Florida KidCare

The Florida KidCare Program Evaluation

Calendar Year 2020

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Authors
Janet Brishke, MPH
Jamie Haviaras, BS
Fizza Imran, MPH
Azam Masood, MPH
Elizabeth Shenkman, PhD

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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 for children program and the Children's Health Insurance Program (CHIP), with CHIP consisting of 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 program components 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 rates for common child health indicators. Guidelines established in 1998 by Florida Statute § 409.8177 also mandate that the evaluation include demographics of the children and families assisted by the program, a review of progress the Florida KidCare program made toward 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 both FHKC and DCF for application volume and outcomes, enrollment totals and trends, and renewal of coverage. Information related to CHIP program financing was provided by the Agency.

Findings

In Calendar Year (CY) 2020, a total of 1,420,014 applications for Florida KidCare coverage were processed by both organizations, representing a total of 1,652,372 applicants. Of these processed applications, 932,944 children, or 56%, were approved in CY 2020. Of the children not approved for coverage, most (45%) were denied because they did not meet the Medicaid program eligibility criteria. Florida KidCare enrollment saw a sharp increase in CY 2020 after four consecutive years of decline, increasing by 10% between December 31, 2019 and December 31, 2020. Nationally, the Medicaid and CHIP enrollment saw a similar increase of 6.5% over the same period after years of decline (Kaiser Family Foundation, 2021). The CY 2020 renewal rate for CHIP was 93.9% and 94.3% for Medicaid and, for state fiscal year 2021-2022, total CHIP expenditures are forecasted to approach close to one billion dollars. This is a result of decreased family contributions and an increase in the state's cost share due to fluctuations 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 5.1H survey was utilized. Survey collection methods varied across the 14 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; a Medicaid component in which members are not in a managed care plan) 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 2021 Medicaid health maintenance organization results reported to the National Committee for Quality Assurance (NCQA); although, as those national rates are proprietary data, only benchmark percentiles are depicted in this report as a means to make comparisons to national data. An NCQA-certified survey vendor conducted all surveys presented in this report.

Findings

A total of 8,989 complete and eligible telephone, internet, and mail surveys were conducted in 2021. Despite landing in the bottom 50th benchmark percentile for the majority of survey items, the Florida KidCare rate improved from the year prior for 10 of the 15 survey items. In particular, the Medicaid FFS program component made significant strides this year, improving 9 out of 14 times for which a reportable rate was available both years. The rates for this program component typically lag behind other programs; however, in the 2021 survey, Medicaid FFS had the single highest improvement of any other component. The 2021 Medicaid FFS rate for the Access to Specialized Services composite was 11 percentage points higher than the year prior. Similarly, the CHIP CMS Health Plan saw improvements in 12 out of 15 survey items, with notable increases within the Health Plan Rating and Number of Doctors to Choose From questions. Both experienced an eight percentage point increase from the 2020 survey. Families across all Florida KidCare programs felt that their personal doctor understands their child and how the child's health may impact the entire family, and most families rated their personal doctor a "9" or "10." Specialty care providers were rated especially well this year, with nearly all program component rates at the highest point over the past five years. In spite of the challenges and burdens faced by physicians recently, Florida KidCare members continue to have favorable experiences with their doctors.

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 three Florida Healthy Kids medical plans and then submitted to AHCA and FHKC, respectively. Note that the data from the Florida Healthy Kids plans included both subsidized and full-pay members. 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 five 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. ICHP, as well as most of the Medicaid MMA and Florida Healthy Kids plans, utilized hybrid methodology to calculate the CY 2020 performance measures. As with the CAHPS survey results, all HEDIS rates were compared to the 2021 Medicaid health maintenance organization results reported to NCQA; therefore, only benchmark percentiles are used to demonstrate national comparisons.

Findings

Florida KidCare CY 2020 rates increased from the year prior for 12 of the 27 performance measures and sub-measures. Standout measures that experienced rate increases across all program components are the Screening for Depression and Follow-up (CDF) measure as well as the Asthma Medication Ratio (AMR) sub-measure for children age 12-18. Of the program components, Florida Healthy Kids saw improvements in 12 of its 23 applicable performance measures analyzed for both CY 2019 and CY 2020 reporting. Medicaid MMA had rates in the top 50th HEDIS benchmark percentile 65% of the time, while Florida Healthy Kids had 15 of its 20 applicable CY 2020 performance measures do the same. Through use of a standardized medical record review process to review the hybrid measures for CY 2020, some rates improved from the previous year, where past-year hybrid rates were recycled from CY 2018 data due to challenges in conducting a medical record review during coronavirus disease 2019 (COVID-19) shutdowns. Notably, the Medicaid FFS Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care rate and the Medicaid MMA Developmental Screening in First Three Years (DEV) rate saw improvements (32 and 13 percentage points, respectively), though in the case of the PPC rate improvement, the novel inclusion of telehealth visits may have contributed to the increased rate.

Conclusions

In CY 2020, Florida KidCare served over 2.5 million children. The vast majority of members in both Medicaid and CHIP renewed coverage in CY 2020, with Medicaid, in particular, making substantive gains in renewals. Due to the public health emergency, members did not lose Medicaid coverage; therefore, traditional renewals for Medicaid have not been required.

Comparisons of the survey data from the health plans/programs under Florida KidCare were made with national data and revealed that the majority of survey items were in the bottom 50th benchmark percentile. However, the rates for 10 out of the 15 survey items improved from the year prior for Florida KidCare overall. Though the rates for positive experiences with doctor's communication decreased, Florida KidCare members still reported that their personal physician was able to understand their needs and they were happy with their specialty care providers.

Of the 27 performance measure sub-measures reported in both CY 2019 and CY 2020, 12 of the CY 2020 measures showed an increase in the Florida KidCare rate from the previous year. Specific to how the program components performed, Medicaid FFS and CHIP both had 13 out of 27 rates improve. Medicaid had notable improvements in behavioral health measures (5 out of 8) and Florida Healthy Kids (6 out of 10) had improvements in preventive care measures. Rates for CDF and AMR were particularly notable because all programs showed improvement in these measures relative to the prior year.

A combination of waived prior authorization requirements and service limits for behavioral health services, standardized medical record review across all program components, and uptake in telehealth,

as well as the new inclusion of telehealth compliance for six HEDIS sub-measures included in this report, may help explain why rates for measures such as Follow-Up After Hospitalization for Mental Illness (FUH) and PPC improved from the prior year. Conversely, the strain and capacity limits from COVID-19-related hospitalizations (Grimm, 2021) may have contributed to low Emergency Department (ED) visits for the Ambulatory Care: ED Visits (AMB) measure. Similarly, nearly all rates for measures with a required in-person component, such as vaccinations or blood draws, were lower than the prior year. Families may have been concerned about taking their children for preventive care and risking exposure to COVID-19 in a health care setting.

Recommendations

Continued improvement remains a goal for all stakeholders providing health care and services for children. CAHPS survey respondents rated their family experiences more favorably in 2021 than in years past. These findings should be monitored across time to determine if they are sustained, and families can be queried to help better understand these changes.

The state should increase its focus on primary care including developmental milestones (only 28% of Florida KidCare members were screened) and adolescent mental health (only 4% of Florida KidCare members were screened with a plan for follow up). For younger children, developmental screenings are paramount to ensure global development milestones are being reached. However, many medical practices that ICHP contacted utilized the Modified Checklist for Autism in Toddlers (MCHAT) screening tool, a tool that is meant to identify autism and is not considered a compliant screener for the Developmental Screening in the First Three Years of Life (DEV) performance measure. MCHAT, nonetheless, is a valuable and important tool in the arsenal of early childhood development, and its widespread, no-cost availability stands in contrast to other standardized screeners, which are not free to use. To address this, the state can consider reimbursement or similar financial incentives for practices using approved screeners. For adolescents, depression screenings and follow-up with adolescents during annual well visits are critical. Further, innovative digital strategies, such as text messaging and completion of online screening tools, can help establish better linkage to care and treatment.

Lastly, it is important to identify hybrid options for care using in-person and telehealth visits. For example, the public health emergency necessitated health care organizations conduct some of their work remotely. A side effect of this transition to virtual care was that in-person indicators such as childhood vaccinations dropped in 2020. It is important that this decline is reversed and alternative avenues toward providing necessary inoculations to children are implemented so that otherwise preventable illnesses do not resurface. Parents should also be given the opportunity to provide feedback on how they have experienced telehealth for their children so that this resource can be strengthened during and beyond this pandemic in order for families to have multiple options when seeking out high-quality health care for their children.

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 18 years and younger 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 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 2020, 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 health care in youth and adolescence is associated with better educational outcomes and healthier lives in adulthood (CCF, 2020). However, a child's quality of health care 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 (CCF, 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. Members do not use a managed care plan are in the FFS program component, which does not have the same safeguards as MMA regarding access to, or quality of, health care. As the information in the Program Administration section of this report applies to both the MMA and FFS populations, they are combined into an overall Medicaid program population for all analyses in that section.

MediKids

MediKids is a Medicaid "look-alike" program for children 1-4 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 5-18 who are between 133% and 210% FPL and eligible for CHIP premium assistance. The Florida Healthy Kids Corporation determines eligibility for Florida's CHIP programs and administers the Florida Healthy Kids program component with three health plans that offer medical coverage. 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

Children's Medical Services (CMS) Health Plan is Florida's Title V program for children with special health care needs. Children enrolled in 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. While operated by a managed care organization, the Florida Department of Health administers the program, and it 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 1-18 years, whereas enrollees in the Medicaid CMS Health Plan can range from birth through 20 years of age. Infants under 1 year of age with family incomes between 192-206% of the FPL are CHIP-funded but receive services through CMS Health Plan in the Medicaid managed care program. 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 5 to 18 who meet the Department of Children and Families' (DCF) clinical eligibility for serious behavioral or emotional conditions may be enrolled in BNet. The Florida Legislature created BNet through the passage of Florida Statute § 409.8135 in 1998 with program administration conducted 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 1-18 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) 2020, 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 paid a monthly premium of $187.96 per child, which included 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. In 2021, both Lighthouse and Miami Children's ended operations and merged with Simply, which is reflected in the **Family Experiences** section of this report.

In 2019, the Florida Healthy Kids Corporation awarded health plan contracts to three medical plans, Aetna, Community Care Plan, and Simply (Florida Healthy Kids Corporation, 2019). These plans began serving Florida Healthy Kids members effective January 1, 2020 and present two changes for the program: the number of medical plans is reduced from five to three, and there is no longer a separate full-pay plan for members who do not qualify for subsidized coverage. Florida Healthy Kids full-pay members are now represented across all three medical plans, and the data presented throughout this report reflects this change.

COVID-19 Impact

Three months into the measurement period of this report, the coronavirus disease 2019 (COVID-19) pandemic caused immediate, significant changes to the health care system. These changes impacted everything from how care providers conducted patient visits (Schweiberger et al., 2021) to program financing (Centers for Medicare & Medicaid Services, 2021), and many of these impacts continued beyond the end of CY 2020. Some of the most significant impacts to Florida KidCare were related to

eligibility and enrollment. In response to the established federal public health emergency, states were eligible to receive increased funding for Medicaid through the end of the quarter in which the public health emergency ends (Centers for Medicare & Medicaid Services, 2021). To receive this funding, states cannot increase costs or disenroll Medicaid members through the end of the emergency, nor can federal unemployment or relief payments be considered when making eligibility determinations. Also tied to the federal pandemic guidance was greater flexibility in the requirement to process Medicaid applications in a timely manner. Specific to Florida, the timeline for submission of applications was increased to 120 days from the application submission date. This was put in place to allow applicants more time to gather and submit necessary documentation (AHCA, 2020b). If approved, coverage was retroactive to the first of the month in which the initial application was received (AHCA, 2020b).

Eligibility Criteria

Eligibility criteria varies under the Medicaid and CHIP programs though, for both programs, the child must be a U.S. citizen or a qualified non-citizen and must not be an inmate of a public institution or a patient in an institution for mental illnesses. In addition, eligibility also varies under the four program components of Florida KidCare, detailed on the next page in **Table 2**.

Medicaid Eligibility

To be eligible for Medicaid assistance, state and federal laws specify that a child must meet the following age and income requirements:

- Under 1 year of age must have a household income equal to or less than 206% FPL
    - Children with household income over 192% 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

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

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 2020, a family of four must have had an annual income equal to or less than $34,846.

Table 1. Federal Poverty Level for a Family of Four

Income as a % of FPL	2016	2017	2018	2019	2020
100%	$24,300	$24,600	$25,100	$25,750	$26,200
133%	$32,319	$32,718	$33,383	$34,248	$34,846
140%	$34,020	$34,440	$35,140	$36,050	$36,680
206%	$50,058	$50,676	$51,706	$53,045	$53,972
210%	$51,030	$51,660	$52,710	$54,075	$55,020

Table 2. Florida KidCare Program Eligibility, CY 2020

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: $187.96/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. Please note that for this section, the Medicaid data applies to the entire Medicaid program.

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.

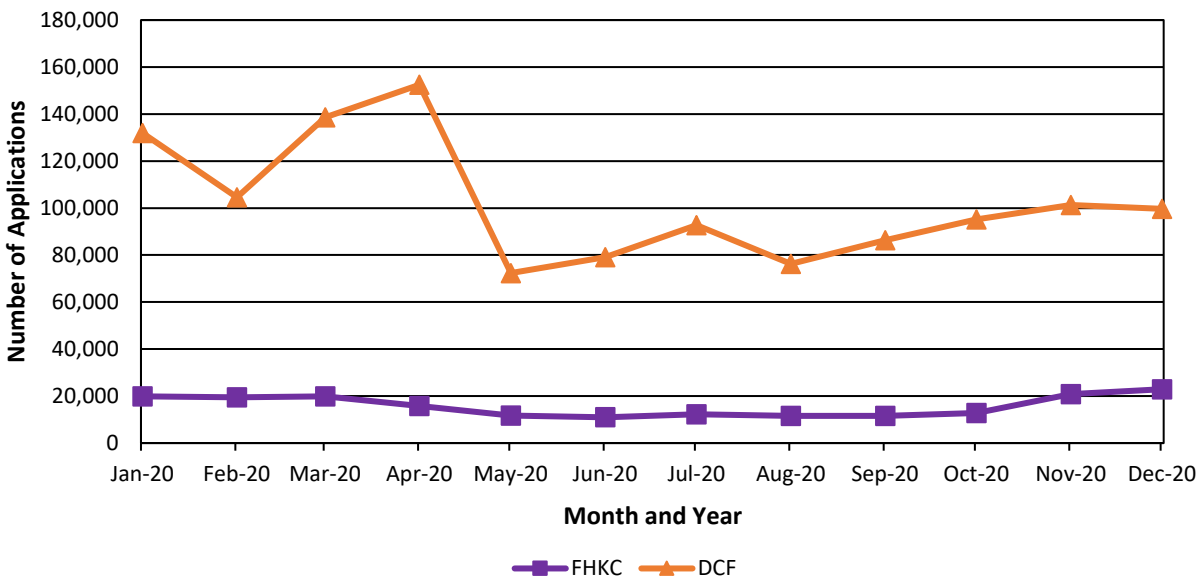
In Calendar Year (CY) 2020, FHKC received a total of 189,572 applications, which contained processable information on 300,548 children, and DCF received a total of 1,230,442 applications, which contained processable information on 1,351,824 children.

For families applying for Florida KidCare coverage through FHKC in CY 2020, the average age of applicants was 9.31 years, the average monthly income was $3,890.90, and the average household size was 3.61 persons. For families applying for Florida KidCare coverage through DCF, the average age of applicants was 11 years, the average monthly income of families applying for Florida KidCare coverage was $7,577.00, and the average household size was 4 persons.

Figure 1 displays the number of Florida KidCare applications received monthly by the FHKC and DCF for CY 2020. The highest amount of applications received in a single month was 152,452 applications in April for DCF and 22,917 applications received by FHKC in December.

Additional CY 2020 application data per month is available in **Appendix C: Additional Data Charts.**

Figure 1. Florida KidCare Monthly Applications Received by FHKC and DCF, CY 2020



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 2020 sent directly to either FHKC or DCF.

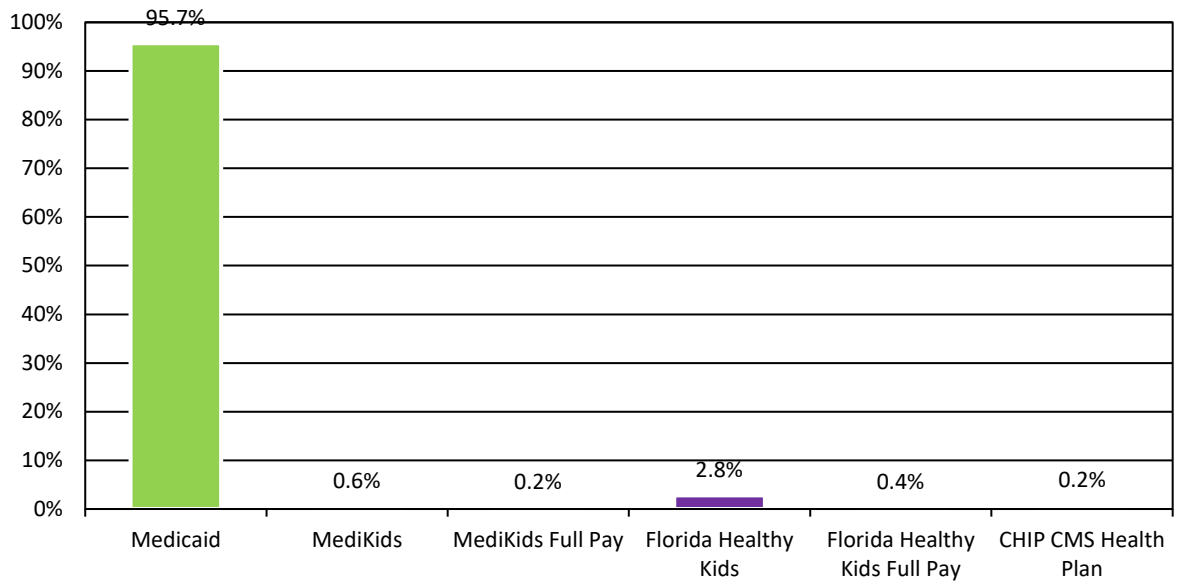
FHKC and DCF processed a total of 1,420,014 applications, which represented 1,652,372 applicants. Of the applicants processed, 932,944 children were approved, yielding a 56.5% approval rate. Of the over 1.4 million total applications processed, 1,230,442 applications were sent directly to and reviewed by DCF. The average processing time for approved applications was 34.75 days for FHKC and 9.27 days for DCF.

Table 3. Florida KidCare Applications Processed by FHKC and DCF, CY 2020

CY 2020 Application Totals	FHKC Total	DCF Total	FHKC and DCF Total
Applications	189,572	1,230,442	1,420,014
Children on Applications	300,548	1,351,824	1,652,372
Approved Children: Medicaid	87,895	804,974	892,869
Approved Children: MediKids	5,462		5,462
Approved Children: MediKids Full Pay	2,090		2,090
Approved Children: Florida Healthy Kids	26,058		26,058
Approved Children: Florida Healthy Kids Full Pay	4,149		4,149
Approved Children: CHIP CMS Health Plan	2,316		2,316
Approved Children: All Florida KidCare	127,970	804,974	932,944

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 17 categorical themes. As several of these themes were closely related, they were blended into eight overall categories. The data from FHKC fell within 11 themes, which were consolidated into six of the final categories. The full lists 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:

- 347,594 were denied because one or more household members did not meet either the eligibility, disability, or Medicaid need requirements
- 172,940 did not provide the required materials, payment and/or failed to complete one or more steps in the application process
- 127,255 were either enrolled in, eligible for, or referred to another insurance program
- 49,330 were ineligible due to age
- 40,817 were not eligible because either the United States (U.S.) citizenship or Florida residency requirement was not met
- 26,779 were either incarcerated, involved in a legal matter, or had a law violation, including a parental custody issue
- 5,087 were ineligible due to income

Table 4. Reasons for Denial from Florida KidCare, CY 2020

Reasons for Denial of Coverage	Medicaid Total	CHIP Total	Florida KidCare Total
Eligibility/Disability/Medicaid need unmet	347,594	0	347,594
Incomplete application/payment/requirements	88,013	84,927	172,940
Enrolled in/eligible for/referred to other insurance program	1,604	125,651	127,255
Age	44	49,286	49,330
Citizenship or residency requirement not met	39,761	1,056	40,817
Law violation/legal matter	26,770	9	26,779
Other	7,187	0	7,187
Income	5,087	0	5,087
Total	516,060	260,929	776,989

Enrollment

In CY 2020, enrollment in Florida's Medicaid and CHIP programs increased by a sizable margin after years of gradual decline, though it should be noted that the Centers for Medicare and Medicaid Services required that the state not terminate individuals from Medicaid coverage during the public health emergency (Centers for Medicare & Medicaid Services, 2021). Provided by AHCA, monthly enrollment data compiled from 2016 to 2019 showed enrollment in Medicaid and CHIP declining by 5% over this time frame. However, from 2019 to 2020, there was an increase of 10% in total Florida KidCare

enrollment. National enrollment trends have followed a similar trajectory as between 2016 and 2019, there was a roughly 2% drop in enrollment before an increase of 8.38% between 2019 and 2020 (Kaiser Family Foundation, 2021). Increased Medicaid and CHIP enrollment was one of the myriad effects on state and national health care networks that resulted from the ongoing coronavirus disease 2019 (COVID-19) pandemic.

Table 5 presents the point-in-time enrollment figures for the end of CY 2019 and CY 2020 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 2020, 2,544,549 children were enrolled in the Florida KidCare program. This was an increase of 10% from the previous year.
- Both Florida KidCare's Medicaid enrollment and CHIP-funded Medicaid enrollment increased.
- CHIP-funded enrollment saw a decrease of -14.31% from December 2019 to December 2020.
- Each of the subsidized CHIP programs saw decreases from the previous year, with MediKids having the highest enrollment decrease at -38.31%. For the full pay components, MediKids Full Pay had an enrollment decrease at -22.96% and Florida Healthy Kids Full Pay had an enrollment increase at 17.37%.

Table 5. Point-in-time Enrollment Figures for the Last Day of CY 2019 and CY 2020

	CY 2019- CY 2020		
	Enrollment Dec. 31, 2019	Enrollment Dec. 31, 2020	% Change 2019-2020
Florida Healthy Kids (CHIP)			
Florida Healthy Kids	193,082	150,600	-22.00%
Florida Healthy Kids Full Pay	16,547	19,422	17.37%
Florida Healthy Kids Total	209,629	170,022	-18.89%
MediKids (CHIP)			
MediKids	31,192	19,243	-38.31%
MediKids Full Pay	8,880	6,841	-22.96%
MediKids Total	40,072	26,084	-34.91%
CMS Health Plan (CHIP)			
CHIP CMS Health Plan	13,525	12,018	-11.14%
Title XXI-funded Medicaid (CHIP)			
Medicaid Infants < Age 1	1,183	1,412	19.36%
Medicaid Children Ages 6-18	135,191	137,368	1.61%
CHIP-Funded Medicaid Total	136,374	138,780	1.76%
CHIP Total			
Total CHIP-funded enrollment[a]	374,173	320,641	-14.31%
Medicaid	1,913,601	2,197,645	14.84%
Florida KidCare Total	2,313,201	2,544,549	10.00%

[a] Total CHIP-funded enrollment includes CHIP-funded Medicaid for Infants <Age 1 and Children Ages 6-18, and does not include Full Pay programs for either MediKids or Florida Healthy Kids.

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, CHIP, and Florida KidCare, CY 2016-2020

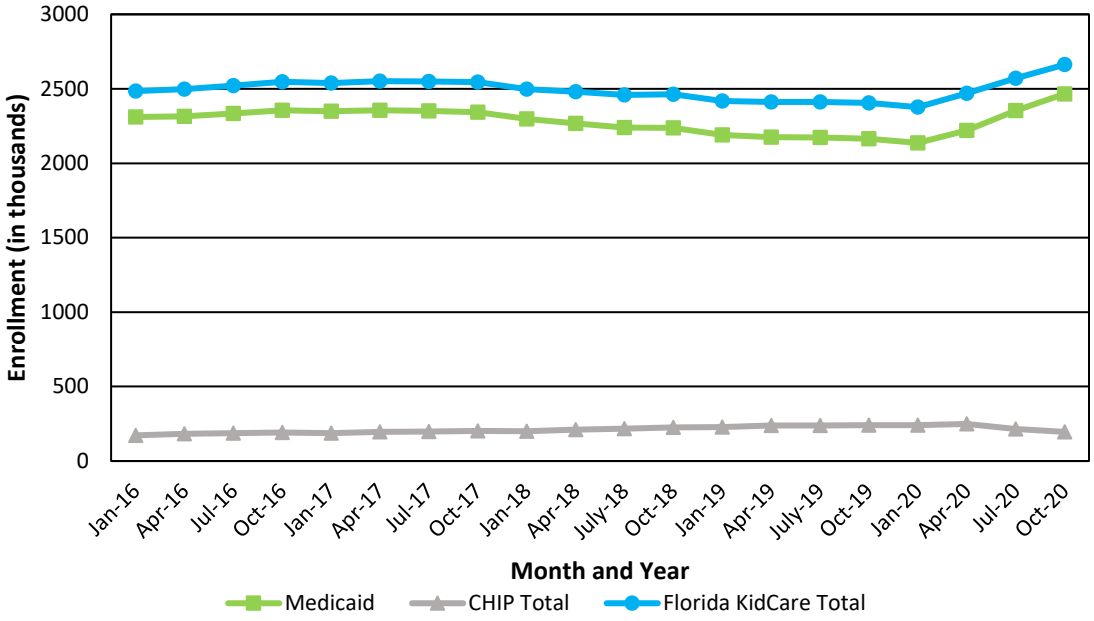
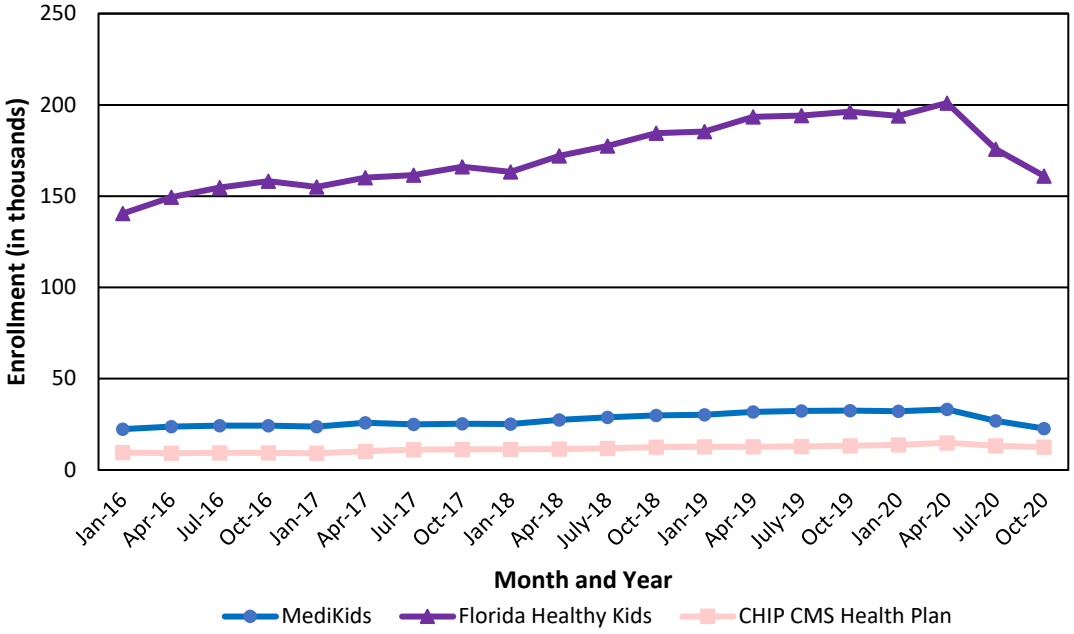


Figure 4. Florida KidCare Enrollment for CHIP Program Components, CY 2016-2020



Ever Enrolled and Newly Enrolled

Table 6 provides another perspective on the number of children enrolled in Florida KidCare during CY 2020. Note that these figures represent enrollees as they enter each program component. For example, a child who ages out of MediKids and is enrolled in Florida Healthy Kids in CY 2020 would be represented three times in this table: once as a 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 2,594,314 children in CY 2020. Of those children, 15.7% had not been served by Medicaid in the year prior to their enrollment in CY 2020. The newly enrolled children are also included in the count of "ever enrolled" children.
- Of the 325,269 children served by Florida KidCare CHIP program during CY 2020, 81,220 (25%) had not been covered by CHIP programs in the year prior to their enrollment in CY 2020.
- MediKids had the highest percentage of new enrollees, with 33.3% of members being new enrollees in CY 2020.

Table 6. Children "Ever" and "Newly" Enrolled in Florida KidCare Program Components, CY 2020

CY 2020			
	Ever Enrolled[a]	Newly Enrolled[b]	Percent New Enrollees
Medicaid	2,594,314	406,671	15.7 %
MediKids	47,882	15,933	33.3 %
Florida Healthy Kids	258,022	59,660	23.1 %
CHIP CMS Health Plan	19,365	5,627	29.1 %
Total CHIP	325,269	81,220	25.0 %

[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 renewals are conducted annually, and recipients are classified into two main assistance groups: those whose eligibility is determined by use of modified adjusted gross income (MAGI) and those determined through use of the Centers for Medicare & Medicaid Services's Enrollment DataBase (EDB). Note that due to the public health emergency, members did not lose Medicaid coverage; therefore, traditional renewals for Medicaid have not been required.

DCF attempts to renew benefits for MAGI assistance groups automatically through a passive redetermination process. The data sources used in this process can include state resources like the Florida Department of Economic Opportunity (DEO) or the State Wage Information Collection Agency, as well as federal sources like the Social Security Administration. 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, the recipient is notified that they must renew by the middle of the

last month of eligibility if they want the coverage to continue. Once the member submits the necessary information, eligibility is redetermined. When an assistance group fails to either initiate or complete the renewal process, the group's eligibility is closed out at the end of the last month of eligibility. When this happens, the group is given three months to complete the process. Those who do so will have their coverage restored through the first month of ineligibility, a process known as gap coverage for Medicaid renewals. Recipients may complete their renewal for DCF review online, by phone, or through paper submission, with approximately 90% of renewals completed online.

In the case of EDB assistance groups, the group is notified in writing of the upcoming renewal date. The group must complete the renewal online, by phone, or by mail prior to the middle of the last month of eligibility if they wish for coverage to continue. Beyond the initiation of the renewal process, the steps are the same for EDB and MAGI assistance groups.

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. 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 renewal process, an administrative renewal is first attempted. The administrative renewal is based on existing account information and electronic income matches received from the state's Department of Revenue and DEO. 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 CY 2020 renewal rates for Florida KidCare, CHIP, and Medicaid coverage are displayed in **Table 7.** During this time period, 93.9% and 94.3% of eligible children had CHIP or Medicaid coverage renewed, respectively, resulting in an overall Florida KidCare renewal rate of 94.2%.

Table 7. Successful Renewal of CHIP Florida KidCare Coverage, CY 2020

Month renewal was due	# of children eligible for renewal	# of children whose renewals were processed successfully	% of eligible children whose coverage was successfully renewed[a]
January 2020- Medicaid	51,505	38,596	74.9%
January 2020- CHIP	14,451	13,773	95.3%
February 2020- Medicaid	47,352	36,574	77.2%
February 2020- CHIP	16,104	15,327	95.2%
March 2020- Medicaid	45,796	39,313	85.8%
March 2020- CHIP	14,848	14,266	96.1%
April 2020- Medicaid[b]	112	112	100%
April 2020- CHIP	15,246	14,398	94.4%
May 2020- Medicaid	212	210	99.1%
May 2020- CHIP	13,710	12,248	89.3%
June 2020- Medicaid	625	620	99.2%
June 2020- CHIP	12,573	11,636	92.5%
July 2020- Medicaid	46,953	46,788	99.6%
July 2020- CHIP	10,362	9,723	93.8%
August 2020- Medicaid	22	18	81.8%
August 2020- CHIP	11,232	10,401	92.6%
September 2020- Medicaid	107,097	106,592	99.5%
September 2020- CHIP	12,528	11,736	93.7%
October 2020- Medicaid	77,078	76,624	99.4%
October 2020- CHIP	10,893	10,216	93.8%
November 2020- Medicaid	94,423	94,084	99.6%
November 2020- CHIP	12,104	11,409	94.3%
December 2020- Medicaid	92,848	92,558	99.7%
December 2020- CHIP	10,748	10,163	94.6%
Total- Medicaid	564,023	532,089	94.3%
Total- CHIP	154,799	145,296	93.9%
Total- All Florida KidCare	718,822	677,385	94.2%

[a] The renewal is considered successful if the member was enrolled in both the renewal month and the following month. [b] For April-August 2020, the number of children eligible for Medicaid renewals is far lower than the year prior due to a policy change in automatic reviews at the height of the public health emergency.

Specific to CHIP renewals, although rates remain fairly steady, the May 2020 rate of 89.3% is the lowest CHIP renewal rate in the past five years. Medicaid renewal rates were significantly higher from CY 2019, with the total Medicaid renewal rate increasing from an average renewal rate of 70.5% in 2019 to 94.3% in 2020. Please note that the Centers for Medicare and Medicaid Services required that the state not terminate individuals from Medicaid coverage during the public health emergency (Centers for Medicare & Medicaid Services, 2021). 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, 2021). 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, Florida Senate, Florida 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) 2020-2021 and budgeted costs for SFY 2021-2022. 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 2020-2021, these costs were $8.24 per CHIP member per month, with an expected rise to $8.93 for 2021-2022.

Table 8. Florida KidCare CHIP Administration Costs, SFYs 2020-2022

Program	SFY 2020-2021 Actuals	SFY 2021-2022 Budgeted
Average Monthly Caseload	169,753	152,212
Number of Case Months	2,037,035	1,826,545
Administration Cost per Member Per Month	$ 8.24	$ 8.93

Note. Data in this table are from Florida KidCare Estimating Conference Documents, August 5, 2021.

Table 9 presents the per member per month premium rates for the Florida KidCare CHIP programs projected for SFY 2020-2021 and budgeted for 2021-2022. 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 average costs range from roughly $15 to $1,135. 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 Average Cost for CHIP Programs, SFYs 2020-2022

Program	SFY 2020-2021 Projected	SFY 2021-2022 Budgeted
MediKids	$ 177.84	$ 219.93
Florida Healthy Kids- Medical	$ 129.47	$ 137.10
Florida Healthy Kids- Dental	$ 15.26	$ 15.38
CMS Health Plan	$ 1,046.36	$ 1,099.75
BNet	$ 1,134.32	$ 1,158.14
Medicaid Infants <1	-	-
Medicaid Children 6-18	$ 271.79	$ 274.79

Note. CHIP-funded Medicaid for Infants <Age 1 and Children Ages 6-18 data are from Social Services Estimating Conferences in March 2021 and August 2021; all other data are from Florida KidCare Estimating Conference Documents, August 5, 2021.

Table 10 presents the actual totals for annual premium amounts collected from CHIP families for SFY 2020-2021 as well as the budgeted amount for SFY 2021-2022. Across all CHIP programs, the premium amounts collected by families are expected to decrease in 2021-2022.

Table 10. Premiums Collected from CHIP Families, SFYs 2020-2022

Program	SFY 2020-2021 Actuals	SFY 2021-2022 Budgeted
MediKids	$ 2,018,445	$ 1,474,117
Florida Healthy Kids	$ 21,531,920	$ 18,666,708
CMS Health Plan	$ 1,615,501	$ 1,455,547
Total	$ 25,165,866	$ 21,596,372

Note. Data in this table are from Florida KidCare Estimating Conference Documents, August 5, 2021.

Table 11 summarizes the total program costs alongside the federal and state shares for each of the Florida KidCare CHIP program components for SFY 2020-2021 and budgeted for SFY 2021-2022. 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). When budgeting for 2020-2021 last year, CHIP program costs were forecasted to surpass one billion. The actual 2020-2021 CHIP program costs reported were just shy of meeting this estimate, at a total of $960,198,726. The budgeted program expenditures for the following SFY are nearly $30 million more, at over $988,000,000.

Table 11. Florida KidCare CHIP Expenditures and Revenue Sources, SFYs 2020-2022

Actual SFY 2020-2021 By Program	Expenditures	Family Contributions	Federal Funds	State Funds
CHIP				
MediKids	$40,897,649	$2,018,445	$31,485,048	$7,394,156
Florida Healthy Kids[a]	$266,197,614	$21,531,920	$198,582,414	$46,083,280
CMS Health Plan[a]	$149,100,876	$1,615,501	$118,971,021	$28,514,355
BNet	$4,143,671	$0	$3,346,306	$797,365
Full-Pay Programs				
MediKids Full Pay	$24,264,697	$14,142,538	$0	$0
Florida Healthy Kids Full Pay	$51,530,125	$51,530,125	$0	$0
CHIP-Funded Medicaid				
Medicaid Infants <1	$0	$0	$0	$0
Medicaid Children 6-18	$483,080,089	$0	$388,885,510	$94,194,579
Totals				
Total CHIP Services	$943,419,899	$25,165,866	$741,270,298	$176,983,735
Administration	$16,778,827	$1,982,106	$11,908,263	$2,888,458
Grand Total	$960,198,726	$27,147,972	$753,178,561	$179,872,193
Budgeted SFY 2021-2022 By Program	**Expenditures**	**Family Contributions**	**Federal Funds**	**State Funds**
CHIP				
MediKids	$36,061,833	$1,474,117	$25,860,399	$8,727,317
Florida Healthy Kids	$240,187,383	$18,666,708	$166,541,798	$54,978,878
CMS Health Plan[a]	$140,384,740	$1,455,547	$104,192,293	$34,888,156
BNet	$3,829,065	$0	$2,869,011	$960,053
Full-Pay Programs				
MediKids Full Pay	$16,684,183	$13,581,574	$0	$0
Florida Healthy Kids Full Pay	$62,775,652	$62,775,652	$0	$0
CHIP-Funded Medicaid				
Medicaid Infants <1	$0	$0	$0	$0
Medicaid Children 6-18	$552,030,060	$0	$414,319,261	$137,710,799
Totals				
Total CHIP Services	$972,493,081	$21,596,372	$713,782,762	$237,265,203
Administration	$16,311,033	$2,411,381	$10,414,850	$3,484,802
Grand Total	$988,804,114	$24,007,753	$724,197,612	$240,750,005

Note. CHIP-funded Medicaid for Infants <Age 1 and Children Ages 6-18 data are from Social Services Estimating Conferences in March 2021 and August 2021; all other data are from Florida KidCare Estimating Conference Documents, August 5, 2021.

[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, 2021). Note that a FFY runs from October 1 to September 30.

As presented in the preceding tables, CHIP expenditures are expected to increase and the revenue from both family contributions and federal funds are expected to decrease, despite an anticipated decrease in caseload. This results in a greater share of the costs absorbed by the state. The fluctuations in Florida's federal funds are a result of the planned decrease through the Affordable Care Act, legislation to extend CHIP funding, and the passage of the Families First Coronavirus Response Act (FFCRA). In response to the COVID-19 pandemic, the FFCRA provided a 6.2 percentage point increase in the Federal Medical Assistance Percentage (FMAP) rate available to states on the condition that states must not disenroll members during the public health emergency (Centers for Medicare & Medicaid Services, 2021). Note that while the FMAP changes related to COVID-19 are related to Medicaid financing and do not increase the enhanced FMAP, the matching rate used for CHIP programs, the 6.2 percentage point increase in the FMAP indirectly results in an increase to the enhanced FMAP. These impacts were discussed in detail at the August 5, 2021, Social Services Estimating Conference.

Table 12. Florida KidCare CHIP Expenditures, SFYs 2016-2022 and FFYs 2017-2022

	Total	State Funds	Federal Funds
SFY			
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	$822,467,740	$86,614,078	$735,853,662
2020-2021	$977,072,025	$190,516,832	$786,555,194
2021-2022	$947,658,320	$236,405,214	$711,253,107
FFY			
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)	$839,673,608	$102,574,528	$737,099,080
2021 (2020-2021)	$983,491,583	$219,200,604	$764,290,979
2022 (2021-2022)	$996,630,881	$261,057,493	$735,573,388

Note. Data in this table are from Florida KidCare Estimating Conference Documents, August 5, 2021. 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 2021 and 2022. 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 2017-2022

FFY	Federal Grant	Carry Forward Total
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	$215,749,603
2021 (2020-2021)	$780,820,674	$321,170,449
2022 (2021-2022)	$780,820,674	$337,700,144

Note. Data in this table are from Florida KidCare Estimating Conference Documents, August 5, 2021.

Section 2:
Family Experiences

In This Section

- Background
- Methodology
- Experience with Florida KidCare
- Composites
- Global Rating Questions
- Supplemental Questions: Children with Chronic Conditions
- Supplemental Question: Number of Doctors to Choose from

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, 2019b). 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, 2019a).

Methodology

Presented in this section are results of surveys conducted in 2021 with caregivers of Florida KidCare members. A total of 8,989 telephone, internet, and mail surveys were conducted using the CAHPS child health plan 5.1H 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), a Medicaid component in which members are not enrolled in a managed care plan. Note that full-pay members of Florida Healthy Kids and MediKids were not included in these surveys, and that while Medicaid FFS was combined with overall Medicaid program totals in the previous section, the Medicaid program components are listed separately for the remainder of this report. Starting in 2018, survey samples for the Florida Healthy Kids program component 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.

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 all of the Medicaid MMA 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). Prior to the 2021 survey, any Medicaid MMA plans that used this question set were reported as part of a

separate category known as Medicaid MMA CCC. The totals for these plans were not included in the Medicaid or state rates, as plans in the Medicaid MMA CCC category were not necessarily representative of the entire Medicaid program. The number of plans in the Medicaid MMA CCC category was either three or four over the past five years, which may account for changes in trending data. Note that this category appears in each trending data table within this section, and that the 2021 survey data figures include this category for context, though the rate is listed as N/R.

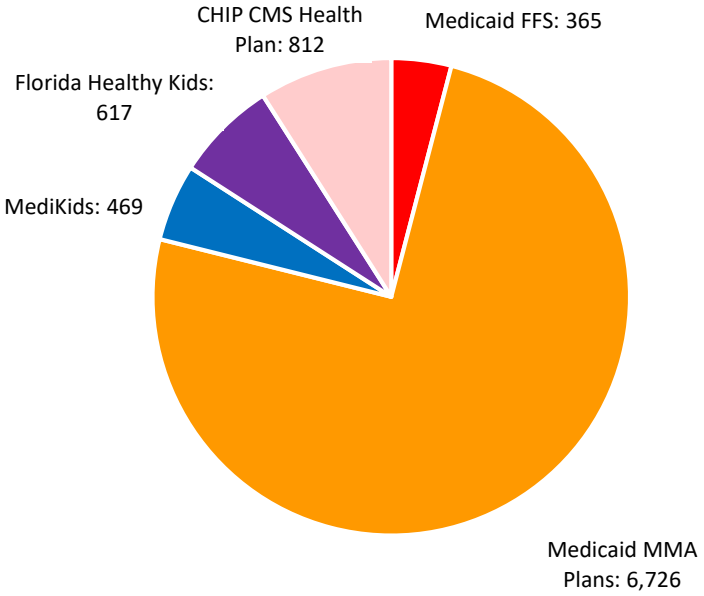
NCQA guidelines state that health plans must achieve a denominator of at least 100 responses (NCQA, 2020b) for rates to be reportable. In the case of a composite, an average of 100 responses across composite items is required to achieve the minimum denominator for reporting. In this report, results below 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 surveys that were completed for each Florida KidCare program component. Note that in keeping with the requirements of the 5.1H survey, only responses with the designation of "complete and eligible" are considered completed.

Figure 5. Number of Surveys Completed by Florida KidCare Program, 2021 Survey



Experience with Florida KidCare

Survey respondents were given demographic questions about their enrolled child. Options 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. The majority of families enrolled in Florida KidCare (62%) identified enrollee race as White, while 24% of enrollees identified as Black or African American. Most enrollees identified as non-Hispanic or Latino (53%), and 54% were male while 46% were female. These demographics are largely consistent with the demographics of surveyed families in prior years. Additional demographic data is available in **Appendix C: Additional Data Charts**.

While the performance compared to the national averages were mostly within the lowest 50th benchmark percentile, the overall Florida KidCare rates in 2021 were higher than the year prior for 10 of the 15 total survey items presented in this report. In particular, the Medicaid FFS and CHIP CMS Health Plan showed notable changes compared to last year, with improvements in 9 and 12 of the survey items, respectively.

Coordination of Care

When asked about the coordination of the member's health care between providers, 81% of Florida KidCare families felt their child's doctor seemed informed and up to date.

Composites

Eighty five percent of Florida KidCare families reported that it was easy to get needed care, and 88% stated that they were able to get that care as soon as needed. Nearly all (94%) families felt that their child's physician communicated well with them, and 89% of families reported positive experiences with the customer service of their health plan.

Global Rating Questions

The Florida KidCare total rated in the top 50th percentile of HEDIS benchmark percentiles for all four of the global rating questions. Seventy eight percent of Florida KidCare families rated their personal doctor, and 76% rated their specialist seen most often, as a "9" or "10." When rating their overall experiences, 74% of the Florida KidCare families gave a favorable rating to all their health care while the majority (71%) rated their health plan a "9" or "10."

Supplemental Question Set: Children with Chronic Conditions

Specific to the access to specialized services composite, 68% of Florida KidCare families found it easy to obtain medical devices, therapies, or treatments, and 90% felt their child's personal doctor was mindful of how the child's illness impacts both the child and the family. Three quarters of families felt that they were given sufficient assistance from the child's health providers or health plan to coordinate care among different providers and schools. Eighty nine percent of Florida KidCare families felt that they usually or always received needed information, while 90% felt it was easy to access prescription medicines.

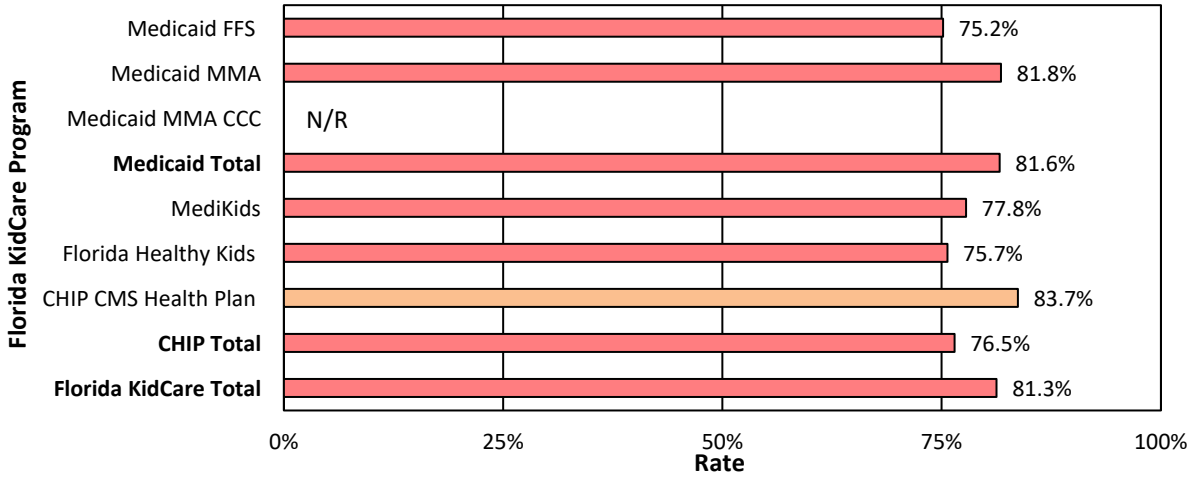
Supplemental Question: Doctors to Choose From

An additional question asked families how they would rate the number of doctors they had to choose from. Sixty one percent of Florida KidCare families responded either excellent or very good and, when considering only data from the Medicaid MMA plans, 9 of the 14 plans had rates of 60% or higher.

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. The Florida KidCare rate improved from last year at 81%. **Figure 6** displays the percentages of respondents who reported a positive experience with care coordination, while **Table 14** shows the four-year trend data. Medicaid MMA plan-level rates are available in Appendix C, **Figure 66**.

