The Florida KidCare Program Evaluation

State Fiscal Year 2013-2014

FINAL

December 2014

Prepared by the

Institute for Child Health Policy

University of Florida

Under Contract to the Agency for Health Care Administration

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The following deliverables are included in this report:

1) Deliverable 34: Final Parent Satisfaction and Experience, pages 31-52
2) Deliverable 38: Final HEDIS, PDI, and PPE, pages 53-94
3) Deliverable 46: Final Administrative, Enrollment, and Claims and Encounter, pages 12-30

The authors acknowledge the following agencies for their support and provision of data and information needed to conduct this evaluation:

Florida Agency for Health Care Administration
Florida Department of Health
Florida Department of Children and Families
Florida Healthy Kids Corporation
University of Florida Survey Research Center

The authors also acknowledge research and programming staff members at the University of Florida, Institute for Child Health Policy for their support and contributions to this report, especially Deepa Ranka, Liman Wei, and Howard Xu.

Executive Summary

Introduction

The Institute for Child Health Policy (ICHP) presents the results of an annual evaluation of Florida KidCare, the health insurance program for children, as required by state and federal guidelines. This evaluation presents data from the 2013 calendar year and includes data from the 2013-2014 state (SFY) and federal (FFY) fiscal years. Introductions to each section outline which data period was used. Each measurement section includes Florida KidCare covered children enrolled in the Title XXI Children's Health Insurance Program (CHIP) and the Title XIX Medicaid program. This report includes three primary areas of assessment (Programmatic, Family Experiences, and Quality of Care) for the following programs: Title XIX Medicaid and Children's Medical Services Network (CMSN), Title XXI Healthy Kids, Medikids and CMSN.

Methods

A variety of sources and methods were used to conduct this evaluation, including data from prior Florida KidCare program evaluations, application and enrollment files, a telephone survey conducted with families involved with the program, and claims and encounter data. Data for the Programmatic section come from administrative, application, and enrollment sources. The Family Experiences Section is the results from 2,001 telephone interviews conducted with families enrolled in Florida KidCare. The Quality of Care section includes an analysis of claims and encounter data and provides additional information about children's prescriptions as well as use of ambulatory and inpatient environments. Because methodologies used are not always consistent with NCQA protocol, comparisons to national averages should be interpreted with caution.

Findings

Programmatic

During State Fiscal Year (SFY) 2013-2014, the Florida KidCare program received a total of 255,343 applications, of which 255,105 applications contained processable information on 450,907 applicants. At the end of SFY 2013-2014, the Florida KidCare program included 2,258,550 enrolled children. This is an increase of 8.06% from the previous evaluation year. Significant increases were seen in enrollment for Medicaid beneficiaries, ages 6-18 years with incomes between 100-13% FPL (stairstep children). Because of the transition of "stairstep children" to Medicaid, the overall enrollment of Title XXI programs decreased. A portion of the stairstep children continued to be funded through Title XXI. CMSN Title XXI decreased (-14.01%) in enrollment. MediKids (Title XXI and full pay) and Healthy Kids (Title XXI and full pay) had enrollment decreases of -5.75% and -7.29%, respectively. Overall, Medicaid Title XIX enrollments increased by 4.27%.

Family Experiences

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

Approximately 71.8% of Florida KidCare families rated their primary care provider as a "9" or "10"and 67.2% rated their specialty care provider as a "9" or a "10". When rating their overall health care experience and health plan experiences, 65.5% of the Florida KidCare families rated their health care experience as a "9" or a "10" and 63.6% rated their health plan experience as a "9" or a "10". These

results are slightly higher from prior reports which suggest that, based on family perspectives, Florida KidCare continues to provide a high quality of care to children.

Quality of Care

All quality of care measures represent CY2013. Of note, we are no longer able to publish actual benchmark numbers, however, we can indicate if Florida KidCare and program components meet or failed to meet the national Means.

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

- HEDIS® Initiation and engagement of alcohol and other drug dependence treatment (IET)
- HEDIS® Frequency of prenatal care (FPC), 61-80% compliance with recommended visits
- HEDIS® Follow-up care for children prescribed ADHD medication (ADD)
- HEDIS® Chlamydia screening in women (CHL),16-20 years
- HEDIS® Use of appropriate medications for children with Asthma (ASM)

Healthy Kids and MediKids were also compared to the national Medicaid and Commercial HMO means. See Findings section for details.

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

- ***Asthma Admissions.*** The KidCare Title XIX mean was 18.9. The rates ranged from 6.7 in Healthy Kids to 59.1 in CMSN Title XIX.
- ***Diabetes Short-term Complication Admissions.*** The KidCare Title XIX mean was 3.4 with the rates ranging from 1.7 in Healthy Kids to 28.2 in CMSN Title XIX.
- ***Gastroenteritis Admissions.*** The KidCare Title XIX mean was 10.9. The rates for gastroenteritis admissions ranged from 4.0 in Healthy Kids to 40.8 in CMSN Title XIX.
- ***Perforated Appendix Admissions.*** The KidCare Title XIX mean was 37.4. The rates varied from Healthy Kids (27.6), the lowest, to Medicaid Title XIX PCCM (39.9), the highest.
- ***Urinary Tract Infection Admissions.*** The KidCare Title XIX mean was 5.6. Rates for urinary tract infection admissions ranged from 1.7 in Healthy Kids to 30.6 in CMSN Title XIX.

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

- ***Reasons.*** Asthma and pneumonia were the primary reasons for PPAs. The primary reasons for PPRs were medical continuation or recurrence of a medical condition, acute medical conditions or complications, or mental health or substance abuse continuation or recurrence. The primary reasons for PPVs were infections of the upper respiratory, non-bacterial gastroenteritis, and Level II musculoskeletal system & connective tissue diagnoses.
- ***Expenditures.*** Although total expenditures are important, a more accurate portrayal of expenditures within the context of enrollment size is expenditure per 1,000 member months. Amount paid per 1,000 member months for Medicaid overall (PPA: $4,262; PPR: $1,654; PPV: $7,668) were greater than for Healthy Kids (PPA: $2,312; PPR: $628; PPV: $7,466).

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 8.06% from the previous SFY. The results from the parent experience interviews indicate that, generally, families of enrollees are satisfied with the health care services they receive from the Florida KidCare program, including satisfaction with their child's personal doctor or nurse, how their child's doctor communicates with them and getting needed care quickly. The quality of care outcomes also demonstrated strengths of the Florida KidCare program. For five HEDIS® measures, the KidCare Title XIX mean exceeded the national Medicaid and/or national Commercial HMO means. The HEDIS® measures in which the KidCare Title XIX mean did not exceed the national averages indicate areas that need improvement within the Florida KidCare program. Variation in PPE rates, reasons and expenditures suggest the influence of multiple factors and opportunities for improvement.

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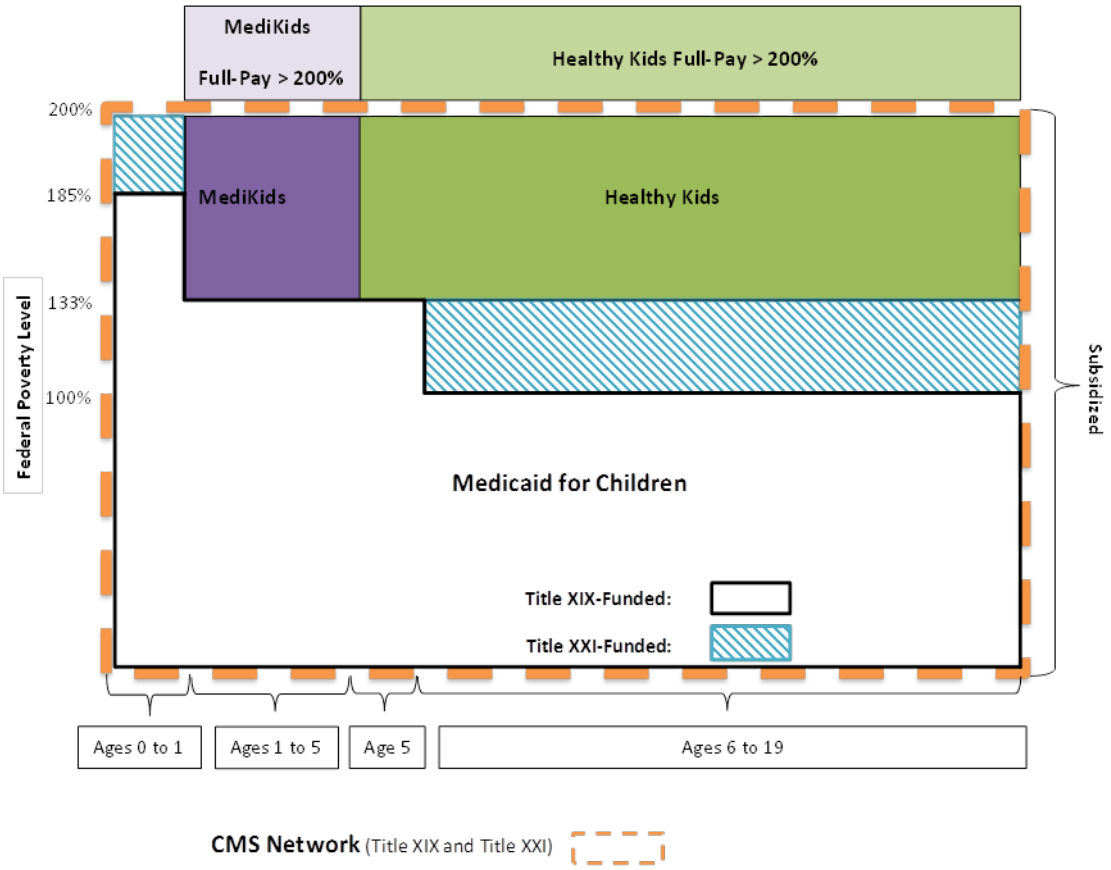
Florida KidCare Program Structure

Florida KidCare consists of four program components (Children's Medical Services Network, Medicaid, Healthy Kids, MediKids), which provide children with health insurance coverage. Assignment to a particular component is determined by the child's age, health status, and family income (see Figure 1). Except for Medicaid, Florida KidCare is not an entitlement program, which means the state is not obligated to provide Title XXI benefits to all children who qualify. Except for Native American enrollees, Title XXI participants contribute to the costs of their monthly premiums.

Figure 1. Florida KidCare eligibility, SFY 2013-2014



Children's Medical Services Network (CMSN). The Children's Medical Services Network (CMSN) is Florida's Title V Children with Special Health Care Needs (CSHCN) program. Children in the CMSN have access to specialty providers, care coordination programs, early intervention services, and other medically necessary services that are essential for their health care. The Florida Department of Health (DOH) operates the program, which is open to Title XIX or Title XXI-funded children with special health care needs who meet clinical eligibility requirements. Enrollees in Title XXI coverage are limited to ages 1-18, whereas enrollees with Title XIX coverage can be 0-21 years of age. Infants under one year of age are Title XXI funded but receive services through the Medicaid CMSN. The CMSN covers Medicaid state plan services for its Title XIX and Title XXI-funded enrollees and there are no copayments for services. The Florida Legislature created the Behavioral Health Network (BNET) in s.409.8135, F.S., for children ages 5 through 18 with serious behavioral or emotional conditions. Administered by the Department of Children and Families, a child must be enrolled in Title XXI CMSN for physical health services to qualify for BNET.

Florida Healthy Kids. Florida Healthy Kids is a statewide program for children ages five through 18 (inclusive) who are at or below 200% of the Federal Poverty Level (FPL) and eligible for Title XXI premium assistance. For each county, the Florida Healthy Kids Corporation selects two or more commercially licensed health plans through a competitive bid process. In addition, Healthy Kids selects at least two dental insurers to provide the benefits and form the provider networks. The dental benefit package is the same as Medicaid's benefit package, with no cost-sharing or copayments. Title XXI enrollees do not pay any additional monthly premiums for this coverage. Florida Healthy Kids families pay a monthly premium of $15 (for family income between 100% and 150% FPL) or $20 (for family income between 151% and 200% FPL) as well as a co-payment for certain services. Information on Full-Pay families is provided below.

MediKids. MediKids is a Medicaid "look-alike" program for children ages one through four years, who are at or below 200% of the FPL and eligible for Title XXI premium assistance. MediKids offers the same benefit package as the Medicaid Program, with the exception of special waiver services that are available only to Medicaid enrollees. State law provides that children in MediKids must receive their care through a managed care delivery system option. Families residing in counties where two or more Medicaid Managed Care Organizations (MCOs) are available must choose one of the MCOs, beginning May 2014 upon the implementation of Statewide Medicaid Managed Care (SMMC). Families residing in counties where one MCO is available have the choice between Medicaid Primary Care Case Management (PCCM) and the Medicaid MCO. PCCM is a delivery system in which providers receive a small monthly fee for each child for which they provide care management. MediKids families pay a monthly premium of $15 (for family income between 100% and 150% FPL) or $20 (for family income between 151% and 200% FPL). Information on Full-Pay families is provided below.

Medicaid. Medicaid is the health care 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. Through May 2014, children could receive their care through a PCCM program, a Provider Service Network Non Reform (PSNNR), PSN Reform (PSNR), or through a Fee-For-Service (FFS) program. In the Medicaid Primary Care Case Management (PCCM) program, providers receive a small monthly fee for each child for which they provide care management. From May through July 2014, nearly all children enrolled in Medicaid were transitioned to managed care. Because the ICHP did not begin receiving claims and encounter data from plans participating in the Managed Medical Assistance program until Summer 2014, this program is represented in the Programmatic and Family Experiences sections only. Additionally, effective January 2014, children between 100-133% of the Federal Poverty Level will be in Medicaid but funded by Title XXI. These "stairstep children" resulted in large enrollment changes for Medicaid and Healthy Kids. This transition is referenced in the sections of this report that may be affected by changes in enrollment between these programs.

Full-pay. Full-pay coverage options also exist for families of children ages one through 18 who apply to Florida KidCare, but are determined to be ineligible for Medicaid or Title XXI premium assistance. Families can enroll their children in Florida Healthy Kids or MediKids "full-pay" options if 1) their income is under 200% FPL, but they are not eligible for Title XXI premium assistance, 2) their income is over 200% FPL, or 3) they are non-qualified U.S. aliens. Florida Healthy Kids full-pay coverage was available at $148 per month per child for medical and dental coverage in SFY 2013-2014. MediKids full-pay coverage cost $196 per month per child in SFY 2013-2014, which included dental coverage. There is not a full-pay coverage option for CMSN; rather, children with special needs that are not eligible for Title XXI premium assistance enroll in the full-pay options of MediKids or Healthy Kids, depending

upon the child's age. Full-pay enrollees are included in the programmatic results in this report only (i.e., not included in the parent experiences or quality of care sections).

Title XIX Eligibility

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

- Under age 1 have a household income less than 200% of FPL
    - Children under the age of 1 year with a household income between 186% and 200% FPL are funded by Title XXI
- Ages 1- 6 have a household income less than 133% FPL
- Ages 6-19 have a household income less than 100% FPL (through December 2013); Effective January 2014, ages 6-19 have a household income less than 133% FPL (and are funded by Title XXI).
- Be a United States citizen or a qualified alien, and
- Not be an inmate of a public institution or a patient in an institution for mental diseases.

Title XXI Eligibility

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

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

Table 1 provides information about the federal poverty levels for a family of four for 2010 through 2014.

Table 1. Federal poverty levels for a family of four

Income as a Percent of FPL	2010	2011	2012	2013	2014
100%	$22,050	$22,350	$23,050	$23,550	$23,850
133%	$29,327	$29,726	$30,657	$31,322	$31,721
185%	$40,793	$41,348	$42,643	$43,568	$44,123
200%	$44,100	$44,700	$46,100	$47,100	$47,700

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

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

Table 2. Florida KidCare program components and coverage levels, SFY 2013-2014

KidCare Program Component	Coverage by Federal Poverty Level
Medicaid for Children	
Age 0 (infants under one year)	0% to 185% Title XIX Medicaid coverage 185% to 200% Title XXI-funded Medicaid coverage**
Ages 1 through 5	0% to 133%
Ages 6 through 18	0% to 100% (December 2013); 0% to 133% FPL (effective January 2014)
MediKids	
Ages 1 through 4	134% to 200%***
Ages 1 through 4	Above 200% - can participate full-pay, but receive no premium assistance.
Healthy Kids	
Age 5	134% to 200%***
Ages 6 through 18	101% to 200%*** (through December 2013); 134% to 200% (effective January 2014)
Ages 5 through 18	Above 200% - can participate full-pay, but receive no premium assistance.
CMS Network *	
Age 0 (infants under one year)	0% to 185% Title XIX Medicaid coverage 186% to 200% Title XXI funding**
Ages 1 through 5	0% to 133% Title XIX Medicaid coverage 134% to 200% Title XXI funding ***
Ages 6 through 18	0% to 100% Title XIX Medicaid coverage 101% to 200% Title XXI funding ***(through December 2013); 134% to 200% (effective January 2014)

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

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

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

Florida KidCare Eligibility

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

Children in Medicaid who are under five years of age receive 12 months of continuous eligibility without an eligibility redetermination. Children ages five through 18 are allowed six months of continuous Medicaid eligibility without eligibility redetermination. Families receive notice from the Department of Children and Families (DCF) when it is time to re-determine their children's eligibility and they must complete renewal paperwork for their children to remain in the program. Since 2006, as a result of the federal Deficit Reduction Act (DRA) of 2005, Medicaid enrollees have been required to provide proof of citizenship and identity.

Recent Florida KidCare Program Changes

There have been several recent Florida KidCare Title XXI enrollment and programmatic changes. **Figure 2,** created by the Florida KidCare Coordinating Council, displays the major program changes over the last 12 years. Additionally, several changes were made to Medicaid and CHIP programs at the federal and state level during 2013 and 2014. The Affordable Care Act (ACA) required many changes from applying new policy, to new application requirements and major systems revisions. These changes had major impacts on transferring data and accounts between entities, processing applications, determining eligibility and accessing services. The following, provided by AHCA, highlights some of the issues impacting Medicaid and CHIP. A full description of each change is provided in **Appendix A.**

Affordable Care Act (ACA) Requirements

1. Application Requirements
    - New single application for health insurance affordability programs - Medicaid, CHIP and the Federally Facilitated Marketplace (FFM). Adults and children apply on the same application.
    - No "wrong door" for applications
2. Eligibility Requirements
    - Adopt modified adjusted gross income (MAGI) methodology for determining eligibility for Medicaid and CHIP.
    - Increase the Medicaid income level for children 6 through 18 years old from 100% FPL to 133% FPL
    - New renewal requirements
3. Systems Requirements
    - Real time account transfers between Medicaid, CHIP and the FFM
    - Web service calls to the federal HUB
    - MAGI rules engine to support both Medicaid and CHIP
    - Disabled old CHIP rules engine
    - Compressed timeframe to get system functional

4. Medicaid and CHIP Challenges
    - FFM delays
    - Concurrent CHIP third party administrator transition
    - Concurrent Statewide Medicaid Managed Care rollout
    - Seamlessly transition 6 to 18 years olds from CHIP to Medicaid
    - Apply new application and eligibility policies
    - Apply new renewal policies

Due to the multiple application, eligibility, systems and other implementation issues, some of the data presented in this evaluation differs from previous years and cannot be compared because of these differences. An example of this is the application data. Due to the new account transfer process, the disposition of Medicaid and FFM referrals cannot be determined in the same manner as in previous years. The following figure highlights some of the major issues that affected the Florida KidCare program during 2013-2014.

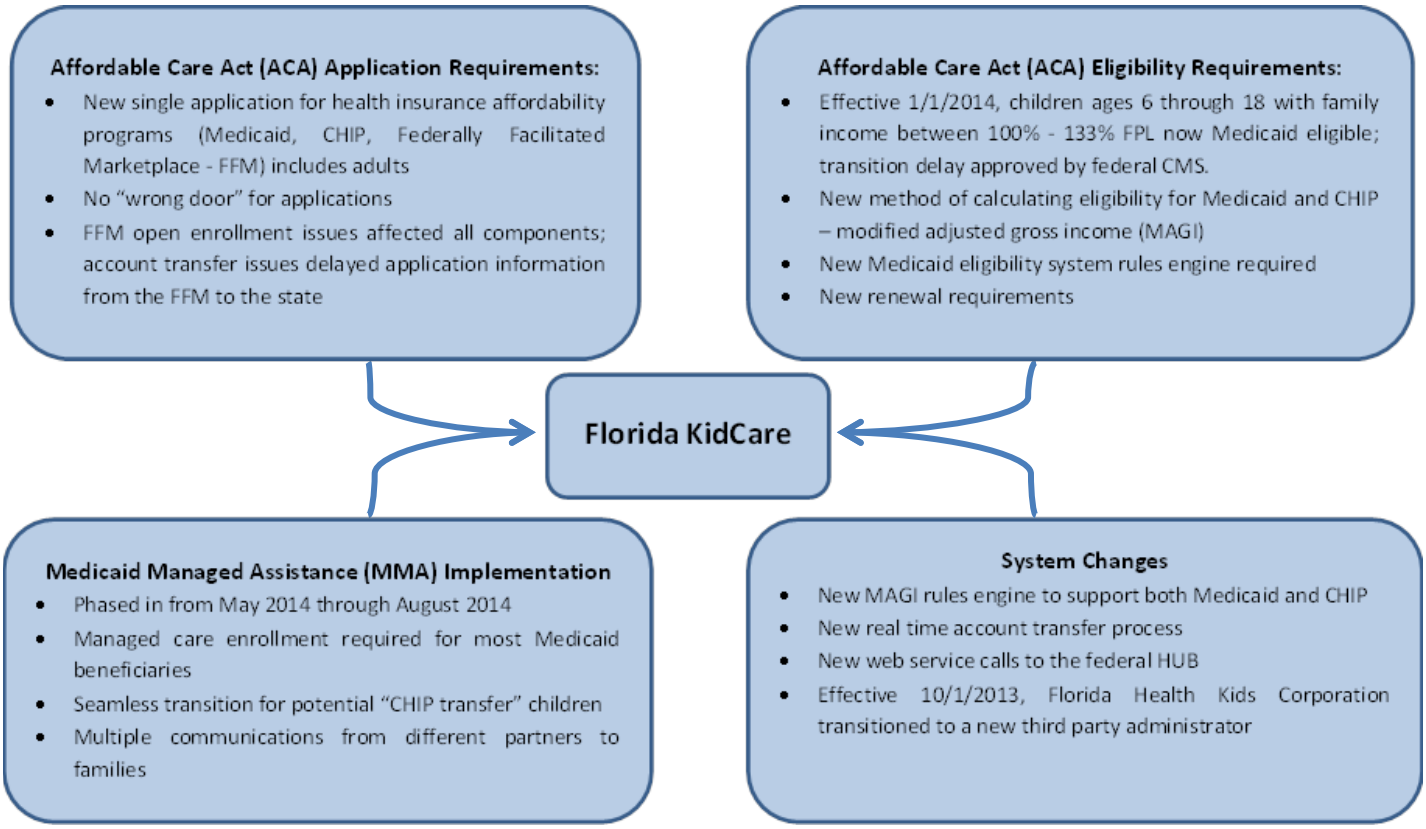
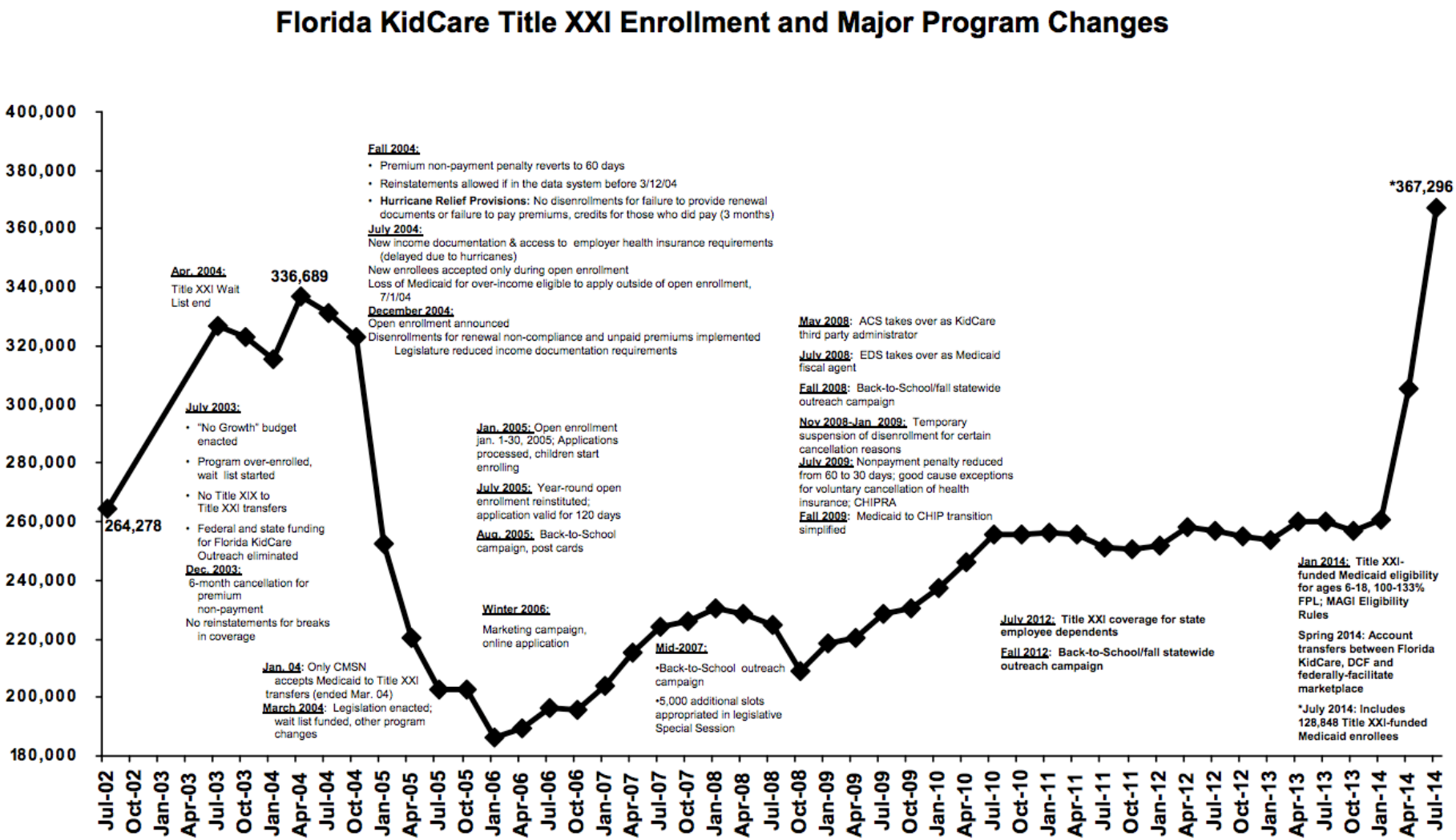


Figure 2. Recent Florida KidCare Title XXI Enrollment and programmatic changes.



Florida KidCare Title XXI Financing

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

Table 3 summarizes the total, federal, and state share for each of the KidCare Title XXI program components for SFY 2013-2014 and projected for SFY 2014-2015.

Table 3. Florida KidCare Title XXI expenditures, Actual for SFY 2013-2014 and Projected for SFY 2014-2015

SFY 2013-2014 By Program	Expenditures	Family Contributions	Federal Funds	State Funds
CMS Network	$119,036,214.00	$2,240,366.00	$82,950,015.00	$33,845,833.00
Healthy Kids*	$302,775,599.00	$0.00	$215,061,527.00	$87,714,072.00
MediKids	$59,114,394.00	$13,717,653.00	$32,242,706.00	$13,154,035.00
Medicaid infants <1	$3,305,979.00	$0.00	$2,348,990.00	$956,989.00
BNET	$10,382,000.00	$0.00	$7,372,750.00	$3,009,250.00
Stairstep Children**	$2,135,758.00	$0.00	$1,519,592.00	$616,166.00
Total Title XXI Services	$496,749,944.00	$15,958,019.00	$341,495,580.00	$139,296,345.00
Administration	$22,831,549.00	$405,151.00	$15,928,603.00	$6,497,795.00
Grand Total	**$519,581,493.00**	**$16,363,170.00**	**$357,424,183.00**	**$145,794,140.00**
Projected SFY 2014-2015 By Program	**Expenditures**	**Family Contributions**	**Federal Funds**	**State Funds**
CMS Network	$101,241,634.00	$1,821,479.00	$71,211,818.00	$28,208,336.00
Healthy Kids*	$295,838,462.00	$0.00	$211,895,913.00	$83,942,549.00
MediKids	$65,222,923.00	$13,930,718.00	$36,747,275.00	$14,544,930.00
Medicaid infants <1	$10,917,419.00	$0.00	$7,820,972.00	$3,096,447.00
BNET	$8,601,961.00	$0.00	$6,161,930.00	$2,440,031.00
Stairstep Children**	$78,952,291.00	$0.00	$56,648,041.00	$22,304,250.00
Total Title XXI Services	$560,774,690.00	$15,752,197.00	$390,485,949.00	$154,536,543.00
Administration	$22,656,090.00	$424,382.00	$15,923,449.00	$6,308,249.00
Grand Total	**$583,430,780.00**	**$16,176,579.00**	**$406,409,398.00**	**$160,844,972.00**

**Title XXI medical and dental services only*

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

Source: SFY 203-2014 data, Florida KidCare's Estimating Conference documents, June 2014

Source: SFY 2014-2015 data, Florida KidCare's Estimating Conference documents, June 2014

Table 4 contains detail on the Title XXI administrative costs for SFY 2013-2014 and projected for SFY 2014-2015.

Table 4. Florida Healthy Kids Corp. Title XXI administration costs, Actual for SFY 2013-2014, and Projected SFY 2014-2015

Program	2013-2014	2014-2015
Estimated Average Monthly Caseload	233,018	222,727
Estimated number of Case Months	2,796,216	2,672,724
Administration Cost per Member Per Month	$7.39	$8.01

Source: SFY 2013-2014 data, Florida KidCare's Estimating Conference documents, June 2014
Source: SFY 2014-2015 data, Florida KidCare's Estimating Conference documents, June 2014

Table 5 presents the per member per month premium rates for the Florida KidCare Title XXI program components for SFY 2013-2014 and projected for SFY 2014-2015.

Table 5. Per Member Per Month premium rates for KidCare Title XXI program components, for SFY 2013-2014 and Projected for SFY 2014-2015

Program	State Fiscal Year 2013-2014	State Fiscal Year 2014-2015
CMSN	$469.16	$490.79
Healthy Kids*	$133.83	$140.27
MediKids	$143.99	$153.57
BNET	$1,000.00	$1,000.00
Medicaid Expansion <1	$395.78	$408.16
StairStep Children**	$162.23	$168.39

***Title XXI medical and dental only*
***Beginning in 2014, stairstep children will be children, ages 6-19, with family incomes between 100% and 133% FPL.*
Source: SFY 2013-2014 data, Florida KidCare's Estimating Conference documents, June 2014
Source: SFY 2014-2015 data, Florida KidCare's Estimating Conference documents, June 2014
http://edr.state.fl.us/conferences/kidcare/kidcare.htm

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

Table 6. Premiums collected annually from Title XXI Families for the last five SFYs and projected for SFY 2014-2015

Program	SFY 2009-2010	SFY 2010-2011	SFY 2011-2012	SFY 2012-2013	SFY 2013-2014	SFY 2014-2015
CMS Network & BNET	$2,277,142	$2,387,818	$2,374,982	$2,312,642	$2,240,365	$1,821,479
Healthy Kids	$24,168,335	$25,818,643	$26,279,835	$27,159,648	$24,862,196	$25,152,691
MediKids	$2,755,143	$3,199,121	$3,067,995	$3,105,856	$2,795,231	$3,117,937
MediKids Full-Pay					$10,650,147	$10,812,781
Total*	$29,200,620	$31,325,582	$40,962,036	$42,618,016	$40,547,939	$40,904,888

**Total includes MediKids Full-pay, which is not shown in this table.*
Source: SFY 2013-2014 data, Florida KidCare's Estimating Conference documents, June 2014
Source: SFY 2014-2015 data, Florida KidCare's Estimating Conference documents, June 2014

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

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

	Total	Federal Funds	State Funds
State Fiscal Year (SFY)			
2009-2010	$481,889,901	$331,636,630	$150,253,271
2010-2011	$466,484,231	$320,614,612	$145,869,619
2011-2012	$499,350,341	$345,200,891	$154,149,450
2012-2013	$496,036,014	$348,316,489	$147,719,525
2013-2014	$613,862,351	$436,026,428	$177,835,923
Federal Fiscal Year (FFY)			
2009-2010	$443,399,819	$308,517,594	$134,882,225
2010-2011	$485,678,043	$334,243,629	$151,434,414
2011-2012	$498,948,622	$345,422,131	$153,526,491
2012-2013	$520,027,345	$367,451,322	$152,576,023
2013-2014	$677,237,709	$481,041,945	$196,195,764

Source: AHCA Medicaid Program Analysis, June 2014

Table 8 presents the project allotment balances carried forward from each FFY for the last five years and projected for FFY 2014-2015.

