The **Florida KidCare** Evaluation Series

Florida KidCare

EVALUATION REPORT

STATE FISCAL YEAR 2008-2009

Year 11 Descriptive Report

*Prepared by the **Institute for Child Health Policy University of Florida** Under Contract to the Agency for Health Care Administration*

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BACKGROUND

This report presents the results for the Year 11 Evaluation of the Florida KidCare Program, health insurance program for children, as required by state and federal guidelines. KidCare covers children enrolled in Medicaid [MCOs (Managed Care Option) and Medicaid PCCM (Primary Care Case Management)], MediKids, Healthy Kids, and the Children's Medical Services Network (CMSN). This evaluation covers the period from July 1, 2008 through June 30, 2009, which encompasses the state fiscal year; information is also provided, where available, on the federal fiscal year (October 1, 2008 through September 30, 2009).

A variety of sources were used to conduct this evaluation including data from prior KidCare evaluations, KidCare application and enrollment files, extensive telephone surveys conducted with families involved with the KidCare program, and health insurance claims. In this Year 11 evaluation, 1,885 interviews were conducted with KidCare families. The primary focus of the surveys was to assess the children's experiences in the program when they were 1) enrolled in the program for less than three months (new enrollees) or 2) enrolled for 12 months or longer (established enrollees).

Analysis of the health claims data provides objective information of children's use of health care in ambulatory, ER, and in-patient environments as well prescriptions filled for them.

FINDINGS

Florida KidCare continues to provide quality health care services to low and modest income children in Florida. Several areas that were already strengths for the program, such as getting needed care quickly, satisfaction with provider communication, and access to well-child visits, remained strong.

Newly enrolled families are highly satisfied with the application and enrollment process. Forty-eight percent of newly enrolled families report they waited one month or less between application and receiving coverage. Eighty-seven percent of newly enrolled families said that they think KidCare is run well or very well.

About 88% of families of established enrollees report having a personal doctor or nurse who usually provides health care to their child. Having a usual source of care is especially important for families of children with special health care needs; a third (34%) of KidCare families report that their children have special health care needs. Ninety-two percent

AT A GLANCE

Florida KidCare is comprised of four program components:

- **Medicaid for children**
- **MediKids for young children**
- **Healthy Kids for school age children**
- **Children's Medical Services Network (CMSN) for children with special health care needs.**

of families report that their child had a well-child visit in the last year, but only 56% received dental care in the same period. Overall, 32% of KidCare enrollees have a Body Mass Index (BMI) that exceeds the 85th percentile for their age and gender group, indicating they are overweight or obese.

Families enrolled for 12 months or more expressed high levels of satisfaction with KidCare providers and services. About 87% of families report positive experiences with being able to get care quickly for injuries or illnesses. Families were also highly satisfied with their personal doctor or nurse and their provider's communication (88% positive report). These ratings are virtually unchanged from prior reports, suggesting that KidCare is able to provide a consistently high quality of care to children.

For the first time, this evaluation report includes quality of care measures derived from health claims. The quality of care indicators present a complementary and/or alternative view to the perspective and feedback provided by parents during the family interviews. For example, although 92% of KidCare families reported that their child had a well-child visit in the year prior to the family interview, the HEDIS (Healthcare Effectiveness Data and Information Set) outcome measures were only able to identify health claims for 72% of 3-6 year olds having a well-child visit with a PCP (Primary Care Provider) and 39% of adolescents having a well-care visit with a PCP or OB/GYN. Since the HEDIS well-child and well-care visits are limited to primary care providers, that measure's universe of providers is more limited than what parents may include in their report of well-child visits. For example, parent report may include preventive care services provided by a specialist rather than a PCP.

KidCare serves families from diverse backgrounds. About 38% of program enrollees are Hispanic; 21% of enrollees and 29% of parents speak Spanish as their primary language in the home. Twenty-three percent of enrollees are black non-Hispanic and 35% are white non-Hispanic.

From July, 2008 to June 2009, there was an 11 percent increase in KidCare total enrollment. This is a significant increase from last year, when KidCare grew by five percent and a dramatic reversal from the prior three years when there had been declines of 4.5%, 1.6% and 4.6%, respectively. As of June 30th, 2009, there were a total of 1,621,888 children enrolled in KidCare. Medicaid Title XIX enrollment stood at 1,375,206 at the end of state fiscal year 2008-2009, up from 1,201,295 a year earlier. Although Medicaid enrollments grew, the Title XXI-funded components of Florida KidCare declined by 2.7% from July, 2008 to June, 2009.

RECOMMENDATIONS

1. Improvements in application processing by ACS have made a significant impact on family satisfaction with the KidCare application and enrollment process. Any further improvements or modifications by ACS should be supported.
2. KidCare should continue to work closely with ICHP analysts to identify HEDIS quality of care indicators that can be specifically addressed for improvement by policy or programmatic interventions.
3. AHCA should continue to work to collect and consolidate enrollment and health claims information for the Medicaid MCO enrollees. This information is not currently available and its omission precludes ICHP from producing HEDIS outcome measures for the Medicaid MCO child population. ICHP would gratefully work with the MCO data whenever it becomes available. ■

1 Introduction

1.1 Purpose of the Report

This report presents the results for the Year 11 Evaluation of the Florida KidCare Program, health insurance program for children, as required by state and federal guidelines. KidCare covers children enrolled in Medicaid (MCOs and MediPass PCCM), MediKids, Healthy Kids, and the Children's Medical Services Network (CMSN). This evaluation covers the period from July 1, 2008 through June 30, 2009, which encompasses the state fiscal year; information is also provided, where available, on the federal fiscal year (October 1, 2008 through September 30, 2009).

Separate evaluations were conducted for Years 1-10 of the Florida KidCare Program. For Evaluation Years 1 and 2, only descriptive reports were prepared. In Years 3-10, descriptive reports and detailed statistical analyses examining critical issues such as the family satisfaction trends and quality of care were prepared.

The interested reader may obtain copies of these reports by accessing the Agency for Health Care Administration's web site (www.ahca.myflorida.com) or the Institute for Child Health Policy's web site (www.ichp.ufl.edu). The current report includes new data gathered regarding KidCare Evaluation Year 11 and comparisons to prior years.

CONTENT AREAS

1. A description of the program structure, eligibility, and financing;
2. Evaluation approaches used and data collected for this evaluation period;
3. Family experiences with KidCare, including the application and enrollment process, satisfaction with the program, access to care, and experiences with dental care;
4. Enrollee and family characteristics, including presence of special health care needs among program participants, Body Mass Index, crowd-out, enrollee demographics, and household demographics;
5. Quality of care measures;
6. Applications processed and their outcomes;
7. Enrollment trends; and
8. Conclusions and recommendations.

1.2 Program Structure, Eligibility, Changes, and Funding

PROGRAM STRUCTURE

Florida KidCare consists of four program components, which provide children with health insurance coverage. Assignment to a particular component is determined by the child's age, health status, and family income. Families receiving Medicaid insurance coverage do not pay a premium. Except for Medicaid, Florida KidCare is not an entitlement, which means that the state is not obligated to provide Title XXI

benefits to all children who qualify. Except for Native American enrollees, Title XXI participants contribute to the costs of their monthly premiums. The monthly family payment for Title XXI enrollees is $15 for those families with incomes between 100% and 150% of the Federal Poverty Level (FPL) and $20 for those families whose incomes fall between 150% and 200% FPL. These premiums are constant regardless of the number of children in the family. In addition, Healthy Kids families pay a co-payment for certain services.

■ **MediKids** is a Medicaid "look-alike" program for children ages 1 through 4 years, who are at or below 200% of the FPL and eligible for Title XXI premium assistance. MediKids offers the same benefit package as the Medicaid Program, with the exception of special waiver services that are available to Medicaid enrollees. State law provides that children in MediKids must receive their care through a managed care option. Families residing in counties where two or more Medicaid Managed Care Organizations (MCOs) are available must choose one of the MCOs. Families residing in counties where only one MCO is available have the choice between Medicaid PCCM and the MCO.

■ **Healthy Kids** is for children ages 5 through 18 who are at or below 200% of the FPL and eligible for Title XXI premium assistance. For each county, the Florida Healthy Kids Corporation selects one or more commercially licensed health plans through a competitive bid process. For the 2008-2009 year, three dental insurers provided the benefits and formed the provider networks. Families have the opportunity to select one of these three plans. The dental benefit package is the same as Medicaid's benefit package, with no cost sharing or copayments, but there is an $800 annual limit. Title XXI enrollees do not pay any additional monthly premiums for this coverage. (The number of statewide dental plans are currently different and are subject to change from year to year).

■ **Children's Medical Services Network (CMSN)** is the state's Title V Children with Special Health Care Needs (CSHCN) Program. The Department of Health (DOH) operates the program, which is open to all children for full benefits in Title XIX or Title XXI who meet clinical eligibility. The survey data collected for this report covers the experiences of CMSN Title XXI enrollees only, but other reports from the Institute for Child Health Policy examine the experiences of Title XIX enrollees and their families. The quality of care data collected for this report covers the experiences of CMSN Title XIX enrollees only. Enrollees in Title XXI coverage are limited to ages 0-18, while enrollees with Title XIX coverage can be 0-21 years of age. Children in CMSN have access to specialty providers, care coordination programs, early intervention services, and other programs that are essential for their health care.

A partnership between the Department of Health and the Department of Children and Families has created the Behavioral Health Network (BNET), which is a program for CMSN Title XXI enrollees whose primary health care need is a serious behavioral or emotional condition. According to BNET staff, the complexity of diagnoses

within the BNET client population result in a per member per month average cost for BNET that is much higher than for the overall CMSN population.

■ **Medicaid** is the health program for children from families whose incomes fall below the income thresholds for Title XXI coverage. Families that are eligible for Title XIX Medicaid coverage do not pay a monthly premium. Upon enrollment, families select the type of managed care program they want for their children. The Agency for Health Care Administration contracts with an enrollment broker to assist families in making this important decision for their children. Children can receive their care through a managed care organization (MCO, which includes CMSN for eligible children), a primary care case management (PCCM) program, or a Provider Service Network (PSN). In the Medicaid PCCM program, providers receive a small monthly fee for each child for which they provide care management. All other health care services are reimbursed according to the Medicaid fee schedule.

Medicaid coverage has been expanded twice to increase the types of children that are eligible for coverage. Beginning in April 1998, Medicaid was expanded to include adolescents ages 15 through 18 who are at or below 100% FPL. On July 1, 2000, Medicaid expanded a second time, using Title XXI funds, to provide coverage for infants under one year of age who reside in families with incomes 186-200% FPL. These expansions have resulted in a small number of children being covered by Medicaid whose eligibility criteria is distinct from the rest of the Medicaid population.

■ **Full-pay coverage options** also exist for families of children ages 1 through 18 who apply to KidCare, but are determined to be ineligible for Medicaid or Title XXI premium assistance. Families can enroll their children in Healthy Kids or MediKids "full-pay" options if 1) their income is under 200% FPL, but they are not eligible for Title XXI premium assistance (e.g., state employees) or 2) their income is over 200% FPL or 3) their income is under 200% FPL, but they have access to ESI (employer-sponsored insurance) that costs less than five percent of their income or 4) non-citizens or 5) those who have voluntarily cancelled other coverage within the last 60 days (if after July 1, 2009) or the last 6 months (if before July 1, 2009). Healthy Kids full-pay coverage is available at $128 per month per child for medical and dental coverage. Families who opt-out of the dental coverage reduce their premium by $12 per month. MediKids full-pay coverage costs $159 per month per child, which includes dental coverage. There is not a full-pay coverage option for CMSN; rather, children with special needs that are not eligible for Title XXI premium assistance enroll in the full-pay options of MediKids or Healthy Kids, depending upon the child's age.

TITLE XXI ELIGIBILITY

To be eligible for Title XXI-financed premium assistance, federal law specifies that a child must:

- Be under age 19,
- Be uninsured,
- Be ineligible for Medicaid,
- Not be the dependent of a benefits-eligible state employee,
- 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. Federal Poverty Levels (FPL) for a Family of Four

Income as % of FPL	2001	2002	2003	2004	2005	2006	2007	2008	2009
100%	$17,650	$18,100	$18,400	$18,850	$19,350	$20,000	$20,650	$21,200	$22,050
133%	$23,475	$24,073	$24,472	$25,071	$25,736	$26,600	$27,465	$28,196	$29,327
150%	$26,475	$27,150	$27,600	$28,275	$29,025	$30,000	$30,975	$31,800	$33,075
185%	$32,653	$33,485	$34,040	$34,873	$35,798	$37,000	$38,203	$39,220	$40,793
200%	$35,300	$36,200	$36,800	$37,700	$38,700	$40,000	$41,300	$42,400	$44,100

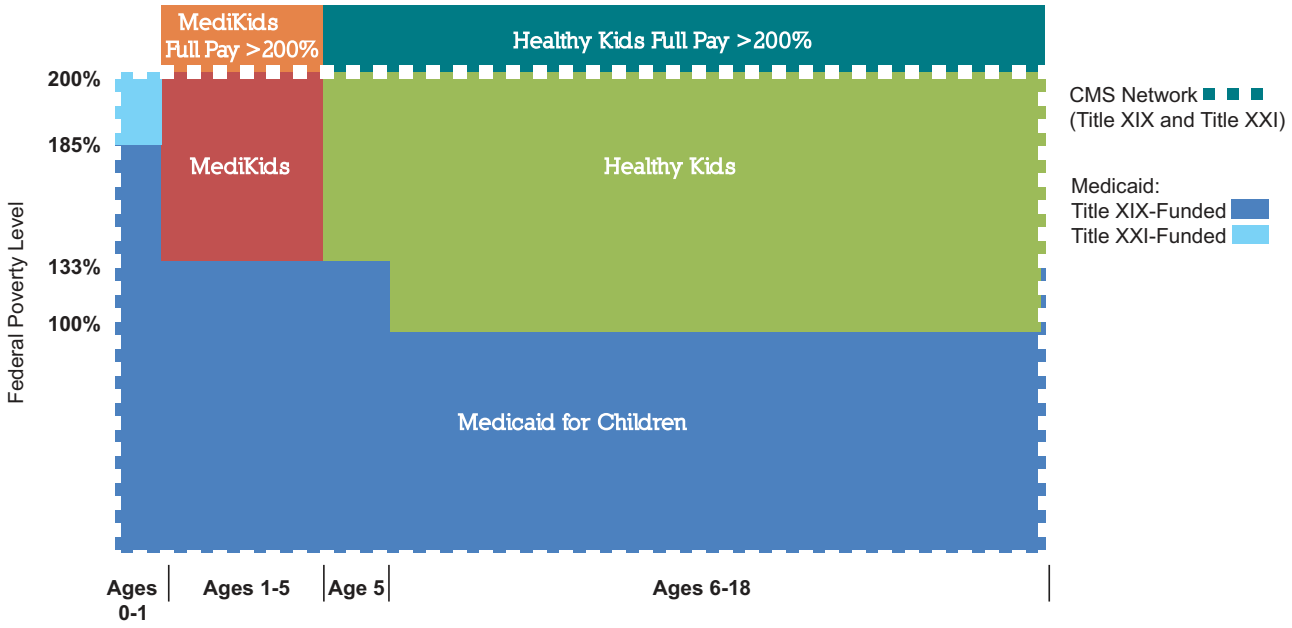
In addition, state law specifies that a child must:

- Not have access to employer-sponsored insurance which would cost less than five percent of the household income,
- Not have voluntarily disenrolled from employer-provided coverage within the last six months, and
- Provide information in a timely manner such that the application can be processed in 120 days or less.

Table 1 provides information about the federal poverty levels for a family of four for 2001 through 2009. **Table 2** summarizes the financial eligibility requirements and **Figure 1** illustrates the coverage levels for KidCare.

Figure 1. Florida KidCare eligibility

STATE FY 2008-2009



Note: Federal law specifies that only adolescents born before October 1, 1983 were eligible to enter Title XXI funded Medicaid coverage. As those adolescents have aged, there are no replacements for them. Hence, no adolescents are currently covered by Title XXI Medicaid.

Table 2. KidCare Program Components and Coverage Levels

FY 2008-2009

KIDCARE PROGRAM COMPONENT	COVERAGE BY FEDERAL POVERTY LEVEL
Medicaid for Children	
Age 0 (infants under one year)	200% or below
Ages 1 through 5	133% or below
Ages 6 through 18	100% or below
MediKids	
Ages 1 through 4	134% to 200%**
Ages 1 through 4	Above 200% - can participate but receive no premium assistance***
Healthy Kids	
Age 5	134% to 200%**
Ages 6 through 18	101% to 200%**
Ages 5 through 18	Above 200% -can participate but receive no premium assistance
CMS Network*	
Physical Health	
Age 0 (infants under one year)	0%-185% Title XIX Medicaid coverage
Ages 1 through 5	0%-133% Title XIX Medicaid coverage
Ages 6 through 18	0%-100% Title XIX Medicaid coverage
Age 0 (infants under one year)	186% to 200% Title XXI coverage**
Ages 1 through 5	134% to 200% Title XXI coverage**
Ages 6 through 18	101% to 200% Title XXI coverage**
Specialized Behavioral Health	
Ages 5	134% to 200% Title XXI coverage**
Ages 6 through 18	101% to 200% Title XXI coverage**

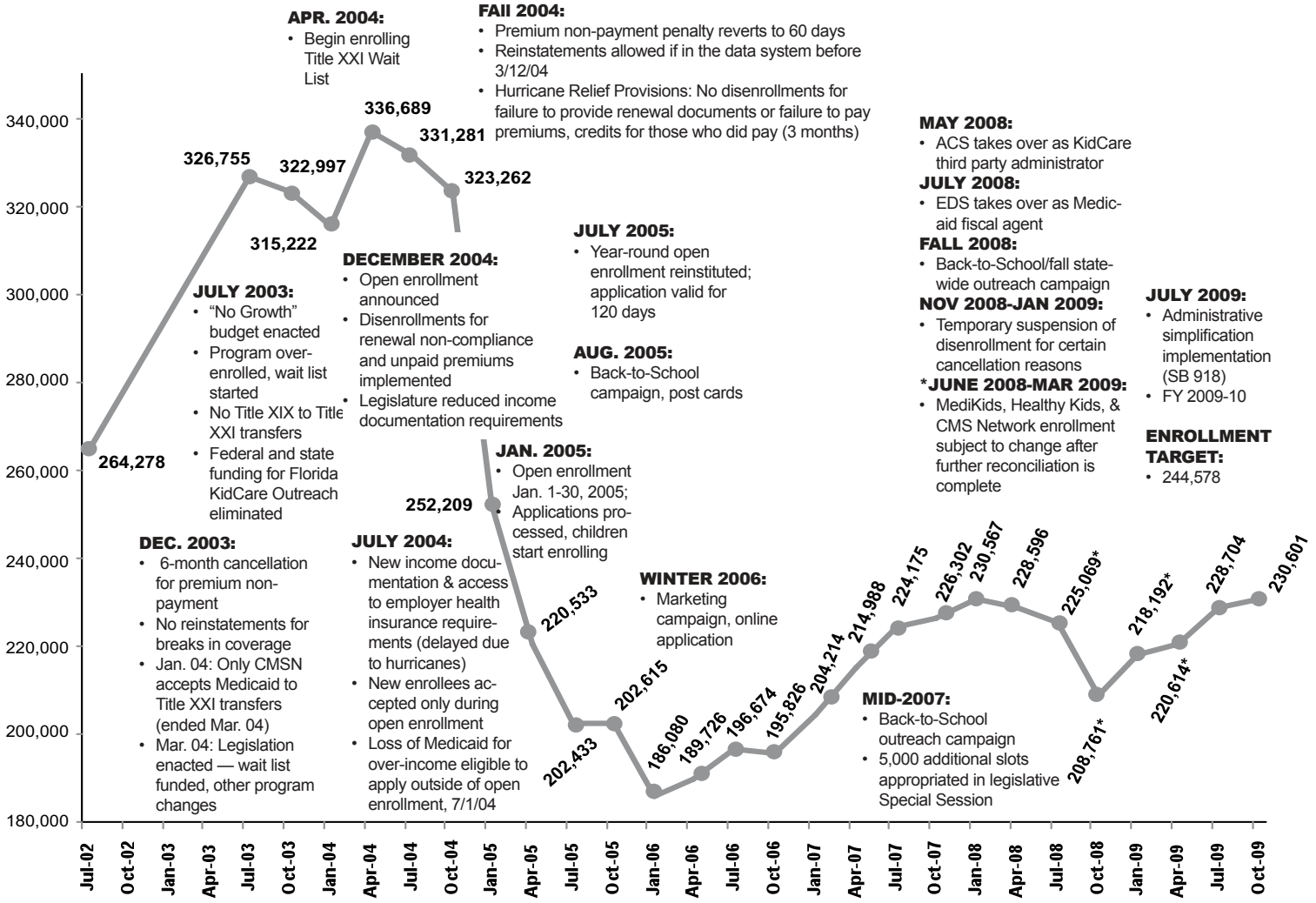
** Children must meet CMSN eligibility determination.*
*** Those families 101-150% of FPL pay a reduced premium of $15 per month, while those families 151-200% of FPL pay $20 per month.*

CONTINUOUS ELIGIBILITY

Children in Medicaid who are under five years of age receive 12 months of continuous eligibility without eligibility redetermination. Children ages 5 through 18 are allowed six months of continuous Medicaid eligibility without eligibility re-determination. Families receive notice from the DCF when it is time to re-determine their children's eligibility and they must complete renewal paperwork for their children to remain in the program. In 2006, the federal Deficit Reduction Act of 2005 (DRA) also required that new Medicaid enrollees and current Medicaid enrollees at their first renewal after DRA must provide original documents to prove citizenship and identity in order to receive Medicaid benefits.

Families whose children are in MediKids, Healthy Kids, and CMSN and receive Title XXI premium assistance must also participate in an active renewal process to receive 12 months of eligibility. In July of 2004, a simplified renewal process was used to request families update information about their income and health insurance coverage; if families did not respond to the request for additional information, but continued to pay the premium, the children remained enrolled in the program. With active renewal, families must provide annual proof of earned and unearned income and information about their access to employer-sponsored family coverage, and the cost of such coverage if it is available to them. If families do not respond, their children are disenrolled from the program. Parents with children currently enrolled in Title XXI receive detailed information about the re-enrollment period; they are required to verify their children are still eligible for benefits.

Figure 2. Title XXI enrollment and major program changes



Source: Florida KidCare Coordinating Council

RECENT PROGRAM CHANGES

Figure 2 summarizes the legislative and programmatic changes in KidCare since July 2002.

KIDCARE TITLE XXI FUNDING

Funding for the Title XXI component of KidCare comes from:

- The federal government,
- State allocations, and
- Individual payments for premiums.

Table 3. Florida KidCare Title XXI expenditures

ACTUAL FOR SFY 2008-2009 AND BUDGETED FOR SFY 2009-2010

SFY 2008-2009 BY PROGRAM	EXPENDITURES	FAMILY CONTRIBUTIONS	FEDERAL FUNDS	STATE FUNDS
MediKids	$35,284,372.00	$6,267,257.00	$20,039,771.00	$8,977,344.00
Medicaid Infants <1	$3,209,343.00	$0.00	$2,215,772.00	$993,571.00
Healthy Kids*	$245,886,926.00	$22,962,144	$153,902,915.00	$69,021,867.00
CMS Network	$96,762,224.00	$1,776,965.00	$65,553,593.00	$29,431,666.00
BNET	$9,230,000.00	$0.00	$6,369,914.00	$2,860,086.00
Total Title XXI Services	$390,372,865.00	$31,006,366.00	$248,081,965.00	$111,284,534.00
Administration	$23,295,671.00	$256,305.00	$15,900,277.00	$7,139,089.00
GRAND TOTAL	**$413,668,536.00**	**$31,262,671.00**	**$263,982,242.00**	**$118,423,623.00**

SFY 2009-2010 BY PROGRAM	EXPENDITURES	FAMILY CONTRIBUTIONS	FEDERAL FUNDS	STATE FUNDS
MediKids	$52,509,637.00	$10,332,986.00	$30,067,758.00	$12,108,893.00
Medicaid Infants <1	$3,000,620.00	$0.00	$2,005,125.00	$995,495.00
Healthy Kids*	$266,802,316.00	$24,352,331.00	$166,216,885.00	$76,233,100.00
CMS Network	$114,460,045.00	$2,101,972.00	$77,030,716.00	$35,327,357.00
BNET	$10,791,000.00	$0.00	$7,398,119.00	$3,392,881.00
Total Title XXI Services	$447,563,618.00	$36,787,289.00	$282,718,603.00	$128,057,726.00
Administration	$27,012,981.00	$409,693.00	$18,252,440.00	$8,350,848.00
GRAND TOTAL	**$474,576,599.00**	**$37,196,982.00**	**$300,971,043.00**	**$136,408,574.00**

** Title XXI Medical and Dental Services*
Source: KidCare Estimating Conference documents, Oct 2009 conference

Table 4. Florida Healthy Kids Corp. Title XXI administration costs

ACTUAL FOR STATE FY 2008-2009 AND PROJECTED FOR STATE FY 2009-2010

PROGRAM	2008-2009	2009-2010
Estimated Average Monthly Caseload	177,205	190,102
Estimated Number of Case Months	2,126,467	2,281,224
Administration Cost Per Member Per Month	$8.76	$8.74

Source: Florida Healthy Kids Corporation for 2008-2009 data

Table 3 summarizes the total, federal and state share for each of the KidCare Title XXI program components for State Fiscal Years 2008-2009 and 2009-2010 (projected). **Table 4** contains detail on the Title XXI administrative costs projected for State Fiscal Year 2009-2010.

Table 5 contains a summary of the premium amounts for each of the KidCare Title XXI Program components. **Table 6** presents the total premiums collected from Title XXI families in the last four state and federal fiscal years.

Table 5. Per Member Per Month premium rates for KidCare Title XXI program components

PROJECTED FOR STATE FY 2009-2010

PROGRAM	PREMIUM
MediKids	$121.73
Healthy Kids	$119.60
CMS Network	$446.52
BNET	$1,000.00
Medicaid Expansion <1	$323.90

Source: KidCare Estimating Conference documents, Oct 2009 conference

Table 6. Premiums collected from Title XXI Families

LAST FOUR STATE FYs

STATE PROGRAM	SFY 2005-2006	SFY 2006-2007	SFY 2007-2008	SFY 2008-2009
MediKids	$2,821,604	$2,127,961	$2,799,151	$2,143,028
Healthy Kids	$21,470,310	$22,055,610	$24,235,900	$22,962,144
CMS Network & BNET	$711,657	$1,027,753	$1,361,593	$1,776,965
Total	$25,003,571	$25,211,324	$28,396,644	$26,882,137

Source: AHCA Medicaid Program Analysis and Florida Healthy Kids Corp.

Table 7. Total Title XXI expenditures reported to the Center for Medicare and Medicaid Services

STATE AND FEDERAL FY 2004-2005, 2005-2006, 2006-2007, 2007-2008, 2008-2009

	TOTAL	FEDERAL	STATE
STATE			
SFY 2004-2005	$379,009,143	$269,255,913	$109,753,230
SFY 2005-2006	$308,401,216	$217,508,904	$90,892,312
SFY 2006-2007	$354,186,924	$248,572,753	$105,614,171
SFY 2007-2008	$407,369,267	$281,096,967	$126,272,300
SFY 2008-2009	$369,068,722	$256,465,855	$112,602,867
FEDERAL			
FFY 2004-2005	$342,584,368	$244,022,845	$98,561,523
FFY 2005-2006	$300,646,603	$214,120,511	$86,526,092
FFY 2006-2007	$367,923,758	$261,704,169	$106,219,589
FFY 2007-2008	$422,910,225	$295,106,755	$127,803,470
FFY 2008-2009	$412,156,415	$286,407,493	$125,748,922

Source: AHCA Medicaid Program Analysis

Table 8. Federal Allotment Balances

CARRIED FORWARD OR PROJECTED FORWARD FROM EACH FEDERAL FY, AS OF OCTOBER, 2010

	TOTAL
FFY 1998	$263,858,437
FFY 1999	$481,790,808
FFY 2000	$510,983,294
FFY 2001	$462,262,623
FFY 2002	$384,375,554
FFY 2003	$211,948,371
FFY 2004	$363,745,836
FFY 2005	$408,399,011
FFY 2006	$438,741,036
FFY 2007	$453,103,635
FFY 2008	$482,522,621
FFY 2009	$552,210,606
FFY 2010	$356,095,478

Source: KidCare Estimating Conference documents, Oct 2009 conference

Total Title XXI expenditures are reported in **Table 7. Table 8** shows the projected allotment balances carried forward from each federal fiscal year to the next. ICHP gratefully acknowledges AHCA's assistance in compiling information for these tables.

1.3 Evaluation Approach and Data Collection

EVALUATION PHASES

The Year 11 KidCare Program Evaluation is conducted in two phases. The first phase develops the programmatic, outcome, and family experience indicators contained in this report, which are used annually to meet federal and state evaluation and reporting requirements. A major modification of the report for this year is the inclusion of quality of care performance indicators using the Health Employer Data and Information Set (HEDIS)[1] measures and other quality of care indicators. In prior years, the quality of care indicators were presented as a separate report, but feedback from users of this information supported the consolidation of all major programmatic performance indicators into a single report.

