# The Florida KidCare Program Evaluation

Calendar Year 2018

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## Color Key

| Florida KidCare Program or National Metric | Color |
|---|---|
| Medicaid FFS | |
| Medicaid MMA Plans | |
| Medicaid MMA CCC Plans (Section 2 only) | |
| Medicaid Total | |
| MediKids | |
| Florida Healthy Kids | |
| CHIP CMS Plan | |
| CHIP Total | |
| Florida KidCare Total | |
| CHIP-Funded Medicaid (Section 1 only) | |
| MediKids Full-Pay (Section 1 only) | |
| Florida Healthy Kids Full-Pay (Section 1 only) | |
| National Medicaid Benchmark (Section 3 only) | |
| National CHIP Benchmark (Section 3 only) | |

# Executive Summary

## Introduction

Florida KidCare provides publicly funded health insurance options for children in Florida who qualify for coverage through either Medicaid or the Children's Health Insurance Program (CHIP). The Institute for Child Health Policy (ICHP) at the University of Florida has been contracted to deliver an annual evaluation report of the Florida KidCare program. This report adheres to state and federal guidelines and provides findings in program administration, family satisfaction, and performance measures. Discussed in this report are the Calendar Year (CY) 2018 results for the five overall Florida KidCare program components: Medicaid Fee-for-Service, Medicaid Managed Medical Assistance (MMA), MediKids, Florida Healthy Kids, and CHIP Children's Medical Services Plan (CHIP CMS Plan). Whenever possible, plan-level data for individual Medicaid MMA and Florida Healthy Kids plans is also presented.

## Evaluation Approach

This report begins with background information about the Florida KidCare program, as well as financial information provided by the Agency for Health Care Administration (AHCA). Program administration data is presented, which includes information about application, enrollment, and renewal in Florida KidCare program components. Following this is a review of family experiences with Florida KidCare program components, as compared to national benchmark data. Data for this section was provided through surveys administered by ICHP, as well as the Medicaid MMA plans. The final section in the report is the quality of care section, which presents rates and national benchmarks as applicable for performance measures within the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP. The methodology from the National Committee for Quality Assurance (NCQA) was utilized to calculate performance measures, unless the measure was only found within the Child Core Set. To present these measures, data were obtained from several sources including AHCA, Medicaid MMA plans, Florida Healthy Kids plans, CHIP CMS Plan, the Florida Department of Health, and medical practices/providers/ health systems. These measures were compared to national Medicaid benchmarks from NCQA.

## Findings

A total of 337,342 applications were received for Florida KidCare in CY 2018, which reflected 426,680 unique children requesting coverage through Florida KidCare. At the end of CY 2018, Florida KidCare had 2,361,682 members enrolled. This represents a decrease from the previous year of just over two percent, largely from Medicaid (-3.8% from the previous year). Family experiences for the Medicaid MMA plans utilizing the Children with Chronic Conditions Question Set met or exceeded the national Medicaid benchmark 10 out of the 13 times that a national Medicaid benchmark was available, and MediKids met or exceeded the national CHIP benchmark in four out of the eight instances where there was a CHIP benchmark. There are noticeable upticks in performance measure rates compared to last year, which are likely due to the inclusion of a medical record review.

## Conclusions

Enrollment in CHIP-funded Florida KidCare program components was up by 7.5% from the prior year. Renewal continues to be high, at 95%. Family satisfaction saw a significant decrease in several areas for CHIP program components, as well as the overall Florida KidCare rates: in CY 2017, national benchmarks were met or exceeded for the overall Florida KidCare program seven out of 13 times. For CY 2018, the ratio fell to three of 13 times. Quality measurements were overall positive for Florida KidCare, with all but Medicaid Fee-For-Service scoring in the two highest benchmark percentiles for the majority of the time. Behavioral health measures continue to be an area for improvement, but component-specific rate increases indicate that progress is being made in this area.

# Introduction to Florida KidCare

***In This Section***

- Background
- Program Structure
- Eligibility Criteria
- Renewal Process
- CHIP Financing

## Background

A growing number of children in Florida have relied on Florida KidCare for health insurance coverage since the program's inception in 1998, in response to the passage of the Children's Health Insurance Program (CHIP) of the Social Security Act the year prior. The Florida KidCare program was created to provide quality health insurance coverage to children in both the Medicaid and the CHIP programs. KidCare remains one of the state's most highly utilized providers of health insurance coverage. In 2017, 43% of Florida's nearly 4.4 million children under 18 years of age received coverage through either Medicaid or CHIP (Kaiser Family Foundation, 2019; United States Census Bureau, 2019).

According to early release data from the 2018 National Health Interview Survey, 50.6% of children in Florida 17 years of age and under had public health insurance coverage, including Medicaid, CHIP, Medicare, state-sponsored coverage, and military health plans, compared to 41.7% nationally (Cohen, Terlizzi, & Martinez, 2019). Compared to the previous year, the Florida public health insurance coverage rate increased by 1.2 percentage points (Cohen et al., 2019), demonstrating the importance of, and reliance on, public health insurance options for children in Florida.

Children who lack health insurance tend to have worse health outcomes than those who have insurance. Uninsured children have lower immunization rates and are less likely to receive medical care for common childhood conditions (Bernstein, Chollet, & Peterson, 2010). Untreated health conditions in children can lead to a lack of opportunities for normal development and reduced educational achievement due to missing school more often (Bernstein et al., 2010). Many factors influence lifetime health outcomes, including sociodemographic variables. However, through public health insurance programs for children, family income has become less of a factor in determining child health outcomes since an increasing number of children have gained access to healthcare services that they would not have otherwise been afforded (Currie, Decker, & Lin, 2008).

## Program Structure

Florida KidCare is the umbrella program for Florida's Child Health Insurance Program (CHIP) and Medicaid for Children. Florida KidCare consists of four program components (Children's Medical Services Plan, Medicaid, Florida Healthy Kids, and MediKids) that provide children with health insurance coverage. Assignment to a particular component is determined by the child's age, health status, and family income as demonstrated in the following text, as well as in **Table 1,** which was created by the Agency for Health Care Administration (AHCA). Except for Medicaid, Florida KidCare is not an entitlement program, which means that enrollment can be limited based on available funding. With the exception of Native American enrollees, CHIP participants contribute to the costs of their monthly family premiums.

### Children's Medical Services Managed Care Plan

The Children's Medical Services Managed Care Plan (CMS Plan) is Florida's Title V program for children with special health care needs. Children enrolled in the CMS Plan have access to specialty providers, care coordination programs, early intervention services, and other medically necessary services that are essential for their health care. The Florida Department of Health (DOH) administers the program, which is open to Medicaid and CHIP-funded children who meet clinical eligibility requirements. CHIP CMS Plan enrollees receive premium assistance coverage through CHIP and are limited to ages one through 18 years, whereas enrollees in the Medicaid CMS Plan can range from birth through 20 years of age. Infants under one year of age with family incomes between 186-200% of the Federal Poverty Level (FPL) are

CHIP-funded but receive services through the CMS Plan in the Medicaid managed care program. The CMS Plan covers Medicaid state plan services for its Medicaid- and CHIP-funded enrollees, and there are no copayments for services. Families with CHIP CMS Plan pay a monthly family premium of $15 (for family income above 133% up to 158% FPL) or $20 (for family income above 158% up to 200% FPL). The Medicaid CMS Plan is one of the Managed Medical Assistance (MMA) plans with results reported with the other Medicaid MMA plans and in the Medicaid MMA Total. The CHIP CMS Plan is presented as a separate Florida KidCare program and is listed among the other CHIP programs and in the CHIP total.

Within CHIP CMS Plan is the Behavioral Health Network (BNET). CHIP CMS Plan enrollees ages 5 to 18 who meet the Department of Children and Families' (DCF) clinical eligibility for serious behavioral or emotional conditions may be enrolled in BNET. The Florida Legislature created BNET in s.409.8135, Florida Statutes, with program administration by DCF. BNET is aimed at treating the spectrum of behavioral health conditions and provides support for children and families by offering treatment and management assistance.

Note that as of February 2019, CMS Plan changed its name to CMS Health Plan. To be consistent with the program name as of the reporting period, the term "CMS Plan" will be used in this report, with the exception of references to 2019 or 2020 (see the CHIP Financing section).

**Florida Healthy Kids**

Florida Healthy Kids is a statewide program for children ages 5 through 18 (inclusive) who are between 133% and 200% FPL and eligible for CHIP premium assistance. For each region, the Florida Healthy Kids Corporation (FHKC), which determines eligibility for Florida's CHIP programs and administers the Florida Healthy Kids program, selects two or more commercially licensed health plans through a competitive bid process. In addition, at least two dental insurers are selected to provide the dental benefits and form the provider networks. The dental benefit package is the same as Medicaid's benefit package, with no cost-sharing or copayments. CHIP subsidized enrollees do not pay any additional monthly family premiums for this dental coverage. Florida Healthy Kids families pay a monthly family premium of $15 (for family income above 133% up to 158% FPL) or $20 (for family income above 158% up to 200% FPL), with co-payments for certain services. Information on full-pay coverage is provided below.

**MediKids**

MediKids is a Medicaid "look-alike" program for children one through four years of age, who have a family income above 133% up to 200% of the FPL and eligible for CHIP premium assistance. State law provides that children in MediKids must receive their care through a managed care delivery system. MediKids children are enrolled in Medicaid MMA plans.  MediKids families pay a monthly family premium of $15 (for family income above 133% up to 158% FPL) or $20 (for family income above 158% up to 200% FPL), with no co-payments. Information on full-pay coverage is provided below.

**Medicaid**

Medicaid is the health care program for children from families whose incomes fall below the income thresholds for CHIP coverage. Florida KidCare Medicaid recipients must be under 19 years of age. Families that are eligible for Medicaid coverage do not pay a monthly family premium. Upon enrollment, families select the managed care plan they want for their children. AHCA contracts with an enrollment broker to assist families in making this decision for their children.

**Full-Pay**
Full-pay coverage options exist for families of children one through 18 years of age who apply to Florida KidCare, but have been determined to be ineligible for Medicaid or CHIP premium assistance. Families can enroll their children in Florida Healthy Kids or MediKids "full-pay" options if:

1) Their income is under 200% FPL, but they are not eligible for CHIP premium assistance
2) Their income is over 200% FPL, or
3) They are non-qualified United States (U.S.) non-citizens

In Calendar Year (CY) 2018, Florida Healthy Kids full-pay coverage per member was available at a monthly rate of $230 with dental coverage, or $215 without dental coverage. MediKids full-pay members pay a monthly premium of $157 per child, which includes dental coverage. Full-pay Florida Healthy Kids and MediKids enrollees are included only in the program administrative data of this report (i.e., not included in the parent experiences or quality of care sections).

There is not a full-pay coverage option for the CMS Plan. Children with special health care needs that are not eligible for CHIP premium assistance may enroll in the full-pay options of MediKids or Florida Healthy Kids, depending on the child's age.

**Recent Medicaid Program Changes**
In CY 2018, AHCA awarded new contracts for administration of the Statewide Medicaid Managed Care program. These new contracts resulted in changes to some of the Medicaid plans. In addition to new plans, which are slated to begin reporting performance measure and survey data in 2020, two Medicaid MMA plans (Better Health and Amerigroup) merged with an existing third plan (Simply Health Plan). As a result, rates for Simply may vary due to the additional members covered.

**Table 1. Florida KidCare Eligibility, Calendar Year 2018**

| Program | | Agency Roles | Age | Eligibility | Monthly Premiums | Health Care Plan Enrollment |
|---|---|---|---|---|---|---|
| **Title XIX** | **Medicaid** | **Administration:** Agency for Health Care Administration | Under 19 years of age | Infants: up to 200% FPL | No premiums | Medicaid Health plans |
| | | **Eligibility:** Department of Children and Families | | Children Ages 1-18: up to 133% FPL | | |
| **Title XXI-CHIP** | **Florida Healthy Kids** | **Administration:** Florida Healthy Kids Corporation | 5 - 18 | Uninsured- Above 133% up to 200% FPL | $15 or $20/family | Florida Healthy Kids Health plans |
| | | **Eligibility:** Florida Healthy Kids Corporation | | | Full Pay: $230/child $215/child without dental coverage | |
| | **MediKids** | **Administration:** Agency for Health Care Administration | 1 - 4 | Uninsured- Above 133% up to 200% FPL | $15 or $20/family | Medicaid Health plans (MediKids enrollees are eligible for Medicaid Plans (MMA) |
| | | **Eligibility:** Florida Healthy Kids Corporation | | | Full Pay: $157/child | CMS Plan is not an option for MediKids enrollees.* |
| | **Children's Medical Services Managed Care Plan** | **Administration:** Department of Health | 1 - 18<br>BNET: 5 - 18 | Uninsured - Above 133% up to 200% FPL | $15 or $20/family | CHIP CMS Plan |
| | | **Eligibility:** Florida Healthy Kids Corporation | | | No full pay component | Behavioral Health Network (BNET)- children with severe behavioral needs (Children ages 5-18) |

*Note: In response to the Affordable Care Act, the Florida Children's Health Insurance Program (CHIP) Federal Poverty Level (FPL) eligibility income limit was converted from an upper income limit of 200% to 210%. Florida CHIP achieves this conversion by applying specific income standard deductions, resulting in an effective upper limit of 210%.*

**MediKids members can qualify for the CMS Medicaid health plan, but once they enroll in it, they are disenrolled from MediKids, as they cannot be dual enrolled.*

## Eligibility Criteria

Eligibility criteria varies under the Medicaid and CHIP programs. In addition, eligibility also varies under the four program components of Florida KidCare.

**Medicaid Eligibility**

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

- Meet age and income requirements
    - Under one year of age must have a household income equal to or less than 200% FPL
        - Children under the age of one year with a household income over 185% - up to 200% FPL are funded by CHIP
    - Ages one- five years must have a household income equal to or less than 133% FPL
    - Ages six - 18 years must have a household income equal to or less than 133% FPL (and children with household income between 112%-133% FPL are enrolled in Medicaid but funded by CHIP)
    - Be a U.S. citizen or a qualified non-citizen, and
    - Not be an inmate of a public institution or a patient in an institution for mental diseases

**CHIP Eligibility**

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

- Be under 19 years of age
- Be uninsured
- Be ineligible for Medicaid
- Have a family income above 133% FPL but not exceeding 200% of the FPL
- Be a U.S. citizen or a qualified non-citizen, and
- Not be an inmate of a public institution or a patient in an institution for mental diseases

**Table 2** provides information from the past five years about the FPL for a family of four. To be eligible for Medicaid coverage in 2018, a family of four must have had an annual income equal to or less than $33,383.

**Table 2. Federal Poverty Level for a Family of Four**

| Income as a % of FPL | 2014 | 2015 | 2016 | 2017 | 2018 |
|---|---|---|---|---|---|
| 100% | $23,850 | $24,250 | $24,300 | $24,600 | $25,100 |
| 133% | $31,721 | $32,253 | $32,319 | $32,718 | $33,383 |
| 185% | $44,123 | $44,863 | $44,955 | $45,510 | $46,435 |
| 200% | $47,700 | $48,500 | $48,600 | $49,200 | $50,200 |

*Sources:*
*https://aspe.hhs.gov/2014-poverty-guidelines*
*https://aspe.hhs.gov/2015-poverty-guidelines*
*https://aspe.hhs.gov/computations-2016-poverty-guidelines*
*https://aspe.hhs.gov/2017-poverty-guidelines*
*https://aspe.hhs.gov/2018-poverty-guidelines*

## Renewal Process

Families whose children are in the CMS Plan, Florida Healthy Kids, or MediKids program and receive CHIP premium assistance receive 12 months of continuous eligibility. To renew eligibility, families are required to provide annual proof of earned and unearned income. Beginning in January 2010, federal Children's Health Insurance Program Reauthorization Act (CHIPRA) legislation also required families to provide proof of their children's citizenship and identity.

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

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

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

Children with Medicaid coverage who are under five years of age receive 12 months of continuous eligibility without an eligibility redetermination. Children five through 18 years of age are allowed six months of continuous Medicaid eligibility without eligibility redetermination. Families receive notice from DCF when it is time to re-determine their children's eligibility and they must complete renewal paperwork for their children to remain in the program.

## CHIP Financing

Funding for the CHIP component of Florida KidCare comes from the federal government, state allocations, and member payments for premiums. **Tables 3-8** provide information on the funding of Florida KidCare's CHIP programs. Data in these tables are first presented at a caseload conference, where program enrollment is discussed and projected for future years. Approximately one month later, using totals from the caseload conference, an estimating conference is held to estimate program expenditures, per member per month costs, estimated revenue, and budget surplus/deficit totals for the coming years. Estimating conferences take place multiple times each year, and are crucial to state operations, as they help determine revenue and resource demand, and ultimately help to ensure that Florida maintains a balanced state budget (Office of Economic and Development Research, 2019). These conferences include data from AHCA (MediKids), FHKC (Florida Healthy Kids), and DOH (CMS Plan and BNET) and, in addition to representatives from those organizations, are attended by key staff members from the Governor's Office, state Senate, state House of Representatives, and the state Legislative

Office of Economic and Demographic Research. The Institute for Child Health Policy (ICHP) gratefully acknowledges assistance from AHCA in compiling information for these tables.

**Table 3** summarizes the total, federal, and state share for each of the Florida KidCare CHIP program components for State Fiscal Year (SFY) 2018-2019 and budgeted for SFY 2019-2020. Please note that a SFY runs from July 1 to June 30. As depicted in this table, the BNET program, as well as CHIP-funded Medicaid programs, do not require a family contribution, and the Florida Healthy Kids and MediKids full-pay programs do not receive federal or state funds, as these programs are funded through family contributions (i.e., monthly premiums and co-payments).

**Table 3. Florida KidCare CHIP Expenditures and Revenue Sources, SFYs 2018-2020**

| Actual SFY 2018-2019 By Program | Expenditures | Family Contributions | Federal Funds | State Funds |
|---|---|---|---|---|
| **CHIP** | | | | |
| MediKids* | $61,801,029 | $3,184,460 | $56,170,880 | $2,445,689 |
| Florida Healthy Kids* | $329,957,375 | $26,417,210 | $290,614,921 | $12,925,244 |
| CMS Health Plan* | $146,119,378 | $1,670,771 | $138,212,338 | $6,236,269 |
| BNET | $4,531,015 | $0 | $4,339,987 | $191,028 |
| **Full-Pay Programs** | | | | |
| MediKids Full-Pay | $19,877,370 | $14,676,396 | $0 | $0 |
| Florida Healthy Kids Full-Pay | $38,542,464 | $38,542,464 | $0 | $0 |
| **CHIP-Funded Medicaid** | | | | |
| Children 6-18 | $393,617,260 | $0 | $376,967,250 | $16,650,010 |
| **Totals** | | | | |
| **Total CHIP Services** | $936,026,057 | $31,272,441 | $866,305,376 | $38,448,240 |
| **Administration** | $18,062,893 | $1,418,436 | $15,941,218 | $703,239 |
| **Grand Total** | $954,088,950 | $32,690,877 | $882,246,594 | $39,151,479 |
| | | | | |
| **Budgeted SFY 2019-2020 By Program** | **Expenditures** | **Family Contributions** | **Federal Funds** | **State Funds** |
| **CHIP** | | | | |
| MediKids* | $61,617,986 | $3,582,650 | $50,617,863 | $7,417,473 |
| Florida Healthy Kids* | $347,124,253 | $28,364,345 | $277,899,576 | $40,860,332 |
| CMS Health Plan* | $161,238,548 | $1,778,411 | $139,274,697 | $20,185,440 |
| BNET | $4,496,176 | $0 | $3,912,698 | $583,478 |
| **Full-Pay Programs** | | | | |
| MediKids Full-Pay | $21,048,192 | $15,601,097 | $0 | $0 |
| Florida Healthy Kids Full-Pay | $57,503,618 | $57,503,618 | $0 | $0 |
| **CHIP-Funded Medicaid** | | | | |
| Children 6-18 | $386,770,066 | $0 | $337,650,268 | $49,119,798 |
| **Totals** | | | | |
| **Total CHIP Services** | $961,247,029 | $33,725,406 | $809,355,102 | $118,166,521 |
| **Administration** | $20,864,337 | $2,063,076 | $16,400,374 | $2,400,887 |
| **Grand Total** | $982,111,366 | $35,788,482 | $825,755,476 | $120,567,408 |

*Children 6-18 Source: Social Services Estimating Conferences March 2019 and August 2019; All other data: Florida KidCare Estimating Conference Documents July 31, 2019*

**Includes prior year expenditures in totals*

**Table 4** contains detail on the actual CHIP administrative costs for SFY 2018-2019 and budgeted costs for SFY 2019-2020. Administrative costs to the FHKC cover the costs of processing applications and determining eligibility for CHIP programs, among other possible costs associated with running portions of the administration of the Florida KidCare program.

**Table 4. CHIP Administration Costs, SFYs 2018-2020**

| Program | SFY 2018-2019 Actuals | SFY 2019-2020 Budgeted |
|---|---|---|
| Average Monthly Caseload | 201,193 | 222,624 |
| Number of Case Months | 2,414,310 | 2,671,491 |
| Administration Cost per Member Per Month | $7.48 | $7.81 |

*Source: Florida KidCare Estimating Conference Documents July 31, 2019*

**Table 5** presents the per member per month premium rates for the Florida KidCare CHIP programs projected for SFY 2018-2019 and budgeted for 2019-2020. These figures are based on program enrollment projections, and are used to determine program expenditures and revenue, which are critical to making budget forecasts and funding allocations. Note that these totals are only for subsidized programs within CHIP; therefore, the MediKids and Florida Healthy Kids full-pay programs are not included.

**Table 5. Per Member Per Month Premium Rates for CHIP Programs, SFYs 2018-2020**

| Program | SFY 2018-2019 Projected | SFY 2019-2020 Budgeted |
|---|---|---|
| MediKids | $155.33 | $154.62 |
| Florida Healthy Kids- Medical | $126.40 | $128.59 |
| Florida Healthy Kids- Dental | $14.89 | $15.27 |
| CMS Health Plan | $963.54 | $995.82 |
| BNET | $1,088.14 | $1,110.99 |
| Medicaid Children 6-18 | $261.86 | $264.60 |

*Children 6-18 Source: Social Services Estimating Conferences March 2019 and August 2019; All other data: Florida KidCare Estimating Conference Documents July 31, 2019*

**Table 6** presents the annual premium amounts collected from CHIP families for SFY 2018-2019, and the budgeted amount for SFY 2019-2020. Note that, as with the previous table, no full-pay program totals are included.

**Table 6. Premiums Collected from CHIP Families, SFYs 2018-2020**

| Program | SFY 2018-2019 Actuals | SFY 2019-2020 Budgeted |
|---|---|---|
| MediKids | $3,184,460 | $3,582,650 |
| Florida Healthy Kids | $26,417,210 | $28,364,345 |
| CMS Health Plan | $1,670,771 | $1,778,411 |
| **Total** | $31,272,441 | $33,725,406 |

*Source: Florida KidCare Estimating Conference Documents July 31, 2019*

**Table 7** presents Florida KidCare CHIP SFY and Federal Fiscal Year (FFY) expenditures for the last five years, as well as the amounts budgeted for FFY 2020. This data reflects totals reported to the Centers for Medicare & Medicaid Services, and is comprised of expenditures using federal CHIP award funding (using carry forward funds from the previous year), as well as state funds. Carry forward funds are those that are unobligated at the close of the FFY and thus, may be carried over to the next year (National Institutes of Health, 2019). Note that a FFY runs from October 1 to September 30.

**Table 7. Florida KidCare CHIP Expenditures, SFYs 2014-2020 and FFYs 2015-2020**

| | Total | State Funds | Federal Funds |
|---|---|---|---|
| **SFY** | | | |
| 2014-2015 | $604,280,741 | $171,355,890 | $432,924,851 |
| 2015-2016 | $648,111,799 | $67,711,480 | $580,400,319 |
| 2016-2017 | $698,869,196 | $30,051,375 | $668,817,821 |
| 2017-2018 | $760,830,280 | $29,444,132 | $731,386,148 |
| 2018-2019 | $833,613,136 | $35,261,836 | $798,351,300 |
| 2019-2020 | $985,353,724 | $125,139,923 | $860,213,801 |
| | | | |
| **FFY** | | | |
| 2015 (2014-2015) | $582,098,597 | $164,151,804 | $417,946,793 |
| 2016 (2015-2016) | $645,908,216 | $29,259,642 | $616,648,574 |
| 2017 (2016-2017) | $714,734,261 | $30,233,259 | $684,501,002 |
| 2018 (2017-2018) | $777,163,284 | $29,143,623 | $748,019,661 |
| 2019 (2018-2019) | $858,493,173 | $37,687,850 | $820,805,322 |
| 2020 (2019-2020) | $1,002,240,992 | $155,046,681 | $847,194,310 |

*Source: Florida KidCare Estimating Conference Documents July 31, 2019*
*Notes: Changes in state and federal funds are related to Federal Medical Assistance Percentages rates. Total amounts may not sum completely due to rounding.*

**Table 8** presents the federal grant award and carry forward totals from each FFY for the last five years as well as amounts projected for FFYs 2019 and 2020. Note that these totals are based on the state allotment for CHIP funding, available only if the state contributes funding.

**Table 8. Federal Grant Award Balance and Carry Forward, FFYs 2015-2020**

| FFY | Federal Grant | Carry Forward Total |
|---|---|---|
| 2015 (2014-2015) | $566,046,165 | $381,264,048 |
| 2016 (2015-2016) | $594,954,867 | $359,570,341 |
| 2017 (2016-2017) | $686,574,537 | $361,643,876 |
| 2018 (2017-2018) | $734,065,064 | $227,141,320 |
| 2019 (2018-2019) | $793,192,228 | $199,528,226 |
| 2020 (2019-2020) | $793,192,228 | $145,526,143 |

*Source: Florida KidCare Estimating Conference Documents July 31, 2019*

# Section 1: Administration

***In This Section***

- Evaluation Approach
- Monthly Application Volume
- Outcomes of Applications
- Enrollment
- Renewal of CHIP Coverage

## Evaluation Approach

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

- Monthly application volume
- Outcomes of applications
- Enrollment information, including trends
- Renewal of coverage

By state law, the Florida Healthy Kids Corporation (FHKC) is responsible for processing applications for Florida KidCare coverage. Application, enrollment, and renewal processing is done by a third-party vendor under contract with the FHKC. The Department of Children and Families (DCF) determines eligibility for Medicaid. Note that only data from FHKC is presented in this section; information on the applications submitted to DCF is not presented. As such, the data outlined in this section may not be reflective of the complete depth and volume of Florida KidCare applications.

## Monthly Application Volume

Applications for coverage are submitted via mail, telephone, fax, or internet. **Figure 1** displays the number of unduplicated Florida KidCare applications received monthly by the FHKC for processing over five years. At the end of Calendar Year (CY) 2018, there were 34,407 unduplicated applications to Florida KidCare, which was the second-highest amount in five years.

**Figure 1. Florida KidCare Unduplicated Applications Received Monthly by Florida Healthy Kids Corporation, January 2014 to December 2018**

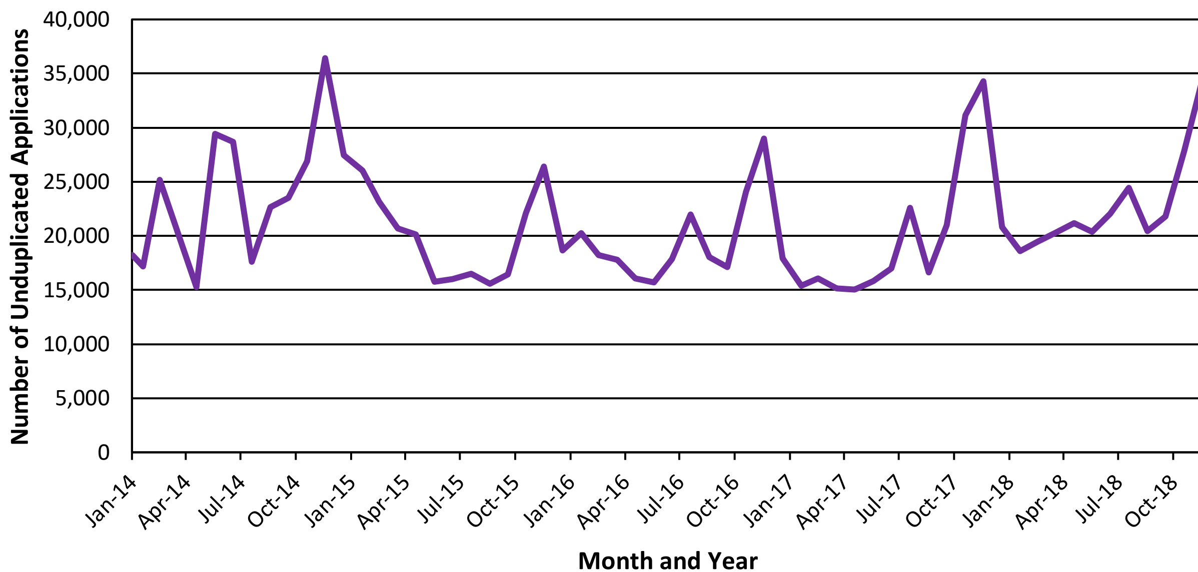



**Table 9** provides monthly information on Florida KidCare applications submitted during CY 2018. Note that children can be enrolled in Medicaid through direct application to DCF; those applications are not reflected here. Also, none of these figures include children automatically transferred from Medicaid to Child Health Insurance Program (CHIP) coverage.

- In CY 2018, FHKC received a total of 337,342 applications.
- When duplicate applications were removed, FHKC received a total of 271,627 applications, which contained processable information on 426,680 children.
- FHKC received an average of 22,636 unduplicated applications monthly. This ranged from a low of 18,571 unduplicated applications in February to a high of 34,407 unduplicated applications in December.
- The mean age of applicants for the 12-month period was 10.7 years, and the mean monthly income of families applying for Florida KidCare coverage was $3,533 during CY 2018.
- Families applying for Florida KidCare coverage had an average household size of 3.6 persons.

**Table 9. Florida KidCare Application Information Received by FHKC, CY 2018**

| Application Information | Jan. 2018 | Feb. 2018 | Mar. 2018 | Apr. 2018 | May 2018 | Jun. 2018 | Jul. 2018 | Aug. 2018 | Sep. 2018 | Oct. 2018 | Nov. 2018 | Dec. 2018 | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Applications received, including duplicate applications | 30,284 | 25,997 | 26,805 | 27,423 | 27,774 | 25,876 | 27,335 | 29,373 | 23,872 | 25,090 | 31,039 | 36,474 | 337,342 |
| Applications received, excluding duplicate applications | 20,793 | 18,571 | 19,479 | 20,345 | 21,184 | 20,350 | 22,023 | 24,451 | 20,420 | 21,791 | 27,813 | 34,407 | 271,627 |
| Children represented on applications received, excluding duplicate applications | 32,527 | 28,937 | 30,310 | 31,802 | 33,293 | 32,054 | 35,162 | 39,183 | 32,639 | 34,426 | 43,427 | 52,920 | 426,680 |
| | | | | | | | | | | | | | |
| Child age, mean years[a] | 10.42 | 10.46 | 10.48 | 10.53 | 10.52 | 10.63 | 10.67 | 10.75 | 10.73 | 10.74 | 10.95 | 11.17 | 10.70 |
| Child age, standard deviation | 4.25 | 4.17 | 4.17 | 4.16 | 4.12 | 4.10 | 4.05 | 3.99 | 4.00 | 4.02 | 4.05 | 4.02 | 4.09 |
| | | | | | | | | | | | | | |
| Monthly family income, mean[b] | $3,498 | $3,488 | $3,513 | $3,541 | $3,543 | $3,540 | $3,488 | $3,537 | $3,563 | $3,528 | $3,590 | $3,546 | $3,533 |
| Monthly family income, standard deviation | $2,463 | $2,585 | $2,289 | $2,211 | $2,056 | $2,327 | $2,154 | $2,518 | $2,403 | $2,411 | $2,471 | $2,390 | $2,363 |
| | | | | | | | | | | | | | |
| Household size, mean[c] | 3.56 | 3.54 | 3.55 | 3.59 | 3.59 | 3.61 | 3.63 | 3.61 | 3.61 | 3.59 | 3.61 | 3.64 | 3.60 |
| Household size, standard deviation | 1.23 | 1.23 | 1.25 | 1.23 | 1.25 | 1.28 | 1.28 | 1.28 | 1.28 | 1.27 | 1.25 | 1.28 | 1.26 |

*[a]Children younger than 1 or above 21 years old were considered to be out of range and are not used in calculation of mean child age. [b]Figures are rounded to the nearest dollar. Annual incomes above $100,000 were considered out of range and were not used in calculation of mean monthly family income. [c]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

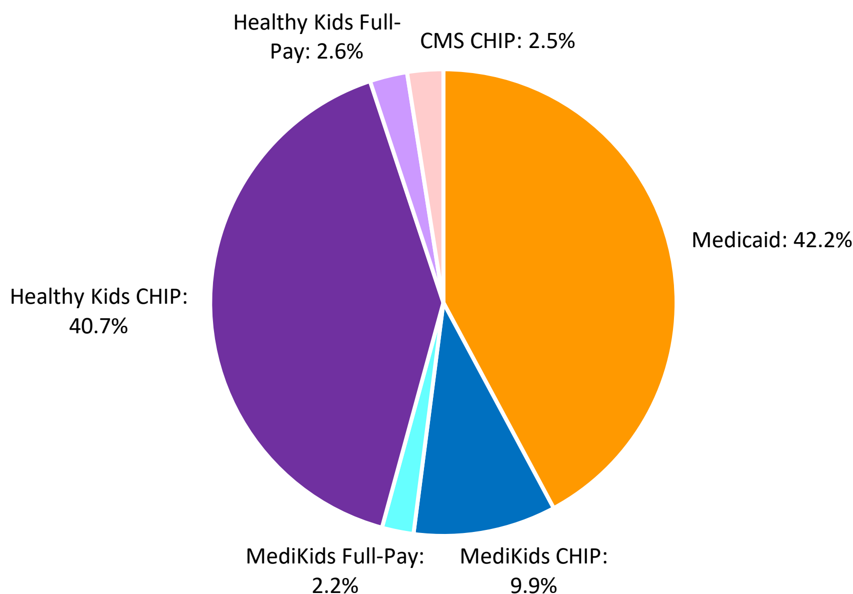
The following analysis considers unduplicated applications/applicants. For cases with duplicate or multiple applications, only the most recent application sent to FHKC is included. The analysis does not use the "referral" flag provided in the applications database because that field is not well-populated. Rather, the analysis considers an application to have been reviewed if it was specifically approved or denied. For this analysis, approval indicates that the applicant has submitted all necessary documentation and was deemed eligible for Medicaid, CHIP, or full-pay coverage. Following approval, enrollment in CHIP or full-pay coverage is contingent upon the family paying the appropriate premium.

Application processing included internal review at FHKC and additional external review by DCF and/or Children's Medical Services Managed Care Plan (CMS Plan) for applications that met certain criteria. DCF assessed each child's eligibility for Medicaid coverage. CMS Plan assessed each child's clinical eligibility for CMS Plan coverage. Of the 271,627 processed applications:

- 163,469 applications received internal review only
- 75,761 applications received internal and DCF review
- 26,008 applications received internal and CMS Plan review
- 6,388 applications received internal, DCF, and CMS Plan review

**Figure 2** presents the distribution of approved applications by Florida KidCare component. Children can also be approved for Medicaid coverage through direct application to DCF. These figures only reflect the applications for Florida KidCare coverage that were originally submitted to FHKC. Of note, the percentage of approvals by the program is the total of applications approved, not the applications processed.

**Figure 2. Application Approvals by Florida KidCare Components**




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

**Table 10** presents the number of applications for Florida KidCare during CY 2018 sent directly to FHKC.

FHKC processed a total of 271,626 unduplicated applications, which represented 426,679 unduplicated applicants. Note that within the 426,679 total unduplicated applicants, one did not fit any of the review criteria and is not present in subsequent totals. Of these applicants, 164,227 children were approved, yielding a 38% approval rate. This data only considers the most recent applications and excludes previous duplicate applications. The third-party vendor who processes application information for the FHKC does not include account transfers from DCF or from the Federally Facilitated Marketplace.

**Table 10. Outcomes of Florida KidCare Applications Processed by FHKC, CY 2018**

| Applications reviewed by Florida Healthy Kids Corporation | Without referral to DCF or CMS Plan | With referral to DCF (but not CMS Plan) | With referral to CMS Plan (but not DCF) | With referrals to both DCF and CMS Plan | Total |
|---|---|---|---|---|---|
| Number of Unduplicated Applications | 163,469 | 75,761 | 26,008 | 6,388 | 271,626 |
| Number & Percent of Unduplicated Children | 270,325<br>63% | 119,159<br>28% | 29,840<br>7% | 7,355<br>2% | 426,679 |
| | | | | | |
| **TOTAL**, children **approved** for Florida KidCare or Full-Pay | 131,795 | 12,039 | 18,236 | 2,157 | 164,227 |
| Florida Healthy Kids | 53,707 | 6,111 | 6,243 | 817 | 66,878 |
| MediKids | 13,498 | 1,673 | 928 | 116 | 16,215 |
| Medicaid | 58,118 | 4,220 | 6,170 | 759 | 69,267 |
| CHIP CMS Plan | - | - | 3,622 | 458 | 4,080 |
| Florida Healthy Kids Full-Pay | 3,426 | 12 | 753 | 6 | 4,197 |
| MediKids Full-Pay | 3,046 | 23 | 520 | 1 | 3,590 |

Data describing reasons applications were not approved for all of Florida KidCare (including Medicaid) are not available. However, **Table 11** displays the reasons why children were ineligible for CHIP coverage. Please note that reasons for lack of eligibility for CHIP are not mutually exclusive. Therefore, applications could include more than one reason for lack of eligibility. The reasons for not being eligible include:

- 63,392 children were not eligible for CHIP coverage due to expiration of their application when their parents did not respond to requests for documentation.
- 69,202 children were not eligible because they were already receiving Medicaid coverage.
- 41,157 children were not eligible for CHIP coverage because they were referred to Medicaid, but not currently enrolled in Medicaid.
- Being under age one accounted for 7,311 children not being eligible for CHIP coverage, and 60,931 were not eligible due to being over 18 and therefore beyond the age of eligibility.
- 71,546 children were not eligible because their application had expired due to non-payment.
- 15,750 children were not eligible for CHIP coverage because they had other insurance, while 916 children were not eligible because they were not United States (U.S.) citizens or qualified non-citizens.

- Additional reasons for ineligibility include not being a Florida resident (915), incarceration (21), and being approved for Medicaid (65).

**Table 11. Reasons for Denial from CHIP, CY 2018**

| Reasons | Without referral to DCF or CMS Plan | With referral to DCF (but not CMS Plan) | With referral to CMS Plan (but not DCF) | With referrals to both DCF and CMS Plan | Total |
|---|---|---|---|---|---|
| Expired, non-payment | 65,192 | 1,157 | 5,094 | 103 | 71,546 |
| Currently enrolled in Medicaid | 58,055 | 4,219 | 6,169 | 759 | 69,202 |
| Expired, non-compliant | 58,348 | 170 | 4,845 | 29 | 63,392 |
| Over age | 53 | 60,364 | 2 | 512 | 60,931 |
| Referred to Medicaid | 83 | 36,785 | 9 | 4,280 | 41,157 |
| Has other insurance | 4,451 | 9,982 | 1,094 | 223 | 15,750 |
| Under age | 99 | 7,211 | 0 | 1 | 7,311 |
| Non-U.S. citizen | 841 | 0 | 75 | 0 | 916 |
| Not a Florida resident | 846 | 39 | 28 | 2 | 915 |
| Medicaid, approved | 63 | 1 | 1 | 0 | 65 |
| Incarcerated | 17 | 1 | 3 | 0 | 21 |

## Enrollment

Since the implementation of the Affordable Care Act in 2014, the percentage of Florida KidCare-eligible children who were enrolled in either Medicaid or CHIP has steadily increased. In 2013, 85% of eligible children were enrolled, a value that increased to 92.1% in 2015 (Kenney, Haley, Pan, Lynch, & Buettgens, 2017). In 2016, the Medicaid/CHIP participation rate in Florida rose to 93% (Haley, Kenney, Wang, Lynch, & Buettgens, 2018). This marks a nearly 10 percentage point increase in two years.

**Table 12** presents the point-in-time enrollment figures for the end of CY 2017 and CY 2018 and the percent growth during those time frames. Point-in-time figures represent the number of children enrolled on a specific date.

- At the end of CY 2018, 2,361,682 children were enrolled in the Florida KidCare program. This was a decrease of 2.04% from the previous year.
- Florida KidCare's Medicaid enrollment also decreased, while CHIP-funded Medicaid enrollment experienced only a slight decrease from the previous year.
- Total CHIP-funded enrollment saw a change of 7.52% from December 31, 2017 to December 31, 2018.
- Each of the subsidized CHIP programs saw increases from the previous year, with MediKids having the highest enrollment increase at 20.53%. This trend was also repeated for the full-pay Florida KidCare programs.

**Table 12. Point-in-time Enrollment Figures for the Last Day of CY 2017 and CY 2018**

| | CY 2017- CY 2018 | | |
|---|---|---|---|
| | Enrollment Dec. 31, 2017 | Enrollment Dec. 31, 2018 | % Change 2017-2018 |
| Florida Healthy Kids | 164,006 | 184,601 | 12.56% |
| Florida Healthy Kids Full-Pay | 13,124 | 15,064 | 14.78% |
| Florida Healthy Kids Total | 177,130 | 199,665 | 12.72% |
| | | | |
| MediKids | 24,264 | 29,245 | 20.53% |
| MediKids Full-Pay | 7,106 | 8,229 | 15.80% |
| MediKids Total | 31,370 | 37,474 | 19.46% |
| | | | |
| CHIP CMS Plan | 11,241 | 12,596 | 12.05% |
| | | | |
| < Age 1 | 1,136 | 1,266 | 11.44% |
| Ages 6-18 | 139,759 | 138,284 | -1.06% |
| CHIP-Funded Medicaid | 140,895 | 139,550 | -0.95% |
| | | | |
| Total CHIP-funded enrollment[a] | 340,406 | 365,992 | 7.52% |
| | | | |
| Medicaid | 2,050,345 | 1,972,397 | -3.80% |
| | | | |
| Florida KidCare Total | 2,410,981 | 2,361,682 | -2.04% |

[a]Total CHIP-funded enrollment includes total CHIP enrollment plus CHIP-funded Medicaid <Age 1 and Ages 6-18
*Source: Medicaid eligibility reports and Florida KidCare enrollment reports provided by AHCA.*

**Enrollment Trends**
**Figure 3**, **Figure 4**, and **Figure 5** display the enrollment growth trends by program, from year-to-year during the last five calendar years.

**Figure 3. Florida KidCare Enrollment for CHIP Program Components, CY 2014-2018**

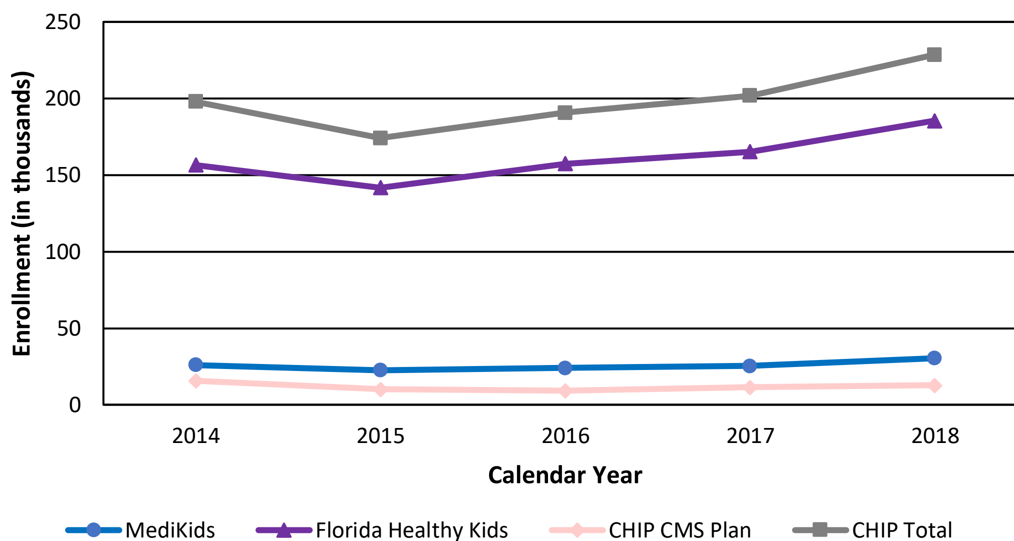
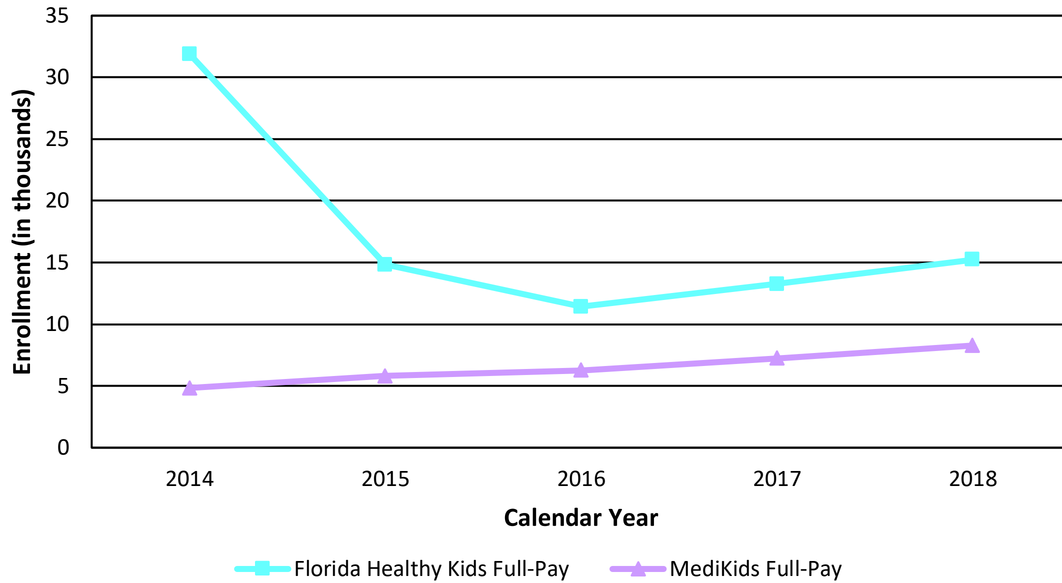


**Figure 4. Florida KidCare Enrollment for Full-Pay Program Components, CY 2014-2018**




*Note: Enrollment for the Florida Healthy Kids Full-Pay program decreased between CY 2014 and CY 2015 primarily as a result of changes to plans, including cost, as a result of the Affordable Care Act.*

**Figure 5. Florida KidCare Enrollment for Medicaid Program and Florida KidCare Total, CY 2014-2018**

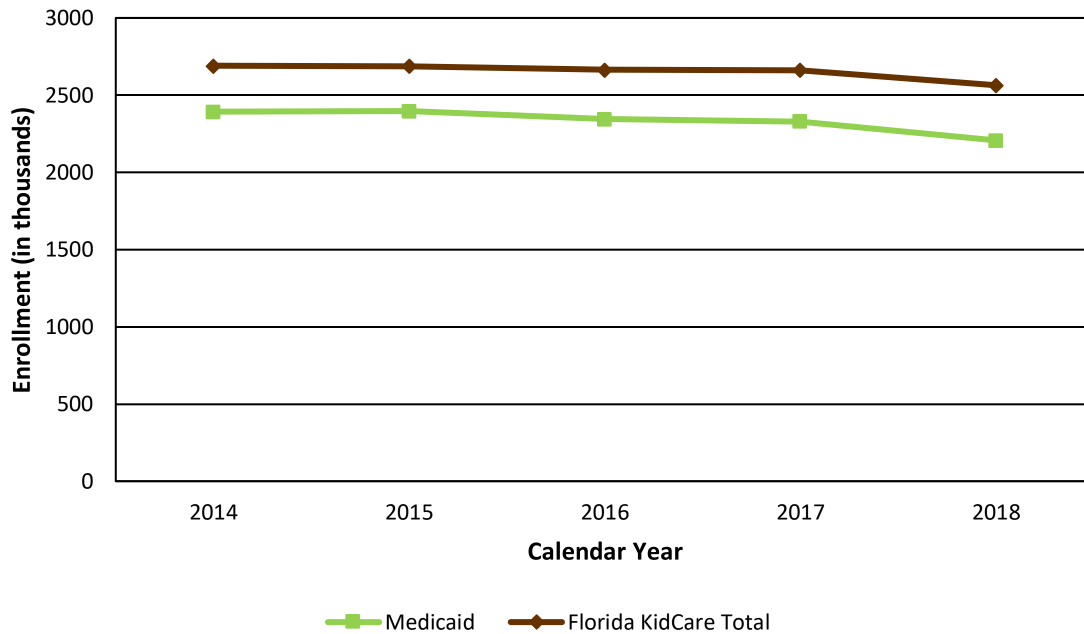


**Figure 6**, **Figure 7**, **Figure 8**, **Figure 9**, and **Figure 10** present the enrollment trends at the start of each quarter for each of the Florida KidCare program components from 2014 through 2018.

**Figure 6. Overall Medicaid Program Enrollment, CY 2014-2018**

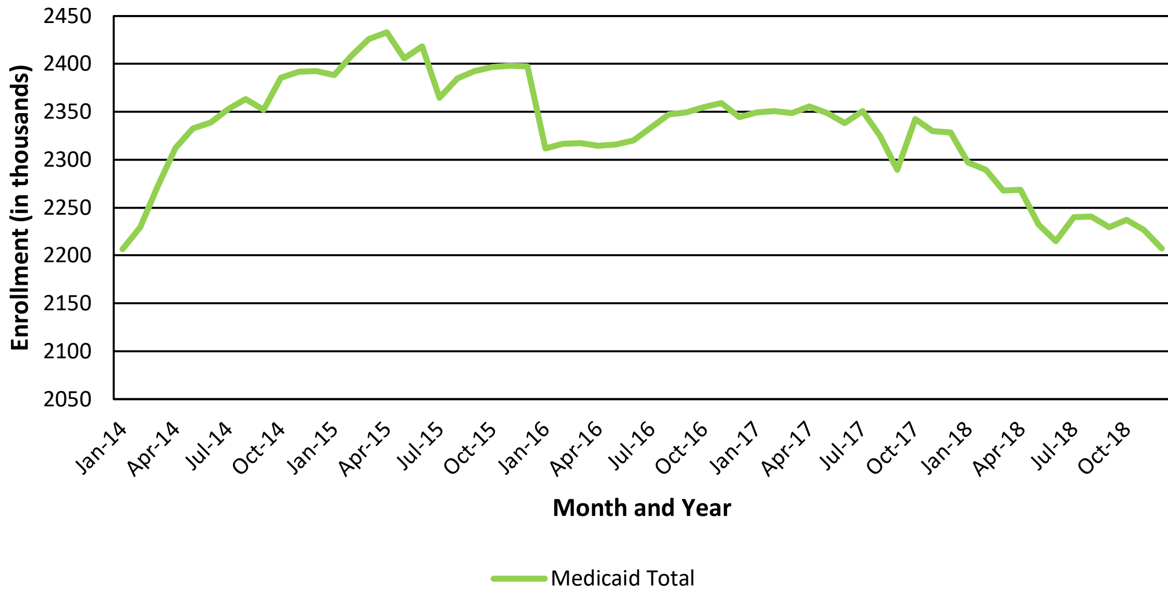



**Figure 7. Overall Florida KidCare CHIP Program Enrollment, CY 2014-2018**

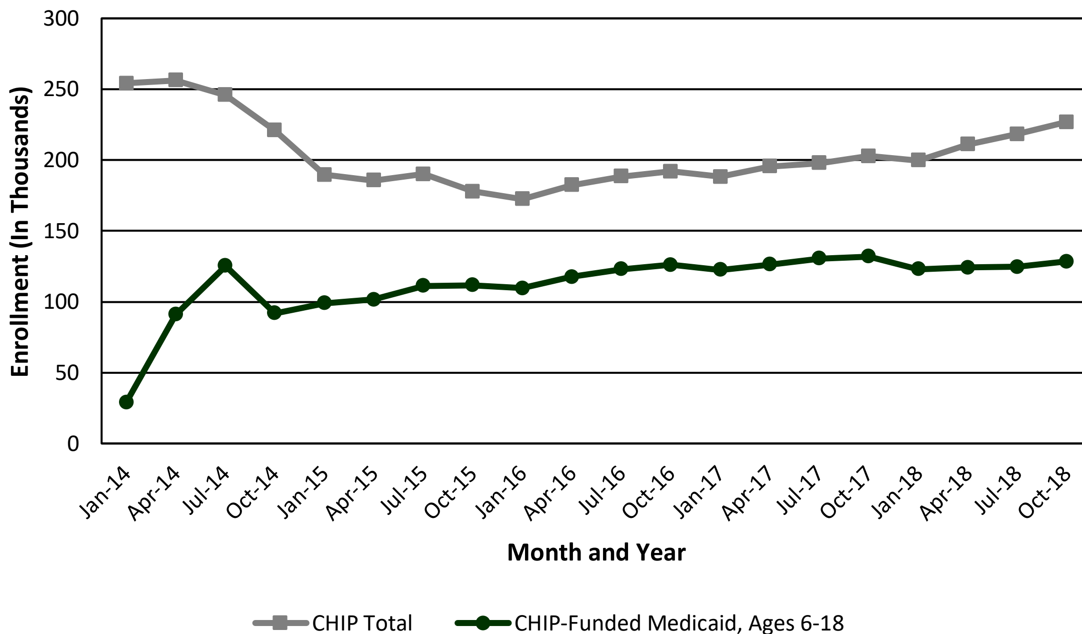


**Figure 8. Florida Healthy Kids Program Enrollment, CY 2014-2018**

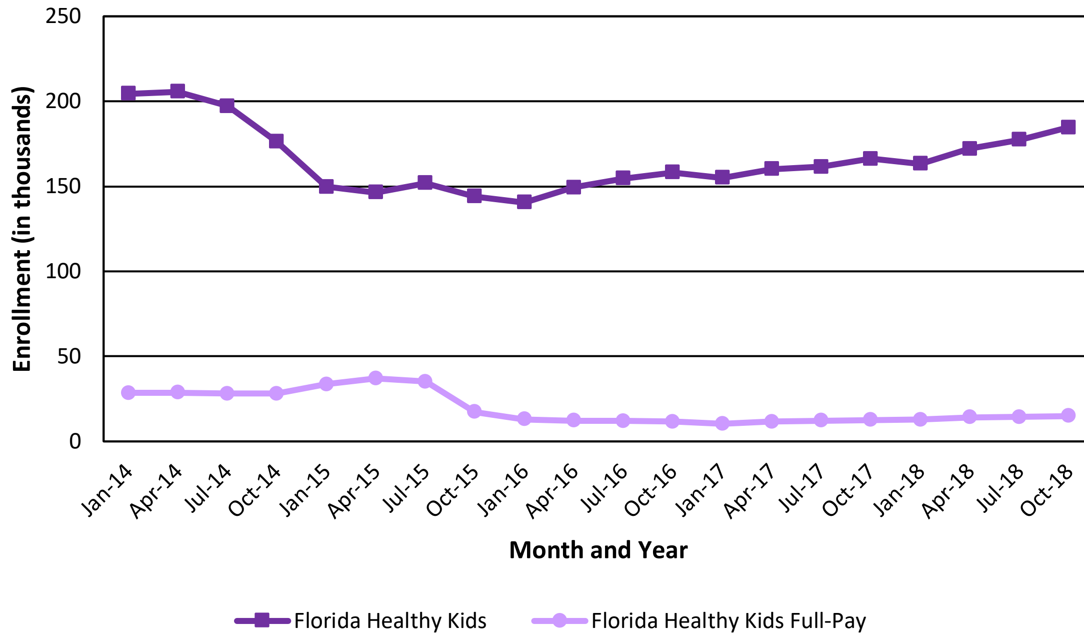



**Figure 9. CHIP CMS Plan Program Enrollment, CY 2014-2018**

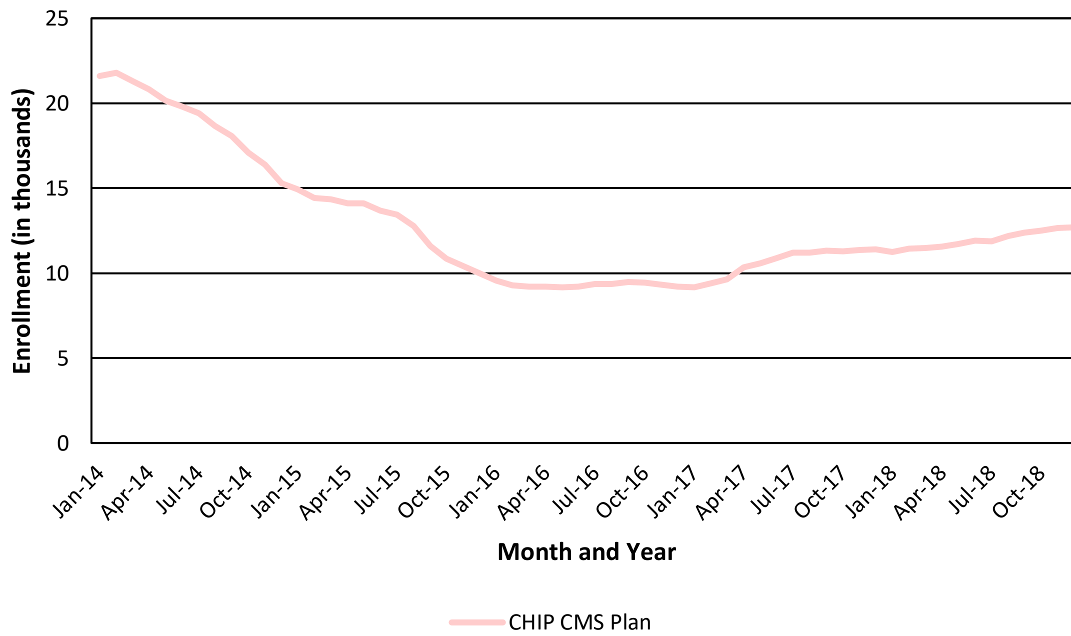
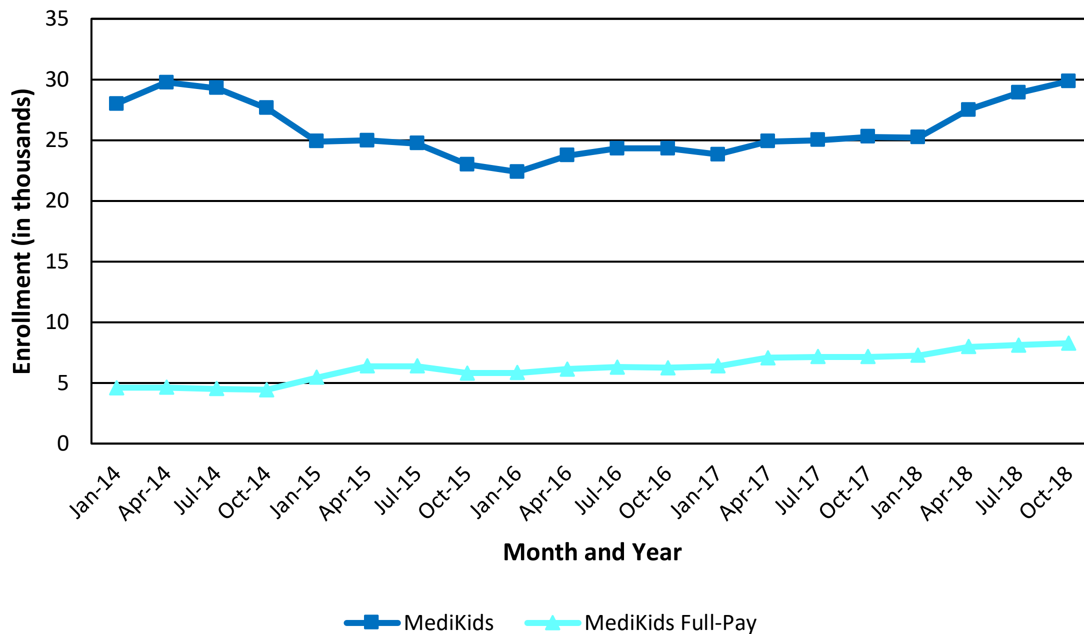


**Figure 10. MediKids Program Enrollment, CY 2014-2018**




**Ever Enrolled and Newly Enrolled**

**Table 13** provides another perspective on the number of children enrolled in Florida KidCare during CY 2018. Note that these figures represent enrollees as they enter each program. Thus, a child who ages from the MediKids program to the Florida Healthy Kids program would be represented three times in this table: once as an MediKids "ever" enrollee, once as a Florida Healthy Kids "new" enrollee, and once as a Florida Healthy Kids "ever" enrollee.

- Florida KidCare's CHIP program components served a total of 335,012 children, some of whom were in the program for one or more short periods, and others who were in the program for the entire year.
- Of the 335,012 children served by Florida KidCare CHIP programs at some point during CY 2018, 132,404 (39.5%) had not been covered by CHIP programs in the year prior to their enrollment in CY 2018; the newly enrolled children are counted separately in the table as well as included in the count of "ever enrolled" children.
- MediKids had the highest percentage of new enrollees, with 52.5% of MediKids members being new enrollees in CY 2018.

This evaluation also examined enrollments for Medicaid during CY 2018:

- Medicaid served a total of 2,667,563 children. Of those children served by Medicaid in CY 2018, 12.6% had not been served by Medicaid in the year prior to their enrollment in CY 2018.

**Table 13. Children "Ever" and "Newly" Enrolled in Florida KidCare Program Components, CY 2018**

| CY 2018 | | | |
|---|---|---|---|
| | Ever Enrolled[a] | Newly Enrolled[b] | Percent New Enrollees |
| Medicaid | 2,667,563 | 337,153 | 12.6% |
| | | | |
| MediKids | 52,161 | 27,370 | 52.5% |
| Florida Healthy Kids | 264,553 | 97,965 | 37.0% |
| CHIP CMS Plan | 18,298 | 7,069 | 38.6% |
| Total CHIP | 335,012 | 132,404 | 39.5% |

*[a]Ever enrolled includes all children enrolled in a program during the specific time period, which includes new and established enrollees. Thus, children in the Newly Enrolled column are also counted in the "Ever Enrolled" column.*
*[b]New enrollees are children who became covered during the specific time period, but had not previously been enrolled in that program any time during the previous 12 months.*

## Renewal of CHIP Coverage

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

Florida's CHIP programs implemented an administrative renewal process in November 2015. If data matches are available, a family's continued eligibility is determined and a letter is sent to the family that explains how their continued eligibility was determined. If the family agrees with the information, the renewal is complete. If the family disagrees, they are sent a pre-populated renewal form to complete and provide income documentation.

The rate of renewal of Florida KidCare CHIP coverage was calculated for each month from January 2018 through December 2018. During this time period, 95% of eligible children had their Florida KidCare CHIP coverage successfully renewed, as shown in **Table 14**.

**Table 14. Successful Renewal of CHIP Florida KidCare Coverage, CY 2018**

| Month renewal was due | # of children eligible for renewal | # of children whose renewals were processed successfully | % of eligible children whose coverage was successfully renewed |
|---|---|---|---|
| Total | 132,138 | 126,001 | 95.4% |
| January 2018 | 13,739 | 13,178 | 95.9% |
| February 2018 | 13,341 | 12,728 | 95.4% |
| March 2018 | 12,280 | 11,725 | 95.5% |
| April 2018 | 12,367 | 11,742 | 94.9% |
| May 2018 | 9,211 | 8,786 | 95.4% |

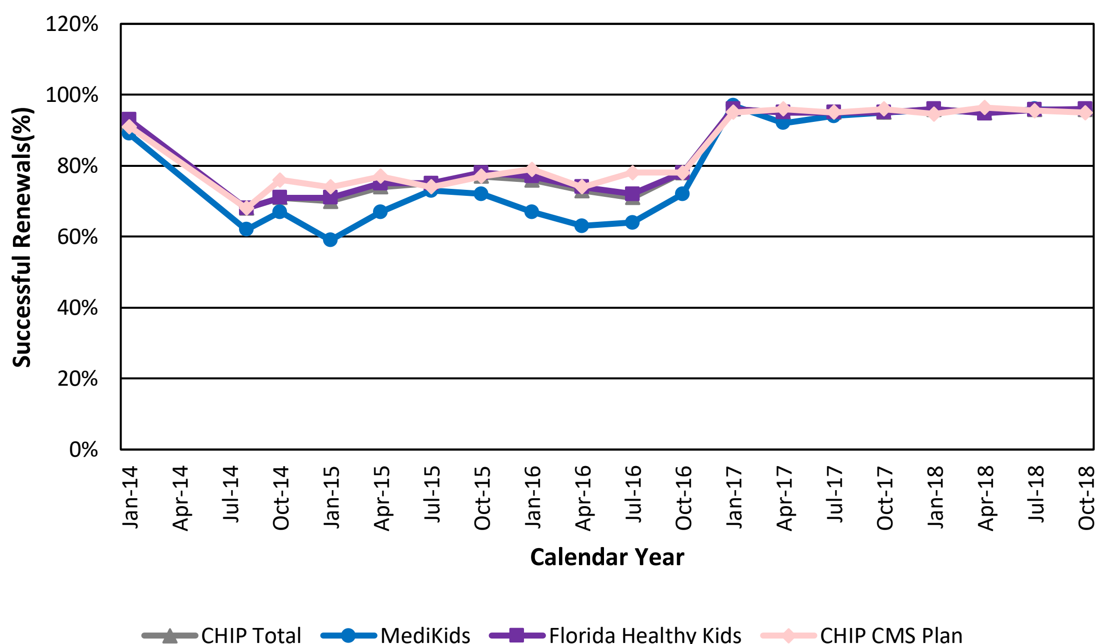
| June 2018 | 8,945 | 8,440 | 94.4% |
|---|---|---|---|
| July 2018 | 8,160 | 7,819 | 95.8% |
| August 2018 | 8,489 | 8,095 | 95.4% |
| September 2018 | 11,581 | 10,991 | 94.9% |
| October 2018 | 10,704 | 10,265 | 95.9% |
| November 2018 | 11,649 | 11,098 | 95.3% |
| December 2018 | 11,672 | 11,134 | 95.4% |

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

Renewal rates by program component over the past five calendar years are shown in **Figure 11** for CY 2018. CHIP renewals were not conducted from January 2014 through June 2014 due to a waiver of approval from the Centers for Medicare and Medicaid Services, resulting in missing data points in Figure 11. However, renewal data was available for January and February 2014. January successful renewal totals are displayed. Quarterly data totals resume with August 2014 data. Note that renewals are considered successful if a member was enrolled in the renewal month and the month following the renewal month, as the member's renewal date was used as the end date for determining program eligibility.

- Renewal for all KidCare CHIP programs remains steady, as none of the programs saw a renewal rate under 95% since October 2017.

**Figure 11. Successful Renewals of CHIP Florida KidCare Coverage by Program Component, CY 2014-2018**




The rate of successful CHIP coverage renewal was also calculated by child demographic (age, gender) and family socio-economic (geographic area, income as a percent of the Federal Poverty Level)

characteristics and is presented in **Table 15**. In CY 2018, 95% of the eligible 132,138 children renewed their CHIP coverage. As with the previous figure, a member's renewal date was used as the end date for determining age and program. A status of "Renewed" includes members enrolled in the renewal month and the following month.

**Table 15. CHIP Renewal Status for Eligible Children by Florida KidCare Program, CY 2018**

| Program/Characteristic | Children eligible for renewal | Renewal Status | | | |
|---|---|---|---|---|---|
| | | Not renewed (N) | Renewed (N) | Not renewed (Row %) | Renewed (Row %) |
| **All Children, Florida KidCare CHIP Program** | | | | | |
| Total | 132,138 | 6,137 | 126,001 | 4.6% | 95.4% |
| Gender | | | | | |
| Male | 68,194 | 3,162 | 65,032 | 4.6% | 95.4% |
| Female | 63,944 | 2,975 | 60,969 | 4.7% | 95.3% |
| Age | | | | | |
| 1-4 | 8,314 | 436 | 7,878 | 5.2% | 94.8% |
| 5-9 | 39,188 | 1,744 | 37,414 | 4.5% | 95.5% |
| 10-14 | 48,604 | 1,929 | 46,675 | 4.0% | 96.0% |
| 15-18 | 36,032 | 1,998 | 34,034 | 5.5% | 94.5% |
| Rural/Urban Commuting Area | | | | | |
| Urban/Large Towns | 123,324 | 5,719 | 117,605 | 4.6% | 95.4% |
| Rural/Small Towns | 6,540 | 314 | 6,226 | 4.8% | 95.2% |
| Unknown | 2,274 | 104 | 2,170 | 4.6% | 95.4% |
| Federal Poverty Level | | | | | |
| 150% or less | 33,579 | 2,213 | 31,366 | 6.6% | 93.4% |
| Above 150% | 98,552 | 3,923 | 94,629 | 4.0% | 96.0% |
| Unknown | 7 | 1 | 6 | 14.3% | 85.7% |
| **MediKids** | | | | | |
| Total | 7,944 | 402 | 7,542 | 5.1% | 94.9% |
| Gender | | | | | |
| Male | 4,098 | 206 | 3,892 | 5.0% | 95.0% |
| Female | 3,846 | 196 | 3,650 | 5.1% | 94.9% |
| Age | | | | | |
| 1-4 | 7,944 | 402 | 7,542 | 5.1% | 94.9% |
| Rural/Urban Commuting Area | | | | | |
| Urban/Large Towns | 7,429 | 372 | 7,057 | 5.0% | 95.0% |
| Rural/Small Towns | 375 | 21 | 354 | 5.6% | 94.4% |
| Unknown | 140 | 9 | 131 | 6.4% | 93.6% |
| Federal Poverty Level | | | | | |
| 150% or less | 2,194 | 15 | 2,040 | 7.0% | 93.0% |
| Above 150% | 5,749 | 248 | 5,501 | 4.3% | 95.7% |
| Unknown | 1 | - | 1 | - | 100% |

**Table 15. CHIP Renewal Status for Eligible Children by Florida KidCare Program, CY 2018 (continued)**

| Program/Characteristic | Children eligible for renewal | Renewal Status | | | |
|---|---|---|---|---|---|
| | | Not renewed (N) | Renewed (N) | Not renewed (Row %) | Renewed (Row %) |
| **Florida Healthy Kids** | | | | | |
| Total | 116,061 | 5,348 | 110,713 | 4.6% | 95.4% |
| Gender | | | | | |
| Male | 58,909 | 2,718 | 56,191 | 4.6% | 95.4% |
| Female | 57,152 | 2,630 | 54,522 | 4.6% | 95.4% |
| Age | | | | | |
| 1-4 | 1 | - | 1 | - | 100% |
| 5-9 | 36,843 | 1,668 | 35,175 | 4.5% | 95.5% |
| 10-14 | 45,495 | 1,802 | 43,693 | 4.0% | 96.0% |
| 15-18 | 33,722 | 1,878 | 31,844 | 5.6% | 94.4% |
| Rural/Urban Commuting Area | | | | | |
| Urban/Large Towns | 108,297 | 4,985 | 103,312 | 4.6% | 95.4% |
| Rural/Small Towns | 5,741 | 271 | 5,470 | 4.7% | 95.3% |
| Unknown | 2,023 | 92 | 1,931 | 4.5% | 95.5% |
| Federal Poverty Level | | | | | |
| 150% or less | 29,371 | 1,907 | 27,464 | 6.5% | 96.5% |
| Above 150% | 86,684 | 3,440 | 83,244 | 4.0% | 96.0% |
| Unknown | 6 | 1 | 5 | 16.7% | 83.3% |
| **CHIP CMS Plan** | | | | | |
| Total | 8,133 | 387 | 7,746 | 4.8% | 95.2% |
| Gender | | | | | |
| Male | 5,187 | 238 | 4,949 | 4.6% | 95.4% |
| Female | 2,946 | 149 | 2,797 | 5.1% | 94.9% |
| Age | | | | | |
| 1-4 | 369 | 34 | 335 | 9.2% | 90.8% |
| 5-9 | 2,345 | 106 | 2,239 | 4.5% | 95.5% |
| 10-14 | 3,109 | 127 | 2,982 | 4.1% | 95.9% |
| 15-18 | 2,310 | 120 | 2,190 | 5.2% | 94.8% |
| Rural/Urban Commuting Area | | | | | |
| Urban/Large Towns | 7,598 | 362 | 7,236 | 4.8% | 95.2% |
| Rural/Small Towns | 424 | 22 | 402 | 5.2% | 94.8% |
| Unknown | 111 | 3 | 108 | 2.7% | 97.3% |
| Federal Poverty Level | | | | | |
| 150% or less | 2,014 | 152 | 1,862 | 7.5% | 92.5% |
| Above 150% | 6,119 | 235 | 5,884 | 3.8% | 96.2% |

# Section 2:
# Family Experiences

***In This Section***

- Background
- Evaluation Approach
- Enrollee Characteristics
- Family Experiences and Satisfaction with Florida KidCare
    - Composites
    - Global Ratings Questions
- Supplemental Questions: Children with Chronic Conditions
- Supplemental Questions: Treatment, Counseling, and Choice of Physician

## Background

The Consumer Assessment of Healthcare Providers and Systems® (CAHPS) is recommended by the National Committee for Quality Assurance (NCQA) for measuring experiences of health plan enrollees. CAHPS, launched by the Agency for Healthcare Research and Quality (AHRQ) in 1995, supports and promotes assessment of health care consumer experiences. This is achieved through use of a standardized questionnaire that allows for direct comparison against other health plans (AHRQ, 2019a). Through the CAHPS questionnaire, plan members answer questions about topics important to health care consumers, such as ease of access, communication with health care providers, and health plan customer service. CAHPS surveys ask about the care received in the months preceding the interview, and vary by type of health plan (e.g., commercial or Medicaid), location (e.g., a nursing home or outpatient surgery), or health topic of interest (such as dental care) (AHRQ, 2019b). Supplemental question sets exist for additional topics.

## Evaluation Approach

This section presents results from surveys conducted in 2019 with caregivers of established enrolled Florida KidCare members. A total of 8,047 telephone, internet, and mail surveys were conducted with Florida KidCare families. Surveys were conducted by the Institute for Child Health Policy (ICHP) through an NCQA–certified CAHPS survey vendor for Florida Healthy Kids (excluding full-pay members), MediKids (excluding full-pay members), Children's Health Insurance Program (CHIP) Children's Medical Services Managed Care Plan (CMS Plan), and Medicaid Fee-For-Service (FFS). Medicaid Managed Medical Assistance (MMA) plan data were collected by NCQA-certified CAHPS survey vendors contracted by individual plans. Note that while FFS was combined with MMA totals in the previous section, the two Medicaid program components are listed separately for the remainder of this report. The Medicaid FFS program represents roughly 22% of all Florida Medicaid enrollment and 6.5% of the Medicaid FFS population is under age 21. Each Medicaid MMA plan submitted their final survey results to the Agency for Health Care Administration (AHCA), which then supplied ICHP with the data. Methodology for all ICHP-run surveys included a combination of telephonic and mail methods, and the Medicaid MMA surveys utilized a combination of telephone, mail, and internet methodology that varied by plan. Use of web-based survey administration can have varied results, depending on the population (Tesler & Sorra, 2017). As such, caution should be exercised when making comparisons of this data.

Eligibility requirements:

- Enrollee was 17 years of age or younger as of December 31st of the reporting year
- Current enrollment at the time the sample is drawn
- Continuous enrollment for at least the last six months
- No more than one gap in enrollment of up to 45 days during the measurement year
- Prescreen Status Code, which is assigned by using claims and encounter data as a way to indicate that the child is likely to have a chronic condition. This data can be from either the measurement year or the year prior.

Survey procedure and timeline (telephone and mail-based surveys only):

- Wave 1: Initial survey mailed to the parents of randomly selected members in each Florida KidCare program.
- Wave 2: A thank you/reminder postcard is mailed 11 days after the initial questionnaire.
- Wave 3: A replacement survey is mailed to non-respondents 36 days after the initial questionnaire.

- Wave 4: A thank you/reminder postcard is mailed to non-respondents 10 days after replacement questionnaire.
- Wave 5: Telephone interviews are conducted with members who have not responded to either survey mailing. Telephone follow-up begins approximately 21 days after the replacement survey is mailed.

The CAHPS Child Medicaid Survey version 5.0H and the Supplemental Item Set for Children with Chronic Conditions (CCC) from the CAHPS Health Plan Supplemental Items for Child Surveys were used in this evaluation for Florida Healthy Kids, MediKids, CHIP CMS Plan, and Medicaid FFS, as well as four Medicaid MMA plans. The four plans that used the CCC item set (Medicaid CMS Plan, Simply, Sunshine-Child Welfare [CW], and Sunshine) are collectively referred to in this section as the Medicaid CCC Plans. The CCC Supplemental Item Set adds additional questions to the CAHPS survey as well as reordering the questions. As a result, comparisons to other plans that completed the standard CAHPS survey may not necessarily be valid. Totals for the Medicaid CCC Plans are not included in the Medicaid or state rates. The remainder of the Medicaid MMA plans used the CAHPS Child Medicaid Survey version 5.0H without the extra question set. Note that one Medicaid MMA plan, Clear Health, a specialty plan for people with HIV/AIDS, did not conduct child CAHPS surveys and is therefore not listed with the rest of the Medicaid MMA plans in this section. In prior years, the Medicaid MMA CCC Plan category had only three plans, which may account for changes in 2019 totals.

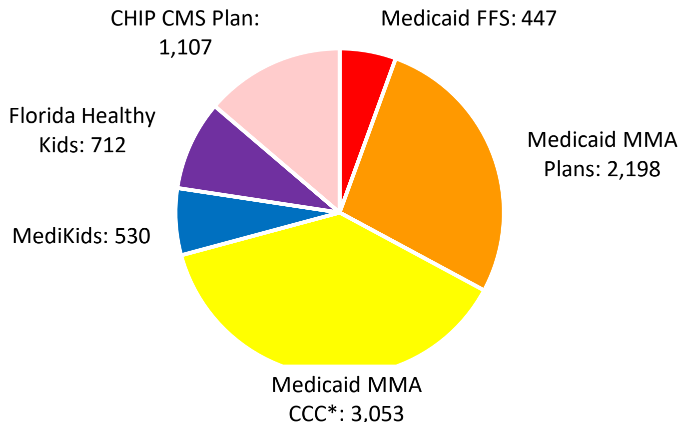
In 2018, survey samples for the Florida Healthy Kids program included only subsidized members. MediKids also shifted to a subsidized-only methodology in 2019. Prior to those years, the survey samples for these programs included a mixture of both full-pay and subsidized members.

The CAHPS survey measures patient experiences by presenting both global rating questions and composite measure results. Composites combine two or more related survey questions into one overall theme. Global ratings, composites, and supplemental questions are provided in this report. The scores are compared to CAHPS national averages (benchmarks) for Child Medicaid and CHIP from the most recent measurement year available, 2018 (AHRQ, n.d.). These benchmarks are from the AHRQ CAHPS Health Plan Survey Database, wherein national totals are derived from submissions from health plans and state agencies. For results by Florida KidCare program, both Medicaid and CHIP benchmarks are listed as available, and for Medicaid MMA plan results, only the Medicaid benchmark is offered to allow a more direct comparison. Medicaid, CHIP, and overall Florida KidCare rates were weighted to account for disparities in program size.

NCQA guidelines state that health plans must achieve a denominator of at least 100 responses (NCQA, 2018a). In the case of a composite, an average of 100 responses across the composite is required to achieve the minimum denominator for reporting. In this report, results below the low-denominator threshold are indicated with the notation “N/A.” Note that when adding plans or programs together, the total may average more than 100 per item and thus be reportable.

**Figure 12** displays the number of Family Experience surveys that were completed for each Florida KidCare program component. Note that only surveys with the designation of “complete and eligible” are considered completed. For a survey to be given this designation, the respondent must appropriately answer (i.e., not skip) three of five designated questions: whether the child needed care right away, whether the child has a personal doctor, whether an appointment was made with a specialist, whether the family received information or help from the health plan’s customer service, and the overall rating of the health plan.

