The Florida KidCare Program Evaluation

Calendar Year 2016

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Color Key

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

Executive Summary

Introduction

The Institute for Child Health Policy 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 2016 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, which includes both Fee-for-Service (FFS) and Managed Medical Assistance (MMA) plans, Florida Healthy Kids Title XXI, MediKids Title XXI, 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 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 10,603 surveys conducted with families enrolled in Florida KidCare. The Quality of Care section (section 3) utilizes an analysis of claims and encounter data, prescription data, and information on use of ambulatory environments to calculate performance measure rates. MMA plan family experience surveys and performance measure data were provided by the Agency for Health Care Administration. Data for Florida KidCare enrollees are compared to national benchmarks for Medicaid and CHIP wherever possible.

Findings

During calendar year 2016, the Florida KidCare program received a total of 287,252 applications, which contained processable information on 376,133 children. At the end of 2016, the Florida KidCare program included 2,435,203 enrolled children. This is an increase of 2% from the previous evaluation year. Findings from the parent experiences survey suggest continued satisfaction from families of enrollees. Florida KidCare exceeded the national Medicaid and CHIP benchmarks for rating of overall health care, primary care providers, and specialty care providers. Approximately 77.3% of Florida KidCare families rated their primary care provider as a "9" or "10" and 76.1% rated their specialty care provider as a "9" or a "10." There were several performance measures where either the program, plan, title, or state rates did not surpass the 50th percentile of the national Medicaid comparison data. However, for more than half of the performance measures, the Title XIX program rate fell within the 50-75th percentile. The Title XXI programs either met or surpassed the 25-50th percentile for nearly all of the performance measures when compared to national Medicaid data.

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 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, particularly when asked about the health care providers utilized by the enrollee. The quality of care outcomes also demonstrated strengths of the Florida KidCare program, especially within the Title XIX programs. The performance measures for which the Title XIX and Title XXI program means did not exceed the national averages indicate areas that need improvement within the Florida KidCare program.

Introduction

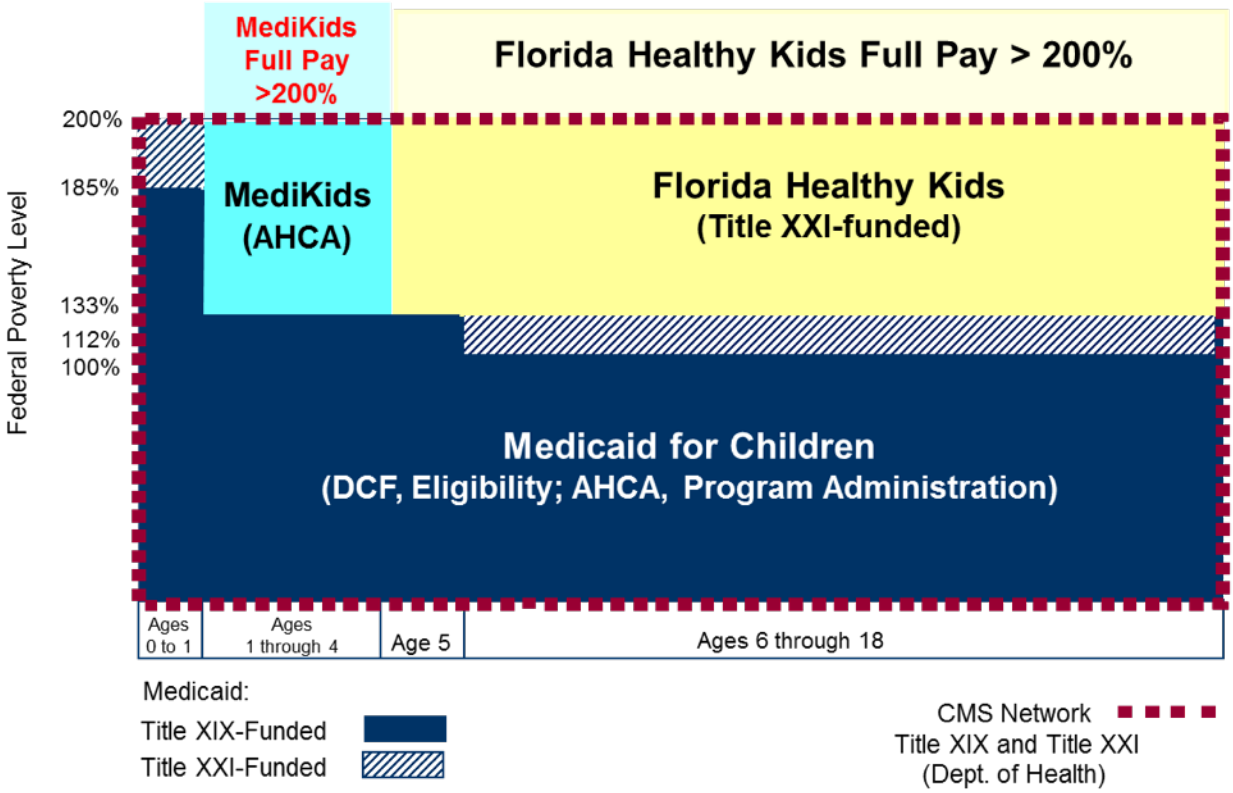
In This Section

- Florida KidCare Program Structure
- Florida KidCare Eligibility Criteria
- Florida KidCare Renewal Process
- Recent Florida KidCare Program Changes
- Florida KidCare Title XXI Financing

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, Florida 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 2016



Children's Medical Services Managed Care Plan

The Children's Medical Services (CMS) Plan is Florida's Title V program for Children with Special Health Care Needs. Children enrolled in the 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 and 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 (FPL) 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 (DCF). For the current report, Title XIX CMS plan is one of the Managed Medical Assistance (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 separate Florida KidCare program.

Florida Healthy Kids

Florida Healthy Kids is a statewide program for children ages five through 18 (inclusive) who are at or below 200% FPL and eligible for Title XXI premium assistance (see page 18). For each region, the Florida Healthy Kids Corporation selects two or more commercially licensed health plans through a competitive bid process. In addition, Florida 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). Florida 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 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, 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. Additionally, effective January 2014, children between the ages of 6 and 18 and between 112-133% FPL are enrolled in Medicaid but funded by Title XXI. These "stairstep children" resulted in large enrollment changes for Medicaid, Florida Healthy Kids, and the CMS Plan Title XXI. This transition is referenced in the sections of this report that may be affected by changes in enrollment between these programs.

Full-pay

Full-pay coverage options also exist for families of children ages one through 18 who apply to Florida KidCare, but are determined to be ineligible for Medicaid or Title XXI premium assistance. Families can enroll their children in Florida Healthy Kids or MediKids "full-pay" options if 1) their income is under 200% FPL, but they are not eligible for Title XXI premium assistance, 2) their income is over 200% FPL, or 3) they

are non-qualified U.S. aliens. Florida Healthy Kids full-pay coverage was available at $148 per month per child for medical and dental coverage in Calendar Year (CY) 2016. MediKids full-pay coverage, which included dental coverage, costs $157 per month. Effective October 1, 2016, the Florida 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 minimum essential coverage requirements outlined in the Affordable Care Act (ACA). 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 Florida 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).

Effective January 2017, Florida Healthy Kids no longer offered the $299 premium coverage. Florida Healthy Kids currently offers a full-pay option with deductibles and including dental coverage for $220 per child per month.

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% FPL,
  - Children under the age of one 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- 18 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 18,
- 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 from the past five years about the federal poverty level, a component of KidCare eligibility criteria, for a family of four. For instance, a family of four at 100% FPL in 2017 has an income of $24,600.

Table 1. Federal Poverty Level for a Family of Four

Income as a % of FPL	2012	2013	2014	2015	2016	2017
100%	$23,505	$23,550	$23,850	$24,250	$24,300	$24,600
133%	$30,657	$31,322	$31,322	$32,253	$32,319	$32,718
185%	$42,643	$43,568	$44,123	$44,863	$44,955	$45,510
200%	$46,100	$47,100	$47,700	$48,500	$48,600	$49,200

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/computations-2016-poverty-guidelines https://aspe.hhs.gov/poverty-guidelines

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

Table 2. Florida KidCare Program Components and Coverage Levels, CY 2016

Florida KidCare Program Component	Coverage by FPL
Medicaid for Children (including CMS Plan Title XXI)*	
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 134% to 200% Title XXI coverage***
Ages 6 through 18	0% to 133% Title XIX coverage; 112% to 133% are Title XXI funded 134% to 200% Title XXI coverage***
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.
Florida Healthy Kids	
Age 5	134% to 200%*** Title XXI coverage
Ages 6 through 18	134% to 200%*** Title XXI coverage
Ages 5 through 18	Above 200% can participate full-pay, but receive no premium assistance.

**Children must meet CMS Plan clinical eligibility requirements. Eligibility for BNET is determined by DCF. 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% FPL pay a premium of $15 per month, while those families 159%-200% 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 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.

Initially, an administrative renewal is attempted. An administrative renewal is based on existing account information and electronic income matches received from the Florida Department of Revenue and the Florida Department of Economic Opportunity. If a match is received, a notice is sent to the family advising them of the following information:

- Members in the household
- Tax filing status for each member
- The income amount used to determine eligibility
- Monthly premium
- If the family agrees with the renewal findings, no response is needed and the administrative renewal is complete; or
- If the family disagrees with the renewal findings, the family is advised to contact the Florida KidCare call center or update the information on their online Florida KidCare account.

When an administrative renewal is not possible, or the family disagrees with the administrative renewal findings, the non-administrative renewal process is initiated, with a notice sent to the family requesting the needed information. When the requested information is received, the renewal is completed and a notice is sent to the family advising them of any changes and their monthly premium. If the requested information is not received, a cancellation notice is sent to the family.

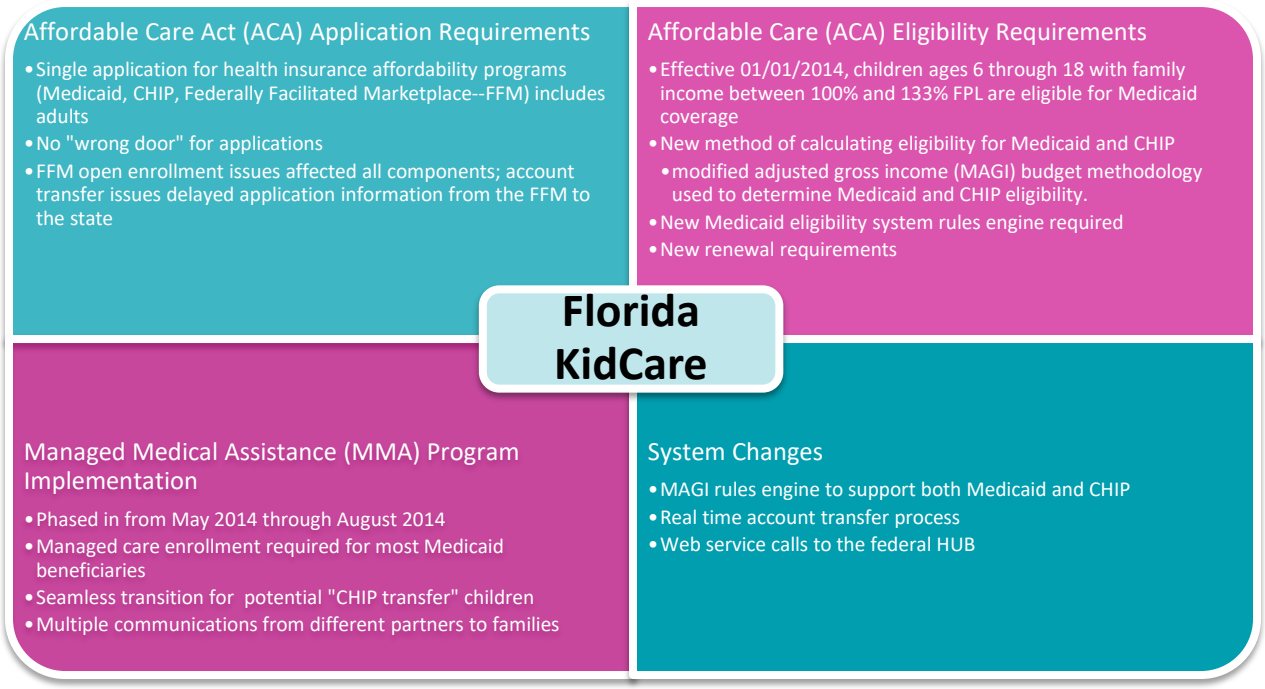
Children with Medicaid coverage who are under five years of age receive 12 months of continuous eligibility without an eligibility redetermination. Children ages five through 18 are allowed six months of continuous Medicaid eligibility without eligibility redetermination. Families receive notice from 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 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 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 in 2013 and 2014. The 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.

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.

Figure 2. Florida KidCare Program Changes



Affordable Care Act 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) budget 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

2016 Florida KidCare Policy Change

The 2016 Florida Legislature passed a bill that allowed Florida to implement the provisions of CHIPRA, Section 214. This legislation allows lawfully residing immigrant children to be eligible for Medicaid and CHIP coverage. This legislation eliminates the five-year waiting period for certain immigrant children and extends coverage to lawfully present immigrant children.

This Medicaid and CHIP policy change went into effect July 1, 2016. Florida Healthy Kids Corporation launched a comprehensive marketing and outreach campaign. Letters were sent to applicants who had been denied coverage during the previous year due to their citizenship status. Radio, television and social media were used to inform the public with an emphasis in the five counties with the largest immigrant population. Approximately 20,000 immigrant children have been enrolled in Medicaid and CHIP since July 1, 2016.

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 Institute for Child Health Policy (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 Florida KidCare Title XXI program components projected for State Fiscal Year (SFY) 2016-2017 and budgeted for SFY 2017-2018.

Table 3. Florida KidCare Title XXI Expenditures, Projected for SFY 2016-2017 and Budgeted for SFY 2017-2018

Projected SFY 2016-2017 By Program	Expenditures	Family Contributions	Federal Funds	State Funds
Title XXI				
Healthy Kids* Title XXI	$221,286,539	$ 22,689,120	$211,768,109	$9,518,430
MediKids Title XXI	$50,872,262	$2,579,650	$35,620,351	$1,601,338
CMS Plan Title XXI	$89,270,543	$1,991,790	$83,521,372	$3,757,381
BNET	$5,747,662	$0	$5,500,009	$247,653
Full-Pay Programs				
Healthy Kids Full-Pay	$32,667,969	$32,667,969	$0	$0
MediKids Full-Pay	$11,070,923	$11,070,923	$0	$0
Title XXI-Funded Medicaid				
Infants<1	$3,250,664	$0	$3,110,885	$139,779
Children 6-18	$406,764,891	$0	$389,274,001	$17,490,890
Total Title XXI Services	$777,192,561	$15,642,363	$728,794,727	$32,755,471
Administration	$20,877,182	$689,140	$19,319,812	$868,230
Grand Total	**$798,069,743**	**$16,331,503**	**$748,114,539**	**$33,623,701**
Budgeted SFY 2017-2018 By Program	**Expenditures**	**Family Contributions**	**Federal Funds**	**State Funds**
Title XXI				
Healthy Kids* Title XXI	$244,210,334	$ 24,049,607	$234,773,715	$9,436,619
MediKids Title XXI	$44,597,989	$2,777,622	$40,204,666	$1,615,701
CMS Plan Title XXI	$99,292,540	$2,027,745	$93,500,647	$3,764,148
BNET	$6,348,738	$0	$6,103,042	$245,696
Full-Pay Programs				
Healthy Kids Full-Pay	$25,327,833	$25,327,833	$0	$0
MediKids Full-Pay	$12,230,118	$12,230,118	$0	$0
Title XXI-Funded Medicaid				
Infants < 1	$3,197,772	$0	$3,074,018	$123,754
Children 6-18	$427,284,813	$0	$410,748,891	$16,535,922
Total Title XXI Services	$824,932,186	$4,805,367	$788,404,979	$31,721,840
Administration	$21,702,814	$709,865	$20,180,970	$811,979
Grand Total	**$846,635,000**	**$5,515,232**	**$808,585,949**	**$32,533,819**

**Title XXI medical and dental services only*
Source: SFY 2016-2017 data, Florida KidCare's Estimating Conference documents, March 6, 2017
Source: SFY 2017-2018 data, Florida KidCare's Estimating Conference documents, August 7, 2017

Table 4 contains detail on the Title XXI administrative costs projected for SFY 2016-2017 and budgeted for SFY 2017-2018.

Table 4. Florida Healthy Kids Corp. Title XXI Administration Costs, Projected for SFY 2016-2017, and Budgeted for SFY 2017-2018

Program	2016-2017	2017-2018
Estimated Average Monthly Caseload	168,141	177,127
Estimated number of Case Months	2,017,692	2,125,524
Administration Cost per Member Per Month	$8.85	$8.67

Source: SFY 2016-2017 data, Florida KidCare's Estimating Conference documents, March 6, 2017
Source: SFY 2017-2018 data, Florida KidCare's Estimating Conference documents, August 7, 2017

Table 5 presents the per member per month premium rates for the Florida KidCare Title XXI program components for SFY 2016-2017 and budgeted for SFY 2017-2018.

Table 5. Per Member Per Month Premium Rates for Florida KidCare Title XXI Program Components, for SFY 2016-2017 and Budgeted for SFY 2017-2018

Program	2016-2017	2017-2018
CMS Plan	$684.62	$875.04
Healthy Kids*	$136.33	$134.20
MediKids	$151.15	$144.35
BNET	$1,000.00	$1,034.84
Medicaid Expansion <1	$312.10	$242.15**
Children 6-18	$203.13	

**Title XXI medical and dental only **Beginning in SFY 2017-2018, the Medicaid Expansion < 1 and children 6-18 totals are combined.*
Source: SFY 2016-2017 data, Florida KidCare's Estimating Conference documents, March 6, 2017
Source: SFY 2017-2018 data, Florida KidCare's Estimating Conference documents, August 7, 2017

Table 6 presents the total premiums collected from Title XXI families in the last five state fiscal years and budgeted for SFY 2017-2018.

Table 6. Premiums Collected Annually From Title XXI Families for the Last Five SFYs and Budgeted for SFY 2017-2018

Program	SFY 2013-2014	SFY 2014-2015	SFY 2015-2016	SFY 2016-2017	SFY 2017-2018
CMS Plan & BNET	$2,240,365	$1,644,382	$1,116,913	$1,991,790	$2,027,745
Healthy Kids	$24,862,196	$24,825,327	$20,955,215	$ 22,689,120	$ 24,049,607
MediKids	$2,795,231	$2,712,775	$2,433,230	$ 2,579,650	$2,777,622
MediKids Full-Pay	$10,650,147	$10,338,145	$10,614,826	$11,070,923	$12,230,118
Total	$40,547.939	$39,520,629	$35,120,184	$38,331,483	$41,085,092

Source: SFY 2016-2017 data, Florida KidCare's Estimating Conference documents, March 6, 2017
Source: SFY 2017-2018 data, Florida KidCare's Estimating Conference documents, August 7, 2017

Table 7 reports Total Florida KidCare Title XXI SFY and Federal Fiscal Year (FFY) expenditures for the last five years.

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
SFY			
2013-2014	$577,548,996	$410,226,121	$167,322,875
2014-2015	$604,280,741	$432,924,851	$171,355,890
2015-2016	$648,111,799	$580,400,319	$67,711,480
2016-2017	$705,458,103	$675,123,405	$30,334,698
2017-2018	$903,701,048	$868,727,817	$34,973,231
FFY			
2013-2014	$646,483,366	$459,972,915	$186,510,451
2014-2015	$582,098,597	$417,946,793	$164,151,804
2015-2016	$645,908,216	$616,648,574	$29,259,642
2016-2017	$764,354,834	$732,022,625	$32,332,209
2017-2018	$919,124,620	$884,657,447	$34,467,173

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 2018.

Table 8. Federal Allotment Balances Carried Forward From Last Five FFYs and Projected for FFY 2018

FFY	Total
FFY 2013	$310,857,101
FFY 2014	$233,164,676
FFY 2015	$381,264,048
FFY 2016	$359,570,341
FFY 2017	$308,374,155
FFY 2018	$93,162,152

Source: AHCA Medicaid Program Finance

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 2012 to December 2016

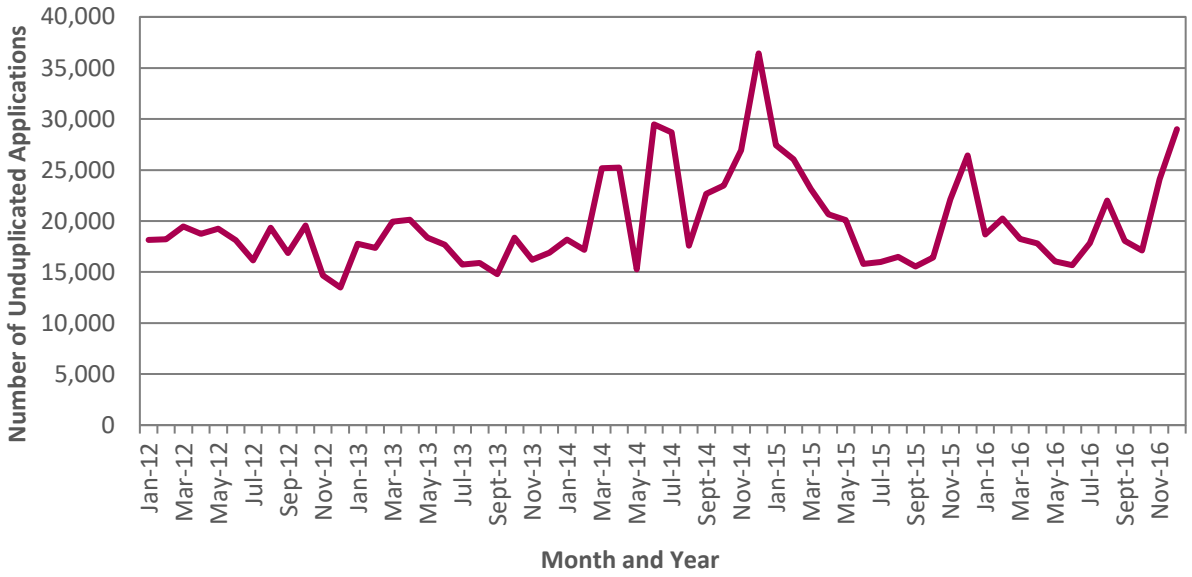


Table 9 provides monthly information on Florida KidCare applications submitted during CY 2016.

- Florida Healthy Kids Corporation received a total 287,252 applications, including duplicate applications.
- When duplicate applications were removed, Florida Healthy Kids Corporation received a total of 234,762 applications, which contained processable information on 376,133 applicants.
- Florida Healthy Kids Corporation received an average of 19,563 unduplicated applications monthly, ranging from a low of 15,669 unduplicated applications in June 2016 to a high of 29,001 unduplicated applications in December 2016.

- The mean age of applicants for the 12-month period was 9.79 years.
- The mean monthly income of families applying for Florida KidCare coverage was $3,296.93 during CY 2016.
- Families applying for Florida KidCare coverage had an average household size for the 12-month period of 3.61 persons.

Table 9. Florida KidCare Application Information Received by Florida Healthy Kids Corporation, CY 2016

Application Information	Jan. 2016	Feb. 2016	Mar. 2016	Apr. 2016	May 2016	Jun. 2016	Jul. 2016	Aug. 2016	Sep. 2016	Oct. 2016	Nov. 2016	Dec. 2016	Total
Applications received, including duplicate applications	25,872	27,517	24,620	23,541	20,721	19,801	21,790	26,026	20,696	19,492	26,594	30,582	287,252
Applications received, excluding duplicate applications	18,666	20,239	18,230	17,793	16,043	15,669	17,834	22,000	18,068	17,128	24,091	29,001	234,762
Children represented on applications received, excluding duplicate applications	30,264	31,513	28,641	28,228	25,646	25,254	28,894	36,276	29,532	28,216	38,541	45,128	376,133
Child age, mean years*	9.69	9.58	9.49	9.58	9.62	9.69	9.71	9.82	9.91	9.84	10.08	10.22	9.79
Child age, standard deviation	4.88	4.84	4.79	4.72	4.65	4.65	4.58	4.54	4.54	4.56	4.59	4.59	4.67
Monthly family income, mean**	$3,196	$3,220	$3,226	$3,296	$3,255	$3,240	$3,221	$3,261	$3,322	$3,383	$3,446	$3,460	$3,297
Monthly family income, standard deviation	$2,324	$2,492	$1,884	$2,379	$2,614	$2,160	$2,268	$2,094	$2,095	$2,511	$2,231	$2,470	$2,304
Household size, mean***	3.55	3.56	3.61	3.65	3.64	3.65	3.63	3.62	3.60	3.62	3.59	3.63	3.61
Household size, standard deviation	1.24	1.25	1.26	1.26	1.27	1.26	1.27	1.26	1.24	1.26	1.23	1.25	1.25

**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

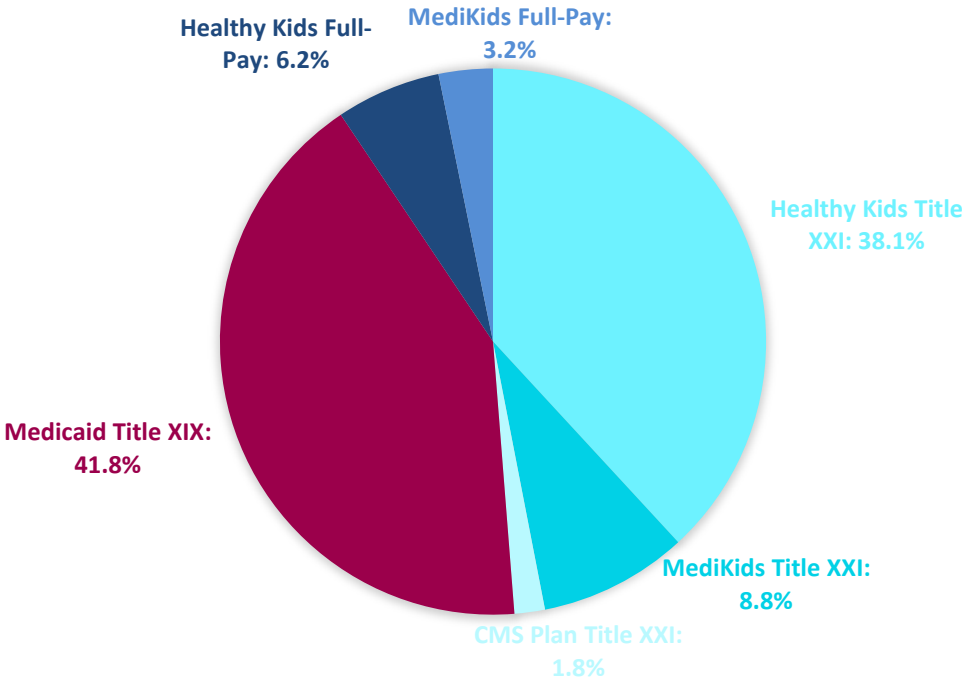
The following analysis considers unduplicated applications/applicants for cases with duplicate or multiple applications, only the most recent applications to Florida Healthy Kids Corporation are included. The analysis does not use the "referral" flag provided in the applications database because that 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 Corporation 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 234,762 processed applications:

- 145,493 applications received internal review only
- 69,230 applications received internal and DCF review
- 16,199 applications received internal and CMS Plan review
- 3,789 applications received internal, DCF, and CMS Plan review

An additional 51 applications did not fit one of these review criteria. **Figure 4** presents the distribution of approved applications by Florida KidCare program component. Children can also be approved for Medicaid coverage through direct application to DCF. These figures only reflect the applications for Florida KidCare coverage that were originally submitted to Florida Healthy Kids Corporation, not DCF. 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.

Table 10 illustrates the number of applications for Florida KidCare during CY 2016 sent directly to Florida Healthy Kids Corporation.

Florida Healthy Kids processed a total of 234,711 unduplicated applications representing 376,064 unduplicated applicants. Of these applicants, 169,194 children were approved yielding a 45% approval rate. This data 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 DCF and from the Federally Facilitated Marketplace (FFM).

Table 10. Outcomes of Florida KidCare Applications Processed by Florida Healthy Kids Corporation, CY 2016

Applications reviewed by Healthy Kids Corporation	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	145,493	69,230	16,199	3,789	234,711
Number & Percent of Unduplicated Children	243,641 64.78%	109,558 29.13%	18,536 4.93%	4,329 1.15%	376,064 100%
TOTAL, children **approved** for Florida KidCare or Full-Pay	149,820	5,663	12,910	801	169,194
Healthy Kids Title XXI	57,762	2,482	4,057	264	64,565
MediKids Title XXI	13,465	744	702	51	14,962
Medicaid Title XIX	64,097	2,414	3,903	333	70,747
CMS Plan Title XXI	-	-	2,876	152	3,028
Healthy Kids Full-Pay	9,639	11	912	-	10,562
MediKids Full-Pay	4857	12	460	1	5,330

Data describing reasons applications were not approved for all of Florida KidCare (including Medicaid) are not available. However, **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:

- 30,047 children were not eligible for Title XXI coverage due to expiration of their application when their parents did not respond to requests for documentation.
- 70,747 children were not eligible because they were already receiving Medicaid coverage.
- 39,547 children were not eligible for Title XXI coverage because they were referred to Medicaid, but not currently enrolled Medicaid.
- Being under age accounted for 7,188 children not being eligible for Title XXI CHIP coverage.
- 39,386 children were not eligible because their application had expired due to non-payment.
- 17,609 children were not eligible for Title XXI coverage because they had other insurance, while 2,856 children were not eligible because they were not US citizens or qualified aliens.

- Additional reasons include not a Florida resident (552), incarcerated (13), or families who were non-compliant with documentation requests from DCF for their Medicaid eligibility determination (8).

Table 11. Reasons for Denial from CHIP Title XXI, CY 2016

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
Expired, non-compliant	27,889	24	2,129	5	30,047
Expired, non-payment	37,371	271	1,722	22	39,386
Has other insurance	4,971	11,609	809	220	17,609
Incarcerated	13	0	0	0	13
Medicaid, non-compliant	6	1	1	0	8
Referred to Medicaid	81	36,384	3	3,079	39,547
Non-US citizen	2,685	0	171	0	2,856
Currently enrolled in Medicaid	64,097	2,414	3,903	333	70,747
Not a Florida resident	501	22	25	4	552
Over age	71	58,708	1	191	58,971
Under age	53	7,135	0	0	7,188

Florida KidCare Enrollment

Table 12 presents the point-in-time enrollment figures for the end of CY 2015 and CY 2016 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 CY 2016, 2,435,203 children were enrolled in the Florida KidCare program. This was an increase of 2% from the previous year.
- Florida KidCare's Medicaid Title XIX enrollments increased 1% from 2,061,412 to 2,090,306 children.
- Total Title XXI-funded enrollments increased by 11% from December 31, 2015, to December 31, 2016.
    - CMS Plan Title XXI enrollment declined by 8%. The Florida Healthy Kids full-pay program also saw a decline in enrollment, with 23% fewer enrollees than at the end of 2015.
    - The enrollment in the MediKids full-pay program increased by 8%, while the Title XXI programs for Florida Healthy Kids and MediKids saw increases in 2016 of 11% and 7%, respectively.

Table 12. Point-in-time Enrollment Figures for the Last Day of CY 2015 and CY 2016

	CY 2015- CY 2016		
	Enrollment Dec. 31, 2015	Enrollment Dec. 31, 2016	% Change 2015-2016
Healthy Kids Title XXI	140,606	156,161	11%
Healthy Kids Full-Pay	14,636	11,318	-23%
Healthy Kids Total	155,242	167,479	8%
MediKids Title XXI	21,913	23,342	7%
MediKids Full-Pay	5,777	6,216	8%
MediKids Total	27,690	29,558	7%
CMS Plan Title XXI	9,877	9,091	-8%
Title XXI-Funded Medicaid			
< Age 1	1,021	1,004	-2%
Ages 6-18	122,070	137,765	13%
Total Title XXI-funded enrollment*	295,487	327,363	11%
Medicaid Title XIX	2,061,412	2,090,306	1%
Florida KidCare Total	2,377,312	2,435,203	2%

**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 2011-2016

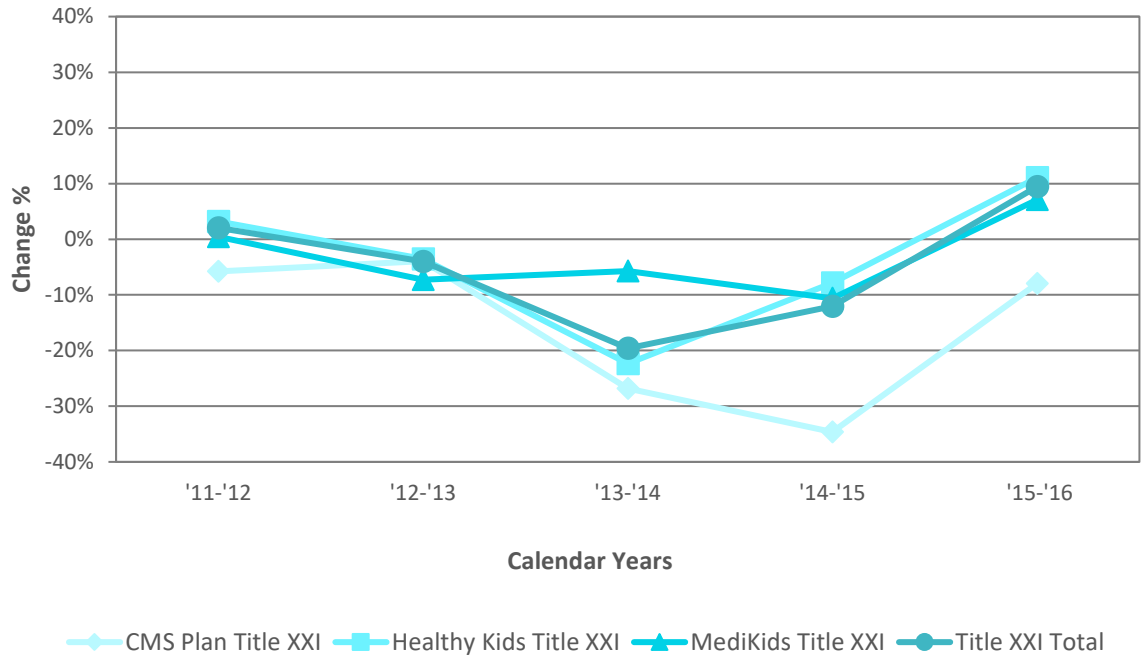


Figure 6. Change in Florida KidCare Enrollment for Full-Pay Title XXI Program Components, CY 2011-2016

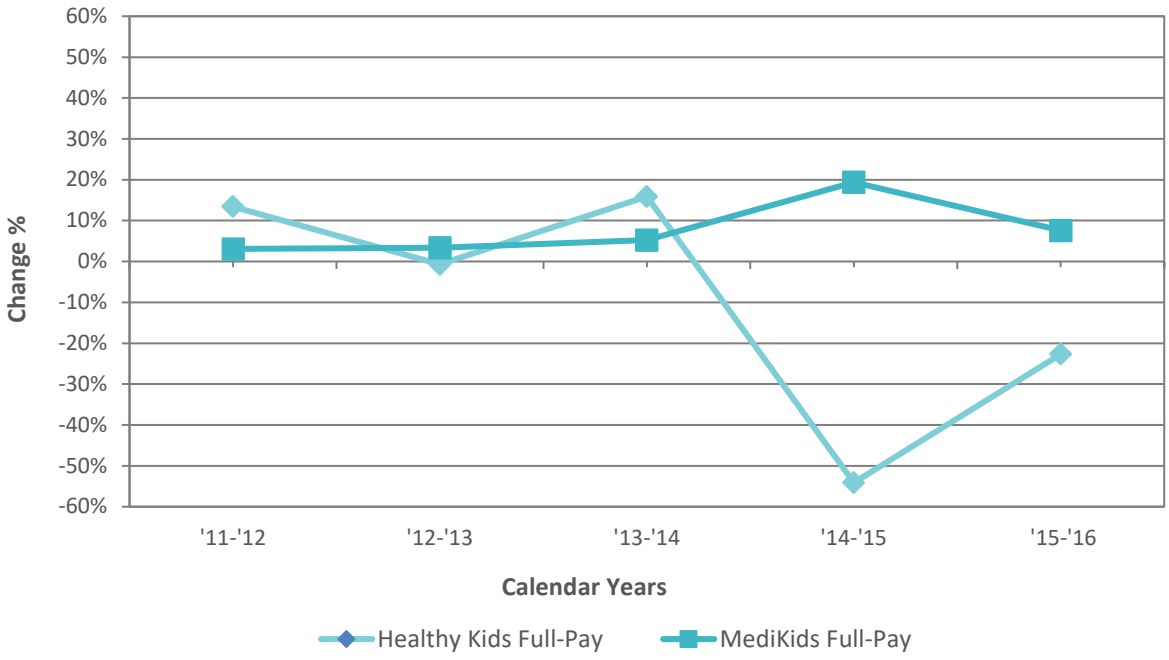
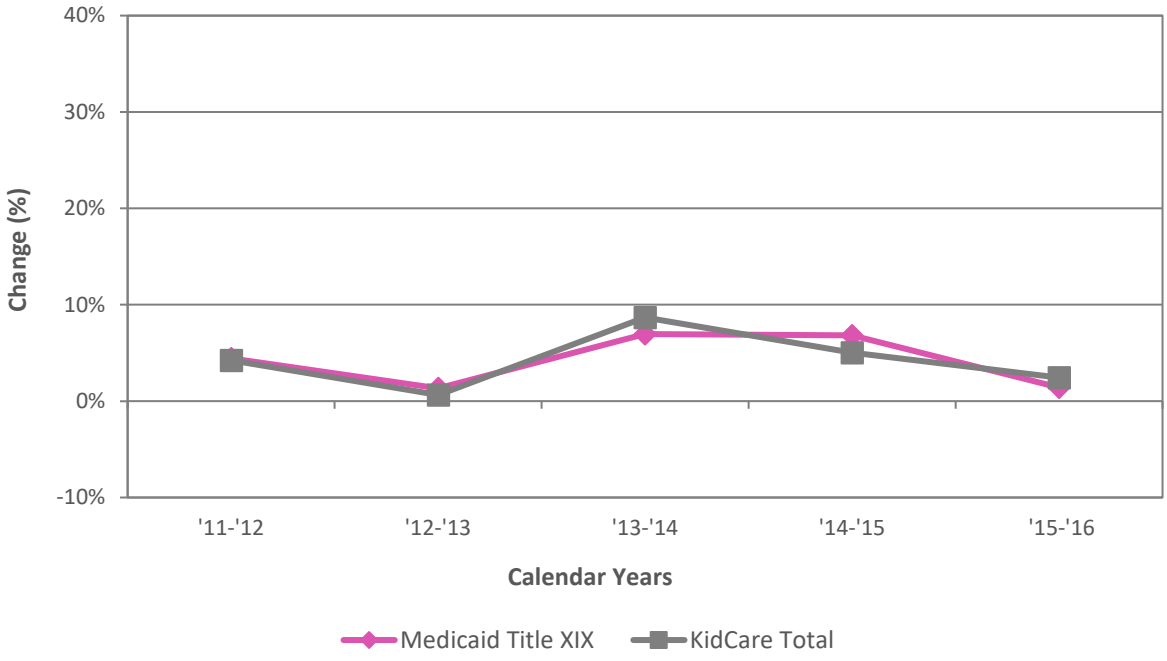


Figure 7. Change in Florida KidCare Enrollment for Title XIX Program and KidCare Total, CY 2011-2016



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 2012 through December 2016. These figures were developed from various agency enrollment reports and are subject to reconciliation. Note that although only quarterly time points are indicated, the remaining months are represented in minor tick marks on the x-axis.

Figure 8. Overall Medicaid Title XIX Program Enrollment, CY 2012-2016

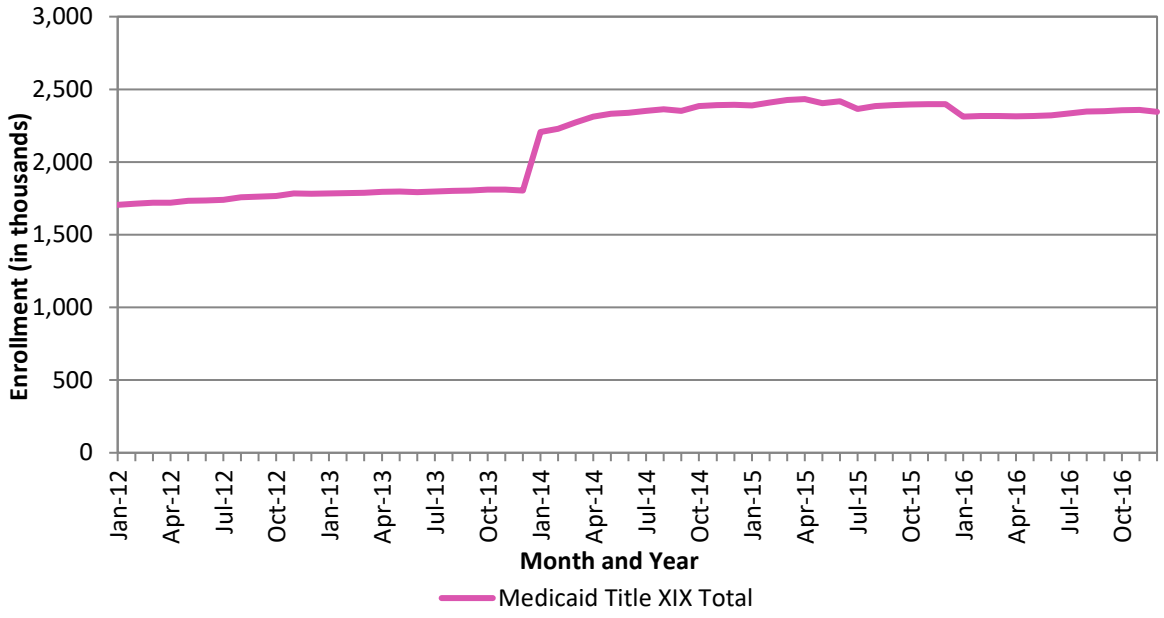


Figure 9. Overall KidCare Title XXI Program Enrollment, CY 2012-2016

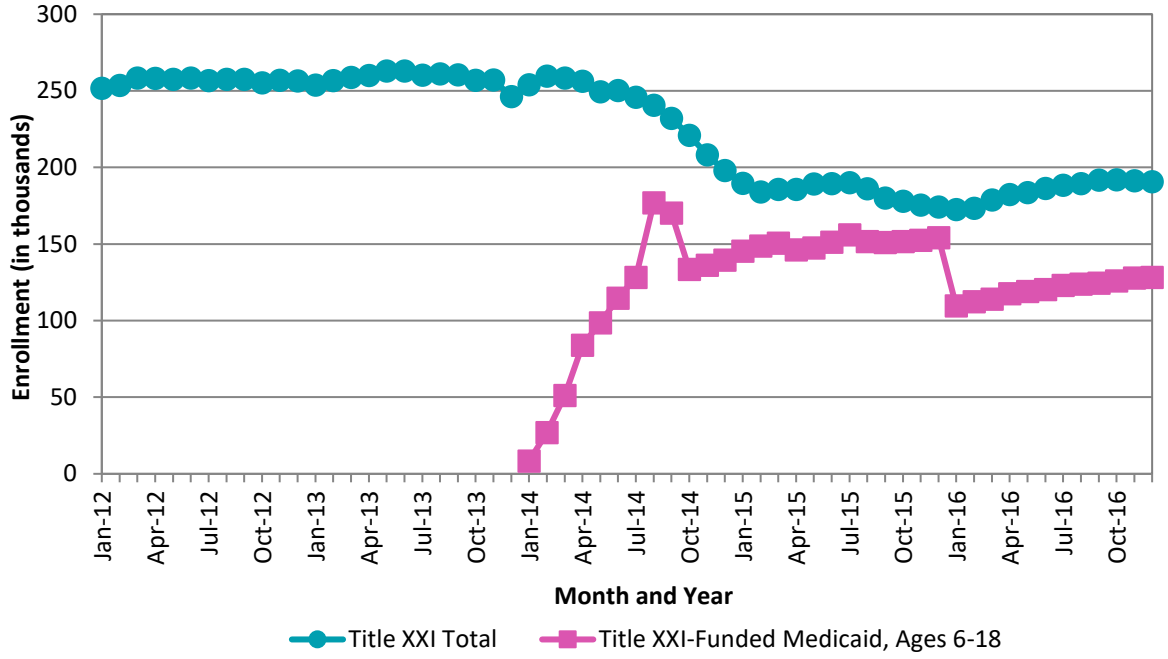


Figure 10. Healthy Kids Program Enrollment, CY 2012-2016

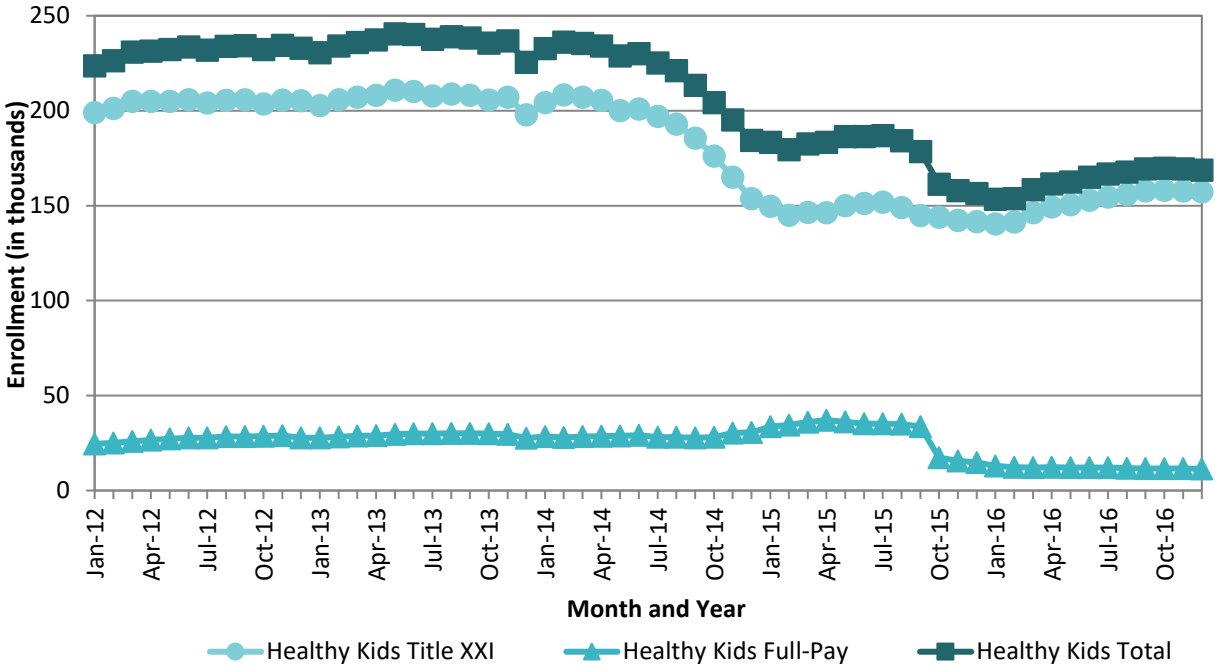


Figure 11. CMS Plan Title XXI Program Enrollment, CY 2012-2016

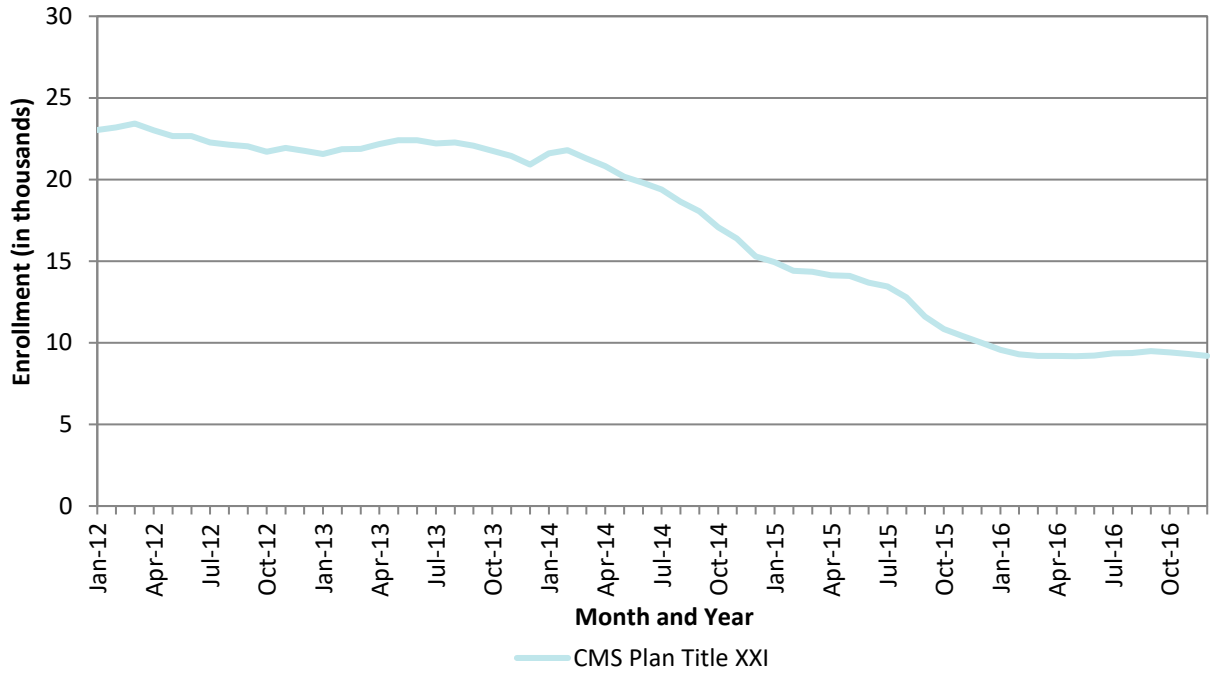
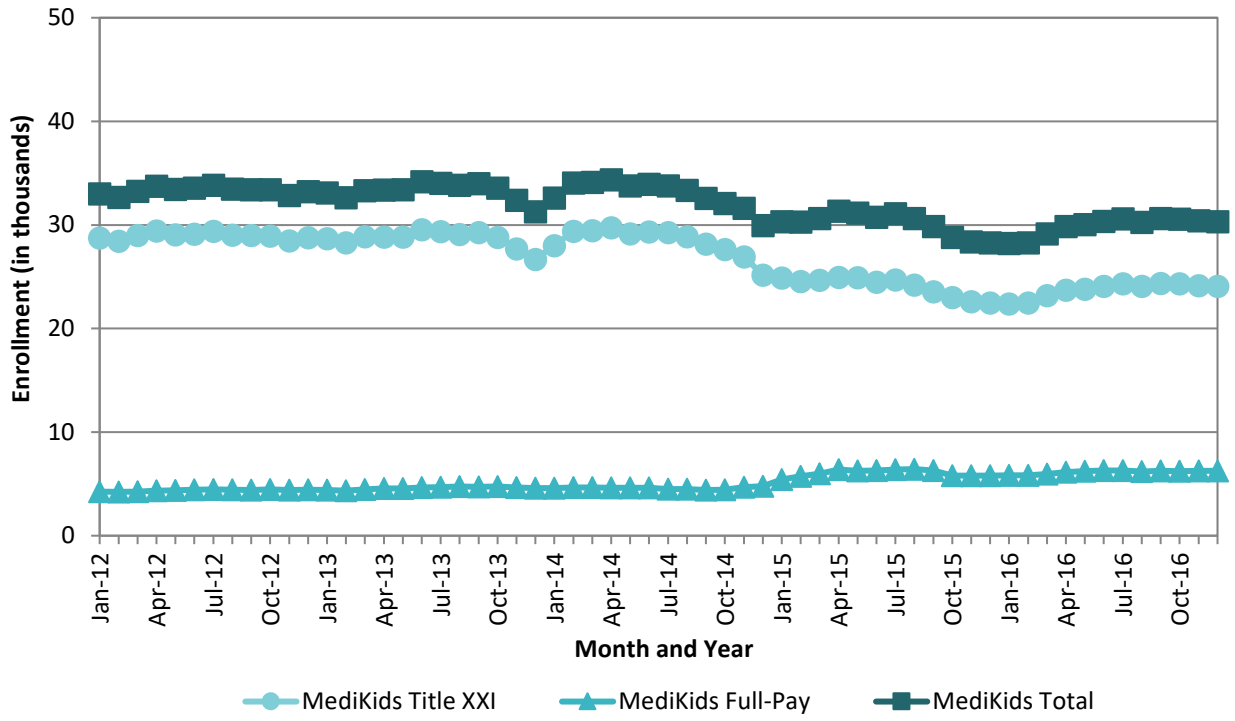


Figure 12. MediKids Program Enrollment, CY 2012-2016



Ever Enrolled and Newly Enrolled

Table 13 provides a second perspective on the number of children enrolled in Florida KidCare during CY 2016:

- Florida KidCare's Title XXI program components served a total of 283,231 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 283,231 children served by Florida KidCare Title XXI programs at some point during CY 2016, 107,380 (37.9%) had not been covered by Title XXI programs in the year prior to their enrollment in CY 2016; 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 2016:

- Medicaid Title XIX served a total of 2,704,554 children. Of those children served by Medicaid in CY 2016, 367,569 (13.6%) had not been served by Medicaid in the year prior to their enrollment in CY 2016.

Table 13. Children "Ever" and "Newly" Enrolled in Florida KidCare Program Components, CY 2016

CY 2016			
	Ever Enrolled*	Newly Enrolled**	Percent New Enrollees
Medicaid Title XIX	2,704,554	367,569	13.6
CMS Plan Title XXI	14,087	4,147	29.4
Healthy Kids Title XXI	226,394	82,531	36.5
MediKids Title XXI	42,750	20,702	48.4
Total Title XXI	283,231	107,380	37.9

** 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 Florida Healthy Kids program would be represented three times in this table: once as an MediKids "ever" enrollee, once as a Florida Healthy Kids "new" enrollee, and once as a Florida Healthy Kids "ever" enrollee.

Renewal of Florida KidCare Title XXI Coverage

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

Florida's CHIP 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 2016 through December 2016. During this time period, nearly 95% 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 2016

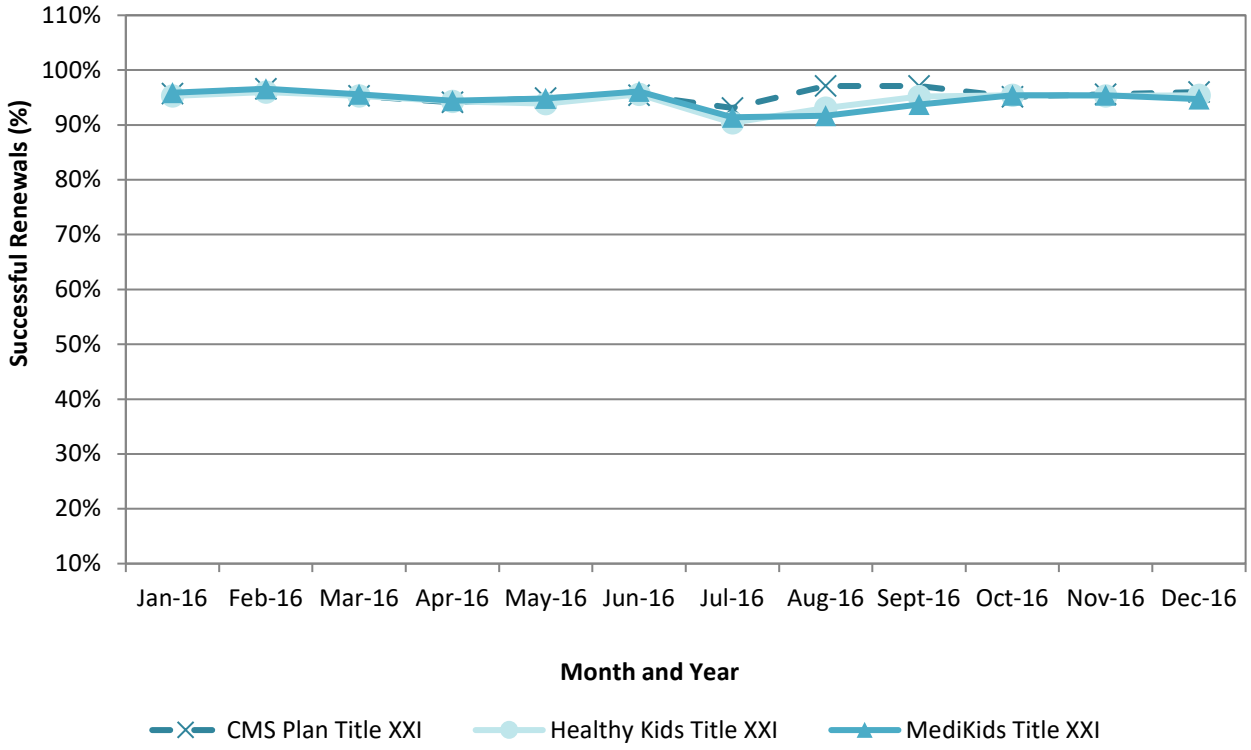
Month renewal was due	# of children eligible for renewal	# of children whose renewals were processed successfully	% of eligible children whose coverage was successfully renewed
Total	119,748	113,710	94.96%
January 2016	16,400	15,650	95.43%
February 2016	14,045	13,487	96.03%
March 2016	11,337	10,810	95.35%
April 2016	10,635	10,033	94.34%
May 2016	6,222	5,855	94.10%
June 2016	5,295	5,066	95.68%
July 2016	6,011	5,450	90.67%
August 2016	5,656	5,268	93.14%
September 2016	9,025	8,592	95.20%
October 2016	10,766	10,271	95.40%
November 2016	11,848	11,297	95.35%
December 2016	12,508	11,931	95.39%

Note: These data include CHIP-enrolled children who transferred into the Florida Medicaid Title XIX program as a result of their renewal eligibility determination. Renewals are considered successful if a member was enrolled in the renewal month and the month following the renewal month.

