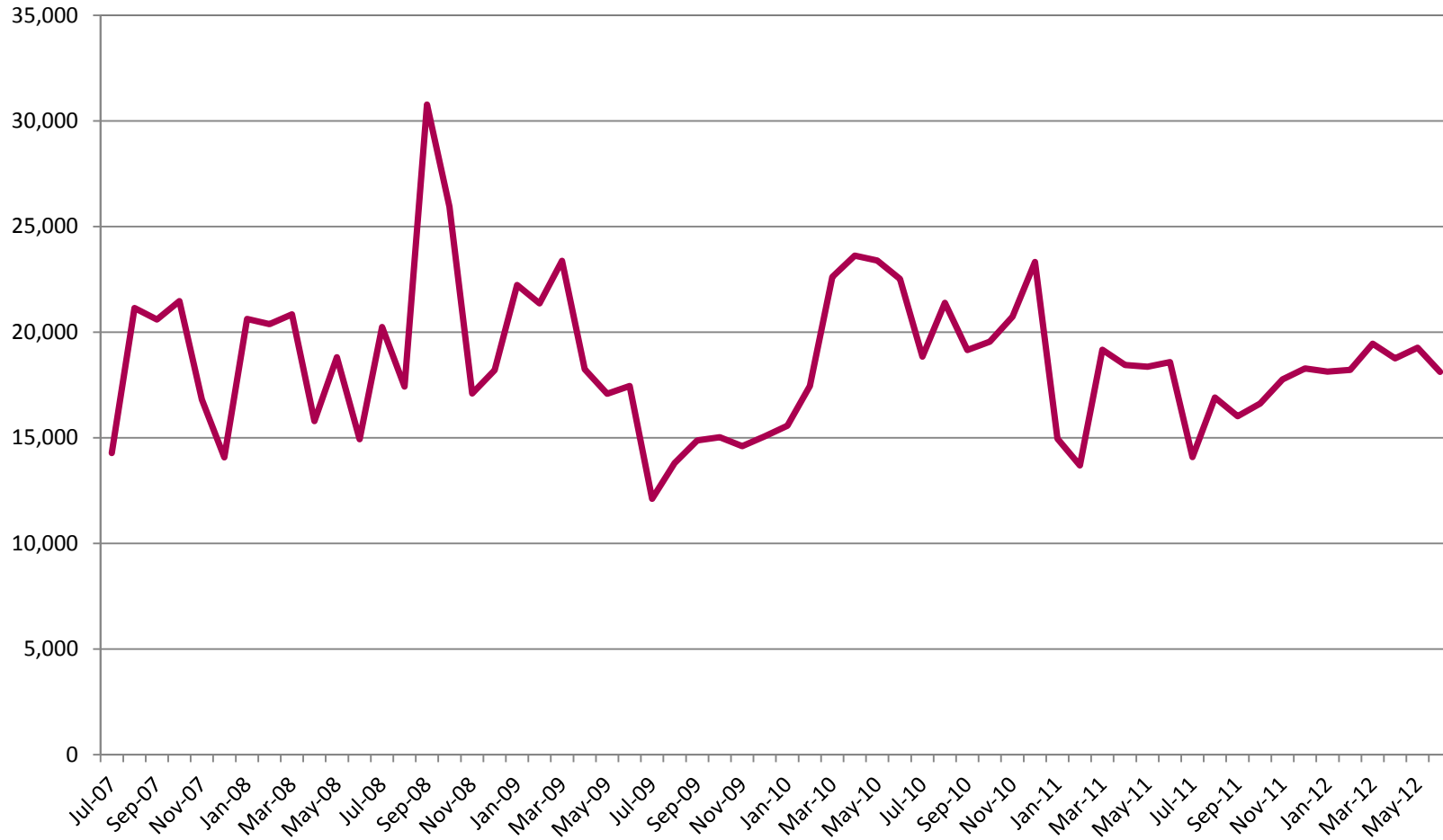


Table 10 provides monthly information on KidCare applications submitted during the State Fiscal Year (SFY) 2011-2012.

- Florida KidCare received a total of 238,332 applications, including duplicate applications.
- When duplicate applications were removed, Florida KidCare received a total of 211,589 applications, of which 196,406 applications contained processable information on 323,042 children.
- Florida KidCare received an average of 18,124 unduplicated applications monthly, ranging from a low of 14,087 unduplicated applications in July 2011 to a high of 19,451 unduplicated applications in March 2012.

- The mean age of applicants for the 12-month period was 8.70 years.
- The mean monthly income of families applying for Florida KidCare coverage was \$2,302 during 2011-2012.
- Families applying for KidCare coverage had an average household size for the 12-month period of 3.60 persons.

Table 10. Florida KidCare unduplicated application information, SFY 2011-12

Application Information	Jul-11	Aug-11	Sep-11	Oct-11	Nov 11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Total
Number of applications received, including duplicate applications	17,875	21,369	19,600	19,242	20,299	20,678	19,891	19,445	20,550	19,744	20,663	18,976	238,332
Number of applications received, excluding duplicate applications	14,087	16,898	16,016	16,620	17,764	18,282	18,137	18,206	19,451	18,756	19,260	18,112	211,589
Number of children represented on applications received, excluding duplicate applications	22,758	27,289	25,485	25,979	27,864	27,619	28,679	29,024	31,000	26,819	26,761	24,765	323,042
Child age, mean years*	8.77	8.95	8.91	8.71	8.79	8.51	8.64	8.73	8.68	8.62	8.58	8.47	8.70
Child age, standard deviation	5.00	4.97	5.01	5.06	5.04	5.01	5.05	4.98	4.98	5.01	5.03	4.97	5.01
Monthly family income, mean**	\$2,373	\$2,368	\$2,341	\$2,306	\$2,265	\$2,178	\$2,311	\$2,323	\$2,278	\$2,229	\$2,331	\$2,328	\$2,302
Monthly family income, standard deviation	\$2,203	\$4,232	\$1,982	\$2,160	\$2,206	\$1,480	\$5,780	\$1,728	\$1,579	\$1,526	\$4,649	\$2,863	\$3,045
Household size, mean***	3.62	3.60	3.59	3.58	3.62	3.58	3.56	3.60	3.62	3.63	3.62	3.59	3.60
Household size, standard deviation	1.27	1.25	1.24	1.24	1.27	1.25	1.22	1.24	1.26	1.27	1.26	1.24	1.25

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

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

***Household sizes below 2 and above 21 were considered to be out of range and were not used in the calculation of mean household size.

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

Outcomes of Applications

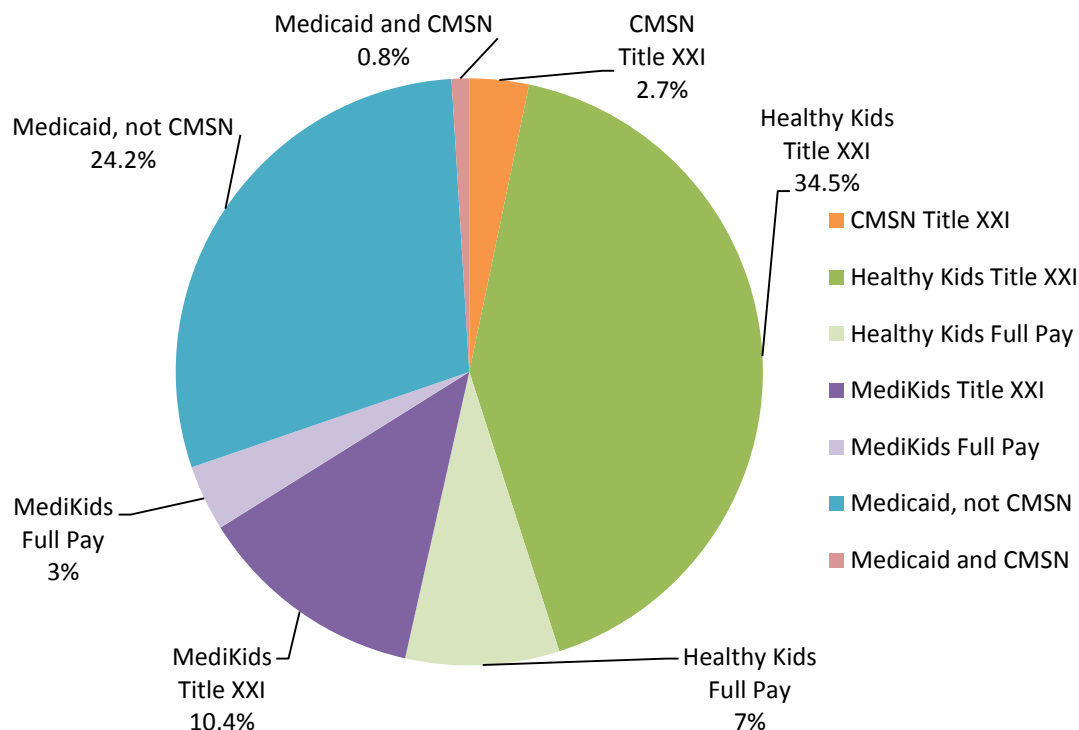
The following analysis considers only the most recent applications and excludes previous duplicate applications. Also, the analysis does not use the “referral” flag provided in the applications database because that field is not well-populated. Rather, the analysis considers an application to have been “reviewed” if it was specifically approved or denied. For this analysis, “approval” means 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 the DCF and/or the CMSN for applications that met certain criteria. The DCF assessed each child’s eligibility for Medicaid coverage. The CMSN assessed each child’s clinical eligibility for CMSN coverage. Of the 196,406 processed applications:

- 30,508 applications received internal review only
- 136,560 applications received internal and DCF review
- 2,322 applications received internal and CMSN review
- 27,016 applications received internal, DCF, and CMSN review.¹

The four review processes resulted in a total of 267,661 (83%) children being approved for KidCare Title XXI or Title XIX coverage. **Figure 5** shows the distribution of approvals across the KidCare program components.

Figure 5. Application approvals for all Florida KidCare program components



¹ Children can also be approved for Medicaid coverage through direct application to the DCF. These figures only reflect the applications for KidCare coverage that were originally submitted to KidCare, not the DCF.

There were 56,381 (17.4%) children not approved for KidCare Title XXI, Title XIX, or full-pay coverage during SFY 2011-2012. The reasons for not being approved include:

- Pending requests for documentation from families resulted in 4,473 (1.4%) children not being approved for coverage. Requests will be approved for KidCare coverage in the 2012-2013 SFY.
- Having a family income that was too high resulted in 460 children not being approved. Though these families could have been offered full-pay coverage, this information is unknown.
- 6,142 (1.9%) children were not approved due to being over 18 years old.
- Not being a Florida resident resulted in denial for 41 children.
- Current insurance coverage (other than Medicaid or Medicare) reported on the Florida KidCare application resulted in 3,171 (1%) children not being approved for coverage.
- An additional 2,353 children were not approved because they were already covered by Medicaid.
- 1,207 children were not approved because they were receiving SSI/Medicare coverage.
- Coverage was not approved for 216 children due to expiration of their application when their parents did not respond to requests for documentation.
- Coverage was not approved for 3,182 (1%) 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 175 children not approved.

Table 11 displays the outcomes of applications for KidCare coverage during SFY 2011-2012. KidCare processed a total of 211,589 unduplicated applications representing 324,042 children. The following analysis considers only the most recent applications and excludes previous duplicate applications.

Table 11. Outcomes of Florida KidCare applications received SFY 2011-2012

A total of 211,589 unduplicated applications were received 196,406 unduplicated applications representing 324,042 unduplicated children processed (An additional 15,183 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	30,508		136,560		2,322		27,016		196,406	
Number & Percent of Unduplicated Children	58,662	18.10%	230,242	71.05%	3,071	0.95%	32,067	9.90%	324,042	100%
TOTAL, children approved for KidCare or full-pay	22,612		212,204		2,425		30,420		267,661 82.6%	
Healthy Kids Title XXI	10,377	3.20%	90,169	27.83%	911	0.28%	10,224	3.16%	111,681	34.5%
MediKids Title XXI	3,744	1.16%	28,007	8.64%	198	0.06%	1,757	0.54%	33,706	10.4%
Medicaid, but not CMSN			71,732	22.14%			6,673	2.06%	78,405	24.2%
CMS Title XXI					1,107	0.34%	7,800	2.41%	8,907	2.7%
Medicaid and CMSN(Title XIX)							2,739	0.85%	2,739	.8%
Healthy Kids full-pay	6,668	2.06%	14,943	4.61%	154	0.05%	936	0.29%	22,561	7%
MediKids full-pay	1,823	0.56%	7,353	2.27%	55	0.02%	291	0.09%	9,522	3%
TOTAL, children not approved for KidCare or full-pay	36,050 63.94%		18,038 31.99%		646 1.15%		1,647 2.92%		56,381 17.4%	
Application still being reviewed										
Document request/verification pending	1,632	2.89%	2,841	5.04%					4,473	1.4%
Income too high	12	0.02%	434	0.77%			14	0.02%	460	.14%
Over 18 years of age	5,968	10.59%	149	0.26%	7	0.01%	18	0.03%	6,142	1.9%
Not a Florida resident	37	0.07%	3	0.01%			1	0.00%	41	0%
Has other insurance(not Medicaid or SSI/Medicare)	954	1.69%	2,136	3.79%	16	0.03%	65	0.12%	3,171	.98%
Has Medicaid coverage	135	0.24%	1,997	3.54%	1	0.00%	220	0.39%	2,353	.73%
Receiving SSI/has Medicare coverage	1,188	2.11%	14	0.02%	1	0.00%	4	0.04%	1,207	.37%
Application expired	112	0.20%	92	0.16%	9	0.02%	3	0.01%	216	0%
Non-compliant with Medicaid information request	60	0.11%	2,938	5.21%	7	0.01%	177	0.31%	3,182	.98%
Non-compliance	25,906	45.95%	4,714	8.36%	447	0.79%	624	1.11%	31,691	9.8%
For other reasons	14	0.02%	138	0.24%	1	0.00%	22	0.22%	175	.0%

Crowd Out

Crowd-out occurs when health insurance beneficiaries shift from private coverage to public coverage even though private options may exist for them. For example, employees may either opt out of or not take employer-based coverage if there are less expensive public insurance options. Alternatively, employers may drop dependent coverage options when they believe that other insurance alternatives exist for their employees. Each of these scenarios results in a decrease in private sector coverage and an increase in public sector spending. Moreover, substitution of employer-based coverage with a subsidized state plan may result in fewer improvements in access to care and health status than anticipated because families who are already covered are simply moving to a different form of health insurance. Because substitution can blunt the impact of health insurance expansions, federal Title XXI legislation requires states to assess the degree to which the public programs are contributing to crowd-out of employer-based dependent coverage.

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

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

According to the third party vendor during July 2011-June, 2012, on average, 5% of children applying for coverage were reported to have had other insurance in the two months prior to application or had canceled within 2 months prior to applying for Florida KidCare.

Application Processing Times

For those applicants that received KidCare coverage, the average (mean) and median number of calendar days for processing their coverage is presented in **Table 12**. 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 days and the median processing time was 35 days.

- The three Title XXI programs varied slightly in processing times from a median of 33 days for CMSN to 39 days for Healthy Kids and 40 days for MediKids.
- KidCare applications approved for Medicaid coverage had a median processing time of 36 days.

Table 12. Application processing times, State Fiscal Year 2011-2012

	Average Number of Days Elapsed	Median Number of Days Elapsed
For all approved applicants, by their program of enrollment		
Total	43	35
CMSN Title XXI	42	35
Healthy Kids	43	36
MediKids	44	38
Medicaid	43	36
Only those applicants not referred to DCF, and later enrolled in:		
Total	43	36
CMSN Title XXI	42	35
Healthy Kids	43	36
MediKids	45	38

Florida KidCare Enrollment

Table 13 shows the point-in-time enrollment figures for the end of the State and Federal Fiscal Years 2010-2011 and 2011-2012 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 2011-2012, the Florida KidCare program enrolled 2,027,200 children. This was an increase of 3.9% over the same month a year earlier.
- KidCare’s growth in 2011-2012 was driven by growth in Medicaid Title XIX enrollments, which increased 3.9% from 1,670,627 to 1,736,607 children.
- Title XXI enrollments increased by 2.4% from June, 30th 2011 to June, 30th 2012.
 - MediKids Title XXI and CMSN enrollments declined by -1.0% and -1.5% respectively, but the Healthy Kids Title XXI enrollment increased by 3.4%.
- Federal Fiscal Year 2011-2012 followed the same trends as State Fiscal Year 2011-2012
- At the end of Federal Fiscal Year 2012, the Florida KidCare program enrolled 2,051,509 which was an increase of 4.3% over the same month a year earlier.
- Florida Healthy Kids (6.4%) and Title XXI programs overall (3.3%) enrollment increased over the same month a year earlier.
 - CMSN Title XXI (-3.4%) declined while MediKids enrollment stayed the same over the same month of the previous year.
- Florida Medicaid enrollment increased 4.3% over the same month of the previous year.

Table13. Point-in-time enrollment figures for the last day of State and Federal Fiscal Years 2010-2011 and 2011-2012

	State Fiscal Year			Federal Fiscal Year		
	Enrollment June 30, 2011	Enrollment June 30, 2012	Percent Change 2011- 2012	Enrollment Sept. 30, 2011	Enrollment Sept. 30, 2012	Percent Change 2011-2012
CMSN Title XXI	23,005	22,654	-1.5%	22,818	22,034	-3.4%
Healthy Kids Title XXI	199,198	205,871	3.4%	197,033	205,821	4.5%
Healthy Kids Full-pay	22,456	27,735	23.5%	23,265	28,521	22.6%
Healthy Kids Total	221,654	233,606	5.4%	220,298	234,342	6.4%
MediKids Title XXI	29,435	29,133	-1.0%	28,801	28,997	.7%
MediKids Full Pay	4,259	4,444	4.3%	4,617	4,421	-4.2%
MediKids Total	33,694	33,577	-.35%	33,418	33,418	0.0%
Title XXI Total	252,447	258,414	2.4%	249,379	257,582	3.3%
Medicaid Title XIX	1,670,627	1,736,607	3.9%	1,689,194	1,760,985	4.3%
Medicaid Title XXI	809	756	-6.6%	727	730	.4%
Medicaid Total	1,671,436	1,737,363	3.9%	1,689,921	1,761,715	4.3%
KidCare Total	1,949,789	2,027,200	3.9%	1,966,455	2,051,509	4.3%

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

Figure 6 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 6a. Percentage growth in Florida KidCare for five state fiscal years, by program component

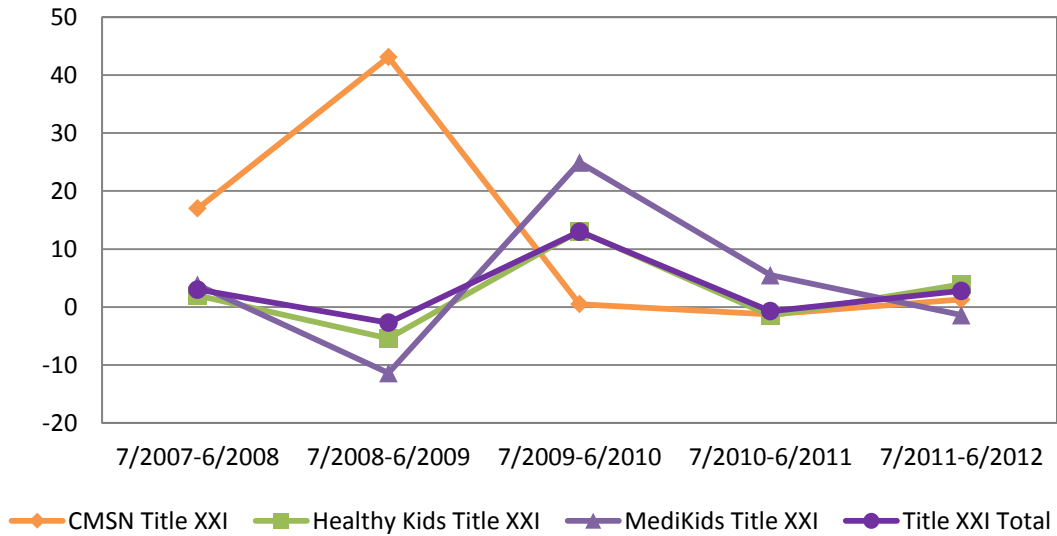


Figure 6b. Percentage growth in Florida KidCare for five state fiscal years, by Full-pay Title XXI

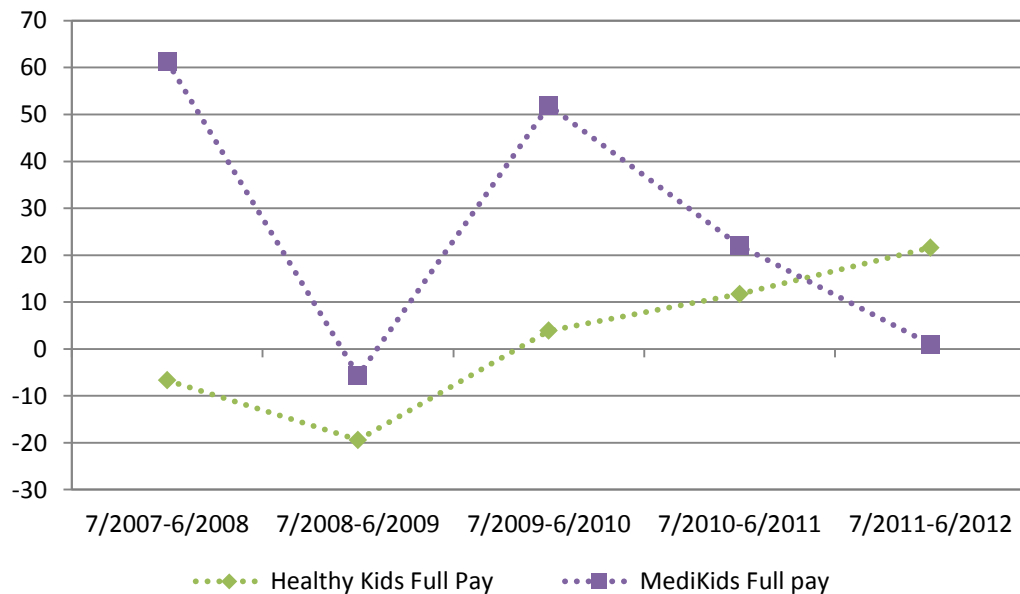
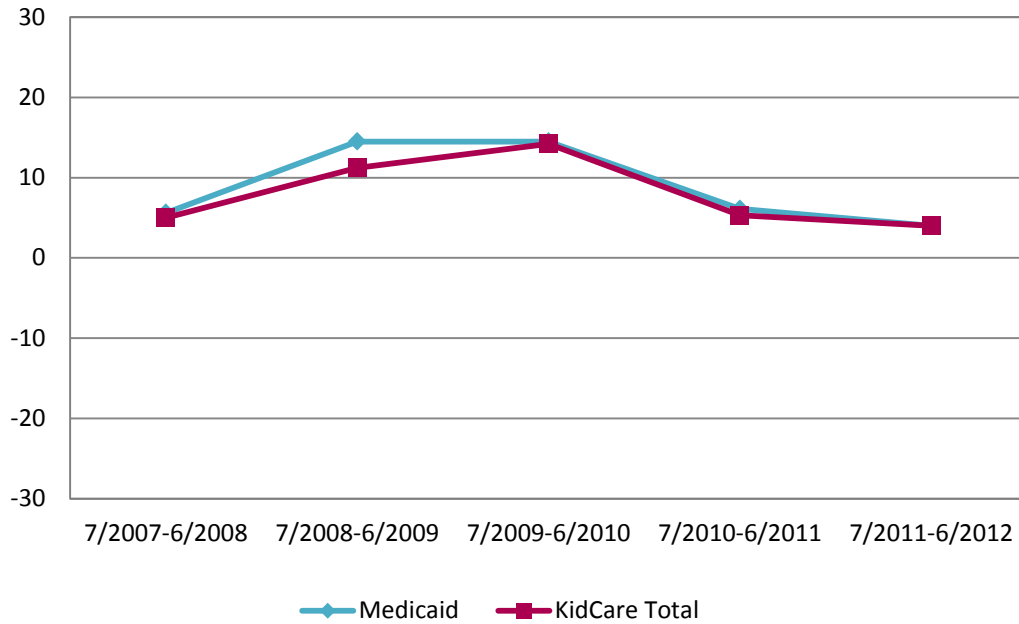


Figure 6c. Percentage growth in Florida KidCare for five state fiscal years, Title XIX



Enrollment Trends

Figure 7 through Figure 11 show the enrollment trends by month for each of the KidCare program components from July 2007 through July 2012. These figures were developed from various agency enrollment reports and are subject to reconciliation.

