



The Florida KidCare Program Evaluation

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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 2015 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 MMA plans), Title XXI Healthy Kids, Title XXI MediKids, and Children’s Medical Services (CMS Plan) Title XXI.

Evaluation Approach

A variety of data 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 5,656 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 environments. Data for Medicaid MMA plans HEDIS® (Healthcare Effectiveness Data and Information Set) performance measures and family experiences surveys were provided by the Agency for Health Care Administration.

Findings

During calendar year 2015, the Florida KidCare program received a total of 308,711 applications, which contained processable information on 418,419 children. At the end of 2015, the Florida KidCare program included 2,377,312 enrolled children. This is an increase of 5% from the previous evaluation year. Findings from the parent experiences survey suggest continued satisfaction from families of enrollees. More than 85% of families report positive experiences with getting needed care quickly, their doctor’s communication skills, and health plan customer service. Approximately 77% of Florida KidCare families rated their primary care provider as a “9” or “10” and 72% rated their specialty care provider as a “9” or a “10.” There were several HEDIS® measures where Title XIX did not surpass the 50th percentile of the national Medicaid comparison data. However, components of the Title XIX program (i.e., CMS plan and MMA plans) 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 5% 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 and Title XXI means did not exceed the national averages indicate areas that need improvement within the Florida KidCare program.

Introduction

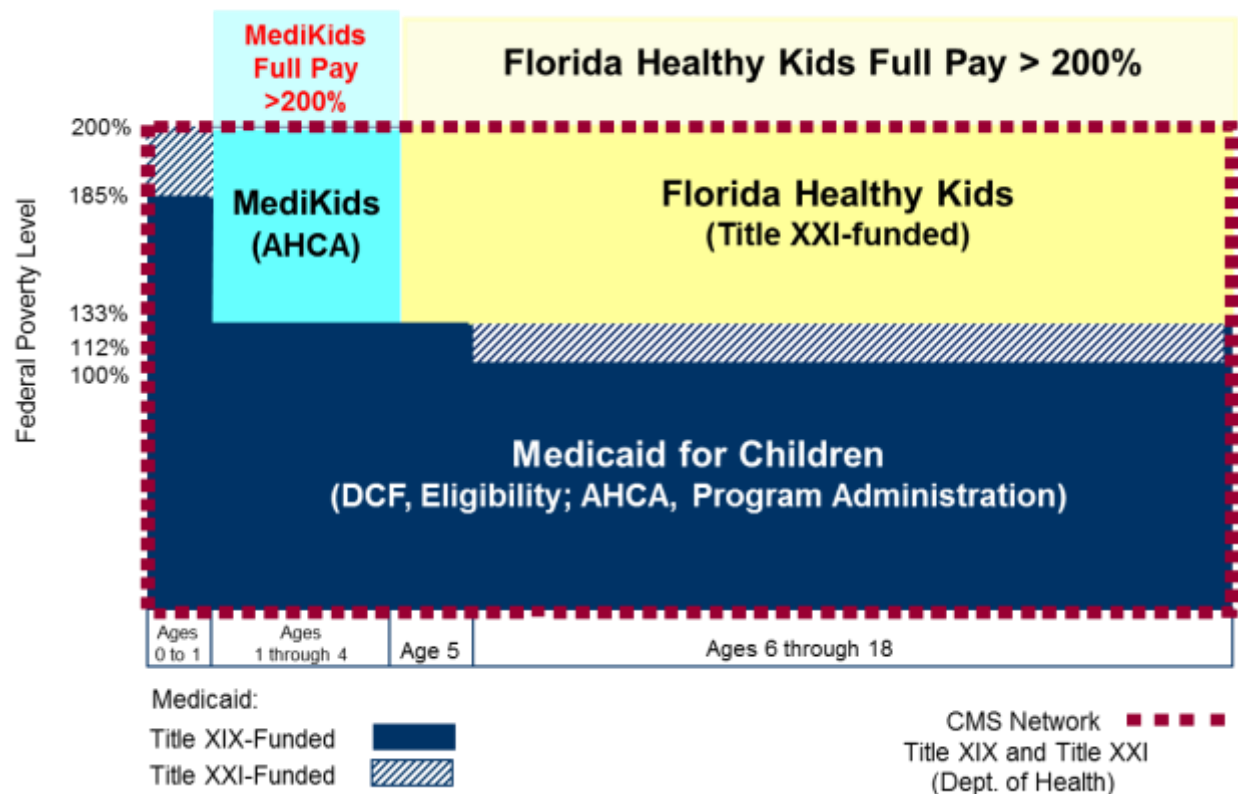
In This Section

- 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), that 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 family premiums.

Figure 1. Florida KidCare eligibility, Calendar Year 2015



Children’s Medical Services Managed Care Plan (CMS Plan)

The Children’s Medical Services plan (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 CMS Plan in the Medicaid managed care program. 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 family 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. For the current report, Title XIX CMS plan is one of the MMA plans and is reported with the MMA plan results and in the Title XIX MMA total; Title XXI CMS plan is presented as a program.

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 (see page 16). For each region, 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 dental 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 family premiums for this dental coverage. Florida Healthy Kids families pay a monthly family 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 (MMA) plans. MediKids families pay a monthly family 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 family 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 2015. MediKids full-pay coverage cost \$196 per month per child in CY 2015, and changed to \$157 per month starting February 2015, which included dental coverage. Effective October 1, 2016, the Healthy Kids Full Pay coverage cost was \$299 per month per child with a \$229 per month option available with deductibles. The increase was due to additional benefits offered to Full Pay coverage to meet the Affordable Care Act’s minimum essential coverage requirements. There is not a full-pay coverage option for the CMS Plan. 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 2012 through 2016, a component of the eligibility criteria. For instance, a family of four at 100% FPL in 2016 has an income of \$24,300.

Table 1. Federal poverty levels for a family of four

Income as a % of FPL	2012	2013	2014	2015	2016
100%	\$23,050	\$23,550	\$23,850	\$24,250	\$24,300
133%	\$30,657	\$31,322	\$31,721	\$32,253	\$32,319
185%	\$42,643	\$43,568	\$44,123	\$44,863	\$44,955
200%	\$46,100	\$47,100	\$47,700	\$48,500	\$48,600

Sources: <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>
<https://aspe.hhs.gov/poverty-guidelines>

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

Table 2. Florida KidCare program components and coverage levels, CY 2015

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

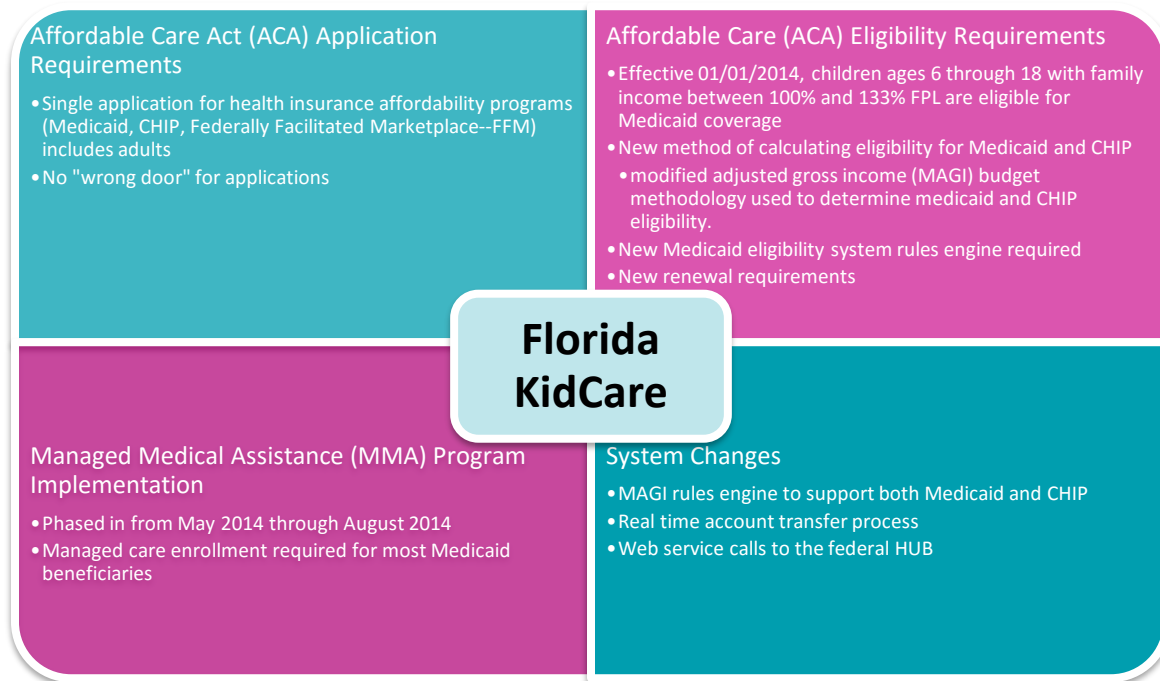
Families whose children are in the CMS Plan, Florida Healthy Kids, or MediKids program and receive Title XXI premium assistance must also complete the renewal process to receive 12 months of continuous eligibility. Since July 2004, families are required to provide annual proof of earned and unearned 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.

Figure 2. Florida KidCare Program Changes



Affordable Care Act (ACA) Requirements

1. Application Requirements
 - 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
 - Modified adjusted gross income (MAGI) methodology is used for determining eligibility for Medicaid and CHIP coverage
 - The Medicaid income level for children 6 through 18 years old increased from 100% FPL to 133% FPL
 - Administrative 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

Due to the multiple application, eligibility, systems, and other implementation issues, some of the data presented in 2015 and 2016 evaluations differ 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) 2015-2016 and budgeted for SFY 2016-2017.

Table 3. Florida KidCare Title XXI expenditures, Actual for SFY 2015-2016 and Budgeted for SFY 2016-2017

SFY 2015-2016 By Program	Expenditures	Family Contributions	Federal Funds	State Funds
Title XXI				
Healthy Kids* Title XXI	\$223,896,269	\$0	\$200,100,994	\$23,795,275
MediKids Title XXI	\$49,961,021	\$15,164,918	\$31,141,039	\$3,655,064
CMS Plan Title XXI	\$87,139,244	\$1,244,538	\$74,834,624	\$11,060,082
BNET	\$6,687,000	\$0	\$5,855,528	\$831,472
Full Pay Programs				
Healthy Kids Full Pay	\$46,933,201	\$1,244,538	\$0	\$0
MediKids Full Pay	\$10,641,889	\$10,641,889	\$0	\$0
Title XXI Funded Medicaid				
Infants<1	\$3,394,398	\$0	\$3,3039,768	\$354,630
Children 6-18**	\$282,231,178	\$0	\$252,745,076	\$29,486,102
Title XXI Administration	\$19,866,206	\$650,332	\$17,209,211	\$2,006,663
Grand Total	\$673,175,316	\$17,059,788	\$584,926,240	\$71,189,288
Budgeted SFY 2016-2017				
By Program	Expenditures	Family Contributions	Federal Funds	State Funds
Title XXI				
Healthy Kids* Title XXI	\$252,334,750	\$0	\$241,483,076	\$10,851,674
MediKids Title XXI	\$56,134,880	\$17,508,633	\$36,964,557	\$1,661,690
CMS Plan Title XXI	\$82,445,852	\$1,994,361	\$76,988,346	\$3,463,145
BNET	\$4,835,755	\$0	\$4,626,143	\$209,612
Full Pay Programs				
Healthy Kids Full Pay	\$21,513,552	\$21,513,552	\$0	\$0
MediKids Full Pay	\$11,940,747	\$11,941,747	\$0	\$0
Title XXI Funded Medicaid				
Infants < 1	\$2,101,510	\$0	\$2,011,145	\$90,365
Children 6-18**	\$374,837,037	\$0	\$241,483,076	\$10,851,674
Administration	\$21,527,166	\$705,405	\$19,925,928	\$895,833
Grand Total	\$794,216,950	\$20,208,399	\$740,718,239	\$33,290,312

*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. Title XXI funding is used only for children with income from 112% to 133% FPL. Source: Florida KidCare's Estimating Conference documents, August 2016. There was an increase in federal dollars during this period, which may explain increase in budget.

Table 4 contains detail on the Title XXI administrative costs for SFY 2015-2016 and budgeted for SFY 2016-2017.

Table 4. Florida Healthy Kids Corp. Title XXI administration costs, Actual for SFY 2015-2016, and Budgeted SFY 2016-2017

Program	2015-2016	2016-2017
Estimated Average Monthly Caseload	163,108	166,619
Estimated number of Case Months	1,957,297	1,999,430
Administration Cost per Member Per Month	\$9.00	\$9.00

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

Source: SFY 2016-2017 data, Florida KidCare's Estimating Conference documents, August 2016

Table 5 presents the per member per month premium rates for the Florida KidCare Title XXI program components for SFY 2015-2016 and budgeted for SFY 2016-2017.

Table 5. Per Member Per Month premium rates for KidCare Title XXI program components, for SFY 2015-2016 and Budgeted for SFY 2016-2017

Program	2015-2016	2016-2017
CMS Plan	\$657.15	\$739.08
Healthy Kids*	\$140.66	\$143.92
MediKids	\$138.31	\$143.08
BNET	\$1,000.00	\$1,000.00
Medicaid Expansion <1	\$286.30	\$292.02
Stairstep Children**	\$186.95	\$190.69

*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 2015-2016 data, Florida KidCare's Estimating Conference documents, August 2016

Source: SFY 2016-2017 data, Florida KidCare's Estimating Conference documents, August 2016

<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 2016-2017.

Table 6. Premiums collected annually from Title XXI Families for the last five SFYs and budgeted for SFY 2016-2017

Program	SFY 2012-2013	SFY 2013-2014	SFY 2014-2015	SFY 2015-2016	SFY 2016-2017
CMS Plan & BNET	\$2,312,642	\$2,240,365	\$1,644,382	\$1,116,913	\$1,994,361
Healthy Kids	\$27,159,648	\$24,862,196	\$24,825,327	\$20,955,215	\$23,146,005
MediKids	\$3,105,856	\$2,795,231	\$2,712,775	\$2,433,230	\$2,589,632
MediKids Full-Pay		\$10,650,147	\$10,338,145	\$10,614,826	\$11,602,195
Total*	\$42,618,016	\$40,547,939	\$39,520,629	\$35,120,184	\$39,335,193

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

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

Source: SFY 2016-2017 data, Florida KidCare's Estimating Conference documents, August 2016

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)			
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
2015-2016	\$667,883,589	\$598,106,451	\$171,355,890
Federal Fiscal Year (FFY)			
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
2015-2016	\$696,949,561	\$665,377,746	\$164,151,801

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 2017.

Table 8. Federal allotment balances carried forward or projected forward from each FFY for last five years and projected for FFY 2017

FFY	Total
FFY 2013	\$310,857,101
FFY 2014	\$233,164,676
FFY 2015	\$295,461,796
FFY 2016	\$272,265,699
FFY 2017	\$126,009,979

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

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.

Figure 3. Florida KidCare unduplicated applications received monthly by Florida Healthy Kids Corporation, January 2011 to December 2015

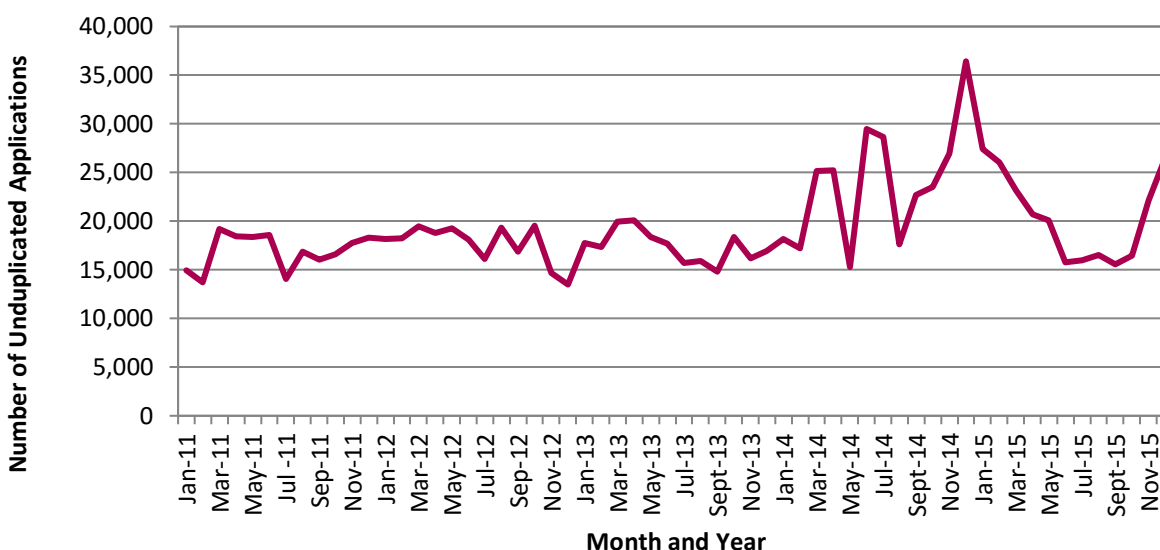


Table 9 provides monthly information on Florida KidCare applications submitted during CY 2015.

- Florida Healthy Kids Corporation received a total 308,711 applications, including duplicate applications.
- When duplicate applications were removed, Florida Healthy Kids Corporation received a total of 246,199 applications, which contained processable information on 418,419 applicants.
- Florida Healthy Kids Corporation received an average of 22,183 unduplicated applications monthly, ranging from a low of 15,560 unduplicated applications in September 2015 to a high of 27,434 unduplicated applications in January 2015.
- The mean age of applicants for the 12-month period was 8.9 years.

- The mean monthly income of families applying to Florida Healthy Kids for Florida KidCare coverage was \$2,997.86 during CY 2015.
- Families applying to Florida Healthy Kids for Florida KidCare coverage had an average household size for the 12-month period of 3.59 persons.

Table 9. Florida KidCare application information received by Florida Healthy Kids Corporation, CY 2015

Application Information	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Total
Number of applications received, including duplicate applications	38,941	35,593	30,342	27,065	25,993	20,742	20,364	19,981	18,286	18,972	24,462	27,970	308,711
Number of applications received, excluding duplicate applications	27,434	26,061	23,138	20,667	20,106	15,782	15,977	16,497	15,560	16,426	22,121	26,430	246,199
Number of children represented on applications received, excluding duplicate applications	50,409	48,845	37,220	34,117	32,827	25,346	26,652	28,874	27,152	28,104	36,174	42,699	418,419
Child age, mean years*	9.28	9.38	8.42	8.51	8.45	8.35	8.55	8.96	9.11	9.18	9.46	9.66	8.99
Child age, standard deviation	5.02	5.06	5.15	5.14	5.12	5.18	5.07	4.96	4.95	4.93	4.95	4.97	5.06
Monthly family income, mean**	2,956.02	2,913.42	2,873.58	2,882.31	2,931.37	2,919.11	2,962.42	2,971.191	3,081.49	3,146.84	3,153.55	3,142.95	2,997.86

Administration

Monthly family income, standard deviation	2,610.72	2,103.68	2,477.22	2,655.86	2,171.47	2,385.12	2,644.06	2,722.20	2,483.76	2,678.28	2,377.84	2,188.96	2,448.70
Household size, mean***	3.58	3.57	3.58	3.56	3.59	3.58	3.61	3.58	3.58	3.58	3.58	3.65	3.59
Household size, standard deviation	1.25	1.24	1.25	1.27	1.24	1.25	1.26	1.26	1.26	1.28	1.23	1.25	1.25

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

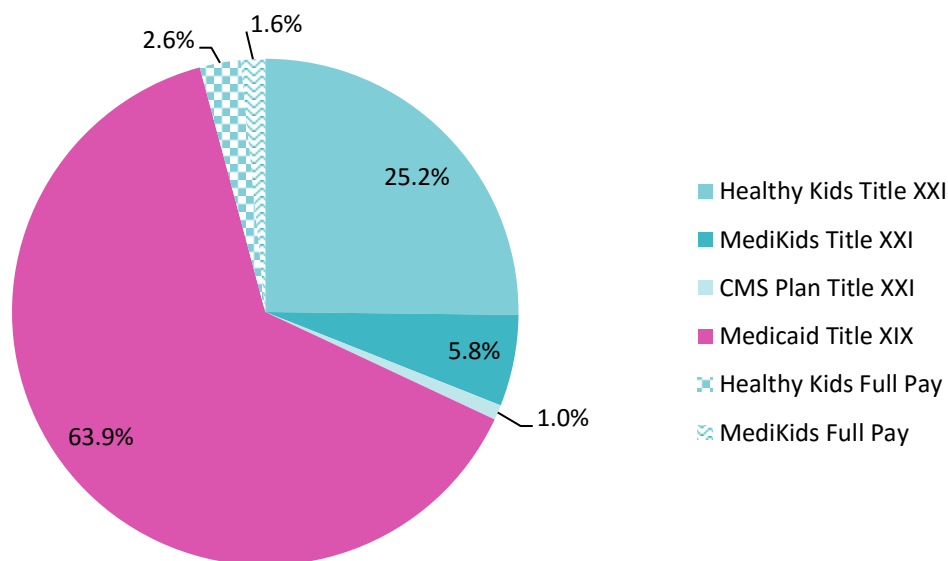
The following analysis considers only the most recent applications to Florida Healthy Kids (if duplicates are available). Also, the analysis does not use the “referral” flag provided in the applications database because that field is not well-populated. Rather, the analysis considers an application to 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 Healthy Kids 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 246,032¹ processed applications:

- 138,569 applications received internal review only
- 85,337 applications received internal and DCF review
- 16,771 applications received internal and CMS Plan review
- 5,355 applications received internal, DCF, and CMS Plan review²

The four review processes resulted in a total of 170,673 (41%) 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.

¹ An additional 167 applications did not fit one of these review criteria

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 2015 sent directly to Florida Healthy Kids.

Florida Healthy Kids processed a total of 246,199 unduplicated applications representing 418,419 unduplicated applicants. Of these applicants, 170,673 children were approved yielding a 41% 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 not include account transfers from the Department of Children and Families (DCF) and from the Federally Facilitated Marketplace (FFM).

- A total of 246,032 unduplicated applications were received
- The unduplicated applications represented 418,183 unduplicated children processed

Table 10. Outcomes of Florida KidCare applications processed by Florida Healthy Kids CY 2015

Applications reviewed by Florida Healthy Kids	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	138,569	85,337	16,771	5,355	246,032
Number & Percent of Unduplicated Children	251,331 60.1%	141,623 33.9%	19,176 4.6%	6,053 1.5%	418,183 100%
TOTAL, children approved for KidCare or full-pay	150,351	7,088	12,110	1,124	170,673
Healthy Kids Title XXI	36,760	2,443	3,493	290	42,986
MediKids Title XXI	8,622	642	628	60	9,952
Medicaid Title XIX	98,810	3,964	5,572	630	108,976
CMS Plan Title XXI	-	-	1,505	140	1,645
Healthy Kids full-pay	3,827	21	610	3	4,461
MediKids full-pay	2,332	18	302	1	2,653

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:

- 55,280 children were not eligible for Title XXI coverage due to expiration of their application when their parents did not respond to requests for documentation.
- 108,900 children were not eligible because they were already receiving Medicaid coverage.
- 55,371 children were not eligible for Title XXI coverage because they were referred to Medicaid, but not currently enrolled Medicaid, while 76 were not eligible because they were approved for Medicaid coverage but not yet receiving Medicaid coverage.
- Being under age accounted for 8,297 children not being eligible for Title XXI CHIP coverage.
- 33,849 children were not eligible because their application had expired due to non-payment.
- 21,731 children were not eligible for Title XXI coverage because they had other insurance, while 5,717 children were not eligible because they were not US citizens or qualified aliens.
- Additional reasons include not a Florida resident (603), incarcerated (30), were already enrolled in CHIP Title XXI (1), or families who were non-compliant with documentation requests from DCF for their Medicaid eligibility determination (32).

Table 11. Reasons for denial from CHIP Title XXI, CY 2015

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	0	1	0	0	1
Expired, non-compliant	51,539	186	3,529	26	55,280
Expired, non-payment	31,245	447	2,126	3	33,849
Has other insurance	7,212	12,947	1,298	274	21,731
Incarcerated	27	1	2	0	30
Medicaid approved	60	13	2	1	76
Medicaid, non-compliant	7	23	0	2	32
Referred to Medicaid	140	50,912	8	4,311	55,371
Non US citizen	5,359	2	355	1	5,717
Currently enrolled in Medicaid	98,750	3,951	5,570	629	108,900
Not a Florida resident	531	29	40	3	603
Over age	88	72,755	6	250	73,099
Under age	4	8,293	0	0	8,297

Florida KidCare Enrollment

Table 12 presents the point-in-time enrollment figures for the end of Calendar Years 2014 and 2015 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 2015, 2,377,312 children were enrolled in the Florida KidCare program. This was an increase of 5.0% from the previous year.
- Florida KidCare’s Medicaid Title XIX enrollments increased 6.8% from 1,929,941 to 2,061,412 children.
- Total Title XXI funded enrollments decreased by 0.9% from December 31, 2014, to December 31, 2015.
 - CMS Plan Title XXI enrollment declined by 35.4%. Healthy Kids Title XXI and MediKids Title XXI enrollments also decreased by 8.6% and 12.9%, respectively.
 - The enrollment in Healthy Kids Full-Pay decreased by 52.2%, while MediKids saw increased enrollment in their Full-Pay program by 20.8%.

Table 12. Point-in-time enrollment figures for the last day of Calendar Years 2014 and 2015

	Calendar Year 2014-2015		
	Enrollment Dec. 31, 2014	Enrollment Dec. 31, 2015	% Change 2014-2015
Healthy Kids Title XXI	153,791	140,606	-8.6%
Healthy Kids Full-pay	30,607	14,636	-52.2%
Healthy Kids Total	184,398	155,242	-15.8%
MediKids Title XXI	25,163	21,913	-12.9%
MediKids Full-pay	4,783	5,777	20.8%
MediKids Total	29,946	27,690	-7.5%
CMS Plan Title XXI	15,300	9,877	-35.4%
Title XXI Funded Medicaid			
< Age 1	829	1,021	23.2%
Ages 6-18*	103,201	122,070	18.3%
Total Title XXI funded enrollment**	298,284	295,487	-0.9%
Medicaid Title XIX	1,929,941	2,061,412	6.8%
Florida KidCare Total	2,263,615	2,377,312	5.0%

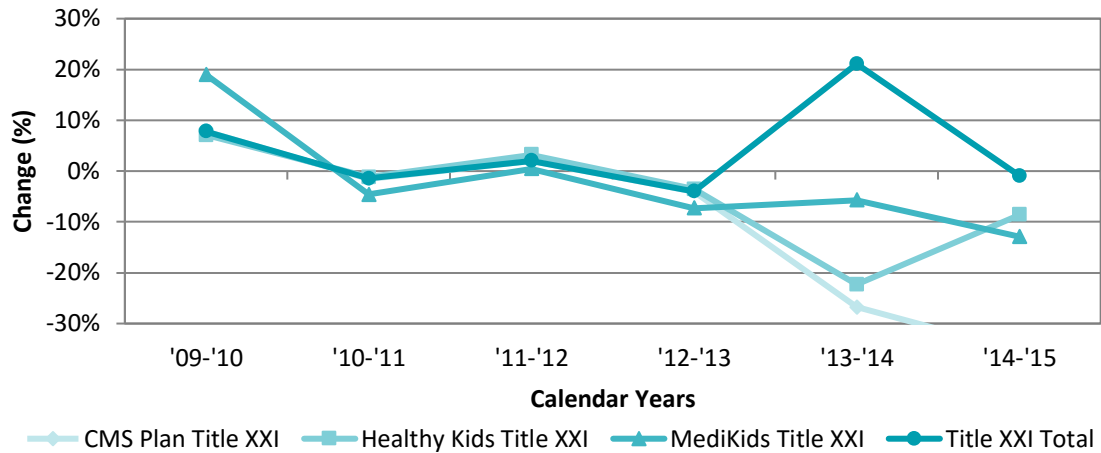
Note: Percent change information is not available for Title XXI Funded Medicaid ages 6-18 ("stairstep children") because a full year is needed to calculate the percent change and this eligibility group did not begin until January 2014.

*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.

Figure 5. Change in Florida KidCare Enrollment for Title XXI program components, CY 2010-2015



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 2010-2015

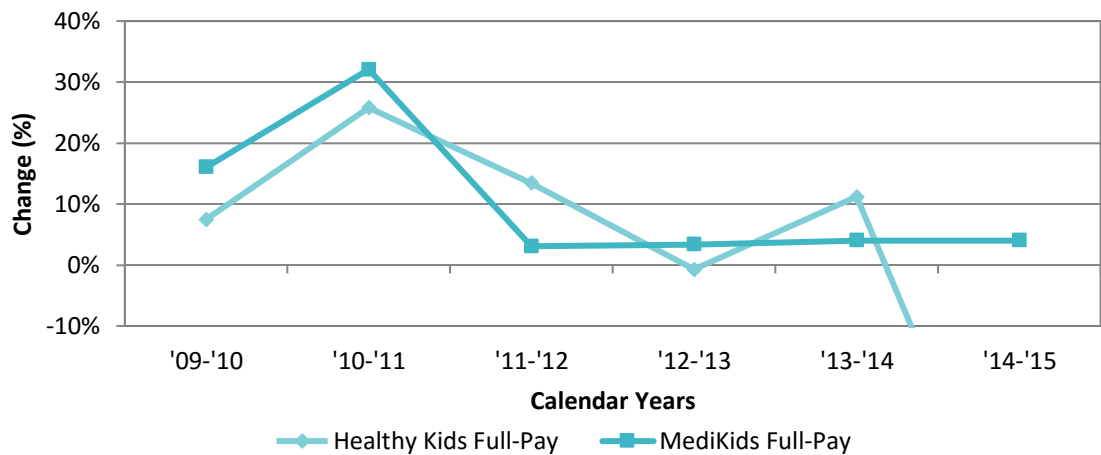
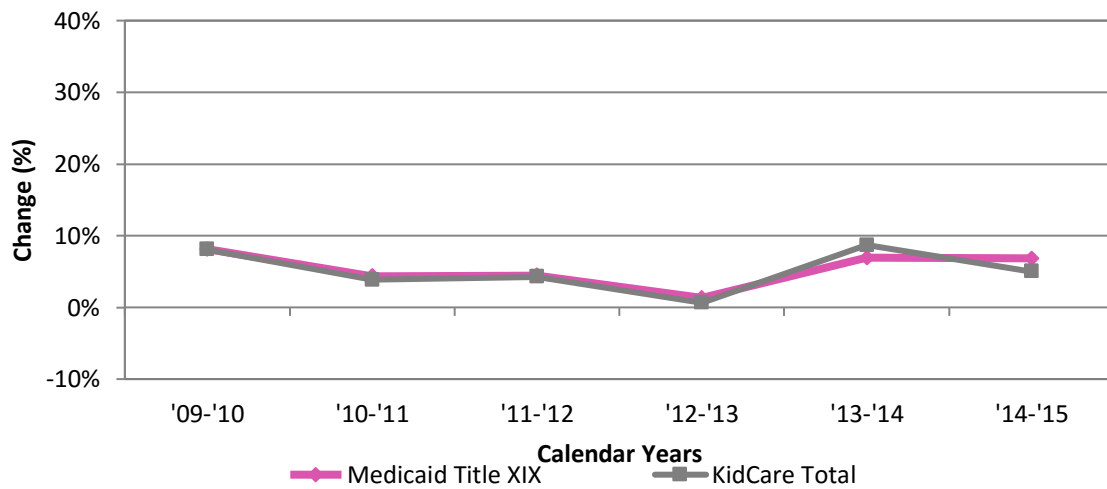


Figure 7. Change in Florida KidCare Enrollment for Title XIX program and KidCare Total, CY 2010-2015



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 2015. These figures were developed from various agency enrollment reports and are subject to reconciliation. Note. Although only quarterly time points are indicated on the x-axis, remaining months are represented in minor tick marks on the x-axis.

Figure 8. CMS Plan Title XXI program enrollment, CY 2010-2015

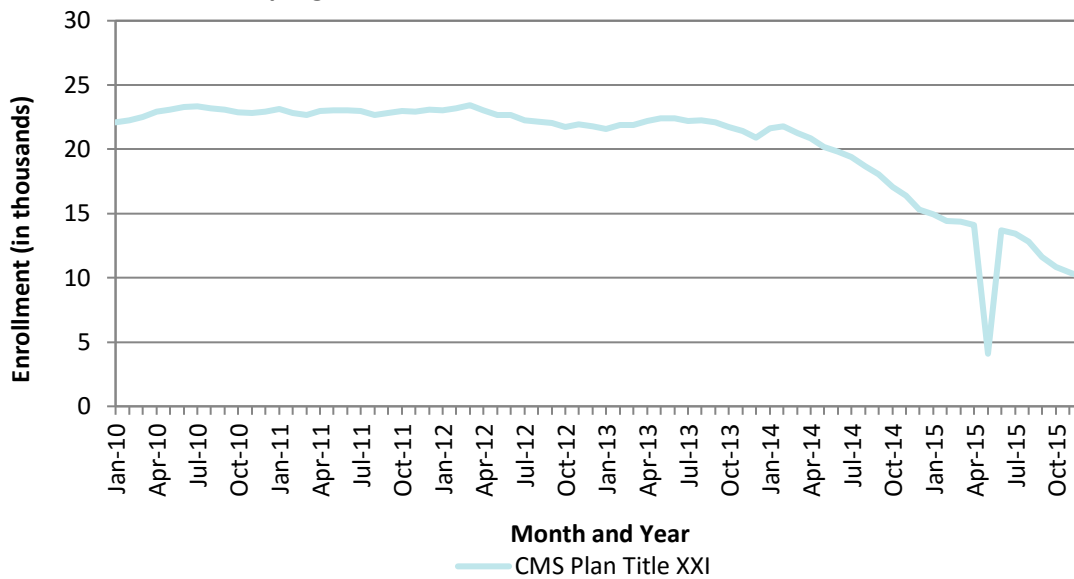


Figure 9. Healthy Kids program enrollment, CY 2010-2015

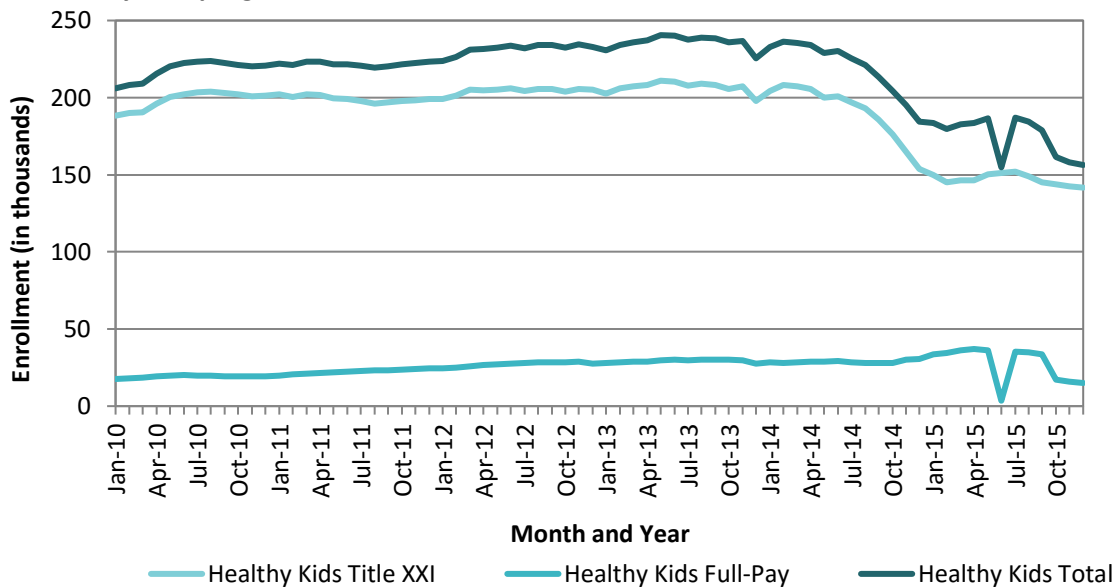


Figure 10. MediKids program enrollment, CY 2010-2015

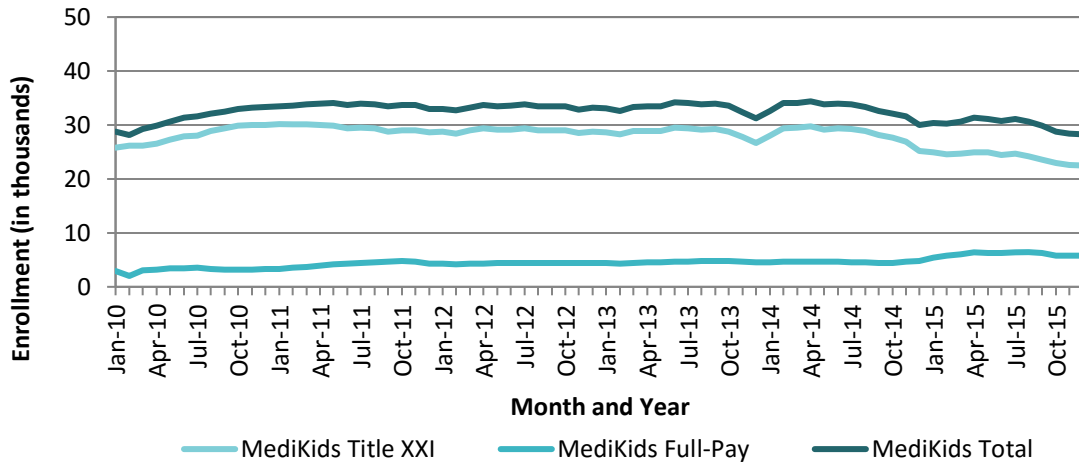


Figure 11. Overall Medicaid Title XIX program enrollment, CY 2010-2015

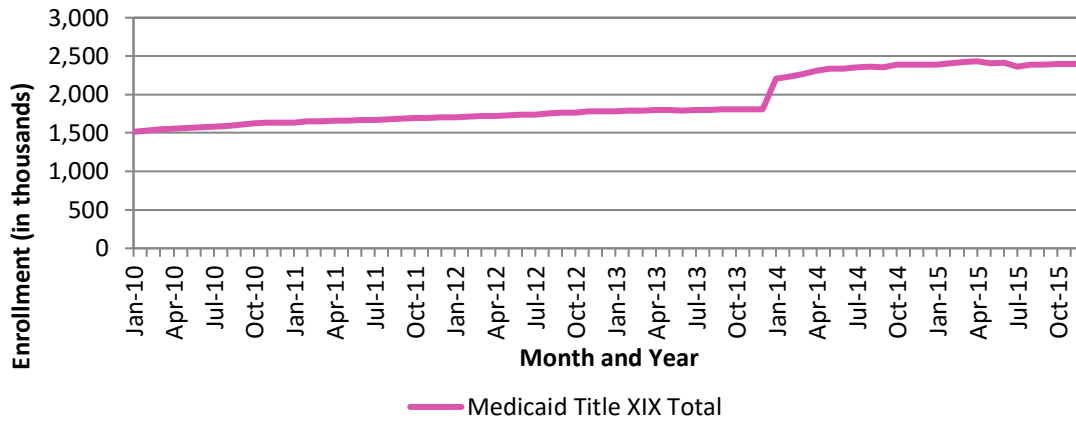
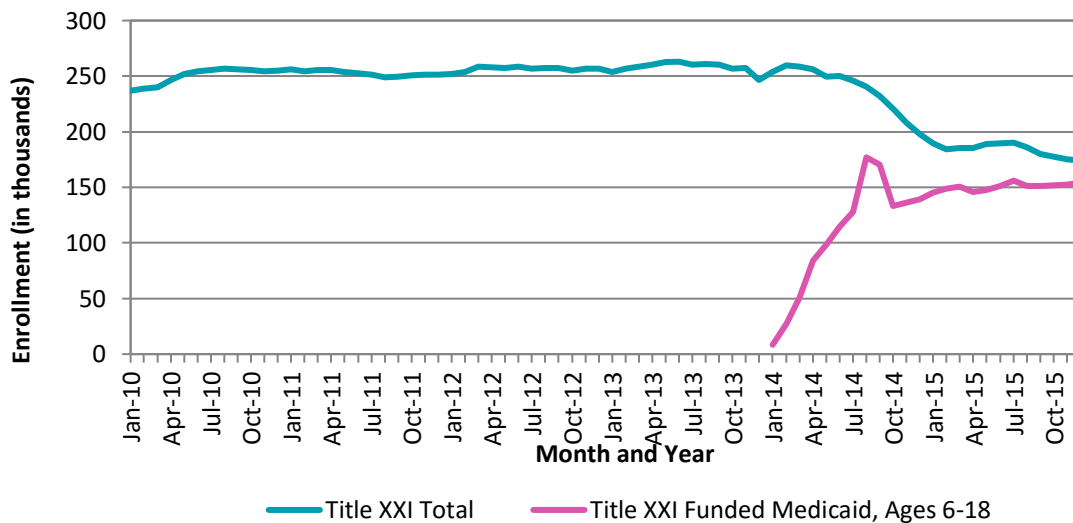


Figure 12. Overall Florida KidCare Title XXI program enrollment, CY 2010-2015



Ever Enrolled and Newly Enrolled

Table 13 provides a second perspective on the number of children enrolled in Florida KidCare during CY 2015:

- Florida KidCare’s Title XXI program components served a total of 284,564 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 284,564 children served by Florida KidCare Title XXI programs at some point during CY 2015, 85,232 (30%) had not been covered by Title XXI programs in the year prior to their enrollment in CY 2015; 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 2015:

- Medicaid Title XIX served a total of 2,830,252 children. Of those children served by Medicaid in CY 2015, 421,901 (14.9%) had not been served by Medicaid in the year prior to their enrollment in CY 2015.

Table 13. Children “ever” and “newly” enrolled in Florida KidCare program components, CY 2015

Calendar Year 2015			
	Ever Enrolled*	Newly Enrolled**	Percent New Enrollees
Medicaid Title XIX	2,830,252	421,901	14.9
CMS Plan Title XXI	18,345	3,034	16.5
Healthy Kids Title XXI	223,487	64,427	28.8
MediKids Title XXI	42,732	17,771	41.6
Total Title XXI	284,564	85,232	30.0

* 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. 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 2015. 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 2015 through December 2015. During this time period, 74.9% 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 2015

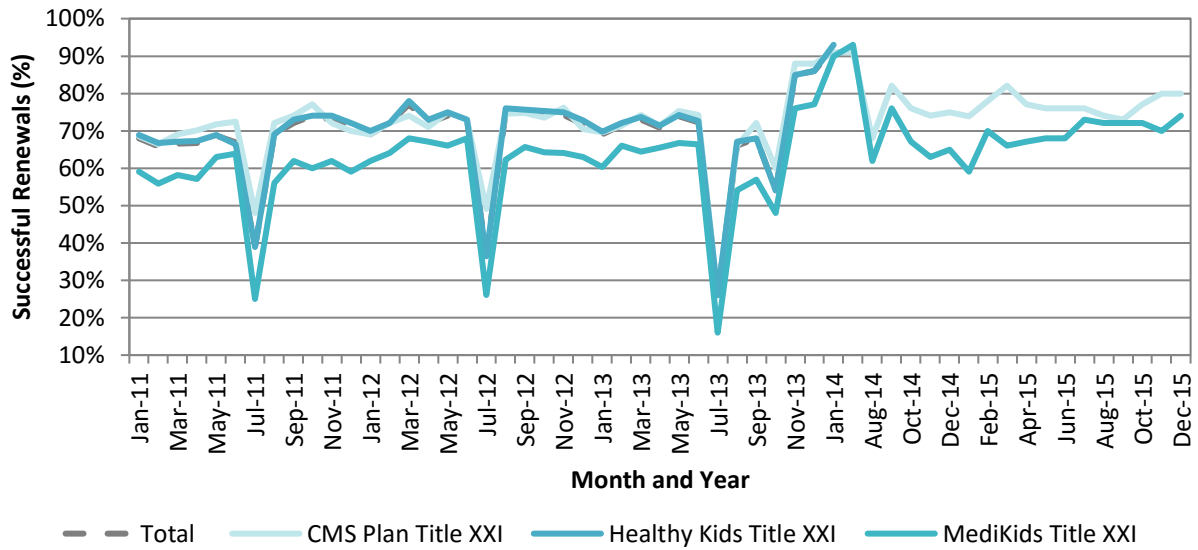
Month renewal was due	# of children eligible for renewal	# of children whose renewals were processed successfully	% of eligible children whose coverage was successfully renewed
Total	154,911	116,070	74.9%
January 2015	24,933	17,516	70.3%
February 2015	21,438	16,289	76.0%
March 2015	14,900	11,201	75.2%
April 2015	14,724	10,928	74.2%
May 2015	4,617	3,433	74.4%
June 2015	4,724	3,414	72.3%
July 2015	5,034	3,770	74.9%
August 2015	5,641	4,111	72.9%
September 2015	11,922	9,123	76.5%
October 2015	14,432	11,137	77.2%
November 2015	15,912	12,151	76.4%
December 2015	16,634	12,997	78.1%

Note: These data include 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 2011-2015.

- For CY 2015, coverage was renewed for 77% of eligible CMS Plan Title XXI enrollees, 76% of Healthy Kids enrollees, and 69% of MediKids enrollees.

Figure 13. Successful renewals (%) of Title XXI Florida KidCare coverage, by program component, CY 2011- 2015



Note: Renewals were not conducted from January to June 2014.

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**.

Table 15. Title XXI renewal status for eligible children, by program, CY 2015

Program/Characteristic	Children eligible for renewal	Renewal Status			
		Not renewed (N)	Renewed (N)	Not renewed (Row %)	Renewed (Row %)
All Children, Title XXI					
Total	154,911	38,841	116,070	25.1	74.9
Gender					
Male	79,569	19,876	59,693	25.0	75.0
Female	75,342	18,965	56,377	25.2	74.8
Age					
1-4	14,973	4,055	10,918	27.1	72.9
5-9	43,817	11,277	32,540	25.7	74.3
10-14	52,955	12,884	40,071	24.3	75.7
15-18	43,166	10,625	32,541	24.6	75.4
Rural/Urban Commuting Area					
Urban/Large Towns	145,123	36,454	108,669	25.1	74.9
Rural/Small Towns	7,296	1,716	5,580	23.5	76.5
Unknown	2,492	671	1,821	26.9	73.1
Federal Poverty Level					
150% or less	47,505	13,023	34,482	27.4	72.6
151% or greater	107,182	25,598	81,584	23.9	76.1
CMS Plan Title XXI					
Total	11,365	2,600	8,765	22.9	77.1
Gender					
Male	7,144	1,649	5,495	23.1	76.9
Female	4,221	951	3,270	22.5	77.5
Age					
1-4	548	144	404	26.3	73.7
5-9	2,641	617	2,024	23.4	76.6
10-14	4,503	1,014	3,489	22.5	77.5
15-18	3,673	825	2,848	22.5	77.5
Rural/Urban Commuting Area					
Urban/Large Towns	10,545	2,403	8,142	22.8	77.2
Rural/Small Towns	660	152	508	23.0	77.0
Unknown	160	45	115	28.1	71.9
Federal Poverty Level					
150% or less	3,569	916	2,653	25.7	74.3
151% or greater	7,773	1,662	6,111	21.4	78.6

Table 15. Title XXI renewal status for eligible children, by program, CY 2015 (continued)

Program/Characteristic	Children eligible for renewal	Renewal Status			
		Not renewed (N)	Renewed (N)	Not renewed (Row %)	Renewed (Row %)
Healthy Kids, Title XXI					
Total	127,670	31,238	96,432	24.5	75.5
Gender					
Male	64,447	15,707	48,740	24.4	75.6
Female	63,223	15,531	47,692	24.6	75.4
Age					
1-4	7	2	5	28.6	71.4
5-9	39,721	9,567	30,154	24.1	75.9
10-14	48,450	11,869	36,581	24.5	75.5
15-18	39,492	9,800	29,692	24.8	75.2
Rural/Urban Commuting Area					
Urban/Large Towns	119,742	29,349	90,393	24.5	75.5
Rural/Small Towns	5,863	1,351	4,512	23.0	77.0
Unknown	2,065	538	1,527	26.1	73.9
Federal Poverty Level					
150% or less	39,274	10,573	28,701	26.9	73.1
151% or greater	88,212	20,484	67,728	23.2	76.8
MediKids, Title XXI					
Total	15,876	5,003	10,873	31.5	68.5
Gender					
Male	7,978	2,520	5,458	31.6	68.4
Female	7,898	2,483	5,415	31.4	68.6
Age					
1-4	14,418	3,909	10,509	27.1	72.9
5-9	1,455	1,093	362	75.1	24.9
Rural/Urban Commuting Area					
Urban/Large Towns	14,836	4,702	10,134	31.7	68.3
Rural/Small Towns	773	213	560	27.6	72.4
Unknown	267	88	179	33.0	67.0
Federal Poverty Level					
150% or less	4,662	1,534	3,128	32.9	67.1
151% or greater	11,197	3,452	7,745	30.8	69.2

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 5,656 telephone surveys were conducted with Florida KidCare families. Surveys were conducted by an NCQA–certified vendor with caregivers of children enrolled in Florida Healthy Kids, Medikids, CMS Title XXI, Medicaid FFS, and Managed Medical Assistance (MMA) plans using a combination of telephonic and mail methods. MMA data reported here was collected and provided by the NCQA certified vendors contracted by MMA plans. Of note, Title XIX CMS plan is not included as this data was not submitted before the creation of this report.

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 health plan 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 FHK, MK, FFS, and CMS Plan XXI only) were used in this evaluation.^c Items are combined to create composites; these composites are standardized and include between 1 and 4 items. Only composites are provided in this report. 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[®]

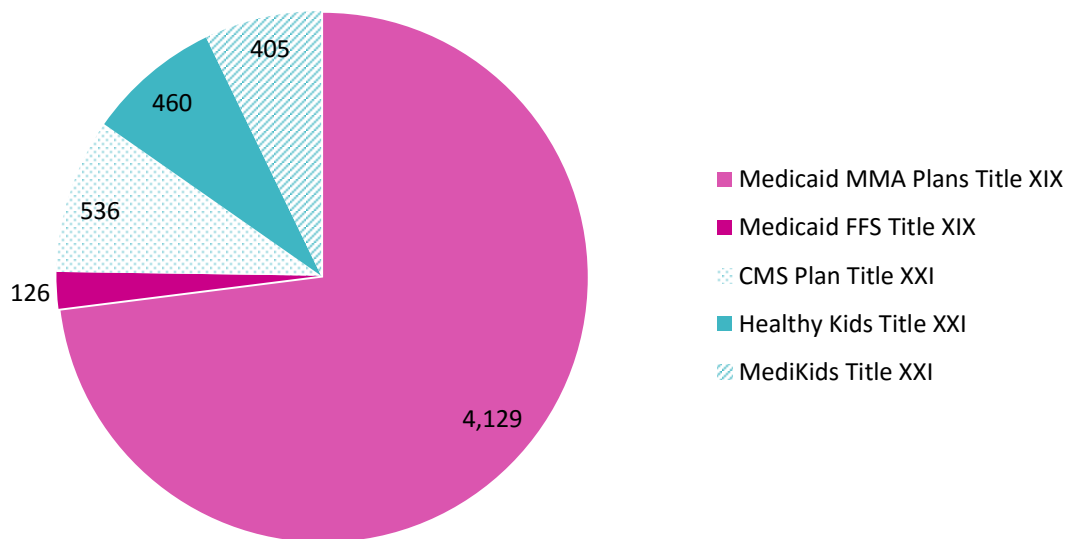
^c One MMA plan, the Sunshine Child Welfare Plan also used these supplemental items but these were not included in this report.

benchmarking database were utilized for both composites and ratings to provide a benchmark to gauge the results.^d

NCQA guidelines prohibit reporting composite scores when the average sample size for respondents across items used to calculate a composite is less than 100. This strategy prevents reporting of low, unstable composite scores. In this report, these programs are indicated with a Not Reportable (N/R) notation.