Renewal rates by program component are shown in **Figure 13** for CY 2016.

- For CY 2016, coverage was renewed for 95.7% of eligible CMS Plan Title XXI enrollees, 94.9% of Florida Healthy Kids enrollees, and 94.8% of MediKids enrollees.

Figure 13. Successful Renewals of Title XXI Florida KidCare Coverage by Program Component, CY 2016



Note: Renewals are considered successful if a member was enrolled in the renewal month and the month following the renewal month. A member's renewal date was used as the end date for determining program.

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**. Roughly 95% of the 119,748 children eligible to renew their Title XXI coverage did so in CY 2016.

Table 15. Title XXI Renewal Status for Eligible Children by Program, CY 2016

Program/Characteristic	Children eligible for renewal	Renewal Status			
		Not renewed (N)	Renewed (N)	Not renewed (Row %)	Renewed (Row %)
All Children, Title XXI					
Total	119,748	6,038	113,710	5.0	95.0
Gender					
Male	61,546	3,071	58,475	5.0	95.0
Female	58,202	2,967	55,235	5.1	94.9
Age					
1-4	13,078	681	12,397	5.2	94.8
5-9	34,245	1,576	32,669	4.6	95.4
10-14	40,775	1,860	38,915	4.6	95.4
15-18	31,650	1,921	29,729	6.1	93.9
Rural/Urban Commuting Area					
Urban/Large Towns	111,953	5,649	106,304	5.0	95.0
Rural/Small Towns	5,818	308	5,510	5.3	94.7
Unknown	1,977	81	1,896	4.1	95.9
Federal Poverty Level					
150% or less	29,986	2,630	27,356	8.8	91.2
151% or greater	89,756	3,407	86,349	3.8	96.2
Unknown	6	1	5	16.7	83.3
Florida Healthy Kids					
Total	99,950	5,074	94,876	5.1	94.9
Gender					
Male	50,578	2,559	48,019	5.1	94.9
Female	49,372	2,515	46,857	5.1	94.9
Age					
1-4	7	1	6	14.3	85.7
5-9	32,507	1,508	30,999	4.6	95.4
10-14	37,966	1,749	36,217	4.6	95.4
15-18	29,470	1,816	27,654	6.2	93.8
Rural/Urban Commuting Area					
Urban/Large Towns	93,473	4,756	88,717	5.1	94.9
Rural/Small Towns	4,812	253	4,559	5.3	94.7
Unknown	1,665	65	1,600	3.9	96.1
Federal Poverty Level					
150% or less	24,970	2,205	22,765	8.8	91.2
151% or greater	74,974	2,868	72,106	3.8	96.2
Unknown	6	1	5	16.7	83.3

Note: A member's renewal date was used as the end date for determining age and program. A status of "Renewed" includes members enrolled in the renewal month and the following month.

Table 15. Title XXI Renewal Status for Eligible Children by Program, CY 2016 (continued)

Program/Characteristic	Children eligible for renewal	Renewal Status			
		Not renewed (N)	Renewed (N)	Not renewed (Row %)	Renewed (Row %)
CMS Plan Title XXI					
Total	7,075	306	6,769	4.3	95.7
Gender					
Male	4,477	190	4,287	4.2	95.8
Female	2,598	116	2,482	4.5	95.5
Age					
1-4	349	22	327	6.3	93.7
5-9	1,738	68	1,670	3.9	96.1
10-14	2,808	111	2,697	4.0	96.0
15-18	2,180	105	2,075	4.8	95.2
Rural/Urban Commuting Area					
Urban/Large Towns	6,582	280	6,302	4.3	95.7
Rural/Small Towns	395	22	373	5.6	94.4
Unknown	98	4	94	4.1	95.9
Federal Poverty Level					
150% or less	1,757	127	1,630	7.2	92.8
151% or greater	5,318	179	5,139	3.4	96.6
Unknown	-	-	-	-	-
MediKids					
Total	12,723	658	12,065	5.2	94.8
Gender					
Male	6,491	322	6,169	5.0	95.0
Female	6,232	336	5,896	5.4	94.6
Age					
1-4	12,722	658	12,064	5.2	94.8
5-9	-	-	-	-	-
10-14	1	0	1	0	100.0
15-18	-	-	-	-	-
Rural/Urban Commuting Area					
Urban/Large Towns	11,898	613	11,285	5.2	94.8
Rural/Small Towns	611	33	578	5.4	94.6
Unknown	214	12	202	5.6	94.4
Federal Poverty Level					
150% or less	3,259	298	2,961	9.1	90.9
151% or greater	9,464	360	9,104	3.8	96.2
Unknown	-	-	-	-	-

Note: A member's renewal date was used as the end date for determining age and program. A status of "Renewed" includes members enrolled in the renewal month and the following month.

Section 2:
Family Experiences

In This Section

- Evaluation Approach
- Enrollee Characteristics
- Composites and Global Ratings Summary
- Family Experiences and Satisfaction with Florida KidCare
- Supplemental Questions: Children with Chronic Conditions

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. CAHPS, launched by the Agency for Healthcare Research and Quality (AHRQ) in 1995, supports and promotes assessment of health care consumer experiences. This is achieved through use of a standardized questionnaire that allows for direct comparison against other health plans.[1] Through the CAHPS questionnaire, plan members answer questions about topics important to health care consumers, such as ease of access, communication with health care providers, and health plan customer service. CAHPS surveys ask about the care received in the six months preceding the interview, and vary by type of health plan (commercial or Medicaid), location (i.e., a nursing home or outpatient surgery), or health topic of interest (such as dental care).[2] Supplemental question sets exist for additional topics.

Evaluation Approach

This section presents results from surveys conducted in early 2017 with caregivers of established Florida KidCare enrollees. A total of 10,603 telephone and mail 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 Plan Title XXI, Medicaid FFS, and Medicaid 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.

Eligibility requirements:

- Enrollee was 18 years or younger as of December 31st of the reporting year
- Current enrollment at the time the sample is drawn
- Continuous enrollment for at least the last 6 months
- No more than one gap in enrollment of up to 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.

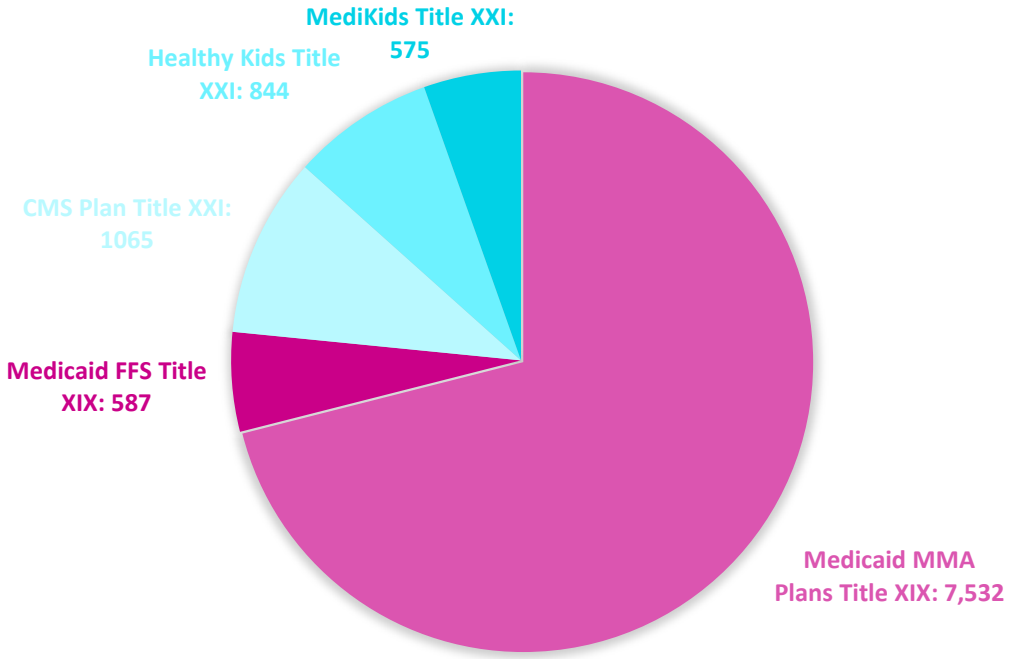
The CAHPS Child Medicaid Survey version 5.0H and the Supplemental Item Set for Children with Chronic Conditions from the CAHPS Health Plan Supplemental Items for Child Surveys were used in this evaluation (for Florida Healthy Kids, MediKids, CMS Plan XXI, child specialty MMA plans, and Medicaid FFS Title XIX only). The standard MMA plans used the CAHPS Child Medicaid Survey version 5.0H.

One way the CAHPS survey measures patient experience is by presenting composite measure results, which combine two or more related survey questions. Global ratings and composites are provided in this report. For most composite questions, responses were considered positive if the respondent answered either "usually" or "always". In the Shared Decision Making composite, a positive response is noted by a "yes" answer. The composite scores for each survey item were then compared to CAHPS national averages (benchmarks) from 2016.[3]

NCQA guidelines state that health plans must achieve a denominator of at least 100 responses. In this report, results with a denominator of less than 100 are indicated with the N/A notation. Note that when adding programs together, the total may average more than 100 per item and thus be reportable.

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, 2017 Survey

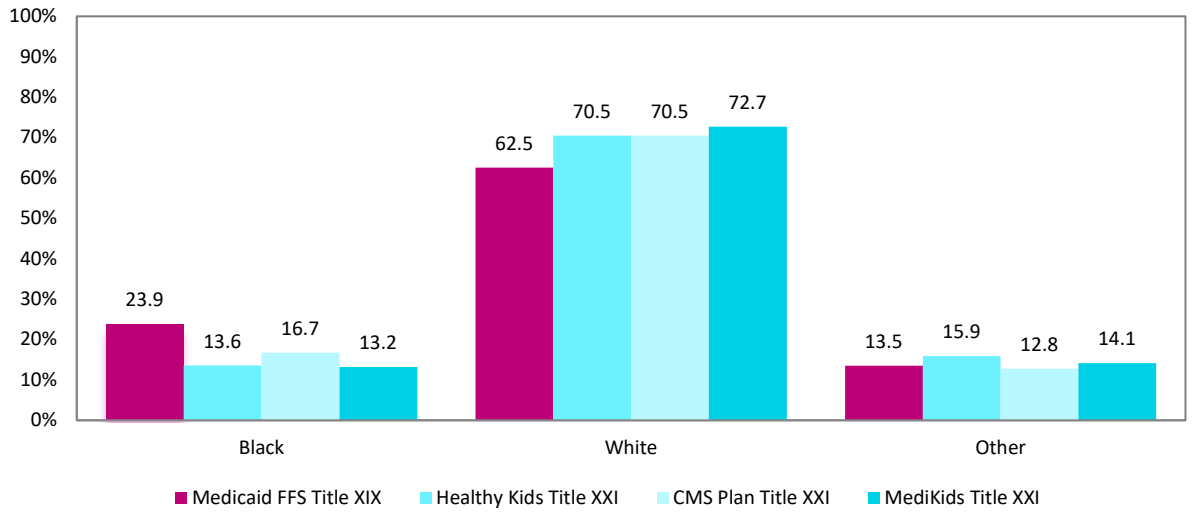


Enrollee Characteristics

Figure 15, **Figure 16**, and **Figure 17** present the demographic characteristics of enrollees as reported by caregivers who participated in the 2017 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.

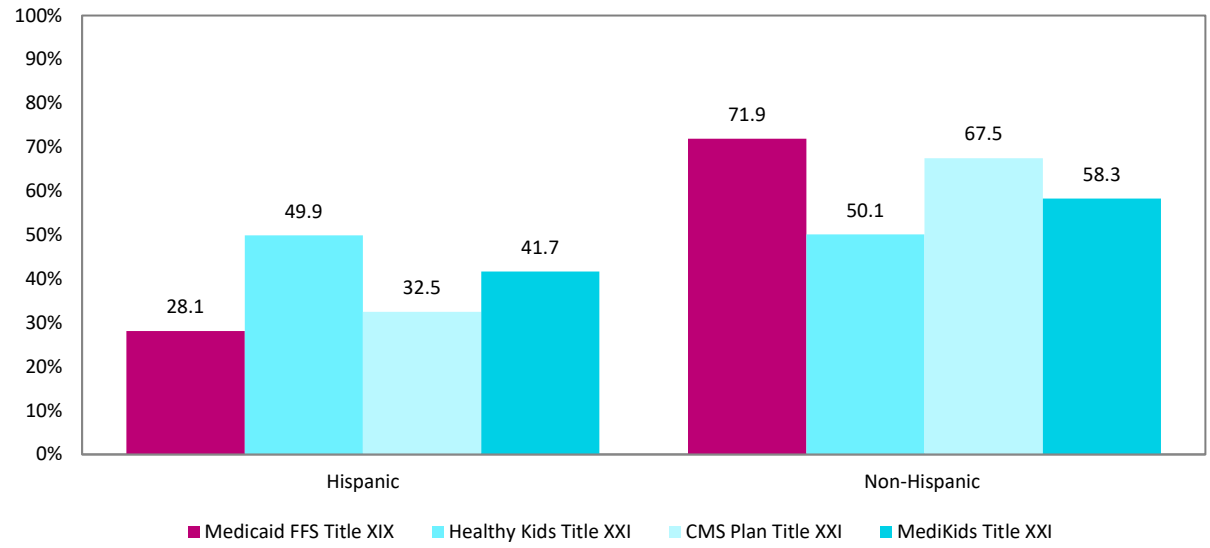
The majority of Florida KidCare families identified enrollee race as white. Most enrollees were identified as non-Hispanic and the majority of the enrollees in the survey were male.

Figure 15. Race of Established Florida KidCare Enrollees, 2017 Survey



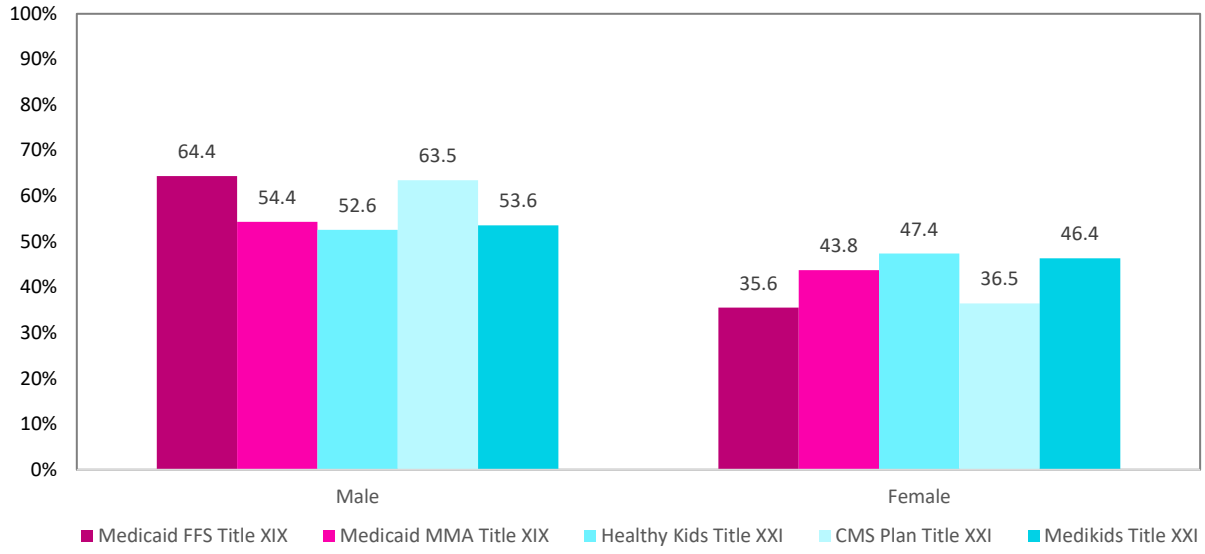
Note: Rows may not sum to 100% due to the survey instruction that respondents should select all races that apply. This item was not included in surveys conducted by Title XIX MMA plans.

Figure 16. Ethnicity of Established Florida KidCare Enrollees, 2017 Survey



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

Figure 17. Gender for Established Florida KidCare Enrollees, 2017 Survey



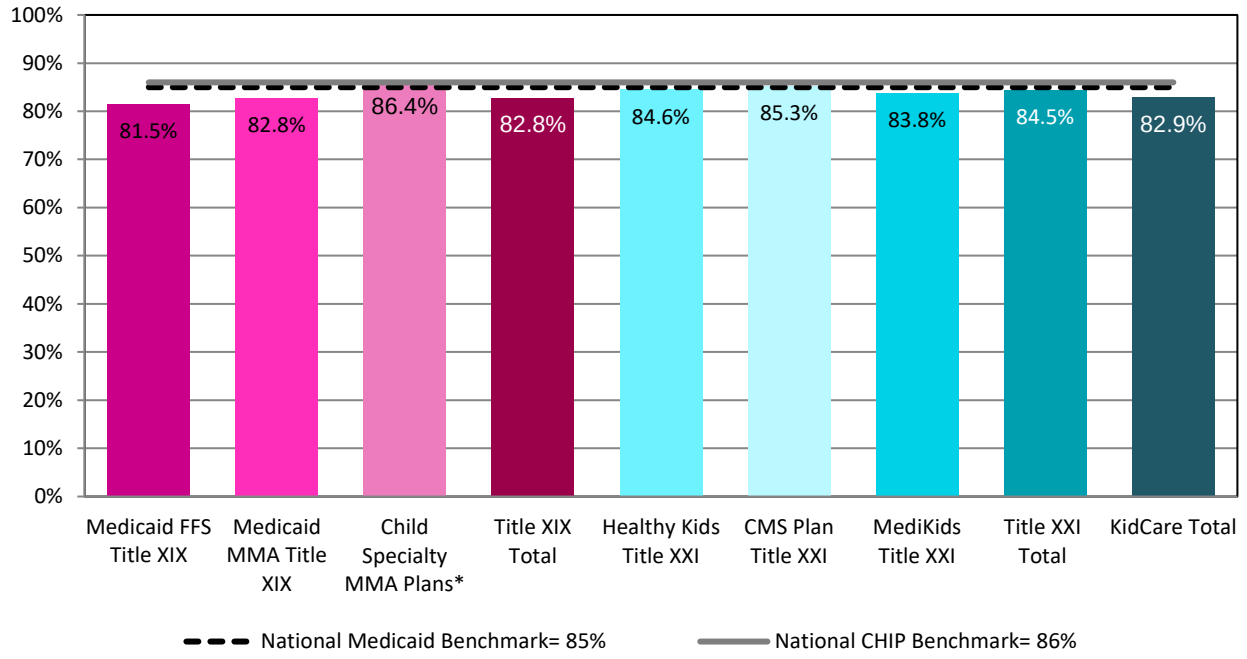
Composites and Global Ratings Summary

More than 88% of KidCare families reported positive experiences with getting care quickly, falling just under the Medicaid and CHIP national benchmarks. More than 93% of families reported positive experiences with their doctor's communication skills and 87.1% of families reported positive experiences with their health plan customer service. The Florida KidCare total exceeded the national benchmarks for all four of the CAHPS global ratings questions. Approximately 77.3% of Florida KidCare families rated their primary care provider as a "9" or "10" and 76.1% rated their specialty care provider as a "9" or a "10". When rating their overall experiences, 69.9% of the Florida KidCare families rated their health care experience as a "9" or a "10", and 68.8% rated their health plan experiences a "9" or "10". Details for these items are found in subsequent graphs. The benchmark for CAHPS is a reflection of all Medicaid plans that submit their data to the AHRQ. For example, 85% of parents/guardians of Medicaid enrollees nationwide responded positively to the "Getting Needed Care" composite items.

Family Experiences and Satisfaction with Florida KidCare

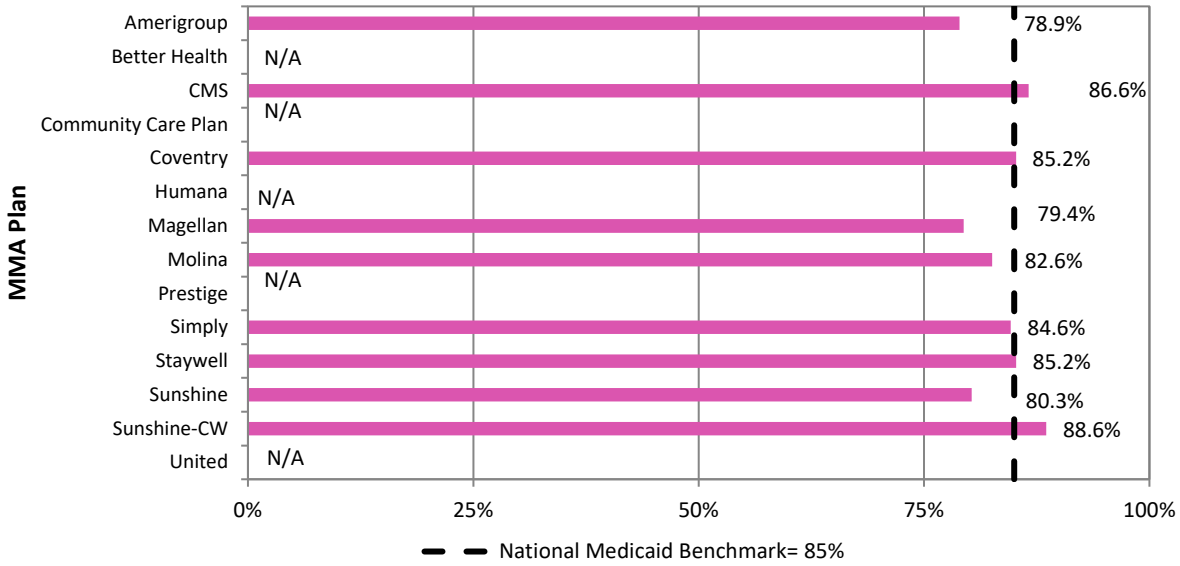
- Approximately 82.9% of Florida KidCare families reported positive experiences with "Getting Needed Care."
- MMA plans and a couple of other Florida KidCare program components are at or just below the national Medicaid benchmark (85%) and the national CHIP benchmark (86%) for this item.

Figure 18. Percentage of Families Reporting Positive Experiences to CAHPS® "Getting Needed Care" by Program, 2017 Survey



*Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A. *Not reflected in Title XIX or KidCare Total rates*

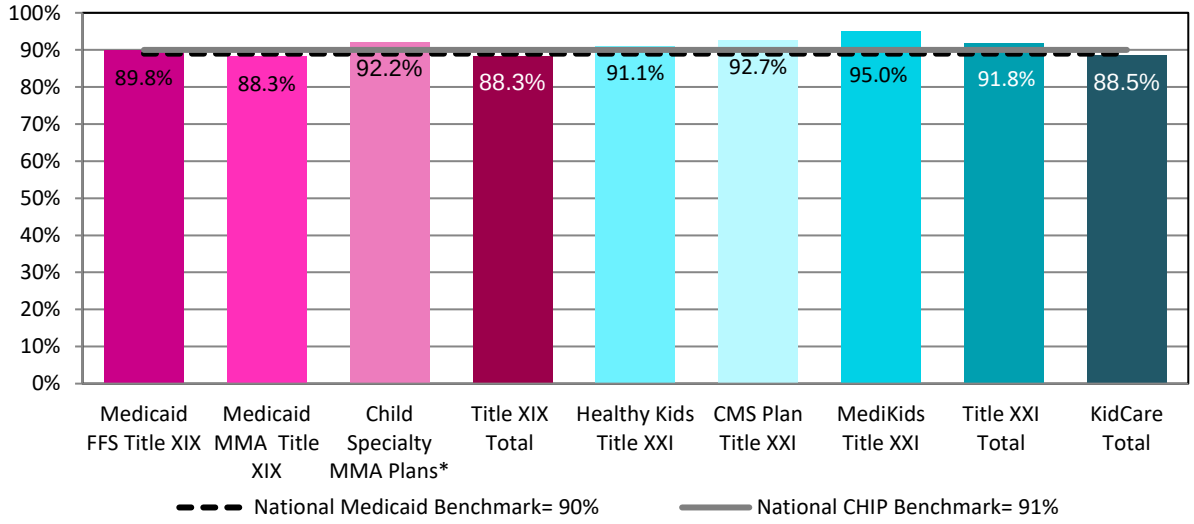
Figure 19. Percentage of Families Reporting Positive Experiences to CAHPS® "Getting Needed Care" by MMA Plan, 2017 Survey



Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

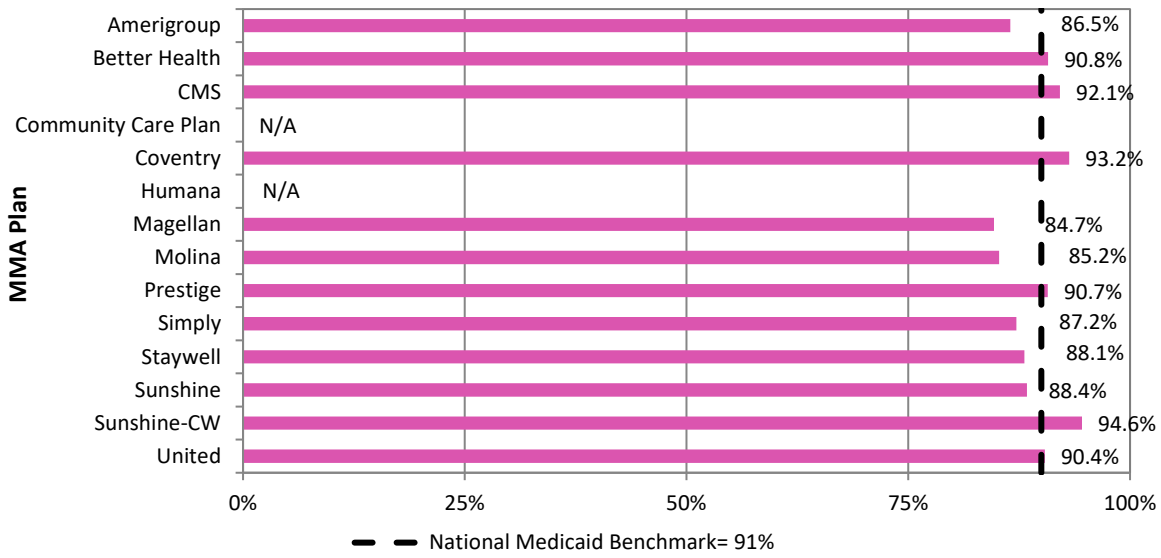
- The "Getting Care Quickly" composite was reported positively by nearly 89% of Florida KidCare families.
- MediKids (95.0%), CMS Plan Title XXI (92.7%), Florida Healthy Kids (91.1%) and the Title XXI Total (91.8%) program components all exceeded both the national Medicaid benchmark (90%) and the national CHIP benchmark (91%).
- Only Six MMA plans exceeded the national Medicaid benchmark: Better Health (90.8%), CMS (92.1%), Coventry (93.2%), Prestige (90.7%), Sun-CW (94.6%) and United (90.4%).

Figure 20. Percentage of Families Reporting Positive Experiences to CAHPS® "Getting Care Quickly" by Program, 2017 Survey



Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A.
**Not reflected in Title XIX or KidCare Total rates*

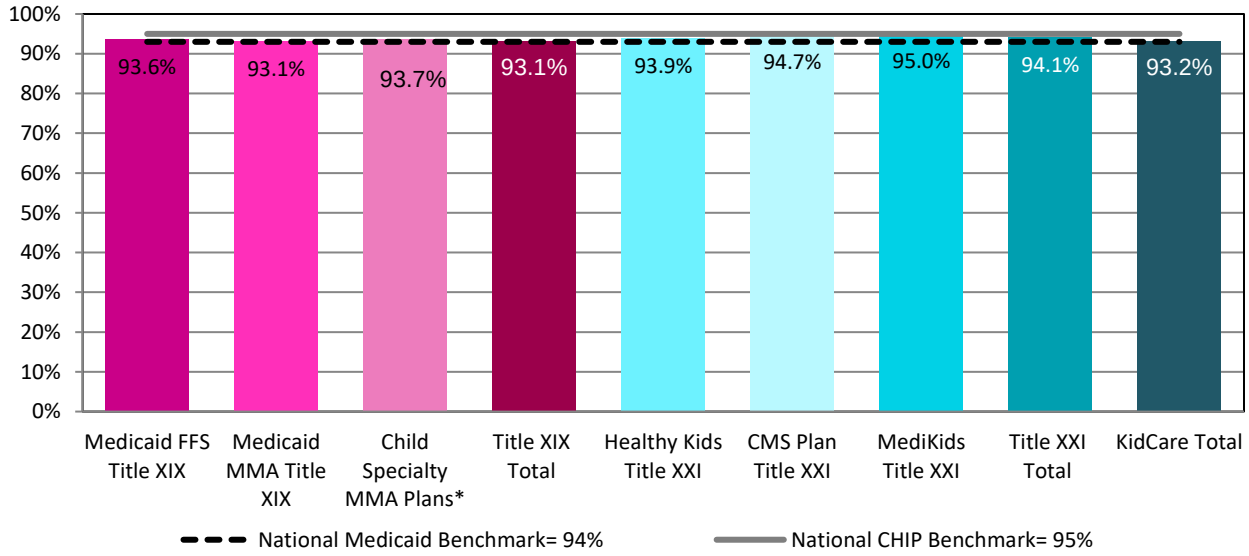
Figure 21. Percentage of Families Reporting Positive Experiences to CAHPS® "Getting Care Quickly" By MMA Plan, 2017 Survey



Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

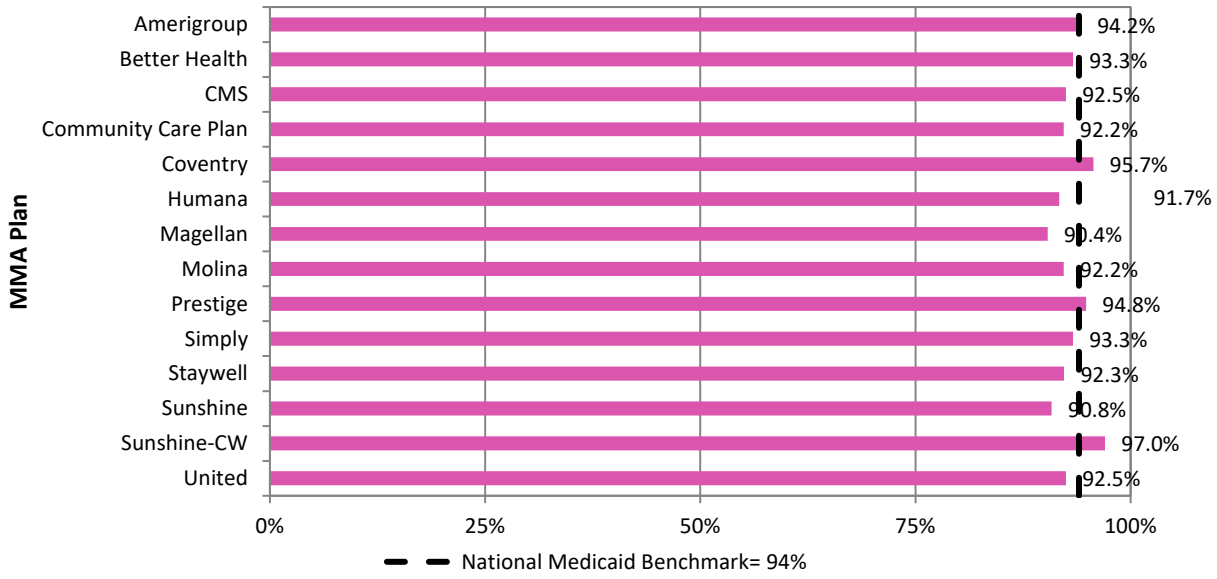
- Compared to 94% of the national Medicaid benchmark group and 95% of the national CHIP group, 93.2% of Florida KidCare families reported positive experiences with their doctor's communication skills.
- Title XXI Total (94.1%), MediKids (95%) and CMS Plan Title XXI (94.7%) program components all exceeded the national Medicaid benchmark. Four MMA plans exceeded the national mean, including Amerigroup (94.2%), Coventry (95.7%), Prestige (94.8%) and Sun-CW (97%).

Figure 22. Percentage of Families Reporting Positive Experiences to CAHPS® "Doctor's Communication Skills" by Program, 2017 Survey



Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A.
**Not reflected in Title XIX or KidCare Total rates*

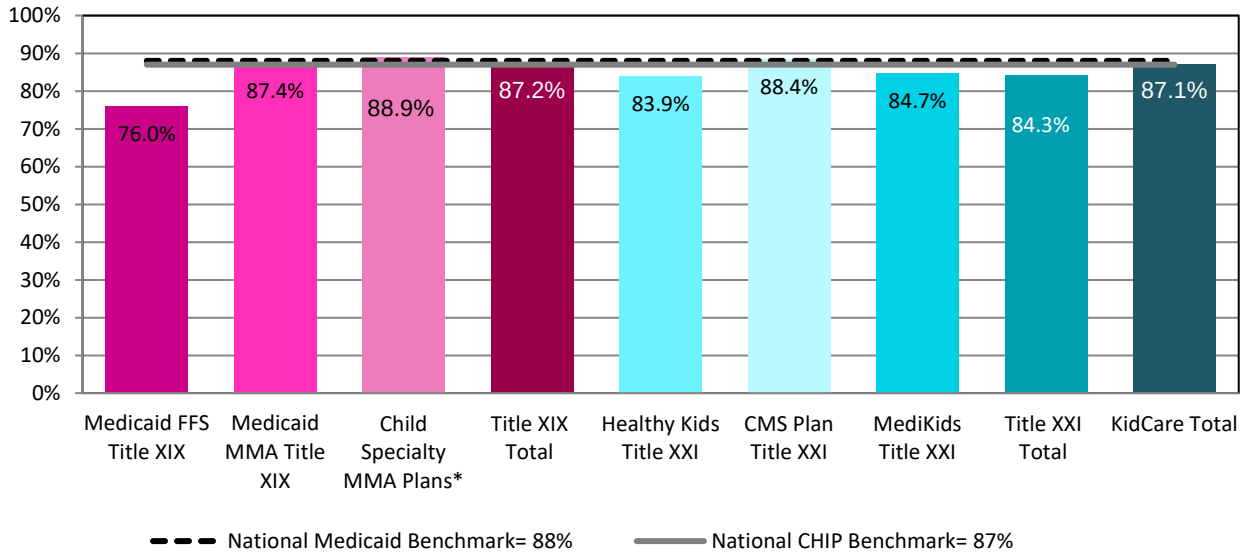
Figure 23. Percentage of Families Reporting Positive Experiences to CAHPS® "Doctor's Communication Skills" by MMA Plan, 2017 Survey



Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

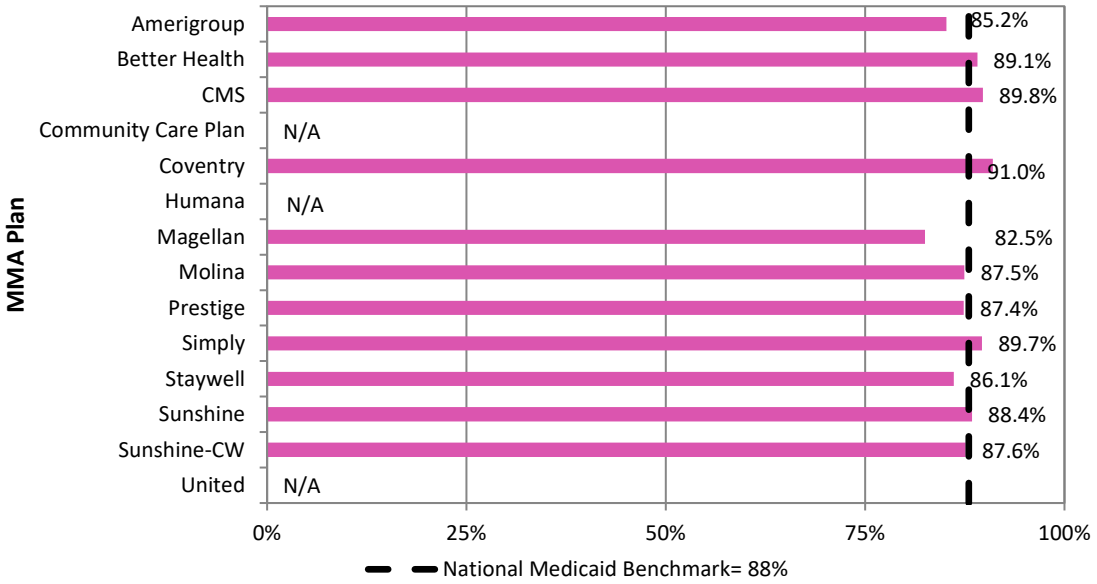
- Experience with health plan customer service was reported positively by 89.1% of families in the MMA plans and by 88.4% of families using the CMS plan Title XXI program, exceeding both the national CHIP benchmark (87%) and the national Medicaid benchmark (88%).
- Better Health (89.1%), CMS (89.8%), Coventry (91.2%), Simply (89.7%) and Sunshine (88.4%) MMA plans all exceeded the national mean.

Figure 24. Percentage of Families Reporting Positive Experiences to CAHPS® "Health Plan Customer Service" by Program, 2017 Survey



Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A.
**Not reflected in Title XIX or KidCare Total rates*

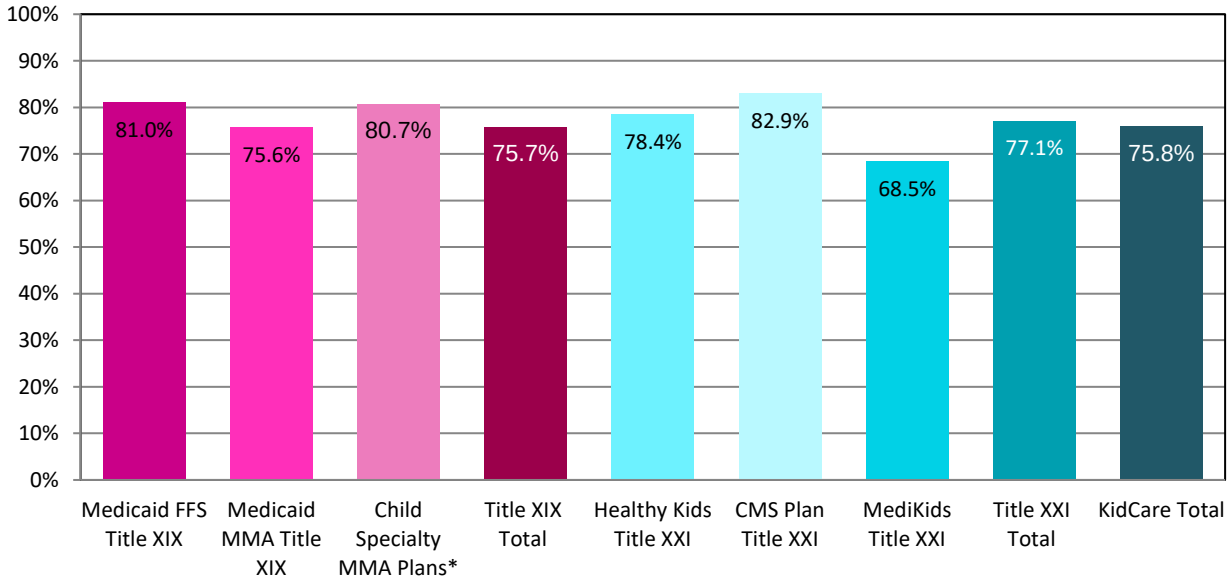
Figure 25. Percentage of Families Reporting Positive Experiences to CAHPS® "Health Plan Customer Service" by MMA Plan, 2017 Survey



Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

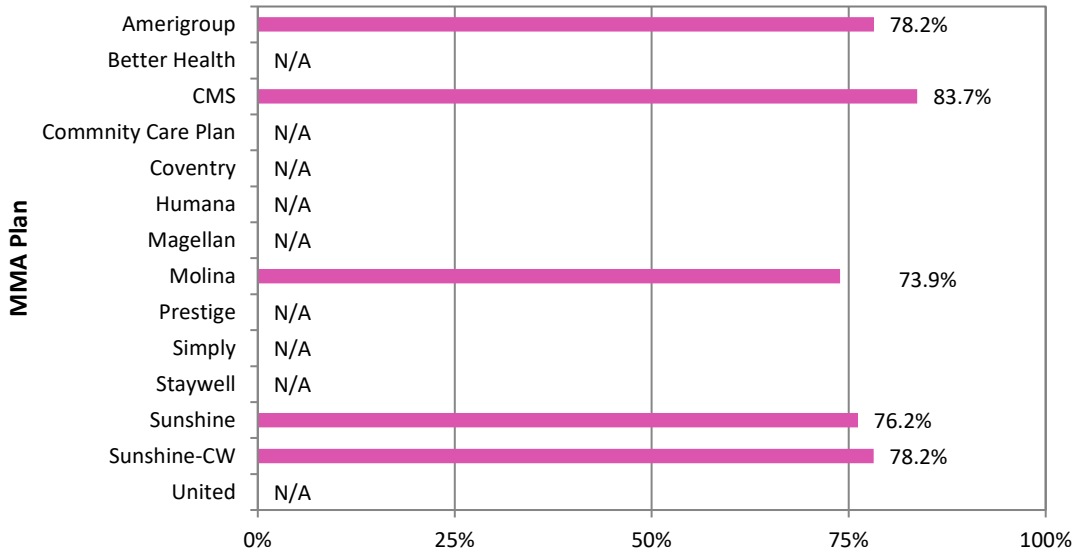
- Nearly 76% of Florida KidCare families had positive experiences with shared health care decision making.
- For the "Shared Decision Making" composite, national benchmarks are not calculated[4].

Figure 26. Percentage of Families Reporting Positive Experiences to CAHPS® "Shared Decision Making" by Program, 2017 Survey



Notes: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A.
**Not reflected in Title XIX or KidCare Total rates*

Figure 27. Percentage of Families Reporting Positive Experiences to CAHPS® "Shared Decision Making" by MMA Plan, 2017 Survey

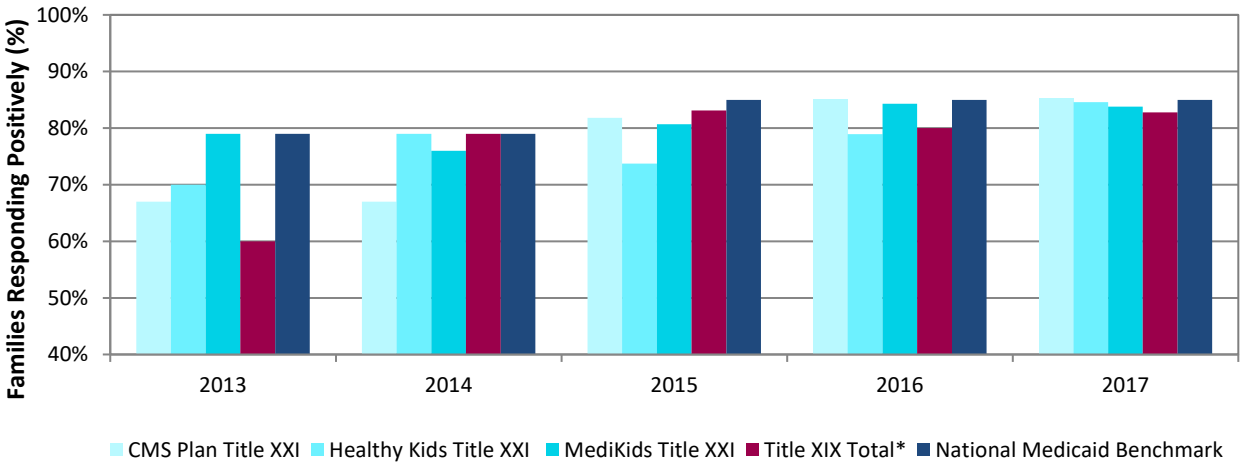


Notes: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

Figure 28, **Figure 29**, **Figure 30**, and **Figure 31** display trend data for four CAHPS composites. The four composites include: "Getting Needed Care", "Getting Care Quickly", "Doctor's Communication Skills", and "Health Plan Customer Service". The years presented in the following graphs are 2013-2017 and are for specific Florida KidCare programs.

- From the previous year, the proportion of families reporting positive experiences to the CAHPS composite "Getting Needed Care" remained the same for CMS Plan Title XXI and increased for Florida Healthy Kids, while MediKids experienced a slight decrease.

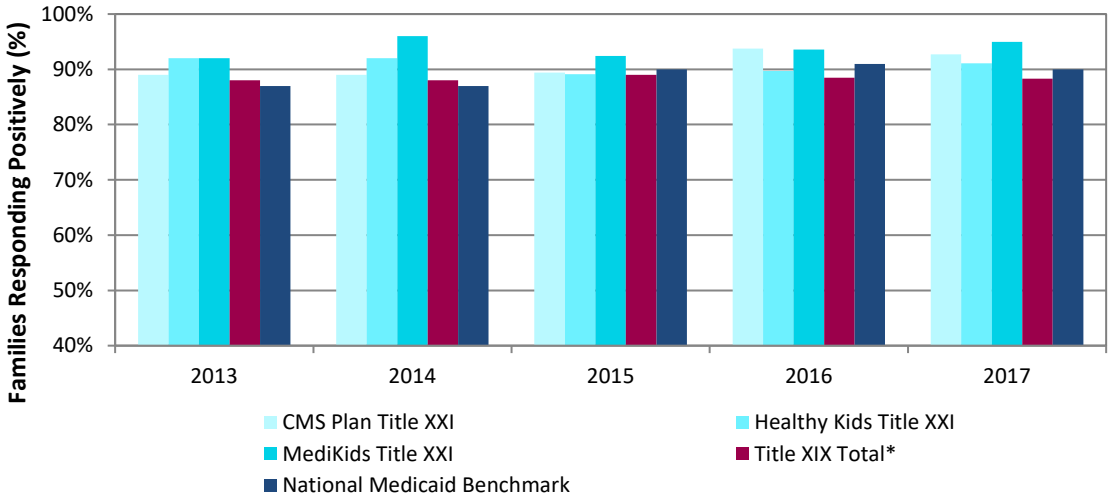
Figure 28. Florida KidCare Families Reporting Positive Experiences to the CAHPS® Composite on "Getting Needed Care", Five-Year Trend



**Medicaid Title XIX total includes MMA plan data starting in 2015. 2017 data does not include the child specialty MMA plans. Use caution when comparing.*

- The proportion of families reporting positive experiences to the CAHPS composite "Getting Care Quickly" increased for MediKids and Florida Healthy Kids from the previous year.

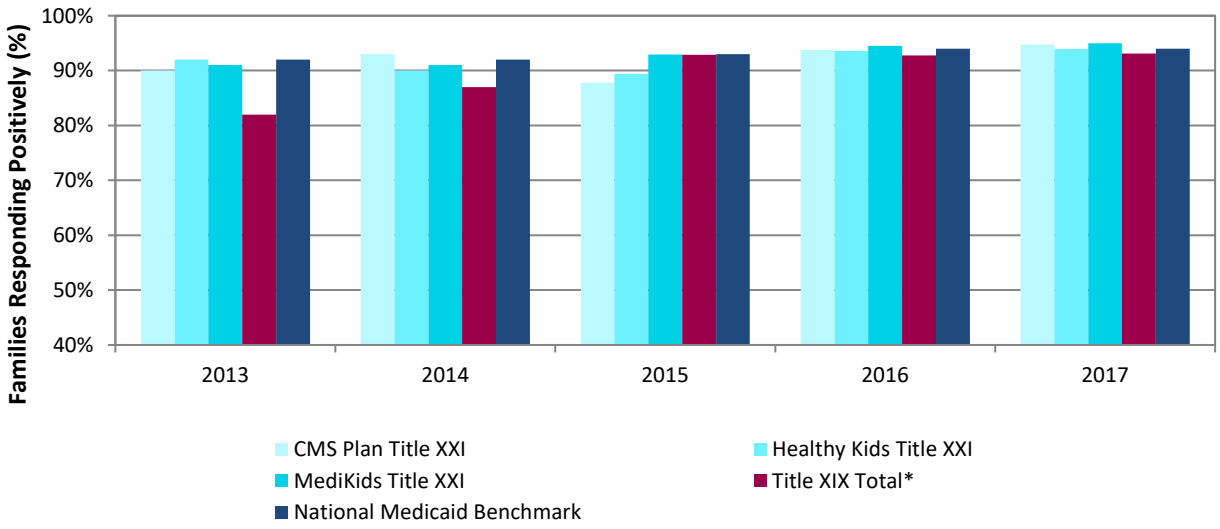
Figure 29. Florida KidCare Families Reporting Positive Experiences to the CAHPS® Composite on "Getting Care Quickly", Five-Year Trend



**Medicaid Title XIX total includes MMA plan data starting in 2015. 2017 data does not include the child specialty MMA plans. Use caution when comparing.*

- The proportion of families reporting positive experiences to the CAHPS composite "Doctor's Communication Skills" increased slightly for MediKids, Florida Healthy Kids, CMS Plan Title XXI, and Title XIX Total.

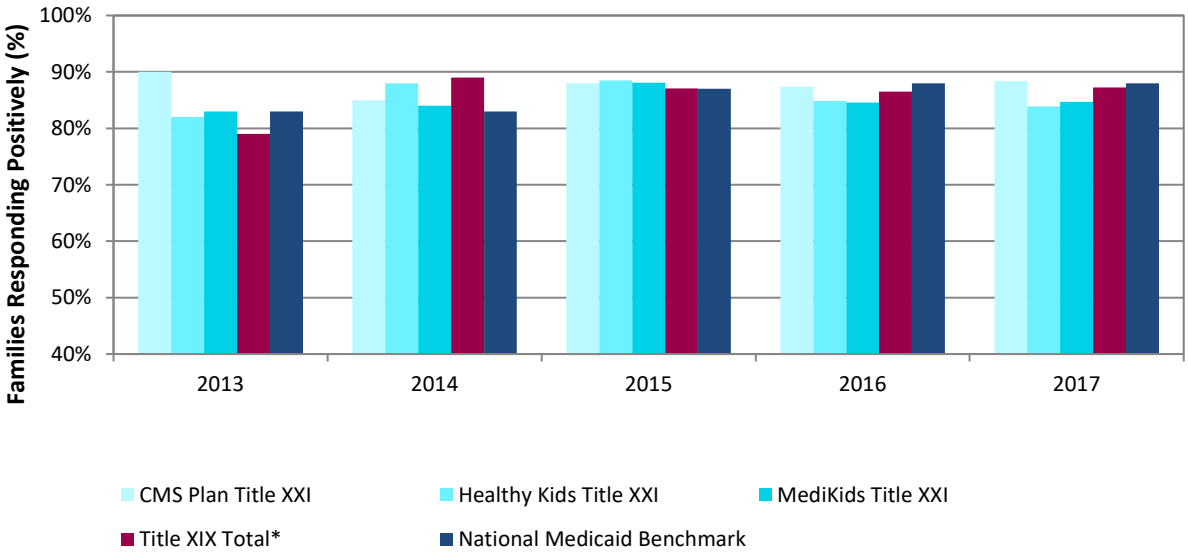
Figure 30. Florida KidCare Families Reporting Positive Experiences to the CAHPS® Composite on "Doctor's Communication Skills", Five-Year Trend



**Medicaid Title XIX total includes MMA plan data starting in 2015. 2017 data does not include the child specialty MMA plans. Use caution when comparing.*

- There were slight increases in the proportion of families reporting positive experiences to the CAHPS composite "Health Plan Customer Service" for MediKids, CMS Plan Title XXI and Title XIX Total, while Florida Healthy Kids decreased from the previous year.

Figure 31. Florida KidCare Families Reporting Positive Experiences to the CAHPS® Composite on "Health Plan Customer Service", Five-Year Trend



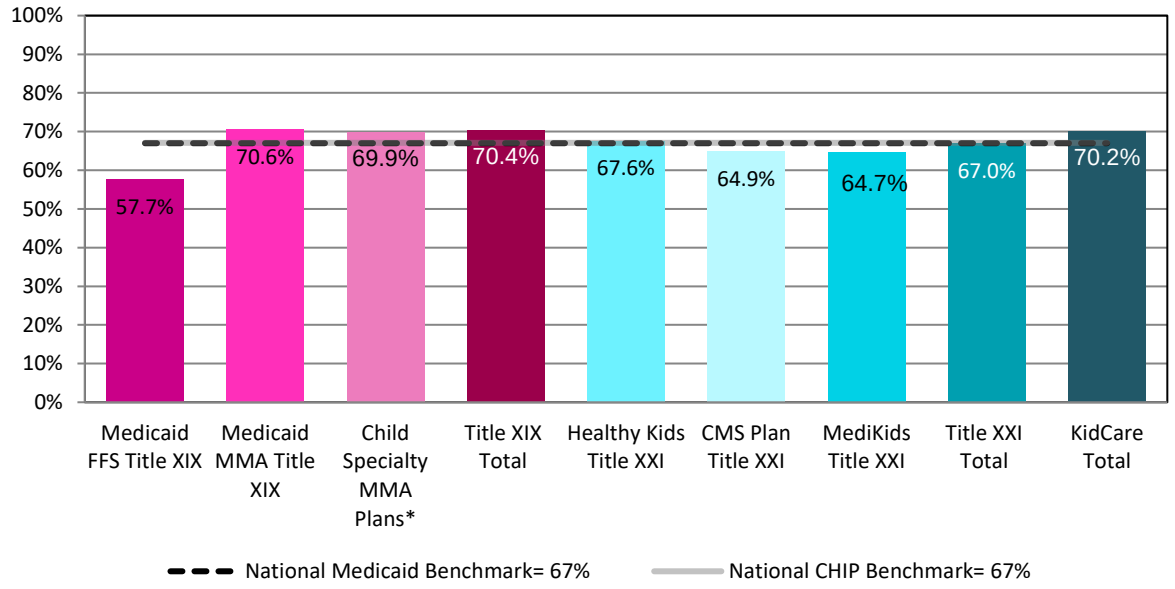
**Medicaid Title XIX total includes MMA plan data starting in 2015. 2017 data does not include the child specialty MMA plans. Use caution when comparing.*

In addition to the CAHPS survey items with categorical responses (e.g., "never" or "always"), Florida KidCare families 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 32, **Figure 33**, **Figure 34**, and **Figure 35** present the percent of families who rated each type of care or service as a "9" or a "10".

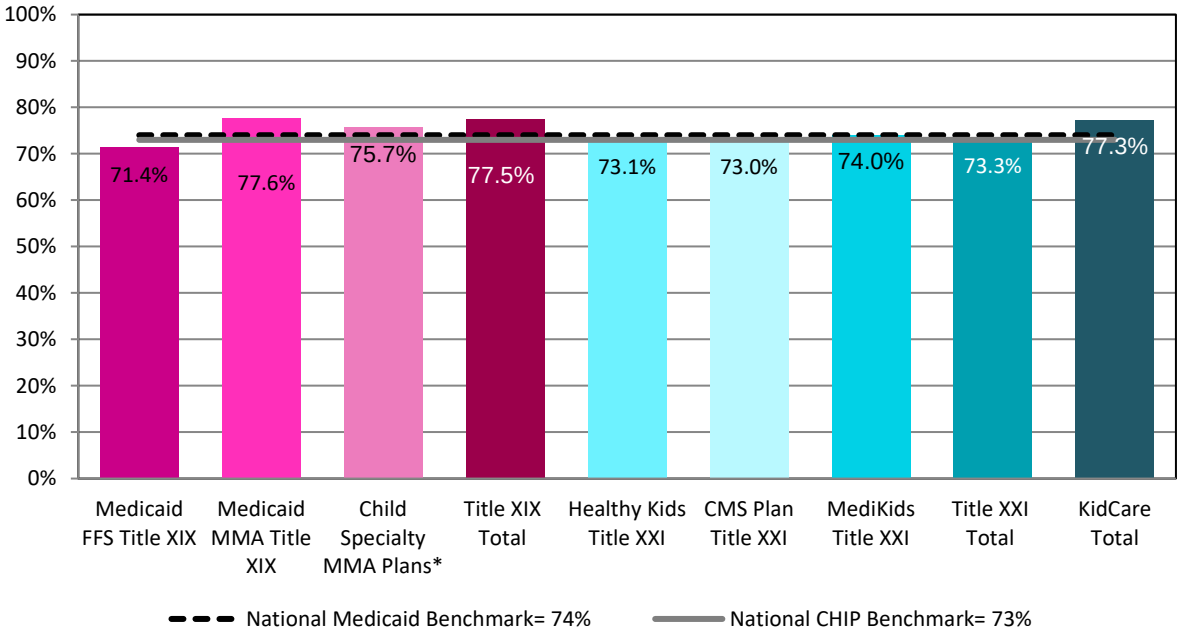
- Overall health care was rated a "9" or a "10" by 70.2% of Florida KidCare families, exceeding the national Medicaid benchmark (67%) and the national CHIP benchmark (67%).
- Primary care providers were rated a "9" or a "10" by 77.3% of Florida KidCare families, surpassing the national Medicaid benchmark (74%) and the national CHIP benchmark (73%).
- Specialty care providers were rated a "9" or a "10" by 76.1% of Florida KidCare families, compared to 70% of the national Medicaid benchmark group and 71% of the national CHIP benchmark group.
- Health plans were rated a "9" or a "10" by 68.8% of Florida KidCare families falling above the national Medicaid benchmark (68%) and the national CHIP benchmark (67%).
- Florida KidCare exceeded the national Medicaid and CHIP benchmarks for each of these global ratings items: overall health care, primary care providers, specialty care providers, and health plans.

