Florida KidCare

The Florida KidCare Program Evaluation

Calendar Year 2019

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Executive Summary

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Introduction to Florida KidCare

Florida KidCare has provided publicly funded health insurance options for children in Florida for over 20 years, offering coverage for doctor visits, immunizations, dental and vision care, medications, and behavioral health care. KidCare is the umbrella program for Florida's Medicaid and Children's Health Insurance Programs (CHIP), with CHIP consisting of the MediKids (ages 1-4), Florida Healthy Kids (ages 5-18), and Children's Medical Services Health Plan (CHIP CMS Health Plan; serving children ages 1-18 with medical complexities). More than two million children across the state receive care from these component programs based on family income, age, and health status.

As mandated by state and federal guidelines, a yearly evaluation of the Florida KidCare program is required. This evaluation is completed through an annual report that includes analyses of application, enrollment and renewal data, parent-reported experiences with care, and a review of quality indicators garnered by either claims and encounter data or a review of medical records. Guidelines set forth in section 409.8177 of the Florida Statutes (F.S.) also mandate that the evaluation include demographics of the children and families assisted by the program, a review of progress and impact the Florida KidCare program made towards reducing the gap of uninsured children, and assessments of trends or changes at the state level affecting the provision of health insurance.

The Institute for Child Health Policy (ICHP) at the University of Florida prepares and submits this report to the Agency for Health Care Administration (AHCA). Upon Agency approval, it is submitted to the Governor, the President of the state Senate, and the Speaker of the state House of Representatives who may then utilize the findings to guide policy recommendations and/or changes to program operation.

Program Administration

Methodology

The Florida Healthy Kids Corporation (FHKC) processes Florida KidCare application, enrollment, and renewal data via a contracted third-party vendor, while the Department of Children and Families (DCF) determines eligibility for Medicaid. Eligibility is based on income and medical need, and an application can include all children in a household. FHKC receives applications through phone, mail, fax, or online submission, though members can apply directly to DCF as well. This evaluation includes information from FHKC's vendor and DCF for application volume and outcomes, enrollment totals and trends, and renewal of coverage. Data related to CHIP program financing was provided by the Agency.

Findings

In Calendar Year (CY) 2019, a total of 1,687,293 applications for Florida KidCare coverage were processed by both organizations, representing a total of 1,980,493 applicants. Of these processed applications, 988,002 children, or 50%, were approved in CY 2019. The majority of children (36%) were not approved for coverage because they did not meet the eligibility criteria for Medicaid need. Overall, Florida KidCare enrollment trended slightly downward for the fourth consecutive calendar year, with a 5% decline since 2016. Nationally, the Medicaid and CHIP enrollment also decreased, by 2% over the same period. The CY 2019 renewal rate for the Florida KidCare program was 76%, with 96% of CHIP members renewed compared to 71% of Medicaid members. For state fiscal year 2020-2021, total CHIP expenditures are forecasted to exceed one million. This is a result of decreased family contributions and an increase in the state's cost share due to changes in the federal funding assistance amount for CHIP programs.

Family Experiences

Methodology

An assessment of family experiences was conducted through use of standardized surveys. For all Florida KidCare surveys conducted, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) child health plan 5.0H survey was utilized, though survey collection methods varied across the 15 Medicaid Managed Medical Assistance (MMA) plans, as some plans used a combination of mail, telephone, and internet methodology and others did not. Data from these plan-conducted surveys were provided to ICHP by AHCA, and surveys for MediKids, Florida Healthy Kids, CHIP CMS Health Plan, and Medicaid Fee-For-Service (FFS) were conducted by ICHP. For both Florida Healthy Kids and MediKids, full-pay program members were excluded. The surveys utilized multiple types of questions to assess family experiences with access and timeliness of care, providers, and health plans/programs. Comparisons were made to the 2020 Medicaid health maintenance organization results reported to the National Committee for Quality Assurance (NCQA), though as those national rates are proprietary data, only benchmark percentiles are depicted in this report as a means to make comparisons to national data.

Findings

A total of 5,871 telephone, internet, and mail surveys were conducted in 2020. Though most Florida KidCare overall rates were within the bottom 50th benchmark percentile, rates were improved from the previous year in 9 of 14 of the standardized survey items. In particular, CHIP CMS Health Plan improved in all but two of the 14 standardized items and had two instances of rates with an improvement of 12+ percentage points compared to the year prior. The MediKids program component scored favorably in the supplemental question set regarding children with chronic conditions: In all of the survey items where the MediKids response total exceeded the small denominator threshold of 100, rates were in the top 50th percentile compared to the national data. When asked to rate their overall health care experiences on a scale from 0-10, 73% of Florida KidCare families rated their experiences a “9” or a “10”—the highest rate across the last five years.

Quality of Care

Methodology

To calculate quality of care for health plans and programs, performance measures are examined and compared to national data. Using the national Core Set of Children’s Quality Measures, which consists of several NCQA-guided Healthcare Effectiveness Data and Information Set (HEDIS®) measures, rates were calculated by ICHP for Medicaid FFS, MediKids, and CHIP CMS Health Plan. Rates were also calculated by 17 Medicaid MMA plans and five Florida Healthy Kids medical plans and were submitted to AHCA and FHKC, respectively. The plan-level data was then given to ICHP for analysis and inclusion in this report. Performance measures are calculated using a combination of methodology types including administrative (use of enrollment, claims and encounters, pharmacy data), hybrid (use of a medical record review to examine patient charts), and supplemental data. Specific to this report, supplemental data was used from online vital statistics obtained through the ICHP Family Data Center via the Florida Department of Health (DOH) as well as immunization data through the DOH Florida State Health Online Tracking System (Florida SHOTS™). Most measures require use of administrative methodology, though for eight measures in the child-focused Core Set, a hybrid option is available as a way for plans or programs to get more detailed information that may result in more favorable rates. As the COVID-19 pandemic unfolded during the medical record review period, NCQA released guidance that plans or programs may utilize prior-year hybrid rates if chart retrieval rates are low due to the health care crisis. As the ICHP had not yet started the medical record request process, the Agency gave ICHP direction to

not proceed but to select either the prior-year hybrid rate or the CY 2019 administrative rate for reporting the hybrid measures. Because of these methodology adjustments as a result of COVID-19, methodology fluctuates between measures, and trending data may be identical to the year prior. As with the CAHPS survey results, only benchmark percentiles are used to demonstrate national comparisons and full-pay members are not included in reported rates.

Findings

Specific to the 20 HEDIS measures or sub-measures for which benchmarks are available and were included in last year's reporting, the Florida KidCare rate improved for all but three. For the three indicators where the rate did not improve, the percentage point difference was one or less. When comparing to the national benchmarks, the Florida KidCare program fell within the top 50th percentile 65% of the time. MediKids fared especially well, landing in the top 50th percentile 80% of the time for all measures/sub-measures where the program had a reportable rate. For the timeliness of prenatal care measure, the two program components with a reportable rate, Medicaid FFS and Medicaid MMA, had seven and eight percentage point increases from the previous year, respectively. For the adolescent human papillomavirus (HPV) immunization indicator, all applicable program components (i.e., all but MediKids) had increased rates from the previous year, recording the highest rates across all programs since the sub-measure was added into this report. Similarly, all program components improved their rates from last year for the access to primary care measure, with the CY 2019 Florida KidCare rate reaching 89%, the highest rate in the past five years. Despite these achievements, CHIP CMS Plan saw decreases for the two asthma-related sub-measures at 8 and 12 percentage points for the 5-11 and 12-18 sub-measures, respectively. As this program component serves medically complex children, these decreased rates may signal a need for renewed focus on asthma care.

A notable improvement from previous reports, the Florida KidCare sub-measures rates for behavioral health were all either increased in rate, HEDIS benchmark percentile, or both as compared to the year prior. For the three sub-measures not analyzed last year, the rate was in the 50th-74.9th percentile for two, and in the 25th-49.9th percentile for the other sub-measure. These improvements signal a commitment to improving behavioral health outcomes for children in Florida.

Conclusions

Despite decreased Medicaid enrollment, Florida KidCare continues to be a popular option for child health care coverage in Florida, serving over two million children in CY 2019. The majority of members, particularly CHIP members, continue to renew coverage each year, though changes in funding for the CHIP program in the coming year may impact membership. Florida KidCare families continue to experience favorable relationships with their health care providers, and most feel that their overall health care experiences are a "9" or "10" on a 10-point scale. Families with children needing specialized care, therapies, or medications rated the MediKids program component especially high, and the CHIP CMS Health Plan program component demonstrated improvements across the board for family experiences compared to the previous year. In nearly all of the quality of care indicators, Florida KidCare improved against its prior-year rates, which corresponded to improved percentile rankings in many cases. While there are some specific areas in which care can be improved, such as a focus on improving asthma-related care for the CHIP CMS Plan, Florida KidCare demonstrated a favorable performance in quality of care measures for CY 2019. Following the success of these improvements against prior-year data, Florida KidCare should now focus on improvement against national indicators such as NCQA benchmarks and Healthy People objectives, as well as performance related to state goals such as improved birth outcomes and a reduction of potentially preventable events like emergency department

visits. By engaging stakeholders in quality improvement planning, Florida KidCare can methodically target these areas of high priority in order to increase health outcomes and stand out as a national leader in quality health care for children.

Recommendations

While overall KidCare rates for family experiences and quality of care measures have, by and large, improved from the prior year, there is room to further bolster Florida KidCare's performance as it relates to specific programs and sub-measures. Many quality of care measures and CAHPS responses ranked on the lower end of national benchmark percentiles, demonstrating the need to catalyze improvement as it relates to timely access. Furthermore, Ambulatory Care: Emergency Department (ED) visits, a utilization measure where lower values are desired, saw increases in nearly all program components in CY 2019. The Agency goal of reducing potentially preventable events is moderately, if not strongly, associated with the number of ED visits. As such, an increased emphasis on primary care access is of great importance as access to a primary care physician can reduce costly ED visits and limit the burden on hospital systems currently facing unprecedented challenges. Another strategy to increase access to care is providing more technological pathways, such as telehealth and streamlined prescription ordering services.

Other specific areas that the state should continue to target for improvement are behavioral health and asthma medication adherence. Behavioral health, a previously underfunded sector in the state, has seen encouraging upticks within all five sub-measures in this report. Asthma Medication Ratio (AMR), a measure that captures the ratio of controller to reliever asthma medications (used for sudden asthma attacks), saw improvement in the overall Florida KidCare rate but a sharp decline within the CHIP CMS Health Plan component. One potential approach that may increase adherence to asthma control medications is to establish action plans that highlight important asthma triggers and better equip families to use their medications responsibly and efficiently. Personalized outreach to members through virtual or in-person home visits should be explored to deliver these plans and educate families.

The state should continue to strengthen both access and quality of health services, as well as provide educational tools, to improve the health outcomes of Florida's most vulnerable children. By collaborating with stakeholders, Florida KidCare can identify areas of concern and establish performance improvement plans needed to strengthen care provision in lagging areas. By capitalizing on momentum from improvements in 86% of the performance measure indicators, Florida KidCare has an opportunity to further establish itself as a children's health insurance program that delivers accessible, high-quality healthcare during critical periods of childhood development.

Introduction to Florida KidCare

In This Section

- Background
- Program Structure
- Recent Program Changes
- Eligibility Criteria

Background

The Florida KidCare program was created in 1998 in response to Title XXI of the Social Security Act, facilitating the provision of quality health insurance coverage to children between the ages of 0-18 enrolled in either Medicaid or the Children's Health Insurance Program (CHIP). For over two decades, Florida KidCare has provided doctor visits, shots, hospital stays, dental coverage, vision services, prescriptions, and behavioral health services for children. Currently, more than two million Florida children receive care from these four programs, with eligibility determined by age, medical necessity, and family income. Nationally, CHIP and Medicaid insure approximately 44 million US children nationwide (Flores et al., 2017).

According to data compiled by the Georgetown University Center for Children and Families (CCF) (2020), 41% of Florida children who were insured in 2018 were covered via Medicaid or CHIP while 40% were covered by employer-sponsored insurance. This was in contrast with national coverage trends, as a larger share of children nationwide were covered by employer-sponsored insurance (48.1%) than Medicaid & CHIP (33.5%).

CCF's annual reporting on uninsurance among children has also found that Florida's rate of uninsured children has remained higher than the national average (Alker & Pham, 2017, 2018; Alker & Roygardner, 2019; Alker & Corcoran, 2020). An estimated 343,000 Florida children were uninsured in 2019, representing an increase of approximately 19% since 2016. Nationally, the uninsurance rate among children has also steadily increased in recent years, with 4.4 million children uninsured, a roughly 20% increase from 2016 (Alker & Corcoran, 2020).

Access to routine healthcare in youth and adolescence is associated with better educational outcomes and healthier lives in adulthood (Center for Children & Families, 2020). However, a child's quality of healthcare can be adversely impacted by disparities in access, increasing the probability of poorer health outcomes (Calvo & Hawkins, 2015). Inadequate utilization of health services can lead to increased rates of acute and chronic illness including asthma, ear infections, diarrhea, cardiovascular disease, and mental health problems (Uwemedimo & May, 2018). Uwemedimo and May (2018) also note that children in immigrant families are more likely to experience economic hardship and, as a result, struggle to access health services. These facts amount to one important point: When children are uninsured, their odds of becoming healthy and productive adults are decreased (Center for Children & Families, 2020).

Program Structure

Florida KidCare is the umbrella program for Florida's Medicaid and CHIP programs. Assignment to a particular program is determined by the child's age, health status, and family income. With the exception of 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.

Florida KidCare consists of four program components:

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. Unless families select the managed care plan they want for their children, they will be assigned to a plan and have 120

days to choose a different plan in their region. The Agency for Health Care Administration (AHCA) contracts with an enrollment broker to assist families in making this decision. Health services and benefits are provided through the Medicaid Managed Medical Assistance (MMA) plans, dental plans, and Fee-For-Service (FFS) providers. As some of the information in this report applies to both the MMA and FFS populations, they may be combined into an overall Medicaid program population and will be noted as such.

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 210% of the Federal Poverty Level (FPL) and are eligible for CHIP premium assistance. State law provides that children in MediKids must receive their care through a managed care delivery system; thus, MediKids members are enrolled in the Medicaid MMA plans as well as the dental plans. MediKids families receiving this subsidized coverage 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 210% FPL) with no co-payments.

Florida Healthy Kids

Florida Healthy Kids is a statewide program offering subsidized insurance for children ages five through 18 who are between 133% and 210% FPL and eligible for CHIP premium assistance. For each region, the Florida Healthy Kids Corporation, 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, three dental insurers provide the dental benefits available to members. The dental benefits mirror those offered by Medicaid. 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 210% FPL) with co-payments for certain services.

Children's Medical Services Health Plan

The Children's Medical Services (CMS) Health Plan is Florida's Title V program for children with special health care needs. Children enrolled in the CMS Health 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 administers the program, which is open to Medicaid and CHIP-funded children who meet clinical eligibility requirements. CHIP CMS Health Plan enrollees receive premium assistance and are limited to ages one through 18 years, whereas enrollees in the Medicaid CMS Health Plan can range from birth through 20 years of age. Infants under one year of age with family incomes between 192-206% of the FPL are CHIP-funded but receive services through the CMS Health Plan in the Medicaid managed care program. The CMS Health Plan covers Medicaid state plan services for its Medicaid and CHIP-funded enrollees with no copayments necessary. Families with CHIP CMS Health 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 210% FPL). The Medicaid CMS Health Plan is one of the Medicaid MMA plans with data included as part of the Medicaid MMA program component. The CHIP CMS Health Plan is presented as a separate Florida KidCare program component and is listed as part of the CHIP program. Dental services for CHIP CMS Health Plan are provided by Liberty Dental Plan, and members in the Medicaid CMS Health Plan can select one of three dental plans offered through the Medicaid program.

Behavioral Health Network

Within CHIP CMS Health Plan is the Behavioral Health Network (BNET). CHIP CMS Health Plan enrollees ages five 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.

Full-Pay Program

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 210% FPL, but they are not eligible for CHIP premium assistance
2) Their income is over 210% FPL, or
3) They are non-qualified United States (U.S.) non-citizens

In Calendar Year (CY) 2019, 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. Because the full-pay program is funded solely through family contributions (i.e., families do not receive subsidized coverage), data on full-pay members are not included in this report unless specified.

There is not a full-pay coverage option for the CHIP CMS Health 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 Program Changes

In 2018, AHCA awarded new contracts for administration of the Statewide Medicaid Managed Care program. These new contracts resulted in the addition of three new Medicaid MMA plans (Lighthouse Health Plan, Miami Children's, and Vivida Health), as well as the addition of the Staywell-Serious Mental Illness specialty plan. CY 2019 is the first year for which performance measures and family satisfaction surveys were reported for these new plans.

In February 2019, WellCare assumed all duties of operation for the CMS Health Plan within the Florida Medicaid and CHIP programs. This marks the first time that CMS Health Plan has been managed by a Medicaid managed care company. Previous provider contracts with CMS Health Plan did not transfer and any providers who did not wish to complete contracting requirements with WellCare were not able to continue seeing CMS Health Plan patients following the 180-day continuity of care period that ended July 31, 2019 (Florida Department of Health, 2018).

Additionally, coverage for oral health services transitioned to independent dental plans following a requirement by state legislators for a review of dental care quality, costs, and utilization offered by the managed care program. In CY 2018, AHCA awarded statewide contracts to MCNA Dental, DentaQuest of Florida, and Liberty Dental Plan of Florida to administer dental care to Florida Medicaid recipients, and the rollout of these plans took place from December 2018 to February 2019. Medicaid and MediKids beneficiaries are now required to select one of the three dental plans to serve as their dental provider.

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 206% FPL
    - Children under the age of one year with a household income over 192% up to 206% FPL are funded by CHIP
  - Ages 1-5 years must have a household income equal to or less than 140% FPL
  - Ages 6-18 years must have a household income equal to or less than 133% FPL
    - Children with household income between 112%-133% FPL are 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 illnesses

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 210% 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 illnesses

Table 1 provides information from the past five years about the FPL for a family of four, as stated by the U.S. Department of Health and Human Services (Office of The Assistant Secretary for Planning and Evaluation, 2020). To be eligible for Medicaid coverage in 2019, a family of four must have had an annual income equal to or less than $34,248.

Table 1. Federal Poverty Level for a Family of Four

Income as a % of FPL	2015	2016	2017	2018	2019
100%	$24,250	$24,300	$24,600	$25,100	$25,750
133%	$32,253	$32,319	$32,718	$33,383	$34,248
140%	$33,950	$34,020	$34,440	$35,140	$36,050
206%	$49,955	$50,058	$50,676	$51,706	$53,045
210%	$50,925	$51,030	$51,660	$52,710	$54,075

This information is provided in **Table 2** alongside information about each Florida KidCare program component.

Table 2. Florida KidCare Program Eligibility, CY 2019

Program/ Component		Agency Roles	Age	Eligibility	Monthly Premiums	Health Care Plan Coverage	Dental Plan Coverage
Title XIX	**Medicaid**	**Administration:** Agency for Health Care Administration **Eligibility:** Department of Children and Families	Under 19 years of age	Infants: Up to 206% FPL Children Ages: 1-5: up to 140% FPL 6-18: up to 133% FPL[a]	No premiums	Medicaid health plans	Medicaid dental plans
Title XXI-CHIP	**MediKids**	**Administration:** Agency for Health Care Administration **Eligibility:** Florida Healthy Kids Corporation	1-4	Uninsured-Above 133% up to 210% FPL	$15 or $20/family Full Pay: $157/child	Medicaid health plans, with the exception of CMS Health Plan[b]	Medicaid dental plans
	Florida Healthy Kids	**Administration:** Florida Healthy Kids Corporation **Eligibility:** Florida Healthy Kids Corporation	5-18	Uninsured-Above 133% up to 210% FPL	$15 or $20/family Full Pay: • $230/child with dental • $215/child, no dental	Florida Healthy Kids health plans	Florida Healthy Kids dental plans
	Children's Medical Services (CMS) Health Plan	**Administration:** Department of Health **Eligibility:** Florida Healthy Kids Corporation[c]	Under 19 years of age	Children with special health care needs; Uninsured-Above 133% up to 210% FPL	$15 or $20/family	• CHIP CMS Health Plan • For children with severe behavioral needs, ages 5-18: BNET[d]	Liberty Dental Plan

Note. The eligibility income limit for the Florida Children's Health Insurance Program (CHIP) is 210% of the Federal Poverty Level (FPL). For families who exceed the 210% limit, an additional 5% income deduction will be applied, resulting in a 215% limit.

[a] Medicaid services are CHIP funded for infants (< 1) with family incomes above 192% up to 206% FPL and children 6-18 years of age with family incomes above 112% up to 133% FPL.

[b] MediKids members are eligible for the Medicaid health plans, and can qualify for the CHIP CMS Health Plan, if clinically eligible. If enrolled in the CMS program, the child is disenrolled from MediKids, as they cannot be dually enrolled in both programs.

[C] For CHIP CMS Health Plan, clinical eligibility is determined by the Department of Health, who reviews daily files from the Florida Healthy Kids Corporation. For Medicaid CMS Health Plan, medical eligibility is determined by the Department of Children and Families, who reviews daily files sent from the Florida Healthy Kids Corporation.

[d] BNET is the Behavioral Health Network.

Section 1:
Program Administration

In This Section

- Methodology
- Applications
- Enrollment
- Renewals
- CHIP Financing

Methodology

Presented in this section are data detailing applications, enrollment, and renewals for each of the Florida KidCare programs. At the end of this section is information about the administration, expenditures, and funding for the Children's Health Insurance Program (CHIP) portion of Florida KidCare. The following program administration areas are included in this evaluation:

- Application volume and outcomes
- Enrollment totals and trends
- Renewal of coverage, including a discussion of the process for both Medicaid and CHIP members
- CHIP program financing data

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. Data in this section are from both FHKC and DCF, with the exception of CHIP financing data, which is courtesy of the Agency for Health Care Administration (AHCA). Funding for the Florida KidCare CHIP program comes from the federal government, state allocations, and member payments for premiums.

Methodology specific to each type of data presented is detailed within each sub-section.

Applications

Applications for Florida KidCare coverage can be submitted to FHKC via mail, telephone, fax, or internet. Medicaid applications are sent to DCF for a determination of eligibility, although applications for children can also be sent directly to DCF. For cases with duplicate or multiple applications, only the most recent application is included and, thus, subsequent mentions of applications or applicants refer to the unduplicated amount unless specifically stated otherwise. Note that more than one child can be included on applications for Florida KidCare coverage.

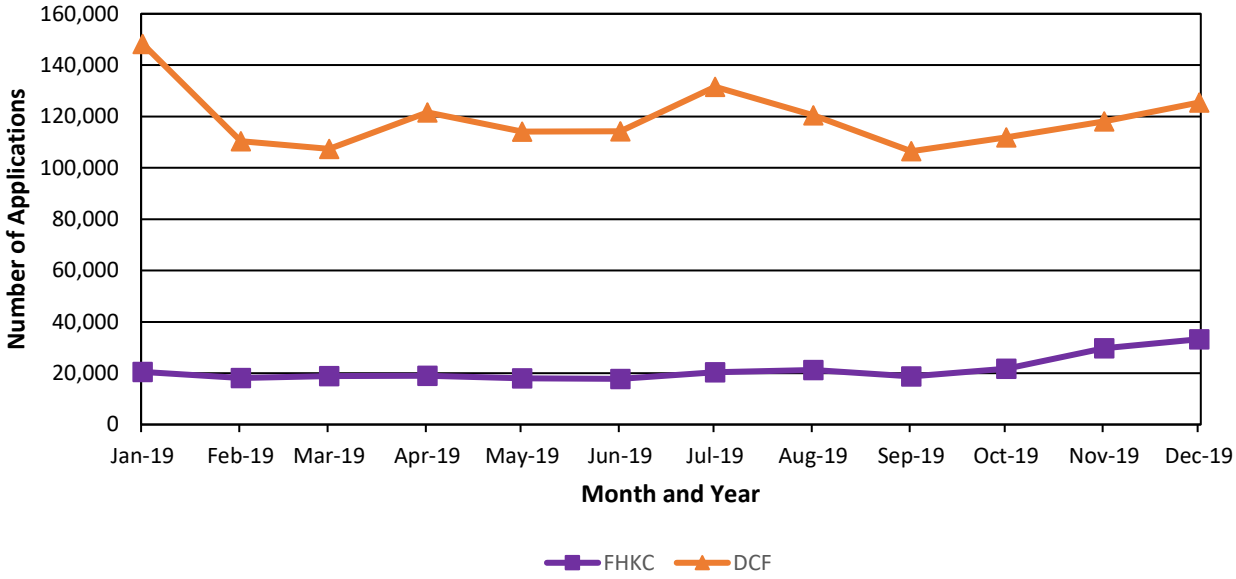
In Calendar Year (CY) 2019, FHKC received a total of 257,405 applications, which contained processable information on 403,533 children, and DCF received a total of 1,429,889 applications, which contained processable information on 1,576,961 children.

For families applying for Florida KidCare coverage through FHKC in CY 2019, the average age of applicants was 11.15 years, the average monthly income was $3,647, and the average household size was 3.6 persons. For families applying for Florida KidCare coverage through DCF, the average age of applicants was 10.06 years, the average monthly income of families applying for Florida KidCare coverage was $6,446, and the average household size was 3.57 persons.

Figure 1 displays the number of Florida KidCare applications received monthly by the FHKC and DCF for CY 2019. The highest amount of applications received in a single month was 148,314 applications in January for DCF and 33,239 applications received by FHKC in December.

Additional CY 2019 application data per month is available in **Appendix C: Additional Data Charts.**

Figure 1. Florida KidCare Monthly Applications Received by FHKC and DCF, CY 2019



Review and Outcomes of Applications

An application is considered reviewed if it was specifically approved or denied. For applications submitted directly to FHKC, application processing included internal review at FHKC and additional external review by DCF and/or Children's Medical Services (CMS) Health Plan for applications that met certain criteria. DCF assessed each child's eligibility for Medicaid coverage, and CMS Health Plan assessed each child's clinical eligibility for CMS Health Plan coverage. 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 3 presents the number of applications for Florida KidCare during CY 2019 sent directly to either FHKC or DCF.

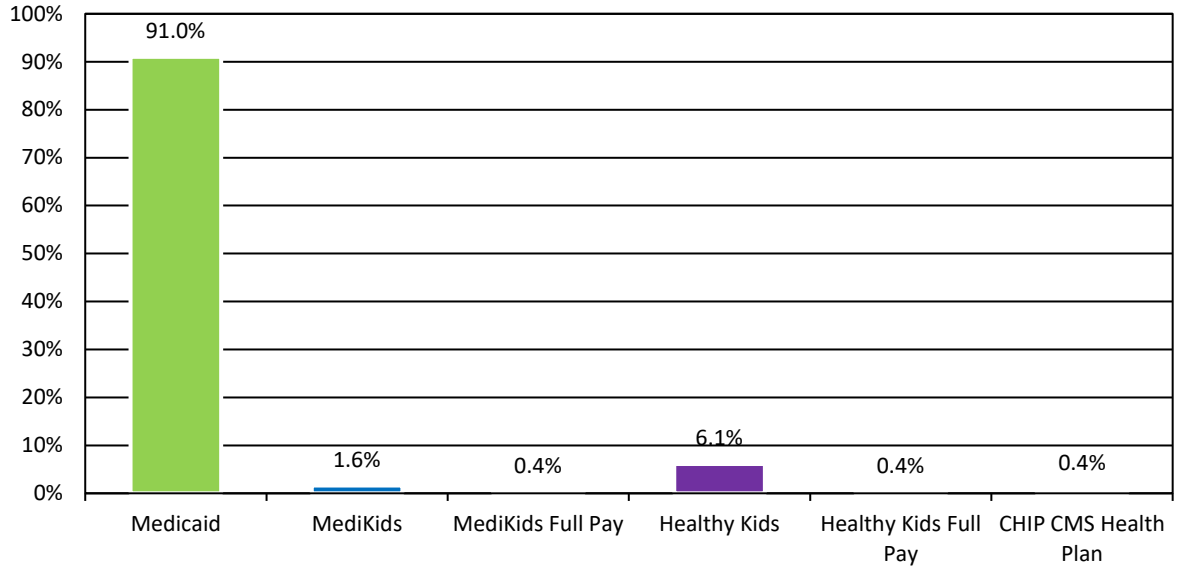
FHKC and DCF processed a total of 1,687,293 applications, which represented 1,980,493 applicants. Note that within the 257,405 applications processed by FHKC, one did not meet any of the review criteria and is not present in subsequent totals. Of the applicants processed, 988,002 children were approved, yielding a 49.9% approval rate. An additional 1,429,889 applications were sent directly to and reviewed by DCF. The average processing time for approved applications was 35.67 days for FHKC and 8.97 days for DCF.

Table 3. Florida KidCare Applications Processed by FHKC and DCF, CY 2019

CY 2019 Application Totals	FHKC Total	DCF Total	FHKC and DCF Total
Applications	257,404	1,429,889	1,687,293
Children on Applications	403,532	1,576,961	1,980,493
Approved Children: Medicaid	67,074	832,253	899,327
Approved Children: MediKids	16,030		16,030
Approved Children: MediKids Full Pay	3,848		3,848
Approved Children: Florida Healthy Kids	60,389		60,389
Approved Children: Florida Healthy Kids Full Pay	4,274		4,274
Approved Children: CHIP CMS Health Plan	4,134		4,134
Approved Children: All Florida KidCare	155,749	832,253	988,002

Figure 2 presents the distribution of approved applications by Florida KidCare program component as submitted to FHKC and DCF. An 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. 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 Program Component



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

Table 4 displays the reasons why children were ineligible for Florida KidCare coverage. CHIP denial data comes from FHKC, and Medicaid denial data comes from DCF. The DCF data were sorted into 16 categorical themes. As several of these themes were closely related, they were blended into an overall eight categories. The data from FHKC fell within 12 themes, which were consolidated into five of the final categories. The full list of denial categories for both DCF and FHKC are shown **in Appendix C: Additional Data Charts.**

Please note that reasons for denial are not mutually exclusive. Therefore, applications could include more than one reason for lack of eligibility.

Reasons for ineligibility are summarized below:

- 342,762 were denied because one or more household members did not meet either the eligibility, disability, or Medicaid need requirements
- 292,492 did not provide the required materials, payment and/or failed to complete one or more steps in the application process
- 186,695 were either enrolled in, eligible for, or referred to another insurance program
- 63,495 were ineligible due to age
- 44,447 were not eligible because either the United States (U.S.) citizenship or Florida residency requirement was not met
- 29,151 were either incarcerated, involved in a legal matter, or had a law violation, including a parental custody issue
- 4,644 were ineligible due to income

Table 4. Reasons for Denial from Florida KidCare, CY 2019

Reasons for Denial of Coverage	Medicaid Total	CHIP Total	Florida KidCare Total
Eligibility/Disability/Medicaid need unmet	342,762	-	342,762
Incomplete application/payment/requirements	164,864	127,628	292,492
Enrolled in/eligible for/referred to other insurance program	65,168	121,527	186,695
Age	55	63,440	63,495
Citizenship or residency requirement not met	43,031	1416	44,447
Law violation/legal matter	29,132	19	29,151
Income	4,644	-	4,644
Other	78	-	78
Total	649,734	314,030	963,764

Enrollment

In recent years, enrollment in Florida's Medicaid and CHIP programs has trended slightly downward following a period of increased enrollment spurred by the implementation of the Affordable Care Act (ACA). Provided by AHCA, monthly enrollment data compiled from 2016 to 2019 shows enrollment in Medicaid and CHIP has declined by 5% among children from 2016 to 2019. In total, over 120,000 fewer children enrolled in Florida KidCare during this period. This decline is slightly greater than child Medicaid and CHIP enrollment nationally, where a 2% drop occurred over the same timeframe (Kaiser Family Foundation, 2020).

Table 5 presents the point-in-time enrollment figures for the end of CY 2018 and CY 2019 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 2019, 2,313,561 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 increase from the previous year.
- Total CHIP-funded enrollment saw a change of 2.33% from December 2018 to December 2019.
- Each of the subsidized CHIP programs saw increases from the previous year, with MediKids having the highest enrollment increase at 7.83%. This trend of increases was also repeated for the full-pay program components, with Florida Healthy Kids Full Pay having the highest enrollment increase at 9.84%.

Table 5. Point-in-time Enrollment Figures for the Last Day of CY 2018 and CY 2019

	CY 2018- CY 2019		
	Enrollment Dec. 31, 2018	Enrollment Dec. 31, 2019	% Change 2018-2019
Florida Healthy Kids	184,601	193,082	4.59%
Florida Healthy Kids Full Pay	15,064	16,547	9.84%
Florida Healthy Kids Total	199,665	209,629	4.99%
MediKids	29,245	31,536	7.83%
MediKids Full Pay	8,229	8,896	8.11%
MediKids Total	37,474	40,432	7.89%
CHIP CMS Health Plan	12,596	13,525	7.38%
< Age 1	1,266	1,183	-6.56%
Ages 6-18	138,284	135,191	-2.24%
CHIP-Funded Medicaid	139,550	136,374	-2.28%
Total CHIP-funded enrollment[a]	365,992	374,517	2.33%
Medicaid	1,972,397	1,913,601	-2.98%
Florida KidCare Total	2,361,682	2,313,561	-2.04%

[a] Total CHIP-funded enrollment includes CHIP-funded Medicaid <Age 1 and Ages 6-18.

Enrollment Trends

Figure 3 and **Figure 4** display the enrollment growth trends by program at the beginning of the quarter for the last five calendar years. Additional figures detailing program component enrollment trends are available in **Appendix C: Additional Data Charts**.

Figure 3. Florida KidCare Enrollment for Medicaid Program, CHIP, and Florida KidCare, CY 2015-2019

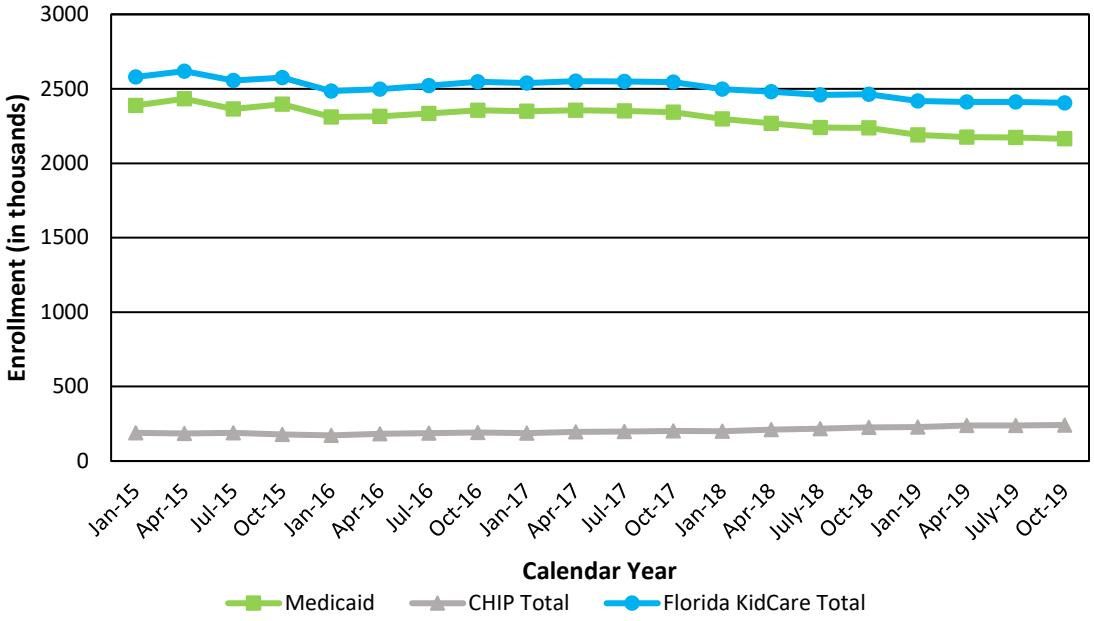
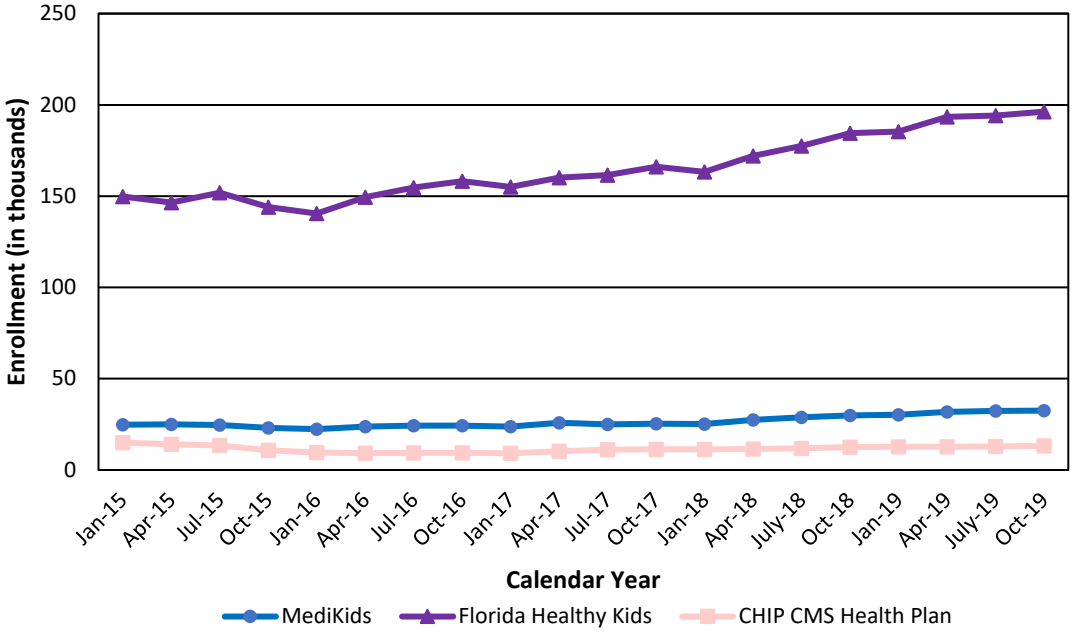


Figure 4. Florida KidCare Enrollment for CHIP Program Components, CY 2015-2019



Ever Enrolled and Newly Enrolled

Table 6 provides another perspective on the number of children enrolled in Florida KidCare during CY 2019. Note that these figures represent enrollees as they enter each program. For example, a child who ages out of the MediKids program and is enrolled in the Florida Healthy Kids program in CY 2019 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.

- Medicaid served a total of 2,561,536 children in CY 2019. Of those children, 13% had not been served by Medicaid in the year prior to their enrollment in CY 2019. The newly enrolled children are also included in the count of "ever enrolled" children.
- Of the 358,325 children served by Florida KidCare CHIP program during CY 2019, 126,381 (35.3%) had not been covered by CHIP programs in the year prior to their enrollment in CY 2019.
- MediKids had the highest percentage of new enrollees, with 48.1% of members being new enrollees in CY 2019, while Florida Healthy Kids and CHIP CMS Health Plan both had roughly 33% new enrollees in the same year.

Table 6. Children "Ever" and "Newly" Enrolled in Florida KidCare Program Components, CY 2019

CY 2019			
	Ever Enrolled[a]	Newly Enrolled[b]	Percent New Enrollees
Medicaid	2,561,536	331,987	13.0%
MediKids	57,369	27,594	48.1%
Florida Healthy Kids	281,888	92,495	32.8%
CHIP CMS Health Plan	19,068	6,292	33.0%
Total CHIP	358,325	126,381	35.3%

[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.

Renewals

Medicaid recipients whose financial eligibility is determined by use of modified adjusted gross income (MAGI) must be renewed once a year in accordance with federal regulations. DCF attempts to renew benefits for MAGI or family-related Medicaid groups automatically by using information that is available through existing electronic data sources. If the automated renewal is successful, the recipient is notified that their Medicaid benefits will continue for another 12 months. If the automated process is not successful, or the Medicaid coverage is based on age or disability, the recipient is notified approximately 45 days in advance of the end of their eligibility period that they must complete a renewal by a date specified or risk loss of their benefits.

Recipients are instructed to complete their renewal for DCF review online, by phone, or through paper submission. Benefits for members failing to submit their renewal or return requested documentation within the eligibility period will be automatically terminated effective the last day of their eligibility period. Members have 90 days from the effective date of closure to complete their renewal without having to submit a new application. If the renewal is completed within 90 days of closure, DCF will process the renewal and, if eligible, automatically provide benefits back to the effective date of closure.

Families of children in CHIP CMS Health 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 FHKC 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.

To renew eligibility, families are required to provide annual proof of earned and unearned income. Beginning in January 2010, federal CHIP Reauthorization Act legislation also required families to provide proof of their children's citizenship and identity.

Similar to the Medicaid electronic renewal process, an administrative renewal is first attempted. The 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 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.

The letter will inform the family of criteria found in the electronic system such as the household income and members in the household. If the family agrees with the information, the renewal is complete. If the family disagrees or an administrative renewal is not possible, the family is sent a pre-populated renewal form to complete and provide income documentation. 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.

The monthly renewal rates for Florida KidCare, CHIP, and Medicaid coverage were calculated for CY 2019 and are displayed in **Table 7.** During this time period, 95.6% of eligible children in CHIP and 70.5% of eligible children in Medicaid had their Florida KidCare coverage successfully renewed, resulting in an overall Florida KidCare renewal rate of 76.0% in CY 2019.

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.

Table 7. Successful Renewal of CHIP Florida KidCare Coverage, CY 2019

Month renewal was due	# of children eligible for renewal	# of children whose renewals were processed successfully	% of eligible children whose coverage was successfully renewed
January 2019- Medicaid	46,623	32,580	69.9%
January 2019- CHIP	12,967	12,489	96.3%
February 2019- Medicaid	42,802	29,025	67.8%
February 2019- CHIP	14,216	13,649	96.0%
March 2019- Medicaid	39,425	26,820	68.0%
March 2019- CHIP	12,695	12,113	95.4%
April 2019- Medicaid	44,063	32,040	72.7%
April 2019- CHIP	13,380	12,755	95.3%
May 2019- Medicaid	35,832	23,922	66.8%
May 2019- CHIP	11,375	10,833	95.2%
June 2019- Medicaid	46,871	34,745	74.1%
June 2019- CHIP	11,288	10,679	94.6%
July 2019- Medicaid	54,156	40,727	75.2%
July 2019- CHIP	9,971	9,553	95.8%
August 2019- Medicaid	45,331	31,718	70.0%
August 2019- CHIP	10,476	9,992	95.4%
September 2019- Medicaid	40,508	28,374	70.0%
September 2019- CHIP	12,762	12,219	95.7%
October 2019- Medicaid	34,797	23,021	66.2%
October 2019- CHIP	11,105	10,677	96.1%
November 2019- Medicaid	34,443	23,328	67.7%
November 2019- CHIP	12,343	11,756	95.2%
December 2019- Medicaid	45,580	33,379	73.2%
December 2019- CHIP	11,500	10,960	95.3%
Total- Medicaid	510,431	359,679	70.5%
Total- CHIP	144,078	137,675	95.6%
Total- All KidCare	654,509	497,354	76.0%

Specific to CHIP renewals, rates remain steady, as none of the programs saw a renewal rate below 90% since January 2017. Data for Medicaid renewals prior to CY 2019 were not available for this report; however, the CY 2019 data show that the renewal rate was highest in the month of January at 96.3%.

Additional renewal data by program component, including demographic, geographic, and socio-economic data, is available in **Appendix C: Additional Data Charts**.

CHIP Financing

This sub-section provides information on the funding of Florida KidCare's CHIP program components. 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, costs, and budget surplus/deficit projections 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, 2020). These conferences include data from AHCA (MediKids), FHKC (Florida Healthy Kids), and the Florida Department of Health (CMS Health 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.

Table 8 contains detail on the actual CHIP administrative costs for State Fiscal Year (SFY) 2019-2020 and budgeted costs for SFY 2020-2021. Please note that a SFY runs from July 1 to June 30. 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. These costs are calculated per member per month, a commonly used metric for health plans to understand annual or monthly costs. This metric can also be used within subgroups of a population (e.g., specialty plans) to determine if a certain subgroup utilizes more expenditures than others. In 2019-2020, these costs were $7.32 per CHIP member per month, with an expected rise to $7.98 for 2020-2021.

Table 8. Florida KidCare CHIP Administration Costs, SFYs 2019-2021

Program	SFY 2019-2020 Actuals	SFY 2020-2021 Budgeted
Average Monthly Caseload	210,407	192,579
Number of Case Months	2,524,884	2,310,948
Administration Cost per Member Per Month	$7.32	$7.98

Note. Data in this table are from Florida KidCare Estimating Conference Documents, August 6, 2020.

Table 9 presents the per member per month premium rates for the Florida KidCare CHIP programs projected for SFY 2019-2020 and budgeted for 2020-2021. 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. For both years, the per member per month premium rates range from roughly $15 to $1,100. 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 9. Per Member Per Month Premium Rates for CHIP Programs, SFYs 2019-2021

Program	SFY 2019-2020 Projected	SFY 2020-2021 Budgeted
MediKids	$160.96	$175.62
Florida Healthy Kids- Medical	$126.92	$132.08
Florida Healthy Kids- Dental	$15.25	$15.83
CMS Health Plan	$998.16	$1,087.25
BNET	$1,110.99	$1,134.32
Medicaid Children 6-18	$262.98	$275.89

Note. Children 6-18 data are from Social Services Estimating Conferences in January 2020 and August 2020; all other data are from Florida KidCare Estimating Conference Documents, August 6, 2020.

Table 10 presents the actual totals for annual premium amounts collected from CHIP families for SFY 2019-2020 as well as the budgeted amount for SFY 2020-2021. Across all CHIP programs, the premium amounts collected by families is expected to decrease in 2020-2021.

Table 10. Premiums Collected from CHIP Families, SFYs 2019-2021

Program	SFY 2019-2020 Actuals	SFY 2020-2021 Budgeted
MediKids	$3,296,310	$2,905,114
Florida Healthy Kids	$27,400,485	$24,675,604
CMS Health Plan	$1,820,237	$1,716,970
Total	$32,517,032	$29,297,688

Note. Data in this table are from Florida KidCare Estimating Conference Documents, August 6, 2020.

Table 11 summarizes the total program costs alongside the federal and state shares for each of the Florida KidCare CHIP program components for SFY 2019-2020 and budgeted for SFY 2020-2021. 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). In 2020-2021, CHIP program costs are forecasted to surpass one million.

Table 11. Florida KidCare CHIP Expenditures and Revenue Sources, SFYs 2019-2021

Actual SFY 2019-2020 By Program	Expenditures	Family Contributions	Federal Funds	State Funds
CHIP				
MediKids	$59,465,443	$3,296,310	$50,222,524	$5,946,610
Florida Healthy Kids[a]	$331,722,342	$27,400,485	$272,394,002	$31,927,855
CMS Health Plan[a]	$163,977,495	$1,820,237	$145,136,485	$17,020,773
BNET	$4,386,189	$0	$3,919,452	$466,737
Full-Pay Programs				
MediKids Full Pay	$26,507,067	$15,793,993	$0	$0
Florida Healthy Kids Full Pay	$44,355,629	$44,355,629	$0	$0
CHIP-Funded Medicaid				
Children 6-18	$384,400,173	$0	$343,918,991	$40,481,182
Totals				
Total CHIP Services	$943,951,641	$32,517,032	$815,591,453	$95,843,156
Administration	$18,485,127	$1,524,352	$15,166,062	$1,794,713
Grand Total	$962,436,768	$34,041,384	$830,757,515	$97,637,869
Budgeted SFY 2020-2021 By Program	**Expenditures**	**Family Contributions**	**Federal Funds**	**State Funds**
CHIP				
MediKids	$56,885,398	$2,905,114	$42,001,779	$11,978,485
Florida Healthy Kids	$308,580,970	$24,675,604	$221,907,803	$61,997,562
CMS Health Plan[a]	$174,448,047	$1,716,970	$136,745,443	$35,985,634
BNET	$4,740,825	$0	$3,710,459	$1,030,366
Full-Pay Programs				
MediKids Full Pay	$19,569,243	$17,370,395	$0	$0
Florida Healthy Kids Full Pay	$50,324,647	$50,324,647	$0	$0
CHIP-Funded Medicaid				
Children 6-18	$468,241,367	$0	$366,779,316	$101,462,051
Totals				
Total CHIP Services	$1,012,896,607	$29,297,688	$771,144,820	$212,454,099
Administration	$18,441,401	$1,793,447	$13,030,105	$3,617,849
Grand Total	$1,031,338,008	$31,091,135	$784,174,925	$216,071,948

Note. Children 6-18 data are from Social Services Estimating Conferences in January 2020 and August 2020; all other data are from Florida KidCare Estimating Conference Documents, August 6, 2020.
[a] Includes prior year expenditures in totals.

Table 12 presents Florida KidCare CHIP SFY and Federal Fiscal Year (FFY) expenditures for the last five years as well as the amounts budgeted for the current year. This data reflects totals reported to the Centers for Medicare & Medicaid Services and is comprised of state funds and expenditures that utilize federal CHIP award funding (using carry forward funds from the previous year). 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, 2020). Note that an FFY runs from October 1 to September 30.

As presented in the preceding tables, CHIP expenditures are expected to increase, with the state absorbing a greater share of the costs due to fluctuations in the Federal Medical Assistance Percentages as a result of the ACA and legislation to extend CHIP funding.

Table 12. Florida KidCare CHIP Expenditures, SFYs 2015-2021 and FFYs 2016-2021

	Total	State Funds	Federal Funds
SFY			
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	$822,486,926	$86,616,098	$735,870,828
2020-2021	$975,979,078	$211,482,466	$764,496,611
FFY			
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)	$841,535,781	$36,951,836	$804,583,945
2020 (2019-2020)	$829,493,880	$101,330,972	$728,162,908
2021 (2020-2021)	$1,024,204,884	$261,612,654	$762,592,231

Note. Data in this table are from Florida KidCare Estimating Conference Documents, August 6, 2020. Total amounts may not sum completely due to rounding.

Table 13 presents the federal grant award and carry forward totals from each FFY for the last four years as well as amounts projected for FFYs 2020 and 2021. Note that these totals are based on the state allotment for CHIP funding, available only if the state contributes funding, and reflect the shifts in federal funds allotted to the state.

Table 13. Federal Grant Award Balance and Carry Forward, FFYs 2016-2021

FFY	Federal Grant	Carry Forward Total
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	$215,749,603
2020 (2019-2020)	$842,519,926	$330,106,621
2021 (2020-2021)	$842,519,926	$410,034,293

Note. Data in this table are from Florida KidCare Estimating Conference Documents, August 6, 2020.

Section 2:
Family Experiences

In This Section

- Background
- Methodology
- Experience with Florida KidCare
- Composites
- Global Rating Questions
- Supplemental Questions: Children with Chronic Conditions
- Supplemental Questions: Treatment, Counseling, and Choice of Physician

Background

In order to quantify and report the experiences of health plan enrollees, the National Committee for Quality Assurance (NCQA) utilizes the Consumer Assessment of Healthcare Providers and Systems (CAHPS®). CAHPS, launched by the Agency for Healthcare Research and Quality (AHRQ) in 1995, utilizes survey data to report health care consumer experiences and allows for direct comparison against other health plans (AHRQ, 2020a). Through the CAHPS questionnaire, plan members answer questions about topics important to health care consumers. The CAHPS surveys ask respondents to reflect on the care received in the months preceding the interview and vary by type of health plan (e.g., commercial or Medicaid) and location where care is provided, such as a nursing home or outpatient surgery (AHRQ, 2019). For surveys examining care given to a minor, the parent or guardian who knows most about the child's health care is the respondent.

The CAHPS survey measures patient experiences by presenting results of composite items, global rating questions, and stand-alone questions. Composites combine two or more related survey questions into one overall theme whereas global rating questions ask that a respondent select a numerical value. Stand-alone questions from the standardized survey can also be included in reporting, as can be NCQA-approved supplemental questions on topics like dental care or mental health services. While NCQA utilizes the CAHPS survey as part of its quality measurements, the NCQA maintains a version of the survey (designated by use of the letter "H" after the survey number) that differs slightly from the AHRQ survey (AHRQ, 2020c). These differences extend to topics such as criteria for completion status, sample sizes, and response rate calculation (AHRQ, 2015).

Methodology

Presented in this section are results of surveys conducted in 2020 with caregivers of Florida KidCare members. A total of 5,871 telephone, internet, and mail surveys were conducted using the CAHPS Medicaid health plan 5.0H child questionnaire. The Institute for Child Health Policy (ICHP) utilized an NCQA-certified CAHPS survey vendor to conduct surveys for MediKids, Florida Healthy Kids, Children's Health Insurance Program (CHIP) Children's Medical Services (CMS) Health Plan, and Medicaid Fee-For-Service (FFS). Note that full-pay members of Florida Healthy Kids and MediKids were not included in these surveys, and that while Medicaid FFS was listed within Medicaid totals in the previous section, the Medicaid program components are listed separately for the remainder of this report. 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, which should be taken into account when reviewing trending data rates.

Surveys for the Medicaid Managed Medical Assistance (MMA) plans were collected by NCQA-certified CAHPS survey vendors contracted by the individual plans. Each Medicaid MMA plan submitted their final survey results to the Agency for Health Care Administration (AHCA), which then supplied ICHP with the data. Note that two Medicaid MMA plans, Clear Health, a specialty plan for people with HIV/AIDS, and Staywell-Serious Mental Illness, a specialty plan serving children with serious mental illnesses, did not conduct child CAHPS surveys and are not listed with the rest of the Medicaid MMA plans in this section.

The Supplemental Item Set for Children with Chronic Conditions (CCC) was used for Medicaid FFS, MediKids, Florida Healthy Kids, and CHIP CMS Health Plan, as well as four of the Medicaid MMA plans: Medicaid CMS Health Plan, Simply, Sunshine-Child Welfare (CW), and Sunshine, collectively referred to in this section as the Medicaid MMA CCC plans. These additional survey items ask about access to

services and interaction with the medical team and offer a picture of health care experiences for children with chronic conditions (AHRQ, 2020b). Totals for the Medicaid CCC Plans are not included in the Medicaid or state rates, as members of the Medicaid CCC plans are not necessarily representative of the entire Medicaid program. In prior years, the Medicaid MMA CCC category had only three plans, which may account for changes in trending data.

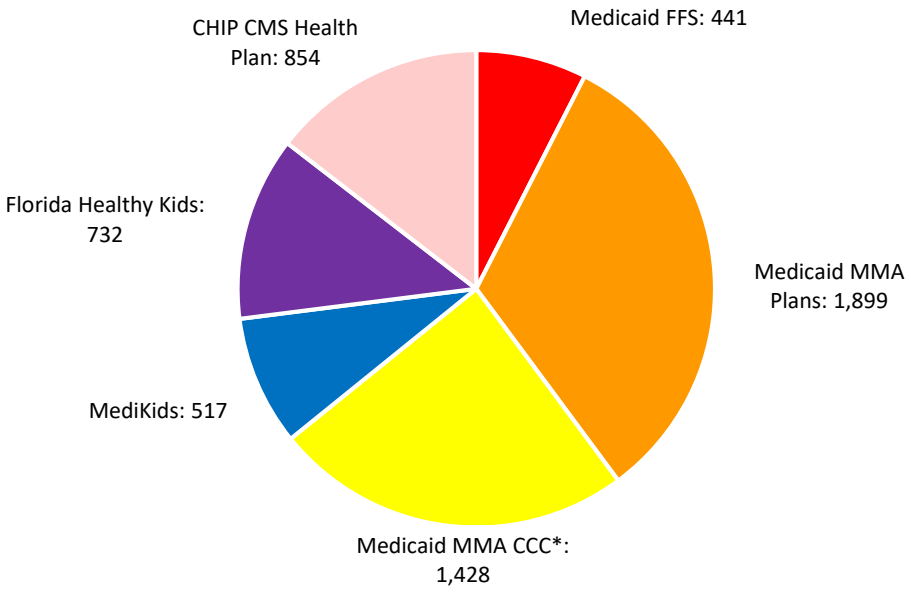
NCQA guidelines state that health plans must achieve a denominator of at least 100 responses (NCQA, 2019b). In the case of a composite, an average of 100 responses across the composite is required to achieve the minimum denominator for reporting. In this report, results below the small denominator threshold 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.

Comparisons of Florida KidCare rates are made to national data through the Healthcare Effectiveness Data and Information Set (HEDIS®) submissions to NCQA for the same measurement year. Note that as these benchmarks from Medicaid health maintenance organizations are not publicly available, only percentiles are offered here as a way to depict where the rate falls in comparison to national data. Four percentile ranges are provided for rates in this report.

Additional details about methodology for these surveys can be found in **Appendix C: Additional Data Charts**.

Figure 5 displays the number of Family Experience surveys that were completed for each Florida KidCare program component. Note that in keeping with the requirements of the 5.0H survey, only responses with the designation of "complete and eligible" are considered completed.

Figure 5. Number of Surveys Completed by Florida KidCare Program, 2020 Survey



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

Experience with Florida KidCare

Survey respondents were asked demographic questions about the enrolled child. Potential responses for race included White, Black or African American, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaskan Native, and Other, and respondents were able to select as many races as applicable. Most Florida KidCare families (65%) identified enrollee race as White, while roughly 27% of enrollees identified as Black or African American. The majority of enrollees identified as non-Hispanic or Latino (52%), and 56% were male while 44% were female. These demographics are nearly identical to the demographics of surveyed families in prior years. Additional demographic data is available in **Appendix C: Additional Data Charts**.

When asked about the coordination of the member's health care between providers, 78% of Florida KidCare families felt their child's doctor seemed informed and up to date.

Composites

While 83% of Florida KidCare families stated that it was easy to get needed care, 90% responded that they were able to get that care as soon as needed. Most (95%) families felt that their child's physician communicated well with them, and 88% of families reported positive experiences with their health plan customer service.

Global Rating Questions

The Florida KidCare total rated in the top 50th percentile of HEDIS benchmark percentiles for three of the global rating questions. Three-quarters of Florida KidCare families rated their personal doctor, as well as the specialist seen most often, as a "9" or "10." When rating their overall experiences, 73% of the Florida KidCare families gave a favorable rating to all their health care and 69% rated their health plan a "9" or "10."

Supplemental Question Set: Children with Chronic Conditions

Specific to the access to specialized services composite, 65% of Florida KidCare families felt it was easy to obtain medical devices, therapies, or treatments, and 87% felt their child's personal doctor understood how the child's illness affects the child and family. Nearly 75% of families felt that they received help from the child's health providers or health plan to coordinate care among different providers and schools. Over 90% of Florida KidCare families felt that they usually or always received needed information, while just under 90% felt it was easy to access prescription medicines. These rates were all within the bottom 50th HEDIS benchmark percentile, though the rates for the MediKids program component were all in the top 50th percentile for questions where the responses surpassed the small denominator threshold.

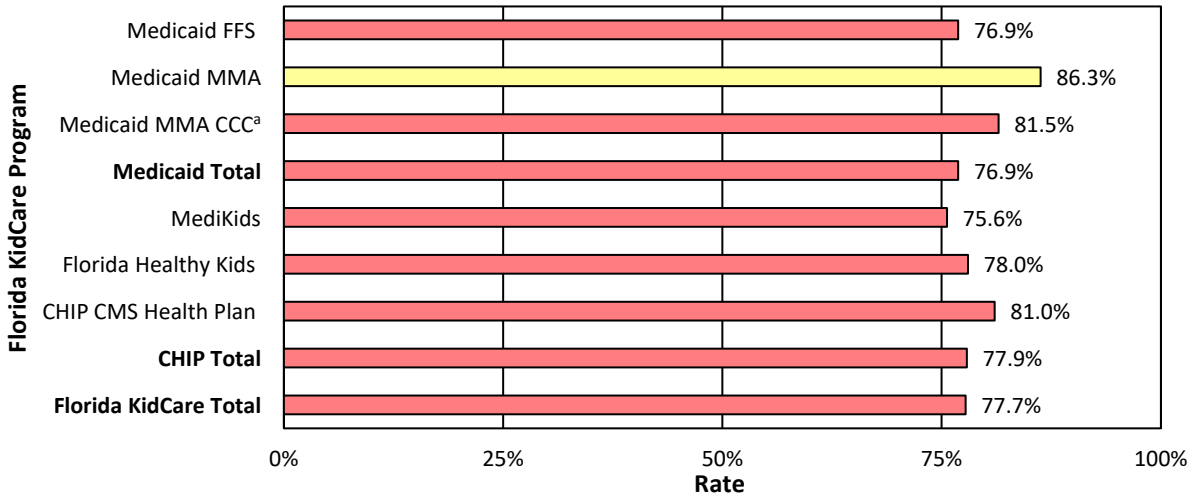
Supplemental Questions: Treatment, Counseling, and Choice of Physician

An additional four questions were asked of the families surveyed by ICHP, as well as families in some of the Medicaid plans. One of the questions asked families how they would rate the number of doctors they had to choose from, and 61% of Florida KidCare families responded either excellent or very good. Additional questions asked whether the child needed treatment or counseling for a personal or family problem, how often it was easy to get that care, and how they would rate that care. Only 14% needed treatment or counseling, with 66% stating that obtaining the treatment was easy. The MediKids and Medicaid MMA CCC program components rated the ease of obtaining treatment higher than the rest of the program components at 77% and 73%, respectively. A total of 53% of Florida KidCare families rated their care a "9" or "10," with Florida Healthy Kids as an outlier at 41%.