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 2016



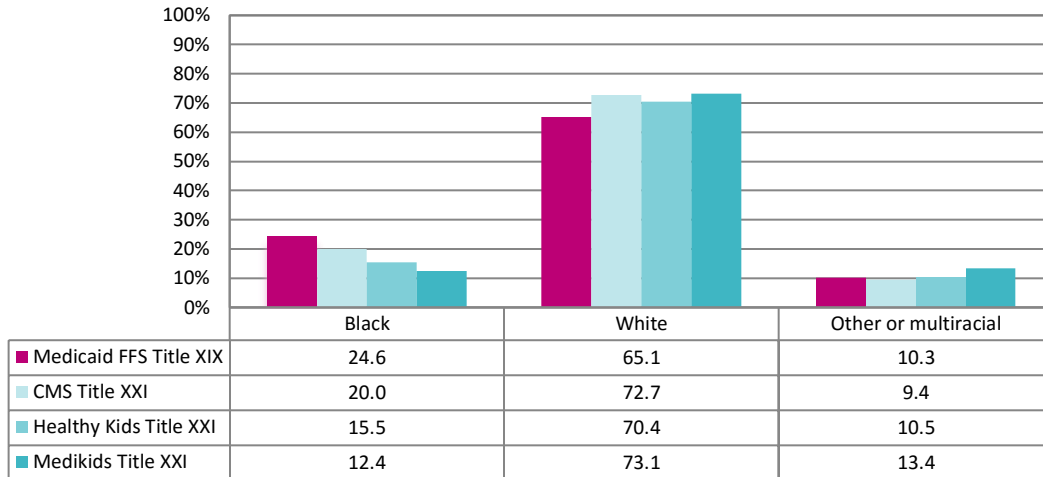
^d 2014 Child Medicaid 5.0 Benchmarks, Agency for Healthcare Research and Quality.

Enrollee and Family Characteristics

Figure 15, Figure 16, and Figure 17 present the demographic characteristics of enrollees and their caregivers who participated in the 2016 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.

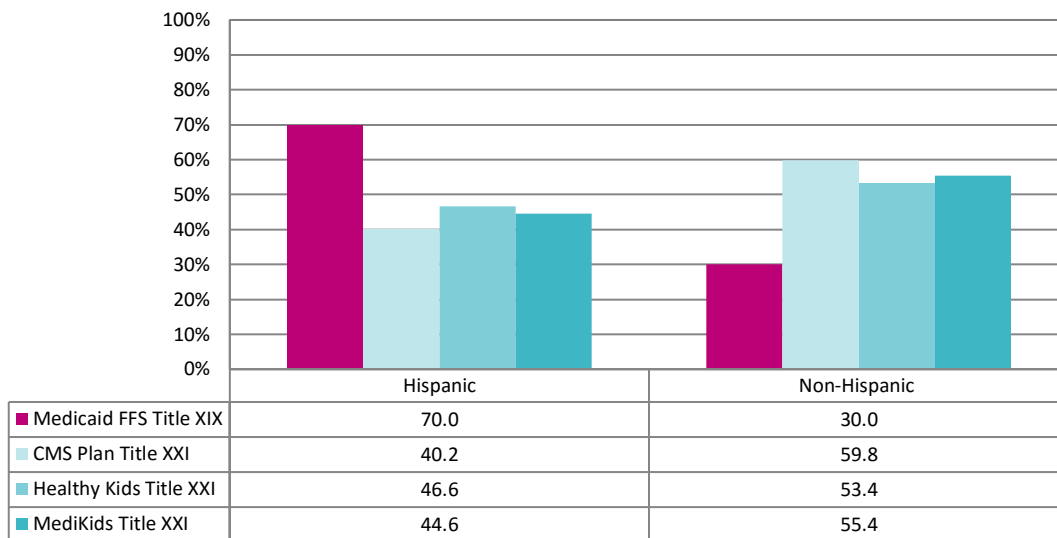
The majority of Florida KidCare enrollees identified their race as white. Most enrollees identified their ethnicity as non-Hispanic and the majority of the enrollees in the survey were male.

Figure 15. Race of established KidCare enrollees, 2016 Survey



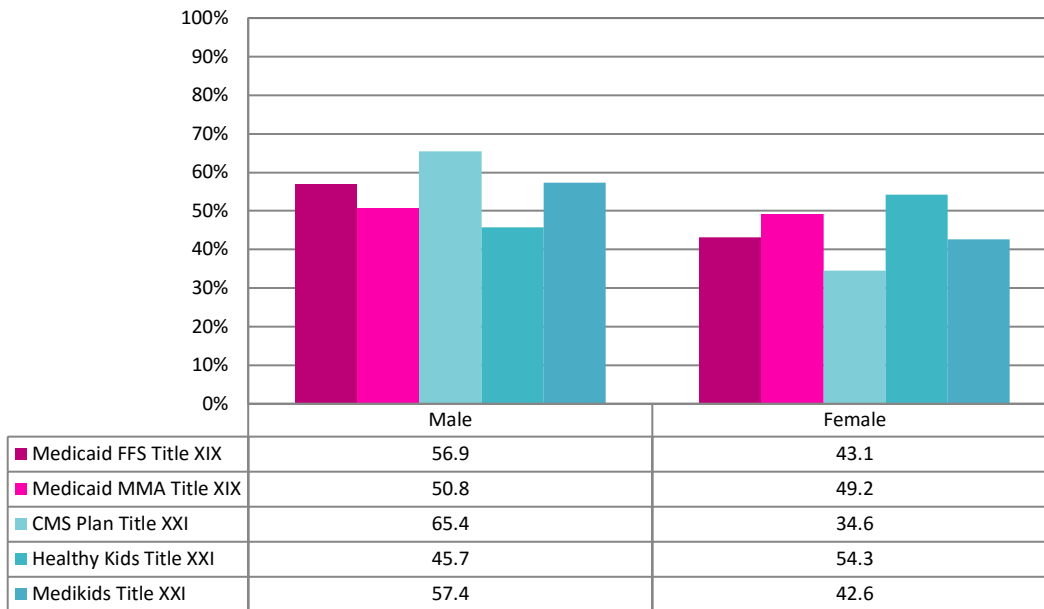
Note: Rows may not sum to due to respondents are instructed to select all races that apply. This item was not included in surveys conducted by Title XIX MMA plans.

Figure 16. Ethnicity of established KidCare enrollees, 2016 Survey



This item was not included in surveys conducted by Title XIX MMA plans.

Figure 17. Gender for established KidCare enrollees, 2016 Survey



Composites Summary

More than 89% of families reported positive experiences with getting needed care quickly, exceeding the Medicaid and CHIP national benchmarks (i.e., national means). Approximately 93% of families reported positive experiences with their doctor’s communication skills and 86.2% of families reported positive experiences with their health plan customer service. The Florida KidCare total exceeded the national benchmarks for three of the four CAHPS composite ratings. Approximately 76% of Florida KidCare families rated their primary care provider as a “9” or “10” and 72.2% rated their specialty care provider as a “9” or a “10”. When rating their overall health care experience, 69.1% 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 Medicaid 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.

Family Experiences and Satisfaction with Florida KidCare

- Approximately 80.1% of Florida KidCare families reported positive experiences with “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 (86%).

Figure 18. Percentage of Families Reporting Positive Experiences to CAHPS® “Getting Needed Care” by Program, 2016 Survey

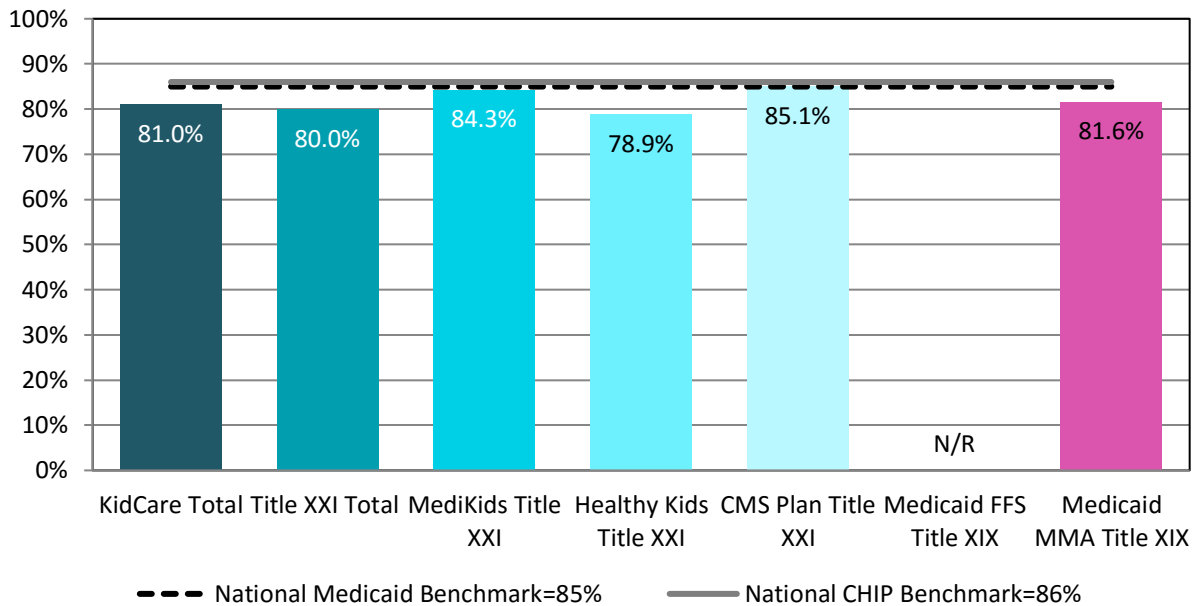
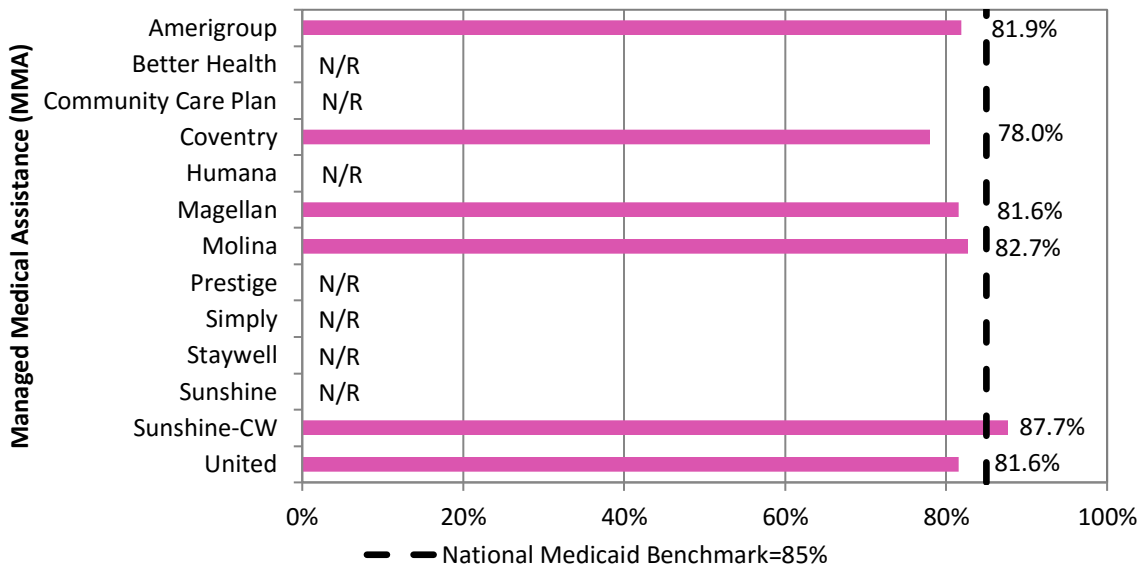


Figure 19. Percentage of Families Reporting Positive Experiences to CAHPS® “Getting Needed Care” by Medicaid MMA Plan, 2016 Survey



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 89.3% of Florida KidCare families.
- MediKids (93.6%), CMS (93.8%) and the Title XXI Total (90.5%) Program components all exceeded both the national Medicaid benchmark (89%) and the national CHIP benchmark (90%).
- Four Medicaid MMA plans exceeded the national Medicaid benchmark: Better Health (90.3%), Coventry (89.3%), Staywell (89.5%) and Sun-CW (93.4%).

Figure 20. Percentage of Families Reporting Positive Experiences to CAHPS® “Getting Needed Care Quickly” by Program

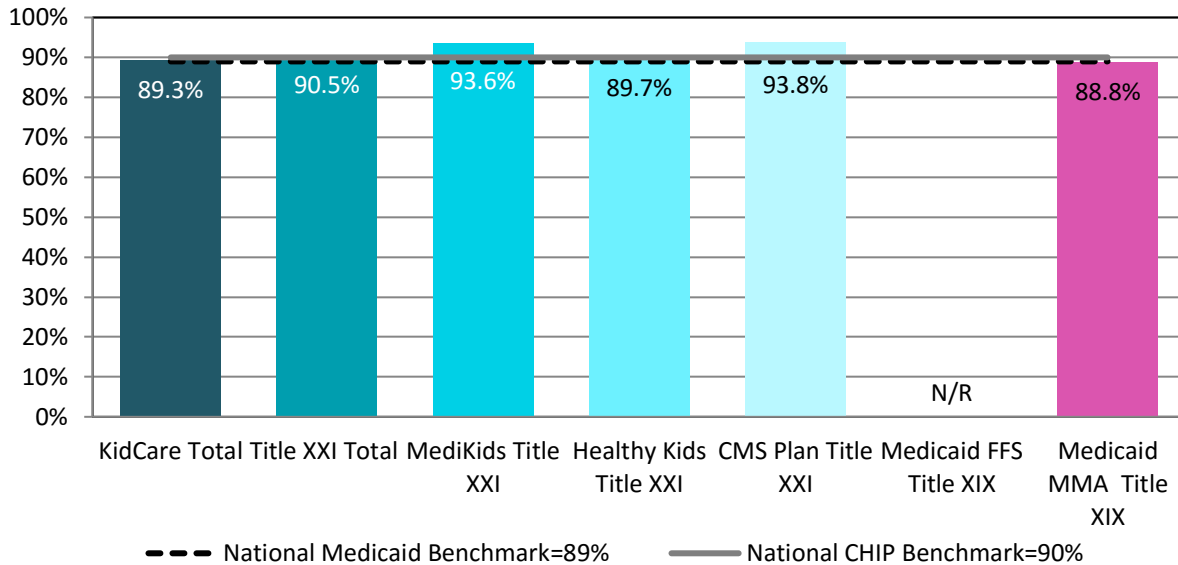
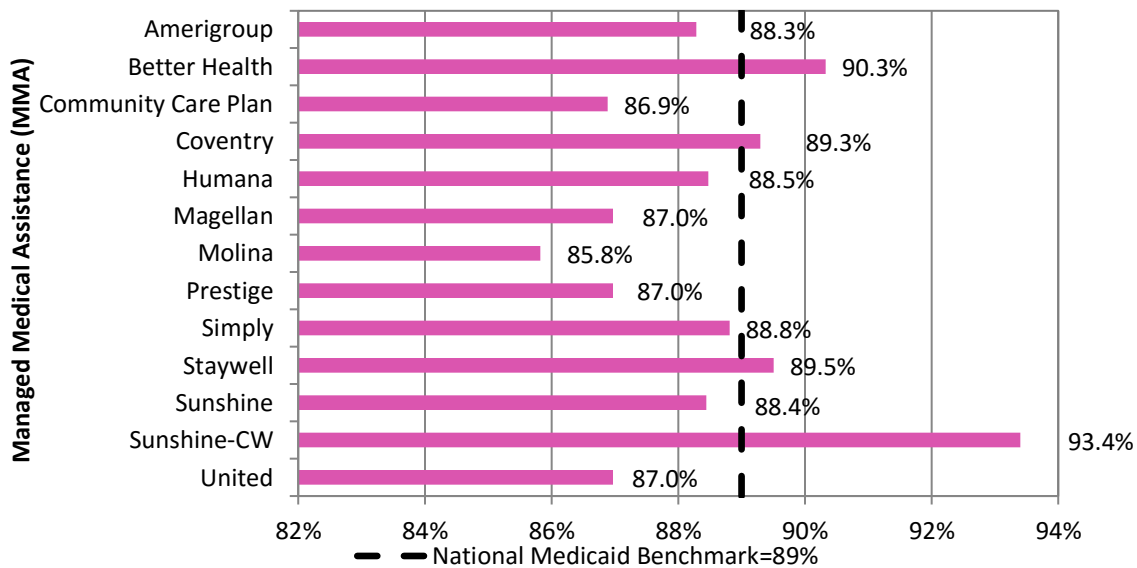


Figure 21. Percentage of Families Reporting Positive Experiences to CAHPS® “Getting Needed Care Quickly” By Medicaid MMA Plan



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. Title XIX CMS plan is not included as this data was not submitted before the creation of this report.

- Compared to 93% of the national Medicaid benchmark group and 95% of the national CHIP group, about 93% of Florida KidCare families reported positive experiences with their doctor’s communication skills.
- Title XXI Total (93.7%), MediKids (94.5%), Healthy Kids (93.6%) and CMS (93.8%) program components all exceeded the national Medicaid benchmark. Five Medicaid MMA plans exceeded the national mean, they include: Coventry (94.5%), Prestige (94%), Community Care Plan (94%), Simply 94.7%), and Sun-CW (94.4%).

Figure 22. Percentage of Families Reporting Positive Experiences to CAHPS® “Experience with Doctor’s Communication Skills” by Program

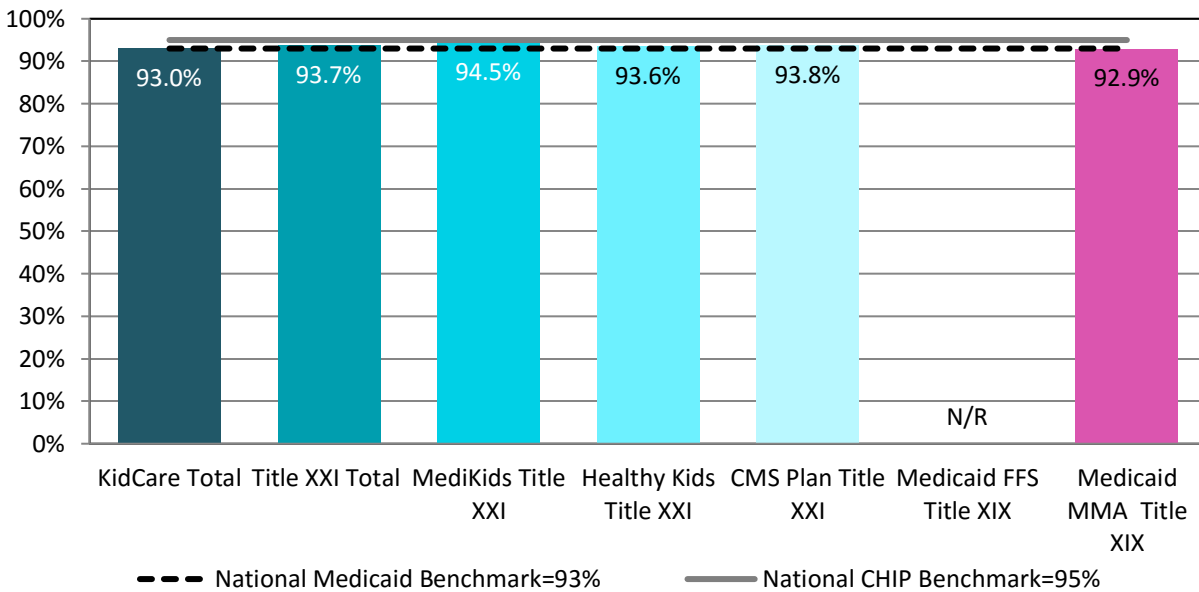
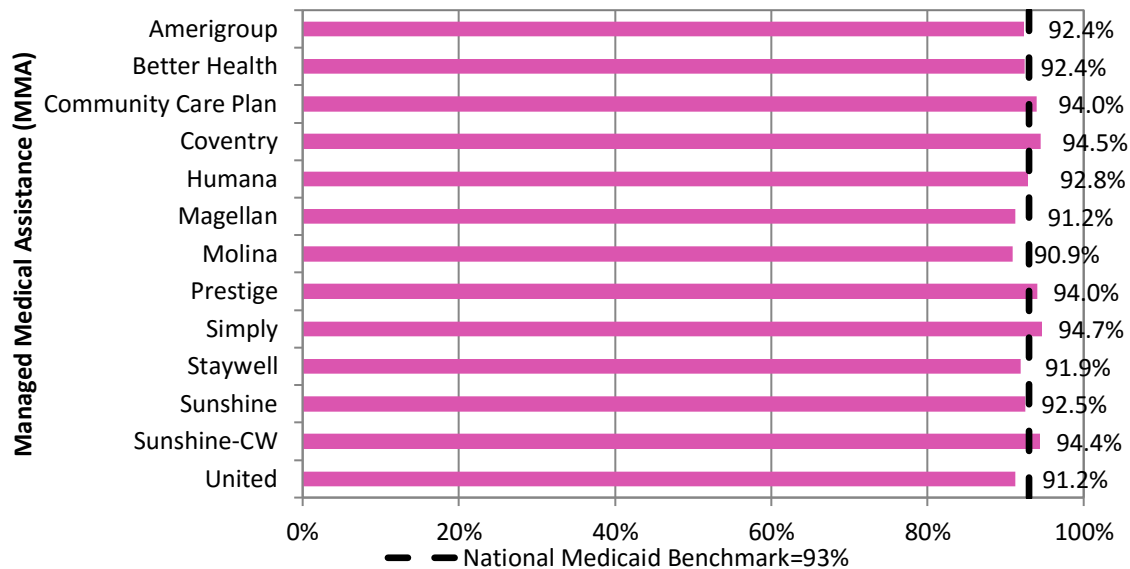


Figure 23. Percentage of Families Reporting Positive Experiences to CAHPS® “Experience with Doctor’s Communication Skills” by Medicaid MMA Plan



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

- Health plan customer service was reported positively by nearly 87.4% of families using the CMS Plan program and exceeded both the national CHIP benchmark (87%) and the national Medicaid benchmark (87%).
- Amerigroup (90.7%), Humana (91.1%), Molina (87.8%), Simply (90.2%) and Staywell (90%) Medicaid MMA plans all exceeded the national mean.

Figure 24. Percentage of Families Reporting Positive Experiences to CAHPS® “Health Plan Customer Service” by Program

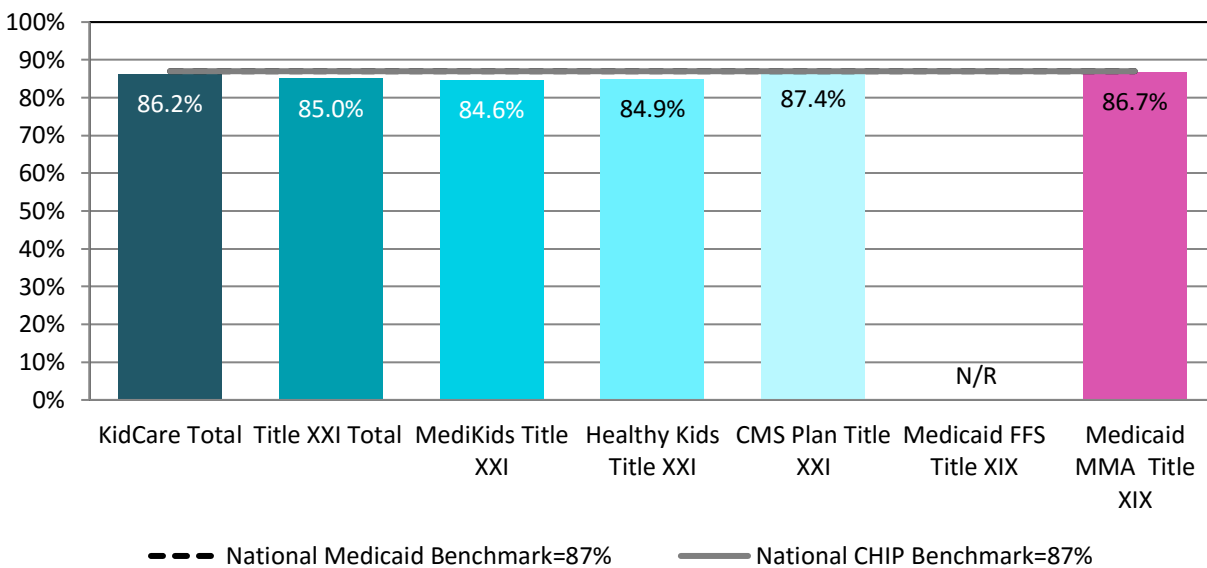
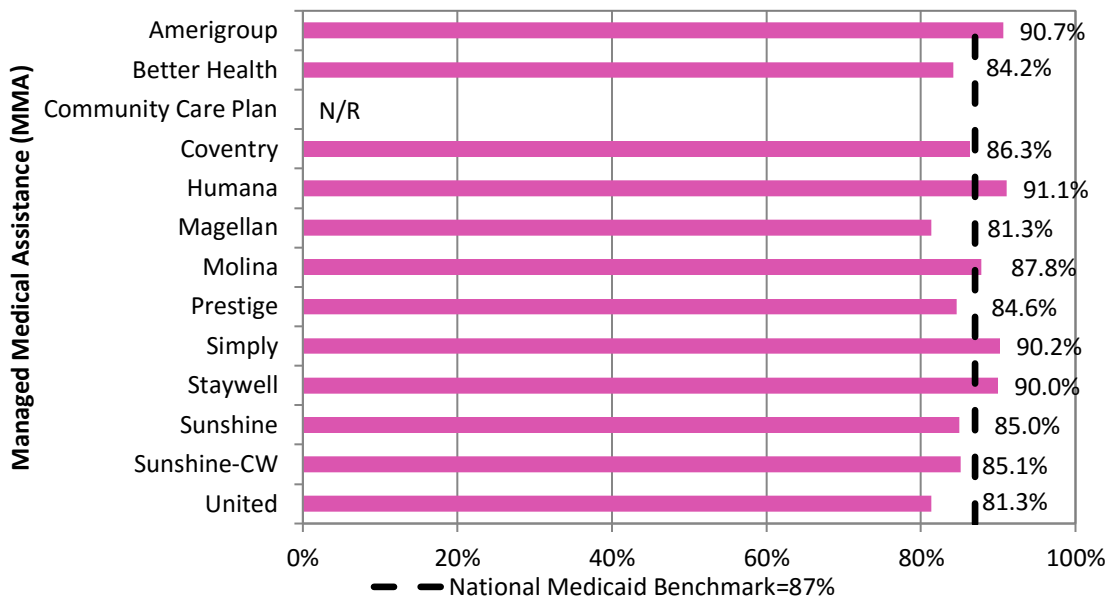


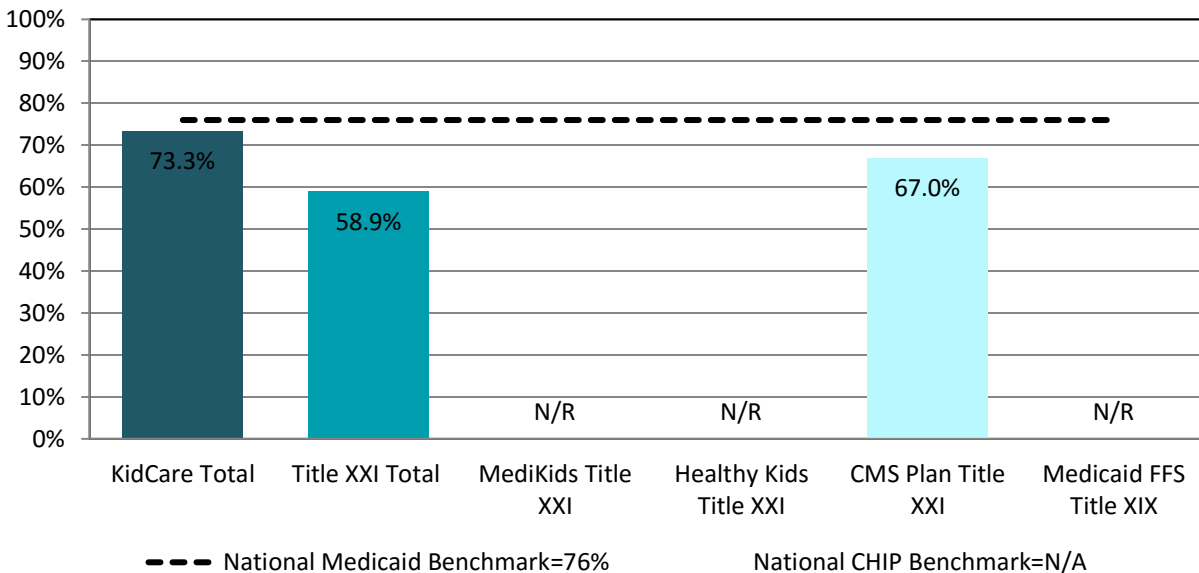
Figure 25. Percentage of Families Reporting Positive Experiences to CAHPS® “Health Plan Customer Service” by Medicaid MMA Plan



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

- Approximately 73.3% of Florida KidCare families reported positive experiences getting specialized services; the national Medicaid benchmark is 76%.

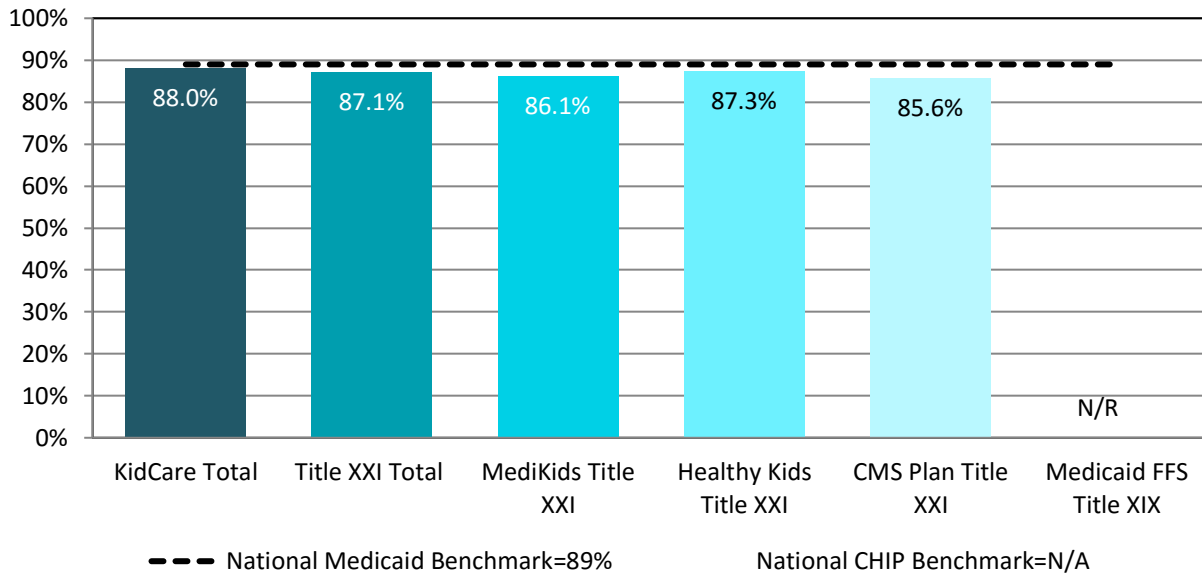
Figure 26. Percentage of Families Reporting Positive Experiences to CAHPS® “Experience Getting Specialized Services” by Program



Notes: Scores for programs with average sample sizes of less than 100 across composite items are denoted by N/R. See the evaluation approach for more details. However, when adding programs together, the total may average more than 100 per item and thus be reportable. “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 27. Percentage of Families Reporting Positive Experiences to CAHPS® “Experience with Personal Doctor or Nurse” by Program



Note: Scores for programs with average sample sizes of less than 100 across composite items are denoted by N/R. See the evaluation approach for more details. However, when adding programs together, the total may average more than 100 per item and thus be reportable. “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.

- More than 73% of Florida KidCare families had positive experiences with shared health care decision making.

Figure 28. Percentage of Families Reporting Positive Experiences to CAHPS® “Shared Decision-Making” by Program

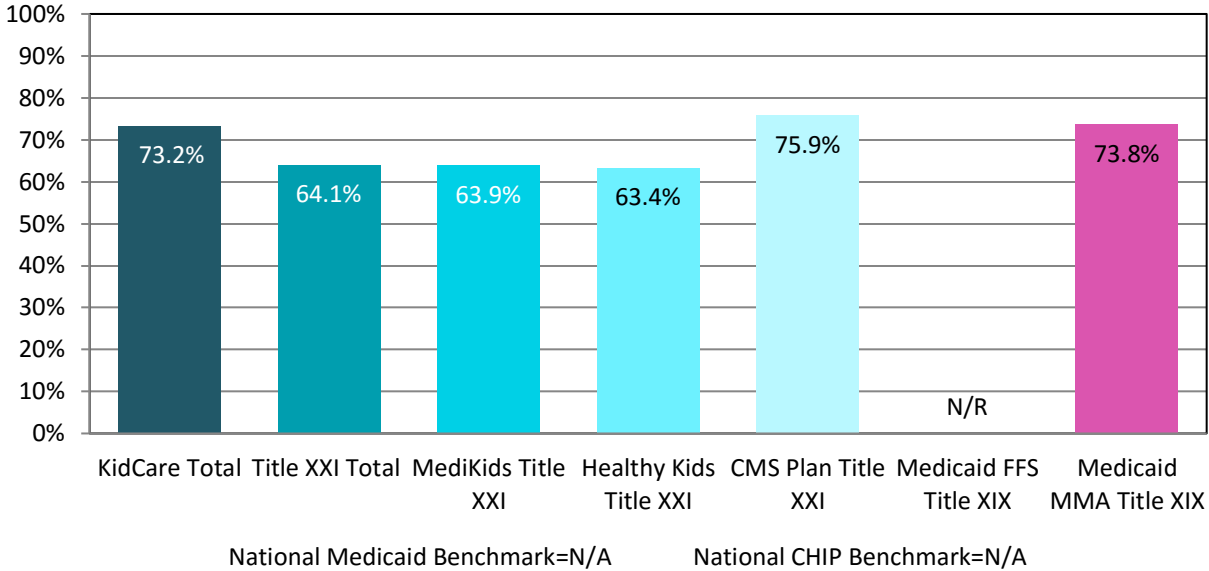
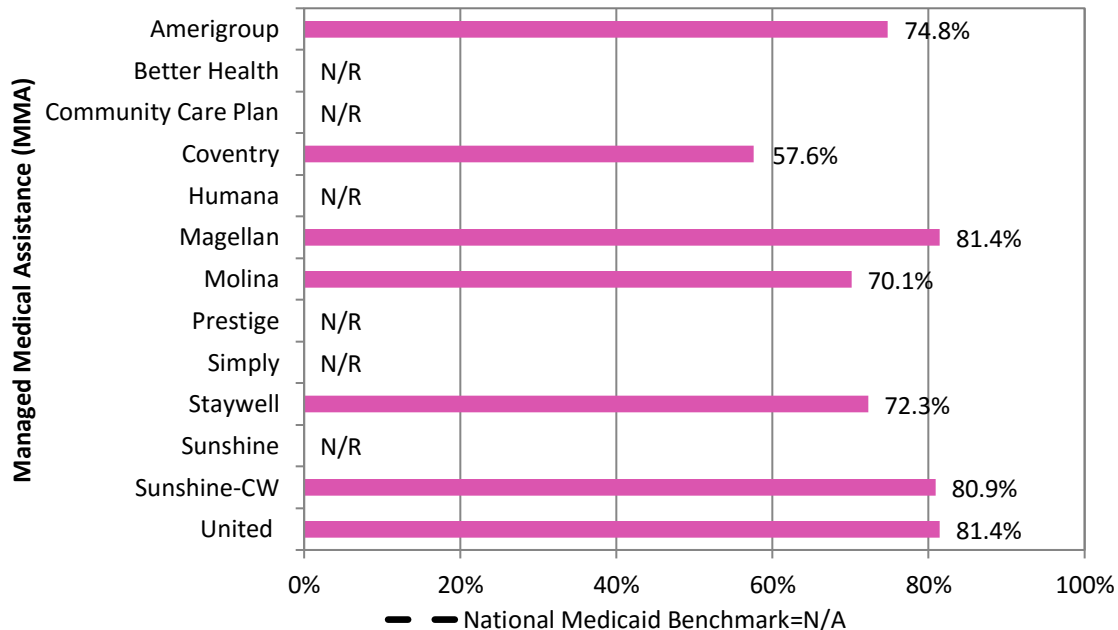


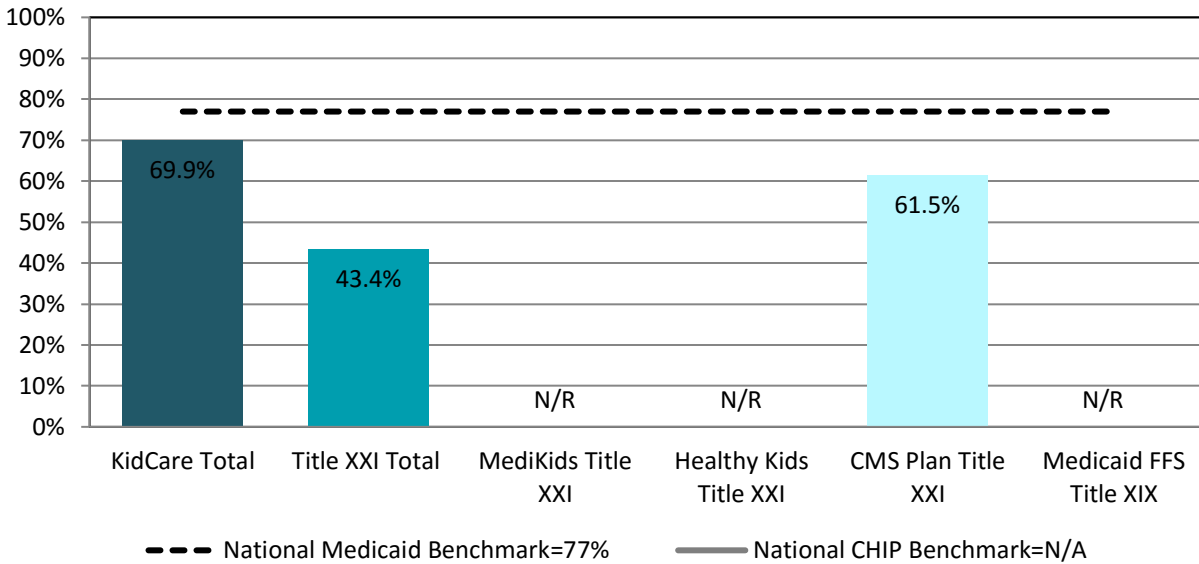
Figure 29. Percentage of Families Reporting Positive Experiences to CAHPS® “Shared Decision-Making” by Medicaid MMA Plan



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.

- More than 69% of Florida KidCare families had positive experiences with care coordination.

Figure 30. Percentage of Families Reporting Positive Experiences to CAHPS® “Coordination of Care” by Program

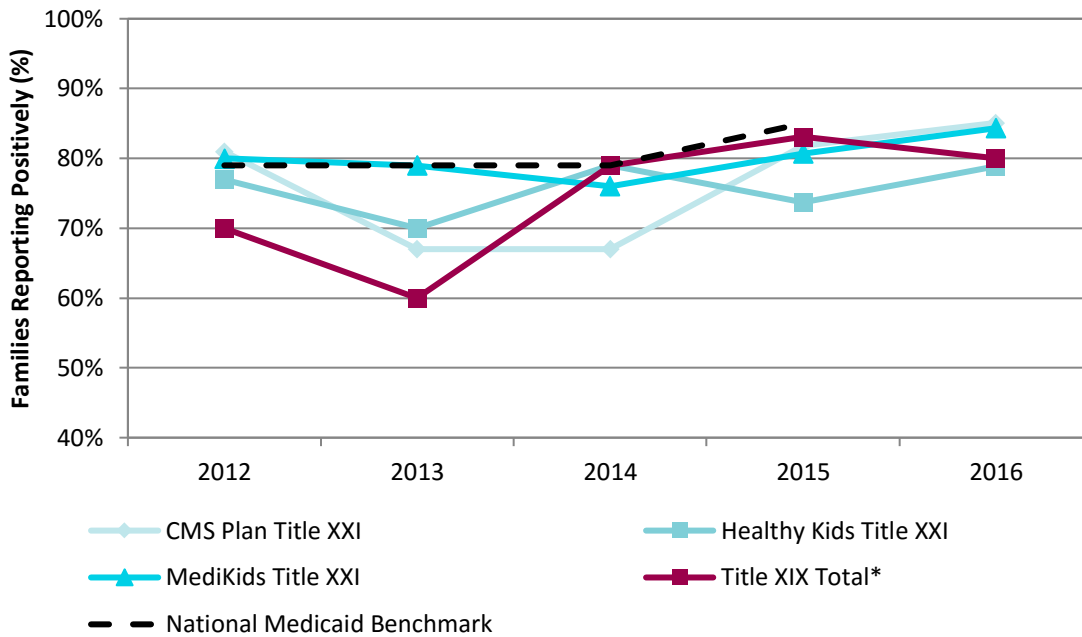


Notes: Scores for programs with average sample sizes of less than 50 across composite items are denoted by N/R. See the evaluation approach for more details. However, when adding programs together, the total may average more than 100 per item and thus be reportable. “Responding Positively” means the 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 31, Figure 32, Figure 33 and **Figure 34** 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 2012-2016. Please use caution when interpreting these results due to the new survey methods used this year.

- The proportion of families reporting positive experiences to the CAHPS® composite “Getting Needed Care” increased for CMS Plan Title XXI, and MediKids while Healthy Kids all increased from the previous year.

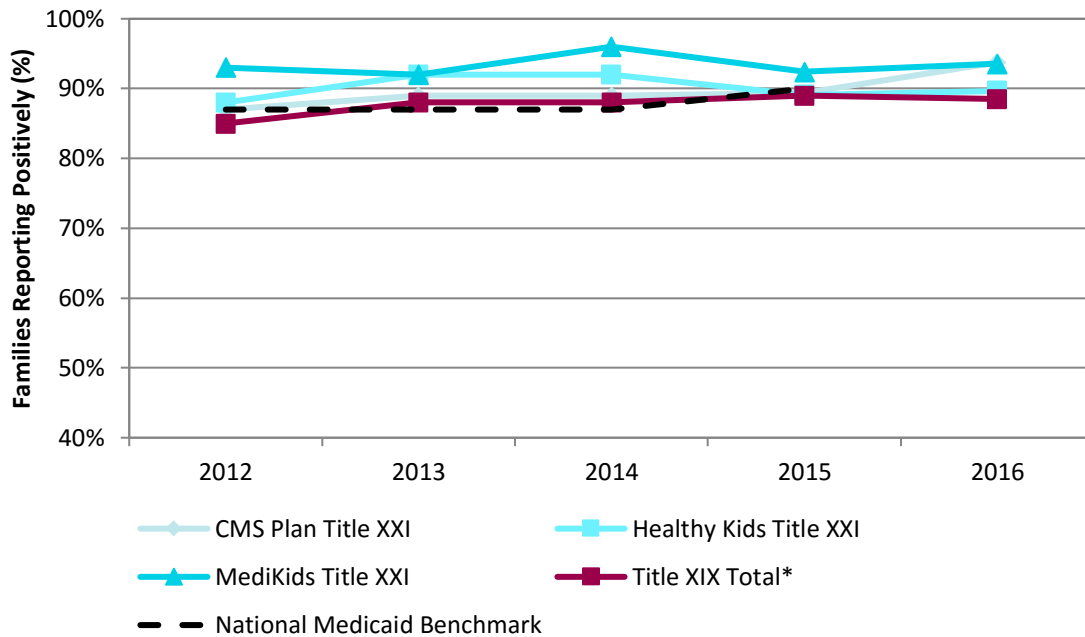
Figure 31. Florida KidCare families reporting positive experiences to the CAHPS® composite on “Getting Needed Care”, five year trend



*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 positive experiences to the CAHPS® composite “Getting Care Quickly” increased for MediKids, Healthy Kids and CMS Plan from the previous year.

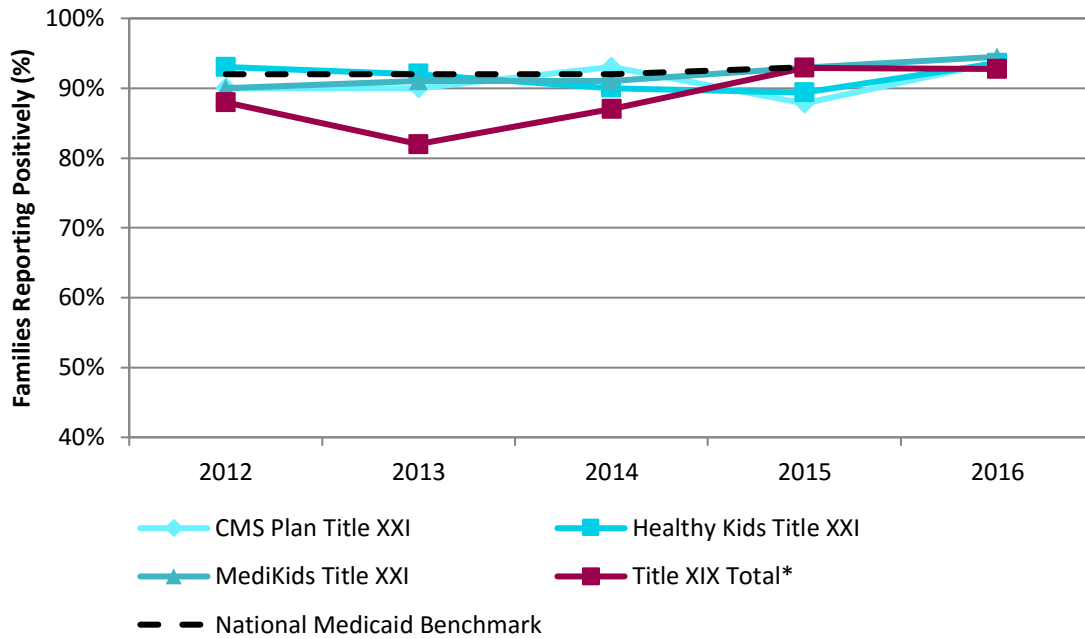
Figure 32. Florida KidCare families reporting positive experiences to the CAHPS® composite on “Getting Care Quickly”, five year trend



*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 positive experiences to the CAHPS® composite “Experiences with Doctor’s Communication” increased for MediKids, Healthy Kids and CMS Plan Title XXI while the Title XIX Total decreased from the previous year.

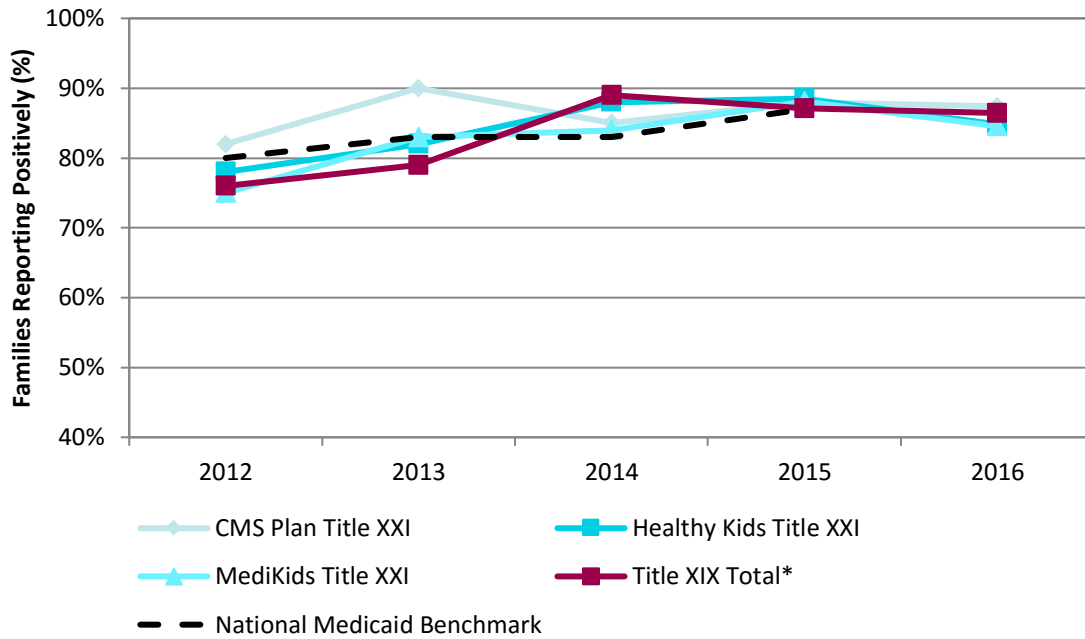
Figure 33. Florida KidCare families reporting positive experiences to the CAHPS® composite on “Experiences with Doctor’s Communication”, five year trend



**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 positive experiences to the CAHPS® composite “Health Plan Customer Service” for MediKids, CMS Plan Title XXI, and Healthy Kids all decreased for from the previous year.

Figure 34. Florida KidCare families reporting positive experiences 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 [Worst] to 10 [Best]) regarding four topics: 1) overall health care experience, 2) primary care providers, 3) specialty care providers, and 4) their health plan. **Figure 35**, **Figure 36**, **Figure 37**, and **Figure 38** present the percent of families who rated each type of care or service as a “9” or a “10”.

- Overall health care was rated a “9” or a “10” by 69.1% of Florida KidCare families, exceeding the national Medicaid benchmark (65%) and the national CHIP benchmark (66%).
- Primary care providers were rated a “9” or a “10” by 76.7% of Florida KidCare families, surpassing the national Medicaid benchmark (73%) and the national CHIP benchmark (73%).
- Specialty care providers were rated a “9” or a “10” by 72.2% 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 67.7% of Florida KidCare families exceeding the national Medicaid benchmark (67%) and falling just below the national CHIP benchmark (68%).
- Florida KidCare exceeded the national Medicaid and CHIP benchmarks for rating of overall health care, primary care providers, and specialty care providers.