**Figure 12. Number of Surveys Completed by Florida KidCare Program, 2019 Survey**



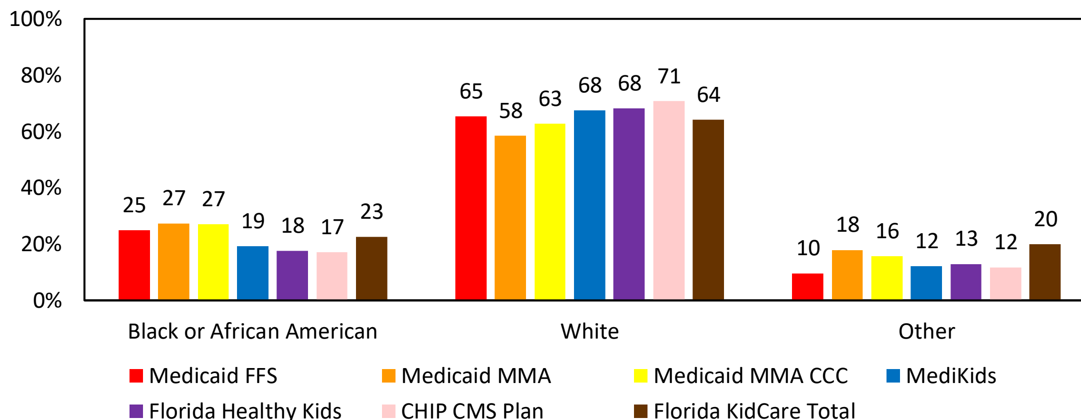

** Not reflected in Medicaid Total or Florida KidCare Total rates.*

## Enrollee Characteristics

**Figure 13**, **Figure 14**, and **Figure 15** present the demographic characteristics of Florida KidCare enrollees as reported by caregivers who participated in the 2019 survey. Note that race and ethnicity are separate questions in the survey and respondents can select as many races as applicable for this question. Thus, results are presented separately and may total over 100%. Potential responses for race included White, Black or African American, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaskan Native, or Other. White, Black, and Other were the most popular responses, therefore those results are presented below.

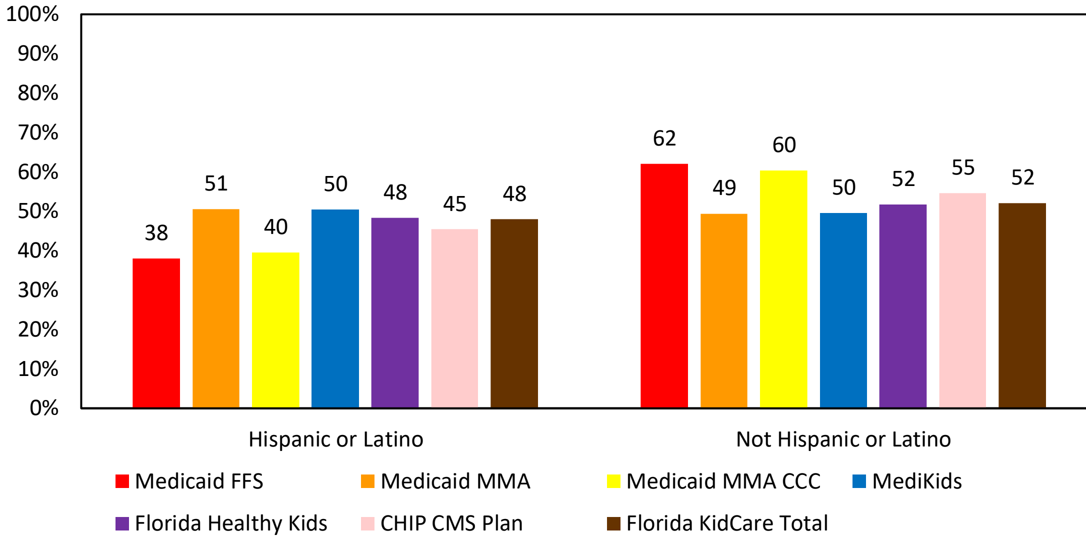
Most Florida KidCare families (64%) identified enrollee race as white. The majority of enrollees were identified as non-Hispanic or Latino (52%) and the majority of the enrollees in the survey, 56%, were male.

**Figure 13. Race of Established Florida KidCare Enrollees, 2019 Survey**



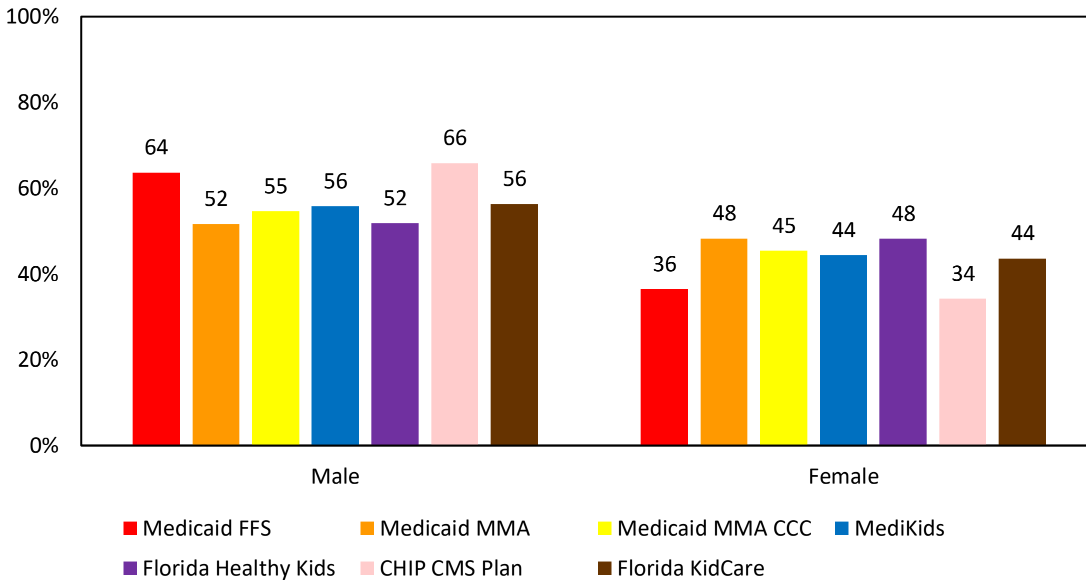

*Note: Rows may not sum to 100% due to the survey instruction that respondents should select all races that apply.*

**Figure 14. Ethnicity of Established Florida KidCare Enrollees, 2019 Survey**




*Note: Rows may not sum to 100% due to the survey instruction that respondents should select all races that apply.*

**Figure 15. Gender of Established Florida KidCare Enrollees, 2019 Survey**




*Note: Rows may not sum to 100% due to the survey instruction that respondents should select all races that apply.*

## Family Experiences and Satisfaction with Florida KidCare

Overall, 89% of Florida KidCare families reported positive experiences with getting care quickly, just below the national Medicaid (90%) and CHIP benchmarks (91%). Most families (94%) reported positive experiences with their doctor's communication skills and 89% of families reported positive experiences with health plan customer service. The Florida KidCare total met or exceeded the national Medicaid and CHIP benchmarks for two out of four of the CAHPS global ratings questions. Three out of four Florida KidCare families rated their personal doctor as a "9" or "10" and 72% rated the specialist seen most often as a "9" or a "10." When rating their overall experiences, 71% of the Florida KidCare families rated all their health care as a "9" or a "10," and nearly 70% rated their health plan experiences a "9" or "10." Details for these items are found in subsequent graphs.

## Composites

Composite questions combine two, three, or four questions into an overall theme such as Getting Care Quickly. Each question within a composite contains the same response options, and comparisons can be made at the question level or at the composite level. For the purposes of this report, only composite-level results are offered. A full list of the questions that make up each composite is available in **Appendix C**. For most composite questions, responses were considered positive if the respondent answered either "usually" or "always." National benchmarks are calculated using the same responses. The exception to this is the Shared Decision Making composite, in which a positive response is noted by a "yes" answer. Composite scores for 2019 are presented in this section, along with five-year trending data by Florida KidCare program.

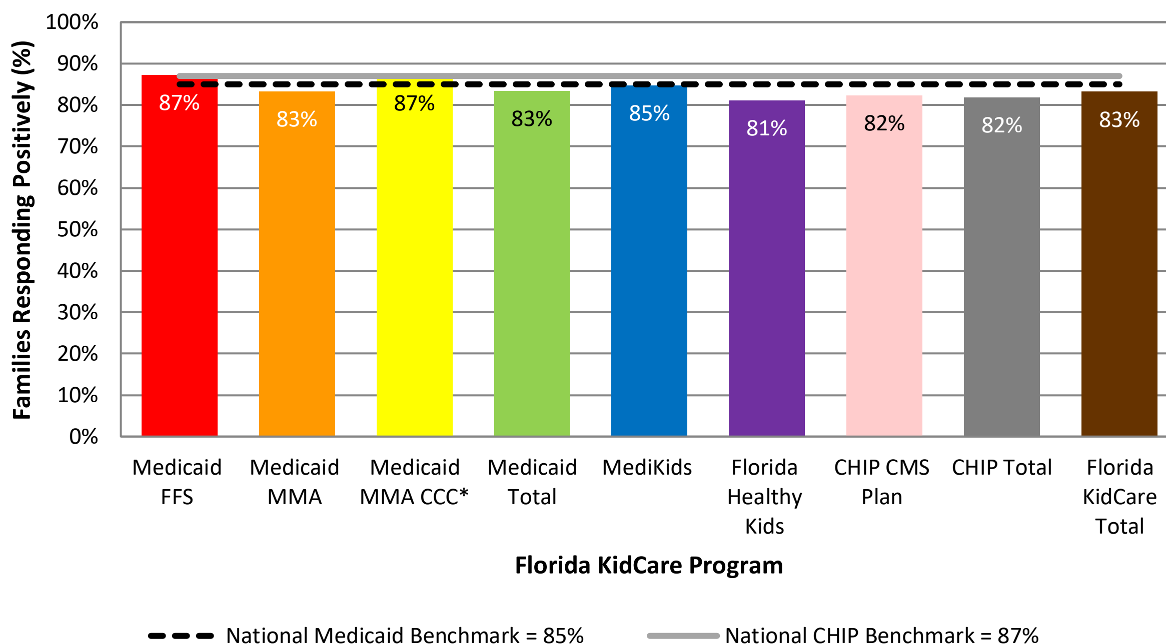
### Getting Needed Care

The Getting Needed Care composite was reported positively by 83% of Florida KidCare families, which was just below both the national Medicaid benchmark (85%) and the national CHIP benchmark (87%). MediKids (85%) met the national Medicaid benchmark. While none of the CHIP programs met the national CHIP benchmark, Medicaid FFS (87%) and Medicaid MMA CCC (87%) exceeded the national Medicaid benchmark of 85%.

**Figure 16** and **Figure 17** display the percentages of respondents who reported a positive experience with getting needed care by Florida KidCare program and Medicaid MMA plan, respectively. **Figure 18** shows the five-year trend of families reporting positive experiences for this composite by Florida KidCare program along with the national Medicaid and national CHIP benchmarks.

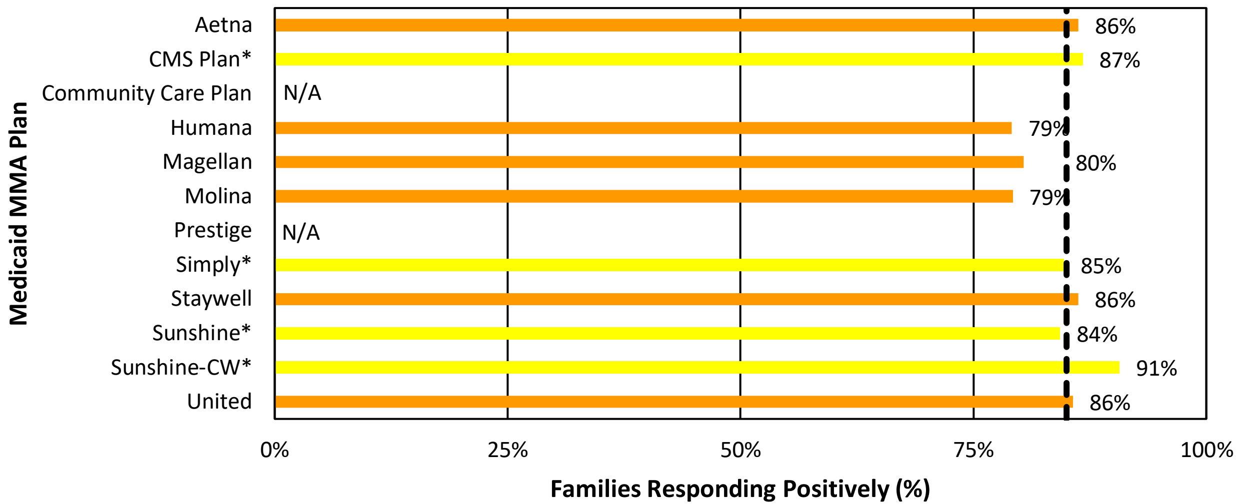
More than half of the Medicaid MMA plans either met or exceeded the national Medicaid benchmark of 85%. From the previous year, the proportion of families reporting positive experiences to the CAHPS Getting Needed Care composite decreased or stayed the same for all of the Florida KidCare programs except for Medicaid FFS.

**Figure 16. Positive Experiences with Getting Needed Care by Florida KidCare Program, 2019 Survey**



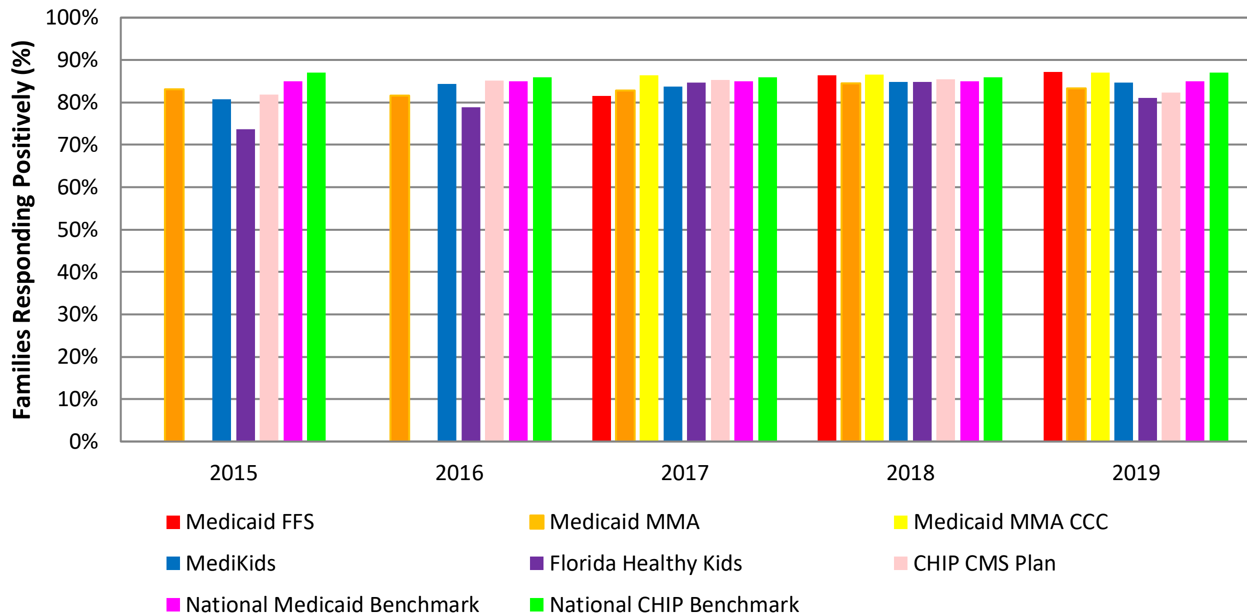

*Scores for programs with average sample sizes of less than 100 across composite items are denoted by N/A.*
** Not reflected in Medicaid Total or Florida KidCare Total rates. Benchmark data is from 2018.*

**Figure 17. Positive Experiences with Getting Needed Care by Medicaid MMA Plan, 2019 Survey**




*Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A. *Included in the Medicaid CCC plans total only. Benchmark data is from 2018.*

**Figure 18. Positive Experiences with Getting Needed Care by Florida KidCare Program, Five-Year Trend**




*2015 data does not include Medicaid FFS, and the 2016 Medicaid FFS result had an average sample size of less than 100 across composite items and is not reported here. Medicaid MMA CCC data was combined with Medicaid MMA plans until 2017 when it became a separate category. Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing.*

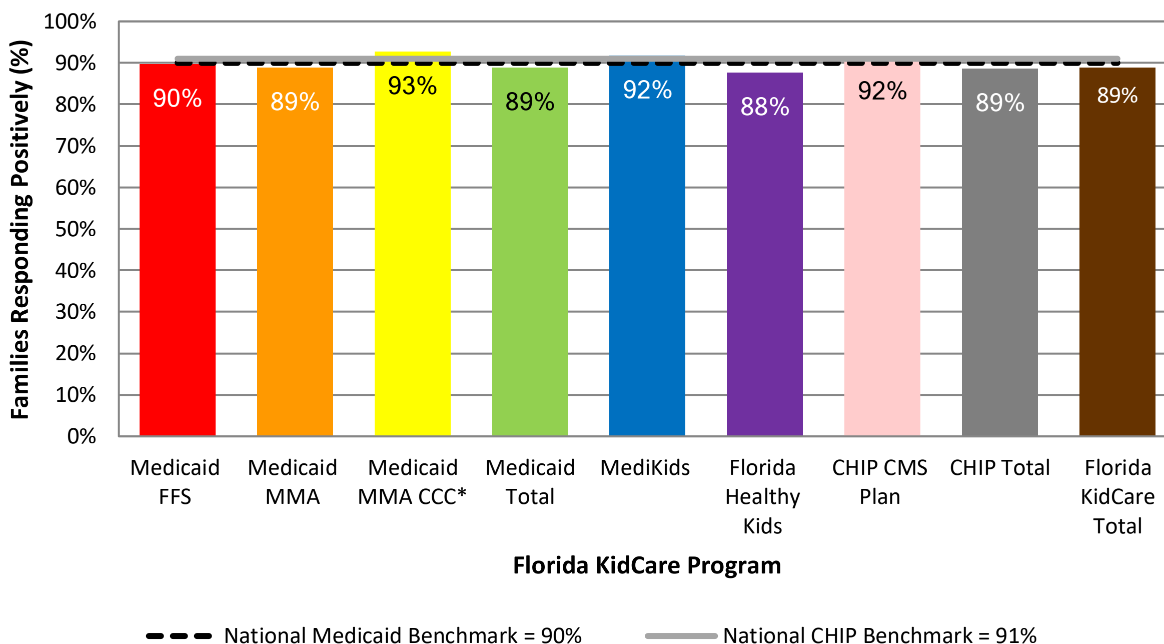
**Getting Care Quickly**

Positive results for the Getting Care Quickly composite were reported by 89% of Florida KidCare families, falling just below the national Medicaid benchmark (90%) and the national CHIP benchmark (91%). Medicaid FFS (90%), Medicaid MMA CCC (93%), MediKids (92%), and CHIP CMS Plan (92%) met or exceed the applicable national benchmarks.

**Figure 19** and **Figure 20** display the percentages of respondents who reported a positive experience to getting care quickly by Florida KidCare program and Medicaid MMA plan, respectively. **Figure 21** shows the five-year trend of families reporting positive experiences to the Getting Care Quickly composite by Florida KidCare program, along with the national Medicaid and national CHIP benchmarks.

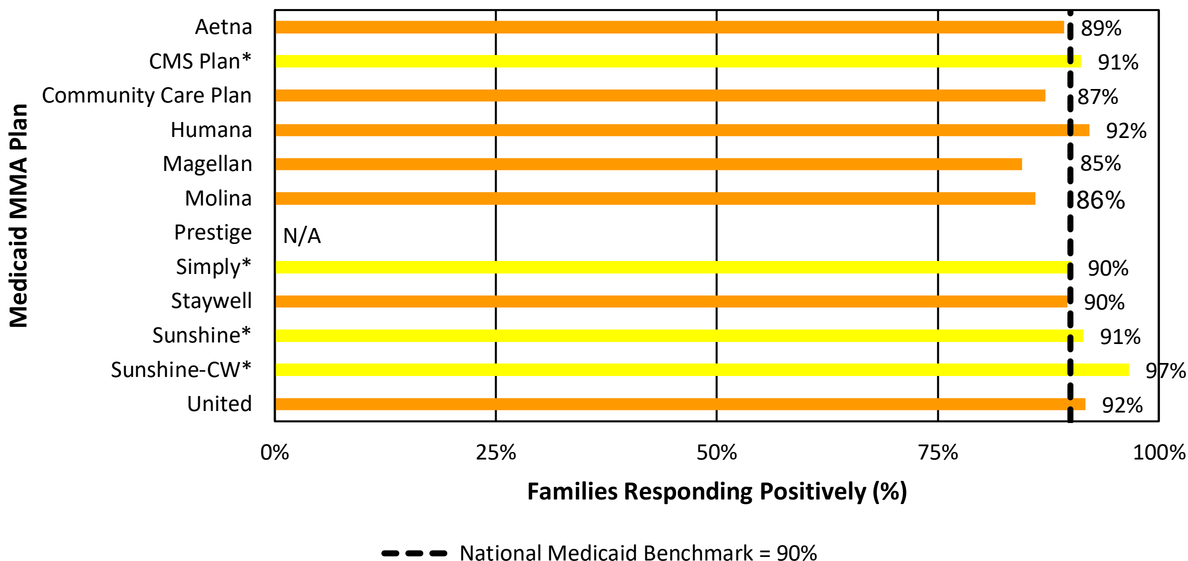
Most of the Medicaid MMA plans either met or exceeded the national Medicaid benchmark of 90%. Compared to the previous year, the proportion of families reporting positive experiences with getting care quickly increased slightly for CHIP CMS Plan and Medicaid MMA CCC but decreased for all of the other programs. Florida Healthy Kids saw the largest decrease with a nearly three percentage point drop from the year prior.

**Figure 19. Positive Experiences with Getting Care Quickly by Florida KidCare Program, 2019 Survey**



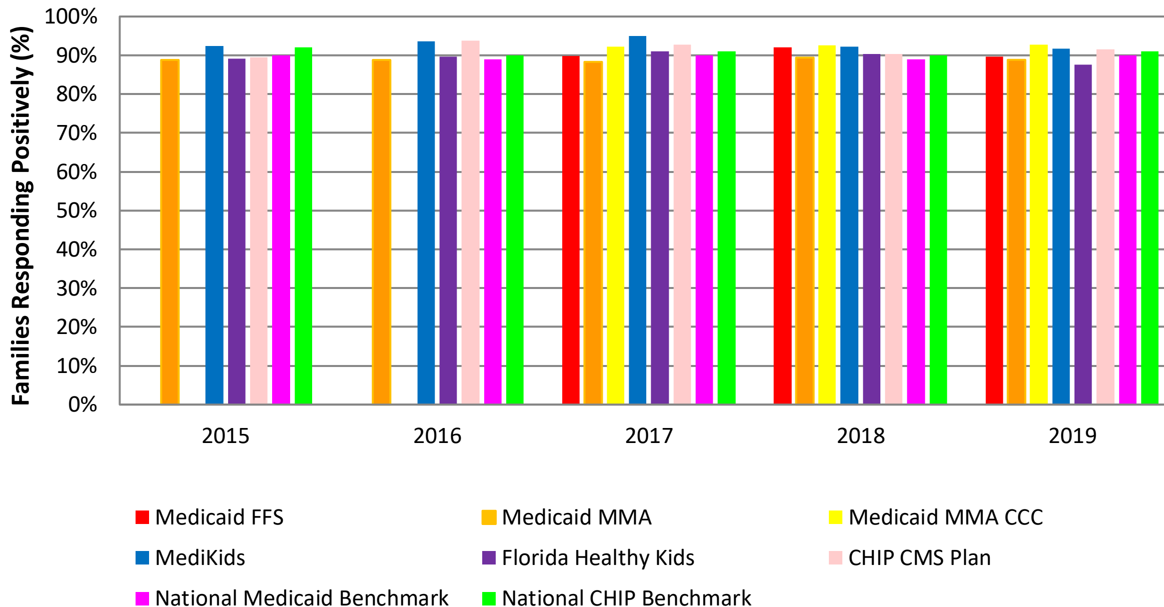

*Scores for programs with average sample sizes of less than 100 across composite items are denoted by N/A.*
** Not reflected in Medicaid Total or Florida KidCare Total rates. Benchmark data is from 2018.*

**Figure 20. Positive Experiences with Getting Care Quickly by Medicaid MMA Plan, 2019 Survey**




*Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A. *Included in the Medicaid CCC plans total only. Benchmark data is from 2018.*

**Figure 21. Positive Experiences with Getting Care Quickly by Florida KidCare Program, Five-Year Trend**




*2015 data does not include Medicaid FFS, and the 2016 Medicaid FFS result had an average sample size of less than 100 across composite items and is not reported here. Medicaid MMA CCC data was combined with Medicaid MMA plans until 2017 when it became a separate category. Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing.*

**Doctor's Communication Skills**
Every Medicaid and CHIP program, except for CHIP CMS Plan, met the applicable national benchmarks. The CHIP CMS Plan (81%) did not meet the national CHIP benchmark (95%) by nearly 14 percentage points. The overall Florida KidCare rate (94%) met the national Medicaid benchmark (94%) but was just short of meeting the national CHIP benchmark (95%).

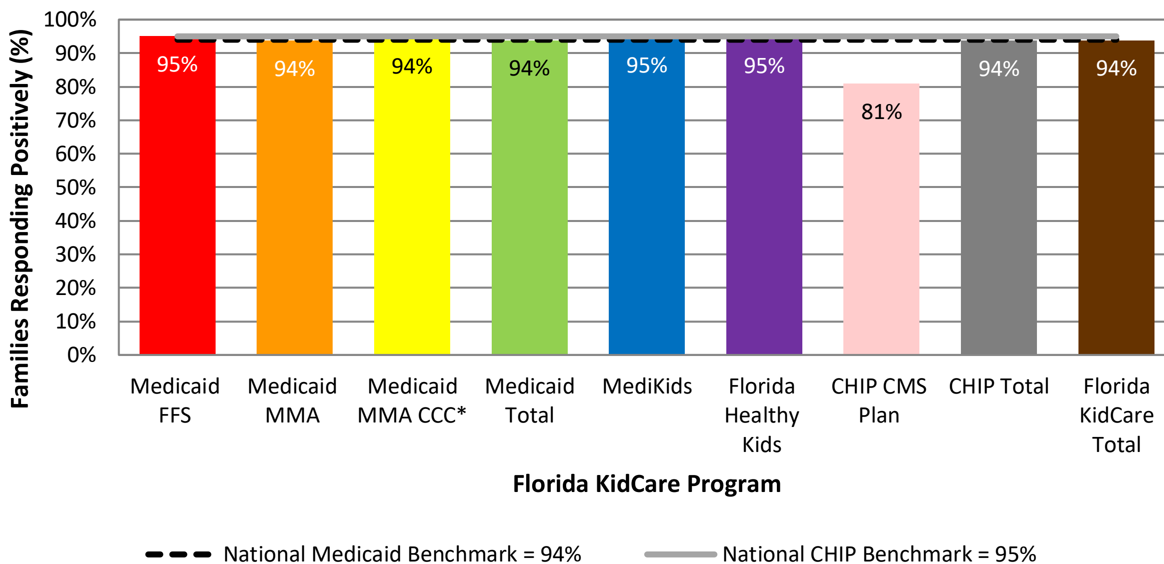
**Figure 22** and **Figure 23** display the percentages of respondents who reported a positive experience to the Doctor's Communication Skills composite by Florida KidCare program and Medicaid MMA plan, respectively.

**Figure 24** shows the five-year trend of families reporting positive experiences to the Doctor's Communication Skills composite by Florida KidCare program along with the national Medicaid and national CHIP benchmarks.

Half of the Medicaid MMA plans either met or exceeded the national Medicaid benchmark (94%) and the remaining half of the plans had percentages just below the benchmark, ranging from 92% to 93%. The proportion of Florida KidCare families reporting positive experiences to the CAHPS composite Doctor's Communication Skills has experienced a slight increase each year for most of the programs, with only slight decreases in 2019 for the MediKids and Florida Healthy Kids. CHIP CMS Plan saw the largest decrease, with an almost 14 percentage point drop from the previous year.

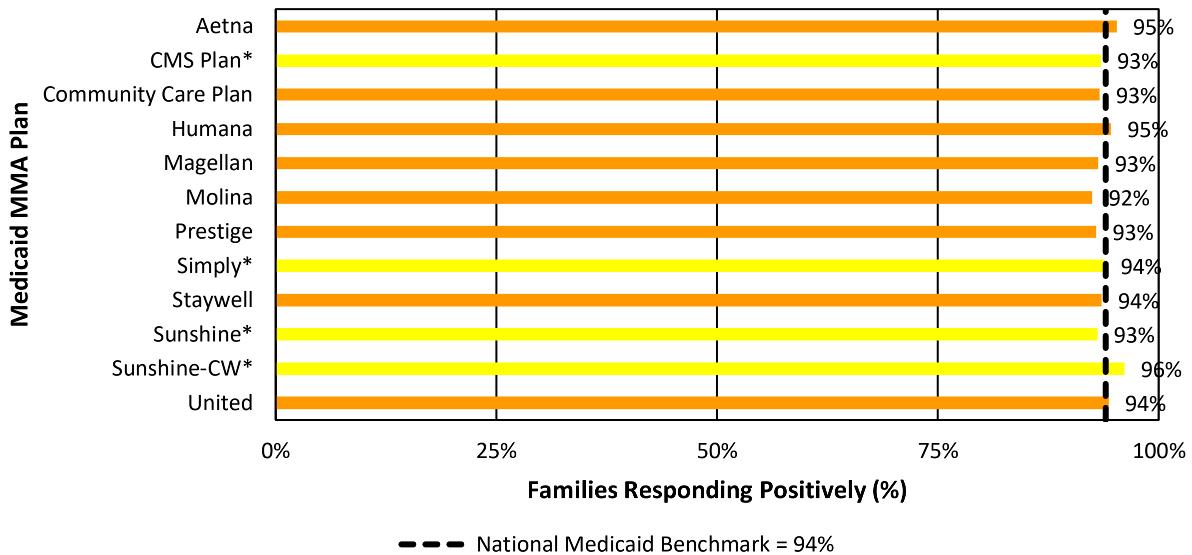
Note that in the national benchmarks from the CAHPS Database, a five-question composite is used (AHRQ, n.d.). In order to ensure the national benchmarks are consistent with HEDIS specifications (NCQA, 2018a) and ICHP methodology, a four-question benchmark was calculated by ICHP from the raw data available in the CAHPS database and is used in subsequent figures.

**Figure 22. Positive Experiences with Doctor's Communication Skills by Florida KidCare Program, 2019 Survey**



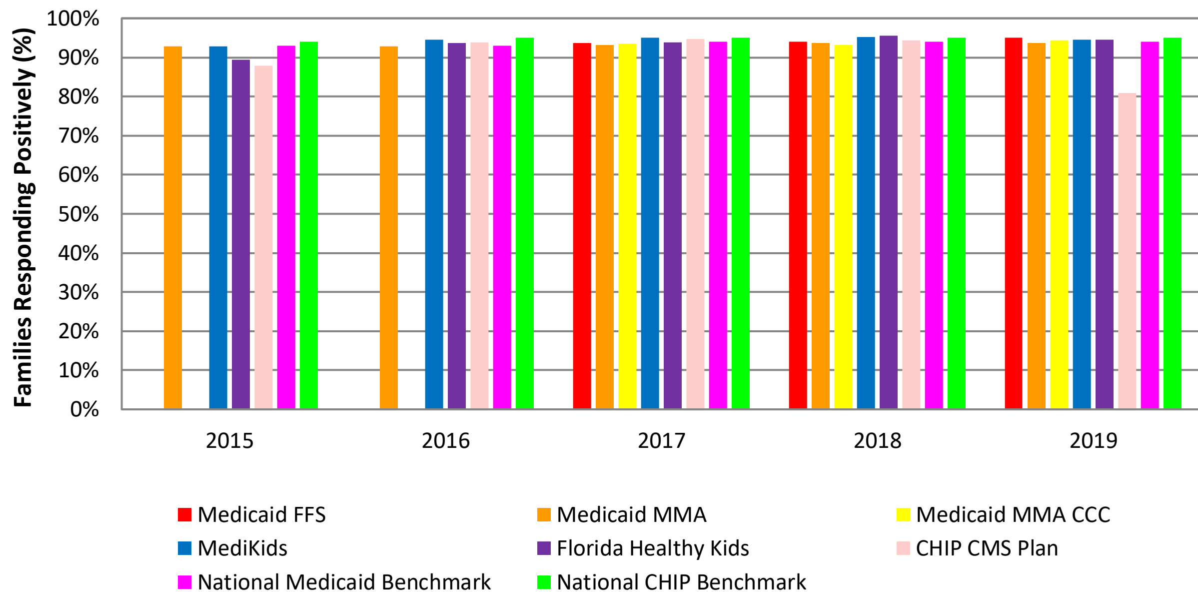

*Scores for programs with average sample sizes of less than 100 across composite items are denoted by N/A.*
** Not reflected in Medicaid Total or Florida KidCare Total rates. Benchmark data is from 2018.*

**Figure 23. Positive Experiences with Doctor's Communication Skills by Medicaid MMA Plan, 2019 Survey**




*Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A. *Included in the Medicaid CCC plans total only. Benchmark data is from 2018.*

**Figure 24. Positive Experiences with Doctor's Communication Skills by Florida KidCare Program, Five-Year Trend**



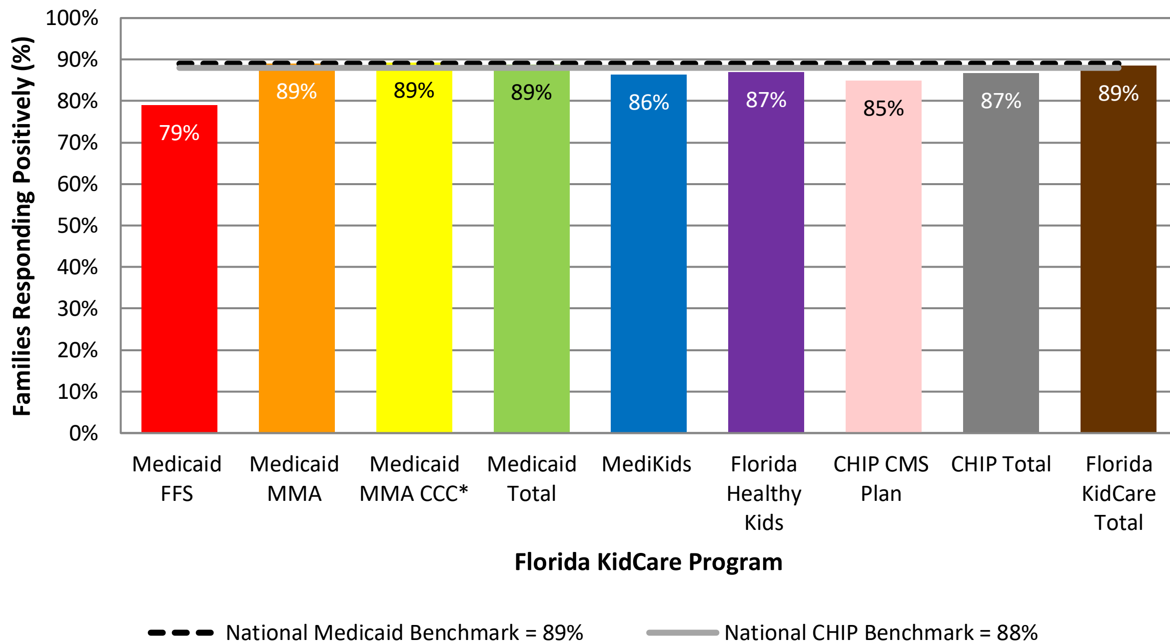

*2015 data does not include Medicaid FFS, and the 2016 Medicaid FFS result had an average sample size of less than 100 across composite items and is not reported here. Medicaid MMA CCC data was combined with Medicaid MMA plans until 2017 when it became a separate category. Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing.*

**Health Plan Customer Service**

The Health Plan Customer Service composite was reported positively by 89% of Florida KidCare families overall, however, Medicaid FFS (79%), MediKids (86%), Florida Healthy Kids (87%) and CHIP CMS Plan (85%) did not meet the national benchmarks. Medicaid FFS had the lowest rate, at 10 percentage points lower than the overall rate.

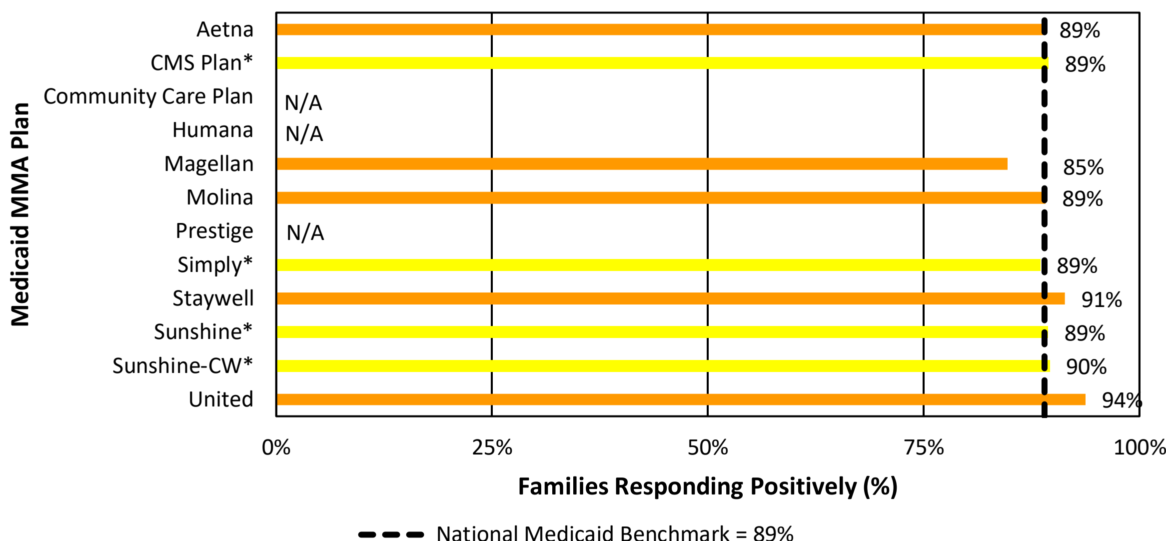
**Figure 25** and **Figure 26** display the percentages of respondents who reported a positive experience to the Health Plan Customer Service composite by Florida KidCare program and Medicaid MMA plan, respectively. **Figure 27** shows the five-year trend of families reporting positive experiences to this composite by Florida KidCare program along with the national Medicaid and national CHIP benchmarks.

**Figure 25. Positive Experiences with Health Plan Customer Service by Florida KidCare Program, 2019 Survey**



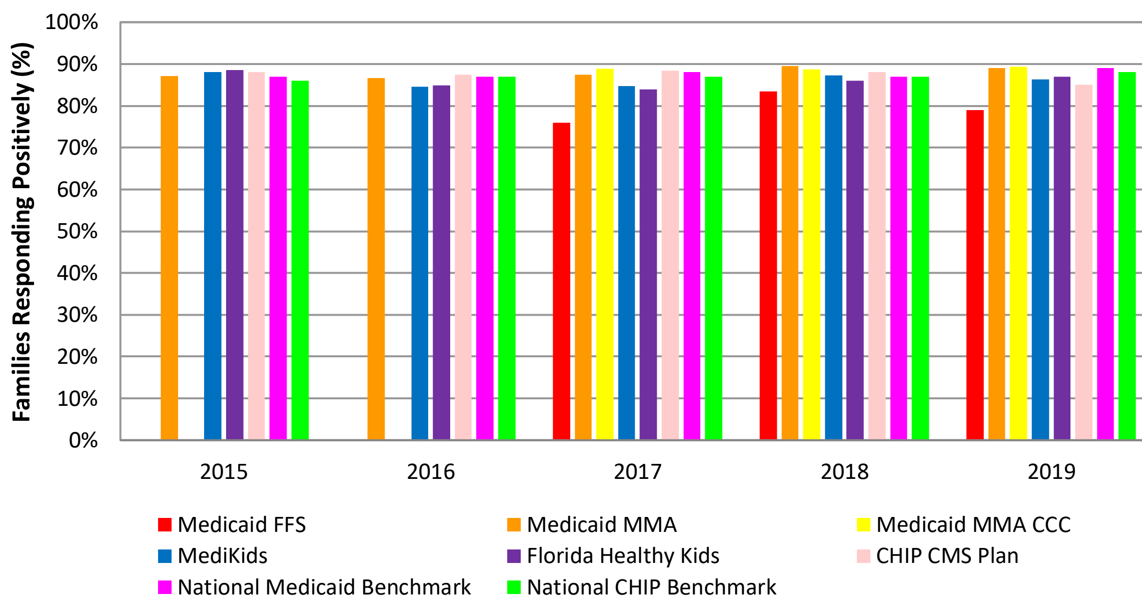

*Scores for programs with average sample sizes of less than 100 across composite items are denoted by N/A.*
** Not reflected in Medicaid Total or Florida KidCare Total rates. Benchmark data is from 2018.*

**Figure 26. Positive Experiences with Health Plan Customer Service by Medicaid MMA Plan, 2019 Survey**




*Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A. *Included in the Medicaid CCC plans total only. Benchmark data is from 2018.*

**Figure 27. Positive Experiences with Health Plan Customer Service by Florida KidCare Program, Five-Year Trend**




*2015 data does not include Medicaid FFS, and the 2016 FFS result had an average sample size of less than 100 across composite items and is not reported here. Medicaid MMA CCC data was combined with Medicaid MMA plans until 2017 when it became a separate category. Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing.*

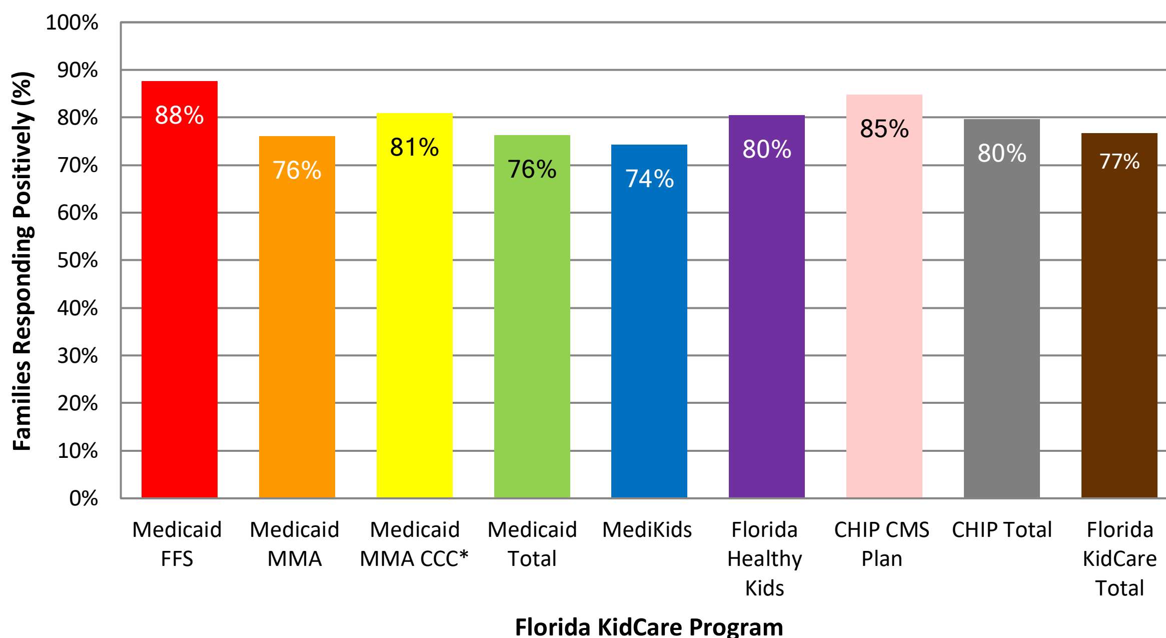
**Shared Decision Making**

With regard to shared decision making, families were asked whether their child's health provider asked them about reasons they would or would not want their child to take a medication. The composite also asked whether the health provider asked what the parent or guardian felt was best for their child. For this composite, national benchmarks were not calculated (AHRQ, n.d.), and a positive experience is answering "yes" to the questions. Nearly 80% of Florida KidCare families had positive experiences with shared health care decision making.

**Figure 28** and **Figure 29** display the percentages of respondents who reported a positive experience to the Shared Decision Making composite by Florida KidCare program and Medicaid MMA plan, respectively. **Figure 30** displays the five-year trending data for this composite.

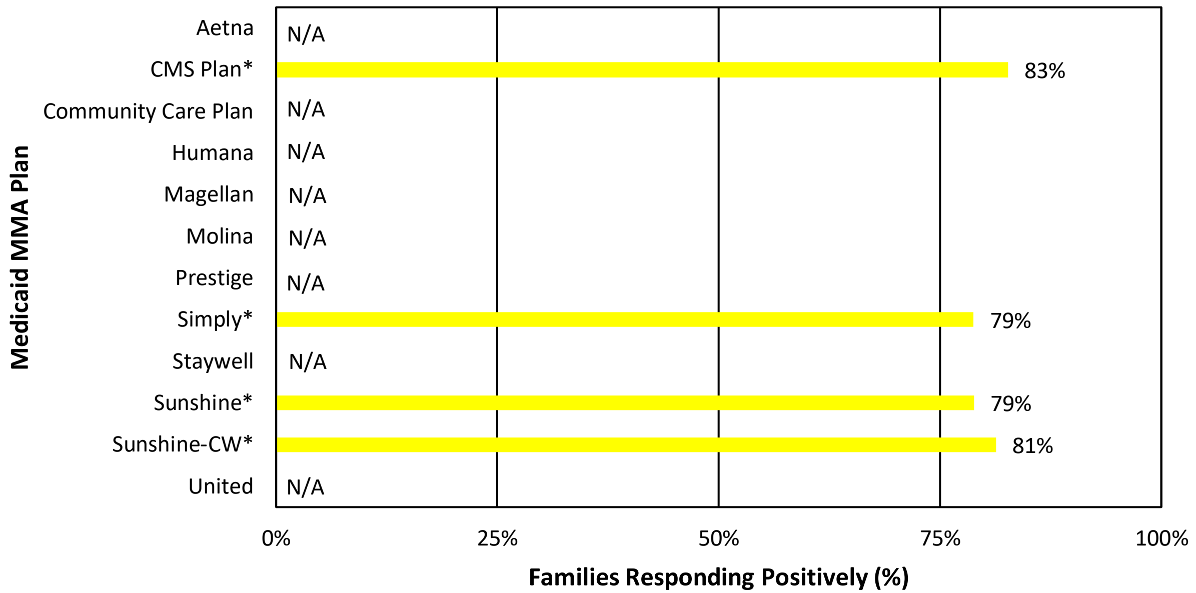
While none of the Medicaid MMA plans had enough responses to meet the low denominator criteria, the combined sum of these plans exceeded the low denominator threshold, making the Medicaid MMA program rate reportable. All four of the Medicaid MMA CCC plans (CMS Plan, Simply, Sunshine, and Sunshine-CW) each exceeded the low denominator threshold, and each plan had a rate at or above 79%. After decreases across the board in 2016, each of the programs showed steady increases in their rates for the past two years. In 2019 however, Medicaid FFS was the only program that saw a continued upward trend. All of the other program rates for shared decision making decreased slightly.

**Figure 28. Positive Experiences with Shared Decision Making by Florida KidCare Program, 2019 Survey**



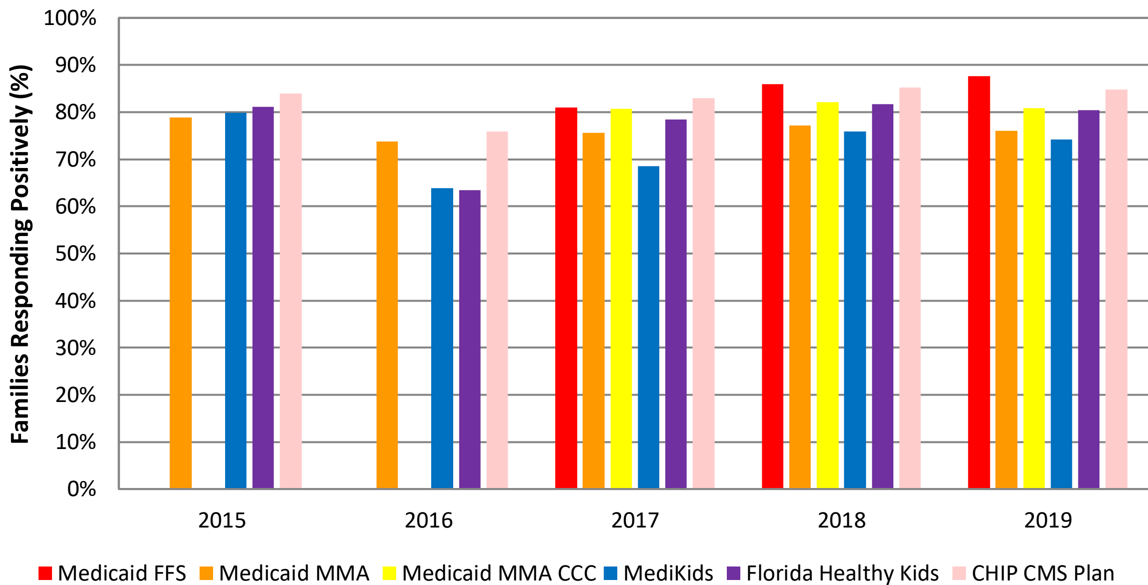

*Scores for programs with average sample sizes of less than 100 across composite items are denoted by N/A.*
** Not reflected in Medicaid Total or Florida KidCare Total rates. Benchmark data is from 2018.*

**Figure 29. Positive Experiences with Shared Decision Making by Medicaid MMA Plan, 2019 Survey**




*Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A.*
**Included in the Medicaid CCC plans total only.*

**Figure 30. Positive Experiences with Shared Decision Making by Florida KidCare Program, Five-Year Trend**




*2015 data does not include Medicaid FFS, and the 2016 Medicaid FFS result had an average sample size of less than 100 across composite items and is not reported here. Medicaid MMA CCC data was combined with Medicaid MMA plans until 2017 when it became a separate category. Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing.*

## Global Ratings Questions

In addition to the CAHPS composite items, Florida KidCare families were also asked to provide specific ratings (0 [Worst] to 10 [Best]) regarding four topics: overall health care, personal doctors, specialists, and health plan. The figures presented in this section show the percent of families who rated each item as a "9" or a "10." Questions with fewer than 100 respondents are considered to be under the small denominator threshold and are designated as "N/A." National benchmarks are calculated using the same responses. Florida KidCare either met or exceeded the national Medicaid and CHIP benchmarks for ratings for Overall Health Care and Personal Doctor, but was slightly below the national benchmarks for the ratings for Specialist Seen Most Often and Health Plan.

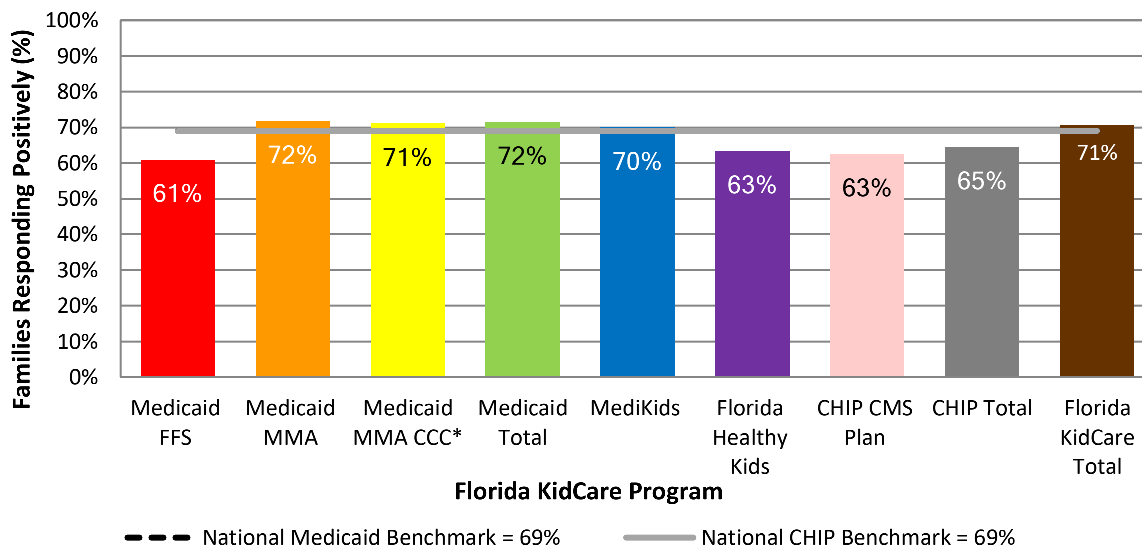
**Overall Health Care**

Overall health care was rated a "9" or a "10" by 71% of Florida KidCare families, exceeding the national Medicaid (69%) and CHIP benchmarks (69%). Florida Healthy Kids and CHIP CMS Plan fell short of meeting the national CHIP benchmark by six percentage points. Medicaid FFS fell short of meeting the national Medicaid benchmark by nearly eight percentage points.

**Figure 31** and **Figure 32** show the percentage of respondents who reported a rating of "9" or "10" for Overall Health Care by Florida KidCare program and Medicaid MMA plan, respectively, while **Figure 33** shows the five-year trend data.

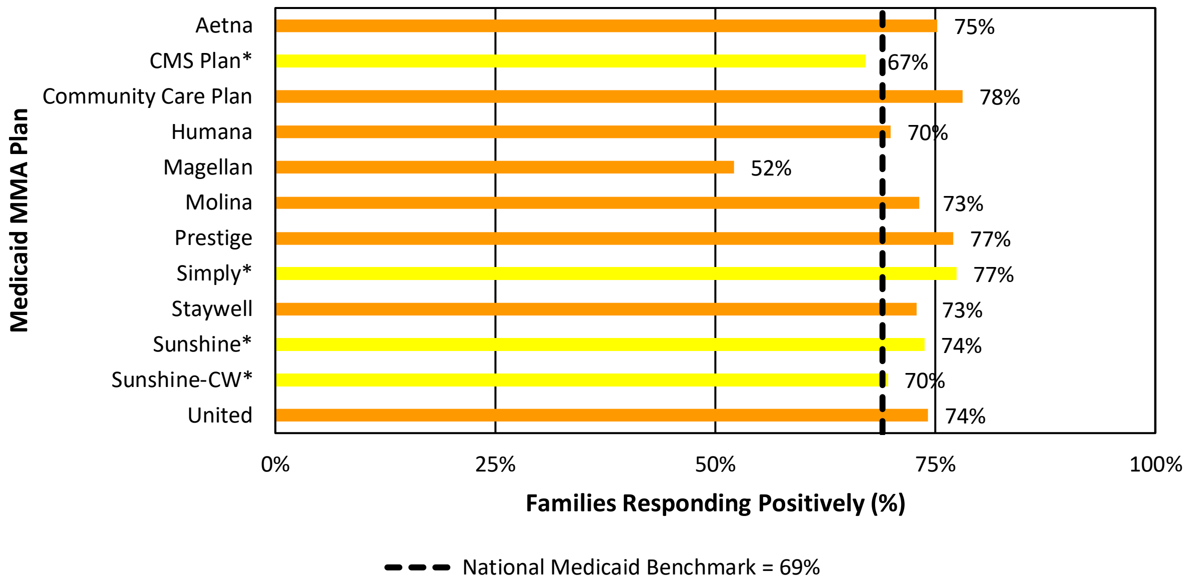
Most of the Medicaid MMA plans either met or exceeded the national Medicaid benchmark of 69%, with a couple of plans surpassing the national Medicaid benchmark. Over the past five years, most program rates have remained relatively consistent except for Florida Healthy Kids and Medicaid FFS: these programs decreased in 2019 after steady increases over time.

**Figure 31. Rating of "9" or "10" for Overall Health Care by Florida KidCare Program, 2019 Survey**



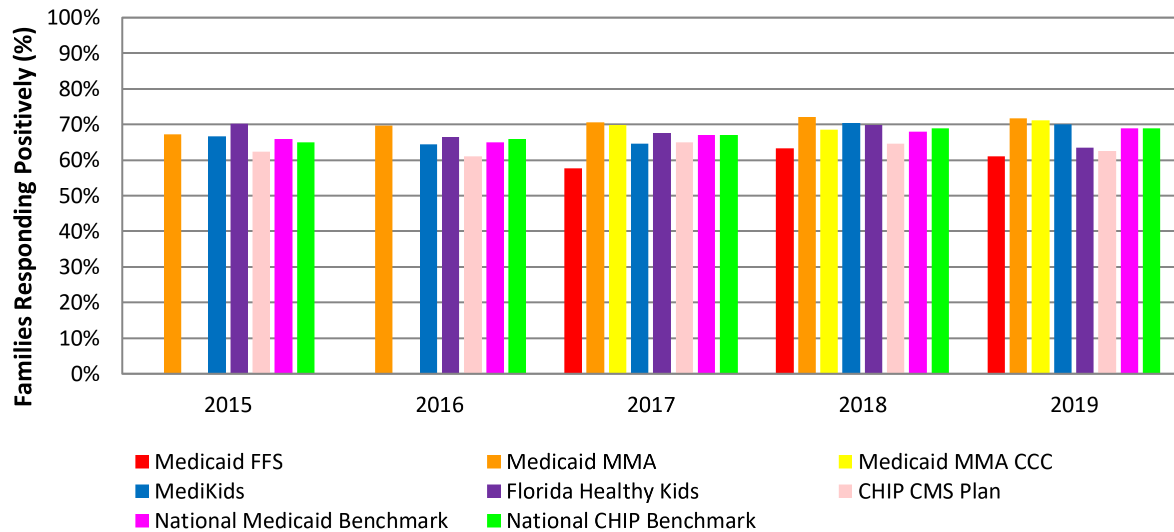

*Scores for programs with a sample size of less than 100 are denoted by N/A. * Not reflected in Medicaid Total or Florida KidCare Total rates. Benchmark data is from 2018 and Medicaid and CHIP benchmarks are the same in this figure.*

**Figure 32. Rating of "9" or "10" for Overall Health Care by Medicaid MMA Plan, 2019 Survey**




*Note: Scores for plans with a sample size of less than 100 are denoted by N/A. *Included in the Medicaid CCC plans total only. Benchmark data is from 2018.*

**Figure 33. Rating of "9" or "10" for Overall Health Care by Florida KidCare Program, Five-Year Trend**




*2015 data does not include Medicaid FFS, and the 2016 Medicaid FFS result had a sample size of less than 100 and is not reported here. Medicaid MMA CCC data was combined with Medicaid MMA plans until 2017 when it became a separate category. Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing.*

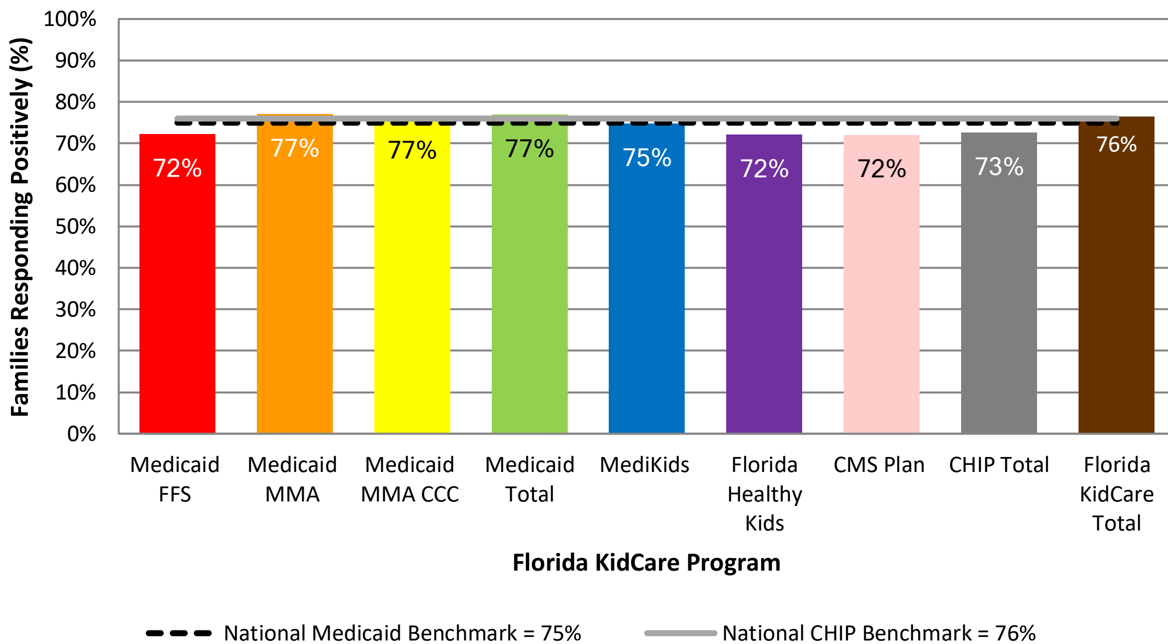
**Personal Doctor**

Personal doctors were rated a "9" or a "10" by 76% of Florida KidCare families, exceeding the national Medicaid benchmark (75%) and meeting the national CHIP benchmark (76%).

**Figure 34** and **Figure 35** show the percentage of respondents who reported a rating of "9" or "10" for Personal Care Providers by Florida KidCare program and Medicaid MMA plan, respectively. **Figure 36** displays the five-year trending data for this question.

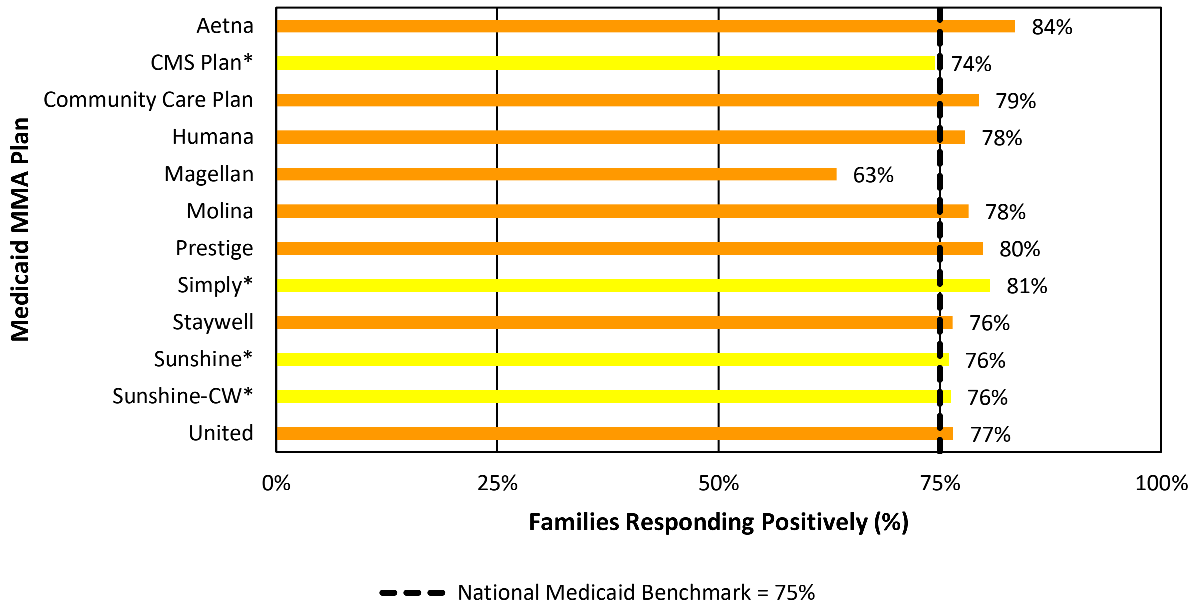
All of the Medicaid MMA plans except for Magellan (63%) and CMS Plan (74%) either met or exceeded the national Medicaid benchmark, with Aetna (84%) surpassing the national Medicaid benchmark (75%) by nearly 10 percentage points. Over the past five years, the rates for many of the programs have remained relatively consistent. MediKids and Florida Healthy Kids both decreased in 2019 after increasing the year before. Medicaid FFS has a pattern of increasing one year and then decreasing the next year for the four years that program had data.

**Figure 34. Rating of "9" or "10" for Personal Doctor by Florida KidCare Program, 2019 Survey**



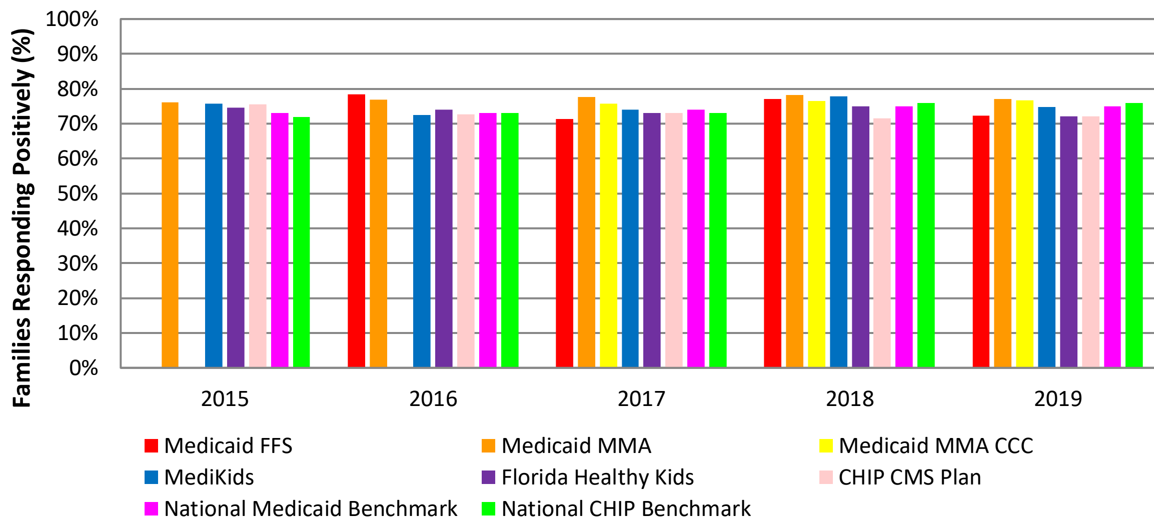

*Scores for programs with a sample size of less than 100 are denoted by N/A. * Not reflected in Medicaid Total or Florida KidCare Total rates. Benchmark data is from 2018.*

**Figure 35. Rating of "9" or "10" for Personal Doctor by Medicaid MMA Plan, 2019 Survey**




*Note: Scores for plans with a sample size of less than 100 are denoted by N/A. *Included in the Medicaid CCC plans total only. Benchmark data is from 2018.*

**Figure 36. Rating of "9" or "10" for Personal Doctor by Florida KidCare Program, Five-Year Trend**

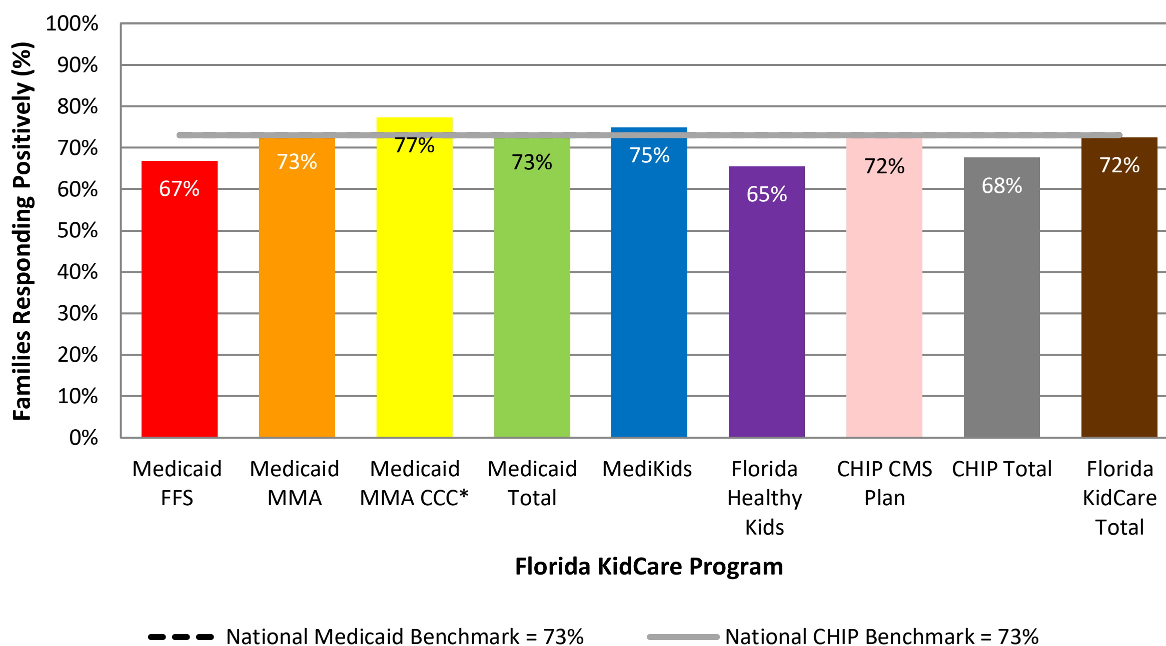



*2015 data does not include Medicaid FFS. Medicaid MMA CCC data was combined with Medicaid MMA plans until 2017 when it became a separate category. Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing.*

**Specialty Care Providers**
When asked to rate the specialist the child saw most often, 72% of Florida KidCare families rated their providers a “9” or a “10,” falling just short of the national Medicaid and CHIP benchmark of 73%. **Figure 37** and **Figure 38** display the percentage of families reporting a rating of “9” or “10” for specialty care providers by Florida KidCare program and Medicaid MMA plans, respectively, and **Figure 39** displays trending data for the past five years.

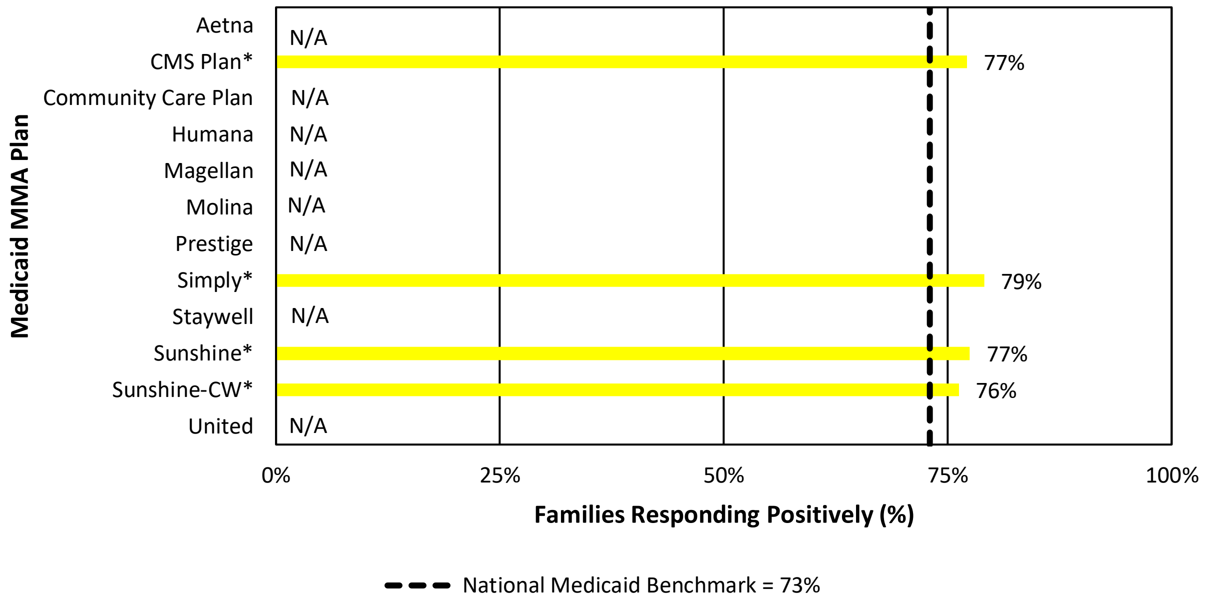
None of the Medicaid MMA plans had enough responses to meet the low denominator criteria. However, the total sum of these plans did exceed the low denominator threshold, thereby making the Medicaid MMA program rate reportable. The four Medicaid MMA CCC plans (CMS Plan, Simply, Sunshine, and Sunshine-CW) each exceeded the low denominator threshold, as well as the national Medicaid benchmark. The five-year trend for specialist rating by Florida KidCare program displays decreases in Medicaid FFS and Florida Healthy Kids rates in 2019. Medicaid MMA CCC and MediKids both had increases in their rates in 2019, showing a continued upward trend for these programs across the board.

**Figure 37. Rating of "9" or "10" for Specialist Seen Most Often by Florida KidCare Program, 2019 Survey**



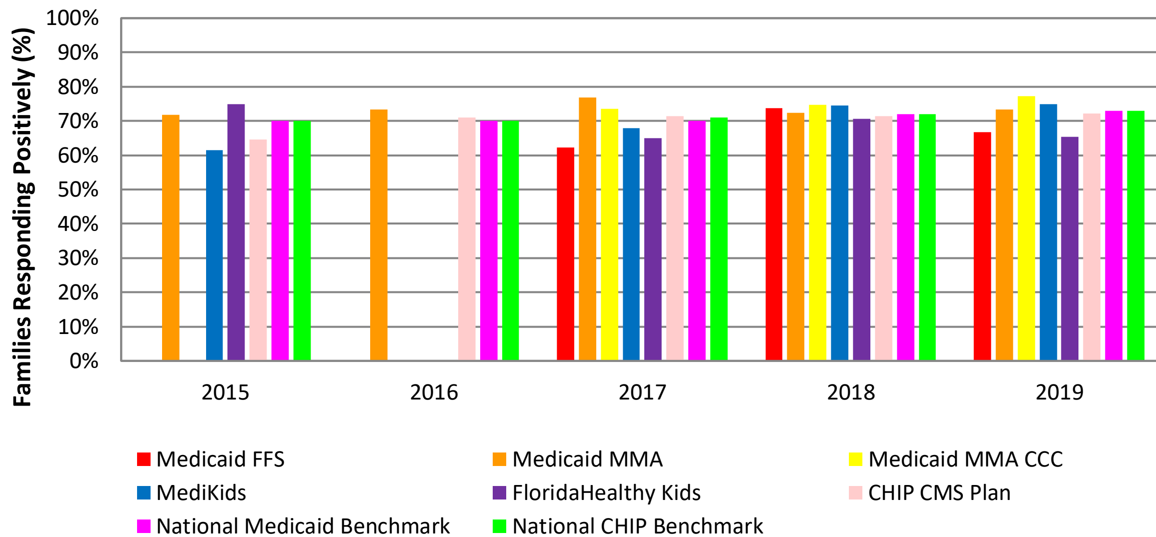

*Scores for programs with a sample size of less than 100 are denoted by N/A. * Not reflected in Medicaid Total or Florida KidCare Total rates. Benchmark data is from 2018 and Medicaid and CHIP benchmarks are the same in this figure.*

**Figure 38. Rating of "9" or "10" for Specialist Seen Most Often by Medicaid MMA Plan, 2019 Survey**




*Note: Scores for plans with a sample size of less than 100 are denoted by N/A. *Included in the Medicaid CCC plans total only. Benchmark data is from 2018.*

**Figure 39. Rating of "9" or "10" for Specialist Seen Most Often by Florida KidCare Program, Five-Year Trend**



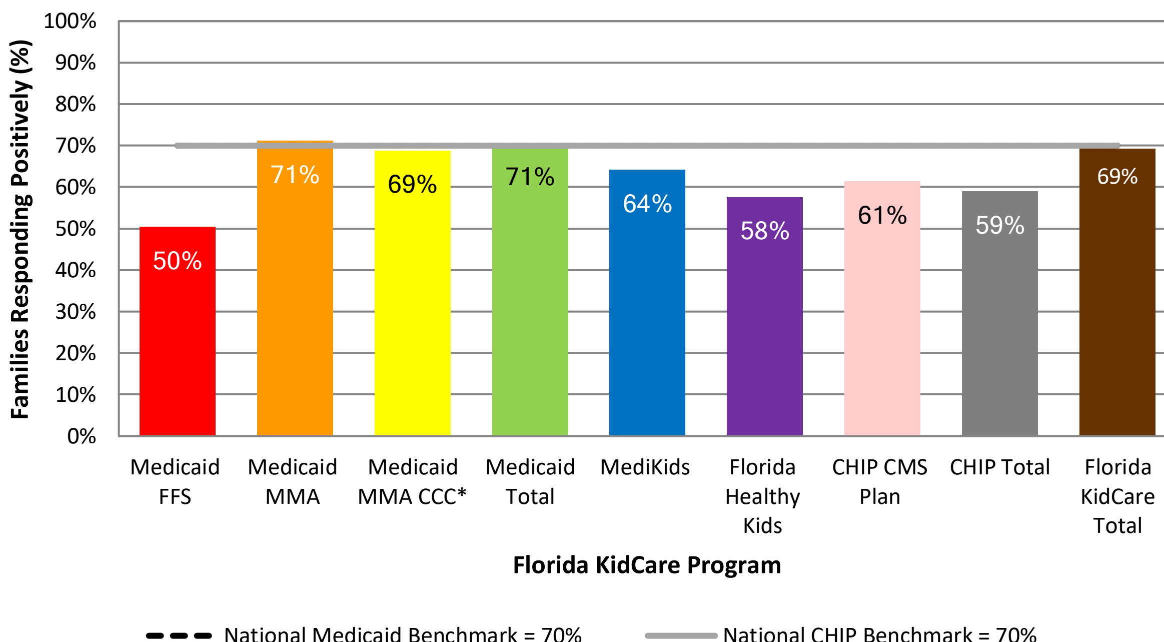

*2015 data does not include Medicaid FFS, and the 2016 Medicaid FFS, MediKids, and Florida Healthy Kids results each had sample sizes of less than 100 and are not reported here. Medicaid MMA CCC data was combined with Medicaid MMA plans until 2017 when it became a separate category. Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing.*

**Health Plan**
Health plans were rated a "9" or a "10" by 69% of Florida KidCare families, falling just short of the national Medicaid and CHIP benchmarks of 70%.

**Figure 40** and **Figure 41** present the percentage of respondents who reported a rating of "9" or "10" for Health Plan by Florida KidCare program and Medicaid MMA plan, respectively. **Figure 42** highlights the five-year trend for this question.

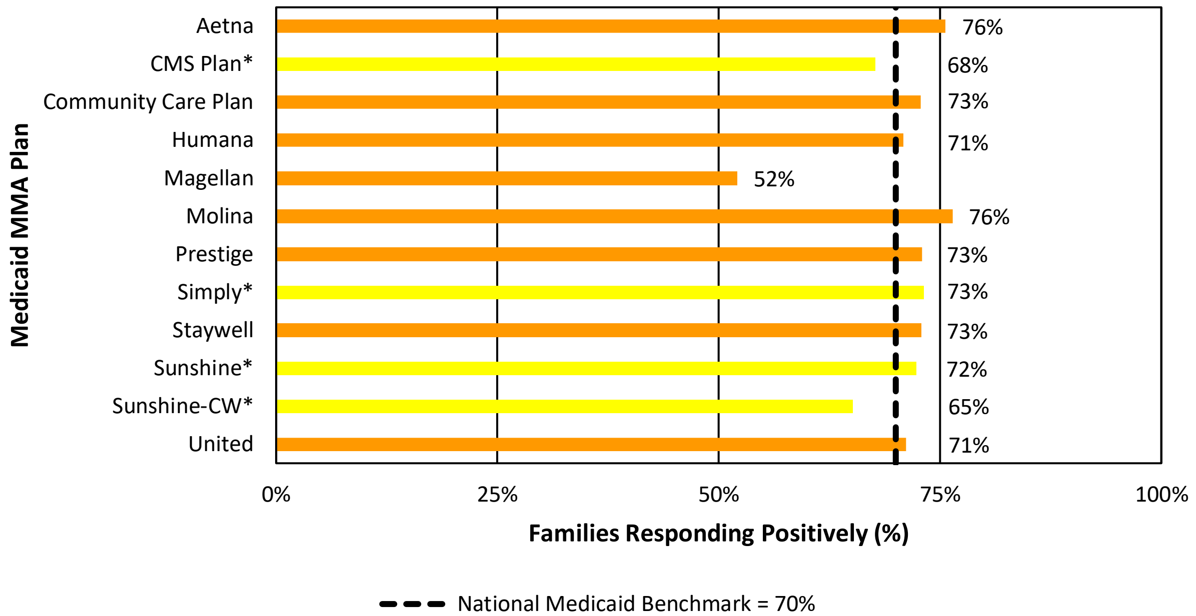
The majority of the Medicaid MMA plans either met or exceeded the national Medicaid benchmark of 70%. The five-year trend shows fluctuations for Medicaid FFS rates, ending with a decrease in 2019. Medicaid MMA rates remained relatively consistent across the board while CHIP CMS Plan, Florida Healthy Kids, and MediKids all decreased in 2019 after increasing the three years prior.