Coordination of Care

The stand-alone Coordination of Care question investigates how often the member's personal doctor seemed informed about care received from other doctors. Despite a 20 percentage point increase from last year by respondents in the CHIP CMS Health Plan, the Florida KidCare rate of positive responses (always + usually) was lower than last year at 78%. **Figure 6** displays the percentages of respondents who reported a positive experience with care coordination, while **Table 14** shows the three-year trend data, with Medicaid MMA plan-level rates available in Appendix C, **Figure 68**.

Figure 6. Coordination of Care by Florida KidCare Program, 2020 Survey



Note. Rates for programs with sample sizes of less than 100 are denoted by N/A.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

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

Note. This legend applies to **Figure 6** and **Table 14.**

Table 14. Coordination of Care by Florida KidCare Program, Three-Year Trend

Program	2018	2019	2020
Medicaid FFS	83.4%	78.4%	76.9%
Medicaid MMA	82.5%	83.8%	86.3%
Medicaid MMA CCC[a]	81.4%	83.9%	81.5%
Medicaid Total	82.5%	83.7%	76.9%
MediKids	77.1%	80.0%	75.6%
Florida Healthy Kids	75.2%	79.0%	78.0%
CHIP CMS Health Plan	78.8%	61.4%	81.0%
CHIP Total	75.7%	78.0%	77.9%
Florida KidCare Total	81.9%	83.1%	77.7%

Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with sample sizes of less than 100 are denoted by N/A.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

Composites

These types of survey items combine two or more questions into an overall theme, and each question within a composite contains the same response options. For all composite questions, responses were considered positive if the respondent answered either "usually" or "always." The totals for usually and always are added and divided by the total number of complete and eligible responses for the composite, which elicits the final rate. National benchmark percentiles are calculated using the same methodology. Composite scores are presented in this section along with trending data. Medicaid MMA plan-level data appear in **Appendix C: Additional Data Charts**.

Questions included in each composite are below, and rates for the Florida KidCare program are listed for each composite in **Table 15**.

Getting Needed Care

- In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
- In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

Getting Care Quickly

- 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?
- 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?

Doctor's Communication Skills

- 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?
- In the last 6 months, how often did your child's personal doctor listen carefully to you?
- In the last 6 months, how often did your child's personal doctor show respect for what you had to say?
- In the last 6 months, how often did your child's personal doctor spend enough time with your child?

Health Plan Customer Service

- In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?
- In the last 6 months how often did customer service staff at your child's health plan treat you with courtesy and respect?

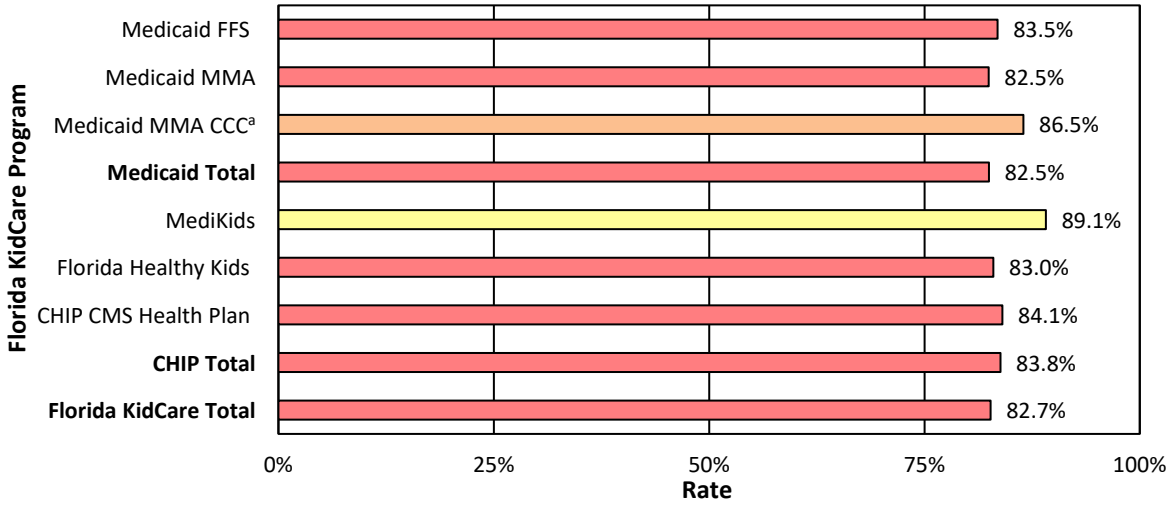
Table 15. Florida KidCare Rates for CAHPS Composites, 2020 Survey

Composite	Florida KidCare Rate
Getting Needed Care	82.7%
Getting Care Quickly	89.8%
Doctor's Communication Skills	94.5%
Health Plan Customer Service	88.4%

Getting Needed Care

This composite is made up of two questions that ask how often it was easy to obtain needed care like a test or treatment. Eight out of 10 Florida KidCare families felt it was easy to get care. **Figure 7** displays respondents who reported a positive experience with getting needed care by Florida KidCare program. Five-year trend data are in **Table 16**, and Medicaid MMA plan-level rates are in Appendix C, **Figure 69**.

Figure 7. Getting Needed Care by Florida KidCare Program, 2020 Survey



Note. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

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

Note. This legend applies to **Figure 7** and **Table 16**.

Table 16. Getting Needed Care by Florida KidCare Program, Five-Year Trend

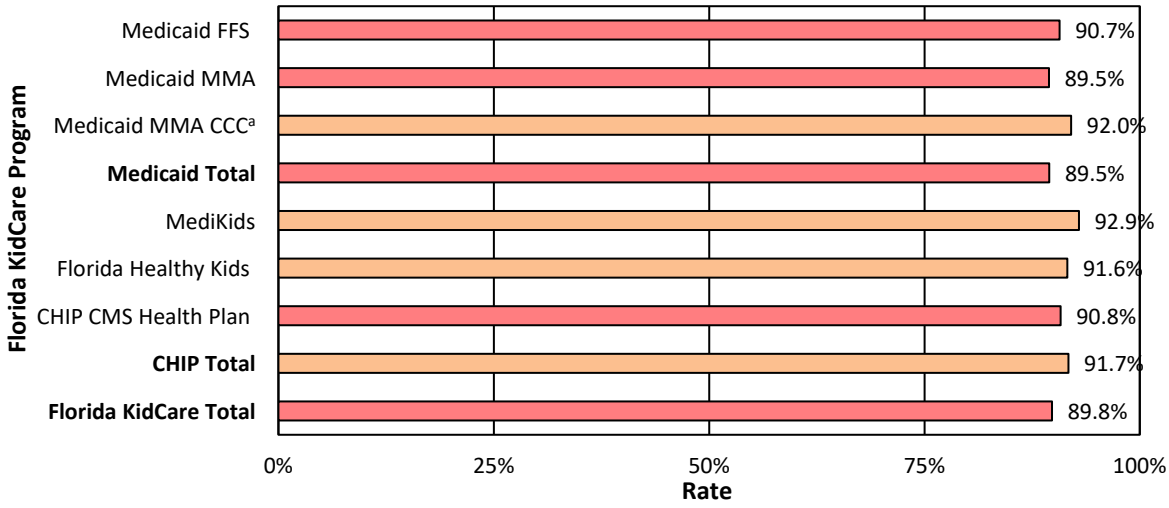
Program	2016	2017	2018	2019	2020
Medicaid FFS	N/A	81.5%	86.4%	87.2%	83.5%
Medicaid MMA	81.6%	82.8%	84.5%	83.3%	82.5%
Medicaid MMA CCC[a]	-	86.4%	86.5%	87.1%	86.5%
Medicaid Total	81.1%	82.8%	84.5%	83.4%	82.5%
MediKids	84.3%	83.8%	84.8%	84.7%	89.1%
Florida Healthy Kids	78.9%	84.6%	84.9%	81.1%	83.0%
CHIP CMS Health Plan	85.1%	85.3%	85.4%	82.3%	84.1%
CHIP Total	80.0%	84.5%	84.9%	81.8%	83.8%
Florida KidCare Total	81.0%	82.9%	84.6%	83.2%	82.7%

Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A. Medicaid MMA CCC data was combined with Medicaid MMA plans until 2017 when it became a separate category.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

Getting Care Quickly

Closely related to the prior composite, the Getting Care Quickly composite is made up of two questions that ask how often care was obtained as soon as it was needed. Nearly 90% of Florida KidCare families responded positively—a modest improvement from the year prior but still within the lowest HEDIS benchmark percentile. **Figure 8** displays the percentages of respondents who reported a positive experience with getting care quickly by Florida KidCare program, with five-year trend data in **Table 17**. Medicaid MMA plan-level rates appear in Appendix C, **Figure 70.**

Figure 8. Getting Care Quickly by Florida KidCare Program, 2020 Survey



Note. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

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

Note. This legend applies to **Figure 8** and **Table 17**.

Table 17. Getting Care Quickly by Florida KidCare Program, Five-Year Trend

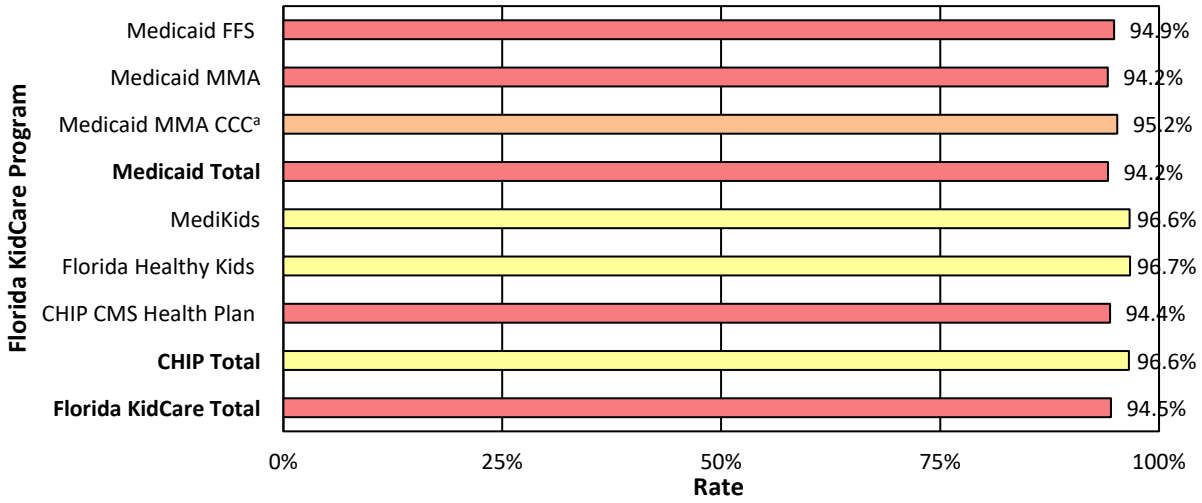
Program	2016	2017	2018	2019	2020
Medicaid FFS	N/A	89.8%	92.1%	89.7%	90.7%
Medicaid MMA	88.8%	88.3%	89.4%	88.8%	89.5%
Medicaid MMA CCC[a]	-	92.2%	92.6%	92.7%	92.0%
Medicaid Total	89.2%	88.3%	89.4%	88.9%	89.5%
MediKids	93.6%	95.0%	92.2%	91.7%	92.9%
Florida Healthy Kids	89.7%	91.1%	90.4%	87.7%	91.6%
CHIP CMS Health Plan	93.8%	92.7%	90.3%	91.5%	90.8%
CHIP Total	90.5%	91.8%	90.7%	88.6%	91.7%
Florida KidCare Total	89.3%	88.5%	89.5%	88.8%	89.8%

Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A. Medicaid MMA CCC data was combined with Medicaid MMA plans until 2017 when it became a separate category.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

Doctor's Communication Skills

In this composite, respondents were asked how often the doctor spoke in a way that was easy to understand, listened carefully to the family concerns, showed respect for their input, and spent enough time with the child—all crucial components in establishing trust (Swedlund et al., 2012). Ninety-five percent of Florida KidCare families responded positively, which was the highest rate in five years. CHIP CMS Health Plan did well compared to the previous year, with a 13 percentage point increase. **Figure 9** and **Table 18** show this data, and Medicaid MMA plan-level rates are shown in Appendix C, **Figure 71.**

Figure 9. Doctor's Communication Skills by Florida KidCare Program, 2020 Survey



Note. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

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

Note. This legend applies to **Figure 9** and **Table 18**.

Table 18. Doctor's Communication Skills by Florida KidCare Program, Five-Year Trend

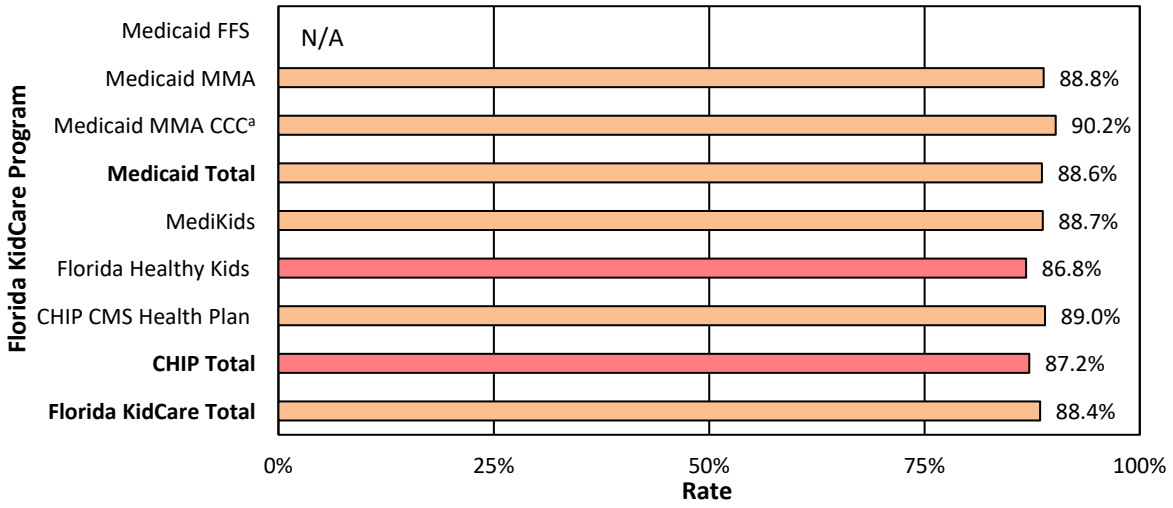
Program	2016	2017	2018	2019	2020
Medicaid FFS	N/A	93.6%	94.0%	95.0%	94.9%
Medicaid MMA	92.9%	93.1%	93.6%	93.7%	94.2%
Medicaid MMA CCC[a]	-	93.5%	93.2%	94.3%	95.2%
Medicaid Total	93.0%	93.1%	93.6%	93.7%	94.2%
MediKids	94.5%	95.0%	95.2%	94.6%	96.6%
Florida Healthy Kids	93.6%	93.9%	95.5%	94.6%	96.7%
CHIP CMS Health Plan	93.8%	94.7%	94.3%	80.8%	94.4%
CHIP Total	93.7%	94.1%	95.4%	93.7%	96.6%
Florida KidCare Total	93.0%	93.2%	93.7%	93.7%	94.5%

Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A. Medicaid MMA CCC data was combined with Medicaid MMA plans until 2017 when it became a separate category.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

Health Plan Customer Service

Within the Health Plan Customer Service composite are two questions that focus on how often the family received help or information from the health plan as well as how often they were treated with respect by customer service staff. Eighty-eight percent of Florida KidCare families responded positively, falling in the second lowest HEDIS benchmark percentile. **Figure 10**, **Table 19**, and Appendix C, **Figure 72** display families reporting a positive experience with their health plan customer service by Florida KidCare program in 2020, across the last five years, and across Medicaid MMA plans, respectively.

Figure 10. Health Plan Customer Service by Florida KidCare Program, 2020 Survey



Note. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

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

Note. This legend applies to **Figure 10** and **Table 19**.

Table 19. Health Plan Customer Service by Florida KidCare Program, Five-Year Trend

Program	2016	2017	2018	2019	2020
Medicaid FFS	N/A	76.0%	83.5%	79.0%	N/A
Medicaid MMA	86.7%	87.4%	89.5%	89.0%	88.8%
Medicaid MMA CCC[a]	-	88.9%	88.7%	89.3%	90.2%
Medicaid Total	86.3%	87.2%	89.4%	88.8%	88.6%
MediKids	84.6%	84.7%	87.2%	86.3%	88.7%
Florida Healthy Kids	84.9%	83.9%	86.0%	86.9%	86.8%
CHIP CMS Health Plan	87.4%	88.4%	88.1%	85.0%	89.0%
CHIP Total	85.0%	84.3%	86.3%	86.7%	87.2%
Florida KidCare Total	86.2%	87.1%	89.1%	88.5%	88.4%

Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A. Medicaid MMA CCC data was combined with Medicaid MMA plans until 2017 when it became a separate category.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

Global Rating Questions

In addition to the composites, Florida KidCare families were asked to provide specific ratings from 0 (worst) to 10 (best) regarding four topics: overall health care, personal doctor, specialty care provider, and health plan. The charts presented in this section highlight the percent of families who rated each item as a "9" or a "10." As with the composites, the totals are added and then divided by the total number of complete and eligible responses for the question, resulting in the final rate. Though there are also national benchmark percentiles available for ratings of 8-10, the percentiles for ratings of 9 and 10 are utilized in this report to allow for a more direct comparison. Ratings are presented in this section along with trending data, and Medicaid MMA plan-level data appear in **Appendix C: Additional Data Charts**.

Items included in each ratings question are below, and rates for the Florida KidCare program are listed for each composite in **Table 20**.

All Health Care

- 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?

Personal Doctor

- Using any number from 0 to 10, where 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?

Specialty Care Provider

- 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?

Health Plan

- 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?

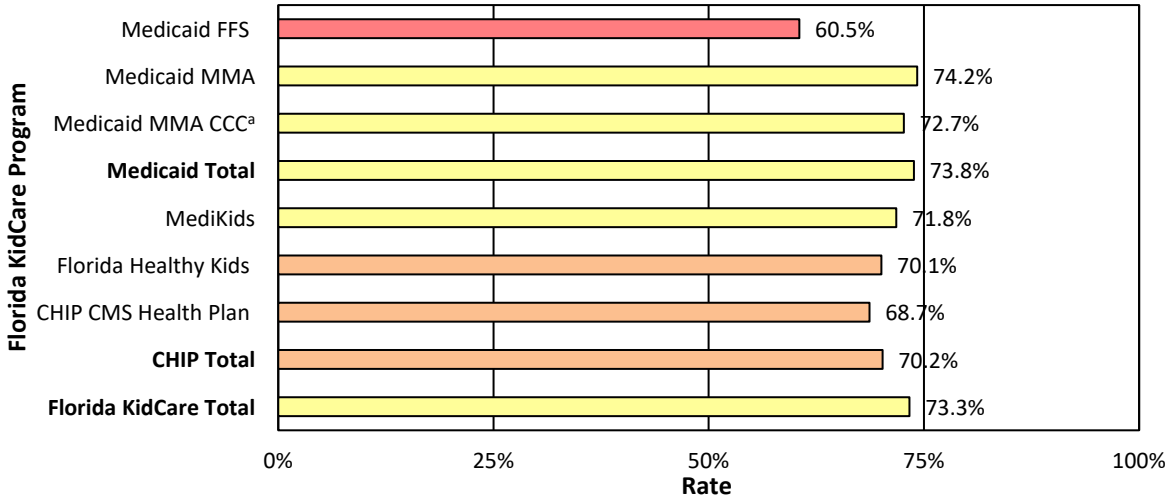
Table 20. Florida KidCare Rates for CAHPS Rating Questions, 2020 Survey

Rating Question	Florida KidCare Rate
All Health Care	73.3%
Personal Doctor	79.7%
Specialty Care Provider	75.5%
Health Plan	69.0%

All Health Care

Families were asked to rate all the child's health care over the past six months. Overall health care was rated a "9" or a "10" by 73% of Florida KidCare families, which was the highest rating within the last five years. **Figure 11** shows the percentage of respondents who reported a rating of "9" or "10" for this question by Florida KidCare program, while **Table 21** shows the five-year trend data. Medicaid MMA plan-level data is displayed in Appendix C, **Figure 73**.

Figure 11. All Health Care Rating of "9" or "10" by Florida KidCare Program, 2020 Survey



Note. Rates for programs with a sample size of less than 100 are denoted by N/A.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

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

Note. This legend applies to **Figure 11** and **Table 21**.

Table 21. All Health Care Rating of "9" or "10" by Florida KidCare Program, Five-Year Trend

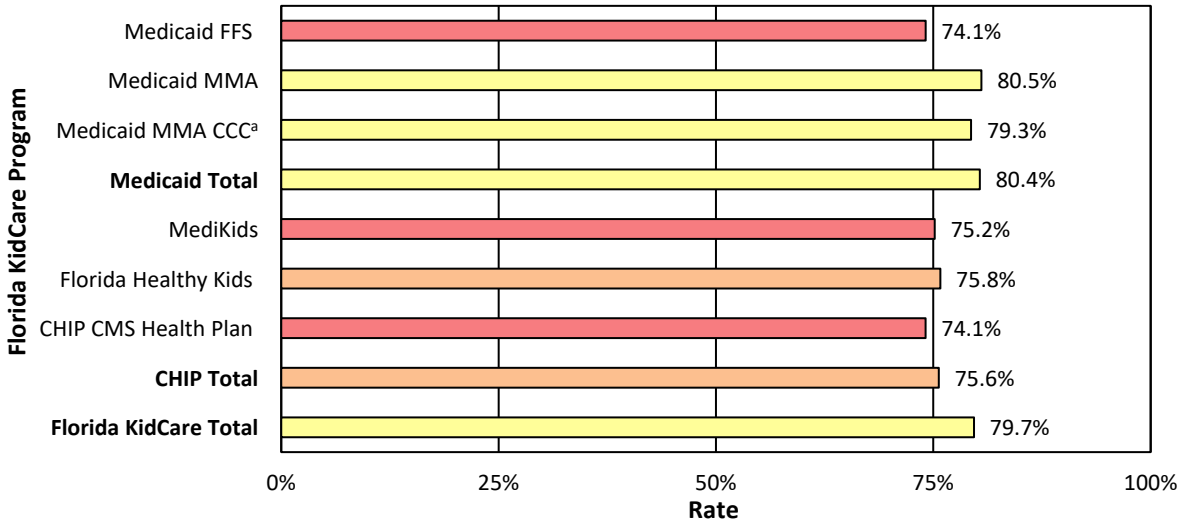
Program	2016	2017	2018	2019	2020
Medicaid FFS	N/A	57.7%	63.3%	61.0%	60.5%
Medicaid MMA	69.7%	70.6%	72.2%	71.8%	74.2%
Medicaid MMA CCC[a]	-	69.9%	68.5%	71.2%	72.7%
Medicaid Total	69.3%	70.4%	72.0%	71.5%	73.8%
MediKids	64.5%	64.7%	70.5%	70.0%	71.8%
Florida Healthy Kids	66.4%	67.6%	69.8%	63.5%	70.1%
CHIP CMS Health Plan	61.1%	64.9%	64.6%	62.6%	68.7%
CHIP Total	65.8%	67.0%	69.6%	64.6%	70.2%
Florida KidCare Total	69.1%	70.2%	71.8%	70.7%	73.3%

Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with sample sizes of less than 100 are denoted by N/A. Medicaid MMA CCC data was combined with Medicaid MMA plans until 2017 when it became a separate category.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

Personal Doctor

When asked to rate the child's personal doctor on a scale of 0-10, 80% of Florida KidCare families gave a rating of "9" or "10," with the Medicaid MMA and MMA CCC plans scoring within the top 50th HEDIS benchmark percentile at roughly 80% each. This is demonstrated in **Figure 12,** while **Table 22** shows the five-year trend data. Medicaid MMA plan-level rates are available in Appendix C, **Figure 74**.

Figure 12. Personal Doctor Rating of "9" or "10" by Florida KidCare Program, 2020 Survey



Note. Rates for programs with a sample size of less than 100 are denoted by N/A.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

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

Note. This legend applies to **Figure 12** and **Table 22.**

Table 22. Personal Doctor Rating of "9" or "10" by Florida KidCare Program, Five-Year Trend

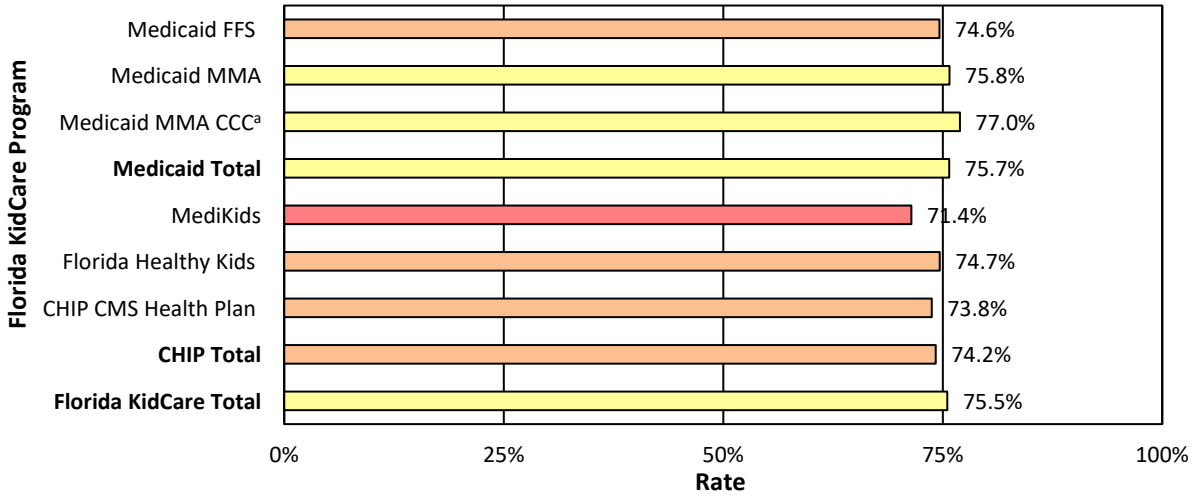
Program	2016	2017	2018	2019	2020
Medicaid FFS	78.5%	71.4%	77.1%	72.2%	74.1%
Medicaid MMA	76.9%	77.6%	78.1%	77.1%	80.5%
Medicaid MMA CCC[a]	-	75.7%	76.5%	76.6%	79.3%
Medicaid Total	77.0%	77.5%	78.1%	77.0%	80.4%
MediKids	72.4%	74.0%	77.8%	74.8%	75.2%
Florida Healthy Kids	74.0%	73.2%	74.9%	72.1%	75.8%
CHIP CMS Health Plan	72.6%	73.0%	71.6%	72.1%	74.1%
CHIP Total	73.7%	73.3%	75.2%	72.6%	75.6%
Florida KidCare Total	76.8%	77.3%	77.8%	76.5%	79.7%

Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with sample sizes of less than 100 are denoted by N/A. Medicaid MMA CCC data was combined with Medicaid MMA plans until 2017 when it became a separate category.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

Specialty Care Provider

When asked to rate the specialist the child saw most often, the majority (76%) of Florida KidCare families rated the providers a "9" or a "10," while Medicaid FFS and Florida Healthy Kids both had improvements of more than seven percentage points from 2019. **Figure 13** shows the percentage of respondents who reported a rating of "9" or "10" by Florida KidCare program, while **Table 23** shows the five-year trend data, and Appendix C, **Figure 75** contains Medicaid MMA plan-level rates**.**

Figure 13. Specialist Rating of "9" or "10" by Florida KidCare Program, 2020 Survey



Note. Rates for programs with a sample size of less than 100 are denoted by N/A.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

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

Note. This legend applies to **Figure 13** and **Table 23.**

Table 23. Specialist Rating of "9" or "10" by Florida KidCare Program, Five-Year Trend

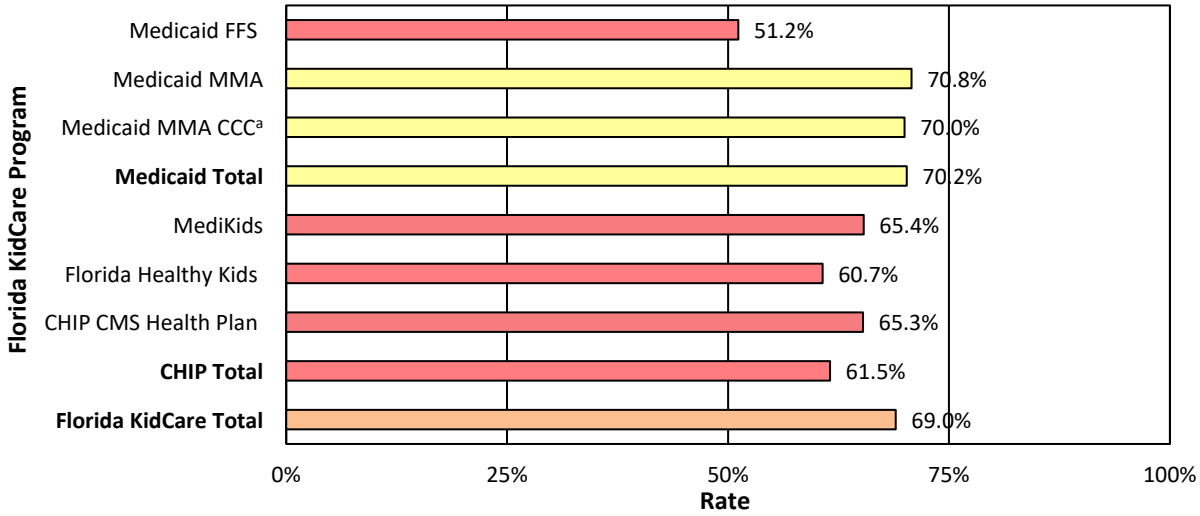
Program	2016	2017	2018	2019	2020
Medicaid FFS	N/A	62.3%	73.7%	66.8%	74.6%
Medicaid MMA	73.3%	76.9%	72.4%	73.3%	75.8%
Medicaid MMA CCC[a]	-	73.6%	74.7%	77.3%	77.0%
Medicaid Total	72.8%	76.7%	72.5%	73.1%	75.7%
MediKids	N/A	68.0%	74.6%	74.8%	71.4%
Florida Healthy Kids	N/A	65.0%	70.7%	65.5%	74.7%
CHIP CMS Health Plan	71.0%	71.5%	71.5%	72.3%	73.8%
CHIP Total	64.2%	65.8%	71.4%	67.6%	74.2%
Florida KidCare Total	72.2%	76.1%	72.4%	72.5%	75.5%

Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with sample sizes of less than 100 are denoted by N/A. Medicaid MMA CCC data was combined with Medicaid MMA plans until 2017 when it became a separate category.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

Health Plan

In the final ratings question, families were asked to rate the child's health plan. Nearly 70% of Florida KidCare families rated health plans a "9" or a "10," falling just short of the top 50th HEDIS benchmark percentile. **Figure 14** details respondents who reported a rating of "9" or "10" by Florida KidCare program, while **Table 24** shows the five-year trend data. Medicaid MMA plan-level rates are available in Appendix C, **Figure 76.**

Figure 14. Health Plan Rating of "9" or "10" by Florida KidCare Program, 2020 Survey



Note. Rates for programs with a sample size of less than 100 are denoted by N/A.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

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

Note. This legend applies to **Figure 14** and **Table 24.**

Table 24. Health Plan Rating of "9" or "10" by Florida KidCare Program, Five-Year Trend

Program	2016	2017	2018	2019	2020
Medicaid FFS	44.7%	44.4%	51.9%	50.5%	51.2%
Medicaid MMA	68.0%	69.9%	70.3%	71.2%	70.8%
Medicaid MMA CCC[a]	-	67.0%	67.1%	68.8%	70.0%
Medicaid Total	67.8%	69.5%	69.9%	70.7%	70.2%
MediKids	53.7%	55.7%	65.1%	64.2%	65.4%
Florida Healthy Kids	53.8%	57.6%	61.0%	57.6%	60.7%
CHIP CMS Health Plan	64.1%	65.5%	66.9%	61.4%	65.3%
CHIP Total	54.3%	57.7%	62.0%	59.0%	61.5%
Florida KidCare Total	67.7%	68.8%	69.2%	69.3%	69.0%

Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with sample sizes of less than 100 are denoted by N/A. Medicaid MMA CCC data was combined with Medicaid MMA plans until 2017 when it became a separate category.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

Supplemental Questions: Children with Chronic Conditions

The CCC question set is comprised of composites and stand-alone questions and, for composites, each question contains the same response options. In some cases, these positive responses are "usually" or "always," and in some cases, a positive response is a "yes." As with other rate calculations, the positive response totals are divided by the total number of complete and eligible responses, and the national benchmark percentiles are calculated using the same methodology. CCC question set item scores are presented in this section along with trending data. Medicaid MMA CCC plan-level data appear in **Appendix C: Additional Data Charts**.

Questions included in each CCC question set item are below, along with the positive response type. Rates for the Florida KidCare program are listed for this question set are included in **Table 25**.

Composite: Access to Specialized Services (positive responses: usually + always)
Three questions are asked following questions confirming the child's need for special medical equipment or devices, therapy, and treatment or counseling. The questions each use this format:

- In the last 6 months, how often was it easy to get <item> for your child?

Composite: Personal Doctor Who Knows Child (positive responses: yes)

- In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?
- Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?
- 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?

Composite: Coordination of Care (positive responses: yes)

- 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?
- 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?

Getting Needed Information (positive responses: usually + always)

- In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?

Access to Prescription Medicines (positive responses: usually + always)

- In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

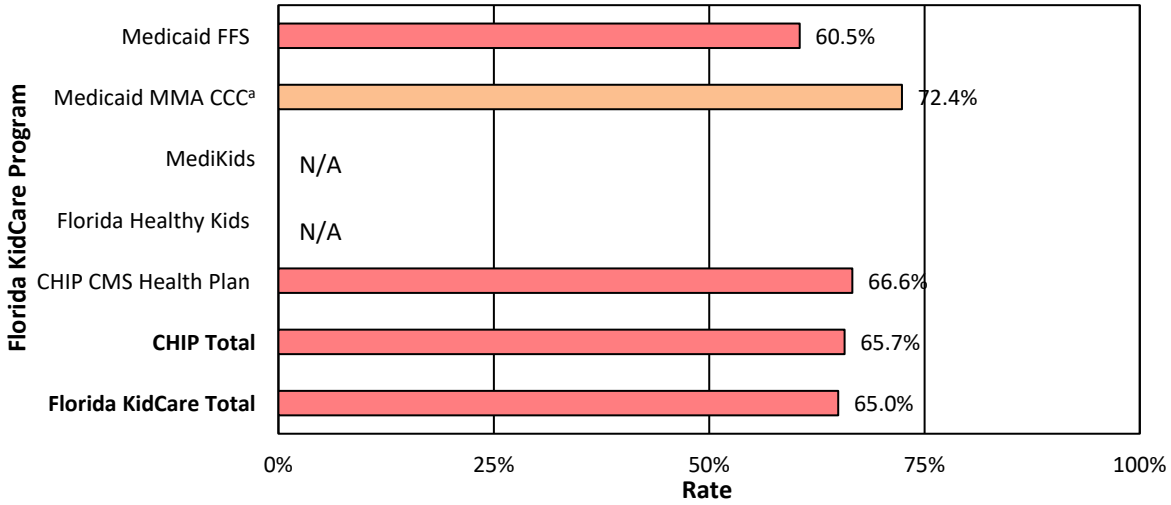
Table 25. Florida KidCare Rates for CAHPS CCC Question Set Items, 2020 Survey

Item	Florida KidCare Rate
Access to Specialized Services Composite	65.0%
Personal Doctor Who Knows Child Composite	86.9%
Coordination of Care Composite	73.8%
Getting Needed Information	91.4%
Access to Prescription Medicines	87.7%

Access to Specialized Services

In this composite, families were asked about their experiences getting medical equipment, therapies, treatment, or counseling, and 65% of Florida KidCare families felt it was easy to obtain these services. **Figure 15** displays the percentages of respondents who reported a positive experience with getting needed care by Florida KidCare program, while **Table 26** shows four-year trend data. Rates for the Medicaid MMA CCC plans are available in Appendix C, **Figure 77**.

Figure 15. Access to Specialized Services by Florida KidCare Program, 2020 Survey



Note. Rates 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 MMA CCC plans used this question set.

[a] Not reflected in Florida KidCare Total rate.

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

Note. This legend applies to **Figure 15** and **Table 26**.

Table 26. Access to Specialized Services by Florida KidCare Program, Four-Year Trend

Program	2017	2018	2019	2020
Medicaid FFS	62.6%	65.3%	64.8%	60.5%
Medicaid MMA CCC[a]	72.4%	71.0%	74.7%	72.4%
MediKids	N/A	N/A	N/A	N/A
Florida Healthy Kids	N/A	N/A	N/A	N/A
CHIP CMS Health Plan	71.5%	73.8%	67.2%	66.6%
CHIP Total	61.7%	67.2%	66.5%	65.7%
Florida KidCare Total	71.6%	66.9%	66.2%	65.0%

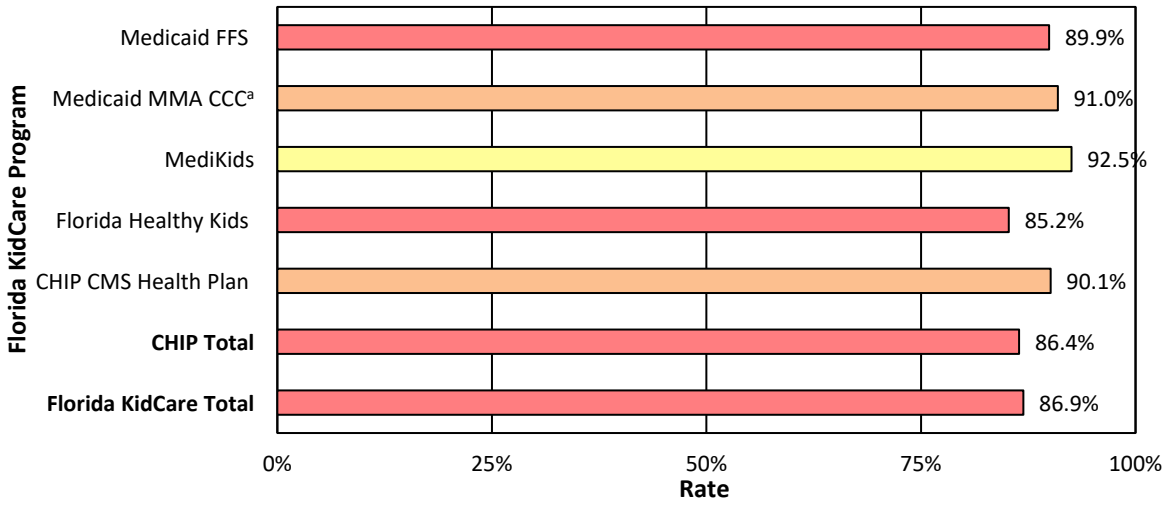
Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A.

[a] Not reflected in Florida KidCare Total rate.

Personal Doctor Who Knows Child

The Personal Doctor CCC composite is related to family-centered care. The questions ask whether the physician understands how the child's medical, behavioral, or health condition affects the daily life of both the child and the family as well as whether the doctor discussed with the family how the child was feeling, growing, and behaving. Rates for the Florida KidCare program components ranged from Florida Healthy Kids at 85% to MediKids at 93%. These rates are displayed in **Figure 16** with four-year trend data presented in **Table 27**. MMA CCC plan-level rates are available in Appendix C, **Figure 78**.

Figure 16. Personal Doctor Who Knows Child by Florida KidCare Program, 2020 Survey



Note. Rates 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 MMA CCC plans used this question set.

[a] Not reflected in Florida KidCare Total rate.

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

Note. This legend applies to **Figure 16** and **Table 27**.

Table 27. Personal Doctor Who Knows Child by Florida KidCare Program, Four-Year Trend

Program	2017	2018	2019	2020
Medicaid FFS	88.7%	90.8%	88.8%	89.9%
Medicaid MMA CCC[a]	88.3%	88.9%	89.9%	91.0%
MediKids	86.7%	89.6%	90.9%	92.5%
Florida Healthy Kids	86.9%	90.9%	84.6%	85.2%
CHIP CMS Health Plan	89.7%	90.1%	89.9%	90.1%
CHIP Total	87.0%	90.6%	86.1%	86.4%
Florida KidCare Total	88.2%	90.7%	86.5%	86.9%

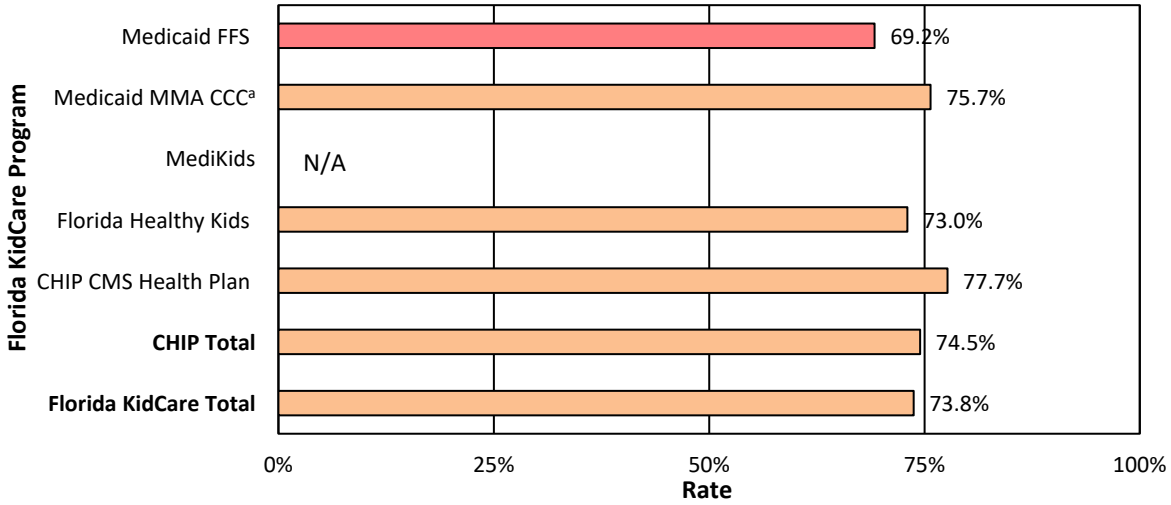
Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A.

[a] Not reflected in Florida KidCare Total rate.

Coordination of Care

This composite asks whether the family received help in coordinating the child's care across health providers, the health plan, and school. More than 70% of Florida KidCare families responded positively, an improvement from the previous two years. **Figure 17** shows respondents with a positive experience by Florida KidCare program, while **Table 28** shows four-year trend data. Medicaid MMA CCC plan-level rates are available in Appendix C, **Figure 79**.

Figure 17. Coordination of Care for CCC by Florida KidCare Program, 2020 Survey



Note. Rates 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 MMA CCC plans used this question set.

[a] Not reflected in Florida KidCare Total rate.

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

Note. This legend applies to **Figure 17** and **Table 28**.

Table 28. Coordination of Care for CCC by Florida KidCare Program, Four-Year Trend

Program	2017	2018	2019	2020
Medicaid FFS	68.9%	72.3%	73.2%	69.2%
Medicaid MMA CCC[a]	78.4%	73.1%	76.6%	75.7%
MediKids	65.3%	73.8%	N/A	N/A
Florida Healthy Kids	71.0%	68.3%	66.7%	73.0%
CHIP CMS Health Plan	71.1%	76.6%	74.4%	77.7%
CHIP Total	70.1%	69.7%	69.0%	74.5%
Florida KidCare Total	77.8%	70.1%	69.7%	73.8%

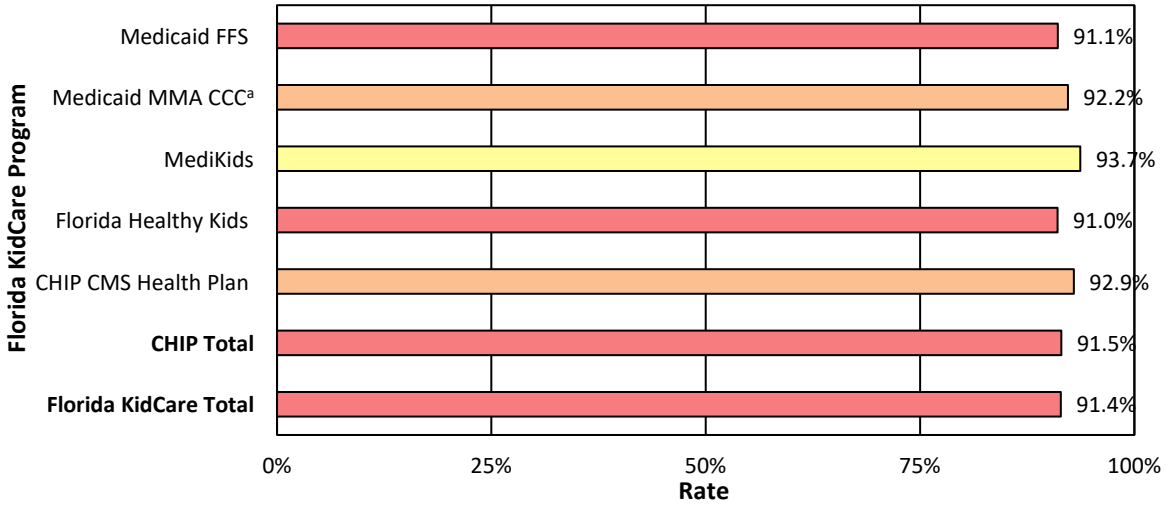
Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A.

[a] Not reflected in Florida KidCare Total rate.

Getting Needed Information

A stand-alone question focused on family-centered care by asking how often the family had their questions answered by the child's health providers. A total of 91% of Florida KidCare families responded positively, with MediKids at the highest program component rate of 94%. **Figure 18** displays the rates by Florida KidCare program, while **Table 29** shows four-year trend data. Medicaid MMA CCC plan-level rates are available in Appendix C, **Figure 80**.

Figure 18. Getting Needed Information by Florida KidCare Program, 2020 Survey



Note. Rates 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 MMA CCC plans used this question set.
[a] Not reflected in Florida KidCare Total rate.

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

Note. This legend applies to **Figure 18** and **Table 29**.

Table 29. Getting Needed Information by Florida KidCare Program, Four-Year Trend

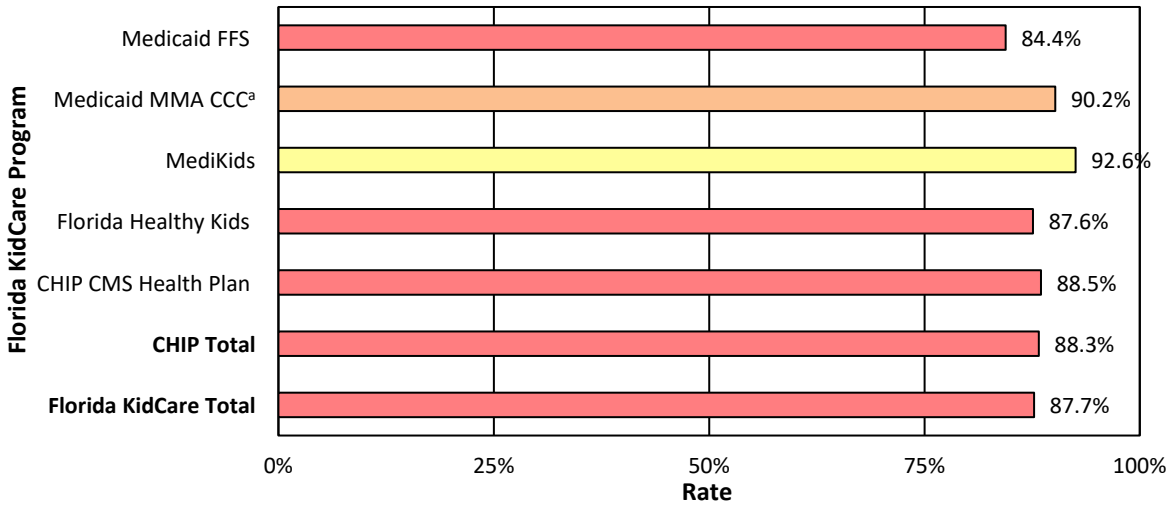
Program	2017	2018	2019	2020
Medicaid FFS	89.8%	92.4%	91.2%	91.1%
Medicaid MMA CCC[a]	91.5%	90.7%	92.0%	92.2%
MediKids	93.0%	91.3%	92.7%	93.7%
Florida Healthy Kids	91.2%	90.3%	90.0%	91.0%
CHIP CMS Health Plan	95.4%	92.0%	91.8%	92.9%
CHIP Total	91.7%	90.6%	90.6%	91.5%
Florida KidCare Total	91.5%	90.9%	90.7%	91.4%

Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with sample sizes of less than 100 are denoted by N/A.
[a] Not reflected in Florida KidCare Total rate.

Access to Prescription Medicines

For children living with a chronic condition, prescription medication can be a necessity. A final stand-alone question in the CCC question set asked how often it was easy to obtain prescription medicines from the child's health plan. Nearly 90% of Florida KidCare families responded that it was usually or always easy and, with the exception of MediKids, all program component rates fell within the bottom 50th benchmark percentile. This data is displayed in **Figure 19**, **Table 30**, and Appendix C, **Figure 81** for the Florida KidCare programs, four-year trending data, and Medicaid MMA CCC plans, respectively.

Figure 19. Access to Prescription Medicines by Florida KidCare Program, 2020 Survey



Note. Rates 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 MMA CCC plans used this question set.
[a] Not reflected in Florida KidCare Total rate.

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

Note. This legend applies to **Figure 19** and **Table 30**.

Table 30. Access to Prescription Medicines by Florida KidCare Program, Four-Year Trend

Program	2017	2018	2019	2020
Medicaid FFS	79.8%	83.3%	84.5%	84.4%
Medicaid MMA CCC[a]	89.8%	90.2%	91.7%	90.2%
MediKids	88.2%	94.3%	88.6%	92.6%
Florida Healthy Kids	86.2%	87.2%	87.2%	87.6%
CHIP CMS Health Plan	93.9%	92.2%	85.7%	88.5%
CHIP Total	86.9%	88.6%	87.3%	88.3%
Florida KidCare Total	89.5%	87.8%	86.9%	87.7%

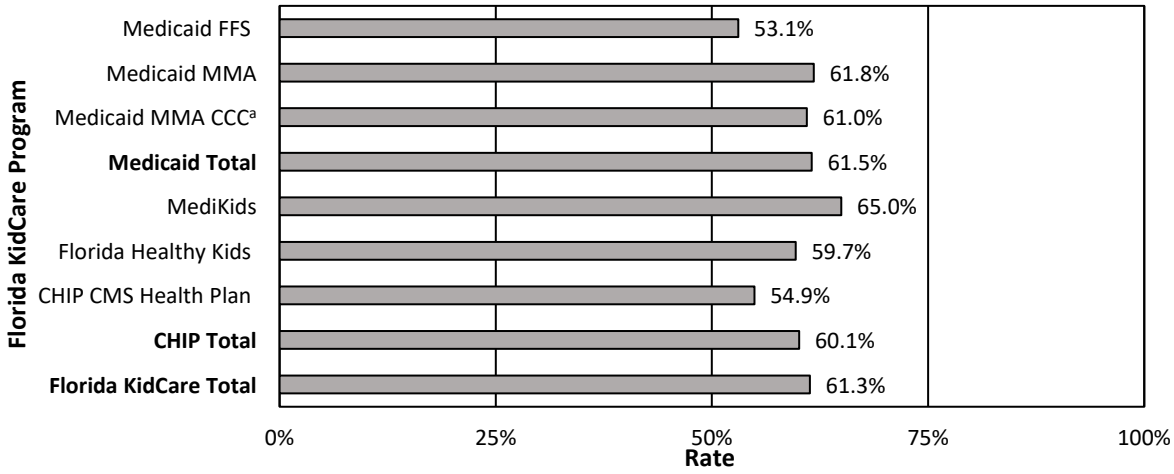
Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with sample sizes of less than 100 are denoted by N/A.
[a] Not reflected in Florida KidCare Total rate.

Supplemental Questions: Treatment, Counseling, and Choice of Physician

Up to 12 supplemental questions are eligible for inclusion in CAHPS surveys with prior approval from NCQA. As these questions were supplemental to the CAHPS survey, all program and plan rates are presented, regardless of whether or not the denominator was 100 or above, though plans or programs with less than 100 are noted where applicable. As these questions are not from the standardized survey, no national comparisons are available.

For the 2020 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" were considered positive. Overall, 61% of Florida KidCare families reported positive responses. Several Medicaid MMA and MMA CCC plans had rates above 65%: Aetna, Community Care Plan, Molina, Prestige, and Simply. **Figure 20** displays rates by Florida KidCare program. A four-year trend by Florida KidCare program is shown in **Table 31**. Medicaid MMA plan-level rates are available in Appendix C, **Figure 82**.

Figure 20. Number of Doctors to Choose from by Florida KidCare Program, 2020 Survey



[a] Not reflected in Medicaid or Florida KidCare Total rates.

Table 31. Number of Doctors to Choose from by Florida KidCare Program, Four-Year Trend

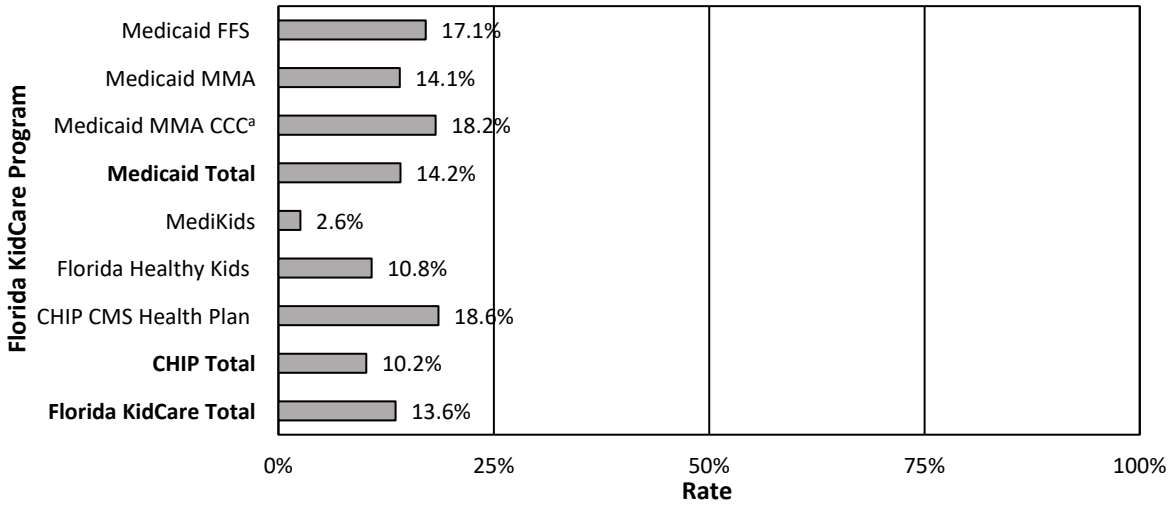
Program	2017	2018	2019	2020
Medicaid FFS	47.0%	51.7%	50.5%	53.1%
Medicaid MMA	61.1%	61.8%	60.0%	61.8%
Medicaid MMA CCC[a]	58.3%	57.7%	59.5%	61.0%
Medicaid Total	60.9%	61.6%	59.8%	61.5%
MediKids	53.6%	58.3%	62.4%	65.0%
Florida Healthy Kids	50.4%	54.9%	52.7%	59.7%
CHIP CMS Health Plan	45.4%	51.1%	51.0%	54.9%
CHIP Total	50.7%	55.2%	54.3%	60.1%
Florida KidCare Total	60.3%	61.0%	59.2%	61.3%

Note. Methodology varied slightly from year to year. Use caution when comparing.
[a] Not reflected in Florida KidCare Total rate.

An additional three questions were required of ICHP, and some of the Medicaid MMA plans included these questions as well. Note that these questions were not asked by all of the Medicaid plans, so plan-level figures are not presented and rates for the four MMA CCC Plans are not included in the overall Medicaid or Florida KidCare total rates.

The first question asked whether the child needed treatment or counseling for a personal or family problem. As displayed in **Figure 21**, only 14% of Florida KidCare families reported that their child needed treatment or counseling for a personal or family problem, while Magellan, Sunshine-CW, and CMS Health Plan had the highest rates for Medicaid plans at 44%, 26%, and 19%, respectively.

Figure 21. Needed Treatment or Counseling by Florida KidCare Program, 2020 Survey

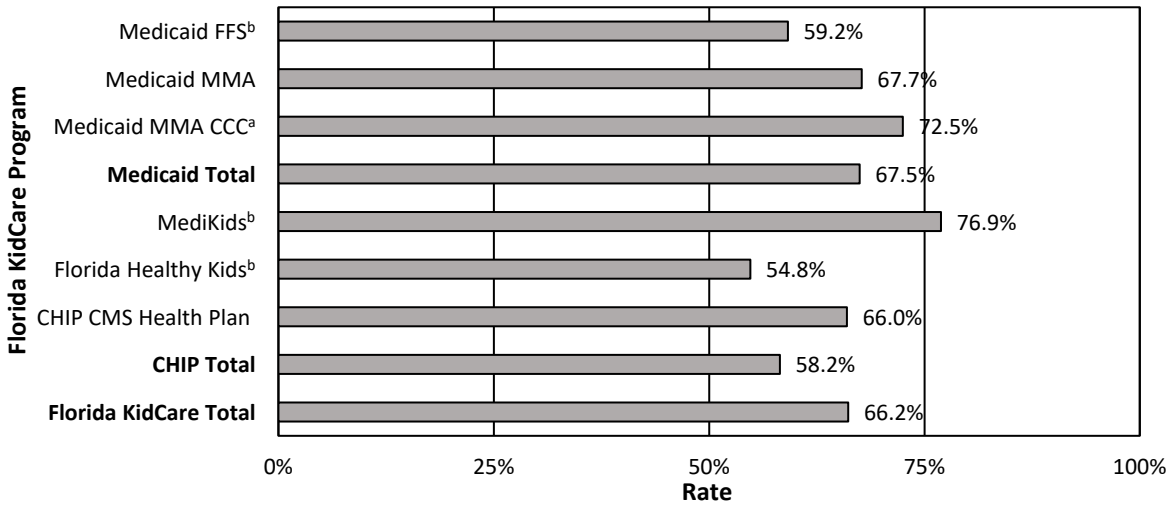


[a] Not reflected in Medicaid or Florida KidCare Total rates.

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."

Overall, 66% of Florida KidCare families reported a positive experience for their child to get needed treatment or counseling through their health plan. Note that three program components had less than 100 respondents, as did nine of the Medicaid plans. MediKids, at 77%, had a higher rate than all other programs. Results for this question are presented by Florida KidCare program in **Figure 22**.

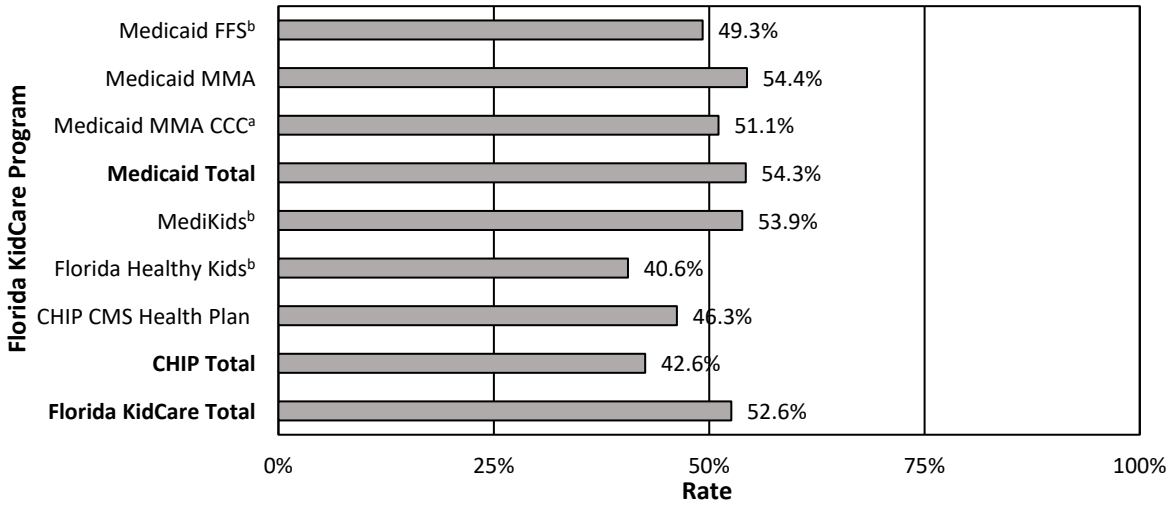
Figure 22. Ease of Obtaining Treatment or Counseling by Florida KidCare Program, 2020 Survey



[a] Not reflected in Medicaid or Florida KidCare Total rates. [b] Question had less than 100 respondents.

Finally, families answered a second follow-up question where they were asked to rate all the child's treatment or counseling on a scale from 0 (worst) to 10 (best). Ratings of "9" or "10" are presented in **Figure 23** for Florida KidCare programs. Overall, 53% of Florida KidCare families rated all their child's treatment or counseling a "9" or "10." Similar to the previous question, some of the program components and Medicaid plans had less than 100 respondents. The program component rates were fairly similar, though Florida Healthy Kids was lower than others at 41%.