Figure 7. CMSN Title XXI program enrollment, 2007-2012

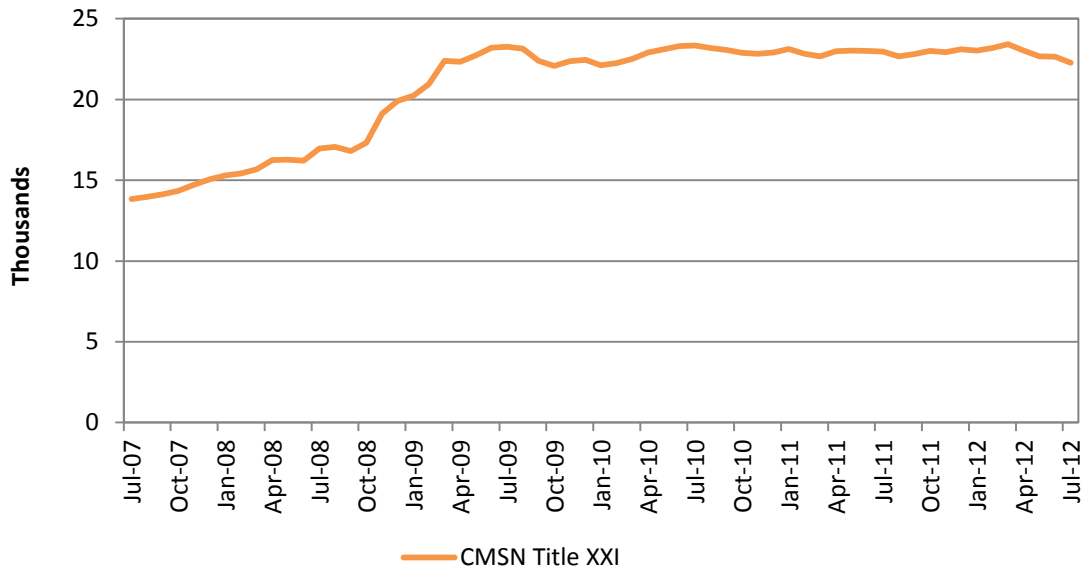


Figure 8. Healthy Kids program enrollment, 2007-2012

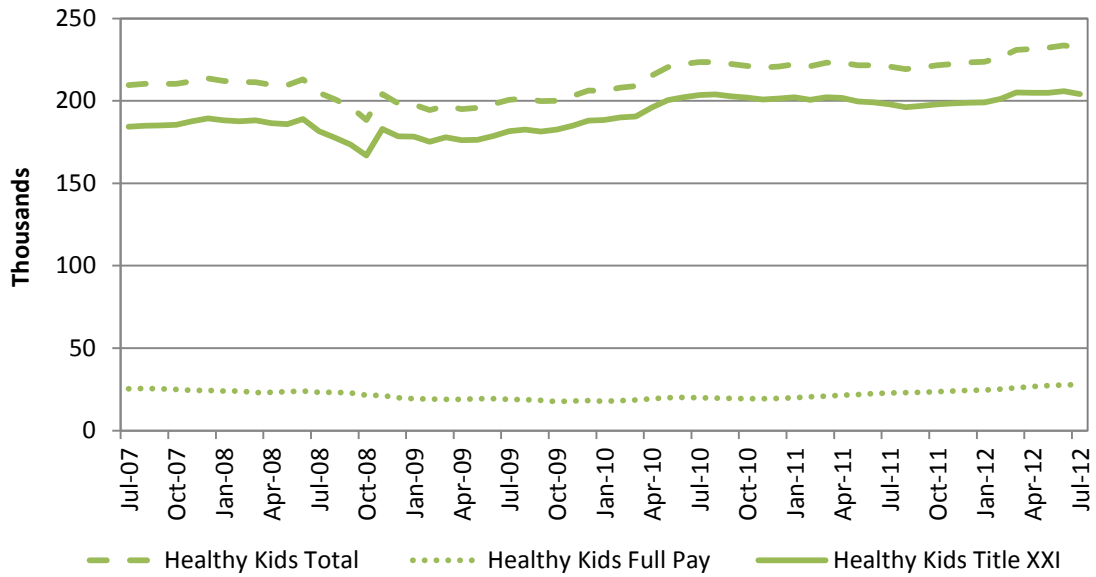


Figure 9. MediKids program enrollment, 2007-2012

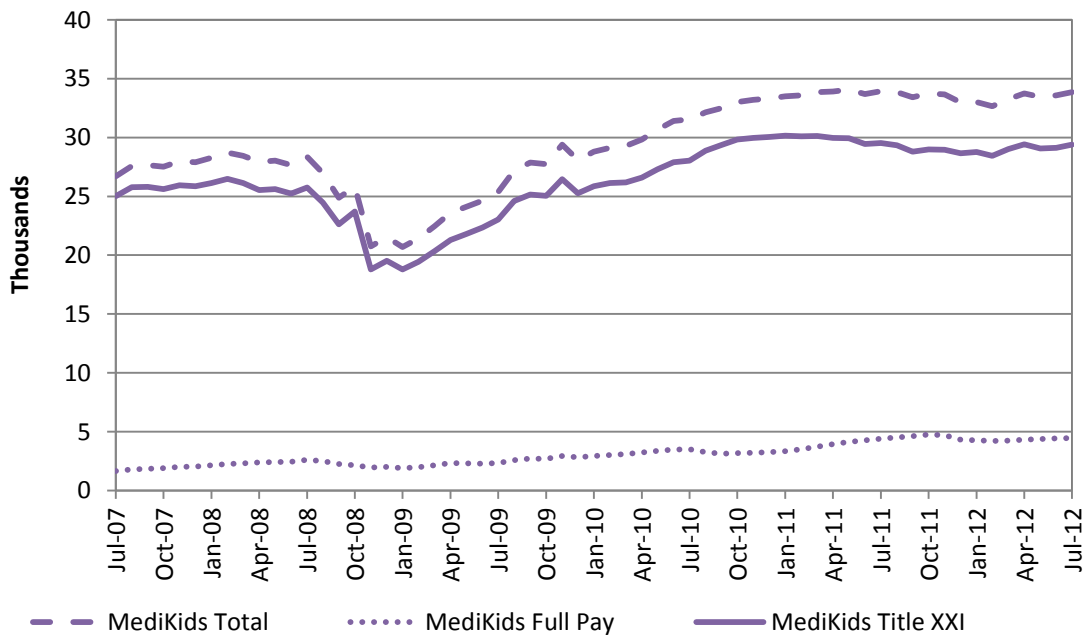


Figure 10. Overall Medicaid Title XIX program enrollment, 2007-2012

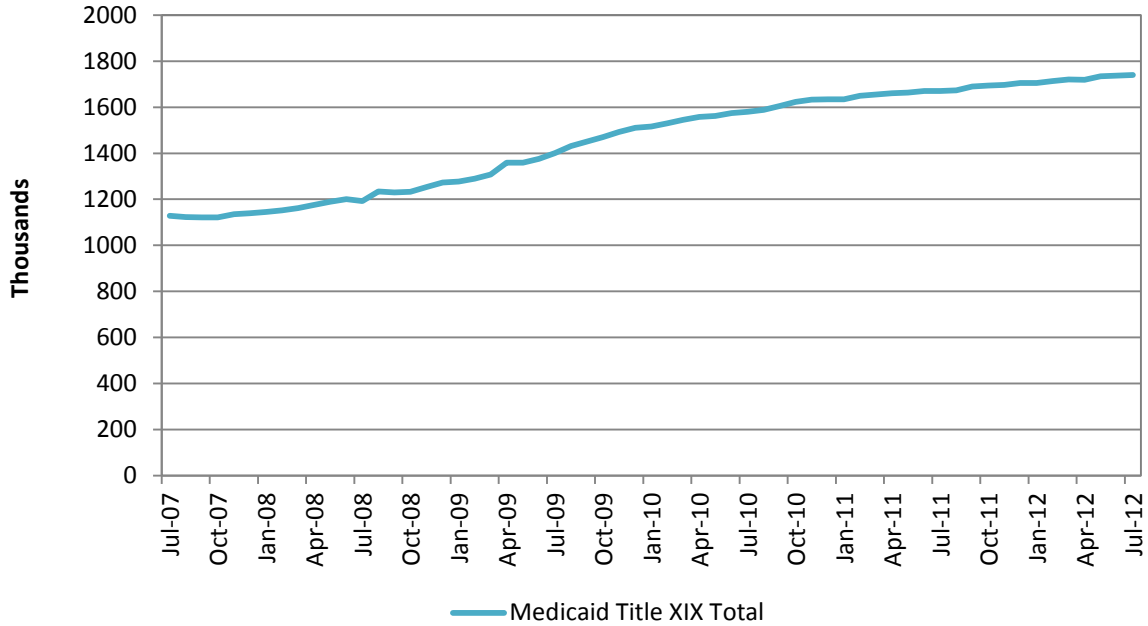
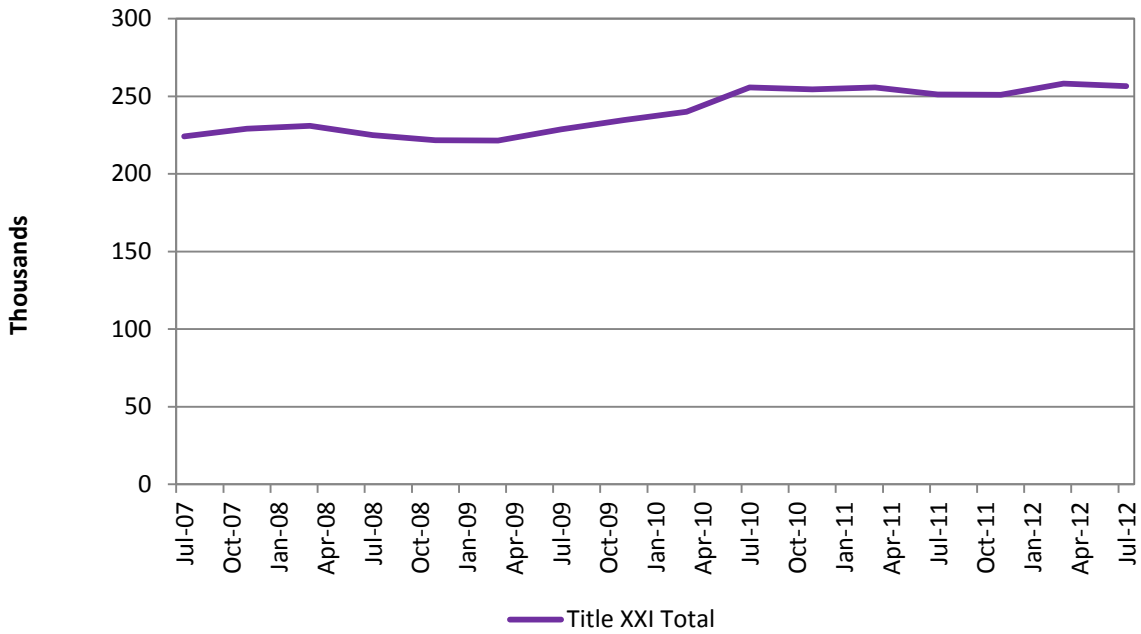


Figure 11. Overall Florida KidCare Title XXI program enrollment, 2007-2012



Ever Enrolled and Newly Enrolled

Table 14 provides a second perspective on the number of children enrolled in Florida KidCare’s during SFY 2011-12:

- Florida KidCare’s Title XXI program components served a total of 396,782 children, some of whom were in the program for one or more short periods or in the program for the entire year.

- Of the 396,782 children served by Florida KidCare Title XXI programs at some point during SFY 2011-2012, 137,833 (34.7%) had not been covered by Title XXI programs in the year prior to their enrollment in 2011-12; 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 2011-2012:

- Medicaid served a total of 2,242,125 children. Of those children served by Medicaid in 2011-12, 353,547 (15.8%) had not been served by Medicaid in the year prior to their enrollment in 2011-12.

Table 14. Children “ever” and “newly” enrolled in KidCare program components, SFY 2011-2012

State Fiscal Year 2011-12			
	Ever Enrolled*	Newly Enrolled**	Percent New Enrollees
Medicaid Title XIX	2,242,125	353,547	15.8
CMSN Title XXI	34,623	10,919	31.5
Healthy Kids Title XXI	305,569	100,236	32.8
MediKids Title XXI	56,590	26,678	47.1
Total Title XXI	396,782	137,547	34.7

* 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.

Patterns of Florida KidCare Coverage

For this evaluation, an additional analysis was conducted that allowed children who transitioned between KidCare program components to be counted once across the multiple KidCare programs they were enrolled in. Allowing for program transitions results in a lower count of total enrollees than when program transitions are not accounted for by the calculation. For example, if a child had Medicaid coverage for six months and Healthy Kids Title XXI coverage for five months in 2011-2012, that child would appear only once (for 11 months) when program transitions are accounted for, but the child would be counted twice (for Medicaid and Healthy Kids) when program transitions are not accounted for.

Table 15 shows the retention of coverage for all enrollees, regardless of when they started KidCare coverage. About 60% of KidCare enrollees had coverage (in one or more KidCare program components) for all 12 months of state fiscal year 2011-2012.

Table 15. Months of KidCare Enrollment, at any time during SFY 2011-2012, by program component

Months Enrolled	Enrollees with at least one month of coverage at any time during SFY 2011-12					
	Total, with program transitions allowed	Total, with program transitions NOT allowed	Medicaid	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI
Total, Number	2,582,379	2,776,582	2,379,800	34,623	305,569	56,590
Total, Percentage	100%	100%	100%	100%	100%	100%
1 month only	3.1%	4.4%	3.6%	8.6%	8.5%	12.9%
2 months only	2.9%	4.0%	3.4%	6.4%	7.2%	10.5%
3 months only	4.0%	4.8%	4.5%	5.6%	6.4%	9.4%
4 months only	2.4%	3.2%	2.6%	6.0%	6.3%	8.4%
5 months only	2.8%	3.4%	3.0%	5.3%	5.7%	7.6%
6 months only	4.0%	4.5%	4.4%	4.9%	5.2%	6.7%
7 months only	2.8%	3.3%	2.9%	5.4%	5.5%	6.4%
8 months only	3.5%	3.8%	3.6%	4.9%	5.2%	5.8%
9 months only	5.0%	5.1%	5.1%	5.1%	5.4%	5.6%
10 months only	3.9%	3.7%	3.4%	5.6%	5.8%	5.6%
11 months only	5.9%	5.4%	5.1%	6.9%	7.2%	5.9%
All 12 months	59.6%	54.3%	58.4	35.1%	31.6	15.3%

Table 16 is limited to the enrollees who had coverage at the start of the fiscal year. Among enrollees present in KidCare at the start of the state fiscal year:

- 74% retained coverage (in one or more programs) for all 12 months of state fiscal year 2011-2012.
- When program transitions were not accounted for, 71% of enrollees present in KidCare at the start of the state fiscal year retained coverage for all 12 months of state fiscal year 2011-2012.
- Among children enrolled at the start of the fiscal year, Medicaid had a higher retention rate (75%) than the Title XXI program components (CMSN Title XXI was 53%, Healthy Kids Title XXI was 49%, and MediKids Title XXI was 29%).
 - Due to its age restrictions, the lower retention rate for MediKids is expected. Children lose MediKids coverage when they reach their fifth birthday, but they can transition into Healthy Kids if they continue to be Title XXI eligible.

Table 16. Months of Florida KidCare Enrollment, at any time during SFY 2011-12, by program component

Months Enrolled	Only Enrollees present at the start of SFY 2011-12						
	Total, with program transitions allowed		Total, with program transitions NOT allowed	Medicaid	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI
Total, Number	2,024,006		2,110,551	1,862,769	23,011	195,076	29,695
Total, Percentage	100%		100%	100%	100%	100%	100%
1 month only	1.4%		2.0%	1.6%	4.7%	4.5%	8.3%
2 months only	1.5%		2.0%	1.7%	4.1%	4.4%	7.9%
3 months only	1.9%		2.4%	2.1%	3.4%	3.9%	7.0%
4 months only	1.6%		2.1%	1.8%	3.9%	4.0%	6.4%
5 months only	1.6%		2.0%	1.7%	3.5%	3.9%	6.0%
6 months only	2.1%		2.4%	2.3%	3.4%	3.7%	5.6%
7 months only	2.0%		2.3%	2.0%	3.8%	4.3%	5.7%
8 months only	2.3%		2.6%	2.4%	3.7%	3.9%	5.2%
9 months only	3.1%		3.2%	3.0%	4.1%	4.6%	5.7%
10 months only	3.4%		3.2%	2.9%	5.0%	5.2%	5.7%
11 months only	5.0%		4.4%	3.9%	7.4%	8.2%	7.5%
All 12 months	74.1%		71.4	74.6%	52.9%	49.4%	29.1%

Renewal of 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 KidCare program sends parents detailed information about the renewal process and required documentation. If families do not respond or they are unable to confirm their child’s continued eligibility, the child is disenrolled from KidCare health insurance coverage. Successful completion of the Title XXI coverage renewal process is an important step in retaining KidCare coverage for an extended time period.

The rate of renewal of KidCare Title XXI coverage was calculated for each month from July, 2011 through June, 2012. During state fiscal year 2011-2012, 71% of eligible children had their KidCare coverage successfully renewed (**Table 17**). Note these data to do reflect applicants who switched into the Florida Medicaid XIX program.

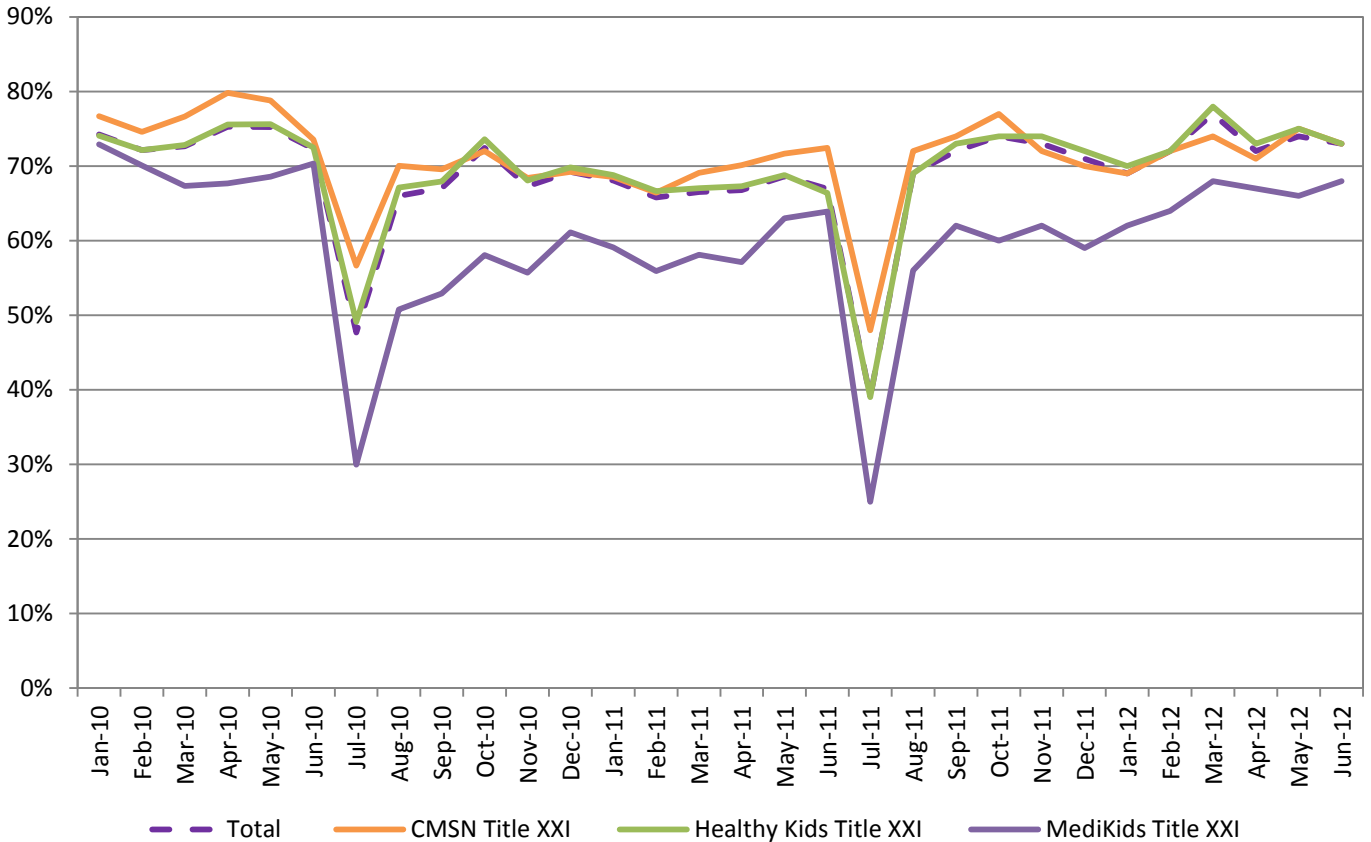
Table 17. Successful renewal of Title XXI KidCare coverage, July 2011 to June, 2012

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 2011-June 2012	174,973	124,647	71.2
July 2011	6,071	2,351	38.7
August 2011	12,798	8,781	68.6
September 2011	12,779	9,188	71.9
October 2011	15,034	11,043	73.5
November 2011	13,013	9,444	72.6
December 2011	14,337	10,101	70.5
January 2012	14,959	10,353	69.2
February 2012	14,951	10,713	71.7
March 2012	17,581	13,581	77.2
April 2012	16,990	12,293	72.4
May 2012	18,502	13,766	74.4
June 2012	17,958	13,035	72.6

The renewal trend by program component is shown in **Figure 12** for 2010-2012.

- For SFY 2011-2012 coverage was renewed for 71.9% of eligible CMSN enrollees, 72% of Healthy Kids enrollees, and 62.3% of MediKids enrollees.
- It is unknown what accounts for the observed declines in successful renewals for June and July 2010 and 2011.

Figure 12. Successful renewals (%) of Title XXI KidCare coverage, by program component, January 2010 to June, 2012



The rate of successful Title XXI coverage renewal was also calculated by child demographic and family socio-economic characteristics (**Table 18**). During 2011-2012:

- 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% of 0-4 year olds, 72% of 5-9 year olds, 73% of 10-14 year olds, and 69% of 15-18 year olds.
- Families with incomes of 100-150% of the federal poverty level had a renewal rate of 68% compared to a renewal rate of 76.2% for families with incomes of 151-200% of the FPL.
- Renewal rates for CMSN coverage varied slightly by family income—73% of CMSN families below 150% FPL renewed successfully and 71% 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 69% of families below 150% FPL and 78% of families above 150% FPL.
- Rates varied more for MediKids families, with renewals successful for 53% of families below 150% FPL and 71% of families above 150% FPL.

Table 18. Title XXI renewal status for eligible children, by program, SFY 2011-12

Program/Characteristic	Children eligible for renewal	Renewal Status			
		Not renewed (N)	Renewed (N)	Not renewed (Row %)	Renewed (Row %)
All Children, Title XXI					
Total	174,963	50,316	124,647	28.8	71.2
<i>Gender</i>					
Male	89,437	25,594	63,843	28.6	71.4
Female	85,526	24,722	60,804	28.9	71.1
<i>Age</i>					
1-4	16,187	5,540	10,647	34.2	65.8
5-9	47,810	13,410	34,400	28.0	72.0
10-14	64,432	17,149	47,283	26.6	73.4
15-18	46,534	14,217	32,317	30.6	69.4
<i>Rural/Urban Commuting Area</i>					
Urban/Large Towns	163,750	46,990	116,760	28.7	71.3
Rural/Small Towns	8,913	2,662	6,251	29.9	70.1
Unknown	2,300	664	1,636	28.9	71.1
<i>Federal Poverty Level</i>					
150% or less	105,549	33,809	71,740	32.0	68.0
151% or greater	69,414	16,507	52,907	23.8	76.2
CMSN, Title XXI					
Total	18,802	5,280	13,522	28.1	71.9
<i>Gender</i>					
Male	11,663	3,308	8,355	28.4	71.6
Female	7,139	1,972	5,167	27.6	72.4
<i>Age</i>					
1-4	910	294	616	32.3	67.7
5-9	4,836	1,290	3,546	26.7	73.3
10-14	7,864	2,072	5,792	26.3	73.7
15-18	5,192	1,624	3,568	31.3	68.7
<i>Rural/Urban Commuting Area</i>					
Urban/Large Towns	17,412	4,890	12,522	28.1	71.9
Rural/Small Towns	1,165	333	832	28.6	71.4
Unknown	225	57	168	25.3	74.7
<i>Federal Poverty Level</i>					
150% or less	10,478	2,874	7,604	27.4	72.6
151% or greater	8,324	2,406	5,918	28.9	71.1

Program/Characteristic	Children eligible for renewal	Renewal Status			
		Not renewed (N)	Renewed (N)	Not renewed (Row %)	Renewed (Row %)
Healthy Kids, Title XXI					
Total	142,583	39,915	102,668	28.0	72.0
<i>Gender</i>					
Male	70,814	19,697	51,117	27.8	72.2
Female	71,769	20,218	51,551	28.2	71.8
<i>Age</i>					
1-4	2,002	416	1,586	20.8	79.2
5-9	42,672	11,830	30,842	27.7	72.3
10-14	56,568	15,077	41,491	26.7	73.3
15-18	41,341	12,592	28,749	30.5	69.5
<i>Rural/Urban Commuting Area</i>					
Urban/Large Towns	133,587	37,280	96,307	27.9	72.1
Rural/Small Towns	7,105	2,092	5,013	29.4	70.6
<i>Federal Poverty Level</i>					
150% or less	88,542	27,846	60,696	31.4	68.6
151% or greater	54,041	12,069	41,972	22.3	77.7
MediKids, Title XXI					
Total	13,578	5,121	8,457	37.7	62.3
<i>Gender</i>					
Male	6,960	2,589	4,371	37.2	62.8
Female	6,618	2,532	4,086	38.3	61.7
<i>Age</i>					
1-4	13,275	4,830	8,445	36.4	63.6
5-9	302	290	12	96.0	4.0
15-18	1	1		100.0	
<i>Rural/Urban Commuting Area</i>					
Urban/Large Towns	12,751	4,820	7,931	37.8	62.2
Rural/Small Towns	643	237	406	36.9	63.1
<i>Federal Poverty Level</i>					
150% or less	6,529	3,089	3,440	47.3	52.7
151% or greater	7,049	2,032	5,017	28.8	71.2

2. Florida KidCare Parent Experience Survey Results

As in prior evaluation years, the Institute for Child Health Policy (IHP) conducted telephone Parent Experience Surveys with established Florida KidCare families. This year, 2,502 interviews were completed. Similar to previous years, the 2012 survey contained questions on: 1) enrollee and family characteristics, 2) demographics of established enrollees, 3) characteristics of households and parents, and 4) family experiences and satisfaction with Florida KidCare. These items come from standardized questionnaires including the Children with Special Health Care Needs (CSHCN), National Survey of Child's Health, and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys.

The segment on Enrollee and Family Characteristics include questions about Children with Special Health Care Needs. The Demographics of Established Enrollees and Characteristics of Households and Parents sections contain standard enrollee and parent background information. The segment on Family Experiences with Florida KidCare also included questions from the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey. Results are presented below.

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 2012 telephone interviews 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. 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

Table 19 shows the percentage of children with special health care needs among established enrollees in Florida KidCare over the last five State Fiscal Years (SFY). According to parent-reported responses, each program component has a substantial percentage of children with special health care needs.

- Overall, 47% of established Florida KidCare enrollees met the Screener requirements in SFY 2011-2012.
- As expected, CMSN Title XXI enrollees (92.0%) had the highest percentage of children with special healthcare needs.
- Additionally, both non-CMSN Title XXI and Title XIX enrollees were identified with special needs according to the CSHCN Screener criteria.
 - Nearly 30% of Healthy Kids enrollees, 30% of MediKids enrollees, 39% of Medicaid MCO enrollees, and 51% of Medicaid PCCM enrollees were identified with special needs according to the CSHCN Screener.
 - The CSHCN Screener is non-specific and identifies children with mild special health care needs in addition to identifying children with more severe problems. (Note: Asthma is a qualifying condition for CMSN).

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

- These results are higher than last year’s findings. The reasons for this increase are not certain.

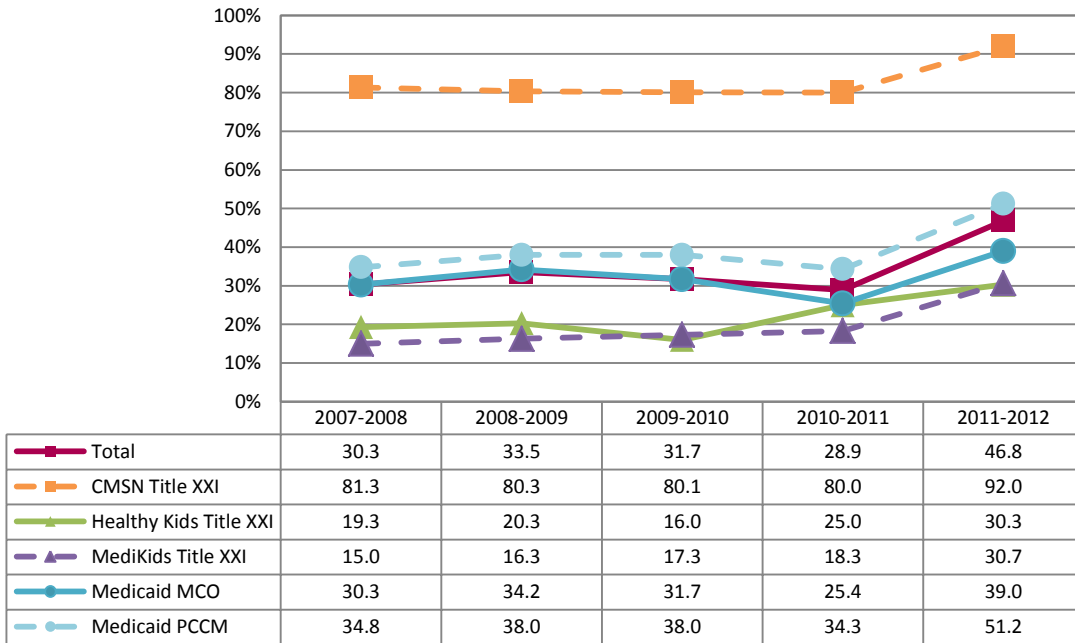
Table 19. Percentage of children identified with special health care needs by program component, five year trend

	2007-2008	2008-2009	2009-2010	2010-2011	2011-2012
Total	30.3	33.5	31.7	28.9	46.8
CMSN Title XXI	81.3	80.3	80.1	80.0	92.0
Healthy Kids Title XXI	19.3	20.3	16.0	25.0	30.3
MediKids Title XXI	15.0	16.3	17.3	18.3	30.7
Medicaid MCO	30.3	34.2	31.7	25.4	39.0
Medicaid PCCM	34.8	38.0	38.0	34.3	51.2

Figure 13 shows the five year trend of established enrollees with special healthcare needs by program component.

- The trend has been steady for all program components over the last five years with all programs increasing in SFY 2011-2012.

Figure 13. Established enrollees with special health care needs by program component, five year trend



Although children must meet clinical eligibility criteria to be enrolled in the CMSN program, the CSHCN Screener identified about 80% of CMSN enrollees in the last four years and 92% of enrollees in 2012, as having a special health care need. This suggests that, at least in previous years, the CSHCN Screener items are not being understood completely by parents, or families may be reluctant to answer questions about their children’s health despite assurances of confidentiality as higher rates of CSHCN items would be expected.

Note that the 2005-2006 National Survey of Children with Special Health Care Needs found that approximately 13% of all of Florida’s children had a special health care need. Hence, the 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.

Demographics of Established Enrollees

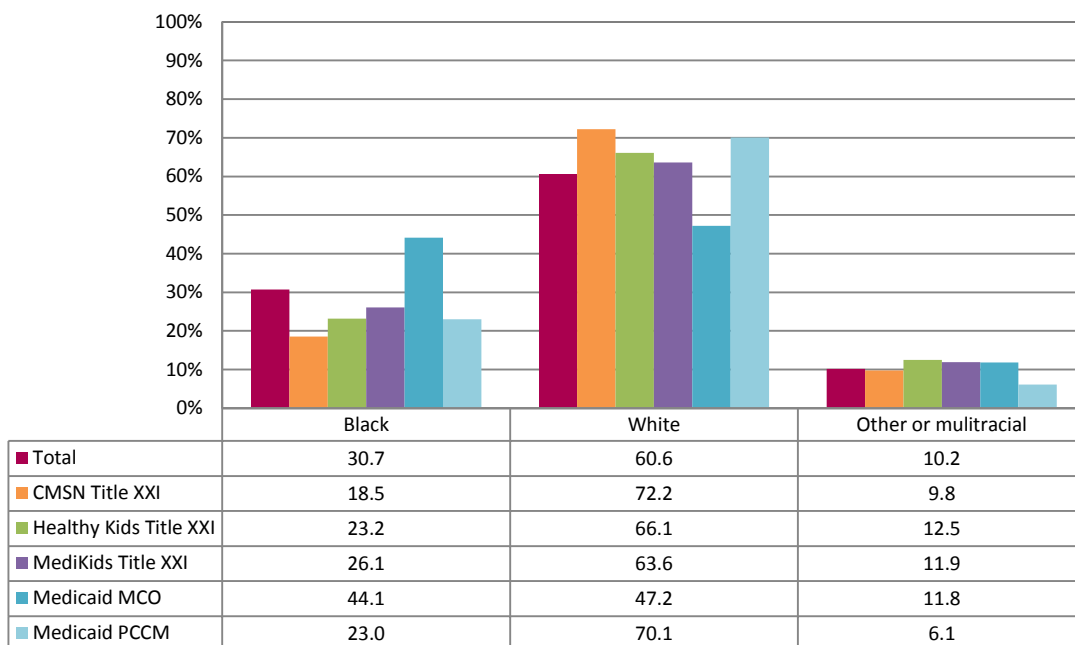
The telephone interviews with established enrollee families collected a variety of information on demographic and socioeconomic characteristics of the child and the household. This section of the evaluation provides information on the composition of Florida KidCare’s established enrollee population.

Race and ethnicity

Figure 14 shows the breakdown of race of Florida KidCare enrollees who participated in the 2012 Parent Experience surveys. 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.

- Nearly 31% of Florida KidCare enrollees reported their race as Black.
- Almost 61% reported their race as White.
- Other or multiracial comprised about 10% of KidCare enrollees.
- These results are higher than the previous year.

Figure 14. Race of established enrollees by program component, 2012 interview



Note: Percentages may add to more than 100% because respondents may select more than one race.

Figure 15 shows the Hispanic enrollees broken down by program component.

- Approximately 39% percent of enrollees reported they were Hispanic.
- Medicaid PCCM (44.9%) had the largest number of Hispanic enrollees.
- The program with the lowest number of Hispanic enrollees was CMSN (30.0%)
- These findings are comparable to last year’s results.

Figure 15. Hispanic ethnicity of established enrollees by program component, 2012 interview

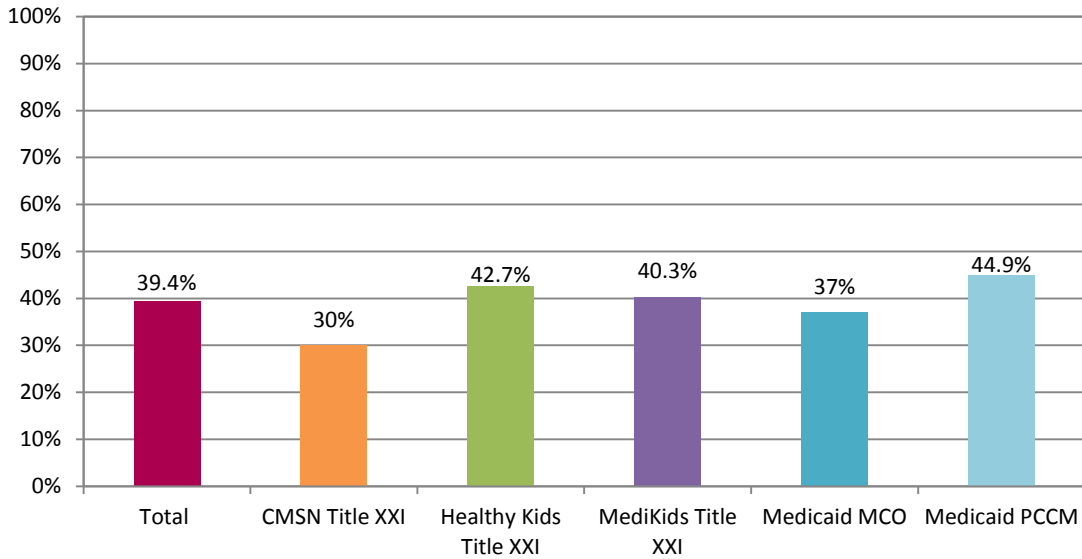


Figure 16 shows a five year trend among Hispanic enrollees by program component.