Table 8. Federal allotment balances carried forward or projected forward from each FFY for last five years and projected for FFY 2015

	Total
FFY 2010	$356,095,478
FFY 2011	$324,871,259
FFY 2012	$319,264,544
FFY 2013	$310,857,101
FFY 2014	$212,095,646
FFY 2015	$26,113,457

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

Data Sources

An assortment of data sources were used to complete the Findings portion of this report. The *Programmatic* section used application and enrollment data for each of the Florida KidCare programs; the *Parent Experience* section used results from surveys conducted with established Florida KidCare enrollees' families; and the *Quality of Care* section used insurance claims and encounter data. Of note, we are no longer able to publish actual benchmark numbers for HEDIS® measures, however, we can indicate if Florida KidCare and program components meet or failed to meet the national means.

Evaluation Approaches

Programmatic

The following programmatic areas are included in the evaluation

- Monthly application volume
- Outcomes of applications
- Application processing time
- Enrollment trends
- Patterns of coverage
- Renewal of coverage

Parent Experience

In this evaluation, a total of 2,001 telephone surveys were conducted with Florida KidCare families beginning in February 2014 and ending in May 2014. Surveys were not conducted using NCQA (National Committee for Quality Assurance) protocols (i.e., mixed mail and phone method), so caution should be used when comparing to national benchmarks. The surveys were designed to measure parents' assessments of their children's experiences with Florida KidCare. Parents of enrollees were asked about their satisfaction with the quality of care their children received in the program, their children's health status, and their family demographics.

Children were randomly selected from the population, stratified by program, if they were enrolled for at least six months (with a maximum of a single 30-day period of coverage lapse and no program transitions allowed). Samples were selected from the Florida KidCare application and enrollment files maintained at the ICHP. Surveys were conducted with parents, guardians, or primary caregivers (including foster parents) regarding the health care experiences of the sampled children. The universe for the KidCare telephone survey excluded those families without a phone number (home or mobile) in the database.

As a quality control measure, live survey monitoring was conducted by the ICHP staff for the Parent Experience Survey from February 2014 until May 2014. Interviewers were evaluated on a scale of one to five on seven specific domains. The domains included: 1) Reading Verbatim, 2) Probing, 3) Clarifying, 4) Feedback, 5) Voice Quality, 6) Pacing, and 7) Professionalism. A score of five or four is considered excellent and above average, respectively. A score of three, two, or one is considered average, below average, and poor. For any interviewer that received a three or below rating on any of the seven domains, the survey center was contacted and the issue was discussed.

Quality of Care

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

Programmatic Results

Monthly Application Volume

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

In October of 2013, Florida Healthy Kids changed vendors for processing applications. As a result, some of the information that was previously reported is no longer reportable. Also, due to this change, and changes with the program eligibility application, enrollment, and renewal numbers may differ greatly from previous years.

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

Figure 3. Florida KidCare unduplicated applications received monthly by Florida Healthy Kids Corporation, July 2009 to June 2014

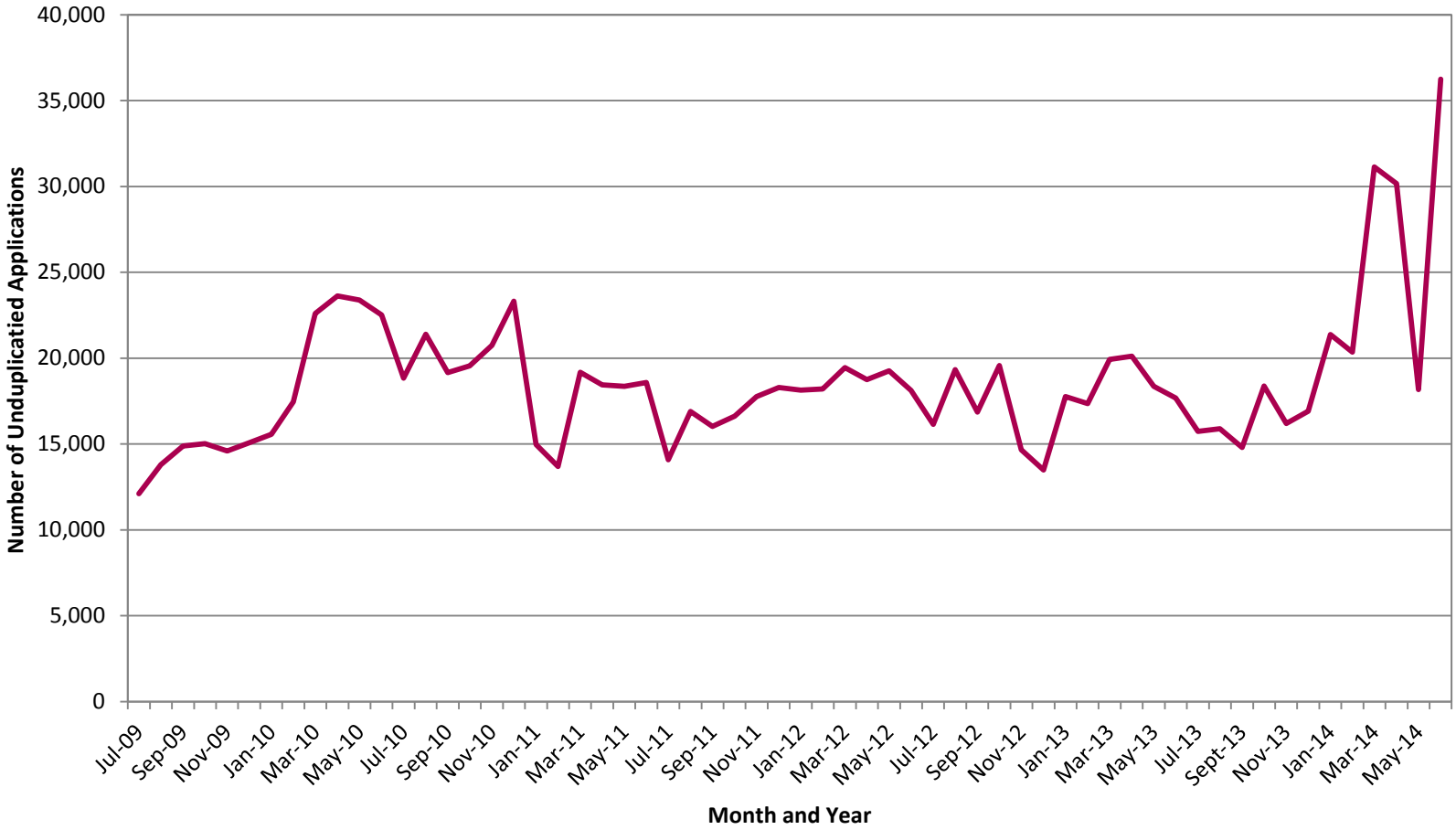


Table 9 provides monthly information on Florida KidCare applications submitted during the State Fiscal Year (SFY) 2013-2014.

- Florida Healthy Kids Corporation received a total 335,587 applications, including duplicate applications.
- When duplicate applications were removed, Florida Healthy Kids Corporation received a total of 255,343 applications, of which 255,105 applications contained processable information on 451,308 applicants.
- Florida Healthy Kids Corporation received an average of 21,279 unduplicated applications monthly, ranging from a low of 14,799 unduplicated applications in September 2013 to a high of 36,260 unduplicated applications in June 2014.
- The mean age of applicants for the 12-month period was 8.77 years.
- The mean monthly income of families applying for Florida KidCare coverage was $2,598.10 during 2013-2014.
- Families applying for Florida KidCare coverage had an average household size for the 12-month period of 3.65 persons.

Table 9. Florida KidCare application information received by Florida Healthy Kids Corporation, SFY 2013-2014

Application Information	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Total
Number of applications received, including duplicate applications	19,791	20,841	21,955	30,057	25,148	25,651	28,573	26,317	38,625	35,716	22,860	40,053	335,587
Number of applications received, excluding duplicate applications	15,727	15,890	14,799	18,369	16,191	16,903	21,374	20,355	31,138	30,168	18,169	36,260	255,343
Number of children represented on applications received, excluding duplicate applications	29,334	29,206	26,648	28,185	24,591	26,193	40,772	37,347	54,741	55,276	33,684	65,331	451,308
Child age, mean years*	8.76	8.91	8.88	8.81	8.56	8.73	8.45	8.52	9.54	9.09	8.52	8.33	8.77
Child age, standard deviation	5.02	4.96	5.01	5.01	5.02	5.09	5.26	5.29	5.08	5.13	5.11	5.18	5.12
Monthly family income, mean**	2,870.58	2,954.45	3,033.57	3,053.54	3,097.95	3,216.46	2,523.33	2,515.85	2,614.33	2,245.53	2,576.17	2,534.99	2,598.10
Monthly family income, standard deviation	1,481.08	1,699.95	1,826.88	1,642.87	2,444.30	1,823.01	2,283.13	2,097.57	2,545.38	2,974.13	4,002.34	3,462.80	2,844.56
Household size, mean***	3.73	3.76	3.61	3.74	3.70	3.70	3.73	3.62	3.55	3.63	3.58	3.70	3.65
Household size, standard deviation	1.22	1.27	1.17	1.20	1.23	1.26	1.27	1.27	1.28	1.32	1.26	1.31	1.28

**Child ages below 1 and above 21 were considered to be out of range and hence are not used in calculation of mean child age*

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

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

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

Outcomes of Applications

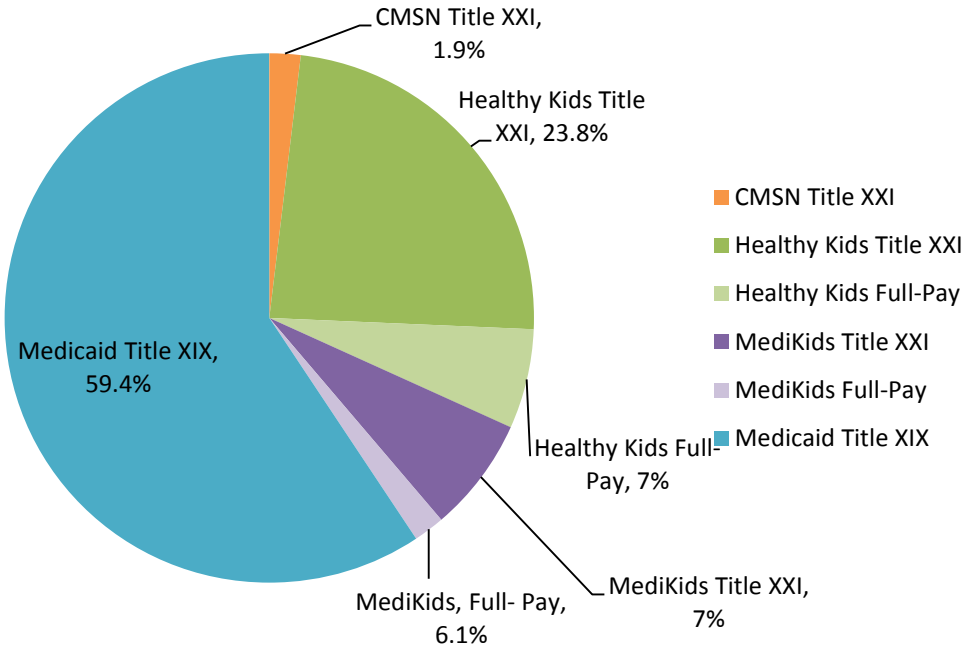
The following analysis considers only the most recent applications (if duplicates are available). Also, the analysis does not use the "referral" flag provided in the applications database because that field is not well-populated. Rather, the analysis considers an application to have been reviewed if it was specifically approved or denied. For this analysis, approval indicates that the applicant has submitted all necessary documentation and has been determined eligible for Title XIX, Title XXI or full-pay coverage. Following approval, enrollment in Title XXI or full-pay coverage is contingent upon the family paying the appropriate premium.

Application processing included internal review at Florida KidCare and additional external review by DCF and/or CMSN for applications that met certain criteria. DCF assessed each child's eligibility for Medicaid coverage. CMSN assessed each child's clinical eligibility for CMSN coverage. Of the 255,105 processed applications:

- 145,749 applications received internal review only
- 78,253 applications received internal and DCF review
- 20,102 applications received internal and CMSN review
- 11,001 applications received internal, DCF, and CMSN review.[1]

The four review processes resulted in a total of 178,738 (39.6%) children being approved for Florida KidCare Title XXI or Title XIX coverage. **Figure 4** presents the distribution of approved applications by Florida KidCare program component. Of note, the percentage of approvals by program totals the number of applications approved, not all applications.

Figure 4. Application approvals by Florida KidCare program components.



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

Table 10 also illustrates the number of applications for Florida KidCare during SFY 2013-2014. Florida KidCare processed a total of 255,105 unduplicated applications representing 450,907 applicants. 178,738 children were approved for Florida KidCare resulting in a 40% approval rate. The following analysis considers only the most recent applications and excludes previous duplicate applications. The third party vendor who processes application information for the Florida Healthy Kids Corporation does include account transfers from the Department of Children and Families (DCF) and from the Federally Facilitated Marketplace (FFM).

Table 10. Outcomes of Florida KidCare applications processed SFY July 2013- June 2014

A total of 255,343 unduplicated applications were received
255,105 unduplicated applications representing 450,907 unduplicated children processed
(An additional 238 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	145,749	78,253	20,102	11,001	255,105
Number & Percent of Unduplicated Children	284,894 63.2%	129,526 28.7%	23,583 5.2%	12,904 2.9%	450,907 100%
TOTAL, children **approved** for KidCare or full-pay	127,175	32,517	13,347	5,699	178,738
Healthy Kids Title XXI	30,035	8,963	2,388	1,065	42,451
MediKids Title XXI	9,399	2,430	506	168	12,503
Medicaid	75,646	20,777	6,260	3,476	106,159
CMS Title XXI	1		2,435	916	3,352
Healthy Kids full-pay	9,206	267	1,413	62	10,948
MediKids full-pay	2,888	80	345	12	3,325

Due to the vendor change in 2013, data describing reasons applications were not approved for all of Florida KidCare (including Medicaid) is no longer available. However, data describing reasons for ineligilibty for Children's Health Insurance Program (CHIP) Title XXI only, are available. **Table 11** displays the reasons why children were ineligible for CHIP Title XXI coverage. Please note, reasons for lack of eligibility for CHIP are not mutually exclusive. That is, applications could include more than one reason for lack of eligibility. The reasons for not being eligible include:

- 110,296 children were not eligible for Title XXI coverage due to expiration of their application when their parents did not respond to requests for documentation.
- 88,877 children were not eligible because they were already receiving Medicaid coverage
- 25,626 children were not eligible for Title XXI coverage because they were referred to Medicaid, but not currently on Medicaid, while 17,469 were not eligible because they were approved for Medicaid coverage but not yet receiving Medicaid coverage.
- Being under age accounted for 15,578 children not being eligible for Title XXI CHIP coverage.
- 14,385 children were not eligible because their application had expired due to non-payment.
- 10,073 children were not eligible for Title XXI coverage because they had other insurance (Medicaid), while 4,589 children were not eligible because they were not US citizens or qualified aliens.
- Additional reasons include having income too high (573), not a Florida resident (434), incarcerated (692), they were already enrolled in CHIP Title XXI (13), or families who were non-compliant with documentation requests from DCF for their Medicaid eligibility determination (2,541), totaling 4,253 children.
- The reason for coverage non-eligibility could not be determined for 873 children.

Table 11. Reasons for denial from CHIP Title XXI, SFY July 2013-June 2014

	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
Already enrolled in CHIP Title XXI	11	2			13
Expired, non-compliant	74,699	25,650	6,173	3,774	110,296
Expired, non-payment	11,708	1,120	1,381	176	14,385
Has other insurance	6,107	3,108	664	194	10,073
Incarcerated	668	6	16	2	692
Medicaid approved	1,962	13,523	10	1,974	17,469
Medicaid, non-compliant	875	1,450	5	211	2,541
Referred to Medicaid	197	23,082	12	2,335	25,626
Non US citizen	4,189	96	291	13	4,589
Currently on Medicaid	73,720	7,370	6,254	1,533	88,877
Other reasons	873				873
Not a Florida resident	333	61	31	9	434
Over age	19,613	36,931	54	239	56,837
Over income	573				573
Under age	8,622	6,955	1		15,578

Application Processing Times

For those applicants that received Florida KidCare Title XXI 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. Note, due to vendor changes, we cannot report the Medicaid application processing time.

- For Title XXI overall, the average processing time was 53.7 days and the median processing time was 49 days.
- The three Title XXI programs varied slightly in processing times from an average of 50.1 days for CMSN to 51.9 days for MediKids and 54.6 days for Healthy Kids.

Table 12. Application processing times Title XXI, State Fiscal Year 2013-2014

	Average Number of Days Elapsed	Median Number of Days Elapsed
For all approved applicants, by their program of enrollment		
Total Title XXI	53.7	49.0
CMSN Title XXI	50.1	46.0
Healthy Kids Title XXI	54.6	50.0
MediKids Title XXI	51.9	47.0
Only those applicants not referred to DCF, and later enrolled in:		
Total Title XXI	51.7	47.0
CMSN Title XXI	47.6	44.0
Healthy Kids Title XXI	53.1	49.0
MediKids Title XXI	48.6	43.0

Florida KidCare Enrollment

Table 13 presents the point-in-time enrollment figures for the end of the State and Federal Fiscal Years 2012-2013 and 2013-2014 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 2013-2014, the Florida KidCare program enrolled 2,258,550 children. This was an increase of 8.06% over the same month a year earlier.
- Florida KidCare's growth in 2013-2014 was driven by growth in Medicaid Title XIX enrollments, which increased 4.27% from 1,792,381 to 1,869,658 children.
- Title XXI enrollments increased by 35.59% from June 30th, 2013 to June 30th, 2014.
    - This sharp increase is due to the "stairstep children". "Stairstep children" are those Medicaid enrollees who are Title XXI funded, aged 6-18, and between 100% and 133% of the FPL. Enrollment in this eligibility category began January 2014.
    - CMSN Title XXI enrollment declined by 14.01%. Healthy Kids Title XXI and MediKids Title XXI enrollments decreased by 7.63**%** and 6.18%, respectively.
- Federal Fiscal Year 2013-2014 followed the same trends as State Fiscal Year 2013-2014.
- At the end of Federal Fiscal Year 2014, the Florida KidCare program enrollment was 2,263,361, which is an increase of 7.80% over the same month a year earlier.
- Florida Medicaid enrollment increased 3.17% over the same month of the previous year.
- Title XXI enrollments increased by 41.91% from September 30th, 2013 to September 30th, 2014.
    - This sharp increase is due to the "stairstep children". "Stairstep children" are those Medicaid enrollees who are Title XXI funded, aged 6-18, and between 100% and 133% of the FPL. Enrollment in this eligibility category began January 2014.
    - CMSN Title XXI enrollment declined by 20.35%. Healthy Kids Title XXI and MediKids Title XXI enrollments decreased by 12.55**%** and 8.57%, respectively

Table 13. Point-in-time enrollment figures for the last day of State and Federal Fiscal Years 2012-2013 and 2013-2014

	State Fiscal Year			Federal Fiscal Year		
	Enrollment June 30, 2013	Enrollment June 30, 2014	Percent Change 2013-2014	Enrollment Sept. 30, 2013	Enrollment Sept. 30, 2014	Percent Change 2013-2014
Healthy Kids Title XXI	210,293	194,240	-7.63	208,303	182,153	-12.55
Healthy Kids Full-pay	29,989	28,527	-4.88	30,159	27,569	-8.59
Healthy Kids Total	240,282	222,767	-7.29	238,469	209,722	-12.05
MediKids Title XXI	29,547	27,722	-6.18	29,271	26,763	-8.57
MediKids Full-pay	4,652	4,509	-3.07	4,729	4,606	-2.60
MediKids Total	34,199	32,231	-5.75	34,000	31,369	-7.74
CMSN Title XXI	22,407	19,268	-14.01	22,069	17,579	-20.35
Title XXI Funded Medicaid						
< Age 1	733	726	-.95	729	757	3.84
Ages 6-18*	0	114,626	-----	0	142,260	-----
Total Title XXI funded enrollment	262,980	356,582	35.59**	260,372	369,512	41.91**
Title XIX Medicaid	1,792,381	1,868,932	4.27	1,804,407	1,861,674	3.17
Florida KidCare Total	2,090,002	2,258,550	8.06	2,099,674	2,263,361	7.80

Note: Percent change information is not available for Title XXI Funded Medicaid ages 6-18 ("stairstep children") because a full year is needed to calculate the percent change and this eligibility group did not begin until January 2014.

**Includes new eligible enrollees and Medicaid children who would have previously been referred to CHIP due to income between 100% and 133% FPL, which began January 2014.This group of children is often called "stairstep children".*

***This large increase is due to the Title XXI funded Medicaid enrollees ("stairstep children") ages 6-18, which began January 2014.*

Figure 5 displays the enrollment growth trends, by program, during the last five state fiscal years. To improve readability, separate panels are shown on this figure for the Title XXI programs, the full-pay programs, and Florida KidCare and Medicaid Title XIX.

Figure 5a. Percentage growth in Florida KidCare for five state fiscal years, by program component, Title XXI

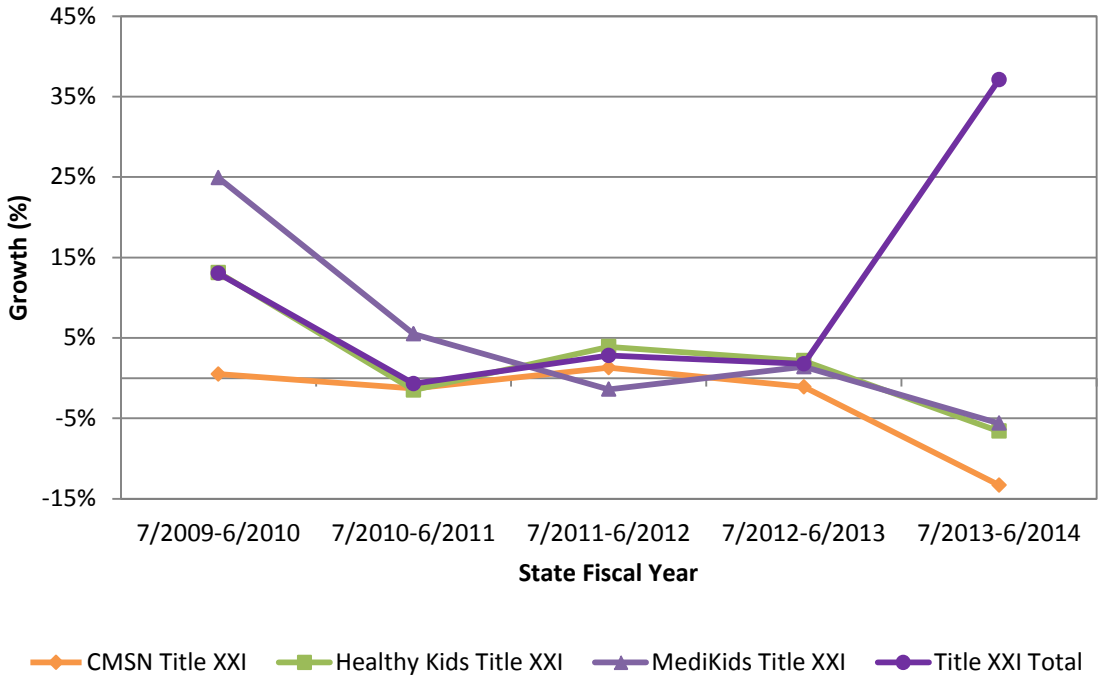


Figure 5b. Percentage growth in Florida KidCare for five state fiscal years, by Full-Pay Title XXI

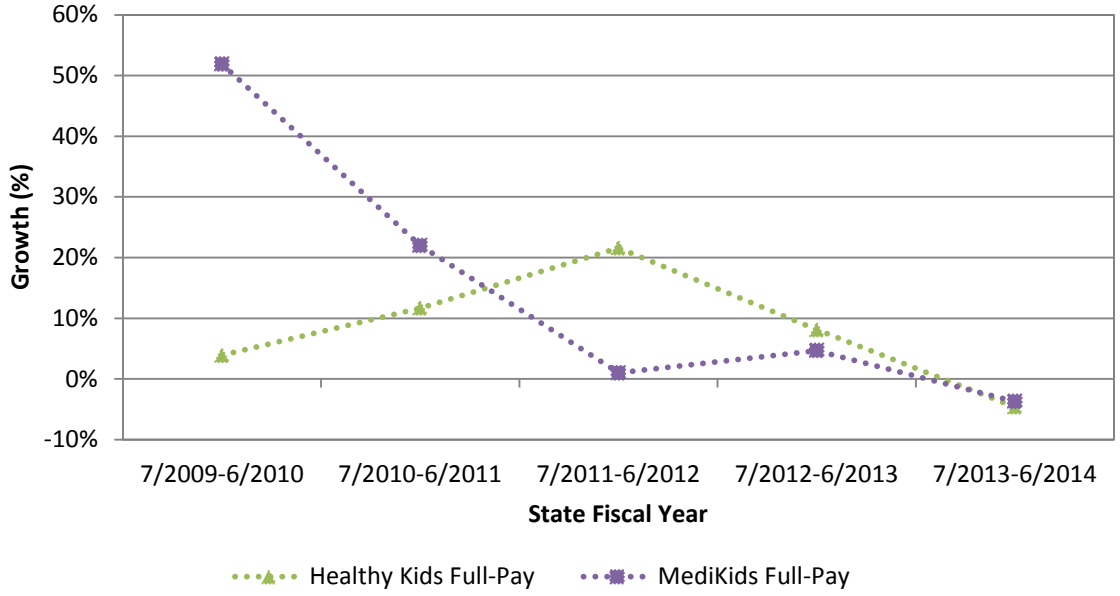
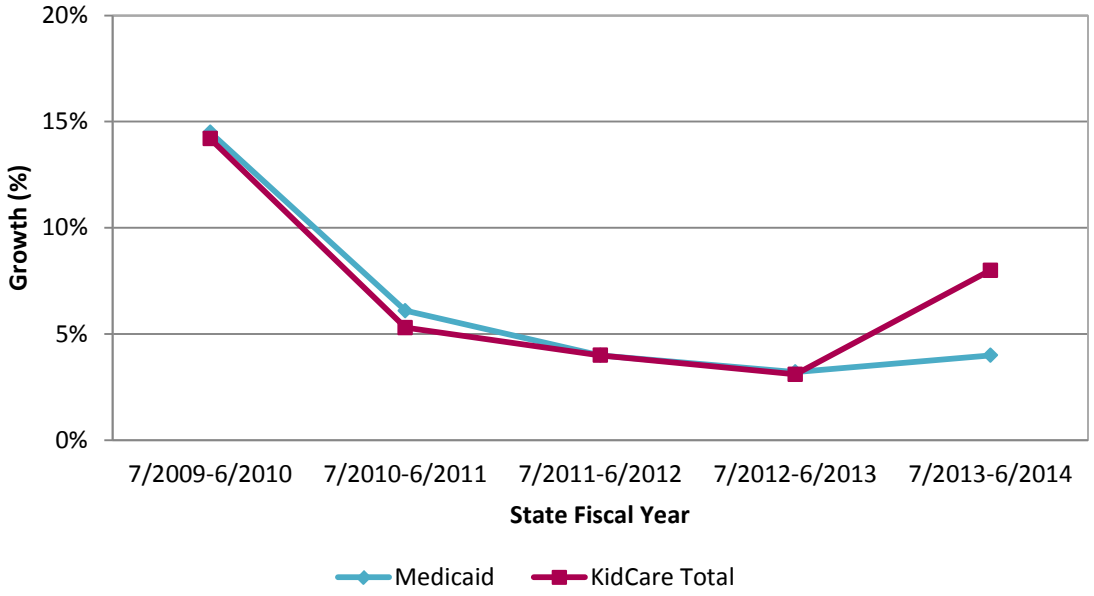


Figure 5c. Percentage growth in Florida KidCare for five state fiscal years, Title XIX and KidCare Total



Enrollment Trends

Figure 6 through **Figure 10** presents the enrollment trends by month for each of the Florida KidCare program components from July 2009 through July 2014. These figures were developed from various agency enrollment reports and are subject to reconciliation.