Figure 35. Florida KidCare Families reporting a rating of “9” or “10” for overall health care experience

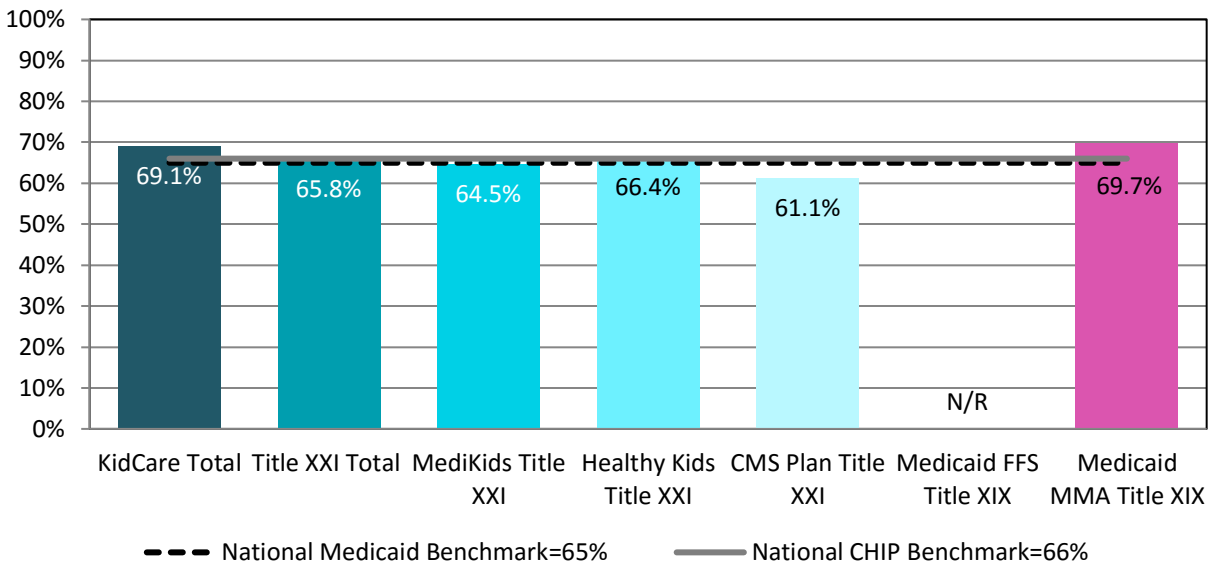
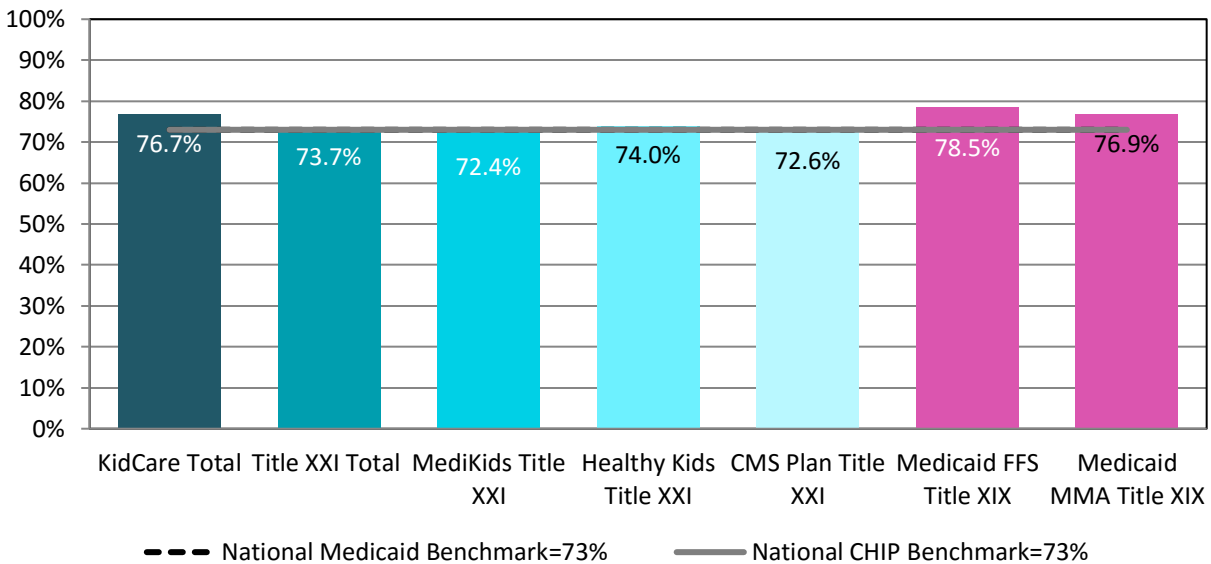
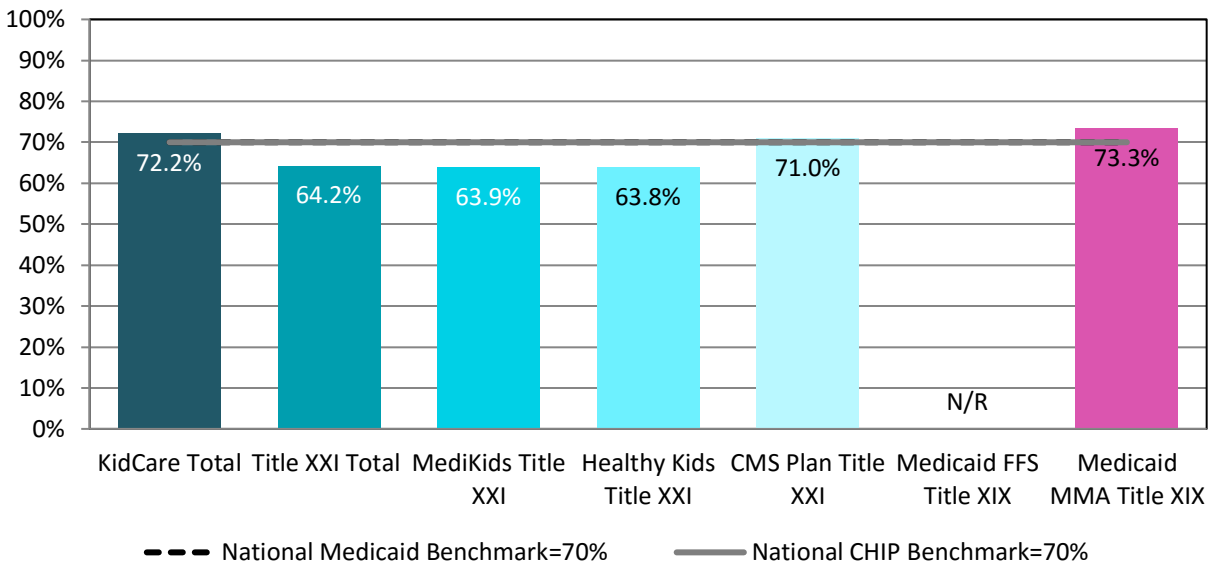


Figure 36. Florida KidCare Families reporting a rating of “9” or “10” for primary care providers



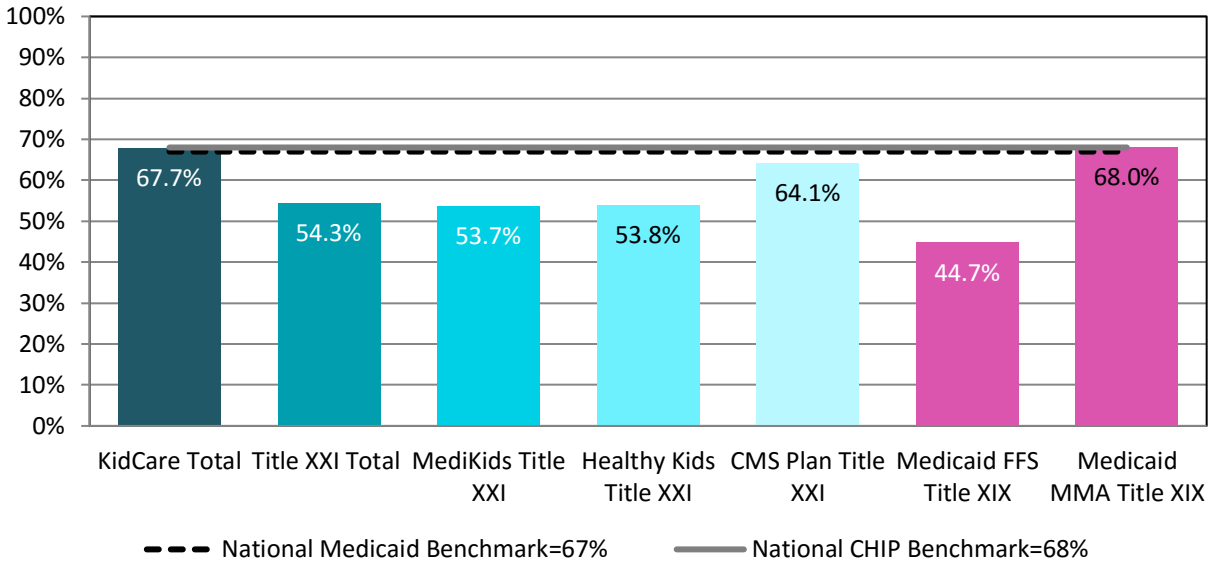
Note. Medicaid and CHIP benchmarks cannot be seen separately on the graph as they are the same number.

Figure 37. Florida KidCare Families reporting a rating of “9” or “10” for specialty care providers



Note. Medicaid and CHIP benchmarks cannot be seen separately on the graph as they are the same number.

Figure 38. 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
 - Access to Care
 - Effectiveness of Care
 - Maternal and Perinatal Care
 - Utilization
 - Clinical Care

Evaluation Approach

Programs included

Data were available for the following Florida KidCare programs: Florida Healthy Kids, Medikids, CMS Title XXI, Title XIX Fee-for-service (FFS) and Title XIX Medicaid Managed Medical Assistance plans. CMS plan Title XIX is included with the MMA plans in this section.

Data Sources

Performance Measure rates were provided by 16 participating MMA plans (Amerigroup, Better Health, Clear Health Alliance, Children’s Medical Services Managed Care Plan (CMS Plan), Coventry, Humana, Magellan Complete Care, Molina, Positive Healthcare, Prestige, Community Care Plan, Simply, Wellcare, Sunshine [standard and child welfare], and United Health) as well as 8 Florida Healthy Kids plans (Amerigroup, Florida Blue, Coventry, Florida Health Care Plans, Sunshine, United Healthcare, 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, Medikids, Title XIX FFS and some Title XIX MMA), at least three data sources with child-level information were used to calculate the quality of care indicators using the administrative methodology: (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 (and ICD-10 for October to December 2015); 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 a subset of measures, medical record data augmented claims and encounter data (p. 65). The ICHP uses Quality Spectrum® Hybrid Reporter (QSHR) to produce results for the HEDIS® hybrid measures. The ICHP uses QSI software to identify hybrid method sample members. The QSI software must be told the chase logic to use when identifying which providers to contact for the medical records. This means that the software looks for a certain provider type to identify based on the logic it is told, referred to as ‘chase logic’.

Once the sample is identified, the medical record review process commences, and involves a number of steps, which are outlined below. The sample is sorted so that the medical records requests are only sent out to the providers of non-compliant members, meaning those providers whose members are not compliant with the measure using administrative data. Then the sample is de-duplicated such that providers with more than one eligible member only received one package. If a medical record is not returned by a provider within four weeks of the initial mailing, a second chase ensues. During the second chase, the ICHP makes telephone calls to providers and resends medical record request packages to non-responsive providers.

For the following measures, Medikids, CMS Title XXI, Florida Healthy Kids and Medicaid Fee-For-Service rates were supplemented with FL SHOTS data from vital statistics: IMA, HPV, and CIS (FFS only).

The measurement year for most of the HEDIS® measures corresponds to calendar year 2015, 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). 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 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.
2. **Title XXI Program Rate.** A Title XXI CHIP total is provided for comparison and includes data from Title XXI Florida Healthy Kids, Title XXI CMS, and Title XXI Medikids.
3. **Statewide rate.** A Florida Statewide rate is provided and includes Title XIX FFS and Title XIX MMA, Title XXI Florida Healthy Kids, Title XXI CMS, and Title XXI Medikids.
4. **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.⁵ **Table 16** outlines the full *Initial Core Set of Children’s Health Care Quality Measures*. **Table 17** outlines the measures presented in this report by program component.

Table 16. 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 Preventive 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

⁵National Committee for Quality Assurance. *HEDIS® Technical Specifications Volume II, 2015*. Washington, DC: National Committee for Quality Assurance, 2015.

Table 17. Child core set measures reported by the ICHP and Medicaid Managed Medical Assistance (MMA) plans

Measure	Florida Healthy Kids	CMS Title XXI	Medicaid FFS	Medikids	MMA
Access to Care					
HEDIS® Child and Adolescents' Access to Primary Care Practitioners (CAP)	Admin	Admin	Admin	Admin	Admin*
Preventative care					
HEDIS® Human Papillomavirus Vaccine for Female Adolescents (HPV)	Hybrid	Hybrid	Hybrid	NA	Mixed*
HEDIS® Childhood Immunization Status (CIS)	NA	Hybrid	Hybrid	Hybrid	Mixed*
HEDIS® Immunization Status for Adolescents (IMA)	Hybrid	Hybrid	Hybrid	NA	Mixed*
HEDIS® Chlamydia Screening in Women ages 16-20 (CHL)	Admin	Admin	Admin	NA	Mixed*
Developmental Screening in the First Three Years of Life (DEV)	NA	Hybrid	Hybrid	Hybrid	Hybrid**
HEDIS® Well-Child Visits in the First 15 months of Life (W15)	NA	Admin	Admin	Admin	Admin*
HEDIS® Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	Hybrid	Hybrid	Hybrid	Hybrid	Mixed*
HEDIS® Adolescent Well-Care Visit (AWC)	Hybrid	Hybrid	Hybrid	NA	Mixed*
Maternal and Perinatal Care					
HEDIS® Frequency of Ongoing Prenatal Care (FPC)	Hybrid	Hybrid	Hybrid	NA	Mixed*
HEDIS® Timeliness of Prenatal Care (PPC)	Hybrid	Hybrid	Hybrid	NA	Mixed*
Behavioral Health					
HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD)	Admin	Admin	Admin	Admin	Mixed*
HEDIS® Follow-up After Hospitalization for Mental Illness (FUH)	Admin	Admin	Admin	Admin	Admin
Care of Acute and Chronic Conditions					
HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-BMI)	Hybrid	Hybrid	Hybrid	Hybrid	Mixed*
HEDIS® Medication Management for People with Asthma (MMA)	Admin	Admin	Admin	Admin	Admin
HEDIS® Ambulatory Care - Emergency Department Visits and Outpatient Visits (AMB)	Admin	Admin	Admin	Admin	Admin*
Oral Health					
Parentage of Eligibles that Received Preventative Dental Services (PDENT)	Admin	Admin	Admin	Admin	Admin
Dental Sealants for 6-9 Year Old Children at Elevated Caries (SEAL)	Admin	Admin	Admin	NA	Admin*

*Calculated by the MMA plans and reported here by the ICHP. **Hybrid at the program level
Mixed = some plans reported hybrid and some plans reported admin

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 2015. 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. National benchmark percentiles for a combined rate across age groups are not available for this measure.

Figure 39 presents the program results in CY 2015. **Figure 40** and **Figure 41** present the Medicaid MMA plan and Healthy Kids plan level results, respectively, in CY 2015.

Figure 39. Program results for HEDIS® Child and Adolescents' Access to Primary Care Practitioners (CAP): All ages, CY 2015

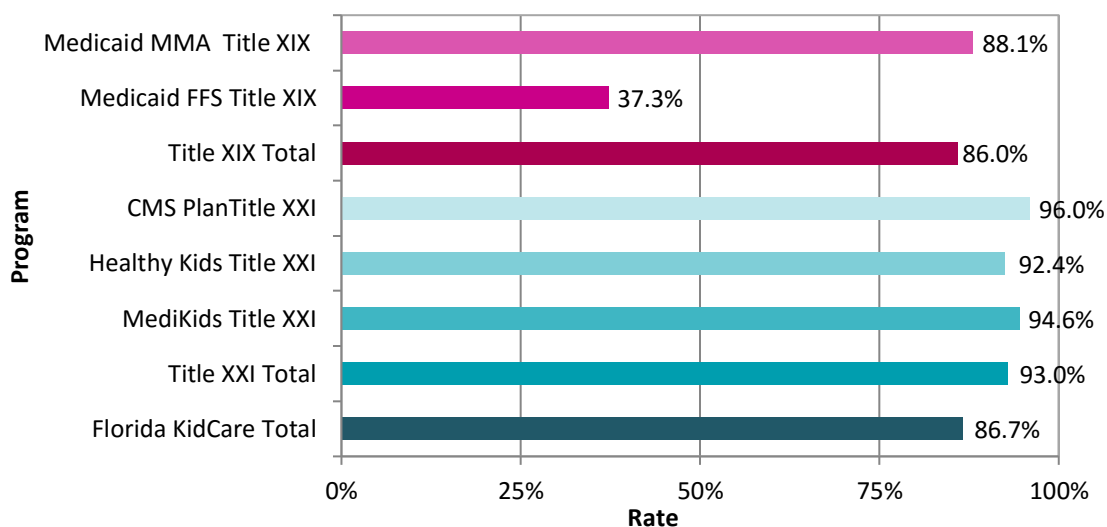
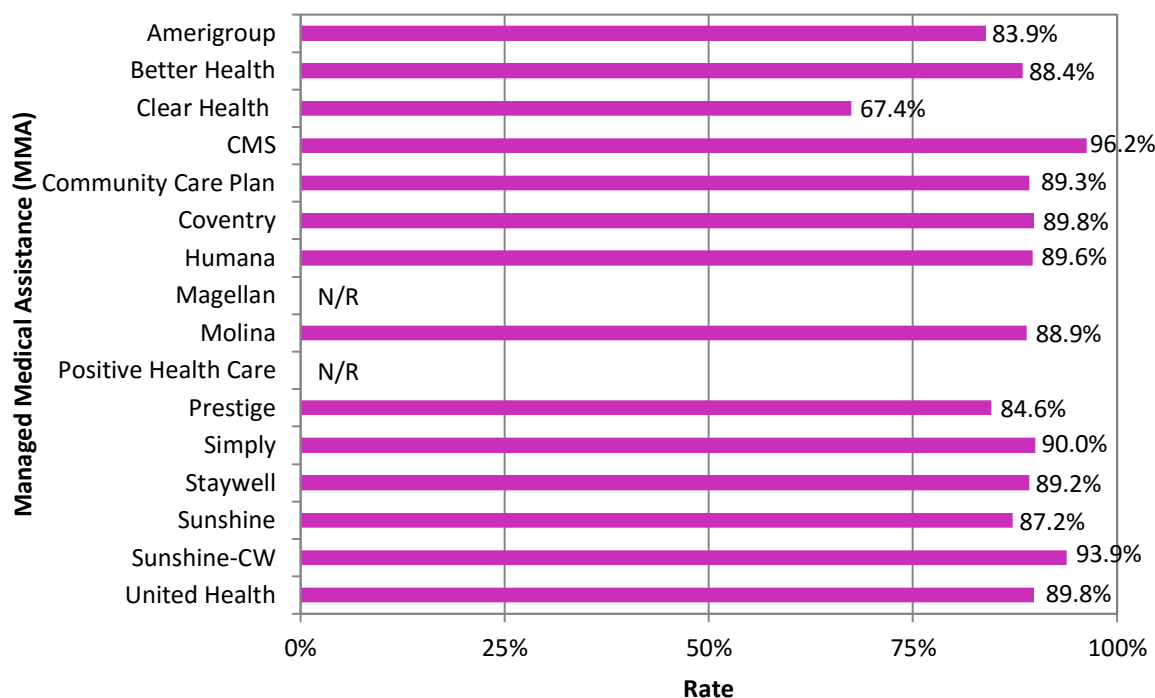


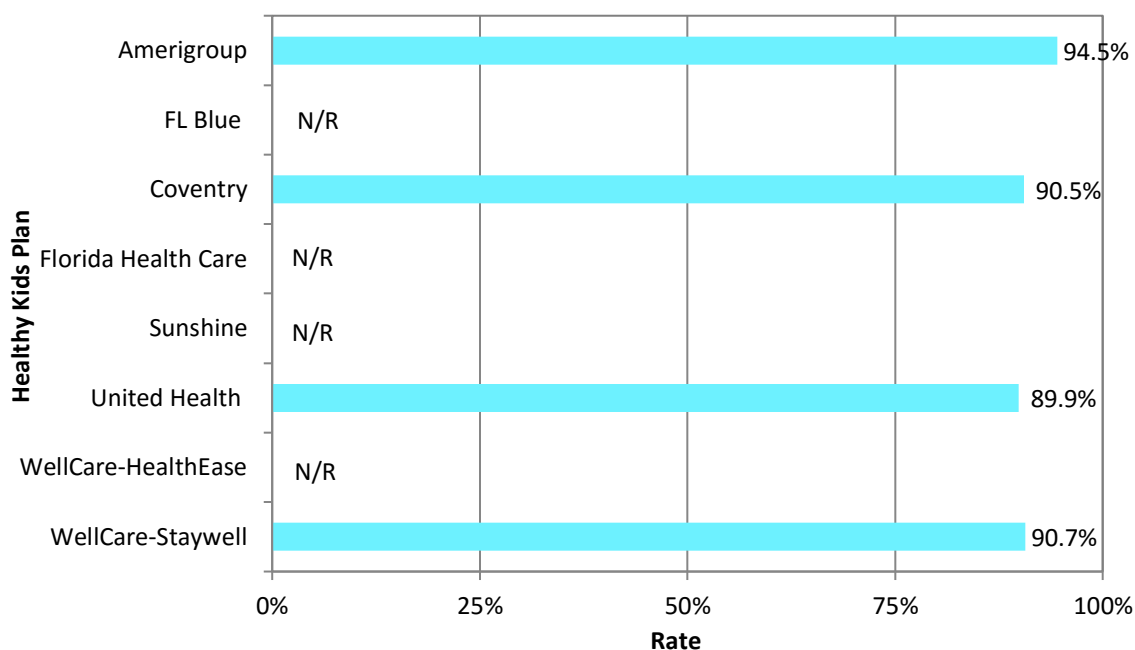
Figure 40. Medicaid MMA Plan results for HEDIS® Child and Adolescents' Access to Primary Care Practitioners (CAP): All ages, CY 2015



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

Figure 41. Healthy Kids Plan results for HEDIS® Child and Adolescents' Access to Primary Care Practitioners (CAP): All ages, CY 2015

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



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

Effectiveness of Care

Human Papillomavirus Vaccine for Female Adolescents (HPV)

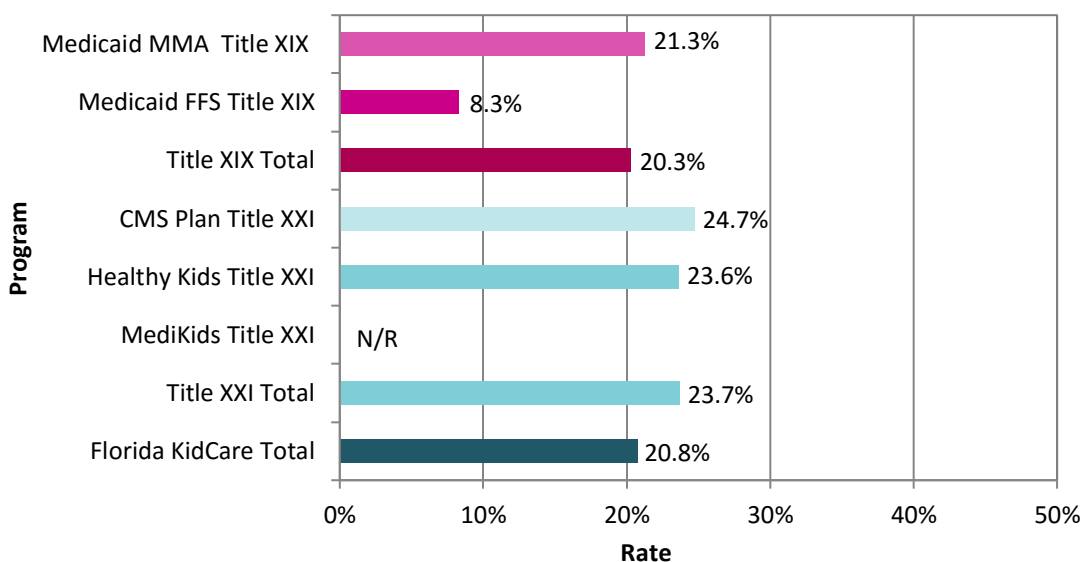
Since mid-2006, a licensed human papillomavirus (HPV) vaccine has been available and recommended by the Advisory Committee on Immunization Practices (ACIP) for routine vaccination of adolescent girls at ages 11 or 12 years to prevent cervical cancers.⁶ Although the HPV vaccine was first administered to adolescent boys starting in 2011, this indicator only measures vaccinations of female adolescents.⁷

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, CMS PLAN Title XIX, 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.

Figure 42 and **Figure 43** present the program results and Healthy Kids plan results, respectively, in CY 2015.

Figure 44 and **Figure 45** present the MMA plan results and benchmark percentile ranges, respectively, in CY 2015.

Figure 42. Program Results for HEDIS[®] Human Papillomavirus Vaccine (HPV) for Female Adolescents, CY 2015

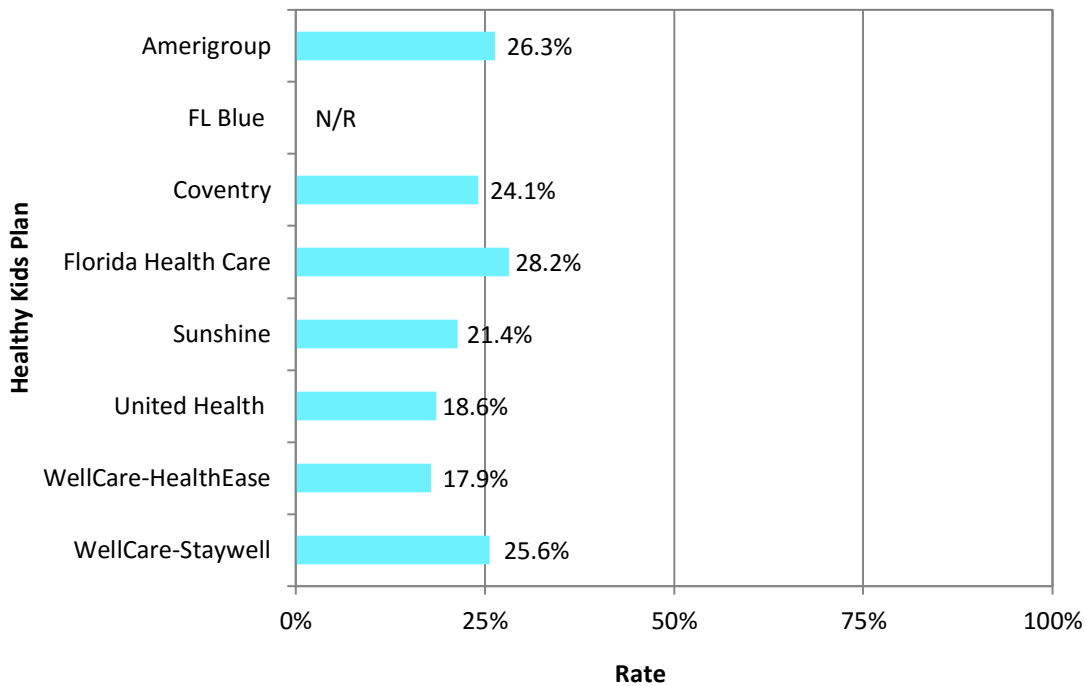


Note: Interpret with caution. N/R denotes programs that do not have available data or the measure does not apply.

⁶ Quadrivalent Human Papillomavirus Vaccine. 2007. Centers for Disease Control and Prevention.

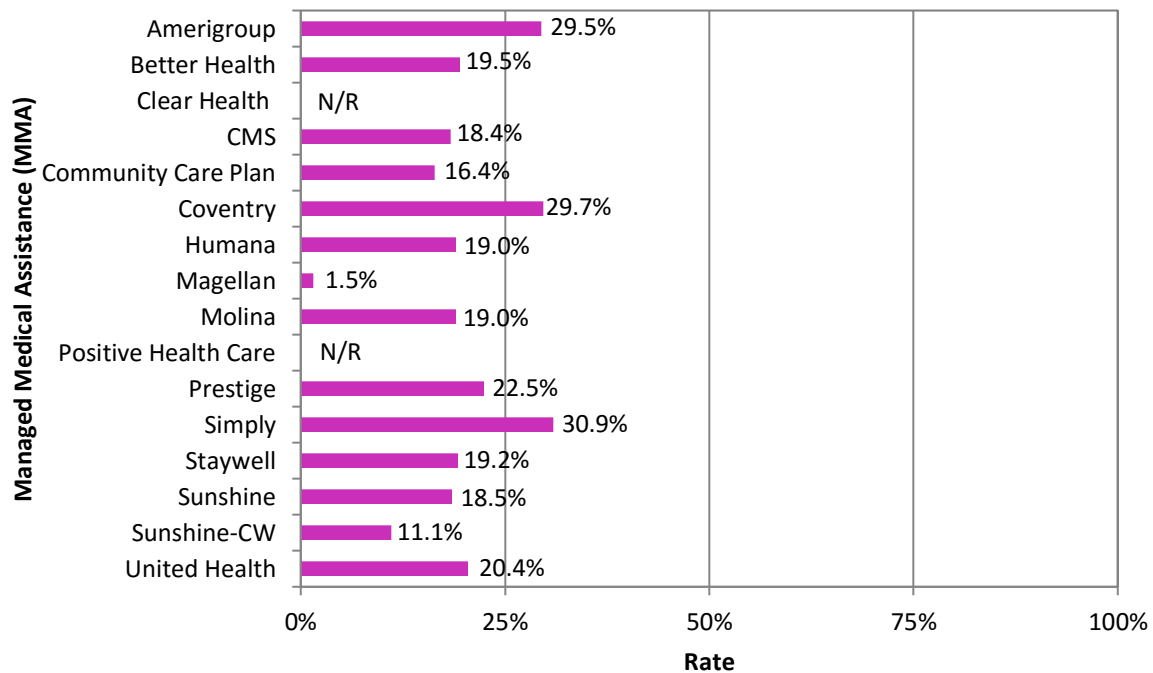
⁷ Recommendations on the Use of Quadrivalent Human Papillomavirus Vaccine in Males. 2011. Centers for Disease Control and Prevention.

Figure 43. Healthy Kids Plan Results for HEDIS® Human Papillomavirus Vaccine (HPV) for Female Adolescents, CY 2015



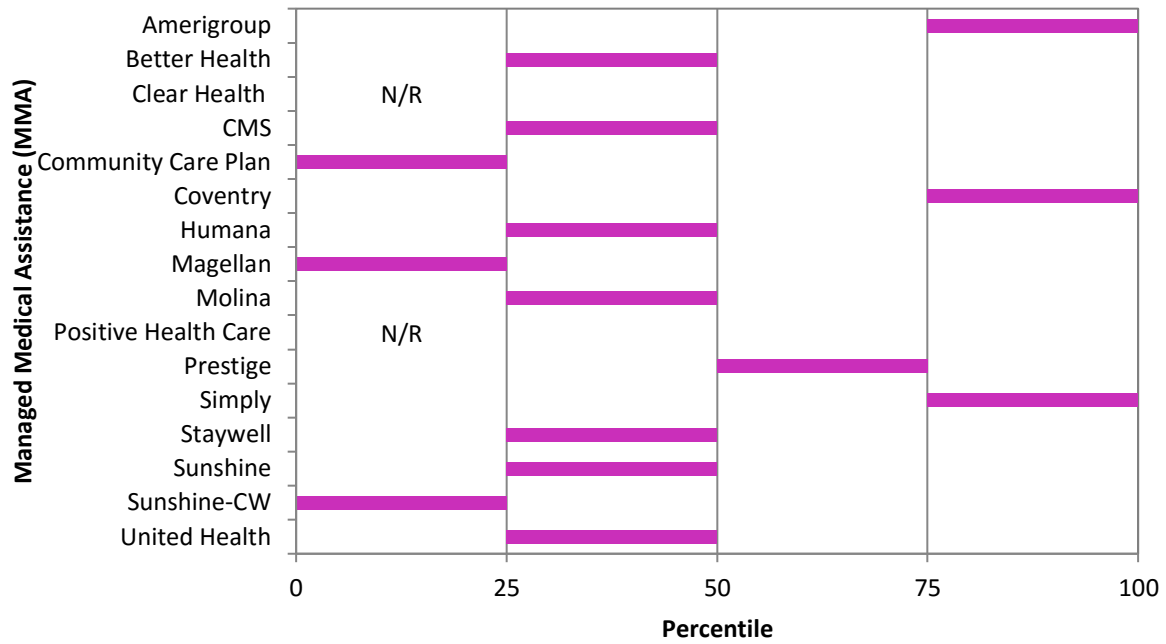
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 44. Medicaid MMA Plan results for HEDIS® Human Papillomavirus Vaccine (HPV) for Female Adolescents, CY 2015



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

Figure 45. National Benchmarks for HEDIS® Human Papillomavirus Vaccine (HPV) for Female Adolescents, CY 2015



Note: 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 CY 2015 who received the following vaccines by their second birthday:

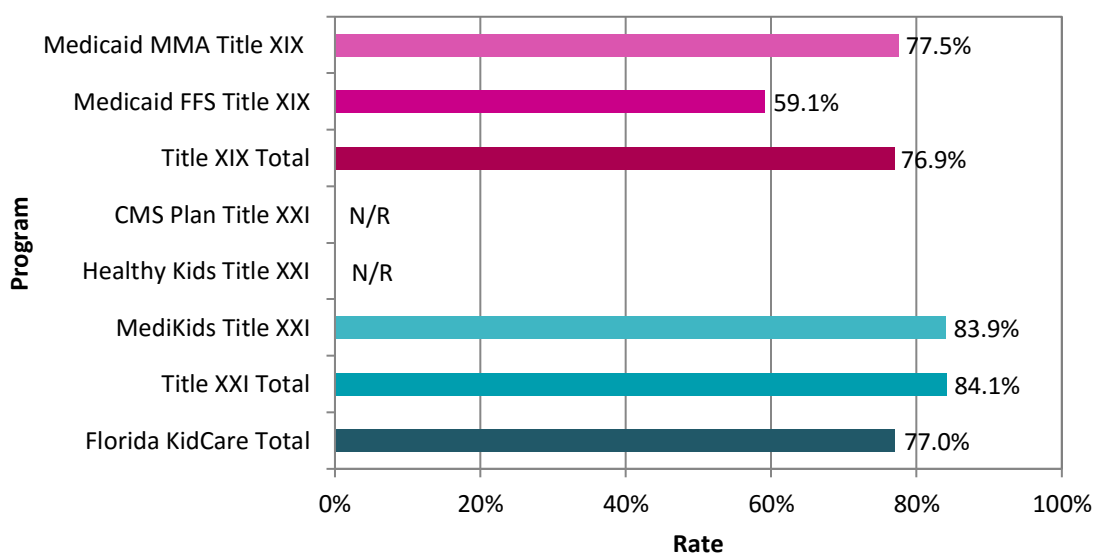
- four diphtheria, tetanus and acellular pertussis (DTaP);
- three polio (IPV);
- one measles, mumps and rubella (MMR);
- three H influenza type B (HiB);
- three hepatitis B (Hep B);
- one chicken pox (VZV);
- four pneumococcal conjugate (PCV);
- one hepatitis A (Hep A);
- two or three rotavirus (RV); 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 46, Figure 47, Figure 50, and Figure 51 present the program results and benchmark percentile ranges, respectively, in CY 2015.

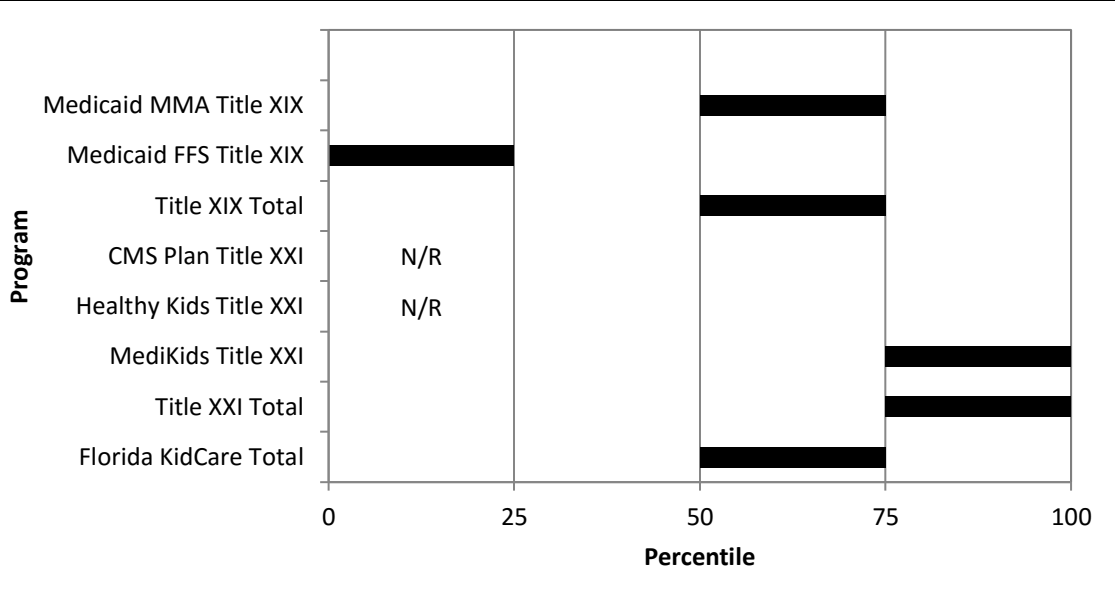
Figure 48, Figure 49, Figure 52, and Figure 53 present the plan results and benchmark percentile ranges, respectively, in CY 2015.

Figure 46. Program Results for HEDIS® Childhood Immunization Status (CIS): Combination 2, CY 2015



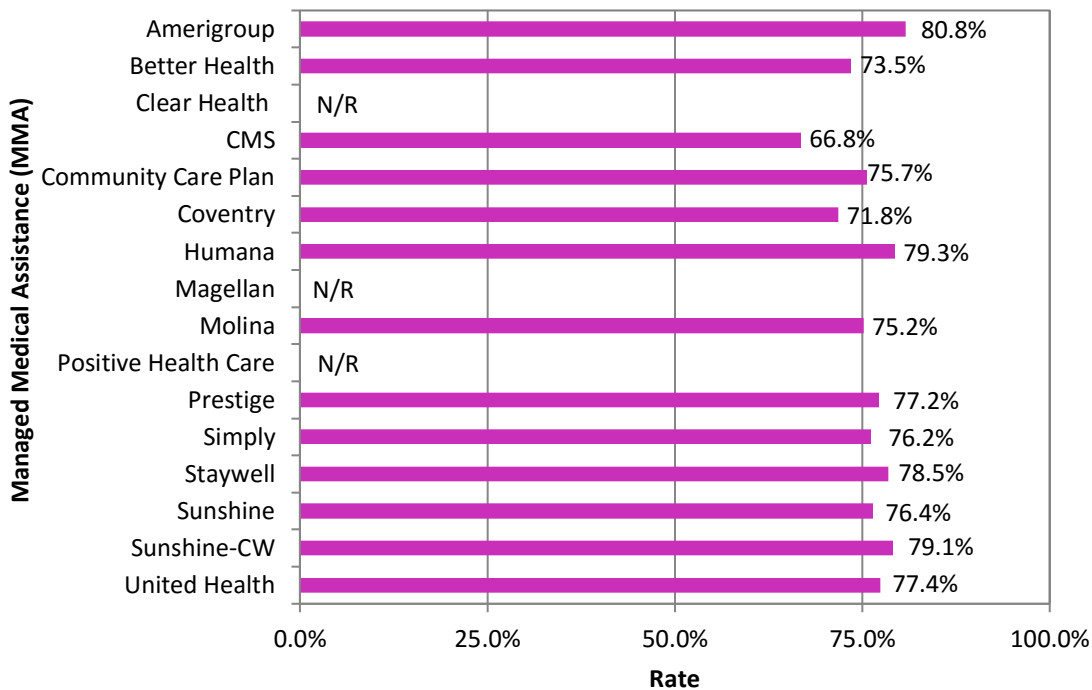
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 47. National Benchmarks for HEDIS® Childhood Immunization Status (CIS): Combination 2, CY 2015



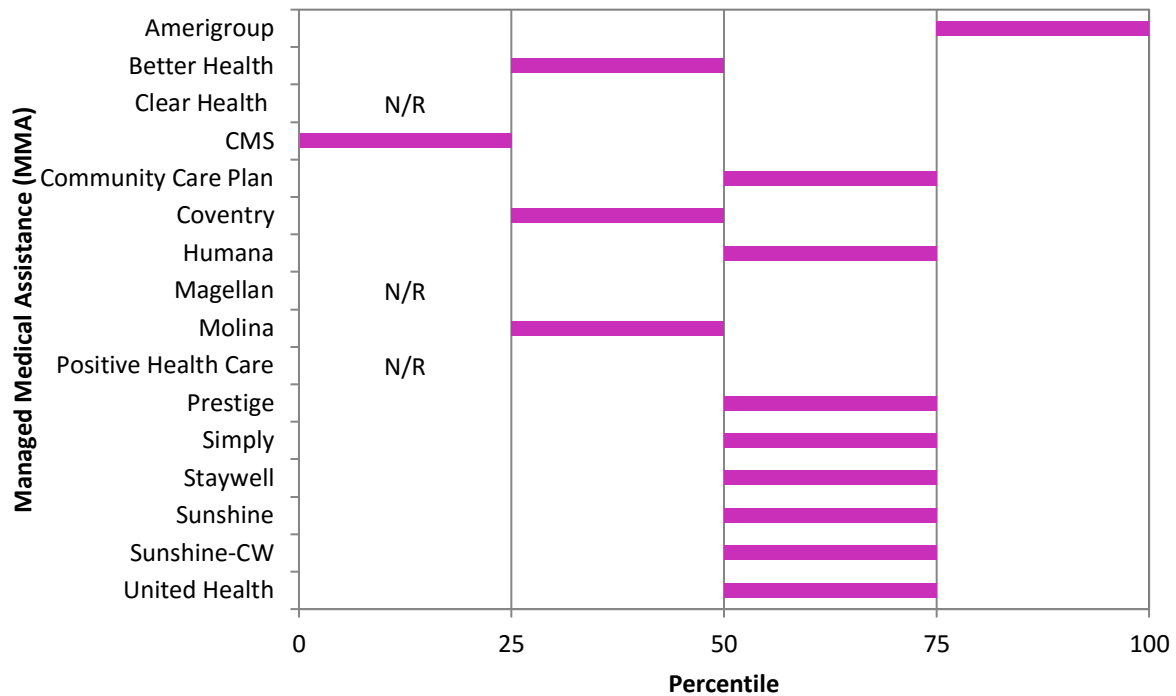
Note: N/A denotes programs that do not have available data or the measure does not apply

Figure 48. Medicaid MMA Plan Results for HEDIS® Childhood Immunization Status (CIS): Combination 2, CY 2015



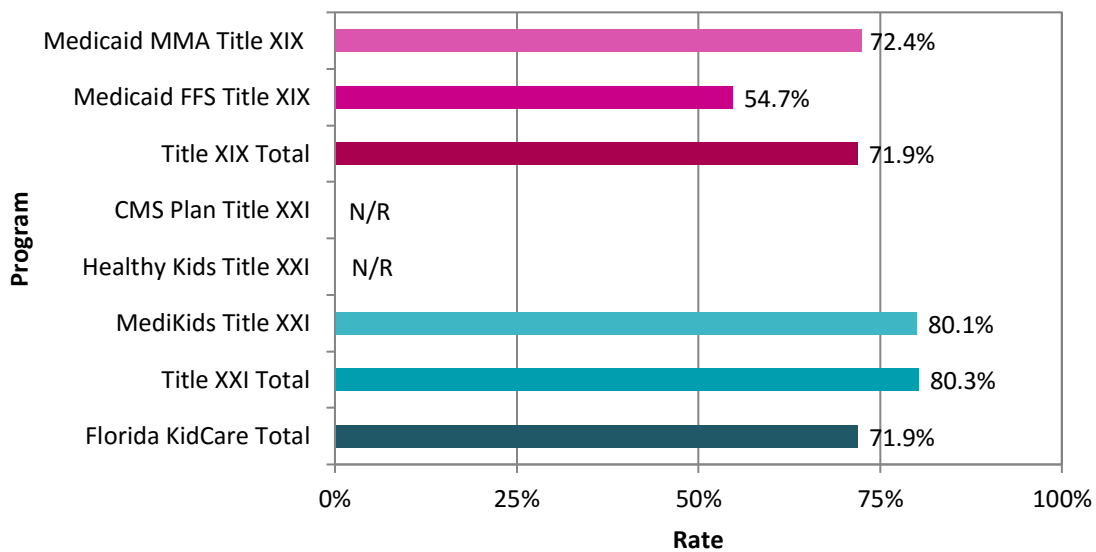
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 49. National Benchmarks for HEDIS® Childhood Immunization Status (CIS): Combination 2, CY 2015



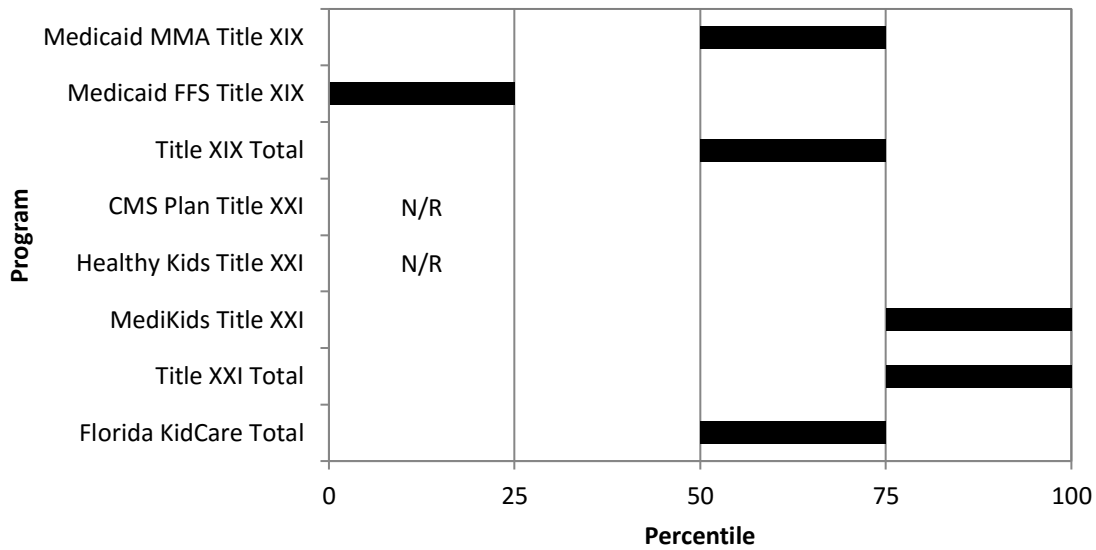
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 50. Program Results for HEDIS® Childhood Immunization Status (CIS): Combination 3, CY 2015



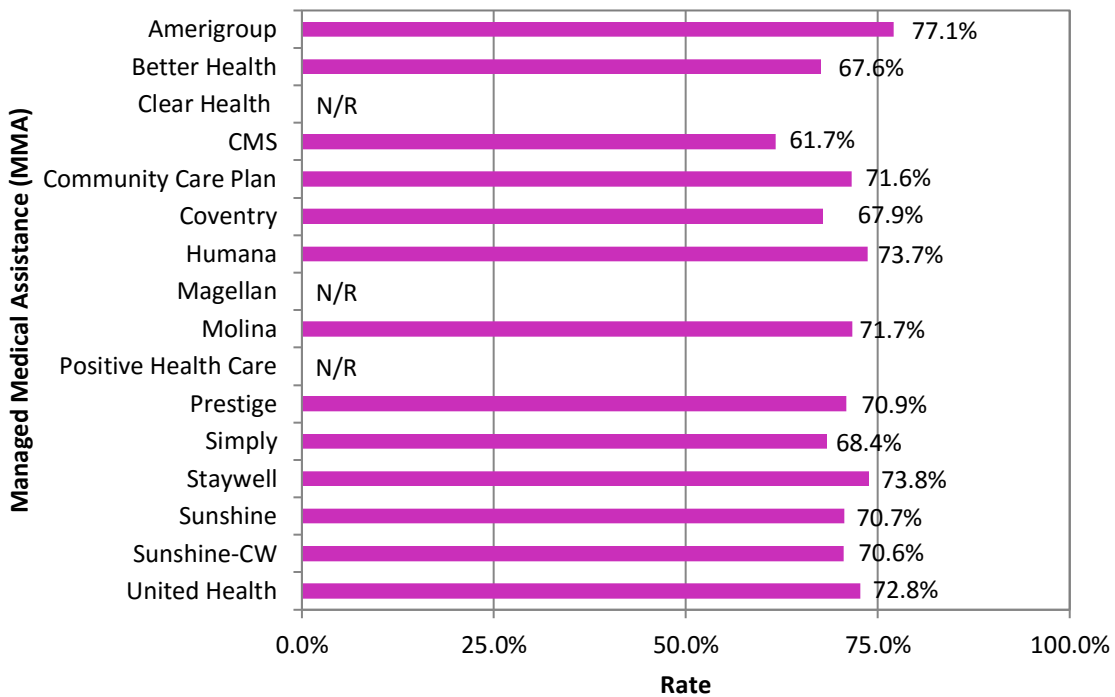
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 51. National Benchmarks for HEDIS® Childhood Immunization Status (CIS): Combination 3, CY 2015



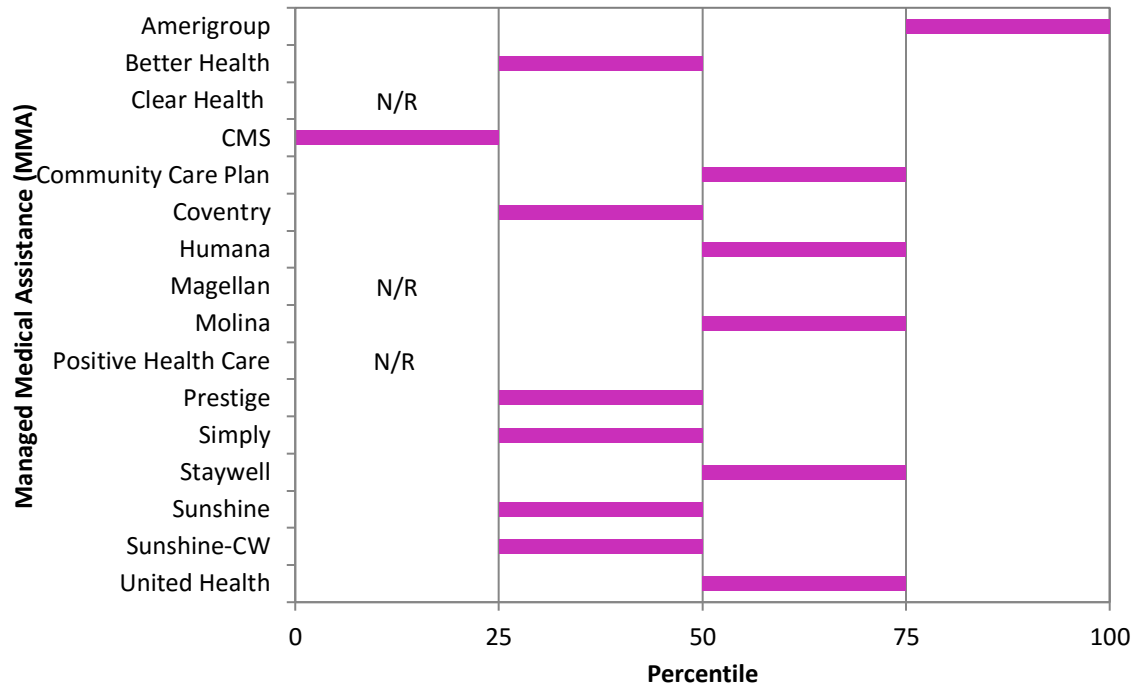
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 52. Medicaid MMA Plan Results for HEDIS® Childhood Immunization Status (CIS): Combination 3, CY 2015



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

Figure 53. National Benchmarks for HEDIS® Childhood Immunization Status (CIS): Combination 3, CY 2015



Note: 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 CY 2015 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.