**Figure 40. Rating of "9" or "10" for Health Plan by Florida KidCare Program, 2019 Survey**



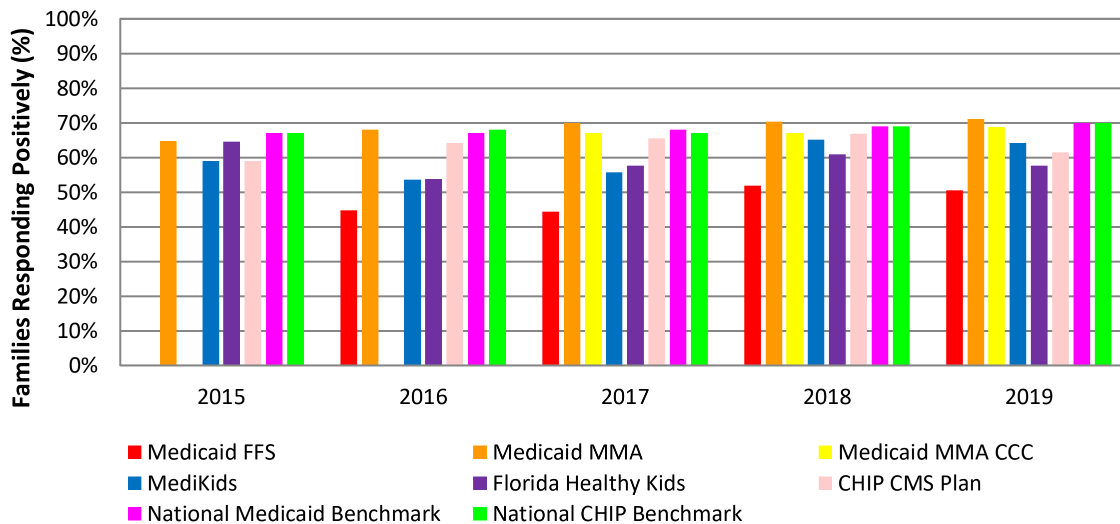

*Scores for programs with a sample size of less than 100 are denoted by N/A. * Not reflected in Medicaid Total or Florida KidCare Total rates. Benchmark data is from 2018 and Medicaid and CHIP benchmarks are the same in this figure.*

**Figure 41. Rating of "9" or "10" for Health Plan by Medicaid MMA Plan, 2019 Survey**




*Note: Scores for plans with a sample size of less than 100 are denoted by N/A. *Included in the Medicaid CCC plans total only. Benchmark data is from 2018.*

**Figure 42. Rating of "9" or "10" for Health Plan by Florida KidCare Program, Five-Year Trend**




*2015 data does not include Medicaid FFS. Medicaid MMA CCC data was combined with Medicaid MMA plans until 2017 when it became a separate category. Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing.*

## Supplemental Questions: Children with Chronic Conditions

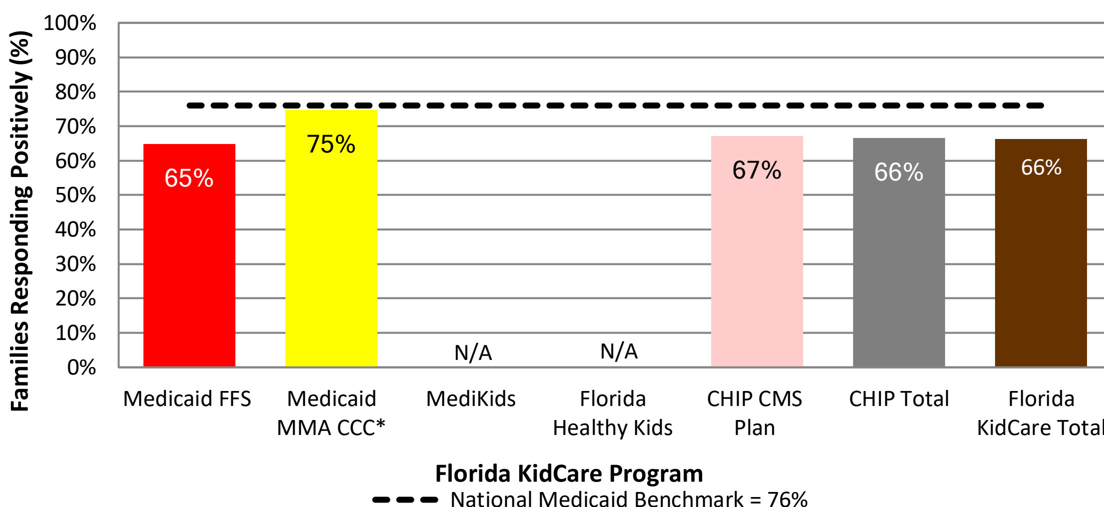
The CAHPS Health Plan Survey, Child Version that assessed the experiences of Florida KidCare families was accompanied by the CCC supplemental questions. These additional survey items ask about access to services and interaction with the medical team (AHRQ, 2018). Together, these responses offer a picture of health care experiences for children with chronic conditions.

The CCC questions are specific to this population, and allow for comparison of experiences of similar children in other health plans and/or the general population of children in the same plan. Since the results for the CCC item set only include respondents that met the chronic conditions criteria and the number of respondents was insufficient for CHIP members, national benchmarks are not presented for that category (AHRQ, n.d.). Four Medicaid MMA plans, CMS Plan, Simply, Sunshine, and Sunshine-CW, are the only plans that used these supplemental questions. This specialized category of Medicaid plans, referred to as the Medicaid CCC plan category, was not factored into the overall Florida KidCare rate. As with other CAHPS questions, plans or programs with fewer than 100 responses for stand-alone questions or average sample sizes across composites of fewer than 100 responses are considered to be low denominators and are designated N/A. These totals are factored into the overall program rates.

### Experience Getting Specialized Services

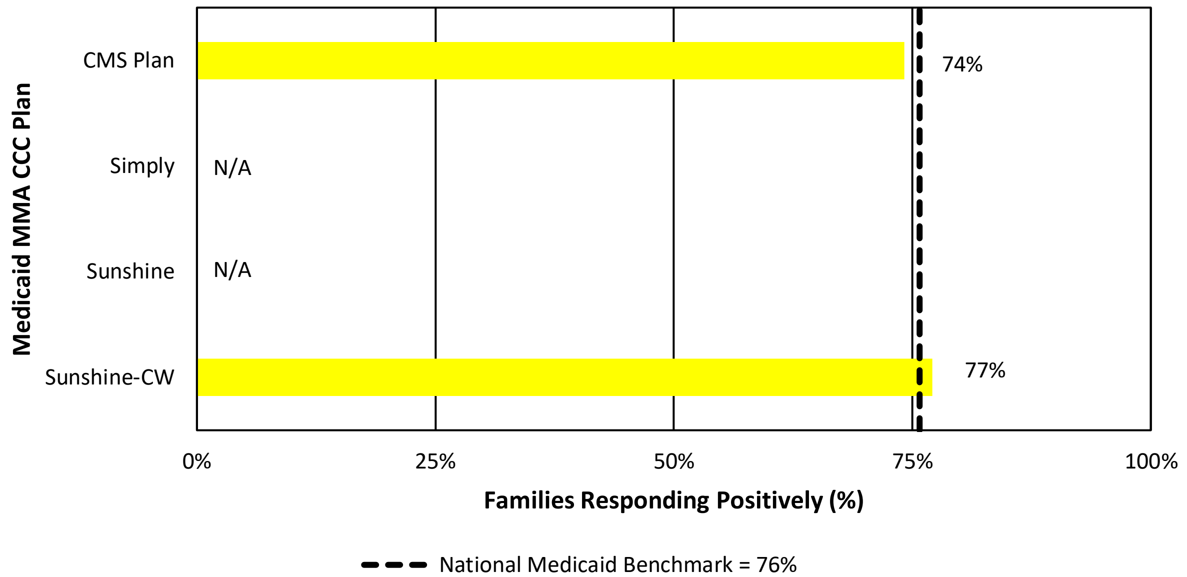
In this composite, families were asked about their experiences getting specialized care such as medical equipment, therapies, treatment, or counseling. Responses were considered positive if the respondent answered either “usually” or “always.” Results by Florida KidCare program are presented in **Figure 43**, by Medicaid MMA CCC plan in **Figure 44**, and in a three-year trend in **Figure 45**. Approximately 66% of Florida KidCare families reported positive experiences getting specialized services, falling short of the national Medicaid benchmark of 76%. Compared to the 2018 data, rates for Medicaid FFS and CHIP CMS Plan decreased in 2019, while Medicaid MMA CCC increased.

**Figure 43. Positive Experiences with Getting Specialized Services by Florida KidCare Program, 2019 Survey**



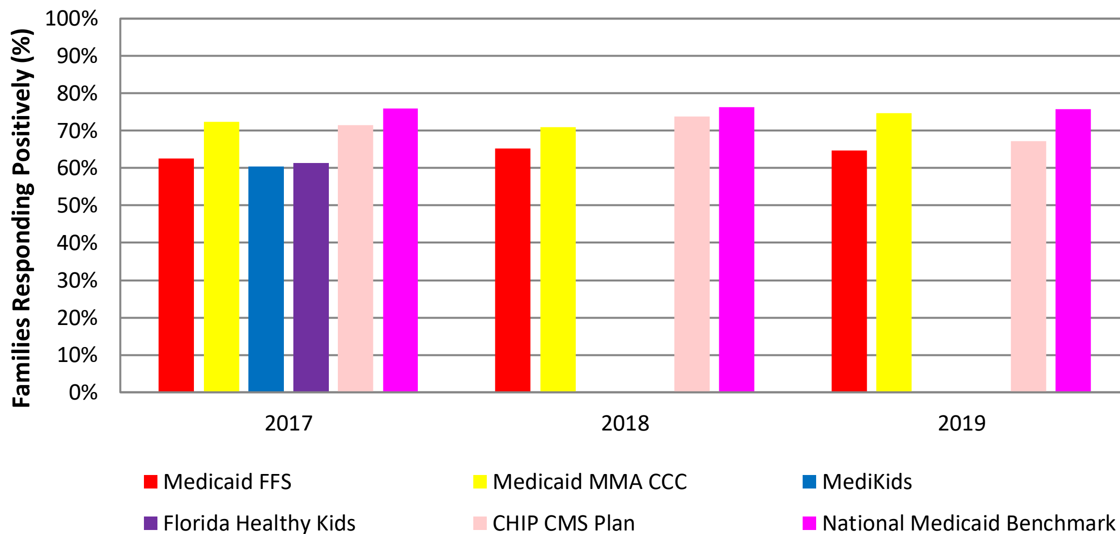

*Scores for programs with average sample sizes of less than 100 across composite items are denoted by N/A. No Medicaid MMA or Medicaid Total rate is presented, as only the Medicaid CCC plans used this question set. * Not reflected in Florida KidCare Total rates. Note that benchmark data is from 2018, and CHIP benchmarks were not available for this question set.*

**Figure 44. Positive Experiences with Getting Specialized Services by Medicaid MMA CCC Plan, 2019 Survey**




*Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A. Benchmark data is from 2018.*

**Figure 45. Positive Experiences with Getting Specialized Services by Florida KidCare Program, Three-Year Trend**



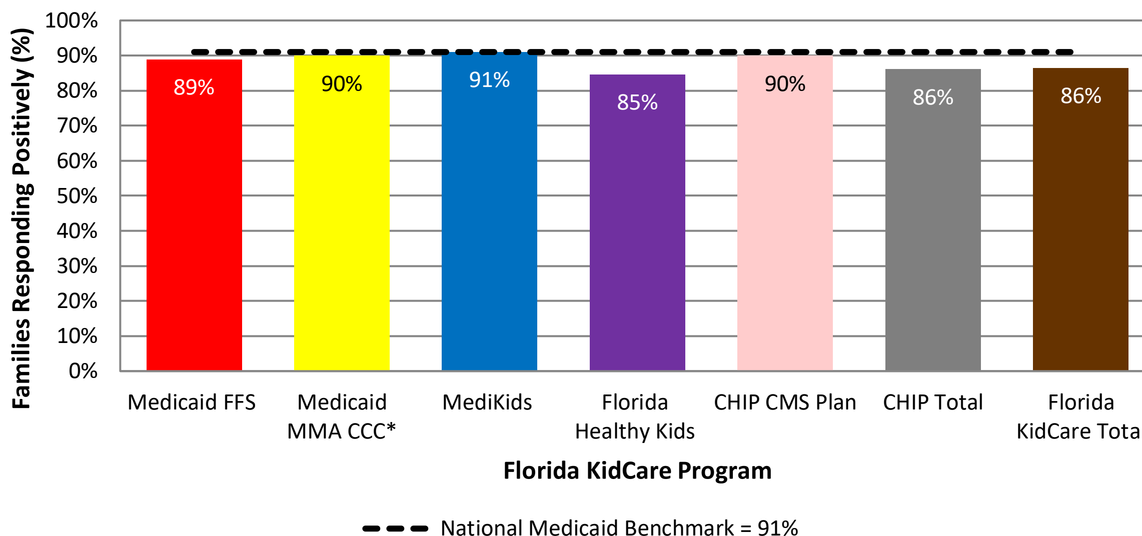

*The 2018 and 2019 totals for both the MediKids and Florida Healthy Kids programs had average samples sizes of less than 100 across composite items and are not reported. Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing.*

**Experience with Personal Doctor**
In the Personal Doctor composite, questions are asked about whether the physician understands how the child's medical, behavioral, or health condition affects the daily life of the both the child and the family. The composite also asks whether the doctor discussed with the family how the child was feeling, growing, and behaving. Responses were considered positive if the respondent answered "yes."

Results by Florida KidCare program are presented in **Figure 46**, by Medicaid MMA CCC plan in **Figure 47**, and in a three-year trend in **Figure 48**.

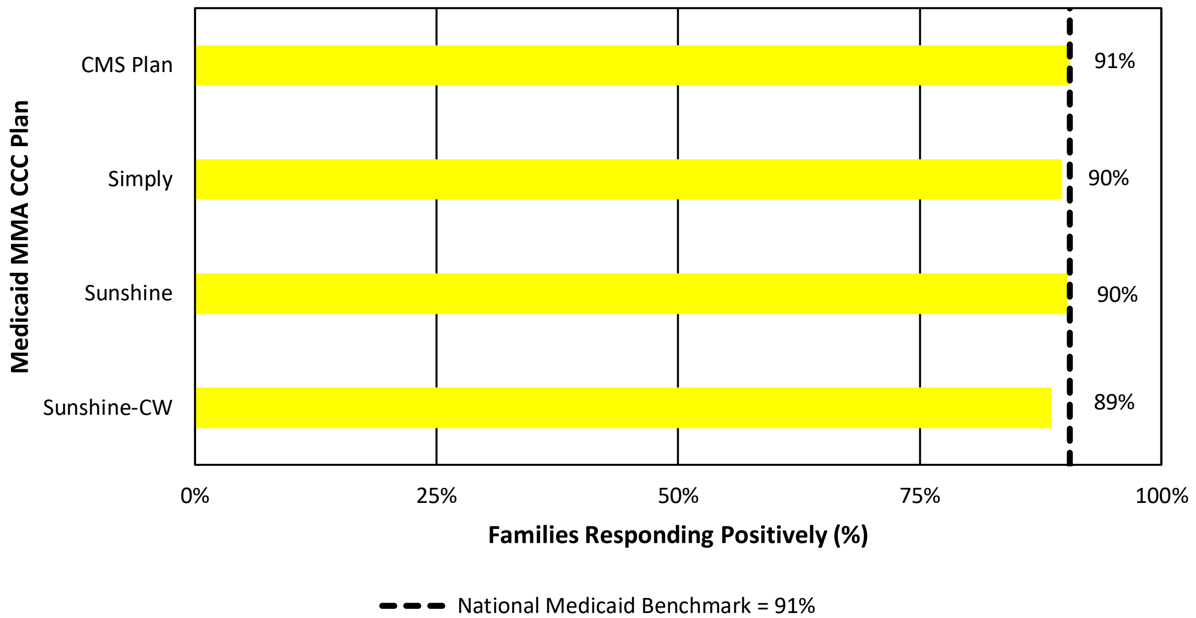
Overall, 86% of Florida KidCare families reported positive experiences with their child's personal doctor, which fell short of meeting the national Medicaid benchmark of 91%. The three-year trend below displays an upward trend for MediKids. Both Florida Healthy Kids and Medicaid FFS rates decreased in 2019 after increasing the year prior. CHIP CMS Plan remained relatively consistent over the years.

**Figure 46. Positive Experiences with Personal Doctor by Florida KidCare Program, 2019 Survey**



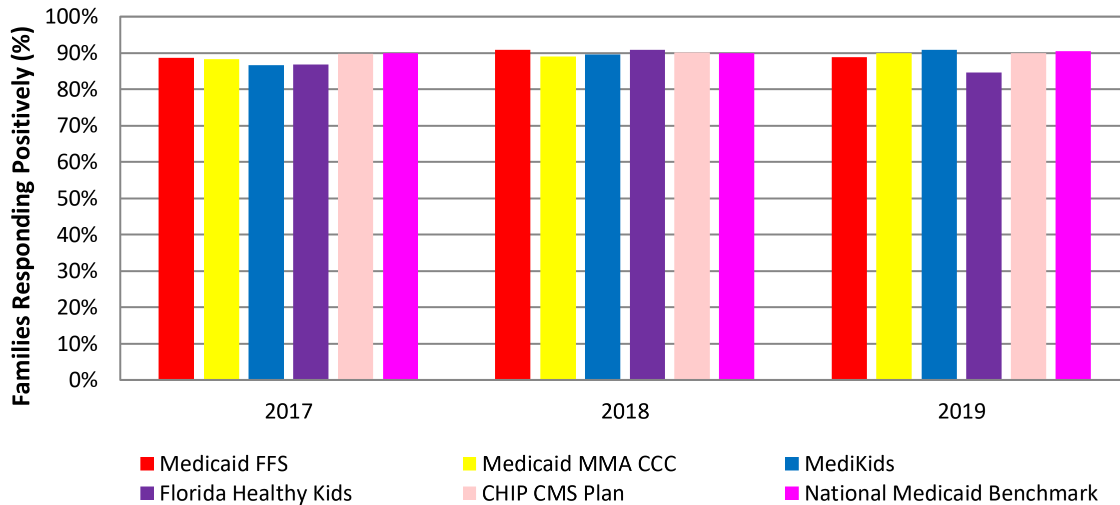

*Scores for programs with average sample sizes of less than 100 across composite items are denoted by N/A. No Medicaid MMA or Medicaid Total rate is presented, as only the Medicaid CCC plans used this question set. * Not reflected in Florida KidCare Total rates. Note that benchmark data is from 2018, and CHIP benchmarks were not available for this question set.*

**Figure 47. Positive Experiences with Personal Doctor by Medicaid MMA CCC Plan, 2019 Survey**




*Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A. Benchmark data is from 2018.*

**Figure 48. Positive Experiences with Personal Doctor by Florida KidCare Program, Three-Year Trend**



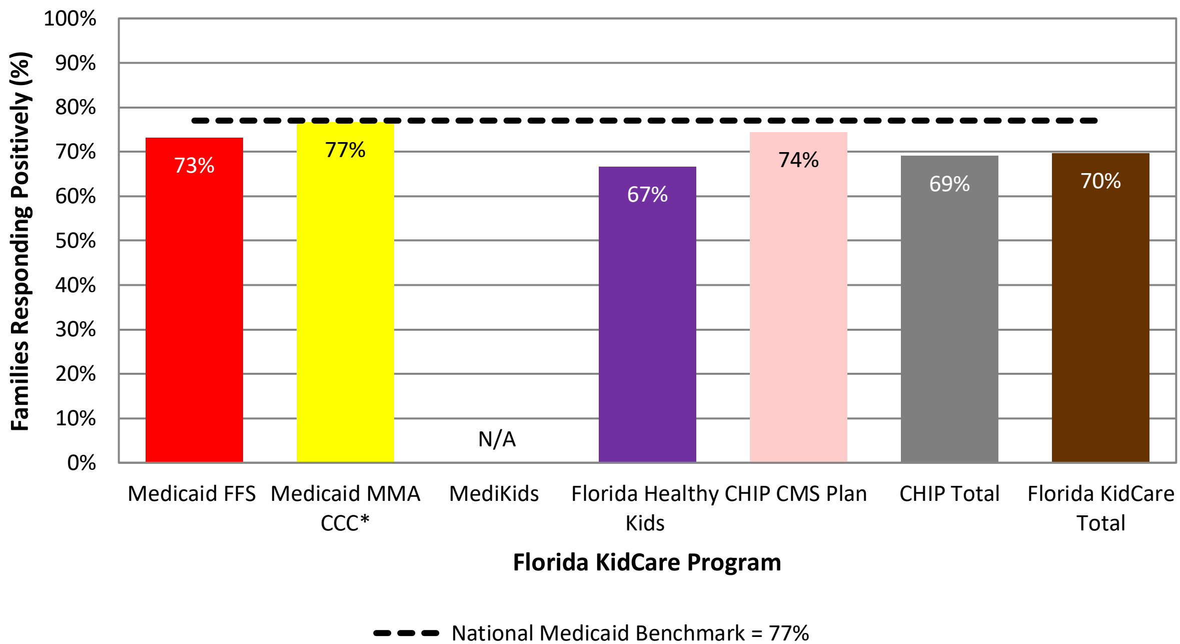

*Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing.*

**Coordination of Care**
The Coordination of Care composite details the help families receive when trying to coordinate care among physicians, school, and health care services. The two questions in this composite specifically ask whether the family received help from health providers, the health plan, and the doctor's office or clinic. For this composite, responses were considered positive if the respondent answered "yes."

Results by Florida KidCare program are presented in **Figure 49**, by Medicaid MMA CCC plan in **Figure 50**, and in a three-year trend in **Figure 51**.

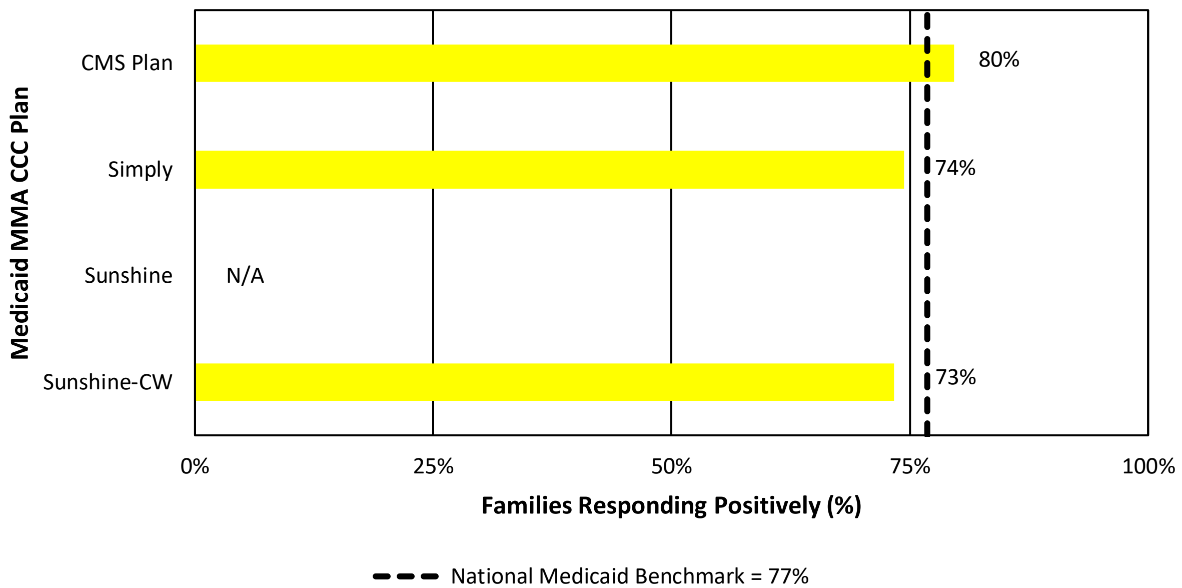
Approximately 70% of Florida KidCare families reported positive experiences with care coordination, falling below the national Medicaid benchmark of 77%. The three-year trend for this composite displays an upward trend for Medicaid FFS. The rates for Florida Healthy Kids and CHIP CMS Plan both slightly decreased in 2019. The rate for Medicaid MMA CCC increased in 2019 after decreasing the year before.

**Figure 49. Positive Experiences with Coordination of Care by Florida KidCare Program, 2019 Survey**



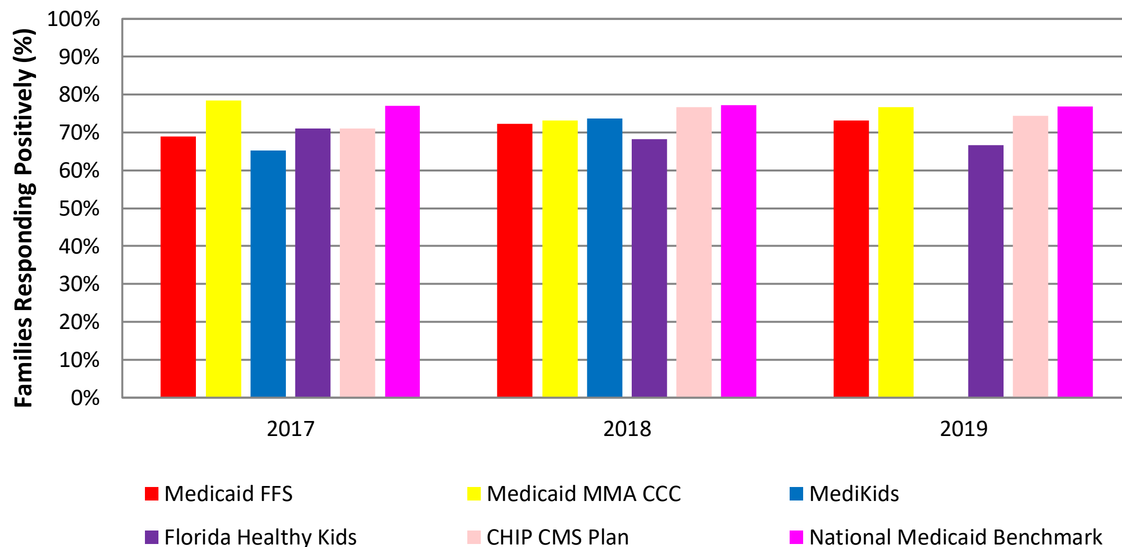

*Scores for programs with average sample sizes of less than 100 across composite items are denoted by N/A. No Medicaid MMA or Medicaid Total rate is presented, as only the Medicaid CCC plans used this question set. * Not reflected in Florida KidCare Total rates. Note that benchmark data is from 2018, and CHIP benchmarks were not available for this question set.*

**Figure 50. Positive Experiences with Coordination of Care by Medicaid MMA CCC Plan, 2019 Survey**




*Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A. Benchmark data is from 2018.*

**Figure 51. Positive Experiences with Coordination of Care by Florida KidCare Program, Three-Year Trend**



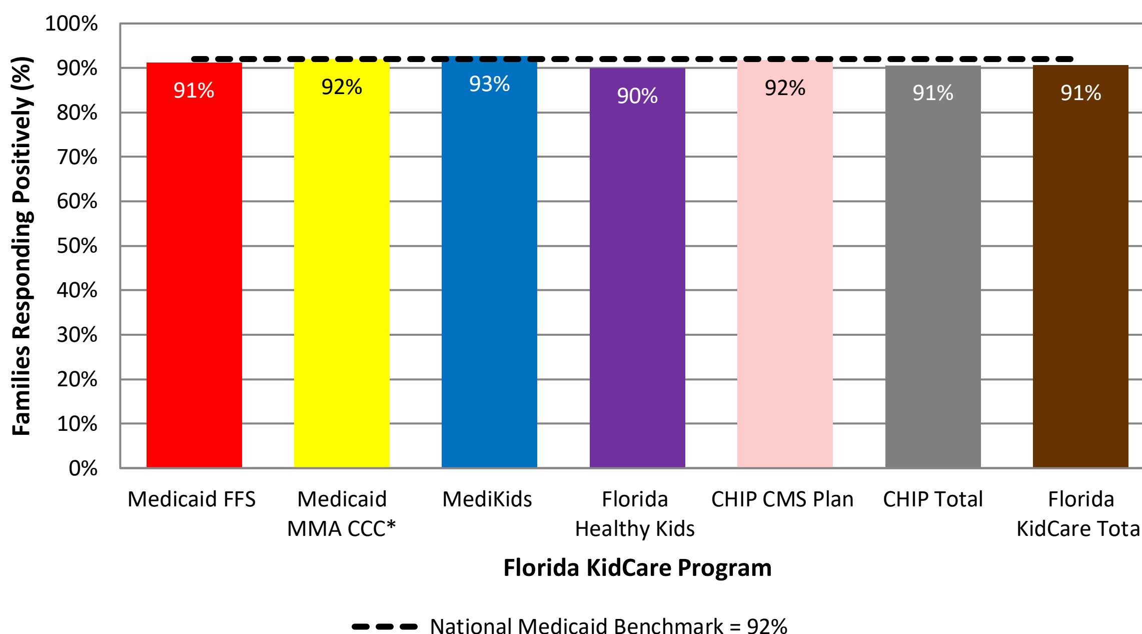

*The 2019 total for the MediKids program had an average sample size of less than 100 across composite items and is not reported here. Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing.*

**Getting Needed Information**
A stand-alone question focused on family-centered care, the Getting Needed Information CAHPS question was considered positive if the respondent answered "usually" or "always."

Results by Florida KidCare program are presented in **Figure 52**, by Medicaid MMA CCC plan in **Figure 53**, and in a three-year trend in **Figure 54**.

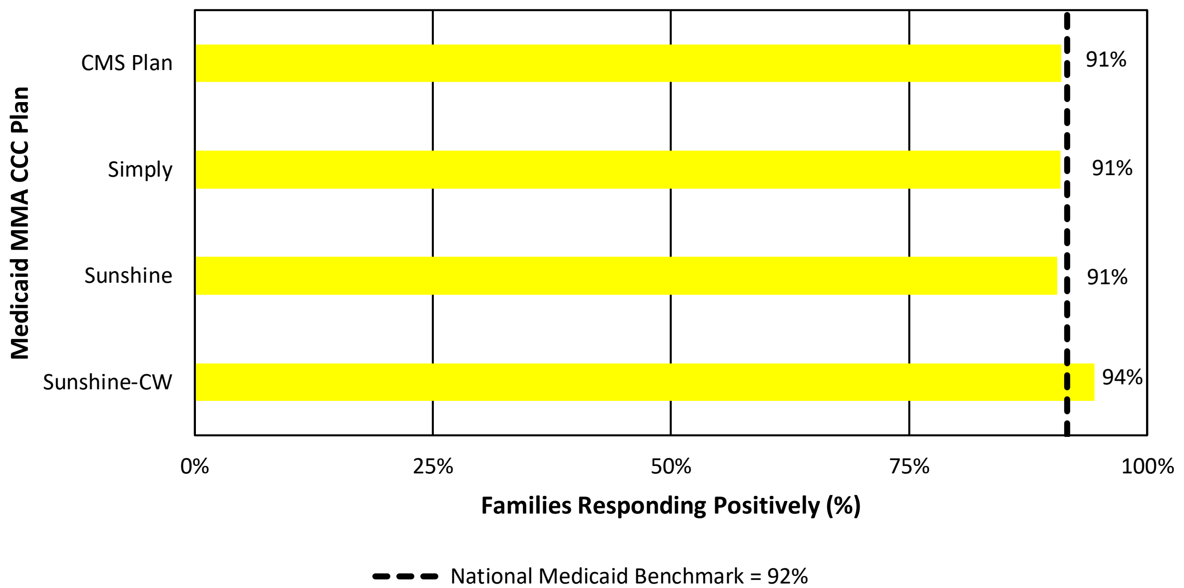
Approximately 91% of Florida KidCare families reported positive experiences with getting needed information, falling just below the national Medicaid benchmark of 92%. MediKids exceeded the national average. The three-year trend shows slight decreases in every program rate in 2019 except for Medicaid MMA CCC and MediKids, which increased from the year prior. Only one Medicaid MMA CCC plan met or exceeded the national Medicaid benchmark: Sunshine-CW had a rate of 94% for this question.

**Figure 52. Positive Experiences with Getting Needed Information by Florida KidCare Program, 2019 Survey**



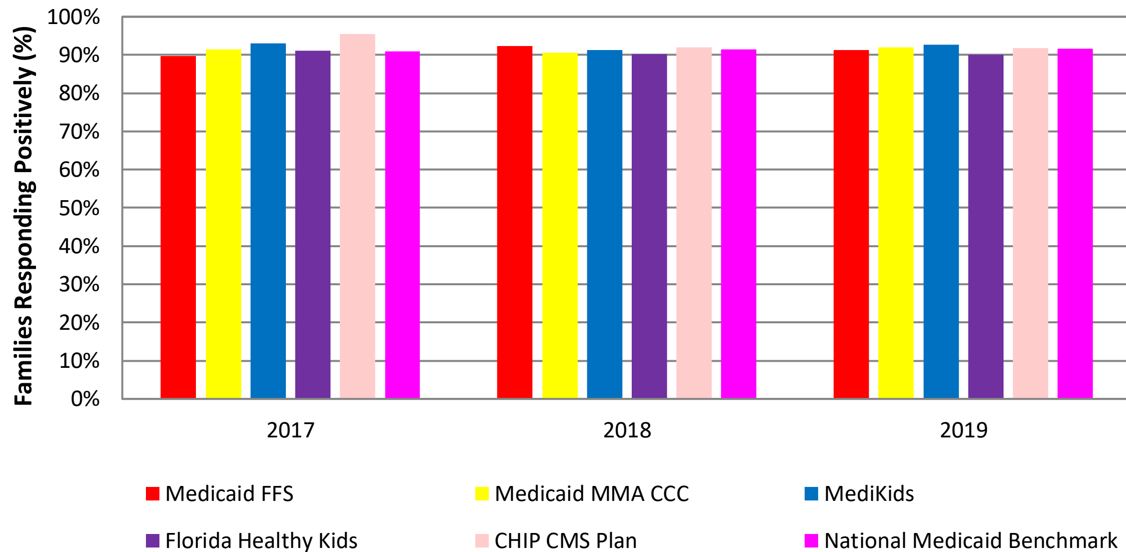

*Scores for programs with a sample size of less than 100 are denoted by N/A. No Medicaid MMA or Medicaid Total rate is presented, as only the Medicaid CCC plans used this question set. * Not reflected in Florida KidCare Total rates. Note that benchmark data is from 2018, and CHIP benchmarks were not available for this question set.*

**Figure 53. Positive Experiences with Getting Needed Information by Medicaid MMA CCC Plan, 2019 Survey**




*Note: Scores for plans with a sample size of less than 100 are denoted by N/A. Benchmark data is from 2018.*

**Figure 54. Positive Experiences with Getting Needed Information by Florida KidCare Program, Three-Year Trend**



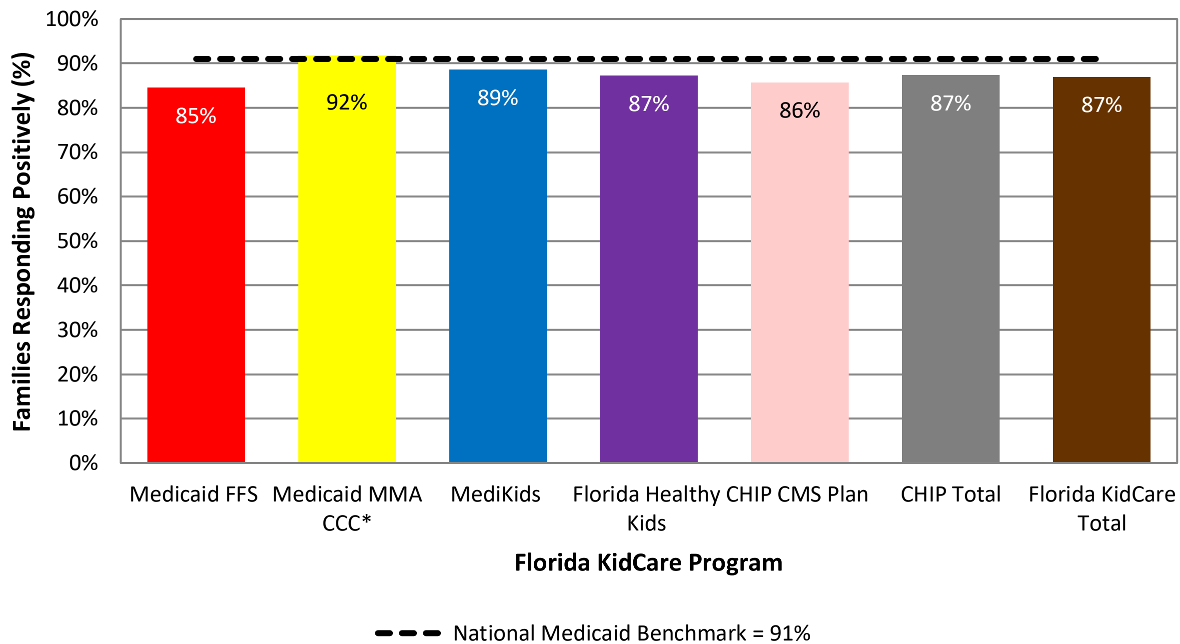

*Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing.*

**Access to Prescription Medication**
For children living with a chronic condition, prescription medication can be a necessity. A CAHPS question within the Children with Chronic Conditions question set asks how often it was easy to obtain prescription medications from the child's health plan. Responses were considered positive if the respondent answered "usually" or "always."

Results by Florida KidCare program are presented in **Figure 55**, by Medicaid MMA CCC plan in **Figure 56**, and in a three-year trend in **Figure 57**.

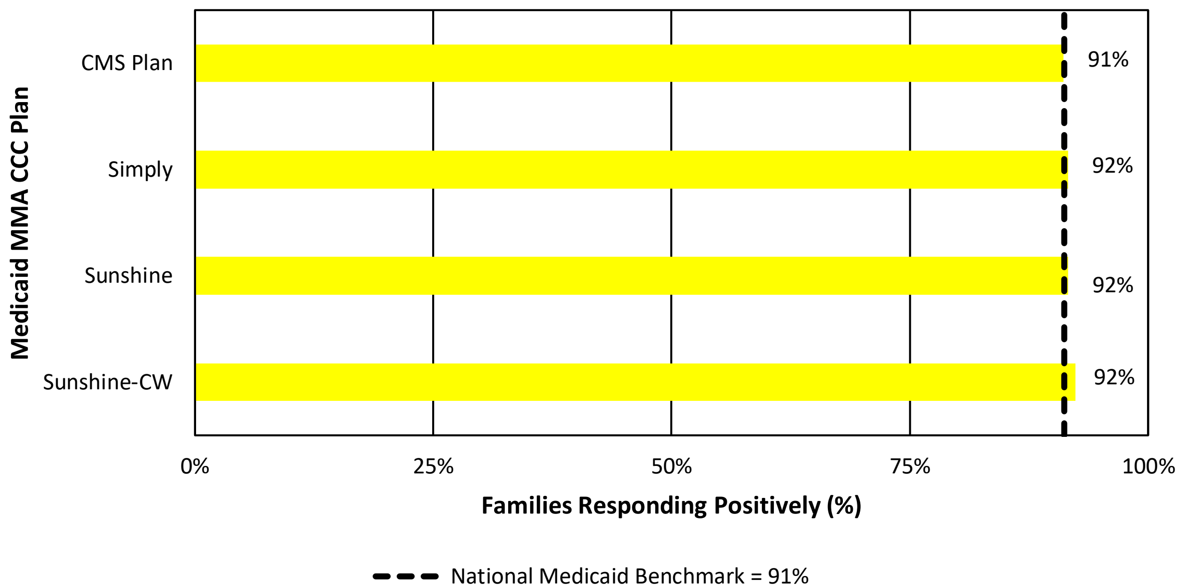
While many Florida KidCare families found it always or usually easy to get prescription medications through the child's health plan, the overall rate of 87% fell short of the national Medicaid benchmark of 91%. Only Medicaid MMA CCC exceeded the national average, with all four plans meeting or exceeding the benchmark. As shown in the three-year trend, the rates for Medicaid FFS and Medicaid MMA CCC have increased steadily. MediKids and CHIP CMS Plan rates decreased in 2019 after increasing the year before. The rates for Florida Healthy Kids have remained relatively stable each year.

**Figure 55. Positive Experiences with Access to Prescription Medications by Florida KidCare Program, 2019 Survey**



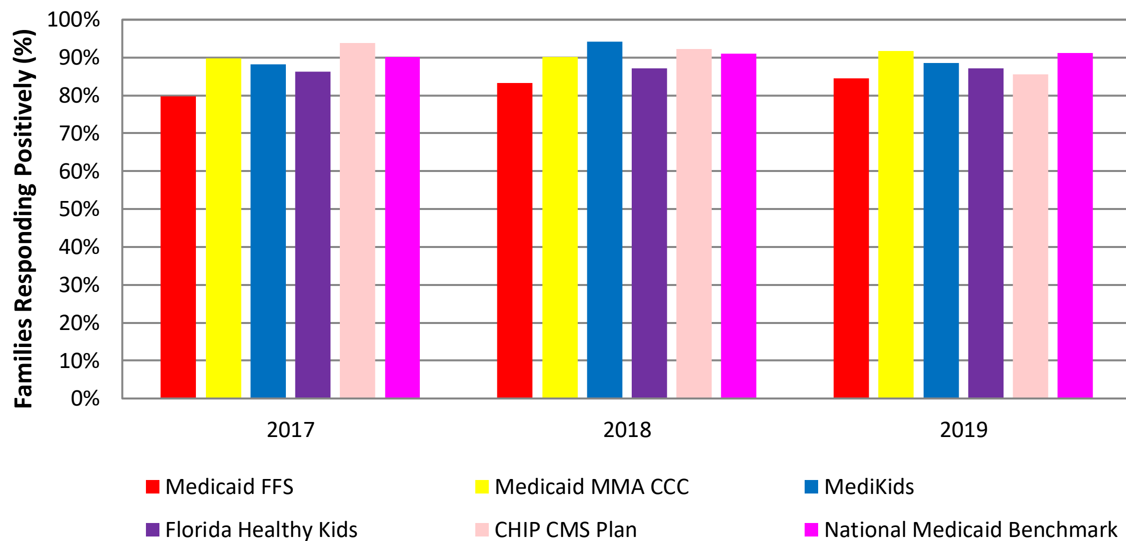

*Scores for programs with a sample size of less than 100 are denoted by N/A. No Medicaid MMA or Medicaid Total rate is presented, as only the Medicaid CCC plans used this question set. * Not reflected in Florida KidCare Total rates. Note that benchmark data is from 2018, and CHIP benchmarks were not available for this question set.*

**Figure 56. Positive Experiences with Access to Prescription Medications by Medicaid MMA CCC Plan, 2019 Survey**




*Note: Scores for plans with a sample size of less than 100 are denoted by N/A. Benchmark data is from 2018.*

**Figure 57. Positive Experiences with Access to Prescription Medications by Florida KidCare Program, Three-Year Trend**




*Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing.*

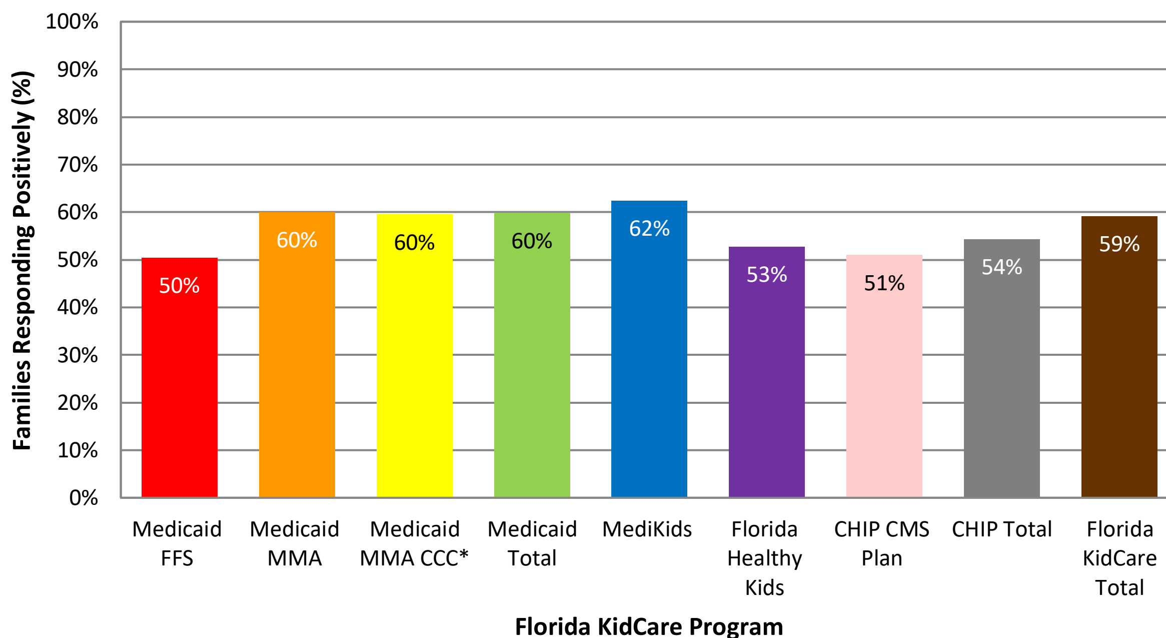
## Supplemental Questions: Treatment, Counseling, and Choice of Physician

The addition of 12 supplemental questions, approved by the NCQA, is eligible for inclusion in CAHPS surveys. For the 2019 CAHPS survey, AHCA required the Medicaid MMA plans and ICHP to include one specific question in their CAHPS surveys: "How would you rate the number of doctors you had to choose from?" Responses of "excellent" or "very good" are considered positive. As these questions are supplemental to the CAHPS survey, all program and plan rates are presented, regardless of whether or not the denominator was 100 or above, and no benchmarks are available.

**Figure 58** displays rates by Florida KidCare program, while **Figure 59** shows the rates by Medicaid MMA Plan. A three-year trend by Florida KidCare program is shown in **Figure 60**.

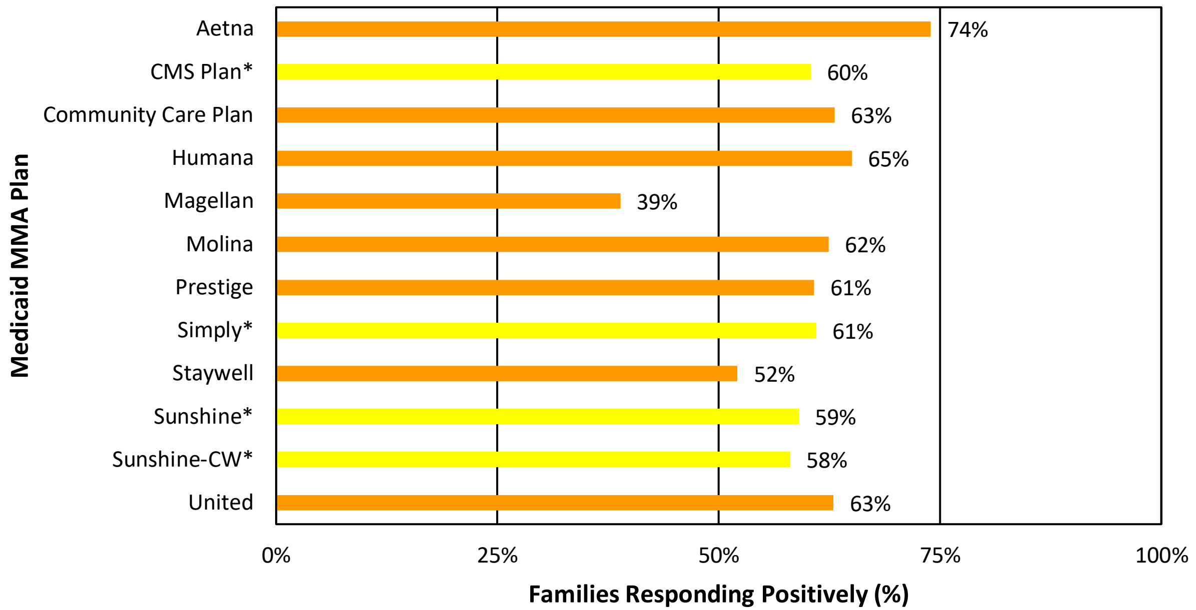
Overall, 59% of Florida KidCare families reported positive responses to the question "How would you rate the number of doctors you had to choose from?" The majority of Medicaid MMA plans had a rate between 50-75%, with the sole exception of Magellan, which had a rate of 39%. The three-year trend displays an upward trend for MediKids, while rates for Medicaid FFS, Medicaid MMA, and Florida Healthy Kids decreased in 2019 after increasing the year prior. The rate for Medicaid MMA CCC increased in 2019 after decreasing the year before.

**Figure 58. Positive Rating for Number of Doctors to Choose From by Florida KidCare Program, 2019 Survey**



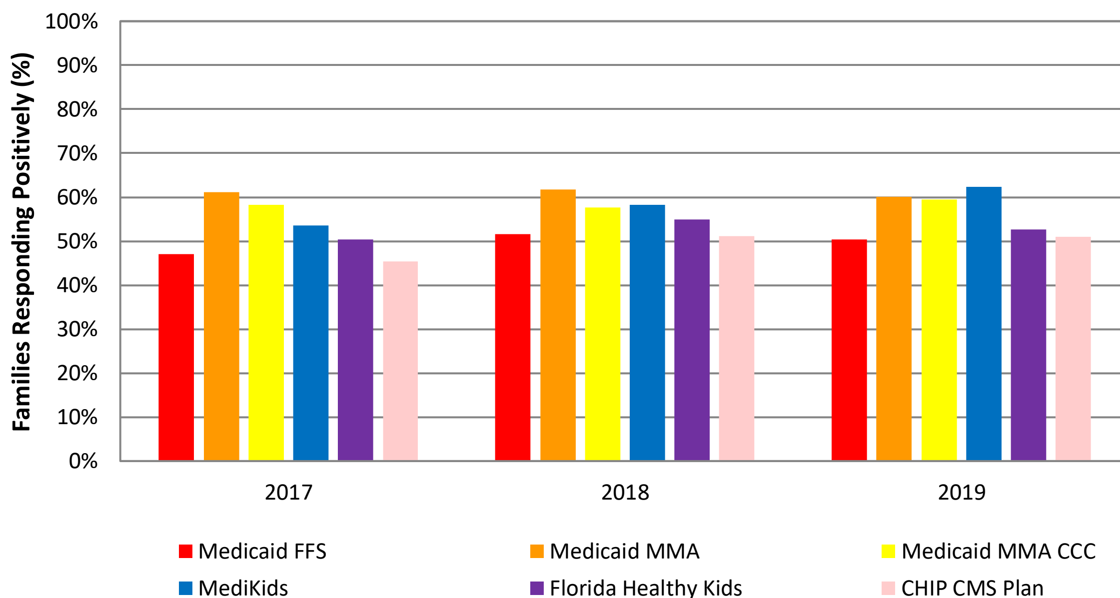

**Not reflected in Medicaid or Florida KidCare Total Rates.*

**Figure 59. Positive Rating for Number of Doctors to Choose From by Medicaid MMA Plan, 2019 Survey**




**Included in the Medicaid CCC plans total only.*

**Figure 60. Positive Rating for Number of Doctors to Choose From by Florida KidCare Program, Three-Year Trend**




*Note that methodology varied slightly from year to year. Use caution when comparing.*

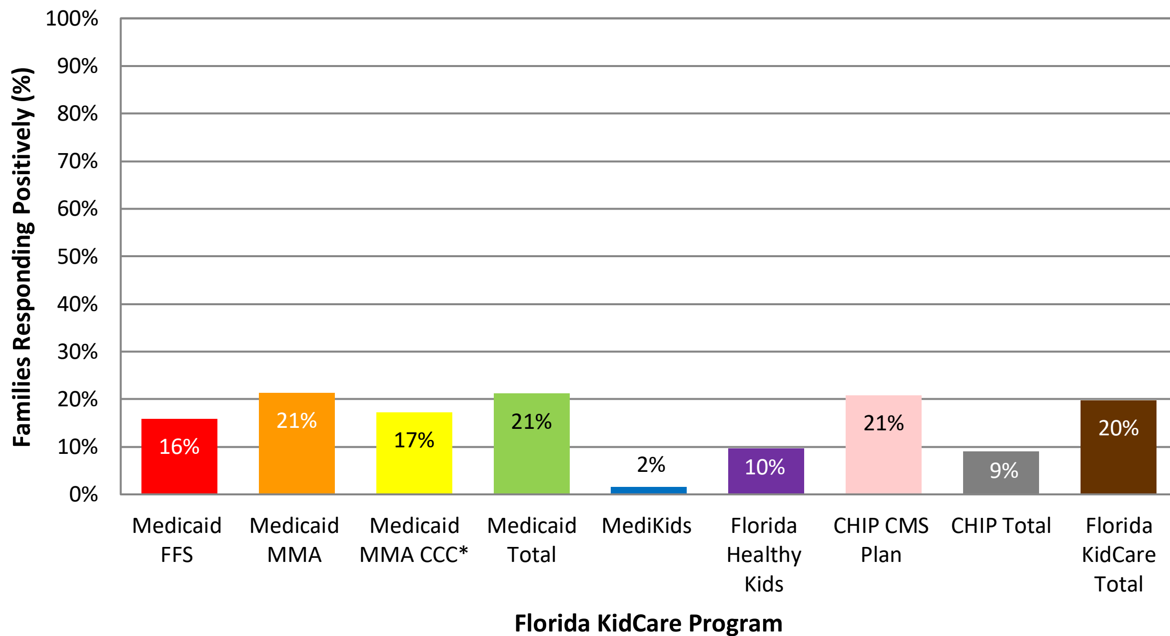
An additional three questions were required of ICHP, and some of the Medicaid MMA plans included these questions as well.

The first question asked whether the child needed treatment or counseling for a personal or family problem. The percentage of respondents who answered "yes" are reported by Florida KidCare program in **Figure 61**.

Twenty percent of Florida KidCare families reported that their child needed treatment or counseling for a personal or family problem.

The percentage of respondents who answered "yes" to their child needing treatment or counseling for a personal or family problem was only reported by six of the twelve Medicaid MMA plans: Humana (9%), Magellan (44%), Simply (10%), Sunshine (10%), Sunshine-CW (26%) and United (11%). Note that rates for Simply, Sunshine, and Sunshine-CW are not included in the overall Medicaid or Florida KidCare total rates.

**Figure 61. Needed Treatment or Counseling for a Personal or Family Problem by Florida KidCare Program, 2019 Survey**



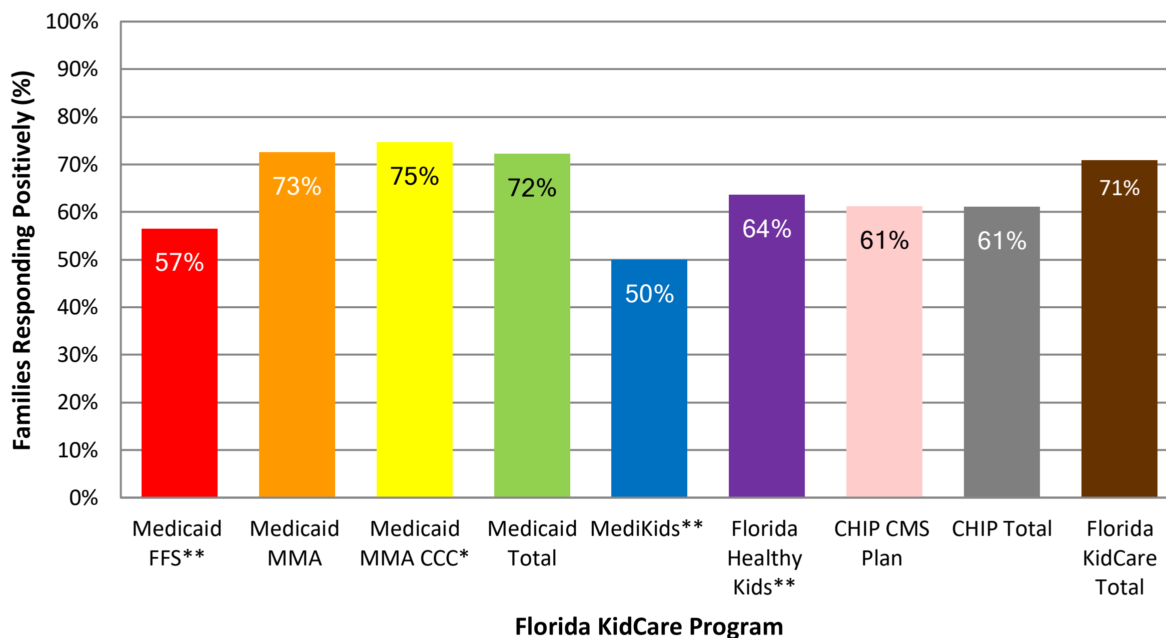

**Not reflected in Medicaid or Florida KidCare Total Rates.*

Families responding that the child needed treatment or counseling were asked follow-up questions to gain perspective on the experience. Similar to the wording in composite questions, the first follow-up question asked how often it was easy to get the treatment or counseling the child needed through the health plan. A positive experience for this question is a response of “usually” or “always.” Results for this measure are presented by Florida KidCare program in **Figure 62**.

Overall, 71% of Florida KidCare families reported a positive experience for their child to get needed treatment or counseling through their health plan. Note that three programs had less than 100 respondents: Medicaid FFS, MediKids and Florida Healthy Kids.

Positive responses from families were reported by six of the 12 Medicaid MMA plans: Humana (84%), Magellan (71%), Simply (63%), Sunshine (72%), Sunshine-CW (75%) and United (69%). Humana, Simply, Sunshine, and United each had less than 100 respondents to this question, and as with the prior question, the rates for Simply, Sunshine, and Sunshine-CW are not included in the overall Medicaid or Florida KidCare total rates.

**Figure 62. Positive Experience with Obtaining Needed Treatment or Counseling Through Health Plan by Florida KidCare Program, 2019 Survey**



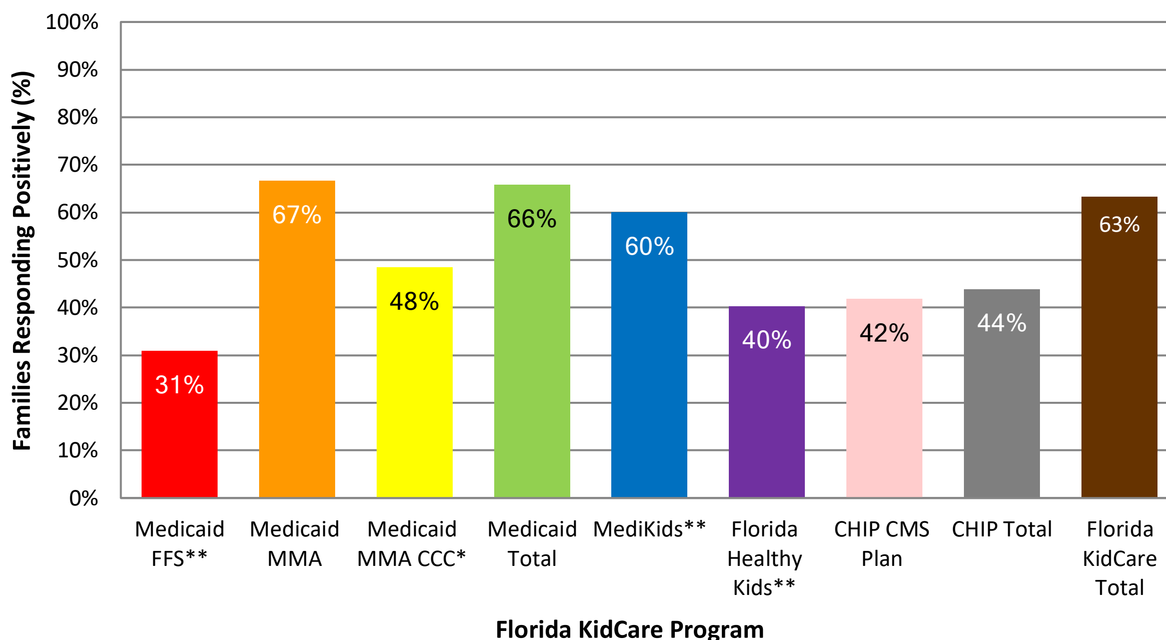

**Not reflected in Medicaid or Florida KidCare Total Rates. **Question had less than 100 respondents.*

Finally, families were asked to answer a second follow-up question where they were asked to rate all the child's treatment or counseling on a scale from 0 (worst) – 10 (best). Ratings of "9" or "10" are presented in **Figure 63** for Florida KidCare programs.

Overall, 63% of Florida KidCare families rated a "9" or "10" when asked to rate all their child's treatment or counseling on a scale from 0-10. Three programs had less than 100 respondents: Medicaid FFS, MediKids, and Florida Healthy Kids.

A rating of "9" or "10" was reported by seven out of 12 Medicaid MMA plans: Humana (53%), Magellan (42%), Molina (75%), Simply (46%), Sunshine (59%), Sunshine-CW (47%), and United (50%). Note that Humana, Simply, Sunshine, and United each had fewer than 100 respondents, and that the rates for Simply, Sunshine, and Sunshine-CW were not factored into the Medicaid or Florida KidCare program rates.

**Figure 63. Rating of "9" or "10" for All Treatment or Counseling by Florida KidCare Program, 2019 Survey**




**Not reflected in Medicaid or Florida KidCare Total Rates. **Question had less than 100 respondents.*

# Section 3: Quality of Care

***In This Section***

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

## Background

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

The Children's Health Insurance Program Reauthorization Act of 2009 required the creation, and annual revision, of a core set of pediatric quality measures. These recommended measures are for voluntary reporting from the state Medicaid program and Children's Health Insurance Program (CHIP) (Agency for Healthcare Research and Quality [AHRQ], 2019c), however, they will be mandatory beginning in 2024 (Center for Medicaid and CHIP Services, & Centers for Medicare & Medicaid Services [CMS], 2018). This collection of pediatric measures is called the Core Set of Children's Health Care Quality Measures (also referred to as the Child Core Set). Several HEDIS measures are included in the Child Core Set, making comparison to national benchmarks possible for most of the Child Core Set measures included in this report. The Child Core Set also includes the child version of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey, the results of which were detailed in the previous section of this report. Use of the Child Core Set enables an estimate of pediatric health care quality, comparative analysis of child health plans, and identification of disparities in health care.

## Evaluation Approach

Performance Measure rates were calculated by 13 Medicaid Managed Medical Assistance (MMA) plans that offer health insurance coverage to children in Florida. It is important to note that while all plans fall within the Medicaid MMA category, they may differ by the population served or geographic region of operation: some plans are statewide, while others may serve only one county. These plans, with the specialty plan population noted where applicable, were Aetna, Clear Health Alliance (serving those with HIV/AIDS), Children's Medical Services Managed Care Plan (CMS Plan, serving children with chronic conditions), Community Care Plan, Humana, Magellan Complete Care (serving children with serious mental illnesses), Molina Healthcare, Prestige Health Choice, Simply, Staywell, Sunshine Health Plan, Sunshine Health Plan- Child Welfare (CW, serving children in the child welfare system), and United Healthcare. The Medicaid MMA plans submitted their data to the Agency for Health Care Administration (AHCA), who then passed along the information to the Institute for Child Health Policy (ICHP). Performance measure rates were also calculated by individual plans within the Florida Healthy Kids program and submitted to the Florida Healthy Kids Corporation, which then submitted the data to ICHP. Florida Healthy Kids performance measure data were from all five medical plans (Aetna, Simply, Sunshine Health Plan, United Healthcare, and Staywell Kids) that offer coverage to Florida Healthy Kids members.

Overall rates for these programs were calculated by ICHP, as were the program rates for Medicaid Fee-For-Service (FFS), MediKids, and CHIP CMS Plan (refer to **Table 17** for details). At least three data sources with child-level information were used to calculate the quality of care indicators using the administrative method: (1) enrollment data, (2) health plan claims and encounter data, and (3) pharmacy data. The enrollment files contain information about the child's age and sex, the plan in which the child is enrolled, and the number of months of enrollment. The claims and encounter data contain Current Procedural Terminology (CPT) codes, Current Dental Terminology (CDT) codes, International

Classification of Diseases, 9th and 10th Revision (ICD-9-CM and ICD-10-CM), place of service codes, provider taxonomy, and other information necessary to calculate the quality of care indicators. Though use of ICD-9-CM stopped effective October 1, 2015, and while almost all of the measures utilize ICD-10-CM, the value sets for several measures include both ICD-9 and ICD-10 codes, as some performance measures involve a lookback period, or require looking for a code in the member's medical history (Center for Medicaid and CHIP Services, & CMS, 2019). The pharmacy data contain information about filled prescriptions, including the drug name, dose, date filled, and refill information.

In addition to administrative data, supplemental data was utilized. An advantage of using a supplemental data source is the opportunity to use already collected and organized electronic health data, which is more cost-effective than current data collection methods. Another advantage is obtaining clinical information for a larger sample than would otherwise be possible using traditional data collection approaches, which in turn allows for subgroup analyses (i.e., analyses by region of the state, urban/rural areas, and more). Data for two maternal and child health measures, the cesarean birth and low birth weight measures, were obtained with assistance from the Family Data Center, located within ICHP. For immunization measures, data were supplemented with data from the Florida State Health Online Tracking System (Florida SHOTS™) system. Florida SHOTS is a free, statewide, centralized online immunization registry from the Florida Department of Health (DOH) that assists health care providers, schools, and parents with keeping track of immunization records. Using hybrid methodology can also improve the accuracy of the data. For members who were not already found to be administratively compliant for a hybrid measure, a medical record review was conducted as possible to determine whether the measure specifications had been met.

**Methodology**

Measures or measure sets are maintained by organizations called measure stewards who are responsible for updating technical specifications and changing measures as clinical evidence suggests (Center for Medicaid and CHIP Services & CMS, 2019). Guided by the measure steward guidelines, health plans/programs could choose to calculate measures using either an administrative or hybrid method. Administrative methodology uses claims, encounter, and pharmacy data to calculate rates, and hybrid methodology incorporates a medical record review that examines patient health records to determine compliance with performance measure specifications. As the method of calculation varied among plans for some measures, rates in this report should be interpreted with caution. Measure data calculated by the Medicaid MMA or Florida Healthy Kids plans were audited by NCQA-certified auditors and combined by ICHP to calculate program rates, which were factored into overall Medicaid, CHIP, and Florida KidCare rates. Note that while the rates of the Florida Healthy Kids full-pay plan, Sunshine, are presented alongside the other Florida Healthy Kids plans for comparison, the Sunshine population is not included in the overall Florida Healthy Kids, CHIP, or Florida KidCare rates. Prior to Calendar Year (CY) 2018, the performance measure calculations for the MediKids population included both full-pay members and those receiving subsidized coverage. Florida Healthy Kids calculations moved to subsidized members only starting in CY 2017. Prior to those years, the survey samples for these programs included a mixture of both full-pay and subsidized members; thus, comparisons of multi-year trending data should be made with caution.

The first step for using the administrative methodology was the identification of the eligible population and removal of all required exclusions from the final eligible population. Administrative systems were then searched to determine numerator events for all members in the eligible population. From this information, a rate was calculated (NCQA, 2018b). The cesarean birth and low birth weight measures

were calculated by linking maternal information from birth certificates (obtained by the Family Data Center via DOH) with Medicaid and CHIP eligibility collected by ICHP as part of the Florida KidCare evaluation. For mothers who were Medicaid or CHIP eligible, the birth certificate information was then linked to new and established Florida KidCare enrollment data for females nine to 21 years of age, in accordance with Child Core Set specifications. These linkages provided numerator and denominator events for both measures. Note that while program-specific rates were calculated for CHIP, the Medicaid MMA and Medicaid FFS populations are reported in one overall Medicaid rate in both measures.

To determine compliance through Florida SHOTS data, a list of eligible members was submitted to DOH. Once compliance was determined by DOH, the list of members was returned to ICHP and loaded into the Quality Systems Integrators (QSI) software. Members who were compliant were marked as supplemental compliance in QSI, and a program rate was then calculated.

ICHP conducted a medical record review of members within Medicaid FFS, MediKids, and CHIP CMS Plan for the following measures as applicable: WCC, CIS, W15, IMA, DEV, W34, and PPC. ICHP also did a medical record review for the DEV measure for Medicaid MMA program members. For these hybrid measures, ICHP used a sample size of 411 per program, as outlined in the Children's Health Care Quality Measures technical specifications (Center for Medicaid and CHIP Services & CMS, 2019). For programs with eligible populations higher than 411, a 10% oversample was also selected in the event a member of the sample needed to be replaced due to ineligibility of the member upon review of the medical record. The exception to the sample size of 411 per program for each measure is the Medicaid MMA DEV sample: the sample was across the entire program, not per plan, and caution should be exercised when making comparisons of the data. Medicaid MMA plans and Florida Healthy Kids plans conducted individual medical record reviews for other measures, and results were given to ICHP for inclusion in this report.

Quality Spectrum Hybrid Reporter™ (QSHR™) was the NCQA-certified software used to calculate hybrid measures according to HEDIS 2019 specifications. After administrative events were documented for each of the hybrid measures, QSI was used to identify members for inclusion in the hybrid sample. QSI then utilized an algorithm to identify which providers or practices should be contacted for members in the sample. Each pursuit of a record through a provider/practice for a member of the hybrid sample is referred to as a "chase." Chases were created based on claims and encounter data provided by AHCA. Some members had multiple chases available, while others had none. For the members who had no available chases, the member remained non-compliant for the given measure and was considered to be only part of the denominator for rate calculations. Multiple chases for a member were pared down by assigning a rule number. Rule numbers take into account the type of provider (e.g., not a specialist) to determine the most likely provider the member would have sought care from for a given measure. For members with multiple chases at the same rule number, requests were sent to each location. For members with different rule numbers, the highest priority rule was used initially. If it was determined that the member was not a patient at the location from which records were originally requested, a subsequent chase was initiated as available, with up to a maximum of three chases per member.

Medical record requests were mailed on May 22, 2019 with a final acceptance date of August 1, 2019. Practices and providers who did not respond by July 11, 2019 received a follow-up phone call reminder and reminder requests were faxed. In the event that a subsequent chase needed to be pursued, the

record was faxed for the sake of time, to allow the practice enough time to respond by the August deadline.

Medical record requests were prepared with a cover sheet that specified the items being requested. Cover sheets were unique to each measure, member, and chase. Letters of support from AHCA were included with the requests, along with instructions to either fax the records to a secured fax line or return the records in a pre-paid FedEx envelope. These request packets were mailed to each of the practices or providers. Where possible, requests were consolidated for mailing so that practices or providers could have multiple medical record chases per envelope. Some practices requested variations in the request process, such as sending requests via fax or providing electronic access to their medical records. A total of 3,089 medical record chases were initiated throughout the review process. ICHP received a total of 2,274 responses, giving an overall response rate of 73.6%.

Once a medical record was received, a first reviewer entered relevant data into QSHR. A second reviewer then verified that the information was abstracted correctly. A third reviewer helped resolve any noted discrepancies between reviewers and assisted in contacting NCQA for situations with no clear resolution. A weekly check of at least ten records was conducted to ensure inter-rater reliability. At the end of the medical record review process, the results were further audited for abstraction accuracy by an NCQA-certified auditing firm.

NCQA-certified software was used to calculate the measures using HEDIS 2019 specifications (NCQA, 2018b). Following the specifications, rates are not applicable when the measure denominator is less than 30 and are denoted by N/A. The small denominator threshold for utilization measures that count member months is a denominator with fewer than 360 member months. Only plans or programs that exceed the low denominator are included in the figures and tables. In some instances, the plan or program total was below the small denominator threshold, but when added to other plans or programs, resulted in a number that exceeded the threshold, thus making the rate reportable.

Child Core Set measures were calculated using the Child Core Set technical specifications (Center for Medicaid and CHIP Services & CMS, 2019). In addition, one Agency-defined measure, the follow-up after hospitalization for mental illness measure, was calculated using methodology specified by AHCA (2019). Medicaid, CHIP, and overall Florida KidCare rates were weighted to account for disparities in program size, as were overall Medicaid MMA and Florida Healthy Kids program rates. In some instances, the measure does not apply to the population although a number is listed, which may be due to claims errors. Those numbers are usually below the small denominator threshold and thus are listed as N/A, and are included in program or state rates.

The NCQA-certified auditing firm used to validate the medical record review findings also performed a HEDIS Compliance Audit. This includes a thorough review of ICHP processes for enrollment, claims, and encounter data intake, data processing, and management, as well as processes specifically related to calculating the measures. While the HEDIS compliance audit does focus on HEDIS measures, the audit also reviewed the Child Core Set and Agency-defined measures and their specifications to ensure that all ICHP processes were compliant.

The measurement year for most of the HEDIS measures corresponds to CY 2018, the timeframe for this report. However, some of the HEDIS measures include data from prior years as well as the measurement year (e.g., Immunizations for Adolescents). Most performance measures apply to specific age ranges. In

many cases, the age ranges are broader than the age eligibility for each program. When interpreting the findings and making comparisons to national data, it is important that users of these data keep in mind that the Florida KidCare rates reflect children and adolescents 0-18 years of age. Also of note, Medicaid plans include both children and adults; thus, adults may be included in measures that do not include age restrictions.

**Data Presentation**

To provide context for the performance indicators, the following data are shared in addition to the Florida KidCare program rates for each measure, as available:

1. **Plan rate:** For the Medicaid MMA and Florida Healthy Kids programs, performance measure rates for each plan within the program are listed for each applicable measure.

2. **Medicaid program rate:** A Medicaid total is provided and includes data from Medicaid FFS and all Medicaid MMA plans.

3. **CHIP program rate:** A CHIP total is provided and includes data from MediKids (subsidized plans only), Florida Healthy Kids (subsidized plans only), and CHIP CMS Plan.

4. **Statewide rate:** A Florida statewide rate is provided and includes all Florida KidCare programs: Medicaid FFS, Medicaid MMA, MediKids (subsidized plans only), Florida Healthy Kids (subsidized plans only), and CHIP CMS Plan.

5. **National Medicaid HEDIS benchmark percentiles:** Comparisons of Florida KidCare plan, program, and state rates were made to national data. Although there are no direct national comparisons available for CHIP, information is available nationally from Medicaid Health Maintenance Organizations (HMOs) that elect to report their results to NCQA (NCQA, 2019a). The submission of HEDIS data to NCQA is a voluntary process; therefore, health plans that submit HEDIS data are not fully representative of the industry. Health plans participating in NCQA HEDIS reporting tend to reflect a broader age range for many of the measures than do the rates for some of the Florida KidCare programs.

   Starting with CY 2015 data, AHCA has required Medicaid MMA plans to submit HEDIS data to NCQA, which ensures these plans are represented in NCQA's national Medicaid means and percentiles. Note that the National HMO benchmarks are not publicly available; therefore, only benchmark percentiles are offered here as a way to determine where the plan, program, or state rate falls in comparison to national data. The Medicaid HMO percentiles for four percentile categories (24.9$^{th}$ and below, 25$^{th}$-49.9$^{th}$, 50$^{th}$-74.9$^{th}$, and 75$^{th}$ and above) per measure are provided as available for each Florida KidCare plan or program. All benchmark percentiles presented in the figures or tables are based on the benchmarks for the same CY as the reported rate.

6. **Trending rates:** Data are presented by Florida KidCare program for each year as available from the previous five years as available in order to view the performance of each program over time. HEDIS benchmark percentiles are provided by program as available. Note that due to adjustments in methodology and data sources (for example, Florida Healthy Kids data was a combination of full pay and subsidized members until CY 2017, and MediKids did the same until

CY 2018), comparisons should be made with caution.

## Quality of Care Measures

This section presents rates for the Child Core Set and HEDIS measures using NCQA-compliant specifications (NCQA, 2018b) **Table 16** outlines the full measures listed in the Child Core Set (Center for Medicaid and CHIP Services & CMS, 2019). **Table 17** outlines the measures and methodology presented in this report, broken down by Florida KidCare program component.