Figure 6. CMSN Title XXI program enrollment, SFY 2009-2014

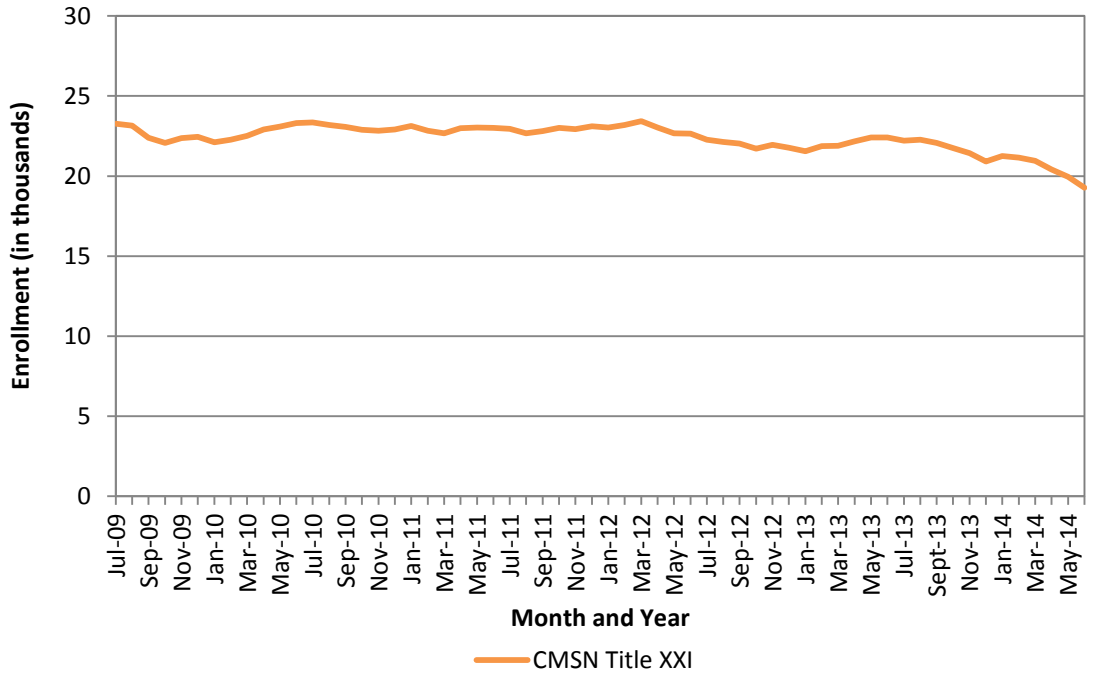


Figure 7. Healthy Kids program enrollment, SFY 2009-2014

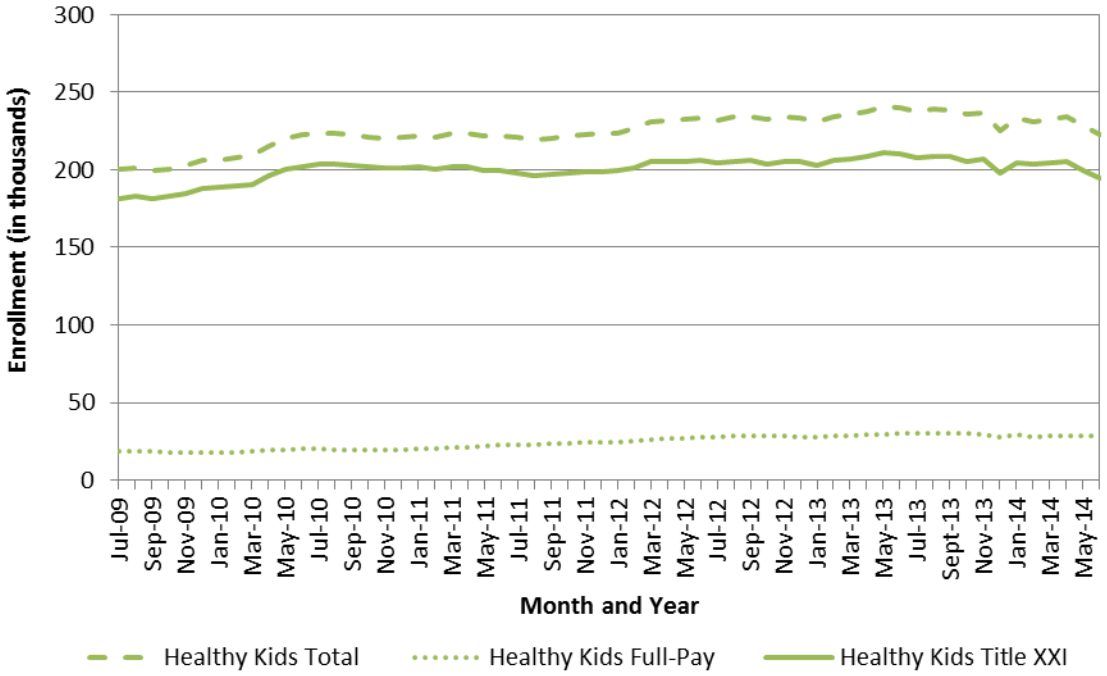


Figure 8. MediKids program enrollment, SFY 2009-2014

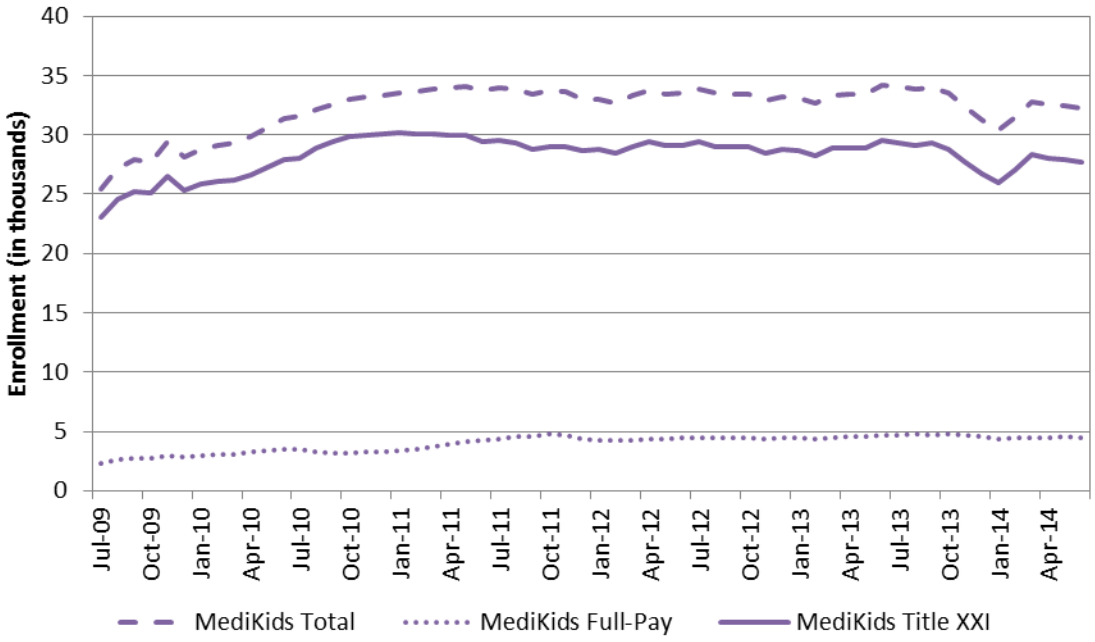


Figure 9. Overall Medicaid Title XIX program enrollment, SFY 2009-2014

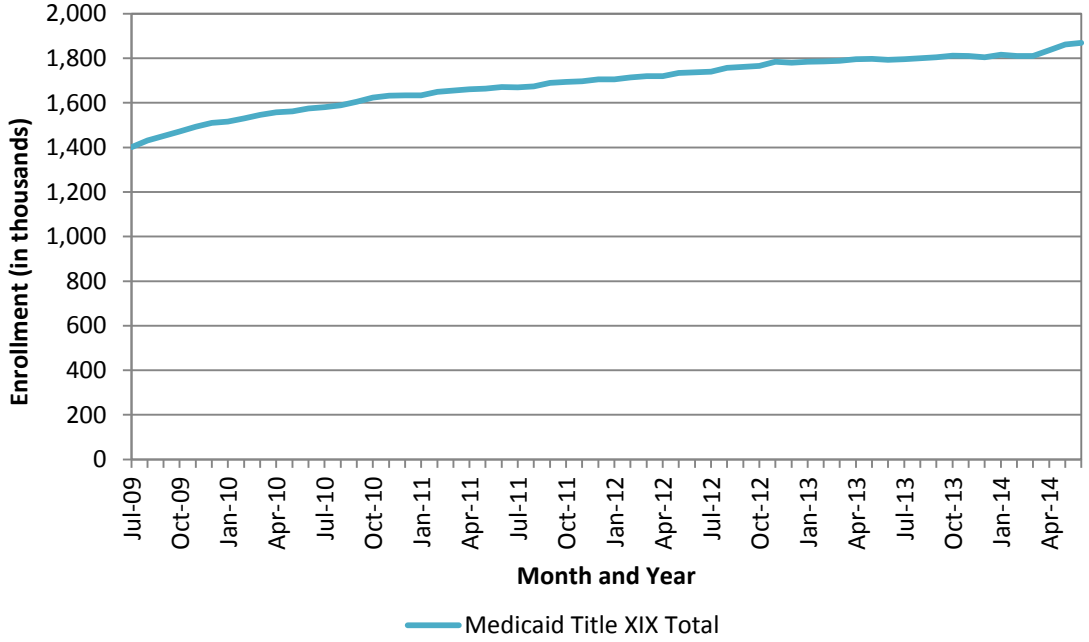
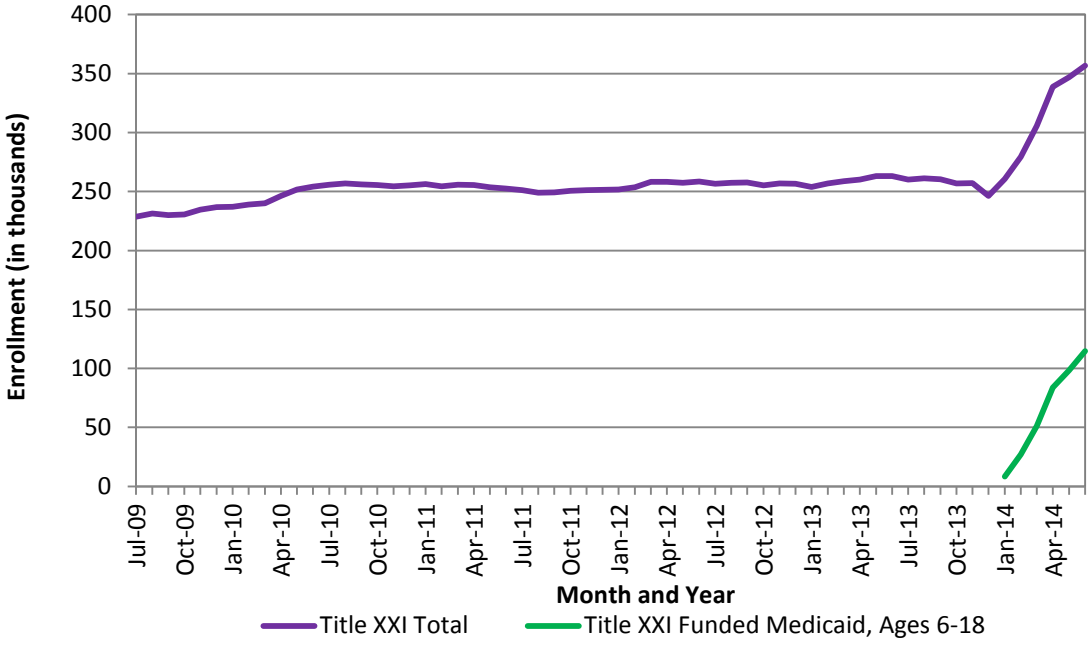


Figure 10. Overall Florida KidCare Title XXI program enrollment, SFY 2009-2014



Ever Enrolled and Newly Enrolled

Table 14 provides a second perspective on the number of children enrolled in Florida KidCare during SFY 2013-2014:

- Florida KidCare's Title XXI program components served a total of 373,492 children, some of whom were in the program for one or more short periods and others who were in the program for the entire year.
- Of the 373,492 children served by Florida KidCare Title XXI programs at some point during SFY 2013-2014, 109,126 (29.2%) had not been covered by Title XXI programs in the year prior to their enrollment in 2013-2014; 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 2013-2014:

- Medicaid served a total of 2,679,699 children. Of those children served by Medicaid in 2013-2014, 488,582 (18.2%) had not been served by Medicaid in the year prior to their enrollment in 2013-2014.

Table 14. Children "ever" and "newly" enrolled in Florida KidCare program components, SFY 2013-2014

State Fiscal Year 2013-2014			
	Ever Enrolled*	**Newly Enrolled****	**Percent New Enrollees**
Medicaid Title XIX	2,679,699	488,582	18.2%
CMSN Title XXI	29,985	7,487	25.0%
Healthy Kids Title XXI	292,421	79,842	27.3%
MediKids Title XXI	51,086	21,797	42.7%
Total Title XXI	373,492	109,126	29.2%

** Ever enrolled includes all children enrolled in a program during the specific time period, which includes new and established enrollees. Thus, children in the New Enrollees column are also counted in the ever enrolled column.*

*** New enrollees are children who became covered during the specific time period, but had not previously been enrolled in that program any time during the previous 12 months.*

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

Renewal of Florida KidCare Title XXI Coverage

Families of children in CMSN, Healthy Kids, and MediKids that receive Title XXI premium assistance must participate in a coverage renewal process every 12 months, which includes confirmation of the child's continued eligibility for the program. As each family's renewal anniversary approaches, the Florida KidCare third party administrator sends parents detailed information about the renewal process and required documentation. If families do not respond or they are unable to confirm their child's continued eligibility, the child is disenrolled. Successful completion of the Title XXI coverage renewal process is an important step in retaining coverage. The Children's Health Insurance Program (CHIP) children enter a new 12 month period of continuous eligibility upon successful completion of their renewal.

In 2014, the Centers for Medicare and Medicaid Services (CMS) approved a delay in the renewal process for the period January through June. Children continued to receive coverage through their rescheduled renewal date. However, this report does contain data for January and February 2014 as the

third party vendor initiates renewals two months in advance of the renewal month. Therefore the administrative renewals though December 2013 include the renewal months of January and February 2014.

The rate of renewal of Florida KidCare Title XXI coverage was calculated for each month from July 2013 through February 2014. During this time period, 79.1% of eligible children had their Florida KidCare Title XXI coverage successfully renewed (**Table 15**). Note: These data includes CHIP enrolled children who transferred into the Florida Medicaid Title XIX program as a result of their renewal eligibility determination.

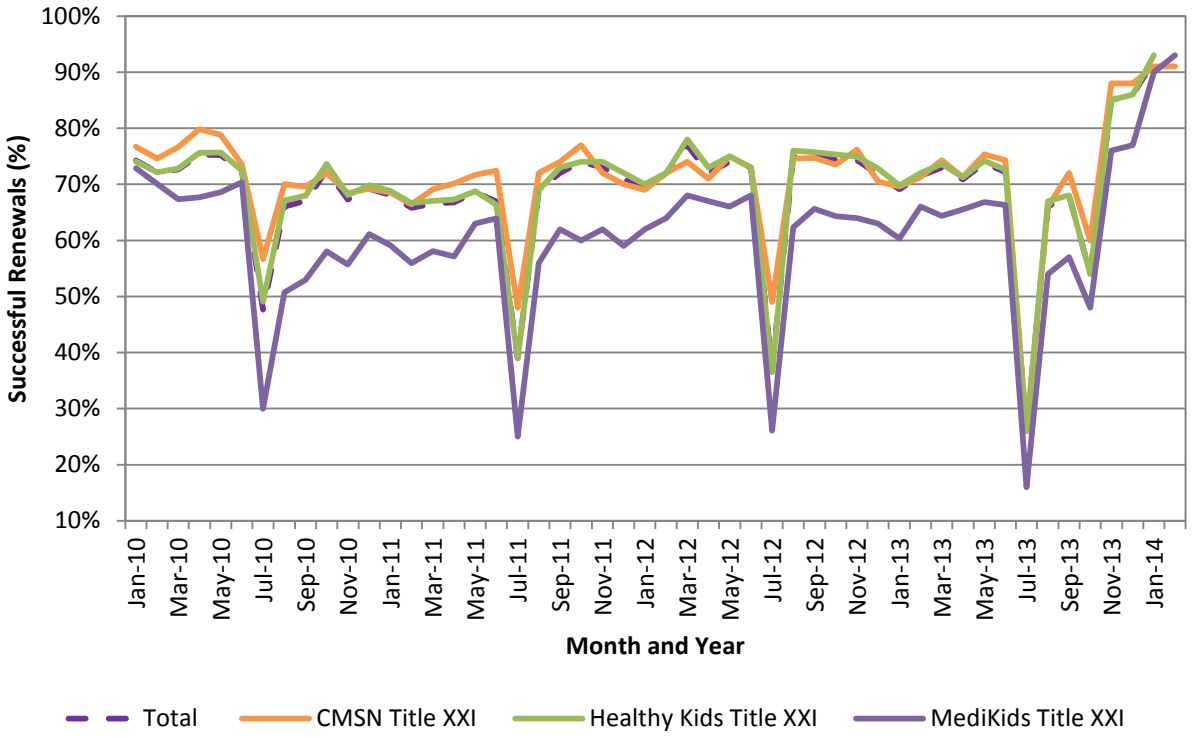
Table 15. Successful renewal of Title XXI Florida KidCare coverage July 2013 to February 2014

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 2013-February 2014	110,492	87,375	79.1%
July 2013	5,880	1,501	25.5%
August 2013	11,484	7,544	65.7%
September 2013	11,854	8,021	67.7%
October 2013	4,580	2,467	53.9%
November 2013	20,124	17,054	84.7%
December 2013	16,702	14,273	85.5%
January 2014	17,367	16,038	92.3%
February 2014	22,501	20,477	91.0%

The renewal trend by program component is shown in **Figure 11** for 2010-2014.

- For 2013-2014, coverage was renewed for 80.5% of eligible CMSN enrollees, 79.3% of Healthy Kids enrollees, and 74.7% of MediKids enrollees.
- It is unknown what accounts for the observed declines in successful renewals for June and July 2010, 2011, 2012, and 2013.

Figure 11. Successful renewals (%) of Title XXI Florida KidCare coverage, by program component, January 2010 to February 2014



The rate of successful Title XXI coverage renewal was also calculated by child demographic and family socio-economic characteristics **(Table 16)**. During 2013-2014:

- Renewal rates did not vary significantly by the child's gender, the urbanicity of the family's residence, or age.
- Renewal rates did vary by the income level, families with incomes of 100-150% of the federal poverty level had a renewal rate of 76.1% compared to a renewal rate of 83.7% for families with incomes of 151-200% of the FPL.
- Renewal rates for CMSN coverage varied by family income—78.3% of CMSN families below 150% FPL renewed successfully and 84.3% above 150% FPL renewed successfully.
- Renewal rates for Healthy Kids and MediKids also varied significantly by family income. Among Healthy Kids families, coverage was successfully renewed for 76.5% of families below 150% FPL and 84.0% of families above 150% FPL.
- Rates varied more for MediKids families, with renewals successful for 65.7% of families below 150% FPL and 81.2% of families above 150% FPL.

Table 16. Title XXI renewal status for eligible children, by program, July 2013-February 2014

Program/Characteristic	Children eligible for renewal	Renewal Status			
		Not renewed (N)	Renewed (N)	Not renewed (Row %)	Renewed (Row %)
All Children, Title XXI					
Total	110,492	23,117	87,375	20.9%	79.1%
Gender					
Male	56,354	11,747	44,607	20.8%	79.2%
Female	54,138	11,370	42,768	21.0%	79.0%
Age					
1-4	10,192	2,221	7,971	21.8%	78.2%
5-9	30,076	6,312	23,764	21.0%	79.0%
10-14	39,889	8,069	31,820	20.2%	79.8%
15-18	30,335	6,515	23,820	21.5%	78.5%
Rural/Urban Commuting Area					
Urban/Large Towns	103,346	21,564	81,782	20.9%	79.1%
Rural/Small Towns	5,552	1,211	4,341	21.8%	78.2%
Unknown	1,594	342	1,252	21.5%	78.5%
Federal Poverty Level					
150% or less	57,231	13,705	43,526	23.9%	76.1%
151% or greater	50,698	8,247	42451	16.3%	83.7%
CMSN, Title XXI					
Total	9,753	1,905	7,848	19.5%	80.5%
Gender					
Male	6,008	1,157	4,851	19.3%	80.7%
Female	3,745	748	2,997	20.0%	80.0%
Age					
1-4	404	83	321	20.5%	79.5%
5-9	2,362	439	1,923	18.6%	81.4%
10-14	4,057	773	3,284	19.1%	80.9%
15-18	2,930	610	2,320	20.8%	79.2%
Rural/Urban Commuting Area					
Urban/Large Towns	8,986	1,754	7,232	19.5%	80.5%
Rural/Small Towns	625	128	497	20.5%	79.5%
Unknown	142	23	119	16.2%	83.8%
Federal Poverty Level					
150% or less	5,433	1,181	4,252	21.7%	78.3%
151% or greater	4,118	646	3,472	15.7%	84.3%

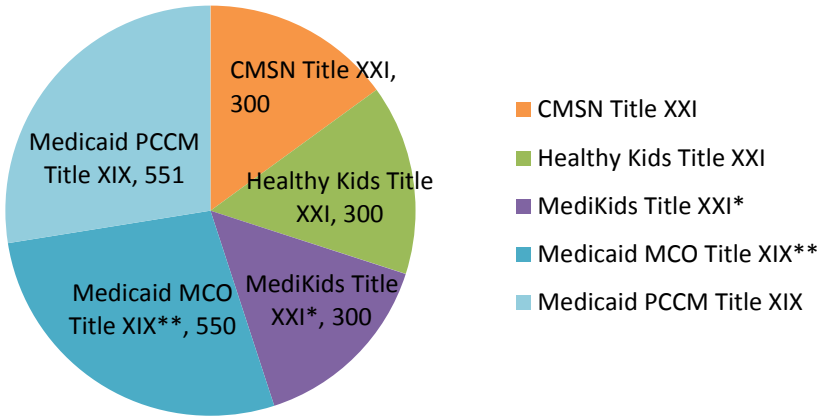
Table 16. Title XXI renewal status for eligible children, by program, July 2013-February 2014 (continued).

Program/Characteristic	Children eligible for renewal	Renewal Status			
		Not renewed (N)	Renewed (N)	Not renewed (Row %)	Renewed (Row %)
Healthy Kids, Title XXI					
Total	92,036	19,006	73,030	20.7%	79.3%
Gender					
Male	45,996	9,485	36,511	20.6%	79.4%
Female	46,040	9,521	36,519	20.7%	79.3%
Age					
1-4	1,293	131	1,162	10.1%	89.9%
5-9	27,506	5,674	21,832	20.6%	79.4
10-14	35,832	7,296	28,536	20.4%	79.6%
15-18	27,405	5,905	21,500	21.5%	78.5%
Rural/Urban Commuting Area					
Urban/Large Towns	86,208	17,754	68,454	20.6%	79.4%
Rural/Small Towns	4,514	973	3,541	21.6%	78.4%
Unknown	1,314	279	1,035	21.2%	78.8%
Federal Poverty Level					
150% or less	48,494	11,391	37,103	23.5%	76.5%
151% or greater	41,399	6,629	34,770	16.0%	84.0%
MediKids, Title XXI					
Total	8,703	2,206	6,497	25.3%	74.7%
Gender					
Male	4,350	1,105	3,245	25.4%	74.6%
Female	4,353	1,101	3,252	25.3%	74.7%
Age					
1-4	8,495	2,007	6,488	23.6%	76.4%
5-9	208	119	9	95.7%	4.3
Rural/Urban Commuting Area					
Urban/Large Towns	8,152	2,056	6,096	25.2%	74.8%
Rural/Small Towns	413	110	303	26.6%	73.4%
Unknown	138	40	98	29.0%	71.0%
Federal Poverty Level					
150% or less	3,304	1,133	2,171	34.3%	65.7%
151% or greater	5,181	972	4,209	18.8%	81.2%

Florida KidCare Parent Experience Survey Results

To gain an understanding of parents' experiences with Florida KidCare, the Institute for Child Health Policy (ICHP) completed 2,001 telephone surveys of caregivers of enrollees in the Spring of 2014. **Figure 12** displays the number of Family Experience surveys that were completed per Florida KidCare program component.

Figure 12. Surveys completed by program, Spring 2014



**Includes enrollees who are also in a managed care plan*
***The term MCO includes HMO includes plans (Reform and Non-Reform)*

The fieldwork for the KidCare survey resulted in:

- Florida KidCare total response rate was 30.3%, cooperation rate was 56.9%, and refusal rate was 21.9%.
- The program with the highest response rate was CMSN (38.5%).
- Medicaid MCO had the lowest response rate at 26.0%.

Table 17 shows the response, cooperation, and refusal rates for the Parent Experience surveys conducted in 2014.

Table 17. Response, Cooperation, and Refusal Rates, Parent Survey 2014

	Response Rate*	Cooperation Rate**	Refusal Rate***
Total	30.3%	56.9%	21.9%
CMSN	38.5%	71.2%	15.1%
Healthy Kids	29.2%	56.6%	21.8%
MediKids	33.7%	62.1%	20.2%
Medicaid MCO	26.0%	49.2%	25.0%
Medicaid PCCM	31.0%	57.1%	21.9%

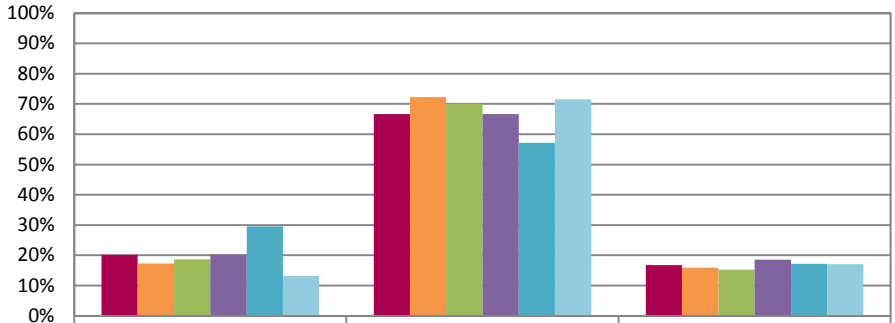
**Response rate refers to the number of individuals who completed the survey divided by the number of eligible people in the sample.*
***Cooperation rate indicates the proportion of individuals interviewed of all individuals with whom we made contact (i.e., does not include those that are eligible but did not participate).*
****Refusal rate represents the percentage of eligible individuals who, though successfully contacted, refused to do the surveys.*

Demographics of Enrollees

Figures 13-18 present the demographic characteristics of enrollees and their caregivers who participated in the 2014 survey. 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.

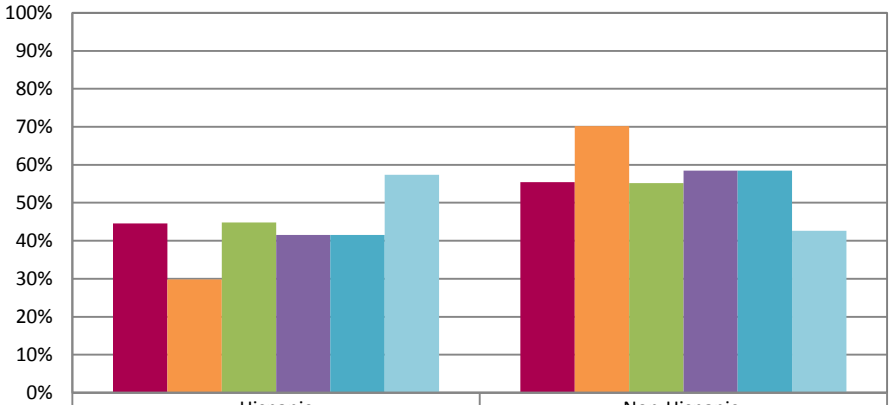
The majority of the established KidCare enrollees represented in the survey sample were White (66.7%), and male (53.5%), and approximately 45% of caregivers identified their child as being Hispanic.

Figure 13. Race of established KidCare enrollees, 2014 Survey



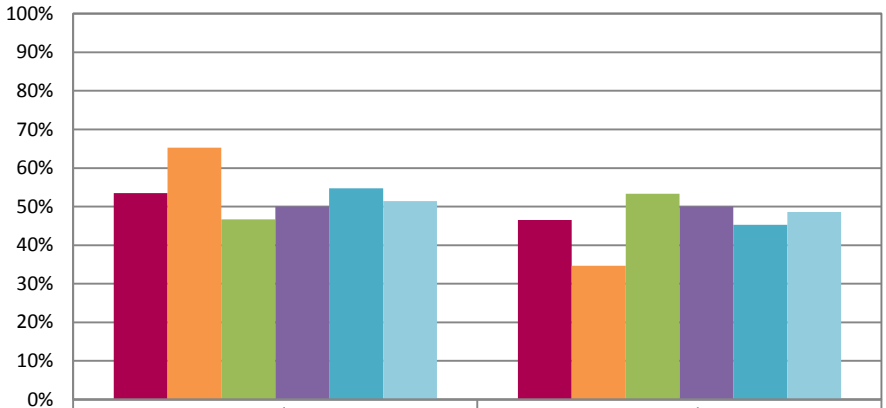
	Black	White	Other or multiracial
Total	20.2	66.7	16.8
CMSN Title XXI	17.3	72.3	15.9
Healthy Kids Title XXI	18.7	70	15.3
MediKids Title XXI	20.3	66.7	18.6
Medicaid MCO	29.6	57.1	17.2
Medicaid PCCM	13.2	71.5	17.1

Figure 14. Ethnicity of established KidCare enrollees, 2014 Survey



	Hispanic	Non-Hispanic
Total	44.6	55.4
CMSN Title XXI	29.8	70.2
Healthy Kids Title XXI	44.8	55.2
MediKids Title XXI	41.5	58.5
Medicaid MCO	41.5	58.5
Medicaid PCCM	57.4	42.65

Figure 15. Gender for established KidCare enrollees, 2014 Survey



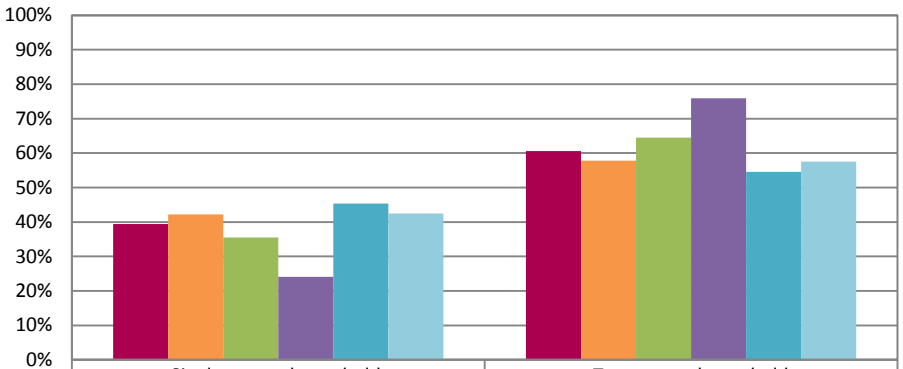
	Male	Female
Total	53.5	46.5
CMSN Title XXI	65.3	34.7
Healthy Kids Title XXI	46.7	53.3
MediKids Title XXI	50	50
Medicaid MCO	54.7	45.3
Medicaid PCCM	51.4	48.6

Enrollee and Family Characteristics

Figures 16-18 present the characteristics for enrollees and their caregivers who completed the 2014 Parent Survey.

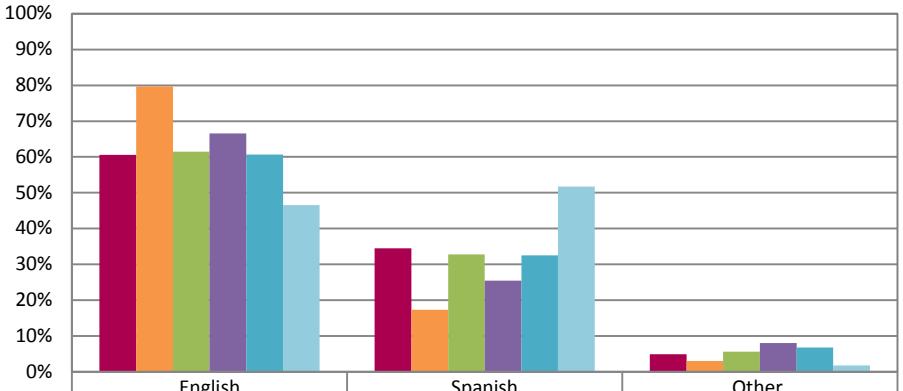
Most caregivers identified their households as two-parent (60.6%). Most caregivers spoke English as their primary language at home (60.6%), and nearly a third have completed an associate's degree or higher (32.3%).

Figure 16. Household type of established KidCare enrollees, 2014 Survey



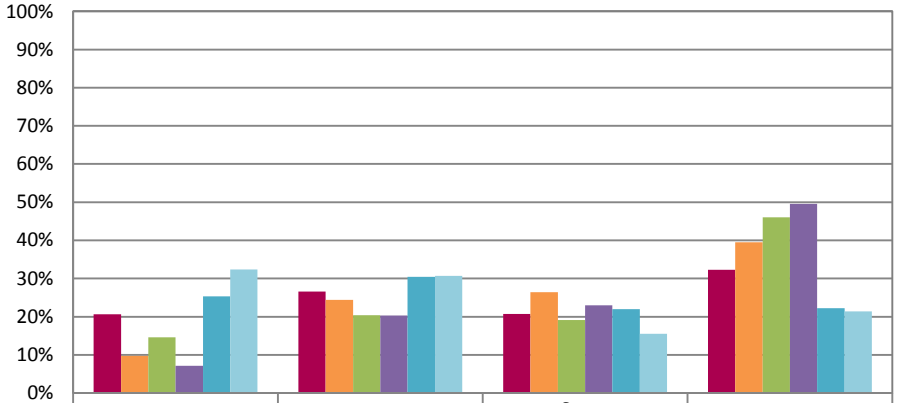
	Single parent household	Two parent household
Total	39.4	60.6
CMSN Title XXI	42.2	57.8
Healthy Kids Title XXI	35.5	64.5
MediKids Title XXI	24.1	75.9
Medicaid MCO	45.4	54.6
Medicaid PCCM	42.5	57.5

Figure 17. Primary language spoken at home for established KidCare enrollees, 2014 Survey



	English	Spanish	Other
Total	60.6	34.5	4.9
CMSN Title XXI	79.7	17.3	3
Healthy Kids Title XXI	61.5	32.8	5.6
MediKids Title XXI	66.6	25.4	8
Medicaid MCO	60.7	32.5	6.8
Medicaid PCCM	46.5	51.7	1.8

Figure 18. Parents' education level, 2014 Survey



	Not HS Grad	HS diploma or GED	Some College/Vocational	AA or higher
Total	20.6	26.6	20.7	32.3
CMSN Title XXI	9.7	24.4	26.4	39.5
Healthy Kids Title XXI	14.6	20.4	19.1	46
MediKids Title XXI	7.1	20.3	23	49.6
Medicaid MCO	25.3	30.4	22	22.2
Medicaid PCCM	32.4	30.7	15.5	21.4

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 2014 telephone surveys with parents, the CSHCN Screener portion of the survey asked respondents for their perceptions of their children's health and activities. The CSHCN Screener contains five items that address whether the child 1) has activity limitations when compared to other children of his or her age, 2) needs or uses medications, 3) needs or uses specialized therapies such as physical therapy and others, 4) has an above-average routine need for or use of medical, mental health, or educational services, or 5) needs or gets treatment or counseling for an emotional, behavioral or developmental problem. The Screener does not include a specific severity of condition measure. However, for any category with an affirmative response, the parent is then asked if this is due to a medical, behavioral, or other health condition and whether that condition has lasted or is expected to last at least 12 months. The child is considered to have a special need if the parent responds affirmatively to any of the categories.[1]

A child with Special Health Care Needs (CSHCN):

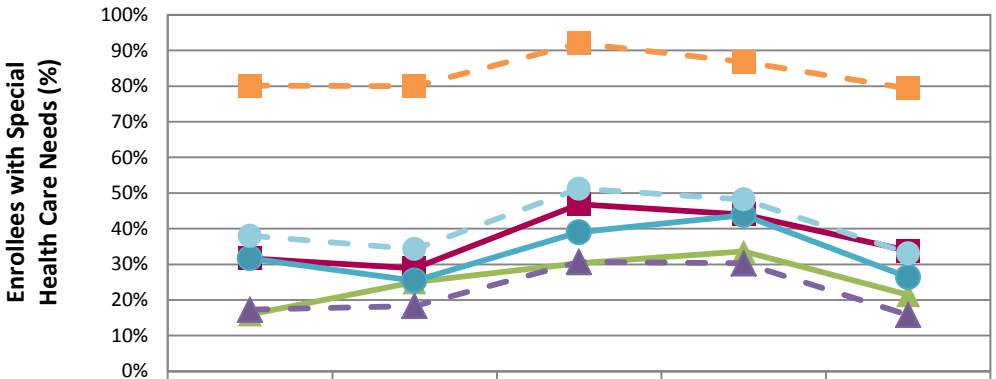
- Has activity limitations when compared to other children of his/her age
- Needs or uses medications
- Needs or uses specialized therapies
- Has an above-average routine need for or use of medical, mental health, or educational services, or
- Needs or gets treatment or counseling for an emotional, behavioral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

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

- As expected, CMSN Title XXI enrollees had the highest percentage of children (79.3%) with special healthcare needs. Although having a special healthcare need is a criterion for CMSN eligibility, this data is based on parent report. Thus, parents of CSHCN may not realize that their child has a special health care need or understand what qualifies as a special health care need.
- Additionally, both non-CMSN Title XXI and Title XIX enrollees were identified with special needs according to the CSHCN Screener criteria.
    - Nearly 21% of Healthy Kids enrollees, 15.8% of MediKids enrollees, 26.4% of Medicaid MCO enrollees, and 33.1% of Medicaid PCCM enrollees were identified with special healthcare needs according to the CSHCN Screener.

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

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



	2009-2010	2010-2011	2011-2012	2012-2013	2013-2014
Total	31.7	28.9	46.8	44.0	33.8
CMSN Title XXI	80.1	80.0	92.0	86.8	79.3
Healthy Kids Title XXI	16.0	25.0	30.3	33.6	21.4
MediKids Title XXI	17.3	18.3	30.7	30.3	15.8
Medicaid MCO	31.7	25.4	39.0	43.8	26.4
Medicaid PCCM	38.0	34.3	51.2	48.2	33.1

Year

Note that the 2011-2012 National Survey of Children's Heath (NSCH) found that approximately 19.6% of all of Florida's children had a special health care need. Hence, the Florida KidCare program may include a larger share of children with special needs than would be expected based on the statewide prevalence of CSHCN. It is likely that families who believe their children have greater health care needs have elected to insure those children. The number of enrollees with special health care needs has implications for the financing and the organization of the Florida KidCare program. For example, health care costs may be higher than anticipated. In addition, more pediatricians and specialists may be required to provide adequate care for children with special health care needs.

