



The Florida KidCare Program Evaluation

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Table of Contents

Executive Summary	11
Introduction	12
Evaluation Approach	12
Findings	12
Conclusions	12
Introduction	14
Florida KidCare Program Structure	15
Florida KidCare Eligibility Criteria	18
Title XIX Eligibility	18
Title XXI Eligibility	18
Florida KidCare Renewal Process	20
Recent Florida KidCare Program Changes	20
Affordable Care Act (ACA) Requirements	21
Florida KidCare Title XXI Financing	22
Section 1 Administration	25
Evaluation Approach	26
Monthly Application Volume	26
Outcomes of Applications	30
Florida KidCare Enrollment	33
Enrollment Trends	36
Ever Enrolled and Newly Enrolled	39
Renewal of Florida KidCare Title XXI Coverage	40
Section 2 Family Experiences	44
Evaluation Approach	45
Demographics of Enrollees	48
Enrollee and Family Characteristics	50
Composites Summary	51
Section 3 Quality of Care	69
Evaluation Approach	70
Measures	72
Access to Care	74
Child and Adolescents’ Access to Primary Care Practitioners (CAP)	74
Effectiveness of Care	76
Human Papillomavirus Vaccine for Female Adolescents (HPV)	76
Childhood Immunization Status (CIS)	78
Immunization Status for Adolescents (IMA)	83
Chlamydia Screening in Women ages 16-20 (CHL)	93
Developmental Screening in the First Three Years of Life (DEV)	97
Well-Child Visits in the First 15 Months of Life (W15)	98
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34)	101
Adolescent Well-Care Visits (AWC)	105
Maternal and Perinatal Care	109
Frequency of Ongoing Prenatal Care (FPC) and Timeliness of Prenatal and Postpartum Care (PPC)	109
Behavioral Health	113
Follow-up Care for Children Prescribed ADHD Medication (ADD)	113
Follow-up after Hospitalization for Mental Illness (FUH)	120
Care of Acute and Chronic Conditions	127
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC)	127
Medication Management for People with Asthma (MMA)	134
Ambulatory Care - Emergency Department Visits and Outpatient Visits (AMB)	139

Table of Contents

Oral Health	146
Percentage of Eligible Members That Received Preventive Dental Services (PDENT)	146
Conclusion	148
Recommendations	149
Appendix.....	150
Appendix A: Abbreviations.....	151

List of Figures

Figure 1. Florida KidCare eligibility, Calendar Year 2014 15

Figure 2. Florida KidCare Program Changes..... 20

Figure 3. Florida KidCare unduplicated applications received monthly by Florida Healthy Kids Corporation, January 2011 to December 2014 26

Figure 4. Application approvals by Florida KidCare program components 30

Figure 5. Change in Florida KidCare Enrollment for Title XXI program components, CY 2010-2014 35

Figure 6. Change in Florida KidCare Enrollment for Full-Pay Title XXI program components, CY 2010-2014..... 35

Figure 7. Change in Florida KidCare Enrollment for Title XIX program and KidCare Total, CY 2010-2014 35

Figure 8. CMS Plan Title XXI program enrollment, CY 2010-2014..... 36

Figure 9. Healthy Kids program enrollment, CY 2010-2014..... 36

Figure 10. MediKids program enrollment, CY 2010-2014..... 37

Figure 11. Overall Medicaid Title XIX program enrollment, CY 2010-2014..... 37

Figure 12. Overall Florida KidCare Title XXI program enrollment, CY 2010-2014 38

Figure 13. Successful renewals (%) of Title XXI Florida KidCare coverage, by program component, CY 2010- 2014..... 41

Figure 14. Number of Surveys completed by program, Spring 2015 47

Figure 15. Race of established KidCare enrollees, 2015 Survey..... 48

Figure 16. Ethnicity of established KidCare enrollees, 2015 Survey 48

Figure 17. Gender for established KidCare enrollees, 2015 Survey 49

Figure 18. Household type of established KidCare enrollees, 2015 Survey 50

Figure 19. Primary language spoken at home for established KidCare enrollees, 2015 Survey 50

Figure 20. Respondent’s education for established KidCare enrollees, 2015 Survey 51

Figure 21. Percentage of Families Responding Positively to CAHPS® “Getting Needed Care” by Program, 2015 Survey 52

Figure 22. Percentage of Families Responding Positively to CAHPS® “Getting Needed Care” by Medicaid MMA Plan, 2015 Survey 52

Figure 23. Percentage of Families Responding Positively to CAHPS® “Getting Needed Care Quickly” by Program 53

Figure 24. Percentage of Families Responding Positively to CAHPS® “Getting Needed Care Quickly” By Medicaid MMA Plan 53

Figure 25. Percentage of Families Responding Positively to CAHPS® “Experience with Doctor’s Communication Skills” by Program 54

Figure 26. Percentage of Families Responding Positively to CAHPS® “Experience with Doctor’s Communication Skills” by Medicaid MMA Plan 54

Figure 27. Percentage of Families Responding Positively to CAHPS® “Health Plan Customer Service” by Program 55

Figure 28. Percentage of Families Responding Positively to CAHPS® “Health Plan Customer Service” by Medicaid MMA Plan ... 55

Figure 29. Percentage of Families Responding Positively to CAHPS® “Getting Prescription Medications” by Program..... 56

Figure 30. Percentage of Families Responding Positively to CAHPS® “Experience Getting Specialized Services” by Program..... 57

Figure 31. Percentage of Families Responding Positively to CAHPS® “Experience with Personal Doctor or Nurse” by Program... 58

Figure 32. Percentage of Families Responding Positively to CAHPS® “Shared Decision-Making” by Program..... 59

Figure 33. Percentage of Families Responding Positively to CAHPS® “Shared Decision-Making” by Medicaid MMA Plan 59

Figure 34. Percentage of Families Responding Positively to CAHPS® “Getting Needed Information” by Program 60

Figure 35. Percentage of Families Responding Positively to CAHPS® “Coordination of Care” by Program 61

Figure 36. Florida KidCare families responding positively to the CAHPS® composite on “Getting Needed Care”, five year trend 62

Figure 37. Florida KidCare families responding positively to the CAHPS® composite on “Getting Care Quickly”, five year trend . 63

Figure 38. Florida KidCare families responding positively to the CAHPS® composite on “Experiences with Doctor’s Communication”, five year trend 64

Figure 39. Florida KidCare families responding positively to the CAHPS® composite on “Health Plan Customer Service”, five year trend 65

Figure 40. Florida KidCare Families reporting a rating of “9” or “10” for overall health care experience 67

Figure 41. Florida KidCare Families reporting a rating of “9” or “10” for primary care providers 67

Figure 42. Florida KidCare Families reporting a rating of “9” or “10” for specialty care providers..... 68

Figure 43. Florida KidCare Families reporting a rating of “9” or “10” for health plan experiences 68

Figure 44. Program results for HEDIS® Child and Adolescents’ Access to Primary Care Practitioners (CAP): All ages, CY 2014 74

Figure 45. Medicaid MMA Plan results for HEDIS® Child and Adolescents’ Access to Primary Care Practitioners (CAP): All ages, CY 2014..... 75

Figure 46. Healthy Kids Plan results for HEDIS® Child and Adolescents’ Access to Primary Care Practitioners (CAP): All ages, CY 2014..... 75

Figure 47. Program Results for HEDIS® Human Papillomavirus Vaccine for Female Adolescents (HPV), CY 2014 76

Figure 48. Healthy Kids Plan Results for HEDIS® Human Papillomavirus Vaccine for Female Adolescents (HPV), CY 2014 77

Figure 49. Program Results for HEDIS® Childhood Immunization Status (CIS): Combination 2, CY 2014 79

Figure 50. National Benchmarks for HEDIS® Childhood Immunization Status (CIS): Combination 2, 79
CY 2014 79

Figure 51. Medicaid MMA Plan Results for HEDIS® Childhood Immunization Status (CIS): Combination 2, CY 2014 80

Figure 52. National Benchmarks for HEDIS® Childhood Immunization Status (CIS): Combination 2, CY 2014 80

Figure 53. Program Results for HEDIS® Childhood Immunization Status (CIS): Combination 3, CY 2014 81

Figure 54. National Benchmarks for HEDIS® Childhood Immunization Status (CIS): Combination 3, 81
CY 2014 81

Figure 55. Medicaid MMA Plan Results for HEDIS® Childhood Immunization Status (CIS): Combination 3, CY 2014 82

Figure 56. National Benchmarks for HEDIS® Childhood Immunization Status (CIS): Combination 3, CY 2014 82

Figure 57. Program Results for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2014.... 84

Figure 58. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2014 84

Figure 59. Medicaid MMA Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2014 85

Figure 60. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2014 85

Figure 61. Healthy Kids Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2014 86

Figure 62. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2014 86

Figure 63. Program Results for HEDIS® Immunization Status for Adolescents (IMA): Tdap/Td Immunizations, CY 2014 87

Figure 64. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Tdap/Td Immunizations, CY 2014 87

Figure 65. Medicaid MMA Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Tdap/Td Immunizations, CY 2014 88

Figure 66. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA) Tdap/Td Immunizations, CY 2014 88

Figure 67. Healthy Kids Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Tdap/Td Immunizations, CY 2014 89

Figure 68. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Tdap/Td Immunizations, CY 2014 89

Figure 69. Program Results for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2014 90

Figure 70. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2014 90

Figure 71. Medicaid MMA Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2014 91

Figure 72. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2014 91

Figure 73. Healthy Kids Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2014 92

Figure 74. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2014 92

Figure 75. Program Results for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL), CY 2014..... 94

Figure 76. National Benchmarks for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL), CY 2014..... 94

Figure 77. Medicaid MMA Plan Results for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL), CY 2014..... 95

Figure 78. National Benchmarks for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL), CY 2014..... 95

Figure 79. Healthy Kids Plan Results for HEDIS Chlamydia Screening in Women ages 16-20 (CHL), CY 2014..... 96

Figure 80. National Benchmarks for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL), CY 2014..... 96

Figure 81. Program Results for Developmental Screening in the First Three Years of Life (DEV), CY 2014 97

Figure 82. Program Results for HEDIS® Well-Child Visits in the First 15 Months of Life (W15): 6 or more visits, CY 2014 99

Figure 83. National Benchmarks for HEDIS® Well-Child Visits in the First 15 Months of Life (W15): 6 or more visits, CY 2014 99

Figure 84. Medicaid MMA Plan Results for HEDIS® Well-Child Visits in the First 15 Months of Life (W15):6 or more visits, CY 2014 100

Figure 85. National Benchmarks for HEDIS® Well-Child Visits in the First 15 Months of Life (W15): 6 or more visits, CY 2014... 100

Figure 86. Program Results for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2014 102

Figure 87. National Benchmarks for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2014 102

Figure 88. Medicaid MMA Plan Results for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2014. 103

Figure 89. National Benchmarks for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2014 103

Figure 90. Healthy Kids Plan Results for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2014 104

Figure 91. National Benchmarks for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2014 104

Figure 92. HEDIS® Well-care visits for adolescents (AWC), five year trend, CY 2014..... 105

Figure 93. Program Results for HEDIS® Adolescent Well-Care Visits (AWC), CY 2014 106

Figure 94. National Benchmarks for HEDIS® Adolescent Well-Care Visits (AWC), CY 2014 106

Figure 95. Medicaid MMA Plan Results for HEDIS® Adolescent Well-Care Visits (AWC), CY 2014 107

Figure 96. National Benchmarks for HEDIS® Adolescent Well-Care Visits (AWC), CY 2014 107

Figure 97. Healthy Kids Plan Results for HEDIS® Adolescent Well-Care Visits (AWC), CY 2014 108

Figure 98. National Benchmarks for HEDIS® Adolescent Well-Care Visits (AWC), CY 2014 108

Figure 99. Program Results for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 61-80% of the recommended visits, CY 2014..... 110

Figure 100. National Benchmarks for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 61-80% of the recommended visits, CY 2014..... 110

Figure 101. Program Results or HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 81% or more of the recommended visits, CY 2014..... 111

Figure 102. National Benchmarks for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 81% or more of the recommended visits, CY 2014..... 111

Figure 103. Medicaid MMA Plan Results for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 81% or more of the recommended visits, CY 2014 112

Figure 104. National Benchmarks for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 81% or more of the recommended visits, CY 2014..... 112

Figure 105. Program Results for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2014..... 114

Figure 106. National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2014..... 114

Figure 107. Medicaid MMA Plan Results for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2014..... 115

Figure 108. National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2014..... 115

Figure 109. Healthy Kids Plan Results for HEDIS Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2014..... 116

Figure 110. National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2014 116

Figure 111. Program Results for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2014..... 117

Figure 112. National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2014..... 117

Figure 113. Medicaid MMA Plan Results for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2014..... 118

Figure 114. National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2014..... 118

Figure 115. Healthy Kids Plan Results for HEDIS Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2014..... 119

Figure 116. National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2014..... 119

Figure 117. Program Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2014 120

Figure 118. National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2014 121

Figure 119. Medicaid MMA Plan Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2014 121

Figure 120. National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2014..... 122

Figure 121. Healthy Kids Plan Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2014 123

Figure 122. National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2014 123

Figure 123. Program Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2014..... 124

Figure 124. National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2014 124

Figure 125. Medicaid MMA Plan Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2014 125

Figure 126. National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2014 125

Figure 127. Healthy Kids Plan Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2014 126

Figure 128. National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2014 126

Figure 129. Program Results for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Body Mass Index Assessment for Children/Adolescents, CY 2014 128

Figure 130. National Benchmarks for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Body Mass Index Assessment for Children/Adolescents, CY 2014 128

Figure 131. Healthy Kids Plan Results for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Body Mass Index Assessment for Children/Adolescents, CY 2014 129

Figure 132. National Benchmarks for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Body Mass Index Assessment for Children/Adolescents, CY 2014 129

Figure 133. Program Results for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Nutrition, CY 2014 130

Figure 134. National Benchmarks for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Nutrition, CY 2014 130

Figure 135. Healthy Kids Plan Results for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Nutrition, CY 2014 131

Figure 136. National Benchmarks for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Nutrition, CY 2014 131

Figure 137. Program Results for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Physical Activity, CY 2014 132

Figure 138. National Benchmarks for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Physical Activity, CY 2014 132

Figure 139. Healthy Kids Plan Results for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Physical Activity, CY 2014 133

Figure 140. National Benchmarks for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Physical Activity, CY 2014 133

Figure 141. Program Results for HEDIS® Medication Management for Children with Asthma (MMA): ages 5-11, CY 2014 134

Figure 142. National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA), ages 5-11, CY 2014 135

Figure 143. Healthy Kids Plan Results for HEDIS® Medication Management for Children with Asthma (MMA): ages 5-11, CY 2014 135

Figure 144. National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA), ages 5-11, CY 2014 136

Figure 145. Program Results for HEDIS® Medication Management for Children with Asthma (MMA): ages 12-18, CY 2014 136

Figure 146. National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA), ages 12-18, CY 2014 137

Figure 147. Healthy Kids Plan Results for HEDIS® Medication Management for Children with Asthma (MMA): ages 12-18, CY 2014 137

Figure 148. National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA), ages 12-18, CY 2014 138

Figure 149. Program Results for Ambulatory Care (AMB): Emergency Department Visits, CY 2014 140

Figure 150. National Benchmarks for Ambulatory Care (AMB): Emergency Department Visits, CY 2014 140

Figure 151. Medicaid MMA Plan Results for Ambulatory Care (AMB): Emergency Department Visits, CY 2014 141

Figure 152. National Benchmarks for Ambulatory Care (AMB): Emergency Department Visits, CY 2014 141

Figure 153. Healthy Kids Plan Results for Ambulatory Care (AMB): Emergency Department Visits, 142
CY 2014 142

Figure 154. National Benchmarks for Ambulatory Care (AMB):Emergency Department Visits, CY 2014 142

Figure 155. Program Results for Ambulatory Care (AMB): Outpatient Visits, CY 2014 143

Figure 156. National Benchmarks for Ambulatory Care (AMB): Outpatient Visits, CY 2014 143

Figure 157. Medicaid MMA Plan Results for Ambulatory Care (AMB): Outpatient Visits, CY 2014 144

Figure 158. National Benchmarks for Ambulatory Care (AMB): Outpatient Visits, CY 2014 144

Figure 159. Healthy Kids Plan Results for Ambulatory Care (AMB): Outpatient Visits, CY 2014 145

Table of Contents

Figure 160. National Benchmarks for Ambulatory Care (AMB): Outpatient Visits, CY 2014.....	145
Figure 161. Program Results for Percentage of Eligible Members That Received Preventive Dental Services (PDENT), FFY 2014	146
Figure 162. Medicaid MMA Plan Results for Percentage of Eligible Members That Received Preventative Dental Services (PDENT), FFY 2014	147

List of Tables

Table 1. Federal poverty levels for a family of four 19

Table 2. Florida KidCare program components and coverage levels, CY 2014 19

Table 3. Florida KidCare Title XXI expenditures, Actual for SFY 2014-2015 and Budgeted for SFY 2015-2016..... 22

Table 4. Florida Healthy Kids Corp. Title XXI administration costs, Actual for SFY 2014-2015, and Budgeted SFY 2015-2016..... 23

Table 5. Per Member Per Month premium rates for KidCare Title XXI program components, for SFY 2014-2015 and Budgeted for SFY 2015-2016 23

Table 6. Premiums collected annually from Title XXI Families for the last five SFYs and budgeted for SFY 2015-2016 23

Table 7. Total Florida KidCare Title XXI expenditures reported to the Centers for Medicare and Medicaid Services, last five SFYs and FFYs..... 24

Table 8. Federal allotment balances carried forward or projected forward from each FFY for last five years and projected for FFY 2016 24

Table 9. Florida KidCare application information received by Florida Healthy Kids Corporation, CY 2014 27

Table 10. Outcomes of Florida KidCare applications processed CY 2014 31

Table 11. Reasons for denial from CHIP Title XXI, CY 2014 32

Table 12. Point-in-time enrollment figures for the last day of Calendar Years 2013 and 2014 34

Table 13. Children “ever” and “newly” enrolled in Florida KidCare program components, CY 2014 39

Table 14. Successful renewal of Title XXI Florida KidCare coverage CY 2014 40









Table 15. Title XXI renewal status for eligible children, by program, CY 2014 42

Table 16. Response Rates, Parent Survey Spring 2015 47

Table 17. Current Initial Core Set of Children’s Health Care Quality Measures 72

Table 18. Child core set measures reported by the ICHP and Medicaid Managed Medical Assistance (MMA) plans 73

Color Key

Program	Color
Medicaid MMA Plan Title XIX	
Medicaid FFS Title XIX	
Title XIX Total	
CMS Plan Title XXI	
Healthy Kids Title XXI	
MediKids Title XXI	
Title XXI Total	
KidCare Total	

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 2014 calendar year. Each section of this report 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 components: Title XIX Medicaid (FFS and Managed Medical Assistance plans), Title XXI Healthy Kids, Title XXI MediKids, and Children's Medical Services (CMS Plan) Title XXI.

Evaluation Approach

A variety of sources and methods were used to conduct this evaluation including application and enrollment files, a telephone survey conducted with families involved with the program, and claims and encounter data. Data for the Programmatic section (section 1) come from administrative, application, and enrollment sources. Data for the Family Experiences Section (section 2) come from 6,584 telephone interviews conducted with families enrolled in Florida KidCare. Data for the Quality of Care section (section 3) 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. Data for Medicaid MMA plans HEDIS® (Healthcare Effectiveness Data and Information Set) performance measures were provided by the Agency for Health Care Administration. Because methodologies used to conduct family experience surveys and performance measures are not always consistent with NCQA (National Committee for Quality Assurance) protocols, comparisons to national averages should be interpreted with caution.

Findings

During calendar year 2014, the Florida KidCare program received a total of 393,047 applications, of which 286,125 applications contained processable information on 512,680 children. At the end of 2014, the Florida KidCare program included 2,263,615 enrolled children. This is an increase of 8.7% from the previous evaluation year. 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, shared decision making, and getting needed information. Approximately 76.0% of Florida KidCare families rated their primary care provider as a "9" or "10" and 70.9% rated their specialty care provider as a "9" or a "10." These results are slightly higher than previous years which suggest that, based on family perspectives, Florida KidCare continues to provide a high quality of care to children. There were several HEDIS® measures where the Title XIX did not surpass the 50th percentile of the national Medicaid comparison data. However, a component of the Title XIX program surpassed the 50th percentile for several measures. Healthy Kids was also compared to the national Medicaid benchmarks. See Findings section for details.

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 8.7% from the previous year. 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. The HEDIS® measures for which the Medicaid

Title XIX mean (and Title XXI mean for Parent Experiences)¹ did not exceed the national averages indicate areas that need improvement within the Florida KidCare program.

¹ A Title XXI mean was not calculated for HEDIS measures as only data from the Florida Healthy Kids Program was available.

Introduction

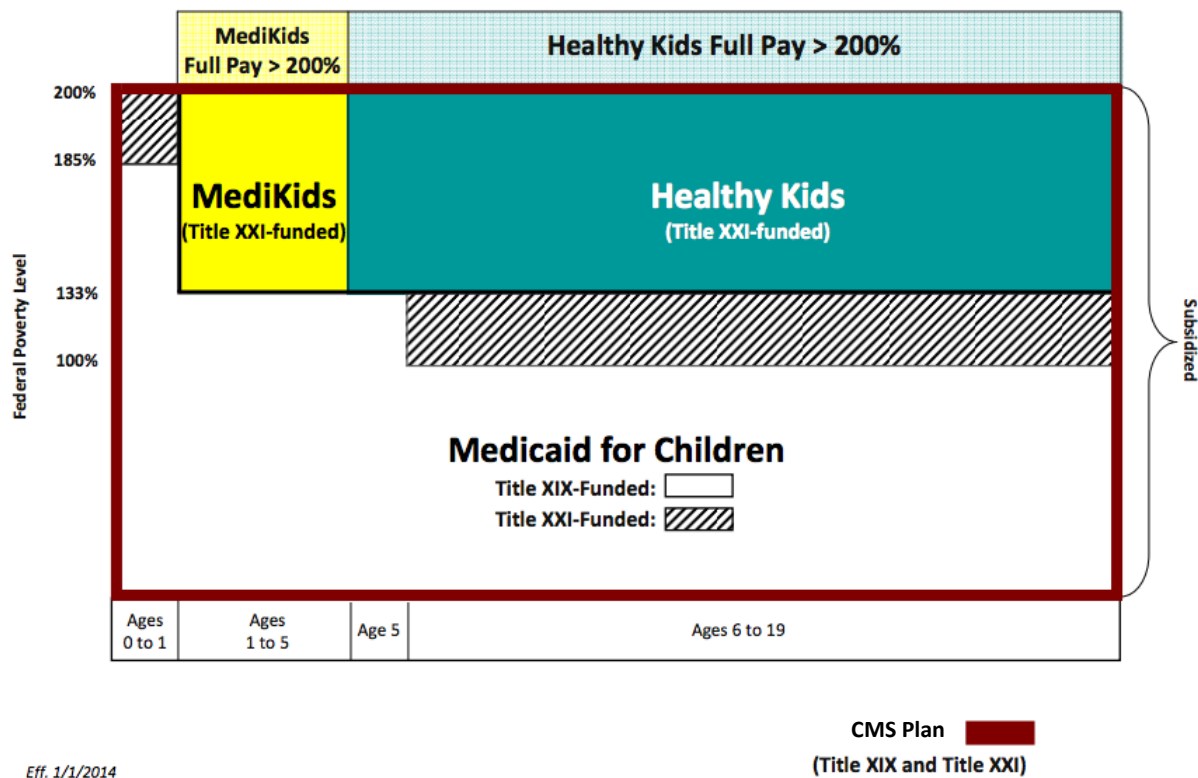
In This Section

- Program Structure
- Eligibility Criteria
- Renewal Process
- Recent Changes
- Financing
- Data Sources

Florida KidCare Program Structure

Florida KidCare is the umbrella program for Florida’s Medicaid and Children’s Health Insurance Program (CHIP). Florida KidCare consists of four program components (Children’s Medical Services Plan, 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 (**Figure 1**). Except for Medicaid, Florida KidCare is not an entitlement program, which means that enrollment can be limited based on available funding. Except for Native American enrollees, Title XXI participants contribute to the costs of their monthly premiums.

Figure 1. Florida KidCare eligibility, Calendar Year 2014



Children’s Medical Services Plan (CMS Plan).

The Children’s Medical Services (CMS Plan) is Florida’s Title V program for Children with Special Health Care Needs (CSHCN). Children enrolled in the Children’s Medical Services Managed Care Plan (CMS Plan) 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. CMS Plan enrollees with Title XXI premium assistance coverage are limited to ages one through 18, whereas the Title XIX CMS Plan covers children from birth through 20 years of age. Infants under one year of age with family incomes between 186-200% of the Federal Poverty Level are Title XXI funded but receive services through the Medicaid CMS Plan. The CMS Plan covers Medicaid state plan services for its Title XIX and Title XXI-funded enrollees

and there are no copayments for services. CMS Plan Title XXI families pay a monthly premium of \$15 (for family income between 133% and 158% FPL) or \$20 (for family income between 159% and 200% FPL). Title XXI CMS Plan enrollees between the ages 5 and 18 who meet the Department of Children and Families' clinical eligibility for behavioral health services may be enrolled in the Behavioral Health Network (BNET) for their behavioral health services. The Florida Legislature created BNET in s.409.8135, F.S., for children ages 5 through 18 with serious behavioral or emotional conditions and is administered by the Department of Children and Families.

Florida Healthy Kids.

Florida Healthy Kids (FHK) 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 133% and 158% FPL) or \$20 (for family income between 159% and 200% FPL). The FPL range for premiums recently changed but was retroactive to January 1, 2014. Healthy Kids has co-payments 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 recipients. State law provides that children in MediKids must receive their care through a managed care delivery system. MediKids children are enrolled in Statewide Medicaid Managed Care plans. MediKids families pay a monthly premium of \$15 (for family income between 133% and 158% FPL) or \$20 (for family income between 159% 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 managed care plan 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. Prior to August 1, 2014, recipients could receive services from several delivery systems, including Primary Care Case Management (PCCM), Fee-For-Service (FFS), or a Managed Care program. From May through August 1, 2014, nearly all children enrolled in Medicaid were transitioned to managed care (Managed Medical Assistance (MMA). Additionally, effective January 2014, children between the ages of 6 and 18 and between 100-133% of the Federal Poverty Level are enrolled in Medicaid but funded by Title XXI. These "stairstep children" resulted in large enrollment changes for Medicaid, Healthy Kids, and the Title XXI CMS Plan. 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 within their 5 year waiting period. Florida Healthy Kids full-pay coverage was available at \$148 per month per child for medical and dental coverage in CY 2014. MediKids full-pay coverage cost \$196 per month per child in CY 2014, and changed to \$157 per month starting February 2015, which included dental coverage. There is not a full-pay coverage option for the CMS Plan 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 program administrative data in this report only (i.e., not included in the parent experiences or quality of care sections).

Florida KidCare Eligibility Criteria

Eligibility criteria varies under Title XIX and Title XXI in addition to the four program components of Florida KidCare.

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 children with household income between 112% FPL to 133% FPL 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 and **Table 2** on the next page demonstrate the breakdown of eligibility criteria further.

Table 1 provides information about the federal poverty levels for a family of four for 2011 through 2015, a component of the eligibility criteria. For instance, a family of four at 100% FPL in 2015 has an income of \$24,250.

Table 1. Federal poverty levels for a family of four

Income as a % of FPL	2011	2012	2013	2014	2015
100%	\$22,350	\$23,050	\$23,550	\$23,850	\$24,250
133%	\$29,726	\$30,657	\$31,322	\$31,721	\$32,253
185%	\$41,348	\$42,643	\$43,568	\$44,123	\$44,863
200%	\$44,700	\$46,100	\$47,100	\$47,700	\$48,500

Sources: <http://aspe.hhs.gov/poverty/11poverty.shtml> <http://aspe.hhs.gov/poverty/12poverty.shtml>
<http://aspe.hhs.gov/poverty/13poverty.cfm> <http://aspe.hhs.gov/poverty/14poverty.cfm>
<http://aspe.hhs.gov/poverty/15poverty.cfm>

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

Table 2. Florida KidCare program components and coverage levels, CY 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 186% to 200% Title XXI-funded Medicaid coverage**
Ages 1 through 5	0% to 133% Title XIX coverage
Ages 6 through 18	0% to 133% FPL Title XIX coverage (effective January 2014) 112% to 133% are Title XXI funded
MediKids	
Ages 1 through 4	134% to 200%*** Title XXI coverage
Ages 1 through 4	Above 200% can participate full-pay, but receive no premium assistance.
Healthy Kids	
Age 5	134% to 200%*** Title XXI coverage
Ages 6 through 18	134% to 200%*** Title XXI coverage (effective January 2014)
Ages 5 through 18	Above 200% can participate full-pay, but receive no premium assistance.
CMS Plan *	
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 coverage ***
Ages 6 through 18	0% to 133% Title XIX Medicaid coverage 134% to 200% Title XXI coverage (effective January 2014)***

*Children must meet CMS Plan 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 CMS Plan 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 134%-158% of FPL pay a premium of \$15 per month, while those families 159%-200% of FPL pay \$20 per month.

Florida KidCare Renewal Process

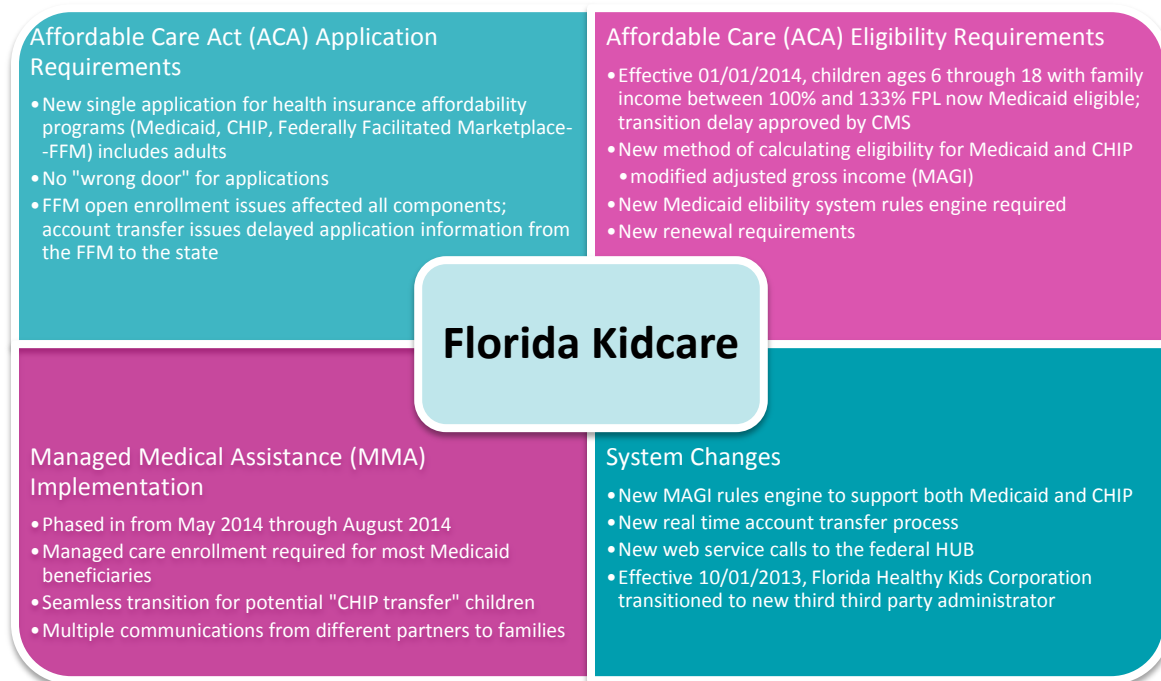
Families whose children are in the CMS Plan, Florida Healthy Kids, or MediKids program and receive Title XXI premium assistance must also participate in an active renewal process to receive 12 months of continuous eligibility. Since July 2004 families are required to provide annual proof of earned and unearned income. Beginning in January 2010, federal Children’s 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

During 2014, there were several Florida KidCare Title XXI changes to the enrollment and renewal process as well as eligibility and renewal criteria. **Figure 2**, created by the Agency for Health Care Administration (AHCA), displays the major program changes that occurred in 2014. 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 major system revisions including new application requirements and policies. These changes had major impacts on transferring data and accounts between entities, processing applications, determining eligibility, and accessing services. The following figure (**Figure 2**), provided by AHCA, highlights some of the changes impacting Medicaid and CHIP.

Figure 2. Florida KidCare Program Changes



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 during 2014
 - FFM delays
 - Concurrent CHIP third party administrator transition
 - Concurrent Statewide Medicaid Managed Care rollout
 - Seamless transition of 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.

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 State Fiscal Year (SFY) 2014-2015 and budgeted for SFY 2015-2016.

Table 3. Florida KidCare Title XXI expenditures, Actual for SFY 2014-2015 and Budgeted for SFY 2015-2016

SFY 2014-2015 By Program	Expenditures	Family Contributions	Federal Funds	State Funds
Title XXI				
Healthy Kids* Title XXI	\$270,715,684	\$21,633,858	\$178,380,460	\$70,971,366
MediKids Title XXI	\$40,830,736	\$2,712,775	\$27,299,420	\$10,818,541
CMS Plan Title XXI	\$92,347,602	\$1,644,382	\$64,953,240	\$25,749,981
BNET	\$7,585,000	\$0	\$5,431,691	\$2,153,309
Full Pay Programs				
Healthy Kids Full Pay	\$53,770,974	\$53,770,974	\$0	\$0
MediKids Full Pay	\$8,922,887	\$10,338,145	\$0	\$0
Title XXI Funded Medicaid				
Infants<1	\$3,381,463	\$0	\$2,423,490	\$957,973
Children 6-18**	\$258,739,855	\$0	\$185,318,666	\$73,421,190
Title XXI Administration	\$55,249,373	\$0	\$39,538,853	\$15,710,520
Grand Total	\$791,543,574	\$90,100,134	\$503,345,820	\$199,782,880
Budgeted SFY 2015-2016				
By Program	Expenditures	Family Contributions	Federal Funds	State Funds
Title XXI				
Healthy Kids* Title XXI	\$263,065,450	\$23,060,275	\$214,916,940	\$25,088,235
MediKids Title XXI	\$42,621,885	\$2,629,985	\$35,896,911	\$4,094,989
CMS Plan Title XXI	\$98,148,497	\$4,998,310	\$84,408,937	\$8,741,250
BNET	\$7,318,233	\$0	\$6,464,557	\$853,676
Full Pay Programs				
Healthy Kids Full Pay	\$64,228,858	\$64,228,858	\$0	\$0
MediKids Full Pay	\$11,049,509	\$11,091,456	\$0	\$0
Title XXI Funded Medicaid				
Infants < 1	\$2,873,800	\$0	\$1,796,020	\$1,077,780
Children 6-18**	\$246,503,202	\$0	\$148,671,124	\$97,832,078
Administration	\$47,917,389	\$0	\$42,911,220	\$5,006,169
Grand Total	\$783,726,823	\$106,008,884	\$535,065,709	\$142,694,177

*Title XXI medical and dental services only

**Beginning in 2014, stairstep children were children, ages 6-19, with family incomes between 100% and 133% FPL. In subsequent sections of this report, these children are included in Medicaid MMA data.

Source: Florida KidCare's Estimating Conference documents, August 2015

Table 4 contains detail on the Title XXI administrative costs for SFY 2014-2015 and budgeted for SFY 2015-2016.

Table 4. Florida Healthy Kids Corp. Title XXI administration costs, Actual for SFY 2014-2015, and Budgeted SFY 2015-2016

Program	2014-2015	2015-2016
Estimated Average Monthly Caseload	202,254	192,103
Estimated number of Case Months	2,427,048	2,305,236
Administration Cost per Member Per Month	\$8.41	\$8.83

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

Source: SFY 2015-2016 data, Florida KidCare's Estimating Conference documents, August 2015

Table 5 presents the per member per month premium rates for the Florida KidCare Title XXI program components for SFY 2014-2015 and budgeted for SFY 2015-2016.

Table 5. Per Member Per Month premium rates for KidCare Title XXI program components, for SFY 2014-2015 and Budgeted for SFY 2015-2016

Program	2014-2015	2015-2016
CMS Plan	\$494.39	\$513.15
Healthy Kids*	\$139.79	\$142.07
MediKids	\$137.96	\$143.00
BNET	\$1,000.00	\$1,000.00
Medicaid Expansion <1	\$330.32	\$315.61
Stairstep Children**	\$182.86	\$186.29

*Title XXI medical and dental only

**Beginning in 2014, stairstep children were children, ages 6-19, with family incomes between 100% and 133% FPL.

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

Source: SFY 2015-2016 data, Florida KidCare's Estimating Conference documents, August 2015

<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 budgeted for SFY 2015-2016.

Table 6. Premiums collected annually from Title XXI Families for the last five SFYs and budgeted for SFY 2015-2016

Program	SFY 2010-2011	SFY 2011-2012	SFY 2012-2013	SFY 2013-2014	SFY 2014-2015	SFY 2015-2016
CMS Plan & BNET	\$2,387,818	\$2,374,982	\$2,312,642	\$2,240,365	\$1,644,382	\$4,998,310
Healthy Kids	\$25,818,643	\$26,279,835	\$27,159,648	\$24,862,196	\$24,825,327	\$25,586,297
MediKids	\$3,199,121	\$3,067,995	\$3,105,856	\$2,795,231	\$2,712,775	\$2,629,985
MediKids Full-Pay				\$10,650,147	\$10,338,145	\$9,556,681
Total*	\$31,325,582	\$40,962,036	\$42,618,016	\$40,547,939	\$39,520,629	\$42,771,273

*Total includes MediKids Full-pay, which is not shown for some of the SFYs in this table.

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

Source: SFY 2015-2016 data, Florida KidCare's Estimating Conference documents, August 2015

Table 7 reports Total Florida KidCare Title XXI expenditures.

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)			
2010-2011	\$466,484,231	\$320,614,612	\$145,869,619
2011-2012	\$499,350,341	\$345,200,891	\$154,149,450
2012-2013	\$514,494,873	\$361,278,300	\$153,216,573
2013-2014	\$613,875,615	\$410,226,121	\$178,375,906
2014-2015	\$696,465,676	\$498,968,904	\$197,496,772
Federal Fiscal Year (FFY)			
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	\$646,483,366	\$459,972,915	\$186,510,451
2014-2015	\$701,600,341	\$503,749,045	\$197,851,296

Source: AHCA Medicaid Program Finance

Table 8 presents the project allotment balances carried forward from each FFY for the last five years and projected for FFY 2016.

Table 8. Federal allotment balances carried forward or projected forward from each FFY for last five years and projected for FFY 2016

FFY	Total
FFY 2011	\$324,871,259
FFY 2012	\$319,264,379
FFY 2013	\$310,857,101
FFY 2014	\$233,164,676
FFY 2015	\$295,461,796
FFY 2016	\$272,265,699

Source: <http://edr.state.fl.us/conference/kidcare/kidcare.htm>

Section 1

Administration

In This Section

- Evaluation Approach
- Monthly Application Volume
- Outcomes of Applications
- Florida KidCare Enrollment
- Enrollment Trends
- Ever Enrolled and Newly Enrolled
- Renewal of Florida KidCare Title XXI Coverage

Evaluation Approach

This section uses application and enrollment data for each of the Florida KidCare programs. The following administrative areas are included in this evaluation:

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

Beginning in 2015, the application, enrollment, and renewal data will be presented in calendar year format. Please see the technical appendix for this data in SFY format.

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.

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 occur.

Figure 3. Florida KidCare unduplicated applications received monthly by Florida Healthy Kids Corporation, January 2011 to December 2014

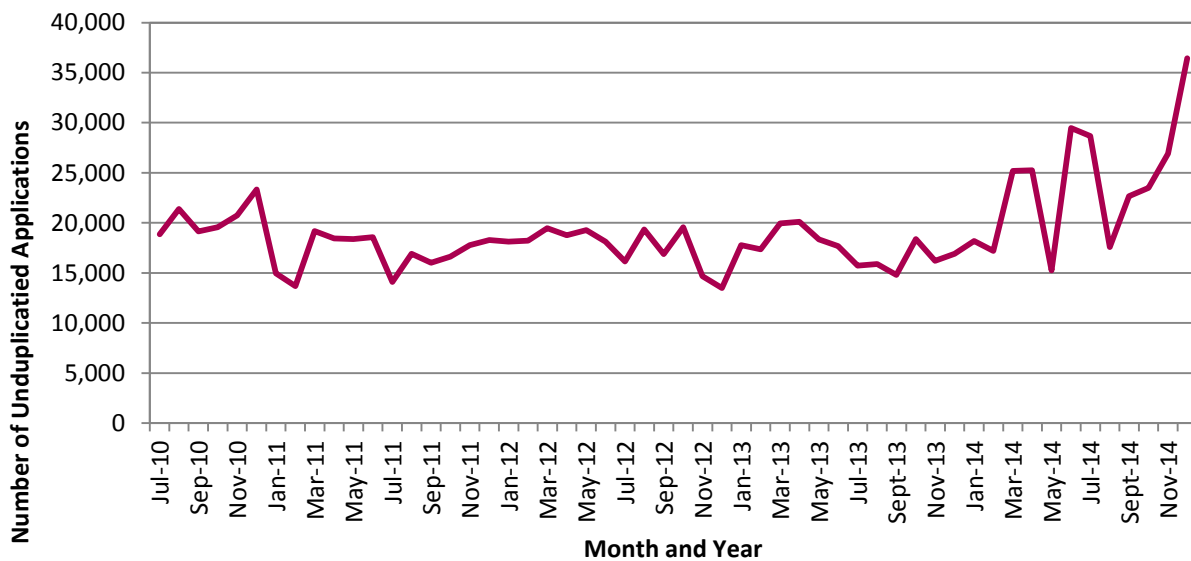


Table 9 provides monthly information on Florida KidCare applications submitted during CY2014

- Florida Healthy Kids Corporation received a total 393,047 applications, including duplicate applications.
- When duplicate applications were removed, Florida Healthy Kids Corporation received a total of 286,272 applications, of which 286,125 applications contained processable information on 512,680 applicants.
- Florida Healthy Kids Corporation received an average of 23,856 unduplicated applications monthly, ranging from a low of 15,260 unduplicated applications in May 2014 to a high of 36,425 unduplicated applications in December 2014.
- The mean age of applicants for the 12-month period was 8.87 years.
- The mean monthly income of families applying for Florida KidCare coverage was \$2,730.26 during CY 2014.
- Families applying for Florida KidCare coverage had an average household size for the 12-month period of 3.58 persons.

Table 9. Florida KidCare application information received by Florida Healthy Kids Corporation, CY 2014

Application Information	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Total
Number of applications received, including duplicate applications	28,603	26,464	38,915	36,341	24,392	42,044	40,207	23,109	29,898	30,043	32,371	40,660	393,047
Number of applications received, excluding duplicate applications	18,194	17,187	25,171	25,237	15,260	29,456	28,678	17,586	22,669	23,490	26,919	36,425	286,272
Number of children represented on applications received, excluding duplicate applications	34,671	31,647	44,212	46,789	28,068	52,600	46,183	29,229	38,960	40,025	49,561	70,735	512,680
Child age, mean years*	8.42	8.46	9.54	9.19	8.60	8.45	8.89	8.71	8.66	8.78	9.08	9.23	8.87
Child age, standard deviation	5.27	5.32	5.08	5.13	5.10	5.18	5.06	5.12	5.09	5.10	5.08	5.12	5.15
Monthly family income, mean**	2,610.47	2,582.70	2,632.41	2,233.41	2,536.16	2,535.43	3,498.64	2,710.85	2,626.82	2,603.67	2,805.03	2,876.93	2,730.26

Administration

Monthly family income, standard deviation	2,135.66	2,152.41	2,215.23	2,166.85	2,616.64	2,105.80	3,797.76	2,205.22	2,218.46	1,951.67	2,213.37	2,322.29	2,447.93
Household size, mean***	3.68	3.58	3.51	3.60	3.53	3.65	3.54	3.56	3.54	3.58	3.59	3.61	3.58
Household size, standard deviation	1.27	1.26	1.27	1.31	1.25	1.29	1.26	1.23	1.26	1.28	1.27	1.26	1.27

Notes: Numbers by fiscal year (FY) can be found in the appendix.

*Child ages below 1 and above 21 were considered to be out of range and 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

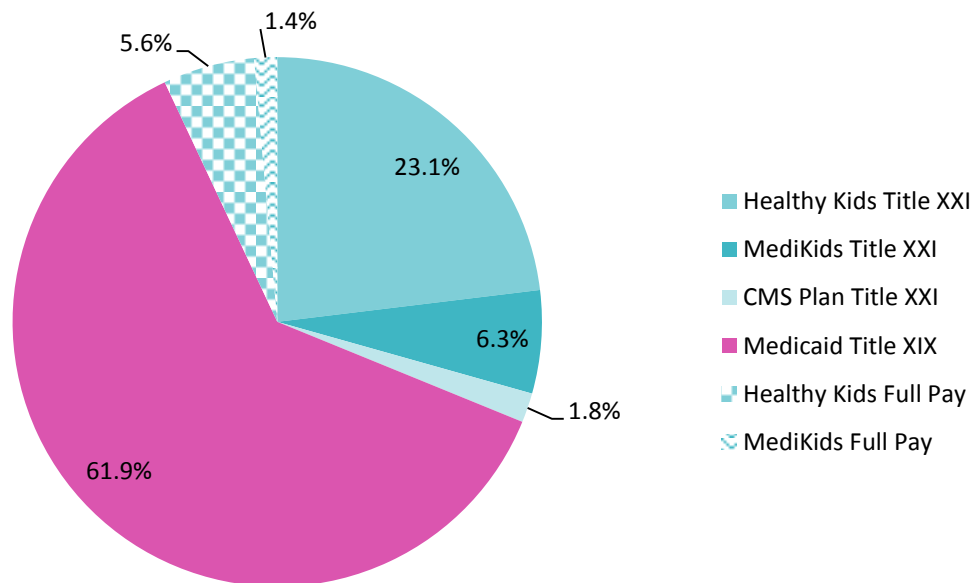
The following analysis considers only the most recent applications (if duplicates are available). Also, the analysis does not use the “referral” flag provided in the applications database because that field is not well-populated. Rather, the analysis considers an application to have been reviewed if 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 CMS Plan for applications that met certain criteria. DCF assessed each child’s eligibility for Medicaid coverage. CMS Plan assessed each child’s clinical eligibility for CMS Plan coverage. Of the 286,125 processed applications:

- 161,174 applications received internal review only
- 97,105 applications received internal and DCF review
- 20,668 applications received internal and CMS Plan review
- 7,178 applications received internal, DCF, and CMS Plan review²

The four review processes resulted in a total of 170,018 (33.2%) 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 processed.

Figure 4. Application approvals by Florida KidCare program components



Note: Percentages may not sum to 100 due to rounding.

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

Table 10 illustrates the number of applications for Florida KidCare during CY 2014. Florida KidCare processed a total of 286,125 unduplicated applications representing 512,460 applicants. Of these applicants, 170,018 children were approved yielding a 33.2% 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).

- A total of 286,125 unduplicated applications were received
- The unduplicated applications represented 512,460 unduplicated children processed
- An additional 147 applications were received that did not contain adequate information on children and could not be processed

Table 10. Outcomes of Florida KidCare applications processed CY 2014

Applications reviewed by KidCare	Without referral to DCF or CMS Plan	With referral to DCF (but not CMS Plan)	With referral to CMS Plan (but not DCF)	With referrals to both DCF and CMS Plan	Total
Number of Unduplicated Applications	161,174	97,105	20,668	7,178	286,125
Number & Percent of Unduplicated Children	315,810 61.6%	164,472 32.1%	23,875 4.7%	8,303 1.6%	512,460 100%
TOTAL, children approved for KidCare or full-pay	144,375	9,849	14,044	1,750	170,018
Healthy Kids Title XXI	31,798	4,420	2,541	449	39,208
MediKids Title XXI	8,764	1,276	523	86	10,651
Medicaid Title XIX	93,703	4,015	6,830	693	105,241
CMS Plan Title XXI	-	-	2,575	497	3,072
Healthy Kids full-pay	8,085	104	1,284	23	9,496
MediKids full-pay	2,025	34	291	2	2,352

Due to the vendor change in 2013, data describing reasons applications were not approved for all of Florida KidCare (including Medicaid) are no longer available. However, data describing reasons for ineligibility for CHIP Title XXI are available.

Table 11 displays the reasons why children were ineligible for CHIP Title XXI coverage. Please note that 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:

- 130,835 children were not eligible for Title XXI coverage due to expiration of their application when their parents did not respond to requests for documentation.
- 105,163 children were not eligible because they were already receiving Medicaid coverage.
- 51,696 children were not eligible for Title XXI coverage because they were referred to Medicaid, but not currently on Medicaid, while 95 were not eligible because they were approved for Medicaid coverage but not yet receiving Medicaid coverage.
- Being under age accounted for 15,336 children not being eligible for Title XXI CHIP coverage.
- 21,623 children were not eligible because their application had expired due to non-payment.
- 20,138 children were not eligible for Title XXI coverage because they had other insurance (Medicaid), while 5,493 children were not eligible because they were not US citizens or qualified aliens.
- Additional reasons include not a Florida resident (727), incarcerated (298), were already enrolled in CHIP Title XXI (34), or families who were non-compliant with documentation requests from DCF for their Medicaid eligibility determination (7).

Table 11. Reasons for denial from CHIP Title XXI, CY 2014

Reasons	Without referral to DCF or CMS Plan	With referral to DCF (but not CMS Plan)	With referral to CMS Plan (but not DCF)	With referrals to both DCF and CMS Plan	Total
Already enrolled in CHIP Title XXI	9	25	0	0	34
Expired, non-compliant	113,558	9,026	6,981	1,270	130,835
Expired, non-payment	19,778	466	1,329	50	21,623
Has other insurance	8,384	10,196	1,247	311	20,138
Incarcerated	286	1	10	1	298
Medicaid approved	78	14	3	0	95
Medicaid, non-compliant	7	0	0	0	7
Referred to Medicaid	399	46,617	25	4,655	51,696
Non US citizen	5,092	46	349	6	5,493
Currently on Medicaid	93,638	4,004	6,828	693	105,163
Not a Florida resident	600	54	67	6	727
Over age	12,413	86,200	13	325	98,951
Under age	4,592	10,744	0	0	15,336

Florida KidCare Enrollment

Table 12 presents the point-in-time enrollment figures for the end of Calendar Years 2013 and 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 Calendar Year 2014, the Florida KidCare program enrolled 2,263,615 children. This was an increase of 8.7% over the same month a year earlier.
- Florida KidCare’s Medicaid Title XIX enrollments increased 6.9% from 1,804,351 to 1,921,613 children.
- Total Title XXI funded enrollments increased by 21.1% from December 31, 2013, to December 31, 2014.
 - This sharp increase is due to the “stairstep children”. “Stairstep children” are those Medicaid enrollees who are Title XXI funded, ages 6-18, and between 112% and 133% of the FPL. Enrollment in this eligibility category began January 2014.
 - CMS Plan Title XXI enrollment declined by 26.8%. Healthy Kids Title XXI and MediKids Title XXI enrollments also decreased by 22.3% and 5.7%, respectively.
 - Both Healthy Kids and MediKids saw increased enrollment in their Full-Pay programs, 11.2% and 4.0%, respectively.

Table 12. Point-in-time enrollment figures for the last day of Calendar Years 2013 and 2014

	Calendar Year 2013-2014		
	Enrollment Dec. 31, 2013	Enrollment Dec. 31, 2014	% Change 2013-2014
Healthy Kids Title XXI	198,023	153,791	-22.3%
Healthy Kids Full-pay	27,520	30,607	11.2%
Healthy Kids Total	225,543	184,398	-18.2%
MediKids Title XXI	26,686	25,163	-5.7%
MediKids Full-pay	4,599	4,783	4.0%
MediKids Total	31,285	29,946	-4.3%
CMS Plan Title XXI	20,911	15,300	-26.8%
Title XXI Funded Medicaid			
< Age 1	653	829	27.0%
Ages 6-18*	X	103,201	N/A
Total Title XXI funded enrollment**	246,273	298,284	21.1%
Medicaid Title XIX	1,804,351	1,929,941	6.9%
Florida KidCare Total	2,082,743	2,263,615	8.7%

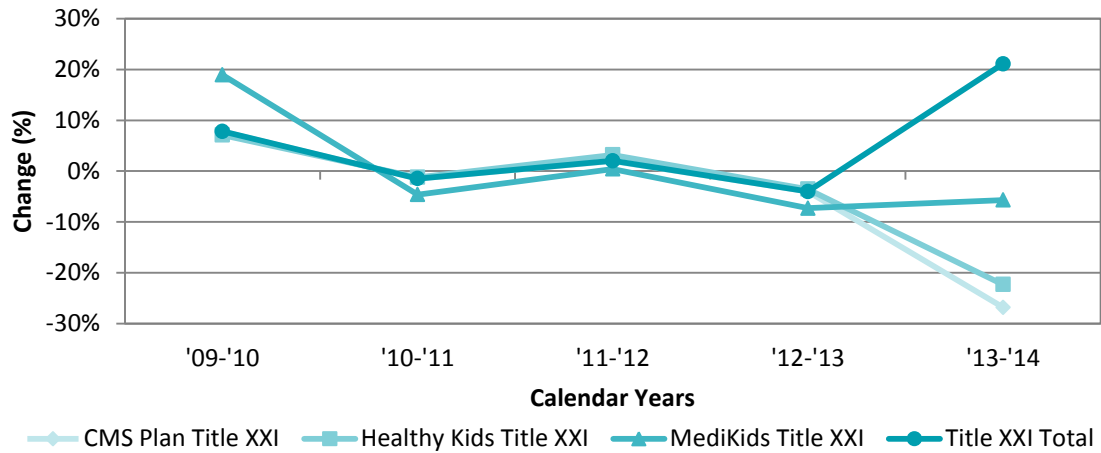
Note: Percent change information is not available for Title XXI Funded Medicaid ages 6-18 ("stairstep children") because a full year is needed to calculate the percent change and this eligibility group did not begin until January 2014.

*Includes new eligible enrollees and Medicaid children who would have previously been referred to CHIP due to income between 112% and 133% FPL, which began January 2014. This group of children is often called "stairstep children".

**Total Title XXI Funded Enrollment includes Total Title XXI enrollment plus Title XXI funded Medicaid <Age 1 and Ages 6-18.

Figure 5, Figure 6 and Figure 7 display the enrollment growth trends, by program, during the last five calendar years. To improve readability, separate panels are shown on this figure for the Title XXI programs, the full-pay programs, Medicaid Title XIX, and Florida KidCare Total. On the x-axis, two years are presented to display change from the previous year. For example, the enrollment for Medikids Title XXI increased by approximately 20% from 2009-10.

Figure 5. Change in Florida KidCare Enrollment for Title XXI program components, CY 2010-2014



Note. Title XXI program total above includes Title XXI funded Medicaid.

Figure 6. Change in Florida KidCare Enrollment for Full-Pay Title XXI program components, CY 2010-2014

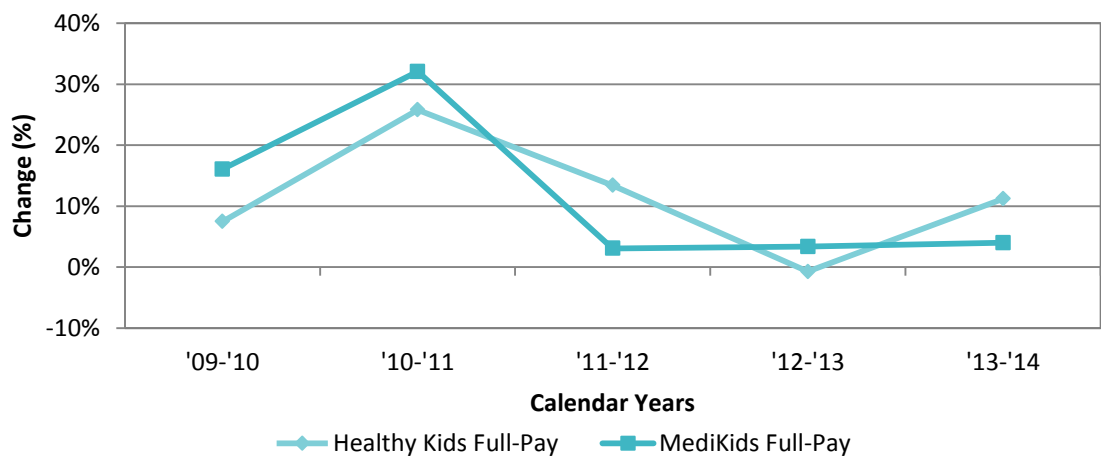
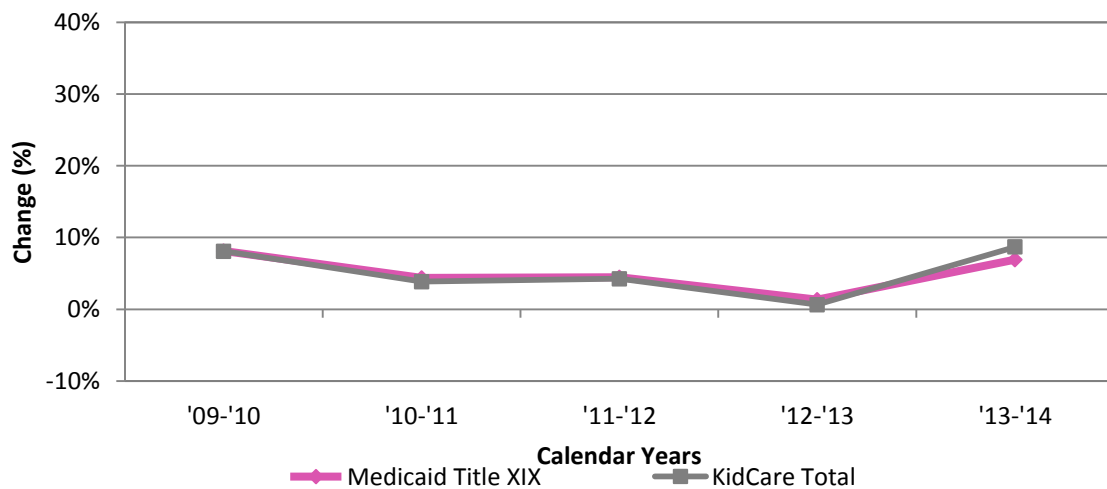


Figure 7. Change in Florida KidCare Enrollment for Title XIX program and KidCare Total, CY 2010-2014



Enrollment Trends

Figure 8, Figure 9, Figure 10,

Figure 11, and Figure 12 present the enrollment trends by month for each of the Florida KidCare program components from January 2010 through December 2014. These figures were developed from various agency enrollment reports and are subject to reconciliation.