Figure 23. All Treatment or Counseling Rating of "9" or "10" by Florida KidCare Program, 2020 Survey



[a] Not reflected in Medicaid or Florida KidCare Total rates. [b] Question had less than 100 respondents.

Section 3: Quality of Care

In This Section

- Background
- Methodology
- 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

A common method of assessing the quality of a health plan or program is the calculation of performance measures. The national 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 (CHIP) Reauthorization Act of 2009 required the creation and annual revision of a core set of pediatric quality measures. These recommended measures, comprised of mostly HEDIS measures and called the Core Set of Children's Health Care Quality Measures (also referred to as the Child Core Set), are for voluntary reporting from state Medicaid and CHIP programs, though reporting will be mandatory beginning in 2024 (Center for Medicaid and CHIP Services, & Centers for Medicare & Medicaid Services [CMS], 2018). Use of the Child Core Set enables a more complete picture of pediatric health care quality, comparative analysis of child health plans, and identification of disparities in health care.

Methodology

Calculation of performance measures is done through two main types of methodology: administrative and hybrid. These methodologies are specified by measure stewards, organizations tasked with maintaining technical specifications of a measure based on updates to clinical guidelines and best practices (Center for Medicaid and CHIP Services & CMS, 2019).

Administrative methodology, which applies to the majority of performance measures, utilizes health plan enrollment data, claims and encounter data, and pharmacy data. A handful of performance measures can be calculated using hybrid methodology, though administrative methodology is also acceptable. Hybrid methodology entails a detailed medical record review to ascertain whether or not a service was rendered.

In addition to administrative and hybrid data, supplemental data can be utilized to calculate performance measures. Electronic vital statistic data was used for two maternal and child health measures and obtained with assistance from the Institute for Child Health Policy (ICHP) Family Data Center. For immunization measures, data were utilized from the Florida State Health Online Tracking System (Florida SHOTS™) system, which is an online immunization registry from the Florida Department of Health (DOH).

NCQA-certified software is used to calculate the measures according to either the HEDIS or Child Core Set specifications. For most measures detailed in this report, member eligibility requires 12 months of enrollment in the health plan or program with no more than a 45-day gap. The anchor date for eligibility is usually December 31 of the measurement year, so a member must be actively enrolled on that date (i.e., not during the 45-day gap) to be considered eligible for a measure. Some measures base the anchor date on a specific event, such as the birth of a child or the date a medication was dispensed. The measurement year for most of the measures corresponds to Calendar Year (CY) 2019, though some measures include previous years within the measurement period.

For more detailed information about performance measure methodology, see **Appendix C**.

Data Collection and Analysis
Performance Measure rates were calculated by the 17 Medicaid Managed Medical Assistance (MMA) plans and the five Florida Healthy Kids medical plans that offer health insurance coverage to children in Florida. One Florida Healthy Kids plan, Sunshine, offers only full-pay coverage and is not included within the Florida Healthy Kids program component rates, as these rates are meant to demonstrate quality of subsidized program components. Rates were calculated by the plans and reviewed by NCQA-certified auditing firms before submitting the data for analysis and inclusion in this report.

Rates for Medicaid Fee-For-Service (FFS), MediKids, and CHIP Children's Medical Services (CMS) Health Plan were calculated by ICHP and reviewed by an NCQA-certified auditing firm. Data for the Medicaid MMA and Florida Healthy Kids plans were tallied by ICHP into weighted program component rates. Rates for Medicaid (FFS and MMA) and CHIP (MediKids, Florida Healthy Kids, and CHIP CMS Health Plan) were tabulated and weighted, as was an overall Florida KidCare rate. All of these rates are included in this section, and plan-level data are available in **Appendix C**.

Trending Data
Rates and corresponding HEDIS benchmark percentiles are presented by Florida KidCare program component from the previous five years (as available) in order to view the performance of each component over time. 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 was also a combination until CY 2018), comparisons should be made with caution.

HEDIS Benchmark Percentiles
Comparisons of Florida KidCare rates are made to national data through the Medicaid health maintenance organization results reported to NCQA for the same measurement year. Note that as the benchmarks are not publicly available, only percentiles are offered here as a way to depict where the rate falls in comparison to national data. Four percentile ranges are provided for rates in this report.

COVID-19 Impact on Hybrid Measures
At the direction of the NCQA, Medicaid MMA and Florida Healthy Kids plans had the option to utilize CY 2018 hybrid data if it was higher than the CY 2019 data as a result of low chart retrieval. This guidance was offered in response to pandemic-related travel bans and quarantines that may have impacted staff who conduct the medical record reviews necessary to calculate hybrid measures. Not all plans used this approach, leaving the program component rates a mixture of CY 2019 and CY 2018 hybrid data.

Prior to the mail out of the ICHP medical record request packets, the Agency for Health Care Administration (AHCA) instructed ICHP to not conduct a medical record review for CY 2019 reporting. This direction was meant to account for the likely low responses during the pandemic, as quarantines took place and urgent patient needs were prioritized by health care offices. Unlike the Medicaid MMA and Florida Healthy Kids plans, there was no CY 2019 hybrid data collected to allow a comparison to the CY 2018 hybrid data; therefore, ICHP was instructed by the Agency to compare the CY 2019 administrative data to the CY 2018 hybrid data and utilize the higher rate. For all Florida KidCare hybrid measures, the methodology used applies to all sub-measures and is noted in figures and tables.

Table 32 outlines the 2020 Child Core Set measures evaluated in this report, including measure steward and data collection method by program component. Most measures are HEDIS measures and NCQA is the measure steward. Exceptions to this are noted whenever a steward is listed with the measure name.

Table 32. Child Core Set Measures and Methodology as Evaluated by ICHP

Measure	Medicaid FFS	Medicaid MMA	MediKids	Florida Healthy Kids	CHIP CMS HP
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 and Adolescents	Hybrid[a]	Hybrid[a, b]	Hybrid[a]	Mixed[a, b]	Hybrid[a]
Chlamydia Screening in Women Ages 16-20	Admin	Admin[b]	N/R	Admin[b]	Admin
Childhood Immunization Status	Hybrid[a]	Mixed[a, b]	Hybrid[a]	N/R	Admin
Screening for Depression and Follow-Up Plan: Ages 12-17 (CMS)	Admin	Admin[b]	Admin[c]	Admin[d]	Admin
Well-Child Visits in the First 15 Months of Life	Hybrid[a]	Mixed[a, b]	Admin	N/R	Admin
Immunizations for Adolescents	Admin	Mixed[a, b]	N/R	Mixed[b]	Admin
Developmental Screening in the First Three Years of Life (OHSU)	Hybrid[a]	Admin*[d]	Hybrid[a]	N/R	Hybrid[a]
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	Hybrid[a]	Mixed[a, b]	Hybrid[a]	Mixed[a, b]	Hybrid[a]
Adolescent Well-Care Visit	Hybrid[a]	Hybrid[a, b]	Admin[c]	Mixed[a, b]	Admin
Children and Adolescents' Access to Primary Care Practitioners	Admin	Admin[b]	Admin	Admin[b]	Admin
Maternal and Perinatal Health					
PC-02: Cesarean Birth (TJC)	Admin	Hybrid[d]	N/R	Admin[d]	Admin
Live Births Weighing Less than 2,500 Grams (CDC)	Admin	Admin[d]	N/R	Admin[d]	Admin
Prenatal and Postpartum Care: Timeliness of Prenatal Care	Admin	Hybrid[b]	N/R	Mixed[b]	Admin
Contraceptive Care: All Women Ages 15-20 (OPA)	Admin	Admin[a, d]	Admin[c]	Admin[d]	Admin
Care of Acute and Chronic Conditions					
Asthma Medication Ratio: Ages 5-18	Admin	Admin[b]	Admin[c]	Admin[b]	Admin
Ambulatory Care: Emergency Department (ED) Visits	Admin	Admin[b]	Admin	Admin[b]	Admin
Behavioral Health Care					
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Admin	Admin[b]	N/R	Admin[b]	Admin
Follow-Up After Hospitalization for Mental Illness: Ages 6-17	Admin	Admin[b]	N/R	Admin[b]	Admin
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Admin	Admin[b]	Admin	Admin[b]	Admin
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Admin	Admin[b]	Admin	Admin[b]	Admin
Dental and Oral Health Services					
Dental Sealants for 6-9 Year Old Children at Elevated Caries Risk (DQA)	Admin	Admin[b]	Admin[c]	Admin[d]	Admin
Percentage of Eligibles that Received Preventive Dental Services (CMS)	Admin	Admin*[d]	Admin	Admin[d]	Admin
Experience of Care					
Consumer Assessment of Healthcare Providers and Systems (CAHPS®)	Program level	Plan level	Program level	Program level	Program level

Note. Mixed= some plans reported hybrid, some reported admin. N/R= Programs for which the measure does not apply or was not reported. *= Rate reported at the program level only. Measure stewards include 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.
[a] Calculated entirely or in part with CY 2018 hybrid data. [b] Calculated by individual plans. [c] Though the measure does not apply to this population, data were received. This is likely due to a claims error. [d] Calculated entirely or in part by ICHP.

Primary Care Access and Preventive Care

At the frontline of health care, primary care exists to reduce the need for urgent, specialized care. Studies show that patients who have a consistent source of primary care are more likely to have positive health outcomes (Shi, 2012). The emergence of childhood obesity, developmental disorders, school readiness, and depression are just a number of challenges that can be addressed early through routine counseling, assessment, and education from a primary care provider (PCP). Primary care providers vary and can be classified as, but not limited to, physicians, physician assistants, internists, and pediatricians (NCQA, 2019a).

Measures highlighted in this section cross a multitude of topical areas related to access to care and prevention, including immunizations, well-child visits, screening for treatable conditions, and identifying and deploying needed interventions. The three well-child visit measures in this section emphasize the importance preventive services have on preventing health conditions that stem from a lack of access at an early age. Similarly, the Children and Adolescent's Access to Primary Care measure conveys that primary care access and preventive services are essential for improved population health, increased vaccination rates, and reducing avoidable hospitalizations. These measures all underscore the importance of access to health services, a Healthy People 2020 topic (Healthy People 2020, n.d.-b). Patients with access to health care are able to establish a source for ongoing, regular care, which can enhance trust and communication between patient and provider while decreasing emergency department use for non-emergent health problems (Shi, 2012).

Table 33 presents the Florida KidCare overall rates in CY 2019 for all of the measures and sub-measures presented in this section. Information on program component rates is detailed in this section, and rates for the Medicaid MMA and Florida Healthy Kids plans can be found in **Appendix C: Additional Data Charts**.

Table 33. Florida KidCare Rates for Primary Care Access and Preventive Care Measures for CY 2019

Measure	Florida KidCare Rate
Weight Assessments for Children (WCC): Ages 3-17 – BMI Assessment	88.6%
Chlamydia Screening (CHL): Ages 16-20	61.7%
Childhood Immunization Status (CIS): Combination 2	78.8%
Childhood Immunization Status (CIS): Combination 3	74.4%
Screening for Depression and Follow up Plan (CDF): Ages 12-17	2.1%
Well-Child Visits in first 15 Months (W15): Six or More Visits	72.5%
Immunizations for Adolescents (IMA): Meningococcal	77.1%
Immunizations for Adolescents (IMA): Tdap	87.7%
Immunizations for Adolescents (IMA): Combination 1	75.6%
Immunizations for Adolescents (IMA): HPV	40.9%
Developmental Screening in First Three Years (DEV): All Ages	15.3%
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years (W34)	79.2%
Adolescent Well-Care Visits (AWC)	62.8%
Children and Adolescent Access to Primary Care (CAP): All Ages	88.7%

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, 2020a). For children and teens, BMI is age and gender specific and, thus, represented in a percentile (CDC, 2020a). 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, 2020a). 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, 2020a).

This HEDIS indicator reports the percentage of children 3-17 years of age who had an outpatient visit with a 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, 2019a). Persons excluded from this measure include those who were pregnant.

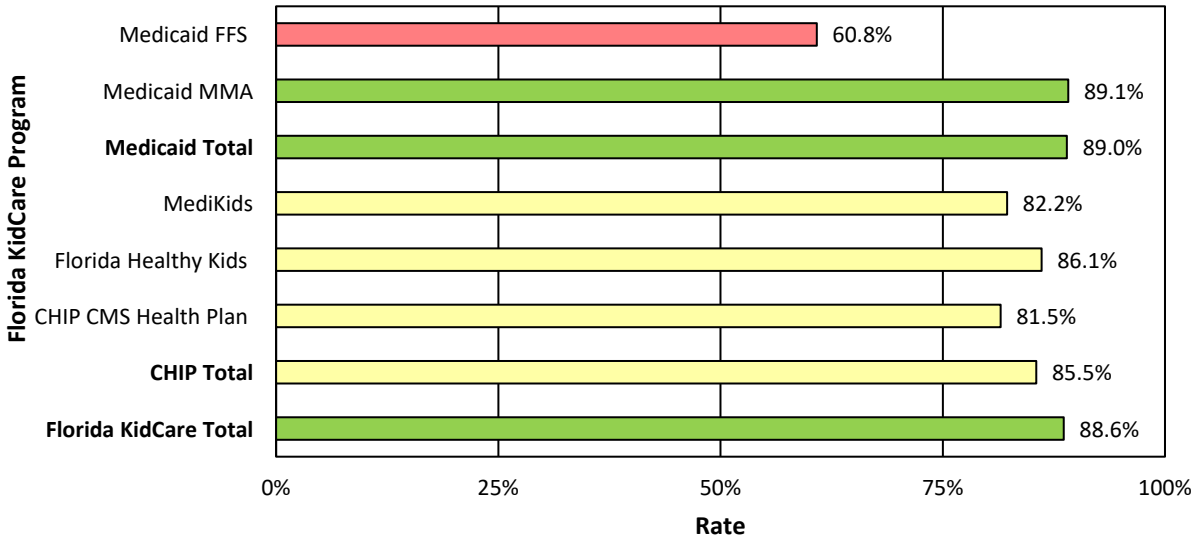
This measure could be calculated using the hybrid method, and members were considered to be in hybrid compliance with this measure if they had documentation of height, weight, and BMI percentile during the measurement year. BMI percentile could either be documented as a value or plotted on an age-growth chart.

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 sub-measure, for which the Florida KidCare rate was 89%. Nearly all Medicaid MMA and Florida Healthy Kids plans were within the top 50th HEDIS benchmark percentile, and the Florida KidCare rate was in the top 75th percentile. Note that due to methodology changes as a result of COVID-19, the data for Medicaid FFS, MediKids, and CHIP CMS Health Plan are hybrid rates from CY 2018.

Figure 24 presents the Florida KidCare program results and benchmark percentiles for CY 2019. **Table 34** presents the trending results from CY 2015 to CY 2019 for each of the Florida KidCare programs, with applicable benchmark percentiles.

Located in Appendix C, **Figure 83** and **Figure 84** present the CY 2019 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 24. Florida KidCare Program Results for WCC: Ages 3-17- BMI Assessment, CY 2019



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.

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

Note. This legend applies to **Figure 24** and **Table 34**.

Table 34. WCC: Ages 3-17- BMI Assessment Results by Florida KidCare Program, CY 2015 to CY 2019

Program	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	42.8%[a]	45.0%[a]	25.3%	60.8%[a]	60.8%[c]
Medicaid MMA	62.5%[b]	78.4%[a]	82.8%[b]	87.9%[a]	89.1%[a, c]
Medicaid Total	62.2%	78.2%	82.5%	87.7%	89.0%
MediKids	58.9%[a]	68.4%[a]	57.5%	82.2%[a]	82.2%[c]
Florida Healthy Kids	56.7%[a]	69.8%[a]	80.1%[b]	89.1%[a]	86.1%[b, c]
CHIP CMS Health Plan	57.2%[a]	69.3%[a]	59.9%	81.5%[a]	81.5%[c]
CHIP Total	57.0%	69.6%	76.4%	88.0%	85.5%
Florida KidCare Total	61.7%	77.5%	82.0%	87.8%	88.6%

Note. 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.
[a] Denotes hybrid methodology. [b] Denotes mixed methodology. [c] Calculated entirely or in part with CY 2018 hybrid data.

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.

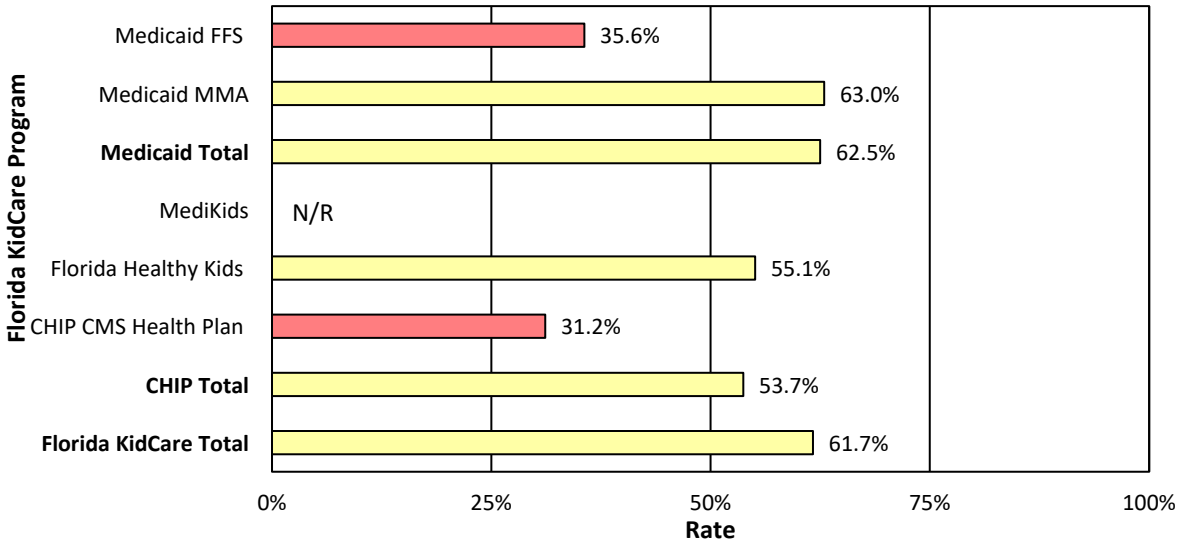
The HEDIS CHL indicator measures the percentage of female members 16 through 24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year. Of note, the Child Core Set includes only adolescents/young adults in the 16-20-year age group (Center 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.

For CY 2019, the Florida KidCare program rate for CHL was 62%, a decrease from CY 2018. The Medicaid MMA program component had a slight decrease from the previous year, which resulted in a drop to the next-lowest HEDIS benchmark percentile, though most Medicaid MMA and Florida Healthy Kids plans were in the top 50th percentile.

Figure 25 presents the Florida KidCare program results and benchmark percentiles for CY 2019. **Table 35** presents the trending results from CY 2015 to CY 2019 for each of the Florida KidCare programs, with applicable benchmark percentiles.

Located in Appendix C, **Figure 85** and **Figure 86** present the CY 2019 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 25. Florida KidCare Program Results for CHL: Ages 16-20, CY 2019



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.

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

Note. This legend applies to **Figure 25** and **Table 35**.

Table 35. CHL Ages 16-20 Results by Florida KidCare Program, CY 2015 to CY 2019

Program	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	30.5%	27.5%	32.1%	34.6%	35.6%
Medicaid MMA	58.6%	60.0%	62.1%	63.6%	63.0%
Medicaid Total	57.6%	59.3%	61.7%	63.1%	62.5%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	44.7%	47.6%	53.4%	56.1%	55.1%
CHIP CMS Health Plan	40.6%	42.4%	41.0%	44.3%	31.2%
CHIP Total	44.4%	47.3%	52.7%	55.5%	53.7%
Florida KidCare Total	56.5%	58.5%	61.0%	62.4%	61.7%

Note. 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.

Childhood Immunization Status (CIS)

Vaccinations can help prevent deadly diseases by aiding the child's natural defenses to develop immunity to the disease (CDC, 2019b). This HEDIS measure reports the percentage of children who turned two in CY 2019 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. For the purposes of this report, only specific combinations are reported:

Combination 2

- 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

Combination 3

- Combination 2
- Four pneumococcal conjugate (PCV) vaccines

Some of the immunizations must be administered within a specific time frame to be considered compliant: DTaP, IPV, HiB, and PCV cannot be administered within 42 days of birth, and MMR and VZV must be given between the child's first and second birthday (NCQA, 2019a). The anchor date for this measure is the member's second birthday. 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 (e.g., those with immunodeficiency).

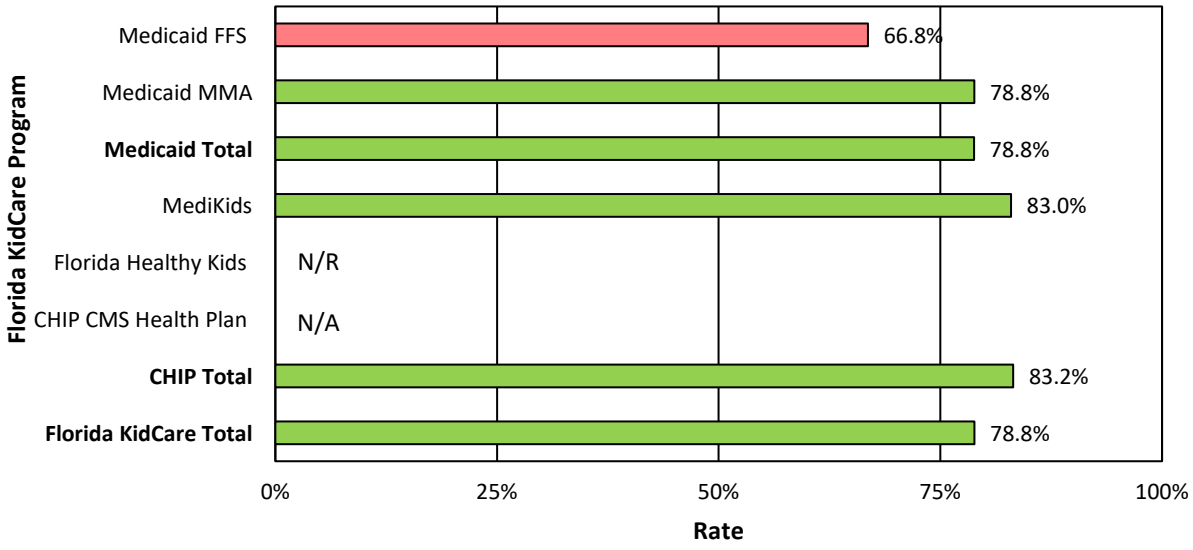
In addition to claims and encounter data, Florida SHOTS data and a medical record review were utilized to calculate this measure. When reviewing medical records for inclusion using the hybrid methodology, the name and date of the immunization must have been documented in the record. For vaccinations that do not have minimum age restrictions, immunizations documented "at birth" or "in the hospital" were counted toward the numerator.

The CY 2019 Florida KidCare program rate for Combination 2 was 79% and, for the Combination 3 sub-measure, 74%. Both rates were slight improvements, and the majority of program components, as well as the health plans, fell within the top 50th HEDIS benchmark percentiles for each sub-measure. Note that due to methodology changes as a result of COVID-19, the data for Medicaid FFS and MediKids are hybrid rates from CY 2018.

Figure 26 presents the Florida KidCare program results and benchmark percentiles for Combination 2 in CY 2019, while **Table 36** shows five-year trend data for this sub-measure. **Figure 27** presents the same data for Combination 3, with five-year trend data presented in **Table 37.**

Located in Appendix C, **Figure 87** and **Figure 88** present the CY 2019 Medicaid MMA plan results and benchmark percentiles.

Figure 26. Florida KidCare Program Results for CIS: Combination 2, CY 2019



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.

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

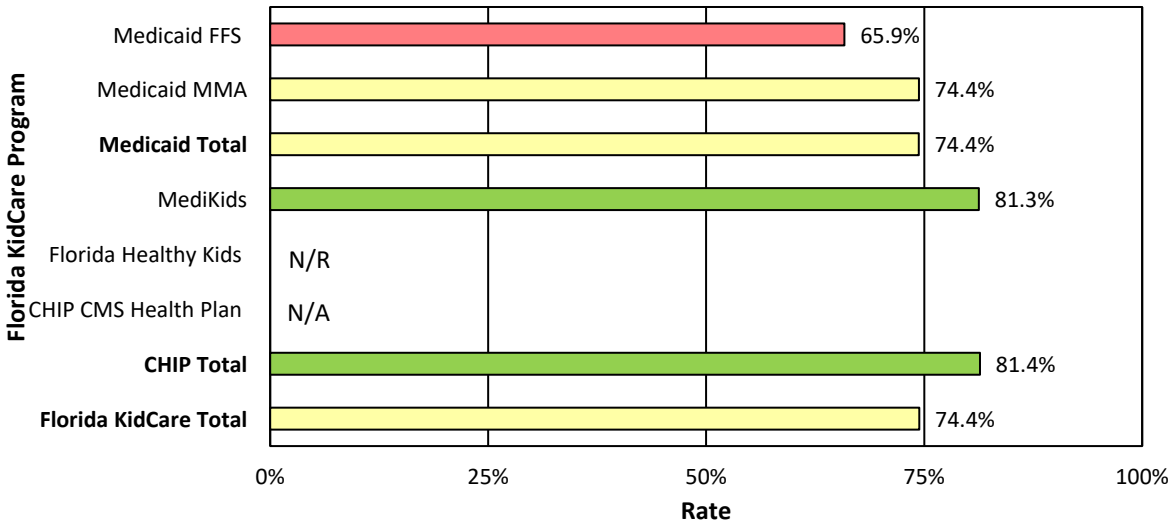
Note. This legend applies to **Figure 26** and **Table 36**.

Table 36. CIS: Combination 2 Results by Florida KidCare Program, CY 2015 to CY 2019

Program	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	59.1%[a]	67.6%[a]	61.3%	66.8%[a]	66.8%[c]
Medicaid MMA	77.5%[b]	78.2%[b]	78.2%[b]	77.5%[b]	78.8%[b, c]
Medicaid Total	76.9%	78.2%	78.1%	77.5%	78.8%
MediKids	83.9%[a]	79.6%[a]	74.3%	83.0%[a]	83.0%[c]
Florida Healthy Kids	N/R	N/R	N/R	N/R	N/R
CHIP CMS Health Plan	N/A[a]	N/A[a]	N/A	N/A[a]	N/A
CHIP Total	84.1%	79.1%	74.3%	83.0%	83.2%
Florida KidCare Total	77.0%	78.2%	78.1%	77.5%	78.8%

Note. 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.
[a] Denotes hybrid methodology. [b] Denotes mixed methodology. [c] Calculated entirely or in part with CY 2018 hybrid data.

Figure 27. Florida KidCare Program Results for CIS: Combination 3, CY 2019



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.

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

Note. This legend applies to **Figure 27** and **Table 37**.

Table 37. CIS: Combination 3 Results by Florida KidCare Program, CY 2015 to CY 2019

Program	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	54.7%[a]	64.2%[a]	57.8%	65.9%[a]	65.9%[c]
Medicaid MMA	72.4%[b]	74.2%[b]	73.7%[b]	73.3%[b]	74.4%[b, c]
Medicaid Total	71.9%	74.2%	73.7%	73.3%	74.4%
MediKids	80.1%[a]	77.4%[a]	72.6%	81.3%[a]	81.3%[c]
Florida Healthy Kids	N/R	N/R	N/R	N/R	N/R
CHIP CMS Health Plan	N/A[a]	N/A[a]	N/A	N/A[a]	N/A
CHIP Total	80.3%	76.9%	72.5%	81.4%	81.4%
Florida KidCare Total	71.9%	74.2%	73.7%	73.3%	74.4%

Note. 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.
[a] Denotes hybrid methodology. [b] Denotes mixed methodology. [c] Calculated entirely or in part with CY 2018 hybrid data.

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 find their performance at school or work impaired, interactions with their families and peers stunted, and developmental trajectories hindered, 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).

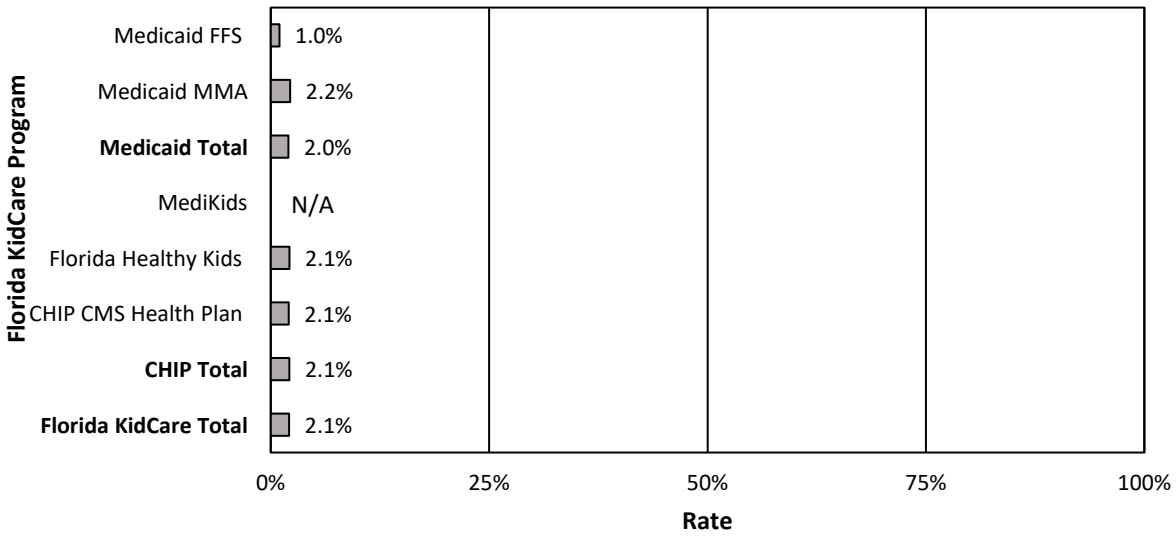
This measure can be calculated through use of electronic health data or claims and encounter data. Electronic health data is used in both HEDIS and Child Core Set measures, and can encompass more than either claims and encounters or medical record data. These types of records, typically used by health plans who have access to the information in real time, also include components such as case management systems, provider decision-making information, and clinical registries, which can be used to compile a more complete patient record across multiple providers and sites (NCQA, n.d.). As ICHP does not have access to the electronic health data of Florida KidCare members, the CDF measure was calculated using only claims and encounters data. As providers may not submit claims specifically for utilizing a standardized screening tool and/or coming up with a follow-up plan, this may account for low rates for this measure.

For CY 2019, the Florida KidCare program rate for CDF was 2%, though it is worth nothing that all of the program component rates have more than doubled compared to the prior year.

Figure 28 presents the Florida KidCare program results for CY 2019 and **Table 38** presents the trending results for each of the Florida KidCare programs. As this is a Child Core Set measure, there are no national benchmarks.

Located in Appendix C, **Figure 89** and **Figure 90** present the CY 2019 Medicaid MMA and Florida Healthy Kids plan results.

Figure 28. Florida KidCare Program Results for CDF: Ages 12-17, CY 2019



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 38. CDF Results by Florida KidCare Program, CY 2018 to CY 2019

Program	CY 2018	CY 2019
Medicaid FFS	0.1%	1.0%
Medicaid MMA	N/R	2.2%
Medicaid Total	0.1%	2.0%
MediKids	N/A	N/A
Florida Healthy Kids	0.4%	2.1%
CHIP CMS Health Plan	0.4%	2.1%
CHIP Total	0.4%	2.1%
Florida KidCare Total	0.3%	2.1%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2018 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.

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 et al., 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 2019 and who had between zero and six or more well-child visits with a PCP during their first 15 months of life.

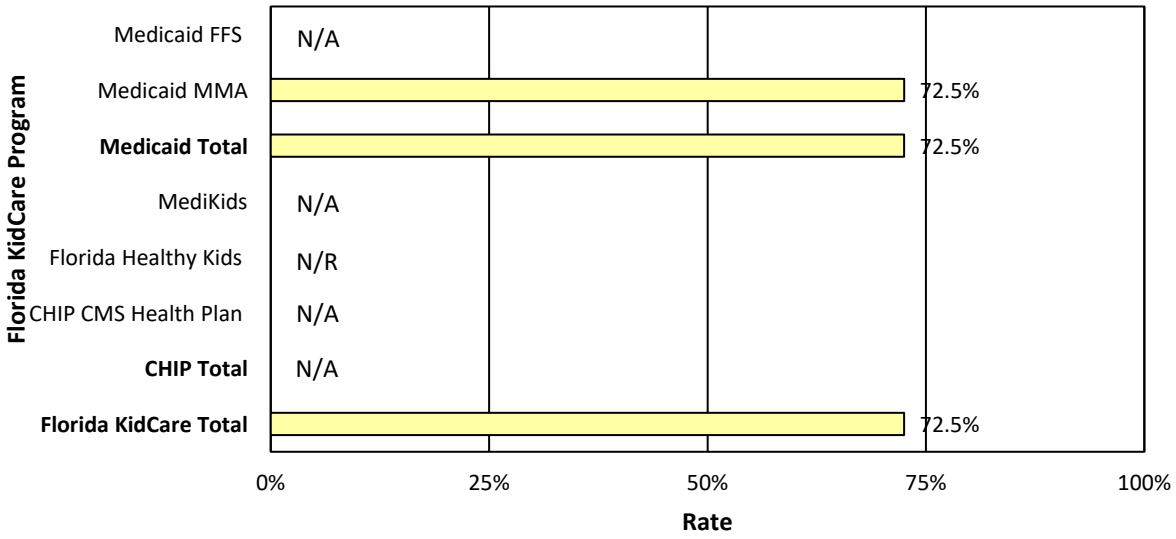
The 15-month birthday is calculated as the child's first birthday plus 90 days, and visits that occur after that point do not count. Hybrid methodology can be utilized for this measure, and individuals are added to the numerator if they had a visit with a PCP with evidence of all of the following: 1) 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, 2019a). 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.

For the purpose of this report, only the results for six or more visits are presented and, in CY 2019, the Florida KidCare program rate was 73%.

Figure 29 presents the Florida KidCare program results and benchmark percentiles for CY 2019, while **Table 39** presents the trending results from CY 2015 to CY 2019 for each of the Florida KidCare programs, with applicable benchmark percentiles.

Located in Appendix C, **Figure 91** presents the CY 2019 Medicaid MMA plan results and benchmark percentiles. Note that due to the two-year eligibility criteria, two of the new Medicaid MMA plans were not able to report this measure; therefore, the rates for those plans are listed as N/R.

Figure 29. Florida KidCare Program Results for W15: Six or More Visits, CY 2019



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.

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

Note. This legend applies to **Figure 29** and **Table 39**.

Table 39. W15: Six or More Visits Results by Florida KidCare Program, CY 2015 to CY 2019

Program	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	11.6%	7.5%	N/A	N/A[a]	N/A[c]
Medicaid MMA	58.3%	63.5%[b]	69.5%[a]	69.6%[a]	72.5%[b, c]
Medicaid Total	57.5%	63.5%	69.5%	69.6%	72.5%
MediKids	N/A	N/A	N/A	N/A	N/A
Florida Healthy Kids	N/R	N/R	N/R	N/R	N/R
CHIP CMS Health Plan	N/A	N/A	N/A	N/A	N/A
CHIP Total	N/A	N/A	N/A	N/A	N/A
Florida KidCare Total	57.5%	63.5%	69.5%	69.6%	72.5%

Note. 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.
[a] Denotes hybrid methodology. [b] Denotes mixed methodology. [c] Calculated entirely or in part with CY 2018 hybrid data.

Immunizations for Adolescents (IMA)

The adolescent immunizations measure, IMA, focuses on vaccinations given solely in adolescence, as opposed to the childhood immunization measure that examines 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 below (CDC, 2020d).

Four sub-measures are reported for Florida KidCare members:

- Meningococcal: At least one meningococcal conjugate vaccine on or between the adolescent's 11th and 13th birthdays.
- Tetanus, diphtheria toxoids and acellular pertussis (Tdap): At least one Tdap vaccine between the 10th and 13th 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 9th and 13th birthdays or at least three HPV vaccines with different dates of service.

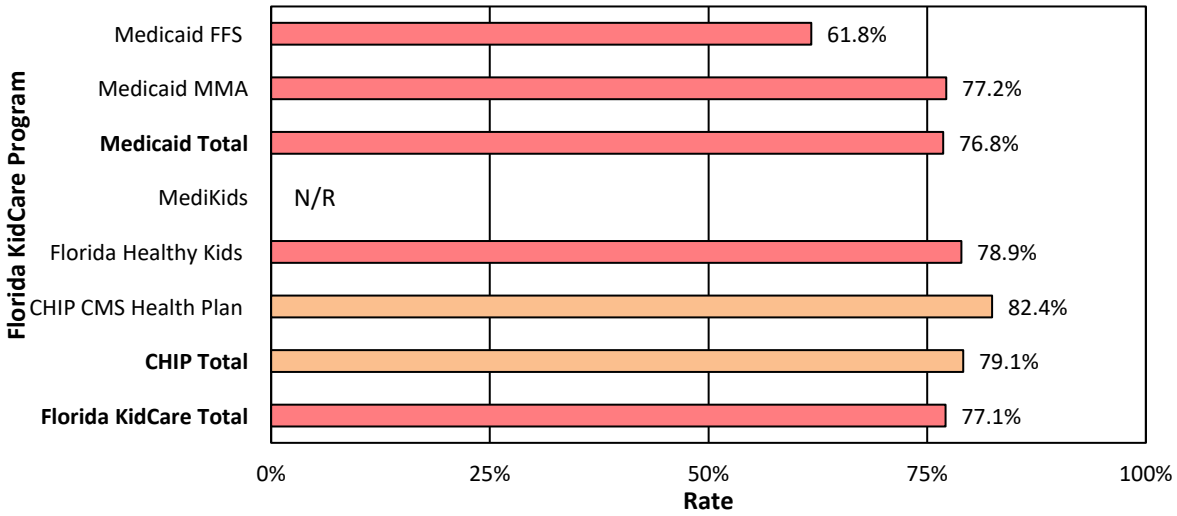
The anchor date for this measure is the member's 13th birthday. Persons excluded from this measure include those who had an anaphylactic reaction to the vaccine or its components at any time on or before the anchor date or with a service date prior to October 1, 2011, or those with encephalopathy due to vaccination at any time prior to the anchor date. 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.

The CY 2019 Florida KidCare program rate for the Meningococcal sub-measure was 77%, while the Tdap rate was 88%. For the Combination 1 sub-measure, the Florida KidCare rate was 76%, while the HPV rate was 41%. For all but the Tdap sub-measure, these rates were the highest over the last five years.

Figure 30 and **Table 40** present the Florida KidCare program CY 2019 results and trending data, respectively, with associated benchmark percentiles for Meningococcal immunizations, while **Figure 31** and **Table 41** present the same information for Tdap immunizations. **Figure 32** and **Table 42** present the Florida KidCare program CY 2019 results and trending data, respectively, with associated benchmark percentiles for Combination 1 immunizations in CY 2019, while **Figure 33** and **Table 43** present the same information for HPV immunizations.

Located in Appendix C, **Figure 92-Figure 99** present the CY 2019 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles for these sub-measures.

Figure 30. Florida KidCare Program Results for IMA: Meningococcal Immunizations, CY 2019



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.

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

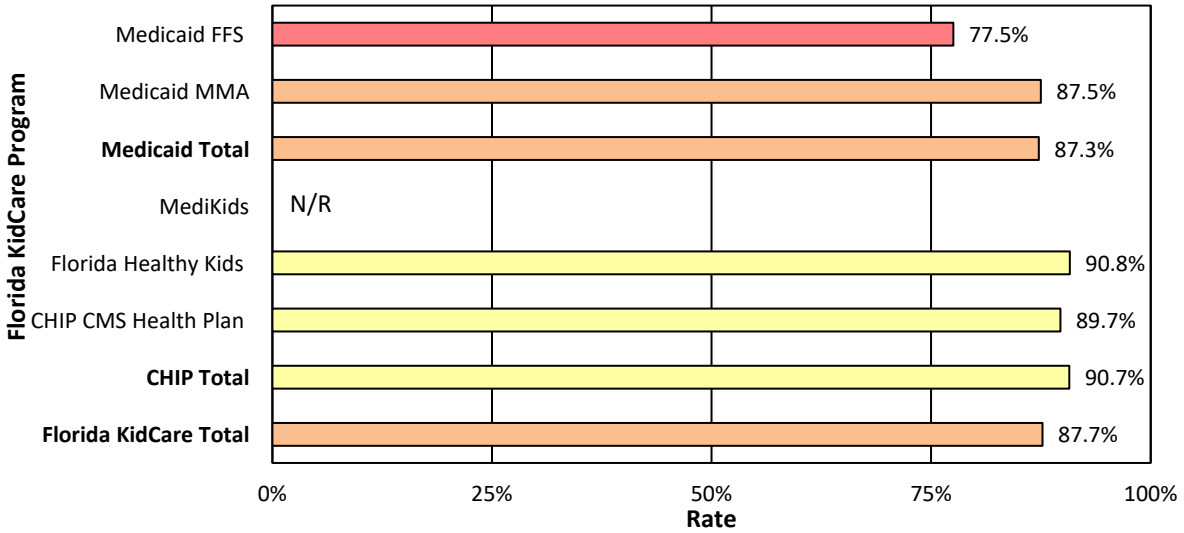
Note. This legend applies to **Figure 30** and **Table 40**.

Table 40. IMA: Meningococcal Results by Florida KidCare Program, CY 2015 to CY 2019

Program	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	47.9%[a]	52.1%[a]	43.6%	60.3%[a]	61.8%
Medicaid MMA	68.3%[b]	71.7%[b]	73.3%[b]	75.3%[b]	77.2%[b, c]
Medicaid Total	66.7%	71.0%	72.6%	75.0%	76.8%
MediKids	N/R	N/R	N/A	N/A	N/R
Florida Healthy Kids	77.9%[a]	78.4%[a]	77.3%[b]	79.9%[a]	78.9%[b]
CHIP CMS Health Plan	73.7%[a]	77.9%[a]	75.5%	74.5%[a]	82.4%
CHIP Total	77.6%	78.3%	77.2%	79.6%	79.1%
Florida KidCare Total	68.3%	71.7%	73.0%	75.4%	77.1%

Note. 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.
[a] Denotes hybrid methodology. [b] Denotes mixed methodology. [c] Calculated entirely or in part with CY 2018 hybrid data.

Figure 31. Florida KidCare Program Results for IMA: Tdap Immunizations, CY 2019



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.

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

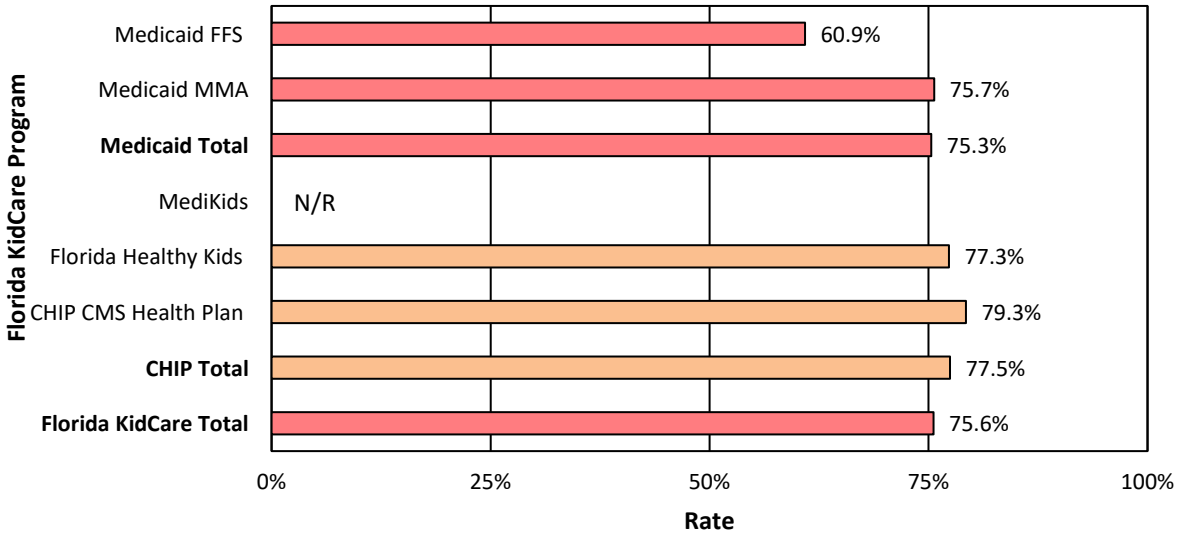
Note. This legend applies to **Figure 31** and **Table 41**.

Table 41. IMA: Tdap Results by Florida KidCare Program, CY 2015 to CY 2019

Program	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	63.8%[a]	71.1%[a]	65.9%	74.9%[a]	77.5%
Medicaid MMA	85.3%[b]	87.8%[b]	88.4%[b]	88.6%[b]	87.5%[b, c]
Medicaid Total	83.6%	87.2%	87.9%	88.3%	87.3%
MediKids	N/R	N/R	N/A	N/A	N/R
Florida Healthy Kids	93.2%[a]	91.5%[a]	93.2%[b]	93.0%[a]	90.8%[b]
CHIP CMS Health Plan	89.8%[a]	89.5%[a]	89.4%	88.8%[a]	89.7%
CHIP Total	92.9%	91.4%	92.9%	92.7%	90.7%
Florida KidCare Total	84.9%	87.6%	88.4%	88.7%	87.7%

Note. 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.
[a] Denotes hybrid methodology. [b] Denotes mixed methodology. [c] Calculated entirely or in part with CY 2018 hybrid data.

Figure 32. Florida KidCare Program Results for IMA: Combination 1 Immunizations, CY 2019



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.

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

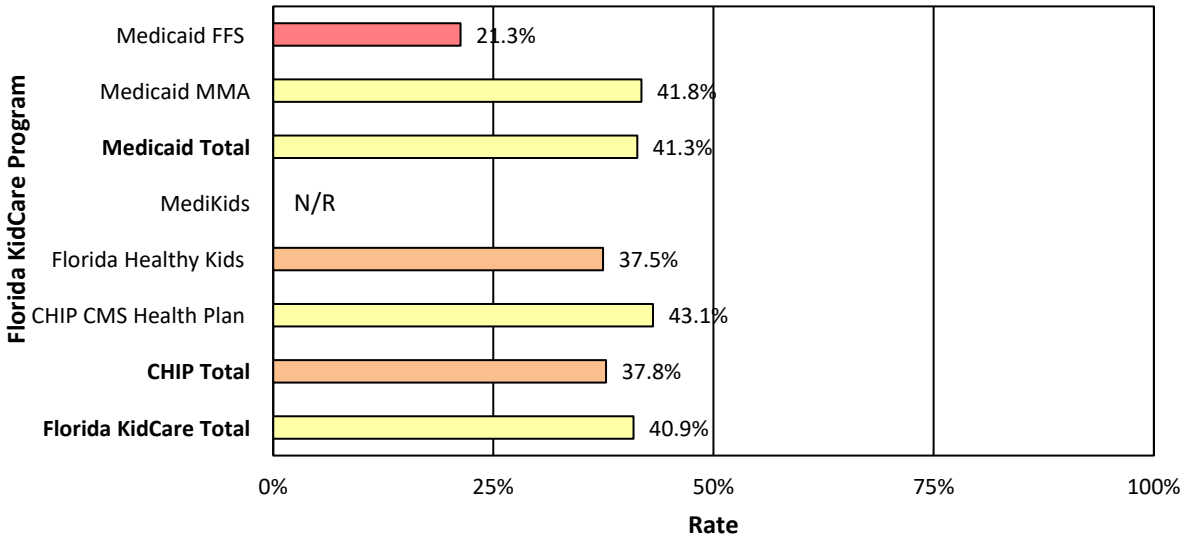
Note. This legend applies to **Figure 32** and **Table 42**.

Table 42. IMA: Combination 1 Results by Florida KidCare Program, CY 2015 to CY 2019

Program	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	45.7%[a]	51.6%[a]	42.7%	59.4%[a]	60.9%
Medicaid MMA	67.3%[b]	70.6%[b]	71.9%	74.0%[b]	75.7%[b, c]
Medicaid Total	65.6%	70.0%	71.3%[b]	73.7%	75.3%
MediKids	N/R	N/R	N/A	N/A	N/R
Florida Healthy Kids	76.9%[a]	76.6%[a]	76.6%[b]	78.7%[a]	77.3%[b]
CHIP CMS Health Plan	71.5%[a]	76.9%[a]	74.1%	73.2%[a]	79.3%
CHIP Total	76.5%	76.7%	76.5%	78.4%	77.5%
Florida KidCare Total	67.2%	70.7%	71.7%	74.1%	75.6%

Note. 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.
[a] Denotes hybrid methodology. [b] Denotes mixed methodology. [c] Calculated entirely or in part with CY 2018 hybrid data.

Figure 33. Florida KidCare Program Results for IMA: HPV Immunizations, CY 2019



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.

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

Note. This legend applies to **Figure 33** and **Table 43**.

Table 43. IMA: HPV Results by Florida KidCare Program, CY 2017 to CY 2019

Program	CY 2017	CY 2018	CY 2019
Medicaid FFS	14.8%	20.9%[a]	21.3%
Medicaid MMA	33.6%	38.5%[b]	41.8%[b, c]
Medicaid Total	33.2%	38.1%	41.3%
MediKids	N/A	N/A	N/R
Florida Healthy Kids	32.6%	36.6%[a]	37.5%[b]
CHIP CMS Health Plan	32.9%	38.9%[a]	43.1%
CHIP Total	32.6%	36.7%	37.8%
Florida KidCare Total	33.1%	38.0%	40.9%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2017 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.

[a] Denotes hybrid methodology. [b] Denotes mixed methodology. [c] Calculated entirely or in part with CY 2018 hybrid data.

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

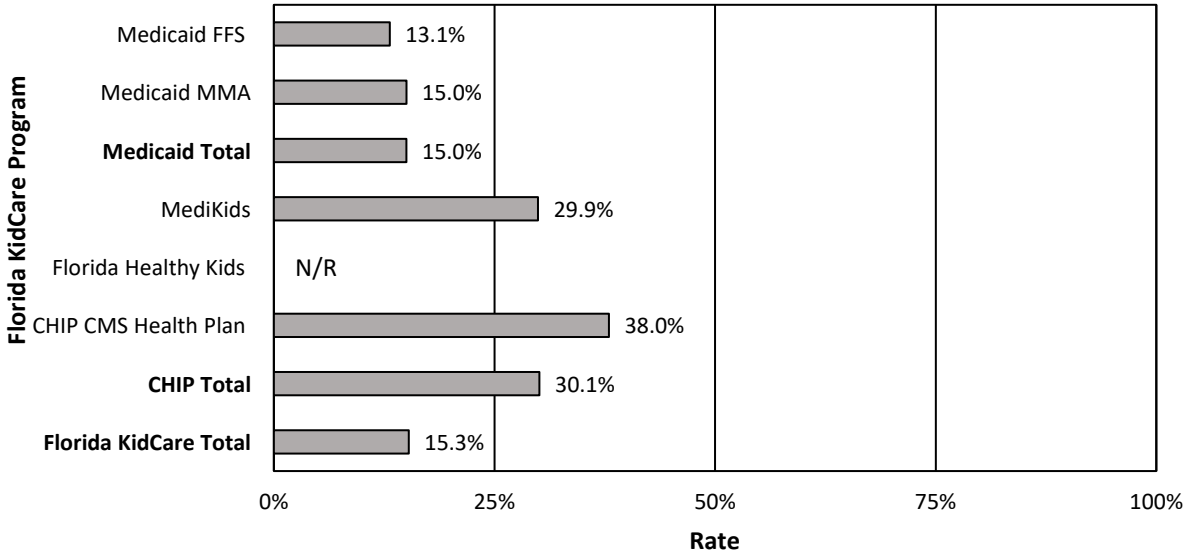
Early developmental screenings can help identify children with developmental delays in order to provide appropriate health care and interventions. It is estimated that about one in six children aged 3-17 years have at least one developmental or behavioral disability (CDC, 2020b). Bright Futures recommends 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, 2020b). 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). A medical record review can be performed for all applicable Florida KidCare programs to meet the hybrid specifications for this measure. For CY2019 reporting, hybrid results were used for some program components while administrative results were used for others. 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 2019. For this report, an overall rate is presented with eligible children of all sub-measure ages during CY 2019, and for the Florida KidCare program, this rate was 15%.

Figure 34 presents the Florida KidCare program results for CY 2019, and **Table 44** presents trending results for each of the Florida KidCare programs. As this is a Child Core Set measure, national benchmarks are not available. For CY 2019, this measure was calculated at the Medicaid MMA program component level only; therefore, plan-level rates are not available.

Figure 34. Florida KidCare Program Results for DEV: All Ages, CY 2019



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 44. DEV: All Ages Results by Florida KidCare Program, CY 2014 to CY 2016 and CY 2018 to 2019

Program	CY 2014	CY 2015	CY 2016	CY 2018	CY 2019
Medicaid FFS	4.3%	2.7%[a]	5.6%[a]	13.1%[a]	13.1%[c]
Medicaid MMA	28.4%	13.1%[a]	15.3%[a]	22.9%[a]	15.0%
Medicaid Total	5.5%	12.8%	15.3%	22.9%	15.0%
MediKids	N/R	14.1%[a]	24.3%[a]	29.9%[a]	29.9%[c]
Florida Healthy Kids	N/R	N/R	N/R	N/R	N/R
CHIP CMS Health Plan	N/R	21.0%[a]	24.1%[a]	38.0%[a]	38.0%[c]
CHIP Total	N/R	14.3%	24.3%	30.1%	30.1%
Florida KidCare Total	5.5%	12.8%	15.4%	22.9%	15.3%

Note. When hybrid methodology is used, a sample size of 411 was applied to the entire Medicaid MMA program component, not per plan; therefore, caution should be exercised when making comparisons of the data. Methodology and enrollment differ across measurement years, and 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.
[a] Denotes hybrid methodology. [b] Denotes mixed methodology. [c] Calculated entirely or in part with CY 2018 hybrid data.

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 2019. The PCP did not have to be the practitioner assigned to the child, but 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.

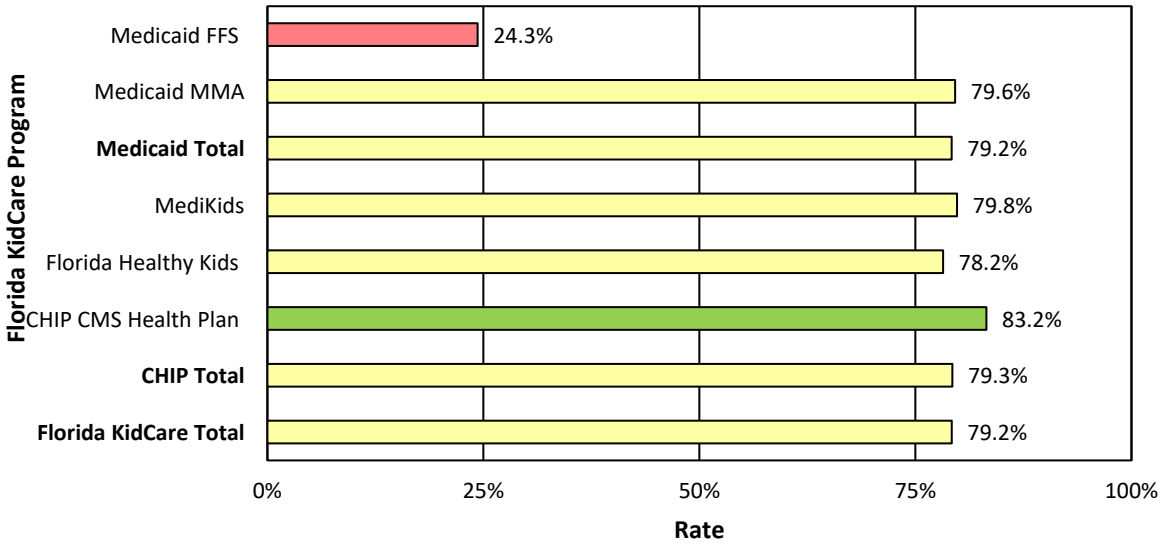
For the medical record review, individuals were considered compliant if they had a visit with a PCP with evidence of all of the following: a health history, a physical developmental history, a mental developmental history, a physical examination, and health education or anticipatory guidance (NCQA, 2019a). Even if the primary intent of the visit was not for a well-child visit, so long as 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.

The CY 2019 Florida KidCare program rate for W34 was 79%, and nearly all of the program components and health plans fell within the top 50th HEDIS benchmark percentile. Note that due to methodology changes as a result of COVID-19, the data for Medicaid FFS, MediKids, and CHIP CMS Health Plan are hybrid rates from CY 2018.

Figure 35 presents the Florida KidCare program results and associated benchmark percentiles for CY 2019, and **Table 45** presents the trending results from CY 2015 to CY 2019 for each of the Florida KidCare programs, with applicable benchmark percentiles.

Located in Appendix C, **Figure 100** and **Figure 101** present the CY 2019 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 35. Florida KidCare Program Results for W34, CY 2019



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.

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

Note. This legend applies to **Figure 35** and **Table 45**.

Table 45. W34 Results by Florida KidCare Program, CY 2015 to CY 2019

Program	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	16.3%[a]	13.9%[a]	11.1%	24.3%[a]	24.3%[c]
Medicaid MMA	75.4%[b]	75.7%[b]	77.9%[b]	78.2%[b]	79.6%[b, c]
Medicaid Total	74.2%	74.9%	77.4%	77.8%	79.2%
MediKids	80.1%[a]	77.6%[a]	82.4%	79.8%[a]	79.8%[c]
Florida Healthy Kids	59.9%[a]	67.2%[a]	78.6%[b]	78.2%[a]	78.2%[b, c]
CHIP CMS Health Plan	82.7%[a]	78.8%[a]	77.3%	83.2%[a]	83.2%[c]
CHIP Total	73.1%	74.0%	80.8%	79.3%	79.3%
Florida KidCare Total	74.2%	74.9%	77.6%	77.9%	79.2%

Note. 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.
[a] Denotes hybrid methodology. [b] Denotes mixed methodology. [c] Calculated entirely or in part with CY 2018 hybrid data.

Adolescent Well-Care Visit (AWC)

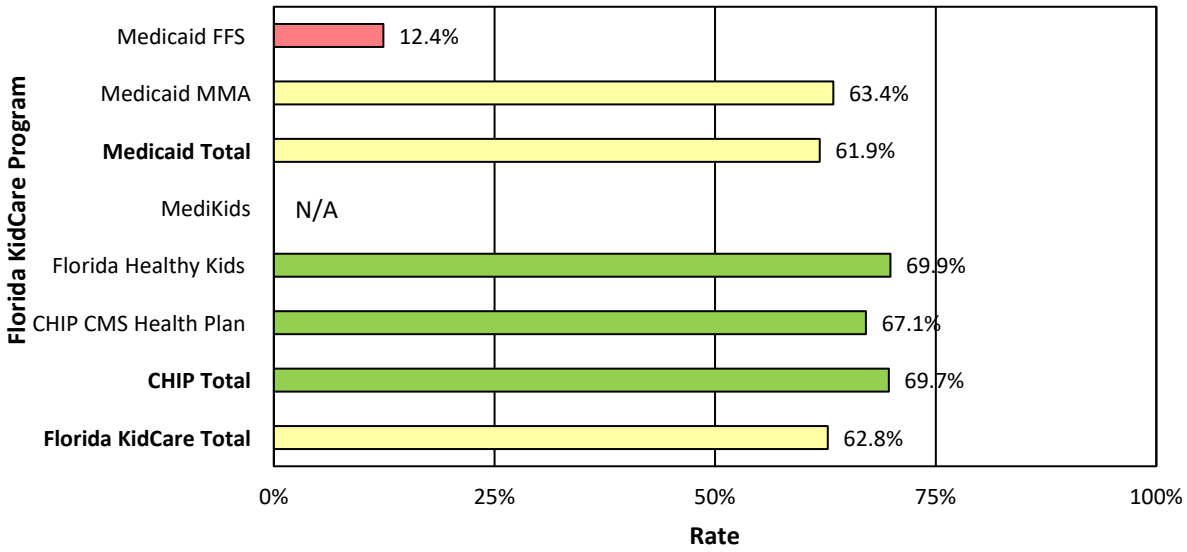
Having a preventive care visit is important for adolescents as well as for younger children. However, adolescents often have a lower rate of compliance with preventive care guidelines than younger children, and adolescent well-care visits often take longer to complete due to the complex nature of issues facing adolescents (Tanski et al., 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, 2019a). 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 CY 2019, the Florida KidCare rate for this measure was 63%, and the CHIP program rate was 70%, falling within the top 75th HEDIS benchmark percentile. All but one of the Florida Healthy Kids plans also fell within the top 75th HEDIS benchmark percentile, as did several of the Medicaid MMA plans. **Figure 36** presents the Florida KidCare program results and associated benchmark percentiles in CY 2019. **Table 46** presents the trending results from CY 2015 to CY 2019 for each of the Florida KidCare programs, with applicable benchmark percentiles.

Located in Appendix C, **Figure 102** and **Figure 103** present the CY 2019 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 36. Florida KidCare Program Results for AWC, CY 2019



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.