Figure 32. Florida KidCare Families Reporting a Rating of "9" or "10" for Overall Health Care Experience, 2017 Survey



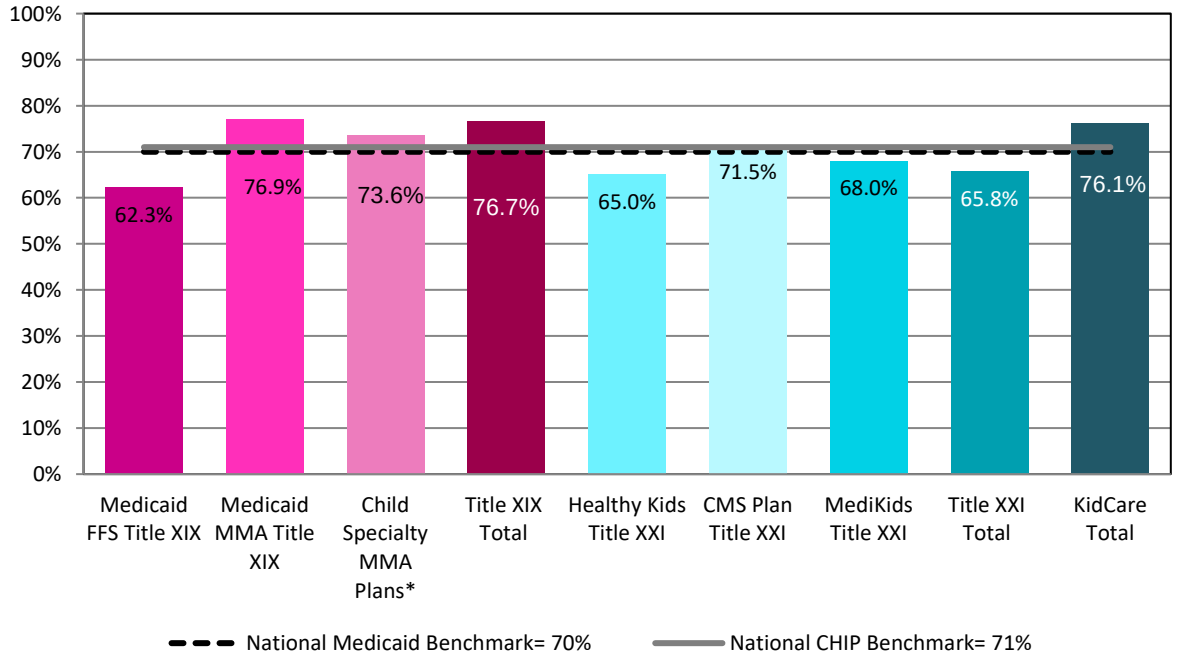
Notes: Scores for plans with average sample sizes of less than 100 across items are denoted by N/A.
**Not reflected in Title XIX or KidCare Total rates*

Figure 33. Florida KidCare Families Reporting a Rating of "9" or "10" for Primary Care Providers, 2017 Survey



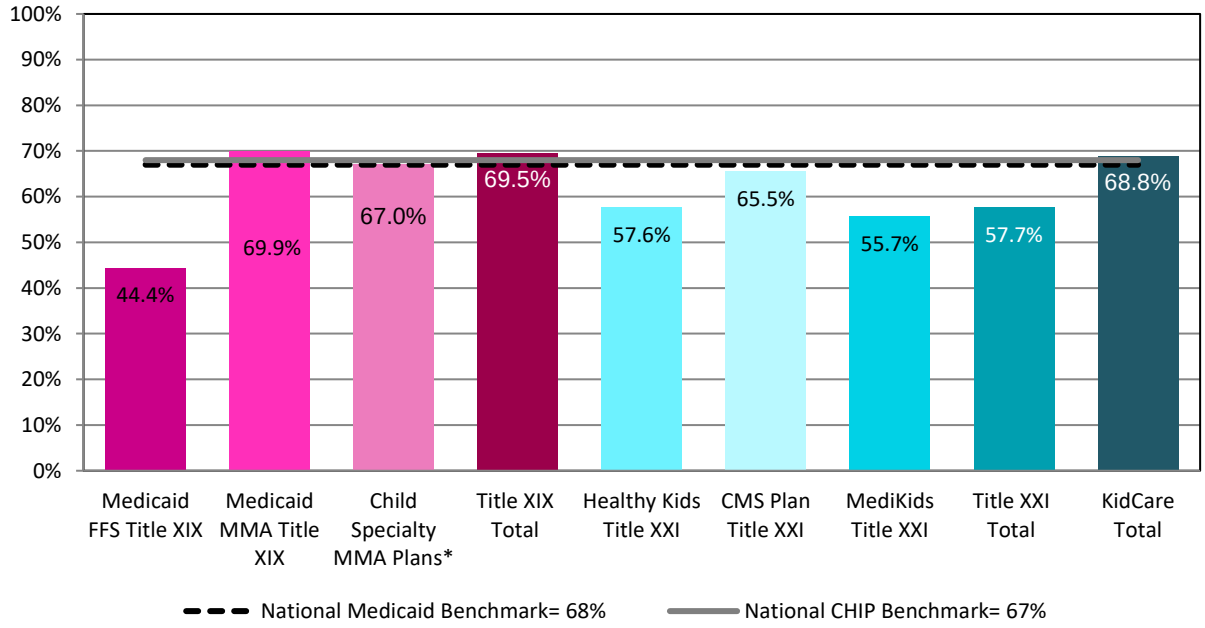
Notes: Scores for plans with average sample sizes of less than 100 across items are denoted by N/A.
**Not reflected in Title XIX or KidCare Total rates*

Figure 34. Florida KidCare Families Reporting a Rating of "9" or "10" for Specialty Care Providers, 2017 Survey



Notes: Scores for plans with average sample sizes of less than 100 across items are denoted by N/A.
**Not reflected in Title XIX or KidCare Total rates*

Figure 35. Florida KidCare Families Reporting a Rating of "9" or "10" for Health Plan Experiences, 2017 Survey



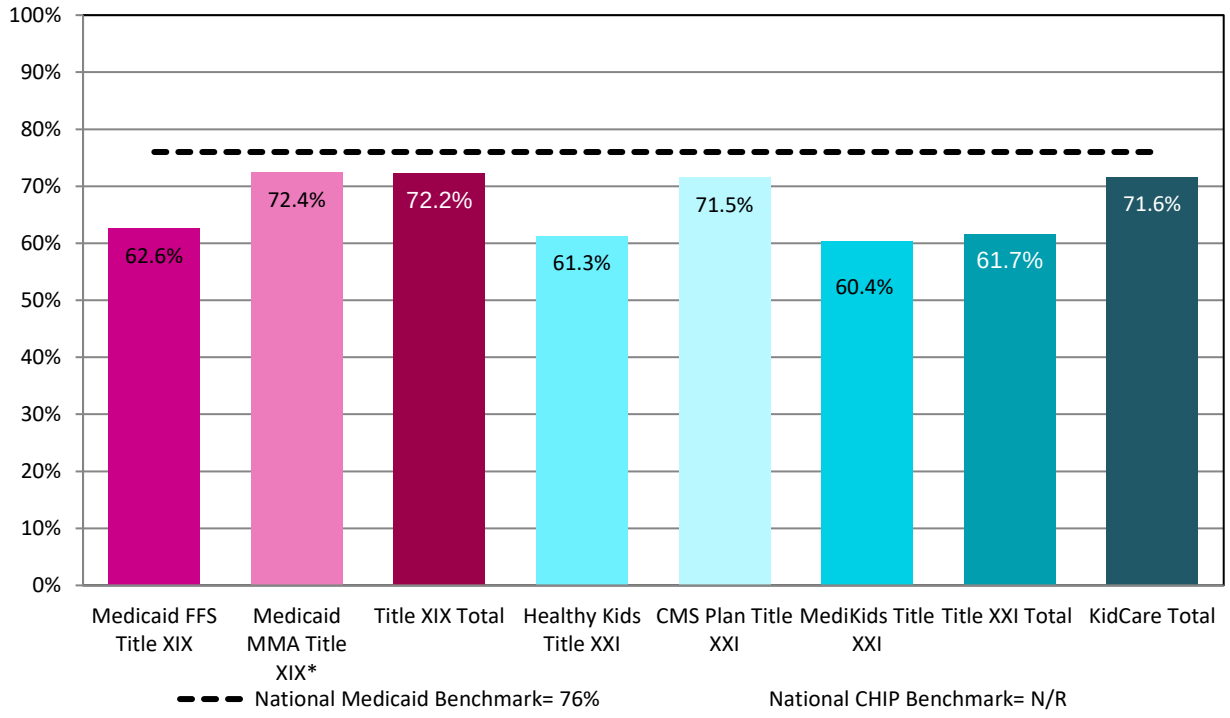
Notes: Scores for plans with average sample sizes of less than 100 across items are denoted by N/A.
**Not reflected in Title XIX or KidCare Total rates*

Supplemental Questions: Children with Chronic Conditions

The CAHPS Health Plan Survey, Child Version used to assess the experiences of Florida KidCare families was accompanied by the Children with Chronic Conditions supplemental questions. These additional survey items ask about access to services and interaction with the medical team.[5] In Figure 36, responses were considered positive if the respondent answered either "usually" or "always". For Figures 37 and 38, responses were considered positive if the respondent answered "yes". The Children with Chronic Conditions questions are specific to this population, and allow for comparison of experiences of similar children in other health plans and/or the general population of children in the same plan. Since the results for the Children with Chronic Conditions Item Set only include respondents that met the chronic conditions criteria and the number of respondents was insufficient, CHIP national benchmarks are not presented.[6] Three MMA child specialty plans, the CMS Managed Care Plan, Sunshine Health Plan, and Sunshine Child Welfare Plan, used these supplemental items and are reflected in the Medicaid MMA Title XIX totals in the subsequent figures.

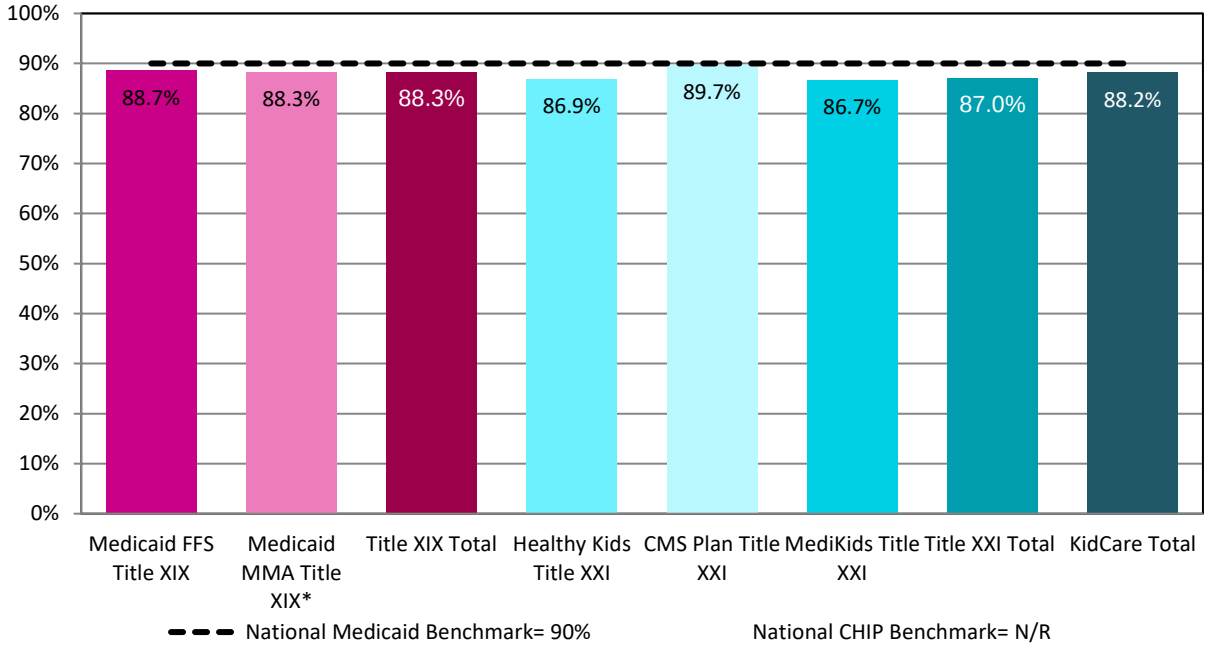
- Approximately 71.6% of Florida KidCare families reported positive experiences getting specialized services; the national Medicaid benchmark is 76% (**Figure 36**).
- The number of Florida KidCare families reporting positive experiences with their child's personal doctor (88.2%) fell just short of the national Medicaid benchmark of 90% (**Figure 37**).
- **Figure 38** demonstrates that 77.8% of Florida KidCare families had positive experiences with care coordination.

Figure 36. Percentage of Families Reporting Positive Experiences to CAHPS® "Experience Getting Specialized Services" by Program, 2017 Survey



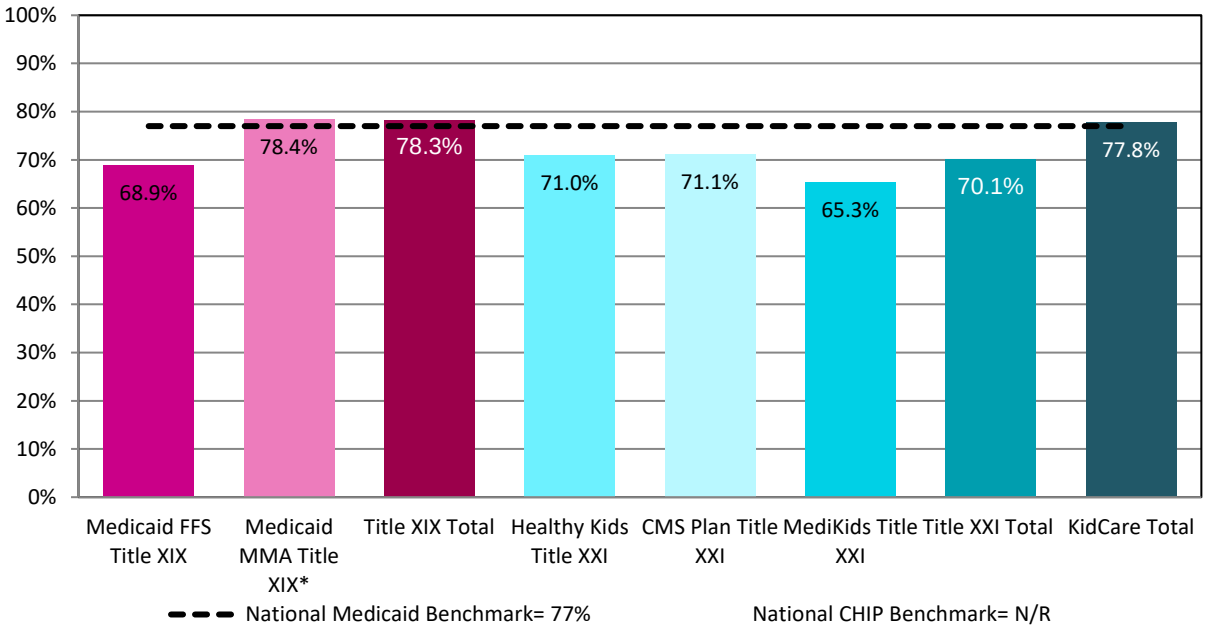
Note: Scores for programs with average sample sizes of less than 100 across items are denoted by N/A.
**Medicaid MMA Title XIX rate only includes data from child specialty MMA plans.*

Figure 37. Percentage of Families Reporting Positive Experiences to CAHPS® "Experience with Personal Doctor or Nurse" by Program, 2017 Survey



Note: Scores for programs with average sample sizes of less than 100 across items are denoted by N/A.
**Medicaid MMA Title XIX rate only includes data from child specialty MMA plans.*

Figure 38. Percentage of Families Reporting Positive Experiences to CAHPS® "Coordination of Care" by Program, 2017 Survey



Note: Scores for programs with average sample sizes of less than 100 across items are denoted by N/A.
**Medicaid MMA Title XIX rate only includes data from child specialty MMA plans.*

Section 3:
Quality of Care

In This Section

- Evaluation Approach
- Quality of Care Measures
  - Primary Care Access and Preventive Care
  - Maternal and Perinatal Health
  - Care of Acute and Chronic Conditions
  - Behavioral Health Care
  - Dental and Oral Health Services

Performance measurement is a tool for assessing the quality of health care. While the logistics of collection and reporting these measures can vary by state and/or health plan, there exists a mechanism that enables comparison across health plans. The Healthcare Effectiveness Data and Information Set (HEDIS®), developed by the National Committee for Quality Assurance (NCQA), offers a way to compare health plans as well as a way for health plans to identify potential areas of improvement.[7]

The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA) required the creation and annual revision of a core set of pediatric quality measures. These recommended measures are for voluntary reporting from state Medicaid and Children's Health Insurance Program (CHIP) programs.[8] This collection of pediatric measures is called the Core Set of Children's Health Care Quality Measures (also referred to as the Child Core Set). Several HEDIS measures are included in the Child Core Set, making comparison to national benchmarks possible for most of the Child Core Set measures included in this report. The Child Core Set also includes the child version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, the results of which were reported in the previous section of this report. Use of the Child Core Set enables an estimate of pediatric health care quality, comparative analysis of child health plans, and identification of disparities in health care.

Evaluation Approach

Performance Measure rates were provided by 16 participating MMA plans (Amerigroup, Better Health, Clear Health Alliance, Children's Medical Services Managed Care Plan [CMS], Coventry, Humana, Magellan Complete Care, Molina Healthcare, Positive Healthcare, Prestige Health Choice, South Florida Community Care Network [as of July 2016, this plan is now called Community Care Plan], Simply, Staywell, Sunshine Health Plan [standard and child welfare], and United Healthcare) as well as five Florida Healthy Kids plans (Amerigroup, Coventry, Sunshine Health Plan, United Healthcare, and Staywell Kids). 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 some measures. The MMA plans' performance measure results were audited by NCQA-certified HEDIS auditors.

For rates calculated by the ICHP (Florida Healthy Kids, CMS Title XXI, 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 codes; Current Dental Terminology (CDT) codes; International Classification of Diseases, 9th and 10th Revision (ICD-9-CM, ICD-10-CM); place of service codes; rendering provider taxonomy; and other information necessary to calculate the quality of care indicators. Note that though use of ICD-9-CM stopped effective October 1, 2015, for HEDIS measures in the Child Core Set, value sets include both ICD-9 and ICD-10 codes. This is in accordance with the Child Core Set manual. 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. The ICHP uses Quality Spectrum® Hybrid Reporter to produce results for the HEDIS hybrid measures. The ICHP uses Quality Systems Integrators (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 bundle of medical records requests. 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 Plan Title XXI, Florida Healthy Kids, and Medicaid FFS rates were supplemented with data from the Florida SHOTS™ (State Health Online Tracking System) system: Immunizations for Adolescents and Childhood Immunization Status (FFS only). Florida SHOTS is a free, statewide, centralized online immunization registry from the Florida Department of Health that assists healthcare providers, schools, and parents with keeping track of immunization records.

The measurement year for most of the HEDIS measures corresponds to CY 2016, 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 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 2017 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. However, eligible individuals in low denominator plans were included in the calculations of the overall program rate. Non-HEDIS Child Core Set measures were calculated using the Children's Health Care Quality Measures technical specifications.[9]

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. 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 Medicaid Title XIX total is provided for comparison and includes data from Medicaid FFS Title XIX and Medicaid MMA Title XIX.

2. **Title XXI Program Rate.** A Title XXI Children's Health Insurance Plan (CHIP) total is provided for comparison and includes data from Florida Healthy Kids Title XXI, CMS Plan Title XXI, and MediKids Title XXI.

3. **Statewide rate.** A Florida Statewide rate is provided and includes Medicaid FFS Title XIX, Medicaid MMA Title XIX, Florida Healthy Kids Title XXI, CMS Plan Title XXI, and MediKids Title XXI.

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.[10] 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 reflect a broader age range for many of the measures than do the rates for some of the Florida KidCare programs. These health plans are more likely to be affiliated with a national managed care company than the overall population of health plans in the United States. Starting with CY 2015 data, AHCA has required MMA plans to submit HEDIS data to NCQA, which ensures these plans are represented in NCQA's national Medicaid means and percentiles. Note that the National HMO averages and percentiles are not publicly available, therefore only percentile ranges are offered here as a way to determine where the program or plan rate falls in comparison to national data. 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.

Quality of Care Measures

This section presents rates for the Child Core Set and HEDIS measures using NCQA-compliant specifications.[4] **Table 16** outlines the full measures listed in the *Core Set of Children's Health Care Quality Measures for federal fiscal year 2017 Reporting*. **Table 17** outlines the measures presented in this report, broken down by Florida KidCare program component.

Table 16. 2017 Core Set of Children's Health Care Quality Measures

Measure	Measure Steward
Primary Care Access and Preventive Care	
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents- Body Mass Index Assessment for Children/Adolescents (WCC)	NCQA
Chlamydia Screening in Women Ages 16-20 (CHL)	NCQA
Childhood Immunization Status (CIS)	NCQA
Well-Child Visits in the First 15 months of Life (W15)	NCQA
Immunizations for Adolescents (IMA)	NCQA
Developmental Screening in the First Three Years of Life (DEV)	OHSU
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	NCQA
Children and Adolescents' Access to Primary Care Practitioners (CAP)	NCQA
Adolescent Well-Care Visit (AWC)	NCQA
Maternal and Perinatal Health	
Pediatric Central Line-Associated Bloodstream Infections (CLABSI)	CDC
PC-02: Cesarean Section (PC02)	TJC
Audiological Evaluation No Later Than 3 Months of Age (AUD)	CDC
Live Births Weighting Less than 2,500 Grams (LBW)	CDC
Contraceptive Care- Postpartum Women Ages 15-20 (CCP)	OPA
Behavioral Health Risk Assessment (for Pregnant Women) (BHRA)	No current measure steward
Frequency of Ongoing Prenatal Care (FPC)	NCQA
Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC)	NCQA
Care of Acute and Chronic Conditions	
Ambulatory Care: Emergency Department (ED) Visits (AMB)	NCQA
Medication Management for People with Asthma (MMA)	NCQA
Behavioral Health Care	
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)	NCQA
Follow-Up After Hospitalization for Mental Illness: Ages 6-20 (FUH)	NCQA
Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (SRA)	PCPI
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	NCQA
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)	NCQA
Dental and Oral Health Services	
Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk (SEAL)	DQA
Percentage of Eligibles Who Received Preventive Dental Services (PDENT)	CMS
Experience of Care	
CAHPS Health Plan Survey 5.0H	NCQA

OHSU: Oregon Health and Science University; DQA: Dental Quality Alliance (American Dental Association); CDC: Centers for Disease Control and Prevention; TJC: The Joint Commission; OPA: US Office of Population Affairs; PCPI: Physician Consortium for Performance Improvement

Table 17. Child Core Set Measures Evaluated by the ICHP

Measure	Medicaid FFS	MMA	Healthy Kids	CMS Title XXI	MediKids
Primary Care Access and Preventive Care					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents- Body Mass Index Assessment for Children and Adolescents (WCC)	Hybrid	Hybrid*	Hybrid	Hybrid	Hybrid
Chlamydia Screening in Women Ages 16-20 (CHL)	Admin	Admin*	Admin	Admin	NA
Childhood Immunization Status (CIS)	Hybrid	Mixed*	NA	Hybrid	Hybrid
Well-Child Visits in the First 15 Months of Life (W15)	Admin	Mixed*	NA	Admin	Admin
Immunizations for Adolescents (IMA)	Hybrid	Mixed*	Hybrid	Hybrid	NA
Developmental Screening in the First Three Years of Life (DEV)	Hybrid	Hybrid**	NA	Hybrid	Hybrid
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34)	Hybrid	Mixed*	Hybrid	Hybrid	Hybrid
Children and Adolescents' Access to Primary Care Practitioners (CAP)	Admin	Admin*	Admin	Admin	Admin
Adolescent Well-Care Visit (AWC)	Hybrid	Mixed*	Hybrid	Hybrid	NA
Maternal and Perinatal Health					
Frequency of Ongoing Prenatal Care (FPC)	Hybrid	Mixed*	Hybrid	Hybrid	NA
Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC)	Hybrid	Mixed*	Hybrid	Hybrid	NA
Care of Acute and Chronic Conditions					
Ambulatory Care: Emergency Department (ED) Visits (AMB)	Admin	Admin*	Admin	Admin	Admin
Medication Management for People with Asthma (MMA)	Admin	Admin*	Admin	Admin	Admin
Behavioral Health Care					
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)	Admin	Admin*	Admin	Admin	Admin
Follow-Up After Hospitalization for Mental Illness (FHM)***	Admin	Admin*	Admin	Admin	Admin
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	Admin	Admin*	Admin	Admin	Admin
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)	Admin	Admin*	Admin	Admin	Admin
Dental and Oral Health Services					
Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (SEAL)	Admin	Admin*	Admin	Admin	NA
Percentage of Eligibles that Received Preventive Dental Services (PDENT)	Admin	Admin	Admin	Admin	Admin
Experience of Care					
CAHPS Survey	Program level	Plan level	Program level	Program level	Program level

Mixed= some plans reported hybrid, some reported admin. *Calculated by MMA Plans **Hybrid at program level
***Note that FHM is an agency-defined measure, modeled closely after the HEDIS FUH measure

Primary Care Access and Preventive Care

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

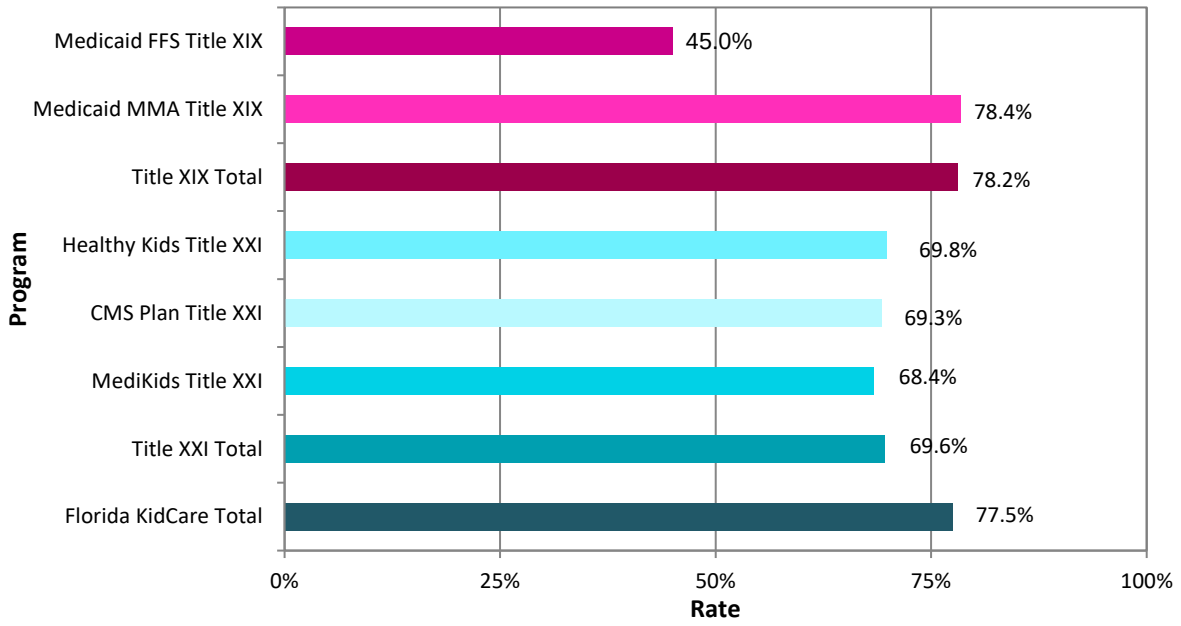
Body Mass Index (BMI) is a number calculated from a person's weight and height. BMI is a fairly reliable indicator of body fat percentage for most people. BMI does not measure body fat directly, but research has shown that BMI correlates to direct measures of body fat.[11] The American Academy of Pediatrics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

This HEDIS indicator reports the percentage of children ages 3 to 17 who had an outpatient visit with a Primary Care Provider (PCP) or a provider of Obstetrics/Gynecology (OB/GYN) and whose weight was classified based on BMI percentile for age and gender sometime in CY 2016. 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 39 and **Figure 40** present the program results and benchmark percentile ranges, respectively, in CY 2016.

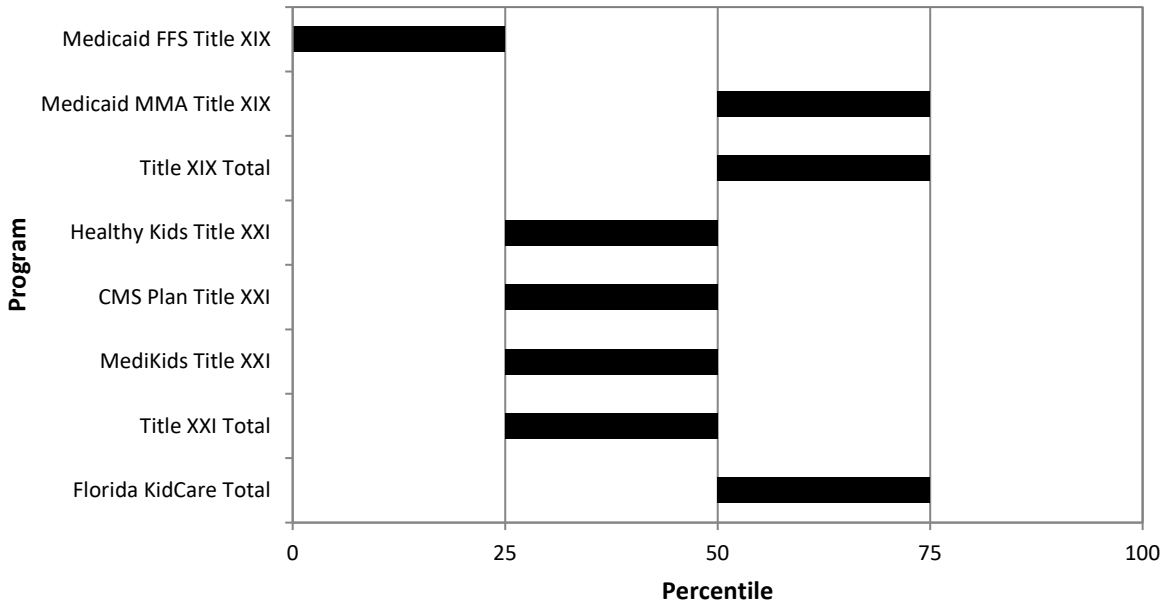
Figure 41, **Figure 43**, and **Figure 42**, **Figure 44** present the MMA and Florida Healthy Kids plan results and benchmark percentile ranges, respectively, in CY 2016.

Figure 39. Program Results for HEDIS® Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)- Body Mass Index Assessment for Children/Adolescents: CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 40. 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 2016

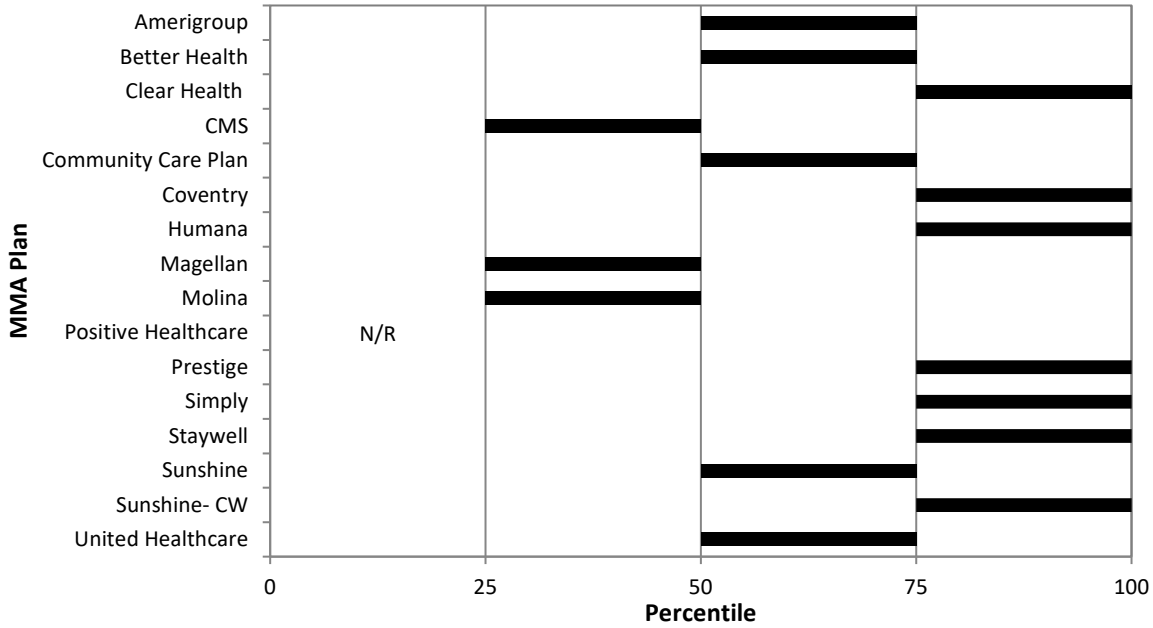


Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 41. 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 2016

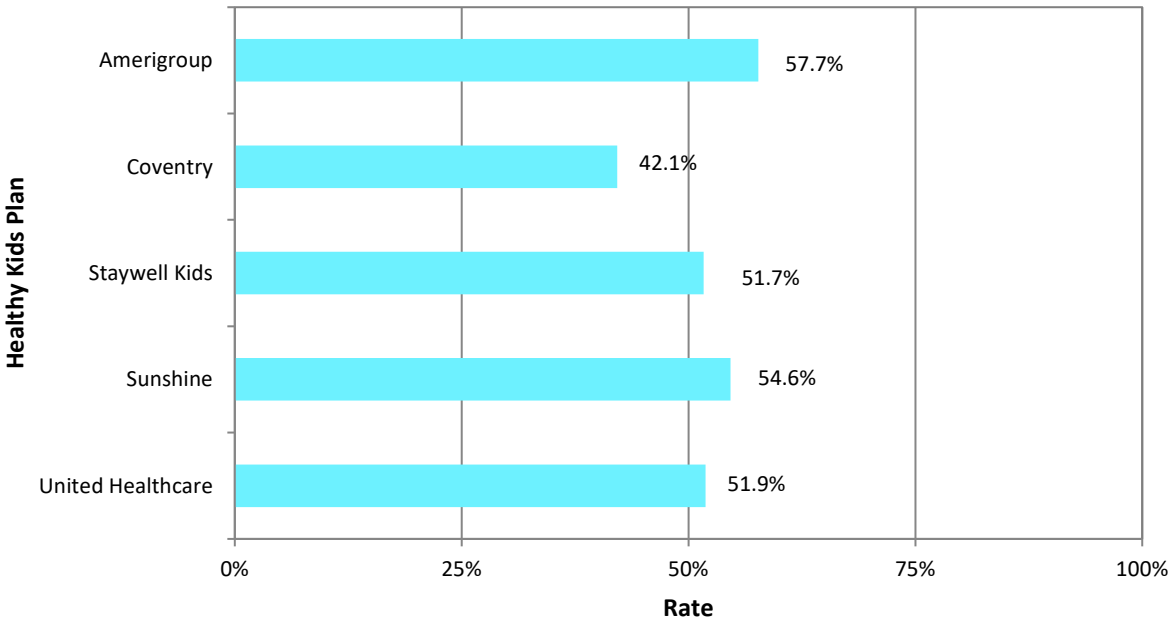
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 42. 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 2016



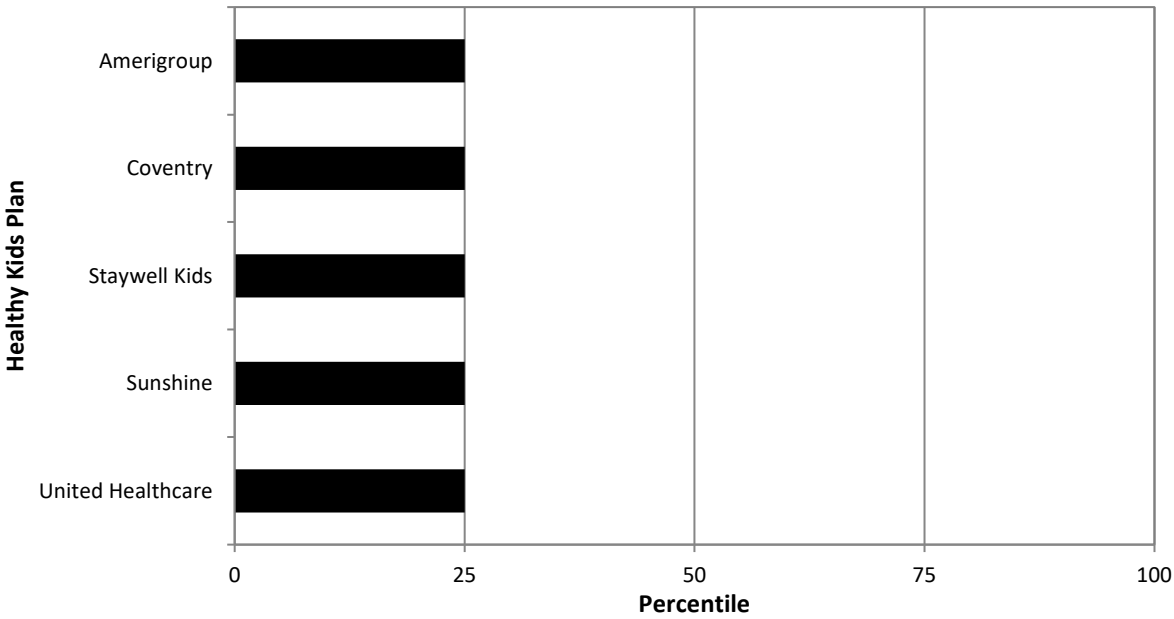
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 43. 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 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 44. 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 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Chlamydia Screening in Women Ages 16-20 (CHL)

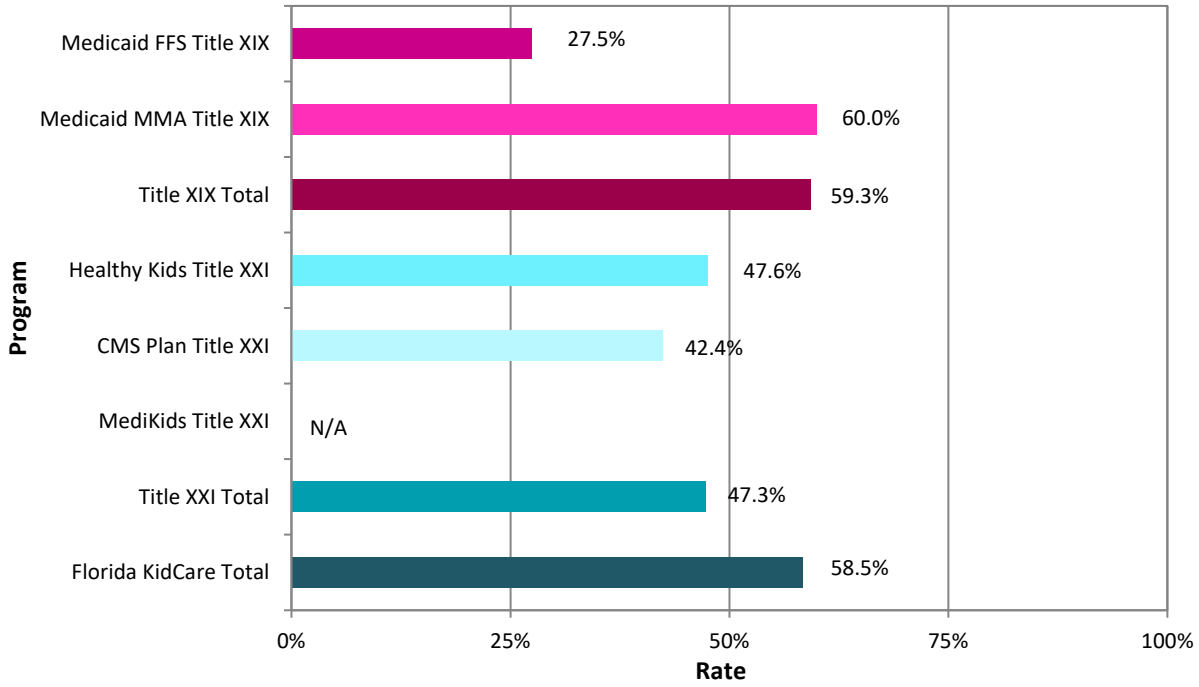
Chlamydia is a common sexually transmitted disease that, if untreated, can lead to serious reproductive conditions like pelvic inflammatory disease and infertility.[13] The HEDIS CHL indicator measures the percentage of female members 16 through 24 years old who were identified as sexually active and 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 45 and **Figure 46** present the program results and benchmark percentile ranges, respectively, in CY 2016.

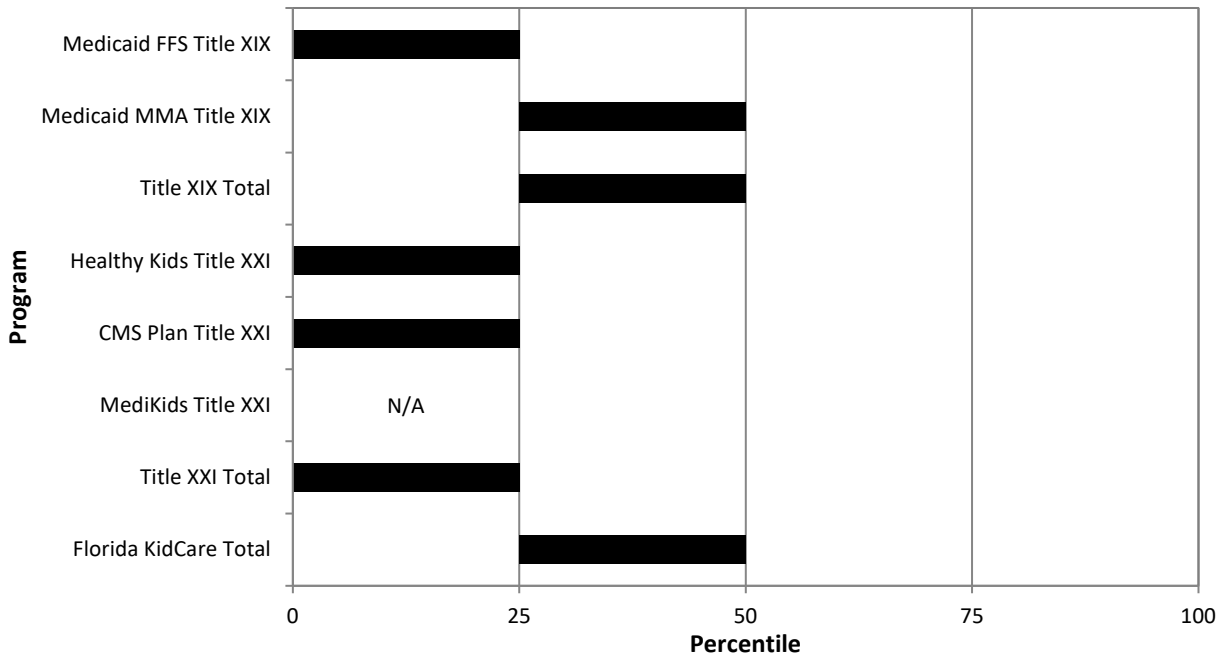
Figure 47, **Figure 49**, and **Figure 48**, **Figure 50** present the MMA and Florida Healthy Kids plan results and benchmark percentile ranges, respectively, in CY 2016.

Figure 45. Program Results for HEDIS® Chlamydia Screening in Women Ages 16-20 (CHL): CY 2016



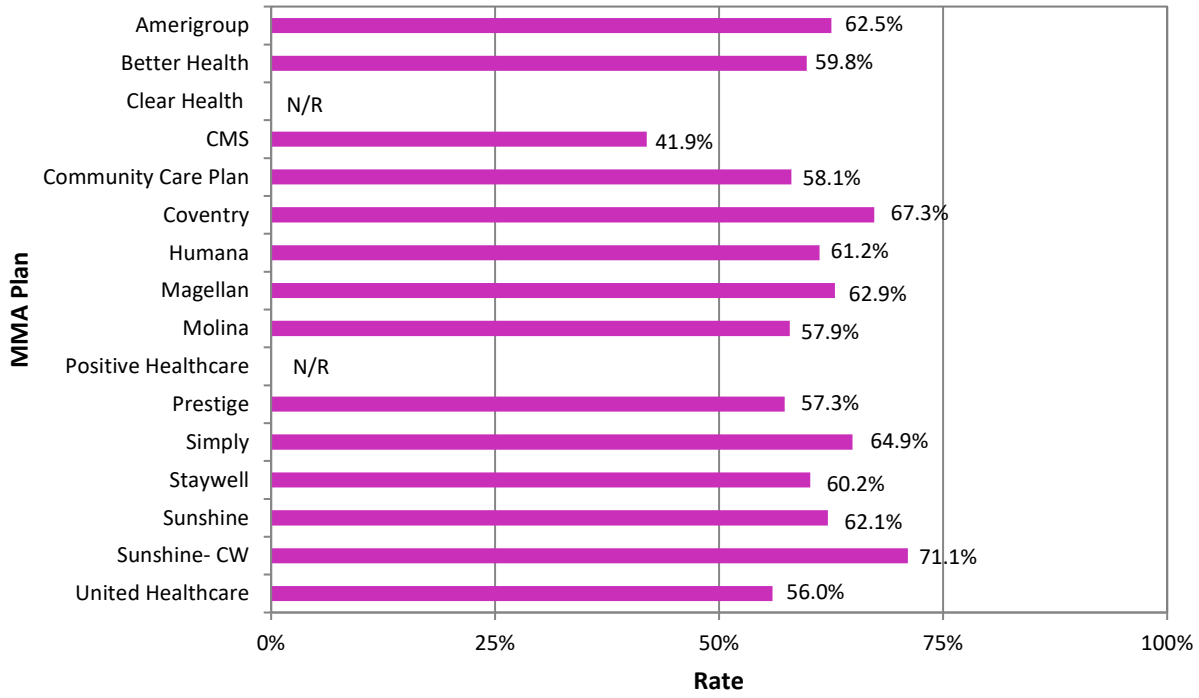
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 46. National Benchmarks for HEDIS® Chlamydia Screening in Women Ages 16-20 (CHL): CY 2016



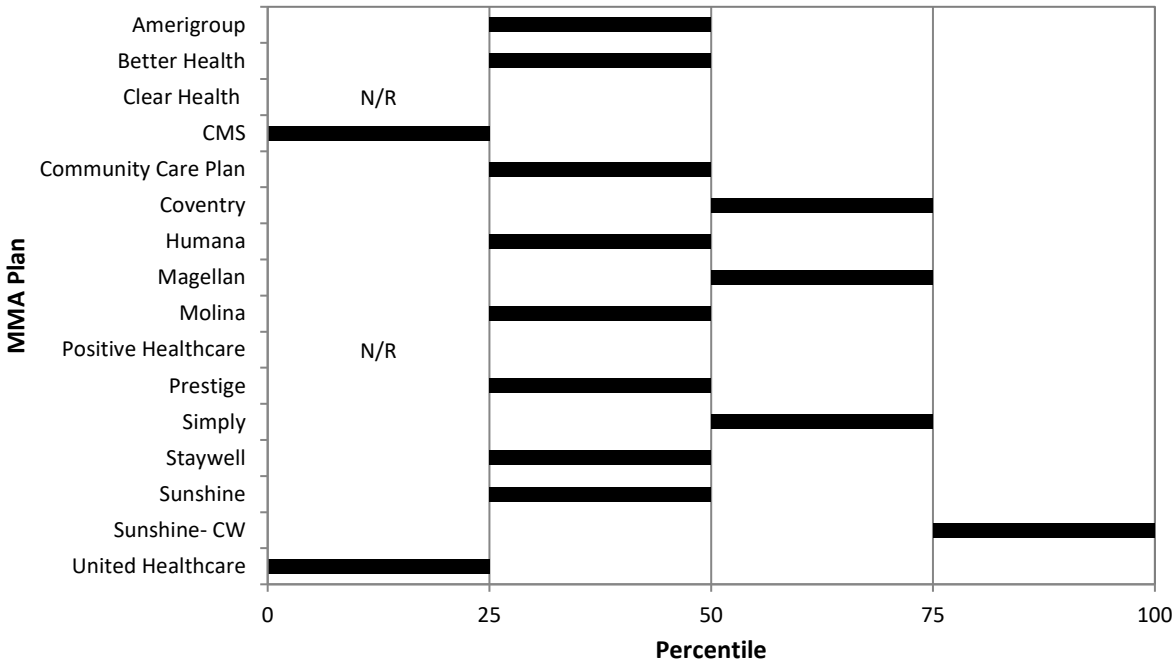
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 47. MMA Plan Results for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL): CY 2016



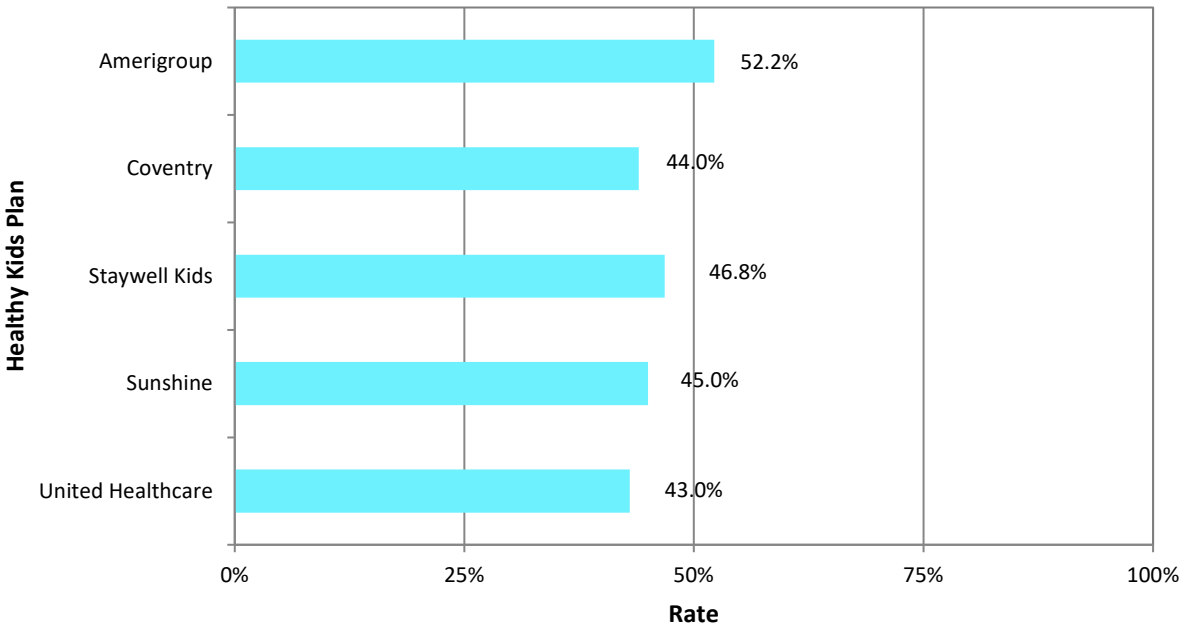
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 48. National Benchmarks for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL): CY 2016



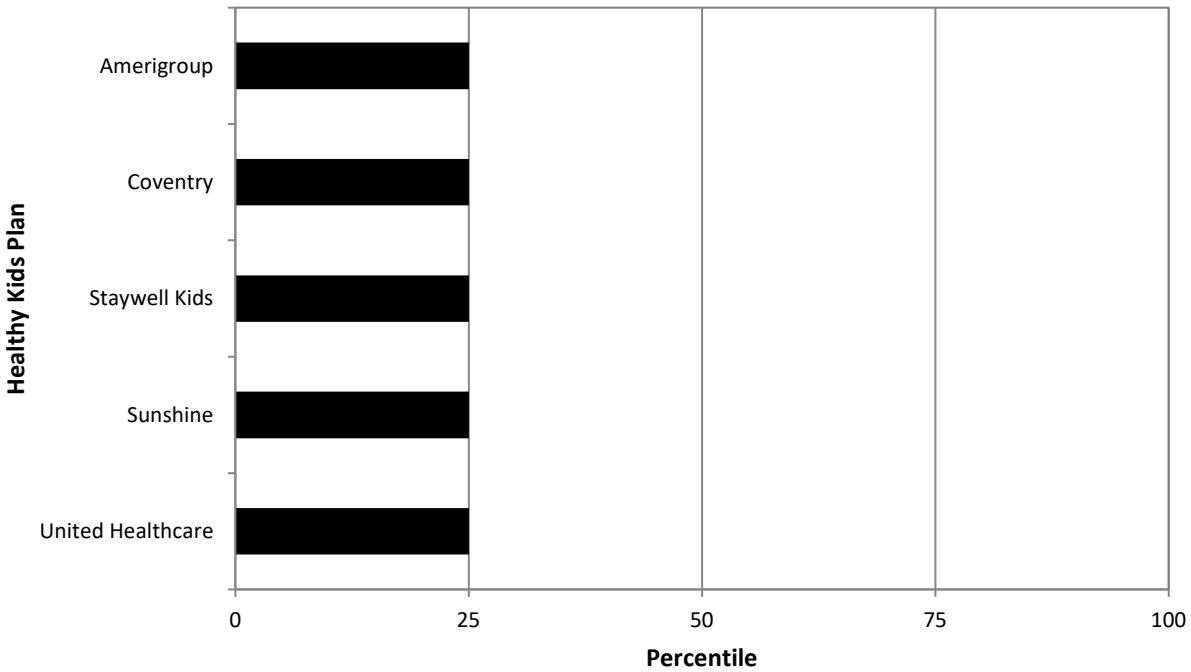
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 49. Healthy Kids Plan Results for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL): CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 50. National Benchmarks for HEDIS® Chlamydia Screening in Women ages 16-20 (CHL): CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

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.[14] This HEDIS indicator reports the percentage of children who turned age two in CY 2016 who received the following vaccines by their second birthday:

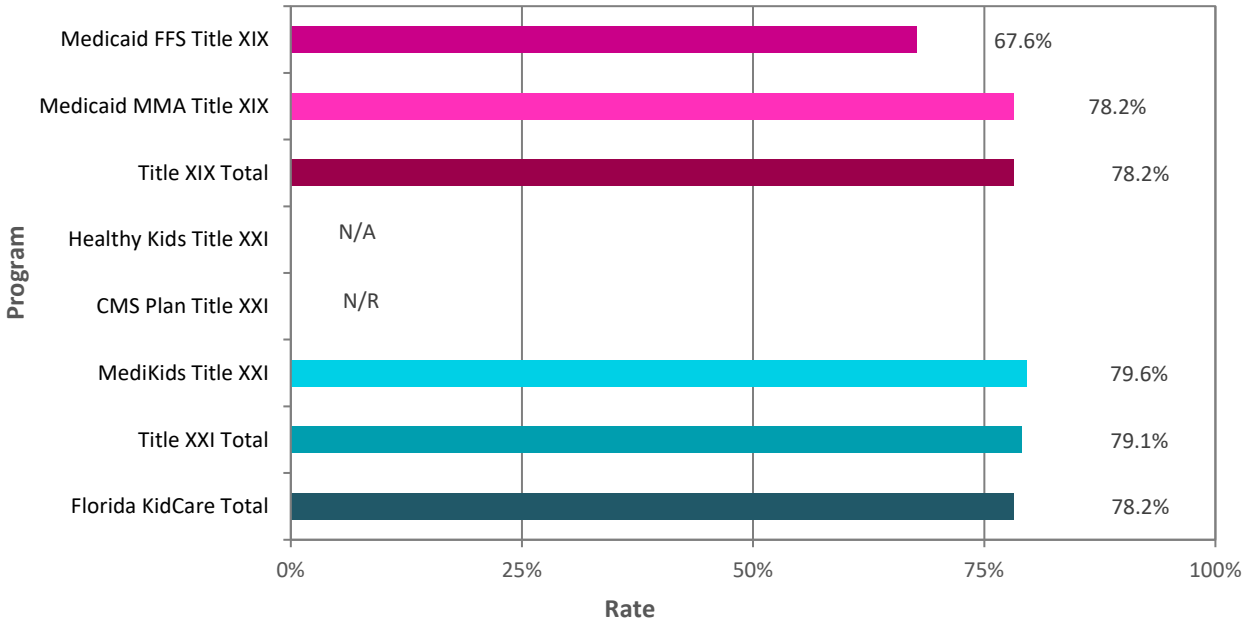
- four diphtheria, tetanus and acellular pertussis (DTaP);
- three polio (IPV);
- one measles, mumps and rubella (MMR);
- three H influenza type B (HiB);
- three hepatitis B (Hep B);
- one chicken pox (VZV);
- four pneumococcal conjugate (PCV);
- one hepatitis A (Hep A);
- two or three rotavirus (RV);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

In addition to using the plans' claims and encounter data, Florida SHOTS data 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 51, **Figure 55**, and **Figure 52**, **Figure 56** present the program results and benchmark percentile ranges, respectively, in CY 2016.