The second phase, which will be conducted during spring, 2010, will produce special focused studies addressing the following topics:

- Provide analysis of medical home and health outcomes for children. Examine racial and ethnic disparities in children's access to a medical home and the quality of health care services they receive. These analyses shall include an assessment of the health care delivery system, community, and child-level factors that are associated with any racial and ethnic disparities in the care that children receive.
- Examine national trends in unmet health care needs among children with special health care needs. These analyses will compare findings from the 2001 and 2005-2006 National Survey of Children with Special Health Care Needs, paying special attention to results in Florida and the southeast.

DATA SOURCES

A variety of sources were used to conduct this evaluation including data from prior KidCare evaluations, KidCare application and enrollment files, extensive telephone surveys conducted with families involved in the KidCare Program, and health claims data. The University of Florida Institute for Child Health Policy (ICHP) warehouses application, enrollment coverage, and health claims information provided by the Florida Healthy Kids Corporation (FHKC), the FHKC third-party administrator (ACS), and the Agency for Health Care Administration (AHCA). Information contained within ICHP's KidCare application and enrollment coverage databases includes application information, months of coverage, fields denoting enrollment and renewal status, and information from the family, including child's age, gender, family income, and zip code. ICHP also warehouses health claims information containing fields on the date of service, type of visit (ER, in-patient hospital, out-patient/ambulatory care), diagnoses, procedures, and prescriptions filled.

Combining administrative and health claims data provided by FHKC and AHCA with interviews with families of enrollees provides a comprehensive picture of the experience of KidCare enrollees.

POPULATIONS INCLUDED IN THE FAMILY SURVEYS

In this Year 11 evaluation, a total of 1,885 interviews were conducted with KidCare families. The primary focus of the surveys was to measure parent's assessment of their children's experiences when they were 1) enrolled in KidCare for less than 3 months (new enrollees), or 2) enrolled in KidCare

[1] National Commission on Quality Assurance. *HEDIS® Technical Specifications, 2008.* Washington, DC: National Commission on Quality Assurance; 2007.

for 12 months or longer (established enrollees).

A telephone survey with families of established enrollees was conducted September, 2009-January, 2010, and a survey with families of newly enrolled children was November, 2009-January, 2010. These two surveys have different objectives, questionnaires, and respondents. Children were randomly selected from the appropriately defined enrollee universe of each KidCare program component. Telephone interviews were conducted with parents, guardians, or primary caregivers (including foster parents) regarding the health care experiences of the sampled children. All sample results were weighted to the appropriate universe size at the time of sampling. The universe excluded those families without a phone number. Samples were selected from the KidCare application and enrollment files maintained at the Institute for Child Health Policy.

TWO SURVEYS WERE CONDUCTED WITH KIDCARE FAMILIES

Table 9 contains a summary of universe sizes, number of targeted interviews, number of completed surveys, and confidence intervals for the two sur-

Table 9. Summary of surveys conducted

FOR SFY 2008-2009 EVALUATION

Surveys	Eligible Universe (Population N)	Targeted Number of Interviews	Completed Interviews (sample n)	Confidence Interval (%), p<=.05**
New Enrollee				
CMSN Title XXI	1,512	100	100	±9.47%
Healthy Kids	10,735	100	100	±9.75%
MediKids	4,822	100	100	±9.70%
Medicaid	7,700	100	100	±9.70%
Total	24,769	400	400	±4.90%
Established Enrollee ("Caregiver")				
CMSN Title XXI	5,807	300	300	±5.51%
Healthy Kids	78,963	300	300	±5.65%
MediKids	5,960	300	300	±5.51%
Medicaid MCO	237,658	300	301	±5.65%
Medicaid PCCM	155,951	300	284	±5.81%
Total	484,339	1,500	1,485	±2.54%

** The confidence intervals are presented for hypothetical items with uniformly distributed responses, with a 95% confidence level. These numbers are a worst case generality presented for reference purposes only.*

Note: The CMSN, Healthy Kids and MediKids universe is limited to Title XXI enrollees only.

veys being conducted to collect information for this report.

The New Enrollee Survey was designed to obtain information from families whose children recently enrolled in the KidCare program after submitting a single-page KidCare application. Specifically, the families interviewed had to meet the following criteria for inclusion in the sample:

- Enrolled for two months or less in Medicaid, MediKids Title XXI or Healthy Kids Title XXI, or enrolled for three months or less in CMSN Title XXI,
- Had not been enrolled in any KidCare program component for at least 9 months prior to the survey, and
- Had not switched between KidCare program components during the time of their current enrollment.

Because these families are interviewed so early in their enrollment, they are asked about how they heard about KidCare and what they thought about the application and enrollment process. Demographics and health status items are also asked. Overall, 400 interviews were completed for the New Enrollee survey, with a response rate (AAPOR #6) of 38%, a cooperation rate (AAPOR #4) of 61%, and an estimated confidence interval of ±4.9%.

The Established Enrollee Survey was designed to gather information from families whose children had been enrolled in KidCare for a sustained period of time; this survey was called "Caregiver" in prior evaluations. The criteria for inclusion in the survey sample were as follows:

- Enrolled for at least 12 consecutive months in CMSN Title XXI, Healthy Kids Title XXI, MediKids Title XXI, Medicaid PCCM, or the Medicaid MCO Program, and
- Had not switched between KidCare program components during the time of their current enrollment.

Families of established enrollees were asked about their satisfaction with the quality of care their children received in the program, their children's health status, and their demographics. Overall, 1,485 interviews were completed for the Established Enrollee survey, with a response rate (AAPOR #6) of 40%, a cooperation rate (AAPOR #4) of 57%, and an estimated confidence interval of ±2.5%. ■

2 Family Experiences with KidCare

2.1 The Application Process

HOW FAMILIES LEARN ABOUT KIDCARE

Information on how families learn about KidCare and their satisfaction with the application process is assessed by the New Enrollee survey. Parents of newly enrolled children are asked to indicate how they learned about KidCare. Respondents may choose as many categories as they recall (e.g., health care providers, family and friends, television, newspaper, and so on). The results from this year's survey are illustrated in **Figure 3**.

Families report learning about the KidCare Program from a variety of personal interactions and formal media sources. Over 43% of the KidCare respondents recall learning about KidCare from family or friends, 31% recall learning about KidCare from their children's school, 27% recall learning about KidCare from a health care provider, and 26% recall learning about KidCare from an online source. In past years, less than a fifth of families recalled learning about KidCare online, so the online outreach efforts undertaken to raise awareness of KidCare have had an impact (**Figure 4**).

AT A GLANCE

- 87% of newly enrolled families think KidCare is run well or very well
- 98% of families agree or strongly agree that paying the premium is "worth it"
- 88% of families of established enrollees have a personal doctor or nurse who provides health care to their child

Figure 3. How families learned about KidCare by information source and program component FALL 2009

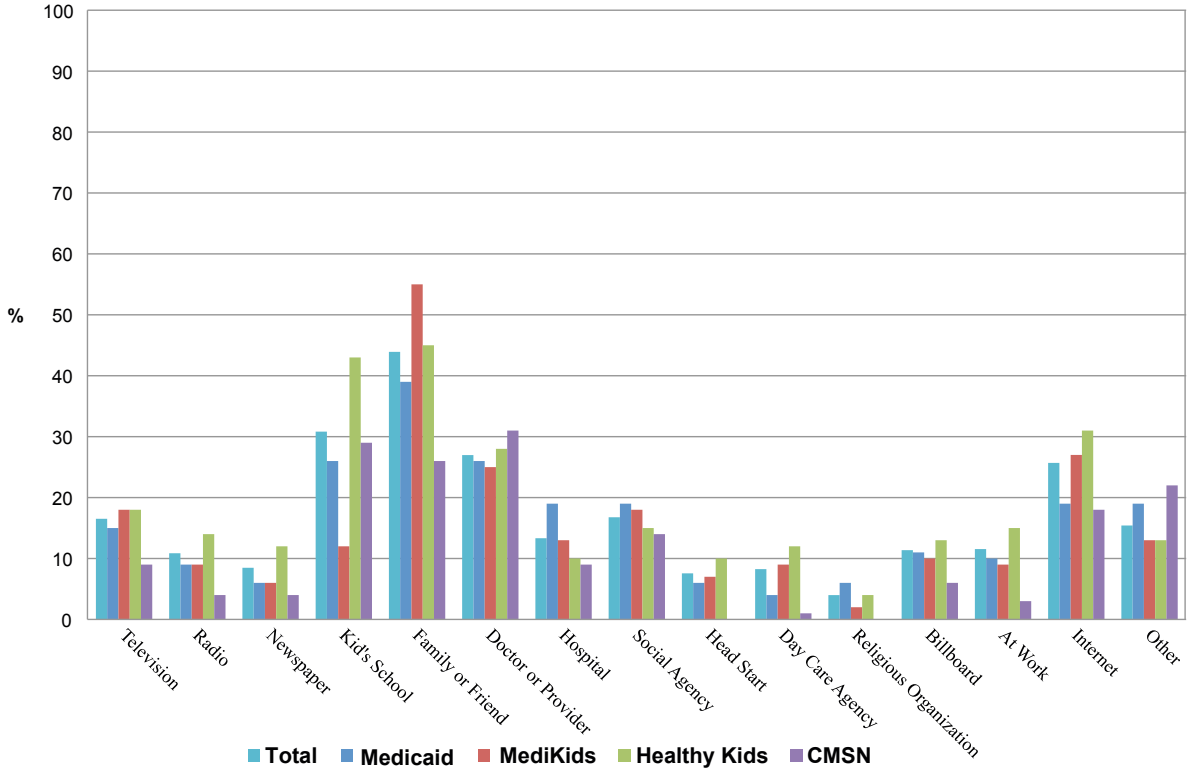
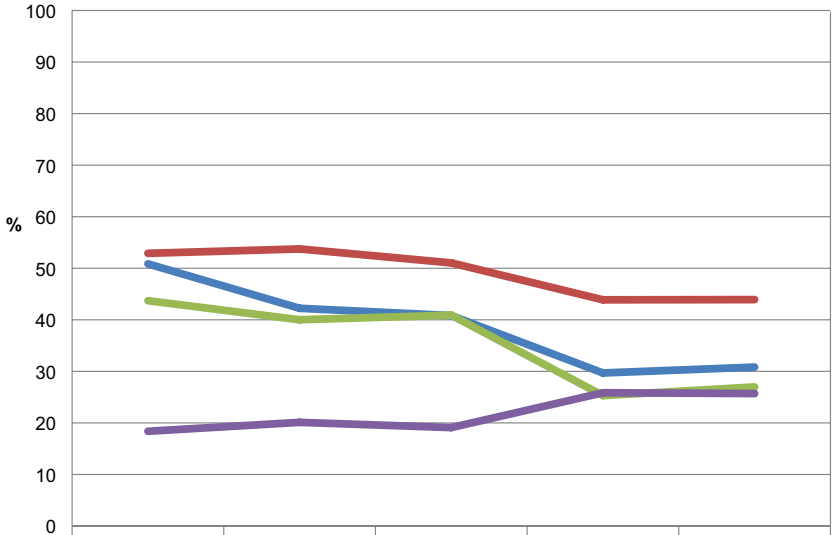


Figure 4. How families learned about KidCare by selected information sources
FIVE YEAR TREND



	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Kid's School	50.9	42.2	40.8	29.7	30.8
Family or Friend	52.9	53.7	51.0	43.9	43.9
Doctor or Provider	43.7	40.0	40.9	25.3	27.0
Internet	18.4	20.1	19.1	25.9	25.7

FAMILIES' SATISFACTION WITH THE APPLICATION PROCESS

Families of newly enrolled children were asked about their satisfaction with the application process. Compared to the prior report, results are much more positive. During the period covered by the prior Year 10 KidCare report, there was a transition in enrollment vendor to ACS. Results from the prior Year 10 evaluation identified family concerns that arose after the transition regarding the length of time to process their applications and their ability to stay informed about their application or reach a call-center associate. After the transition, during the same time the Year 10 survey was being conducted, ACS was working to improve their application processing and call center throughput. Family responses to the current Year 11 survey indicate that ACS' efforts to improve their processes have been successful and issues identified in the Year 10 report have been resolved.

Results from the fall, 2009 survey of newly enrolled parents are presented in **Table 10.** Almost half of families (48%) report receiving KidCare coverage within a month of their application submission. Over half (60%) of families reported that they were kept well informed of the status of their children's application. Over three-quarters (77%) report attempting to call the toll-free number on their KidCare application for assistance or a status update.[2] Of those families who called the toll-free number, 70% were able to reach an associate easily. Among families who reached an associate, 33% report that agent was very helpful and 35% report the agent was helpful. Families did continue to report that the KidCare application was easy to understand. About 91% of families, in this year's survey, thought the application form was easy to understand.

[2] Although the survey question asked about use of the phone number listed on the KidCare application, there are three toll-free numbers associated with KidCare and the Florida Healthy Kids Corporation, so there is no way to be certain that families correctly recall which toll-free number they used. Hence, experiences with customer service representatives should be interpreted with caution.

Table 10. Experience with the KidCare application process

FALL 2009

PERCENTAGE RESPONDING	TOTAL	MEDICAID	MEDIKIDS	HEALTHY KIDS	CMSN
How long did you wait between application and receiving coverage?					
2 weeks or less	12.56	15.79	3.03	14.58	13.13
3 weeks	9.56	10.53	5.05	11.46	6.06
1 month	25.78	30.53	22.22	25	19.19
More than 1 month, but less than 2	13.65	12.63	12.12	14.58	17.17
2 months	10.96	11.58	19.19	6.25	14.14
More than 2 months, but less than 3	9.24	9.47	13.13	7.29	9.09
3 months or more	18.25	9.47	25.25	20.83	21.21
Were you kept informed while awaiting coverage?					
Yes	59.65	56.25	53	66.33	51
No	40.35	43.75	47	33.67	49
Was the application form easy to understand?					
Strongly agree	24.82	18.52	31.91	25.53	25
Agree	66.58	70.37	59.57	67.02	69.32
Disagree	6.71	7.41	7.45	6.38	3.41
Strongly disagree	1.88	3.7	1.06	1.06	2.27
Was the mail-in process convenient?					
Strongly agree	22.38	20.93	26.04	21.35	24.18
Agree	64.87	63.95	57.29	69.66	61.54
Disagree	9.67	10.47	13.54	6.74	13.19
Strongly disagree	3.08	4.65	3.13	2.25	1.1
Did you attempt to contact the toll-free number listed on the application for assistance?					
Yes	77.46	70.71	85	79.17	76
No	22.54	29.29	15	20.83	24
Of those who used the toll free number, were you able to reach someone at the toll-free number easily?					
Yes	70.1	52.2	66.7	84.0	67.1
No	30.0	47.8	33.3	16.0	32.9
Of those who used the toll free number, would you say the service representatives were…					
Very helpful	32.5	25.0	38.1	33.8	37.8
Helpful	34.7	36.8	27.4	36.5	39.2
Somewhat helpful	22.1	20.6	26.2	21.6	17.6
Not helpful at all	5.2	5.9	7.1	4.1	2.7
Could never reach a representative	5.6	11.8	1.2	4.1	2.7
Have you asked for help from a social service agency or health provider about the status of your child's application?					
Yes	19.1	28.6	21.0	10.2	28.0
No	80.9	71.4	79.0	89.8	72.0
If yes, from which agencies..? (respondent can choose more than one)					
Dept. of Children and Families	27.0	35.7	28.57	10	21.43
Public Health Department	4.7	7.1	4.76	0	3.57
Personal doctor or nurse	2.7	0.0	9.52	0	7.14
Case worker	6.0	7.1	9.52	0	7.14
Social worker	11.0	14.3	14.3	0.0	14.3
Program Office (Healthy Kids, CMSN)	33.8	14.3	28.6	80.0	28.6
Was the agency or provider helpful?					
Strongly agree, very helpful	35.1	35.7	23.8	40.0	46.4
Agree, helpful	51.6	42.9	61.9	60.0	50.0
Diagree, not helpful	7.4	10.7	9.5	0.0	3.6
Strongly disagree, not helpful	6.0	10.7	4.8	0.0	0.0

2.2 The Enrollment Process and Paying Premiums

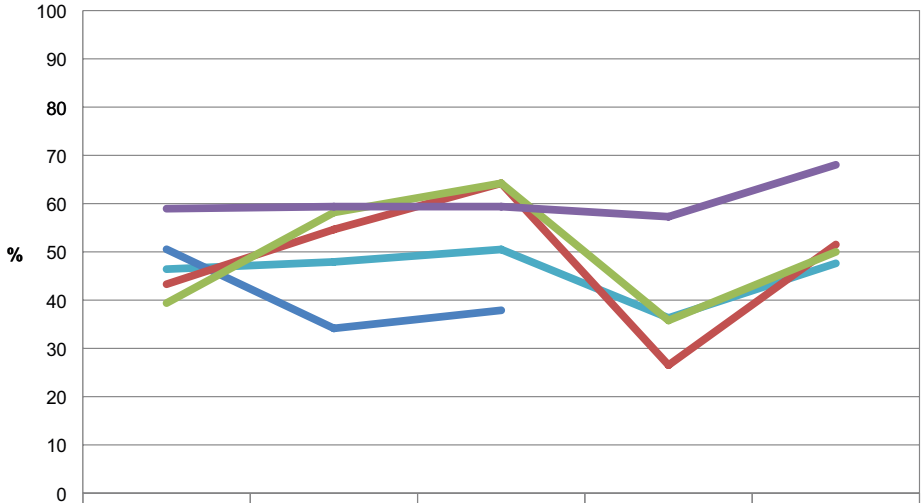
ENROLLMENT EXPERIENCES

Newly enrolled families were also surveyed about their satisfaction with the KidCare program after they enrolled. About 87% of families think the program is run very well or well (**Table 11**). **Figure 5** shows that family satisfaction this year is similar to levels found in three of the four prior years. Over 92% of families indicate that KidCare staff are helpful and 91% indicate that staff are knowledgeable. 82% of newly enrolled families recalled receiving an insurance card from the KidCare program and 59% of families indicated that their insurance cards were received within one month of notification of coverage approval. Over half (55%) of newly enrolled families recalled being told that they would have to renew coverage in about a year. **Figure 6** shows that there has been little change in the last five years in family recall about the need to renew.

Table 11. Experience with the enrollment process

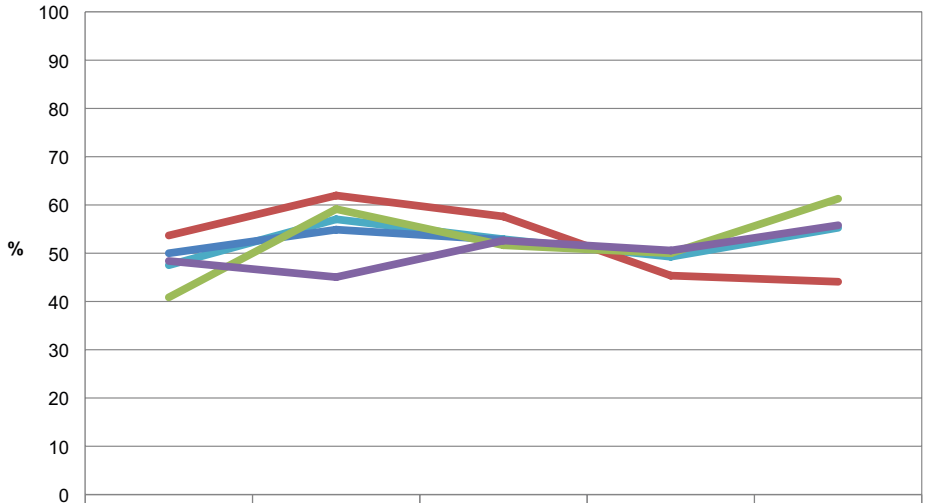
	FALL 2009				
PERCENTAGE RESPONDING	**TOTAL**	**MEDICAID**	**MEDIKIDS**	**HEALTHY KIDS**	**CMSN**
Have you received your insurance card?					
Yes	82.4	56.0	91.0	96.0	92.9
No	17.6	44.0	9.0	4.0	7.1
How long did you wait between coverage notification and receipt of the insurance card?					
2 weeks or less	19.2	16.4	24.7	18.0	19.1
3 weeks	19.9	14.6	12.4	27.0	10.1
1 month	19.7	27.3	16.9	18.0	16.9
More than 1 month, but less than 2	10.5	10.9	7.9	11.2	12.4
2 months	10.8	12.7	14.6	6.7	21.4
More than 2 months, but less than 3	5.6	12.7	6.7	2.3	3.4
3 months or more	14.4	5.5	16.9	16.9	16.9
How well do you think the program is run?					
Very well	47.6	37.9	51.5	50.0	68.0
Somewhat well	39.4	40.0	31.3	45.6	21.7
Somewhat poorly	11.4	19.0	15.2	4.4	7.2
Very poorly	1.6	3.2	2.0	0.0	3.1
Are program staff helpful?					
Very helpful	52.4	52.7	47.9	50.9	70.3
Somewhat helpful	40.5	32.7	43.7	47.5	24.2
Somewhat unhelpful	6.0	10.9	8.5	1.7	4.4
Very unhelpful	1.1	3.6	0.0	0.0	1.1
Are program staff knowledgeable?					
Very knowledgeable	51.5	48.2	46.4	51.7	73.1
Somewhat knowledgeable	39.3	35.7	47.8	41.7	19.4
Somewhat unknowledgeable	5.8	5.4	4.4	6.7	6.5
Very unknowledgeable	3.4	10.7	1.5	0.0	1.1
Were you told that you will have to renew coverage after about a year?					
Yes	55.3	53.8	44.1	61.3	55.8
No	44.7	46.2	55.9	38.7	44.2

Figure 5. Newly enrolled families who indicate KidCare is "run very well"
FIVE YEAR TREND



	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Total	46.4	47.9	50.5	36.3	47.6
Medicaid	50.5	34.2	37.9		37.9
MediKids	43.3	54.6	64.2	26.5	51.5
Healthy Kids	39.4	58.2	64.2	35.8	50.0
CMSN	59.0	59.4	59.4	57.3	68.0

Figure 6. Newly enrolled families who recall they will have to renew coverage in about a year
FIVE YEAR TREND



	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Total	47.5	57.0	52.9	49.3	55.3
Medicaid	50.0	54.9	52.8		53.8
MediKids	53.7	62.0	57.6	45.4	44.1
Healthy Kids	40.9	59.1	51.7	50.0	61.3
CMSN	48.4	45.1	52.6	50.6	55.8

PAYING PREMIUMS

Families whose children are enrolled in the Title XXI component of CMSN, Healthy Kids, and MediKids pay a monthly premium for their children's coverage. These premiums are important to overall KidCare program operations. In the fall 2009 New Enrollee survey, Title XXI families were asked questions about their experiences with premium payment. The results are summarized in **Table 12**. Over 95% of families feel that the premium amount is "about right" or "too little". Less than five percent of families felt that the premium was "too much". About 73% of families report that it is rarely or never difficult to pay the premium; this share has been stable over the last five years (**Figure 7**).

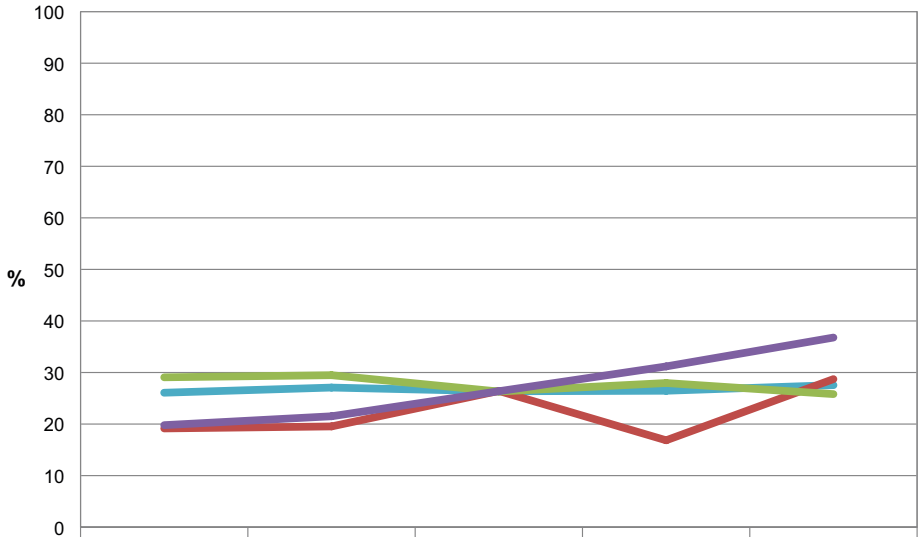
Almost all (98%) of families agree or strongly agree that paying the premium is "worth it" so that their children can have needed insurance coverage. **Figure 8** shows the share of families that strongly agree that paying the premium is "worth it" has stayed high over the last five years. However, 17% of families in this survey are concerned that the premium is a "waste of money" because their children are healthy. Ninety-six percent of families agreed with the statement that they felt good about paying for part of their children's health care coverage.

Overall, families are satisfied with paying a premium and with the amount that they pay.

Table 12. Family experience with paying premiums for Total XXI coverage

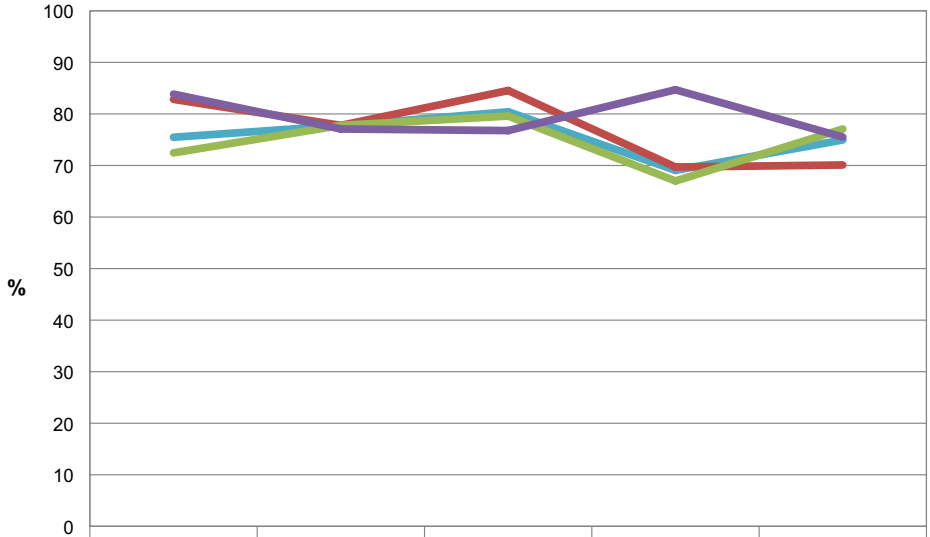
	FALL 2009			
PERCENTAGE RESPONDING	**Total**	**MediKids**	**Healthy Kids**	**CMSN**
Is the premium...?				
About the right amount	91.1	92.8	90.5	89.7
Too much	4.6	2.1	5.3	8.3
Too little	4.3	5.2	4.2	2.1
How often is it difficult for you to pay the premium?				
Almost every month	8.7	9.6	7.5	14.9
Every couple of months	18.8	19.2	18.3	21.8
Rarely	31.2	29.8	32.3	27.6
Never	41.3	41.5	41.9	35.6
Paying a premium is worth it.				
Strongly agree	75.0	70.1	77.1	75.5
Agree	23.3	26.8	21.9	22.5
Disagree	1.6	3.1	1.0	1.0
Strongly disagree	0.1	0.0	0.0	1.0
Sometimes I think the premium is a waste because my child is healthy.				
Strongly agree	7.2	11.3	5.1	9.2
Agree	10.0	8.3	11.2	7.1
Disagree	10.2	17.5	7.1	9.2
Strongly disagree	72.5	62.9	76.5	74.5
I feel better paying for some of the cost of my child's coverage.				
Strongly agree	73.7	72.5	74.8	70.4
Agree	22.1	21.4	22.2	23.5
Disagree	0.5	1.0	0.0	2.0
Strongly disagree	3.7	5.1	3.0	4.1
The premium is worth the peace of mind.				
Strongly agree	89.6	81.8	93.0	89.8
Agree	8.8	15.2	6.0	8.2
Disagree	0.4	1.0	0.0	1.0
Strongly disagree	1.3	2.0	1.0	1.0

Figure 7. Newly enrolled families who have difficulty "almost every month" or "every couple of months" paying the KidCare premium FIVE YEAR TREND



	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Total	26.1	27.1	26.4	26.5	27.6
MediKids	19.2	19.5	26.4	16.9	28.7
Healthy Kids	29.1	29.5	26.3	28.0	25.8
CMSN	19.8	21.5	26.4	31.2	36.8

Figure 8. Newly enrolled families who strongly agree that paying a KidCare premium is "worth it" FIVE YEAR TREND



	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Total	75.5	77.7	80.4	69.1	75.0
MediKids	82.8	77.8	84.5	69.7	70.1
Healthy Kids	72.5	77.8	79.6	67.0	77.1
CMSN	83.8	77.1	76.8	84.7	75.5

2.3 Access to Care and Medical Home

HAVING A PERSONAL DOCTOR OR HEALTH CARE PROVIDER

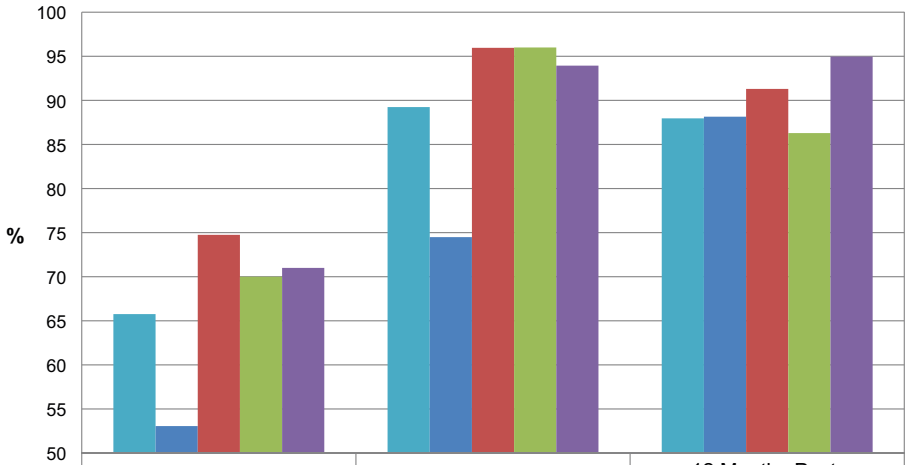
Having a personal doctor or health care provider is associated with early detection of health care problems, compliance with well-child visits, prompt treatment of acute care needs, and reduced costs of care.