**Table 16. 2019 Core Set of Children's Health Care Quality Measures**

| Measure | Measure Steward |
|---|---|
| **Primary Care Access and Preventive Care** | |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents- Body Mass Index (BMI) Assessment for Children/Adolescents | NCQA |
| Chlamydia Screening in Women Ages 16-20 | NCQA |
| Childhood Immunization Status | NCQA |
| Screening for Depression and Follow-Up Plan: Ages 12-17 | CMS |
| Well-Child Visits in the First 15 Months of Life | NCQA |
| Immunizations for Adolescents | NCQA |
| Developmental Screening in the First Three Years of Life | OHSU |
| Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life | NCQA |
| Adolescent Well-Care Visit | NCQA |
| Children and Adolescents' Access to Primary Care Practitioners | NCQA |
| **Maternal and Perinatal Health** | |
| Pediatric Central Line-Associated Bloodstream Infections | CDC |
| PC-02: Cesarean Birth | TJC |
| Audiological Diagnosis No Later Than 3 Months of Age | CDC |
| Live Births Weighing Less than 2,500 Grams | CDC |
| Prenatal and Postpartum Care: Timeliness of Prenatal Care | NCQA |
| Contraceptive Care- Postpartum Women Ages 15-20 | OPA |
| Contraceptive Care- All Women Ages 15-20 | OPA |
| **Care of Acute and Chronic Conditions** | |
| Asthma Medication Ratio: Ages 5-18 | NCQA |
| Ambulatory Care: Emergency Department (ED) Visits | NCQA |
| **Behavioral Health Care** | |
| Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication | NCQA |
| Follow-Up After Hospitalization for Mental Illness: Ages 6-17 | NCQA |
| Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | NCQA |
| Use of Multiple Concurrent Antipsychotics in Children and Adolescents | NCQA |
| **Dental and Oral Health Services** | |
| Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk | DQA (ADA) |
| Percentage of Eligibles Who Received Preventive Dental Services | CMS |
| **Experience of Care** | |
| CAHPS Health Plan Survey 5.0H- Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items | NCQA |

*OHSU: Oregon Health and Science University; DQA: Dental Quality Alliance (American Dental Association [ADA]); CDC: Centers for Disease Control and Prevention; TJC: The Joint Commission; OPA: United States (U.S.) Office of Population Affairs*

**Table 17. Child Core Set Measures Evaluated by ICHP**

| Measure | Medicaid FFS | Medicaid MMA | MediKids | Florida Healthy Kids | CHIP CMS-P |
|---|---|---|---|---|---|
| Primary Care Access and Preventive Care | | | | | |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents- BMI Assessment for Children and Adolescents | Hybrid | Hybrid[a] | Hybrid | Hybrid[a] | Hybrid |
| Chlamydia Screening in Women Ages 16-20 | Admin | Admin[a] | N/R | Admin[a] | Admin |
| Childhood Immunization Status | Hybrid | Mixed[a] | Hybrid | N/R | Hybrid |
| Well-Child Visits in the First 15 Months of Life | Hybrid | Hybrid[a] | Admin | N/R | Admin |
| Immunizations for Adolescents | Hybrid | Mixed[a] | Admin | Hybrid[a] | Hybrid |
| Developmental Screening in the First Three Years of Life | Hybrid | Hybrid | Hybrid | N/R | Hybrid |
| Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life | Hybrid | Mixed[a] | Hybrid | Hybrid[a] | Hybrid |
| Adolescent Well-Care Visit | Hybrid | Mixed[a] | Admin | Hybrid[a] | Hybrid |
| Children and Adolescents' Access to Primary Care Practitioners | Admin | Admin[a] | Admin | Admin[a] | Admin |
| Maternal and Perinatal Health | | | | | |
| PC-02: Cesarean Birth | Vital | Vital | N/R | Vital | Vital |
| Live Births Weighing Less than 2,500 Grams | Vital | Vital | N/R | Vital | Vital |
| Prenatal and Postpartum Care: Timeliness of Prenatal Care | Hybrid | Hybrid[a] | N/R | Mixed[a] | Hybrid |
| Contraceptive Care- Most and Moderately Effective Methods: Ages 15-20 | Admin | Admin[a] | N/R | Admin | Admin |
| Care of Acute and Chronic Conditions | | | | | |
| Asthma Medication Ratio: Ages 5-18 | Admin | Admin[a] | Admin | Admin[a] | Admin |
| Ambulatory Care: ED Visits | Admin | Admin[a] | Admin | Admin[a] | Admin |
| Behavioral Health Care | | | | | |
| Follow-Up Care for Children Prescribed ADHD Medication | Admin | Admin[a] | Admin | Admin[a] | Admin |
| Follow-Up After Hospitalization for Mental Illness[b] | Admin | Admin[a] | Admin | Admin[a] | Admin |
| Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | Admin | Admin[a] | Admin | Admin[a] | Admin |
| Use of Multiple Concurrent Antipsychotics in Children and Adolescents | Admin | Admin[a] | Admin | Admin[a] | Admin |
| Screening for Depression and Follow-Up Plan: Ages 12-17 | Admin | N/R | Admin | Admin | Admin |
| Dental and Oral Health Services | | | | | |
| Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk | Admin | Admin[a] | Admin | Admin | Admin |
| Percentage of Eligibles that Received Preventive Dental Services | Admin | Admin | Admin | Admin | Admin |
| Experience of Care | | | | | |
| CAHPS Survey | Program level | Plan level | Program level | Program level | Program level |

*Vital= Measure calculated through vital records. Mixed= some plans reported hybrid, some reported admin.*
*N/R= Programs for which the measure does not apply or was not reported. [a]Calculated by individual plans. [b]Note that this is an agency-defined measure, modeled closely after the HEDIS FUH measure.*

## Primary Care Access and Preventive Care

### Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents-BMI Assessment for Children/Adolescents (WCC)

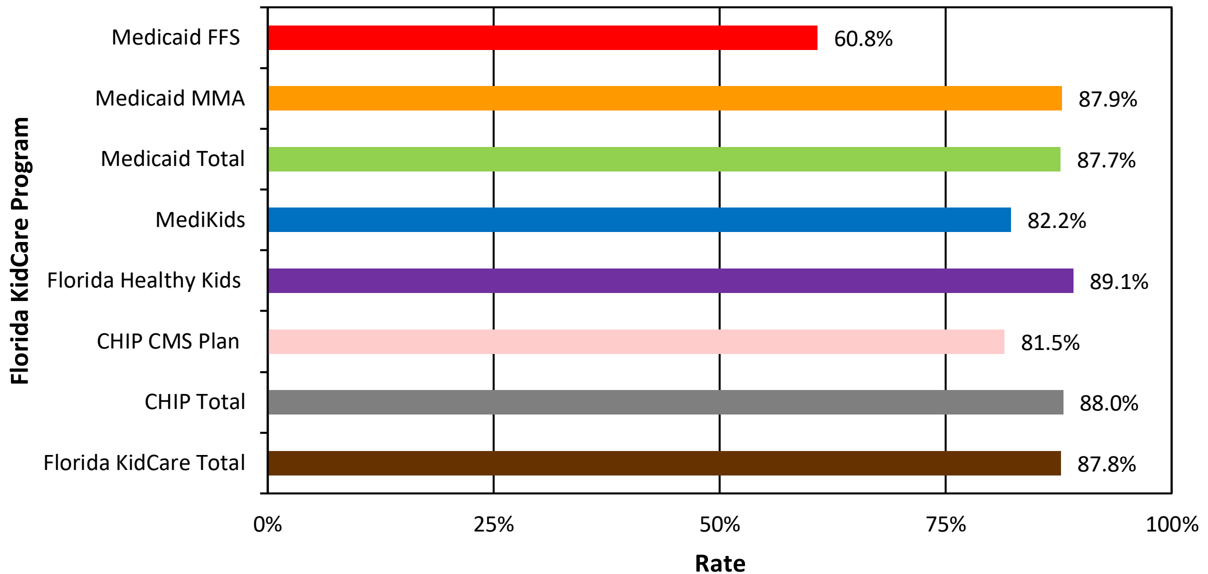
BMI can be used as an indirect measure of body fat and is calculated by dividing a person's weight in kilograms by the height in meters squared (CDC, 2018a). For children and teens, BMI is age and gender specific, and thus represented in a percentile (CDC, 2018a). Children are considered to be underweight at less than the fifth percentile, at a healthy weight between the fifth and 85th percentile, overweight between the 85th and 95th percentile, and obese at or above the 95th percentile (CDC, 2018a). Health risks exist for those who are either underweight or overweight/obese. Underweight children may be classified as having undernutrition, which can stunt a child's growth, impair the immune system, and cause short-and long-term deficits in cognition (Meyers et al., 2013). Childhood obesity can also have both immediate and long-term effects for children including high blood pressure and cholesterol, type 2 diabetes, breathing problems such as sleep apnea and asthma, joint and musculoskeletal problems, fatty liver disease, gallstones, reflux, psychological stress such as depression, behavioral issues in school, low self-esteem, and impaired social, physical, or emotional function (CDC, 2018a).

This HEDIS indicator reports the percentage of children 3-17 years of age as of December 31, 2018 who had an outpatient visit with a primary care provider (PCP) or a provider of obstetrics and gynecology (OB/GYN) and whose weight was classified based on BMI percentile for age and gender. Because BMI varies by age and gender, this measure evaluates whether BMI percentile was assessed rather than a specific BMI value (NCQA, 2018b). Persons excluded from this measure include those who are pregnant. For inclusion in this measure, the member must have had no more than one gap of up to 45 days of continuous enrollment during the measurement year. This measure was calculated using the hybrid method, and members were considered to be in compliance with this measure if they had documentation of height, weight, and BMI percentile during the measurement year. BMI percentile could either be documented as a value or plotted on an age-growth chart. Note that while this measure has three sub-measures (ages 3-11, 12-17, or 3-17 total), this report presents only the rates for the 3-17 total sub-measure.

**Figure 64** presents the Florida KidCare program results, while **Figure 65** presents benchmark percentiles for CY 2018. **Figure 66** and **Figure 67** present the Medicaid MMA plan results and benchmark percentiles, respectively, for CY 2018. **Figure 68** and **Figure 69** present the Florida Healthy Kids plan results and benchmark percentiles, respectively, for CY 2018.

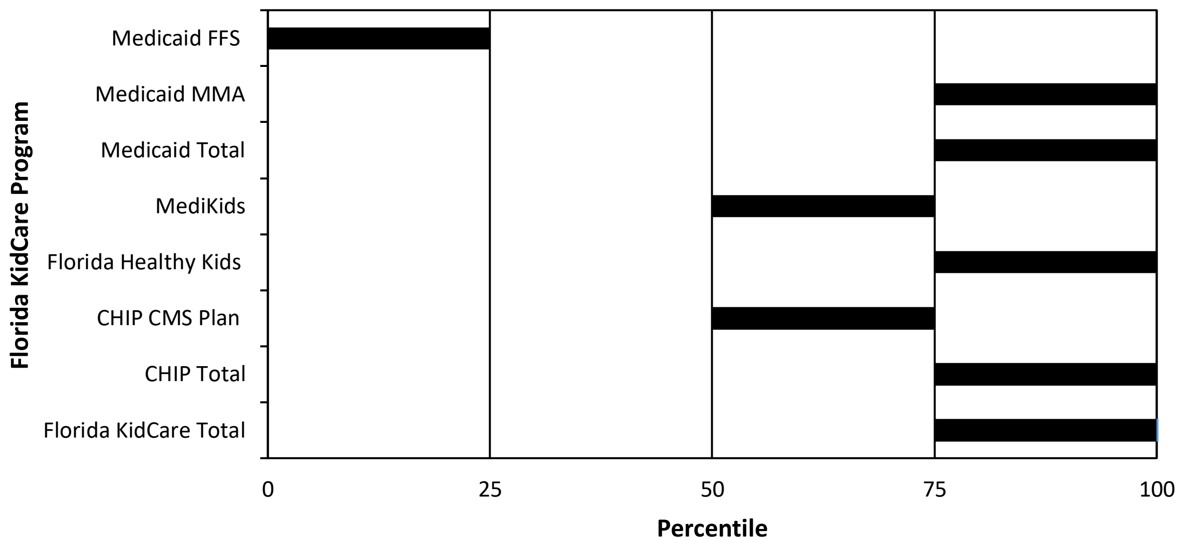
**Table 18** presents the trending results from CY 2014 to CY 2018 for each of the Florida KidCare programs, with applicable benchmark percentiles.

**Figure 64. Florida KidCare Program Results for WCC: Ages 3-17- BMI Assessment, CY 2018**



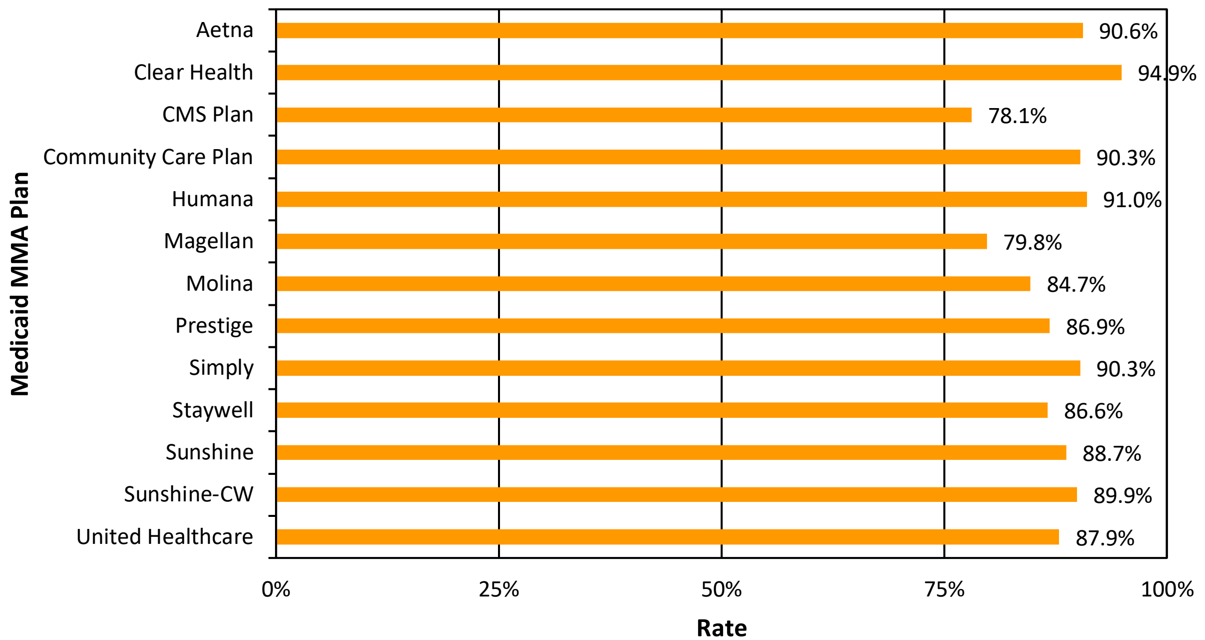

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 65. National Benchmarks for WCC: Ages 3-17- BMI Assessment by Florida KidCare Program, CY 2018**



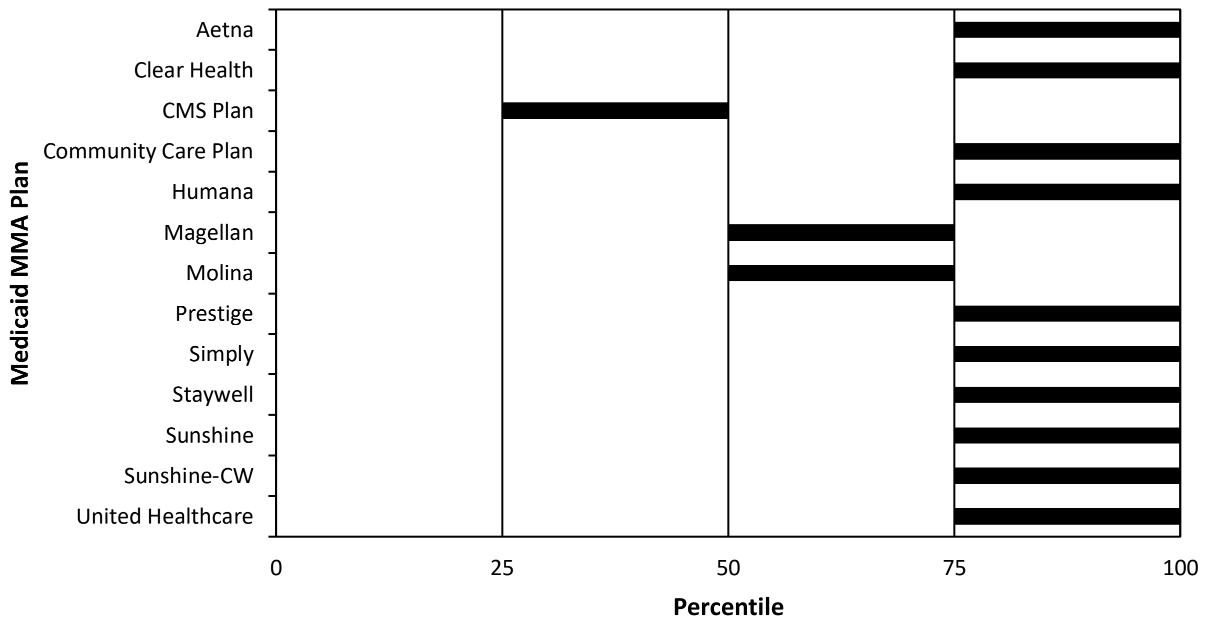

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 66. Medicaid MMA Plan Results for WCC: Ages 3-17- BMI Assessment, CY 2018**



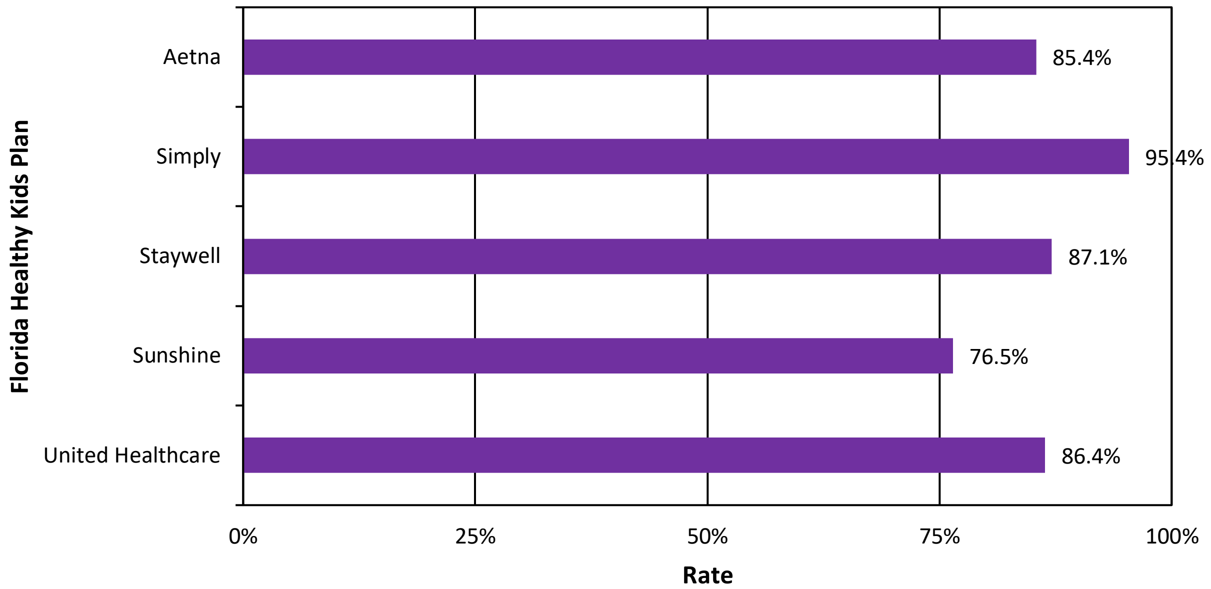

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 67. National Benchmarks for WCC: Ages 3-17- BMI Assessment by Medicaid MMA Plan, CY 2018**



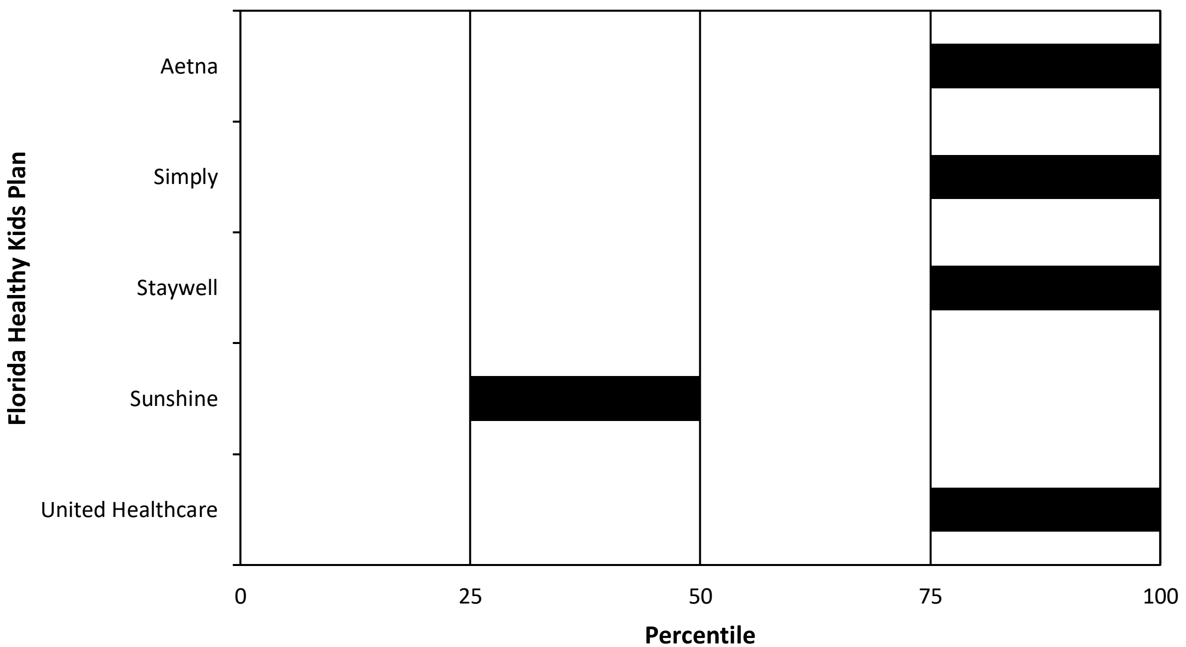

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 68. Florida Healthy Kids Plan Results for WCC: Ages 3-17- BMI Assessment, CY 2018**




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

**Figure 69. National Benchmarks for WCC: Ages 3-17- BMI Assessment by Florida Healthy Kids Plan, CY 2018**




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

**Table 18. WCC: Ages 3-17- BMI Assessment Results by Florida KidCare Program, CY 2014 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2014 | CY 2015 | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|---|---|
| Medicaid FFS | 4.1% | 42.8%[a] | 45.0%[a] | 25.3% | 60.8%[a] |
| Medicaid MMA | N/R | 62.5%[b] | 78.4%[a] | 82.8%[b] | 87.9%[a] |
| Medicaid Total | 4.1% | 62.2% | 78.2% | 82.5% | 87.7% |
| MediKids | N/R | 58.9%[a] | 68.4%[a] | 57.5% | 82.2%[a] |
| Florida Healthy Kids | 17.7% | 56.7%[a] | 69.8%[a] | 80.1%[b] | 89.1%[a] |
| CHIP CMS Plan | N/R | 57.2%[a] | 69.3%[a] | 59.9% | 81.5%[a] |
| CHIP Total | 17.7% | 57.0% | 69.6% | 76.4% | 88.0% |
| Florida KidCare Total | 16.2% | 61.7% | 77.5% | 82.0% | 87.8% |

*[a]Denotes hybrid methodology. [b]Denotes mixed methodology. Note that methodology differs across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

## Chlamydia Screening in Women Ages 16-20 (CHL)

Chlamydia is a common sexually transmitted disease that can cause serious, permanent damage to a woman's reproductive system, including pelvic inflammatory disease or infertility (CDC, 2014a). Younger, sexually active individuals are at a higher risk of contracting chlamydia (CDC, 2014a). For this reason, the CDC (2014b) recommends annual chlamydia screenings for all sexually active women younger than 25 years of age.

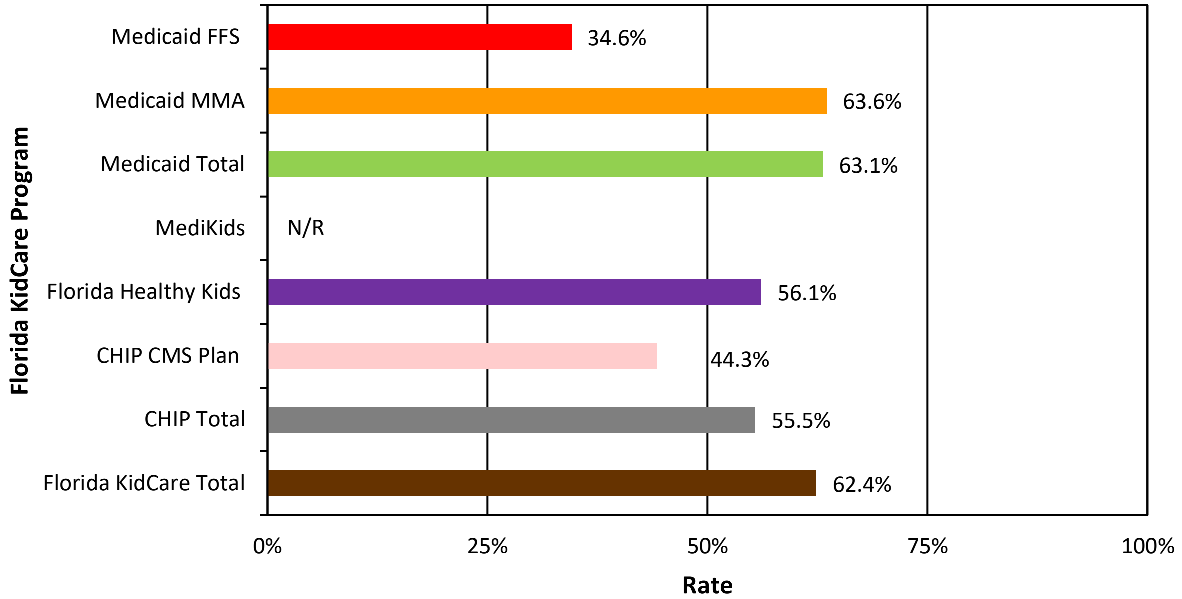
The HEDIS CHL indicator measures the percentage of female members 16 through 24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year. Of note, the Child Core Set includes only adolescents/young adults in the 16-20-year age group (Center for Medicaid and CHIP Services & CMS, 2019), which is the sub-measure included in this report. This percentage is calculated as the number of women who had at least one Chlamydia test during the measurement year divided by the number of individuals who were identified as being sexually active. Sexually active women are identified through pharmacy data (e.g., dispensed prescription contraceptives during the measurement year) or through claims/encounter procedure and diagnosis codes for pregnancy test, pregnancy, or sexual activity. No more than one gap of up to 45 days in enrollment is allowable for inclusion.

**Figure 70** and **Figure 71** present the Florida KidCare program results and benchmark percentiles, respectively, for CY 2018.

**Figure 72** and **Figure 73** present the Medicaid MMA plan results and benchmark percentiles, respectively for CY 2018. **Figure 74** and **Figure 75** present the Florida Healthy Kids plan results and benchmark percentiles, respectively, for CY 2018.

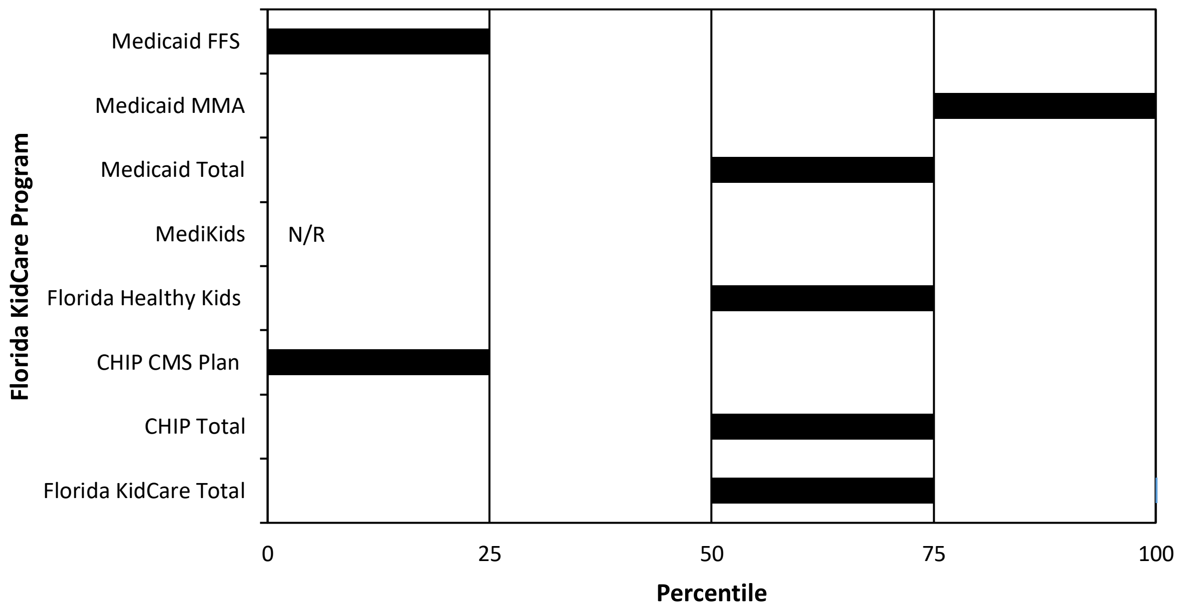
**Table 19** presents the trending results from CY 2014 to CY 2018 for each of the Florida KidCare programs, with applicable benchmark percentiles.

**Figure 70. Florida KidCare Program Results for CHL Ages 16-20, CY 2018**



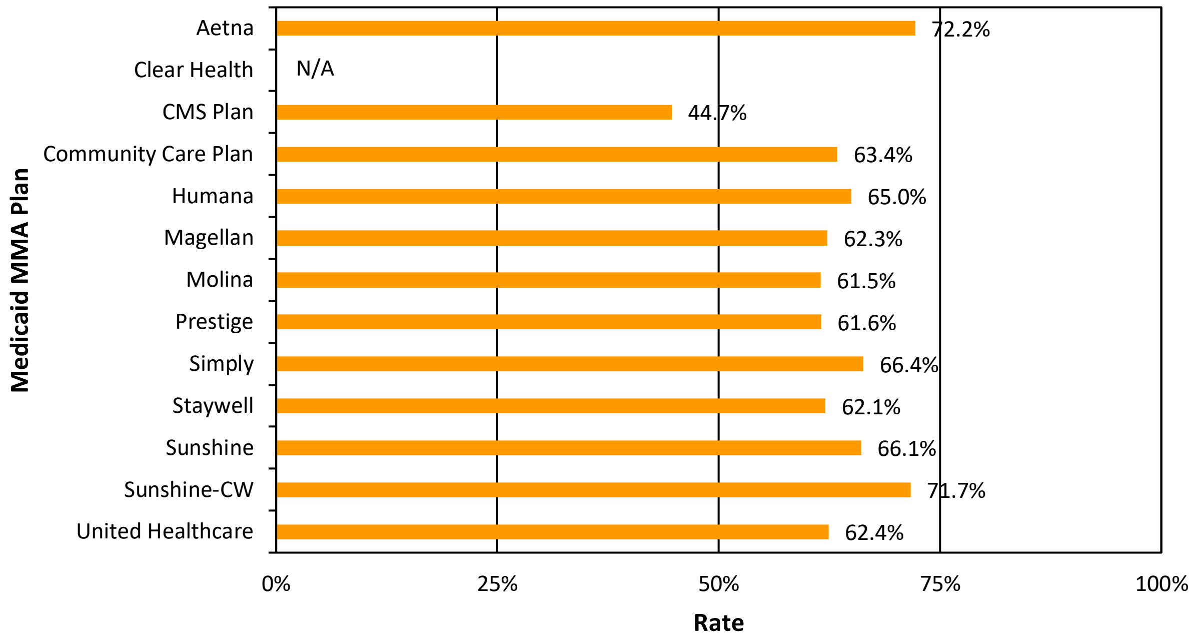

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 71. National Benchmarks for CHL Ages 16-20 by Florida KidCare Program, CY 2018**



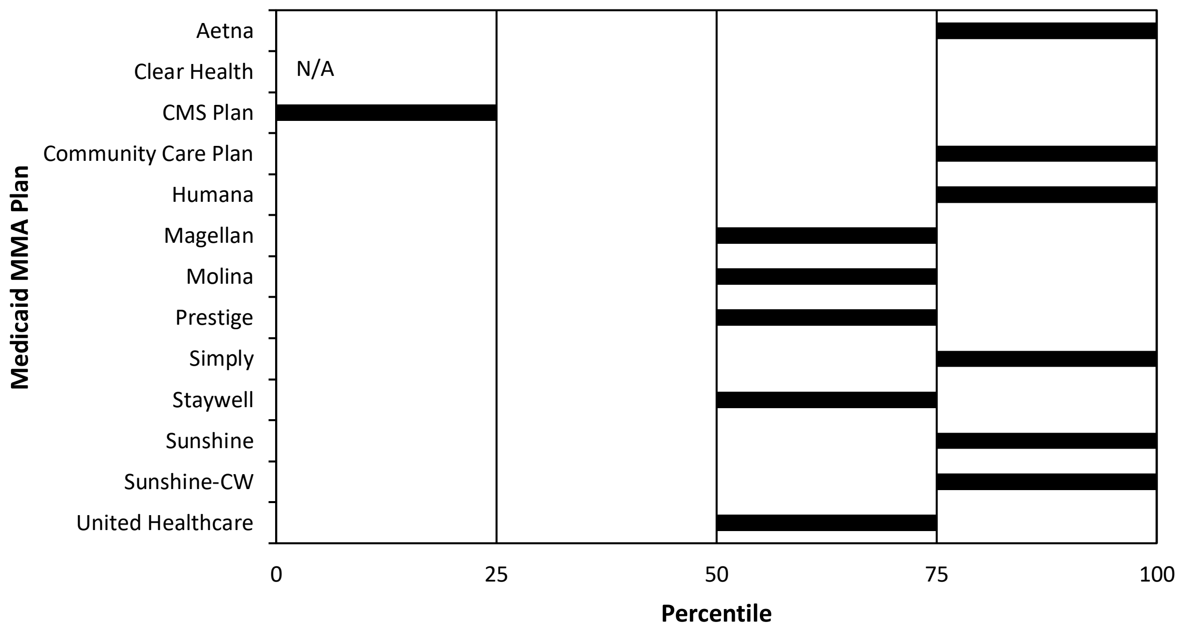

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 72. Medicaid MMA Plan Results for CHL Ages 16-20, CY 2018**



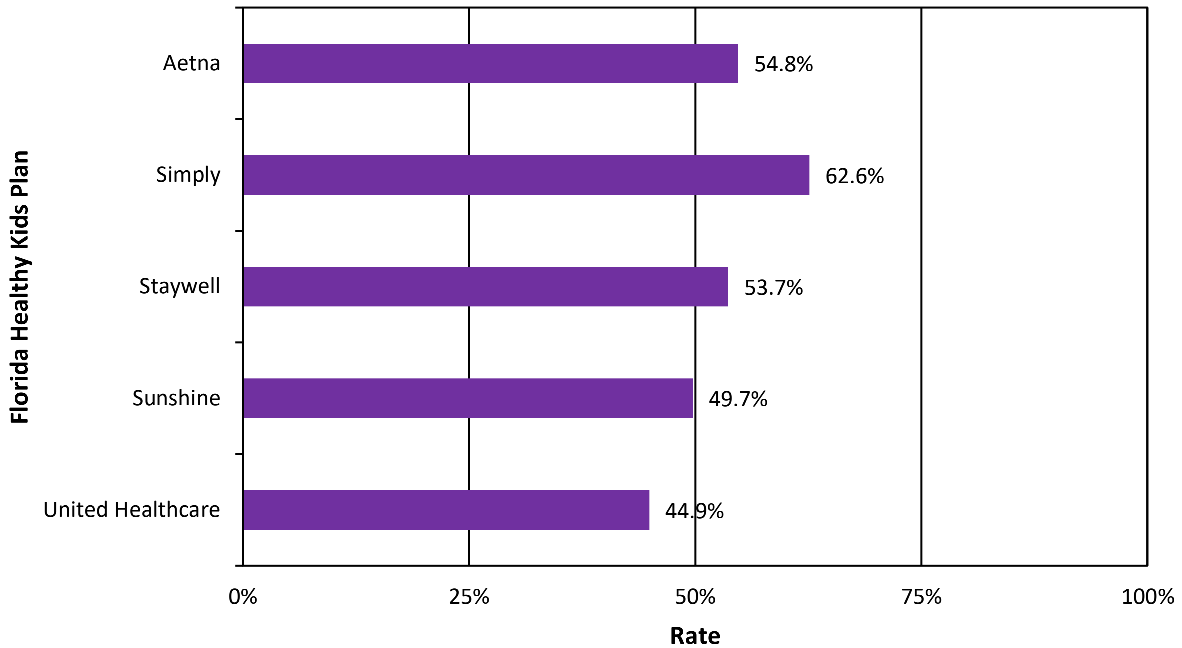

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 73. National Benchmarks for CHL Ages 16-20 by Medicaid MMA Plan, CY 2018**



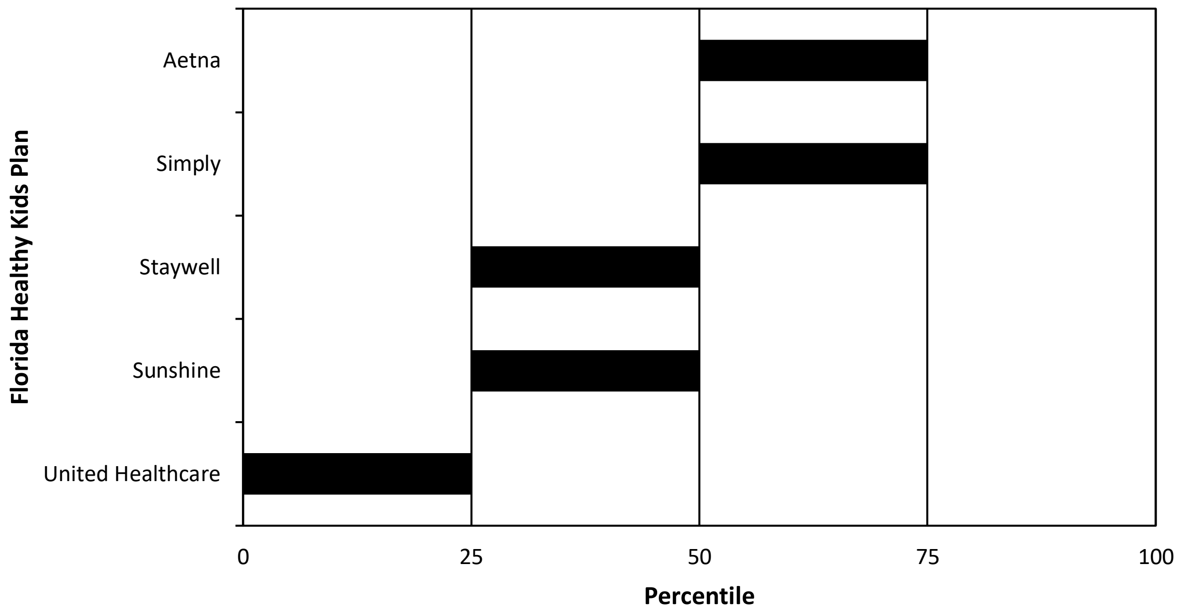

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 74. Florida Healthy Kids Plan Results for CHL Ages 16-20, CY 2018**




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

**Figure 75. National Benchmarks for CHL Ages 16-20 by Florida Healthy Kids Plan, CY 2018**




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

**Table 19. CHL Ages 16-20 Results by Florida KidCare Program, CY 2014 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2014 | CY 2015 | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|---|---|
| Medicaid FFS | 40.3% | 30.5% | 27.5% | 32.1% | 34.6% |
| Medicaid MMA | 56.7% | 58.6% | 60.0% | 62.1% | 63.6% |
| Medicaid Total | 52.8% | 57.6% | 59.3% | 61.7% | 63.1% |
| MediKids | N/R | N/R | N/R | N/R | N/R |
| Florida Healthy Kids | 41.5% | 44.7% | 47.6% | 53.4% | 56.1% |
| CHIP CMS Plan | N/R | 40.6% | 42.4% | 41.0% | 44.3% |
| CHIP Total | 41.5% | 44.4% | 47.3% | 52.7% | 55.5% |
| Florida KidCare Total | 50.3% | 56.5% | 58.5% | 61.0% | 62.4% |

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

## Childhood Immunization Status (CIS)

Vaccinations can help prevent deadly diseases by aiding the child's natural defenses to develop immunity to the disease (CDC, 2019a). This HEDIS measure reports the percentage of children who turned two in CY 2018 and who received the following number and type of vaccines or had evidence of the antigen for the given disease on or prior to their second birthday:

- four diphtheria, tetanus and acellular pertussis (DTaP) vaccines
- three inactivated poliovirus (IPV) vaccines
- one measles, mumps and rubella (MMR) vaccine
- three Haemophilus influenza type B (HiB) vaccines
- three hepatitis B (HepB) vaccines
- one Varicella Zoster Virus (VZV; i.e., chicken pox) vaccine
- four pneumococcal conjugate (PCV) vaccines
- one hepatitis A (HepA) vaccine
- two or three rotavirus (RV) vaccines
- two influenza (FLU) vaccines

This measure calculates a rate for each type of vaccine, as well as vaccine combinations. Presented in this report are rates for the Combination 2 (DTaP, IPV, MMR, HiB, HepB, and VZV) and Combination 3 (the vaccinations in Combination 2 plus the PCV) sub-measures. Individuals must be enrolled on the child's second birthday with continuous enrollment of 12 months prior with no more than one gap of up to 45 days for eligibility. In addition to claims and encounter data, Florida SHOTS data and a medical record review were utilized by nearly all Florida KidCare plans and programs for this measure.

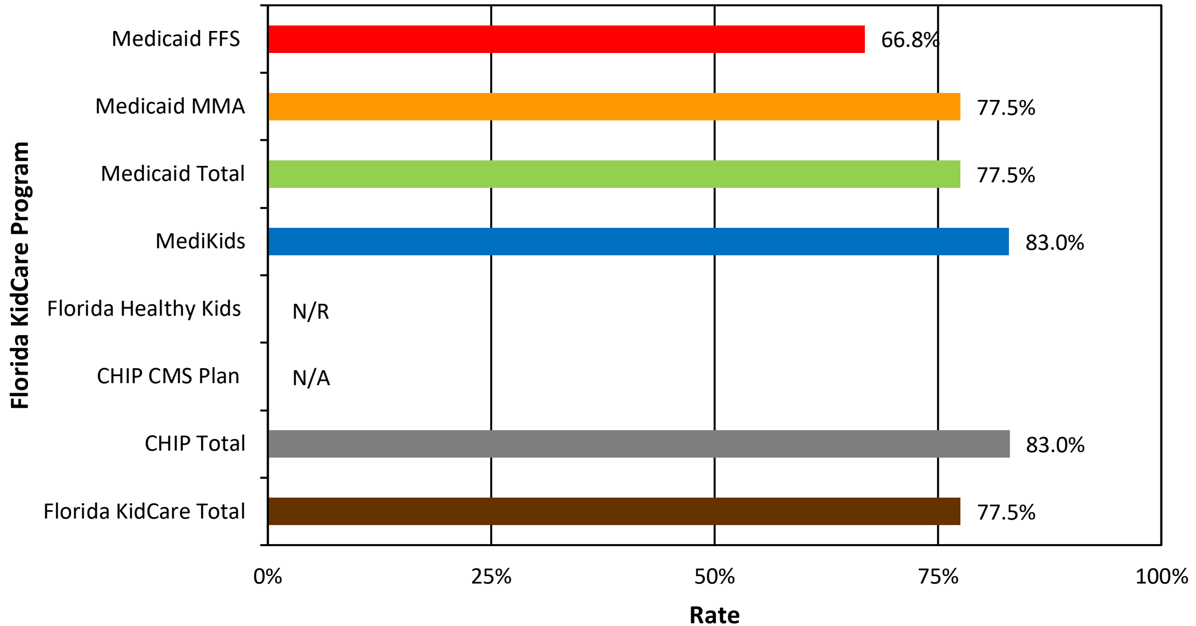
Some of the immunizations must be administered within a specific time frame to be considered compliant: DTaP, IPV, HiB, PCV, and RV cannot be administered within 42 days of birth, FLU cannot be within six months of birth, and MMR, VZV, and HepA must be given between the child's first and second birthday (the latter is a new addition to CY 2018 HEDIS specifications [NCQA, 2018b]). Persons excluded from this measure include those who had an anaphylactic reaction to the vaccine or its components and those who have certain disorders or diseases, which could cause certain vaccinations to be contraindicated (e.g., those with immunodeficiency).

When reviewing medical records for inclusion using the hybrid methodology, the name and date of the immunization must have been documented in the record. For vaccinations that do not have minimum age restrictions, immunizations documented "at birth" or "in the hospital" were counted toward the numerator. However, immunizations that were not documented with a date or that fell out of the required date ranges were not considered to have met the requirements.

**Figure 76** and **Figure 77** present the Florida KidCare program results and benchmark percentiles, respectively, for Combination 2 in CY 2018, while **Figure 80** and **Figure 81** present the same data, respectively, for Combination 3 in CY 2018. **Figure 78** and **Figure 79** present Medicaid MMA plan level results and associated benchmark percentiles, respectively, for Combination 2 in CY 2018. **Figure 82** and **Figure 83** present the same information, respectively, for Combination 3 in CY 2018.

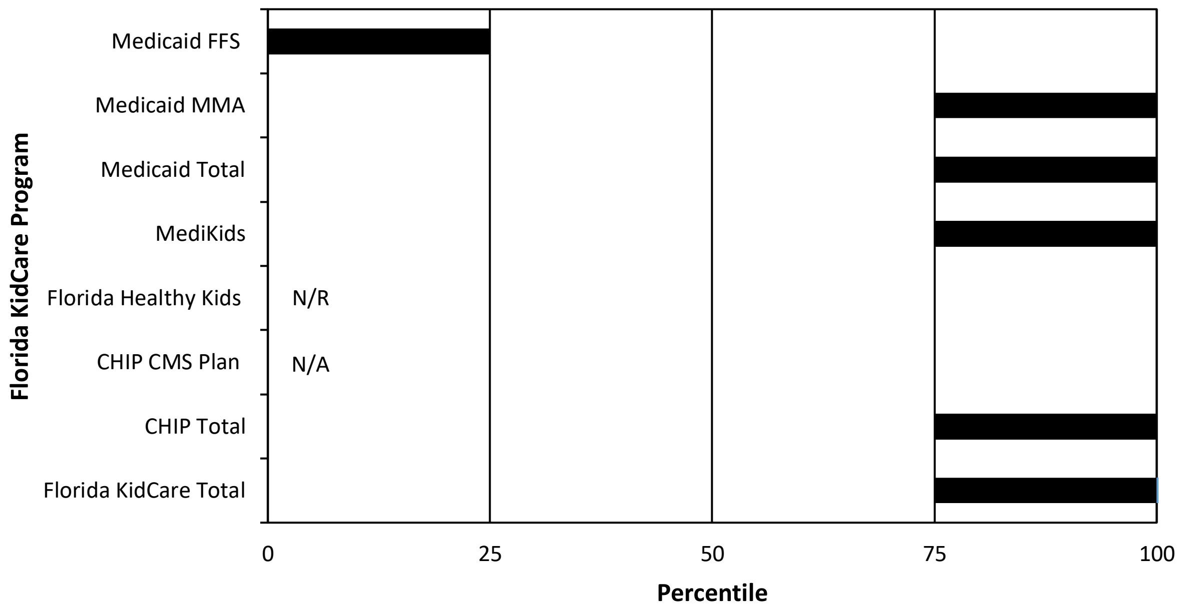
**Table 20** and **Table 21** present the trending results from CY 2014 to CY 2018 for each of the Florida KidCare programs, with applicable benchmark percentiles for Combination 2 and Combination 3, respectively. Note that the minimum recommended time frame for MMR, VZV, and HepA changed in CY 2018, which could affect trending data.

**Figure 76. Florida KidCare Program Results for CIS: Combination 2, CY 2018**



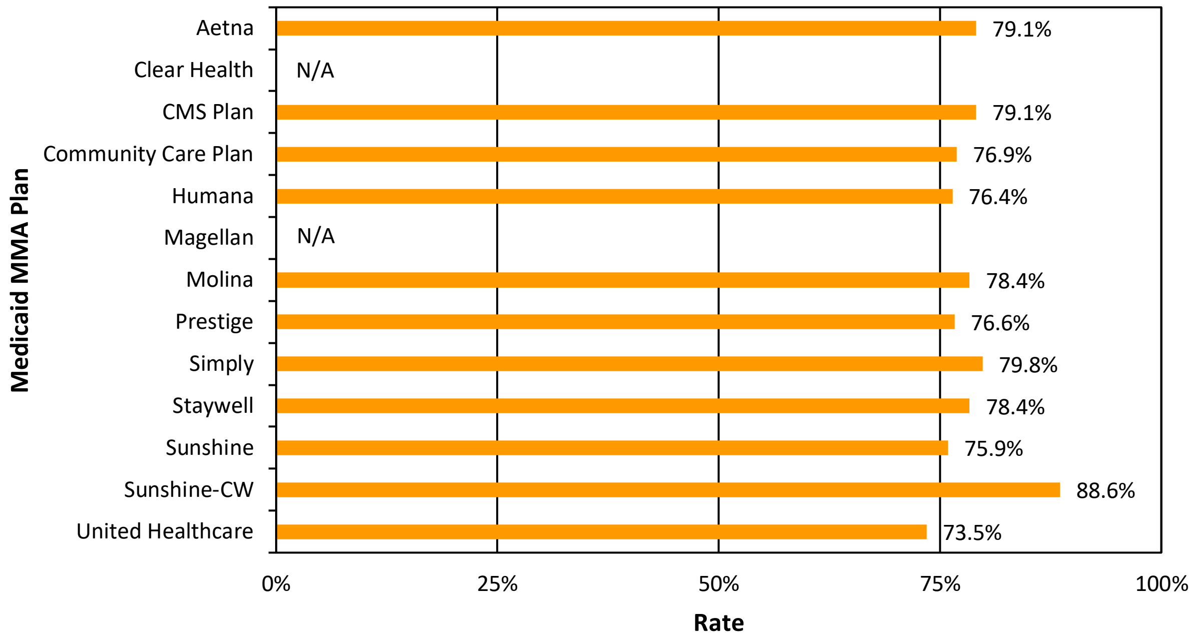

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 77. National Benchmarks for CIS: Combination 2 by Florida KidCare Program, CY 2018**



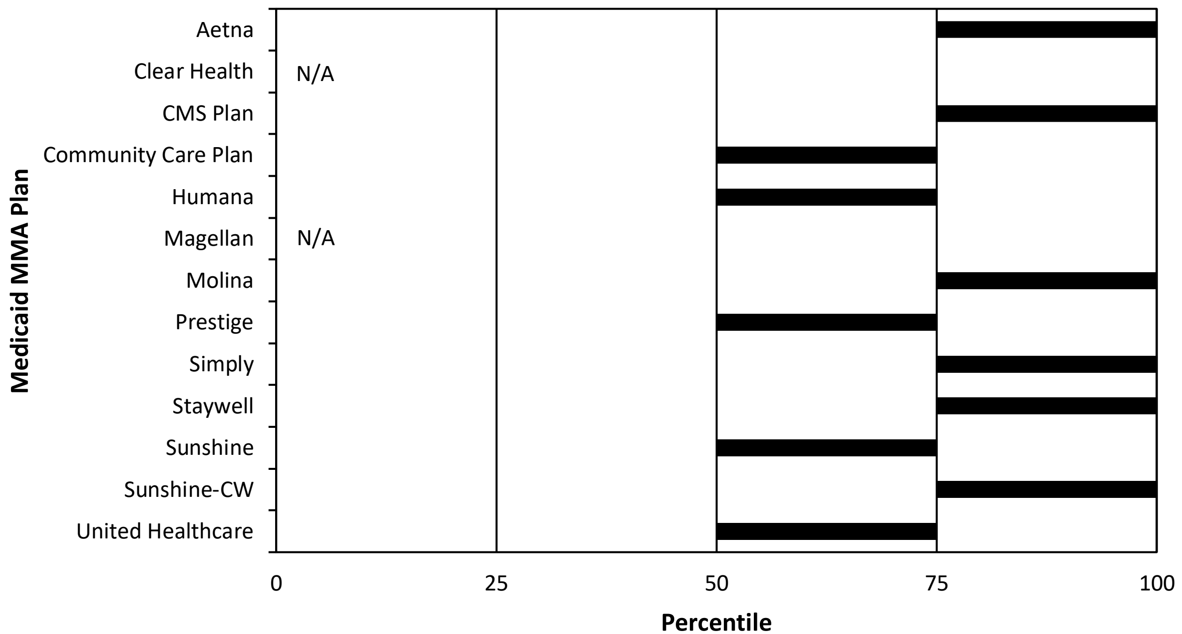

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 78. Medicaid MMA Plan Results for CIS: Combination 2, CY 2018**



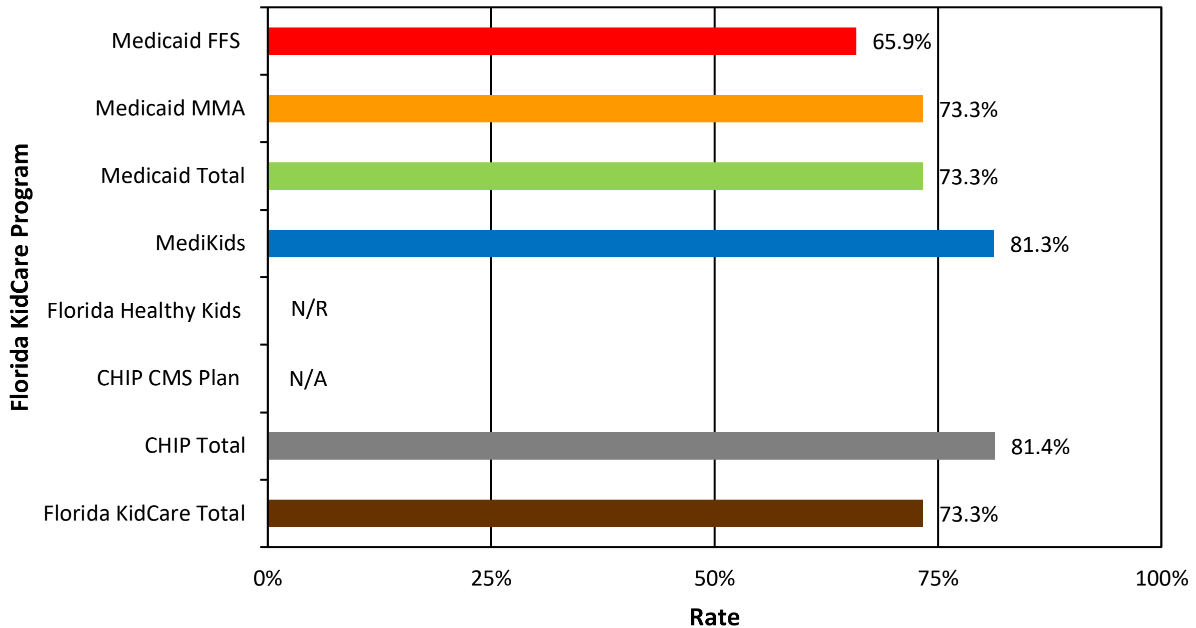

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 79. National Benchmarks for CIS: Combination 2 by Medicaid MMA Plan, CY 2018**



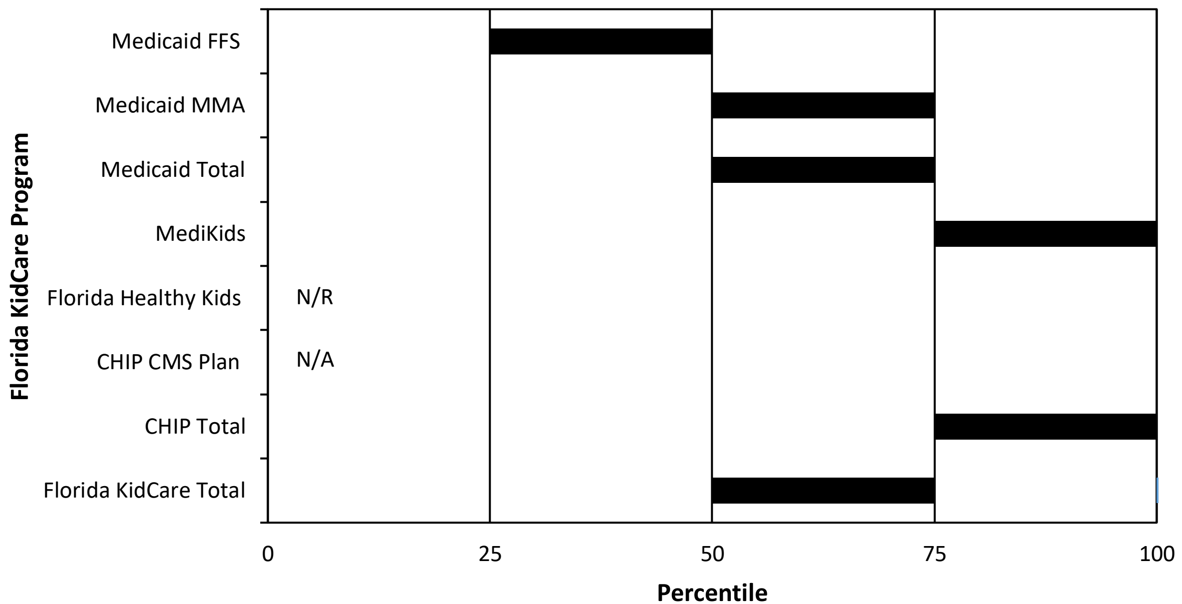

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 80. Florida KidCare Program Results for CIS: Combination 3, CY 2018**



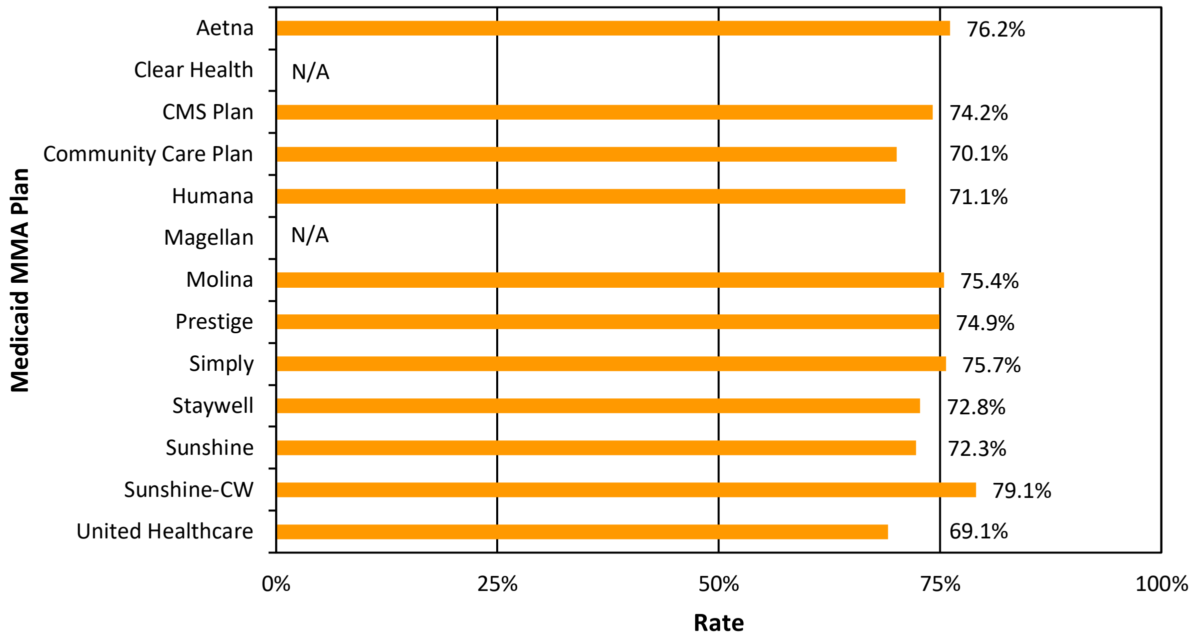

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 81. National Benchmarks for CIS: Combination 3 by Florida KidCare Program, CY 2018**



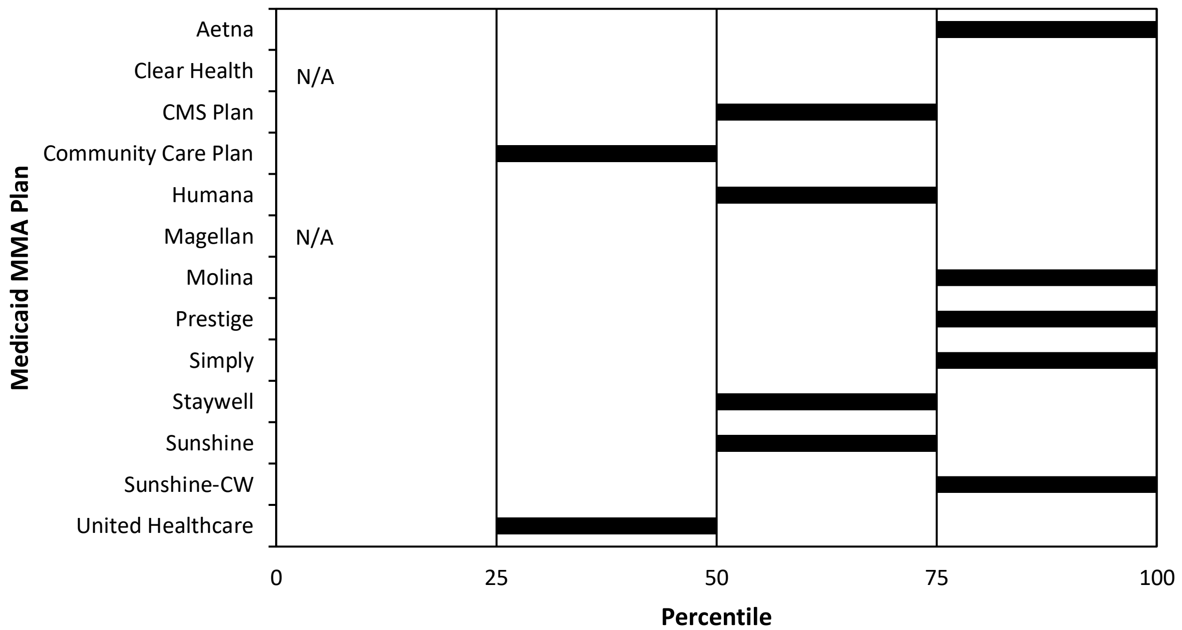

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 82. Medicaid MMA Plan Results for CIS: Combination 3, CY 2018**




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

**Figure 83. National Benchmarks for CIS: Combination 3 by Medicaid MMA Plan, CY 2018**




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

**Table 20. CIS: Combination 2 Results by Florida KidCare Program, CY 2014 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2014 | CY 2015 | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|---|---|
| Medicaid FFS | 46.3% | 59.1%[a] | 67.6%[a] | 61.3% | 66.8%[a] |
| Medicaid MMA | 71.9%[b] | 77.5%[b] | 78.2%[b] | 78.2%[b] | 77.5%[b] |
| Medicaid Total | 60.6% | 76.9% | 78.2% | 78.1% | 77.5% |
| MediKids | N/R | 83.9%[a] | 79.6%[a] | 74.3% | 83.0%[a] |
| Florida Healthy Kids | N/R | N/R | N/R | N/R | N/R |
| CHIP CMS Plan | N/R | N/A[a] | N/A[a] | N/A | N/A[a] |
| CHIP Total | N/R | 84.1% | 79.1% | 74.3% | 83.0% |
| Florida KidCare Total | 60.6% | 77.0% | 78.2% | 78.1% | 77.5% |

*[a]Denotes hybrid methodology. [b]Denotes mixed methodology. Note that methodology differs across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Table 21. CIS: Combination 3 Results by Florida KidCare Program, CY 2014 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2014 | CY 2015 | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|---|---|
| Medicaid FFS | 42.6% | 54.7%[a] | 64.2%[a] | 57.8% | 65.9%[a] |
| Medicaid MMA | 67.2%[b] | 72.4%[b] | 74.2%[b] | 73.7%[b] | 73.3%[b] |
| Medicaid Total | 56.3% | 71.9% | 74.2% | 73.7% | 73.3% |
| MediKids | N/R | 80.1%[a] | 77.4%[a] | 72.6% | 81.3%[a] |
| Florida Healthy Kids | N/R | N/R | N/R | N/R | N/R |
| CHIP CMS Plan | N/R | N/A[a] | N/A[a] | N/A | N/A[a] |
| CHIP Total | N/R | 80.3% | 76.9% | 72.5% | 81.4% |
| Florida KidCare Total | 56.3% | 71.9% | 74.2% | 73.7% | 73.3% |

*[a]Denotes hybrid methodology. [b]Denotes mixed methodology. Note that methodology differs across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

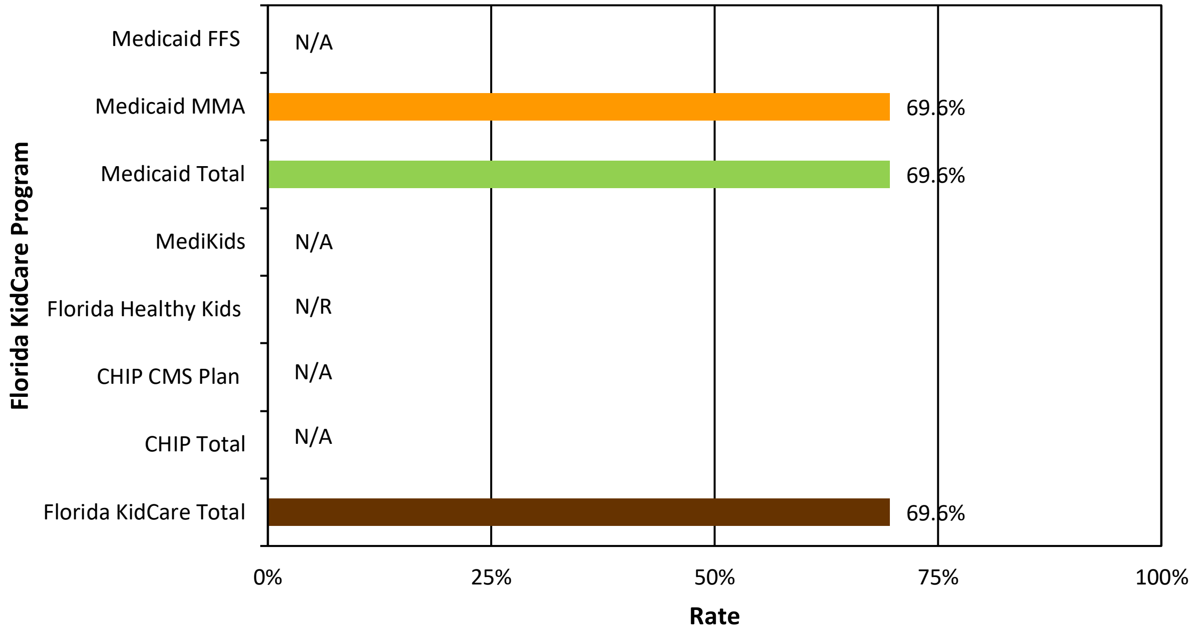
## Well-Child Visits in the First 15 Months of Life (W15)

Bright Futures, an initiative run by the American Academy of Pediatrics (AAP) and supported in part by the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services' (HHS) Health Resources and Services Administration (HRSA), recommends well-child visits by one week, one month, two months, four months, six months, nine months, 12 months, and 15 months for a total of eight visits by the age of 15 months (Hagan, Shaw, & Duncan, 2017). The visits can cover a variety of topics such as immunizations, nutrition, safety, tracking growth and development, discussing concerns, and developing a relationship between the family and pediatrician (Hagan et al., 2017). The W15 indicator reports the percentage of members who turned 15 months old in CY 2018 and who had between zero and six or more well-child visits with a PCP during their first 15 months of life. For the purpose of this report, only the results for six or more visits are presented. The 15-month birthday is calculated as the child's first birthday plus 90 days, and visits that occur after that point do not count. Hybrid methodology can be utilized for this measure, and individuals are added to the numerator if they had a visit with a PCP with evidence of all of the following: 1) a health history, 2) a physical developmental history, 3) a mental developmental history, 4) a physical examination, and 5) health education or anticipatory guidance (NCQA, 2018b). Preventive services rendered at sick visits were still counted in the numerator as long as all of the elements of a well-child visit were present. Additionally, services that occurred over multiple visits count as completion of the well-child requirements as long as all of the services were completed within the measurement period. For this measure, the enrollee must be continuously enrolled between 31 days and 15 months of age with no more than one gap in enrollment of up to 45 days.

**Figure 84** presents the Florida KidCare program results, while **Figure 85** presents benchmark percentiles for CY 2018. **Figure 86** and **Figure 87** present the Medicaid MMA plan results and benchmark percentiles, respectively, for CY 2018.

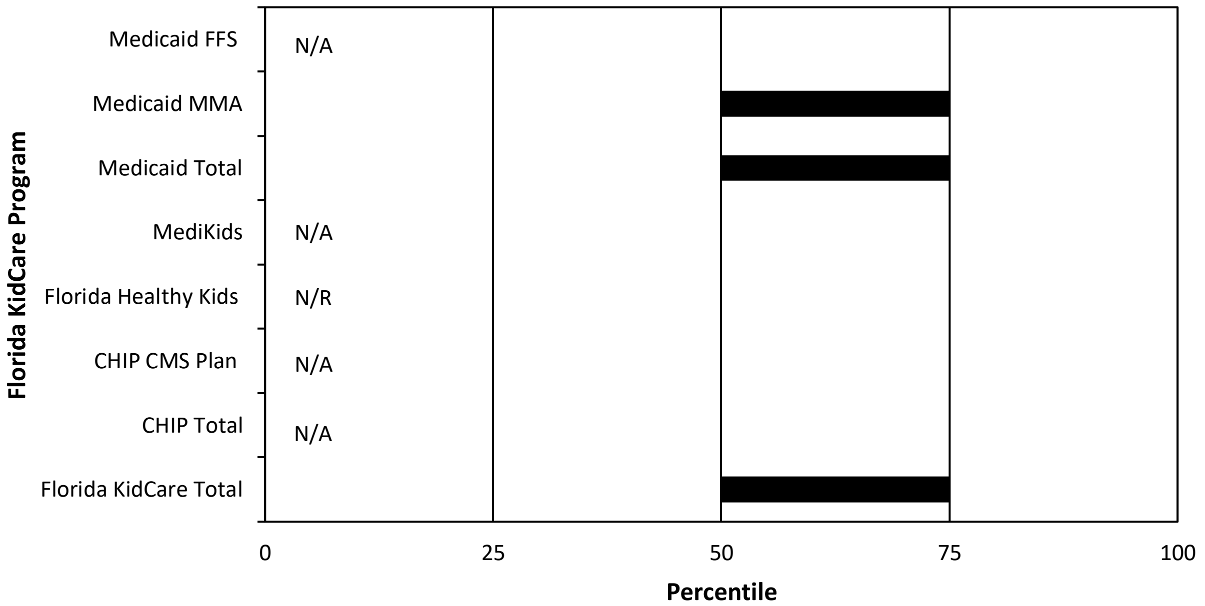
**Table 22** presents the trending results from CY 2014 to CY 2018 for each of the Florida KidCare programs, with applicable benchmark percentiles.

**Figure 84. Florida KidCare Program Results for W15: Six or More Visits, CY 2018**



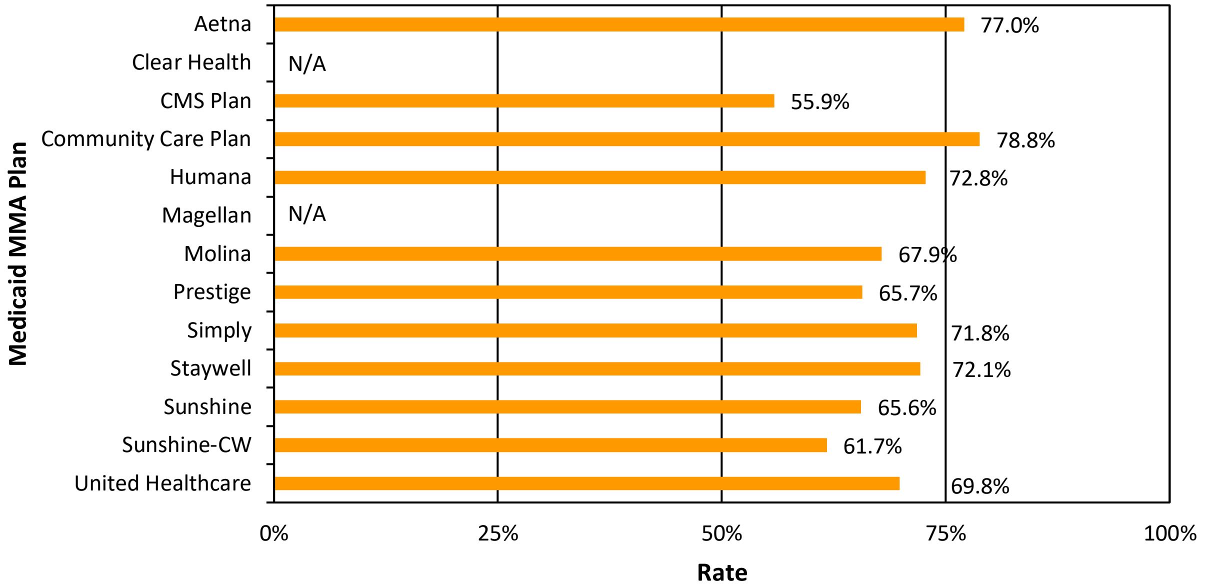

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 85. National Benchmarks for W15: Six or More Visits by Florida KidCare Program, CY 2018**



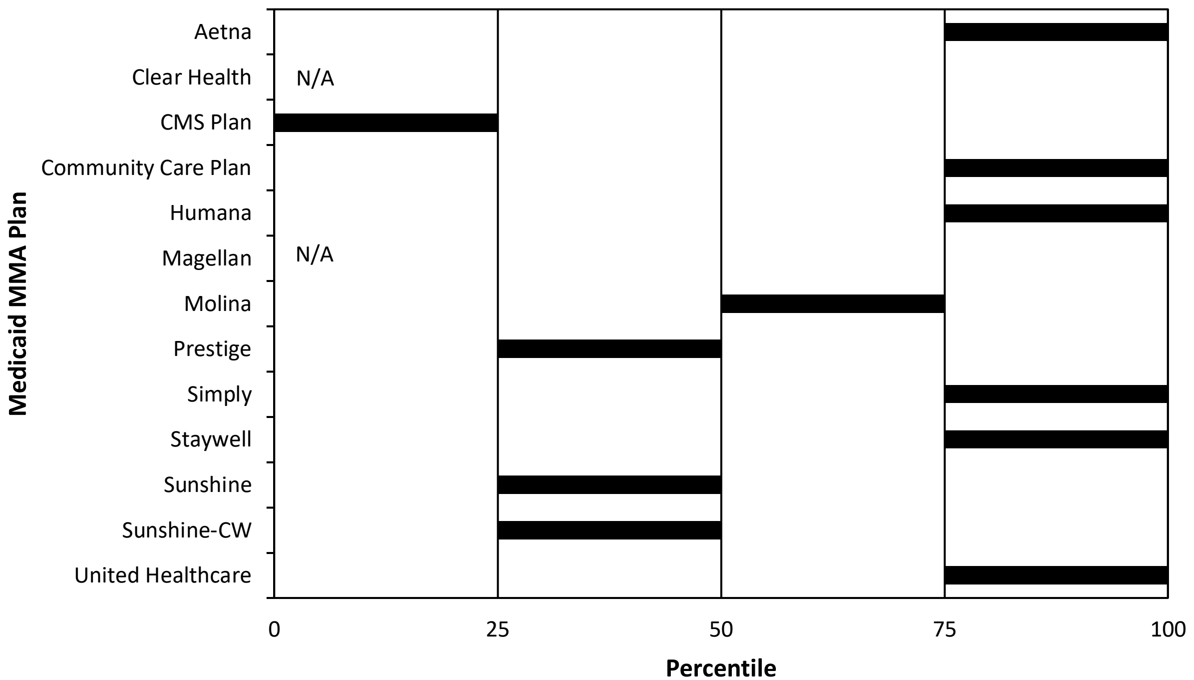

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 86. Medicaid MMA Plan Results for W15: Six or More Visits, CY 2018**




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

**Figure 87. National Benchmarks for W15: Six or More Visits by Medicaid MMA Plan, CY 2018**




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

**Table 22. W15: Six or More Visits Results by Florida KidCare Program, CY 2014 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2014 | CY 2015 | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|---|---|
| Medicaid FFS | 14.5% | 11.6% | 7.5% | N/A | N/A[a] |
| Medicaid MMA | 50.4%[b] | 58.3% | 63.5%[b] | 69.5%[a] | 69.6%[a] |
| Medicaid Total | 40.1% | 57.5% | 63.5% | 69.5% | 69.6% |
| MediKids | N/R | N/A | N/A | N/A | N/A |
| Florida Healthy Kids | N/R | N/R | N/R | N/R | N/R |
| CHIP CMS Plan | N/R | N/A | N/A | N/A | N/A |
| CHIP Total | N/R | N/A | N/A | N/A | N/A |
| Florida KidCare Total | 40.1% | 57.5% | 63.5% | 69.5% | 69.6% |

*[a]Denotes hybrid methodology. [b]Denotes mixed methodology. Note that methodology differs across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

## Immunizations for Adolescents (IMA)

The adolescent immunizations measure, IMA, focuses on vaccinations given solely in adolescence, as opposed to the childhood immunization measure that measures vaccinations in early childhood. The vaccinations listed below are recommended by the CDC and leading health organizations in the U.S. to be given to adolescents per the schedule described (CDC, 2019b). In addition to claims and encounter data, Florida SHOTS data and a medical record review were utilized for this measure. Medical records were reviewed for documentation of the immunization and the date rendered. Persons excluded from this measure include those who had an anaphylactic reaction to the vaccine or its components at any time on or before the 13$^{th}$ birthday or with a service date prior to October 1, 2011 or those with encephalopathy due to vaccination at any time prior to the member's 13$^{th}$ birthday. Continuous enrollment in the 12 months leading up to the member's 13$^{th}$ birthday is required for measurement eligibility, allowing for no more than one 45-day gap during those 12 months.

Four sub-measures are reported for Florida KidCare members:

- Meningococcal: At least one meningococcal conjugate vaccine on or between the adolescent's 11$^{th}$ and 13$^{th}$ birthdays
- Tetanus, diphtheria toxoids and acellular pertussis (Tdap): At least one Tdap vaccine between the 10$^{th}$ and 13$^{th}$ birthdays
- Combination 1: Adolescents who meet the criteria for both the meningococcal conjugate and Tdap sub-measures
- Human papillomavirus (HPV): At least two HPV vaccines 146 days apart between the 9$^{th}$ and 13$^{th}$ birthdays or at least three HPV vaccines with different dates of service.

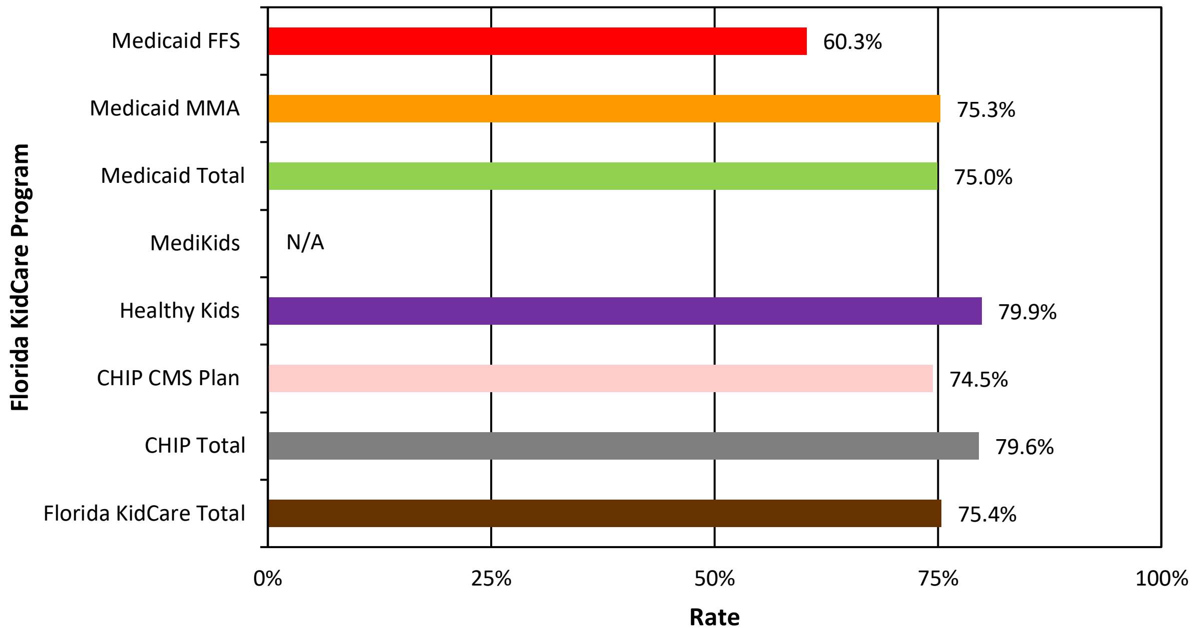
**Figure 88** and **Figure 89** present the Florida KidCare program results and benchmark percentiles, respectively, in CY 2018 for Meningococcal immunizations, while **Figure 94** and **Figure 95** present the same information for Tdap immunizations. **Figure 100** and **Figure 101** present the Florida KidCare program results and benchmark percentiles, respectively, for Combination 1 immunizations in CY 2018. **Figure 106** and **Figure 107** present the same information for HPV immunizations.

**Figure 90**, **Figure 96**, **Figure 102**, and **Figure 108** present the Medicaid MMA plan level results for Meningococcal, Tdap, Combination 1, and HPV, respectively, for CY 2018. **Figure 91**, **Figure 97**, **Figure 103**, and **Figure 109** present the Medicaid MMA plan benchmark percentiles for Meningococcal, Tdap, Combination 1, and HPV, respectively, for CY 2018.

**Figure 92**, **Figure 98**, **Figure 104**, and **Figure 110** present the Florida Healthy Kids plan level results for Meningococcal, Tdap, Combination 1, and HPV, respectively, for CY 2018. **Figure 93**, **Figure 99**, **Figure 105**, and **Figure 111** present the Florida Healthy Kids plan benchmark percentiles for Meningococcal, Tdap, Combination 1, and HPV, respectively, for CY 2018.

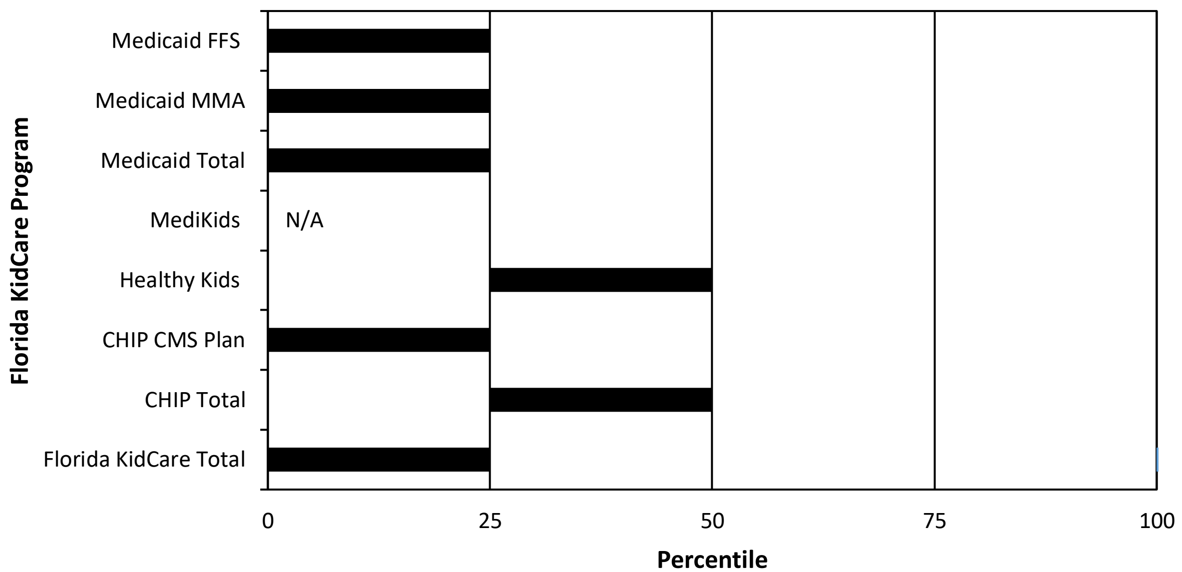
**Table 23**, **Table 24**, **Table 25**, and **Table 26** present the trending results for Meningococcal, Tdap, Combination 1, and HPV, respectively, from CY 2014 to CY 2018 for each of the Florida KidCare programs, with applicable benchmark percentiles. Trending results for HPV are only available starting in CY 2017, as that was the first year the HPV sub-measure was included in this report.