- The Hispanic share of KidCare enrollees over the past five years has ranged from 35.9% to 40.8%.

Figure 16. Hispanic ethnicity of established enrollees by program component, a five year trend

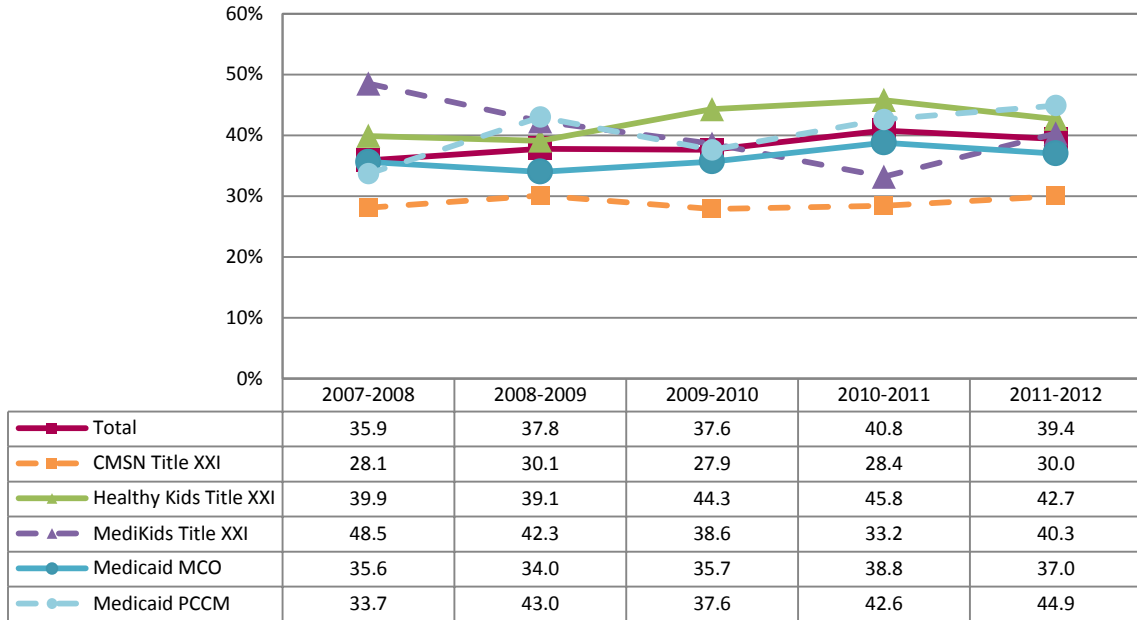
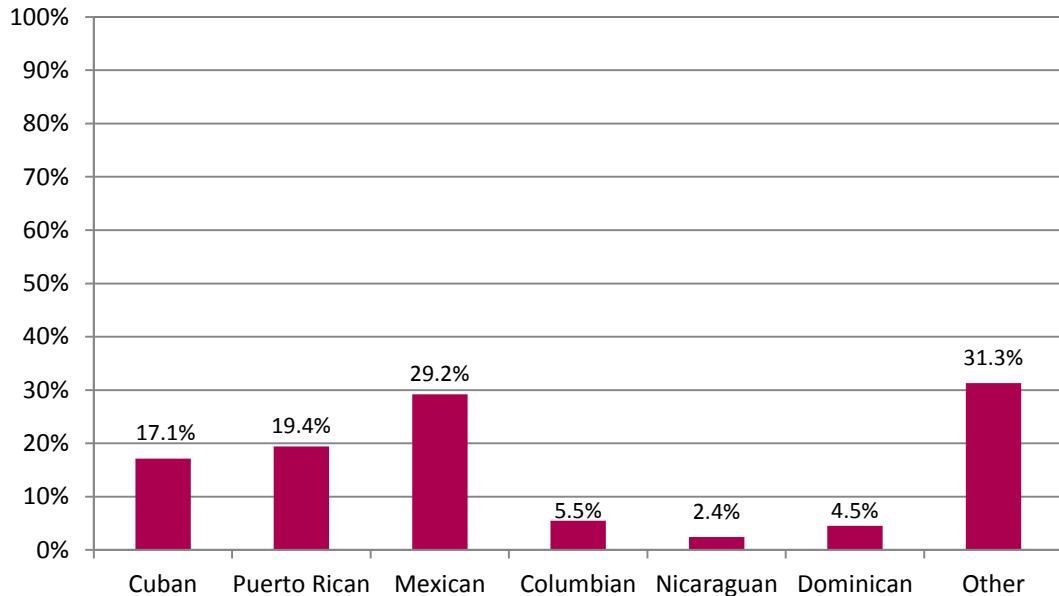


Figure 17 shows the national origin of the Hispanic enrollees.

- The most common origin indicated was Mexican (29.2%) followed by Puerto Rican (19.4%), and Cuban (17.1%), whereas, the origin indicated least was Nicaraguan (2.4%).
- These results mirror that of last year’s findings.

Figure 17. Detailed Hispanic origin of established Florida KidCare enrollees, 2012 interview



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

Age and Gender

The average age and frequency within gender among Florida KidCare enrollees is presented in **Table 20**.

- Overall, the average age of Florida KidCare established enrollees who participated in the 2012 survey was 8.64.
- As expected, the MediKids program had the youngest enrollees (3.31 years).
- The average age for CMSN and Florida Healthy Kids programs were both 12 years and the average Medicaid MCO and Medicaid PCCM enrollees were both approximately eight years.
- Overall, approximately 54% of 2012 established Florida KidCare enrollees were male and 46% were female.
- These results are similar to last year's results.

Table 20. Age and gender for established enrollees by program component, 2012 interview

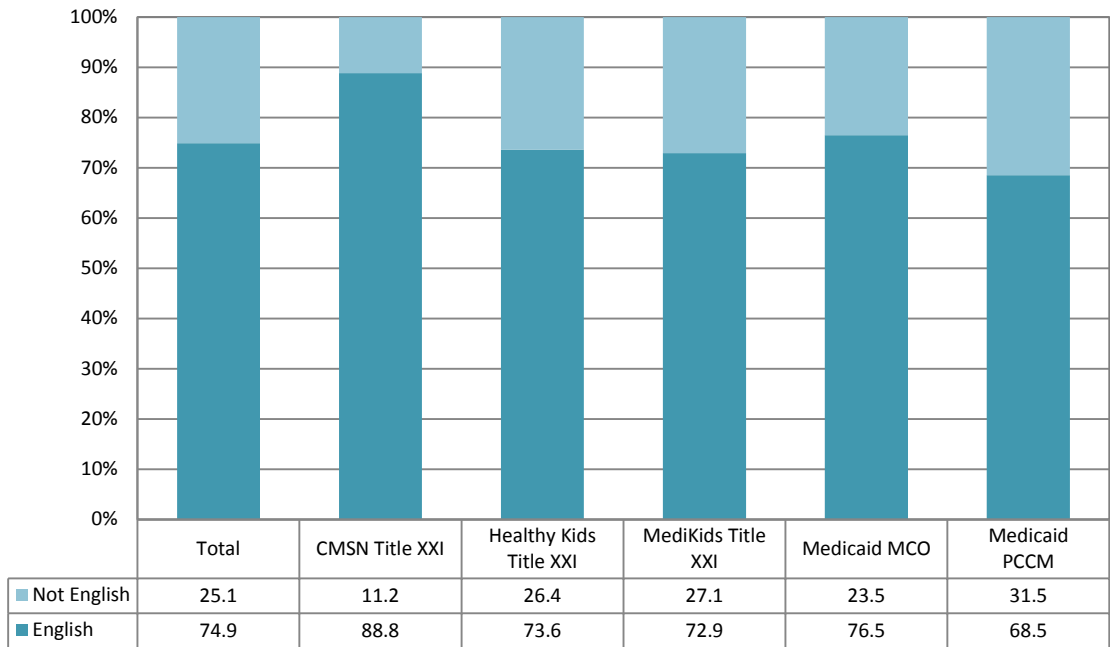
Age and Gender						
	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM
Average Age	8.64	11.93	12.29	3.31	8.43	8.23
Female (%)	46.14	41.6	52.47	42.5	49.6	44.3
Male (%)	53.86	58.4	47.3	57.5	50.4	55.7

Language Spoken at Home by Florida KidCare Enrollees

The language spoken at home by Florida KidCare enrollees was reported by the parents during the 2012 Parent Experience survey and is presented in **Figure 18**.

- Approximately three-fourths of children in all Florida KidCare program components spoke English as their primary language in the home.
- The share of enrollees that spoke English at home varies by program component with the lowest being Medicaid PCCM (68.5%) and the highest being CMSN (88.8%).
- These results are comparable to the previous year's findings.

Figure 18. Language spoken at home by established enrollees by program component, 2012 interview



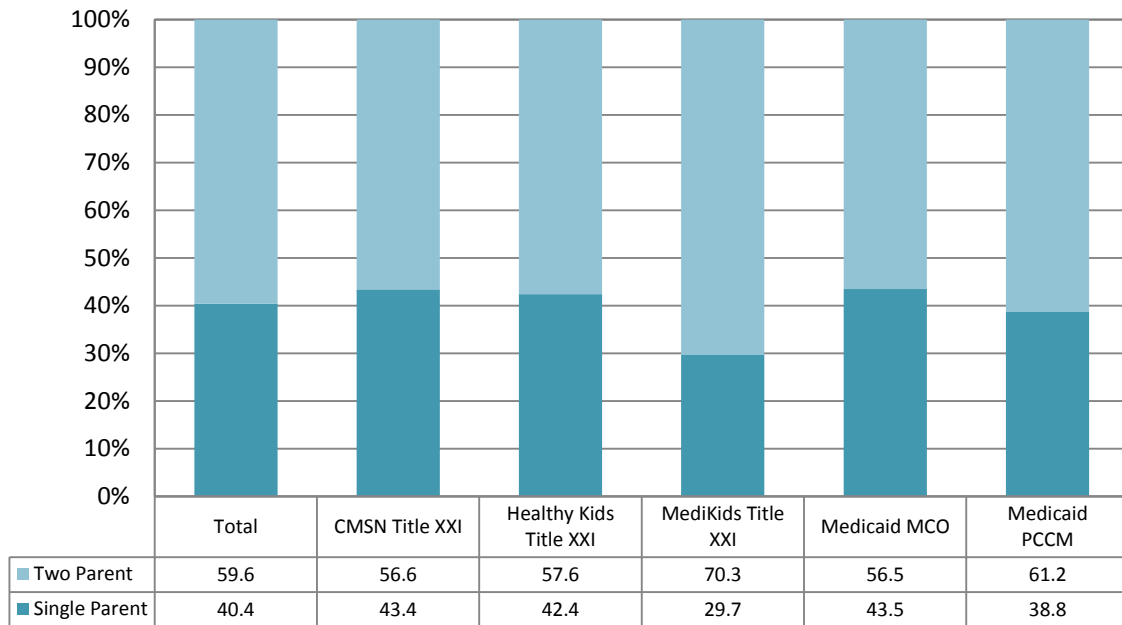
Characteristics of Households and Parents

Household Type

Figure 19 shows the characteristics of households and parents among those who participated in the 2012 Parent Experience survey.

- Nearly 60% of Florida KidCare established enrollees reported residing in two-parent households, with MediKids (70.3%) respondents reporting the highest percentage of two parent families of any of the program components
- The remaining programs only differed slightly: 56.6% in CMSN, 57.6% in Florida Healthy Kids, 56.6% Medicaid MCO, and 61% in Medicaid PCCM.
- These results are slightly higher than last year's.

Figure 19. Household type of established enrollees by program component, 2012 interview

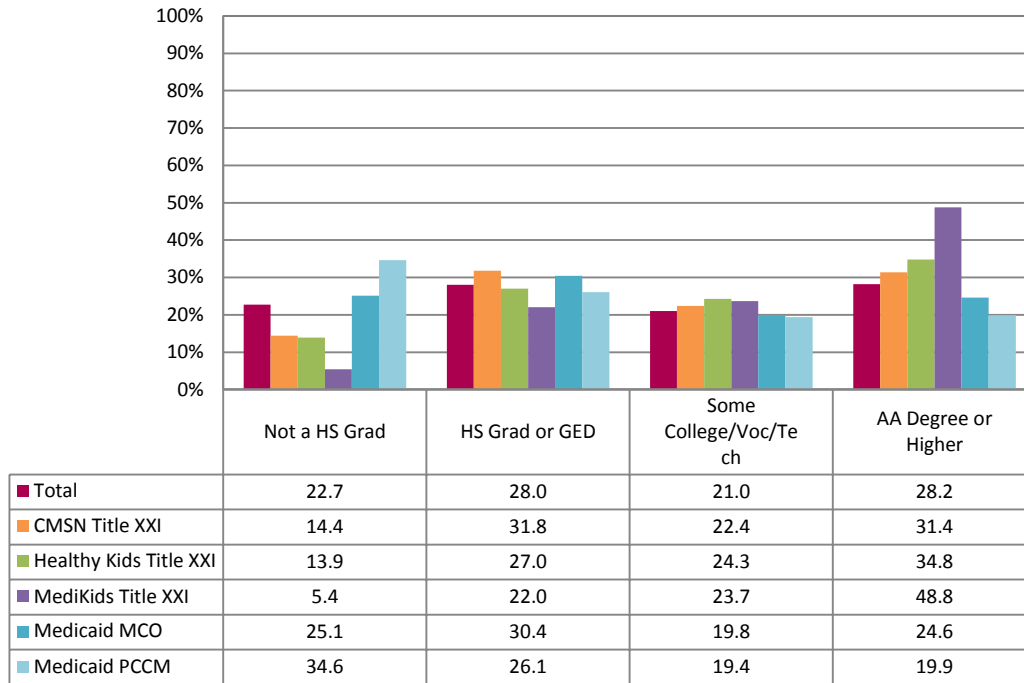


Parent's Education

Figure 20 shows parental educational characteristics.

- Overall, about 23% of respondents did not have a high school degree, while 28% had a high school degree, 21% had some college classes or vocational/technical training, and 28% had an Associate's degree or higher.
- Compared to Medicaid MCO and Medicaid PCCM parents, larger shares of CMSN, Florida Healthy Kids, and MediKids parents reported having post-high school training or an Associate's degree or higher.
- The overall results are similar to last years with the exception of a higher number of parents reporting having an AA degree or higher this year than last.

Figure 20. Parents' educational attainment by program component, 2012 interview



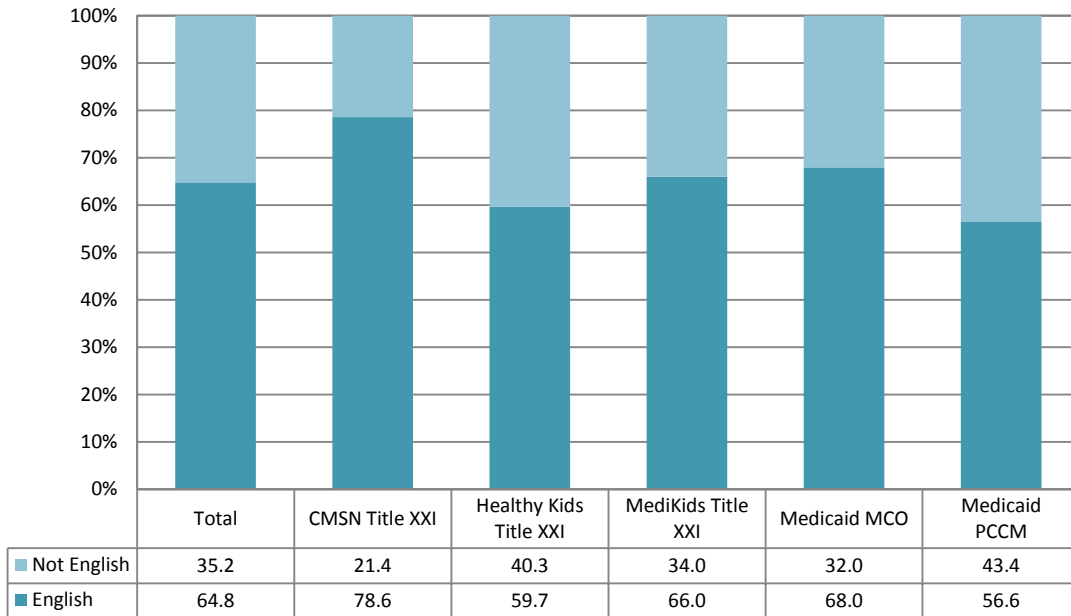
Language Spoken at Home by Parents

The racial and ethnic backgrounds of the Florida KidCare enrollees and their families, and the findings about the primary language spoken in the home, point to the ongoing importance of working with program staff and providers to deliver culturally competent care and to ensure program materials are available in Spanish. It is important to note that the KidCare telephone surveys are administered in English and Spanish; Creole interviewers are available upon request. Thus, it is possible that the percentage of children speaking “other” primary languages in the home is an underestimate. However, less than a three percent of the families contacted to participate in a survey could not do so because of a language barrier that could not be accommodated by the Spanish or Creole interviewers.

Figure 21 shows the language spoken at home by parents who completed the 2012 Parent Experience survey.

- Among parents of established Florida KidCare enrollees, nearly 65% reported speaking English as their primary language at home, 30% speak Spanish as their primary language and 5% speak another language.
- The program with the highest reporting of English speaking at home was CMSN (78.6%) while the lowest was Medicaid PCCM (56.6%).
- These results are similar to those of last year.

Figure 21. Language spoken at home by parents of established enrollees by program component, 2012 interview



Internet and Mobile Phone Access

To measure internet access among Florida KidCare established enrollee families, a series of questions about computer and internet access in the home and workplace were included in the family interview.

As with other family sociodemographic characteristics, the results for Medicaid MCO and PCCM Title XIX are considerably different from the results for the Title XXI programs. Medicaid families have significantly less access to computers and the internet at home than other KidCare enrollees.

Table 21 shows the results of the internet and mobile phone access questions among parents who participated in the 2012 Parent Experience survey.

- About 81% of all Florida KidCare families reported having a computer and access to the internet at home.
- Nearly 77% of Medicaid MCO and 74% percent of Medicaid PCCM families reported having a computer and internet access at home, compared to 93% of CMSN families, 89% of Healthy Kids families, and 90% of MediKids families.
- About 93% of Florida KidCare families reported having a mobile telephone
 - For the Parent Survey conducted in 2012, being contacted on a mobile phone rather than a land-line phone did not limit the participation of any families. Increasing use of mobile phones will be monitored regularly for the impact on interviewer’s ability to contact families for evaluations.
- These results are similar to the previous year’s findings with the exception of a higher number of families reporting they have internet access at work than last year.

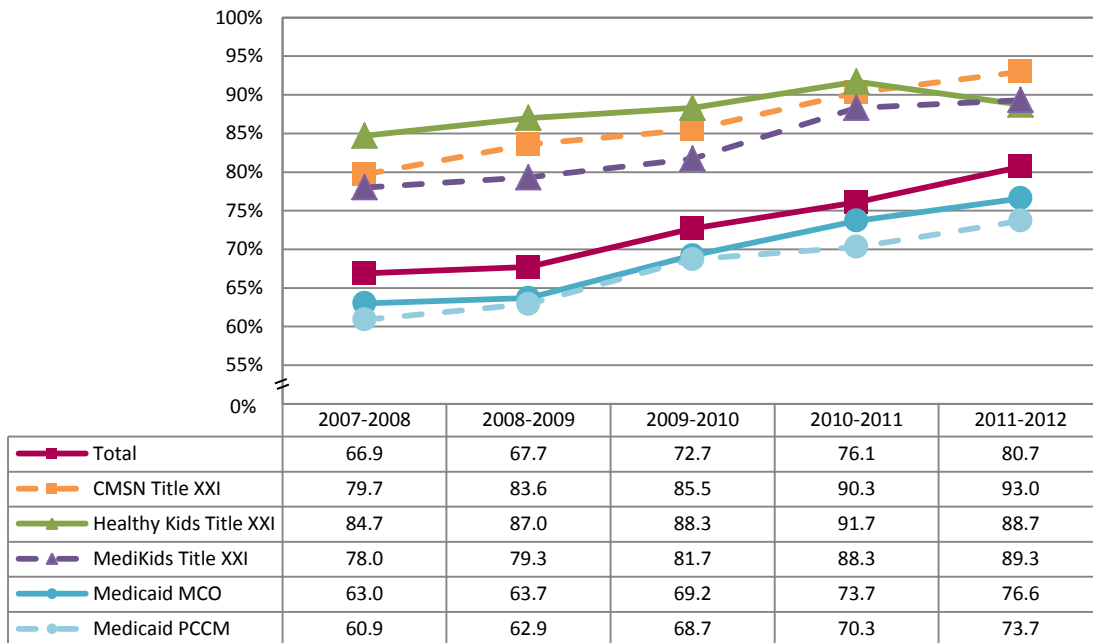
Table 21. KidCare established enrollee families with a computer, internet access, and a mobile phone, by program component, 2012 interview

	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM
Access to computer at home	83.6	94.3	90.7	91.3	79.2	78.2
Internet access at home	83.1	93.6	89.7	91.0	80.2	76.0
Access to both a computer and internet at home	80.7	93.0	88.7	89.3	76.6	73.7
Internet access at work	50.7	58.1	63.4	76.2	43.8	37.3
Access to internet at home or work	85.5	95.8	93.7	93.7	82.3	76.6
Has a mobile phone	92.7	93.6	94.7	98.3	91.8	90.2

Figure 22 shows the five year trend among established Florida KidCare enrollees with a computer and internet access at home.

- There has been a steady increase among both Title XXI and Title XXI enrollees in terms of computer and internet access.
- However, there continues to be a notable difference between the two programs' computer and internet access.

Figure 22. Florida KidCare families with a computer and internet access at home, by program component, five year trend, 2012 interview



Family Experiences and Satisfaction with Florida KidCare

As with all prior Florida KidCare program evaluations, the 2012 Family Experiences and Satisfaction with KidCare survey contained several sections. Results from each section are provided below.

Paying Premiums

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

In the 2012 KidCare Parent Experience Survey, CMSN, Healthy Kids, and MediKids families were asked questions about their experiences with premium payment. The results are summarized in **Table 22**.

- About 90% of all families felt that the premium amount is “about right” or “too little” while approximately 7% of families felt that the premium was “too much”.
 - Ninety two percent CMSN families felt that the premium is “about right” or “too little” compared to 89% of Healthy Kids and 90% of MediKids families.
- Almost all (97%) families “agree” or “strongly agree” that paying the premium is “worth the peace of mind” so that their children can have needed insurance coverage.
- Ninety-five percent of families agreed with the statement that they felt good about paying for part of their children's health care coverage.
- However, approximately 5% of families in this survey reported having difficulty paying the KidCare premium almost every month.
 - About 7% of CMSN and 6% of Healthy Kids families found it difficult to pay the premium every month compared to 3% of MediKids families.
 - Approximately 4% of families who pay \$15 per month for their Title XXI coverage found it difficult to pay the premium every month compared to 5% of families who pay \$20 per month for their Title XXI premium.
- These results are comparable to last year's reported findings.

Table 22. Florida KidCare family experience with paying premiums, for Title XXI programs, 2012 interview

	Percentage Responding					
	Total Title XXI	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	\$15/month Title XXI Premium	\$20/month Title XXI Premium
Is the premium..?						
About the right amount	87.1	88.7	85.0	87.7	89.5	90.3
Too Much	7.1	5.0	8.7	7.7	5.5	5.2
Too Little	3.1	3.0	4.0	2.3	2.4	4.5
How often is it difficult for you to pay the premium?						
Almost every month	5.3	6.7	5.8	3.2	4.3	4.7
Every couple of months	14.5	17.2	13.1	13.0	14.7	14.0
Rarely	35.3	35.4	34.7	35.7	38.0	37.2
Never	43.4	39.3	44.2	46.9	41.0	44.2
Paying the premium is well worth it for the care and coverage for my child						
Strongly agree	77.4	81.0	74.0	77.3	81.6	77.0
Agree	17.9	15.3	22.3	16.0	15.3	19.3
Disagree	1.7	1.0	1.3	2.7	1.2	.7
Strongly disagree	1.7	1.3	.3	3.3	1.0	3.0
Sometimes I think the premium is a waste because my child is healthy						
Strongly agree	11.9	9.7	13.7	12.3	9.3	7.4
Agree	7.6	5.0	10.7	7.0	6.5	6.6
Disagree	8.9	5.0	11.3	10.3	8.9	9.6
Strongly disagree	70.1	78.3	62.7	69.3	73.9	76.5
I feel better paying for some of the cost of my child's coverage						
Strongly agree	75.7	81.0	75.7	70.3	77.0	73.7
Agree	19.4	16.0	19.7	22.7	18.4	21.9
Disagree	2.9	2.3	4.0	2.3	2.6	2.2
Strongly disagree	1.2	.3	.3	3.0	1.0	2.2
The premium is worth the peace of mind						
Strongly agree	89.8	94.7	87.3	87.3	90.2	90.5
Agree	7.2	3.3	9.7	8.7	7.4	7.3
Disagree	.9	1.0	1.0	.7	1.2	0
Strongly disagree	1.2	.7	.7	2.3	.7	2.2

Having a Personal Doctor and Routine Visit Compliance

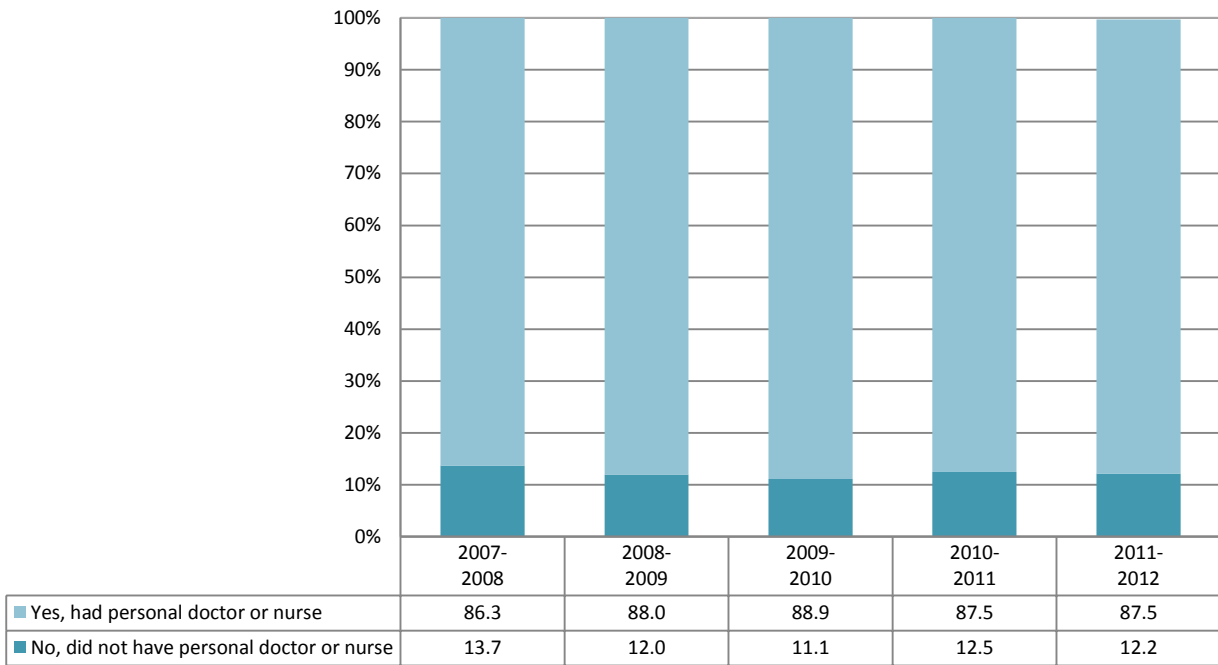
Having a Personal Doctor

Having a personal doctor is associated with early detection of health care problems, compliance with well-child visits, prompt treatment of acute care needs, and reduced costs of care. Florida KidCare families typically report high levels of access to a personal provider. Access was fairly similar among the KidCare program components, with 94% of CMSN Title XXI, 80% of Healthy Kids, 90% of MediKids, 86.6% of Medicaid MCO, and 86.3% of Medicaid PCCM families reported having a personal provider.

Figure 23 shows the five year trend data among Florida KidCare established enrollees who have a personal doctor.

- Nearly 88% percent of established families reported having a personal provider overall in 2012.
- These findings are similar to last year's.