Families whose children were recently enrolled were asked if their children had a personal provider prior to entering the KidCare. Among new enrollees, 66% of families had a personal provide before they enrolled in KidCare. Within two months of enrollment in KidCare though, 89% of families reported having a personal provider. High levels of access to a personal provider continued among established KidCare enrollees—88% of established families reported having a personal provider (**Figure 9**). Access is fairly similar across the KidCare programs, with 86% of Healthy Kids, 88% of Medicaid (MCO and PCCM), 91% of MediKids, and 95% of CMSN families having a personal provider. These findings are consistent with past evaluation reports (**Figure 10**).

GETTING A PCP

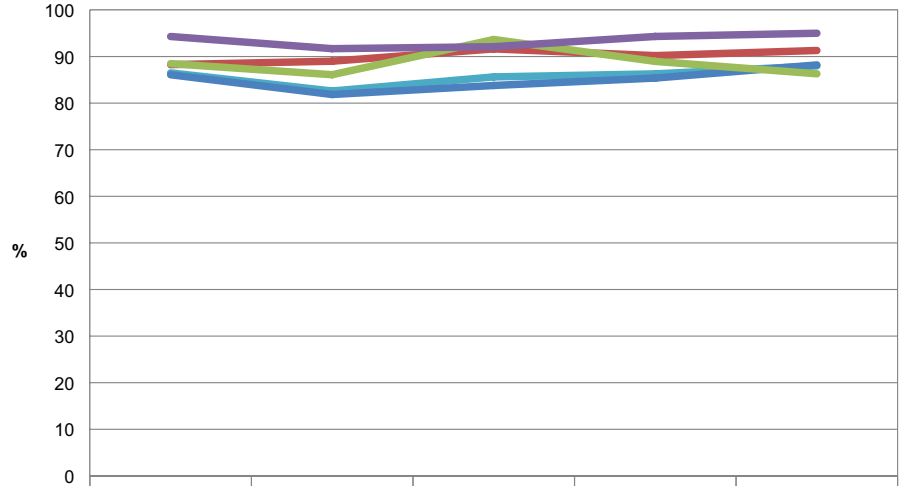
Newly enrolled families were also asked about the ease with which they were able to find a primary care provider they were happy with. Over half (53%) of newly enrolled families reported that it was always easy to find a PCP they were happy with (**Figure 11**).

Figure 9. Enrollees with a personal provider by program component
FALL 2009



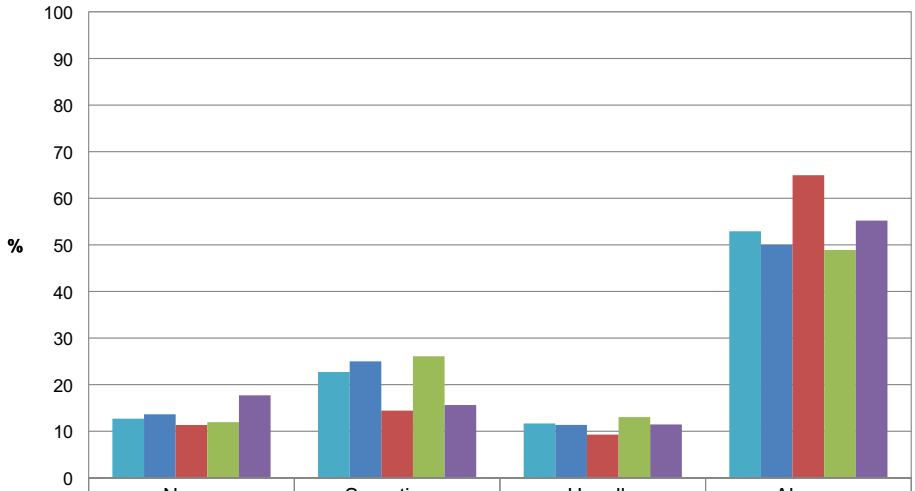
	Pre-enrollment	2 Months Post-Enrollment	12 Months Post-Enrollment
Total	65.8	89.2	88.0
Medicaid	53.1	74.5	88.2
MediKids	74.8	96.0	91.3
Healthy Kids	70.0	96.0	86.3
CMSN	71.0	93.9	95.0

Figure 10. Established enrollees with a personal provider by program component
FIVE YEAR TREND



	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Total	86.49	82.6	85.63	86.28	88.0
Medicaid	86.09	81.85	83.79	85.38	88.2
MediKids	88.26	89	91.64	90.2	91.3
Healthy Kids	88.47	86.1	93.65	88.96	86.3
CMSN	94.3	91.69	92.11	94.31	95.0

Figure 11. Ease of finding a PCP for newly enrolled families
FALL 2009



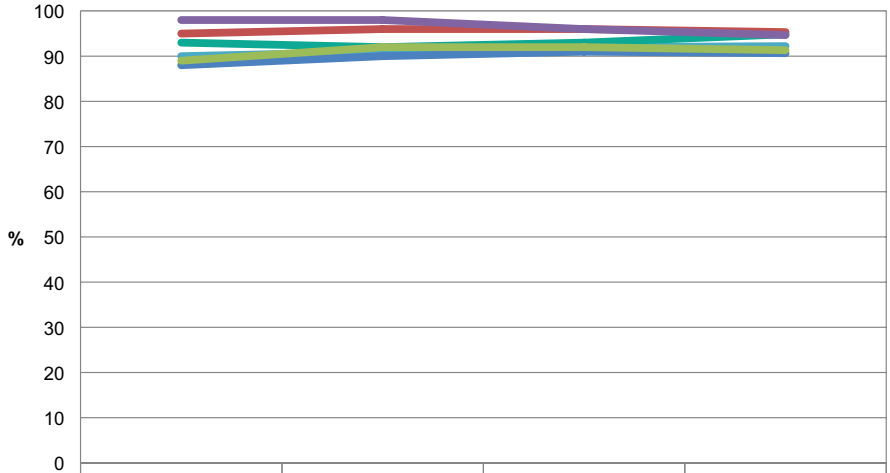
	Never	Sometimes	Usually	Always
Overall	12.7	22.7	11.7	52.9
Medicaid	13.6	25.0	11.4	50.0
MediKids	11.3	14.4	9.3	65.0
Healthy Kids	12.0	26.1	13.0	48.9
CMSN	17.7	15.6	11.5	55.2

WELL-CHILD VISIT COMPLIANCE

The American Academy of Pediatrics (AAP) and others have established guidelines for the appropriate number of well-child/preventive care visits. Beginning at two years of age, children are expected to have annual well-child visits. Prior to two years of age, multiple visits are recommended at predetermined intervals. Ninety-two percent of parents of established KidCare enrollees reported their child received a routine visit during the twelve months prior to the interview. All programs have high compliance with this guideline: 91% of Medicaid MCO, 95% of Medicaid PCCM, 95% of MediKids, 91% of Healthy Kids, and 95% of CMSN families report a well-child visit. These figures are virtually unchanged from the prior three years (**Figure 12**). Additional information on well-child visits, derived from health claims data, is included in the quality of care indicators section.

Figure 12. Established enrollees with routine/well-child appointment(s) in the prior 12 months by program component

FOUR YEAR TREND



	2005-2006	2006-2007	2007-2008	2008-2009
Total	90	91	92	92
Medicaid MCO	88	90	91	91
Medicaid PCCM	93	92	93	95
MediKids	95	96	96	95
Healthy Kids	89	92	92	91
CMSN	98	98	96	95

MEDICAL HOME

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

This is the first evaluation in which the CAHPS® has been used to assess the medical home. The NCQA has offered suggestions for mapping survey items and thematic groupings (called "domains") onto the concepts of the medical home. This KidCare Evaluation uses the NCQA guidance to measure the following medical home concepts: getting appointments and health care when needed, how well doctors communicate, shared decision-making, and coordination of care. **Table 13** contains families' responses about their children's health care experiences in the six months preceding the interview. National Medicaid results for children are provided for comparison purposes.[5]

About 71% of KidCare established enrollee families made appointments for routine care in the six months prior to being interviewed. Of those families who sought routine care, almost three-quarters (73%) reported "always" getting routine appointment as quickly as the parent or caregiver wanted. This is higher than the national benchmark (66%). There was variation by program component in the parent's report of always getting routine care as quickly as wanted. Families of Medicaid MCO enrollees reported the most satisfaction with this medical home concept (75%), compared to 74% for PCCM, 73% for MediKids, 69% for CMSN, and 64% for Healthy Kids.

Over a third (36%) of KidCare established enrollee families reported that their children needed care right away for injuries or illness in the six months prior to being interviewed. Of those families who sought immediate care, 81% reported "always" getting immediate as quickly as the parent or caregiver wanted. This is higher than the national benchmark (76%). There was variation by program component in the parent's report of always immediate care as quickly as wanted. Families of Medicaid MCO enrollees reported the most satisfaction on this concept (87%), compared to 84% for CMSN, 82% for Healthy Kids, 79% for MediKids, and 72% for PCCM. **Figure 13** compares results for this indicator of access to care.

About 28% of children needed to see a specialist at some time in the six months preceding the interview; this share is similar to the 30% found in the prior evaluation. Twenty-six percent of Medicaid MCO enrollees, 30% of Medicaid PCCM, 21% of MediKids, 28% of Healthy Kids and 52% of CMSN enrollees needed specialty care (**Figure 14**). Given that CMSN enrollees must meet clinical eligibility determination, it is not surprising that program has the highest need for specialty care. Of those families that needed specialty care, 47% of KidCare overall said it was "always easy" to get an appointment to see a specialist; in the prior evaluation, 43% of KidCare families reported it was always easy to get a specialty appointment. Forty-three percent of Medicaid MCO families, 47% of Medicaid PCCM, 53% of MediKids, 55% of Healthy Kids, and 45% of CMSN families report that it was always easy to get a an appointment to see a specialist. In comparison, 50% of respondents in the national Medicaid benchmark reported that it was easy to get an appointment to see a specialist.

[3] AAFP, AAP, ACP, AOA, Joint Principles of the Patient-Centered Medical Home, March 2007
[4] Agency for Healthcare Research and Quality, January 2010, http://www.cahps.ahrq.gov/content/products/pdf/CAHPS_C-G_for_Medical_Home.pdf
[5] 2009 Child Medicaid 4.0 Benchmarks, Agency for Healthcare Research and Quality

Table 13. Family experience with various medical home concepts in the six months prior to interview

Item (% reporting)	Total	Medicaid MCO	Medicaid PCCM	MediKids	Healthy Kids	CMSN	National Medicaid Benchmark*
			FALL 2009				
Did you make any appointments for routine care?							
Yes	71.2	69.1	73.1	72.7	72.6	82.6	
No	28.8	30.9	26.9	27.3	27.4	17.4	
How often did you get that appointment as quickly as you wanted?							
Never	3.1	3.0	2.5	1.9	4.7	2.0	15
Sometimes	11.2	11.8	8.4	9.8	15.0	13.1	
Usually	13.0	9.9	15.4	15.4	16.8	15.5	19
Always	72.8	75.4	73.8	73.0	63.6	69.4	66
Did your child have an illness or injury where you needed care right away?							
Yes	36.2	36.1	36.8	39.7	34.0	49.5	
No	63.8	63.9	63.3	60.3	66.0	50.5	
Did you get that care as quickly as you wanted?							
Never	1.8	1.9	2.0	1.7	1.0	1.4	10
Sometimes	9.4	8.5	10.9	11.2	8.9	6.9	
Usually	7.7	2.8	14.9	8.6	7.9	7.6	14
Always	81.2	86.8	72.3	78.5	82.2	84.0	76
Did your child need any specialist care?							
Yes	27.7	25.5	30.4	20.7	27.5	51.7	
No	72.3	74.5	69.6	79.3	72.5	48.3	
If your child needed to see a specialist, how often was it easy to get a referral?							
Never	12.5	12.3	14.1	1.6	11.3	2.0	
Sometimes	14.4	15.1	14.1	14.8	12.5	17.9	
Usually	10.4	12.3	7.1	13.1	11.3	17.9	
Always	62.8	60.3	64.7	70.5	65.0	62.3	
If your child needed to see a specialist, how often was it easy to get an appointment?							
Never	15.5	17.6	15.3	6.5	12.2	6.5	24
Sometimes	19.2	20.3	17.7	21.0	19.5	20.8	
Usually	18.6	18.9	20.0	19.4	13.4	27.9	26
Always	46.7	43.2	47.1	53.2	54.9	44.8	50
How often was it easy to get plan approval for care?							
Never	10.1	11.8	8.4	9.0	9.3	5.1	17
Sometimes	18.1	20.4	15.8	16.7	16.5	15.3	
Usually	18.1	17.2	19.0	16.7	18.6	20.4	24
Always	53.7	50.5	56.8	57.7	55.7	59.2	59
How often were you treated with courtesy and respect?							
Never	1.4	1.0	1.5	1.3	2.5	0.8	
Sometimes	3.1	4.5	2.0	3.1	1.0	2.5	
Usually	6.4	5.5	7.6	4.9	6.6	9.1	
Always	89.1	89.1	88.9	90.7	89.9	87.6	
Is your child old enough to talk to the doctor?							
Yes	74.8	74.5	65.8	56.4	95.0	86.3	
No	25.2	25.5	34.2	43.6	5.1	13.7	

Table 13. CONTINUED...

Item (% reporting)	Total	Medicaid MCO	Medicaid PCCM	MediKids	Healthy Kids	CMSN	National Medicaid Benchmark*
Did the doctor explain things in a way your child could understand?							
Never	3.6	4.7	2.3	3.2	3.2	1.4	10
Sometimes	8.2	10.7	6.1	12.6	4.8	8.7	
Usually	11.5	10.7	12.2	13.4	11.8	16.4	21
Always	76.7	73.8	79.4	70.9	80.1	73.6	69
How often did the doctor spend enough time with your child?							
Never	4.8	5.5	3.1	4.0	6.2	2.5	14
Sometimes	10.2	10.1	11.2	9.7	8.8	9.5	
Usually	14.2	12.6	17.9	15.9	11.3	13.6	23
Always	70.8	71.9	67.9	70.4	73.7	74.4	63
Does your child have special health care needs that require help in school?							
Yes	13.0	13.0	15.3	4.8	8.8	20.8	
No	87.0	87.0	84.7	95.2	91.3	79.2	
Did your child's primary care provider talk to the school about these needs?							
Yes	86.6	77.4	96.9	100.0	91.3	98.2	
No	13.4	22.6	3.1	0.0	8.7	1.8	

** Note: The Medicaid benchmark combines "never" and "sometimes" responses into a single figure.*

Figure 13. Established enrollees needing and getting care right away for injuries or illnesses FALL 2009

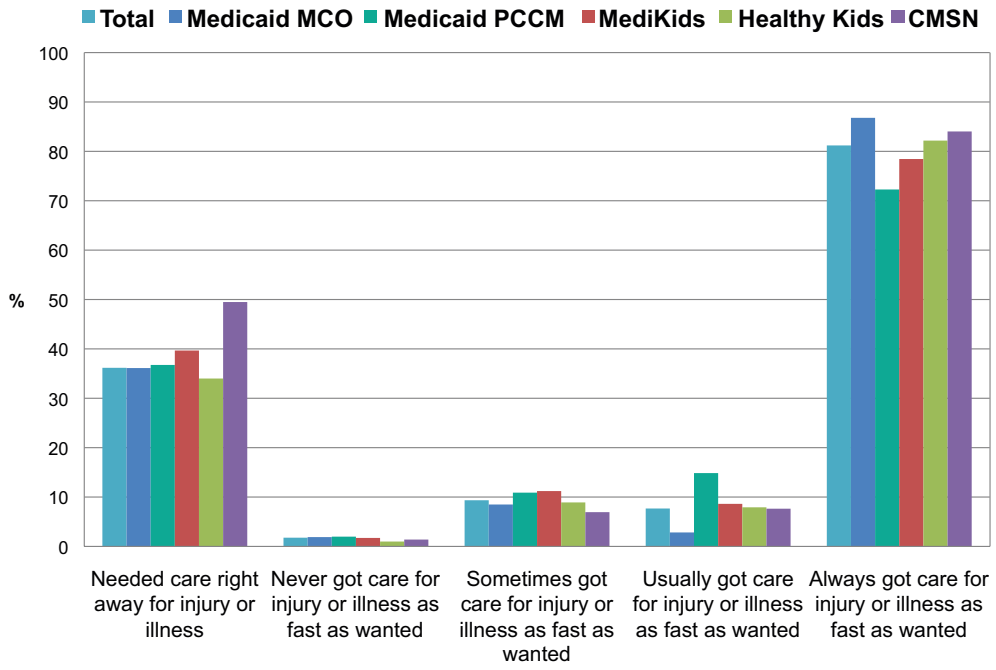
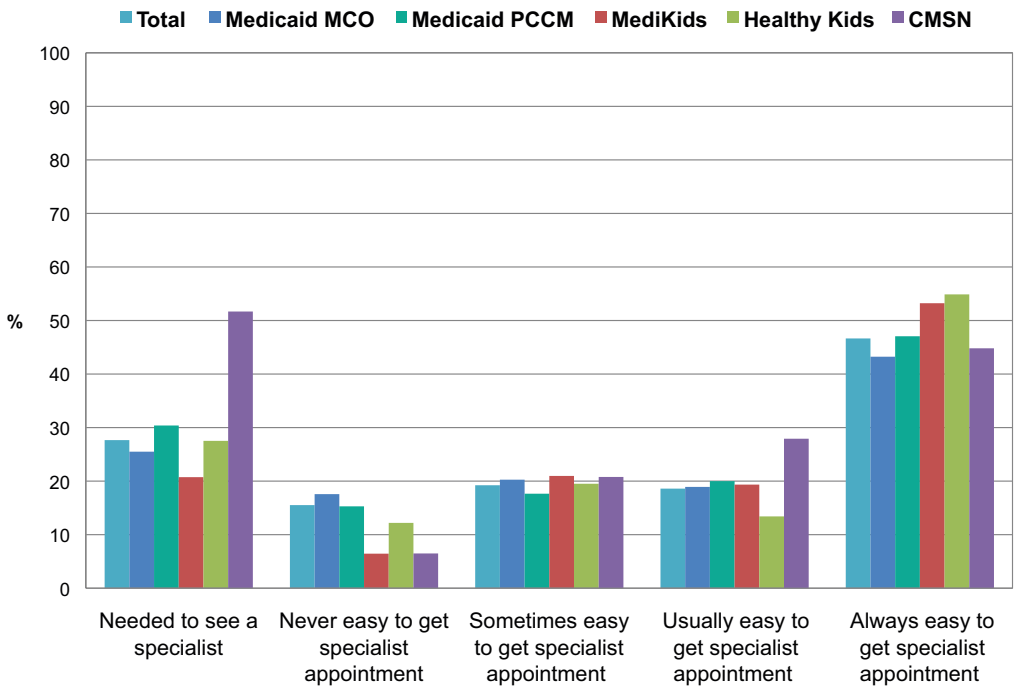


Figure 14. Established enrollees needing and getting specialty care
FALL 2009



Over half (54%) of KidCare families reported that it was always easy to get approval from their health plan for care. Fifty-one percent of Medicaid MCO families, 57% of Medicaid PCCM, 58% of MediKids, 56% of Healthy Kids, and 59% of CMSN families report that it was always easy to get health plan approval for care. In comparison, 59% of respondents in the national Medicaid benchmark reported that it was always easy to get a health plan approval.

About three-quarters of parents or caregivers think their child is old enough to talk to their health care provider. Of those families, 77% percent of families report that their health care provider always explains things in a way the child can understand. This is higher than the national benchmark of 69% of respondents who report that their health care provider always explains things so the child can understand. Similarly, 71% of KidCare families, compared to 63% of the benchmark group, report that their health care provider always spends enough time with their child.

Many of the items in **Table 13** were combined with other CAHPS® survey questions to create thematic domains measuring various aspects of the health care experience.[6] The percentage of families responding positively to each domain is reported in **Table**

[6] HEDIS 2009, Specifications for Survey Measures, volume III

14. The composite of items related to getting needed care was reported positively by 69% of KidCare families and 80% of the national Medicaid comparison group. Getting needed care quickly was reported positively by 87% of KidCare families and 88% of the benchmark group. Compared to 92% of the benchmark group, 88% percent of KidCare families also report positive experiences with their doctor's communication skills. Satisfaction with health plan customer service was lower for KidCare than the national benchmark (72% and 80%, respectively). **Figures 15-18** provide three-year trend information for these four composite measures.

The additional six concepts presented in **Table 14** were derived from the CAHPS® survey "items for children with chronic conditions." For the KidCare surveys, all families were asked to complete these items, including families of children with and without chronic conditions. For five of the six domains, smaller shares of KidCare families report positive experiences than the national benchmark. KidCare families and the national benchmark report similar levels of positive experiences with personal doctors or nurses.

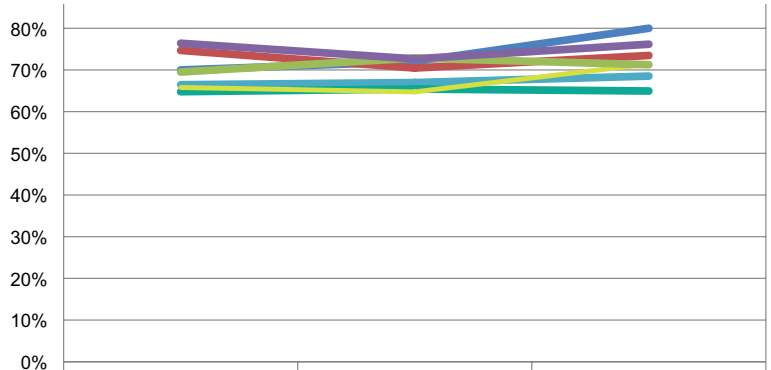
Table 14. Percentage of families responding positively to CAHPS® health care domain concepts, including the medical home

FALL 2009

% Responding Positively	Total	Medicaid MCO	Medicaid PCCM	MediKids	Healthy Kids	CMSN	National Medicaid Benchmark*
Getting needed care	68.5	65.0	71.4	73.5	71.3	76.2	80
Getting needed care quickly	87.3	87.4	88.1	87.7	85.2	88.3	88
Experiences with doctor's communication skills	88.0	89.4	88.6	87.6	90.1	88.6	92
Health plan customer service	71.6	72.2	59.3	66.0	79.5	82.3	80
Getting prescription medications	86.1	81.9	90.3	84.8	88.5	91.5	89
Experiences getting specialized services	71.5	78.1	66.7	60.2	62.7	71.5	74
Experiences with a personal doctor or nurse	88.4	91.0	86.3	91.0	86.8	89.3	88
Shared decision-making	66.1	65.1	69.2	66.4	62.0	73.1	79
Getting needed information	81.0	77.9	82.1	85.2	85.9	83.5	88
Care coordination	70.8	68.0	73.4	73.8	71.5	87.3	76

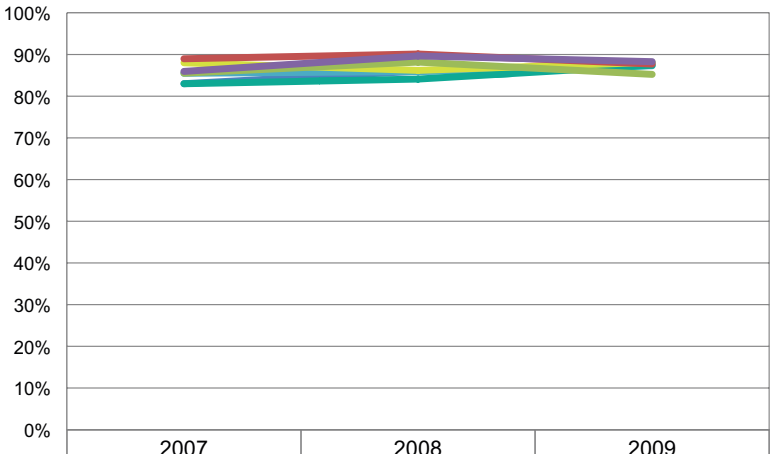
** Source: The 2009 Child Medicaid 4.0 Benchmarks, Agency for Healthcare Research and Quality*

Figure 15. KidCare families responding positively to the CAHPS® domain on "getting needed care" THREE YEAR TREND



	2007	2008	2009
Medicaid National Average	70%	72%	80%
Florida KidCare	66%	67%	69%
MedicaidMCO	65%	65%	65%
MediPass	66%	65%	71%
MediKids	75%	70%	73%
HealthyKids	70%	73%	71%
CMSN	76%	73%	76%

Figure 16. KidCare families responding positively to the CAHPS® domain on "getting care quickly" THREE YEAR TREND



	2007	2008	2009
Medicaid National Average	83%	86%	88%
Florida KidCare	86%	86%	87%
MedicaidMCO	83%	84%	87%
MediPass	88%	86%	88%
MediKids	89%	90%	88%
HealthyKids	86%	88%	85%
CMSN	86%	90%	88%

Figure 17. KidCare families responding positively to the CAHPS® domain on "experiences with doctor's communication"
THREE YEAR TREND

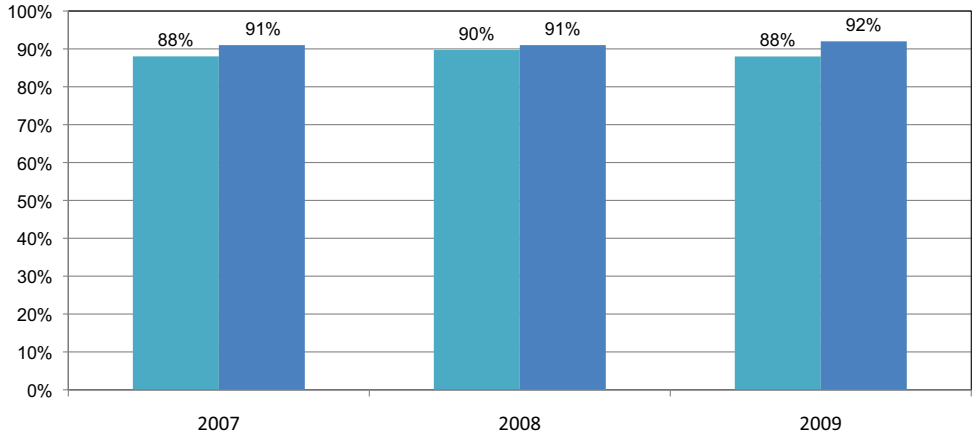
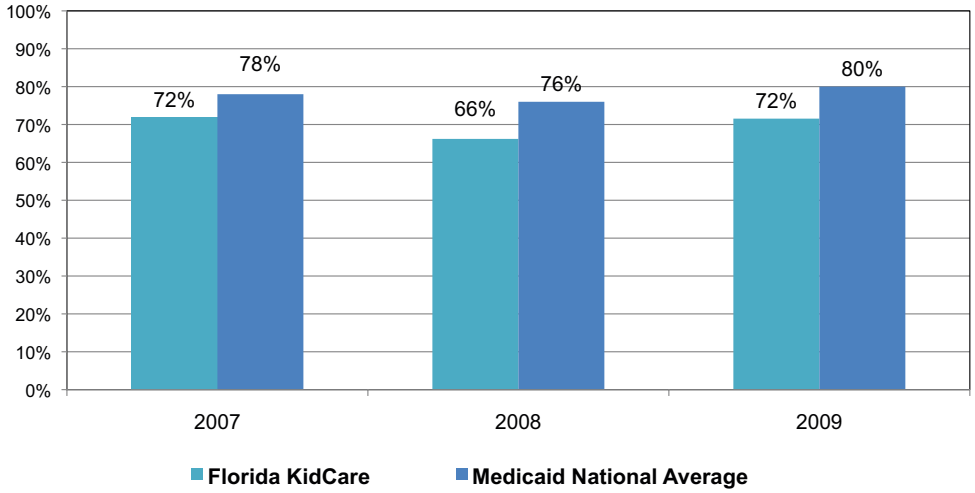


Figure 18. KidCare families responding positively to the CAHPS® domain on "health plan customer service"
THREE YEAR TREND



In addition to the CAHPS® survey items with categorical responses (i.e., "never" or "always"), KidCare families of established enrollees were also asked to provide specific ratings (0 low to 10 high) about four topics: overall health care experience, primary care providers, specialty care, and their health plan. The percent of families who rated each type of care or service as a "9" or a "10" is shown in **Table 15.**

Overall health care was rated a "9" or a "10" by 62% of KidCare families and by 60% of the national Medicaid benchmark group. Primary care providers rated a "9" or a "10" by 73% of KidCare families and by 69% of the national Medicaid benchmark group. Specialty care providers rated a "9" or a "10" by 69% of KidCare families and by 65% of the national Medicaid benchmark group. Health plans were rated a "9" or a "10" by 60% of KidCare families and by 64% of the national Medicaid benchmark group. This is only one of the four health care ratings for which KidCare does not exceed the national benchmark.