**Figure 88. Florida KidCare Program Results for IMA: Meningococcal Immunizations, CY 2018**



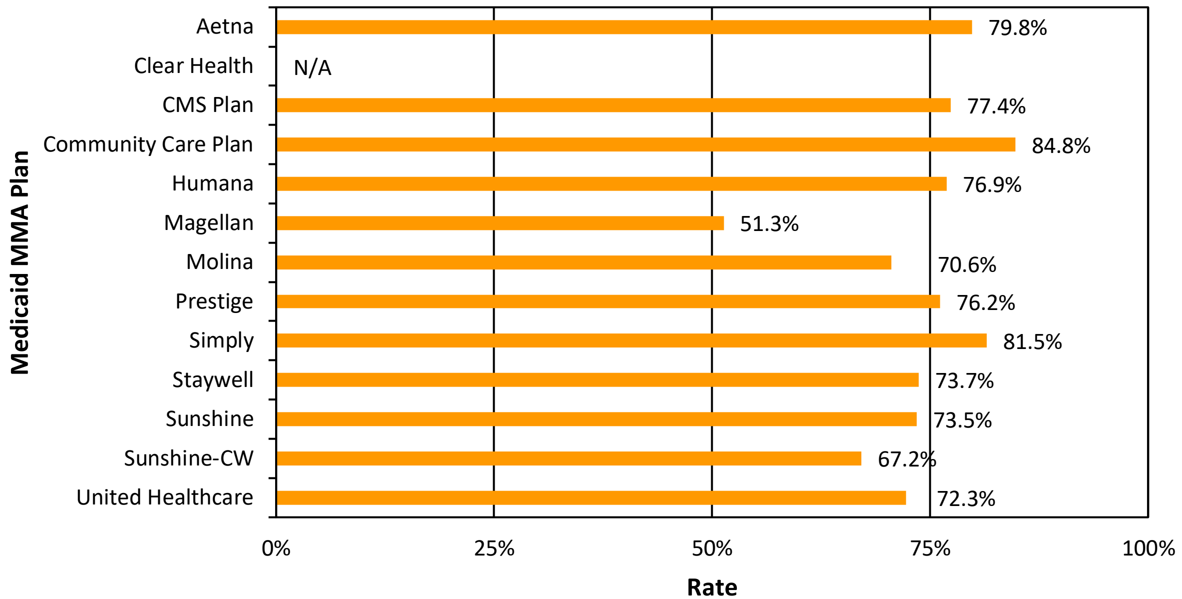

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 89. National Benchmarks for IMA: Meningococcal Immunizations by Florida KidCare Program, CY 2018**



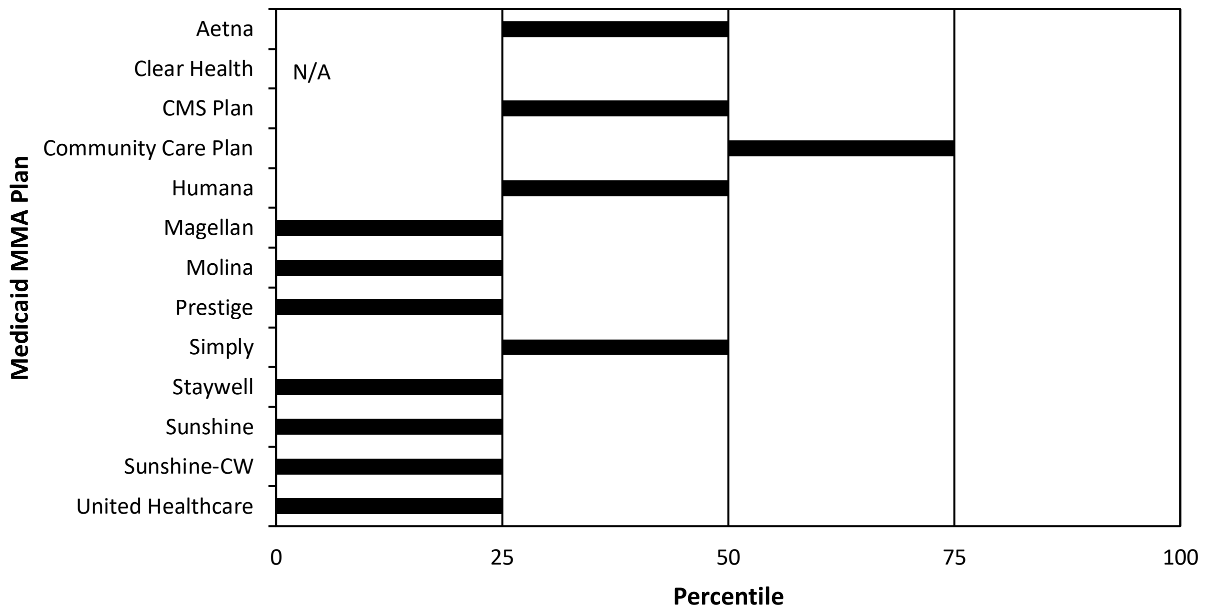

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 90. Medicaid MMA Plan Results for IMA: Meningococcal Immunizations, CY 2018**



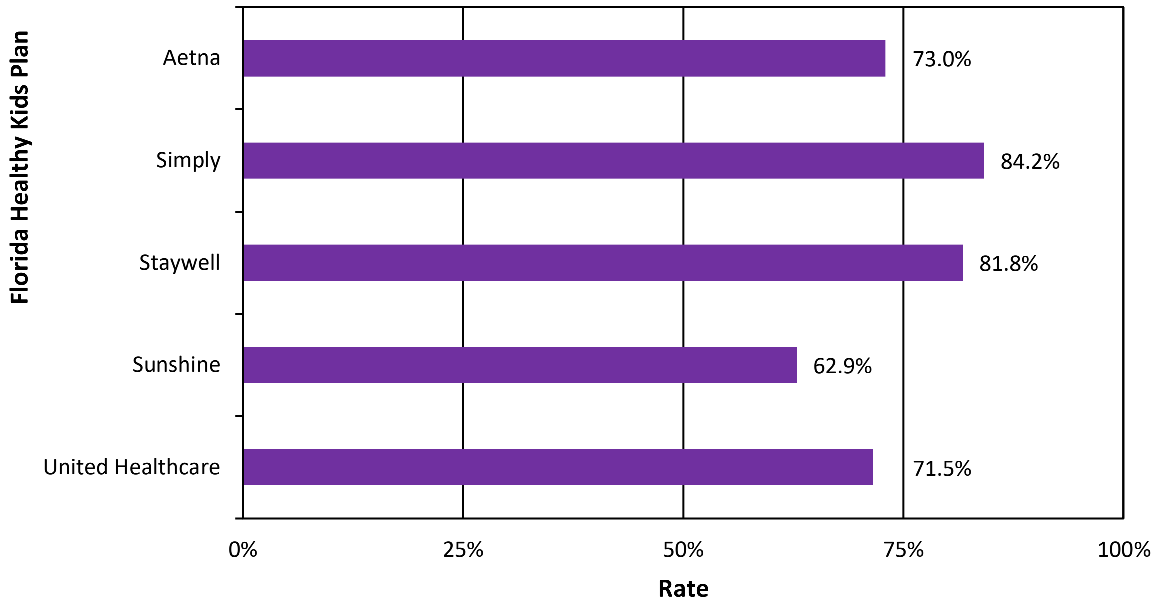

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 91. National Benchmarks for IMA: Meningococcal Immunizations by Medicaid MMA Plan, CY 2018**



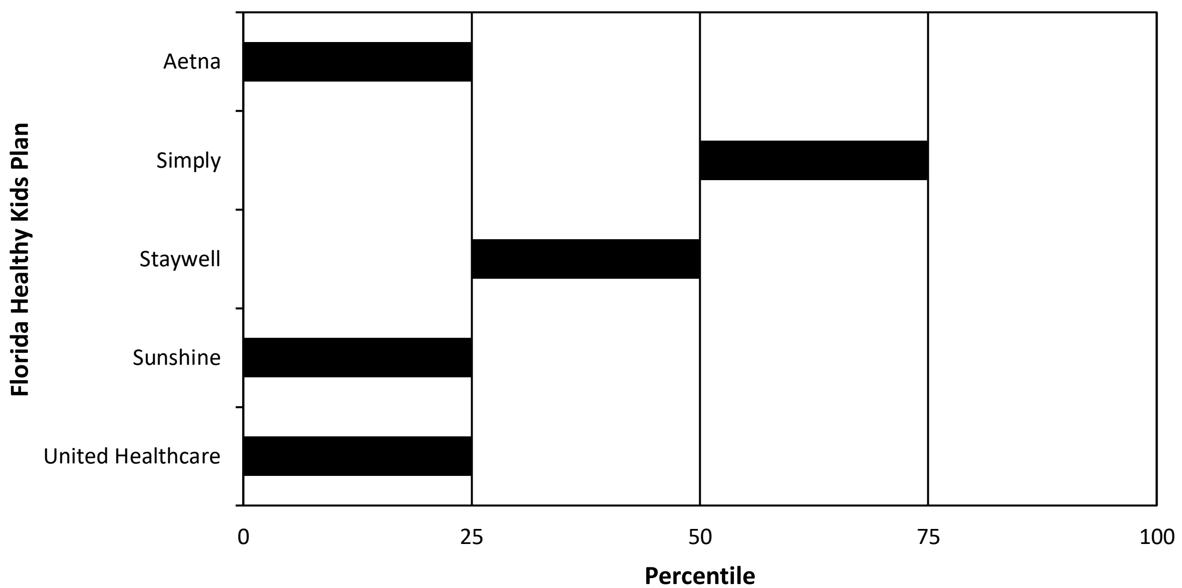

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 92. Florida Healthy Kids Plan Results for IMA: Meningococcal Immunizations, CY 2018**



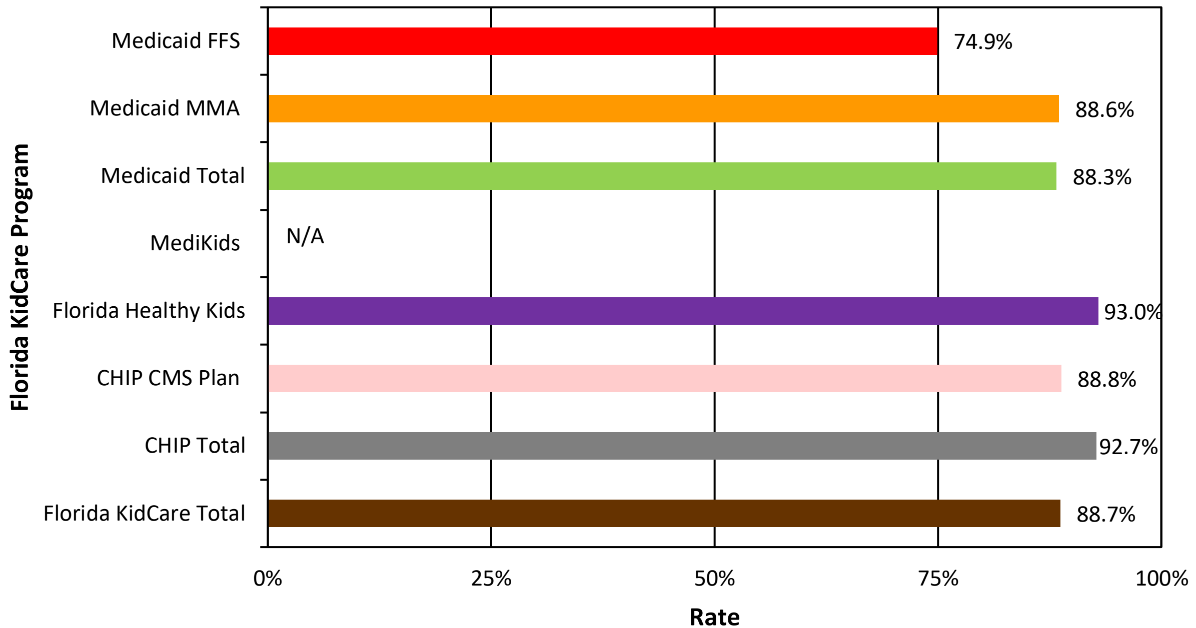

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 93. National Benchmarks for IMA: Meningococcal Immunizations by Florida Healthy Kids Plan, CY 2018**



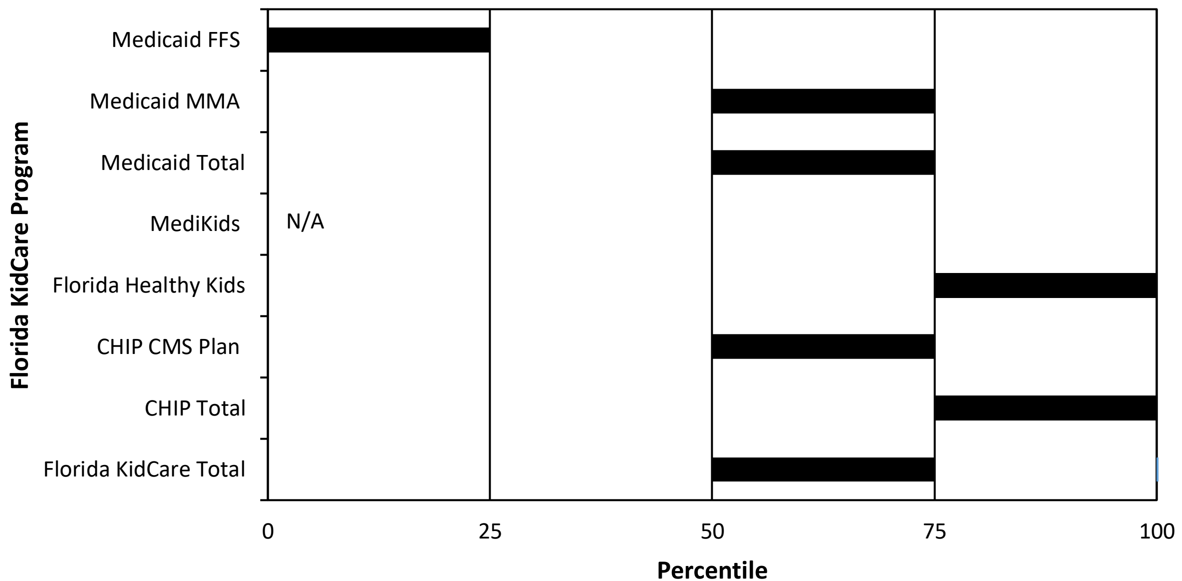

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 94. Florida KidCare Program Results for IMA: Tdap Immunizations, CY 2018**



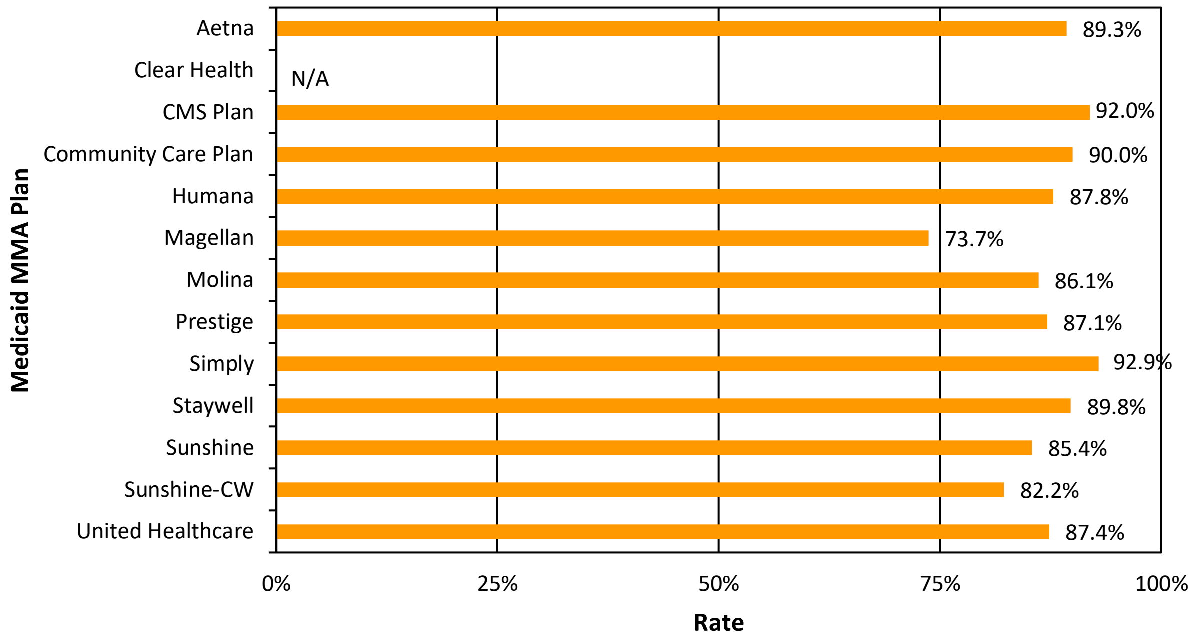

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 95. National Benchmarks for IMA: Tdap Immunizations by Florida KidCare Program, CY 2018**



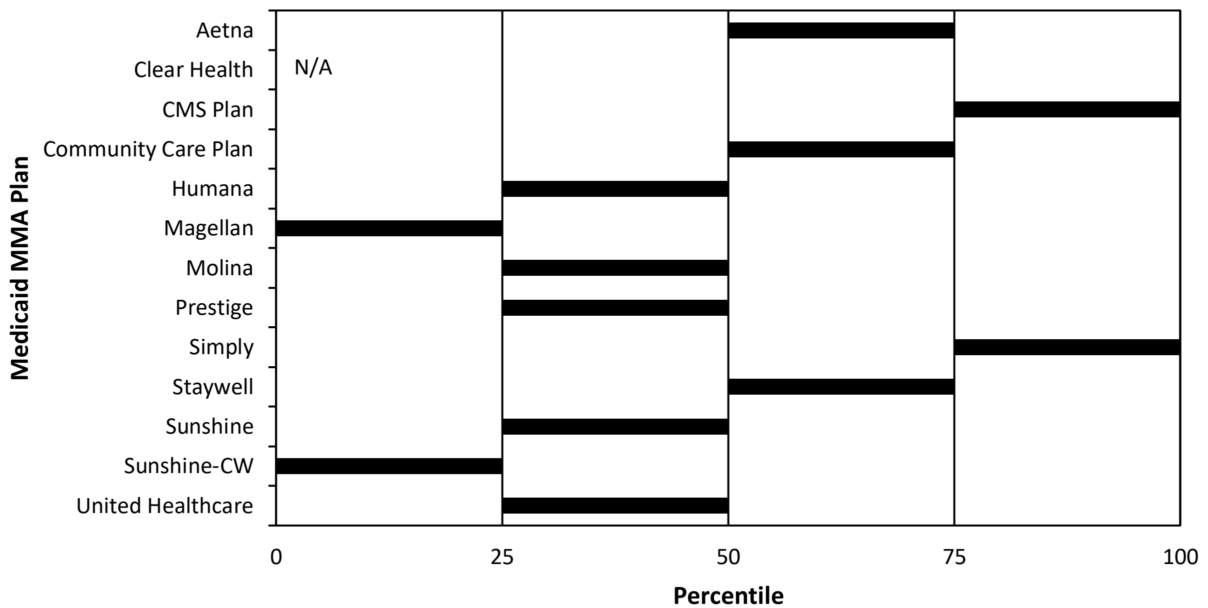

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 96. Medicaid MMA Plan Results for IMA: Tdap Immunizations, CY 2018**



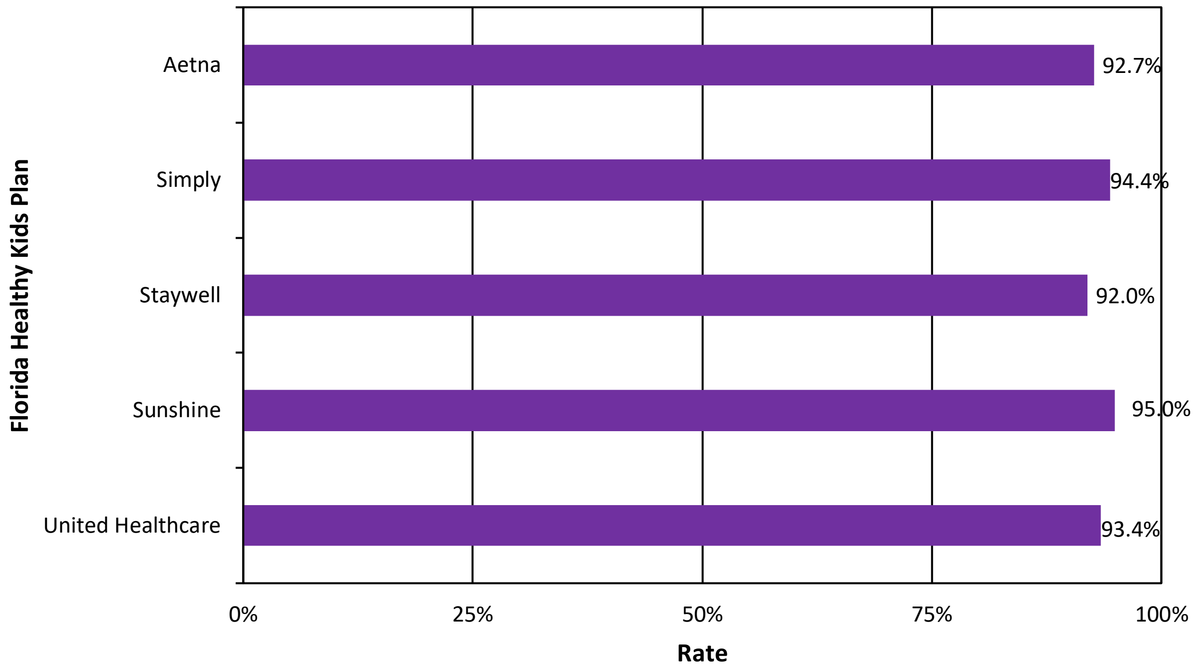

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 97. National Benchmarks for IMA: Tdap Immunizations by Medicaid MMA Plan, CY 2018**



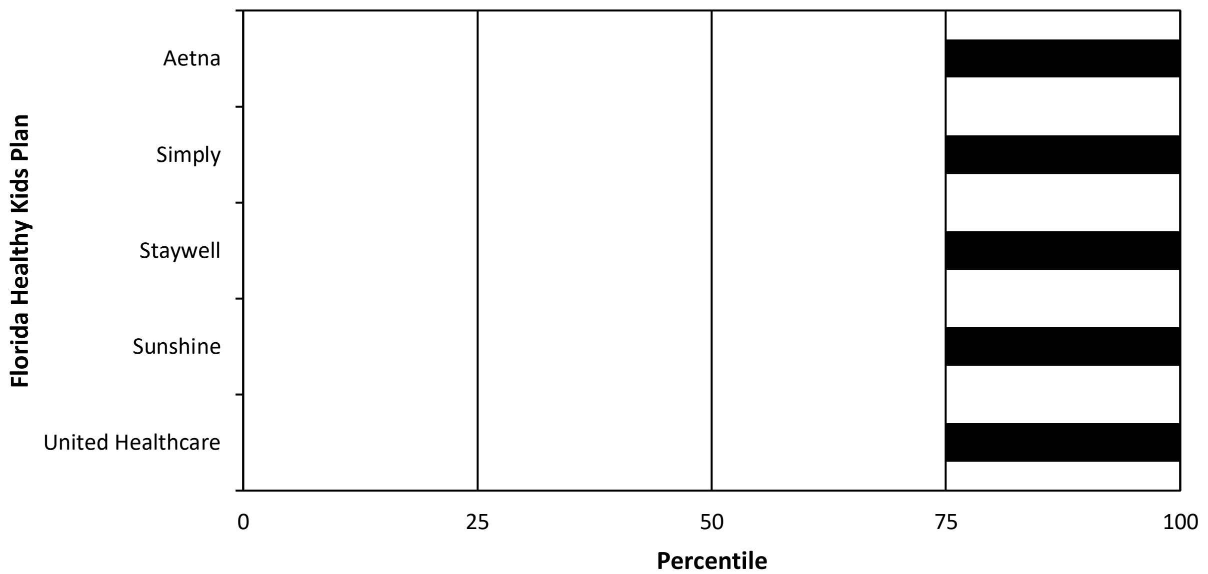

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 98. Florida Healthy Kids Plan Results for IMA: Tdap Immunizations, CY 2018**



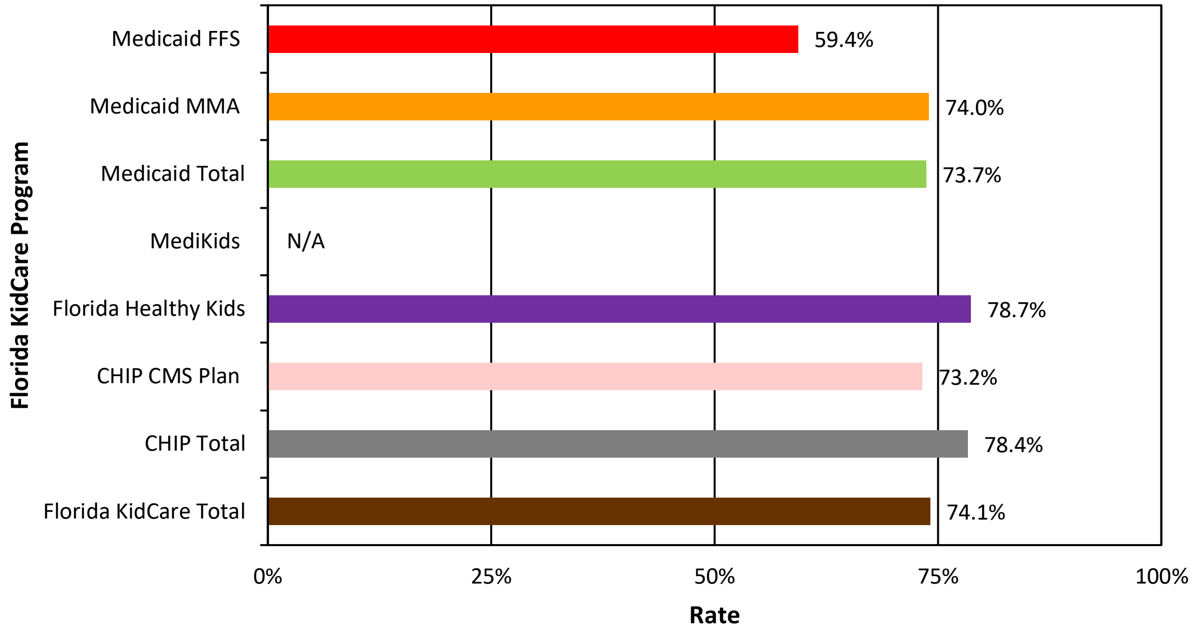

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 99. National Benchmarks for IMA: Tdap Immunizations by Florida Healthy Kids Plan, CY 2018**



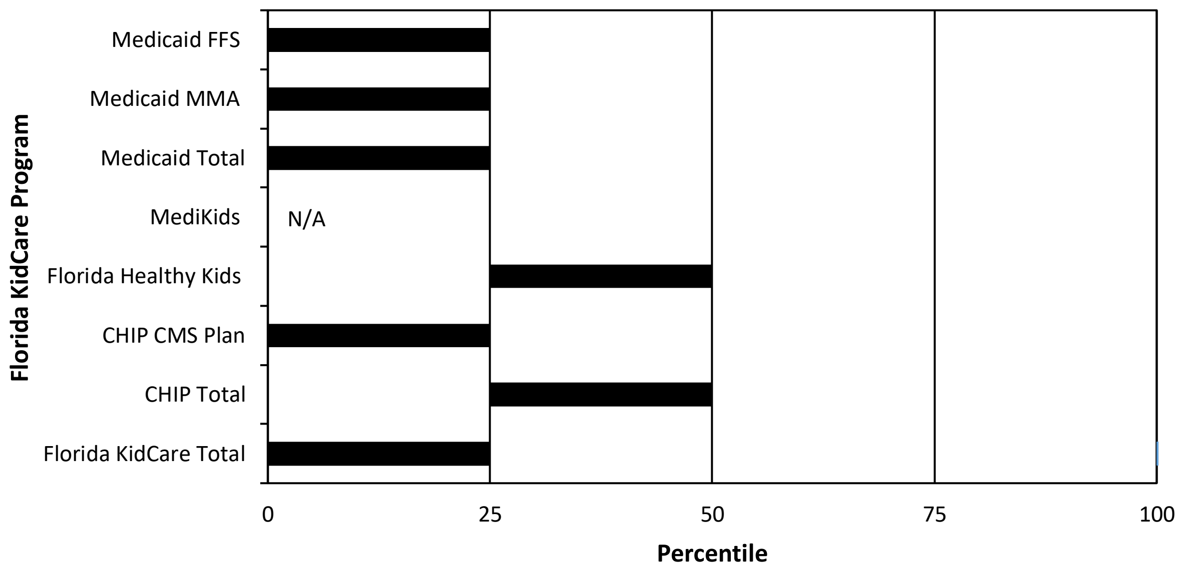

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 100. Florida KidCare Program Results for IMA: Combination 1 Immunizations, CY 2018**



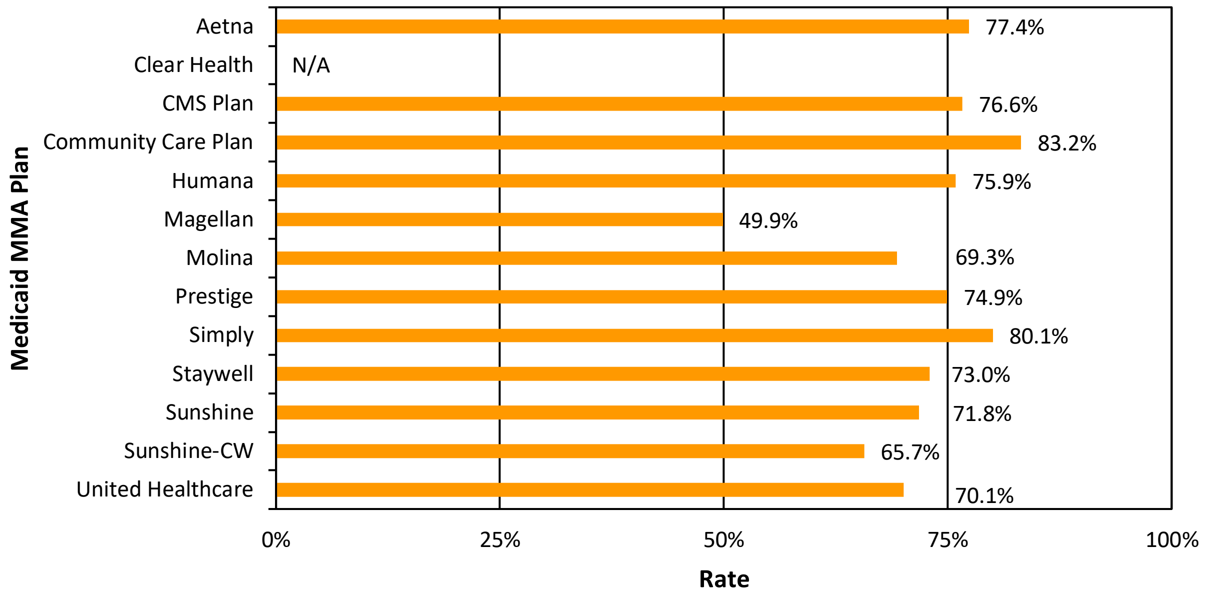

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 101. National Benchmarks for IMA: Combination 1 Immunizations by Florida KidCare Program, CY 2018**



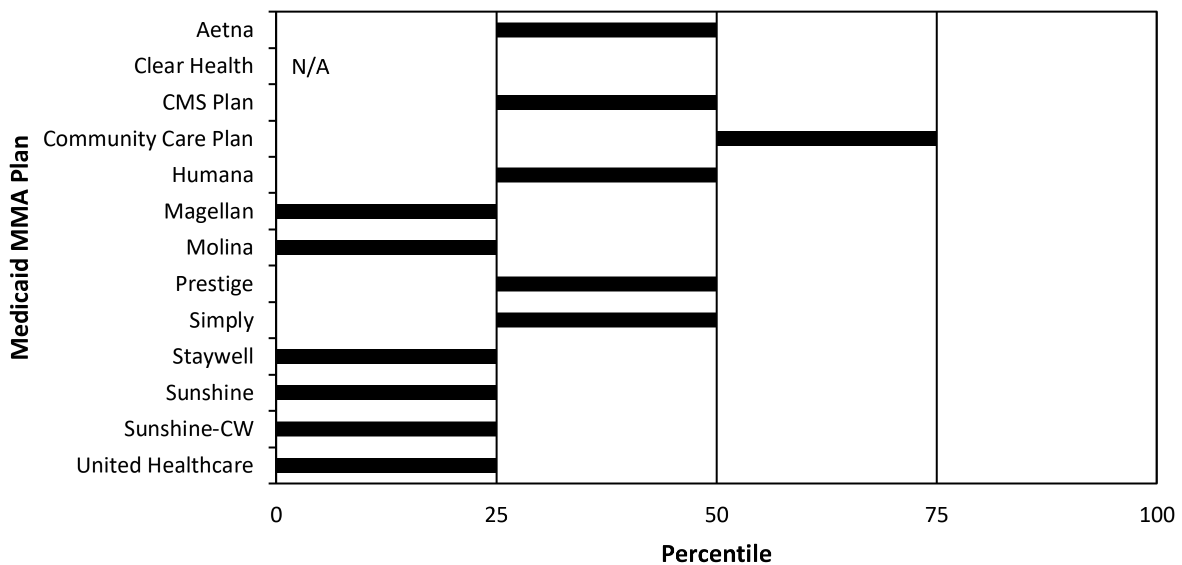

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 102. Medicaid MMA Plan Results for IMA: Combination 1 Immunizations, CY 2018**



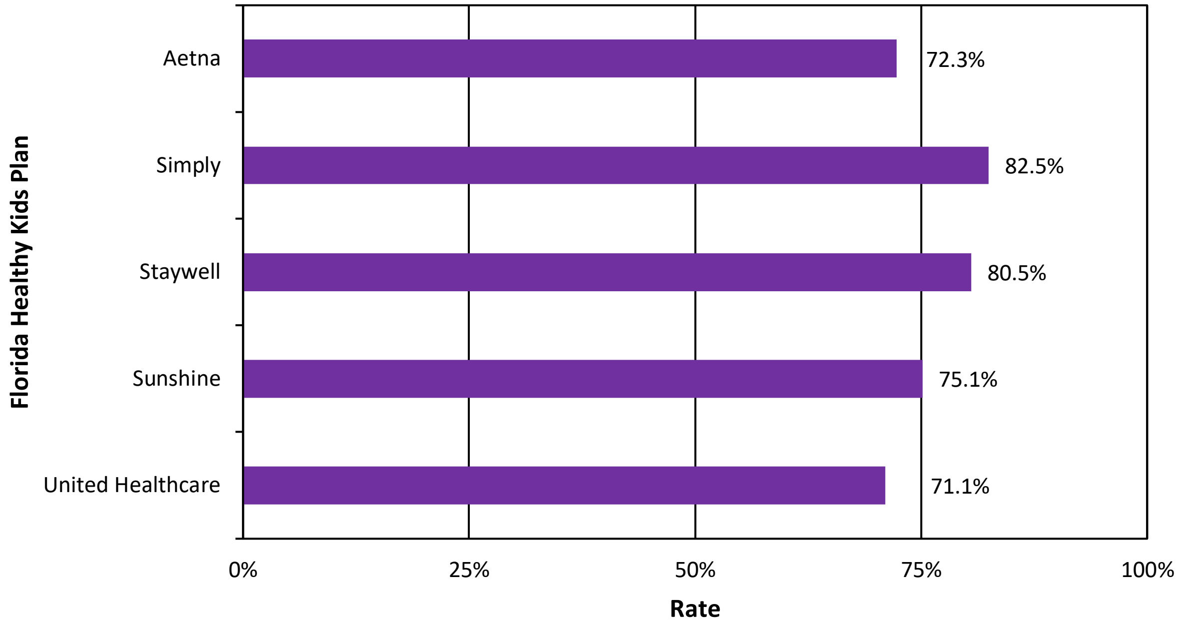

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 103. National Benchmarks for IMA: Combination 1 Immunizations by Medicaid MMA Plan, CY 2018**



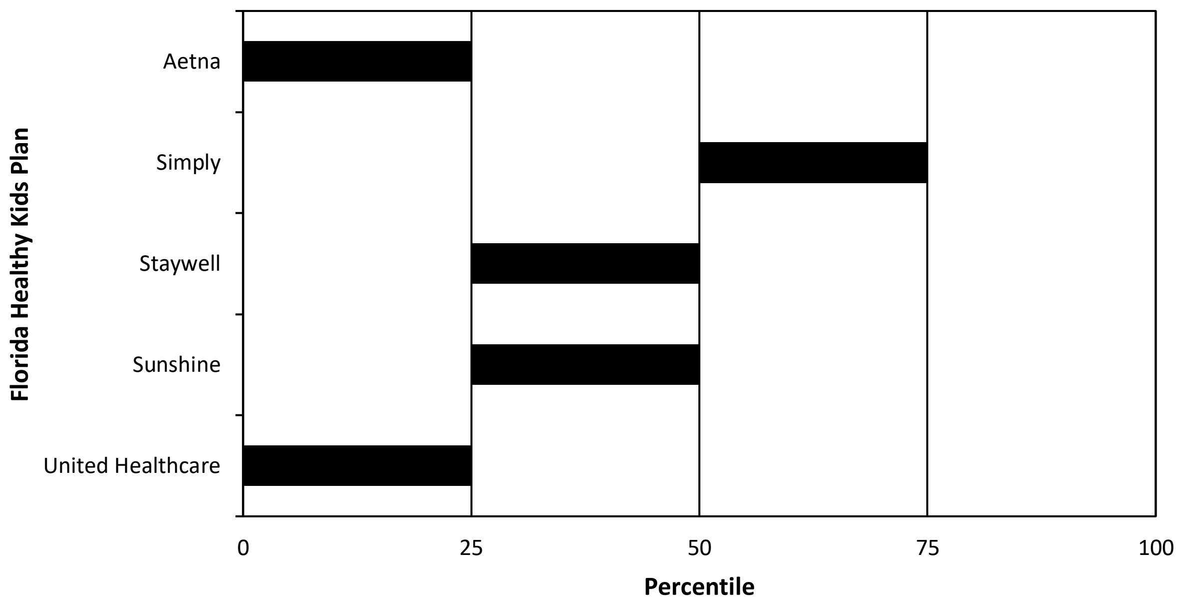

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 104. Florida Healthy Kids Plan Results for IMA: Combination 1 Immunizations, CY 2018**



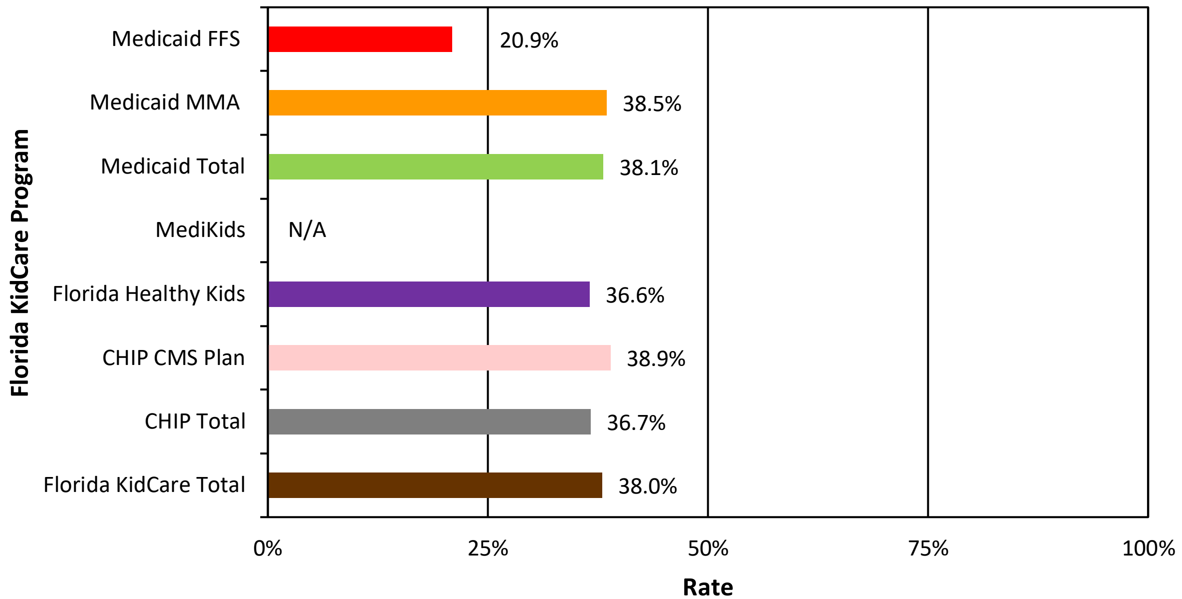

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 105. National benchmarks for IMA: Combination 1 Immunizations by Florida Healthy Kids Plan, CY 2018**



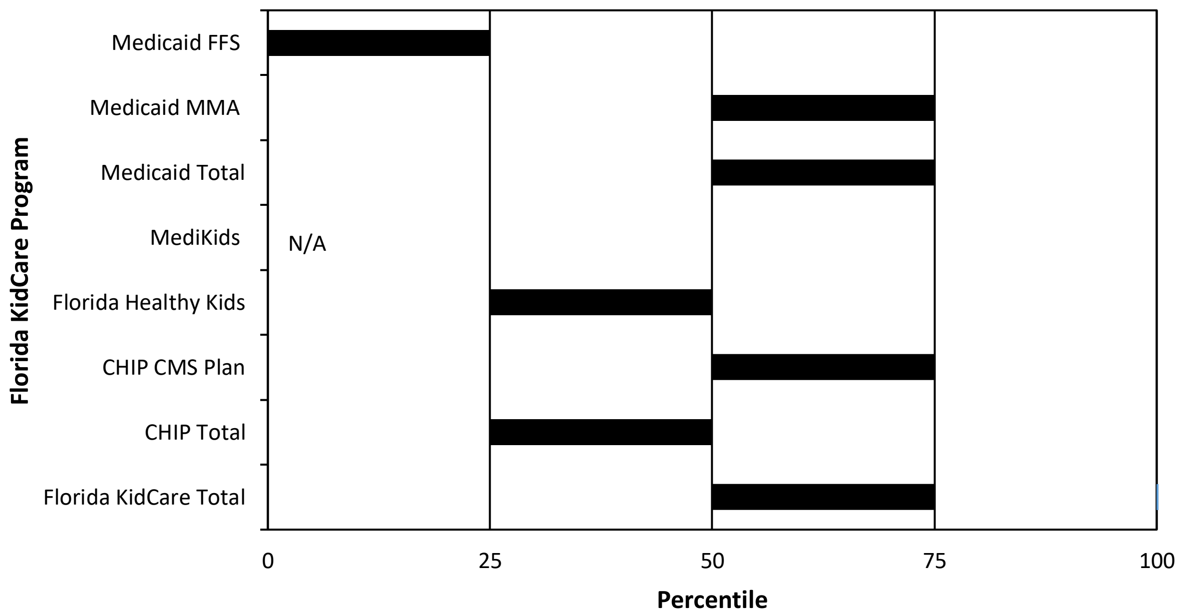

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 106. Florida KidCare Program Results for IMA: HPV Immunizations, CY 2018**



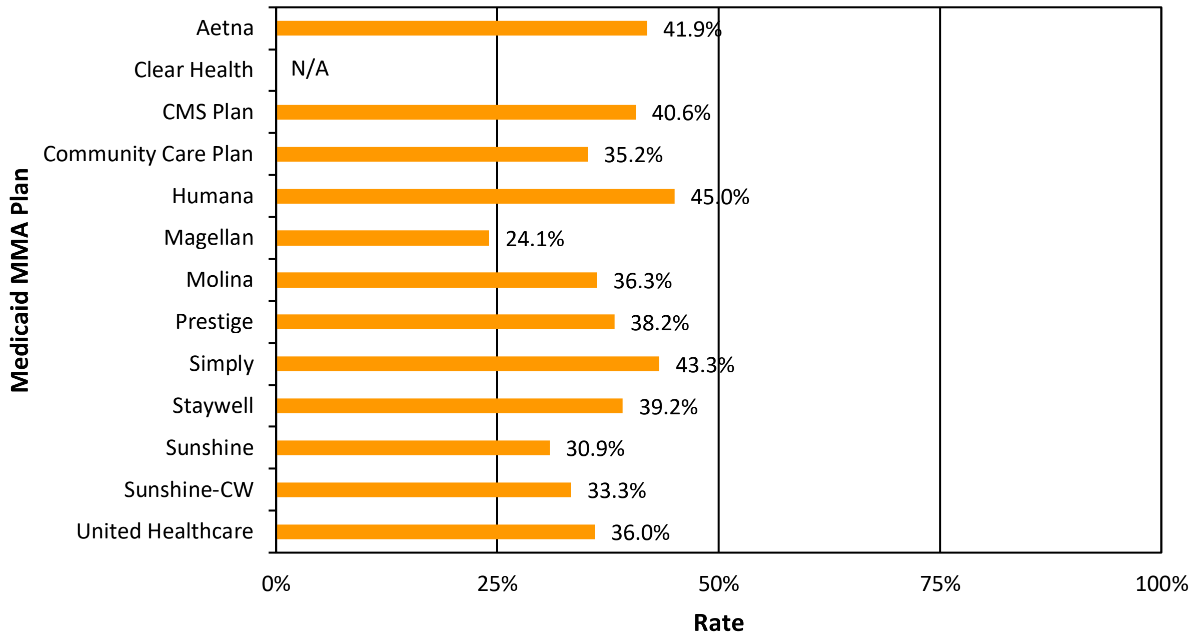

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 107. National Benchmarks for IMA: HPV Immunizations by Florida KidCare Program, CY 2018**



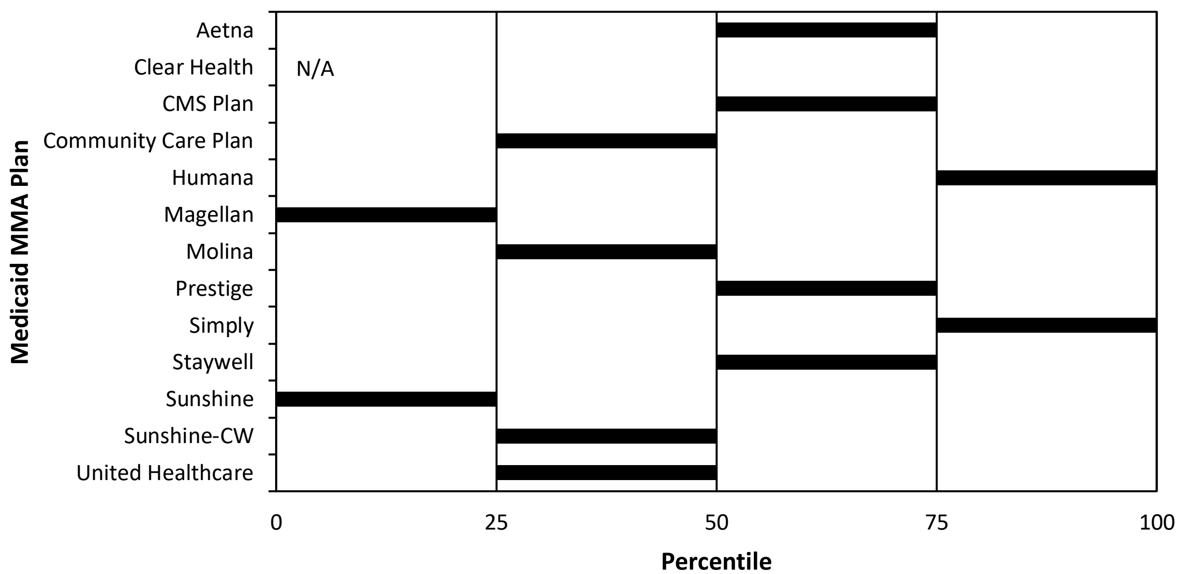

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 108. Medicaid MMA Plan Results for IMA: HPV Immunizations, CY 2018**



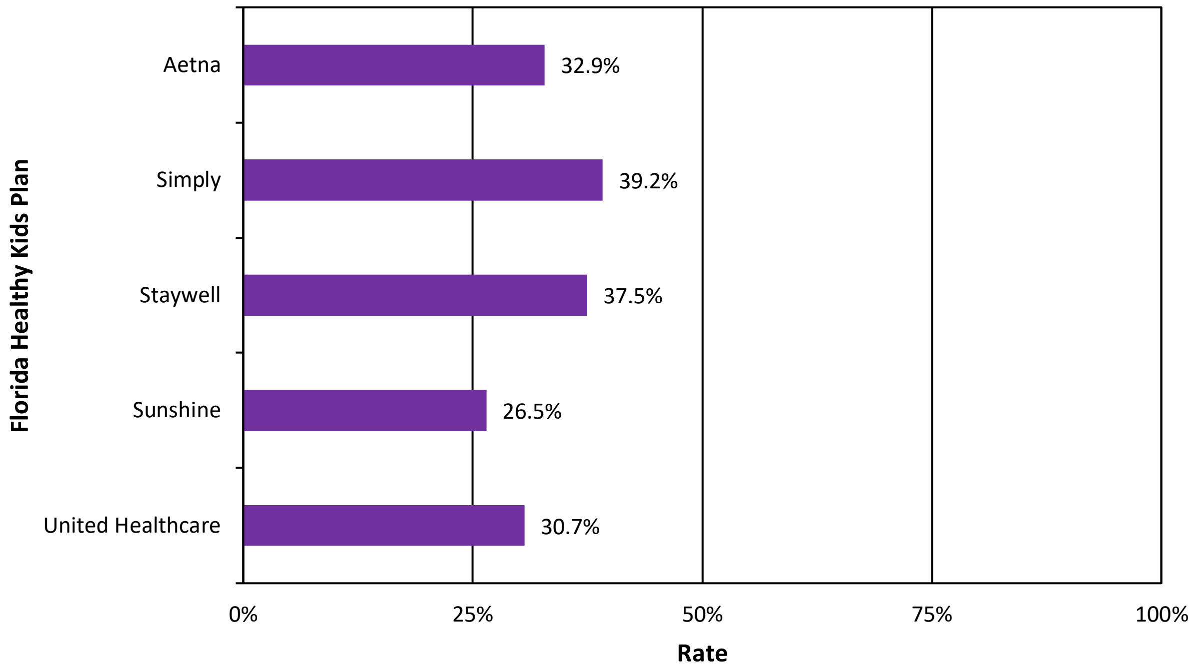

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 109. National Benchmarks for IMA: HPV Immunizations by Medicaid MMA Plan, CY 2018**



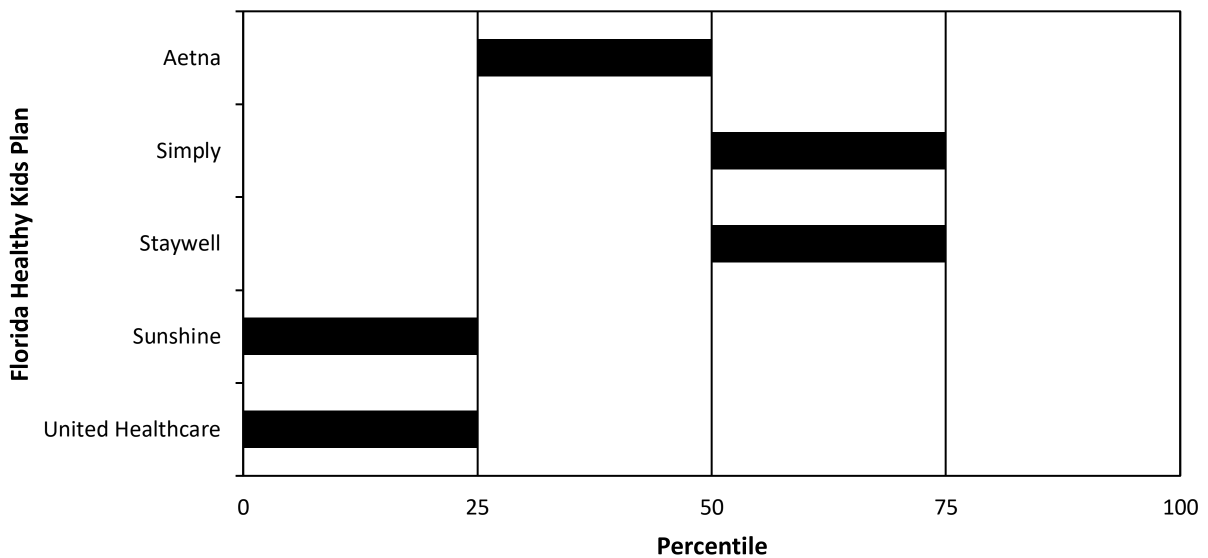

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 110. Florida Healthy Kids Plan Results for IMA: HPV Immunizations, CY 2018**




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

**Figure 111. National Benchmarks for IMA: HPV Immunizations by Florida Healthy Kids Plan, CY 2018**




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

**Table 23. IMA: Meningococcal Results by Florida KidCare Program, CY 2014 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2014 | CY 2015 | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|---|---|
| Medicaid FFS | 45.0% | 47.9%[a] | 52.1%[a] | 43.6% | 60.3%[a] |
| Medicaid MMA | 67.3%[b] | 68.3%[b] | 71.7%[b] | 73.3%[b] | 75.3%[b] |
| Medicaid Total | 54.4% | 66.7% | 71.0% | 72.6% | 75.0% |
| MediKids | N/R | N/R | N/R | N/A | N/A |
| Florida Healthy Kids | 73.1% | 77.9%[a] | 78.4%[a] | 77.3%[b] | 79.9%[a] |
| CHIP CMS Plan | N/R | 73.7%[a] | 77.9%[a] | 75.5% | 74.5%[a] |
| CHIP Total | 73.1% | 77.6% | 78.3% | 77.2% | 79.6% |
| Florida KidCare Total | 62.9% | 68.3% | 71.7% | 73.0% | 75.4% |

*[a]Denotes hybrid methodology. [b]Denotes mixed methodology. Note that methodology differs across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Table 24. IMA: Tdap Results by Florida KidCare Program, CY 2014 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2014 | CY 2015 | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|---|---|
| Medicaid FFS | 63.9% | 63.8%[a] | 71.1%[a] | 65.9% | 74.9%[a] |
| Medicaid MMA | 83.7%[b] | 85.3%[b] | 87.8%[b] | 88.4%[b] | 88.6%[b] |
| Medicaid Total | 72.3% | 83.6% | 87.2% | 87.9% | 88.3% |
| MediKids | N/R | N/R | N/R | N/A | N/A |
| Florida Healthy Kids | 90.7% | 93.2%[a] | 91.5%[a] | 93.2%[b] | 93.0%[a] |
| CHIP CMS Plan | N/R | 89.8%[a] | 89.5%[a] | 89.4% | 88.8%[a] |
| CHIP Total | 90.7% | 92.9% | 91.4% | 92.9% | 92.7% |
| Florida KidCare Total | 80.7% | 84.9% | 87.6% | 88.4% | 88.7% |

*[a]Denotes hybrid methodology. [b]Denotes mixed methodology. Note that methodology differs across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Table 25. IMA: Combination 1 Results by Florida KidCare Program, CY 2014 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2014 | CY 2015 | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|---|---|
| Medicaid FFS | 42.7% | 45.7%[a] | 51.6%[a] | 42.7% | 59.4%[a] |
| Medicaid MMA | 65.7%[b] | 67.3%[b] | 70.6%[b] | 71.9% | 74.0%[b] |
| Medicaid Total | 52.4% | 65.6% | 70.0% | 71.3%[b] | 73.7% |
| MediKids | N/R | N/R | N/R | N/A | N/A |
| Florida Healthy Kids | 71.6% | 76.9%[a] | 76.6%[a] | 76.6%[b] | 78.7%[a] |
| CHIP CMS Plan | N/R | 71.5%[a] | 76.9%[a] | 74.1% | 73.2%[a] |
| CHIP Total | 71.6% | 76.5% | 76.7% | 76.5% | 78.4% |
| Florida KidCare Total | 61.2% | 67.2% | 70.7% | 71.7% | 74.1% |

*[a]Denotes hybrid methodology. [b]Denotes mixed methodology. Note that methodology differs across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Table 26. IMA: HPV Results by Florida KidCare Program, CY 2017 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2017 | CY 2018 |
|---|---|---|
| Medicaid FFS | 14.8% | 20.9%[a] |
| Medicaid MMA | 33.6% | 38.5%[b] |
| Medicaid Total | 33.2% | 38.1% |
| MediKids | N/A | N/A |
| Florida Healthy Kids | 32.6% | 36.6%[a] |
| CHIP CMS Plan | 32.9% | 38.9%[a] |
| CHIP Total | 32.6% | 36.7% |
| Florida KidCare Total | 33.1% | 38.0% |

*2017 was the first year this sub-measure was calculated, thus trending data from prior years are not available. [a]Denotes hybrid methodology. [b]Denotes mixed methodology. Note that methodology differs across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

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

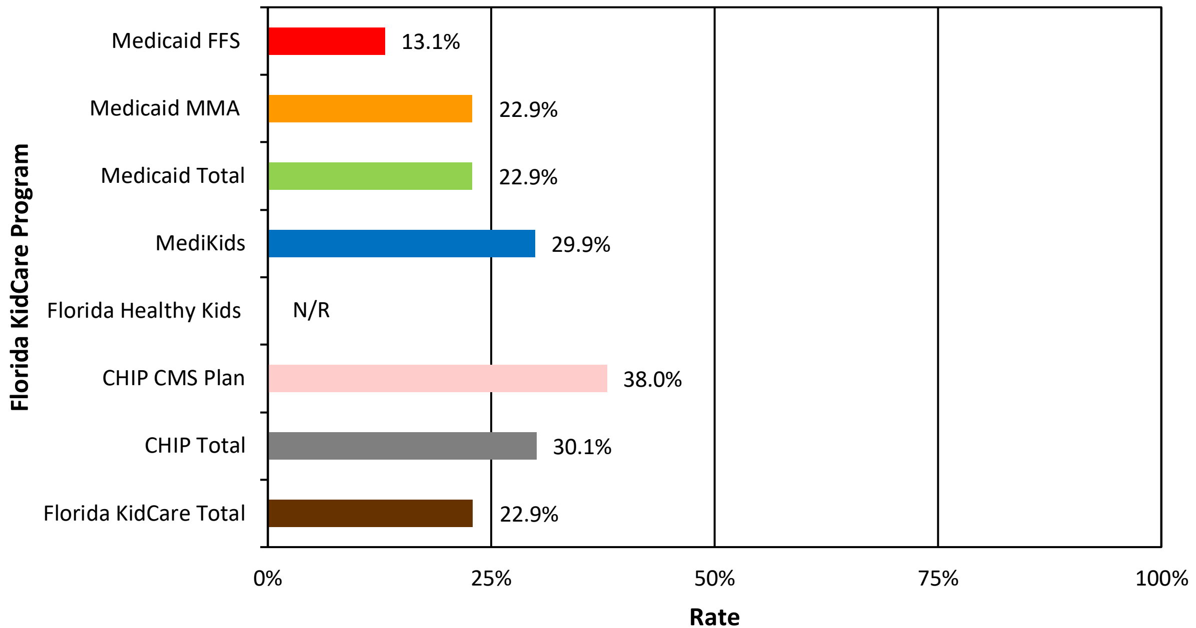
Early developmental screenings can help identify children with developmental delays in order to provide appropriate health care and interventions. It is estimated that about one in six children aged 3-17 years have at least one developmental or behavioral disability (CDC, 2019c). Bright Futures recommends standardized developmental screening tests at 9-, 18-, and 30-month visits (Hagan et al., 2017). Interventions can help children with a developmental delay or disability hone important skills such as talking, walking, learning, and interacting with others (CDC, 2019c). Data from the most recent HRSA-funded National Survey of Children's Health, found that only 31.1% of parents completed developmental screening tools in the past 12 months for children aged 9-35 months (Child and Adolescent Health Measurement Initiative, n.d.).

DEV measures the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool on or within the 12 months prior to their first, second, or third birthdays (Center for Medicaid and CHIP Services & CMS, 2019). For administrative numerator inclusion of this measure, members must have had a CPT code of 96110 without a modifier. A medical record review was performed for all applicable Florida KidCare programs to meet the hybrid specifications for this measure. In order to be considered compliant through medical record review, the member must have had all of the following: 1) A note indicating the date on which the test was performed, 2) the standardized tool used, and 3) evidence that the tool was complete and scored (Center for Medicaid and CHIP Services & CMS, 2019). Standardized screening tools must include motor, language, cognitive, and social-emotional developmental domains, and have established reliability, validity, and sensitivity/specificity with scores of at least 0.70 in each of these three areas (Center for Medicaid and CHIP Services & CMS, 2019). Sub-measures for this measure are stratified by age for those who turned either one, two, three, or a combination of ages one-three during CY 2018. For this report, an overall rate is presented with eligible children who turned either one, two, or three during CY 2018.

**Figure 112** presents the Florida KidCare program results, and **Figure 113** presents Medicaid MMA plan results for CY 2018.

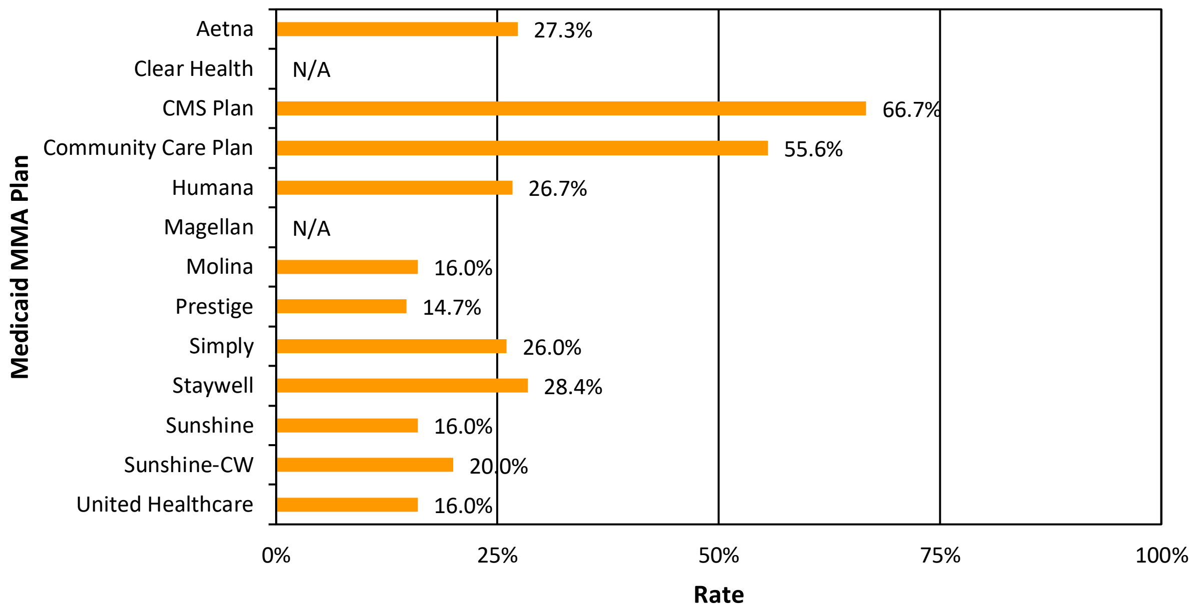
**Table 27** presents trending results from CY 2014 to CY 2018 for each of the Florida KidCare programs. CY 2017 is not included in the trending table, as this measure was not included that year. As this is a Child Core Set measure, national benchmarks are not available.

**Figure 112. Florida KidCare Program Results for DEV: All Ages, CY 2018**




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

**Figure 113. Medicaid MMA Plan Results for DEV: All Ages, CY 2018**




*Note: The sample size of 411 was across the entire Medicaid MMA program, not per plan, and caution should be exercised when making comparisons of the data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Table 27. DEV: All Ages Results by Florida KidCare Program, CY 2014 to CY 2016 and CY 2018**

| Program | CY 2014 | CY 2015 | CY 2016 | CY 2018 |
|---|---|---|---|---|
| Medicaid FFS | 4.3% | 2.7%[a] | 5.6%[a] | 13.1%[a] |
| Medicaid MMA | 28.4% | 13.1%[a] | 15.3%[a] | 22.9%[a] |
| Medicaid Total | 5.5% | 12.8% | 15.3% | 22.9% |
| MediKids | N/R | 14.1%[a] | 24.3%[a] | 29.9%[a] |
| Florida Healthy Kids | N/R | N/R | N/R | N/R |
| CHIP CMS Plan | N/R | 21.0%[a] | 24.1%[a] | 38.0%[a] |
| CHIP Total | N/R | 14.3% | 24.3% | 30.1% |
| Florida KidCare Total | 5.5% | 12.8% | 15.4% | 22.9% |

*[a]Denotes hybrid methodology. [b]Denotes mixed methodology. Note that a sample size of 411 was applied to the entire Medicaid MMA program, not per plan, therefore caution should be exercised when making comparisons of the data. Methodology differs across measurement years and that DEV was not calculated in CY 2017. This should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

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

Between ages three and six, Bright Futures recommends annual well visits (Hagan et al., 2017). As the child may not visit the health provider between annual well visits, these yearly visits are an important opportunity for the provider to monitor growth and development, administer preventive services, and offer anticipatory guidance to families. W34 measures the percentage of members three to six years of age who had one or more well-child visit with a PCP during CY 2018. The PCP did not have to be the practitioner assigned to the child, but inpatient or emergency department (ED) visits were not counted. Using the administrative method, individuals who had at least one well-care visit were included in the numerator. For the medical record review, individuals were considered compliant if they had a visit with a PCP with evidence of all of the following: a health history, a physical developmental history, a mental developmental history, a physical examination, and health education or anticipatory guidance (NCQA, 2018b). Even if the primary intent of the visit was not for a well-child visit, if all of the required preventive services were completed during a visit, it met the guidelines of a well-child visit. Additionally, services that occurred over multiple visits counted as completion of the well-child requirements as long as all of the services were completed within the measurement year. For this measure, the enrollee must have been continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days.

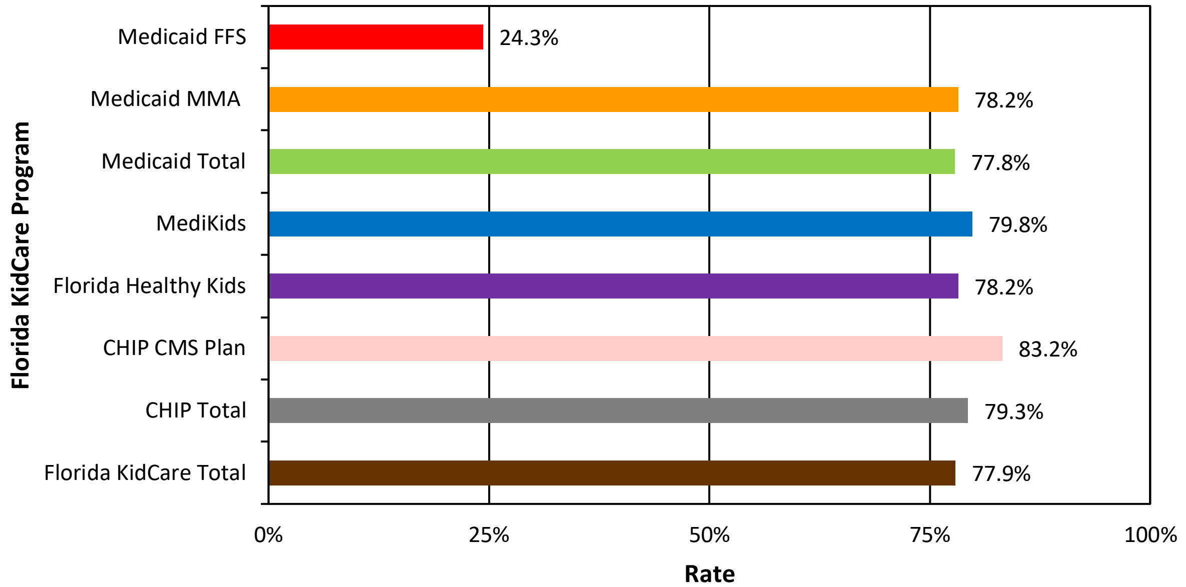
**Figure 114** and **Figure 115** present the Florida KidCare program results and associated benchmark percentiles, respectively, for CY 2018.

**Figure 116** and **Figure 117** present the Medicaid MMA plan results and associated benchmark percentiles, respectively, for CY 2018.

**Figure 118** and **Figure 119** present the Florida Healthy Kids plan results and associated benchmark percentiles, respectively, for CY 2018.

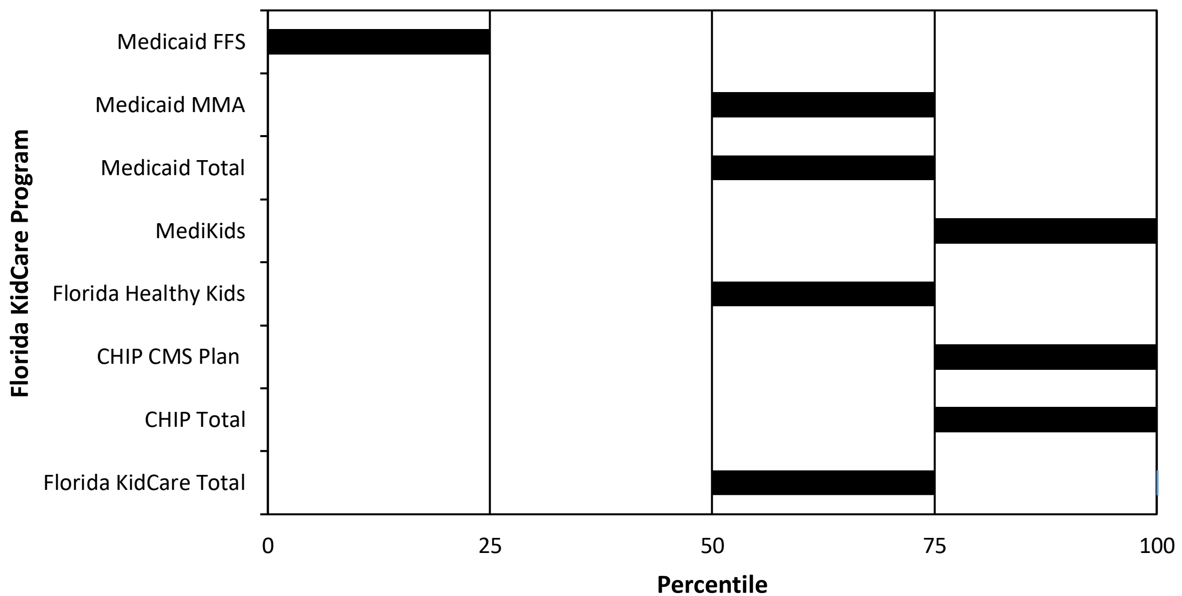
**Table 28** presents the trending results from CY 2014 to CY 2018 for each of the Florida KidCare programs, with applicable benchmark percentiles.

**Figure 114. Florida KidCare Program Results for W34, CY 2018**



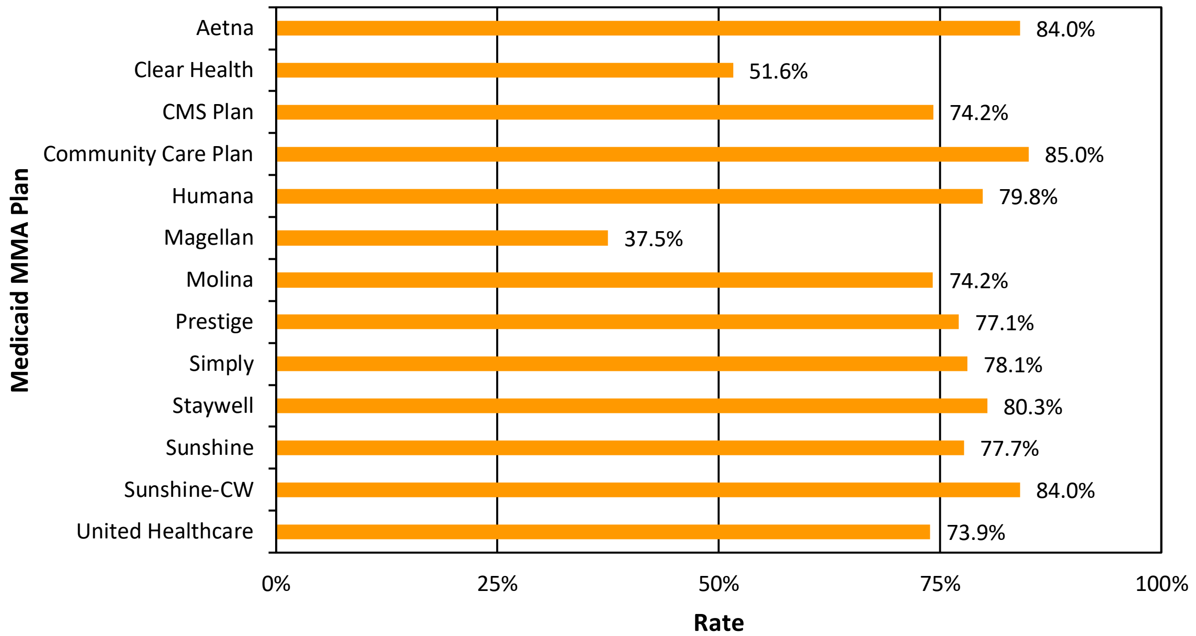

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 115. National Benchmarks for W34 by Florida KidCare Program, CY 2018**



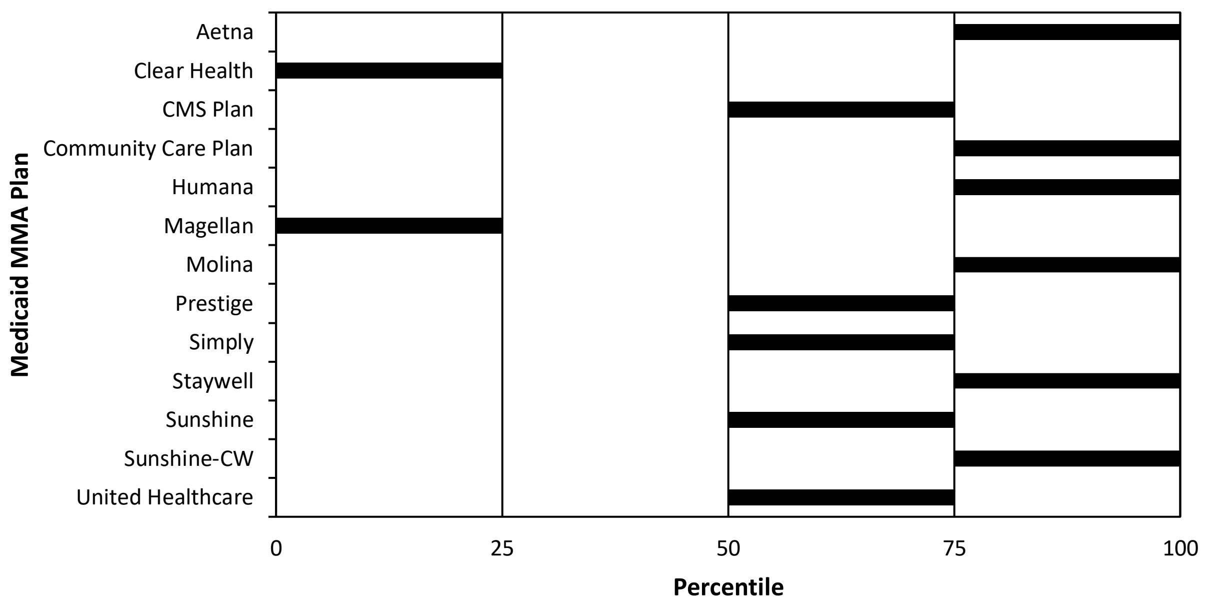

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 116. Medicaid MMA Plan Results for W34, CY 2018**



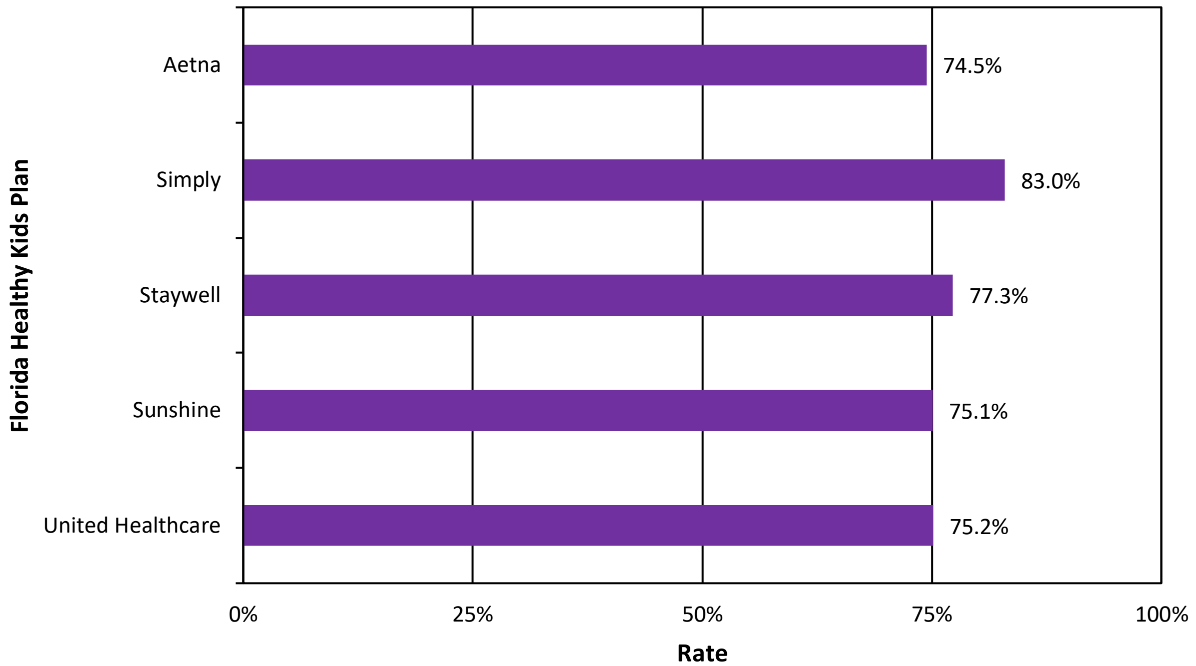

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 117. National Benchmarks for W34 by Medicaid MMA Plan, CY 2018**



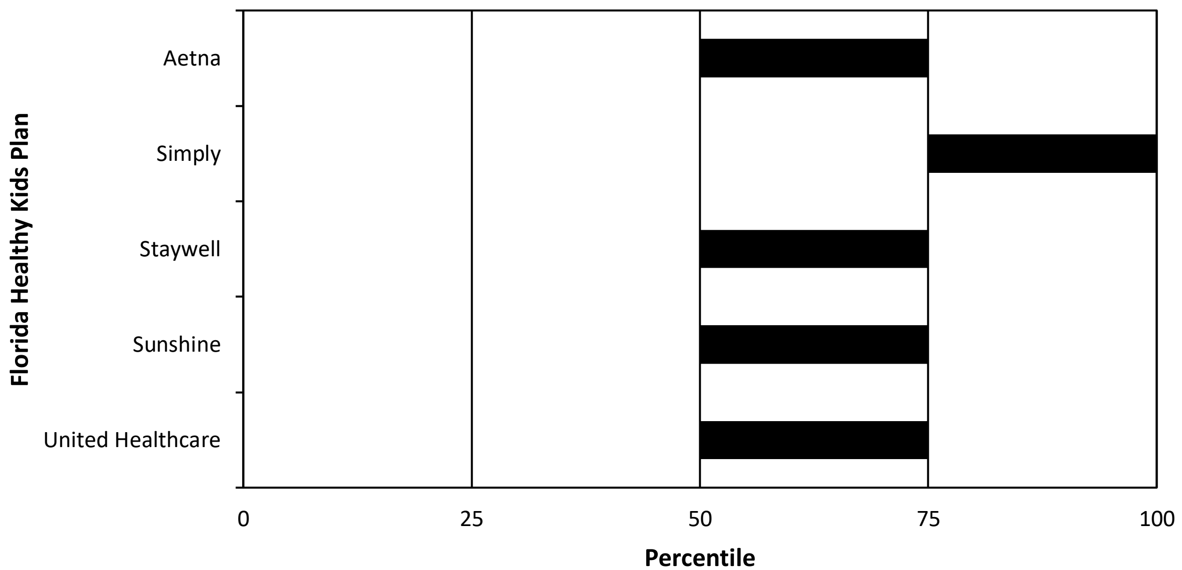

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 118. Florida Healthy Kids Plan Results for W34, CY 2018**




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

**Figure 119. National Benchmarks for W34 by Florida Healthy Kids Plan, CY 2018**




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

**Table 28. W34 Results by Florida KidCare Program, CY 2014 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2014 | CY 2015 | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|---|---|
| Medicaid FFS | 3.4% | 16.3%[a] | 13.9%[a] | 11.1% | 24.3%[a] |
| Medicaid MMA | 73.7%[b] | 75.4%[b] | 75.7%[b] | 77.9%[b] | 78.2%[b] |
| Medicaid Total | 20.5% | 74.2% | 74.9% | 77.4% | 77.8% |
| MediKids | N/R | 80.1%[a] | 77.6%[a] | 82.4% | 79.8%[a] |
| Florida Healthy Kids | 62.8% | 59.9%[a] | 67.2%[a] | 78.6%[b] | 78.2%[a] |
| CHIP CMS Plan | N/R | 82.7%[a] | 78.8%[a] | 77.3% | 83.2%[a] |
| CHIP Total | 62.8% | 73.1% | 74.0% | 80.8% | 79.3% |
| Florida KidCare Total | 25.5% | 74.2% | 74.9% | 77.6% | 77.9% |

*[a]Denotes hybrid methodology. [b]Denotes mixed methodology. Note that methodology differs across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

## Adolescent Well-Care Visit (AWC)

Having a preventive care visit is important for adolescents as well as for younger children. However, adolescents often have a lower rate of compliance with preventive care guidelines than younger children, and adolescent well-care visits often take longer to complete due to the complex nature of issues facing adolescents (Tanski, Garfunkel, Duncan, & Weitzman, 2010). Bright Futures identifies several priorities for well-care visits during adolescence, including: social determinants of health, physical growth and development, emotional well-being, risk reduction, and safety (Hagan et al., 2017). These recommendations have age-specific guidelines, including items such as puberty and driving safety.