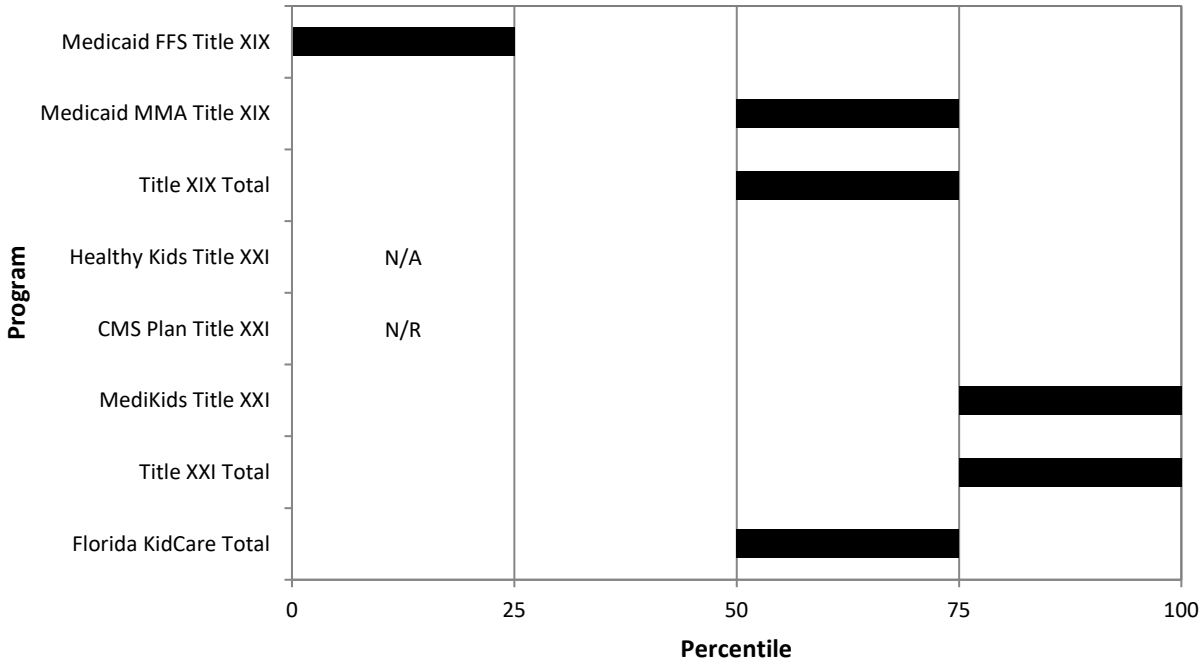
Figure 53, **Figure 57**, and **Figure 54**, **Figure 58** present the MMA plan results and benchmark percentile ranges, respectively, in CY 2016.

Figure 51. Program Results for HEDIS® Childhood Immunization Status (CIS): Combination 2, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 52. National Benchmarks for HEDIS® Childhood Immunization Status (CIS): Combination 2, CY 2016

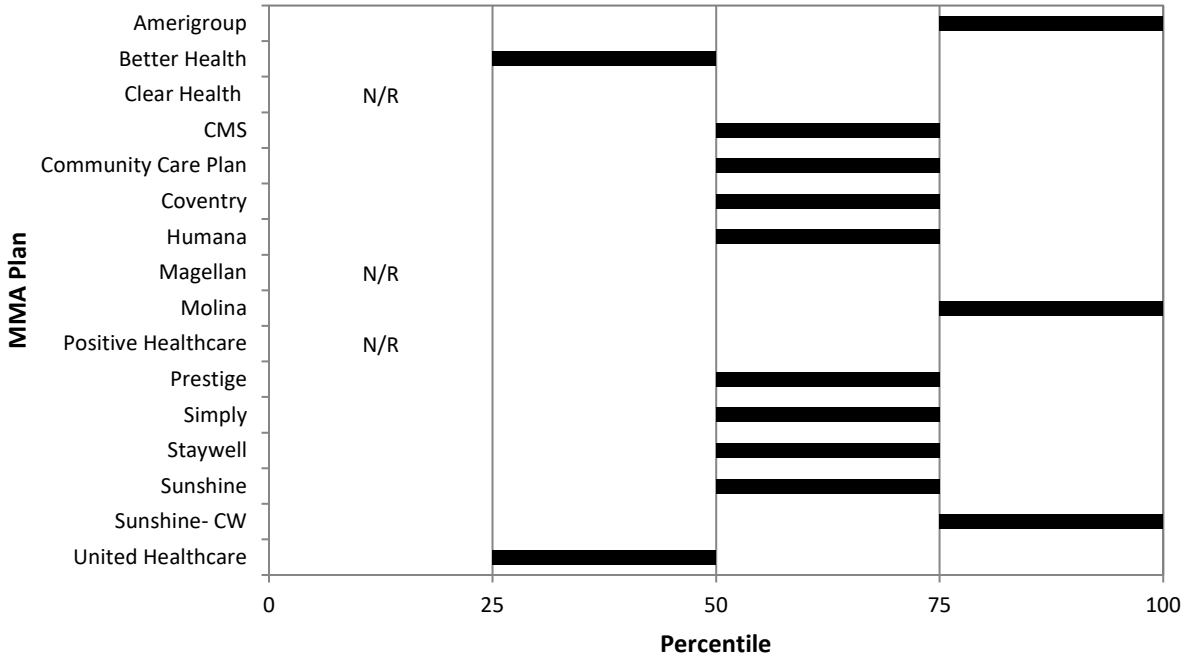


Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 53. MMA Plan Results for HEDIS® Childhood Immunization Status (CIS): Combination 2, CY 2016

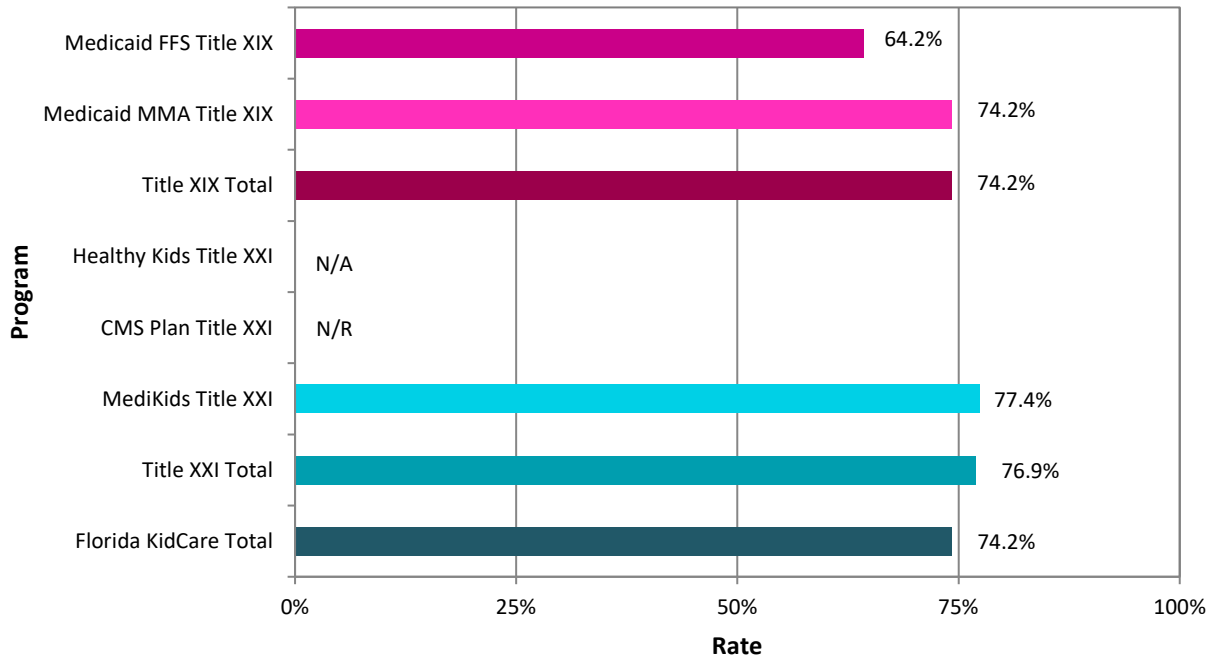
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 54. National Benchmarks for HEDIS® Childhood Immunization Status (CIS): Combination 2, CY 2016



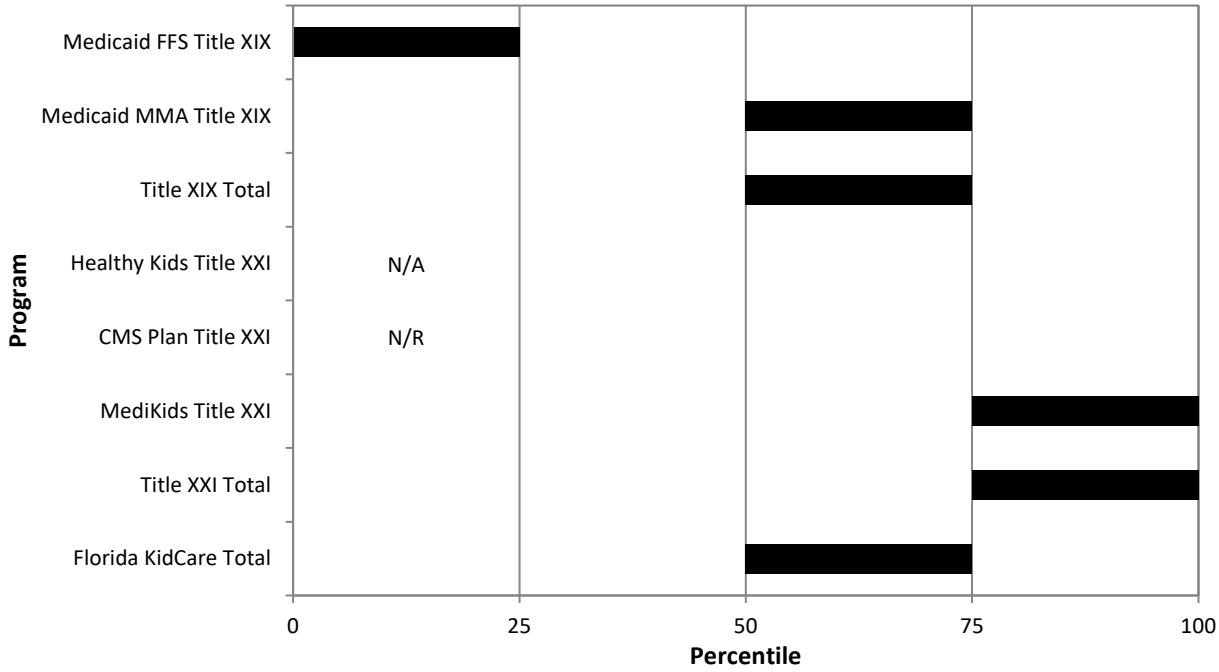
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 55. Program Results for HEDIS® Childhood Immunization Status (CIS): Combination 3, CY 2016



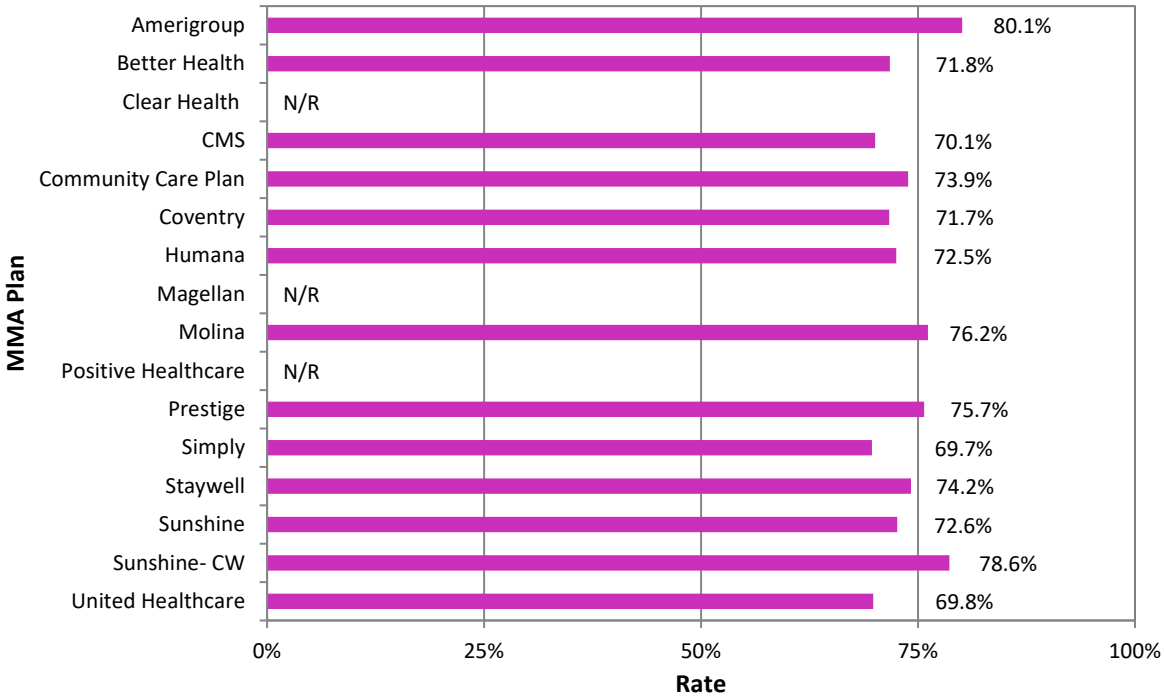
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 56. National Benchmarks for HEDIS® Childhood Immunization Status (CIS): Combination 3, CY 2016



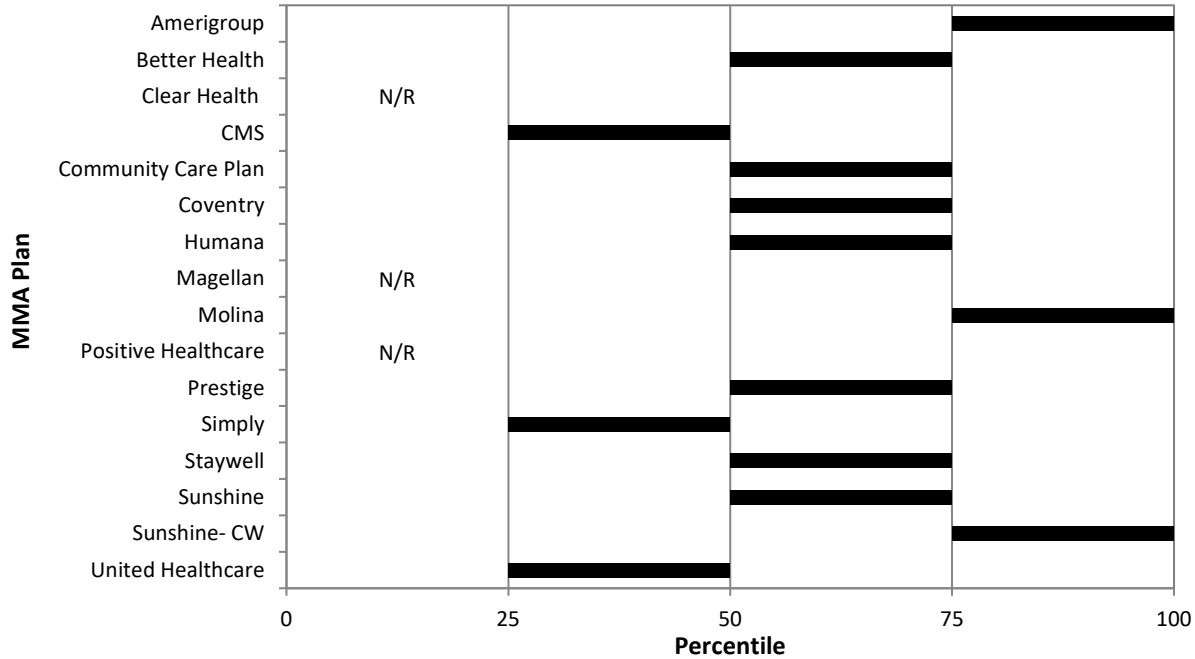
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 57. MMA Plan Results for HEDIS® Childhood Immunization Status (CIS): Combination 3, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 58. National Benchmarks for HEDIS® Childhood Immunization Status (CIS): Combination 3, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

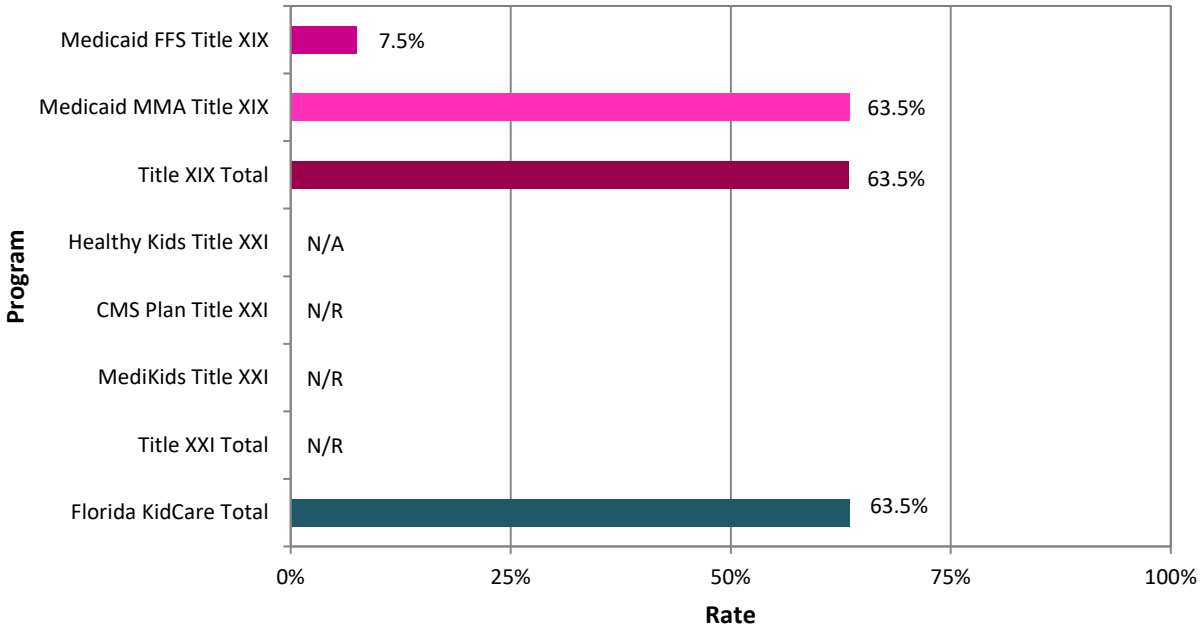
Well-Child Visits in the First 15 Months of Life (W15)

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 2016 and had some number of well-child visits with a PCP during their first 15 months of life. For this measure, the enrollee must be continuously enrolled between 31 days and 15 months 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 had only one visit, while other children may have had six or more visits. The AAP recommends eight visits by 15 months,[15] so for the purpose of this report, only the results for six or more visits are presented.

Figure 59 and **Figure 60** present the program results and benchmark percentile ranges, respectively, in CY 2016.

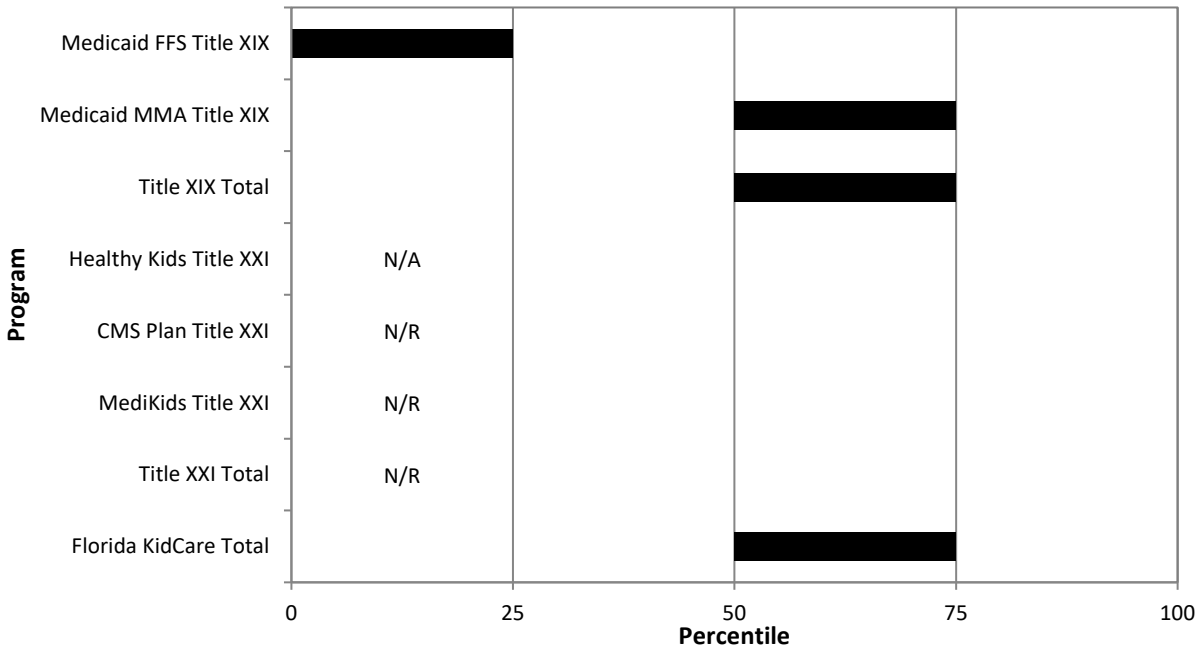
Figure 61 and **Figure 62** present the MMA plan results and benchmark percentile ranges, respectively, in CY 2016.

Figure 59. Program Results for HEDIS® Well-Child Visits in the First 15 Months of Life (W15): Six or More Visits, CY 2016



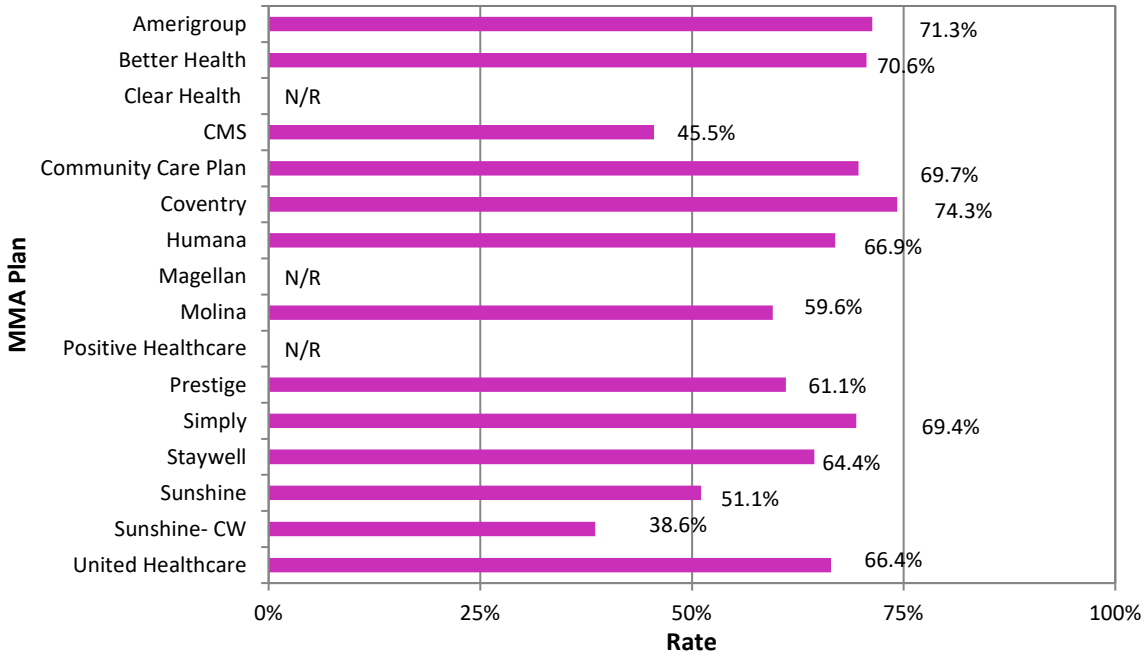
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 60. National Benchmarks for HEDIS® Well-Child Visits in the First 15 Months of Life (W15): Six or More Visits, CY 2016



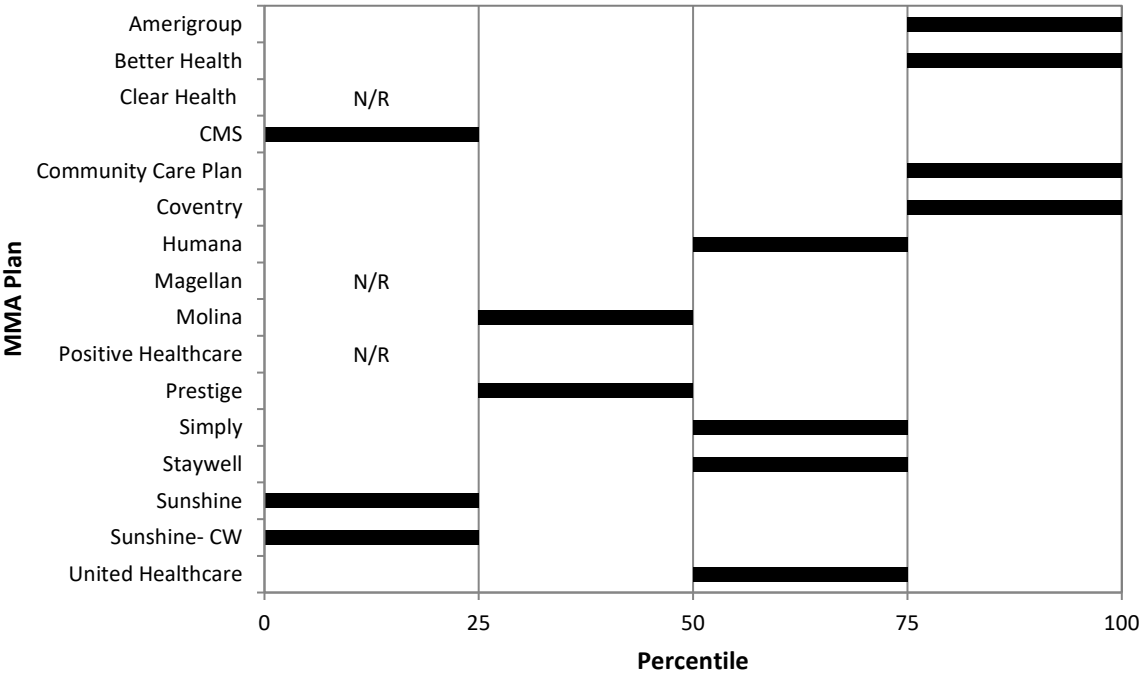
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 61. MMA Plan Results for HEDIS® Well-Child Visits in the First 15 Months of Life (W15): Six or More Visits, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 62. National Benchmarks for HEDIS® Well-Child Visits in the First 15 Months of Life (W15): Six or More Visits, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Immunizations 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 2016 and had one dose of meningococcal vaccine and one tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap) between their 10th and 13th birthday. This measure, compliant with the evidence-based child and adolescent immunization schedule,[16] 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.

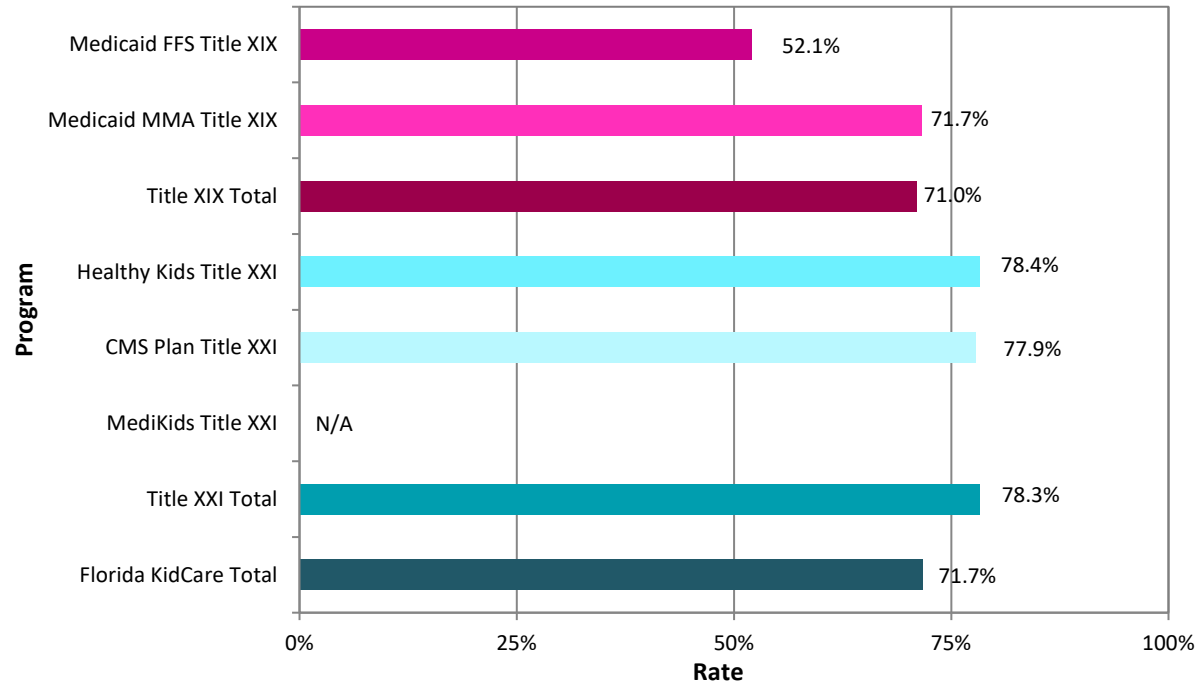
In addition to using the plans' claims and encounter data, Florida SHOTS data were included. Persons excluded from this measure include those who had an anaphylactic reaction to the vaccine or its components.

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

Figure 63, **Figure 69**, **Figure 75**, and **Figure 64**, **Figure 70**, **Figure 76** present the program results and benchmark percentile ranges, respectively, in CY 2016.

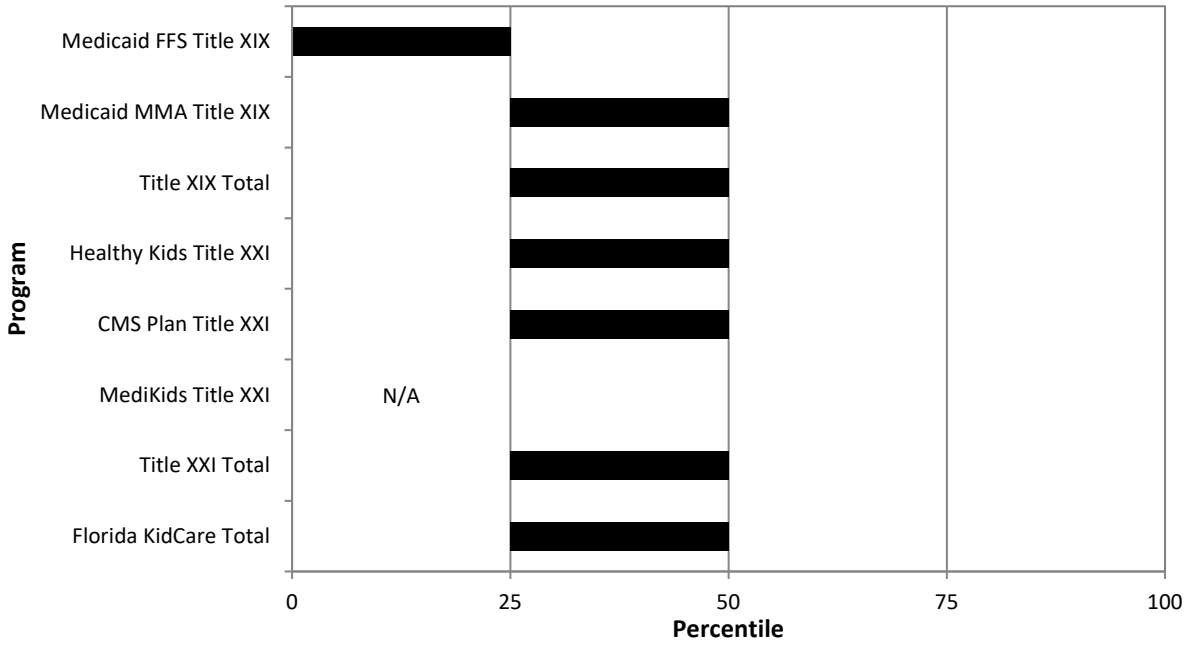
Figure 65, Figure 67, **Figure 71**, **Figure 73**, **Figure 77**, **Figure 79**, and **Figure 66, Figure 68, Figure 72, Figure 74, Figure 78, Figure 80** present the MMA and Florida Healthy Kids plan results and benchmark percentile ranges, respectively, in CY 2016.

Figure 63. Program Results for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 64. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2016

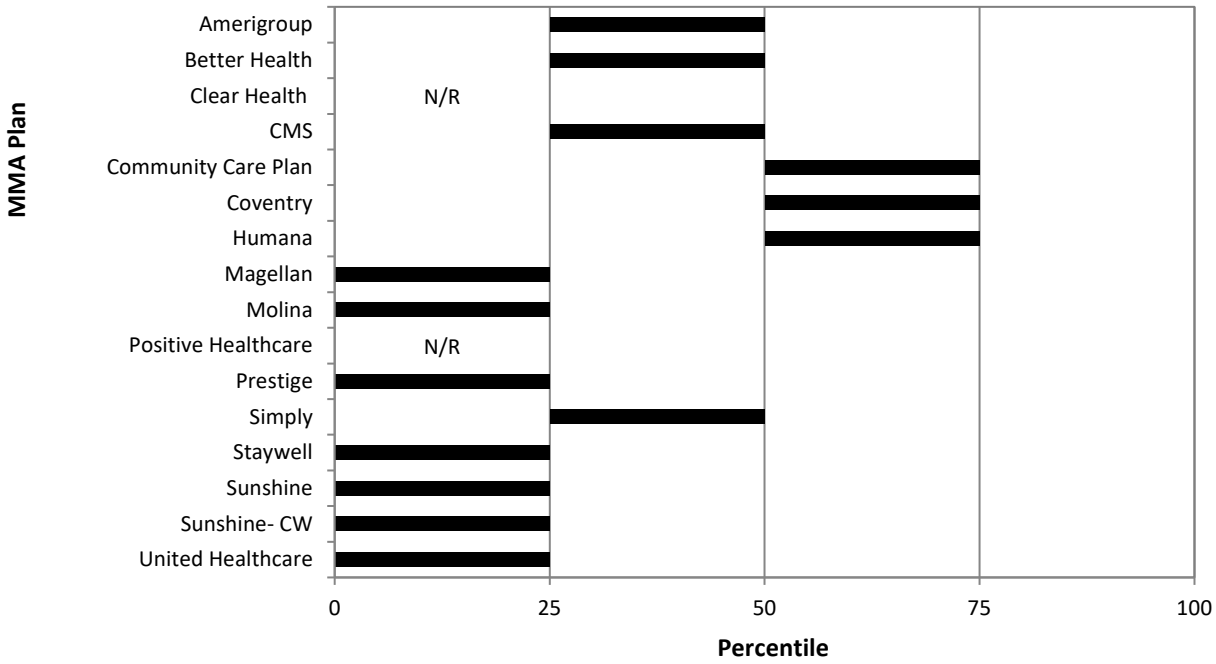


Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 65. MMA Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2016

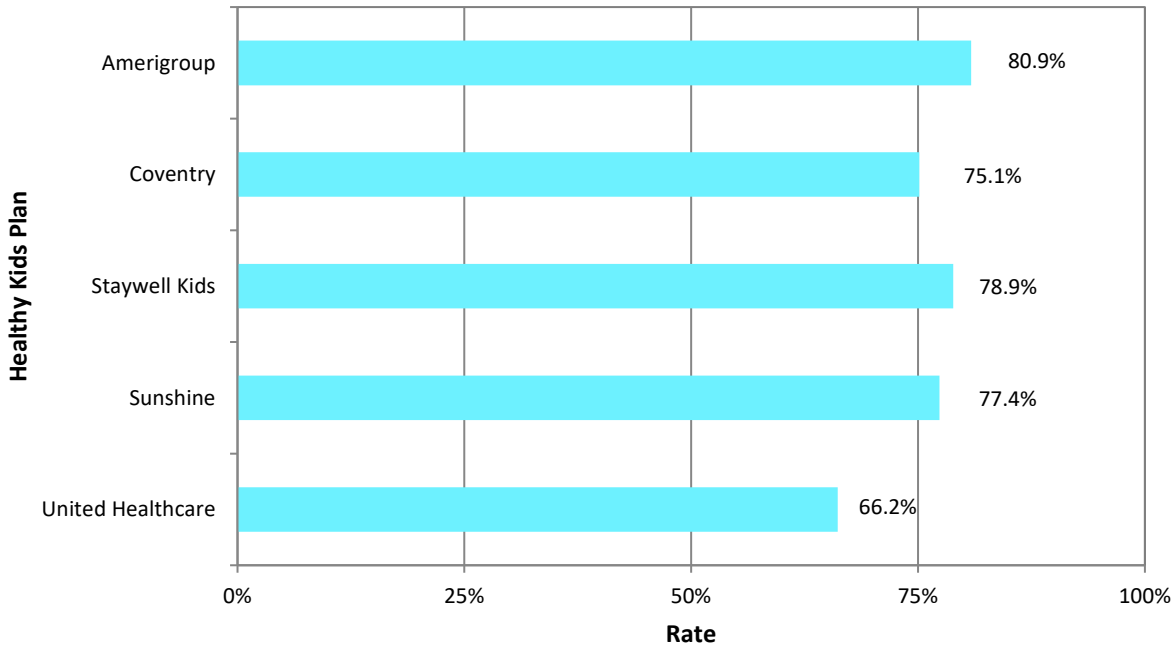
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 66. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2016



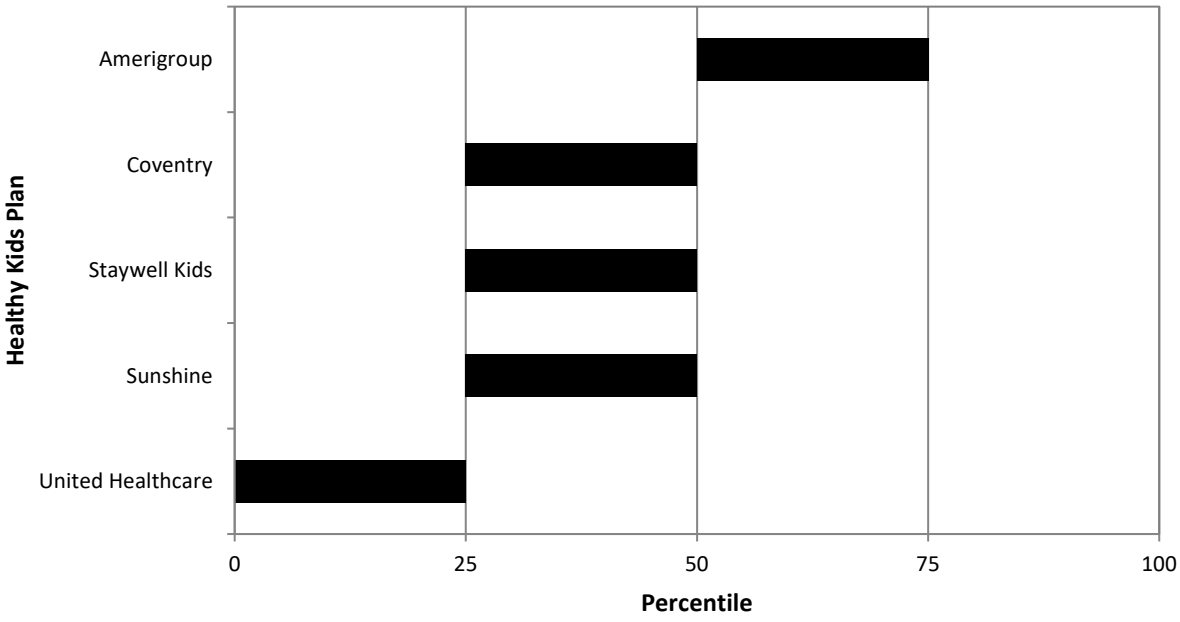
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 67. Healthy Kids Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2016



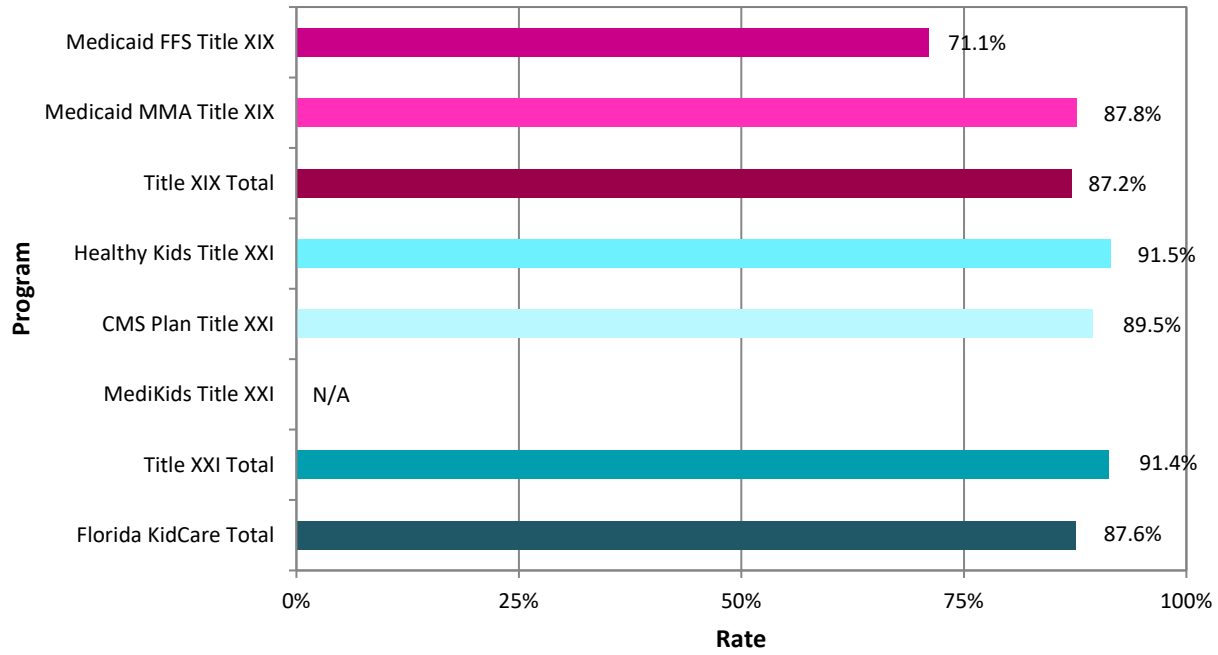
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 68. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Meningococcal Immunizations, CY 2016



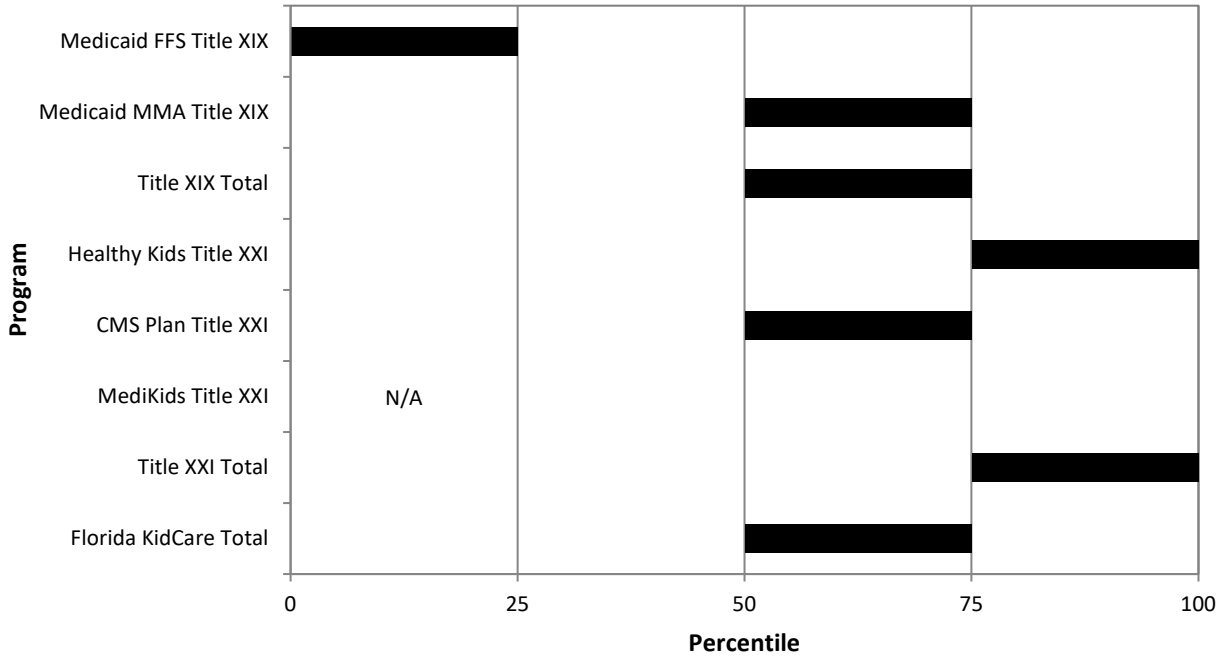
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 69. Program Results for HEDIS® Immunization Status for Adolescents (IMA): Tdap Immunizations, CY 2016



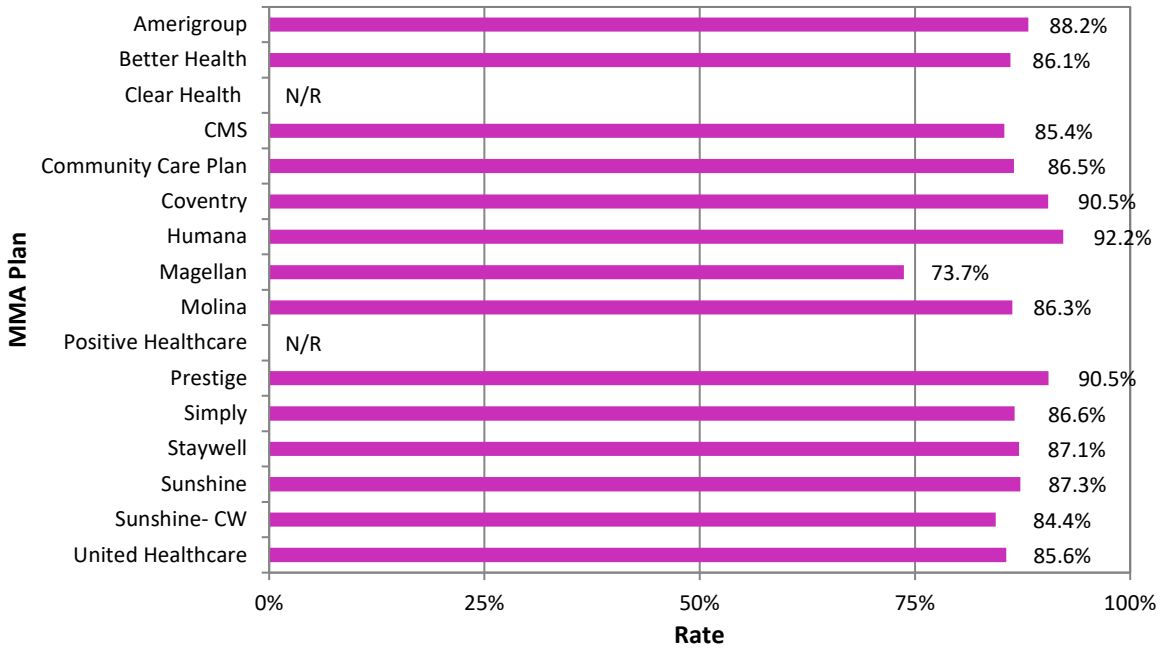
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 70. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Tdap Immunizations, CY 2016



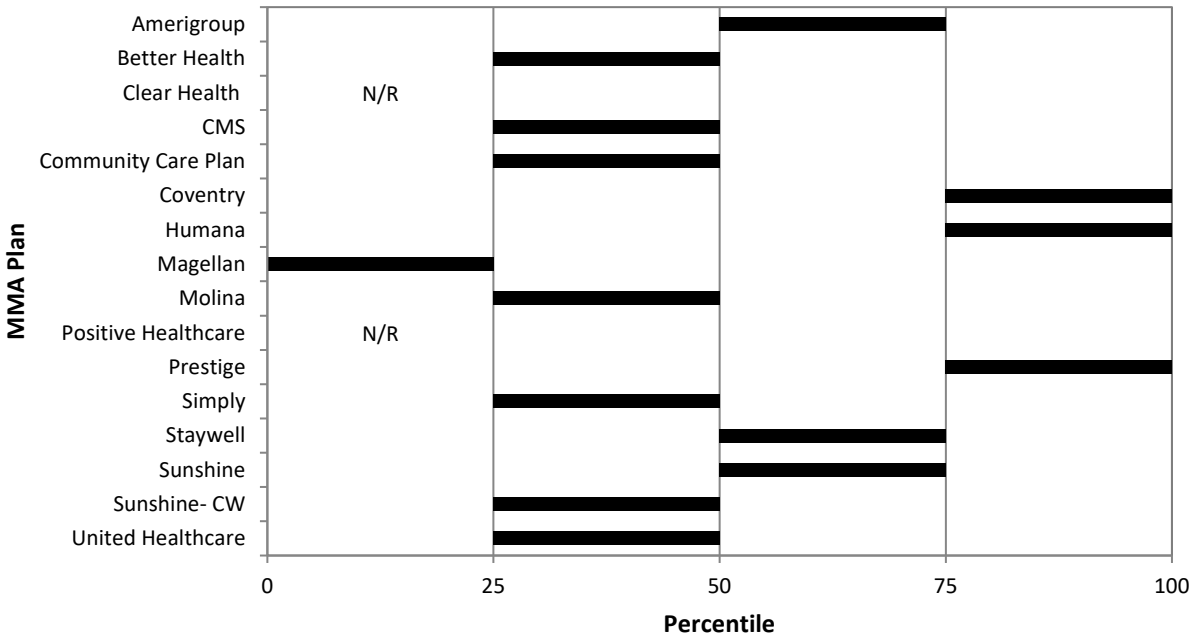
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 71. MMA Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Tdap Immunizations, CY 2016



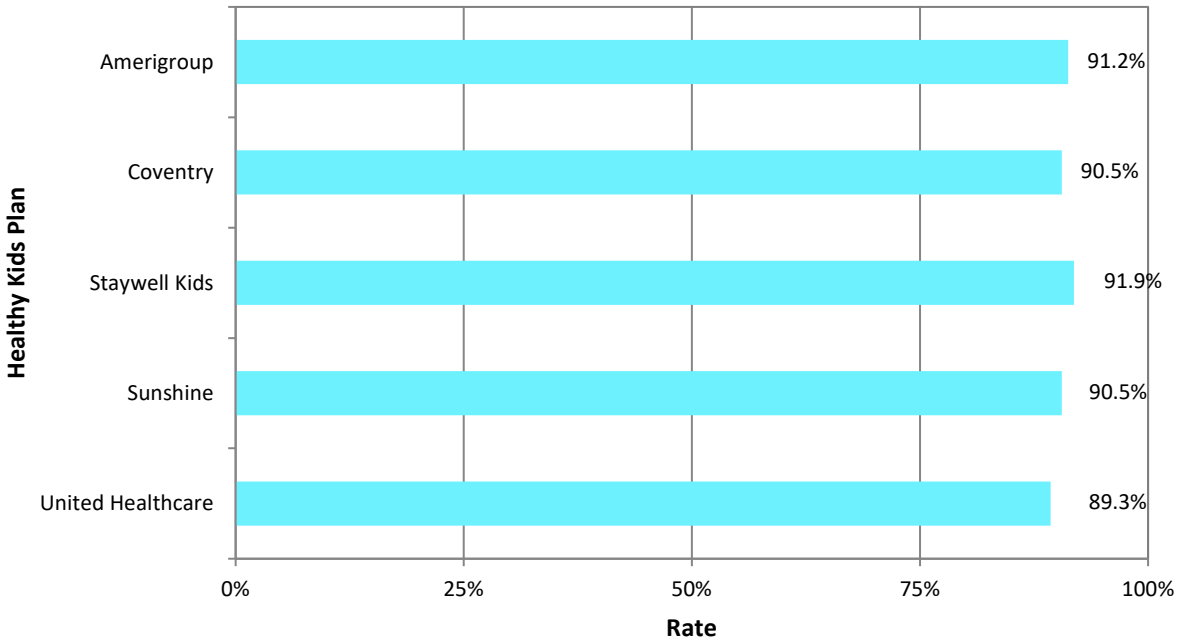
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 72. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Tdap Immunizations, CY 2016



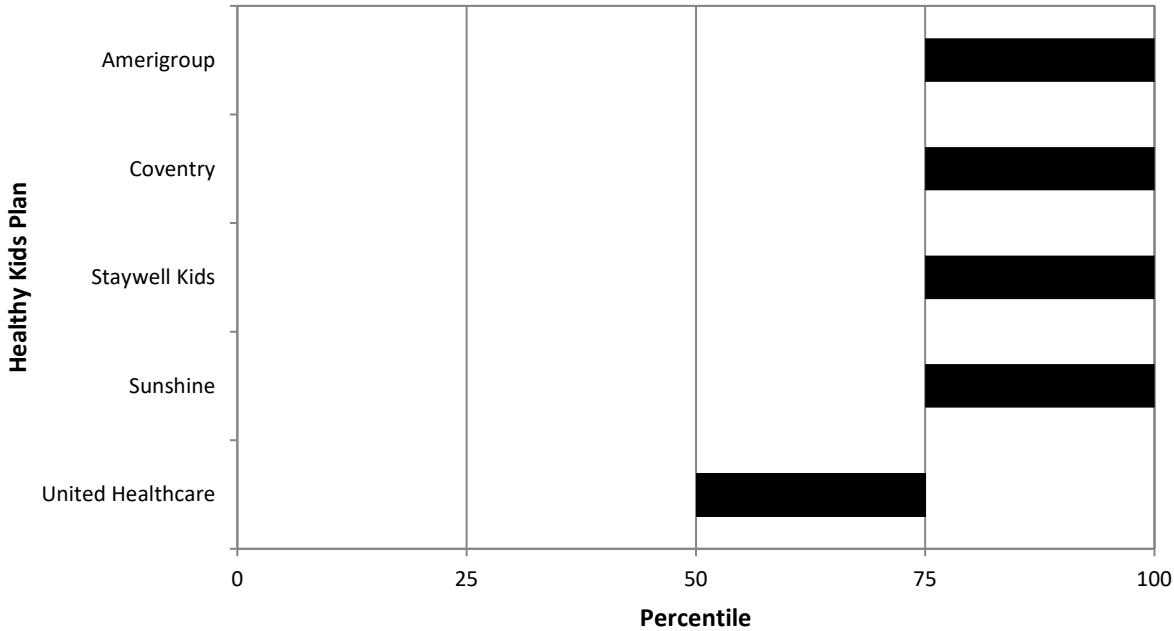
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 73. Healthy Kids Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Tdap Immunizations, CY 2016



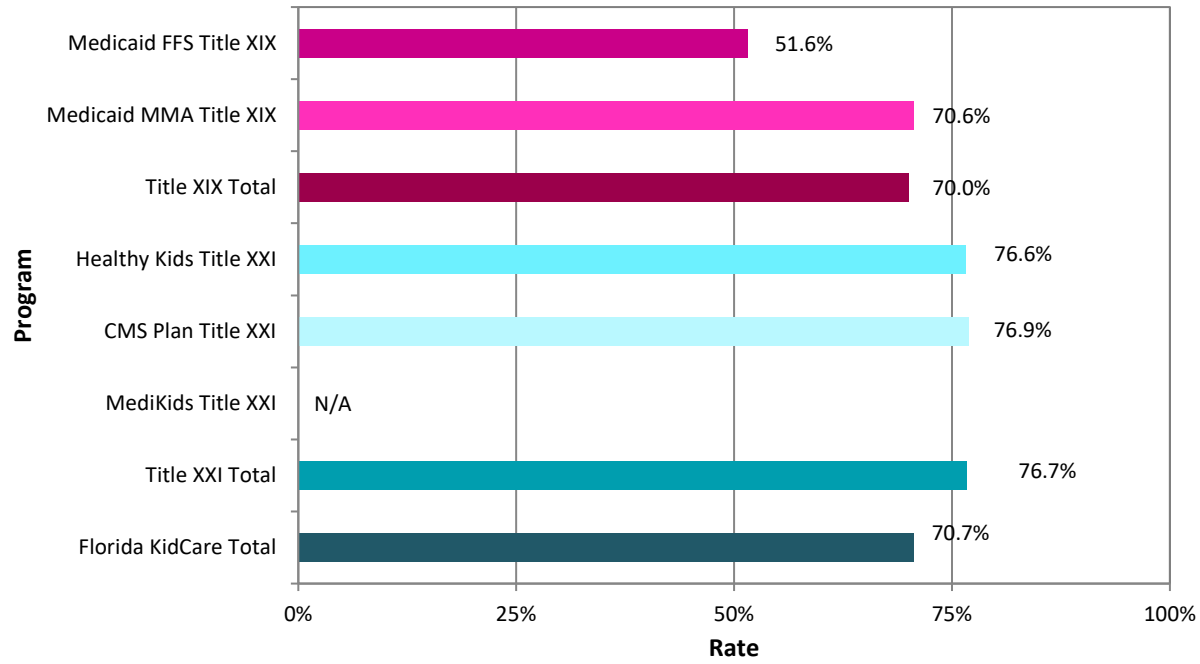
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 74. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Tdap Immunizations, CY 2016