2.4 Experiences with Dental Care

Earlier evaluations found significant unmet need for dental care prior to KidCare program enrollment. The American Dental Association recommends that children have at least one dental visit by their first birthday and every six months thereafter. Although the Healthy Kids program now has an annual cap of $800 on dental benefits per enrollee, this should not impact check-ups and preventive care visits to dental providers.

The CAHPS® survey instrument contains items about use and ratings of dental care. The percentage of children using dental services in state fiscal year 2008-2009 by KidCare program component is shown in **Figure 19**. Overall, 56% of children received dental care; this

Table 15. KidCare families rating health care as a "9" or a "10"

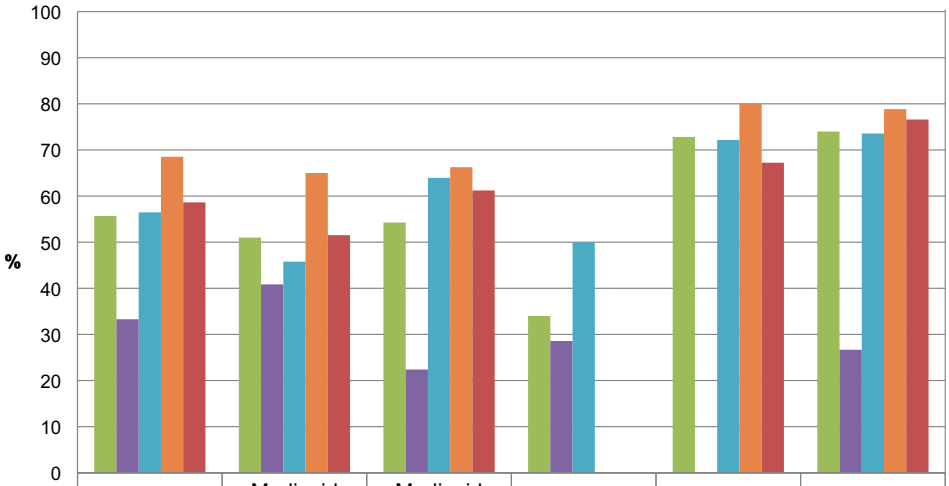
	FALL 2009						
% Responding Positively	**Total**	**Medicaid MCO**	**Medicaid PCCM**	**MediKids**	**Healthy Kids**	**CMSN**	**National Medicaid Benchmark***
Rating of overall health care experience (range 0 low -10 high)	62.3	60.7	64.5	60.3	62.7	63.5	60
Rating of primary care providers (range 0 low -10 high)	72.6	71.5	74.6	68.0	72.1	74.1	69
Rating of specialty care providers (range 0 low -10 high)	69.2	70.7	72.3	68.3	56.6	72.0	65
Rating of health plan experiences (range 0 low -10 high)	60.3	59.7	60.4	55.2	62.4	63.6	64

** Source: The 2009 Child Medicaid 4.0 Benchmarks, Agency for Healthcare Research and Quality*

is virtually unchanged from the prior two fiscal years (55%), but an increase from the 43% in 2004-2005 and the 49% in 2005-2006 (**Figure 20**). In 2008-2009, a higher percentage of children in Healthy Kids (73%) and CMSN (74%) saw a dentist in the last 12 months when compared to Medicaid MCO (51%) and Medicaid PCCM (54%). As young children have the lowest rates of dental visits, it is not surprising that the MediKids program had the lowest rate of dental care; only 34% of MediKids enrollees saw a dentist in the year prior to the interview. Families with younger children might benefit from education about the importance of taking small children to the dentist. Guidelines for dental care vary for very young children but it is essential for them to receive dental visits beginning as early as 12 months of age.

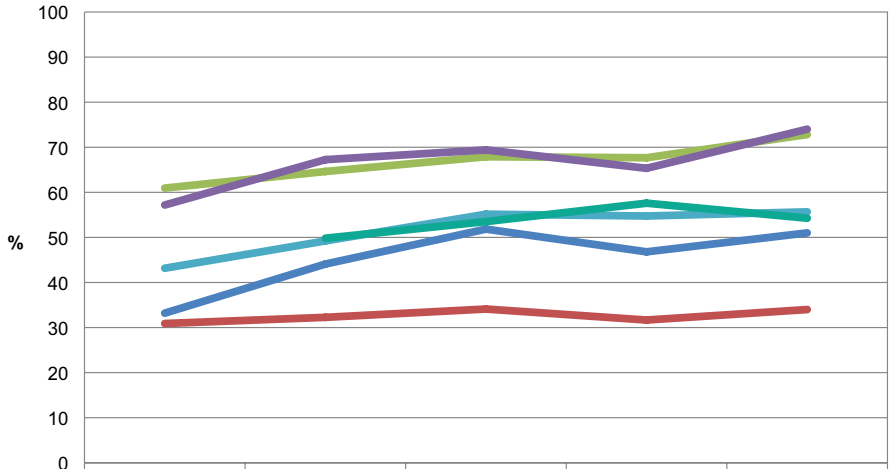
For those children who saw a dentist, families were asked to rate the dental care on a scale from zero representing the "worst possible dental care" to ten representing the "best possible dental care." **Figure 21** shows the families' ratings of the dental care their children received. Overall, 52% of respondents rated their dental care as a "10"; this rate increased from 48% in the prior evaluation. An additional 28% rated their dental providers an "8" or a "9". ■

Figure 19. Established enrollees seeing a dentist in the last twelve months, by age
FALL 2009



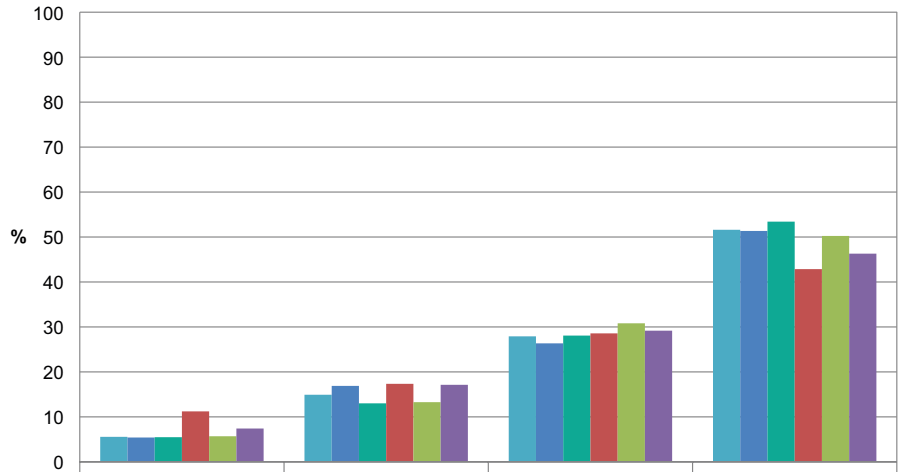
	Overall	Medicaid MCO	Medicaid PCCM	MediKids	Healthy Kids	CMSN
All ages	55.7	51.0	54.3	34.0	72.8	74.0
0-4 years	33.3	40.9	22.4	28.6		26.7
5-9 years	56.5	45.8	64.0	50.0	72.2	73.6
10-14 years	68.5	65.0	66.3		80.0	78.9
15-18 years	58.6	51.5	61.2		67.2	76.6

Figure 20. Established enrollees seeing a dentist in the last twelve months
FIVE YEAR TREND



	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Total	43.2	49.2	55.2	54.8	55.7
Medicaid MCO	33.2	44.1	51.8	46.8	51.0
Medicaid PCCM		49.8	53.5	57.6	54.3
MediKids	30.9	32.3	34.1	31.7	34.0
Healthy Kids	60.9	64.6	67.9	67.7	72.8
CMSN	57.2	67.3	69.4	65.3	74.0

Figure 21. Ratings (zero/low to ten/high) of dental care for established enrollees
FALL 2009



	0-4 Rating	5-7 Rating	8-9 Rating	10 Rating
Overall	5.6	14.9	27.9	51.6
Medicaid MCO	5.4	16.9	26.4	51.4
Medicaid PCCM	5.5	13.0	28.1	53.4
MediKids	11.2	17.4	28.6	42.9
Healthy Kids	5.7	13.3	30.8	50.2
CMSN	7.4	17.1	29.2	46.3

3 Enrollee and Family Characteristics

3.1 Children with Special Health Care Needs

The Children with Special Health Care Needs (CSHCN) Screener has been used in all eleven KidCare evaluations to identify the presence of special health care needs among KidCare enrollees. The Screener asks parents for their perceptions of their children's health and activities. The CSHCN Screener contains five items that address whether the child 1) has activity limitations when compared to other children of his or her age, 2) needs or uses medications, 3) needs or uses specialized therapies such as physical therapy and others, 4) has an above-routine need for or use of medical, mental health or educational services, or 5) needs or gets treatment or counseling for an emotional, behavioral or developmental problem. For any category with an affirmative response, the parent is then asked if this is due to a medical, behavioral or other health condition and whether that condition has lasted or is expected to last at least 12 months. The child is considered to have a special need if the parent responds affirmatively to any of the categories.[7]

Table 16 shows the percentage of children with special health care needs for newly enrolled and established enrollees in KidCare over five state fiscal years. Each program component has a substantial percentage of children with special health care needs. Overall, 28% of new enrollees and 34% of established enrollees met the screener in State FY 2008-2009. Eighty percent of CMSN Title XXI established enrollees met the screener. Children meeting the screener comprised significant shares of the other established enrollee groups as well. Sixteen percent of MediKids enrollees, 20% of Healthy Kids enrollees, 34% of Medicaid MCO enrollees, and 38% of Medicaid PCCM enrollees were identified with special needs according to the CSHCN Screener criteria. The shares of CSHCN within program components have been stable over the last five years (**Figure 22**).

The 2005-2006 National Survey of Children with Special Health Care Needs found that approximately 13% of all of Florida's children had a special health care need. Hence, the KidCare program includes a larger share of children with special needs than would be expected based on the statewide prevalence of CSHCN. It is likely that families who believe their children have greater health care needs

AT A GLANCE

In Florida, an estimated 13% percent of all children have special health care needs, compared to 34% of KidCare established enrollees.

- **38% KidCare enrollees are Hispanic**
- **23% KidCare enrollees are black, non-Hispanic**
- **35% KidCare enrollees are white non-Hispanic.**

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

have elected to insure those children. The number of enrollees with special health care needs has implications for the financing and the organization of the KidCare program. For example, health care costs may be higher than anticipated. In addition, provider networks may need to be modified to include more pediatricians and specialists to provide the care which special health care needs children often require.

Although children must meet clinical eligibility criteria to be enrolled in CMSN, the CSHCN Screener only identified 80% of CMSN enrollees as having a need. This suggests that the CSHCN screener items are not being understood completely by parents, or families may be reluctant to answer questions about their children's health despite assurances of confidentiality.

3.2 Body Mass Index

Parents were asked to self-report their best estimate of their child's height and weight during the Established Enrollee telephone interview. The Body Mass Index (BMI) was calculated using the parent's estimate of height and weight for each child over the age of two years and compared to the Centers for Disease Control and Pre-

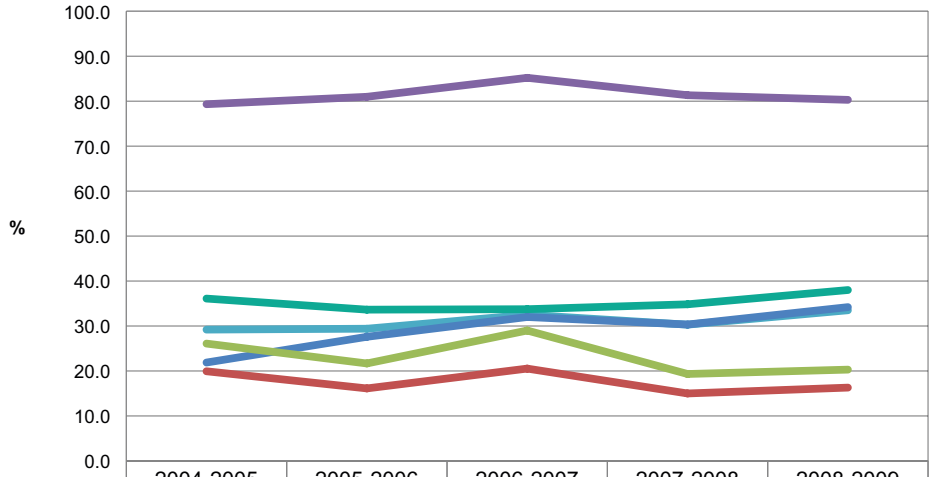
Table 16. Percentage of children identified with Special Health Care Needs

	FIVE YEAR TREND				
PROGRAM/STATE FY	**2004-05**	**2005-06**	**2006-07**	**2007-08**	**2008-09**
KidCare Overall					
New Enrollees	24.2	29.2	25.0	30.6*	27.5
Established Enrollees	29.2	29.4	32.5	30.3	33.5
Medicaid					
New Enrollees	23.0	27.0	28.0	---	26.0
Established Enrollees-Medicaid MCO	21.9	27.6	32.0	30.3	34.2
Established Enrollees-Medicaid PCCM	36.1	33.6	33.7	34.8	38.0
MediKids					
New Enrollees	19.0	20.0	13.0	18.0	18.0
Established Enrollees	19.9	16.1	20.5	15.0	16.3
Healthy Kids					
New Enrollees	24.0	28.0	17.0	27.0	25.0
Established Enrollees	26.1	21.7	29.0	19.3	20.3
CMSN Title XXI					
New Enrollees	86.1	85.0	80.0	80.0	84.0
Established Enrollees	79.3	81.0	85.2	81.3	80.3

**Note: The 2007-08 results for New Enrollee include Title XXI enrollees and excludes Medicaid enrollees.*

vention's growth charts by age and gender.[8] Children whose BMI exceeds the 95th percentile for their age and gender group are considered obese and children whose BMI falls within the 85th-94th percentiles are considered overweight. Additionally, the mean and median BMI and the percentage of KidCare enrollees with a BMI of 30 or greater (the adult cutpoint for obesity) were calculated. **Table 17** summarizes the BMI percentiles for established enrollees ages 2-18 years. Almost a third (32%) of enrollees have BMIs that exceed the 85th percentile for their age and gender. By program component, the share of enrollees whose BMIs exceed the 85th percentile range from a low of 28% of MediKids, to 32% of MCO and Healthy Kids and 33% of PCCM, to a high of 40% of CMSN. **Figure 23** shows that the share of established enrollees that exceed the 85th percentile BMI has been relatively stable over the last five years. By race-ethnicity, the share of enrollees whose BMIs exceed the 85th percentile vary, with 28% of Hispanic enrollees, 36% of black not Hispanic enrollees, 34% of white not Hispanic enrollees and 24% of other race or multi-racial enrollees being overweight or obese; due to the small number of children in the other race or multi-racial category, the figures for that category should be used with caution.

Figure 22. Established enrollees with Special Health Care Needs
FIVE YEAR TREND



	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Total	29.2	29.4	32.5	30.3	33.5
Medicaid MCO	21.9	27.6	32.0	30.3	34.2
Medicaid PCCM	36.1	33.6	33.7	34.8	38
MediKids	19.9	16.1	20.5	15.0	16.3
Healthy Kids	26.1	21.7	29.0	19.3	20.3
CMSN	79.3	81.0	85.2	81.3	80.3

[8] Kuczmarski RJ, Ogden C, Grummer-Strawn LM, et al. CDC Growth Charts: United States. Hyattsville, MD: U.S. Department of Health and Human Services, 2000. NCHS Advance Data Report No. 314.

Table 17. Body Mass Index percentiles for established enrollees

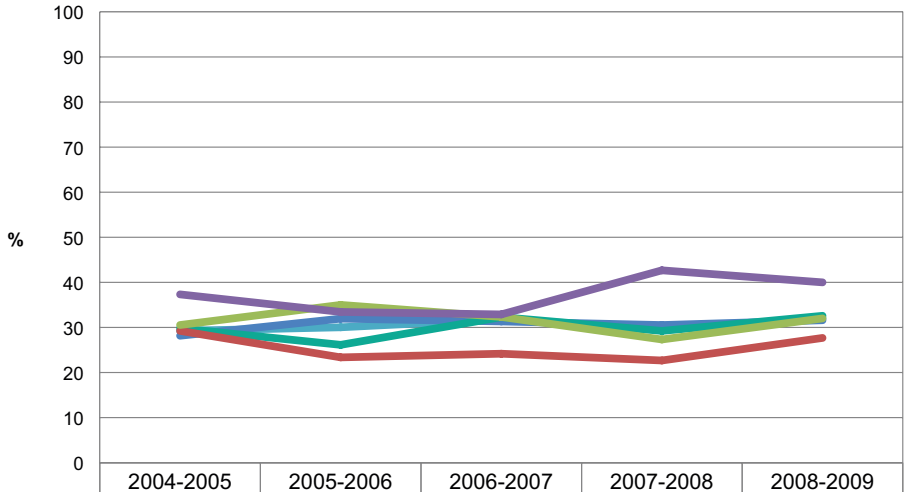
FALL 2009

% of established enrollees, by program, ages 2-18	OVERALL	MEDICAID MCO	MEDICAID PCCM	MEDIKIDS	HEALTHY KIDS	CMSN
BMI under the 85th percentile	68.0	68.4	67.4	72.3	68.0	60.0
BMI 85th-94th percentile	11.2	10.4	10.5	5.0	15.0	15.7
BMI 95th percentile or higher	20.8	21.2	22.1	22.7	17.0	24.3
Sum, BMI 85th percentile or higher	32.0	31.6	32.6	27.7	32.0	40.0

% of established enrollees, ages 2-18	OVERALL	HISPANIC, ANY RACE	BLACK, NOT HISPANIC	WHITE, NOT HISPANIC	OTHER OR MULTIRACIAL NOT HISPANIC
BMI under the 85th percentile	68.0	71.7	64.2	65.6	75.6
BMI 85th-94th percentile	11.2	10.1	10.5	13.1	9.6
BMI 95th percentile or higher	20.8	18.3	25.3	21.3	14.8
Sum, BMI 85th percentile or higher	32.0	28.3	35.9	34.4	24.4

Figure 23. Body Mass Index percentiles for established enrollees, 2-18 years of age

FIVE YEAR TREND



	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Total	29.2	30.0	31.8	29.5	32.0
Medicaid MCO	28.2	32.0	31.3	30.5	31.6
Medicaid PCCM	29.8	26.1	32.3	29.2	32.6
MediKids	29.2	23.4	24.2	22.7	27.7
Healthy Kids	30.5	35.0	32.3	27.3	32.0
CMSN	37.3	33.4	32.9	42.7	40.0

Table 18. Body Mass Index means, medians and share with a BMI greater than 30 for established enrollees

	FALL 2009					
	OVERALL	MEDICAID MCO	MEDICAID PCCM	MEDIKIDS	HEALTHY KIDS	CMSN
Mean, ages 2-18	23.3	24.3	22.6	18.3	22.4	22.6
Median, ages 2-18	21.2	21.1	21.3	16.7	21.3	21.3
% of enrollees ages 2-18 with BMI of 30 or greater						
All 2-18 year olds	11.1	12.1	10.9	2.8	8.9	12.0
Mean, ages 10-18	23.9	24.8	23.7	-----	22.5	23.7
Median, ages 10-18	21.9	21.6	22.5	-----	22.0	22.5
% of enrollees ages 10-18 with BMI of 30 or greater						
All 10-18 year olds	11.4	11.5	12.5	-----	9.7	13.6

Average BMIs are presented in **Table 18.** The mean BMI for established enrollees ages 2-18 is 23.3 and the median is 21.2. Eleven percent of KidCare enrollees two years of age and older have BMIs of 30 or greater.

3.3 Crowd-out

Throughout the development of the Title XXI legislation at the federal level, many policy analysts expressed concern about a phenomenon called "crowd-out." Crowd-out can occur when employers, knowing that other insurance alternatives exist for their employees, drop dependent coverage, resulting in a shift of children from private to public programs. Alternatively, employees may either opt out of or not take employer-based coverage if there are less expensive alternatives. Each of these scenarios results in a decrease in private sector coverage and an increase in public sector spending. Moreover, substitution of employer-based coverage with a subsidized state plan may result in fewer improvements in access to care and health status than anticipated because families who are already covered are simply moving to a different form of health insurance. Because substitution can blunt the impact of health insurance expansions, federal Title XXI legislation requires states to assess the degree to which the states' programs are contributing to crowd-out of employer-based dependent coverage.

Both the New Enrollee and Established Enrollee surveys asked respondents whether the enrollee's parents currently had access to family coverage through their employers and the cost of the families' share of the premium per month. Crowd-out was calculated by family to account for variations by family in the number of parents (one versus two parents). It should be noted that this survey response is not a confirmed client attestation.

Only 3.6% of New Enrollee families report having access to employer-provided family coverage which costs less than five percent of their household income (**Figure 24**). For families of established enrollees, 2.7% report having access to employer-provided coverage which would cost less than five percent of their household income (**Figure 25**). **Figure 26** summarizes the three year trend in crowd-out for established enrollees by program component; the estimation algorithm and five percent income threshold are defined consistently across the three years. In the prior two evaluations, crowd-out was estimated at 4.7% and 3.2%. All program components have estimates of crowd-out that are very low, but the two Medicaid program components have consistently lower crowd-out than the three Title XXI program components.

Figure 24. Distribution of families of new enrollees in KidCare by their access to employer-provided insurance coverage
FALL 2009

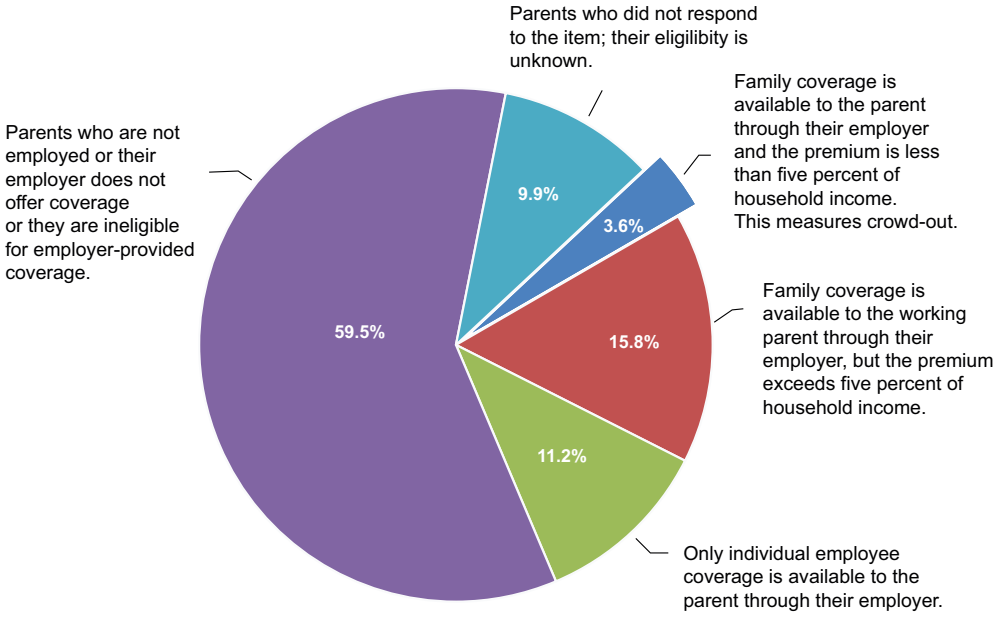


Figure 25. Distribution of families of established enrollees in KidCare by their access to employer-provided insurance coverage

FALL 2009

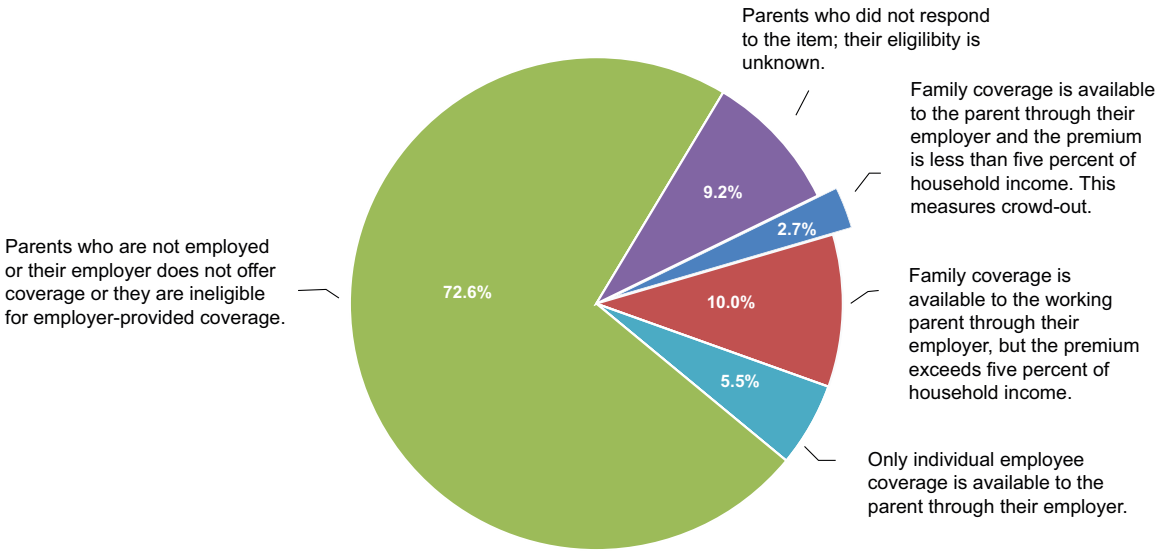
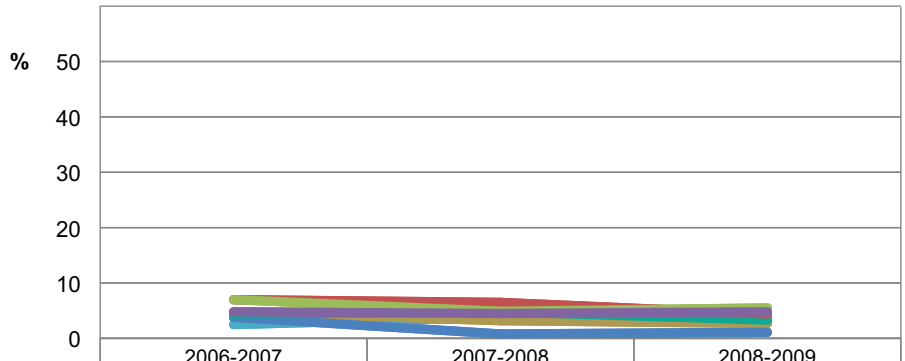


Figure 26. Crowd-out for families of established enrollees

THREE YEAR TREND



	2006-2007	2007-2008	2008-2009
New Enrollees	2.5	3.8	3.6
Established Enrollees	4.7	3.2	2.7
Established Medicaid MCO Enrollees	3.8	0.8	1.1
Established Medicaid PCCM Enrollees	4.4	4.8	3.3
Established MediKids Enrollees	7.0	6.5	4.4
Established Healthy Kids Enrollees	7.0	4.9	5.5
Established CMSN Enrollees	4.8	4.5	4.8

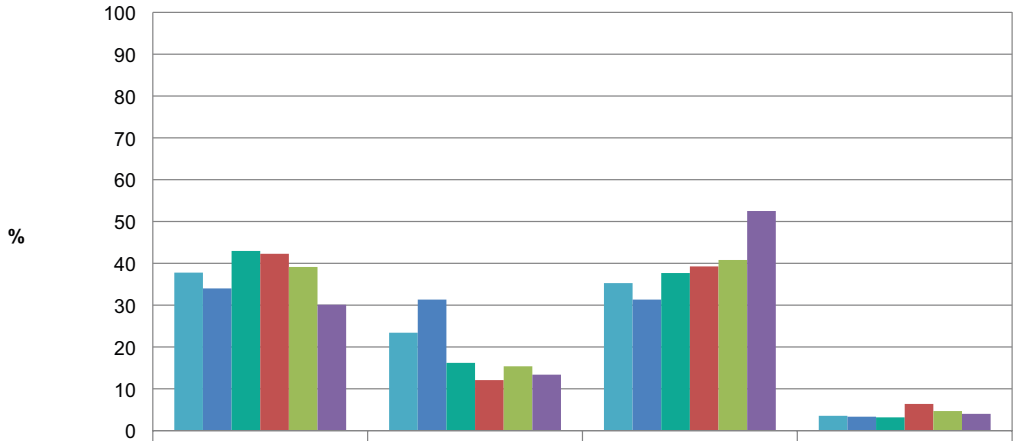
3.4 Demographics of Established Enrollees

RACE AND ETHNICITY

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

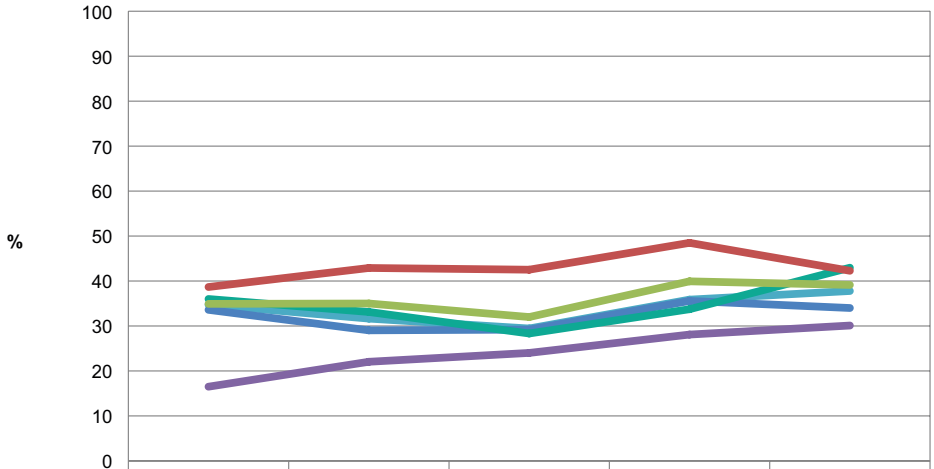
Each of the KidCare program components serves a substantial percentage of racial and ethnic minority children (**Figure 27**). About 38% of program enrollees are Hispanic, 23% of enrollees are black non-Hispanic and 35% are white non-Hispanic. There is significant variation in the race/ethnicity composition of the program components, with Hispanic children comprising the largest share of Medicaid MCO (34%), Medicaid PCCM (43%), and MediKids (42%). White non-Hispanic children comprise the largest shares of Healthy Kids (41%) and CMSN (53%). Black non-Hispanic children comprise large shares of Medicaid MCO (31%), but they comprise smaller shares of the other program components (16% of Medicaid PCCM, 12% of MediKids, 15% of Healthy Kids, and 13% of CMSN). The Hispanic share of established enrollees has ranged between 29 and 38 percent over the last five years (**Figure 28**). **Figure 29** shows the national origin of the Hispanic enrollees; Mexico (22%) and Puerto Rico (21%) were the most common origins indicated.