AWC measures the percentage of members ages 12 to 21 years of age who had at least one comprehensive well-care visit with a PCP or OB/GYN practitioner during the measurement year. The PCP did not have to be the practitioner assigned to the child but, as with the previous measure, inpatient or ED visits were not counted. Using the administrative method, individuals who had at least one well-care visit were included in the numerator. For the medical record review, individuals were compliant if they had a visit to a PCP with evidence of all of the following: a health history, a physical developmental history, a mental developmental history, a physical examination, and health education or anticipatory guidance (NCQA, 2018b). Even if the primary intent of the visit was for a sick visit, the visit met well-care visit criteria as long as the required preventive services were completed during a visit. Services that occurred over multiple visits were also counted as completion of the well-care requirements as long as all of the services were completed within the measurement year. For this measure, enrollees must have continuous enrollment during the measurement year with no more than one gap in enrollment of up to 45 days.

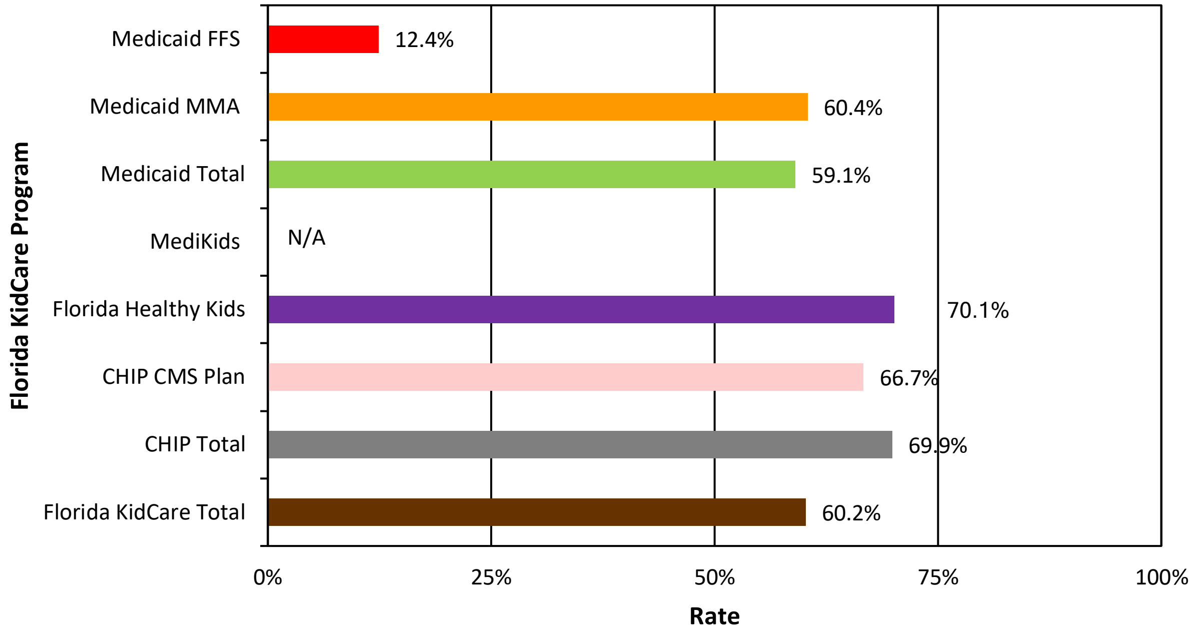
**Figure 120** presents the Florida KidCare results by program, while **Figure 121** presents the associated benchmark percentiles in CY 2018.

**Figure 122** and **Figure 123** present the Medicaid MMA plan level results and benchmark percentiles, respectively, in CY 2018.

**Figure 124** and **Figure 125** present the Florida Healthy Kids plan results and benchmark percentiles, respectively, in CY 2018.

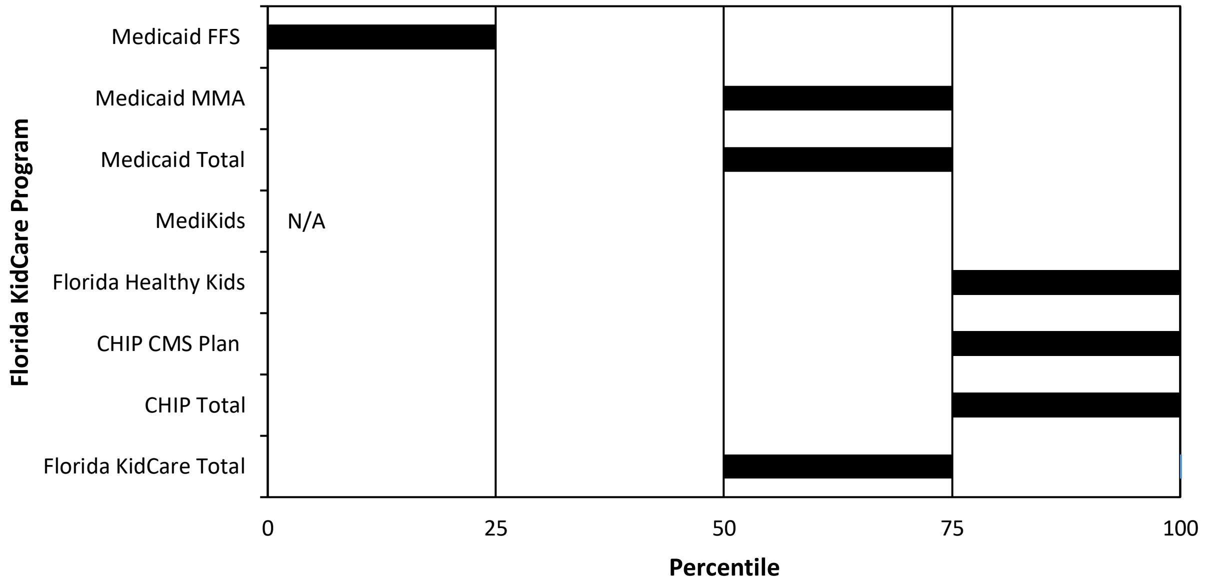
**Table 29** presents the trending results from CY 2014 to CY 2018 for each of the Florida KidCare programs, with applicable benchmark percentiles.

**Figure 120. Florida KidCare Program Results for AWC, CY 2018**



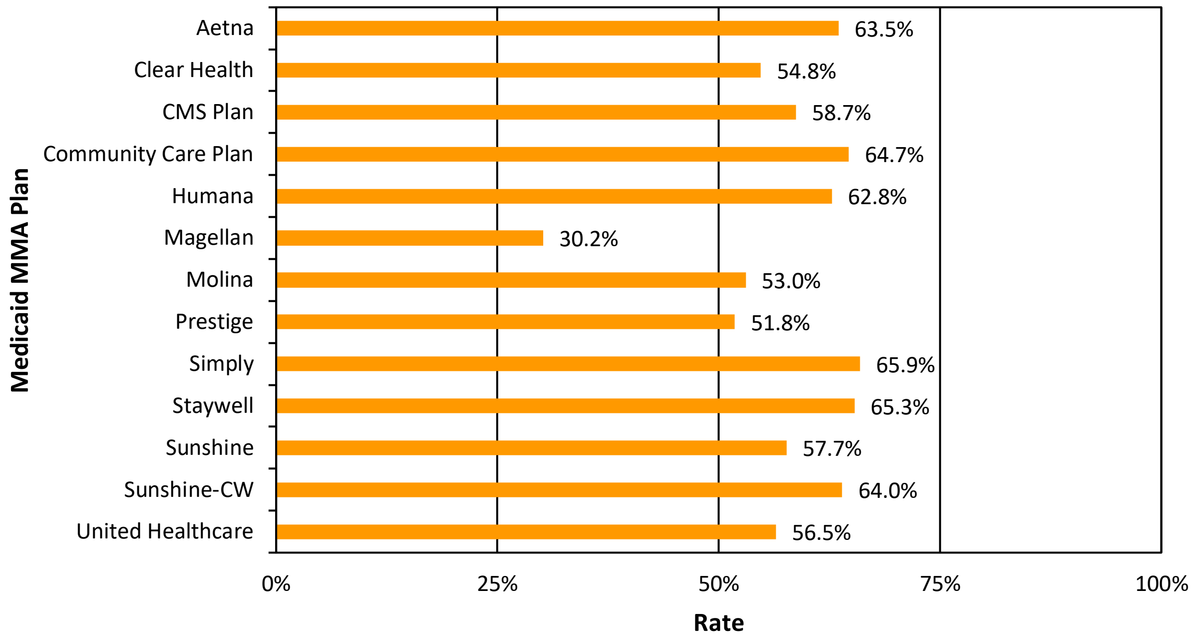

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 121. National Benchmarks for AWC by Florida KidCare Program, CY 2018**



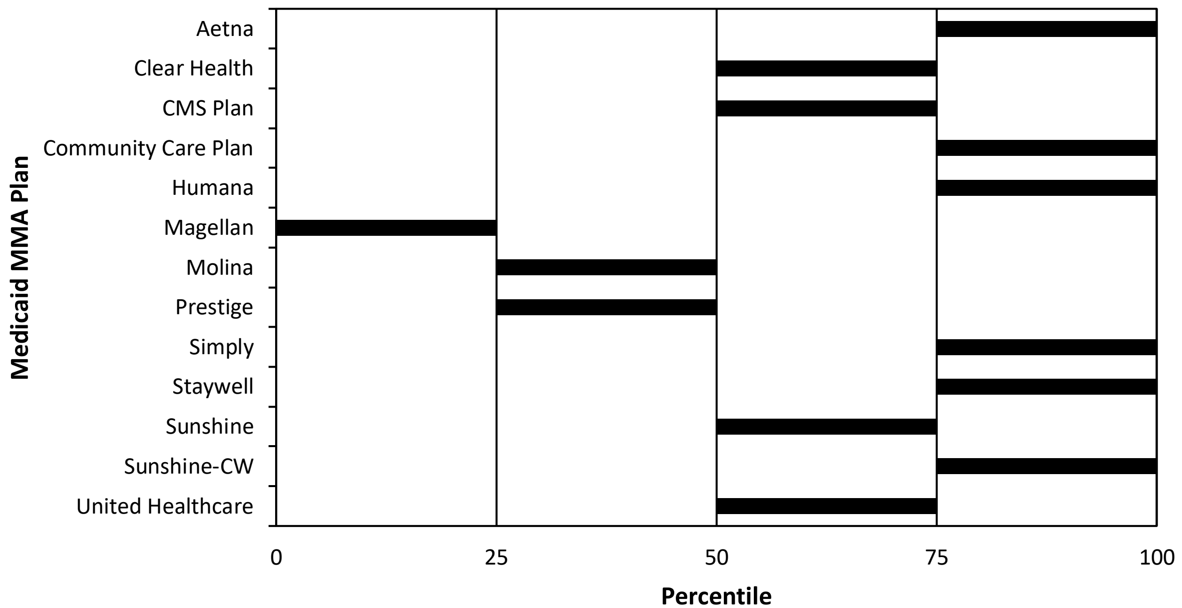

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 122. Medicaid MMA Plan Results for AWC, CY 2018**



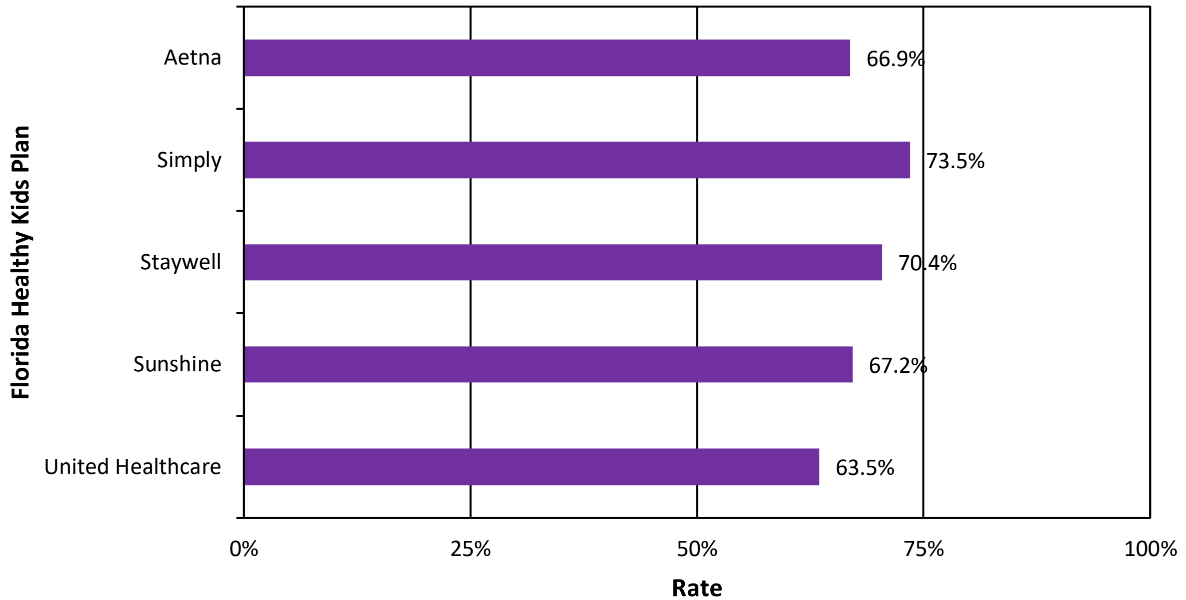

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 123. National Benchmarks for AWC by Medicaid MMA Plan, CY 2018**



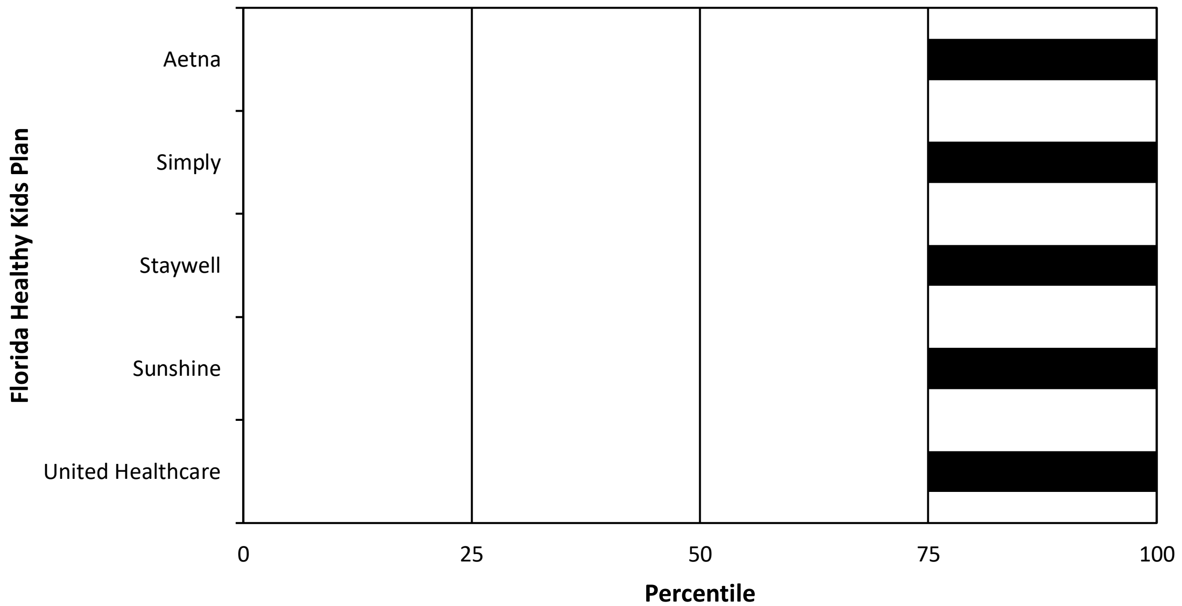

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 124. Florida Healthy Kids Plan Results for AWC, CY 2018**




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

**Figure 125. National Benchmarks for AWC by Florida Healthy Kids Plan, CY 2018**




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

**Table 29. AWC Results by Florida KidCare Program, CY 2014 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2014 | CY 2015 | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|---|---|
| Medicaid FFS | 3.8% | 14.6%[a] | 11.4%[a] | 10.5% | 12.4%[a] |
| Medicaid MMA | 49.3%[b] | 52.8%[b] | 52.9%[b] | 57.2%[b] | 60.4%[b] |
| Medicaid Total | 18.2% | 50.8% | 51.3% | 55.9% | 59.1% |
| MediKids | N/R | N/A | N/R | N/A | N/A |
| Florida Healthy Kids | 57.0% | 56.7%[a] | 58.9%[a] | 68.1%[b] | 70.1%[a] |
| CHIP CMS Plan | N/R | 63.0%[a] | 61.8%[a] | 63.3% | 66.7%[a] |
| CHIP Total | 57.0% | 57.2% | 59.1% | 67.8% | 69.9% |
| Florida KidCare Total | 33.2% | 51.4% | 52.0% | 57.0% | 60.2% |

*[a]Denotes hybrid methodology. [b]Denotes mixed methodology. Note that methodology differs across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

## Children and Adolescents' Access to Primary Care Practitioners (CAP)

Access to a PCP can offer families a partnership to ensure medical and non-medical needs of the child are met (Hagan et al., 2017). As mentioned with previous well-visit measures, Bright Futures recommends annual well visits for children, with more frequent visits for those under age three. This HEDIS measure reports the percentage of members 12 months through 19 years of age who had a visit with a PCP in CY 2018.

This measure is reported in four age stratifications:

- Children 12-24 months of age
- Children 25 months to six years of age
- Children seven to 11 years of age
- Adolescents 12-19 years of age

The methodology for calculating this measure differs by age:

- Ages 12 months to six years must have had a visit to a PCP in CY 2018 with no more than a 45-day gap in continuous enrollment
- Ages seven through 19 years must have a visit with a PCP in either CY 2017 or CY 2018, with no more than a 45-day gap in enrollment over the applicable year

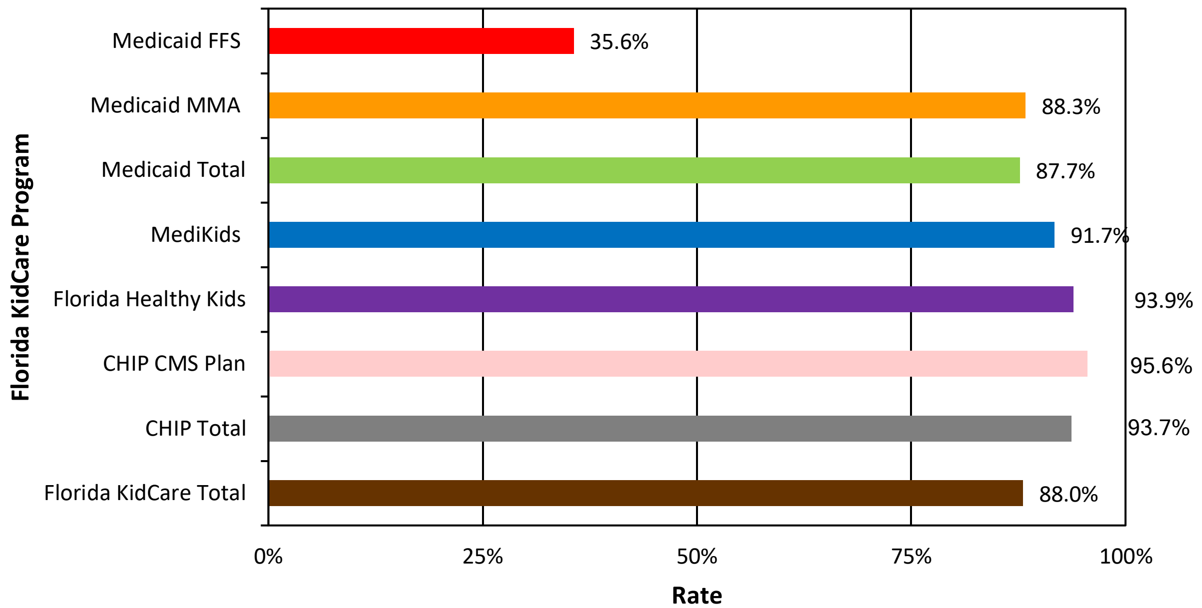
For both groups, the member must have had an ambulatory or preventive care visit to any PCP; therefore, specialist visits were excluded.

For the purpose of this report, results are presented as a combined rate of all members in all age groups. National HEDIS benchmark percentiles for a combined rate across age groups are not available for this measure however, access to health services is an area of focus in Healthy People 2020 (HealthyPeople, 2019a). An initiative of HHS, Healthy People provides 10-year objectives for improving health outcomes in the U.S. (HealthyPeople, 2019b). Increasing the proportion of people with a usual primary care provider has been identified as a high priority issue in the 2020 objectives, with a national target of 83.9% for Americans of all ages (HealthyPeople, 2019c).

**Figure 126** presents the Florida KidCare program results in CY 2018. **Figure 127** and **Figure 128** present the Medicaid MMA and Florida Healthy Kids plan results, respectively, for CY 2018.

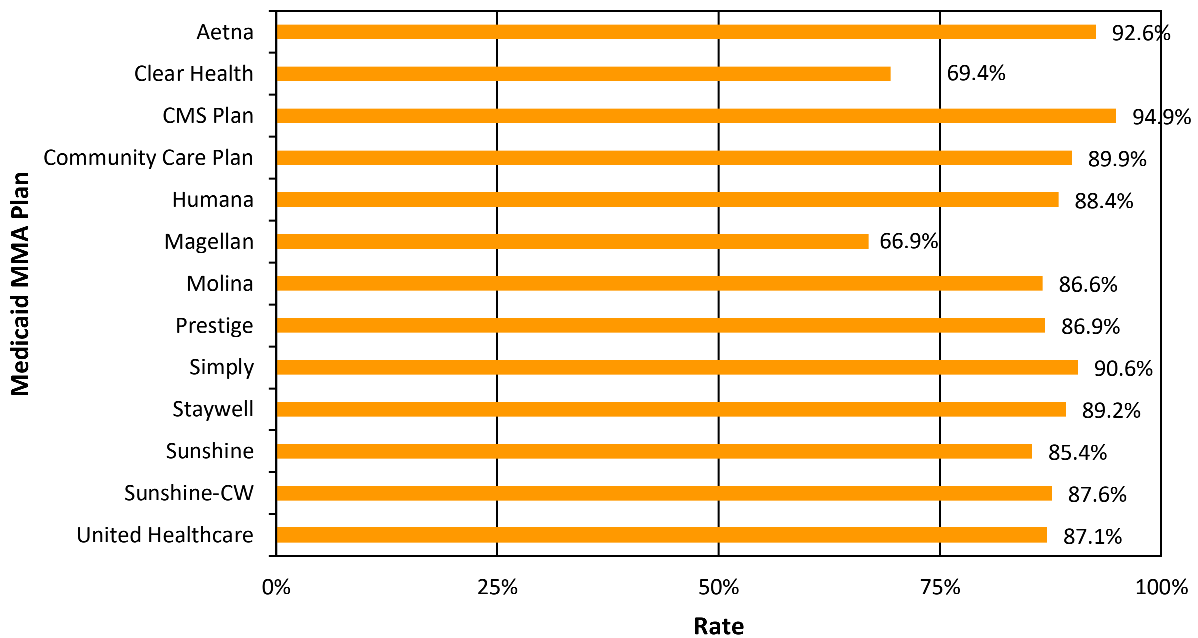
**Table 30** presents the trending results from CY 2014 to CY 2018 for each of the Florida KidCare programs.

**Figure 126. Florida KidCare Program Results for CAP: All Ages, CY 2018**



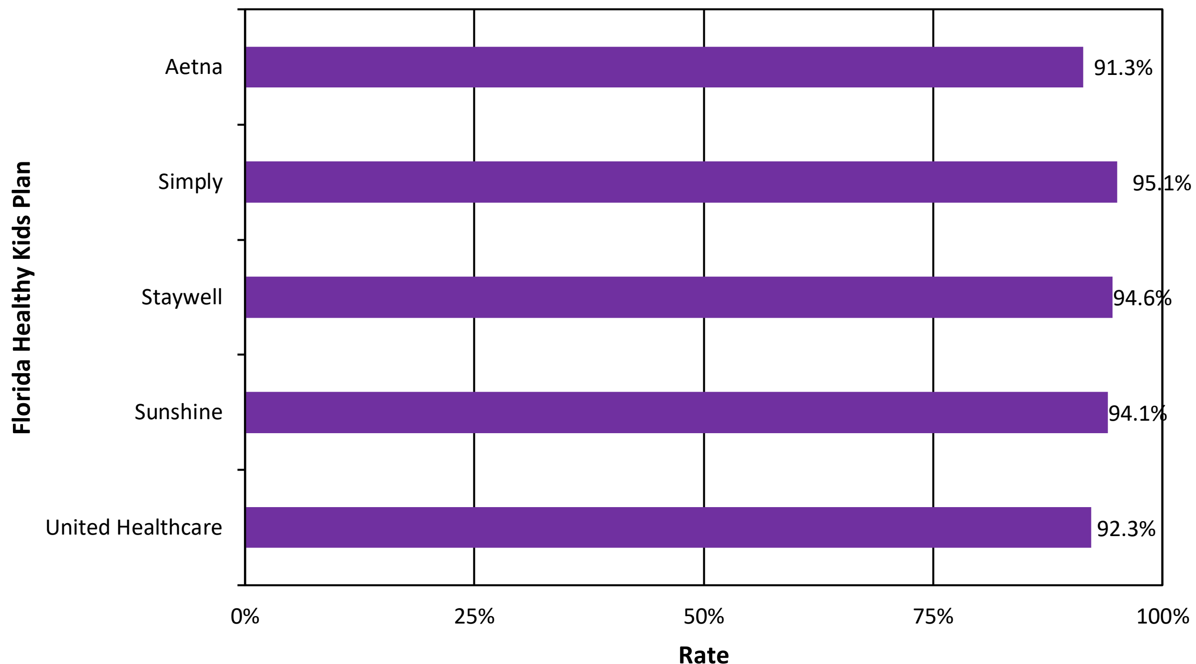

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 127. Medicaid MMA Plan Results for CAP: All Ages, CY 2018**




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

**Figure 128. Florida Healthy Kids Plan Results for CAP: All Ages, CY 2018**




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

**Table 30. CAP: All Ages Results by Florida KidCare Program, CY 2014 to CY 2018**

| Program | CY 2014 | CY 2015 | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|---|---|
| Medicaid FFS | 9.8% | 37.3% | 34.4% | 32.6% | 35.6% |
| Medicaid MMA | 88.8% | 88.1% | 87.9% | 87.5% | 88.3% |
| Medicaid Total | 69.1% | 86.0% | 86.8% | 86.7% | 87.7% |
| MediKids | N/R | 94.6% | 95.3% | 94.6% | 91.7% |
| Florida Healthy Kids | 90.8% | 92.4% | 91.3% | 93.8% | 93.9% |
| CHIP CMS Plan | N/R | 96.0% | 96.6% | 96.3% | 95.6% |
| CHIP Total | 90.8% | 93.0% | 92.2% | 94.1% | 93.7% |
| Florida KidCare Total | 72.1% | 86.7% | 87.1% | 87.1% | 88.0% |

*Note that methodology differs across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

## Maternal and Perinatal Health

### PC-02: Cesarean Birth (PC-02)

Cesarean sections are the most commonly performed surgical procedure in the U.S. (Kozhimannil, Law, & Virnig, 2013). As of 2017, cesarean sections accounted for 32% of all deliveries (Martin, Hamilton, Osterman, Driscoll, & Drake, 2018). Although cesarean sections can be a medically necessary and life-saving procedure in certain cases, there are increased risks for both the mother and infant compared to vaginal deliveries. Mothers have an increased risk of infection, injury, blood clots, and need for emergency hysterectomies, while infants face greater risk of asphyxia, respiratory distress, and other pulmonary disorders (Kozhimannil et al., 2013). Additionally, mothers who have non-medically indicated cesarean sections face increased mortality rates compared to low-risk pregnancies with vaginal delivery, longer hospital stays, and greater risks during future pregnancies (Souza et al., 2010; MacDorman, Menacker, & Declercq, 2008). Reducing the number of unnecessary cesarean sections could improve the health outcomes for both the mother and child in low-risk pregnancies, particularly in low-risk pregnancies, defined as full-term, singleton, and vertex (head-down) presentation. Healthy People targets a reduction in the rate of cesarean births among low-risk women of all ages to 23.9% by the year 2020 (HealthyPeople, 2019d). In 2017, the low-risk cesarean rate for nulliparous women (those who have never previously given birth) in the U.S. was 26% (Martin et al., 2018).

PC-02 measures the percentage of nulliparous women with a full-term singleton baby in a vertex position who delivered by cesarean birth between January 1 and December 31, 2018 (Center for Medicaid and CHIP Services & CMS, 2019).

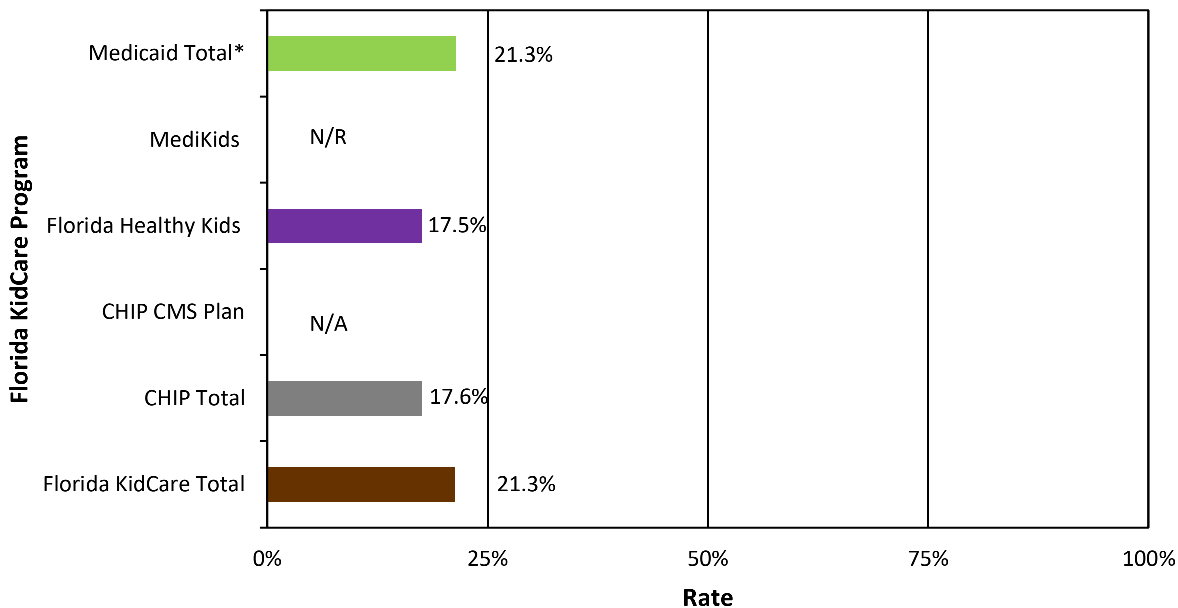
In this report, vital records are used to determine the numerator and denominator, and results were calculated by ICHP once the data was obtained from DOH via the Family Data Center. Enrollees were excluded from these measurements if the enrollee was eight years of age or less, the hospital stay was greater than 120 days, the gestational age was less than 37 weeks, or the gestational age could not be determined. For determining the gestational age, the age is rounded off to the nearest completed week of pregnancy (Center for Medicaid and CHIP Services & CMS, 2019).

Note that beginning in CY 2018, the DOH no longer lists the designation of “non-vertex” on Florida birth certificates. The Family Data Center team ran an analysis of the data from CY 2017 comparing inclusion and exclusion of the non-vertex designation. Excluding the non-vertex designation, the adjusted CY 2017 Florida KidCare rate was 22.45%, eliciting a minor shift from the original rate of 22.22% due to the change in DOH documentation. This methodology has been applied to the CY 2018 calculations, and will be used in subsequent tabulations.

**Figure 129** presents the Florida KidCare program results in CY 2018. As this is a measure from the Child Core set, national HEDIS benchmarks are not available.

**Table 31** presents trending results for CY 2017 and CY 2018 for each of the Florida KidCare programs. CY 2017 was the first year PC-02 was included in the Florida KidCare report and is therefore the first year for which trending data are available.

**Figure 129. Florida KidCare Program Results for PC-02, CY 2018**




*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. *Medicaid MMA and Medicaid FFS were combined into an overall Medicaid rate.*

**Table 31. PC-02 Results by Florida KidCare Program, CY 2017 to CY 2018**

| Program | CY 2017 | CY 2018 |
|---|---|---|
| Medicaid Total* | 22.3% | 21.3% |
| MediKids | N/R | N/R |
| Florida Healthy Kids | 20.0% | 17.5% |
| CHIP CMS Plan | N/A | N/A |
| CHIP Total | 20.0% | 17.6% |
| Florida KidCare Total | 22.2% | 21.3% |

*2017 was the first year this measure was calculated, thus trending data from prior years are not available. Starting with CY 2018 data, methodology changed slightly to accommodate revised documentation of vital statistics. The impact of this change is nominal, but may account for differences in data before and after CY 2018. As such, please use caution when interpreting the trending data results. Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. *Medicaid MMA and Medicaid FFS data were combined into an overall Medicaid rate.*

## Live Births Weighing Less than 2,500 Grams (LBW)

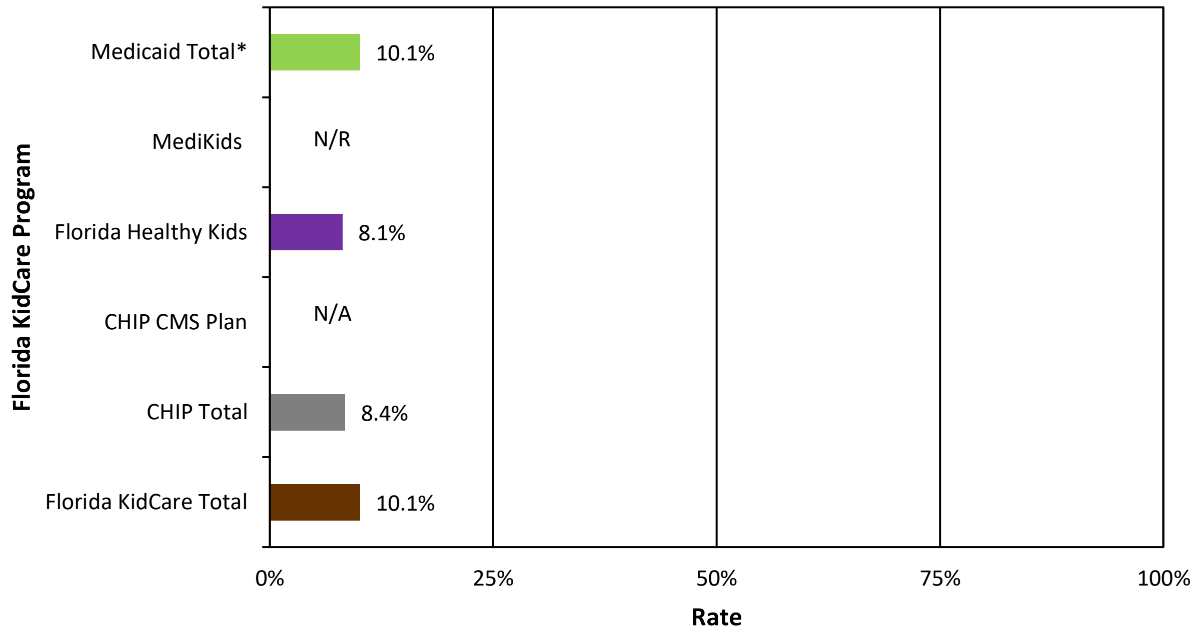
Low birth weight babies are defined as babies weighing less than 2,500 grams at birth. Infants born under 2,500 grams have mortality rates up to 40 times higher compared to infants who were born at normal weights (Goldenberg & Culhane, 2007). Low birth weight individuals have higher rates of both short- and long-term health risks: Short-term impairments may include breathing problems, and digestive problems, such as necrotizing enterocolitis (a condition in which a portion of the intestine may die), while long-term health risks can include blindness, deafness, intellectual disabilities, and cerebral palsy (Goldenberg & Culhane, 2007). Other health problems that have been associated with low birth weight include cardiovascular disease, type 2 diabetes, chronic lung disease, depression, schizophrenia, behavioral problems, and breast and testicular cancers (De Boo & Harding, 2006). In 2017, 8.8% of U.S. babies were born at a low birth weight of 2,500 grams or less (Martin et al., 2018). A Healthy People goal is for a reduction of low birth weight of 7.8% or lower by the year 2020 (HealthyPeople, 2019d).

To calculate the LBW measure, the number of resident live births weighing less than 2,500 grams is divided by the number of total live births as determined by a review of state vital records (Center for Medicaid and CHIP Services & CMS, 2019). Vital records information was obtained from DOH via the Family Data Center and linked to the mother's Florida KidCare data.

**Figure 130** presents the Florida KidCare program results for CY 2018. As this is a measure from the Child Core set, national HEDIS benchmarks are not available.

**Table 32** presents trending results for CY 2017 and CY 2018 for each of the Florida KidCare programs. CY 2017 was the first year LBW was included in the Florida KidCare report and is therefore the first year for which trending data are available.

**Figure 130. Florida KidCare Program Results for LBW, CY 2018**




*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. *Medicaid MMA and Medicaid FFS were combined into an overall Medicaid rate.*

**Table 32. LBW Results by Florida KidCare Program, CY 2017 to CY 2018**

| Program | CY 2017 | CY 2018 |
|---|---|---|
| Medicaid Total* | 10.0% | 10.1% |
| MediKids | N/R | N/R |
| Florida Healthy Kids | 11.1% | 8.1% |
| CHIP CMS Plan | N/A | N/A |
| CHIP Total | 10.5% | 8.43% |
| Florida KidCare Total | 10.0% | 10.1% |

*2017 was the first year this measure was calculated, thus trending data from prior years are not available. Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. *Medicaid MMA and Medicaid FFS were combined into an overall Medicaid rate.*

## Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC)

The National Institute of Child Health and Human Development (2017) recommends early and regular prenatal care to promote a healthy pregnancy and to reduce the risk of complications for the mother and the fetus. Prenatal health care visits can involve physical exams, education and counseling, lab tests, and childbirth education.

The HEDIS PPC indicator measures the percentage of enrollees who had a live birth between November 6, 2017 and November 5, 2018 who received a prenatal or postpartum care visit in the first trimester or within 42 days of enrollment (NCQA, 2018b). Though this measure has two sub-measures, prenatal care and postpartum care, this report presents only timeliness of prenatal care, as this sub-measure appears in the Child Core Set**.** Women who had two separate deliveries (two different dates of service) in the measurement period are counted twice, while women who have multiple live births during one pregnancy are counted once. Ultrasound, lab, or emergent visits are not eligible, as the intent of this measure is to assess whether prenatal care was administered on an ongoing, outpatient basis with an appropriate practitioner.

For this sub-measure, the continuous enrollment criteria requires members to be enrolled for 43 days prior to delivery through 56 days after delivery with no gaps in enrollment. Members were determined to be administratively compliant if they had a bundled service for prenatal care that established the date when prenatal care was initiated. Administrative compliance could also be determined with a prenatal visit with an OB/GYN or other prenatal care practitioner such as a midwife, physician assistant, or nurse practitioner, or a prenatal visit with a PCP with a pregnancy-related diagnosis code plus specific tests for blood typing or antibodies, an ultrasound of the pregnant uterus, or an obstetric panel (Center for Medicaid and CHIP Services & CMS, 2019).

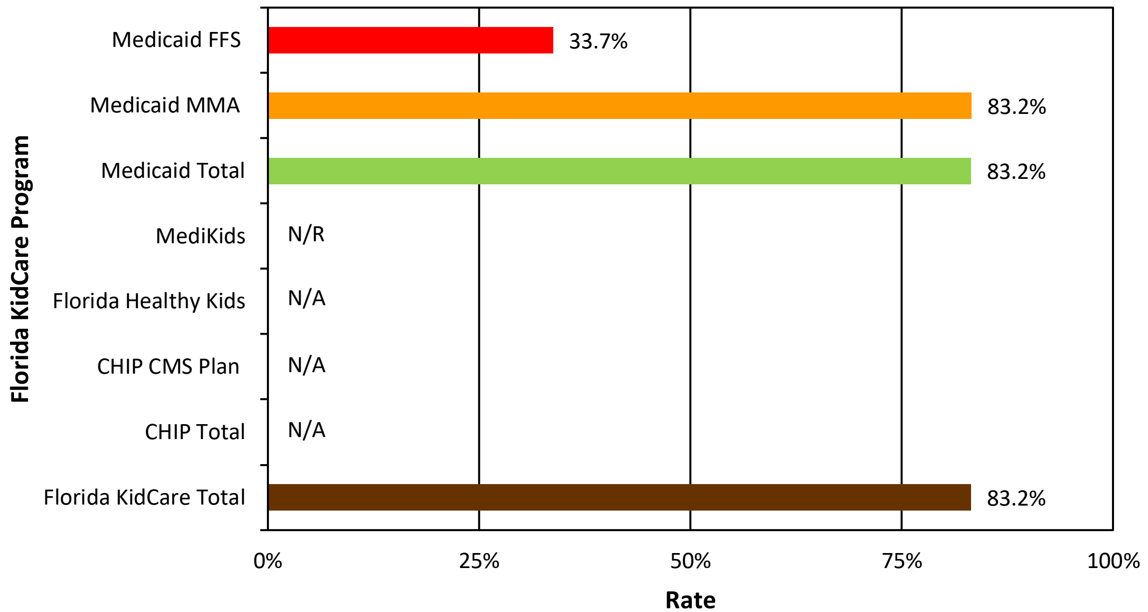
In order to be considered compliant through the medical record review, members must have had a prenatal care visit to an appropriate provider with a diagnosis of pregnancy with at least one of the following:

- An obstetrical examination that includes listening for fetal heart sounds, pelvic examination with obstetric observations, or measurement of the fundus height
- Evidence that a prenatal care procedure, such as antibody or blood testing, was performed
- Documentation of last menstrual period, estimated date of delivery, or gestational age in conjunction with either of the following:
    - Prenatal risk assessment and counseling or education
    - Complete obstetrical history

**Figure 131** presents the Florida KidCare program results, while **Figure 132** presents the associated benchmark percentiles for CY 2018. **Figure 133** and **Figure 134** present the Medicaid MMA plan results and associated benchmark percentiles for CY 2018, respectively. **Figure 135** and **Figure 136** present the Florida Healthy Kids plan results and associated benchmark percentiles, respectively, for CY 2018.

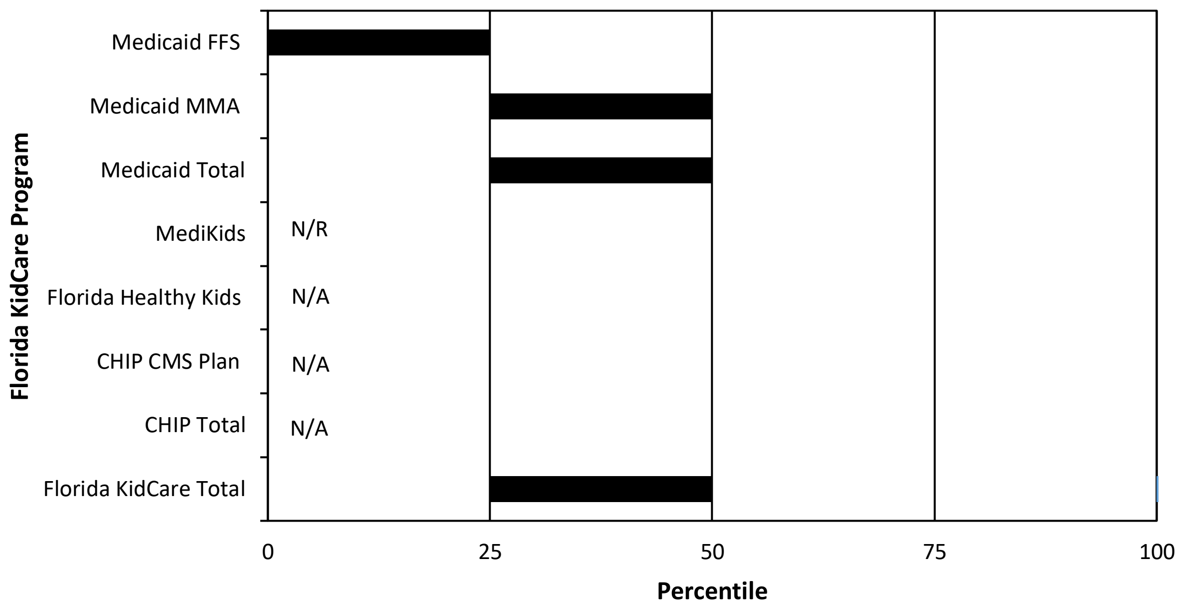
**Table 33** presents the trending results from CY 2014 to CY 2018 for each of the Florida KidCare programs, with applicable benchmark percentiles.

**Figure 131. Florida KidCare Program Results for PPC, CY 2018**



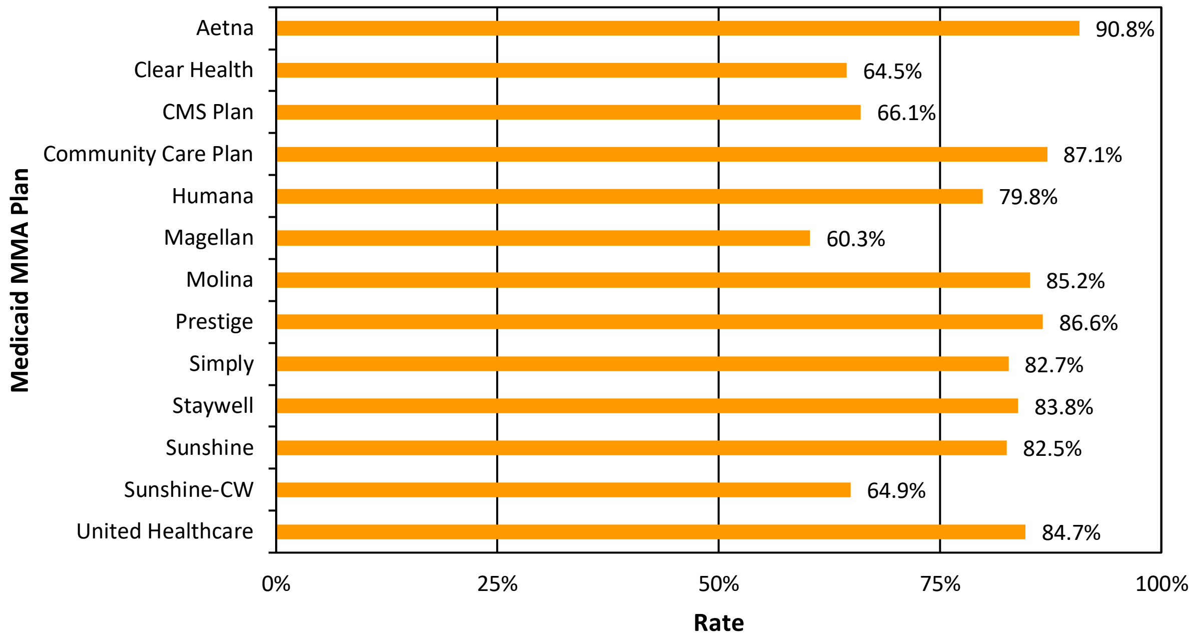

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 132. National Benchmarks for PPC by Florida KidCare Program, CY 2018**



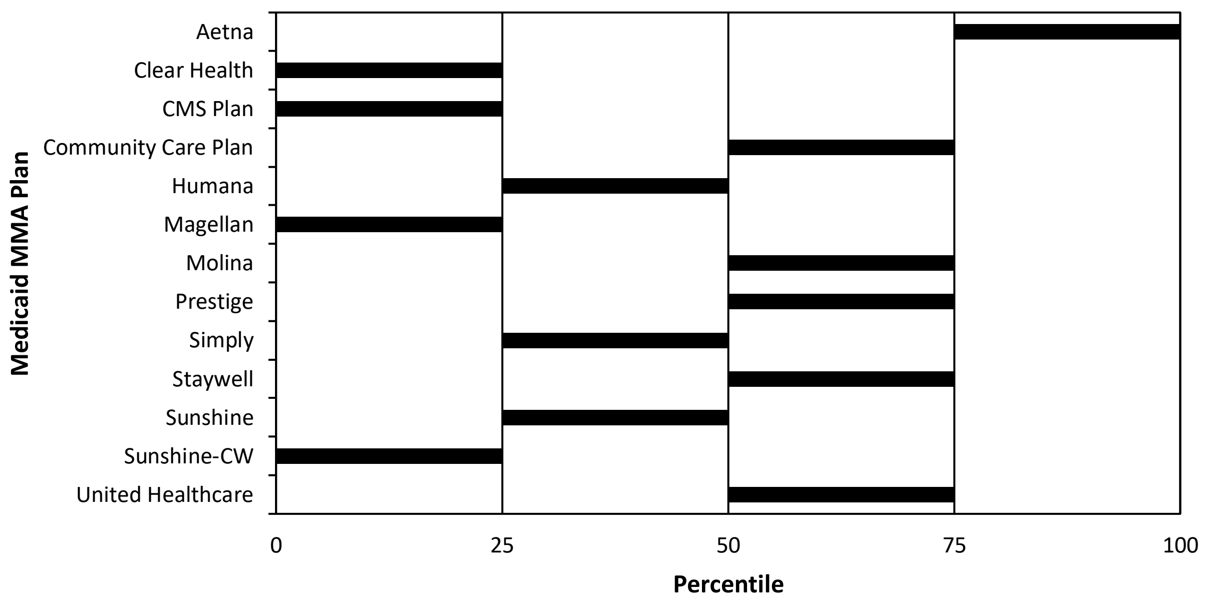

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 133. Medicaid MMA Plan Results for PPC, CY 2018**



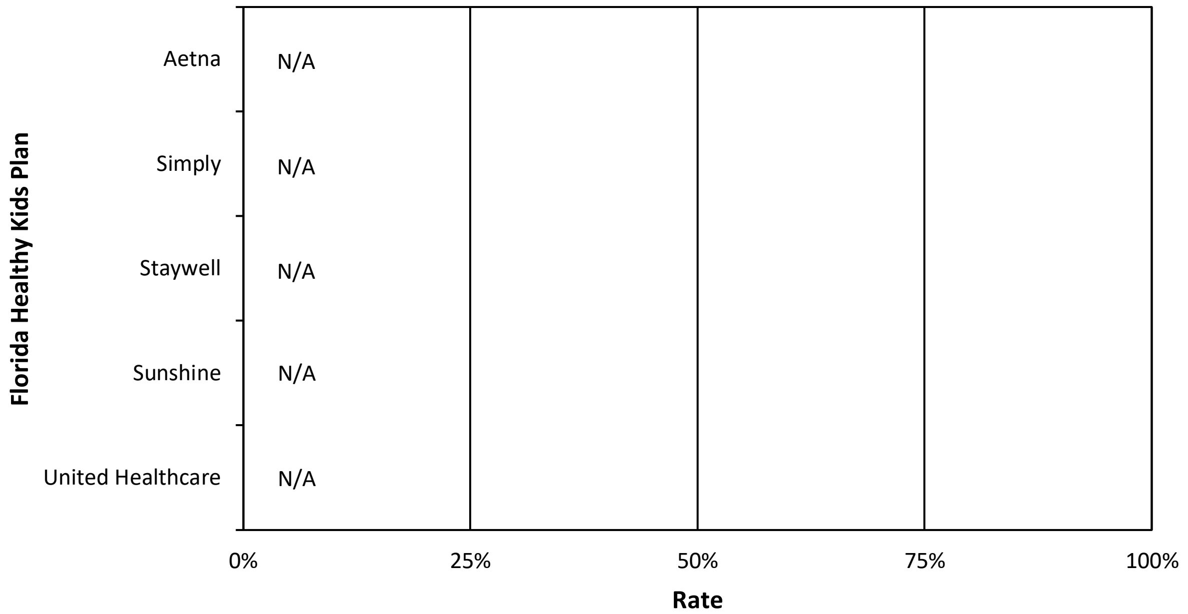

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 134. National Benchmarks for PPC by Medicaid MMA Plan, CY 2018**



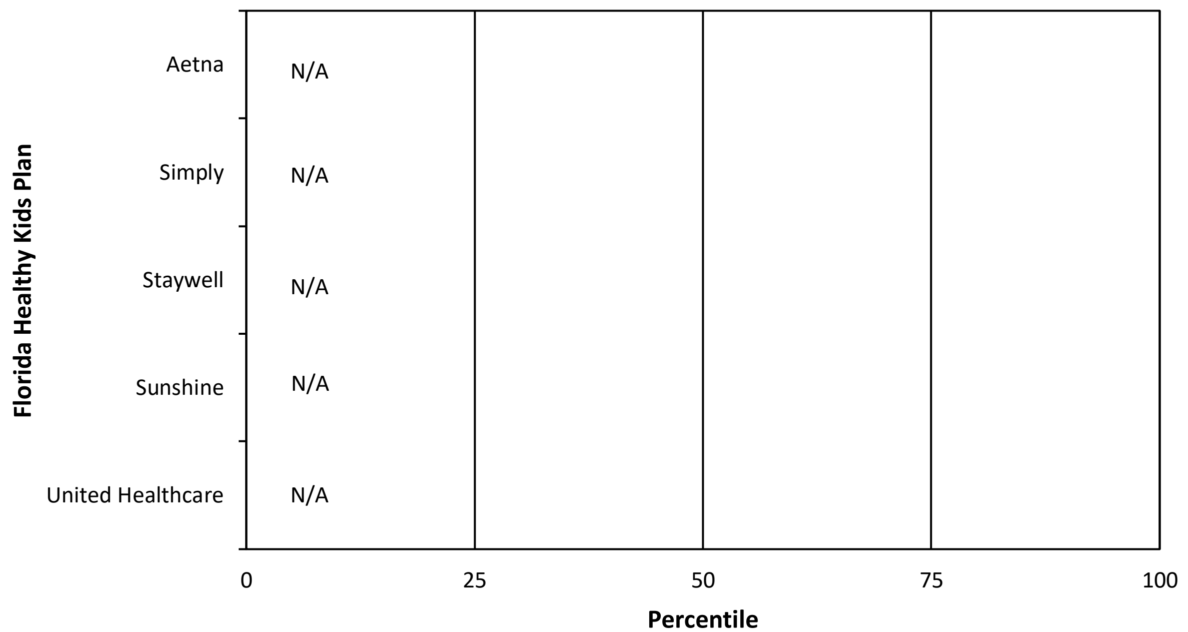

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 135. Florida Healthy Kids Plan Results for PPC, CY 2018**




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

**Figure 136. National Benchmarks for PPC by Florida Healthy Kids Plan, CY 2018**




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

**Table 33. PPC Results by Florida KidCare Program, CY 2014 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2014 | CY 2015 | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|---|---|
| Medicaid FFS | 64.3% | 43.4%[a] | 46.7%[a] | 33.7% | 33.7%[a] |
| Medicaid MMA | 81.2% | 82.9%[b] | 84.3%[b] | 81.9%[b] | 83.2%[a] |
| Medicaid Total | 72.3% | 82.4% | 84.0% | 81.9% | 83.2% |
| MediKids | N/R | N/R | N/R | N/R | N/R |
| Florida Healthy Kids | 54.8% | 71.0%[a] | N/A[a] | N/A[b] | N/A[b] |
| CHIP CMS Plan | N/R | N/A[a] | N/A[a] | N/A | N/A[a] |
| CHIP Total | 54.8% | 71.0% | N/A | N/A | N/A |
| Florida KidCare Total | 72.3% | 82.4% | 84.0% | 81.9% | 83.2% |

*[a]Denotes hybrid methodology. [b]Denotes mixed methodology. Note that methodology differs across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

## Contraceptive Care- Most and Moderately Effective Methods: Ages 15-20 (CCW)

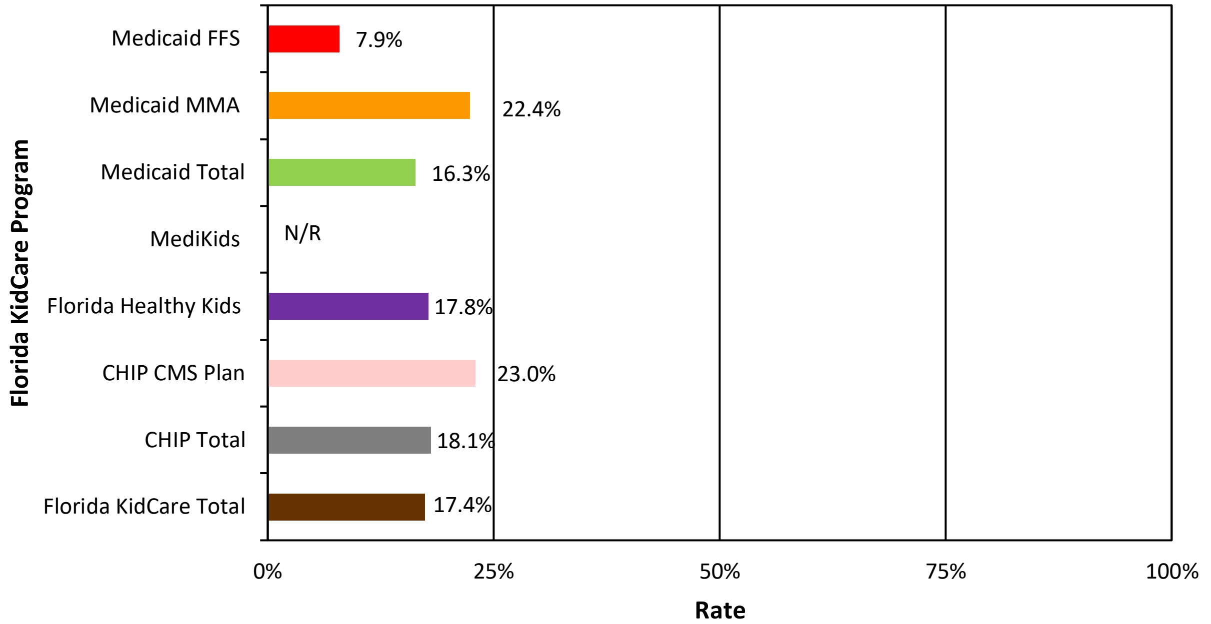
Unintended pregnancies can have risks for both the mother and baby. Women with an unintended pregnancy are more likely to delay prenatal care, experience maternal depression or physical violence during pregnancy, and are less likely to breastfeed (HealthyPeople, 2019e). In 2017, 173,368 babies were born to U.S. mothers between 15-19 years old, which is a birth rate of 18.8 per 1,000 women (Martin et al., 2018). Teen mothers are especially vulnerable to the consequences of unwanted pregnancies, as they are less likely to finish high school and typically earn less money than those who delay childbearing until later in life (HealthyPeople, 2019e). Healthy People (2019f) set a goal by 2020 of 54.1% of adolescent females aged 15 to 19 years at risk of unintended pregnancy who are using the most or moderately effective methods of contraception.

CCW is split into two sub-measures: the percentage of women ages 15 to 20 at risk of unintended pregnancy 1) who were provided with a most or moderately effective method of contraception, and 2) were provided a long-acting reversible method of contraception (LARC) (Center for Medicaid and CHIP Services & CMS, 2019). This report presents results on the most- and moderately- effective sub-measure. The measurement period only includes CY 2018 and does not include a lookback for previous sterilization, LARC insertion, or contraception provided prior to the start of the year. Most effective methods of contraception include female sterilization, contraceptive implants, or intrauterine devices, while moderately effective methods include injectables, oral pills, patch, ring, or diaphragm (Center for Medicaid and CHIP Services & CMS, 2019). This measure requires continuous enrollment with no more than one gap in enrollment of up to 45 days. Exclusions to this measure include those who were unable to become pregnant due to non-contraceptive methods, such as hysterectomy, menopause, premature menopause, or oophorectomy, as well as those who had a live birth within the last two months of the measurement year or were still pregnant at the end of the measurement year.

**Figure 137** presents the Florida KidCare program results for CCW for CY 2018, while **Figure 138** presents the Florida Healthy Kids plan results. Medicaid MMA plans were not required to submit rates for CY 2018, however two plans did submit data: CMS Plan (20.8%) and Sunshine-CW (24.5%).

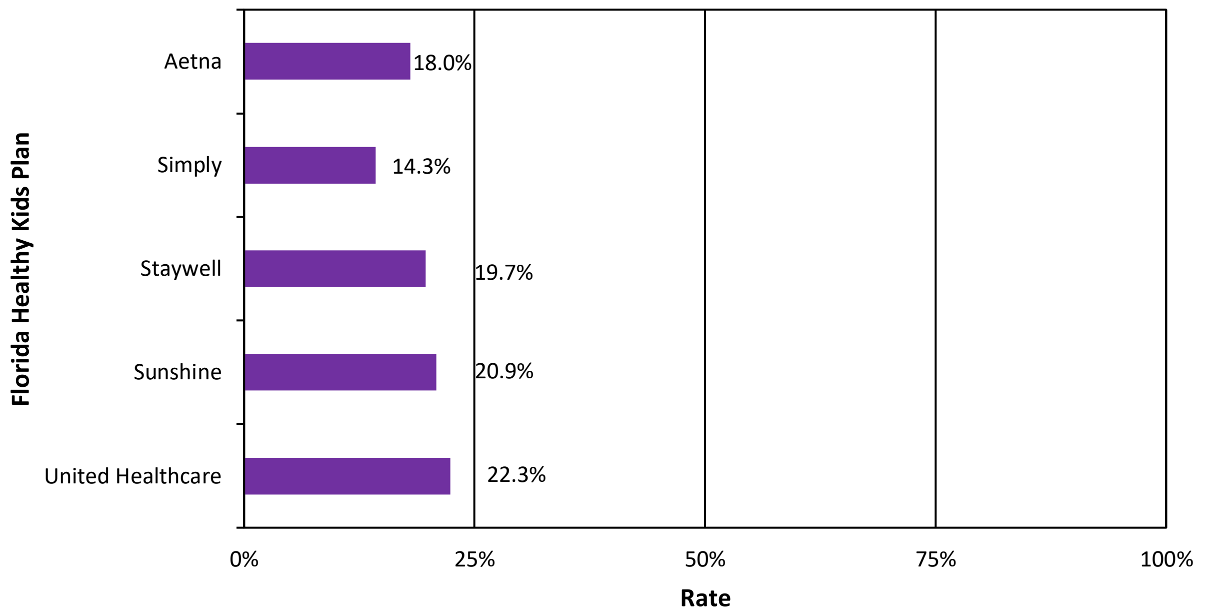
Please note that, as a Child Core Set measure, there are no data available for national HEDIS benchmarks. As this is the first year CCW is included in this report, trending data will appear in subsequent reports.

**Figure 137. Florida KidCare Program Results for CCW, CY 2018**




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

**Figure 138. Florida Healthy Kids Plan Results for CCW, CY 2018**




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

## Care of Acute and Chronic Conditions

### Asthma Medication Ratio (AMR)

Asthma is a chronic lung disease that causes inflammation and constriction of the airways, making it difficult to breathe, and resulting in severe consequences such as permanent lung damage (CDC, 2018b). Uncontrolled asthma, which is classified as asthma symptoms two or more times per week, the need for quick relief (bronchodilator) medications twice or more per week, limitations on exercise, work, or school, or upon clinical assessment (CDC, 2018b; Li, Oppenheimer, Bernstein, & Nicklas, 2005). Uncontrolled asthma has significant consequences for both families and society, resulting in medical or ED encounters, missed days of work, school absenteeism, and reduced productivity (Zahran, Bailey, Damon, Garbe, & Breysse, 2018; CDC, 2019d). Control medications can be used to help prevent asthma attacks, while rescue inhalers or nebulizers can provide quick relief of symptoms (CDC, 2018b).

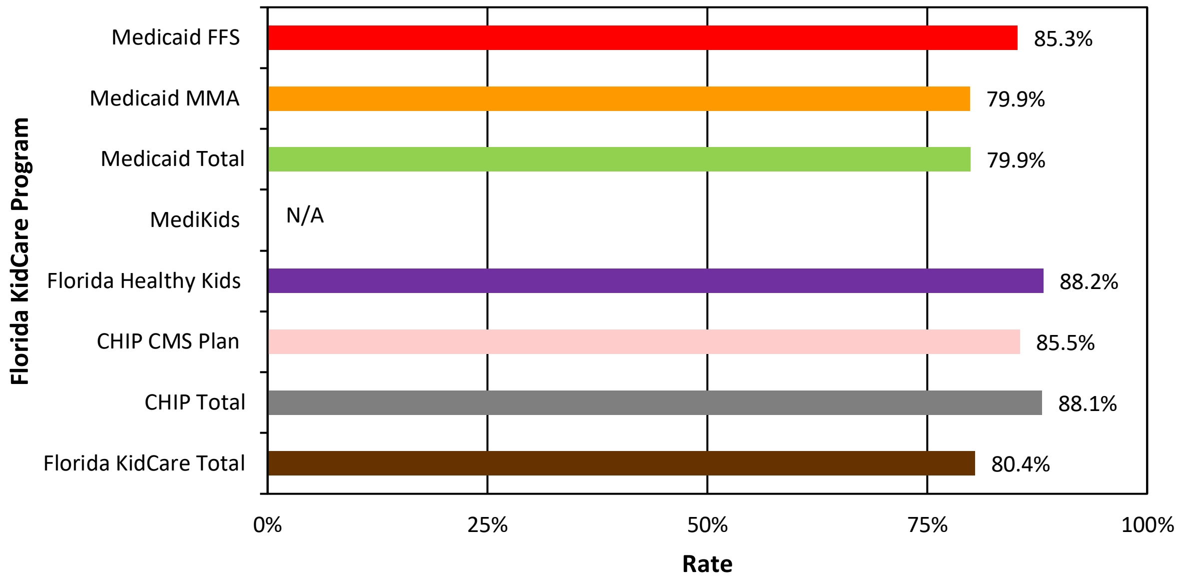
AMR measures the percentage of members with persistent asthma who had a ratio of controller medications to total asthma medications (controller plus reliever medications) of 0.50 or greater during CY 2018. Members are identified as having persistent asthma, and thus eligible for inclusion in this measure, if they met at least one of the following criteria during both 2017 and 2018: 1) at least one ED visit with a principal diagnosis of asthma, 2) at least one acute inpatient encounter with a principal diagnosis of asthma (excluding telehealth), 3) at least four outpatient visits or observation visits (up to three of which could include telehealth visits) on different dates with any diagnosis of asthma plus at least two asthma medication dispensing events, or 4) at least four asthma medication dispensing events for any controller or reliever medication.

Required exclusions for this measure include anyone who was diagnosed with any of the following through the end of CY 2018: emphysema, chronic obstructive pulmonary diseases, obstructive chronic bronchitis, chronic respiratory conditions due to fumes or vapors, cystic fibrosis, or acute respiratory failure (NCQA, 2018b). Two age stratifications are reported for this measure: 5-11 years and 12-18 years. Please note that higher rates are ideal for this measure, as it is indicative of a higher percentage of members utilizing both controller and rescue medications (indicating better asthma control) rather than using rescue medications alone.

**Figure 139** and **Figure 140** present the Florida KidCare program results and associated benchmark percentiles, respectively, for ages 5-11 in CY 2018. **Figure 145** and **Figure 146** present the Florida KidCare program results and benchmark percentiles, respectively, for ages 12-18 in CY 2018. **Figure 141** and **Figure 142** present the Medicaid MMA plan results and associated benchmark percentiles, respectively, for ages 5-11 in CY 2018. **Figure 147** and **Figure 148** present the Medicaid MMA plan results and associated benchmark percentiles, respectively, for ages 12-18 in CY 2018. **Figure 143** and **Figure 144** present the Florida Healthy Kids plan results and associated benchmark percentiles, respectively, for ages 5-11 in CY 2018. **Figure 149** and **Figure 150** present the Florida Healthy Kids plan results and benchmark percentiles, respectively, for ages 12-18 in CY 2018.

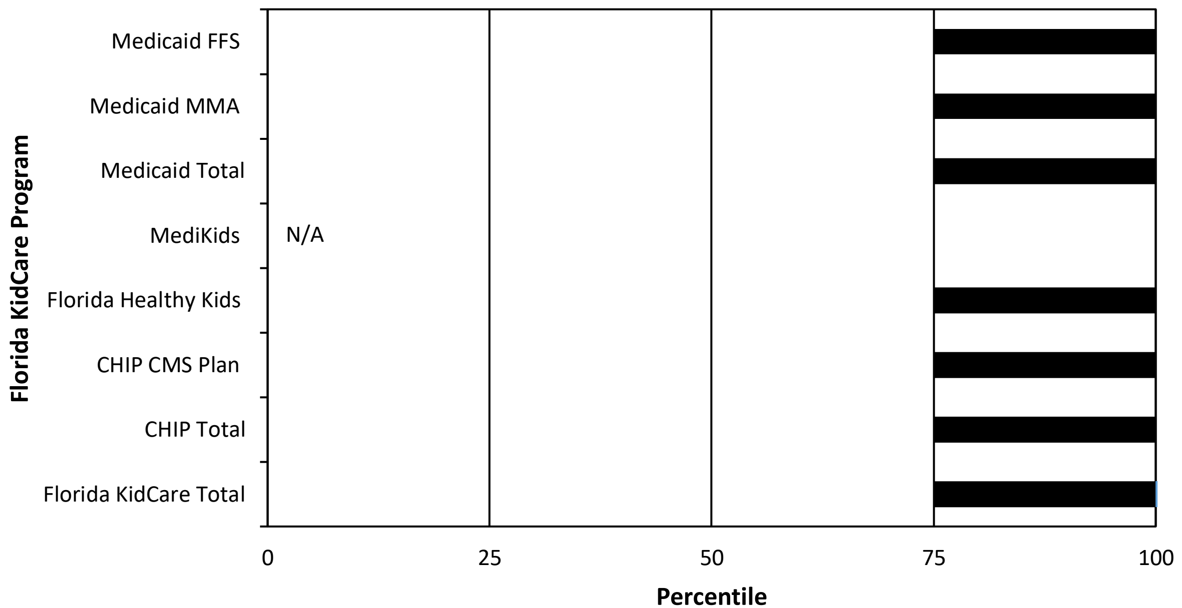
CY 2017 was the first year AMR was included in this report, thus the trending tables begin with that year. **Table 34** presents the trending results and associated benchmark percentiles for CY 2017 to CY 2018 for the Florida KidCare programs for ages 5-11. **Table 35** presents the trending results and associated benchmark percentiles for CY 2017 to CY 2018 for the Florida KidCare programs for ages 12-18.