Family Experiences and Satisfaction with Florida KidCare

CAHPS

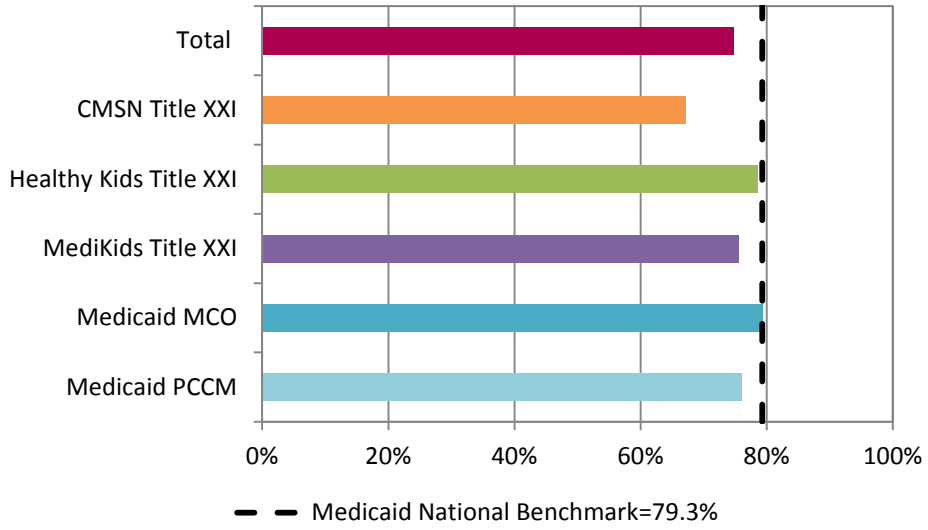
The Consumer Assessment of Healthcare Providers and Systems® (CAHPS®, formerly known as the Consumer Assessment of Health Plans Survey) is recommended by the National Committee on Quality Assurance (NCQA) for measuring experiences of Florida KidCare enrollees, including access to a medical home.[2] Versions 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,

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

and dental care. Results from these items are presented below. CAHPS version 5.0 was used in this evaluation. National Medicaid averages for children are provided, where available, for comparison purposes.[3] However, caution should be used when making comparisons as not all of the NCQA protocols were followed (only phone interviews were conducted, not a mail out/ phone combinations). Items are combined to create composites; these composites are standardized and include between 1 and 4 items. Only composites are provided in this report, responses to individual items can be found in the accompanying technical appendix. NCQA guidelines prohibit reporting composite scores when the average sample size for respondents across composite is less than 100. For purposes of this evaluation, we have set the minimum sample size to 50 respondents. As an example, the getting needed care composite includes two CAHPS items. If 45 caregivers from the Healthy Kids program responded to the first item and only 50 responded to the second item (regardless of their responses), this composite cannot be reported for the Healthy Kids program. This strategy prevents reporting of low, unstable composite scores. In this report, these programs are indicated with a Not Reportable (N/R) notation. Of note, calculation for the Shared Decision Making composite changed significantly in 2013 and thus yearly comparisons should be made with caution.

- The composite of items related to "getting needed care" was reported positively by approximately 75% of Florida KidCare families. This is below the 79% national Medicaid comparison group.
- Medicaid MCO (79.4%) was the only program component to exceed the national benchmark.

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

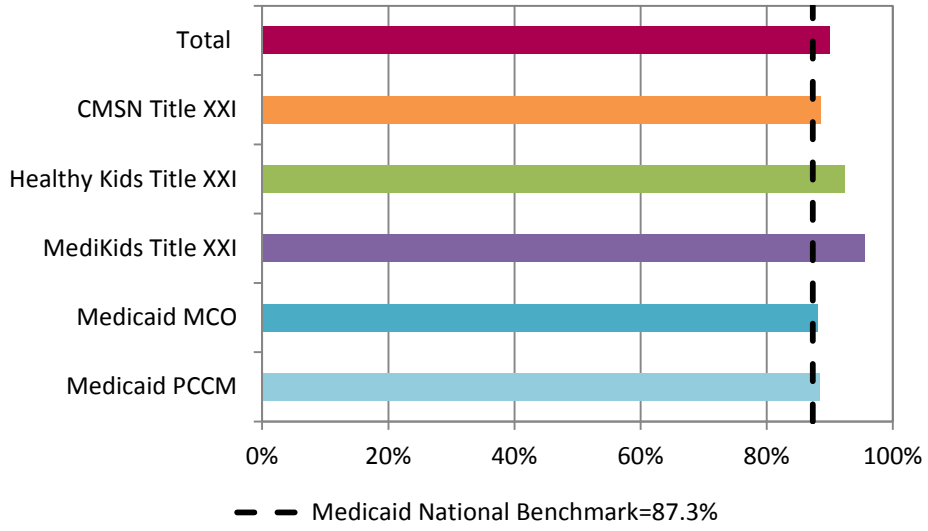


Note "Responding Positively" means the respondents answered either "Always" or "Usually."

- The getting needed care quickly composite was reported positively by approximately 90% of Florida KidCare families compared to 87% of the national Medicaid benchmark group.
- All program components exceeded the national Medicaid benchmark.

[3] 2012 Child Medicaid 5.0 Benchmarks, Agency for Healthcare Research and Quality. These benchmarks were used the KidCare evaluation report because 2013 benchmarks were not available at the time this report was compiled.

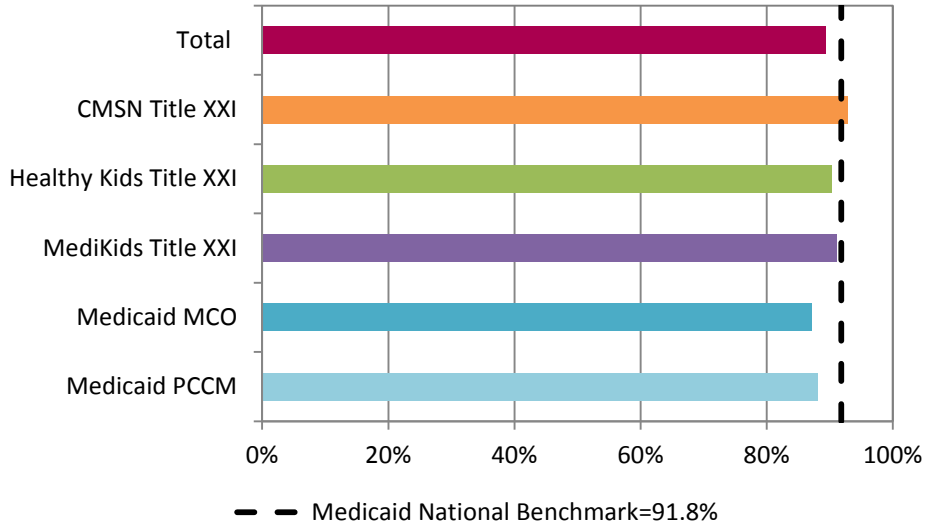
Figure 21. Percentage of Families Responding Positively to CAHPS® "Getting Needed Care Quickly"



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

- Compared to 92% of the national Medicaid benchmark group, about 89% of Florida KidCare families reported positive experiences with their doctor's communication skills.
- CMSN Title XXI (92.8%) was the only program component to exceed the national Medicaid benchmark.

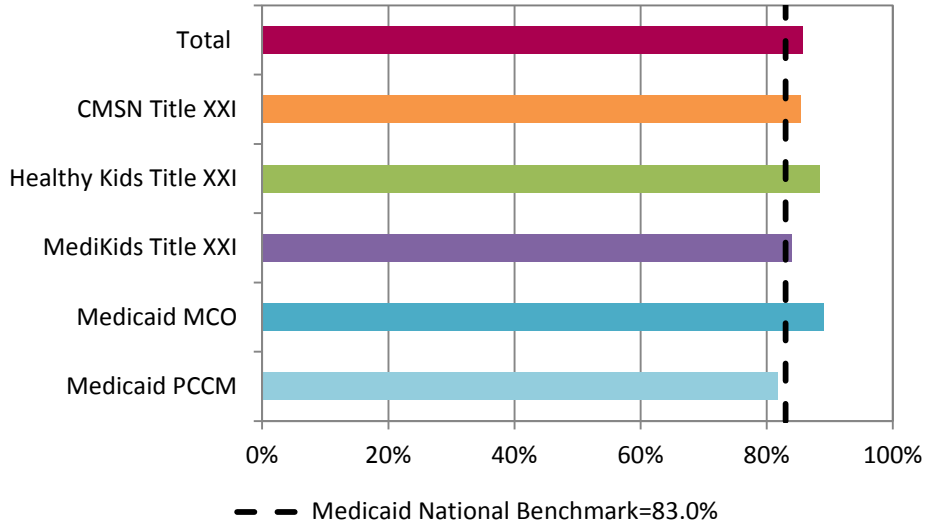
Figure 22. Percentage of Families Responding Positively to CAHPS® "Experience with Doctor's Communication Skills"



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

- Health plan customer service was reported positively by 86% of Florida KidCare families and 83% of the Medicaid national benchmark group.
- Medicaid PCCM (81.8%) was the only program component that did not exceed the national Medicaid benchmark.

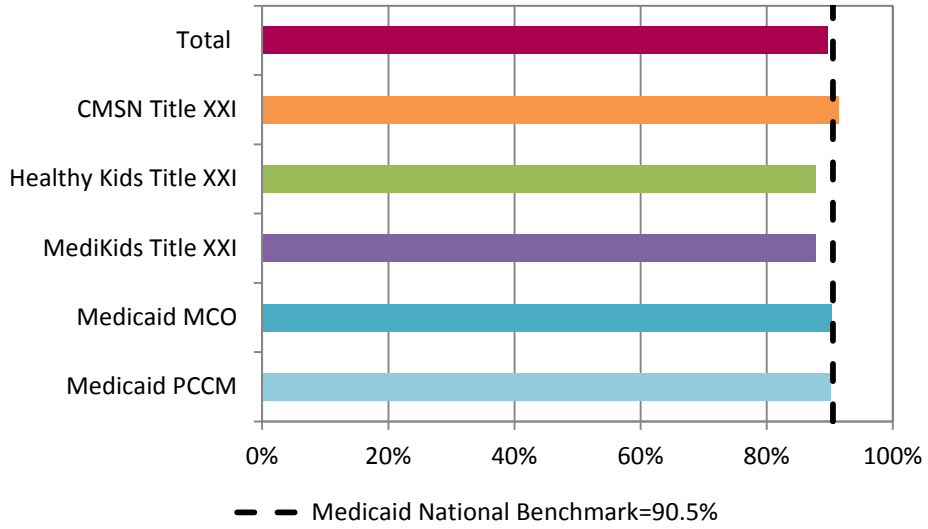
Figure 23. Percentage of Families Responding Positively to CAHPS® "Health Plan Customer Service"



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

- Nearly 90% of Florida KidCare families reported positive experiences getting prescription medications; the national Medicaid benchmark is approximately 91%.
- CMSN Title XXI (91.3%)was the only program component to exceed the national Medicaid benchmark.

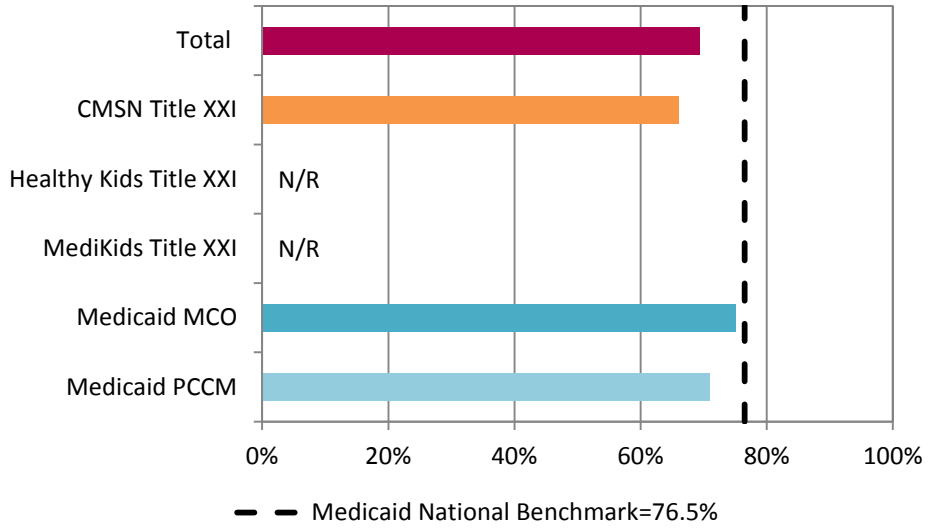
Figure 24. Percentage of Families Responding Positively to CAHPS® "Getting Prescription Medications"



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

- Approximately 69% of Florida KidCare families reported positive experiences getting specialized services; the national Medicaid benchmark is 76.5%.

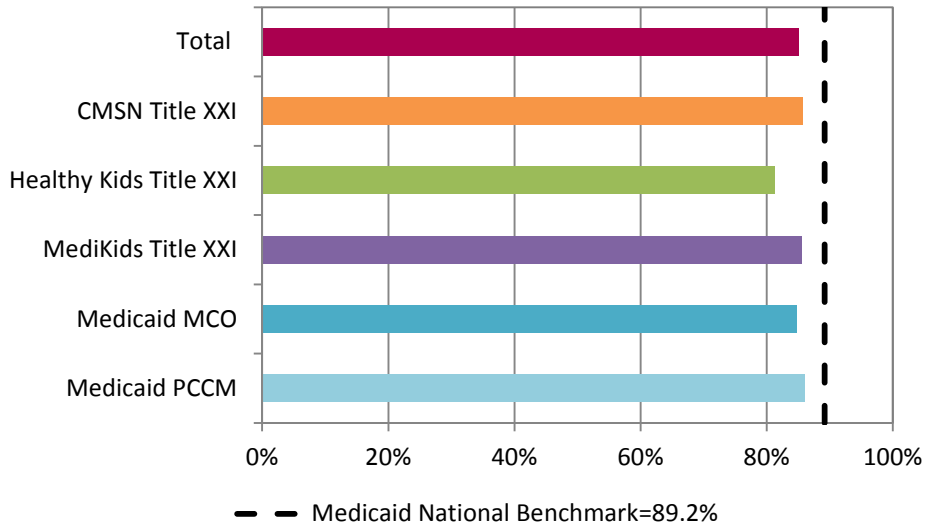
Figure 25. Percentage of Families Responding Positively to CAHPS® "Experience Getting Specialized Services"



Note Programs with sample sizes less than 50 are denoted by N/R
Note "Responding Positively" means the respondents answered either "Always" or "Usually."

- Approximately 85% of Florida KidCare families reported positive experiences with their child's personal doctor; the national Medicaid benchmark was 89%.

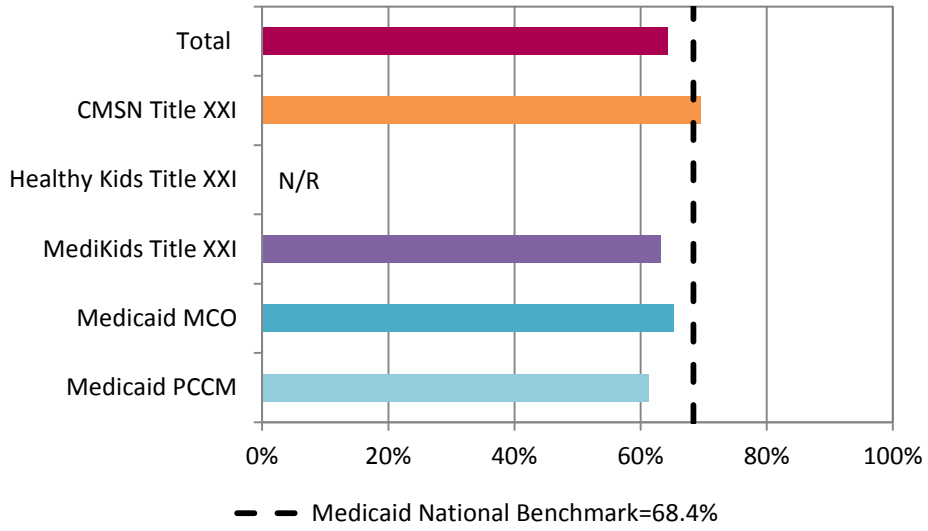
Figure 26. Percentage of Families Responding Positively to CAHPS® "Experience with Personal Doctor or Nurse"



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

- Nearly 64% of Florida KidCare families had positive experiences with shared health care decision making; the national Medicaid benchmark was 68%.

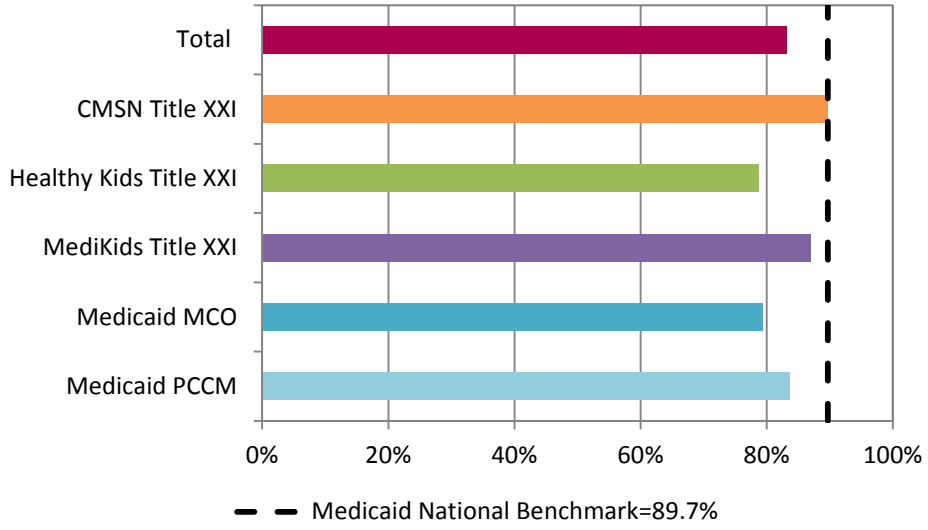
Figure 27. Percentage of Families Responding Positively to CAHPS® "Shared Decision-Making"



Note Programs with sample sizes less than 50 denoted by N/R.
Note "Responding Positively" means the respondents answered either "yes" to applicable questions or "A lot" or "Some" for other questions.

- Nearly 83% of Florida KidCare families had positive experiences getting needed health care information.
- Approximately 90% of families nationally reported positive experiences with this concept.

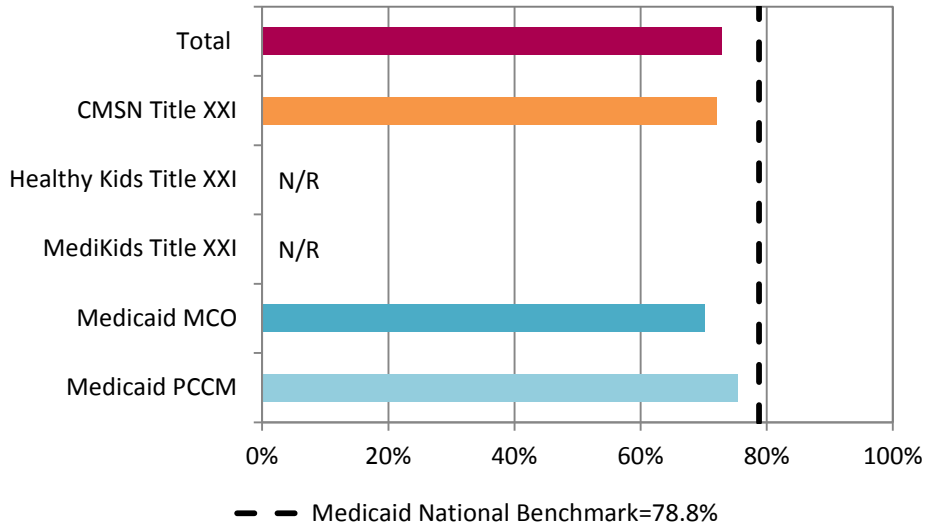
Figure 28. Percentage of Families Responding Positively to CAHPS® "Getting Needed Information"



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

- Over 78% of families nationally and approximately 73% of Florida KidCare families had positive experiences with care coordination.

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



Note Programs with sample sizes less than 50 are denoted by N/R.
Note "Responding Positively" means the respondents answered either" Always" or "Usually".

Figures 30-33 display trend data for four CAHPS composites. The four composites include: "getting needed care", "getting care quickly", "experiences with Doctor's communication", and "health plan customer service". The years presented in the following graphs are 2010-2014.

- For Florida KidCare total, the proportion of families reporting positively increased from the previous year.
- The proportion of families reporting positively also increased for Medicaid MCO and Healthy Kids. For all other programs, the proportion of families reporting positively either decreased or remained constant.

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

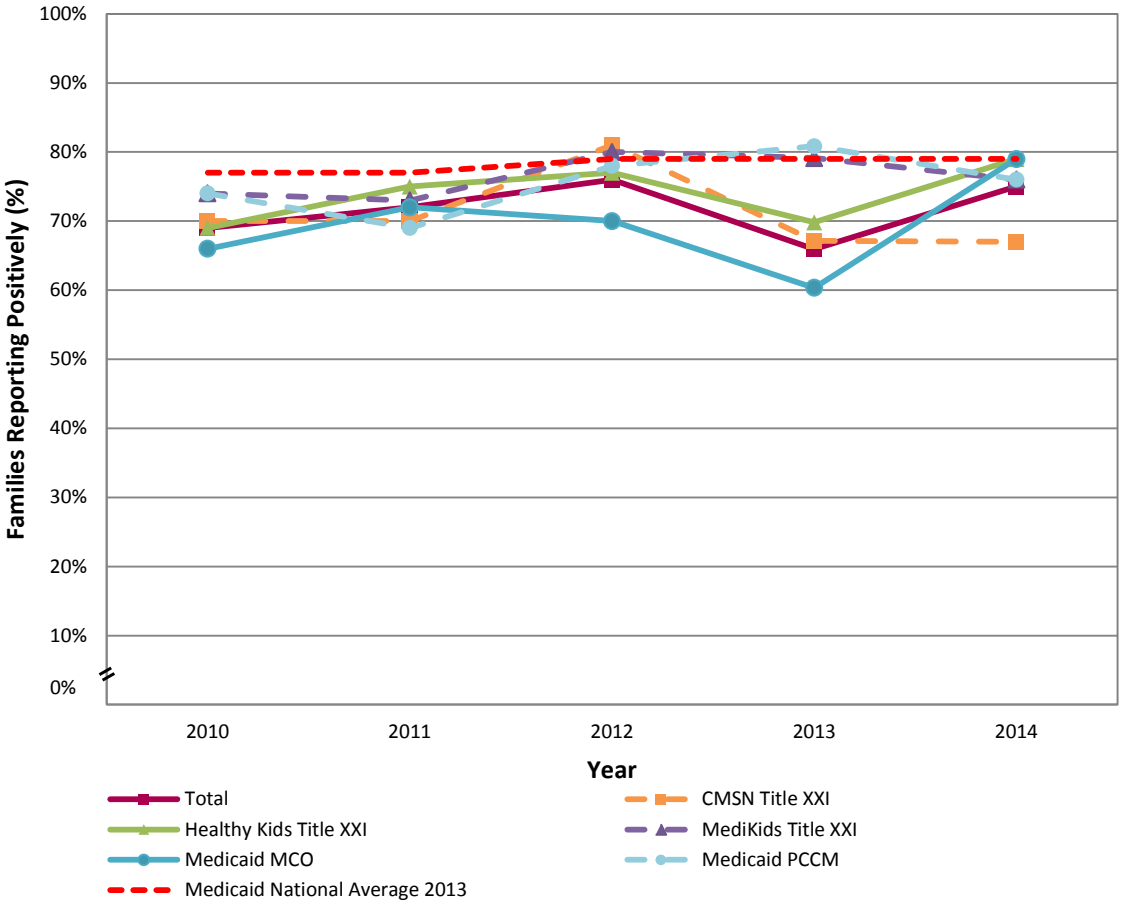


Figure 31. Florida KidCare families responding positively to the CAHPS® domain on "Getting Care Quickly", five year trend

- For Florida KidCare total, the proportion of families reporting positively increased from the previous year.
- The proportion of families reporting positively also increased for Medikids, and Healthy Kids. For all other programs, the proportion of families reporting positively either decreased or remained constant.

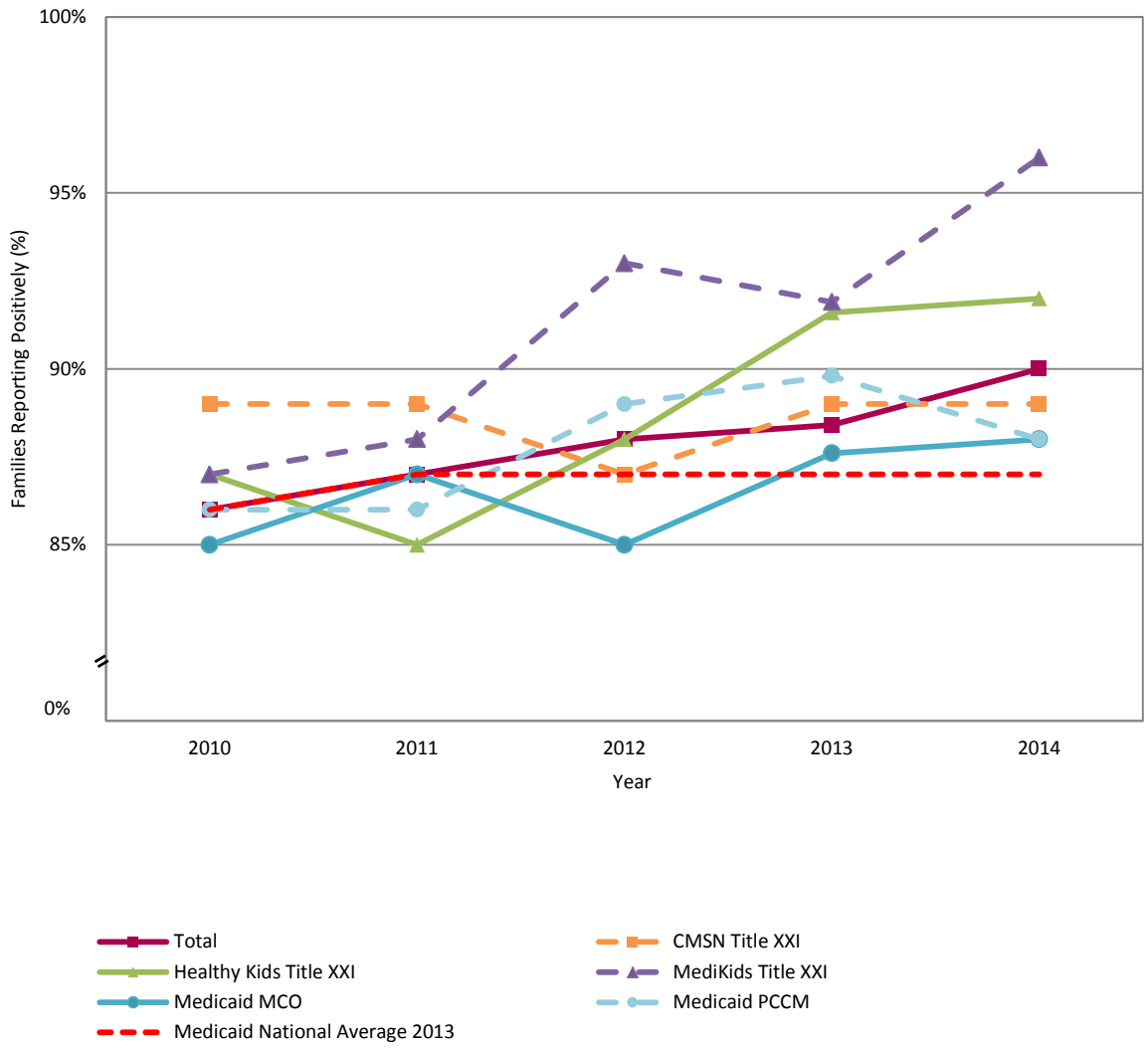
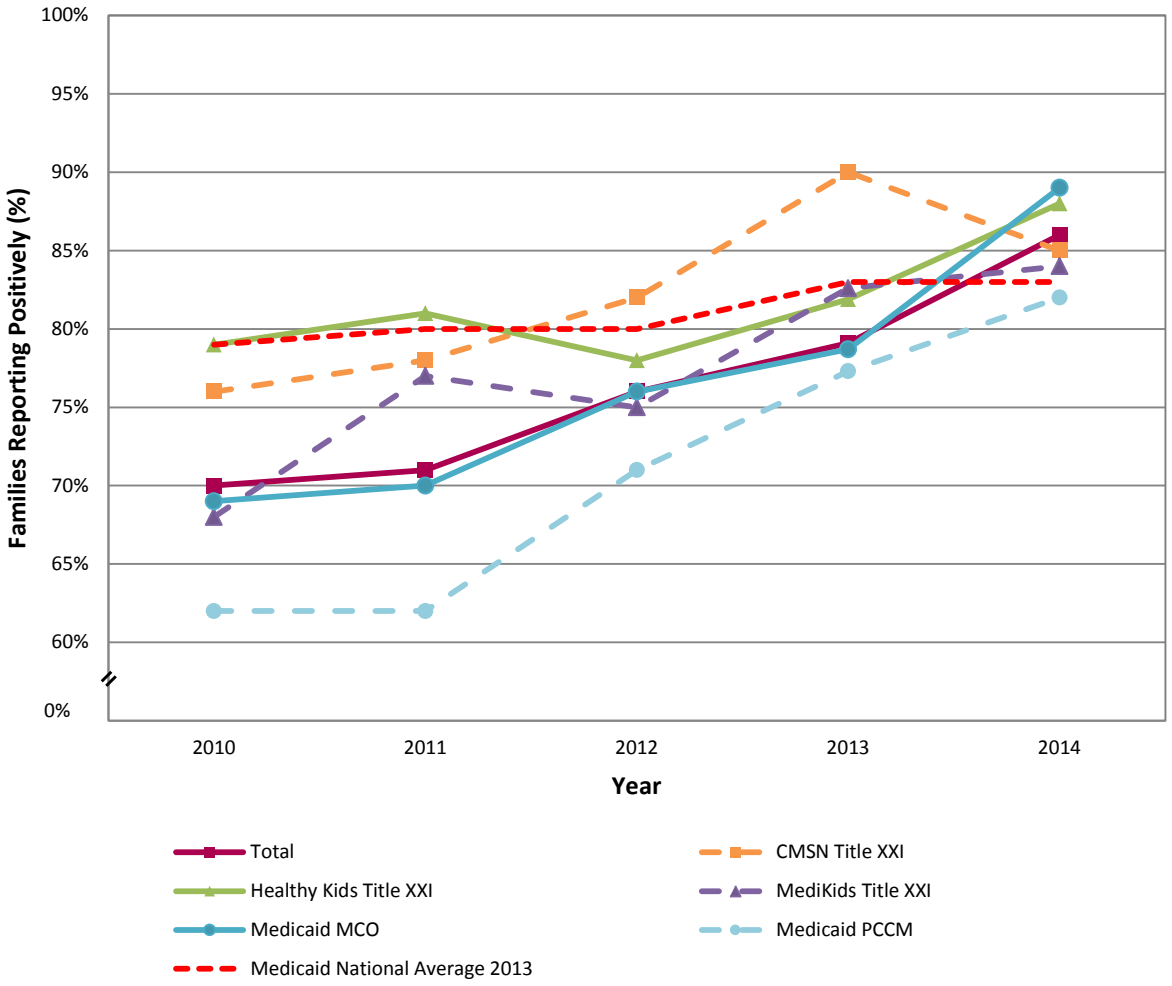


Figure 32. Florida KidCare families responding positively to the CAHPS® domain on "Experiences with Doctor's Communication", five year trend

- For Florida KidCare total, the proportion of families reporting positively increased from the previous year.
- The proportion of families reporting positively also increased for Medicaid MCO, Medicaid PCCM, and CMSN Title XXI. For all other programs, the proportion of families reporting positively either decreased or remained constant.

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

- For Florida KidCare total, the proportion of families reporting positively increased from the previous year.
- The proportion of families reporting positively also increased for all programs except CMSN Title XXI.



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]) regarding four topics: 1) overall health care experience, 2) primary care providers, 3) specialty care, and 4) their health plan. **Figures 34-37** present the percent of families who rated each type of care or service as a "9" or a "10".

- Overall health care was rated a "9" or a "10" by nearly 66% of Florida KidCare families and by 64.0% of the national Medicaid benchmark group.
- Primary care providers were rated a "9" or a "10" by around 72% of Florida KidCare families and by 72.1% of the national Medicaid benchmark group.
- Specialty care providers were rated a "9" or a "10" by 67.2% of Florida KidCare families and by 67.3% of the national Medicaid benchmark group.
- Health plans were rated a "9" or a "10" by approximately 64% of Florida KidCare families and by 67.4% of the national Medicaid benchmark group.
- Florida KidCare's rating of overall health care exceeded the national benchmark and was just shy of exceeding the national benchmarks for primary care providers and specialty care.