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

Note. This legend applies to **Figure 36** and **Table 46**.

Table 46. AWC Results by Florida KidCare Program, CY 2015 to CY 2019

Program	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	14.6%[a]	11.4%[a]	10.5%	12.4%[a]	12.4%[c]
Medicaid MMA	52.8%[b]	52.9%[b]	57.2%[b]	60.4%[b]	63.4%[a, c]
Medicaid Total	50.8%	51.3%	55.9%	59.1%	61.9%
MediKids	N/A	N/R	N/A	N/A	N/A
Florida Healthy Kids	56.7%[a]	58.9%[a]	68.1%[b]	70.1%[a]	69.9%[b, c]
CHIP CMS Health Plan	63.0%[a]	61.8%[a]	63.3%	66.7%[a]	67.1%
CHIP Total	57.2%	59.1%	67.8%	69.9%	69.7%
Florida KidCare Total	51.4%	52.0%	57.0%	60.2%	62.8%

Note. 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.
[a] Denotes hybrid methodology. [b] Denotes mixed methodology. [c] Calculated entirely or in part with CY 2018 hybrid data.

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 2019.

This measure is reported in four age stratifications, with methodology varied by age:

- Children 12-24 months of age; visit with a PCP in CY 2019
- Children 25 months to six years of age; visit with a PCP in CY 2019
- Children seven to 11 years of age; visit with a PCP in either CY 2018 or CY 2019
- Adolescents 12-19 years of age; visit with a PCP in either CY 2018 or CY 2019

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

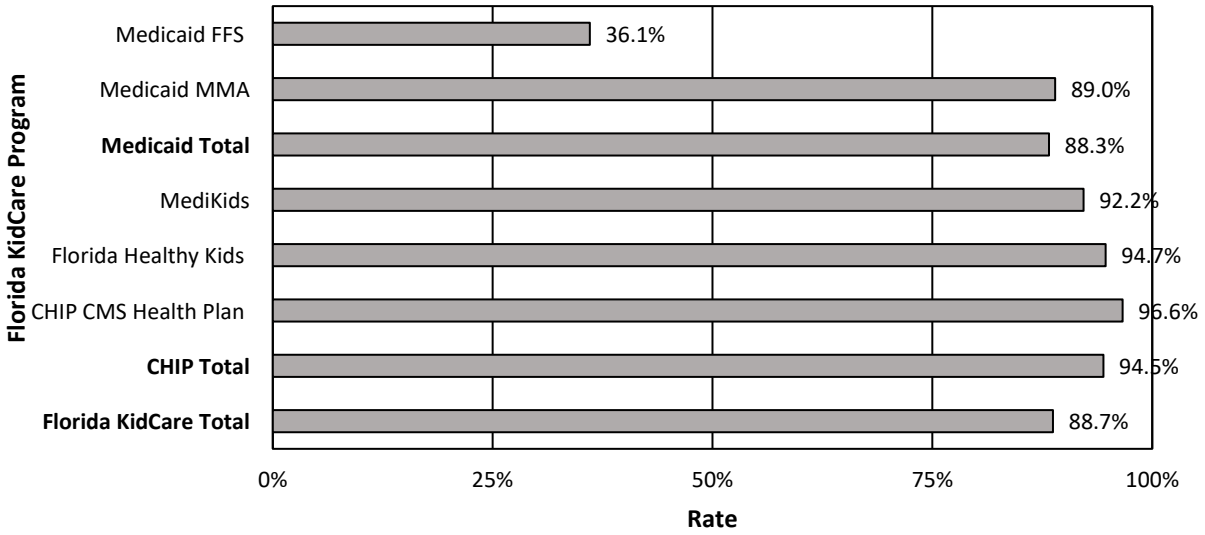
For the purpose of this report, results are presented as a combined rate of all members in all age groups. National HEDIS benchmark percentiles for a combined rate across age groups are not available for this measure. However, access to health services is an area of focus in Healthy People 2020 (Healthy People 2020, n.d.-c). An initiative of HHS, Healthy People 2020 provides 10-year objectives for improving health outcomes in the U.S. (Healthy People 2020, n.d.-a). 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 (Healthy People 2020, n.d.-b).

For the all ages stratification, the Florida KidCare program rate for CY 2019 was 89%, with all program components increasing slightly from the year prior. Nearly half of the Medicaid MMA plans had higher rates than the overall Florida KidCare program, as did all of the Florida Healthy Kids plans.

Figure 37 presents the Florida KidCare program results in CY 2019, and **Table 47** presents the trending results from CY 2015 to CY 2019 for each of the Florida KidCare programs.

Located in Appendix C, **Figure 104** and **Figure 105** present the CY 2019 Medicaid MMA and Florida Healthy Kids plan results.

Figure 37. Florida KidCare Program Results for CAP: All Ages, CY 2019



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 47. CAP: All Ages Results by Florida KidCare Program, CY 2015 to CY 2019

Program	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	37.3%	34.4%	32.6%	35.6%	36.1%
Medicaid MMA	88.1%	87.9%	87.5%	88.3%	89.0%
Medicaid Total	86.0%	86.8%	86.7%	87.7%	88.3%
MediKids	94.6%	95.3%	94.6%	91.7%	92.2%
Florida Healthy Kids	92.4%	91.3%	93.8%	93.9%	94.7%
CHIP CMS Health Plan	96.0%	96.6%	96.3%	95.6%	96.6%
CHIP Total	93.0%	92.2%	94.1%	93.7%	94.5%
Florida KidCare Total	86.7%	87.1%	87.1%	88.0%	88.7%

Note. 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.

Maternal and Perinatal Health

Maternal and perinatal health focuses on the well-being of mothers and babies before, during, and after child birth as well as the importance of patient-centered education, quality care, and access to family planning has on lifelong reproductive health (Poleshuck et al., 2014). The measures in this sub-section include interventions that foster healthy outcomes for both mother and child as well as contraceptive options for women. Interventions discussed in these measures are steps towards reaching the Healthy People 2020 goals of reducing unwanted pregnancies (Healthy People 2020, n.d.-d) and improving the health of women, infants, and families (Healthy People 2020, n.d.-e). Routinely scheduled appointments, where existing and future health risks are identified, help ensure the prevention of complications that may occur throughout pregnancy and delivery as early as possible. Timely prenatal visits enable physical assessments and screenings to be conducted and concerns to be addressed early. This report identifies two important measures that may be included in the discussions between women and their health providers: the risks associated with non-medically indicated cesarean sections and the significantly higher health complications low birth weight babies have compared to babies with a birth weight greater than 2500 grams (Cutland et al., 2017).

Access to, and utilization of, the two different types of contraceptive care are also highlighted in this section. Studies show that having the choice of contraceptive utilization goes beyond reducing unintended pregnancies as it also provides women with sense of autonomy while making decisions regarding their reproductive health (Meier et al., 2019).

Table 48 presents the Florida KidCare overall rates in CY 2019 for all of the measures and sub-measures presented in this section. Information on program component rates is detailed in this section, and rates for the Medicaid MMA and Florida Healthy Kids plans can be found in **Appendix C: Additional Data Charts**.

Table 48. Florida KidCare Rates for Maternal and Perinatal Health Measures for CY 2019

Measure	Florida KidCare Rate
PC-02: Cesarean Birth	16.2%
Live Births Weighing Less than 2,500 Gram (LBW)	9.7%
Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care	91.5%
Contraceptive Care (CCW) – Long Acting Reversible Methods of Contraception	1.4%
Contraceptive Care (CCW) – Most and Moderately Effective Methods of Contraception	20.2%

PC-02: Cesarean Birth (PC-02)

Cesarean sections are the most commonly performed surgical procedure in the U.S. (Kozhimannil et al., 2013). As of 2017, cesarean sections accounted for 32% of all deliveries (Martin, et al., 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 (Womack et al., 2014; World Health Organization, 2018). Reducing the number of unnecessary cesarean sections could improve the health outcomes for both the mother and child 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 24.7% by the year 2020 (Healthy People 2020, n.d.-f). 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, 2019 (Center for Medicaid and CHIP Services & CMS, 2019).

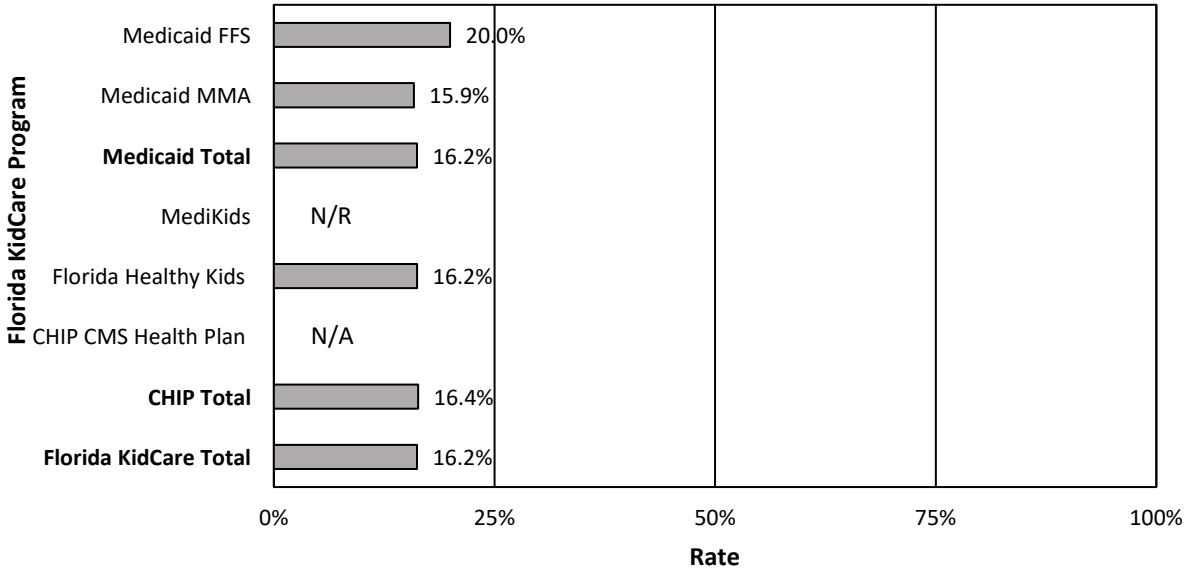
In this report, vital records are used to determine the numerator and denominator, and results were calculated by ICHP once the data was obtained from DOH via the Family Data Center. Enrollees were excluded from these measurements if the enrollee was eight years of age or less, the hospital stay was 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 was applied to calculations for CY 2018 and beyond.

In CY 2019, the Florida KidCare rate for PC-02 was 16%. Among the Medicaid MMA plans, which calculated this measure through a combination of plan-reported hybrid data and the ICHP-calculated administrative data described above, Simply had the best rate at only 5.5%. **Figure 38** presents the Florida KidCare program results in CY 2019, and **Table 49** presents the trending data. As this is a measure from the Child Core set, national HEDIS benchmarks are not available.

Located in Appendix C, **Figure 106** and **Figure 107** present the CY 2019 Medicaid MMA and Florida Healthy Kids plan results.

Figure 38. Florida KidCare Program Results for PC-02, CY 2019



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 49. PC-02 Results by Florida KidCare Program, CY 2017 to CY 2019

Program	CY 2017	CY 2018	CY 2019
Medicaid FFS	-	-	20.0%
Medicaid MMA	-	-	15.9%
Medicaid Total[a]	22.3%	21.3%	16.2%
MediKids	N/R	N/R	N/R
Florida Healthy Kids	20.0%	17.5%	16.2%
CHIP CMS Health Plan	N/A	N/A	N/A
CHIP Total	20.0%	17.6%	16.4%
Florida KidCare Total	22.2%	21.3%	16.2%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2017 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.

[a] Medicaid MMA and Medicaid FFS data were combined into an overall Medicaid rate in CY 2017 and 2018.

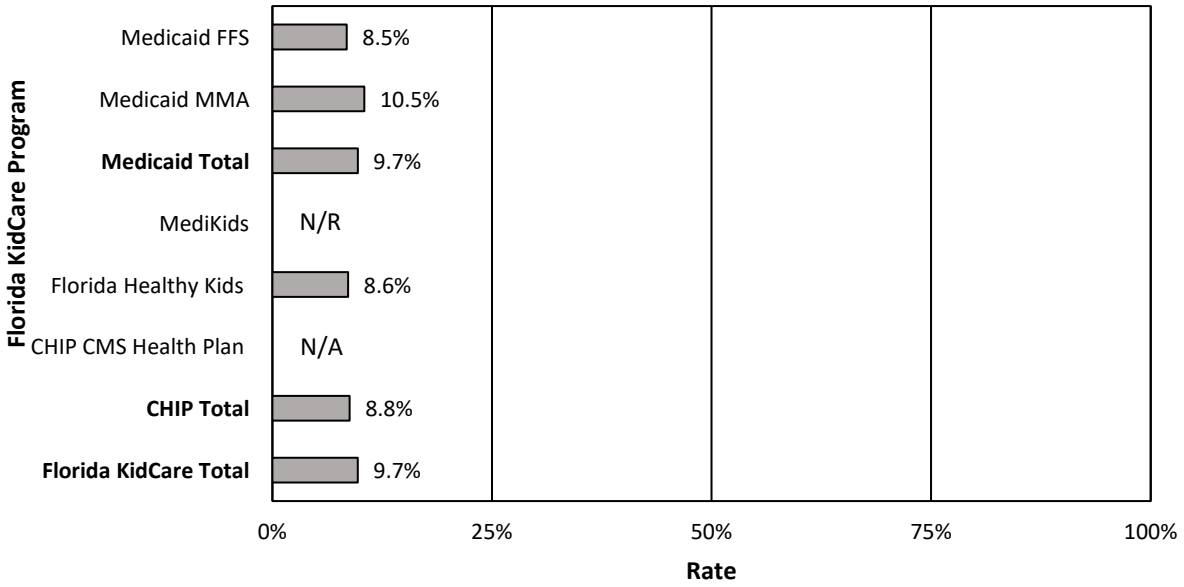
Live Births Weighing Less than 2,500 Grams (LBW)

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 (Healthy People 2020, n.d.-f).

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.

The LBW rate for Florida KidCare in CY 2019 was 10%, with all data calculated by the ICHP using the methodology detailed above. **Figure 39** presents the Florida KidCare program results for CY 2019, and **Table 50** presents trending data for LBW. As this is a measure from the Child Core set, national HEDIS benchmarks are not available. Located in Appendix C, **Figure 108** and **Figure 109** present the CY 2019 Medicaid MMA and Florida Healthy Kids plan results.

Figure 39. Florida KidCare Program Results for LBW, CY 2019



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 50. LBW Results by Florida KidCare Program, CY 2017 to CY 2019

Program	CY 2017	CY 2018	CY 2019
Medicaid FFS	-	-	8.5%
Medicaid MMA	-	-	10.5%
Medicaid Total[a]	10.0%	10.1%	9.7%
MediKids	N/R	N/R	N/R
Florida Healthy Kids	11.1%	8.1%	8.6%
CHIP CMS Health Plan	N/A	N/A	N/A
CHIP Total	10.5%	8.43%	8.8%
Florida KidCare Total	10.0%	10.1%	9.7%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2017 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.

[a] Medicaid MMA and Medicaid FFS data were combined into an overall Medicaid rate in CY 2017 and 2018.

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 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 prenatal care indicator measures the percentage of enrollees who had a live birth between October 8, 2018 and October 7, 2019, who received a prenatal visit in the first trimester on or before the enrollment start date or within 42 days of enrollment (NCQA, 2019a). 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. 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 to an OB/GYN or other prenatal care practitioner such as a midwife, physician assistant, or nurse practitioner or a prenatal visit to a PCP with a pregnancy-related diagnosis code (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 and at least one of the following:

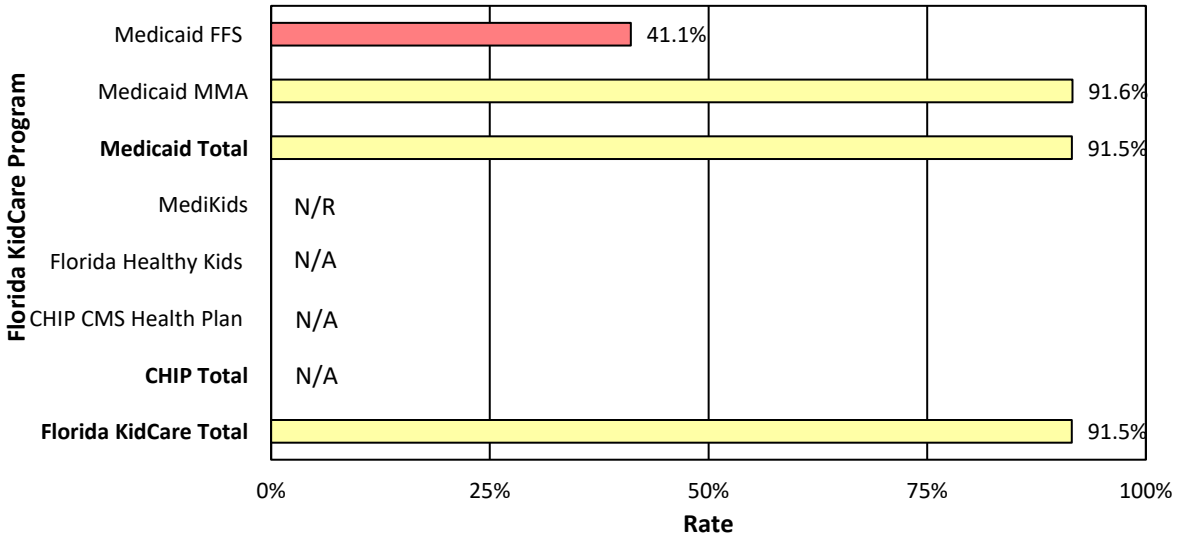
- An obstetrical examination that includes listening for fetal heart sounds, pelvic examination with obstetric observations, or measurement of the fundus height.
- Evidence that a prenatal care procedure, such as antibody or blood testing, was performed.
- Documentation of last menstrual period, estimated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

For CY 2019, the Florida KidCare rate for PPC: Timeliness of Prenatal Care was 92%, with the Medicaid MMA rate rising by nearly nine percentage points from the previous year. Note that for CY 2019 reporting, the eligibility criteria changed to allow eligibility prior to enrollment, which may account for fluctuations year to year.

Figure 40 presents the Florida KidCare program results and the associated benchmark percentiles for CY 2019. **Table 51** presents the trending results from CY 2015 to CY 2019 for each of the Florida KidCare programs, with applicable benchmark percentiles. It is important to note that the national benchmarks are for applicable women of any age. This should be taken into consideration when comparing rates for Florida KidCare plans or program components to the national benchmarks.

Located in Appendix C, **Figure 110** and **Figure 111** present the CY 2019 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 40. Florida KidCare Program Results for PPC: Timeliness of Prenatal Care, CY 2019



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.

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

Note. This legend applies to **Figure 40** and **Table 51**.

Table 51. PPC: Timeliness of Prenatal Care Results by Florida KidCare Program, CY 2015 to CY 2019

Program	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	43.4%[a]	46.7%[a]	33.7%	33.7%[a]	41.1%
Medicaid MMA	82.9%[b]	84.3%[b]	81.9%[b]	83.2%[a]	91.6%[a]
Medicaid Total	82.4%	84.0%	81.9%	83.2%	91.5%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	71.0%[a]	N/A[a]	N/A[b]	N/A[b]	N/A[b]
CHIP CMS Health Plan	N/A[a]	N/A[a]	N/A	N/A[a]	N/A
CHIP Total	71.0%	N/A	N/A	N/A	N/A
Florida KidCare Total	82.4%	84.0%	81.9%	83.2%	91.5%

Note. 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.
[a] Denotes hybrid methodology. [b] Denotes mixed methodology. [c] Calculated entirely or in part with CY 2018 hybrid data.

Contraceptive Care - All Women Ages 15-20 (CCW)

Many women use contraception for reasons including but not limited to preventing an unwanted pregnancy. From 2015-2017, 37.2% of US women between ages 15-19 were using some type of contraception (Daniels & Abma, 2018). However, the top two methods of contraception ever used by women in this age group, condoms and withdrawal, are not considered to be categorized as either most effective or moderately effective (Martinez & Abma, 2020). 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). To this end, Healthy People (n.d.-e) has set a goal by 2020 of 54.1% of adolescent females aged 15 to 19 years at risk of unintended pregnancy to adopt or continue use of the most or moderately effective methods of contraception.

A subset of the most effective contraceptive methods can be further classified as long-acting reversible methods of contraception or LARCs. Use of a LARC has become more common over the past few years, with the ever-use LARC rate for women ages 15-19 increasing from 5.8% in 2006-2010 (Abma & Martinez, 2017) to 20% in 2015-2017 (Martinez & Abma, 2020). LARCs are more effective than other types of contraception (Menon & Committee on Adolescence, 2020), and reduce the chance of human error, as no user effort is required after insertion (CDC, 2018b). While a LARC can be costlier up front, these devices can typically stay in place for a range of three to 10 years and are more cost-effective long term, especially with regard to expenses associated with unintended pregnancies (CDC, 2018b). For these reasons, the AAP recommends LARCs should be considered as first-line contraceptive options for adolescents (Hester, 2020; Menon & Committee on Adolescence, 2020).

The CCW measure examines the percentage of women ages 15 to 20 at risk of unintended pregnancy, which is defined as those that have ever had sex, are not pregnant or seeking pregnancy, or are capable of producing offspring.

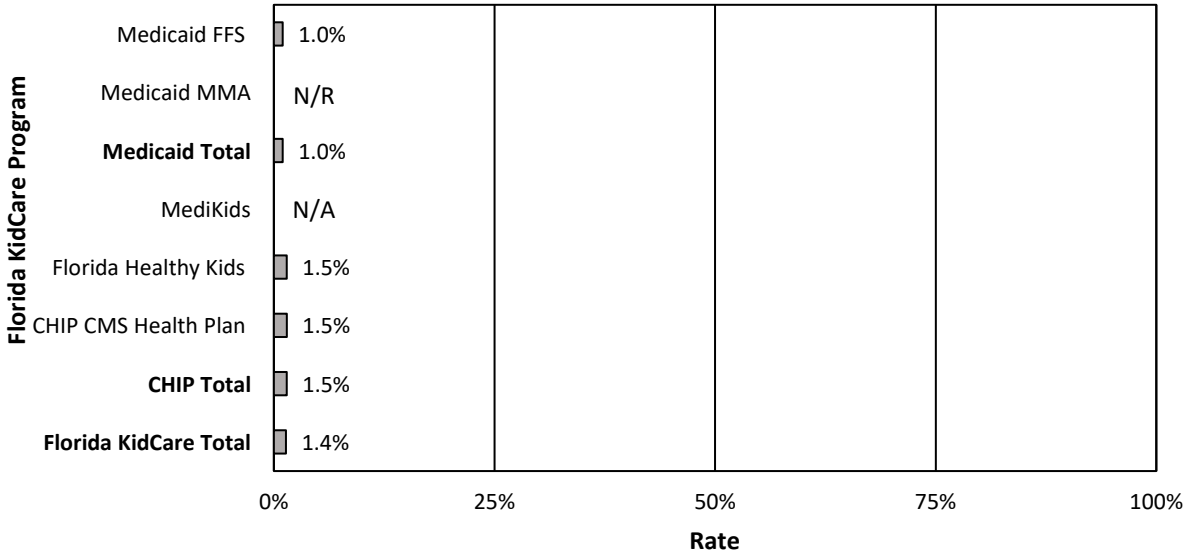
There are two sub-measures for this measure: LARC and Most and Moderately Effective Methods of Contraception. Exclusions to this measure include those who were unable to become pregnant due to non-contraceptive methods, such as hysterectomy, menopause, premature menopause, or oophorectomy, as well as 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.

The CY 2019 Florida KidCare program rate for CCW: LARC was 1%, and for CCW: Most and Moderately Effective, the rate was 20%. Compared to the prior year's rates for CCW: Most and Moderately Effective, both the Medicaid and Florida KidCare program rates improved by a few percentage points.

Figure 41 presents the Florida KidCare program results for CCW: LARC in CY 2019. As this is the first year this sub-measure is included in this report, trending data will appear in subsequent reports. Note that the Medicaid MMA plans were not required to calculate this sub-measure and, as such, plan-level rates are not available. **Figure 42** presents the Florida KidCare program results for CCW: Most and Moderately Effective in CY 2019, while **Table 52** presents the trending results from CY 2018 to CY 2019 for each of the Florida KidCare programs for this sub-measure. As CCW is a Child Core Set measure, national HEDIS benchmarks are not available.

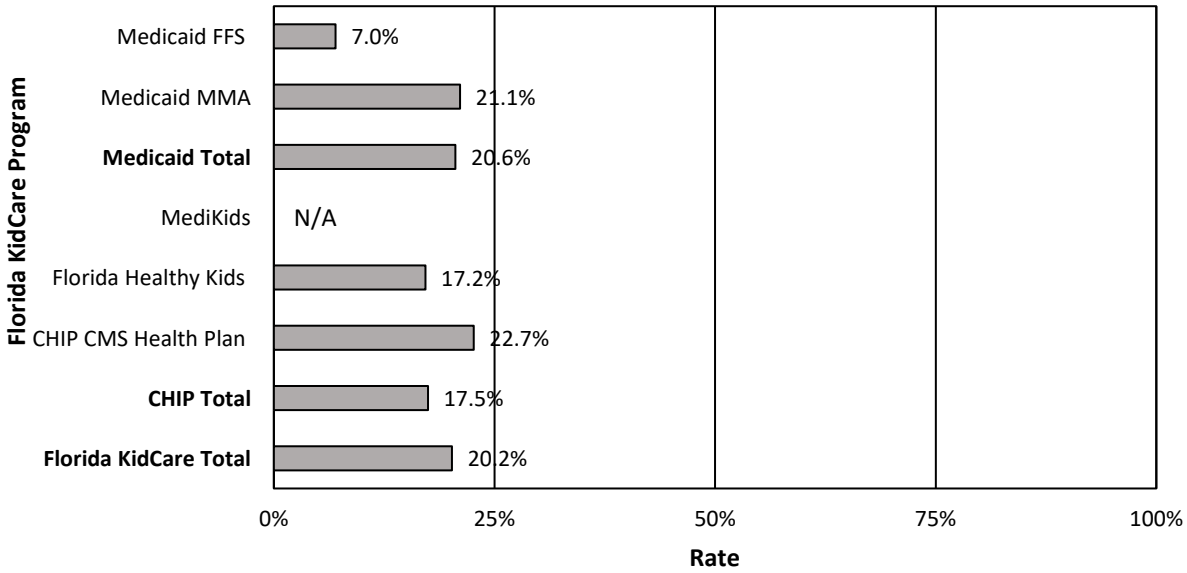
Located in Appendix C, **Figure 112-Figure 114** present the CY 2019 Medicaid MMA and Florida Healthy Kids plan results for both sub-measures as applicable.

Figure 41. Florida KidCare Program Results for CCW: LARC, CY 2019



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 42. Florida KidCare Program Results for CCW: Most and Moderately Effective, CY 2019



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 52. CCW: Most and Moderately Effective by Florida KidCare Program, CY 2018 to CY 2019

Program	CY 2018	CY 2019
Medicaid FFS	7.9%	7.0%
Medicaid MMA	22.4%	21.1%
Medicaid Total	16.3%	20.6%
MediKids	N/R	N/A
Florida Healthy Kids	17.8%	17.2%
CHIP CMS Health Plan	23.0%	22.7%
CHIP Total	18.1%	17.5%
Florida KidCare Total	17.4%	20.2%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2018 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.

Care of Acute and Chronic Conditions

A growing health concern in the U.S. is the increasing number of children who have chronic health conditions. About 25% of children and adolescents in the U.S. have a chronic condition such as asthma, obesity, or epilepsy, and 5% of children have more than one such condition (Miller et al., 2016). Studies show that these conditions impact both academic achievement and health outcomes and, if left undertreated or managed poorly, can lead to a lifelong dependency on public resources and systems of support (Miller et al., 2016).

Adequate care of these conditions requires the child and caretakers to actively monitor the child's well-being in order to prevent the complications that can arise from a poorly controlled chronic condition. These complications can result in an acute, or sudden, health crisis, for which care can be costly and urgent (Holman, 2020). It is imperative for those involved with the child's care to be properly educated on the management and treatment of the condition, as the health needs of children with these diagnoses are often complex (Allegrante et al., 2019).

Health conditions that lead to avoidable ED visits are specifically highlighted in this sub-section. Health care costs are continuously rising, and a commonly cited way to reduce both ED visits and overall health care costs is through primary care utilization (Hong et al., 2020). A study of internal claims data from the UnitedHealth Group show that treatment for a common health problem, such as asthma, at an ED is 12 times higher than the cost of treatment provided in a physician's office and that unwarranted ED visits cost the nation about $32 billion a year (UnitedHealth Group, 2019). For children with asthma, use of controller and reliever medications to help prevent asthma attacks from occurring in high frequencies can reduce the number of times the patient is rushed to the ED.

With both the cost of care and the number of pediatric chronic condition diagnoses projected to increase, it is essential for health professionals to continue providing the necessary education on how to properly manage these illnesses (Cutler et al., 2017). This information can help reduce severity of patient symptoms, thereby reducing health care costs and strain on EDs.

Table 53 presents the Florida KidCare overall rates in CY 2019 for all of the measures and sub-measures presented in this section. Information on program component rates is detailed in this section, and rates for the Medicaid MMA and Florida Healthy Kids plans can be found in **Appendix C: Additional Data Charts**.

Table 53. Florida KidCare Rates for Care of Acute and Chronic Conditions Measures for CY 2019

Measure	Florida KidCare Rate
Asthma Medication Ratio (AMR): Ages 5-11	82.8%
Asthma Medication Ratio (AMR): Ages 12-18	74.3%
Ambulatory Care: ED Visits (AMB): Ages 0-19	55.5 visits per 1,000 member months

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, 2018a). Uncontrolled asthma, which is classified as asthma symptoms two or more times per week, necessitates the need for quick relief (bronchodilator) medications twice or more per week and can place limitations on exercise, work, or school (CDC, 2018a; Lang, 2015). 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 (CDC, 2019c; Zahran et al., 2018). Control medications can be used to help prevent asthma attacks, while rescue inhalers or nebulizers can provide quick relief of symptoms (CDC, 2018a).

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 2019. 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 CY 2018 and 2019: 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.

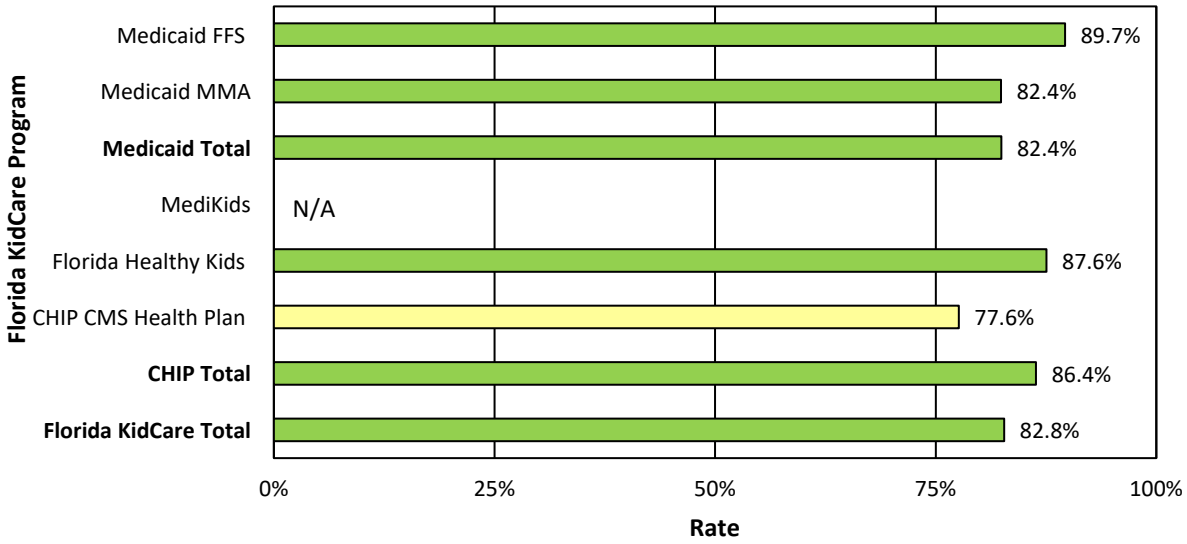
Required exclusions for this measure include anyone who was diagnosed with any of the following through the end of CY 2019: emphysema, chronic obstructive pulmonary diseases, obstructive chronic bronchitis, chronic respiratory conditions due to fumes or vapors, cystic fibrosis, or acute respiratory failure (NCQA, 2019a). 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.

For members ages 5-11 years old, the CY 2019 Florida KidCare rate was 83%, while the rate for 12-18-year-olds was 74%. All Florida KidCare program component rates for both sub-measures fell within the top 75th HEDIS benchmark percentile with the exception of CHIP CMS Health Plan, which had rates fall 8 and 12 percentage points across the 5-11 and 12-18 sub-measures, respectively.

Figure 43 presents the Florida KidCare CY 2019 program results and associated benchmark percentiles for ages 5-11, and **Table 54** depicts trending data for this sub-measure. **Figure 44** presents the Florida KidCare CY 2019 program results and benchmark percentiles for ages 12-18, with **Table 55** highlighting the trending data.

Located in Appendix C, **Figure 115**-**Figure 118** presents the CY 2019 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles. Note that due to the two-year eligibility criteria, the new Medicaid MMA plans were not able to report these sub-measures; therefore, the rates for those plans are listed as N/R.

Figure 43. Florida KidCare Program Results for AMR: Ages 5-11, CY 2019



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.

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

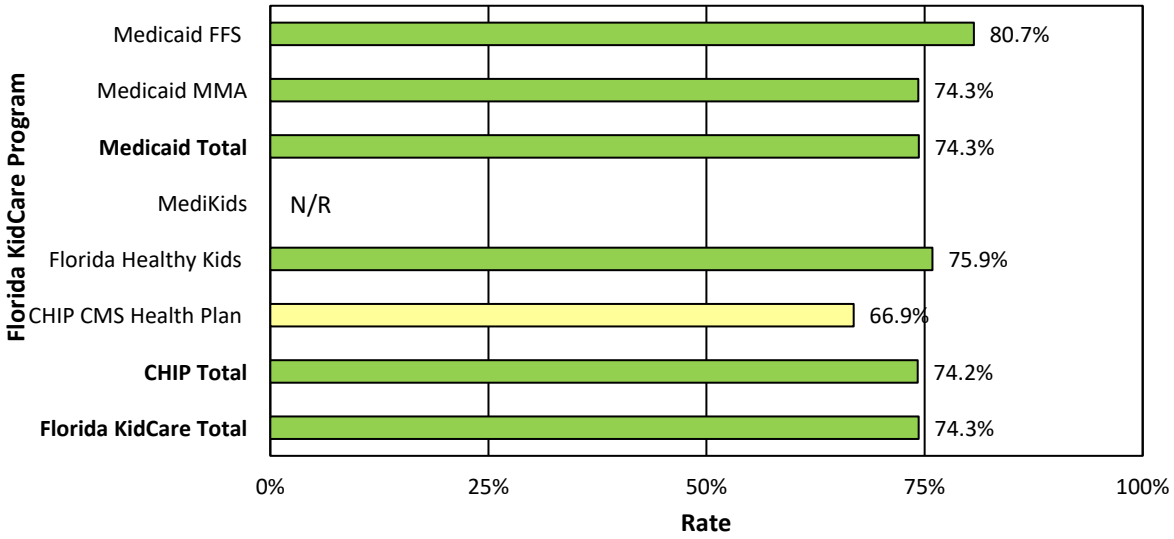
Note. This legend applies to **Figure 43** and **Table 54**.

Table 54. AMR: Ages 5-11 Results by Florida KidCare Program, CY 2017 to CY 2019

Program	CY 2017	CY 2018	CY 2019
Medicaid FFS	72.2%	85.3%	89.7%
Medicaid MMA	74.0%	79.9%	82.4%
Medicaid Total	74.0%	79.9%	82.4%
MediKids	N/A	N/A	N/A
Florida Healthy Kids	86.1%	88.2%	87.6%
CHIP CMS Health Plan	75.9%	85.5%	77.6%
CHIP Total	84.9%	88.1%	86.4%
Florida KidCare Total	74.6%	80.4%	82.8%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2017 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.

Figure 44. Florida KidCare Program Results for AMR: Ages 12-18, CY 2019



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.

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

Note. This legend applies to **Figure 44** and **Table 55**.

Table 55. AMR: Ages 12-18 Results by Florida KidCare Program, CY 2017 to CY 2019

Program	CY 2017	CY 2018	CY 2019
Medicaid FFS	68.0%	77.9%	80.7%
Medicaid MMA	63.4%	71.2%	74.3%
Medicaid Total	63.4%	72.2%	74.3%
MediKids	N/R	N/R	N/R
Florida Healthy Kids	71.7%	76.6%	75.9%
CHIP CMS Health Plan	80.4%	79.0%	66.9%
CHIP Total	73.5%	77.0%	74.2%
Florida KidCare Total	64.1%	71.7%	74.3%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2017 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.

Ambulatory Care: ED Visits (AMB)

ED utilization can be costly and often preventable (Dowd et al., 2014). Some of the reasons for inappropriate ED use include lacking a usual source of care and/or requiring emergent care that could have been treated early.

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 2019 per 1,000 member months (NCQA, 2019a). Member months are calculated by adding all of the months in which 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.

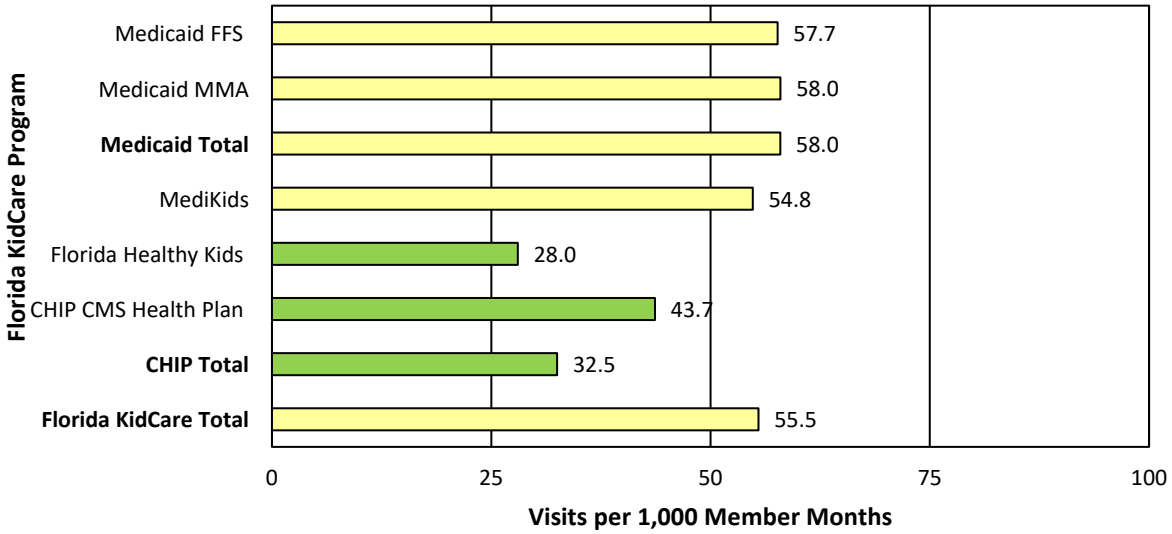
Since AMB is a utilization measure, lower numbers indicate a better performance. The small denominator criteria for this measure is fewer than 360 member months. Both the Florida KidCare and the CHIP CMS Health Plan rates for this measure in CY 2019 were the least favorable over the past five years, at 56 and 44 visits per 1,000 member months, respectively.

Figure 45 presents the Florida KidCare program results and associated benchmark percentiles in CY 2019. **Table 56** presents the trending results from CY 2015 to CY 2019 for each of the Florida KidCare programs, with applicable benchmark percentiles.

Located in Appendix C, **Figure 119** and **Figure 120** present the CY 2019 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

It is important to note that the AMB: ED HEDIS measure has several age stratifications 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 45. Florida KidCare Program Results for AMB ED Visits: Ages 0-19, CY 2019



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.

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

Note. This legend applies to **Figure 45** and **Table 56**.

Table 56. AMB ED Visits: Ages 0-19 Results by Florida KidCare Program, CY 2015 to CY 2019

Program	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	42.0	56.7	54.3	57.7	57.7
Medicaid MMA	56.0	57.5	55.5	57.4	58.0
Medicaid Total	54.7	57.5	55.5	57.4	58.0
MediKids	48.0	51.9	49.8	53.3	54.8
Florida Healthy Kids	25.9	27.5	26.7	27.1	28.0
CHIP CMS Health Plan	38.7	37.9	38.0	36.8	43.7
CHIP Total	29.6	31.6	30.9	31.1	32.5
Florida KidCare Total	52.5	55.4	53.5	55.1	55.5

Note. Methodology and enrollment differ across measurement years, and 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

Behavioral health care involves the promotion of mental health, resilience, and well-being as well as the treatment and support of patients dealing with or recovering from mental and substance use disorders (Substance Abuse and Mental Health Services Administration, n.d.). While mental health care and behavioral health care both focus on the biological component of wellness, behavioral health also examines behaviors, habits, and external and environmental forces that influence an individual's physical health (*Defining Behavioral Health*, 2016). Individuals with behavioral health problems may face depression, anxiety, grief, relationship problems, stress, addiction, learning disabilities, mood disorders, or other psychological concerns (*Defining Behavioral Health*, 2016). Behavioral health care providers include, but are not limited to, social workers, psychiatrists, therapists, neurologists, and physicians. These providers can help treat behavioral health problems through therapy, counseling, or medication (*Behavioral Health vs Mental Health*, n.d.).

Measures highlighted in this section underscore the importance of follow-up care both for children prescribed medications for behavioral health problems or mental illnesses and children hospitalized for mental illness. Measures in this sub-section are largely broken into multi-layered approaches via sub-measures. This tiered approach ensures that patient needs are met through different phases of follow-up care or medication monitoring.

Table 57 presents the Florida KidCare overall rates in CY 2019 for all of the measures and sub-measures presented in this section. Information on program component rates is detailed in this section, and rates for the Medicaid MMA and Florida Healthy Kids plans can be found in **Appendix C: Additional Data Charts.**

Table 57. Florida KidCare Rates for Behavioral Health Care Measures for CY 2019

Measure	Florida KidCare Rate
Follow-Up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase	45.5%
Follow-Up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase	57.3%
Follow-Up After Hospitalization for Mental Illness (FUH): Follow-Up Visits within 7 Days	37.9%
Follow-Up After Hospitalization for Mental Illness (FUH): Follow-Up Visits within 30 Days	61.8%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): Blood Glucose Testing	53.3%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): Cholesterol Testing	40.1%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): Blood Glucose and Cholesterol Testing	37.4%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	60.5%

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, 2020e). 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 adjustment of the dose and medication as needed to achieve minimal adverse effects (AAP 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, 2018 to February 28, 2019, 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, 2019a). 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:

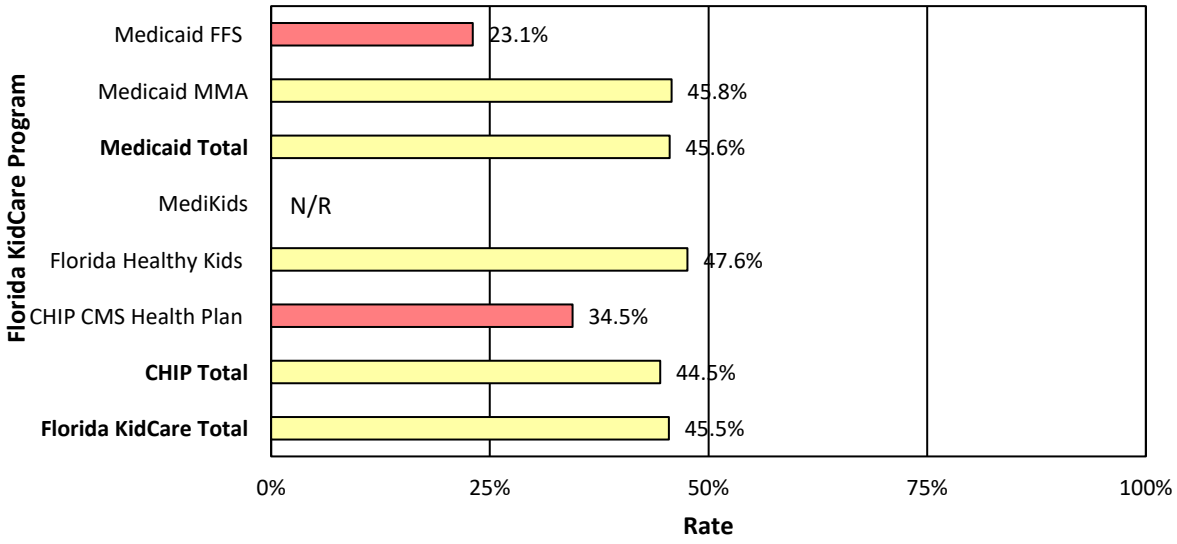
- **Initiation Phase**- measures children who have been newly prescribed medication for ADHD and had one or more follow-up visits with a provider with prescribing authority within 30 days of the earliest prescription dispensing date. Members must have continuous enrollment for at least 120 days prior to the IPSD through 30 days after the IPSD. A visit on the same day as the IPSD was not counted as compliant, nor was 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.

For the initiation phase sub-measure, the CY 2019 Florida KidCare program rate was 46%, while the continuation and maintenance phase sub-measure was 57%. Most Florida KidCare program components improved slightly from the prior year, particularly Florida Healthy Kids, which had more than a five percentage point increase in each sub-measure. Despite these gains, the CHIP CMS Health Plan had a 16 percentage point decrease from last year for the continuation and maintenance sub-measure.

Figure 46 presents the Florida KidCare program results and associated benchmark percentiles for the Initiation Phase sub-measure in CY 2019, while **Figure 47** presents the Continuation and Maintenance Phase sub-measure results and benchmark percentiles. Trending data and benchmark percentiles for the Initiation Phase sub-measure are displayed in **Table 58** and the Continuation and Maintenance Phase trending data and benchmark percentiles are listed in **Table 59**.

Located in Appendix C, **Figure 121**-**Figure 124** present the CY 2019 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles. Note that due to the two-year eligibility criteria, the new Medicaid MMA plans were not able to report these sub-measures; therefore, the rates for those plans are listed as N/R.

Figure 46. Florida KidCare Program Results for ADD: Initiation Phase, CY 2019



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.

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

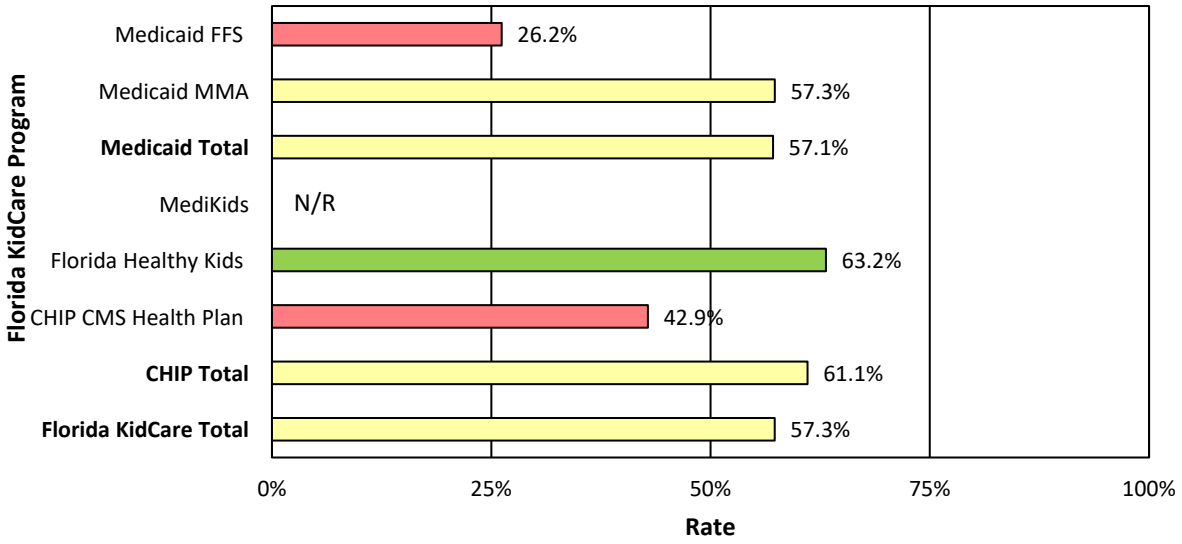
Note. This legend applies to **Figure 46** and **Table 58**.

Table 58. ADD: Initiation Phase Results by Florida KidCare Program, CY 2015 to CY 2019

Program	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	33.8%	20.2%	22.3%	24.6%	23.1%
Medicaid MMA	49.9%	48.6%	48.2%	40.7%	45.8%
Medicaid Total	46.8%	47.7%	47.8%	40.6%	45.6%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	34.1%	36.6%	49.9%	42.2%	47.6%
CHIP CMS Health Plan	31.0%	28.5%	35.2%	39.1%	34.5%
CHIP Total	33.5%	35.3%	47.1%	41.6%	44.5%
Florida KidCare Total	45.3%	46.7%	47.8%	40.6%	45.5%

Note. 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.

Figure 47. Florida KidCare Program Results for ADD: Continuation and Maintenance Phase, CY 2019



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.

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

Note. This legend applies to **Figure 47** and **Table 59**.

Table 59. ADD: Continuation and Maintenance Phase Results by Florida KidCare Program, CY 2015 to CY 2019

Program	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	20.8%	18.8%	15.9%	28.4%	26.2%
Medicaid MMA	62.7%	65.1%	63.9%	54.5%	57.3%
Medicaid Total	60.0%	63.7%	63.3%	54.1%	57.1%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	43.3%	43.5%	63.8%	57.0%	63.2%
CHIP CMS Health Plan	42.9%	29.3%	57.1%	59.2%	42.9%
CHIP Total	43.2%	42.2%	63.0%	57.3%	61.1%
Florida KidCare Total	57.9%	61.8%	63.2%	54.3%	57.3%

Note. 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: Ages 6 to 17 (FUH)

Ensuring continuity of care and providing follow-up care is an important part of any hospitalization but is especially critical for those discharged after an inpatient stay for mental illness. Follow-up care for mental illness that is person-centered and allows for shared decision-making can produce positive outcomes for engagement and strengthen the relationship between provider and patient, facilitating long-term, comprehensive treatment and reducing patient dropout rates (Dixon et al., 2016).

The volume of literature examining the benefits of follow-ups after hospitalization has grown over the past decade. A 2014 study published by Beadles et al. examined nearly 25,000 patient discharges and compared how follow-ups within seven- and 30-days guided service use. The study found evidence that follow-ups promoted positive outcomes such as better adherence to medication and outpatient utilization. Dixon et al. (2009) assessed the effectiveness of an intervention model for discharged veterans with diagnosed mental illnesses and concluded that interventions can help improve the overall continuity of care for individuals with psychiatric disabilities. Conversely, the study found that those who lacked connections to outpatient services faced a greater risk of falling back into behaviors such as substance abuse and self-harm, leading to rehospitalization.

Repeat hospitalizations are associated with negative outcomes. Psychiatric readmissions for children can disrupt families and cause emotional and physical distress (Phillips et al., 2020). Furthermore, Phillips et al. (2020) note that 33 to 38 percent of patients face readmission within one year of discharge and eight percent of patients are likely to be readmitted after 30 days as part of a nationwide trend of increased psychiatric rehospitalization among youth. Blackburn et al. (2019) examined Alabama CHIP data in order to identify the impact of follow-up care with a mental health provider and the impact on future hospitalizations. This examination found that receiving timely follow-up care was beneficial in the reduction of subsequent psychiatric hospitalizations and that opportunities exist to increase the percentage of CHIP beneficiaries who receive follow-up care, both in Alabama and nationally.

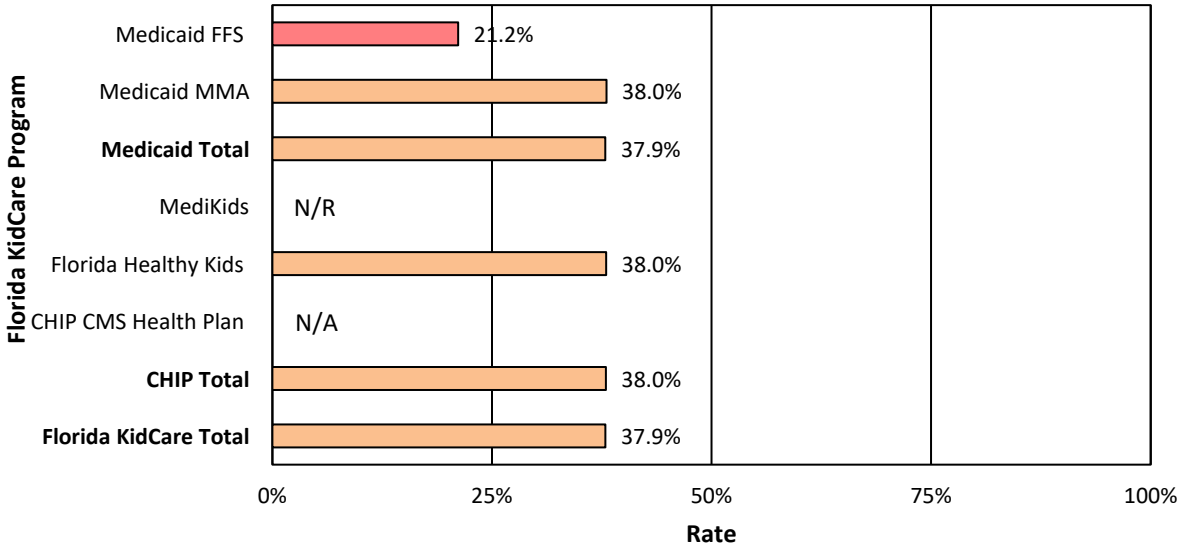
For discharges that are followed by a readmission or direct transfer to an acute care setting with a principal mental health diagnosis within the 30-day follow-up period, the final discharge date is used. This measure evaluates the percentage of discharges; therefore, an individual could be included in the measure more than once, provided that readmission dates are outside of the 30-day discharge period, and readmissions within 30 days are excluded (NCQA, 2019a).

In CY 2019, the Florida KidCare rate for follow-up visits within seven days was 38%, while the rate was 62% for the 30-day sub-measure. Both sub-measure rates were under the 50th HEDIS benchmark percentile.

Figure 48 and **Figure 49** presents Florida KidCare program results and applicable benchmark percentiles for follow-up visits within seven days and 30 days, respectively, in CY 2019. **Table 60** and **Table 61** present the trending data for these sub-measures. There are several considerations for the trending data: In CY 2017, the specifications were revised to exclude follow-up visits on the day of discharge.

FHM was reported from CY 2016 to CY 2018 and was replaced in CY 2019 with FUH. Thus, trending data and benchmark percentile shading for FUH is only in CY 2019, and trending data for prior years was for the measure FHM. The FHM measure was Agency-defined and did not have benchmark data. Located in Appendix C, **Figure 125**-**Figure 128** present the CY 2019 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles for FUH.

Figure 48. Florida KidCare Program Results for FUH: Follow-Up Visits within Seven Days, CY 2019



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.

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

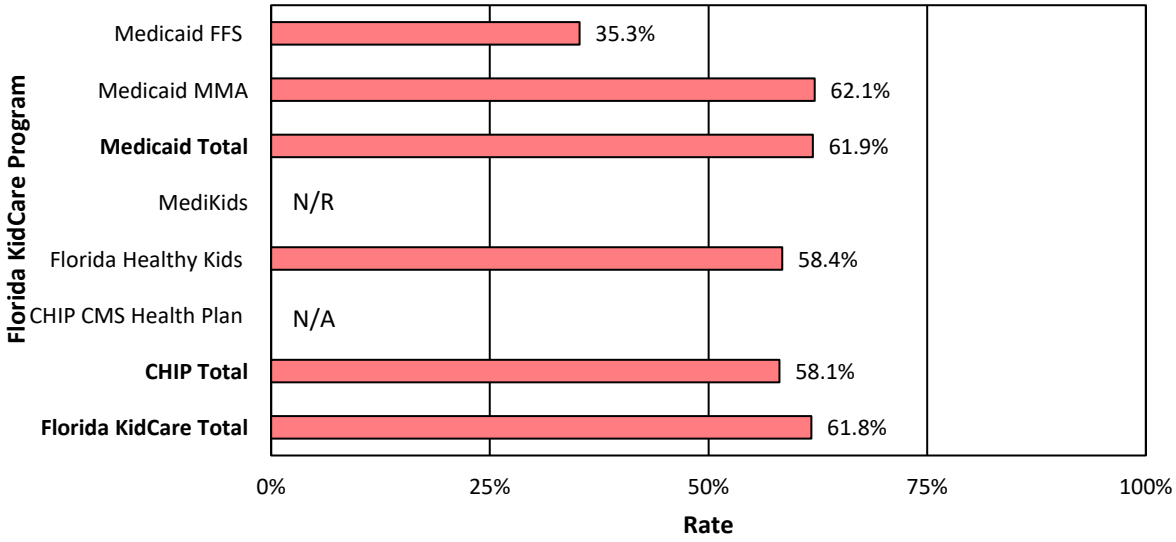
Note. This legend applies to **Figure 48** and **Table 60**.

Table 60. FUH: Follow-Up Visits within Seven Days Results by Florida KidCare Program, CY 2019

Program	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	26.0%	17.2%	21.9%	21.2%
Medicaid MMA	43.0%	30.5%	29.8%	38.0%
Medicaid Total	42.8%	30.4%	29.8%	37.9%
MediKids	N/R	N/R	N/R	N/R
Florida Healthy Kids	39.4%	37.1%	38.9%	38.0%
CHIP CMS Health Plan	44.6%	47.3%	46.6%	N/A
CHIP Total	40.1%	39.1%	40.3%	38.0%
Florida KidCare Total	42.7%	30.6%	30.1%	37.9%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. CY 2019 was the first year FUH was calculated, and as such, trending data from prior years are for the Agency-defied FHM measure, for which no national benchmarks were applicable. 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 49. Florida KidCare Program Results for FUH: Follow-Up Visits within 30 Days, CY 2019



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.

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

Note. This legend applies to **Figure 49** and **Table 61**.

Table 61. FUH: Follow-Up Visits within 30 Days Results by Florida KidCare Program, CY 2019

Program	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	42.9%	29.8%	36.8%	35.3%
Medicaid MMA	56.1%	51.1%	50.3%	62.1%
Medicaid Total	55.9%	51.0%	50.2%	61.9%
MediKids	N/R	N/R	N/R	N/R
Florida Healthy Kids	59.4%	57.7%	63.3%	58.4%
CHIP CMS Health Plan	60.7%	71.6%	69.7%	N/A
CHIP Total	59.6%	60.4%	64.5%	58.1%
Florida KidCare Total	56.0%	51.2%	50.7%	61.8%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. CY 2019 was the first year FUH was calculated, and as such, trending data from prior years are for the Agency-defied FHM measure, for which no national benchmarks were applicable. 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.

Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)

Antipsychotic use can help mitigate emotional and behavioral problems before they become chronic or require specialized services (Harrison et al., 2012). Antipsychotic use in youth is an evolving field, though studies show that youth on these medications may face harmful side effects (CMS, 2015b). One potential side effect of antipsychotic use that has been identified in the pediatric population is an increased risk of metabolic side effects (Correll, 2008). This can include significant weight gain, obesity, high blood pressure, and abnormal levels of lipids or glucose, which can lead to high cholesterol or blood sugar, respectively (Correll, 2008). These side effects can last into adulthood and youth are especially at risk of weight gain from antipsychotic use (Nicol et al., 2016) and, as discussed with the WCC measure, childhood obesity can have long-term detrimental effects (CDC, 2020a).

APM details the percentage of children and adolescents 1-17 years of age who had two or more antipsychotic prescriptions as well as a metabolic testing within the measurement year. Three types of metabolic testing are defined within this measure: blood glucose, cholesterol, or both. The measure reporting is broken into two age stratifications, 1-11 and 12-17, as well as a total rate, which is included in this report. For this measure, the member must have at least two medication dispensing events for the same or different antipsychotic medications. These events must be on different dates of service during the measurement year. The blood glucose testing can be from either a test for blood glucose or HbA1c (hemoglobin blood sugar), and for cholesterol it can be either a cholesterol or LDL-C (low-density lipoprotein, or “bad”, cholesterol) test. To meet the criteria for the numerator, these tests can take place on the same or different dates of service.