Figure 6. Coordination of Care by Florida KidCare Program, 2021 Survey



Note. Rates for programs with sample sizes of less than 100 are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

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, Four-Year Trend

Program	2018	2019	2020	2021
Medicaid FFS	83.4%	78.4%	76.9%	75.2%
Medicaid MMA	82.5%	83.8%	86.3%	81.8%
Medicaid MMA CCC[a]	81.4%	83.9%	81.5%	N/R
Medicaid Total	82.5%	83.7%	76.9%	81.6%
MediKids	77.1%	80.0%	75.6%	77.8%
Florida Healthy Kids	75.2%	79.0%	78.0%	75.7%
CHIP CMS Health Plan	78.8%	61.4%	81.0%	83.7%
CHIP Total	75.7%	78.0%	77.9%	76.5%
Florida KidCare Total	81.9%	83.1%	77.7%	81.3%

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 was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

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

Composites

These types of survey items incorporate two or more questions into an overall theme, and each question within a composite contains the same response options. Composite 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 appointments for your child with a specialist as soon as he or she 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, how often did you get an appointment for a check-up or routine care 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?

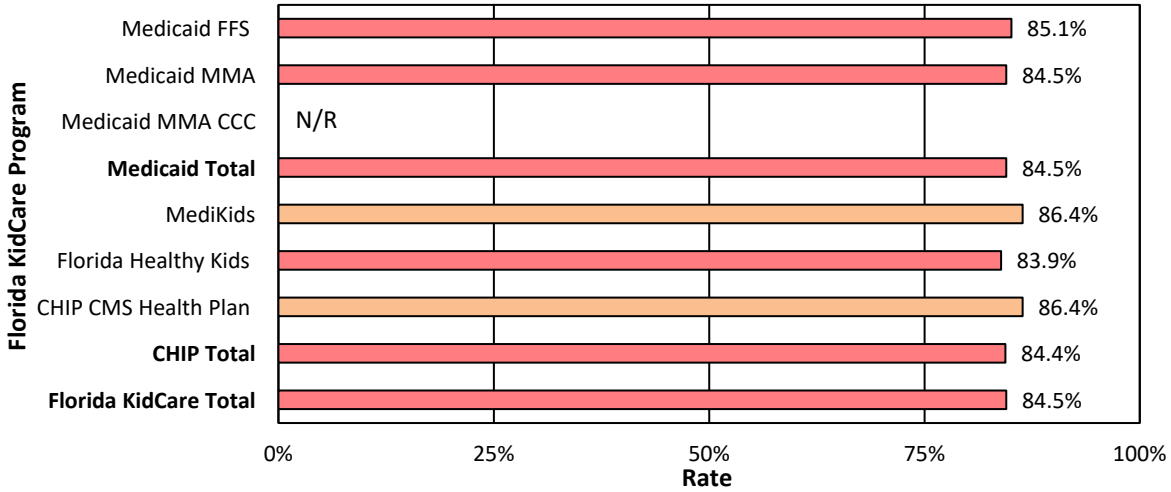
Table 15. Florida KidCare Rates for CAHPS Composites, 2021 Survey

Composite	Florida KidCare Rate
Getting Needed Care	84.5%
Getting Care Quickly	87.7%
Doctor's Communication Skills	93.6%
Health Plan Customer Service	88.6%

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. More than 8 out of 10 Florida KidCare families felt it was easy to get care, with 2021 rates improving in all program components except MediKids. **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 67**.

Figure 7. Getting Needed Care by Florida KidCare Program, 2021 Survey



Note. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

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

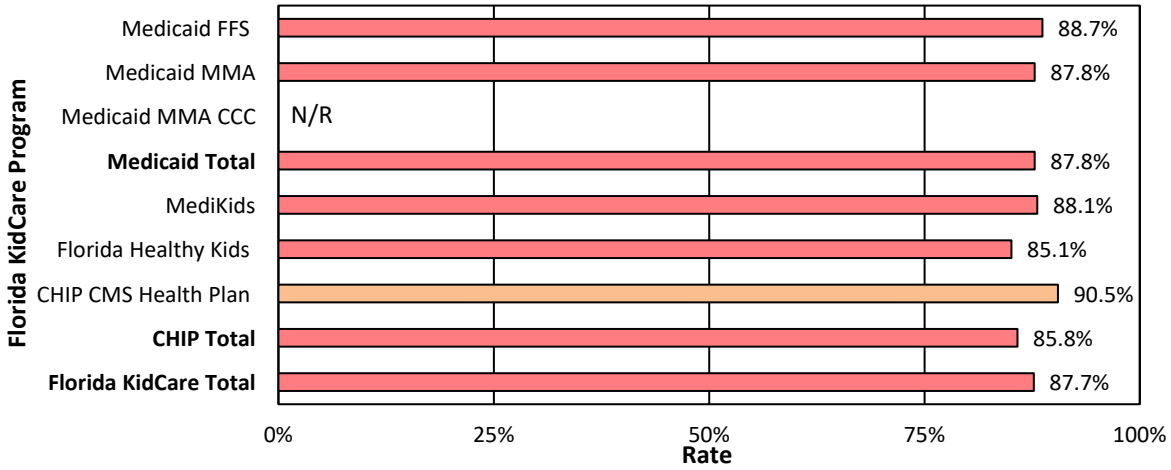
Program	2017	2018	2019	2020	2021
Medicaid FFS	81.5%	86.4%	87.2%	83.5%	85.1%
Medicaid MMA	82.8%	84.5%	83.3%	82.5%	84.5%
Medicaid MMA CCC[a]	86.4%	86.5%	87.1%	86.5%	N/R
Medicaid Total	82.8%	84.5%	83.4%	82.5%	84.5%
MediKids	83.8%	84.8%	84.7%	89.1%	86.4%
Florida Healthy Kids	84.6%	84.9%	81.1%	83.0%	83.9%
CHIP CMS Health Plan	85.3%	85.4%	82.3%	84.1%	86.4%
CHIP Total	84.5%	84.9%	81.8%	83.8%	84.4%
Florida KidCare Total	82.9%	84.6%	83.2%	82.7%	84.5%

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 was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.
[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. A slight decrease from prior years, the Florida KidCare rate was 88% in 2021. **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 68.**

Figure 8. Getting Care Quickly by Florida KidCare Program, 2021 Survey



Note. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

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

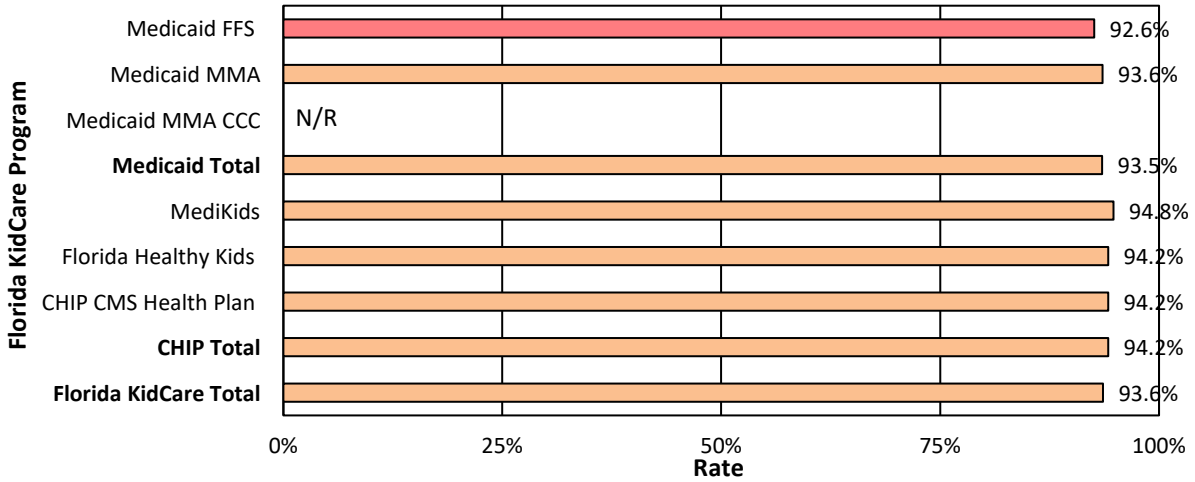
Program	2017	2018	2019	2020	2021
Medicaid FFS	89.8%	92.1%	89.7%	90.7%	88.7%
Medicaid MMA	88.3%	89.4%	88.8%	89.5%	87.8%
Medicaid MMA CCC[a]	92.2%	92.6%	92.7%	92.0%	N/R
Medicaid Total	88.3%	89.4%	88.9%	89.5%	87.8%
MediKids	95.0%	92.2%	91.7%	92.9%	88.1%
Florida Healthy Kids	91.1%	90.4%	87.7%	91.6%	85.1%
CHIP CMS Health Plan	92.7%	90.3%	91.5%	90.8%	90.5%
CHIP Total	91.8%	90.7%	88.6%	91.7%	85.8%
Florida KidCare Total	88.5%	89.5%	88.8%	89.8%	87.7%

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 was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.
[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's concerns, showed respect for their input, and spent enough time with the child. Ninety four percent of Florida KidCare families responded positively, a rate consistent with responses over the prior four calendar years, and improved compared to last year's HEDIS benchmark percentile. **Figure 9** and **Table 18** show this data, and Medicaid MMA plan-level rates are shown in Appendix C, **Figure 69.**

Figure 9. Doctor's Communication Skills by Florida KidCare Program, 2021 Survey



Note. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

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

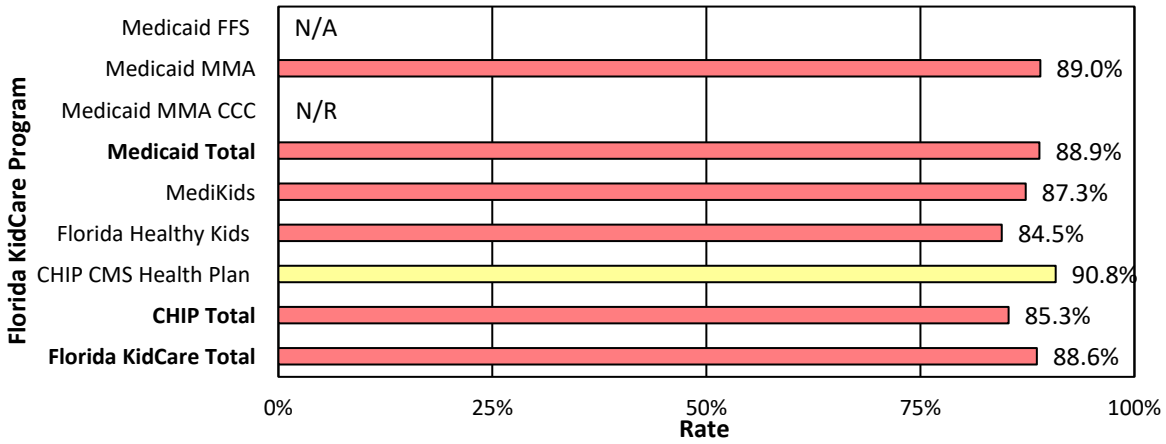
Program	2017	2018	2019	2020	2021
Medicaid FFS	93.6%	94.0%	95.0%	94.9%	92.6%
Medicaid MMA	93.1%	93.6%	93.7%	94.2%	93.6%
Medicaid MMA CCC[a]	93.5%	93.2%	94.3%	95.2%	N/R
Medicaid Total	93.1%	93.6%	93.7%	94.2%	93.5%
MediKids	95.0%	95.2%	94.6%	96.6%	94.8%
Florida Healthy Kids	93.9%	95.5%	94.6%	96.7%	94.2%
CHIP CMS Health Plan	94.7%	94.3%	80.8%	94.4%	94.2%
CHIP Total	94.1%	95.4%	93.7%	96.6%	94.2%
Florida KidCare Total	93.2%	93.7%	93.7%	94.5%	93.6%

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 was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.
[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. Most (89%) Florida KidCare families responded positively, a near-identical rate to the 2020 survey, though in a lower HEDIS benchmark percentile. **Figure 10**, **Table 19**, and Appendix C, **Figure 70** display families reporting a positive experience with their health plan customer service by Florida KidCare program in 2021, across the last five years, and across Medicaid MMA plans, respectively.

Figure 10. Health Plan Customer Service by Florida KidCare Program, 2021 Survey



Note. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

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	2017	2018	2019	2020	2021
Medicaid FFS	76.0%	83.5%	79.0%	N/A	N/A
Medicaid MMA	87.4%	89.5%	89.0%	88.8%	89.0%
Medicaid MMA CCC[a]	88.9%	88.7%	89.3%	90.2%	N/R
Medicaid Total	87.2%	89.4%	88.8%	88.6%	88.9%
MediKids	84.7%	87.2%	86.3%	88.7%	87.3%
Florida Healthy Kids	83.9%	86.0%	86.9%	86.8%	84.5%
CHIP CMS Health Plan	88.4%	88.1%	85.0%	89.0%	90.8%
CHIP Total	84.3%	86.3%	86.7%	87.2%	85.3%
Florida KidCare Total	87.1%	89.1%	88.5%	88.4%	88.6%

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 was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.
[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: all 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, while 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 talked to 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?

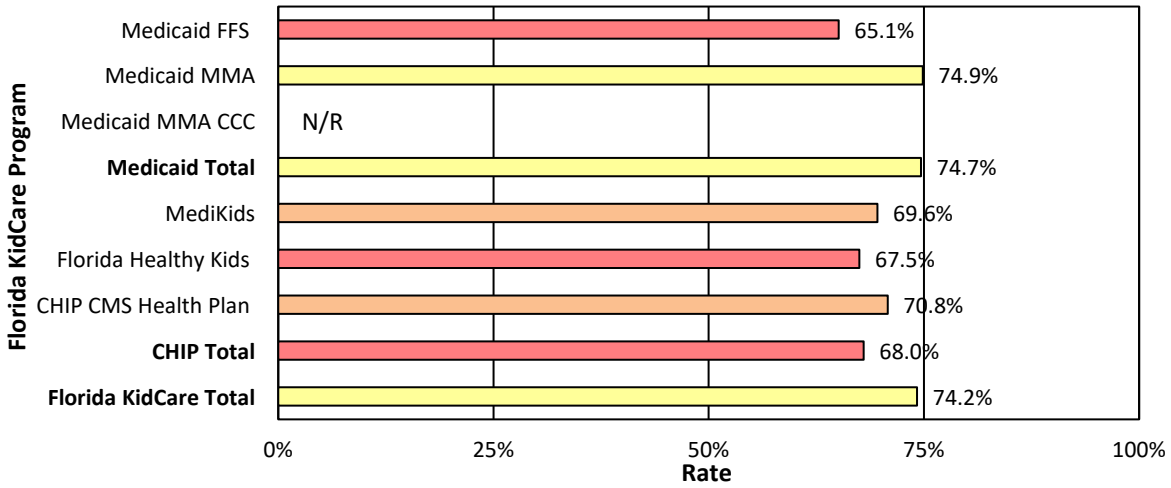
Table 20. Florida KidCare Rates for CAHPS Rating Questions, 2021 Survey

Rating Question	Florida KidCare Rate
All Health Care	74.2%
Personal Doctor	78.3%
Specialty Care Provider	76.1%
Health Plan	71.1%

All Health Care

Families were asked to rate all the child's health care over the past six months. All health care was rated a "9" or a "10" by 74% of Florida KidCare families, a five-year high. Additionally, Medicaid FFS, Medicaid MMA, and CHIP CMS Health Plan also saw improvements compared to prior 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 71**.

Figure 11. All Health Care Rating of "9" or "10" by Florida KidCare Program, 2021 Survey



Note. Rates for programs with sample sizes of less than 100 are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

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	2017	2018	2019	2020	2021
Medicaid FFS	57.7%	63.3%	61.0%	60.5%	65.1%
Medicaid MMA	70.6%	72.2%	71.8%	74.2%	74.9%
Medicaid MMA CCC[a]	69.9%	68.5%	71.2%	72.7%	N/R
Medicaid Total	70.4%	72.0%	71.5%	73.8%	74.7%
MediKids	64.7%	70.5%	70.0%	71.8%	69.6%
Florida Healthy Kids	67.6%	69.8%	63.5%	70.1%	67.5%
CHIP CMS Health Plan	64.9%	64.6%	62.6%	68.7%	70.8%
CHIP Total	67.0%	69.6%	64.6%	70.2%	68.0%
Florida KidCare Total	70.2%	71.8%	70.7%	73.3%	74.2%

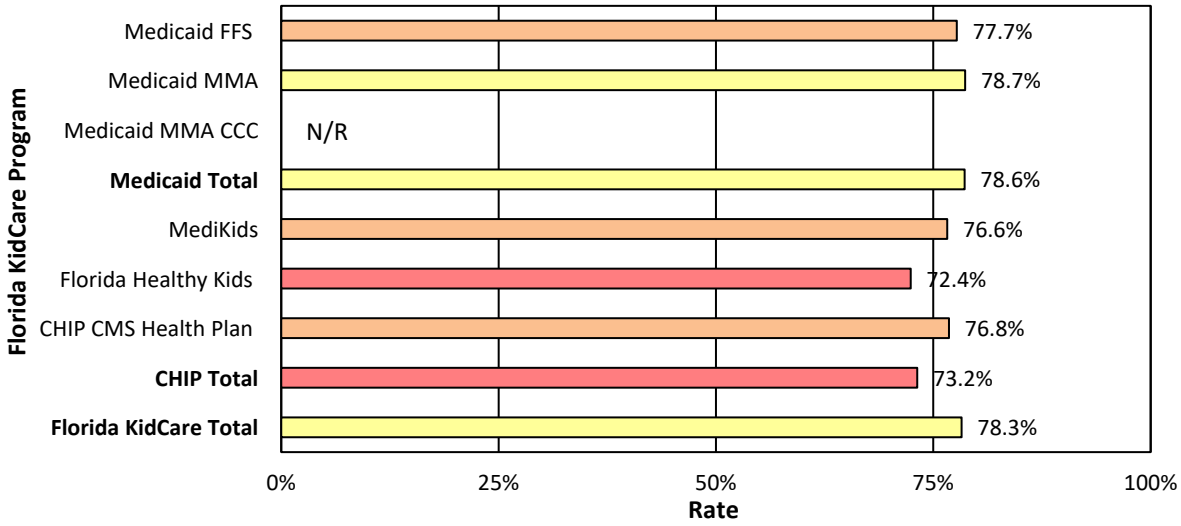
Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with sample sizes of less than 100 are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

[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, 78% of Florida KidCare families gave a rating of "9" or "10." Rates for the Florida KidCare program components ranged from Florida Healthy Kids at 72% to Medicaid MMA at 79%. 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 72**.

Figure 12. Personal Doctor Rating of "9" or "10" by Florida KidCare Program, 2021 Survey



Note. Rates for programs with sample sizes of less than 100 are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

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	2017	2018	2019	2020	2021
Medicaid FFS	71.4%	77.1%	72.2%	74.1%	77.7%
Medicaid MMA	77.6%	78.1%	77.1%	80.5%	78.7%
Medicaid MMA CCC[a]	75.7%	76.5%	76.6%	79.3%	N/R
Medicaid Total	77.5%	78.1%	77.0%	80.4%	78.6%
MediKids	74.0%	77.8%	74.8%	75.2%	76.6%
Florida Healthy Kids	73.2%	74.9%	72.1%	75.8%	72.4%
CHIP CMS Health Plan	73.0%	71.6%	72.1%	74.1%	76.8%
CHIP Total	73.3%	75.2%	72.6%	75.6%	73.2%
Florida KidCare Total	77.3%	77.8%	76.5%	79.7%	78.3%

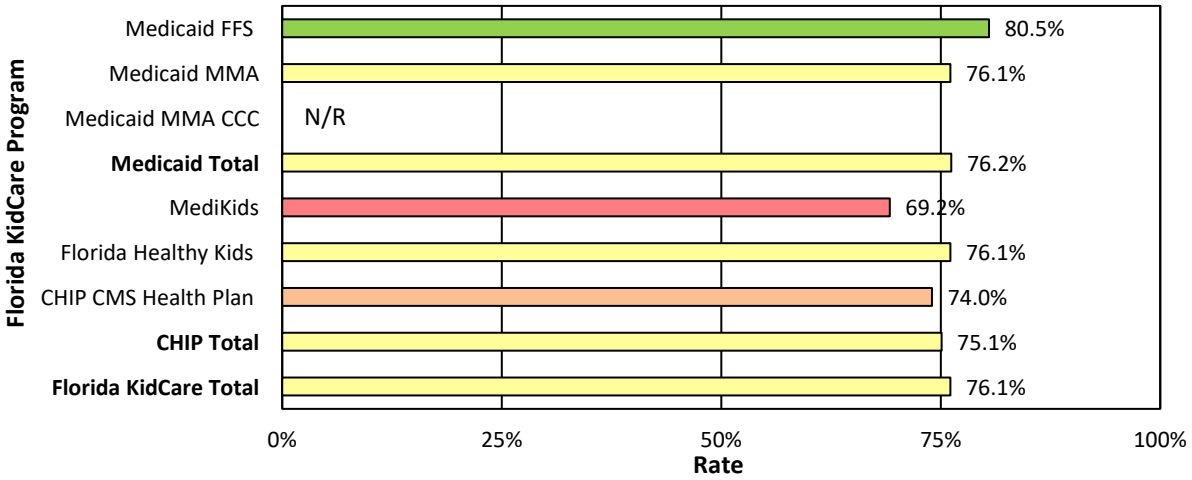
Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with sample sizes of less than 100 are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

[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," with Medicaid FFS experiencing improvements that placed the rate in the 75th HEDIS benchmark percentile for the first time over the five-year look-back period. **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 73** contains Medicaid MMA plan-level rates**.**

Figure 13. Specialist Rating of "9" or "10" by Florida KidCare Program, 2021 Survey



Note. Rates for programs with sample sizes of less than 100 are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

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	2017	2018	2019	2020	2021
Medicaid FFS	62.3%	73.7%	66.8%	74.6%	80.5%
Medicaid MMA	76.9%	72.4%	73.3%	75.8%	76.1%
Medicaid MMA CCC[a]	73.6%	74.7%	77.3%	77.0%	N/R
Medicaid Total	76.7%	72.5%	73.1%	75.7%	76.2%
MediKids	68.0%	74.6%	74.8%	71.4%	69.2%
Florida Healthy Kids	65.0%	70.7%	65.5%	74.7%	76.1%
CHIP CMS Health Plan	71.5%	71.5%	72.3%	73.8%	74.0%
CHIP Total	65.8%	71.4%	67.6%	74.2%	75.1%
Florida KidCare Total	76.1%	72.4%	72.5%	75.5%	76.1%

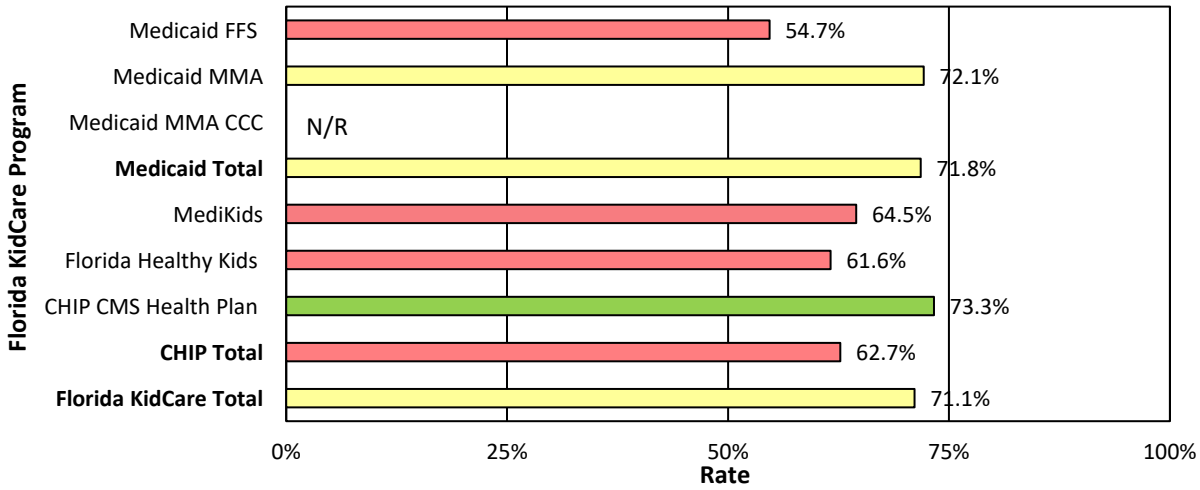
Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with sample sizes of less than 100 are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

[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. The overall Florida KidCare rate was 71%, the highest rating over the five-year look-back period. CHIP CMS Health Plan improved by eight percentage points from the prior year, landing the 2021 rate in the 75th 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 74.**

Figure 14. Health Plan Rating of "9" or "10" by Florida KidCare Program, 2021 Survey



Note. Rates for programs with sample sizes of less than 100 are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

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	2017	2018	2019	2020	2021
Medicaid FFS	44.4%	51.9%	50.5%	51.2%	54.7%
Medicaid MMA	69.9%	70.3%	71.2%	70.8%	72.1%
Medicaid MMA CCC[a]	67.0%	67.1%	68.8%	70.0%	N/R
Medicaid Total	69.5%	69.9%	70.7%	70.2%	71.8%
MediKids	55.7%	65.1%	64.2%	65.4%	64.5%
Florida Healthy Kids	57.6%	61.0%	57.6%	60.7%	61.6%
CHIP CMS Health Plan	65.5%	66.9%	61.4%	65.3%	73.3%
CHIP Total	57.7%	62.0%	59.0%	61.5%	62.7%
Florida KidCare Total	68.8%	69.2%	69.3%	69.0%	71.1%

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 was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

[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, with composites containing the same response options. These positive responses are "usually," "always," or "yes" depending on the nature of the question. 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 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?

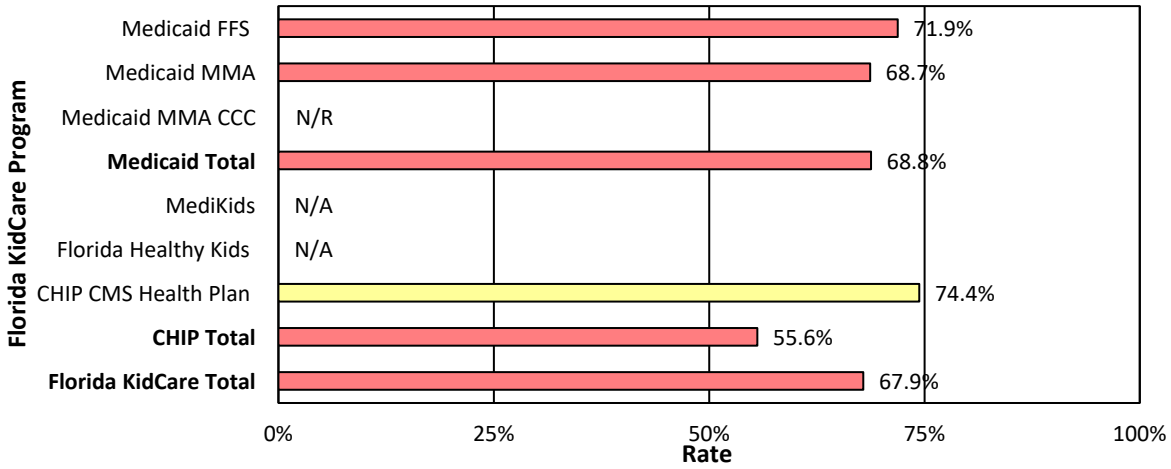
Table 25. Florida KidCare Rates for CAHPS CCC Question Set Items, 2021 Survey

Item	Florida KidCare Rate
Access to Specialized Services Composite	67.9%
Personal Doctor Who Knows Child Composite	90.4%
Coordination of Care Composite	75.0%
Getting Needed Information	89.3%
Access to Prescription Medicines	89.6%

Access to Specialized Services

In this composite, families were asked about their experiences getting medical equipment, therapies, treatment, or counseling, and 68% of Florida KidCare families felt it was easy to obtain these services. Substantive improvements in Medicaid FFS and CHIP CMS Health Plan contributed to the improvement in the overall Florida KidCare rate. **Figure 15** displays the percentages of respondents who reported a positive experience with getting needed care by Florida KidCare program, while **Table 26** shows five-year trend data. Rates for the Medicaid MMA plans are available in Appendix C, **Figure 75**.

Figure 15. Access to Specialized Services by Florida KidCare Program, 2021 Survey



Note. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

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, Five-Year Trend

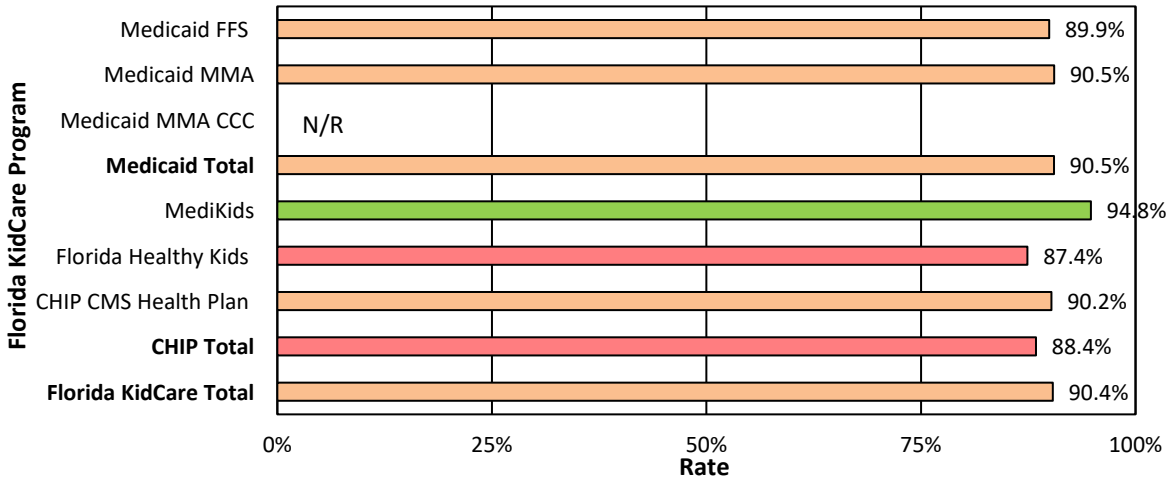
Program	2017	2018	2019	2020	2021
Medicaid FFS	62.6%	65.3%	64.8%	60.5%	71.9%
Medicaid MMA	-	-	-	-	68.7%
Medicaid MMA CCC[a]	72.4%	71.0%	74.7%	72.4%	N/R
Medicaid Total	-	-	-	-	68.8%
MediKids	N/A	N/A	N/A	N/A	N/A
Florida Healthy Kids	N/A	N/A	N/A	N/A	N/A
CHIP CMS Health Plan	71.5%	73.8%	67.2%	66.6%	74.4%
CHIP Total	61.7%	67.2%	66.5%	65.7%	55.6%
Florida KidCare Total	71.6%	66.9%	66.2%	65.0%	67.9%

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. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

Personal Doctor Who Knows Child

The Personal Doctor CCC composite is related to family-centered care and asks whether the physician understands how the child's medical, behavioral, or health condition affects the daily life of the child and family and whether the doctor discussed with the family how the child was feeling, growing, and behaving. The Florida KidCare rate of 90% was an improvement from 2020, due to either stable or improved rates from all program components. These rates are displayed in **Figure 16** with five-year trend data presented in **Table 27**. Medicaid MMA plan-level rates are available in Appendix C, **Figure 76**.

Figure 16. Personal Doctor Who Knows Child by Florida KidCare Program, 2021 Survey



Note. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

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, Five-Year Trend

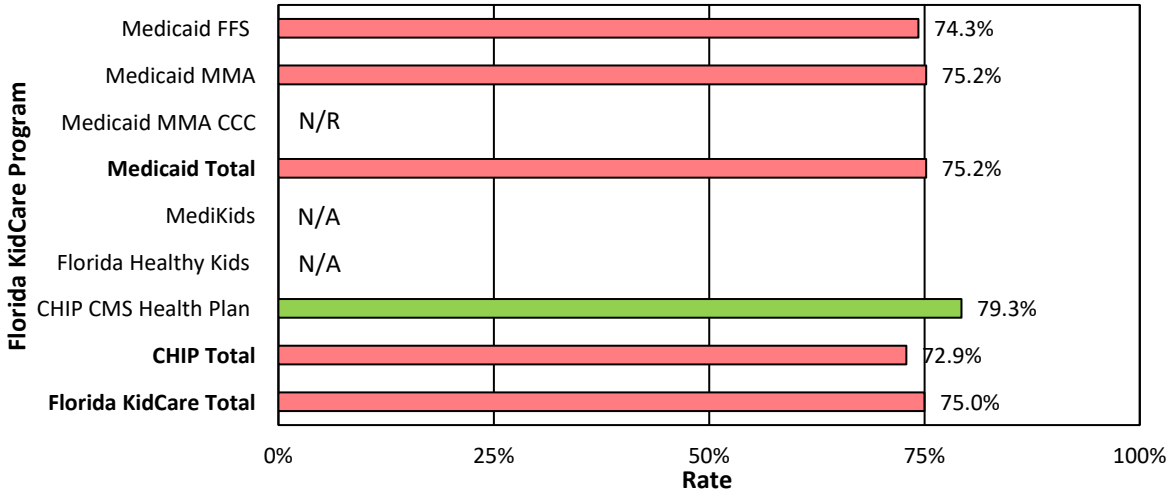
Program	2017	2018	2019	2020	2021
Medicaid FFS	88.7%	90.8%	88.8%	89.9%	89.9%
Medicaid MMA	-	-	-	-	90.5%
Medicaid MMA CCC[a]	88.3%	88.9%	89.9%	91.0%	N/R
Medicaid Total	-	-	-	-	90.5%
MediKids	86.7%	89.6%	90.9%	92.5%	94.8%
Florida Healthy Kids	86.9%	90.9%	84.6%	85.2%	87.4%
CHIP CMS Health Plan	89.7%	90.1%	89.9%	90.1%	90.2%
CHIP Total	87.0%	90.6%	86.1%	86.4%	88.4%
Florida KidCare Total	88.2%	90.7%	86.5%	86.9%	90.4%

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 was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

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. Three quarters of Florida KidCare families responded positively, and CHIP CMS Health Plan also improved to its highest rate in five years, landing in the 75th HEDIS benchmark percentile. **Figure 17** shows Florida KidCare program rates, while **Table 28** shows five-year trend data. Medicaid MMA plan-level rates are available in Appendix C, **Figure 77**.

Figure 17. Coordination of Care for CCC by Florida KidCare Program, 2021 Survey



Note. Rates for programs with average sample sizes of less than 100 across composite items are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

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, Five-Year Trend

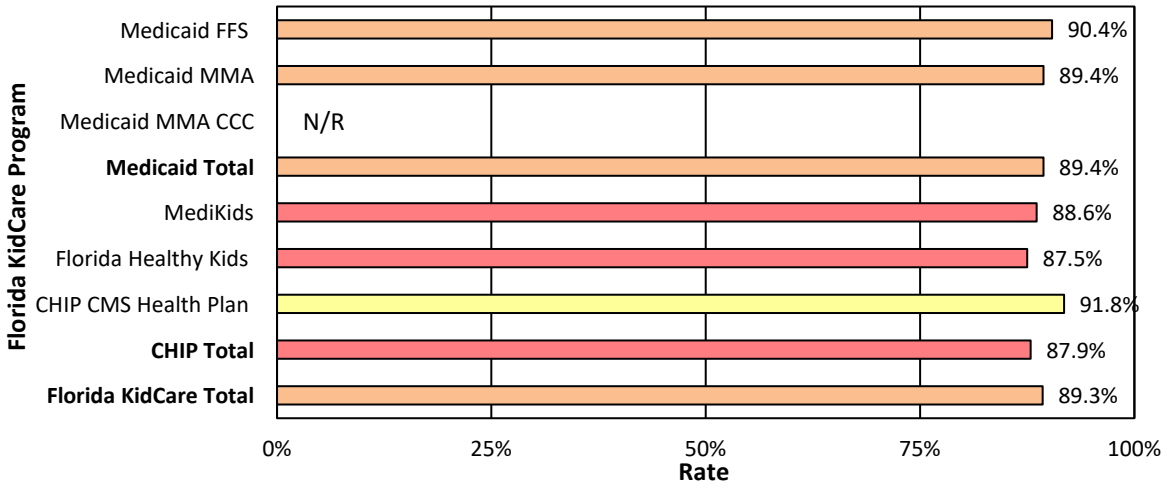
Program	2017	2018	2019	2020	2021
Medicaid FFS	68.9%	72.3%	73.2%	69.2%	74.3%
Medicaid MMA	-	-	-	-	75.2%
Medicaid MMA CCC[a]	78.4%	73.1%	76.6%	75.7%	N/R
Medicaid Total	-	-	-	-	75.2%
MediKids	65.3%	73.8%	N/A	N/A	N/A
Florida Healthy Kids	71.0%	68.3%	66.7%	73.0%	N/A
CHIP CMS Health Plan	71.1%	76.6%	74.4%	77.7%	79.3%
CHIP Total	70.1%	69.7%	69.0%	74.5%	72.9%
Florida KidCare Total	77.8%	70.1%	69.7%	73.8%	75.0%

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. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

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. Nearly all (89%) of Florida KidCare families responded positively, with rates for the Florida KidCare program components ranging from Florida Healthy Kids at 88% to CHIP CMS Health Plan at 92%. **Figure 18** displays the rates by Florida KidCare program, while **Table 29** shows five-year trend data. Medicaid MMA plan-level rates are available in Appendix C, **Figure 78**.

Figure 18. Getting Needed Information by Florida KidCare Program, 2021 Survey



Note. Rates for programs with sample sizes of less than 100 are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

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, Five-Year Trend

Program	2017	2018	2019	2020	2021
Medicaid FFS	89.8%	92.4%	91.2%	91.1%	90.4%
Medicaid MMA	-	-	-	-	89.4%
Medicaid MMA CCC[a]	91.5%	90.7%	92.0%	92.2%	N/R
Medicaid Total	-	-	-	-	89.4%
MediKids	93.0%	91.3%	92.7%	93.7%	88.6%
Florida Healthy Kids	91.2%	90.3%	90.0%	91.0%	87.5%
CHIP CMS Health Plan	95.4%	92.0%	91.8%	92.9%	91.8%
CHIP Total	91.7%	90.6%	90.6%	91.5%	87.9%
Florida KidCare Total	91.5%	90.9%	90.7%	91.4%	89.3%

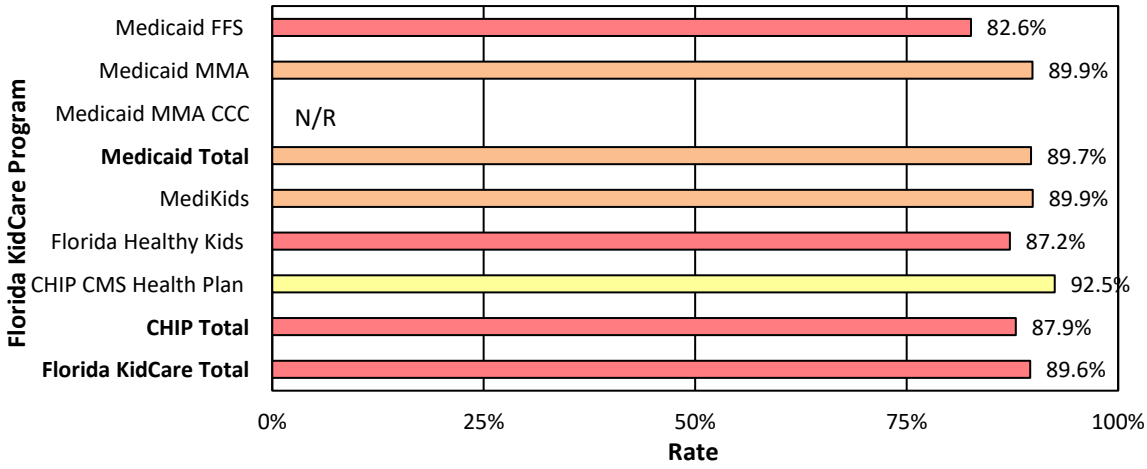
Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with sample sizes of less than 100 are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

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

Access to Prescription Medicines

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. Nine out of 10 Florida KidCare families responded that it was usually or always easy, a five-year high. CHIP CMS Health Plan improved its rate compared to last year, and was the only program component falling in the top 50th HEDIS benchmark percentile. This data is displayed in **Figure 19**, **Table 30**, and Appendix C, **Figure 79** for the Florida KidCare programs, five-year trending data, and Medicaid MMA plans, respectively.

Figure 19. Access to Prescription Medicines by Florida KidCare Program, 2021 Survey



Note. Rates for programs with sample sizes of less than 100 are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.
[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, Five-Year Trend

Program	2017	2018	2019	2020	2021
Medicaid FFS	79.8%	83.3%	84.5%	84.4%	82.6%
Medicaid MMA	-	-	-	-	89.9%
Medicaid MMA CCC[a]	89.8%	90.2%	91.7%	90.2%	N/R
Medicaid Total	-	-	-	-	89.7%
MediKids	88.2%	94.3%	88.6%	92.6%	89.9%
Florida Healthy Kids	86.2%	87.2%	87.2%	87.6%	87.2%
CHIP CMS Health Plan	93.9%	92.2%	85.7%	88.5%	92.5%
CHIP Total	86.9%	88.6%	87.3%	88.3%	87.9%
Florida KidCare Total	89.5%	87.8%	86.9%	87.7%	89.6%

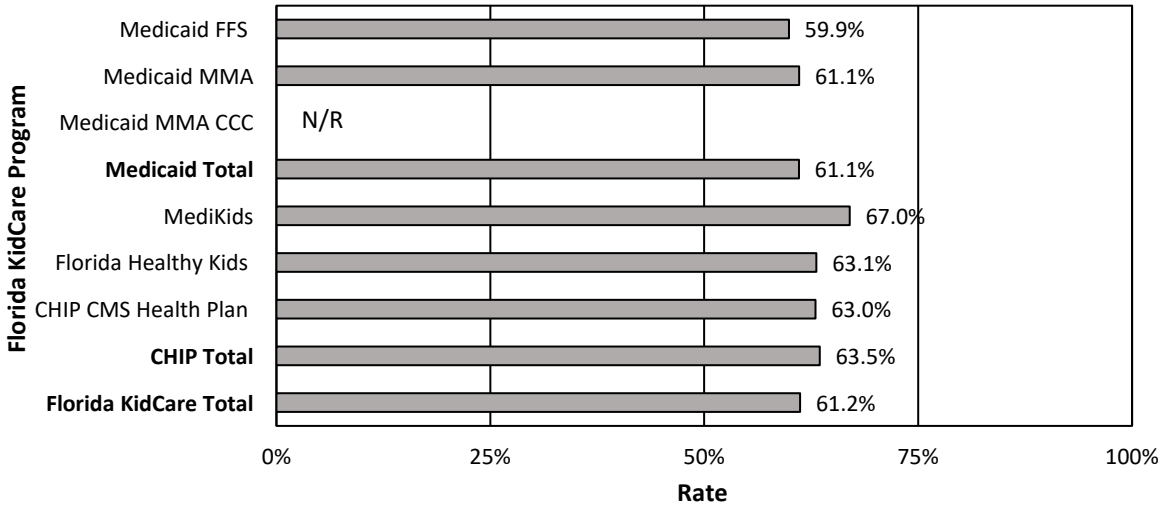
Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with sample sizes of less than 100 are denoted by N/A. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

Supplemental Question: Number of Doctors to Choose from

Up to 12 supplemental questions are eligible for inclusion in CAHPS surveys with prior approval from NCQA. As these questions are not from the standardized survey, no national comparisons are available.

For the 2021 survey, the Medicaid MMA plans and ICHP included 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, about 61% of Florida KidCare families reported positive responses. Among individual Medicaid MMA plans, 9 of the 14 plans had rates above 60%. **Figure 20** displays rates by Florida KidCare program. A five-year trend by Florida KidCare program is shown in **Table 31**. Medicaid MMA plan-level rates are available in Appendix C, **Figure 80**.

Figure 20. Number of Doctors to Choose from by Florida KidCare Program, 2021 Survey



Note. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.

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

Program	2017	2018	2019	2020	2021
Medicaid FFS	47.0%	51.7%	50.5%	53.1%	59.9%
Medicaid MMA	61.1%	61.8%	60.0%	61.8%	61.1%
Medicaid MMA CCC[a]	58.3%	57.7%	59.5%	61.0%	N/R
Medicaid Total	60.9%	61.6%	59.8%	61.5%	61.1%
MediKids	53.6%	58.3%	62.4%	65.0%	67.0%
Florida Healthy Kids	50.4%	54.9%	52.7%	59.7%	63.1%
CHIP CMS Health Plan	45.4%	51.1%	51.0%	54.9%	63.0%
CHIP Total	50.7%	55.2%	54.3%	60.1%	63.5%
Florida KidCare Total	60.3%	61.0%	59.2%	61.3%	61.2%

Note. Methodology varied slightly from year to year. Use caution when comparing. Medicaid MMA CCC was a separate category until 2021, when all Medicaid MMA plans began using the same survey, and is denoted by N/R.
[a] Not reflected in Medicaid Total or Florida KidCare Total rates.

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 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 for 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, 2020).

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.

For hybrid measures calculated by the Institute for Child Health Policy (ICHP), members eligible for each measure were pulled into a random sample by program component and member records were pursued through outreach to provider practices that serve Florida KidCare members. Following an initial mailing, these pursuits took place by phone and fax to a maximum of three attempts. The practices had eight weeks to comply with the request, and the response was largely positive, with a 63.6% response rate to the medical record requests sent by ICHP for Calendar Year (CY) 2020 performance measure reporting.

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 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 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 CY 2020, though some measures include previous years within the measurement period. Note that for CY 2020 reporting, the HEDIS specifications for several measures began allowing use of telehealth visits. These visits can include telephone-based visits, e-visits, or virtual check-ins (NCQA, 2020a). Instances when these visits are allowed are noted on the measure narrative pages.

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 three Florida Healthy Kids medical plans that offer health insurance coverage to children in Florida. Florida Healthy Kids plan-level data is presented as a mix of subsidized and full-pay while MediKids performance measure data is subsidized only. Using administrative and hybrid methodology, as well as supplemental data sources, 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; a Medicaid component in which members are not enrolled in a managed care plan), 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, comparisons should be made with caution. For example, MediKids data was a combination of full pay and subsidized members until CY 2018 and data for the Florida Healthy Kids program component was subsidized only from CY 2017 to CY 2020, following a new contract period for the medical plans.

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.

Table 32 outlines the 2021 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. Note that the Medicaid FFS, MediKids, and CHIP CMS Health Plan rates were calculated entirely by ICHP.

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

Measure	Medicaid FFS	Medicaid MMA	MediKids	Florida Healthy Kids	CHIP CMS Health Plan
Primary Care Access and Preventive Care					
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Hybrid	Mixed[a]	Hybrid	Hybrid[a]	Hybrid
Chlamydia Screening in Women Ages 16-20	Admin	Admin[a]	N/R	Admin[a]	Admin
Childhood Immunization Status	Hybrid	Mixed[a]	Hybrid	N/R	Hybrid
Screening for Depression and Follow-Up Plan: Ages 12-17 (CMS)	Admin	Admin[b]	N/R	Admin[b]	Admin
Well Child Visits in the First 30 Months of Life	Admin	Admin[a]	Admin	Admin[a]	Admin
Immunizations for Adolescents	Hybrid	Hybrid[a]	N/R	Hybrid[a]	Hybrid
Developmental Screening in the First Three Years of Life (OHSU)	Hybrid	Hybrid[b]	Hybrid	N/R	Hybrid
Child and Adolescent Well-Care Visits	Admin	Admin[a]	Admin	Admin[a]	Admin
Maternal and Perinatal Health					
PC-02: Cesarean Birth (TJC)	Admin	Mixed[b]	N/R	Admin[b]	Admin
Live Births Weighing Less than 2,500 Grams (CDC)	Admin	Admin[b]	N/R	Admin[b]	Admin
Prenatal and Postpartum Care	Hybrid	Hybrid[a]	N/R	Hybrid[a]	Hybrid
Contraceptive Care: All Women Ages 15-20 (OPA)	Admin	Admin[a]	N/R	Admin[b]	Admin
Care of Acute and Chronic Conditions					
Asthma Medication Ratio: Ages 5-18	Admin	Admin[a]	Admin[c]	Admin[a]	Admin
Ambulatory Care: Emergency Department (ED) Visits	Admin	Admin[a]	Admin	Admin[a]	Admin
Behavioral Health Care					
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication	Admin	Admin[a]	N/R	Admin[a]	Admin
Follow-Up After Hospitalization for Mental Illness: Ages 6-17	Admin	Admin[a]	N/R	Admin[a]	Admin
Metabolic Monitoring for Children and Adolescents on Antipsychotics	Admin	Admin[a]	Admin	Admin[a]	Admin
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Admin	Admin[a]	Admin	Admin[a]	Admin
Dental and Oral Health Services					
Percentage of Eligibles that Received Preventive Dental Services (CMS)	Admin	Admin[a]	Admin	Admin[b]	Admin
Experience of Care					
Consumer Assessment of Healthcare Providers and Systems (CAHPS®)	Program component level	Plan level[a]	Program component level	Program component level	Program component level

Note. Mixed = some plans reported hybrid, some reported admin. N/R= Programs for which the measure does not apply or was not reported. 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 by individual plans. [b] Calculated entirely or in part by ICHP. [c] Though the measure does not apply to this population, data were received. This is likely due to a claims error.