Figure 8. CMS Plan Title XXI program enrollment, CY 2010-2014

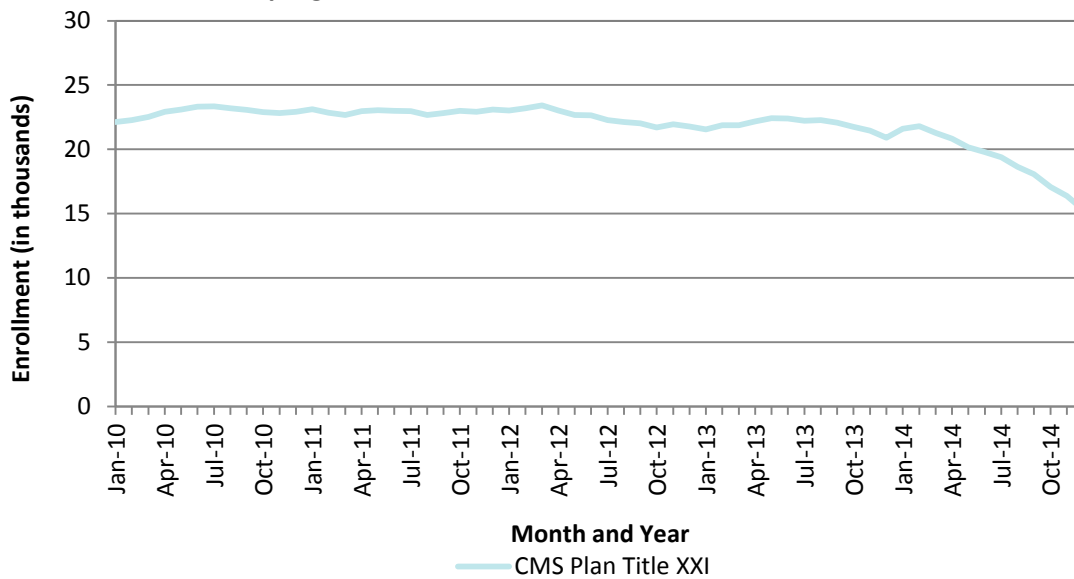


Figure 9. Healthy Kids program enrollment, CY 2010-2014

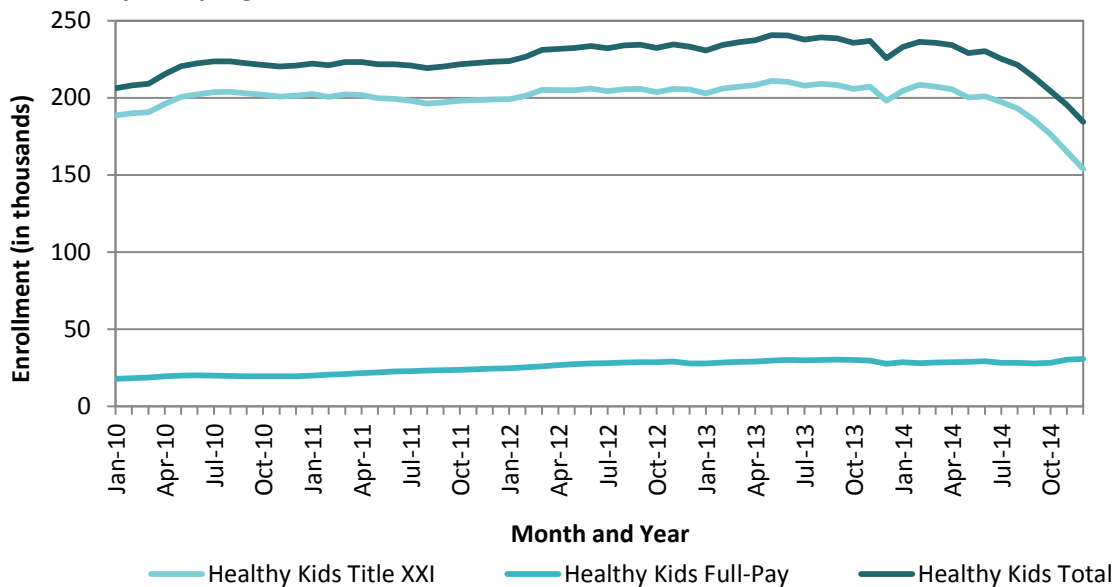


Figure 10. MediKids program enrollment, CY 2010-2014

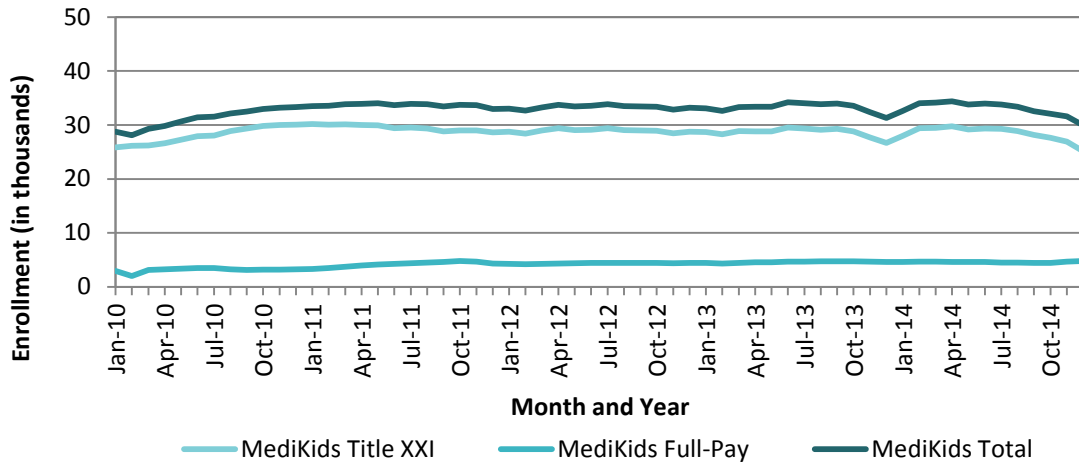


Figure 11. Overall Medicaid Title XIX program enrollment, CY 2010-2014

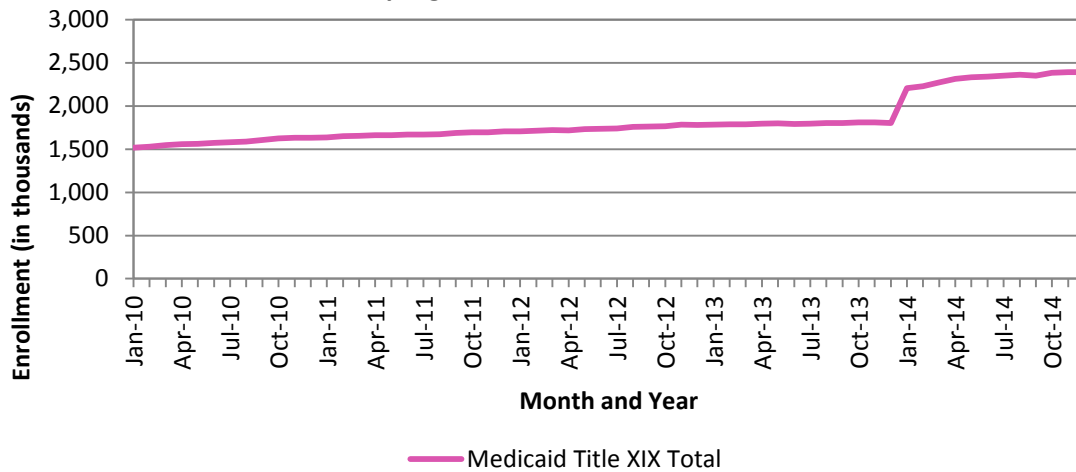
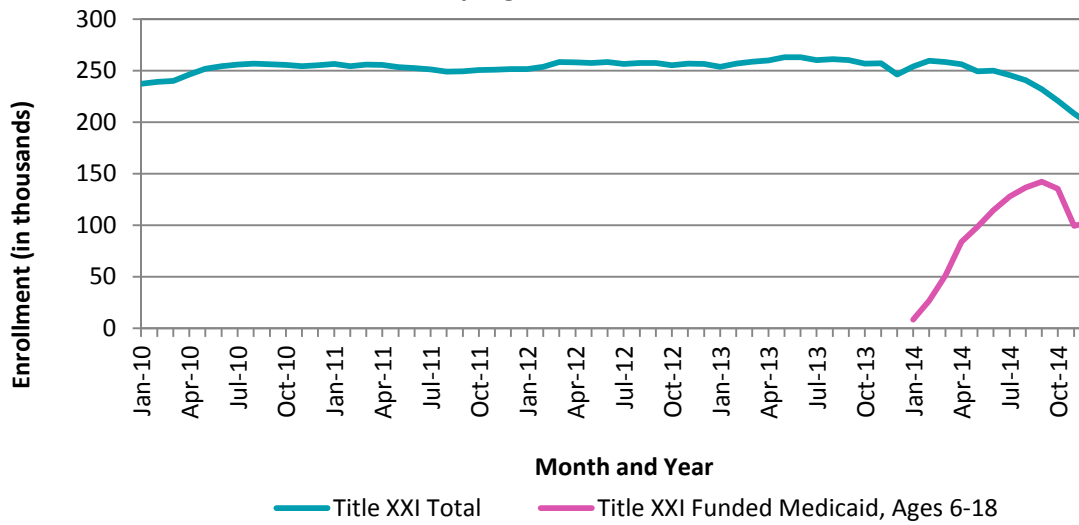


Figure 12. Overall Florida KidCare Title XXI program enrollment, CY 2010-2014³



³ **Note.** A correction was made in October 2014 that effected enrollment in November. Initially, this group included children from 100% FPL to 133% FPL. It should have only included children from 112% FPL to 133% FPL and this correction was made in November 2014.

Ever Enrolled and Newly Enrolled

Table 13 provides a second perspective on the number of children enrolled in Florida KidCare during CY 2014:

- Florida KidCare’s Title XXI program components served a total of 356,946 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 356,946 children served by Florida KidCare Title XXI programs at some point during CY 2014, 102,466 (28.7%) had not been covered by Title XXI programs in the year prior to their enrollment in CY 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 Title XIX during CY 2014:

- Medicaid Title XIX served a total of 2,751,539 children. Of those children served by Medicaid in CY 2014, 501,587 (18.2%) had not been served by Medicaid in the year prior to their enrollment in CY 2014.

Table 13. Children “ever” and “newly” enrolled in Florida KidCare program components, CY 2014

Calendar Year 2014			
	Ever Enrolled*	Newly Enrolled**	Percent New Enrollees
Medicaid Title XIX	2,751,539	501,587	18.2
CMS Plan Title XXI	28,883	7,492	25.9
Healthy Kids Title XXI	279,076	73,261	26.3
MediKids Title XXI	48,987	21,713	44.3
Total Title XXI	356,946	102,466	28.7

* Ever enrolled includes all children enrolled in a program during the specific time period, which includes new and established enrollees. Thus, children in the Newly Enrolled 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 CMS Plan, 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. Title XXI renewals were not conducted from January 2014 through June 2014 due to a waiver of approval from the Centers for Medicare and Medicaid Services. However, we do have renewal data for January and February 2014. 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 children enter a new 12 month period of continuous eligibility upon successful completion of their renewal.

Florida's CHIP program implemented an administrative renewal process in November 2014. If data matches are available, a family's continued eligibility is determined and a letter is sent to the family advising them how their continued eligibility was determined. If the family agrees with the information, the renewal is complete. If the family disagrees, they are sent a pre-populated renewal form to complete and provide income documentation.

The rate of renewal of Florida KidCare Title XXI coverage was calculated for each month from January 2014 through December 2014. During this time period, 76.7% of eligible children had their Florida KidCare Title XXI coverage successfully renewed (**Table 14**).

Table 14. Successful renewal of Title XXI Florida KidCare coverage CY 2014

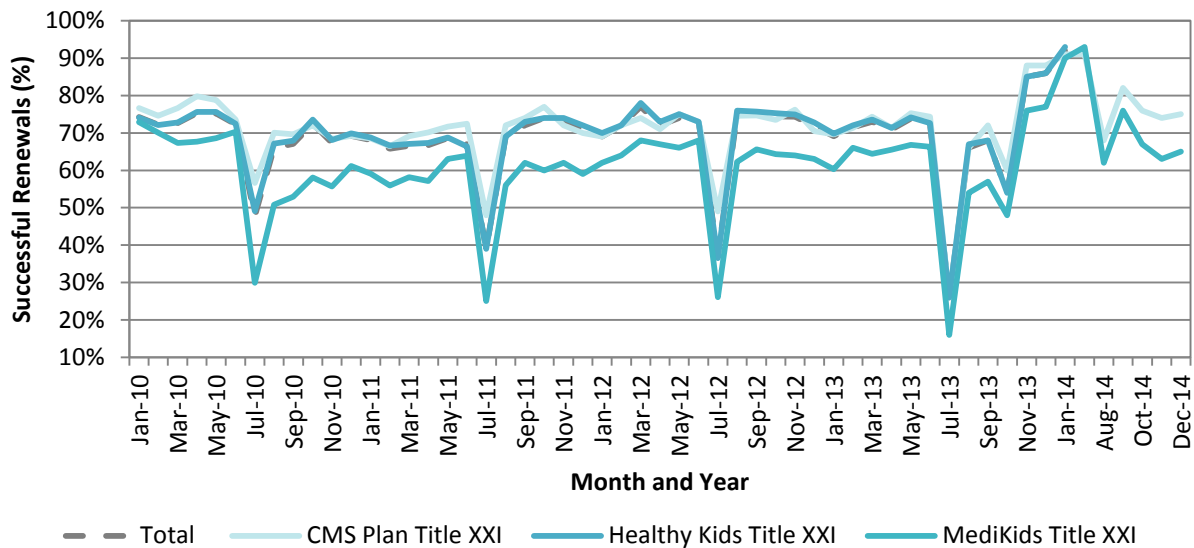
Month renewal was due	# of children eligible for renewal	# of children whose renewals were processed successfully	% of eligible children whose coverage was successfully renewed
Total	114,164	87,512	76.7%
January 2014	14,935	13,752	92.1%
February 2014	19,426	17,682	91.0%
March 2014	N/A	N/A	N/A
April 2014	N/A	N/A	N/A
May 2014	N/A	N/A	N/A
June 2014	N/A	N/A	N/A
July 2014	N/A	N/A	N/A
August 2014	2,899	1,970	68.0%
September 2014	14,660	11,224	76.6%
October 2014	18,930	13,429	70.9%
November 2014	21,664	14,388	66.4%
December 2014	21,650	15,067	69.6%

Note: These data includes CHIP enrolled children who transferred into the Florida Medicaid Title XIX program as a result of their renewal eligibility determination.

The renewal trend by program component is shown in **Figure 13** for CY 2010-2014.

- For CY 2014, coverage was renewed for 80.0% of eligible CMS Plan Title XXI enrollees, 76.6% of Healthy Kids enrollees, and 73.1% 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 13. Successful renewals (%) of Title XXI Florida KidCare coverage, by program component, CY 2010- 2014



Note: This graph is missing data for March 2014 through July 2014 due to renewals not being conducted during this time.

The rate of successful Title XXI coverage renewal was also calculated by child demographic and family socio-economic characteristics and is presented in **Table 15**. During CY 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 74.5% compared to a renewal rate of 78.4% for families with incomes of 151-200% of the FPL.
- Renewal rates for CMS Plan Title XXI coverage varied by family income—76.4% of CMS Plan families below 150% FPL renewed successfully and 82.9% above 150% FPL renewed successfully.
- Renewal rates for Healthy Kids also varied significantly by family income. Coverage was successfully renewed for 74.3% of families below 150% FPL and 78.5% of families above 150% FPL.
- Rates did not vary significantly for MediKids enrollees by any variable.

Table 15. Title XXI renewal status for eligible children, by program, CY 2014

Program/Characteristic	Children eligible for renewal	Renewal Status			
		Not renewed (N)	Renewed (N)	Not renewed (Row %)	Renewed (Row %)
All Children, Title XXI					
Total	114,164	26,652	87,512	23.3	76.7
Gender					
Male	58,503	13,665	44,838	23.4	76.6
Female	55,661	12,987	42,674	23.3	76.7
Age					
1-4	9,379	2,377	7,002	25.3	74.7
5-9	30,264	7,286	22,978	24.1	75.9
10-14	41,637	9,503	32,134	22.8	77.2
15-18	32,884	7,486	25,398	22.8	77.2
Rural/Urban Commuting Area					
Urban/Large Towns	106,949	24,897	82,052	23.3	76.7
Rural/Small Towns	5,522	1,308	4,214	23.7	76.3
Unknown	1,693	447	1,246	26.4	73.6
Federal Poverty Level					
150% or less	48,525	12,379	36,146	25.5	74.5
151% or greater	64,702	14,002	50,700	21.6	78.4
CMS Plan Title XXI					
Total	10,258	2,054	8,204	20.0	80.0
Gender					
Male	6,353	1,286	5,067	20.2	79.8
Female	3,905	768	3,137	19.7	80.3
Age					
1-4	420	90	330	21.4	78.6
5-9	2,324	444	1,880	19.1	80.9
10-14	4,228	843	3,385	19.9	80.1
15-18	3,286	677	2,609	20.6	79.4
Rural/Urban Commuting Area					
Urban/Large Towns	9,486	1,901	7,585	20.0	80.0
Rural/Small Towns	626	116	510	18.5	81.5
Unknown	146	37	109	25.3	74.7
Federal Poverty Level					
150% or less	4,417	1,042	3,375	23.6	76.4
151% or greater	5,753	984	4,769	17.1	82.9

Table 15. Title XXI renewal status for eligible children, by program, CY 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	94,551	22,080	72,471	23.4	76.6
Gender					
Male	47,500	11,090	36,410	23.3	76.7
Female	47,051	10,990	36,061	23.4	76.6
Age					
1-4	7	1	6	14.3	85.7
5-9	27,537	6,610	20,927	24.0	76.0
10-14	37,409	8,660	28,749	23.1	76.9
15-18	29,598	6,809	22,789	23.0	77.0
Rural/Urban Commuting Area					
Urban/Large Towns	88,653	20,618	68,035	23.3	76.7
Rural/Small Towns	4,494	1,090	3,404	24.3	75.7
Unknown	1,404	372	1,032	26.5	73.5
Federal Poverty Level					
150% or less	40,793	10,492	30,301	25.7	74.3
151% or greater	52,983	11,375	41,608	21.5	78.5
MediKids, Title XXI					
Total	9,355	2,518	6,837	26.9	73.1
Gender					
Male	4,650	1,289	3,361	27.7	72.3
Female	4,705	1,229	3,476	26.1	73.9
Age					
1-4	8,952	2,286	6,666	25.5	74.5
5-9	403	232	171	57.6	42.4
Rural/Urban Commuting Area					
Urban/Large Towns	8,810	2,378	6,432	27.0	73.0
Rural/Small Towns	402	102	300	25.4	74.6
Unknown	143	38	105	26.6	73.4
Federal Poverty Level					
150% or less	3,315	845	2,470	25.5	74.5
151% or greater	5,966	1,643	4,323	27.5	72.5

Section 2

Family Experiences

In This Section

- Evaluation Approach
- Enrollee and Family Characteristics
- Family Experiences and Satisfaction with Florida KidCare

Evaluation Approach

This section presents results from surveys conducted with caregivers of established Florida KidCare enrollees. A total of 6,584 telephone surveys were conducted with Florida KidCare families. Two methodologies were used. First, surveys were conducted with caregivers of children enrolled in Florida Healthy Kids, Children’s Medical Services Plan Title XXI, and MediKids using a telephonic only method. Second, surveys were conducted by an NCQA–certified vendor with caregivers of children enrolled in Managed Medical Assistance (MMA) plans using a combination of telephonic and mail methods. MMA data reported here was collected and provided by the MMA plans. Note, FFS was not surveyed and is not included in this section.

Surveys conducted using telephonic only method

Florida Healthy Kids, Children’s Medical Services Plan Title XXI, and MediKids

Eligibility requirements:

- An age of 18 years or younger as of December 31st of the reporting year
- Current enrollment at the time the sample is drawn
- Continuous enrollment for at least the last 6 months
- No more than one gap in enrollment of up to 30 days during the measurement year
- A phone number available in application data

Survey procedure:

- Letter introducing survey mailed to caregivers
- Beginning three days after mailing of letters, telephone interviews are conducted with caregivers
- Surveys conducted from February 2015 to May 2015

As a quality control measure, live survey monitoring was conducted by the ICHP staff. 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.

Surveys conducted using a combination mail and telephonic methods (NCQA certified vendor)

Managed Medical Assistance Plans

Eligibility requirements:

- An age of 21 years or younger as of December 31st of the reporting year
- Current enrollment at the time the sample is drawn
- Continuous enrollment for at least the last 6 months
- No more than one gap in enrollment of up to 45 days during the measurement year
- Prescreen Status Code, where the member has claims or encounters during the measurement year or the year prior to the measurement year. The Prescreen Status Code indicates the child is likely to have a chronic condition
- A phone number available in application data

Survey procedure:

- Wave 1: Initial survey is mailed.
- Wave 2: A thank you/reminder postcard is mailed four to ten days after the initial questionnaire.
- Wave 3: A replacement survey is mailed to non-respondents approximately 35 days after the initial questionnaire.
- Wave 4: A thank you/reminder postcard to non-respondents is mailed four to ten days after replacement questionnaire.
- Wave 5: Telephone interviews are conducted with members who have not responded to either survey mailing. Telephone follow-up began approximately 21 days after the replacement survey is mailed.

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 for Quality Assurance (NCQA) for measuring experiences of Florida KidCare enrollees. Versions of the CAHPS® instrument have been used in all the evaluation years to measure aspects of care in the six months preceding the interview, such as getting health care from a specialist, getting specialized services, general health care experiences, health plan customer service, and dental care.

The CAHPS® Child Medicaid Survey version 5.0 and the Supplemental Item Set for Children with Chronic Conditions from the CAHPS® Health Plan Supplemental Items for Child Surveys Version 4.0 (for CMS Plan Title XXI only) were used in this evaluation.⁴ 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. The composite scores for each survey item were then compared to CAHPS® benchmarks from 2014. The 2014 national averages from the Agency for Healthcare Research and Quality CAHPS® benchmarking database were utilized for both composites and ratings to provide a benchmark to gauge the results.⁵ However, caution should be used when making comparisons with FHK, CMS Plan Title XXI, and MediKids, as parents of these enrollees were not surveyed using NCQA-certified protocol.

NCQA guidelines prohibit reporting composite scores when the average sample size for respondents across items used to calculate a 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 50 caregivers from the Healthy Kids program responded to the first item and only 45 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.

⁴ Three MMA plans: CMS Plan Title XIX, the Sunshine Child Welfare Plan, and Magellan, also used these supplemental items but these were not included in this report.

⁵ 2014 Child Medicaid 5.0 Benchmarks, Agency for Healthcare Research and Quality.

Figure 14 displays the number of Family Experience surveys that were completed per Florida KidCare program component.

Figure 14. Number of Surveys completed by program, Spring 2015

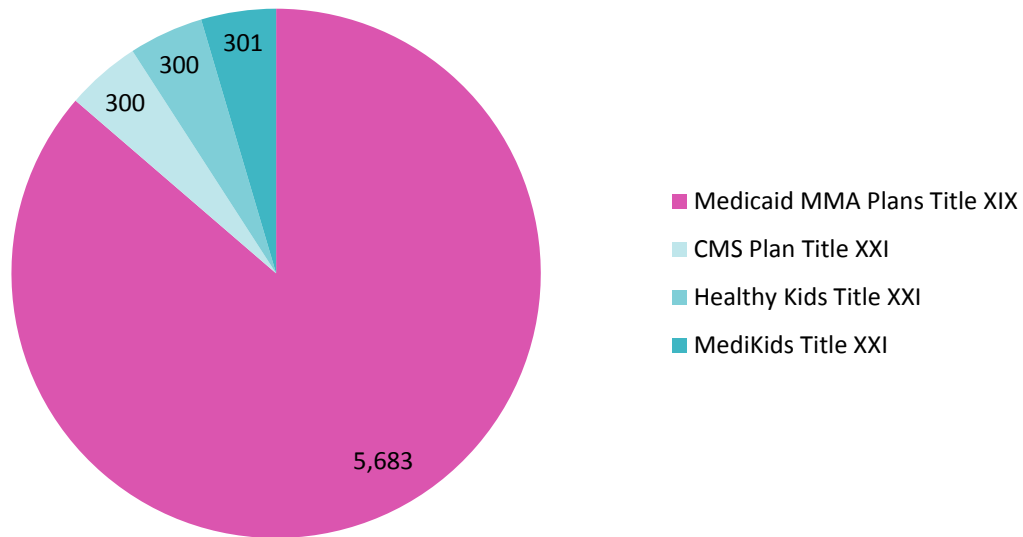


Table 16 shows the response rates for the Parent Experience surveys conducted in 2015.

The fieldwork for the KidCare survey resulted in:

- The program with the highest response rate was CMS Plan Title XXI (43%).
- Medicaid MMA Plans Title XIX had the lowest response rate at 20.3%.

Table 16. Response Rates, Parent Survey Spring 2015

	Response Rate*
Medicaid MMA Plans Title XIX	20.3%
Healthy Kids Title XXI	33.5%
MediKids Title XXI	25.6%
CMS Plan Title XXI	43.0%

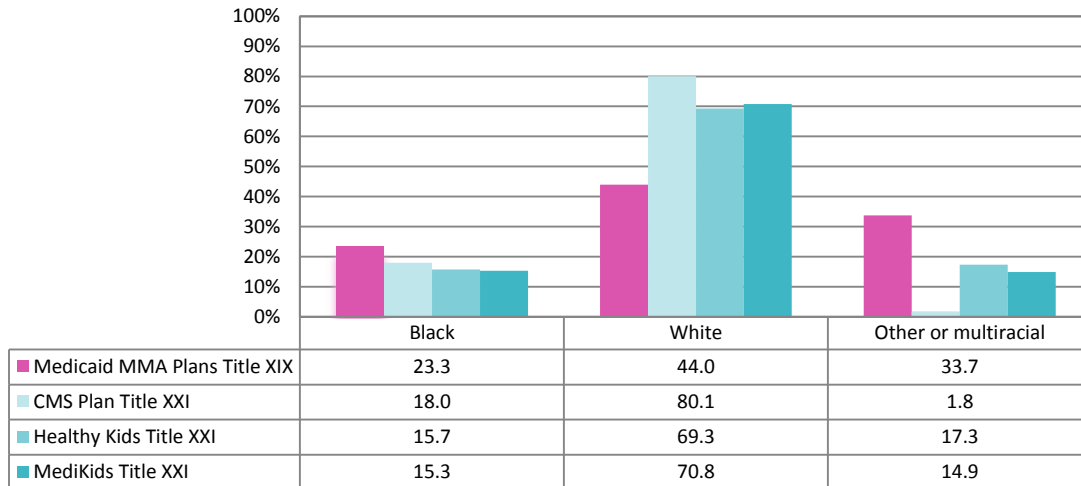
*Response rate refers to the number of individuals who completed the survey divided by the sample number of eligible enrollees who were contacted for participation.

Demographics of Enrollees

Figure 15, Figure 16, and Figure 17 present the demographic characteristics of enrollees and their caregivers who participated in the 2015 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 Florida KidCare enrollees are identified as white. Most enrollees identified as non-Hispanic and male.

Figure 15. Race of established KidCare enrollees, 2015 Survey



Note: Rows may not sum to due to respondents are instructed to select all races that apply

Figure 16. Ethnicity of established KidCare enrollees, 2015 Survey

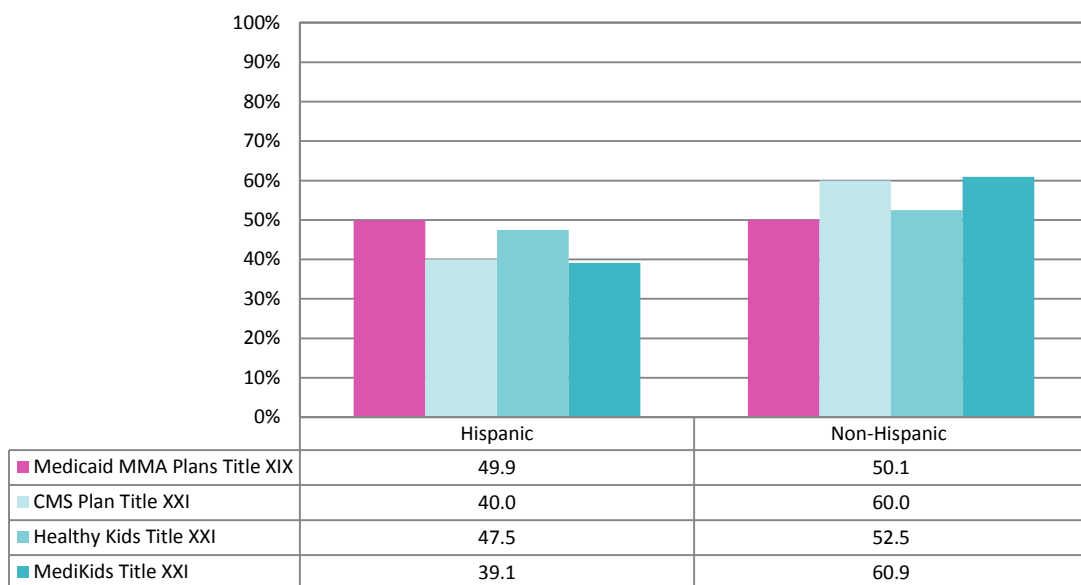
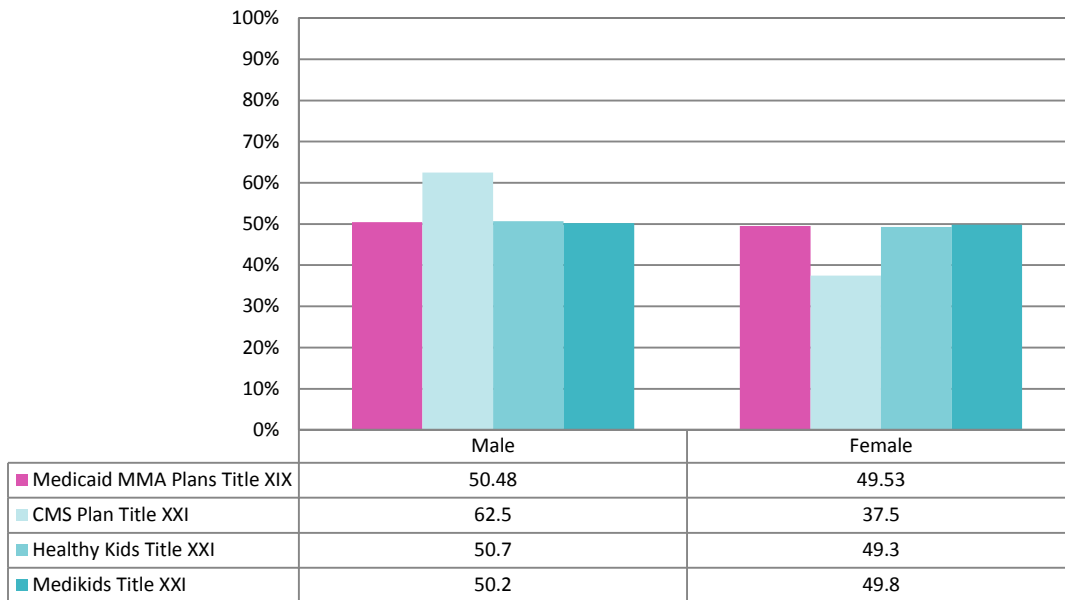


Figure 17. Gender for established KidCare enrollees, 2015 Survey

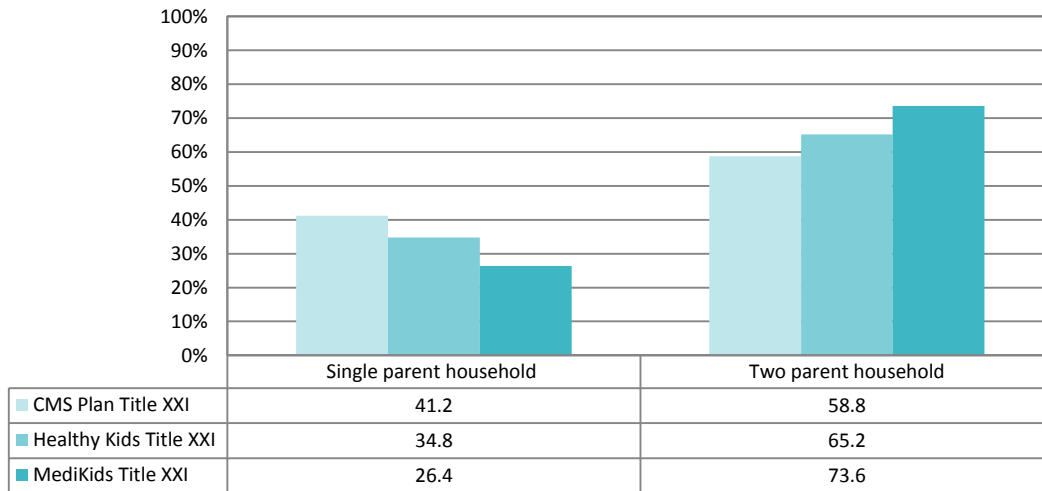


Enrollee and Family Characteristics

Figure 18 and Figure 19 present the characteristics for enrollees and their caregivers who completed the 2015 Parent Survey.

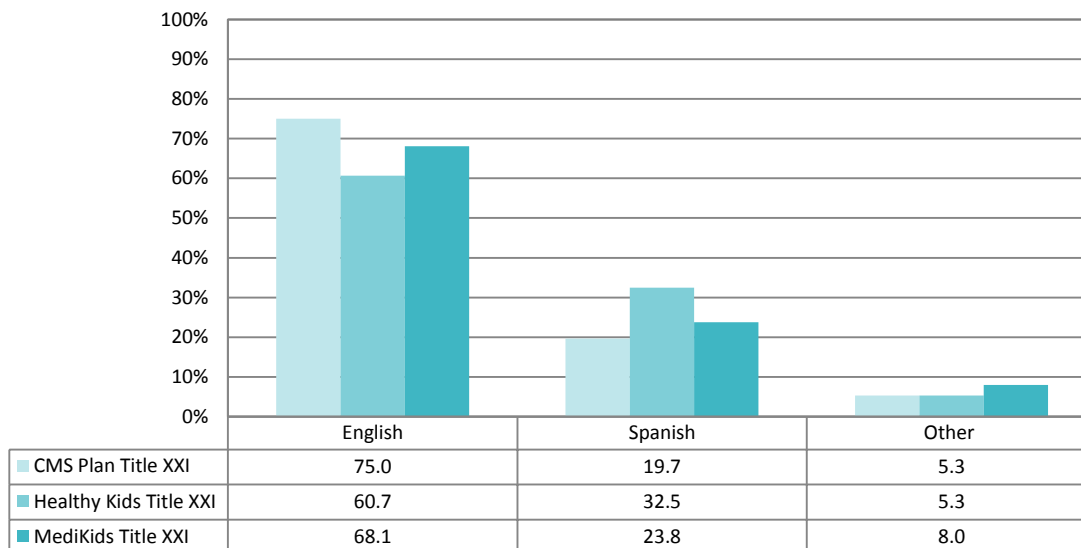
Most caregivers identified their households as two-parent. Most caregivers spoke English as their primary language at home, and nearly a third have completed an associate’s degree or higher.

Figure 18. Household type of established KidCare enrollees, 2015 Survey



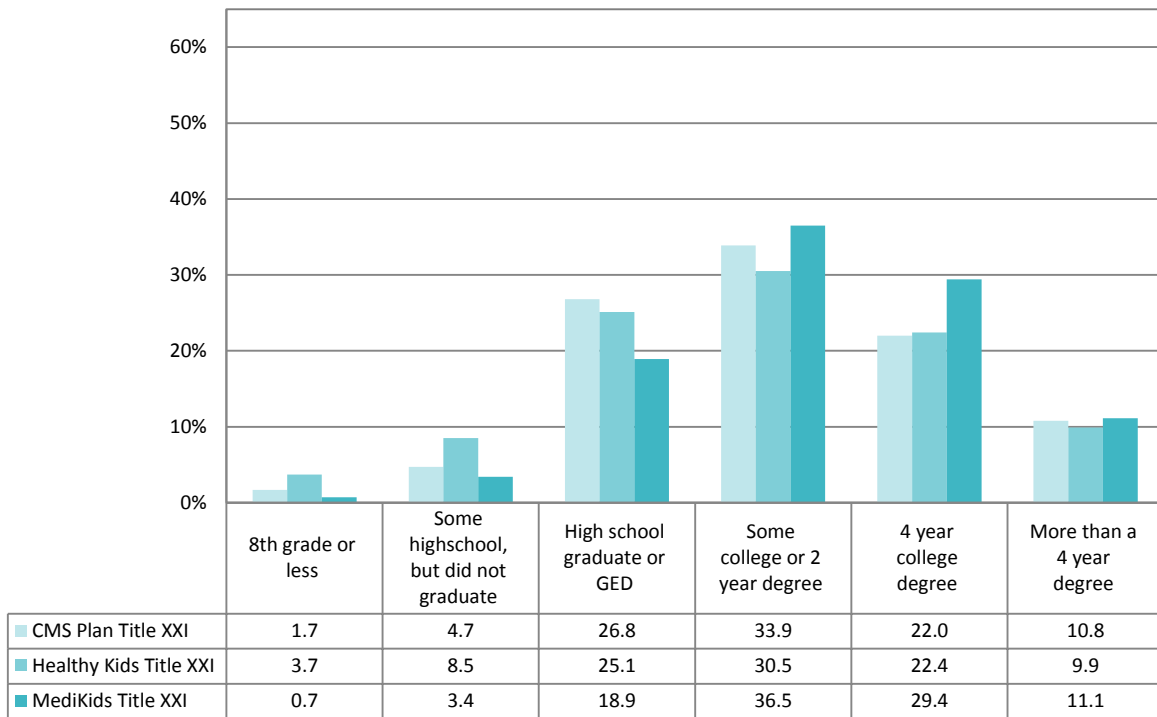
Note: Medicaid MMA plans did not ask this question

Figure 19. Primary language spoken at home for established KidCare enrollees, 2015 Survey



Note: Data for this item are not available for Medicaid MMA Title XIX plans (these plans did not ask this question in their survey). Also, rows may not sum due to rounding.

Figure 20. Respondent’s education for established KidCare enrollees, 2015 Survey



Note: Data for this item are not available for Medicaid MMA Title XIX. Also, rows may not sum due to rounding.

Composites Summary

More than 87% of families reported positive experiences with their health plan customer service, exceeding the CHIP national benchmark. About 77% of families reported positive experiences with coordination of care, also exceeding the national benchmark. The Florida KidCare total exceeded the national benchmarks for three of the four CAHPS composite ratings. 76% of Florida KidCare families rated their primary care provider as a “9” or “10” and 70.9% rated their specialty care provider as a “9” or a “10”. When rating their overall health care experience, 67.1% of the Florida KidCare families rated their health care experience as a “9” or a “10”. Details for these composites are found in subsequent graphs.

The benchmark for CAHPS is a reflection of all plans that submit their data to the Agency for Healthcare Research and Quality (AHRQ). For example, 85% of parents/guardians of Medicaid enrollees nationwide responded positively (usually+always) to the getting needed care composite items.

- Approximately 82% of Florida KidCare families responded positively to the composite “Getting Needed Care.”
- None of the Florida KidCare program components or Medicaid MMA plans exceed the national Medicaid benchmark (85%) or the national CHIP benchmark of 87%. However, the MMA plan Simply met the national Medicaid benchmark.

Figure 21. Percentage of Families Responding Positively to CAHPS® “Getting Needed Care” by Program, 2015 Survey

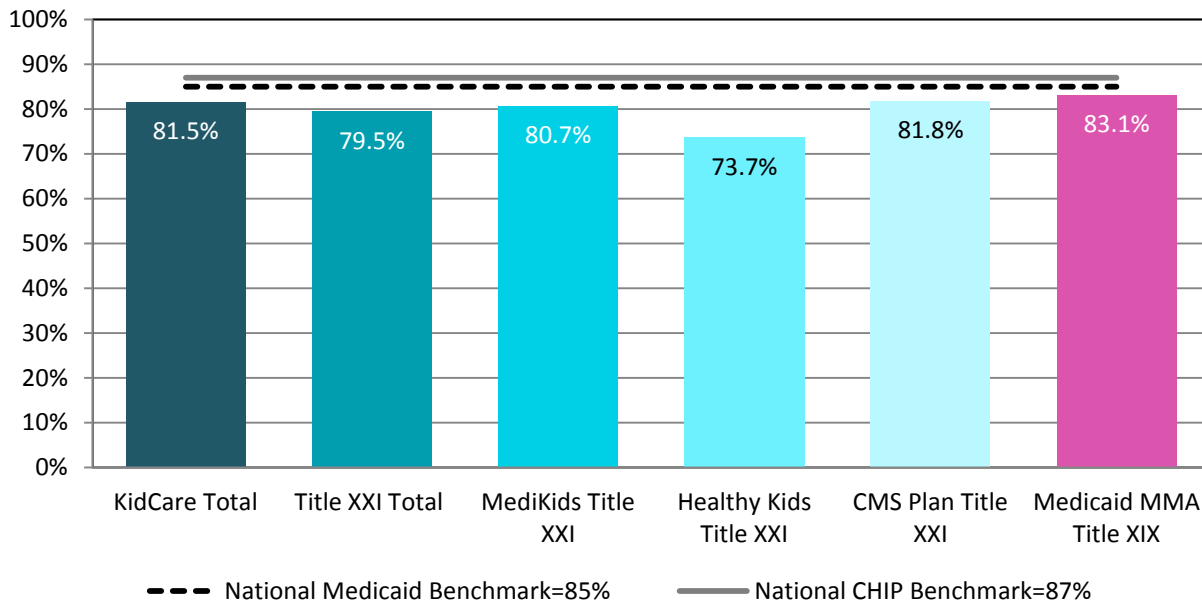
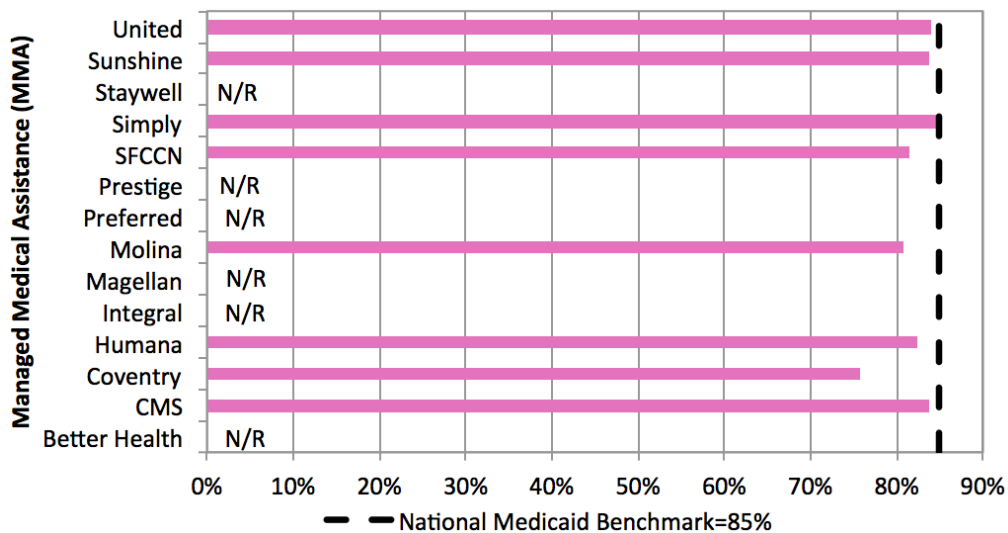


Figure 22. Percentage of Families Responding Positively to CAHPS® “Getting Needed Care” by Medicaid MMA Plan, 2015 Survey



Note: “Responding Positively” means the respondents answered either “Always” or “Usually.”
 Note: Scores for plans with average sample sizes of less than 50 across composite items are denoted by N/R.

- The Getting Needed Care Quickly composite was reported positively by approximately 90% of Florida KidCare families.
- MediKids (92.4%) was the only program component to exceed both the national Medicaid benchmark (90%) and the national CHIP benchmark (92%).
- United (91.1%) was the only Medicaid MMA plan to exceed the national Medicaid benchmark. Simply met the national Medicaid benchmark.

Figure 23. Percentage of Families Responding Positively to CAHPS® “Getting Needed Care Quickly” by Program

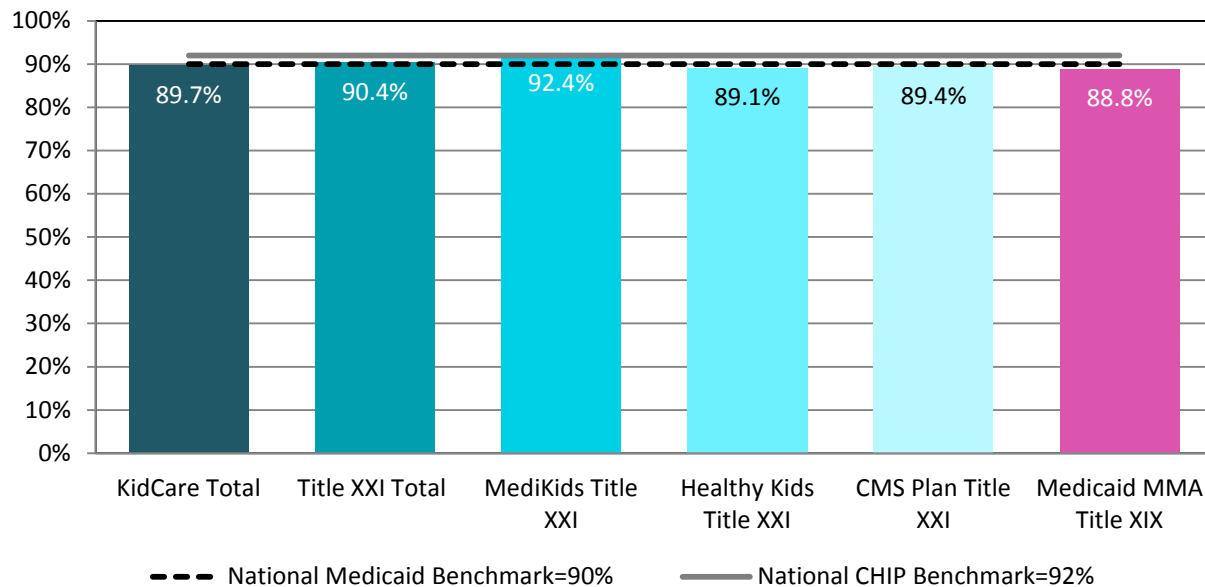


Figure 24. Percentage of Families Responding Positively to CAHPS® “Getting Needed Care Quickly” By Medicaid MMA Plan



Note: “Responding Positively” means the respondents answered either “Always” or “Usually.”
 Scores for plans with average sample sizes of less than 50 across composite items are denoted by N/R.

- Compared to 93% of the national Medicaid benchmark group and 94% of the national CHIP group, approximately 91% of Florida KidCare families reported positive experiences with their doctor’s communication skills.
- Medikids (92.9%) and Medicaid MMA (92.9%) were the only program components to meet the national Medicaid benchmark. Six Medicaid MMA plans exceeded the Medicaid benchmark, they include: Better Health (93.5%), Prestige (94.1%), SFCCN (93.9%), Simply (93.3%), Sunshine (94.4%), and United (93.6%). CMS Plan Title XIX (92.8%) met the Medicaid benchmark.

Figure 25. Percentage of Families Responding Positively to CAHPS® “Experience with Doctor’s Communication Skills” by Program

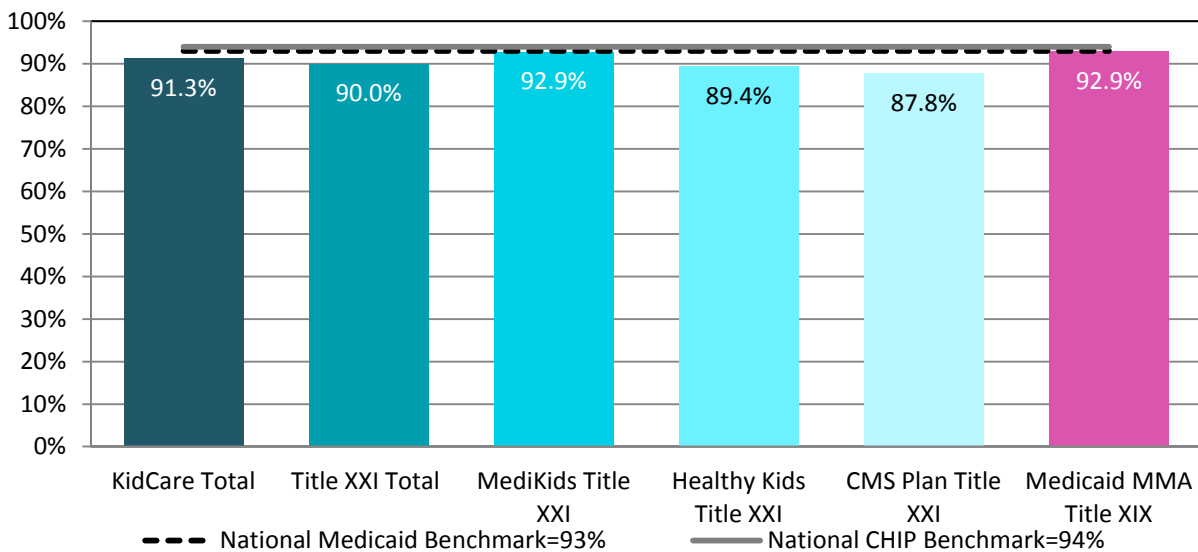
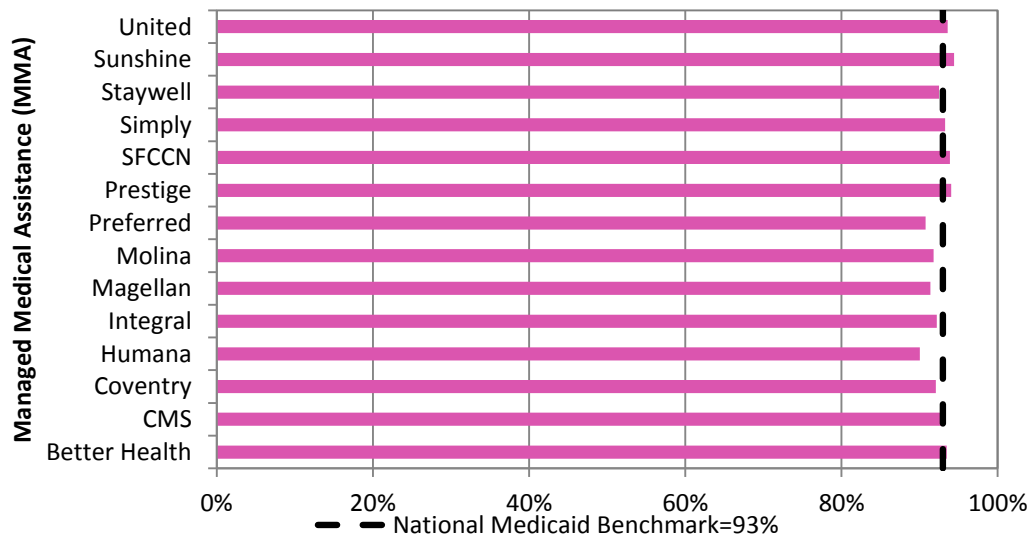


Figure 26. Percentage of Families Responding Positively to CAHPS® “Experience with Doctor’s Communication Skills” by Medicaid MMA Plan



Note: “Responding Positively” means the respondents answered either “Always” or “Usually.”

- Health plan customer service was reported positively by nearly 88% of Florida KidCare families which exceeded the national CHIP benchmark (86%) and met the national Medicaid benchmark (88%).
- All program components met or exceeded both national benchmarks. Five Medicaid plans met the Medicaid benchmark: CMS Plan, Staywell, Simply, Molina, and Magellan (all 88%).

Figure 27. Percentage of Families Responding Positively to CAHPS® “Health Plan Customer Service” by Program

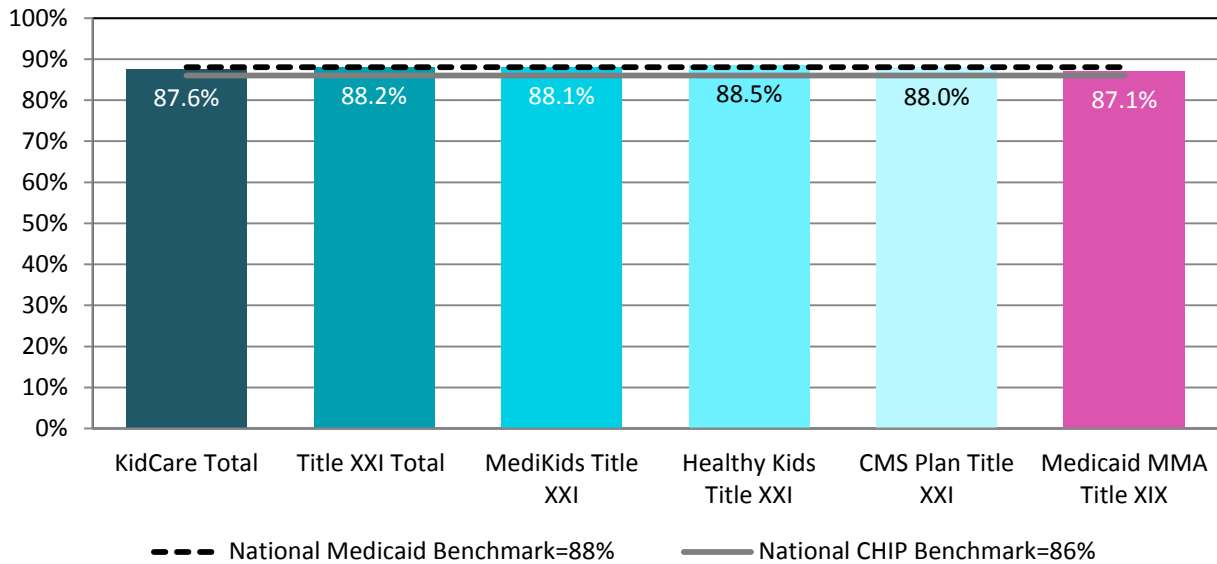
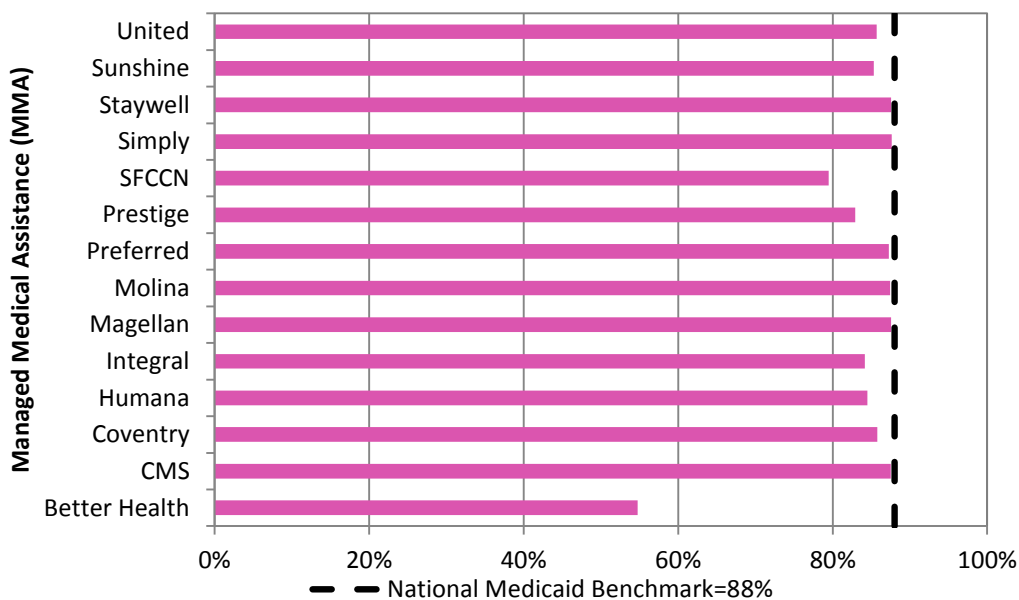


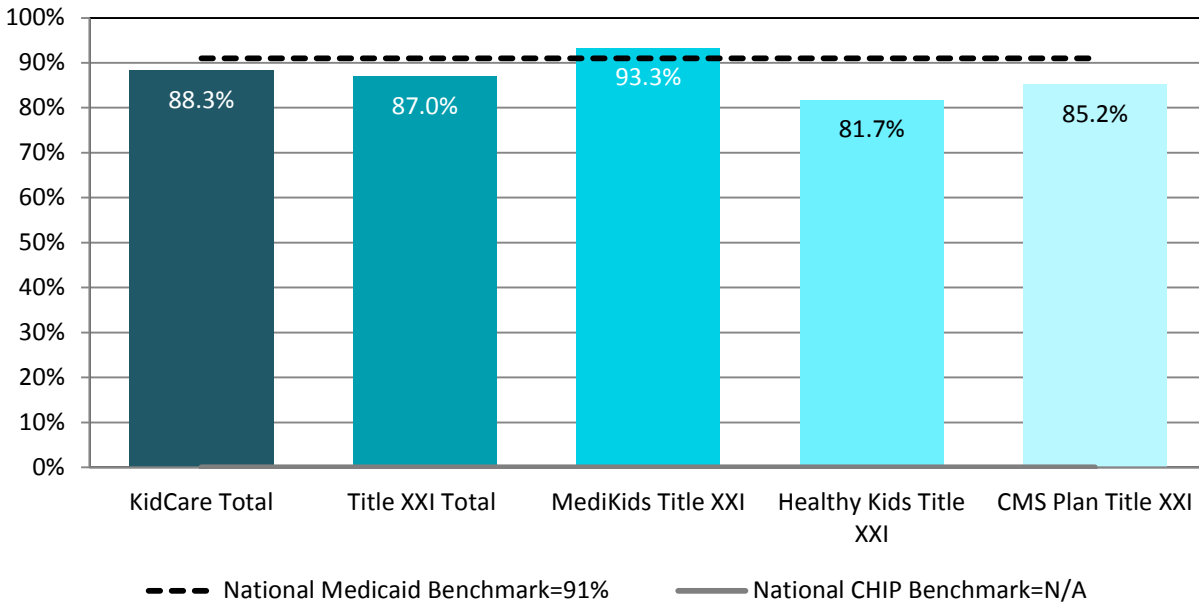
Figure 28. Percentage of Families Responding Positively to CAHPS® “Health Plan Customer Service” by Medicaid MMA Plan



Note: “Responding Positively” means the respondents answered either “Always” or “Usually.”