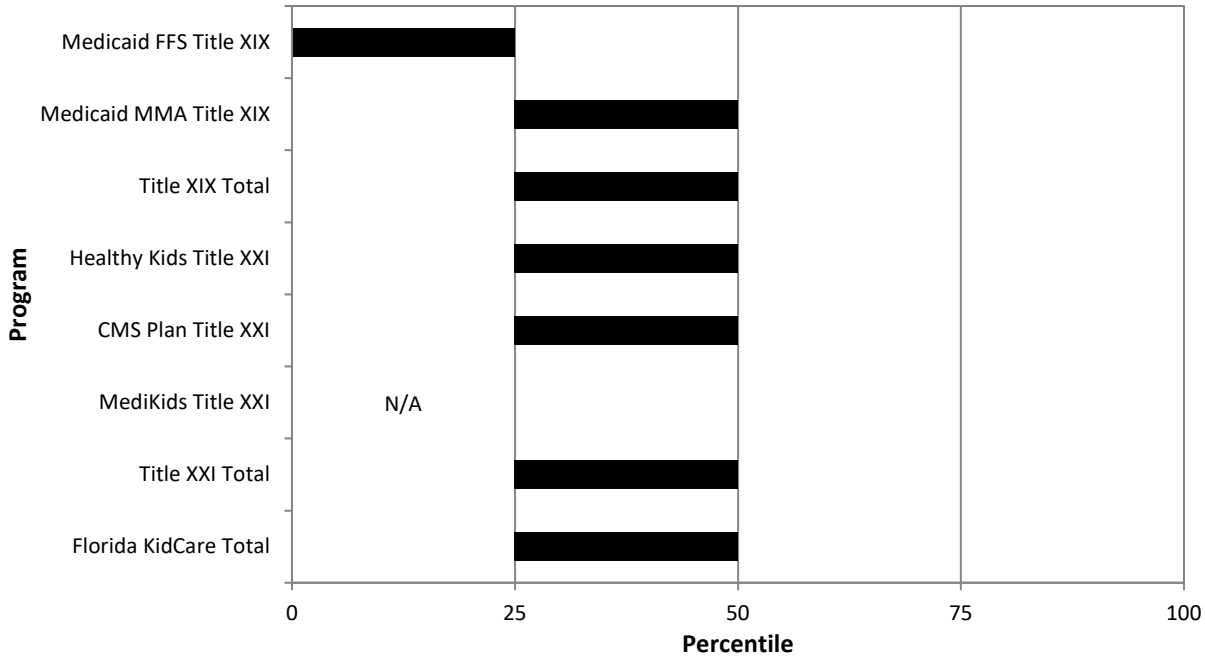
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 75. Program Results for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2016



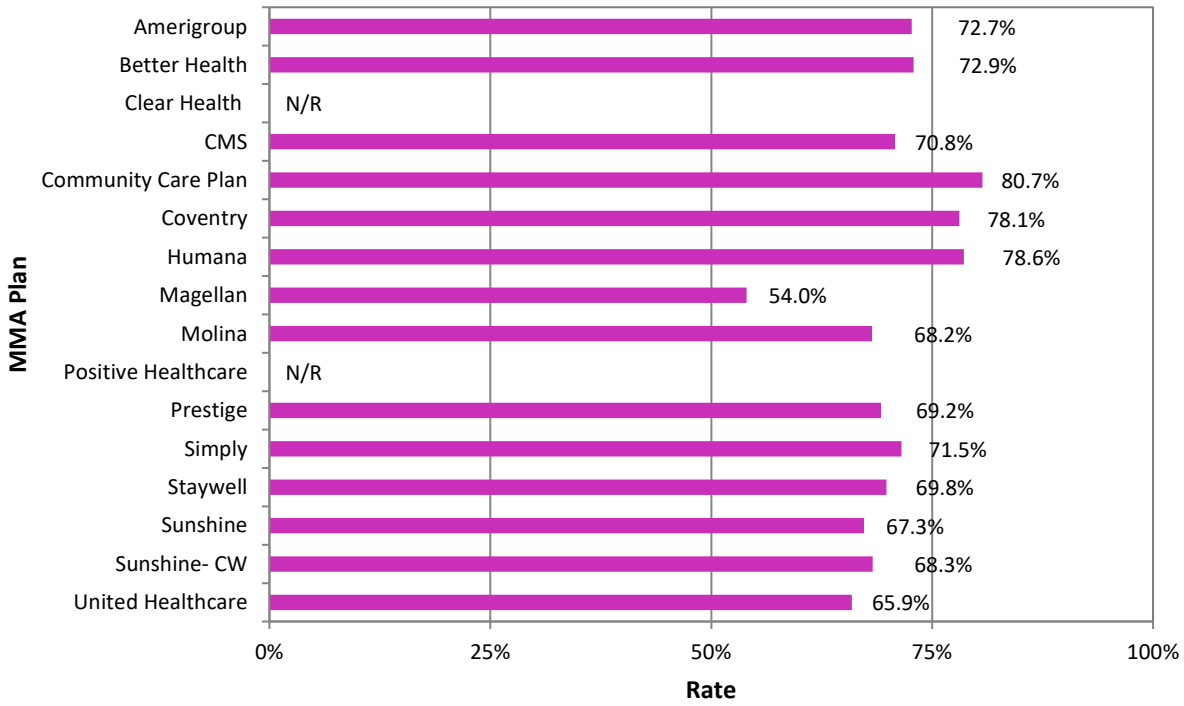
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 76. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2016



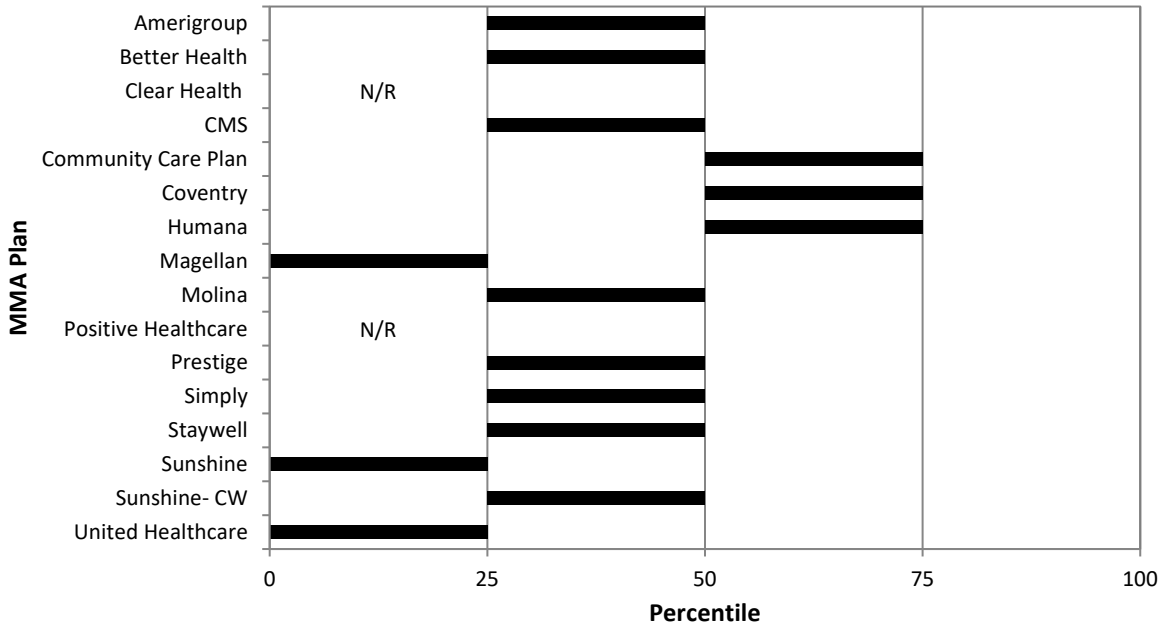
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 77. MMA Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2016



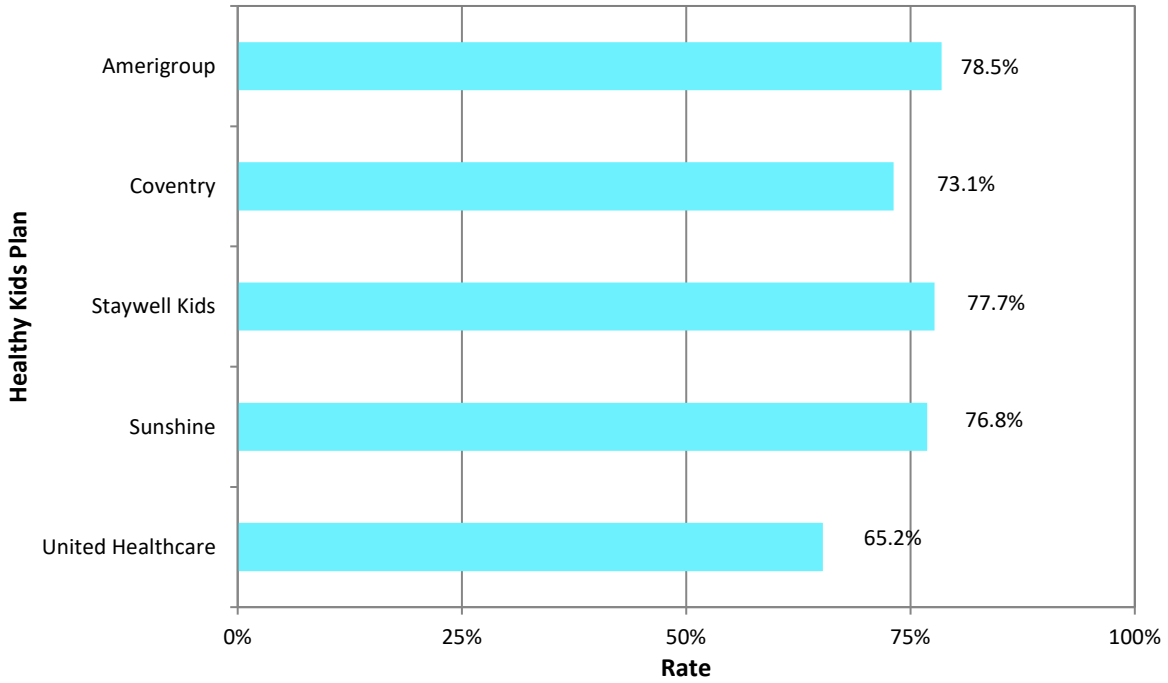
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 78. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2016



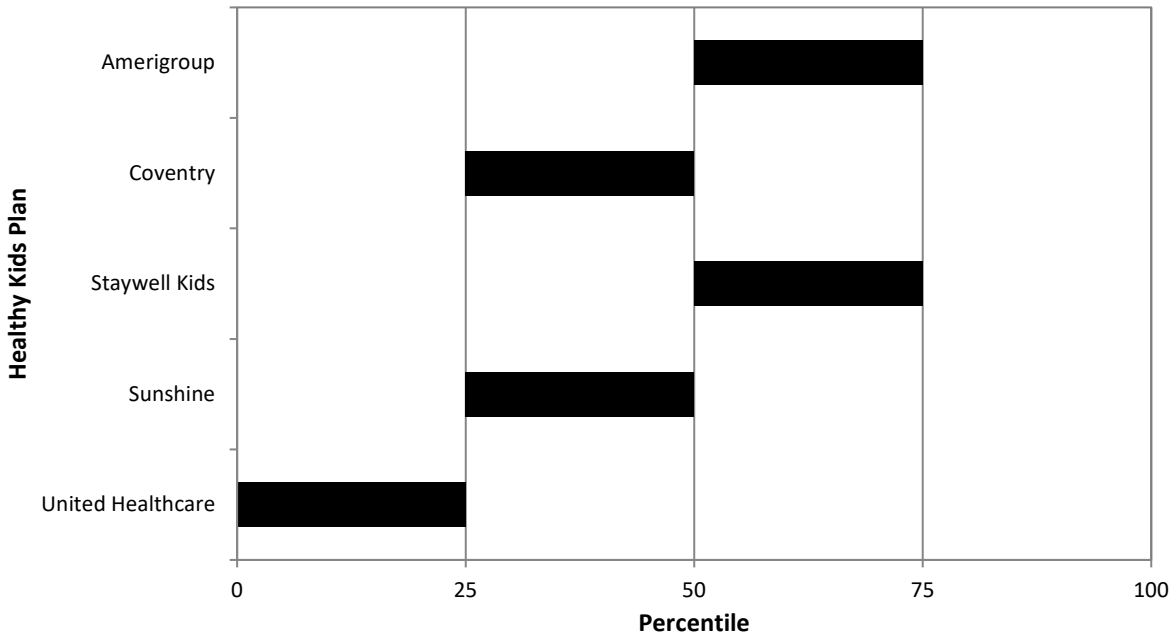
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 79. Healthy Kids Plan Results for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 80. National Benchmarks for HEDIS® Immunization Status for Adolescents (IMA): Combination 1 Immunizations, CY 2016



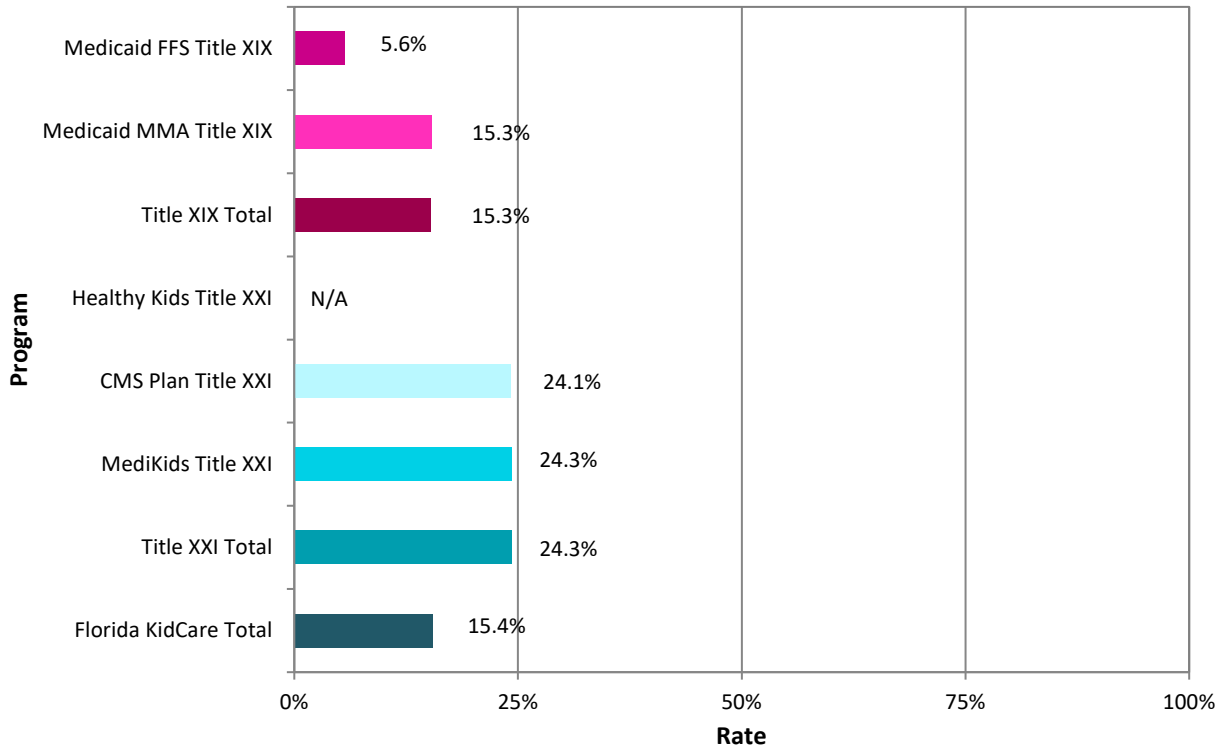
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

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. Detection of and intervention for developmental delays is crucial, and can be accomplished through periodic screenings early in life.[15] 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 2016. The numerator for this measure is the number of children who were screened for risk of delays using a standardized tool listed in the Child Core Set manual.[9] Only a combined rate is calculated and reported. For instance, children who turned one during CY 2016 are counted in the age=1 indicator while children who turned two during CY 2016 are counted in the age=2 indicator; the combined rate includes all children who turned one, two, or three in CY 2016. No children are excluded in this measure. National benchmark percentiles are not available for this measure.

Figure 81 presents the program results in CY 2016.

Figure 81. Program Results for Developmental Screening in the First Three Years of Life (DEV): All Ages, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)

Having a well-child or preventive care visit is a fundamental component of health care for children. Well-child visits offer practitioners an opportunity to check in with patients and families to ensure that children are healthy and developing properly, as well as to customize care specific to the needs and preferences of the family.[17] The HEDIS W34 indicator measures the percentage of children, three to six years of age, who received one or more well-child visits during CY 2016. This HEDIS measure requires visits with a PCP 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.

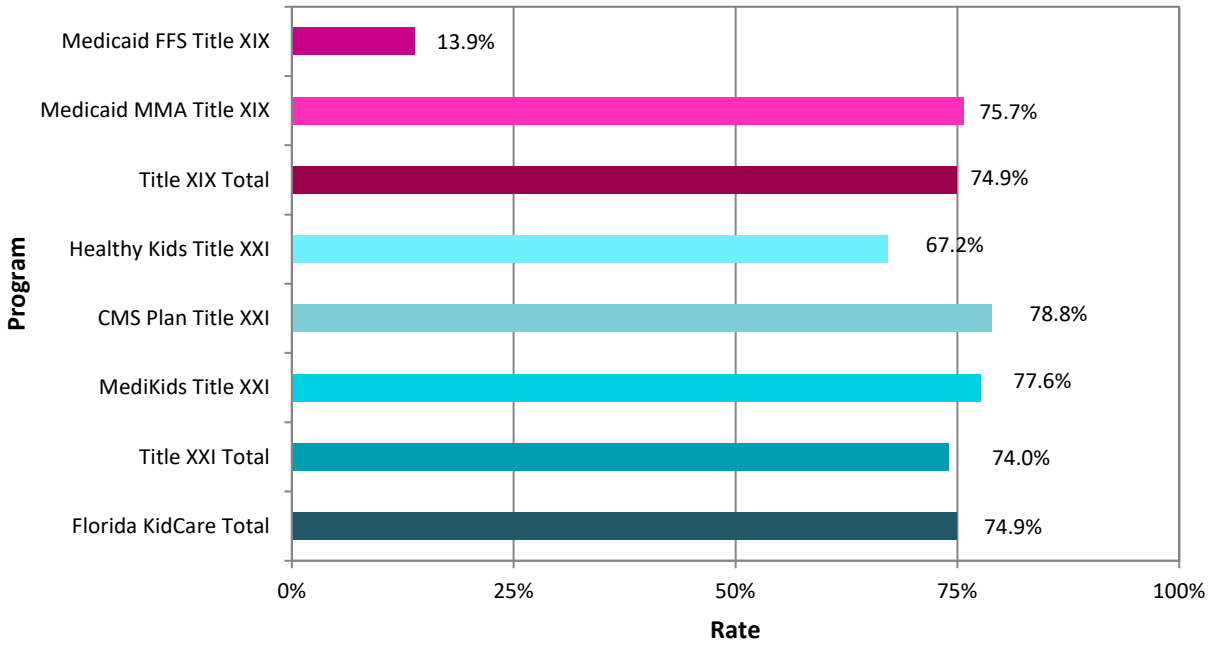
This measure can be calculated through a medical record review, and must include documentation of the following:

- Health history
- Physical developmental history
- Mental developmental history
- Physical exam
- Health education/anticipatory guidance

Figure 82 and **Figure 83** present the program results and benchmark percentile ranges, respectively, in CY 2016.

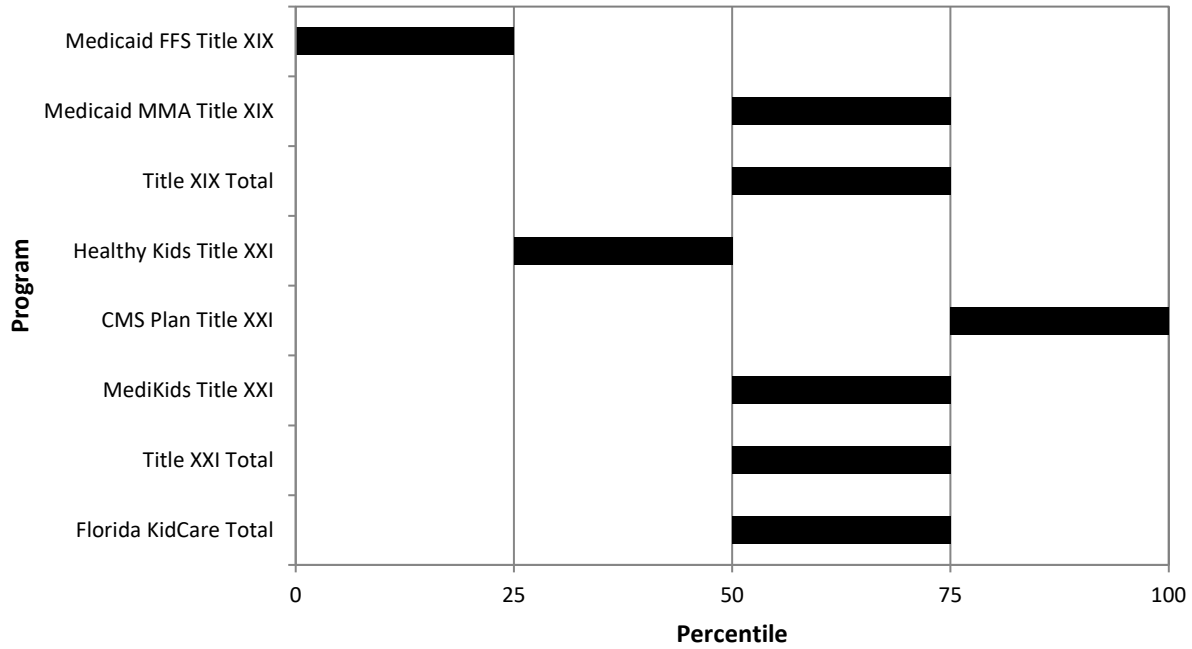
Figure 84, Figure 86 and **Figure 85, Figure 87** present the MMA and Florida Healthy Kids plan results and benchmark percentile ranges, respectively, in CY 2016.

Figure 82. Program Results for HEDIS® Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34): CY 2016



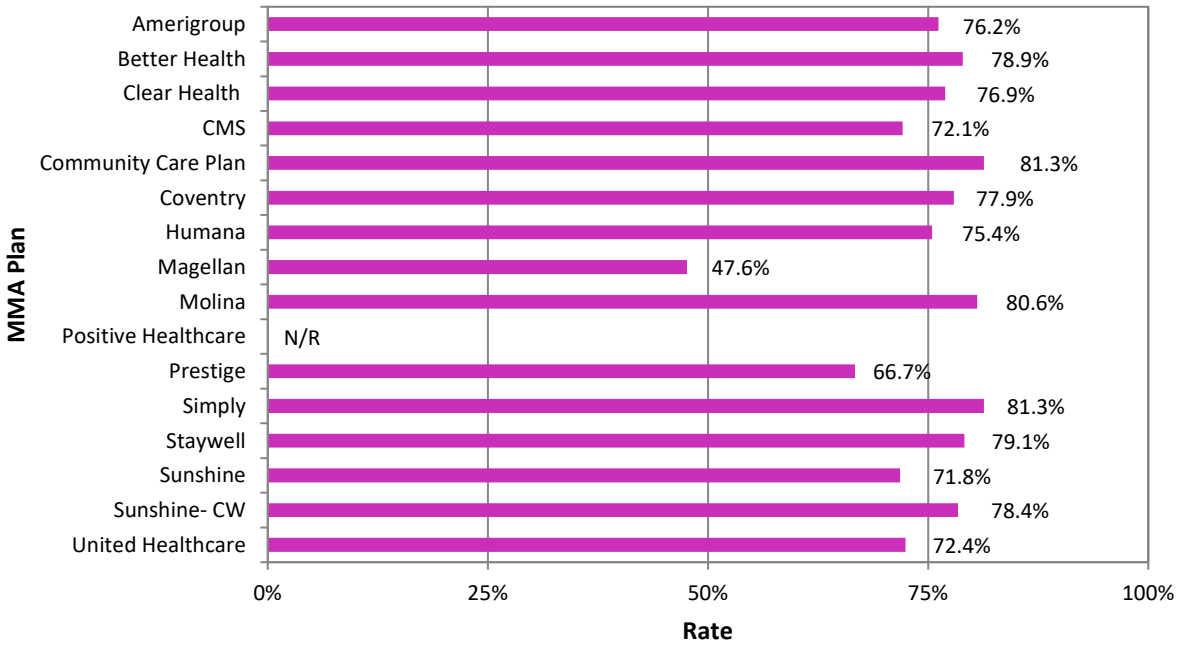
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 83. National Benchmarks for HEDIS® Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34): CY 2016



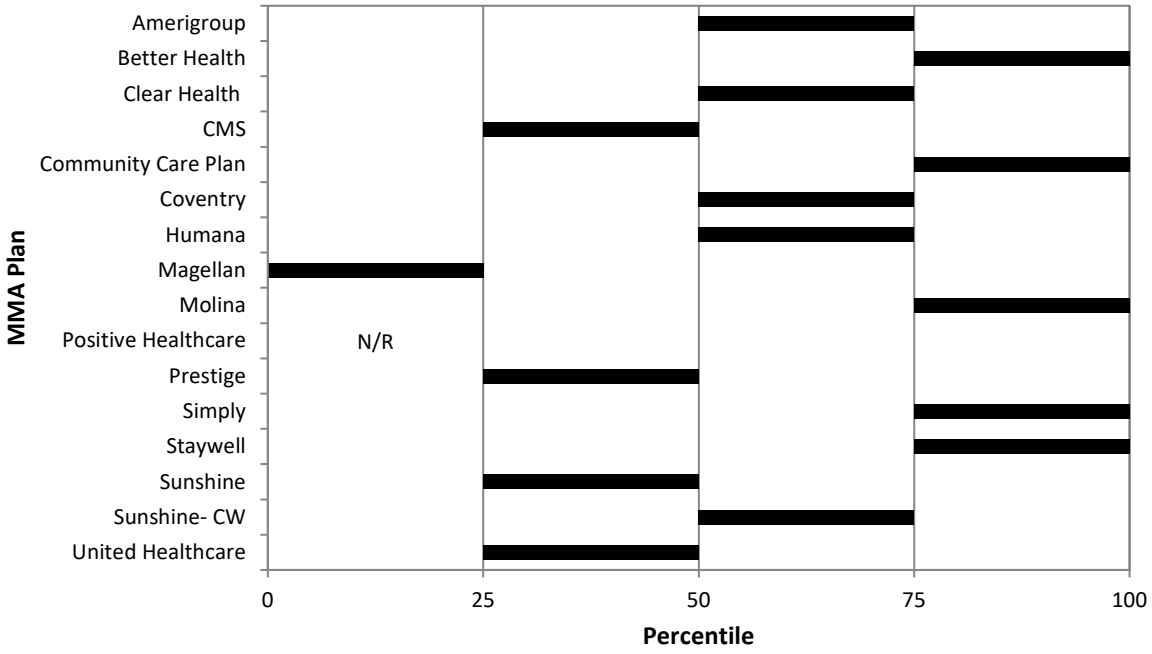
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 84. MMA Plan Results for HEDIS® Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34): CY 2016



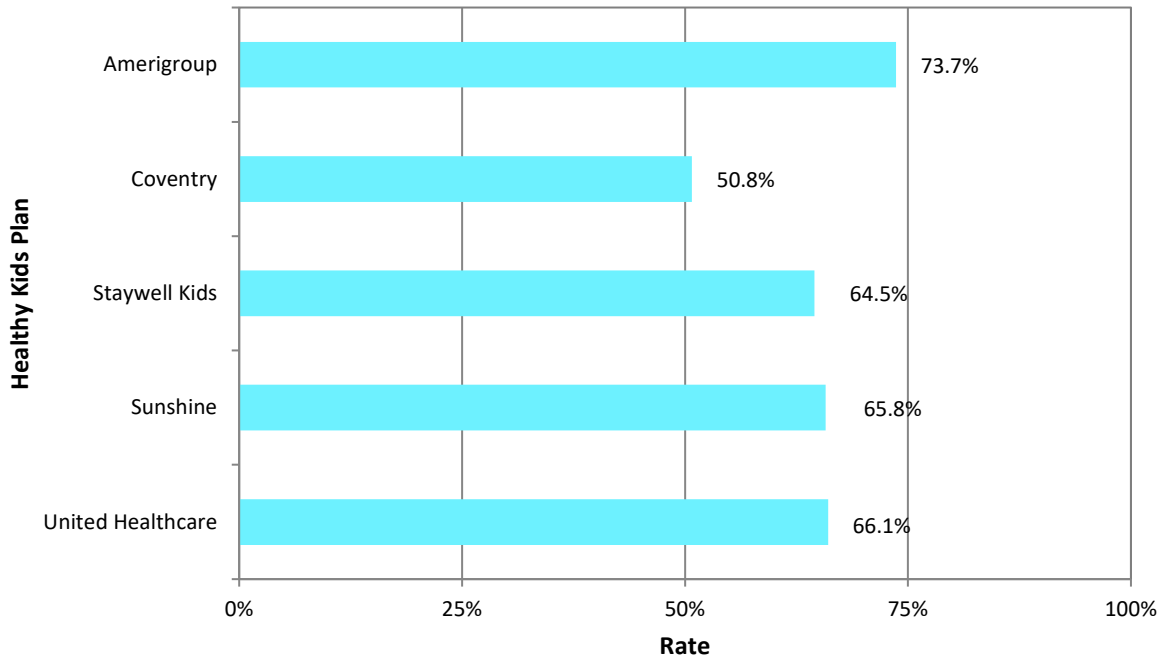
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 85. National Benchmarks for HEDIS® Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34): CY 2016



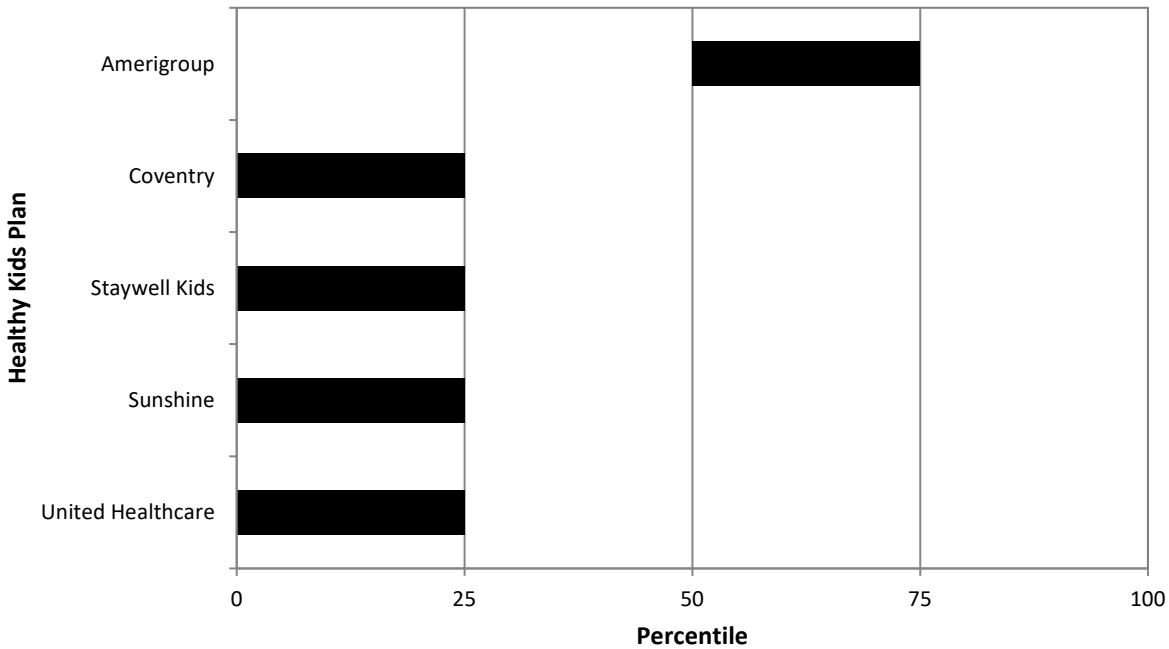
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 86. Healthy Kids Plan Results for HEDIS® Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34): CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 87. National Benchmarks for HEDIS® Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34): CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Children 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 PCP in CY 2016. Regular visits to a PCP are recommended annually for children and adolescents.[17]

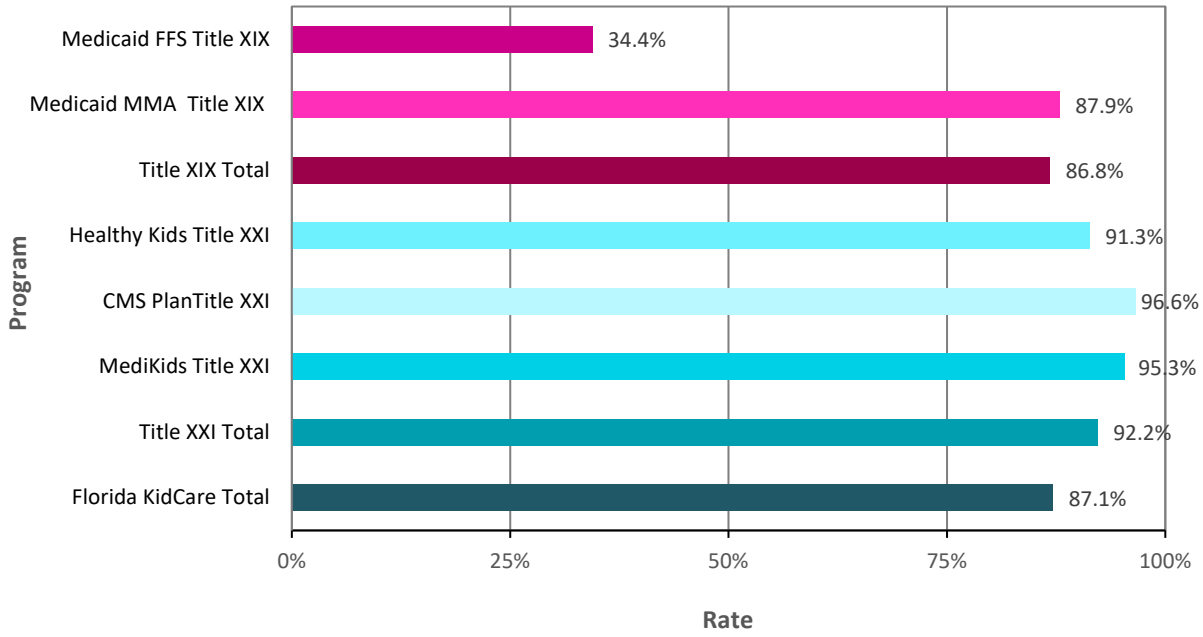
This measure has four age groups:

- Children 12–24 months
- Children 25 months to 6 years of age
- Children ages 7-11
- Adolescents ages 12-19

For the purpose of this report, results are presented 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.

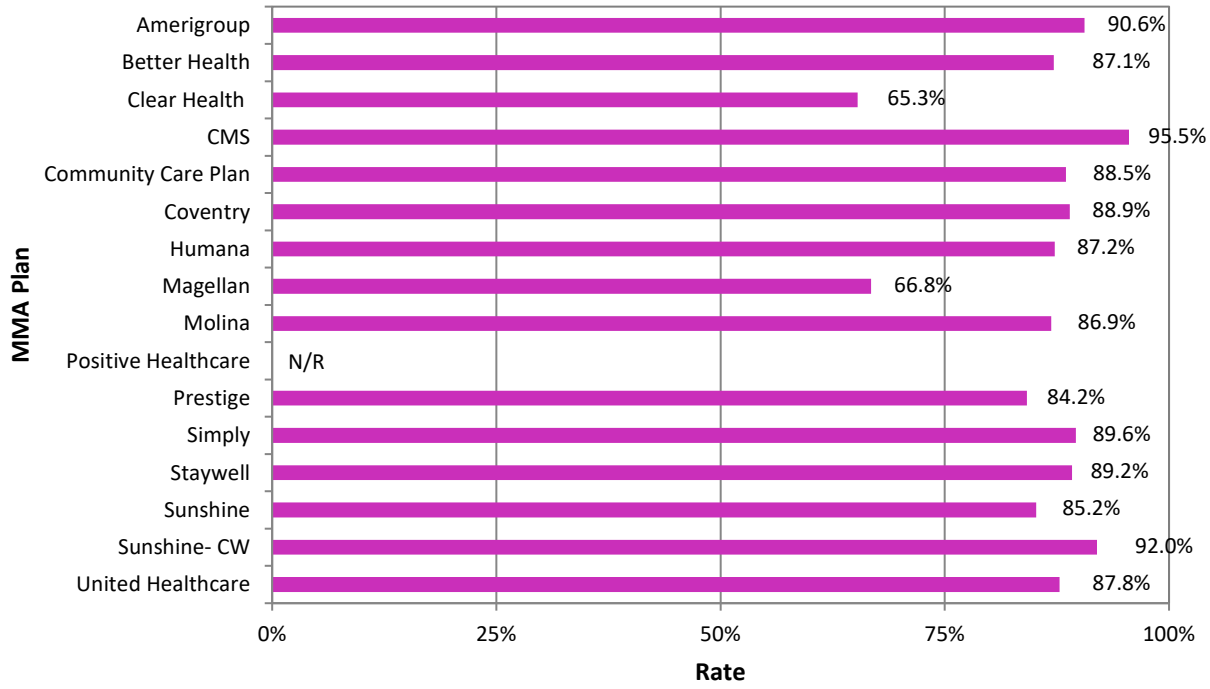
Figure 88 presents the program results in CY 2016. **Figure 89** and **Figure 90** present the MMA and Florida Healthy Kids plan level results, respectively, in CY 2016.

Figure 88. Program results for HEDIS® Children and Adolescents' Access to Primary Care Practitioners (CAP): All Ages, CY 2016



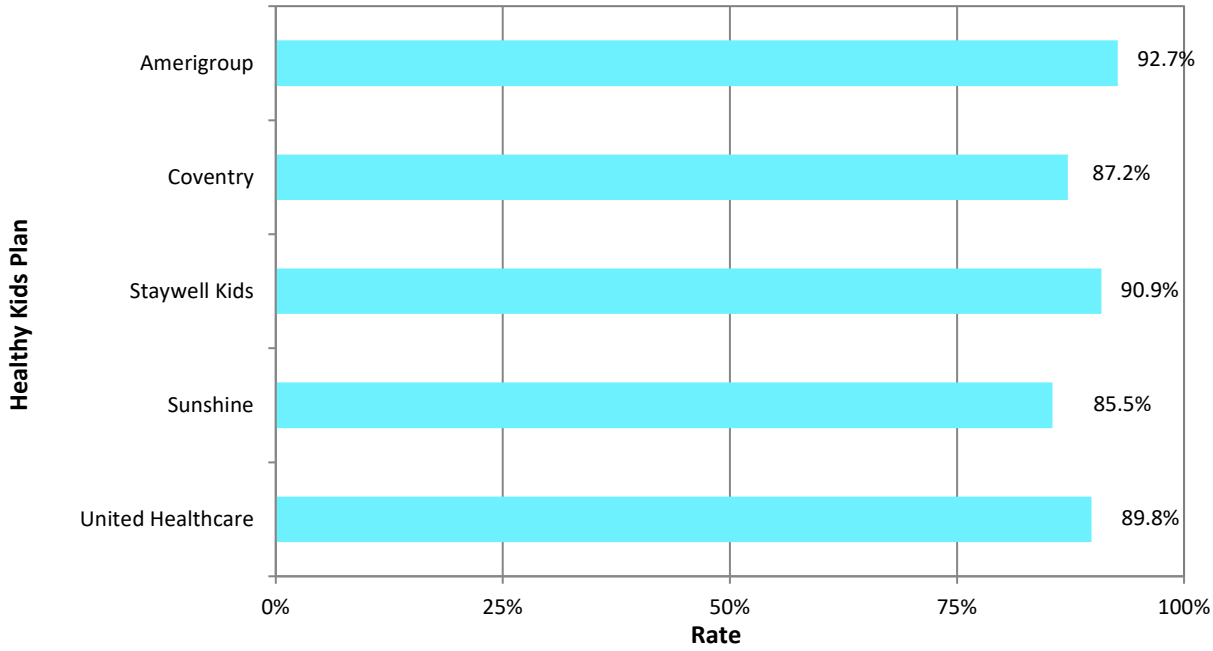
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 89. MMA Plan results for HEDIS® Children and Adolescents' Access to Primary Care Practitioners (CAP): All Ages, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 90. Healthy Kids Plan results for HEDIS® Children and Adolescents' Access to Primary Care Practitioners (CAP): All Ages, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Adolescent Well-Care Visit (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, and adolescent well-care visits often take longer to complete due to the complex nature of issues facing adolescents.[17] The HEDIS AWC indicator measures the percentage of enrollees 12 to 21 years old who received one or more comprehensive adolescent well-care visits with a physician provider during CY 2016. 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 PCP 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 period.

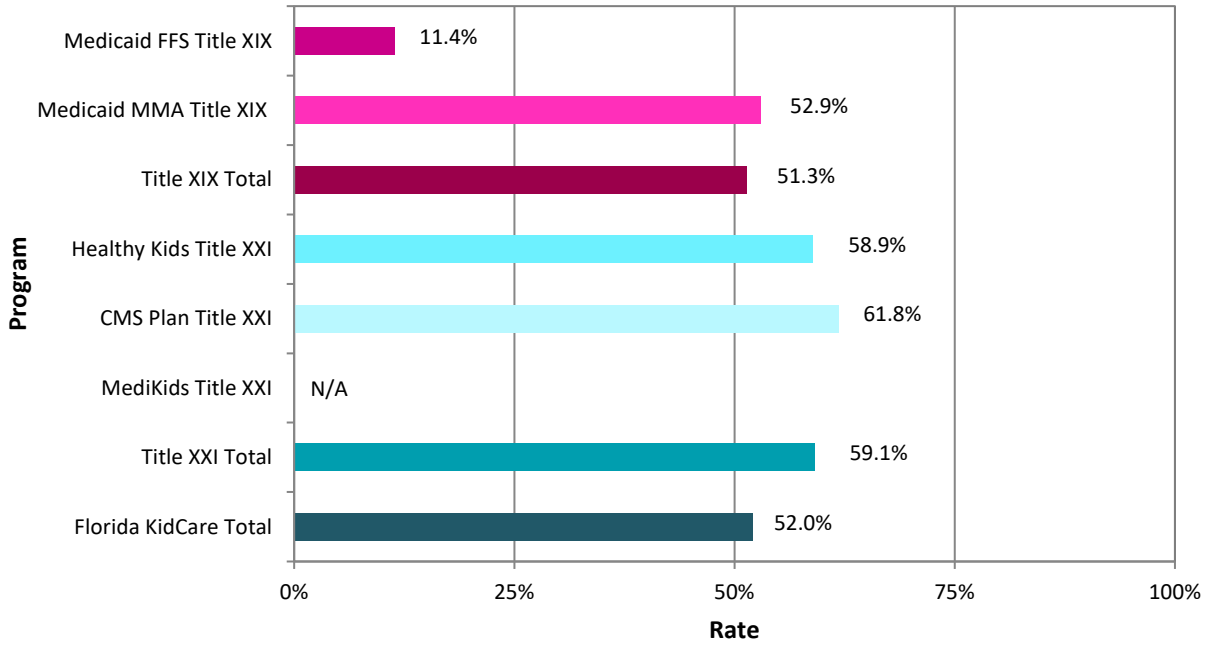
As with the W34 measure, this measure can be calculated through medical record review, and when doing so, must include documentation of the following:

- Health history
- Physical developmental history
- Mental developmental history
- Physical exam
- Health education/anticipatory guidance

Figure 91 and **Figure 92** present the program results and benchmark percentile ranges, respectively, in CY 2016.

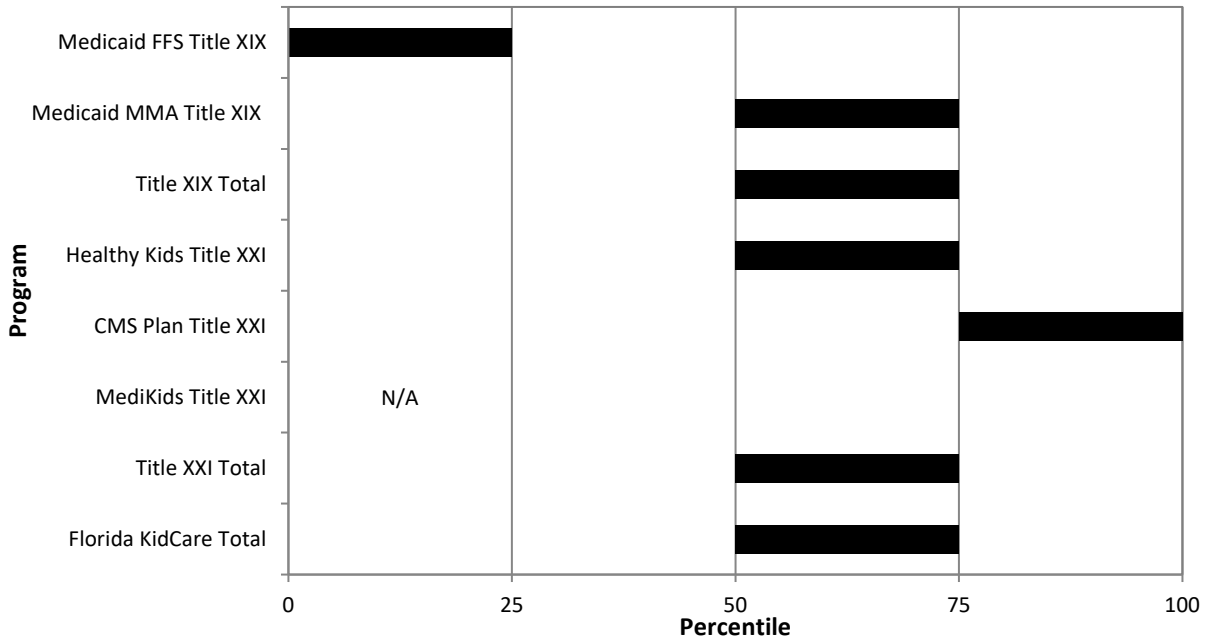
Figure 93, **Figure 95** and **Figure 94**, **Figure 96** present the MMA and Florida Healthy Kids plan results and benchmark percentile ranges, respectively, in CY 2016.

Figure 91. Program Results for HEDIS® Adolescent Well-Care Visit (AWC): CY 2016



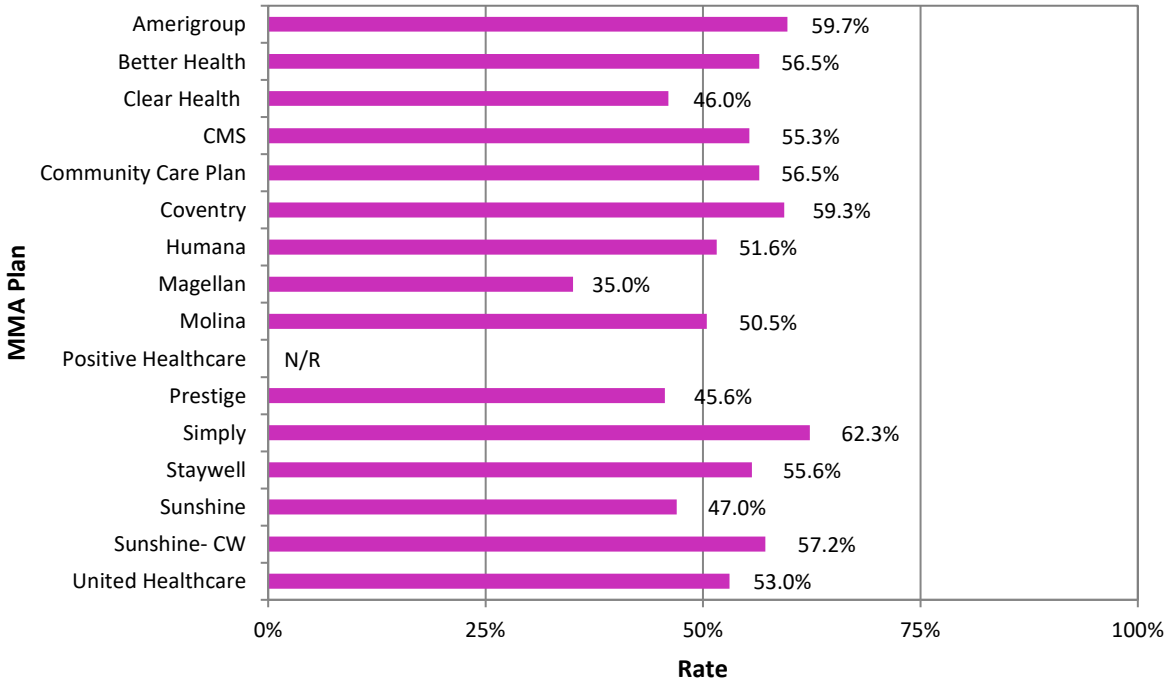
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 92. National Benchmarks for HEDIS® Adolescent Well-Care Visit (AWC): CY 2016



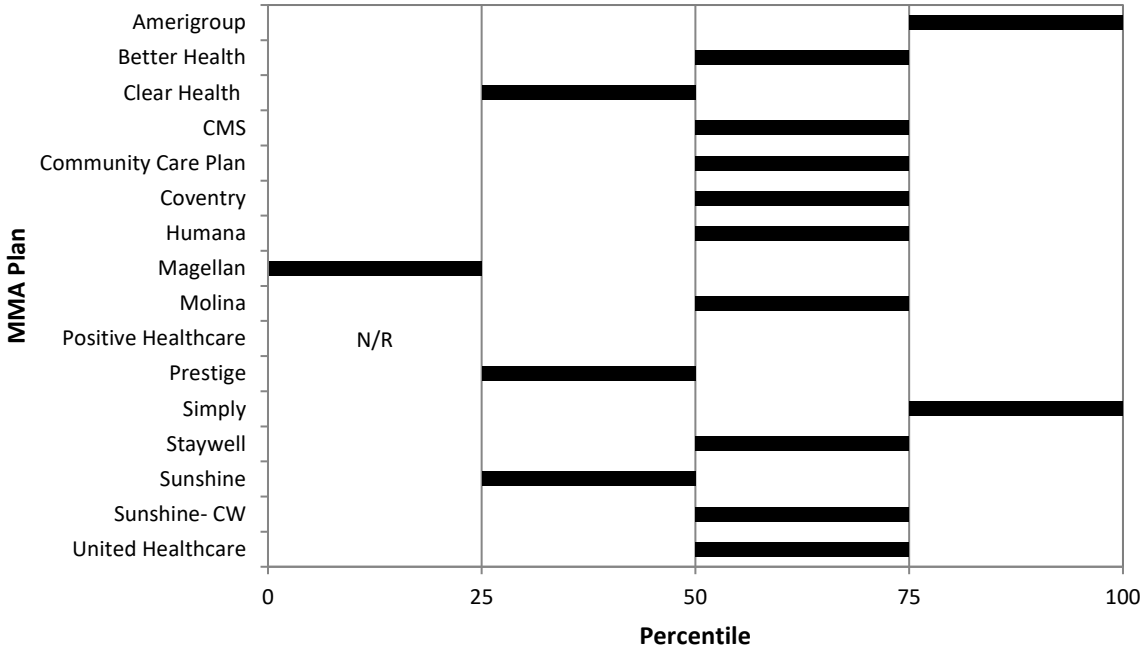
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 93. MMA Plan Results for HEDIS® Adolescent Well-Care Visit (AWC): CY 2016



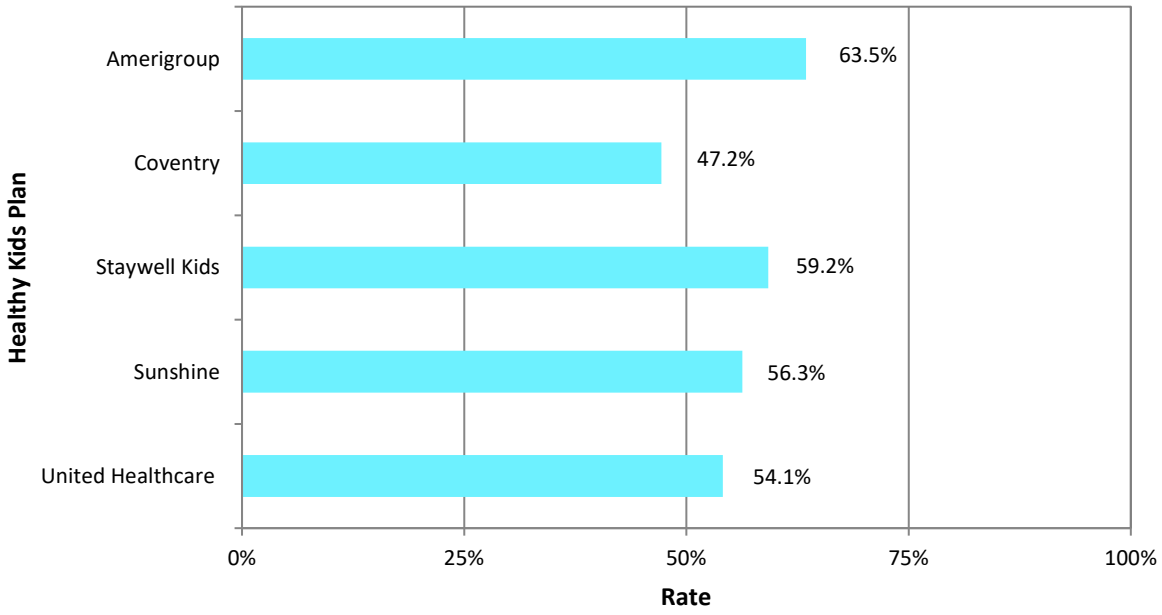
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 94. National Benchmarks for HEDIS® Adolescent Well-Care Visit (AWC): CY 2016



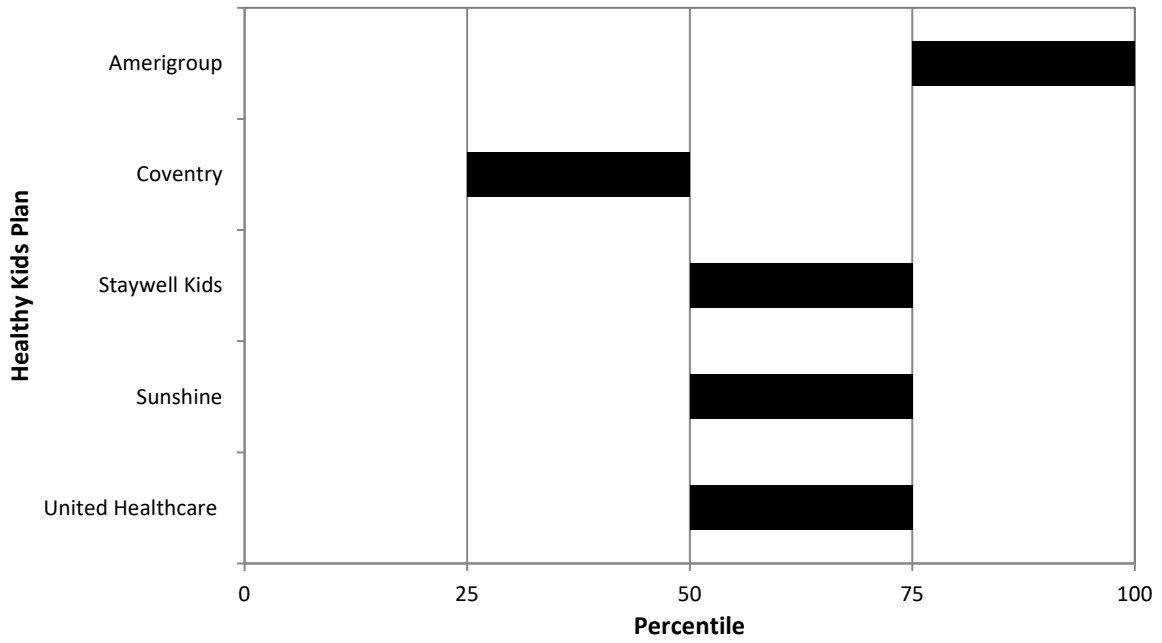
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 95. Healthy Kids Plan Results for HEDIS® Adolescent Well-Care Visit (AWC): CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 96. National Benchmarks for HEDIS® Adolescent Well-Care Visit (AWC): CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Maternal and Perinatal Health

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

The National Institute of Child Health and Human Development recommends early and regular prenatal care to promote a healthy pregnancy.[18] Prenatal health care visits can involve physical exams, education and counseling about nutrition, physical activity and health behaviors, lab tests and screenings, and childbirth education.