Figure 27. Established enrollee's race and ethnicity
FALL 2009



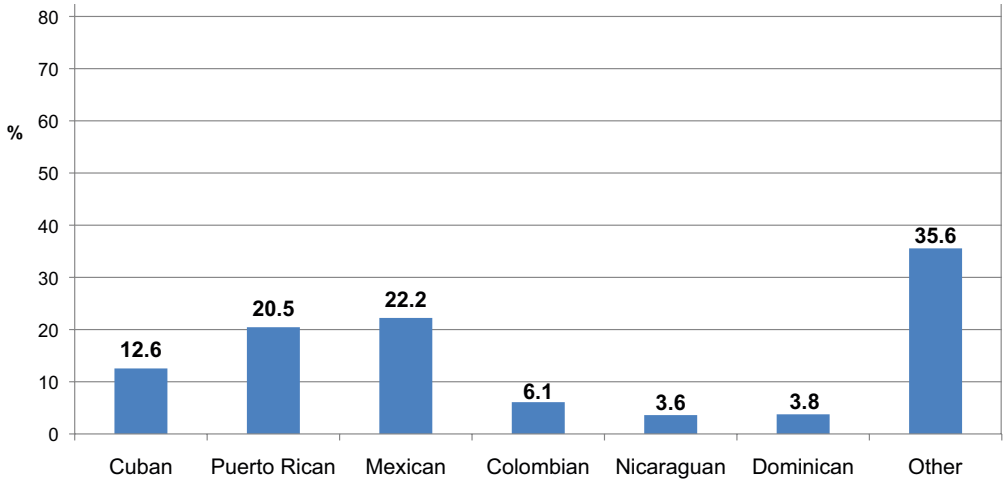
	Hispanic, any race	Black, not Hispanic	White, not Hispanic	Other or multi-racial, not Hispanic
Total	37.8	23.4	35.3	3.5
Medicaid MCO	34.0	31.3	31.3	3.3
Medicaid PCCM	43.0	16.2	37.7	3.2
MediKids	42.3	12.1	39.3	6.4
Healthy Kids	39.1	15.4	40.8	4.7
CMSN	30.1	13.4	52.5	4.0

Figure 28. Hispanic ethnicity by KidCare program component
FIVE YEAR TREND



	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Total	34.7	31.6	29.4	35.9	37.8
Medicaid MCO	33.6	29.0	29.2	35.6	34.0
Medicaid PCCM	36.0	33.1	28.3	33.7	43.0
MediKids	38.7	42.9	42.5	48.5	42.3
Healthy Kids	34.9	35.0	32.0	39.9	39.1
CMSN	16.5	22.0	24.0	28.1	30.1

Figure 29. Detailed Hispanic origin of established enrollees
FALL 2009



Note: Percentages add to more than 100% because respondents can designate "all that apply".

AGE AND GENDER

Overall, 53% of established enrollees are male and 47% are female (**Table 19**).

The average age of the KidCare enrollees is 9.6 years. As expected, the MediKids program has the youngest enrollees (3.9 years of age on average). The average age of Medicaid MCO enrollees is 9.2 years, Medicaid PCCM is 8.9 years, Healthy Kids is 12.7 years, and CMSN is 11.8 years.

LANGUAGE SPOKEN AT HOME BY ENROLLEES

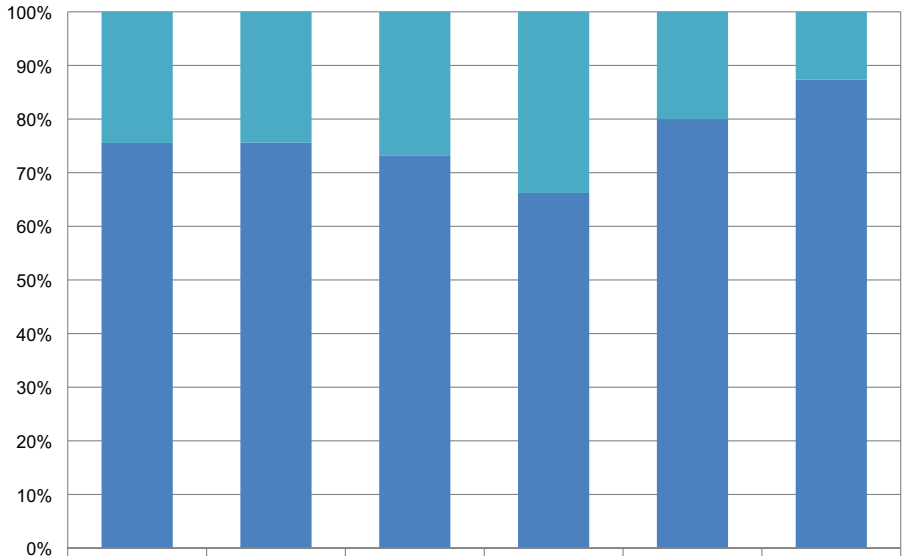
The majority of children in all KidCare program components spoke English as their primary language in the home (76% overall), but 21% of children speak Spanish as their primary language at home. About three percent of children speak a primary language in the home other than English and Spanish, such as Vietnamese, Mandarin, or Creole. The share of enrollees that speak English at home varies by program component from 66% of MediKids to 87% of CMSN (**Figure 30**).

3.5 Characteristics of Households and Parents

HOUSEHOLD TYPE

Forty-seven percent of KidCare established enrollees reside in two-parent households, with MediKids respondents reporting the highest percentage of two parent families of any of the program components (66% compared to 42% in Medicaid MCOs, 50% in Medicaid PCCM, 55% in Healthy Kids and 50% in CMSN) (**Figure 31**).

Figure 30. Language spoken at home by established enrollees
FALL 2009



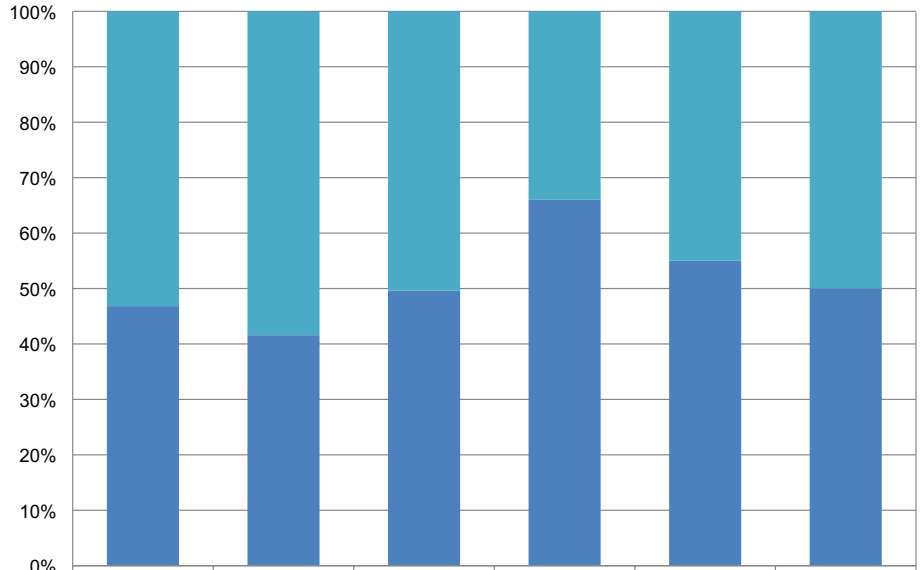
	Overall	Medicaid MCO	Medicaid PCCM	MediKids	Healthy Kids	CMSN
Not English	24.5	24.4	26.9	33.8	20.0	12.7
English	75.6	75.6	73.1	66.2	80.0	87.3

Table 19. Age and gender for established enrollees

FALL 2009

	TOTAL	MEDICAID MCO	MEDICAID PCCM	MEDIKIDS	HEALTHY KIDS	CMSN
Average Age	9.64	9.21	8.88	3.90	12.68	11.76
Female (%)	47.1%	45.7%	50.4%	42.7%	46.0%	36.7%
Male (%)	52.9%	54.3%	49.7%	57.3%	54.0%	63.3%

Figure 31. Household type of established enrollees
FALL 2009



	Overall	Medicaid MCO	Medicaid PCCM	MediKids	Healthy Kids	CMSN
Single Parent	53.2	58.4	50.4	34.0	45.0	50.0
Two Parent	46.8	41.6	49.6	66.0	55.0	50.0

PARENTS' EDUCATION

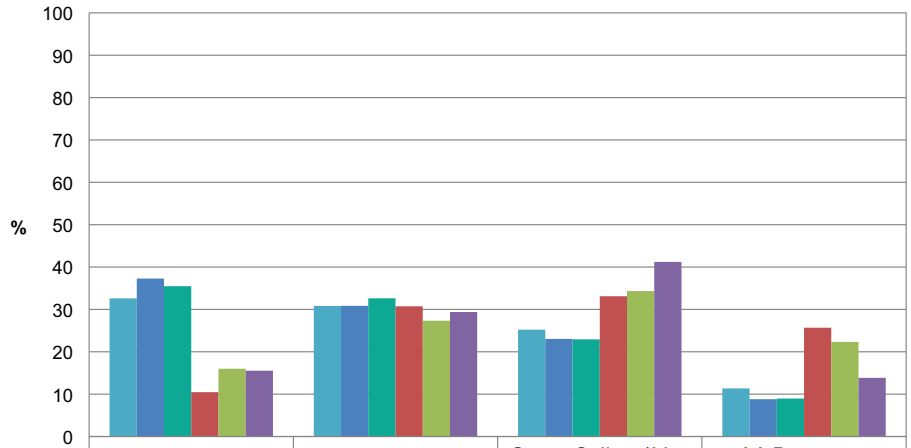
Figure 32 shows parental educational characteristics. Overall, about 33% of respondents do not have a high school degree, while 31% have a high school degree, 25% have some college classes or vocational/technical training, and 11% have an Associates degree or higher. Compared to Medicaid MCO or Medicaid PCCM parents, larger shares of MediKids, Healthy Kids and CMSN parents have post-high school training or an Associates degree or higher.

LANGUAGE SPOKEN AT HOME BY PARENTS

Among parents of established enrollees, only 67% report speaking English as their primary language at home, 29% speak Spanish as their primary language and 4% speak another language (**Figure 33**).

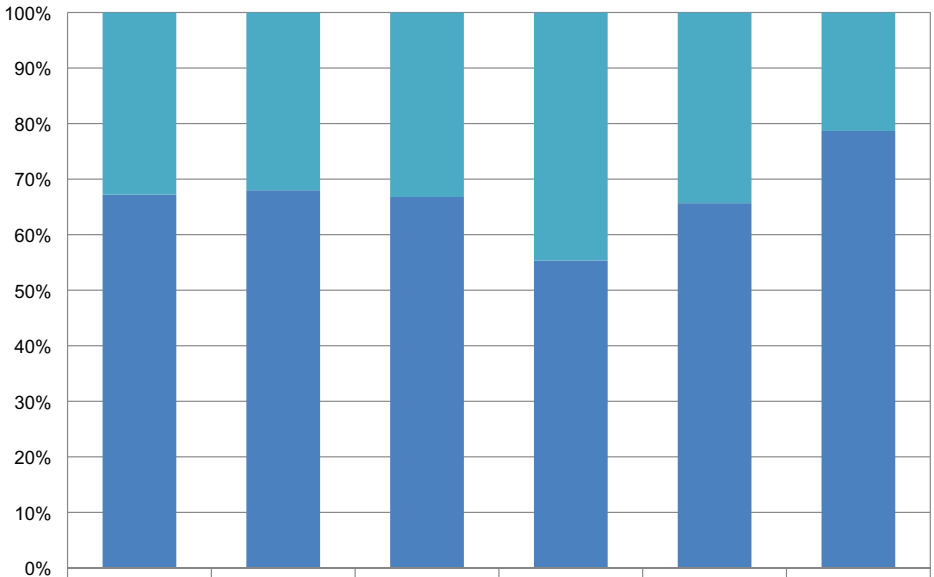
The racial and ethnic backgrounds of the KidCare enrollees and their families and the findings about the primary language spoken in the home, point to the ongoing importance of working with program staff and providers to deliver culturally competent care and to ensure program materials are available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

Figure 32. Parents' educational attainment
FALL 2009



	Not a HS Grad	HS Grad or GED	Some College\Voc \Tech	AA Degree or Higher
Overall	32.6	30.8	25.2	11.4
Medicaid MCO	37.3	30.9	23.1	8.8
Medicaid PCCM	35.5	32.6	22.9	9.0
MediKids	10.5	30.7	33.1	25.7
Healthy Kids	16.0	27.3	34.3	22.3
CMSN	15.5	29.4	41.2	13.9

Figure 33. Language spoken at home by parents of established enrollees
FALL 2009



	Overall	Medicaid MCO	Medicaid PCCM	MediKids	Healthy Kids	CMSN
Not English	32.8	32.0	33.2	44.7	34.3	21.3
English	67.2	68.0	66.8	55.3	65.7	78.7

INTERNET AND MOBILE PHONE ACCESS

To measure Internet access among KidCare established enrollee families, a series of questions about computer and Internet access in the home and workplace were included in the family interview. About 68% of all KidCare families have a computer and access to the Internet at home (**Table 20**). The share with access has increased every year from the 56% found in 2004-2005 (**Figure 34**). As with other family sociodemographic characteristics, the results for Medicaid MCO and PCCM are markedly different from the results for the Title XXI programs. Medicaid families have significantly less access to computers and the Internet at home than other KidCare enrollees. Sixty-four percent of Medicaid MCO and 64% of Medicaid PCCM families have a computer and Internet access at home, compared to 79% of MediKids families, 87% of Healthy Kids families, and 84% of CMSN families.

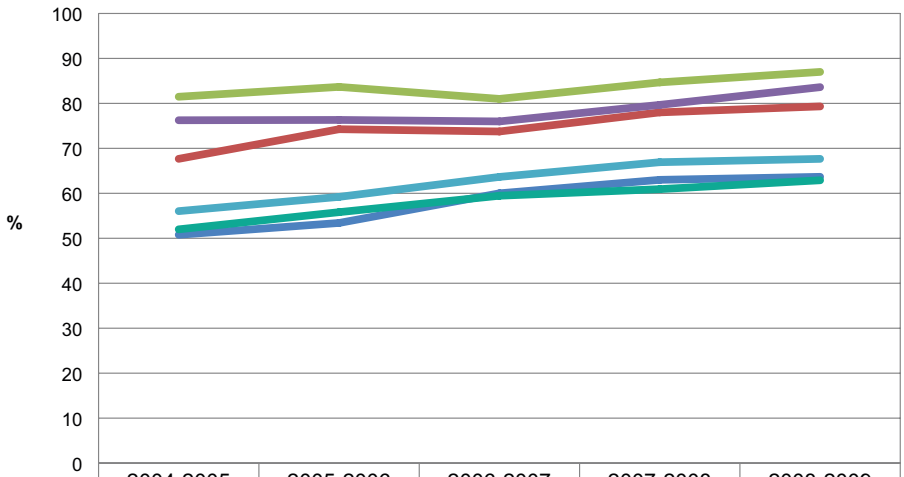
About 81% of families report having a mobile telephone (**Table 20**). For the Established Enrollee survey conducted in fall, 2009, less than one percent of families were not able to be interviewed because they were contacted on a mobile phone rather than a land-line phone. Increasing use of mobile phones will be monitored regularly for the impact on interviewer's ability to contact families for evaluations. ■

Table 20. KidCare established enrollee families with a computer and Internet access and a mobile phone

FALL 2009

	Overall	Medicaid MCO	Medicaid PCCM	MediKids	Healthy Kids	CMSN
Access to a computer at home	74.0	69.7	71.5	85.7	90.0	85.7
Internet access at home	68.4	64.3	64.0	80.3	87.3	84.3
Both a computer and Internet at home	67.7	63.7	62.9	79.3	87.0	83.6
Internet access at work*	16.6	12.7	14.9	34.6	29.6	26.5
Access to Internet at home or at work	70.0	65.7	66.1	84.9	88.3	87.3
Has a mobile phone	80.9	80.7	77.5	87.3	87.3	89.0

Figure 34. KidCare families with a computer and Internet access at home
FIVE YEAR TREND



	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009
Total	56.0	59.2	63.7	66.9	67.7
Medicaid MCO	50.8	53.4	60.0	63.0	63.7
Medicaid PCCM	52.0	55.8	59.5	60.9	62.9
MediKids	67.7	74.3	73.8	78.0	79.3
Healthy Kids	81.5	83.7	81.0	84.7	87.0
CMSN	76.3	76.3	76.0	79.7	83.6

4 Quality of Care Measures

4.1 Background and Technical Specification of Measures

BACKGROUND

Assessing the quality of care for all children is essential. In the case of Medicaid managed care and the State Children's Health Insurance Program (SCHIP), states are required to have performance goals and measures to evaluate the quality of care provided by these programs.[9] This section of the KidCare evaluation report generally follows the Institute of Medicine (IOM) conceptual framework for assessing health care quality that includes: 1) the effectiveness of care and 2) the access to and timeliness of care.[10] A third element of the conceptual framework, patient-centeredness, has already been addressed in the earlier section of this report on the medical home. Effectiveness of care refers to providing care that is based on the use of systematically acquired evidence as to its benefit in producing better outcomes than the alternatives, which include doing nothing. Access to and timeliness of care[10] refers to a person being able to receive needed care without undue delays. Insurance coverage is essential for good access to care but it is not a guarantee. Geographic barriers, lack of understanding about how to use the health care system, and other factors, can contribute to poor access to care, even among the insured.

TECHNICAL SPECIFICATIONS

This report presents rates for the Healthcare Effectiveness Data and Information Set (HEDIS®) measures using 2008 National Committee for Quality Assurance (NCQA) specifications.[11] Measures were calculated using data from calendar year 2008. The only modifications made to the technical specifications were the inclusion of Florida local codes, when necessary, to ensure completeness.

Only enrollees with 12 months of continuous enrollment in the same KidCare Program component were included in this analysis. For example, only children who were enrolled in MediKids for all 12 months in 2008 with no breaks in enrollment were included in the reported rates for MediKids. Due to data limitations for 2008, the only KidCare

AT A GLANCE

- 92% KidCare families had a well-child visit compared to the national average
- 93% KidCare enrollees used appropriate medications for Asthma compared to the national average.
- 44% KidCare enrollees had continuation and maintenance of ADHA medication compared to the national average

[9] The National Governors Association; Center for Best Practices. *State Efforts to Evaluate the Progress and Success of SCHIP.* August 2001.
[10] The Institute of Medicine. *Crossing the Quality Chasm.* Washington, DC: National Academy Press; 2001.
[11] National Commission on Quality Assurance. *HEDIS® Technical Specifications, 2008.* Washington, DC: National Commission on Quality Assurance; 2007.

populations included in this analysis are Title XIX enrollees in Medicaid (including enrollees in the fee-for-service program, PCCM enrollees not undergoing Medicaid reform, and PCCM enrollees in the three counties undergoing Medicaid reform in 2008), Title XIX enrollees in CMSN, and Title XXI MediKids enrollees. The authors anticipate including analyses for Medicaid MCO, Healthy Kids Title XXI and CMSN Title XXI enrollees in future years.

Whenever possible, comparisons are provided to other Medicaid Programs. NCQA gathers and compiles data from Medicaid managed care plans nationally.[12] Submission of HEDIS® data to NCQA is a voluntary process; therefore, health plans that submit HEDIS® data are not fully representative of the industry. Health plans participating in NCQA HEDIS® reporting tend to be older, are more likely to be federally qualified, and are more likely to be affiliated with a national managed care company than the overall population of health plans in the United States.[13] NCQA reports the national results as a mean and at the 10th, 25th, 50th, 75th, and 90th percentiles for the participating plans. For comparison, the Medicaid Managed Care Plans 2008 mean results are shown and labeled "HEDIS® Mean" in the graphs.

Specifically, the following indicators are calculated for this report:

1. Access to care:
   a. HEDIS® Children's Access to Primary Care Practitioners
   b. HEDIS® Initiation of Alcohol and Other Drug Dependence Treatment
   c. HEDIS® Engagement of Alcohol and Other Drug Dependence Treatment
2. Prevention and Screening
   a. HEDIS® Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life
   b. HEDIS® Adolescent Well-Care Visits
   c. HEDIS® Lead Screening in Children
3. Appropriateness of Care
   a. HEDIS® Appropriate Testing for Children with Pharyngitis
   b. HEDIS® Use of Appropriate Medications for People with Asthma
4. Behavioral Health Care
   a. HEDIS® Follow-Up Care for Children Prescribed ADHD Medication
   b. HEDIS® Follow-Up After Hospitalization for Mental Illness

In addition, Clinical Risk Groups (CRG) were calculated for each KidCare program component. The CRGs provide additional information on the health status of enrollees in each program component.

4.2 Clinical Risk Groups

BACKGROUND

The Clinical Risk Group (CRG) system classifies individuals into mutually exclusive clinical categories. The use of the CRG system to create risk profiles is essential to understanding the illness burden within each KidCare program component and to place the health care expenditures and health care use patterns in a context.

Specifically, the CRG software reads all ICD-9-CM diagnosis codes from all health care encounters, except those associated with providers known to frequently report unreliable codes (e.g., non-clinician providers and ancillary testing providers). It assigns all diagnosis codes to a diagnostic category (acute or chronic) and body system, and assigns all procedure codes to a procedure category. Each individual is assigned to a hierarchically defined core health status group, and then to a CRG category and severity level, if chronically ill. Enrollees over the age of one who were enrolled in the program for 6 months or longer and enrollees under the age of 1 who were enrolled for 3 months or longer

[12] The information that NCQA compiles for Medicaid Managed Care Programs can be viewed at www.ncqa.org.
[13] Beaulieu, N.D., and A.M. Epstein. 2002. "National Committee on Quality Assurance Health-Plan Accreditation: Predictors, Correlates of Performance, and Market Impact." *Medical Care* 40 (4): 325-337.

are included in CRG classification process; continuity of enrollment is required to classify individuals accurately. Children who have not been enrolled for the minimum number of months are not assigned a CRG classification.

The CRG system classifies children into the following nine health status categories:
(1) Healthy includes children who are enrolled in the health insurance program, but have not accessed services during the classification period ("non-users") and children who have used the health care system, but were seen for preventive care and for minor illnesses.
(2) Significant Acute includes children with conditions or acute illnesses, which occurred within six months prior to classification, and could be precursors to developing a chronic disease or place the individual at risk in the future for needing services of an amount and type greater than that for non-chronically ill persons. Examples in this group are head injury with coma, prematurity, and meningitis.
(3) Single Minor Chronic includes children with illnesses that can usually be managed effectively throughout an individual's life with typically few complications and limited effect upon the individual's ability, death and future need for medical care. This category includes attention deficit / hyperactive disorders (ADHD), minor eye problems (excluding near-sightedness and other refractory disorders), hearing loss, migraine headache, some dermatological conditions, and depression.
(4) Multiple Minor Chronic includes children with two or more minor chronic conditions.
(5) Single Dominant Chronic or Single Moderate Chronic Dominant Chronic are those illnesses that are serious, and often result in progressive deterioration, debility, death, and the need for more extensive medical care. Examples in this group include diabetes, sickle cell anemia, chronic obstructive lung disease and schizophrenia. Moderate Chronic conditions are those illnesses that are variable in their severity and progression, but can be complicated and require extensive care and sometimes contribute to debility and death. This category includes asthma, epilepsy, and major depressive disorders.
(6) Chronic Pairs includes children with dominant chronic and/or moderate chronic conditions in two organ systems.
(7) Chronic Triplets includes children with chronic and/or moderate chronic conditions in three or more organ systems.
(8) Metastatic Malignancies includes acute leukemia under active treatment and other active malignant conditions that affect children.
(9) Catastrophic Conditions are those illnesses that are severe, often progressive, and are either associated with long term dependence on medical technology, or are life defining conditions that dominate the medical care required. Examples in this group include cystic fibrosis, spina bifida, muscular dystrophy, respirator dependent pulmonary disease and end stage renal disease on dialysis.

In the analyses presented in this report, several CRG categories are combined for ease of presentation and estimation. Importantly, the fifth category combines the major chronic CRG categories. Due to the small number of children having malignancies or catastrophic conditions, merging the major chronic conditions into one category increases the population size and reduces the impact of any one outlier unduly impacting expenditure estimates.

FINDINGS

Figure 35 displays the distribution of KidCare enrollees by CRG categories. Almost half (47%) could not be assigned a CRG. Healthy enrollees comprised 38% of enrollees. The remaining shares of enrollees were assigned to significant acute (4%), minor (3%), moderate (6%), and major (2%). **Figure 36** displays the same CRG classifications for each program component.

Figure 35. Distribution of KidCare enrollees by Clinical Risk Group, all programs
2008

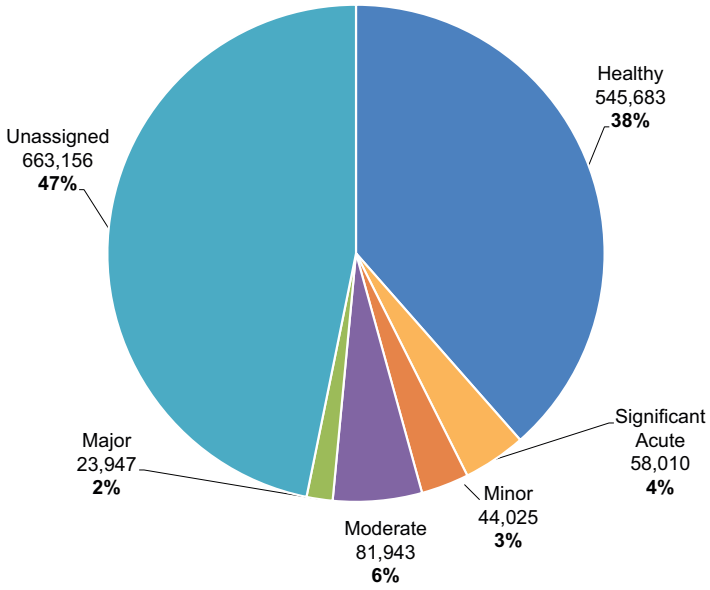
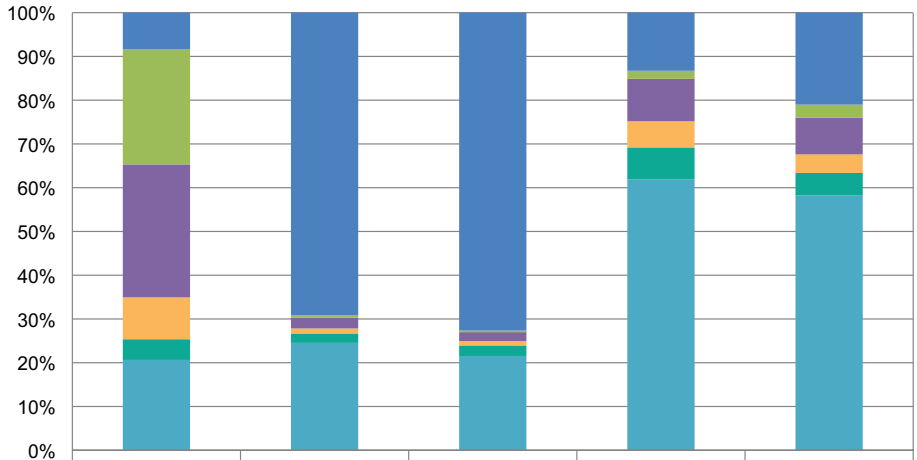


Figure 36. Distribution of KidCare enrollees by Clinical Risk Group, by program
2008



	CMSN T19 32,329	FFS total 824,273	MediKids total 18,319	PCCM total 476,169	Reform total 65,674
Unassigned	2,716	570,075	13,311	63,249	13,805
Major	8,494	4,695	35	8,781	1,942
Moderate	9,824	20,056	401	46,135	5,527
Minor	3,093	9,458	184	28,506	2,784
Significant Acute	1,530	17,723	441	34,933	3,383
Healthy	6,672	202,266	3,947	294,565	38,233

4.3 Access to Care

PRIMARY CARE PROVIDERS

Figures 37-40 display the percentage of enrollees, by age, with at least one ambulatory or preventive care visit to any Primary Care Physician in 2008. This measure counts only visits to a provider that is considered a PCP. Ambulatory or preventive care provided by any other provider type would not be included in this percentage.