Figure 23. Florida KidCare established enrollees with a personal provider, five year trend, 2012 interview



Routine Visit Compliance

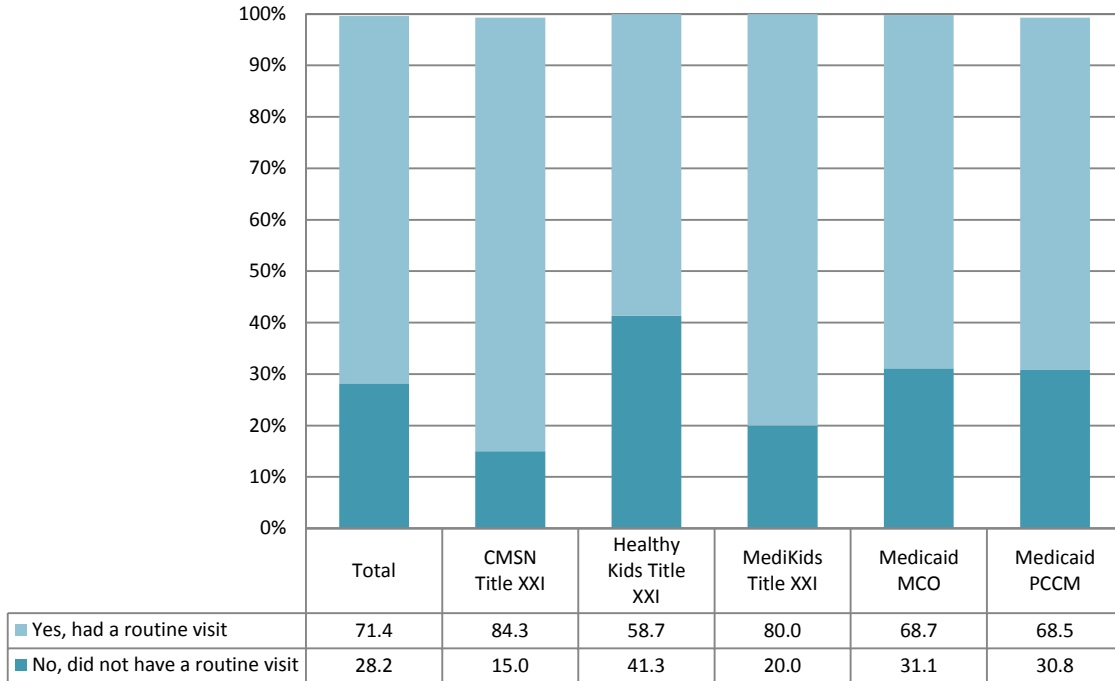
The American Academy of Pediatrics (AAP) and other professional organizations have established guidelines for the appropriate number of well-child / preventive care visits. Beginning at two years of age, children are expected to have annual routine visits. Prior to two years of age, multiple visits are recommended at predetermined intervals. Parents of established Florida KidCare enrollees, two years of age and older, were asked if their child had received a routine or preventive care visit in the six months prior to the interview. Note that additional information on routine visits, derived from health care data, is included in the Quality of Care section of the evaluation.

Figure 24 shows the results from the 2012 Parent Experience survey among established Florida KidCare enrollees with a routine visit in the last six months.

- Nearly 71% of parents of established Florida KidCare enrollees reported their child received a routine visit in the six months prior to the 2012 interview.
- The program with the highest compliance was CMSN (84.3%) followed by MediKids (80.0%), Medicaid MCO Title XIX (68.7%), and Medicaid PCCM Title XIX (68.5%). The program with the reported lowest routine visit compliance was Florida Healthy Kids Title XXI (58.7%).
- These results are lower than the previous year's. Though it is unclear what accounts for observed declines in routine visits, it is important to note that the current survey occurred during a different time of year than the previous evaluation year. It is therefore possible that reports of routine visits were greater during the last year's evaluation because the questions were asked for a different reference period (i.e., later in the calendar year) whereas the current survey was asked in the beginning of the calendar year.

These rates of routine visits are relatively high considering that the reference period was six month not an entire year.

Figure 24. Established enrollees with a routine visit in the six months prior to the 2012 interview, by program component



Medical Home

The patient-centered medical home is a “health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient’s family”.³ The Consumer Assessment of Healthcare Providers and Systems® (CAHPS®, formerly known as the Consumer Assessment of Health Plans Survey) is recommended by the National Commission on Quality Assurance (NCQA) for measuring experiences of Florida KidCare enrollees, including access to a medical home.⁴ Versions of the CAHPS® instrument have been used in all the evaluation years to measure aspects of care in the six months preceding the interview, such as getting health care from a specialist, getting specialized services, general health care experiences, health plan customer service, and dental care.

This is the fourth evaluation in which the CAHPS® has been used to assess the medical home. The NCQA has offered suggestions for mapping survey items and thematic groupings (i.e., “domains”) onto the concepts of the medical home. This KidCare Evaluation uses the NCQA guidance to measure the following four medical home concepts: 1) getting appointments and health care when needed, 2) how well doctors communicate, 3) shared decision-making, and 4) coordination of care. Results for these medical home concepts and other indicators of family experiences with care appear in the tables and figures of this report section. National Medicaid averages for children are provided, where available, for comparison purposes.⁵

³ AAFP, AAP, ACP, AOA, Joint Principles of the Patient-Centered Medical Home, March 2007

⁴ Agency for Healthcare Research and Quality, January 2010, http://www.cahps.ahrq.gov/content/products/pdf/CAHPS_C-G_for_Medical_Home.pdf

⁵ 2010 Child Medicaid 4.0 Benchmarks, Agency for Healthcare Research and Quality. These benchmarks are unchanged from the prior KidCare Evaluation report because 2011 benchmarks are not yet available.

Table 23 contains Florida KidCare families’ responses about their children’s experiences getting needed care in the six months preceding the 2012 Parent Experience interview.

- About 71% of Florida KidCare established enrollee families made appointments for routine care in the six months prior to being interviewed.
 - Of those families who sought routine care, 70% reported “always” getting routine appointment as quickly as the parent or caregiver wanted. .
- Nearly 37% of Florida KidCare established enrollee families reported that their child needed care right away for injuries or illness in the six months prior to being interviewed.
 - Of those families who sought immediate care, nearly 79% reported “always” getting immediate care as quickly as the parent or caregiver wanted.
- These results are similar to what was found in the prior year.

Table 23. Florida KidCare family experience with getting needed care in the six months prior to the 2012 interview, by program component

In the last six months..	Percentage Responding						
	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Benchmark
Did you make any appointments for routine care?							
Yes	71.4	84.3	58.7	80.0	68.7	68.5	
No	28.2	15.0	41.3	20.0	31.1	30.8	
If yes, how often did you get an appointment as quickly as you wanted?							
Never	1.9	2.0	0.0	1.3	2.9	1.2	16.0
Sometimes	13.6	14.2	17.0	7.1	15.7	13.1	
Usually	13.5	14.2	14.8	12.5	13.1	13.7	18.0
Always	70.0	68.8	67.0	79.2	67.5	69.9	66.0
Did your child have an illness or injury where you needed care right away?							
Yes	37.2	45.7	21.3	47.0	31.9	39.5	
No	62.5	53.3	78.0	52.7	67.9	60.4	
If yes, did you get that care as quickly as you wanted?							
Never	1.6	0.0	3.1	.7	3.1	1.1	9.0
Sometimes	7.6	9.5	3.1	5.0	7.7	8.3	
Usually	10.6	13.1	3.1	9.2	9.4	12.3	14.0
Always	78.5	76.6	84.4	85.1	78.4	75.5	77.0

Note. The National Medicaid benchmark combines “never” and “sometimes” responses into a single item.

Specialty Care

Table 24 shows the results from Florida KidCare established enrollees’ responses on specialty care in six months preceding the 2012 Parent Experience interview.

- Nearly 26% of all Florida KidCare enrollee’s families reported needing specialty care in 2012.
 - Of those that needed specialty care, about 71% reported that it was “usually” or “always” easy getting appointments with a specialist.
 - In comparison, 75% of respondents in the national Medicaid benchmark reported that it was “usually” or “always” easy to get a specialty appointment.
- The results are similar to the pattern found in the prior evaluation.

Table 24. Florida KidCare family experience with getting their child needed specialty care in the six months prior to the 2012 interview, by program component

In the last six months, ...	Percentage Responding						
	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Benchmark
Did your child need any specialty care?							
Yes	25.7	50.7	22.0	23.0	18.4	26.2	
No	74.0	48.7	78.0	77.0	81.4	73.1	
If yes, how often was it easy to get a referral to a specialist?							
Never	8.3	6.6	9.1	2.9	14.5	6.0	
Sometimes	15.1	13.2	12.1	17.4	18.1	13.6	
Usually	15.9	18.4	30.3	15.9	11.4	15.2	
Always	60.3	61.2	45.5	63.8	56.0	64.7	
If yes, how often was it easy to get an appointment with a specialist?							
Never	11.3	6.6	9.1	11.6	16.9	10.3	25.0
Sometimes	17.1	18.4	9.1	15.9	19.3	15.8	
Usually	18.0	19.1	36.4	15.9	12.7	19.6	24.0
Always	53.1	54.6	45.5	56.5	50.6	54.3	51.0

Needing Care, Tests, or Treatment

Table 25 shows the results among established enrollees on needing care, tests, or treatments in the six months prior to the 2012 Parent Experience interview.

- Approximately 29% of Florida KidCare enrollee’s families reported needing care, tests, or treatments through the child’s health plan in 2012.
- Of these enrollees’ families, about 54% reported that it was “always” easy to get approval for care, tests, and treatments.
- Nearly 58% of CMSN, 47% of Healthy Kids, 51% of MediKids, 53% of Medicaid MCO, and 56% of Medicaid PCCM families reported that it was always easy to get health plan approval for care.
- The results are comparable to those of the prior evaluation.

Table 25. Florida KidCare family experience with getting needed tests and treatments in the six months prior to the 2012 interview, by program component

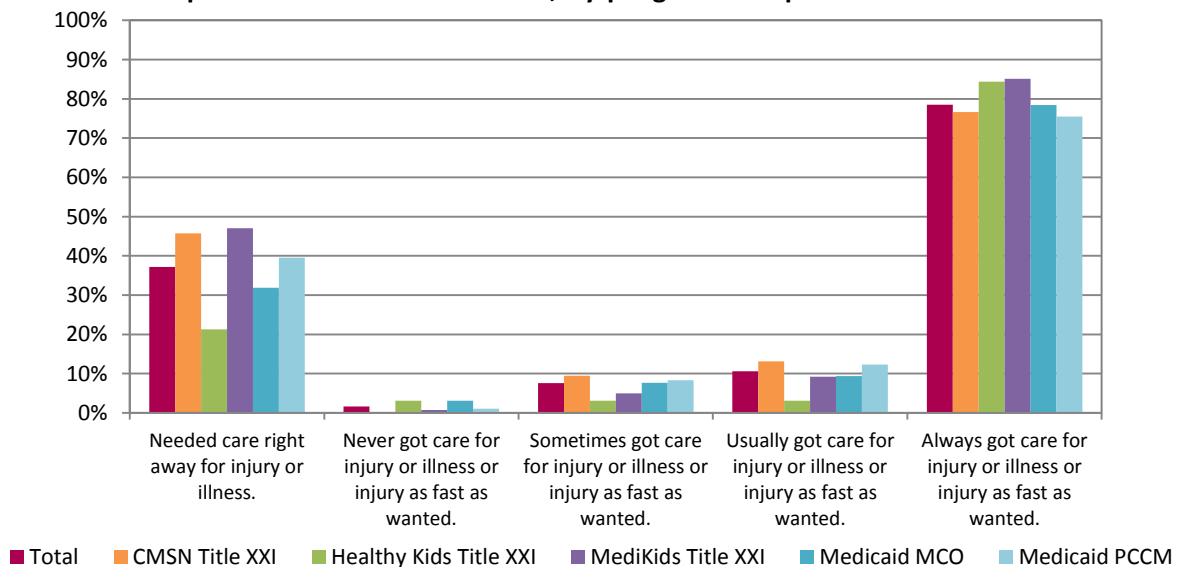
In the last six months, ...	Percentage Responding						
	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Benchmark
Did you try to get any kind of care, tests, or treatments for your child through his or her health plan?							
Yes	29.4	52.0	20.0	29.0	25.8	26.5	
No	70.0	46.3	79.3	70.7	73.8	72.9	
If yes, how often was it easy to get a plan approval for care, tests, or treatments?							
Never	8.0	9.0	10.0	1.1	9.5	8.1	
Sometimes	16.1	10.3	13.3	19.5	18.5	16.7	
Usually	21.4	23.1	30.0	28.7	18.5	18.8	
Always	54.4	57.7	46.7	50.6	53.4	55.9	

Needing Care Right Away

Figure 25 shows the results of parents of 2012 Florida KidCare established enrollees’ response on needing and getting care right away for injuries or illnesses.

- Overall, nearly 37% of Florida KidCare enrollees’ families reported needing care right away for injuries or illnesses.
- The programs with the highest reporting percent of enrollees needing care immediately for an injury or illness in 2012 were CMSN (45.7%) and MediKids (47.0%).
- Of the enrollees’ families that reported needing care right away for injuries or illness, nearly 79% reported always getting the care they needed as fast as they wanted.
- Results are similar to the prior year evaluation.

Figure 25. Established enrollees needing and getting care right away for injuries or illnesses in the six months prior to the 2012 interview, by program component



Needing and Getting Specialty Care

Figure 26 shows the results of established Florida KidCare enrollees needing and getting specialty care in 2012.

- About 26% of children needed to see a specialist at some time in the six months preceding the interview.
- Approximately 51% of CMSN enrollees, 22% of Healthy Kids enrollees, 23% of MediKids enrollees, 18% of Medicaid MCO enrollees, and 26% of Medicaid PCCM enrollees needed specialty care.
 - Of those families that needed specialty care, 53% of Florida KidCare enrollees overall said it was “always” easy to get an appointment to see a specialist.
 - About 55% of CMSN families, 46% of Healthy Kids, 57% of MediKids, 51% of Medicaid MCO, and 54% of Medicaid PCCM families reported that it was “always” easy to get an appointment to see a specialist.
- Result trends are similar to the prior evaluation year.

Figure 26. Florida KidCare established enrollees needing and getting specialty care in the six months prior to the 2012 interview, by program component

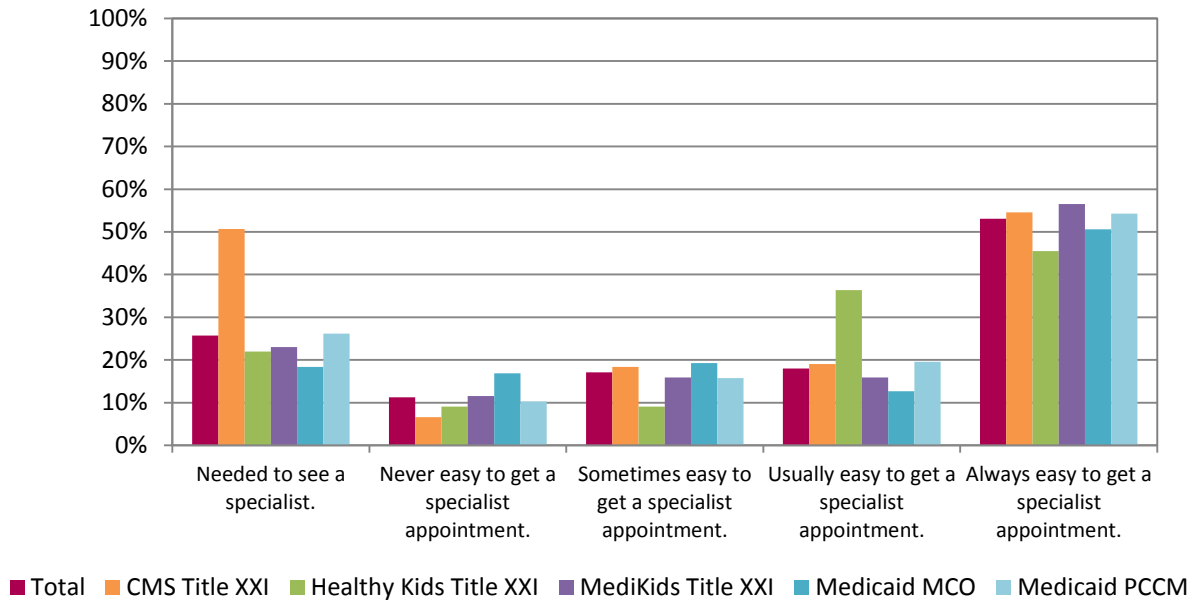


Table 26 contains families’ responses about their experiences during medical appointments, including communication with their child’s doctor, in the six months preceding the 2012 Parent Experience interview.⁶

- Nearly a third (28.4%) of Florida KidCare parents reported their child “always” being seen by the doctor within 15 minutes of their appointment time and an additional 18.9% report “usually” being seen within 15 minutes.
- About 75% of KidCare parents said that their child’s doctor “always” explained things in a way that was easy to understand; this share is identical to the Medicaid national average.
- Compared to 79% nationally, nearly 84% of KidCare respondents said that their child’s doctor “always” listens carefully to them.
- The results are similar to those of the prior year.

Table 26. Florida KidCare family experience with medical appointments, including doctor communication in the six months prior to the 2012 interview, by program component

In the last six months, ...	Percentage Responding						
	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Medicaid Benchmark
Did a doctor examine your child?							
Yes	96.0	94.6	97.4	97.5	95.4	96.6	
No	3.9	5.4	2.6	2.5	4.4	3.2	
How often was your child seen by the doctor within 15 minutes of your appointment time?							
Never	26.4	29.6	21.8	28.5	25.7	25.5	
Sometimes	25.5	23.3	34.6	25.5	27.1	23.1	
Usually	18.9	21.7	16.7	19.2	16.4	20.9	
Always	28.4	25.4	25.6	26.4	29.6	29.8	
How often did you child’s personal doctor explain things in a way that was easy to understand?							
Never	4.1	2.1	2.6	2.1	5.2	4.9	7.0
Sometimes	8.5	7.9	3.8	2.9	10.9	9.3	
Usually	12.6	14.6	15.4	12.6	13.4	10.3	15.0
Always	74.5	75.4	78.2	82.4	70.1	75.3	77.0
How often did your child’s personal doctor listen carefully to you?							
Never	1.5	1.3	1.3	.8	2.0	1.4	7.0
Sometimes	5.9	7.9	3.8	3.3	5.8	6.5	
Usually	8.5	9.2	7.7	11.7	7.6	8.1	15.0
Always	83.8	81.3	87.2	84.1	84.4	83.6	79.0

Table 27 contains family responses to questions about their experiences with the doctor and office staff treating them with courtesy and respect and being helpful six months before the 2012 interview.

- Nearly 88% of KidCare parents said that their child’s doctor “always” showed them courtesy and respect.
- Approximately 87% of Medicaid MCO families, 87% of Medicaid PCCM, 87% of MediKids, 94% of Healthy Kids, and 86% of CMSN families were “always” treated with courtesy and respect by their child’s doctor. All of which are higher than the national average of 82%
- Nearly 71% of Florida KidCare parents thought the office staff was “always” as helpful as they should be.
- Approximately 81% percent of KidCare parents reported “always” being treated with courtesy and respect by clerks and receptionists at the doctor’s office
- These findings are similar to those of last year.

Table 27. Florida KidCare family experience with doctor and office staff in the six months prior to the 2012 interview, by program component

In the last six months, ...	Percentage Responding						
	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Medicaid Benchmark
How often were you treated with courtesy and respect by your child’s personal doctor?							
Never	1.4	.4	1.3	.4	1.4	2.2	5.0
Sometimes	4.9	5.4	1.3	4.6	5.4	4.7	
Usually	6.0	7.5	3.8	7.5	5.7	5.5	12.0
Always	87.4	85.8	93.6	87.4	87.4	87.2	82.0
How often were the doctor’s office staff as helpful as you thought they should be?							
Never	2.8	1.3	2.6	.4	3.6	3.8	
Sometimes	11.9	15.8	10.3	11.7	12.9	8.9	
Usually	13.6	13.8	17.9	15.5	12.8	13.0	
Always	71.4	69.2	69.2	72.4	70.4	73.7	
How often were you treated with courtesy and respect by doctor’s office staff?							
Never	1.1	0.0	1.3	.8	1.4	1.4	
Sometimes	7.8	8.3	10.3	5.9	8.0	7.9	
Usually	10.0	11.7	12.8	10.9	8.8	9.9	
Always	81.0	80.0	75.6	82.4	81.7	80.6	

Table 28 contains Florida KidCare family responses to questions about their child’s ability to talk to their doctor and doctor’s ability to communicate in the six months prior to the 2012 Parent Experience interview.

- Nearly 68% of parents and caregivers thought their child was old enough to talk to their health care provider.
 - Of those families, about 78% percent of families reported that their health care provider “always” explained things in a way the child could understand.
- Approximately 64% of KidCare families reported that their health care provider “always” spends enough time with their child, which is equal to the national benchmark.
- Compared to 86% nationally, nearly 79% of KidCare parents recalled their child’s doctor talking with them about how their child was feeling, growing, or behaving.
- These results are all consistent with the prior evaluation year.

Table 28. Florida KidCare family experience with doctor’s communication in the six months prior to the 2012 interview, by program component

In the last six months, ...	Percentage Responding						
	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Medicaid Benchmark
Is your child old enough to talk to the doctor?							
Yes	68.3	82.9	94.9	44.8	69.0	67.6	
No	31.5	16.7	5.1	54.8	30.9	32.4	
Did the doctor explain things in a way your child could understand?							
Never	3.6	3.5	0.0	7.5	3.4	3.3	
Sometimes	8.7	8.5	2.7	13.1	8.7	8.7	
Usually	9.3	11.6	12.2	15.0	8.2	6.9	
Always	78.3	76.4	85.1	63.6	79.7	80.8	
How often did the doctor spend enough time with your child?							
Never	4.4	4.6	3.8	3.3	5.0	4.0	13.0
Sometimes	13.3	10.0	12.8	10.9	14.0	15.4	
Usually	18.1	24.2	29.5	20.1	16.9	14.0	23.0
Always	63.8	60.4	53.8	65.7	63.5	66.4	64.0
Did your child’s personal doctor talk with you about how your child is feeling, growing, or behaving?							
Yes	79.4	82.5	79.5	84.9	77.2	78.1	86.0
No	20.2	17.1	19.2	15.1	22.7	21.1	14.0

Table 29 contains Florida KidCare family responses to questions about medical, behavioral, or other health conditions in the six months prior to the 2012 interview.

- About 33% of Florida KidCare parents reported that their child had a medical, behavioral, or other health condition that had lasted for three months or longer.
 - Of those KidCare families, nearly 89% of parents thought their child’s doctor understood how the condition affected the child’s day-to-day life and 86% of the parents thought their child’s doctor understood how the condition affected the family’s day-to-day life.
 - In comparison, 91% of parents nationally thought their child’s doctor understood how health conditions affected their child’s day-to-day life and 87% of the parents nationally thought their child’s doctor understood how health conditions affected the family’s everyday life.

Table 29. Florida KidCare family experience with medical, behavioral, or other health conditions, six months prior to the 2012 interview, by program component

In the last six months, ...	Percentage Responding						
	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Medicaid Benchmark
Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?							
Yes	33.4	79.8	16.7	18.1	23.2	35.1	
No	66.2	19.5	83.3	81.9	76.3	64.5	
If yes, does your child’s personal doctor understand how these medical, behavioral, or other health conditions affect your child’s day-to-day life?							
Yes	88.8	88.9	85.0	98.0	86.7	88.7	91.0
No	10.6	9.8	10.0	2.0	13.3	11.3	9.0
If yes, does your child’s personal doctor understand how these medical, behavioral, or other health conditions affect your family’s day-to-day life?							
Yes	85.5	87.1	75.0	91.8	84.5	84.0	87.0
No	13.2	11.1	15.0	8.2	14.9	15.0	13.0

Table 30 contains families’ responses about their experiences with their health plan, including communication with customer service in the six months prior to the 2012 interview.

- Of those families who tried to get information or help from their child’s health plan, nearly 48% of KidCare families reported that they “always” got the information they needed compared to 53% nationally.
- Nearly 66% of Florida KidCare families who interacted with their health plan customer service said that they were “always” treated with courtesy and respect; 68% of families nationally reported “always” being treated with courtesy and respect.
- The pattern of results is consistent with the prior evaluation year.

Table 30. Florida KidCare family experience with their health plan in the six months prior to the 2012 interview, by program component

In the last six months, ...	Percentage Responding						
	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Medicaid Benchmark
Did you try to get information or help from customer service at your child’s health plan?							
Yes	27.3	39.0	20.7	41.3	25.4	19.1	
No	72.7	61.0	79.3	58.7	74.6	80.9	
If yes, how often did customer service at your child’s health plan give you the information or help you needed?							
Never	10.3	6.8	13.4	9.7	8.7	15.7	26.0
Sometimes	21.6	17.1	23.3	21.8	24.5	20.1	
Usually	20.6	24.8	13.3	26.6	17.9	17.9	21.0
Always	47.5	51.3	50.0	41.9	48.9	46.3	53.0
If yes, how often did the customer service staff at your child’s health plan treat you with courtesy and respect?							
Never	3.9	1.7	0.0	4.0	2.6	9.0	13.0
Sometimes	12.6	11.0	6.7	14.5	12.7	12.7	
Usually	17.7	14.5	20.0	19.4	18.8	16.4	19.0
Always	65.8	71.8	73.3	62.1	65.9	61.9	68.0

Table 31 contains KidCare families’ responses to questions about getting needed prescriptions and special medical equipment six months before the 2012 interview.

- Seventy-one percent of KidCare families found it “always” easy to get prescription medications for their child; the national rate was 73%.
 - Of those families who tried to get special medical equipment or devices for their child, nearly 60% of Florida KidCare families found it “always” easy to get the equipment or devices they needed. This is consistent with the 59% of families nationally.
- These results are consistent with last year’s.

Table 31. Florida KidCare family experience with getting prescriptions and special medical equipment six months prior to 2012 interview, by program component

In the last six months, ...	Percentage Responding						
	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Medicaid Benchmark
Did you get or refill any prescription medicines for your child?							
Yes	54.6	81.7	41.3	59.3	46.3	56.1	
No	45.4	18.3	58.7	40.7	53.7	43.9	
If yes, how often was it easy to get prescription medicines for your child through his or her health plan?							
Never	2.4	1.6	3.3	1.7	2.9	2.6	9.0
Sometimes	11.7	9.4	14.8	10.2	16.3	8.7	
Usually	14.9	18.4	13.1	10.7	15.8	13.8	18.0
Always	71.0	70.6	68.9	77.4	65.0	74.9	73.0
Did you try to get any special medical equipment or devices for your child?							
Yes	8.1	8.3	0.7	7.3	7.6	10.4	
No	91.9	91.7	99.3	92.3	92.4	89.6	
If yes, how often was it easy to get special medical equipment or devices for your child?							
Never	11.2	12.0	0.0	4.5	11.4	11.7	23.0
Sometimes	15.0	16.0	100.0	9.1	14.5	16.7	
Usually	13.4	20.0	0.0	0.0	14.4	14.7	18.0
Always	60.4	52.0	0.0	86.4	59.7	56.9	59.0

Table 32 contains Florida KidCare family responses to questions about getting special therapy and/or treatment or counseling for their child.

- Of those families who tried to get physical, occupational, or speech therapy for their child, nearly 52% of Florida KidCare families found it “always” easy to get the therapy; this compares to 55% of families nationally.
- Among families who tried to get treatment or counseling for emotional, developmental, or behavioral problems, approximately 44% of Florida KidCare families reported that it was “always” easy to get the treatment or counseling; this compares to 53% of families nationally.
- The results follow the same pattern as last year’s findings.

Table 32. Florida KidCare family experience with getting special therapy and/or treatment or counseling in six months prior to 2012 interview, by program component

In the last six months, ...	Percentage Responding						
	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Medicaid Benchmark
Did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?							
Yes	12.5	22.3	4.7	10.3	8.3	16.5	
No	87.5	77.7	95.3	89.7	91.7	83.5	
If yes, how often was it easy to get this therapy for your child?							
Never	19.7	16.4	0.0	13.3	29.3	18.0	26.0
Sometimes	17.7	11.9	28.6	13.3	20.1	19.8	
Usually	10.7	16.5	14.3	13.3	5.3	10.5	19.0
Always	51.9	55.2	57.1	60.1	45.3	51.7	55.0
Did you try to get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?							
Yes	15.7	37.7	8.0	5.3	12.3	16.7	
No	84.3	62.3	92.0	94.7	87.7	83.3	
If yes, how often was it easy to get this treatment or counseling for your child?							
Never	19.6	14.6	0.0	18.8	18.9	25.6	27.0
Sometimes	21.6	18.6	33.3	12.5	22.5	22.2	
Usually	14.9	20.8	25.0	13.5	11.1	15.4	20.0
Always	43.9	46.0	41.7	56.2	47.5	36.8	53.0

Table 33 presents information on KidCare family experiences with care coordination in the six months prior to the 2012 interview.

- Among families with a child who had a special health care need that required help in school or daycare, nearly 86% of KidCare families reported that their child’s doctor talked to the school or daycare about the child’s needs.
- Among families with a child who received care from more than one kind of health care provider, nearly 57% of KidCare families, compared to 62% of families nationally, reported that they received assistance coordinating care among the various providers.
- About 70% of KidCare families, compared to 69% of families nationally, reported that they “always” had their questions answered by their child’s doctor or other health provider.
- These results are similar to the prior evaluation year.

Table 33. Florida KidCare family experience with care coordination in the six months prior to the 2012 interview, by program component

In the last six months, ...	Percentage Responding						
	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Medicaid Benchmark
Did you get the help you needed from your child’s doctors or other health providers in contacting your child’s school or daycare?							
Yes	87.3	94.5	77.8	92.3	84.6	85.7	91.0
No	12.6	5.5	22.2	7.7	15.4	14.3	9.0
If yes, did your child’s doctor talk to the school or daycare about these needs?							
Yes	14.2	20.8	8.3	7.1	12.0	17.4	
No	85.7	78.8	91.7	92.9	88.0	82.4	
Did your child get care from more than one kind of health care provider or use more than one kind of health care service?							
Yes	22.7	49.0	14.7	22.0	16.4	21.7	
No	76.5	49.7	84.7	77.3	83.0	77.6	
If yes, did anyone from your child’s health plan, doctor’s office, or clinic help coordinate your child’s care among these different providers or service?							
Yes	57.0	61.9	68.2	63.6	54.7	50.0	62.0
No	41.7	36.1	31.8	36.4	44.6	48.0	38.0
How often did you have your questions answered by your child’s doctors or other health providers?							
Never	3.9	2.7	5.6	1.0	5.4	4.0	13.0
Sometimes	12.3	11.6	11.1	6.8	16.5	10.5	
Usually	13.3	13.0	19.4	12.6	11.8	14.6	18.0
Always	69.9	72.6	61.1	79.6	65.9	70.0	69.0

Table 34 contains KidCare family experiences with making healthcare decisions six months before the 2012 interview.

- A smaller share of Florida KidCare families (36.6%) than the national average (47%) recalled their child’s doctors telling them that there was more than one choice for their child’s treatment or care.
 - Of those families presented with two or more choices, nearly 90% of Florida KidCare families recalled that their provider discussed pros and cons of each option with them; this compares to 95% nationally.
- Of those told there was more than one choice, nearly 84% of Florida KidCare families recalled their providers asking which choice was best for their child.
- These results are similar to the prior evaluation year.