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 generally be classified as physicians, physician assistants, internists, and pediatricians, though some measures allow additional providers types (NCQA, 2020a).

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 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. These measures underscore the importance of increased access to comprehensive, high-quality health care services, a Healthy People 2030 goal (Healthy People 2030, 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 ED use for non-emergent health problems (Shi, 2012).

Table 33 presents the Florida KidCare overall rates in CY 2020 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 2020

Measure	Florida KidCare Rate
Weight Assessments for Children (WCC): Ages 3-17 – BMI Assessment	86.1%
Weight Assessments for Children (WCC): Ages 3-17 – Counseling for Nutrition	82.2%
Weight Assessments for Children (WCC): Ages 3-17 – Counseling for Physical Activity	79.2%
Chlamydia Screening (CHL): Ages 16-20	60.9%
Childhood Immunization Status (CIS): Combination 2	74.5%
Childhood Immunization Status (CIS): Combination 3	70.9%
Screening for Depression and Follow up Plan (CDF): Ages 12-17	3.7%
Well-Child Visits in First 30 Months (W30): First 15 Months	60.6%
Well-Child Visits in First 30 Months (W30): Ages 15 Months-30 Months	77.5%
Immunizations for Adolescents (IMA): Meningococcal	75.4%
Immunizations for Adolescents (IMA): Tdap	85.8%
Immunizations for Adolescents (IMA): Combination 1	73.8%
Immunizations for Adolescents (IMA): HPV	40.0%
Developmental Screening in First Three Years (DEV): Ages 12-36 Months	27.7%
Child and Adolescent Well-Child Visits (WCV): Ages 3-21	57.4%

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

Childhood and adolescent obesity have been an ongoing public health concern that impacts multiple aspects of an individual's well-being (Sanyaolu et al., 2019). Body Mass Index (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, 2021a). For children and teens, BMI is age and gender specific and, thus, represented in a percentile (CDC, 2021a). Children are considered to be underweight at less than the 5th percentile, at a healthy weight between the 5th and 85th percentile, overweight between the 85th and 95th percentile, and obese at or above the 95th percentile (CDC, 2021a).

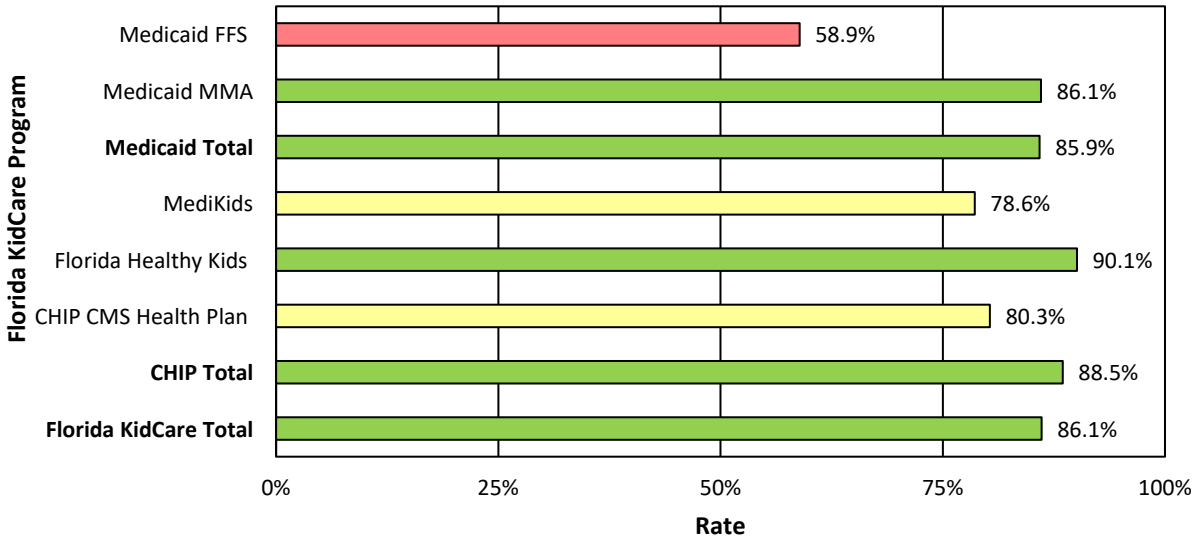
Health risks exist for those who are either underweight or overweight/obese. Underweight children may be classified as having undernutrition, which is associated with potentially irreversible effects on brain structure, impaired cognition, and poorer educational outcomes (Roberts et al., 2020). Through nutritional counseling, providers are able to answer questions children and adolescents have about their eating habits and can prevent eating disorders from developing early and/or from being overlooked. A clinical report published by Hornberger et al. (2021) stated that the mean onset age is 12.5 years for anorexia nervosa, bulimia nervosa and binge-eating disorder, further indicating the importance of early screening, prevention and treatment. Educating children and adolescents on the recommended 60 minutes of moderate-to-vigorous of physical activity daily promotes the control of weight, reduced symptoms of anxiety and depression and lowers the risk of developing health conditions such as cardiovascular disease, cancer, diabetes and low bone density (CDC, 2019b).

Weight assessments through BMI calculation, education on healthy eating habits, and the provision of recommended levels of exercise are all methods to reduce the prevalence of obesity and the risk developing of lifelong health conditions (CDC 2019b; ANAD, n.d.; Sanyaolu et al., 2019). The HEDIS WCC indicator contains three sub-measures that target these areas, and each sub-measure can be calculated using hybrid methodology. Members were considered to be in compliance for the BMI sub-measure if they had documentation of height, weight, and BMI percentile during the measurement year. Compliance for the counseling sub-measures was determined if a member had documentation of counseling about, or a referral for, nutrition or physical activity during the measurement year. For these two counseling sub-measures, telehealth visits were acceptable.

While this measure has three age stratifications (ages 3-11, 12-17, or 3-17 total), this report only presents the rates for the 3-17 total for each of the three sub-measures. The Florida KidCare rates for each were 86%, 82% and 79%, falling in the top 75th HEDIS benchmark percentile for each. The Florida Healthy Kids program component, as well as the CHIP program total, reached a five-year high rate for the BMI sub-measure in CY 2020.

Figure 21, **Figure 22, Figure 23** present the Florida KidCare program results and benchmark percentiles for CY 2020 for all three sub-measures. **Table 34** presents the trending results for WCC: Ages 3-17- BMI Assessment from CY 2016 to CY 2020 for each of the Florida KidCare programs, with applicable benchmark percentiles. As this is the first year the counseling sub-measures are included in this report, trending data will appear in subsequent reports. Located in Appendix C, **Figure 81** to **Figure 86** present the CY 2020 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 21. Florida KidCare Program Results for WCC: Ages 3-17- BMI Assessment, CY 2020



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

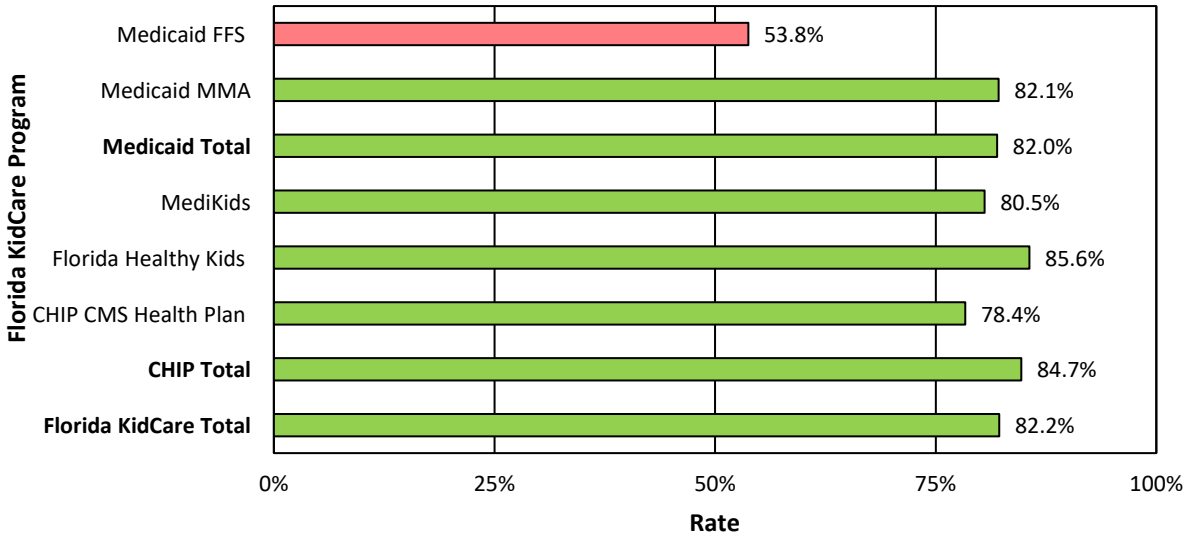
Note. This legend applies to **Figure 21** and **Table 34**.

Table 34. WCC: Ages 3-17- BMI Assessment Results by Florida KidCare Program, CY 2016 to CY 2020

Program	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	45.0%[a]	25.3%	60.8%[a]	60.8%[c]	58.9%[a]
Medicaid MMA	78.4%[a]	82.8%[b]	87.9%[a]	89.1%[a, c]	86.1%[b]
Medicaid Total	78.2%	82.5%	87.7%	89.0%	85.9%
MediKids	68.4%[a]	57.5%	82.2%[a]	82.2%[c]	78.6%[a]
Florida Healthy Kids	69.8%[a]	80.1%[b]	89.1%[a]	86.1%[b, c]	90.1%[a]
CHIP CMS Health Plan	69.3%[a]	59.9%	81.5%[a]	81.5%[c]	80.3%[a]
CHIP Total	69.6%	76.4%	88.0%	85.5%	88.5%
Florida KidCare Total	77.5%	82.0%	87.8%	88.6%	86.1%

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 22. Florida KidCare Program Results for WCC: Ages 3-17- Counseling for Nutrition, CY 2020

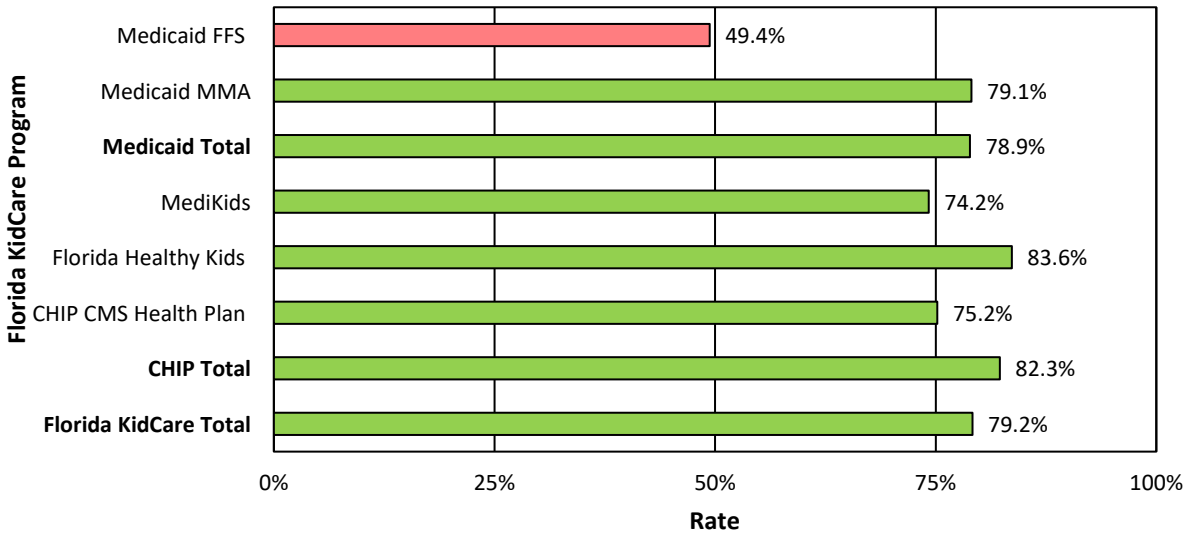


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

Note. This legend applies to **Figure 22** and **Figure 23**.

Figure 23. Florida KidCare Program Results for WCC: Ages 3-17- Counseling for Physical Activity, CY 2020



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.

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, 2020), which is the sub-measure included in this report. Please note that results for Florida KidCare members do not extend beyond the age of eligibility for any given program component or plan, typically age 18. Refer to the **Introduction to KidCare** section for eligibility by program component.

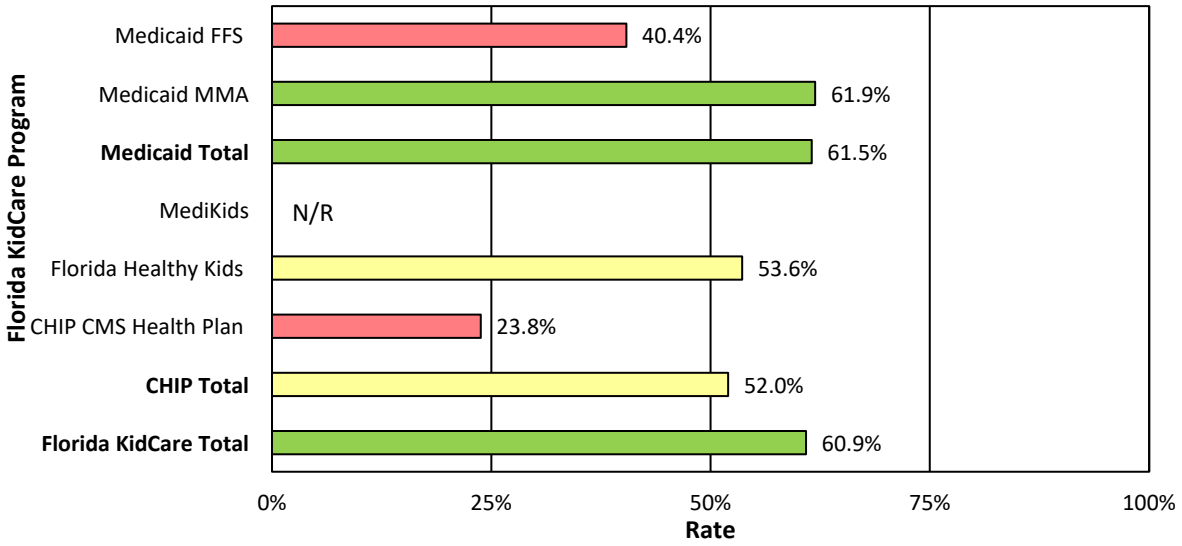
This rate is calculated as the number of women who had at least one chlamydia test during the measurement year divided by the number of individuals who were identified as being sexually active. Sexually active women are identified through pharmacy data (e.g., dispensed prescription contraceptives during the measurement year) or through claims/encounter procedure and diagnosis codes for pregnancy test, pregnancy, or sexual activity.

For CY 2020, the Florida KidCare program rate for CHL was 61%, a slight decrease from CY 2019. The Medicaid FFS program component had a noticeable increase from the previous year, while all other program components experienced declines. Most Medicaid MMA and Florida Healthy Kids plans were in the top 50th percentile.

Figure 24 presents the Florida KidCare program results and benchmark percentiles for CY 2020. **Table 35** presents the trending results from CY 2016 to CY 2020 for each of the Florida KidCare programs, with applicable benchmark percentiles.

Located in Appendix C, **Figure 87** and **Figure 88** present the CY 2020 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 24. Florida KidCare Program Results for CHL: Ages 16-20, CY 2020



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 35**.

Table 35. CHL Ages 16-20 Results by Florida KidCare Program, CY 2016 to CY 2020

Program	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	27.5%	32.1%	34.6%	35.6%	40.4%
Medicaid MMA	60.0%	62.1%	63.6%	63.0%	61.9%
Medicaid Total	59.3%	61.7%	63.1%	62.5%	61.5%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	47.6%	53.4%	56.1%	55.1%	53.6%
CHIP CMS Health Plan	42.4%	41.0%	44.3%	31.2%	23.8%
CHIP Total	47.3%	52.7%	55.5%	53.7%	52.0%
Florida KidCare Total	58.5%	61.0%	62.4%	61.7%	60.9%

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, 2019a). This HEDIS measure reports the percentage of children who turned 2 in CY 2020 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, 2020a). 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).

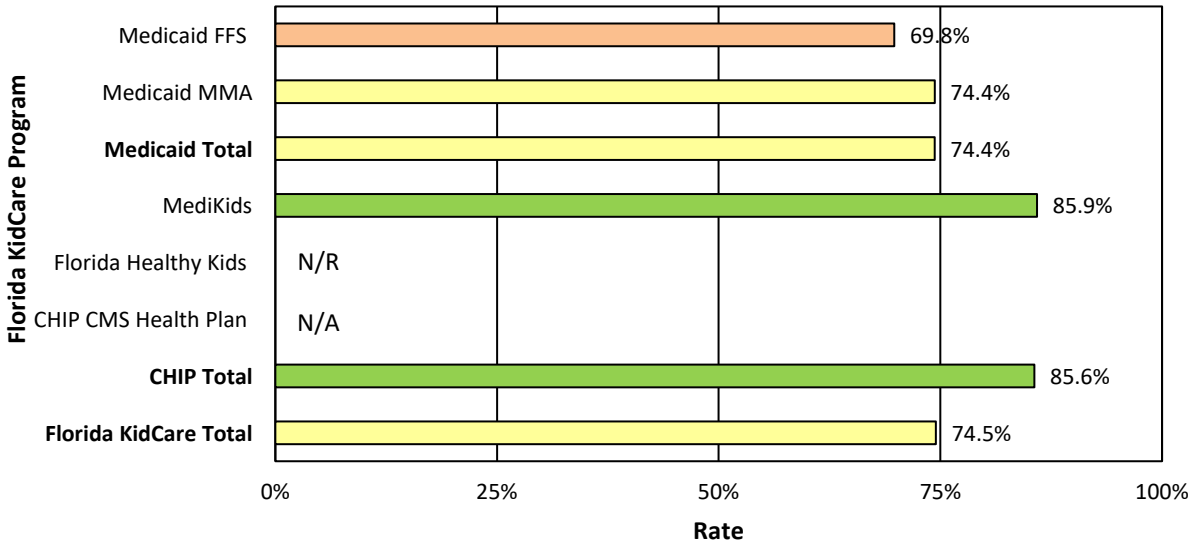
In addition to claims and encounter data, Florida SHOTS data and a medical record review were utilized to calculate this measure. When reviewing medical records for inclusion using the hybrid methodology, the name and date of the immunization must have been documented in the record. For vaccinations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

The CY 2020 Florida KidCare program rate for Combination 2 was 75% and, for the Combination 3 sub-measure, 71%. Both rates declined from CY 2019, though the majority of program components, as well as the Medicaid MMA plans, fell within the top 50th HEDIS benchmark percentiles for each sub-measure.

Figure 25 presents the Florida KidCare program results and benchmark percentiles for Combination 2 in CY 2020, while **Table 36** shows five-year trend data for this sub-measure. **Figure 26** presents the same data for Combination 3, with five-year trend data presented in **Table 37.**

Located in Appendix C, **Figure 89** and **Figure 90** present the CY 2020 Medicaid MMA plan results and benchmark percentiles.

Figure 25. Florida KidCare Program Results for CIS: Combination 2, CY 2020



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

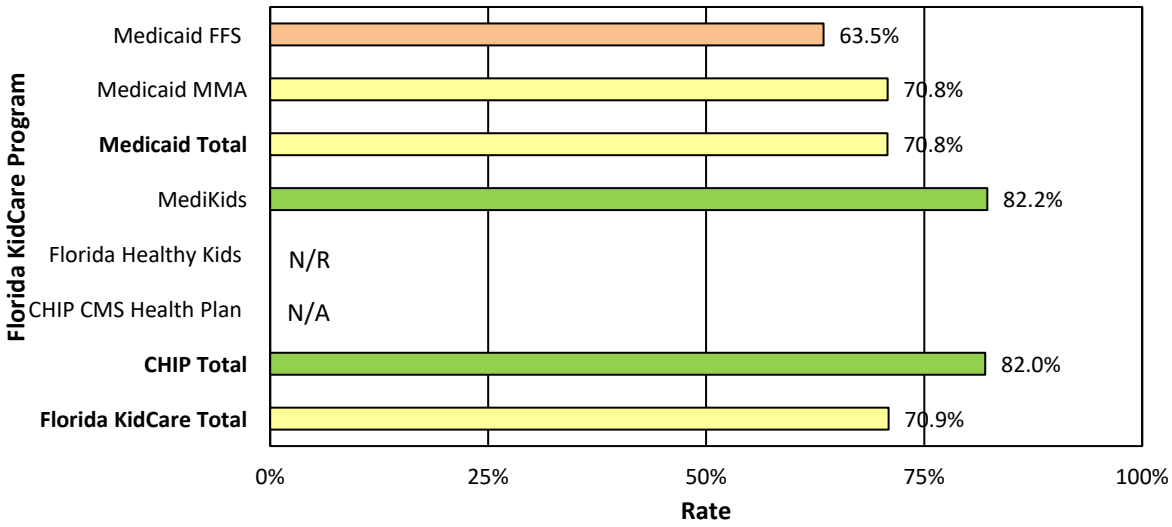
Note. This legend applies to **Figure 25** and **Table 36**.

Table 36. CIS: Combination 2 Results by Florida KidCare Program, CY 2016 to CY 2020

Program	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	67.6%[a]	61.3%	66.8%[a]	66.8%[c]	69.8%[a]
Medicaid MMA	78.2%[b]	78.2%[b]	77.5%[b]	78.8%[b, c]	74.4%[b]
Medicaid Total	78.2%	78.1%	77.5%	78.8%	74.4%
MediKids	79.6%[a]	74.3%	83.0%[a]	83.0%[c]	85.9%[a]
Florida Healthy Kids	N/R	N/R	N/R	N/R	N/R
CHIP CMS Health Plan	N/A[a]	N/A	N/A[a]	N/A	N/A[a]
CHIP Total	79.1%	74.3%	83.0%	83.2%	85.6%
Florida KidCare Total	78.2%	78.1%	77.5%	78.8%	74.5%

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.

Figure 26. Florida KidCare Program Results for CIS: Combination 3, CY 2020



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 37**.

Table 37. CIS: Combination 3 Results by Florida KidCare Program, CY 2016 to CY 2020

Program	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	64.2%[a]	57.8%	65.9%[a]	65.9%[c]	63.5%[a]
Medicaid MMA	74.2%[b]	73.7%[b]	73.3%[b]	74.4%[b, c]	70.8%[b]
Medicaid Total	74.2%	73.7%	73.3%	74.4%	70.8%
MediKids	77.4%[a]	72.6%	81.3%[a]	81.3%[c]	82.2%[a]
Florida Healthy Kids	N/R	N/R	N/R	N/R	N/R
CHIP CMS Health Plan	N/A[a]	N/A	N/A[a]	N/A	N/A[a]
CHIP Total	76.9%	72.5%	81.4%	81.4%	82.0%
Florida KidCare Total	74.2%	73.7%	73.3%	74.4%	70.9%

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). While this is close to the Healthy People goal of 46.4% of adolescents with major depressive episodes receiving treatment by 2030 (Healthy People 2030, n.d.-c), there is work to be done. Progress toward this goal is impossible without appropriate screening and treatment plans in place.

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 screening tool and, if found to be positive for depression, had a follow-up plan documented on the same date. To be numerator compliant, a follow-up plan must include one of the following: additional evaluation, suicide risk assessment, referral to a mental health practitioner, medication, or similar type of intervention (Center for Medicaid and CHIP Services & CMS, 2020).

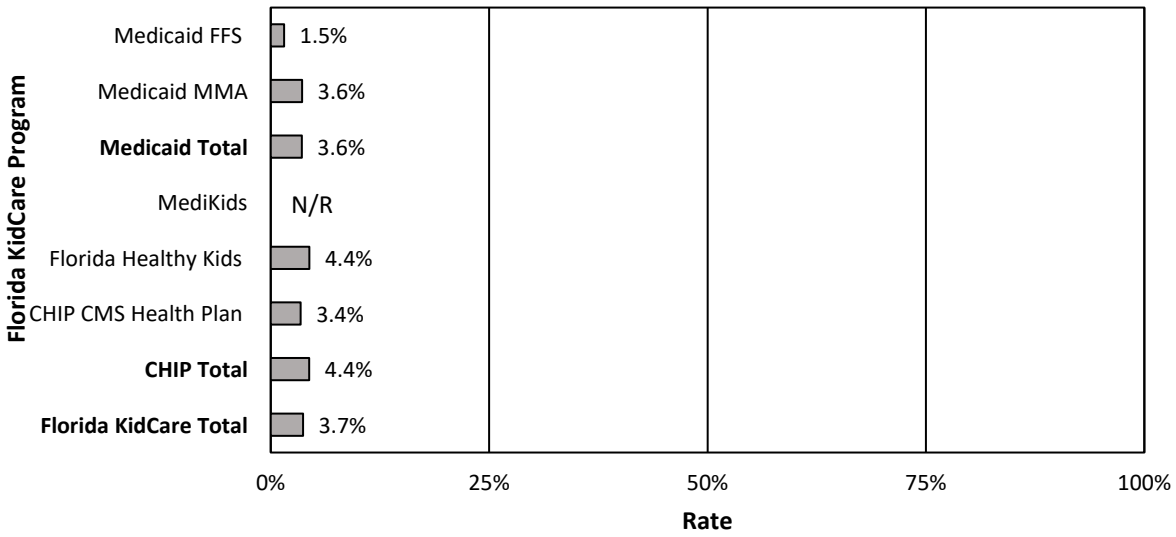
Exclusions for this measure include those who have an active diagnosis of depression or bipolar disorder, those who refuse to participate, individuals in urgent or emergent situations where delay of treatment would jeopardize the health of the patients, and individuals who are in situations where their 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, 2020).

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 2020, the Florida KidCare program rate for CDF was 3.7%, an improvement over the previous year. Every applicable component measure saw an increased rate, with the Florida Healthy Kids program component more than doubling in rate from CY 2019.

Figure 27 presents the Florida KidCare program results for CY 2020 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 91** and **Figure 92** present the CY 2020 Medicaid MMA and Florida Healthy Kids plan results.

Figure 27. Florida KidCare Program Results for CDF: Ages 12-17, CY 2020



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: Ages 12-17 Results by Florida KidCare Program, CY 2018 to CY 2020

Program	CY 2018	CY 2019	CY 2020
Medicaid FFS	0.1%	1.0%	1.5%
Medicaid MMA	N/R	2.2%	3.6%
Medicaid Total	0.1%	2.0%	3.6%
MediKids	N/A	N/A	N/R
Florida Healthy Kids	0.4%	2.1%	4.4%
CHIP CMS Health Plan	0.4%	2.1%	3.4%
CHIP Total	0.4%	2.1%	4.4%
Florida KidCare Total	0.3%	2.1%	3.7%

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 30 Months of Life (W30)

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 1 week, 1 month, 2 months, 4 months, 6 months, 9 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 W30 indicator reports the percentage of members who turned 30 months old in CY 2020 and utilizes two sub-measures: one for children who had six or more well child visits before turning 15 months old, and a second sub-measure for children who had two well child visits between 15 and 30 months. This measure is a revision of the former Well-Child Visits in the First 15 Months of Life (W15) measure. For either sub-measure, the member reaching the 15- or 30-month milestone must have occurred during the measurement year. The 15-month birthday is calculated as the child's first birthday plus 90 days, while the 30-month birthday is calculated as the child's second birthday plus 180 days. Visits that occur after either of those respective points do not count. For both sub-measures, telehealth visits count toward compliance.

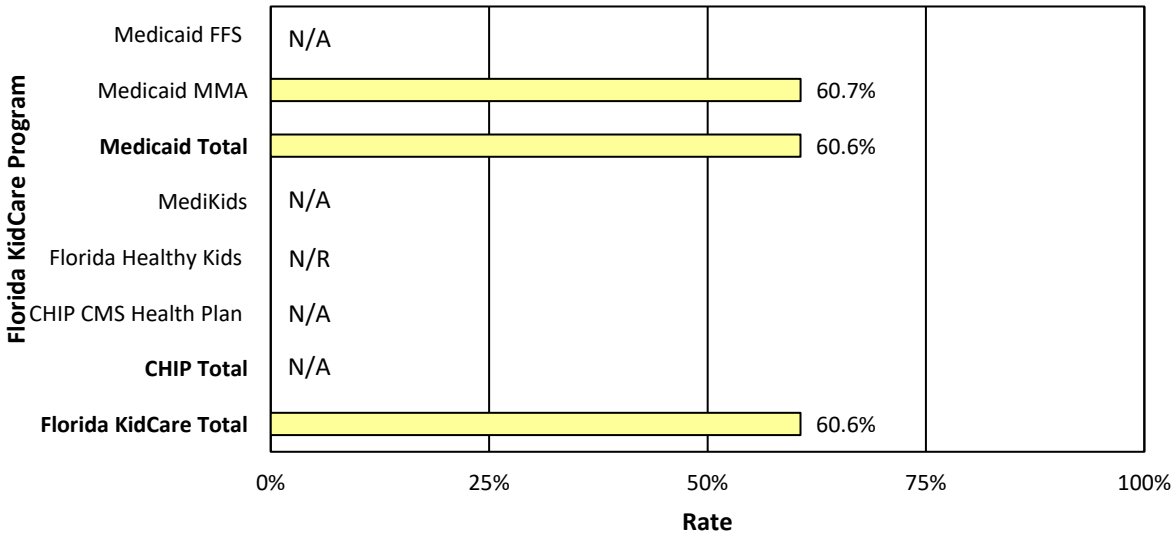
Administrative methodology is utilized for W30, though for the prior iteration of this measure, W15, hybrid methodology was an option. Individuals are added to the numerator if they had six or more well-child visits on different dates of service on or before the 15-month birthday, or between the child's 15-month birthday plus 1 day and the 30-month birthday (NCQA, 2020a).

Figure 28 and **Figure 29** present the Florida KidCare program results and benchmark percentiles for CY 2020. For the sub-measure of children in their first 15 months, the KidCare rate was in the 50th percentile at 61%. For the 15-30-month sub-measure, every program component was in the 75th and above HEDIS benchmark percentile except Medicaid FFS.

As this is the first year this measure is included in this report, trending data will appear in subsequent reports.

Located in Appendix C, **Figure 93** and **Figure 94** present the CY 2020 Medicaid MMA plan results and benchmark percentiles.

Figure 28. Florida KidCare Program Results for W30: First 15 Months, CY 2020

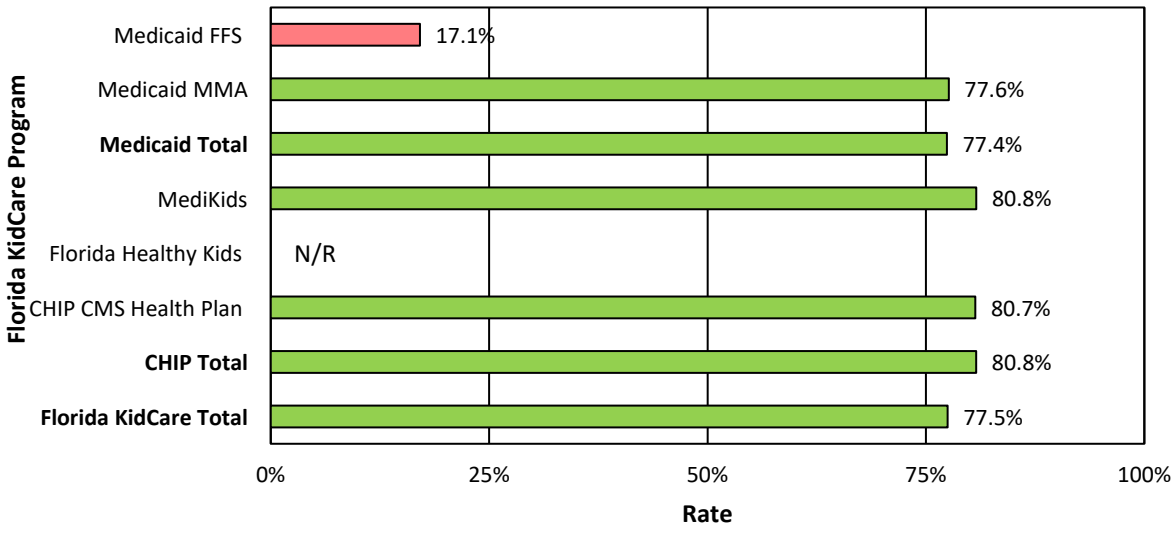


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

Note. This legend applies to **Figure 28** and **Figure 29**.

Figure 29: Florida KidCare Program Results for W30: Ages 15-30 Months, CY 2020



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.

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. Some adolescent vaccines are administered, in part, to boost the efficacy of immunizations first delivered during early childhood. For example, the Tdap vaccine contains lesser quantities of diphtheria and pertussis proteins for the purpose of maintaining immunity against whooping cough and diphtheria infections (CDC, 2021e). The vaccinations listed below are recommended by the CDC (2021e) and leading health organizations in the U.S. to be given to adolescents per the schedule described below.

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.

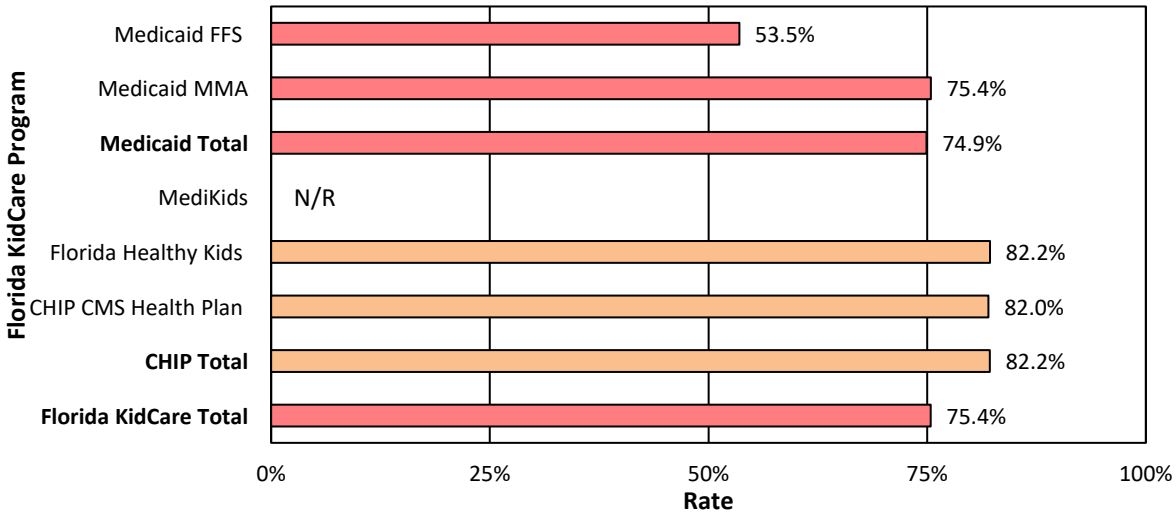
The anchor date for this measure is the member's 13th birthday. Persons excluded from this measure include those who had an anaphylactic reaction to the vaccine or its components at any time on or before the anchor date or with a service date prior to October 1, 2011, or those with encephalopathy due 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 2020 Florida KidCare program rate for the Meningococcal sub-measure was 75%, while the Tdap rate was 86%. For the Combination 1 sub-measure, the Florida KidCare rate was 74%, while the HPV rate was 40%. The Florida Healthy Kids program component saw improvement across all four sub-measures, and rates were the highest over the look-back period.

Figure 30 and **Table 39** present the Florida KidCare program CY 2020 results and trending data, respectively, with associated benchmark percentiles for Meningococcal immunizations, while **Figure 31** and **Table 40** present the same information for Tdap immunizations. **Figure 32** and **Table 41** present the Florida KidCare program CY 2020 results and trending data, respectively, with associated benchmark percentiles for Combination 1 immunizations in CY 2020, while **Figure 33** and **Table 42** present the same information for HPV immunizations.

Located in Appendix C, **Figure 95** to **Figure 102** present the CY 2020 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 2020



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

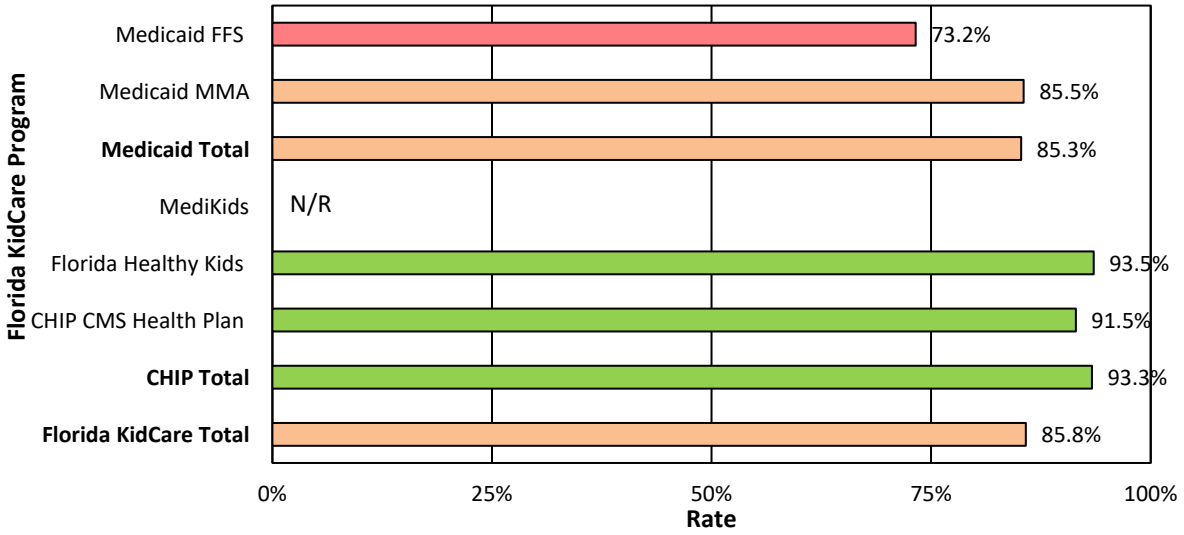
Note. This legend applies to **Figure 30** and **Table 39**.

Table 39. IMA: Meningococcal Results by Florida KidCare Program, CY 2016 to CY 2020

Program	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	52.1%[a]	43.6%	60.3%[a]	61.8%	53.5%[a]
Medicaid MMA	71.7%[b]	73.3%[b]	75.3%[b]	77.2%[b, c]	75.4%[a]
Medicaid Total	71.0%	72.6%	75.0%	76.8%	74.9%
MediKids	N/R	N/A	N/A	N/R	N/R
Florida Healthy Kids	78.4%[a]	77.3%[b]	79.9%[a]	78.9%[b]	82.2%[a]
CHIP CMS Health Plan	77.9%[a]	75.5%	74.5%[a]	82.4%	82.0%[a]
CHIP Total	78.3%	77.2%	79.6%	79.1%	82.2%
Florida KidCare Total	71.7%	73.0%	75.4%	77.1%	75.4%

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.

Figure 31. Florida KidCare Program Results for IMA: Tdap Immunizations, CY 2020



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

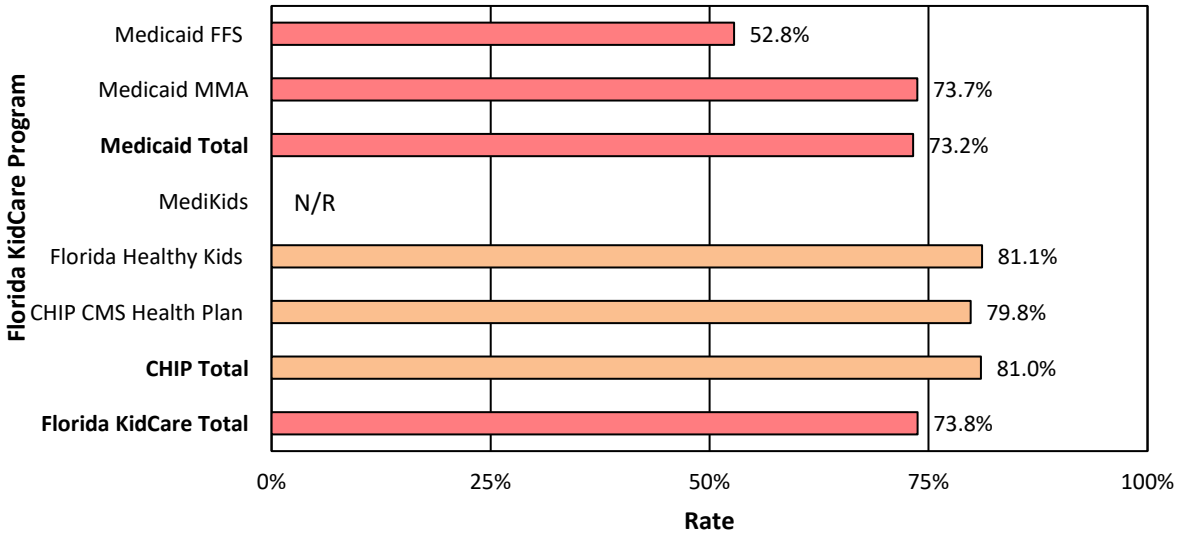
Note. This legend applies to **Figure 31** and **Table 40**.

Table 40. IMA: Tdap Results by Florida KidCare Program, CY 2016 to CY 2020

Program	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	71.1%[a]	65.9%	74.9%[a]	77.5%	73.2%[a]
Medicaid MMA	87.8%[b]	88.4%[b]	88.6%[b]	87.5%[b, c]	85.5%[a]
Medicaid Total	87.2%	87.9%	88.3%	87.3%	85.3%
MediKids	N/R	N/A	N/A	N/R	N/R
Florida Healthy Kids	91.5%[a]	93.2%[b]	93.0%[a]	90.8%[b]	93.5%[a]
CHIP CMS Health Plan	89.5%[a]	89.4%	88.8%[a]	89.7%	91.5%[a]
CHIP Total	91.4%	92.9%	92.7%	90.7%	93.3%
Florida KidCare Total	87.6%	88.4%	88.7%	87.7%	85.8%

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 32. Florida KidCare Program Results for IMA: Combination 1 Immunizations, CY 2020



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

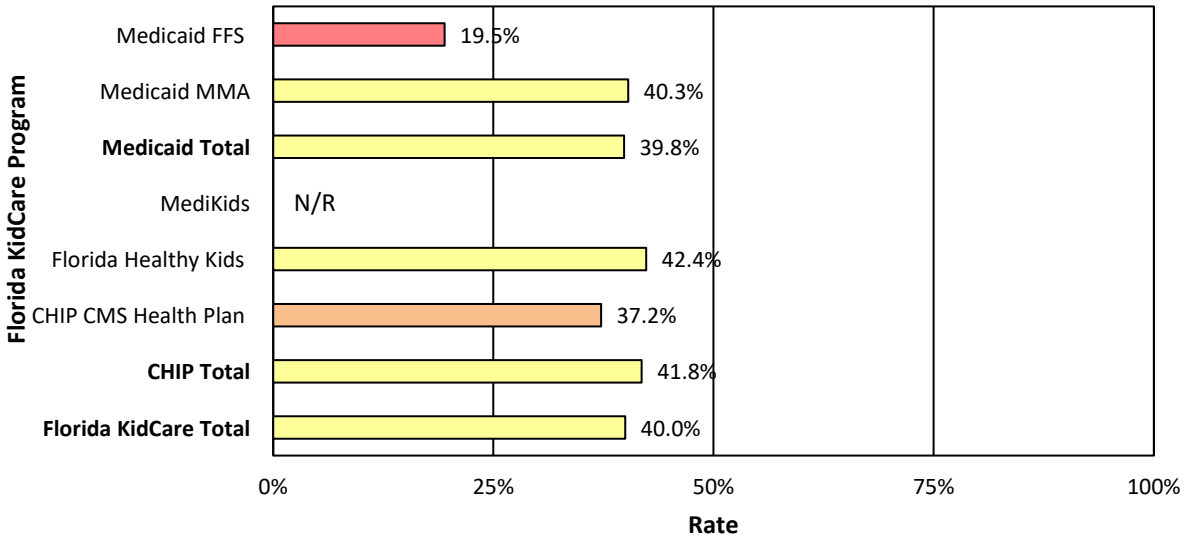
Note. This legend applies to **Figure 32** and **Table 41**.

Table 41. IMA: Combination 1 Results by Florida KidCare Program, CY 2016 to CY 2020

Program	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	51.6%[a]	42.7%	59.4%[a]	60.9%	52.8%[a]
Medicaid MMA	70.6%[b]	71.9%[b]	74.0%[b]	75.7%[b, c]	73.7%[a]
Medicaid Total	70.0%	71.3%	73.7%	75.3%	73.2%
MediKids	N/R	N/A	N/A	N/R	N/R
Florida Healthy Kids	76.6%[a]	76.6%[b]	78.7%[a]	77.3%[b]	81.1%[a]
CHIP CMS Health Plan	76.9%[a]	74.1%	73.2%[a]	79.3%	79.8%[a]
CHIP Total	76.7%	76.5%	78.4%	77.5%	81.0%
Florida KidCare Total	70.7%	71.7%	74.1%	75.6%	73.8%

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 33. Florida KidCare Program Results for IMA: HPV Immunizations, CY 2020



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 42**.

Table 42. IMA: HPV Results by Florida KidCare Program, CY 2017 to CY 2020

Program	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	14.8%	20.9%[a]	21.3%	19.5%[a]
Medicaid MMA	33.6%	38.5%[b]	41.8%[b, c]	40.3%[a]
Medicaid Total	33.2%	38.1%	41.3%	39.8%
MediKids	N/A	N/A	N/R	N/R
Florida Healthy Kids	32.6%	36.6%[a]	37.5%[b]	42.4%[a]
CHIP CMS Health Plan	32.9%	38.9%[a]	43.1%	37.2%[a]
CHIP Total	32.6%	36.7%	37.8%	41.8%
Florida KidCare Total	33.1%	38.0%	40.9%	40.0%

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, 2021c). Bright Futures recommends standardized developmental screening tests at 9-, 18-, and 30-month visits (Hagan et al., 2017). The AAP cites internal survey data that shows pediatricians reported screening rates of 23% in 2002, 45% in 2009, and 63% in 2016, notable progress but still removed from the goal of universal screenings (Lipkin et al., 2020). Interventions can help children with a developmental delay or disability hone important skills such as talking, walking, learning, and interacting with others (CDC, 2021c). Data from the most recent HRSA-funded National Survey of Children's Health found that only 36.4% 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.).

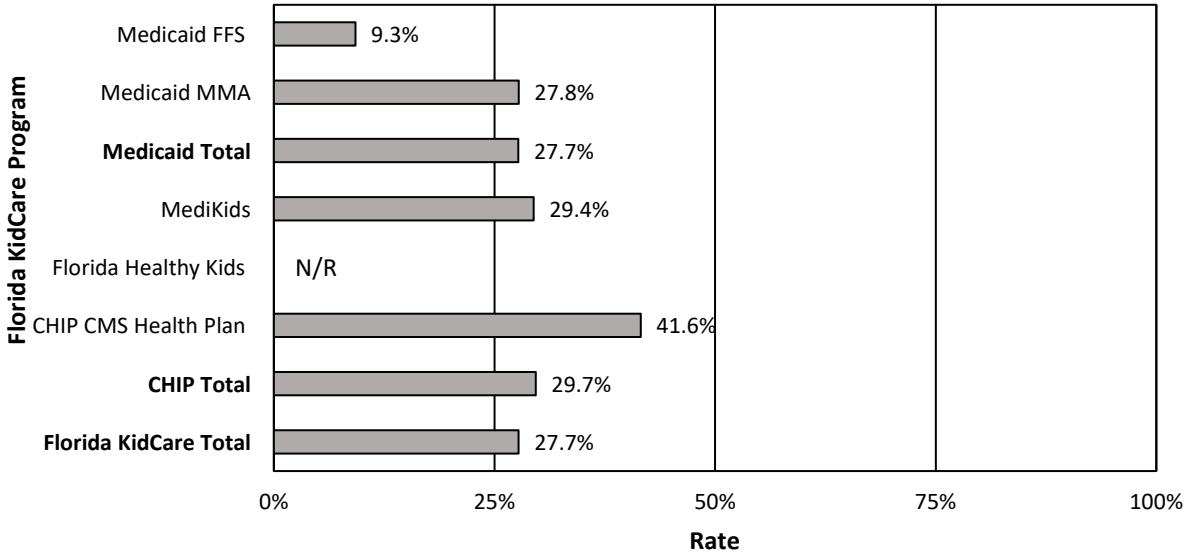
DEV measures the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool on or within the 12 months prior to their first, second, or third birthdays (Center for Medicaid and CHIP Services & CMS, 2020).