The HEDIS® mean reported in **Figures 37-40** is the average for all Medicaid programs that report their rates to the NCQA. MediKids is a program designed for children from ages 1 through 4. Therefore there is no information for children ages 7 through 18. The MediKids rate for children ages 12 to 24 months is not reported due to a low denominator.

The 2008 access rates for all KidCare programs meet or exceed the national average.

A comparison with 2007 results is provided in **Figure 41** for program components with available data.

Figure 37. HEDIS® children's access to Primary Care Practitioners, ages 12-24 months
2008

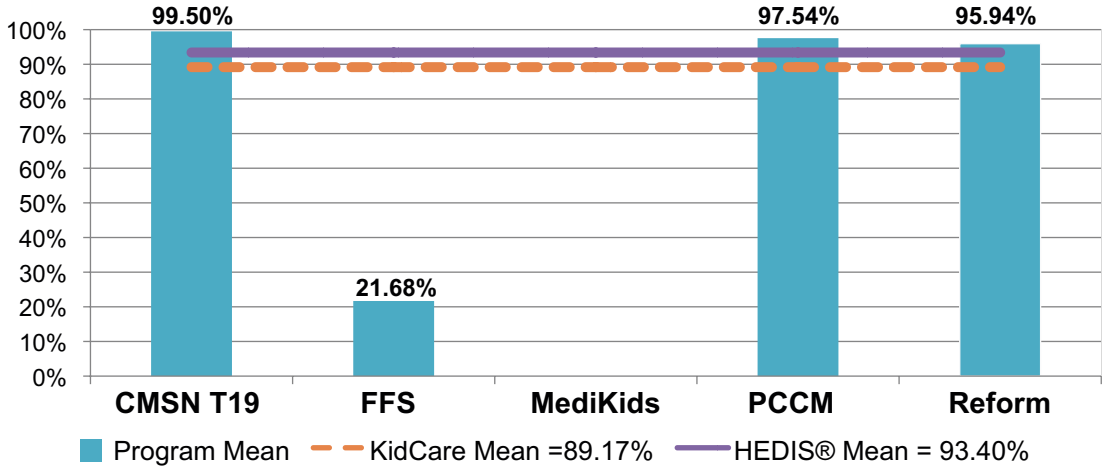


Figure 38. HEDIS® children's access to Primary Care Practitioners, ages 2-6 years
2008

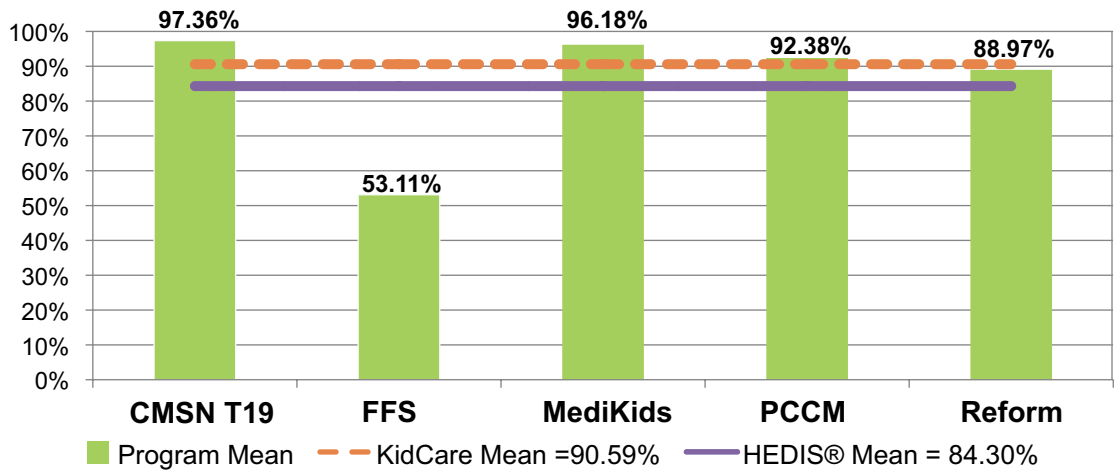


Figure 39. HEDIS® children's access to Primary Care Practitioners, ages 7-11 years
2008

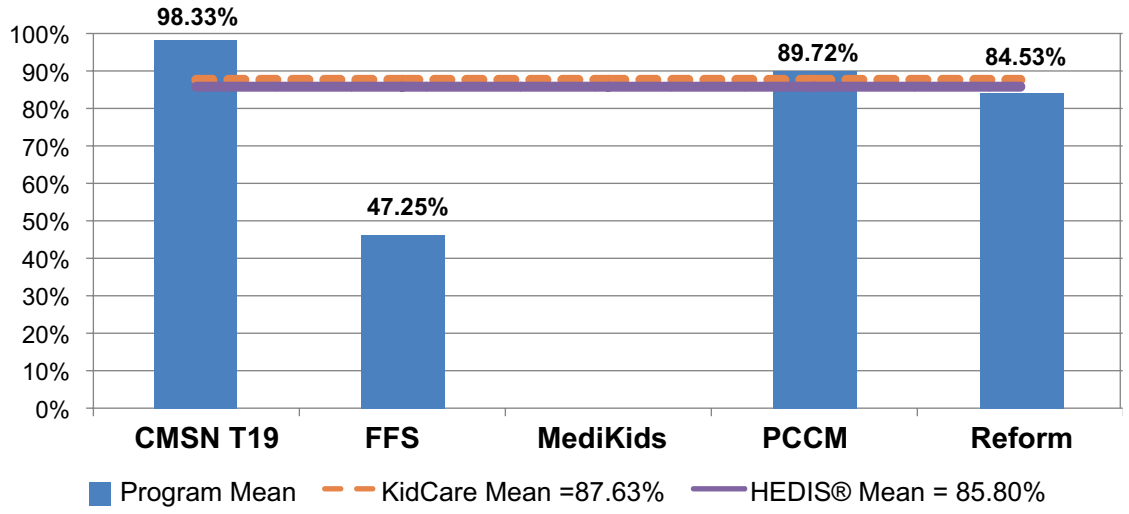


Figure 40. HEDIS® children's access to Primary Care Practitioners, ages 12-18 years
2008

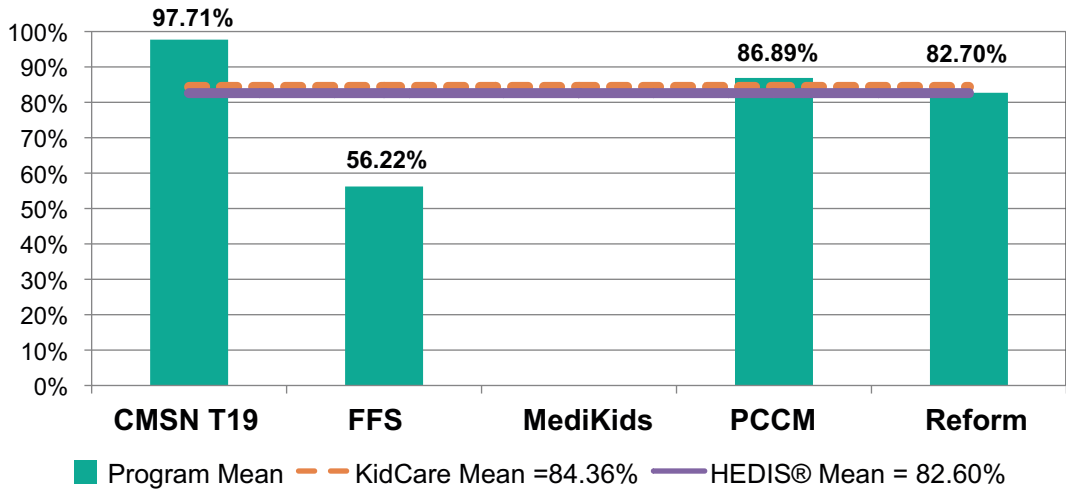
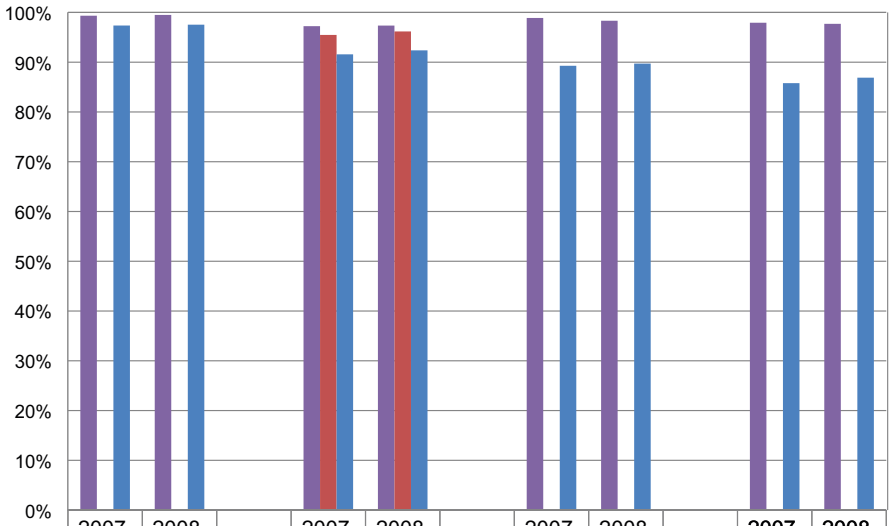
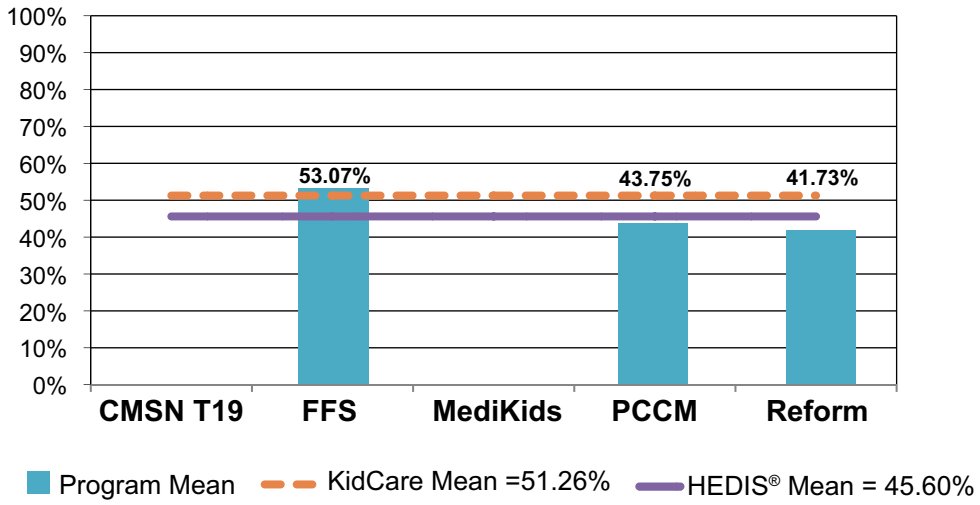


Figure 41. HEDIS® children's access to Primary Care Practitioners
TWO YEAR COMPARISON



	2007, 12-24 mons	2008, 12-24 mons		2007, 2-6 years	2008, 2-6 years		2007, 7-11 years	2008, 7-11 years		2007, 12-18 years	2008, 12-18 years
CMSN T19	99.3%	99.5%		97.2%	97.4%		98.9%	98.3%		97.9%	97.7%
MediKids				95.5%	96.2%						
Medicaid PCCM	97.4%	97.5%		91.6%	92.4%		89.3%	89.7%		85.8%	86.9%

Figure 42. HEDIS® Initiation of alcohol and other drug dependence treatment
2008



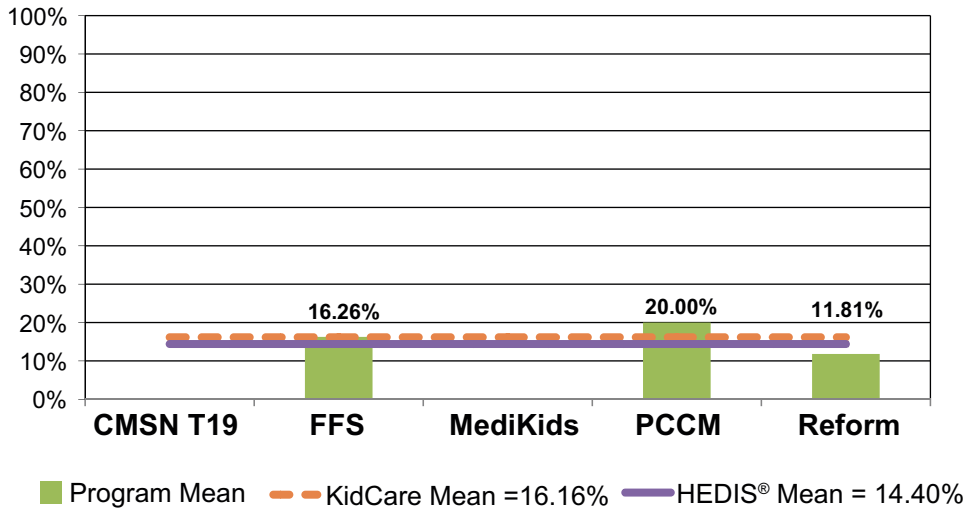
TREATMENT FOR ALCOHOL OR OTHER DRUG DEPENDENCE

Figure 42 gives the percentage of members who **initiated** treatment for a new episode of alcohol and other drug dependence (AOD) in 2008. Treatment could have been initiated through an inpatient admission for AOD, an outpatient visit, an intensive outpatient encounter, or a partial hospitalization. This treatment had to occur within 14 days of the diagnosis. The percentage reported is the number of patients who initiated treatment according to this definition over the total number of patients with a diagnosis of AOD. A diagnosis is established by: (1) an outpatient visit or partial hospitalization with a diagnosis of AOD, (2) a detoxification visit, (3) an ED visit with a diagnosis of AOD, or (4) an inpatient discharge with a diagnosis of AOD.

MediKids is only for children ages 1 to 4 years. MediKids is not included in this measure because this program component does not include any children who are old enough to be eligible for this measure. CMSN Title XIX is not included in this measure due to the small number of children eligible for this measure.

The results for KidCare overall (51%) were above the HE-

Figure 43. HEDIS® Engagement of alcohol and other drug dependence treatment
2008



DIS® mean (47%). FFS (53%) reported a higher rate than the national average. In sum, just over half of all KidCare members who are diagnosed with AOD begin treatment within 14 days of their diagnosis.

Figure 43 gives the percentage of members **who initiated and who had two or more additional** alcohol and other drug dependence (AOD) services within 30 days of the initiation visit in 2008. Treatment could have been initiated through an inpatient admission for AOD, an outpatient visit, an intensive outpatient encounter, or a partial hospitalization.

MediKids is only for children ages 1 to 4 years. MediKids is not included in this measure because this program component does not include any children who are old enough to be eligible for this measure. CMSN Title XIX is not included in this measure due to the small number of children eligible for this measure.

The results for KidCare overall (16%) were above the HEDIS® mean (14%) on this measure of initiation of and engagement with services for alcohol and other drug dependence (AOD). FFS (16%) and PCCM (20%) reported higher rates than the national average.

4.4 Prevention and Screening

WELL-CHILD VISITS

Figure 44 displays the percentage of children, 3-6 years of age, who received one or more well-child visits with a PCP during 2008. A well-child visit with any provider who is not considered a PCP is not included in this measure.

All program components scored above the HEDIS® mean of 65% with the exception of fee-for-service. The requirement that the visit be with identified PCP likely explains the low rate in this group (35%). MediKids had the highest percentage of enrollees with well-child visits (78%).

A comparison with results for the past three years is provided in **Figure 45** for program components with available data.

ADOLESCENT WELL-CARE VISITS

Figure 46 displays the percentage of adolescents who received one or more well-child visits with a PCP or an OB/GYN during the measurement year. Adolescents often have a lower rate of compliance with preventive care guidelines than younger children. The national average is 42% compliance, meaning that fewer than half of adolescents in Medicaid are receiving regular well-care visits.

A well-care visit with any provider who is not a PCP or an OB/GYN is not included in this measure. As with the other well-child charts, this requirement has resulted in a very low score among children enrolled in fee-for-service plans. Due to the age restrictions for MediKids, there is no data for that program component in this adolescent measure.

Although the score for the KidCare program overall was below the average of all Medicaid programs reporting to the NCQA (39% for KidCare and 42% for the HEDIS® mean), this is due to the extremely low percentage of adolescents in the fee-for-service group who had a well-care visit with a PCP or OB/GYN. The rest of the program components scored above the HEDIS® mean. CMSN Title XIX had the highest percentage of adolescent enrollees with at least one well-care visit with a PCP in 2008 (56%).

Figure 44. HEDIS® Well-child visits in the 3rd, 4th, 5th, and 6th years
2008

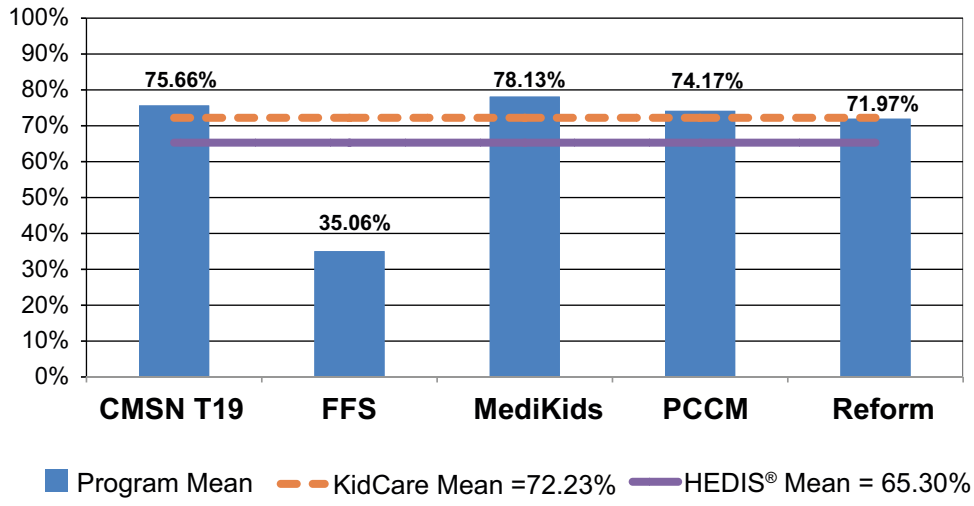
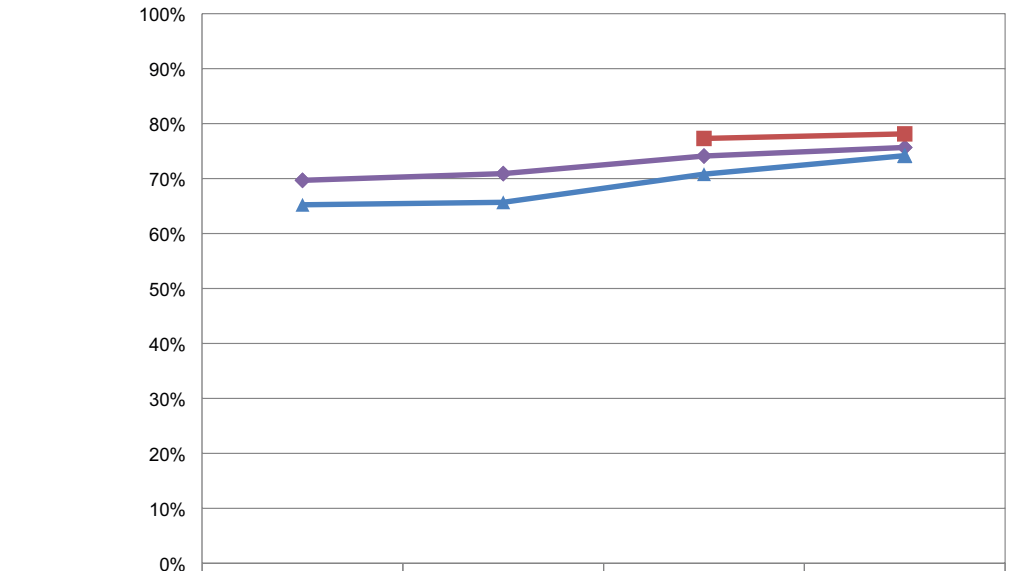
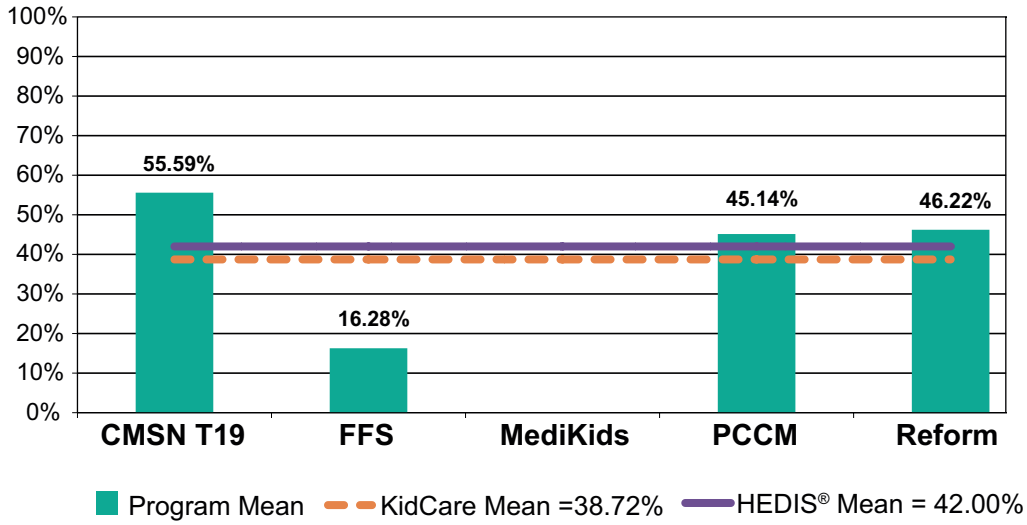


Figure 45. HEDIS® Well-child visits in the 3rd, 4th, 5th, and 6th years
FOUR YEAR TREND



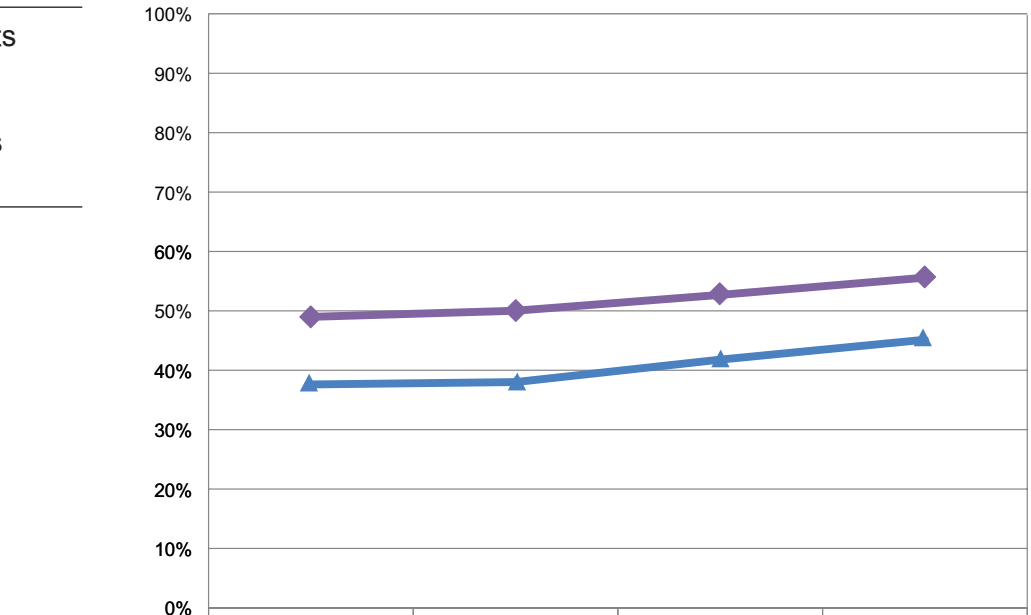
	2005	2006	2007	2008
CMSN T19	69.7%	70.9%	74.1%	75.7%
MediKids			77.3%	78.1%
Medicaid PCCM	65.2%	65.7%	70.8%	74.2%

Figure 46. HEDIS® Well-care visits for adolescents
2008



A comparison with results for the past three years is provided in **Figure 47** for program components with available data.

Figure 47. HEDIS® Well-care visits for adolescent
four year trend



	2005	2006	2007	2008
CMSN T19	49.0%	50.0%	52.7%	55.6%
Medicaid PCCM	37.6%	38.0%	41.8%	45.1%

LEAD SCREENING FOR YOUNG CHILDREN

Figure 48 presents the percentage of children who had at least one blood test for lead poisoning before their second birthday by program component.

Just under half (49%) of KidCare children had a lead blood test before their second birthday. The national HEDIS® mean for Medicaid is 65%. Children in the FFS (25%) and MediKids (29%) groups had lower levels of blood testing by age 2 than CMSN Title XIX (43%), MediPass (51%), and Reform (49%).

4.5 Appropriateness of Care

PHARYNGITIS TESTING

Figure 49 gives the percentage of children ages 2 to 18 who were diagnosed with pharyngitis, dispensed an antibiotic, and received a group A streptococcus (strep) test. This is considered to be appropriate testing for a diagnosis of strep throat.

Overall, 49% of KidCare enrollees received appropriate testing for pharyngitis, which is below the HEDIS® mean of 58%. However, the Reform group (59%) performed better than the HEDIS® mean.

Figure 48. HEDIS® Lead screening for children before their second birthday
2008

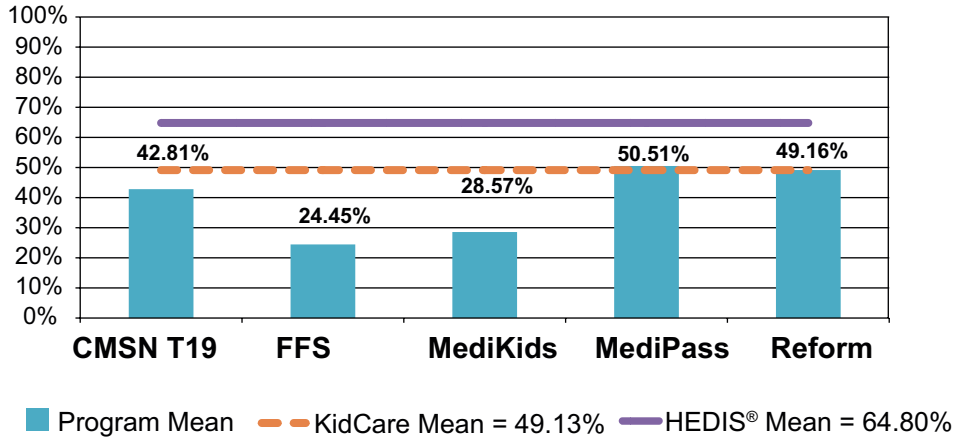


Figure 49. HEDIS® Appropriate testing for children with Pharyngitis
2008

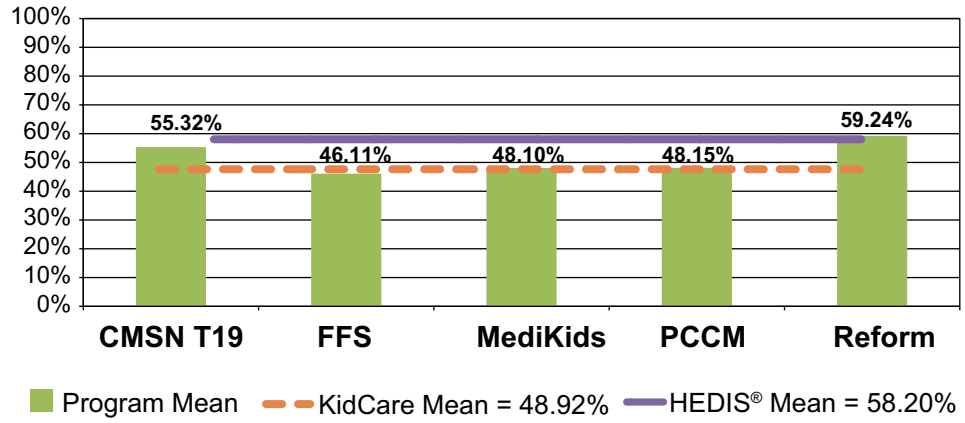
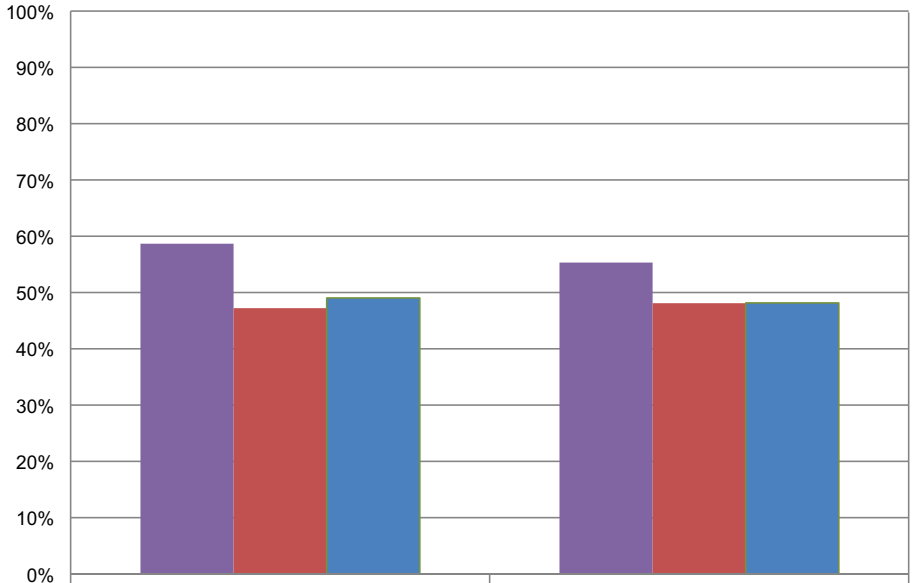


Figure 50. HEDIS® Appropriate testing for children with Pharyngitis
TWO YEAR COMPARISON

A comparison with results from the prior year is provided in **Figure 50** for program components with available data.