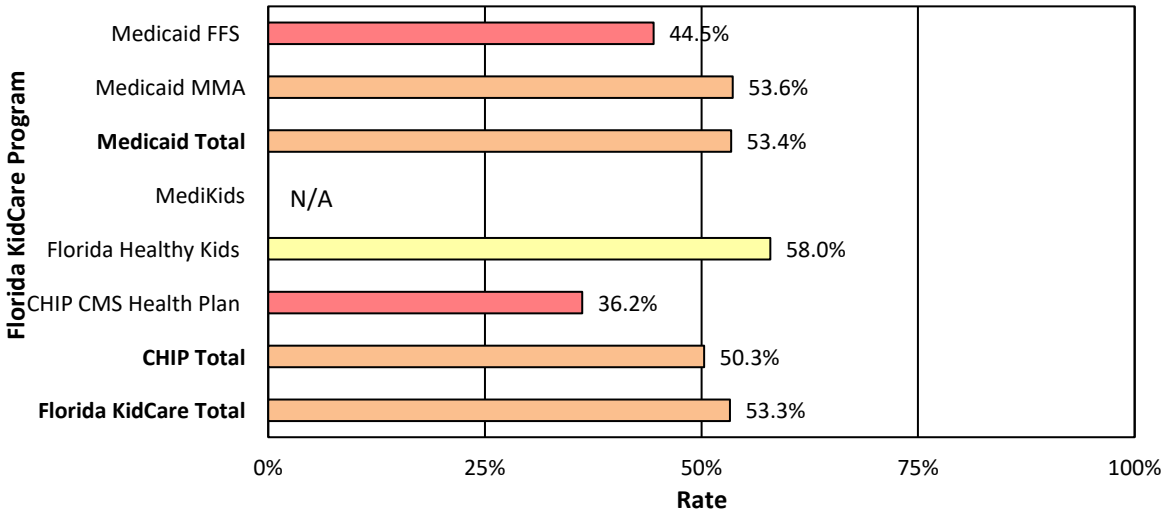
The CY 2019 Florida KidCare program rate for blood glucose testing was 53%, and for cholesterol testing, the rate was 40%. The combined rate for both types of testing was 37%. These sub-measure rates ranged from the 25th-75th HEDIS benchmark percentiles. Specific to the health plans, Aetna, Community Care Plan, and Prestige (Medicaid MMA), as well as Sunshine (Florida Healthy Kids), each had rates for all three sub-measures fall within the top 75th HEDIS benchmark percentile.

Figure 50 presents the CY 2019 Florida KidCare rate and benchmark percentiles for the blood glucose testing, while **Figure 51** details the data for cholesterol testing. **Figure 52** shows Florida KidCare program CY 2019 results and associated benchmark percentiles for both types of testing.

As CY 2019 is the first year this measure was calculated, trending data will be included in subsequent reports.

Located in Appendix C, **Figure 129**-**Figure 134** present the CY 2019 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles for all sub-measures.

Figure 50. Florida KidCare Program Results for APM: Blood Glucose Testing, All Ages, CY 2019

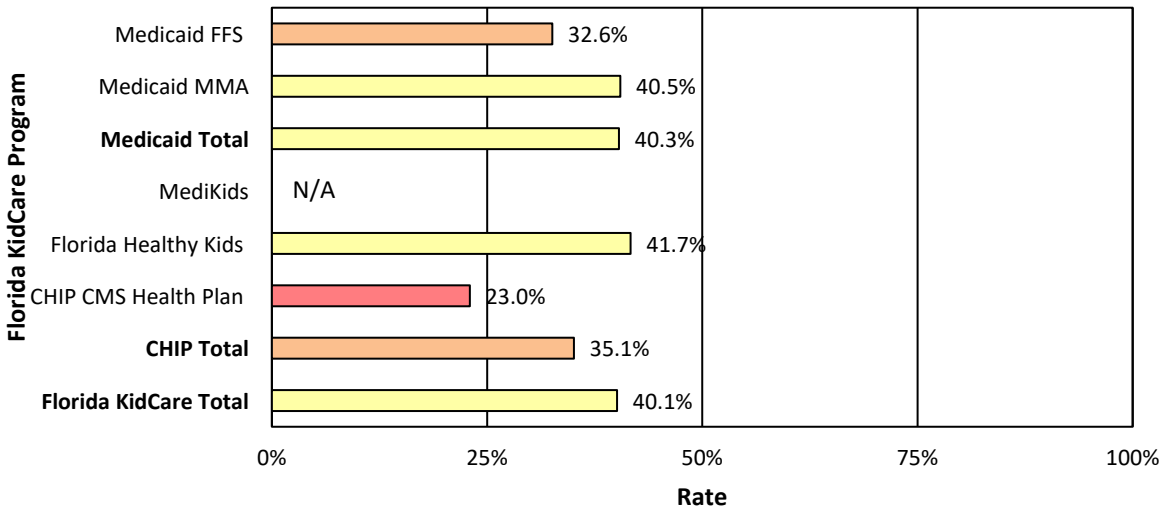


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

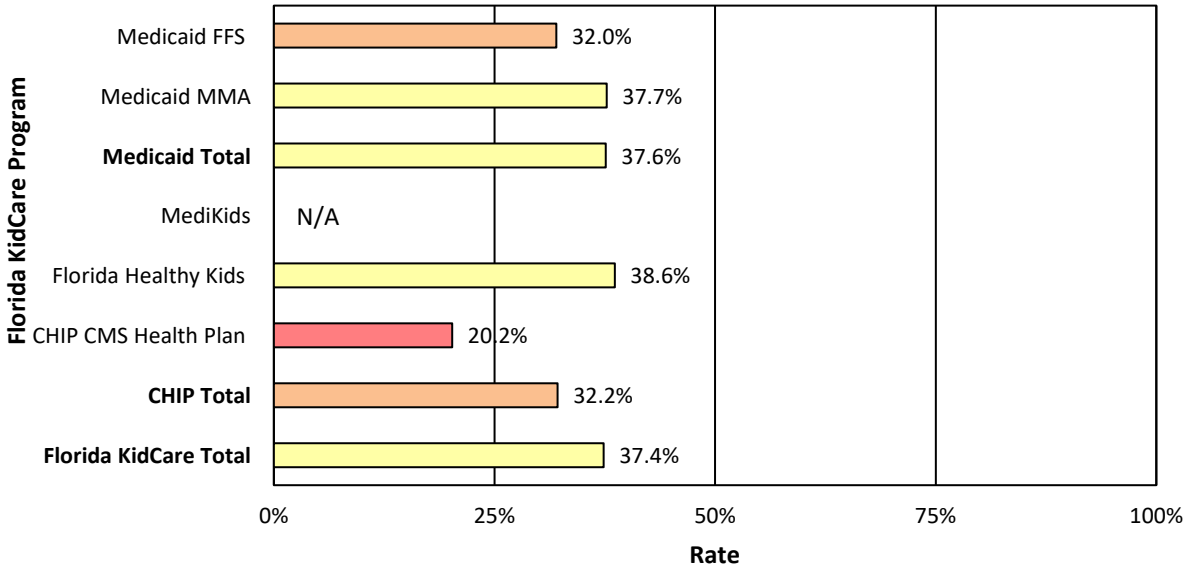
Note. This legend applies to **Figure 50** and **Figure 51**.

Figure 51. Florida KidCare Program Results for APM: Cholesterol Testing, All Ages, CY 2019



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 52. Florida KidCare Program Results for APM: Blood Glucose and Cholesterol Testing, All Ages, CY 2019



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.

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

Note. This legend applies to **Figure 52**.

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 et al., 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.).

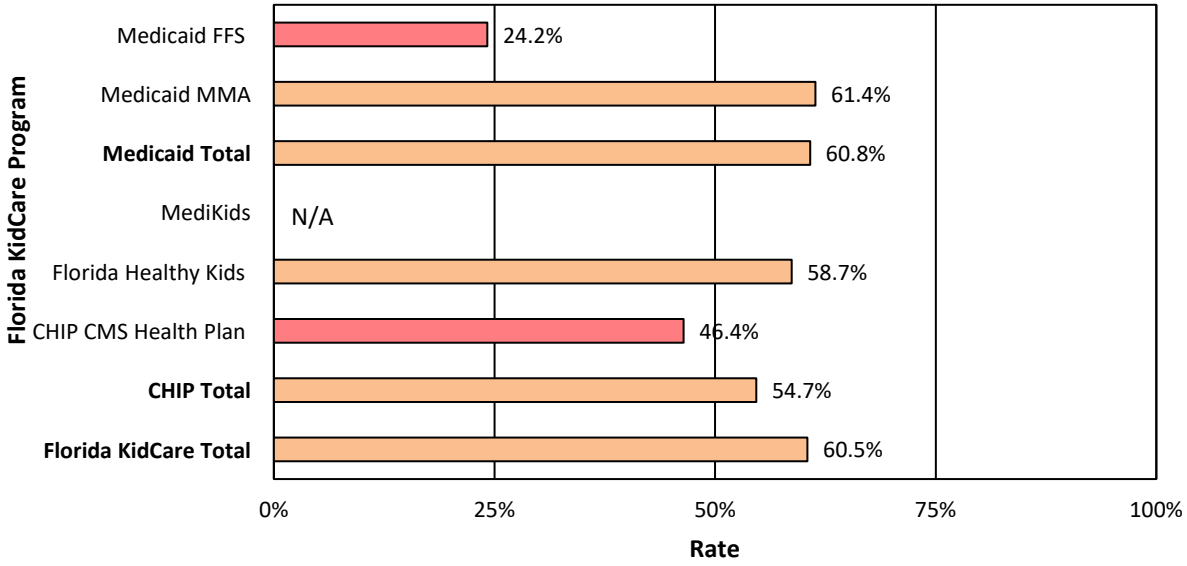
APP measures the percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of a psychosocial care visit as the first line of treatment (NCQA, 2019a). The intake period for inclusion in this measure is January 1, 2019 through December 1, 2019. 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 1-11, ages 12-17, and all ages. The all ages total is reported here for Florida KidCare members, and for CY 2019, that rate was 61%, which fell within the 25th-49.9th HEDIS benchmark percentile. Florida Healthy Kids and CHIP CMS Health Plan both improved their rates from the year prior with increases of five and seven percentage points, respectively.

Figure 53 presents Florida KidCare program results and associated benchmark percentiles for CY 2019, and **Table 62** presents the trending results from CY 2016 to CY 2019 for each of the Florida KidCare programs, with applicable benchmark percentiles.

Located in Appendix C, **Figure 135** and **Figure 136** present the CY 2019 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 53. Florida KidCare Program Results for APP: All Ages, CY 2019



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.

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

Note. This legend applies to **Figure 53** and **Table 62**.

Table 62. APP: All Ages Results by Florida KidCare Program, CY 2016 to CY 2019

Program	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	17.2%	18.7%	21.1%	24.2%
Medicaid MMA	62.5%	62.1%	61.7%	61.4%
Medicaid Total	61.2%	61.5%	61.0%	60.8%
MediKids	N/A	N/A	N/A	N/A
Florida Healthy Kids	63.0%	46.3%	53.3%	58.7%
CHIP CMS Health Plan	43.3%	47.1%	39.3%	46.4%
CHIP Total	56.1%	46.5%	48.9%	54.7%
Florida KidCare Total	60.9%	60.7%	60.4%	60.5%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 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.

Dental and Oral Health Services

Oral health is central to a person's overall health and well-being and, thus, a primary objective of Healthy People 2020. While the oral health of American children and families have improved over the last 50 years, many individuals still lack access to basic care (Healthy People 2020, n.d.-g). Poor oral health that results from a lack of regular treatment can cause pain and tooth loss, impede productivity, and potentially exacerbate a number of other chronic conditions throughout adolescence and adulthood (Evans et al., 2000).

The DOH Public Health Dental Program conducted their statewide Third Grade Oral Health Screening Project in 2016-2017 to capture information on multiple dental health indicators such as untreated tooth decay (called dental caries or cavities) and the urgency of need for dental care. Forty-two of Florida's public elementary schools, spread across 19 counties, were screened via consent forms provided by the Florida Dental Hygienists' Association. The DOH reported that 45.5% of third graders experienced dental caries and 25.1% experienced untreated decay, both below Healthy People 2020 benchmarks (Saint Hillien & Holicky, 2018).

The measures highlighted in this section demonstrate the value of preventive oral health care and the need to treat dental caries in children before they become more problematic in adulthood. Children with poor oral health resulting from inadequate or a lack of treatment are three times more likely to miss school and four times more likely to perform poorly compared to their healthy peers (Jackson et al., 2011). The CDC (2019a) recommends the application of dental sealants for children, noting that they have the capacity to protect chewing surfaces from cavities for up to 4 years but that less than half of children aged 6 to 11 years nationwide have dental sealants.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, a component of Medicaid, includes preventive dental services. Covered in these preventive dental services are the application of dental sealants, routine oral exams, X-rays, cleanings, and fluoride treatments. According to an analysis of the 2019 annual reporting for the Child Core Set measures, just 47.2 percent of eligible U.S. children in Medicaid and CHIP received at least one preventive dental service (Medicaid.gov, 2019). The U.S. DHSS Oral Health Coordinating Committee (2016) stated that barriers such as costs, limited oral health literacy, and lack of access are all barriers towards accessing these services.

Table 63 presents the Florida KidCare overall rates in CY 2019 and Federal Fiscal Year (FFY) 2019 for all of the measures and sub-measures presented in this section. Please note that FFY 2019 ran from October 1, 2018 through September 30, 2019. Information on program component rates is detailed in this section, and rates for the Medicaid MMA and Florida Healthy Kids plans can be found in **Appendix C: Additional Data Charts**.

Table 63. Florida KidCare Rates for Dental and Oral Health Services Measures for CY/FFY 2019

Measure	Florida KidCare Rate
Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk (SEAL)	CY 2019: 31.8%
Percentage of Eligibles Who Received Preventive Dental Services (PDENT)	FFY 2019: 40.5%

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 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, 2019 who were determined to be at an elevated risk for dental caries. 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).

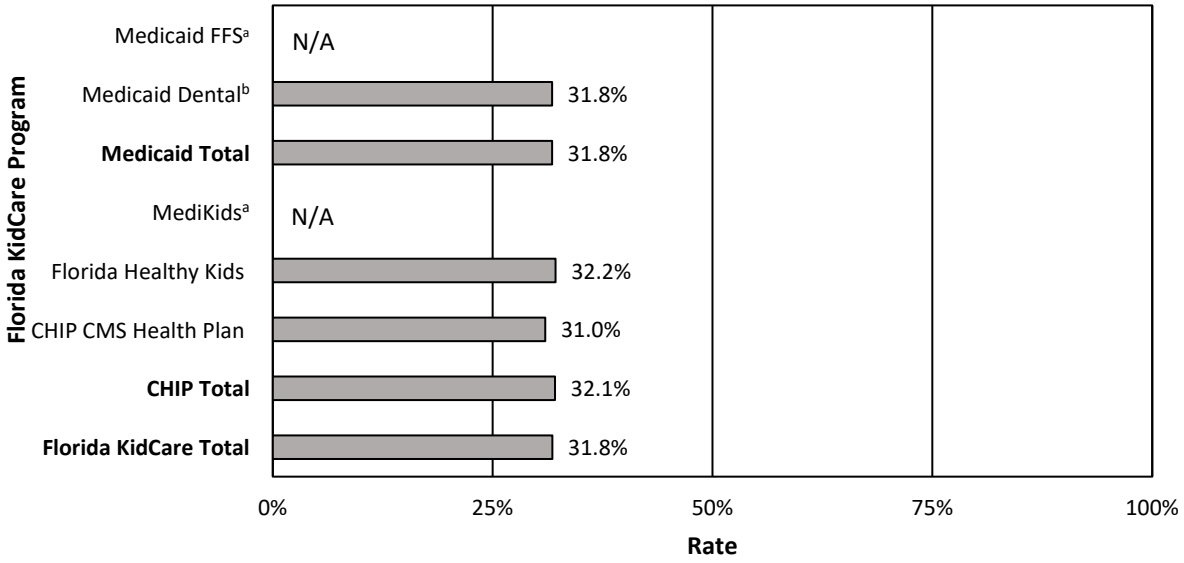
PDENT measures the percentage of eligible enrollees 1-20 years of age who received at least one preventive dental service administered by or under the supervision of a dentist during the reporting year (Center for Medicaid and CHIP Services & CMS, 2019).

The calculation of dental measures was impacted by the Medicaid dental roll out, which concluded in February 2019 and transitioned oral health care from the medical plans to separate dental plans. The PDENT and SEAL data listed for Medicaid FFS and MediKids considers members not enrolled in a dental plan, while the Medicaid MMA plan PDENT rate was calculated manually by ICHP using dental plan enrollment. For the SEAL measure, data from the Medicaid dental plans are shown as a separate program component in lieu of the Medicaid MMA program component. Without the Medicaid dental data, the CY 2019 Florida KidCare program rate for SEAL was 32%, while the FFY 2019 rate for PDENT was 41%.

Figure 54 presents the CY 2019 Florida KidCare program SEAL results, while **Table 64** presents the trending results from CY 2015 to CY 2019. The FFY 2019 Florida KidCare program rates for PDENT are shown in **Figure 55**, with trending data presented in **Table 65**.

Located in Appendix C, **Figure 137**-**Figure 139** present the CY 2019 Medicaid Dental and Florida Healthy Kids plan results for these measures. Note that there is no plan-level PDENT data available for the Medicaid MMA rate due to the Medicaid dental plan rollout.

Figure 54. Florida KidCare Program Results for SEAL, CY 2019



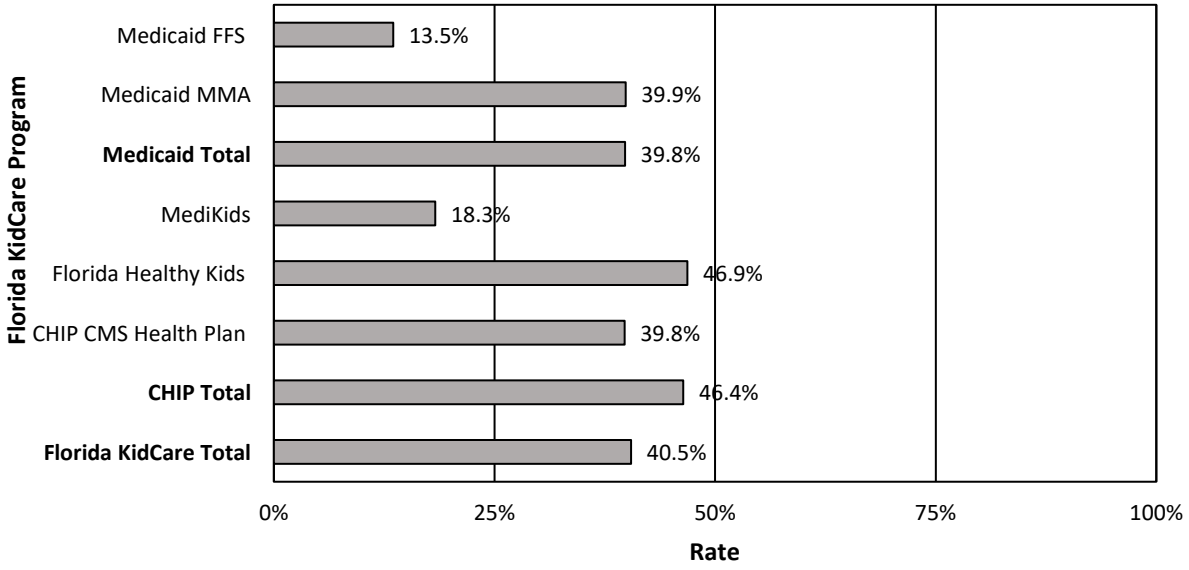
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.
[a] The rates listed for the Medicaid FFS and MediKids program components consider the small number of members not enrolled in a dental plan.
[b] The Medicaid Dental category includes Florida KidCare members currently enrolled in the Medicaid dental plans. This includes those enrolled in health plan coverage through Medicaid FFS, Medicaid MMA, and MediKids.

Table 64. SEAL Results by Florida KidCare Program, CY 2015 to CY 2019

Program	CY 2015	CY 2016	CY 2017	CY 2018	CY 2019
Medicaid FFS	0.0%	15.5%	12.8%	18.6%	N/A[a]
Medicaid MMA	18.0%	30.4%	28.3%	20.6%	-
Medicaid Dental[b]	-	-	-	-	31.8%
Medicaid Total	17.8%	30.3%	28.2%	20.6%	31.8%
MediKids	N/R	N/R	N/R	N/R	N/A[a]
Florida Healthy Kids	0.0%	30.5%	29.7%	32.2%	32.2%
CHIP CMS Health Plan	0.0%	31.3%	28.3%	29.1%	31.0%
CHIP Total	0.0%	30.5%	29.7%	32.1%	32.1%
Florida KidCare Total	17.4%	30.3%	28.3%	21.6%	31.8%

Note. 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.
[a] The CY 2019 rates listed for the Medicaid FFS and MediKids program components consider the small number of members not enrolled in a dental plan.
[b] The Medicaid Dental category, included for CY 2019 instead of the Medicaid MMA, includes Florida KidCare members currently enrolled in the Medicaid dental plans. This includes those enrolled in health plan coverage through Medicaid FFS, Medicaid MMA, and MediKids.

Figure 55. Florida KidCare Program Results for PDENT, FFY 2019



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 65. PDENT Results by Florida KidCare Program, FFY 2015 to FFY 2019

Program	FFY 2015	FFY 2016	FFY/CY[a] 2017	FFY 2018	FFY 2019
Medicaid FFS	4.1%	7.8%	6.9%	8.3%	13.5%
Medicaid MMA	33.7%	37.4%	38.9%	39.7%	39.9%
Medicaid Total	31.4%	36.6%	38.2%	39.0%	39.8%
MediKids	24.9%	25.1%	25.8%	27.3%	18.3%
Florida Healthy Kids	41.7%	46.1%	46.9%	46.5%	46.9%
CHIP CMS Health Plan	36.1%	37.2%	35.5%	37.8%	39.8%
CHIP Total	39.2%	42.8%	43.4%	43.8%	46.4%
Florida KidCare Total	32.1%	37.2%	38.7%	39.4%	40.5%

Note. 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.

[a] 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

Florida KidCare continues to be a sought-after insurance coverage option for children, with 1,687,293 applications received in Calendar Year (CY) 2019. Of the 1,980,493 children who applied for coverage last year, 50% were approved. While Florida KidCare enrollment has continued to trend downward at a slightly greater rate than national enrollment in child Medicaid and the Children's Health Insurance Program (CHIP), over 2.3 million children were enrolled in CY 2019. CHIP experienced a modest 2.3% increase in enrollment, while Medicaid enrollment declined by just under 3%. Medicaid renewal data, which was introduced into this report beginning with CY 2019 data, showed a renewal rate of 71%, while the CY 2019 renewal rates for CHIP program members were at the highest rate over the past five years, at 96%. This may change in the coming year, as the projected caseload for CHIP shows a decrease for 2020-2021, with family contributions decreasing accordingly and a scheduled reduction in federal contributions.

Standardized surveys were utilized to gauge Florida KidCare family experiences over the past six months. Despite the five-year best rate of 73% of Florida KidCare families rating all their health care a "9" or "10," family experiences, by and large, fell below the 50th Healthcare Effectiveness Data and Information Set (HEDIS®) benchmark percentile. However, it is noteworthy to recognize that overall Florida KidCare rates increased from the previous year for nine of 14 survey items. Even indicators that experienced a minute change or decline in the overall Florida KidCare rate saw substantive gains within component programs; for example, Coordination of Care and Doctor's Communication Skills increased by nearly 20 and 14 percentage points, respectively, within the CHIP Children's Medical Services (CMS) Health Plan program component from CY 2019 to 2020. Florida KidCare families seemed pleased with the number of doctors to choose from, with an overall rate of 61%, the highest rate recorded since this question was included in the surveys in 2017.

Of the 28 performance measures and sub-measures calculated last year, rates improved for 24, which corresponds to 86% of the indicators. Within that 86% were considerable gains: Across all applicable Florida KidCare programs, the rates for human papillomavirus vaccinations were at their highest since the sub-measure was introduced in this report. Similarly, all programs had an increase in rates of primary care access, with the CY 2019 Florida KidCare rate reaching 89%, the highest rate in the past five years. Both Medicaid program components, Managed Medical Assistance (MMA) and Fee-For-Service (FFS), saw a near-8% uptick from CY 2018 to 2019 on the Timeliness of Prenatal Care measure, elevating it to the next-highest HEDIS benchmark percentile. For Medicaid MMA, the CY 2019 rate was the highest over the past five years, demonstrating a greater focus on early prenatal care as a crucial component for a healthy pregnancy. This is coupled with a decrease in the rate of non-medically indicated cesarean sections, where a five percentage point improvement was recorded from the previous year. The other measure to see a sizable increase in its overall Florida KidCare rate was Follow-up After Hospitalization for Mental Illness, which saw increases of approximately 8% and 11%, respectively, in each of its two sub-measures. Prior year rates were for FHM, a similar agency-defined measure that utilized a broader set of provider criteria. While this data should be interpreted cautiously, it is encouraging that utilizing a measure with more narrowly defined provider criteria elicited an improvement in rates for CY 2019. In fact, the Florida KidCare rates increased for all five behavioral health sub-measures that were analyzed in the previous year, largely due to improvements in the Medicaid MMA and Florida Healthy Kids rates.

Among component programs, CHIP CMS Health Plan mostly improved rates from the previous year, but experienced large changes for several sub-measures. While there was a large increase in the rate of meningococcal immunizations, moving CHIP CMS Health Plan to the next-highest HEDIS benchmark

percentile, there was a 13 percentage point decrease for the chlamydia screening measure and at least an eight percentage point decrease in both sub-measures for the asthma medication indicator. Furthermore, one of the sub-measures of the indicator that examines follow-up care for children prescribed medication for attention deficit hyperactivity disorder declined by over 16 percentage points for CHIP CMS Health Plan from CY 2018 despite the overall Florida KidCare rate for this measure increasing. Medicaid FFS saw increases largely within primary care indicators: Though prior year hybrid rates were used for several measures at the guidance of the Agency for Health Care Administration as a result of the COVID-19 pandemic, all other primary care measures increased from the previous year, contributing to overall Florida KidCare rate increases. Conversely, Florida Healthy Kids had declines in all but one of the primary care measures that were applicable to it. For behavioral health performance measures, the program component rate changes did not follow the same trend. Medicaid FFS had declines from the previous year within most behavioral health indicators, while Florida Healthy Kids increased within three of the five sub-measures analyzed in the previous measurement year.

Recommendations

Across all Florida KidCare programs, Consumer Assessment of Healthcare Providers and Systems (CAHPS®) composites and global rating questions together indicate that while families continue to have positive experiences with the care provided by their physicians, there remain avenues to explore to help provide program beneficiaries greater access to care. The access to primary care measure described in the previous sub-section measures whether members had any visit to primary care while the CAHPS composites focus on getting care the family feels is needed, including access to a specialist, tests, treatment, or care—not specifically primary care. A second composite asks whether the family felt the care was obtained as quickly as it was needed. The Florida KidCare rates for both composites ranked lower compared to the majority of health plans or programs included in the national benchmark percentiles. An important consideration for these composites is that the survey results are subjective and based on family feedback. Giving families more avenues to request and obtain care, such as offering greater use of telehealth services (Kruse et al., 2018) or provider messaging platforms where services like prescriptions can be easily requested (Kruse et al., 2015), could help increase both member perceptions and access to care.

For quality of care measures, the rate increases in all five behavioral health sub-measures analyzed last year are evidence of a greater focus on improving health outcomes in this area. Connecting with trained mental health clinicians after diagnosis or hospitalization is considered a key element in reducing readmissions and limiting the occurrence of further emotional and physical distress (Phillips et al., 2020). Furthermore, children prescribed medication to help manage behavioral illnesses should be monitored closely, especially with regard to antipsychotics (APA, 2015). Efforts to further strengthen behavioral health should continue as Florida has previously ranked as one of the lowest state spenders on mental health services per capita (Kaiser Family Foundation, 2013). Continuing to reverse these trends and improve access to, and the quality of, behavioral health services are key steps towards improving the health outcomes of the state's most vulnerable children. Likewise, by creating quality improvement strategies to improve receipt of recommended prenatal care and reduce unnecessary cesarean deliveries, strategies consistent with the Agency goal of improving birth outcomes, Florida KidCare can ensure that all children and mothers receive a healthy beginning.

One measure where the Florida KidCare rate did not improve from the previous year was the measure examining Emergency Department (ED) visits. For this measure, ED visits that resulted in an inpatient

stay were excluded, as the focus is on visits that could have otherwise been handled in a primary care setting. Though the overall Florida KidCare rate did not decrease by much, nearly all of the program components had a decrease, with CHIP CMS Health Plan at a seven percentage point decrease. As reducing potentially preventable events such as ED visits is a goal of the Agency, increased emphasis on primary care, including increased avenues for access, should be a priority for Florida KidCare.

The National Asthma Program, created by the Centers for Disease Control and Prevention (CDC) in 1999 to improve the treatment, management, and control of asthma, highlighted initiatives from 25 funded asthma programs across the nation from 2014 to 2019 (CDC, 2020c). Florida was one of the funded states, and the CY 2019 overall Florida KidCare rates for both asthma-related quality of care indicators were among the highest in the nation; however, the rates for CHIP CMS Health Plan, which specifically serves medically complex children, saw a significant decrease in rates from the year prior. These decreases are despite use of patient-centered medical homes, a disease management program specifically for members with asthma, and coverage for specialized services such as carpet cleaning, high-quality filters for vacuum cleaners, and hypoallergenic bedding (Children's Medical Services Health Plan, 2020). One the activities identified in the Florida Asthma Plan, funded through the National Asthma Program, was a home visiting program to educate families and help identify asthma triggers (Florida Asthma Coalition, 2016). As part of its efforts to improve rates for asthma quality of care measures, CHIP CMS Plan can focus on more personalized outreach to members through virtual or in-person home visits. These visits can focus on asthma triggers, family education, and formulation of an asthma action plan to ensure that members are utilizing asthma medication effectively and staying as healthy as possible.

Overall, the rates for Florida KidCare family experiences and quality of care measures increased from the prior year, and these improvements are indicative of efforts to offer better care to members. These upward trends must be sustained and built upon, specifically with regard to performance against other state programs. In order to do so, Florida must work with all appropriate stakeholders to clarify metrics of particular concern and develop action plans to increase performance. If Florida KidCare is able to target areas in which rates decreased in CY 2019 while simultaneously continuing the forward trajectory of the improvements seen compared to CY 2018, Florida can further bolster its standing among national health quality indicators and cement a reputation for offering high quality health care to children while reducing the burden of health care costs on vulnerable families.

Appendices

In This Section

- Appendix A: References
- Appendix B: Acronyms
- Appendix C: Additional Data Charts

Appendix A: References

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Appendix B: Acronyms

AAA	Atypical Antipsychotic Agents
AAP	American Academy of Pediatrics
AAPD	American Academy of Pediatric Dentistry
ACA	Affordable Care Act
ADA	American Dental Association
ADHD	Attention-Deficit/Hyperactivity Disorder
AHCA	Agency for Health Care Administration
AHRQ	Agency for Healthcare Research and Quality
APA	American Psychiatric Association
BNET	Behavioral Health Network
BMI	Body Mass Index
CAHPS®	Consumer Assessment of Healthcare Providers and Systems
CCC	Children with Chronic Conditions
CCF	Georgetown University Center for Children and Families
CDC	Centers for Disease Control and Prevention
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare & Medicaid Services
CMS Health Plan	Children's Medical Services Health Plan
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
EPSDT	Early and Periodic Screening, Diagnostic, and 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
FPL	Federal Poverty Level
HEDIS®	Healthcare Effectiveness Data and Information Set
HepB	Hepatitis B
HHS	Health and Human Services
HiB	Haemophilus Influenza Type B
HPV	Human Papillomavirus
HRSA	Health Resources and Services Administration
ICHP	Institute for Child Health Policy
IPSD	Index Prescription Start Date
IPV	Inactivated Poliovirus
LARC	Long-acting Reversible method of Contraception
MAGI	Modified Adjusted Gross Income
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
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: Additional Data Charts

Within this section are additional data charts from previous sections of this report, offered as a supplement. This data is broken out according to sub-section.

- Program Administration
  - Applications
  - Enrollment
  - Renewals
- Family Experiences
  - Methodology
  - Demographics
  - Plan-Level Data: CAHPS rates for the Medicaid MMA plans and benchmark percentiles for the CAHPS survey items
- Quality of Care
  - Methodology
  - Plan-Level Data: Performance measure rates for the Medicaid MMA and Florida Healthy Kids plans, as well as the national benchmark percentiles for rates as applicable

Program Administration

Applications

Figure 56. Florida KidCare Applications Received by FHKC, Five-Year Trend

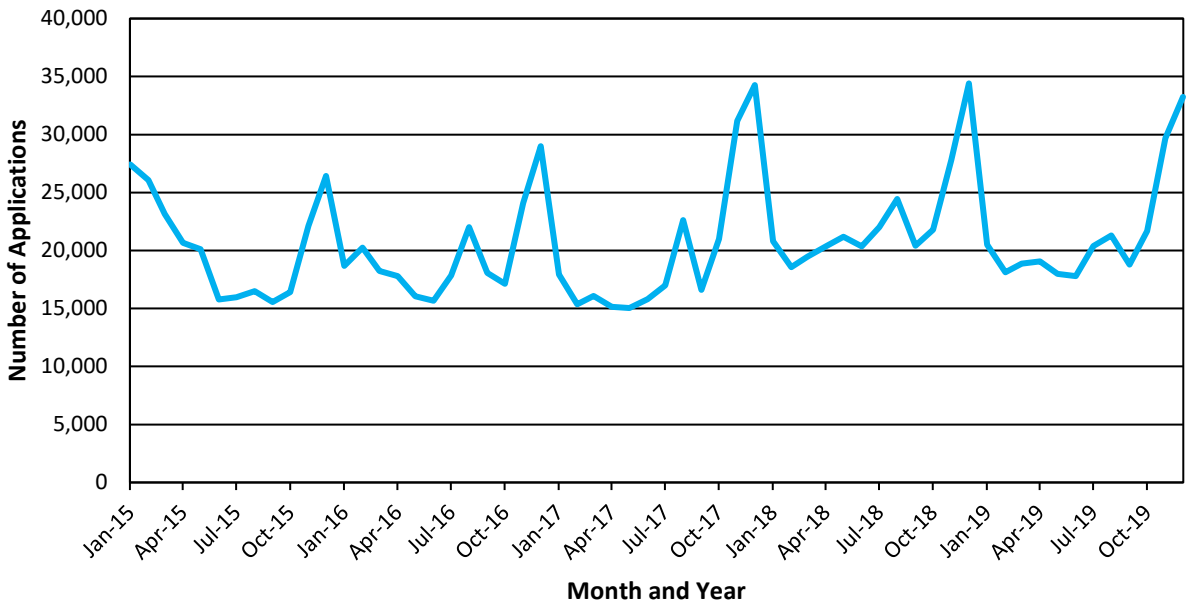


Table 66. Florida KidCare Applications Received by FHKC and DCF, CY 2019

Month	Applications received, including duplicate applications	Applications received, excluding duplicate applications	Unduplicated children on applications
January 2019- FHKC	28,958	20,484	31,758
January 2019- DCF	153,106	148,314	156,655
February 2019- FHKC	24,801	18,114	28,055
February 2019- DCF	113,588	110,339	132,385
March 2019- FHKC	25,613	18,881	29,212
March 2019- DCF	110,693	107,374	122,729
April 2019- FHKC	25,649	19,058	29,744
April 2019- DCF	125,333	121,584	135,480
May 2019- FHKC	23,740	17,992	28,270
May 2019- DCF	117,526	114,073	127,833
June 2019- FHKC	23,172	17,795	28,052
June 2019- DCF	117,947	114,261	125,973
July 2019- FHKC	25,850	20,374	32,520
July 2019- DCF	135,772	131,564	148,348
August 2019- FHKC	25,972	21,301	34,437
August 2019- DCF	124,359	120,460	138,706
September 2019- FHKC	22,363	18,781	29,909
September 2019- DCF	109,812	106,461	120,360
October 2019- FHKC	25,148	21,690	34,395
October 2019- DCF	115,357	111,840	130,111
November 2019- FHKC	33,708	29,696	45,867
November 2019- DCF	121,642	118,114	115,642
December 2019- FHKC	35,808	33,239	51,302
December 2019- DCF	129,536	125,505	122,739
Total CY 2019- FHKC	320,782	257,405	403,521
Total CY 2019- DCF	1,474,671	1,429,889	1,576,961
Total CY 2019- FHKC + DCF	1,795,453	1,687,294	1,980,482

Table 67. Applicant and Family Demographics Received by FHKC and DCF, CY 2019

Month	Child age, mean years	Child age, std. dev.	Monthly family income, mean[a]	Monthly family income, std. dev.	Household size, mean[b]	Household size, std. dev.
January 2019- FHKC	10.87	3.94	$3,509	$2,466	3.58	1.26
January 2019- DCF	9.99	7.39	$6,330	$37,276	3.56	1.29
February 2019- FHKC	10.92	3.91	$3,565	$2,434	3.58	1.25
February 2019- DCF	9.94	7.11	$5,861	$13,796	3.55	1.28
March 2019- FHKC	10.95	3.91	$3,620	$2,392	3.59	1.25
March 2019- DCF	9.85	7.19	$6,246	$32,050	3.54	1.28
April 2019- FHKC	10.98	3.88	$3,642	$2,316	3.59	1.26
April 2019- DCF	10.15	7.68	$5,948	$24,355	3.56	1.27
May 2019- FHKC	10.96	3.87	$3,641	$2,400	3.62	1.28
May 2019- DCF	10.19	7.68	$5,932	$15,694	3.57	1.29
June 2019- FHKC	10.99	3.85	$3,634	$2,411	3.62	1.27
June 2019- DCF	9.91	7.19	$6,507	$43,649	3.58	1.28
July 2019- FHKC	11.04	3.78	$3,666	$2,656	3.65	1.32
July 2019- DCF	10.08	7.24	$8,261	$281,772	3.59	1.30
August 2019- FHKC	11.11	3.77	$3,634	$2,888	3.59	1.27
August 2019- DCF	9.96	7.12	$6,141	$21,726	3.57	1.30
September 2019- FHKC	11.22	3.76	$3,694	$2,747	3.61	1.27
September 2019- DCF	10.05	7.39	$6,515	$34,510	3.56	1.30
October 2019- FHKC	11.14	3.74	$3,639	$2,308	3.60	1.27
October 2019- DCF	9.96	7.30	$6,522	$36,943	3.57	1.30
November 2019- FHKC	11.58	3.79	$3,771	$3,094	3.59	1.25
November 2019- DCF	10.25	7.26	$7,131	$123,464	3.57	1.29
December 2019- FHKC	11.58	3.74	$3,694	$2,848	3.64	1.27
December 2019- DCF	10.40	7.47	$6,045	$15,760	3.58	1.29
Total CY 2019- FHKC	11.15	3.83	$3,647	$2,619	3.60	1.27
Total CY 2019- DCF	10.06	7.34	$6,446	$92,518	3.57	1.29

[a] 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. [b] 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.

Table 68. Florida KidCare Applications Received by FHKC, CY 2019

Applications reviewed	Florida Healthy Kids Corporation review only	DCF review only	CMS Health Plan review only	DCF and CMS Health Plan review	Total
Applications	154,641	71,516	25,100	6,147	257,404
Children on Applications	255,631	112,130	28,774	6,997	403,532
Approved Children: Medicaid	55,660	4,485	6,047	882	67,074
Approved Children: MediKids	13,322	1,635	937	136	16,030
Approved Children: MediKids Full Pay	3,309	12	521	6	3,848
Approved Children: Florida Healthy Kids	49,026	5,119	5,608	636	60,389
Approved Children: Florida Healthy Kids Full Pay	3,443	21	805	5	4,274
Approved Children: CHIP CMS Health Plan	0	0	3,738	396	4,134
Approved Children: All Florida KidCare	124,760	11,272	17,656	2,061	155,749

Note. This table reflects applications received by Florida Healthy Kids Corporation, which forwards applications to DCF and CMS Health Plan for review to determine whether an applicant meets requirements for Medicaid or CMS Health Plan coverage.

Table 69. Reasons for Denial from CHIP, CY 2019

Reasons	Florida Healthy Kids Corporation review only	DCF review only	CMS Health Plan review only	DCF and CMS Health Plan review	Total
Currently enrolled in Medicaid	55,607	4,483	6,047	882	67,019
Expired, non-payment	58,297	911	4,609	70	63,887
Expired, non-compliant	58,660	117	4,952	11	63,740
Over age	54	55,548	2	507	56,111
Referred to Medicaid	92	35,729	5	4,050	39,876
Has other insurance	4,109	9,260	962	246	14,577
Under age	56	7,272	1	0	7,329
Non-U.S. citizen	684	0	44	0	728
Not a Florida resident	621	35	29	3	688
Medicaid, approved	53	2	0	0	55
Incarcerated	16	0	3	0	19
Medicaid Non-Compliant	1	-	-	-	1
Total	178,250	113,357	16,654	5,769	314,030

Note. This table reflects applications received by Florida Healthy Kids Corporation, which forwards applications to DCF and CMS Health Plan for review to determine whether an applicant meets requirements for Medicaid or CMS Health Plan coverage.

Table 70. Reasons for Denial from Medicaid, CY 2019

Reasons	Total
Eligibility requirements not met by one or more household members	341,792
Did not complete one or more steps of the application	111,532
Ineligible due to current coverage type	64,216
Failure to provide verification/proof of one or more required materials	50,692
Citizenship requirements not met	42,124
Violation of the law/legal matter	29,132
Ineligible due to income-related reasons	4,644
Application closed, withdrawn, or ended	2,365
Eligible for another type of coverage	952
Not a Florida Resident	907
Benefits have ended/changed	650
Lack of contact/follow up	275
Disability/Medicaid need not met	197
Ineligible based on information received	123
Other	78
Ineligible due to age	55
Total	649,734

Enrollment

Figure 57. Florida KidCare Medicaid Program Enrollment, CY 2015-2019

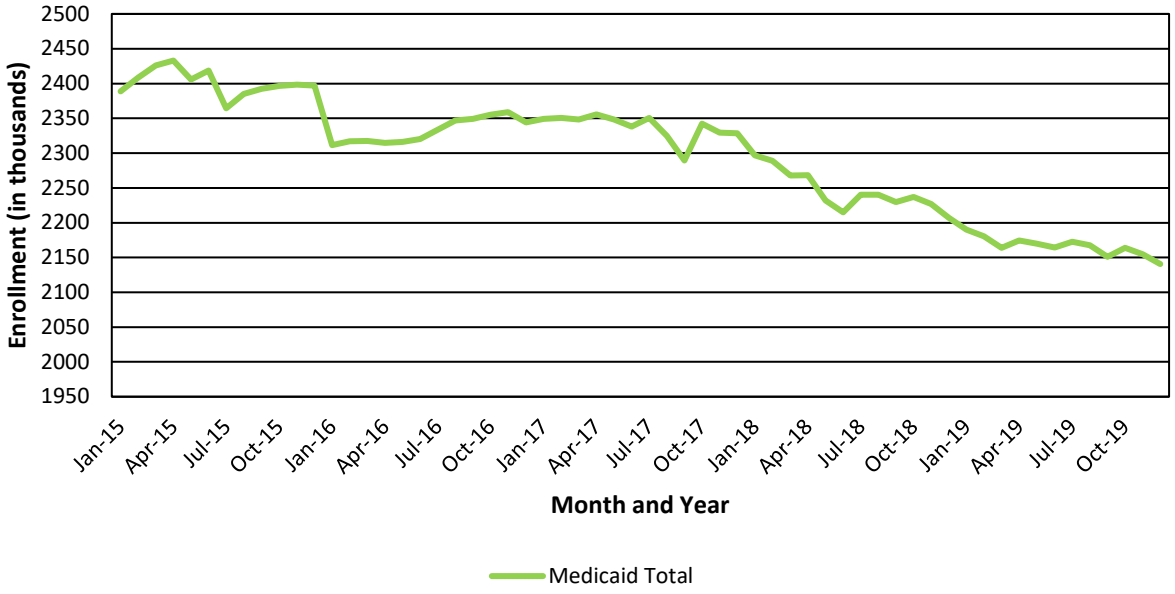


Figure 58. Florida KidCare CHIP Program Enrollment, CY 2015-2019

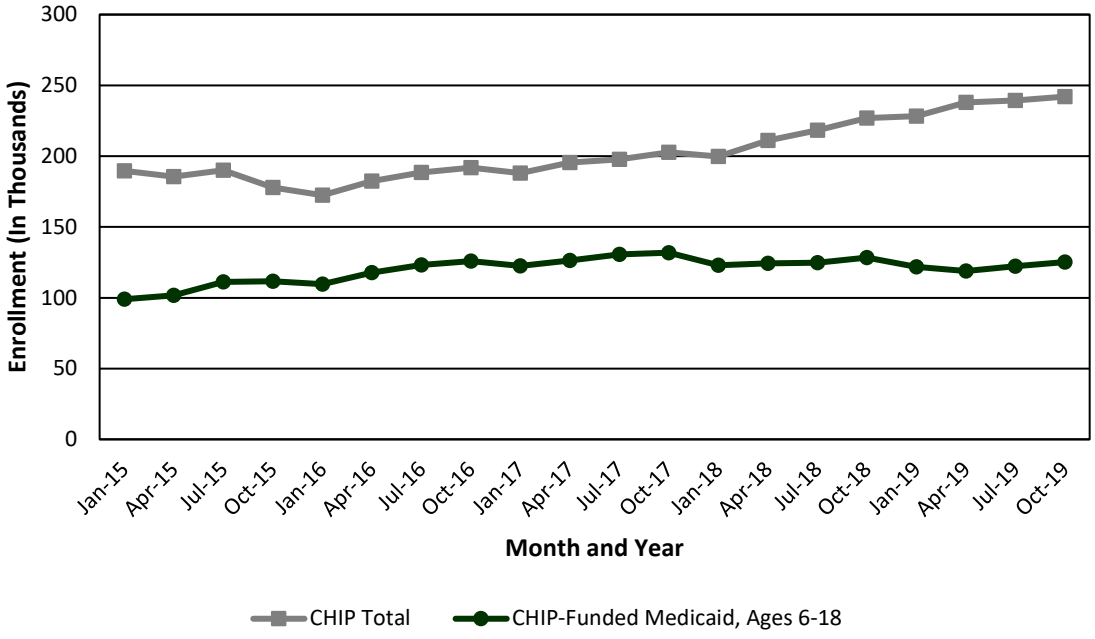


Figure 59. MediKids Enrollment, CY 2015-2019

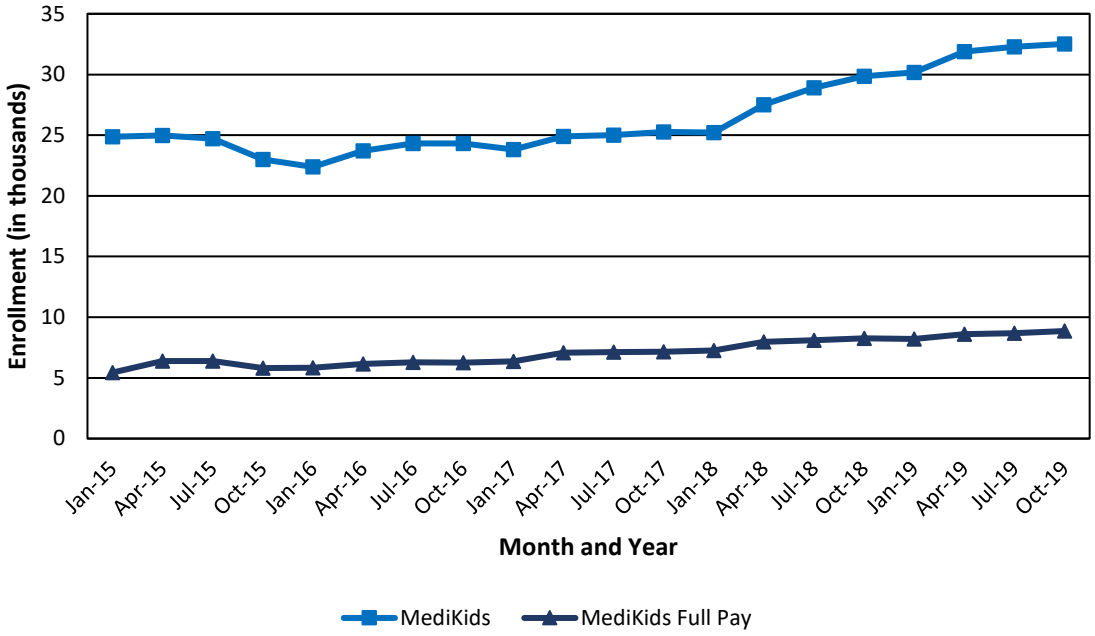


Figure 60. Florida Healthy Kids Enrollment, CY 2015-2019

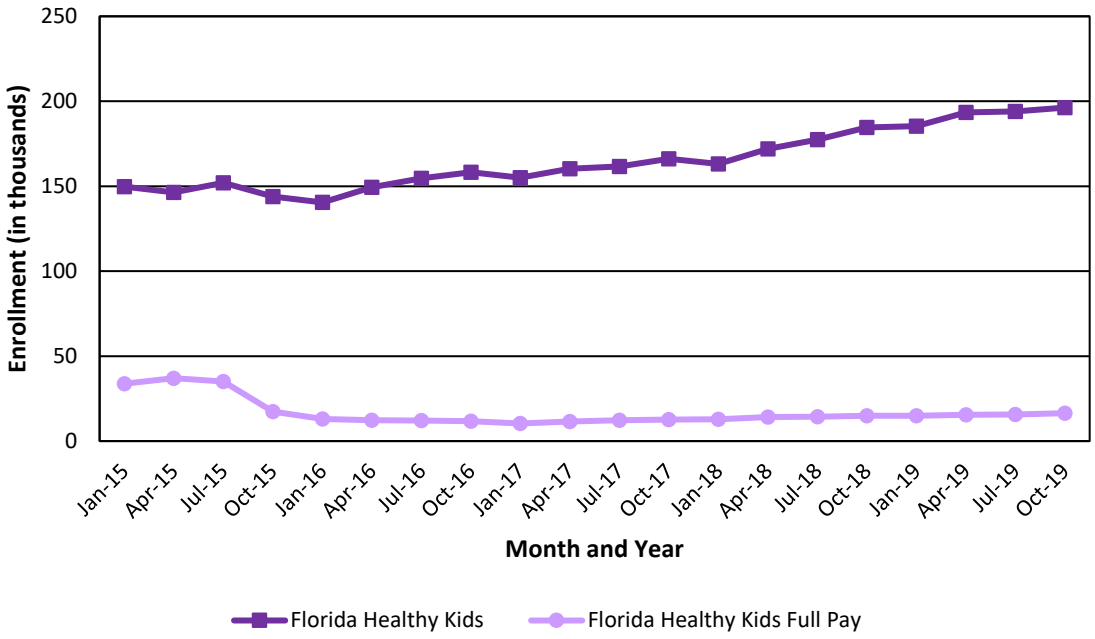


Figure 61. CHIP CMS Health Plan Enrollment, CY 2015-2019

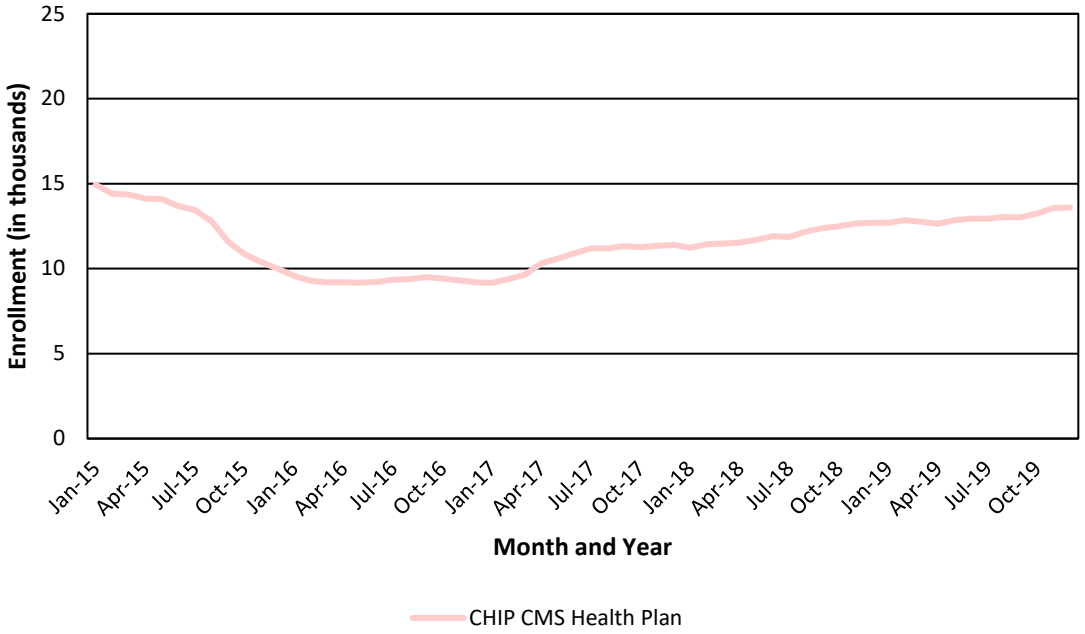
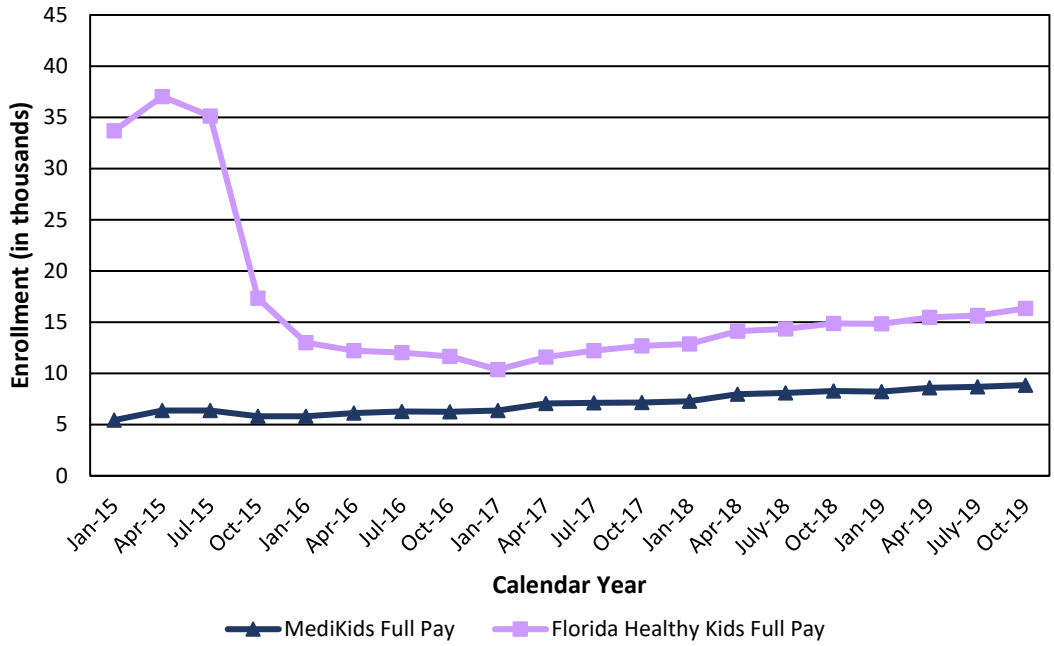


Figure 62. Florida KidCare Enrollment for Full-Pay Program Components, CY 2015-2019



Note. There was a significant decrease in Florida Healthy Kids full-pay enrollment from 2015 to 2016 due to changes that came from the ACA as well as a new full-pay health plan that went into effect on October 1, 2015 (Florida Healthy Kids Corporation, 2016)

Renewals

Figure 63. Successful Renewals of Florida KidCare CHIP Coverage, CY 2015-2019

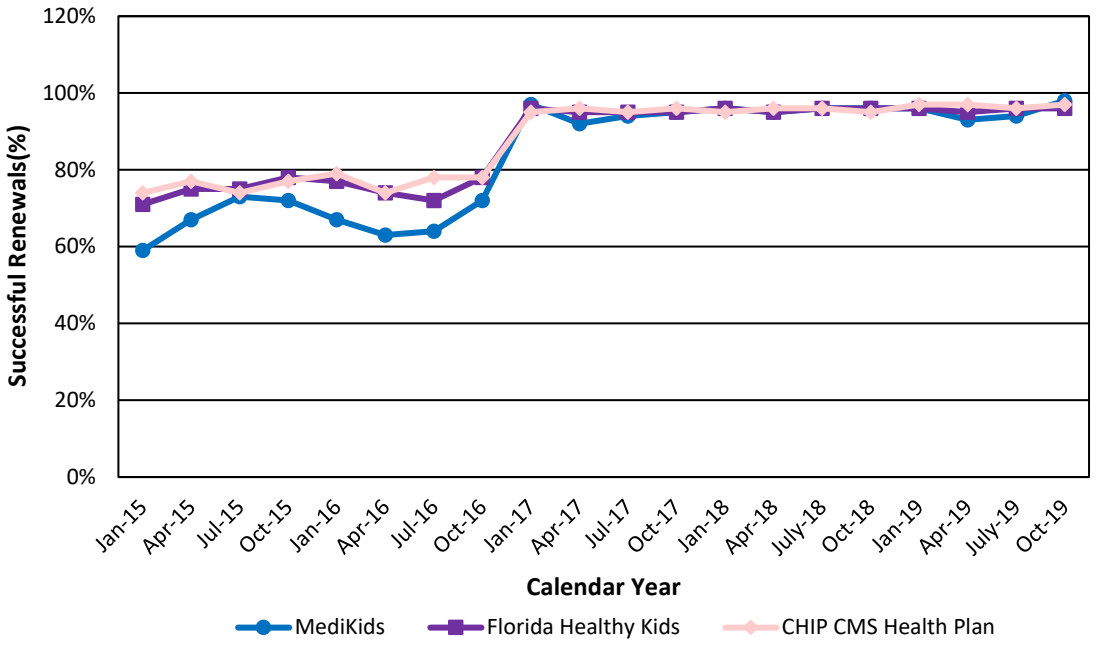
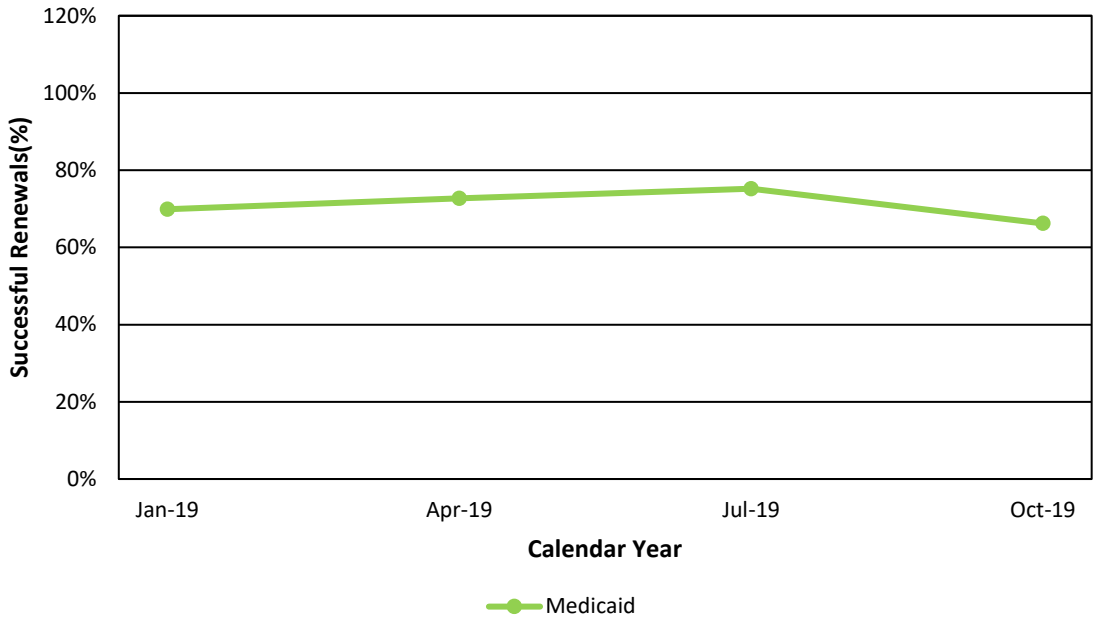


Figure 64. Successful Renewals of Florida KidCare Medicaid Coverage, CY 2019



Note. CY 2019 was the first year Medicaid renewal data was available for use in this report; thus, trending data from prior years are not available. Trending data will be added to this figure in subsequent reports.