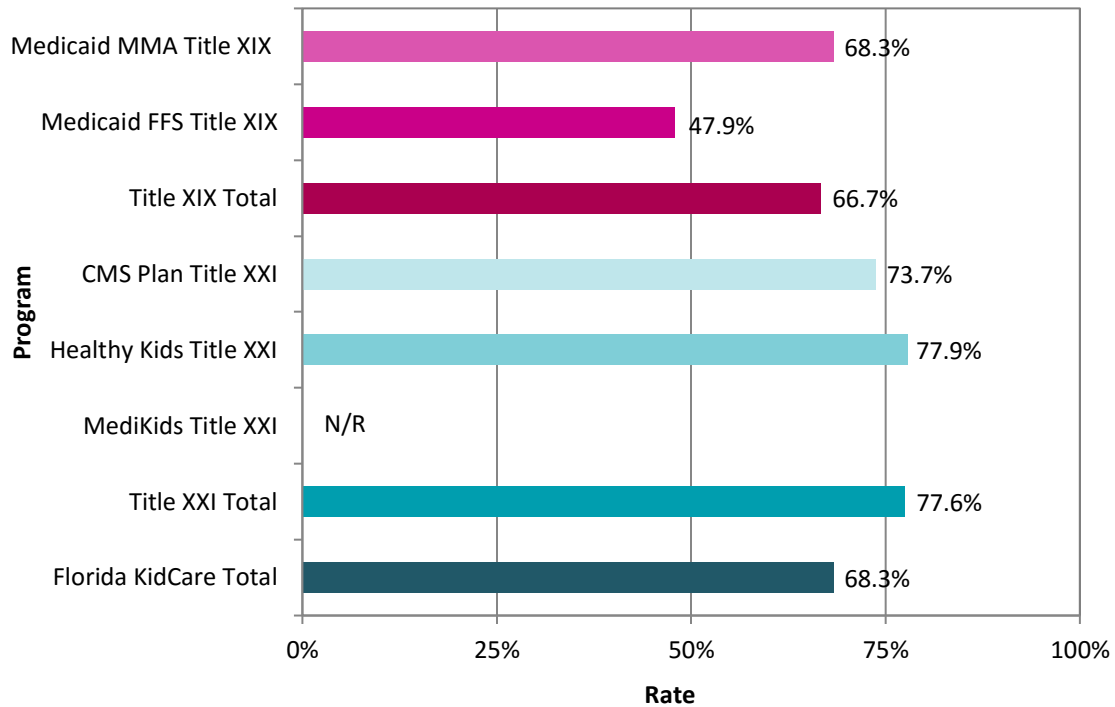
In addition to using the plans' claims and encounter data, Florida SHOTS™ records from the Florida Department of Health were included. Persons excluded from this measure include those who had an anaphylactic reaction to the vaccine or its components.

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 54, Figure 60, Figure 66, and Figure 55, Figure 61, Figure 67 present the program results and benchmark percentile ranges, respectively, in CY 2015.

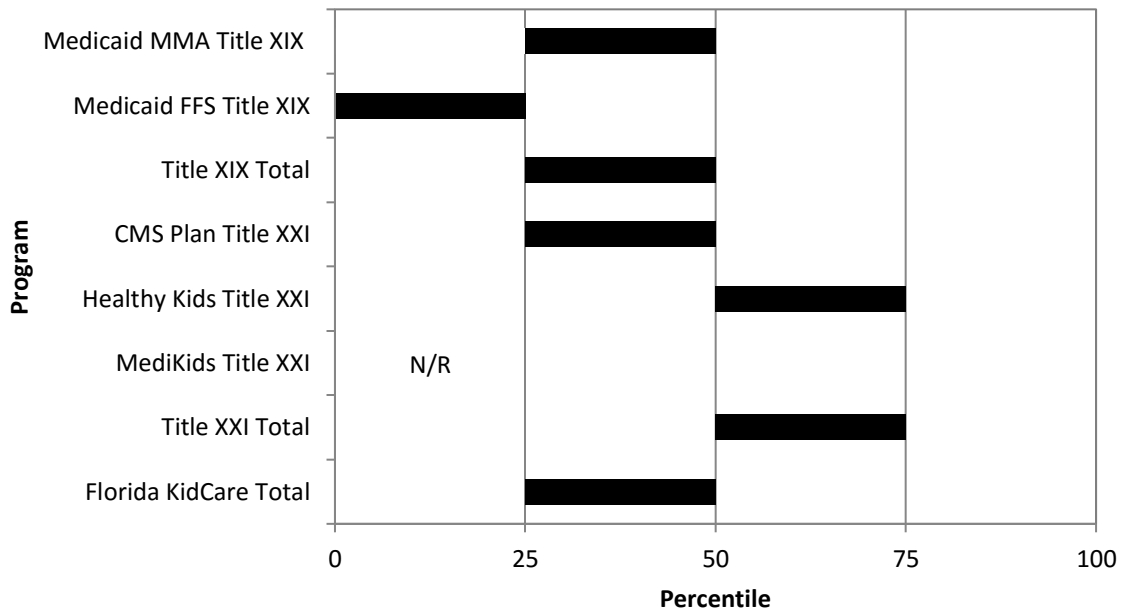
Figure 56, Figure 58, Figure 62, Figure 64, Figure 68, Figure 70, and Figure 57, Figure 59, Figure 63, Figure 65, Figure 69 and Figure 71 present the plan results and benchmark percentile ranges, respectively, in CY 2015.

Figure 54. Program Results for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2015



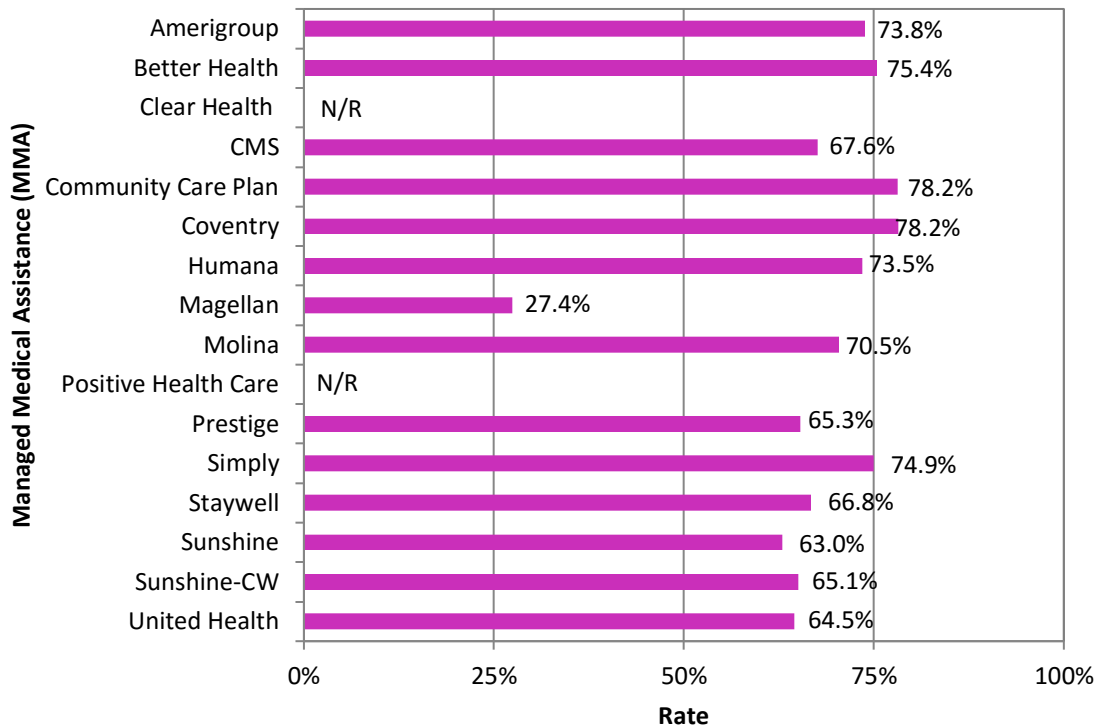
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 55. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2015



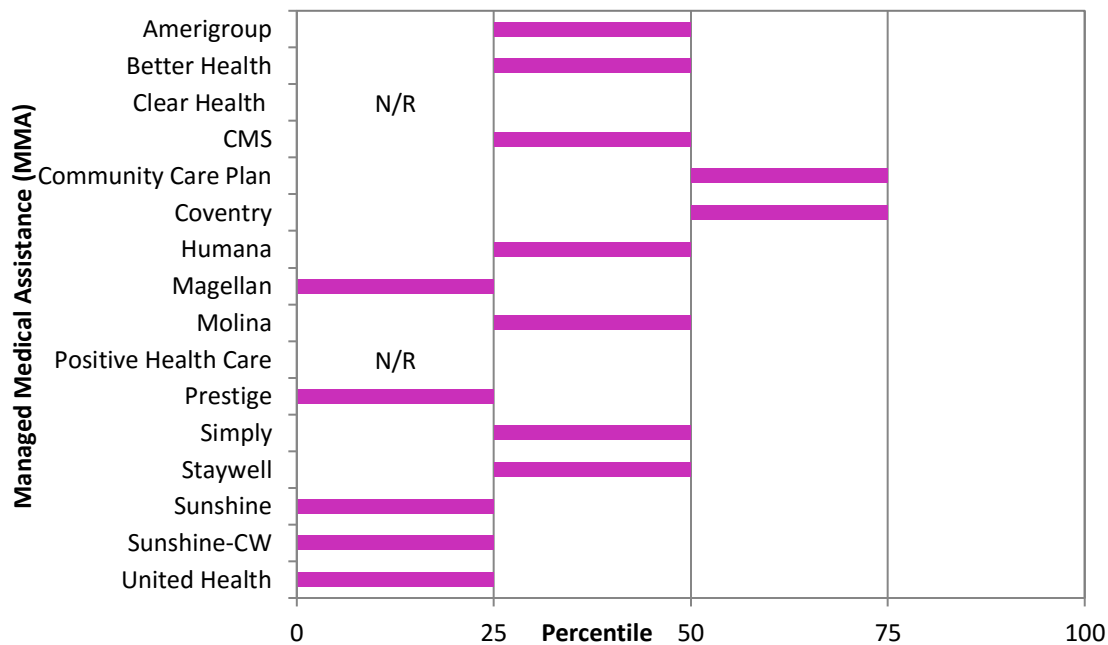
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 56. Medicaid MMA Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2015



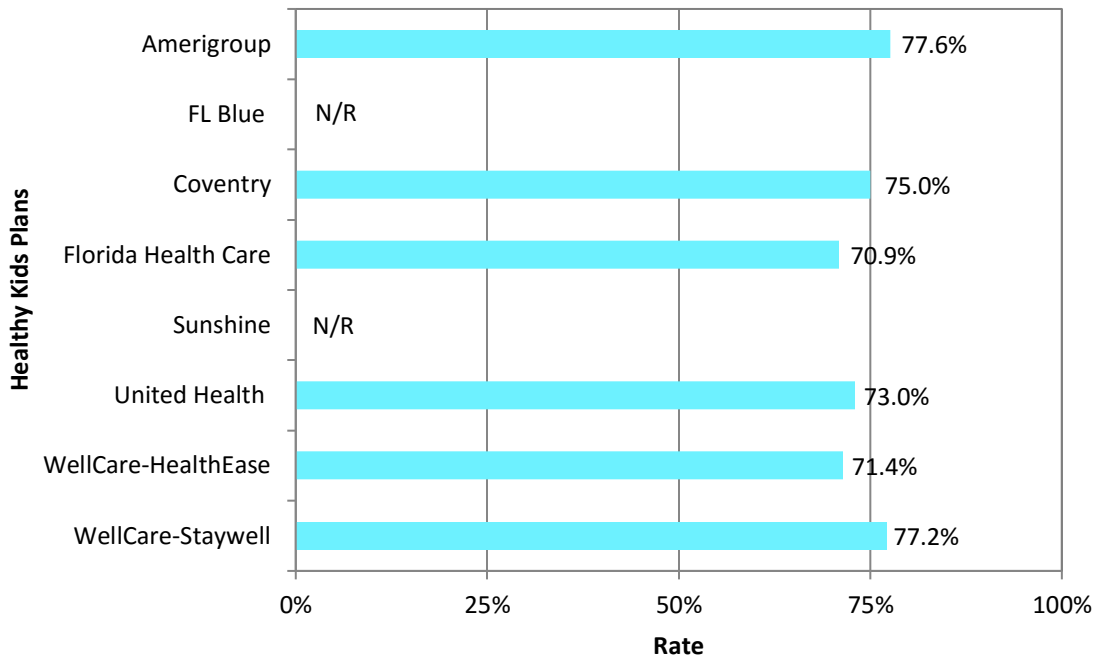
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 57. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2015



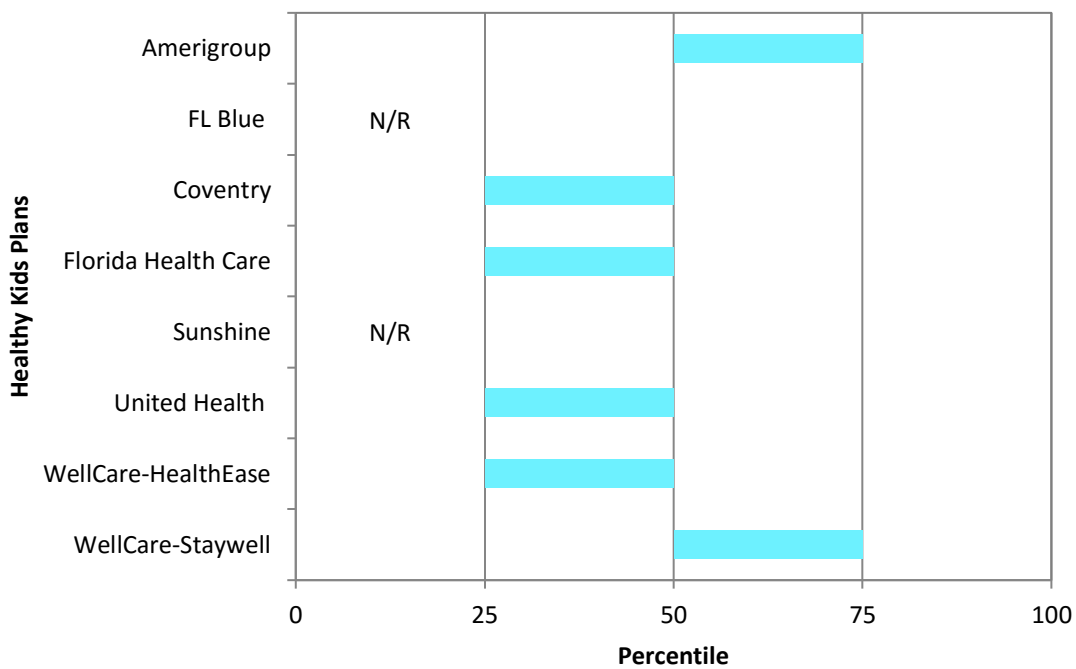
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 58. Healthy Kids Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2015



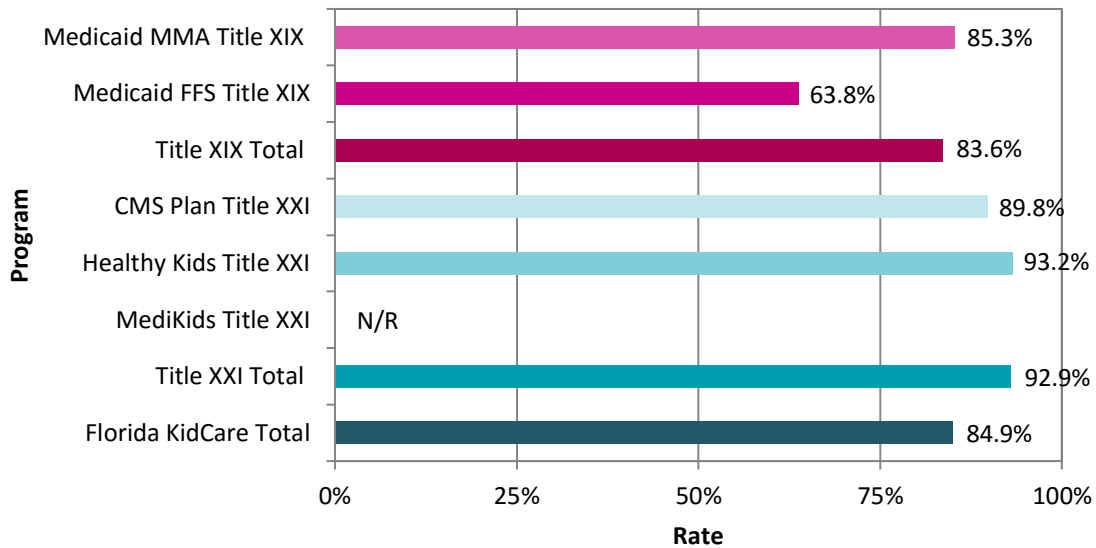
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 59. Healthy Kids National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2015



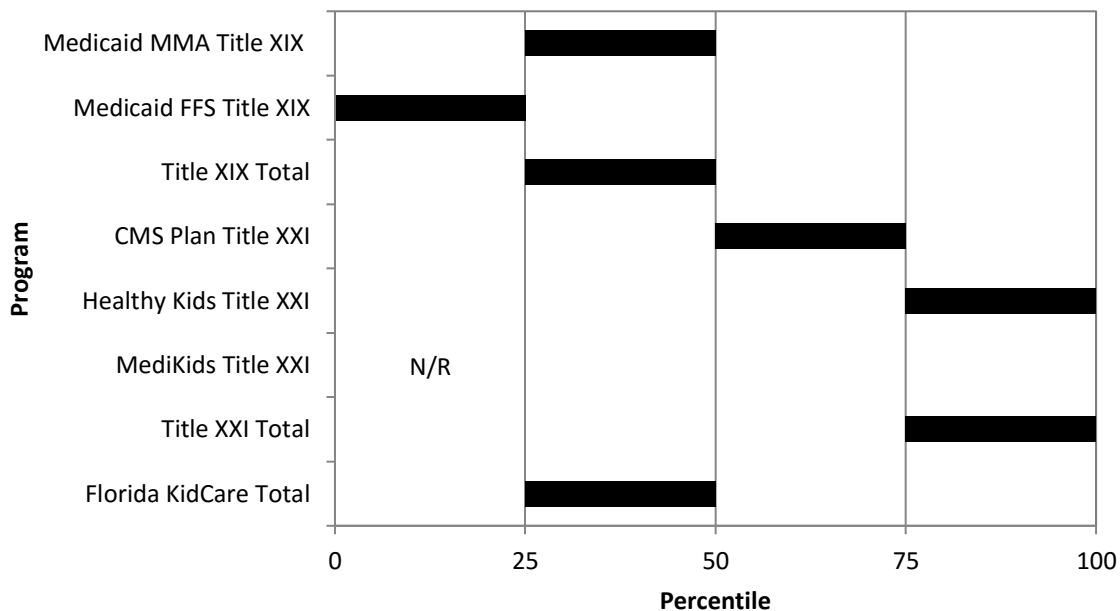
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 60. Program Results for HEDIS® Immunization Status for Adolescents (IMA): Tdap/Td Immunizations, CY 2015



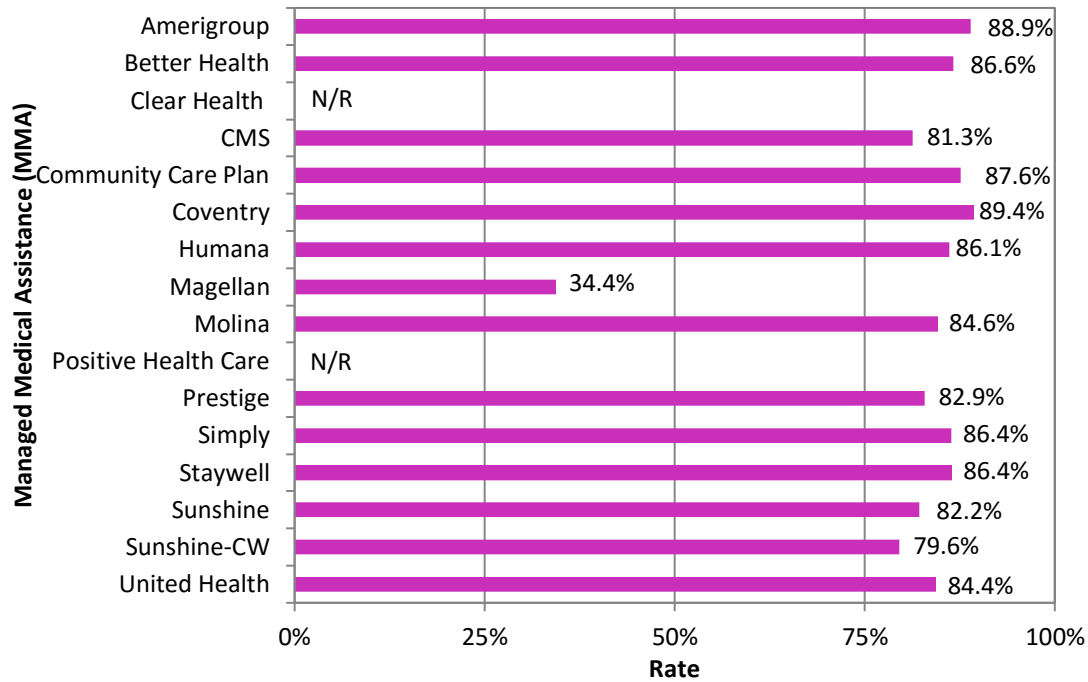
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 61. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Tdap/Td Immunizations, CY 2015



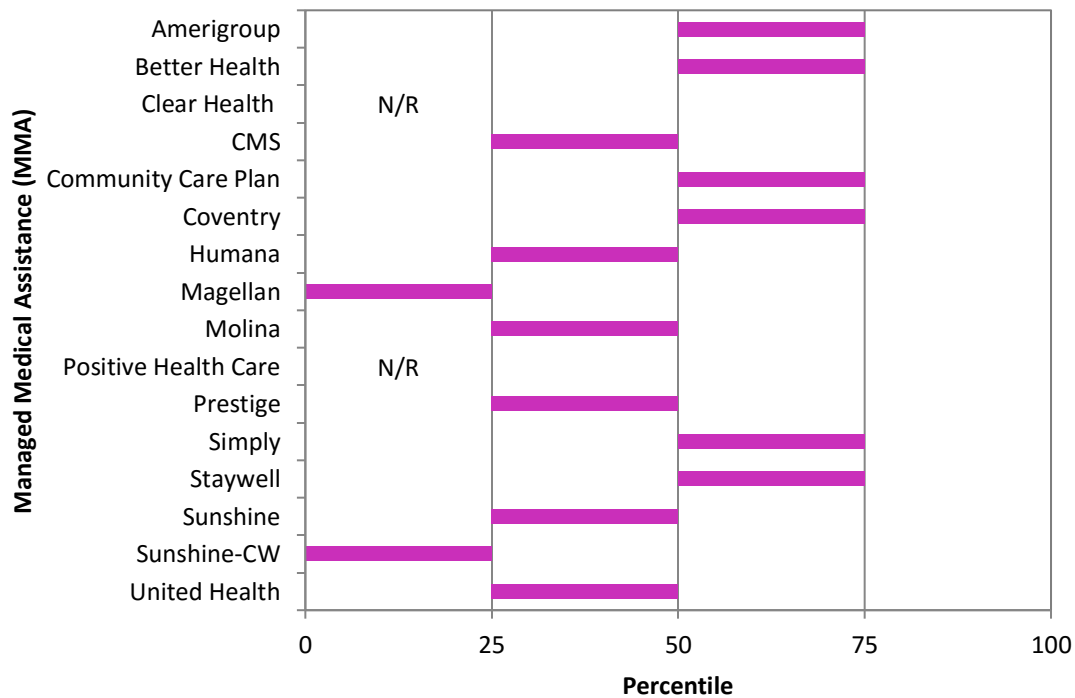
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 62. Medicaid MMA Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Tdap/Td Immunizations, CY 2015



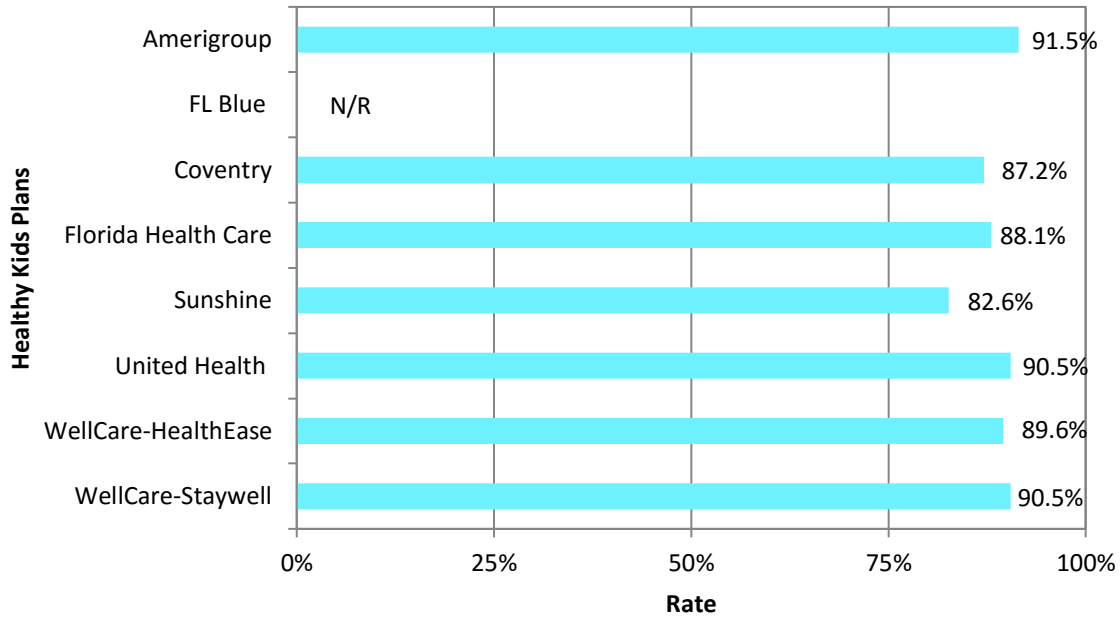
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 63. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA) Tdap/Td Immunizations, CY 2015



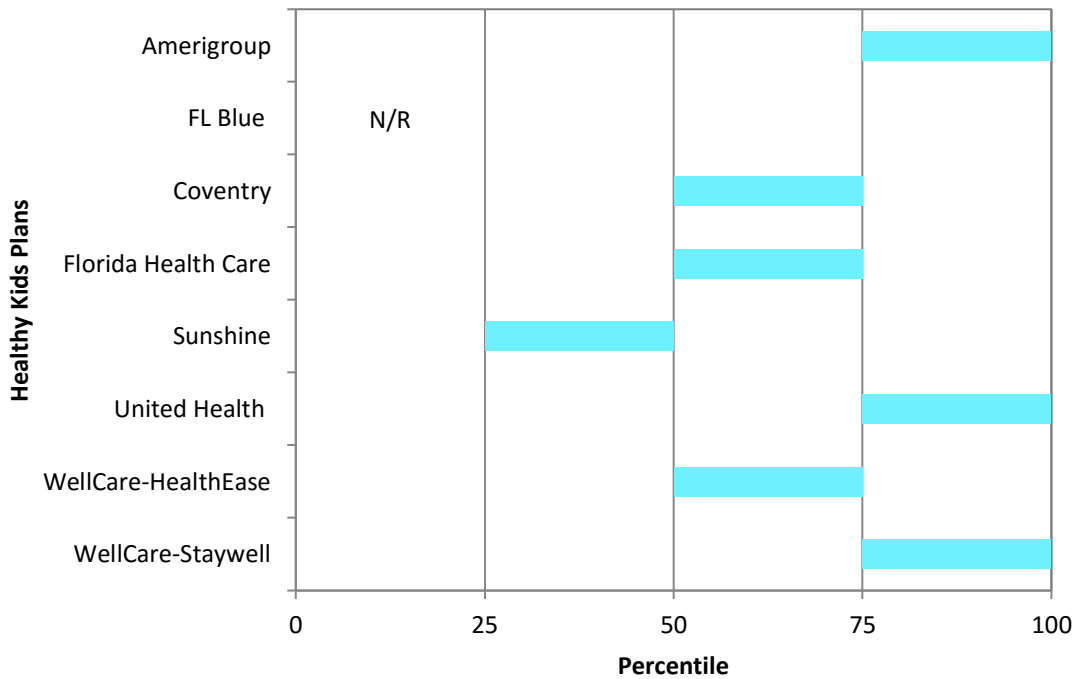
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 64. Healthy Kids Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Tdap/Td Immunizations, CY 2015



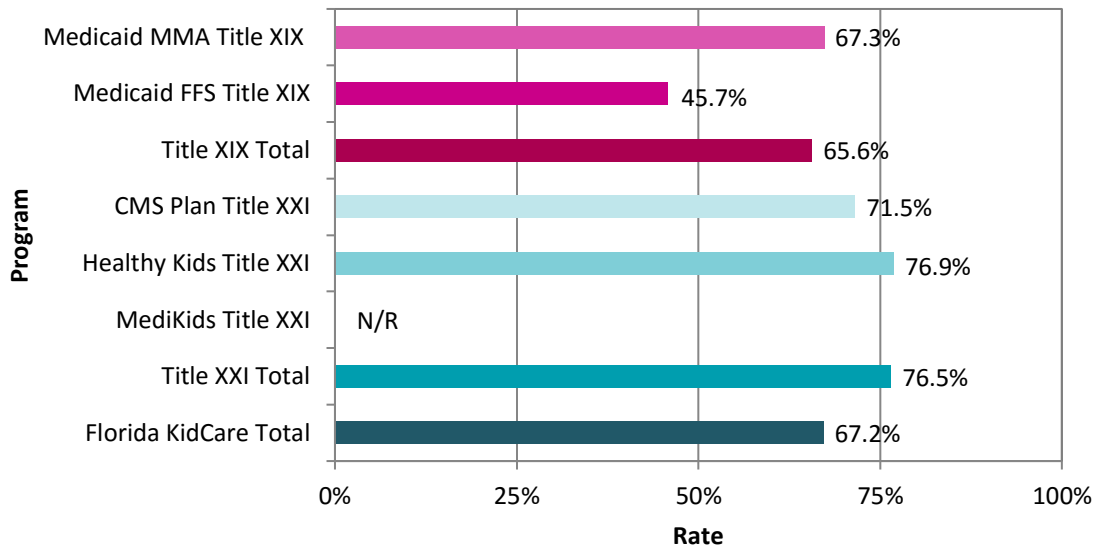
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 65. Healthy Kids National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Tdap/Td Immunizations, CY 2015



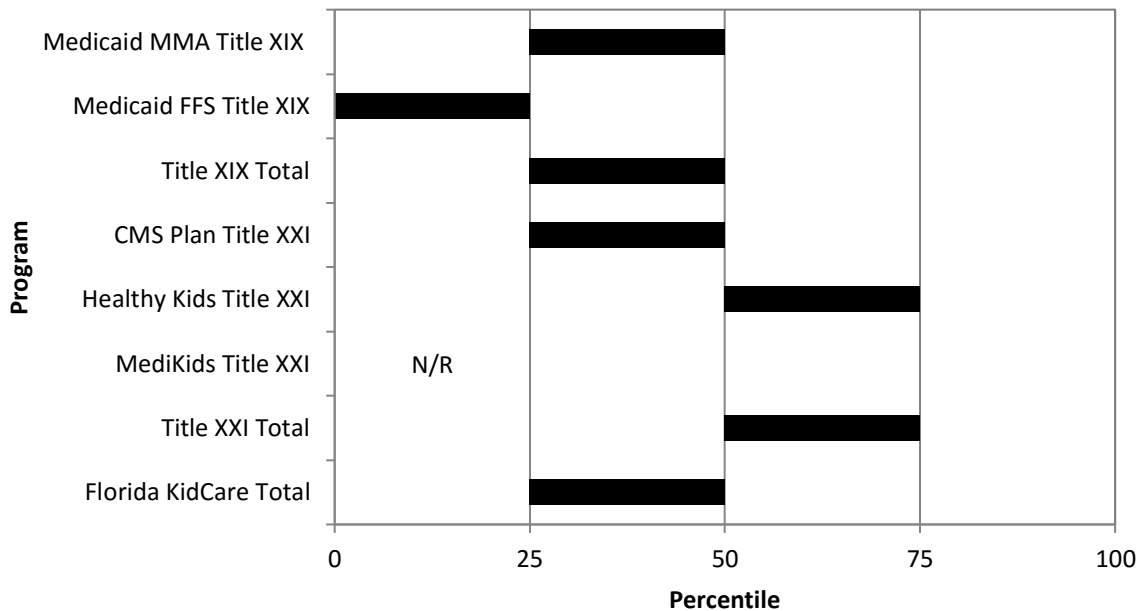
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 66. Program Results for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2015



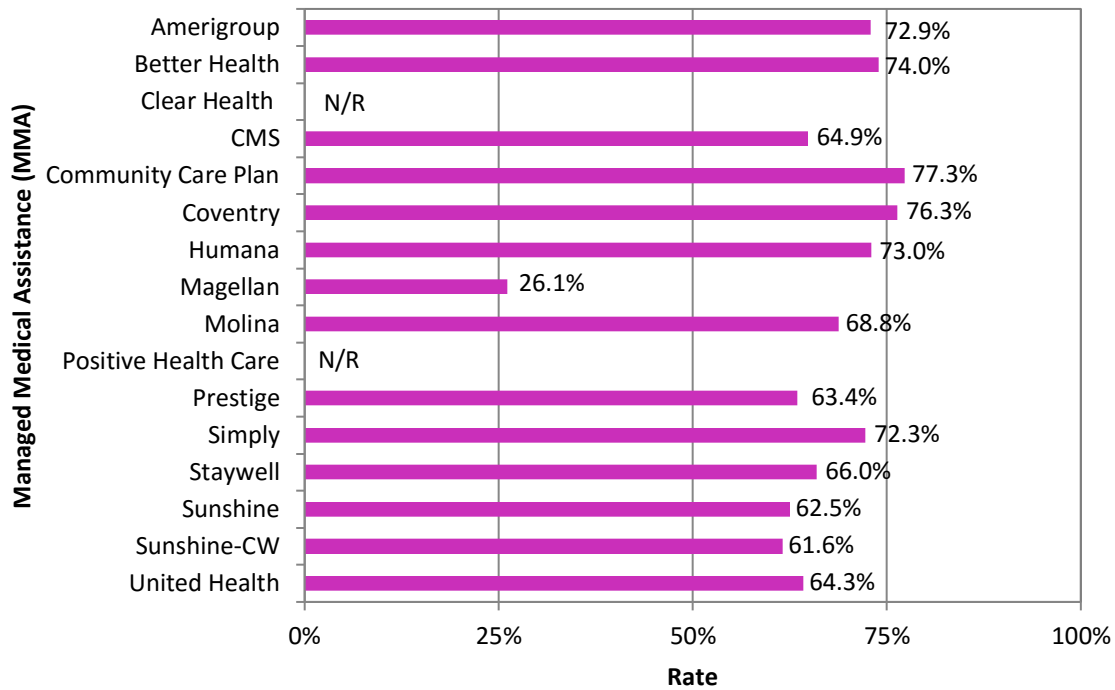
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 67. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2015



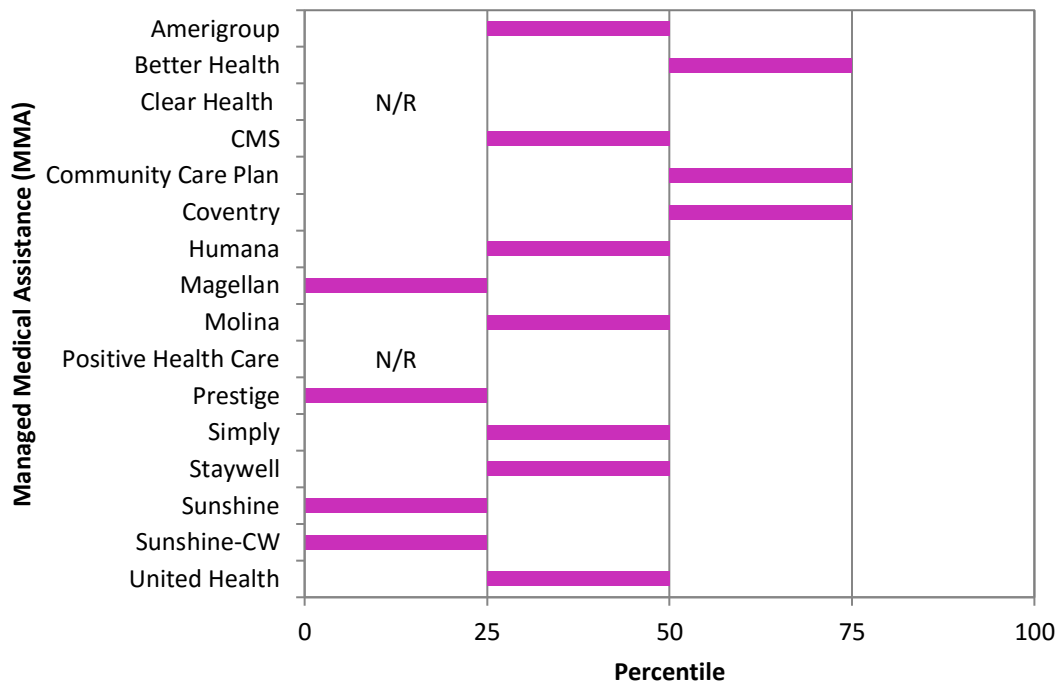
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 68. Medicaid MMA Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2015



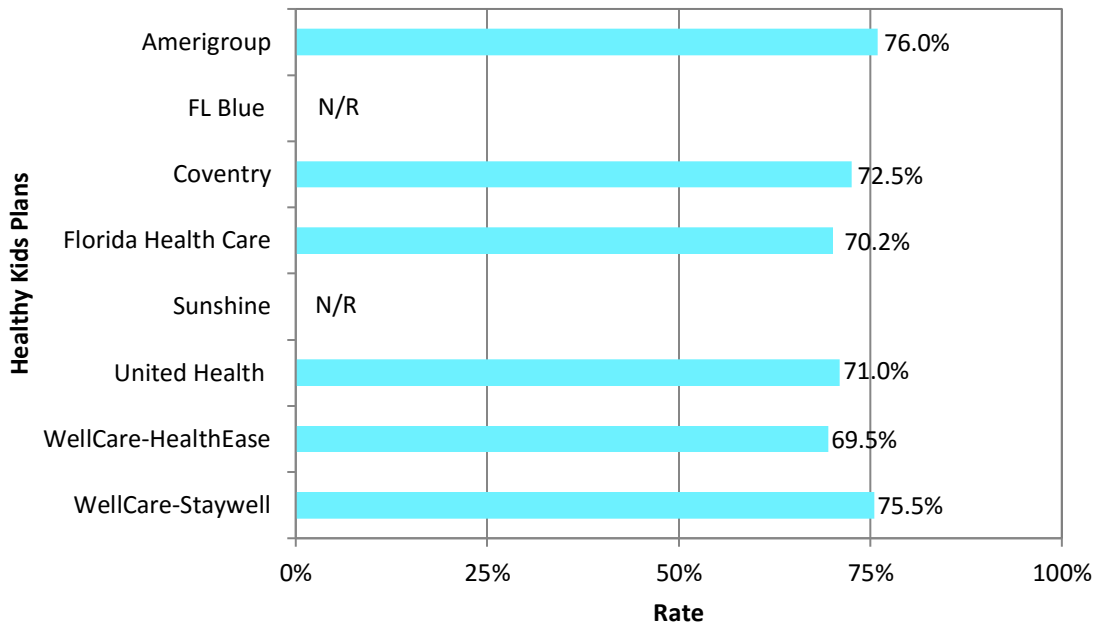
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 69. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2015



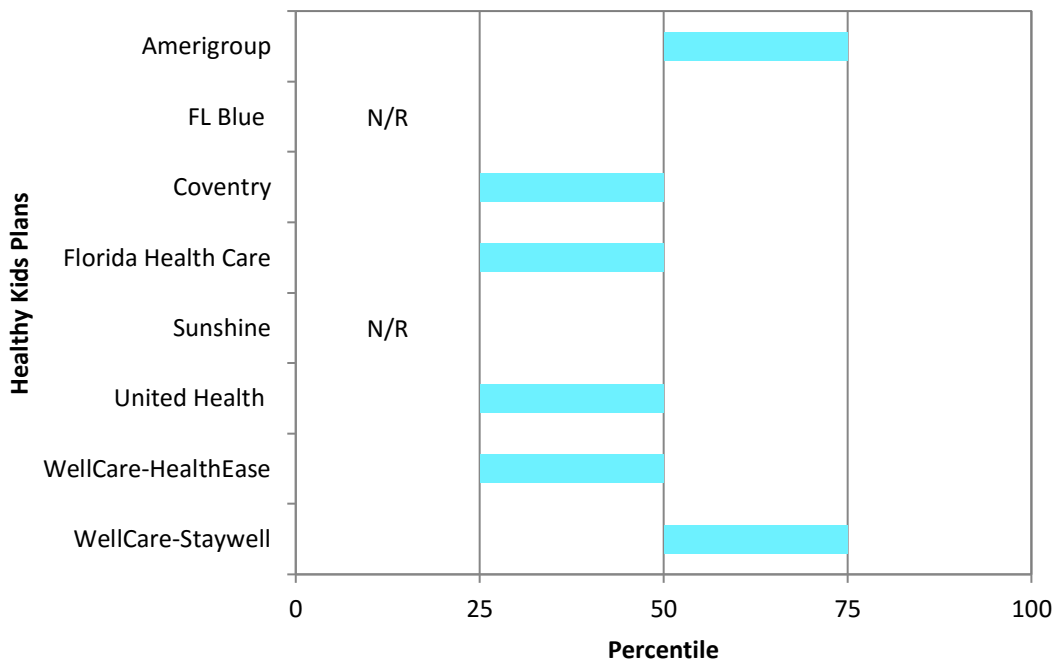
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 70. Healthy Kids Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2015



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

Figure 71. Healthy Kids National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2015



Note: 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.⁸ 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. Of note, the child core set includes only adolescents/young adults in the 16-20 age group.

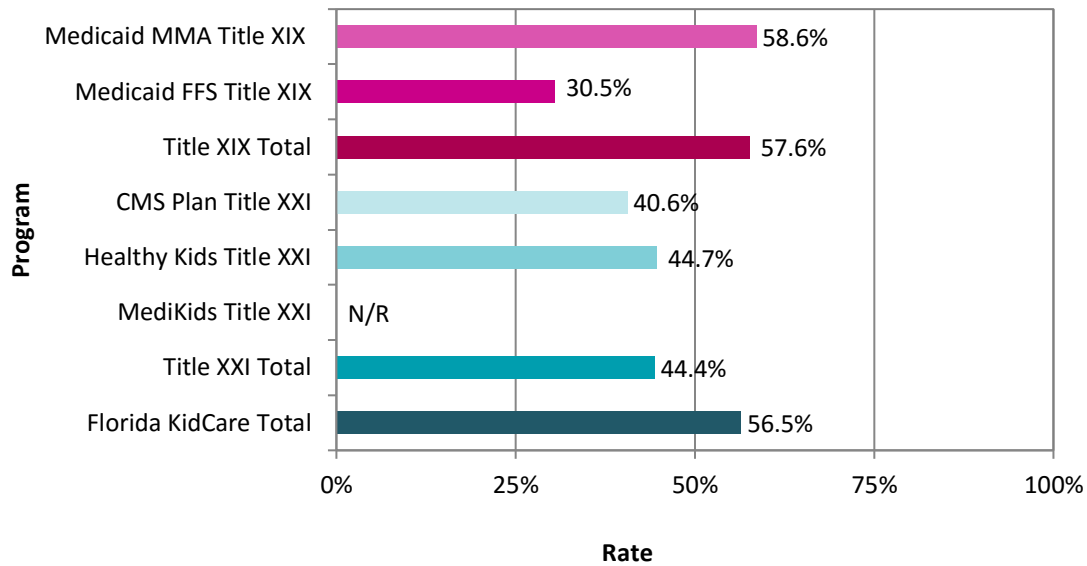
This percentage is calculated as the percentage of women who had at least one Chlamydia test during the measurement year divided by those identified as sexually active. Sexually active women are identified through pharmacy data (e.g., dispensed prescription contraceptives) or through claims/encounter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

Figure 72 and **Figure 73** present the program results and benchmark percentile ranges, respectively, in CY 2015.

Figure 74, Figure 76, Figure 75, and **Figure 77** present the plan results and benchmark percentile ranges, respectively, in CY 2015.