- Approximately 88% of Florida KidCare families reported positive experiences getting prescription medications; the national Medicaid benchmark is 91%.
- MediKids (93.3%) was the only program component to exceed the national Medicaid benchmark.

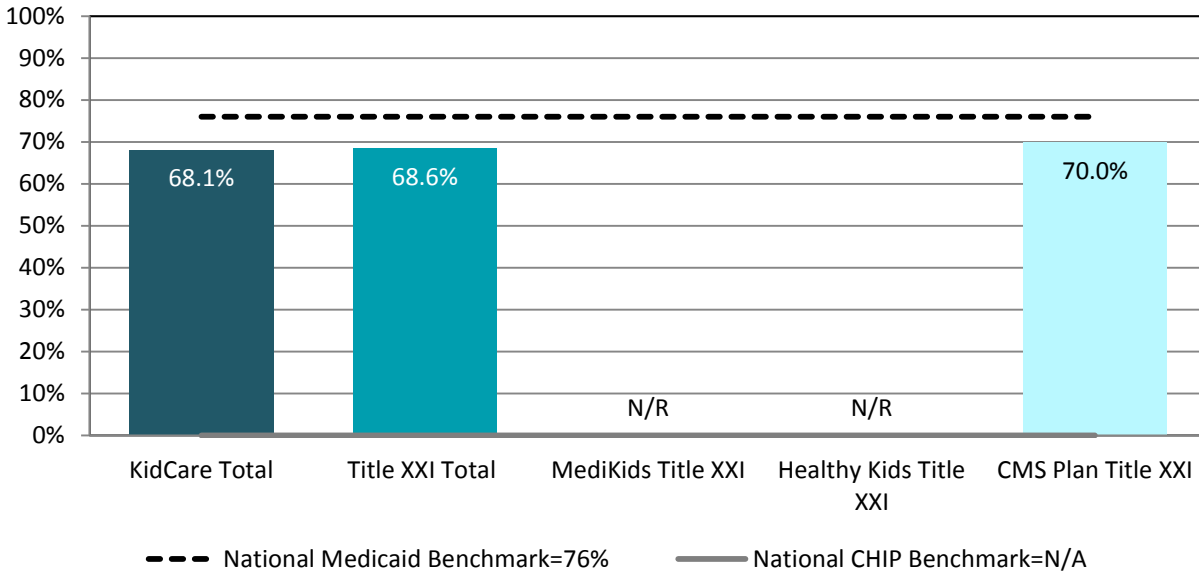
Figure 29. Percentage of Families Responding Positively to CAHPS® “Getting Prescription Medications” by Program



Note: “Responding Positively” means the respondents answered either “Always” or “Usually.” Chronic condition composites are not available for all Medicaid MMA plans and thus a Medicaid MMA Title XIX rate is not calculated.

- Approximately 68% of Florida KidCare families reported positive experiences getting specialized services; the national Medicaid benchmark is 76%.

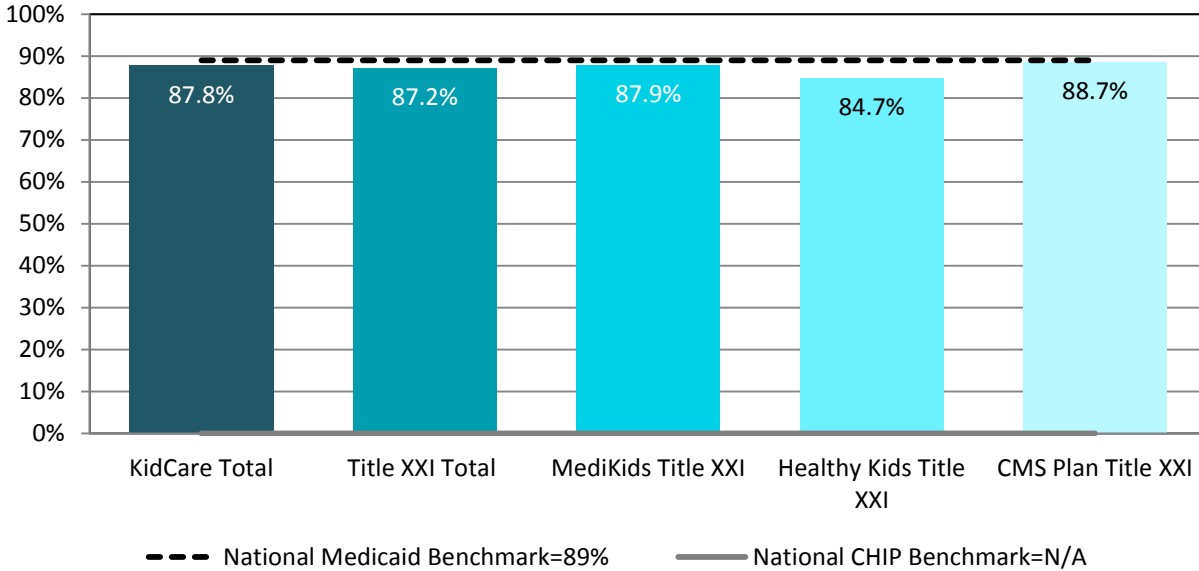
Figure 30. Percentage of Families Responding Positively to CAHPS® “Experience Getting Specialized Services” by Program



Notes: Scores for programs with average sample sizes of less than 50 across composite items are denoted by N/R. See the evaluation approach for more details. “Responding Positively” means the respondents answered either “Always” or “Usually.” Chronic condition composites are not available for all Medicaid MMA plans and thus a Medicaid MMA Title XIX rate is not calculated.

- Approximately 88% of Florida KidCare families reported positive experiences with their child’s personal doctor; the national Medicaid benchmark is 89%.

Figure 31. Percentage of Families Responding Positively to CAHPS® “Experience with Personal Doctor or Nurse” by Program



Note: “Responding Positively” means the respondents answered either “Always” or “Usually.” Chronic condition composites are not available for all Medicaid MMA plans and thus a Medicaid MMA Title XIX rate is not calculated.

- Nearly 80% of Florida KidCare families had positive experiences with shared health care decision making.

Figure 32. Percentage of Families Responding Positively to CAHPS® “Shared Decision-Making” by Program

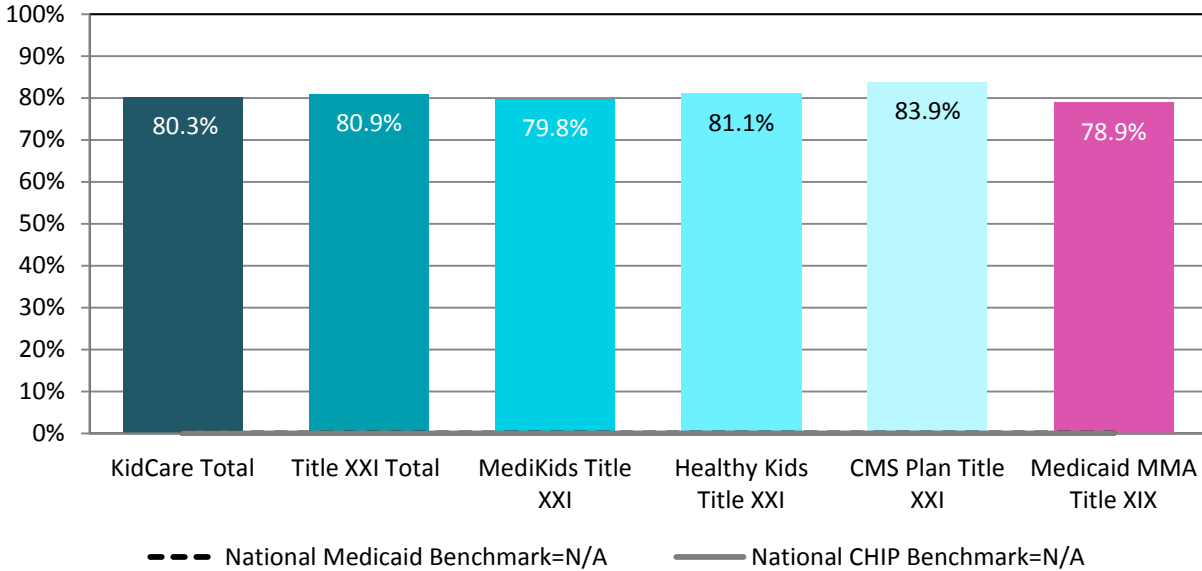
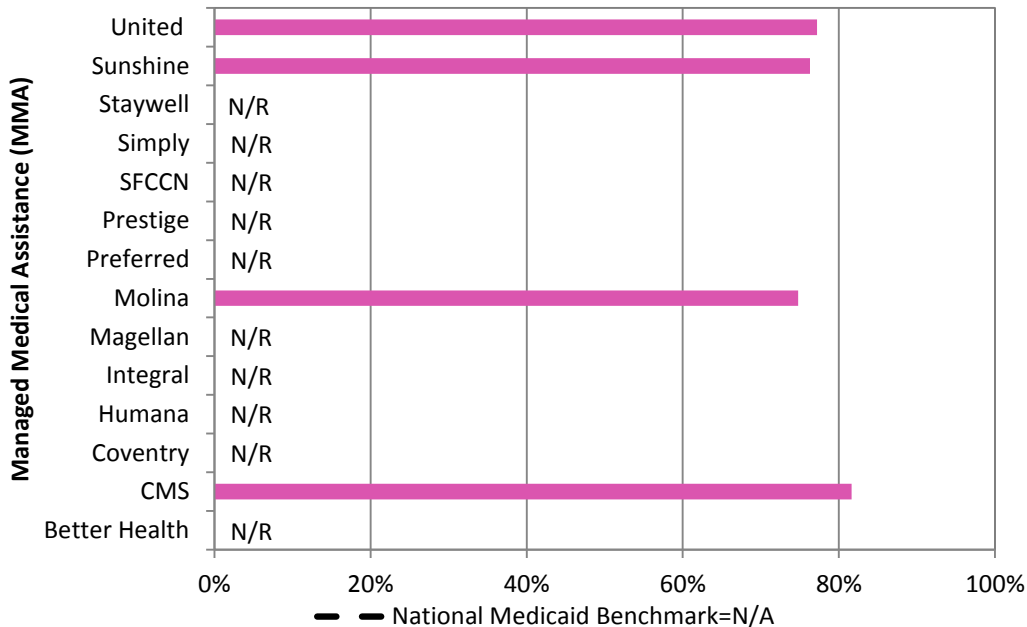


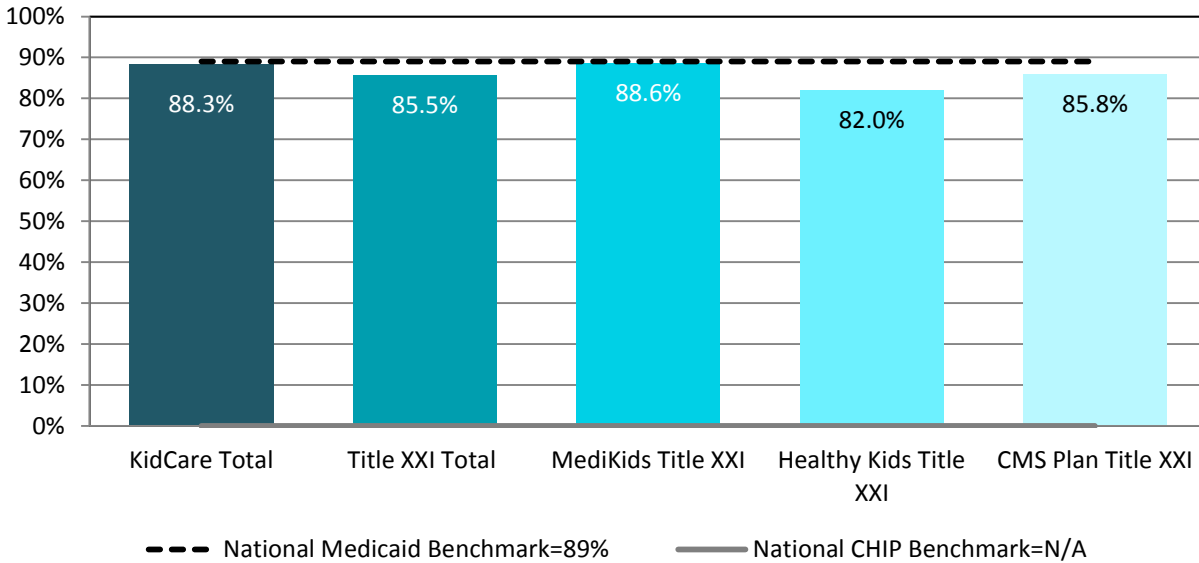
Figure 33. Percentage of Families Responding Positively to CAHPS® “Shared Decision-Making” by Medicaid MMA Plan



Notes: Scores for plans with average sample sizes of less than 50 across composite items are denoted by N/R. See the evaluation approach for more details. “Responding Positively” means the respondents answered “yes” to applicable questions.

- Nearly 88% of Florida KidCare families had positive experiences getting needed health care information.
- Although Medikids Title XXI met the Medicaid benchmark (89%), none of the Florida KidCare program components exceeded this national Medicaid benchmark.

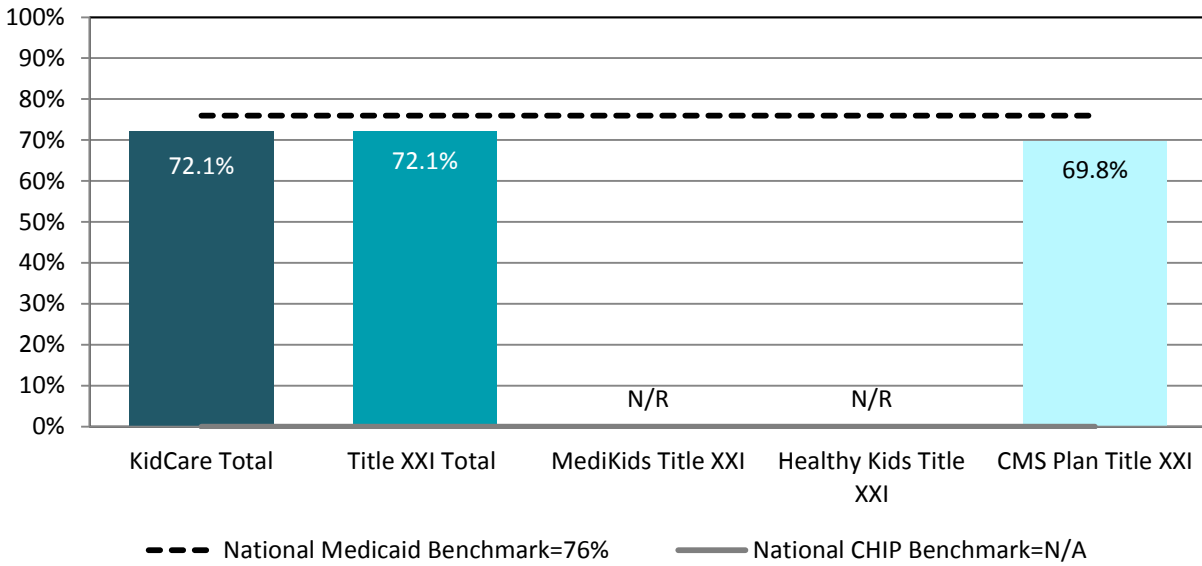
Figure 34. Percentage of Families Responding Positively to CAHPS® “Getting Needed Information” by Program



Notes: “Responding Positively” means the respondents answered either “Always” or “Usually.” Chronic condition composites are not available for all Medicaid MMA plans and thus a Medicaid MMA Title XIX rate is not calculated.

- Nearly 77% of Florida KidCare families had positive experiences with care coordination; this rate exceeds the national Medicaid benchmark (76%).

Figure 35. Percentage of Families Responding Positively to CAHPS® “Coordination of Care” by Program

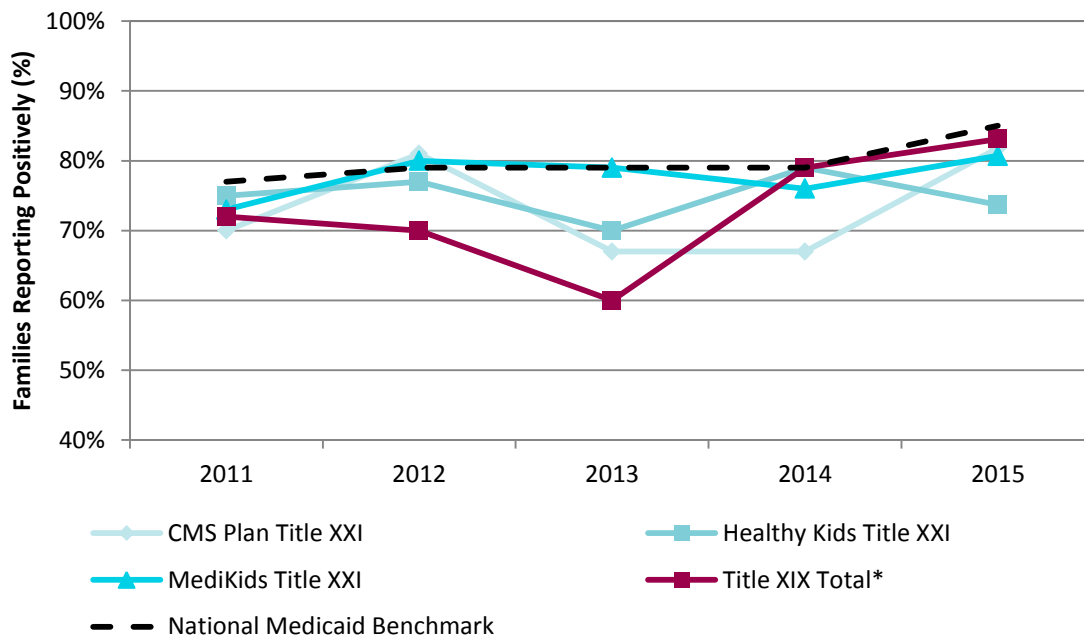


Notes: Scores for programs with average sample sizes of less than 50 across composite items are denoted by N/R. See the evaluation approach for more details. “Responding Positively” means the respondents answered either “Always” or “Usually.” Coordination of care is measured using the chronic condition HEDIS® items. Chronic condition composites are not available for all Medicaid MMA plans and thus a Medicaid MMA Title XIX rate is not calculated.

Figure 36, Figure 37, Figure 38 and Figure 39 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 2010-2015. Please use caution when interpreting these results due to the new survey methods used this year.

- The proportion of families reporting positively increased for CMS Plan Title XXI, and MediKids while Healthy Kids decreased from the previous year.

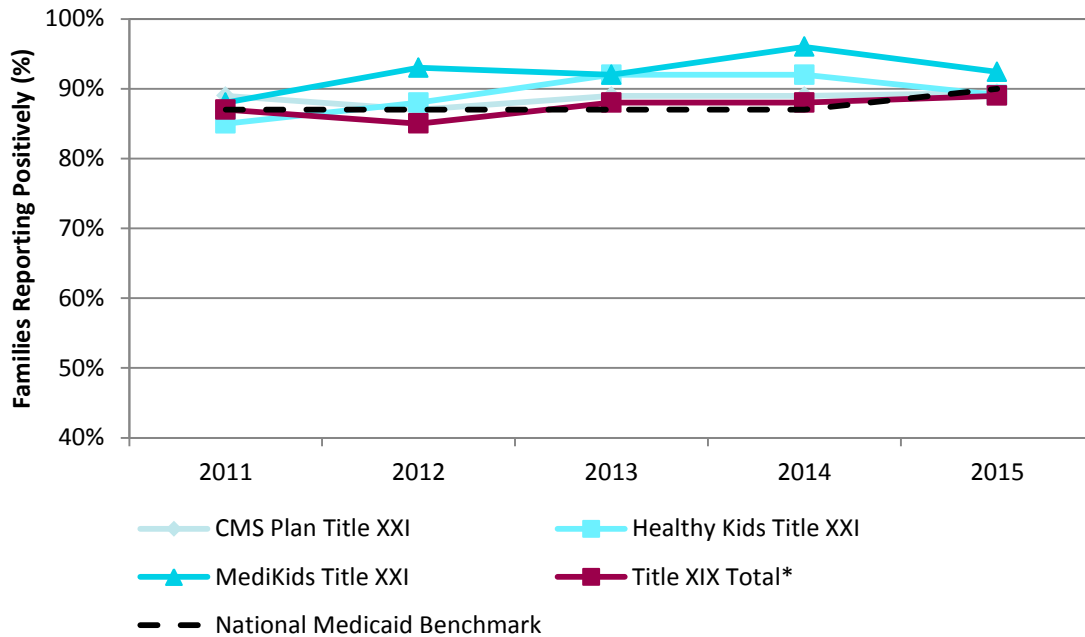
Figure 36. Florida KidCare families responding positively to the CAHPS® composite on “Getting Needed Care”, five year trend



*Medicaid Title XIX total includes MMA plan data only in 2015. Previous years include a combination of FFS, PCCM, and MCO. Use caution when comparing.

- The proportion of families reporting positively decreased for MediKids and Healthy Kids whereas CMS Plan Title XXI remained constant from the previous year.

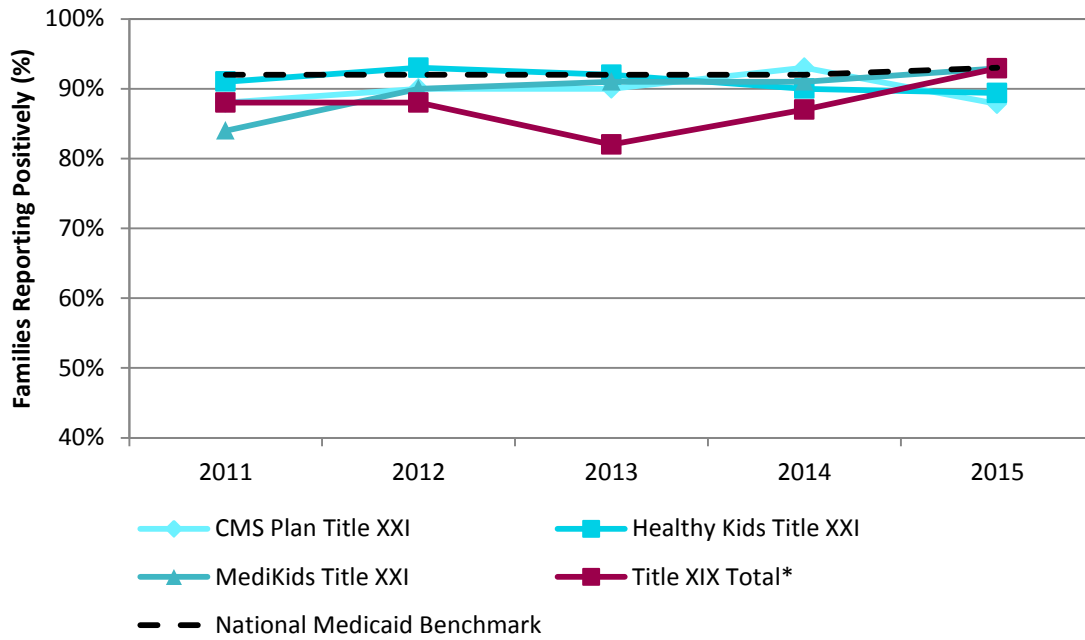
Figure 37. Florida KidCare families responding positively to the CAHPS® composite on “Getting Care Quickly”, five year trend



**Medicaid Title XIX Total includes MMA plan data only in 2015. Previous years include a combination of Medicaid FFS, PCCM, and MCO. Use caution when comparing.*

- The proportion of families reporting positively increased for Medicaid and MediKids while Healthy Kids and CMS Plan Title XXI decreased from the previous year.

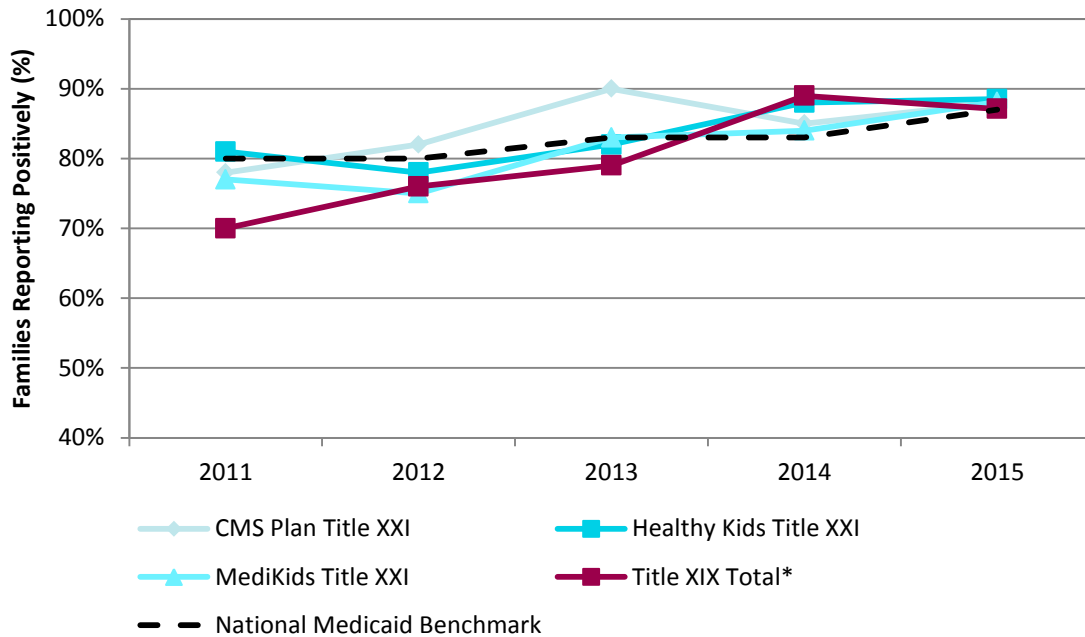
Figure 38. Florida KidCare families responding positively to the CAHPS® composite on “Experiences with Doctor’s Communication”, five year trend



**Medicaid Title XIX total includes MMA plan data only in 2015. Previous years include a combination of FFS, PCCM, and MCO. Use caution when comparing.*

- The proportion of families reporting positively increased for MediKids, CMS Plan Title XXI, and Healthy Kids and decreased for Medicaid from the previous year.

Figure 39. Florida KidCare families responding positively to the CAHPS® composite on “Health Plan Customer Service”, five year trend



**Medicaid Title XIX Total includes MMA plan data only in 2015. Previous years include a combination of FFS, PCCM, and MCO. Use caution when comparing.*

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 providers, and 4) their health plan. **Figure 40**, **Figure 41**, **Figure 42**, and **Figure 43** present the percent of families who rated each type of care or service as a “9” or a “10”.

- Overall health care experience was rated a “9” or a “10” by 67% of Florida KidCare families and by 66% of the national Medicaid benchmark group and 65% of the national CHIP benchmark group.
- Primary care providers were rated a “9” or a “10” by 76% of Florida KidCare families and by 73% of the national Medicaid benchmark group and 72% of the national CHIP benchmark group.
- Specialty care providers were rated a “9” or a “10” by nearly 71% of Florida KidCare families and by 70% of both the national Medicaid benchmark group and the national CHIP benchmark group.
- Health plans were rated a “9” or a “10” by approximately 65% of Florida KidCare families and by 67% of both the national Medicaid benchmark group and the national CHIP benchmark group.
- Florida KidCare met or exceeded the national Medicaid and CHIP benchmarks for rating of overall health care, primary care providers, and specialty care providers.

Figure 40. Florida KidCare Families reporting a rating of “9” or “10” for overall health care experience

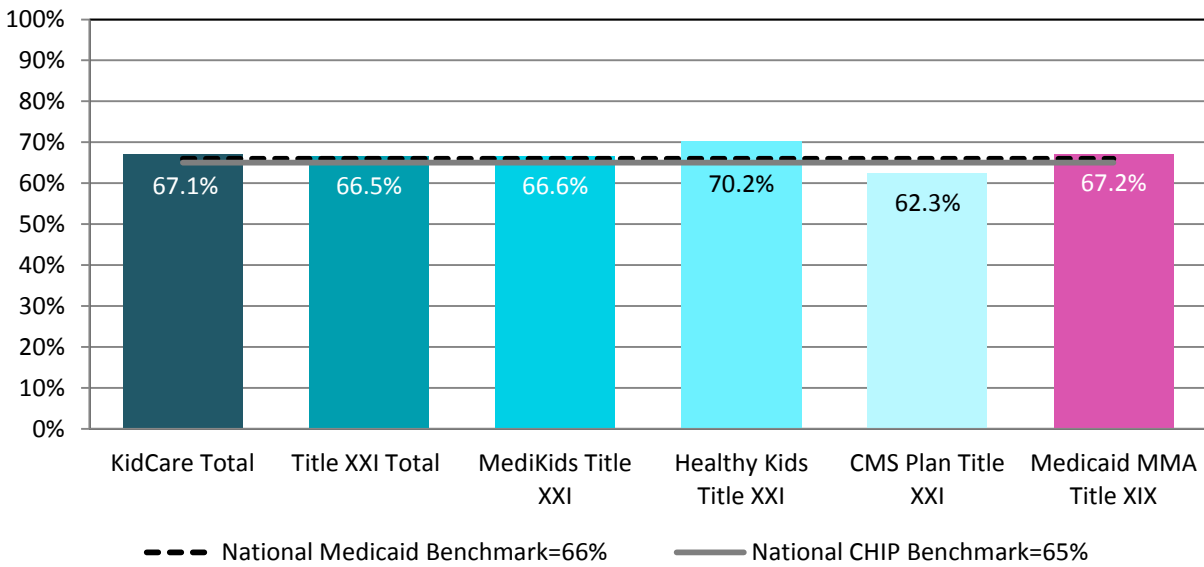


Figure 41. Florida KidCare Families reporting a rating of “9” or “10” for primary care providers

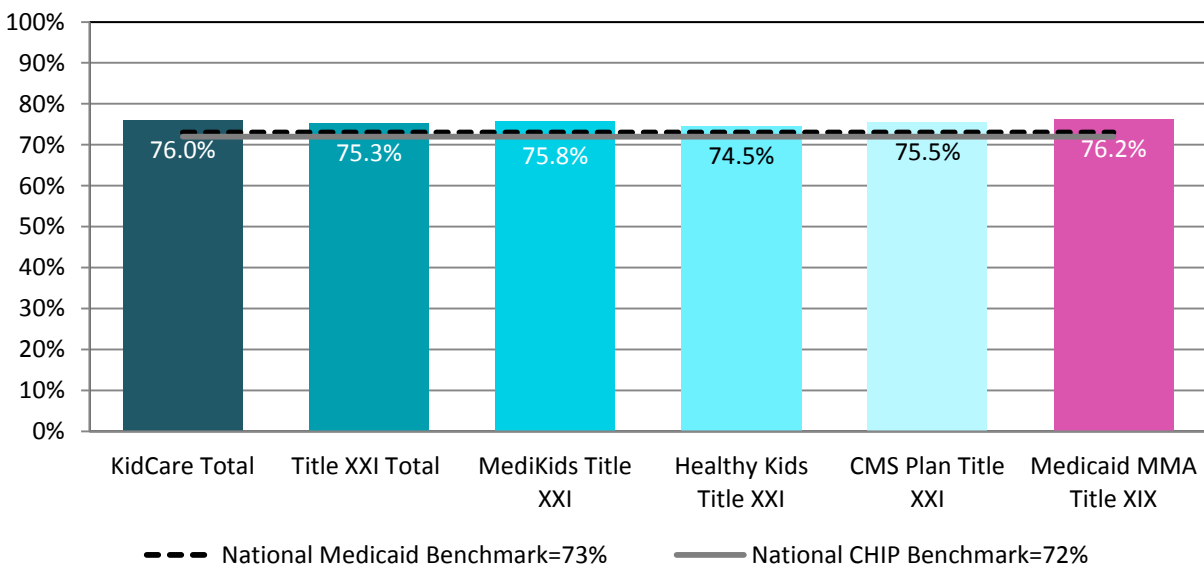


Figure 42. Florida KidCare Families reporting a rating of “9” or “10” for specialty care providers

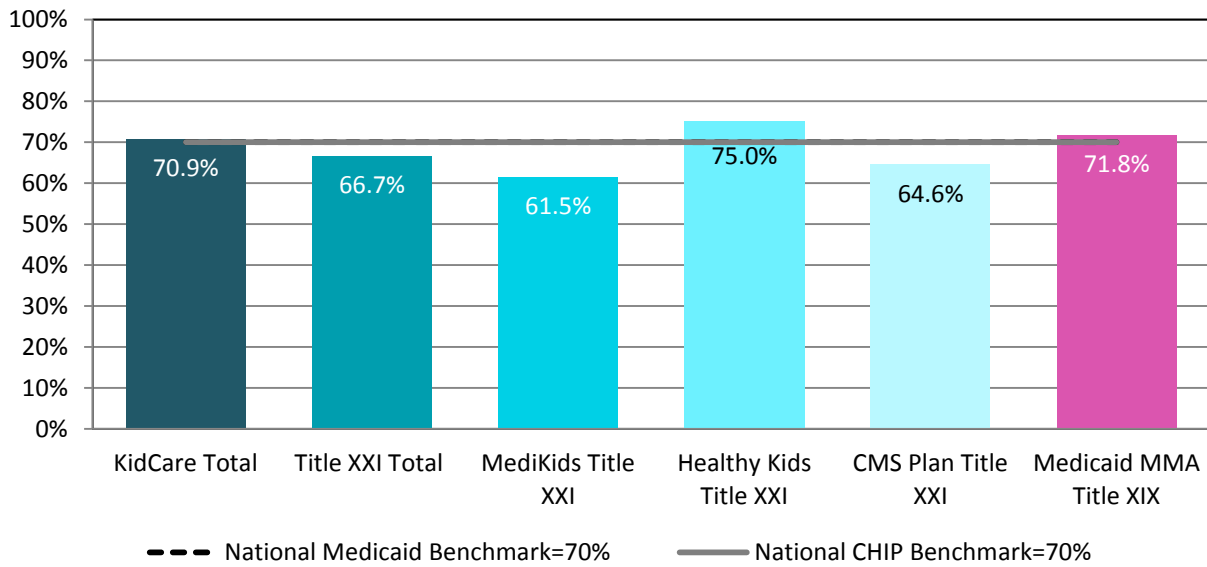
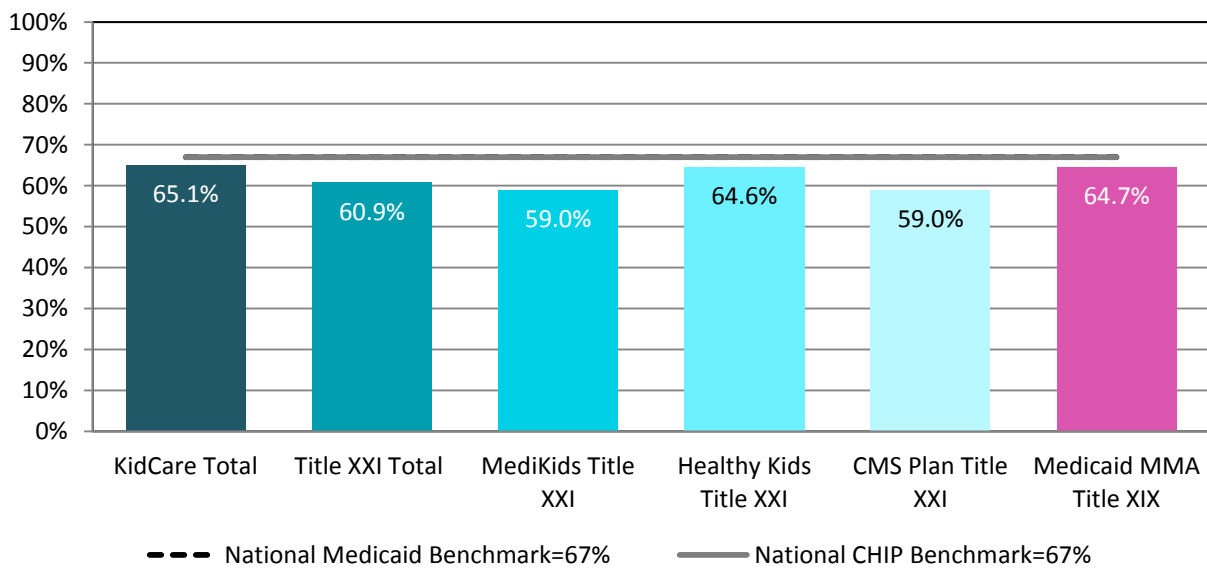


Figure 43. Florida KidCare Families reporting a rating of “9” or “10” for health plan experiences



Section 3

Quality of Care

In This Section

- Evaluation Approach
- Quality of Care Measures
 - Effectiveness of Care
 - Utilization
 - Clinical Care

Evaluation Approach

Programs included

Data were available for the following Florida KidCare programs: Florida Healthy Kids, Title XIX Fee-for-service (FFS) and Title XIX Medicaid Managed Medical Assistance plans. Data needed for calculating quality of care indicators were not available for CMS Plan Title XXI and MediKids Title XXI. Because of this, a Title XXI and KidCare total were not calculated.

Data Sources

Performance Measure rates were provided by 17 participating MMA plans (Amerigroup, Better Health, Clear Health Alliance, Children's Medical Service Plan (CMS Plan), Coventry, Humana, Integral, Magellan Complete Care, Molina, Preferred Medical, Positive Healthcare, Prestige, SFCCN, Simply, Staywell, Sunshine [standard and child welfare], and United Health) as well as 8 Florida Healthy Kids plans (Amerigroup, Florida Blue, Coventry, FHCP, Sunshine, UHC, WellCare-HealthEase, and WellCare-Staywell). Guided by the measure steward guidelines, each MMA plan could choose to calculate measures using either an administrative or hybrid method. Rates reported here for MMA plans and MMA Title XIX total should be interpreted with caution as the method of calculation (e.g., hybrid or administrative) varied among plans.

For rates calculated by the ICHP (Florida Healthy Kids, Title XIX FFS), at least three data sources with child-level information were used to calculate the quality of care indicators: (1) enrollment data, (2) health plan claims and encounter data, and (3) pharmacy data. The enrollment files contain information about the child's age and sex, the plan in which the child is enrolled, and the number of months of enrollment. The claims and encounter data contain Current Procedural Terminology (CPT) codes; Current Dental Terminology (CDT) codes; International Classification of Diseases, 9th Revision (ICD-9-CM) codes; place of service codes; rendering provider taxonomy; and other information necessary to calculate the quality of care indicators. The pharmacy data contain information about filled prescriptions, including the drug name, dose, date filled, and refill information. A minimum three-month lag was used for the claims and encounter data. For the following measures, FHK and FFS rates were supplemented with FL SHOTS data from vital statistics: IMA, HPV, and CIS (FFS only). For W34, FHK rates were supplemented with medical record review.

The measurement year for most of the HEDIS[®] measures corresponds to calendar year 2014, the timeframe for this report. However, some of the HEDIS[®] measures include data from prior years as well as the measurement year (e.g., Immunizations for Adolescents). Previously, the ICHP worked with a managed care quality consultant who specializes in HEDIS[®] reporting to map the provider taxonomies provided by the plans to the provider type categories in the certified software used to calculate the HEDIS[®] measures. The provider specialty mapping was approved by an NCQA-certified auditor. The ICHP completed an NCQA-Certified HEDIS[®] Compliance Audit™. An NCQA-certified auditor reviewed the ICHP processes for FHK and CMS Plan Title XIX enrollment and claims and encounter data intake, processing, and management as well as programming processes specifically related to calculating the measures. NCQA-certified software was used to calculate the measures using HEDIS[®] 2015 specifications.⁴ Following the specifications, rates are not reported when the measure denominator is less than 30 and are denoted by N/R. Therefore, only plans with denominators 30 or greater are included in the graphics and key findings. Plans with a denominator less than 30 are described in the "Reporting Notes" section for the specific measure. However, eligible individuals in low denominator plans were included in the calculations of the overall program rate. Non-HEDIS[®] CHIPRA (Children's Health Insurance Program

Reauthorization Act) Child Core Set measures were calculated using the technical specifications in the *Initial Core Set of Children's Health Care Quality Measures: Technical Specifications and Resource Manual for Federal Fiscal Year 2015 Reporting*.

Age Ranges

Most HEDIS[®] measures apply to specific age ranges. In many cases, the age ranges are broader than the age eligibility for each program. For example, the measure Follow-Up After Hospitalization for Mental Illness includes all individuals six years of age and older, which would include both children and adults. Because the ICHP followed the HEDIS[®] technical specifications for calculating the measures, the age ranges indicated in the technical specifications are provided in this report. However, when interpreting the findings and making comparisons to national data, it is important that users of these data keep in mind that the Florida KidCare rates reflect children and adolescents 0 through 18 years old. Also of note, Medicaid MMA plans include children and adults, thus adults are included in measures that do not include age restrictions.

Comparison Data

To provide a context for the performance indicators, the following comparisons were made:

1. **Title XIX Program Rate.** A Title XIX Medicaid total is provided for comparison and includes data from Title XIX FFS and Title XIX MMA.

Note: A Title XXI program rate is not included as data for Title XXI CMS Plan and MediKids are not available.

2. **National Medicaid HEDIS[®] Percentiles.** Comparisons were made to national data. Although there are no direct national comparisons available for CHIP, information is available nationally from Medicaid health maintenance organizations (HMOs) that elect to report their results to NCQA.⁶ The submission of HEDIS[®] data to NCQA is a voluntary process; therefore, health plans that submit HEDIS[®] data are not fully representative of the industry. Health plans participating in NCQA HEDIS[®] reporting tend to be older and are more likely to be affiliated with a national managed care company than the overall population of health plans in the United States. As noted above, it is also important to keep in mind that the national data reflect a broader age range for many of the measures than do the rates for some of the Florida KidCare programs. NCQA reports the national results as a mean and at the tenth, 25th, 50th, 75th, and 90th percentiles for the participating plans. The Medicaid HMO Percentile ranges for four percentile categories (Below 25th, 25th-49.99th, 50th-74.99th, and 75th and above) for each measure (when available) are provided for each program for descriptive purposes. When available, national data for each measurement year presented were applied to the program rate for that measurement year. In some instances, appropriate national data were not available for a given measurement year. In these cases, a note is provided in the "Reporting Notes" section for the measure identifying which measurement year benchmark data were applied.

Measures

This report section presents rates for the CHIPRA Child Core Set and Healthcare Effectiveness Data and Information Set (HEDIS®) measures using National Committee for Quality Assurance (NCQA) compliant specifications.⁶ **Table 17** outlines the full *Initial Core Set of Children's Health Care Quality Measures*. **Table 18** outlines the measures presented in this report by program component.

Table 17. Current Initial Core Set of Children's Health Care Quality Measures

Measure	Data Source
Human Papillomavirus for Female Adolescents (HPV)	Administrative or Hybrid
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	Administrative or Hybrid
Immunizations for Adolescents (IMA)	Administrative or Hybrid
Frequency of Ongoing Prenatal Care (FPC)	Administrative or Hybrid
Timeliness of Prenatal Care (PPC)	Administrative or Hybrid
Live Births Weighting Less than 2,500 Grams (LBW)	State Vital Records
Cesarean Rate for Nulliparous Singleton Vertex (PC-02)	Hybrid
Behavioral Health Risk Assessment (for pregnant women) (BHRA)	Electronic Health Records
Developmental Screening in the First Three Years of Life (DEV)	Administrative or Hybrid
Well-Child Visits in the First 15 months of Life (W15)	Administrative or Hybrid
Well-Child Visits in the 3 rd , 4 th , 5 th , and 6 th years of Life (W34)	Administrative or Hybrid
Adolescent Well-Care Visits (AWC)	Administrative or Hybrid
Percentage of Eligibles that Received Preventative Dental Services (PDENT)	Administrative
Follow-up Care for Children Prescribed ADHD Medication (ADD)	Administrative
Pediatric Central-line Associated Bloodstream Infections-Neonatal Intensive Care Unit and Pediatric Intensive Care Unit (CLABSI)	Medical Records
Ambulatory Care (AMB)	Administrative
Chlamydia Screening in Women (CHL)	Administrative
Childhood Immunization Status (CIS)	Administrative or Hybrid
Children and Adolescent Access to Primary Care Practitioner (CAP)	Administrative
Medication Management for People with Asthma (MMA)	Administrative
Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL)	Administrative
Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment (SRA)	Electronic Health Records
Follow-Up After Hospitalization for Mental Illness (FUH)	Administrative
Consumer Assessment of Healthcare Providers and Systems (CAHPS®)	Survey

⁶National Committee for Quality Assurance. *HEDIS® Technical Specifications Volume II, 2015*. Washington, DC: National Committee for Quality Assurance, 2015.

Table 18. Child core set measures reported by the ICHP and Medicaid Managed Medical Assistance (MMA) plans

Measure	ICHP Calculated		Reported by MMA Plans
	Florida Healthy Kids	FFS	
Access to Care			
HEDIS® Child and Adolescents' Access to Primary Care Practitioners (CAP)	X	X	X
Preventive care			
HEDIS® Human Papillomavirus Vaccine for Female Adolescents (HPV)	X	X	X ^a
HEDIS® Childhood Immunization Status (CIS)		X	X
HEDIS® Immunization Status for Adolescents (IMA)	X	X	X
HEDIS® Chlamydia Screening in Women ages 16-20 (CHL)	X	X	X
Developmental Screening in the First Three Years of Life (DEV)		X	X ^a
HEDIS® Well-Child Visits in the First 15 months of Life (W15)		X	X
HEDIS® Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	X	X	X
HEDIS® Adolescent Well-Care Visit (AWC)	X	X	X
Maternal and Perinatal Care			
HEDIS® Frequency of Ongoing Prenatal Care (FPC)	X	X	X
HEDIS® Timeliness of Prenatal Care (PPC)	X	X	X
Behavioral Health			
HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD)	X	X	X
HEDIS® Follow-up After Hospitalization for Mental Illness (FUH)	X	X	X
Care of Acute and Chronic Conditions			
HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	X	X	
HEDIS® Medication Management for People with Asthma (MMA)	X	X	X ^a
HEDIS® Ambulatory Care-Emergency Department Visits and Outpatient Visits (AMB)	X	X	X
Oral Health			
Percentage of Eligibles that Received Preventive Dental Services (PDENT)	X	X	X

^aRates presented for MMA plans represent two MMA child specialty plans only.

Access to Care

Child and Adolescents' Access to Primary Care Practitioners (CAP)

This HEDIS® measure reports the percentage of members 12 months–19 years of age who had a visit with a primary care practitioner (PCP) in CY 2014. This measure has four age groups, they include:

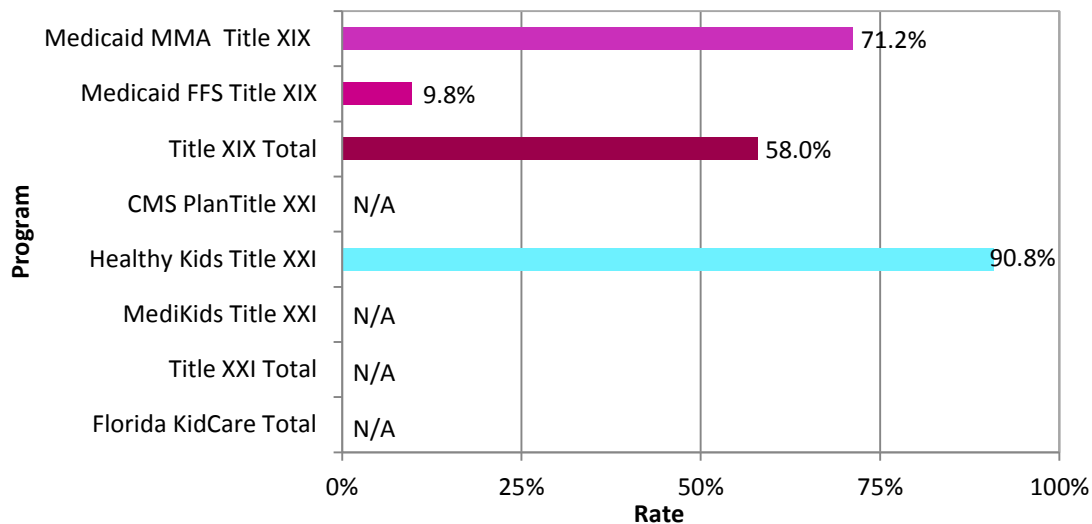
- Children 12–24 months who had a visit with a PCP during the measurement year.
- Children 25 months to 6 years of age who had a visit with a PCP during the measurement year.
- Children ages 7-11 who had a visit with a PCP during the measurement year.
- Adolescents ages 12-19 who had a visit with a PCP during the measurement year.

For the purpose of this report, we present the results as a combined rate of all members in all age groups. For age group numbers, please see the Technical Appendix. National benchmark percentiles are not available for this measure.

Figure 44 presents the program results in CY 2014.

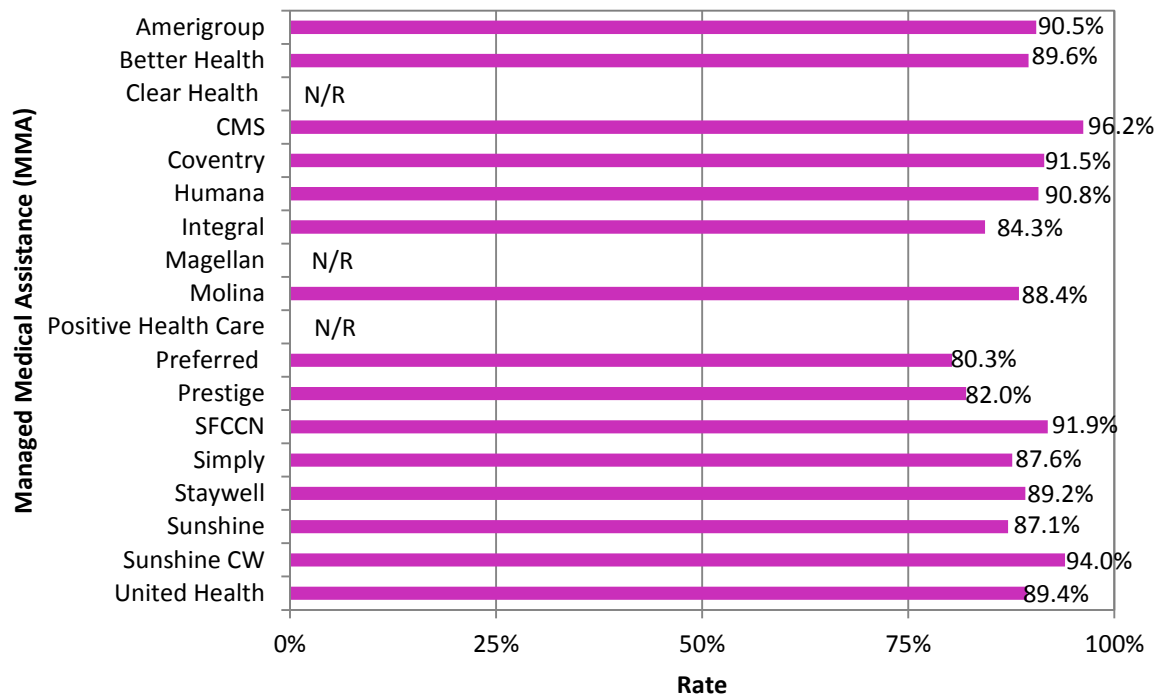
Figure 45 and Figure 46 present the Medicaid MMA plan and Healthy Kids plan level results, respectively, in CY 2014.

Figure 44. Program results for HEDIS® Child and Adolescents' Access to Primary Care Practitioners (CAP): All ages, CY 2014



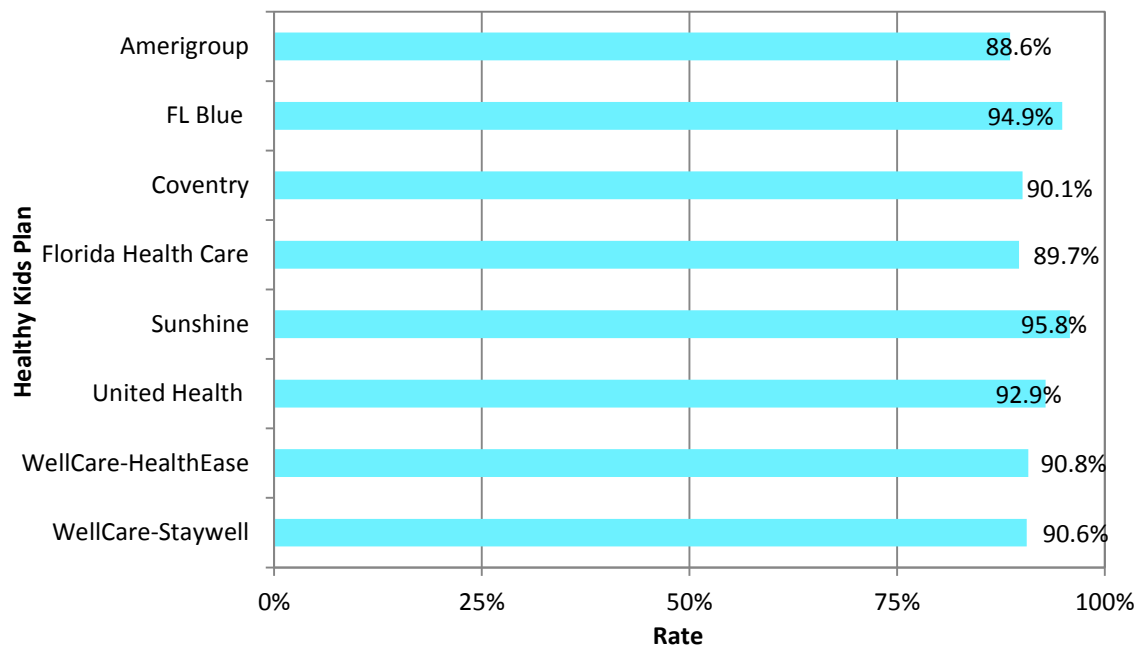
N/A denotes programs that do not have available data or the measure does not apply.

Figure 45. Medicaid MMA Plan results for HEDIS® Child and Adolescents’ Access to Primary Care Practitioners (CAP): All ages, CY 2014



Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 46. Healthy Kids Plan results for HEDIS® Child and Adolescents’ Access to Primary Care Practitioners (CAP): All ages, CY 2014



Effectiveness of Care

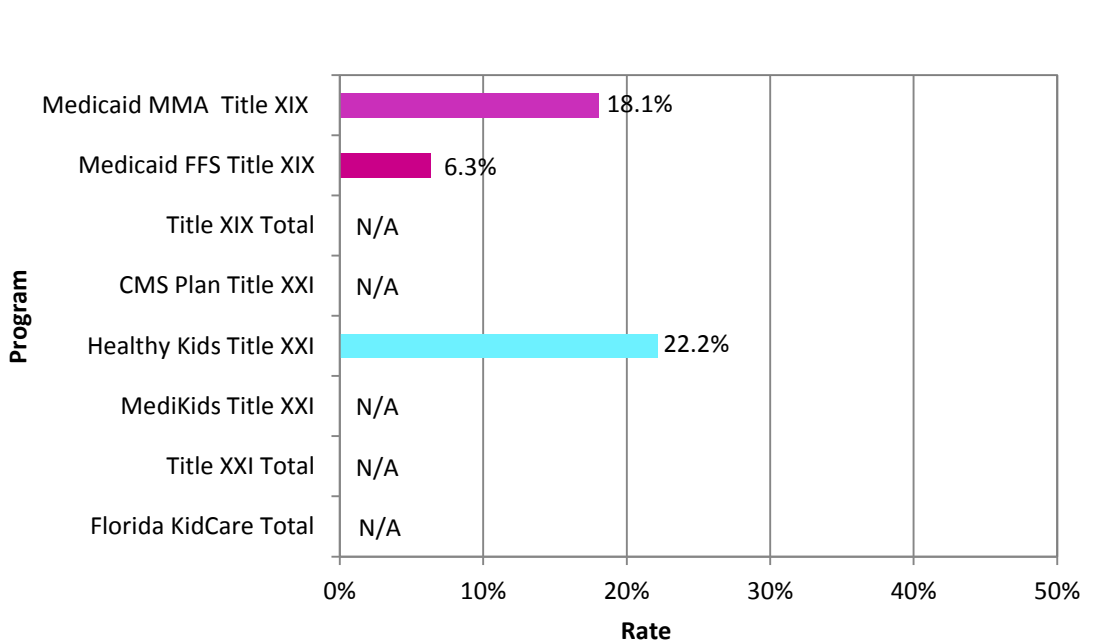
Human Papillomavirus Vaccine for Female Adolescents (HPV)

Since mid-2006, a licensed human papillomavirus (HPV) vaccine has been available and recommended by the Advisory Committee on Immunization Practices (ACIP) for routine vaccination of adolescent girls at ages 11 or 12 years to prevent cervical cancers.⁷ Although the HPV vaccine was first administered to adolescent boys starting in 2011, this indicator only measures vaccinations of female adolescents.⁸

This HEDIS® indicator reports the percentage of female adolescents who turned 13 years of age in CY2014 and had three doses of the HPV vaccine between their 9th and 13th birthdays. This measure requires continuous enrollment in the 12 months leading up to the member’s 13th birthday, allowing for no more than a one 45 day gap during the 12 months before the adolescent’s 13th birthday. Persons excluded from this measure include those who had an anaphylactic reaction to the vaccine or its components. For Healthy Kids and Medicaid FFS, claims and encounter data were combined with Florida State Health Online Tracking System (Florida SHOTS™) data for final rate calculation. National benchmark percentiles are not available for this measure.