Table 34. Florida KidCare family experiences with making healthcare decisions in the six months prior to the 2012 interview, by program component

	Percentage Responding						
	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Medicaid Benchmark
Did your child’s doctor or other health provider tell you there was more than one choice for your child’s treatment or health care?							
Yes	36.6	51.0	24.7	39.3	33.7	35.5	47.0
No	62.0	47.3	75.3	59.0	65.1	62.8	53.0
If yes, did your child’s doctor or other health provider talk with you about the pros and cons of each choice for your child’s treatment or health care?							
Yes	89.9	94.1	86.5	87.3	87.8	91.6	95.0
No	9.5	5.2	13.5	12.7	10.9	8.4	5.0
If yes, when there was more than one choice for your child’s treatment or health care, did your child’s doctor or other health provider ask you which choice was best for your child?							
Yes	83.5	88.9	86.5	83.9	80.5	83.1	
No	15.2	9.2	13.5	15.3	18.5	15.3	

Table 35 contains Florida KidCare family experiences with getting blood test, x-rays, or other types of tests in the six months prior to the 2012 Parent Experience interview.

- Approximately 45% of Florida KidCare families reported their child’s doctor ordering blood tests, x-rays, or other tests.
- Of those that received these tests, 64% of KidCare families reported someone from the doctor’s office “always” followed up regarding the results of the tests.
- These results are similar to last year’s findings.

Table 35. Florida KidCare family experiences with getting blood tests, x-rays and other tests in the six months prior to the 2012 interview.

	Percentage Responding						
	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Medicaid Benchmark
Did your child’s doctor order any blood tests, x-rays, or other tests?							
Yes	44.7	58.2	48.7	38.5	41.7	43.3	
No	55.3	41.8	51.3	61.5	58.3	56.7	
If yes, how often did someone from the doctor’s office follow-up with you regarding the results of the blood tests, x-rays, or other tests?							
Never	14.9	12.1	13.2	13.1	16.1	16.4	
Sometimes	9.5	14.3	15.8	5.4	9.0	7.6	
Usually	11.5	15.7	15.8	8.8	7.1	12.7	
Always	64.1	56.4	55.2	72.7	67.8	63.3	

Table 36 contains Florida KidCare family’s experience with getting information from their child’s doctor office. In 2012:

- Nearly 54% of KidCare families reported calling their child’s doctor office during regular office hours.
 - Of those that called, approximately 87% reported “usually” or “always” getting the help or advice they needed.

- About 20% of KidCare families confirmed that they called their child’s doctor office for a medical question after regular office hours.
 - Of those that called after regular hours, 82% reported that they “usually” or “always” got the help they needed.
- The results follow the same pattern as the prior evaluation.

Table 36. Florida KidCare family experience with getting information from child’s doctor’s office staff in the six months prior to the 2012 interview, by program component

	Percentage Responding						
	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Medicaid Benchmark
Did you call the doctor’s office during regular business hours with a medical question?							
Yes	54.2	57.1	42.3	57.7	54.5	52.4	
No	45.6	42.9	57.7	42.3	44.9	47.4	
If yes, how often did you get the help or advice you needed?							
Never	1.6	1.5	0.0	0.7	2.3	1.5	
Sometimes	10.7	16.1	15.2	7.2	11.8	7.7	
Usually	18.7	18.2	21.2	18.8	19.7	17.4	
Always	68.7	63.5	63.6	73.2	66.2	73.0	
Did you call the doctor’s office after regular business hours with a medical question?							
Yes	19.8	17.5	5.1	27.6	18.9	20.4	
No	80.0	82.1	94.9	72.0	80.8	79.4	
If yes, when after hours, how often did you get the help you needed?							
Never	7.2	7.1	0.0	9.1	4.2	9.9	
Sometimes	10.5	11.9	25.0	7.6	10.0	11.9	
Usually	13.8	14.3	0.0	10.6	15.8	13.9	
Always	67.9	66.7	75.0	72.7	68.3	64.4	

Table 37 presents results for a set of survey items related to communication about childhood growth, development, and injury prevention. These items provide additional information on communication between the parent and their child’s health care provider. Because these items were recently introduced on the CAHPS® survey instruments nationally, there are not national benchmarks available at this time for comparison with KidCare results.

- Nearly 50% of KidCare families reported their child’s doctor talked about their child’s learning ability.
- Approximately 64% of KidCare families confirmed that their child’s doctor talked to them about their child’s behavior.
- Seventy-six percent of KidCare families reported their child’s doctor talked about how their child was growing and around 53% reported their child’s doctor talked about their child’s moods and emotions
- Nearly 52% of KidCare families confirmed that their child’s doctor talks about things they can do to keep their child safe while 31% reported that their child’s doctor gave them printed material with information about how to keep their child safe.
- Approximately 66% of KidCare families reported that their doctor talked about what their child eats and 60% said their child’s doctor talked about how their child exercises.
- These results are similar to the results of the previous year.

Table 37. Florida KidCare family experience with provider communication about growth, development and injury prevention in the six months prior to the 2012 interview, by program component

In the last six months,	Percent Responding						
	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Medicaid Benchmark
Did you and your child's doctor talk about your child's learning ability?							
Yes	50.1	49.8	46.2	62.3	45.5	51.0	
No	49.9	50.2	53.8	37.7	54.5	49.0	
Did you and your child's doctor talk about the kinds of behaviors that are normal for your child at this age?							
Yes	63.5	65.4	62.8	76.2	58.8	62.6	
No	36.5	34.6	37.2	23.8	41.2	37.4	
Did you and your child's doctor talk about how your child's body is growing?							
Yes	76.0	74.2	79.5	86.2	74.0	74.1	
No	24.0	25.8	20.5	13.8	26.0	25.9	
Did you and your child's doctor talk about your child's moods and emotions?							
Yes	52.7	61.7	50.0	54.8	48.6	52.8	
No	47.3	38.3	50.0	45.2	51.4	47.2	
Did you and your child's doctor talk about things you can do to keep your child from getting injured?							
Yes	51.6	52.1	48.7	56.1	49.9	51.7	
No	48.4	47.9	51.3	43.9	50.1	48.3	
Did your child's doctor give you any printed handouts or booklets with information about how to keep your child from getting injured?							
Yes	30.6	23.8	27.5	31.0	32.7	31.8	
No	69.4	76.3	72.5	69.0	67.3	68.2	
Did you and your child's doctor talk about how much or what kind of food your child eats?							
Yes	65.6	62.3	66.7	75.9	64.2	64.0	
No	34.4	37.7	33.3	24.1	35.8	36.0	
Did you and your child's doctor talk about how much or what kind of exercise your child gets?							
Yes	59.5	62.3	78.2	61.9	57.5	56.6	
No	40.5	37.7	21.8	38.1	42.5	43.4	
Did you and your child's doctor talk about how your child gets along with others?							
Yes	51.0	49.6	64.1	56.9	46.1	52.9	
No	49.0	50.4	35.9	43.1	53.5	47.1	
Did you and your child's doctor talk about whether there are any problems in your household that might affect your child?							
Yes	33.2	34.2	44.9	32.4	31.6	33.8	
No	66.5	65.8	55.1	67.6	68.4	66.2	

Selected CAHPS® items from the prior five tables of the Medical Home Section were combined to create thematic domains measuring various aspects of the health care experience.⁷

Table 38 shows the percentages of families responding positively to each domain.

- The composite of items related to getting needed care was reported positively by nearly 76% of KidCare families, compared to 79% of the national Medicaid comparison group.
- Getting needed care quickly was reported positively by approximately 88% of KidCare families compared to 87% of the benchmark group.

⁷ HEDIS 2010, Specifications for Survey Measures, volume III

- Compared to 92% of the benchmark group, nearly 89% of KidCare families also reported positive experiences with their doctor’s communication skills.
- Health plan customer service was reported positively by 76% of KidCare families and 80% of the benchmark group.
- Nearly eighty-six percent of KidCare families reported positive experiences getting prescription medications; the national benchmark is 91%.
- Approximately three-quarters of families nationally and 66% of KidCare families reported positive experiences getting specialized services.
- About 85% of KidCare families and 70% of families nationally reported positive experiences with their child’s personal doctor.
- Compared to 67% nationally, nearly 88% of KidCare families had positive experiences with shared health care decision-making.
- Nearly 84% of KidCare families had positive experiences getting needed health care information; 87% of families nationally reported positive experiences with this concept.
- Three-quarters of families nationally and nearly 73% of KidCare families had positive experiences with care coordination.
- Approximately 88% of KidCare families reported positive experiences with their doctor’s office staff.
- Over 58% of KidCare families recalled that their child’s doctor discussed their child’s growth and development with them, while approximately 48% of KidCare families recalled the doctor discussing keeping their child healthy and safe.
- National benchmarks for the last three three concepts are not available at this time.
- The results are similar to the findings of the previous evaluation.

Table 38. Percentage of families responding positively to CAHPS® health care domain concepts, including the medical home

Medical Home Domain	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Medicaid Benchmark*
Getting needed care	76.2	80.5	77.4	79.5	69.7	77.7	79.0
Getting needed care quickly	87.5	87.1	88.1	93.0	85.1	87.8	87.0
Experience with doctor’s communication skills	88.7	89.6	93.3	90.2	87.6	87.9	92.0
Health plan customer service	76.0	82.0	78.3	75.0	76.0	71.3	80.0
Getting prescription medications	85.9	88.9	82.0	88.1	80.7	89.0	91.0
Experience getting specialized services	65.7	70.2	69.1	76.2	60.9	62.6	74.0
Experience with personal doctor or nurse	85.2	87.2	84.4	91.6	83.0	84.1	70.0
Shared decision-making	87.5	92.7	86.5	86.0	85.2	88.0	67.0
Getting needed information	83.6	85.6	82.9	92.2	78.1	85.3	87.0
Coordination of care	72.8	78.9	73.0	78.0	70.1	68.8	75.0

Medical Home Domain	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Medicaid Benchmark*
Office staff helpful, courteous and respectful	88.1	87.3	87.8	90.6	87.0	88.9	
Doctor's attention to child's growth and development	58.7	60.1	60.5	67.3	54.6	58.7	
Doctor's advice on keeping your child safe and healthy	48.1	46.9	53.2	51.5	47.2	47.6	

*Source: The 2011 Child Medicaid 4.0 Benchmarks, Agency for Healthcare Research and Quality

Figure 27 through Figure 30 provide five-year trend information for these four composite measures.

Figure 27. Florida KidCare families responding positively to the CAHPS® domain on “getting needed care”, five year trend

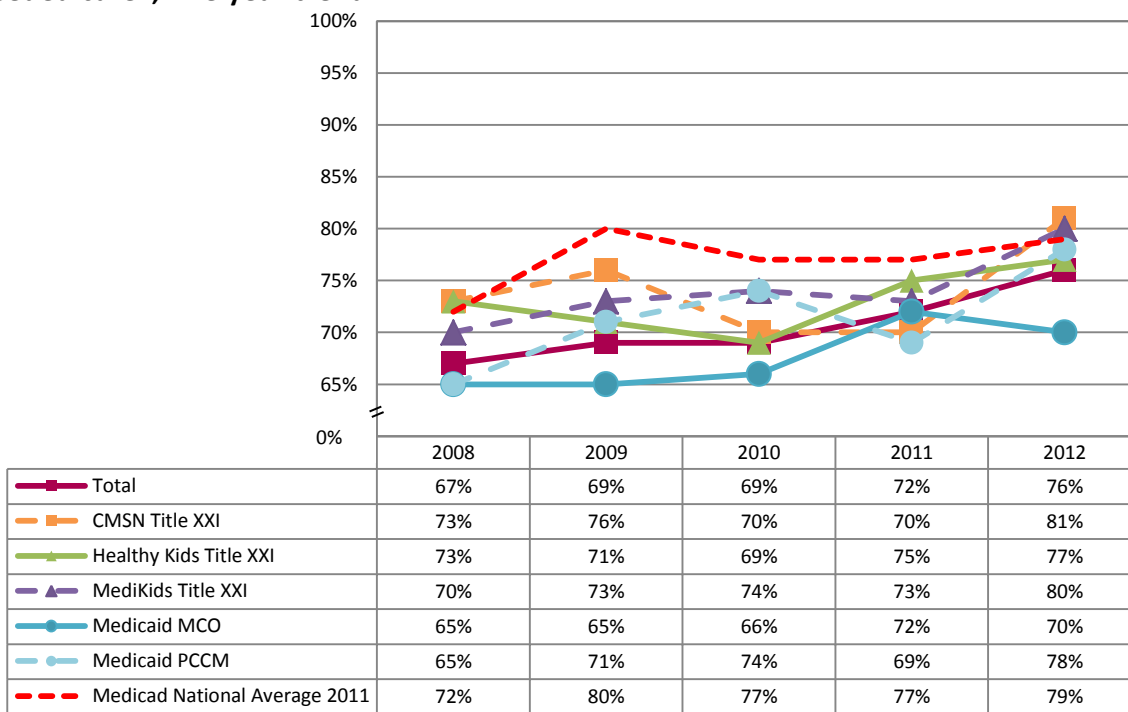


Figure 28. Florida KidCare families responding positively to the CAHPS® domain on “getting care quickly”, five year trend

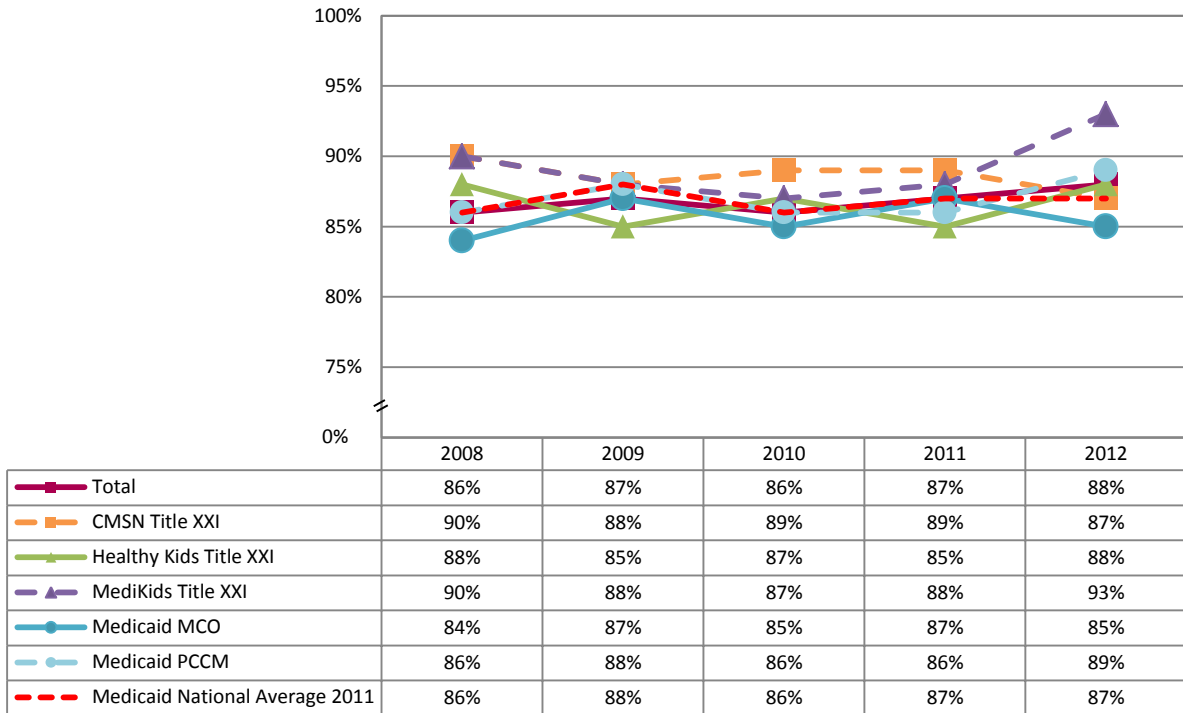


Figure 29. Florida KidCare families responding positively to the CAHPS® domain on “experiences with doctor’s communication”, five year trend

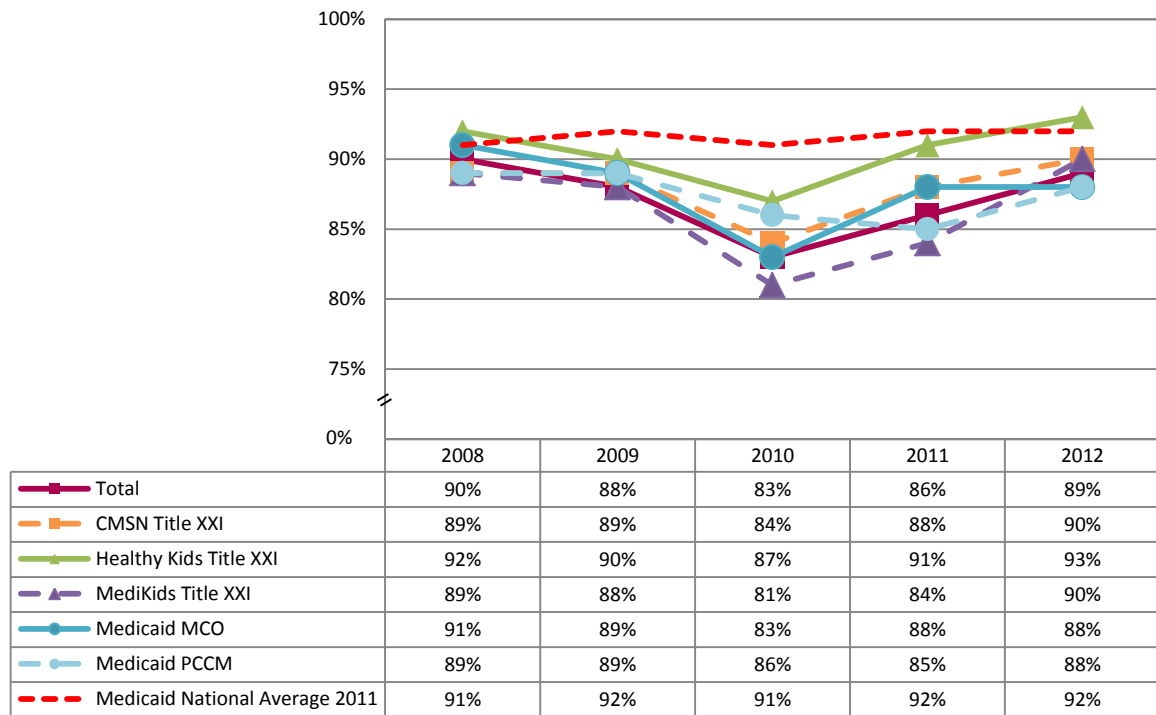
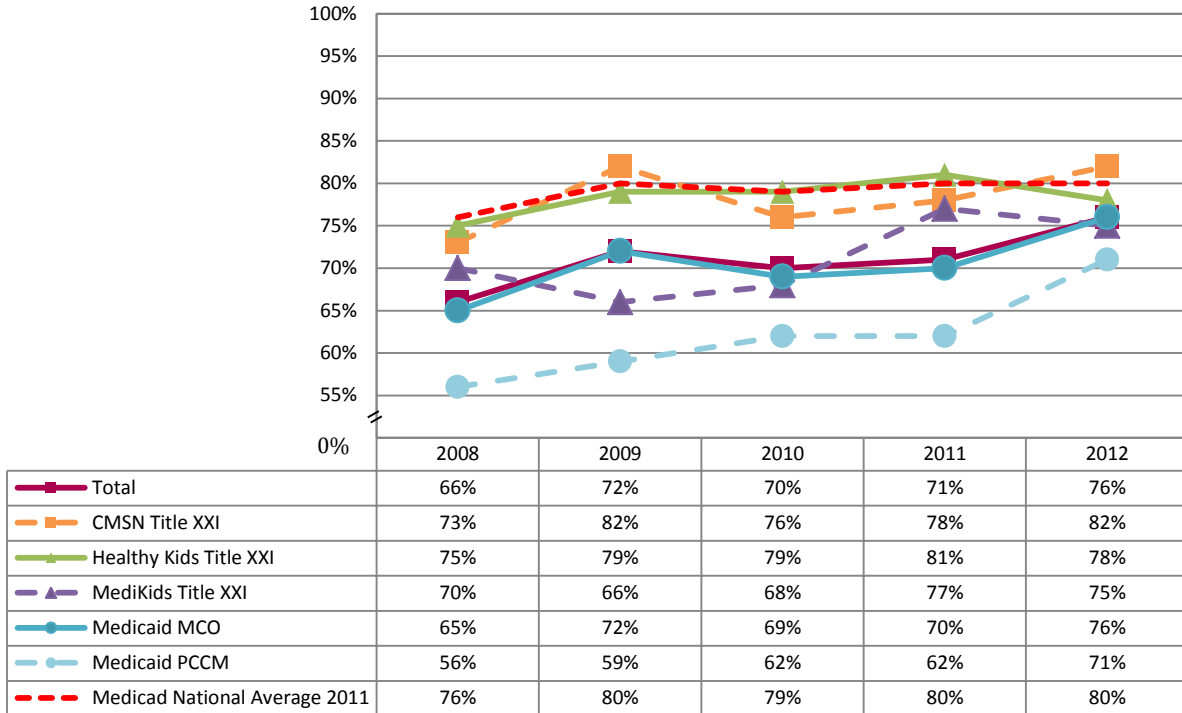


Figure 30. Florida KidCare families responding positively to the CAHPS® domain on “health plan customer service”, five year trend



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. **Table 39** shows 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% of KidCare families and by 61% of the national Medicaid benchmark group.
- Primary care providers were rated a “9” or a “10” by around 73% of KidCare families and by 70% of the national Medicaid benchmark group.
- Specialty care providers rated a “9” or a “10” by nearly 70% of KidCare families and by 66% of the national Medicaid benchmark group.
- Health plans were rated a “9” or a “10” by approximately 60% of KidCare families and by 64% of the national Medicaid benchmark group.
- Florida KidCare’s ratings exceeded the national benchmarks for three of the four measures: overall health care, specialty care, and health plan experience.
- These results generally mimic the pattern seen in the prior evaluation year.

Table 39. KidCare families rating health care as a “9” or a “10”

Percent Reporting a Rating of “9” or “10”	Total	CMSN Title XXI	Healthy Kids Title XXI	MediKids Title XXI	Medicaid MCO	Medicaid PCCM	National Medicaid Benchmark
Rating of overall health care experience (range 0 low- 10 high)	62.9	62.0	62.0	68.0	60.8	64.1	61.0
Rating of primary care providers (range 0 low- 10 high)	72.9	69.8	75.0	73.0	74.1	72.1	70.0
Rating of specialty care providers (range 0 low -10 high)	69.9	67.6	69.3	74.1	68.7	71.4	66.0
Rating of health plan experiences (range 0 low-10 high)	60.2	63.7	63.4	59.0	56.8	62.8	64.0

Dental Care

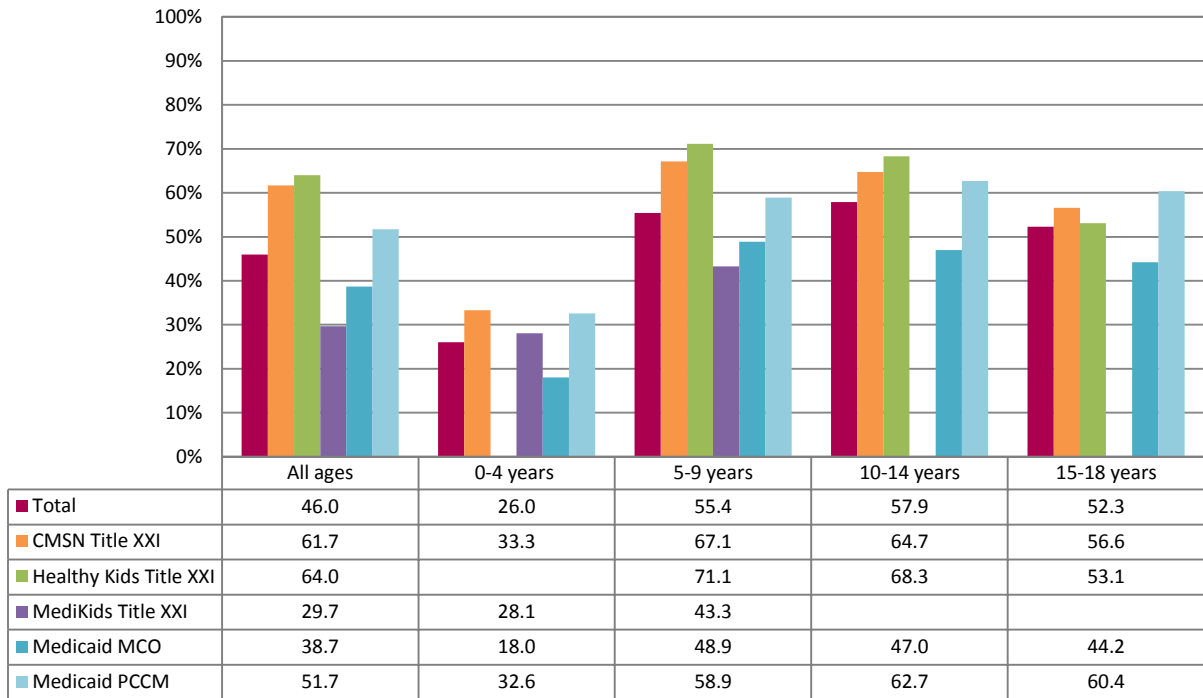
Earlier Florida KidCare program evaluations found significant unmet need for dental care prior to KidCare program enrollment. The American Dental Association (ADA) recommends that children have at least one dental visit by their first birthday and every six months thereafter. Families with younger children 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 31 shows the percentage of children using dental services in the six months prior to the 2012 interview.

- Overall, 46% 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 (61.7%) and Florida Healthy Kids (64.0%) saw a dentist in the last six months compared to Medicaid MCO (38.7%) and Medicaid PCCM (51.7%).
- 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; 29.7% of MediKids enrollees saw a dentist in the six months prior to the interview.
- These results are consistent with the prior evaluation.

Figure 31. Established enrollees seeing a dentist in the six months prior to the 2012 interview, by age

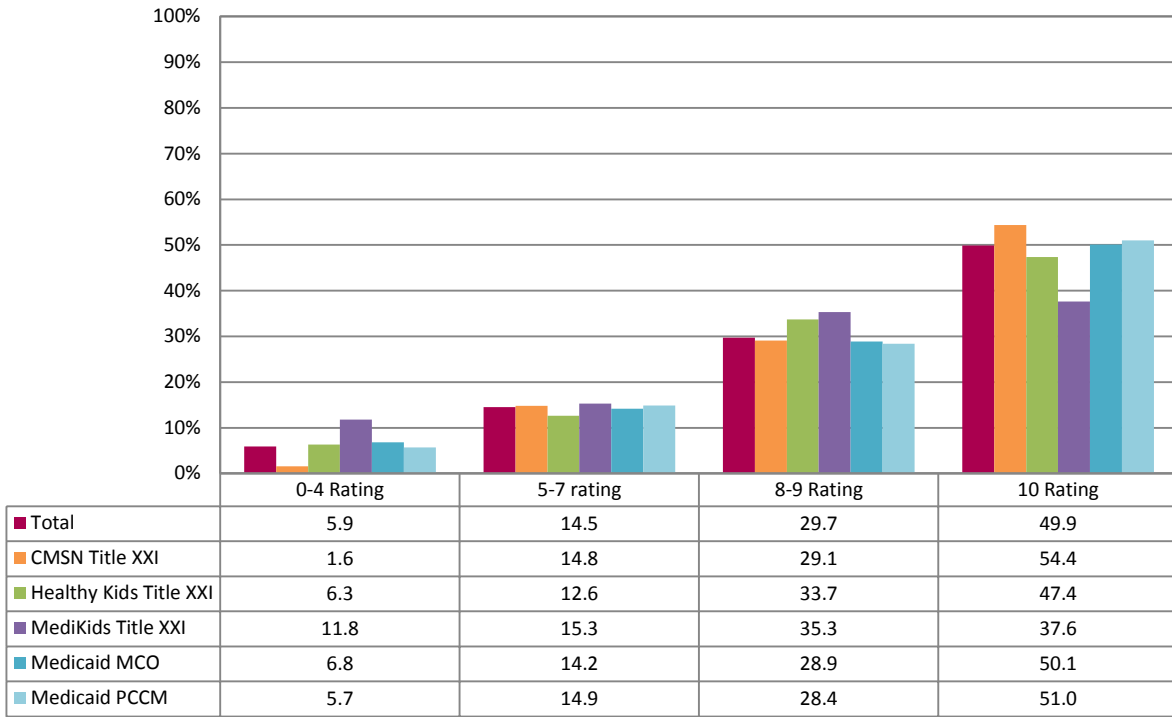


For those children who saw a dentist, families were asked to rate the dental care on a scale from zero representing the “worst possible dental care” to ten representing the “best possible dental care.”

Figure 32 shows the families’ ratings of the dental care their children received.

- Overall, nearly 50% of respondents rated their dental care as a “10”.
- Close to an additional 30% rated their dental providers an “8” or a “9”.
- These results are overall similar to those reported last year.

Figure 32. Ratings (zero/low to ten/high) of dental care for established enrollees



3. Quality of Care Results

Technical Specifications

Assessing the quality of care for all children is essential. This section of the KidCare program evaluation follows the Institute of Medicine (IOM) conceptual framework for assessing health care quality that includes: 1) access to care and 2) the effectiveness of care.⁸ 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. This report section presents rates for the Healthcare Effectiveness Data and Information Set (HEDIS[®]) measures using National Committee for Quality Assurance (NCQA) compliant specifications.⁹ Specifically, the following indicators are calculated for this report:

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

Measures were calculated for all KidCare programs using data from Calendar Year (CY) 2011 as well as earlier periods when appropriate. The measures were calculated using NCQA-certified software and the results were audited. Results are reported for the HEDIS[®] quality of care measures for seven KidCare programs: Florida Healthy Kids, MediKids, Children's Medical Services Network (CMSN), Title XIX not in pilot/reform counties (CMSN Title XIX), Medicaid Fee-For-Service (FFS), Medicaid PCCM, Medicaid PSNNR, and Medicaid beneficiaries enrolled in the pilot programs (Reform)¹⁰. Due to data limitations, results for Medicaid MCOs 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).

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

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

10 The Reform group includes enrollees in PSNs or CMSN.

Throughout this section, when possible, comparisons are provided to national averages for other Medicaid and commercial health insurance programs. The NCQA gathers and compiles data from Medicaid and commercial managed care plans nationally.¹¹ Submission of HEDIS[®] data to the 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, are more likely to be federally qualified, and are more likely to be affiliated with a national managed care company than the overall population of health plans in the United States.¹² The 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, Clinical Risk Groups (CRGs) were calculated for each of the Florida KidCare program components. The CRGs provide information on the health status of enrollees, which provides context for their need for and use of health care.