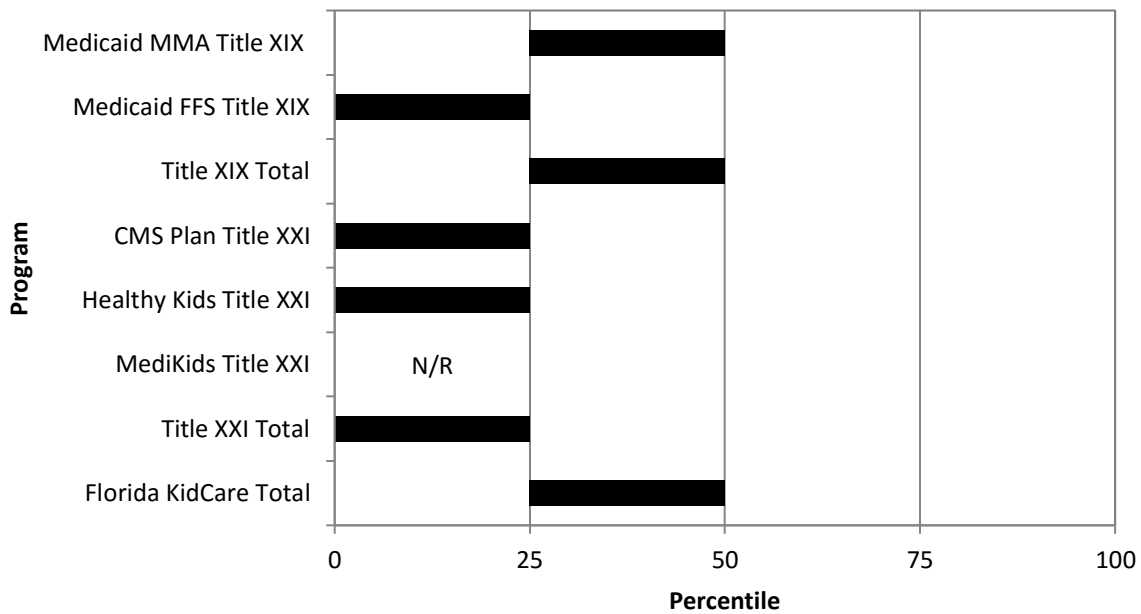
⁸ <http://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm>

Figure 72. Program Results for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL), CY 2015



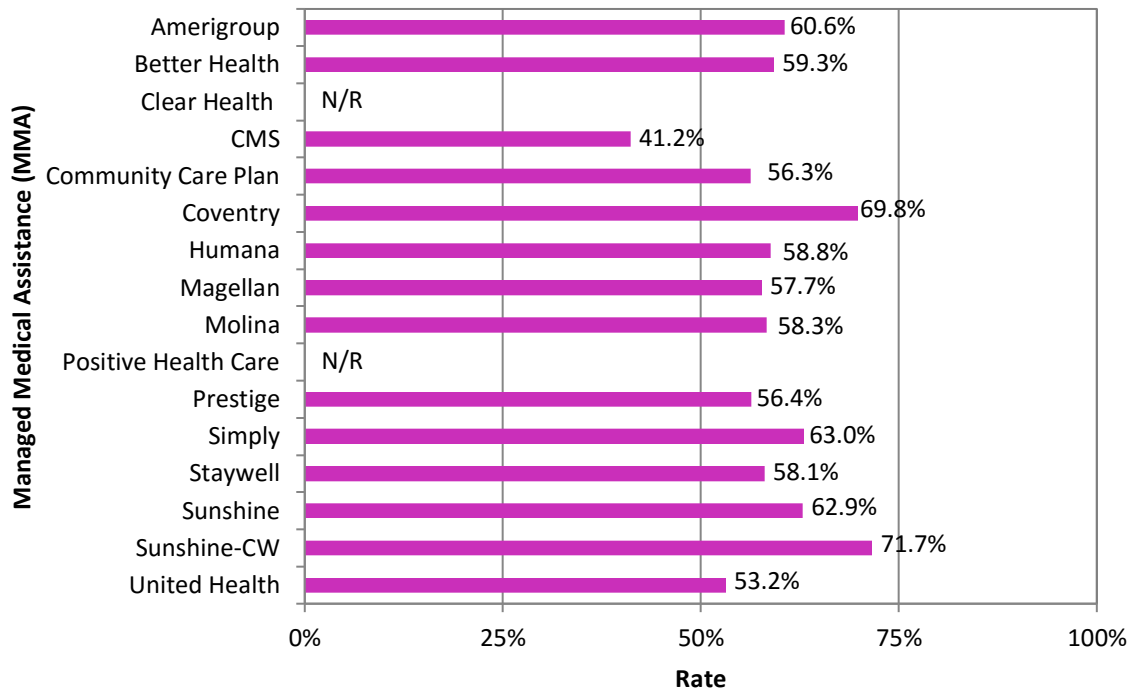
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 73. National Benchmarks for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL), CY 2015



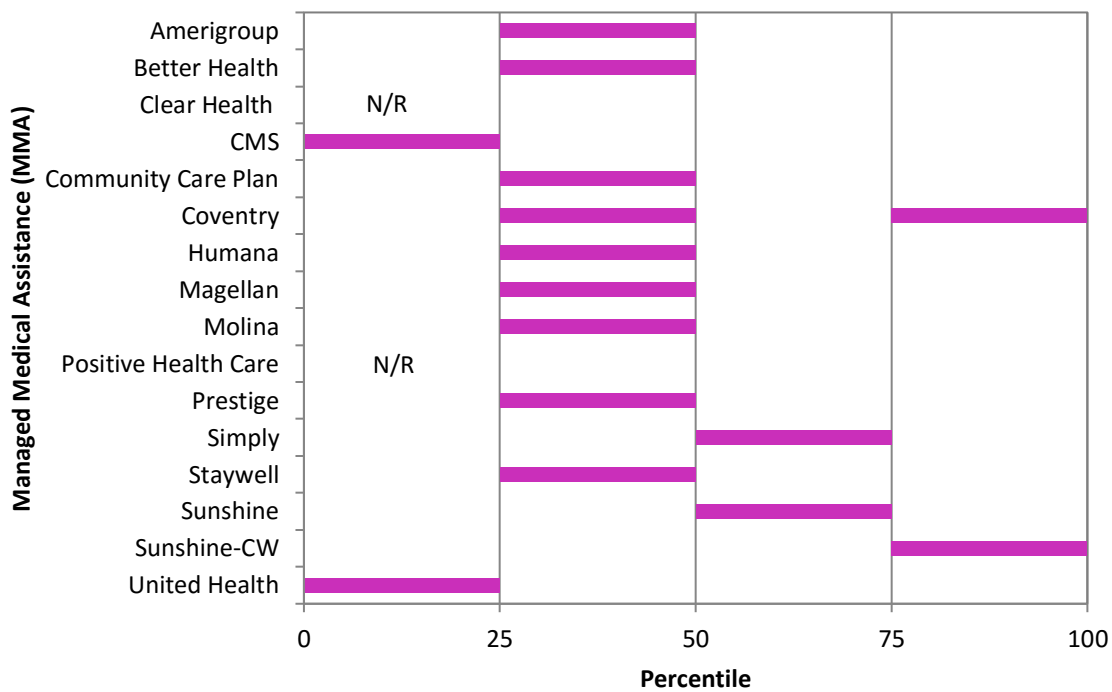
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 74. Medicaid MMA Plan Results for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL), CY 2015



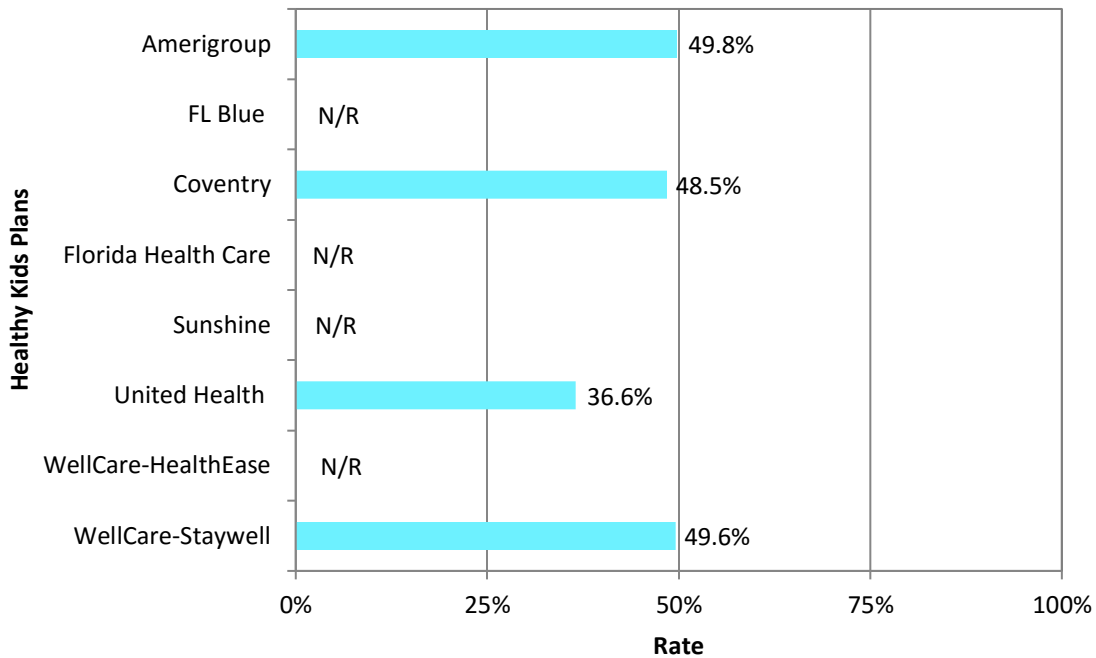
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 75. National Benchmarks for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL), CY 2015



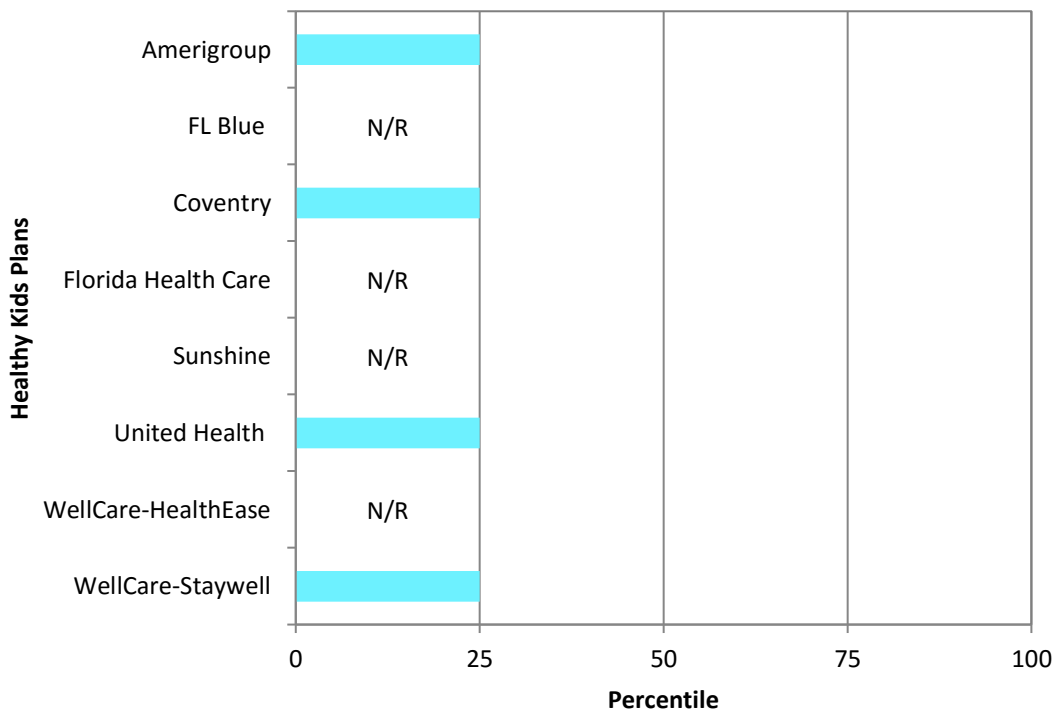
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 76. Healthy Kids Plan Results for HEDIS Chlamydia Screening in Women ages 16-20 (CHL), CY 2015



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

Figure 77. Healthy Kids National Benchmarks for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL), CY 2015



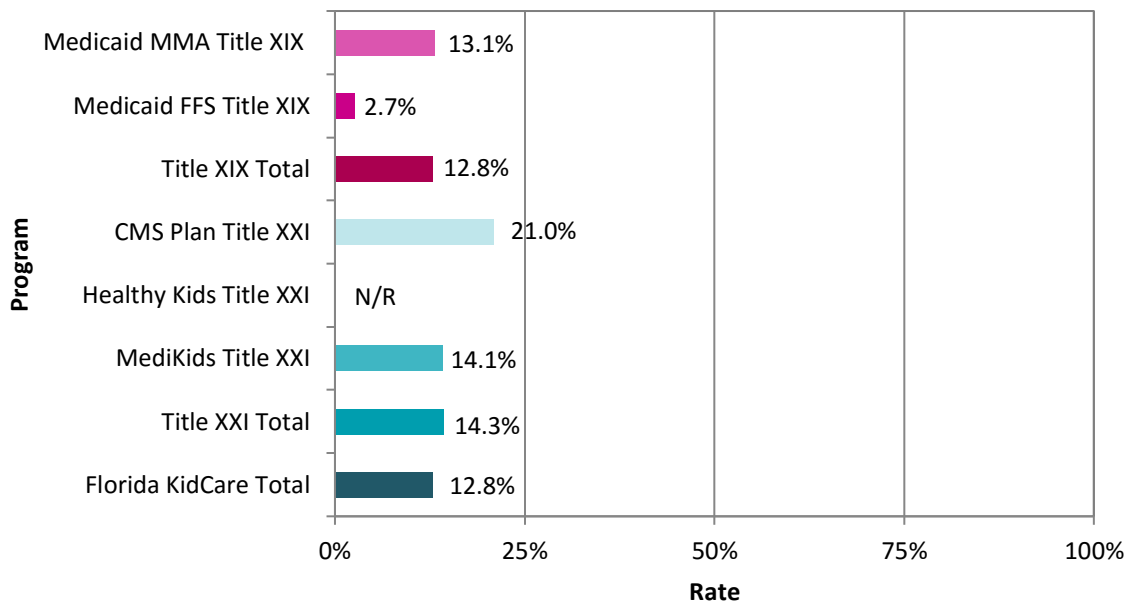
Note: Plans with less than 30 in the denominator are labeled as N/R

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 Child Core Set 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 CY 2015. This measure includes three age-specific indicators assessing whether children are screened by their first, second, or third birthdays. Only a combined rate is calculated and reported. For instance, children who turned 1 during CY 2015 are counted in the age=1 indicator while children who turned 2 during CY 2015 are counted in the age=2 indicator; the combined rate includes all children who turned 1, 2, or 3 in CY 2015. No children are excluded in this measure. National benchmark percentiles are not available for this measure.

Figure 78 presents the program results in CY 2015.

Figure 78. Program Results for Developmental Screening in the First Three Years of Life (DEV), CY 2015



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

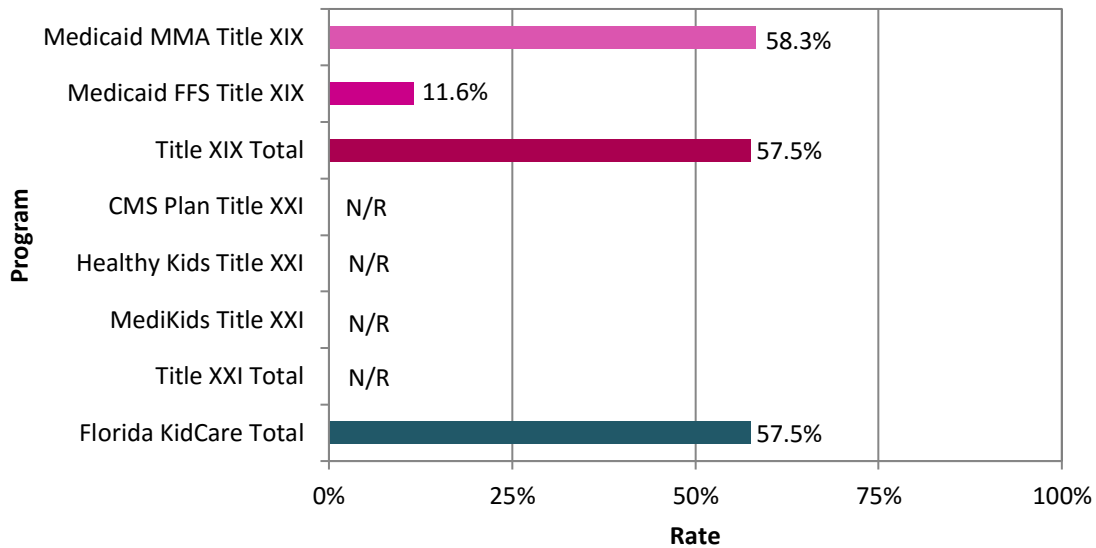
Well-Child Visits in the First 15 Months of Life (W15)

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 CY 2015 and had some number of well-child visits with a primary care practitioner (PCP) during their first 15 months of life. For this measure, the enrollee must be continuously enrolled between 31 days and 15 month of age with no more than one gap in enrollment of up to 45 days during the continuous enrollment period. 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 79 and **Figure 80** present the program results and benchmark percentile ranges, respectively, in CY 2015.

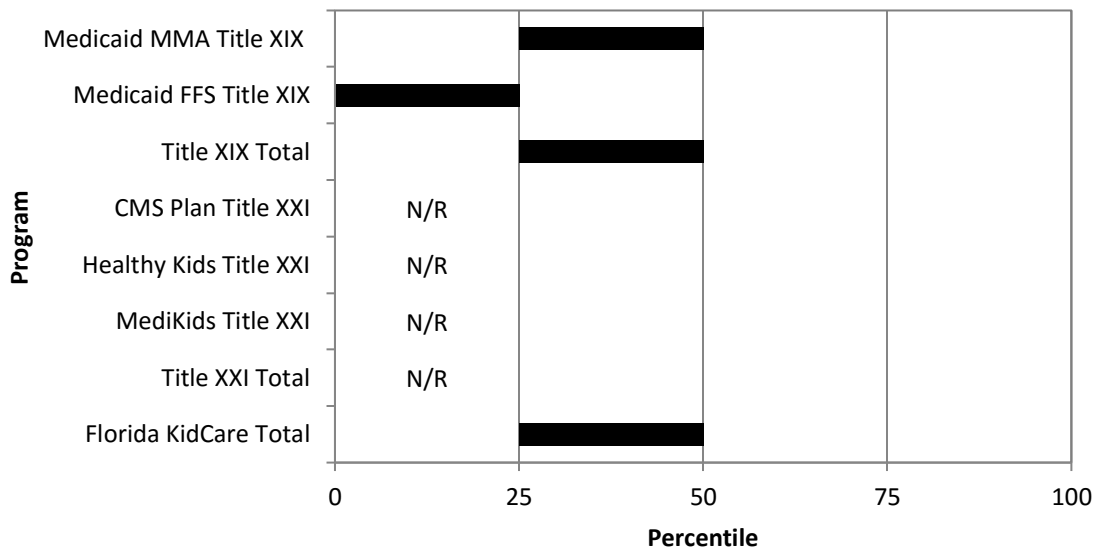
Figure 81 and **Figure 82** present the plan results and benchmark percentile ranges, respectively, in CY 2015.

Figure 79. Program Results for HEDIS® Well-Child Visits in the First 15 Months of Life (W15): 6 or more visits, CY 2015



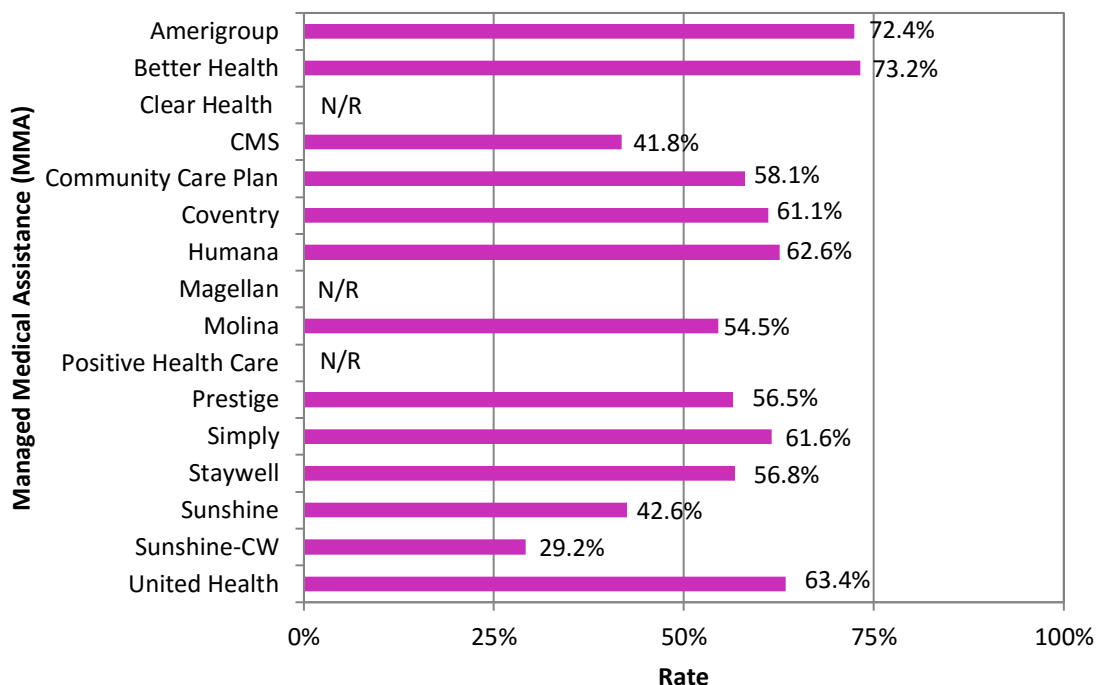
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 80. National Benchmarks for HEDIS® Well-Child Visits in the First 15 Months of Life (W15): 6 or more visits, CY 2015



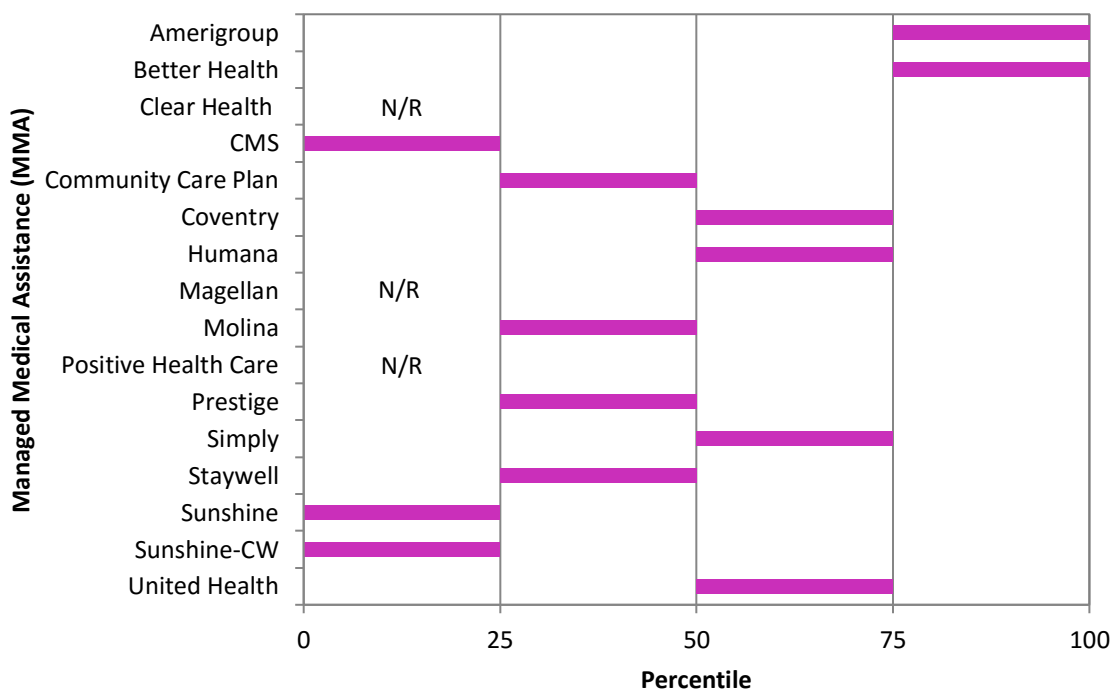
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 81. Medicaid MMA Plan Results for HEDIS® Well-Child Visits in the First 15 Months of Life (W15):6 or more visits, CY 2015



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

Figure 82. National Benchmarks for HEDIS® Well-Child Visits in the First 15 Months of Life (W15): 6 or more visits, CY 2015



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

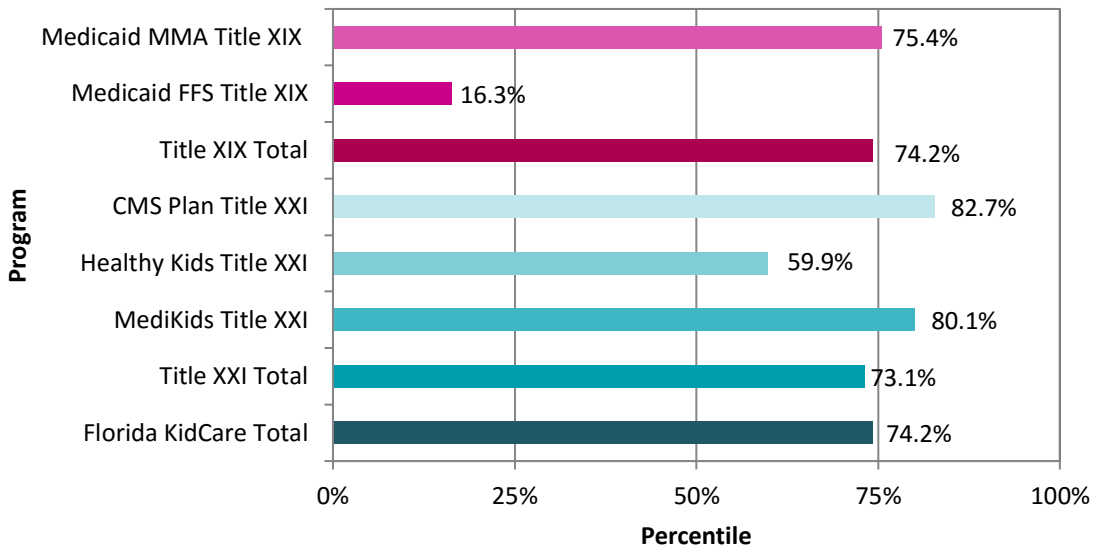
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34)

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 2015. This HEDIS® measure requires visits with a primary care practitioner specifically. For this measure, the enrollee must be continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days during the continuous enrollment period.

Figure 83 and **Figure 84** present the program results and benchmark percentile ranges, respectively, in CY 2015.

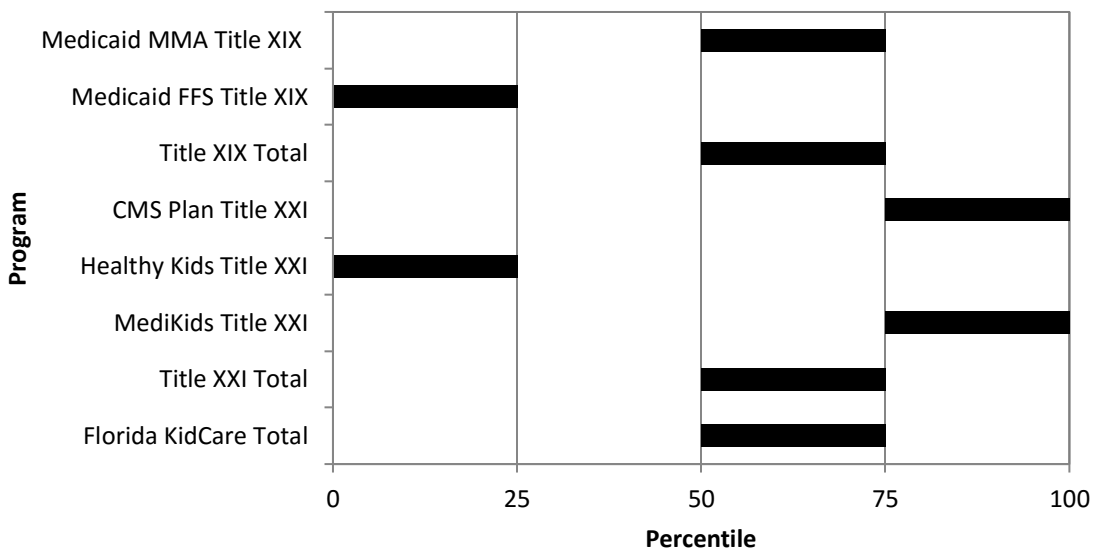
Figure 85, Figure 87, and Figure 86, Figure 88 present the plan results and benchmark percentile ranges, respectively, in CY 2015.

Figure 83. Program Results for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2015



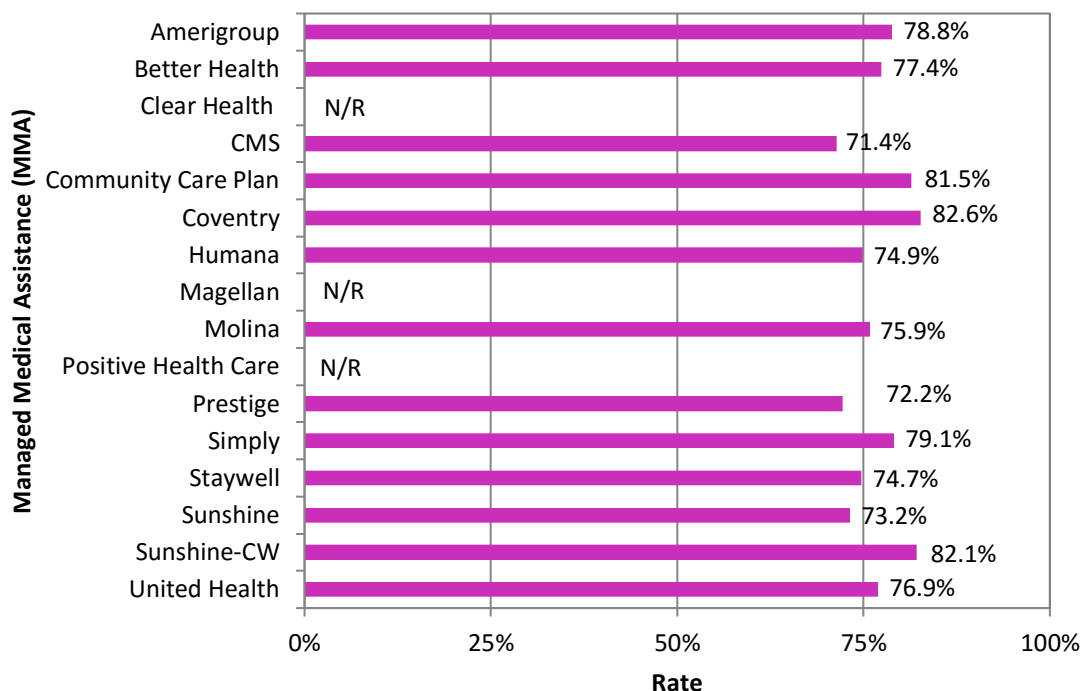
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 84. National Benchmarks for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2015



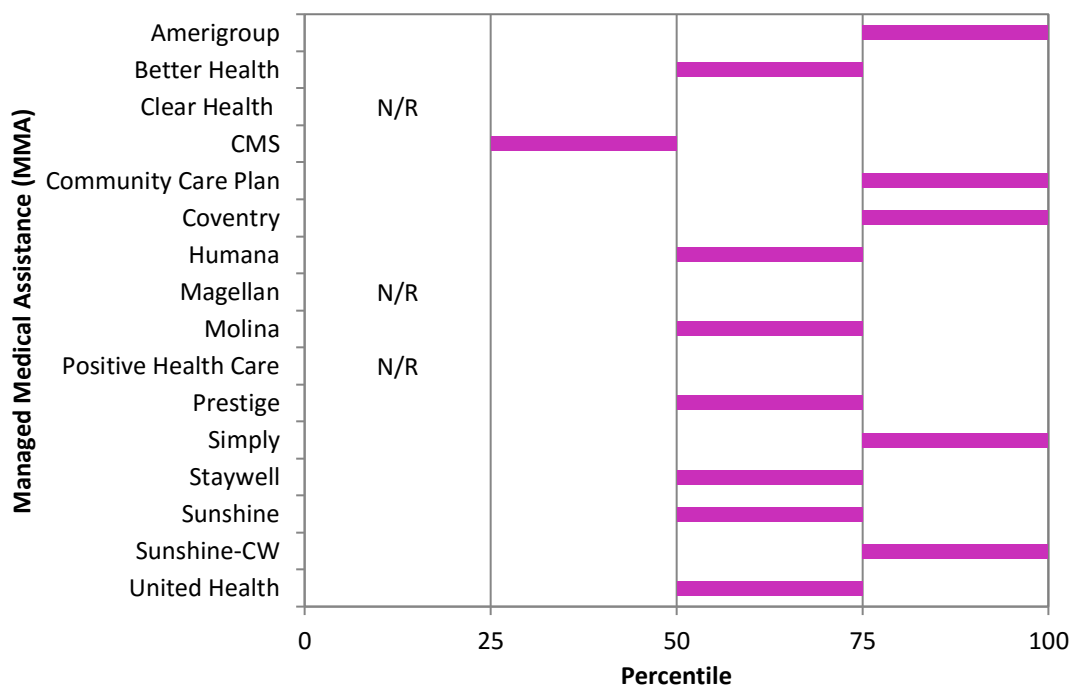
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 85. Medicaid MMA Plan Results for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2015



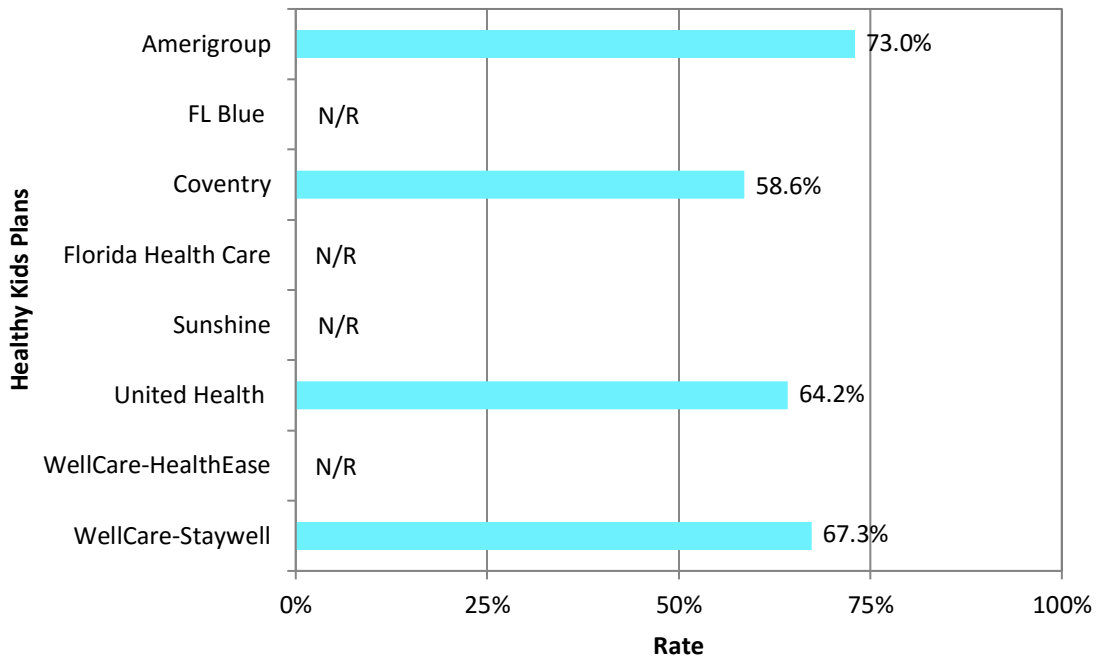
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 86. National Benchmarks for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2015



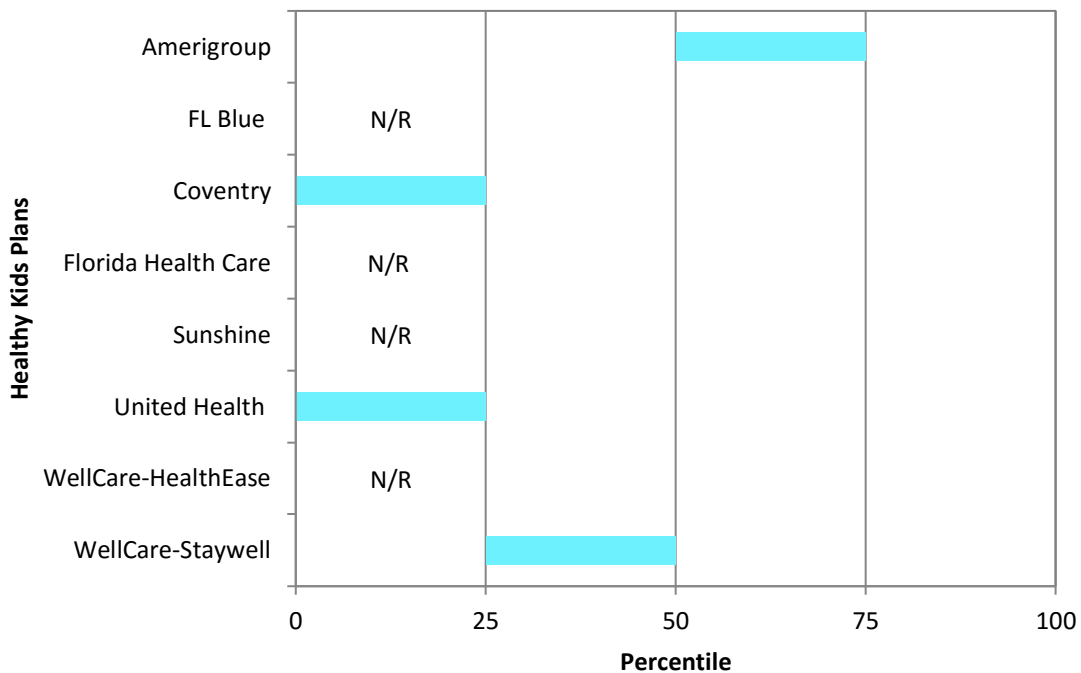
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 87. Healthy Kids Plan Results for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2015



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

Figure 88. Healthy Kids National Benchmarks for HEDIS® Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life (W34), CY 2015



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

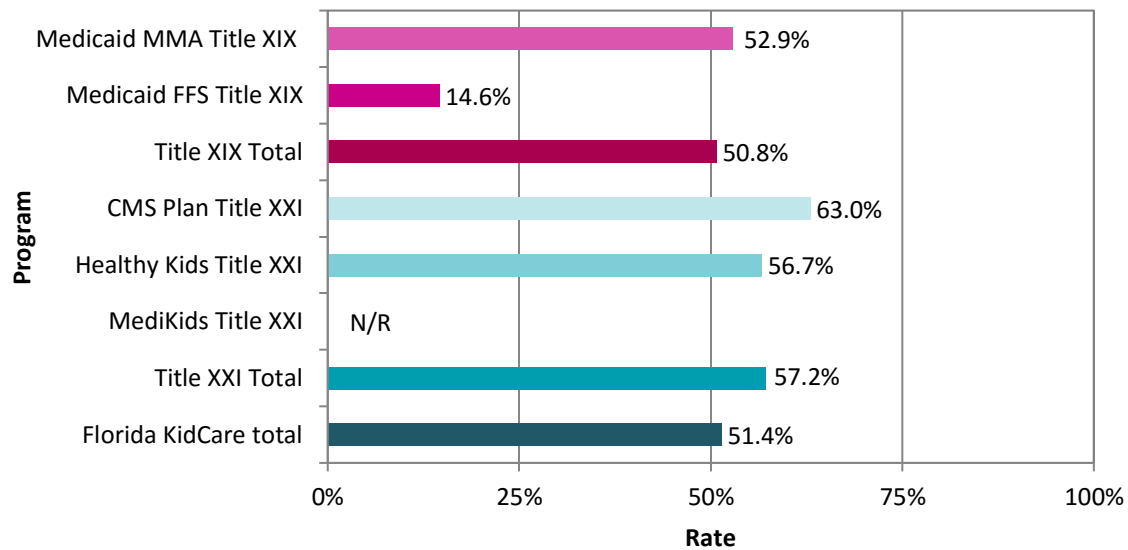
Adolescent Well-Care Visits (AWC)

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 CY 2015. The Florida Healthy Kids rate includes enrollees 12 to 18 years of age; the MMA (including CMS Plan Title XIX) rate includes enrollees 12 to 21 years of age. This HEDIS® measure requires visits with a primary care practitioner or OB/GYN practitioner. For this measure, enrollees must have continuous enrollment during the measurement year with no more than one gap in enrollment of up to 45 days during the continuous enrollment period.

Figure 89 and **Figure 90** present the program results and benchmark percentile ranges, respectively, in CY 2015.

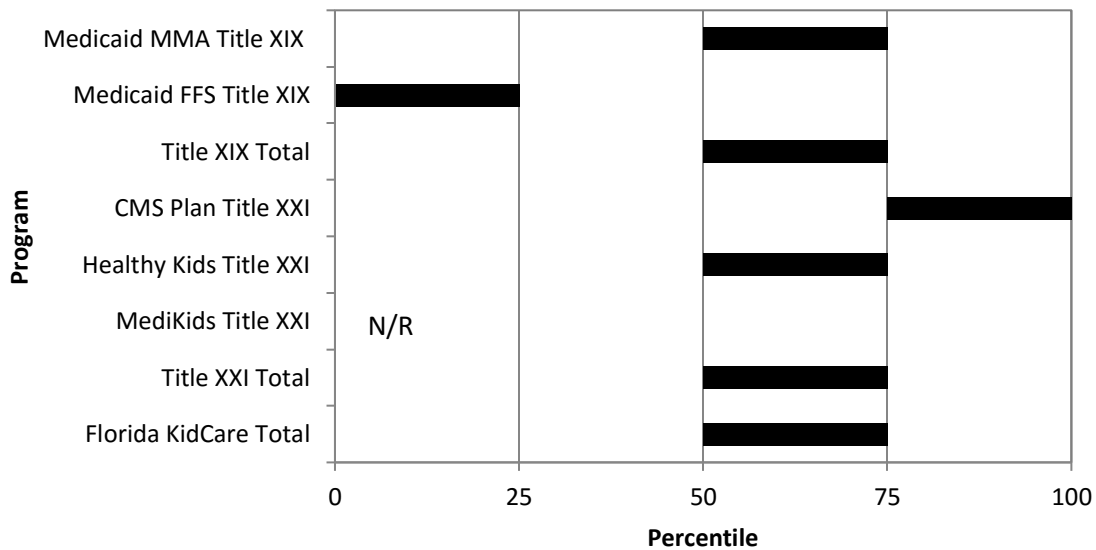
Figure 91, Figure 93, and Figure 92, Figure 94 present the plan results and benchmark percentile ranges, respectively, in CY 2015.

Figure 89. Program Results for HEDIS® Adolescent Well-Care Visits (AWC), CY 2015



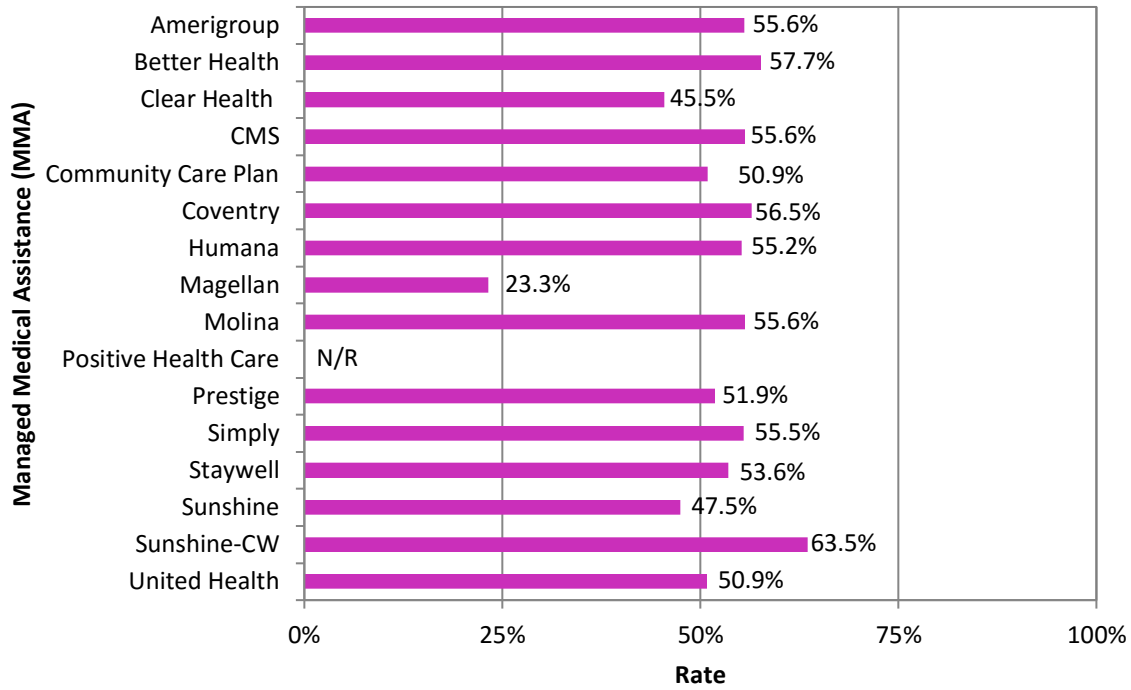
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 90. National Benchmarks for HEDIS® Adolescent Well-Care Visits (AWC), CY 2015



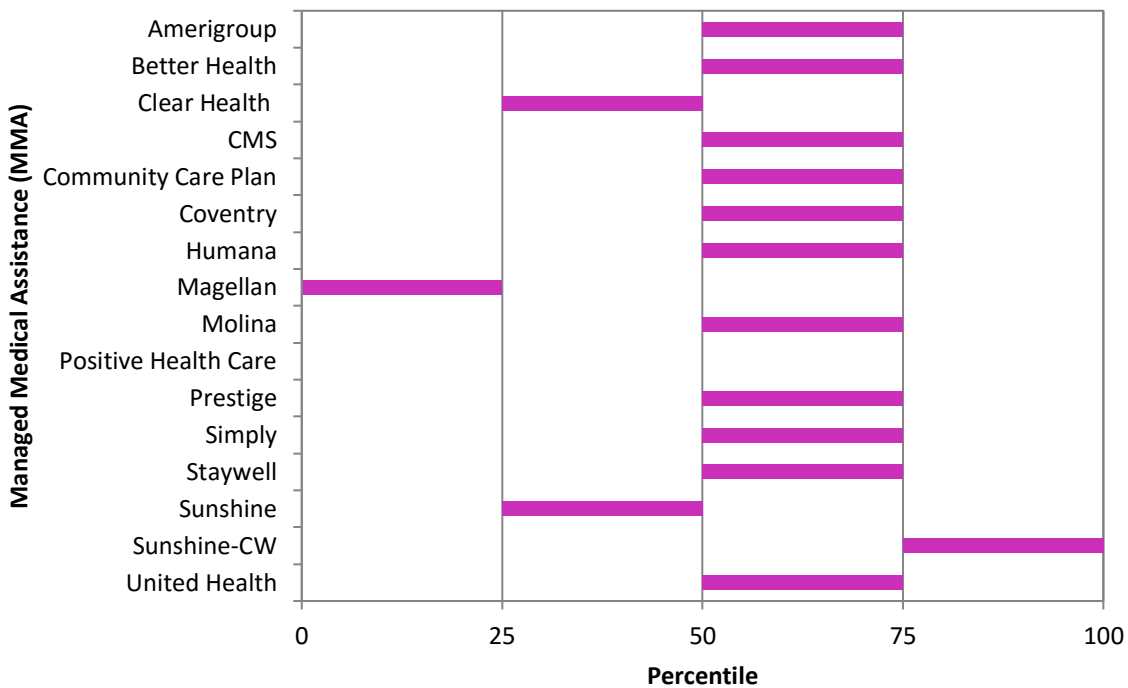
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 91. Medicaid MMA Plan Results for HEDIS® Adolescent Well-Care Visits (AWC), CY 2015



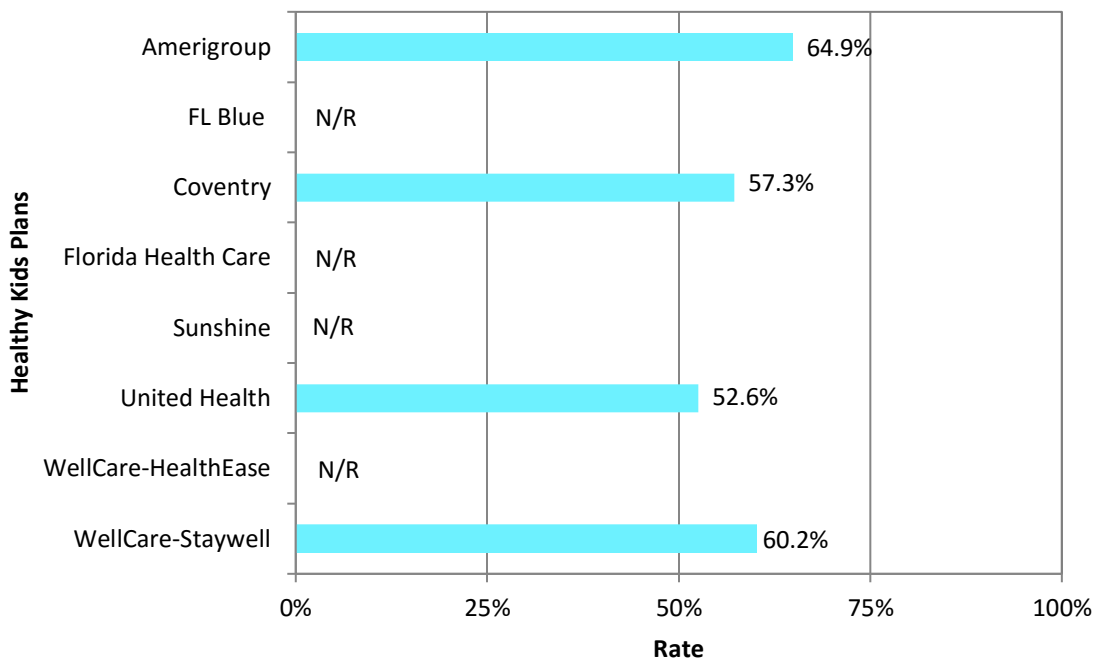
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 92. National Benchmarks for HEDIS® Adolescent Well-Care Visits (AWC), CY 2015



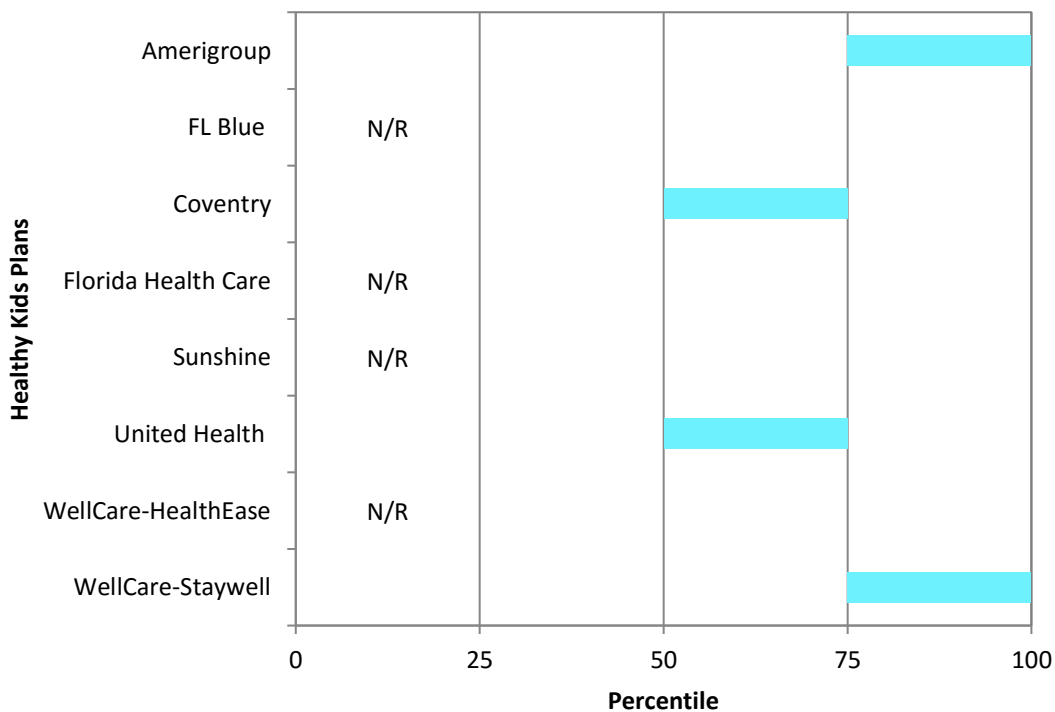
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 93. Healthy Kids Plan Results for HEDIS® Adolescent Well-Care Visits (AWC), CY 2015



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

Figure 94. Healthy Kids National Benchmarks for HEDIS® Adolescent Well-Care Visits (AWC), CY 2015



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

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.⁹ 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 PPC indicators measure the percentage of enrollees who had a live birth between November 6th, 2014, and November 5th, 2015 who received prenatal care visits, and, for the FPC measure only, adjusted for the month of pregnancy at time of enrollment (if not enrolled at conception) and gestational age. Two measures are included: **Frequency of ongoing prenatal care** is measured as the percentage of deliveries that had 81 percent or more of expected visits. **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. For frequency of visits, this evaluation reports on the percentage of KidCare enrollees that are compliant with 61-80% and 81% or more of recommended visits.

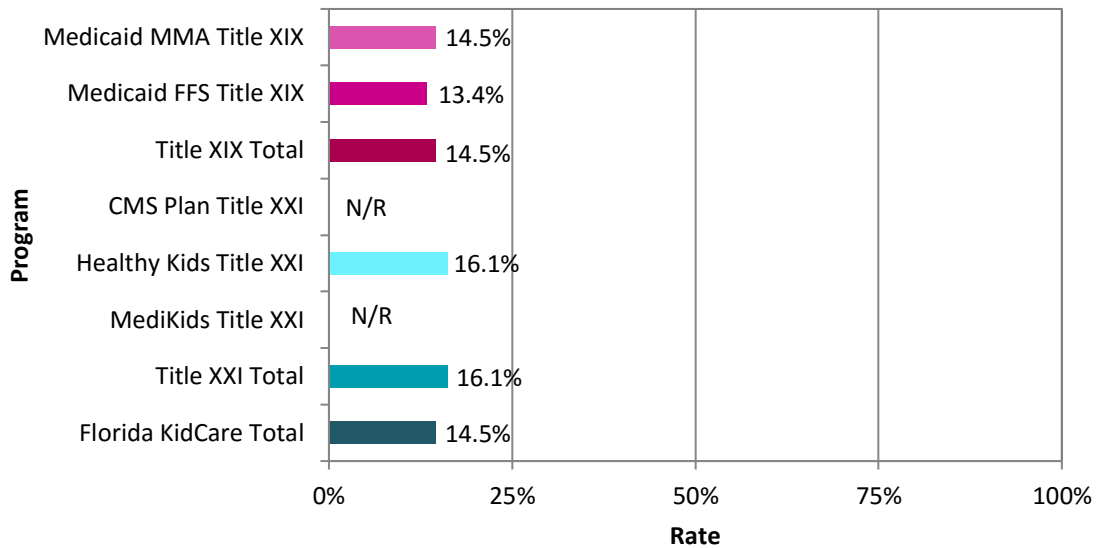
The samples used for the national benchmarks include both children and adults. For all programs except Medicaid MMA, the KidCare samples include only children through age 18 for Title XXI and age 21 for Title XIX. Thus, caution should be used when comparing the FPC and PPC rates of the Florida KidCare programs to the national benchmarks.