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

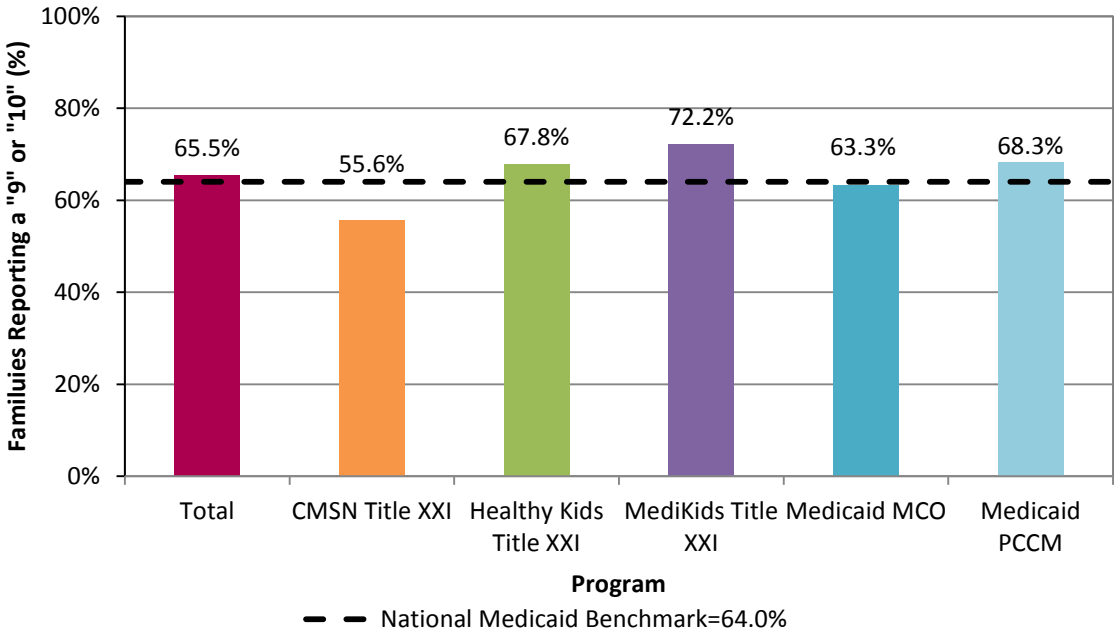


Figure 35. Florida KidCare Families reporting a rating of "9" or "10" for primary care providers

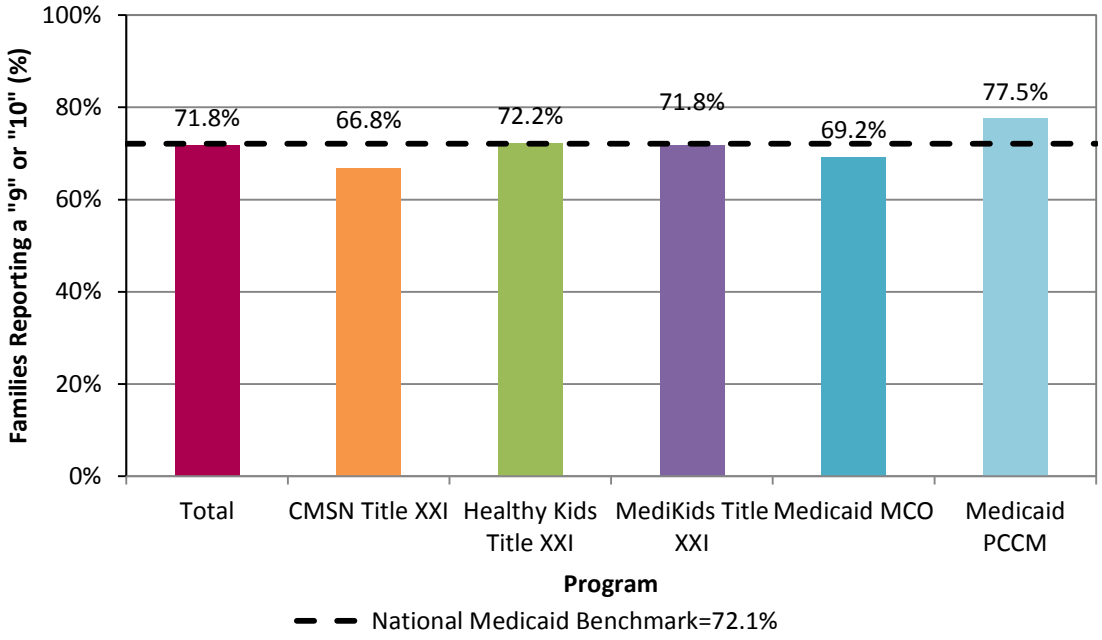


Figure 36. Florida KidCare Families reporting a rating of "9" or "10" for specialty care providers

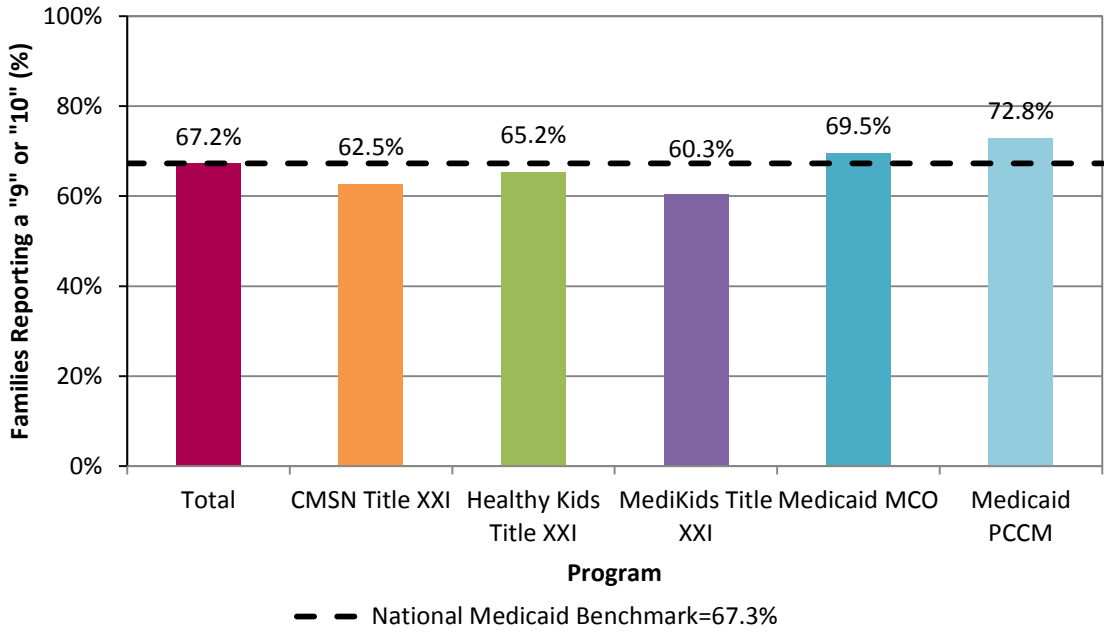
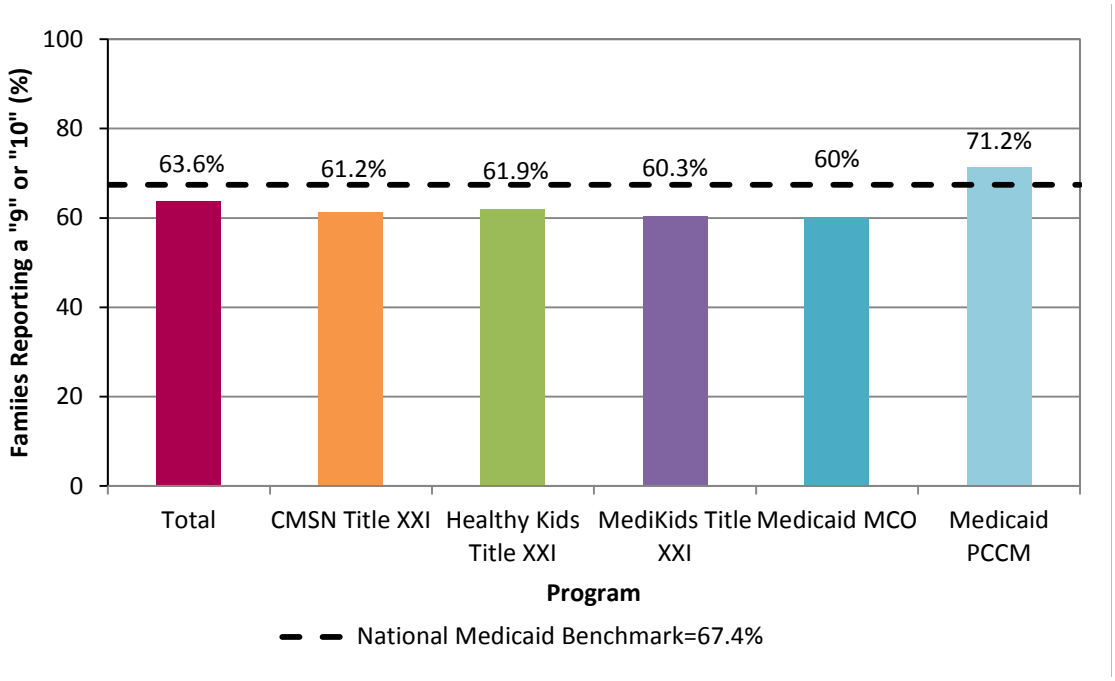


Figure 37. Florida KidCare Families reporting a rating of "9" or "10" for health plan experiences



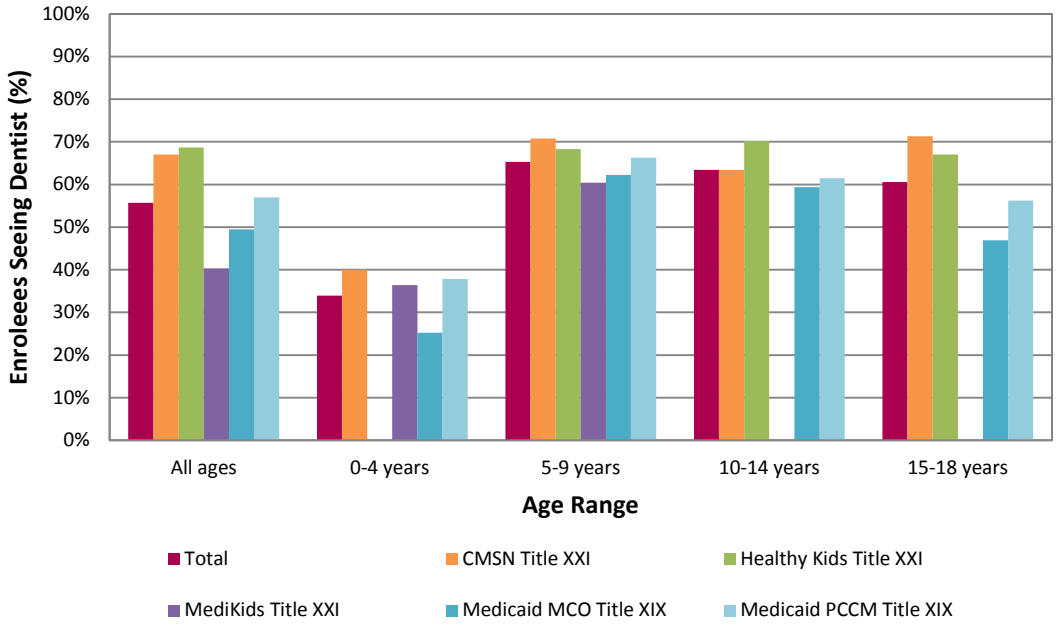
Dental Care

The American Dental Association (ADA) recommends that children have at least one dental visit by their first birthday and every six months thereafter. To assess this prevalence, we included CAHPS® survey items which measure use and ratings of dental care.

Figure 38 presents the percentage of children using dental services in the six months prior to the 2014 survey.

- Overall, 55.7% of children enrolled in Florida KidCare received dental care in the six months prior to the interview.
- A greater percentage of children in the CMSN Title XXI (67.0%) and Florida Healthy Kids (68.7%) saw a dentist in the last six months compared to Medicaid MCO (49.5%) and Medicaid PCCM (57.0%).
- 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; 40.3% saw a dentist in the six months prior to the interview.
- Of note, there were a small number of children (48) represented in the MediKids ages 5-9 group. All of these children were 5-years-old and their categorization may be a result of the timing of the parent survey.

Figure 38. Established enrollees seeing a dentist in the six months prior to the 2014 survey, by age

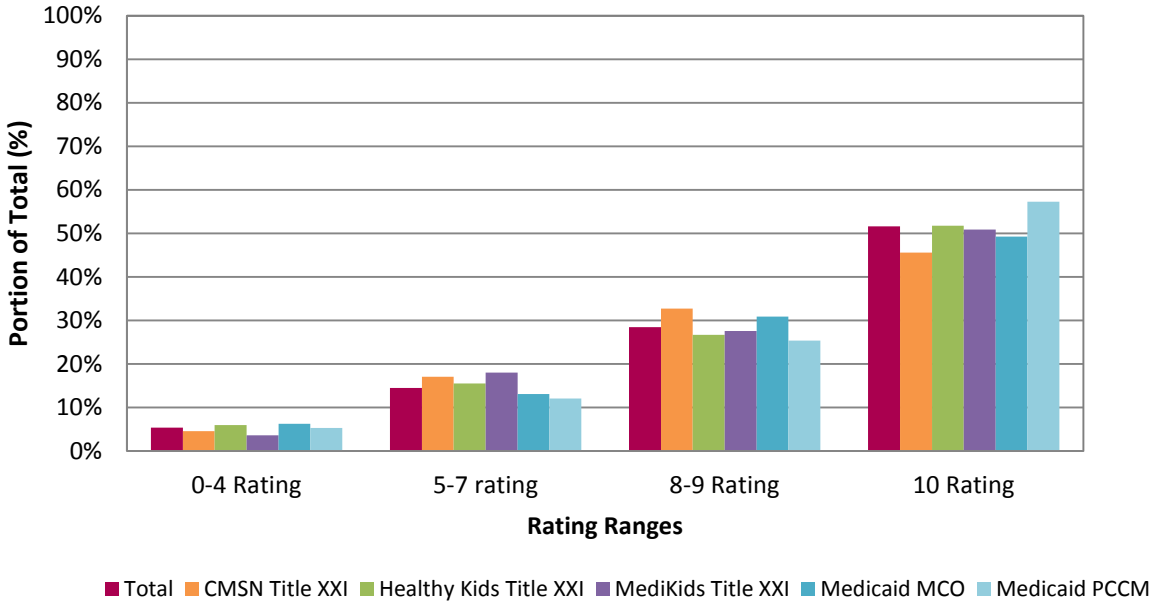


For those children who saw a dentist, families were asked to rate the dental care on a scale from zero, representing the "worst possible dental care", to ten, representing the "best possible dental care."

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

- Overall, nearly 52% of respondents rated their dental care as a "10".
- Close to an additional 28.5% rated their dental providers an "8" or a "9".
- These results are similar overall to those reported last year.

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



Quality of Care Results

This section of the Florida KidCare program evaluation follows the Institute of Medicine (IOM) conceptual framework for assessing health care quality, which includes access to and effectiveness of care.[1] We include indicators from the Healthcare Effectiveness Data and Information Set (HEDIS®), the 3M grouping software for determining potentially preventable events (PPEs), and Pediatric Quality Indicators (PDIs).

HEDIS®

This report section presents rates for the Healthcare Effectiveness Data and Information Set (HEDIS®) measures using National Committee for Quality Assurance (NCQA) compliant specifications.[2] To avoid duplication, only measures not currently reported by Medicaid health plans are provided in results. An outline of which measures are reported for which programs is provided in **Table 18**.

Table 18. HEDIS® measures reported for Florida Healthy Kids, MediKids and Medicaid

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

**HK = Healthy Kids*

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

Measures were calculated for all KidCare programs using data from Calendar Year (CY) 2013. 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 Florida KidCare programs: Florida Healthy Kids, MediKids, Children's Medical Services Network (CMSN) Title XIX non-reform counties, Medicaid Fee-For-Service (FFS), Medicaid PCCM, Medicaid Provider Service Networks (PSN) that operate on a FFS basis (does not include capitated PSNs): Non-Reform (PSNNR), and Reform programs (PSNR)[3]. Due to data limitations, results from plans participating in the Managed Medical Assistance program Medicaid Managed Care (Title XIX) and CMSN Title XXI are not available this year. Rates are not shown for specific measures when programs have less than 30 eligible enrollees in the denominator. Also, "N/A" is used to denote not applicable for specific programs with age restrictions (e.g., MediKids).

Of note, we are no longer able to publish actual benchmark numbers, however, we can indicate if Florida KidCare and program components meet or failed to meet the National Means. NCQA gathers and compiles data from Medicaid and commercial managed care plans nationally.[4] Submission of HEDIS® data to NCQA is a voluntary process; therefore, health plans that submit HEDIS® data are not fully representative of the industry. Health plans participating in the NCQA HEDIS® reporting tend to be more established and are more likely to be affiliated with a national managed care company than the overall population of health plans in the United States.[5] NCQA reports the national results as a mean and at the 10th, 25th, 50th, 75th, and 90th percentiles for the participating plans. Note, the KidCare Title XIX Mean does not include data from plans participating in the Medicaid Medical Assistance program data.

[3]The Reform group only includes enrollees in FFS PSNs or CMSN.

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

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

Access and Availability of Care

Primary Care Providers

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

Table 19 displays the percentage of Florida Healthy Kids and MediKids enrollees, by age group, who met the criteria for this measure in 2013. Recall that Florida Healthy Kids only serves children 5-18, so there is no information for Healthy Kids for ages 12-24 months (information provided for Healthy Kids ages 25 months to 6 years includes only 5-6 year old children). Likewise, MediKids only serves children 1-5, so there is no information for MediKids in the 7-19 age groups.

- MediKids and Healthy Kids both performed better than the Florida KidCare Title XIX mean in all age groups except for ages 12-24 months.
- Healthy Kids performed better than the National Medicaid mean and the National Commercial HMO mean in age groups 7-11 years and 12-19 years.
- These results are similar to the previous year's results.

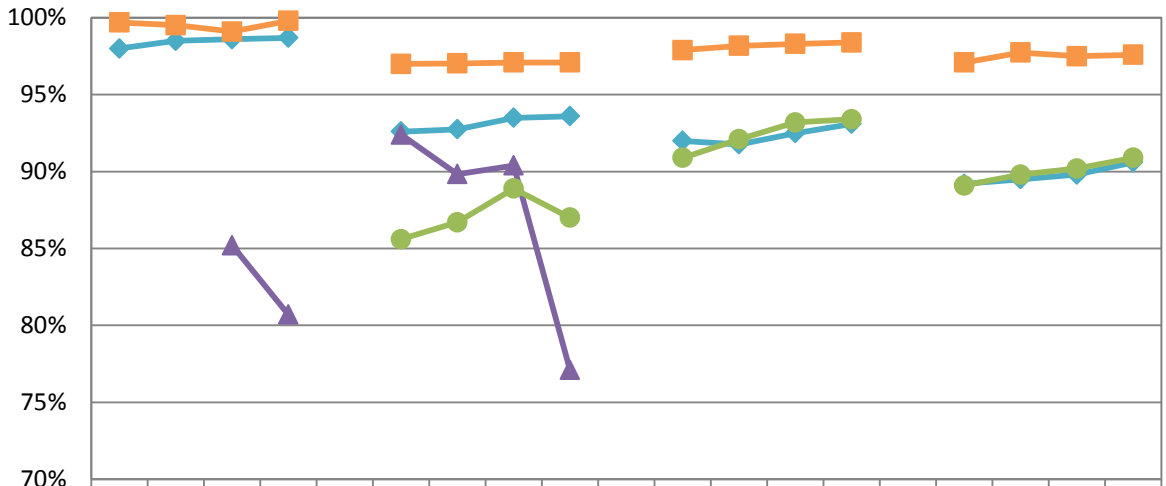
Table 19. HEDIS® Children's Access to Primary Care Practitioners (CAP), CY 2013

HEDIS® Children's Access to Primary Care Practitioners (CAP), CY 2013		
Program	CY 2013 Rates	KC Title XIX Mean
Ages 12 to 24 months		
Healthy Kids	N/A	93.2%
MediKids	80.7%	
Ages 25 months to 6 years*		
Healthy Kids*	87.0%	71.7%
MediKids	77.1%	
Ages 7 to 11 years		
Healthy Kids	93.4%	74.3%
MediKids	N/A	
Ages 12 to 19 years		
Healthy Kids	90.9%	80.9%
MediKids	N/A	
KC Title XIX Mean does not include capitated MCO data. **Caution should be used when comparing to national benchmarks as Healthy Kids only includes 1 age group (5-year-olds) in this category and the benchmark spans 4 years.*		

Figure 40 provides a comparison with 2010-2013 results for four Florida KidCare program components with available data.

- Overall during the past five years, rates of access to PCPs have remained high, indicating excellent access to PCPs for Florida KidCare enrollees.
- Healthy Kids, for all applicable age groups, has had an increasing trend in 2011, 2012, and 2013. There was a slight decrease in 2013 in the 2-6 year old category for Healthy Kids.
- MediKids saw a decline for the 12-24 month age category as well as in the 2-6 year old category in 2013.

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



	2010 12-24 mth	2011 12-24 mth	2012 12-24 mth	2013 12-24 mth		2010 2-6 year	2011 2-6 year	2012 2-6 year	2013 2-6 year		2010 7-11 year	2011 7-11 year	2012 7-11 year	2013 7-11 year		2010 12-19 year	2011 12-19 year	2012 12-19 year	2013 12-19 year
Medicaid PCCM	98.0	98.5	98.6	98.7		92.6	92.8	93.5	93.6		92.0	91.8	92.5	93.1		89.2	89.5	89.8	90.6
CMSN	99.7	99.5	99.1	99.8		97.0	97.0	97.1	97.1		97.9	98.2	98.3	98.4		97.1	97.7	97.5	97.6
MediKids			85.2	80.7		92.4	89.8	90.4	77.1										
HealthyKids						85.6	86.7	88.9	87.0		90.9	92.1	93.2	93.4		89.1	89.8	90.2	90.9

Annual Dental Visit

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

Table 20 displays the percentage of enrollees, by age, who met the criteria for this measure in CY 2013.

- Healthy Kids exceeded both the National Medicaid mean and the Florida KidCare Title XIX mean for all applicable age groups.
- The KC Title XIX mean was lower than the Medicaid mean in all age groups. However, in 2013 most of the Medicaid dental benefits were provided by a prepaid dental plan and prepaid dental plan enrollees are excluded from this measure. The majority of the remaining Medicaid enrollees represented in this measure receive their dental care on a FFS basis.

Table 20. HEDIS® Annual Dental Visits, CY 2013

HEDIS® Annual Dental Visits (ADV), CY 2013		
Program	CY 2013 Rates	KC Title XIX Mean
Ages 2 to 3 years		
Healthy Kids	N/A	6.5%
MediKids	13.1%	
Ages 4 to 6 years		
Healthy Kids	59.4%	11.6%
MediKids	25.2%	
Ages 7 to 10 years		
Healthy Kids	64.9%	13.2%
MediKids	N/A	
Ages 11 to 14 years		
Healthy Kids	60.1%	13.6%
MediKids	N/A	
Ages 15 to 18 years		
Healthy Kids	53.5%	12.0%
MediKids	N/A	
KC Title XIX Mean does not include capitated MCO data.		

Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET)

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 CY2013. 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.

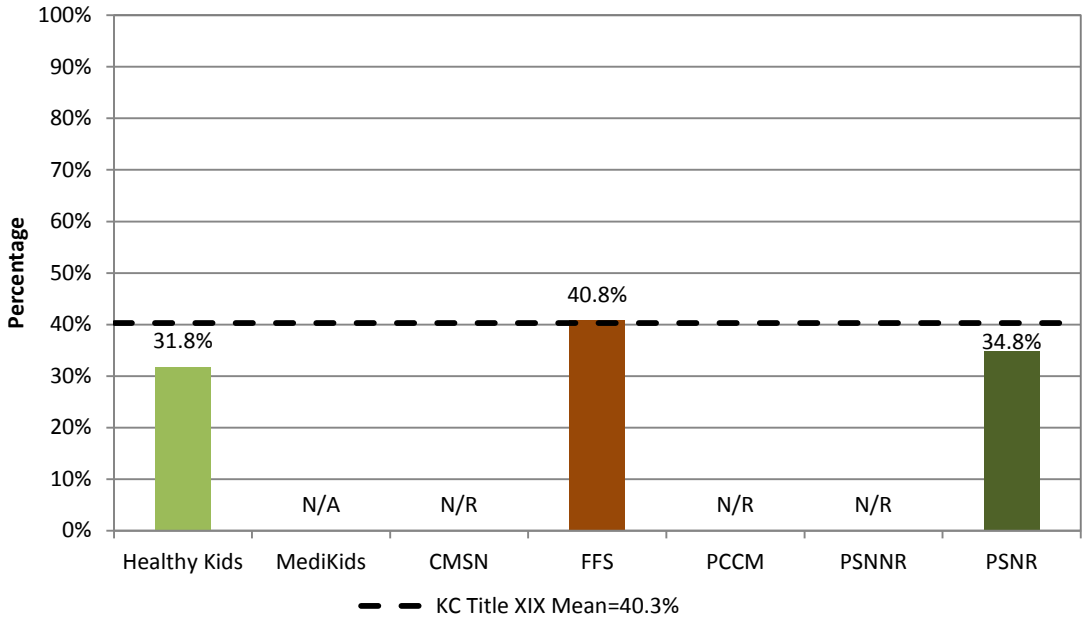
The second HEDIS® IET indicator for this topic measures the percentage of 13-17 year olds who **engaged** further AOD care (who had two or more additional alcohol and other drug dependence services) within 30 days of the initiation visit in CY2013. Treatment could have been initiated through an inpatient admission for AOD, an outpatient visit, an intensive outpatient encounter, or a partial hospitalization.

Figures 41 and 42 display CY 2013 rates for both Initiation and Engagement of alcohol and other drug dependence treatment.

- The Florida KidCare Title XIX Mean performed better than both the national Medicaid mean and the national commercial HMO mean in both initiation and engagement.
- Medicaid Title XIX FFS also performed better than the national means.
- These results are comparable to last year's.

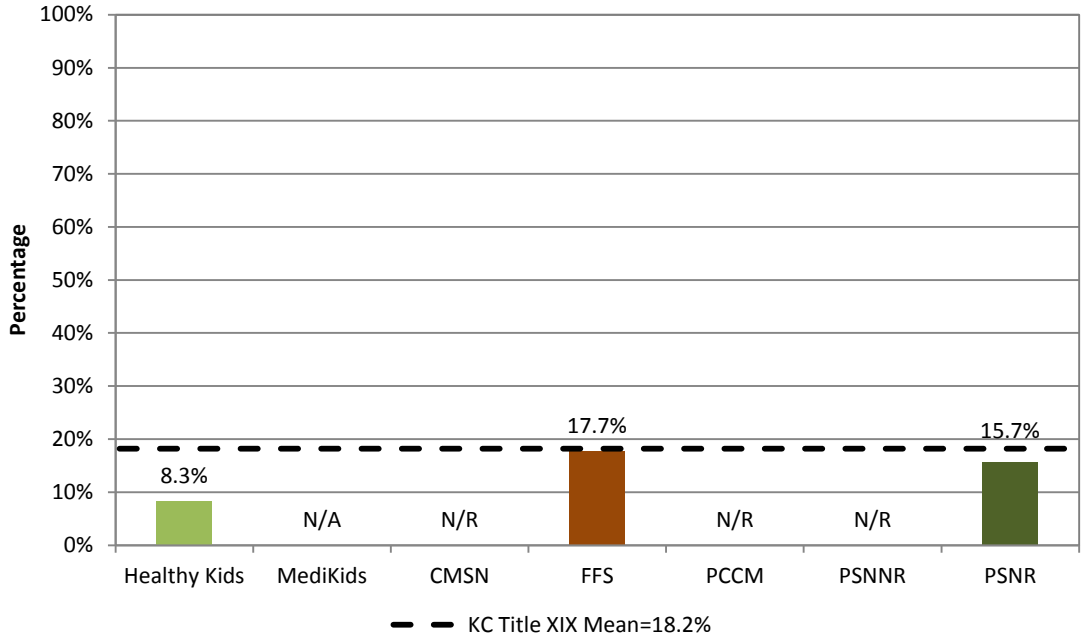
However, as observed in prior evaluations, Initiation of Treatment is typically greater than Engagement of Treatment. As seen historically, a greater number of enrollees initiate treatment compared to those to maintain engagement of treatment.

Figure 41. HEDIS® Initiation of alcohol and other drug dependence treatment (IET), ages 13-17 years, CY 2013



KC Title XIX Mean does not include capitated MCO data.

Figure 42. HEDIS® Engagement of alcohol and other drug dependence treatment (IET), ages 13-17 years, CY 2013



KC Title XIX Mean does not include capitated MCO data.

Use of Services

Well-child Visits

Having a well-child or preventive care visit is a fundamental component of health care for children. The HEDIS® W34 indicator measures the percentage of children, 3-6 years of age, who received one or more well-child visits during CY 2013.

Table 21 presents the data for two Florida KidCare components.

- The MediKids (68.1%), Florida Healthy Kids (64.4%) and the Florida KidCare Title XIX (55.9%) means did not exceed either national mean.

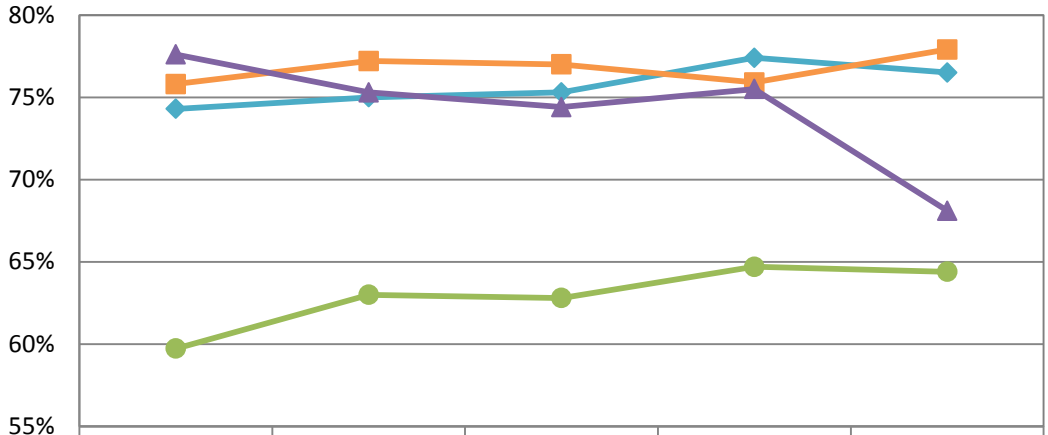
Table 21. HEDIS® Well-child visits in the 3rd, 4th, 5th, and 6th years (W34), CY2013

HEDIS® Well-child visits in the 3rd,4th,5th, and 6th years (W34), CY 2013		
Program	CY 2013 Rates	KC Title XIX Mean
Healthy Kids	64.4%	55.9%
MediKids	68.1%	
KC Title XIX Mean does not include capitated MCO data.		

Figure 43 provides a comparison with 2009-2013 results for four Florida KidCare program components with available data.

- MediKids has been on a decreasing trend until 2012, where it saw a slight increase, but decreased again in 2013.
- Medicaid PCCM Title XIX has had a steady increase over the years and decreased slightly this year.
- CMSN Title XIX has been relatively stable over the past five years, with a slight increase in 2013.
- Healthy Kids has seen a steady increase since 2009 but very slightly decreased in 2013.

Figure 43. HEDIS® Well-child visits in the 3rd, 4th, 5th, and 6th years (W34), five year trend, CY 2013



	2009	2010	2011	2012	2013
Medicaid PCCM	74.3	75.0	75.3	77.4	76.5
CMSN	75.8	77.2	77.0	75.9	77.9
MediKids	77.6	75.3	74.4	75.5	68.1
HealthyKids	59.7	63.0	62.8	64.7	64.4

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. The 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 CY2013; the original indicator measures compliance through 21 years of age, but the KidCare program only serves adolescents through age 18, hence 18 years is the oldest age group for this measure for this evaluation.

Table 22 displays the percentage of adolescents who received one or more adolescent well-care visits during the measurement year.

- Healthy Kids (57.7%) exceeded both national means.
- The rate for the KidCare Title XIX programs overall (34.8%) was below the national commercial average and the national Medicaid average.
- These results are similar to last year's findings.

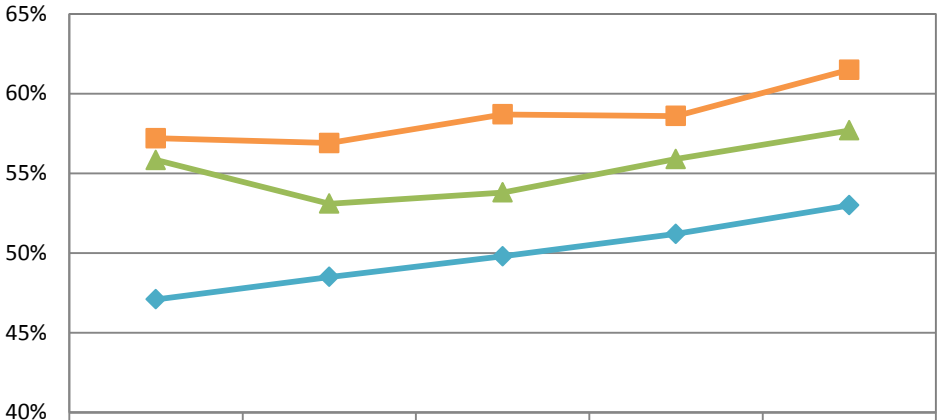
Table 22. HEDIS® Well-care visits for adolescents (AWC), CY 2013

HEDIS® Well-care visits for adolescents (AWC), CY 2013		
Program	CY 2013 Rates	KC Title XIX Mean
Healthy Kids	57.7%	34.8%
MediKids	N/A	
KC Title XIX Mean does not include capitated MCO data.		