	2007	2008
CMSN T19	58.7%	55.3%
MediKids	47.2%	48.1%
Medicaid PCCM	49.0%	48.2%

ASTHMA MEDICATIONS

Figure 51 gives the percentage of KidCare enrollees with persistent asthma who were appropriately prescribed medications during 2008. This is reported for all ages. A four-year comparison is provided in **Figure 52** for program components with available data.

Overall, the KidCare program (93%) performed better than the national average (87%) for all age groups. All program components except FFS performed better than the HEDIS® mean.

Figure 51. HEDIS® Use of appropriate medications for children with Asthma, all ages
2008

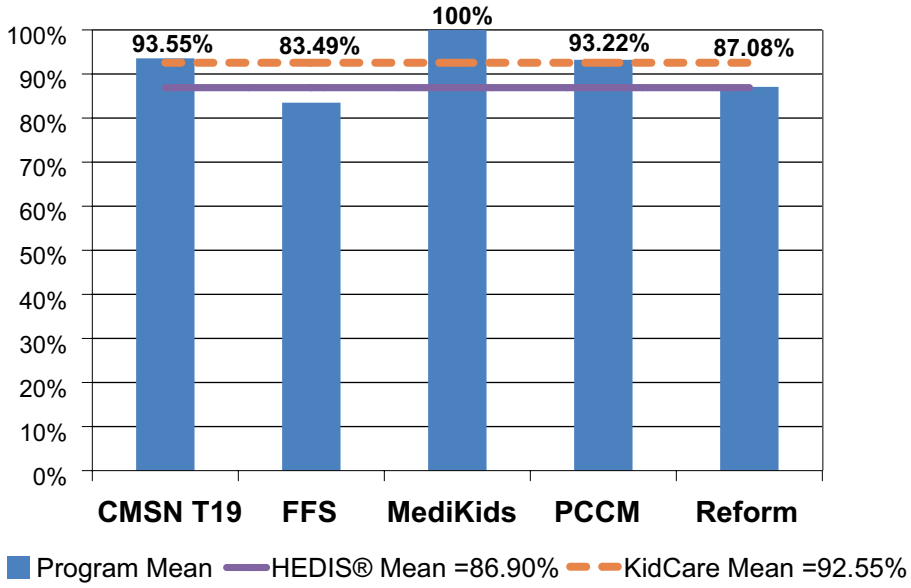
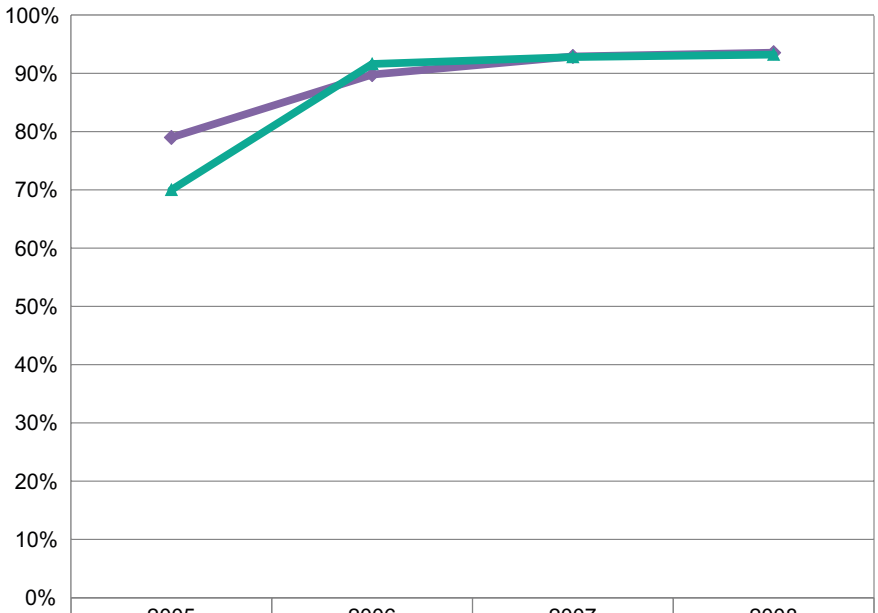


Figure 52. HEDIS® Use of appropriate medications for children with Asthma, all ages
four year trend



	2005	2006	2007	2008
CMSN T19	79.0%	89.8%	92.9%	93.6%
Medicaid PCCM	70.0%	91.6%	92.8%	93.2%

Additional detail on appropriate prescription of asthma medications for children ages 5-9 and 10-17 years is provided in **Figures 53 and 54.** There is no MediKids data in **Figure 54** because of the age restrictions of the program component.

Figure 53. HEDIS® Use of appropriate medications for children with Asthma, ages 5-9

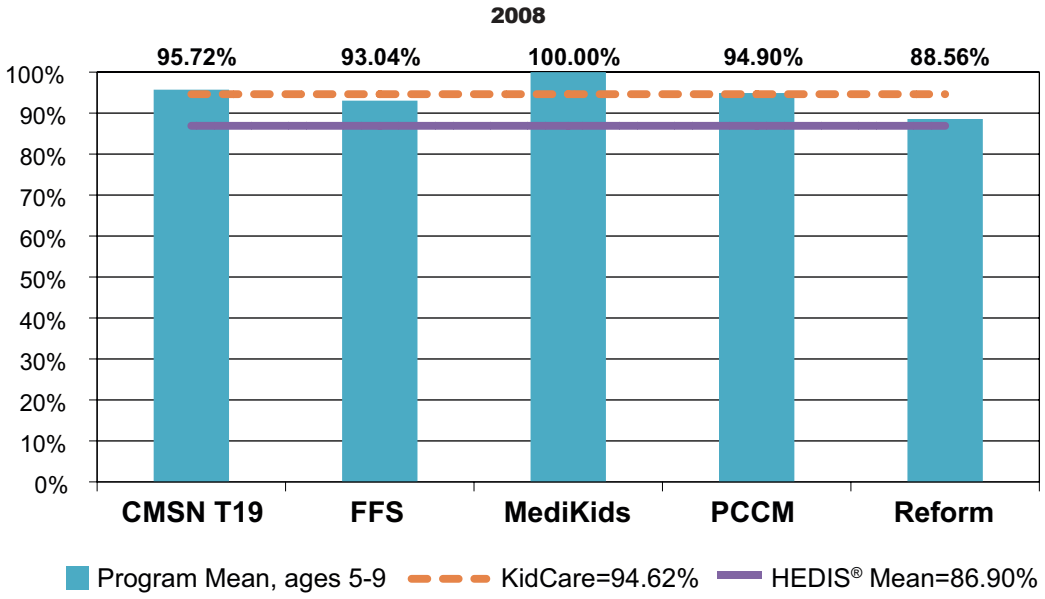
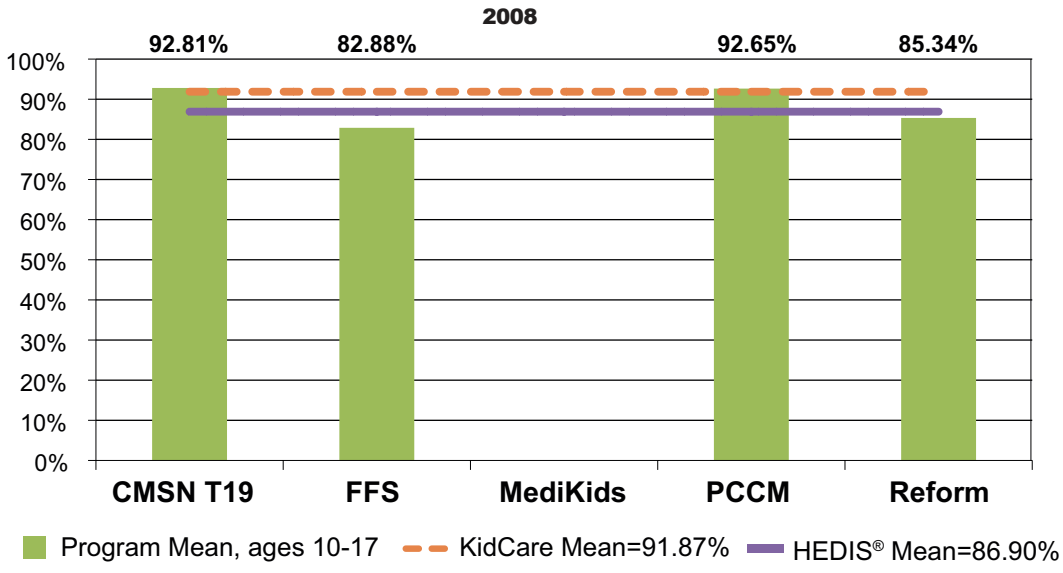


Figure 54. HEDIS® Use of appropriate medications for children with Asthma, ages 10-17



4.4 Behavioral Health Care

ADHD MEDICATION FOLLOW-UP

Figure 55 displays the percentage of children who have been newly prescribed medication (**initiation phase**) for attention-deficit/hyperactivity disorder (ADHD) and who had one or more follow-up visits with a provider with prescribing authority within 30 days.

Overall, the KidCare mean (35%) exceeds the HEDIS® mean of 34% for this measure of 30-day follow-up. Only the FFS program (30%) did not meet or exceed the national average.

There is no MediKids data for this indicator because of the age restriction for that program component.

Figure 55. HEDIS® Follow-up after initiation of ADHD medication, 2008

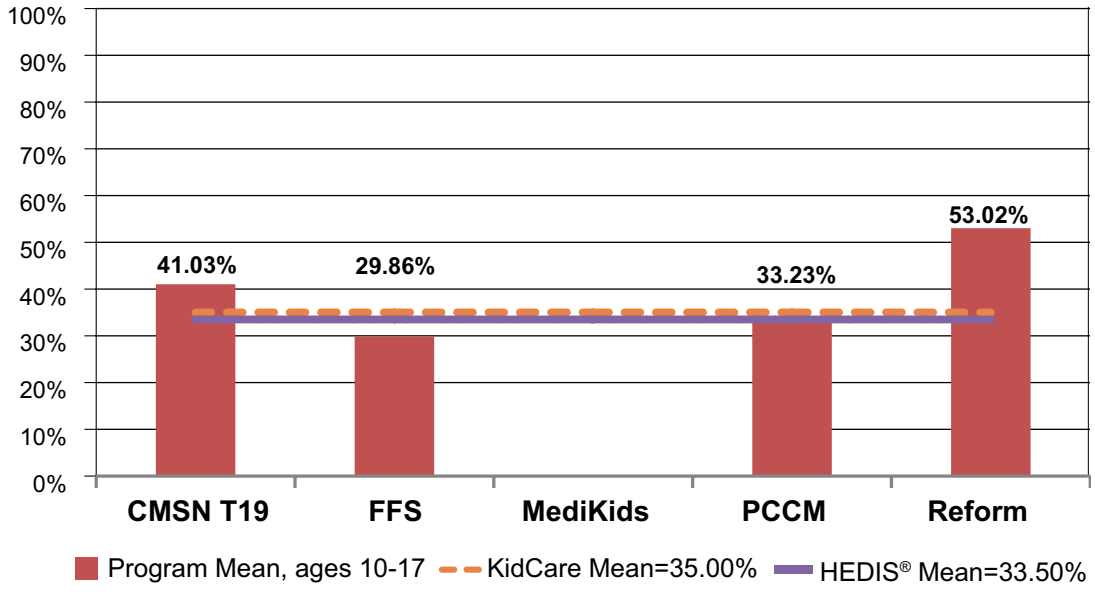


Figure 56 displays the results for follow-up on ADHD medication during the **continuation and maintenance** phase. This indicator is met when a child had at least two additional visits after the initiation phase between the second and tenth months after the start of the medication. Children included in the continuation and maintenance measure must have remained on the medication.

Overall, the KidCare mean (44%) exceeds the HEDIS® mean of 39% for this measure. Only the FFS program (34%) did not meet or exceed the national average.

There is no MediKids data for this indicator because of the age restriction for that program component.

MENTAL ILLNESS HOSPITALIZATION FOLLOW-UP

Figure 57 gives the percentage of enrollees 6 years old and older who had a follow-up visit within 7 days of discharge from an admission for treatment of mental health disorders. A follow-up visit is defined as an outpatient visit, an intensive outpatient encounter or partial hospitalization. The follow-up visit had to be with a mental health practitioner. Visits with other provider types are not included as a follow-up visit for this measure.

All KidCare Program components had a rate of 7-day follow-up that is well below the HEDIS® mean for follow-up after hospitalization for mental illness. The KidCare average was 28% compared to 43% for the HEDIS® average.

Figure 58 gives the percentage of enrollees 6 years old and older who had a follow-up visit within 30 days of discharge from an admission for treatment of mental health disorders. Thirty-day follow-up for KidCare programs is also much lower than the HEDIS® average, 46% compared to 61%. Only the Reform program component met the national average. ■

Figure 56. HEDIS® Follow-up during continuation and maintenance of ADHD medication
2008

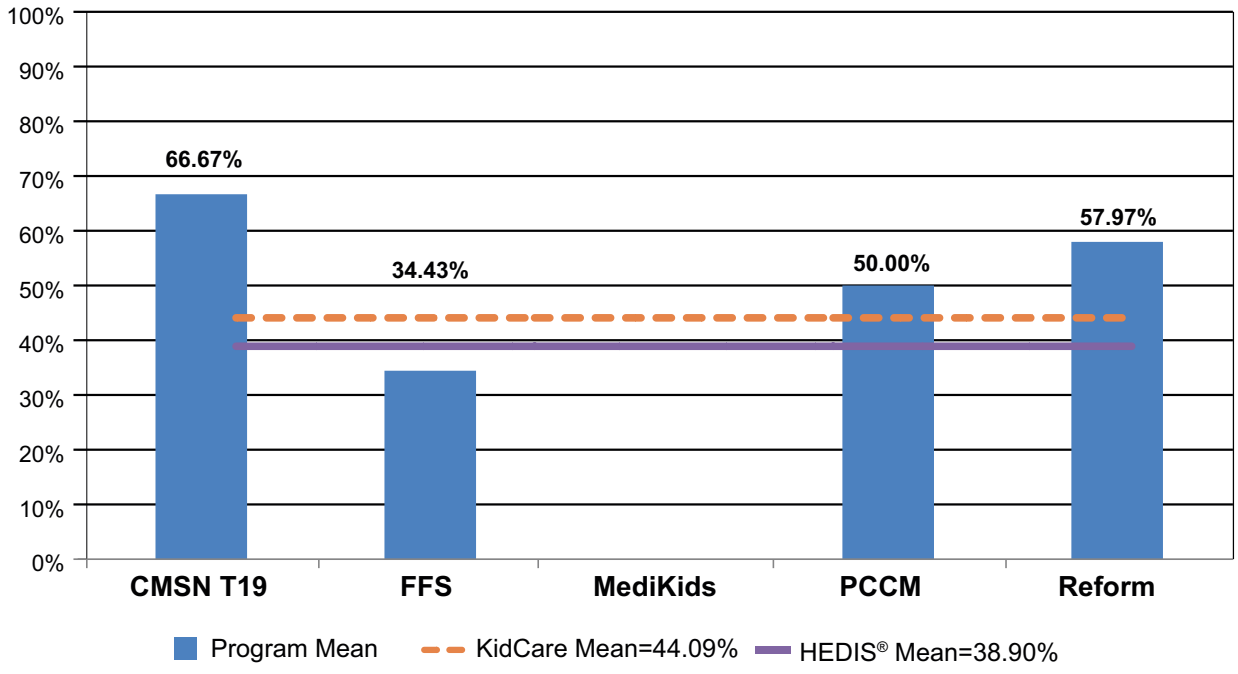


Figure 57. HEDIS® Follow-up visits within 7 days of discharge from a hospitalization for mental illness
2008

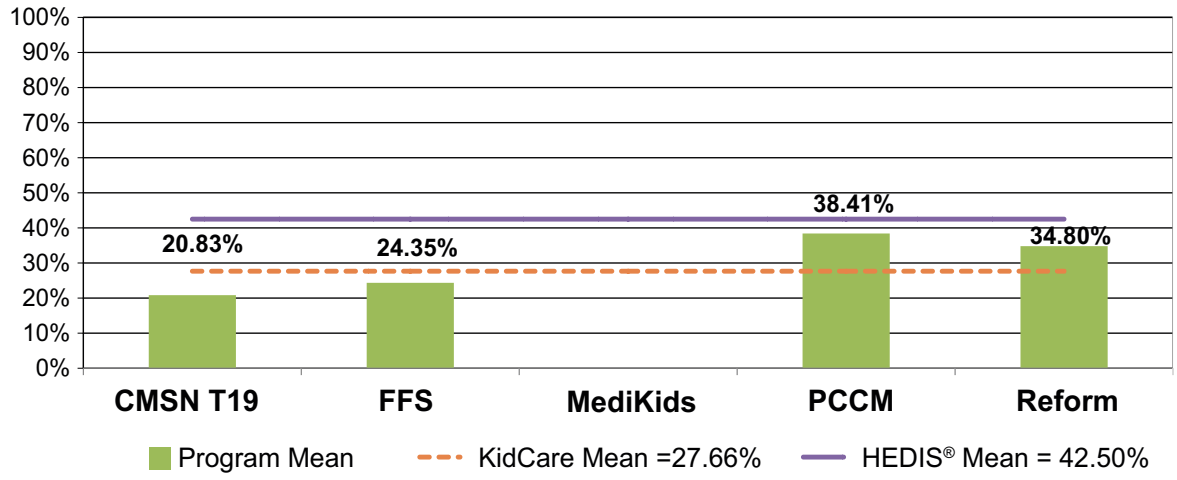
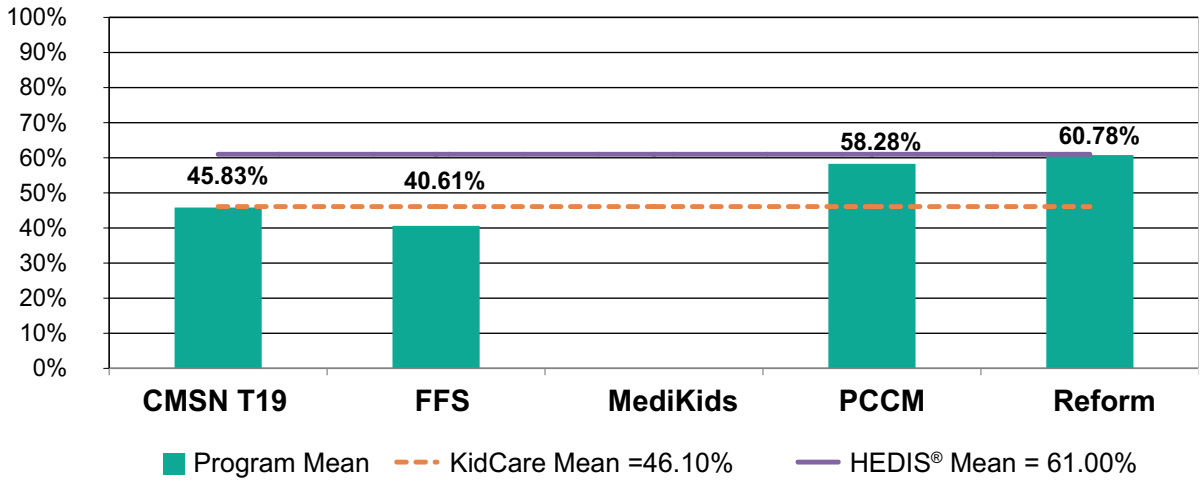


Figure 58. HEDIS® Follow-up visits within 30 days of discharge from a hospitalization for mental illness
2008



5 Application And Enrollment Trends

AT A GLANCE

- 11% increase in KidCare enrollment for July 2008 to June 2009

5.1 Applications to KidCare

MONTHLY APPLICATION VOLUME

Applications for KidCare coverage are submitted via mail, fax, or Internet to the Florida Healthy Kids Corporation. The application and enrollment processing is done by a third-party vendor (ACS).

Figure 59 displays the number of unduplicated KidCare applications received monthly by the Florida Healthy Kids Corporation for processing over a ten-year period. Duplicate applications submitted by families are excluded from this ten-year trend. Months with high application activity often correspond to the beginning of school years, when school-based outreach activities occurred. There was an open enrollment period in January, 2005 which caused the very visible, single-month spike in applications.

Table 21 provides detailed, monthly information on KidCare applications submitted during the 2008-2009 state fiscal year. During 2008-2009, KidCare received a total of 309,341 applications, including duplicate applications. When duplicate applications were removed, KidCare processed a total of 249,426 applications representing 387,008 children. KidCare received an average of 20,786 unduplicated applications monthly, ranging from a low of 17,097 unduplicated applications in November, 2008 to a high of 30,778 unduplicated applications in September, 2008. (Note: None of these application figures include telephone reinstatements, which are not new applications for coverage.)

The average monthly processing volume for the 2008-2009 state fiscal year (20,786 unduplicated applications) is much higher than in previous years. For July, 2007-April, 2008 (10 months of the prior state fiscal year), KidCare processed an average of 18,600 unduplicated applications per month. In the prior seven years, the average monthly processing volume ranged from a low of 7,450 in 2003-2004 to a high of 14,287 in 2004-2005.

Of the 387,008 children who applied for KidCare coverage, 90,903 children were approved for Medicaid coverage and 24,444 children were approved for CMSN Title XIX coverage during 2008-2009. (Note: Children can also be enrolled in Medicaid through direct application to DCF; those direct applications are not reflected here.) The mean age of applicants was 9.0 years. The mean monthly income of families applying for KidCare coverage was $2,151 during 2008-2009. Families applying for KidCare coverage had a mean household size of 3.5 persons.

Figure 59. KidCare unduplicated applications received monthly
SEPTEMBER 1999 – SEPTEMBER, 2009

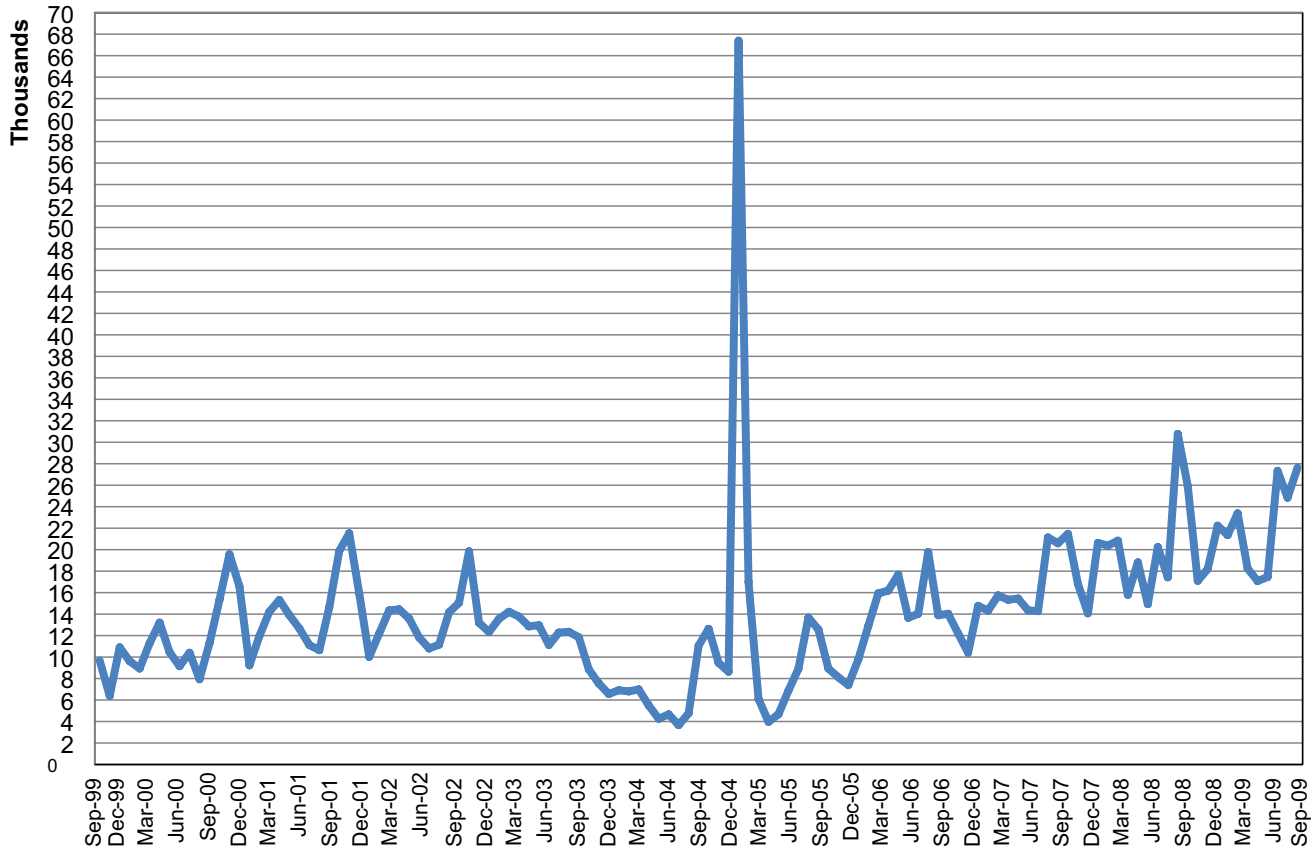


Table 21. KidCare unduplicated application information

JULY, 2008-JUNE, 2009

	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Total
Number of applications received, including duplicate applications	28,281	23,904	40,530	34,544	22,267	22,833	26,710	25,289	27,004	20,474	19,031	18,474	309,341
Number of applications received, excluding duplicate applications	20,243	17,426	30,778	25,937	17,097	18,201	22,233	21,359	23,380	18,243	17,076	17,453	249,426
Number of children represented on applications received, excluding duplicate applications	31,362	28,976	52,193	41,918	26,832	27,983	33,622	32,134	35,508	26,802	25,176	24,502	387,008
Number of children approved or denied Medicaid coverage	15,183	15,524	28,712	23,565	14,517	16,173	19,767	18,397	20,190	16,074	14,791	14,421	217,314
# children approved for Medicaid	5,950	5,646	11,180	9,079	5,576	6,579	8,677	7,841	8,859	7,424	6,968	7,124	90,903
# children denied Medicaid	9,233	9,878	17,532	14,486	8,941	9,594	11,090	10,556	11,331	8,650	7,823	7,297	126,411
Number of children approved or denied CMSN coverage	3,266	3,362	5,165	4,389	2,719	3,001	3,291	3,182	3,071	2,404	2,194	2,104	38,148
# children approved for CMSN	2,301	2,279	3,202	2,815	1,716	1,974	2,155	2,029	1,794	1,483	1,378	1,318	24,444
# children denied CMSN	965	1,083	1,963	1,574	1,003	1,027	1,136	1,153	1,277	921	816	786	13,704
Child age, mean years*	9.0	9.4	9.5	9.4	9.1	9.0	8.9	9.0	9.0	8.7	8.7	8.5	9.0
Child age, standard deviation	5.0	4.9	4.9	4.9	5.0	5.0	5.0	5.0	5.0	5.1	5.1	5.2	5.0
Monthly family income, mean**	$2,225	$2,178	$2,162	$2,212	$2,202	$2,159	$2,146	$2,139	$2,072	$2,108	$2,110	$2,057	$2,151
Monthly family income, standard deviation	$2,394	$1,617	$2,782	$3,239	$1,752	$1,515	$1,607	$2,112	$1,851	$3,213	$1,466	$1,553	$2,272
Household size, mean***	3.6	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.5	3.6	3.5	3.5
Household size, standard deviation	1.3	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2

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

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

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

OUTCOMES OF APPLICATIONS

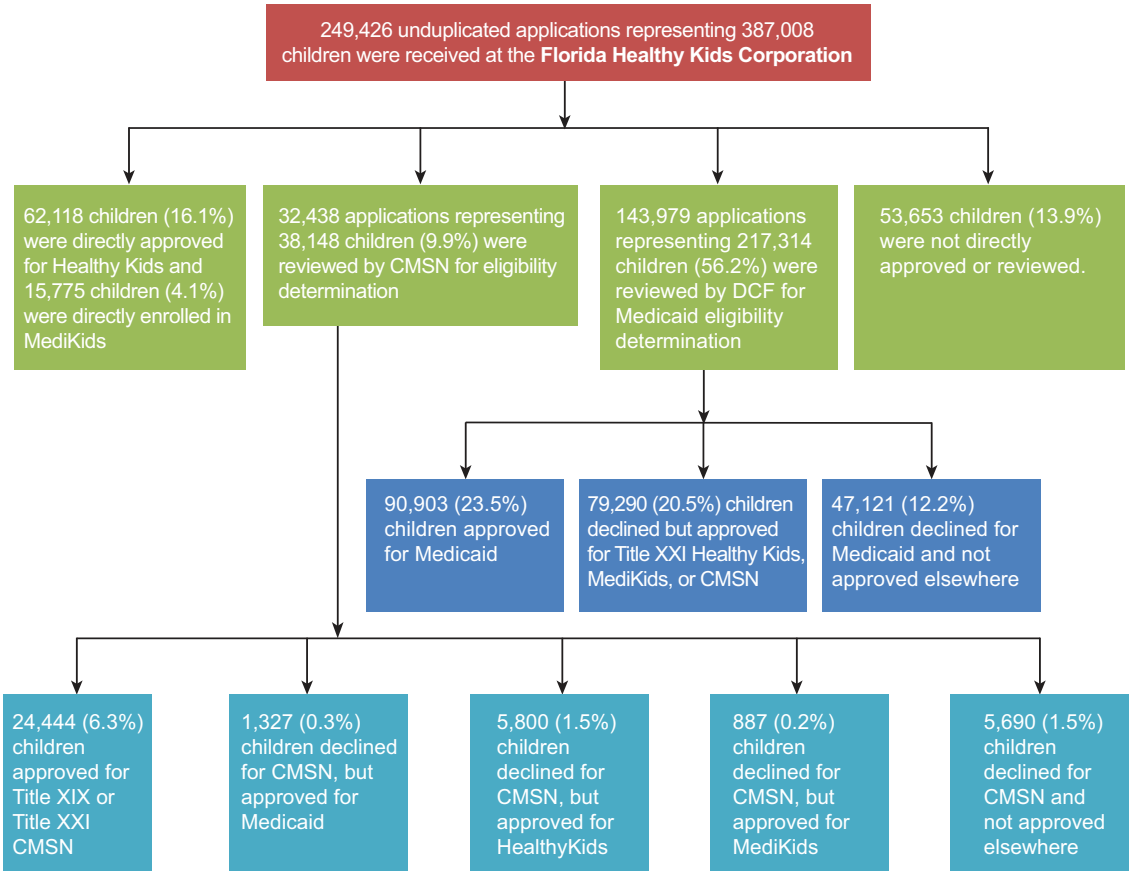
Figure 60 displays the outcomes of applications for KidCare coverage during 2008-2009. KidCare received a total of 309,341 applications, including duplicate applications. When duplicate applications were removed, KidCare processed a total of 249,426 applications representing 387,008 children. The following analysis considers only the most recent applications and excludes previous duplicate applications. Also, the following analysis does not use the "referral" flag provided in the applications database because that field is not well-populated. Rather, the following analysis considers an application to have been "reviewed" if it was specifically approved or denied.