Figure 95, Figure 97, Figure 101, Figure 96, Figure 98, Figure 102 present the program results and benchmark percentile ranges, respectively, in CY 2015.

Figure 99, Figure 103, Figure 105 and Figure 100, Figure 104, Figure 106 present the plan results and benchmark percentile ranges, respectively, in CY 2015.

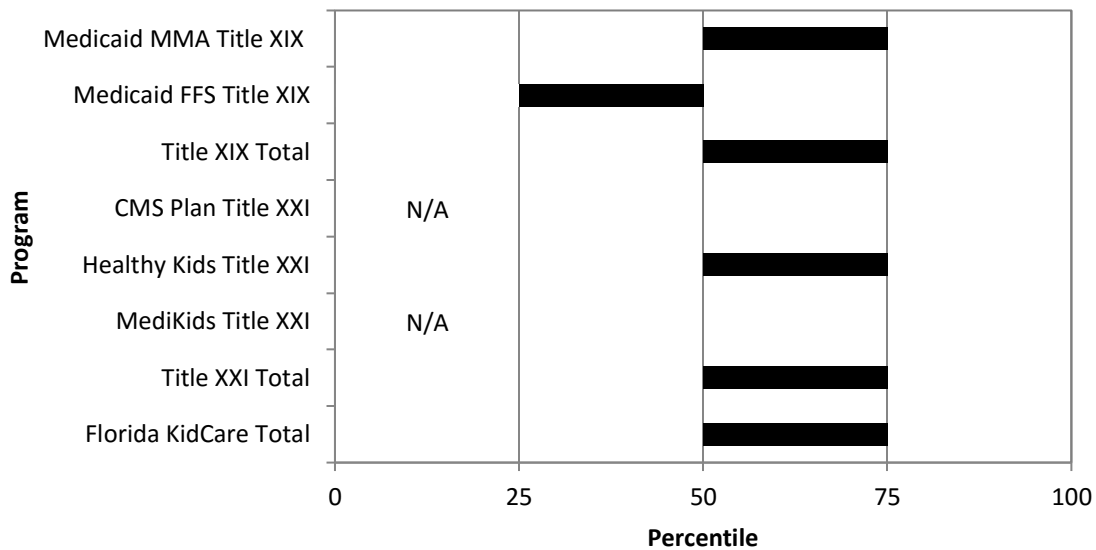
⁹ National Institute of Child Health and Human Development. Preconception Care and Prenatal Care: Overview. 2013; <http://www.nichd.nih.gov/health/topics/preconceptioncare/Pages/default.aspx>.

Figure 95. Program Results for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 61-80% of the recommended visits, CY 2015



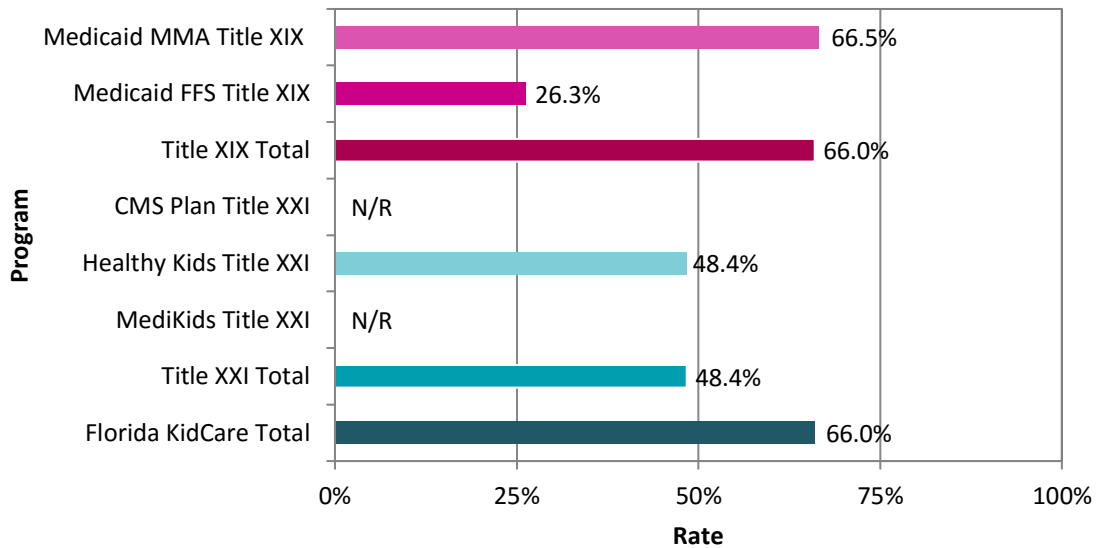
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 96. National Benchmarks for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 61-80% of the recommended visits, CY 2015



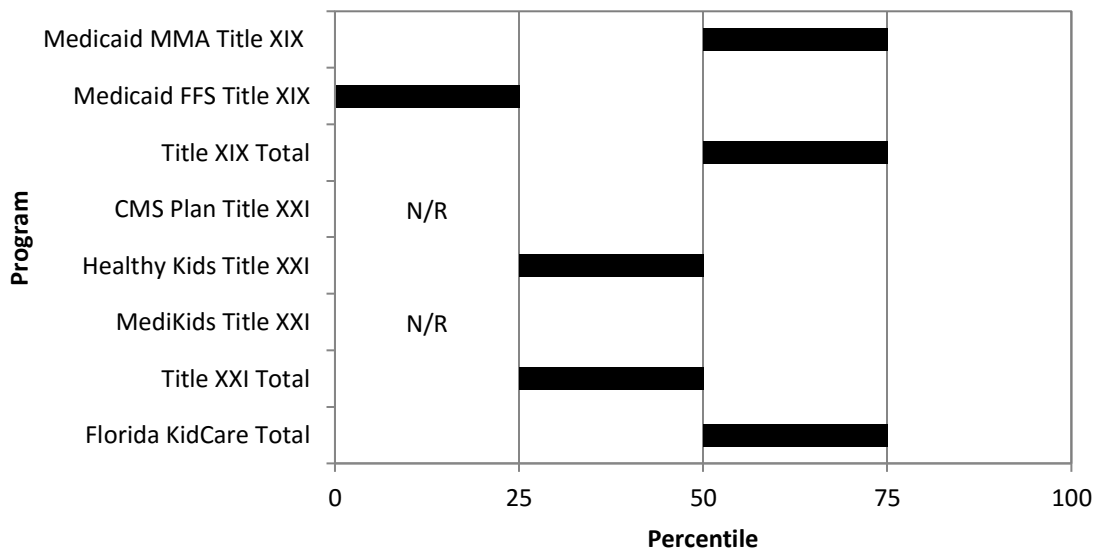
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 97. Program Results or HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 81% or more of the recommended visits, CY 2015



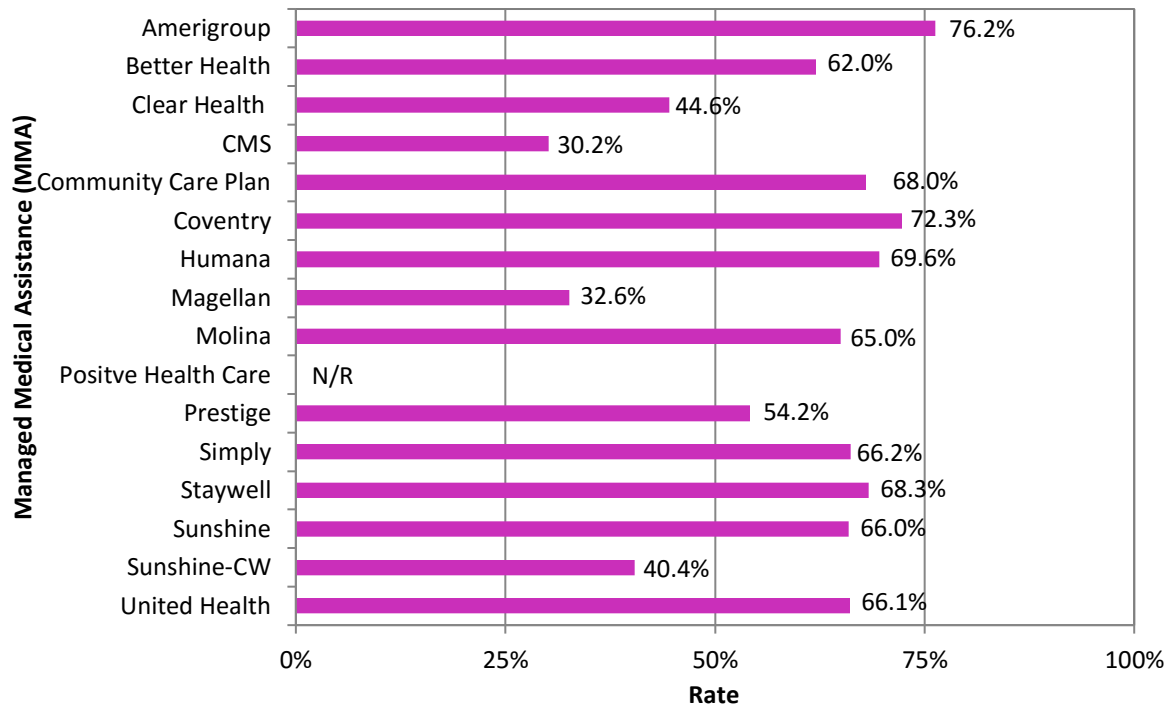
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 98. National Benchmarks for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 81% or more of the recommended visits, CY 2015



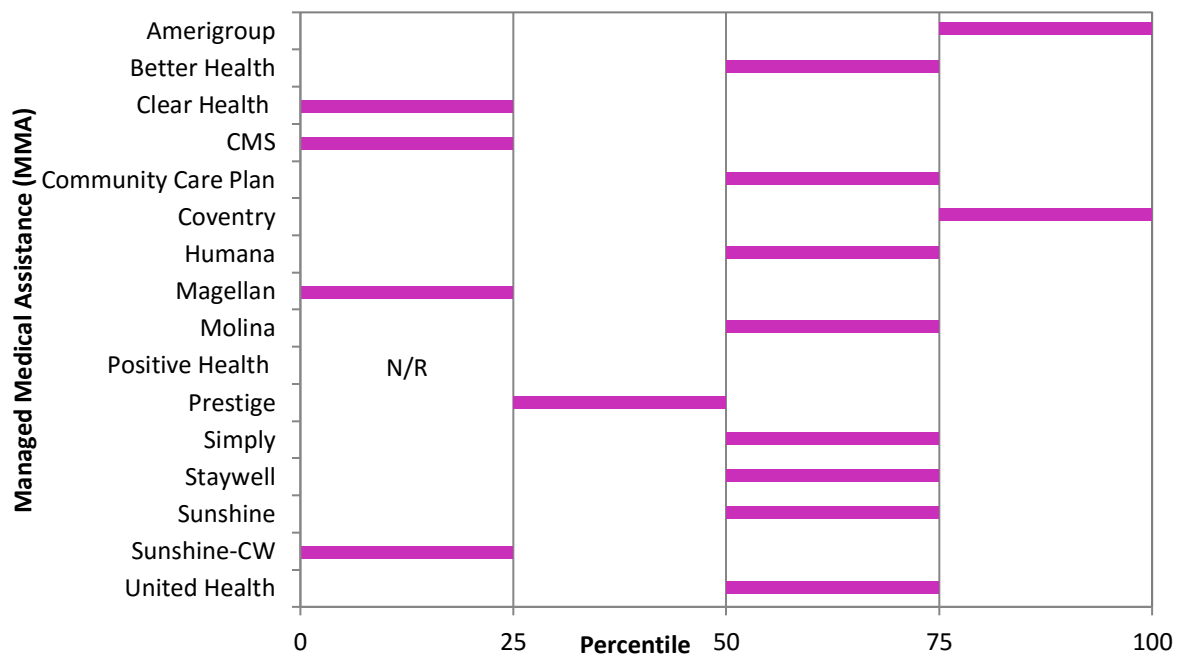
Note: All Florida Healthy Kids plans include denominators less than 30 for this measure and thus are not reported. N/R denotes programs that do not have available data or the measure does not apply

Figure 99. Medicaid MMA Plan Results for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 81% or more of the recommended visits, CY 2015



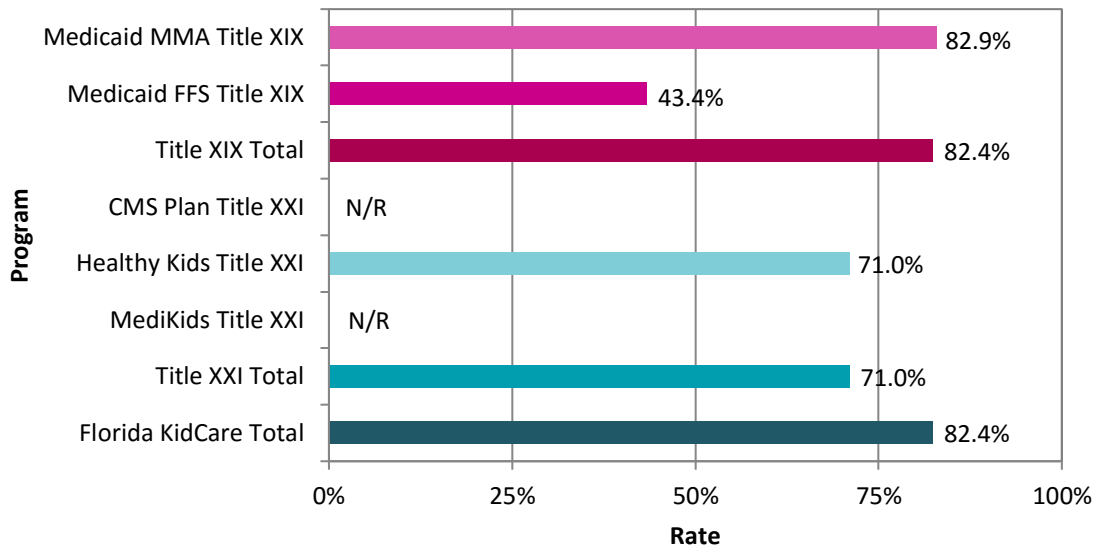
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 100. National Benchmarks for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 81% or more of the recommended visits, CY 2015



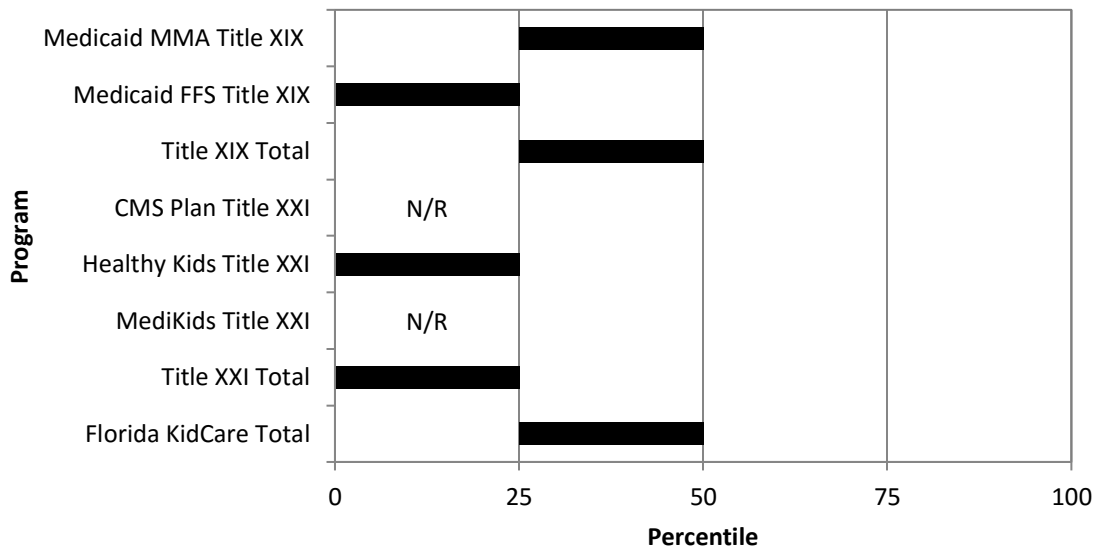
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 101. Program Results for HEDIS® Timeliness of Prenatal Care (PPC), CY 2015



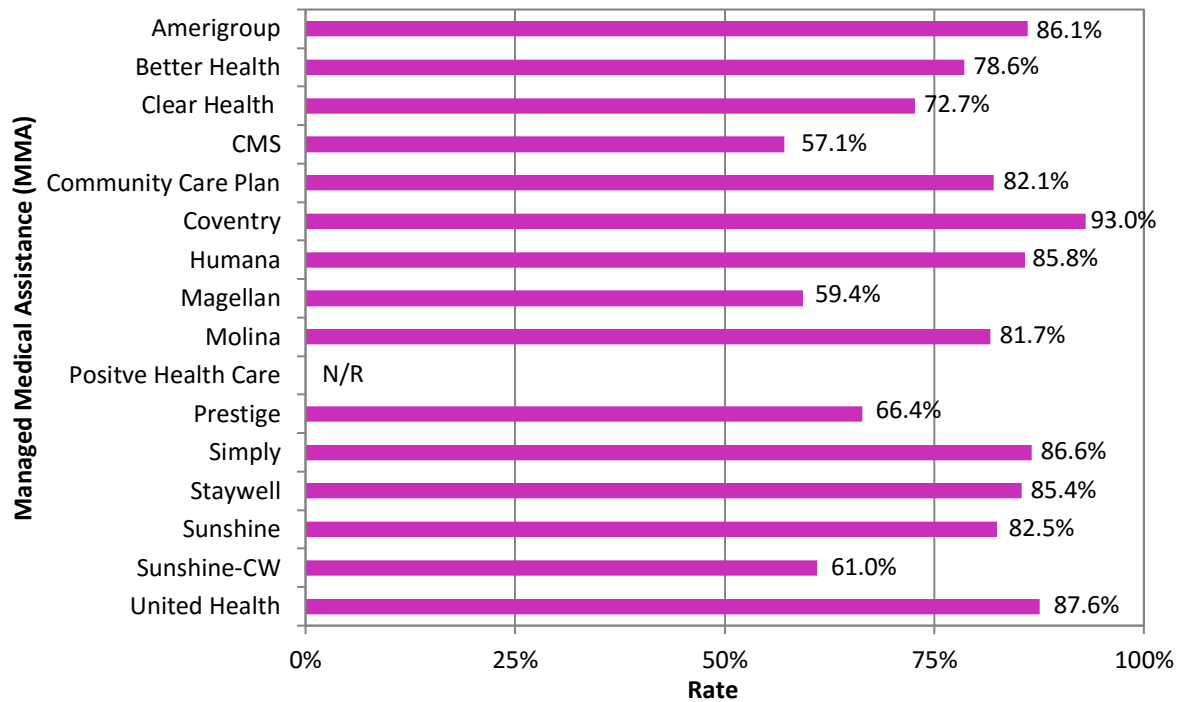
N/R denotes programs that do not have available data or the measure does not apply

Figure 102. National Benchmarks for HEDIS® Timeliness of Prenatal Care (PPC), CY 2015



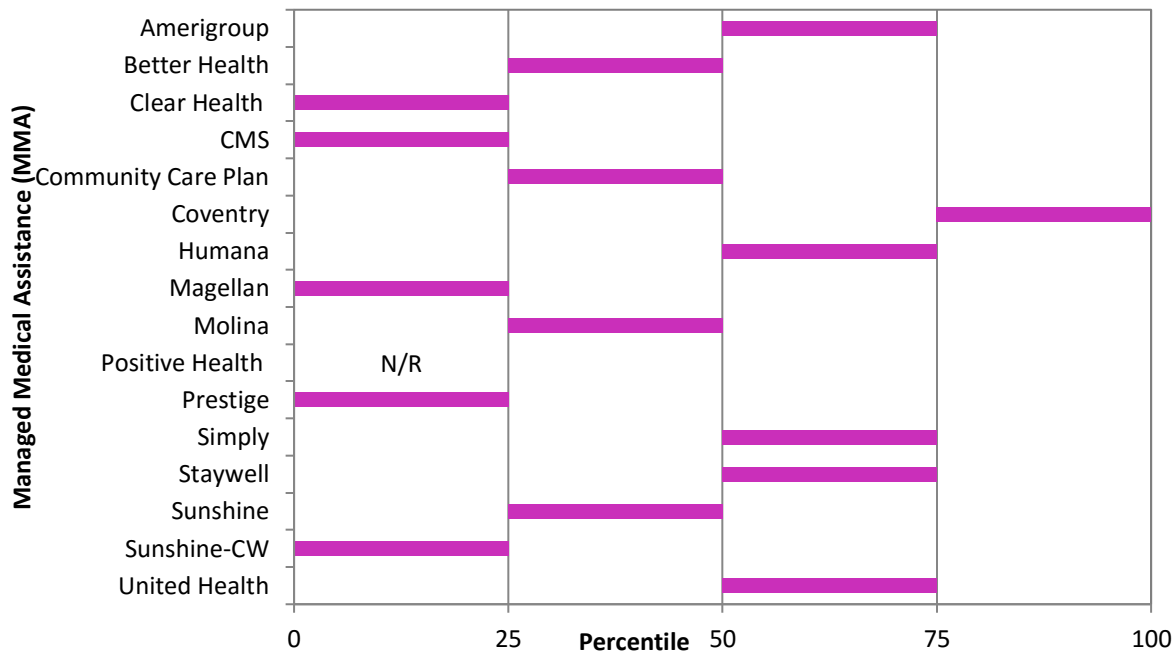
N/R denotes programs that do not have available data or the measure does not apply

Figure 103. Medicaid MMA Plan Results for HEDIS® Timeliness of Prenatal Care (PPC), CY 2015



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

Figure 104. National Benchmarks for HEDIS® Timeliness of Prenatal Care (PPC), CY 2015



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

Figure 105. Healthy Kids Plan Results for HEDIS® Timeliness of Prenatal Care (PPC), CY 2015

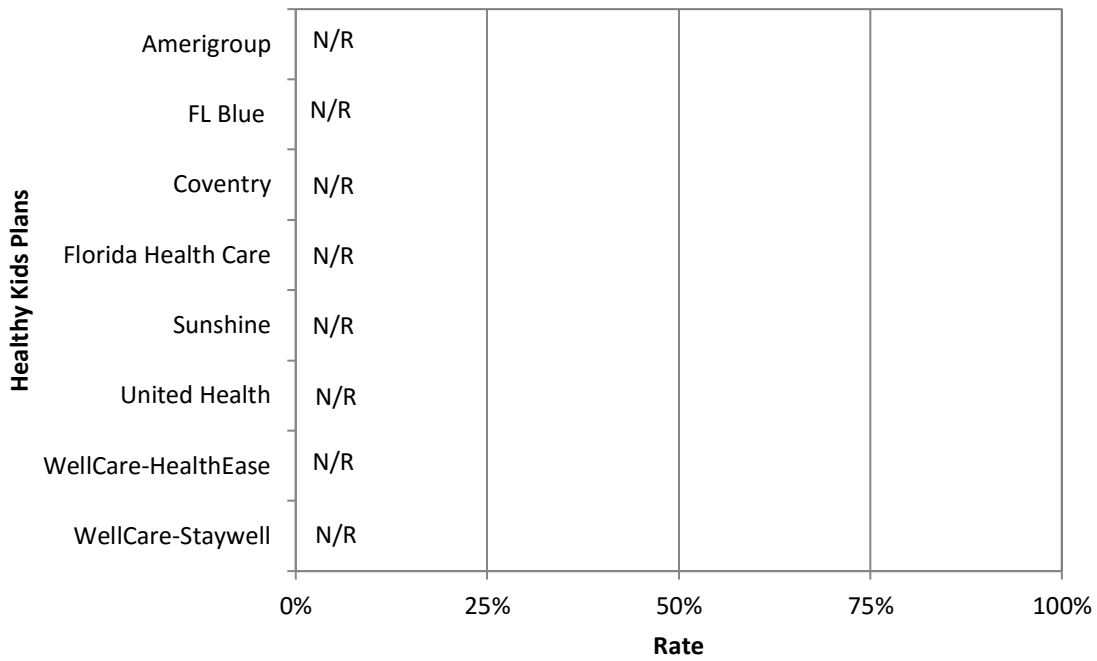
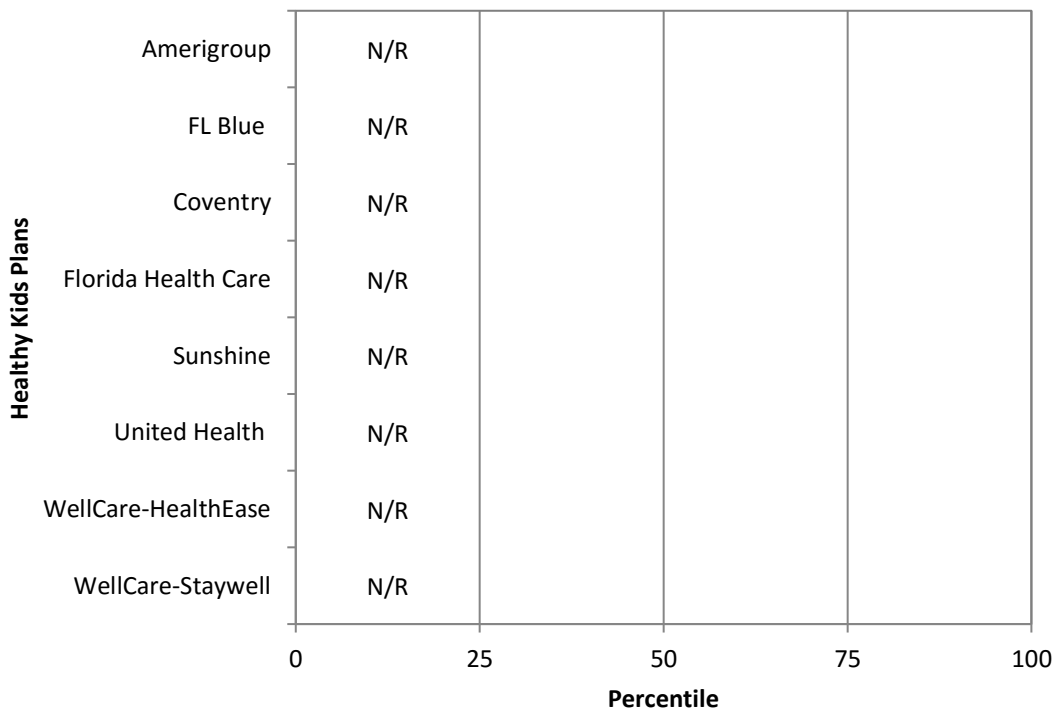


Figure 106. Healthy Kids National Benchmarks for HEDIS® Timeliness of Prenatal Care (PPC), CY 2015



Behavioral Health

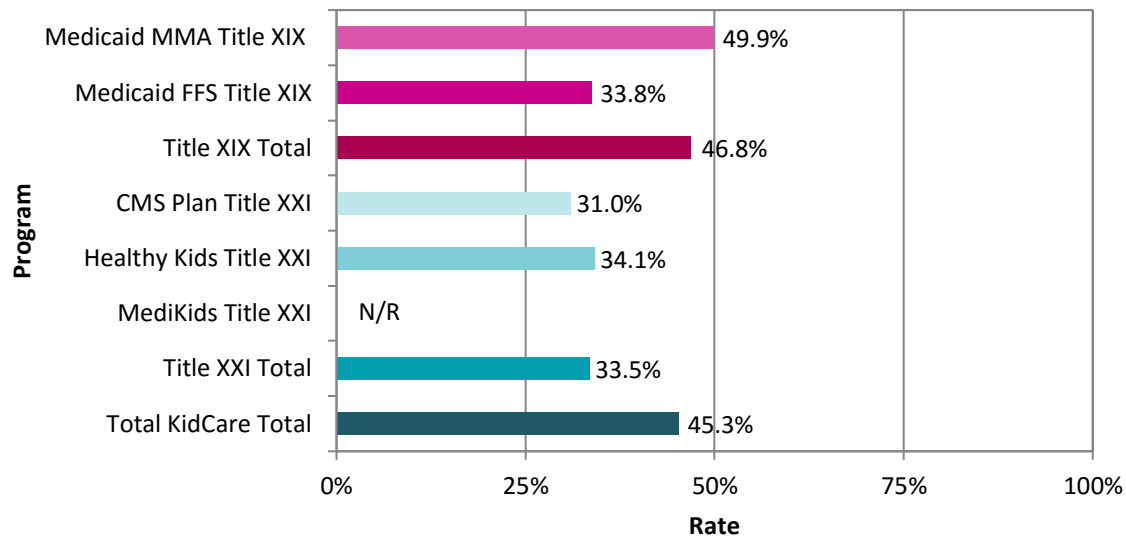
Follow-up Care for Children Prescribed ADHD Medication (ADD)

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.

Figure 107, Figure 113 and Figure 108, Figure 114 present the program results and benchmark percentile ranges, respectively, in CY 2015.

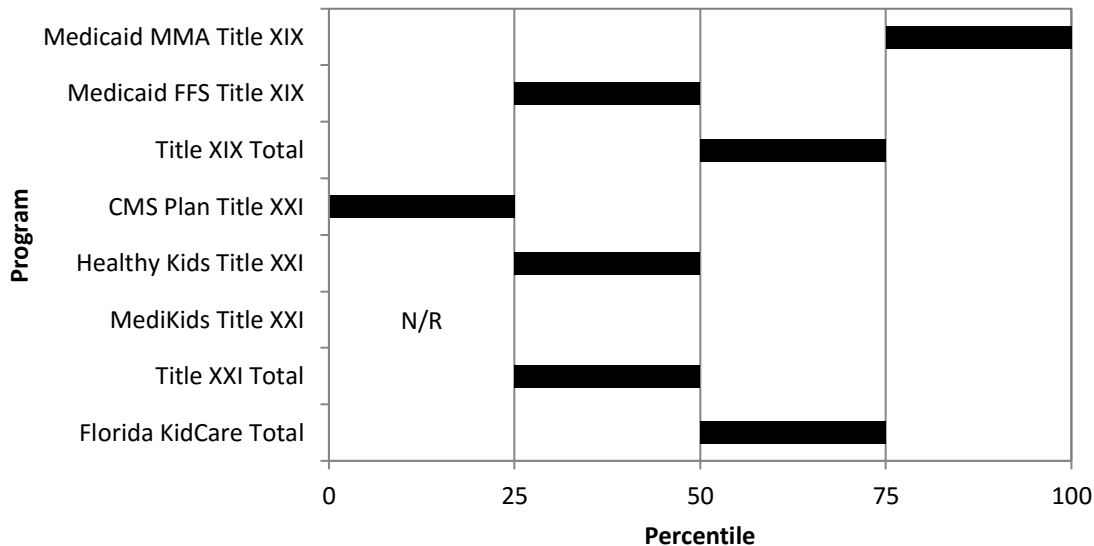
Figure 109, , Figure 111, Figure 115, Figure 117 and Figure 110, Figure 112, Figure 116, Figure 118 present the plan results and benchmark percentile ranges, respectively, in CY 2015.

Figure 107. Program Results for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2015



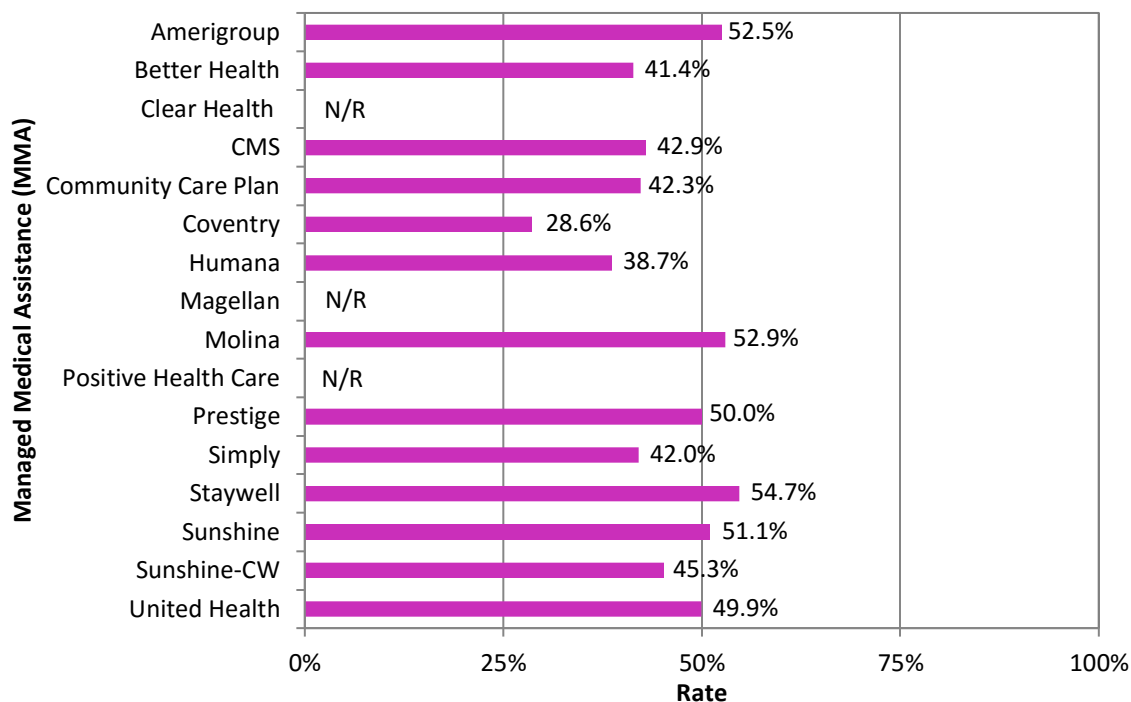
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 108. National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2015



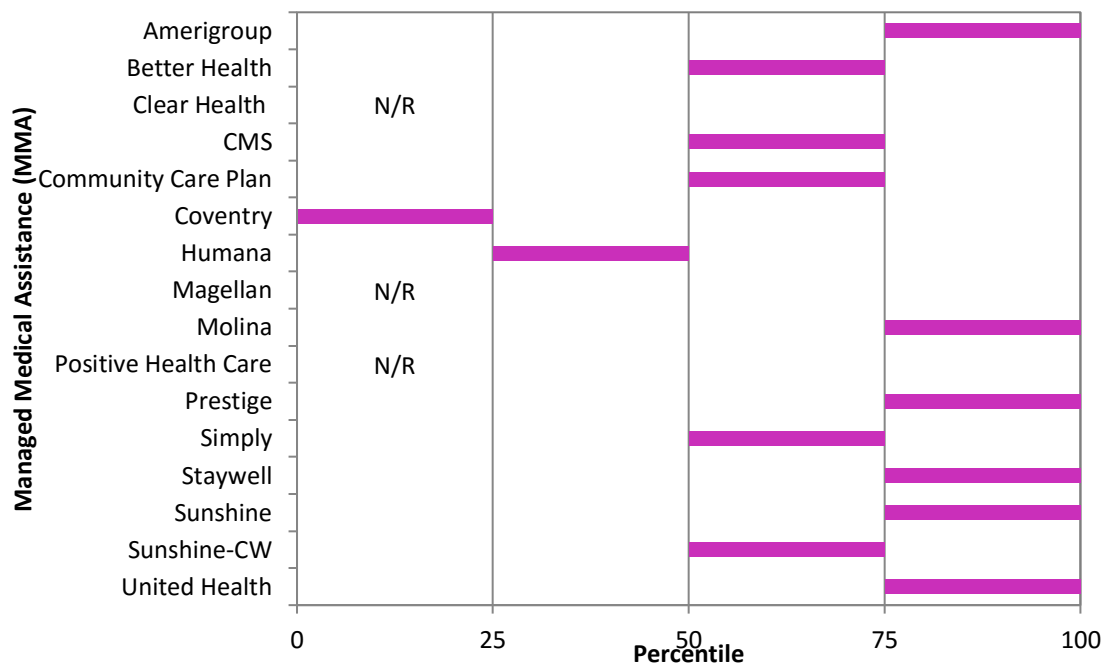
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 109. Medicaid MMA Plan Results for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2015



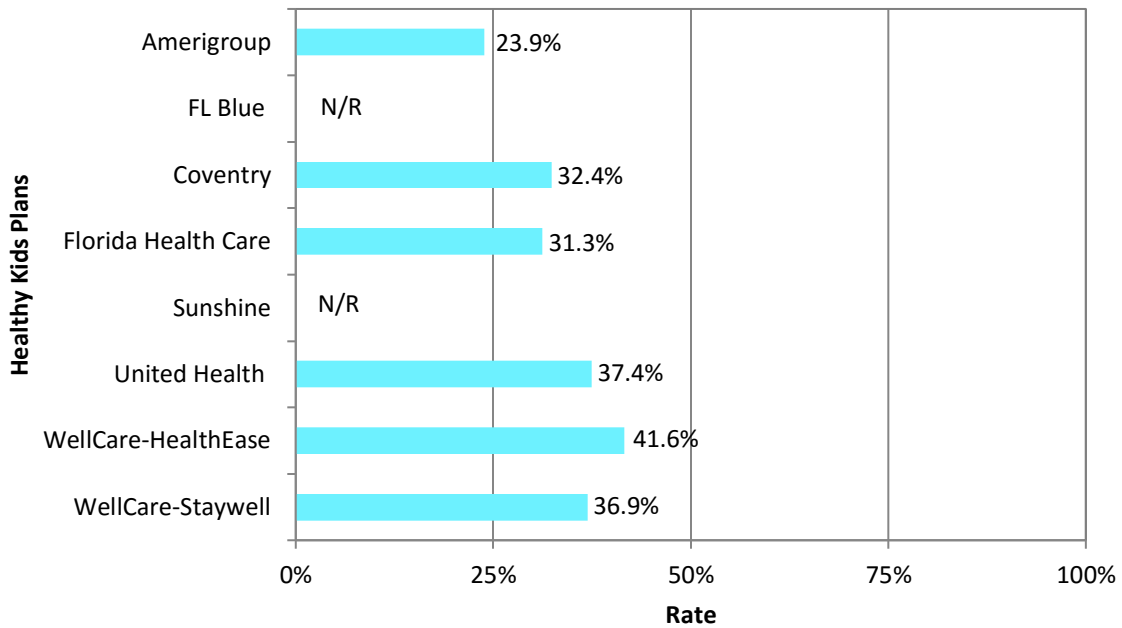
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 110. National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2015



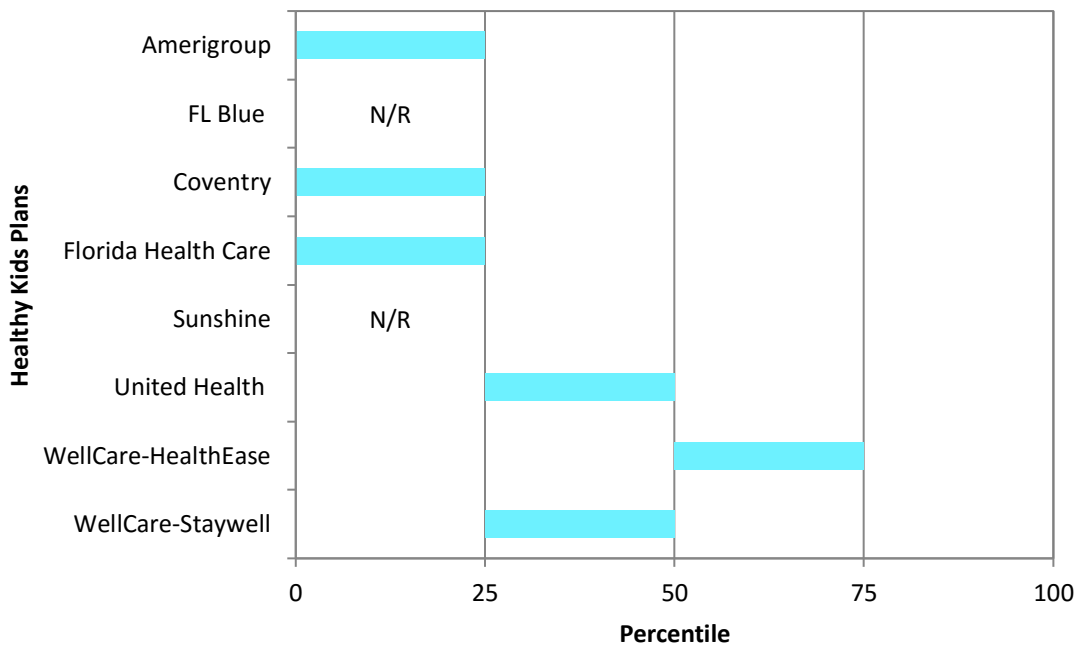
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 111. Healthy Kids Plan Results for HEDIS Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2015



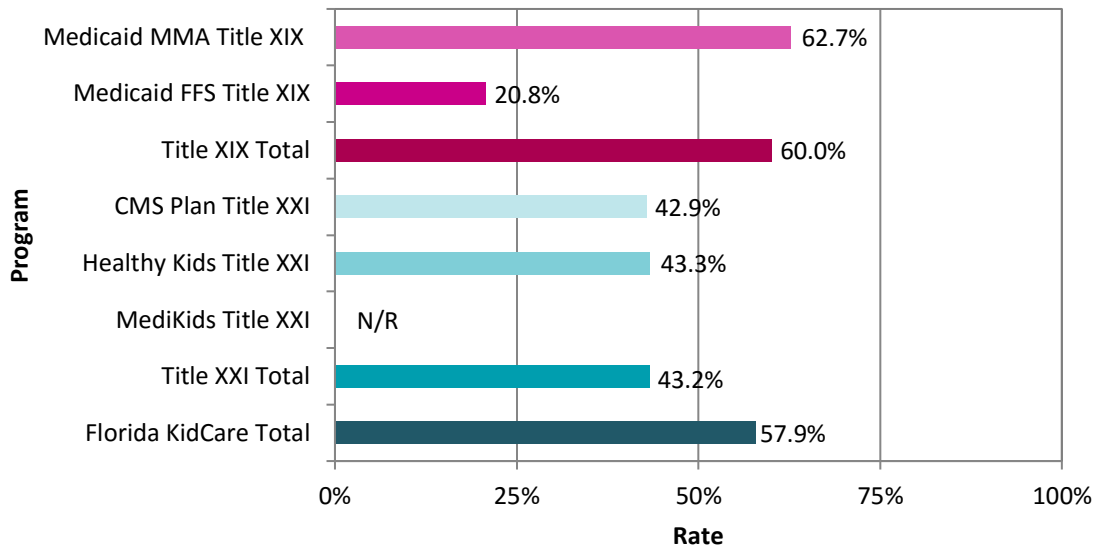
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 112. Healthy Kids National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase, CY 2015



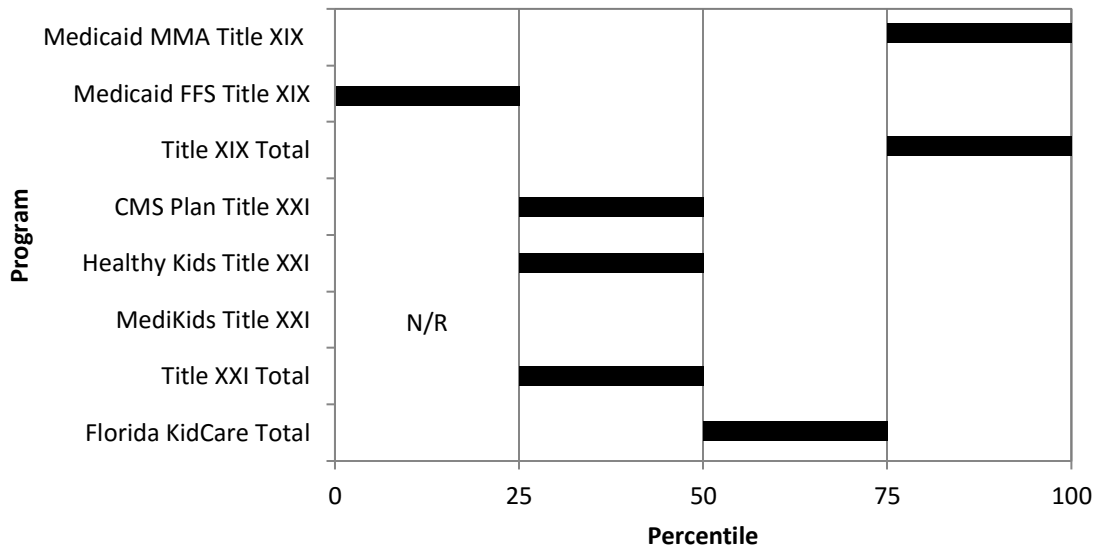
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 113. Program Results for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2015



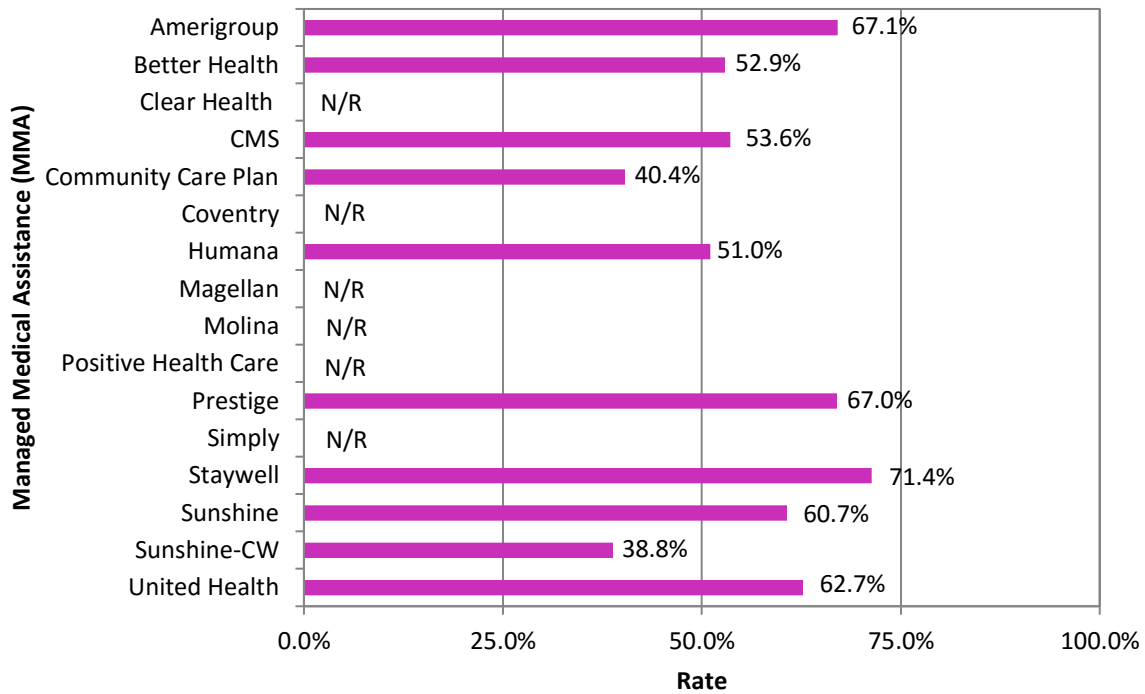
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 114. National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2015



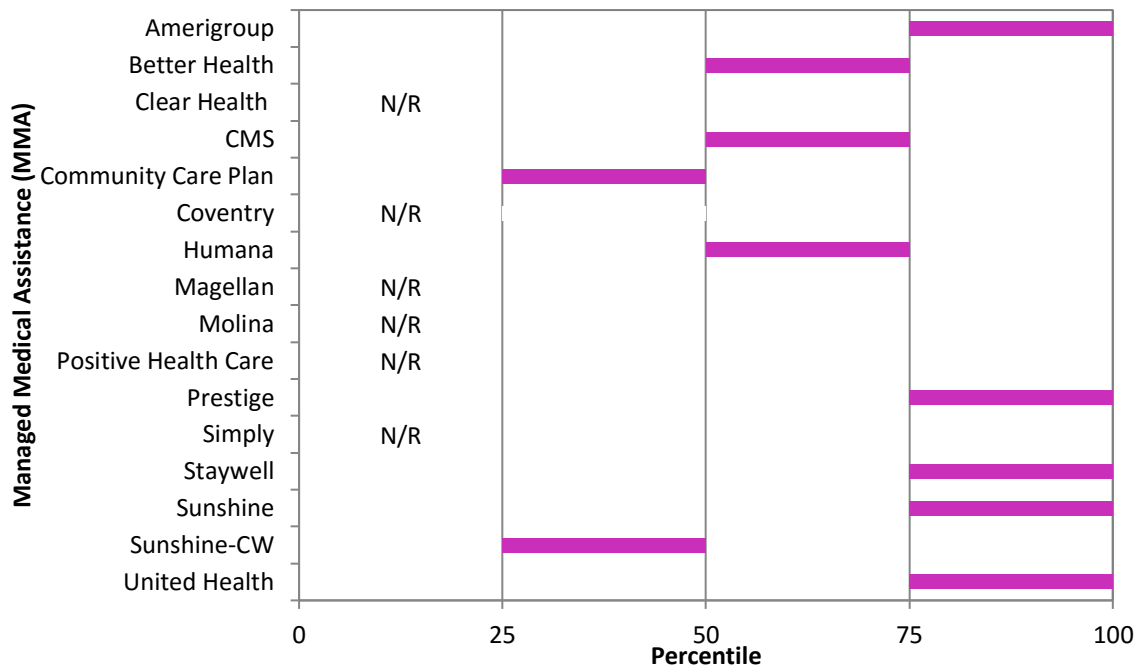
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 115. Medicaid MMA Plan Results for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2015



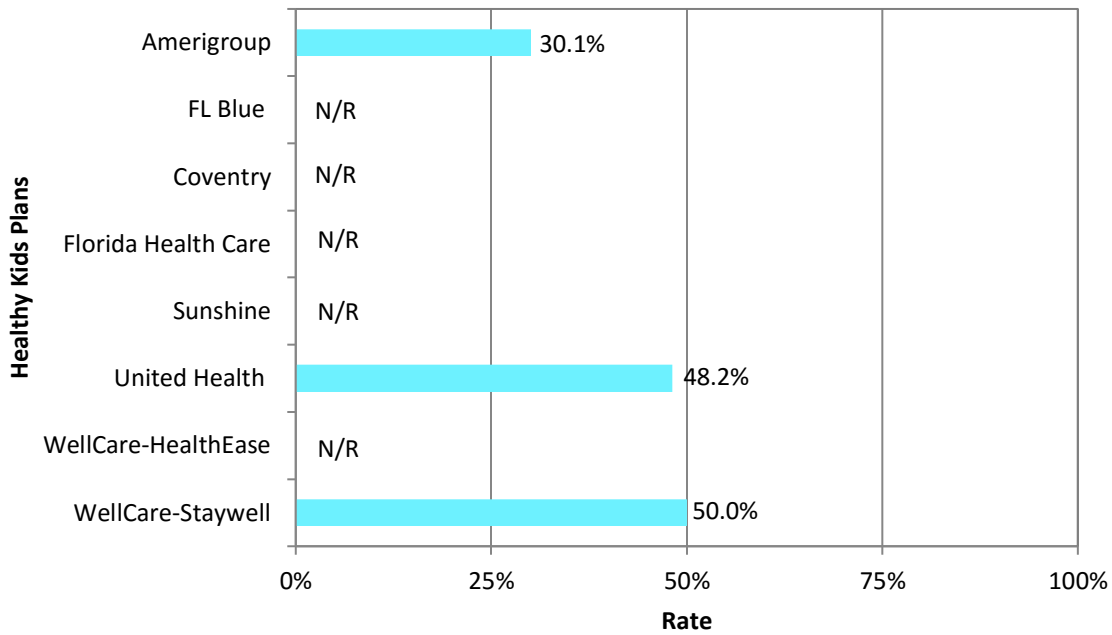
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 116. National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2015



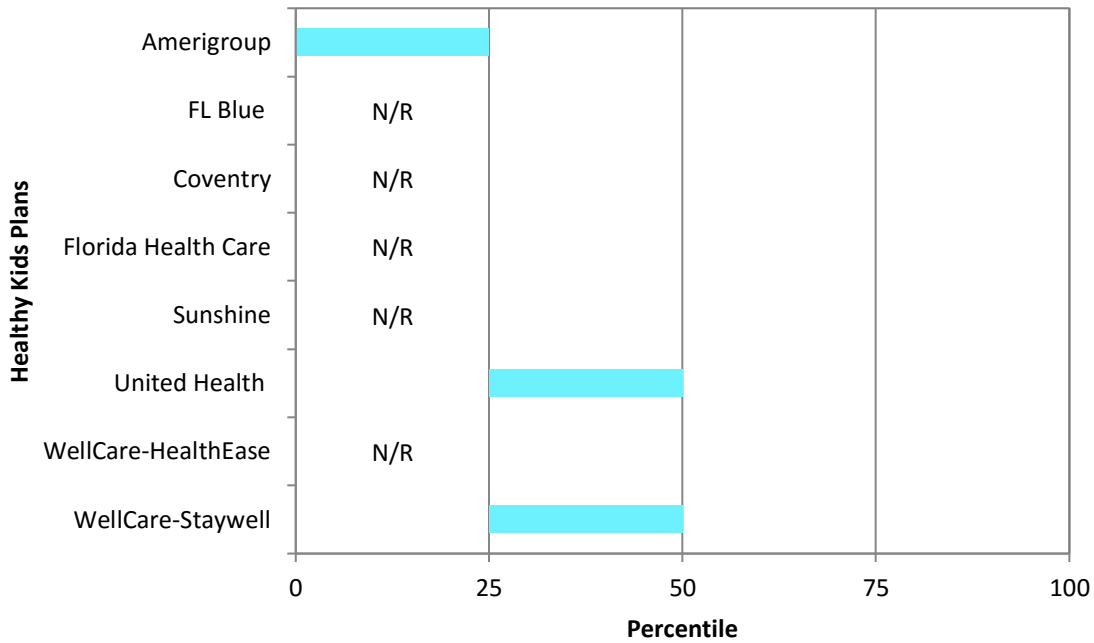
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 117. Healthy Kids Plan Results for HEDIS Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2015



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

Figure 118. Healthy Kids National Benchmarks for HEDIS® Follow-up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase, CY 2015



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

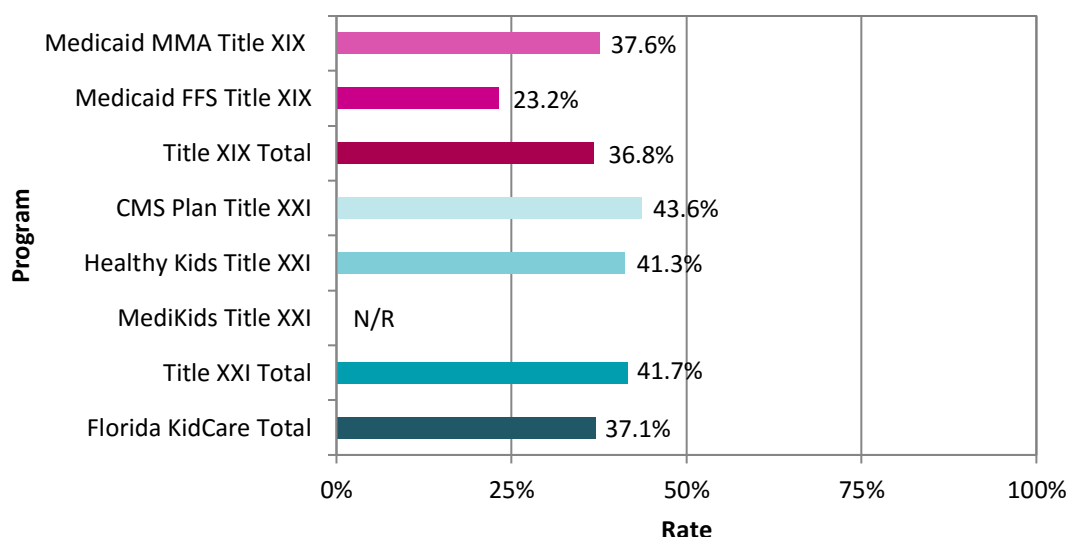
Follow-up after Hospitalization for Mental Illness (FUH)

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 discharges for members 6 to 20 years of age who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with a mental health practitioner. Two rates are reported: (1) The percentage of discharges for which the member received follow-up within 30 days of discharge, and (2) The percentage of discharges for which the member received follow-up within 7 days of discharge.