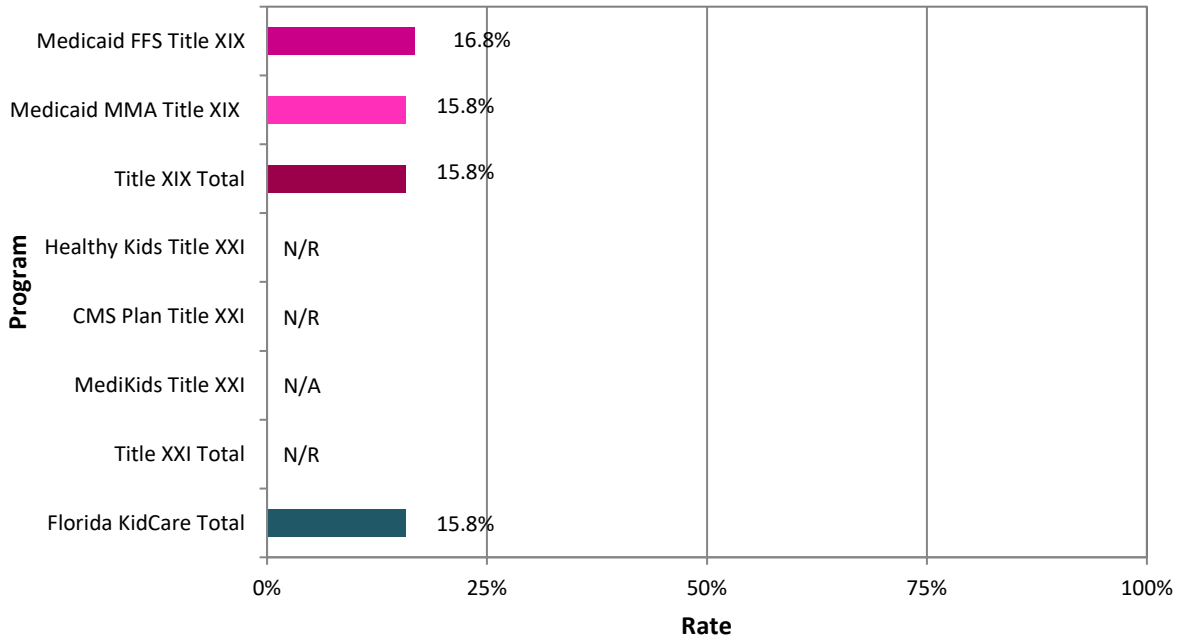
The HEDIS FPC and PPC indicators measure the percentage of enrollees who had a live birth between November 6th, 2015, and November 5th, 2016 who received prenatal care visits, and, for the FPC measure only, adjusted for the month of pregnancy at time of enrollment (if not enrolled at conception) and gestational age. Two measures are included: **Frequency of ongoing prenatal care (FPC)** is measured as the percentage of deliveries that had 81% or more of expected prenatal care visits. **Timeliness of prenatal care (PPC)** 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 Florida KidCare enrollees that are compliant with 61-80% and 81% or more of the recommended visits.

The samples used for the national benchmarks include both children and adults. For all programs except Medicaid MMA, the Florida 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 97 and **Figure 98** present the program results and benchmark percentiles, respectively, for FPC compliance at 61-80% in CY 2016. **Figure 99** and **Figure 100** present the program results and benchmark percentiles, respectively, for FPC compliance at 81% or higher in CY 2016. **Figure 101** and **Figure 102** present the MMA plan results and benchmark percentile ranges, respectively, for FPC compliance at 81% or higher in CY 2016.

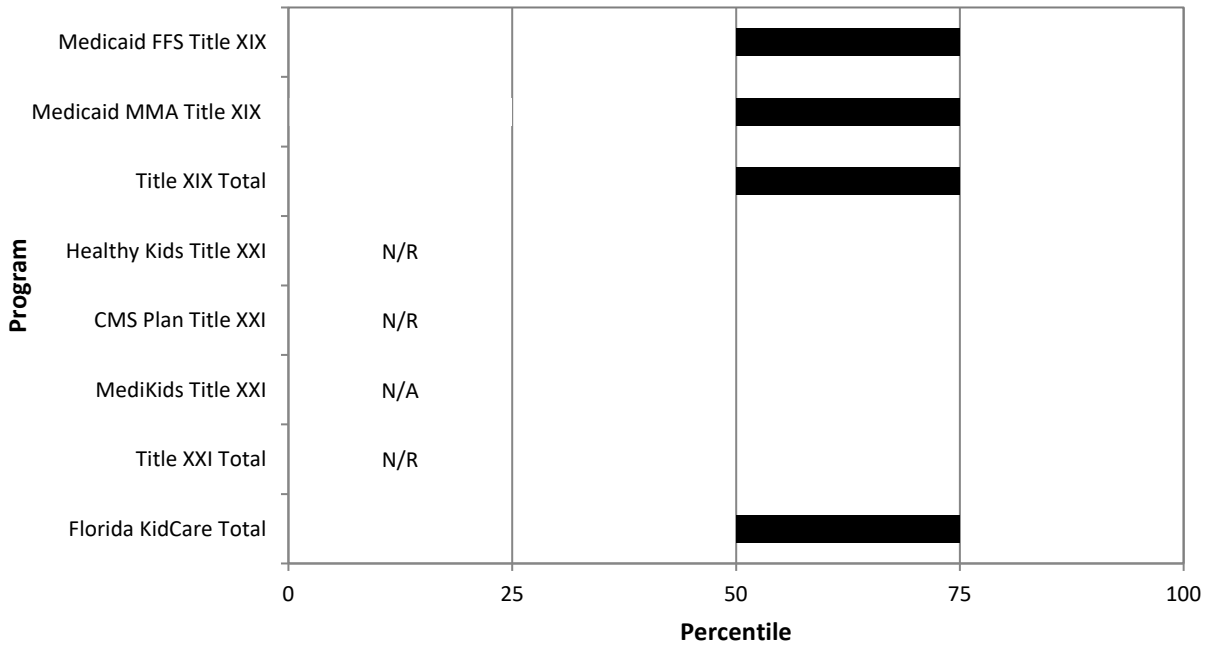
Figure 103 and **Figure 104** present the program results and benchmark percentiles, respectively, for PPC in CY 2016. **Figure 105** and **Figure 106** present the MMA plan results and benchmark percentile ranges, respectively, for PPC in CY 2016. Note that because there were less than 30 members in the denominator for Florida Healthy Kids, no plan-specific figures are presented here, and the total results for the program are noted with N/R.

Figure 97. Program Results for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 61-80% of the Recommended Visits, CY 2016



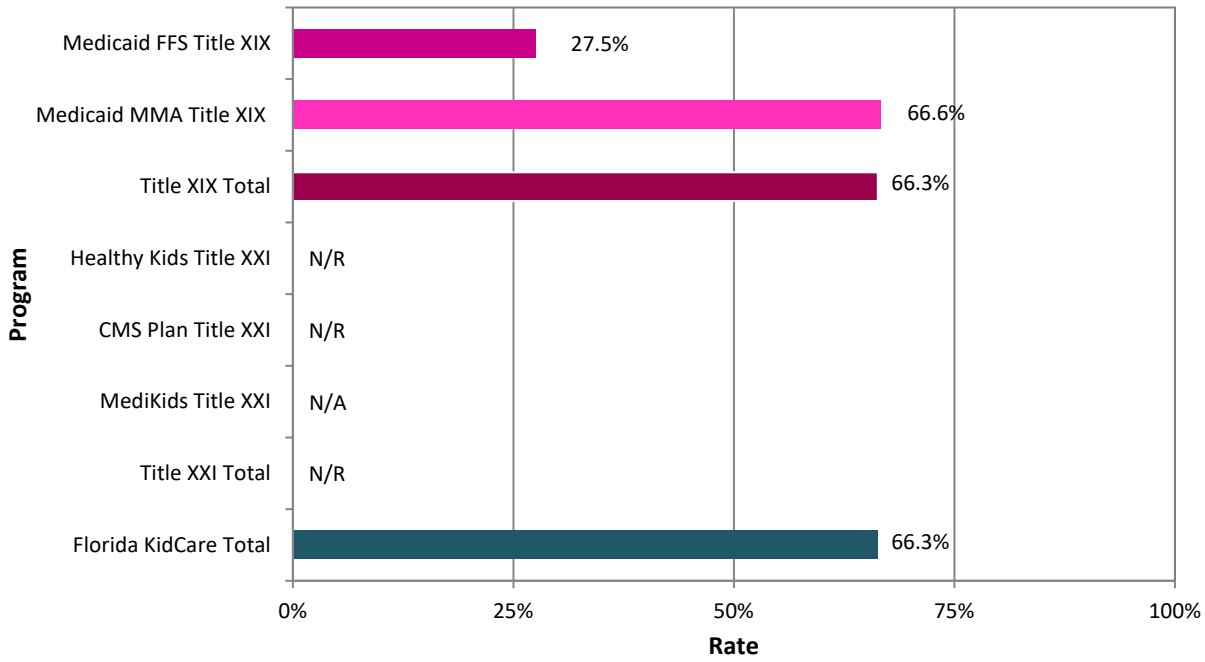
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 98. National Benchmarks for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 61-80% of the Recommended Visits, CY 2016



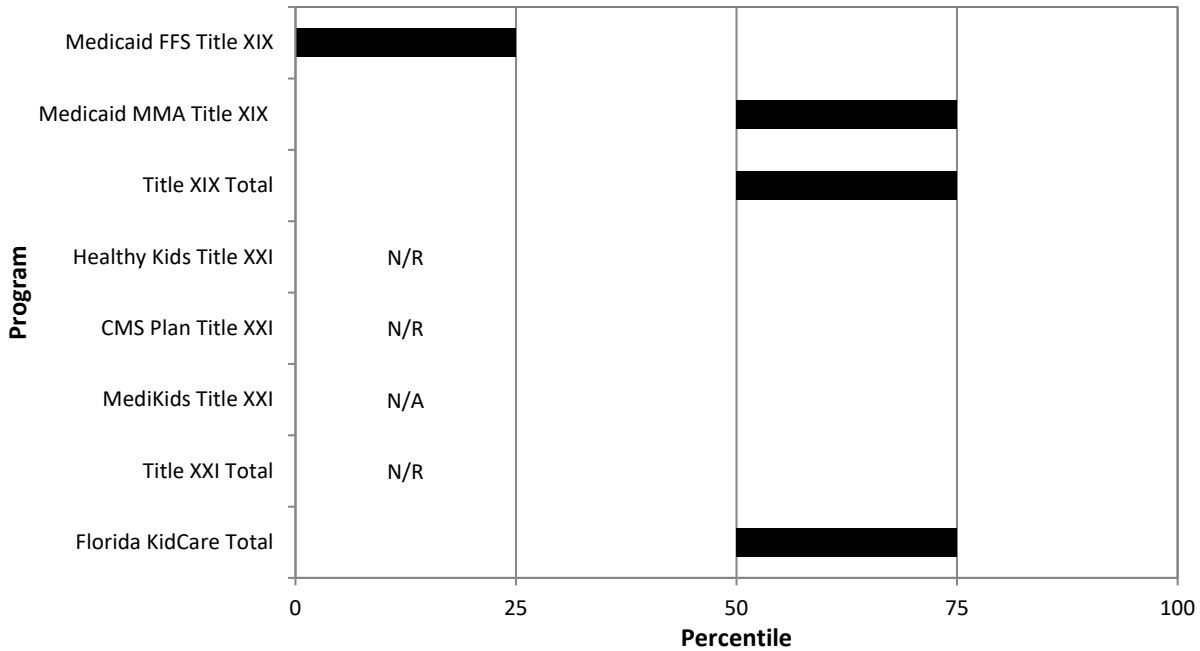
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 99. Program Results or HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 81% or more of the Recommended Visits, CY 2016



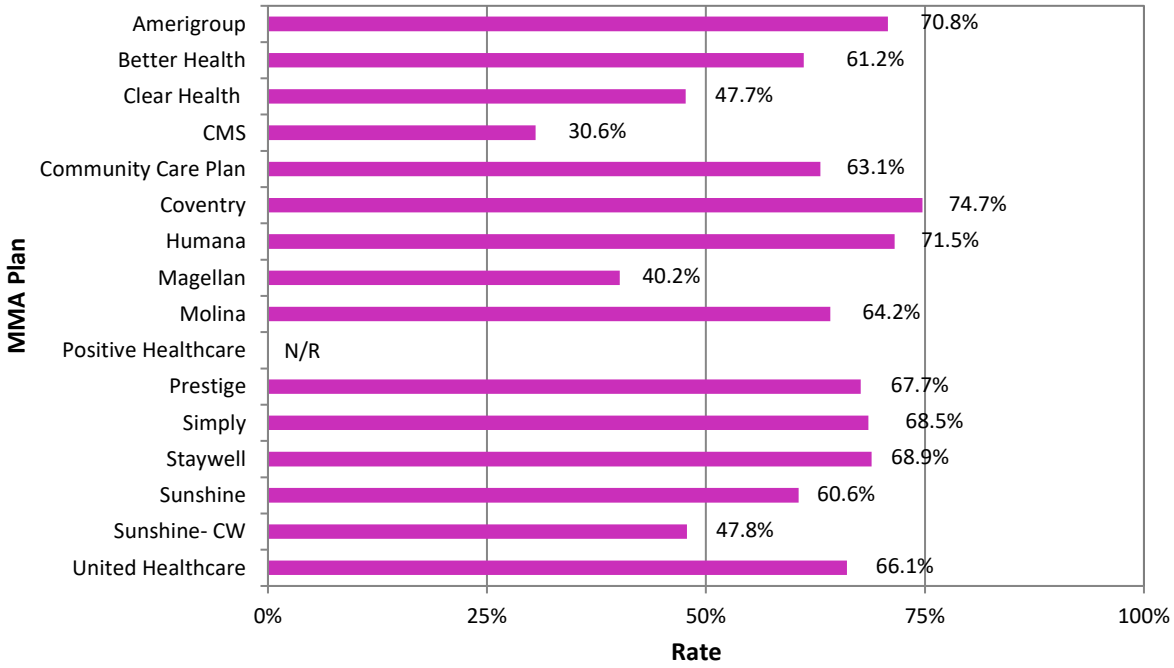
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 100. National Benchmarks for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 81% or more of the Recommended Visits, CY 2016



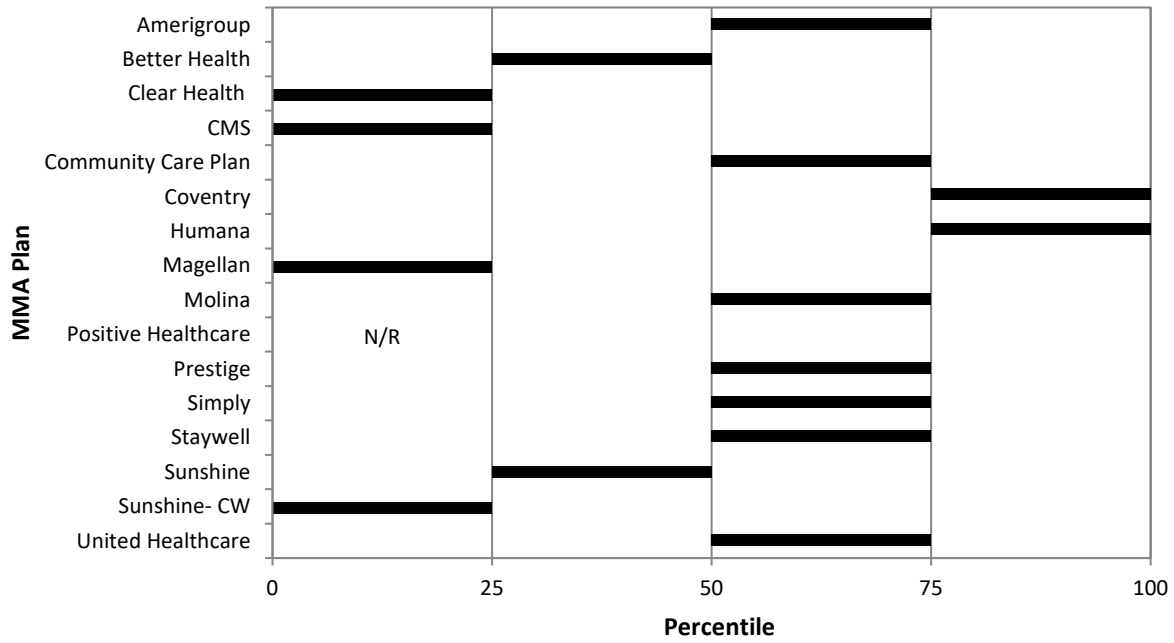
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 101. MMA Plan Results for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 81% or more of the Recommended Visits, CY 2016



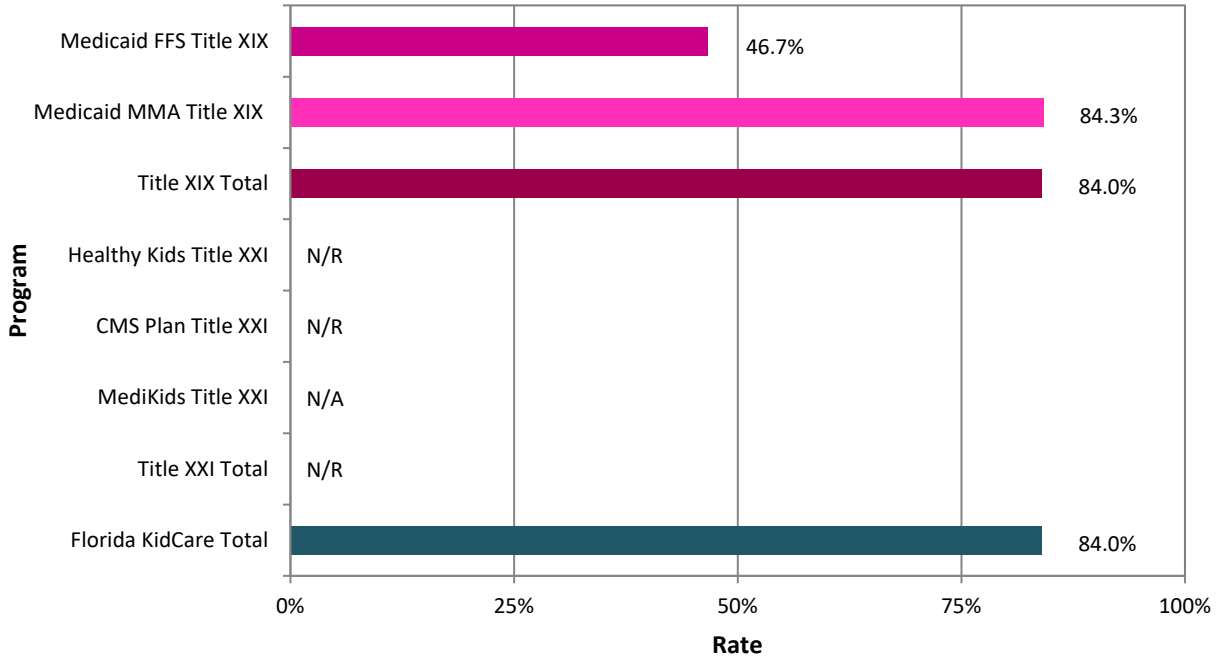
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 102. National Benchmarks for HEDIS® Frequency of Ongoing Prenatal Care (FPC): Compliance with 81% or more of the Recommended Visits, CY 2016



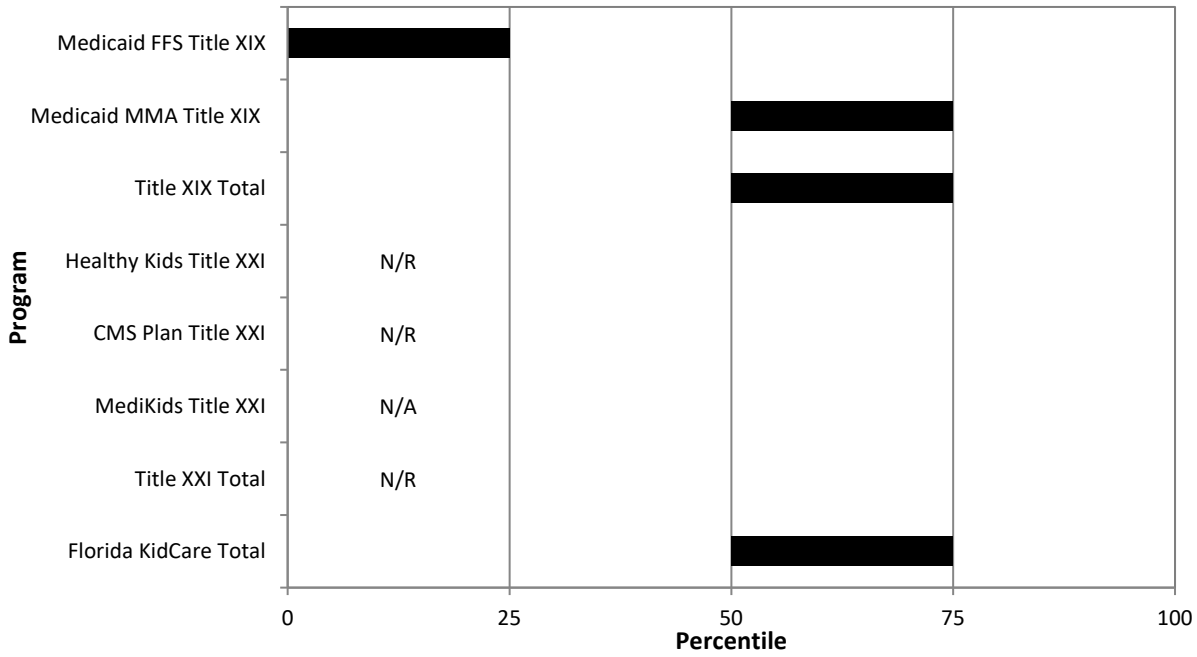
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 103. Program Results for HEDIS® Timeliness of Prenatal Care (PPC): CY 2016



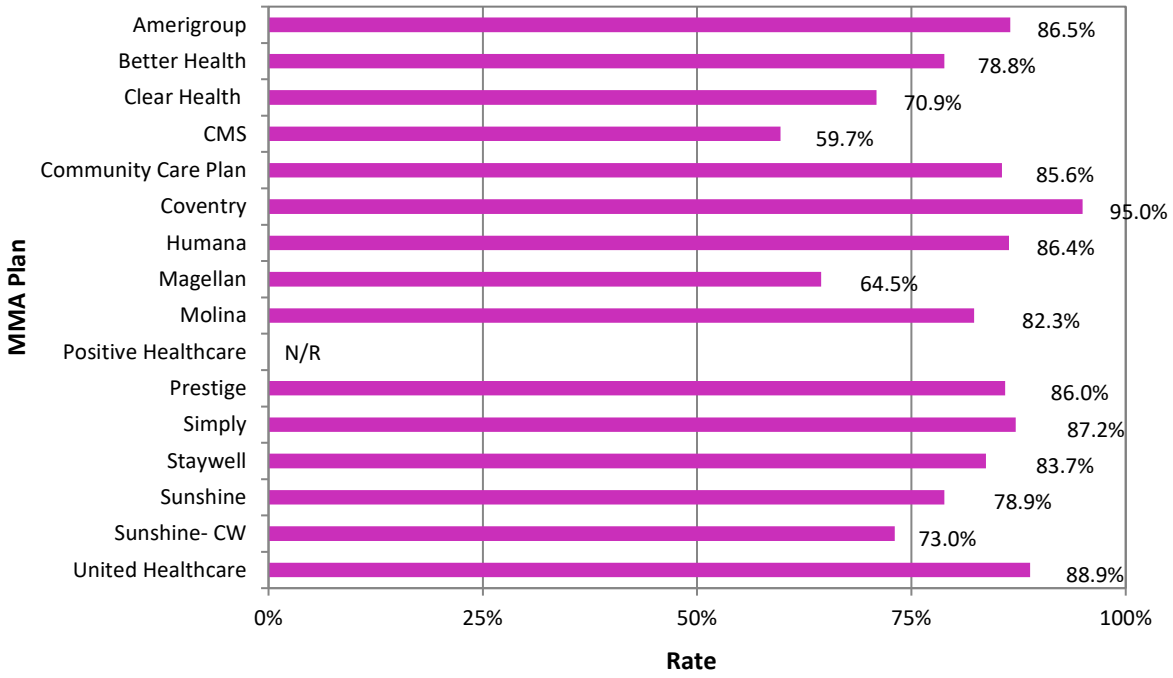
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 104. National Benchmarks for HEDIS® Timeliness of Prenatal Care (PPC): CY 2016



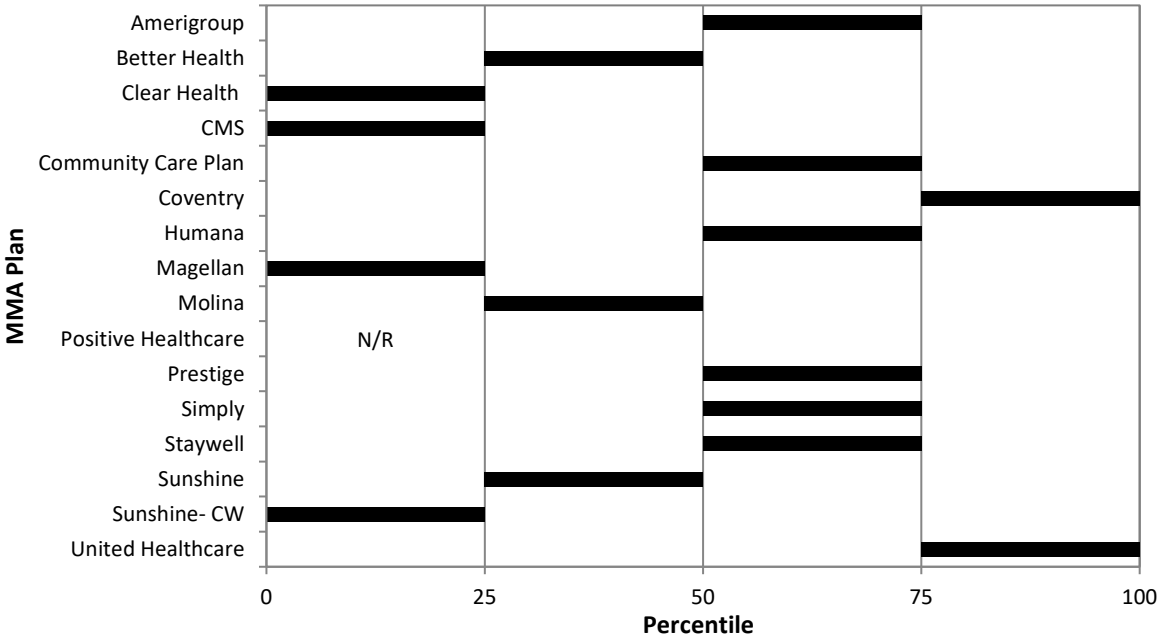
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 105. MMA Plan Results for HEDIS® Timeliness of Prenatal Care (PPC): CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 106. National Benchmarks for HEDIS® Timeliness of Prenatal Care (PPC): CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Care of Acute and Chronic Conditions

Ambulatory Care: Emergency Department (ED) Visits (AMB)

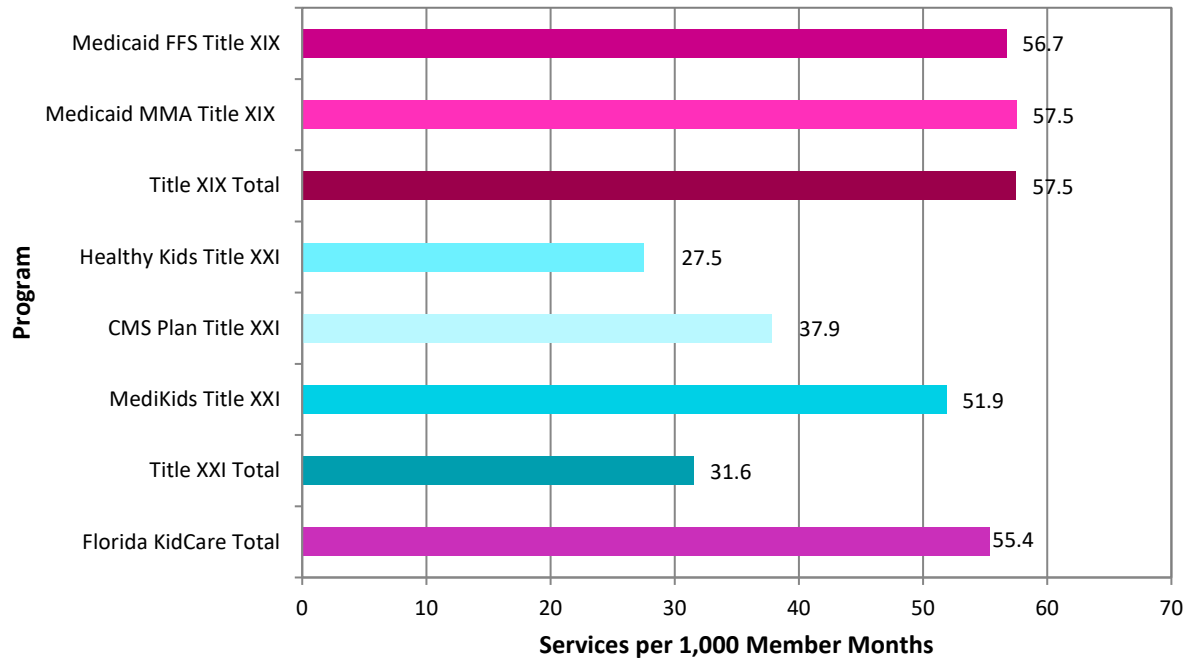
This HEDIS indicator reports the utilization of ambulatory services in Emergency Department (ED) and outpatient visits. Per Child Core Set specifications,[9] only children up to age 19 enrolled in Medicaid or CHIP are included in the calculation of this indicator. The measure does not include mental health services requiring psychiatry or chemical dependency services such as alcohol or drug rehabilitation or detoxification. This indicator determines the number of ED visits by counting the total number of visits the state paid for during CY 2016 and dividing this total by the number of months that enrollees were collectively enrolled. Of note, AMB is a utilization measure; therefore, lower numbers for this measure indicate 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.[19]

Figure 107 and **Figure 108** present the program results and benchmark percentile ranges, respectively, in CY 2016.

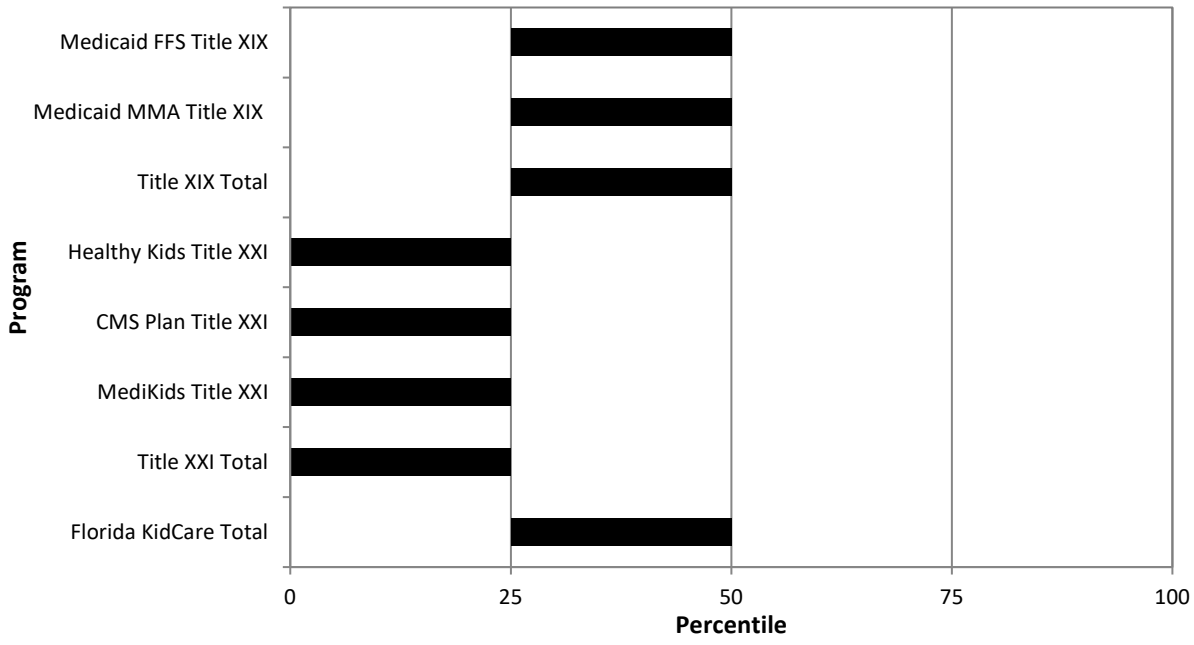
Figure 109, Figure 111 and **Figure 110, Figure 112** present the MMA and Florida Healthy Kids plan results and benchmark percentile ranges, respectively, in CY 2016.

Figure 107. Program Results for HEDIS® Ambulatory Care (AMB): Emergency Department (ED) Visits, CY 2016



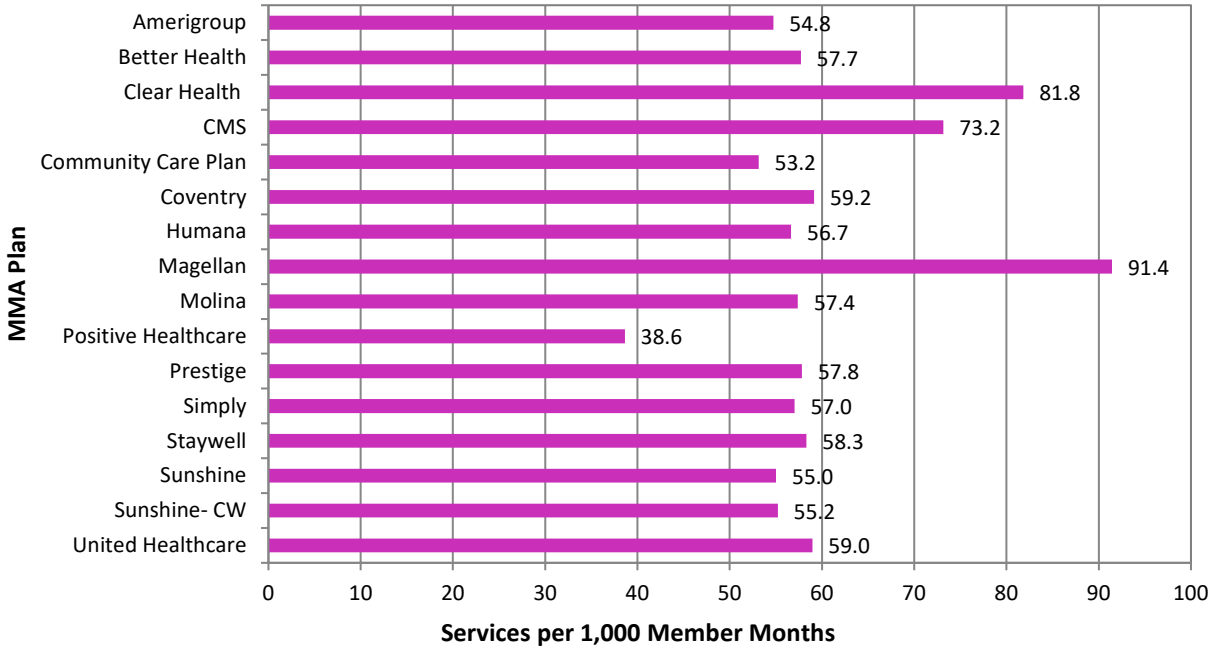
Note: AMB is a utilization measure; therefore, lower numbers for this measure indicate a higher quality of care.
N/A denotes programs for which the measure does not apply. N/R denotes programs that have less than 30 in the denominator.

Figure 108. National Benchmarks for HEDIS® Ambulatory Care (AMB): Emergency Department (ED) Visits, CY 2016



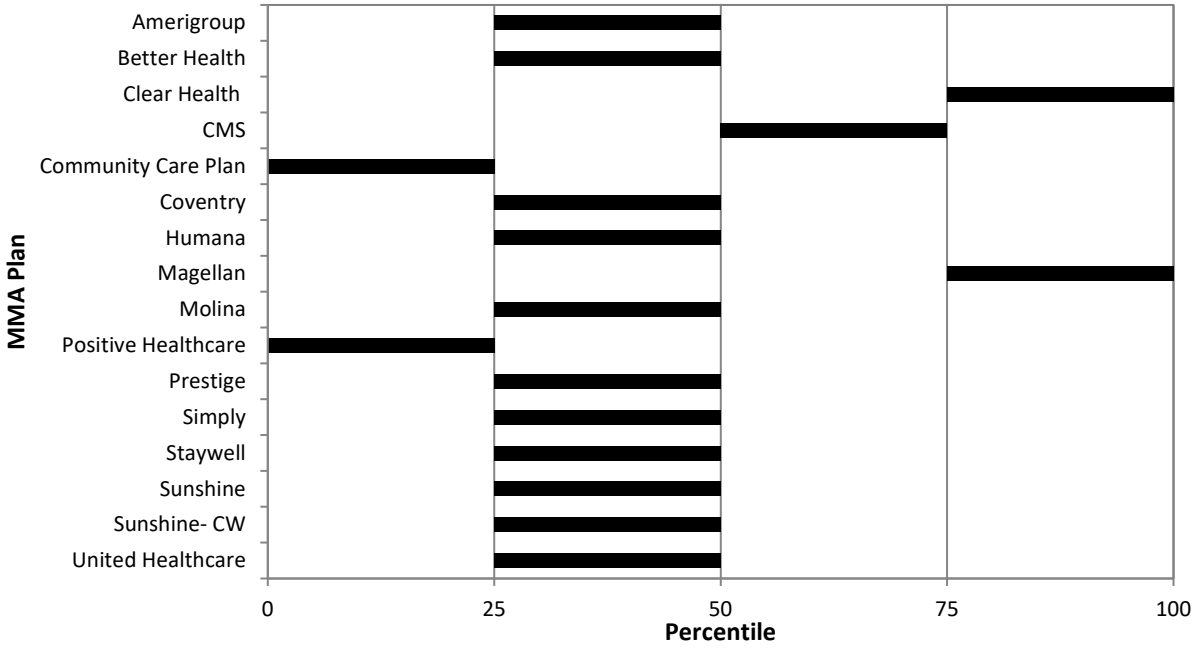
Note: AMB is a utilization measure; therefore, lower numbers for this measure indicate a higher quality of care.
N/A denotes programs for which the measure does not apply. N/R denotes programs that have less than 30 in the denominator.

Figure 109. MMA Plan Results for HEDIS® Ambulatory Care (AMB): Emergency Department (ED) Visits, CY 2016



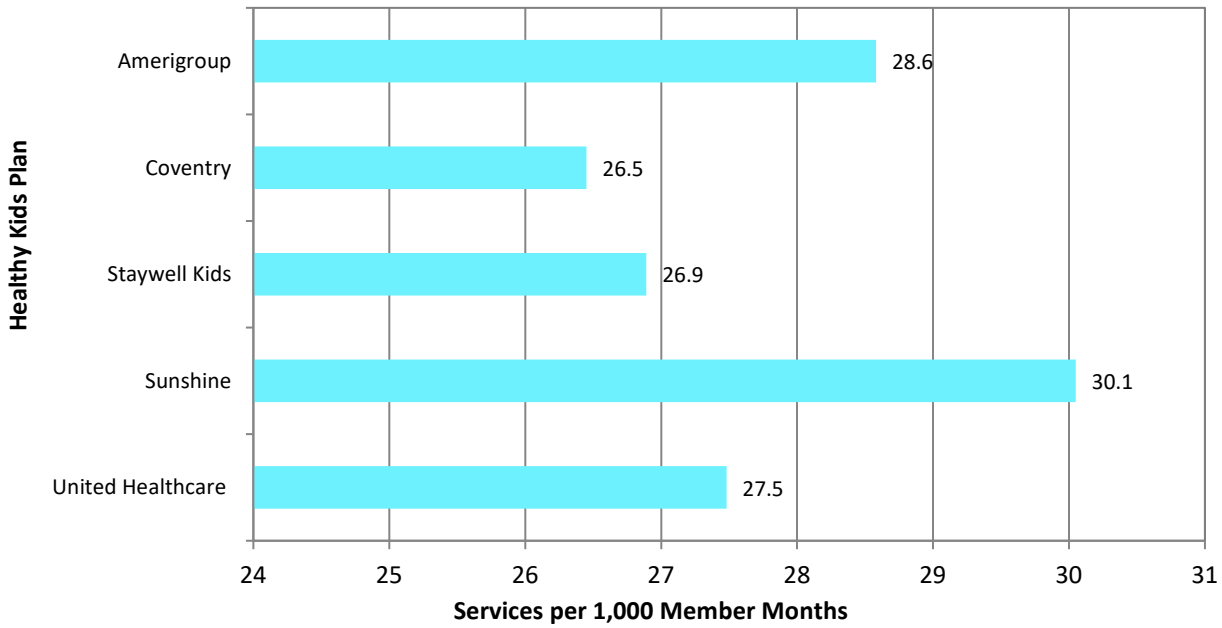
Note: AMB is a utilization measure; therefore, lower numbers for this measure indicate a higher quality of care.
N/A denotes programs for which the measure does not apply. N/R denotes programs that have less than 30 in the denominator.

Figure 110. National Benchmarks for HEDIS® Ambulatory Care (AMB): Emergency Department (ED) Visits, CY 2016



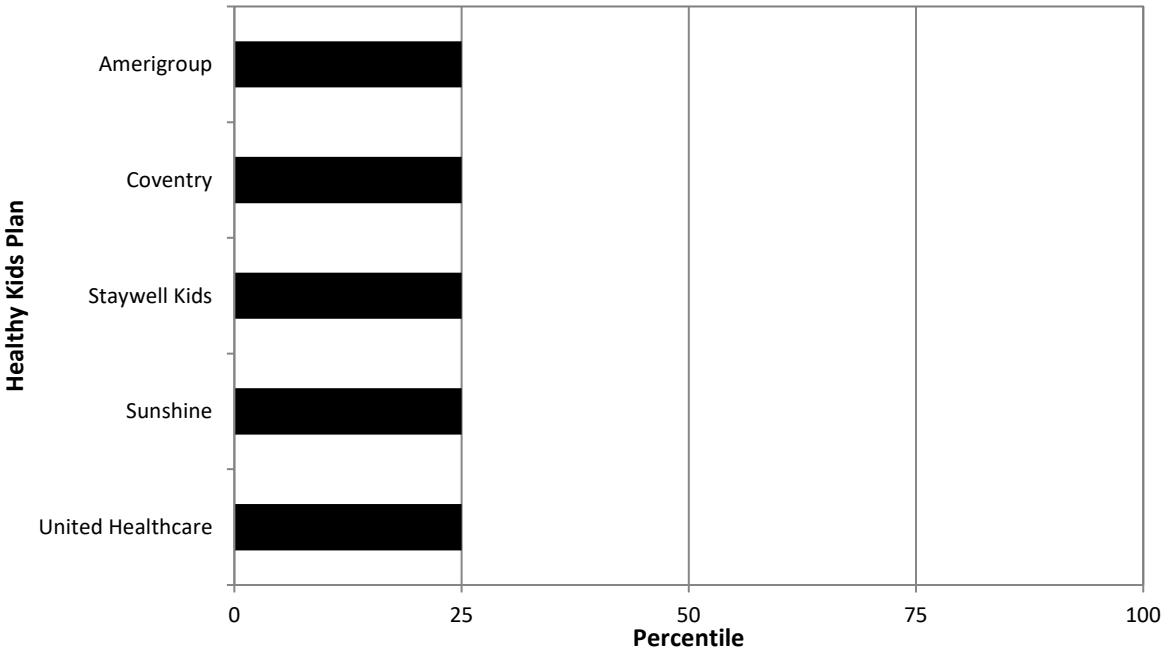
Note: AMB is a utilization measure; therefore, lower numbers for this measure indicate a higher quality of care.
N/A denotes programs for which the measure does not apply. N/R denotes programs that have less than 30 in the denominator.

Figure 111. Healthy Kids Plan Results for HEDIS® Ambulatory Care (AMB): Emergency Department (ED) Visits, CY 2016



Note: AMB is a utilization measure; therefore, lower numbers for this measure indicate a higher quality of care.
N/A denotes programs for which the measure does not apply. N/R denotes programs that have less than 30 in the denominator

Figure 112. National Benchmarks for HEDIS® Ambulatory Care (AMB): Emergency Department (ED) Visits, CY 2016



Note: AMB is a utilization measure; therefore, lower numbers for this measure indicate a higher quality of care.
N/A denotes programs for which the measure does not apply. N/R denotes programs that have less than 30 in the denominator.

Medication Management for People with Asthma (MMA)

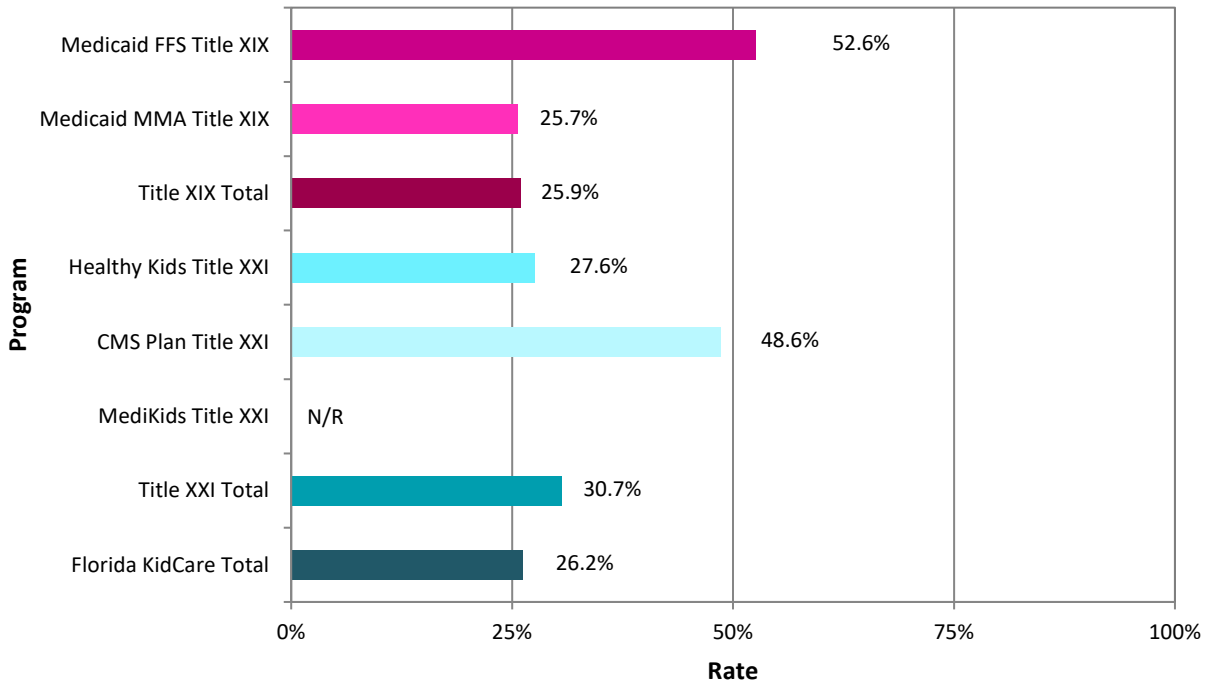
Asthma is one of the most common diseases of childhood and adolescence as well as a leading cause of school absenteeism.[20] Many asthma-related hospitalizations, ED visits, and missed school days can be avoided with appropriate medication use. However, asthma is poorly controlled for many children and adolescents with persistent asthma.

This HEDIS measure 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. Members with no asthma controller medications dispensed during the measurement year are excluded.

Figure 113, **Figure 119** and **Figure 114**, **Figure 120** present program results and benchmark percentile ranges, respectively, in CY 2016.

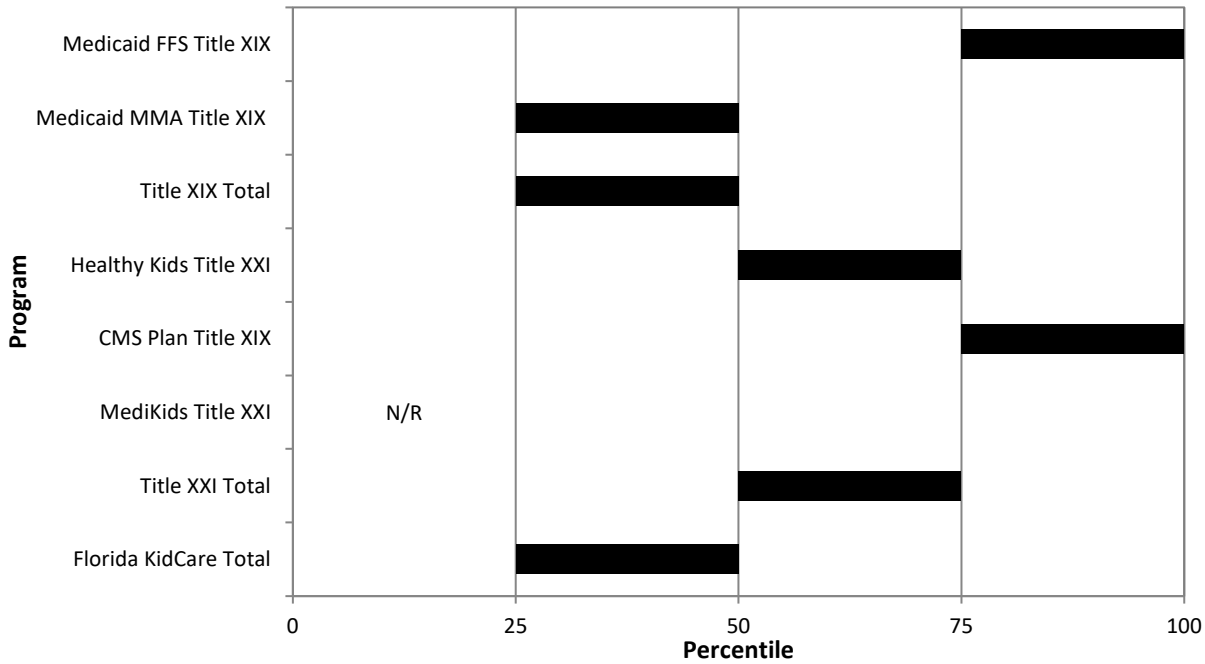
Figure 115, **Figure 117**, **Figure 121**, **Figure 123** and **Figure 116**, **Figure 118**, **Figure 122**, **Figure 124** present MMA and Florida Healthy Kids plan results and benchmark percentile ranges, respectively, in CY 2016.