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

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

Figure 44. HEDIS® Well-care visits for adolescents (AWC), five year trend, CY 2013



	2009	2010	2011	2012	2013
Medicaid PCCM	47.1	48.5	49.8	51.2	53.0
CMSN	57.2	56.9	58.7	58.6	61.5
HealthyKids	55.8	53.1	53.8	55.9	57.7

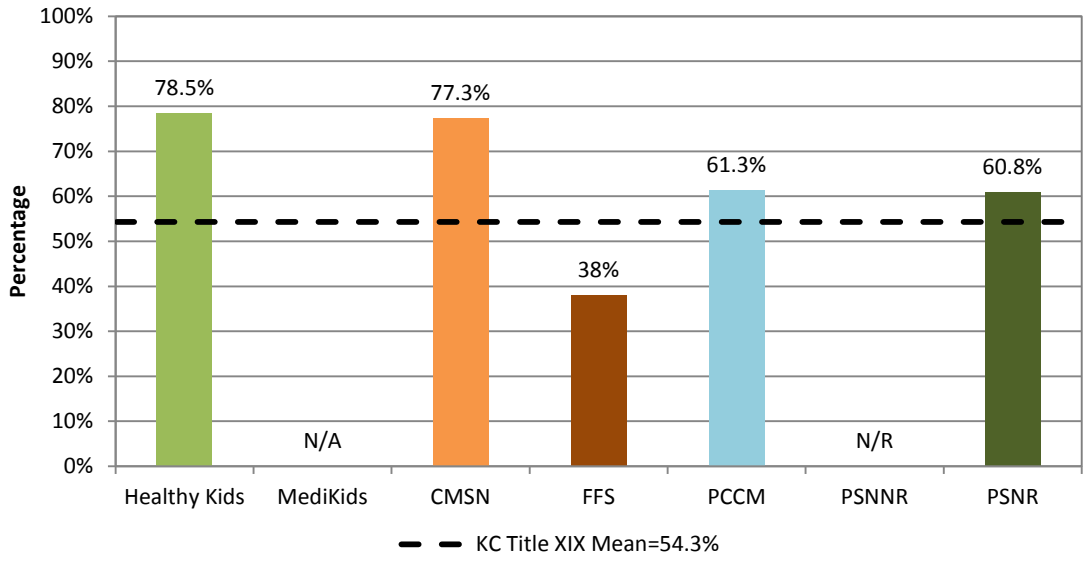
Comprehensive Diabetes Care

The HEDIS® CDC indicator measures the percentage of enrollees aged 18 and older with diabetes (type 1 and type 2) who had each of the following: HbA1c testing and control, eye exam, LDL-C screening and control, medical attention to nephropathy, and blood pressure control. In this report we provide data for HbA1c testing, eye exams, and LCL-C screening. The samples used for the national benchmarks include both children and adults whereas the KidCare samples include only children through age 18 for Title XXI and 21 for Title XIX. Thus, caution should be used when comparing the CDC rates of the Florida KidCare programs to the national benchmarks.

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

- The Florida KidCare Title XIX mean (54.3%) did not exceed either the national Medicaid mean or the national Commercial HMO mean.
- None of the Florida KidCare components exceeded either of the national means.

Figure 45. HEDIS® Comprehensive Diabetes Care- HbA1c Testing (CDC) CY 2013

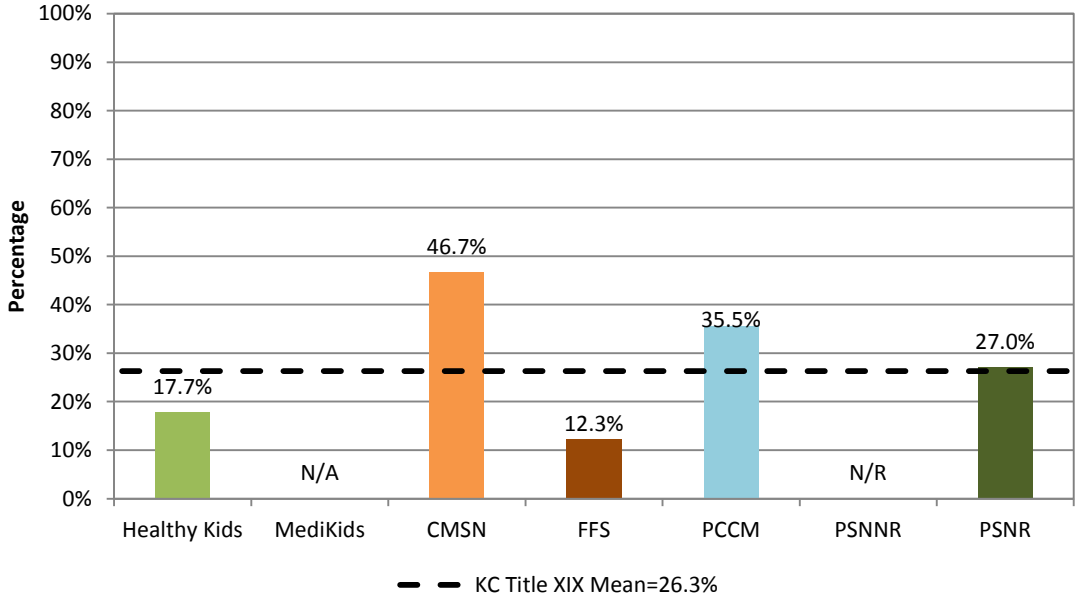


KC Title XIX Mean does not include capitated MCO data.

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

- The Florida KidCare Title XIX mean (26.3%) did not exceed either the national Medicaid mean or the national Commercial HMO mean.
- None of the Florida KidCare components exceeded either of the national means.

Figure 46. HEDIS® Comprehensive Diabetes Care- Eye Exam (CDC) CY 2013

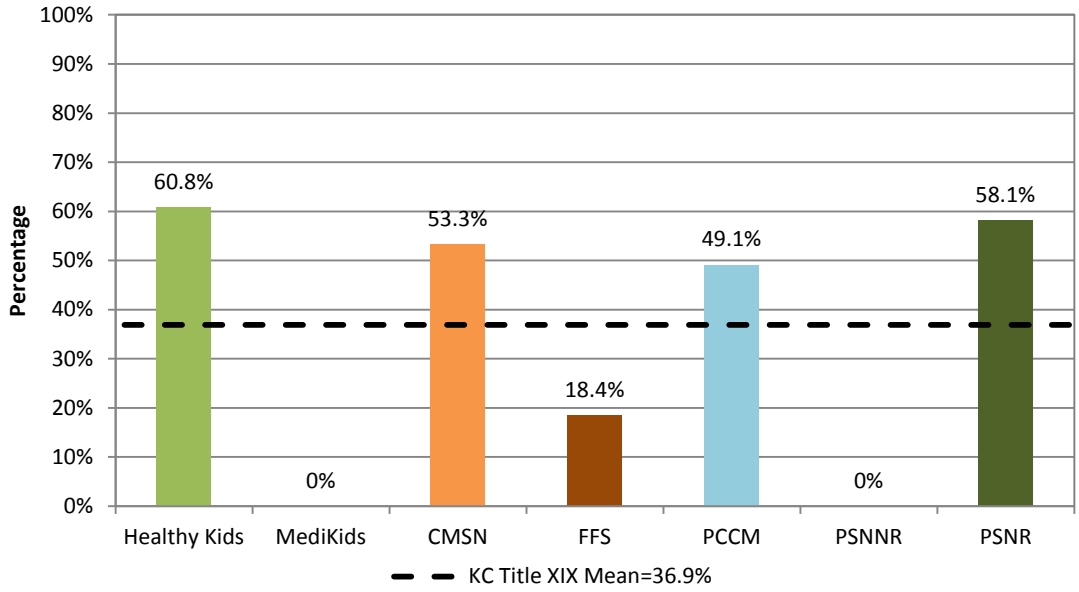


KC Title XIX Mean does not include capitated MCO data.

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

- The Florida KidCare Title XIX mean (36.9%) did not exceed either the national Medicaid mean or the national Commercial HMO mean.
- None of the Florida KidCare components exceeded either of the national means.

Figure 47. HEDIS® Comprehensive Diabetes Care- LDL-C Screening (CDC) CY 2013



KC Title XIX Mean does not include capitated MCO data.

Frequency of Prenatal Care

Having prenatal care for the mother is very important to the delivery of a healthy baby. The HEDIS® FPC indicator measures the percentage of enrollees who had a live birth between November 6th, 2012 and November 5th, 2013, 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 81% of recommended visits. This evaluation reports on the percent of KidCare enrollees that are compliant with 61-80% and 81% or more of recommended visits. The samples used for the national benchmarks include both children and adults whereas the KidCare samples include only children through age 18 for Title XXI and 21 for Title XIX. Thus, caution should be used when comparing the FPC rates of the Florida KidCare programs to the national benchmarks.

Table 23 displays the percentage of enrollees with a live birth who were compliant with 61-80% and 81% or more of the recommended prenatal visits.

- The Florida KidCare Title XIX Mean (26.2%) was higher than the national Medicaid mean for compliance with 61-80% of the recommended visits.
- Healthy Kids (5.3%) did not perform better than the national Medicaid mean for 61-80% compliance with recommended visits.
- The Florida KidCare Title XIX mean (47.0%) and Healthy Kids rate (38.6%) did not exceed the national Medicaid mean for compliance with 81% or more of the recommended visits.
- These results are comparable to last year's reported results.

Table 23. HEDIS® Frequency of prenatal care (FPC), CY2013

HEDIS® Frequency of prenatal care (FPC), CY 2013		
Program	CY 2013 Rates	KC Title XIX Mean
Compliance with 61-80% of the recommended visits		
Healthy Kids	5.3%	26.2%
MediKids	N/A	
Compliance with 81% or more of the recommended visits		
Healthy Kids	38.6%	47.0%
MediKids	N/A	
KC Title XIX Mean does not include capitated MCO data.		

Effectiveness of Care: Prevention and Screening

Lead Screening in Young Children

Lead exposure in young children can lead to a variety of medical conditions. The HEDIS® LSC indicator measures the percentage of children who turned two years of age in 2013, who received a blood test for lead before their second birthday. Unlike many other HEDIS® measures that are based on a single year of data, this indicator requires two years of data to ensure that all tests are identified.

Table 24 presents the percentage of children who had at least one blood test for lead poisoning before their second birthday by program component.

- The Florida KidCare Title XIX mean did not exceed the national Medicaid mean for lead screening.
- MediKids (45.1%) did not meet the national Medicaid mean.

Table 24. Lead screening for children turning two years of age (LSC), CY 2013

HEDIS® Lead screening for children turning two years of age (LSC), CY 2013		
Program	CY 2013 Rates	KC Title XIX Mean
Healthy Kids	N/A	56.5%
MediKids	45.1%	
KC Title XIX Mean does not include capitated MCO data.		

Chlamydia Screening

Chlamydia is a common sexually transmitted disease that, if untreated, can lead to serious reproductive conditions like pelvic inflammatory disease and infertility. The 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 CY2013; for Florida KidCare, the measure covers female enrollees 16-18 years of age. Sexually active women were identified through pharmacy data (e.g., dispensed prescription contraceptives) or through claims/encounter procedure and diagnosis codes.

Table 25 presents the percentage of sexually active female enrollees who had a Chlamydia screening.

- The Florida KidCare Title XIX mean (54.6%) exceeded both the national Commercial HMO average and the national Medicaid mean.
- The rate for Healthy Kids (41.4%) did not exceed either of the national averages.
- The results for this measure were similar to the previous year's results.

Table 25. HEDIS® Chlamydia screening in women (CHL), ages 16-20 years, CY2013

HEDIS® Chlamydia screening in women (CHL), ages 16-20 years, CY 2013		
Program	CY 2013 Rates	KC Title XIX Mean
Healthy Kids	41.4%	54.6%
MediKids	N/A	
KC Title XIX Mean does not include capitated MCO data.		

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

Table 26 shows the CWP rates for Florida KidCare.

- Florida Healthy Kids (71.9%) and MediKids (70.3%) exceeded the Medicaid national average.
- Neither Florida Healthy Kids or MediKids exceeded the HEDIS® National Commercial HMO mean.
- The findings from this year are similar to last year's results.

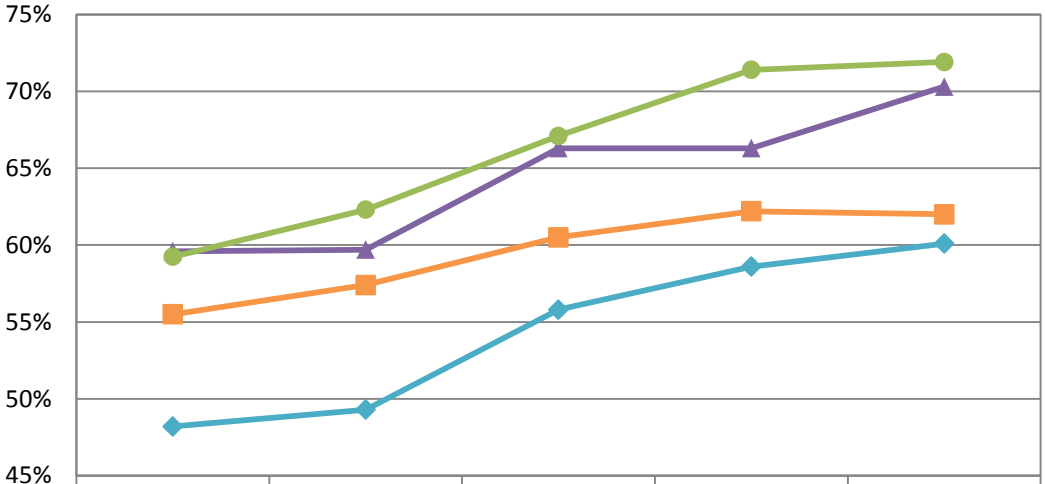
Table 26 HEDIS® Appropriate testing for children with Pharyngitis (CWP), CY2013

HEDIS® Appropriate testing for children with Pharyngitis (CWP), CY 2013				
Program	CY 2013 Rates	KC Title XIX Mean	HEDIS® Medicaid Mean	HEDIS® Commercial HMO Mean
Healthy Kids	71.9%	61.1%	68.0%	77.2%
MediKids	70.3%			
KC Title XIX Mean does not include capitated MCO data.				

Figure 48 shows a comparison of CWP results from the prior five years for four program components with available data.

- MediKids was the same for years 2009-2010 and 2011-2012, with increases in 2011 and 2013.
- Medicaid PCCM Title XIX has been steadily increasing over the past five years while Medicaid CMSN Title XIX has been increasing then remained the same in 2013.
- Healthy Kids has been increasing each year since 2009.

Figure 48. HEDIS® Appropriate testing for children with Pharyngitis (CWP), five year comparison, CY 2013



	2009	2010	2011	2012	2013
Medicaid PCCM	48.2	49.3	55.8	58.6	60.1
CMSN	55.5	57.4	60.5	62.2	62.0
MediKids	59.6	59.7	66.3	66.3	70.3
HealthyKids	59.2	62.3	67.1	71.4	71.9

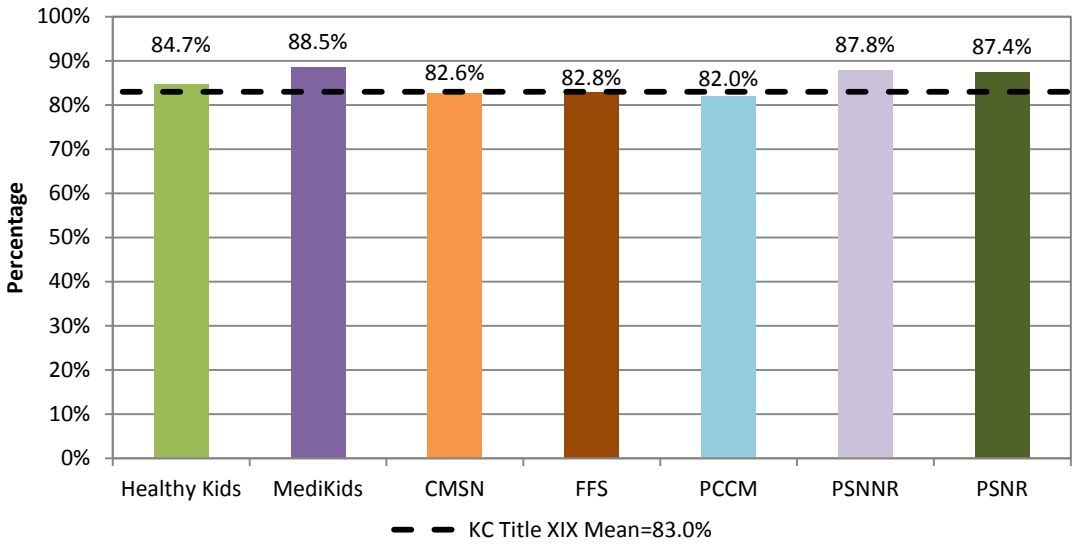
Appropriate Treatment for Children with Upper Respiratory Infections

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

Figure 49 presents the URI rates for CY2013.

- MediKids (88.5%), Medicaid Title XIX PSNNR (87.8%) and Medicaid Title XIX PSNR (87.4%) exceeded both the national Medicaid mean and the national Commercial HMO mean.
- Healthy Kids (84.7%) exceeded the national commercial HMO mean.
- These results are similar to last year's reported findings.

Figure 49. HEDIS® Appropriate treatment for children with an Upper Respiratory Infection (URI), CY 2013



KC Title XIX Mean does not include capitated MCO data.

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. The HEDIS® ASM indicator measures the percentage of KidCare enrollees with persistent Asthma who were appropriately prescribed medications during CY2013. This measure is broken into two age groups, 5-11 year olds and 12-18 year olds.

Table 27 presents the ASM rates for Florida KidCare components in CY2013.

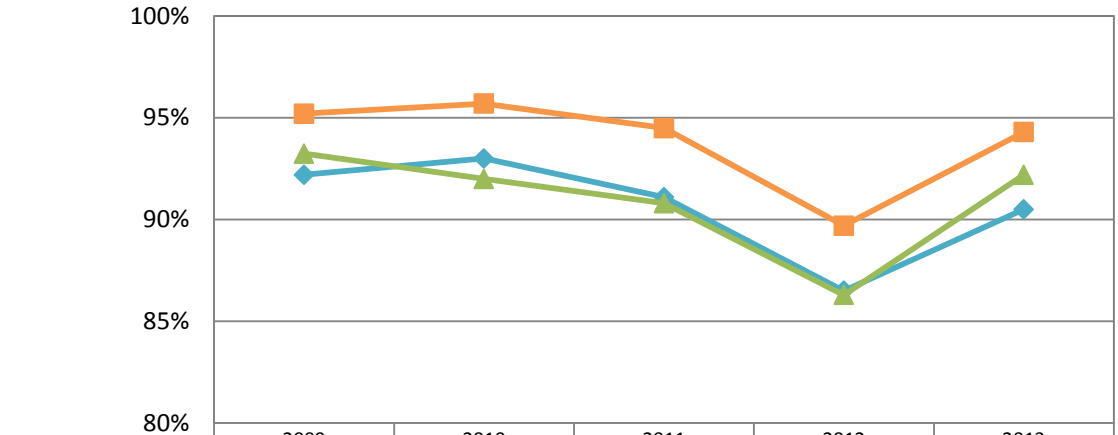
- The Florida KidCare Title XIX mean (91.4%) and Healthy Kids (93.6%) in the 5-11 year old category exceeded the national Medicaid mean.
- For the 12-18 year old category, both Florida Healthy Kids (90.9%) and the KC Title XIX Mean (89.3%) exceeded the national Medicaid mean.

Table 27. HEDIS® Use of appropriate medications for children with Asthma (ASM), CY 2013

HEDIS® Use of appropriate medications for children with Asthma (ASM), CY 2013		
Program	CY 2013 Rates	KC Title XIX Mean
Ages 5-11 years		
Healthy Kids	93.6%	91.4%
MediKids	N/A	
Ages 12-18 years		
Healthy Kids	90.9%	89.3%
MediKids	N/A	
KC Title XIX Mean does not include capitated MCO data.		

Figure 50 provides a five-year comparison of ASM for three program components with available data.

Figure 50. HEDIS® Use of appropriate medications for children with Asthma (ASM), five year trend, CY 2013



	2009	2010	2011	2012	2013
Medicaid PCCM	92.2	93.0	91.1	86.5	90.5
CMSN	95.2	95.7	94.5	89.7	94.3
HealthyKids	93.2	92.0	90.8	86.3	92.2

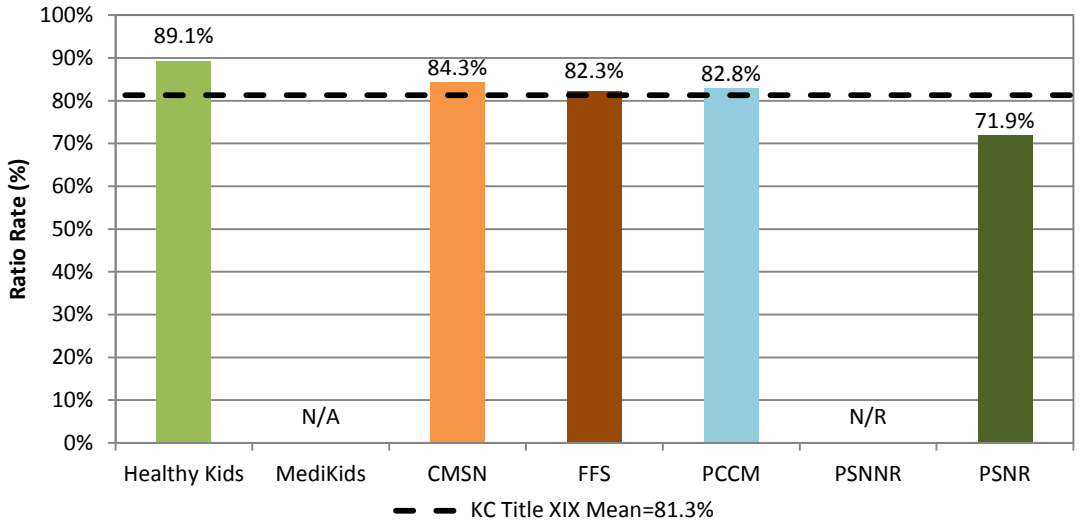
Asthma Medication Ratio

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

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

- The best performing program was Healthy Kids (89.1%).
- CMSN Title XIX (84.3%), Medicaid Title XIX PCCM (82.8%), and Medicaid Title XIX FFS (82.3%) exceeded the Florida KidCare Title XIX mean of 81.3%.

Figure 51. HEDIS® Asthma Medication Ratio (AMR), Ages 5-11 years, CY 2013

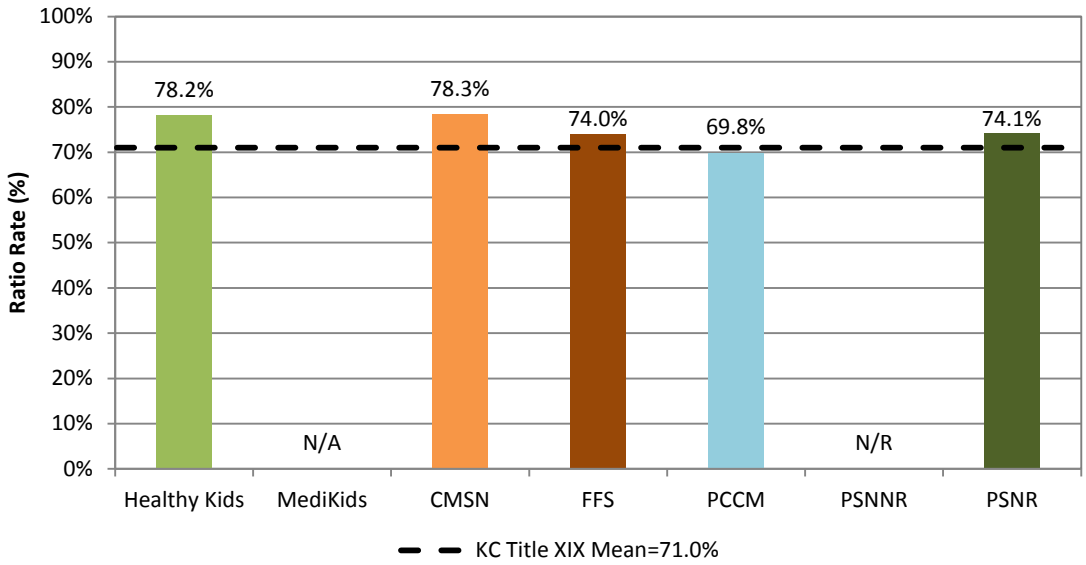


KC Title XIX Mean does not include capitated MCO data.

Figure 52 displays the Asthma medication ratio rates for children ages 12 to 18 years.

- The program that performed the best on this measure was Medicaid Title XIX CMSN (78.3%).
- Four programs exceeded the Florida KidCare Title XIX mean of 71.0%; Healthy Kids (78.2%), CMSN Title XIX (78.3%), Medicaid Title XIX FFS (74.0%), and Medicaid Title XIX PSNR (74.1%).

Figure 52. HEDIS® Asthma Medication Ratio (AMR), Ages 12-18 years, CY 2013



KC Title XIX Mean does not include capitated MCO data.

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 only exclude enrollees covered by pre-paid mental health plans.

Table 28 shows the ADD results for the initiation phase for CY2013.

- The Florida KidCare Title XIX Mean (37.3%) did not exceed the national Medicaid mean or the national commercial HMO mean.
- Florida Healthy Kids (38.1%) exceeded the Florida KidCare Title XIX mean but neither of the national means.

Table 28. HEDIS® Follow-up after initiation of ADHD medication (ADD), ages 6-12 years CY 2013

HEDIS® Follow-up after initiation of ADHD medication (ADD), ages 6-12 years CY 2013		
Program	CY 2013 Rates	KC Title XIX Mean
Healthy Kids	38.1%	37.3%
MediKids	N/A	
KC Title XIX Mean does not include capitated MCO data.		

Table 29 shows the ADD results for the continuation and maintenance phase.

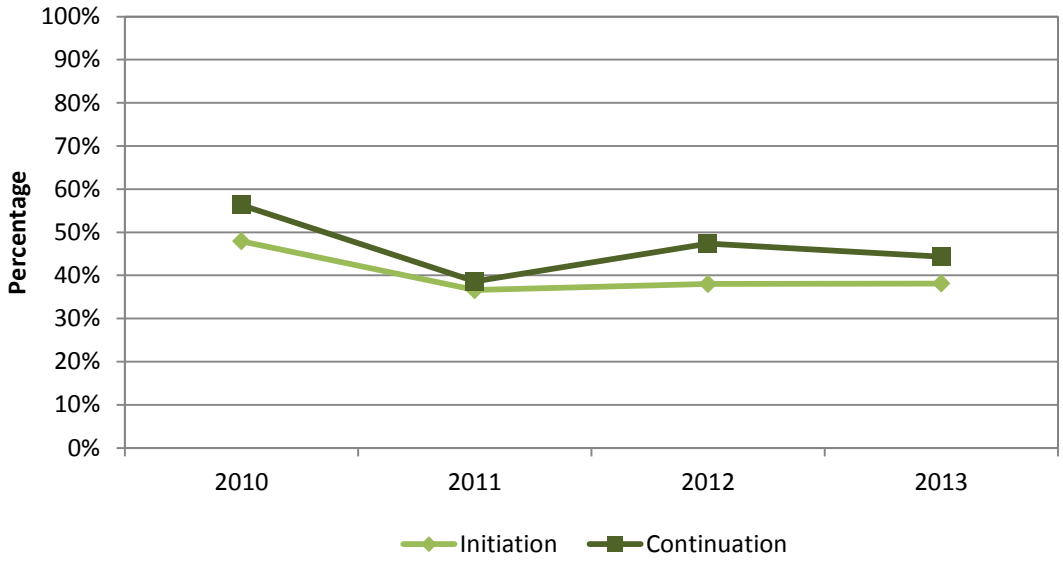
- The Florida KidCare Title XIX mean (49.4%) exceed both the national Medicaid mean (45.3%) and the national commercial HMO mean (47.7%).
- Florida Healthy Kids (44.3%) did not exceed either of the national means.

Table 29. HEDIS® Follow-up during continuation and maintenance of ADHD medication (ADD), ages 6-12 years CY 2013

HEDIS® Follow-up during continuation and maintenance of ADHD medication (ADD), ages 6-12 years CY 2013		
Program	CY 2013 Rates	KC Title XIX Mean
Healthy Kids	44.3%	49.4%
MediKids	N/A	
KC Title XIX Mean does not include capitated MCO data.		

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

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



Follow-up after Hospitalization for Mental Illness

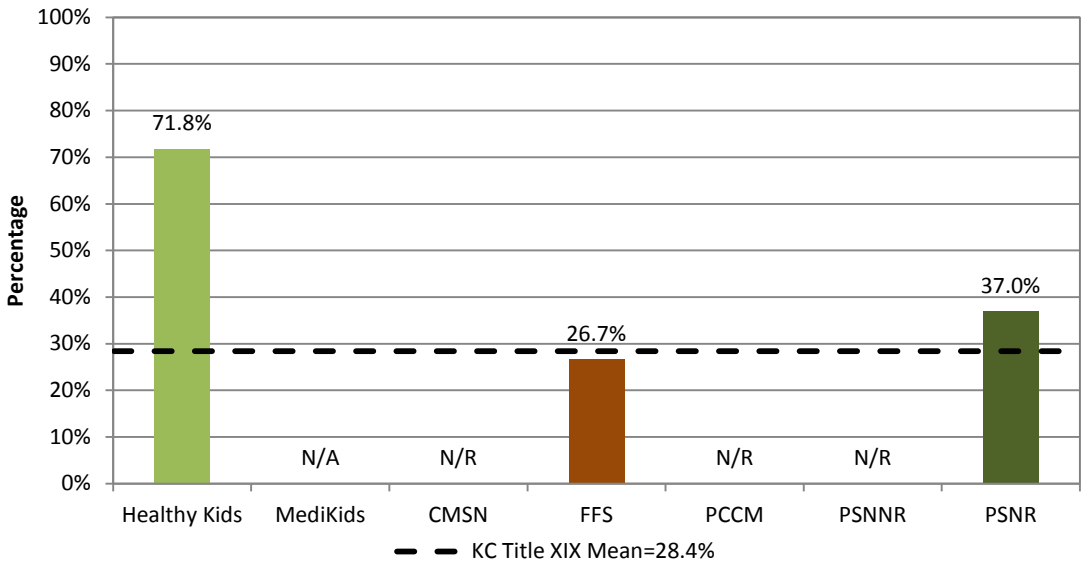
Follow-up after hospitalization for mental illness is important to improving outcomes for enrollees, including reducing recurrence. There are two HEDIS® FUH measures for this topic. The first HEDIS® FUH indicator (**7-day follow-up**) measures the percentage of children six years of age and older who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

For these two indicators, the Florida KidCare results exclude enrollees covered by pre-paid mental health plans. Caution should be used when interpreting comparisons to national benchmarks as adults, not children, may comprise much of the sample used in creating these benchmarks.

Figure 54 shows the Follow-up after hospitalization (FUH) results for the 7-day follow-up measure.

- None of the KidCare program components exceeded the HEDIS® national commercial HMO mean or the national Medicaid mean for follow-up after hospitalization for mental illness.
- The 7-day follow-up rates for the Florida KidCare program components were: Florida Healthy Kids (41.8%), Medicaid Title XIX FFS (26.7%), and Medicaid Title XIX PSNR (37.0%).
- These results are similar to last year's findings.

Figure 54. HEDIS® Follow-up visits within 7 days of discharge from a hospitalization for mental illness (FUH), CY 2013

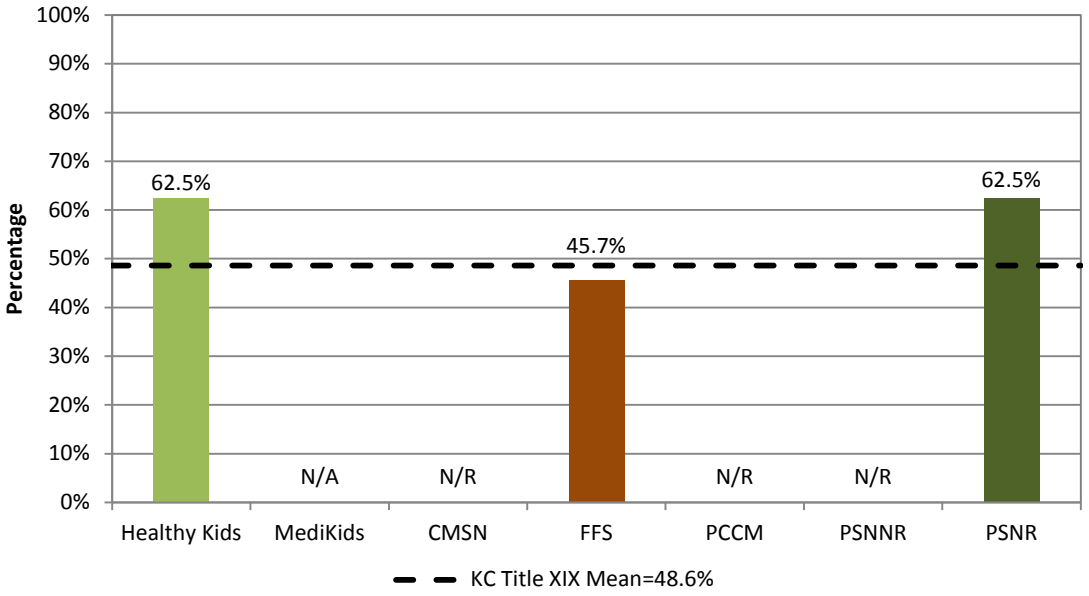


KC Title XIX Mean does not include capitated MCO data.