**Figure 139. Florida KidCare Program Results for AMR: Ages 5-11, CY 2018**



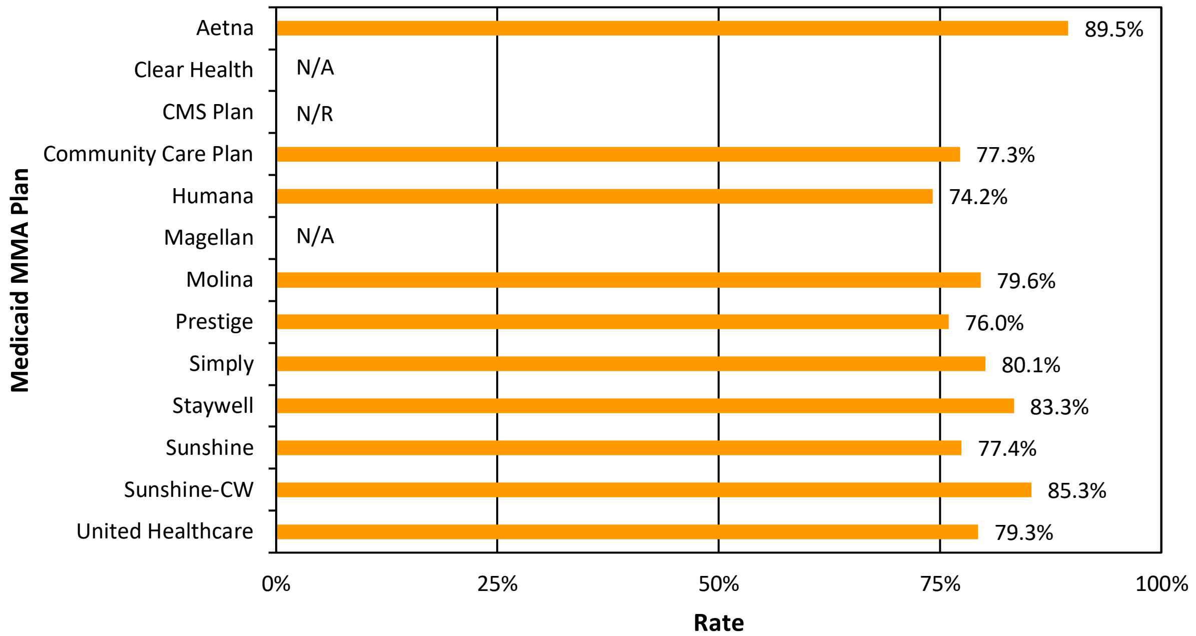

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 140. National Benchmarks for AMR: Ages 5-11 by Florida KidCare Program, CY 2018**



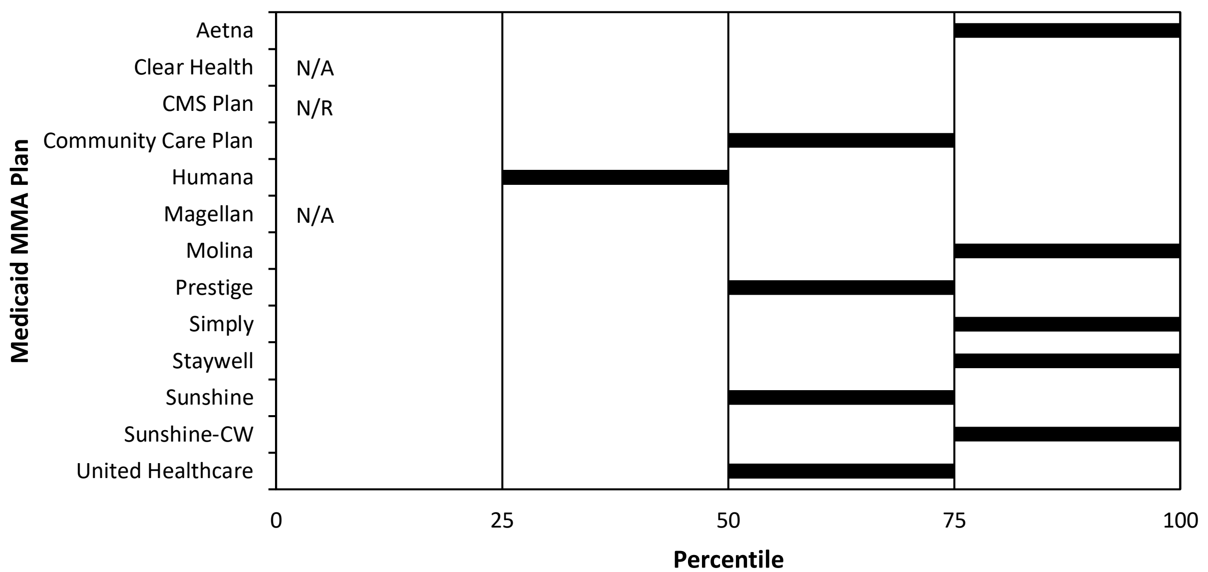

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 141. Medicaid MMA Plan Results for AMR: Ages 5-11, CY 2018**



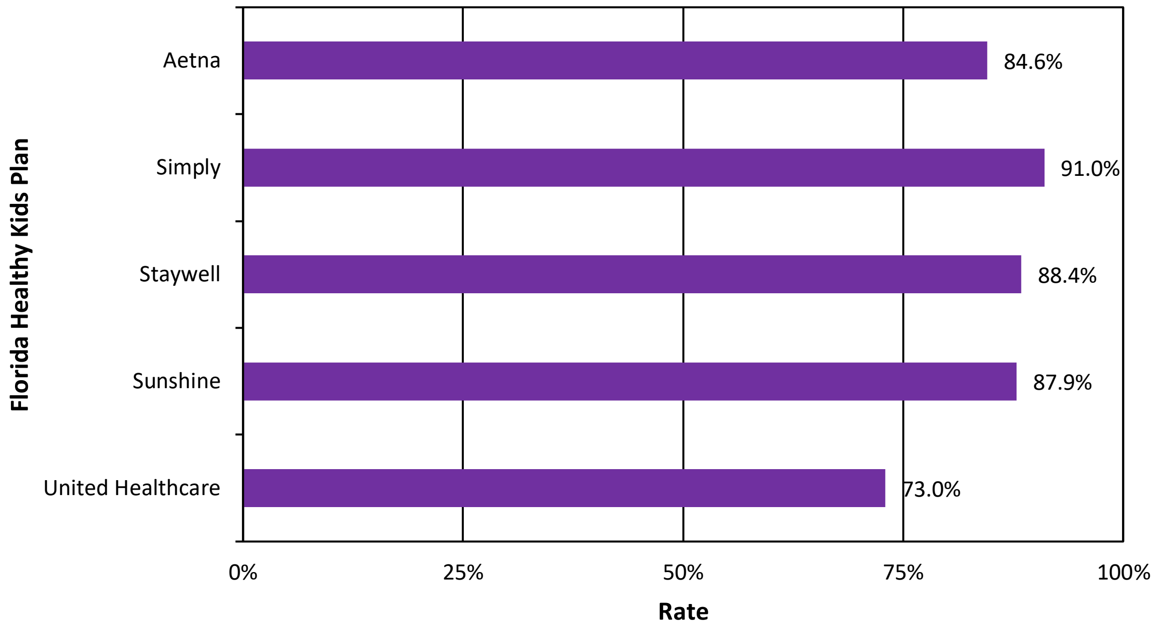

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 142. National Benchmarks for AMR: Ages 5-11 by Medicaid MMA Plan, CY 2018**



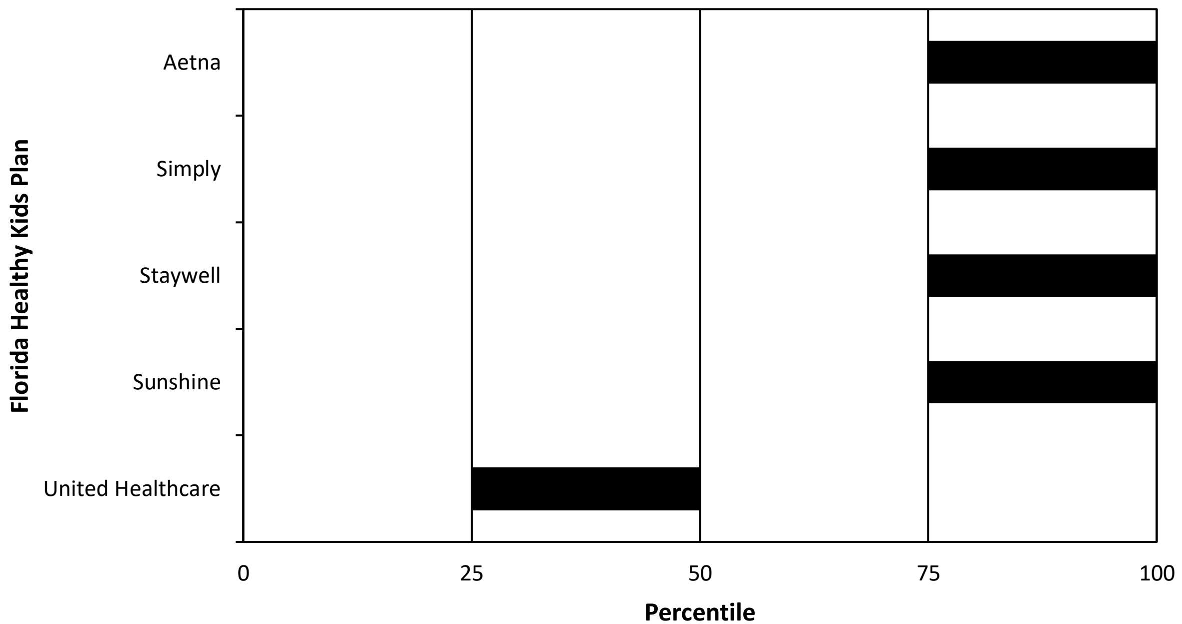

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 143. Florida Healthy Kids Plan Results for AMR: Ages 5-11, CY 2018**



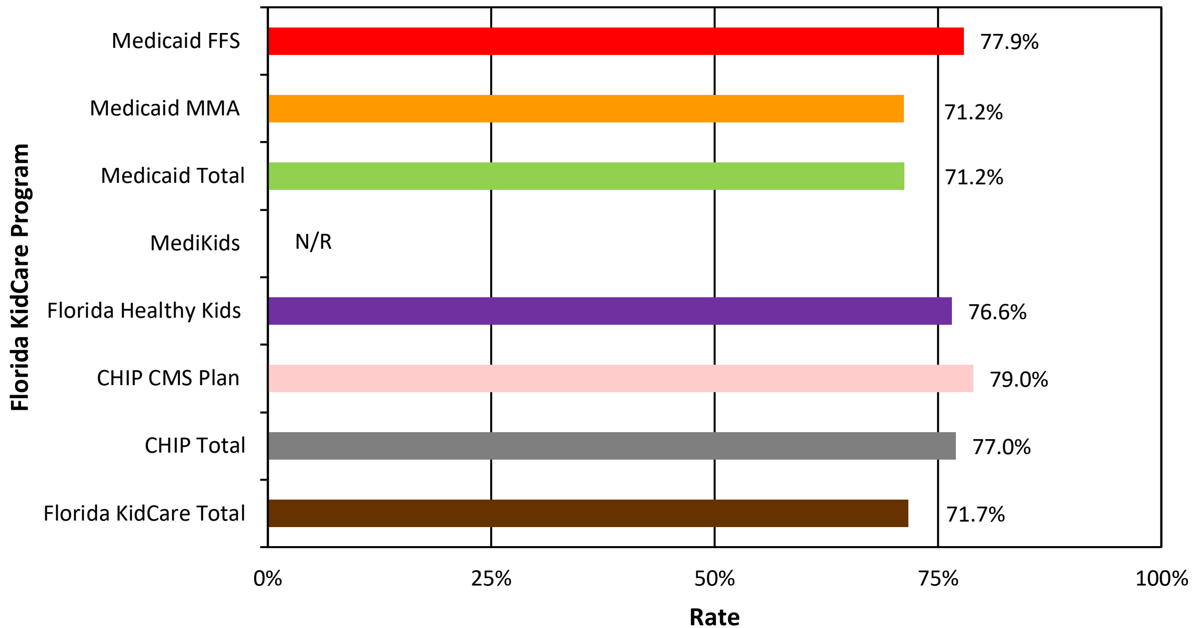

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 144. National Benchmarks for AMR: Ages 5-11 by Florida Healthy Kids Plan, CY 2018**



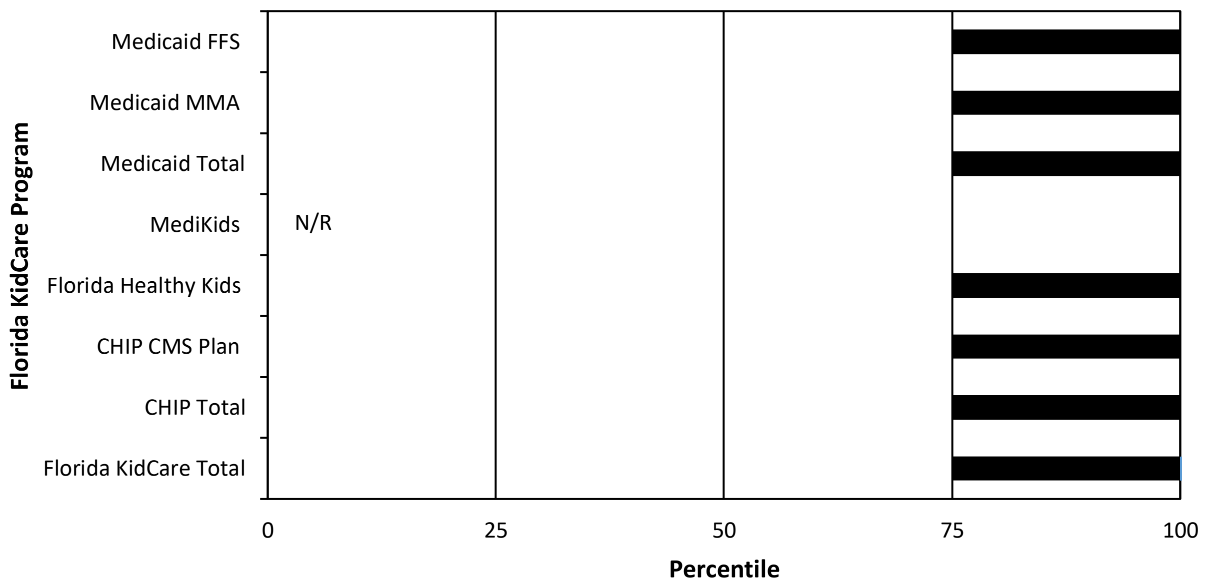

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 145. Florida KidCare Program Results for AMR: Ages 12-18, CY 2018**



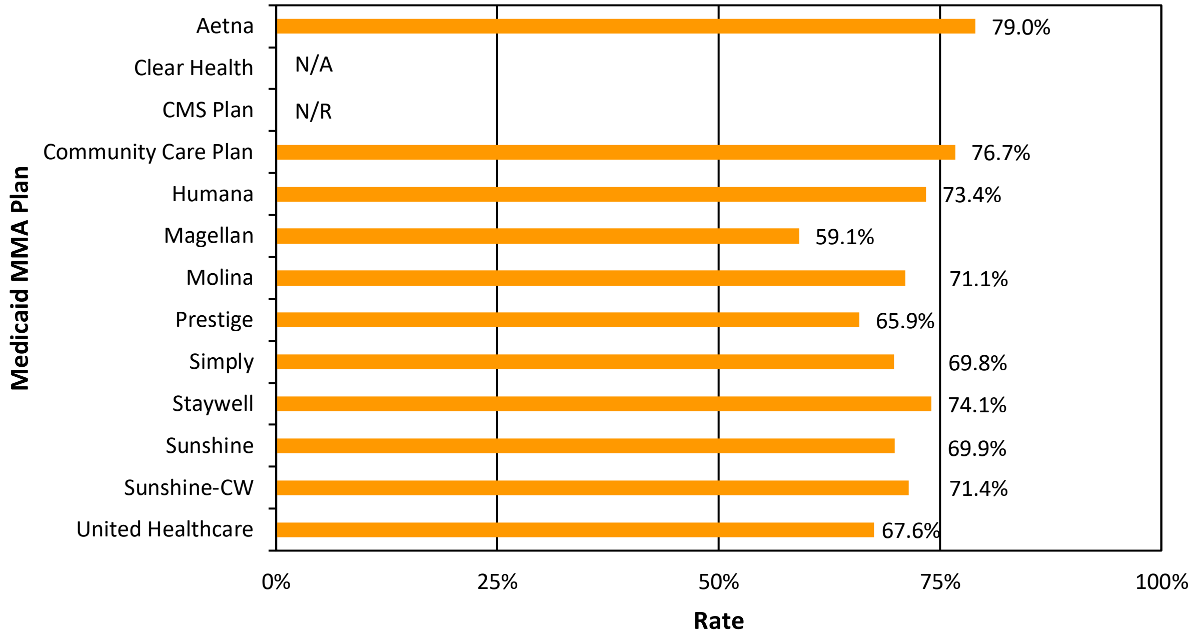

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 146. National Benchmarks for AMR: 12-18 by Florida KidCare Program, CY 2018**



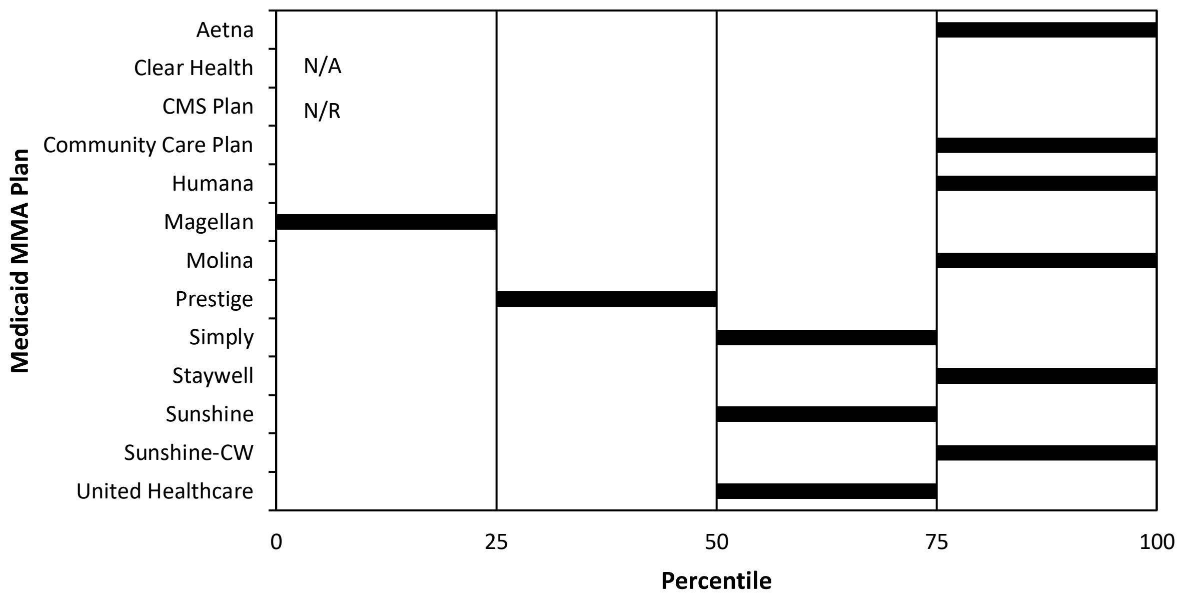

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 147. Medicaid MMA Plan Results for AMR: Ages 12-18, CY 2018**



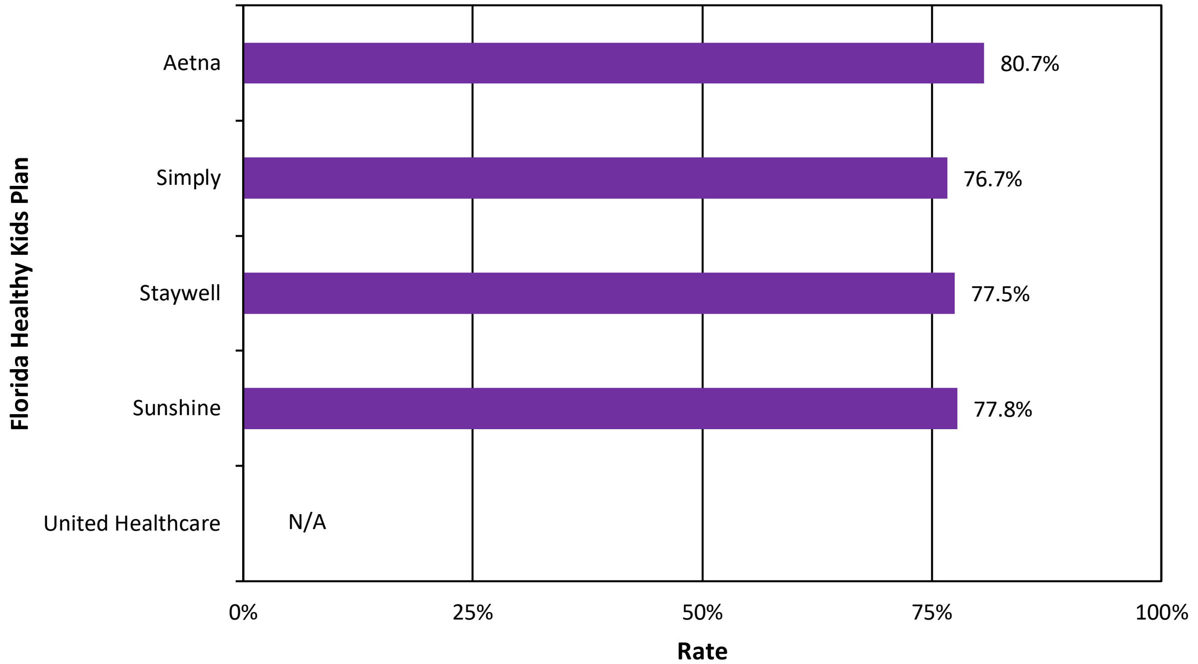

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 148. National Benchmarks for AMR: Ages 12-18 by Medicaid MMA Plan, CY 2018**



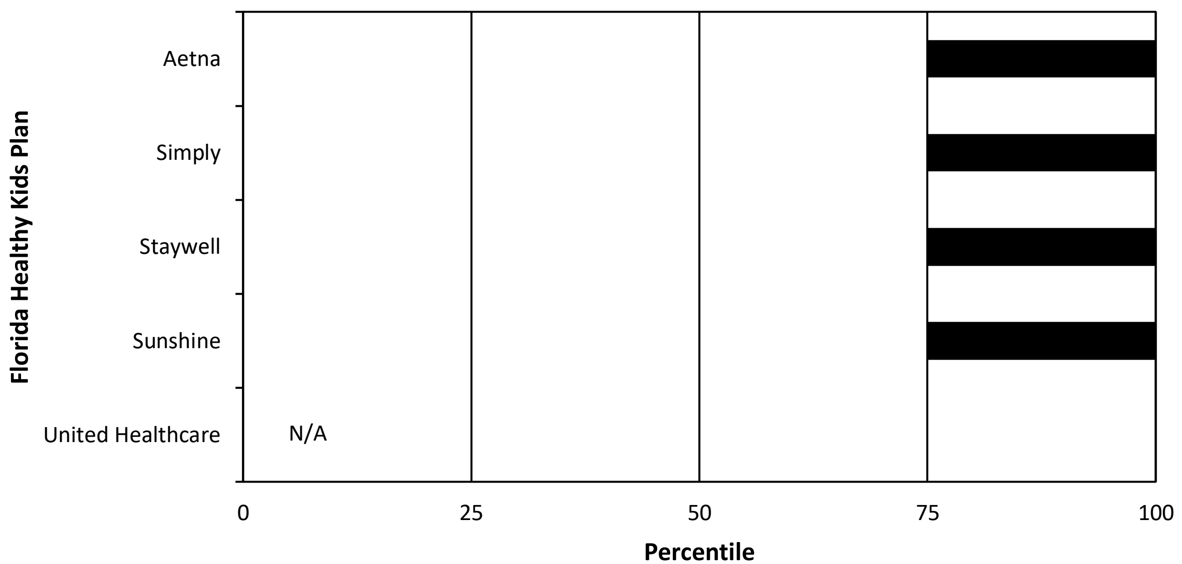

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 149. Florida Healthy Kids Plan Results for AMR: Ages 12-18, CY 2018**




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

**Figure 150. National Benchmarks for AMR: Ages 12-18 by Florida Healthy Kids Plan, CY 2018**




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

**Table 34. AMR: Ages 5-11 Results by Florida KidCare Program, CY 2017 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2017 | CY 2018 |
|---|---|---|
| Medicaid FFS | 72.2% | 85.3% |
| Medicaid MMA | 74.0% | 79.9% |
| Medicaid Total | 74.0% | 79.9% |
| MediKids | N/A | N/A |
| Florida Healthy Kids | 86.1% | 88.2% |
| CHIP CMS Plan | 75.9% | 85.5% |
| CHIP Total | 84.9% | 88.1% |
| Florida KidCare Total | 74.6% | 80.4% |

*2017 was the first year this measure was calculated, thus trending data from prior years are not available. [a]Denotes hybrid methodology. [b]Denotes mixed methodology. Note that methodology differs across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Table 35. AMR: Ages 12-18 Results by Florida KidCare Program, CY 2017 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2017 | CY 2018 |
|---|---|---|
| Medicaid FFS | 68.0% | 77.9% |
| Medicaid MMA | 63.4% | 71.2% |
| Medicaid Total | 63.4% | 72.2% |
| MediKids | N/R | N/R |
| Florida Healthy Kids | 71.7% | 76.6% |
| CHIP CMS Plan | 80.4% | 79.0% |
| CHIP Total | 73.5% | 77.0% |
| Florida KidCare Total | 64.1% | 71.7% |

*2017 was the first year this measure was calculated, thus trending data from prior years are not available. [a]Denotes hybrid methodology. [b]Denotes mixed methodology. Note that methodology differs across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

## Ambulatory Care: ED Visits (AMB)

ED utilization can be costly, and can sometimes be avoidable (Dowd et al., 2014). Some of the reasons for inappropriate ED use include lacking a usual source of care or requiring emergency care due to preventable reasons.

AMB measures the utilization of ambulatory services in the ED and outpatient visits. For the purposes of this report, only the ED sub-measure is examined. This indicator represents the ratio of ED visits in CY 2018 per 1,000 member months (NCQA, 2018b). Member months are calculated by adding all of the months that members were collectively enrolled. ED visits per 1,000 member months are reported for the total of children up through 19 years of age. Each visit is only counted once, despite the intensity or duration of the visit, and multiple ED visits on the same date of service are only counted once. Exclusions include ED visits that result in an inpatient stay, a principal diagnosis of mental health or chemical dependency, psychiatry, or electroconvulsive therapy.

Since AMB is a utilization measure, lower numbers indicate a better performance. The small denominator criteria for this measure is fewer than 360 member months.

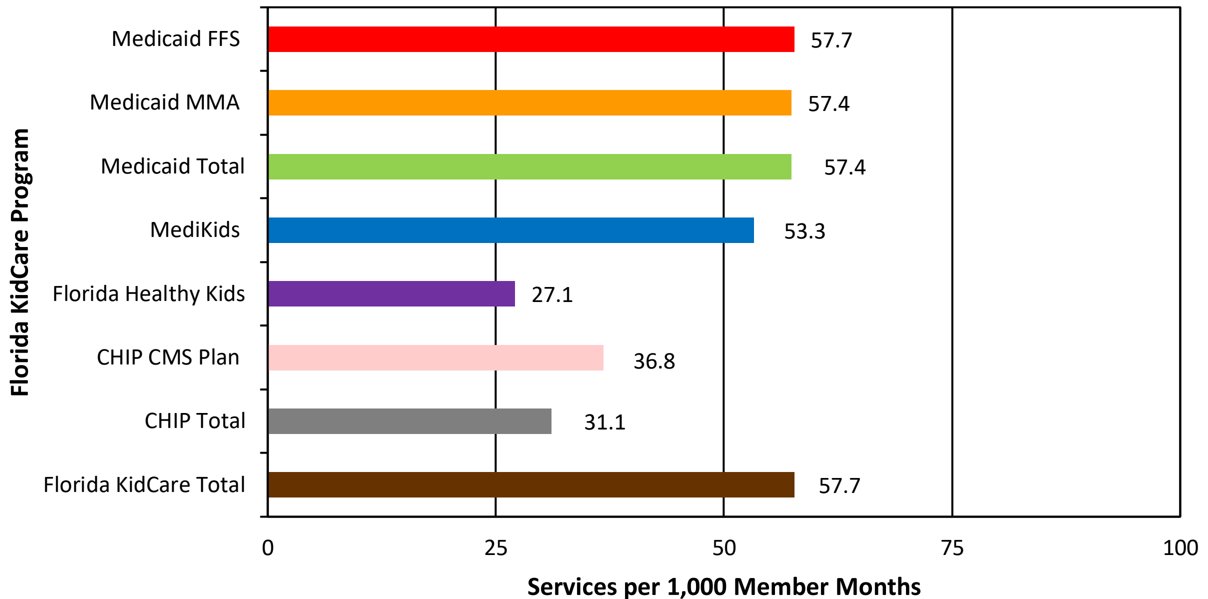
**Figure 151** and **Figure 152** present the Florida KidCare program results and associated benchmark percentiles, respectively, in CY 2018.

**Figure 153** and **Figure 154** present the Medicaid MMA plan results and associated benchmark percentiles, respectively, in CY 2018.

**Figure 155** and **Figure 156** present the Florida Healthy Kids plan results and benchmark percentiles, respectively, in CY 2018.

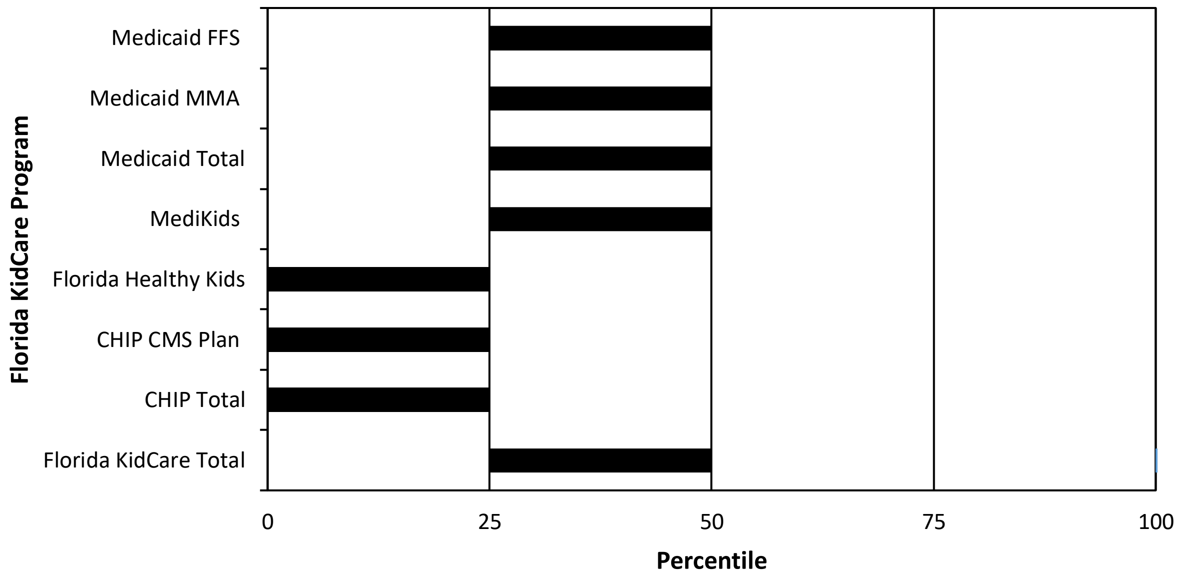
**Table 36** presents the trending results from CY 2014 to CY 2018 for each of the Florida KidCare programs, with applicable benchmark percentiles. It is important to note that the AMB: ED HEDIS measure has several age stratifications for sub-measures, and that the national benchmark is the rate per 1,000 member months for all ages combined (ages 0-85). This should be taken into consideration when comparing rates for Florida KidCare plans or program components to the national benchmarks.

**Figure 151. Florida KidCare Program Results for AMB ED Visits: Ages 0-19, CY 2018**



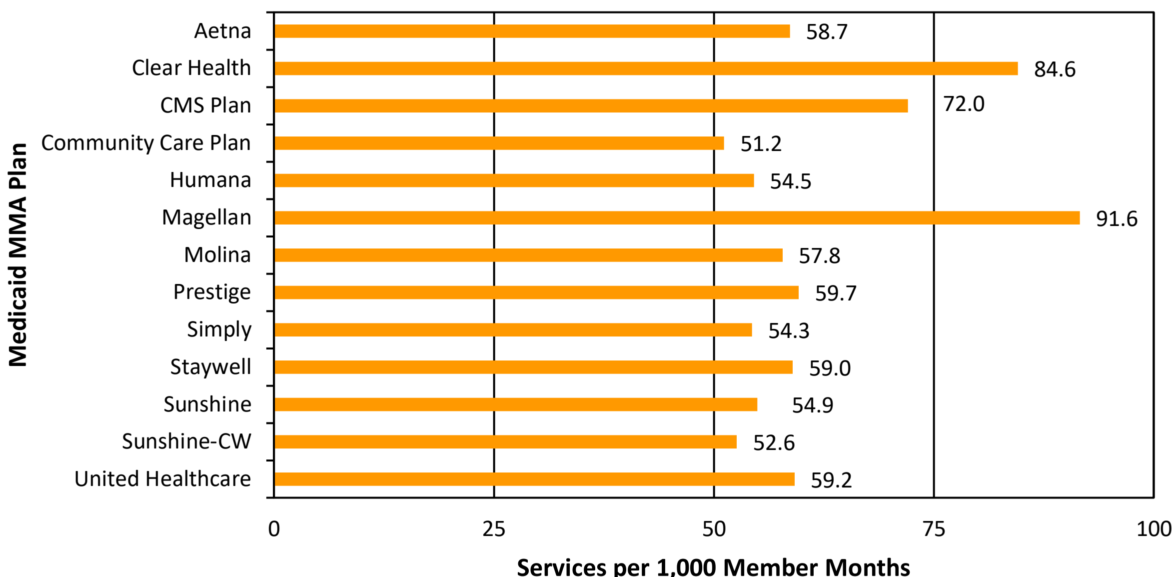

*Note: Unlike most other figures in this report, lower numbers for this measure indicate a higher quality of care. N/R denotes programs for which the measure does not apply or was not reported. N/A denotes programs that have less than 360 in the denominator.*

**Figure 152. National Benchmarks for AMB ED Visits: Ages 0-19 by Florida KidCare Program, CY 2018**



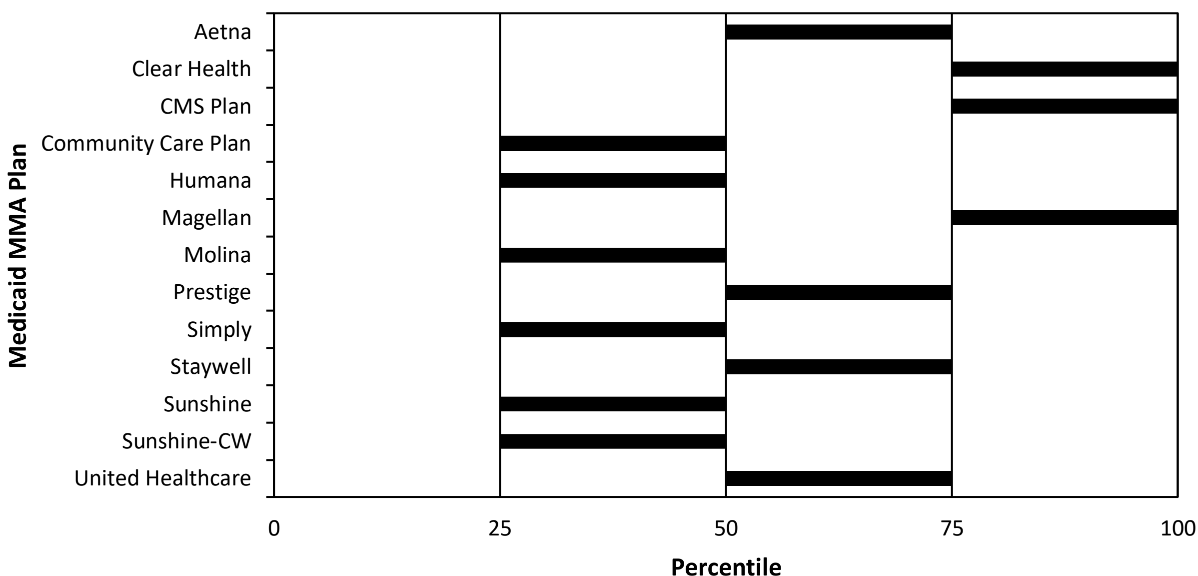

*Note: Unlike most other figures in this report, lower percentiles for this measure indicate a higher quality of care. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 360 in the denominator. These benchmarks are for all ages, which should be taken into consideration when making comparisons.*

**Figure 153. Medicaid MMA Plan Results for AMB ED Visits: Ages 0-19, CY 2018**



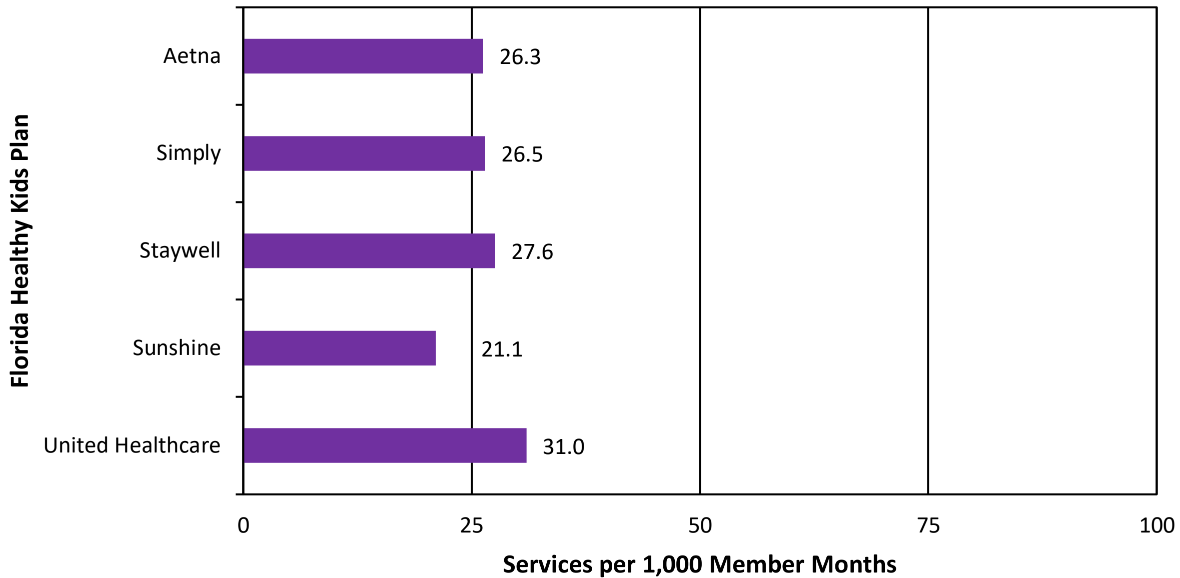

*Note: Unlike most other figures in this report, lower numbers for this measure indicate a higher quality of care. N/R denotes programs for which the measure does not apply or was not reported. N/A denotes programs that have less than 360 in the denominator.*

**Figure 154. National Benchmarks for AMB ED Visits: Ages 0-19 by Medicaid MMA Plan, CY 2018**



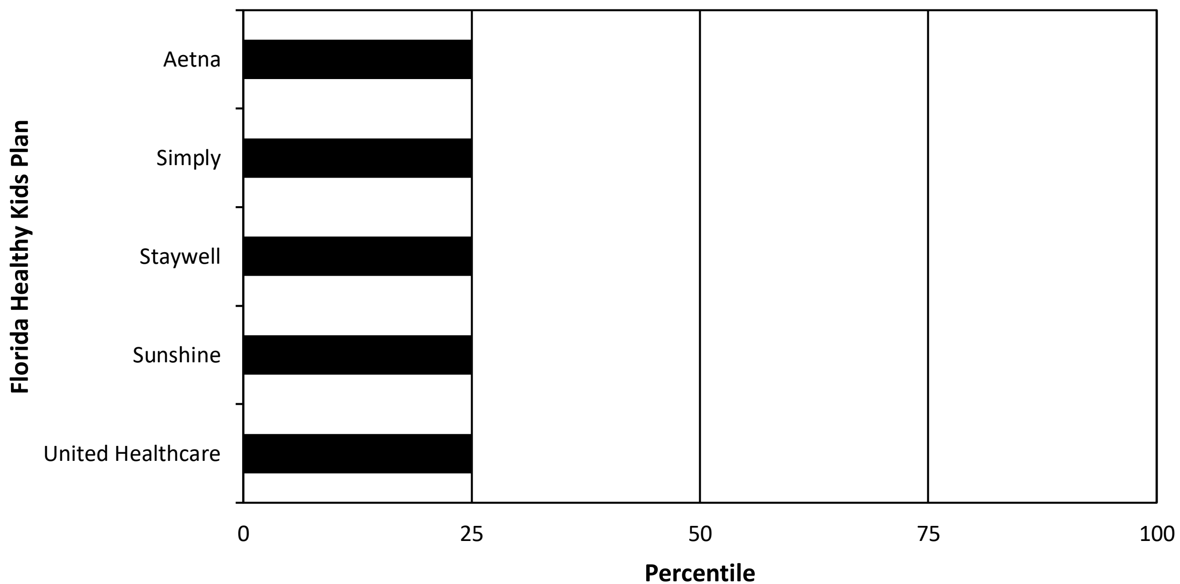

*Note: Unlike most other figures in this report, lower percentiles for this measure indicate a higher quality of care. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 360 in the denominator. These benchmarks are for all ages, which should be taken into consideration when making comparisons.*

**Figure 155. Florida Healthy Kids Plan Results for AMB ED Visits: Ages 0-19, CY 2018**




*Note: Unlike most other figures in this report, lower numbers for this measure indicate a higher quality of care. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 360 in the denominator.*

**Figure 156. National Benchmarks for AMB ED Visits: Ages 0-19 by Florida Healthy Kids Plan, CY 2018**




*Note: Unlike most other figures in this report, lower percentiles for this measure indicate a higher quality of care. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 360 in the denominator. These benchmarks are for all ages, which should be taken into consideration when making comparisons.*

**Table 36. AMB ED Visits: Ages 0-19 Results by Florida KidCare Program, CY 2014 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2014 | CY 2015 | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|---|---|
| Medicaid FFS | 40.2 | 42.0 | 56.7 | 54.3 | 57.7 |
| Medicaid MMA | 59.1 | 56.0 | 57.5 | 55.5 | 57.4 |
| Medicaid Total | 51.0 | 54.7 | 57.5 | 55.5 | 57.4 |
| MediKids | N/R | 48.0 | 51.9 | 49.8 | 53.3 |
| Florida Healthy Kids | 25.5 | 25.9 | 27.5 | 26.7 | 27.1 |
| CHIP CMS Plan | N/R | 38.7 | 37.9 | 38.0 | 36.8 |
| CHIP Total | 25.5 | 29.6 | 31.6 | 30.9 | 31.1 |
| Florida KidCare Total | 49.9 | 52.5 | 55.4 | 53.5 | 55.1 |

*Note that methodology differs across measurement years and that the national benchmarks are for both adults and children. These factors should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 360 member months in the denominator. Unlike most other tables in this report, lower numbers and percentiles for this measure indicate a higher quality of care.*

## Behavioral Health Care

### Follow-Up Care for Children Prescribed ADHD Medication (ADD)

ADHD is among the most prevalent neurodevelopmental disorders of childhood, and can cause children to have trouble focusing and behaving (CDC, 2019e). Treatment often includes combinations of behavioral and pharmaceutical interventions. Starting at six years of age, the AAP recommends Food and Drug Administration (FDA)-approved medications for the treatment of ADHD, with appropriate titration of the dose and medication as needed to achieve minimal adverse effects (Subcommittee on ADHD, Steering committee on Quality Improvement and Management, 2011).

The intake period for denominator eligibility for the ADD measure includes the 12-month period from March 1, 2017 to February 28, 2018, and members must have been between six and 12 years of age within those 12 months for inclusion. Additionally, the individual must have had a period of 120 days prior to the Index Prescription Start Date (IPSD) with no ADHD medication dispensed (NCQA, 2018b). Medical and pharmacy claims were used for calculating the rates, and those with an acute inpatient encounter for mental health or chemical dependency during the 30 days after the IPSD were excluded.

There are two sub-measures for the ADD measure:

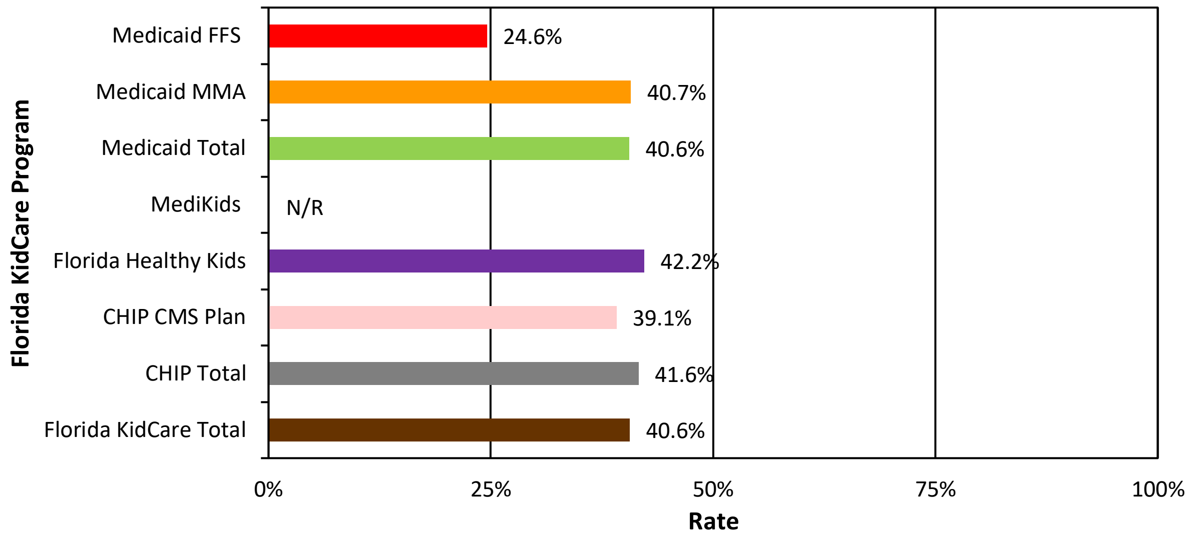
- **Initiation Phase**- measures children who have been newly prescribed medication for ADHD and had one or more follow-up visits with a provider with prescribing authority within 30 days of the earliest prescription dispensing date. Members must have continuous enrollment for at least 120 days prior to the IPSD through 30 days after the IPSD. A visit on the same day as the IPSD was not counted as compliant, nor were telehealth.
- **Continuation and Maintenance Phase**- measures children who had a follow-up visit during the Initiation Phase plus at least two additional visits with a provider within 270 days (nine months) following the Initiation Phase. Children included in this sub-measure must have remained on the medication for at least 210 days. One 45-day gap in enrollment is permitted. Only one visit during the Continuation and Maintenance Phase is permitted to be a telehealth visit.

**Figure 157** and **Figure 158** present the Florida KidCare program results and associated benchmark percentiles, respectively, for the Initiation Phase sub-measure in CY 2018, while **Figure 163** and **Figure 164** present the Continuation and Maintenance Phase sub-measure results and benchmark percentiles, respectively. **Figure 159** and **Figure 160** present the Medicaid MMA plan results and associated benchmark percentiles, respectively for the Initiation Phase in CY 2018, while **Figure 165** and **Figure 166** present the Continuation and Maintenance Phase results and benchmark percentiles, respectively.

**Figure 161** and **Figure 162** present the Florida Healthy Kids plan results and associated benchmark percentiles, respectively, for the Initiation Phase for CY 2018, while **Figure 167** and **Figure 168** present the results for the Continuation and Maintenance Phase results and associated benchmark percentiles, respectively.

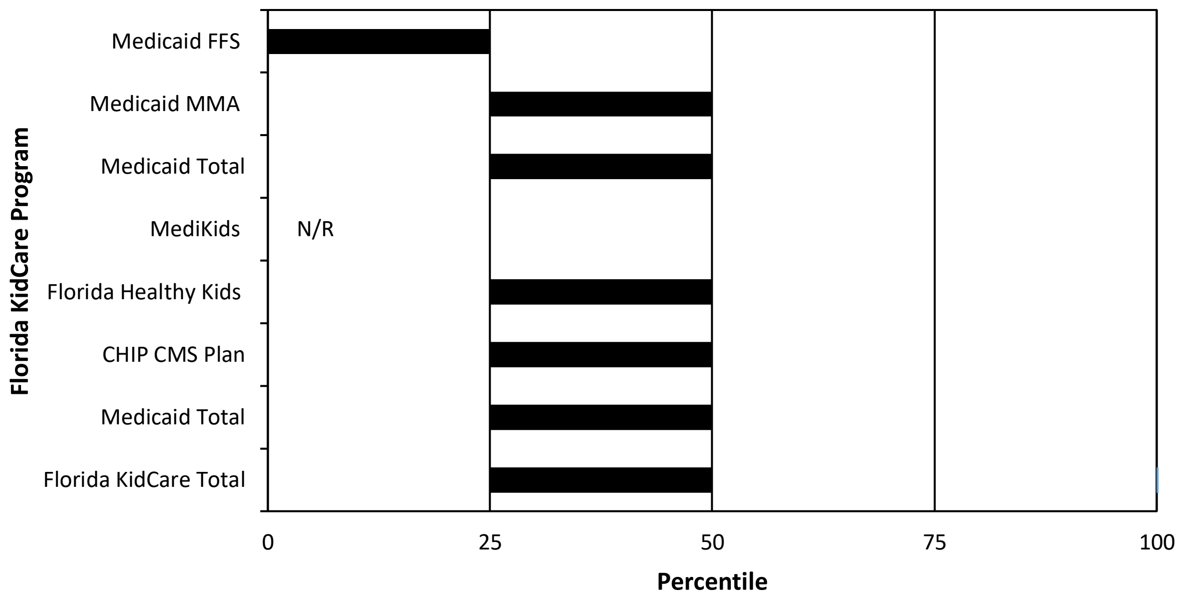
**Table 37** and **Table 38** present the trending results for the Initiation Phase and the Continuation and Maintenance Phase, respectively, from CY 2014 to CY 2018 for each of the Florida KidCare programs, with applicable benchmark percentiles.

**Figure 157. Florida KidCare Program Results for ADD: Initiation Phase, CY 2018**



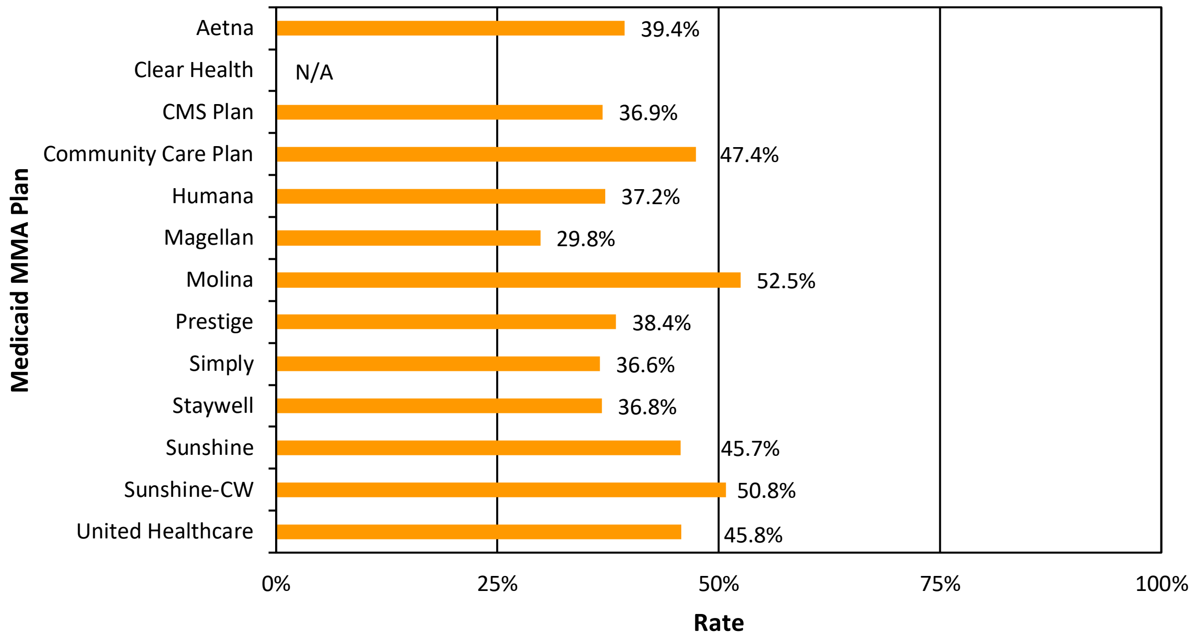

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 158. National Benchmarks for ADD: Initiation Phase by Florida KidCare Program, CY 2018**



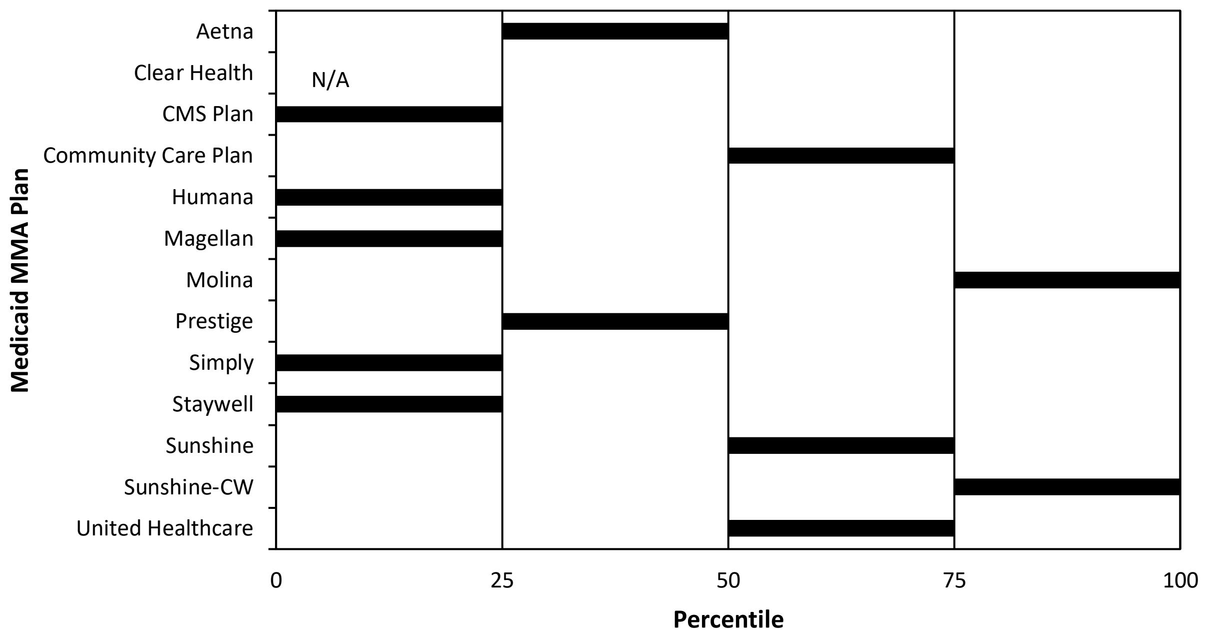

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 159. Medicaid MMA Plan Results for ADD: Initiation Phase, CY 2018**



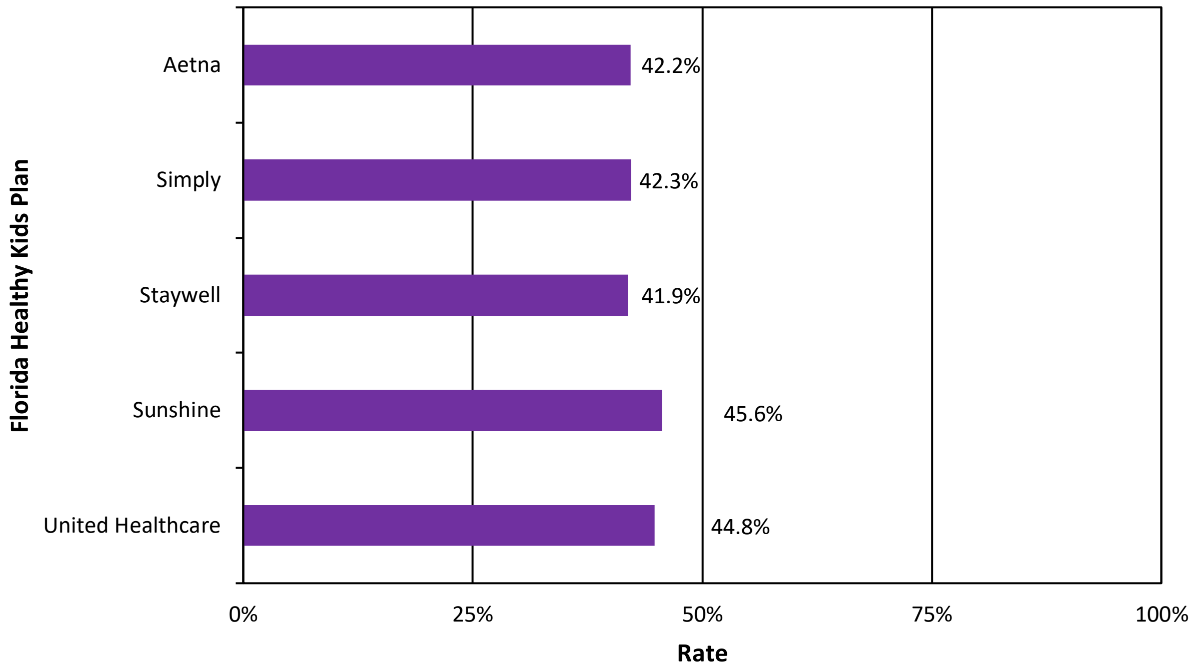

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 160. National Benchmarks for ADD: Initiation Phase by Medicaid MMA Plan, CY 2018**



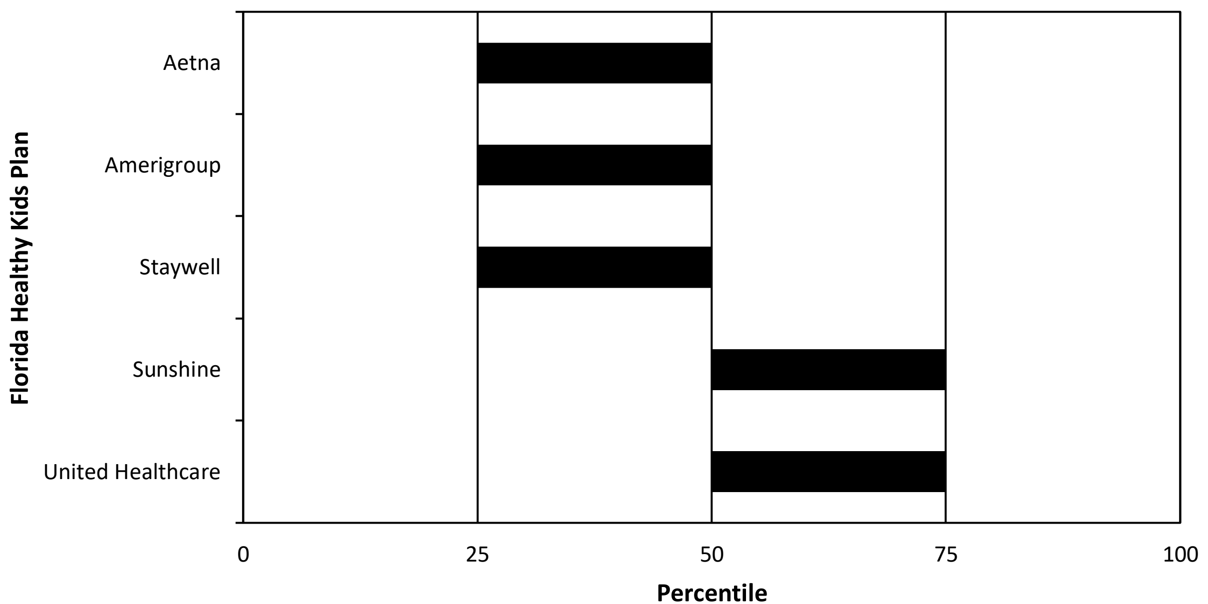

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 161. Florida Healthy Kids Plan Results for ADD: Initiation Phase, CY 2018**



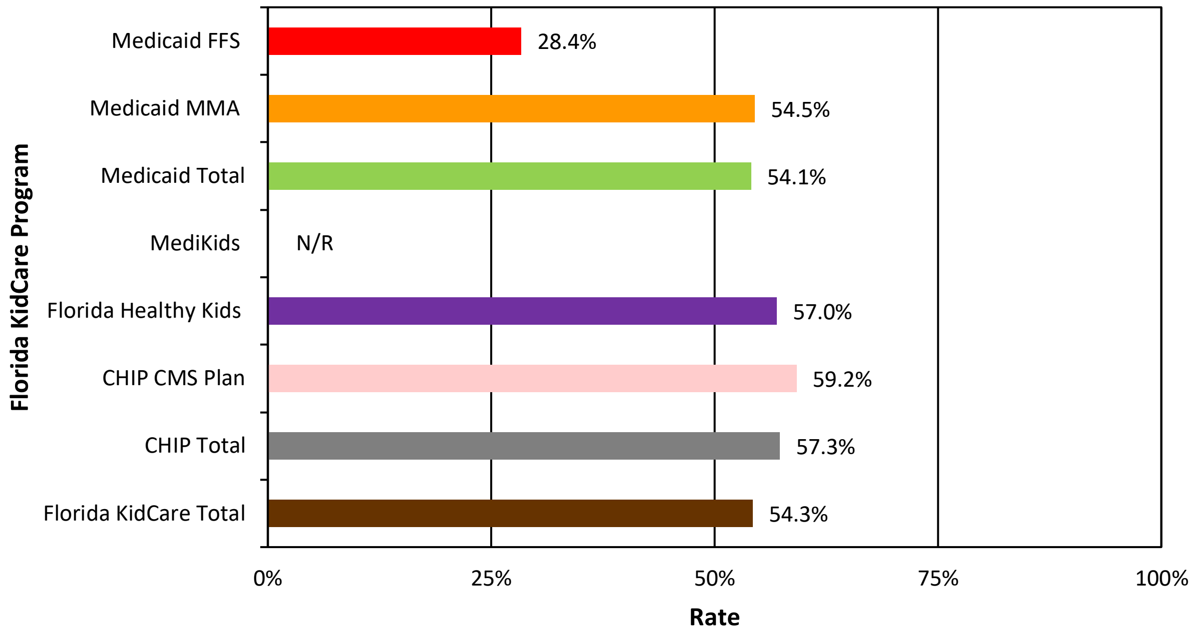

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 162. National Benchmarks for ADD: Initiation Phase by Florida Healthy Kids Plan, CY 2018**



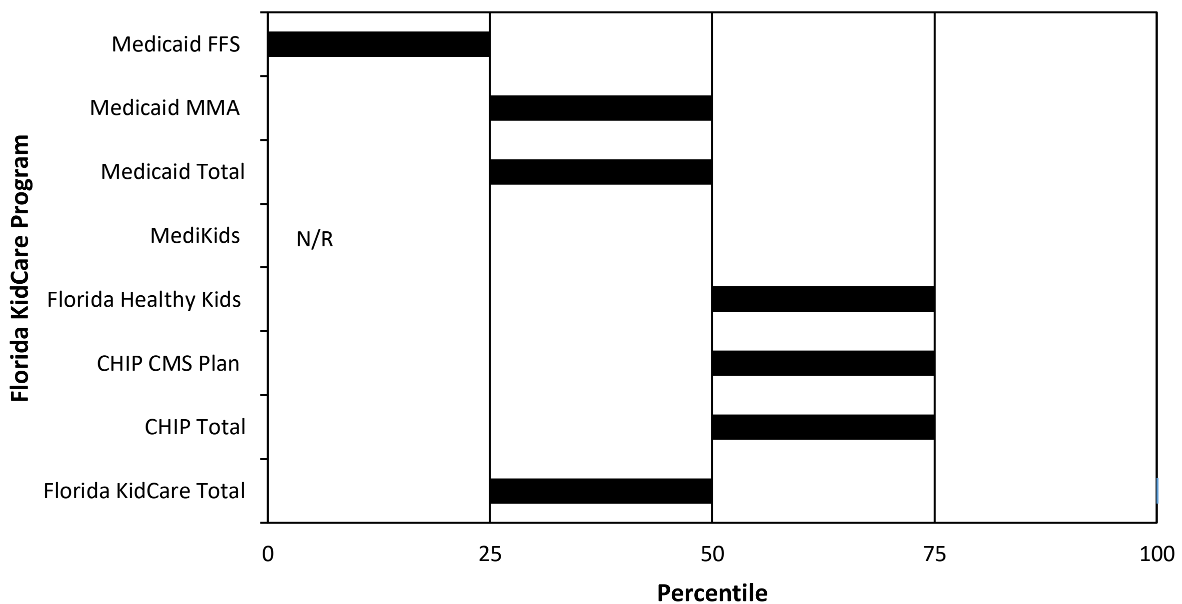

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 163. Florida KidCare Program Results for ADD: Continuation and Maintenance Phase, CY 2018**



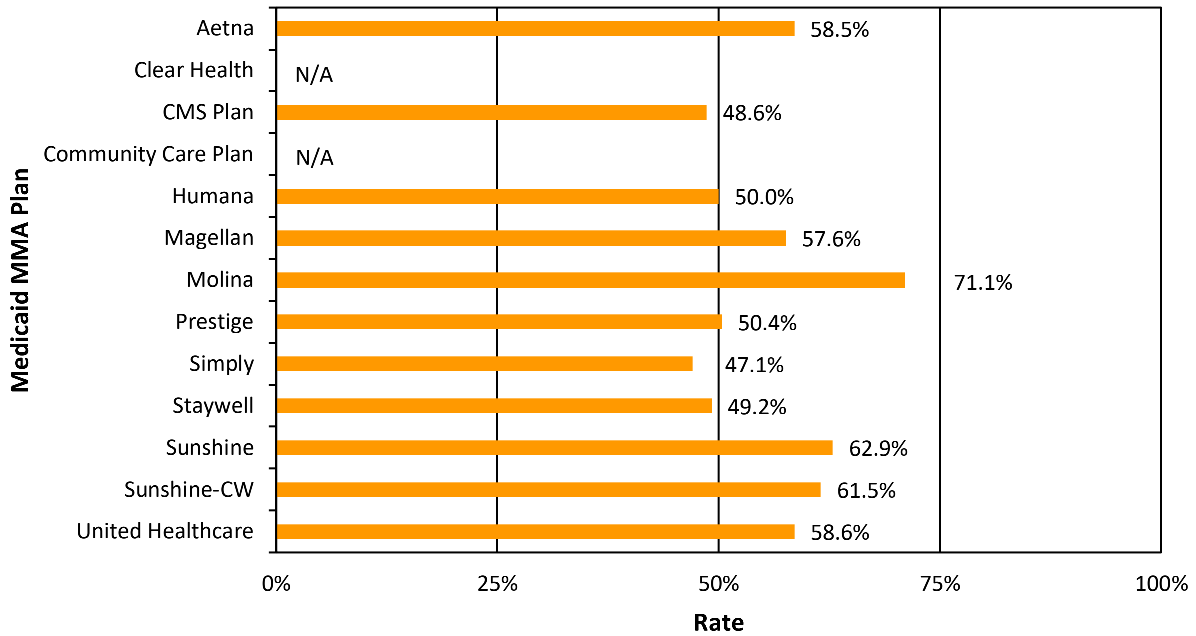

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 164. National Benchmarks for ADD: Continuation and Maintenance Phase by Florida KidCare Program, CY 2018**



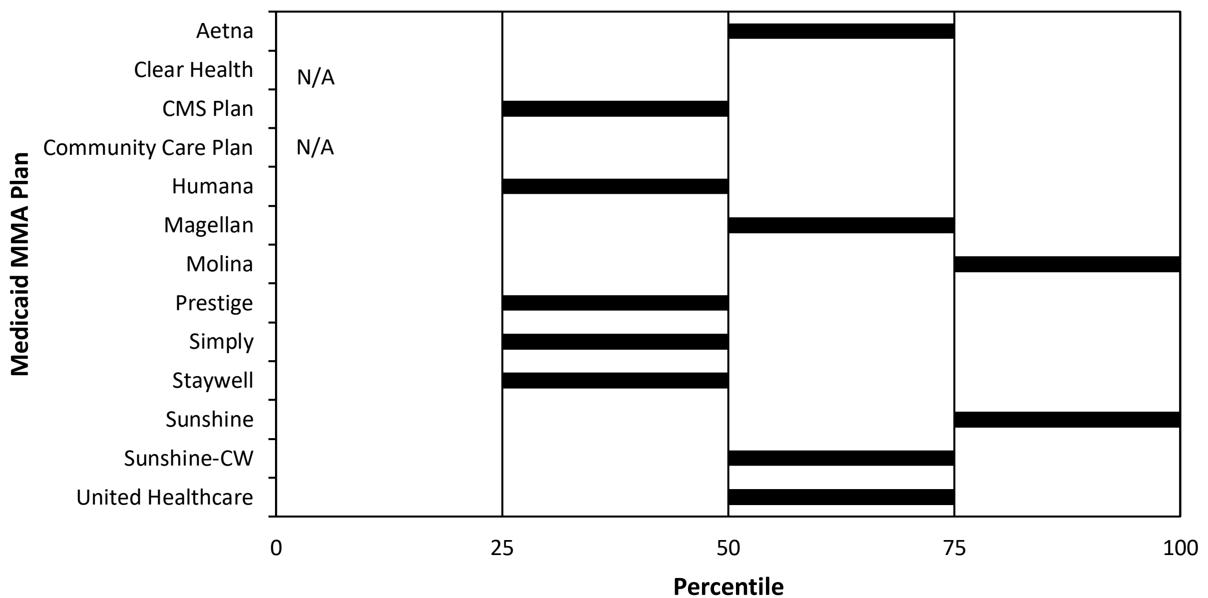

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 165. Medicaid MMA Plan Results for ADD: Continuation and Maintenance Phase, CY 2018**



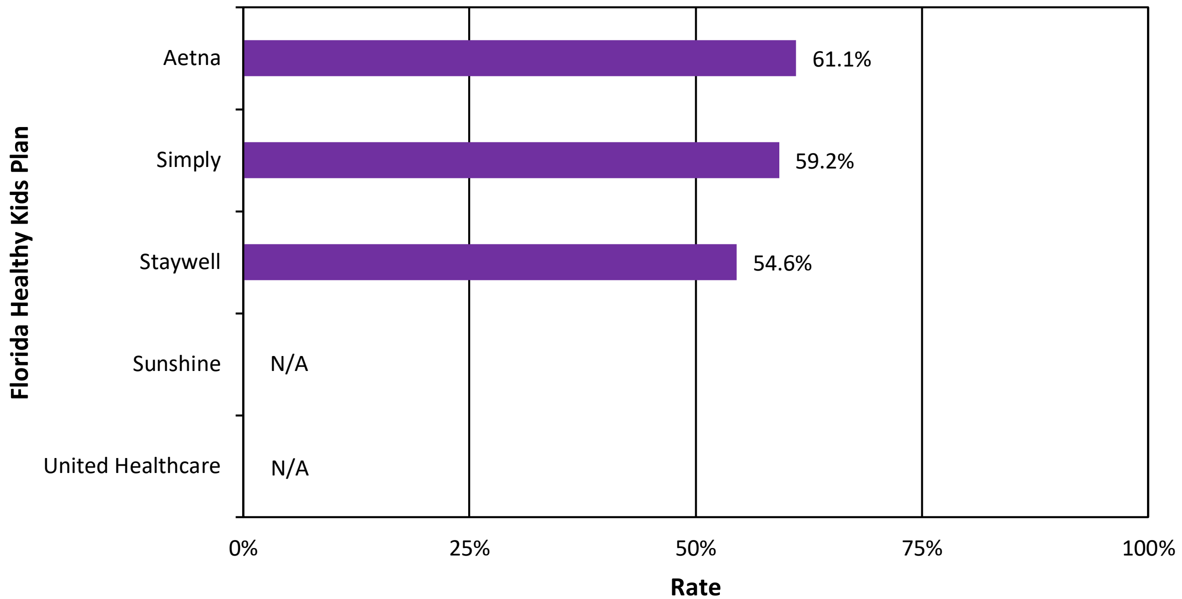

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 166. National Benchmarks for ADD: Continuation and Maintenance Phase by Medicaid MMA Plan, CY 2018**



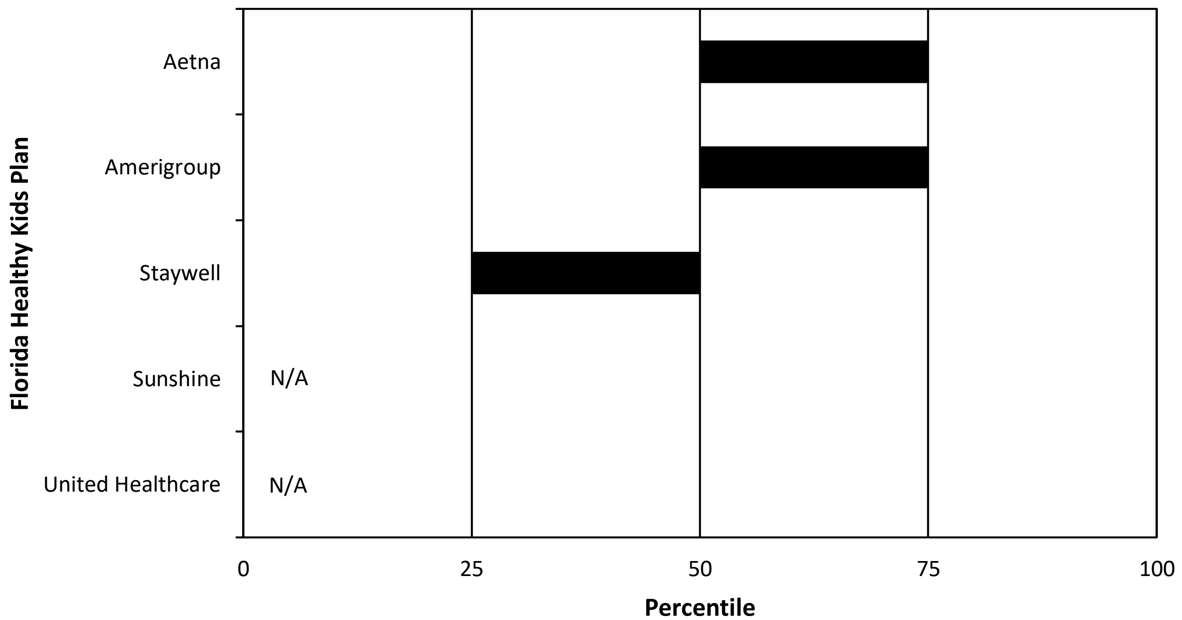

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 167. Florida Healthy Kids Plan Results for ADD: Continuation and Maintenance Phase, CY 2018**




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

**Figure 168. National Benchmarks for ADD: Continuation and Maintenance Phase by Florida Healthy Kids Plan, CY 2018**




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

**Table 37. ADD: Initiation Phase Results by Florida KidCare Program, CY 2014 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2014 | CY 2015 | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|---|---|
| Medicaid FFS | 26.3% | 33.8% | 20.2% | 22.3% | 24.6% |
| Medicaid MMA | 49.7% | 49.9% | 48.6% | 48.2% | 40.7% |
| Medicaid Total | 46.3% | 46.8% | 47.7% | 47.8% | 40.6% |
| MediKids | N/R | N/R | N/R | N/R | N/R |
| Florida Healthy Kids | 36.4% | 34.1% | 36.6% | 49.9% | 42.2% |
| CHIP CMS Plan | N/R | 31.0% | 28.5% | 35.2% | 39.1% |
| CHIP Total | 36.4% | 33.5% | 35.3% | 47.1% | 41.6% |
| Florida KidCare Total | 44.6% | 45.3% | 46.7% | 47.8% | 40.6% |

*Note that methodology and enrollment differ across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Table 38. ADD: Continuation and Maintenance Phase Results by Florida KidCare Program, CY 2014 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2014 | CY 2015 | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|---|---|
| Medicaid FFS | 32.2% | 20.8% | 18.8% | 15.9% | 28.4% |
| Medicaid MMA | 63.2% | 62.7% | 65.1% | 63.9% | 54.5% |
| Medicaid Total | 58.5% | 60.0% | 63.7% | 63.3% | 54.1% |
| MediKids | N/R | N/R | N/R | N/R | N/R |
| Florida Healthy Kids | 41.0% | 43.3% | 43.5% | 63.8% | 57.0% |
| CHIP CMS Plan | N/R | 42.9% | 29.3% | 57.1% | 59.2% |
| CHIP Total | 41.0% | 43.2% | 42.2% | 63.0% | 57.3% |
| Florida KidCare Total | 55.0% | 57.9% | 61.8% | 63.2% | 54.3% |

*Note that methodology and enrollment differ across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

## Follow-Up after Hospitalization for Mental Illness (FHM)

Ensuring continuity of care and providing follow-up therapy with a mental health practitioner after an inpatient stay for mental illness is necessary for a patient's health and well-being (NCQA, 2019b). This agency-defined measure, similar to the HEDIS Follow-Up After Hospitalization for Mental Illness: Ages 6-20 measure, calculates the percentage of acute care facility discharges for members who were hospitalized for treatment of a mental health diagnosis and were discharged to the community with outpatient follow-up by a mental health practitioner between January 1- December 1, 2018. Two sub-measures are reported: (1) the percentage of discharges for which the member received follow-up within seven days of discharge, and (2) the percentage of discharges for which the member received follow-up within 30 days of discharge.

For discharges that are followed by a readmission or direct transfer to an acute care setting with a principal mental health diagnosis within the 30-day follow-up period, the final discharge date is used. Please note, this measure evaluates the percentage of discharges, so an individual could be included in the measure more than once, provided that readmission dates are outside of the 30-day discharge period. Discharge events that are excluded from the measure are those that are followed by readmission to an inpatient care setting within the 30-day follow-up period because this would prevent an outpatient visit from taking place (AHCA, 2019).

AHCA specifications also exclude enrollees who receive Florida Assertive Community Treatment (FACT) services. The FACT program provides 24-hour multidisciplinary supportive care for individuals with severe and persistent psychiatric disorders with the goal of preventing recurrent hospitalization and incarceration, and improving overall quality of life (Florida Department of Children & Families, 2019). However, the FACT population was not excluded from the ICHP calculations of the FHM measure, as agreed upon by the Agency and ICHP. Since the inclusion of FHM in the annual Florida KidCare Program Evaluation, FACT members have been included in the ICHP calculations of FHM, deviating from the specifications, but remaining consistent for year-to-year rate comparisons.

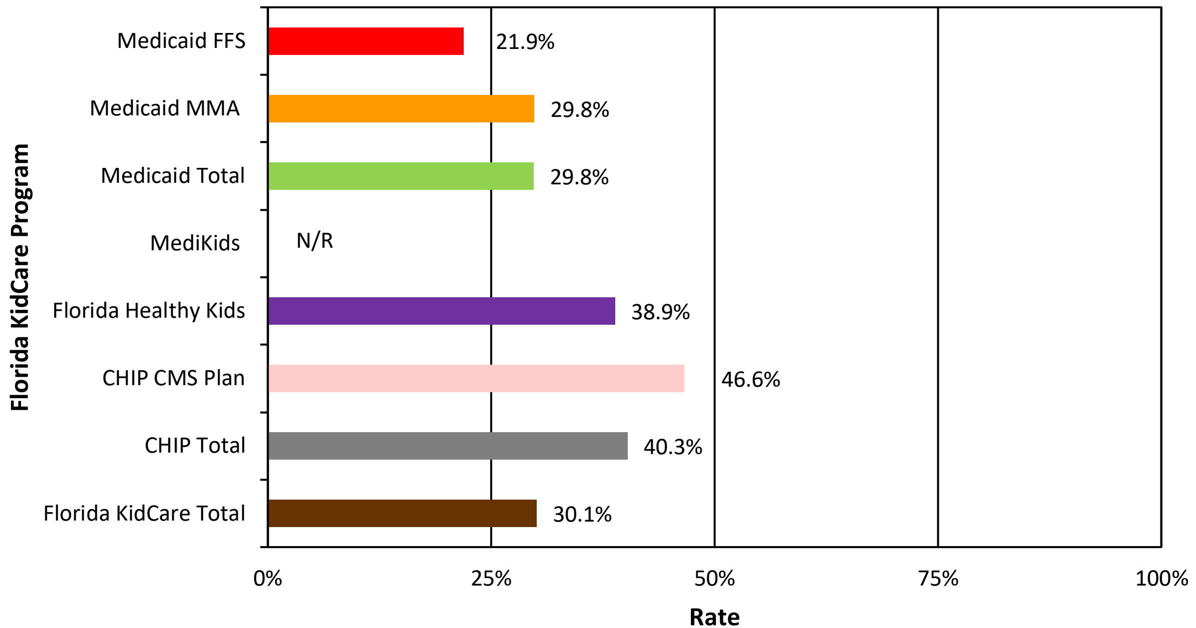
**Figure 169** and **Figure 172** present Florida KidCare program results for follow-up visits within seven days and 30 days, respectively, in CY 2018.

**Figure 170** and **Figure 173** present Medicaid MMA plan results for follow-up visits within seven days and 30 days, respectively, in CY 2018.

**Figure 171** and **Figure 174** present Florida Healthy Kids plan results for follow-up within seven days and 30 days, respectively, for CY 2018.

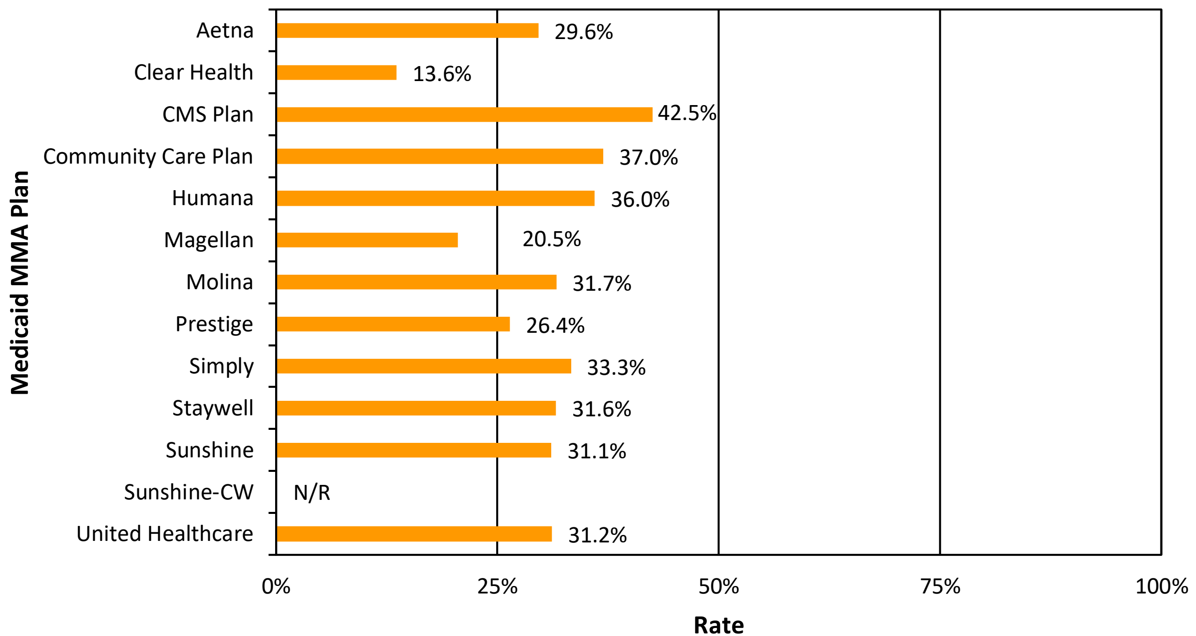
**Table 39** and **Table 40** present the trending results for follow-up visits within seven days and 30 days, respectively, from CY 2016 to CY 2018 for each of the Florida KidCare programs. As this is an Agency-defined measure, no benchmark percentiles are available, and trending data begins in CY 2016, as that was the first year that FHM was included in this report. Note that in CY 2017, both NCQA and AHCA revised the specifications to exclude follow-up visits on the day of discharge.