A medical record review was performed for all applicable Florida KidCare program components to meet the hybrid specifications for this measure. To be considered compliant through medical record review, the member record must have all of the following: 1) a note indicating the date on which the test was performed, 2) the name of the standardized tool used or the screening tool itself, and 3) evidence that the tool was complete and scored (Center for Medicaid and CHIP Services & CMS, 2020). 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, 2020). Several screening tools meet the criteria for this measure and are specifically cited by Bright Futures, including two iterations of both the Ages and Stages Questionnaire and the Parents' Evaluation of Developmental Status; however, these tools only consider global development. Tools that specifically focus on one domain of development, such as socio-emotional development or autism, do not meet the measure criteria (Center for Medicaid and CHIP Services & CMS, 2020).

Sub-measures for this measure are stratified by age for those who turned either 1, 2, or 3, plus a combination of ages 1-3 (ages 12-36 months) during CY 2020. For this report, the overall rate is presented with eligible children of all sub-measure ages during CY 2020, and for the Florida KidCare program, this rate was 28%. This rate is a significant increase from the prior year, though it is worth recognizing that the prior year's DEV rate was a combination of CY 2018 hybrid data (for Medicaid FFS, MediKids, and CHIP CMS) and CY 2019 administrative data (for Medicaid MMA) as a result of the coronavirus disease 2019 (COVID-19) pandemic's impact on hybrid methodology and performance measure reporting, so year-to-year comparisons should take this into consideration.

Figure 34 presents the Florida KidCare program results for members ages 12-36 months in CY 2020, and **Table 43** presents trending results for each of the Florida KidCare programs. Note that this measure was calculated at the Medicaid MMA program component level only; therefore, plan-level rates are not available. As this is a Child Core Set measure, national benchmarks are not available.

Figure 34. Florida KidCare Program Results for DEV: Ages 12-36 Months, CY 2020



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

Table 43. DEV: Ages 12-36 Months Results by Florida KidCare Program, CY 2015-2016, CY 2018-2020

Program	CY 2015	CY 2016	CY 2018	CY 2019	CY 2020
Medicaid FFS	2.7%[a]	5.6%[a]	13.1%[a]	13.1%[c]	9.3%[a]
Medicaid MMA	13.1%[a]	15.3%[a]	22.9%[a]	15.0%	27.8%[a]
Medicaid Total	12.8%	15.3%	22.9%	15.0%	27.7%
MediKids	14.1%[a]	24.3%[a]	29.9%[a]	29.9%[c]	29.4%[a]
Florida Healthy Kids	N/R	N/R	N/R	N/R	N/R
CHIP CMS Health Plan	21.0%[a]	24.1%[a]	38.0%[a]	38.0%[c]	41.6%[a]
CHIP Total	14.3%	24.3%	30.1%	30.1%	29.7%
Florida KidCare Total	12.8%	15.4%	22.9%	15.3%	27.7%

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.

Child and Adolescent Well-Care Visits (WCV)

Bright Futures recommends annual well visits for children during early childhood (between ages 3-6) as well as throughout adolescence up to age 21 (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. However, adolescents often have a lower rate of compliance with preventive care guidelines than younger children. While provisions in the Affordable Care Act have produced some marginal gains in well visits, compliance remains low and minority adolescent well-visit rates lag behind overall rates (Adams et al., 2018).

Adolescent mortality and morbidity are largely preventable, highlighting the importance of interventions for at-risk teens. Providing timely preventive services can potentially assist in improving outcomes such as physical activity uptake as well as reducing the risk of suicide and substance abuse (Adams et al., 2018). Bright Futures identifies several priority areas 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.

This measure replaces two former HEDIS measures, Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) and Adolescent Well-Care Visits (AWC), that both utilized hybrid methodology. This new measure uses only an administrative methodology and allows telehealth visits to count toward compliance.

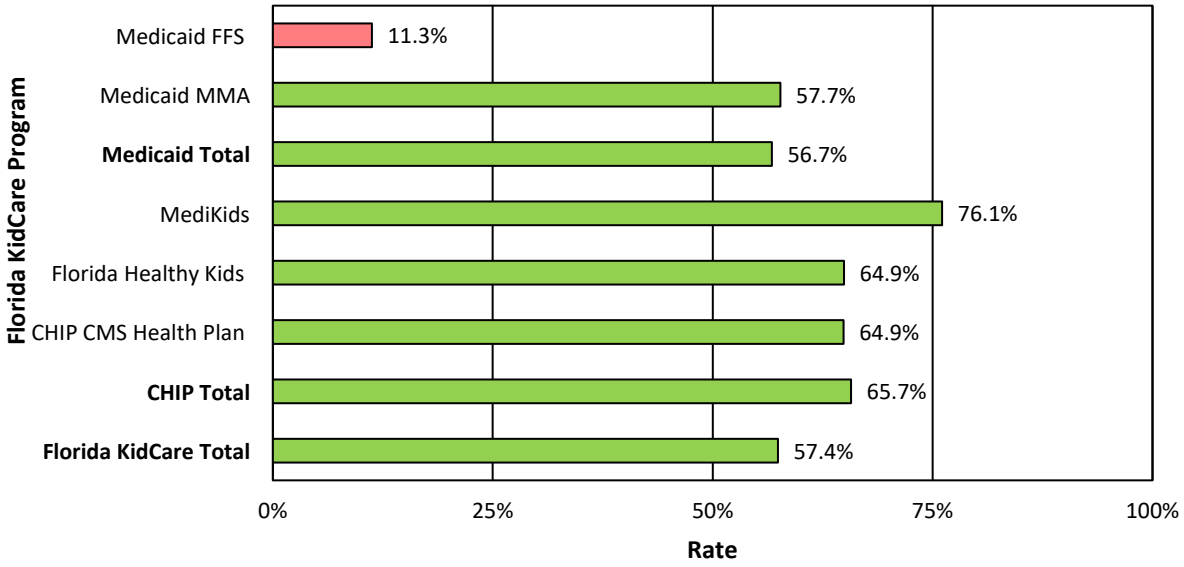
Four sub-measures are calculated for this measure: ages 3-11 years, 12-17, 18-21, and the total for all ages. For the purposes of this report, only the total sub-measure (ages 3-21) will be reported. Please note that results for Florida KidCare members do not extend beyond the age of eligibility for any given program component or plan, typically age 18. Refer to the **Introduction to KidCare** section for eligibility by program component.

Figure 35 presents the Florida KidCare program results and associated benchmark percentiles for CY 2020. The CY 2020 Florida KidCare program rate for WCV was 57%, and nearly all of the program components and health plans fell within the top 75th HEDIS benchmark percentile.

As this is the first year this measure is included in this report, trending data will appear in subsequent reports.

Located in Appendix C, **Figure 103** and **Figure 104** present the CY 2020 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 35. Florida KidCare Program Results for WCV: Ages 3-21, CY 2020



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**.

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 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 toward reaching the Healthy People 2030 goals of reducing unwanted pregnancies and improving the health of women, infants, and families (Healthy People 2030, n.d.-d).

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. Physical assessments to address, reduce, and prevent complications occur during postpartum care visits along with the provision of critical information on topics such as breastfeeding, emotional well-being, and meeting the needs of newborns (Tully et al., 2017). 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, 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 44 presents the Florida KidCare overall rates in CY 2020 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 44. Florida KidCare Rates for Maternal and Perinatal Health Measures for CY 2020

Measure	Florida KidCare Rate
PC-02: Cesarean Birth	19.3%
Live Births Weighing Less than 2,500 Gram (LBW)	9.8%
Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care	83.3%
Prenatal and Postpartum Care (PPC): Postpartum Care	72.3%
Contraceptive Care (CCW) – Long Acting Reversible methods of Contraception	2.0%
Contraceptive Care (CCW) – Most and Moderately Effective Methods of Contraception	18.2%

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 2019, cesarean sections accounted for 32% of all deliveries (Martin, et al., 2021). 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, rising cesarean delivery rates have been associated with longer hospital stays, greater risks during future pregnancies, and increased maternal mortality compared to low-risk pregnancies with vaginal delivery (Blanc et al., 2019; 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 23.6% by the year 2030 (Healthy People 2030, n.d.-d). In 2019, the low-risk cesarean rate for nulliparous women (those who have never previously given birth) in the U.S. was just under 26% (Martin et al., 2021).

The Child Core Set PC-02 measure examines 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, 2020 (Center for Medicaid and CHIP Services & CMS, 2020).

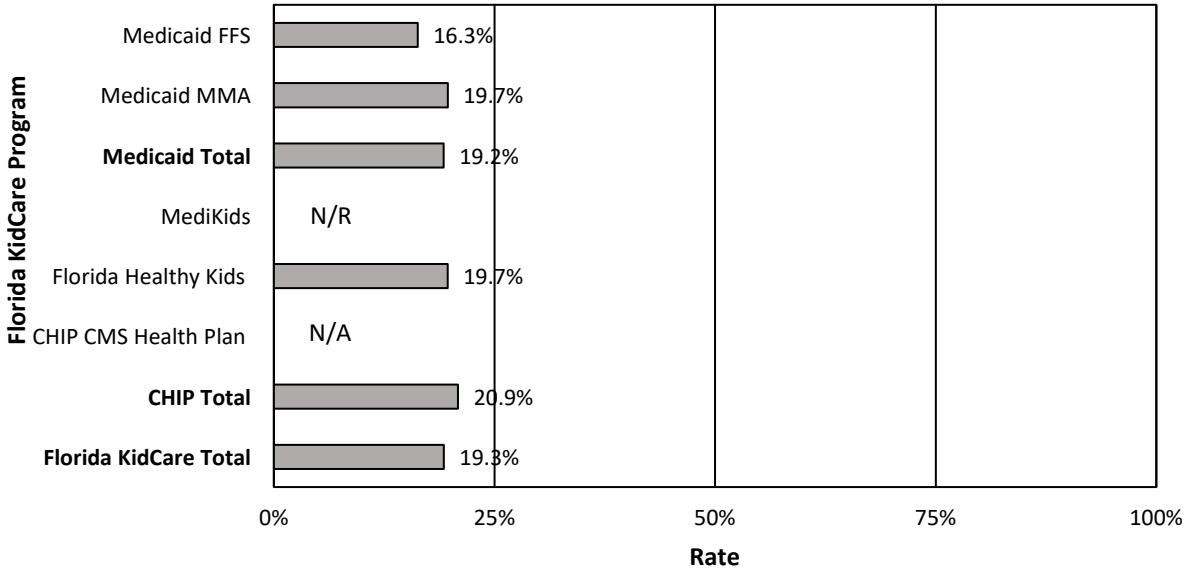
In this report, vital records are used to determine the numerator and denominator, and results were calculated by ICHP once the data was obtained from DOH via the ICHP Family Data Center. Enrollees were excluded from these measurements if the enrollee was 8 years of age or less, the hospital stay was 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, 2020). Note that, for this measure, lower rates indicate better performance.

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 only 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 but may slightly impact trending data comparisons.

In CY 2020, the Florida KidCare rate for PC-02 was 19%, slightly worse when considered against the prior year. **Figure 36** presents the Florida KidCare program results in CY 2020, and **Table 45** 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 105** and **Figure 106** present the CY 2020 Medicaid MMA and Florida Healthy Kids plan results.

Figure 36. Florida KidCare Program Results for PC-02, CY 2020



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. For this measure, lower rates indicate better performance.

Table 45. PC-02 Results by Florida KidCare Program, CY 2017 to CY 2020

Program	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	-	-	20.0%	16.3%
Medicaid MMA	-	-	15.9%	19.7%
Medicaid Total[a]	22.3%	21.3%	16.2%	19.2%
MediKids	N/R	N/R	N/R	N/R
Florida Healthy Kids	20.0%	17.5%	16.2%	19.7%
CHIP CMS Health Plan	N/A	N/A	N/A	N/A
CHIP Total	20.0%	17.6%	16.4%	20.9%
Florida KidCare Total	22.2%	21.3%	16.2%	19.3%

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. For this measure, lower rates indicate better performance.

[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 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 2019, 8.3% of U.S. babies were born at a low birth weight of 2,500 grams or less (Martin et al., 2021). Reducing the prevalence of low birth weight can help reduce infant mortality, a Healthy People 2030 goal, and correlates with better health outcomes throughout a child's development (Healthy People 2030, n.d.-f).

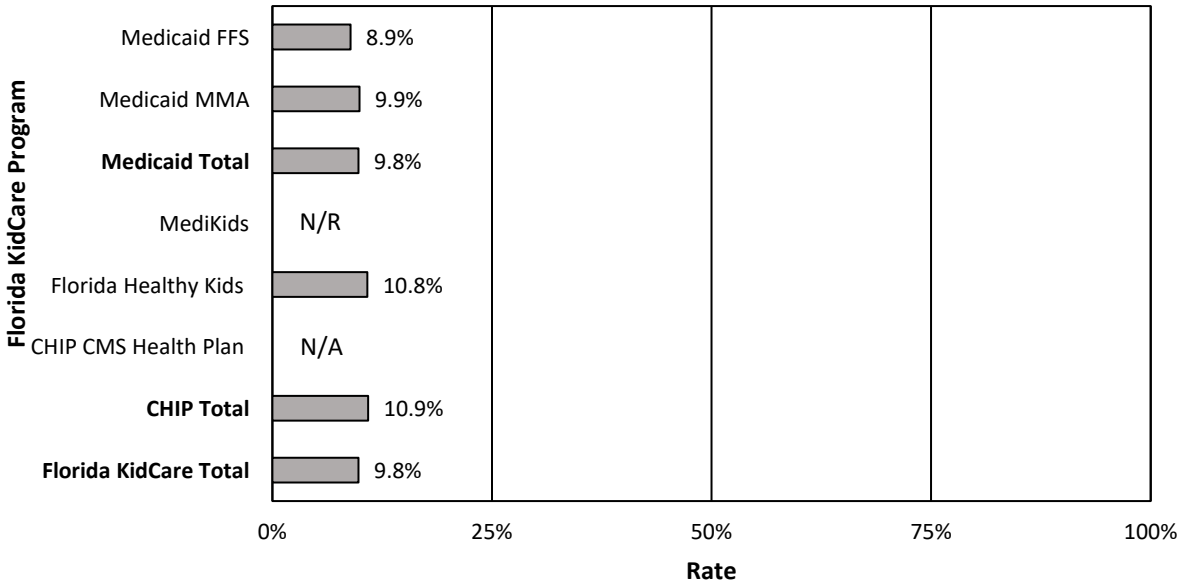
To calculate the LBW measure, the number of resident live births weighing less than 2,500 grams is divided by the number of total live births as determined by a review of state vital records (Center for Medicaid and CHIP Services & CMS, 2020). Vital records information was obtained from DOH via the ICHP Family Data Center and linked to the mother's Florida KidCare data. Note that, for this measure, lower rates indicate better performance.

The LBW rate for Florida KidCare in CY 2020 was 10%, with all data calculated by the ICHP using the methodology detailed above. Among the Medicaid MMA plans, Vivida Health had the lowest LBW rate at 8%. Among the two Florida Healthy Kids plans with reportable rates, Simply had the most favorable rate at only 6.8% of births resulting in a low birth weight.

Figure 37 presents the Florida KidCare program results for CY 2020, and **Table 46** 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 107** and **Figure 108** present the CY 2020 Medicaid MMA and Florida Healthy Kids plan results.

Figure 37. Florida KidCare Program Results for LBW, CY 2020



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. For this measure, lower rates indicate better performance.

Table 46. LBW Results by Florida KidCare Program, CY 2017 to CY 2020

Program	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	-	-	8.5%	8.9%
Medicaid MMA	-	-	10.5%	9.9%
Medicaid Total[a]	10.0%	10.1%	9.7%	9.8%
MediKids	N/R	N/R	N/R	N/R
Florida Healthy Kids	11.1%	8.1%	8.6%	10.8%
CHIP CMS Health Plan	N/A	N/A	N/A	N/A
CHIP Total	10.5%	8.43%	8.8%	10.9%
Florida KidCare Total	10.0%	10.1%	9.7%	9.8%

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. For this measure, lower rates indicate better performance.

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

Prenatal and Postpartum 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. Postpartum care visits provide women with information on how to recognize signs of infection and hemorrhage as well as give new mothers the opportunity to talk to their providers about family planning, emotional health, and their physical well-being. Timely postpartum care helps address the clinical and emotional needs a woman has during this transition and may be a key component in reducing the rates of maternal mortality and morbidity in the U.S., a nation where these rates are even higher among women of color (Walker et al., 2019).

The HEDIS PPC prenatal care indicator has two sub-measures, Timeliness of Prenatal Care and Postpartum Care, and assesses whether care was rendered on a routine, outpatient basis. Eligible members were those who had a live birth between October 8, 2019 and October 7, 2020 and either received a prenatal visit in the first trimester, on or before the enrollment start date, or within 42 days of enrollment or who had a postpartum visit on or between 7 and 84 days after delivery (NCQA, 2020a). 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. For either sub-measure, telehealth visits count for compliance.

To be compliant for Timeliness of Prenatal Care through the medical record review, members must have had a prenatal care visit with an appropriate provider and at least one of the following:

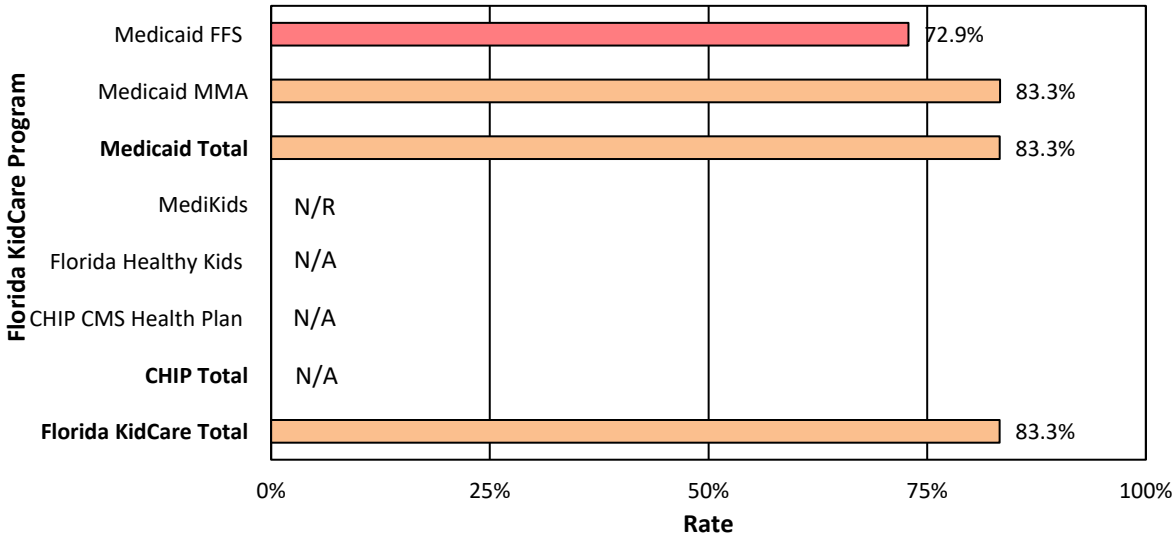
- An obstetrical examination that includes listening for fetal heart sounds, pelvic examination with obstetric observations, or measurement of the fundus height.
- Evidence that a prenatal care procedure, such as antibody or blood testing, was performed.
- Documentation indicating the woman is pregnant or references to the pregnancy such as last menstrual period, estimated date of delivery, or gestational age.

To be hybrid compliant with Postpartum Care, members must have had a postpartum visit with an appropriate provider. These visits must list specific criteria in the visit, including but not limited to: pelvic exam, cesarean incision check, screening for depression, and documentation of breastfeeding.

For CY 2020, the Florida KidCare rate for PPC: Prenatal was 83%, while the Postpartum rate was 73%. Though landing in the 25th HEDIS benchmark percentile, the Medicaid FFS program component saw a significant increase in rate for the Prenatal Care sub-measure, increasing by over 30 percentage points. This may be due to a change to hybrid methodology for CY 2020; however, the acceptance of telehealth visits starting in CY 2020 (NCQA, 2020a) may have also contributed to this increase, as the rate is improved compared to previous years where hybrid methodology was utilized.

Figure 38 and **Table 47** present the CY 2020 Florida KidCare program results and trending data for Prenatal Care, along with the benchmark percentiles for each. **Figure 39** presents the CY 2020 results for Postpartum Care and, as this is the first year this sub-measure is included in this report, trending data will be included in subsequent reports. It is important to note that the national benchmarks, as well as the Medicaid MMA data, 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 109** to **Figure 112** present the CY 2020 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 38. Florida KidCare Program Results for PPC: Timeliness of Prenatal Care, CY 2020



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

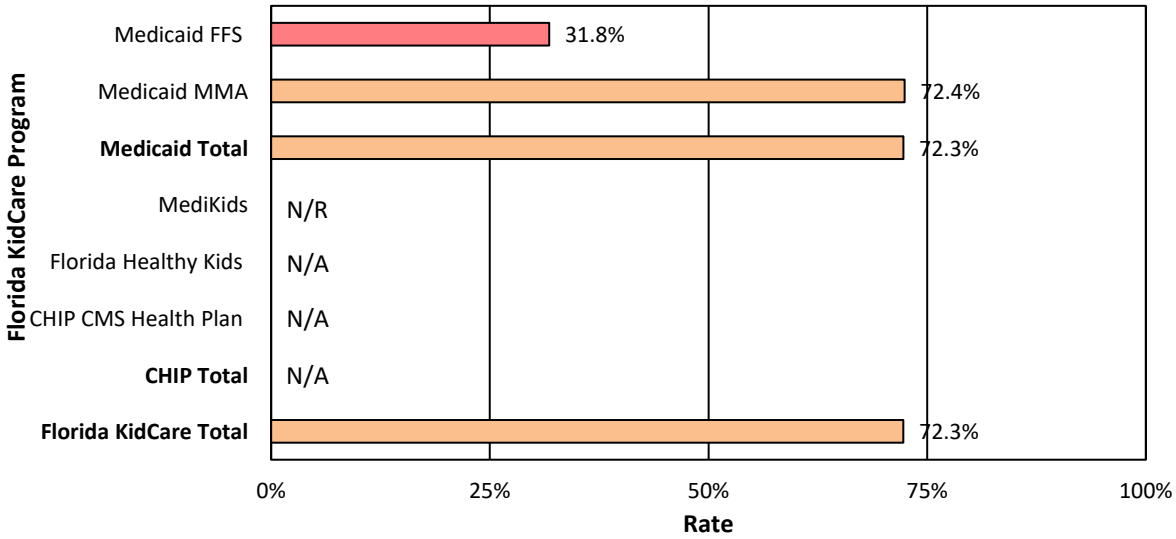
Note. This legend applies to **Figure 38** and **Table 47**.

Table 47. PPC: Timeliness of Prenatal Care Results by Florida KidCare Program, CY 2015 to CY 2020

Program	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	46.7%[a]	33.7%	33.7%[a]	41.1%	72.9%[a]
Medicaid MMA	84.3%[b]	81.9%[b]	83.2%[a]	91.6%[a]	83.3%[a]
Medicaid Total	84.0%	81.9%	83.2%	91.5%	83.3%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	N/A[a]	N/A[b]	N/A[b]	N/A[b]	N/A[a]
CHIP CMS Health Plan	N/A[a]	N/A	N/A[a]	N/A	N/A[a]
CHIP Total	N/A	N/A	N/A	N/A	N/A
Florida KidCare Total	84.0%	81.9%	83.2%	91.5%	83.3%

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

Figure 39. Florida KidCare Program Results for PPC: Postpartum Care, CY 2020



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 39.**

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

Many women use contraception for reasons including but not limited to preventing an unwanted pregnancy. From 2017-2019, 38.7% of U.S. women between ages 15-19 were using some type of contraception (Daniels & Abma, 2020). 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, 2020). To this end, Healthy People (n.d.-a) has set a goal by 2030 for 70.1% 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 (LARC), which includes contraceptive implants and intrauterine devices. 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 more expensive up front, these devices can typically stay in place for a range of 3-10 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 that LARCs be considered as first-line contraceptive options for adolescents (Hester, 2020; Menon & Committee on Adolescence, 2020).

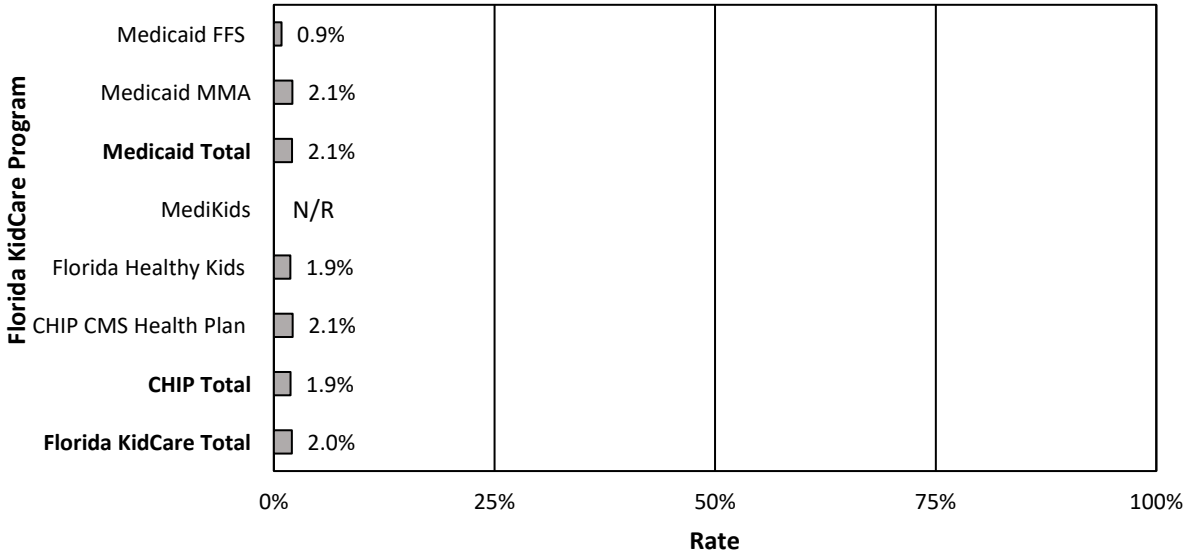
The CCW measure examines the percentage of women ages 15-20 at risk of unintended pregnancy, which is defined as those that have ever had sex, are not pregnant or seeking pregnancy, or are capable of producing offspring. Please note that results for Florida KidCare members do not extend beyond the age of eligibility for any given program component or plan, typically age 18. Refer to the **Introduction to KidCare** section for eligibility by program component.

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 2020 Florida KidCare rate for CCW: LARC was 2%, and for CCW: Most and Moderately Effective, the rate was 18%. Compared to the prior year's rates, the Medicaid FFS program component saw an increase in for CCW: Most and Moderately Effective, while all other applicable program components had worse rates. For CCW: LARC, the opposite was true.

Figure 40 presents the CY 2020 Florida KidCare program results for CCW: LARC, while **Figure 41** presents the results for CCW: Most and Moderately Effective. **Table 48** and **Table 49** present the trending results from CY 2019 to CY 2020 and from CY 2018 to CY 2020 for each of the Florida KidCare programs for both sub-measures, respectively. As CCW is a Child Core Set measure, national HEDIS benchmarks are not available. Located in Appendix C, **Figure 113** to **Figure 116** present the CY 2020 Medicaid MMA and Florida Healthy Kids plan results for both sub-measures as applicable.

Figure 40. Florida KidCare Program Results for CCW: LARC, CY 2020



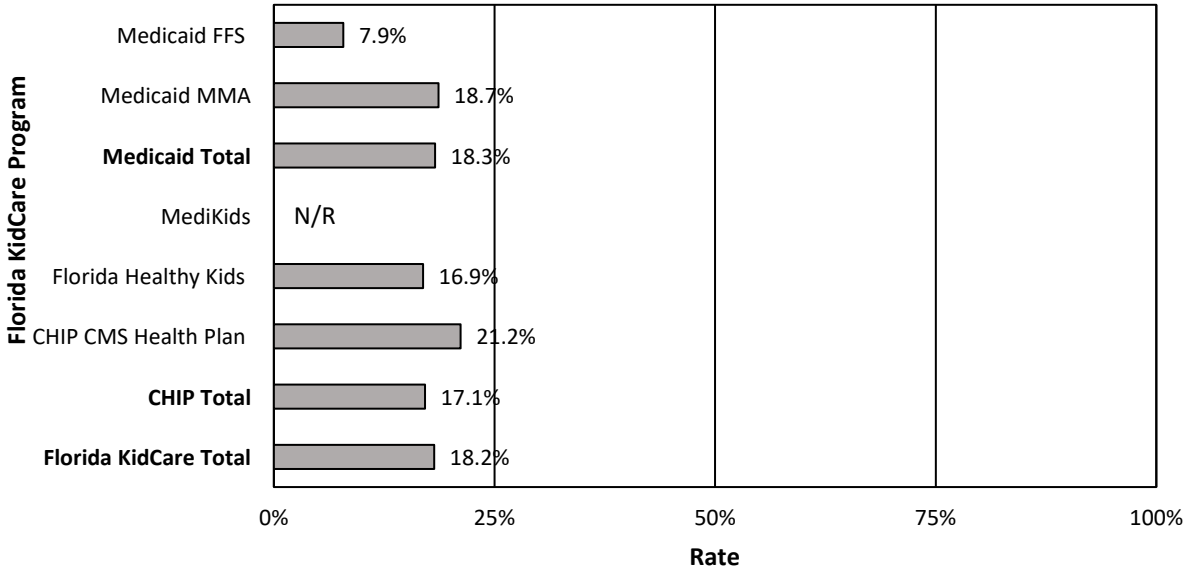
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Table 48. CCW: LARC by Florida KidCare Program, CY 2019 to CY 2020

Program	CY 2019	CY 2020
Medicaid FFS	1.0%	0.9%
Medicaid MMA	N/R	2.1%
Medicaid Total	1.0%	2.1%
MediKids	N/A	N/R
Florida Healthy Kids	1.5%	1.9%
CHIP CMS Health Plan	1.5%	2.1%
CHIP Total	1.5%	1.9%
Florida KidCare Total	1.4%	2.0%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2019 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 41. Florida KidCare Program Results for CCW: Most and Moderately Effective, CY 2020



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. CCW: Most and Moderately Effective by Florida KidCare Program, CY 2018 to CY 2020

Program	CY 2018	CY 2019	CY 2020
Medicaid FFS	7.9%	7.0%	7.9%
Medicaid MMA	22.4%	21.1%	18.7%
Medicaid Total	16.3%	20.6%	18.3%
MediKids	N/R	N/A	N/R
Florida Healthy Kids	17.8%	17.2%	16.9%
CHIP CMS Health Plan	23.0%	22.7%	21.2%
CHIP Total	18.1%	17.5%	17.1%
Florida KidCare Total	17.4%	20.2%	18.2%

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 50 presents the Florida KidCare overall rates in CY 2020 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 50. Florida KidCare Rates for Care of Acute and Chronic Conditions Measures for CY 2020

Measure	Florida KidCare Rate
Asthma Medication Ratio (AMR): Ages 5-11	83.4%
Asthma Medication Ratio (AMR): Ages 12-18	75.3%
Ambulatory Care: ED Visits (AMB): Ages 0-19	31.9 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 can result 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 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, 2021d; 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. 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 2019 and 2020: 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, observation visits, or 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 any members who had no asthma controller or reliever medications dispensed during CY 2020 or those diagnosed with any of the following: emphysema, chronic obstructive pulmonary diseases, obstructive chronic bronchitis, chronic respiratory conditions due to fumes or vapors, cystic fibrosis, or acute respiratory failure (NCQA, 2020a).

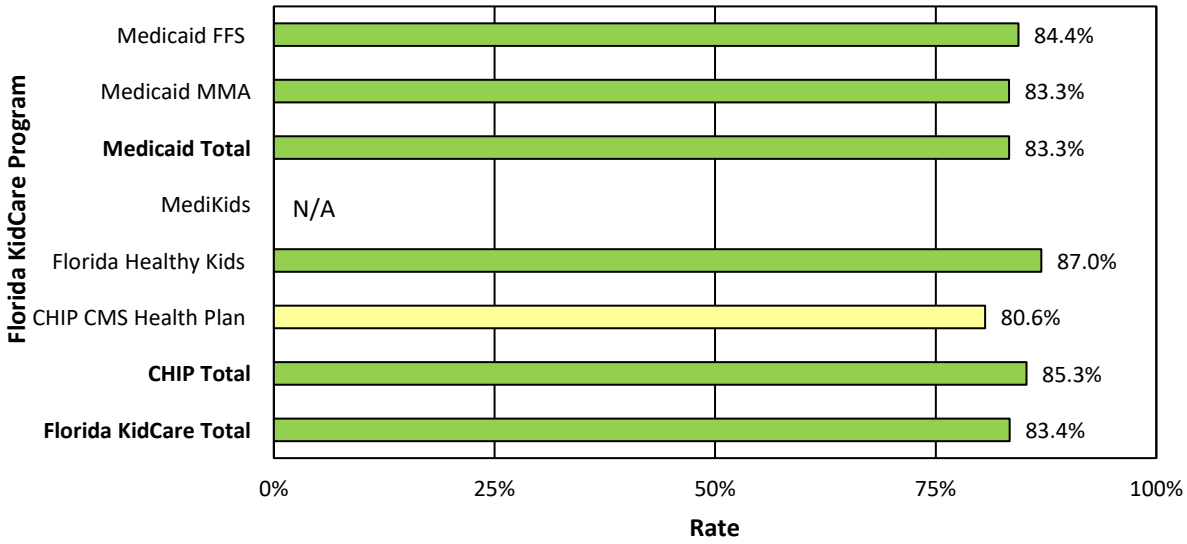
Two age stratifications are reported for this measure: 5-11 years and 12-18 years. Please note that higher rates are ideal for this measure, as it is indicative of a higher percentage of members utilizing both controller and rescue medications (indicating better asthma control) rather than using rescue medications alone.

For members ages 5-11 years old, the CY 2020 Florida KidCare rate was 83%, while the rate for 12-18-year-olds was 75%, both of which were improvements from CY 2019. All Florida KidCare program components for both sub-measures fell within the top 75th HEDIS benchmark percentile. The exception to this was the CHIP CMS Health Plan, which improved from CY 2019, but has been fairly inconsistent when examining past-year performances for these sub-measures.

Figure 42 presents the Florida KidCare CY 2020 program results and associated benchmark percentiles for ages 5-11, and **Table 51** depicts trending data for this sub-measure. **Figure 43** presents the Florida KidCare CY 2020 program results and benchmark percentiles for ages 12-18, with **Table 52** highlighting the trending data.

Located in Appendix C, **Figure 117** to **Figure 120** present the CY 2020 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 42. Florida KidCare Program Results for AMR: Ages 5-11, CY 2020



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

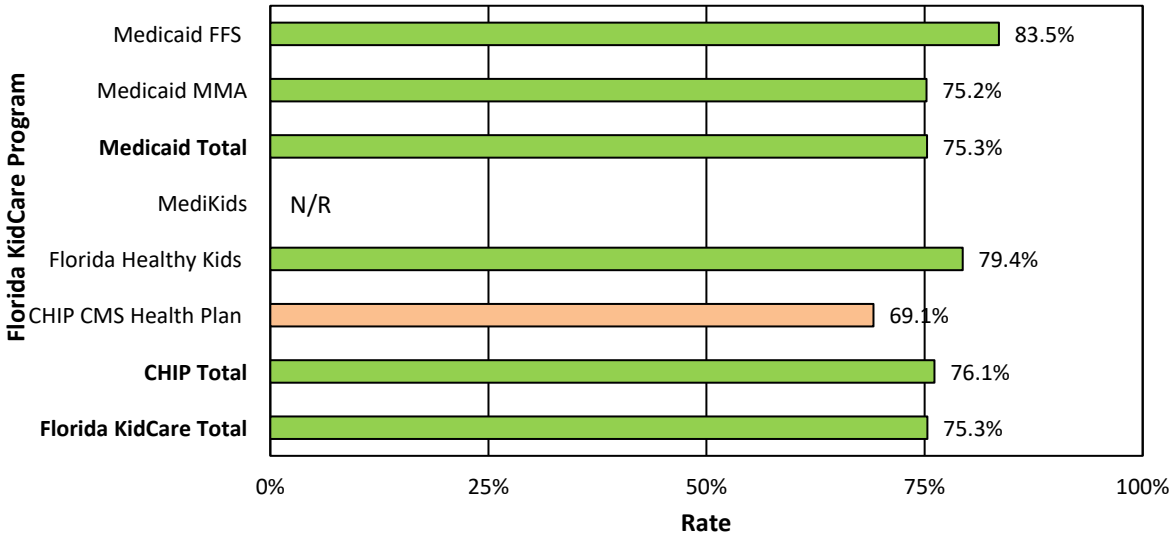
Note. This legend applies to **Figure 42** and **Table 51**.

Table 51. AMR: Ages 5-11 Results by Florida KidCare Program, CY 2017 to CY 2020

Program	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	72.2%	85.3%	89.7%	84.4%
Medicaid MMA	74.0%	79.9%	82.4%	83.3%
Medicaid Total	74.0%	79.9%	82.4%	83.3%
MediKids	N/A	N/A	N/A	N/A
Florida Healthy Kids	86.1%	88.2%	87.6%	87.0%
CHIP CMS Health Plan	75.9%	85.5%	77.6%	80.6%
CHIP Total	84.9%	88.1%	86.4%	85.3%
Florida KidCare Total	74.6%	80.4%	82.8%	83.4%

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 43. Florida KidCare Program Results for AMR: Ages 12-18, CY 2020



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 52**.

Table 52. AMR: Ages 12-18 Results by Florida KidCare Program, CY 2017 to CY 2020

Program	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	68.0%	77.9%	80.7%	85.3%
Medicaid MMA	63.4%	71.2%	74.3%	75.2%
Medicaid Total	63.4%	72.2%	74.3%	75.3%
MediKids	N/R	N/R	N/R	N/R
Florida Healthy Kids	71.7%	76.6%	75.9%	79.4%
CHIP CMS Health Plan	80.4%	79.0%	66.9%	69.1%
CHIP Total	73.5%	77.0%	74.2%	76.1%
Florida KidCare Total	64.1%	71.7%	74.3%	75.3%

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 2020 per 1,000 member months (NCQA, 2020a). 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. The Florida KidCare rate (32 visits per 1,000 member months), as well as all component rates, dropped considerably in CY 2020, all establishing new five-year lows. It can be speculated that this is partly a result of the COVID-19 pandemic impacting health and hospital systems across the state.

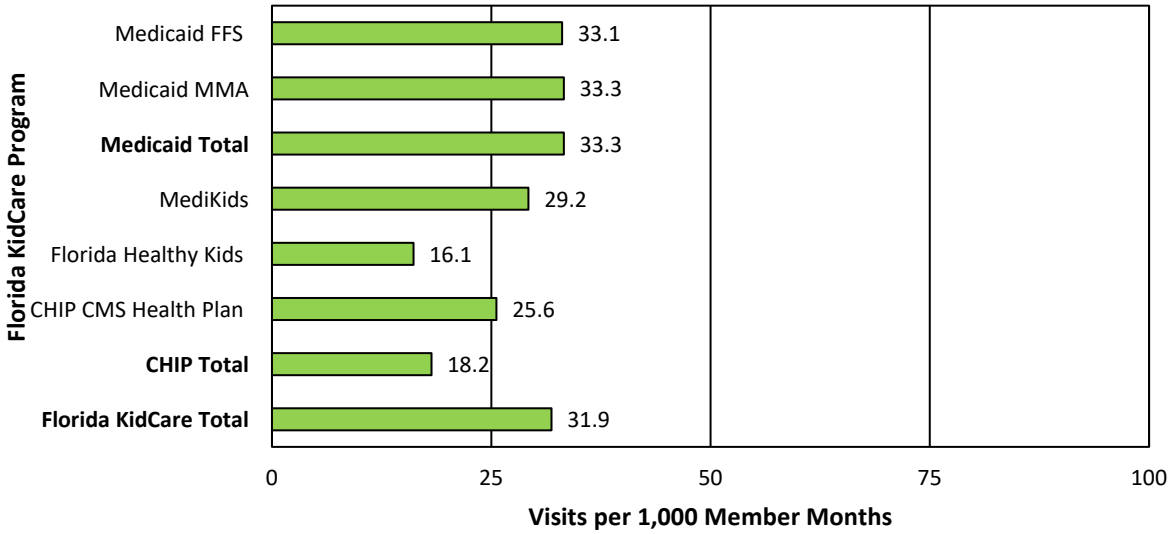
All but three of the health plans across Medicaid MMA and Florida Healthy Kids scored within the most favorable 50th HEDIS benchmark percentile. The three plans that did not score as favorably compared to the national benchmarks were three Medicaid MMA plans that serve members with specific health conditions. Those with chronic conditions typically have a higher frequency of health care utilization, having to adhere to medications, attend medical appointments, and undergo procedures such as injections or dialysis (Javalkar et al., 2017); thus, increased amounts of ED visits can be expected for these plans.

Figure 44 presents the Florida KidCare program results and associated benchmark percentiles in CY 2020. **Table 53** presents the trending results from CY 2016 to CY 2020 for each of the Florida KidCare programs with applicable benchmark percentiles.

Located in Appendix C, **Figure 121** and **Figure 122** present the CY 2020 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 programs to the national benchmarks.

Figure 44. Florida KidCare Program Results for AMB ED Visits: Ages 0-19, CY 2020



Note. 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 44** and **Table 53**.

Table 53. AMB ED Visits: Ages 0-19 Results by Florida KidCare Program, CY 2016 to CY 2020

Program	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	56.7	54.3	57.7	57.7	33.1
Medicaid MMA	57.5	55.5	57.4	58.0	33.3
Medicaid Total	57.5	55.5	57.4	58.0	33.3
MediKids	51.9	49.8	53.3	54.8	29.2
Florida Healthy Kids	27.5	26.7	27.1	28.0	16.1
CHIP CMS Health Plan	37.9	38.0	36.8	43.7	25.6
CHIP Total	31.6	30.9	31.1	32.5	18.2
Florida KidCare Total	55.4	53.5	55.1	55.5	31.9

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. 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 broken into multi-layered approaches via sub-measures. This tiered approach ensures that patient needs are met through different phases of age-appropriate follow-up care or medication monitoring.

Table 54 presents the Florida KidCare overall rates in CY 2020 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 54. Florida KidCare Rates for Behavioral Health Care Measures for CY 2020

Measure	Florida KidCare Rate
Follow-Up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase	47.0%
Follow-Up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase	62.0%
Follow-Up After Hospitalization for Mental Illness (FUH): Follow-Up Visits within 7 Days	41.9%
Follow-Up After Hospitalization for Mental Illness (FUH): Follow-Up Visits within 30 Days	65.1%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): Blood Glucose Testing	47.0%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): Cholesterol Testing	34.7%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): Blood Glucose and Cholesterol Testing	31.8%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	61.8%

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, 2021f). Treatment often includes combinations of behavioral and pharmaceutical interventions. For children ages 6-12, the AAP recommends Food and Drug Administration (FDA)-approved medications for the treatment of ADHD, along with evidence-based parent training in behavior management and/or behavioral classroom interventions (Wolraich et al., 2019).

The intake period for denominator eligibility for the ADD measure includes the 12-month period from March 1, 2019 to February 29, 2020, and members must have been between 6 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, 2020a). 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:

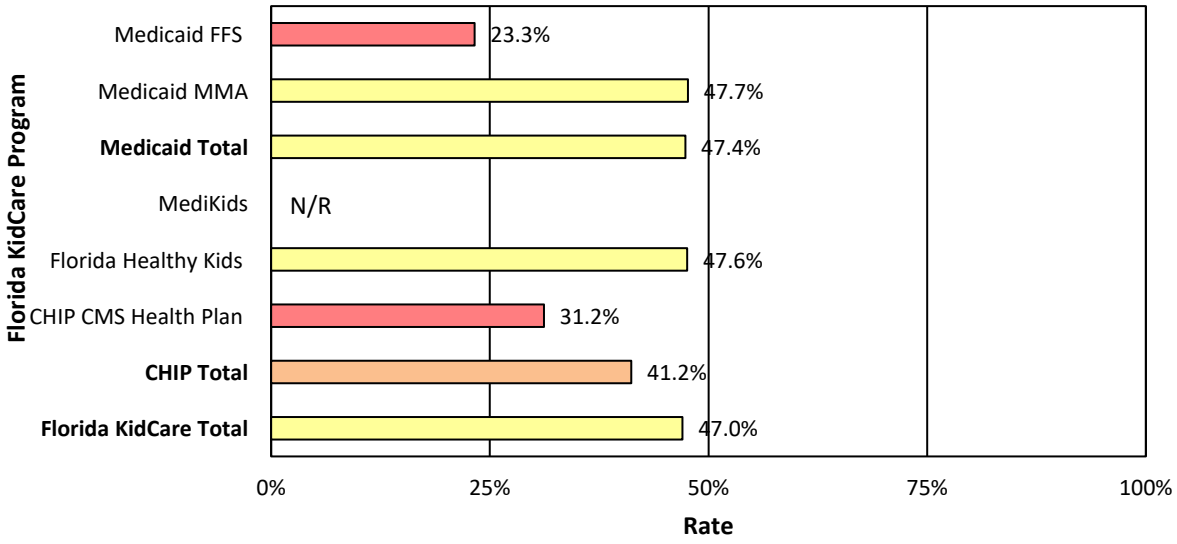
- **Initiation Phase**- measures children who have been newly prescribed medication for ADHD and had one or more follow-up visits, including telehealth visits, with a provider with prescribing authority within 30 days of the earliest prescription dispensing date. Members must have continuous enrollment 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.
- **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 virtual visit.

For the initiation phase sub-measure, the CY 2020 Florida KidCare program rate was 47%, while the continuation and maintenance phase sub-measure was 62%. The two KidCare rates were improvements from CY 2019 and can be largely attributed to the improvement that the Medicaid MMA program component experienced within both sub-measures, increasing by nearly five percentage points within the Continuation and Maintenance Phase sub-measure.

Figure 45 presents the Florida KidCare program results and associated benchmark percentiles for the Initiation Phase sub-measure in CY 2020, while **Figure 46** 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 55**, and the Continuation and Maintenance Phase trending data and benchmark percentiles are listed in **Table 56**.

Located in Appendix C, **Figure 123** to **Figure 126** present the CY 2020 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 45. Florida KidCare Program Results for ADD: Initiation Phase, CY 2020



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

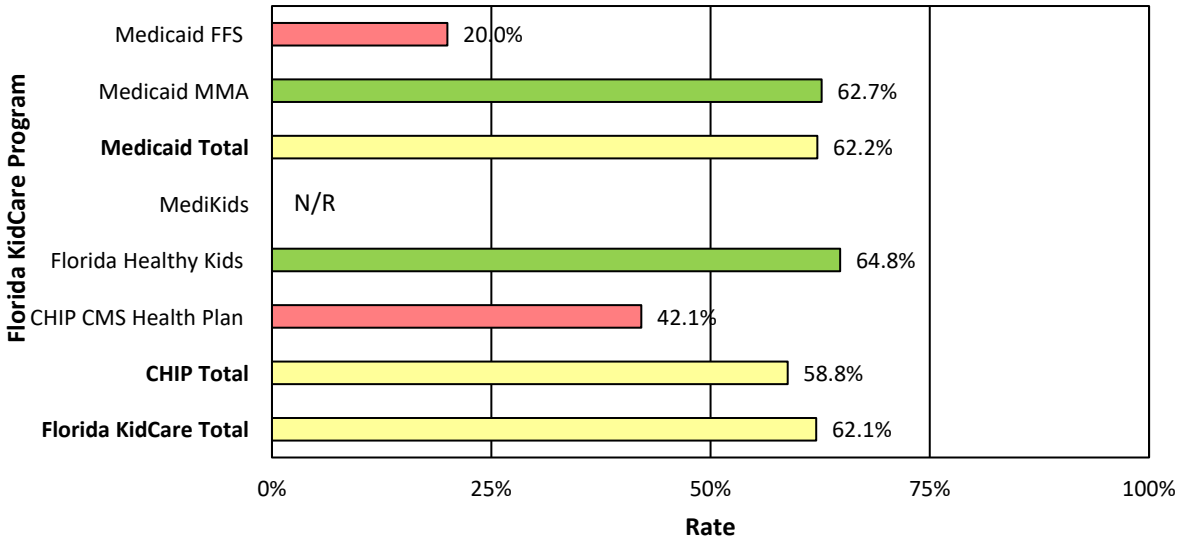
Note. This legend applies to **Figure 45** and **Table 55**.