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 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.

¹¹ The information that NCQA compiles for Medicaid and commercial managed care programs can be viewed at www.ncqa.org.

¹² 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.

- **(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 33 displays the distribution of KidCare Medicaid Title XIX enrollees by CRG categories.

- About 41% 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 42% of Medicaid Title XIX enrollees.
- The remaining shares of Title XIX enrollees were assigned to significant acute (5%), minor (4%), moderate (6%), and major (2%).

Figure 33. Distribution of Florida KidCare Medicaid Title XIX enrollees by Clinical Risk Group,2011

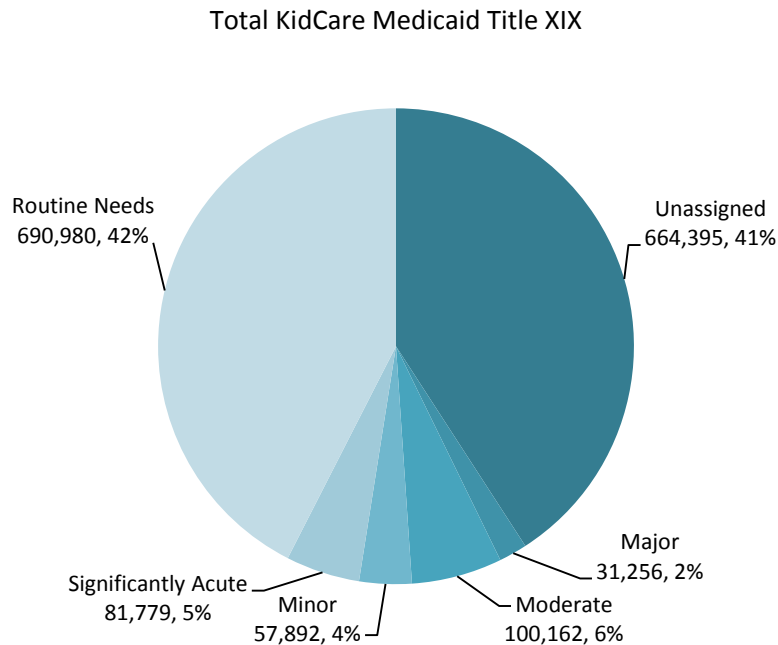
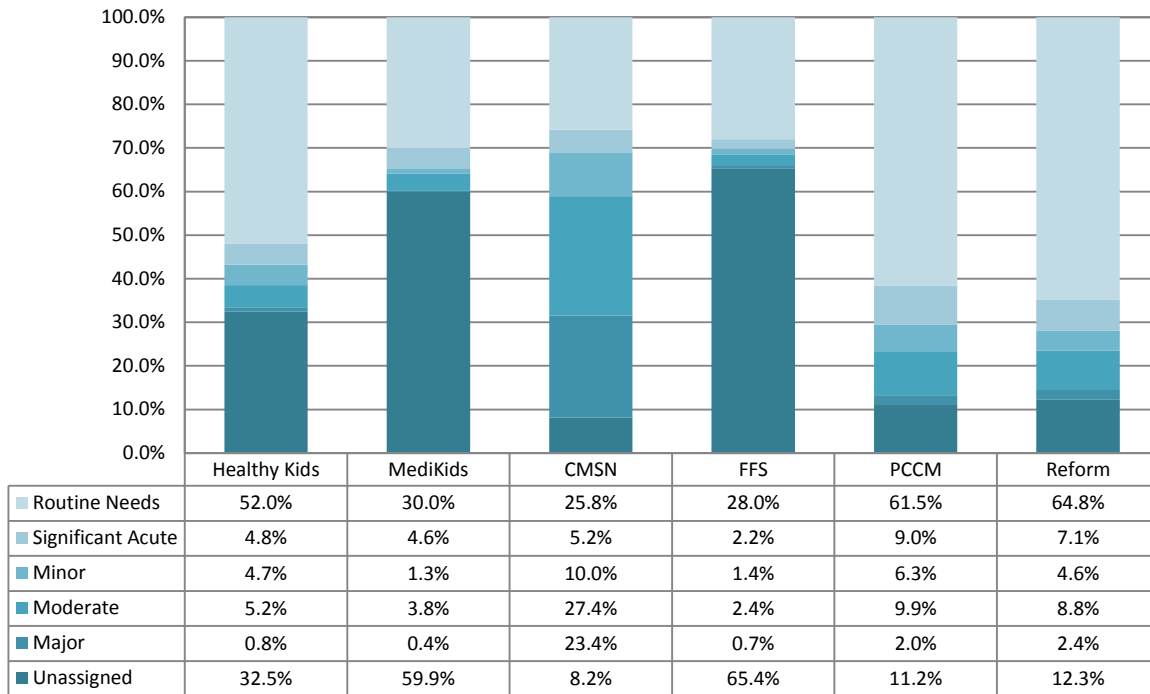


Figure 34 displays the same CRG classifications for each Florida KidCare program component.

- Notably, 60% of MediKids Title XXI and 65% 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.
 - Since Medicaid XIX FFS enrollments are dominated by a short-term population, FFS rates for preventive care measures, for example, may be lower than other programs that have more stable, longer-term populations.
 - Despite these trends in the Medicaid XIX FFS population, data for these enrollees are presented in the report as they provide insight into the Florida KidCare program in its entirety.
- 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 34. Distribution of Florida KidCare enrollees by Clinical Risk Group, by program, 2011



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.

Figure 35 through **Figure 37** display the percentage of Florida KidCare enrollees, by age group, who met the criteria for this measure in 2011. Recall that the HEDIS® means reported in these figures are average for all Medicaid and commercial HMO insurance programs that report their rates to the NCQA. Since Florida Healthy Kids serves children from ages 5-18, there is no information for Healthy Kids presented for ages 12-24 months.

Figure 35 shows the CAP rates for ages 12-24 months in CY 2011.

- For CMSN Title XIX (99.5%) and Medicaid PCCM Title XIX (98.5 %) exceed both national averages for PCP access; the Medicaid national average was 96.1% and the commercial HMO average was 97.5%.
- The rate for Medicaid Reform Title XIX (97.0%) exceeded the Medicaid national average, but not the commercial HMO mean.
- The MediKids rate (94.7%), Medicaid FFS Title XIX rate (61.2%), and Medicaid PSNNR Title XIX rate (85.6%), did not exceed either of the national averages.
- These results are similar to the previous year’s results.

Figure 35. HEDIS® Children’s access to Primary Care Practitioners (CAP), ages 12-24 months, CY 2011

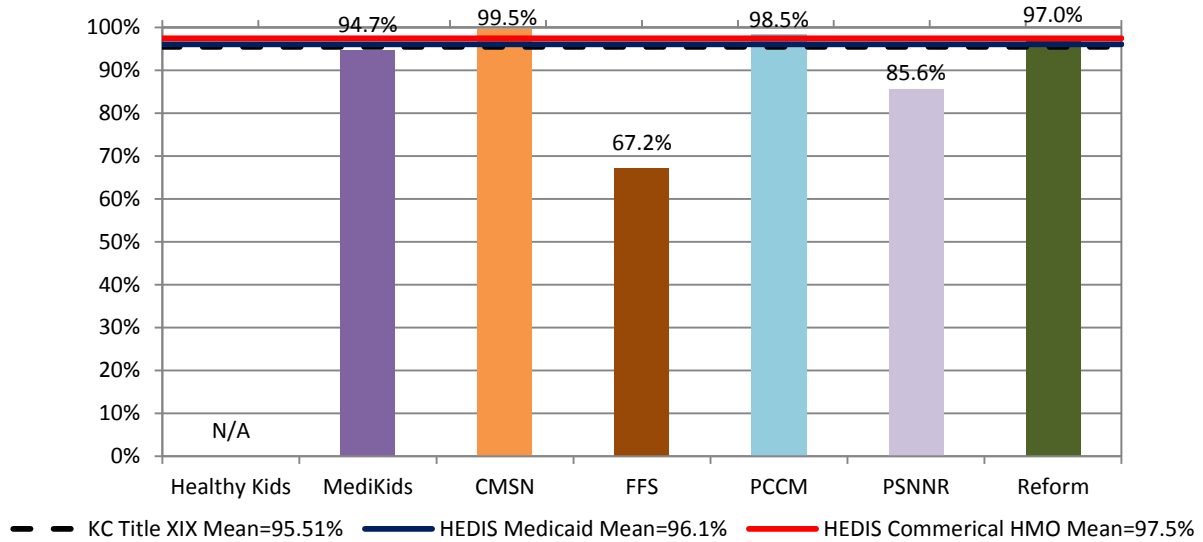


Figure 36 shows the CAP rates for ages 25 months to 6 years.

- Rates for two programs, CMSN Title XIX (97.0%) and Medicaid PCCM Title XIX (92.7%), exceeded both the national Medicaid (88.3%) and the national commercial average (91.2%).
- The rate for MediKids (89.8%) and Medicaid Reform Title XIX (89.1%) exceeded the national Medicaid average.
- The rates for Florida Healthy Kids (86.7%), Medicaid FFS Title XIX (17%), and Medicaid PSNNR Title XIX (78.8%) did not exceed either of the two national averages.
- The results of this measure were comparable to last year’s results.

Figure 36. HEDIS® Children’s access to Primary Care Practitioners (CAP), ages 25 months to 6 years, CY 2011

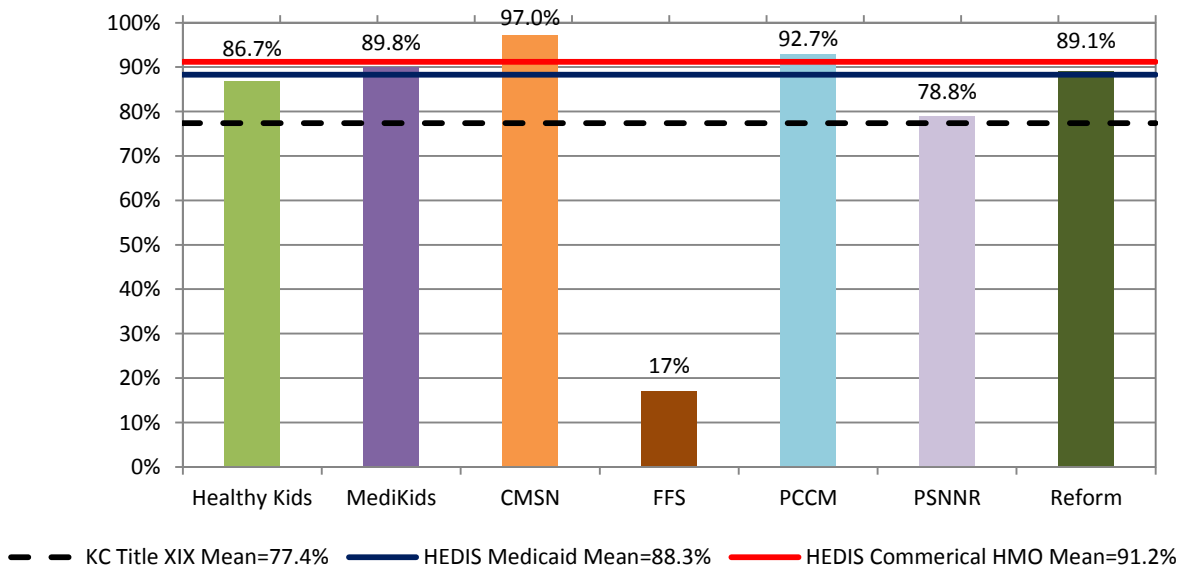


Figure 37 shows the CAP rates for ages 7-11 years.

- The rates of PCP access for Florida Healthy Kids (92.1%), CMSN Title XIX (98.2%), and Medicaid PCCM Title XIX (91.8%) exceeded the national Medicaid average (90.2%) and the national commercial average (91.6%).
- The rates for MediKids (34.6%), Medicaid FFS Title XIX (26.0%), Medicaid PSNNR (75.4%), and Medicaid Reform Title XIX (86.2%) did not exceed either of the national averages.
- The findings from this measure are similar to last year's.

Figure 37. HEDIS® Children's access to Primary Care Practitioners (CAP), ages 7-11 years, CY 2011

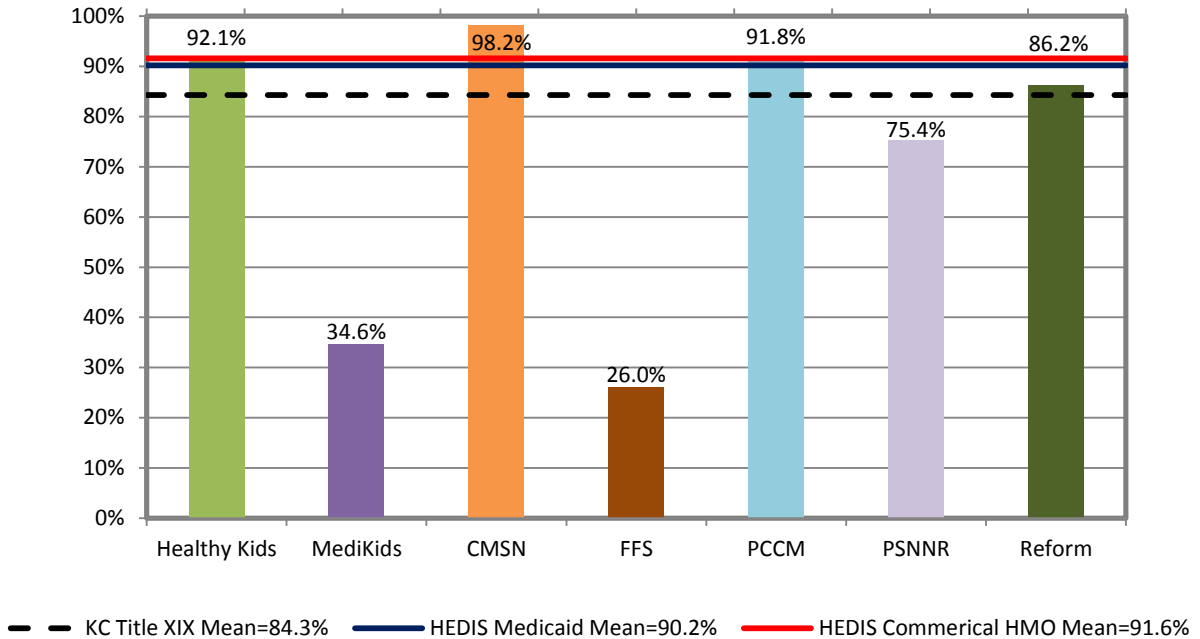


Figure 38 shows the CAP rates for ages 12-19 years.

- The rates of PCP access for Healthy Kids (89.8%) and CMSN Title XIX (97.7%) exceeded the national Medicaid average (88.1%) and the national commercial average (89.2%).
- The rates for Medicaid PCCM Title XIX (89.1%) exceeded the Medicaid average but not the commercial average.
- The rates for and MediKids (9.1%), Medicaid FFS Title XIX (45.4%), Medicaid PSNNR Title XIX (66.6%), and Medicaid Reform Title XIX (83.0%) did not exceed the two national averages.
- These results are in line with the previous year's results.

Figure 38. HEDIS® Children’s access to Primary Care Practitioners (CAP), ages 12-19 years, CY2011

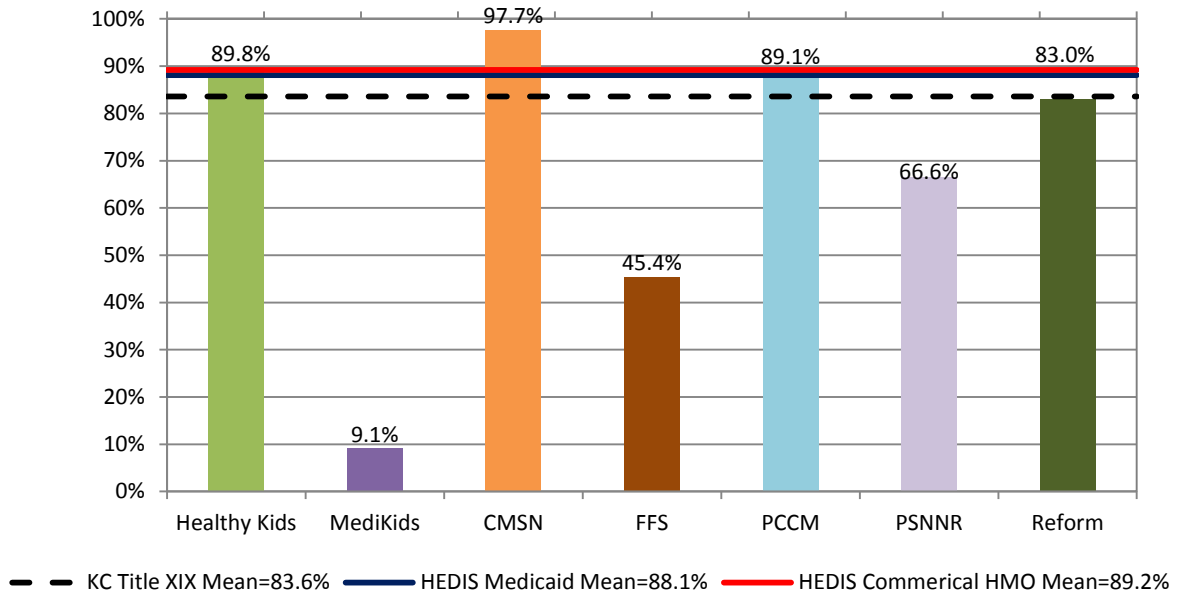
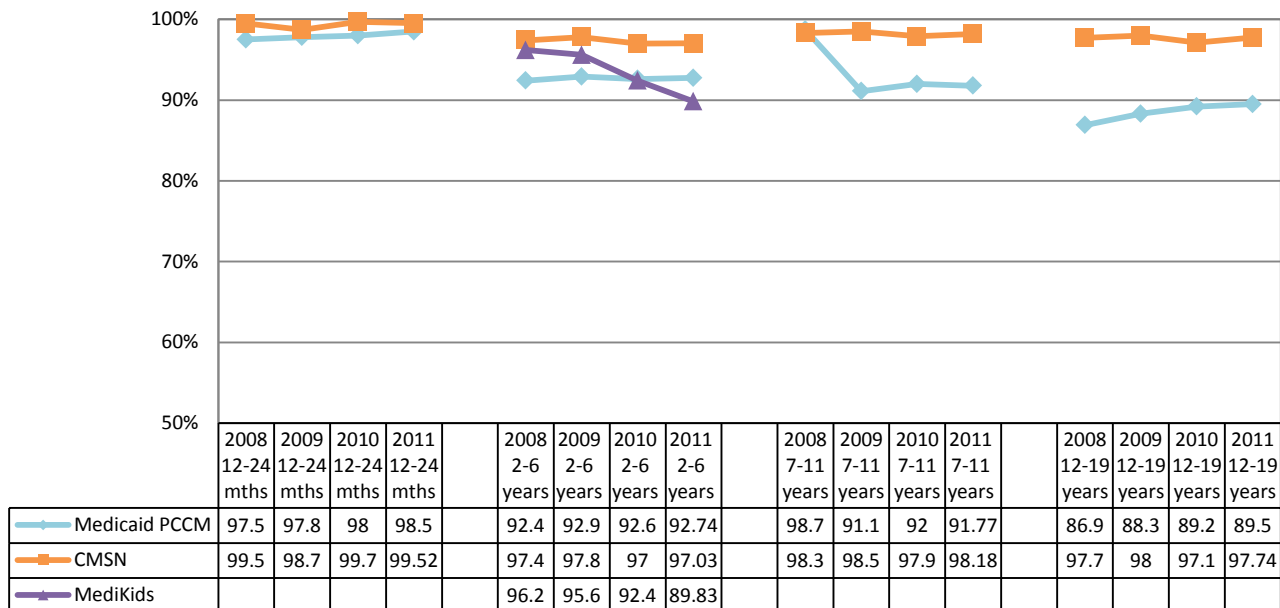


Figure 39 provides a comparison with 2008-2011 results for the three Florida KidCare program components with available data.

- Over the four years, the rates of access to PCPs have remained high, indicating excellent access to Primary Care Providers for Florida KidCare enrollees.

Figure 39. HEDIS® Children’s access to Primary Care Practitioners, four year comparison



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: 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.

Figure 40 through **Figure 44** display the percentage of enrollees, by age, who met the criteria for this measure in CY 2011.

Figure 40 shows the ADV results for enrollees 2-3 years of age.

- None of the KidCare programs met or exceeded the national Medicaid average of 30.8%.
- These are slightly higher than last year's results.

Figure 40. HEDIS® Annual dental visit (ADV), ages 2-3 years, CY2011

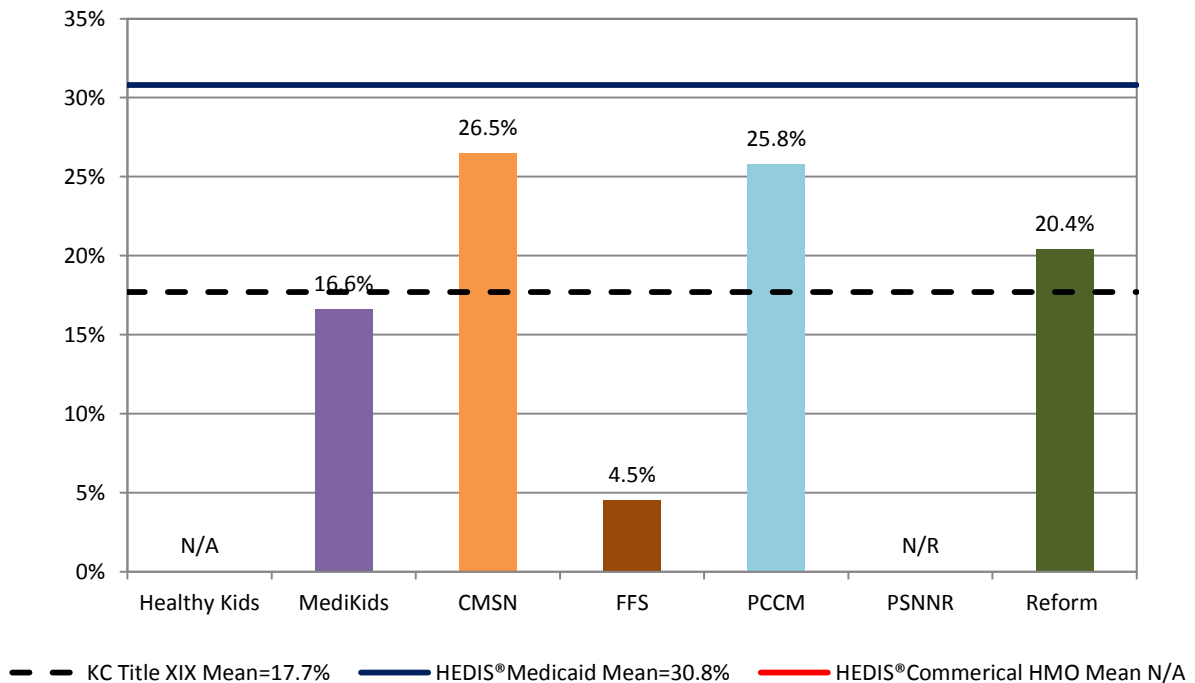


Figure 41 shows the results for enrollees 4-6 years of age.

- Florida Healthy Kids was the only program to exceed the national average of 54.3%.
- The findings of this measure are higher than the ones reported in last year's report.

Figure 41. HEDIS® Annual dental visit (ADV), ages 4-6 years, CY2011

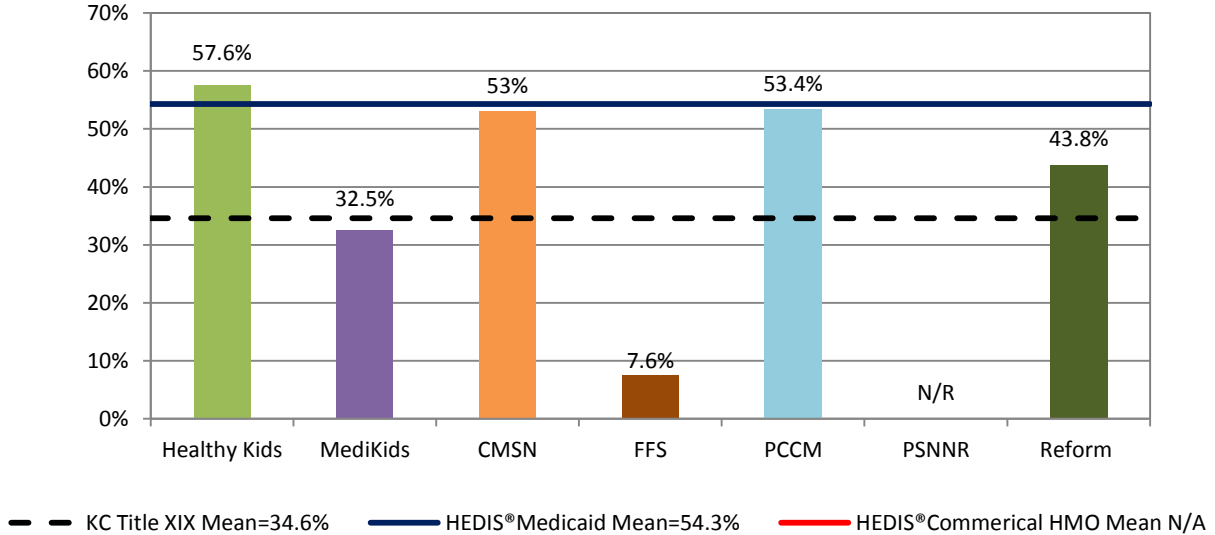


Figure 42 shows the ADV results for enrollees 7-10 years.

- Florida Healthy Kids (63.1%), CMSN (60.9%), and PCCM (59.9%) all exceeded the national Medicaid average (58.5%).
- None of the other Florida KidCare programs met or exceeded the national Medicaid average for dental visits for this age group.
- These results are higher than last year's findings.

Figure 42. HEDIS® Annual dental visit (ADV), ages 7-10 years, CY2011

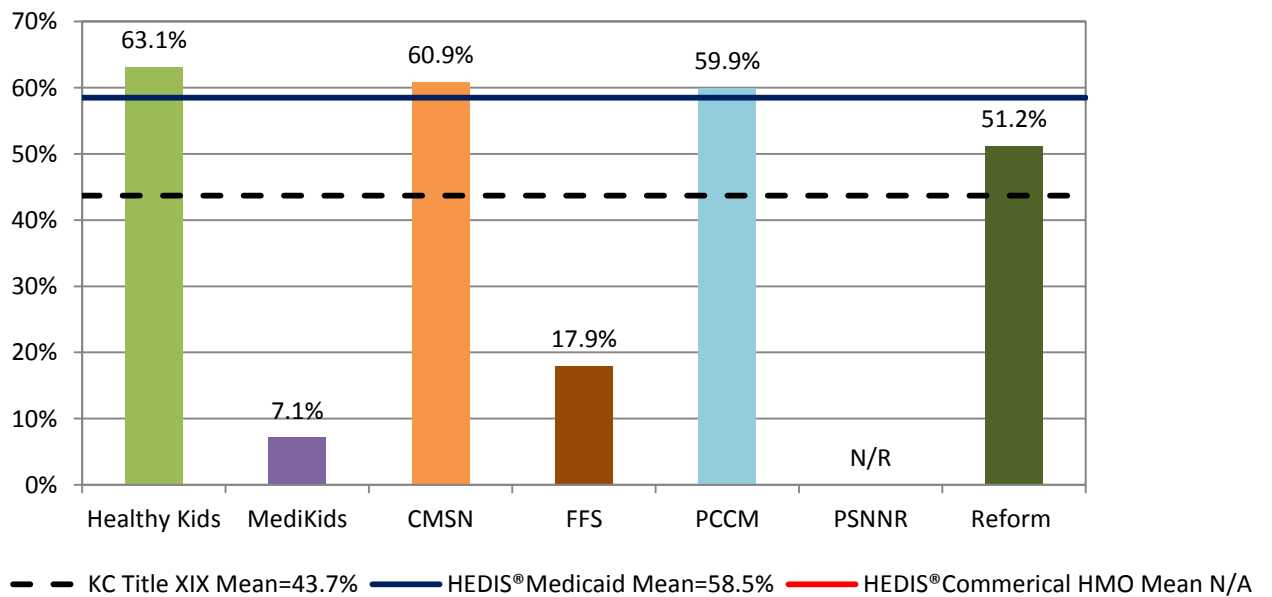


Figure 43 shows the ADV results for enrollees 11-14 years.

- Florida Healthy Kids (58.3%) and CMSN (57%) exceeded the national Medicaid average (53.2%).
- None of the other Florida KidCare programs met or exceeded the national Medicaid average for dental visits for this age group.
- The results for this measure are slightly higher than last years reported numbers.