**Figure 169. Florida KidCare Program Results for FHM: Follow-Up Visits within Seven Days, CY 2018**



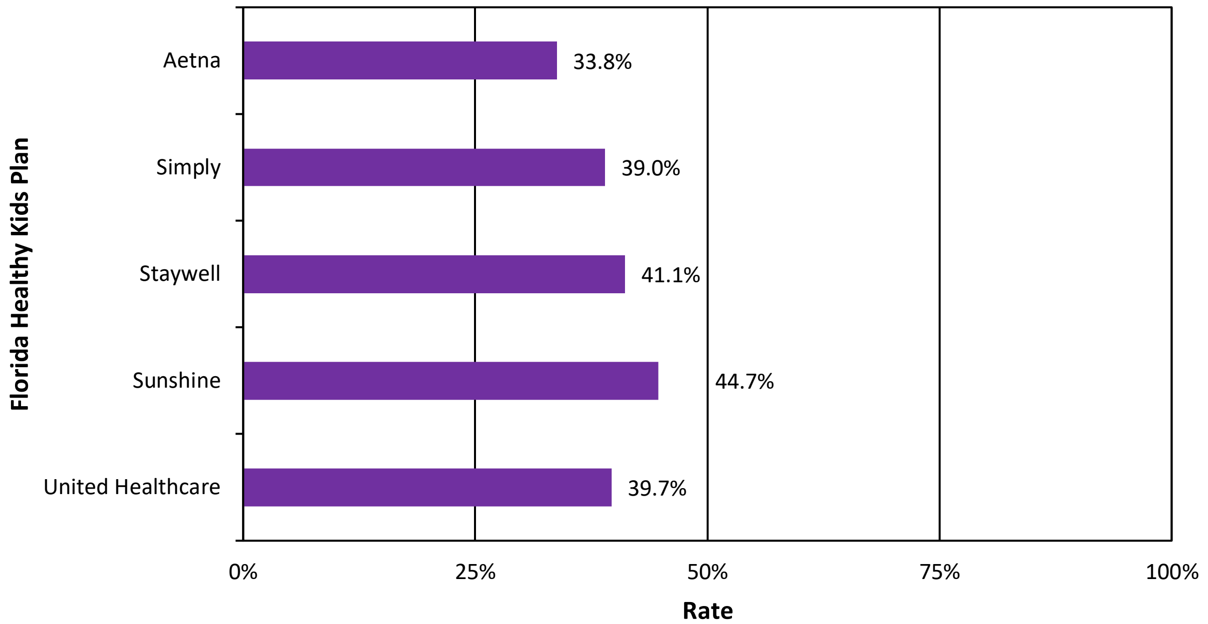

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 170. Medicaid MMA Plan Results for FHM: Follow-Up Visits within Seven Days, CY 2018**



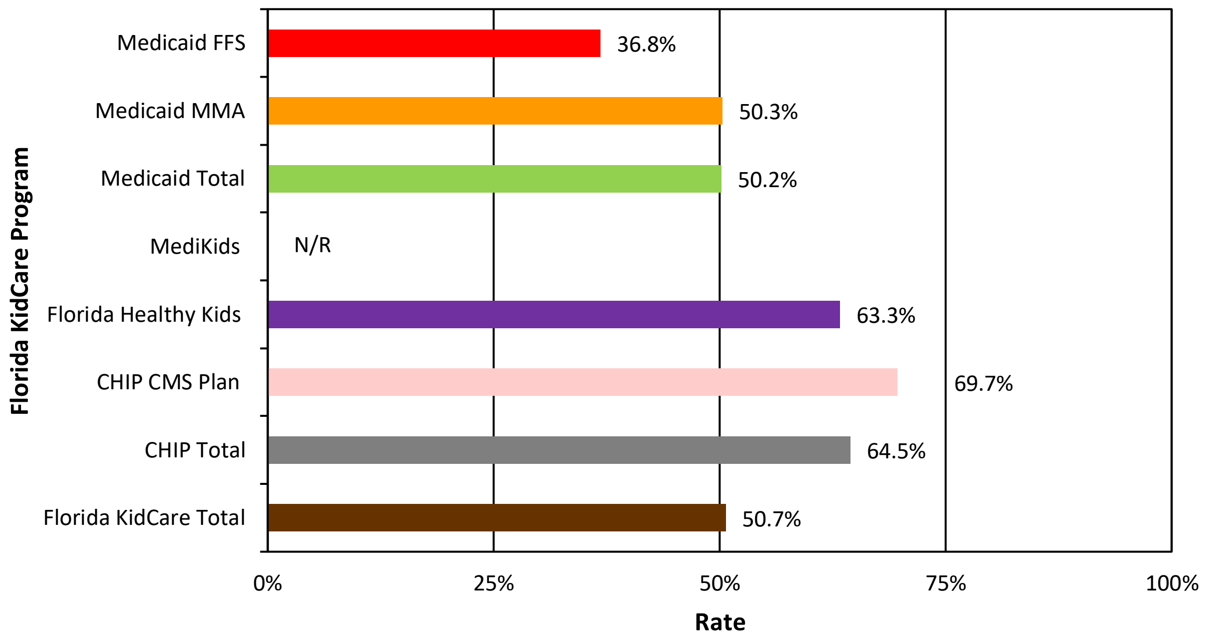

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 171. Florida Healthy Kids Plan Results for FHM: Follow-Up Visits within Seven Days, CY 2018**



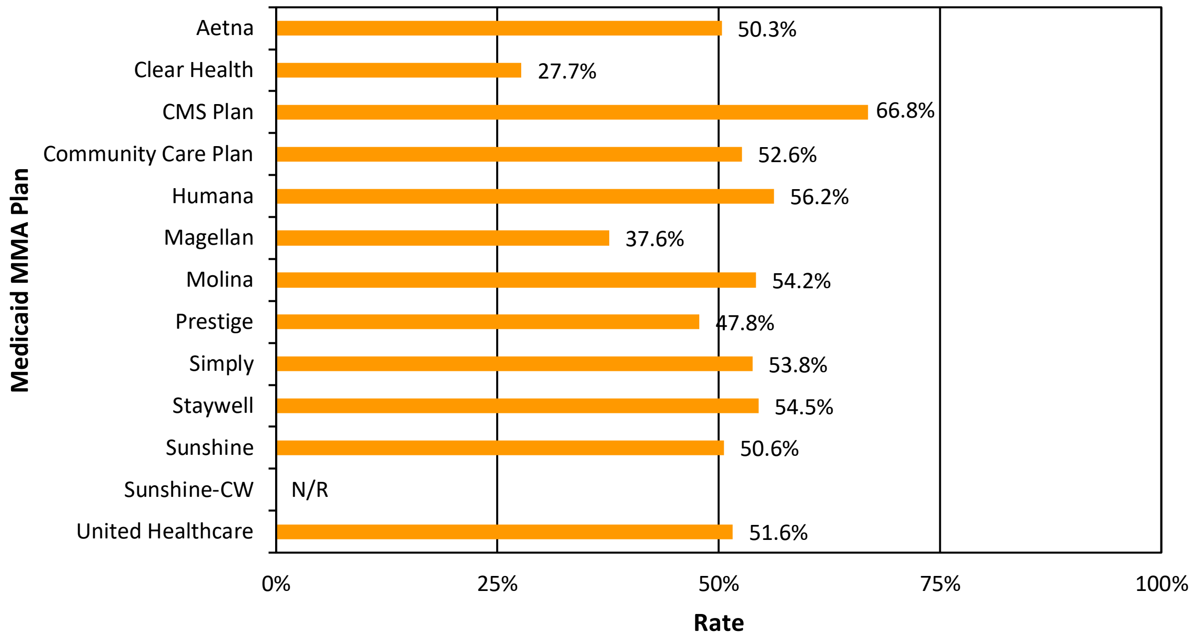

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 172. Florida KidCare Program Results for FHM: Follow-Up Visits within 30 Days, CY 2018**



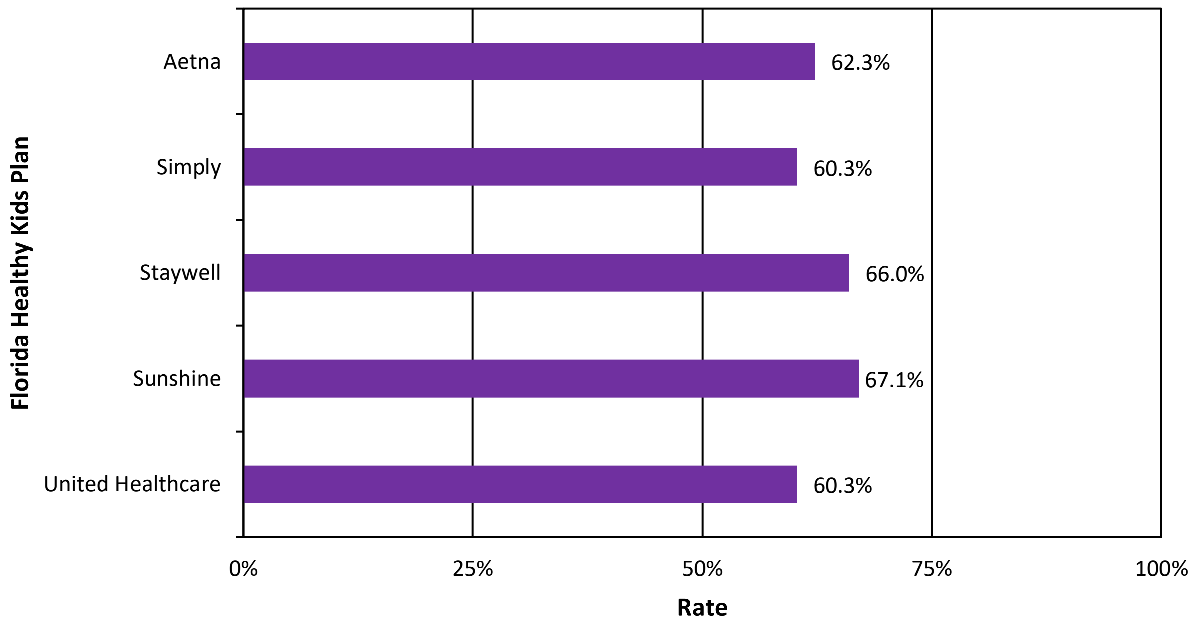

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 173. Medicaid MMA Plan Results for FHM: Follow-Up Visits within 30 Days, CY 2018**




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

**Figure 174. Florida Healthy Kids Plan Results for FHM: Follow-Up Visits within 30 Days, CY 2018**




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

**Table 39. FHM: Follow-Up Visits within 7 Days Results by Florida KidCare Program, CY 2016 to CY 2018**

| Program | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|
| Medicaid FFS | 26.0% | 17.2% | 21.9% |
| Medicaid MMA | 43.0% | 30.5% | 29.8% |
| Medicaid Total | 42.8% | 30.4% | 29.8% |
| MediKids | N/R | N/R | N/R |
| Florida Healthy Kids | 39.4% | 37.1% | 38.9% |
| CHIP CMS Plan | 44.6% | 47.3% | 46.6% |
| CHIP Total | 40.1% | 39.1% | 40.3% |
| Florida KidCare Total | 42.7% | 30.6% | 30.1% |

*2016 was the first year this measure was calculated, thus trending data from prior years are not available. Note that methodology changed from CY 2016 to CY 2017 to exclude follow-ups on the day of discharge; use caution when comparing trending data results. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Table 40. FHM: Follow-Up Visits within 30 Days Results by Florida KidCare Program, CY 2016 to CY 2018**

| Program | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|
| Medicaid FFS | 42.9% | 29.8% | 36.8% |
| Medicaid MMA | 56.1% | 51.1% | 50.3% |
| Medicaid Total | 55.9% | 51.0% | 50.2% |
| MediKids | N/R | N/R | N/R |
| Florida Healthy Kids | 59.4% | 57.7% | 63.3% |
| CHIP CMS Plan | 60.7% | 71.6% | 69.7% |
| CHIP Total | 59.6% | 60.4% | 64.5% |
| Florida KidCare Total | 56.0% | 51.2% | 50.7% |

*2016 was the first year this measure was calculated, thus trending data from prior years are not available. Note that methodology changed from CY 2016 to CY 2017 to exclude follow-ups on the day of discharge; use caution when comparing trending data results. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

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

Medications called atypical antipsychotic agents (AAA) can be prescribed for pediatric patients with indications such as irritability in the context of autism, Tourette's syndrome, bipolar disorder, and schizophrenia (CMS, 2015a). AAAs can have several associated risks such as weight gain, skin rashes, blurred vision, dizziness, and rapid heartbeat (CMS, 2015b). Psychosocial interventions like counseling or parental training may be underutilized with this vulnerable population (Loy, Merry, Hetrick, & Stasiak, 2017).

Antipsychotic prescriptions have increased substantially in the U.S. over several decades (Loy et al., 2017) The American Psychiatric Association (APA) joined several other medical specialty organizations to target the overuse of antipsychotic medications. One of the recommendations is to avoid routinely prescribing antipsychotic medications for children and adolescents for any diagnosis other than psychotic disorders (APA, 2015). Psychosocial mental health treatment as a first-line treatment was added to HEDIS measures beginning in 2015 (Crystal et al., 2016). In order to prevent inappropriate prescribing of antipsychotic medications, providers of children covered by Medicaid in Florida are required to obtain prior authorization for children under the age of six who are prescribed antipsychotics or children over the age of six who are prescribed antipsychotics above the dosing recommendations of the FDA (AHCA, n.d.-a.; AHCA, n.d.-b.).

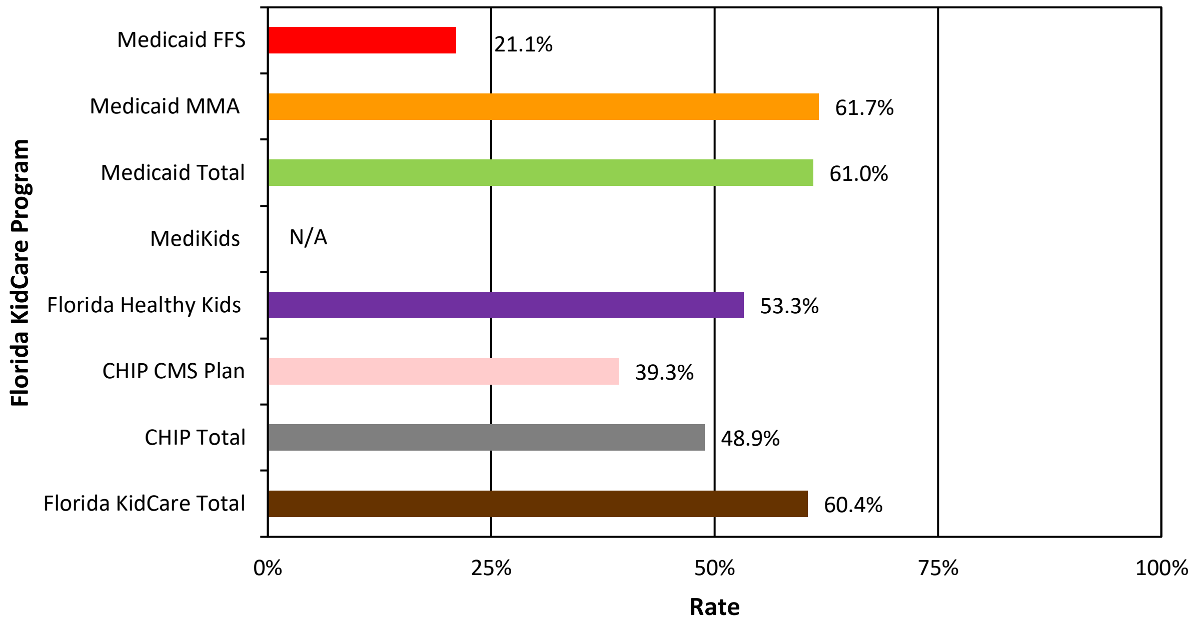
APP measures the percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of a psychosocial care visit as the first line of treatment (NCQA, 2018b). The intake period for inclusion in this measure is January 1, 2018 through December 1, 2018. Eligibility requires that members must have had no antipsychotic medications dispensed for a period of at least 120 days prior to the IPSD. Members must have had continuous enrollment for 120 days prior to the date of the IPSD through 30 days after the IPSD for eligibility. Exclusion criteria for this measure encompasses those for whom a first-line antipsychotic medication may be clinically appropriate. This may include patients with a minimum of one inpatient encounter or two outpatient, intensive outpatient, or partial hospitalizations accompanied by a diagnosis of schizophrenia, bipolar disorder, or another psychotic disorder. This measure assesses whether there was documentation of psychosocial care for children and adolescents who did not have an indication for antipsychotic medication use. The numerator for this measure is documentation of psychosocial care in the 121-day period beginning 90 days before through 30 days after the earliest antipsychotic prescription was ordered.

The APP measure is stratified among three age groups: ages 1-5, ages 6-11, and ages 12-17. An overall total is also calculated, and is reported here for Florida KidCare members.

**Figure 175** and **Figure 176** present Florida KidCare program results and associated benchmark percentiles, respectively, for CY 2018. **Figure 177** and **Figure 178** present Medicaid MMA plan results and associated benchmark percentiles, respectively, for CY 2018. **Figure 179** and **Figure 180** present the Florida Healthy Kids plan results and associated benchmark percentiles, respectively, for CY 2018.

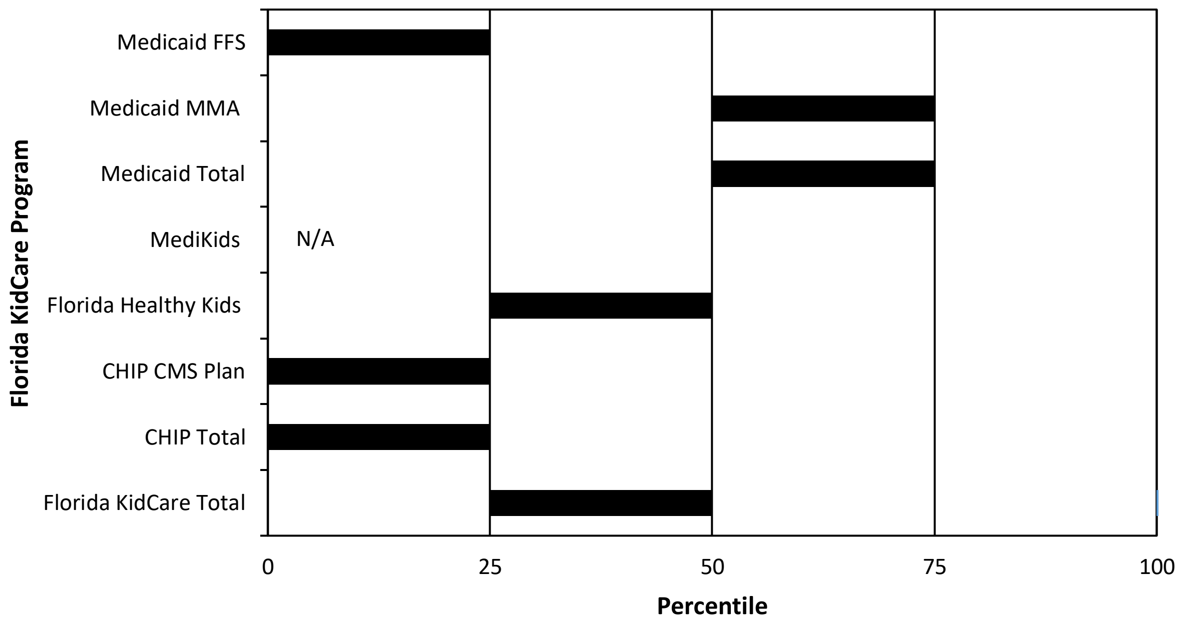
**Table 41** presents the trending results from CY 2016 to CY 2018 for each of the Florida KidCare programs, with applicable benchmark percentiles.

**Figure 175. Florida KidCare Program Results for APP: All Ages, CY 2018**



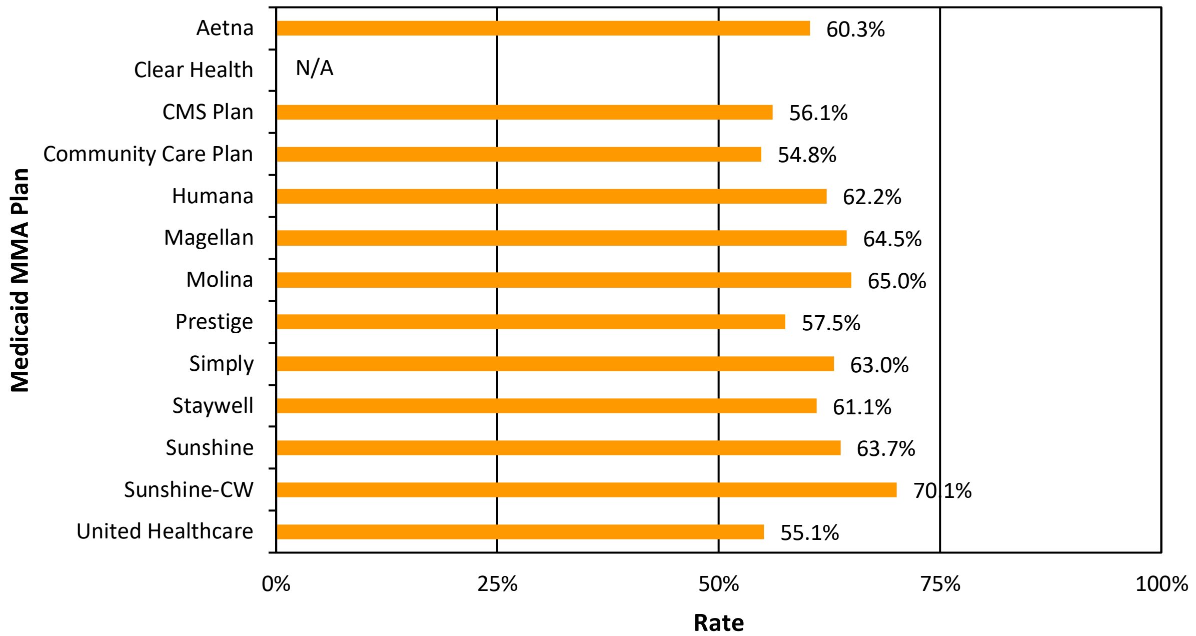

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 176. National Benchmarks for APP: All Ages by Florida KidCare Program, CY 2018**



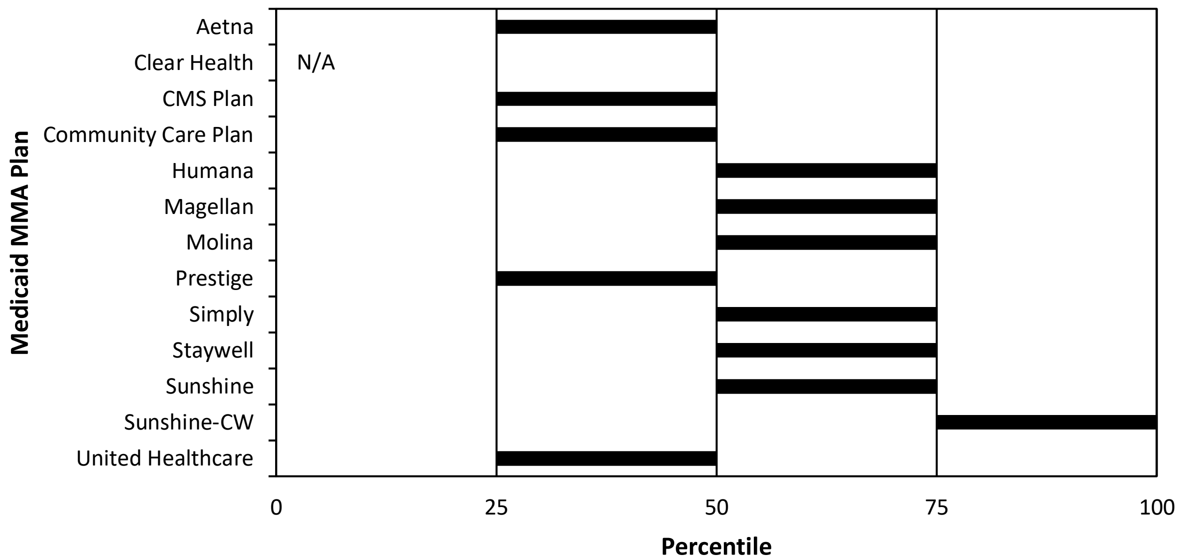

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 177. Medicaid MMA Plan Results for APP: All Ages, CY 2018**



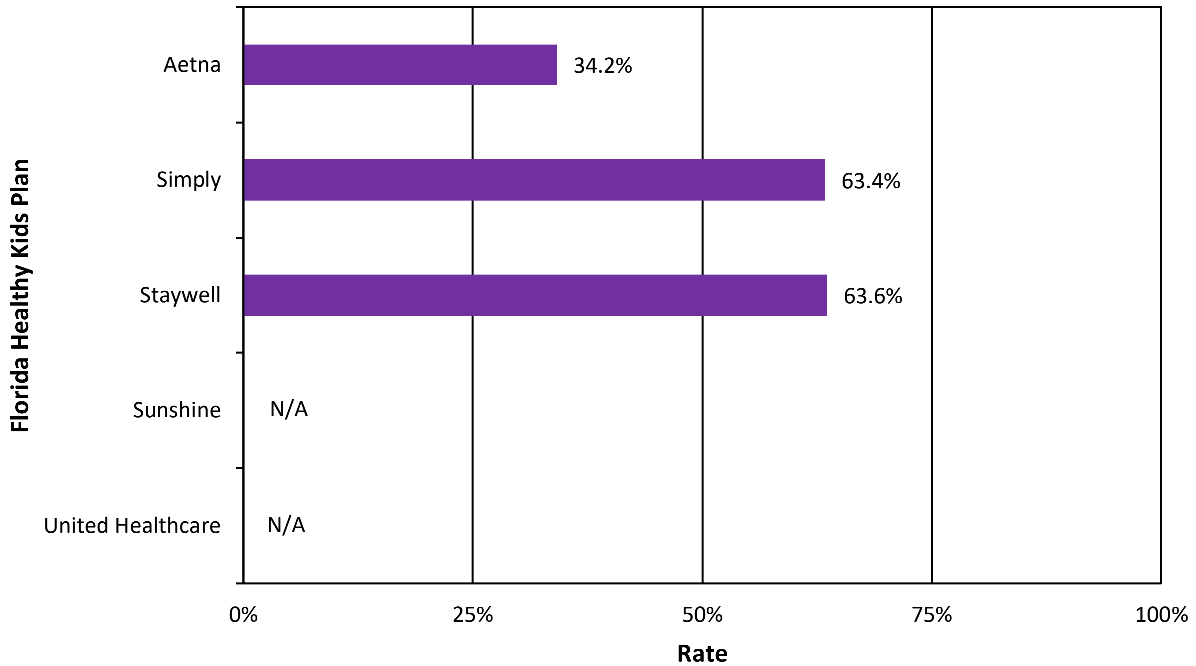

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 178. National Benchmarks for APP: All Ages by Medicaid MMA Plan, CY 2018**



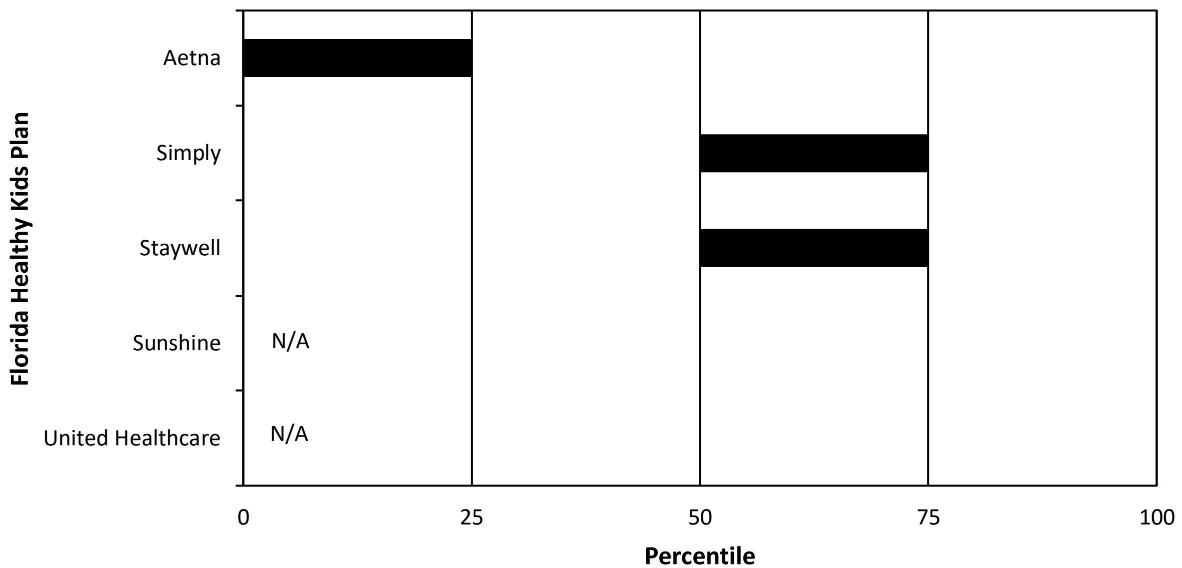

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 179. Florida Healthy Kids Plan Results for APP: All Ages, CY 2018**




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

**Figure 180. National Benchmarks for APP: All Ages by Florida Healthy Kids Plan, CY 2018**




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

**Table 41. APP: All Ages Results by Florida KidCare Program, CY 2016 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|
| Medicaid FFS | 17.2% | 18.7% | 21.1% |
| Medicaid MMA | 62.5% | 62.1% | 61.7% |
| Medicaid Total | 61.2% | 61.5% | 61.0% |
| MediKids | N/A | N/A | N/A |
| Florida Healthy Kids | 63.0% | 46.3% | 53.3% |
| CHIP CMS Plan | 43.3% | 47.1% | 39.3% |
| CHIP Total | 56.1% | 46.5% | 48.9% |
| Florida KidCare Total | 60.9% | 60.7% | 60.4% |

*2016 was the first year this measure was calculated, thus trending data from prior years are not available. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

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

As in the APP measure, APC takes a closer look at youth who are prescribed antipsychotic medications. In addition to off-label use of these medications, as was a focus of the APP measure, there has been an increase in the number of youth who are prescribed more than one antipsychotic medication concurrently (Toteja et al., 2014). Antipsychotic use in youth is still being investigated, though studies show that youth on these medications may face harmful side effects (CMS, 2015b). These risks are amplified when multiple antipsychotics are used. Less is known about the effects of multiple antipsychotics in children and adolescents because clinical trials generally focus on the use of one medication (Loy et al., 2017). The avoidance of multiple concurrent prescriptions for antipsychotic medications is another best-practice guideline that was added to the HEDIS measures in 2015 (Crystal et al., 2016). The APC measure can help identify unsafe practices in youth antipsychotic use.

APC measures the percentage of children and adolescents 1-17 years of age who were treated with antipsychotic agents and were on two or more concurrent antipsychotic medication (NCQA, 2018b). No more than one gap in enrollment of up to 45 days is allowed and the denominator includes all members of the eligible population who had at least 90 days of continuous antipsychotic medication treatment during CY 2018. To be numerator compliant, members must be on two or more of these medications for 90 days, with an allowable gap of 15 days between overlapping prescriptions.

The APC measure is stratified among three age groups: ages 1-5, ages 6-11, and ages 12-17. An overall total is also calculated, and is reported here for Florida KidCare members.

As with the AMB measure, lower rates for this measure indicate better performance.

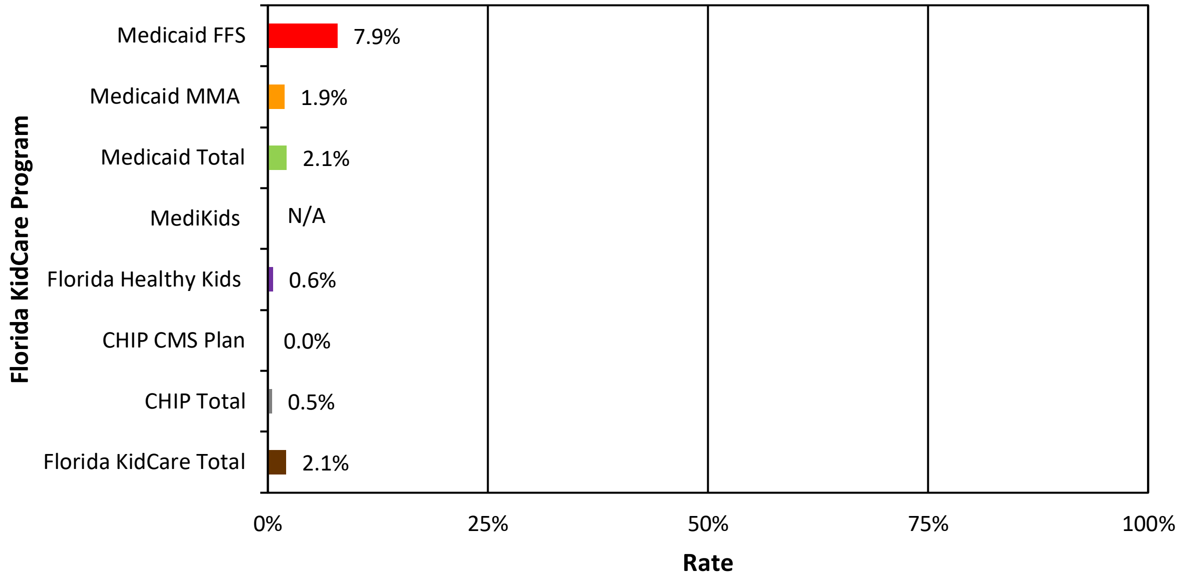
**Figure 181** and **Figure 182** present Florida KidCare program results and associated benchmark percentiles, respectively, in CY 2018.

**Figure 183** and **Figure 184** present Medicaid MMA plan results and associated benchmark percentiles, respectively, in CY 2018.

**Figure 185** and **Figure 186** present Florida Healthy Kids plan results and associated benchmark percentiles, respectively, in CY 2018.

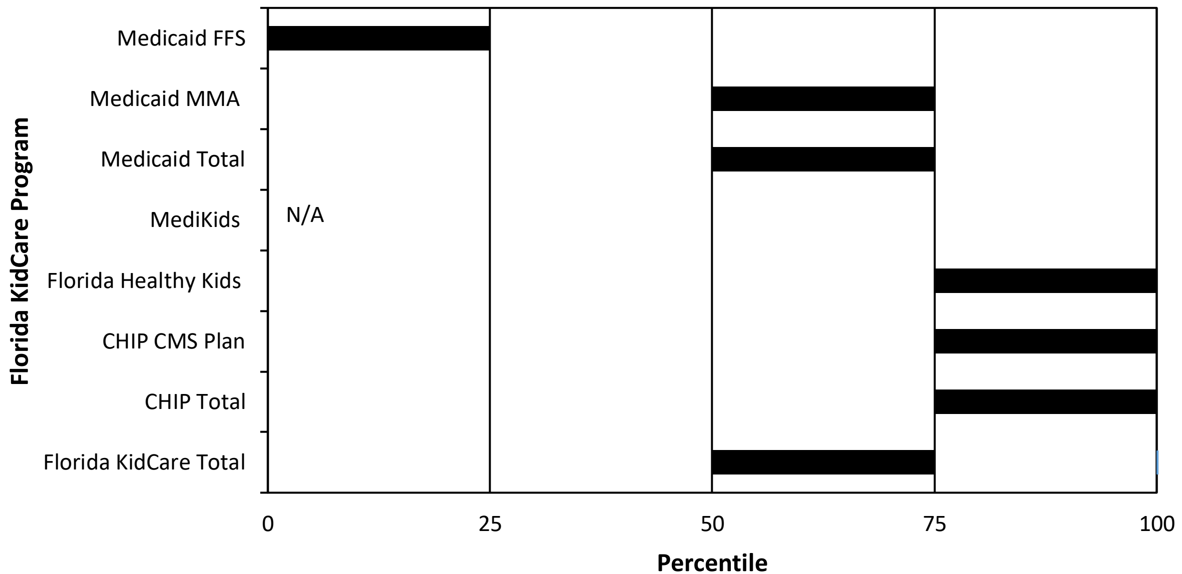
**Table 42** presents the trending results from CY 2016 to CY 2018 for each of the Florida KidCare programs, with applicable benchmark percentiles.

**Figure 181. Florida KidCare Program Results for APC: All Ages, CY 2018**



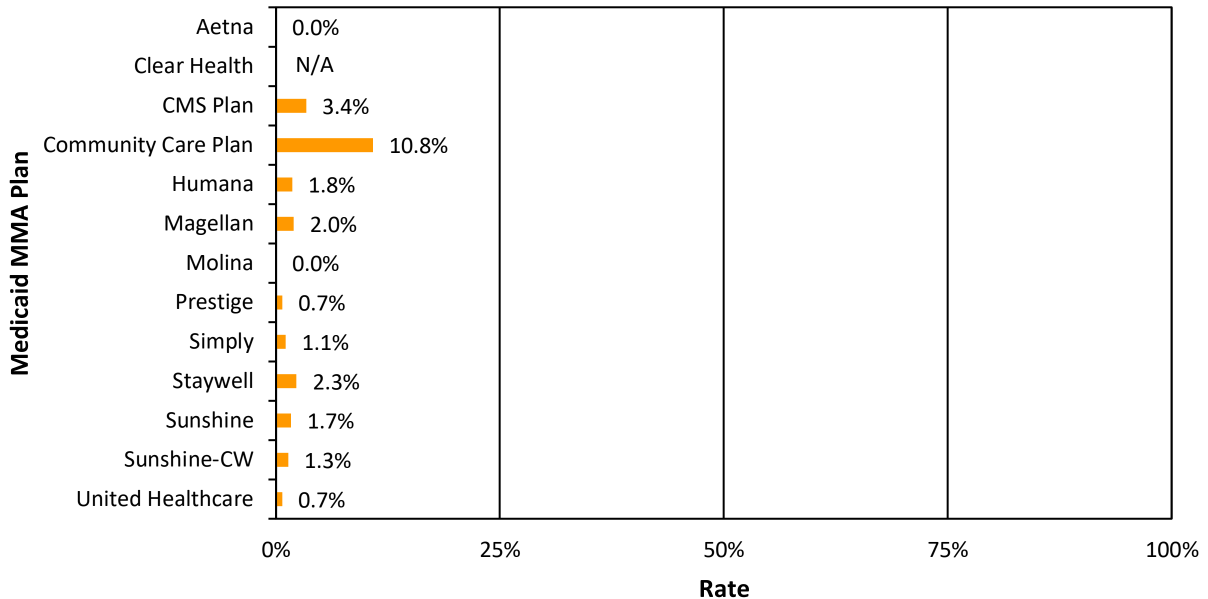

*Note: Unlike most other figures in this report, lower numbers for this measure indicate a higher quality of care. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 182. National Benchmarks for APC: All Ages by Florida KidCare Program, CY 2018**



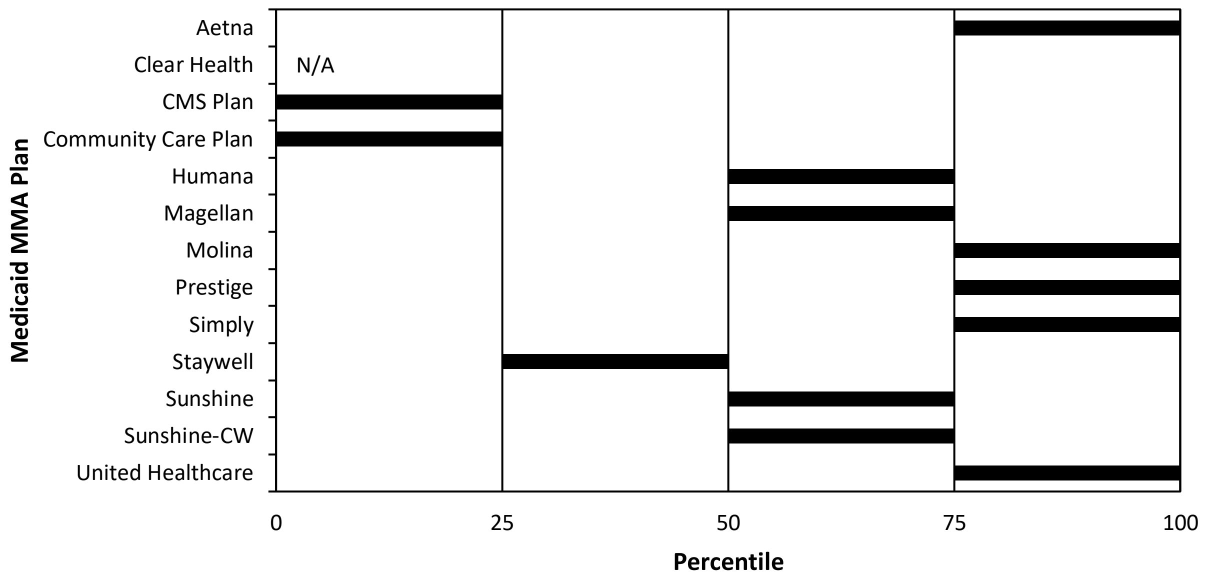

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 183. Medicaid MMA Plan Results for APC: All Ages, CY 2018**



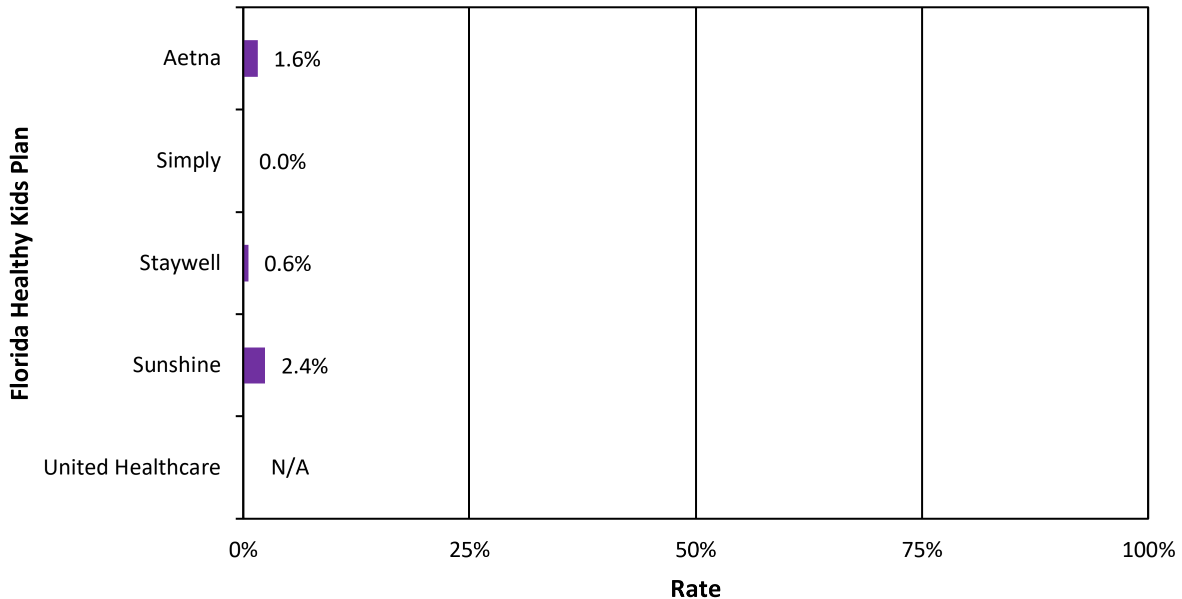

*Note: Unlike most other figures in this report, lower numbers for this measure indicate a higher quality of care. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 184. National Benchmarks for APC: All Ages by Medicaid MMA Plan, CY 2018**



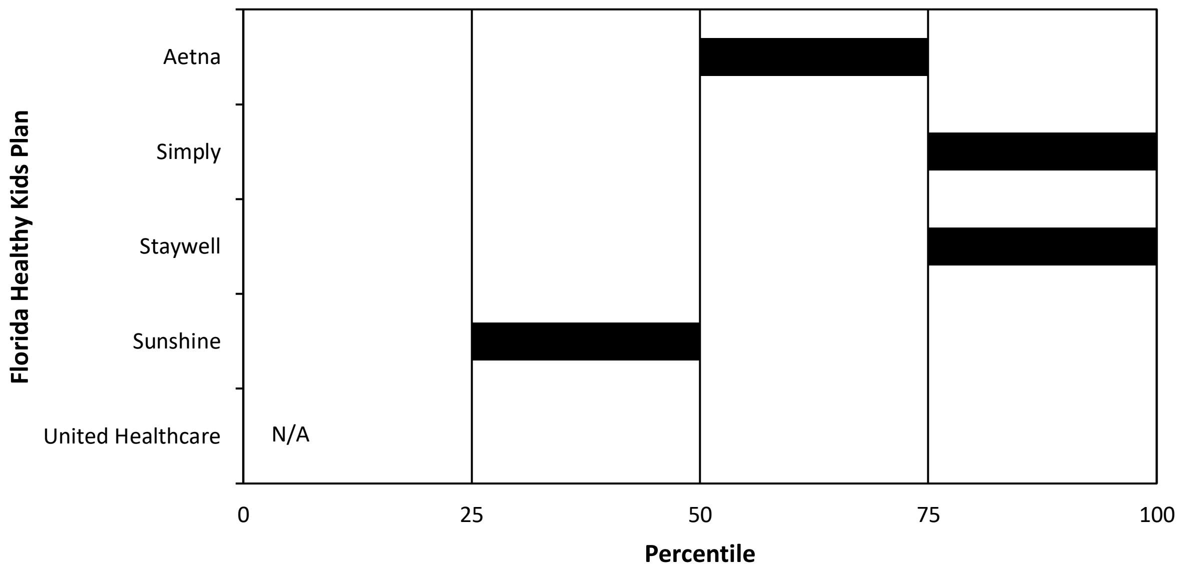

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 185. Florida Healthy Kids Plan Results for APC: All Ages, CY 2018**




*Note: Unlike most other figures in this report, lower numbers for this measure indicate a higher quality of care. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 186. National Benchmarks for APC: All Ages by Florida Healthy Kids Plan, CY 2018**




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

**Table 42. APC: All Ages Results by Florida KidCare Program, CY 2016 to CY 2018**

| HEDIS Benchmark Percentiles | |
|---|---|
| 75th and above | 25th to 49.9th |
| 50th to 74.9th | 24.9th and below |

| Program | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|
| Medicaid FFS | 7.3% | 7.9% | 7.9% |
| Medicaid MMA | 1.6% | 1.7% | 1.9% |
| Medicaid Total | 1.9% | 1.9% | 2.1% |
| MediKids | N/A | N/A | N/A |
| Florida Healthy Kids | 1.0% | 1.1% | 0.6% |
| CHIP CMS Plan | 1.1% | 0.0% | 0.0% |
| CHIP Total | 1.0% | 0.8% | 0.5% |
| Florida KidCare Total | 1.9% | 1.9% | 2.1% |

*2016 was the first year this measure was calculated, thus trending data from prior years are not available. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Unlike most other tables in this report, lower numbers for this measure indicate a higher quality of care.*

## Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF)

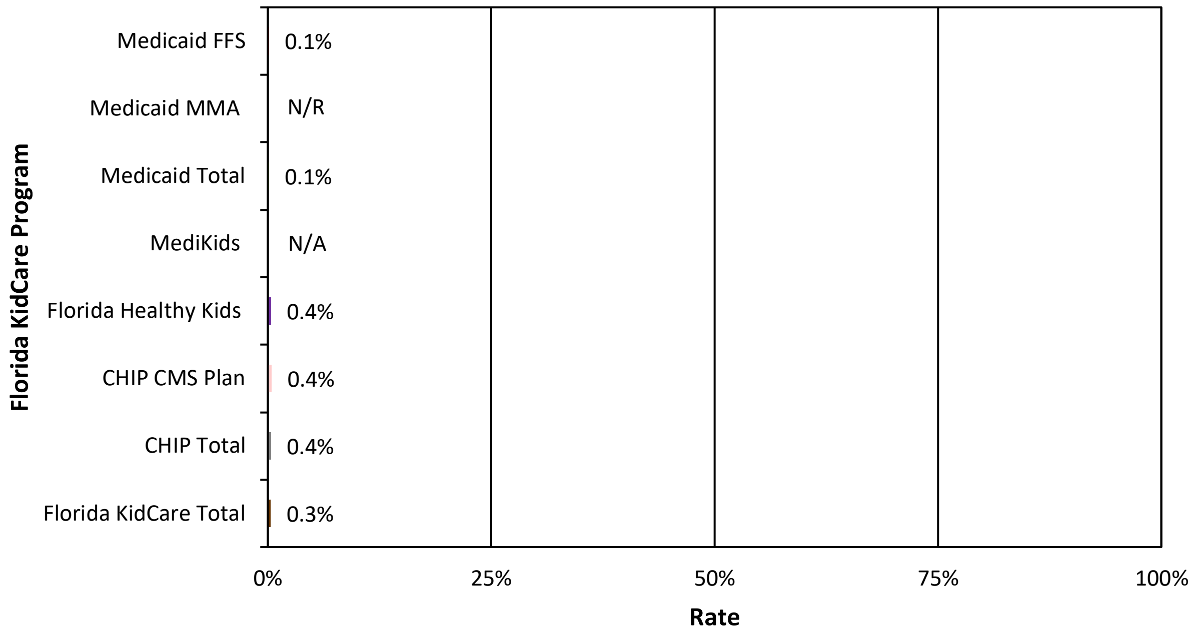
Depression can have significant negative consequences on an individual's health. In 2017, approximately 9.4% of the U.S. adolescent population aged 12-17 had at least one major depressive episode with severe impairment (National Institute of Mental Health [NIMH], 2019). Because adolescents with depression can have impairments in their performance at school or work, interactions with their families and peers, and developmental trajectories, the U.S. Preventive Services Task Force (2016) recommends screening for major depressive disorder in adolescents ages 12 to 18 years along with implementation of adequate systems in place to ensure accurate diagnosis, effective treatment, and follow-up. About 60.1% of adolescents who have had a major depressive episode did not receive any treatment in 2017 (NIMH, 2019). This highlights the importance of not only screening for depression, but following up with treatment.

The Child Core Set CDF measure reviews the percentage of members ages 12 to 17 who were screened for clinical depression using an age-appropriate standardized depression screening tool and, if found to be positive for depression, had a follow-up plan documented on the same date (Center for Medicaid and CHIP Services & CMS, 2019). Exclusions for this measure include those who have an active diagnosis of depression or bipolar disorder, those who refuse to participate, individuals in urgent or emergent situations where delay of treatment would jeopardize the health of the patients, and individuals who are in situations where their functional capacity or motivation to improve may impact the accuracy of the results, such as cases of delirium (Center for Medicaid and CHIP Services & CMS, 2019).

As this is a Child Core Set measure, there are no national benchmarks. Because CY 2018 is the first year this measure was calculated, trending data are not available but will be included in subsequent reports.

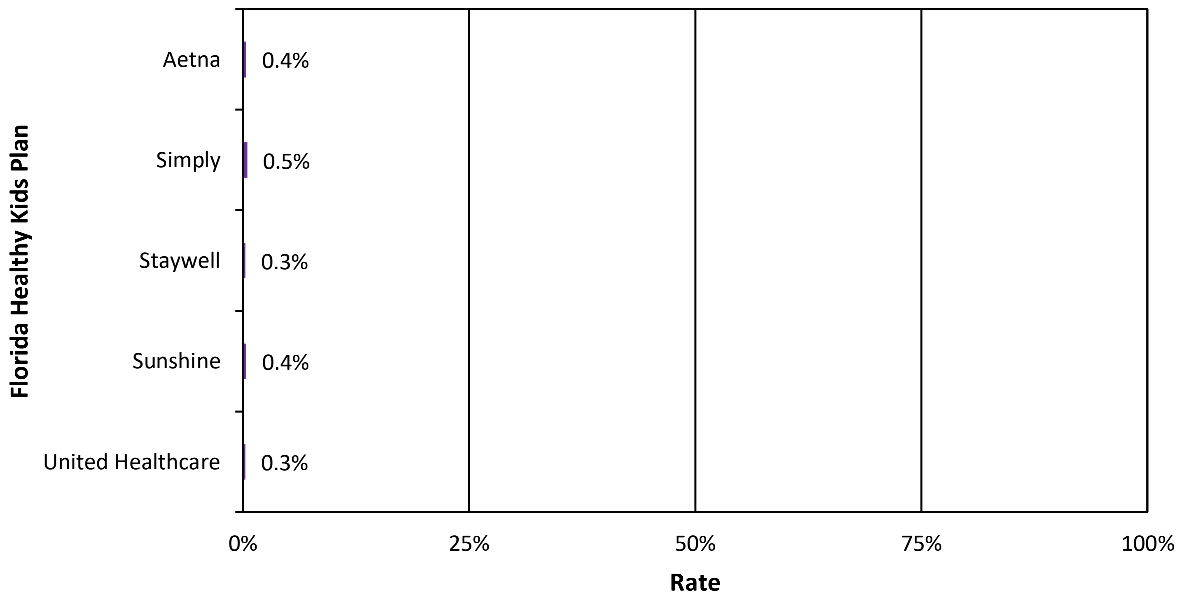
**Figure 187** and **Figure 188** present the Florida KidCare program results, and the Florida Healthy Kids plan results, respectively, in CY 2018. Note that the Medicaid MMA plans were not required to calculate this measure, and as such, plan-level rates are not available for CY 2018.

**Figure 187. Florida KidCare Program Results for CDF, CY 2018**




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

**Figure 188. Florida Healthy Kids Plan Results for CDF, CY 2018**




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

## Dental and Oral Health Services

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

Dental caries or cavities, commonly known as tooth decay, are the most common chronic disease of children and adolescents (CDC, 2016). Standardized risk assessment tools have been developed for dental professionals to identify individuals who are at an elevated risk of caries, which include items such as hygiene practices, saliva flow, and diet (DQA, 2018). The American Academy of Pediatric Dentistry (AAPD, 2018) recommends periodic preventive dental health services beginning at the time of the eruption of the first tooth and no later than 12 months of age. These services can include prophylaxis (dental cleanings), fluoride treatment, radiographic assessments, and anticipatory guidance and counseling every six months or as indicated by the child's individual needs or risk assessment (AAPD, 2018).

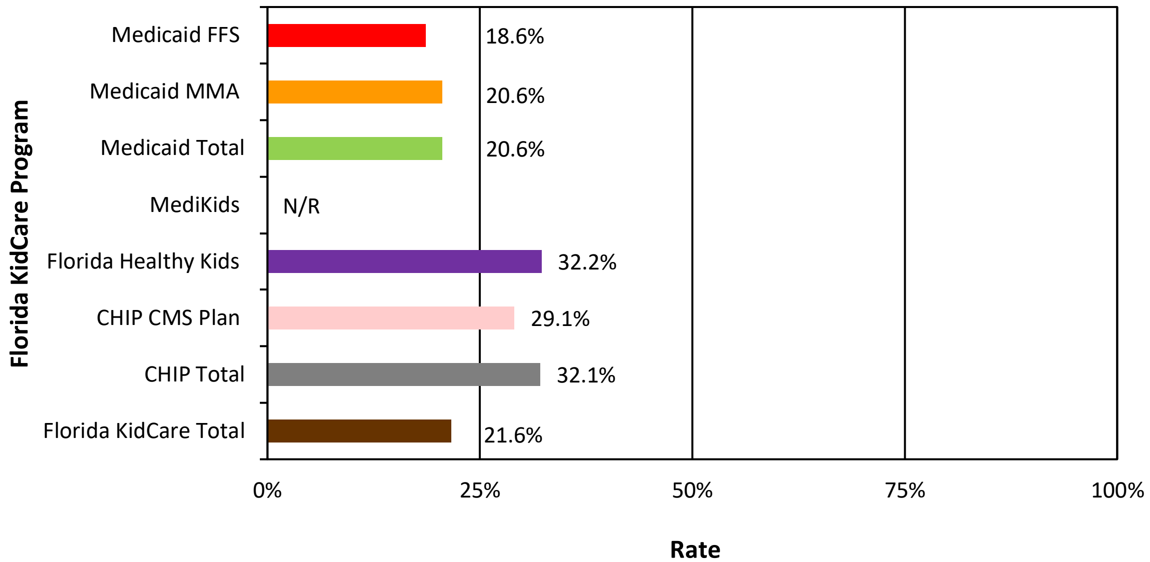
One such preventive measure is to receive a sealant, which fills in the pit at the center of a decayed tooth (Mark, 2016). Sealant use on the permanent molars of children and adolescents prevents further tooth decay and reduces costs to the health care system. Dental sealants are recommended by the ADA as a cost-effective intervention for patients with an elevated caries risk (Wright et al., 2016). SEAL measures the percentage of enrolled children who were determined to be at an elevated risk of caries who received at least one sealant on a permanent molar during the reporting year. The denominator for this measure includes children six to nine years of age as of December 31, 2018 who were determined to be at an elevated risk for dental caries. CDT codes for moderate or high risk are used to determine elevated risk. The numerator includes children from the eligible population who received a sealant on a permanent first molar tooth as a dental service. Members must have had continuous enrollment for at least 180 days for inclusion (Center for Medicaid and CHIP Services & CMS, 2019).

PDENT measures the percentage of eligible enrollees 1-20 years of age who received at least one preventive dental service administered by or under the supervision of a dentist during the reporting year. The denominator for this measure included the total number of unduplicated individuals who were continuously enrolled for at least 90 days and who were eligible to receive Early and Periodic Screening, Diagnostic, and Treatment services, which include preventive dental visits. The numerator was determined by the total number of individuals who received at least one preventive service based on CDT codes 1000-1999 (Center for Medicaid and CHIP Services & CMS, 2019). The measurement period for PDENT is Federal Fiscal Year (FFY) 2018, which ran from October 1, 2017 through September 30, 2018.

**Figure 189, Figure 190**, and Figure 191 present the results for Florida KidCare programs, Medicaid MMA plans, and Florida Healthy Kids plans, respectively, for SEAL in CY 2018. **Figure 192**, **Figure 193**, and **Figure 194** present the results for Florida KidCare programs, Medicaid MMA plans, and Florida Healthy Kids plans, respectively, for PDENT in FFY 2018.

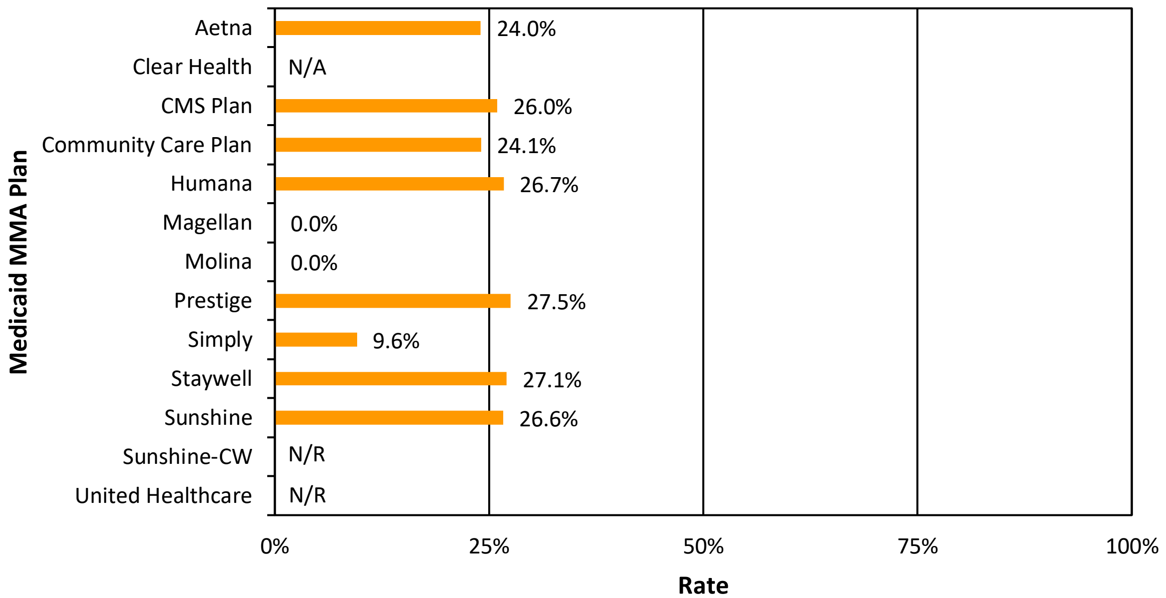
**Table 43** and **Table 44** present the trending results for the SEAL and PDENT measures from 2014 to 2018, respectively, for Florida KidCare programs. As these measures are from the Child Core Set, no national benchmarks exist.

**Figure 189. Florida KidCare Program Results for SEAL, CY 2018**



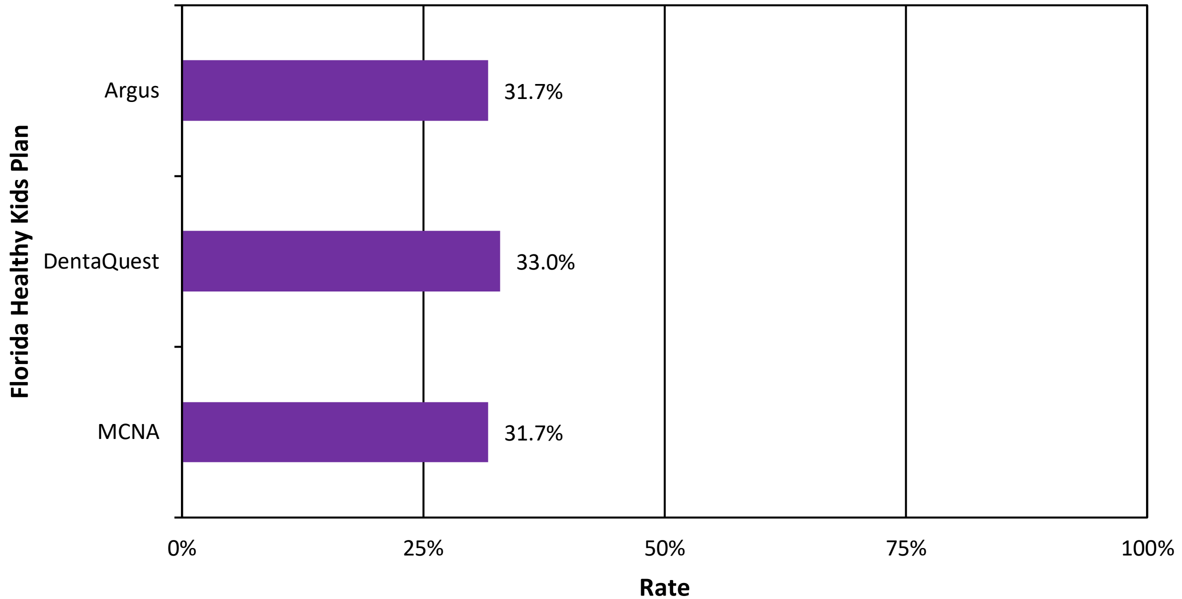

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 190. Medicaid MMA Plan Results for SEAL, CY 2018**



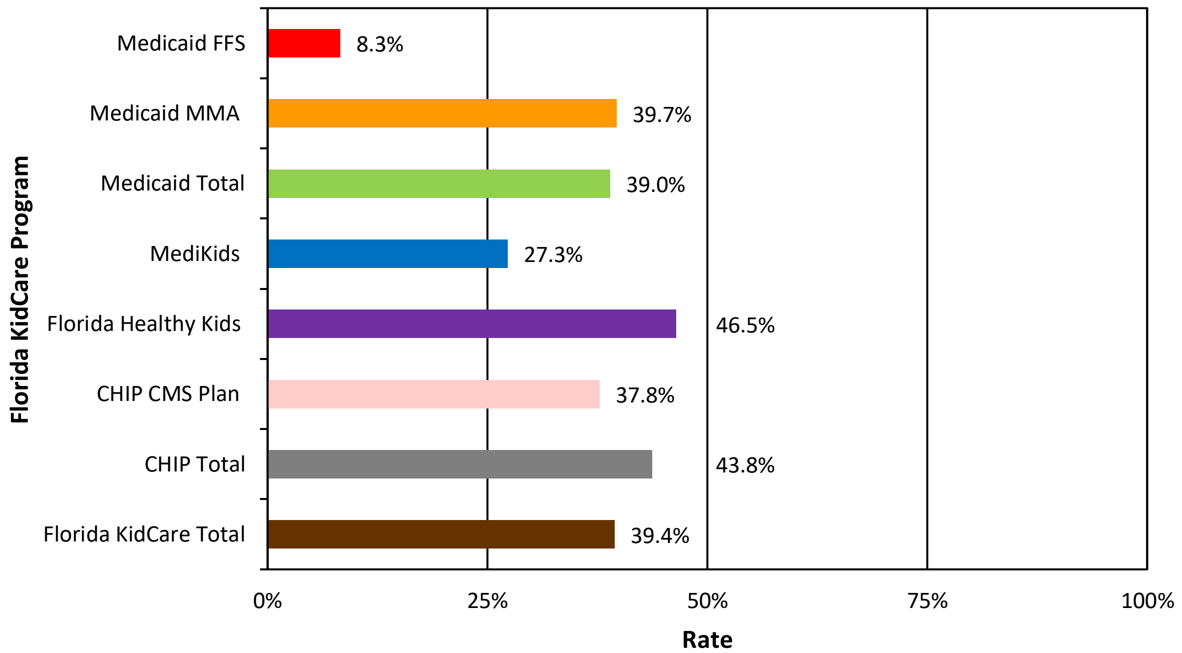

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 191. Florida Healthy Kids Plan Results for SEAL, CY 2018**



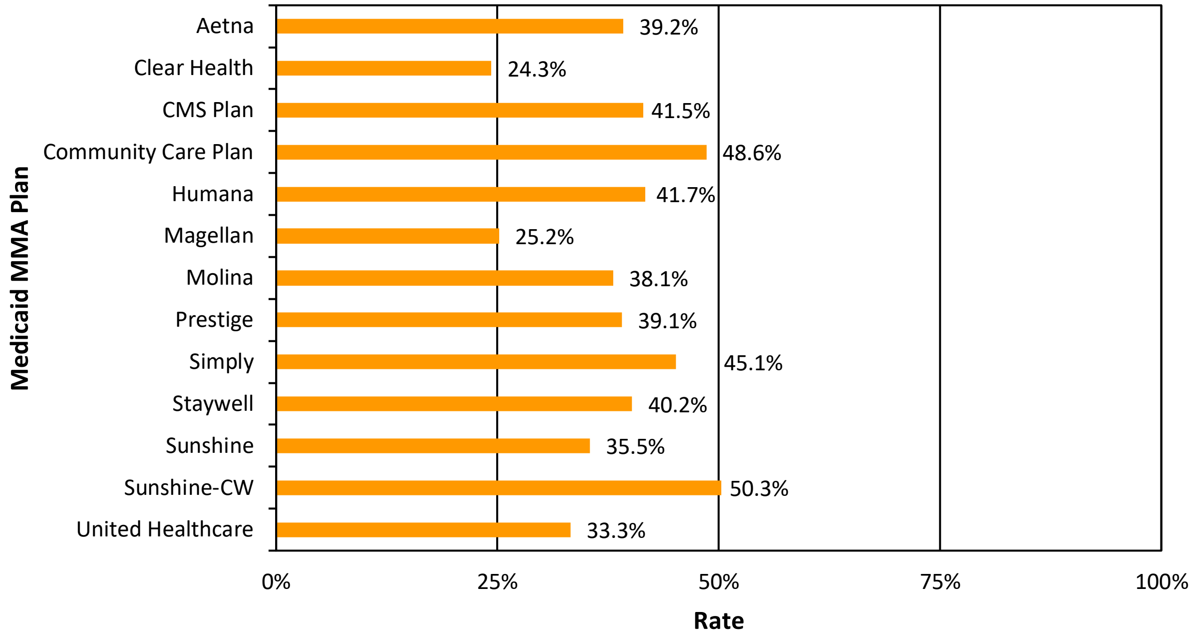

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 192. Florida KidCare Program Results for PDENT, FFY 2018**



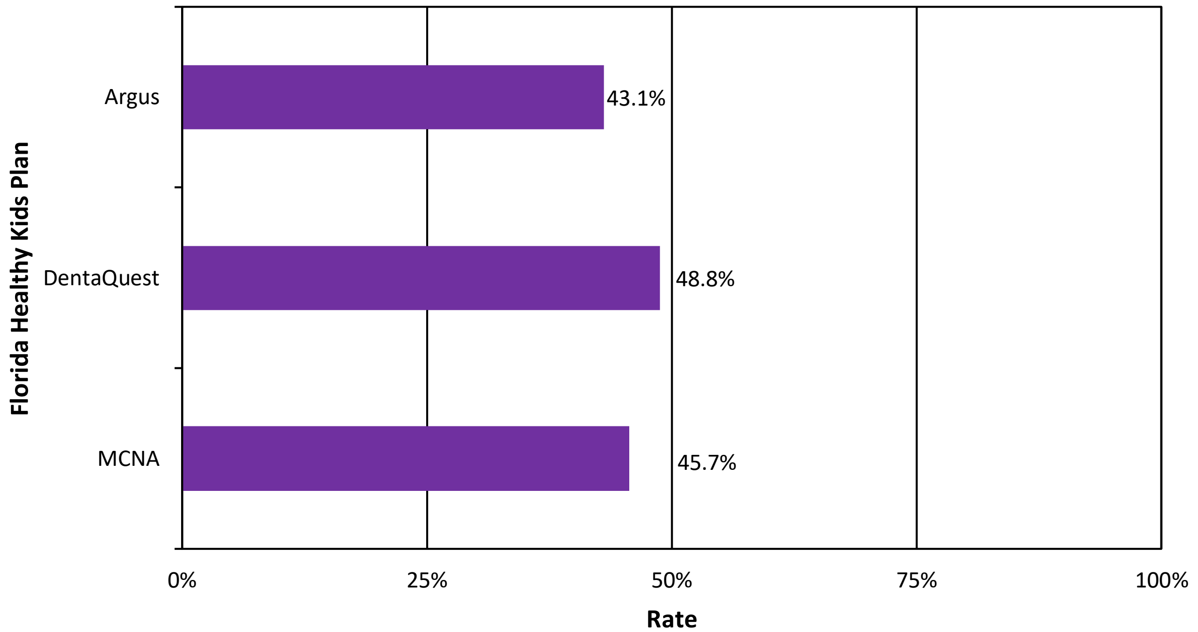

*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Figure 193. Medicaid MMA Plan Results for PDENT, FFY 2018**




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

**Figure 194. Florida Healthy Kids Plan Level Results for PDENT, FFY 2018**




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

**Table 43. SEAL Results by Florida KidCare Program, CY 2014 to CY 2018**

| Program | CY 2014 | CY 2015 | CY 2016 | CY 2017 | CY 2018 |
|---|---|---|---|---|---|
| Medicaid FFS | 6.1% | 0.0% | 15.5% | 12.8% | 18.6% |
| Medicaid MMA | 4.2% | 18.0% | 30.4% | 28.3% | 20.6% |
| Medicaid Total | 4.8% | 17.8% | 30.3% | 28.2% | 20.6% |
| MediKids | N/R | N/R | N/R | N/R | N/R |
| Florida Healthy Kids | 15.7% | 0.0% | 30.5% | 29.7% | 32.2% |
| CHIP CMS Plan | N/R | 0.0% | 31.3% | 28.3% | 29.1% |
| CHIP Total | 15.7% | 0.0% | 30.5% | 29.7% | 32.1% |
| Florida KidCare Total | 5.9% | 17.4% | 30.3% | 28.3% | 21.6% |

*Note that methodology differs across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

**Table 44. PDENT Results by Florida KidCare Program, FFY 2014 to FFY 2018**

| Program | FFY 2014 | FFY 2015 | FFY 2016 | FFY/CY$^{\Delta}$ 2017 | FFY 2018 |
|---|---|---|---|---|---|
| Medicaid FFS | 4.7% | 4.1% | 7.8% | 6.9% | 8.3% |
| Medicaid MMA | 12.1% | 33.7% | 37.4% | 38.9% | 39.7% |
| Medicaid Total | 10.3% | 31.4% | 36.6% | 38.2% | 39.0% |
| MediKids | N/R | 24.9% | 25.1% | 25.8% | 27.3% |
| Florida Healthy Kids | 45.3% | 41.7% | 46.1% | 46.9% | 46.5% |
| CHIP CMS Plan | N/R | 36.1% | 37.2% | 35.5% | 37.8% |
| CHIP Total | 45.3% | 39.2% | 42.8% | 43.4% | 43.8% |
| Florida KidCare Total | 14.1% | 32.1% | 37.2% | 38.7% | 39.4% |

*Note that methodology differs across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.*

$^{\Delta}$*The 2017 program rate for Florida Healthy Kids was measured in FFY. All other 2017 Florida KidCare rates are calculated in CY.*

# Conclusion

***In This Section***

- Summary
- Recommendations

## Summary

Although the Florida KidCare program saw slight decreases in enrollment from the prior year, 2.3 million children relied on Florida KidCare for health insurance coverage in Calendar Year (CY) 2018. Enrollment in all Children's Health Insurance (CHIP) components of Florida KidCare was higher than the previous year, whereas the enrollment for Medicaid decreased by nearly four percent. Family experiences were overall lower than the previous year, a trend that seems mostly attributable to specific program components. Indeed, the Florida KidCare rate for overall health care (as determined by families across all program components) was two percentage points higher than both the Medicaid and the CHIP national benchmarks, despite a combined eight percentage point decrease from two program components.

Specific to performance measures, rates improved from the year prior for nearly all hybrid measures, which can be attributed to the inclusion of the medical record review. However, large increases in rates from the previous measurement year for administrative measures indicate program improvement. In particular, Medicaid Fee-For-Service (FFS) saw increases in the ratio of asthma controller to rescue medications. This measure is an indicator of asthma control, for which Medicaid FFS had increases in both the 5-11 and the 12-18 sub-measures (18% and 15%, respectively). Another area with substantial improvement from CY 2017 in the Medicaid FFS population was a 78% improvement for one of the Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication measures. Despite this increase, the overall Florida KidCare rate for that same sub-measure saw a 14% decrease from CY 2017. In fact, Medicaid FFS was the only program to not have decreased rates for any behavioral health measures in CY 2018. Florida Healthy Kids saw increases in all but two of the six behavioral health measures presented both years, but rates for other program components and the overall Medicaid, CHIP, and Florida KidCare rates are trending down from the year prior.

## Recommendations

Most program components met the applicable national benchmark for the Doctor's Communication composite, and all but two Medicaid Managed Medical Assistance plans met or exceeded the national Medicaid benchmark for rating of personal doctor. MediKids enrollees seemed to be especially pleased with their physicians, scoring at, above, or just below the CHIP benchmark for all questions related to physician relationships or ratings. The Institute for Child Health Policy recommends that Florida KidCare program components emphasize the importance of a patient-centered medical home (Hagan et al., 2017), and interpersonal relationships patients can forge with their providers.

To elicit improvements in the quality of care measures, attention must be focused on the contributing factors that ultimately impact these performance indicators. Specific to making improvements in behavioral health measures, it may be helpful to see how other states have tackled these issues. Foster children are at an increased risk for not receiving psychosocial care as a first-line treatment and instead being prescribed multiple antipsychotic medications (Butler, Reck, & Hensley-Quinn, 2019). States have enacted telehealth consults for rural areas as well as patient engagement to help decrease antipsychotic use in this population (Butler et al., 2019). While the lagging rates for behavioral health measures in the Florida KidCare population are not exclusive to the foster care population, lessons learned from other states may help Florida KidCare succeed in its mission of providing high quality health care to the children of Florida.

# Appendices

***In This Section***


- Appendix A: References
- Appendix B: Abbreviations
- Appendix C: CAHPS® Survey Items

## Appendix A: References

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## Appendix B: Abbreviations

| | |
|---|---|
| AAA | Atypical Antipsychotic Agents |
| AAP | American Academy of Pediatrics |
| AAPD | American Academy of Pediatric Dentistry |
| ADA | American Dental Association |
| ADHD | Attention-Deficit/Hyperactivity Disorder |
| AHCA | Agency for Health Care Administration |
| AHRQ | Agency for Healthcare Research and Quality |
| BNET | Behavioral Health Network |
| BMI | Body Mass Index |
| CAHPS® | Consumer Assessment of Healthcare Providers and Systems |
| CCC | Children with Chronic Conditions |
| CDC | Centers for Disease Control and Prevention |
| CDT Code | Current Dental Terminology |
| CHIP | Children's Health Insurance Program |
| CHIPRA | Children's Health Insurance Program Reauthorization Act |
| CMS | Centers for Medicare & Medicaid Services |
| CMS Plan | Children's Medical Services Managed Care Plan |
| CPT | Current Procedural Terminology |
| CW | Child Welfare |
| CY | Calendar Year |
| DCF | Department of Children and Families |
| DOH | Department of Health |
| DQA | Dental Quality Alliance |
| DTaP | Diphtheria, Tetanus, and Acellular Pertussis |
| ED | Emergency Department |
| FACT | Florida Assertive Community Treatment |
| FDA | Food and Drug Administration |
| Florida SHOTS™ | Florida State Health Online Tracking System |
| FFS | Fee-For-Service |
| FFY | Federal Fiscal Year |
| FHKC | Florida Healthy Kids Corporation |
| FLU | Influenza |
| FPL | Federal Poverty Level |
| HEDIS ® | Healthcare Effectiveness Data and Information Set |
| HepA | Hepatitis A |
| HepB | Hepatitis B |
| HHS | Health and Human Services |
| HiB | Haemophilus Influenza Type B |
| HMO | Health Maintenance Organization |
| HPV | Human Papillomavirus |
| HRSA | Health Resources and Services Administration |
| ICD-9-CM | International Classification of Diseases, Ninth Revision, Clinical Modification |
| ICD-10-CM | International Classification of diseases, Tenth Revision, Clinical Modification |
| ICHP | Institute for Child Health Policy |
| IPSD | Index Prescription Start Date |

| | |
|---|---|
| IPV | Inactivated Poliovirus |
| LARC | Long-acting Reversible method of Contraception |
| MMA | Managed Medical Assistance |
| MMR | Measles, Mumps, and Rubella |
| N/A | Not Applicable |
| N/R | Not Reported |
| NCQA | National Committee for Quality Assurance |
| NIMH | National Institute of Mental Health |
| OB/GYN | Obstetrics and Gynecology |
| OHSU | Oregon Health and Science University |
| OPA | United States Office of Population Affairs |
| PCP | Primary Care Provider |
| PCV | Pneumococcal Conjugate |
| QSI | Quality Systems Integrators |
| QSHR™ | Quality Spectrum Hybrid Reporter |
| RV | Rotavirus |
| SFY | State Fiscal Year |
| Tdap | Tetanus, Diphtheria Toxoids and Acellular Pertussis |
| TJC | The Joint Commission |
| U.S. | United States |
| VZV | Varicella Zoster Virus Vaccine |

## Appendix C: CAHPS® Survey Items

The following questions and answer choices were included in the analysis of CAHPS plan and program scores. The question numbers correspond to the CAHPS Health Plan Survey 5.0H, Child Version with inclusion of the Children with Chronic Conditions (CCC) question set, fielded by the Institute for Child Health Policy (ICHP) for the Medicaid Fee-For-Service, MediKids, Florida Healthy Kids, and Children's Health Insurance Program Centers for Medicare and Medicaid Services Plan programs. Several Medicaid Managed Medical Assistance (MMA) plans used these survey items as well, and are referred to as the Medicaid MMA CCC plans. As the majority of the Medicaid MMA plans did not use this question set, question numbering may differ for surveys. For these plans, none of the CAHPS survey items with the CCC designation were used. Item types in either type of CAHPS survey include stand-alone questions, rating questions, and composites questions, which are comprised of multiple questions within a theme.

| CAHPS Item | Question Number | Question Text | Answer Choices |
|---|---|---|---|
| Composite: Getting Needed Care | Q15 | In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed? | Never<br>Sometimes<br>Usually<br>Always |
| | Q46 | In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed? | Never<br>Sometimes<br>Usually<br>Always |
| Composite: Getting Care Quickly | Q4 | In the last 6 months when your child needed care right away, how often did your child get care as soon as he or she needed? | Never<br>Sometimes<br>Usually<br>Always |
| | Q6 | In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed? | Never<br>Sometimes<br>Usually<br>Always |
| Composite: Doctor's Communication Skills* | Q32 | In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand? | Never<br>Sometimes<br>Usually<br>Always |
| | Q33 | In the last 6 months, how often did your child's personal doctor listen carefully to you? | Never<br>Sometimes<br>Usually<br>Always |
| | Q34 | In the last 6 months, how often did your child's personal doctor show respect for what you had to say? | Never<br>Sometimes<br>Usually<br>Always |
| | Q37 | In the last 6 months, how often did your child's personal doctor spend enough time with your child? | Never<br>Sometimes<br>Usually<br>Always |

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|---|---|---|---|
| Composite: Health Plan Customer Service | Q50 | In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed? | Never<br>Sometimes<br>Usually<br>Always |
| | Q51 | In the last 6 months how often did customer service staff at your child's health plan treat you with courtesy and respect? | Never<br>Sometimes<br>Usually<br>Always |
| Composite: Shared Decision Making | Q11 | Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine? | Yes<br>No |
| | Q12 | Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine? | Yes<br>No |
| | Q13 | When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child? | Yes<br>No |
| Rating: Health Care | Q54 | Using any number from 0 to 10, where 0 is the worst health care possible, and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months? | 0-10 |
| Rating: Personal Doctor | Q41 | Using any number from 0 to 10, were 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor? | 0-10 |
| Rating: Specialist | Q48 | We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist? | 0-10 |
| Rating: Health Plan | Q14 | Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan? | 0-10 |
| CCC Composite: Access to Specialized Services | Q20 | In the last 6 months, how often was it easy to get special medical equipment or devices for your child? | Never<br>Sometimes<br>Usually<br>Always |
| | Q23 | In the last 6 months, how often was it easy to get this therapy? | Never<br>Sometimes<br>Usually<br>Always |
| | Q26 | In the last 6 months, how often was it easy to get this treatment or counseling for your child? | Never<br>Sometimes<br>Usually<br>Always |

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|---|---|---|---|
| CCC Composite: Family Centered Care: Personal Doctor Who Knows Child | Q38 | In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving? | Yes |
| | | | No |
| | Q43 | Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life? | Yes |
| | | | No |
| | Q44 | Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life? | Yes |
| | | | No |
| CCC Composite: Coordination of Care for Children with Chronic Conditions | Q18 | In the last 6 months, did you get the help you needed from your child's doctor or other health providers in contacting your child's school or daycare? | Yes |
| | | | No |
| | Q29 | In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services? | Yes |
| | | | No |
| CCC: Getting Needed Information | Q9 | In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers? | Never |
| | | | Sometimes |
| | | | Usually |
| | | | Always |
| CCC: Getting Prescription Medication | Q56 | In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan? | Never |
| | | | Sometimes |
| | | | Usually |
| | | | Always |

*Note that for the Doctor's Communication Skills composite, the National Committee for Quality Assurance (NCQA) specifications use a four-item composite, while the Agency for Healthcare Research and Quality composite is composed of five items. ICHP adheres to the NCQA specifications.