Table 55. ADD: Initiation Phase Results by Florida KidCare Program, CY 2016 to CY 2020

Program	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	20.2%	22.3%	24.6%	23.1%	23.3%
Medicaid MMA	48.6%	48.2%	40.7%	45.8%	47.7%
Medicaid Total	47.7%	47.8%	40.6%	45.6%	47.4%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	36.6%	49.9%	42.2%	47.6%	47.6%
CHIP CMS Health Plan	28.5%	35.2%	39.1%	34.5%	31.2%
CHIP Total	35.3%	47.1%	41.6%	44.5%	41.2%
Florida KidCare Total	46.7%	47.8%	40.6%	45.5%	47.0%

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 46. Florida KidCare Program Results for ADD: Continuation and Maintenance Phase, CY 2020



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 56**.

Table 56. ADD: Continuation and Maintenance Phase Results by Florida KidCare Program, CY 2016 to CY 2020

Program	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	18.8%	15.9%	28.4%	26.2%	20.0%
Medicaid MMA	65.1%	63.9%	54.5%	57.3%	62.7%
Medicaid Total	63.7%	63.3%	54.1%	57.1%	62.2%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	43.5%	63.8%	57.0%	63.2%	64.8%
CHIP CMS Health Plan	29.3%	57.1%	59.2%	42.9%	42.1%
CHIP Total	42.2%	63.0%	57.3%	61.1%	58.8%
Florida KidCare Total	61.8%	63.2%	54.3%	57.3%	62.1%

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.

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. Fontanella et al. (2020) conducted a cohort study of nearly 140,000 Medicaid-enrolled child and adolescent inpatients from 33 states and found that follow-up received within seven days of discharge was associated with a reduced risk of suicide during the eight to 180 days after hospital discharge. Conversely, delays in timely follow-up may be associated with shorter hospital stays, lack of prior mental health care, enrollment in managed care, race, and other comorbidities.

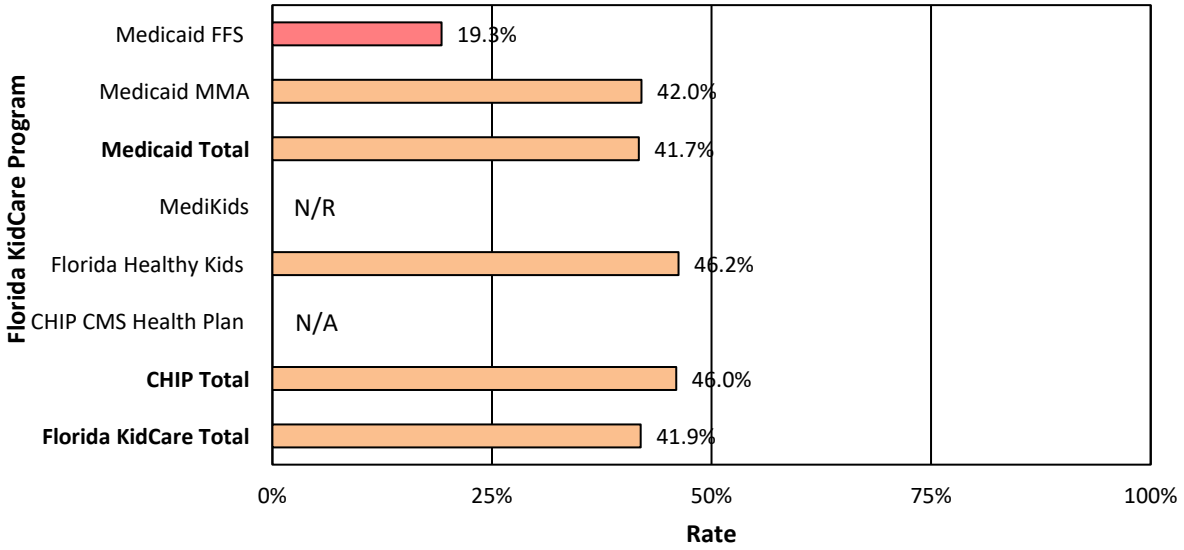
Repeat hospitalizations are associated with negative outcomes. Psychiatric readmissions for children can disrupt families and cause emotional and physical distress (Phillips et al., 2020). Furthermore, Phillips et al. (2020) note that 33-38% of patients face readmission within one year of discharge, and 8% 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.

This HEDIS indicator examines results for follow-up visits within two time periods of discharge following a hospitalization for mental illness: seven days and 30 days. 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, 2020a). For both sub-measures, telehealth visits count toward compliance.

In CY 2020, the Florida KidCare rate for follow-up visits within seven days was 42%, while the rate was 65% for the 30-day sub-measure, both improvements over CY 2019. Every program component rate except Medicaid FFS saw a rate improvement for both sub-measures.

Figure 47 and **Figure 48** presents Florida KidCare program results and applicable benchmark percentiles for follow-up visits within seven days and 30 days, respectively, in CY 2020. **Table 57** and **Table 58** present the trending data for these sub-measures. A very similar, Agency-defined measure, 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 starts in CY 2019, and trending data for prior years was for the measure FHM. Located in Appendix C, **Figure 127** to **Figure 130** present the CY 2020 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles for FUH.

Figure 47. Florida KidCare Program Results for FUH: Follow-Up Visits within Seven Days, CY 2020



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

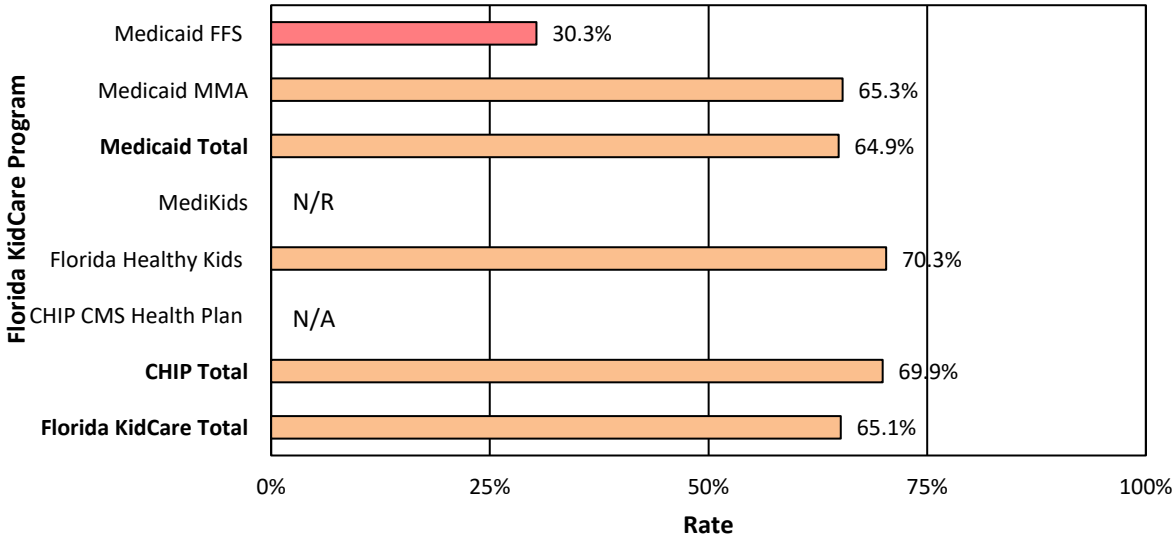
Note. This legend applies to **Figure 47** and **Table 57**.

Table 57. FUH: Follow-Up Visits within Seven Days Results by Florida KidCare Program, CY 2019 to CY 2020

Program	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	26.0%	17.2%	21.9%	21.2%	19.3%
Medicaid MMA	43.0%	30.5%	29.8%	38.0%	42.0%
Medicaid Total	42.8%	30.4%	29.8%	37.9%	41.7%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	39.4%	37.1%	38.9%	38.0%	46.2%
CHIP CMS Health Plan	44.6%	47.3%	46.6%	N/A	N/A
CHIP Total	40.1%	39.1%	40.3%	38.0%	46.0%
Florida KidCare Total	42.7%	30.6%	30.1%	37.9%	41.9%

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-defined 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 48. Florida KidCare Program Results for FUH: Follow-Up Visits within 30 Days, CY 2020



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 58**.

Table 58. FUH: Follow-Up Visits within 30 Days Results by Florida KidCare Program, CY 2019 to CY 2020

Program	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	42.9%	29.8%	36.8%	35.3%	30.3%
Medicaid MMA	56.1%	51.1%	50.3%	62.1%	65.3%
Medicaid Total	55.9%	51.0%	50.2%	61.9%	64.9%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	59.4%	57.7%	63.3%	58.4%	70.3%
CHIP CMS Health Plan	60.7%	71.6%	69.7%	N/A	N/A
CHIP Total	59.6%	60.4%	64.5%	58.1%	69.9%
Florida KidCare Total	56.0%	51.2%	50.7%	61.8%	65.1%

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-defined 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 identified in the pediatric population is an increased risk of metabolic syndrome (Pillinger et al., 2020). This can include significant weight gain and fluctuating levels of glucose or lipids in the body, which can lead to health challenges that last throughout childhood such as high cholesterol, obesity, or type 2 diabetes (Pillinger et al., 2020). Children and adolescents 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, 2021a).

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 test 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.

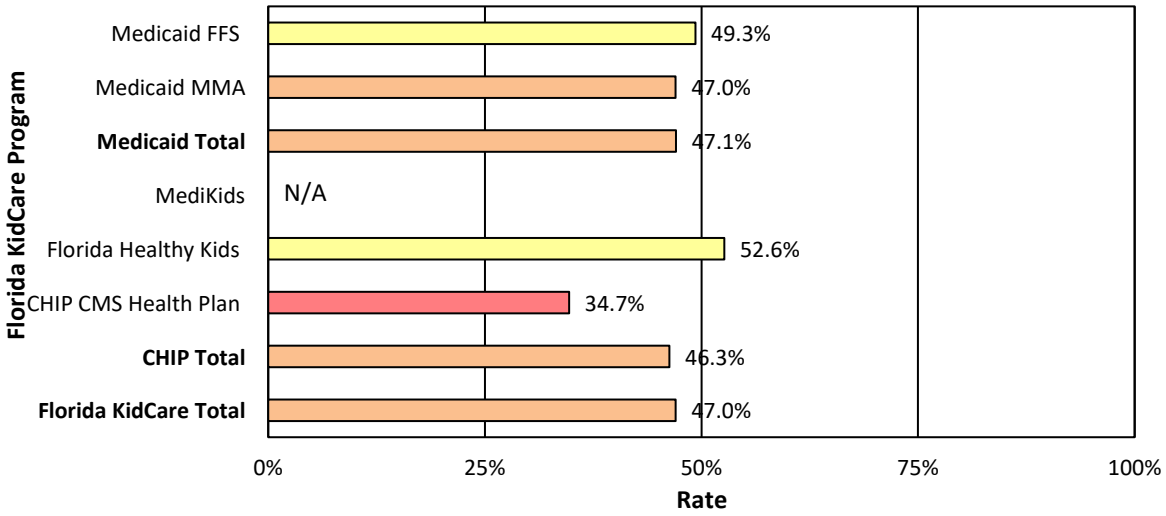
The CY 2020 Florida KidCare program rate for blood glucose testing was 47%, and for cholesterol testing, the rate was 35%. The combined rate for both types of testing was 32%. Medicaid FFS was the only program component to see improved rates from the year prior. Specific to the health plans, Aetna and Sunshine-CW (Medicaid MMA) each had rates for all three sub-measures fall within the top 75th HEDIS benchmark percentile.

Figure 49 presents the CY 2020 Florida KidCare rate and benchmark percentiles for the blood glucose testing, while **Figure 50** details the data for cholesterol testing. **Figure 51** shows Florida KidCare program CY 2020 results and associated benchmark percentiles for both types of testing.

Table 59, Table 60, and **Table 61** present the trending data for each of the sub-measures, respectively.

Located in Appendix C, **Figure 131** to **Figure 136** present the CY 2020 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles for all sub-measures.

Figure 49. Florida KidCare Program Results for APM: Blood Glucose Testing, All Ages, CY 2020



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

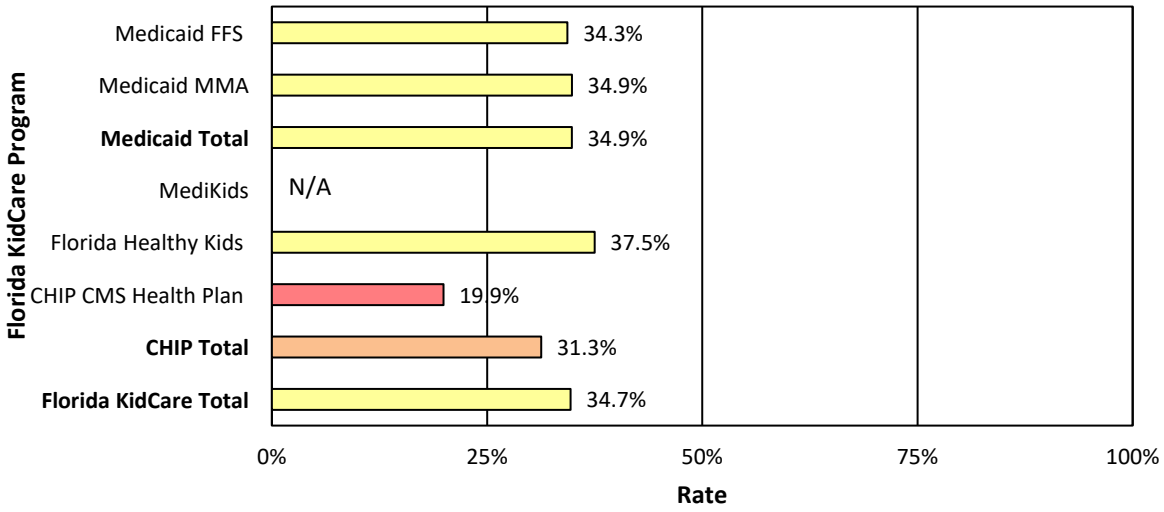
Note. This legend applies to **Figure 49** and **Table 59.**

Table 59. APM: Blood Glucose Testing Results by Florida KidCare Program, All Ages, CY 2020

Program	CY 2019	CY 2020
Medicaid FFS	44.5%	49.3%
Medicaid MMA	53.6%	47.0%
Medicaid Total	53.4%	47.1%
MediKids	N/A	N/A
Florida Healthy Kids	58.0%	52.6%
CHIP CMS Health Plan	36.2%	34.7%
CHIP Total	50.3%	46.3%
Florida KidCare Total	53.3%	47.0%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2019 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 50. Florida KidCare Program Results for APM: Cholesterol Testing, All Ages, CY 2020



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

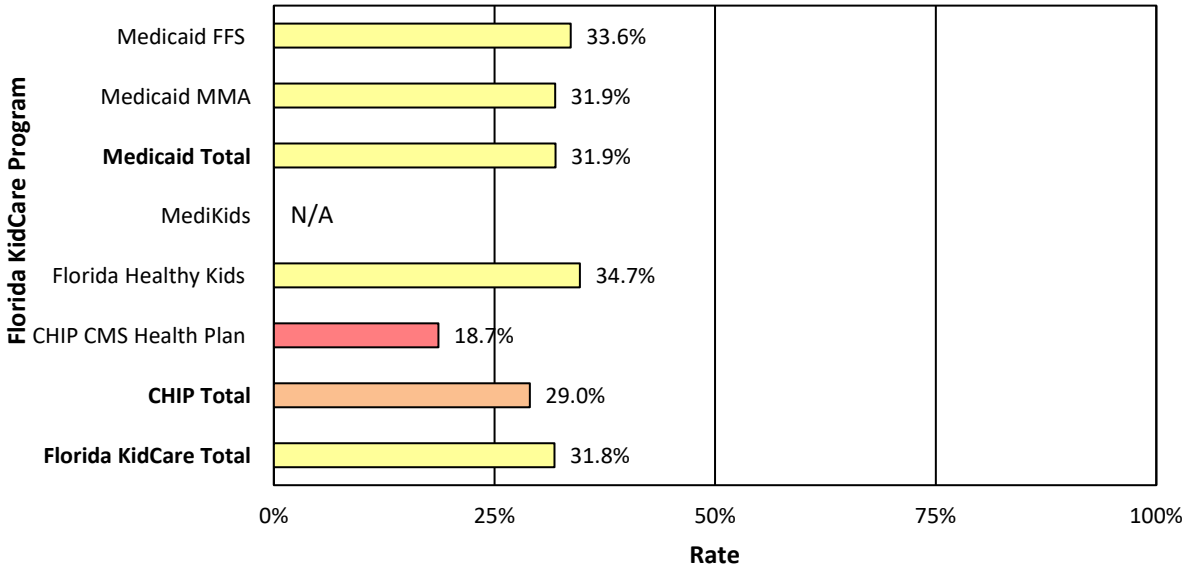
Note. This legend applies to **Figure 50** and **Table 60.**

Table 60. APM: Cholesterol Testing Results by Florida KidCare Program, All Ages, CY 2020

Program	CY 2019	CY 2020
Medicaid FFS	32.6%	34.3%
Medicaid MMA	40.5%	34.9%
Medicaid Total	40.3%	34.9%
MediKids	N/A	N/A
Florida Healthy Kids	41.7%	37.5%
CHIP CMS Health Plan	23.0%	19.9%
CHIP Total	35.1%	31.3%
Florida KidCare Total	40.1%	34.7%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2019 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 51. Florida KidCare Program Results for APM: Blood Glucose and Cholesterol Testing, All Ages, CY 2020



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 51** and **Table 61**.

Table 61. APM: Blood Glucose and Cholesterol Testing Results by Florida KidCare Program, All Ages, CY 2020

Program	CY 2019	CY 2020
Medicaid FFS	32.0%	33.6%
Medicaid MMA	37.7%	31.9%
Medicaid Total	37.6%	31.9%
MediKids	N/A	N/A
Florida Healthy Kids	38.6%	34.7%
CHIP CMS Health Plan	20.2%	18.7%
CHIP Total	32.2%	29.0%
Florida KidCare Total	37.4%	31.8%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2019 was the first year this measure was calculated; thus, trending data from prior years are not available. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Use of 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, 2018). 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 age 6 who are prescribed antipsychotics or children over age 6 who are prescribed antipsychotics above the dosing recommendations of the FDA (AHCA, n.d.-a.; AHCA, n.d.-b.).

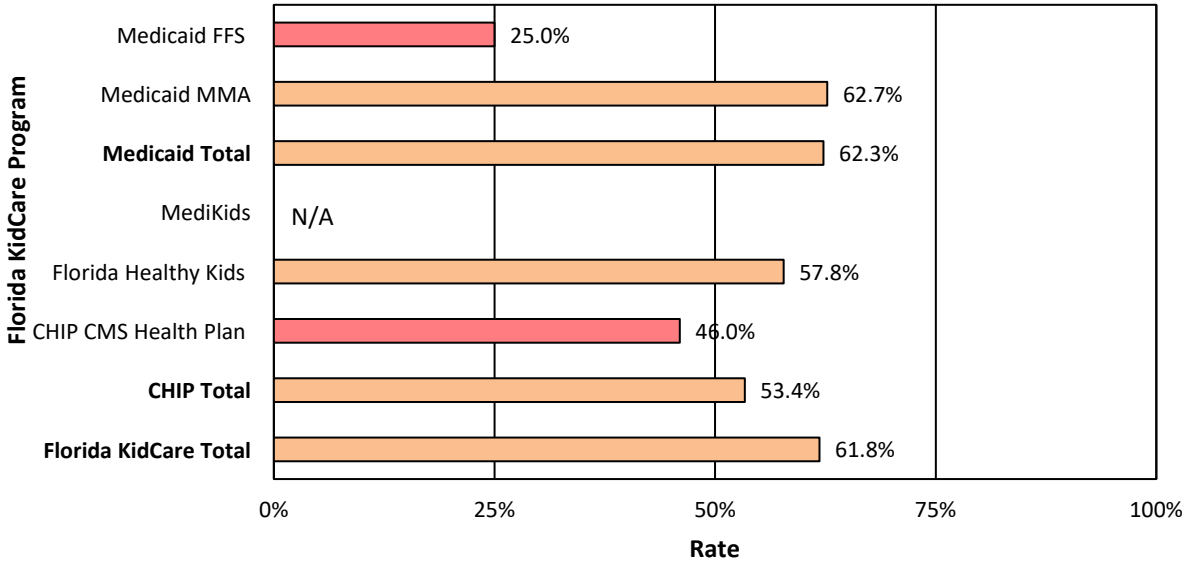
APP measures the percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of a psychosocial care visit as the first line of treatment (NCQA, 2020a). Members must not have had antipsychotic medications dispensed for a period of at least 120 days prior to the CY 2020 IPSD, and continuous enrollment aligns with this time frame through 30 days after the IPSD. Exclusion criteria for this measure encompasses those for whom a first-line antipsychotic medication may be clinically appropriate including members with a psychotic disorder who had at least one acute inpatient visit or those with either a psychotic or developmental disorder who had at least two visits in an outpatient setting, including telehealth visits.

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 2020, that rate was 62%, which fell within the 25th-49.9th HEDIS benchmark percentile. Both Medicaid program components saw modest improvements, leading to a higher Florida KidCare rate compared to CY 2019 and a five-year high based on trending data. Half of the Medicaid MMA health plans that had a reportable rate were in the top 50th HEDIS benchmark percentile.

Figure 52 presents Florida KidCare program results and associated benchmark percentiles for CY 2020, and **Table 62** presents the trending results for each of the Florida KidCare programs, with applicable benchmark percentiles.

Located in Appendix C, **Figure 137** and **Figure 138** present the CY 2020 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 52. Florida KidCare Program Results for APP: All Ages, CY 2020



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** and **Table 62**.

Table 62. APP: All Ages Results by Florida KidCare Program, CY 2016 to CY 2020

Program	CY 2016	CY 2017	CY 2018	CY 2019	CY 2020
Medicaid FFS	17.2%	18.7%	21.1%	24.2%	25.0%
Medicaid MMA	62.5%	62.1%	61.7%	61.4%	62.7%
Medicaid Total	61.2%	61.5%	61.0%	60.8%	62.3%
MediKids	N/A	N/A	N/A	N/A	N/A
Florida Healthy Kids	63.0%	46.3%	53.3%	58.7%	57.8%
CHIP CMS Health Plan	43.3%	47.1%	39.3%	46.4%	46.0%
CHIP Total	56.1%	46.5%	48.9%	54.7%	53.4%
Florida KidCare Total	60.9%	60.7%	60.4%	60.5%	61.8%

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.

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 2030. While the oral health of American children and families has improved over the last 50 years, many individuals still lack access to basic care (Healthy People 2030, n.d.-e). 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).

During the 2017-2018 school year, The DOH Public Health Dental Program conducted their second statewide oral health surveillance, this time focusing on Florida children age 3-6 years old who were enrolled in the federal Head Start program. A total of 2,400 children across 29 Florida counties were screened, with the aim of capturing multiple dental health indicators such as untreated decay and dental caries. The DOH reported that 24.0% of Head Start children had untreated decay, while 34.3% experienced some level of tooth decay, noting that the prevalence of untreated decay rose with age and was most prevalent within non-Hispanic Black children (Florida Department of Health Public Health Dental Program, 2021).

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. Research on childhood oral health has produced consistent results demonstrating that untreated dental issues can lead to oral pain in children, negatively impacting school attendance and academic performance (Ruff et al., 2019). The CDC (2021b) 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 2021 annual reporting for the Child Core Set measures, just 39.9% of eligible U.S. children in Medicaid and CHIP received at least one preventive dental service (Medicaid.gov, 2021). The HHS Oral Health Coordinating Committee (2016) stated that barriers such as costs, limited oral health literacy, and lack of access are all barriers toward accessing these services.

Table 63 presents the Florida KidCare overall rates in Federal Fiscal Year (FFY) 2020 for the measure presented in this section. Please note that FFY 2020 ran from October 1, 2019 through September 30, 2020. 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 Rate for the Dental and Oral Health Services Measure in FFY 2020

Measure	Florida KidCare Rate
Percentage of Eligibles Who Received Preventive Dental Services (PDENT)	FFY 2020: 35.2%

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).

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, 2020). Please note that results for Florida KidCare members do not extend beyond the age of eligibility for any given program component or plan, typically age 18. Refer to the **Introduction to KidCare** section for eligibility by program component.

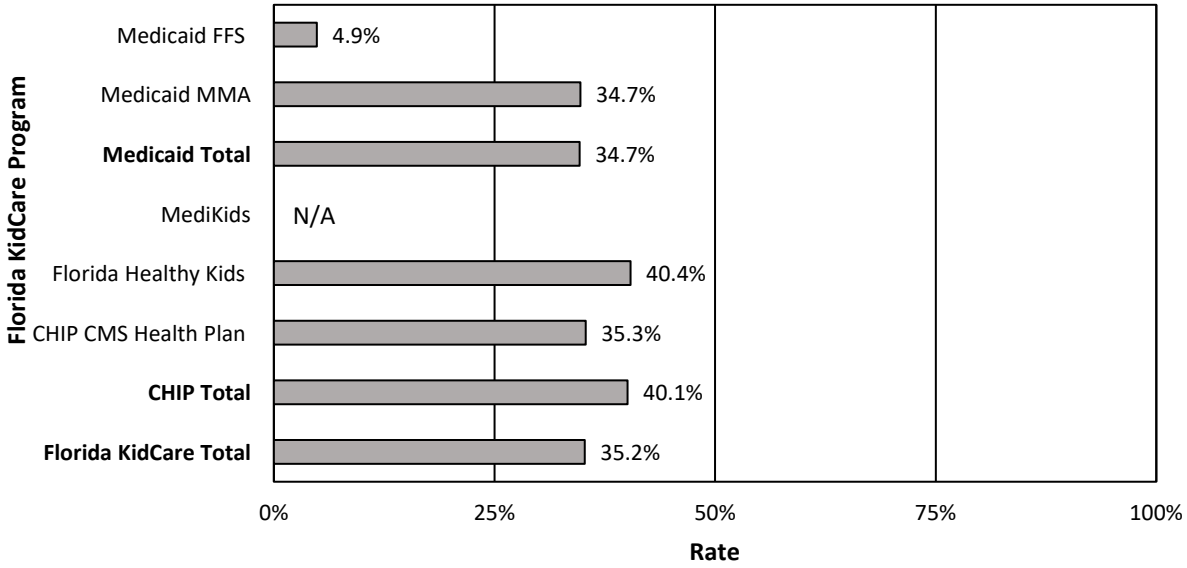
The Florida KidCare FFY 2020 rate for PDENT was 35%. The PDENT data listed for Medicaid FFS and MediKids considers members not enrolled in a dental plan, while the Medicaid MMA plan PDENT rate utilizes dental plan-reported data.

The Florida KidCare total, as well as each program component, had rates decline from the year prior. This can possibly be attributed to the COVID-19 pandemic's impact on the utilization of preventive health care services, as was seen for prior measures that examined utilization of health services. Despite these challenges, the PDENT rates for two of the three Florida Healthy Kids dental plans were higher than the overall Florida KidCare rate, as was the rate for one of the Medicaid dental plans.

The FFY 2020 Florida KidCare program component rates for PDENT are shown in **Figure 53**, with trending data presented in **Table 64**. As this is a measure from the Child Core Set, national HEDIS benchmarks are not available.

Prior to FFY 2019, the PDENT rates for the Medicaid MMA plans were calculated through the plan-reported data, as the dental services were administered by the health plans. Following the Medicaid dental roll out that concluded in February 2019, dental services were transitioned to separate dental plans. The Medicaid MMA rate for FFY 2019 was calculated at only the program component level, due to the timing of the rollout rendering some members eligible both in their prior health plan and their new dental plan. As the rollout did not impact FFY 2020 reporting, these rates are specific to each dental health plan, as depicted in Appendix C, **Figure 139**. **Figure 140** presents the FFY 2020 results for the Florida Healthy Kids dental plans.

Figure 53. Florida KidCare Program Results for PDENT, FFY 2020



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 64. PDENT Results by Florida KidCare Program, FFY 2016 to FFY 2020

Program	FFY 2016	FFY/CY[a] 2017	FFY 2018	FFY 2019	FFY 2020
Medicaid FFS	7.8%	6.9%	8.3%	13.5%	4.9%
Medicaid MMA	37.4%	38.9%	39.7%	39.9%	34.7%
Medicaid Total	36.6%	38.2%	39.0%	39.8%	34.7%
MediKids	25.1%	25.8%	27.3%	18.3%	N/A
Florida Healthy Kids	46.1%	46.9%	46.5%	46.9%	40.4%
CHIP CMS Health Plan	37.2%	35.5%	37.8%	39.8%	35.3%
CHIP Total	42.8%	43.4%	43.8%	46.4%	40.1%
Florida KidCare Total	37.2%	38.7%	39.4%	40.5%	35.2%

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] The 2017 program rate for Florida Healthy Kids was measured in FFY. All other 2017 Florida KidCare rates were calculated in CY.

Conclusion

In This Section

- Summary
- Recommendations

Summary

Florida KidCare continues to function as an essential program in ensuring that the children of Florida have comprehensive health care coverage, with 1,420,014 applications received in Calendar Year (CY) 2020. Of the 1,652,372 children represented on applications, 56.5% were approved, an improvement from CY 2019. Additionally, Florida KidCare enrollment saw a significant upswing in CY 2020, with over 2.5 million children enrolled, a 10% increase from the year prior and a marked reversal of a trend of declining enrollment that can be traced back to 2016. Notably, the gains in KidCare enrollment are strongly tied to Medicaid, which saw an almost 15% jump, though it should be noted that the Centers for Medicare and Medicaid Services required that the state not terminate individuals from Medicaid coverage during the public health emergency (Centers for Medicare & Medicaid Services, 2021). Conversely, Children's Health Insurance Program (CHIP) enrollment actually declined 14%. Medicaid renewals also saw a significant increase, going from 71% in CY 2019 (the first year this data was reported) to 94% in CY 2020 though due to the public health emergency, members did not lose Medicaid coverage and traditional renewals were not required. Specific to financing, the CHIP expenditures for the coming year are expected to approach a billion dollars, despite an anticipated decreased caseload. This reflects both the decreases in family contributions and federal funds and results in a greater share of the costs being absorbed by the state.

Composites and global rating questions within the standardized Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys saw the Florida KidCare overall rate improve from last year for 10 out of 15 survey items. Despite these increases for the overall program, most rates fell below the 50th Healthcare Effectiveness Data and Information Set (HEDIS®) benchmark percentile. Consumer attitudes toward health care access and utilization likely was, at least in part, impacted by the effects of the coronavirus disease 2019 (COVID-19) pandemic on Florida's health care networks (Grimm, 2021). This is closely reflected in how often respondents felt they received care quickly, with the rate of this composite declining to a five-year low in 2021. A similar trend followed for the Getting Needed Information composite, with the Florida KidCare rate falling below 90% for the first time in five years. Rates for the Doctor's Communication composite also decreased, perhaps reflecting the immense strain that physicians were put under in trying to do their jobs in the midst of a pandemic (Grimm, 2021).

Despite this, it should be noted that the majority of families expressed positive experiences with the care provided by their physicians. Composite measures such as the ability and ease to access needed care rose to nearly 85% among all Florida KidCare respondents, while specialty care saw marked improvements across nearly every program component. Furthermore, perceptions of health plan customer service marginally increased, while health plan ratings increased within every KidCare program component except MediKids. Despite the decrease in the Doctor's Communication composite, respondents felt that their physicians understood the challenges that they and their families were facing, with the Florida KidCare rate increasing to over 90% for only the second time in the past five years. When considering the child's overall health care, 74% of Florida KidCare families rated all their health care a "9" or a "10," a five-year high.

Among program components, rates from the year prior were largely similar or only slightly decreased, with some notable standouts. The Medicaid Fee-For-Service (FFS) program component, a Medicaid component in which members are not enrolled in a managed care plan, made significant gains this year, as the program typically ranks within the lowest 25th benchmark percentile. This year, the Medicaid FFS rates show a more favorable distribution across the benchmark percentiles, including the rating for specialty care providers landing in the 75th percentile. Medicaid FFS also saw a significant gain in how

often families felt it easy to access specialized services, therapies, or equipment, increasing by 11 percentage points. The rating for the number of doctors to choose from increased within Medicaid FFS, as well as all CHIP programs, and access to prescription medicines saw a rating increase for the CHIP Children's Medical Services (CMS) Health Plan.
Of the 27 performance measures and sub-measures calculated last year, Florida KidCare rates improved for 12 of these measures. A handful of rates that did not improve by percentage, such as the Chlamydia Screening (CHL) measure, nonetheless saw a HEDIS benchmark percentile improvement from the previous year. Screening for Depression and Follow-Up Plan: Ages 12-17 (CDF) saw across-the-board improvements within every applicable program component. The sub-measure for Asthma Medication Ratio (AMR) that encompasses children age 12-18 also saw rate improvements in every program component and all but CHIP CMS Health Plan were in the 75th and above HEDIS benchmark percentile. All program components saw decreases in the Ambulatory Care: Emergency Department (ED) Visits (AMB) measure, a utilization measure where lower numbers are indicative of better performance.

Among the 23 applicable measures with a reportable rate analyzed both years, Florida Healthy Kids saw improvement in 12 measures compared to the prior year, largely within preventive care measures. This helped to facilitate similar gains within the entire CHIP program (13 improved rates) when compared to CY 2019. Florida Healthy Kids saw significant improvements within both sub-measures of the Follow-Up After Hospitalization for Mental Illness measure (FUH; 7- and 30-day follow-up), seeing rate improvements of 8 percentage points and 12 percentage points, respectively. Additionally, the Florida Healthy Kids rate improved for the Weight Assessments for Children (WCC): Body Mass Index (BMI) Assessment sub-measure, contrasting with other program components that all saw declines in CY 2020 and serving as the only program component above 90%. The Medicaid program showed improvements mostly within the behavioral health measures, with five of the eight sub-measures analyzed both years improving from the year prior, though this may be attributed to prior authorization requirements and service limits on frequency and duration being waived for Medicaid-covered behavioral health services as a result of COVID-19 (AHCA, 2020a). Medicaid FFS also saw 13 of its 27 CY 2020 rates improve, though most of its performance measure rates landed in the lowest HEDIS benchmark percentile. One notable increase for this program component was in the Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care sub-measure, with a 32 percentage point increase from the year prior. Similarly, the Medicaid Managed Medical Assistance (MMA) rate for Developmental Screening in First Three Years (DEV) saw significant improvements when compared to the CY 2019 rate.

As with the CAHPS survey items, a handful of performance measures can likely attribute their fluctuations to the COVID-19 pandemic. In CY 2019, traditional medical record reviews were a challenge due to the timing of the early shutdowns and social distancing policies. As a result of this, the CY 2019 hybrid rates used either the prior-year hybrid rates or administrative rates. Because a medical record review was performed by the Institute for Child Health Policy (ICHP) for CY 2020 reporting, some rates rose as expected, including the aforementioned PPC and DEV rates. Newly included in the HEDIS specifications for this reporting period were more widespread use of telehealth as a means of compliance for measures (NCQA, 2020a). For example, the FUH sub-measures now allow for telehealth visits and saw strong improvements in most program components. The PPC measures also now allow for telehealth visits, which may have also contributed to the dramatic increase in the Medicaid FFS rate from prior years. However, the WCC-BMI sub-measure, Childhood Immunizations (CIS), Immunizations for Adolescents (IMA), and Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) sub-measures do not allow telehealth and, as a result, largely saw mostly decreases in rates. As the nature of these sub-measures require an in-person visit to measure BMI, administer a vaccination, or

draw bloodwork, these decreases were somewhat expected given the pandemic. Similarly, the huge declines in ED visits for the AMB measure can more likely be traced to the massive strain and capacity limits hospital systems faced across the country in 2020 rather than intentional improvements by program components (Grimm, 2021).

Recommendations

Through navigation of the ongoing pandemic, lessons can be gleaned to enhance the consumer experience in the future, wherein there is hope for a less overwhelmed health care system in the state. Following the end of the federal public health emergency, state agencies can be proactive in communicating upcoming renewal dates for Florida KidCare coverage to families well in advance. This can include utilizing multiple types of outreach, as many families have had to move during the pandemic and traditional mail outreach may prove especially difficult (Brooks & Gardner, 2021). Florida can also examine strategies that other states have adopted such as increased reasonable compatibility standards for applicant income verification or applicant self-attestation for non-financial eligibility factors (Schubel & Wagner, 2020).

Family experiences were more favorable in 2021 than in prior years for several of the CAHPS survey items. These changes can be examined to identify why those rates improved despite the ongoing challenges to the health care system, and Florida KidCare families can be queried through surveys, open comment periods, or focus groups to detail how COVID-19 has impacted health care for their children and what they would like to see implemented in similar situations in the future.

While the CDF measure showed rate improvements of 50% or higher for all applicable program components, there remains a lot of work to do to ensure that adolescents in need of interventions related to depression are not overlooked. This measure examines those ages 12-17 with a standardized screening for depression and a plan for follow-up if the screening returned a positive result. Many teens only see a clinician once a year for a well visit, making these visits important for identification and intervention on several topics (Hagan et al., 2017). As depression can impact multiple facets of life in adolescents, as well as lead to increased suicidal ideation, these screenings can have a significant impact in the life of an adolescent (U.S. Preventive Services Task Force, 2016). More targeted efforts to screen and follow up with patients will aid in increasing both rates and quality of patient care.

These efforts should meet patients where they are are—online. A review article by Radovic & Badawy (2020) states that teens are digital natives, meaning they do not recall a time when technology did not exist. The article goes on to say that teens prefer to use technology in addition to the relationships already established with pediatricians, not in place of them. Additionally, Grist et al., (2019) conducted a systematic review of technology-delivered interventions for depression and anxiety in children and adolescents which found that cognitive behavioral therapy was more effective than other interventions examined and that using this type of therapy through technology was best used in situations where access to in-person office visits was delayed or impaired. Using some of these observations as a starting point, clinicians can incorporate technology use to maintain a line of communication with their patients, and can use these opportunities to perform brief check-ins through which continued risks or problems can be identified.

Despite recommendations from the American Academy of Pediatrics (AAP) to standardize developmental screenings in early childhood, the majority of ICHP-sampled medical practices did not do so in CY 2020. When a screening was offered, it was common for practices to utilize the Modified

Checklist for Autism in Toddlers (MCHAT) screening tool. The MCHAT is specific to autism and therefore not included in the list of acceptable screenings for this measure, which focuses on global development. While screening for autism at an early age is both important and also recommended by the AAP, the MCHAT appears to be a more readily available screening tool for many practices than standardized screeners (Hyman et al., 2020). An analysis by the Central California Alliance for Health determined that the MCHAT is free to download, replicate, and use with patients, whereas the standardized screeners each have an associated cost for use (Central California Alliance for Health, 2019). Possible avenues to increase adoption of standardized screenings include state financing for the cost of a standardized screener, requirement of a specified screener, and/or offering financial reimbursement or incentives. Other states have adopted some of these strategies already (National Academy for State Health Policy, 2021), including California's adoption of reimbursed screenings at the start of CY 2020 (California Department of Health Care Services, 2019). Developmental screenings are crucial in identifying areas of concern and aiding in early intervention, which can vastly improve a child's development (CDC, 2021c).

Furthermore, telehealth, already an intriguing resource that had begun being implemented to improve access, has become a widespread option for families in the face of social distancing requirements. This need for alternative forms of health care access was abruptly amplified by many orders of magnitude through the onset of the pandemic and made telehealth not just an option of convenience, but a necessity to ensure the safety of medical staff and patients. Performance measures that required in-person administration of care experienced declines, particularly childhood vaccinations, and efforts should be made to increase the administration of these necessary inoculations in a timely fashion. As Ackerson et al. (2021) noted, pediatric vaccine administration decreased dramatically in 2020 during the pandemic, and reversing this trend is needed both nationally and in the state so that children and families are not dealing with vaccine-preventable illnesses while Florida's hospital systems are either still under strain or dealing with the long-term implications of COVID-19. Families, as well as health care providers, should be given the opportunity to express how telehealth-specific access to care has gone for them thus far so that the system can be refined, improved upon, and expanded in the future.

By learning from the swift changes to health care delivery as a result of COVID-19, Florida has the opportunity to build on successes and improve on failures. This long-term mindset can help Florida ensure continued quality health care for children no matter what challenges arise.

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
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
COVID-19	Coronavirus disease 2019
CW	Child Welfare
CY	Calendar Year
DCF	Department of Children and Families
DEO	Department of Economic Opportunity
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
EDB	Enrollment DataBase
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
FMAP	Federal Medical Assistance Percentage
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
MCHAT	Modified Checklist for Autism in Toddlers
MMA	Managed Medical Assistance
MMR	Measles, Mumps, and Rubella
NCQA	National Committee for Quality Assurance
NIMH	National Institute of Mental Health
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 54. Florida KidCare Applications Received by FHKC, Five-Year Trend

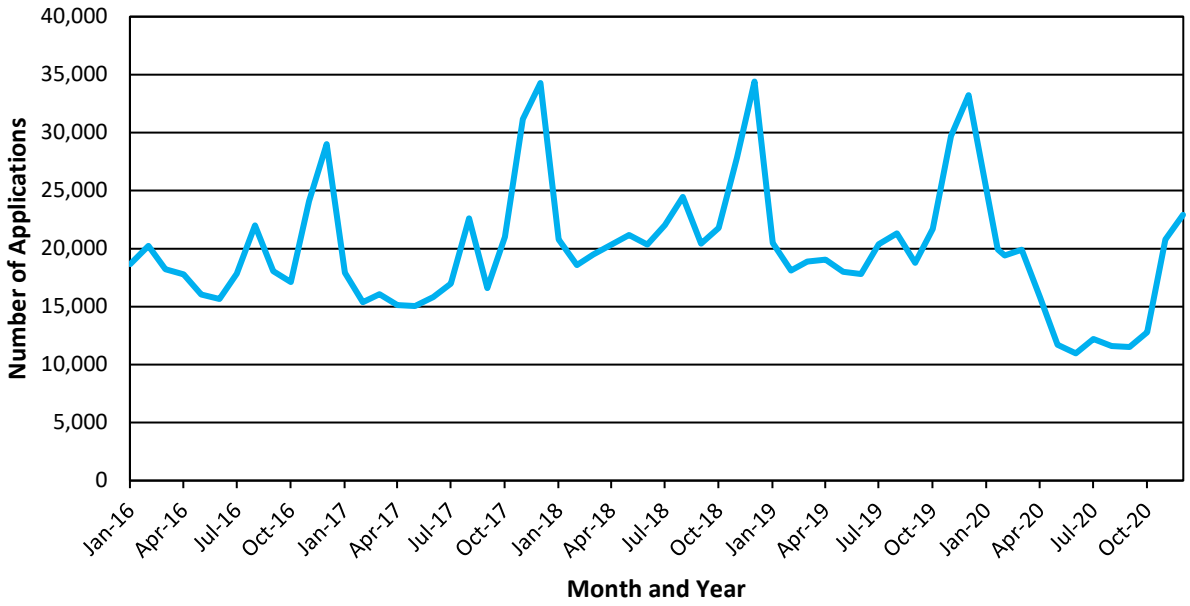


Table 65. Florida KidCare Applications Received by FHKC and DCF, CY 2020

Month	Applications received, including duplicate applications	Applications received, excluding duplicate applications	Unduplicated children on applications
January 2020- FHKC	27,079	19,937	30,969
January 2020- DCF	136,082	131,889	144,791
February 2020- FHKC	25,382	19,406	30,477
February 2020- DCF	107,937	104,570	120,786
March 2020- FHKC	25,205	19,909	31,440
March 2020- DCF	142,923	138,560	146,072
April 2020- FHKC	19,625	15,825	24,863
April 2020- DCF	157,789	152,452	189,498
May 2020- FHKC	14,630	11,713	18,600
May 2020- DCF	74,863	72,353	99,608
June 2020- FHKC	13,553	10,969	17,764
June 2020- DCF	82,209	79,133	96,956
July 2020- FHKC	15,316	12,211	20,091
July 2020- DCF	96,600	92,740	101,548
August 2020- FHKC	13,689	11,592	19,146
August 2020- DCF	79,537	76,197	91,702
September 2020- FHKC	13,460	11,513	19,006
September 2020- DCF	90,204	86,281	87,202
October 2020- FHKC	14,750	12,782	20,641
October 2020- DCF	99,601	95,158	95,965
November 2020- FHKC	23,384	20,798	32,159
November 2020- DCF	105,973	101,377	87,998
December 2020- FHKC	24,752	22,917	35,392
December 2020- DCF	104,673	99,732	89,698
Total CY 2020- FHKC	230,825	189,572	300,548
Total CY 2020- DCF	1,278,391	1,230,442	1,351,824
Total CY 2020- FHKC + DCF	1,509,216	1,420,014	1,652,372

Table 66. Applicant and Family Demographics Received by FHKC and DCF, CY 2020

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 2020- FHKC	8.97	5.03	$3,642	$2,784	3.59	1.30
January 2020- DCF	10	7.3	$6,179	$15,779	4	1.30
February 2020- FHKC	8.94	5.01	$3,697	$2,911	3.62	1.29
February 2020- DCF	10	7.3	$6,290	$20,613	4	1.30
March 2020- FHKC	9.13	5.02	$3,823	$3,368	3.62	1.32
March 2020- DCF	10	7.3	$7,987	$37,641	4	1.30
April 2020- FHKC	9.46	5.02	$4,019	$3,185	3.61	1.24
April 2020- DCF	11	7.3	$7,952	$39,208	4	1.30
May 2020- FHKC	9.26	5.05	$3,966	$3,256	3.65	1.27
May 2020- DCF	11	8.1	$6,810	$44,783	4	1.30
June 2020- FHKC	9.16	5.05	$3,941	$3,241	3.61	1.24
June 2020- DCF	11	8.3	$7,605	$27,097	4	1.30
July 2020- FHKC	9.28	5.01	$3,877	$3,163	3.60	1.29
July 2020- DCF	11	8.7	$10,671	$326,636	4	1.30
August 2020- FHKC	9.29	5.01	$3,886	$3,127	3.55	1.27
August 2020- DCF	11	8.4	$8,099	$53,298	4	1.30
September 2020- FHKC	9.28	5.03	$4,003	$4,287	3.60	1.25
September 2020- DCF	11	8.2	$7,401	$21,230	4	1.30
October 2020- FHKC	9.15	5.08	$3,898	$2,924	3.58	1.25
October 2020- DCF	11	8.4	$6,980	$16,327	4	1.30
November 2020- FHKC	9.79	5.11	$4,056	$3,490	3.59	1.25
November 2020- DCF	11	7.7	$7,502	$22,397	4	1.30
December 2020- FHKC	9.79	5.10	$4,077	$3,572	3.64	1.24
December 2020- DCF	11	8.3	$7,441	$21,899	4	1.30
Total CY 2020- FHKC	9.31	5.05	$3,891	$3,268	3.61	1.27
Total CY 2020- DCF	11	7.9	$7,577	$99,786	4	1.30

[a] Figures are rounded to the nearest dollar. Annual incomes above $100,000 were considered out of range and were not used in the calculations for FHKC data only. [b] Household sizes below 2 and above 21 were considered to be out of range and were not used in the calculations for FHKC data only.