Figures 47 and 48 present the program results and Healthy Kids plan results, respectively, in CY 2014.

Figure 47. Program Results for HEDIS® Human Papillomavirus Vaccine for Female Adolescents (HPV), CY 2014

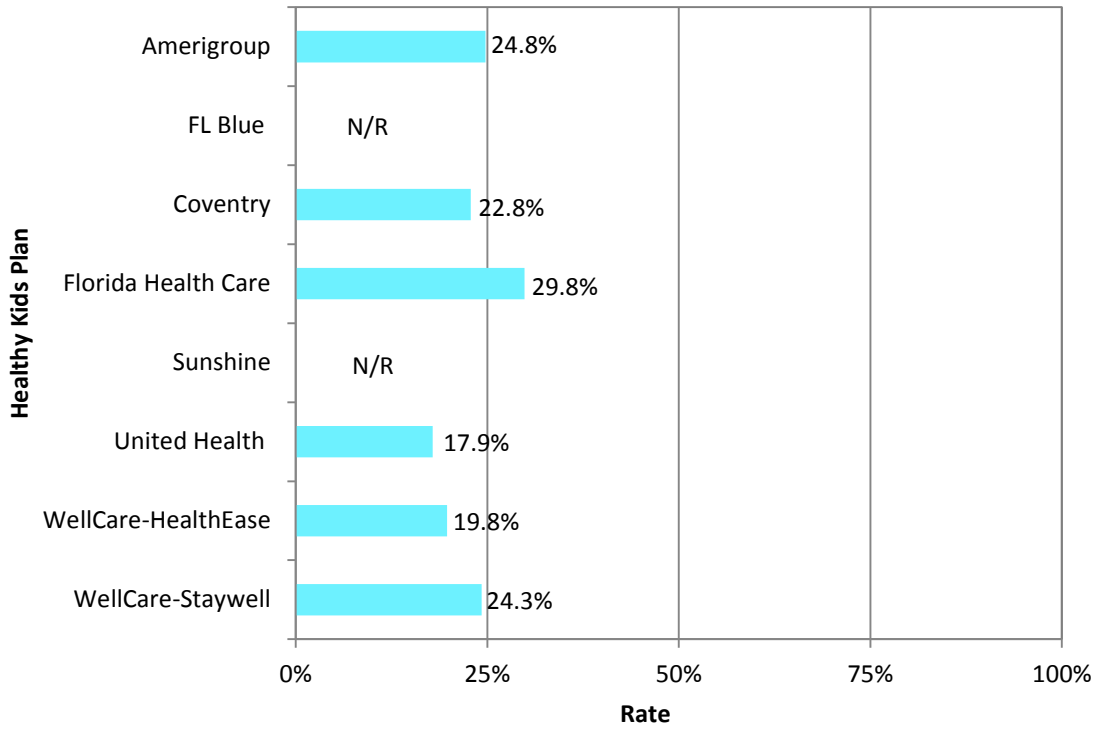


Note: MMA Title XIX includes two MMA plans. Interpret with caution. N/A denotes programs that do not have available data or the measure does not apply. A Title XIX total is not provided as the combination of two MMA plans and FFS do not accurately represent the entire Title XIX program.

⁷ Quadrivalent Human Papillomavirus Vaccine. 2007. Centers for Disease Control and Prevention.

⁸ Recommendations on the Use of Quadrivalent Human Papillomavirus Vaccine in Males. 2011. Centers for Disease Control and Prevention.

Figure 48. Healthy Kids Plan Results for HEDIS® Human Papillomavirus Vaccine for Female Adolescents (HPV), CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Childhood Immunization Status (CIS)

Immunizations protect millions of children from potentially deadly diseases and save thousands of lives by preparing a child's body to fight illness. This HEDIS® indicator reports the percentage of children who turned age 2 in CY2014 who received the following vaccines by their second birthday:

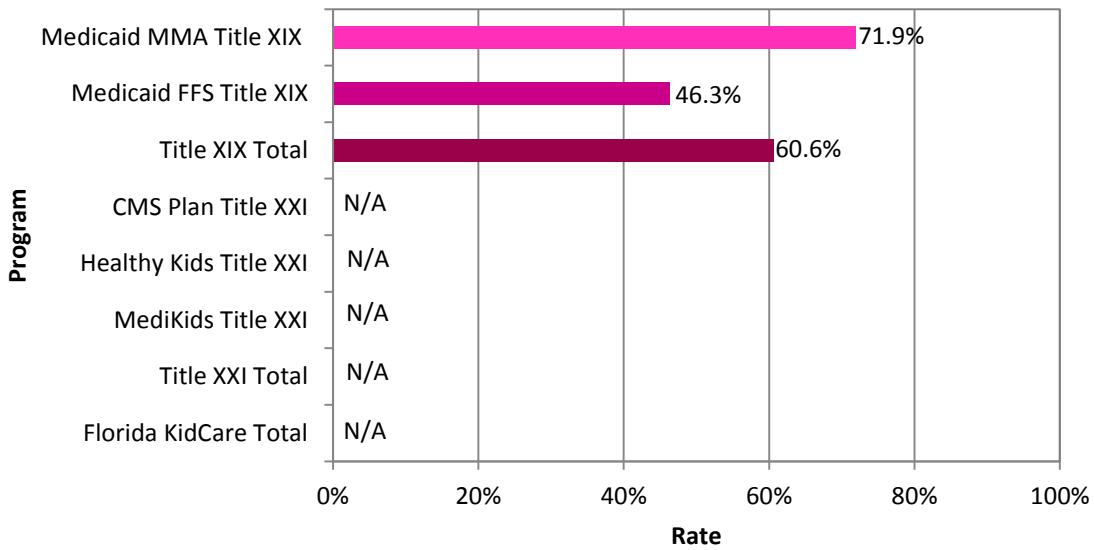
- four diphtheria, tetanus and acellular pertussis (DTaP);
- three polio (IPV);
- one measles, mumps and rubella (MMR);
- three H influenza type B (HiB);
- three hepatitis B (Hep B);
- one chicken pox (VZV);
- four pneumococcal conjugate (PCV);
- one hepatitis A (Hep A);
- two or three rotavirus (RV); and
- two influenza (flu).

In addition to using the plans' claims and encounter data, Florida SHOTS™ registry data from the Florida Department of Health were included. Persons excluded from this measure include those who had an anaphylactic reaction to the vaccine or its components, those who have certain disorders or diseases (e.g., immunodeficiency, leukemia, etc.), and those who have already come into contact with the disease (chickenpox) prior to their second birthday.

Figure 49, Figure 53, Figure 50, and Figure 54 present the program results and benchmark percentile ranges, respectively, in CY2014.

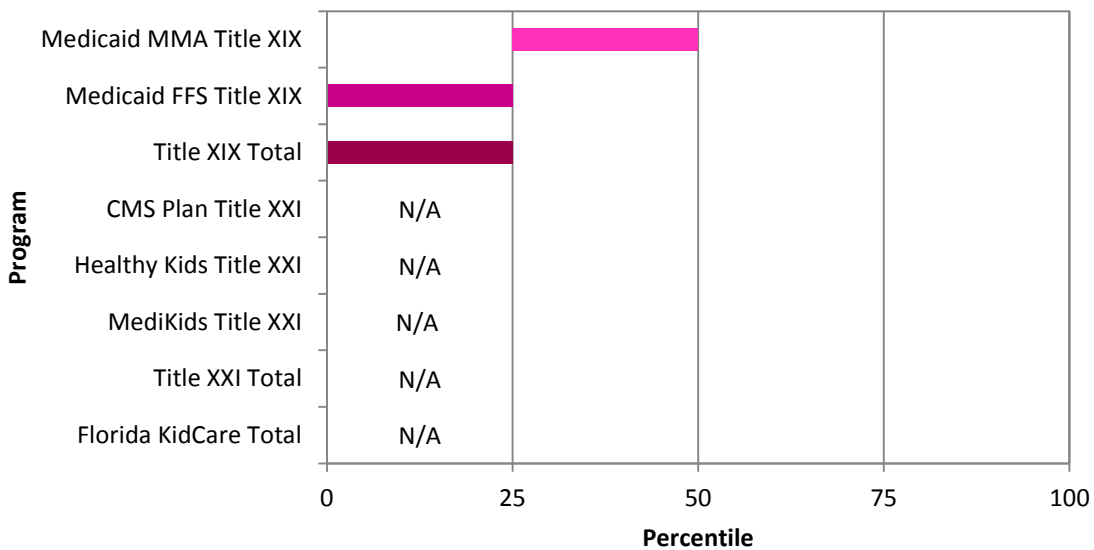
Figure 51, Figure 55, Figure 52, and Figure 56 present the plan results and benchmark percentile ranges, respectively, in CY2014.

Figure 49. Program Results for HEDIS® Childhood Immunization Status (CIS): Combination 2, CY 2014



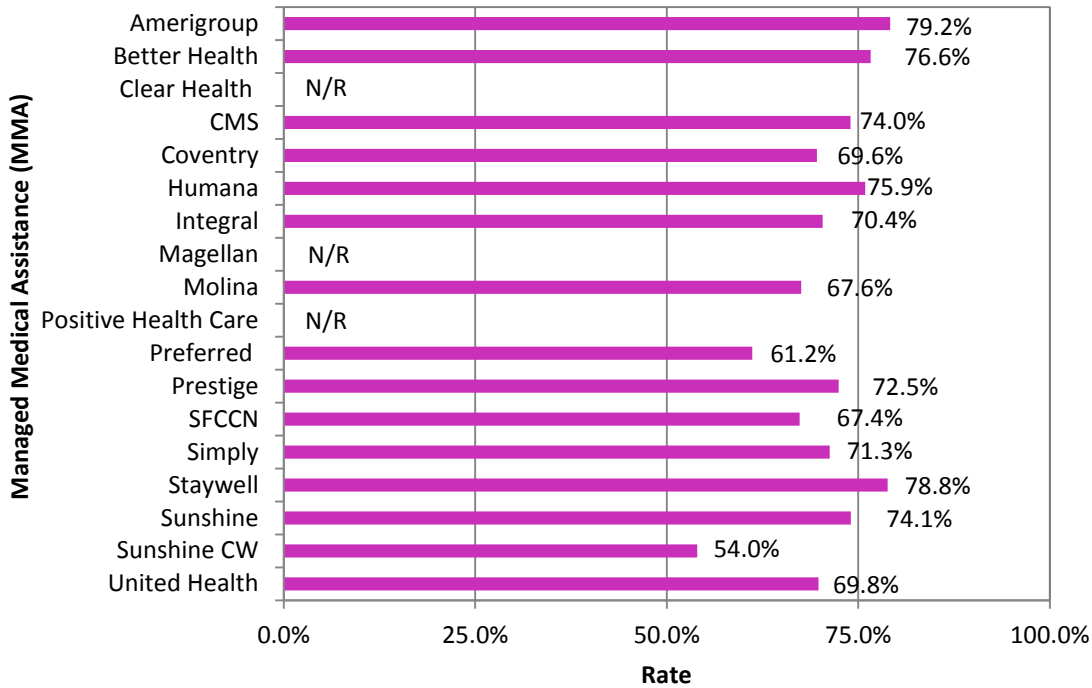
N/A denotes programs that do not have available data or the measure does not apply

Figure 50. National Benchmarks for HEDIS® Childhood Immunization Status (CIS): Combination 2, CY 2014



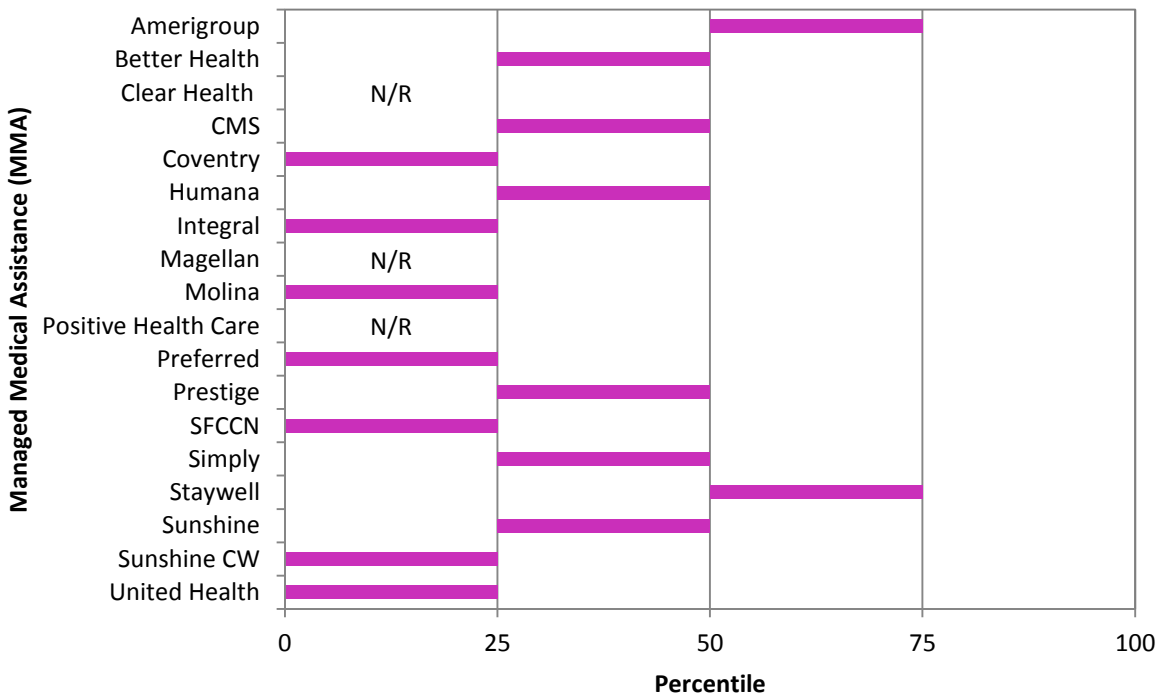
N/A denotes programs that do not have available data or the measure does not apply

Figure 51. Medicaid MMA Plan Results for HEDIS® Childhood Immunization Status (CIS): Combination 2, CY 2014



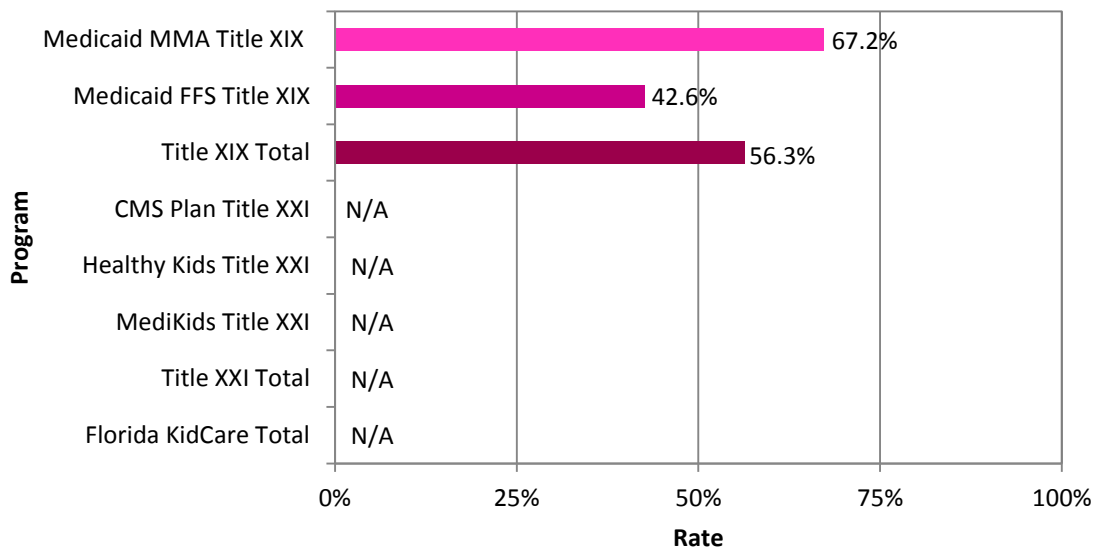
Plans with less than 30 in the denominator are labeled as N/R

Figure 52. National Benchmarks for HEDIS® Childhood Immunization Status (CIS): Combination 2, CY 2014



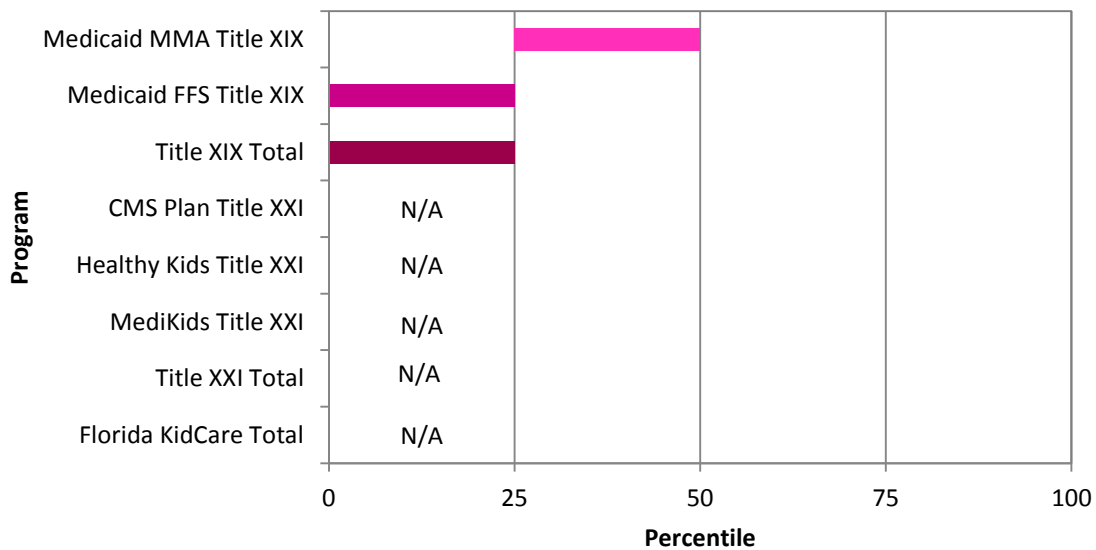
Plans with less than 30 in the denominator are labeled as N/R

Figure 53. Program Results for HEDIS® Childhood Immunization Status (CIS): Combination 3, CY 2014



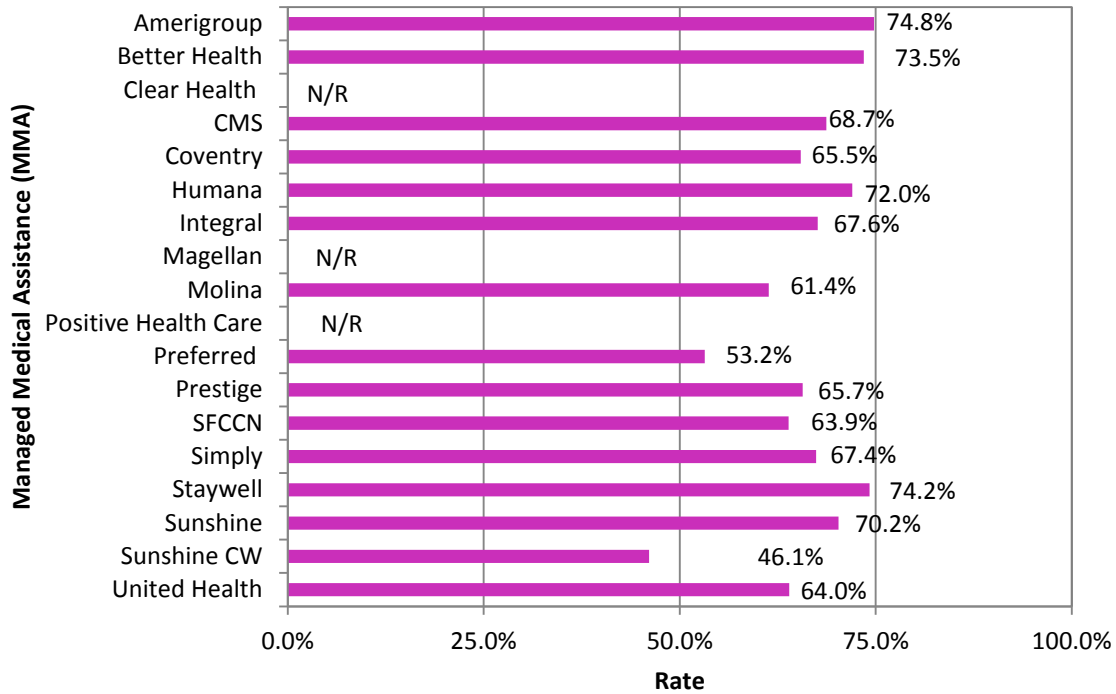
N/A denotes programs that do not have available data or the measure does not apply

Figure 54. National Benchmarks for HEDIS® Childhood Immunization Status (CIS): Combination 3, CY 2014



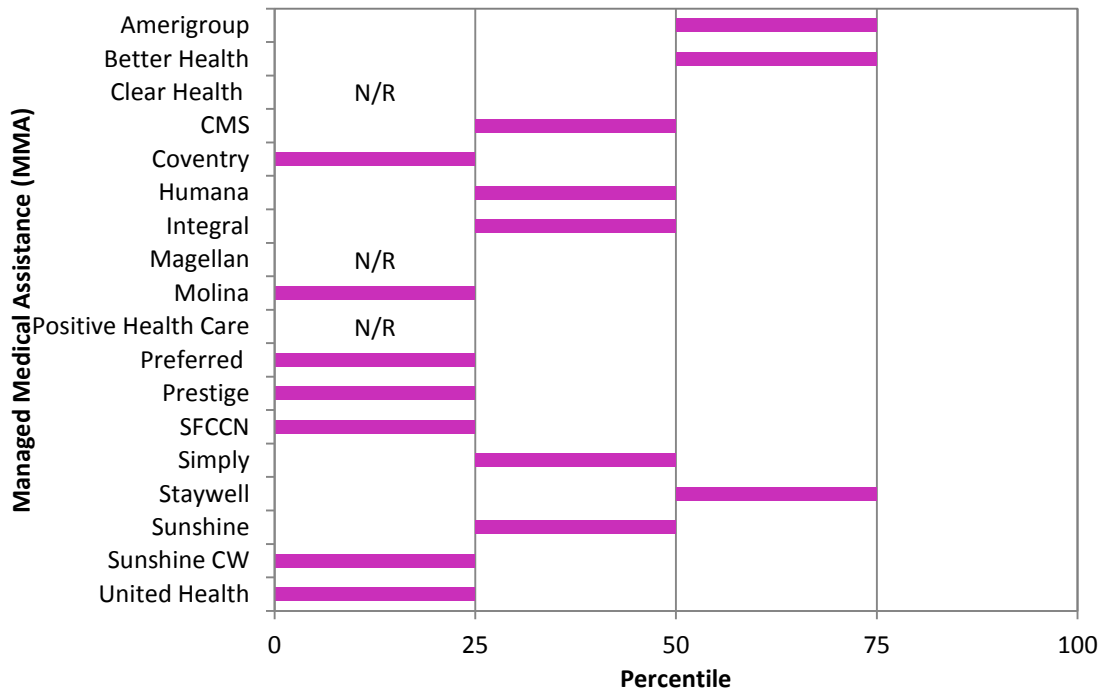
N/A denotes programs that do not have available data or the measure does not apply

Figure 55. Medicaid MMA Plan Results for HEDIS® Childhood Immunization Status (CIS): Combination 3, CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Figure 56. National Benchmarks for HEDIS® Childhood Immunization Status (CIS): Combination 3, CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Immunization Status for Adolescents (IMA)

Immunizations protect millions of adolescents from potentially deadly diseases and save thousands of lives by preparing an adolescent's body to fight illness. This HEDIS® indicator reports the percentage of adolescents who turned 13 years old in CY2014 and had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) between their 10th and 13th birthday. This measure requires continuous enrollment in the 12 months leading up to the member's 13th birthday, allowing for no more than one 45 day gap during the 12 months before the adolescent's 13th birthday.

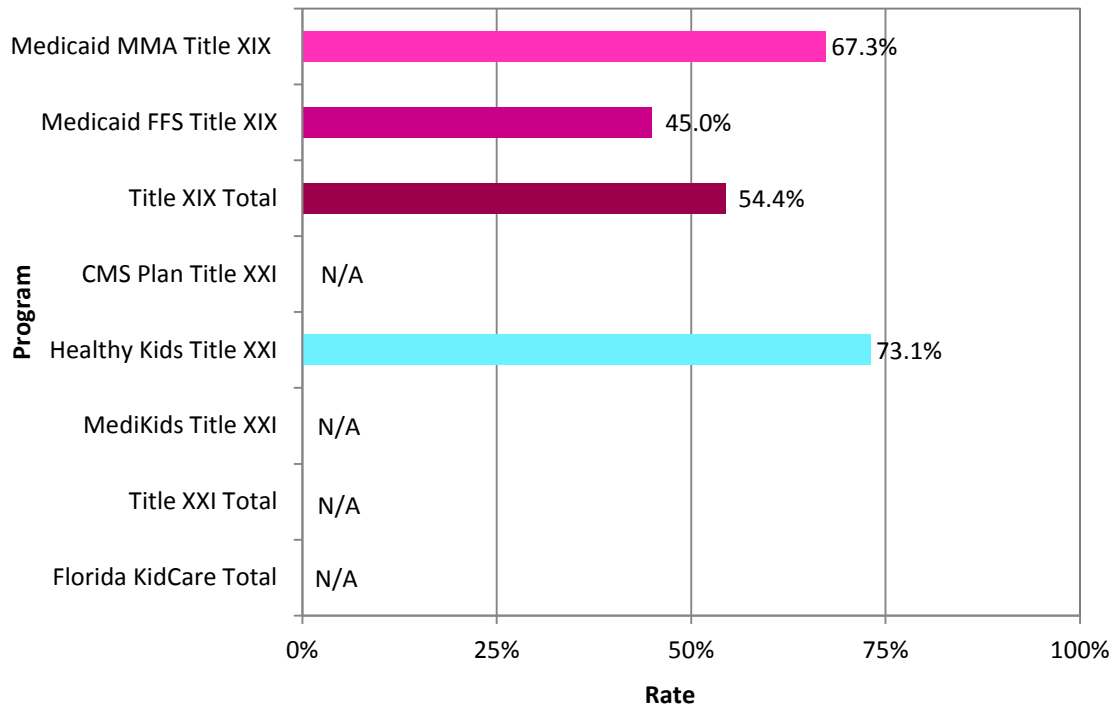
In addition to using the plans' claims and encounter data, Florida SHOTS™ records from the Florida Department of Health were included. Persons excluded from this measure include those who had an anaphylactic reaction to the vaccine or its components.

Three rates are reported: (1) the percentage of adolescents who received the meningococcal vaccine, (2) the percentage of adolescents who received the Tdap or Td vaccine, and (3) a combination rate of adolescents who received both a meningococcal vaccine and a Tdap or Td vaccine.

Figure 57, Figure 63, Figure 69, and Figure 58, Figure 64, Figure 70 present the program results and benchmark percentile ranges, respectively, in CY2014.

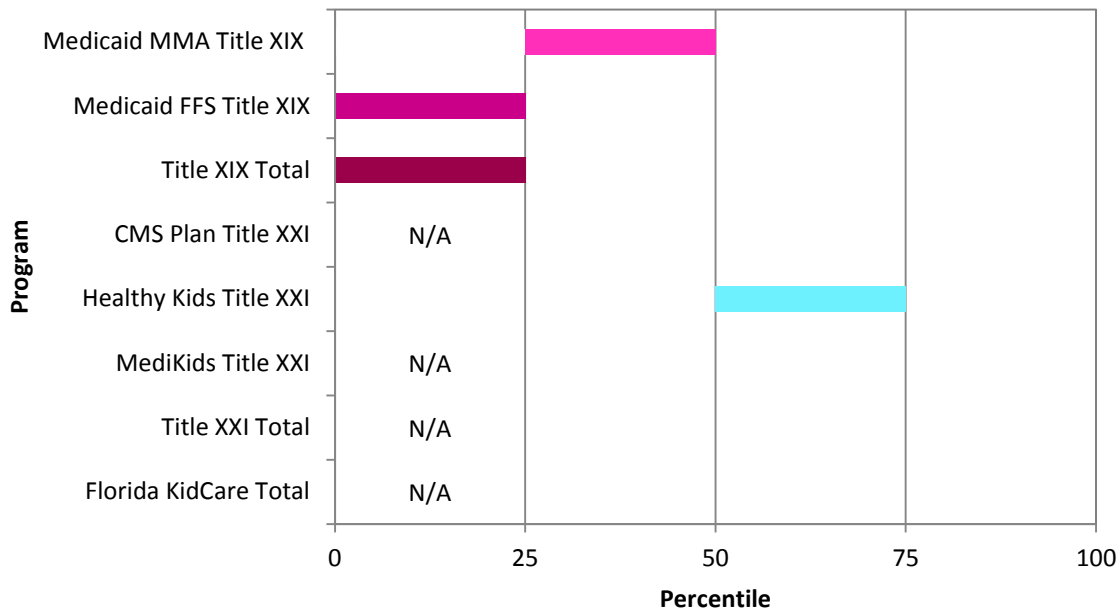
Figure 59, Figure 61, Figure 65, Figure 67, Figure 71, Figure 73, and Figure 60, Figure 62, Figure 66, Figure 68, Figure 72, Figure 74 present the plan results and benchmark percentile ranges, respectively, in CY2014.

Figure 57. Program Results for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2014



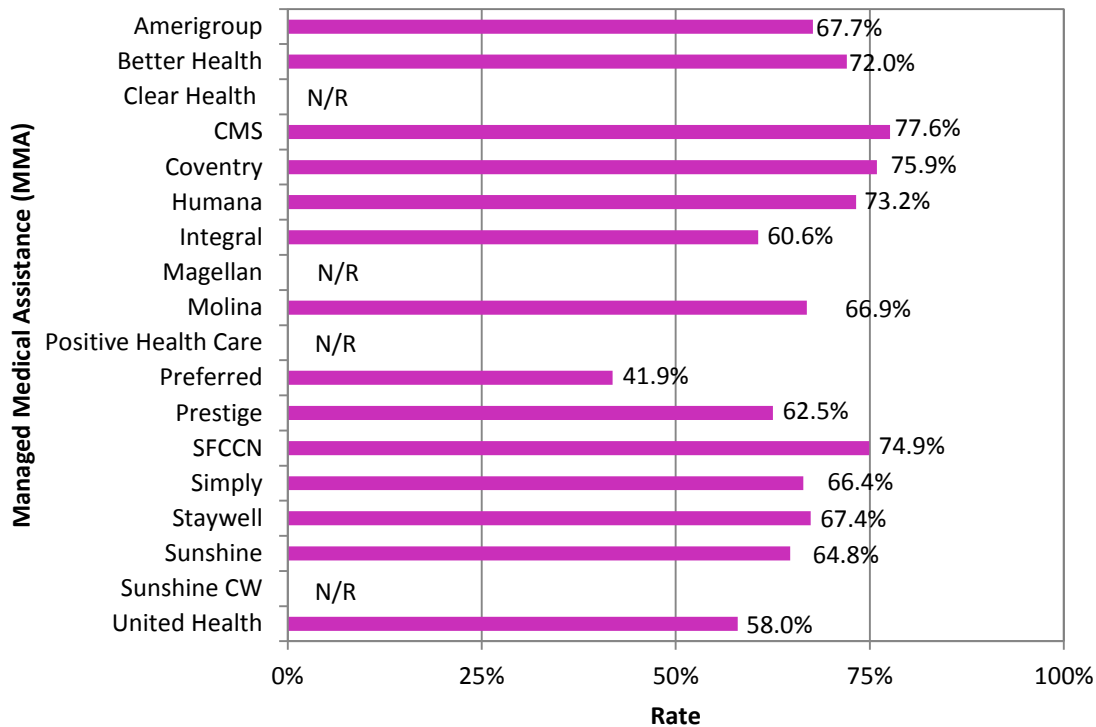
N/A denotes programs that do not have available data or the measure does not apply

Figure 58. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2014



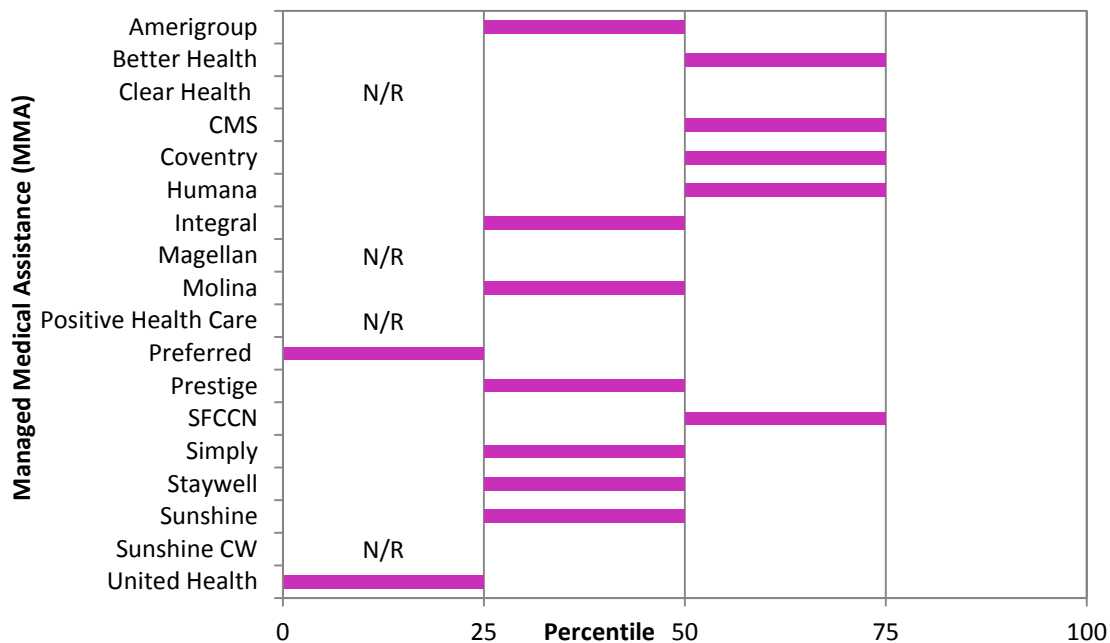
N/A denotes programs that do not have available data or the measure does not apply

Figure 59. Medicaid MMA Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2014



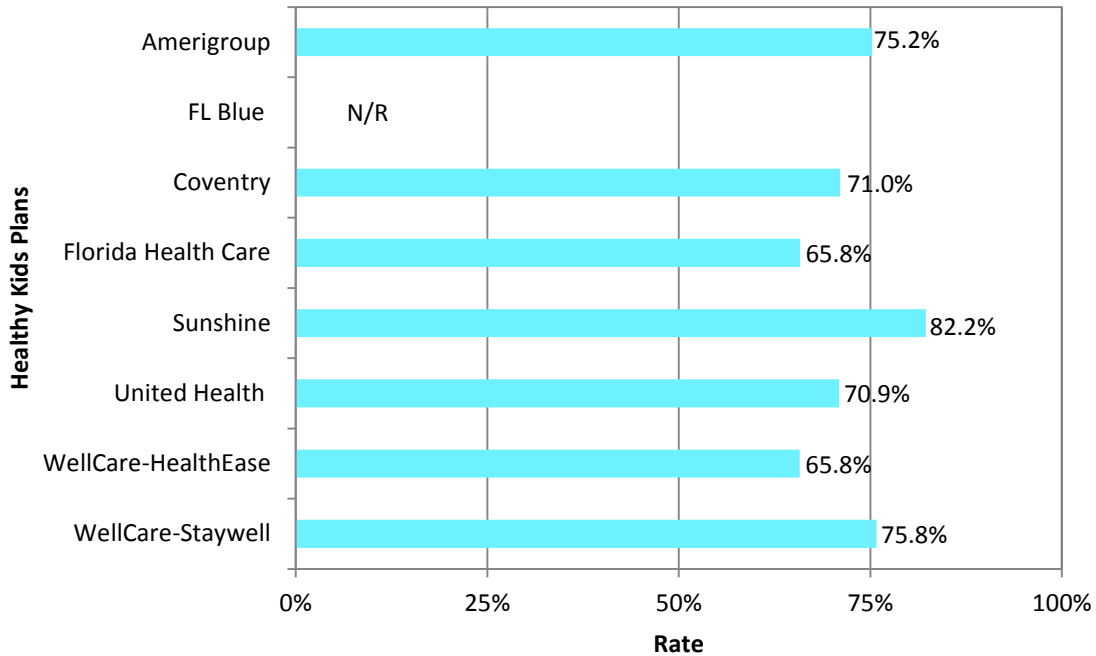
Plans with less than 30 in the denominator are labeled as N/R

Figure 60. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2014



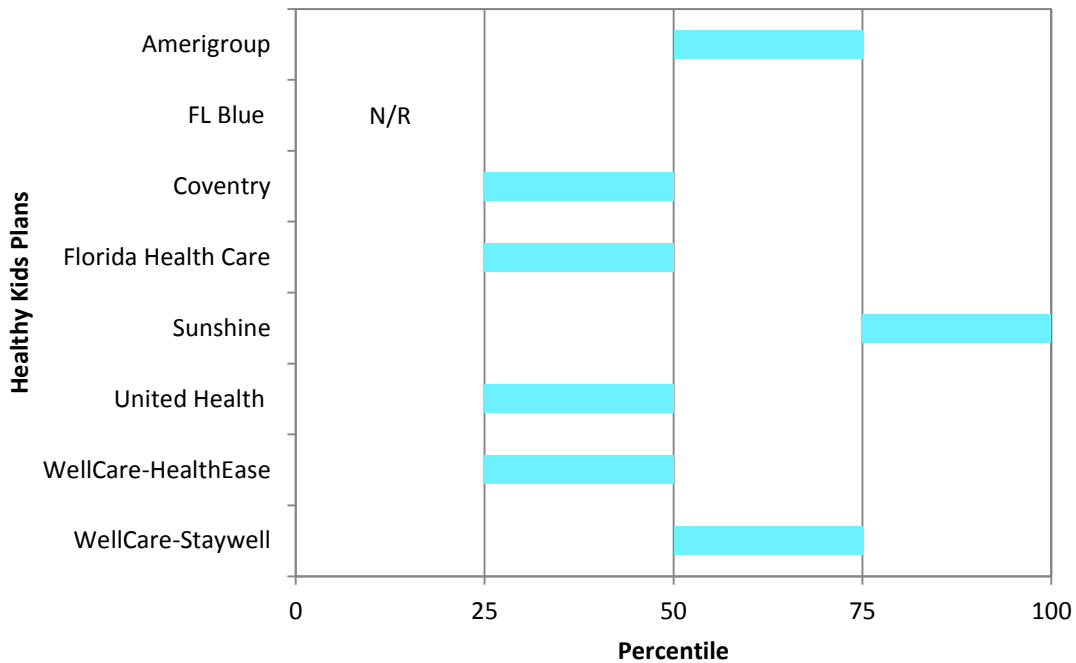
Plans with less than 30 in the denominator are labeled as N/R

Figure 61. Healthy Kids Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2014



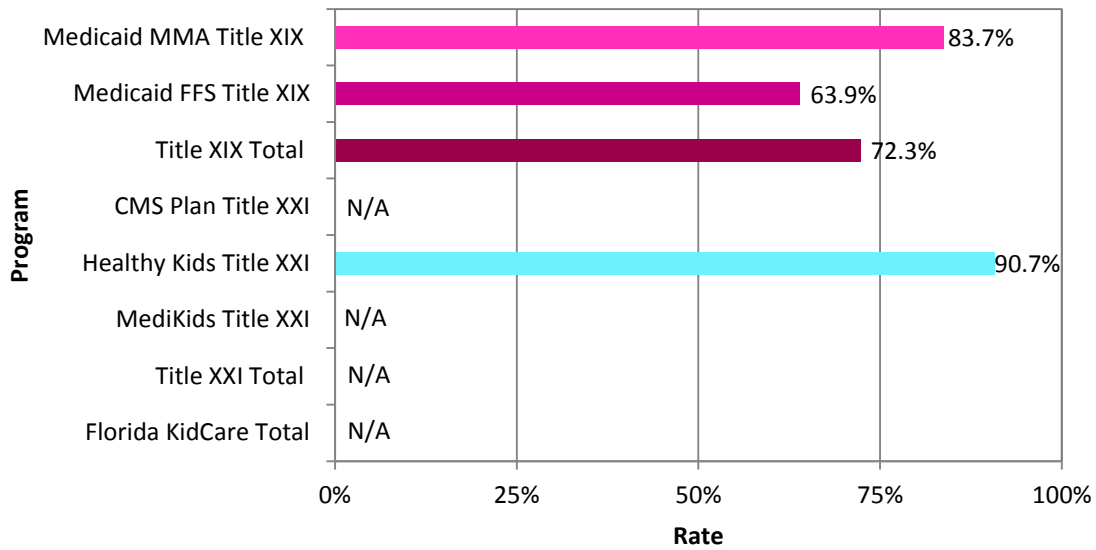
Plans with less than 30 in the denominator are labeled as N/R

Figure 62. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2014



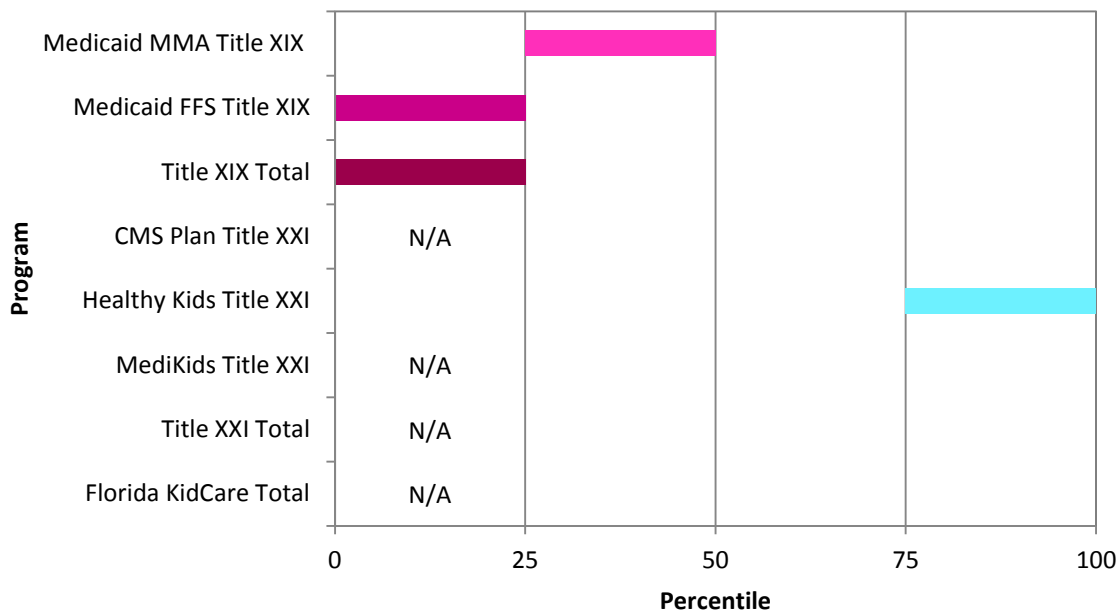
Plans with less than 30 in the denominator are labeled as N/R

Figure 63. Program Results for HEDIS® Immunization Status for Adolescents (IMA): Tdap/Td Immunizations, CY 2014



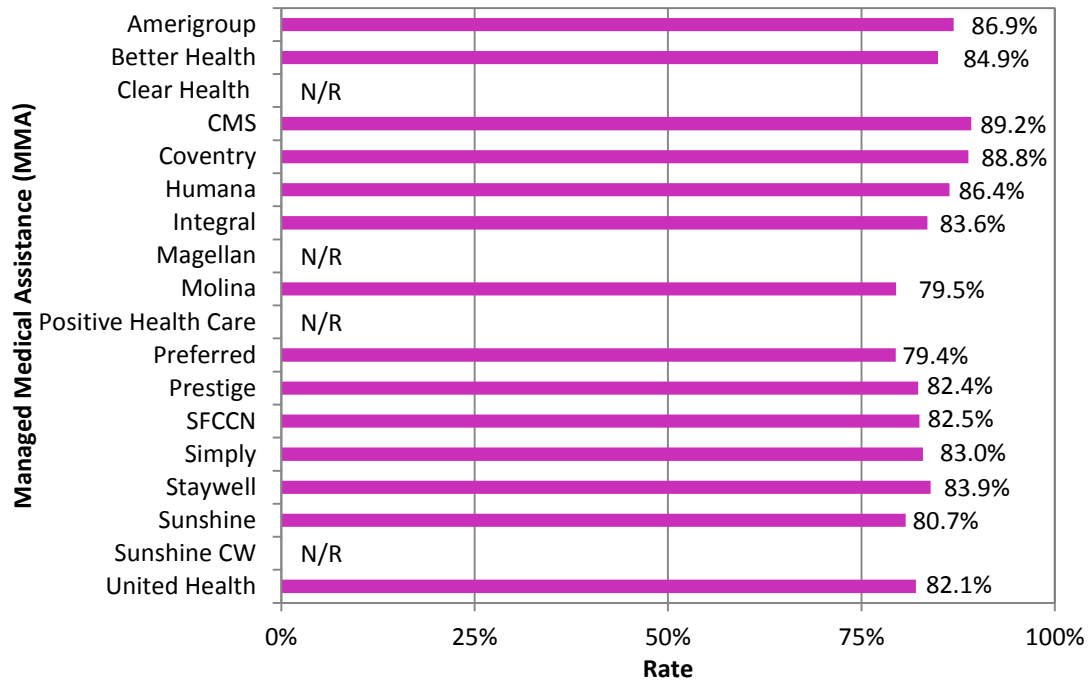
N/A denotes programs that do not have available data or the measure does not apply

Figure 64. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Tdap/Td Immunizations, CY 2014



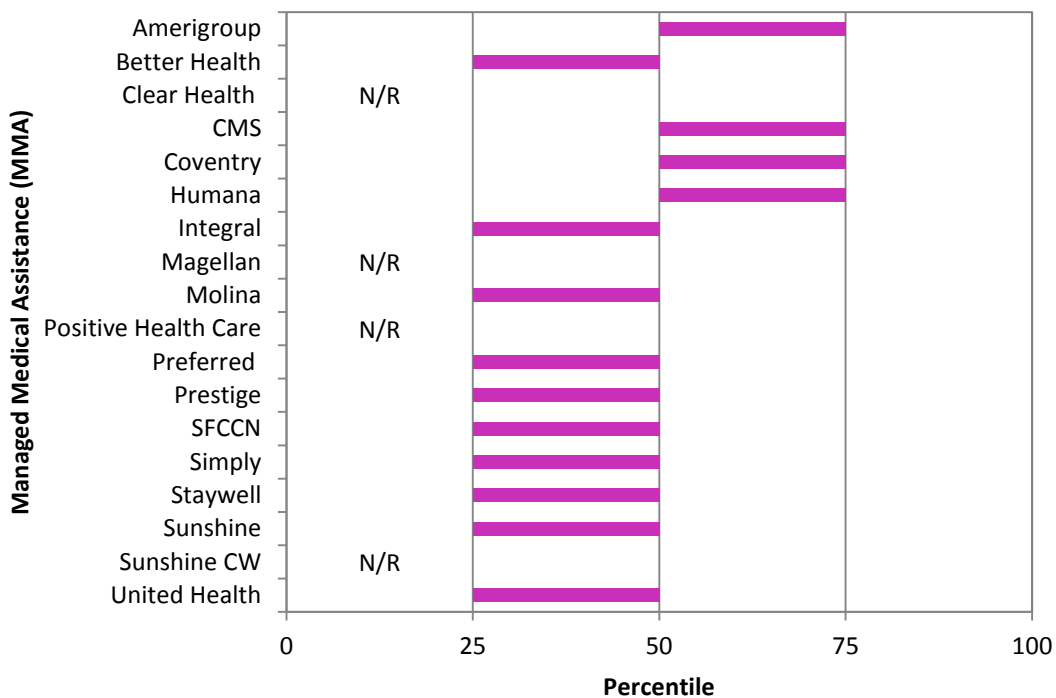
N/A denotes programs that do not have available data or the measure does not apply

Figure 65. Medicaid MMA Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Tdap/Td Immunizations, CY 2014



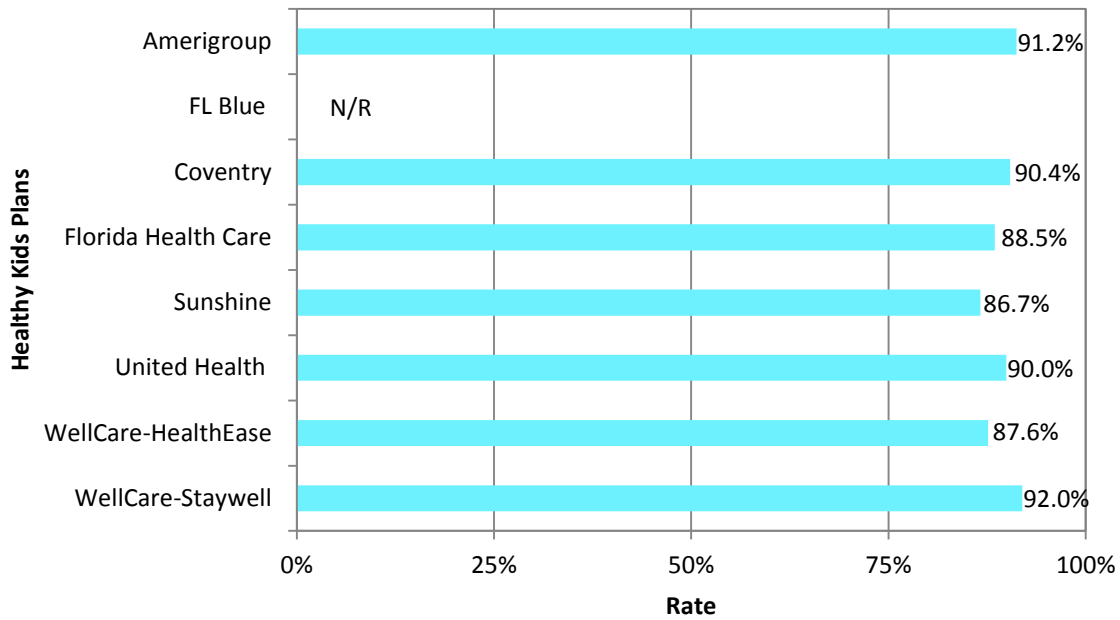
Plans with less than 30 in the denominator are labeled as N/R

Figure 66. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA) Tdap/Td Immunizations, CY 2014



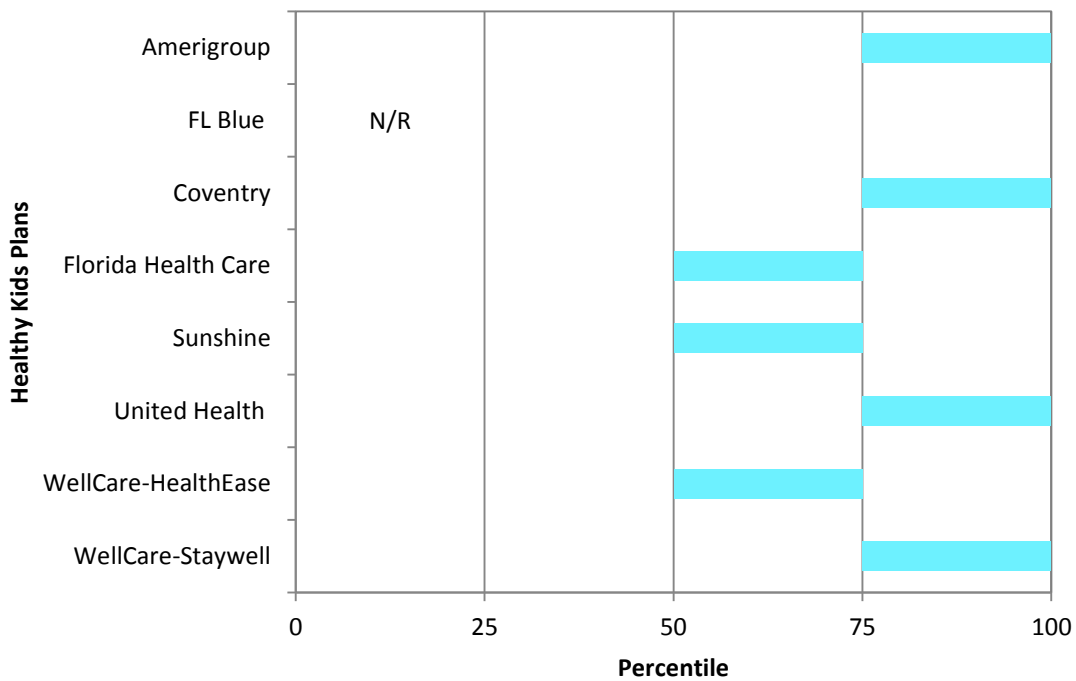
Plans with less than 30 in the denominator are labeled as N/R

Figure 67. Healthy Kids Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Tdap/Td Immunizations, CY 2014



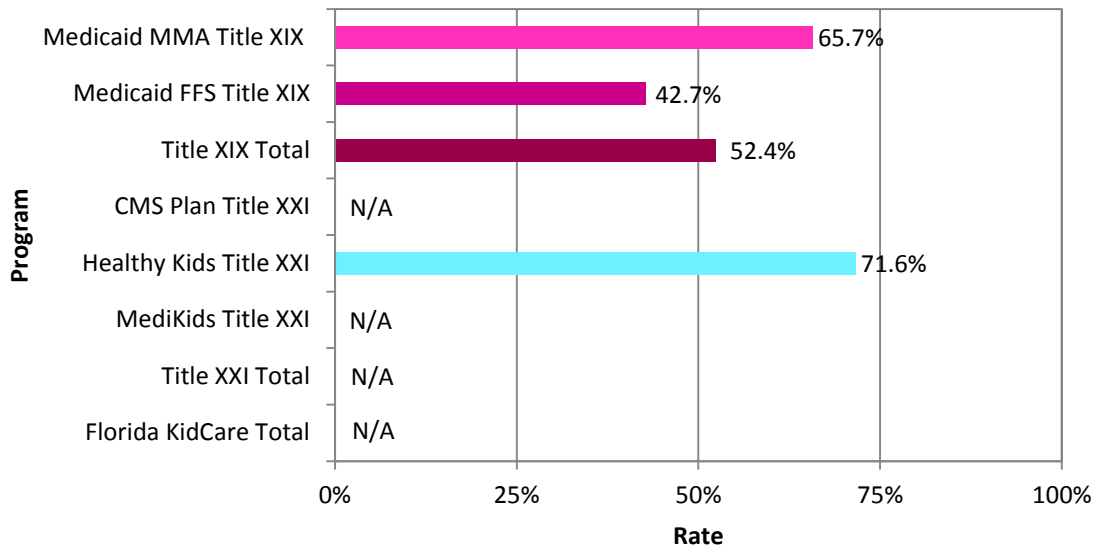
Plans with less than 30 in the denominator are labeled as N/R

Figure 68. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Tdap/Td Immunizations, CY 2014



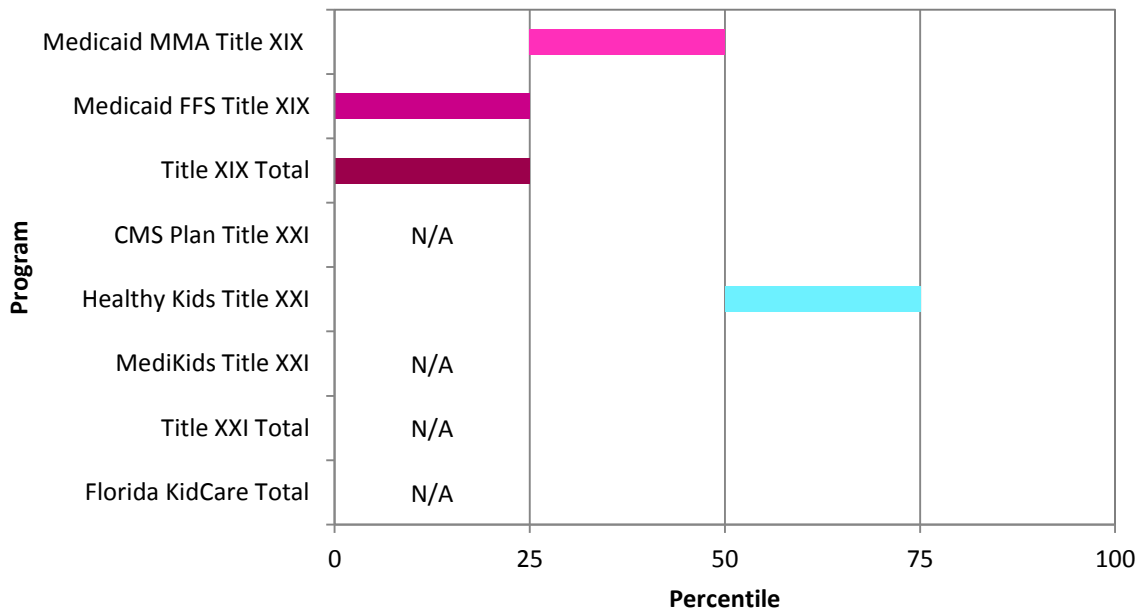
Plans with less than 30 in the denominator are labeled as N/R