- Applications were directly approved for 62,118 children (16.1%) for Healthy Kids and 15,775 children (4.1%) for MediKids. None of these applicants were referred to CMSN Title XIX for clinical

eligibility determination or to DCF for Medicaid Title XIX eligibility determination.

- Applications of 38,148 children (9.9%) were reviewed by CMSN Title XIX for clinical eligibility determination. A total of 24,444 (6.3%) children were approved for Title XIX or Title XXI CMSN Title XIX. Of those children who were reviewed for clinical eligibility determination, but not approved for CMSN Title XIX coverage, 1,327 (0.3%) were approved for Medicaid, 5,800 (1.5%) were approved for Healthy Kids, and 887 (0.2%) were approved for MediKids.
- Applications of 217,314 children (56.2%) were reviewed by DCF for Medicaid eligibility determination. Of the children reviewed by DCF, 90,903 (23.5%) were approved for Medicaid coverage. Of those children denied Medicaid approval, 79,290 (20.5%) were approved for Title XXI Healthy Kids, MediKids, or CMSN Title XIX.
- Of all children applying for KidCare coverage, 280,544 (72.5%) were approved for coverage in either a Title XIX or Title XXI component. Only 106,464 children (27.5%) were not approved for coverage by any KidCare program component. This is a very large decrease from the prior year's report, when 57% of applicants were not approved for coverage. These numbers should be used with caution until the use of "review" versus "referral" can be confirmed.

Figure 60. Outcomes of KidCare applications received July, 2008-June, 2009



Note: Percentages shown are of the total 387,008 children.

5.2 Enrollment in KidCare

ENROLLMENT AT END OF FISCAL YEAR

Table 22 shows the point-in-time enrollment figures for the end of the State and Federal Fiscal Years 2007-2008 and 2008-2009 and the percent growth during those time frames. Point-in-time figures represent the number of children enrolled on a specific date.

At the end of State Fiscal Year 2008-2009, the KidCare program enrolled 1,621,888 children. This was an increase of 11.2% over the same date 12 months earlier. This is a significant increase from the prior evaluation, when KidCare grew by five percent and a dramatic reversal from the prior three years when there had been declines of 4.5%, 1.6% and 4.6%, respectively. The largest gain in number of children occurred for Medicaid Title XIX, which increased from 1,201,295 to 1,375,206 children. The largest percentage gain occurred for CMSN Title XXI, which grew by 43% over the twelve months. The gains in CMSN Title XXI were not large enough to offset enrollment declines in MediKids Title XXI and Healthy Kids Title XXI though. Overall, the Title XXI-funded components of Florida KidCare declined by 2.7% from July, 2008 to June, 2009.

Figure 61 displays the percent growth, by program, during the last nine state fiscal years.

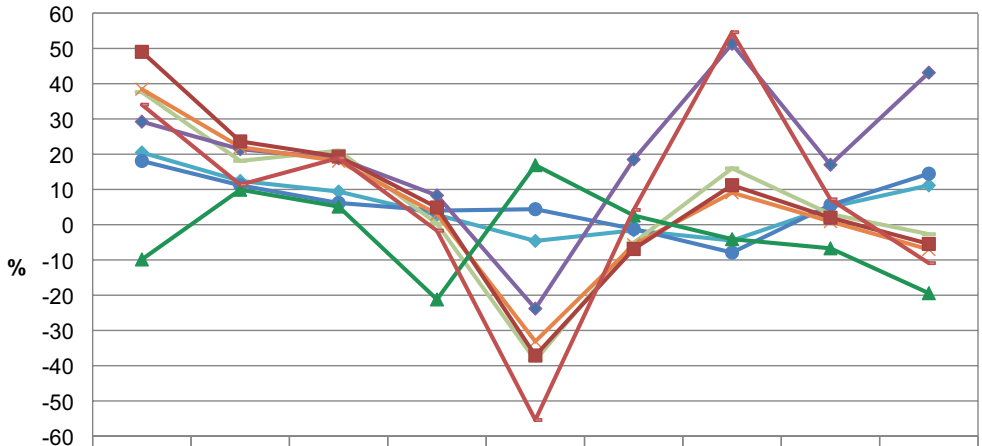
Table 22. Point-in-time enrollment figures

FOR THE LAST DAY OF STATE AND FEDERAL FYS 2007-2008 AND 2008-2009

	State Fiscal Year			Federal Fiscal Year		
	Enrollment on June 30, 2008	Enrollment on June 30, 2009	% Change 2008-2009	Enrollment on Sept. 30, 2008	Enrollment on Sept. 30, 2009	% Change 2008-2009
CMSN Title XXI	16,214	23,208	43.1	16,808	22,389	33.2
Healthy Kids Title XXI	189,022	178,736	-5.4	173,506	181,518	4.6
Healthy Kids Other	24,022	19,356	-19.4	22,805	18,349	-19.5
Healthy Kids Total	213,044	198,092	-7.0	196,311	199,867	1.8
MediKidsTitle XXI	25,221	22,345	-11.4	22,614	25,155	11.2
MediKids Other	2,437	2,298	-5.7	2,263	2,713	19.9
MediKidsTotal	27,658	24,643	-10.9	24,877	27,868	12.0
Title XXI Total	231,226	225,028	-2.7	213,686	229,873	7.6
Medicaid Title XXI*	769	739	-3.9	758	811	7.0
Medicaid Title XIX	1,201,295	1,375,206	14.5	1,229,848	1,450,881	18.0
Medicaid Total	1,202,064	1,375,945	14.5	1,230,606	1,451,692	18.0
KidCare Total	1,458,980	1,621,888	11.2	1,468,602	1,701,816	15.9

** This number represents Medicaid Title XXI coverage for babies only. Medicaid Title XXI for teens has zero enrollments because federal law specified that only adolescents born before October 1, 1983 were eligible, hence there were no replacements as adolescents aged out of the program.*

Figure 61. Percentage growth in KidCare for nine state fiscal years, by program



	7/2000-6/2001	7/2001-6/2002	7/2002-6/2003	7/2003-6/2004	7/2004-6/2005	7/2005-6/2006	7/2006-6/2007	7/2007-6/2008	7/2008-6/2009
KidCare Total	20.5	12.4	9.4	2.8	-4.6	-1.6	-4.5	5.0	11.2
Medicaid Title XIX	18.1	11.2	6.2	4.0	4.4	-1.2	-7.9	5.6	14.5
Title XXI Total	37.6	18.1	21.0	0.3	-38.5	-5.1	16.0	3.0	-2.7
CMSN Title XXI	29.2	21.4	18.8	8.3	-23.8	18.5	51.3	17.0	43.1
Healthy Kids Total	38.5	22.0	18.0	3.0	-33.1	-5.7	9.1	0.9	-7.0
Healthy Kids Title XXI	49.0	23.6	19.3	4.9	-37.1	-6.9	11.2	2.0	-5.4
Healthy Kids Other	-9.9	9.9	5.1	-21.2	16.9	2.6	-4.1	-6.7	-19.4
MediKids Total	34.1	11.3	18.9	-1.7	-55.4	4.2	54.6	7.2	-10.9

EVER ENROLLED AT ANY TIME IN THE YEAR

Table 23 provides information on a second perspective on the number of children enrolled in KidCare's Title XXI program components. The number of children who were ever enrolled at any time throughout seven state fiscal years is presented in **Table 23**. During state fiscal year 2008-2009, KidCare's Title XXI program components served a total of 357,490 children, some of whom were in the program for one or more short periods and some of whom were in the program for the entire year.

It is important to highlight the difference between the two ways of representing enrollment in **Tables 22 and 23**. Ever-enrolled figures (**Table 23**) are important to account for the churning that takes place in KidCare. Children may have multiple periods of enrollment, separated by periods of disenrollment. Point-in-time enrollment figures (**Table 22**), on the other hand, are important to show the number of children being served by a program at a specific time.

Table 23. Children "ever" enrolled in KidCare Title XXI program components

AT ANY TIME DURING SELECTED STATE FYS

	Total	CMSN	Healthy Kids	MediKids
SFY 2002-2003	467,509	12,925	390,887	63,697
SFY 2003-2004	470,737	13,738	395,187	61,812
SFY 2004-2005	403,071	12,590	348,543	41,938
SFY 2005-2006	332,805	13,675	284,897	34,233
SFY 2006-2007	352,357	19,173	288,505	44,679
July 2007-April 2008*	369,836	23,651	294,552	51,633
SFY 2008-2009	357,490	36,244	224,787	96,459

** Only ten months of data is available for the 2007-2008 period because of the May, 2008 transition in enrollment vendors and their database systems.*

*** Ever enrolled includes children who were enrolled in a KidCare Title XXI program during the specified time period, which includes new and established enrollees.*

Note: These figures represent enrollees as they enter each program. Thus, a child who ages from the MediKids program to the Healthy Kids program would be represented twice in this table: once as a MediKids enrollee and once as a Healthy Kids enrollee.

KIDCARE MONTHLY ENROLLMENT

Figures 62 through 67 show the monthly enrollment in each of the KidCare program components from April 1998 through July 2009; these figures were derived from various agency enrollment reports and are subject to reconciliation. All programs showed a steady increase in enrollment until early 2004. Since 2004, enrollments in Title XXI programs declined and then rose. Medicaid enrollments increased throughout the period that Title XXI enrollments were declining.

Children in a narrow range of ages and income levels are served by Medicaid Title XXI instead of Title XIX. The Title XXI population in Medicaid declined from 1998 through 2002 because federal law did not allow for replacements as adolescents aged out of the program. But, infants under age one whose family income is between 185% and 200% of FPL are being actively enrolled in the program, so program enrollment has been stable since 2002 and will not drop to zero.

Figure 62. CMSN Title XXI program enrollment
1998-2009

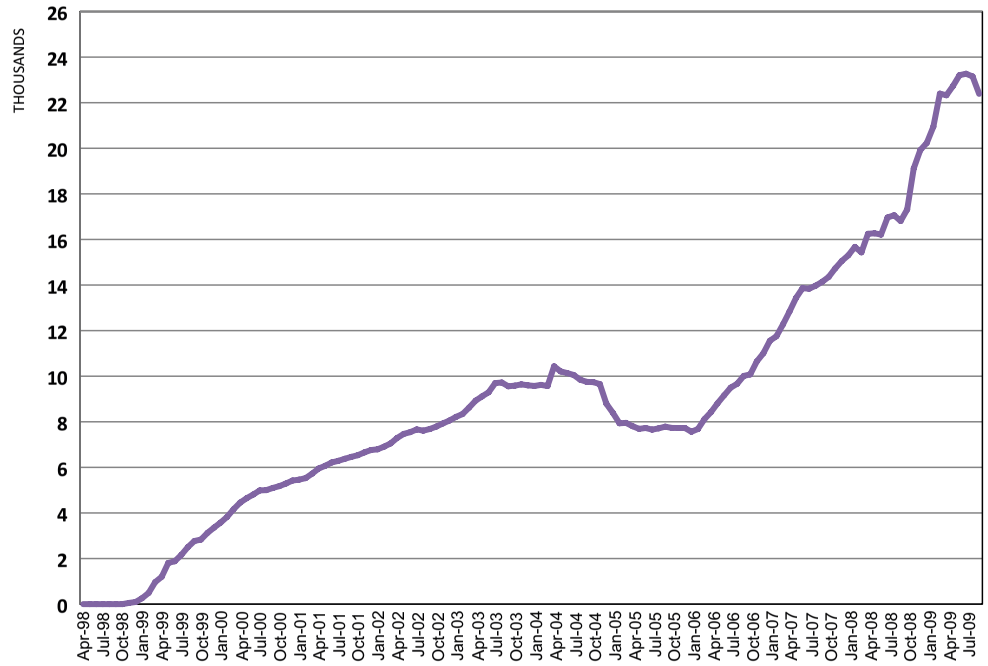


Figure 63. Healthy Kids program enrollment
1998-2009

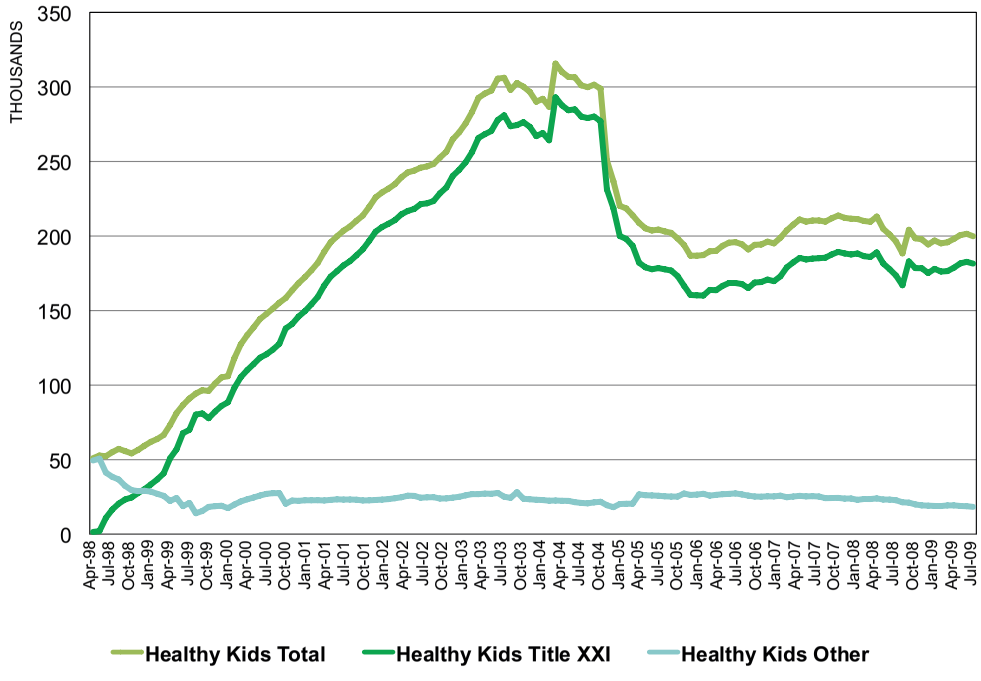


Figure 64. MediKids program enrollment
1998-2009

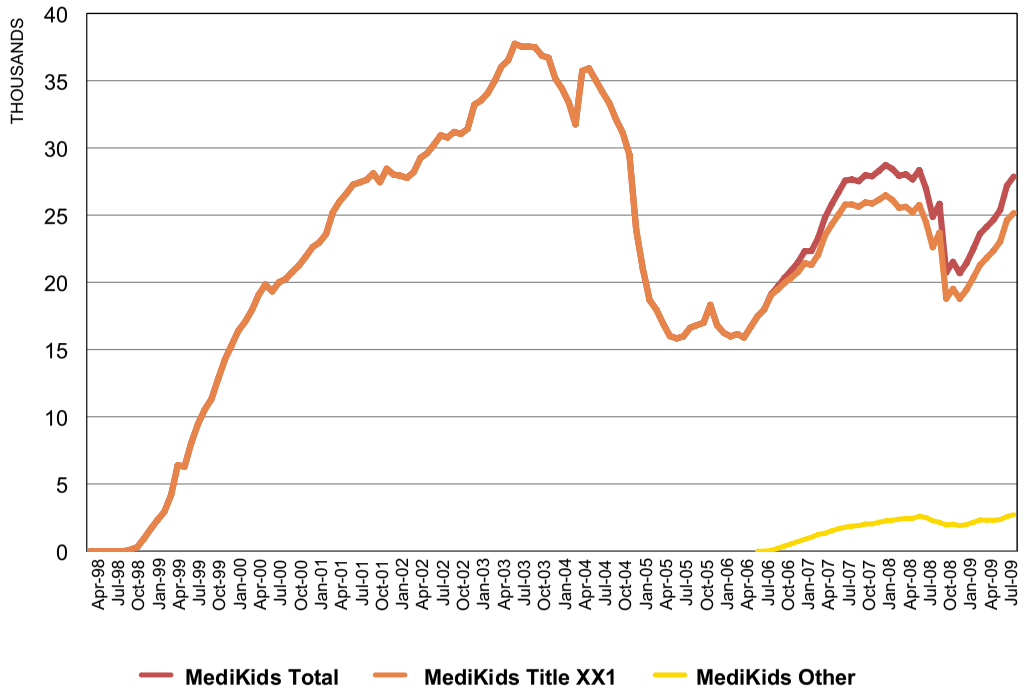


Figure 65. Medicaid program enrollment
1998-2009

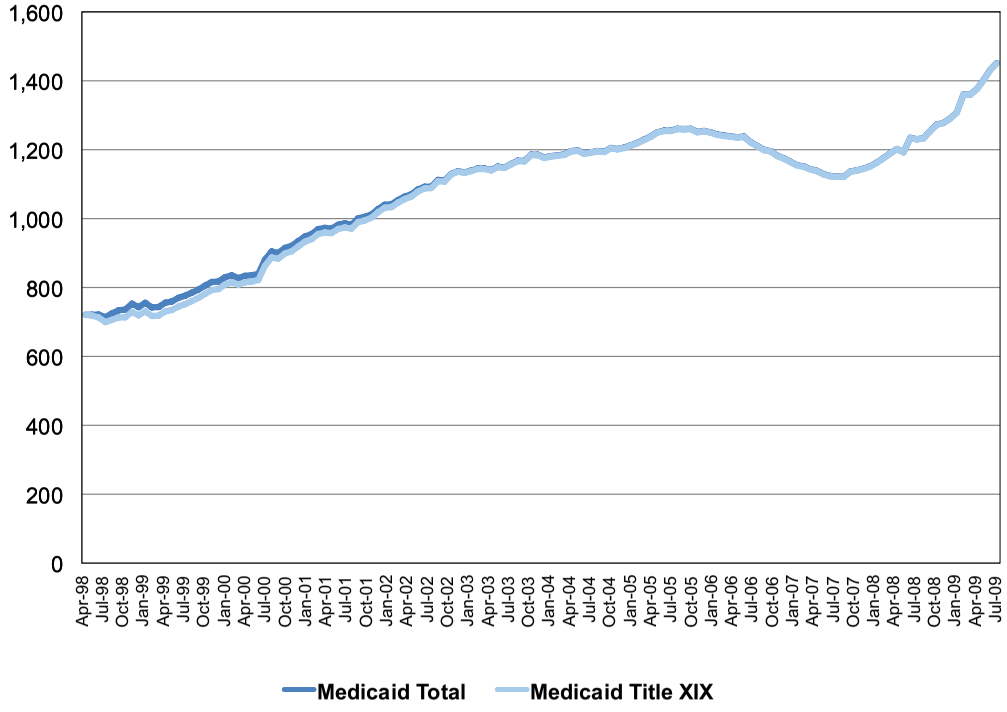


Figure 66. Medicaid Title XXI program enrollment
1998-2009

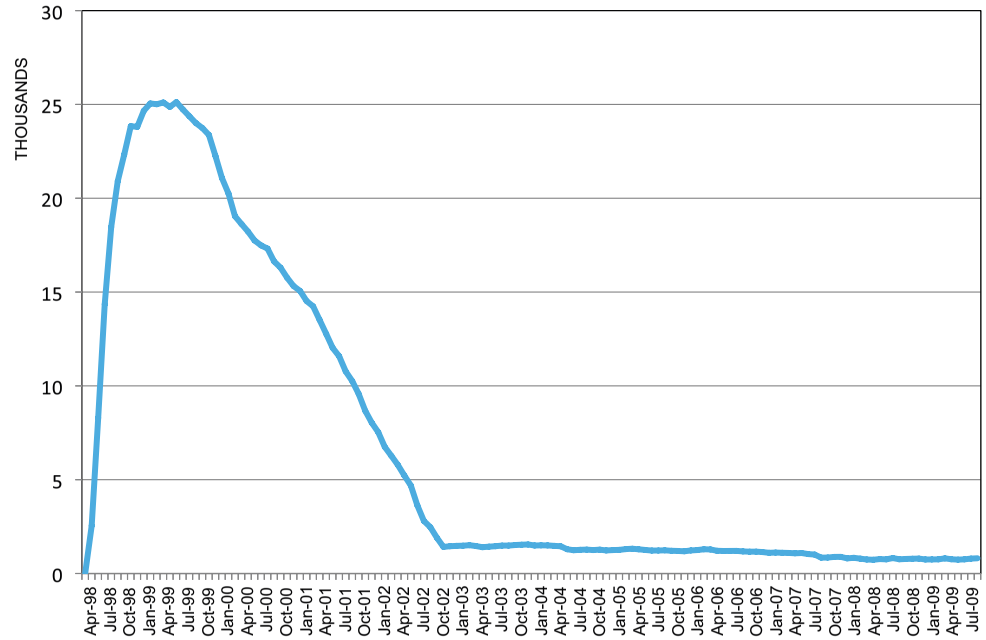
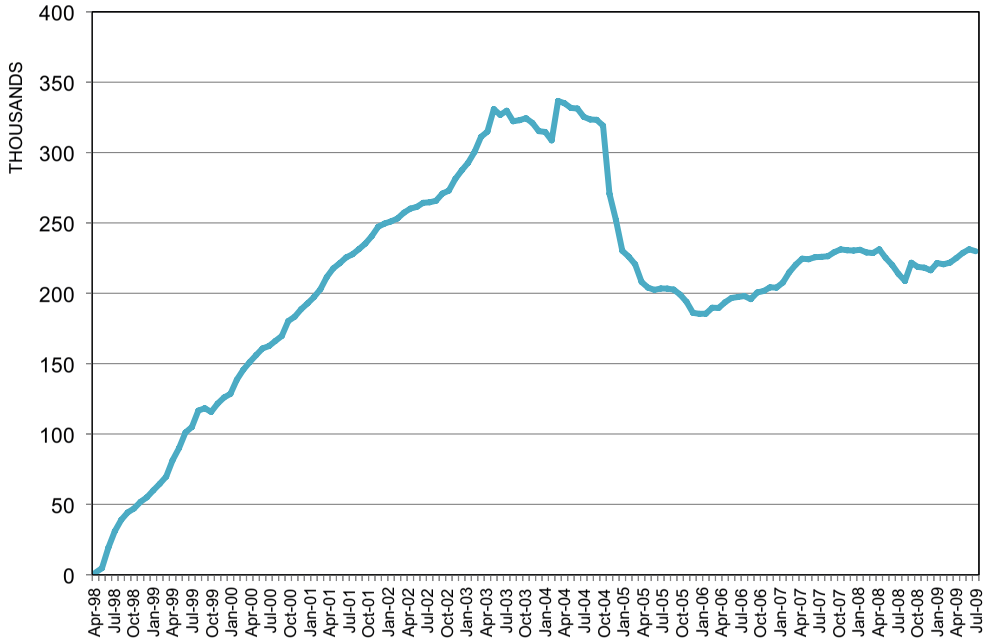


Figure 67. Overall Title XXI program enrollment
1998-2009



6 Conclusions and Recommendations

AT A GLANCE

Total Florida KidCare program enrollment increased by 11% July, 2008 to June, 2009.

CONCLUSIONS

Florida KidCare continues to provide quality health care services to low and modest income children in Florida. Several areas that were already strengths for the program, such as getting needed care quickly, satisfaction with provider communication, and access to well-child visits, remained strong.

Newly enrolled families are highly satisfied with the application and enrollment process. Forty-eight percent of newly enrolled families report they waited one month or less between application and receiving coverage. Eighty-seven percent of newly enrolled families said that they think KidCare is run well or very well.

About 88% of families of established enrollees report having a personal doctor or nurse who usually provides health care to their child. Having a usual source of care is especially important for families of children with special health care needs; a third (34%) of KidCare families report that their children have special health care needs. Ninety-two percent of families report that their child had a well-child visit in the last year, but only 56% received dental care in the same period. Overall, 32% of KidCare enrollees have a Body Mass Index (BMI) that exceeds the 85th percentile for their age and gender group, indicating they are overweight or obese.

Families enrolled for 12 months or more expressed high levels of satisfaction with KidCare providers and services. About 87% of families report positive experiences with being able to get care quickly for injuries or illnesses. Families were also highly satisfied with their personal doctor or nurse and their provider's communication (88% positive report). These ratings are virtually unchanged from prior reports, suggesting that KidCare is able to provide a consistently high quality of care to children.

For the first time, this evaluation report includes quality of care measures derived from health claims. The quality of care indicators present a complementary and/or alternative view to the perspective and feedback provided by parents during the family interviews. For example, although 92% of KidCare families reported that their child had a well-child visit in the year prior to the family interview, the HEDIS outcome measures were only able to identify health claims for 72% of 3-6 year olds having a well-child visit with a

PCP and 39% of adolescents having a well-care visit with a PCP or OB/GYN. Since the HEDIS well-child and well-care visits are limited to primary care providers, that measure's universe of providers is more limited than what parent's may include in their report of well-child visits. For example, parent report may include preventive care services provided by a specialist rather than a PCP.

KidCare serves families from diverse backgrounds. About 38% of program enrollees are Hispanic; 21% of enrollees and 29% of parents speak Spanish as their primary language in the home. Twenty-three percent of enrollees are black non-Hispanic and 35% are white non-Hispanic.

From July, 2008 to June 2009, there was an 11 percent increase in KidCare total enrollment. This is a significant increase from last year, when KidCare grew by five percent and a dramatic reversal from the prior three years when there had been declines of 4.5%, 1.6% and 4.6%, respectively. As of June 30th, 2009, there were a total of 1,621,888 children enrolled in KidCare. Medicaid Title XIX enrollment stood at 1,375,206 at the end of state fiscal year 2008-2009, up from 1,201,295 a year earlier. Although Medicaid enrollments grew, the Title XXI-funded components of Florida KidCare declined by 2.7% from July, 2008 to June, 2009.

RECOMMENDATIONS

1. Improvements in application processing by ACS have made a significant impact on family satisfaction with the KidCare application and enrollment process. Any further improvements or modifications by ACS should be supported.
2. KidCare should continue to work closely with ICHP analysts to identify HEDIS quality of care indicators that can be specifically addressed for improvement by policy or programmatic interventions.
3. AHCA should continue to work to collect and consolidate enrollment and health claims information for the Medicaid MCO enrollees. This information is not currently available and its omission precludes ICHP from producing HEDIS outcome measures for the Medicaid MCO child population. ICHP would gratefully work with the MCO data whenever it becomes available. ■