Table 67. Florida KidCare Applications Received by FHKC, CY 2020

Applications reviewed	Florida Healthy Kids Corporation review only	DCF review only	CMS Health Plan review only	DCF and CMS Health Plan review	Total
Applications	117,778	50,413	17,516	3,865	189,572
Children on Applications	196,333	79,513	20,231	4,471	300,548
Approved Children: Medicaid	76,965	3,160	7,209	561	87,895
Approved Children: MediKids	4,753	425	263	21	5,462
Approved Children: MediKids Full Pay	1,766	10	313	1	2,090
Approved Children: Florida Healthy Kids	22,019	1,818	2,031	190	26,058
Approved Children: Florida Healthy Kids Full Pay	3,290	14	842	3	4,149
Approved Children: CHIP CMS Health Plan	0	0	2,112	204	2,316
Approved Children: All Florida KidCare	108,793	5,427	12,770	980	127,970

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 68. Reasons for Denial from CHIP, CY 2020

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	76,965	3,158	7,209	561	87,893
Expired, non-compliant	44,090	129	3578	14	47,811
Over age	29	42,836	1	273	43,139
Expired, non-payment	33,862	461	2,754	39	37,116
Referred to Medicaid	66	23,495	6	2,932	26,499
Has other insurance	3,037	7,204	796	220	11,257
Under age	3	6,144	0	0	6,147
Non-U.S. citizen	384	0	28	0	412
Not a Florida resident	585	40	19	0	644
Medicaid, approved	0	2	0	0	2
Incarcerated	8	1	0	0	9
Total	159,029	83,470	14,391	4,039	260,929

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 Medicaid, CY 2020

Reasons	Total
Eligibility requirements not met by one or more household members	270,642
Ineligible due to current coverage type	76,394
Did not complete one or more steps of the application	55,553
Citizenship requirements not met	38,991
Failure to provide verification/proof of one or more required materials	31,636
Violation of the law/legal matter	26,770
Ineligible due to income-related reasons	5,087
Applicant chose not to apply for this program	4,749
Application closed, withdrawn, or ended	1,981
Eligible for another type of coverage	1,604
Lack of contact/follow up	824
Not a Florida Resident	770
Ineligible based on information received	389
Benefits have ended/changed	383
Disability/Medicaid need not met	169
Other	74
Ineligible due to age	44
Total	516,060

Enrollment

Figure 55. Florida KidCare Medicaid Program Enrollment, CY 2016-2020

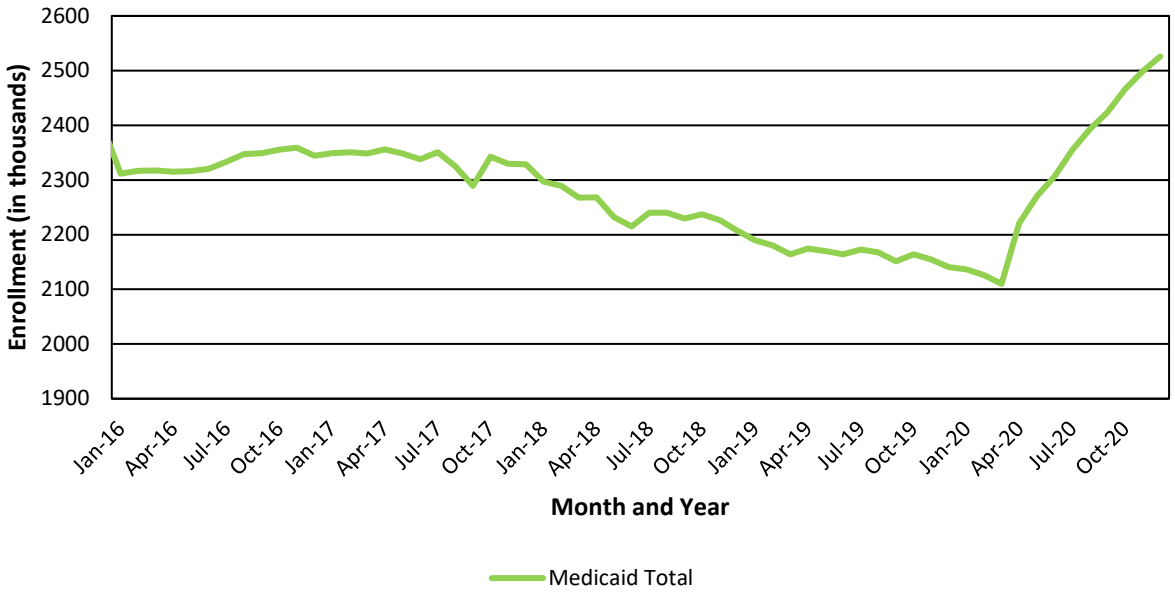


Figure 56. Florida KidCare CHIP Program Enrollment, CY 2016-2020

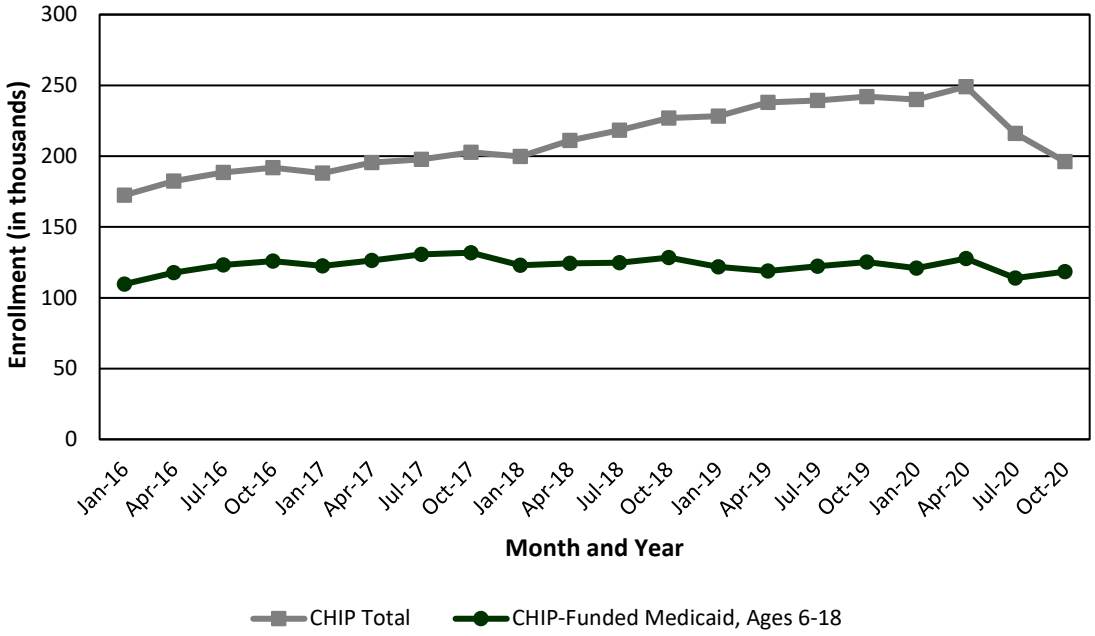


Figure 57. MediKids Enrollment, CY 2016-2020

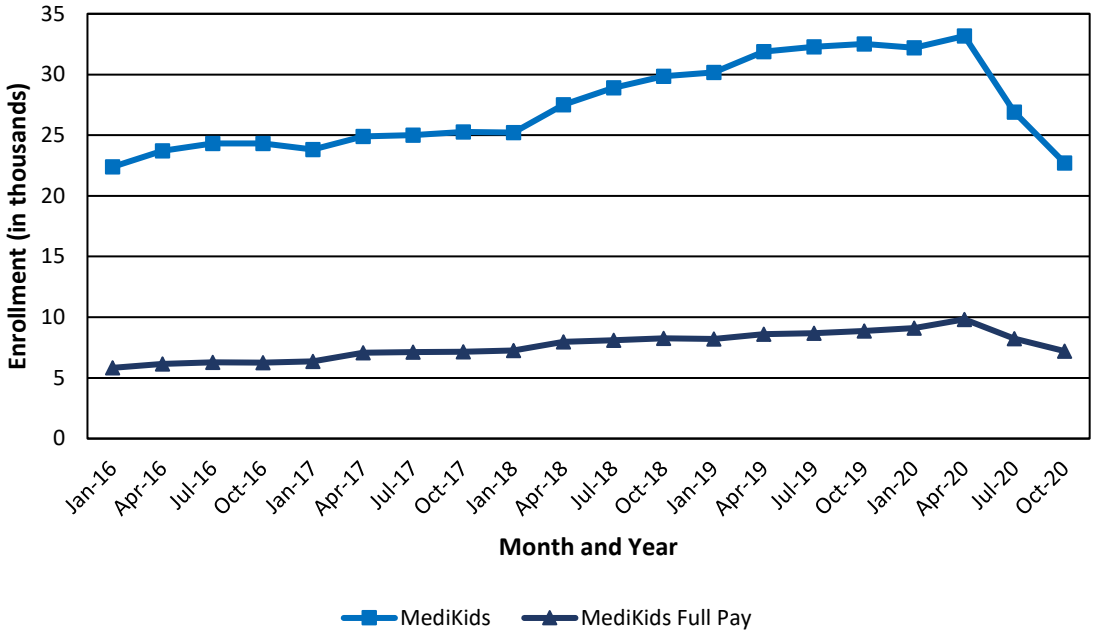


Figure 58. Florida Healthy Kids Enrollment, CY 2016-2020

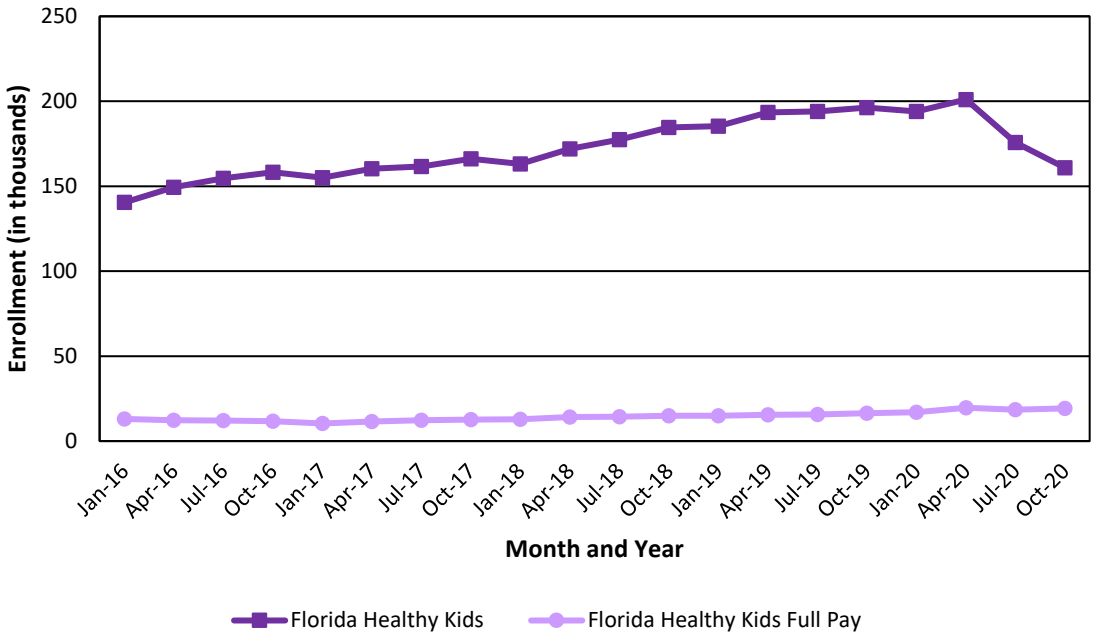


Figure 59. CHIP CMS Health Plan Enrollment, CY 2016-2020

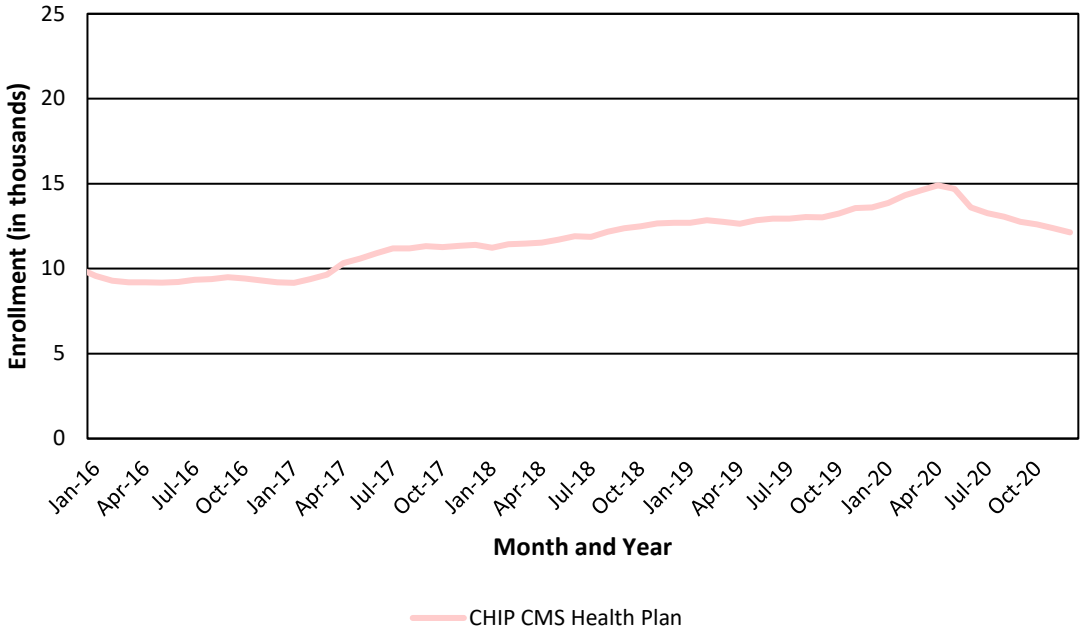
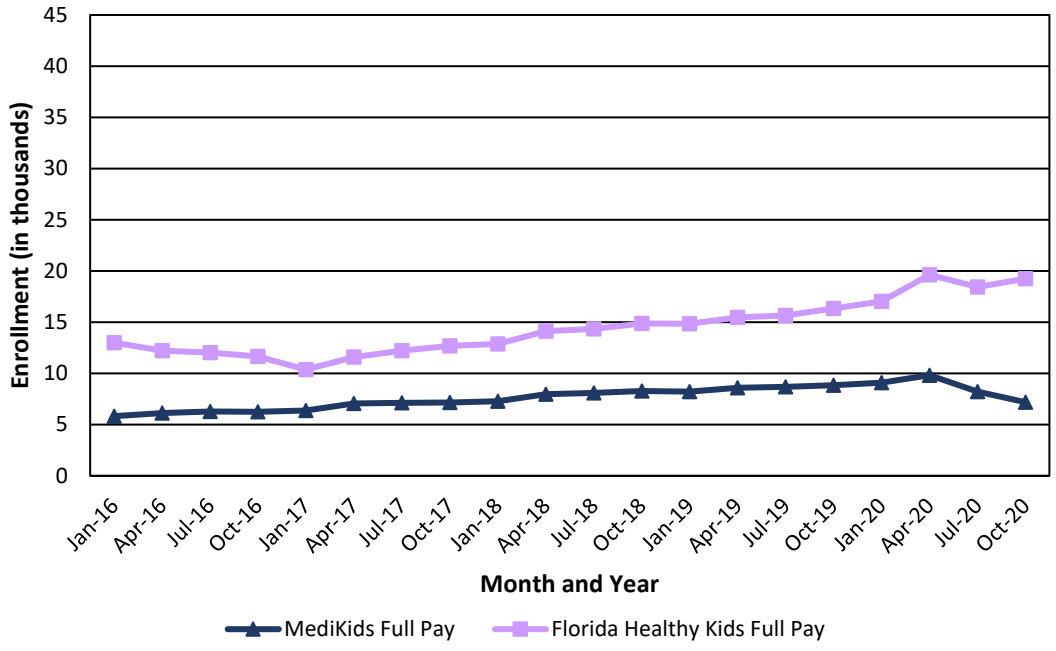


Figure 60. Florida KidCare Enrollment for Full-Pay Program Components, CY 2016-2020



Renewals

Figure 61. Successful Renewals of Florida KidCare CHIP Coverage, CY 2016-2020

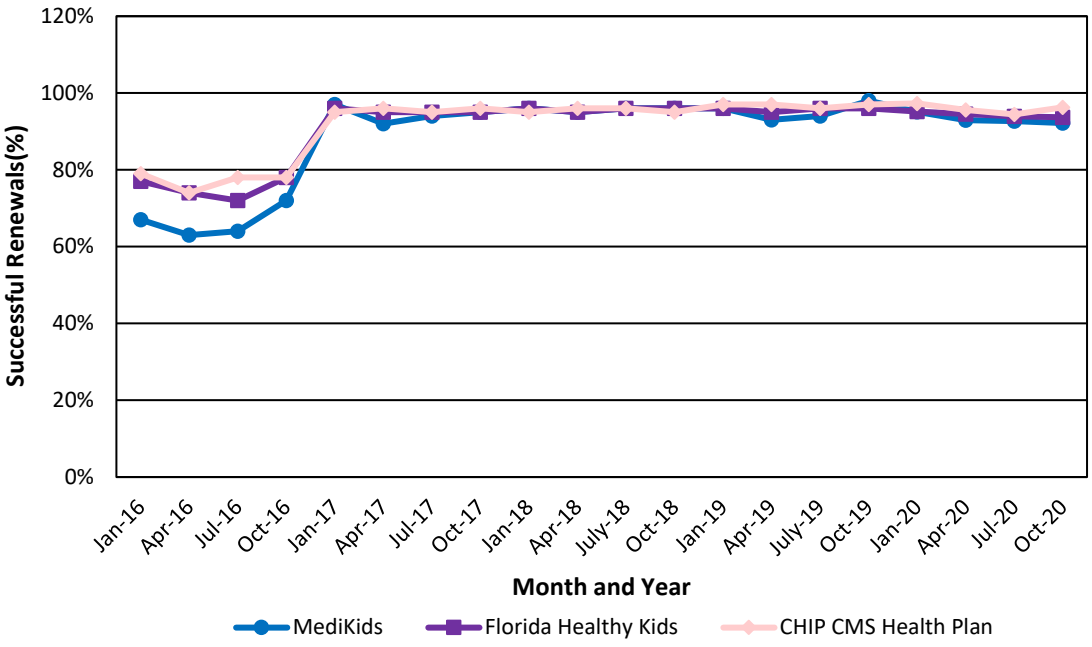
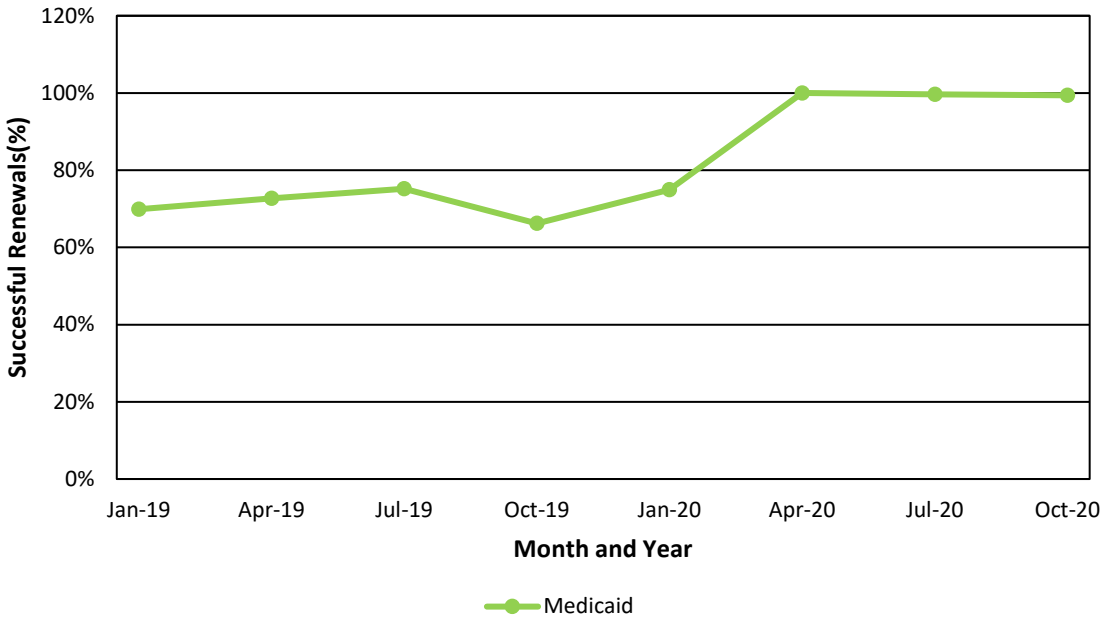


Figure 62. Successful Renewals of Florida KidCare Medicaid Coverage, CY 2019-2020



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.

Table 70. Renewal Status for Eligible Children by Florida KidCare Program, CY 2020

Program	Children eligible for renewal	Not Renewed		Renewed	
		(N)	(%)	(N)	(%)
All Children, Medicaid Program					
Total members	564,023	31,934	5.7%	532,089	94.3%
Gender					
Male	285,716	16,194	5.7%	269,522	94.3%
Female	278,297	15,740	5.7%	262,557	94.3%
Gender Unknown	10	0	0.0%	10	100.0%
Age					
< 1	17,984	300	1.7%	17,684	98.3%
1-4	149,351	9,562	6.4%	139,789	93.6%
5-9	154,714	8,538	5.5%	146,176	94.5%
10-14	156,396	8,554	5.5%	147,842	94.5%
15-18	85,576	4,978	5.8%	80,598	94.2%
Rural/Urban Area[a]					
Urban/Large Towns	542,881	30,771	5.7%	512,110	94.3%
Rural/Small Towns	21,142	1,163	5.5%	19,979	94.5%
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	154,799	9,503	6.1%	145,296	93.9%
Gender					
Male	79,500	4,821	6.1%	74,679	93.9%
Female	75,297	4,682	6.2%	70,615	93.8%
Gender Unknown	2	0	0.0%	2	100.0%
Age					
1-4	17,193	1,213	7.1%	15,980	92.9%
5-9	44,075	2,579	5.9%	41,496	94.1%
10-14	54,236	2,906	5.4%	51,330	94.6%
15-18	39,288	2,805	7.1%	36,483	92.9%
Unknown	7	0	0.0%	7	100.0%
Rural/Urban Area					
Urban/Large Towns	144,207	8,861	6.1%	135,346	93.9%
Rural/Small Towns	7,774	469	6.0%	7,305	94.0%
Unknown	2,818	173	6.1%	2,645	93.9%
Federal Poverty Level					
150% or less	39,747	3,907	9.8%	35,840	90.2%
Above 150%	115,032	5,594	4.9%	109,438	95.1%
Unknown	20	2	10.0%	18	90.0%

Program	Children eligible for renewal	Not Renewed		Renewed	
		(N)	(%)	(N)	(%)
MediKids					
Total members	16,443	1,163	7.1%	15,280	92.9%
Gender					
Male	8,281	616	7.4%	7,665	92.6%
Female	8,162	547	6.7%	7,615	93.3%
Age					
1-4	16,441	1,163	7.1%	15,278	92.9%
5-9[b]	1	0	0.0%	1	100.0%
Unknown	1	0	0.0%	1	100.0%
Rural/Urban Area					
Urban/Large Towns	15,289	1,078	7.0%	14,220	93.0%
Rural/Small Towns	852	58	6.8%	794	93.2%
Unknown	293	27	9.2%	266	90.8%
Federal Poverty Level					
150% or less	4,453	480	10.8%	3,973	89.2%
Above 150%	11,988	683	5.7%	11,305	94.3%
Unknown	2	0	0.0%	2	100.0%
Florida Healthy Kids					
Total members	128,579	7,899	6.1%	120,680	93.9%
Gender					
Male	64,983	3,930	6.0%	61,053	94.0%
Female	63,594	3,969	6.2%	59,625	93.8%
Unknown	2	0	0.0%	2	100.0%
Age					
1-4	8	2	25.0%	6	75.0%
5-9	41,112	2,459	6.0%	38,663	94.0%
10-14	50,640	2,764	5.5%	47,876	94.5%
15-18	36,803	2,674	7.3%	34,129	92.7%
Rural/Urban Area					
Urban/Large Towns	119,793	7,366	6.1%	112,427	93.9%
Rural/Small Towns	6,434	398	6.2%	6,036	93.8%
Unknown	2,352	135	5.7%	2,217	94.3%
Federal Poverty Level					
150% or less	32,984	3,246	9.8%	29,738	90.2%
Above 150%	95,578	4,651	4.9%	90,927	95.1%
Unknown	17	2	11.8%	15	88.2%

Program	Children eligible for renewal	Not Renewed		Renewed	
		(N)	(%)	(N)	(%)
CHIP CMS Health Plan					
Total members	9,777	441	4.5%	9,336	95.5%
Gender					
Male	6,236	275	4.4%	5,961	95.6%
Female	3,541	166	4.7%	3,375	95.3%
Age					
1-4	744	48	6.5%	696	93.5%
5-9	2,952	120	4.1%	2,832	95.9%
10-14	3,596	142	3.9%	3,454	96.1%
15-18	2,485	131	5.3%	2,354	94.7%
Rural/Urban Area					
Urban/Large Towns	9,116	417	4.6%	8,699	95.4%
Rural/Small Towns	488	13	2.7%	475	97.3%
Unknown	173	11	6.4%	162	93.6%
Federal Poverty Level					
150% or less	2,310	181	7.8%	2,129	92.2%
Above 150%	7,466	260	3.5%	7,206	96.5%
Unknown	1	0	0.0%	1	100.0%
All Children, Florida KidCare Program					
Total members	718,822	41,437	5.8%	677,385	94.2%
Gender					
Male	365,216	21,015	5.8%	344,201	94.2%
Female	353,594	20,422	5.8%	333,172	94.2%
Gender Unknown	12	0	0.0%	12	100.0%
Age					
< 1	17,984	300	1.7%	17,684	98.3%
1-4	166,544	10,775	6.5%	155,769	93.5%
5-9	198,789	11,117	5.6%	187,672	94.4%
10-14	210,632	11,460	5.4%	199,172	94.6%
15-18	124,864	7,783	6.2%	117,081	93.8%
Unknown	7	0	0.0%	7	100.0%
Rural/Urban Area					
Urban/Large Towns	687,088	39,632	5.8%	647,456	94.2%
Rural/Small Towns	28,916	1,632	5.6%	27,284	94.4%
Unknown	2,818	173	6.1%	2,645	93.9%
Federal Poverty Level					
150% or less	39,747	3,907	9.8%	35,840	90.2%
Above 150%	115,032	5,594	4.9%	109,438	95.1%
Unknown	20	2	10.0%	18	90.0%

[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 U.S. 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 31 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 order to utilize 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.

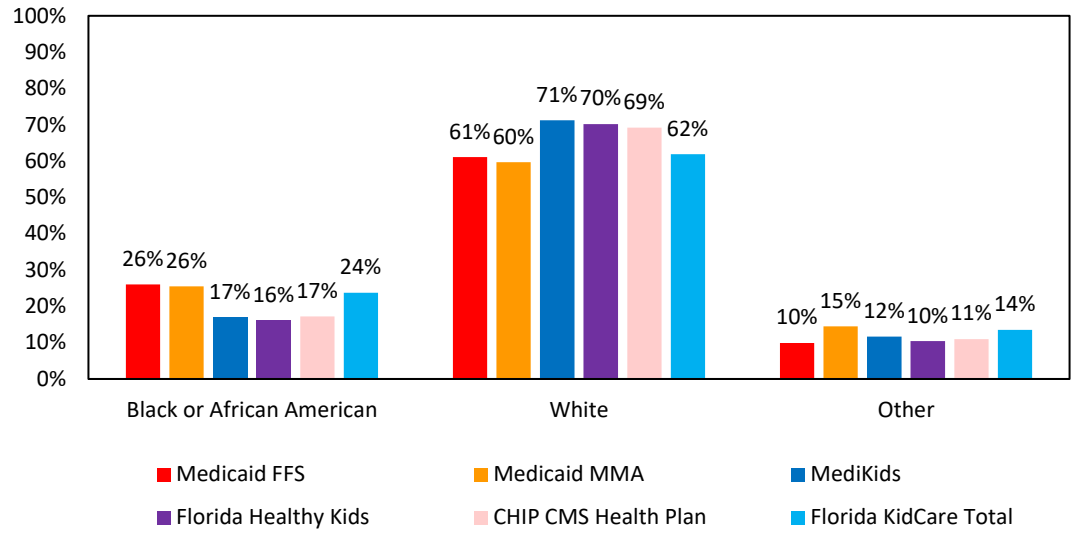
The 14 Medicaid MMA plans that conducted a CAHPS survey, with specialty plan population noted, were Aetna, Children's Medical Services Health Plan (CMS Health Plan, serving children with chronic conditions), Community Care Plan, Humana, Magellan Complete Care (serving children with serious mental illnesses), Molina Healthcare, Prestige Health Choice, Simply, Staywell, Staywell-SMI (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.

Note that the surveys for Florida Healthy Kids were gathered at the program component level only; therefore, no plan-level data is available. Clear Health Alliance (serving those with HIV/AIDS) did not conduct a child CAHPS survey in 2021, while Lighthouse and Miami Children's Hospital ended operations in January and April of 2021, respectively, and merged with Simply Healthcare. These plans are not represented in this section. Please note that these three plans did submit performance measure data and are therefore included in all applicable performance measure rate calculations as shown in the next sub-section.

The CAHPS survey questions were modified slightly from 5.0H to 5.1H in the fall of 2020, in time to be utilized for the survey cycle analyzed in this report. Revisions to the questions include new language incorporating telehealth services, such as phone and video call visits (NCQA, 2021).

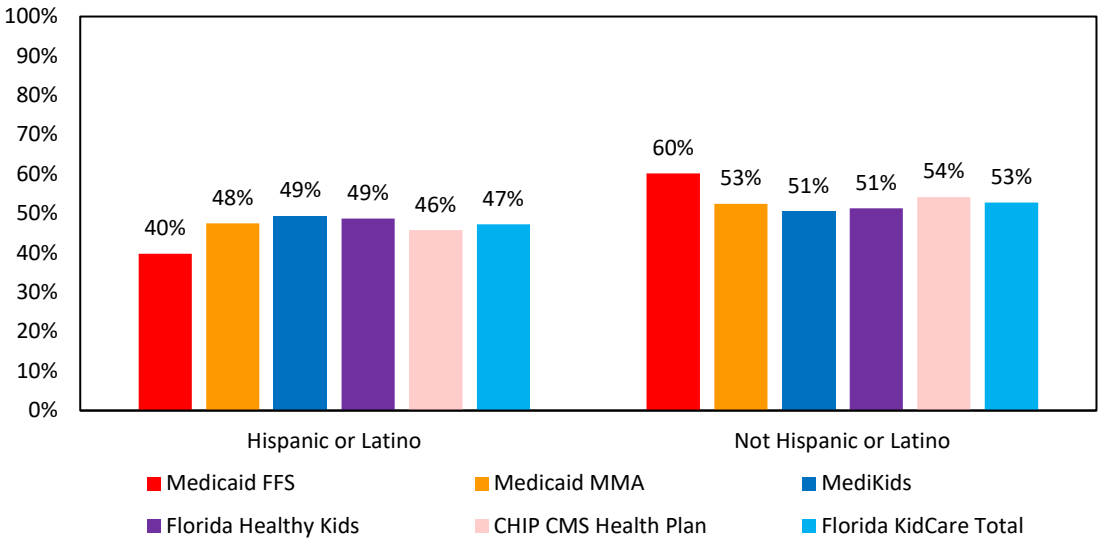
Demographics

Figure 63. Race of Established Florida KidCare Enrollees, 2021 Survey



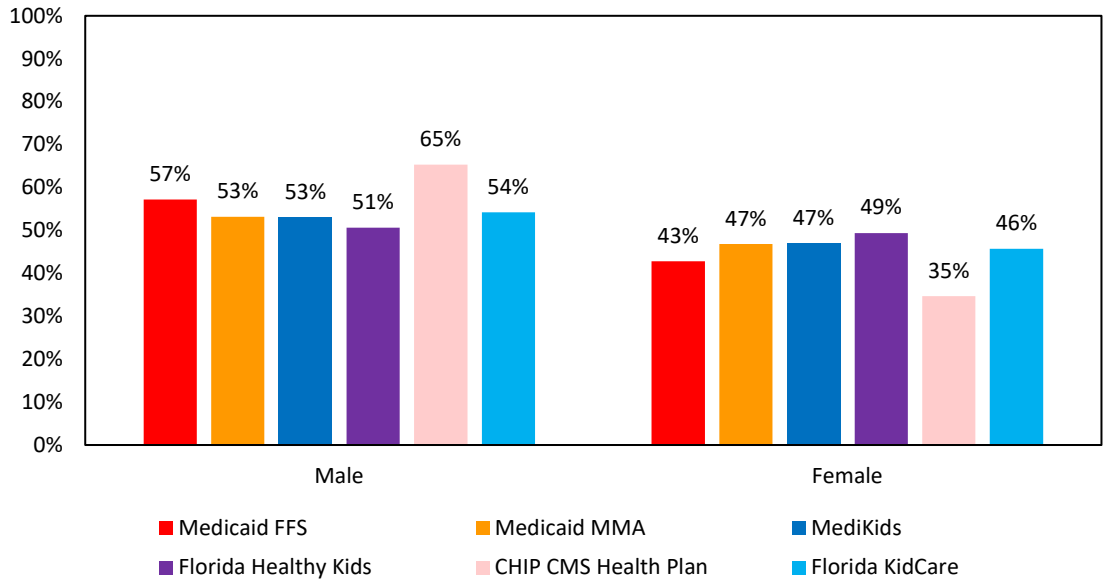
Note. Rows may not sum to 100% due to the survey instruction that respondents should select all races that apply.

Figure 64. Ethnicity of Established Florida KidCare Enrollees, 2021 Survey



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

Figure 65. Gender of Established Florida KidCare Enrollees, 2021 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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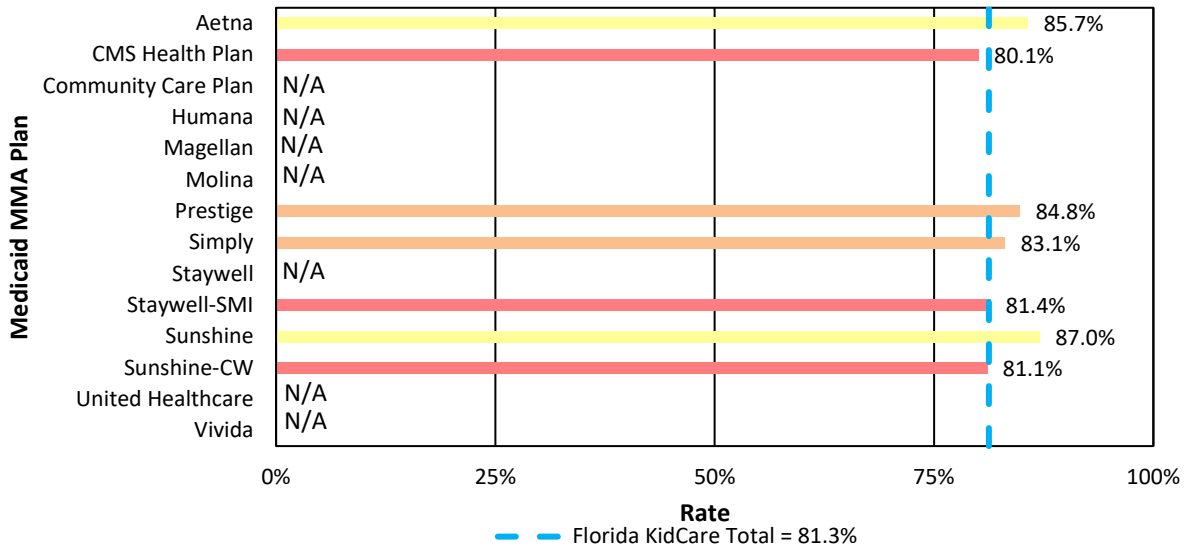
due to formatting of subsequent figures.

Plan-Level Data

Figure 66. Coordination of Care by Medicaid MMA Plan, 2021 Survey

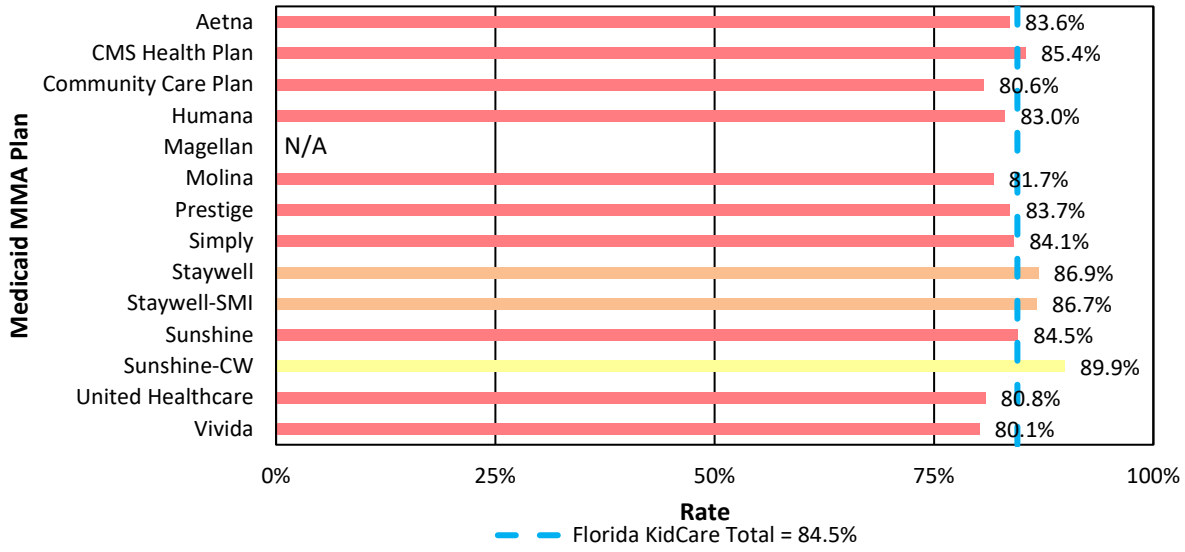


Note. Rates for plans with sample sizes of less than 100 are denoted by N/A.

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

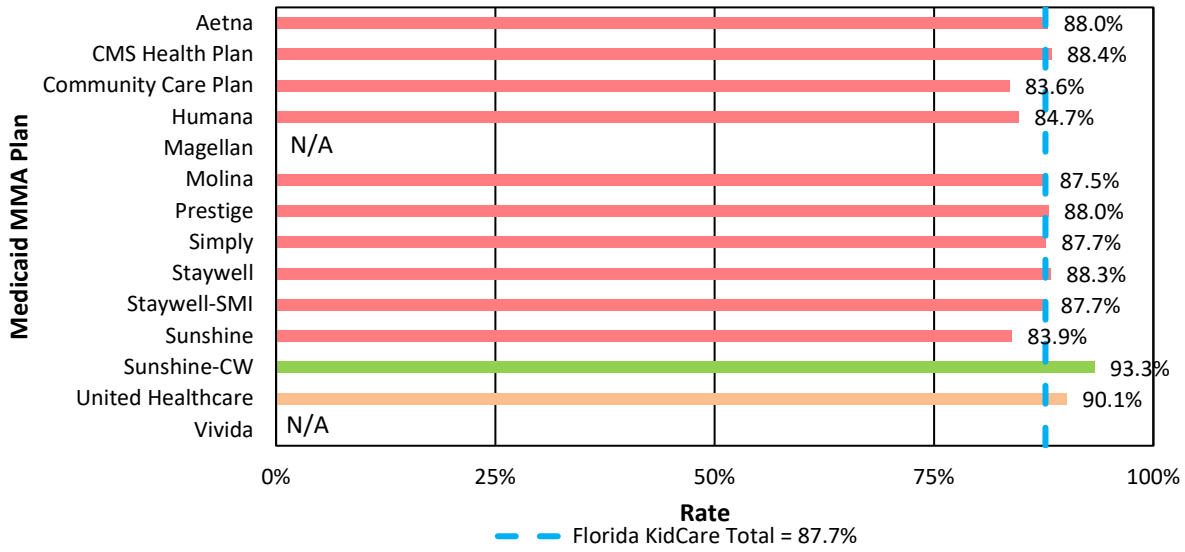
Note. This legend applies to **Figure 66** and **Figure 67**.

Figure 67. Getting Needed Care by Medicaid MMA Plan, 2021 Survey



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

Figure 68. Getting Care Quickly by Medicaid MMA Plan, 2021 Survey

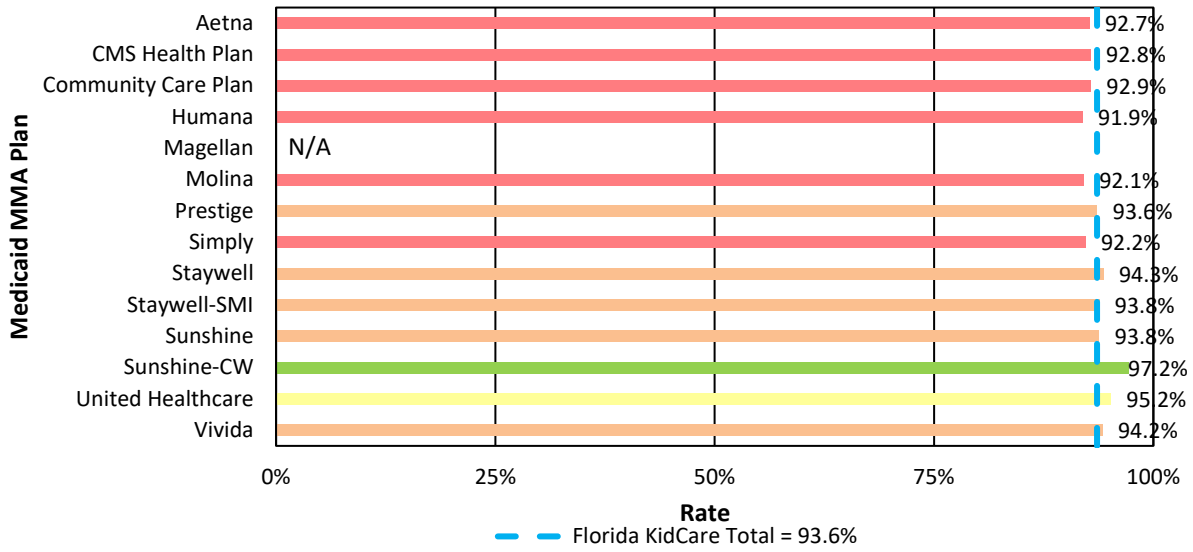


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

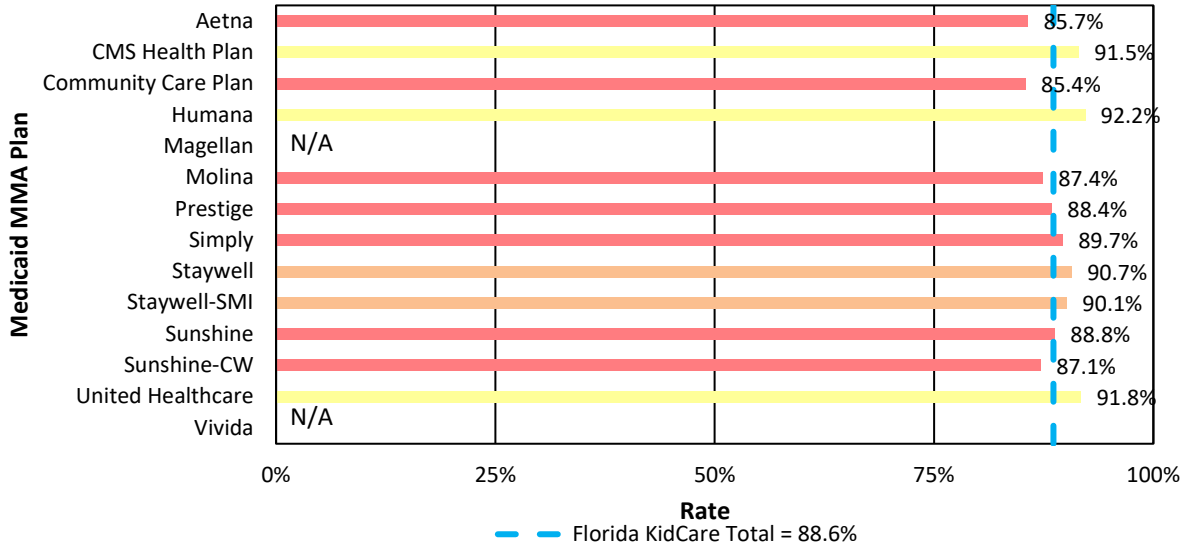
Note. This legend applies to **Figure 68** and **Figure 69**.

Figure 69. Doctor's Communication Skills by Medicaid MMA Plan, 2021 Survey



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

Figure 70. Health Plan Customer Service by Medicaid MMA Plan, 2021 Survey

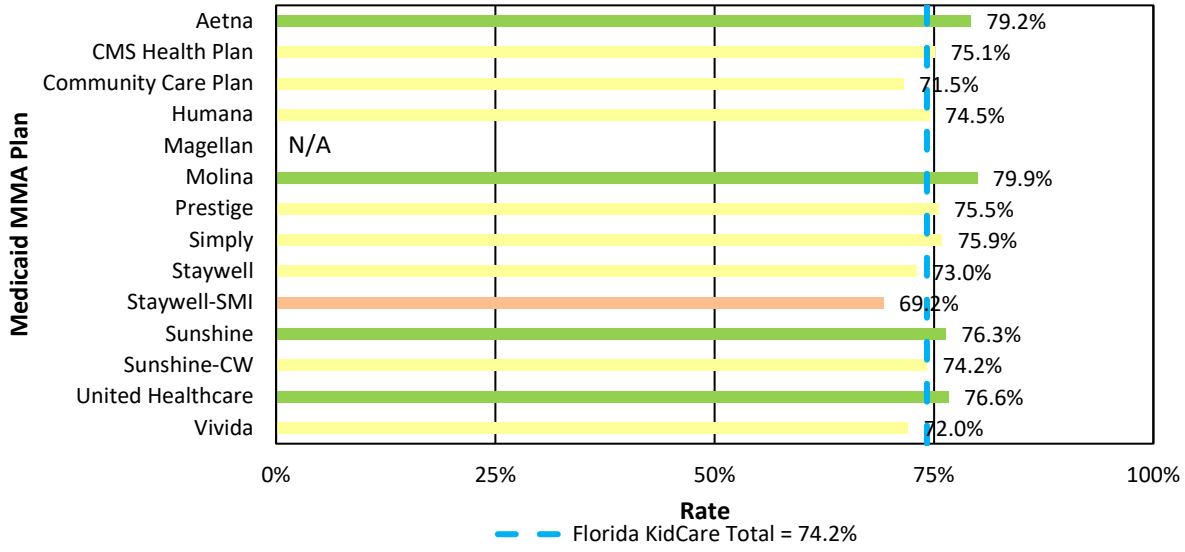


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

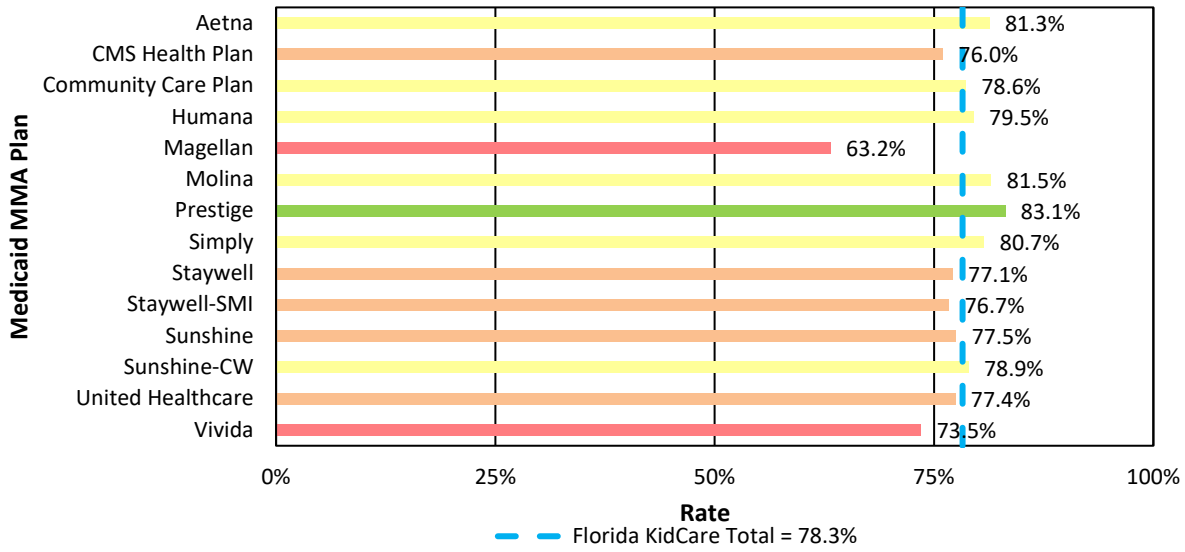
Note. This legend applies to **Figure 70** and **Figure 71**.

Figure 71. All Health Care Rating of "9" or "10" by Medicaid MMA Plan, 2021 Survey



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

Figure 72. Personal Doctor Rating of "9" or "10" by Medicaid MMA Plan, 2021 Survey

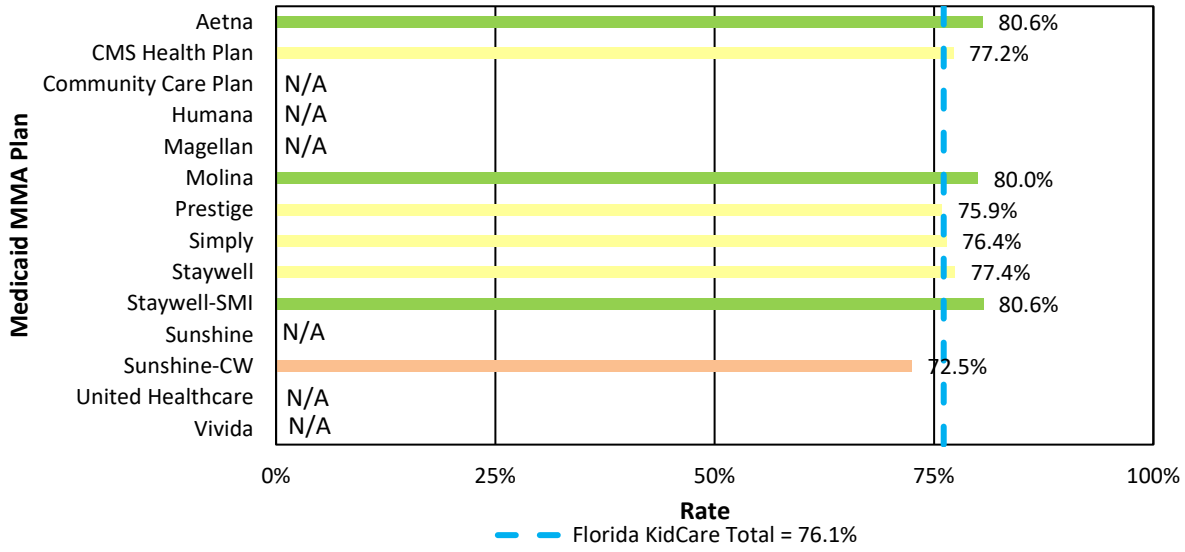


Note. Rates for plans with sample sizes of less than 100 are denoted by N/A.