Figure 69. Program Results for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2014



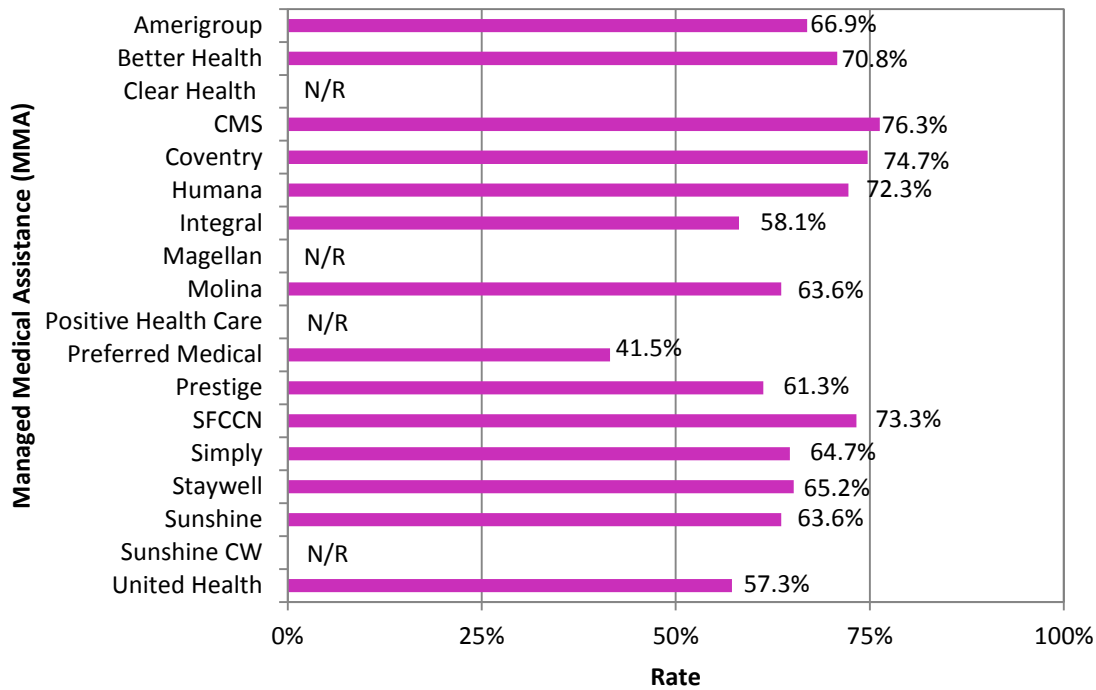
N/A denotes programs that do not have available data or the measure does not apply

Figure 70. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2014



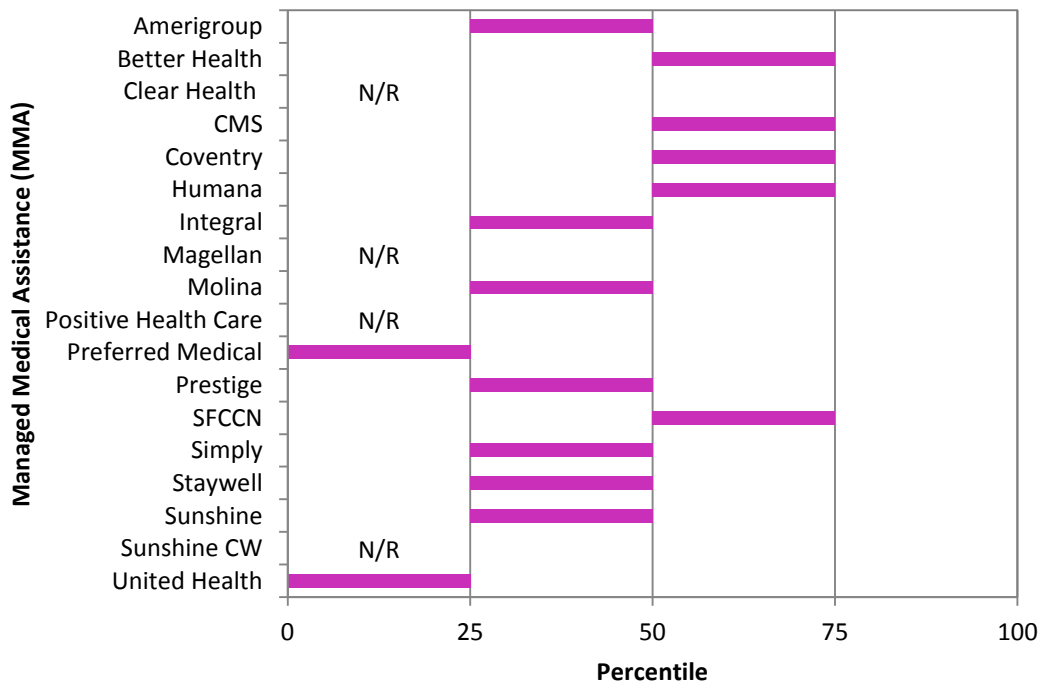
N/A denotes programs that do not have available data or the measure does not apply

Figure 71. Medicaid MMA Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2014



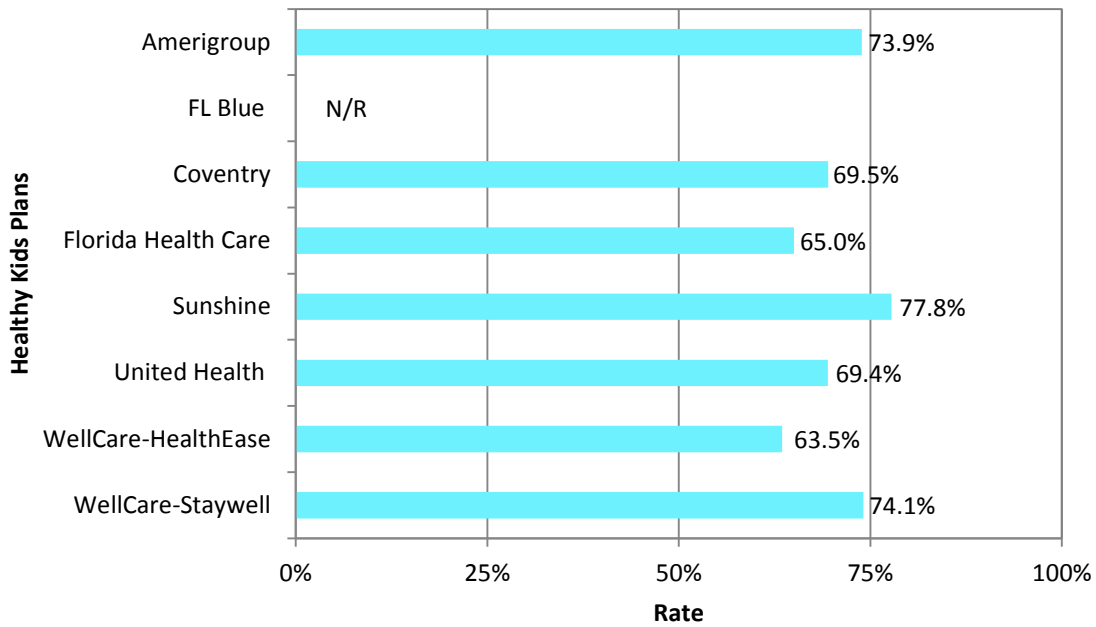
Plans with less than 30 in the denominator are labeled as N/R

Figure 72. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2014



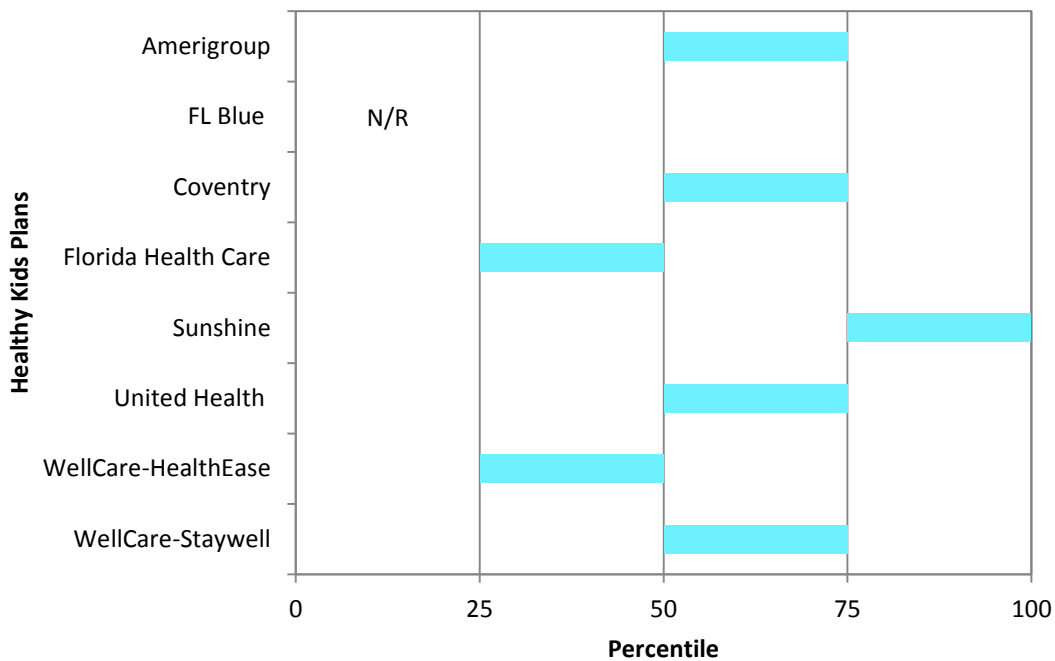
Plans with less than 30 in the denominator are labeled as N/R

Figure 73. Healthy Kids Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Figure 74. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Chlamydia Screening in Women ages 16-20 (CHL)

Chlamydia is a common sexually transmitted disease that, if untreated, can lead to serious reproductive conditions like pelvic inflammatory disease and infertility.⁹ The HEDIS® CHL indicator measures the percentage of female members 16 through 24 years old who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.

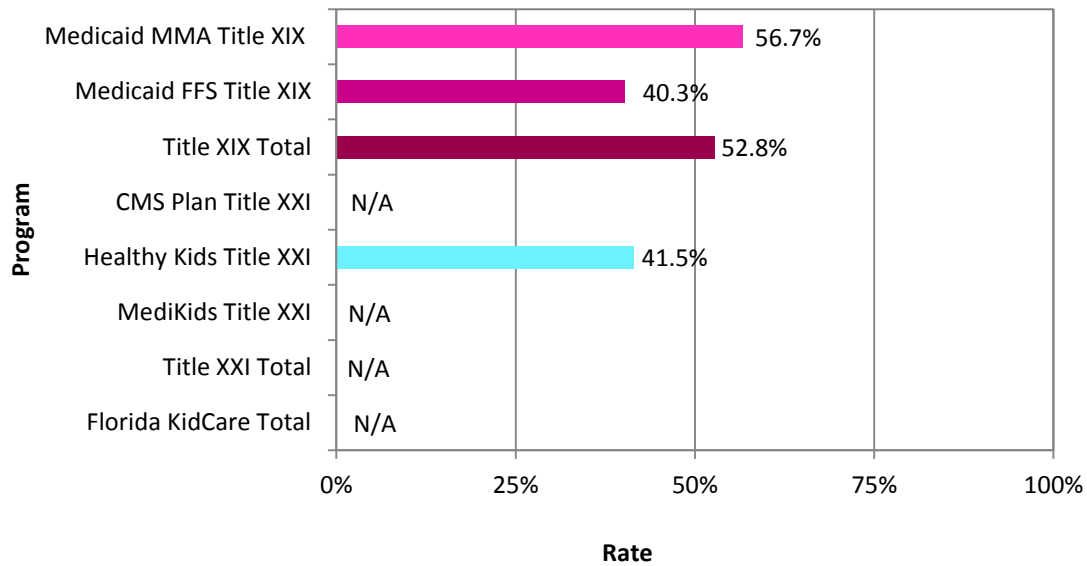
This percentage is calculated as the percentage of women who had at least one Chlamydia test during the measurement year divided by those identified as sexually active. Sexually active women are identified through pharmacy data (e.g., dispensed prescription contraceptives) or through claims/encounter procedure and diagnosis codes.

Figure 75 and **Figure 76** present the program results and benchmark percentile ranges, respectively, in CY2014.

Figure 77, Figure 79, Figure 78, and **Figure 80** present the plan results and benchmark percentile ranges, respectively, in CY2014.

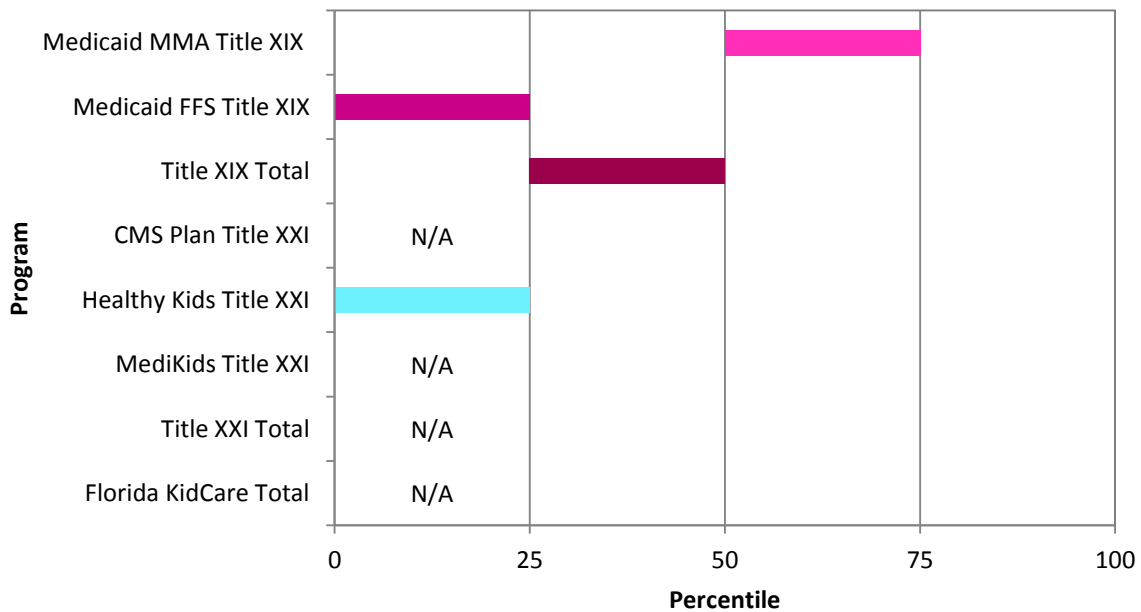
⁹ <http://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm>

Figure 75. Program Results for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL), CY 2014



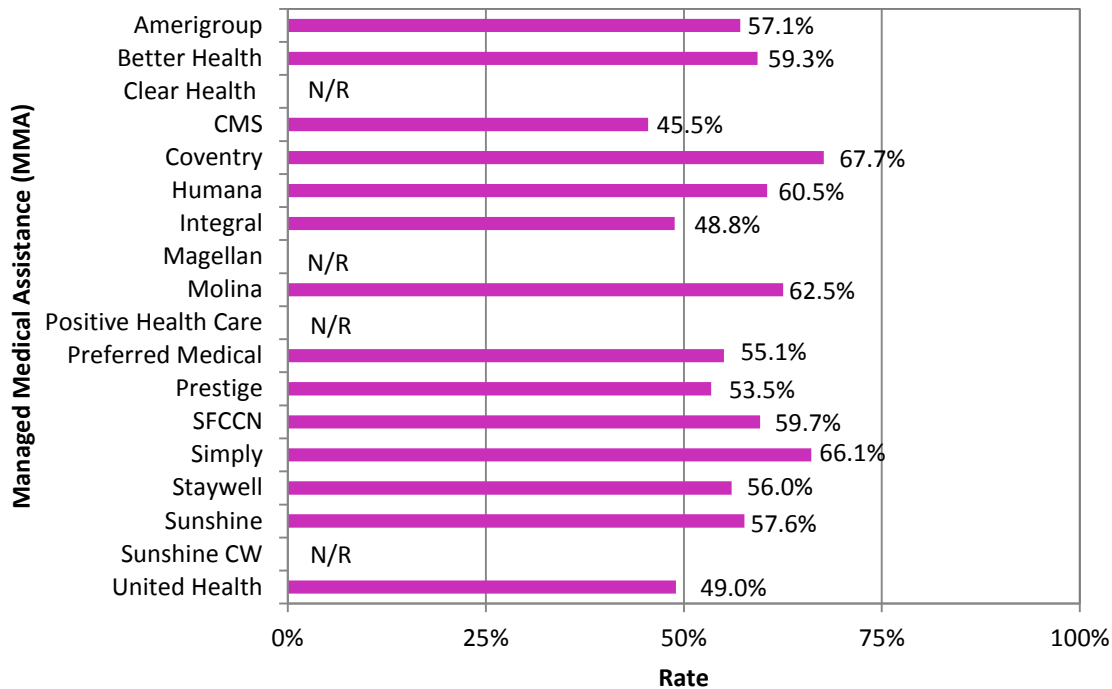
N/A denotes programs that do not have available data or the measure does not apply

Figure 76. National Benchmarks for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL), CY 2014



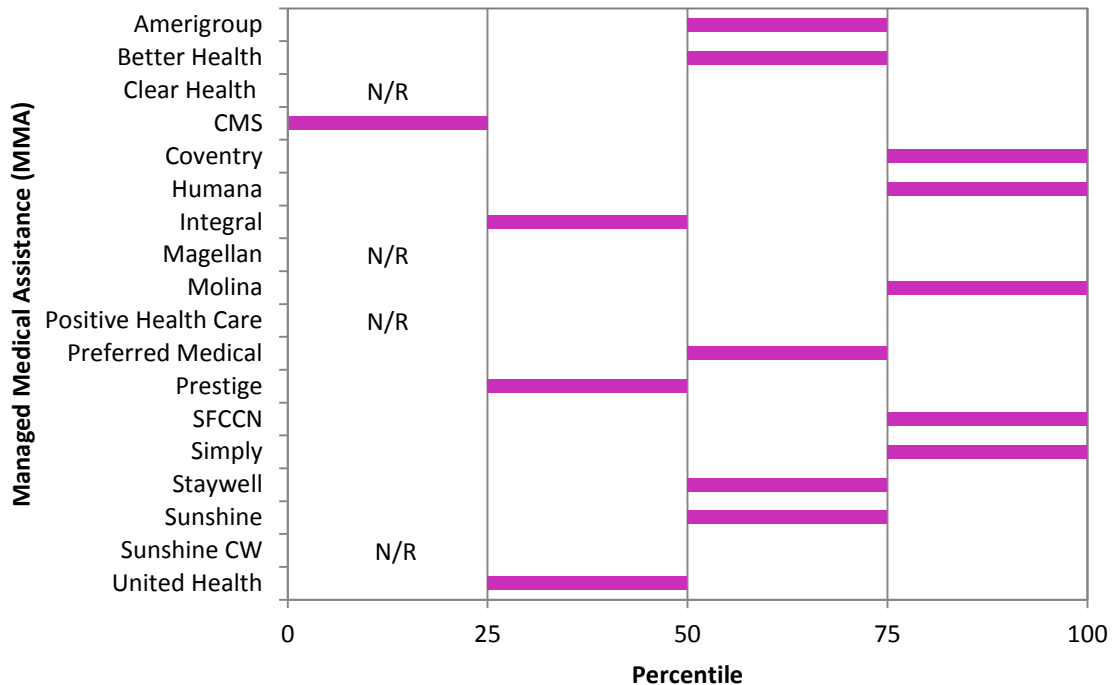
N/A denotes programs that do not have available data or the measure does not apply

Figure 77. Medicaid MMA Plan Results for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL), CY 2014



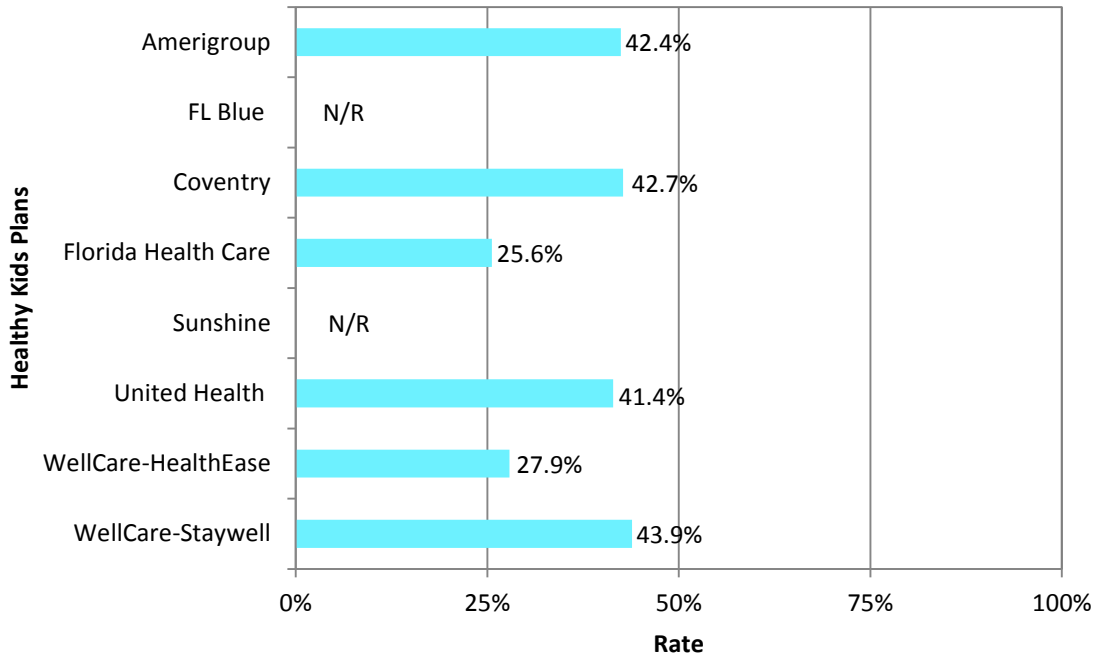
Plans with less than 30 in the denominator are labeled as N/R

Figure 78. National Benchmarks for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL), CY 2014



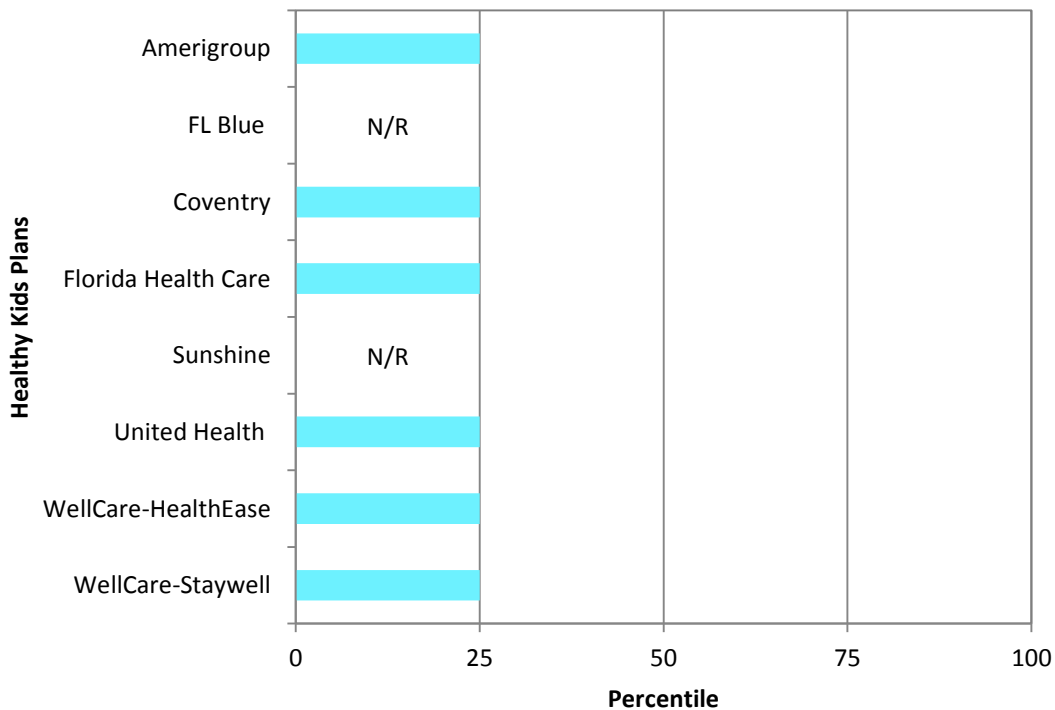
Plans with less than 30 in the denominator are labeled as N/R

Figure 79. Healthy Kids Plan Results for HEDIS Chlamydia Screening in Women ages 16-20 (CHL), CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Figure 80. National Benchmarks for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL), CY 2014



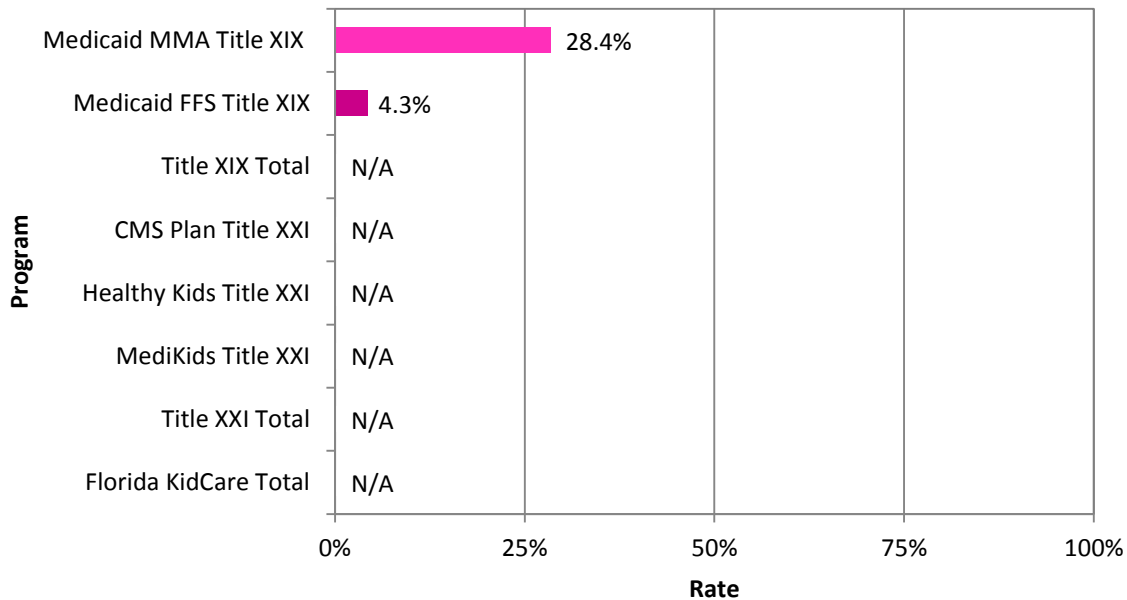
Plans with less than 30 in the denominator are labeled as N/R

Developmental Screening in the First Three Years of Life (DEV)

The development that occurs from birth to three years provides the foundation for subsequent development across domains. This CHIPRA indicator reports the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding their first, second, or third birthday in CY2014. This measure includes three age-specific indicators assessing whether children are screened by their first, second, or third birthdays. Four rates, one for each age group and a combined rate, are calculated and reported. For instance, children who turned 1 during CY2014 are counted in the age=1 indicator while children who turned 2 during CY2014 are counted in the age=2 indicator; the combined rate includes all children who turned 1, 2, or 3 in CY 2014. No children are excluded in this measure. National Benchmark percentiles are not available for this measure.

Figure 81 presents the program results in CY2014.

Figure 81. Program Results for Developmental Screening in the First Three Years of Life (DEV), CY 2014



Note: MMA Title XIX includes two MMA plans. Interpret with caution. N/A denotes programs that do not have available data or the measure does not apply. A Title XIX total is not provided as the combination of two MMA plans and FFS do not accurately represent the entire Title XIX program.

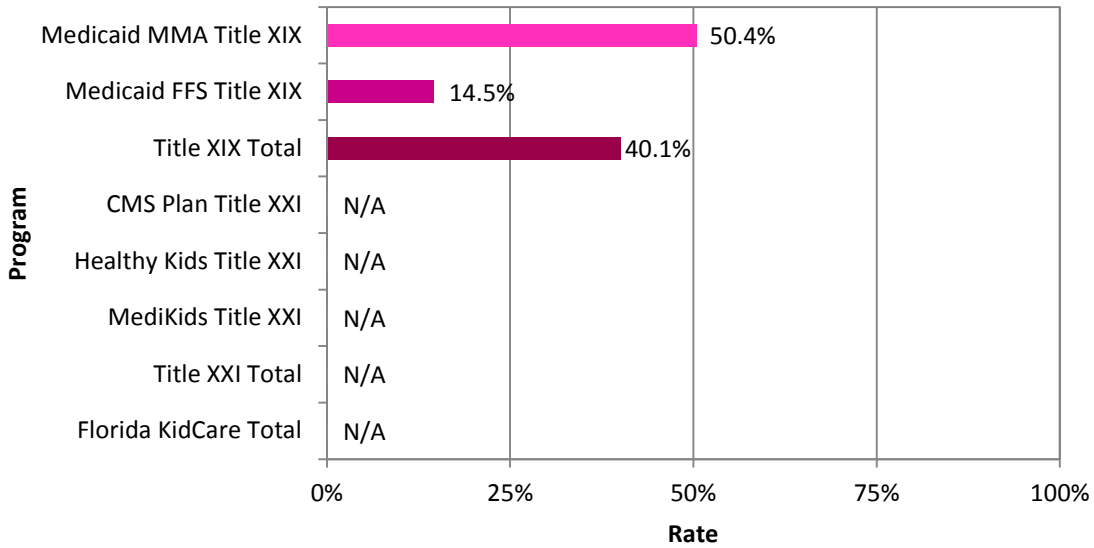
Well-Child Visits in the First 15 Months of Life (W15)

Having a well-child or preventive care visit is a fundamental component of health care for children. This HEDIS® indicator reports the percentage of children who turned 15 months old in CY2014 and had some number of well-child visits with a primary care practitioner (PCP) during their first 15 months of life. Seven separate sub-indicators are calculated corresponding to the number of well-child visits with a PCP during their first 15 months of life. For instance, this indicator will report that some children will have only 1 visit, while other children may have 6 or more visits. The American Academy of Pediatrics (AAP) recommends 6 or more visits, so for the purpose of this report, we are only presenting the results for 6 or more visits.

Figure 82 and **Figure 83** present the program results and benchmark percentile ranges, respectively, in CY2014.

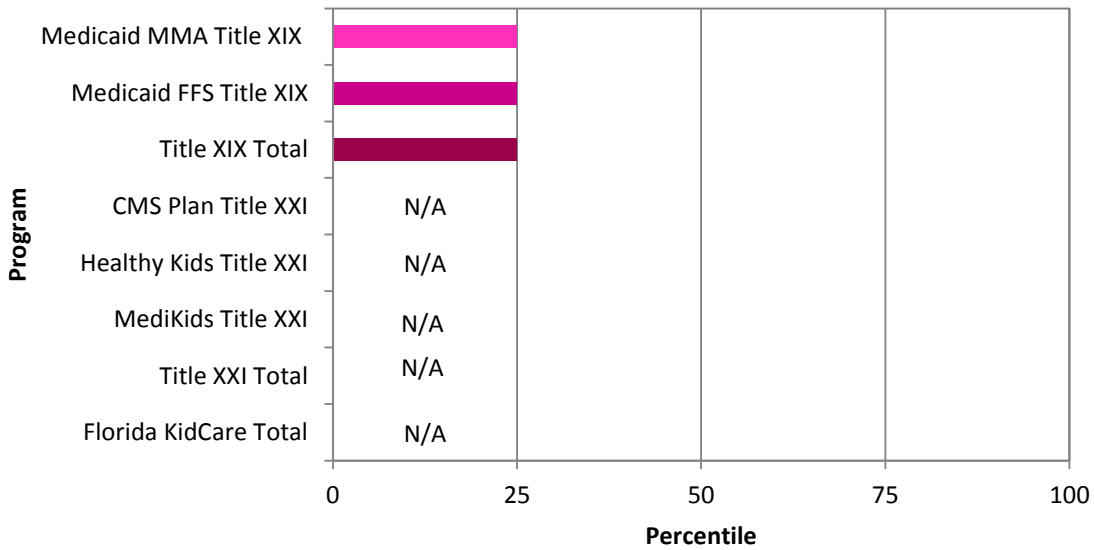
Figure 84 and **Figure 85** present the plan results and benchmark percentile ranges, respectively, in CY2014.

Figure 82. Program Results for HEDIS® Well-Child Visits in the First 15 Months of Life (W15): 6 or more visits, CY 2014



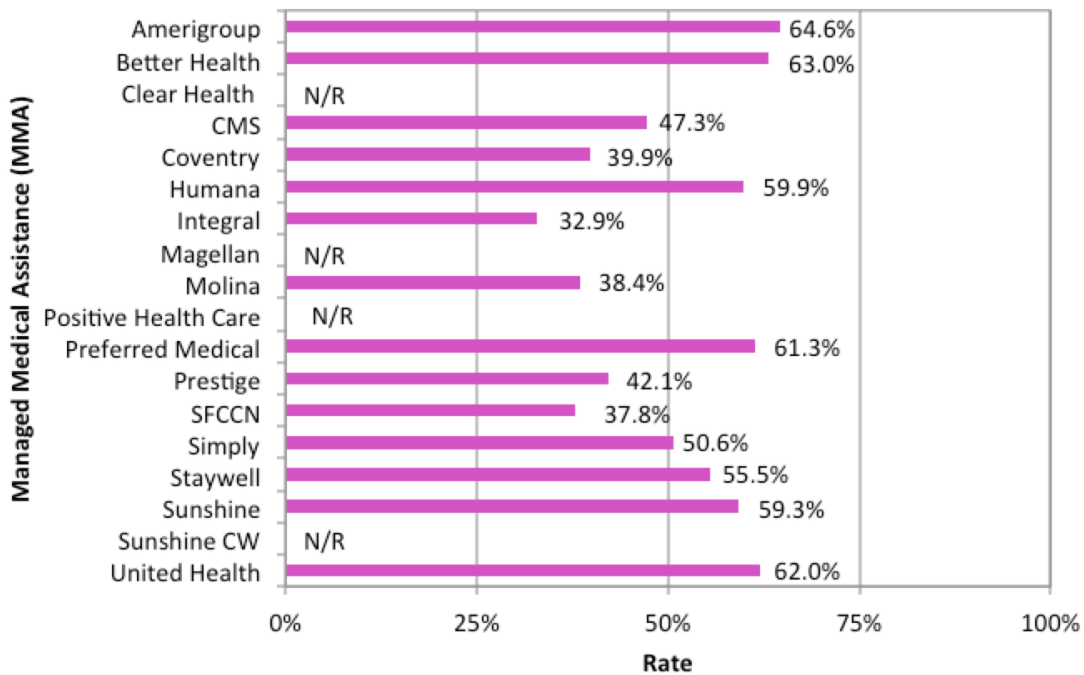
N/A denotes programs that do not have available data or the measure does not apply

Figure 83. National Benchmarks for HEDIS® Well-Child Visits in the First 15 Months of Life (W15): 6 or more visits, CY 2014



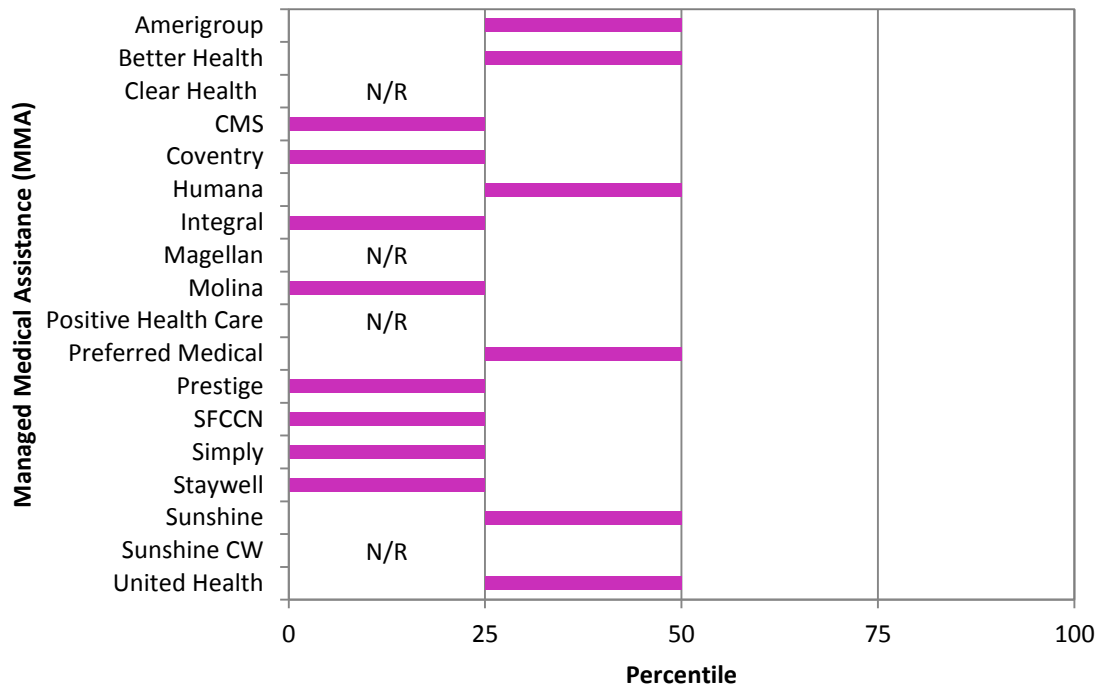
N/A denotes programs that do not have available data or the measure does not apply

Figure 84. Medicaid MMA Plan Results for HEDIS® Well-Child Visits in the First 15 Months of Life (W15):6 or more visits, CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Figure 85. National Benchmarks for HEDIS® Well-Child Visits in the First 15 Months of Life (W15): 6 or more visits, CY 2014



Plans with less than 30 in the denominator are labeled as N/R

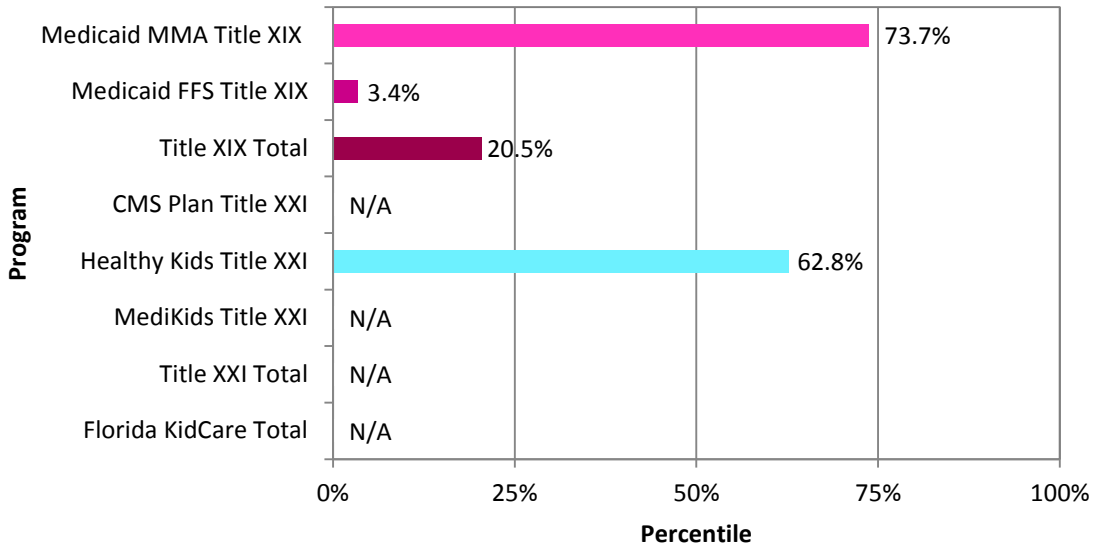
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34)

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 2014. This HEDIS® measure requires visits with a primary care practitioner specifically.

Figure 86 and **Figure 87** present the program results and benchmark percentile ranges, respectively, in CY2014.

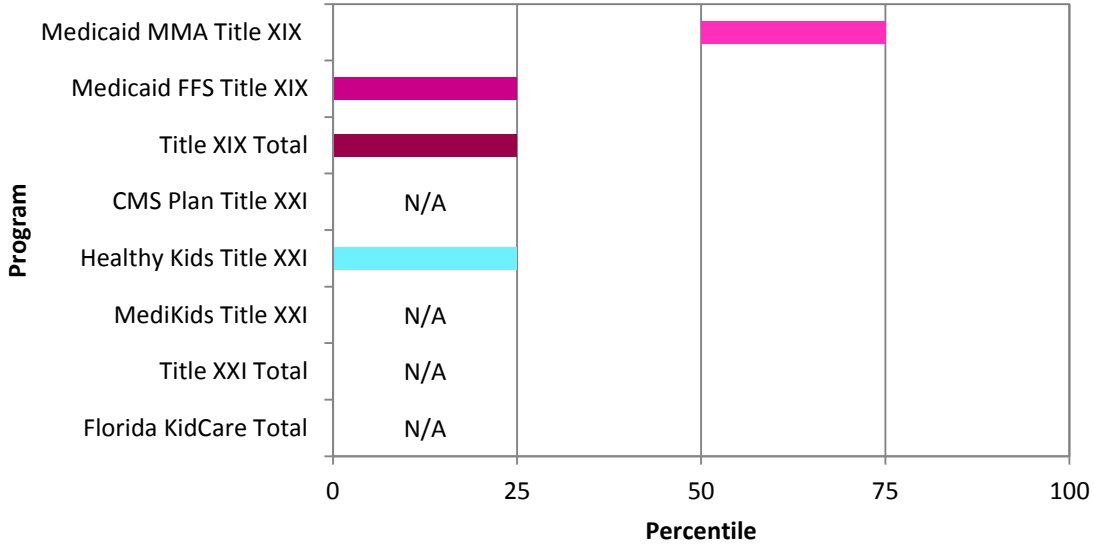
Figure 88, Figure 90, and Figure 89, Figure 91 present the plan results and benchmark percentile ranges, respectively, in CY2014.

Figure 86. Program Results for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2014



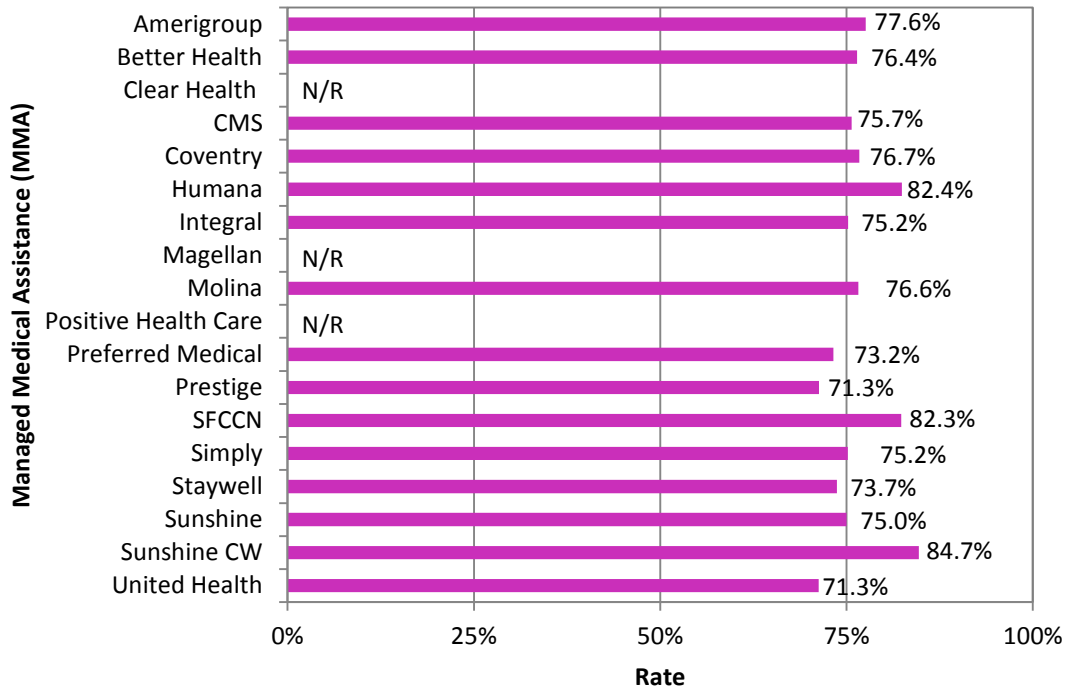
N/A denotes programs that do not have available data or the measure does not apply

Figure 87. National Benchmarks for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2014



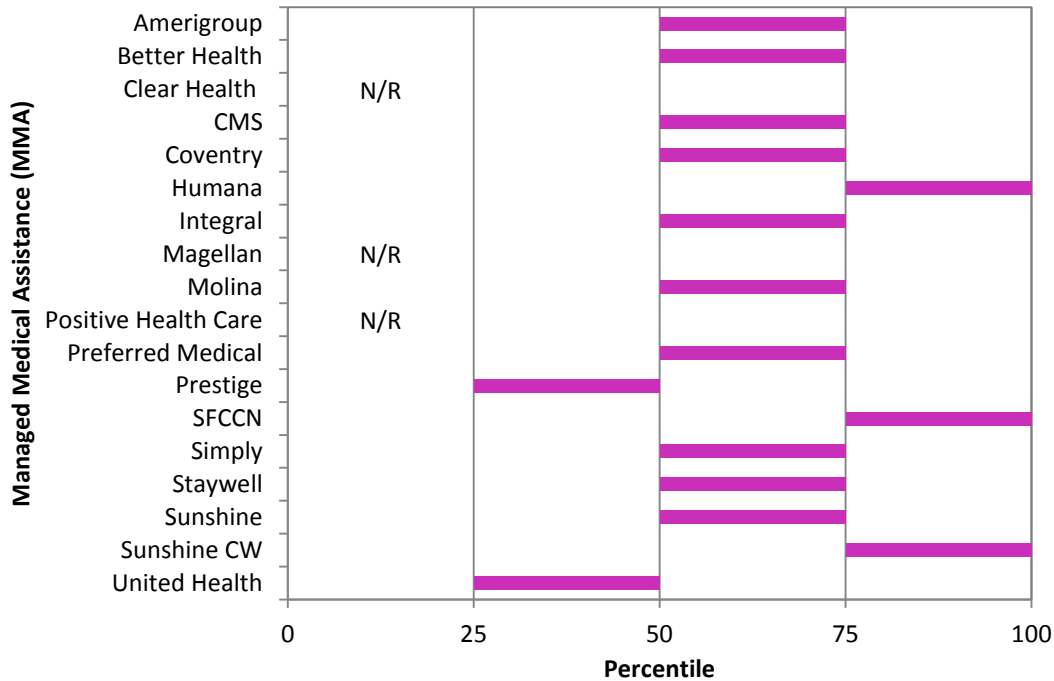
N/A denotes programs that do not have available data or the measure does not apply

Figure 88. Medicaid MMA Plan Results for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2014



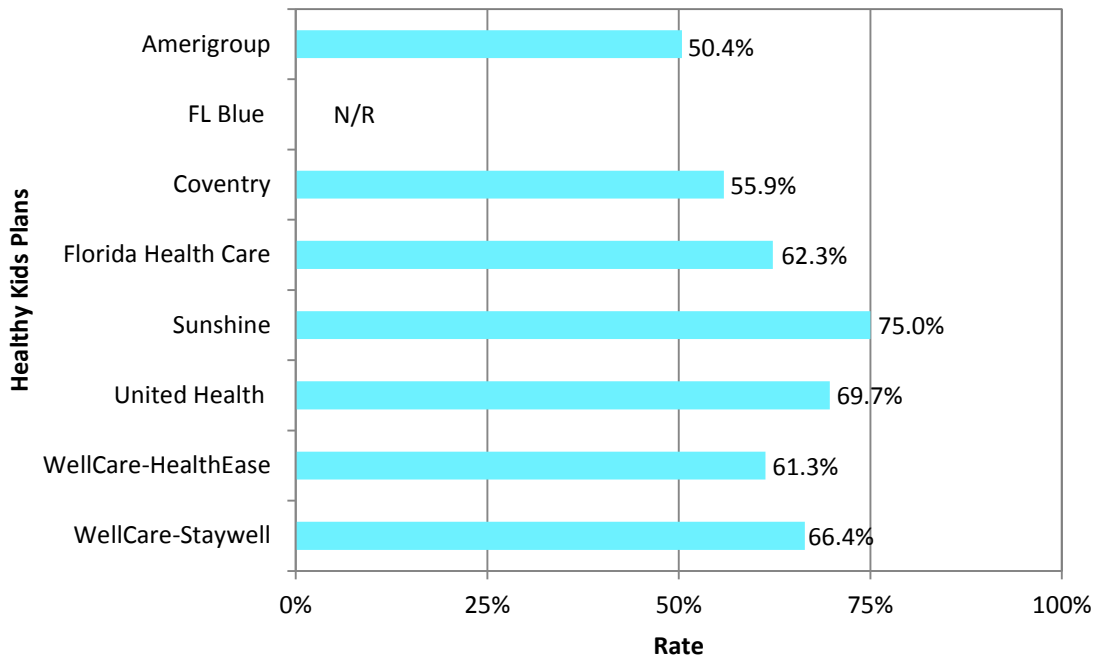
Plans with less than 30 in the denominator are labeled as N/R

Figure 89. National Benchmarks for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2014



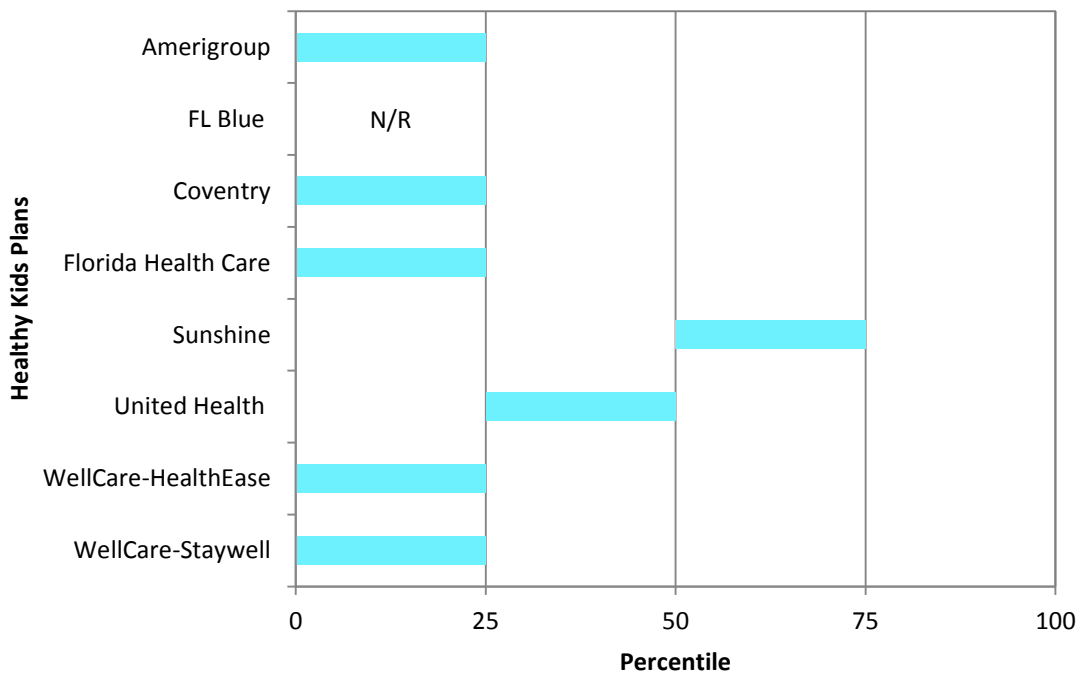
Plans with less than 30 in the denominator are labeled as N/R

Figure 90. Healthy Kids Plan Results for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Figure 91. National Benchmarks for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Adolescent Well-Care Visits (AWC)

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 21 years old who received one or more comprehensive adolescent well-care visits (AWC) with a physician provider during CY2014. The Florida Healthy Kids rate includes enrollees 12 to 18 years of age; the MMA rate includes enrollees 12 to 21 years of age. This HEDIS® measure requires visits with a primary care practitioner or OB/GYN practitioner.

Figure 92 shows a comparison of AWC results for the past five years for the Florida Healthy Kids program.

Figure 92. HEDIS® Well-care visits for adolescents (AWC), five year trend, CY 2014

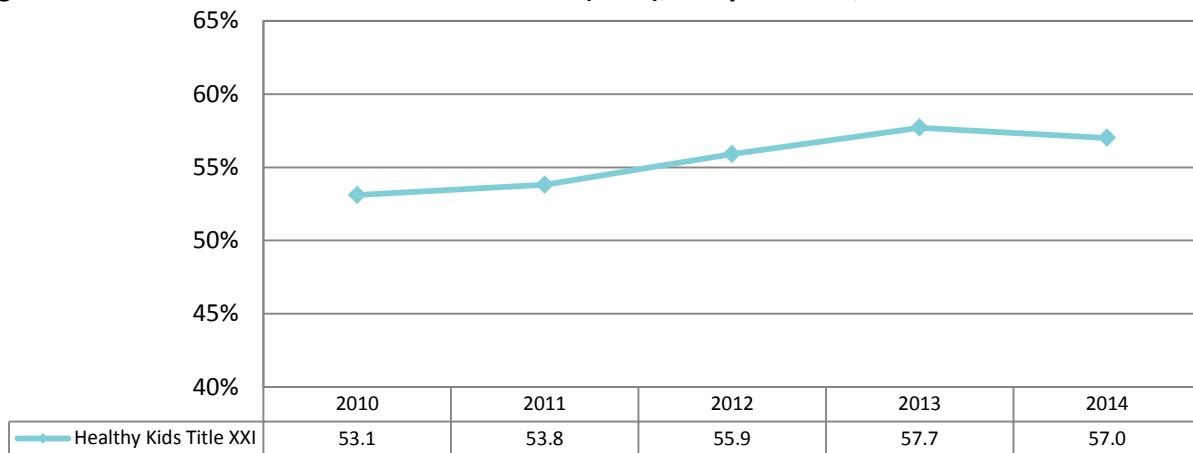
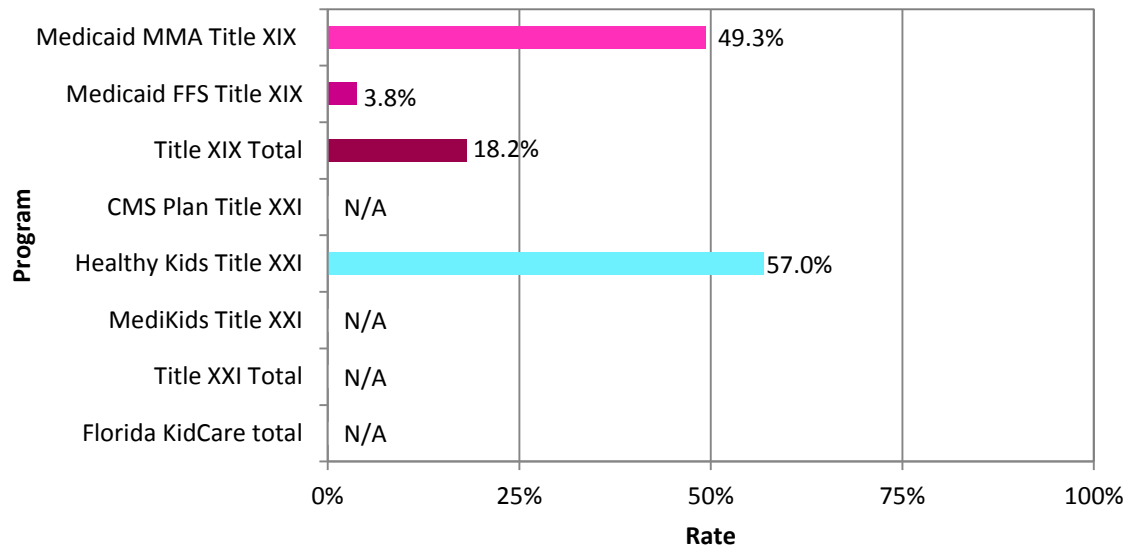


Figure 93 and Figure 94 present the program results and benchmark percentile ranges, respectively, in CY2014.

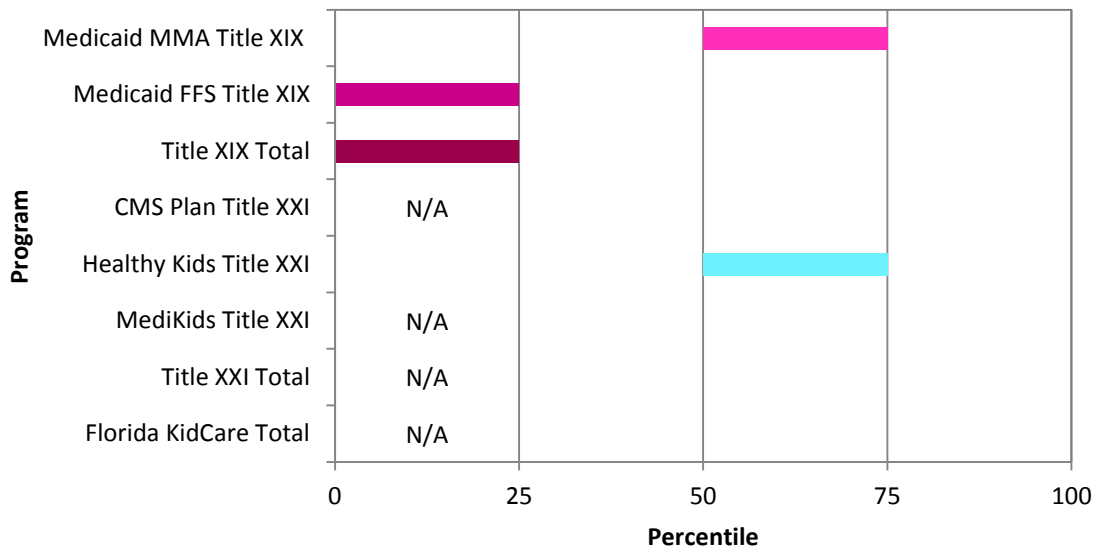
Figure 95, Figure 97, and Figure 96, Figure 98 present the plan results and benchmark percentile ranges, respectively, in CY2014.