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

- None of the Florida KidCare programs exceeded the national Medicaid mean or the national Commercial HMO mean.
- The 30-day follow-up rates for the Florida KidCare program components ranged from 45.7% in Medicaid Title XIX FFS to 62.5% in Florida Healthy Kids and Medicaid Title XIX PSNR.
- The findings for this measure are comparable to last year's.

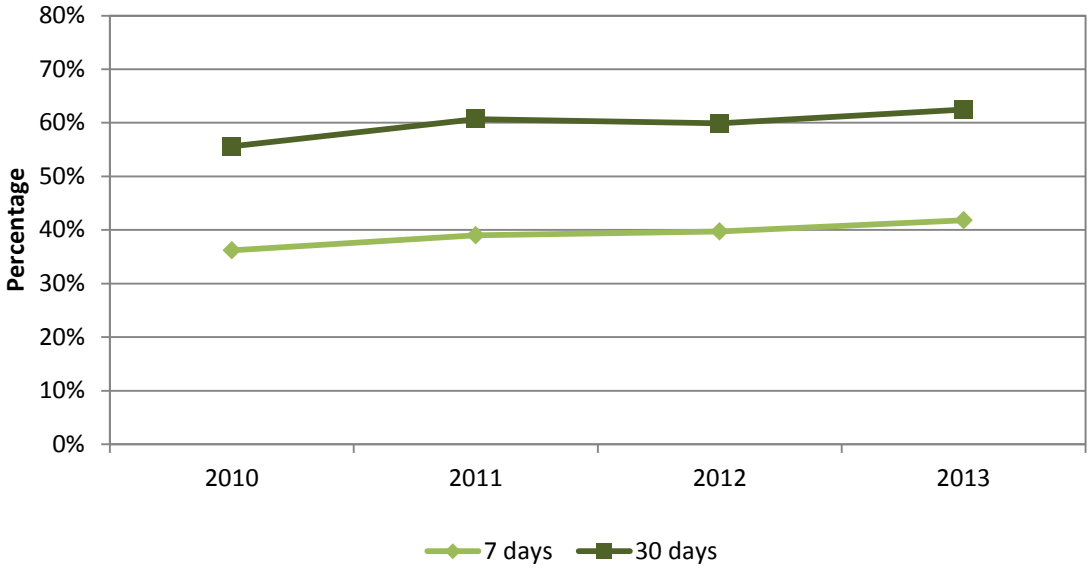
Figure 55. HEDIS® Follow-up visits within 30 days of discharge from hospitalization for mental illness (FUH), CY 2013



KC Title XIX Mean does not include capitated MCO data.

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

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



Pediatric Quality Indicators

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

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

In 2014, ICHP changed the methodology for calculating PDIs to be consistent with the Centers for Medicare and Medicaid Services guidelines. In this new method, all measures (except PDI17, which uses discharges as the denominator) use 100,000 member months as the denominator rather than the number of admissions as a percentage of total discharges. Due to this methodology change, comparisons to Calendar Year (CY) 2012 are not possible. Please note that the KC Title XIX means presented in the subsequent graphs do not include capitated Managed Care (MCO) data.

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

- ***Asthma Admission Rate (PDI 14)***. The number of admissions with a principal diagnosis of asthma per 100,000 member months during the calendar year.
- ***Diabetes Short-term Complications Admission Rate (PDI 15).*** The number of admissions for diabetes short term complications per 100,000 member months during the calendar year.
- ***Gastroenteritis Admission Rate (PDI 16).*** The number of admissions for pediatric gastroenteritis per 100,000 member months during the calendar year.
- ***Perforated Appendix Admission Rate (PDI 17).*** The number of perforated appendix admissions per 100 discharges.
- ***Urinary Tract Infection Admission Rate (PDI 18).*** The number of admissions for urinary tract infections per 100,000 member months during the calendar year.

PDI measures were calculated for all Florida KidCare programs using data from CY 2013 using Statistical Analysis System (SAS) software. The SAS code use for the PDI analyses was created by the Agency for Healthcare Research Quality (AHRQ) and audited for adherence to standards and general accuracy. Any programs with less than 30 eligible children in the denominator were given N/R, or not reportable.

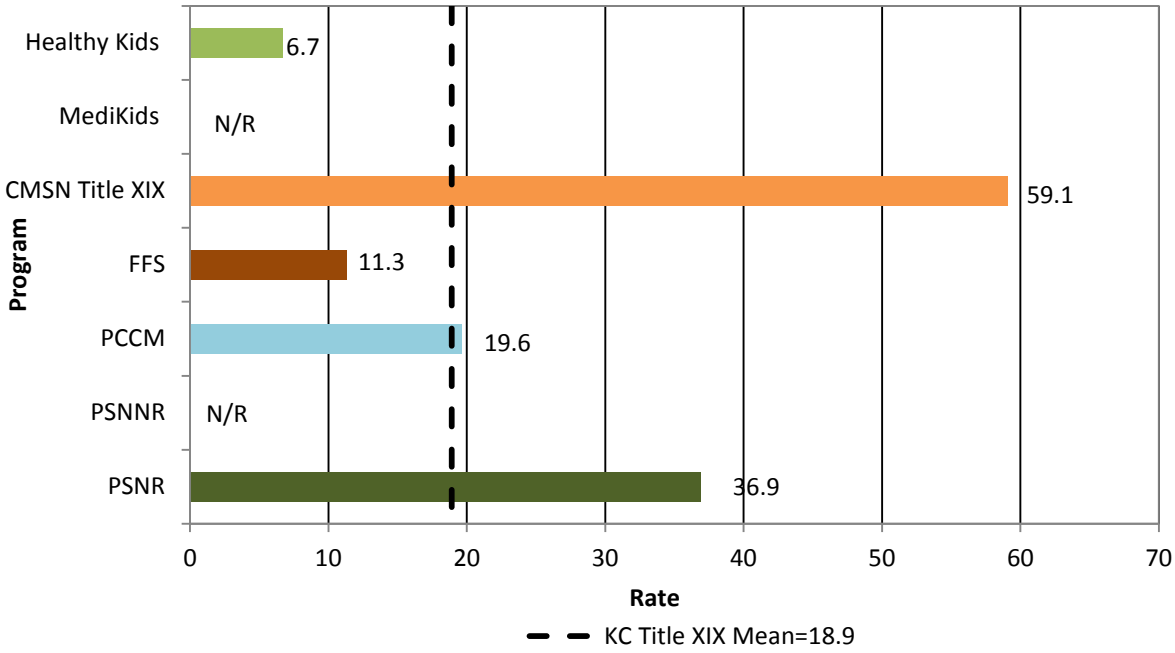
The Provider Service Networks (PSN) included in this section are PSNs that operate on a FFS basis (does not include capitated PSNs) and include Non-Reform (PSNNR) and Reform programs (PSNR).

Figures 57-61 display the PDI rates for CY 2013. All rates represent the number of inpatient admissions per 100,000 member months in the calendar year.

Figure 57 illustrates the Asthma Admission Rates.

- PDI rates for asthma ranged from 6.7 in Healthy Kids to 59.1 in CMSN Title XIX.
- Healthy Kids and FFS (11.3) were below the KC Title XIX mean (18.9) while all other programs were above.

Figure 57. AHRQ PDI 14- Asthma Admissions per 100,000 member months, CY 2013

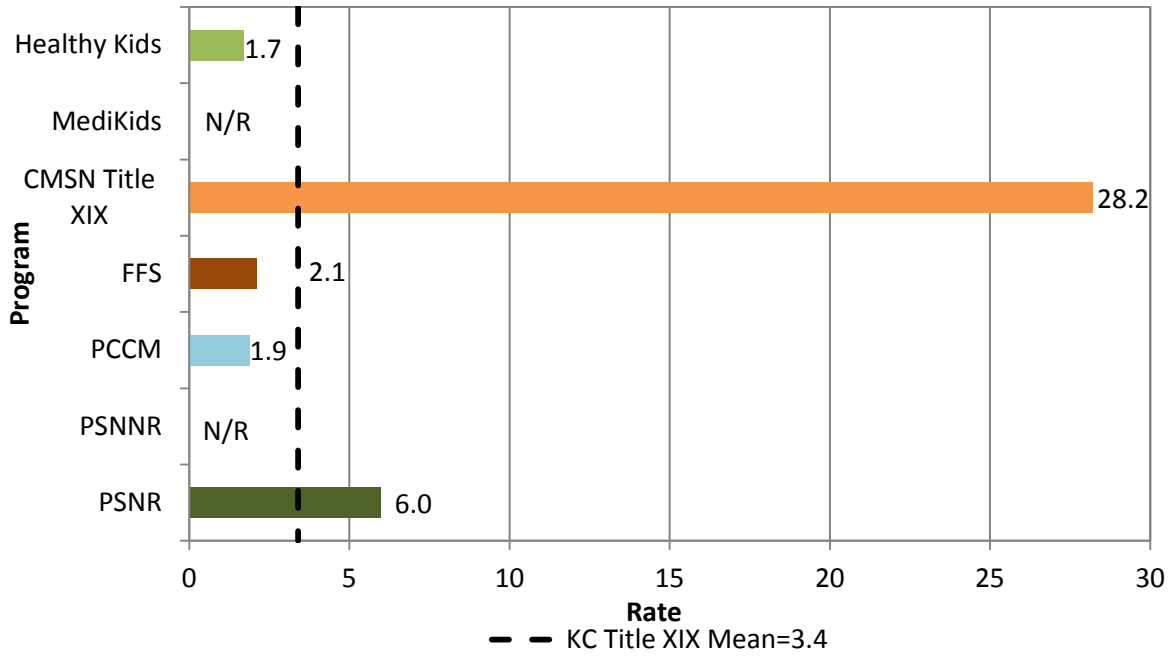


**KC Title XIX Mean does not include capitated MCO data*

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

- All programs, except for CMSN Title XIX (28.2) and PSNR (6.0) were below the Florida KidCare Title XIX mean of 3.4.
- PDI rates for diabetes short term complications ranges from 1.7 in Healthy Kids to 28.2 in CMSN Title XIX.

Figure 58. AHRQ PDI 15- Diabetes Short Term Complication Admissions per 100,000 member months, CY 2013

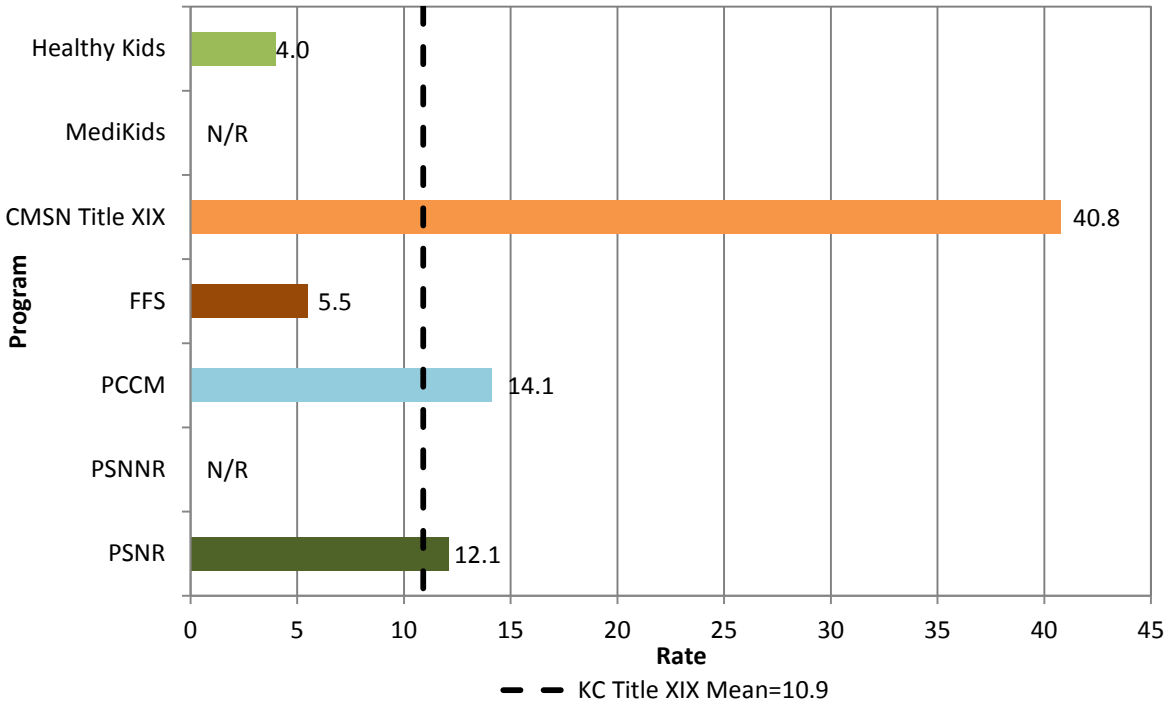


**KC Title XIX Mean does not include capitated MCO data*

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

- PDI rates for gastroenteritis admissions ranged from 4.0 in Healthy Kids to 40.8 in CMSN Title XIX.
- FFS (5.5) and Healthy Kids were the only programs below the KC Title XIX mean of 10.9.

Figure 59. AHRQ PDI 16- Gastroenteritis Admissions per 100,000 member months, CY 2013

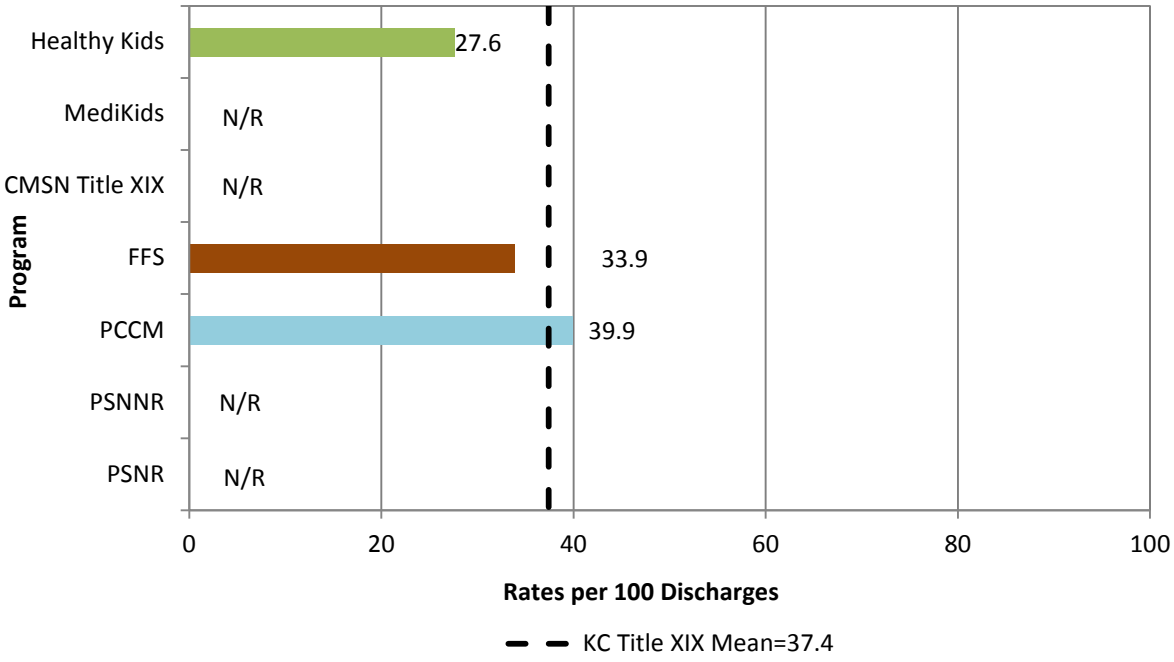


**KC Title XIX Mean does not include capitated MCO data*

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

- PDI rates for perforated appendix ranged from 27.6 per 100 discharges in Healthy Kids to 39.9 per 100 discharges in PCCM.
- FFS (33.9) and Healthy Kids (27.6) were below the KC Title XIX mean of 37.4 per 100 discharges.

Figure 60. AHRQ PDI 17- Perforated Appendix (rates per 100 discharges for appendicitis), CY 2013

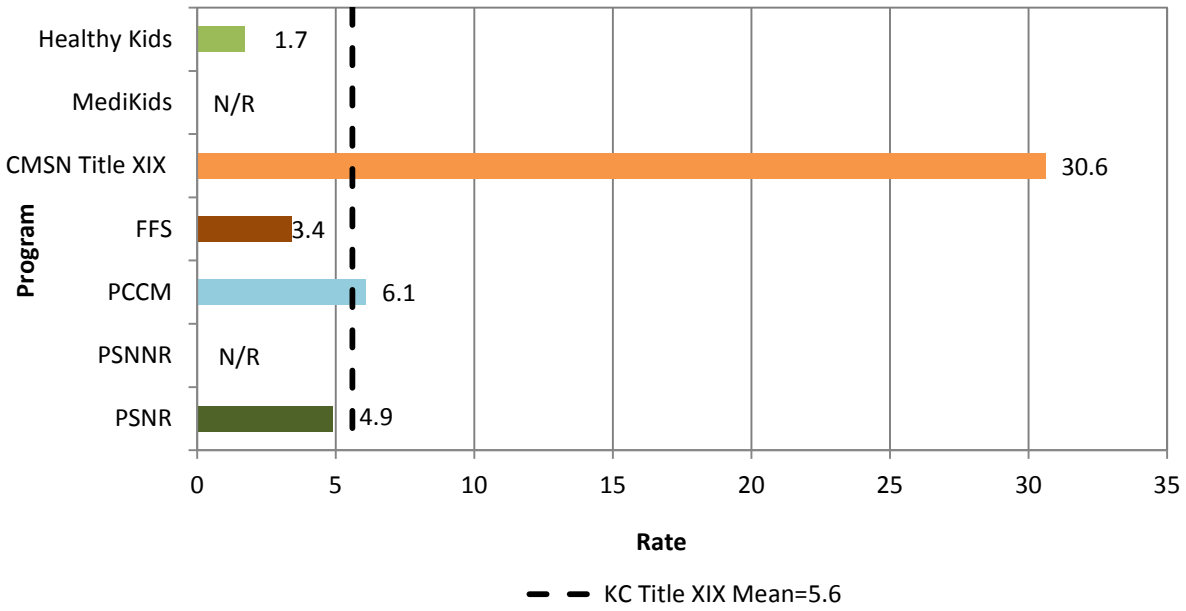


**KC Title XIX Mean does not include capitated MCO data*

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

- PDI rates for urinary tract infections ranged from 1.7 in Healthy Kids to 30.6 in CMSN Title XIX.
- Healthy Kids (1.7), PSNR (4.9) and FFS (3.4) were below the KC Title XIX mean of 5.6.

Figure 61. AHRQ PDI 18- Urinary Tract Infections per 100,000 member months CY 2013



**KC Title XIX Mean does not include capitated MCO data*

Potentially Preventable Events

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

For the Florida Medicaid Programs, program-level rates were calculated when the sample size permitted. The programs included; PCCM, FFS and PSNR (does not included capitated PSNs). The actual rates were compared to the expected rates, after adjusting for health status, for each of the PPEs. As for the Florida Healthy Kids, these comparisons were completed for each of the Florida Medicaid programs relative to the entire program (i.e., expected rates). In order to account for differences in resource utilization, the PPE rates were weighted by relative resource utilization, which was derived from the standard expenditure of inpatient stay or emergency department visits and normalized to one.

Ratios were also calculated by dividing the weighted actual PPE rate by the weighted expected rate for the plan or program. An 'actual-to-expected ratio' over 1 indicates that the PPE rate was higher than expected and provides a measure of the extent of excess PPEs. It represents the occurrence of PPEs that could potentially be avoided with better quality of primary, ambulatory, or inpatient care. An actual-to-expected ratio equal to 1 means the rate was as expected, whereas values lower than 1 indicate the rate was less than expected. The actual-to-expected ratio is simply a tool to examine trends and to identify performance that may be unusually concerning (i.e., ratios above 1). Due to changes in 3M software, comparisons to previous years are not possible.

For the Florida Healthy Kids and Medicaid Programs, total expenditures associated with the PPEs were calculated. The total amount paid was calculated by summing up the institutional claim expenditures associated with PPAs, PPVs and PPRs within each health plan (Healthy Kids) or health program (Medicaid). The PPE expenditures per 1000 member months were then calculated by dividing the total amount paid from each health plan, or program, by the total number of months the beneficiaries had been enrolled, and multiplied by 1000. Please note that the Medicaid Total in the following tables and graphs do not include capitated Medicaid Managed Care (MCO) data.

- ***Potentially Preventable Admissions (PPAs).*** PPAs are hospital admissions that may have resulted from the lack of adequate access to care or ambulatory care coordination. PPAs are ambulatory sensitive conditions (e.g., asthma) for which adequate patient monitoring and follow-up (e.g., medication management) can often prevent the need for admission. The occurrence of high rates of PPAs represents a failure of the ambulatory care provided to the patient. To identify PPAs, the 3M Core Grouping software assigns an All-Patient Refined Diagnosis Related Group (APR-DRG) to every inpatient admission based on the diagnosis codes, and then cross-references each APR-DRG to identify whether the admission was potentially preventable.
- ***Potentially Preventable Readmissions (PPRs).*** Each inpatient admission can have zero, one, or more PPRs within a defined readmission interval. For this report, the readmission interval, defined as the maximum number of days between discharge and readmission, was set at 30 days. Any two adjacent admissions from the same person with a time interval beyond 30 days were not counted as a readmission. Taking into consideration the readmission interval, the analysis of CY 2013 beneficiaries' claims therefore spanned the period from December 2012-January 2014 (CY 2013). The 30 days prior to CY 2013 were

necessary to determine if an apparent Initial Admission during the first 30 days of 2013 might actually have been a readmission tied to an earlier initial admission that happened in December 2012. The 30 days following the CY were necessary to determine if an admission during the last 30 days of CY was actually an Initial Admission. The 3M PPR software then compared the APR-DRGs between the two admissions that happened less than 30 days apart and determined if the two admissions were clinically related, and whether the event was potentially preventable.

- ***Potentially Preventable Emergency Department Visits (PPVs).*** The ICHP used the 3M Core Grouping software to calculate PPV rates for CY 2013. This system defines PPVs as emergency department visits that may result from lack of adequate access to care or ambulatory care coordination.[1] These visits are typically associated with ACSCs, which the AHRQ defines as "conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications of more severe disease". A PPV may also occur shortly following hospitalization as a result of actions taken or omitted during the hospital stay, such as inadequate treatment of the underlying problem and/or poor care coordination. Using the Enhanced Ambulatory Patient Groupings (EAPGs) assigned based on diagnosis and procedure codes, the 3M software classifies each potentially preventable ED visit into groups of similar clinical characteristics, resources used, and costs. EAPGs and the ambulatory sensitive conditions were taken into account to determine whether the ED visit was potentially preventable. The 3M software used to analyze PPVs requires that certain HCPCS codes be filled to identify a PPV. When HCPCS codes are not filled, 3M software cannot assign EAPG to that encounter. Health plans with more than 10% of their encounters unassigned with EAPG were given a denotation of N/R.

[1] PPR:3M HIS (3M Health Information Systems). Version 31.PPA and PPV: Population Focused Preventable (PFP) grouper v1.2

Potentially Preventable Admissions

Rates

- The Florida Healthy Kids plan with the lowest ratio was UHC (0.75) while WellCare-HealthEase (1.50) had the highest.
- PSNR (1.20) had the highest ratio out of the Florida Medicaid programs while FFS (0.74) had the lowest.
- The primary reasons for PPAs (**Figure 62**) in Florida Healthy Kids and Florida Medicaid were asthma and pneumonia.

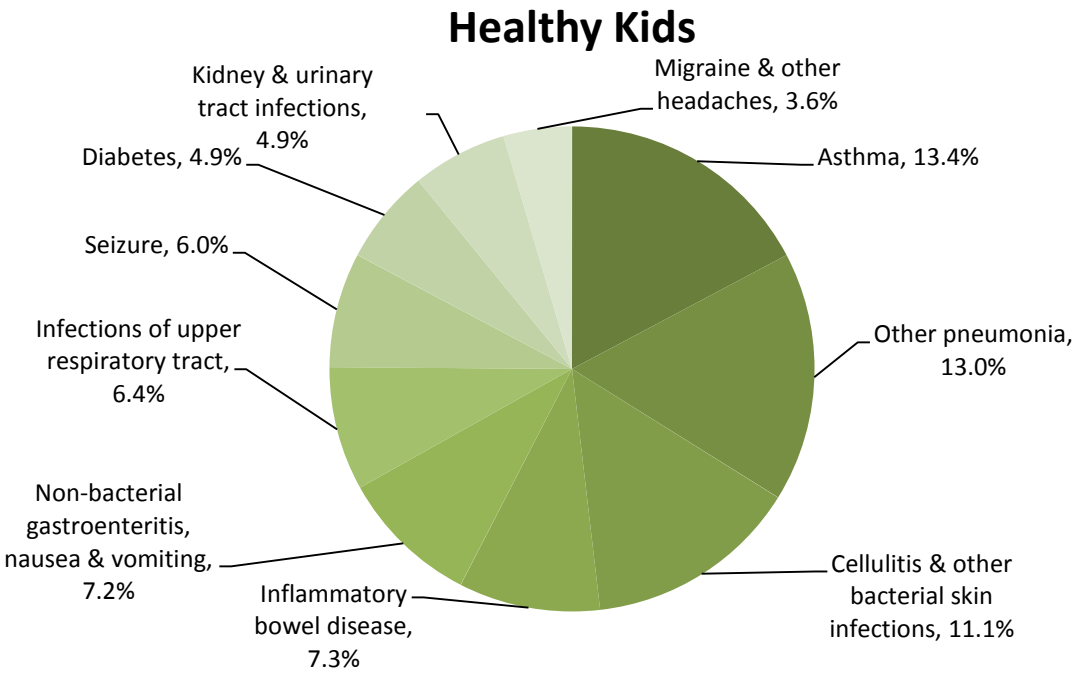
Table 30. PPA Actual and Expected Rates for Florida Healthy Kids and Florida Medicaid

Actual and Expected Rates 2013					
	Potentially Preventable Admission				
	Total Count	PPA Count	Actual/Expected Ratio	Expected weighted PPA	Actual weighted PPA
Florida Healthy Kids-Total	3,560	872	1.00	604.4	604.4
Amerigroup	809	163	0.77	153.0	118.4
BCBS-BC	N/R	N/R	N/R	N/R	N/R
Coventry	191	77	1.06	53.3	56.3
FHCP	69	19	1.09	10.9	11.9
UHC	895	192	0.75	185.7	139.9
WellCare-HealthEase	195	51	1.50	23.3	34.9
WellCare-StayWell	1,394	365	1.36	175.4	238.2
PCCM	22,026	6,118	1.14	3,633.8	4,154.4
FFS	33,819	2,595	0.74	2,540.5	1,867.9
PSNR	4,294	1,452	1.20	757.9	909.8
Florida Medicaid-Total*	60,139	10,165	1.00	6,932.2	6,932.2

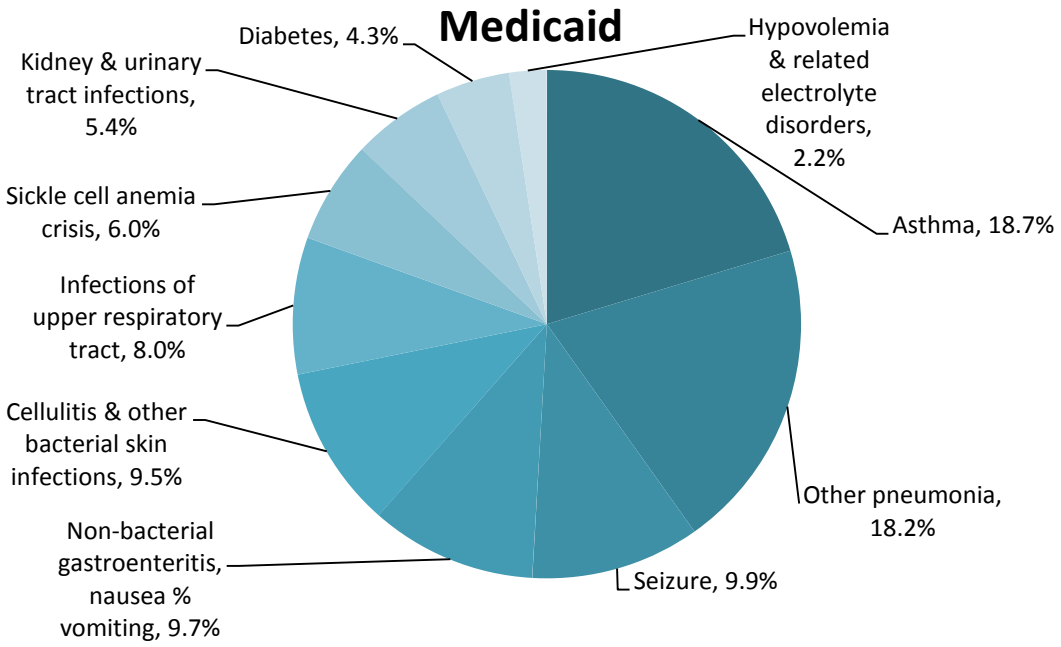
Note: Values lower than 1.00 denote less than expected rates. Values greater than 1.00 denote higher than expected rates.

Medicaid Total does not include capitated MCO data.

Figure 62. Most Common PPA Categories for Florida Healthy Kids and Florida Medicaid



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



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

Expenditures

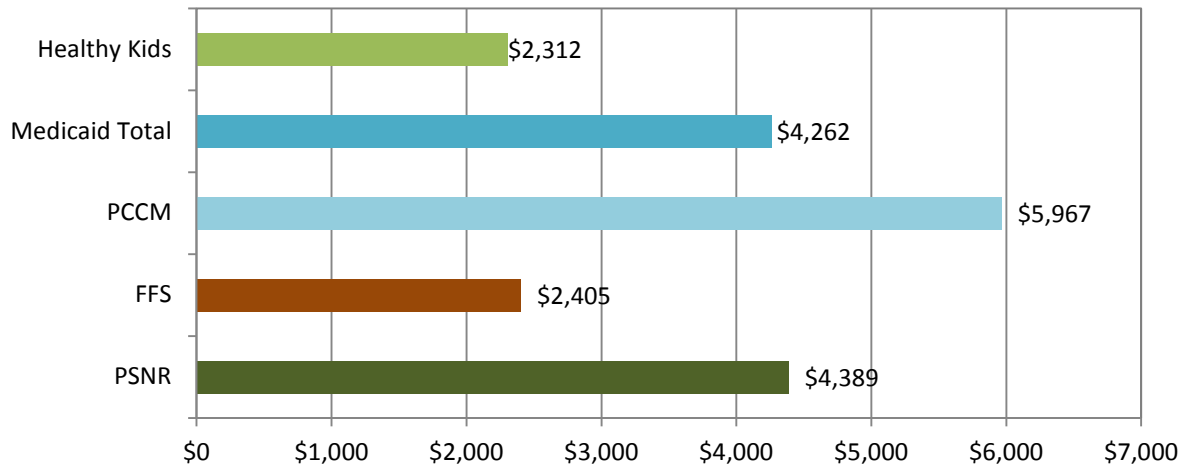
- **Table 31** presents the amount paid for PPAs in CY 2013 for Florida Healthy Kids and Florida Medicaid. Florida Healthy Kids spent approximately $4,826,146 on PPAs whereas Florida Medicaid spent approximately $44,512,019.
- Because enrollment within Medicaid delivery structure types varies greatly, per member months may provide a more valuable perspective on expenditure than total expenditure. Florida Medicaid spent $4,262 per 1,000 member months for PPAs in CY 2013 while Florida Healthy Kids spent $2,312 per 1,000 member months for PPAs (**Figure 63**).

Table 31. Amount Paid for PPAs for Florida Healthy Kids and Florida Medicaid.

Program	Amount Paid for PPAs
Florida Healthy Kids –Total	$4,826,146
Amerigroup	$872,697
SunShine	N/R
BCBS-BC	N/R
Coventry	$690,518
FHCP	$72,628
UHC	$1,115,365
WellCare-HealthEase	$231,559
WellCare-StayWell	$1,793,179
PCCM	$28,769,198
FFS	$10,830,685
PSNR	$4,912,136
Florida Medicaid-Total*	$44,512,019

Medicaid Total does not include capitated MCO data

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



Medicaid Total does not include capitated MCO data

Potentially Preventable Readmissions

Rates

- **Table 32** shows that the Florida Healthy Kids plan with the lowest ratio was WellCare-HealthEase (0.58) and the highest was FHCP (1.67). In some instances the numbers of PPR occurrences (per health plan) were small; however, PPRs offer an opportunity to address continuity of care and should be monitored.
- For the Florida Medicaid program components, PSNR (0.84) had the lowest ratio while PCCM (1.13) had the highest.
- The two primary reasons for PPRs in Florida Healthy Kids (**Figure 64**) were mental health continuation or recurrence and medical readmission for a continuation or recurrence.
- The two main reasons for PPRs in Florida Medicaid (**Figure 64**) were medical readmission for a continuation or recurrence and acute medical condition or complication.