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

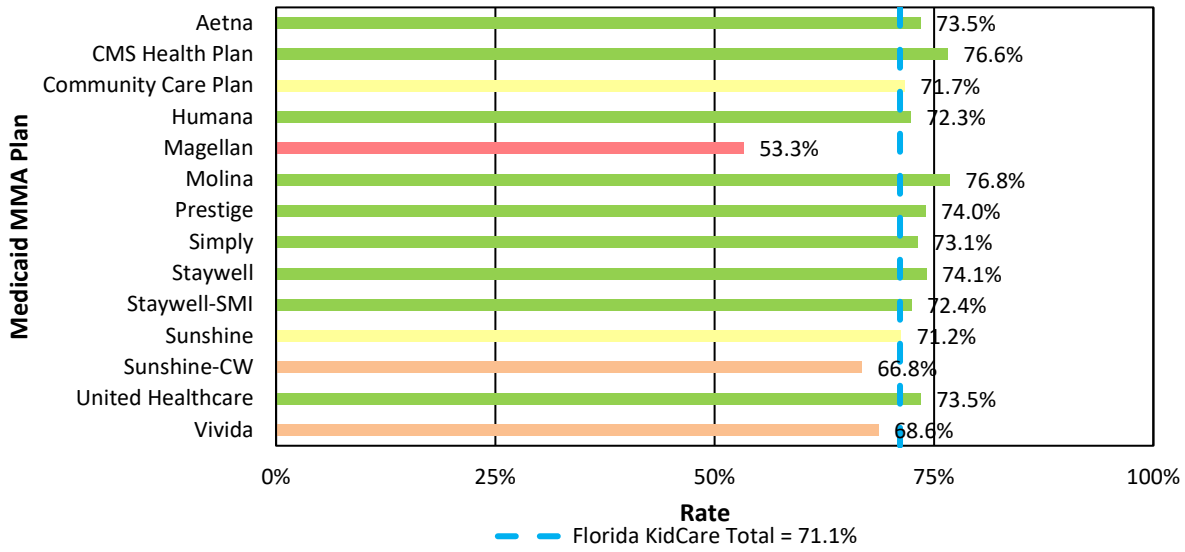
Note. This legend applies to **Figure 72** and **Figure 73**.

Figure 73. Specialist Rating of "9" or "10" by Medicaid MMA Plan, 2021 Survey



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

Figure 74. Health Plan Rating of "9" or "10" by Medicaid MMA Plan, 2021 Survey

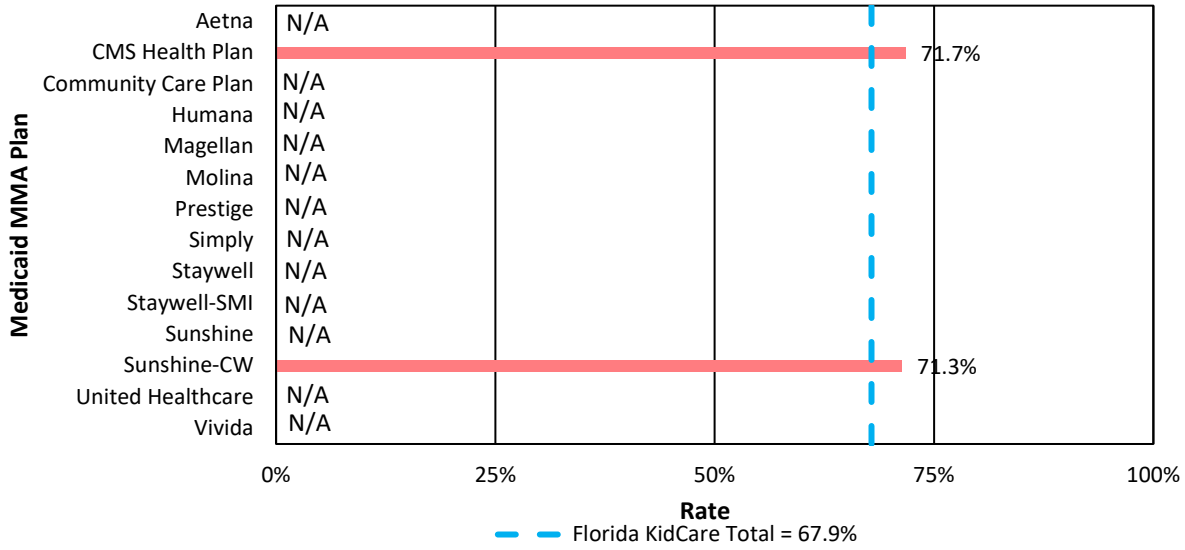


Note. Rates for plans with sample sizes of less than 100 are denoted by N/A.

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

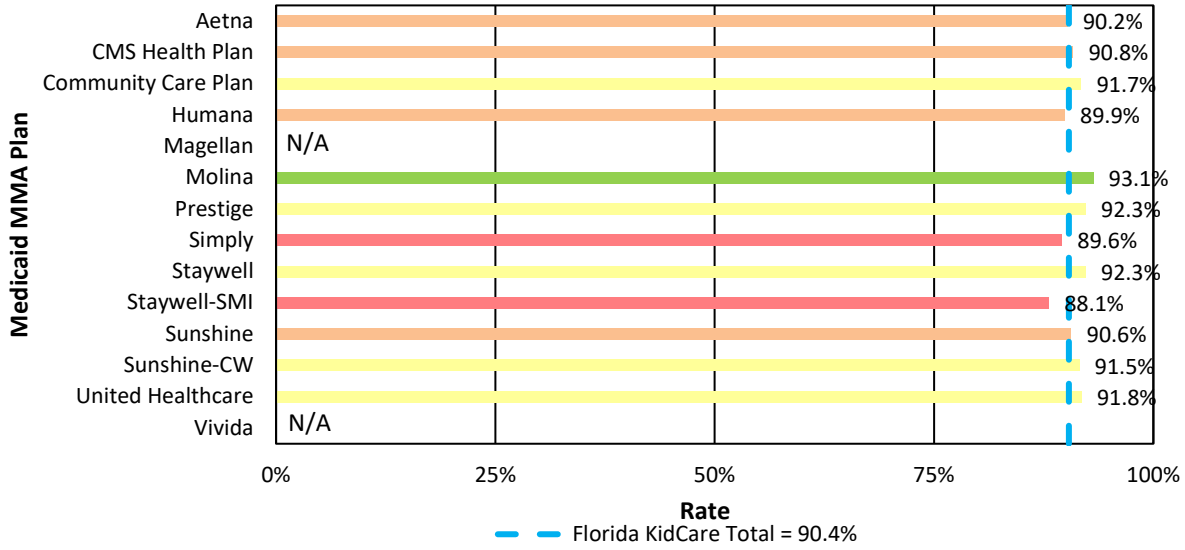
Note. This legend applies to **Figure 74** and **Figure 75**.

Figure 75. Access to Specialized Services by Medicaid MMA Plan, 2021 Survey



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

Figure 76. Personal Doctor Who Knows Child by Medicaid MMA Plan, 2021 Survey

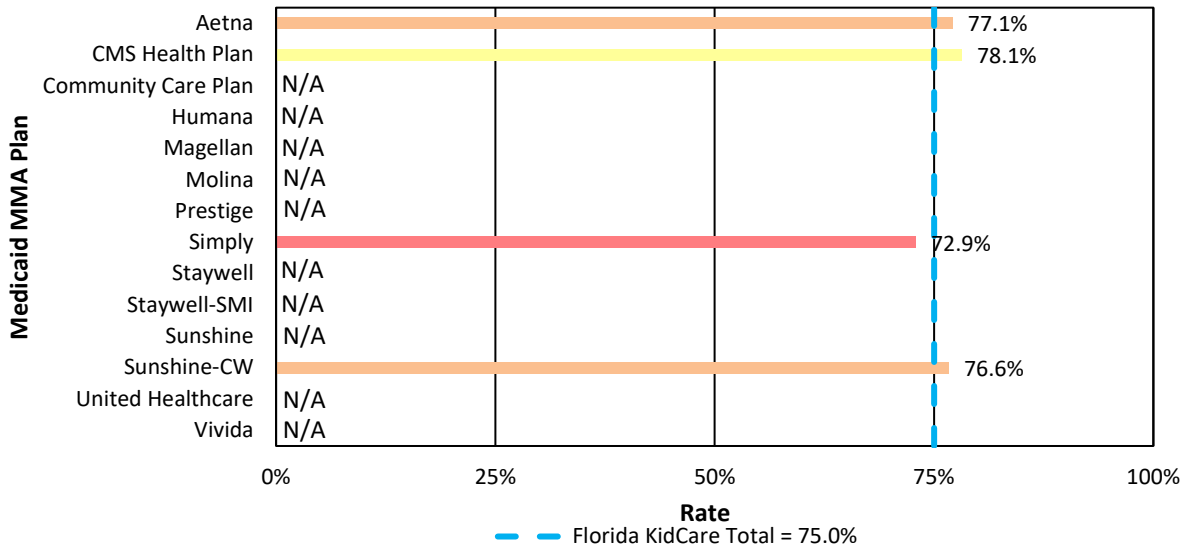


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

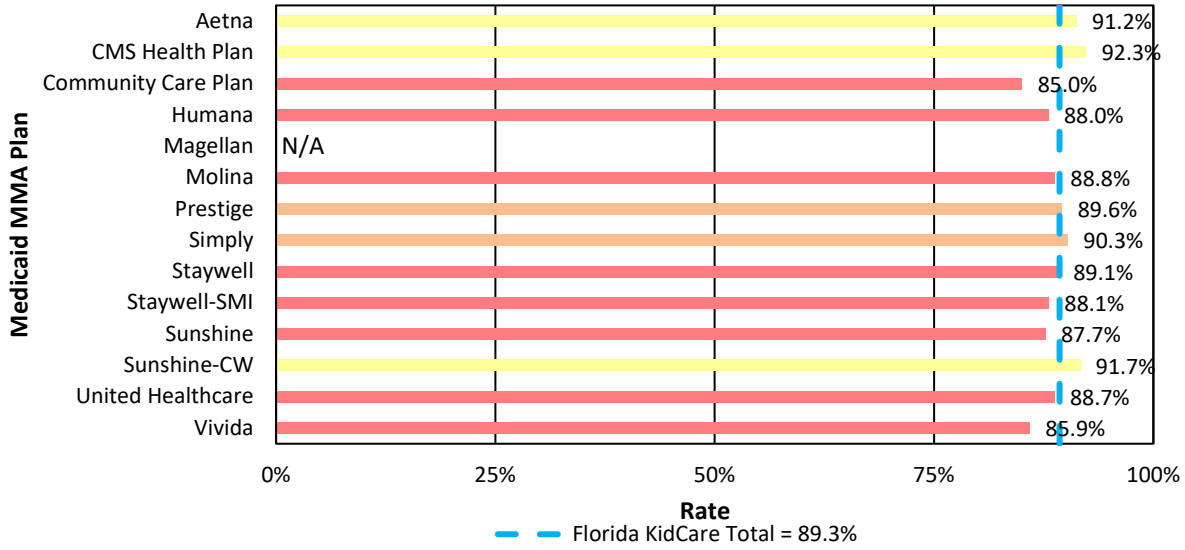
Note. This legend applies to **Figure 76** and **Figure 77**.

Figure 77. Coordination of Care for CCC by Medicaid MMA Plan, 2021 Survey



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

Figure 78. Getting Needed Information by Medicaid MMA Plan, 2021 Survey

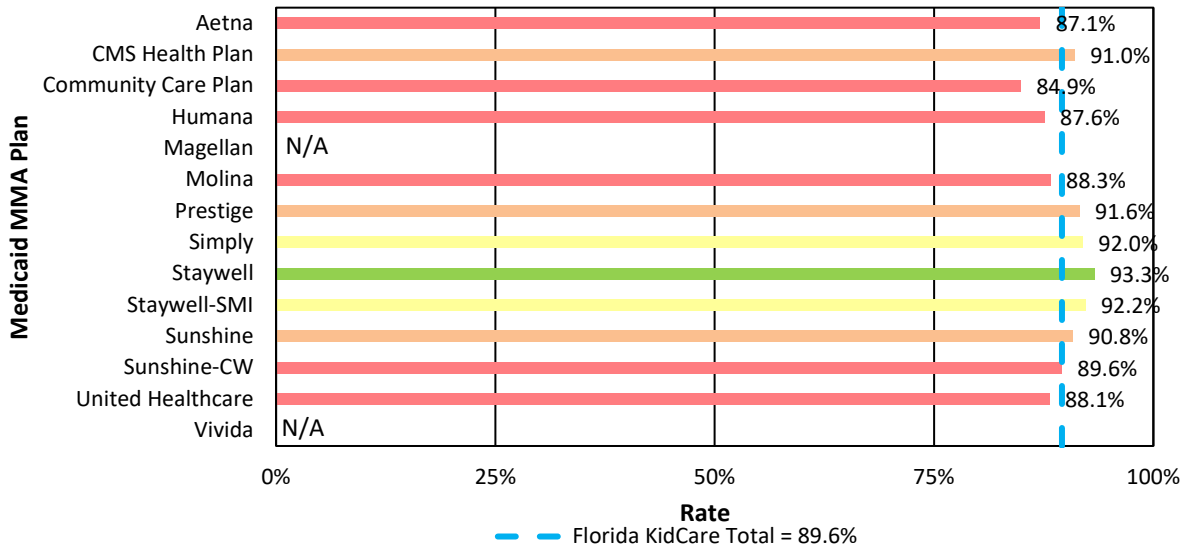


Note. Rates for plans with sample sizes of less than 100 are denoted by N/A.

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

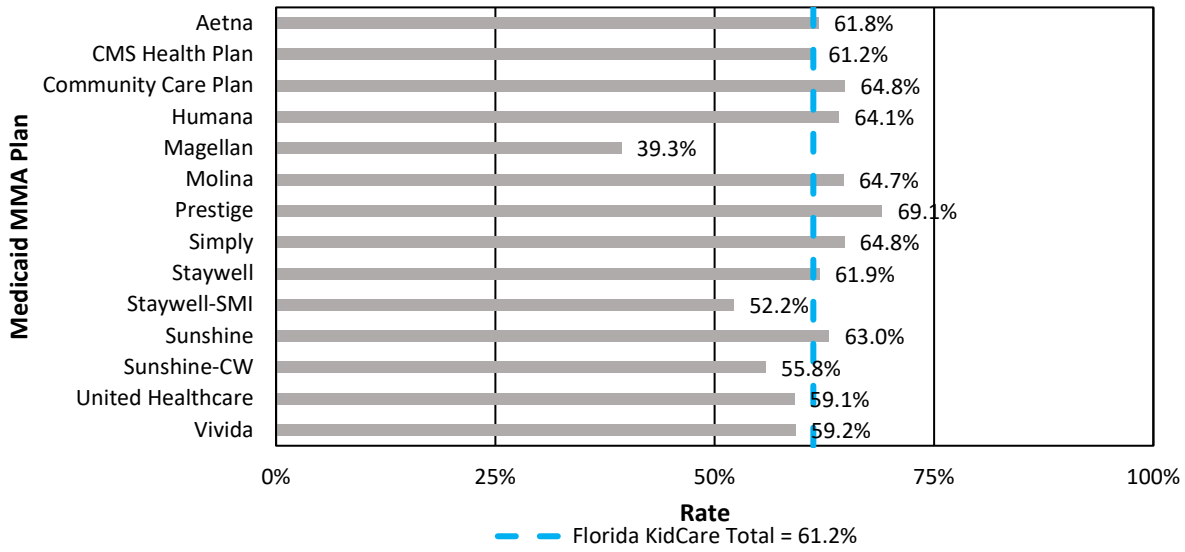
Note. This legend applies to **Figure 78** and **Figure 79**.

Figure 79. Access to Prescription Medicines by Medicaid MMA Plan, 2021 Survey



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

Figure 80. Number of Doctors to Choose from by Medicaid MMA Plan, 2021 Survey



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due to formatting of subsequent figures.

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. In administrative measures, this eligible population is the denominator for rate calculations and, 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 notation of the BMI in the provider notes—neither would be discovered through 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 9-21 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, as determined by the NCQA-certified software, was submitted to DOH. Once compliance was determined, the list of members was returned to ICHP and loaded back into the 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

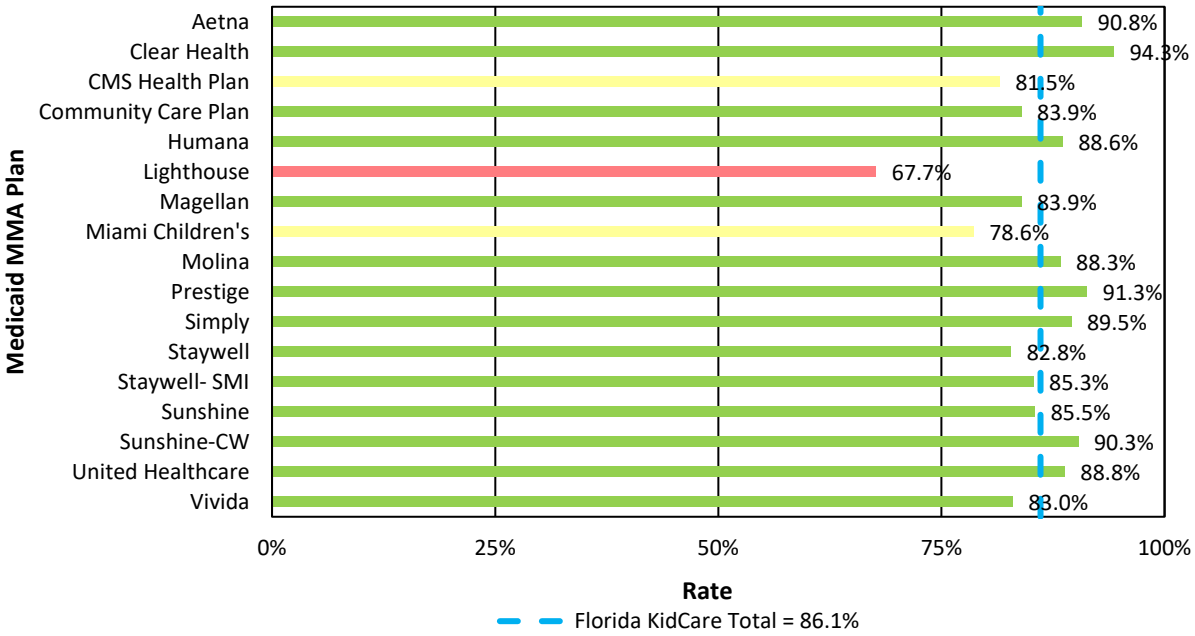
The 17 Medicaid MMA plans that calculated performance measures, with specialty plan population noted, were Aetna, Clear Health Alliance (serving those with HIV/AIDS), Children's Medical Services Health Plan (CMS Health Plan, serving children with chronic conditions), Community Care Plan, Humana, Lighthouse 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 child welfare system members), United Healthcare, and Vivida Health.

Florida Healthy Kids performance measure data were from all three medical plans (Aetna, Community Care Plan, and Simply). Note that while in years prior, the data from the Florida Healthy Kids plans were separated by subsidized or full-pay coverage, these plans offer the same benefits to both members types; thus, the performance measure data for the Florida Healthy Kids plans, the Florida Healthy Kids program component, CHIP, and Florida KidCare each include both subsidized and full-pay members.

Dental data was submitted from the following dental plans: Argus (Florida Healthy Kids only), DentaQuest, Liberty (Medicaid only), and MCNA. Each of the medical or dental plans submitted their data to either AHCA or Florida Healthy Kids Corporation, which then shared the data with ICHP for analysis and inclusion in this report.

Plan-Level Data

Figure 81. Medicaid MMA Plan Results for WCC: Ages 3-17- BMI Assessment, CY 2020

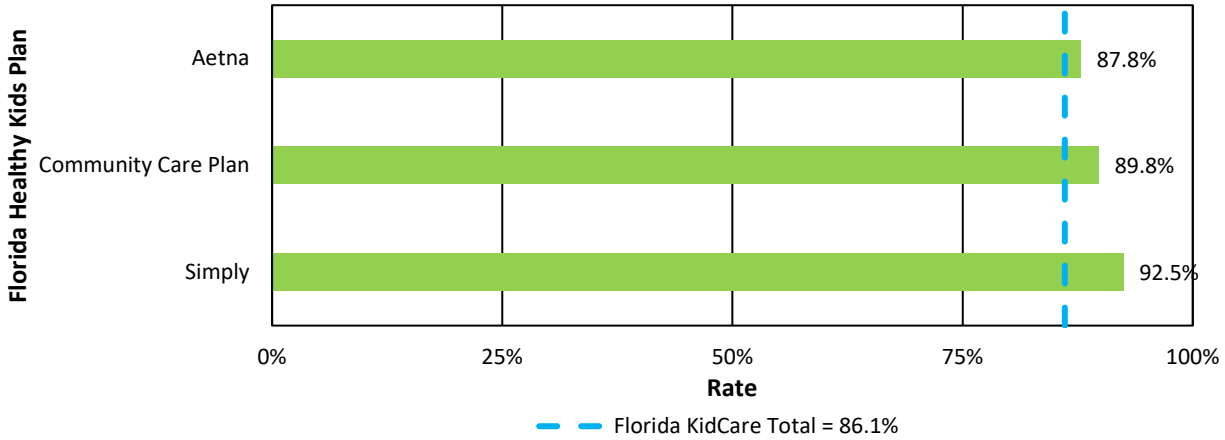


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

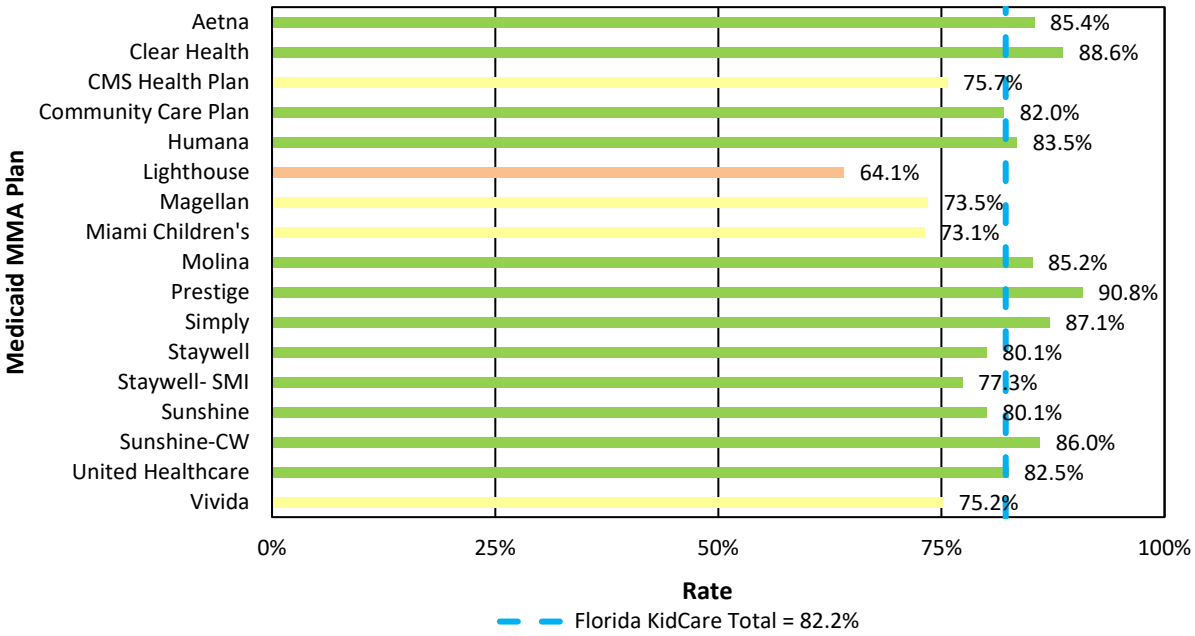
Note. This legend applies to **Figure 81** and **Figure 82**.

Figure 82. Florida Healthy Kids Plan Results for WCC: Ages 3-17- BMI Assessment, CY 2020



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

Figure 83. Medicaid MMA Plan Results for WCC: Ages 3-17- Counseling for Nutrition, CY 2020

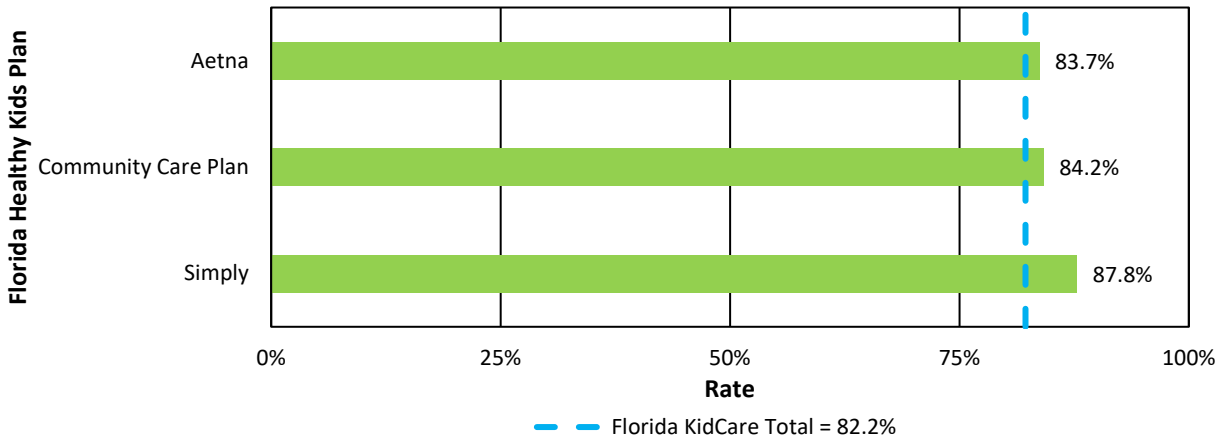


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

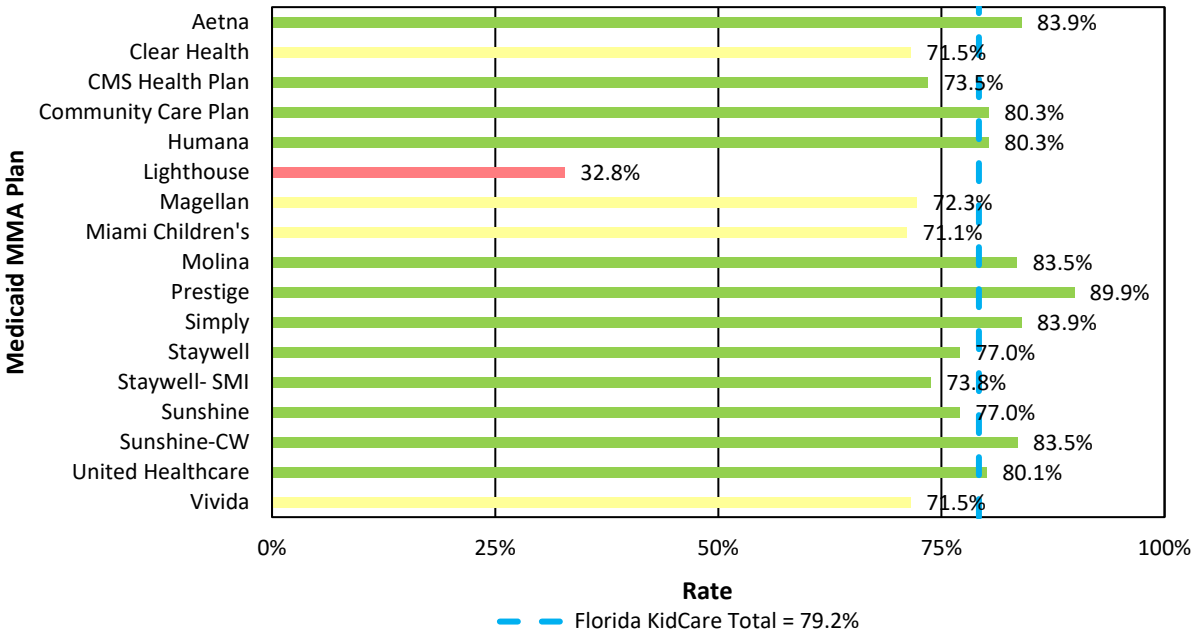
Note. This legend applies to **Figure 83** and **Figure 84**.

Figure 84. Florida Healthy Kids Plan Results for WCC: Ages 3-17- Counseling for Nutrition, CY 2020



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

Figure 85. Medicaid MMA Plan Results for WCC: Ages 3-17- Counseling for Physical Activity, CY 2020

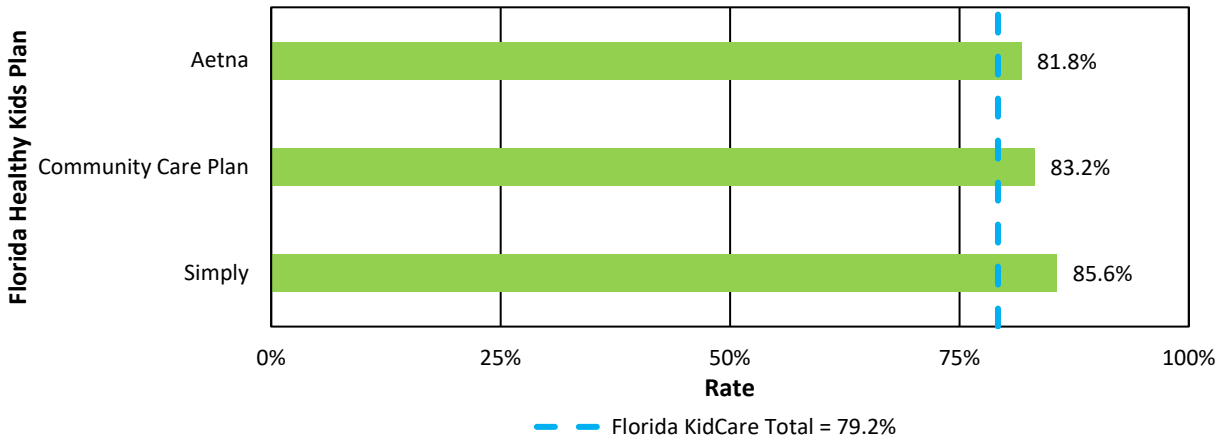


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

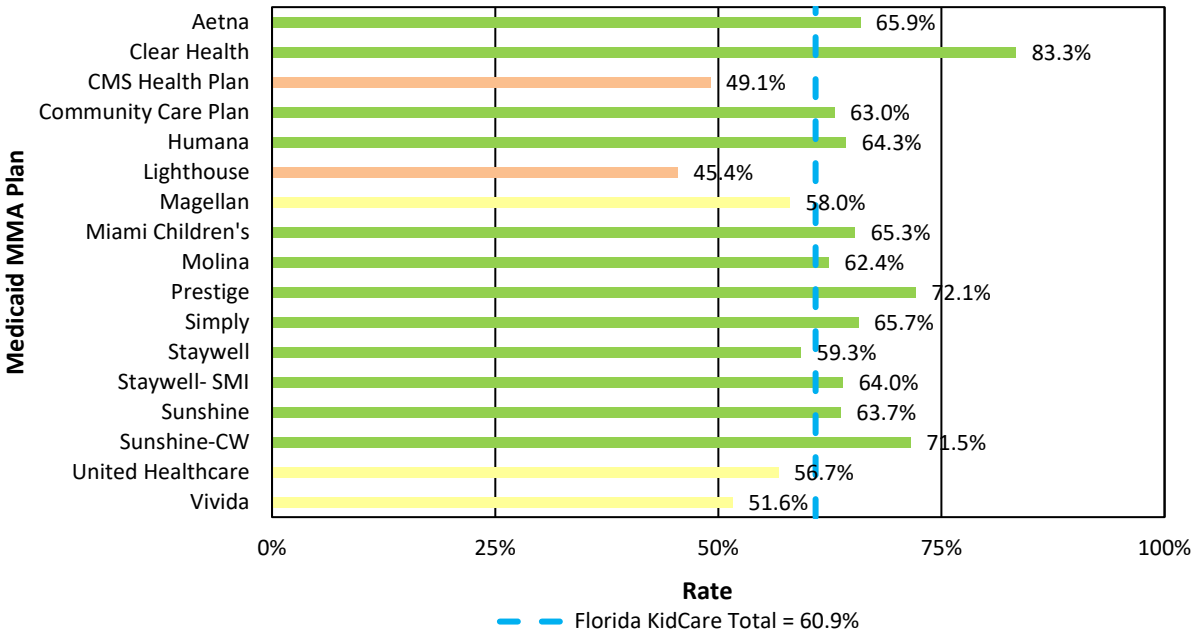
Note. This legend applies to **Figure 85** and **Figure 86**.

Figure 86. Florida Healthy Kids Plan Results for WCC: Ages 3-17- Counseling for Physical Activity, CY 2020



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 CHL Ages 16-20, CY 2020

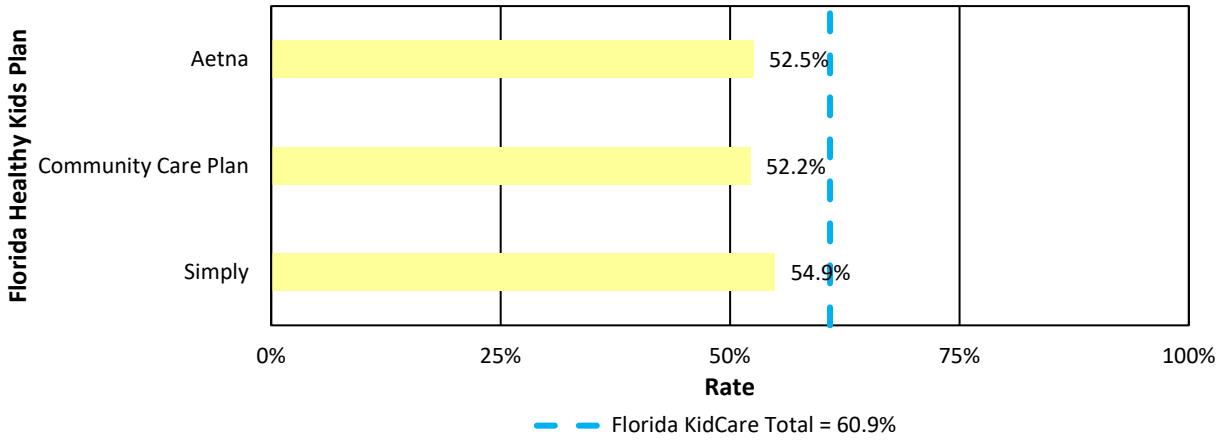


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

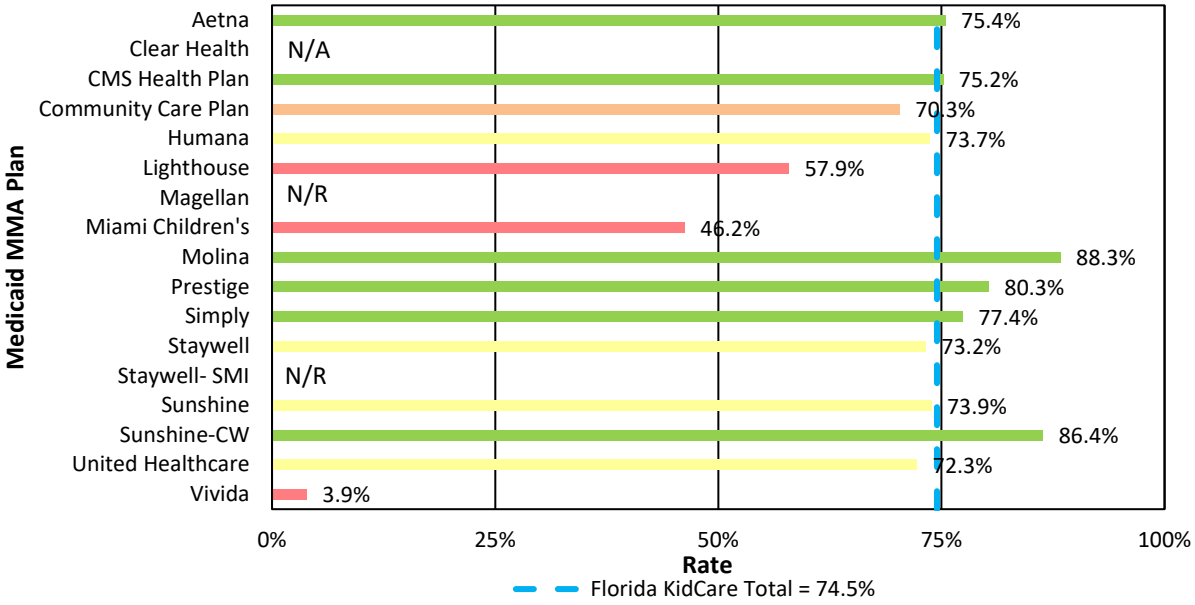
Note. This legend applies to **Figure 87** and **Figure 88.**

Figure 88. Florida Healthy Kids Plan Results for CHL Ages 16-20, CY 2020



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

Figure 89. Medicaid MMA Plan Results for CIS: Combination 2, CY 2020

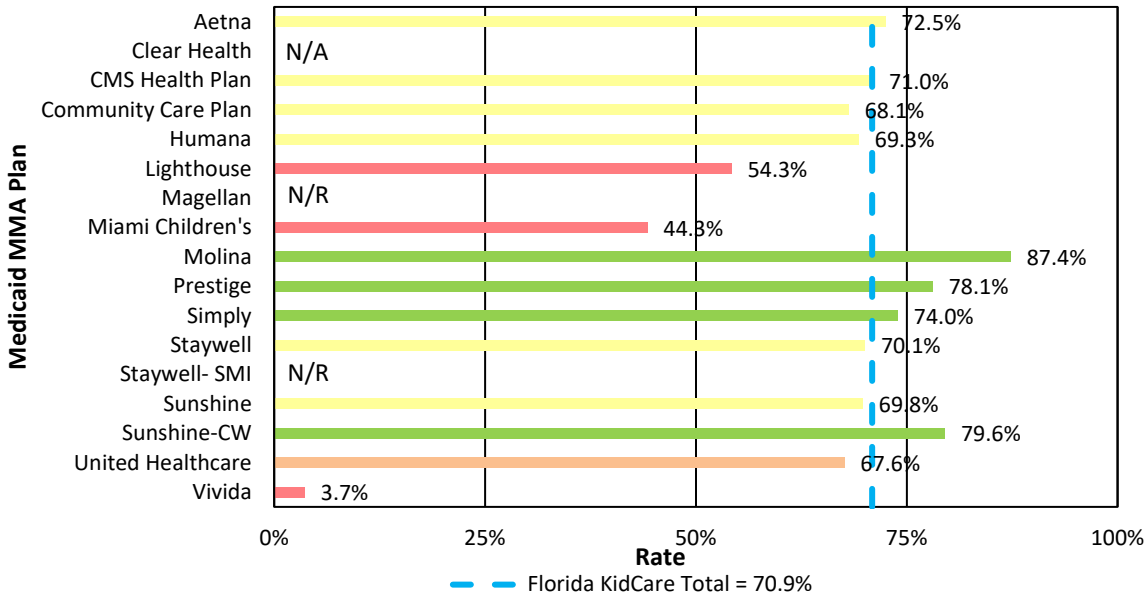


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

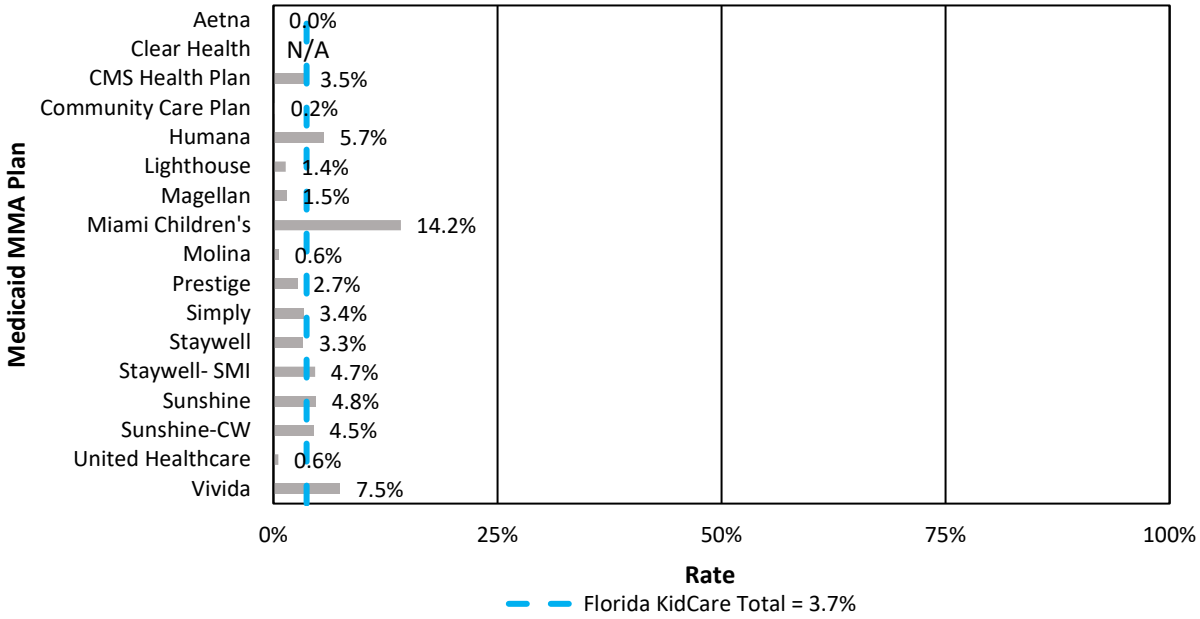
Note. This legend applies to **Figure 89** and **Figure 90.**

Figure 90. Medicaid Plan Results for CIS: Combination 3, CY 2020



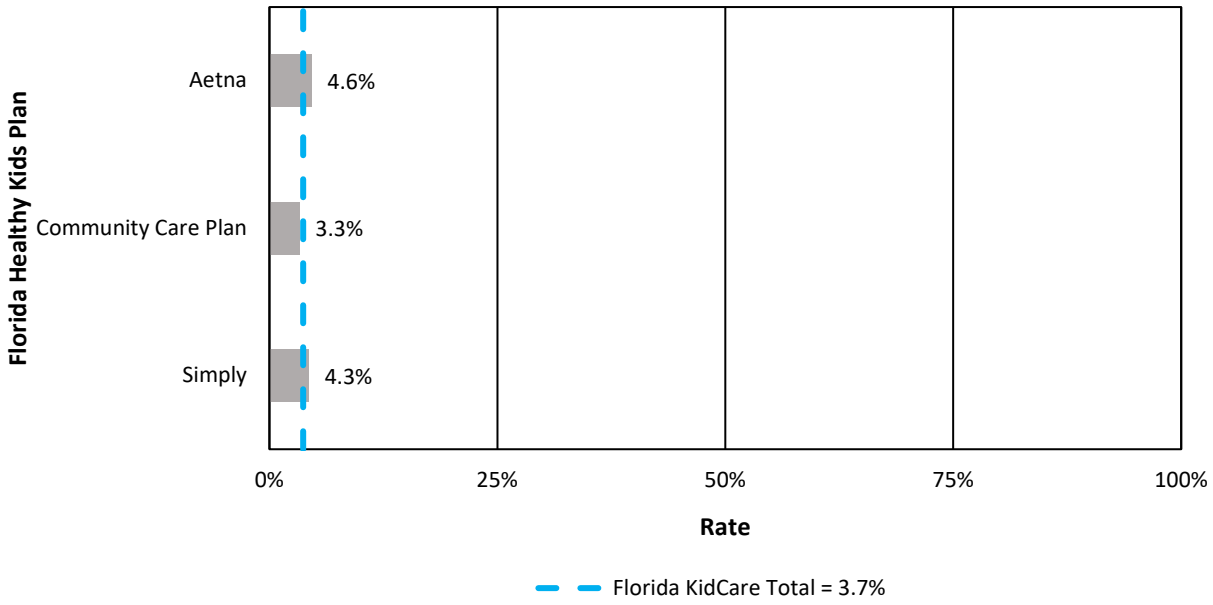
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 91. Medicaid MMA Plan Results for CDF: Ages 12-17 CY 2020



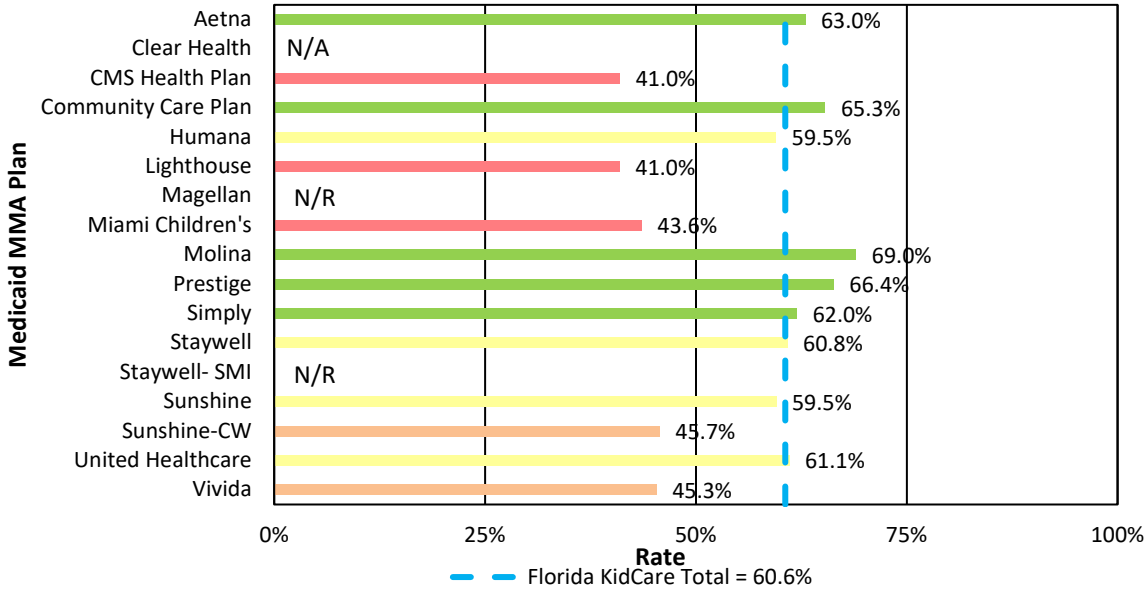
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 92. Florida Healthy Kids Plan Results for CDF: Ages 12-17 CY 2020



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

Figure 93. Medicaid MMA Plan Results for W30: First 15 months, CY 2020

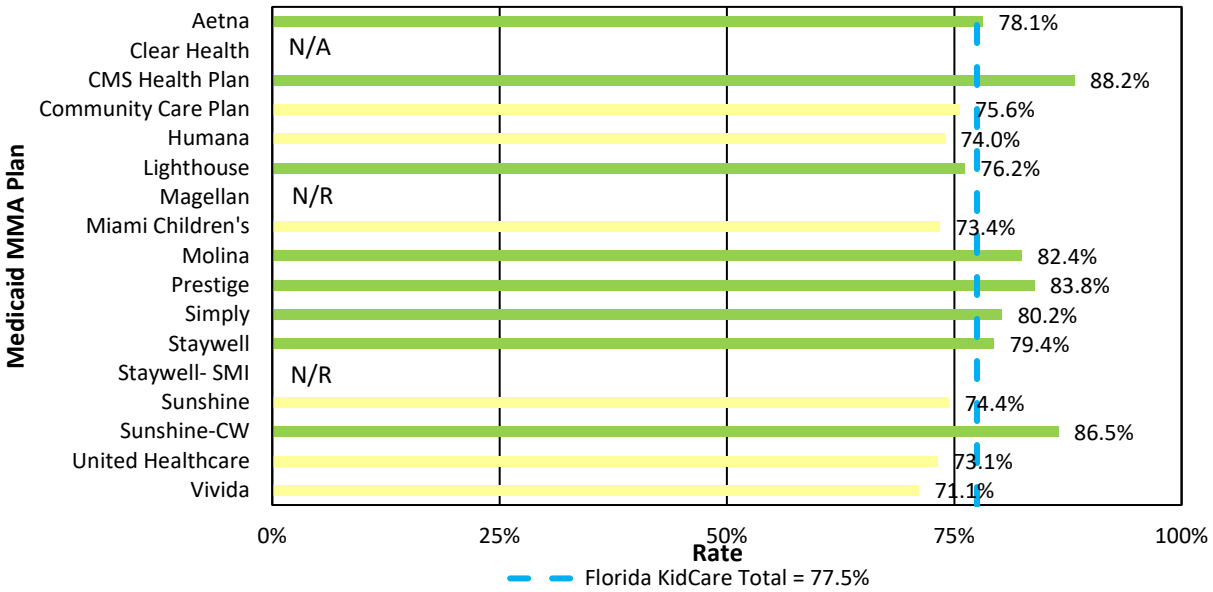


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

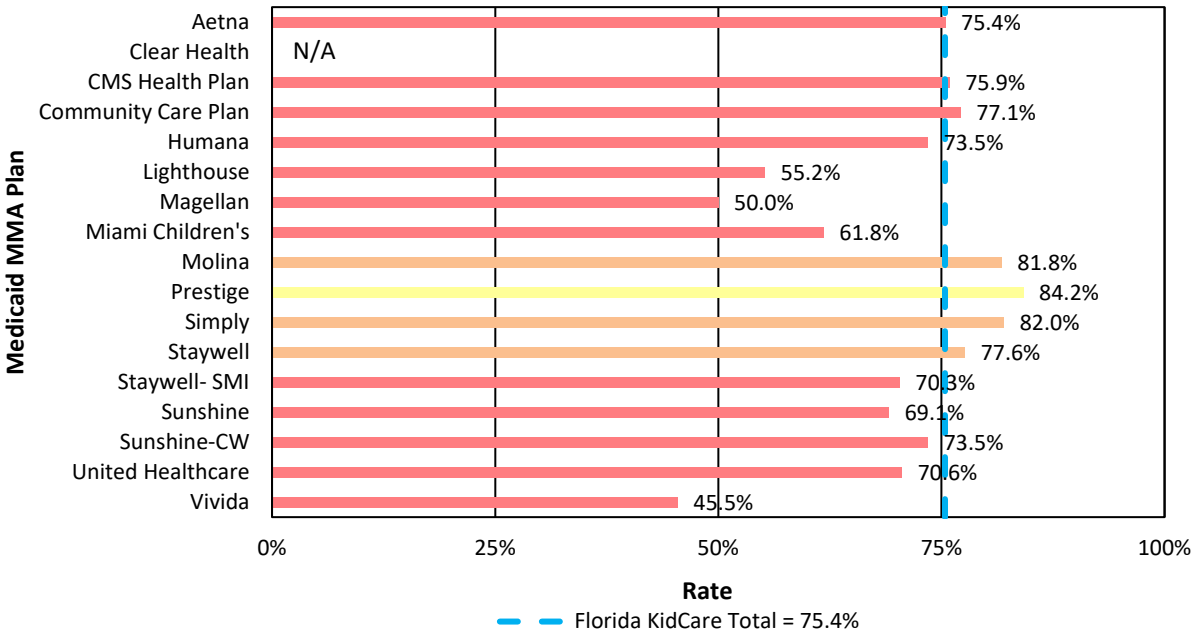
Note. This legend applies to **Figure 93** and **Figure 94**.