Figure 43. HEDIS® Annual dental visit (ADV), ages 11-14 years, CY2011

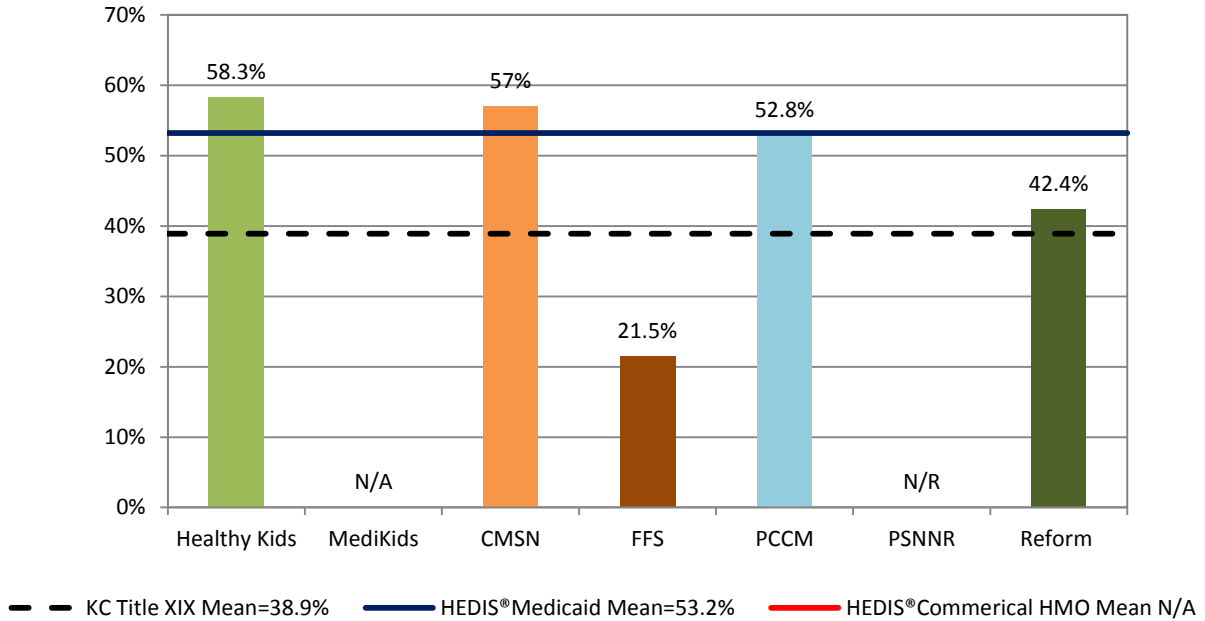
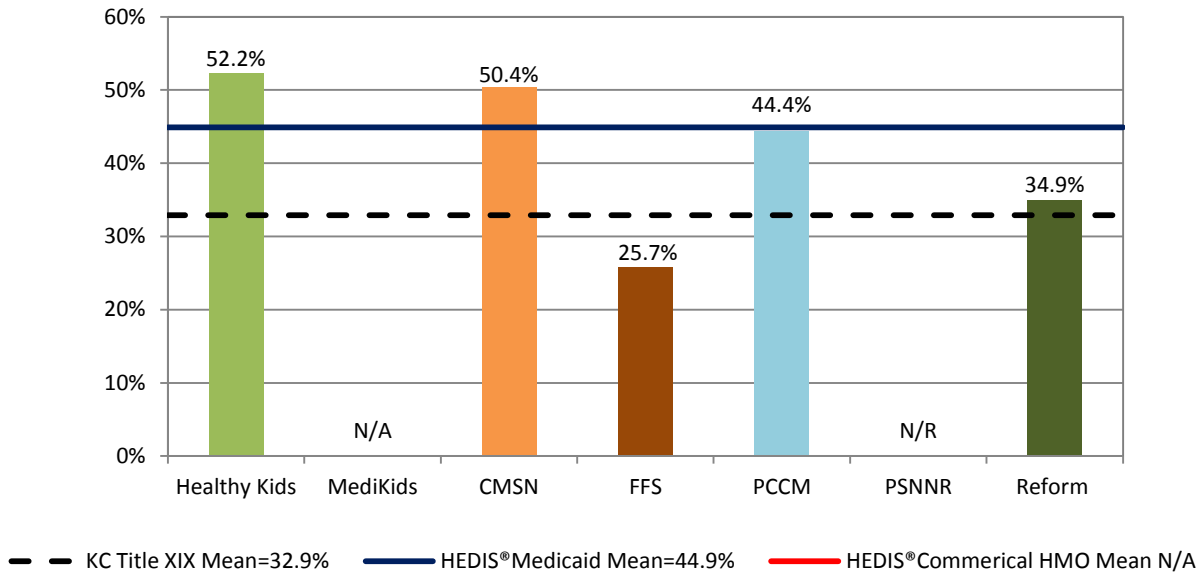


Figure 44 shows the ADV results for enrollees 15-18 years.

- Florida Healthy Kids (52.2%) and CMSN (50.4%) exceeded the national Medicaid average (44.9%).
- None of the other Florida KidCare programs met or exceeded the national Medicaid average for dental visits for this age group.
- The trend of results from this year were similar to last year's results in that the Florida Healthy Kids and CMSN programs exceeded the Medicaid average whereas the other programs did not.

Figure 44. HEDIS® Annual dental visit (ADV), ages 15-18 years, CY2011



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 CY2011. 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 CY2011. Treatment could have been initiated through an inpatient admission for AOD, an outpatient visit, an intensive outpatient encounter, or a partial hospitalization.

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

MediKids for either the initiation or engagement measure because the program does not enroll children 13-17 years of age.

Figure 45 shows the results for the HEDIS® IET initiation measure.

- Two of the Florida KidCare programs, Medicaid FFS Title XIX (58.0%) and Medicaid PCCM Title XXI (47.1%), exceeded the national Medicaid average of 42.9% and the commercial HMO average of 42.7% for IET.
- On average, 50.4% of the KidCare members in the four Title XIX programs, who are diagnosed with an AOD, began treatment within 14 days of their diagnosis. Results for Title XIX overall exceed both national averages on this initiation measure.
- These results are similar to the previous year report.

Figure 45. HEDIS® Initiation of alcohol and other drug dependence treatment (IET), ages 13-17 years, CY2011

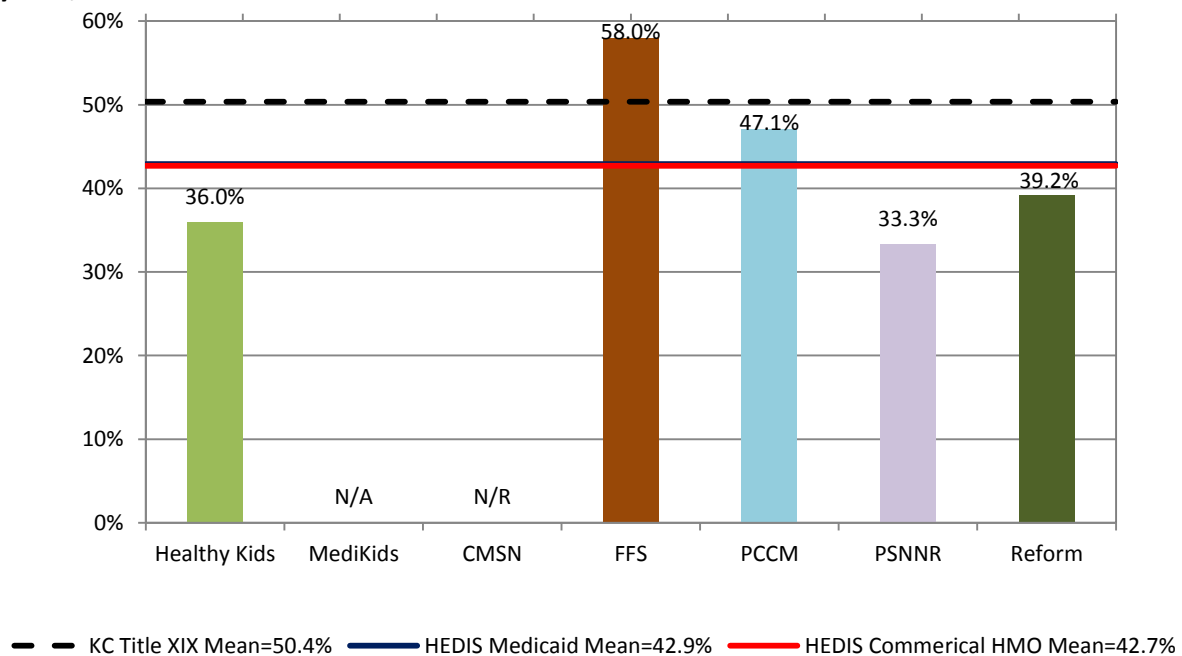
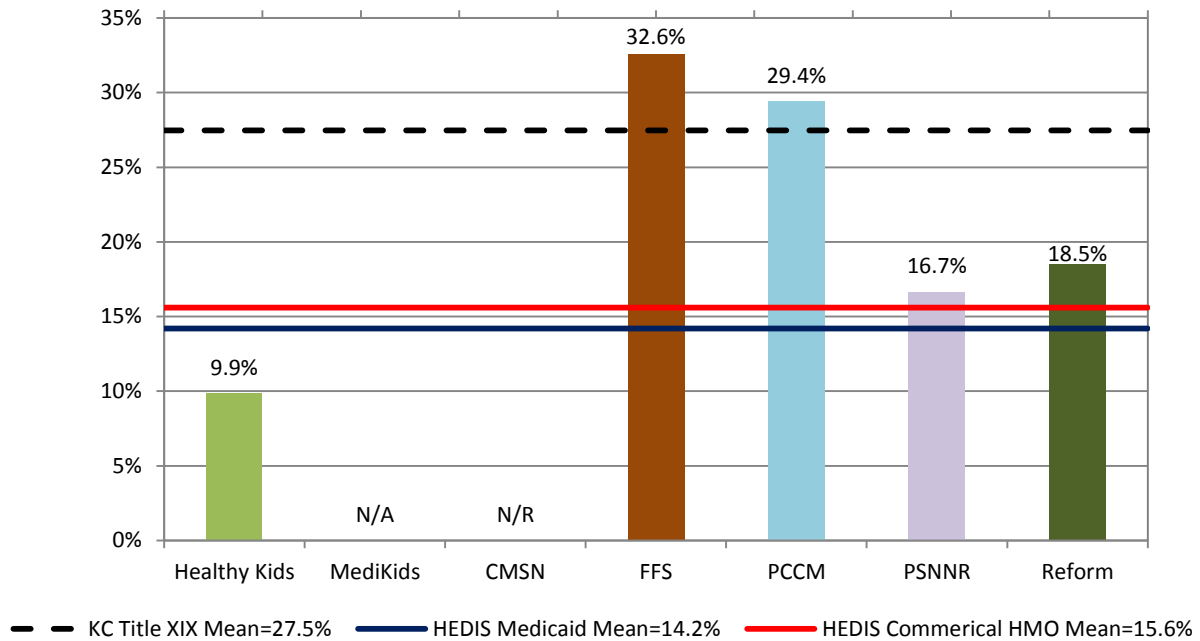


Figure 46 shows the results for the IET engagement measure.

- The rate for Medicaid FFS Title XIX (32.6%), Medicaid PCCM Title XIX (29.4%), Medicaid PSNNR Title XIX (16.7%), and Medicaid Reform Title XIX (18.5%) exceeded the national Medicaid average of 14.2% and the national commercial HMO average of 15.6%.
- On average, 27.5% of the KidCare members in the four Title XIX programs, who are diagnosed with an AOD, received additional AOD care within 30 days of their initial visit. Results for Title XIX overall exceed the national Medicaid average on this engagement measure.
- These results are higher than last years reported findings.
 - 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 46. HEDIS® Engagement of alcohol and other drug dependence treatment (IET), ages 13-17 years, CY2011



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 2011.

Figure 47 shows the HEDIS® (W34) results for Florida KidCare enrollees.

- Four Florida KidCare program components scored above the HEDIS® Medicaid mean of 71.9% and the commercial HMO mean of 71.6%: MediKids (74.4%), CMSN Title XIX (77%), Medicaid PCCM Title XIX (75.3%), and Medicaid Reform Title XIX (73.5%).
- Results for Medicaid FFS Title XIX (9.8%) were much lower than the national averages, which is most likely due to the short-term nature of enrollments in this program.
- The findings of this measure have decreased compared to the results of last year's report.

Figure 47. HEDIS® Well-child visits in the 3rd, 4th, 5th, and 6th years (W34), CY2011

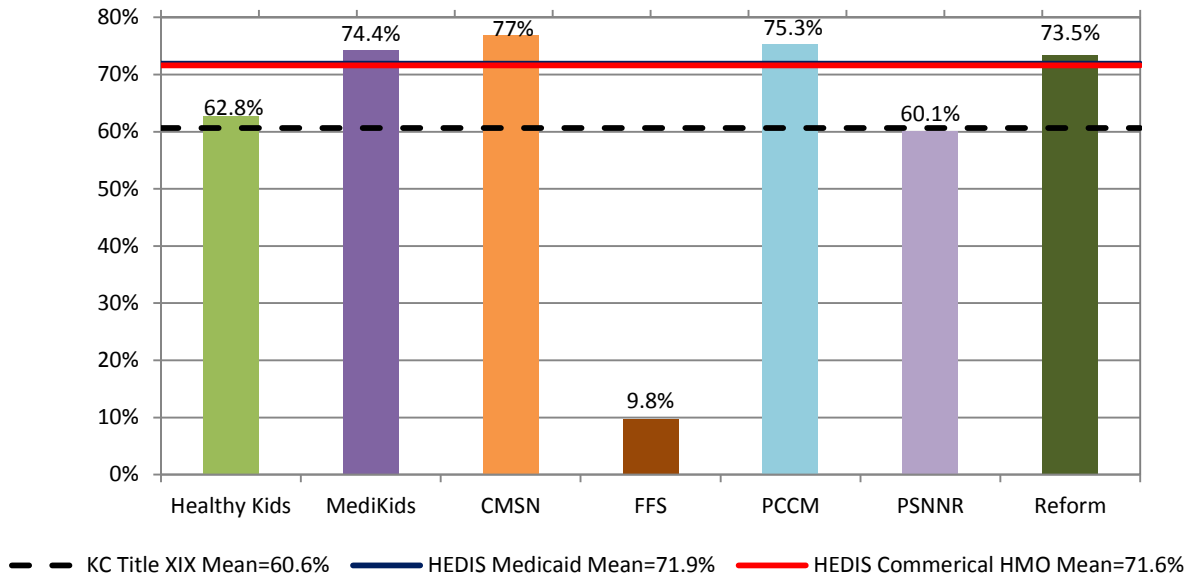
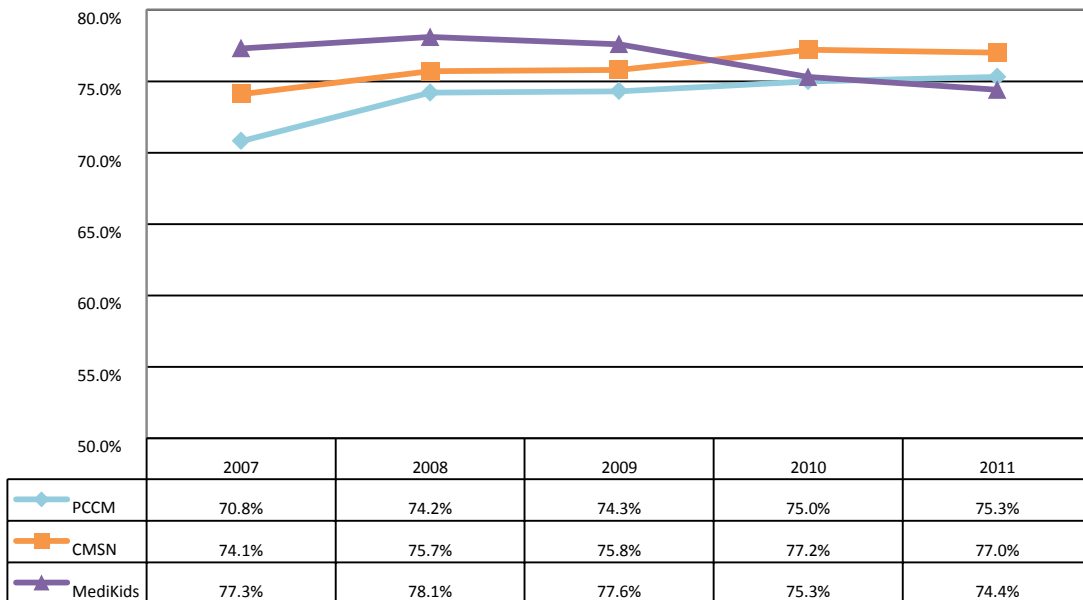


Figure 48 shows a comparison of results for the past five years for the three program components with available data.

- MediKids has steadily decreased over this period whereas CMSN Title XIX and Medicaid PCCM Title XIX have had a steady increase over the years.

Figure 48. HEDIS® Well-child visits in the 3rd, 4th, 5th, and 6th years (W34), five year trend, CY2011



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 CY2011; the original indicator measures compliance through 21 years of age, but the KidCare program only serves adolescents through age 18, hence 18 years is the oldest age group for this measure for this evaluation.

Figure 49 displays the percentage of adolescents who received one or more adolescent well-care visits during the measurement year.

- The national Medicaid average is 48.1% compliance, meaning that fewer than half of adolescents in Medicaid nationally are receiving regular well-care visits. The national commercial HMO average (42.7%) was lower than the Medicaid average.
- The rate for the KidCare Title XIX programs overall (42.0%) was slightly below the national commercial average, and below the national Medicaid average; this was due to the low percentage (15.6%) of adolescents in FFS and MediKids (5.9%) who had a well-care visit.
 - As in prior measures, the high turnover of FFS enrollees makes it difficult for this program to meet preventive care benchmarks.
- Three Florida KidCare program components scored above both of the national HEDIS® AWC means: Florida Healthy Kids (53.8%), CMSN Title XIX (58.7%), and Medicaid PCCM Title XIX (49.8%).
- The Medicaid Reform Title XIX rate (45.0%) was above the national commercial average, but not the Medicaid average.
- These results are similar to last year's results.

Figure 49. HEDIS® Well-care visits for adolescents (AWC), CY2011

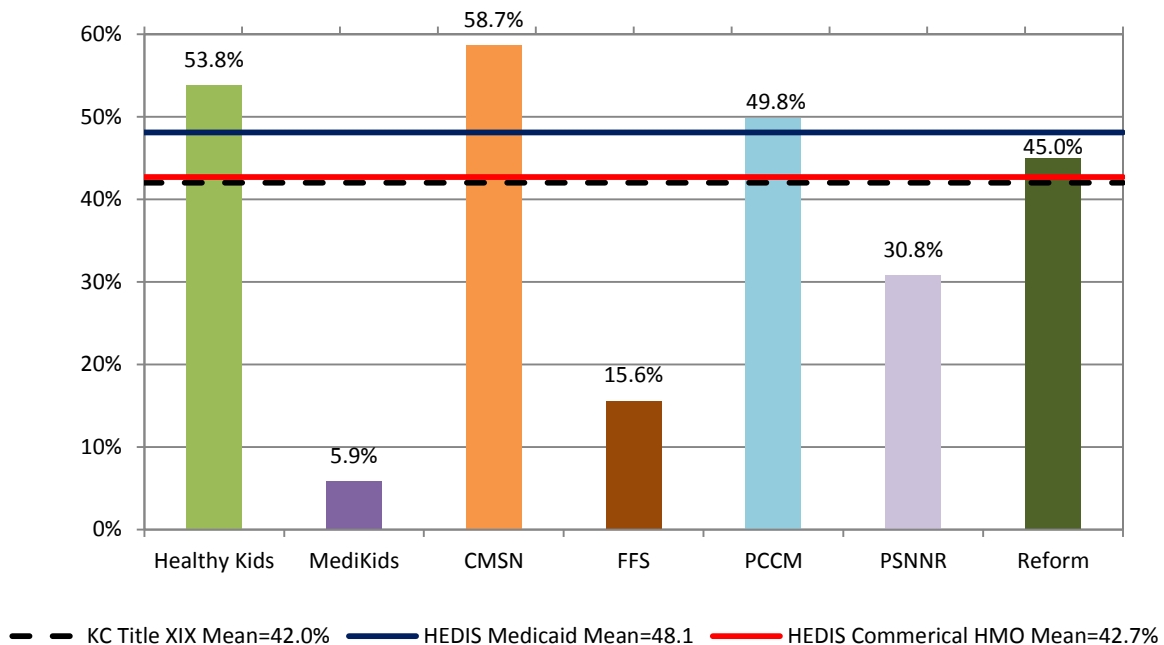
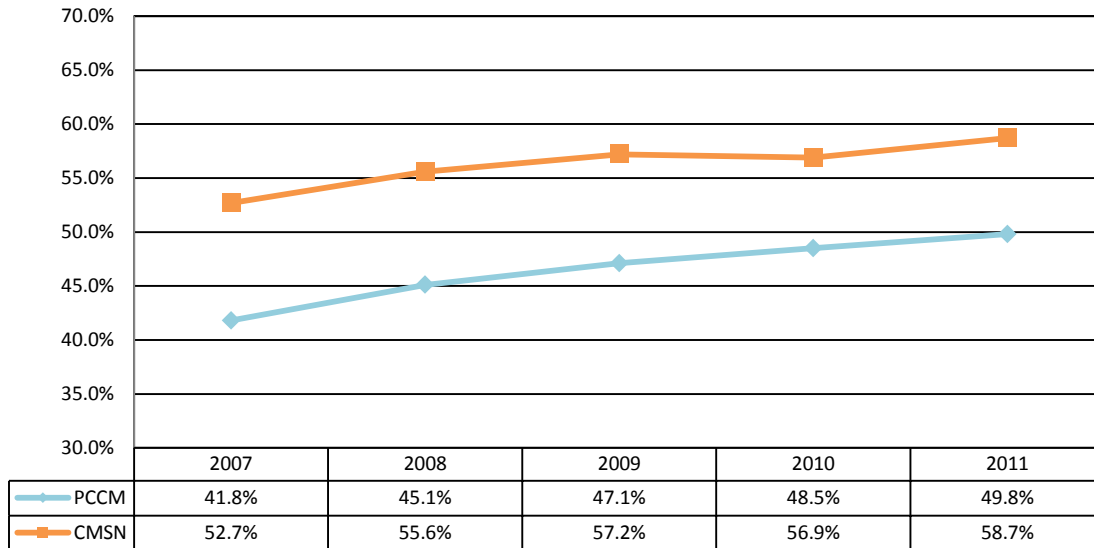


Figure 50 shows a comparison of AWC results for the past five years for the two Florida KidCare program components with available data.

- There has been a steady upward trend in the performance on this indicator for Medicaid PCCM Title XIX and CMSN Title XIX

Figure 50. HEDIS® Well-care visits for adolescents (AWC), five year trend, CY 2011

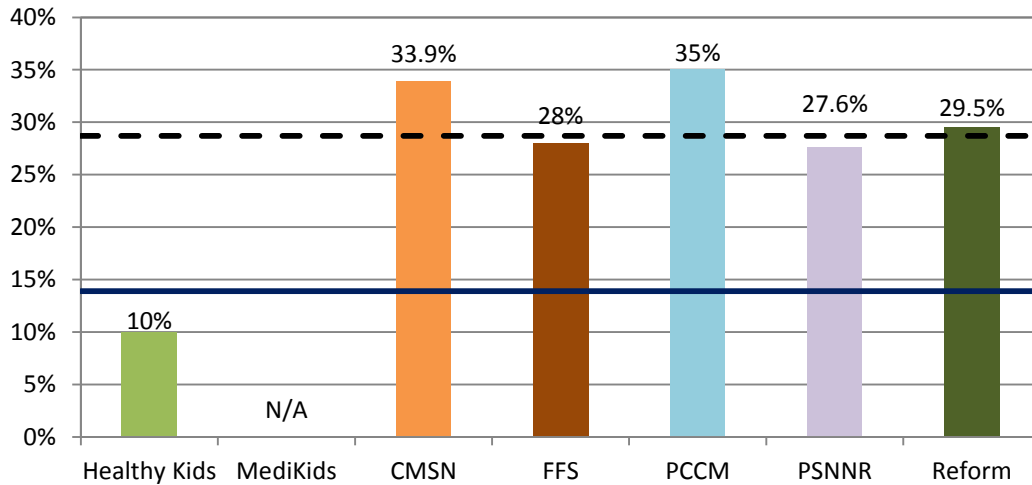


Frequency of Prenatal Care

Having prenatal care for the mother is vital to the delivery of a healthy baby. This HEDIS® FPC indicator measures the percentage of enrollees, who had a live birth between November 6th, 2010 and November 5th, 2011, 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.

Figure 51 displays the percentage of enrollees with a live birth who were compliant with 61-80% of the recommended prenatal visits. The national Medicaid average is 13.9% compliance. These results are higher than last year’s reported findings.

Figure 51. HEDIS® Frequency of prenatal care (FPC), compliance with 61-80% of the recommended visits, CY2011

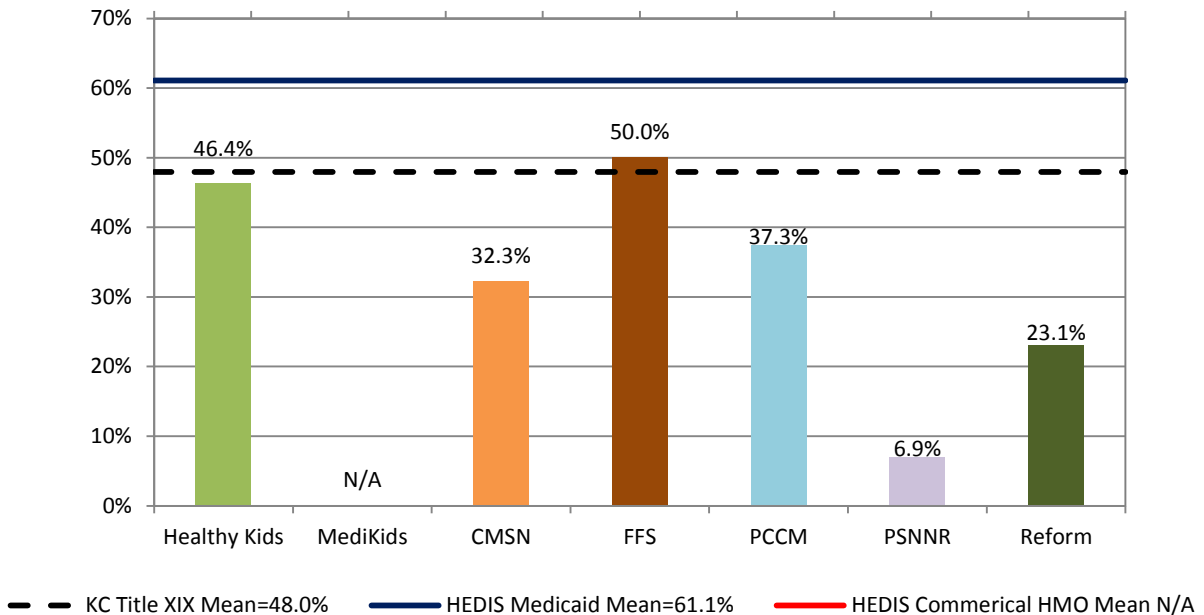


--- KC Title XIX Mean=28.7% — HEDIS® Medicaid Mean=13.9% — HEDIS® Commercial HMO Mean N/A

Figure 52 displays the percentage of enrollees with a live birth who were compliant with 81% more of the recommended prenatal visits.

- The national Medicaid average is 61.6% compliance with 81% or more of the recommended prenatal visits.
- None of the Florida KidCare program components exceeded the national Medicaid average.
- The findings are similar to those of last year’s report.

Figure 52. HEDIS® Frequency of prenatal care (FPC), compliance with 81% or more of the recommended visits, CY2011



Effectiveness of Care: Prevention and Screening

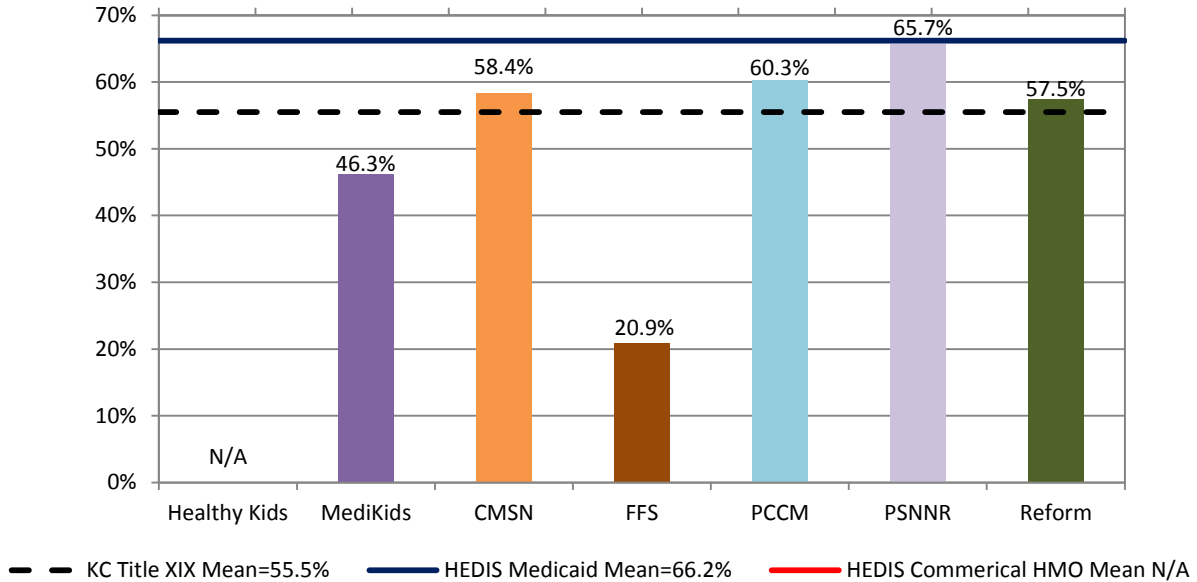
Lead Screening in Young Children

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 2011, who had received a blood test for lead before their second birthday. Unlike many other HEDIS® measures that are based on a single year of data, this indicator requires two years of data to ensure that all tests are identified.

Figure 53 presents the percentage of children who had at least one blood test for lead poisoning before their second birthday by program component.

- The national average for Medicaid was 66.2%; a national commercial average is not available.
- None of the Florida KidCare programs exceeded the national Medicaid average.
- CMSN Title XIX (58.4%), Medicaid PCCM Title XIX (60.3%), Medicaid PSNNR Title XIX (65.7%), and Medicaid XIX Reform (57.5%) had larger shares of their enrollees compliant with this measure than MediKids (42.3%) and Medicaid FFS Title XIX (20.9%).
- These findings are comparable to last year’s results.