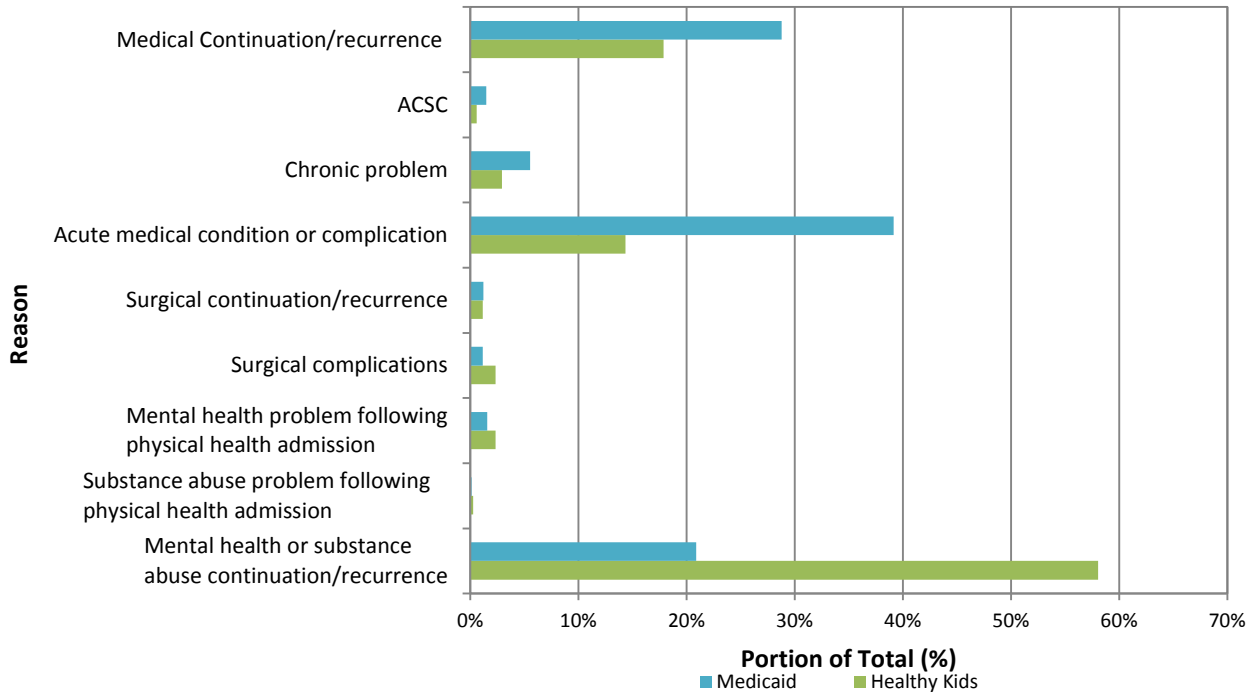
Table 32. PPR Actual and Expected Rates for Florida Healthy Kids and Florida Medicaid

Actual and Expected Rates 2013					
	Potentially Preventable Readmission				
	Total Count	PPR Count	Actual/Expected Ratio	Expected weighted PPR	Actual weighted PPR
Florida Healthy Kids-Total	3,938	243	1.00	286.9	286.9
Amerigroup	996	55	0.88	78.9	69.5
SunShine	N/R	N/R	N/R	N/R	N/R
BCBS-BC	N/R	N/R	N/R	N/R	N/R
Coventry	239	6	0.76	11.16	8.48
FHCP	66	2	1.67	3.6	6.0
UHC	1,050	75	0.99	87.5	86.4
WellCare-HealthEase	185	8	0.58	9.8	5.7
WellCare-StayWell	1,394	97	1.16	95.5	110.9
PCCM	15,871	739	1.13	1,039.5	1,171.3
FFS	101,148	1,863	0.95	2,044.6	1,951.6
PSNR	3,983	163	0.84	244.6	205.8
Florida Medicaid-Total*	121,002	2,765	1.00	3,328.7	3,328.7

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

**** Medicaid Total does not include capitated MCO data***

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



Expenditures

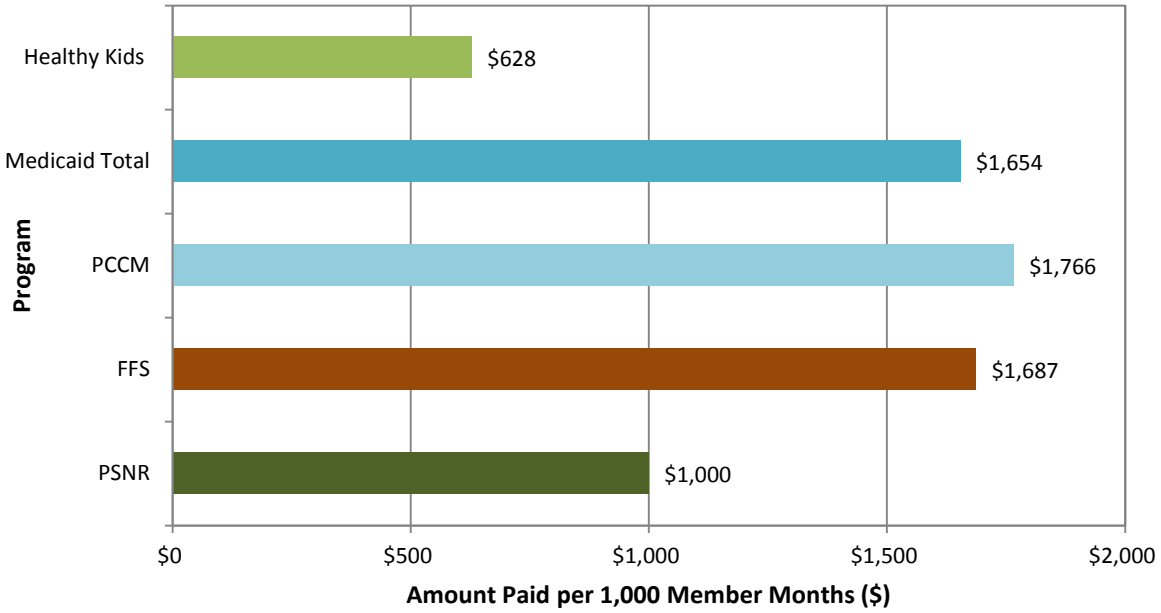
- In CY 2013, Florida Healthy Kids paid $1,986,967 for PPRs overall while Florida Medicaid paid $24,443,853 for PPRs overall (**Table 33**).
- Florida Healthy Kids, overall, spent $628 per 1,000 member months on PPRs (**Figure 65**).
- Florida Medicaid, overall, paid $1,654 per 1,000 member months for PPRs. PCCM had the highest per 1,000 member months expenditure of $1,766.

Table 33. Amount Paid for PPRs for Florida Healthy Kids and Florida Medicaid.

Program	Amount Paid for PPRs
Florida Healthy Kids –Total	$1,986,967
Amerigroup	$448,332
SunShine	N/R
BCBS-BC	N/R
Coventry	$81,238
FHCP	$27,340
UHC	$466,732
WellCare-HealthEase	$45,377
WellCare-StayWell	$917,948
PCCM	$10,233,726
FFS	$12,825,881
PSNR	$1,384,246
Florida Medicaid-Total*	$24,443,853

**** Medicaid Total does not include capitated MCO data***

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



Note: Medicaid Total does not include capitated MCO data

Potentially Preventable Emergency Department Visits (PPV)

Rates

- The Florida Healthy Kids plan with the lowest ratio was Amerigroup (0.84) and the plan with the highest ratio was UHC (1.15).
- FFS (0.69) had the lowest ratio while PCCM (1.20) had the highest ratio.
- The primary reasons for PPVs in Florida Healthy Kids (**Figure 66**) were infections of the upper respiratory tract and Level II musculoskeletal system and connective tissue diagnosis. While the primary reasons for PPVs in Florida Medicaid were infections of the upper respiratory tract and non-bacterial gastroenteritis, nausea and vomiting.

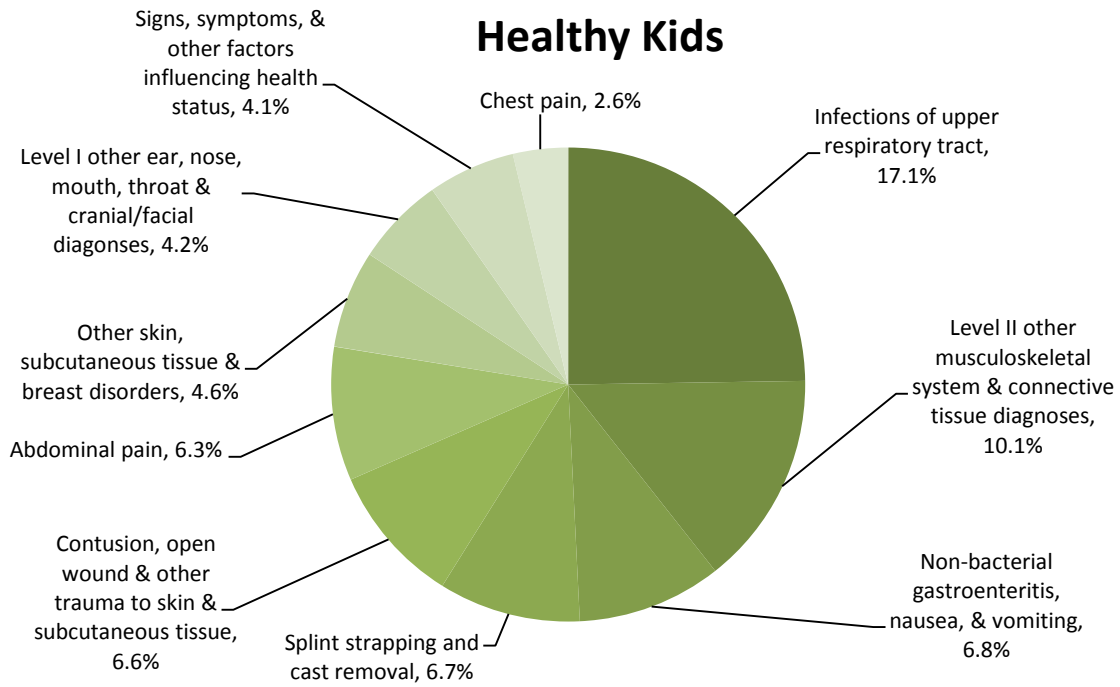
Table 34. PPV Actual and Expected Rates for Florida Healthy Kids and Florida Medicaid

Actual and Expected Rates 2013					
	Potentially Preventable Emergency Department Visits				
	Total Count	PPV Count	Actual/Expected Ratio	Expected weighted PPV	Actual weighted PPV
Florida Healthy Kids-Total	32,930	26,486	1.00	6,857.7	6,857.7
Amerigroup	12,387	9,689	0.84	3,020.8	2,533.3
SunShine	163	119	0.98	31.4	30.9
BCBS-BC	N/R	N/R	N/R	N/R	N/R
Coventry	N/R	N/R	N/R	N/R	N/R
FHCP	959	751	0.82	230.8	189.9
UHC	19,399	15,917	1.15	3,560.5	4,103.6
WellCare-HealthEase	N/R	N/R	N/R	N/R	N/R
WellCare-StayWell	N/R	N/R	N/R	N/R	N/R
PCCM	286,983	205,465	1.20	40,780.8	48,919.2
FFS	123,558	73,984	0.69	25,926.9	17,969.4
PSNR	69,614	38,187	0.98	9,169.9	8,989.0
Florida Medicaid-Total*	480,155	317,636	1.00	75,877.6	75,877.6

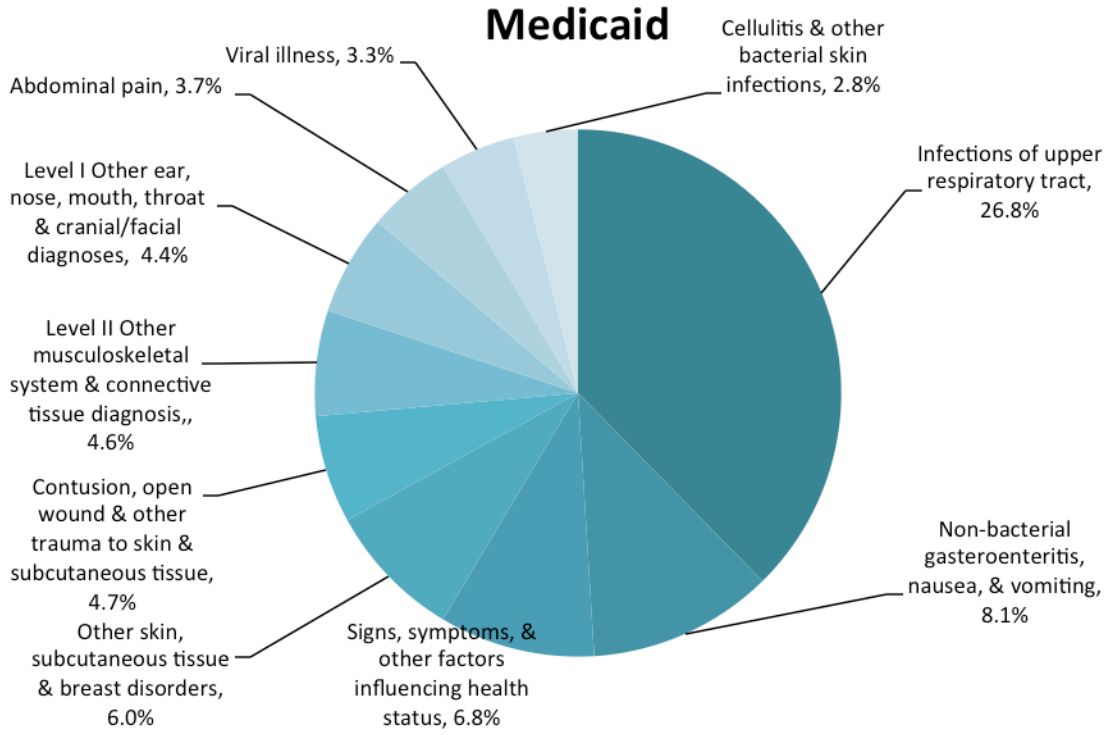
Note: Values lower than 1.00 denote less than expected rates. Values greater than 1.00 denote higher than expected rates..

**** Medicaid Total does not include capitated MCO data***

Figure 66. Reasons for PPVs in Florida Healthy Kids and Florida Medicaid



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



Note: These diagnoses reflect only the top 10 most common reasons and thus percentages do not sum to 100.
Note: Does not include capitated MCO data.

Expenditures

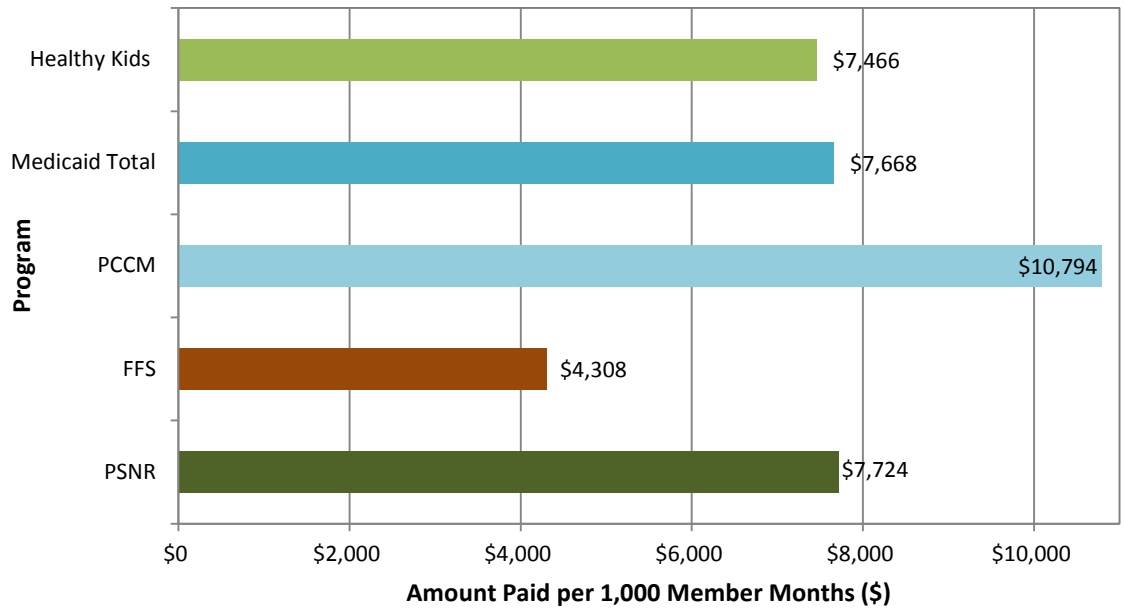
- Florida Healthy Kids, overall, paid $8,877,933 for PPVs while Florida Medicaid paid $80,092,571 for PPVs in CY 2013 (**Table 35**).
- Florida Healthy Kids paid $7,466 per 1,000 member months (**Figure 67**) and Florida Medicaid paid $7,668 per 1,000 member months for PPVs. Of the Florida Medicaid program components, PCCM had the highest per 1,000 member month expenditure of $10,794 while FFS had the lowest per 1000 member month expenditure of $4,308.

Table 35. Amount Paid for PPVs for Florida Healthy Kids and Florida Medicaid.

Program	Amount Paid for PPVs
Florida Healthy Kids –Total	$8,877,933
Amerigroup	$3,400,453
SunShine	$32,183
BCBS-BC	N/R
Coventry	N/R
FHCP	$159,075
UHC	$5,286,222
WellCare-HealthEase	N/R
WellCare-StayWell	N/R
PCCM	$52,043,489
FFS	$19,405,164
PSNR	$8,643,918
Florida Medicaid-Total*	$80,092,571

**** Medicaid Total does not include capitated MCO data***

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



****Medicaid Total does not include capitated MCO data***

Clinical Risk Group

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

(1) Routine Needs. Routine needs includes children who are enrolled in the health insurance program, but have not accessed services during the classification period ("non-users") and children who have used the health care system, but were seen for preventive care and for minor illnesses.

(2) Significant Acute. Significant acute includes children with conditions or acute illnesses, which occurred within six months prior to classification, and could be precursors to developing a chronic disease or place the individual at risk in the future for needing services of an amount and type greater than that for non-chronically ill persons. Examples in this group are head injury with coma, prematurity, and meningitis.

(3) Single Minor Chronic. Single minor chronic includes children with illnesses that can usually be managed effectively throughout an individual's life with typically few complications and limited effect upon the individual's ability, death and future need for medical care. This category includes attention deficit / hyperactive disorders (ADHD), minor eye problems (excluding near-sightedness and other refractory disorders), hearing loss, migraine headache, some dermatological conditions, and depression.

(4) Multiple Minor Chronic. Multiple minor chronic includes children with two or more minor chronic conditions.

(5) Single Dominant Chronic or Single Moderate Chronic. Single dominant chronic or single moderate chronic are those illnesses that are serious, and often result in progressive deterioration, debilitation, death, and the need for more extensive medical care. Examples in this group include diabetes, sickle cell anemia, chronic obstructive lung disease and schizophrenia. Moderate chronic conditions are those illnesses that are variable in their severity and progression, but can be complicated and require extensive care and sometimes contribute to debility and death. This category includes asthma, epilepsy, and major depressive disorders.

(6) Chronic Pairs. Chronic pairs include children with dominant chronic and/or moderate chronic conditions in two organ systems.

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

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

(9) Catastrophic Conditions. Catastrophic conditions are those illnesses that are severe, often progressive, and are either associated with long term dependence on medical technology, or are life defining conditions that dominate the medical care required. Examples in this group include

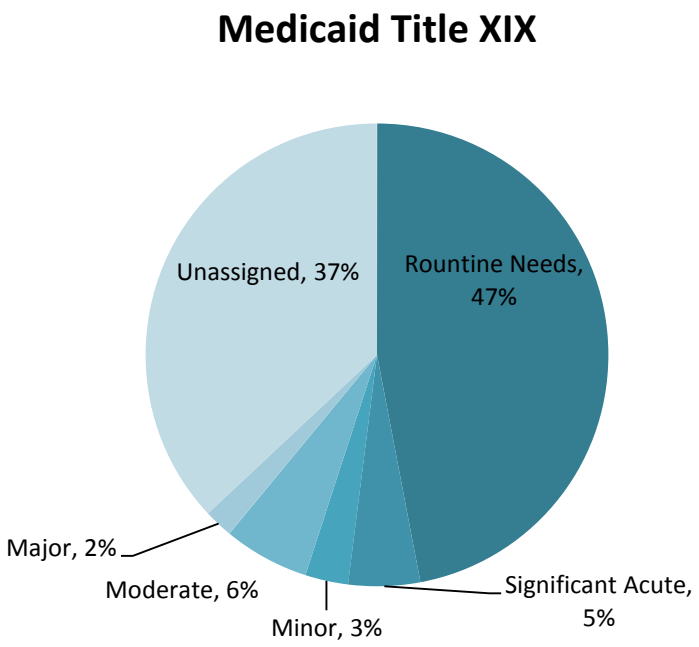
cystic fibrosis, spina bifida, muscular dystrophy, respirator dependent pulmonary disease and end stage renal disease on dialysis.

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

Figure 68 displays the distribution of Florida KidCare Medicaid Title XIX enrollees by CRG categories. Please note that the Total Florida KidCare Title XIX does not include capitated Managed Care (MCO) data.

- About 37% 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 47% of Medicaid Title XIX enrollees.
- The remaining shares of Title XIX enrollees were assigned to significantly acute (5%), minor (3%), moderate (6%), and major (2%).

Figure 68. Distribution of Florida KidCare Medicaid Title XIX enrollees by Clinical Risk Group, CY 2013

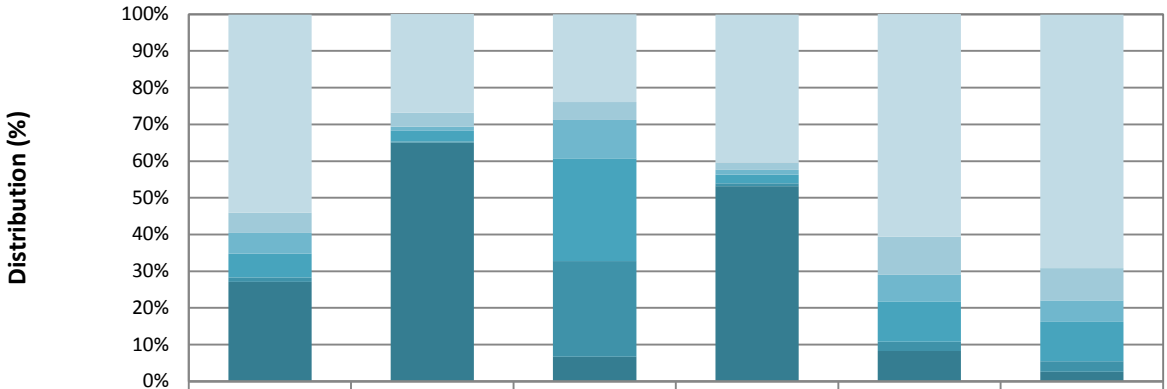


**Total Medicaid XIX does not include capitated MCO data*

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

- Notably, 65.0% of MediKids Title XXI and 53.2% of Medicaid Title XIX FFS enrollees could not be assigned a CRG.
    - MediKids XXI population undergoes significant turnover due to its particular age restrictions.
    - According to AHCA staff, many Medicaid enrollees are initially assigned to Title XIX FFS until the beneficiary has an opportunity to consider Medicaid Title XIX MCO and Medicaid Title XIX PCCM alternatives and enroll in their program of choice. This transition process from Medicaid XIX FFS to other Medicaid program components has important implications for the FFS results on many of the quality of care indicators.
- As expected, the majority of Florida KidCare program enrollees, with the exception of the CMSN Title XIX program, are categorized within the Routine Needs CRG category.
    - The majority of CMSN Title XIX program enrollees are assigned a moderate or major CRG category.

Figure 69. Distribution of Florida KidCare enrollees by Clinical Risk Group, by program, CY 2013



	Healthy Kids	MediKids	CMSN	FFS	PCCM	PSNR*
Routine Needs	54.0%	26.9%	23.9%	40.3%	60.7%	69.1%
Significant Acute	5.5%	3.8%	4.9%	2.0%	10.4%	8.8%
Minor	5.6%	1.2%	10.5%	1.3%	7.2%	5.8%
Moderate	6.5%	2.8%	27.9%	2.4%	11.0%	10.7%
Major	1.2%	0.4%	26.1%	0.7%	2.5%	2.9%
Unassigned	27.1%	65.0%	6.7%	53.2%	8.3%	2.6%

Program

**Does not include capitated PSNs*

Conclusions

First, it should be reiterated that several program changes between January 2013 and July 2014 (i.e., the span of the current evaluation) make some of the yearly comparisons for this evaluation difficult. Overall, results from the current evaluation suggest that the Florida KidCare program continues to meet the needs of and provide affordable quality health care services to its enrollees. Enrollment in the Florida KidCare program increased 8.06% from the previous evaluation. Based on the family experiences surveys, families of enrollees are satisfied with the health care services they receive from Florida KidCare. The quality of care outcomes also suggest that the Florida KidCare program is providing high quality of care. For five of fourteen presented HEDIS® measures, the Florida KidCare means exceeded national benchmarks; this is an increase in the number of measures exceeding benchmarks from last year.

Recommendations

The Institute for Child Health Policy (ICHP) recommends the following areas for improvement. First, the ICHP recommends that the KidCare program continues to focus its efforts on promoting quality of care. For several quality of care measures, the Florida KidCare Title XIX mean did not meet or exceed the national benchmarks (e.g., Access to Primary Care Practitioners, Well-child visits for children and adolescents, Comprehensive Diabetes Care). The first step in developing evidence-based guidelines is to understand both provider and patient barriers and facilitators to providing and receiving care. Conducting provider and caregiver surveys, focus groups, and interviews can provide the beginning to this examination. Second, the ICHP recommends that Florida KidCare conduct further evaluation of the PPEs, specifically identifying the characteristics of enrollees who contribute to these preventable expenditures. Using this evaluation, Florida KidCare can then develop strategies to enhance access to care, care coordination, provider-patient relationships and team-based care as a way to reduce PPEs.

Abbreviations

ACSC	Ambulatory Care Sensitive Condition
ADD	HEDIS® Follow-up care for children prescribed ADHD medication
ADV	HEDIS® Annual Dental Visits
AHCA	Agency for Health Care Administration
AHRQ	Agency for Healthcare Research and Quality
AMR	HEDIS® Asthma Medication Ratio
APR-DRG	All Patient Refined Diagnosis Related Groupings
ASM	HEDIS® Use of Appropriate medication for children with Asthma
AWC	HEDIS® Adolescent well-care visits
BNET	Behavioral Health Network
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CAP	HEDIS® Children and adolescents' access to Primary Care Practitioner
CDC	HEDIS® Comprehensive Diabetes Care
CHIP	Children's Health Insurance Program
CHIPRA	Child Health Insurance Program Reauthorization Act
CHL	HEDIS® Chlamydia screening in females 16-20 years
CMSN	Children's Medical Services Network
CPT	Current Procedural Terminology
CRG	Clinical Risk Group
CSHCN	Children with Special Health Care Needs
CWP	HEDIS® Appropriate testing for children with pharyngitis
CY	Calendar Year
DCF	Department of Children and Families
DOH	Department of Health
DRA	Deficit Reduction Act
EAPG	Enhanced Ambulatory Patient Groupings
ED	Emergency Department
FFM	Federally Facilitated Marketplace
FFS	Fee-For-Service
FFY	Federal Fiscal Year
FHCP	Florida Health Care Plans
FPC	HEDIS® Frequency of prenatal care

FPL	Federal Poverty Level
FUH	HEDIS® Follow-up after Hospitalization for mental illness (7 and 30 days)
HEDIS®	Healthcare Effectiveness Data and Information Set
ICD	International Classification of Diseases
ICHP	Institute for Child Health Policy
IET	HEDIS® Initiation and Engagement of Alcohol and other drug dependence treatment
LSC	HEDIS® Lead Screening in Children
MCO	Managed Care Organization
NCQA	National Commission on Quality Assurance
PCCM	Primary Care Case Management
PCP	Primary Care Provider
PDI	Pediatric Quality Indicators
PPA	Potentially Preventable Admissions
PPE	Potentially Preventable Events
PPR	Potentially Preventable Readmissions
PPV	Potentially Preventable Emergency Department Visits
PQI	Prevention Quality Indicators
PSNNR	Provider Service Network Non Reform
PSNR	Provider Service Network Reform
SAS	Statistical Analysis System
SFY	State Fiscal Year
UHC	United Health Care
URI	HEDIS® Appropriate treatment for Children with an Upper Respiratory Infection
W34	HEDIS® Well-child visits in the 3rd, 4th, 5th, and 6th years of life.

Appendix A

Medicaid and CHIP Programmatic Changes

There were significant changes to Medicaid and CHIP programs at the federal and state levels during 2013 and 2014. The Affordable Care Act (ACA) required many changes from applying new policy, to new application requirements and major systems revisions. These changes had major impacts on transferring data and accounts between entities, processing applications, determining eligibility and accessing services. The following highlights some of the issues impacting Medicaid and CHIP.

Affordable Care Act (ACA) Requirements

1. Application Requirements
   - New single application for health insurance affordability programs - Medicaid, CHIP and the Federally Facilitated Marketplace (FFM). Adults and children apply on the same application.
   - No "wrong door" for applications

   The new single ACA compliant application uses the "no wrong door" approach that allows applicants to apply through the Medicaid agency, CHIP agency or the FFM. If not eligible for one program, the account information is transferred electronically to one of the other health insurance affordability programs for eligibility determination. Previously, CHIP determined eligibility for children only. ACA implementation required CHIP to process all applicants, regardless of age. CHIP completes account transfers to Medicaid and the FFM for parents, as well as children not eligible for CHIP coverage.
2. Eligibility Requirements
   - Adopt modified adjusted gross income (MAGI) methodology for determining eligibility for Medicaid and CHIP.
   - Increase the Medicaid income level for children 6 through 18 years old from 100% FPL to 133% FPL
   - New renewal requirements

   MAGI is a new methodology for how income is counted and how household composition and family size are determined. MAGI-based methodology is used by CHIP, Medicaid and the FFM, and therefore, aligns financial eligibility rules across all insurance affordability programs. Since January 1, 2014, Medicaid and CHIP enrollees have had their eligibility redetermined using the MAGI-based methodology. The ACA changed the Medicaid income limit for children ages 6 through 18 from 100% of the federal poverty level (FPL) to 133% FPL. This change required children eligible through the CHIP program to transition to Medicaid. The ACA also requires a more administrative renewal process using data matches to determine continued eligibility.
3. Systems Requirements
   - Real time account transfers between Medicaid, CHIP and the FFM
   - Web service calls to the federal HUB
   - MAGI rules engine to support both Medicaid and CHIP

- Disabled old CHIP rules engine
- Compressed timeframe to get system functional

Previously, CHIP accounts were processed through the CHIP rules engine. ACA required a MAGI rules engine and a combined system was created for both CHIP and Medicaid. As a result, CHIP had to disable its old rules engine, while at the same time, maintaining other components of its system. The ACA required states to comply with the account transfer process for the Medicaid, CHIP and the FFM systems to communicate and transfer data. The account transfer process and the service calls to the federal HUB had to be developed by both the Medicaid and CHIP programs.

4. Medicaid and CHIP Challenges
    - FFM delays
    - Concurrent CHIP third party administrator transition
    - Concurrent Statewide Medicaid Managed Care rollout
    - Seamlessly transition 6 to 18 years olds from CHIP to Medicaid
    - Apply new application and eligibility policies
    - Apply new renewal policies

    The federal government experienced system issues during its first open enrollment starting October 1, 2013, that resulted in a delay of account transfers from the FFM to the state until early 2014.

    Florida Healthy Kids Corporation, the central processor of CHIP eligibility, transitioned to a new third party administrator on October 1, 2013, which added to the complexities of these issues. The Agency for Health Care Administration (AHCA) transitioned to Statewide Medicaid Medical Managed Care (SMMC) culminating in most Medicaid recipients transitioning to new managed care plans from May 2014 through August 2014. Potential "CHIP transfer" enrollees ages 6 through 18 with income under 133% FPL were identified based on old rules, in December 2013. AHCA received a waiver to delay transition of these children until August 2014 to align with the completion of SMMC rollout. Florida Healthy Kids Corporation identified the child's Healthy Kids or Children's Medical Service Network health plan and primary care provider. This information was matched with AHCA's health plans to facilitate a seamless transition to Medicaid for these children. AHCA also received a waiver to delay renewals from January 2014 through June 2014.

Due to the multiple application, eligibility, systems and other implementation issues, some of the data presented in this evaluation differs from previous years and cannot be compared because of these differences. An example of this is the application data. Due to the new account transfer process, the disposition of Medicaid and FFM referrals cannot be determined in the same manner as in previous years.