Table 71. Renewal Status for Eligible Children by Florida KidCare Program, CY 2019

Program	Children eligible for renewal	Not Renewed		Renewed	
		(N)	(%)	(N)	(%)
All Children, Medicaid Program					
Total members	510,431	150,752	29.5%	359,679	70.5%
Gender					
Male	258,378	76,019	29.4%	182,359	70.6%
Female	252,048	74,730	29.6%	177,318	70.4%
Gender Unknown	5	3	60.0%	2	40.0%
Age					
< 1	19,685	914	4.6%	18,771	95.4%
1-4	133,940	41,731	31.2%	92,209	68.8%
5-9	140,548	41,236	29.3%	99,312	70.7%
10-14	140,478	42,155	30.0%	98,323	70.0%
15-18	75,780	24,716	32.6%	51,064	67.4%
Rural/Urban Area[a]					
Urban/Large Towns	493,084	145,312	29.5%	347,772	70.5%
Rural/Small Towns	17,347	5,440	31.4%	11,907	68.6%
Unknown	0	0	-	0	-
Federal Poverty Level					
150% or less	These data were not available for use in this report.				
Above 150%					
Unknown					
All Children, CHIP Program					
Total members	144,078	6,403	4.4%	137,675	95.6%
Gender					
Male	74,209	3,310	4.5%	70,899	95.5%
Female	69,869	3,093	4.4%	66,776	95.6%
Age					
1-4	3,685	216	5.9%	3,469	94.1%
5-9	45,257	1,938	4.3%	43,319	95.7%
10-14	55,028	2,094	3.8%	52,934	96.2%
15-18	40,106	2,155	5.4%	37,951	94.6%
Rural/Urban Area					
Urban/Large Towns	134,619	5,937	4.4%	128,682	95.6%
Rural/Small Towns	6,966	352	5.1%	6,614	94.9%
Unknown	2,493	114	4.6%	2,379	95.4%
Federal Poverty Level					
150% or less	36,942	2,274	6.2%	34,668	93.8%
Above 150%	107,113	4,128	3.9%	102,985	96.1%
Unknown	23	1	4.3%	22	95.7%

Program	Children eligible for renewal	Not Renewed		Renewed	
		(N)	(%)	(N)	(%)
MediKids					
Total members	3,523	207	5.9%	3,316	94.1%
Gender					
Male	1,804	117	6.5%	1,687	93.5%
Female	1,719	90	5.2%	1,629	94.8%
Age					
1-4	3,521	207	5.9%	3,314	94.1%
Rural/Urban Area					
Urban/Large Towns	3,303	193	5.8%	3,110	94.2%
Rural/Small Towns	156	12	7.7%	144	92.3%
Unknown	64	2	3.1%	62	96.9%
Federal Poverty Level					
150% or less	987	89	9.0%	898	91.0%
Above 150%	2,536	118	4.7%	2,418	95.3%
Unknown	0	0	-	0	-
Florida Healthy Kids					
Total members	131,658	5,874	4.5%	125,784	95.5%
Gender					
Male	66,747	2,983	4.5%	63,764	95.5%
Female	64,911	2,891	4.5%	62,020	95.5%
Age					
1-4[b]	1	0	-	1	100.0%
5-9	42,551	1,837	4.3%	40,714	95.7%
10-14	51,494	1,994	3.9%	49,500	96.1%
15-18	37,612	2,043	5.4%	35,569	94.6%
Rural/Urban Area					
Urban/Large Towns	122,997	5,441	4.4%	117,556	95.6%
Rural/Small Towns	6,378	329	5.2%	6,049	94.8%
Unknown	2,283	104	4.6%	2,179	95.4%
Federal Poverty Level					
150% or less	33,795	2,044	6.0%	31,751	94.0%
Above 150%	97,843	3,829	3.9%	94,014	96.1%
Unknown	20	1	5.0%	19	95.0%

Program	Children eligible for renewal	Not Renewed		Renewed	
		(N)	(%)	(N)	(%)
CHIP CMS Health Plan					
Total members	8,897	322	3.6%	8,575	96.4%
Gender					
Male	5,658	210	3.7%	5,448	96.3%
Female	3,239	112	3.5%	3,127	96.5%
Age					
1-4	163	9	5.5%	154	94.5%
5-9	2,706	101	3.7%	2,605	96.3%
10-14	3,534	100	2.8%	3,434	97.2%
15-18	2,494	112	4.5%	2,382	95.5%
Rural/Urban Area					
Urban/Large Towns	8,319	303	3.6%	8,016	96.4%
Rural/Small Towns	432	11	2.5%	421	97.5%
Unknown	146	8	5.5%	138	94.5%
Federal Poverty Level					
150% or less	2,160	141	6.5%	2,019	93.5%
Above 150%	6,734	181	2.7%	6,553	97.3%
Unknown	3	0	-	3	100%
All Children, Florida KidCare Program					
Total members	654,509	157,155	24.0%	497,354	76.0%
Gender					
Male	332,587	79,329	23.9%	253,258	76.1%
Female	321,917	77,823	24.2%	244,094	75.8%
Gender Unknown	5	3	60.0%	2	40.0%
Age					
< 1	19,685	914	4.6%	18,771	95.4%
1-4	137,625	41,947	30.5%	95,678	69.5%
5-9	185,805	43,174	23.2%	142,631	76.8%
10-14	195,506	44,249	22.6%	151,257	77.4%
15-18	115,886	26,871	23.2%	89,015	76.8%
Rural/Urban Area					
Urban/Large Towns	627,703	151,249	24.1%	476,454	75.9%
Rural/Small Towns	24,313	5,792	23.8%	18,521	76.2%
Unknown	2,493	114	4.6%	2,379	95.4%
Federal Poverty Level					
150% or less	36,942	2,274	6.2%	34,668	93.8%
Above 150%	107,113	4,128	3.9%	102,985	96.1%
Unknown	23	1	4.3%	22	95.7%

[a] Rural and Urban data for CHIP was defined as commuting area analyzed by zip code and Medicaid data was defined using county of residence and the US census rural or urban county designation. [b] Though the program does not cover this age group, data were logged in this category. This may be due to a processing error.

Family Experiences

Methodology

To be eligible for inclusion in the CAHPS survey sample, members must have been 17 or younger as of December 31st of the measurement year, been enrolled for the final six months of the measurement year with no more than a 45-day gap in coverage, and be currently enrolled at the time the sample was drawn. In surveys utilizing the CCC question set, eligible members are then assigned a pre-screen status code 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.

Methodology for all ICHP-run surveys included a combination of telephone and mail methodology, and the Medicaid MMA plans 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 across Florida KidCare program components. A timeline of the mixed methodology for mail and telephone surveys is below. Note that with approval from NCQA, this timeline can be extended to account for barriers to timely responses.

Survey start: Initial survey mailed to the parents of randomly selected members.

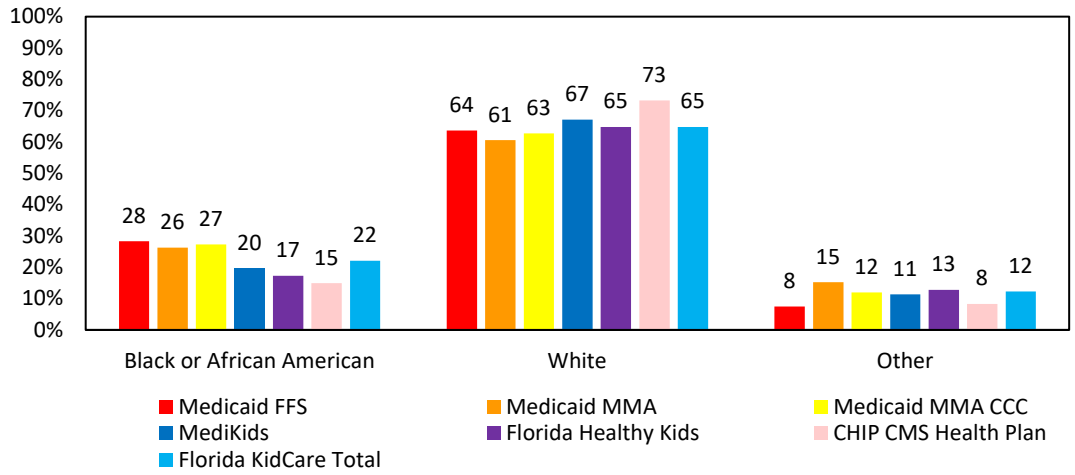
- Day 4-10: A thank you/reminder postcard is mailed.
- Day 35: A replacement survey is mailed to non-respondents 36 days after the initial questionnaire.
- Day 39-45: A thank you/reminder postcard is mailed to non-respondents 10 days after replacement questionnaire.
- Days 56-70: Telephone interviews 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 15 Medicaid MMA plans that calculated performance measures, with specialty plan population noted, were Aetna, Children's Medical Services Health Plan (CMS Health Plan, serving children with chronic conditions), Community Care Plan, Humana, Lighthouse Health Plan, Magellan Complete Care (serving children with serious mental illnesses), Miami Children's Health Plan, Molina Healthcare, Prestige Health Choice, Simply, Staywell, Sunshine Health Plan, Sunshine Health Plan- Child Welfare (CW, serving children in the child welfare system), United Healthcare, and Vivida Health.

Note that the surveys for Florida Healthy Kids were gathered at the program component level only; therefore, no plan-level data is available. Two of the Medicaid MMA plans, Clear Health Alliance (serving those with HIV/AIDS) and Staywell- Serious Mental Illness (serving children with serious mental illnesses), did not conduct a child CAHPS survey in 2020 and are not represented in this section. Please note that these two plans did submit performance measure data and are therefore included in all applicable performance measure rates.

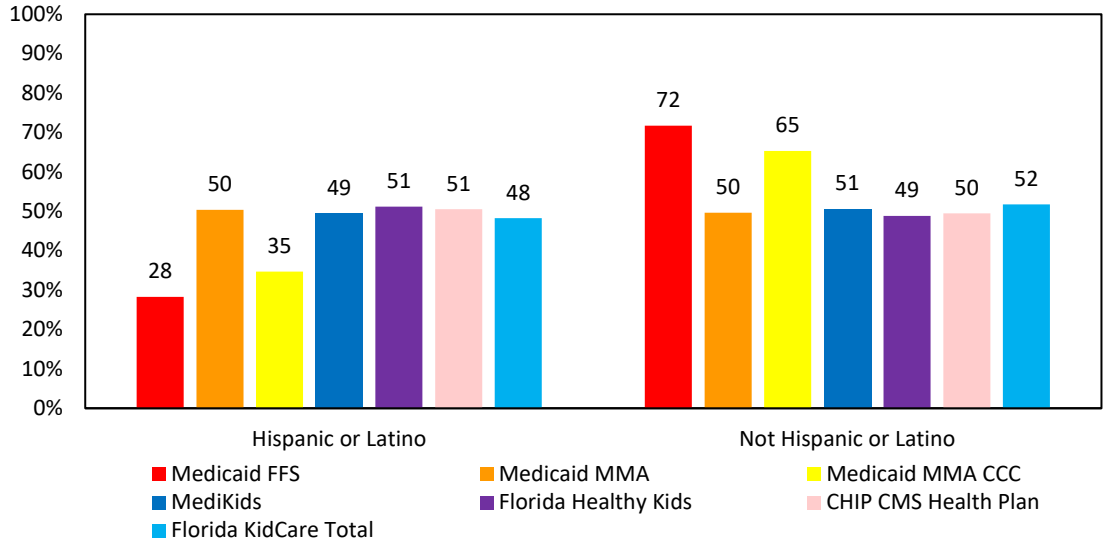
Demographics

Figure 65. Race of Established Florida KidCare Enrollees, 2020 Survey



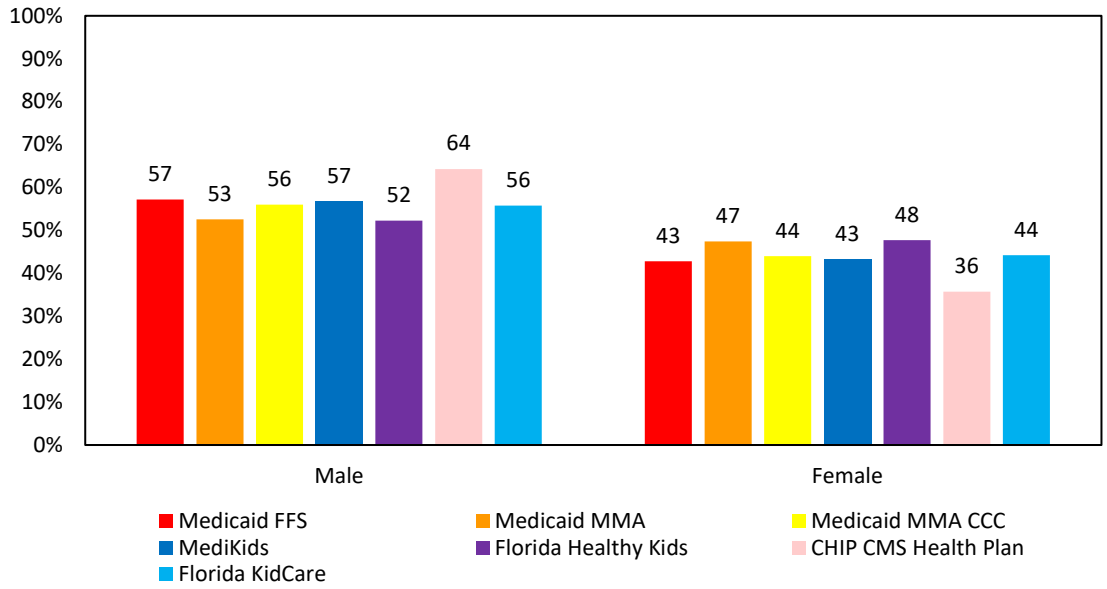
Note. Rows may not sum to 100% due to the survey instruction that respondents should select all races that apply.

Figure 66. Ethnicity of Established Florida KidCare Enrollees, 2020 Survey



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

Figure 67. Gender of Established Florida KidCare Enrollees, 2020 Survey



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

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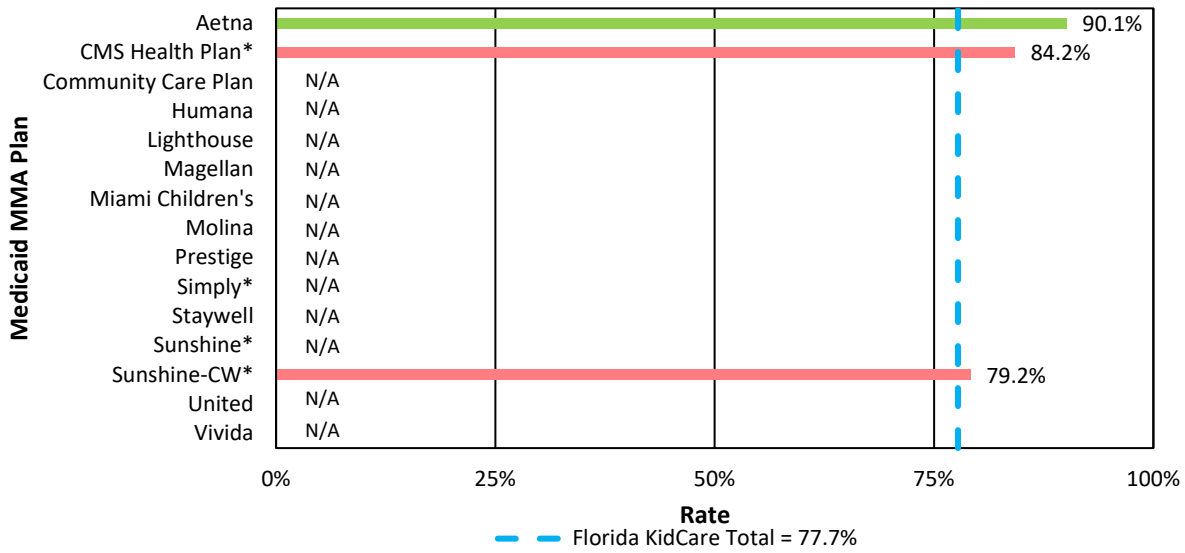
due to formatting of subsequent figures.

Plan-Level Data

Figure 68. Coordination of Care by Medicaid Plan, 2020 Survey

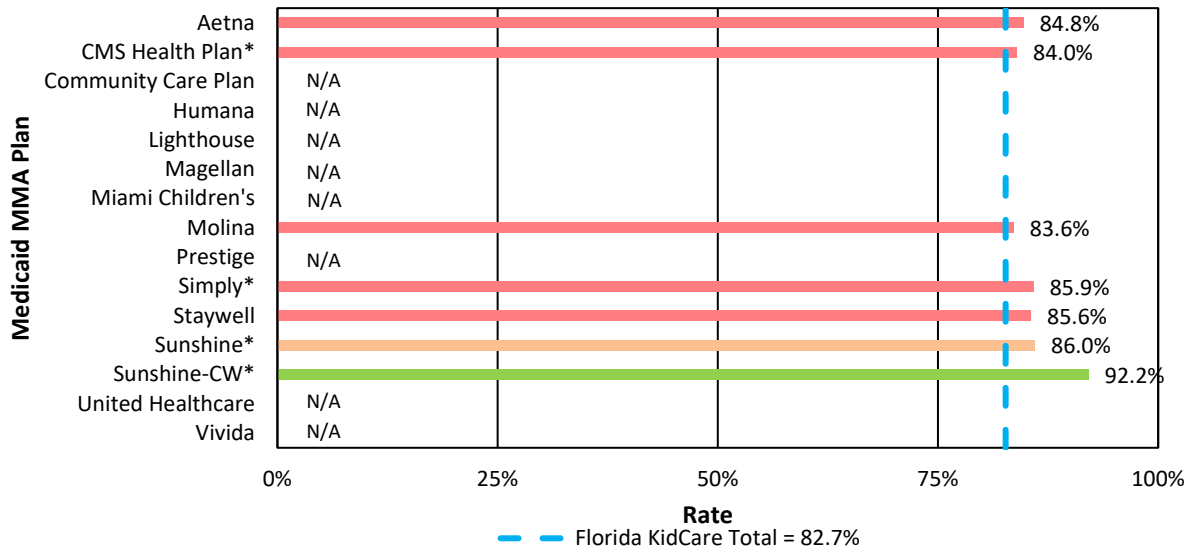


Note. Rates for plans with sample sizes of less than 100 are denoted by N/A.
*Included in the Medicaid MMA CCC total only.

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

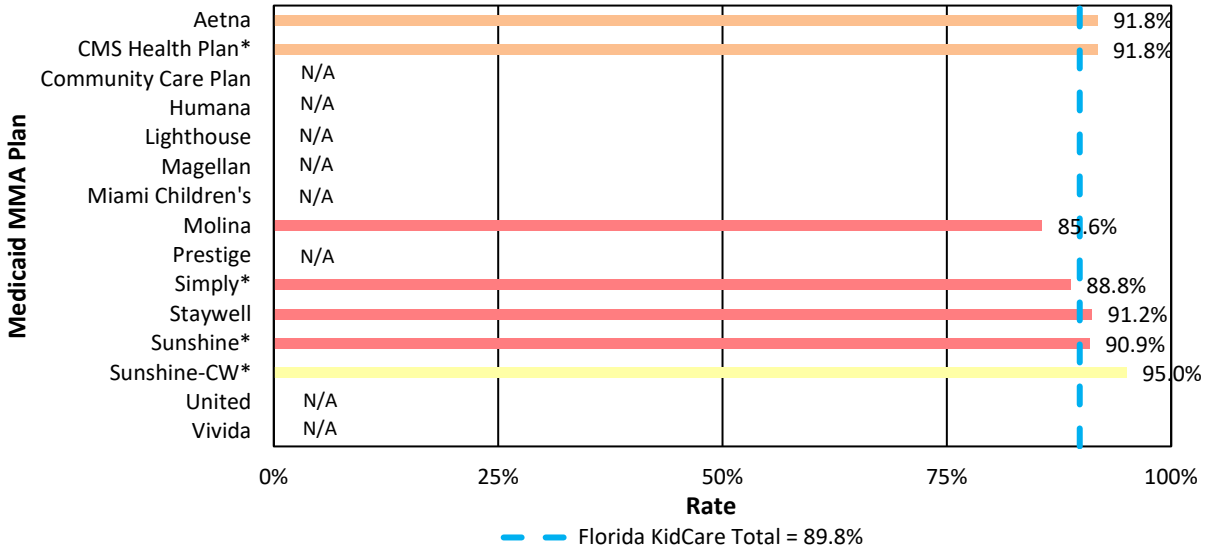
Note. This legend applies to **Figure 68** and **Figure 69**.

Figure 69. Getting Needed Care by Medicaid Plan, 2020 Survey



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

Figure 70. Getting Care Quickly by Medicaid Plan, 2020 Survey

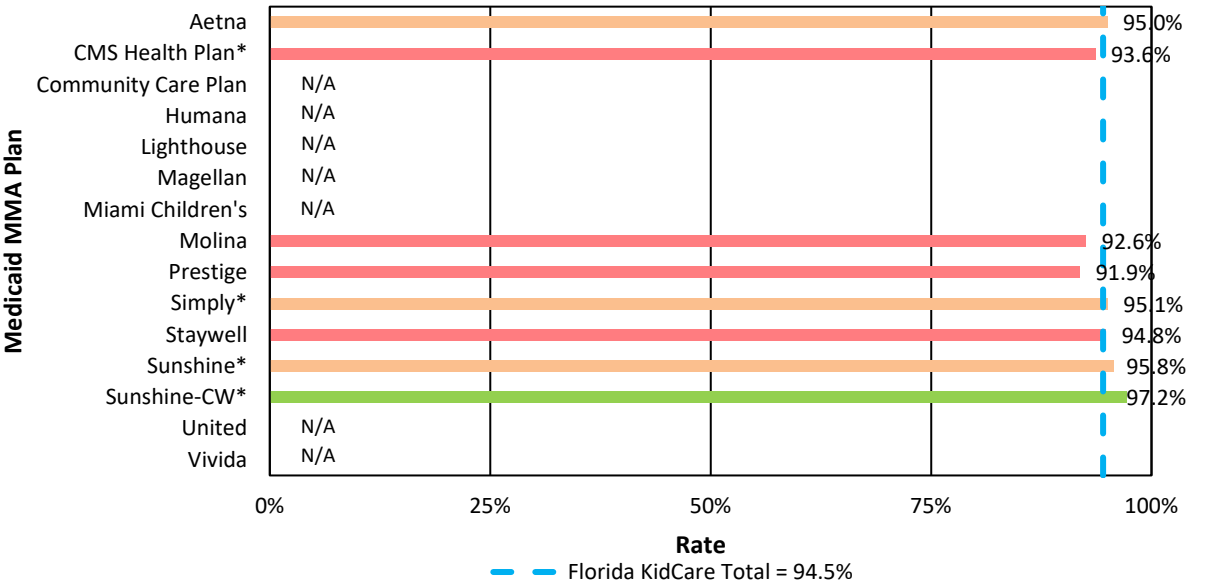


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.
*Included in the Medicaid MMA CCC total only.

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

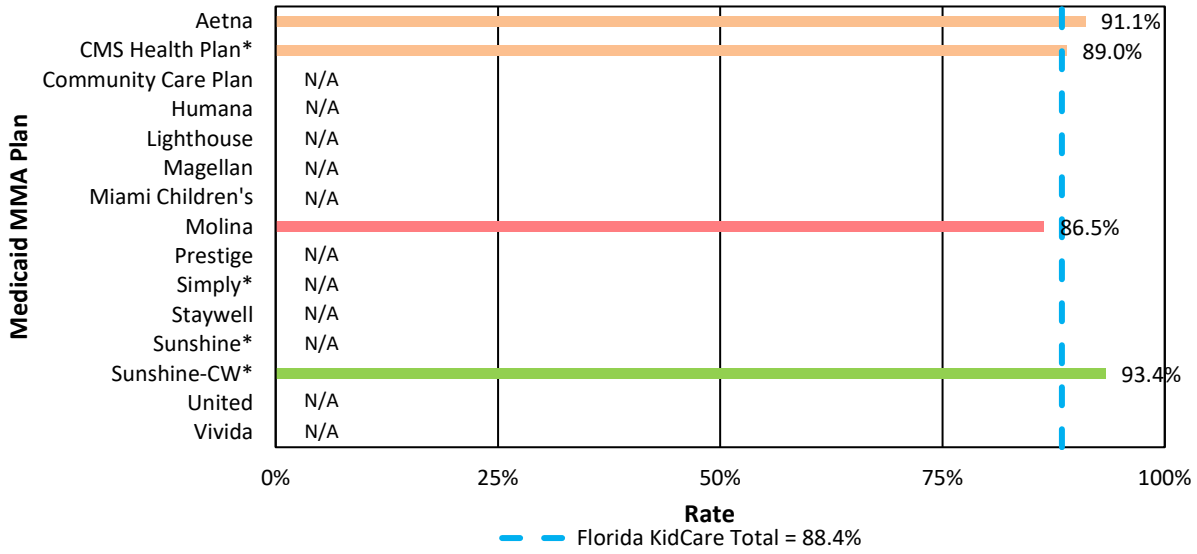
Note. This legend applies to **Figure 70** and **Figure 71**.

Figure 71. Doctor's Communication Skills by Medicaid Plan, 2020 Survey



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

Figure 72. Health Plan Customer Service by Medicaid Plan, 2020 Survey

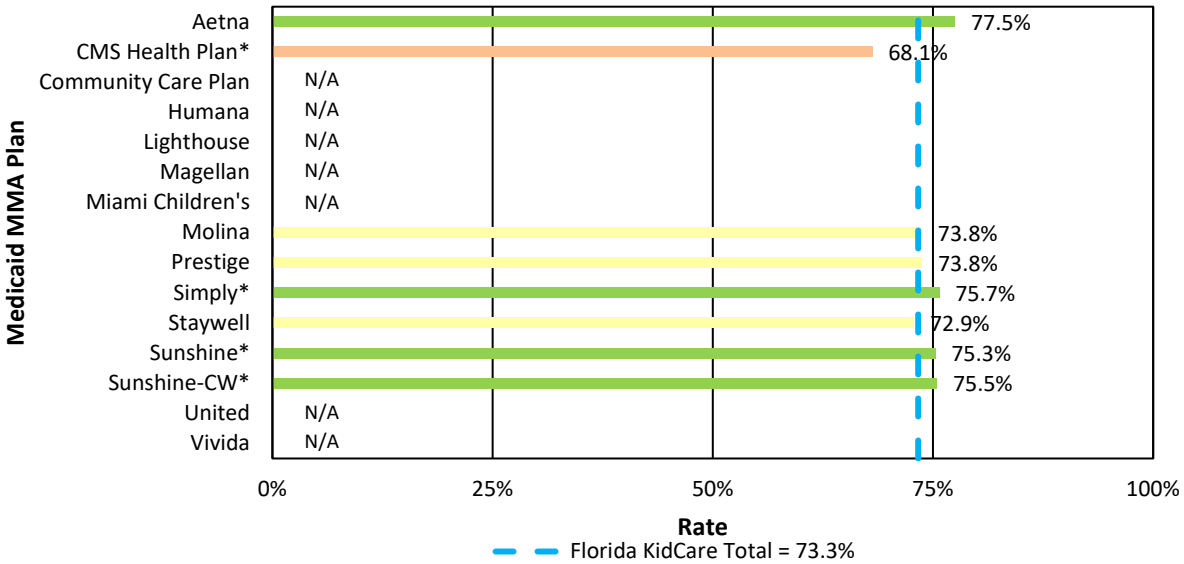


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.
*Included in the Medicaid MMA CCC total only.

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

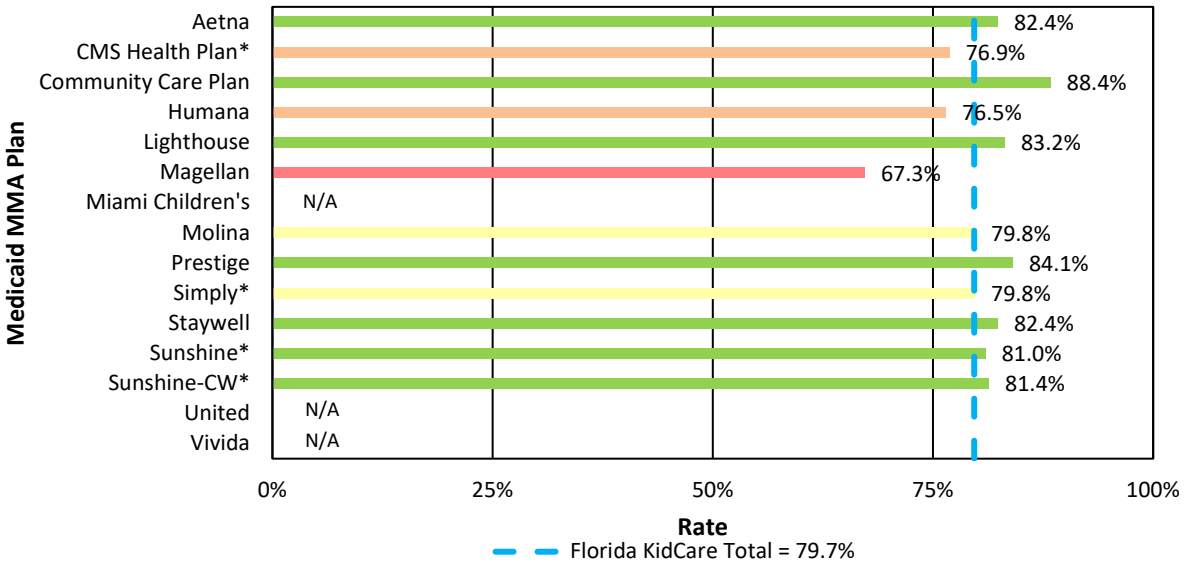
Note. This legend applies to **Figure 72** and **Figure 73**.

Figure 73. All Health Care Rating of "9" or "10" by Medicaid Plan, 2020 Survey



Note. Rates for plans with sample sizes of less than 100 are denoted by N/A.
*Included in the Medicaid MMA CCC total only.

Figure 74. Personal Doctor Rating of "9" or "10" by Medicaid Plan, 2020 Survey

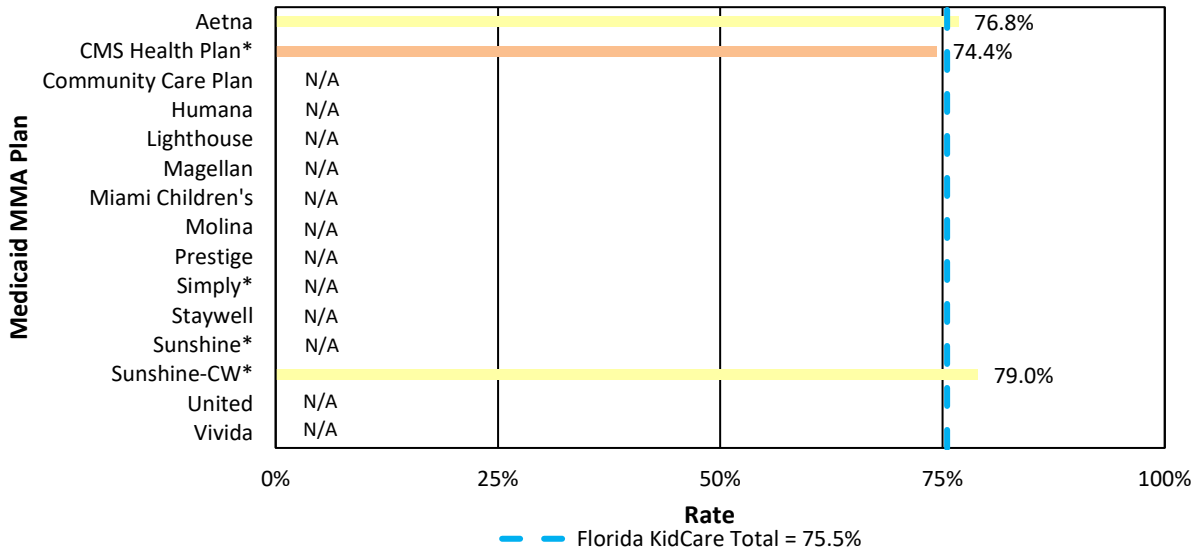


Note. Rates for plans with sample sizes of less than 100 are denoted by N/A.
*Included in the Medicaid MMA CCC total only.

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

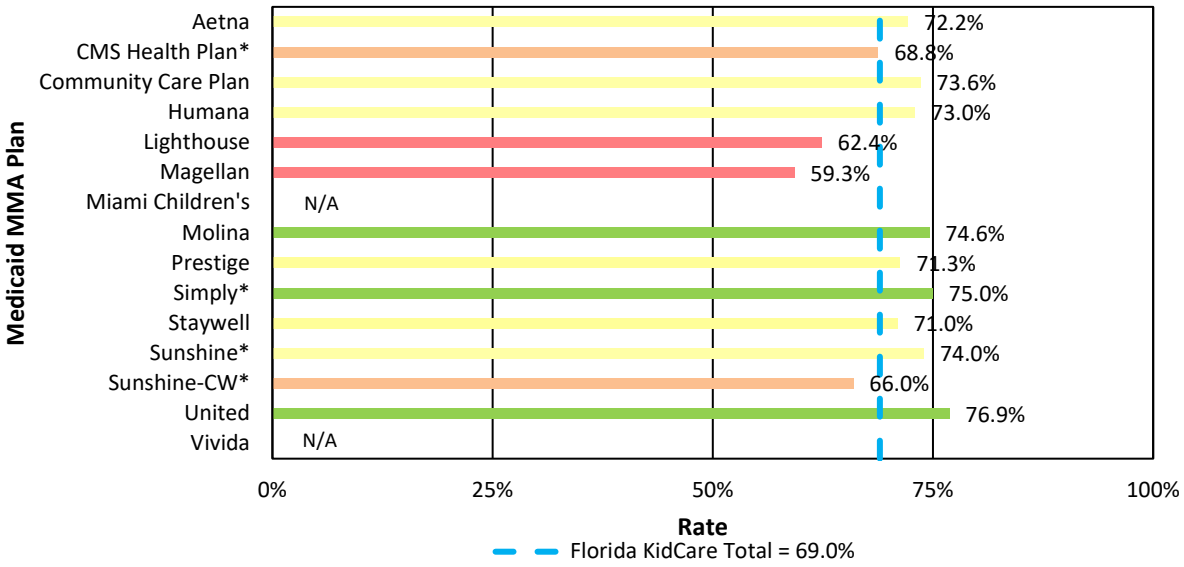
Note. This legend applies to **Figure 74** and **Figure 75**.

Figure 75. Specialist Rating of "9" or "10" by Medicaid Plan, 2020 Survey



Note. Rates for plans with sample sizes of less than 100 are denoted by N/A.
*Included in the Medicaid MMA CCC total only.

Figure 76. Health Plan Rating of "9" or "10" by Medicaid Plan, 2020 Survey

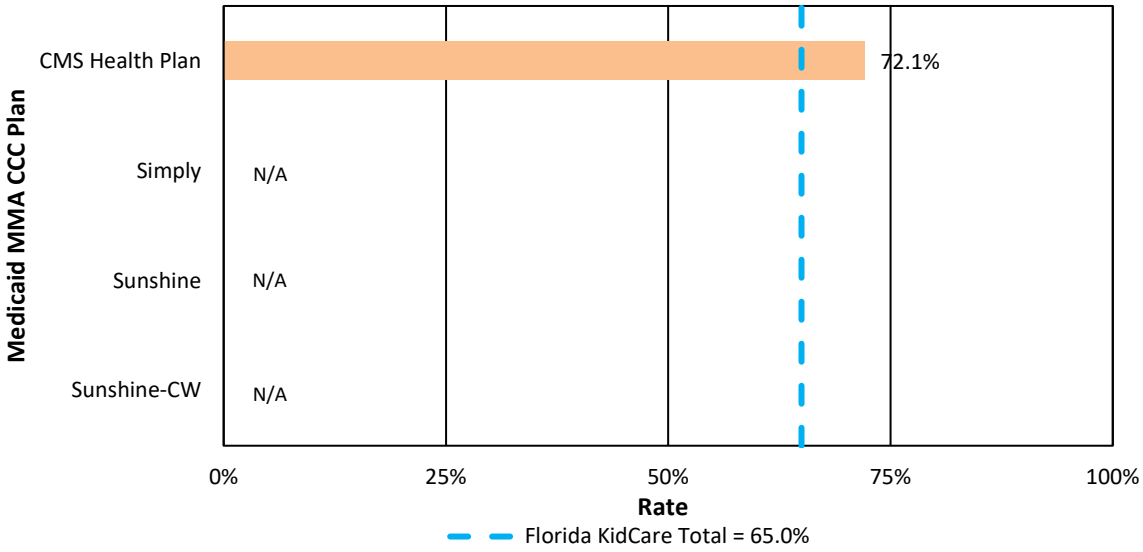


Note. Rates for plans with sample sizes of less than 100 are denoted by N/A.
*Included in the Medicaid MMA CCC total only.

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

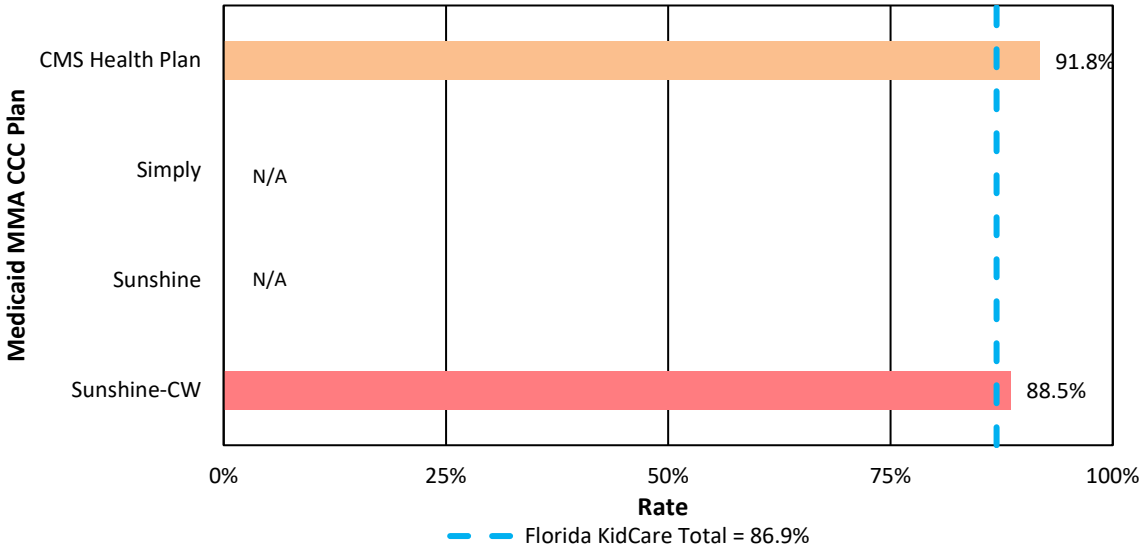
Note. This legend applies to **Figure 76** and **Figure 77**.

Figure 77. Access to Specialized Services by Medicaid MMA CCC Plan, 2020 Survey



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

Figure 78. Personal Doctor Who Knows Child by Medicaid MMA CCC Plan, 2020 Survey

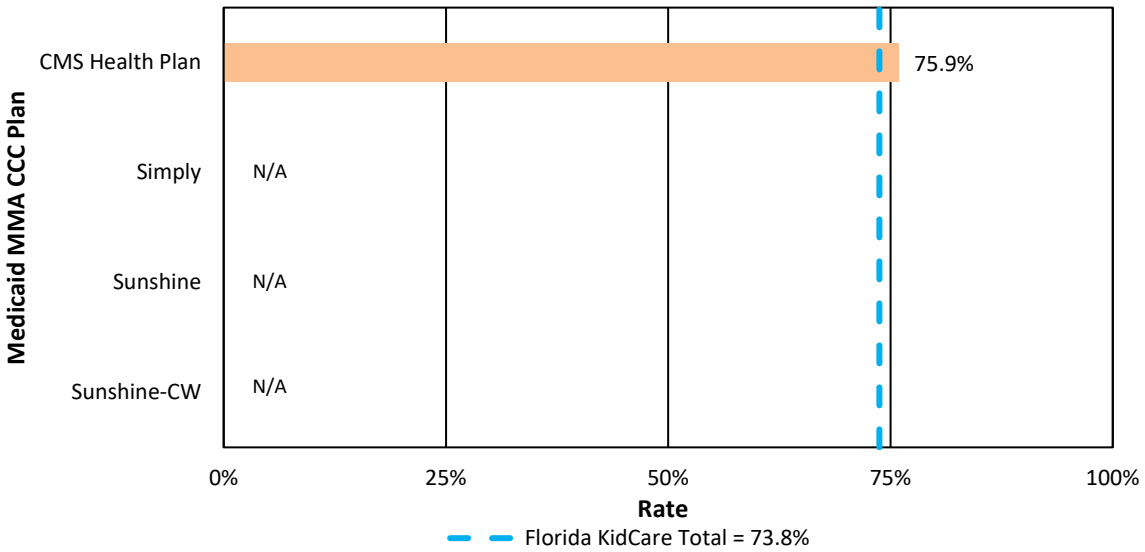


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

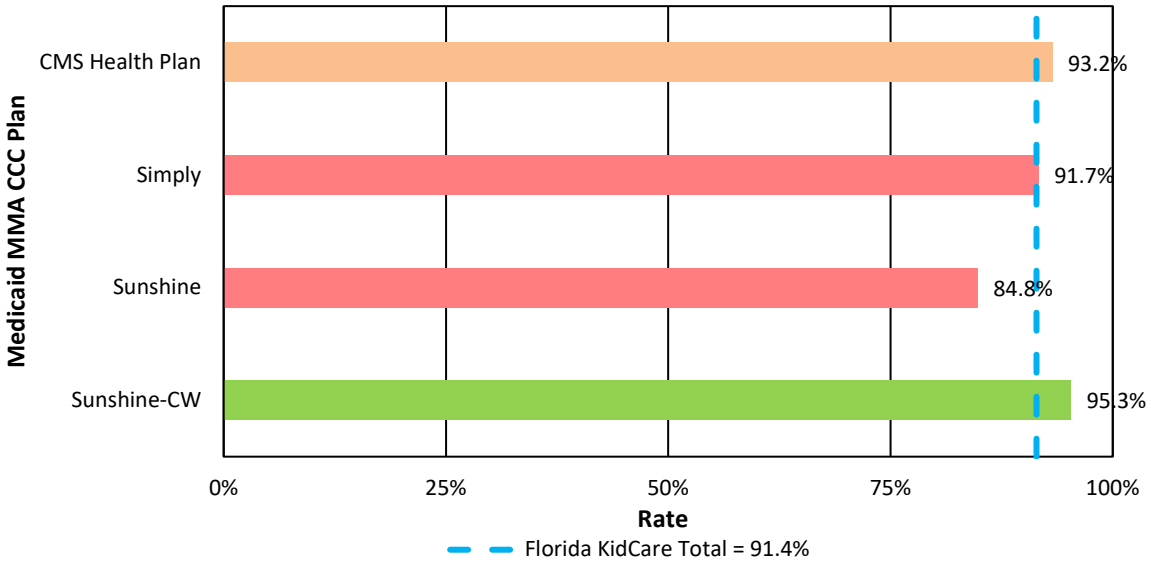
Note. This legend applies to **Figure 78** and **Figure 79**.

Figure 79. Coordination of Care by Medicaid MMA CCC Plan, 2020 Survey



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

Figure 80. Getting Needed Information by Medicaid MMA CCC Plan, 2020 Survey

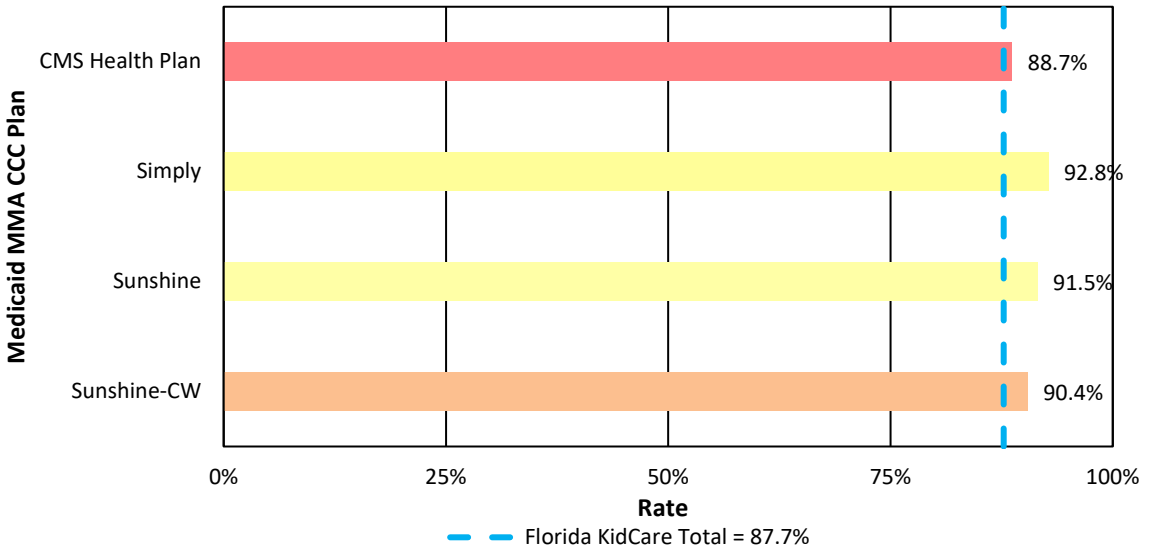


Note. Rates for plans with sample sizes of less than 100 are denoted by N/A.

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

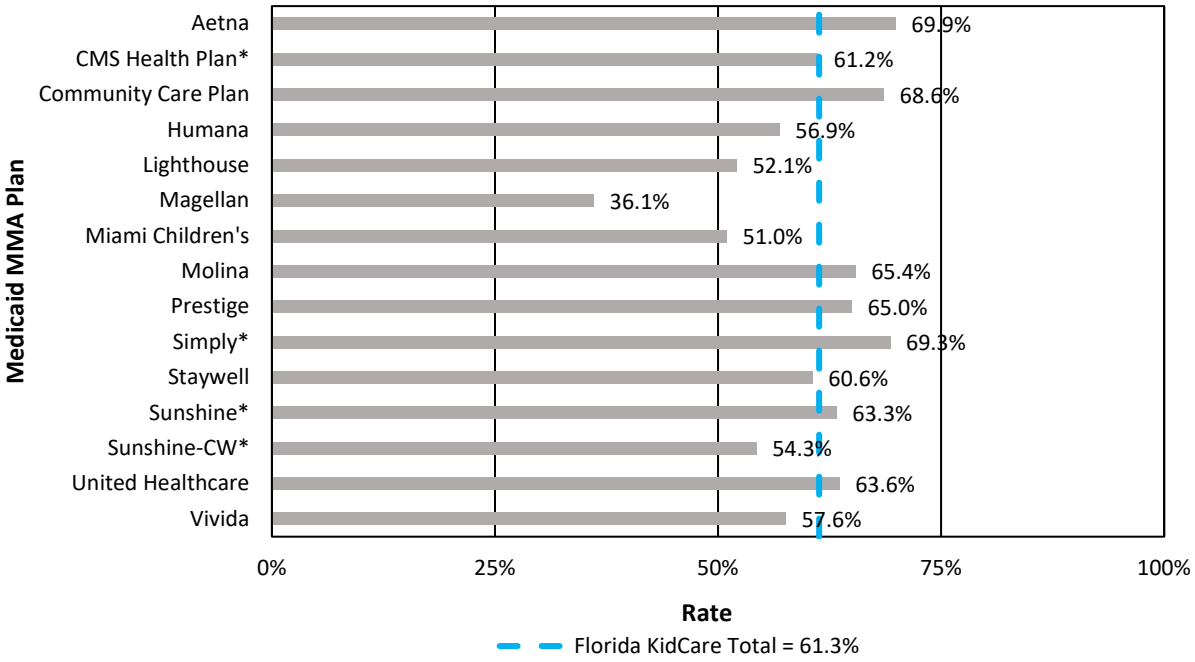
Note. This legend applies to **Figure 80** and **Figure 81**.

Figure 81. Access to Prescription Medicines by Medicaid MMA CCC Plan, 2020 Survey



Note. Rates for plans with sample sizes of less than 100 are denoted by N/A.

Figure 82. Number of Doctors to Choose from by Medicaid Plan, 2020 Survey



*Included in the Medicaid MMA CCC total only.

Note that in the above chart, Lighthouse, Miami Children's, United, and Vivida each had fewer than 100 respondents, but as this question was not an NCQA question, the data for these plans are presented here alongside the other plans.

Quality of Care

Methodology

Enrollment files, which are used to determine compliance through administrative methodology, contain member demographics and duration of enrollment. Conversely, the claims and encounter data contain medical coding information about the services rendered, which is a necessary component of the billing process. Claims and encounters data used in performance measure calculations can include Current Procedural or Dental Terminology codes, International Classification of Diseases codes, place of service codes, or provider taxonomy. The pharmacy data contain information about filled prescriptions, including the drug name, dose, date filled, and refill information.

Following the determination of eligible members, those meeting exclusion criteria as listed in the measure specifications are removed from the eligible population. For administration measures, this eligible population is the denominator for rate calculations or, when using hybrid methodology, the random sample for medical record review is generated from the eligible population. In both types of methodology, the numerator is the number of eligible members meeting measure criteria through either the claims and encounters data or the medical record review process.

A medical record review can be helpful for finding data not included in administrative data sources. For example, health care providers may not bill for calculating a patient's BMI, as it can be included in an all-encompassing well-visit. The medical code for this service may not be submitted to the patient's health plan even though the action was performed and the code for a well-visit was submitted. Reviewing the patient's medical record might show a height-weight chart where BMI was plotted or else a notation of the BMI calculation in the provider notes—neither of which would be discovered through use of claims and encounters data alone.

NCQA-certified software is used to calculate hybrid measures according to HEDIS or Child Core Set specifications. After processing administrative (claims and encounters) data for a given hybrid measure, the software is used to identify a random selection of 411 members for inclusion in the hybrid sample. The software utilizes an algorithm to identify which providers or practices should be pursued (or chased) for members in the sample based on either an assigned PCP or providers seen by the patient during the measurement year as determined through claims and encounters data. Some members have multiple chases available, while others have none. For members with no available chases, the member remains non-compliant for the given measure and is considered to only be part of the denominator for the calculation of that rate. Records are reviewed for compliance with the measure and, if compliant, are included in the numerator for that measure rate. Reviewing organizations are typically health plans which conduct onsite medical record reviews as part of their performance measure calculations.

The data collection process used by ICHP for medical record review consists of mailing or securely faxing the record request packets with options for providers to send the requested records back by either a secure fax or through a pre-paid FedEx return. Some facilities have adopted an electronic-only process for medical record reviews, and ICHP is working to adapt to these provider preferences as possible. Non-responsive chases are contacted by telephone follow up and may receive a secure fax resubmission of the record request to ensure a timely turnaround. Following receipt of a medical record, a reviewer performs data entry using the software and a second reviewer verifies the accuracy of the information. A third reviewer helps to resolve any discrepancies between reviewers and performs a weekly overread of records to ensure ongoing accuracy. At the end of the medical record review process, the results are audited for accuracy by an NCQA-certified auditing firm.

NCQA-certified auditing firms are also used to perform a HEDIS Compliance Audit. This audit includes a thorough review of processes for enrollment, claims, data processing, management, and encounter data intake as well as processes specifically related to calculating the measures. While this compliance audit does focus on HEDIS measures, the audit can also review the Child Core Set or Agency-defined measures alongside their specifications to ensure that all processes are compliant.

Rates are considered not applicable when the measure denominator is less than 30 or less than 360 for utilization measures where member months are calculated. In some instances, the plan or program component total was below the small denominator threshold but when added to other plans or program components, resulted in a reportable number beyond the threshold. In some instances, a measure does not apply to the program component 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.

Supplemental Data

An advantage of using a supplemental data source is the opportunity to use cost-effective electronic health data. 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. For mothers in Medicaid or CHIP, birth certificate information was 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.

To determine compliance for immunization measures through Florida SHOTS, a list of eligible members was submitted to DOH. Once compliance was determined, the list of members was returned to ICHP and loaded into NCQA-certified software. Members who were compliant were marked as compliant through supplemental data and factored into the numerator for the applicable immunization measure.

Plan-Submitted Data

The 17 Medicaid MMA plans that calculated performance measures, with specialty plan population noted, were Aetna, Clear Health Alliance (serving those with HIV/AIDS), Children's Medical Services Health Plan (CMS Health Plan, serving children with chronic conditions), Community Care Plan, Humana, Lighthouse Health Plan, Magellan Complete Care (serving children with serious mental illnesses), Miami Children's Health Plan, Molina Healthcare, Prestige Health Choice, Simply, Staywell, Staywell- Serious Mental Illness (serving children with serious mental illnesses), Sunshine Health Plan, Sunshine Health Plan- Child Welfare (CW, serving children in the child welfare system), United Healthcare, and Vivida Health.

Florida Healthy Kids performance measure data were from all five medical plans (Aetna, Simply, Sunshine Health Plan, United Healthcare, and Staywell Kids). Data for the Florida Healthy Kids Sunshine plan are not factored into the Florida Healthy Kids program component but are presented in figures alongside other plans for context.

The Medicaid MMA plans and Florida Healthy Kids plans submitted their data to AHCA or Florida Healthy Kids Corporation, respectively. The data were then shared with ICHP for analysis and inclusion in this report.

Plan-Level Data

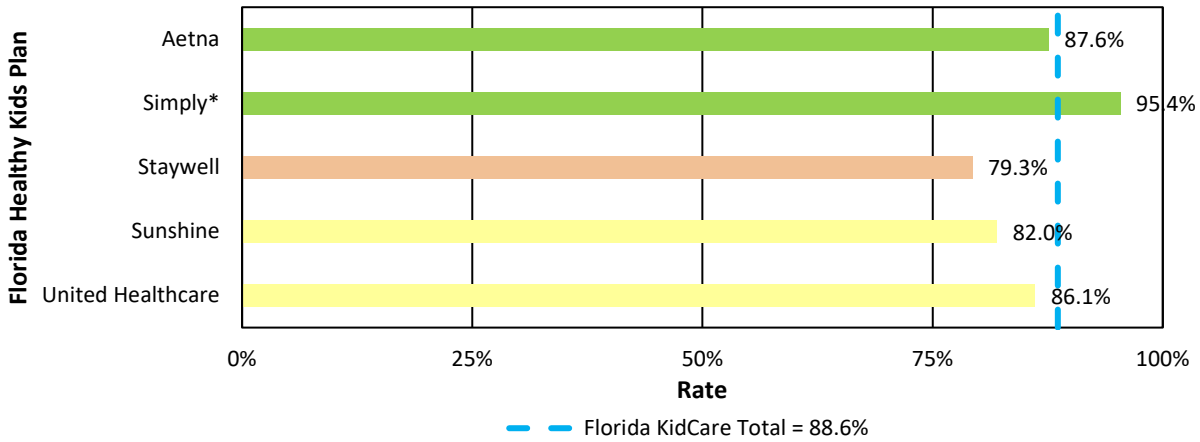
Figure 83. Medicaid MMA Plan Results for WCC: Ages 3-17- BMI Assessment, CY 2019

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. * Calculated with CY 2018 hybrid data.

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

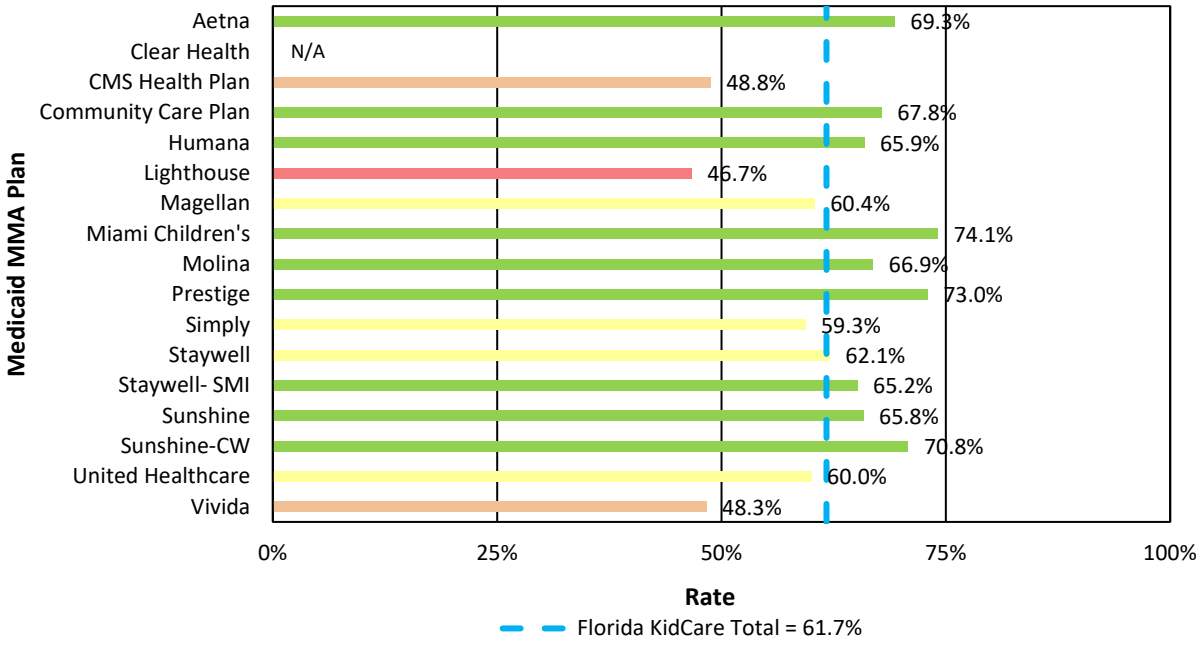
Note. This legend applies to **Figure 83** and **Figure 84**.

Figure 84. Florida Healthy Kids Plan Results for WCC: Ages 3-17- BMI Assessment, CY 2019



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. *Calculated with CY 2018 hybrid data.

Figure 85. Medicaid MMA Plan Results for CHL Ages 16-20, CY 2019

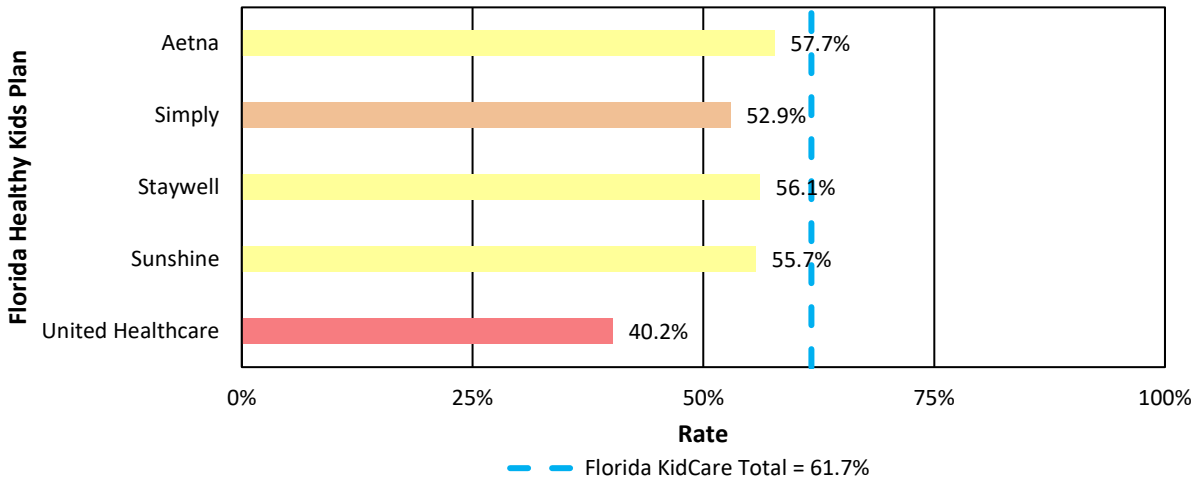


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

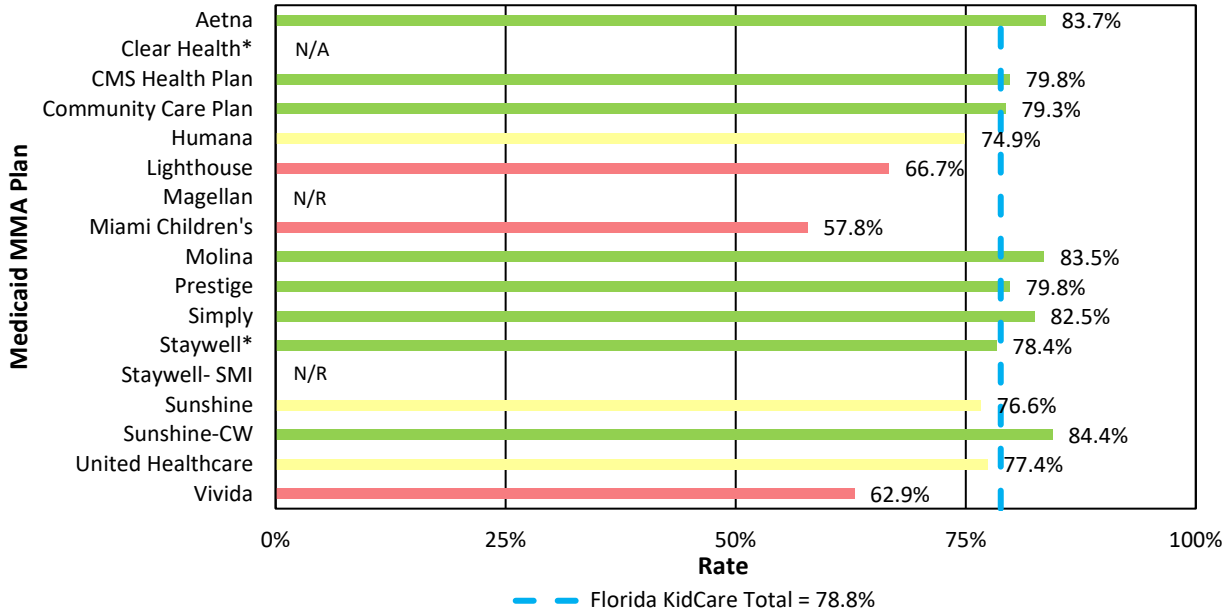
Note. This legend applies to **Figure 85** and **Figure 86.**

Figure 86. Florida Healthy Kids Plan Results for CHL Ages 16-20, CY 2019



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. Medicaid MMA Plan Results for CIS: Combination 2, CY 2019

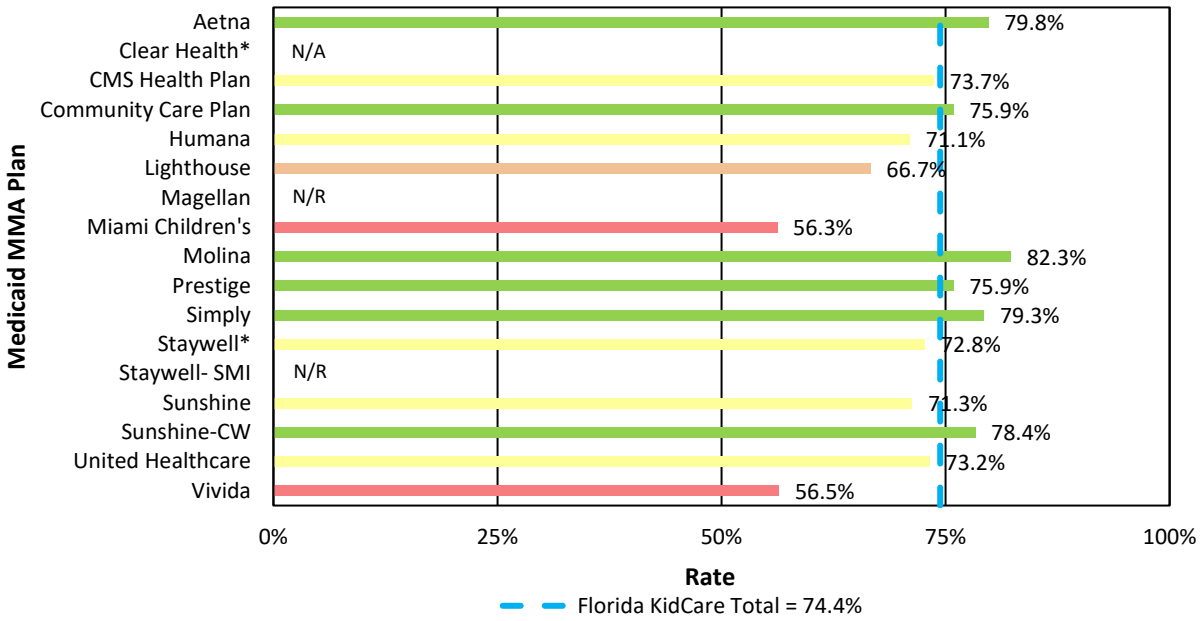


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. *Calculated with CY 2018 hybrid data.