Figures 119, 125 and 120, 126 present program results and benchmark percentile ranges, respectively, in CY 2015.

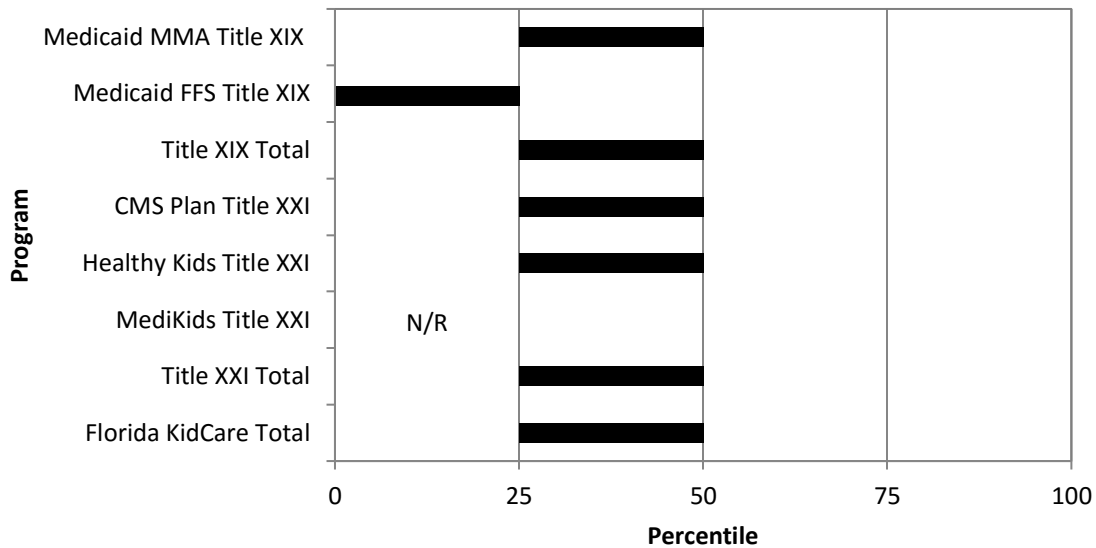
Figures 121, 123, 127, 129 and 122, 124, 128, 130 present plan results and benchmark percentile ranges, respectively, in CY 2015.

Figure 119. Program Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2015



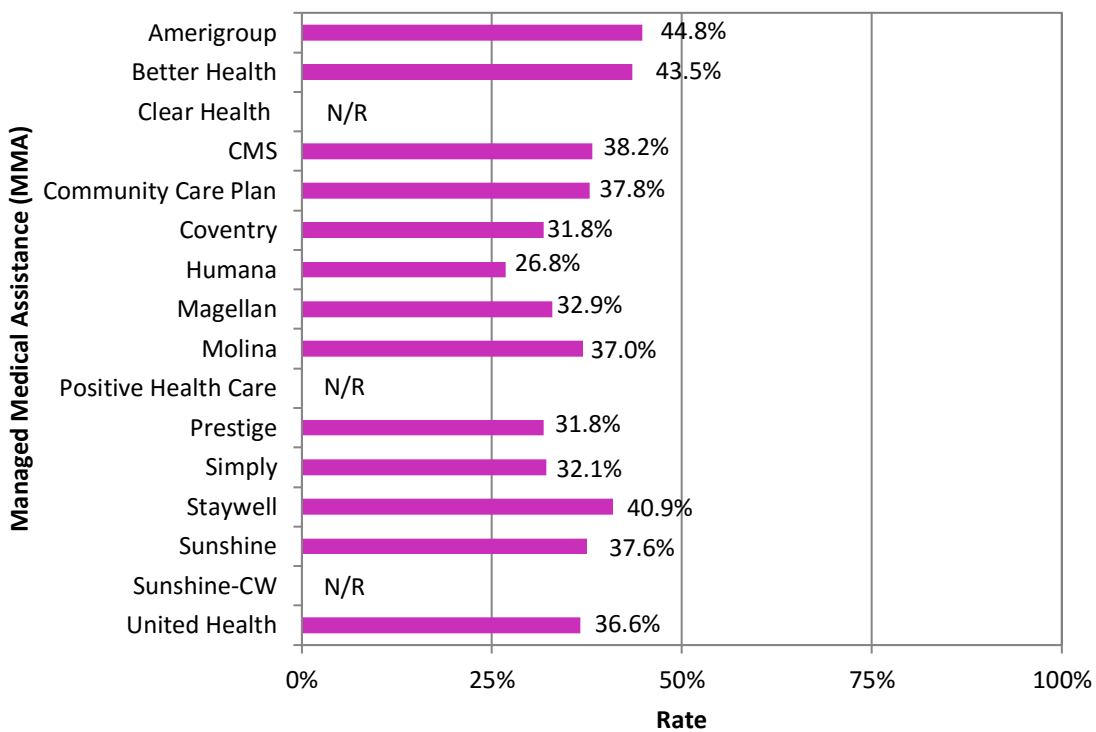
Note: N/A denotes programs that do not have available data or the measure does not apply.

Figure 120. National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2015



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

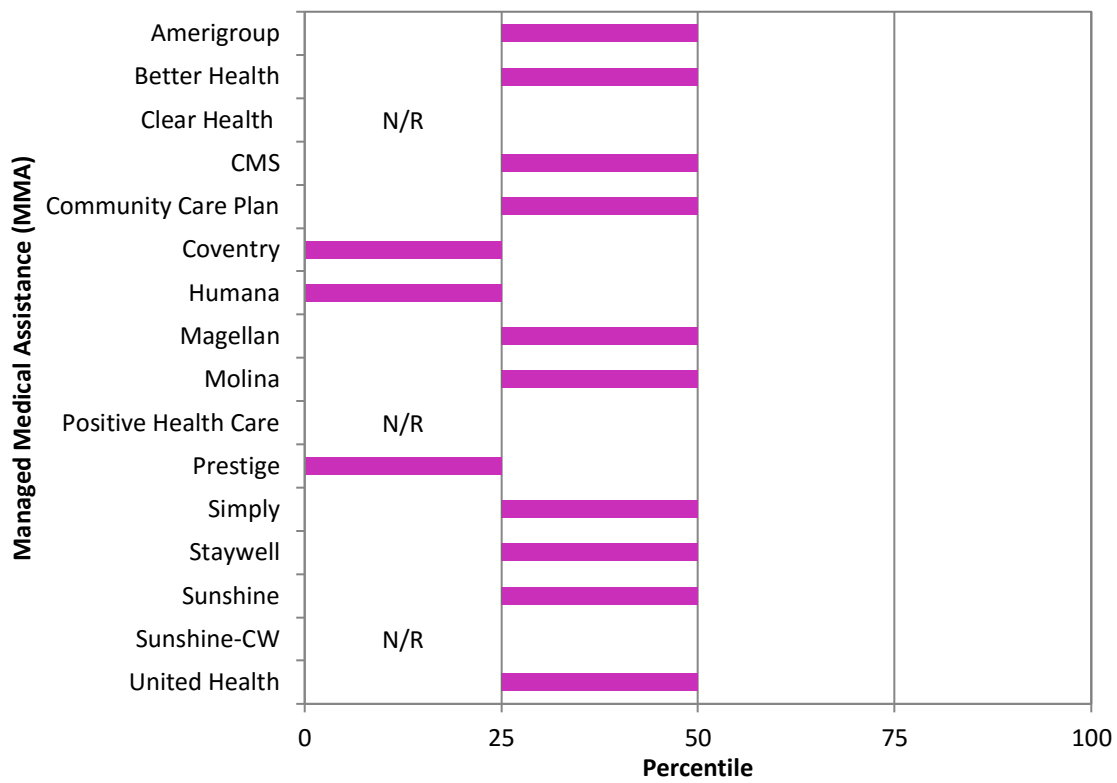
Figure 121. Medicaid MMA Plan Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2015



Note:

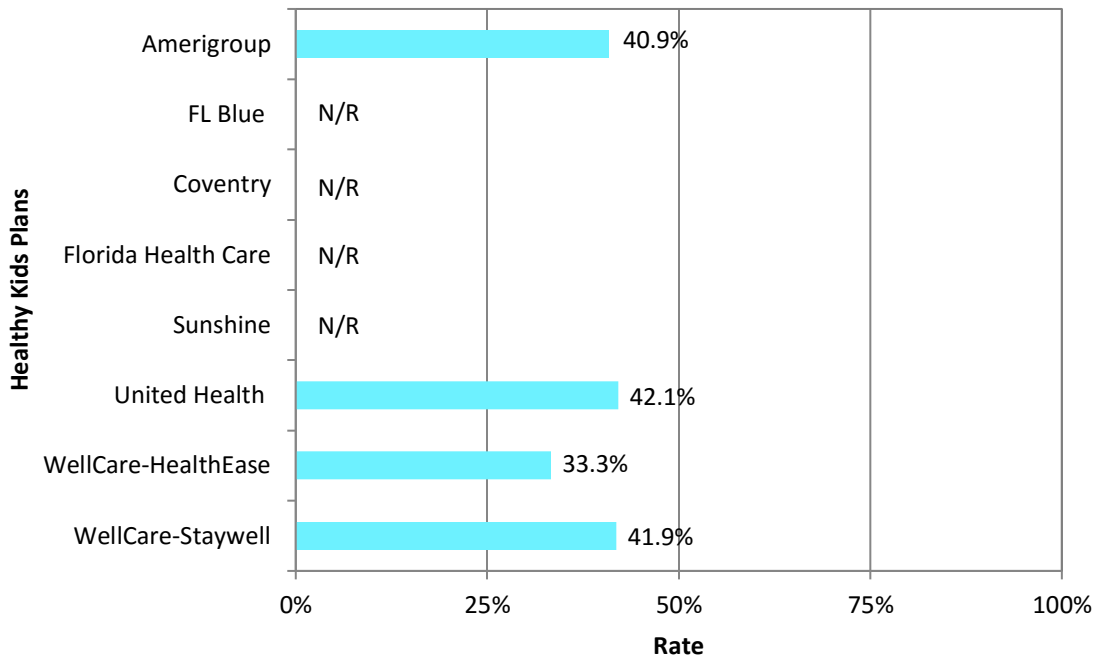
N/R denotes programs that do not have available data or the measure does not apply

Figure 122. National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2015



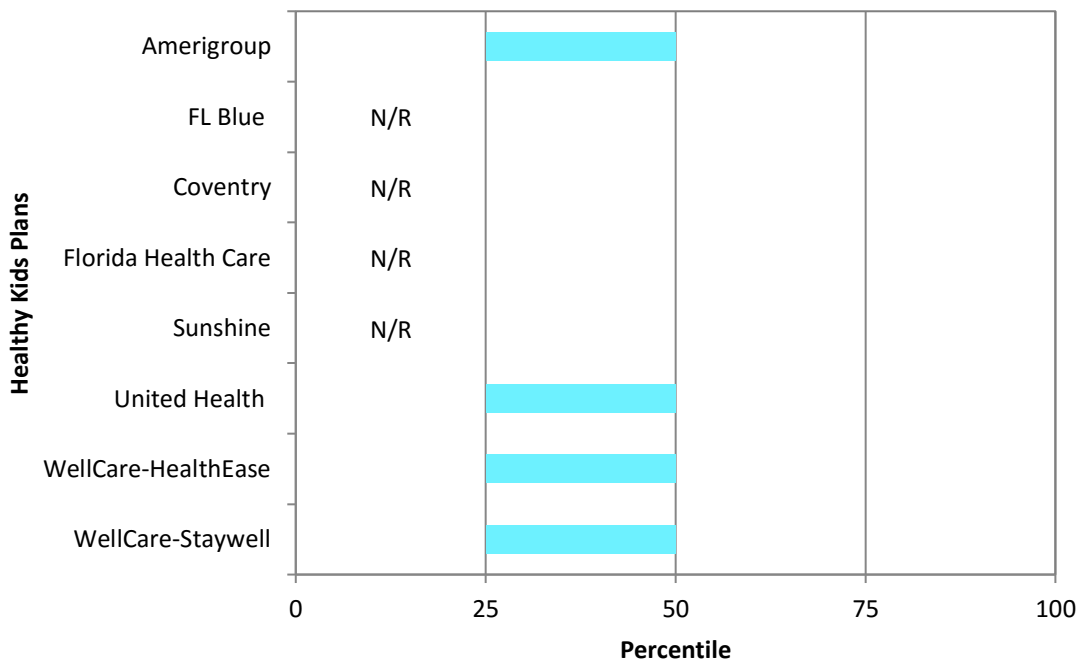
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 123. Healthy Kids Plan Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2015



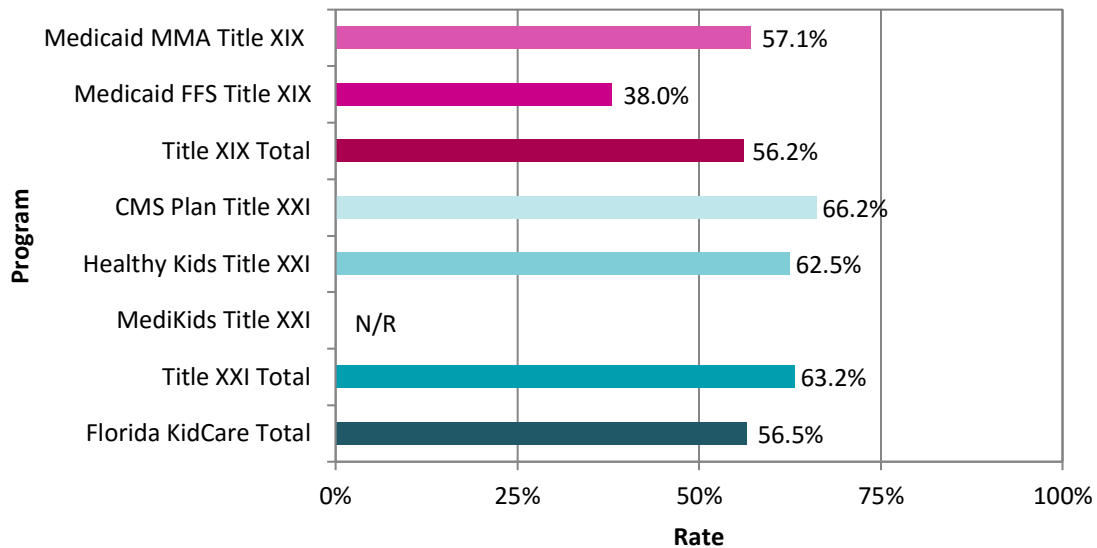
Notes: Plans with less than 30 in the denominator are labeled as N/R

Figure 124. Healthy Kids National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 7 days, CY 2015



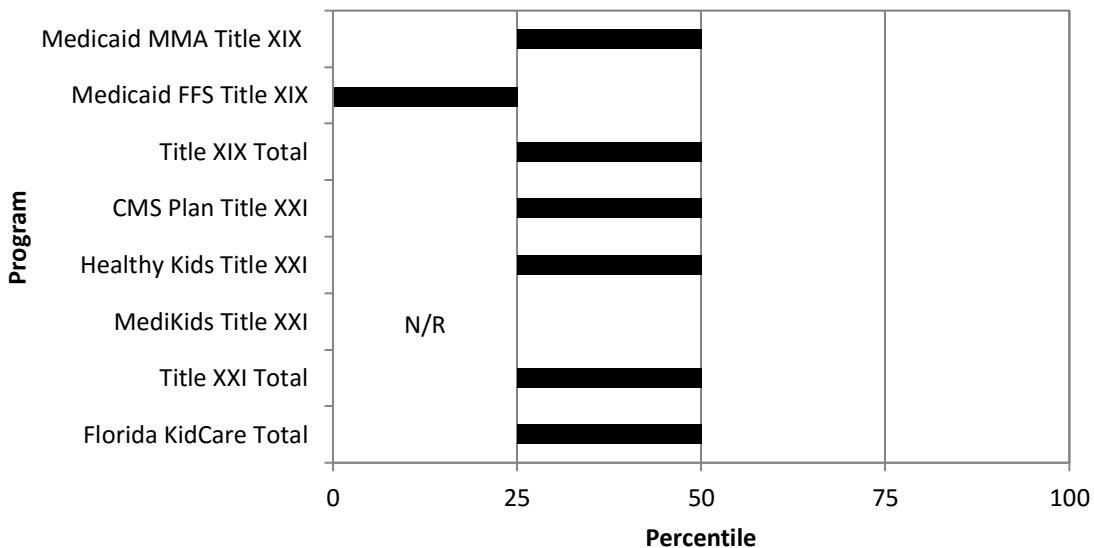
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 125. Program Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2015



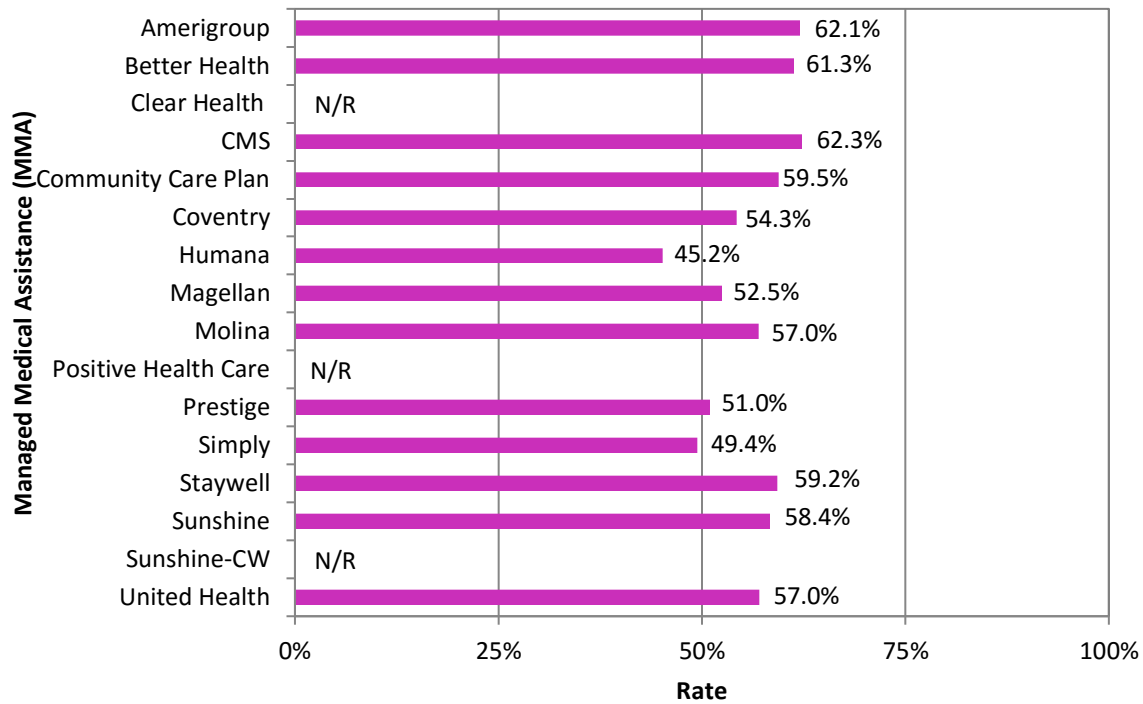
Note: N/R denotes programs that do not have available data or the measure does not apply.

Figure 126. National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2015



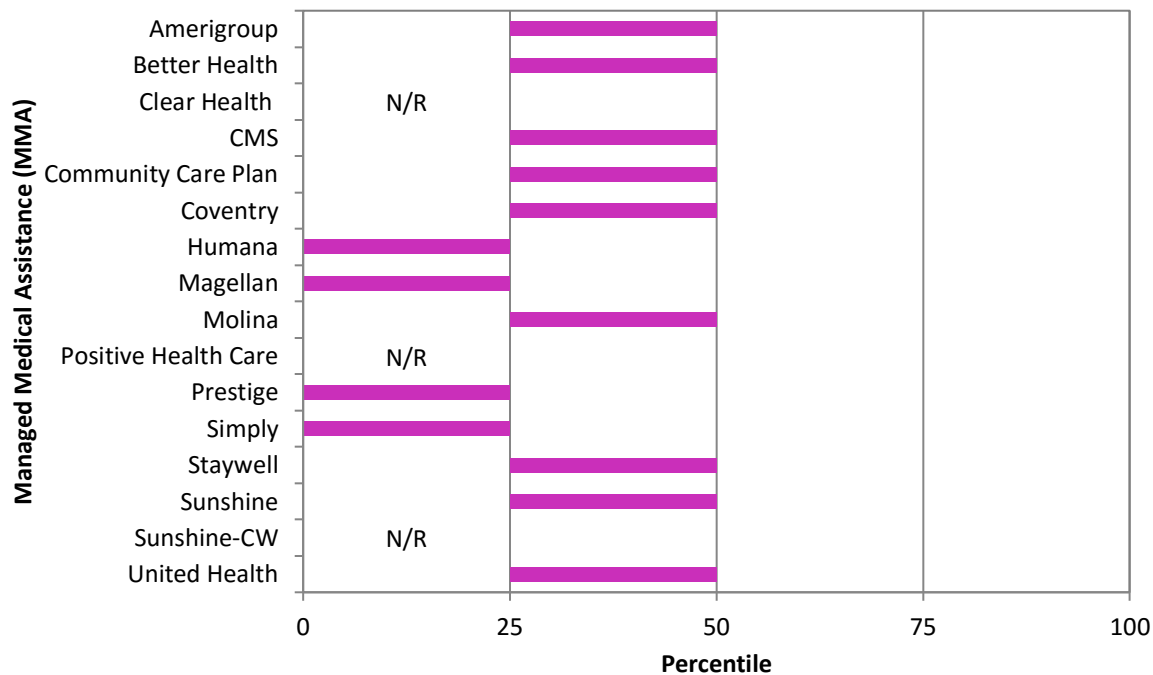
Note: N/R denotes programs that do not have available data or the measure does not apply.

Figure 127. Medicaid MMA Plan Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2015



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

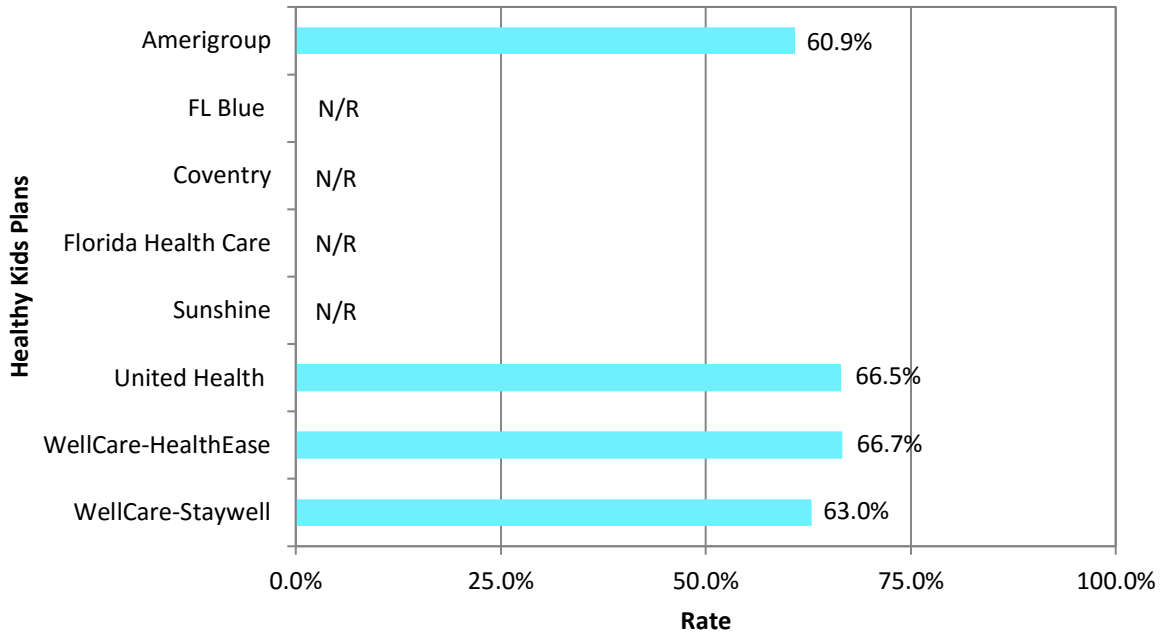
Figure 128. National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2015



Note:

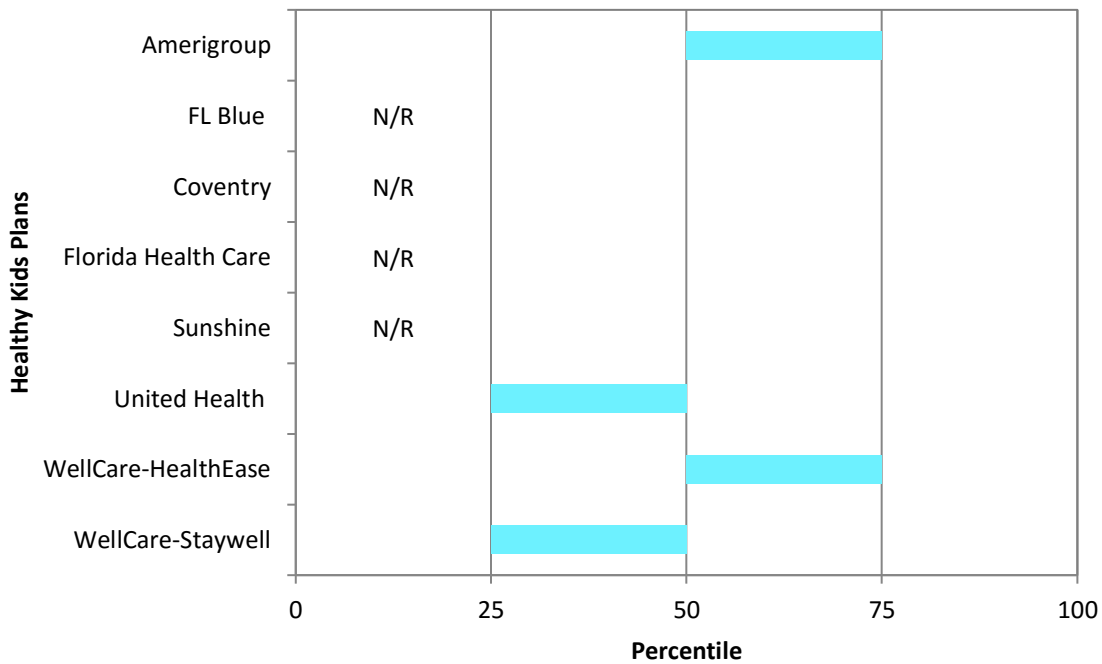
N/R denotes programs that do not have available data or the measure does not apply.

Figure 129. Healthy Kids Plan Results for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2015



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

Figure 130. Healthy Kids National Benchmarks for HEDIS® Follow-up after Hospitalization for Mental Illness (FUH): Follow-up visits within 30 days, CY 2015



Note: 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 fat percentage for most people. BMI does not measure body fat directly, but research has shown that BMI correlates to direct measures of body fat.¹⁰ 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.¹¹

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 was classified based on body mass index (BMI) percentile for age and gender sometime in CY 2015. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile was assessed rather than an absolute BMI value. Persons excluded from this measure include those who are pregnant.

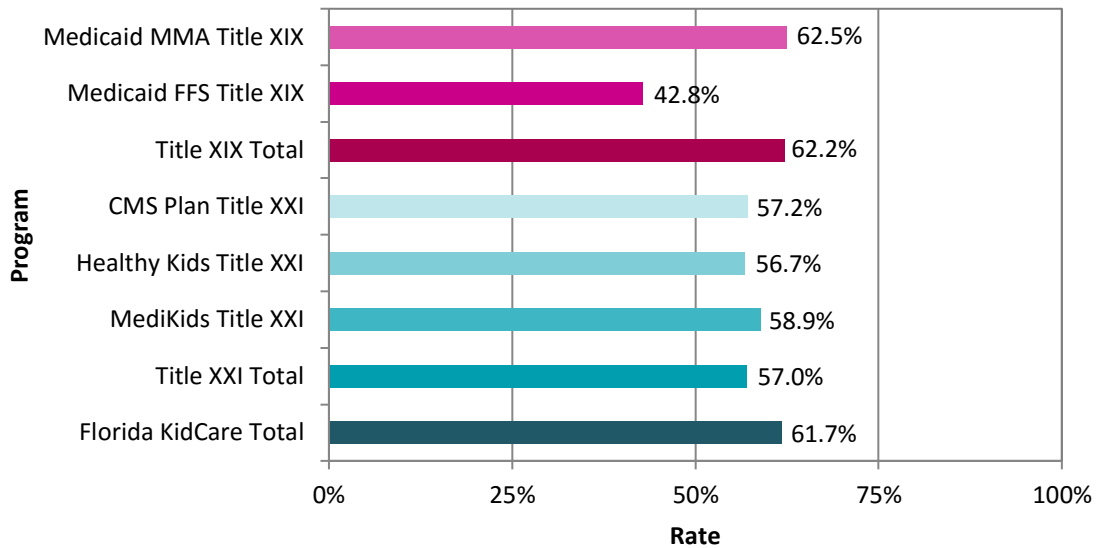
Figure 131 and Figure 132 present the program results and benchmark percentile ranges, respectively, in CY 2015.

Figure 133, Figure 134, Figure 135 and Figure 136 present the MMA Healthy Kids plan results and benchmark percentile ranges, respectively, in CY 2015.

¹⁰ Healthy Weight. 2015. Centers for Disease Control and Prevention.

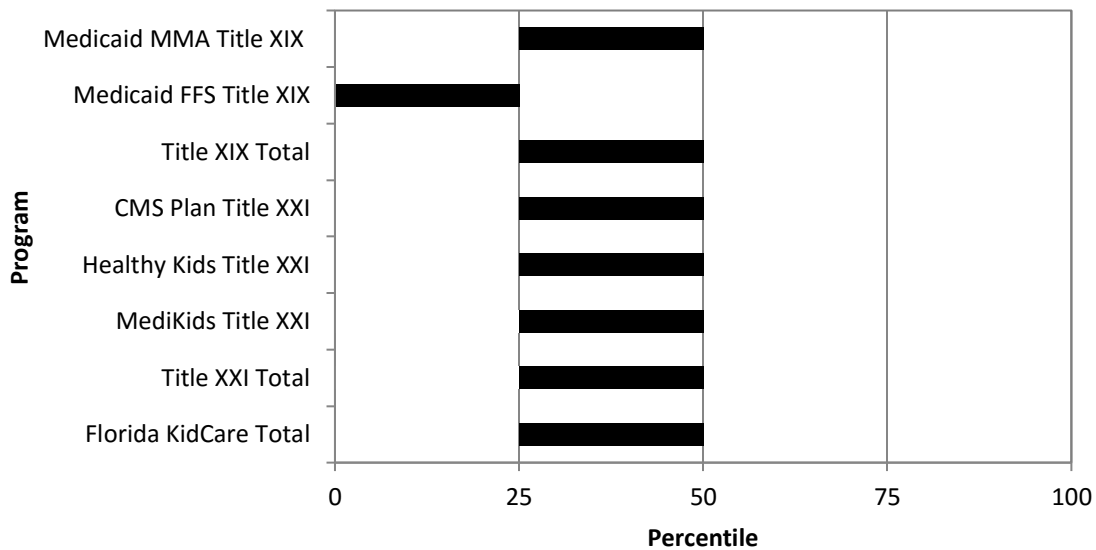
¹¹ Promoting Healthy Weight. In: Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for health supervision of infants, children, and adolescents*. 3 ed. Elk Grove Village, IL: American Academy of Pediatrics; 2008.

Figure 131. Program Results for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC): Body Mass Index (BMI) Assessment for Children/Adolescents, CY 2015



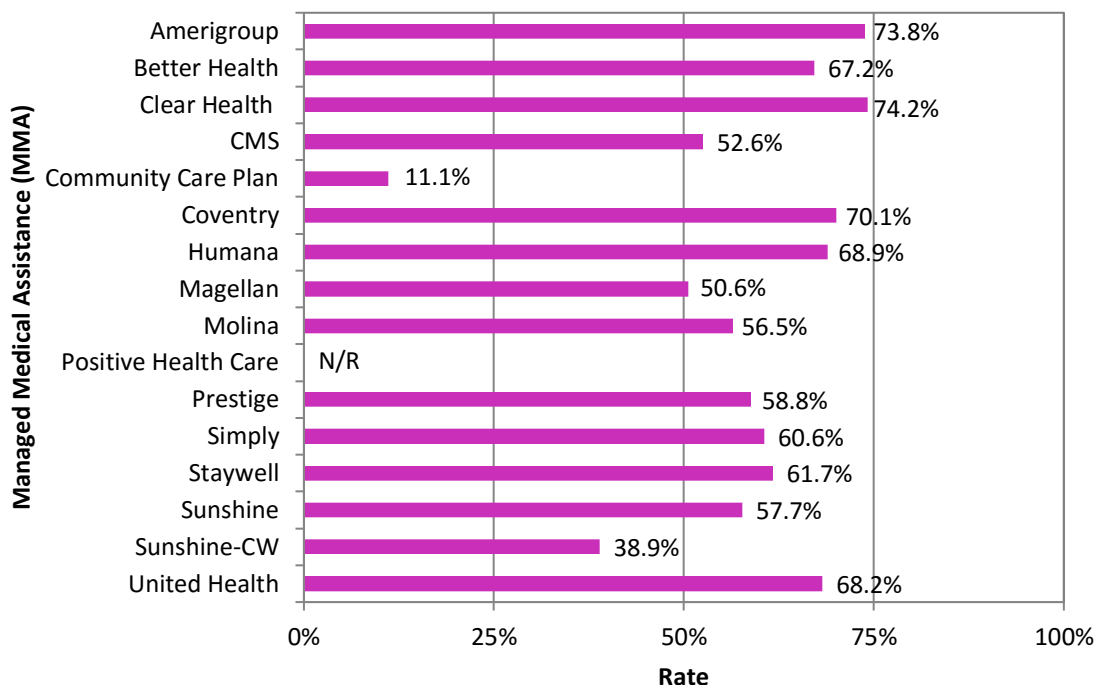
Note: N/R denotes programs that do not have available data or the measure does not apply

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 2015



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

Figure 133. Medicaid MMA 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 2015



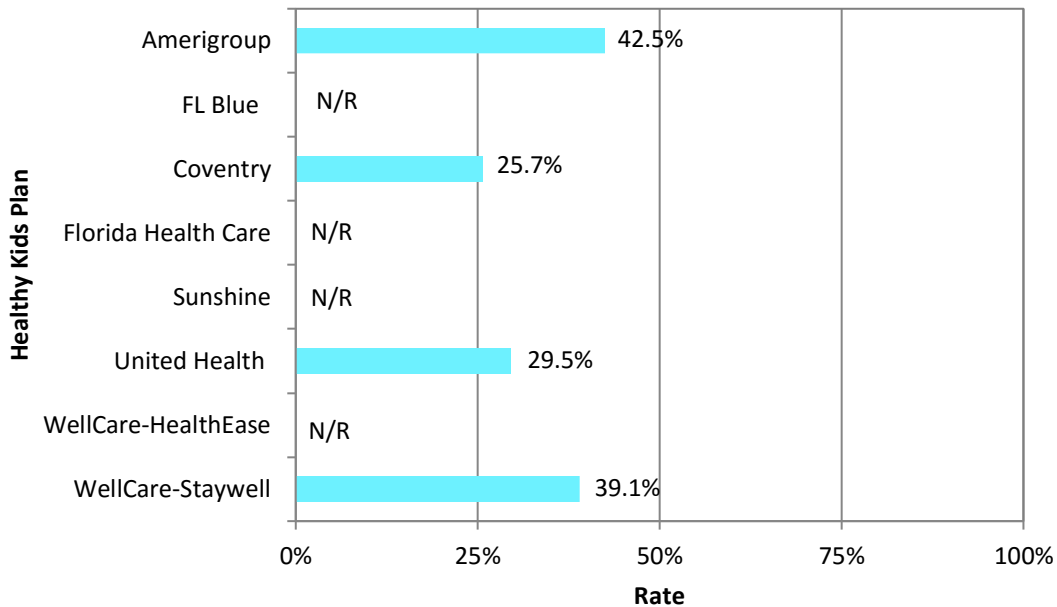
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 134. 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 2015



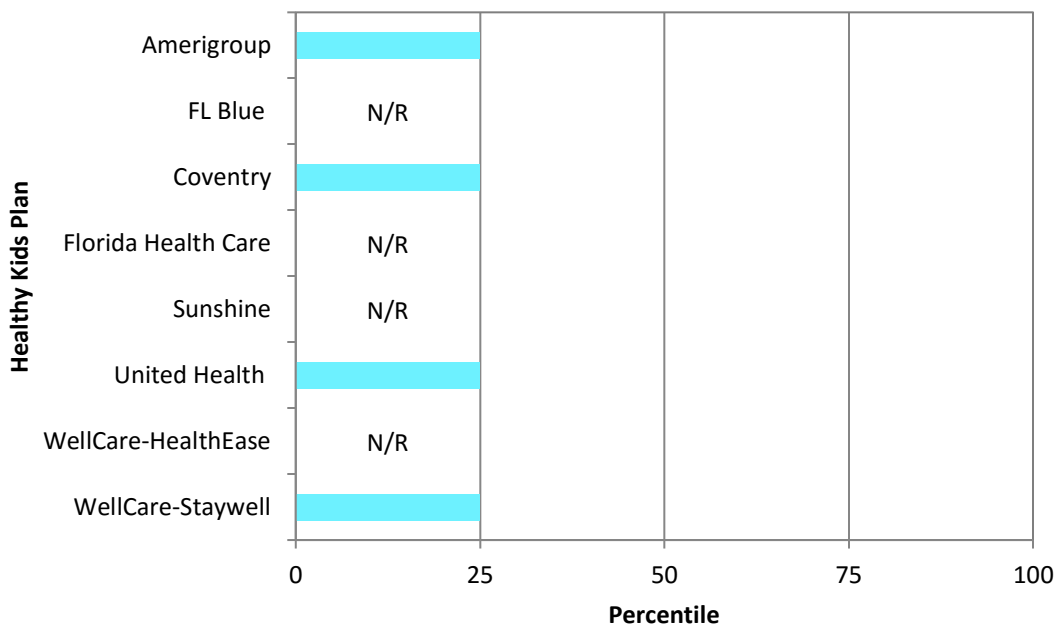
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 135. 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 2015



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

Figure 136. Healthy Kids 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 2015



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

Medication Management for People with Asthma (MMA)

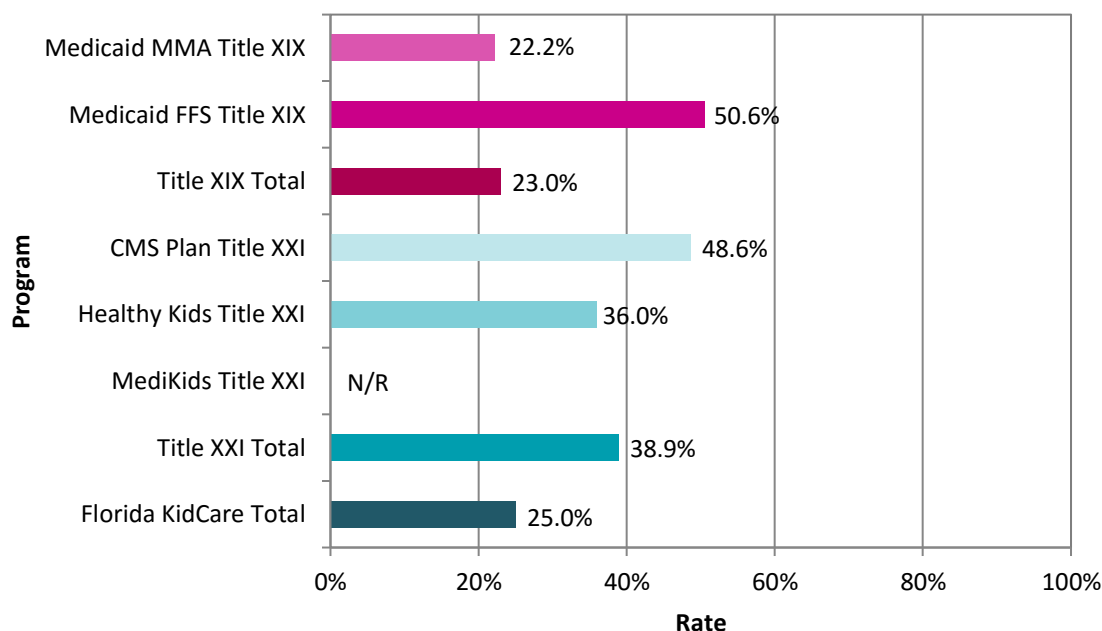
Asthma is one of the most common diseases of childhood and adolescence and a leading cause of school absenteeism. Many asthma-related hospitalizations, emergency department visits, and missed school days can be avoided with appropriate medication use. However, asthma is poorly controlled for many children 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 age groups are reported for the percentage of members who remain on asthma controller medication for at least 75 percent of the treatment period: 5-11 years and 12-18 years. 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 no asthma controller medications dispensed during the measurement year are excluded.

Figures 137, 143 and 138, 144 present program results and benchmark percentile ranges, respectively, in CY 2015.

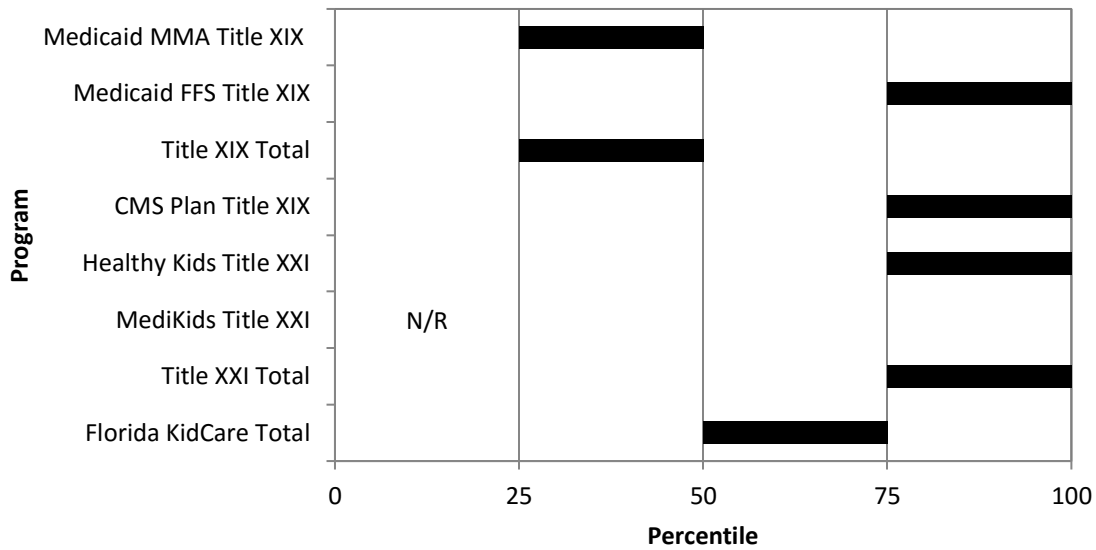
Figures 139, 141, 145, 147 and 140, 142, 146, 148 present MMA and Healthy Kids plan results and benchmark percentile ranges, respectively, in CY 2015.

Figure 137. Program Results for HEDIS® Medication Management for Children with Asthma (MMA): ages 5-11, CY 2015



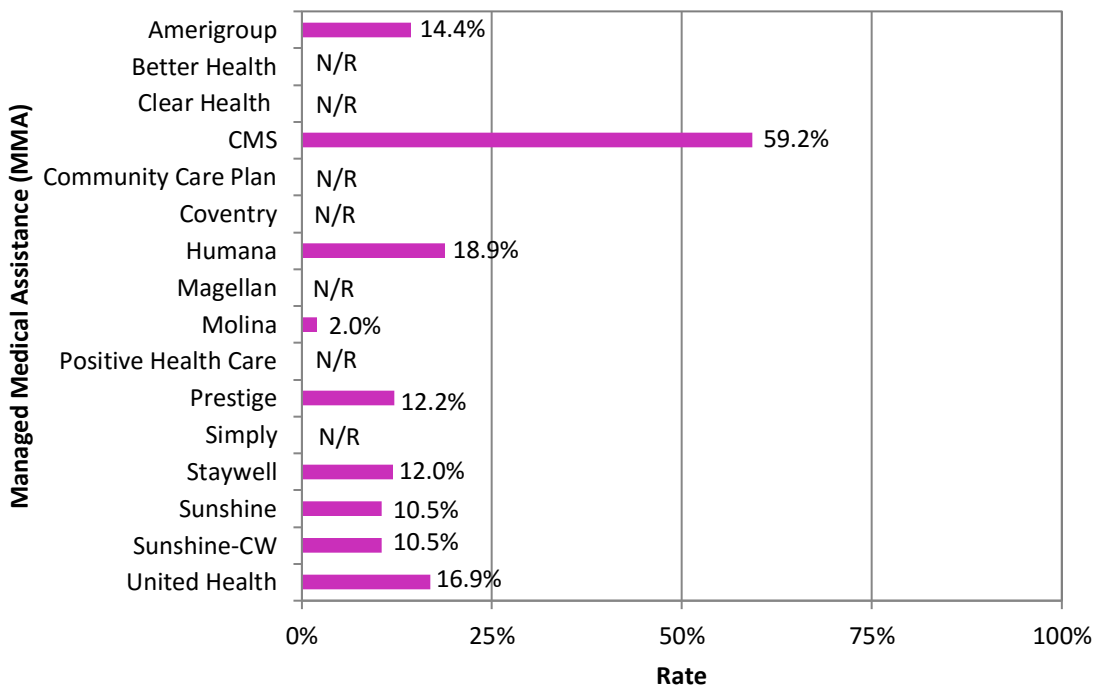
Note: N/R denotes programs that do not have available data or the measure does not apply.