Figure 113. Program Results for HEDIS® Medication Management for Children with Asthma (MMA): 75% of Treatment Period, Ages 5-11, CY 2016



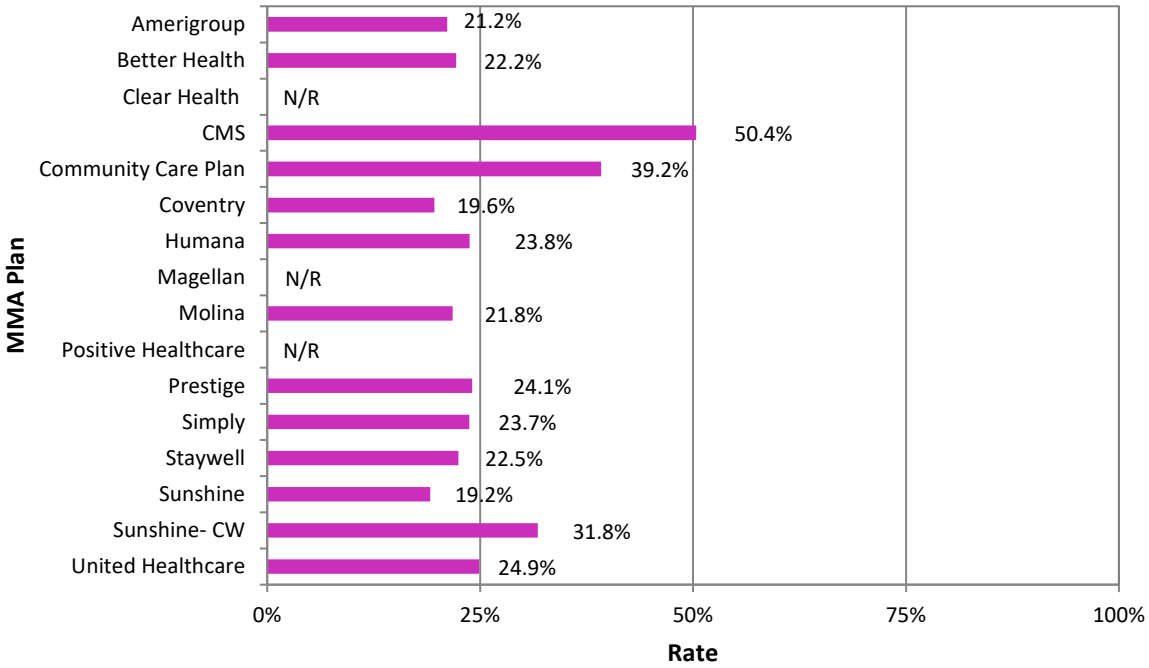
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 114. National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA): 75% of Treatment Period, Ages 5-11, CY 2016



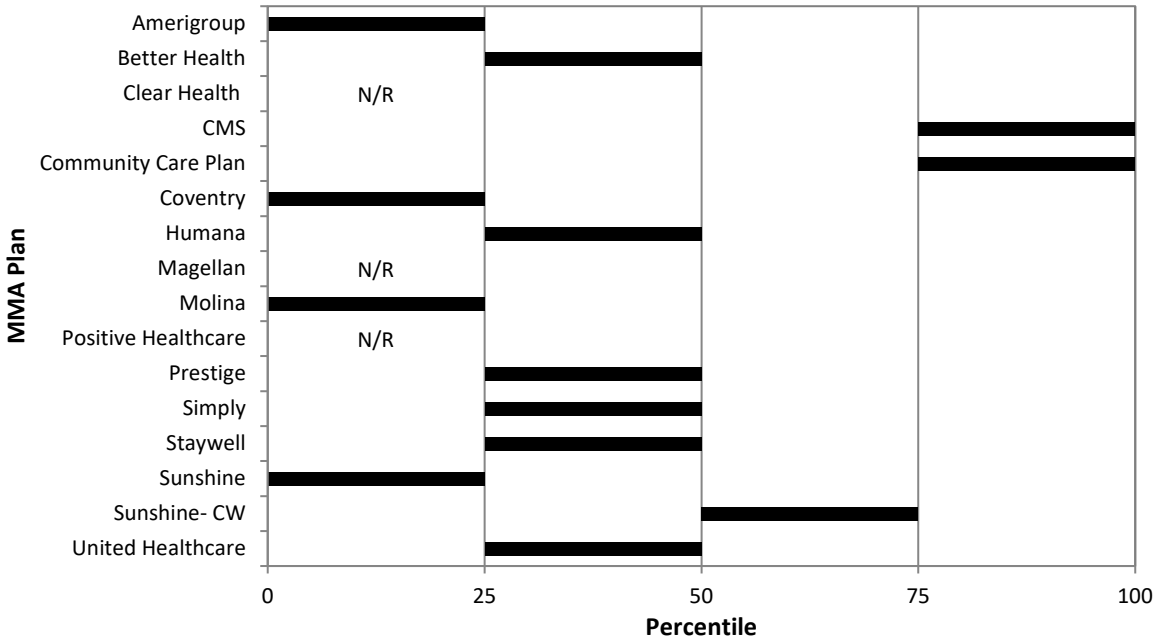
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 115. Medicaid MMA Plan Results for HEDIS® Medication Management for Children with Asthma (MMA): 75% of Treatment Period, Ages 5-11, CY 2016



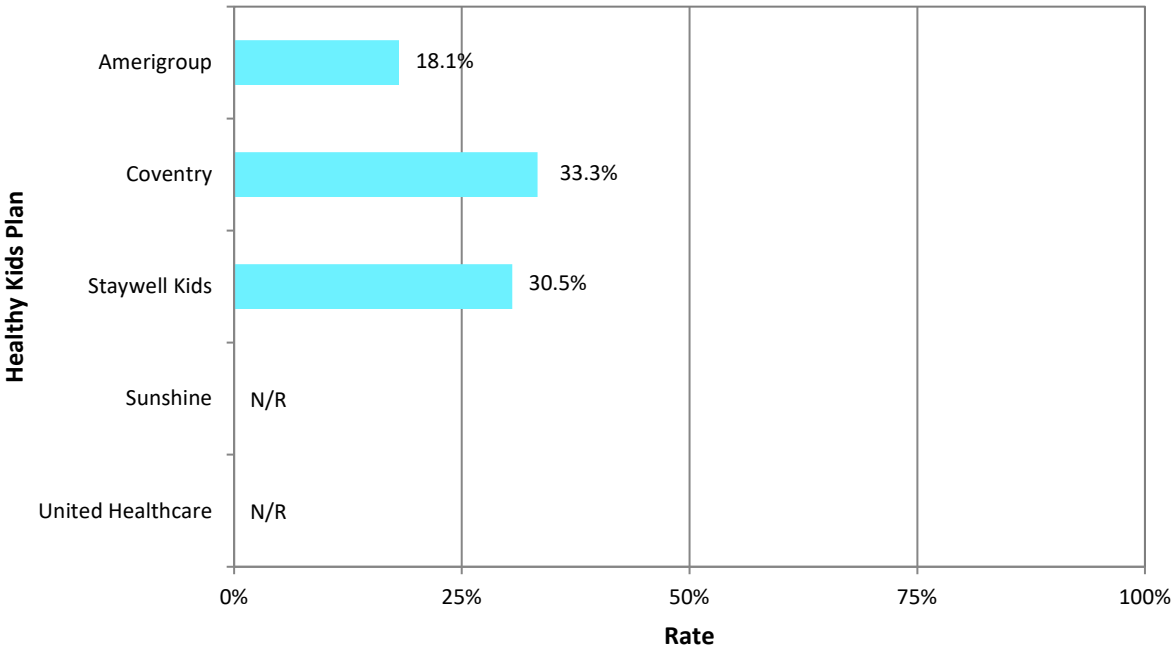
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 116. National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA): 75% of Treatment Period, Ages 5-11, CY 2016



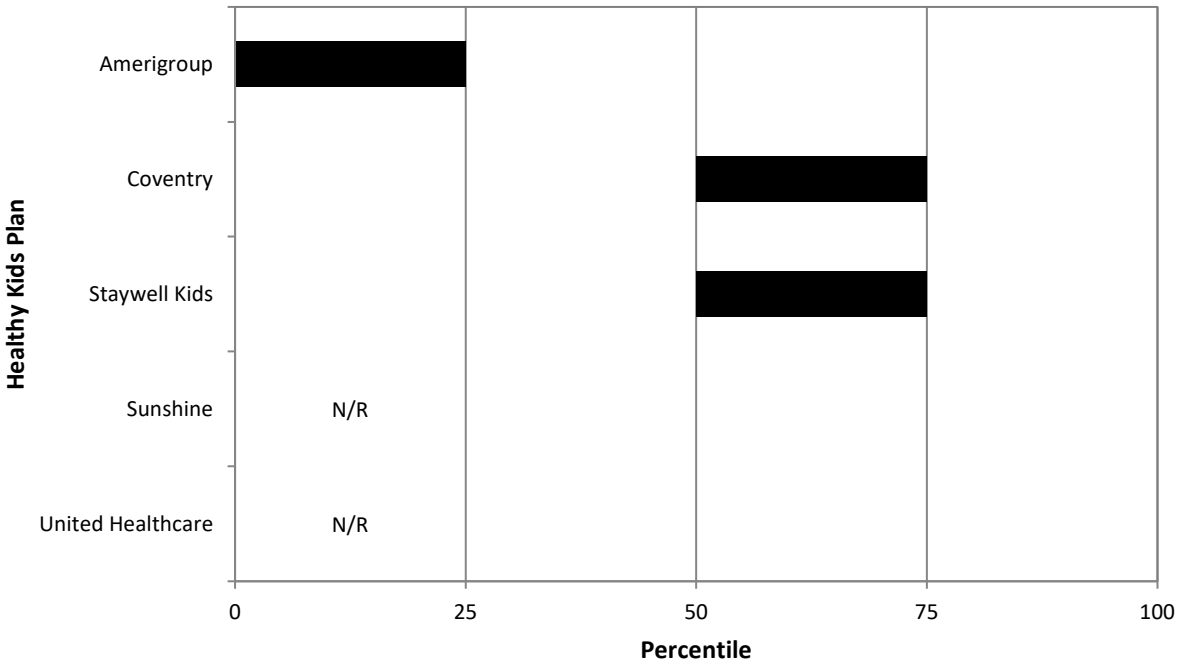
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 117. Healthy Kids Plan Results for HEDIS® Medication Management for Children with Asthma (MMA): 75% of Treatment Period, Ages 5-11, CY 2016



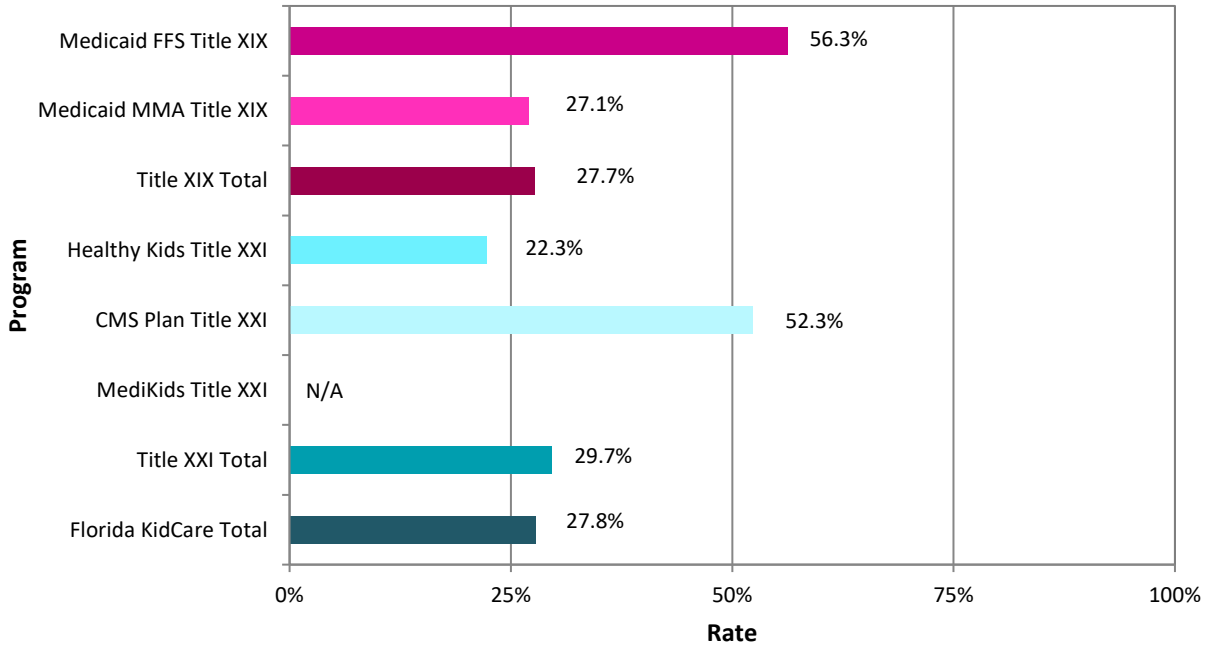
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 118. National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA): 75% of Treatment Period, Ages 5-11, CY 2016



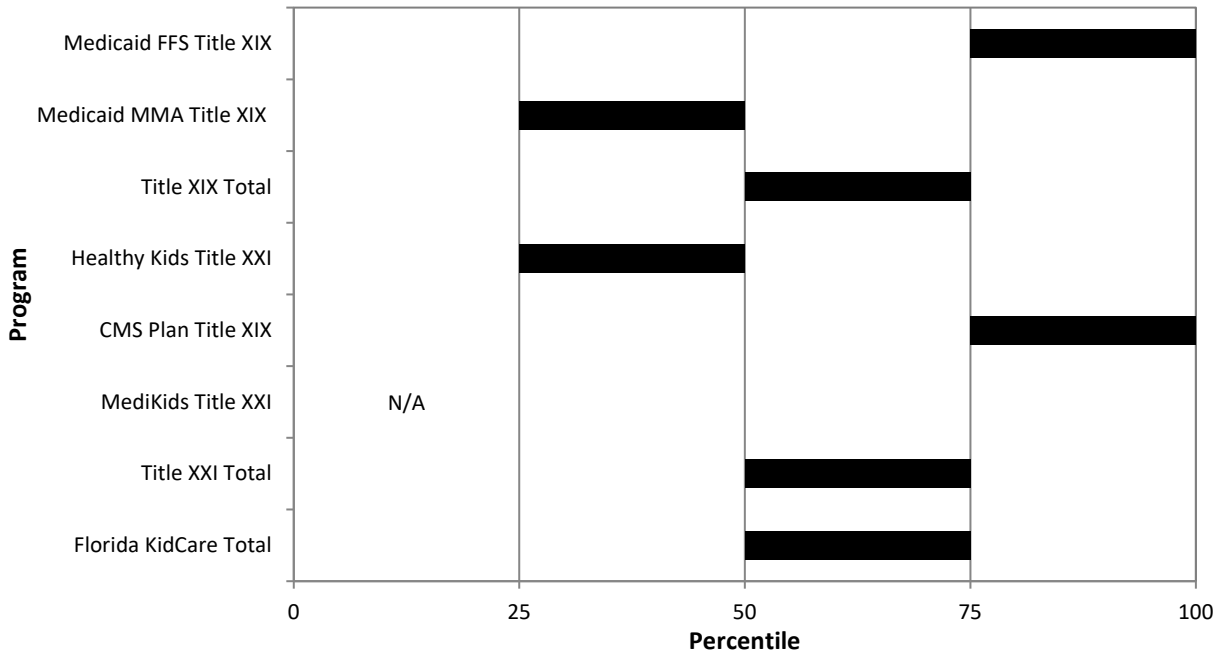
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 119. Program Results for HEDIS® Medication Management for Children with Asthma (MMA): 75% of Treatment Period, Ages 12-18, CY 2016



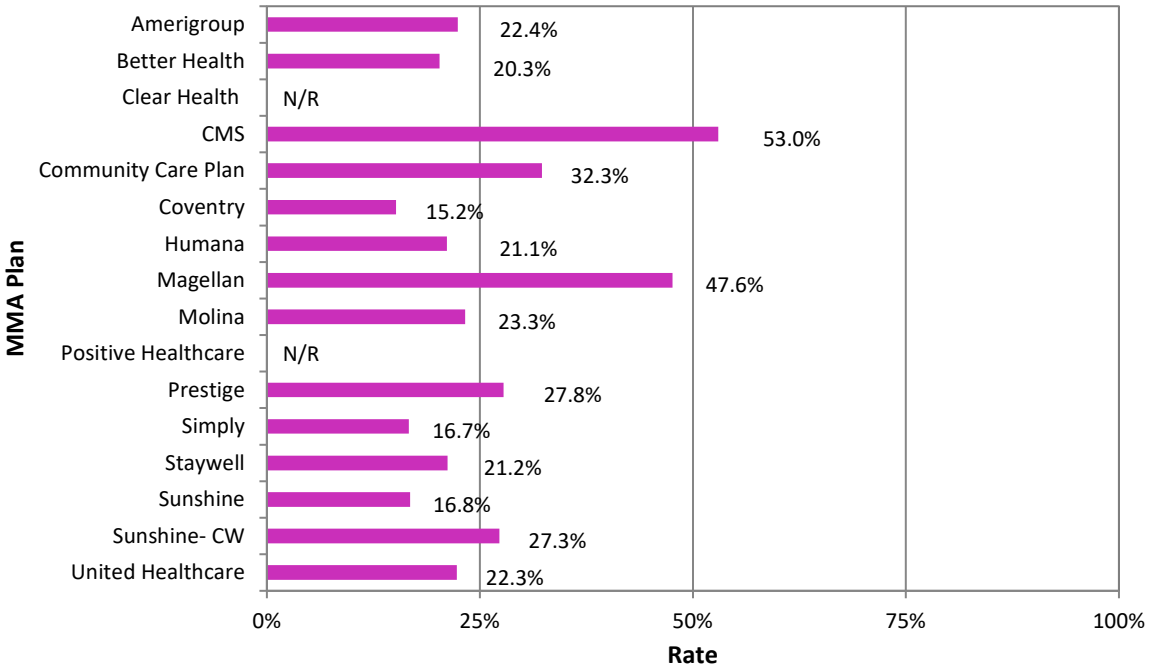
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 120. National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA): 75% of Treatment Period, Ages 12-18, CY 2016



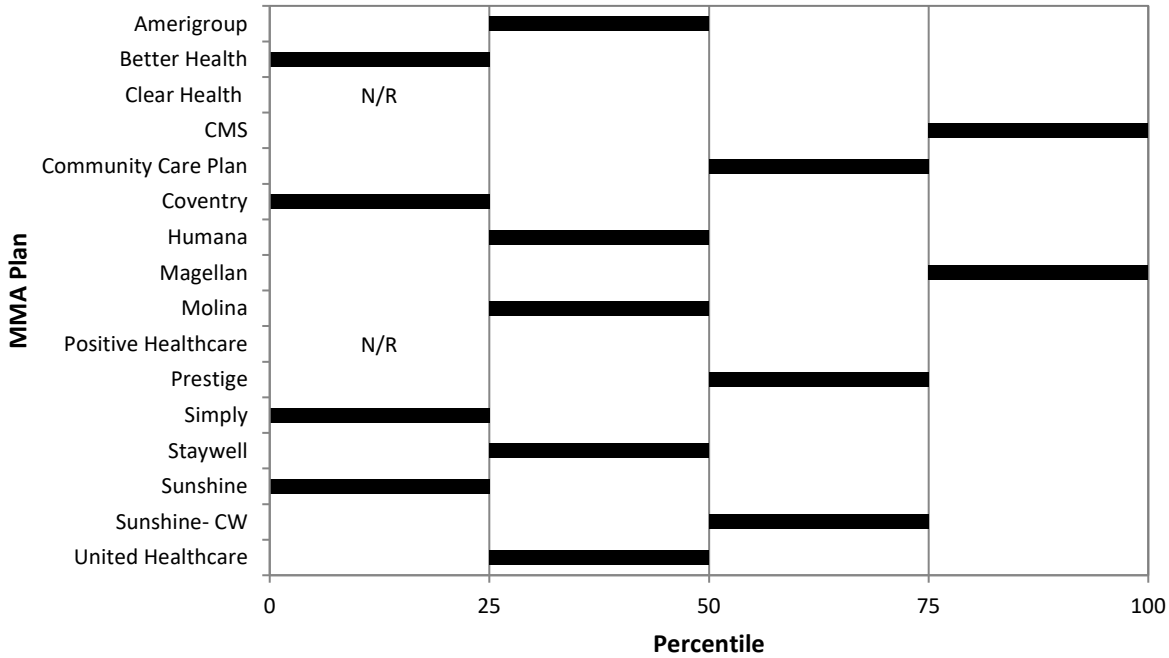
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 121. MMA Plan Results for HEDIS® Medication Management for Children with Asthma (MMA): 75% of Treatment Period, Ages 12-18, CY 2016



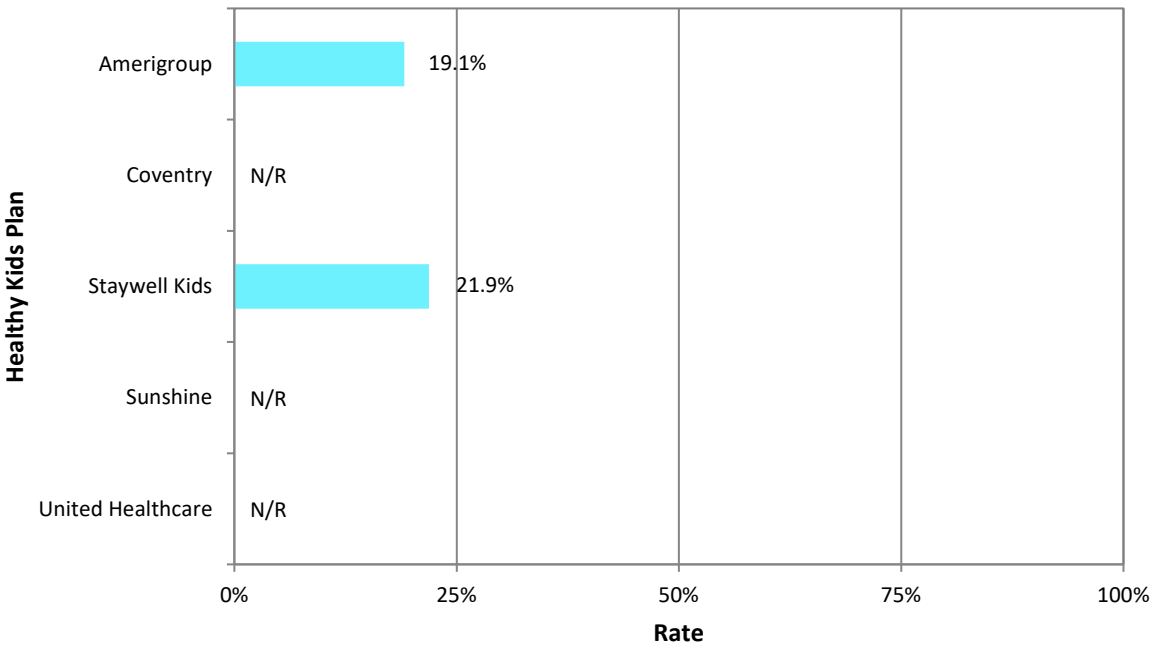
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 122. National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA): 75% of Treatment Period, Ages 12-18, CY 2016



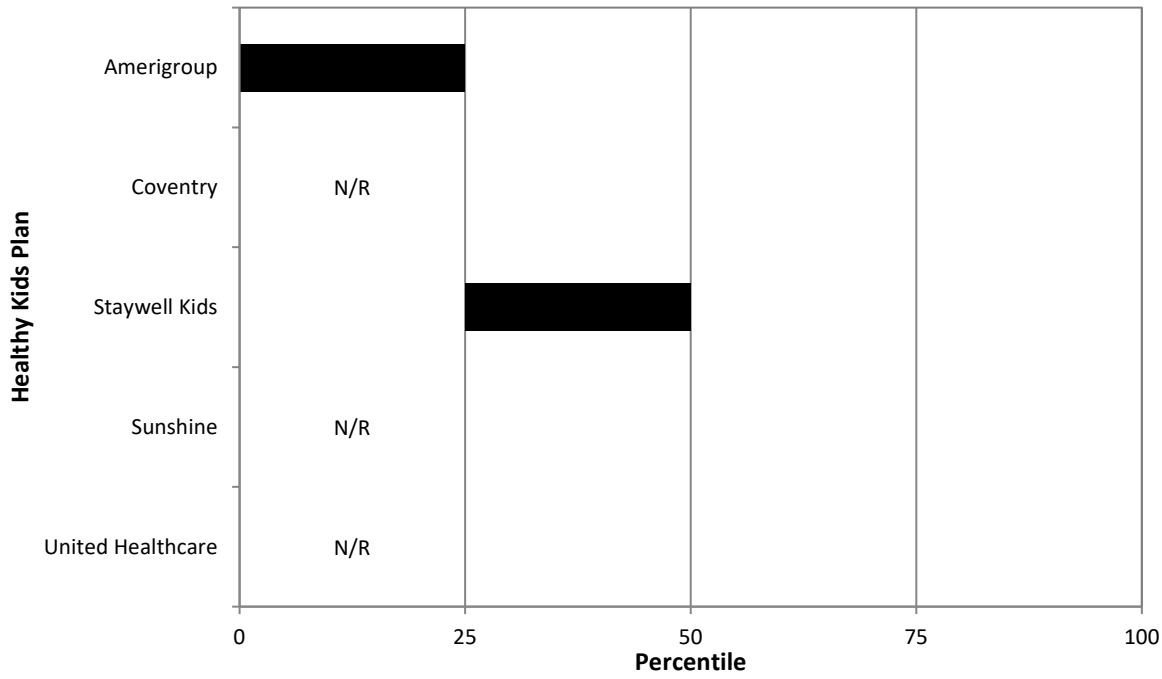
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 123. Healthy Kids Plan Results for HEDIS® Medication Management for Children with Asthma (MMA): 75% of Treatment Period, Ages 12-18, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 124. National Benchmarks for HEDIS® Medication Management for Children with Asthma (MMA): 75% of Treatment Period, Ages 12-18, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Behavioral Health Care

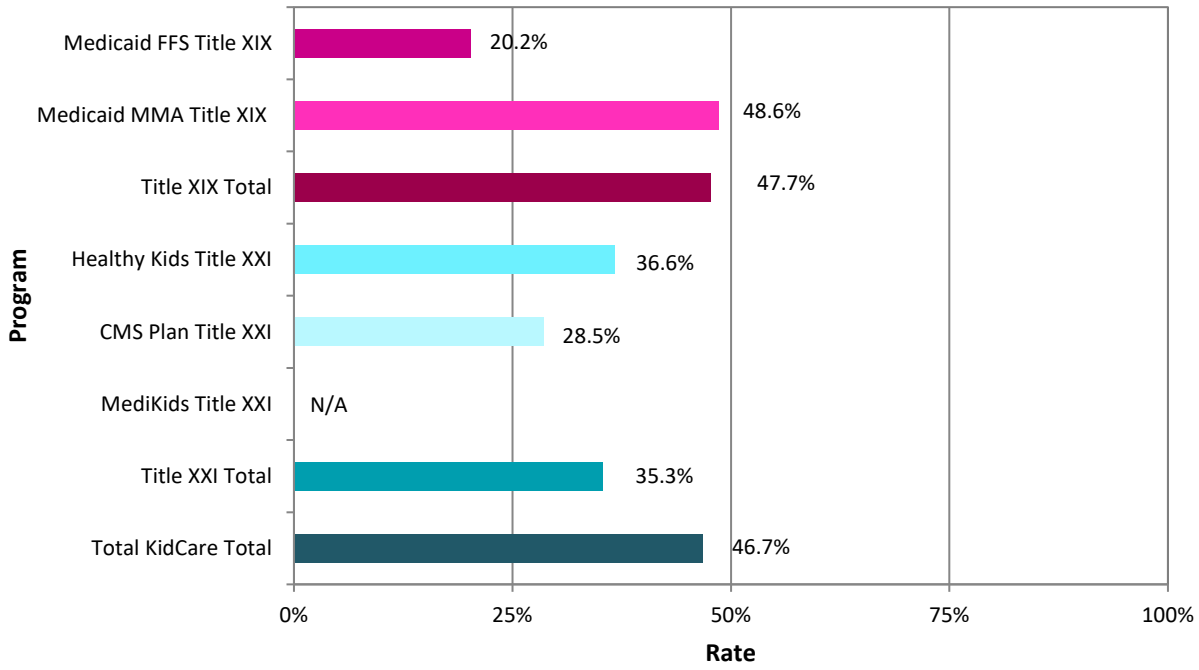
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD)

Children diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) may receive treatment comprised of behavioral therapy and/or medication. Good clinical practice includes follow-up regarding the effects of therapy, including medication, following the start of medication for ADHD symptoms.[21] There are two sub-measures for the ADD measure: the first sub-measure (**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 sub-measure (**continuation and maintenance phase**) 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 sub-measure must have remained on the medication throughout the period.

Figure 125, **Figure 131** and **Figure 126**, **Figure 132** present the program results and benchmark percentile ranges, respectively, in CY 2016.

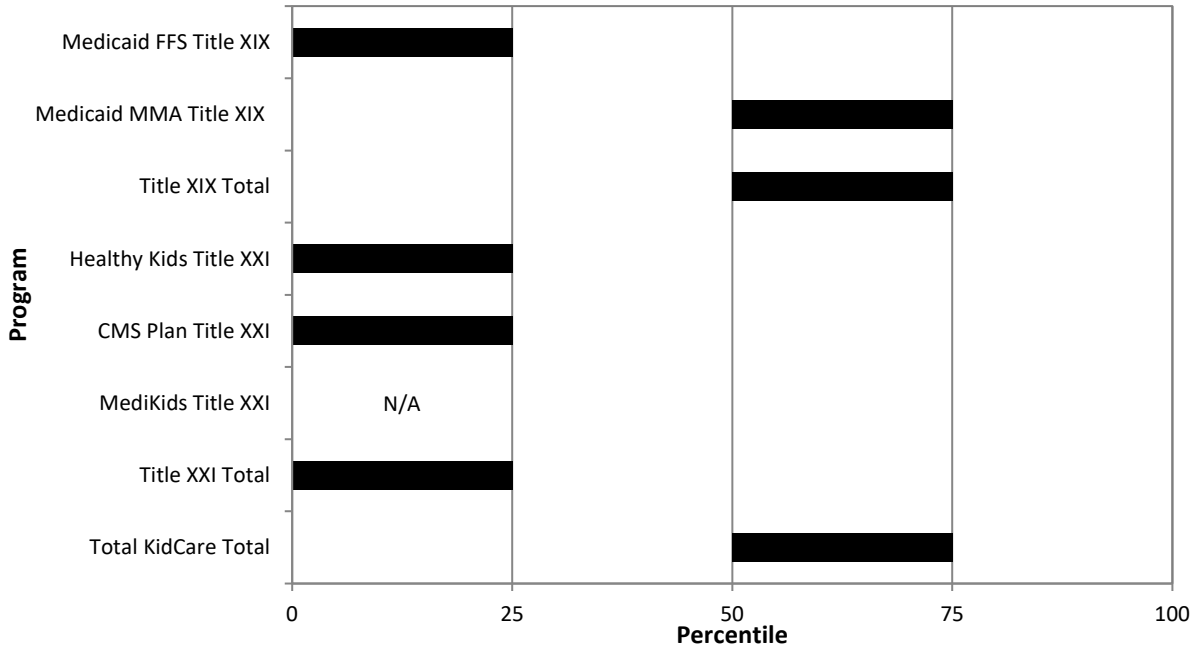
Figure 127, **Figure 129**, **Figure 133**, **Figure 135** and **Figure 128**, **Figure 130**, **Figure 134, Figure 136** present the MMA and Florida Healthy Kids plan results and benchmark percentile ranges, respectively, in CY 2016.

Figure 125. Program Results for HEDIS® Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD): Initiation Phase, CY 2016



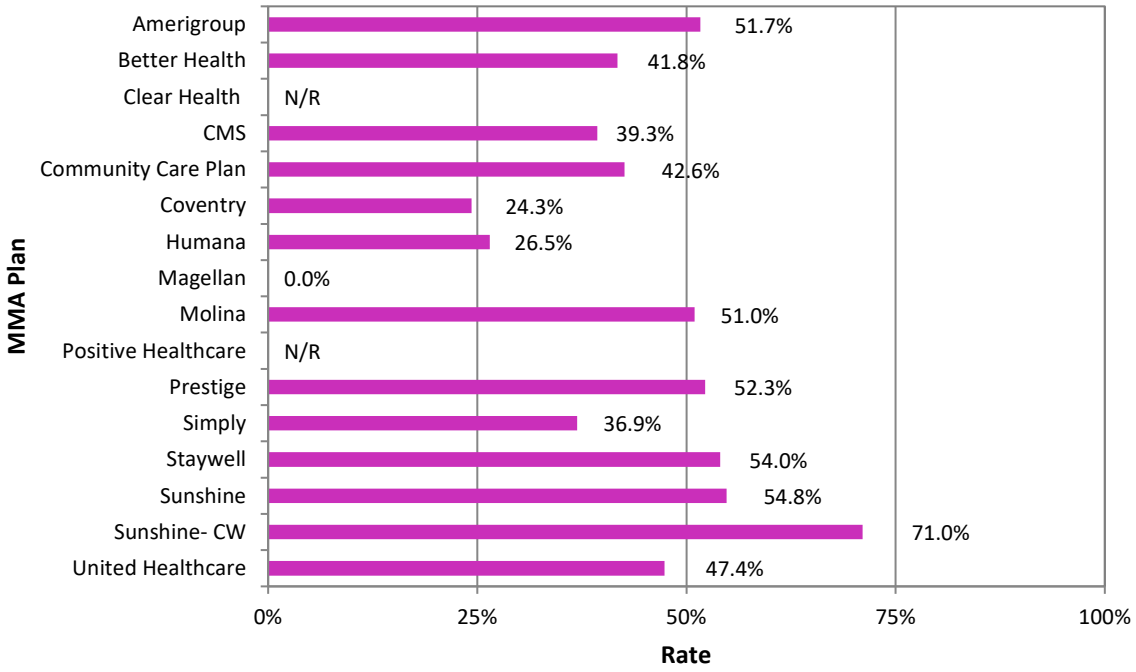
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 126. National Benchmarks for HEDIS® Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD): Initiation Phase, CY 2016



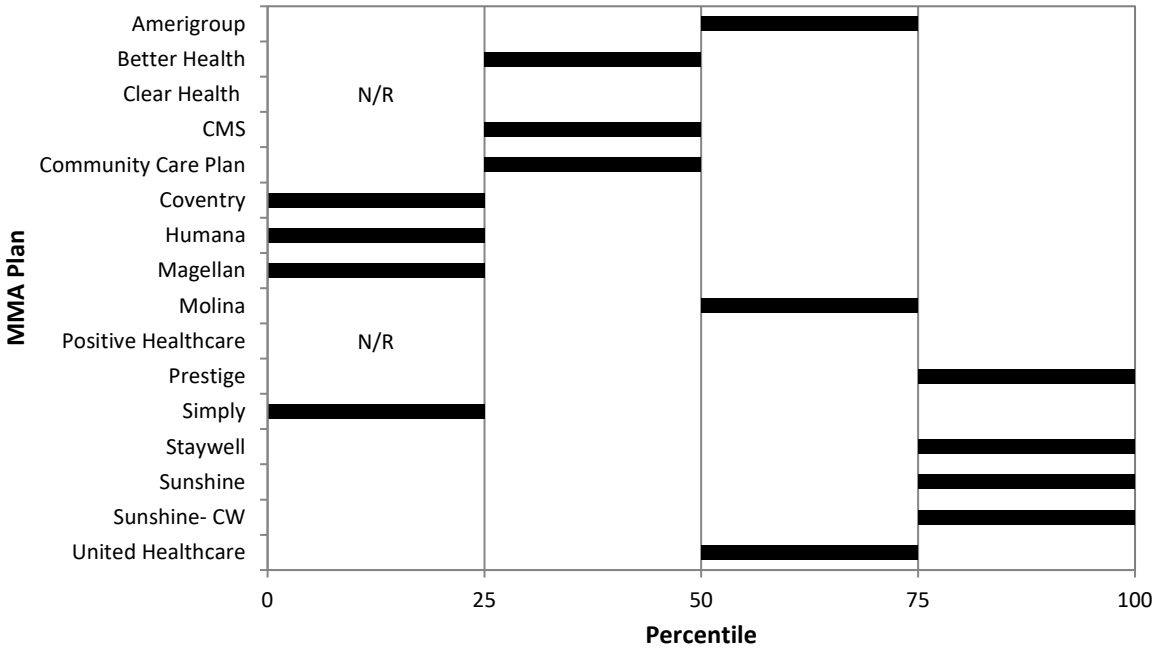
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 127. MMA Plan Results for HEDIS® Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD): Initiation Phase, CY 2016



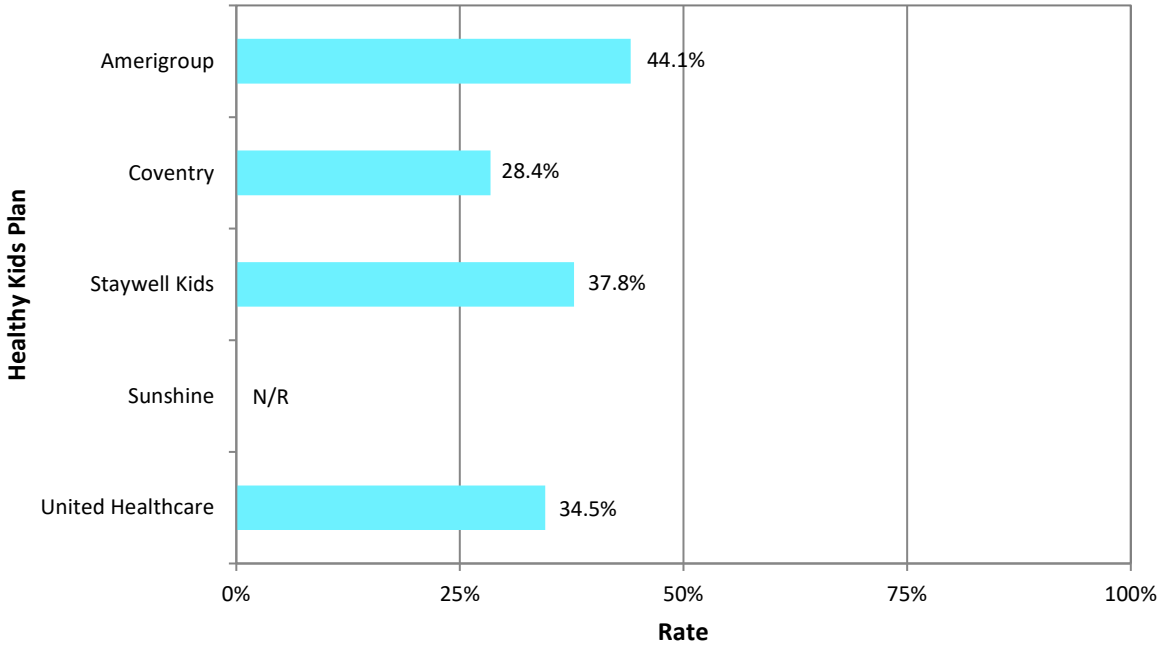
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 128. National Benchmarks for HEDIS® Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD): Initiation Phase, CY 2016



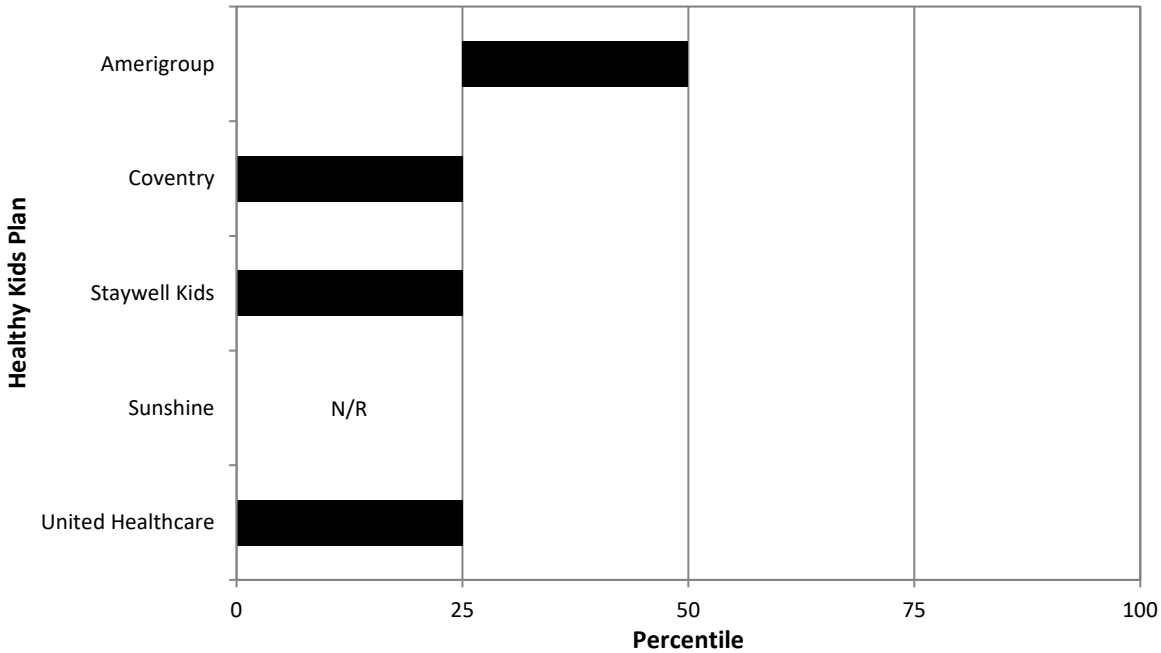
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 129. Healthy Kids Plan Results for HEDIS Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD): Initiation Phase, CY 2016



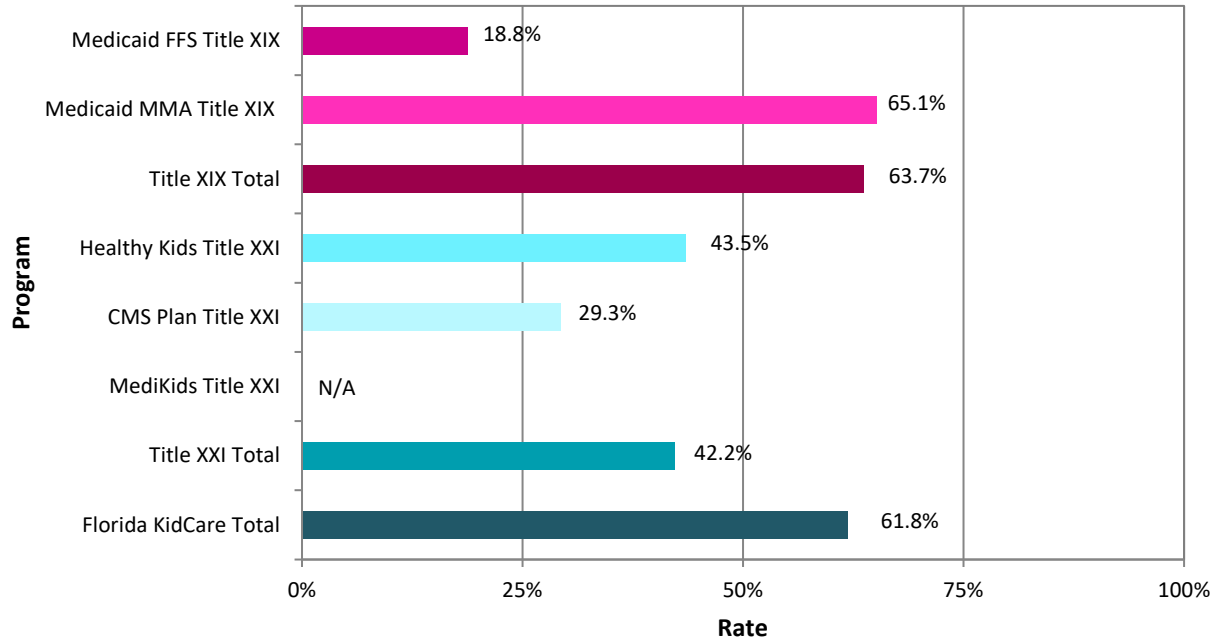
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 130. National Benchmarks for HEDIS® Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD): Initiation Phase, CY 2016



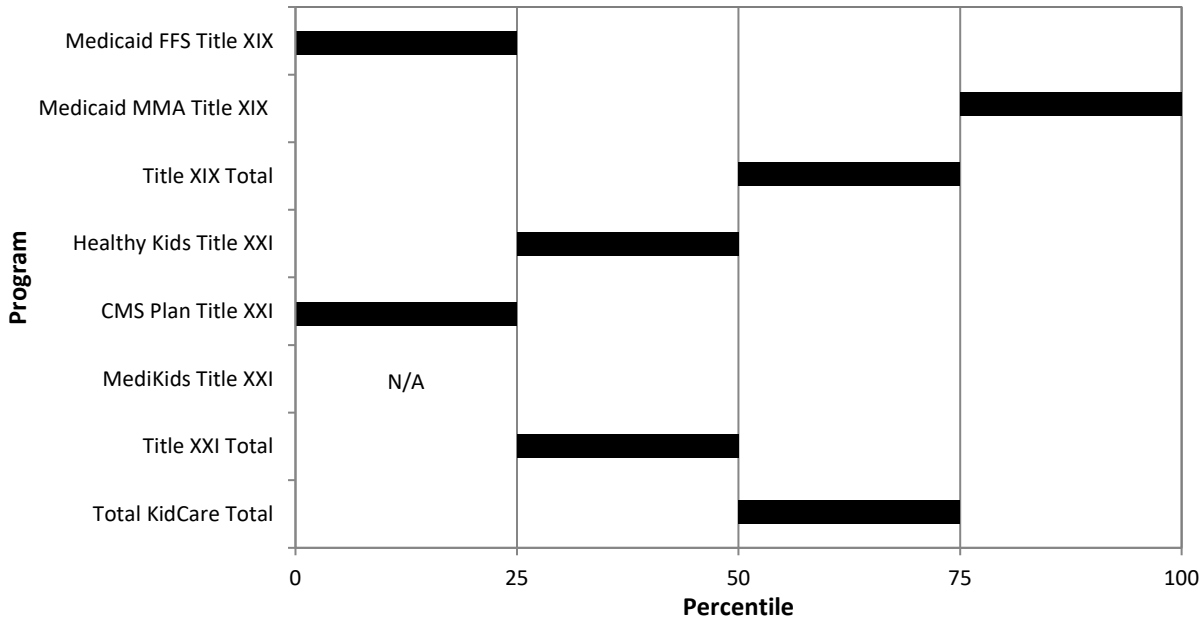
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 131. Program Results for HEDIS® Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD): Continuation and Maintenance Phase, CY 2016



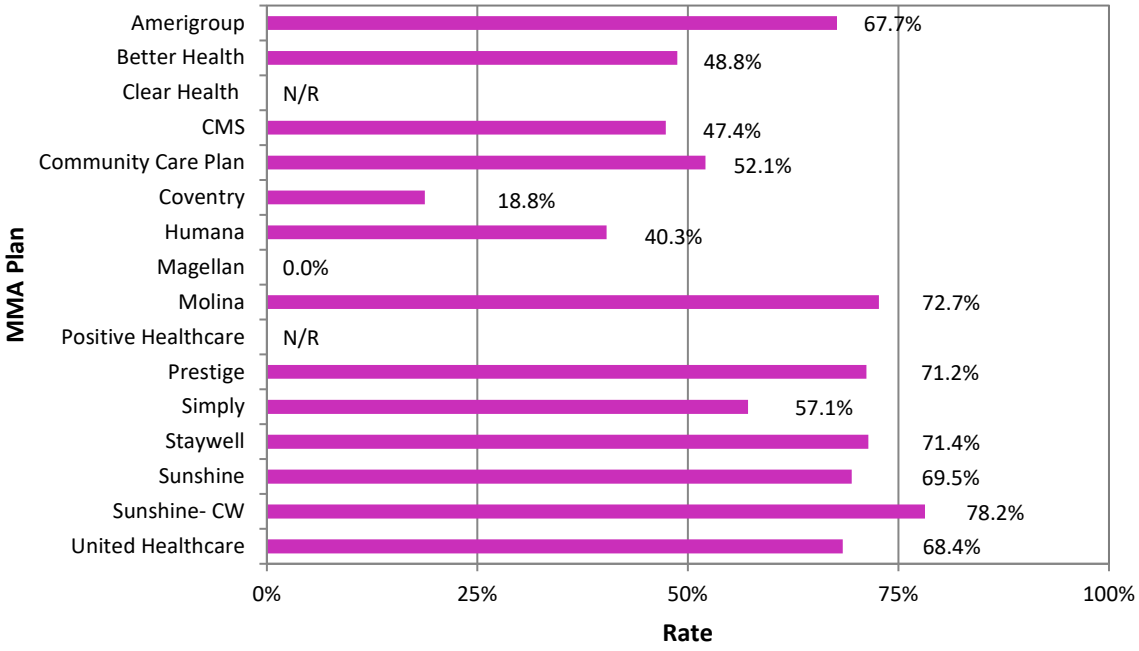
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 132. National Benchmarks for HEDIS® Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD): Continuation and Maintenance Phase, CY 2016



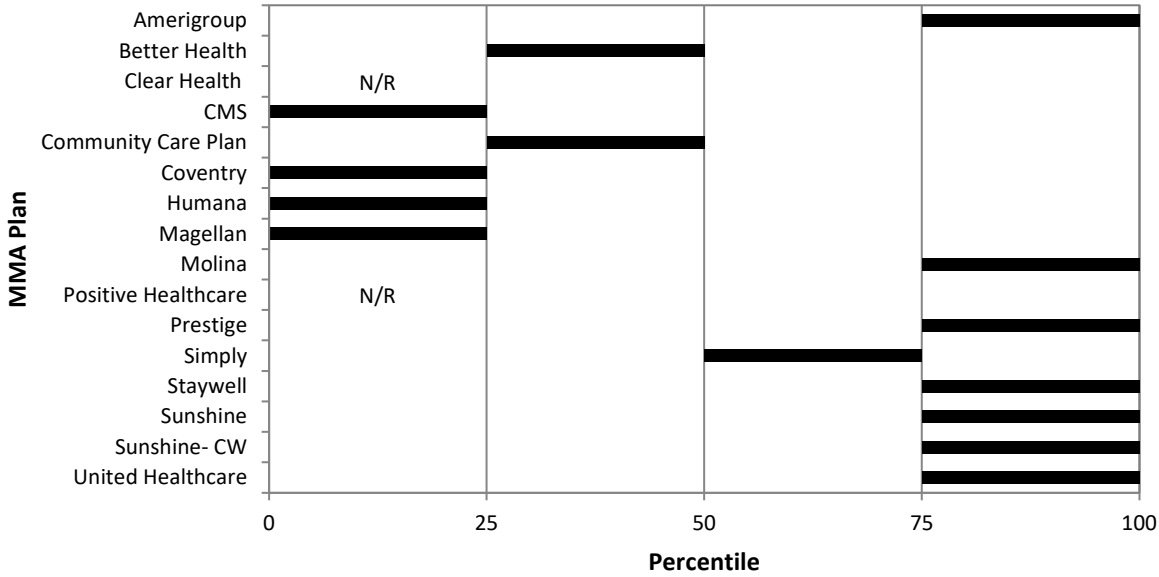
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 133. MMA Plan Results for HEDIS® Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD): Continuation and Maintenance Phase, CY 2016



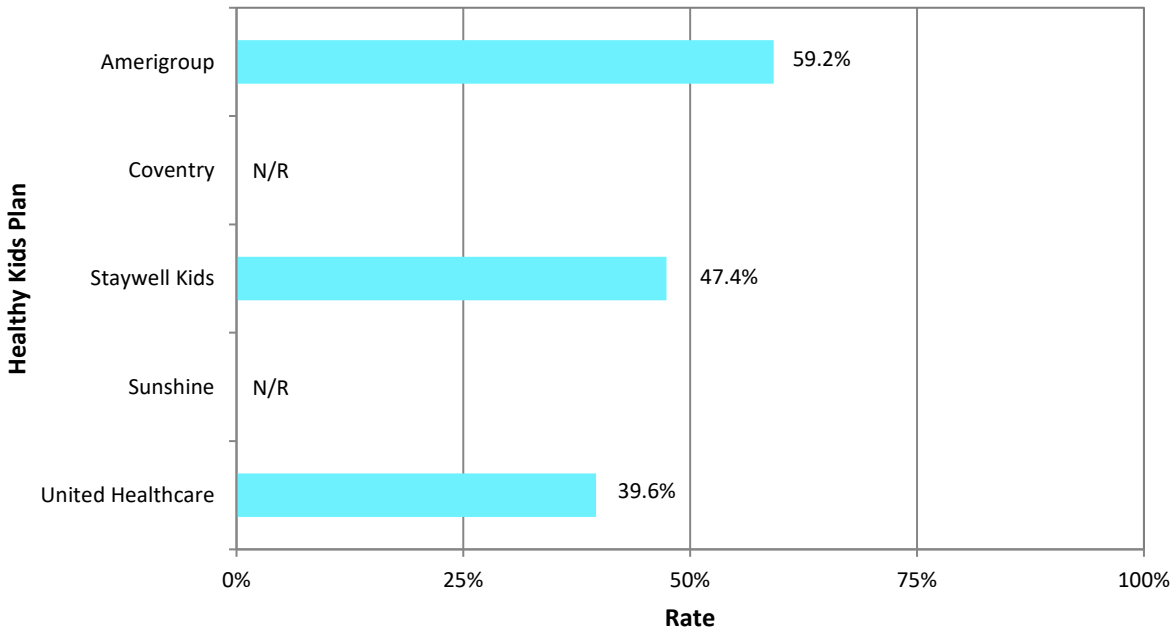
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 134. National Benchmarks for HEDIS® Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD): Continuation and Maintenance Phase, CY 2016



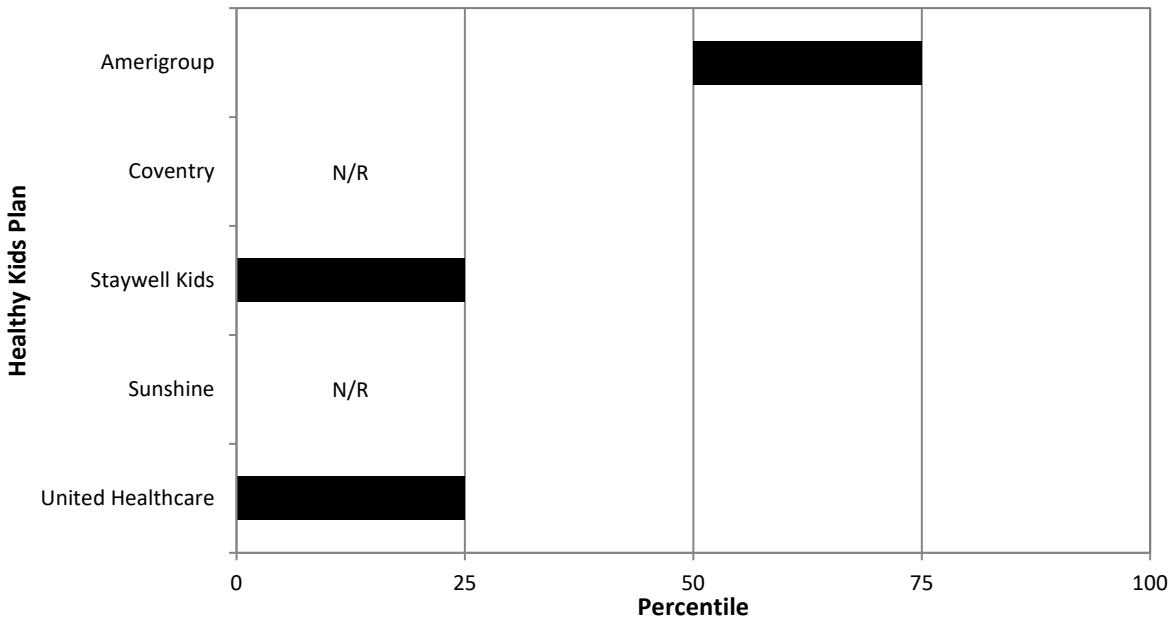
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 135. Healthy Kids Plan Results for HEDIS Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD): Continuation and Maintenance Phase, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 136. National Benchmarks for HEDIS® Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD): Continuation and Maintenance Phase, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Follow-Up After Hospitalization for Mental Illness (FHM)

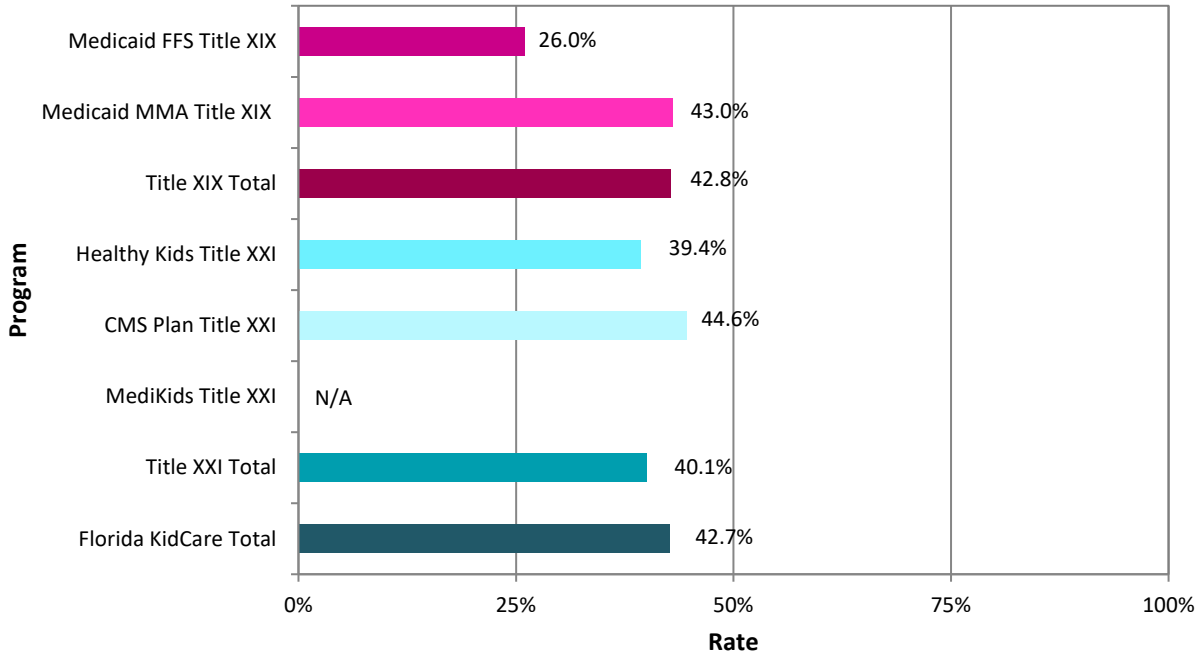
Ensuring continuity of care and providing follow-up therapy with a mental health practitioner after an inpatient stay for mental illness is important in facilitating individuals' transitions back to their regular environment and in reducing the likelihood of recurrence.[22] This agency-defined measure, similar to the HEDIS FUH measure, calculates the percentage of acute care facility discharges for members ages 6 and up who were hospitalized for treatment of a mental health diagnoses and were discharged to the community with outpatient follow-up by 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 seven days of discharge.

Note that as the FHM measure is agency-defined, no direct comparison to national benchmarks is available.

Figure 137 and **Figure 140** represent program results in CY 2016.

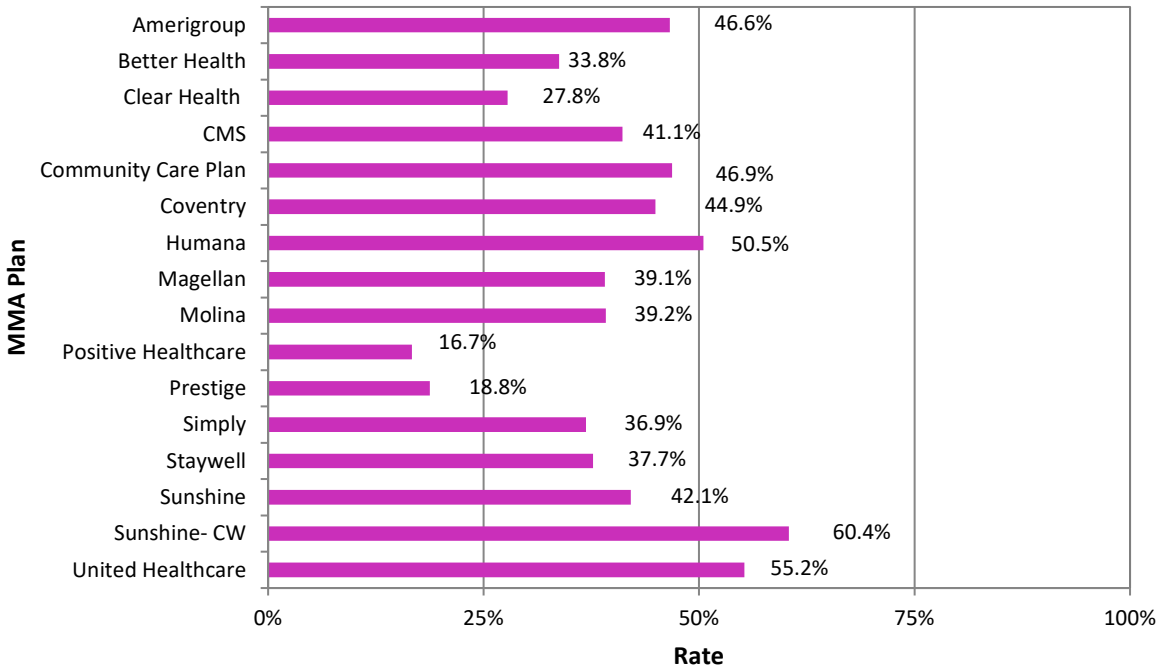
Figure 138, **Figure 141**, **Figure 139**, **Figure 142** present MMA and Florida Healthy Kids plan results, respectively, in CY 2016.