Figure 93. Program Results for HEDIS® Adolescent Well-Care Visits (AWC), CY 2014



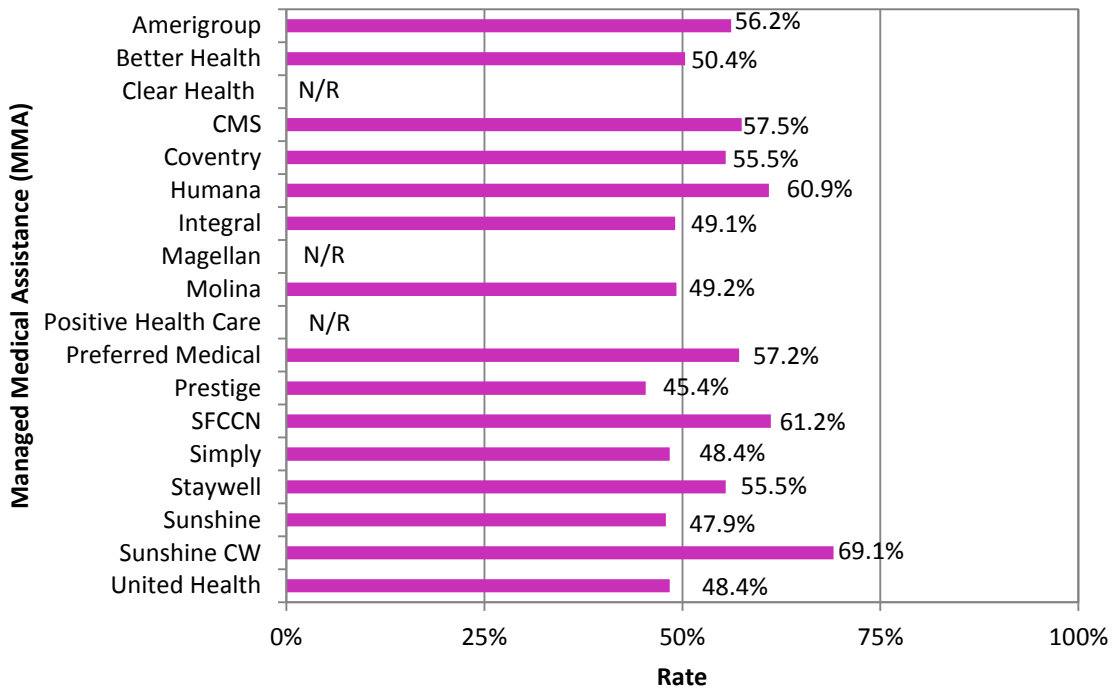
N/A denotes programs that do not have available data or the measure does not apply

Figure 94. National Benchmarks for HEDIS® Adolescent Well-Care Visits (AWC), CY 2014



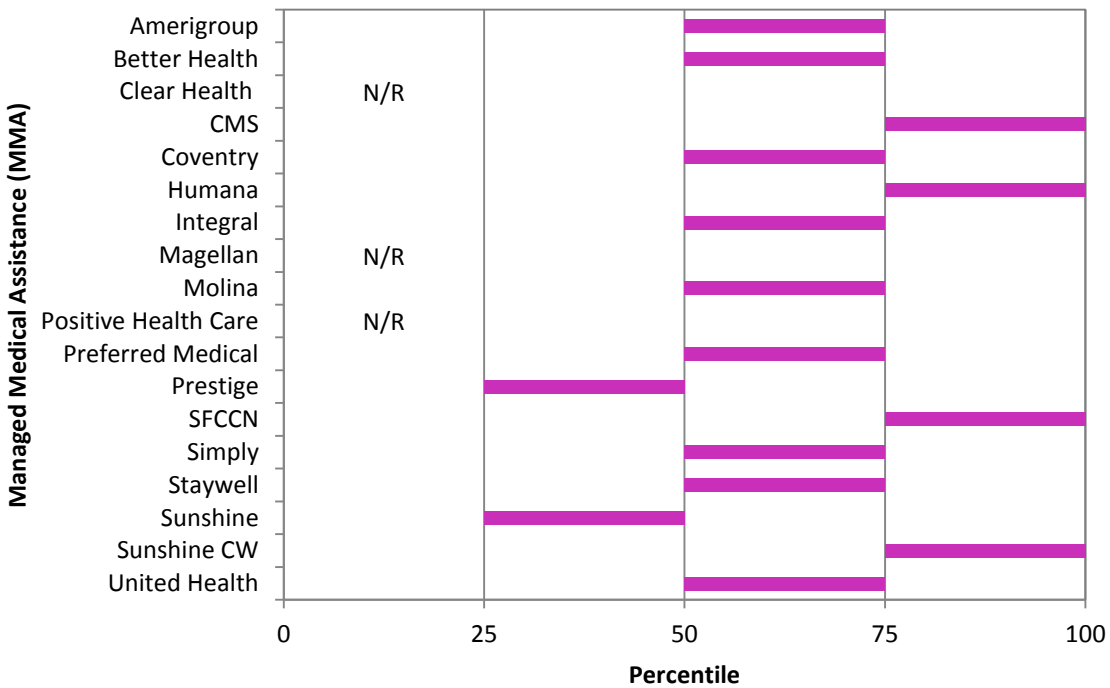
N/A denotes programs that do not have available data or the measure does not apply

Figure 95. Medicaid MMA Plan Results for HEDIS® Adolescent Well-Care Visits (AWC), CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Figure 96. National Benchmarks for HEDIS® Adolescent Well-Care Visits (AWC), CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Figure 97. Healthy Kids Plan Results for HEDIS® Adolescent Well-Care Visits (AWC), CY 2014

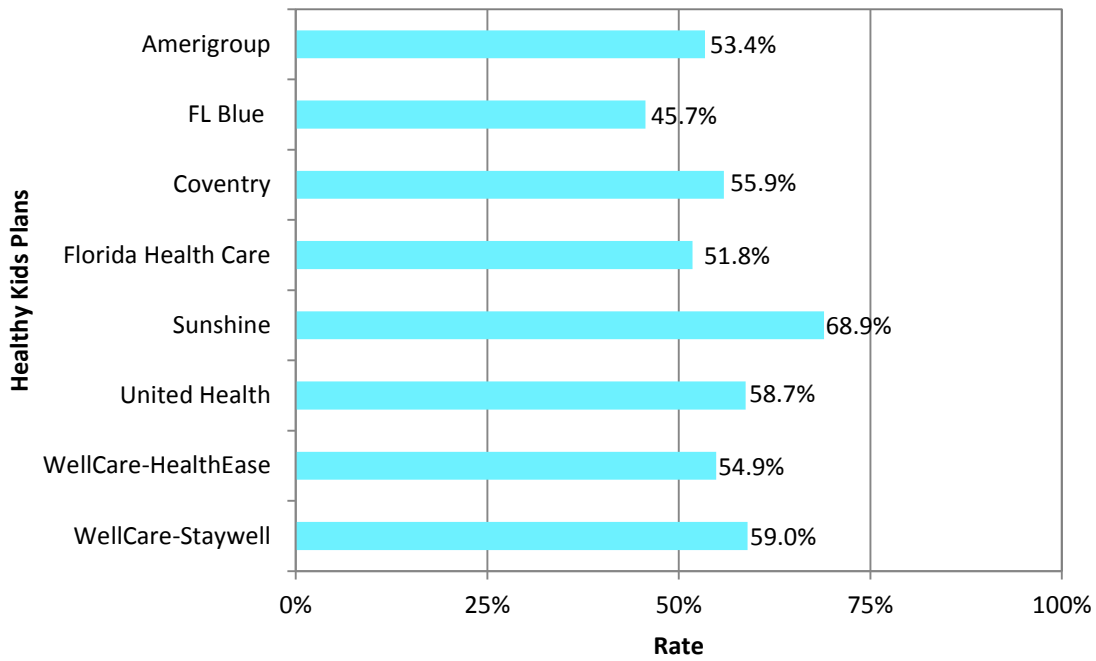
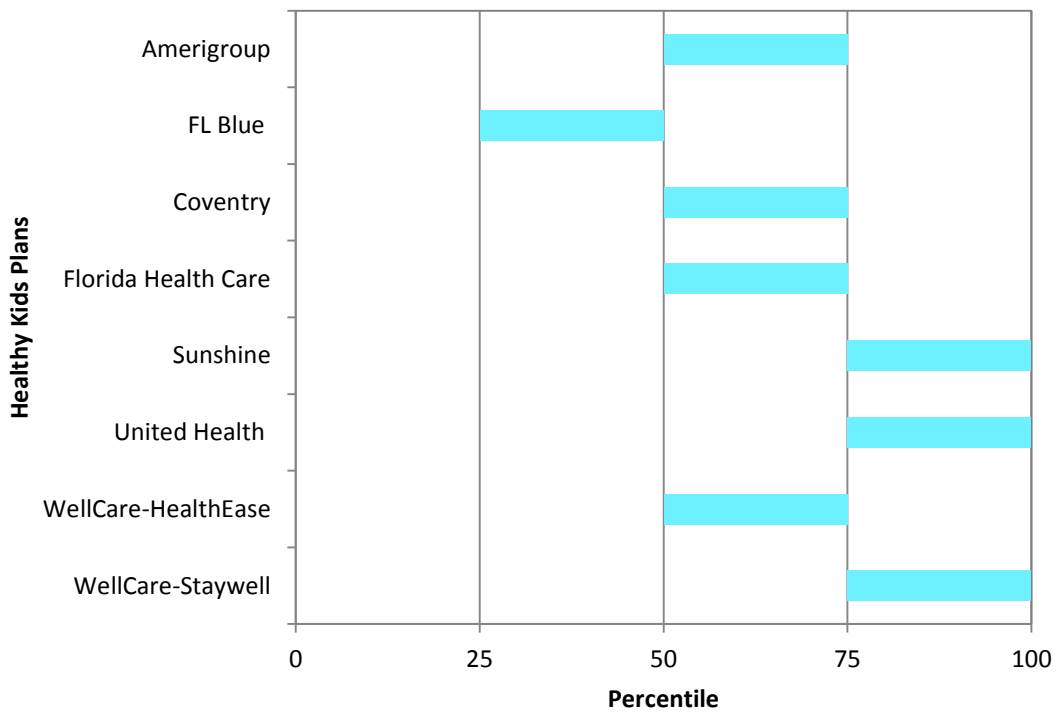


Figure 98. National Benchmarks for HEDIS® Adolescent Well-Care Visits (AWC), CY 2014



Maternal and Perinatal Care

Frequency of Ongoing Prenatal Care (FPC) and Timeliness of Prenatal and Postpartum Care (PPC)

The National Institute of Child Health and Human Development recommends early and regular prenatal care to promote a healthy pregnancy.¹⁰ Prenatal health care visits involve physical exams, education and counseling about nutrition, physical activity and health behaviors, lab tests and screenings, and childbirth education.

The HEDIS® FPC and PCC indicators measure the percentage of enrollees who had a live birth between November 6th, 2013, and November 5th, 2014, who received prenatal care visits, adjusted for the month of pregnancy at time of enrollment (if not enrolled at conception) and gestational age. Three measures are included: **Timeliness of prenatal care** is measured as the percentage of deliveries that received a prenatal care visit as a plan member in the first trimester or within 42 days of enrollment in the health plan. **Frequency of ongoing prenatal care** is measured as the percentage of deliveries that had 81 percent or more of expected visits. **Postpartum care** is measured as the percentage of deliveries that had a postpartum visit on or between 21 and 56 days after delivery.

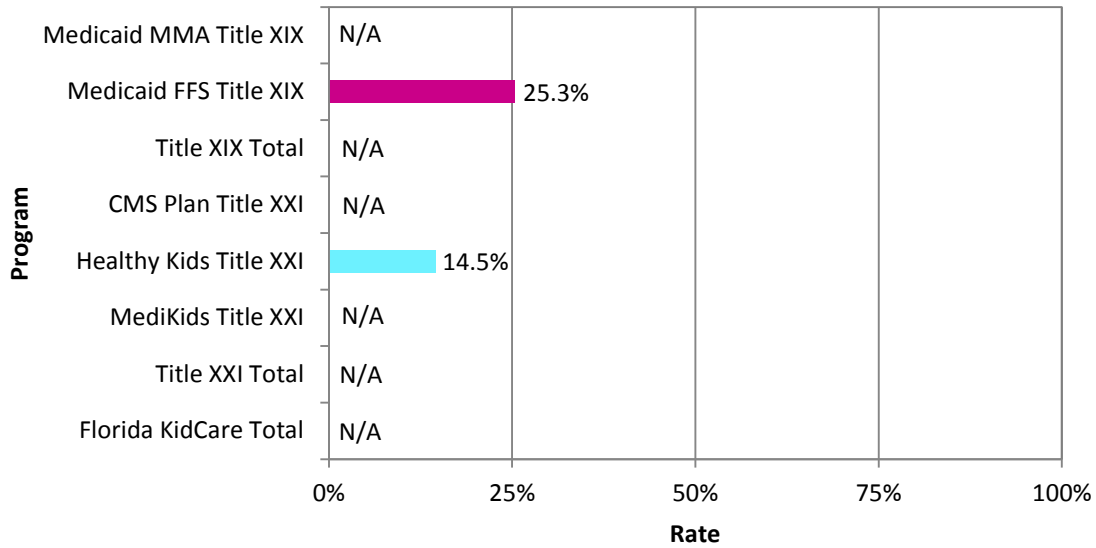
This evaluation reports on the percentage of KidCare enrollees that are compliant with 61-80% and 81% or more of recommended visits. The samples used for the national benchmarks include both children and adults, whereas the KidCare samples include only children through age 18 for Title XXI and age 21 for Title XIX. Thus, caution should be used when comparing the FPC rates of the Florida KidCare programs to the national benchmarks.

Figure 99, Figure 101 and Figure 100, Figure 102 present the program results and benchmark percentile ranges, respectively, in CY2014.

Figure 103 and Figure 104 present the plan results and benchmark percentile ranges, respectively, in CY2014.

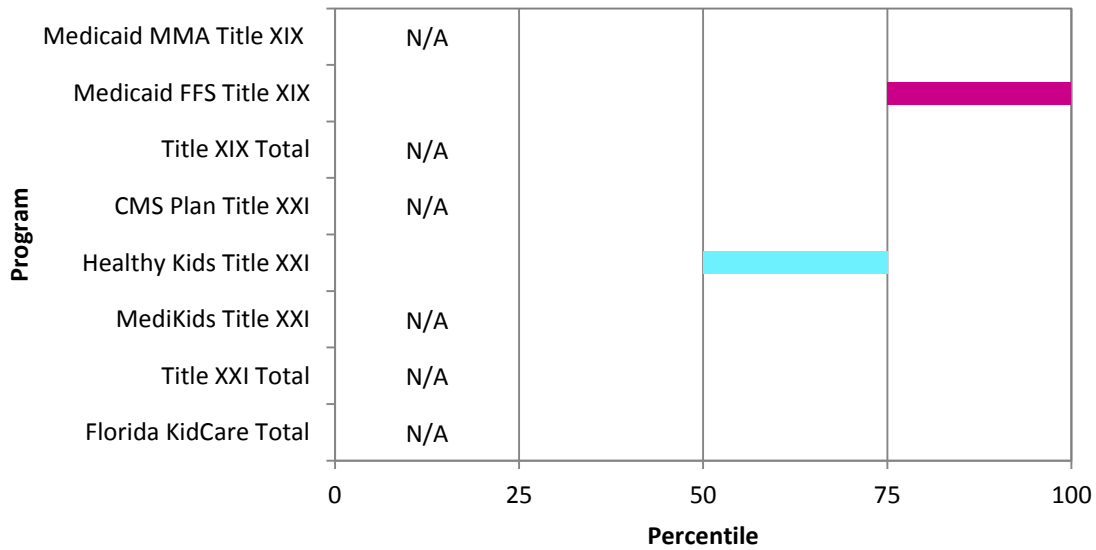
¹⁰ National Institute of Child Health and Human Development. Preconception Care and Prenatal Care: Overview. 2013; <http://www.nichd.nih.gov/health/topics/preconceptioncare/Pages/default.aspx>.

Figure 99. Program Results for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 61-80% of the recommended visits, CY 2014



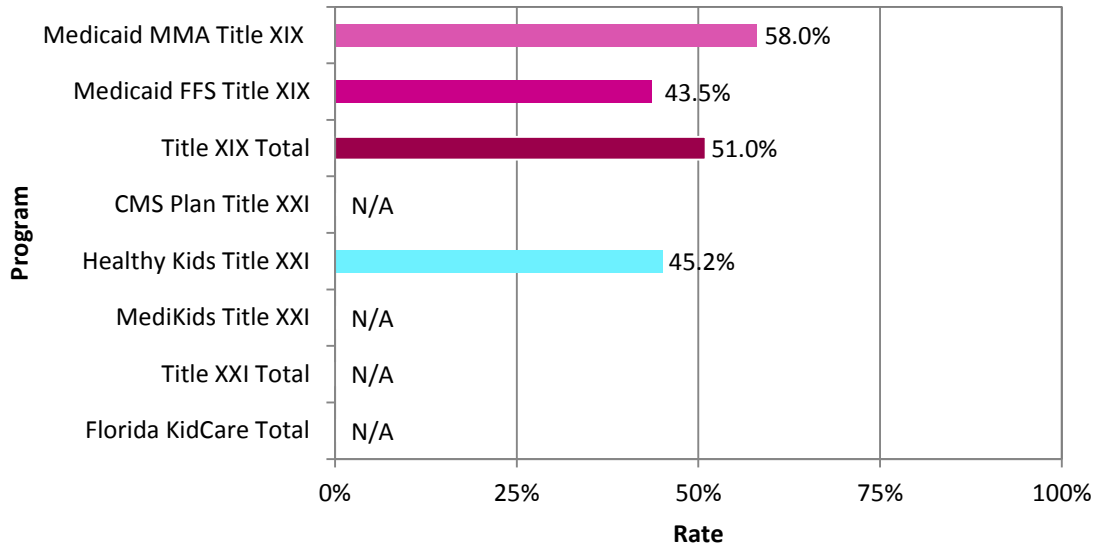
N/A denotes programs that do not have available data or the measure does not apply

Figure 100. National Benchmarks for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 61-80% of the recommended visits, CY 2014



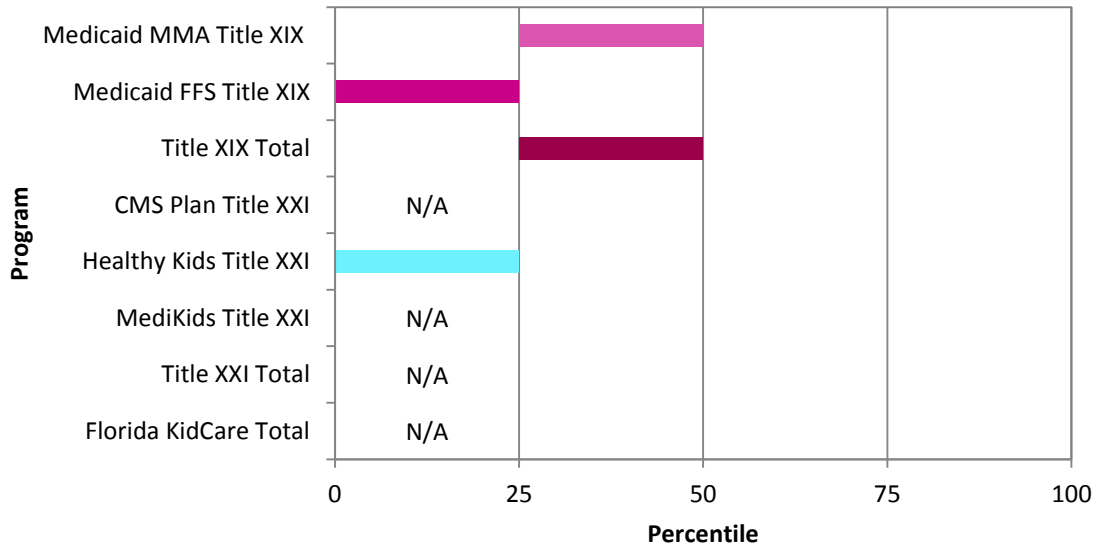
N/A denotes programs that do not have available data or the measure does not apply

Figure 101. Program Results or HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 81% or more of the recommended visits, CY 2014



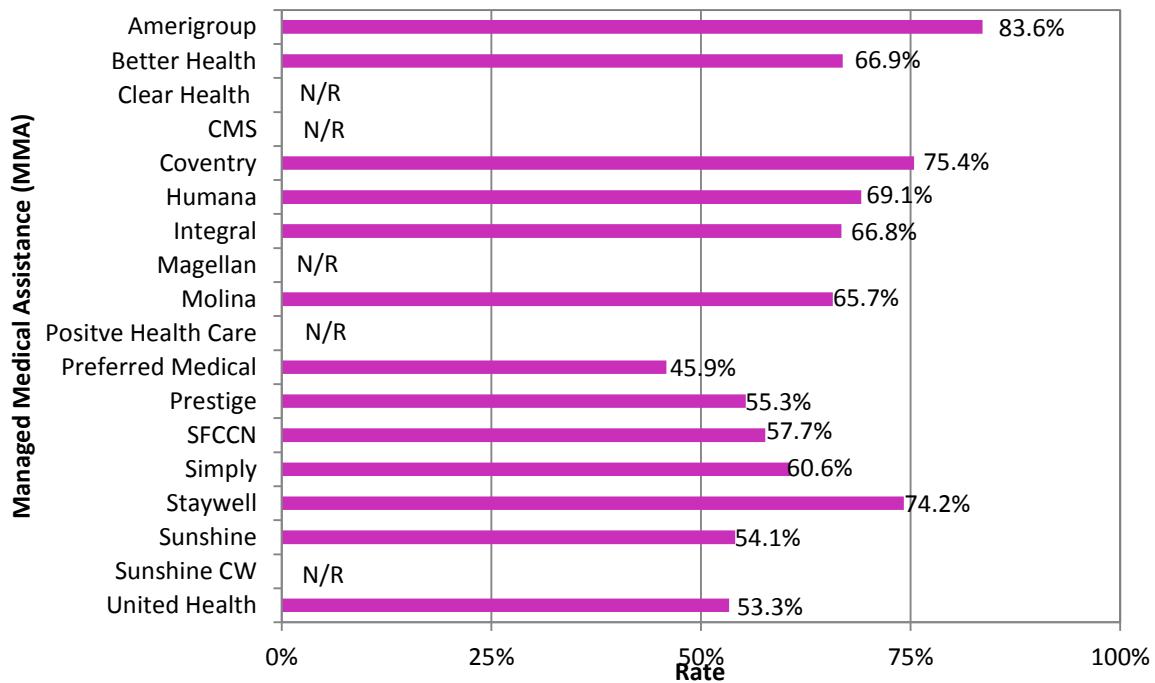
N/A denotes programs that do not have available data or the measure does not apply

Figure 102. National Benchmarks for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 81% or more of the recommended visits, CY 2014



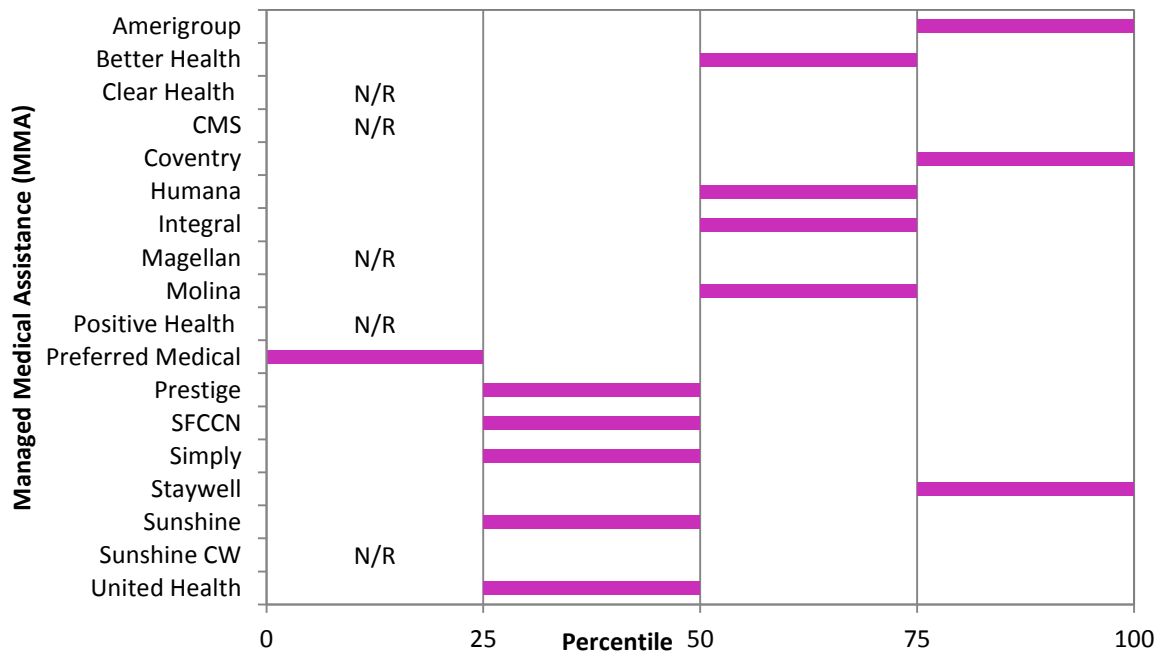
Note: All Florida Healthy Kids plans include denominators less than 30 for this measure and thus are not reported. N/A denotes programs that do not have available data or the measure does not apply

Figure 103. Medicaid MMA Plan Results for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 81% or more of the recommended visits, CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Figure 104. National Benchmarks for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 81% or more of the recommended visits, CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Behavioral Health

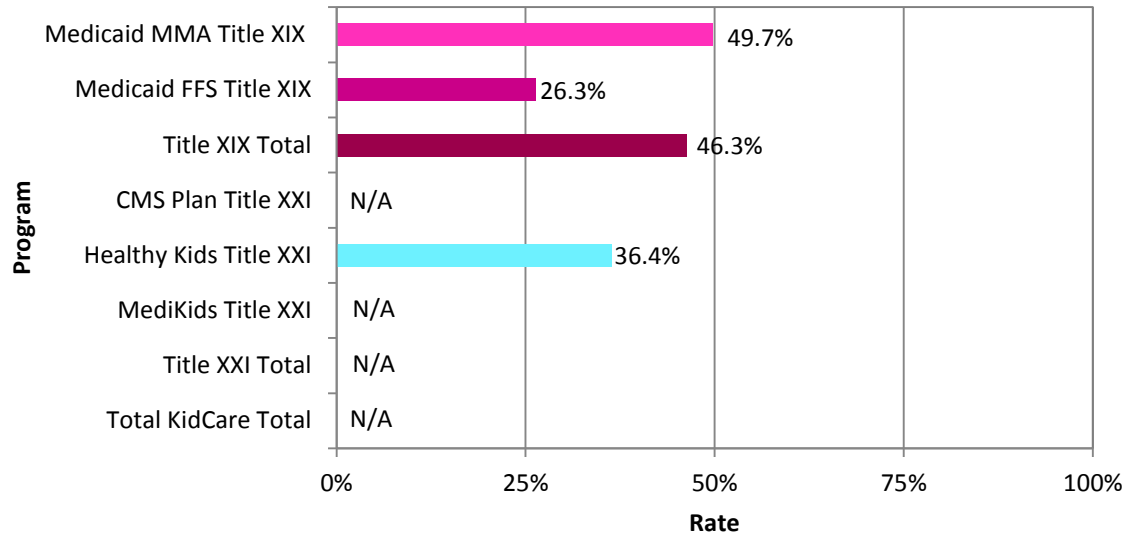
Follow-up Care for Children Prescribed ADHD Medication (ADD)

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 sub-measures for this topic. The first HEDIS® ADD indicator (**initiation phase**) measures the percentage of children ages 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 ages 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.

Figure 105, Figure 111, Figure 106, and Figure 112 present the program results and benchmark percentile ranges, respectively, in CY2014.

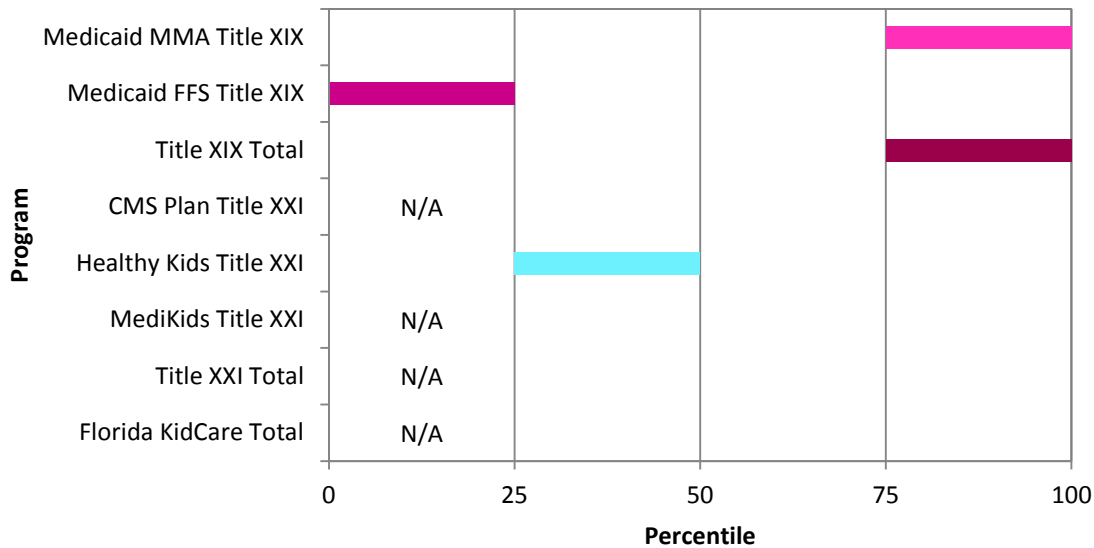
Figure 107, Figure 109, Figure 113, Figure 115, Figure 108, Figure 110, Figure 114, and Figure 116 present the plan results and benchmark percentile ranges, respectively, in CY2014.

Figure 105. Program Results for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2014



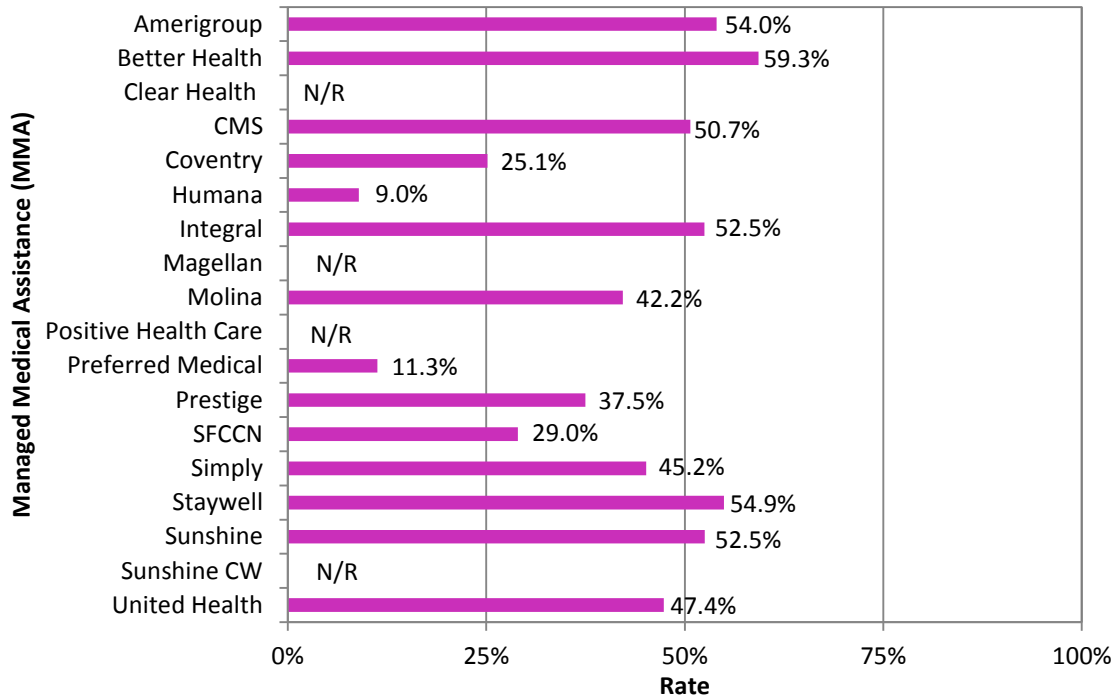
N/A denotes programs that do not have available data or the measure does not apply

Figure 106. National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2014



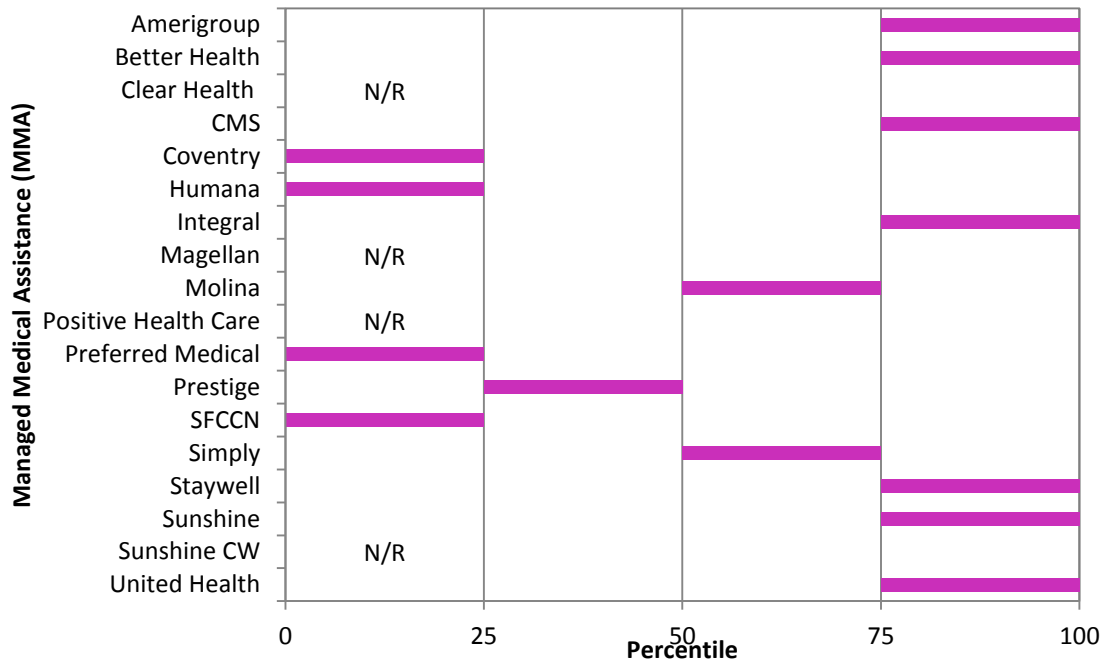
N/A denotes programs that do not have available data or the measure does not apply

Figure 107. Medicaid MMA Plan Results for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2014



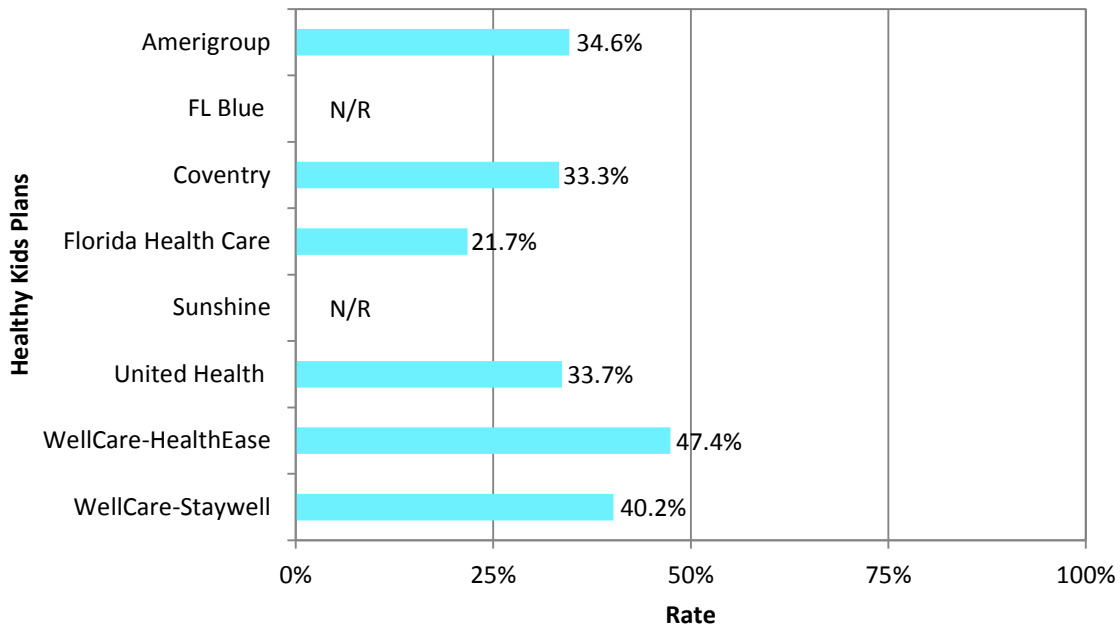
Plans with less than 30 in the denominator are labeled as N/R

Figure 108. National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2014



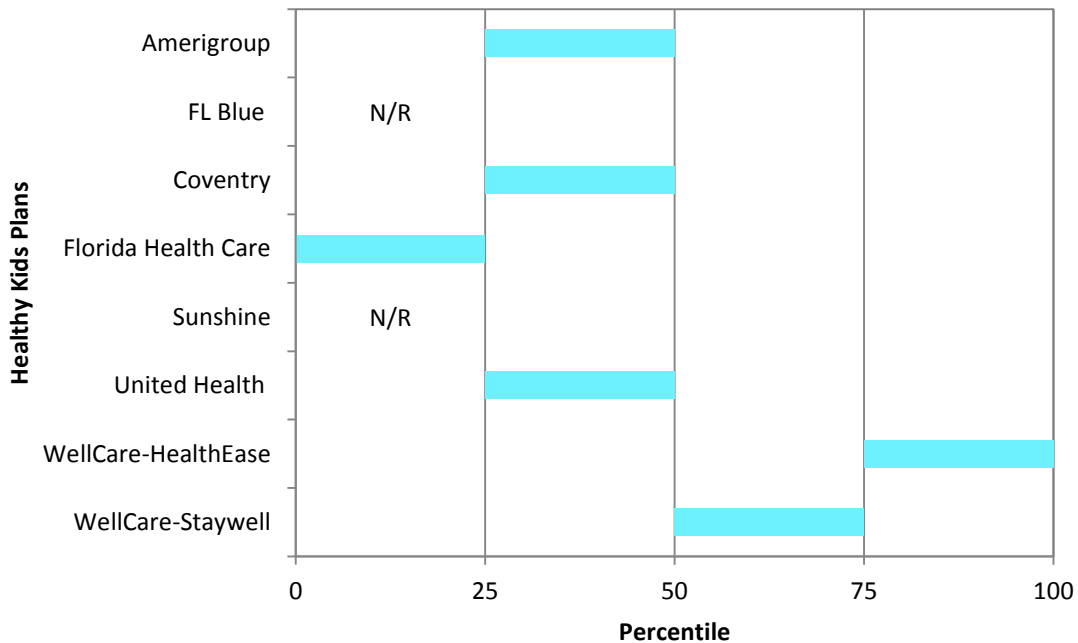
Plans with less than 30 in the denominator are labeled as N/R

Figure 109. Healthy Kids Plan Results for HEDIS Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2014



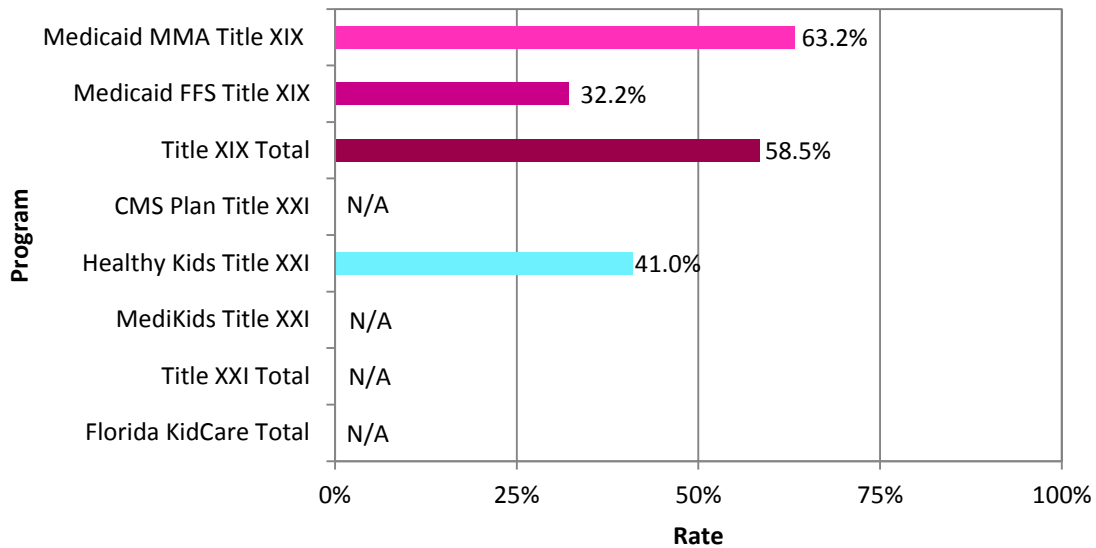
Plans with less than 30 in the denominator are labeled as N/R

Figure 110. National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2014



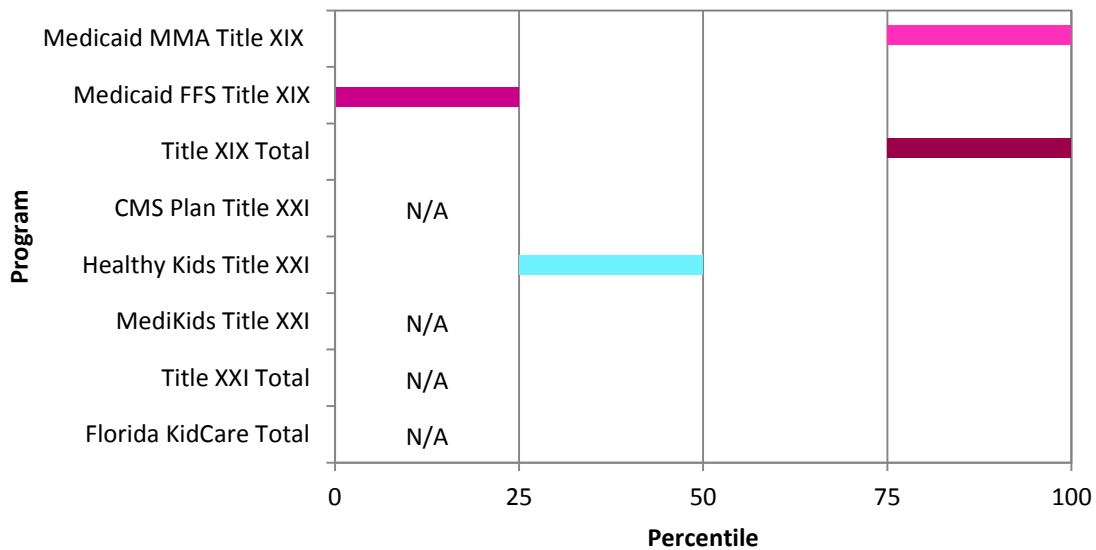
Plans with less than 30 in the denominator are labeled as N/R

Figure 111. Program Results for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2014



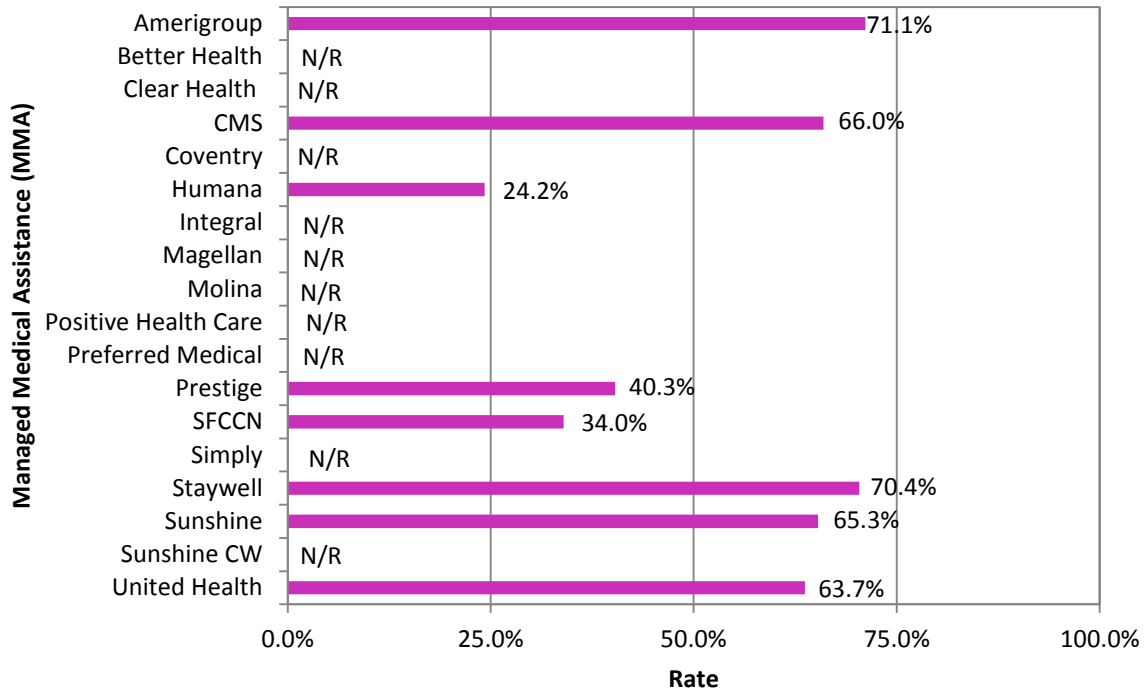
N/A denotes programs that do not have available data or the measure does not apply

Figure 112. National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2014



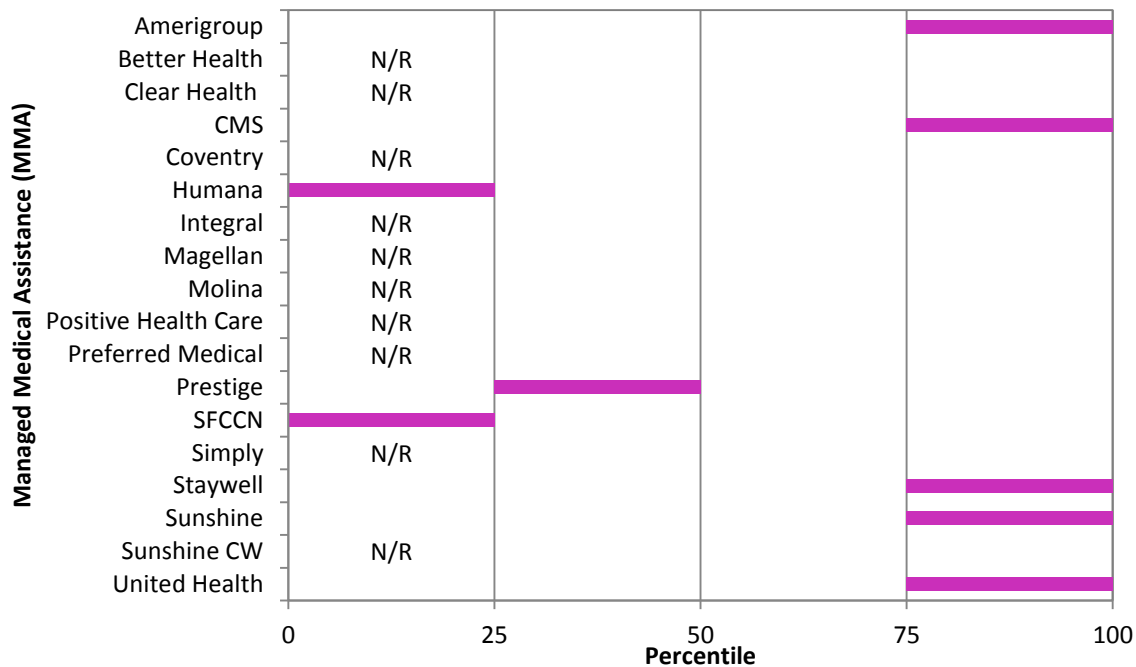
N/A denotes programs that do not have available data or the measure does not apply

Figure 113. Medicaid MMA Plan Results for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2014



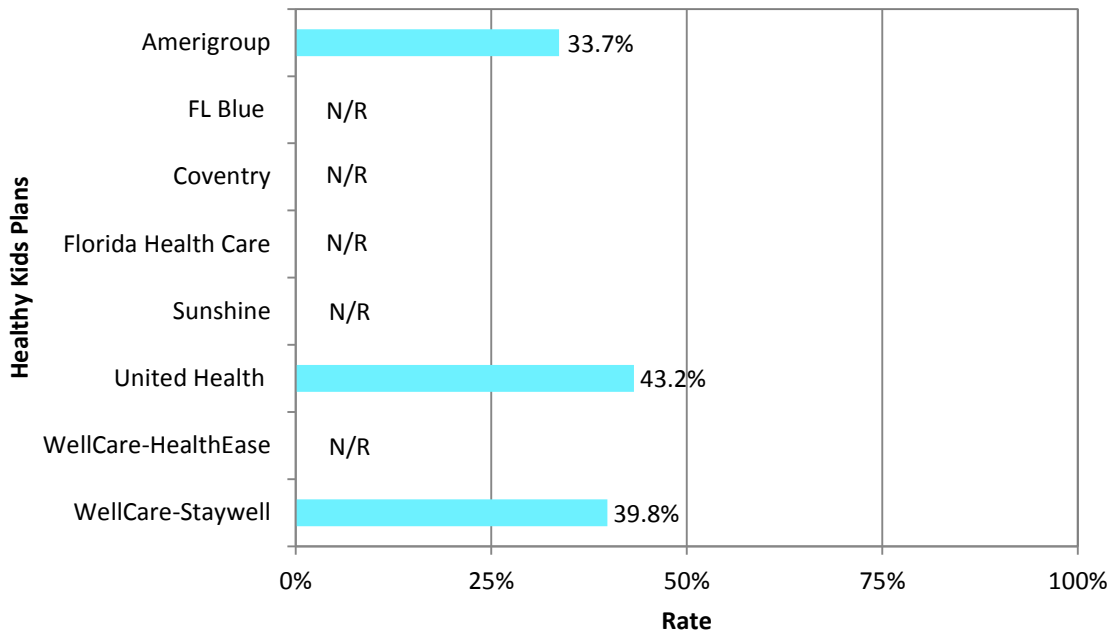
Plans with less than 30 in the denominator are labeled as N/R

Figure 114. National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2014



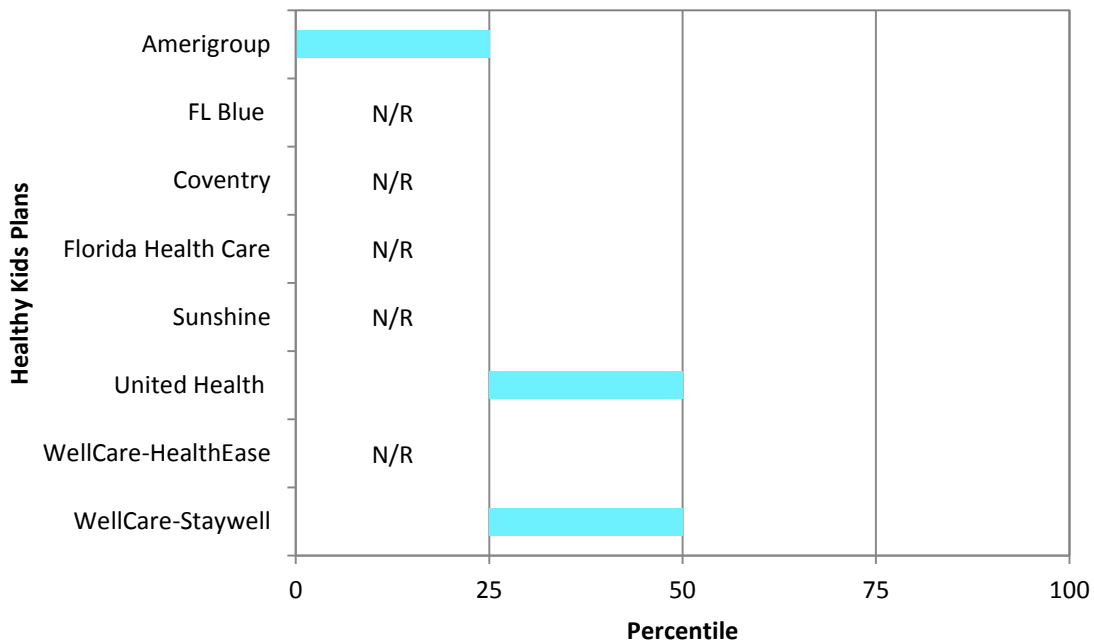
Plans with less than 30 in the denominator are labeled as N/R

Figure 115. Healthy Kids Plan Results for HEDIS Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Figure 116. National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2014

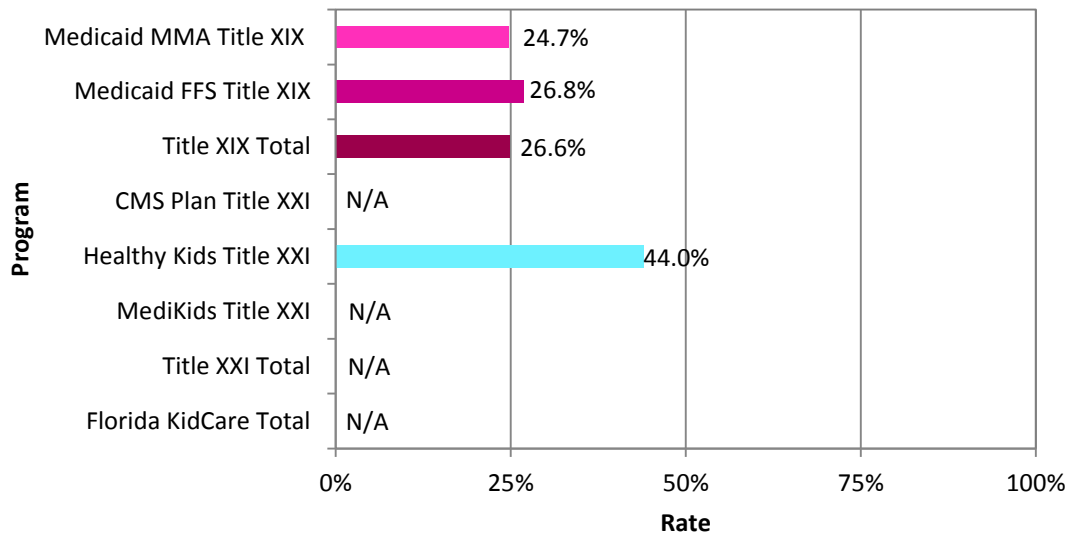


Plans with less than 30 in the denominator are labeled as N/R

Follow-up after Hospitalization for Mental Illness (FUH)

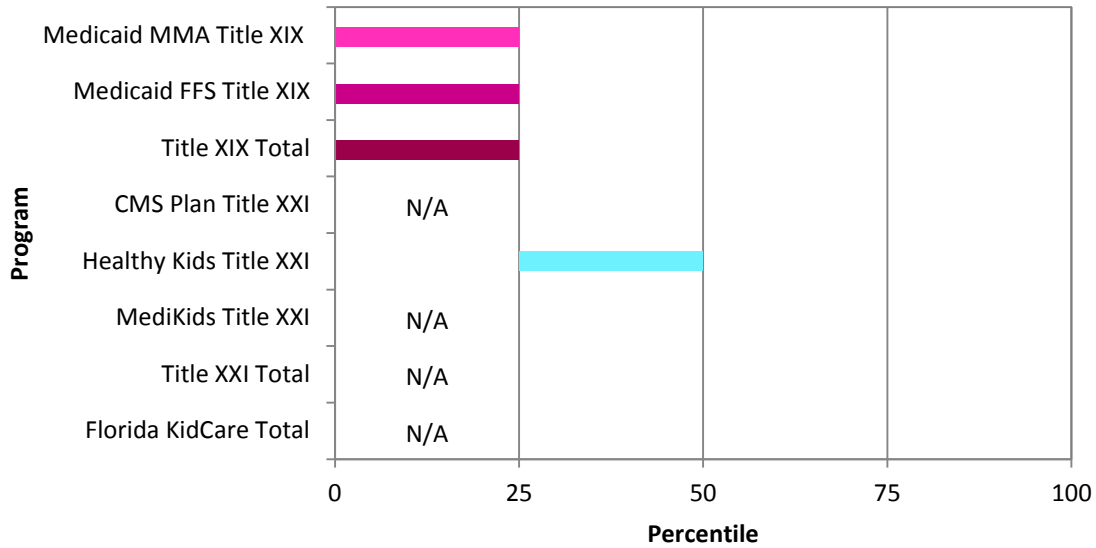
Ensuring continuity of care and providing follow-up therapy with a mental health practitioner after an inpatient stay for mental illness is important in facilitating individuals’ transitions back to their regular environment and in reducing the likelihood of recurrence. FUH is measured as the percentage of members \geq six years of age who were hospitalized for mental illness and who had an outpatient visit, an intensive outpatient encounter, or a partial hospitalization with a mental health practitioner during the measurement period. Two rates are reported: (1) follow-up within seven days of discharge, and (2) follow-up within 30 days of discharge. Of note, Medicaid MMA plan results include adults over the age of 18 and thus should be interpreted with caution when compared with children’s plan rates.