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

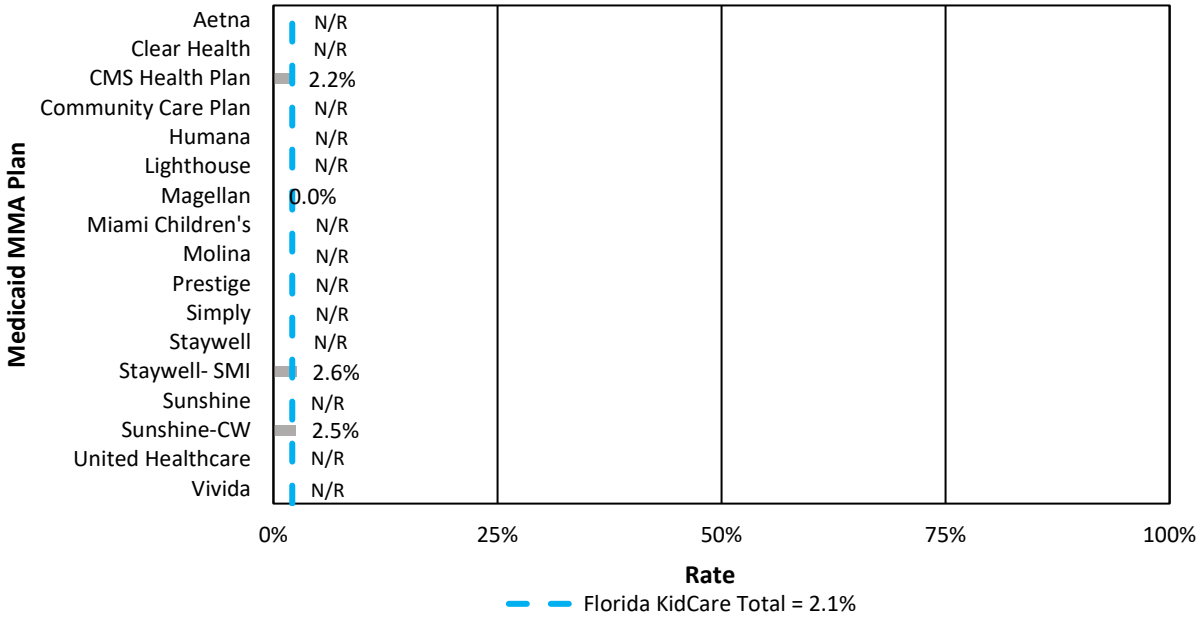
Note. This legend applies to **Figure 87** and **Figure 88**.

Figure 88. Medicaid MMA Plan Results for CIS: Combination 3, CY 2019



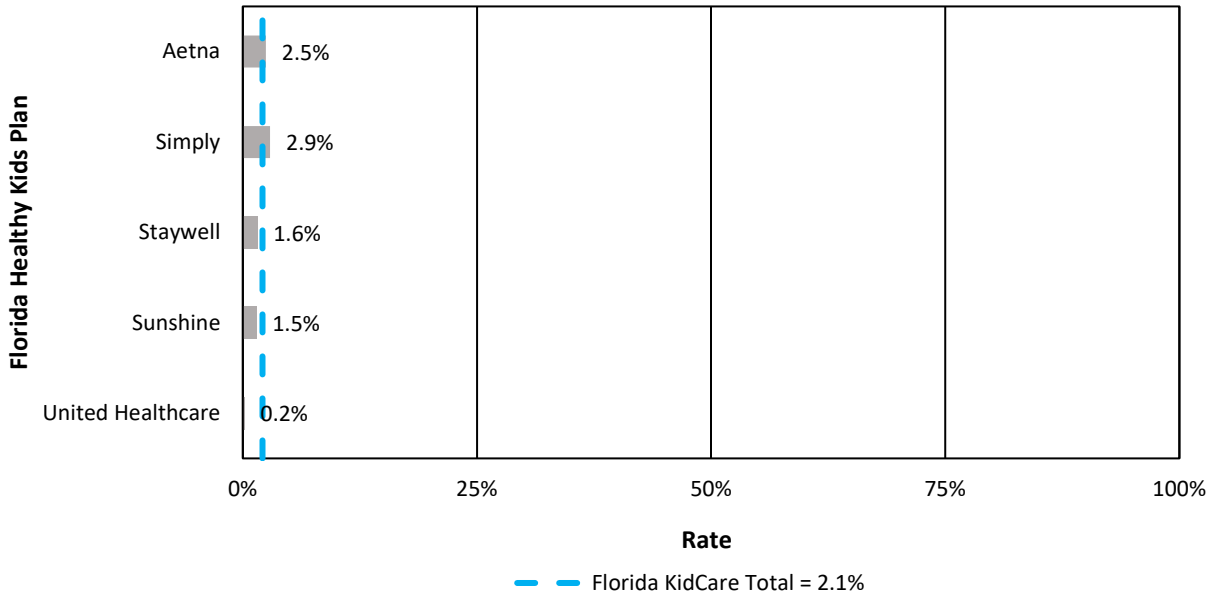
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. *Calculated with CY 2018 hybrid data.

Figure 89. Medicaid MMA Plan Results for CDF, CY 2019



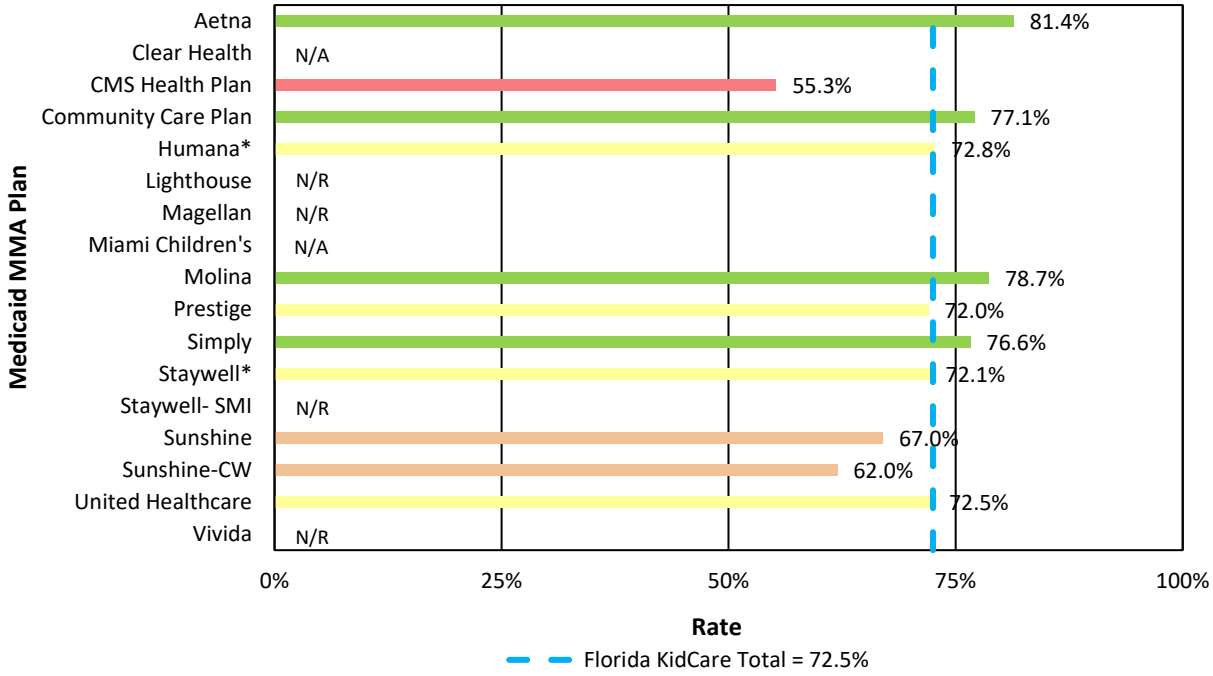
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 90. Florida Healthy Kids Plan Results for CDF, CY 2019



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. Medicaid MMA Plan Results for W15: Six or More Visits, CY 2019



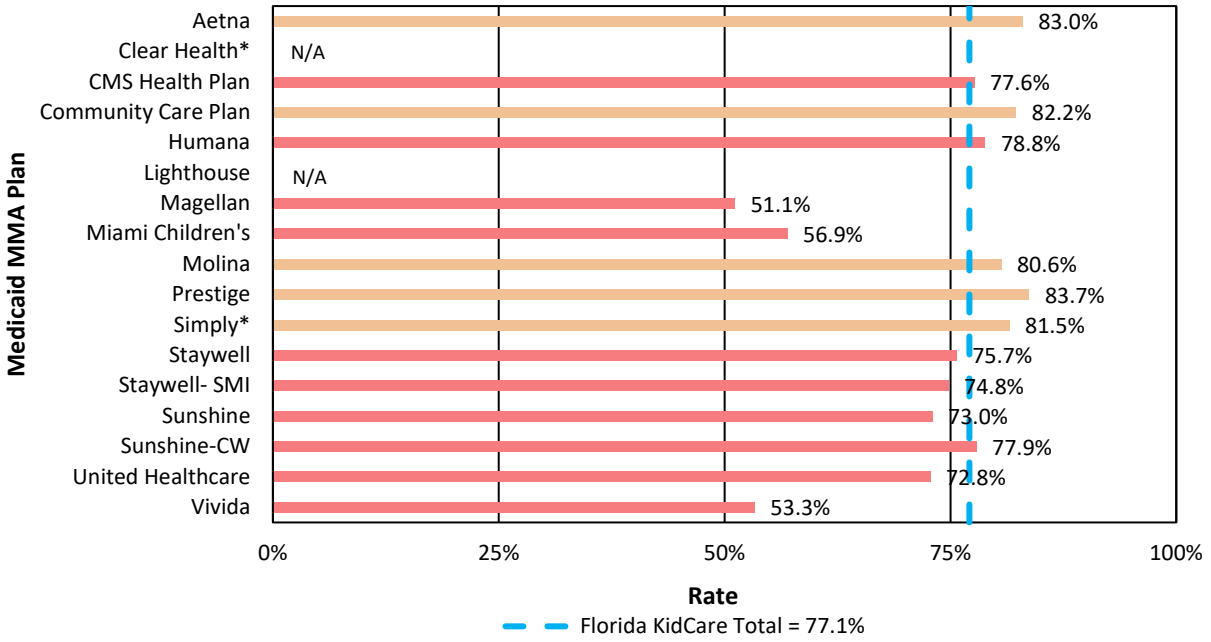
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. *Calculated with CY 2018 hybrid data.

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

Note. This legend applies to **Figure 91.**

As the W15 measure does not apply to the Florida Healthy Kids program component, the rest of this page has been left intentionally blank.

Figure 92. Medicaid MMA Plan Results for IMA: Meningococcal Immunizations, CY 2019

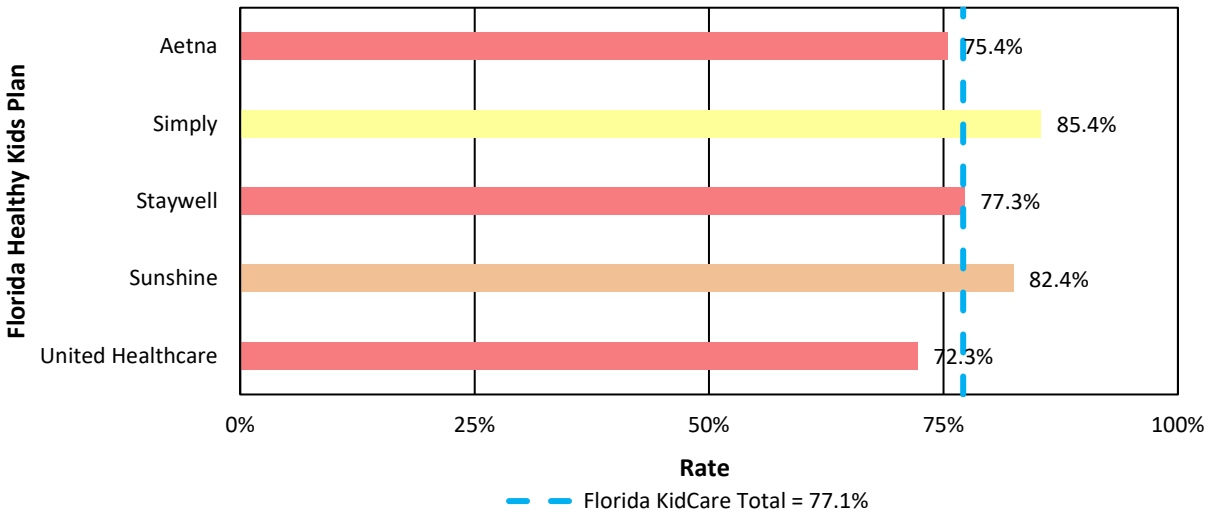


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. *Calculated with CY 2018 hybrid data.

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

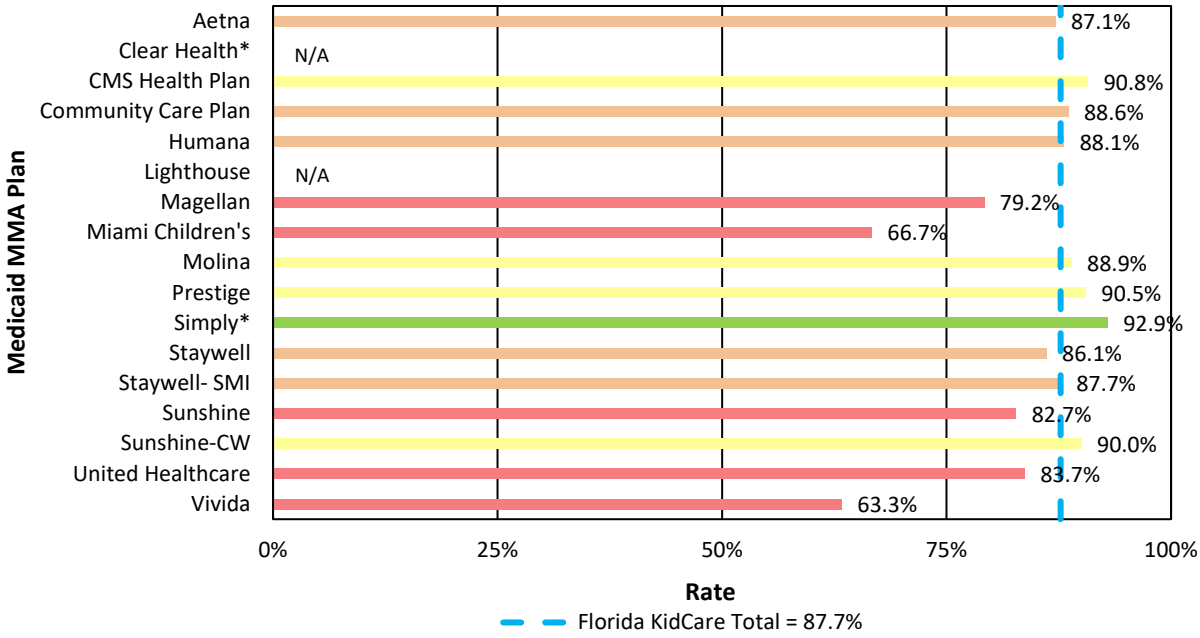
Note. This legend applies to **Figure 92** and **Figure 93**.

Figure 93. Florida Healthy Kids Plan Results for IMA: Meningococcal Immunizations, CY 2019



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. Medicaid MMA Plan Results for IMA: Tdap Immunizations, CY 2019

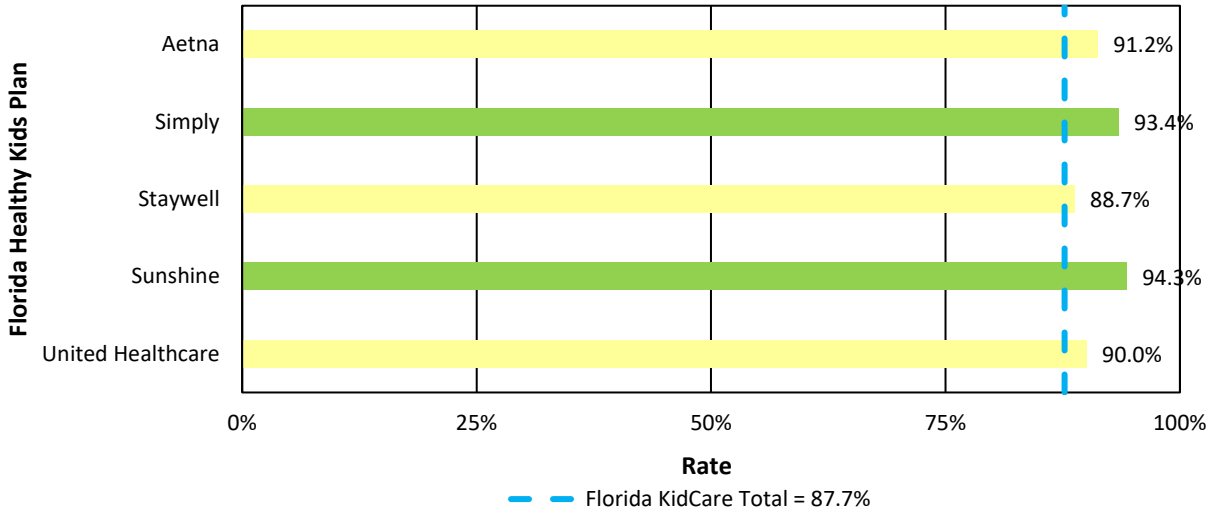


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. *Calculated with CY 2018 hybrid data.

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

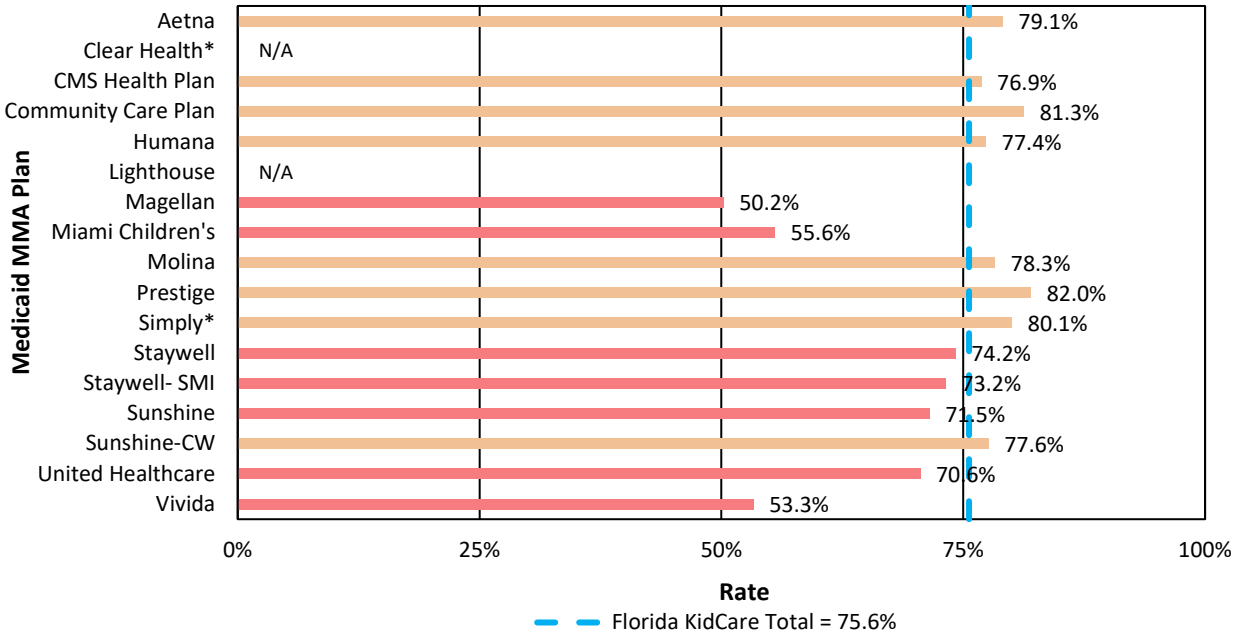
Note. This legend applies to **Figure 94** and **Figure 95**.

Figure 95. Florida Healthy Kids Plan Results for IMA: Tdap Immunizations, CY 2019



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: Combination 1 Immunizations, CY 2019

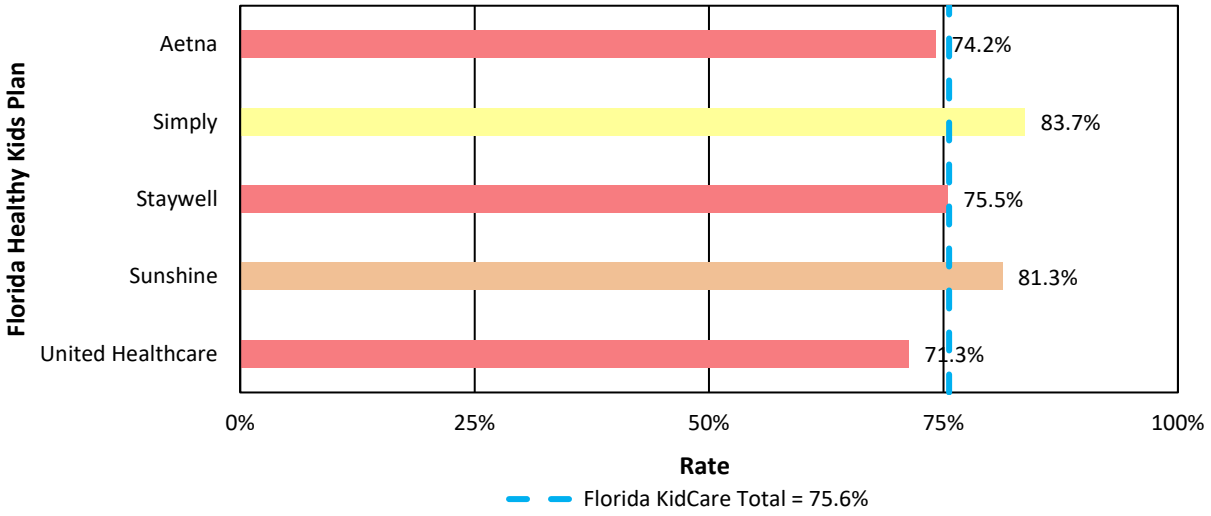


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. *Calculated with CY 2018 hybrid data.

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

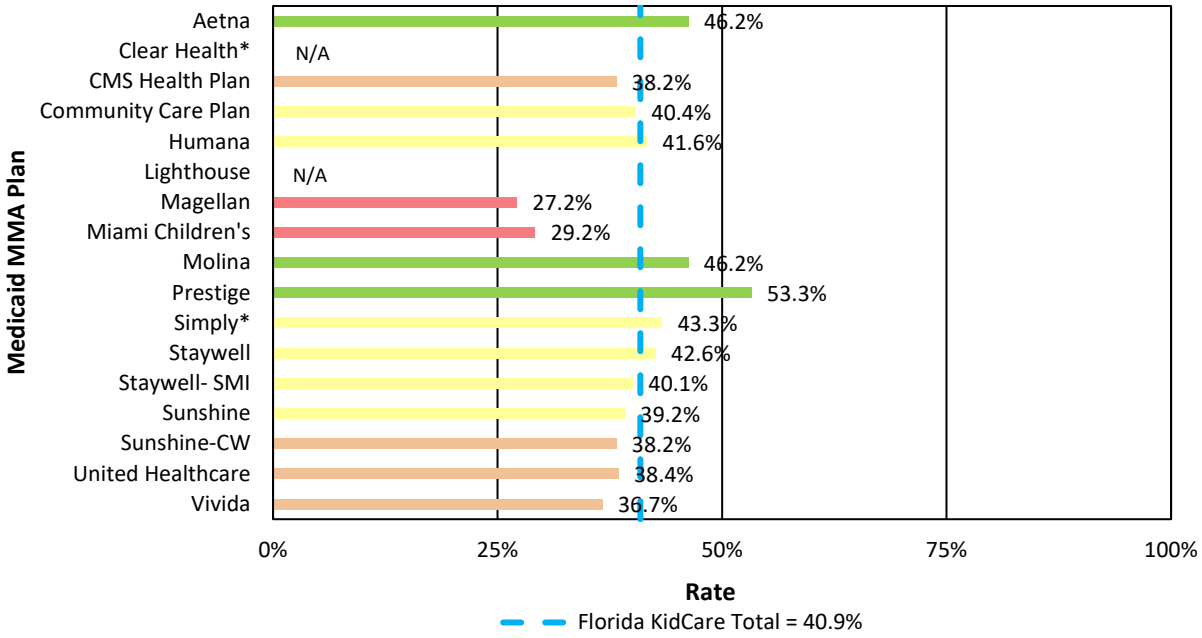
Note. This legend applies to **Figure 96** and **Figure 97**.

Figure 97. Florida Healthy Kids Plan Results for IMA: Combination 1 Immunizations, CY 2019



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. Medicaid MMA Plan Results for IMA: HPV Immunizations, CY 2019

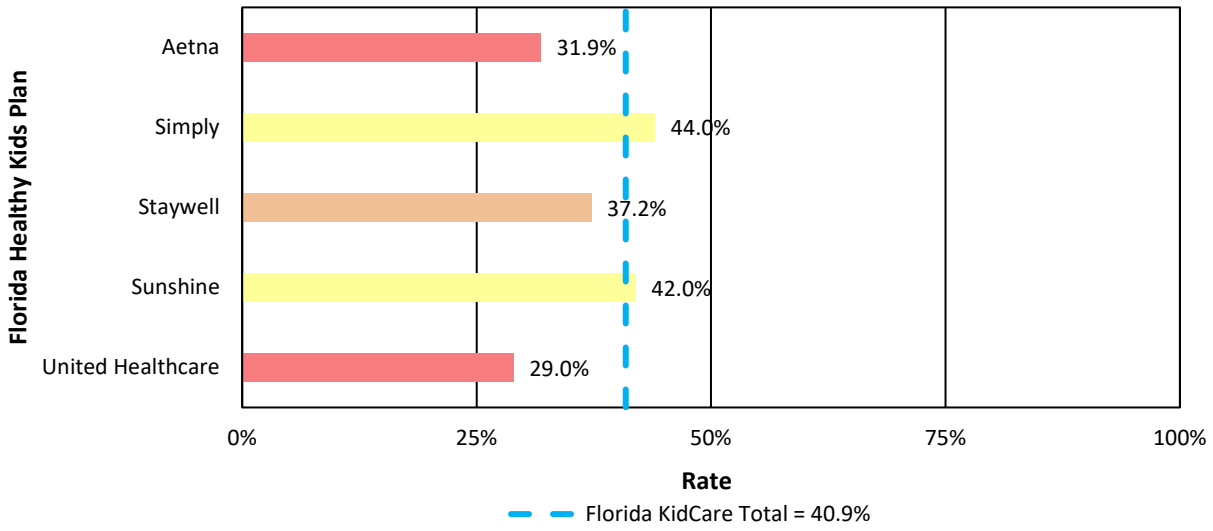


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. *Calculated with CY 2018 hybrid data.

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

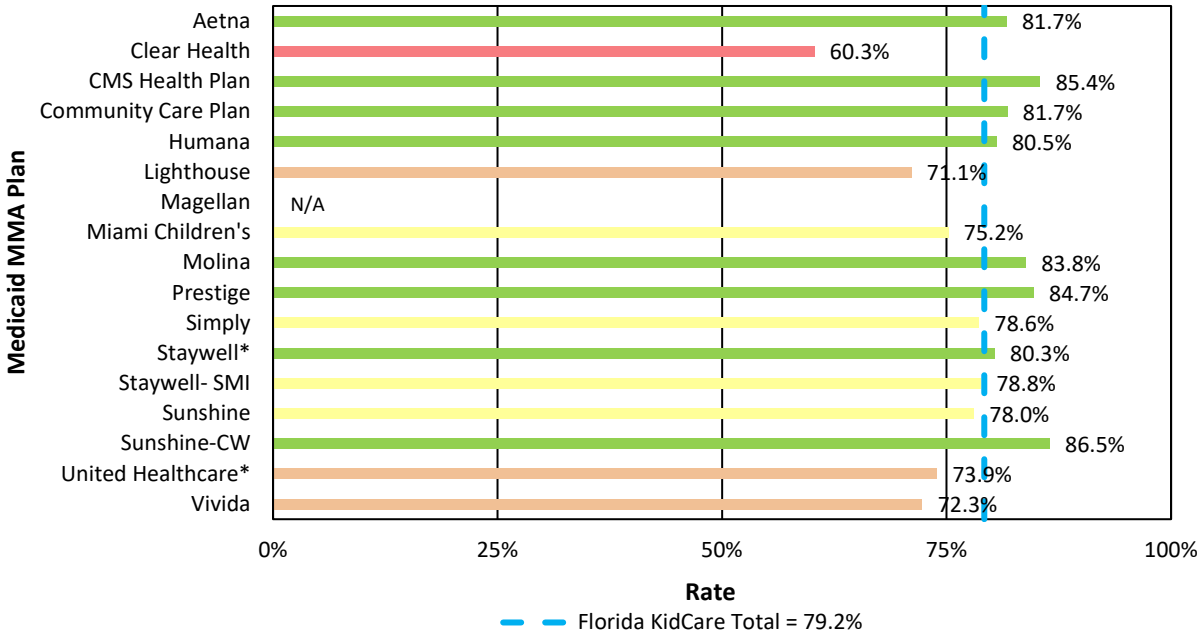
Note. This legend applies to **Figure 98** and **Figure 99**.

Figure 99. Florida Healthy Kids Plan Results for IMA: HPV Immunizations, CY 2019



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. Medicaid MMA Plan Results for W34, CY 2019

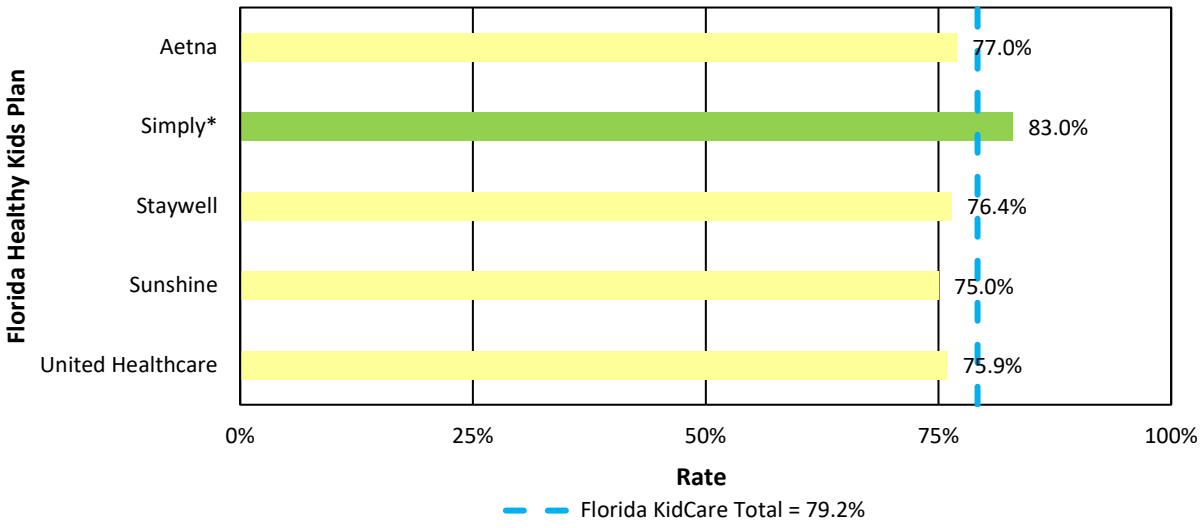


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. *Calculated with CY 2018 hybrid data.

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

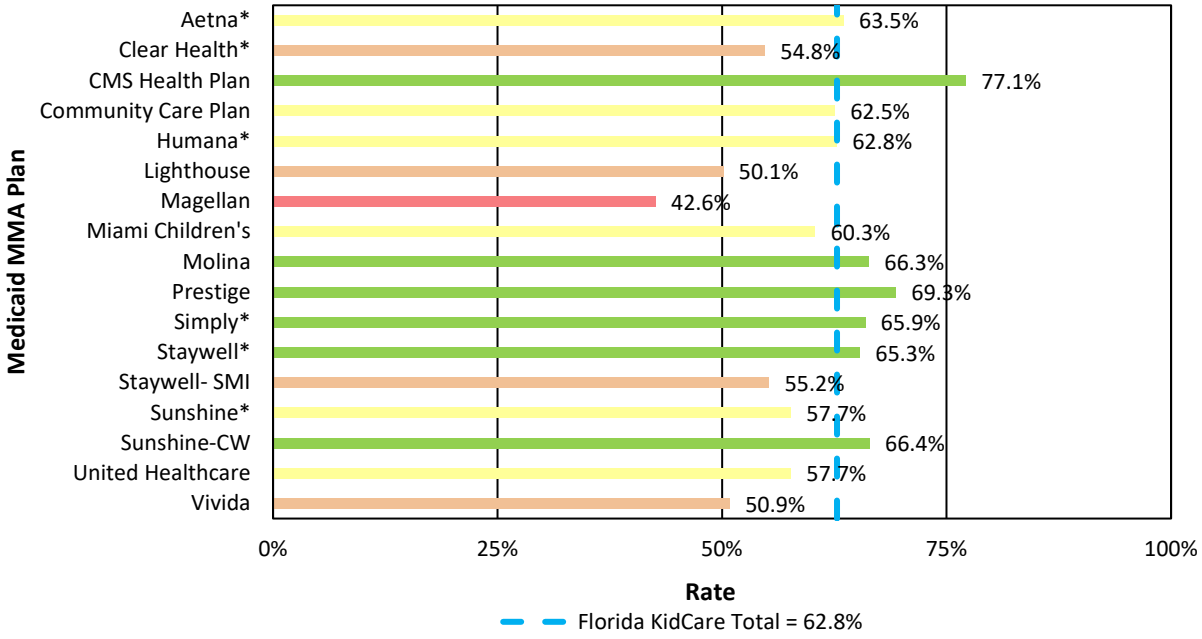
Note. This legend applies to **Figure 100** and **Figure 101**.

Figure 101. Florida Healthy Kids Plan Results for W34, CY 2019



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. *Calculated with CY 2018 hybrid data.

Figure 102. Medicaid MMA Plan Results for AWC, CY 2019

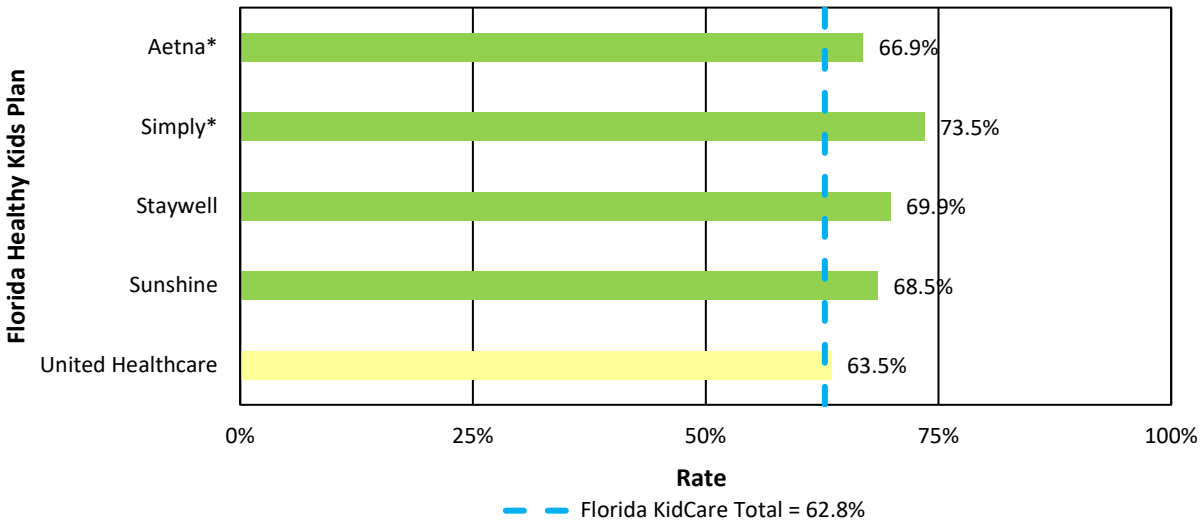


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. *Calculated with CY 2018 hybrid data.

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

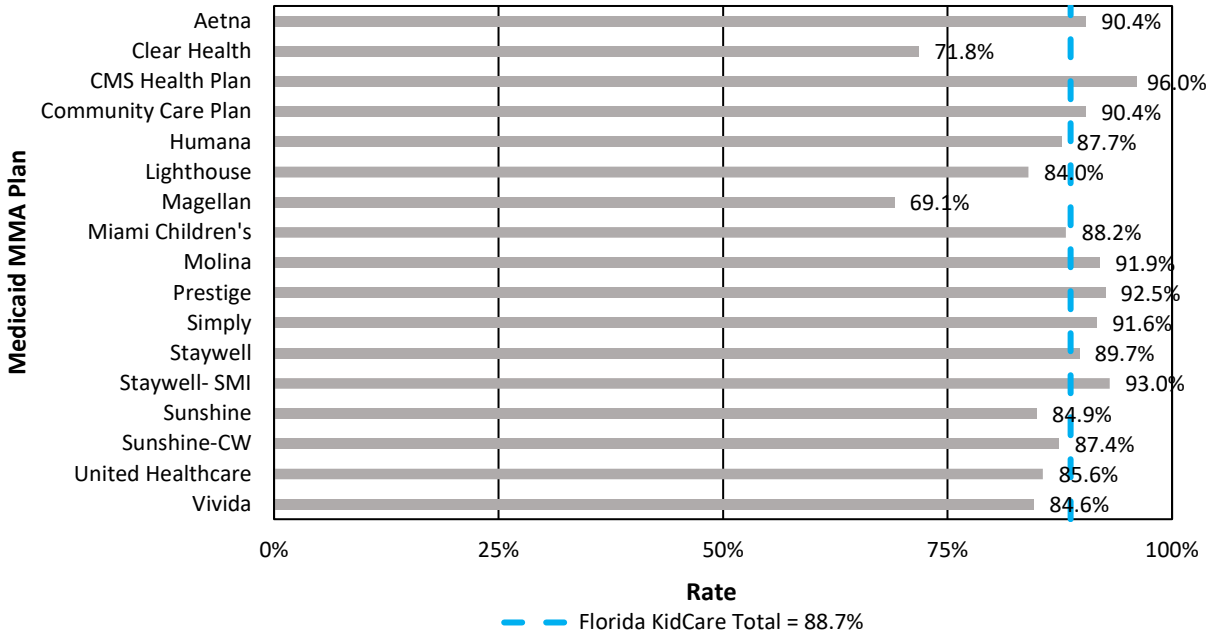
Note. This legend applies to **Figure 102** and **Figure 103**.

Figure 103. Florida Healthy Kids Plan Results for AWC, CY 2019



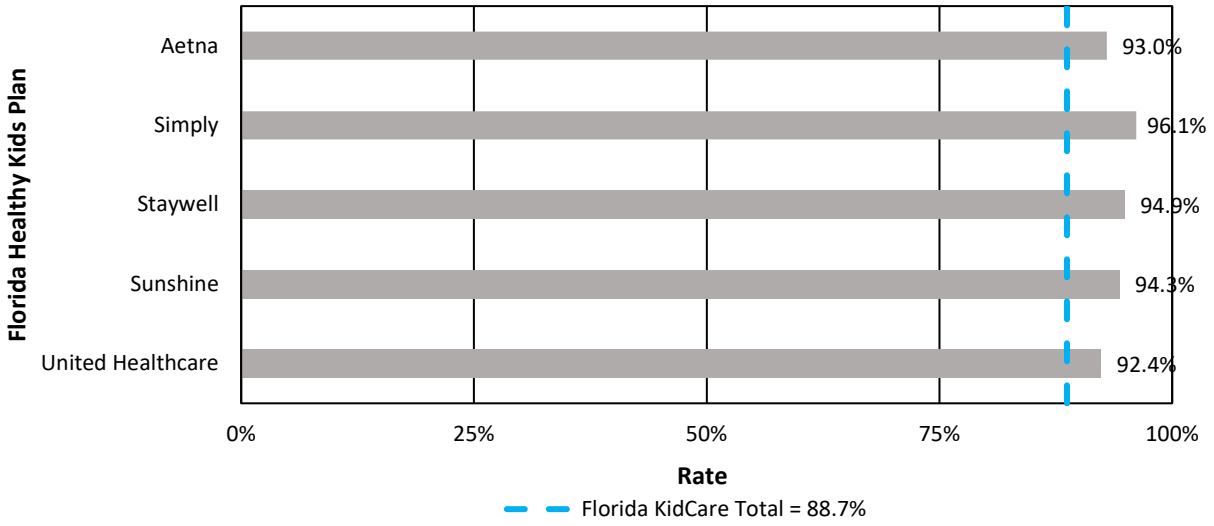
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. *Calculated with CY 2018 hybrid data.

Figure 104. Medicaid MMA Plan Results for CAP: All Ages, CY 2019



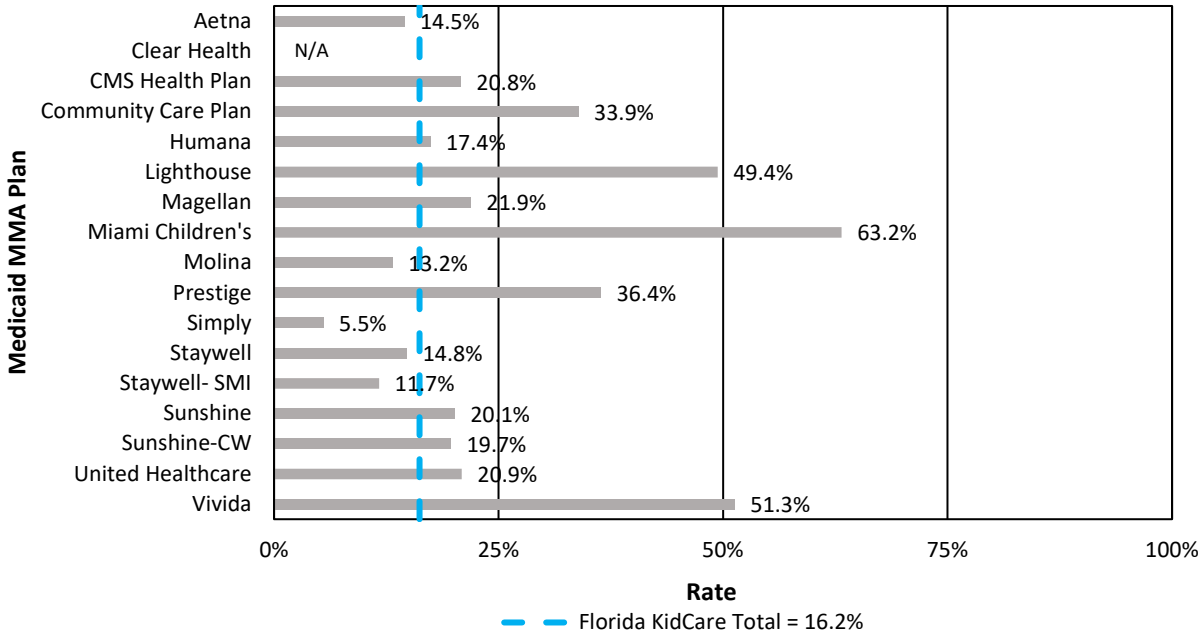
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 105. Florida Healthy Kids Plan Results for CAP: All Ages, CY 2019



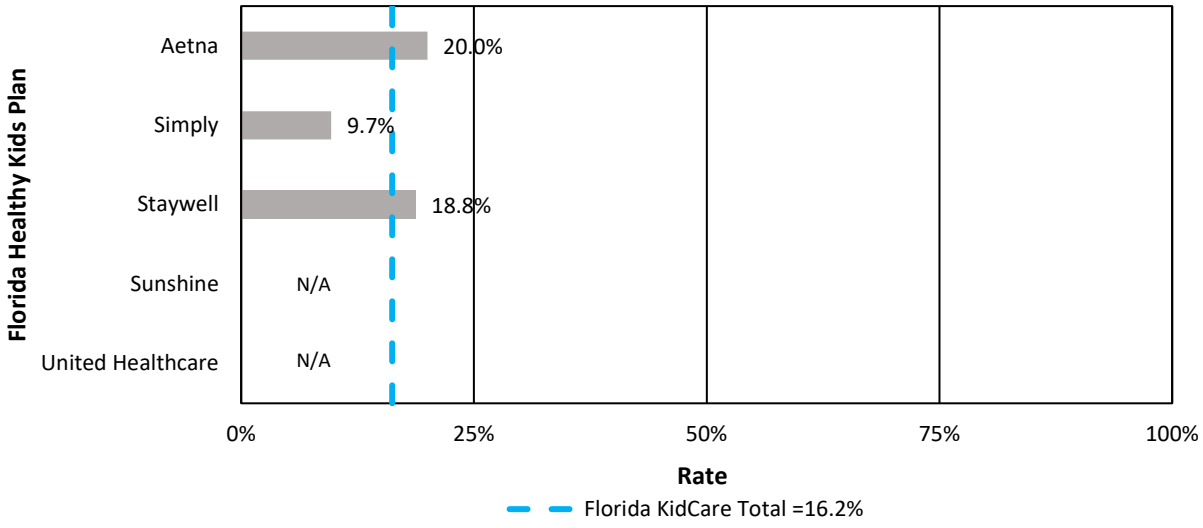
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 106. Medicaid MMA Plan Results for PC-02, CY 2019



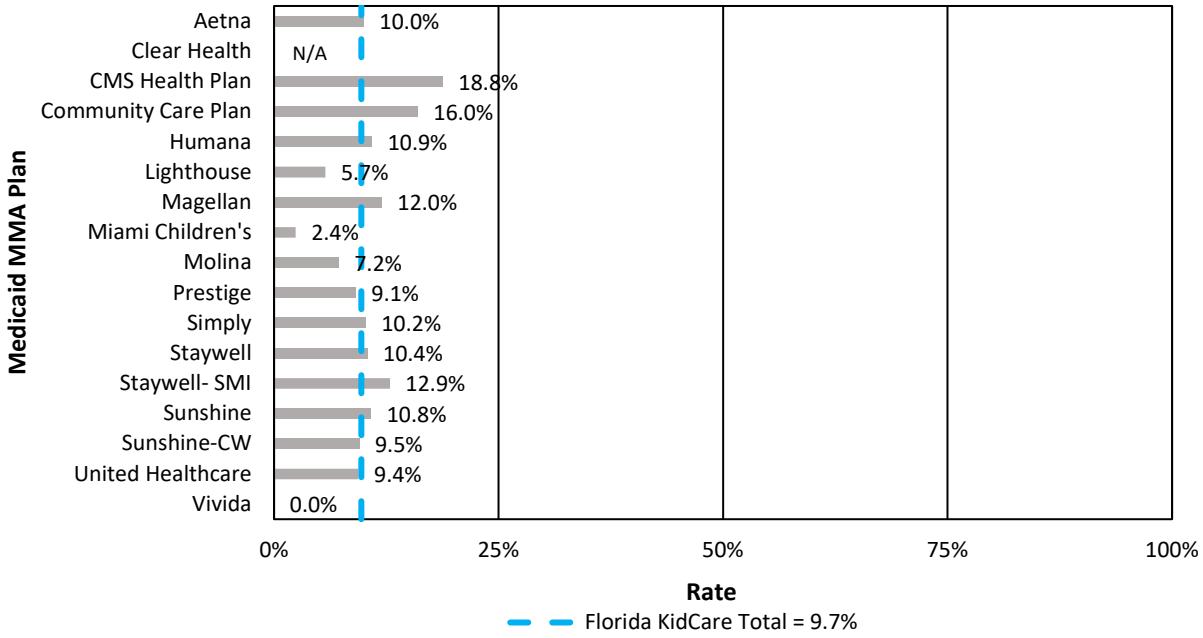
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 107. Florida Healthy Kids Plan Results for PC-02, CY 2019



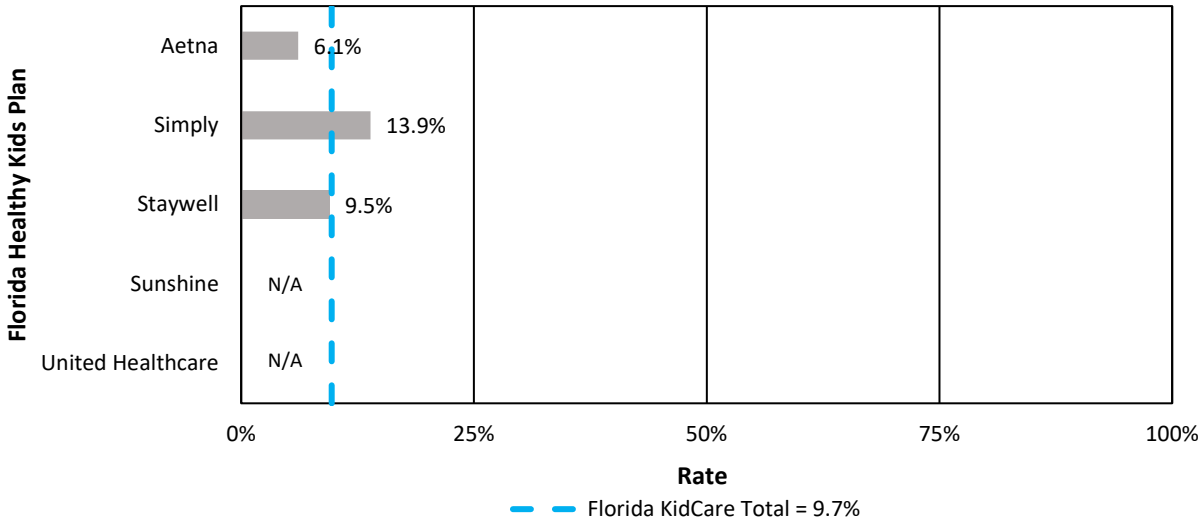
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 108. Medicaid MMA Plan Results for LBW, CY 2019



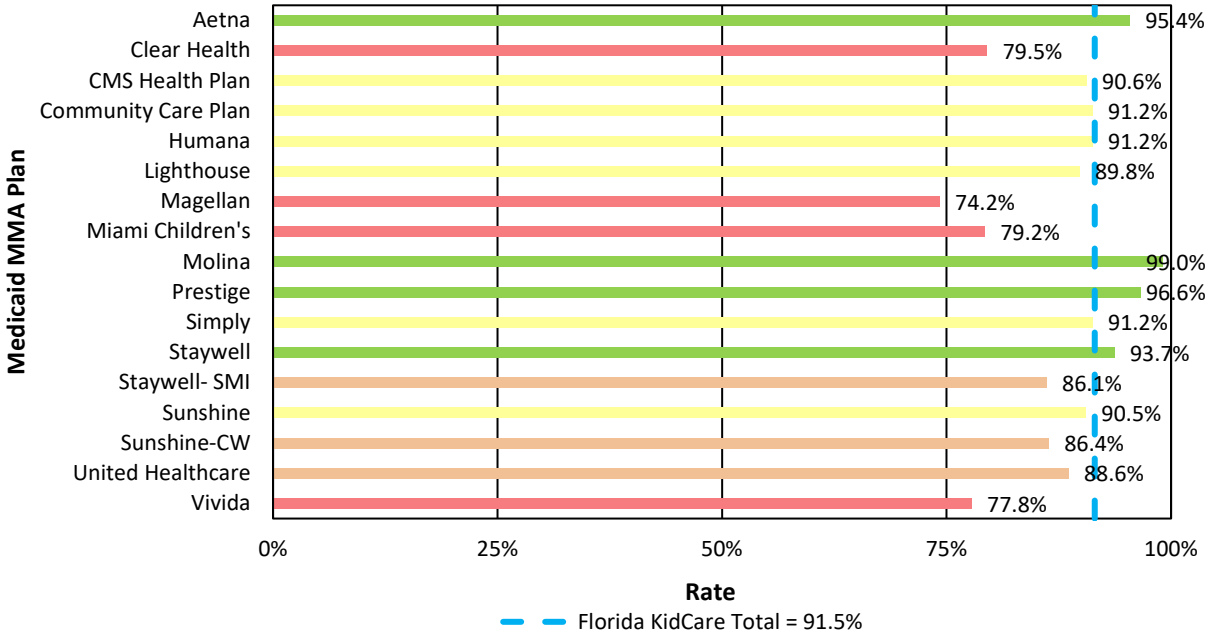
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 109. Florida Healthy Kids Plan Results for LBW, CY 2019



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. Medicaid MMA Plan Results for PPC: Timeliness of Prenatal Care, CY 2019

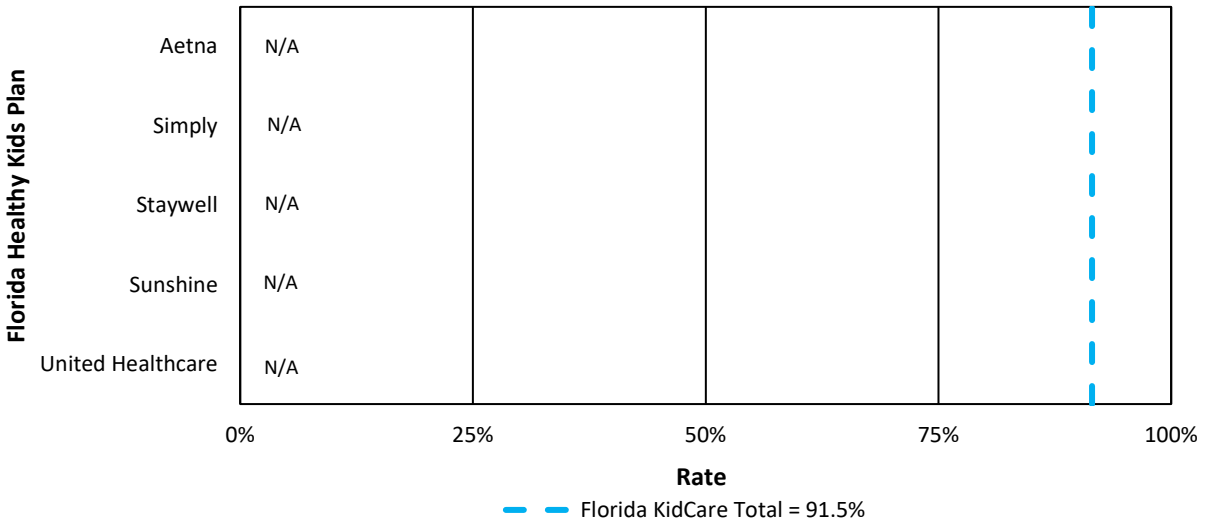


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

Note. This legend applies to **Figure 110** and **Figure 111.**

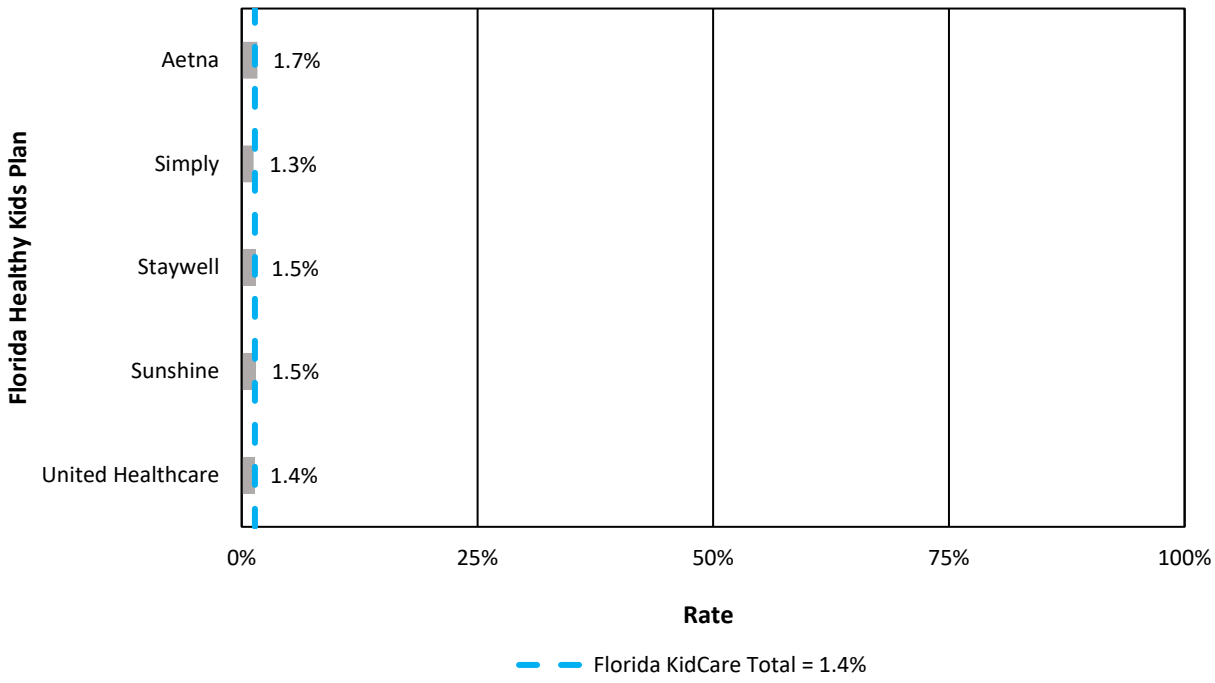
Figure 111. Florida Healthy Kids Plan Results for PPC: Timeliness of Prenatal Care, CY 2019



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.