Figure 53. HEDIS® Lead screening for children turning two years of age (LSC), CY2011



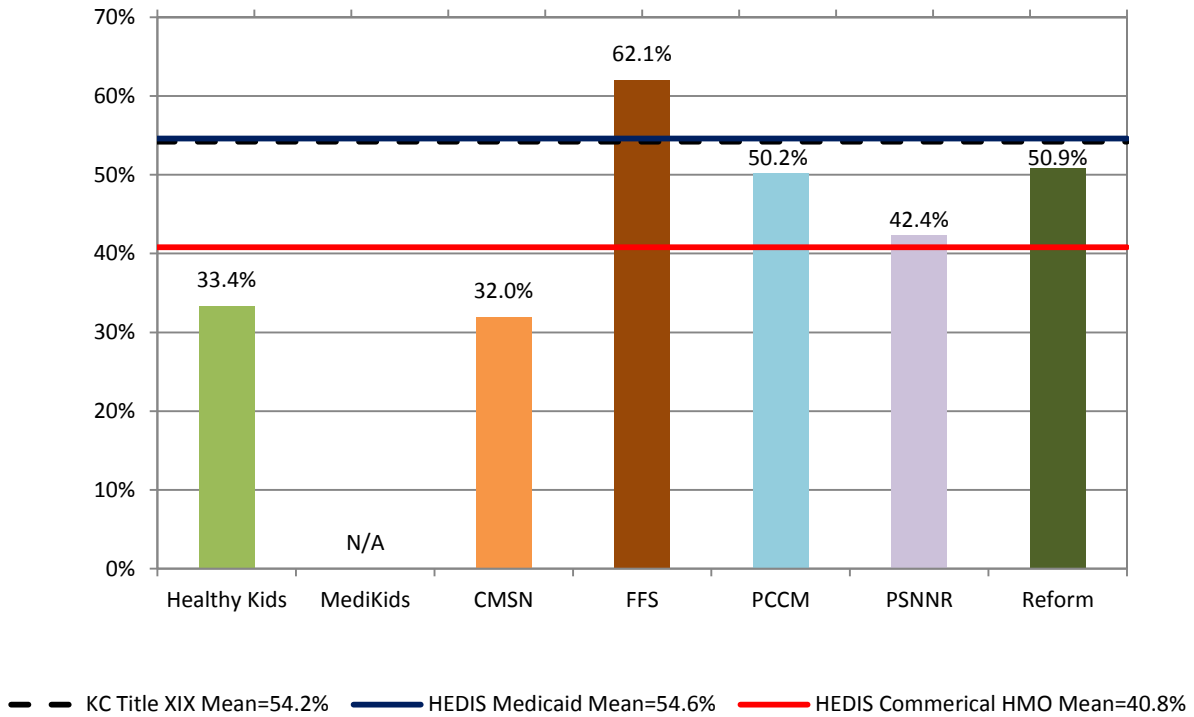
Chlamydia Screening

Chlamydia is 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 CY2011; 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.

Figure 54 presents the percentage of sexually active female enrollees who had a Chlamydia screening.

- The national average for Medicaid was 54.6% and the commercial average was 40.8%.
- Medicaid FFS Title XIX (62.1%) exceeded both national averages.
- Medicaid PCCM Title XIX (50.2%), Medicaid PSNNR Title XIX (42.4%), and Medicaid Reform Title XIX (50.9%) exceeded the commercial average, but not the Medicaid average.
- The rates for Florida Healthy Kids (33.4%) and CMSN Title XIX (32.0%) did not exceed either of the national averages.
- The results for this measure were similar to the previous year's results.

Figure 54. HEDIS® Chlamydia screening in women (CHL), ages 16-20 years, CY2011



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.

Figure 55 shows the CWP rates for Florida KidCare.

- No Florida KidCare program exceeded the HEDIS® CWP national commercial HMO mean of 77.6%
- Florida Healthy Kids (67.1%), MediKids (66.3%), and Medicaid Reform Title XIX (66.9%) exceeded the Medicaid nation average of 64.9%.
- CMSN Title XIX (60.5%), Medicaid FFS XIX (51.6%), Medicaid PCCM Title XIX (55.5%), and Medicaid PSNNR Title XIX (35.6%) did not exceed either the national Medicaid or the national commercial average.
- The findings from this year are similar to that of last year's results.

Figure 55. HEDIS® Appropriate testing for children with Pharyngitis (CWP), CY2011

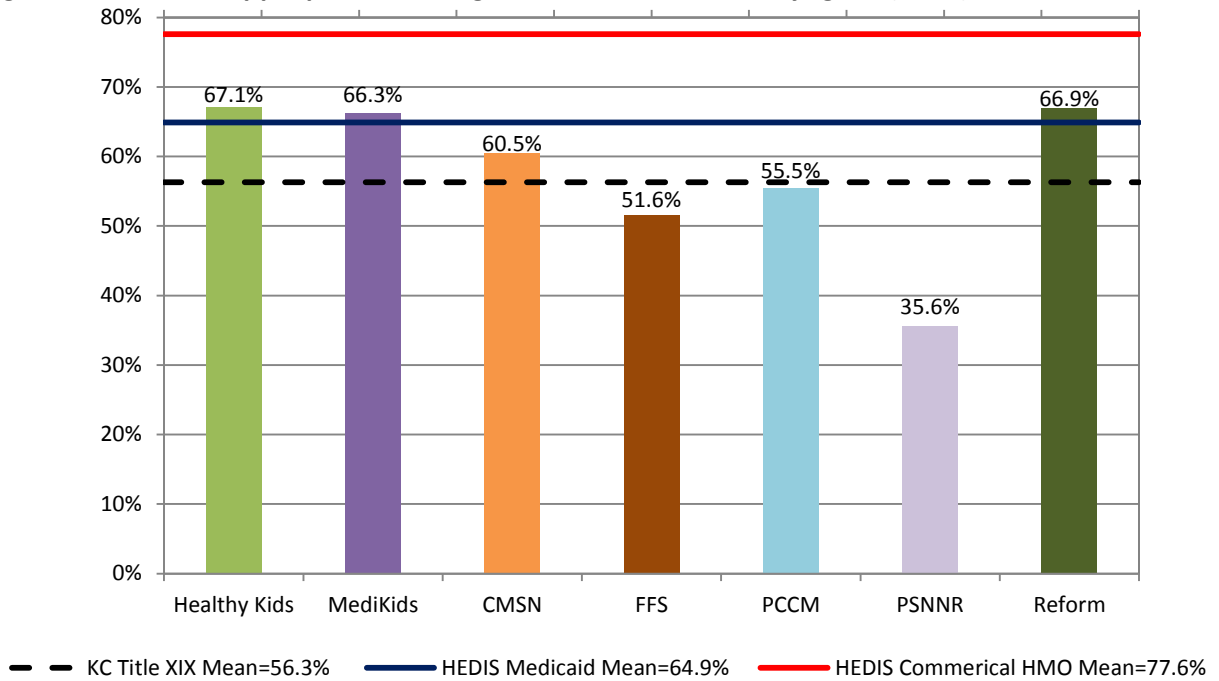
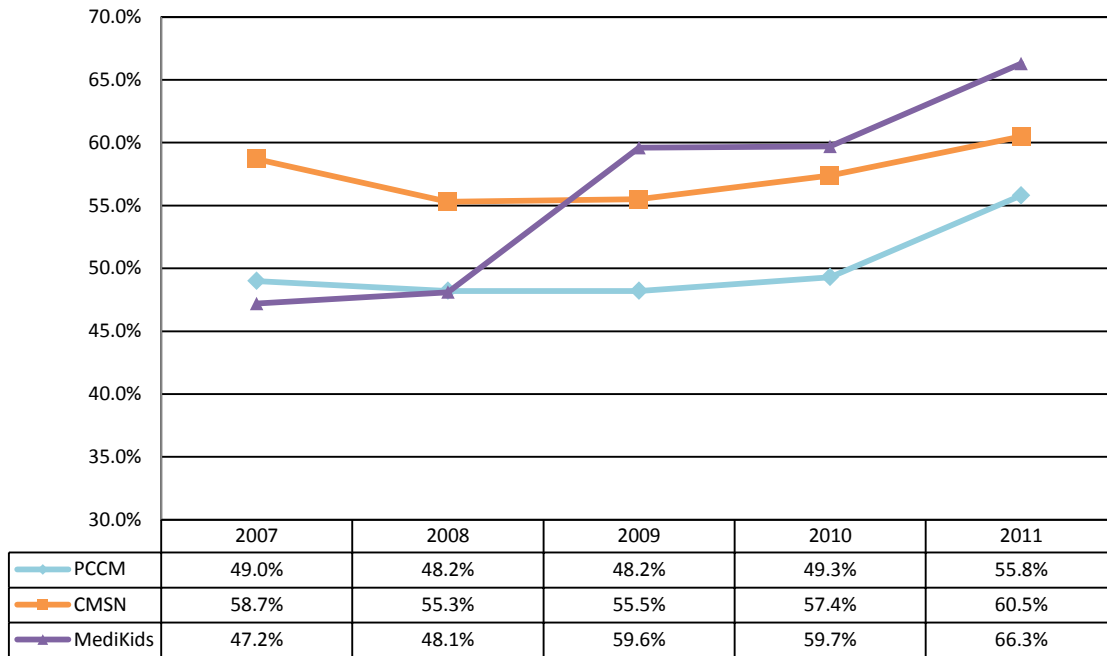


Figure 56 shows a comparison with CWP results from the prior five years is provided for the three program components with available data.

- MediKids was virtually the same for years 2007-2008 and 2009-2010, with sharp increases from 2008-2009 and 2010-2011.
- CMSN Title XIX and Medicaid PCCM Title XIX slightly decreased from 2007-2008, then steadily increased from 2008-2011.

Figure 56. HEDIS® Appropriate testing for children with Pharyngitis (CWP), five year comparison, CY2011



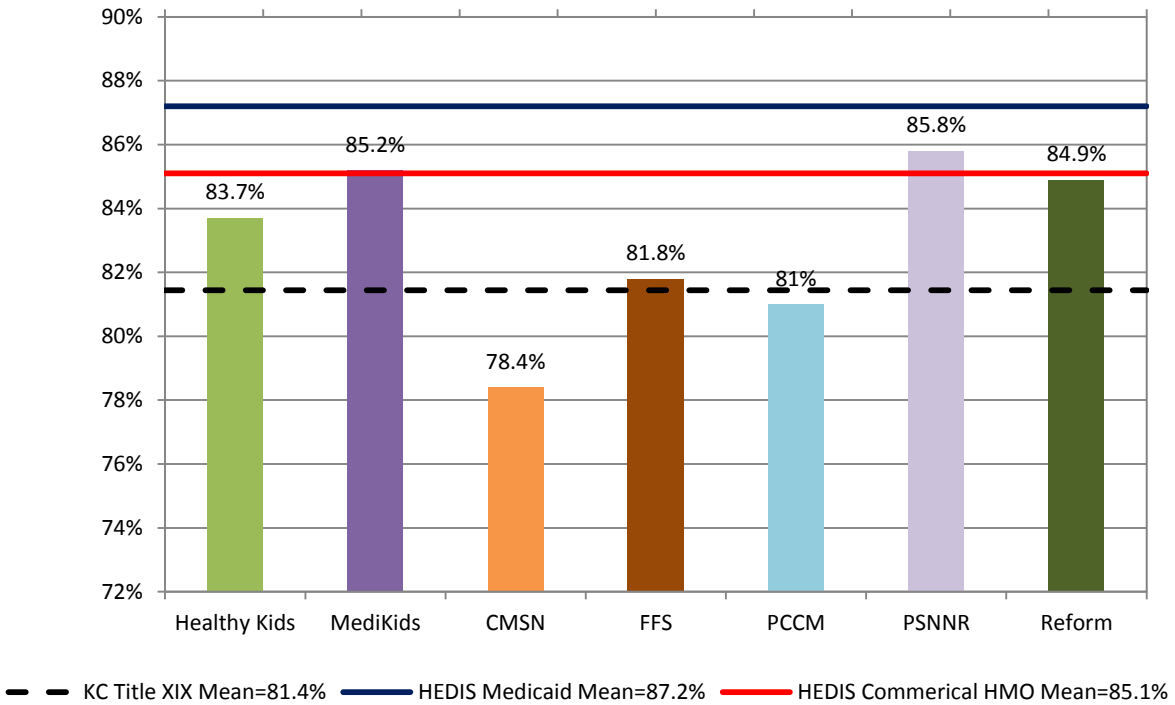
Appropriate Treatment for Children with Upper Respiratory Infections

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 57 shows the URI rates for CY2011.

- No KidCare program component performed better than the HEDIS® national Medicaid mean (87.2 %).
- Medicaid PSNNR Title XIX (85.8%) and MediKids (85.2%) were the only programs to exceed the HEDIS® national commercial HMO mean (85.1%).
- The other Florida KidCare program components performed below the national averages.
 - Florida Healthy Kids (83.7%), CMSN Title XIX (78.4%), Medicaid FFS Title XIX (81.8%), Medicaid PCCM Title XIX (81%), and Medicaid PSNNR Title XIX (85.8%).
- These results are slightly lower than last year's results.

Figure 57. HEDIS® Appropriate treatment for children with an Upper Respiratory Infection (UR), CY2011



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 CY2011.

Figure 58 shows the ASM rates for Florida KidCare components in CY2011.

- Overall, the KidCare Title XIX programs (91.4%) performed better than the national Medicaid average (88.4%).
- Florida Healthy Kids (90.8%), CMSN Title XIX (94.5%), FFS (89.0%), Medicaid PCCM Title XIX (91.1%), and Medicaid PSNNR Title XIX (93.6%) performed better than the national Medicaid average.
- Medicaid Reform Title XIX (87.1%) did not exceed the national Medicaid mean.
- There were not enough children with persistent Asthma in MediKids to allow for a meaningful rate to be calculated.
- These results are similar to the previous year’s reported findings.

Figure 58. HEDIS® Use of appropriate medications for children with Asthma (ASM), CY2011

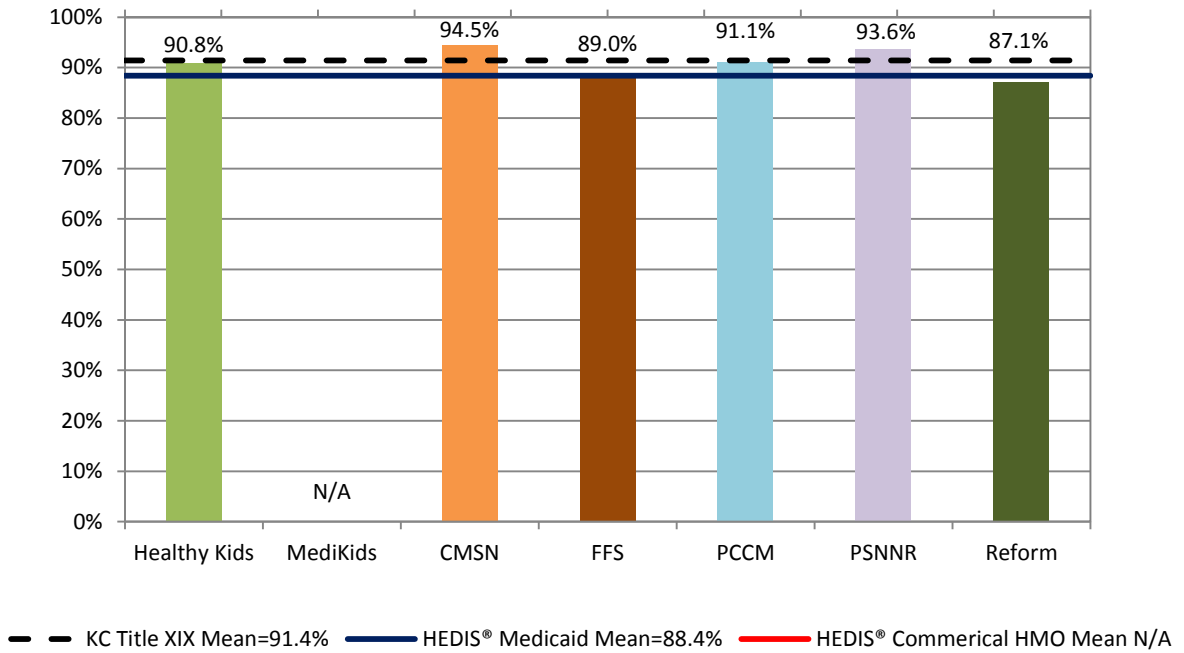
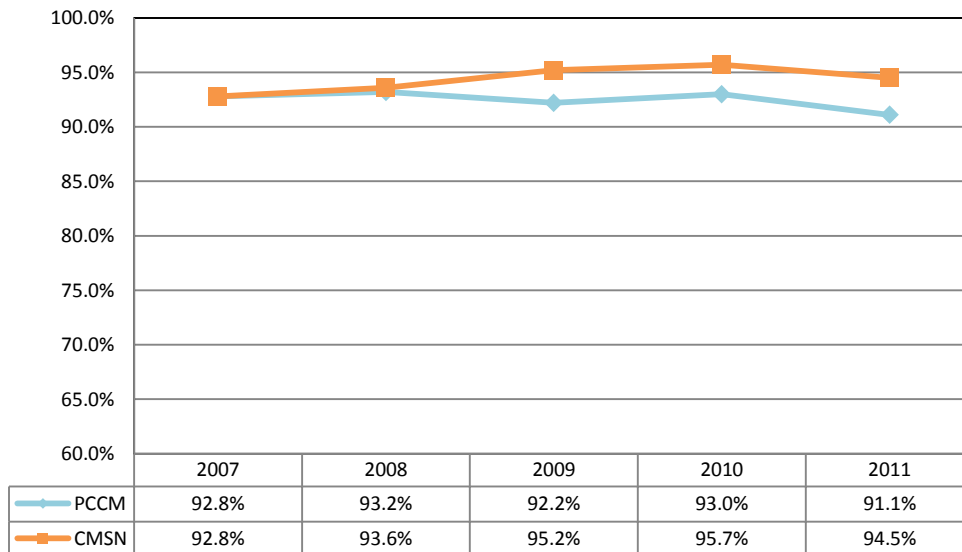


Figure 59 provides a five-year comparison of for ASM for the two program components with available data.

Figure 59. HEDIS® Use of appropriate medications for children with Asthma, five year trend, CY2011



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. 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.

Figure 60 shows the results for the ADD the initiation phase for CY2011.

- Only two Florida KidCare programs, CMSN Title XIX (55.6%) and Medicaid Reform Title XIX (47.5%) exceeded the two national benchmarks.
- The remaining programs did not meet either benchmark.
- These findings are comparable to last year's results.

Figure 60. HEDIS® Follow-up after initiation of ADHD medication, ages 6-12 years, CY 2011

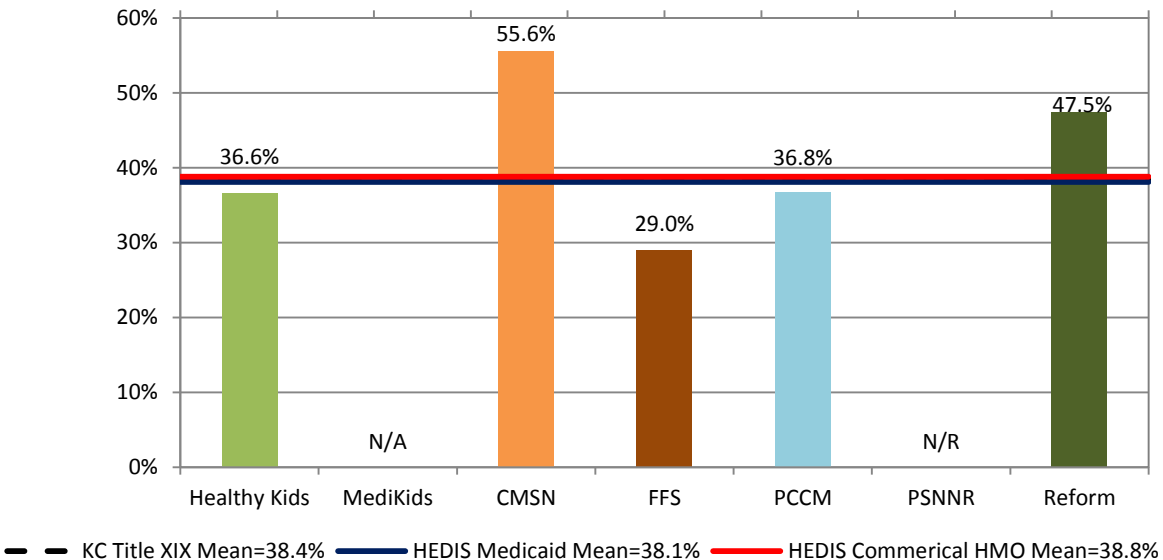
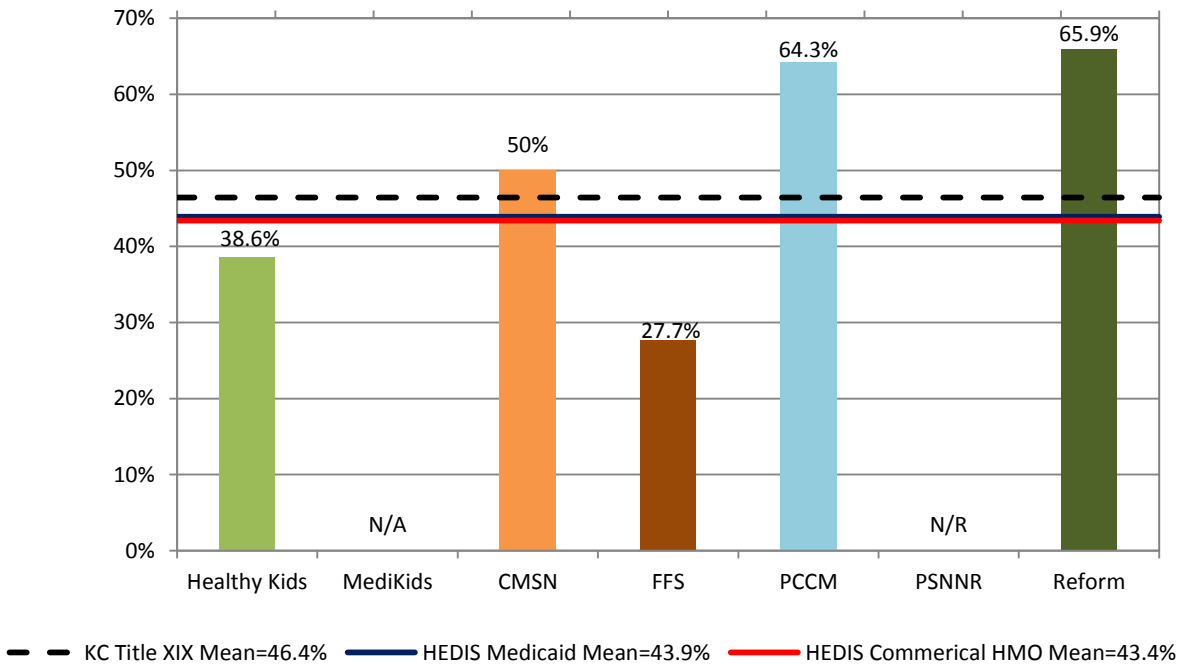


Figure 61 shows the ADD results for the continuation and maintenance phase.

- Three Florida KidCare program components exceeded the national Medicaid average (41.7%) and the national commercial HMO mean (43.4%) for ADHD medication follow-up.
 - CMSN Title XIX (50%), Medicaid PCCM Title XIX (64.3%), and Medicaid Reform Title XIX (65.9%) performed better than both the national Medicaid average and the national commercial HMO mean.
- Florida Healthy Kids (38.6%) and Medicaid FFS Title XIX (27.7%) did not exceed either the national Medicaid average or the national commercial HMO mean.

- MediKids does not serve children in this age group, so a rate is not available for that program component
- These results are similar to the previous year.

Figure 61. HEDIS® Follow-up during continuation and maintenance of ADHD medication (ADD), ages 6-12 years, CY2011



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 in-patient 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 in-patient admission for treatment of mental health disorders. A follow-up visit is defined as an outpatient visit, an intensive outpatient encounter or partial hospitalization.

For 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 62 shows the 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 PSNNR Title XIX (48.4%) exceeded the HEDIS® Medicaid mean of 44.6%.
- The 7-day follow-up rates for the KidCare program components were: Florida Healthy Kids (36.2%), Medicaid FFS Title XIX (23.0%), Medicaid PCCM Title XIX (40.0%), and Medicaid Reform Title XIX (33.2%).
- The results from this year were higher than the findings from last year.

Figure 62. HEDIS® Follow-up visits within 7 days of discharge from a hospitalization for mental illness (FUH), CY2011

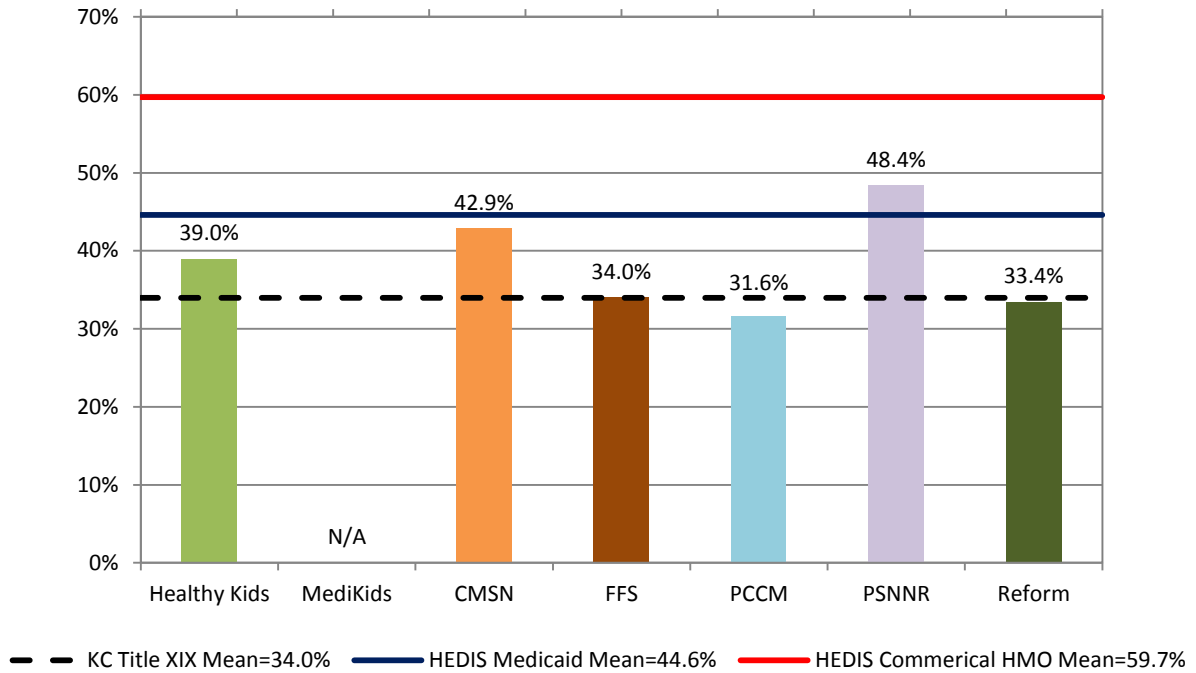
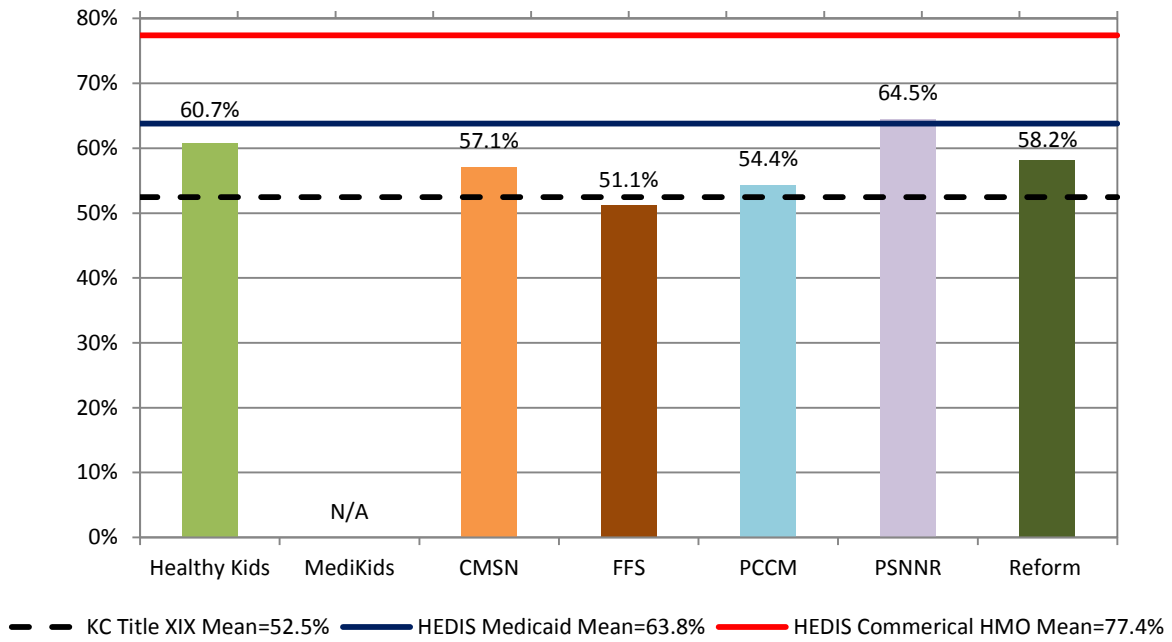


Figure 63 shows the FUH rates for the 30-day follow-up measure.

- None of the Florida KidCare program components exceeded the HEDIS® National commercial HMO mean (77.4%) for follow-up after hospitalization for mental illness.
- Medicaid PSNNR Title XIX (64.5%) exceeded the HEDIS® Medicaid mean of 63.8%.
- The 30-day follow-up rates for the KidCare program components were Florida Healthy Kids (60.7%), CMSN Title XIX (57.1%), Medicaid FFS Title XIX (33.3%), Medicaid PCCM Title XIX (53.3%), and Medicaid Reform (56.1%).
- This year's results were higher than the previous year reported findings.

Figure 63. HEDIS® Follow-up visits with.in 30 days of discharge from a hospitalization for mental illness (FUH), CY2011



Conclusions

Conclusions

Overall, results from the current evaluation support the notion 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 3.9% from the previous evaluation. The results from the parent experience interviews indicate that the families of enrollee are satisfied with the health care services they receive from Florida KidCare. The quality of care outcomes also show that the Florida KidCare program is providing high quality of care. For several HEDIS® measures, the KidCare means exceeded national benchmarks. There is, however, room for improvement within the Quality of Care domain.

Recommendations

There are some areas of improvement for which the Florida KidCare program should focus its efforts. The Institute for Child Health Policy (ICHP) therefore recommends the following. First, the ICHP recommends that future evaluations investigate the family experience and quality of care among Behavioral Health Network (BNET). According to the administrative program data, BNET continues to show high expenditures per member per month. It is best practice to include all program components in programmatic evaluation when possible. Future evaluations would benefit from the examination of this program. Second, the ICHP recommends that the KidCare program continues to focus its efforts on promoting quality of care. There were several quality of care measures that did not exceed the national benchmarks. Future evaluations should also include additional HEDIS® measures in its evaluation. Third, the ICHP recommends that future focused studies be conducted to examine disparities among Florida KidCare enrollees. The Florida KidCare program includes a diverse mix of enrollees from various racial, ethnic, and geographic regions. Investigation of disparities among these sociodemographic characteristics will only promote access to quality care for Florida KidCare enrollees.