Figure 117. Program Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2014



N/A denotes programs that do not have available data or the measure does not apply.

Figure 118. National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2014



N/A denotes programs that do not have available data or the measure does not apply.

Figure 119. Medicaid MMA Plan Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2014

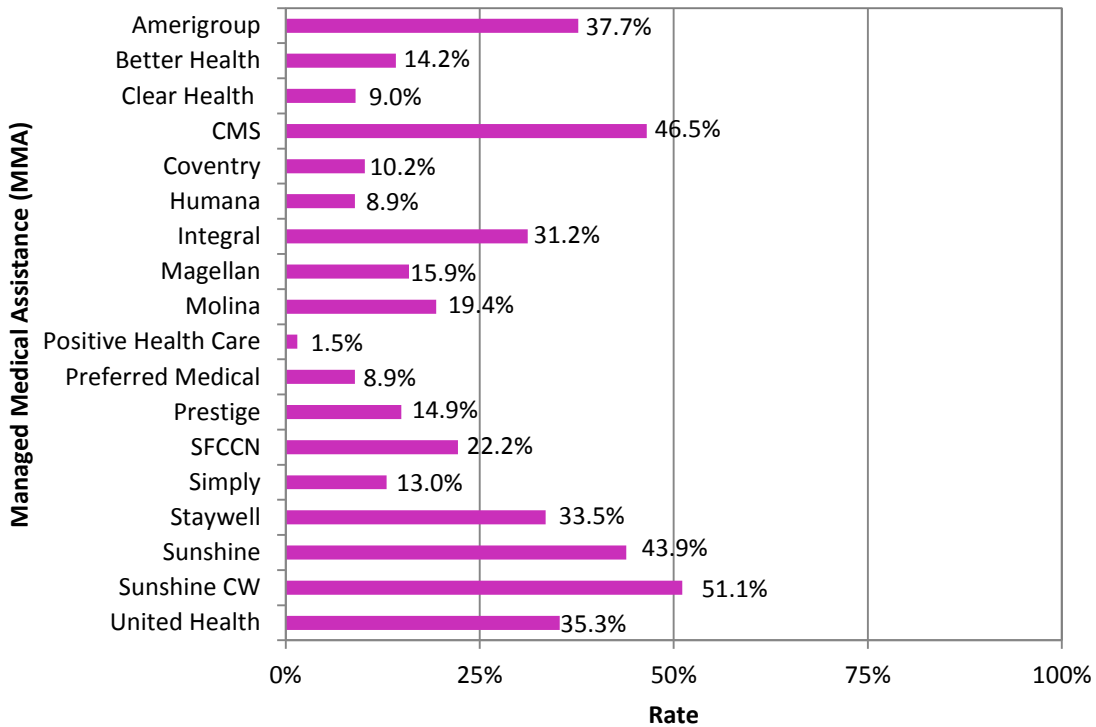


Figure 120. National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2014

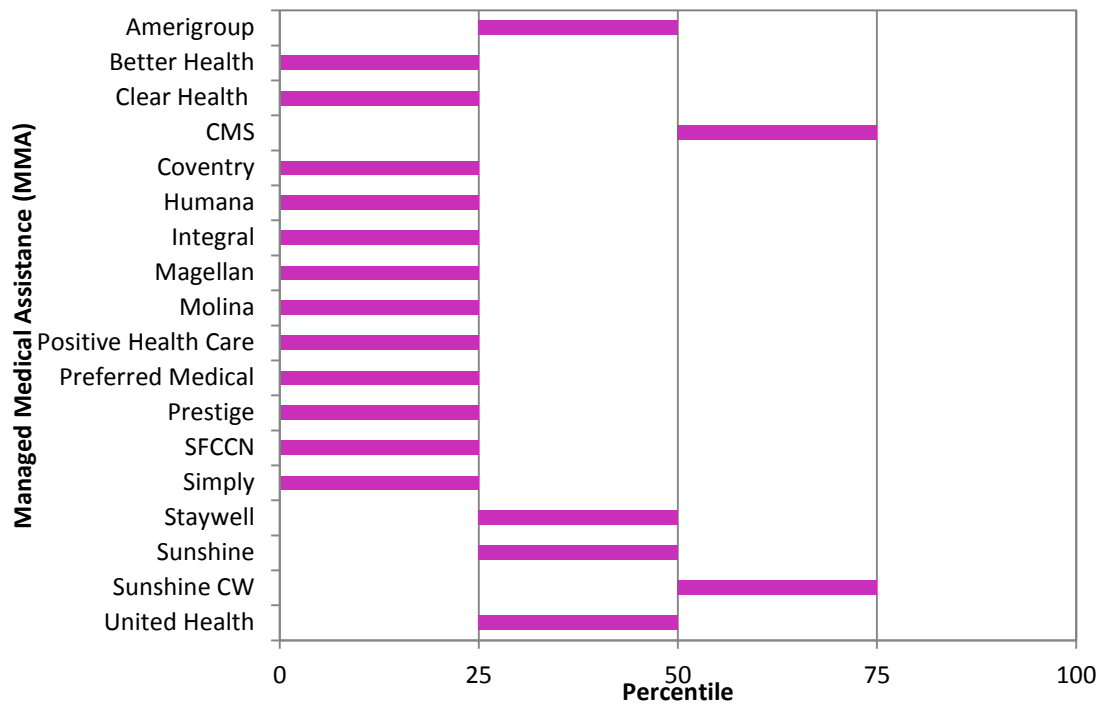
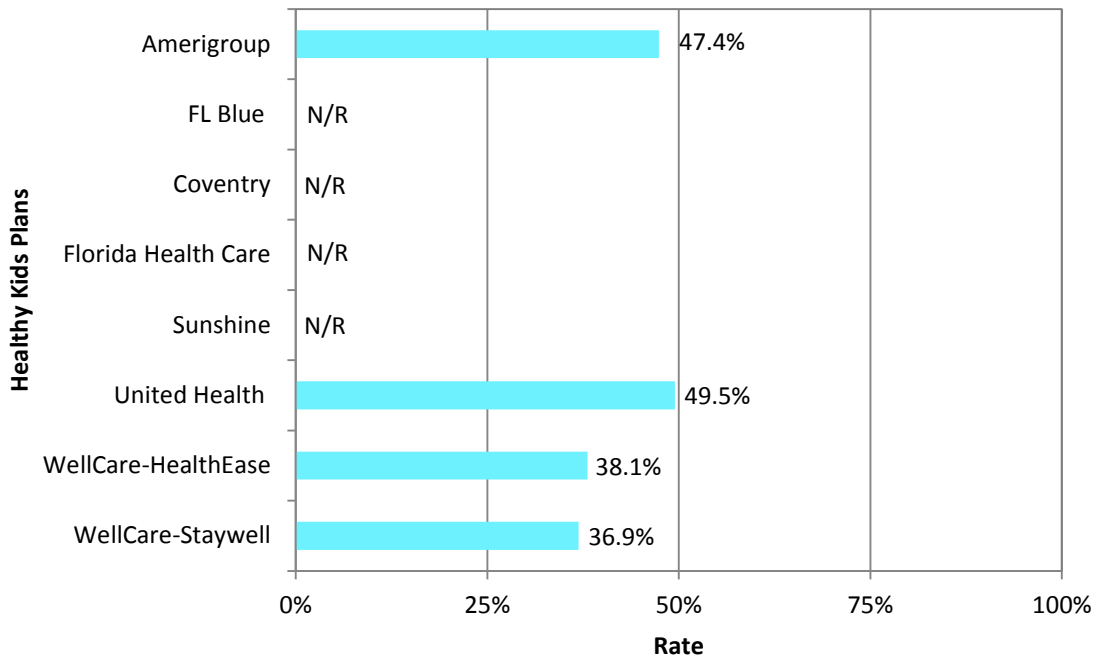
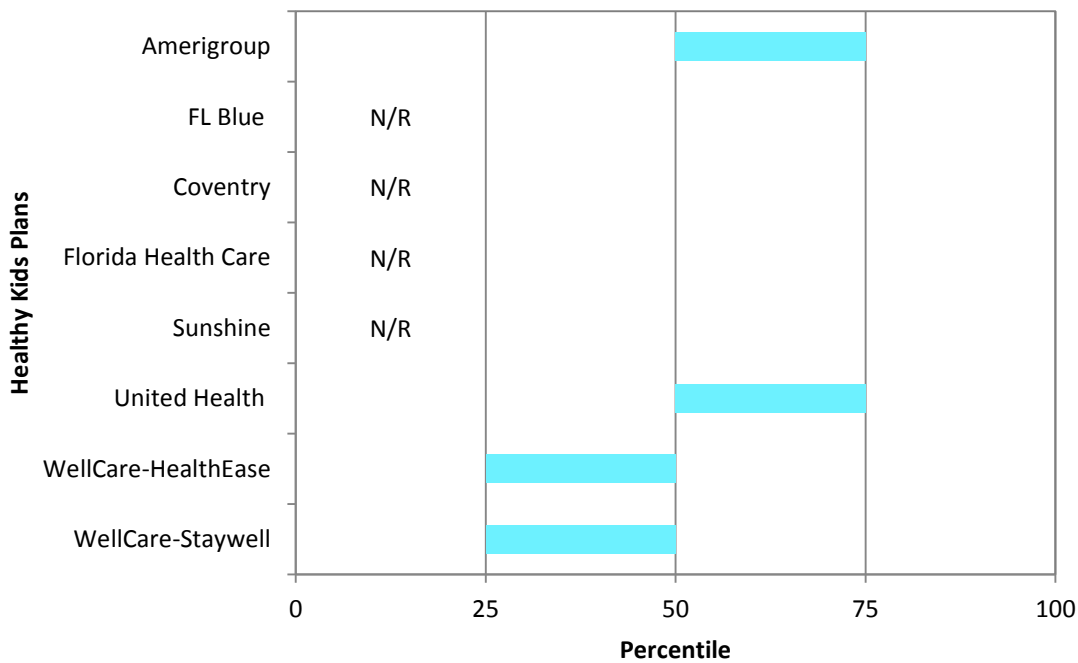


Figure 121. Healthy Kids Plan Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2014



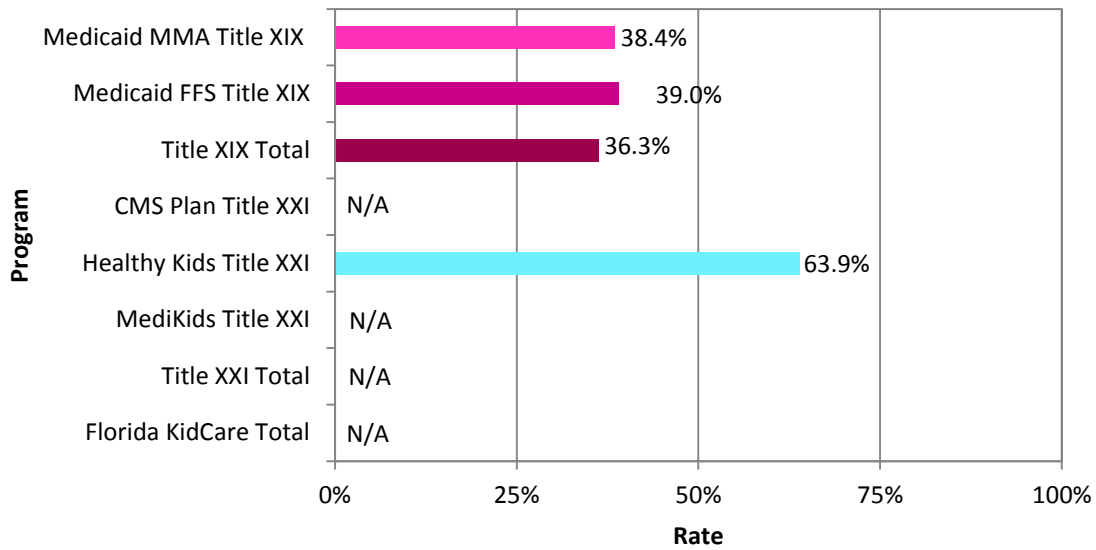
Plans with less than 30 in the denominator are labeled as N/R

Figure 122. National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2014



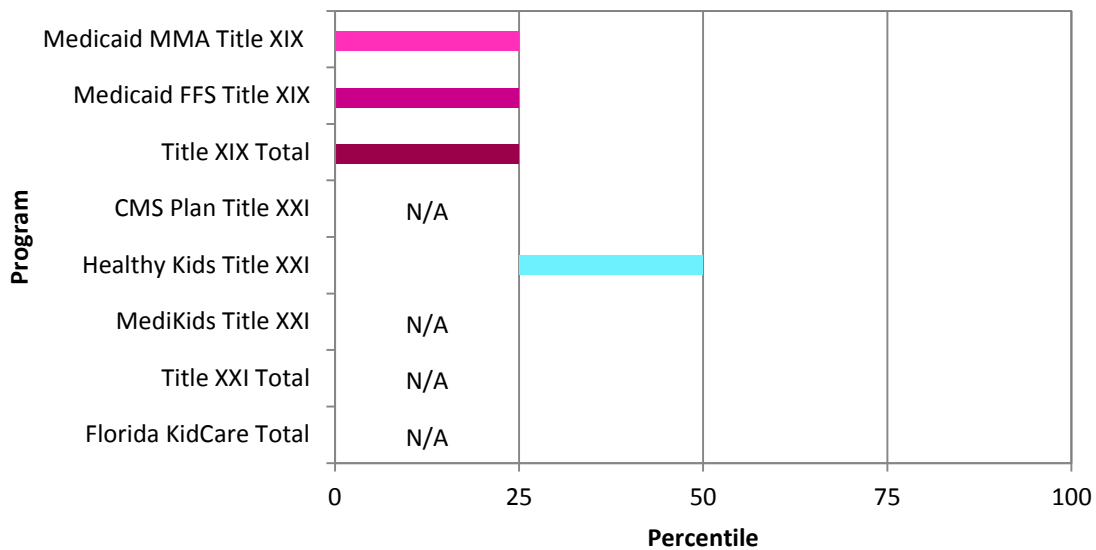
Plans with less than 30 in the denominator are labeled as N/R

Figure 123. Program Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2014



N/A denotes programs that do not have available data or the measure does not apply.

Figure 124. National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2014



N/A denotes programs that do not have available data or the measure does not apply.

Figure 125. Medicaid MMA Plan Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2014

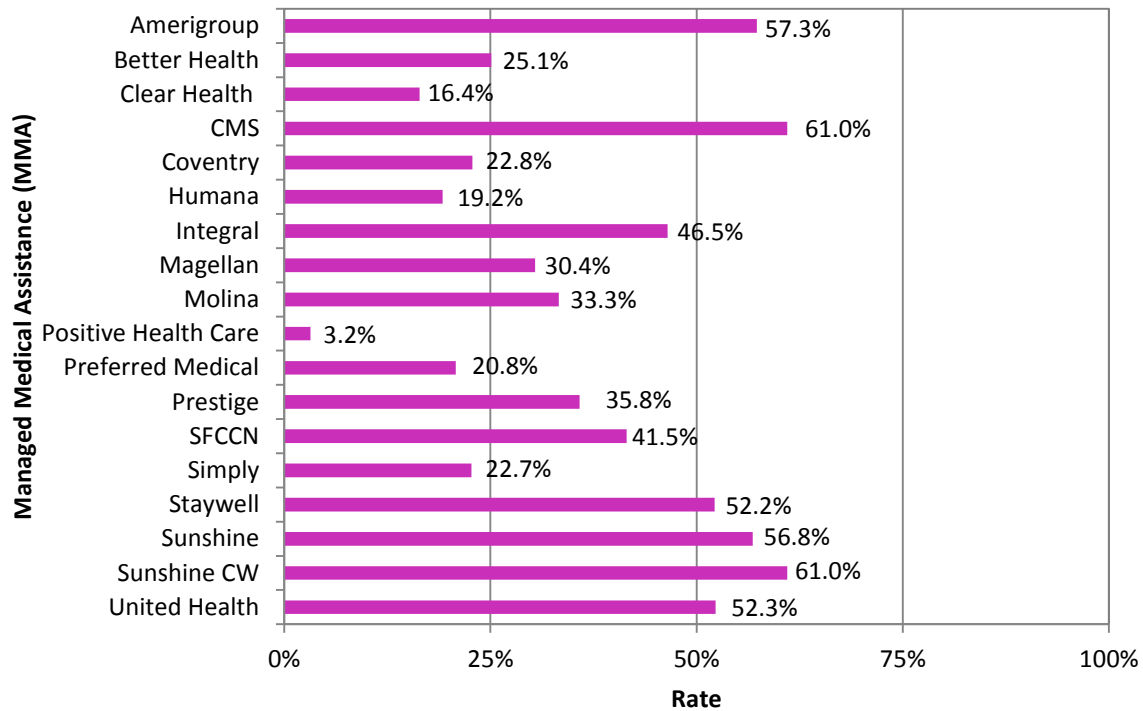


Figure 126. National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2014

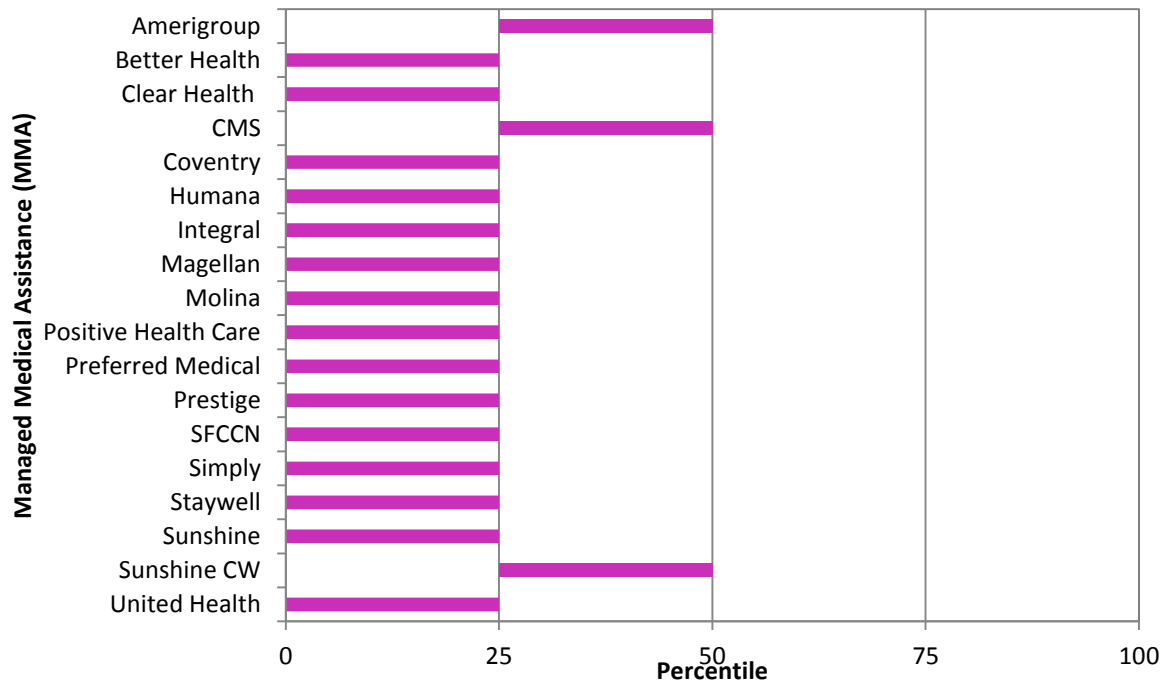
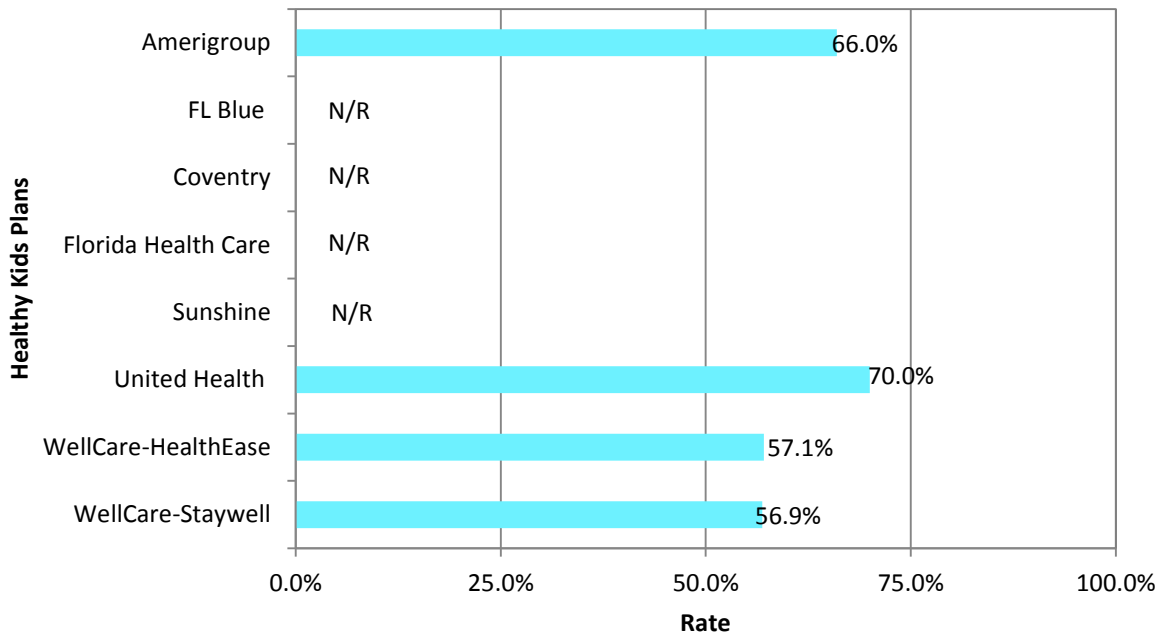
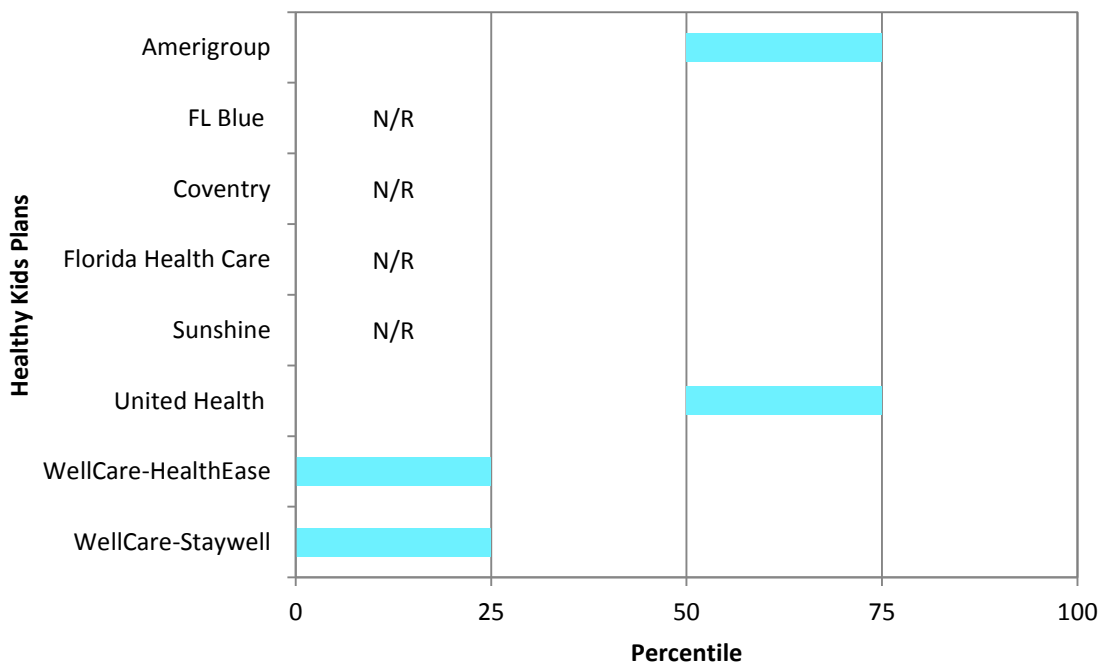


Figure 127. Healthy Kids Plan Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Figure 128. National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Care of Acute and Chronic Conditions

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (WCC)

Body Mass Index (BMI) is a number calculated from a person's weight and height. BMI is a fairly reliable indicator of body fatness for most people. BMI does not measure body fat directly, but research has shown that BMI correlates to direct measures of body fat.¹¹ The American Academy of Pediatrics (AAP) and the CDC recommend children ages two and older receive periodic BMI screenings. Monitoring BMI in children and adolescents can predict other health outcomes and is often an early indicator of health risks as an adult.¹²

This HEDIS® indicator reports the percentage of children ages 3 to 17 who had an outpatient visit with a PCP or OB/GYN and whose weight is classified based on body mass index (BMI) percentile for age and gender sometime in CY2014. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile is assessed rather than an absolute BMI value. Persons excluded from this measure include those who are pregnant. Nutrition and physical activity counseling are defined as documentation of counseling for nutrition or referral for nutrition education and counseling for physical activity or referral for physical activity during the measurement year.

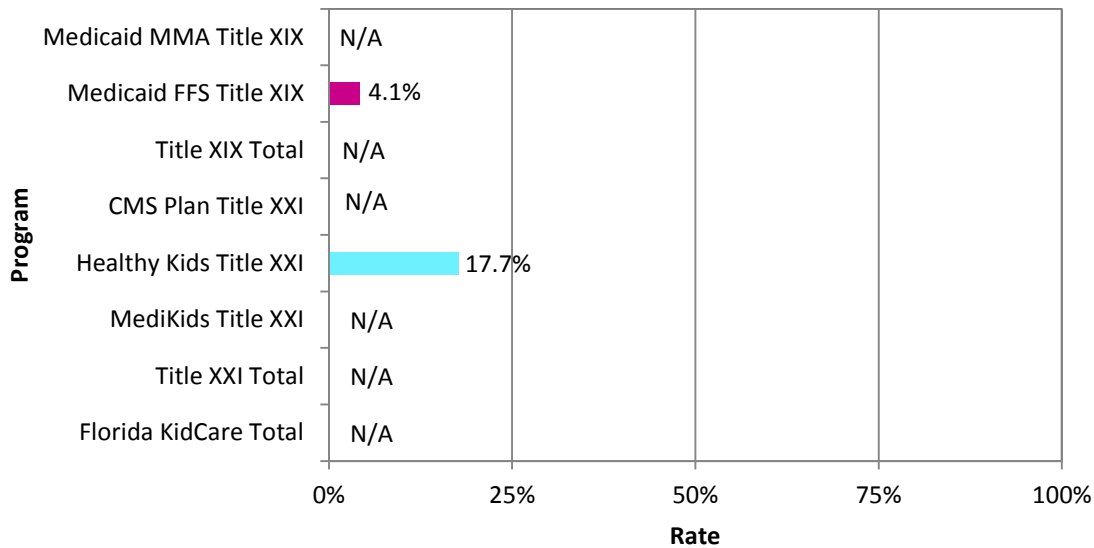
Figure 129, Figure 133, Figure 137, and Figure 130, Figure 134, Figure 138 present the program results and benchmark percentile ranges, respectively, in CY2014.

Figure 131, Figure 135, Figure 139, and Figure 132, Figure 136, Figure 140 present the Healthy Kids plan results and benchmark percentile ranges, respectively, in CY2014.

¹¹ Healthy Weight. 2015. Centers for Disease Control and Prevention.

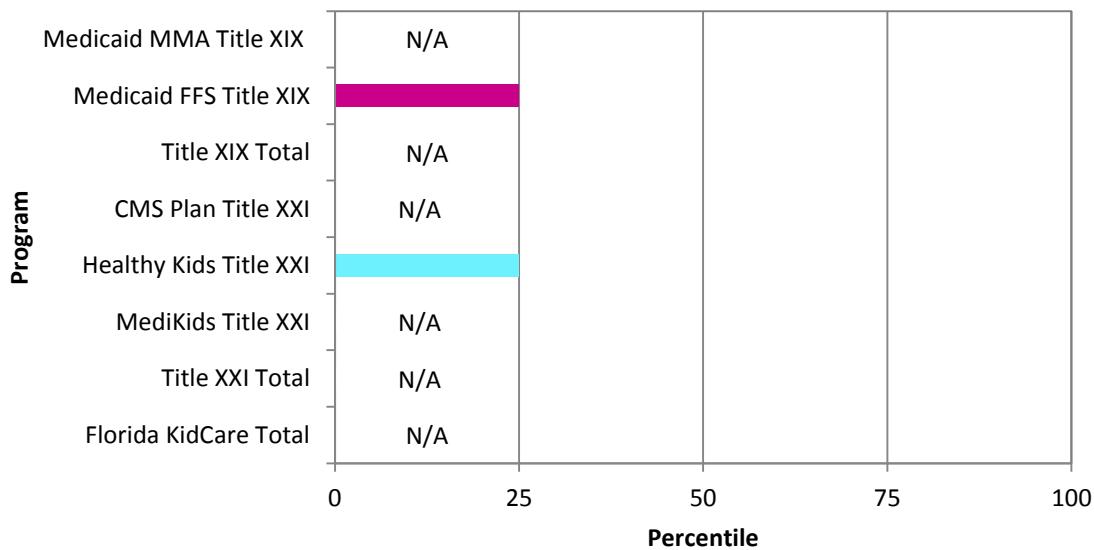
¹² Promoting Healthy Weight. In: Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for health supervision of infants, children, and adolescents*. 3 ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008.

Figure 129. Program Results for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Body Mass Index Assessment for Children/Adolescents, CY 2014



N/A denotes programs that do not have available data or the measure does not apply

Figure 130. National Benchmarks for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Body Mass Index Assessment for Children/Adolescents, CY 2014



N/A denotes programs that do not have available data or the measure does not apply

Figure 131. Healthy Kids Plan Results for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Body Mass Index Assessment for Children/Adolescents, CY 2014

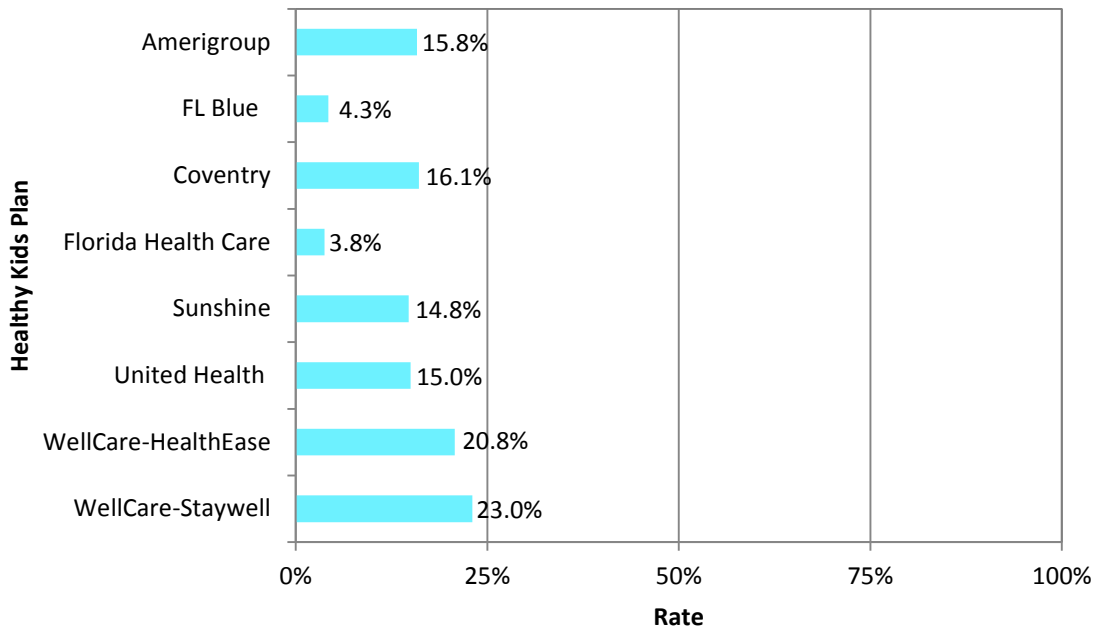


Figure 132. National Benchmarks for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Body Mass Index Assessment for Children/Adolescents, CY 2014

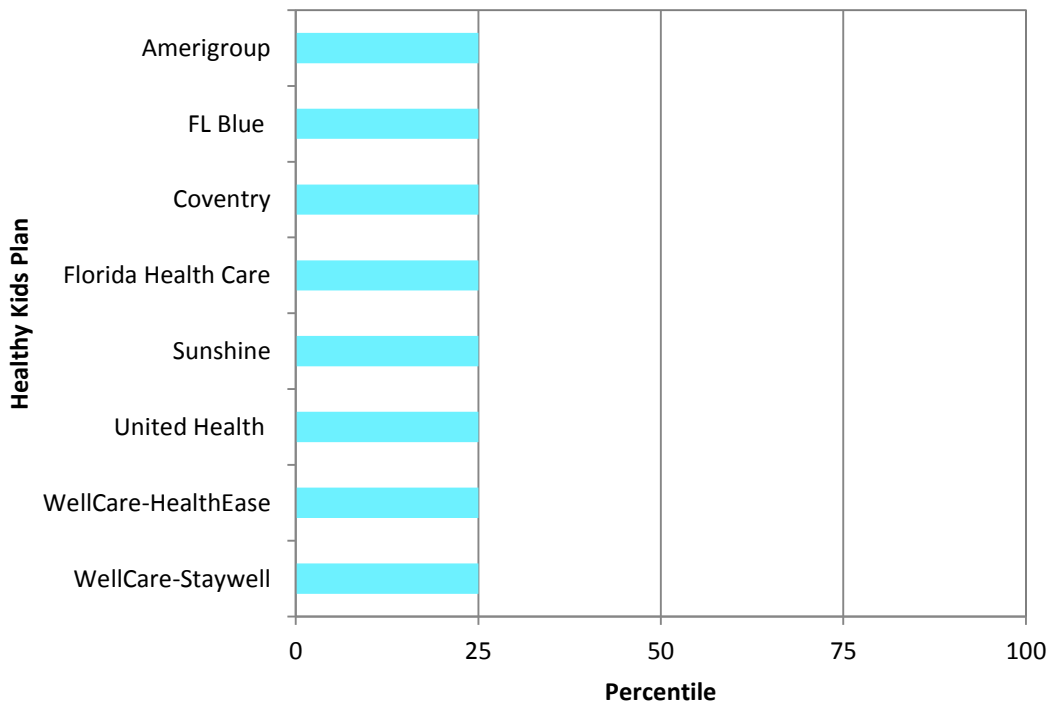
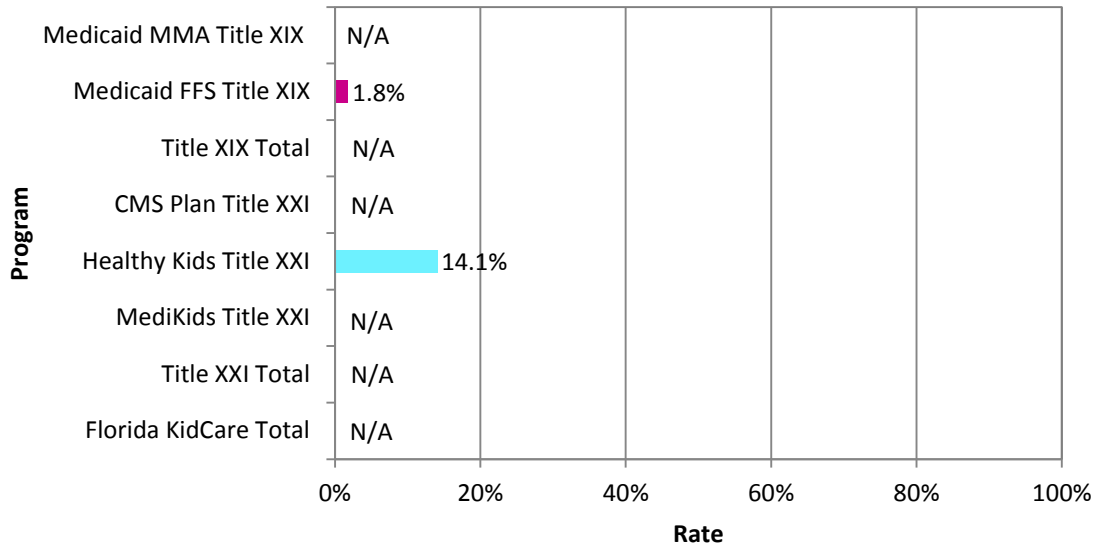
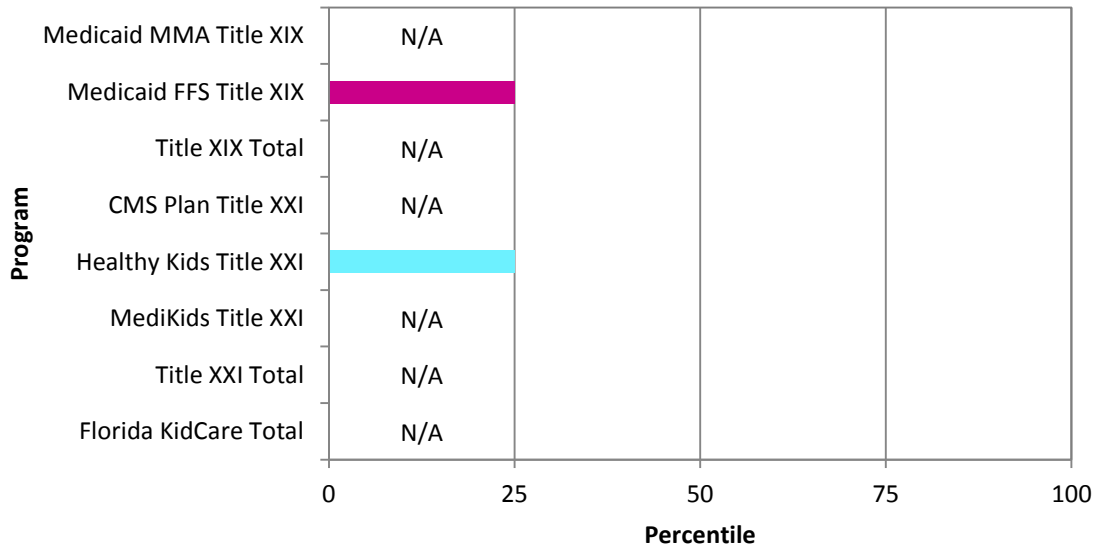


Figure 133. Program Results for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Nutrition, CY 2014



N/A denotes programs that do not have available data or the measure does not apply

Figure 134. National Benchmarks for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Nutrition, CY 2014



N/A denotes programs that do not have available data or the measure does not apply

Figure 135. Healthy Kids Plan Results for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Nutrition, CY 2014

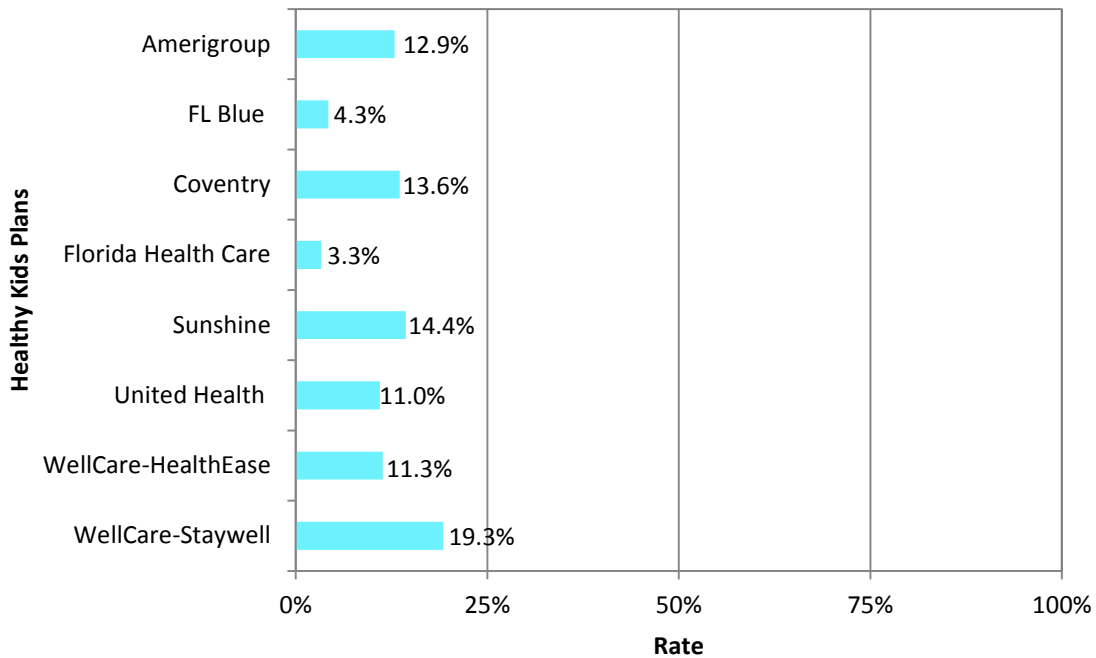


Figure 136. National Benchmarks for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Nutrition, CY 2014

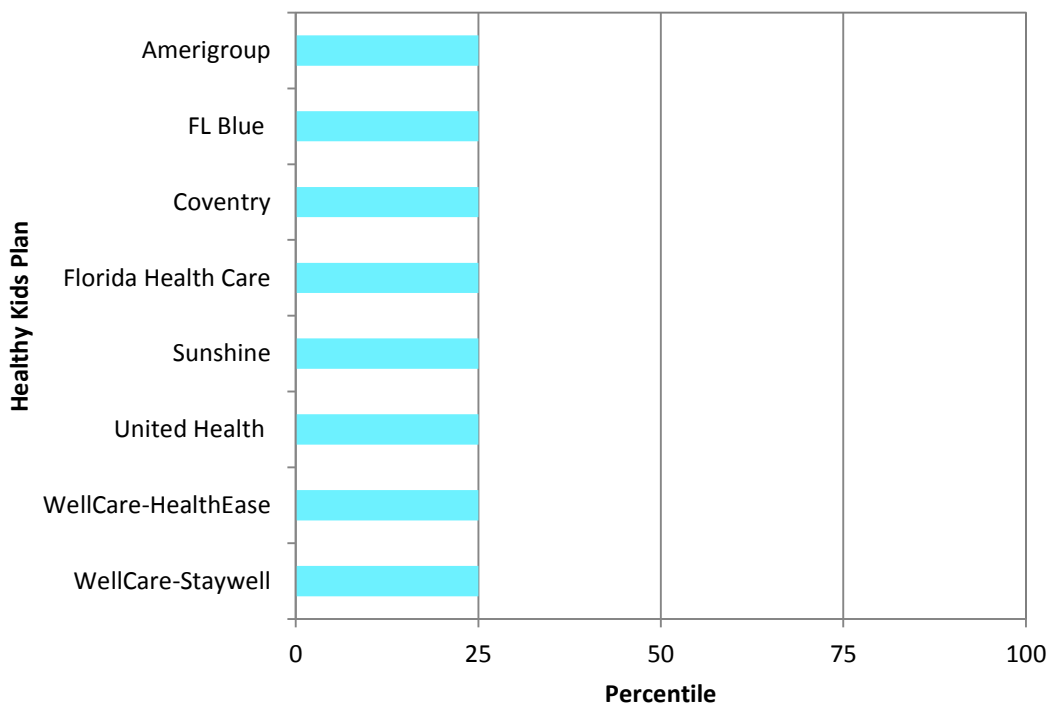
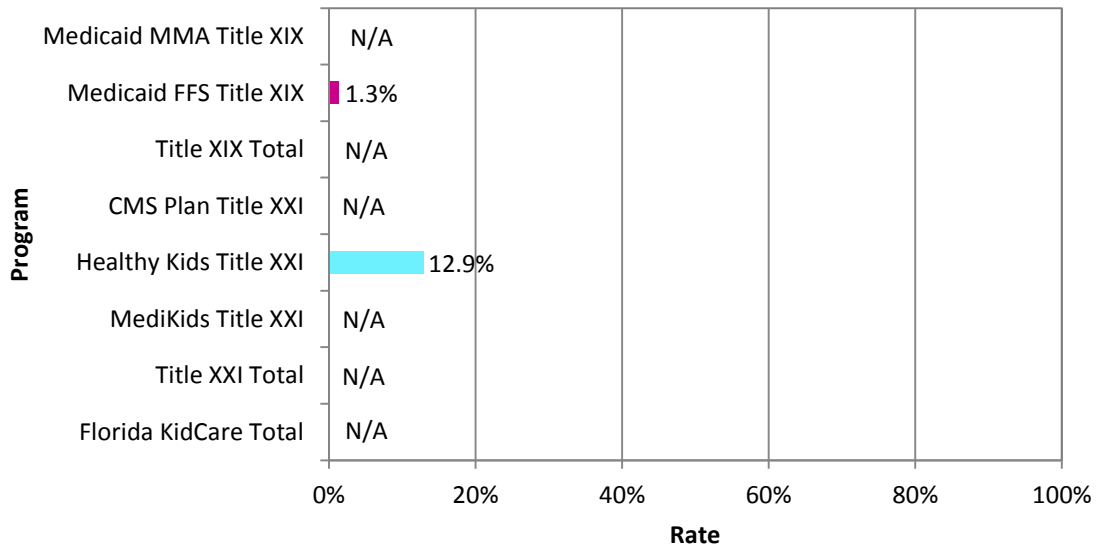
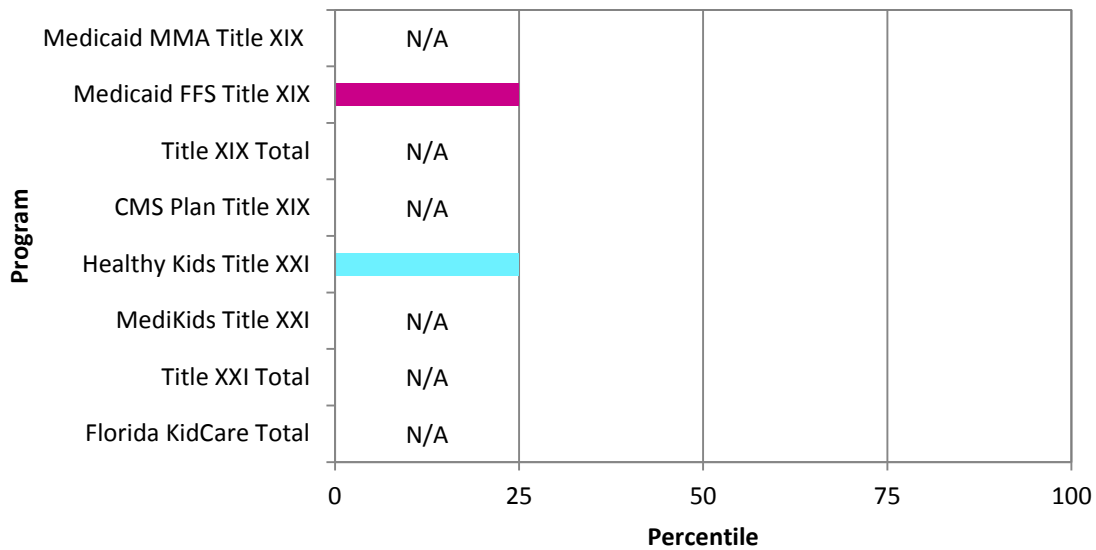


Figure 137. Program Results for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Physical Activity, CY 2014



N/A denotes programs that do not have available data or the measure does not apply

Figure 138. National Benchmarks for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Physical Activity, CY 2014



N/A denotes programs that do not have available data or the measure does not apply

Figure 139. Healthy Kids Plan Results for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Physical Activity, CY 2014

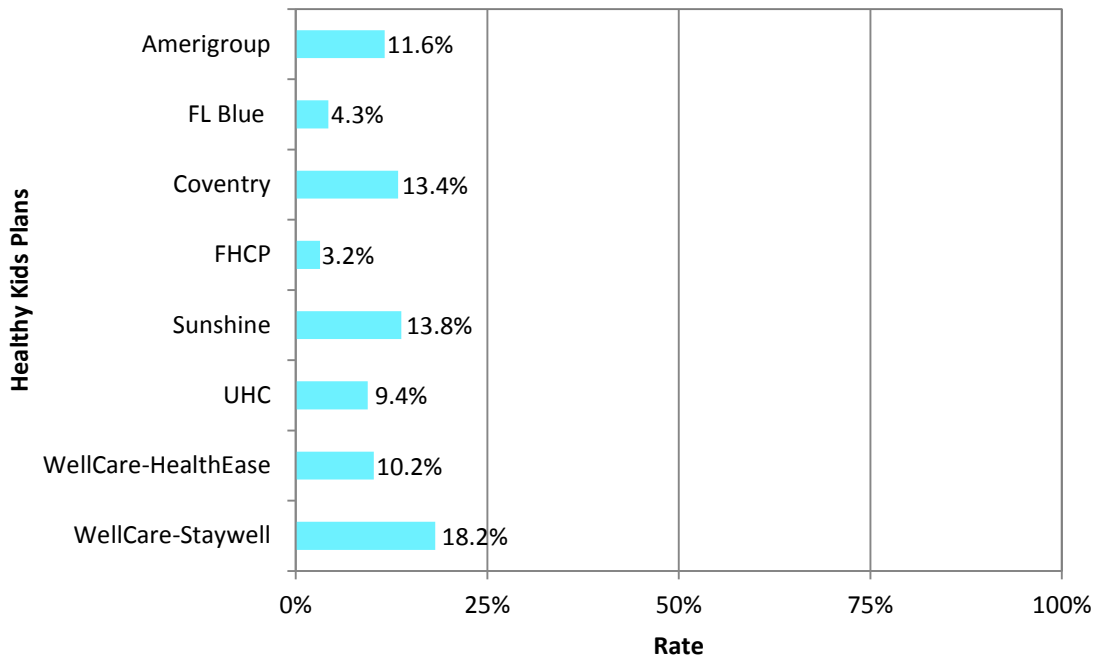
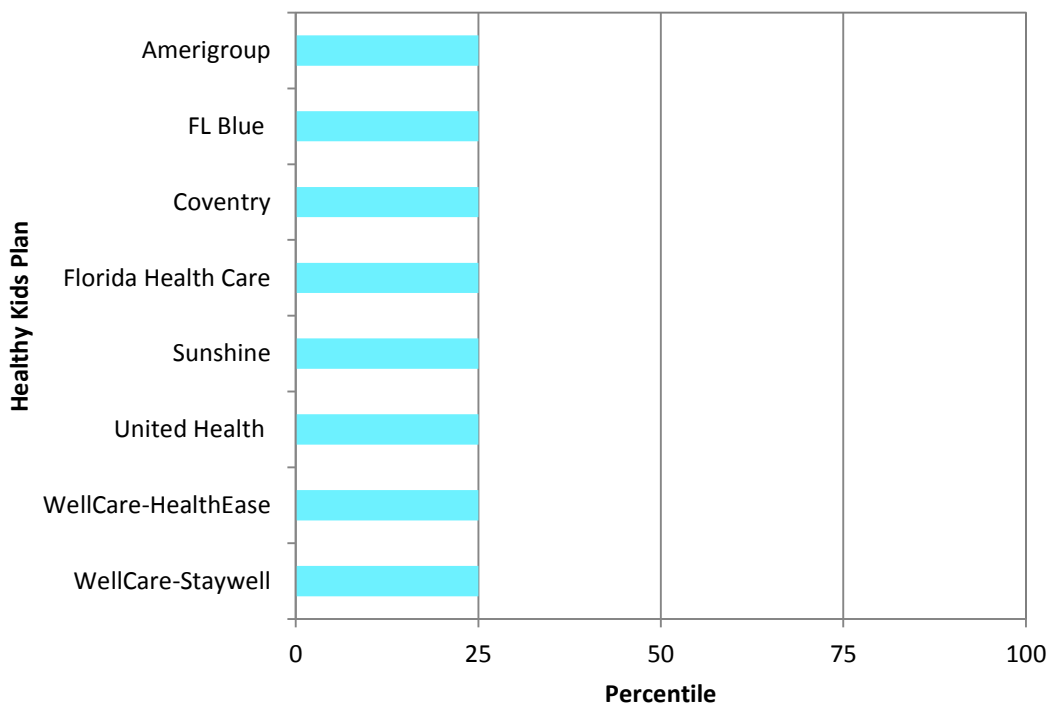


Figure 140. National Benchmarks for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Counseling for Physical Activity, CY 2014

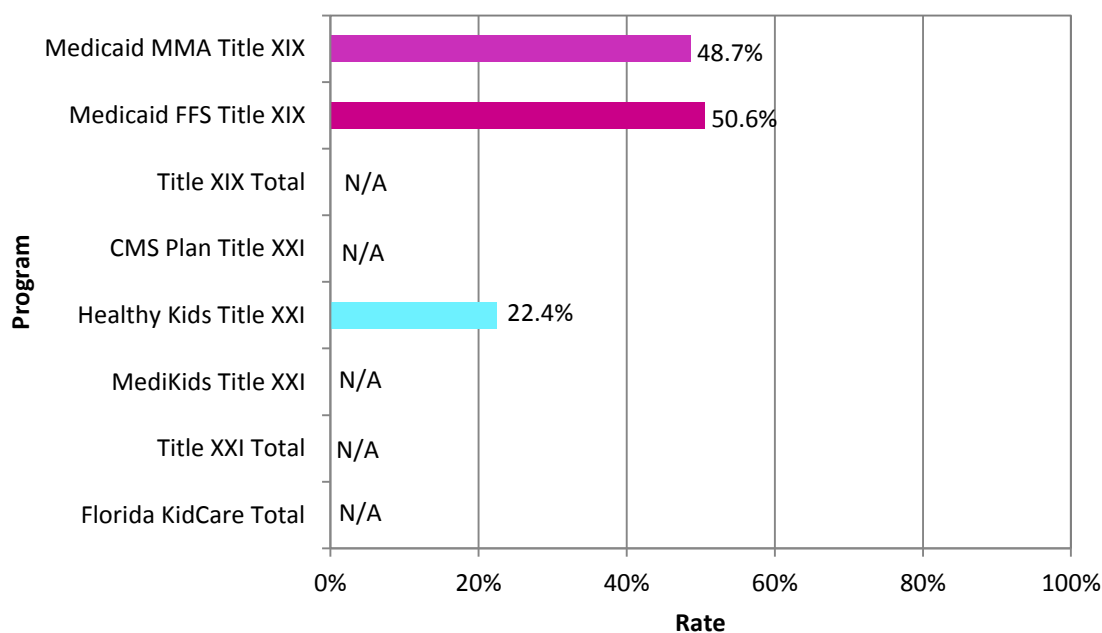


Medication Management for People with Asthma (MMA)

Asthma is one of the most common diseases of childhood and adolescence and a leading cause of school absenteeism. Many asthma-related hospitalizations, emergency department visits, and missed school days can be avoided with appropriate medication use. However, asthma is poorly controlled for many children and adolescents with persistent asthma.

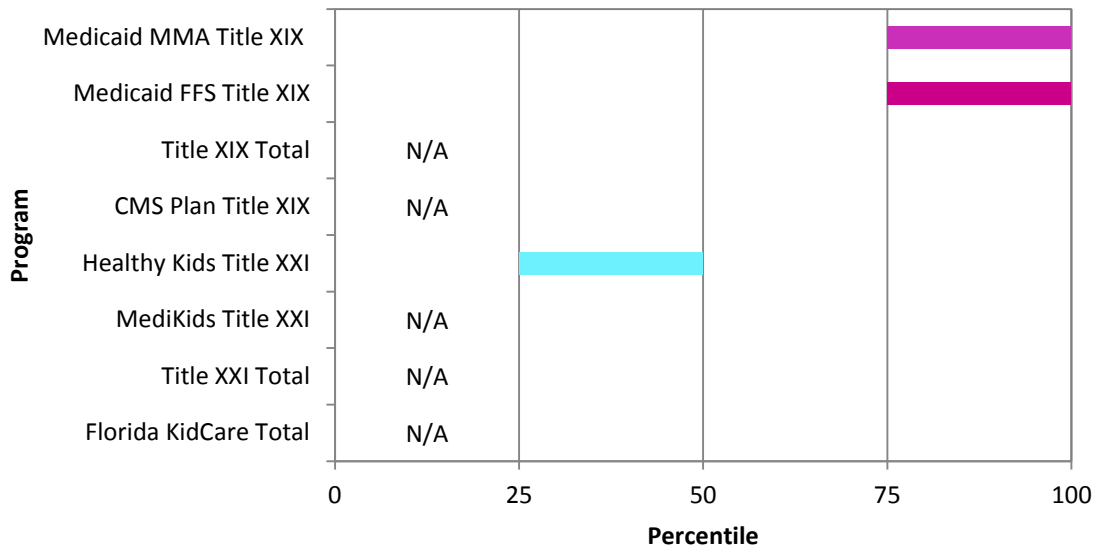
MMA is measured as the percentage of members with persistent asthma who were appropriately prescribed medications during the measurement period and remained on that medication. Two rates are reported overall and by age group: (1) the percentage of members who remain on an asthma controller medication for at least 50 percent of the treatment period and (2) the percentage of members who remain on asthma controller medication for at least 75 percent of the treatment period. The treatment period covers the period beginning with the earliest prescription dispensing date for any of the medications identified as “preferred therapy” during the measurement year through the last day of the measurement year. This measure requires two years of continuous enrollment (enrollment in the measurement year and the year prior to the measurement year), allowing for no more than a one-month gap during each year of continuous enrollment. Members with persistent asthma are defined using the same approach as is used for the measure ASM. Members with no asthma controller medications dispensed during the measurement year are excluded.