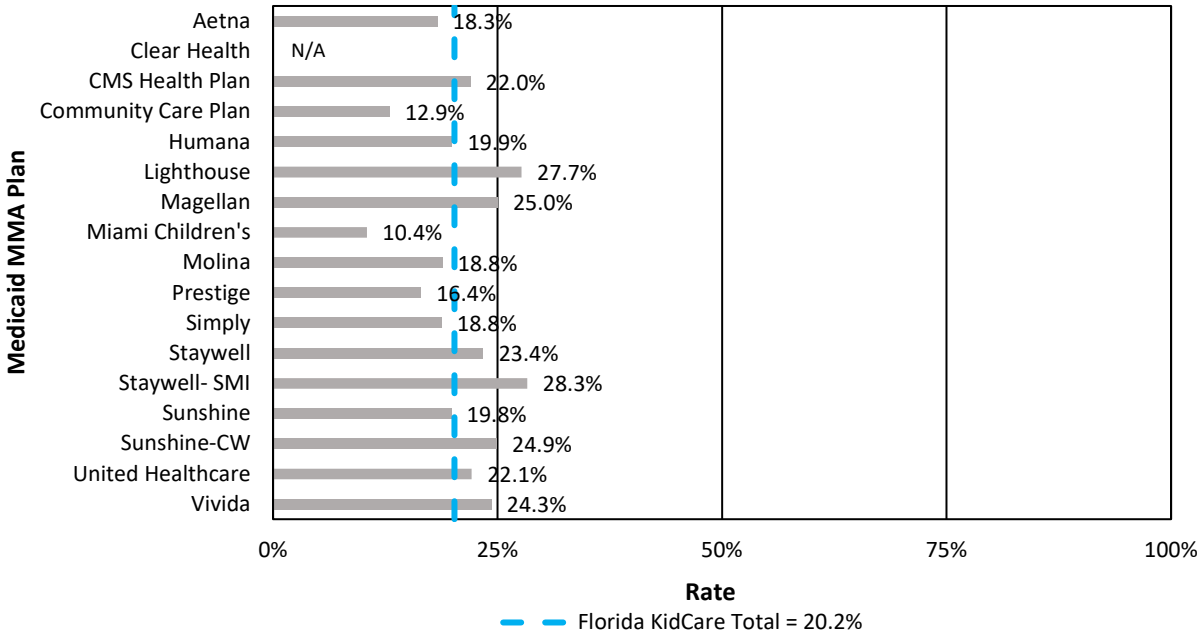
As the Medicaid MMA plans were not required to submit data for CCW: LARC, this section of the page has been left intentionally blank.

Figure 112. Florida Healthy Kids Plan Results for CCW: LARC, CY 2019



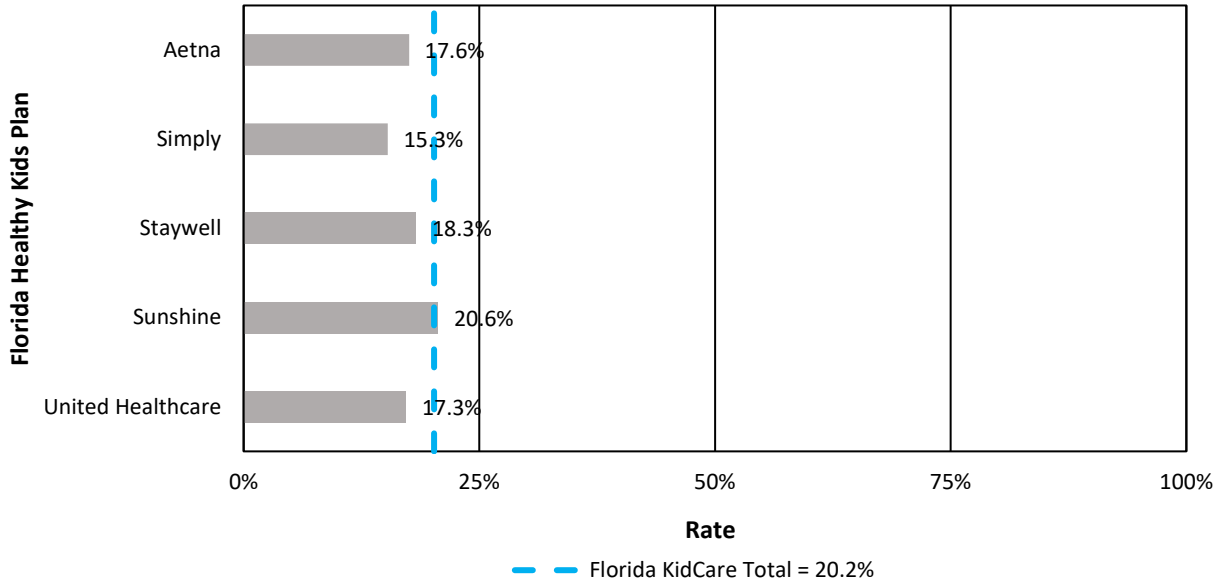
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 113. Medicaid MMA Plan Results for CCW: Most or Moderately Effective, CY 2019



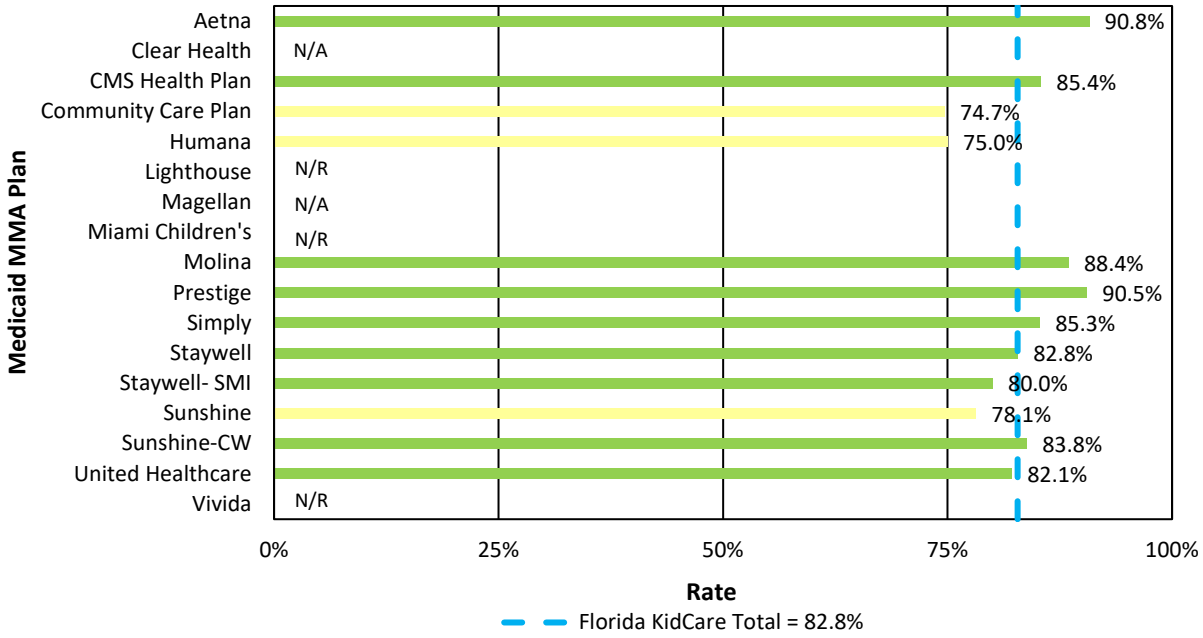
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 114. Florida Healthy Kids Plan Results for CCW: Most or Moderately Effective, CY 2019



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. Medicaid MMA Plan Results for AMR: Ages 5-11, CY 2019

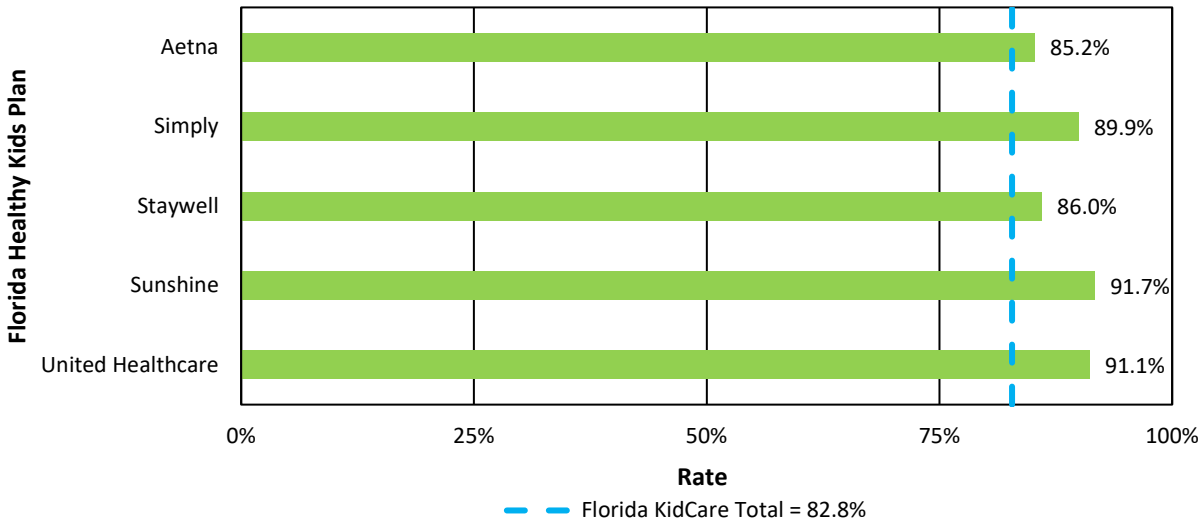


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

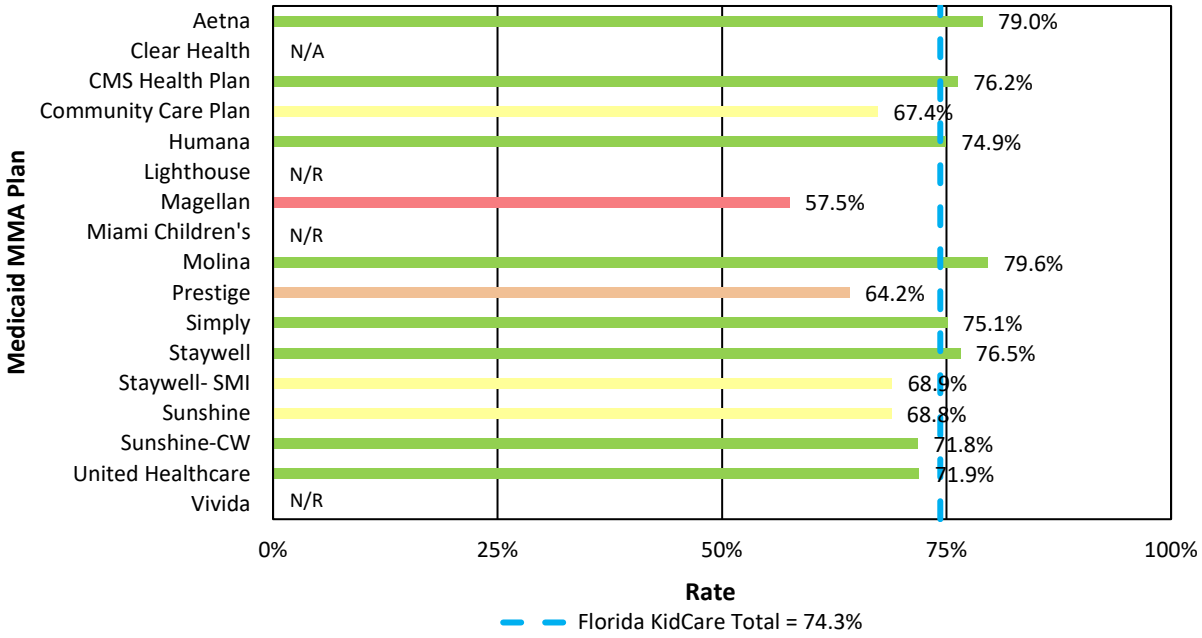
Note. This legend applies to **Figure 115** and **Figure 116.**

Figure 116. Florida Healthy Kids Plan Results for AMR: Ages 5-11, CY 2019



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. Medicaid MMA Plan Results for AMR: Ages 12-18, CY 2019

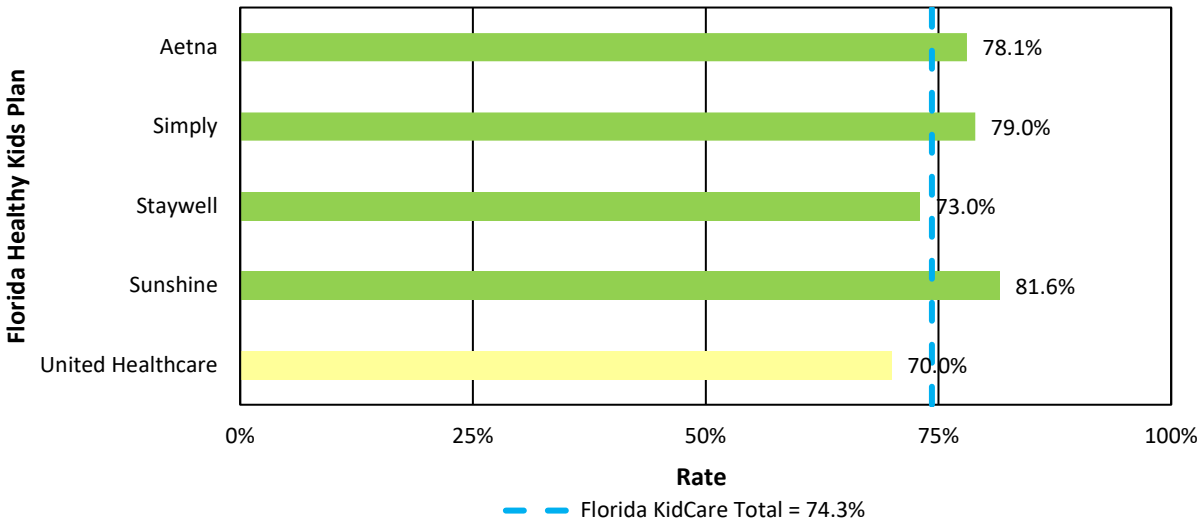


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

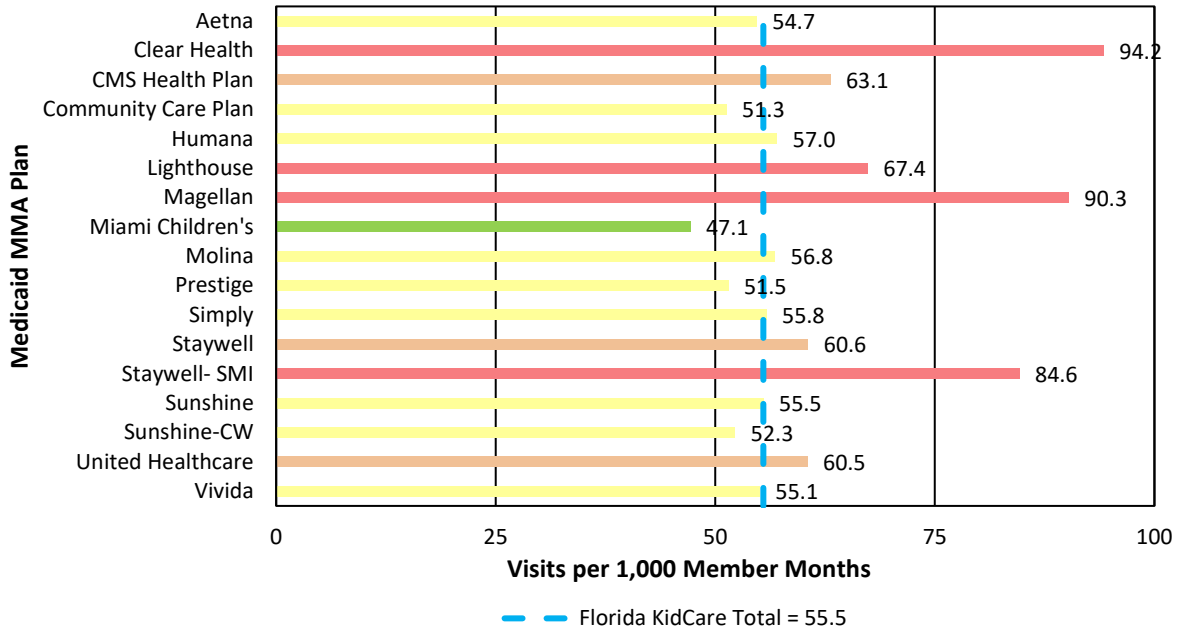
Note. This legend applies to **Figure 117** and **Figure 118**.

Figure 118. Florida Healthy Kids Plan Results for AMR: Ages 12-18, CY 2019



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. Medicaid MMA Plan Results for AMB ED Visits: Ages 0-19, CY 2019

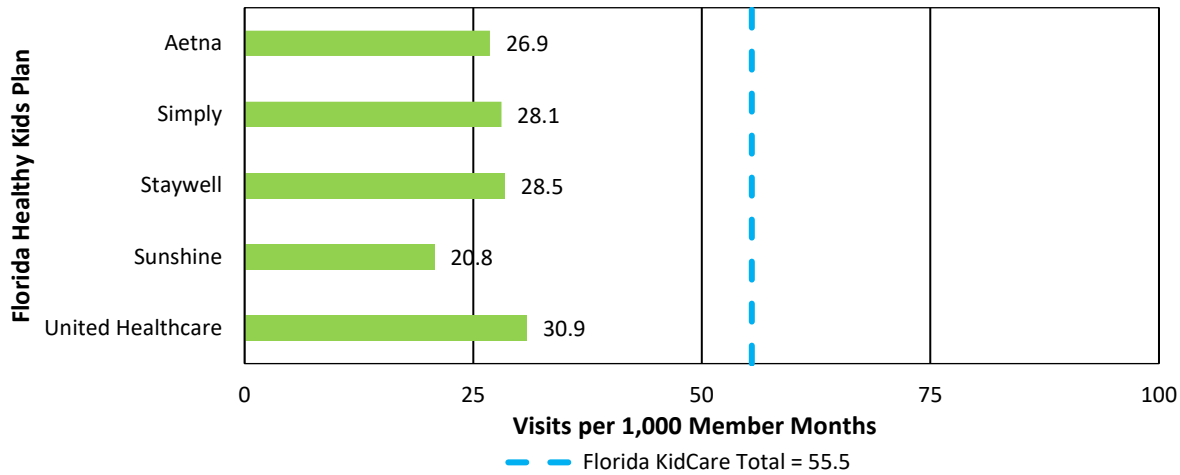


Note. Unlike most other figures in this report, lower numbers for this measure indicate a higher quality of care. N/R denotes programs for which the measure does not apply or was not reported. N/A denotes programs that have less than 360 in the denominator.

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

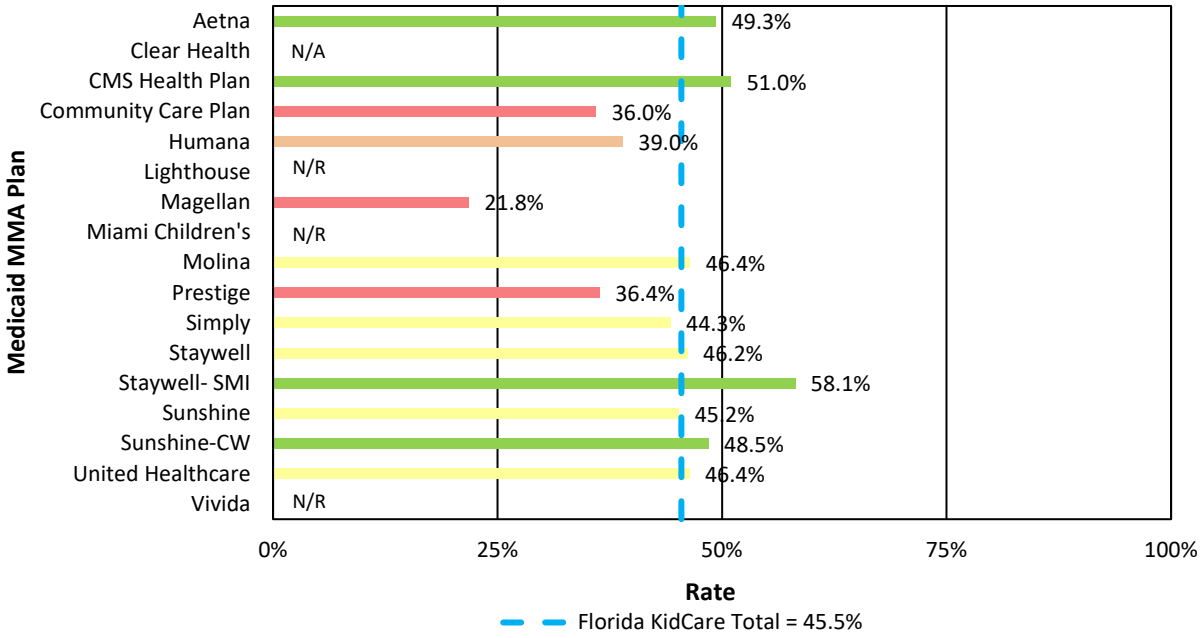
Note. This legend applies to **Figure 119** and **Figure 120.**

Figure 120. Florida Healthy Kids Plan Results for AMB ED Visits: Ages 0-19, CY 2019



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 121. Medicaid MMA Plan Results for ADD: Initiation Phase, CY 2019

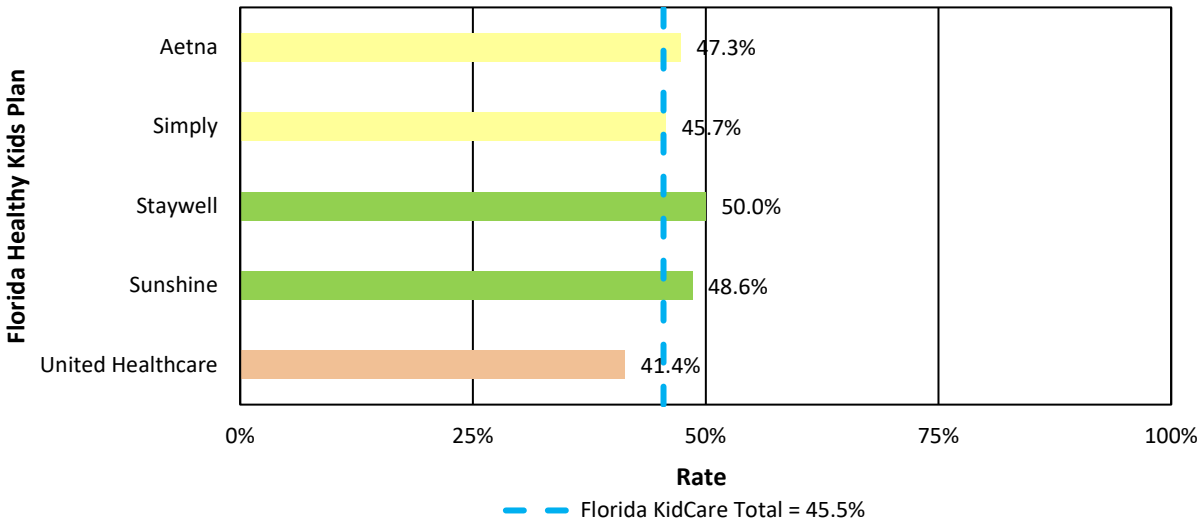


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

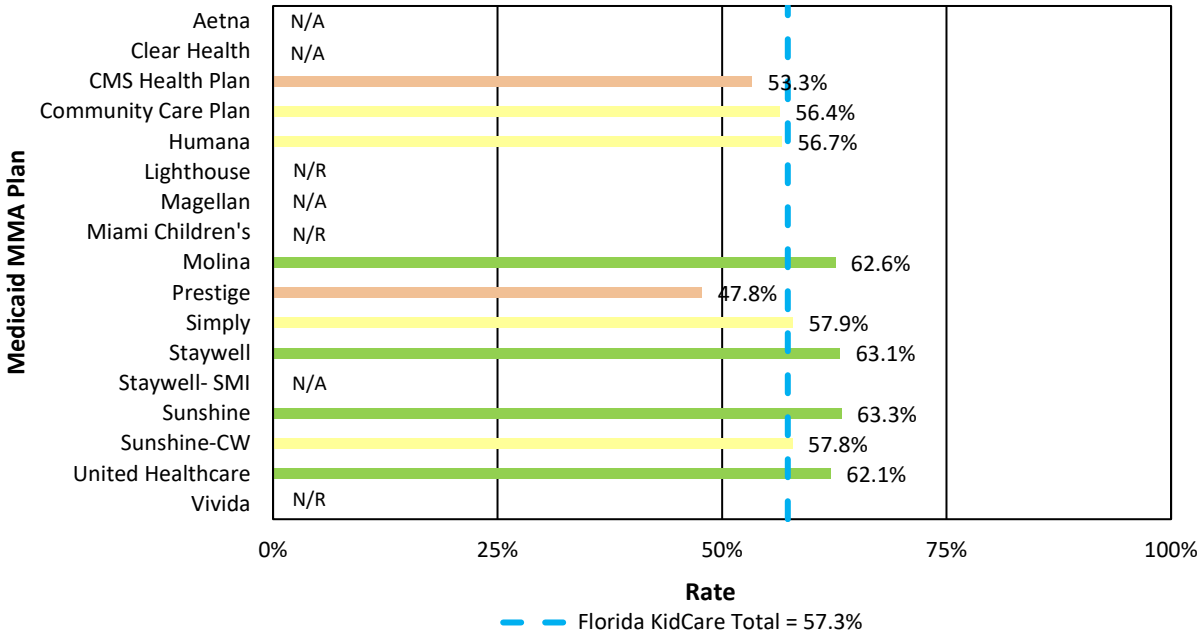
Note. This legend applies to **Figure 121** and **Figure 122.**

Figure 122. Florida Healthy Kids Plan Results for ADD: Initiation Phase, CY 2019



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. Medicaid MMA Plan Results for ADD: Continuation and Maintenance Phase, CY 2019

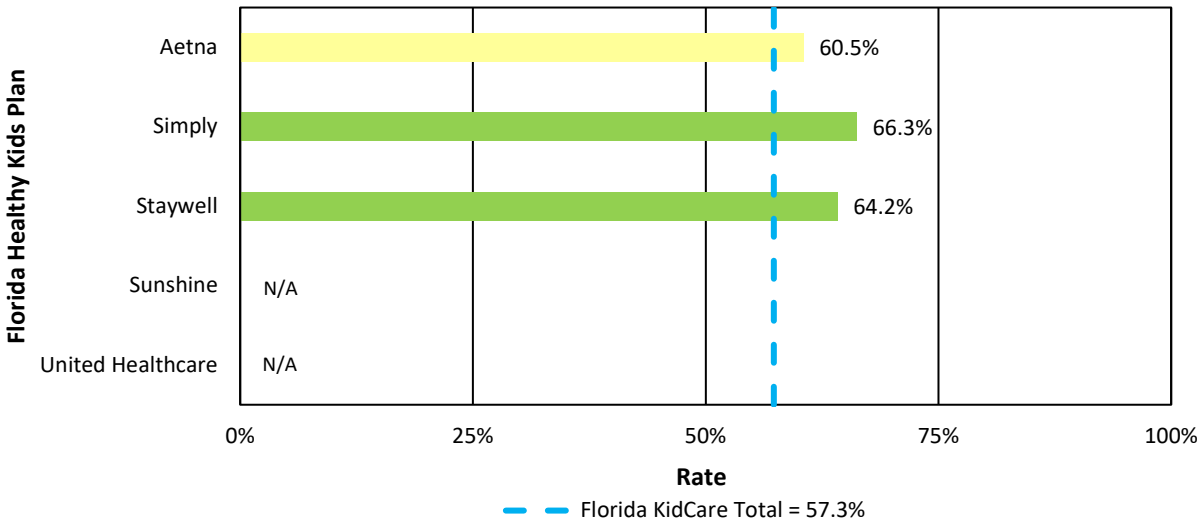


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

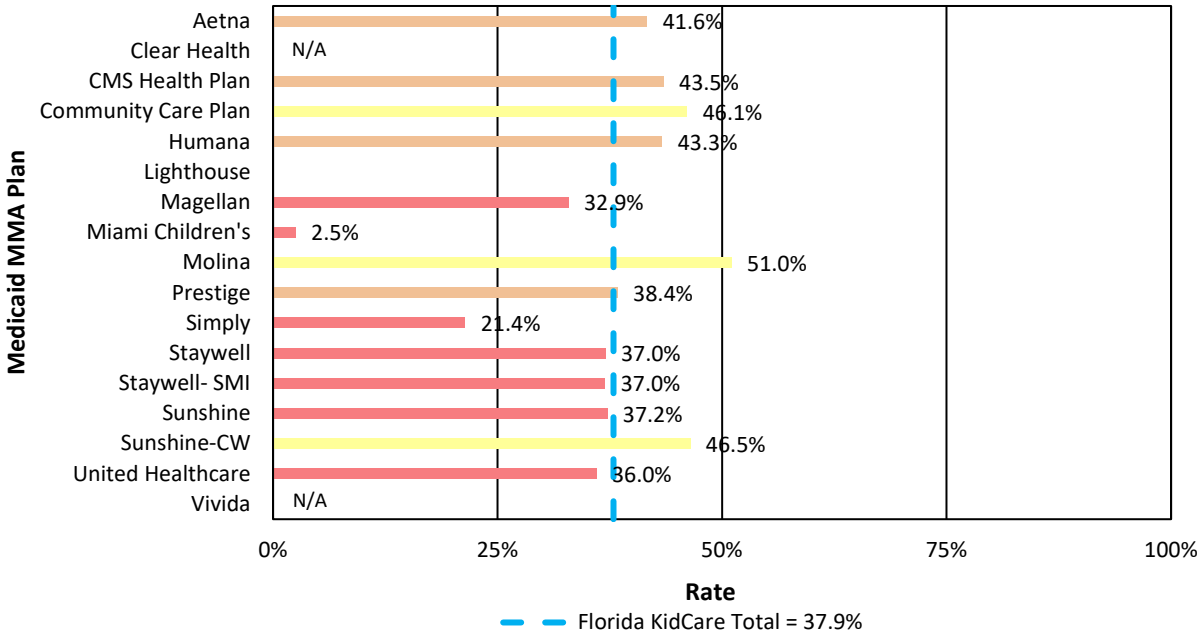
Note. This legend applies to **Figure 123** and **Figure 124**.

Figure 124. Florida Healthy Kids Plan Results for ADD: Continuation and Maintenance Phase, CY 2019



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. Medicaid MMA Plan Results for FUH: Follow-Up Visits within Seven Days, CY 2019

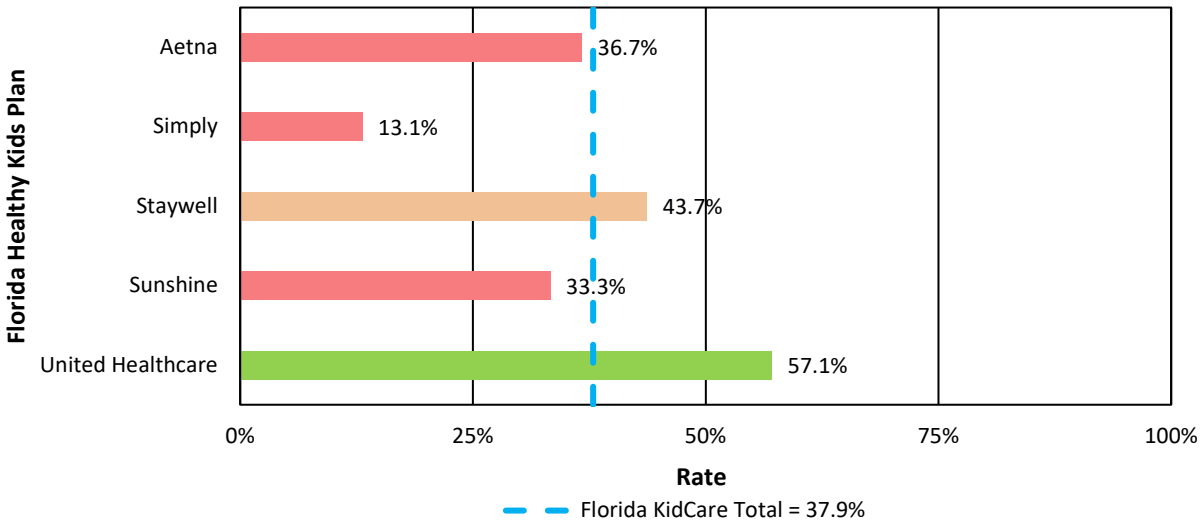


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

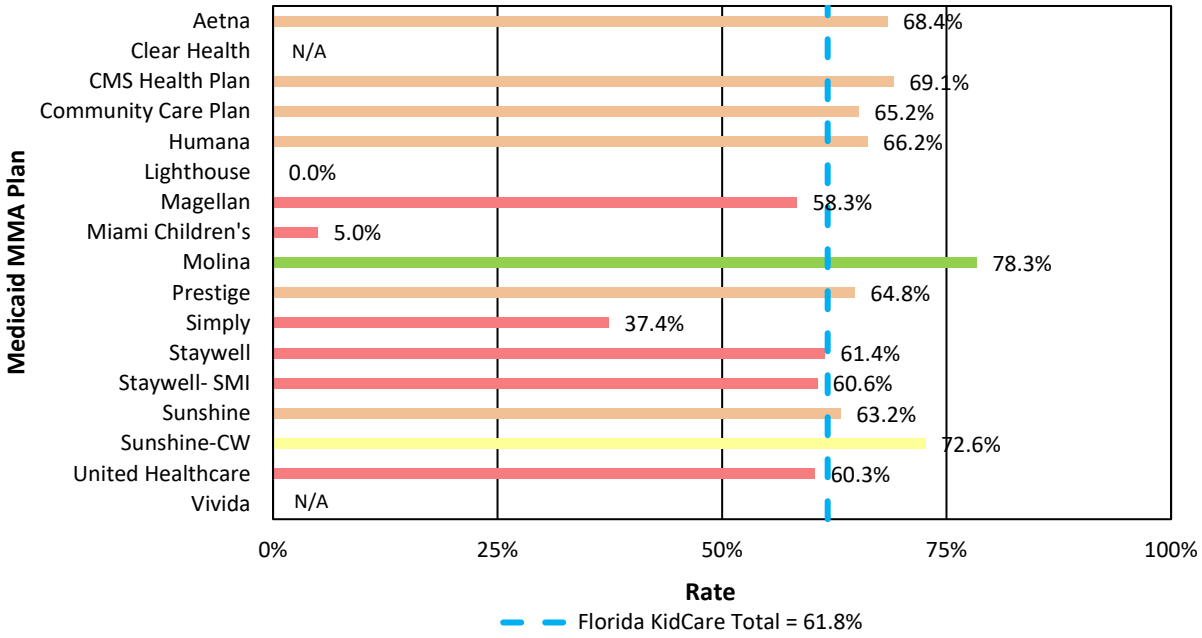
Note. This legend applies to **Figure 125** and **Figure 126**.

Figure 126. Florida Healthy Kids Plan Results for FUH: Follow-Up Visits within Seven Days, CY 2019



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 FUH: Follow-Up Visits within 30 Days, CY 2019

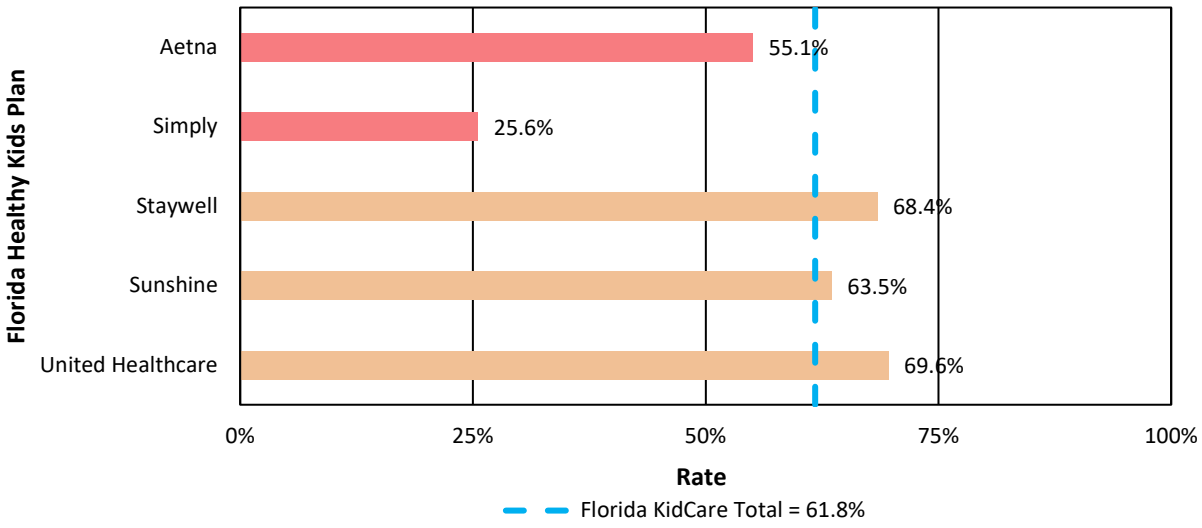


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

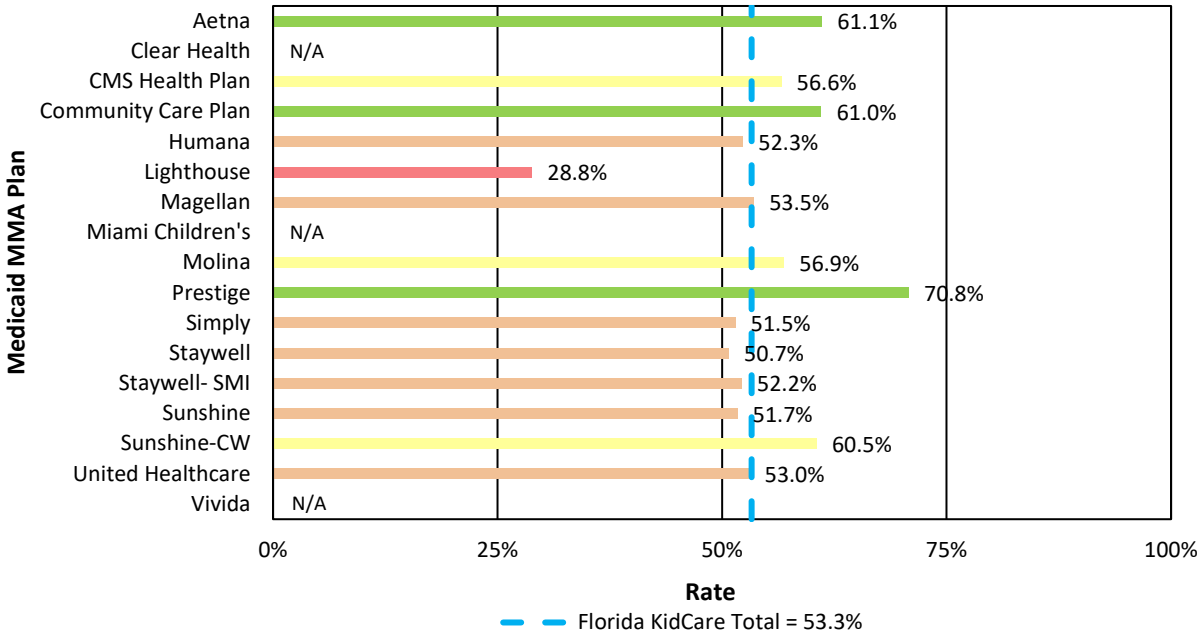
Note. This legend applies to **Figure 127** and **Figure 128**.

Figure 128. Florida Healthy Kids Plan Results for FUH: Follow-Up Visits within 30 Days, CY 2019



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 129. Medicaid MMA Plan Results for APM: Blood Glucose Testing, All Ages, CY 2019

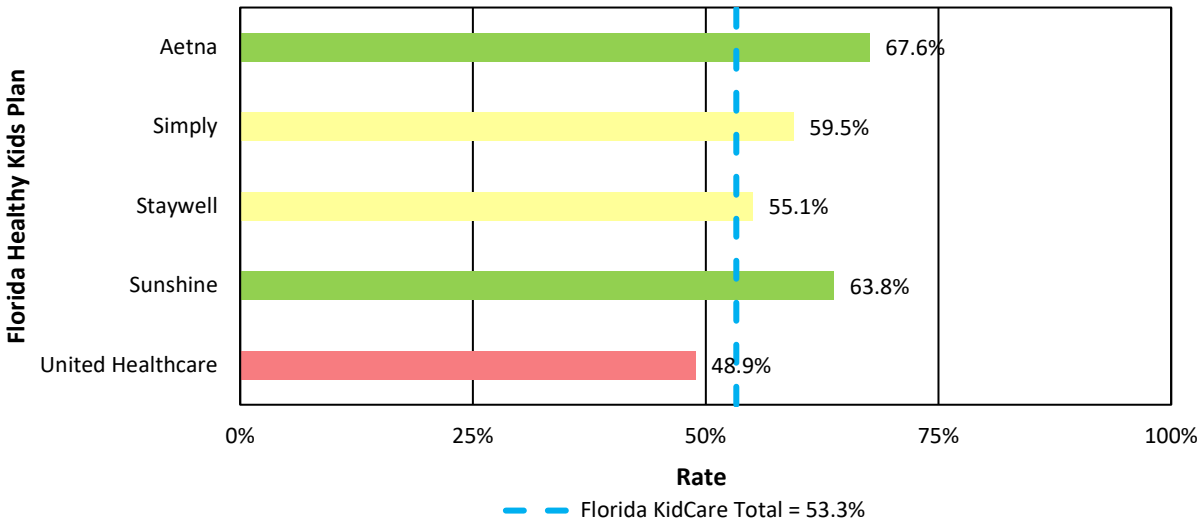


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

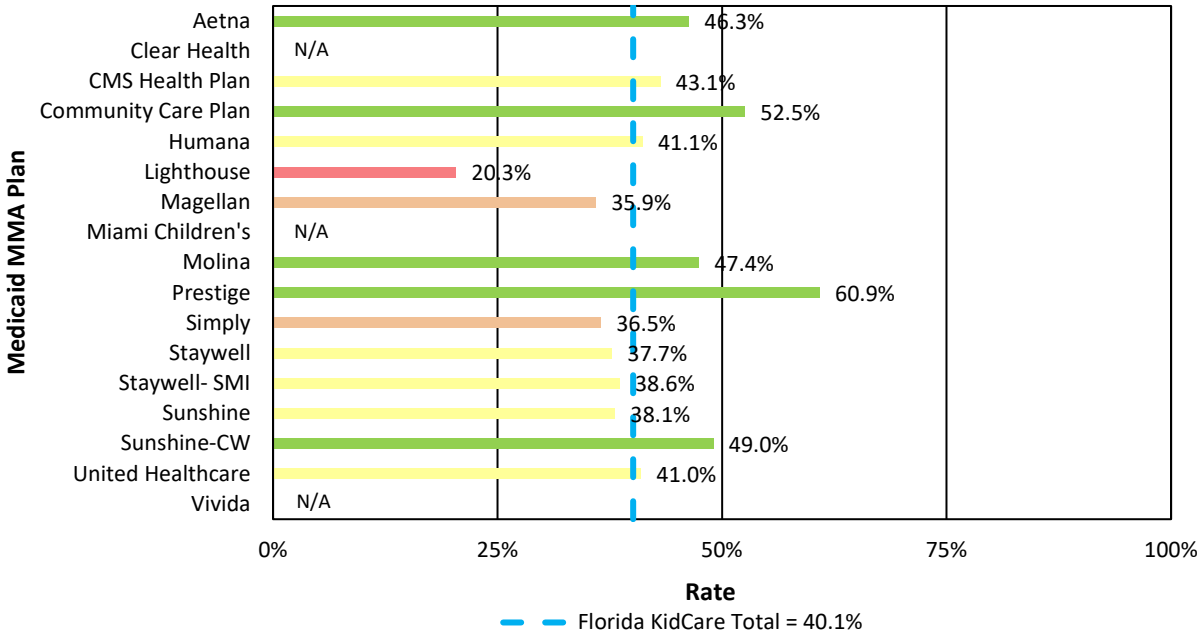
Note. This legend applies to **Figure 129** and **Figure 130**.

Figure 130. Florida Healthy Kids Plan Results for APM: Blood Glucose Testing, All Ages, CY 2019



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 131. Medicaid MMA Plan Results for APM: Cholesterol Testing, All Ages, CY 2019

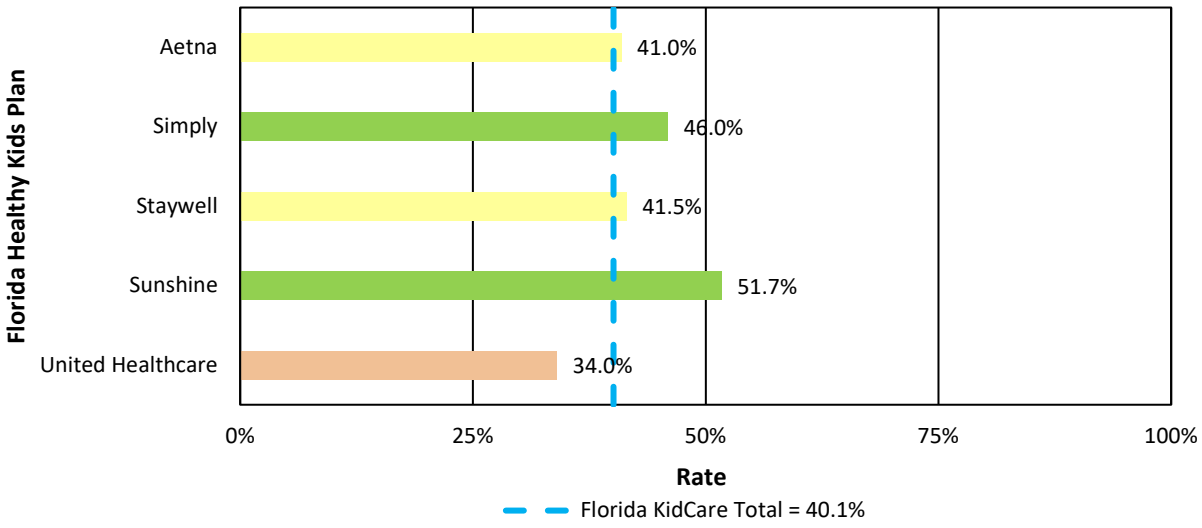


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

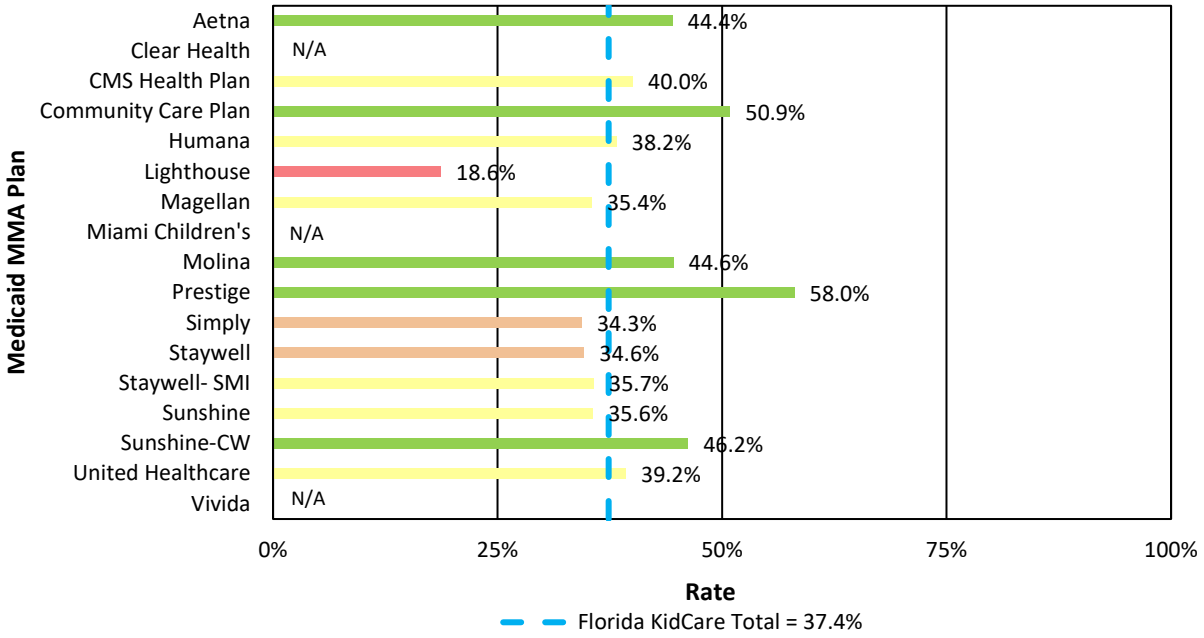
Note. This legend applies to **Figure 131** and **Figure 132**.

Figure 132. Florida Healthy Kids Plan Results for APM: Cholesterol Testing, All Ages, CY 2019



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 APM: Blood Glucose and Cholesterol Testing, All Ages, CY 2019

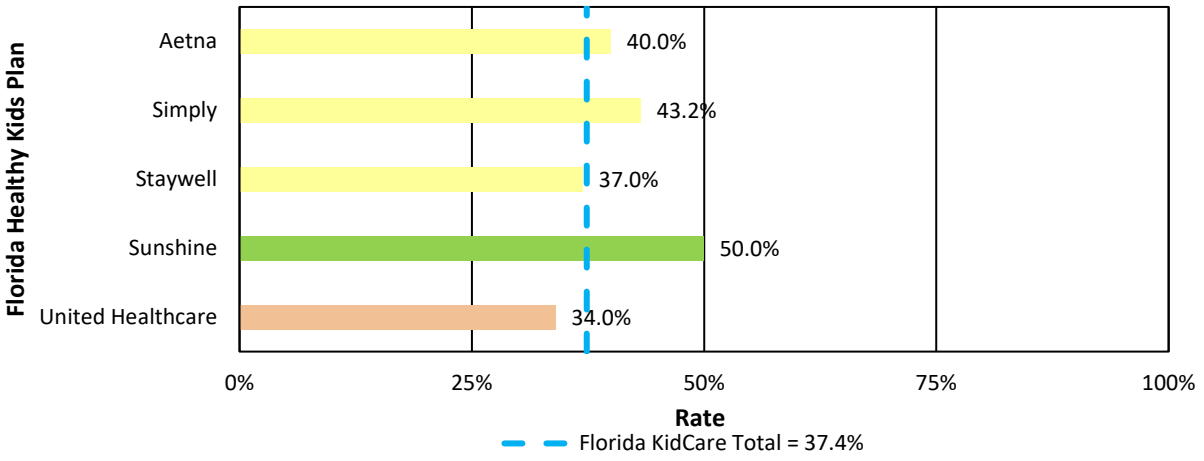


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

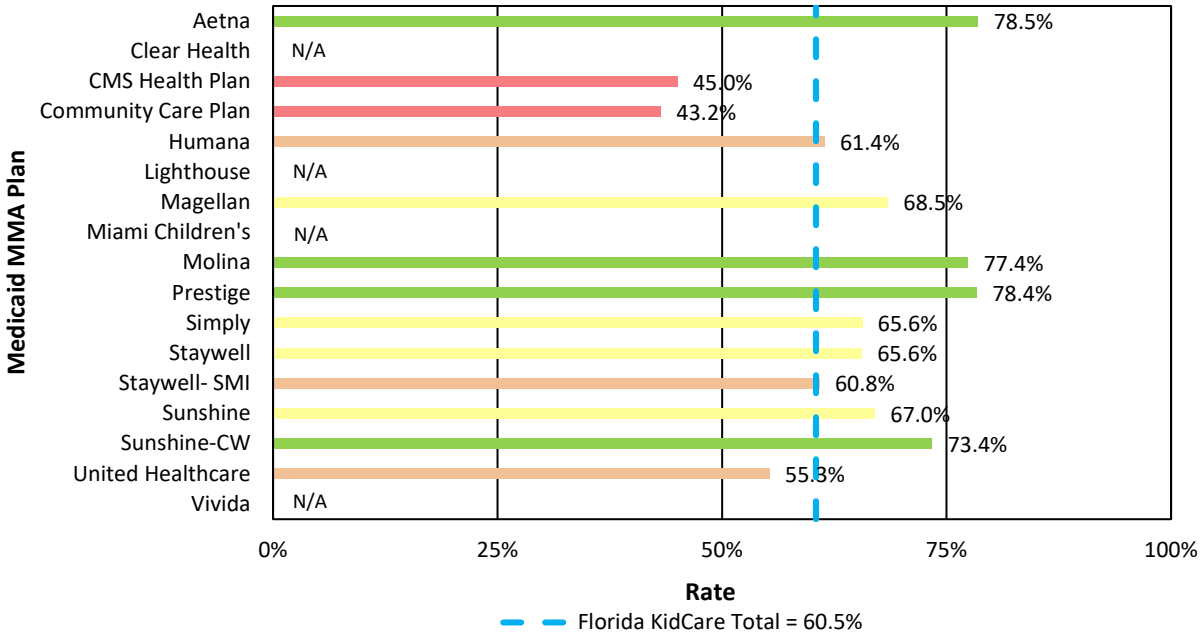
Note. This legend applies to **Figure 133** and **Figure 134**.

Figure 134. Florida Healthy Kids Plan Results for APM: Blood Glucose and Cholesterol Testing, All Ages, CY 2019



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. Medicaid MMA Plan Results for APP: All Ages, CY 2019

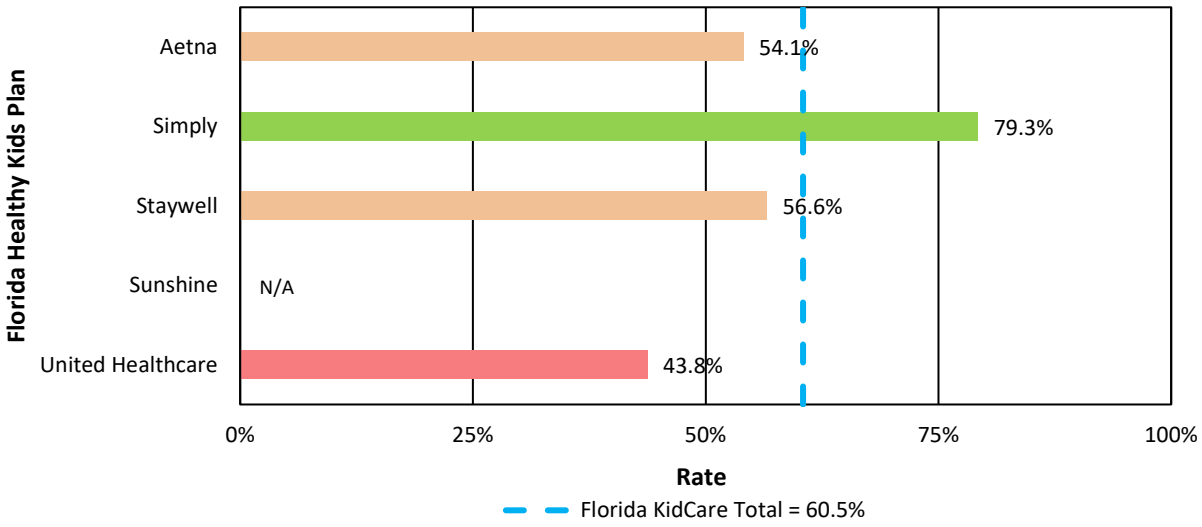


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

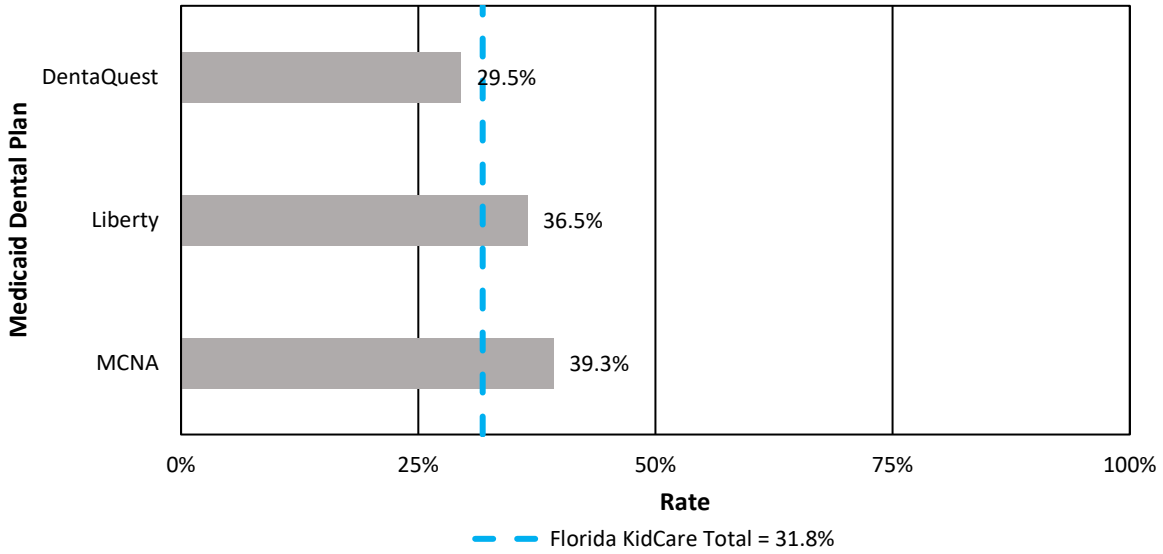
Note. This legend applies to **Figure 135** and **Figure 136**.

Figure 136. Florida Healthy Kids Plan Results for APP: All Ages, CY 2019



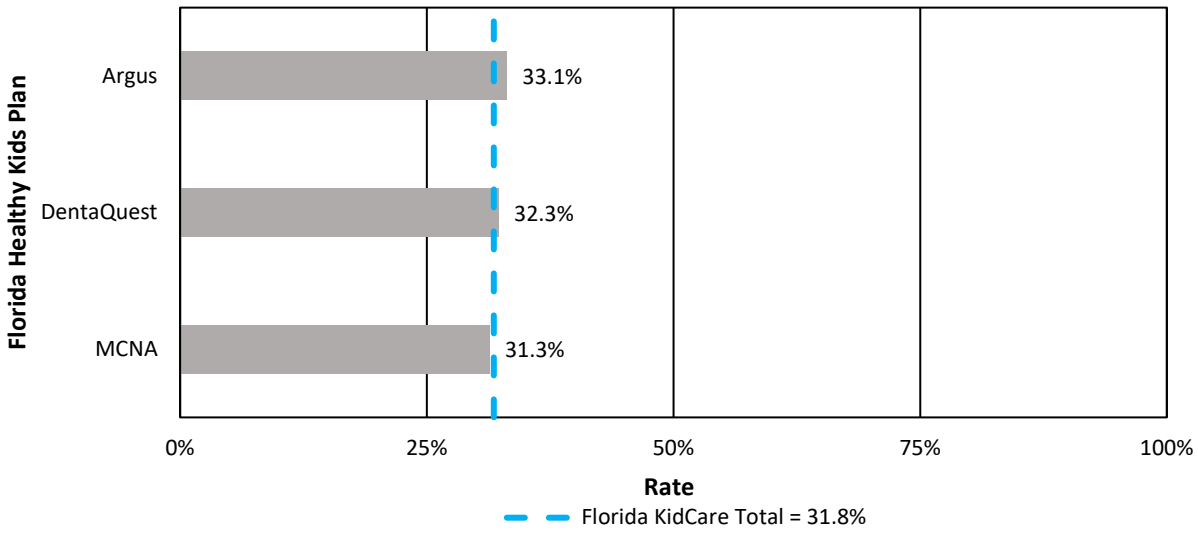
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 137. Medicaid Dental Plan Results for SEAL, CY 2019



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.

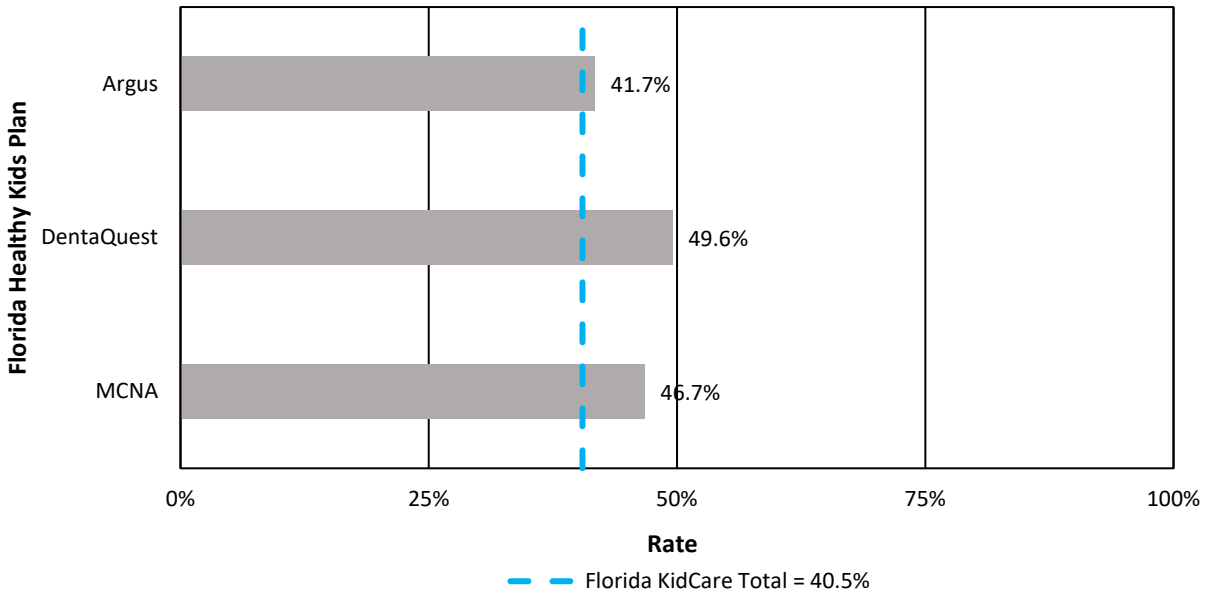
Figure 138. Florida Healthy Kids Plan Results for SEAL, CY 2019



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.

Note that due to the Medicaid dental rollout, plan-level Medicaid rates for PDENT are not available for FFY 2019. This part of the page has been left intentionally blank.

Figure 139. Florida Healthy Kids Plan Level Results for PDENT, FFY 2019



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.