Figure 137. Program Results for Follow-Up After Hospitalization for Mental Illness (FHM): Follow-Up Visits within Seven Days, CY 2016



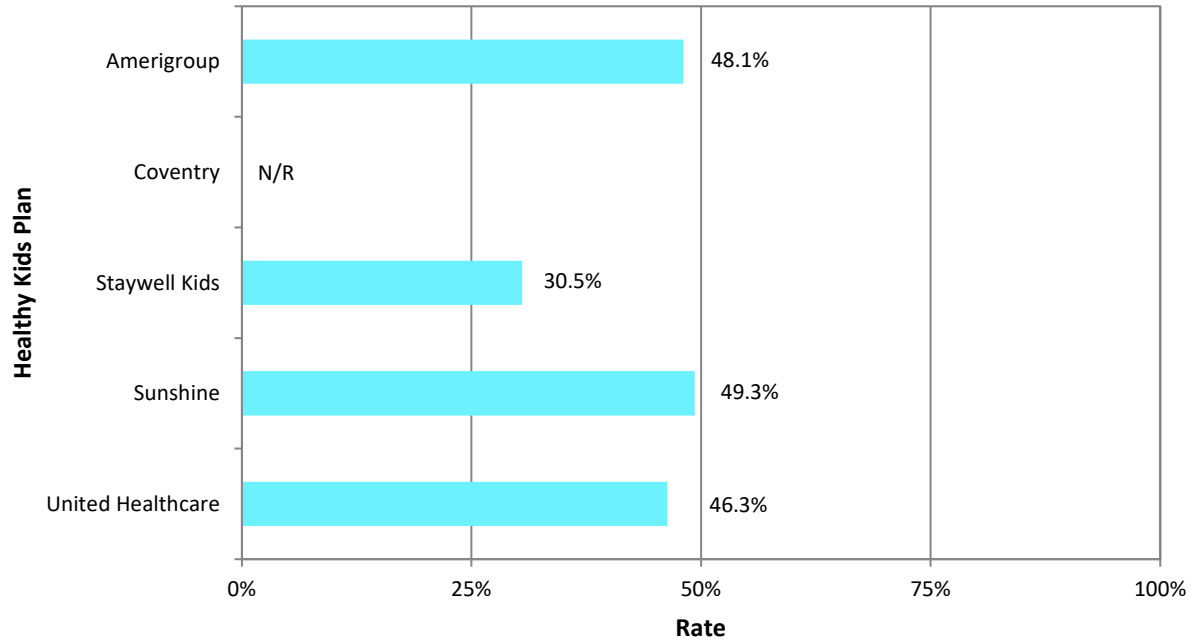
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 138. MMA Plan Results for Follow-Up After Hospitalization for Mental Illness (FHM): Follow-Up Visits within Seven Days, CY 2016



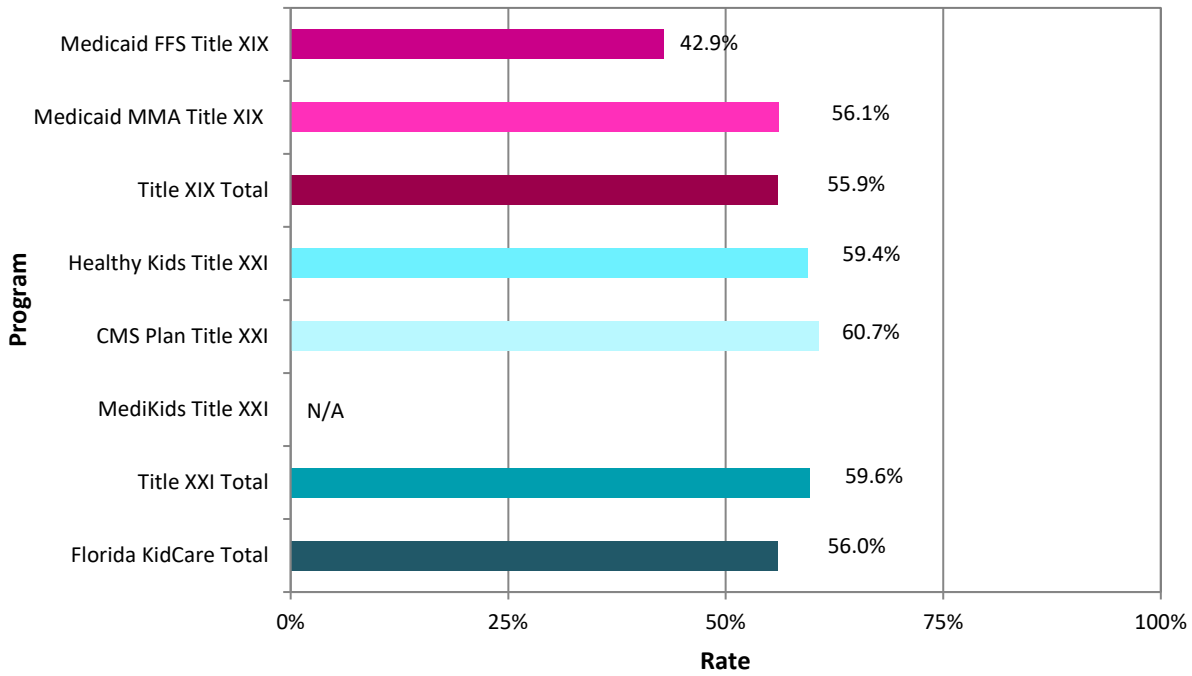
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 139. Healthy Kids Plan Results for Follow-Up After Hospitalization for Mental Illness (FHM): Follow-Up Visits within Seven Days, CY 2016



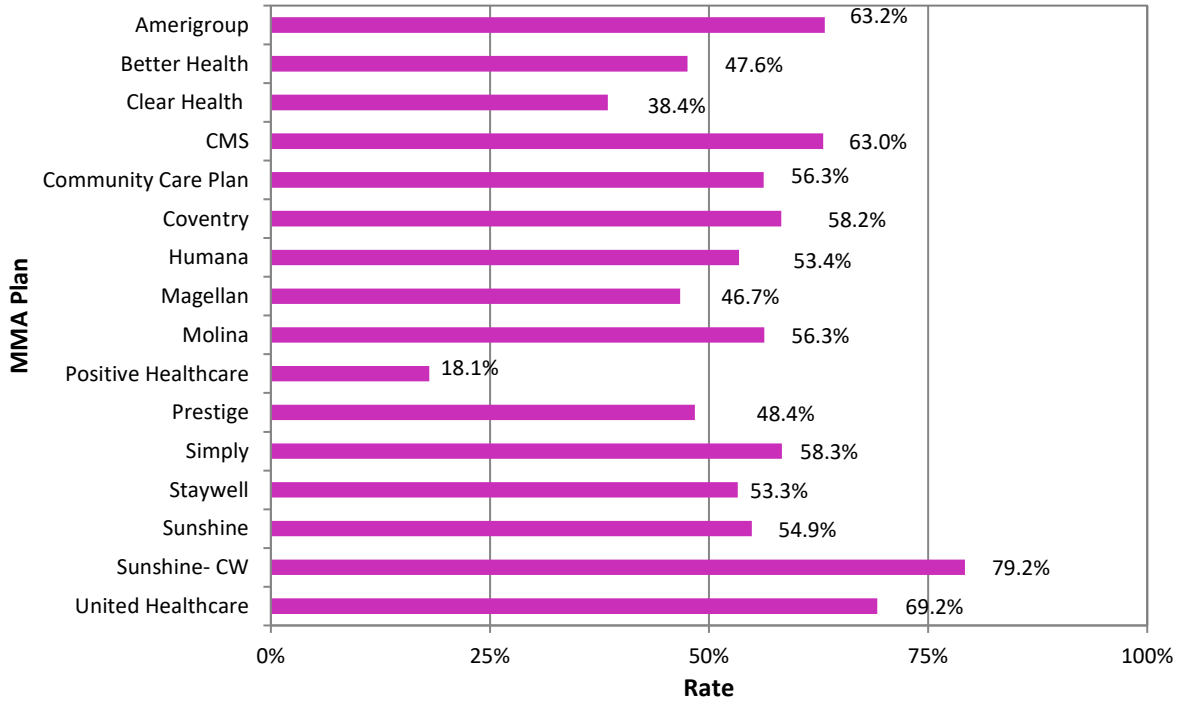
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 140. Program Results for Follow-Up After Hospitalization for Mental Illness (FHM): Follow-Up Visits within 30 Days, CY 2016



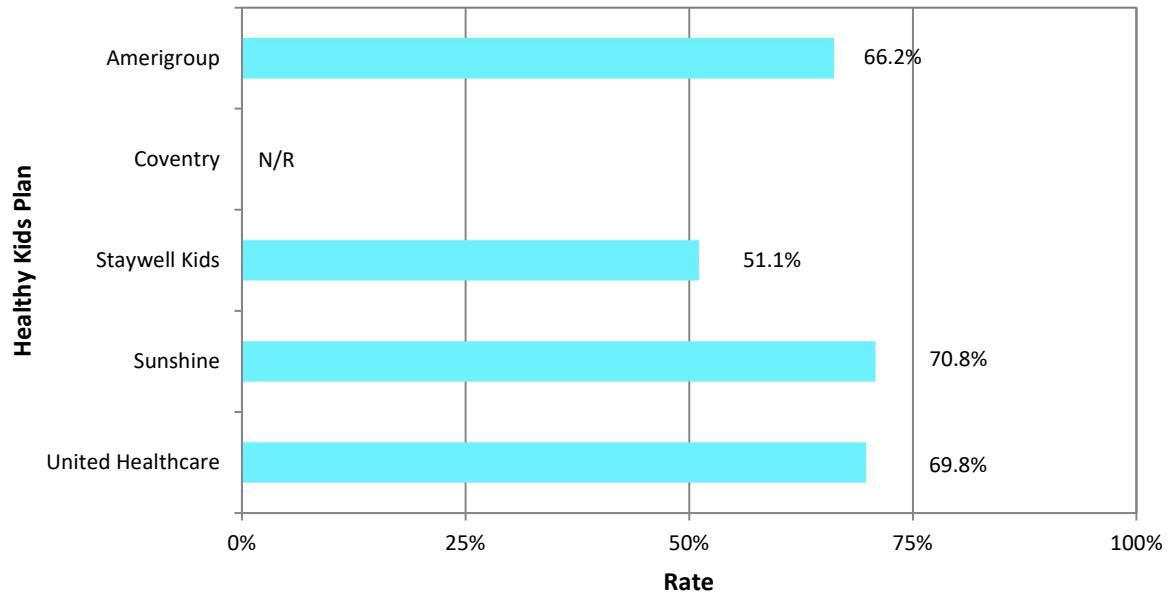
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 141. MMA Plan Results for Follow-Up After Hospitalization for Mental Illness (FHM): Follow-Up Visits within 30 Days, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 142. Healthy Kids Plan Results for Follow-Up After Hospitalization for Mental Illness (FHM): Follow-Up Visits within 30 Days, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

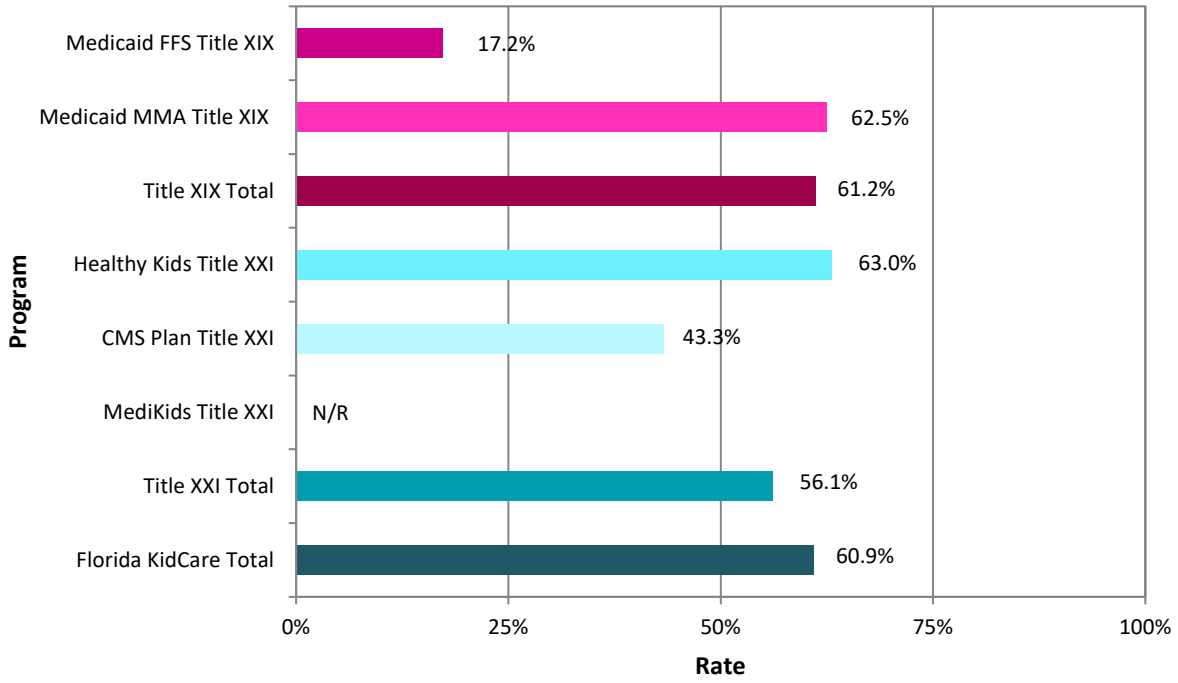
The HEDIS APP measure offers the percentage of children ages 1-17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. In recent years, there has been an increase in prescriptions for antipsychotic medications in youth, including those who lack psychotic symptoms or a mental health diagnosis.[23] In these children and adolescents, psychosocial therapy would be a more appropriate first-line treatment. Children who are prescribed these antipsychotic medications unnecessarily may face adverse health effects due to their still-developing physiology and small size.[24] Psychosocial interventions like counseling and crisis intervention may be underutilized with this vulnerable population.

This measure assesses whether there was documentation of psychosocial care for children and adolescents who did not have an indication for antipsychotic medication use. The numerator for this measure is documentation of psychosocial care in the 121-day period beginning 90 days before through 30 days after the earliest antipsychotic prescription was ordered. Exclusion criteria for this measure encompasses those for whom a first-line antipsychotic medication may be clinically appropriate. This may include patients with a minimum of one inpatient encounter or two outpatient, intensive outpatient, or partial hospitalizations accompanied by a diagnosis of schizophrenia, bipolar disorder, or another psychotic disorder.

Figure 143 and **Figure 144** present program results and benchmark percentile ranges, respectively, in CY 2016.

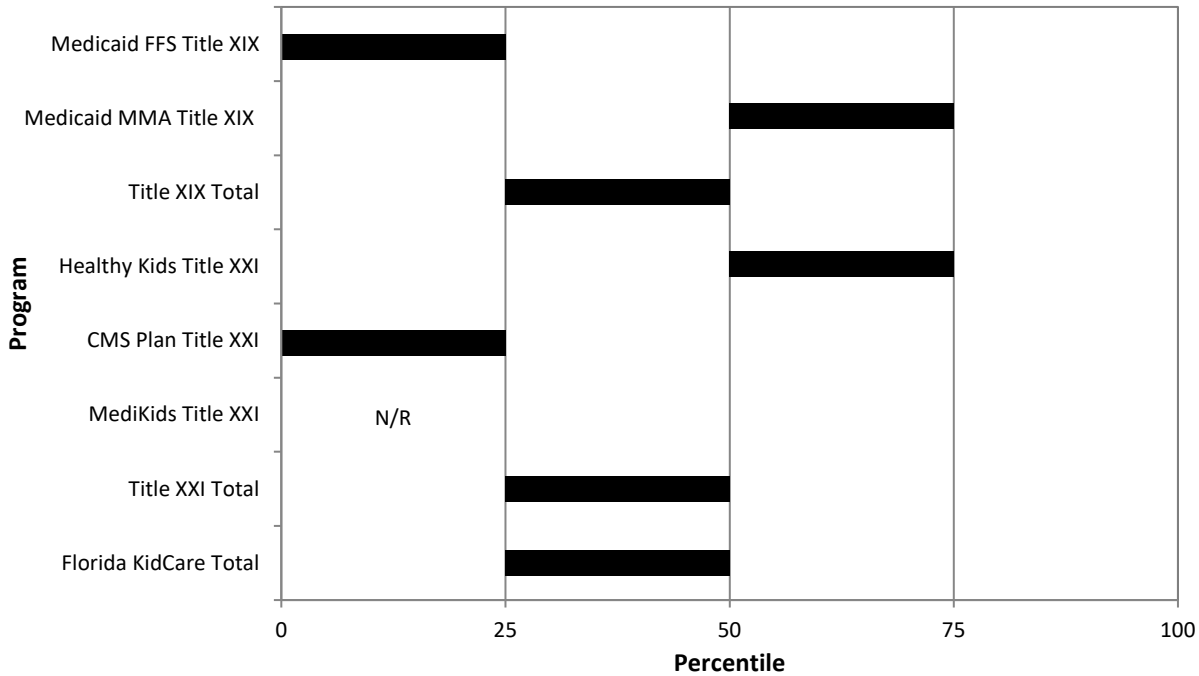
Figure 145, **Figure 147** and **Figure 146**, **Figure 148** present MMA and Florida Healthy Kids plan results and benchmark percentile ranges, respectively, in CY 2016.

Figure 143. Program Results for HEDIS® Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP): All Ages, CY 2016



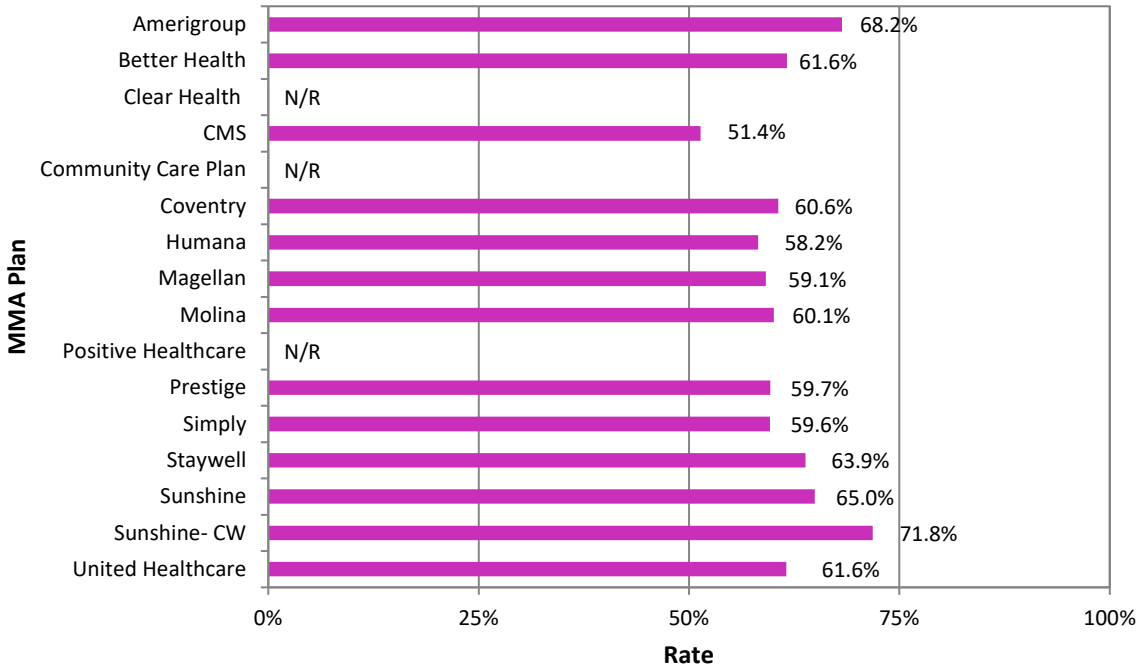
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 144. National Benchmarks for HEDIS® Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP): All Ages, CY 2016



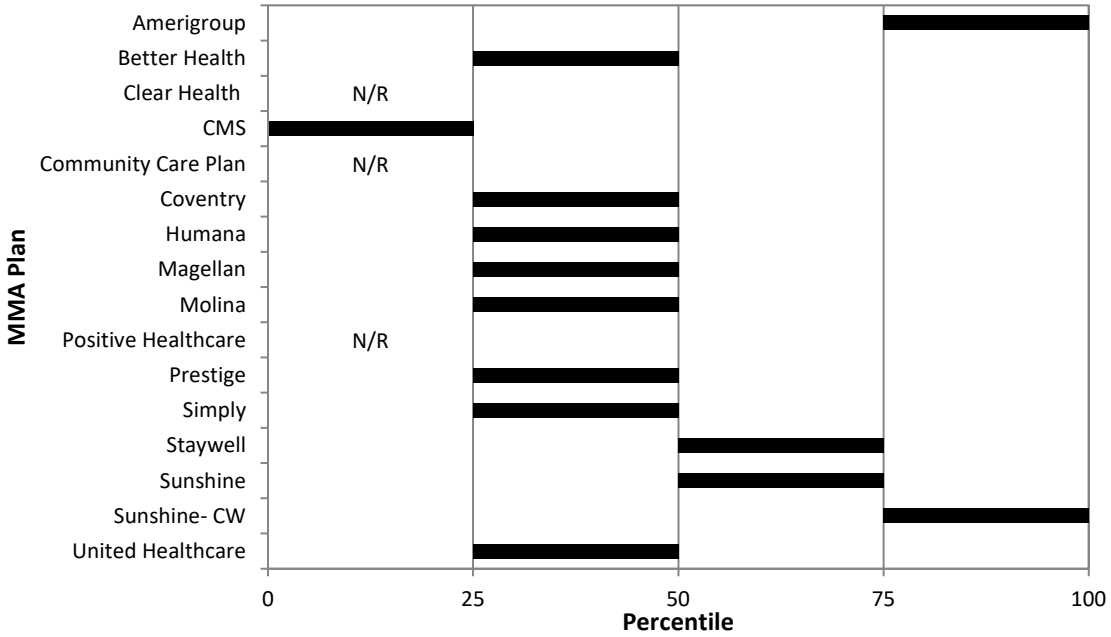
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 145. MMA for HEDIS® Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP): All Ages, CY 2016



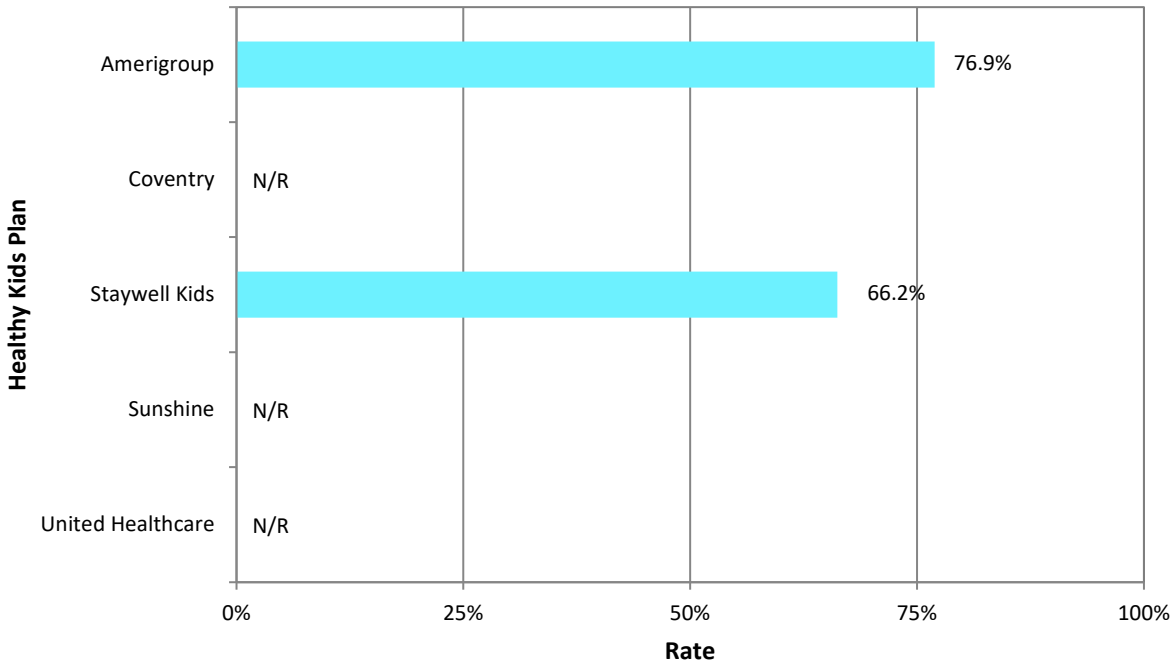
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 146. National Benchmarks for HEDIS® Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP): All Ages, CY 2016



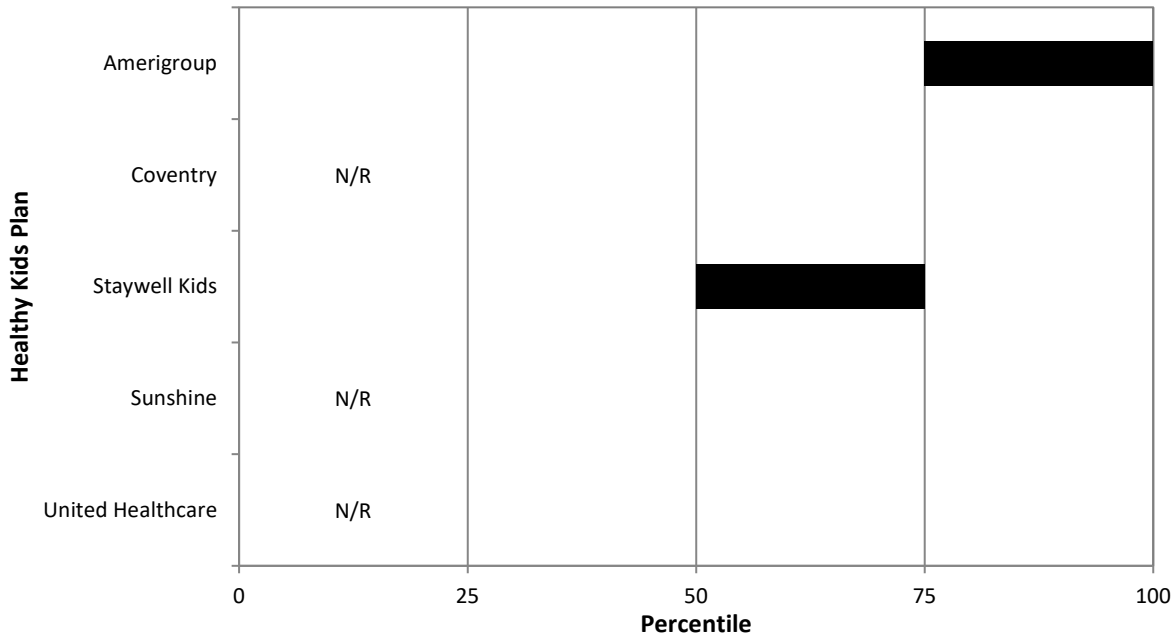
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 147. Healthy Kids Plans Results for HEDIS® Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP): All Ages, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 148. National Benchmarks for HEDIS® Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP): All Ages, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

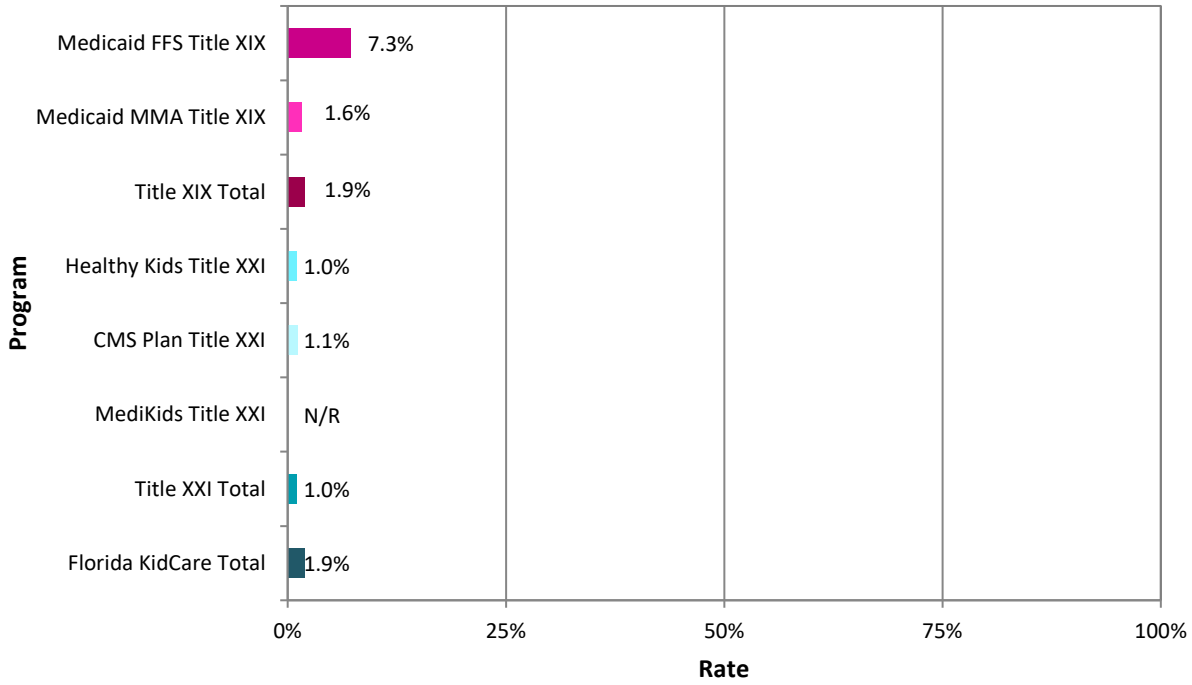
As in the previous measure, APC takes a closer look at youth who are prescribed antipsychotic medications. In addition to off-label use of these medications, as was a focus of the APP measure, there has been an increase in the number of youth who are prescribed more than one antipsychotic medication at the same time.[25] Antipsychotic use in youth is still being investigated, though studies show that youth on these medications may face harmful side effects.[24] These risks are amplified when multiple antipsychotics are used. The APC measure can help identify unsafe practices in youth antipsychotic use.

APC offers the percentage of children and adolescents who were on two or more antipsychotic medications concurrently for at least 90 days. Required benefits for this measure are medical and pharmacy, which allows for identification of prescription dispense date. The numerator is the number of youth ages 1-17 on two or more of these medications for 90 days, with an allowable gap of 15 days between overlapping prescriptions. The denominator is the number receiving any antipsychotic medication continuously for 90 days or more. For this measure, a lower rate indicates better performance.

Figure 149 and **Figure 150** present program results and benchmark percentile ranges, respectively, in CY 2016.

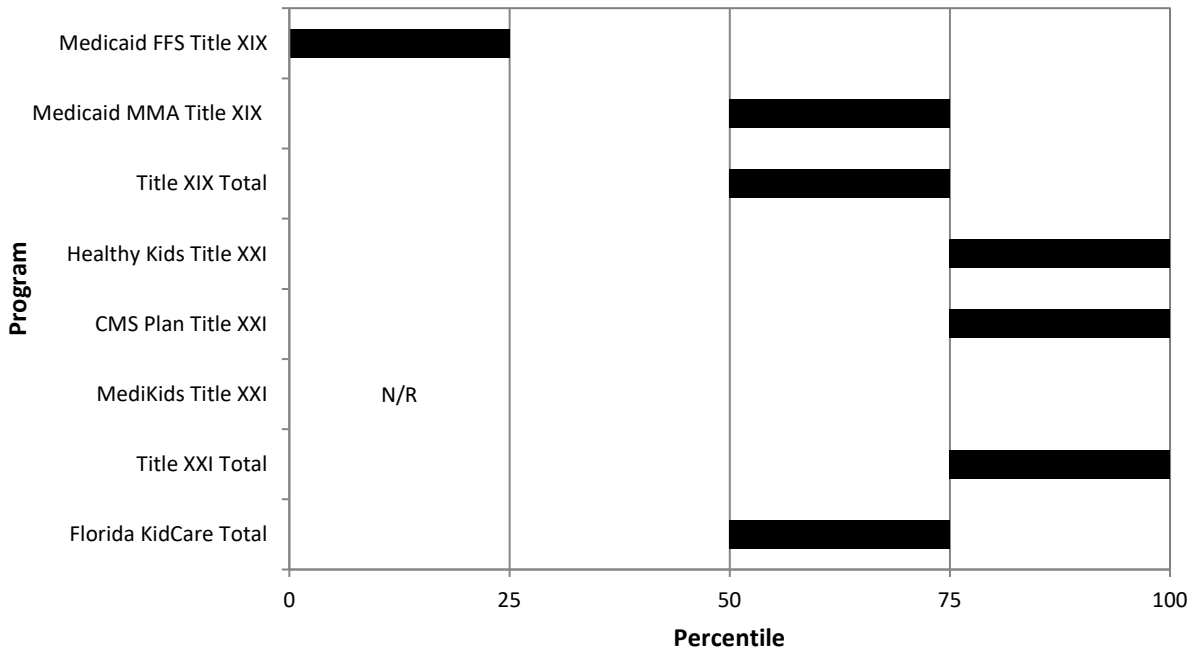
Figure 151, **Figure 153** and **Figure 152**, **Figure 154** present MMA and Florida Healthy Kids plan results and benchmark percentile ranges, respectively, in CY 2016.

Figure 149. Program Results for HEDIS® Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC): All Ages, CY 2016



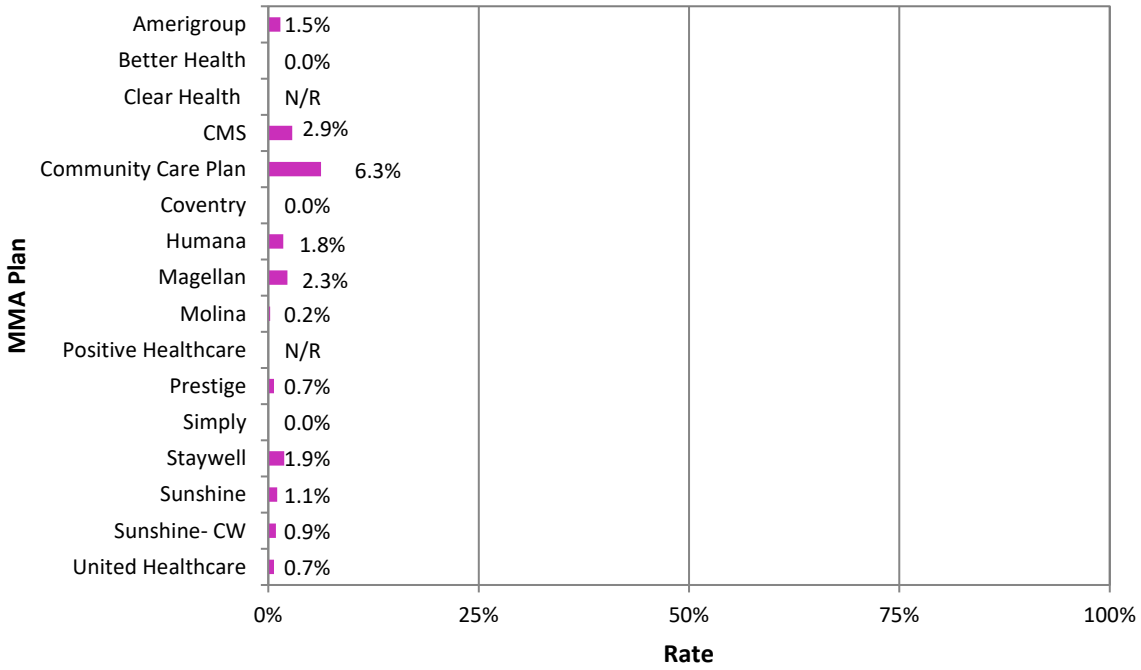
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 150. National Benchmarks for HEDIS® Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC): All Ages, CY 2016



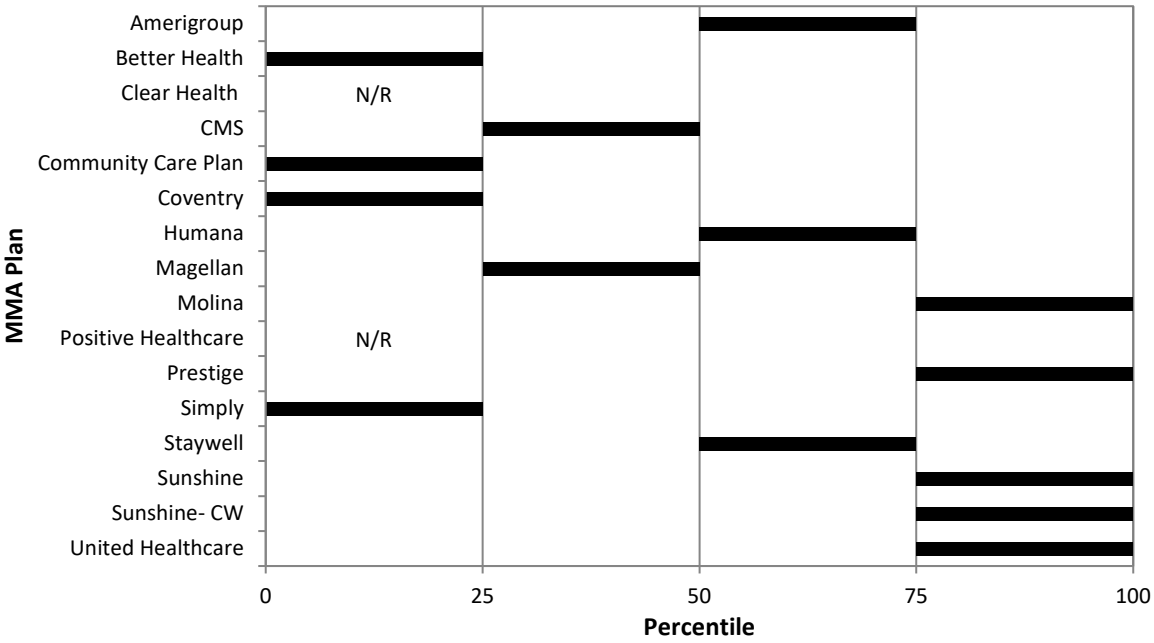
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 151. MMA Plan Results for HEDIS® Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC): All Ages, CY 2016



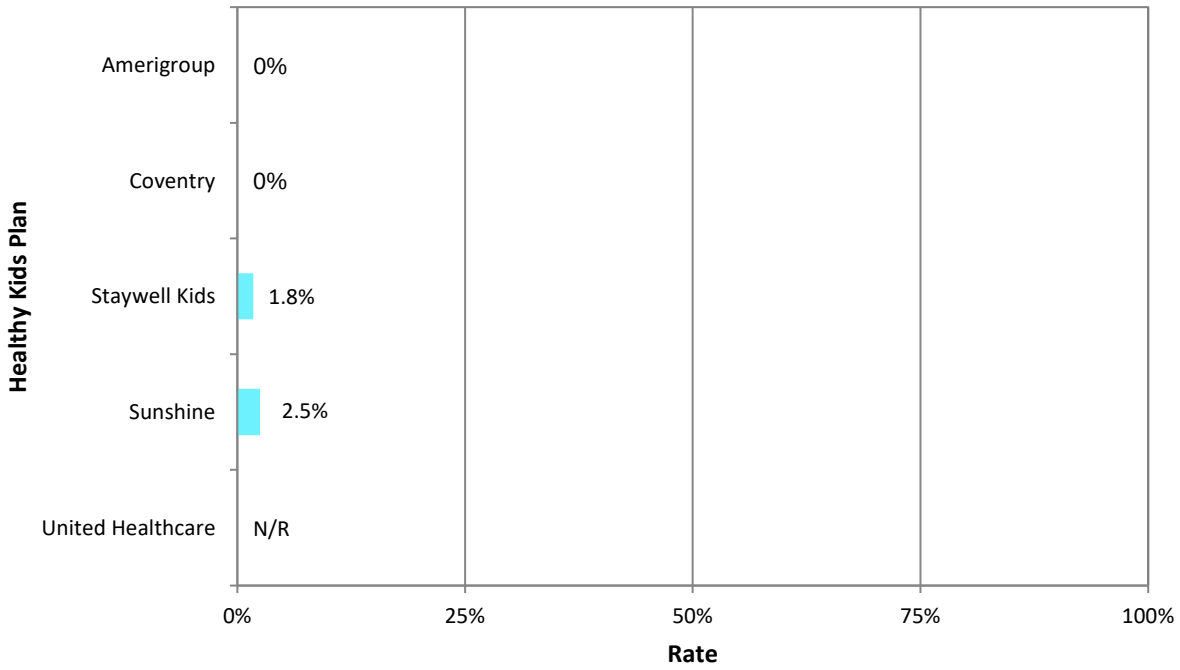
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 152. National Benchmarks for HEDIS® Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC): All Ages, CY 2016



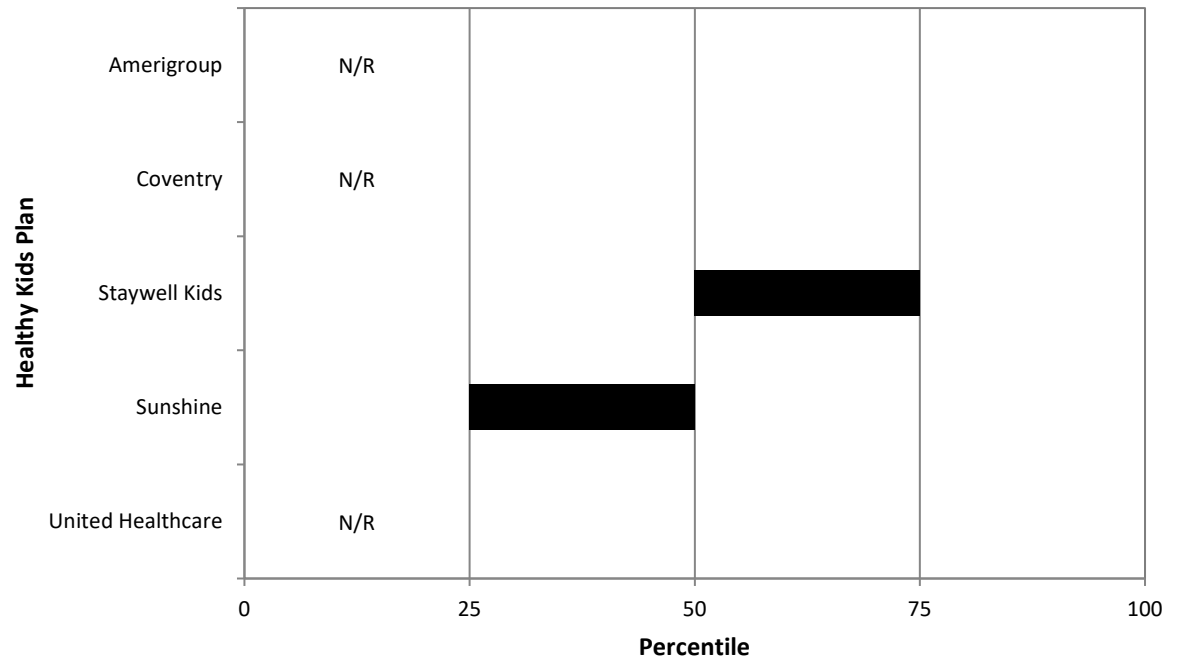
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 153. Healthy Kids Plan Results for HEDIS® Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC): All Ages, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 154. National Benchmarks for HEDIS® Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC): All Ages, CY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Dental and Oral Health Services

Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk (SEAL) and Percentage of Eligibles Who Received Preventive Dental Services (PDENT)

Dental caries, also called tooth decay, is one of the most common diseases of childhood.[26] 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.

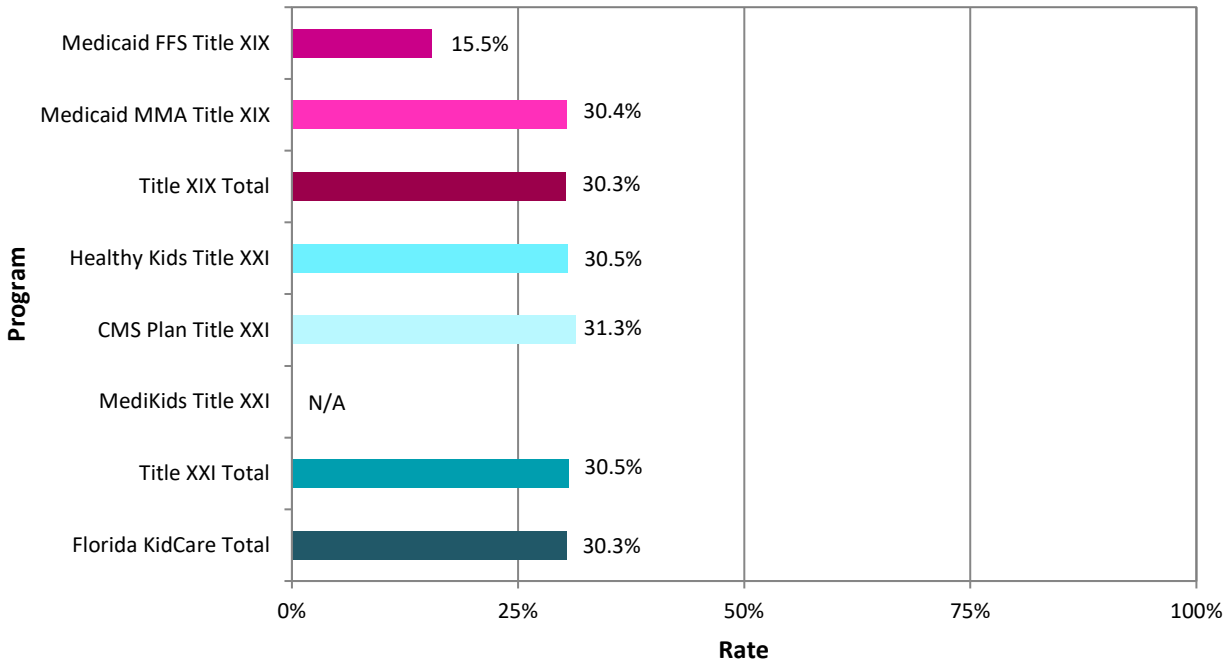
One such preventive measure is to receive a sealant, which fills in the pit at the center of a decayed tooth.[27] Sealant use on the permanent molars of children and adolescents prevent further tooth decay and reduces costs to the health care system, therefore, dental sealants are recommended by the ADA as a cost-effective intervention for patients with an elevated caries risk.[28] The denominator in the **Dental Sealant** measure is the unduplicated number of eligible children, ages 6-9 years old, at elevated risk (determined by CDT codes) for dental caries, where unduplicated means that each child is counted only once, even if multiple services were received. The numerator is the number of those eligible patients who received a sealant on any of the four permanent, primary molars.[9]

Also necessary for the prevention and reduction of tooth decay are preventive dental services that can maintain dental health and well-being. The **Preventive Dental Services** Child Core Set measure is the percentage of unduplicated children who received a preventive dental service (CDT codes D1000-D1999). Consistent with CMS Form-416 reporting guidelines, this measure is reported for Federal Fiscal Year 2016, which covers the period October 1, 2015, through September 30, 2016. The denominator is all children in the plan who are eligible for Early and Periodic Screening, Diagnostic and Treatment for 90 continuous days; not necessarily those receiving dental services through that plan.

Figure 155 presents the program results for SEAL in CY 2016. **Figure 156** presents the MMA plan results for SEAL in CY 2016.

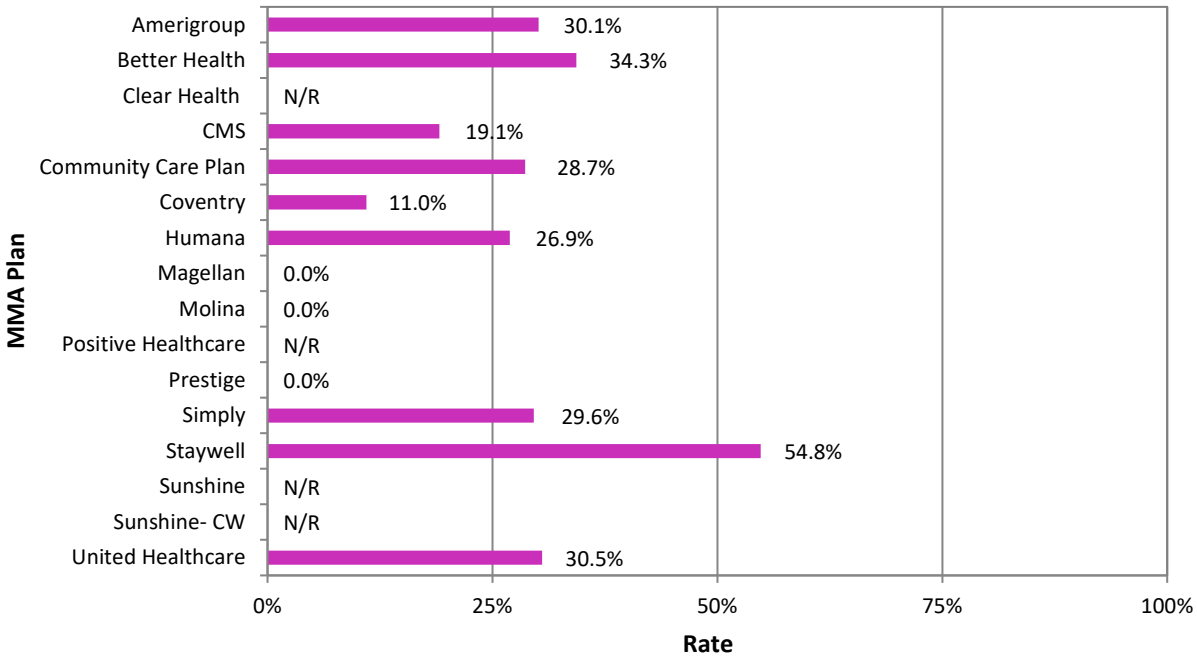
Figure 157 presents the program results for PDENT in CY 2016. **Figure 158** presents the MMA results for PDENT in CY 2016.

Figure 155. Program Results for Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk (SEAL): CY 2016



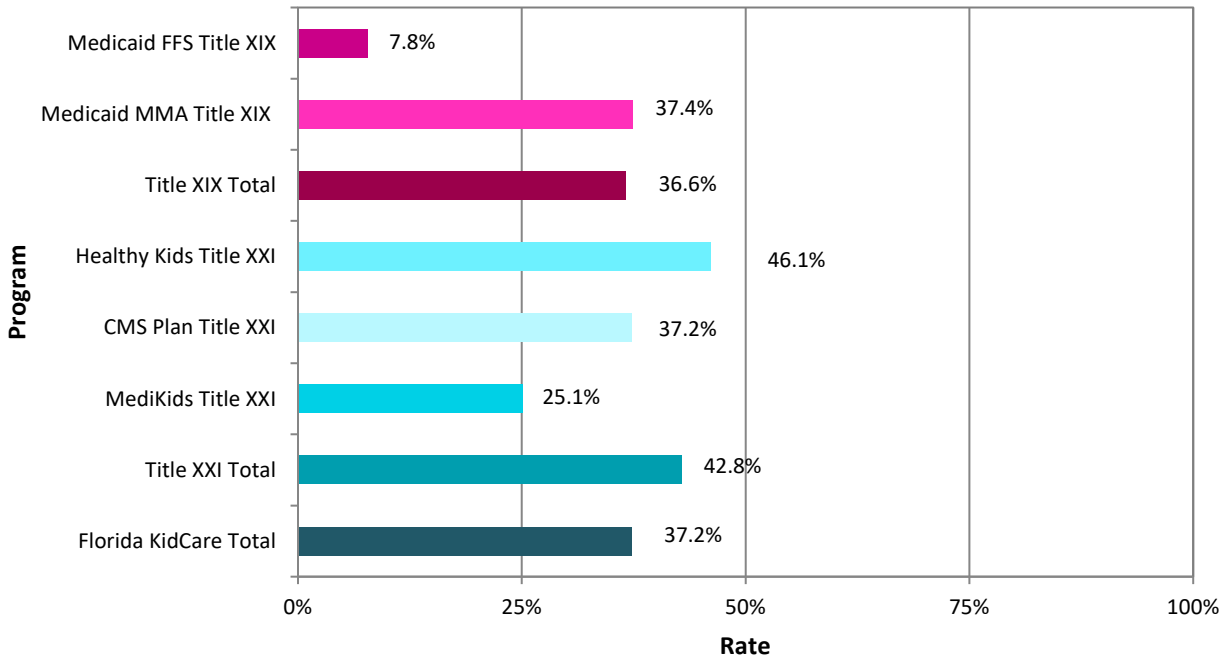
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 156. MMA Plan Results for Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk (SEAL): CY 2016



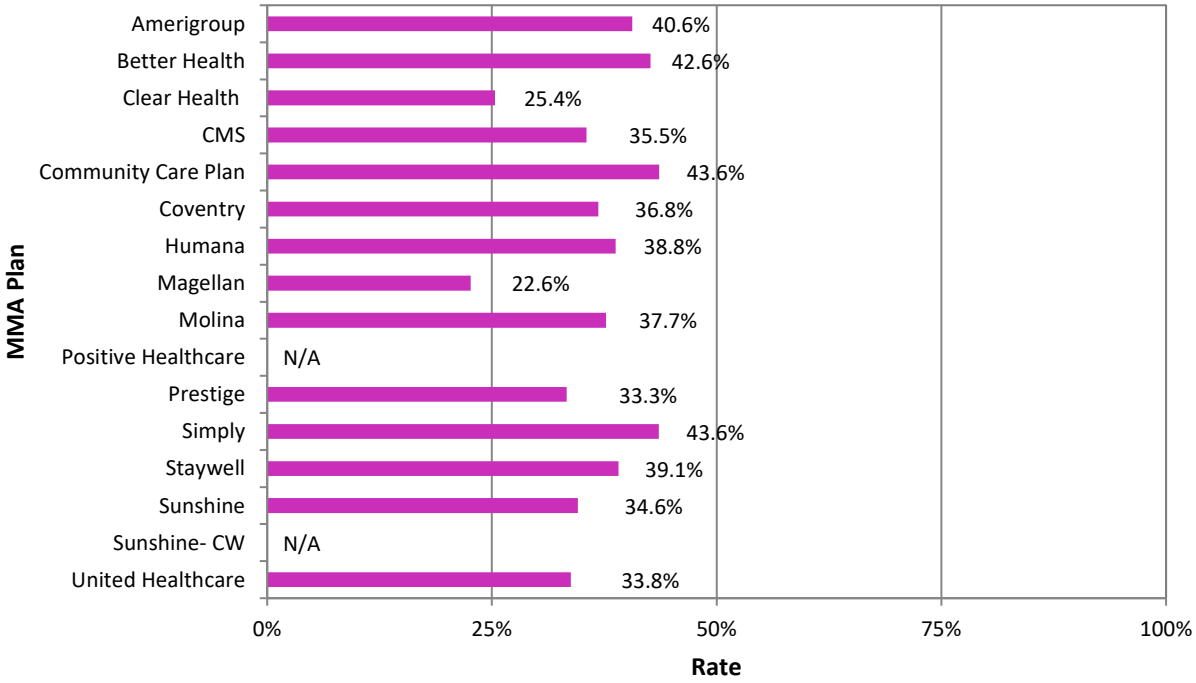
Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 157. Program Results for Percentage of Eligible Members That Received Preventive Dental Services (PDENT): FFY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Figure 158. MMA Plan Results for Percentage of Eligible Members That Received Preventive Dental Services (PDENT): FFY 2016



Note: N/A denotes programs or plans for which the measure does not apply. N/R denotes programs or plans that have less than 30 in the denominator.

Conclusion

In This Section

- Conclusions
- Recommendations

Conclusions

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 2% from the previous evaluation. The family experiences surveys demonstrate that families of enrollees are satisfied with the health care services they receive from Florida KidCare, as responses for several survey items were above national Medicaid and CHIP benchmarks. Three out of four Florida KidCare families rated their primary care and/or specialty providers a 9 or 10 out of 10, signifying the value of high-quality health care professionals within the Florida KidCare program.

The quality of care outcomes also suggest that the Florida KidCare program is providing high quality of care. When compared to national Medicaid data, overall Florida KidCare rates were mostly at or above the national benchmarks. Florida KidCare program rates mostly saw only slight increases or decreases (less than 10 percentage points) compared to last year, with a notable increase in one particular measure: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents (total ages 3-17), which rose 16 percentage points from last year. The Developmental Screening in the First Three Years of Life measure also saw an increase compared to last year, with MediKids and FFS Title XIX both reporting a 10 percentage point increase in rates for that measure. The opportunities for improvement within Florida KidCare programs are within the domain of behavioral health care: the rates of Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication- initiation phase dropped by 14 percentage points for the FFS program, and for the same measure's continuation and maintenance phase sub-measure, a 14 percentage points decrease took place in the CMS Title XXI program. This year was the first year that the rate for Use of Multiple Concurrent Antipsychotics in Children and Adolescents was included in this report, and the overall Florida KidCare rate of 1.91% for all ages suggests that there is room for improvement, as this is an inverted measure where lower rates indicate better performance.

Recommendations

The ICHP recommends that the Florida KidCare program focus efforts on improving quality of care, particularly within the Title XXI program. While some of the Title XXI rates were either at or above the national benchmarks, there was one notable area in need of improvement: The totals for most of the behavioral health measures were below the national benchmarks. A necessary first step toward improvement is to increase efforts towards proper care and monitoring of those with a behavioral health diagnosis. Greater emphasis on patient follow-up and use of alternative treatment methods such as counseling or mHealth[29] may offer better health outcomes and improvement on performance measures. Continued provider education, particularly surrounding best practices for prescribing medications for those with a behavioral health diagnosis, may also prove beneficial. Finally, an additional way to identify opportunities for improvement is to engage stakeholders at every opportunity. Discussing opportunities for improvement with health plans, providers, and families will allow for a robust examination of strengths and weaknesses related to the behavioral health measures. These improvements will aid Florida KidCare in meeting or exceeding the national Medicaid benchmarks for all performance measures.

Appendices

In This Section

Appendix A: References

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Appendix B: Abbreviations

AAP	American Academy of Pediatrics
ACA	Affordable Care Act
ADA	American Dental Association
ADHD	Attention-Deficit/Hyperactivity Disorder
AHCA	Agency for Health Care Administration
AHRQ	Agency for Healthcare Research and Quality
BMI	Body Mass Index
CAHPS®	Consumer Assessment of Healthcare Providers and Systems
CDC	Centers for Disease Control and Prevention
CDT	Current Dental Terminology
CHIP	Child Health Insurance Program
CHIPRA	Children's Health Insurance Program Reauthorization Act
CMS	Centers for Medicare and Medicaid Services
CPT	Current Procedural Terminology
CY	Calendar Year
DCF	Florida Department of Children And Families
DOH	Florida Department of Health
ED	Emergency Department
FFM	Federally Facilitated Marketplace
FFS	Fee-For-Service
FFY	Federal Fiscal Year
FLORIDA SHOTS	Florida State Health Online Tracking System
FPL	Federal Poverty Level
FY	Fiscal Year
HEDIS®	Healthcare Effectiveness Data and Information Set
HMO	Health Maintenance Organization
ICD-9-CM	International Classification Of Diseases, Ninth Revision, Clinical Modification
ICD-10-CM	International Classification Of Diseases, Tenth Revision, Clinical Modification
ICHP	Institute for Child Health Policy

MAGI	Modified Adjusted Gross Income
MMA	Managed Medical Assistance
N/A	Not Applicable
N/R	Not Reportable
NCQA	National Committee for Quality Assurance
OB/GYN	Obstetrics and Gynecology
PCP	Primary Care Practitioner
QSI	Quality Systems Integrators
SFY	State Fiscal Year
TDAP	Tetanus, Diphtheria Toxoids and Acellular Pertussis Vaccine