Figure 141. Program Results for HEDIS® Medication Management for Children with Asthma (MMA): ages 5-11, CY 2014



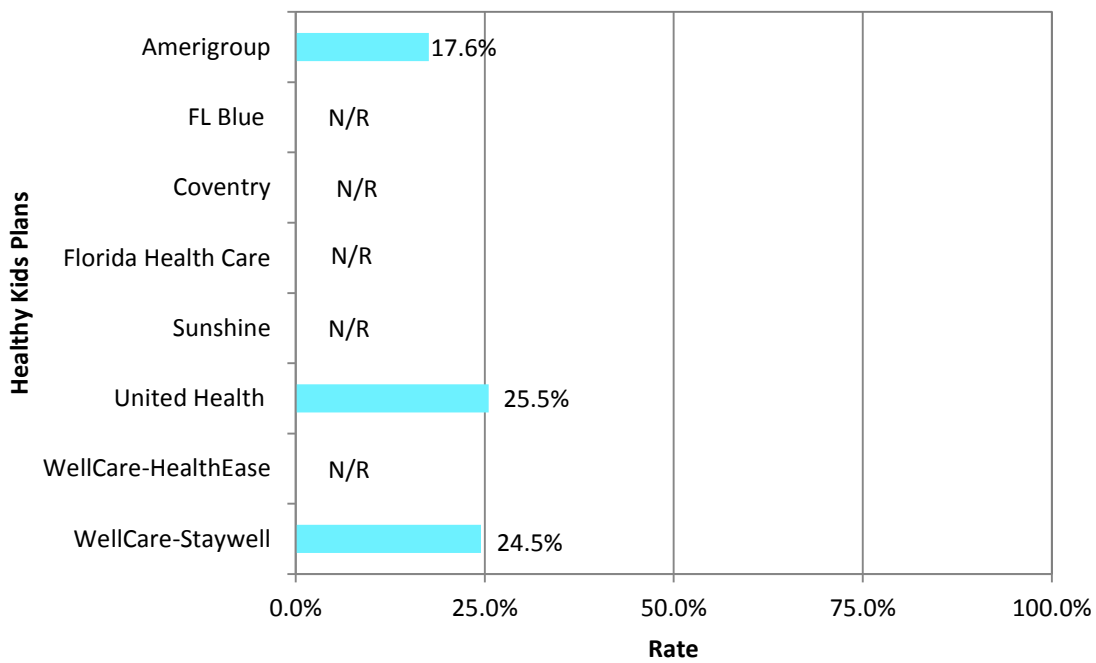
Note: MMA Title XIX includes two plans only. Interpret with caution. N/A denotes programs that do not have available data or the measure does not apply. A Title XIX total is not provided as the combination of two MMA plans and FFS do not accurately represent the entire Title XIX program.

Figure 142. National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA), ages 5-11, CY 2014



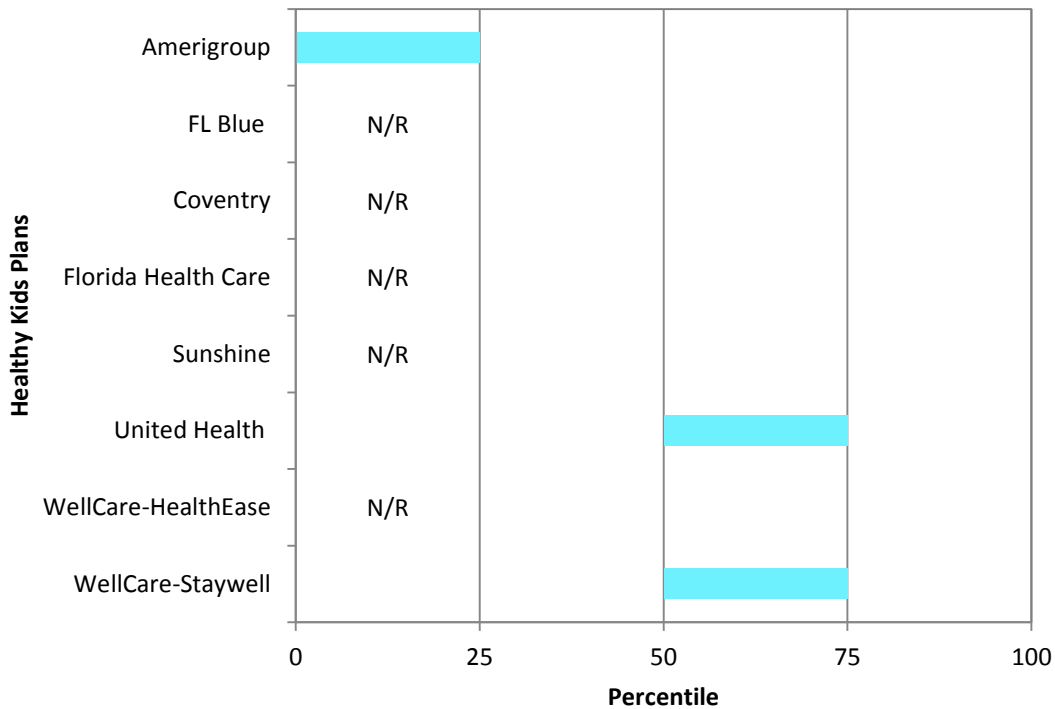
N/A denotes programs that do not have available data or the measure does not apply. A Title XIX total is not provided as the combination of two MMA plans and FFS do not accurately represent the entire Title XIX program.

Figure 143. Healthy Kids Plan Results for HEDIS® Medication Management for Children with Asthma (MMA): ages 5-11, CY 2014



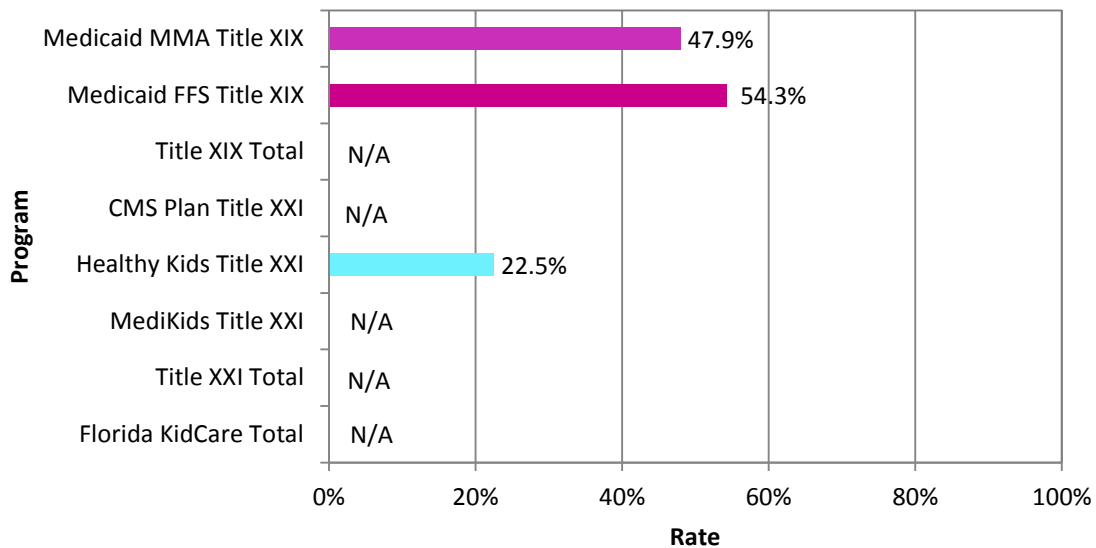
Plans with less than 30 in the denominator are labeled as N/R.

Figure 144. National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA), ages 5-11, CY 2014



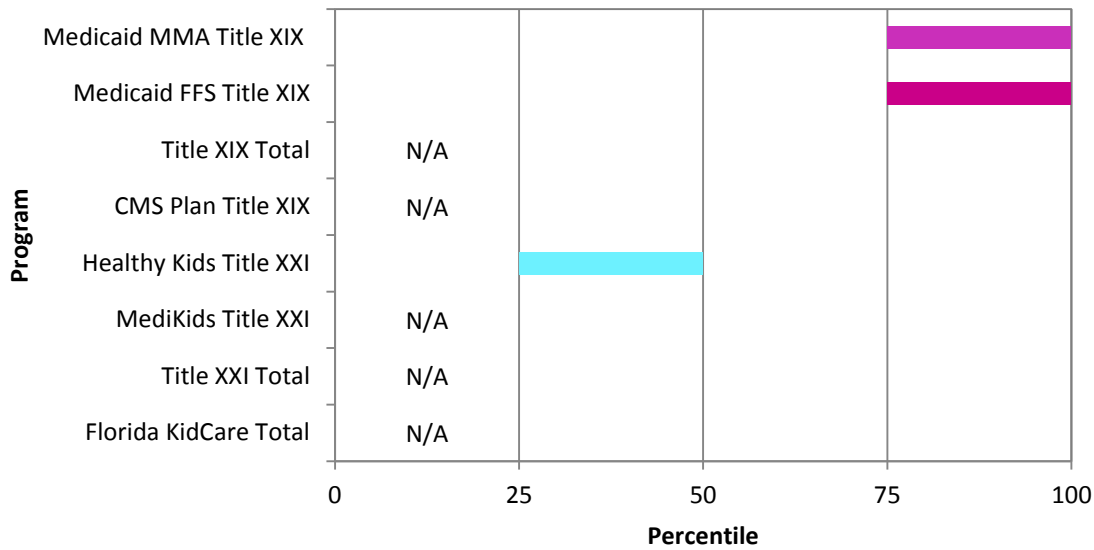
Plans with less than 30 in the denominator are labeled as N/R

Figure 145. Program Results for HEDIS® Medication Management for Children with Asthma (MMA): ages 12-18, CY 2014



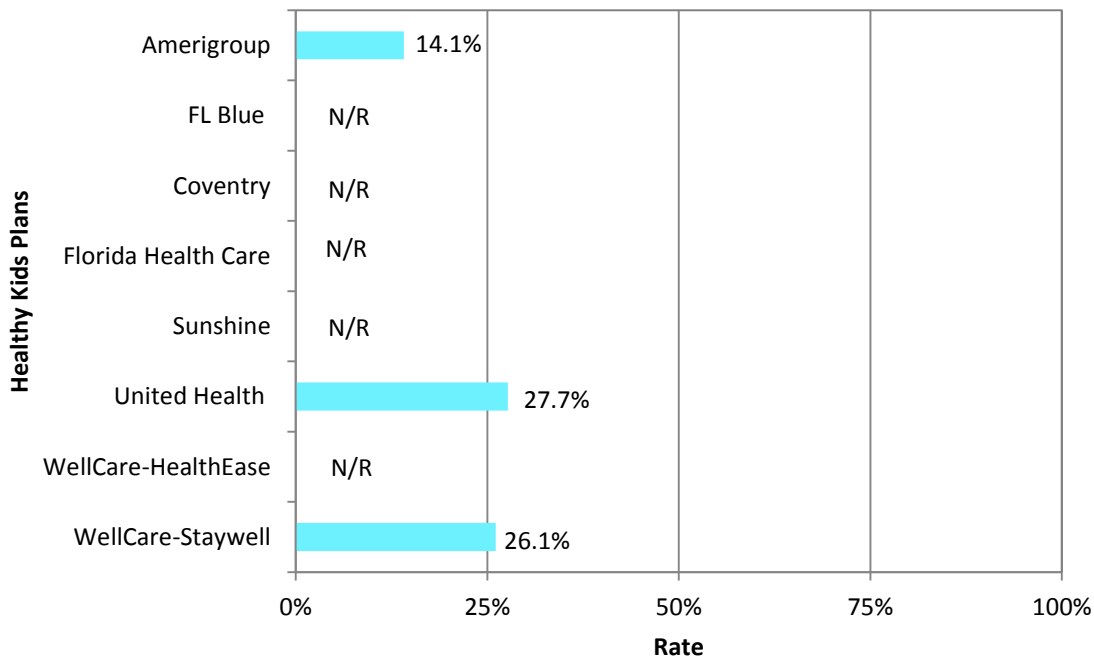
Note: MMA Title XIX includes two plans only. Interpret with caution. N/A denotes programs that do not have available data or the measure does not apply. A Title XIX total is not provided as the combination of two MMA plans and FFS do not accurately represent the entire Title XIX program.

Figure 146. National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA), ages 12-18, CY 2014



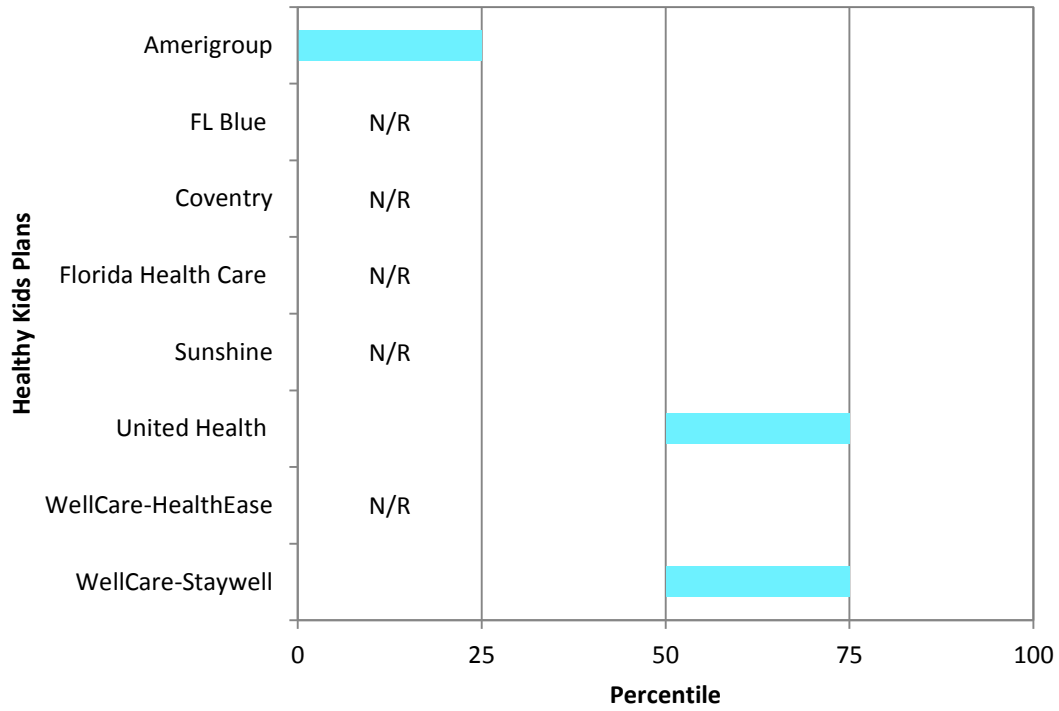
N/A denotes programs that do not have available data or the measure does not apply. A Title XIX total is not provided as the combination of two MMA plans and FFS do not accurately represent the entire Title XIX program.

Figure 147. Healthy Kids Plan Results for HEDIS® Medication Management for Children with Asthma (MMA): ages 12-18, CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Figure 148. National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA), ages 12-18, CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Ambulatory Care - Emergency Department Visits and Outpatient Visits (AMB)

This HEDIS® indicator reports the utilization of ambulatory services in emergency department and outpatient visits. Only children up to age 19 enrolled in Medicaid or CHIP are included in the calculation of this indicator. The measure does not include mental health services requiring psychiatry or chemical dependency services such as alcohol or drug rehabilitation or detoxification. This indicator determines the number of emergency department (ED) visits by counting the total number of visits the state paid for during CY2014 and dividing this total by the number of months that enrollees were collectively enrolled. Outpatient visits are calculated the same and include office visits or routine visits to hospital outpatient departments.

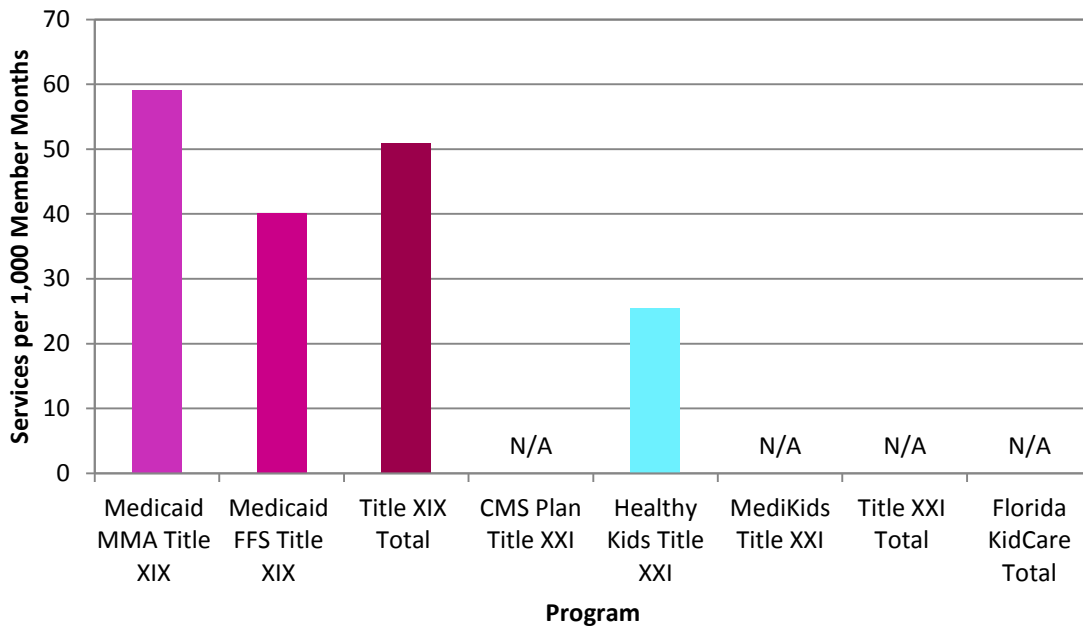
ED visits and outpatient visits are measured as the number of visits per 1,000 member months. ED visits that result in an inpatient stay are not included in this measure. ED and outpatient visits per 1,000 member months are reported for two age groups: (1) children one through nine years old and (2) children ten through 19 years old. It should be noted that this is a general measure of ED and outpatient visits. Medicaid and CHIP officials have expressed concern about interpreting this measure, given the range of reasons for which children come into contact with the ED.¹³

Figure 149, Figure 155, and Figure 150, Figure 156 present the program results and benchmark percentile ranges, respectively, in CY2014.

Figure 151, Figure 153, Figure 157, Figure 159, and Figure 152, Figure 154, Figure 158, Figure 160 present the plan results and benchmark percentile ranges, respectively, in CY2014.

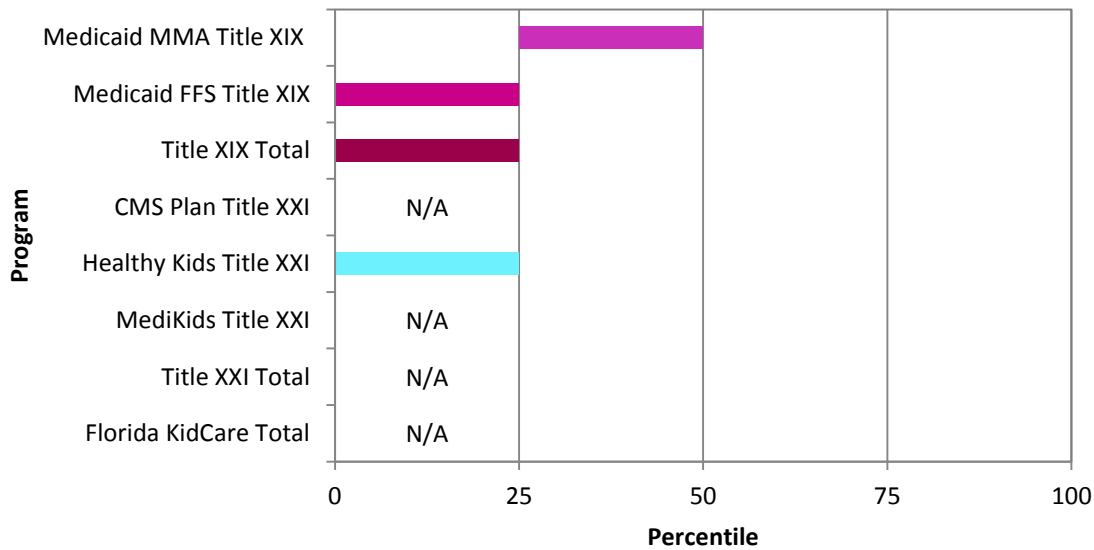
¹³ Duchon L, Smith V. *Quality performance measurement in Medicaid and SCHIP: results of a 2006 national survey of state officials (Prepared for the National Association of Children's Hospitals)*. Lansing, MI2006.

Figure 149. Program Results for Ambulatory Care (AMB): Emergency Department Visits, CY 2014



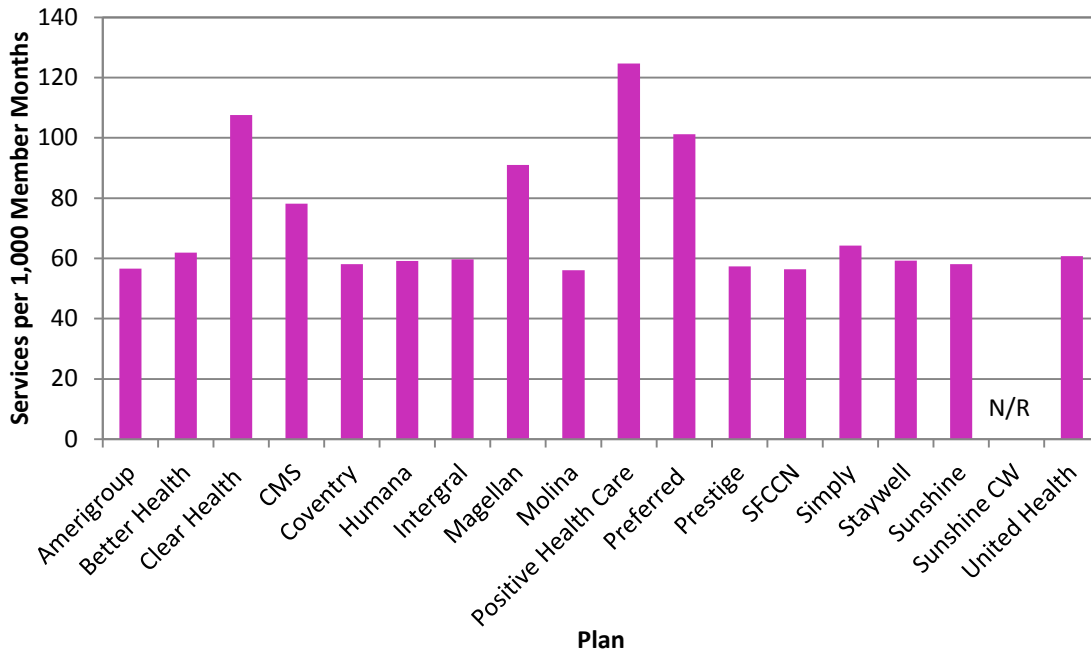
N/A denotes programs that do not have available data or the measure does not apply

Figure 150. National Benchmarks for Ambulatory Care (AMB): Emergency Department Visits, CY 2014



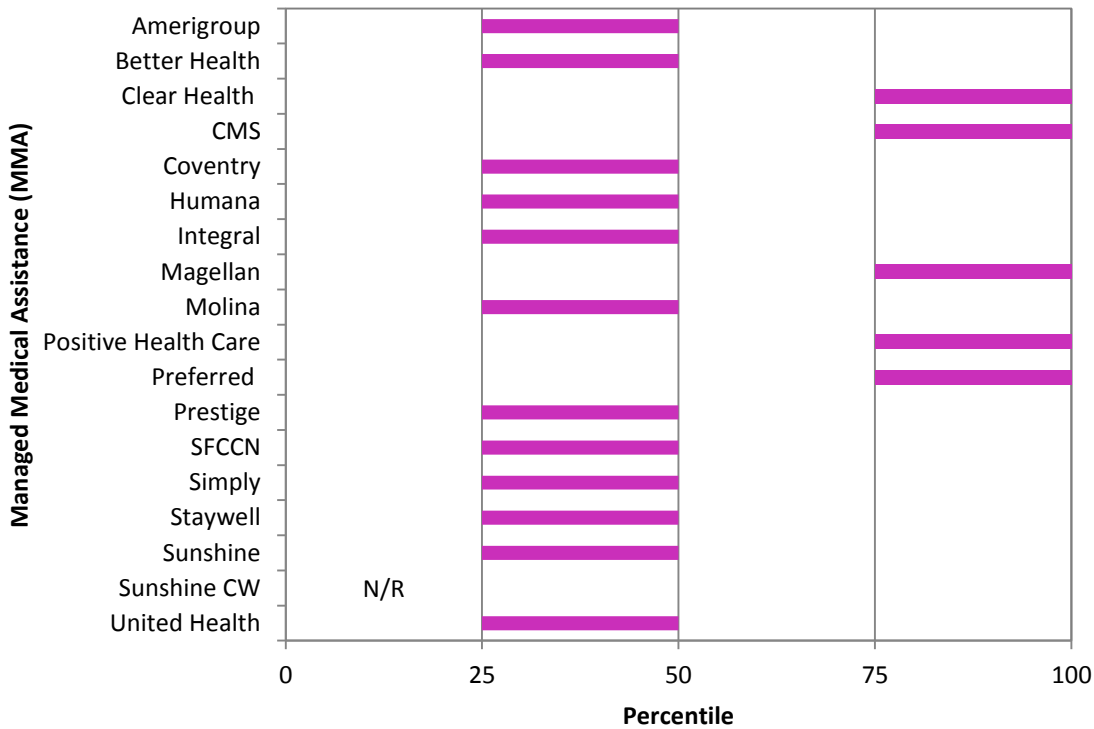
Note: AMB is an inverted measure; therefore, lower numbers for this measure indicates a higher quality of care. N/A denotes programs that do not have available data or the measure does not apply

Figure 151. Medicaid MMA Plan Results for Ambulatory Care (AMB): Emergency Department Visits, CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Figure 152. National Benchmarks for Ambulatory Care (AMB): Emergency Department Visits, CY 2014



Note: AMB is an inverted measure; therefore, lower numbers for this measure indicates a higher quality of care. Plans with less than 30 in the denominator are labeled as N/R

Figure 153. Healthy Kids Plan Results for Ambulatory Care (AMB): Emergency Department Visits, CY 2014

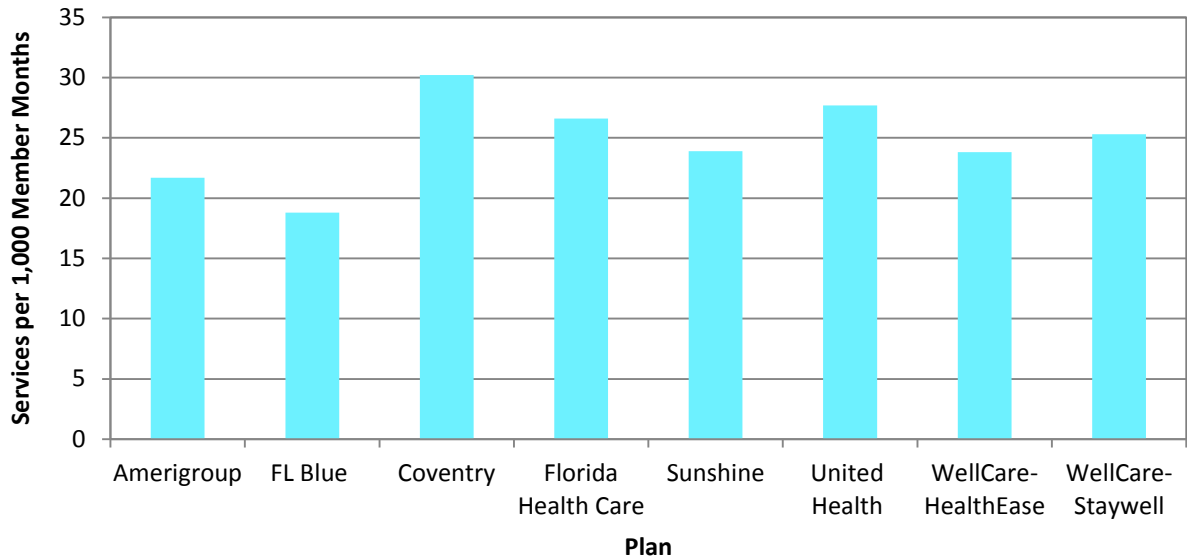
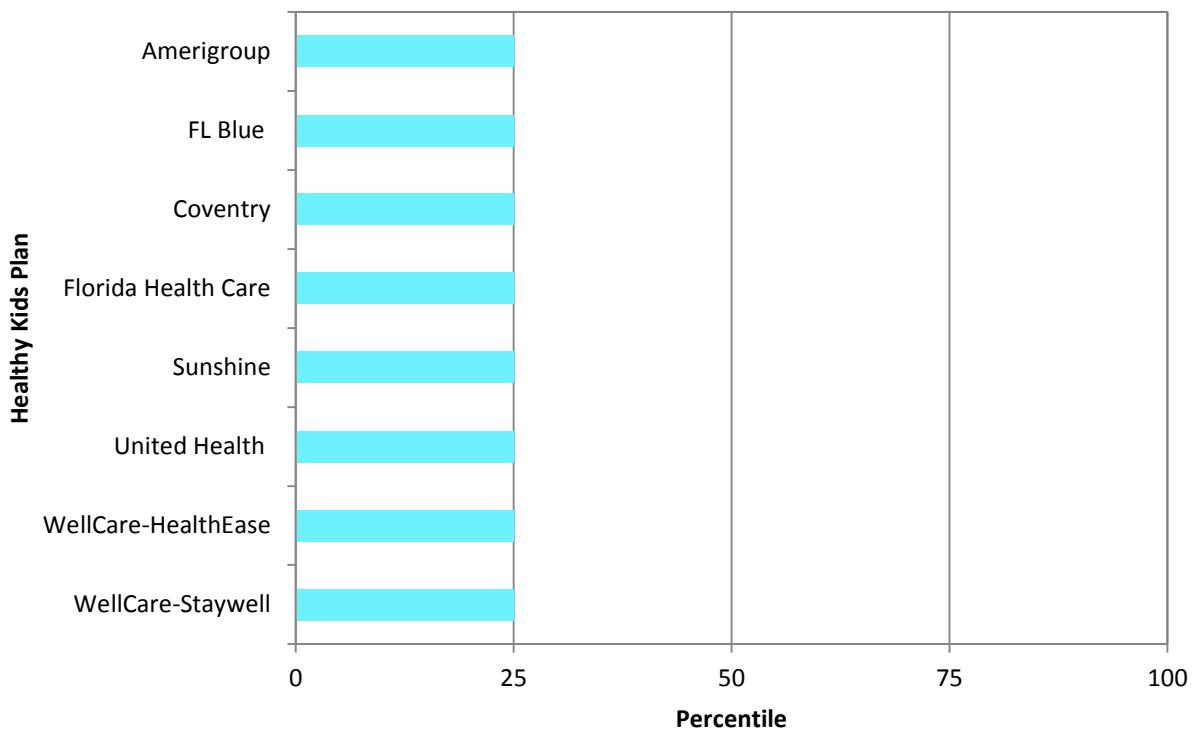
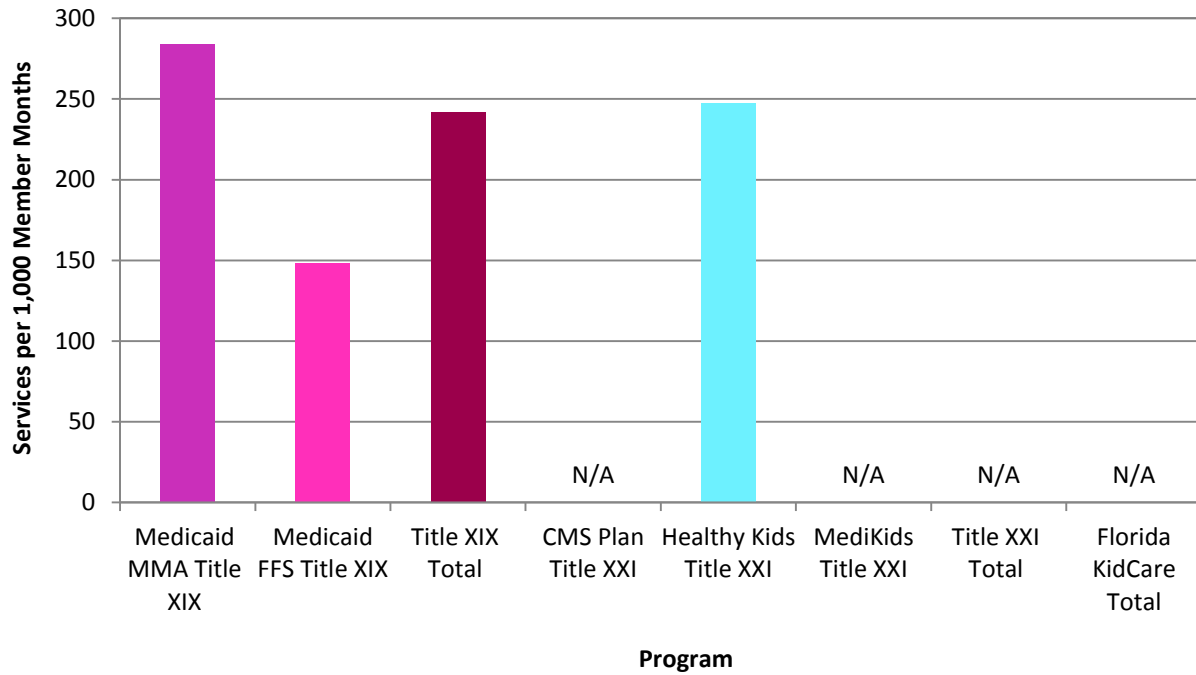


Figure 154. National Benchmarks for Ambulatory Care (AMB):Emergency Department Visits, CY 2014



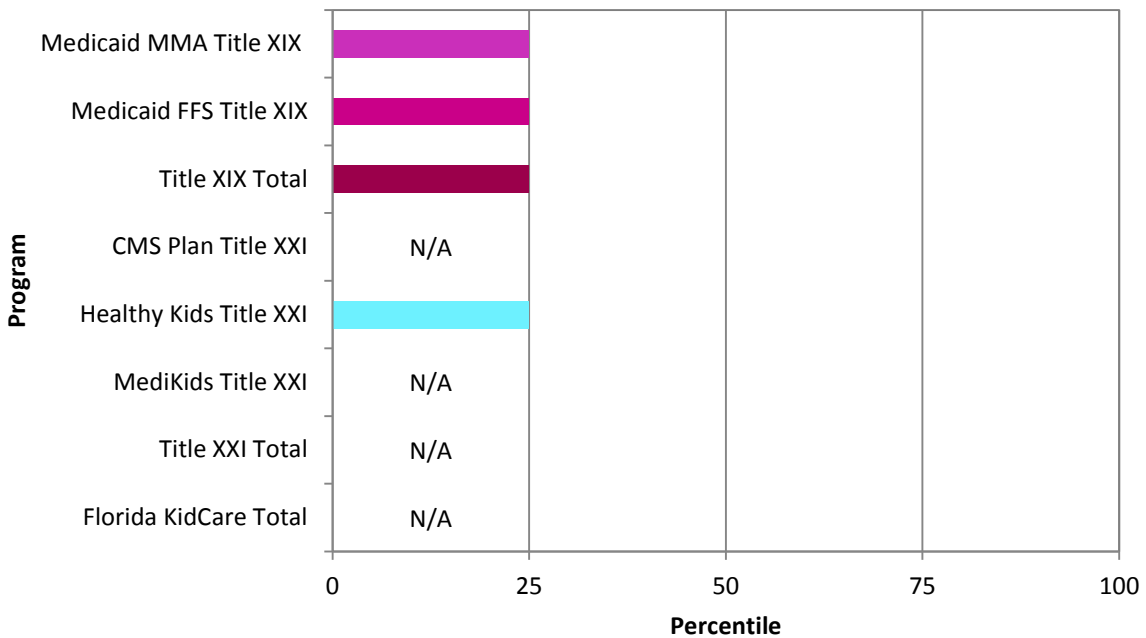
Note: AMB is an inverted measure; therefore, lower numbers for this measure indicates a higher quality of care.

Figure 155. Program Results for Ambulatory Care (AMB): Outpatient Visits, CY 2014



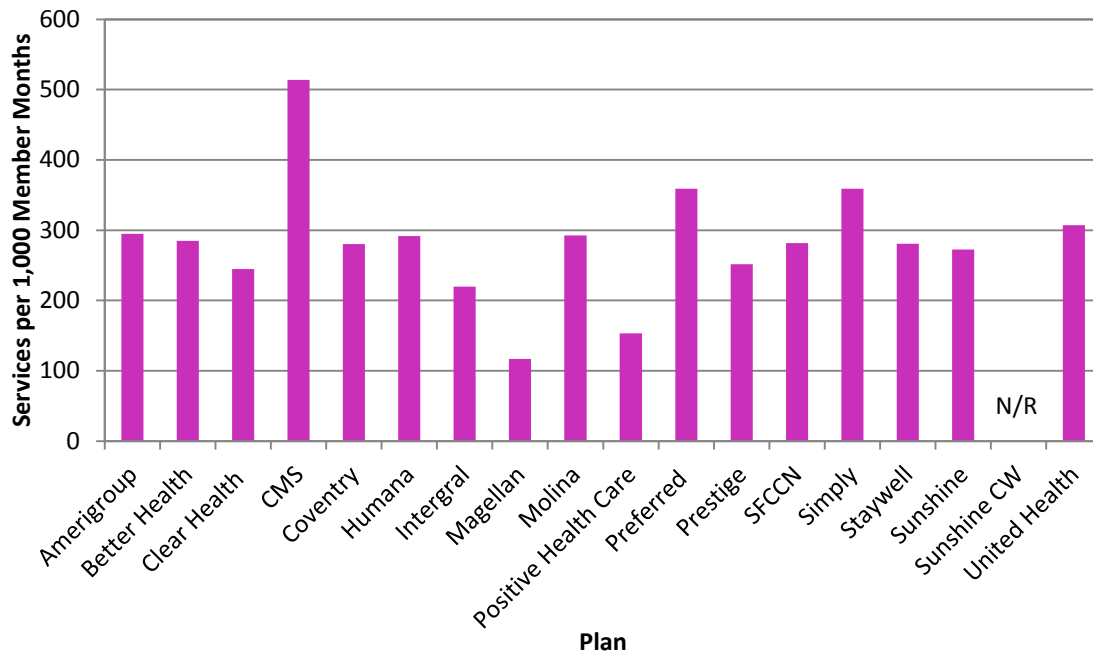
N/A denotes programs that do not have available data or the measure does not apply

Figure 156. National Benchmarks for Ambulatory Care (AMB): Outpatient Visits, CY 2014



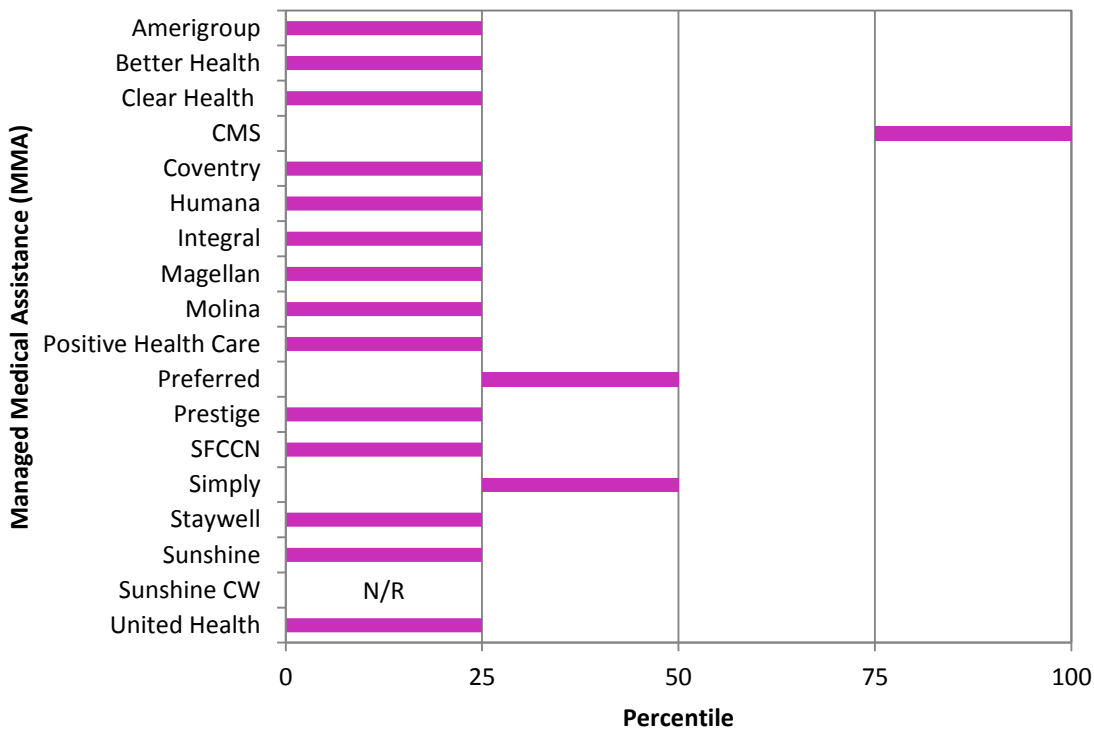
N/A denotes programs that do not have available data or the measure does not apply

Figure 157. Medicaid MMA Plan Results for Ambulatory Care (AMB): Outpatient Visits, CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Figure 158. National Benchmarks for Ambulatory Care (AMB): Outpatient Visits, CY 2014



Plans with less than 30 in the denominator are labeled as N/R

Figure 159. Healthy Kids Plan Results for Ambulatory Care (AMB): Outpatient Visits, CY 2014

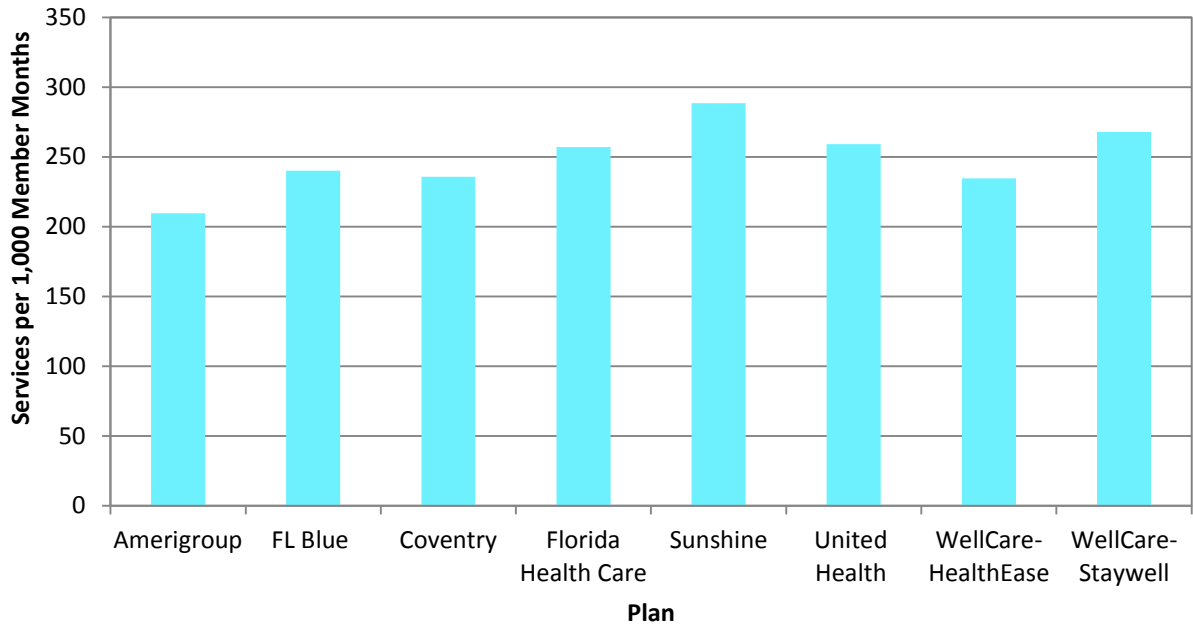
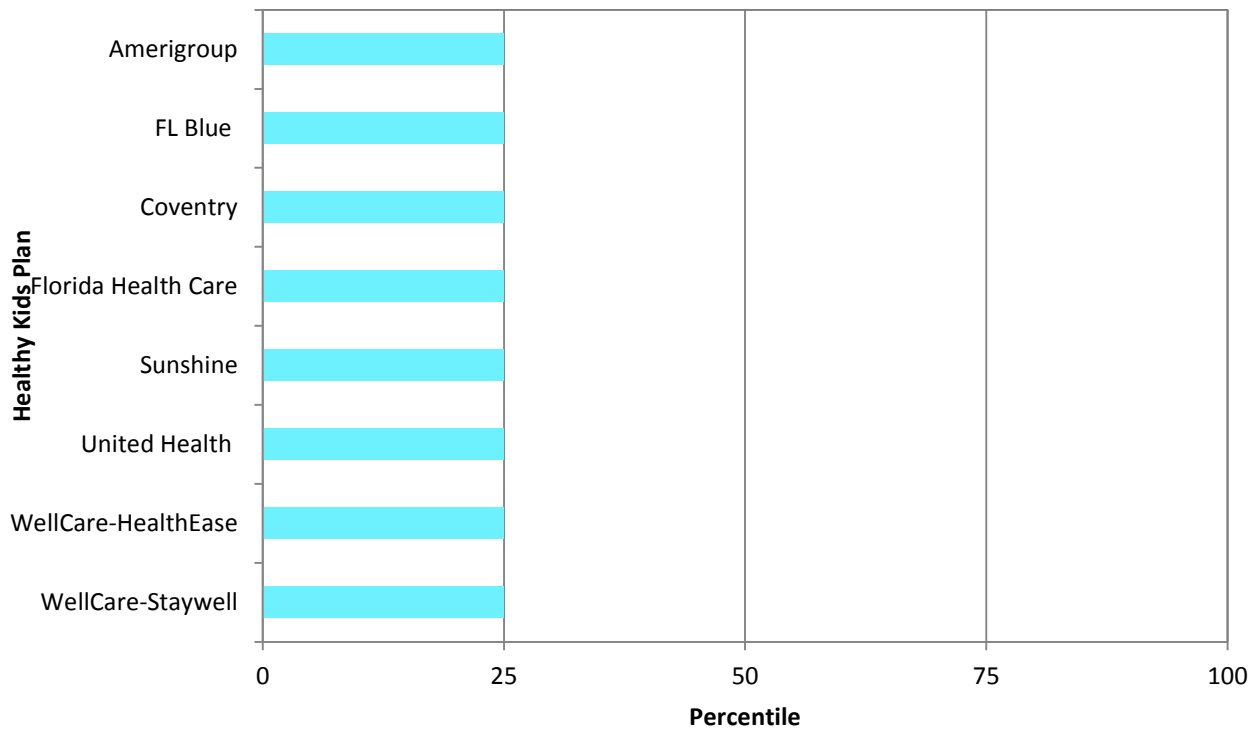


Figure 160. National Benchmarks for Ambulatory Care (AMB): Outpatient Visits, CY 2014



Oral Health

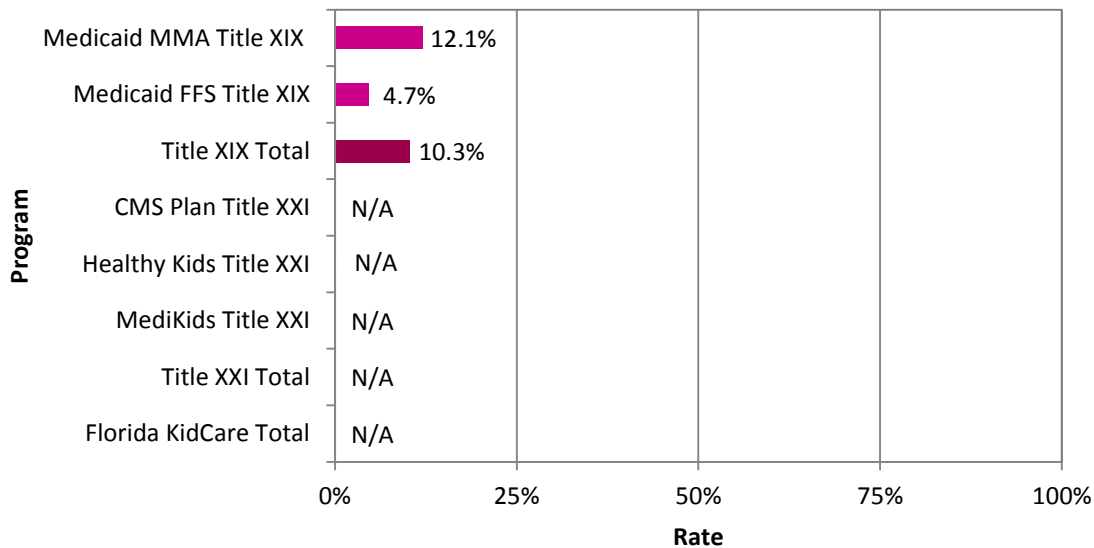
Percentage of Eligible Members That Received Preventive Dental Services (PDENT)

Dental caries is one of the most common, yet preventable, diseases of childhood.¹⁴ However, preventive measures initiated during infancy and continued throughout childhood and adolescence can significantly reduce the risk of developing caries. The American Dental Association (ADA) recommends that children have at least one dental visit by their first birthday and every six months thereafter.

Preventive Dental Services are measured as the percentage of unduplicated children who received a preventive dental service (CDT codes D1000-D1999), where unduplicated means that each child is counted only once, even if multiple services were received. Consistent with CMS Form-416 reporting guidelines, we report this measure for Federal Fiscal Year 2014, which covers the period October 1, 2013, through September 30, 2014. Of note, not all Medicaid MMA plans covered dental services for the full FFY (Federal Fiscal Year), and therefore the rate may be artificially lowered. The denominator is all children in the plan eligible for EPSDT for 90 continuous days, not necessarily receiving dental services through that plan.

Figure 161 and Figure 162 present the program results and Medicaid plan results, respectively, in CY2014.

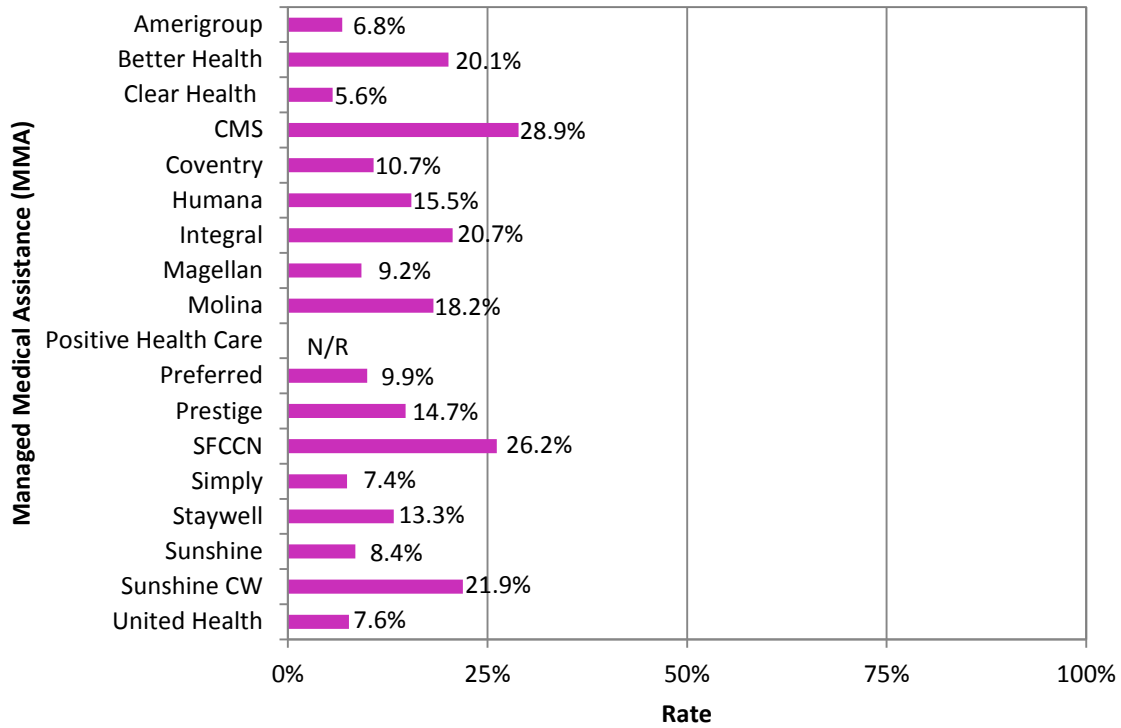
Figure 161. Program Results for Percentage of Eligible Members That Received Preventive Dental Services (PDENT), FFY 2014



N/A denotes programs that do not have available data or the measure does not apply

¹⁴ U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research. Oral health in America: a report of the surgeon general. Rockville, MD: National Institutes of Health. 2000.

Figure 162. Medicaid MMA Plan Results for Percentage of Eligible Members That Received Preventative Dental Services (PDENT), FFY 2014



Plans with less than 30 in the denominator are labeled as N/R

Conclusion

In This Section

- Conclusions
- Recommendations

Conclusions

First, it should be reiterated that several program changes between January 2013 and July 2014 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 8.7% 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. However, the HEDIS measures for which the Medicaid Title XIX mean (and Title XXI mean for Parent Experiences) did not exceed the national averages indicate areas that need improvement within the Florida KidCare program.

Recommendations

The Institute for Child Health Policy (IHP) recommends the following areas for improvement. First, the IHP recommends that the KidCare program continues to focus its efforts on promoting quality of care. For several quality of care sub-measures, the Florida KidCare Title XIX mean did not meet or exceed the national benchmarks (e.g., Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents; Body Mass Index Assessment for Children/Adolescents; Childhood Immunization Status Combination 2; Immunizations for Adolescents Meningococcal Immunizations). 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. Using this evaluation, Florida KidCare can then develop strategies to enhance access to care, care coordination, and provider-patient relationships.

Appendix

In This Section

- Appendix A

Appendix A: Abbreviations

AAP	AMERICAN ACADEMY OF PEDIATRICS
ACIP	ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES
ACA	AFFORDABLE CARE ACT
ADA	AMERICAN DENTAL ASSOCIATION
ADD	FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION
AHCA	AGENCY FOR HEALTH CARE ADMINISTRATION
AHRQ	AGENCY FOR HEALTHCARE RESEARCH AND QUALITY
AMB	AMBULATORY CARE-EMERGENCY DEPARTMENT (ED) VISITS
AWC	ADOLESCENT WELL-CARE VISIT
BMI	BODY MASS INDEX
BNET	BEHAVIORAL HEALTH NETWORK
CAHPS®	CONSUMER ASSESSMENT OF HEALTHCARE PROVIDERS AND SYSTEMS
CDT	CURRENT DENTAL TERMINOLOGY
CHIP	CHILD HEALTH INSURANCE PROGRAM
CHIPRA	CHILDREN’S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT
CHL	CHLAMYDIA SCREENING IN WOMEN AGES 16-20
CIS	CHILDHOOD IMMUNIZATION STATUS
CLABSI	PEDIATRIC CENTRAL LINE-ASSOCIATED BLOOD STREAM INFECTIONS-NEONATAL INTENSIVE CARE UNIT AND PEDIATRIC INTENSIVE CARE UNIT
CMS	CENTERS FOR MEDICARE AND MEDICAID SERVICES
CMS PLAN	CHILDREN’S MEDICAL SERVICES PLAN (TITLE XIX AND XXI)
CPT	CURRENT PROCEDURAL TERMINOLOGY
CSHCN	CHILDREN WITH SPECIAL HEALTH CARE NEEDS
CY	CALENDAR YEAR
DCF	DEPARTMENT OF CHILDREN AND FAMILIES
DEV	DEVELOPMENTAL SCREENING IN THE FIRST THREE YEARS OF LIFE
DOH	DEPARTMENT OF HEALTH
DRA	DEFICIT REDUCTION ACT
ED	EMERGENCY DEPARTMENT

FFM	FEDERALLY FACILITATED MARKETPLACE
FFS	FEE-FOR-SERVICE
FFY	FEDERAL FISCAL YEAR
FHK	FLORIDA HEALTHY KIDS
FLORIDA SHOTS	FLORIDA STATE HEALTH ONLINE TRACKING SYSTEM
FPC	FREQUENCY OF ONGOING PRENATAL CARE
FPL	FEDERAL POVERTY LEVEL
FY	FISCAL YEAR
HEDIS®	HEALTHCARE EFFECTIVENESS DATA AND INFORMATION SET
HPV	HUMAN PAPILLOMAVIRUS VACCINE FOR FEMALE ADOLESCENTS
ICD-9-CM	INTERNATIONAL CLASSIFICATION OF DISEASES, NINTH REVISION, CLINICAL MODIFICATION
ICHP	INSTITUTE FOR CHILD HEALTH POLICY
IMA	IMMUNIZATION STATUS FOR ADOLESCENTS
LBW	LIVE BIRTHS WEIGHING LESS THAN 2,500 GRAMS
MAGI	MODIFIED ADJUSTED GROSS INCOME
MMA	MANAGED MEDICAL ASSISTANCE
MMA	MEDICATION MANAGEMENT FOR CHILDREN WITH ASTHMA
N/A	NOT APPLICABLE
N/R	NOT REPORTABLE
NCQA	NATIONAL COMMITTEE FOR QUALITY ASSURANCE
OB/GYN	OBSTETRICS AND GYNECOLOGY
PC02	CESAREAN SECTION FOR NULLIPAROUS SINGLETON VERTEX
PCCM	PRIMARY CARE CASE MANAGEMENT
PCP	PRIMARY CARE PRACTITIONER
PDENT	PERCENTAGE OF ELIGIBLES THAT RECEIVED PREVENTIVE DENTAL SERVICES
PPC	TIMELINESS OF PRENATAL CARE
SFY	STATE FISCAL YEAR
W15	WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE
W34	WELL-CHILD VISITS IN THE THIRD, FOURTH, FIFTH, AND SIXTH YEARS OF LIFE

WCC WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY FOR CHILDREN/ADOLESCENTS: BMI
ASSESSMENT