Figure 138. National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA), ages 5-11, CY 2015



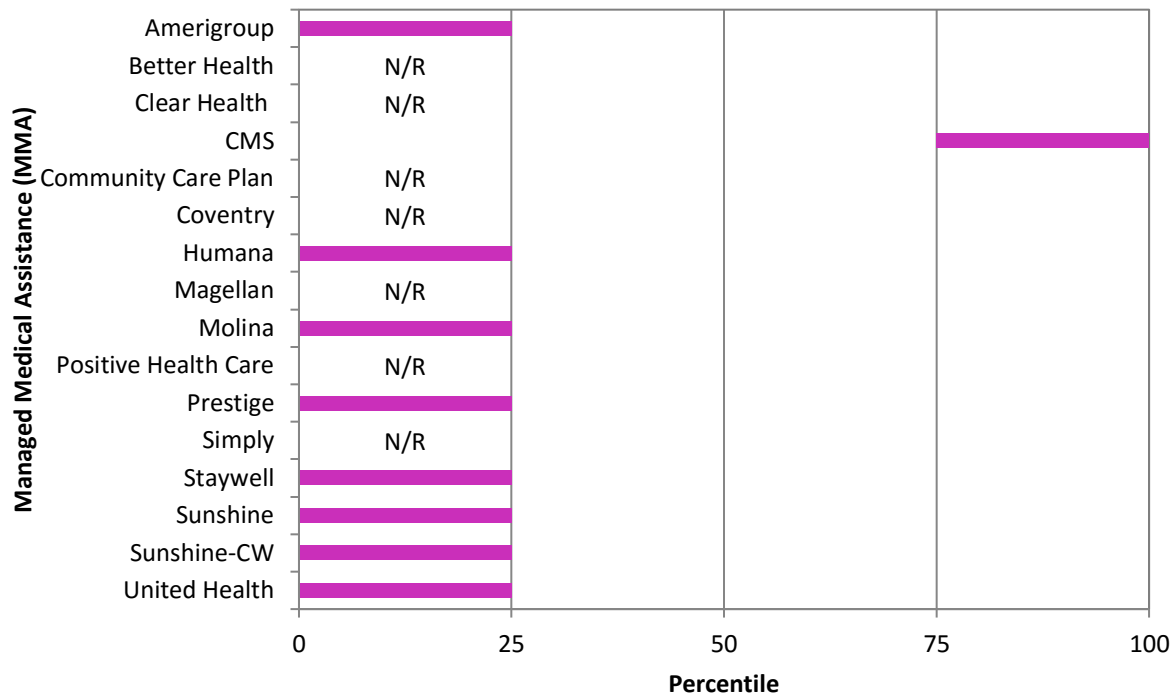
Note: N/R denotes programs that do not have available data or the measure does not apply.

Figure 139. Medicaid MMA Plan Results for HEDIS® Medication Management for Children with Asthma (MMA), ages 5-11, CY 2015



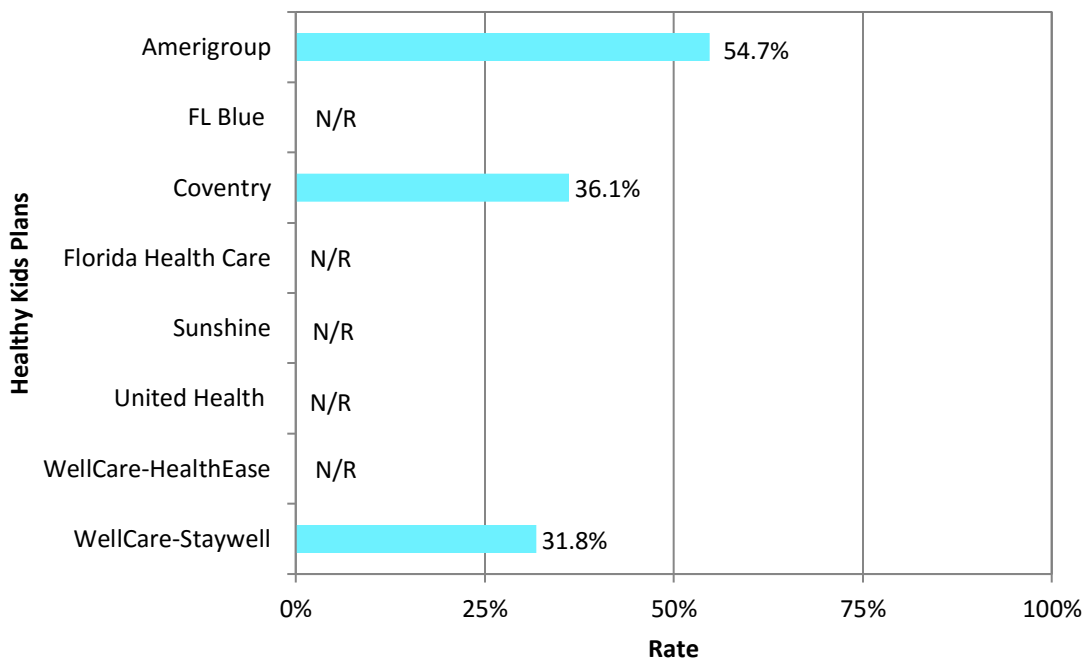
Note: N/R denotes programs that do not have available data or the measure does not apply.

Figure 140. National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA), ages 5-11, CY 2015



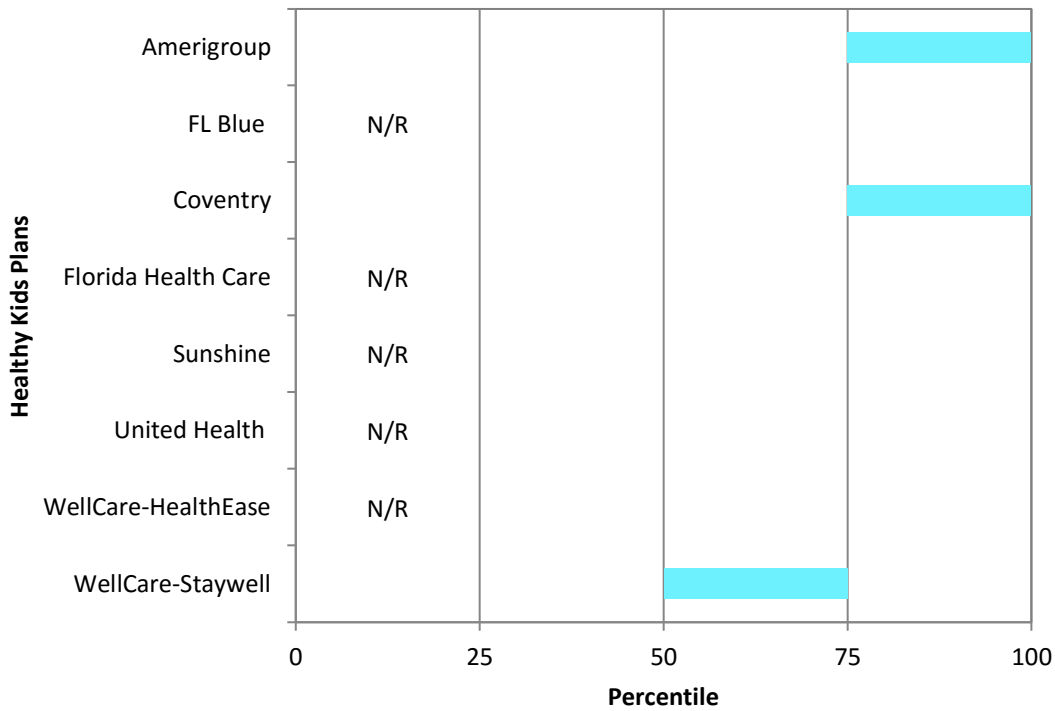
Note: N/R denotes programs that do not have available data or the measure does not apply.

Figure 141. Healthy Kids Plan Results for HEDIS® Medication Management for Children with Asthma (MMA): ages 5-11, CY 2015



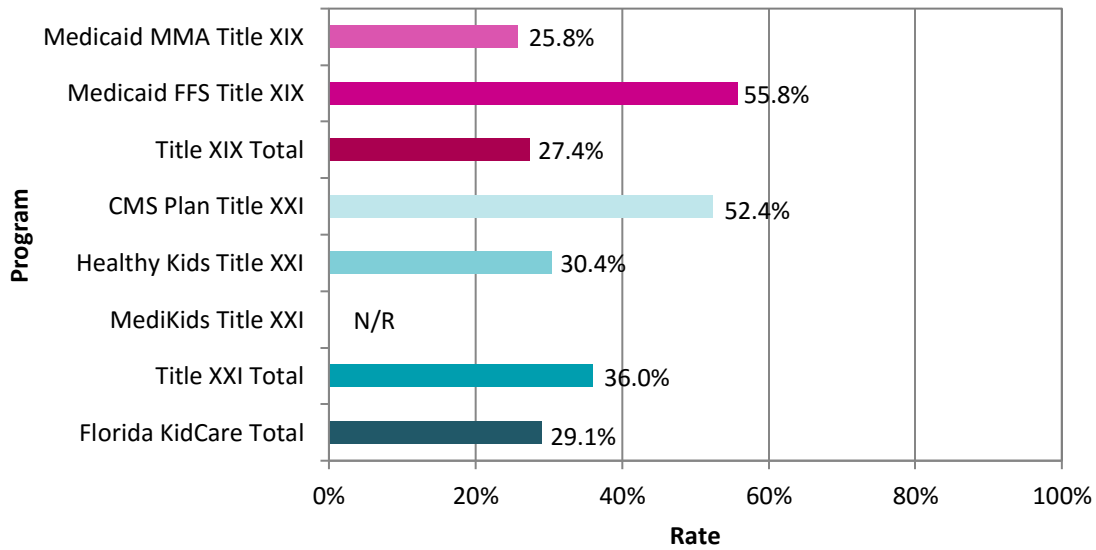
Note: Plans with less than 30 in the denominator are labeled as N/R.

Figure 142. Healthy Kids National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA), ages 5-11, CY 2015



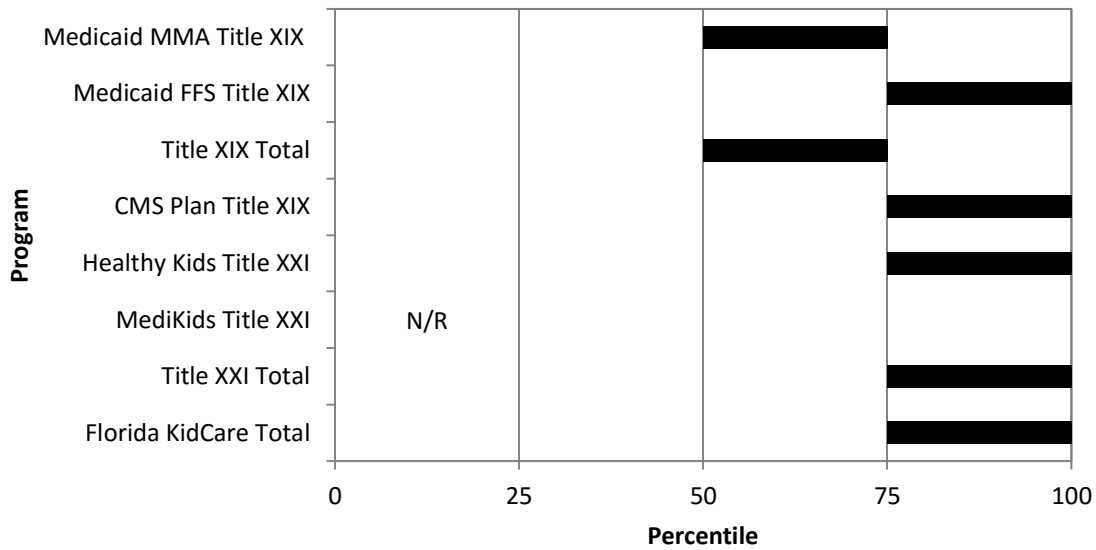
Note: Plans with less than 30 in the denominator are labeled as N/R

Figure 143. Program Results for HEDIS® Medication Management for Children with Asthma (MMA): ages 12-18, CY 2015



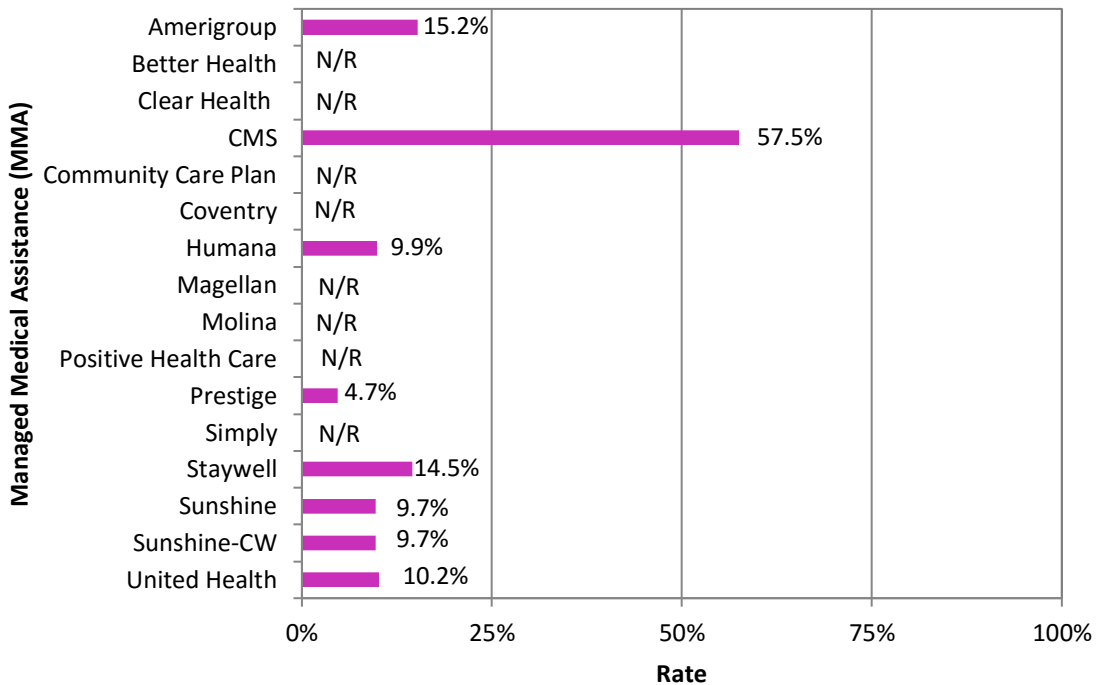
Note: N/R denotes programs that do not have available data or the measure does not apply.

Figure 144. National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA), ages 12-18, CY 2015



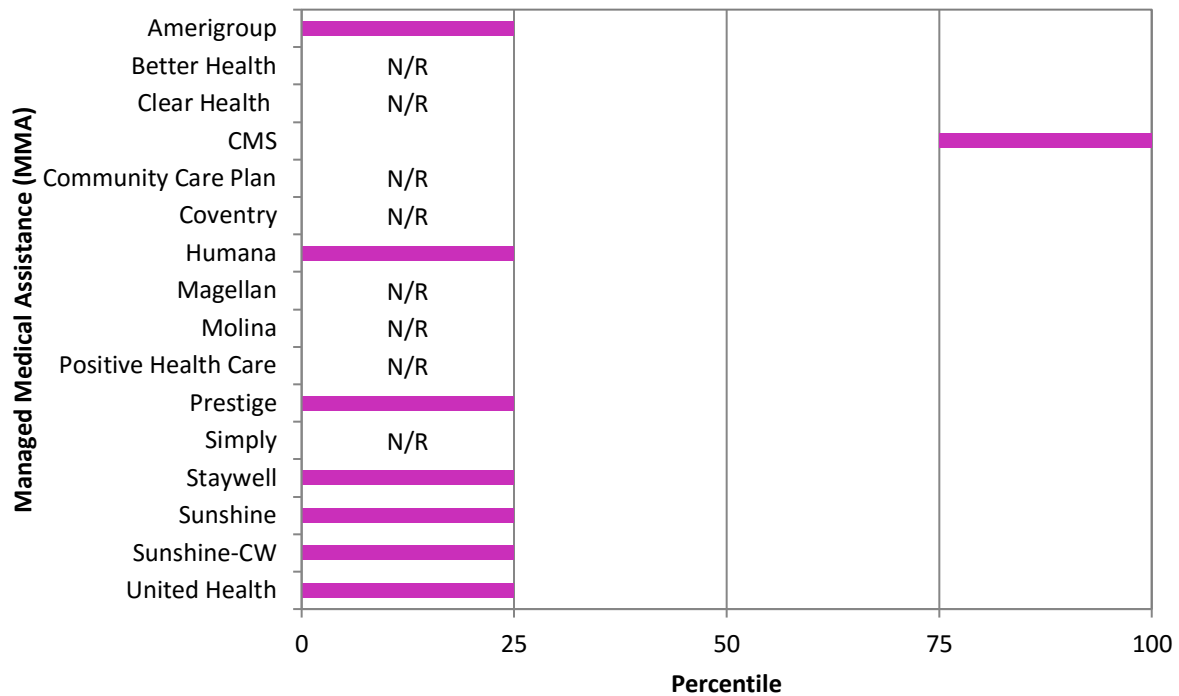
Note: N/R denotes programs that do not have available data or the measure does not apply.

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



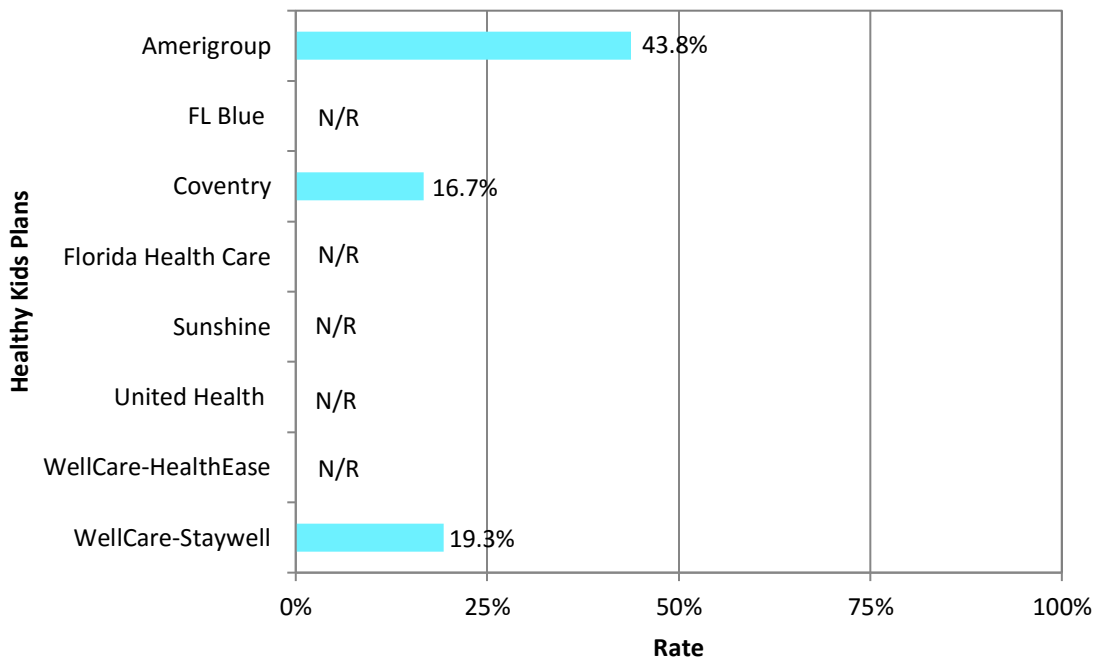
Note: N/R denotes programs that do not have available data or the measure does not apply

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



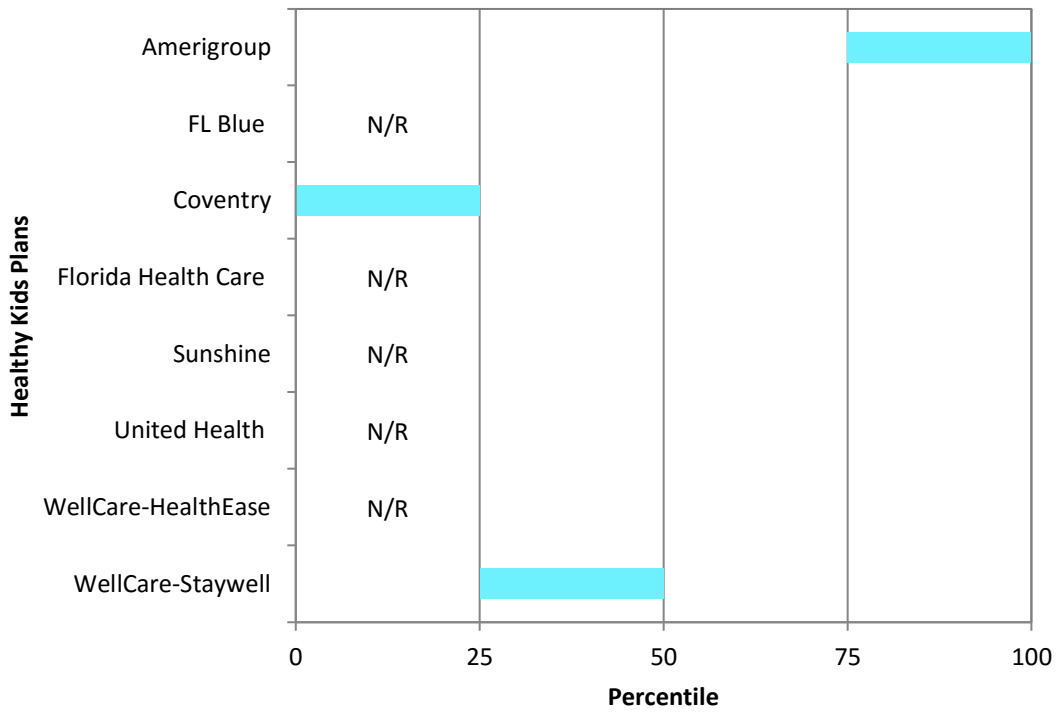
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 147. Healthy Kids Plan Results for HEDIS® Medication Management for Children with Asthma (MMA): ages 12-18, CY 2015



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

Figure 148. Healthy Kids National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA), ages 12-18, CY 2015



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

Ambulatory Care - Emergency Department Visits (AMB)

This HEDIS® indicator reports the utilization of ambulatory services in emergency department and outpatient visits. Per Children’s Health Care Quality Measures for Medicaid and CHIP (child core set) specifications, 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 CY 2015 and dividing this total by the number of months that enrollees were collectively enrolled. Of note, AMB is an inverted measure; therefore, lower numbers for this measure indicates a higher quality of care.

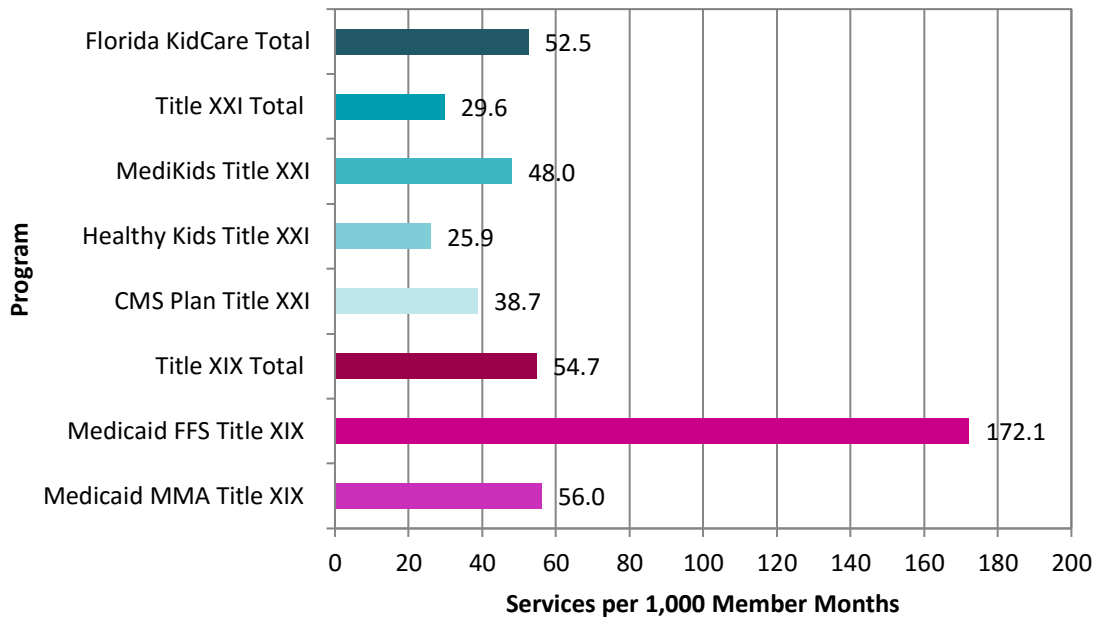
ED visits are measured as the number of visits per 1,000 member months. ED visits that result in an inpatient stay are not included in this measure. ED visits per 1,000 member months are reported for the total of children up through 19 years of age. It should be noted that this is a general measure of ED 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.¹²

Figure 149 and Figure 150 present the program results and benchmark percentile ranges, respectively, in CY 2015.

Figure 151, Figure 153, and Figure 152 Figure 154 present the plan results and benchmark percentile ranges, respectively, in CY 2015.

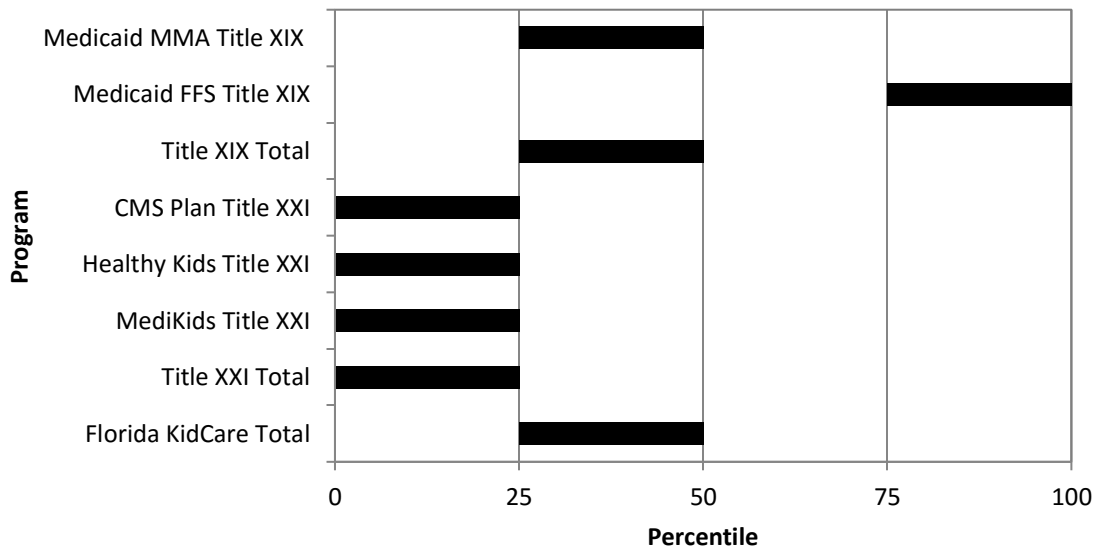
¹² Duchon L, Smith V. *Quality performance measurement in Medicaid and SCHIP: results of a 2006 national survey of state officials (Prepared for the National Association of Children’s Hospitals)*. Lansing, MI2006.

Figure 149. Program Results for Ambulatory Care (AMB): Emergency Department Visits, CY 2015



Note: AMB is an inverted measure; therefore, lower numbers for this measure indicates a higher quality of care. N/R 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 2015



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 2015

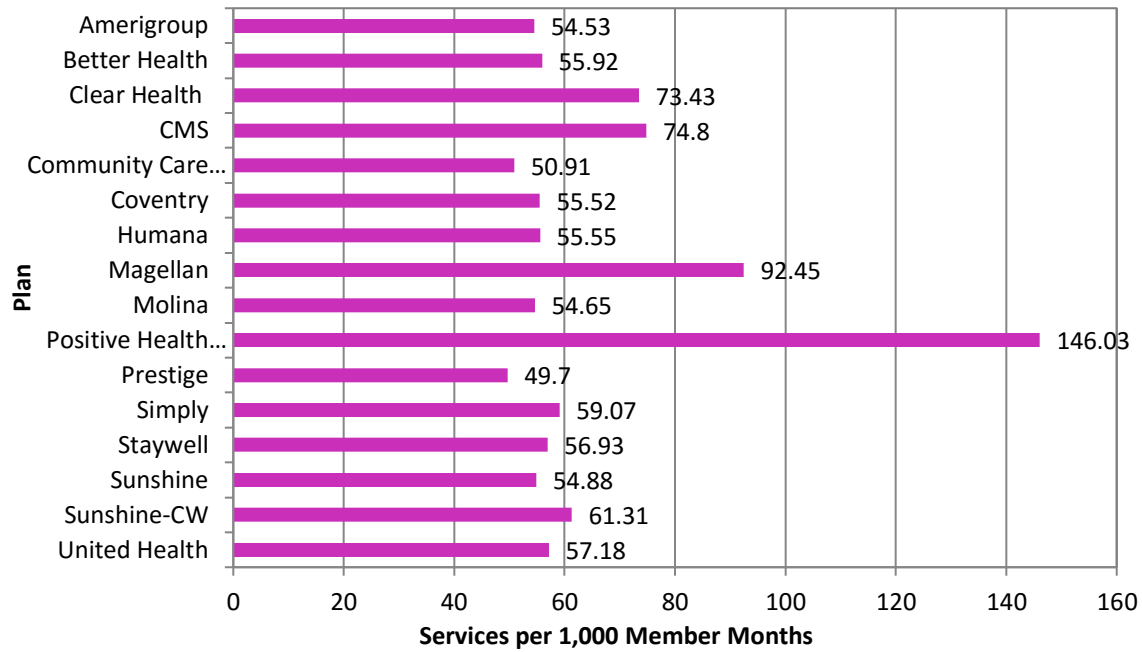
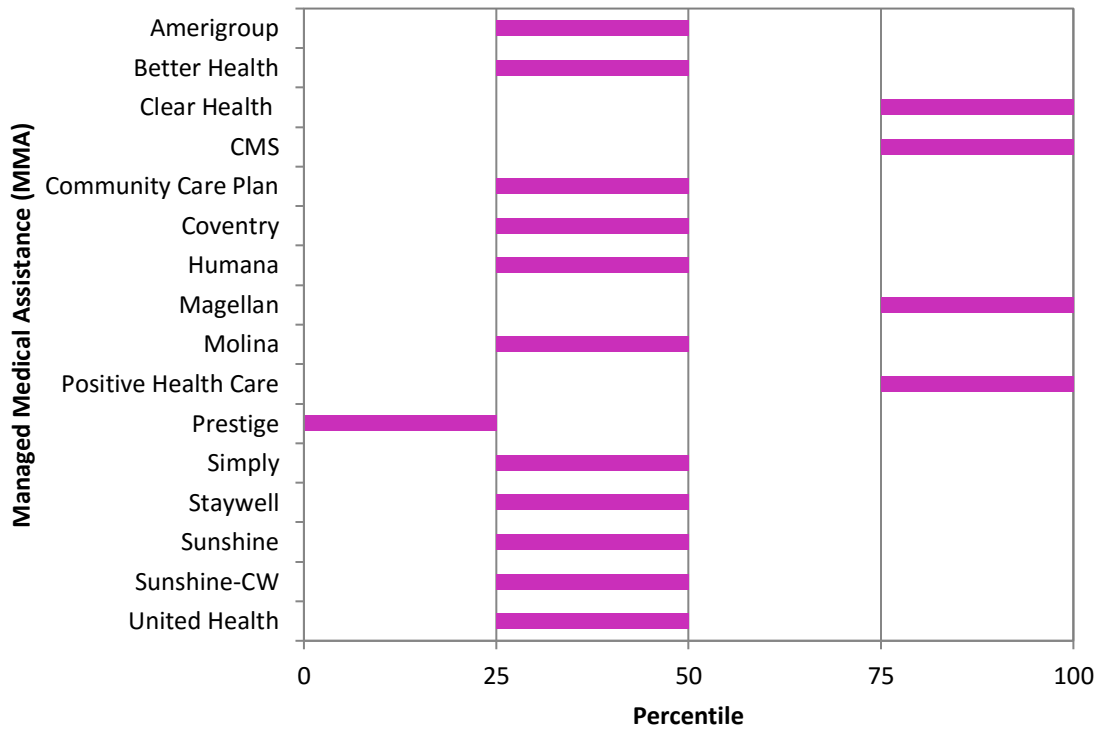


Figure 152. National Benchmarks for Ambulatory Care (AMB): Emergency Department Visits, CY 2015



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 2015

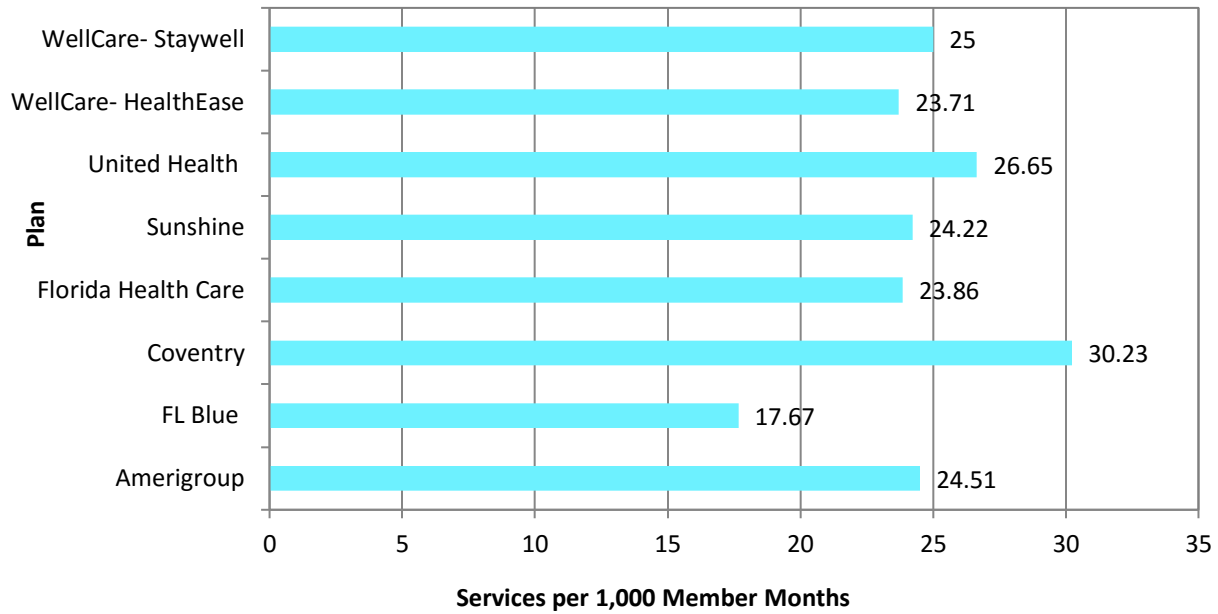
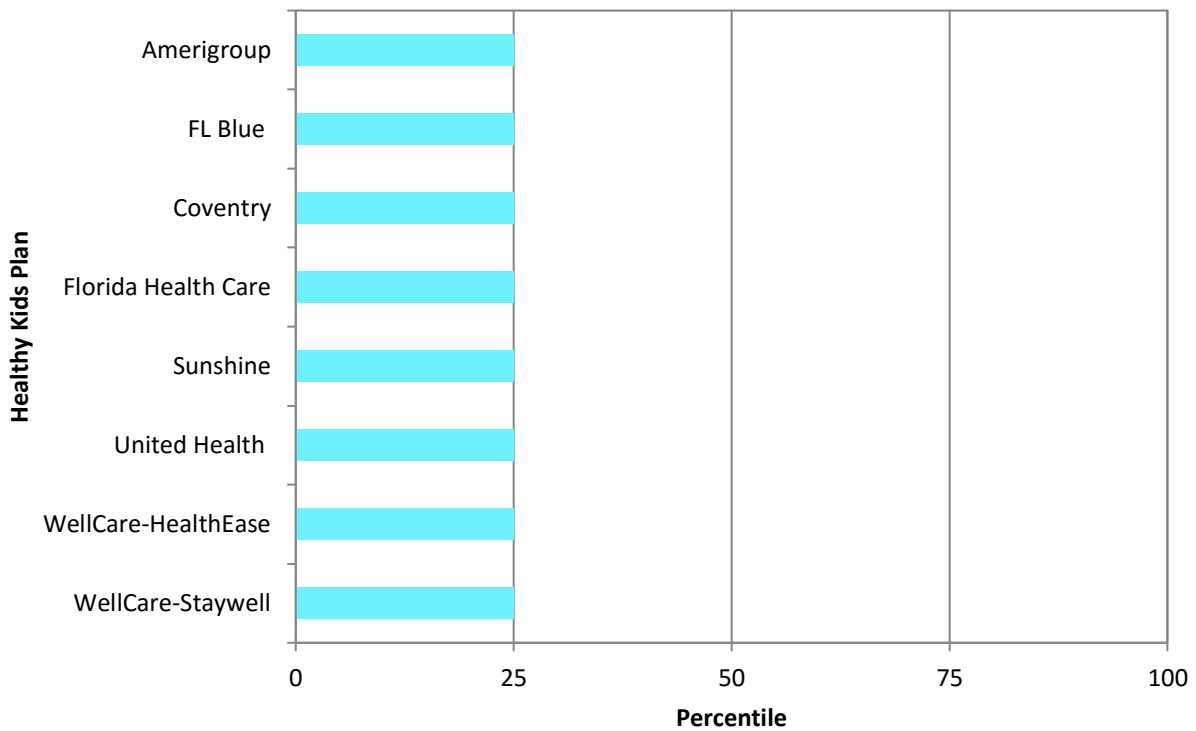


Figure 154. National Benchmarks for Ambulatory Care (AMB): Emergency Department Visits, CY 2015



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

Oral Health

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

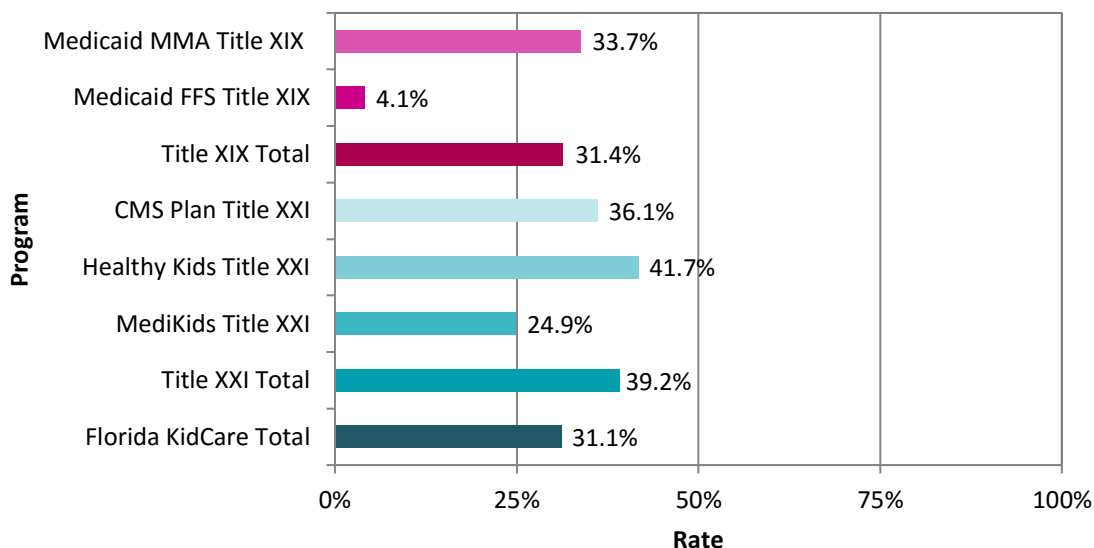
Dental caries is one of the most common, yet preventable, diseases of childhood.¹³ However, preventive measures initiated during infancy and continued throughout childhood and adolescence can significantly reduce the risk of developing caries. The American Dental Association (ADA) recommends that children have at least one dental visit which includes services by or under the supervision of a dentist 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 2015, which covers the period October 1, 2014, through September 30, 2015. The denominator is all children in the plan eligible for Early and Periodic Screening, Diagnostic and Treatment for 90 continuous days, not necessarily receiving dental services through that plan.

Figure 155, Figure 157 and Figure 156, Figure 158 and Figure 159 present the program results and Medicaid plan results, respectively, in CY 2015.

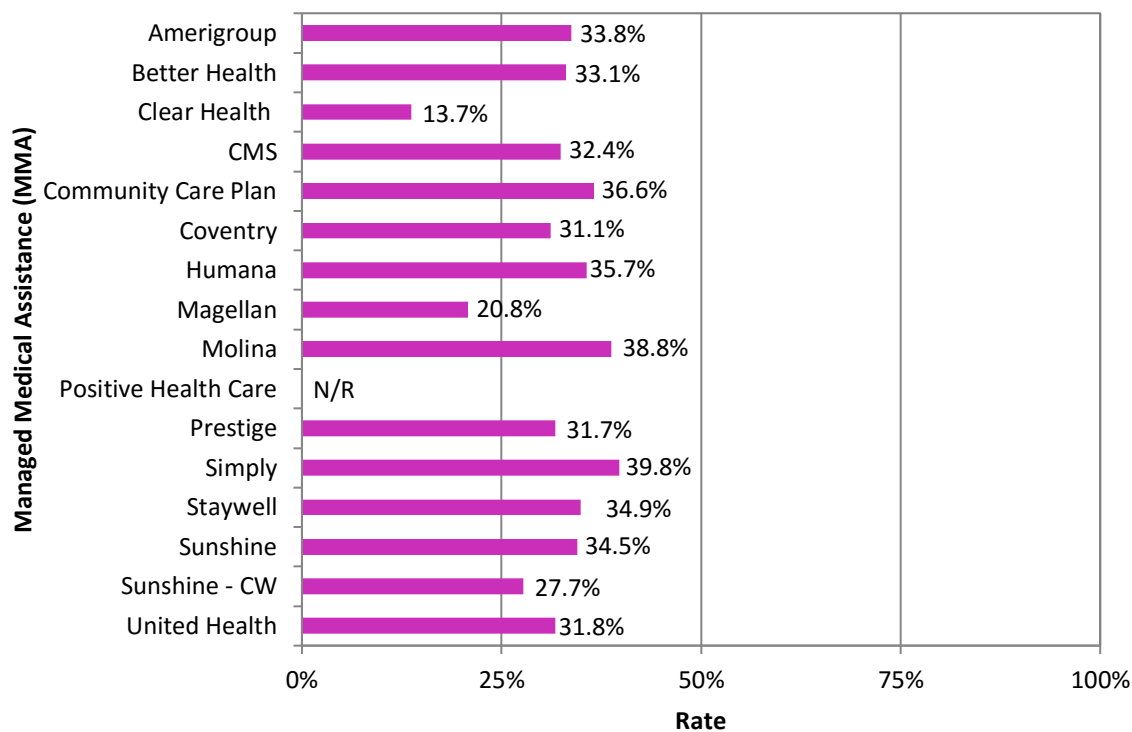
¹³ U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research. Oral health in America: a report of the surgeon general. *Rockville, MD: National Institutes of Health. 2000.*

Figure 155. Program Results for Percentage of Eligible Members That Received Preventive Dental Services (PDENT), FFY 2015



Note: N/R denotes programs that do not have available data or the measure does not apply

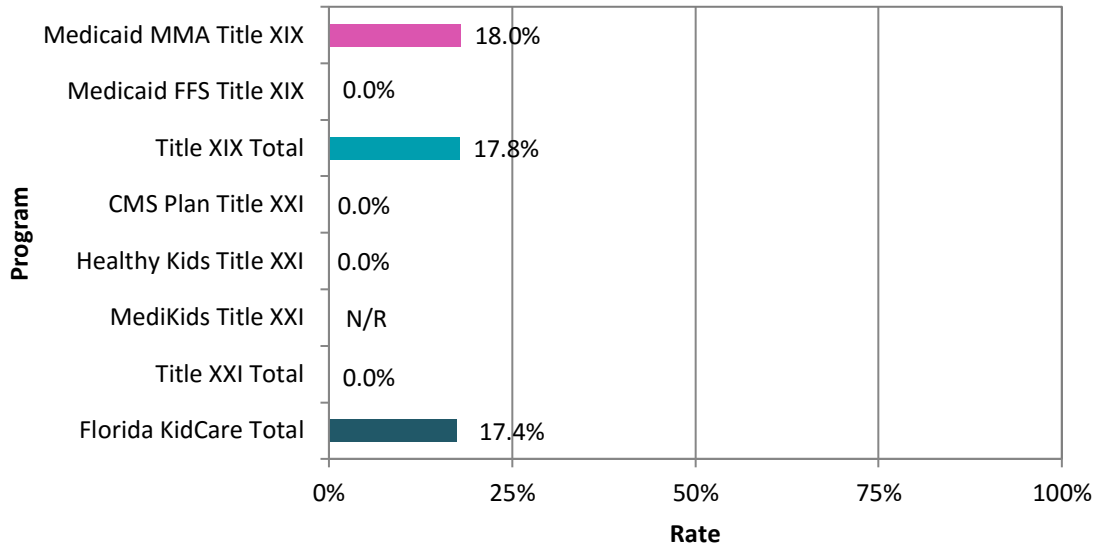
Figure 156. Medicaid MMA Plan Results for Percentage of Eligible Members That Received Preventive Dental Services (PDENT), FFY 2015



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

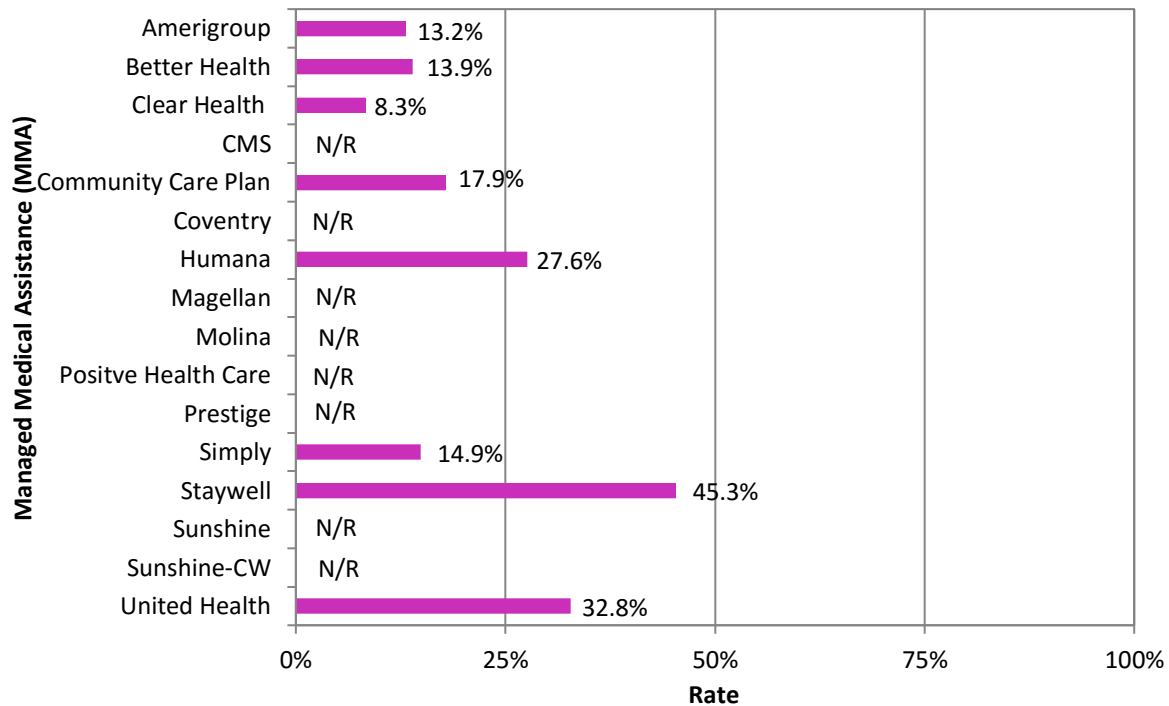
Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL)

Figure 157. Program Results for HEDIS® of Eligible Members that Received Dental Sealants for 6-9 Year old Children at Elevated Caries Risk (SEAL), CY 2015



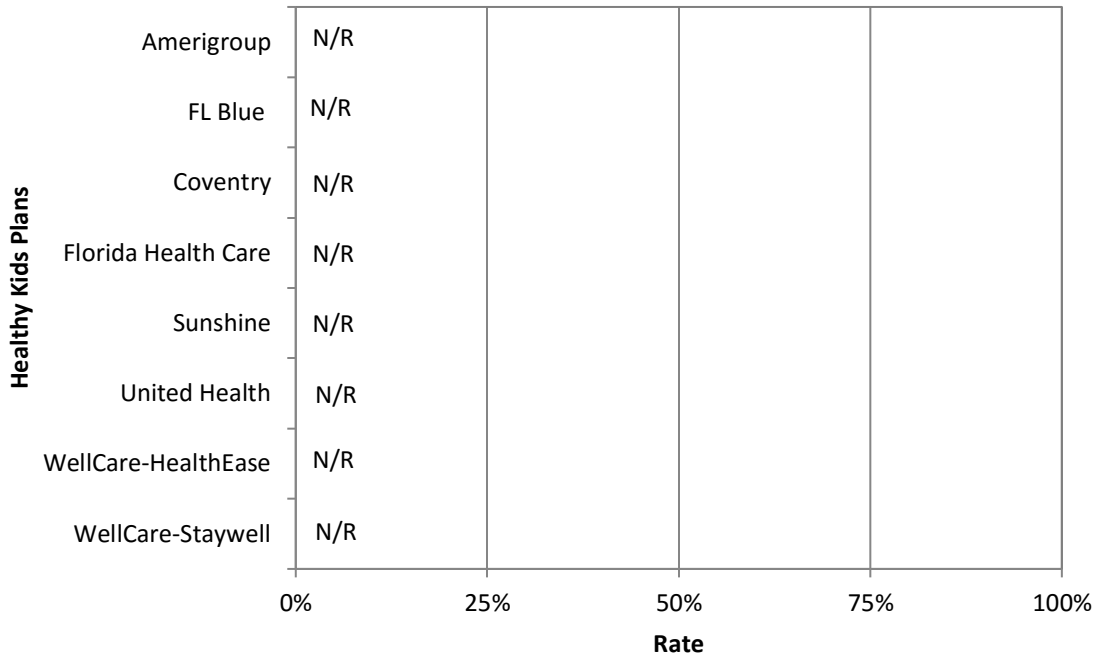
Note: N/R denotes programs that do not have available data or the measure does not apply

Figure 158. Medicaid MMA Plan Results for HEDIS® of Eligible Members that Received Dental Sealants for 6-9 Year old Children at Elevated Caries Risk (SEAL), CY 2015



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

Figure 159. Healthy Kids Plan Results for HEDIS® of Eligible Members that Received Dental Sealants for 6-9 Year old Children at Elevated Caries Risk (SEAL), CY 2015



Conclusion

In This Section

- Conclusions
- Recommendations

Conclusions

Recommendations

It should be reiterated that several program changes between January 2014 and July 2015 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 5% 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.

The Institute for Child Health Policy (IHP) recommends the following areas for improvement. The IHP recommends that the KidCare program continue 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 improving quality of care 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 NETWORK
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
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
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