Figure 94: Medicaid MMA Plan Results for W30: Ages 15-30 Months, CY 2020



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

Figure 95. Medicaid MMA Plan Results for IMA: Meningococcal Immunizations, CY 2020

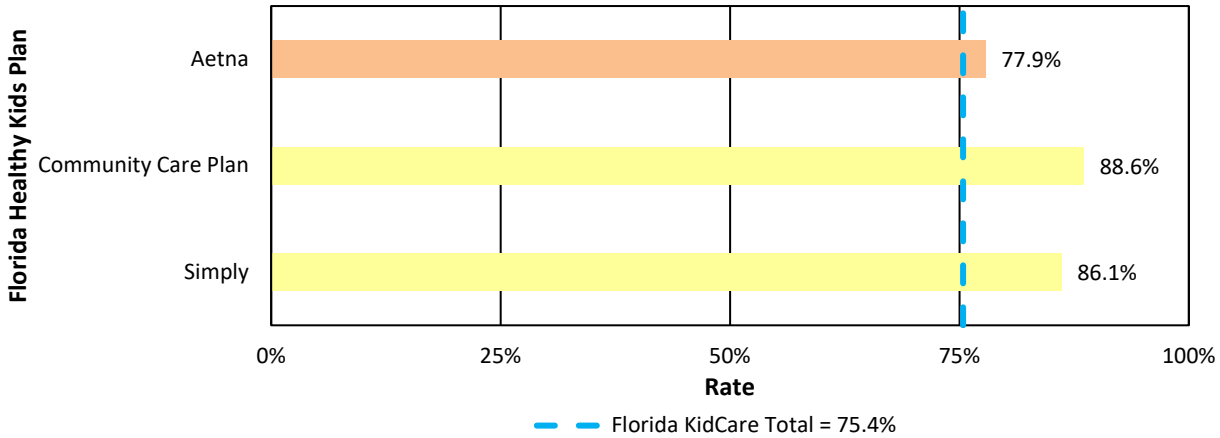


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

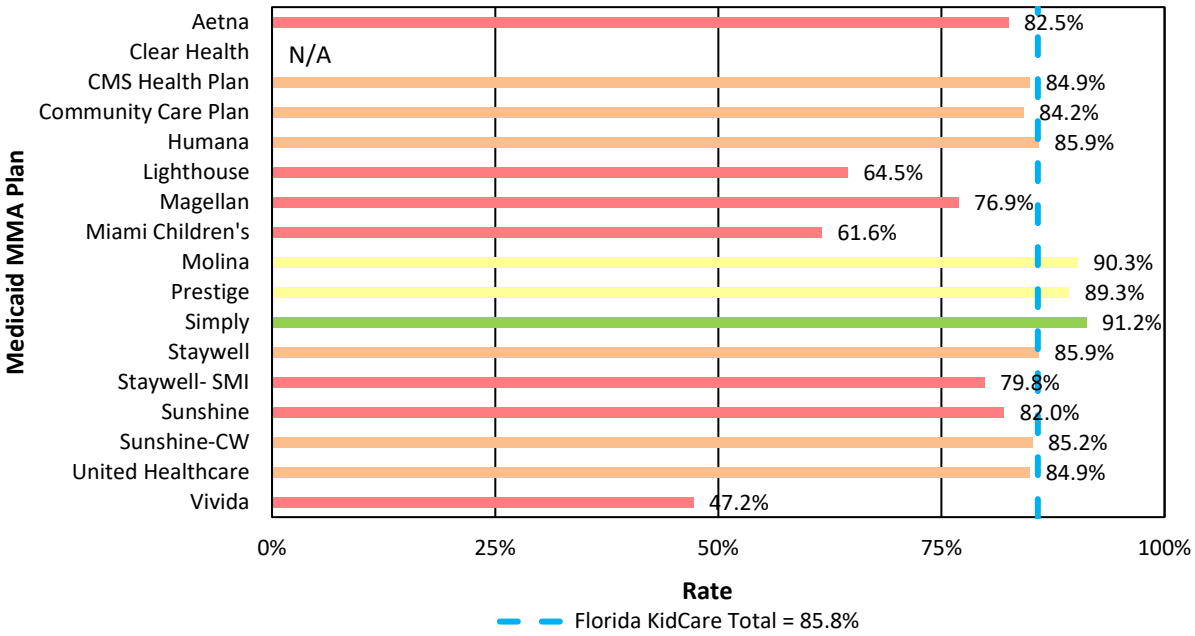
Note. This legend applies to **Figure 95** and **Figure 96**.

Figure 96. Florida Healthy Kids Plan Results for IMA: Meningococcal Immunizations, CY 2020



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

Figure 97. Medicaid MMA Plan Results for IMA: Tdap Immunizations, CY 2020

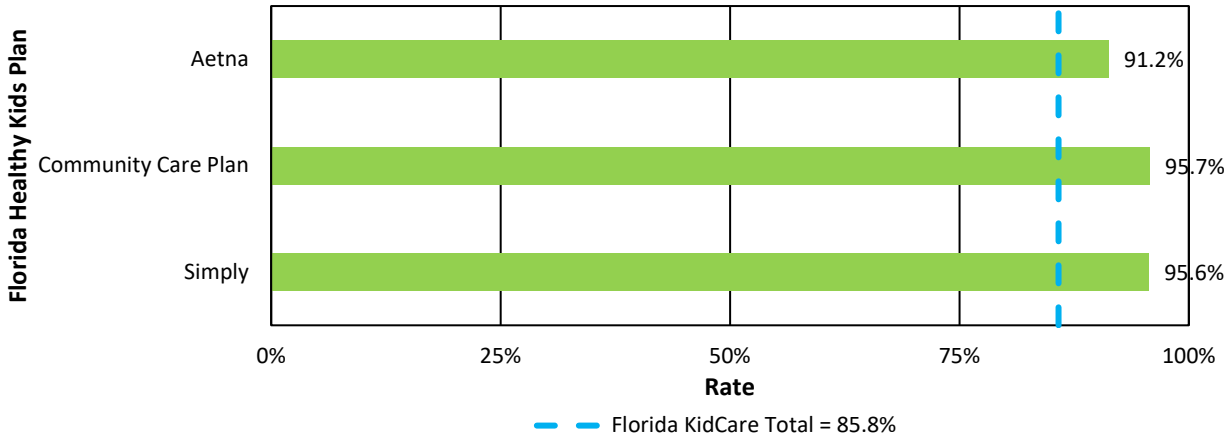


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

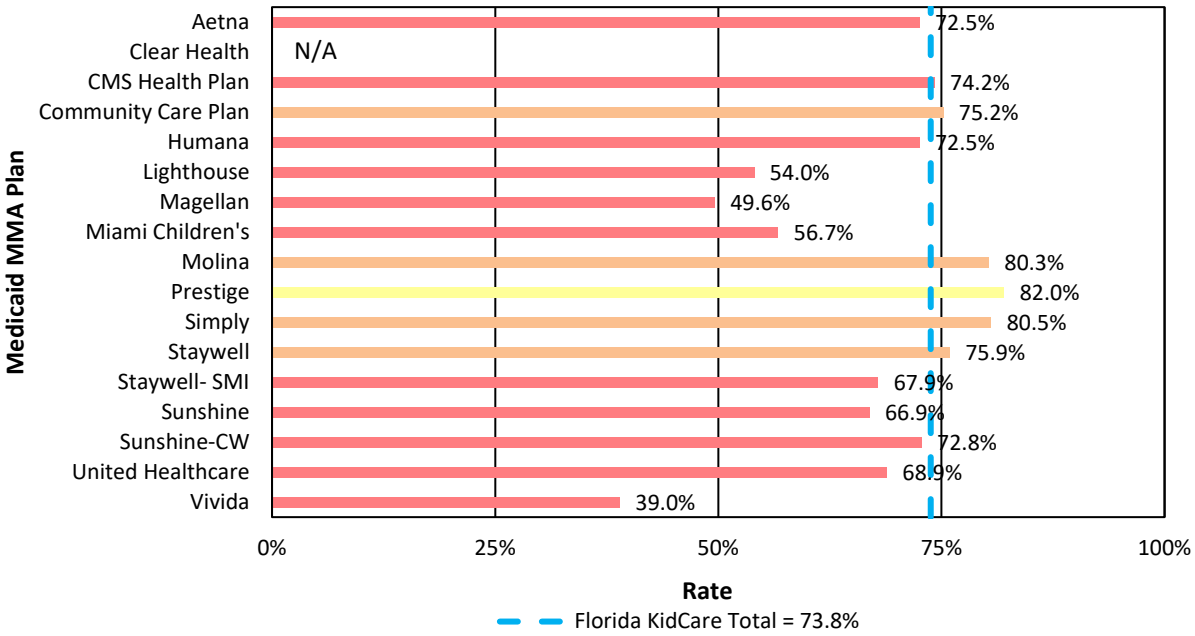
Note. This legend applies to **Figure 97** and **Figure 98**.

Figure 98. Florida Healthy Kids Plan Results for IMA: Tdap Immunizations, CY 2020



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

Figure 99. Medicaid MMA Plan Results for IMA: Combination 1 Immunizations, CY 2020

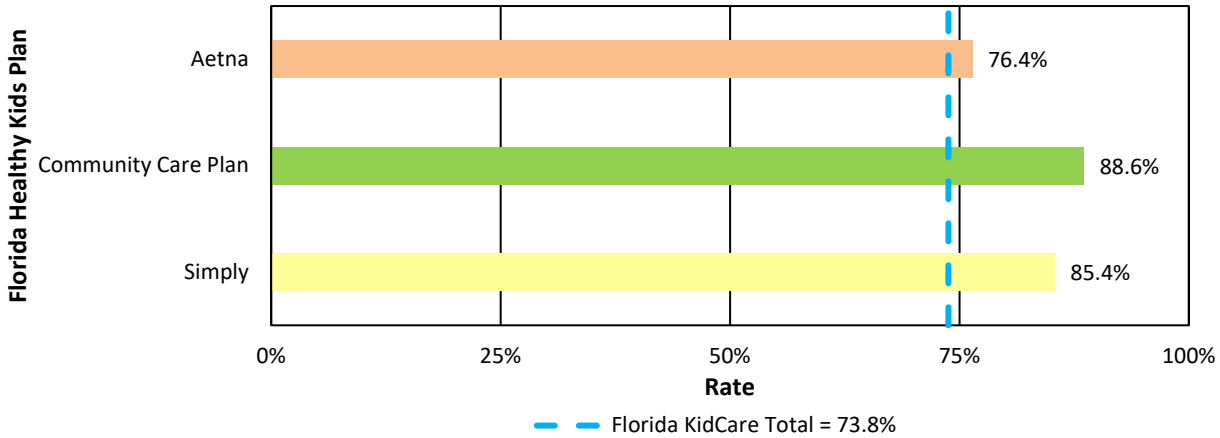


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

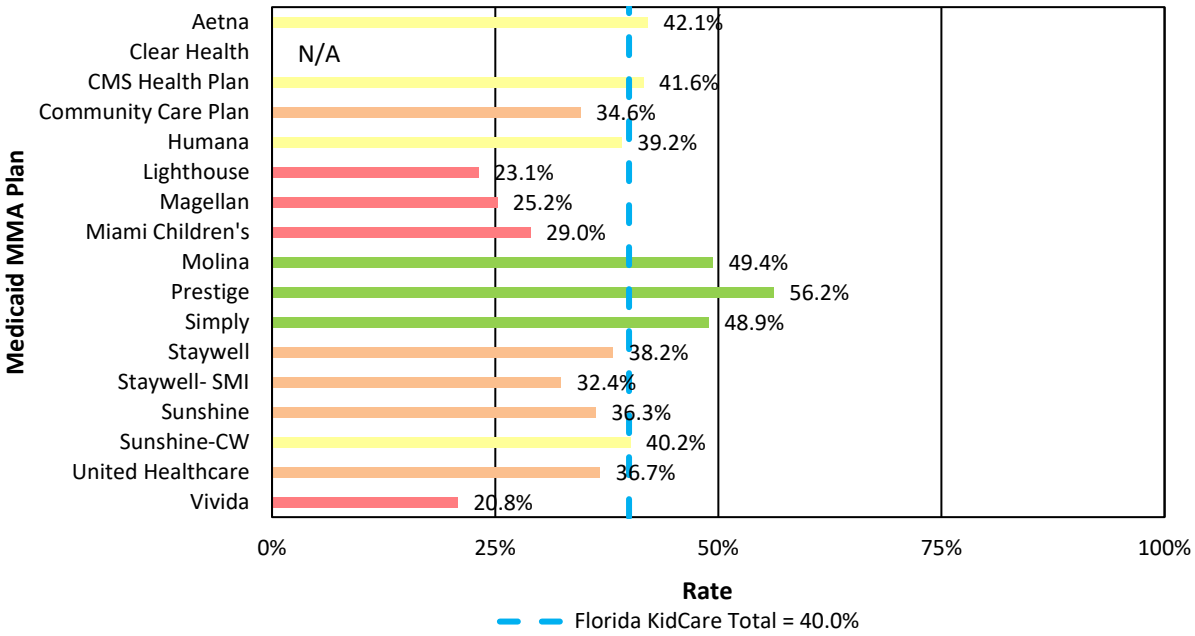
Note. This legend applies to **Figure 99** and **Figure 100**.

Figure 100. Florida Healthy Kids Plan Results for IMA: Combination 1 Immunizations, CY 2020



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

Figure 101. Medicaid MMA Plan Results for IMA: HPV Immunizations, CY 2020

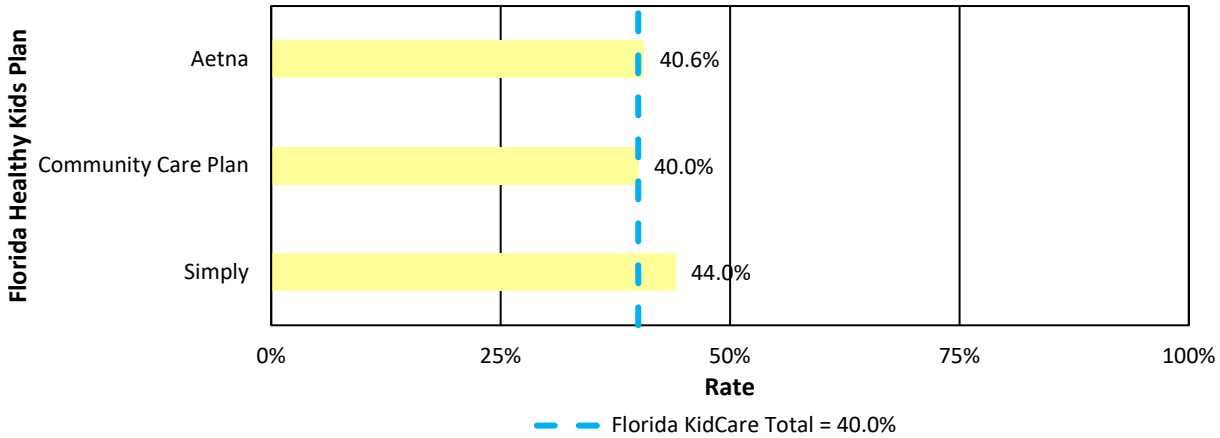


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

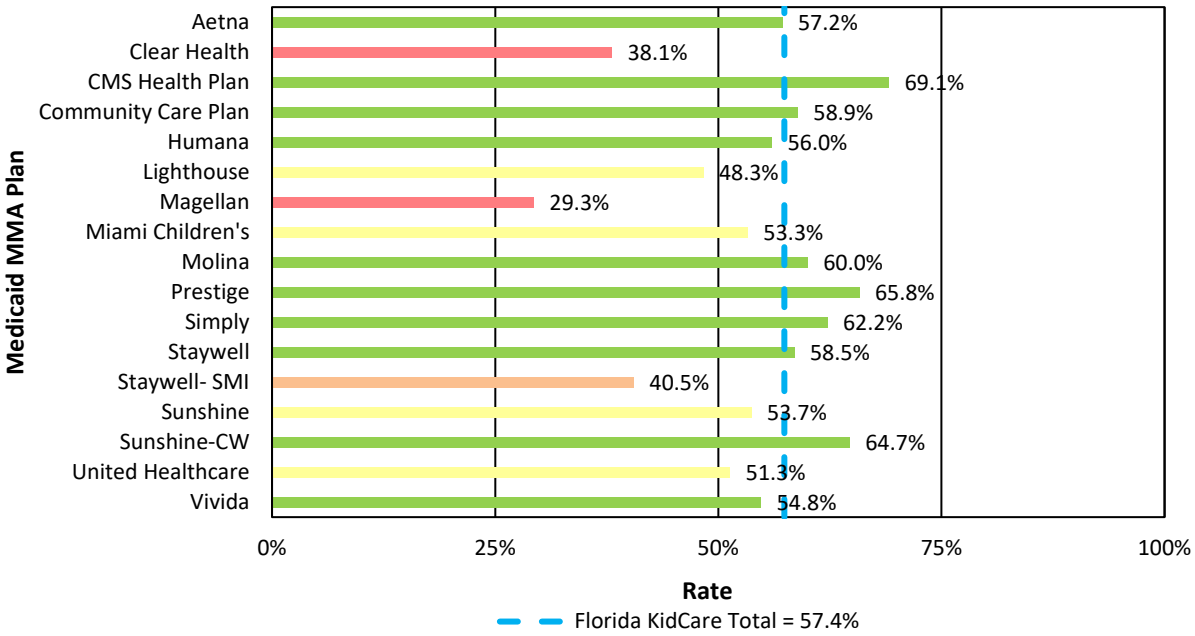
Note. This legend applies to **Figure 101** and **Figure 102**.

Figure 102. Florida Healthy Kids Plan Results for IMA: HPV Immunizations, CY 2020



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

Figure 103. Medicaid MMA Plan Results for WCV: Ages 3-21, CY 2020

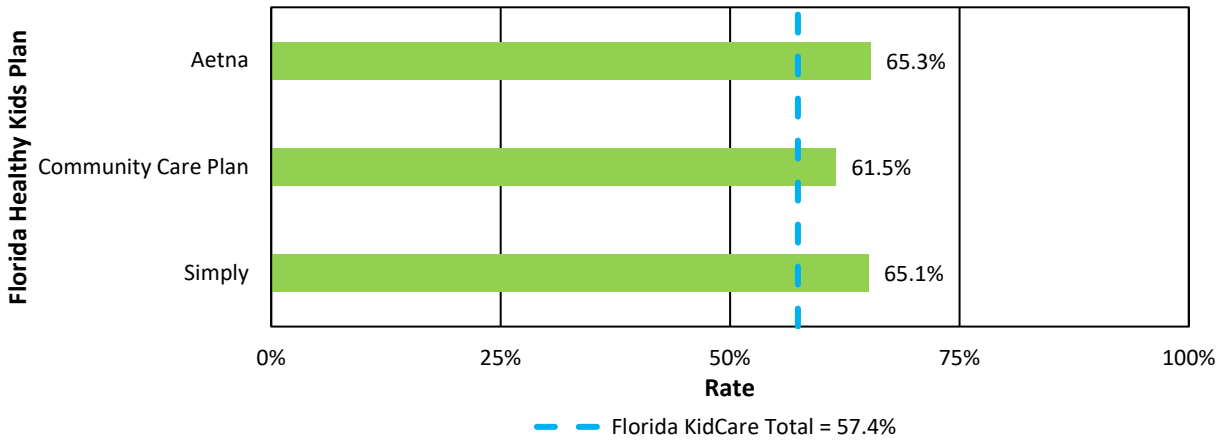


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

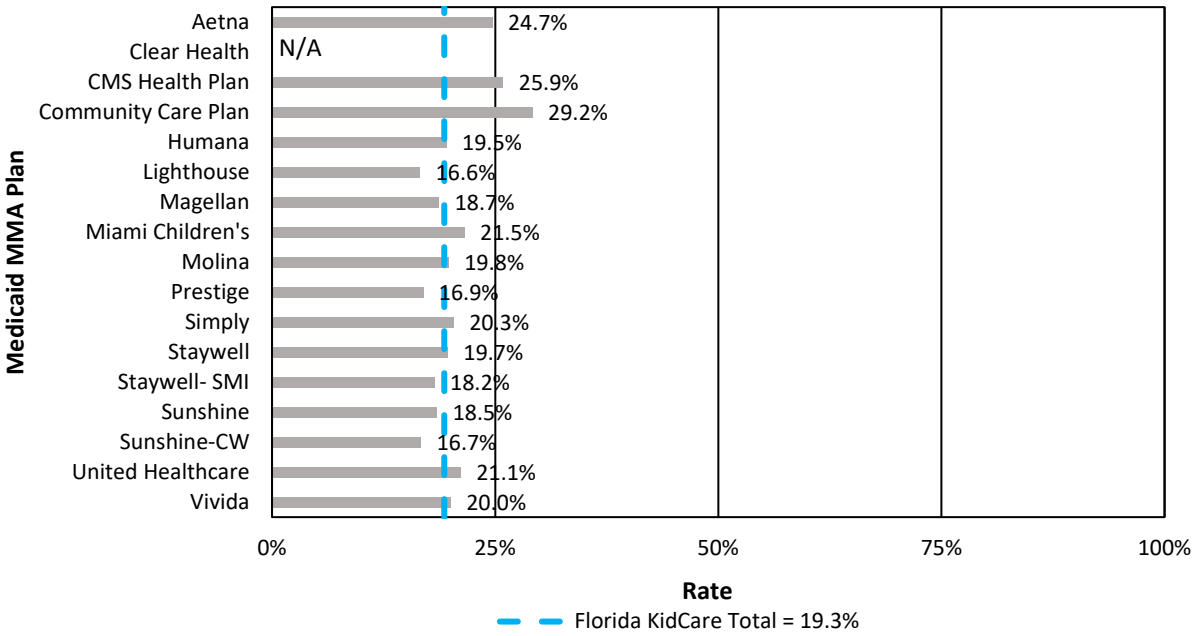
Note. This legend applies to **Figure 103** and **Figure 104**.

Figure 104. Florida Healthy Kids Plan Results for WCV: Ages 3-21, CY 2020



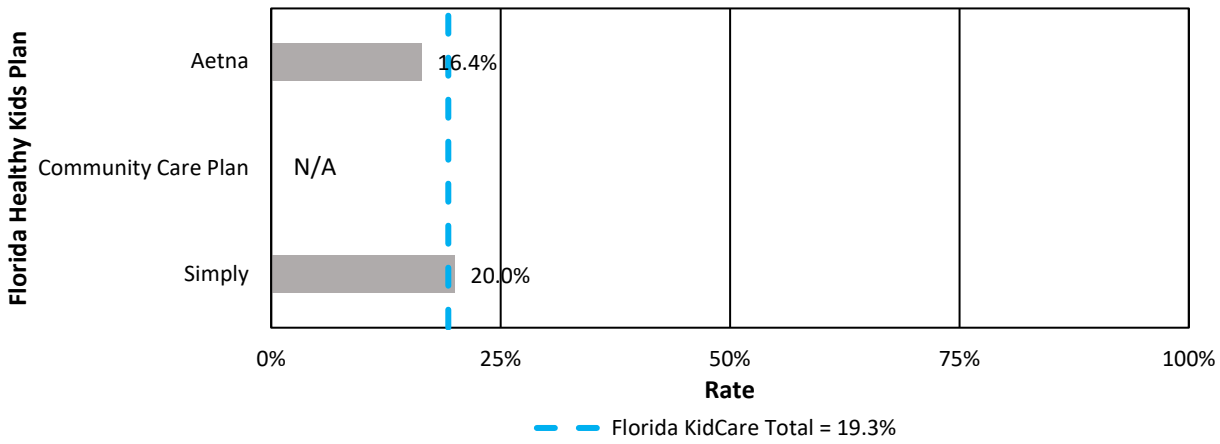
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 105. Medicaid MMA Plan Results for PC-02, CY 2020



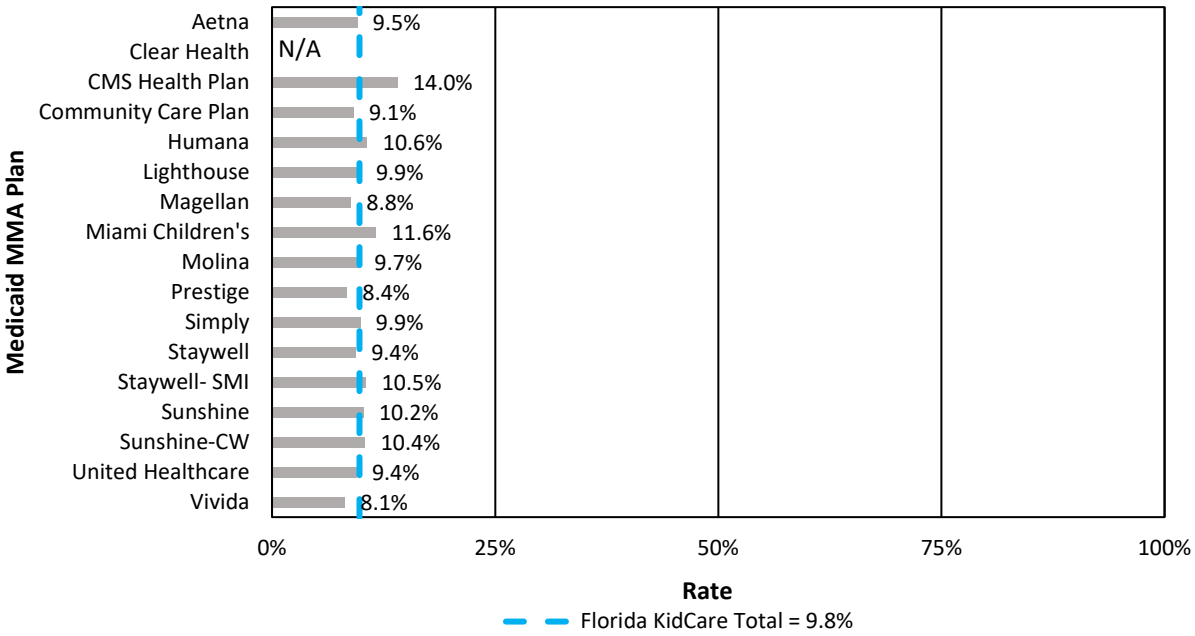
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. For this measure, lower rates indicate better performance.

Figure 106. Florida Healthy Kids Plan Results for PC-02, CY 2020



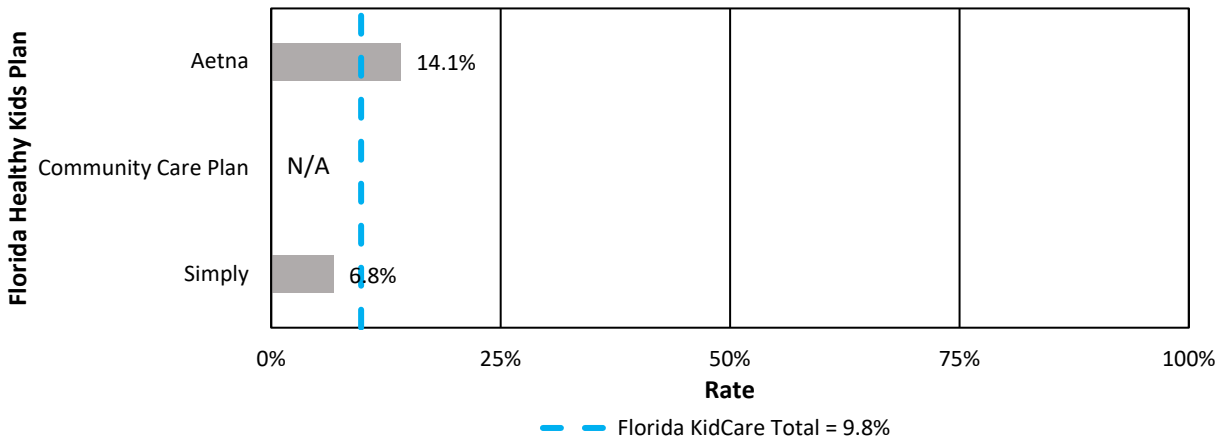
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. For this measure, lower rates indicate better performance.

Figure 107. Medicaid MMA Plan Results for LBW, CY 2020



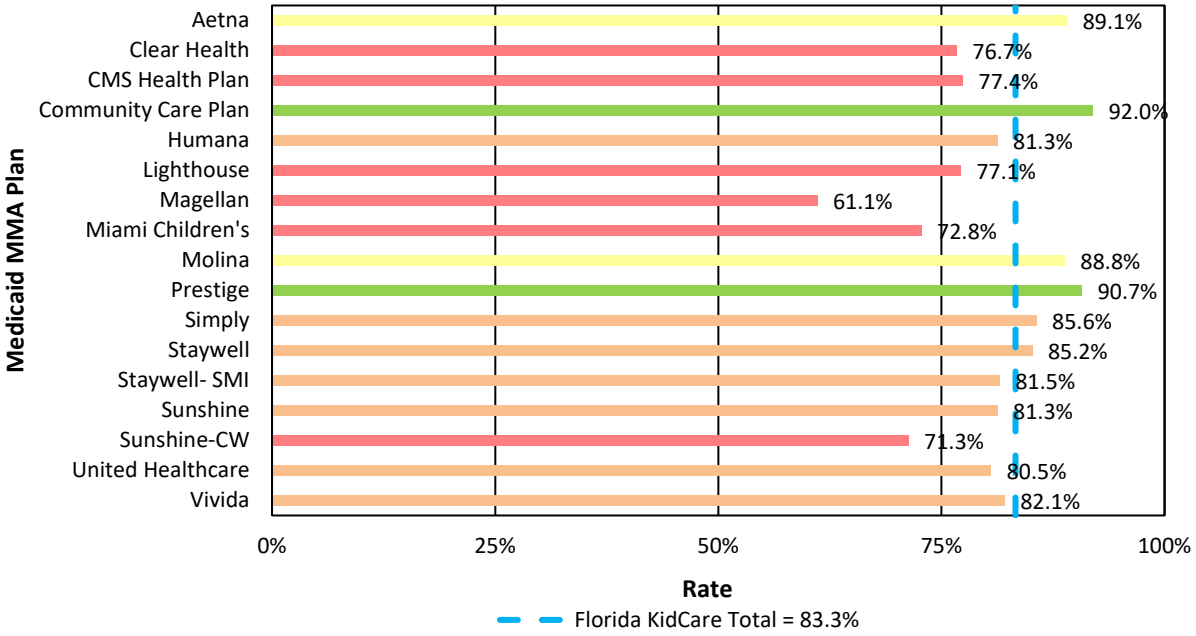
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. For this measure, lower rates indicate better performance.

Figure 108. Florida Healthy Kids Plan Results for LBW, CY 2020



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. For this measure, lower rates indicate better performance.

Figure 109. Medicaid MMA Plan Results for PPC: Timeliness of Prenatal Care, CY 2020

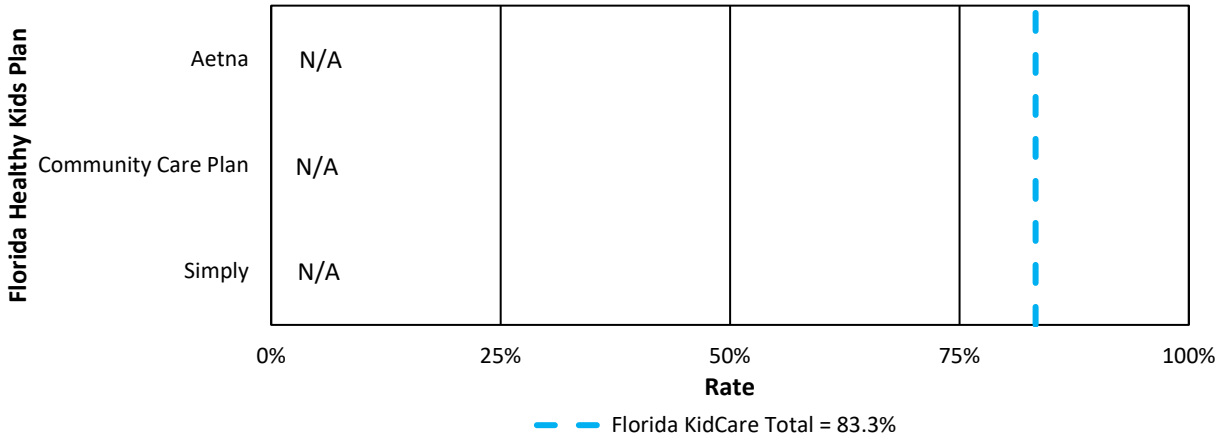


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

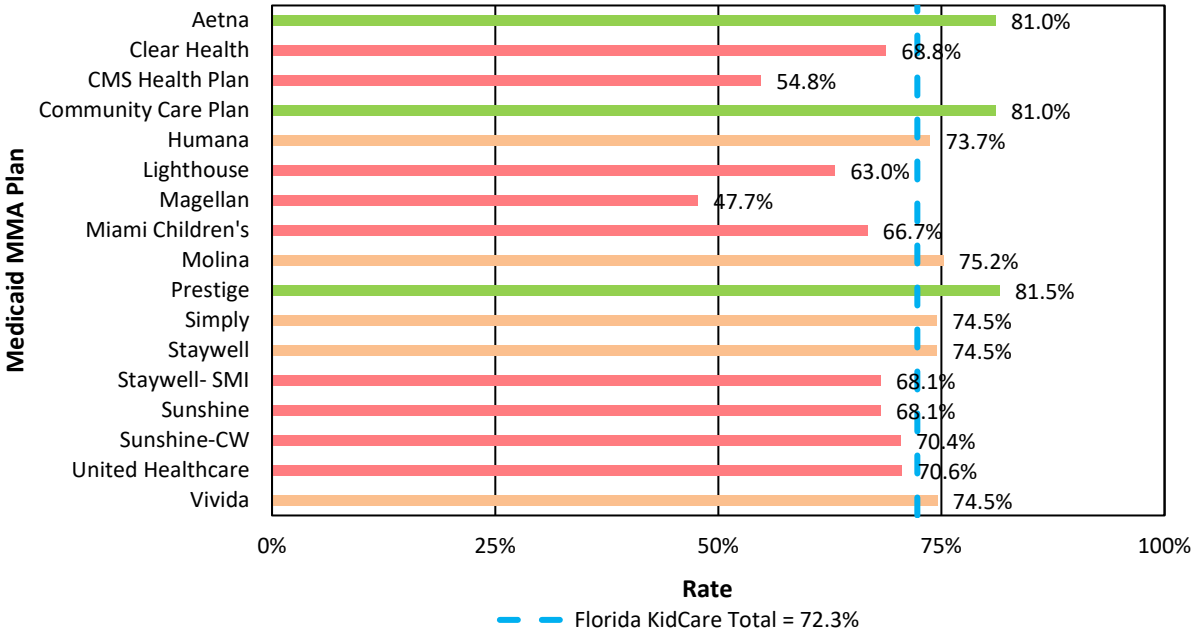
Note. This legend applies to **Figure 109** and **Figure 110.**

Figure 110. Florida Healthy Kids Plan Results for PPC: Timeliness of Prenatal Care, CY 2020



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

Figure 111. Medicaid MMA Plan Results for PPC: Postpartum Care, CY 2020

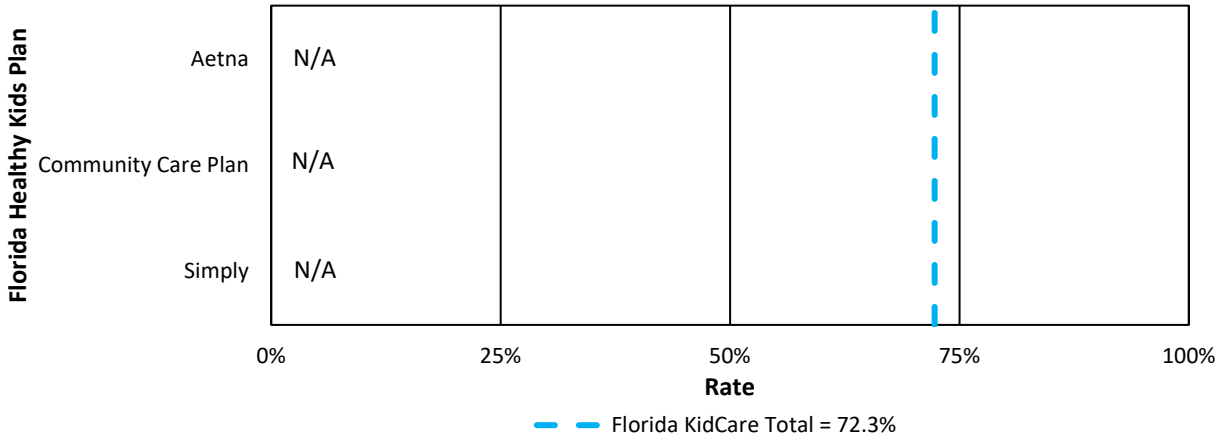


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

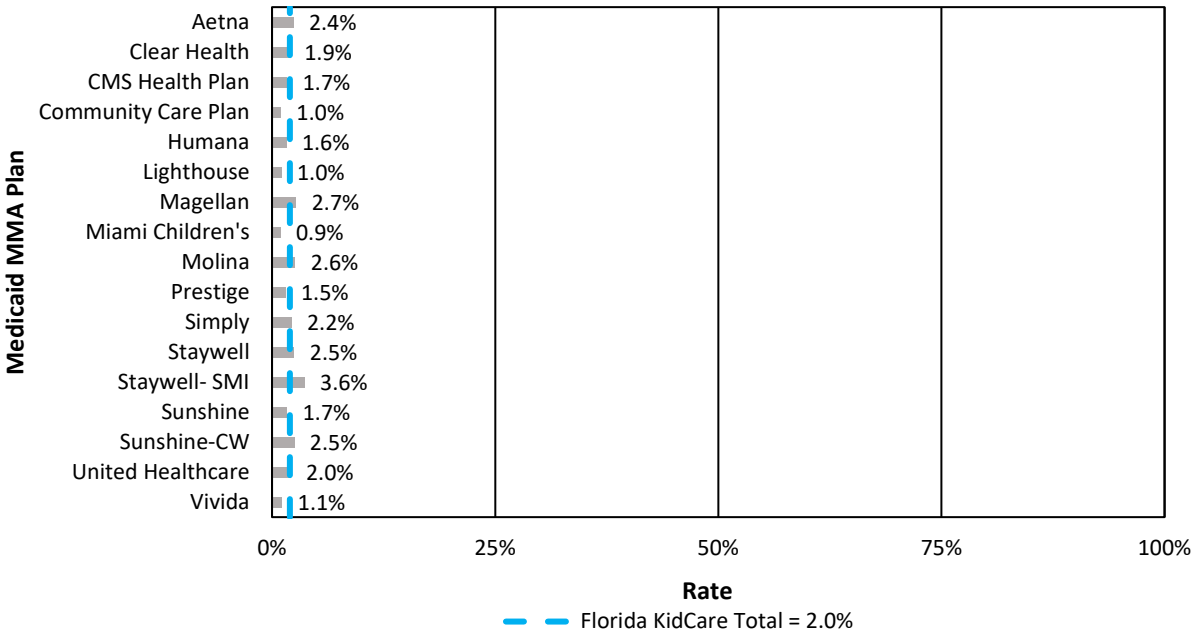
Note. This legend applies to **Figure 111** and **Figure 112.**

Figure 112. Florida Healthy Kids Plan Results for PPC: Postpartum Care, CY 2020



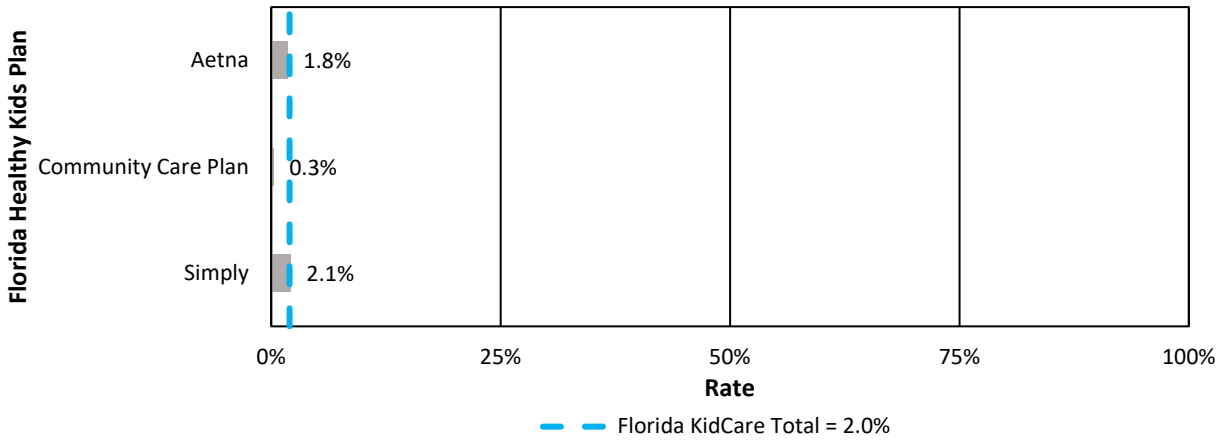
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 113. Medicaid MMA Plan Results for CCW: LARC, CY 2020



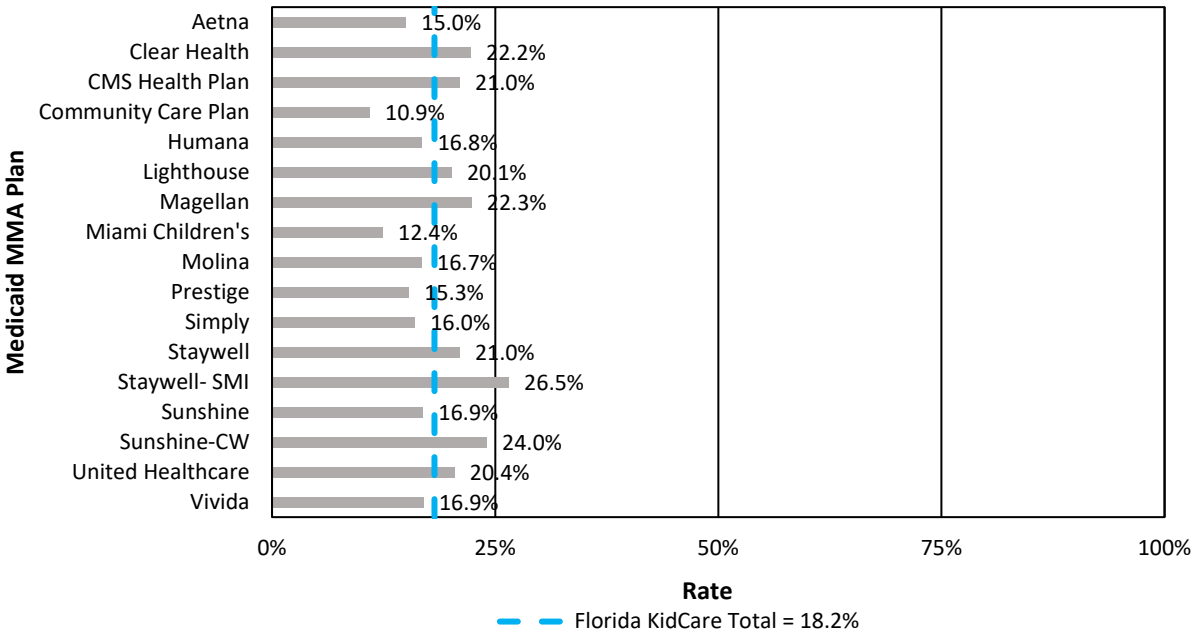
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 114. Florida Healthy Kids Plan Results for CCW: LARC, CY 2020



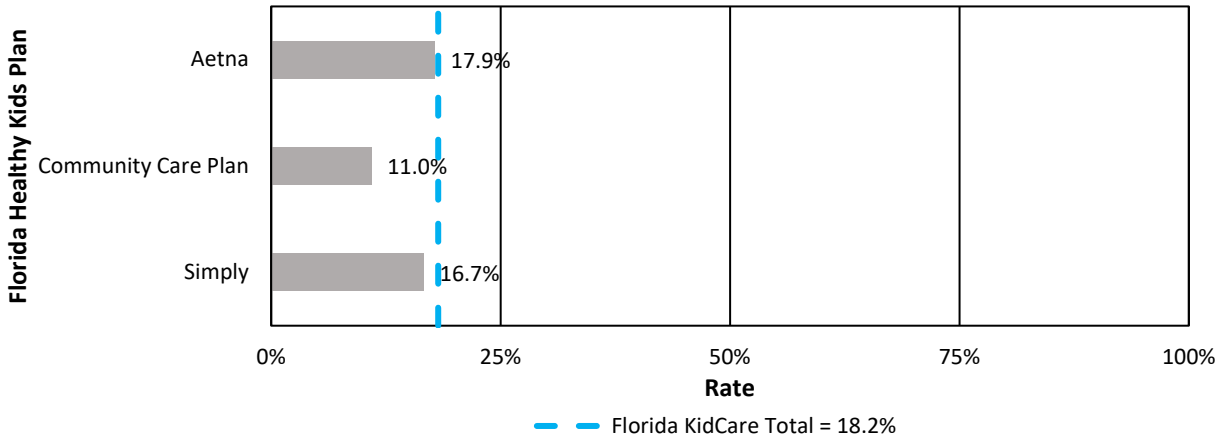
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 115. Medicaid MMA Plan Results for CCW: Most or Moderately Effective, CY 2020



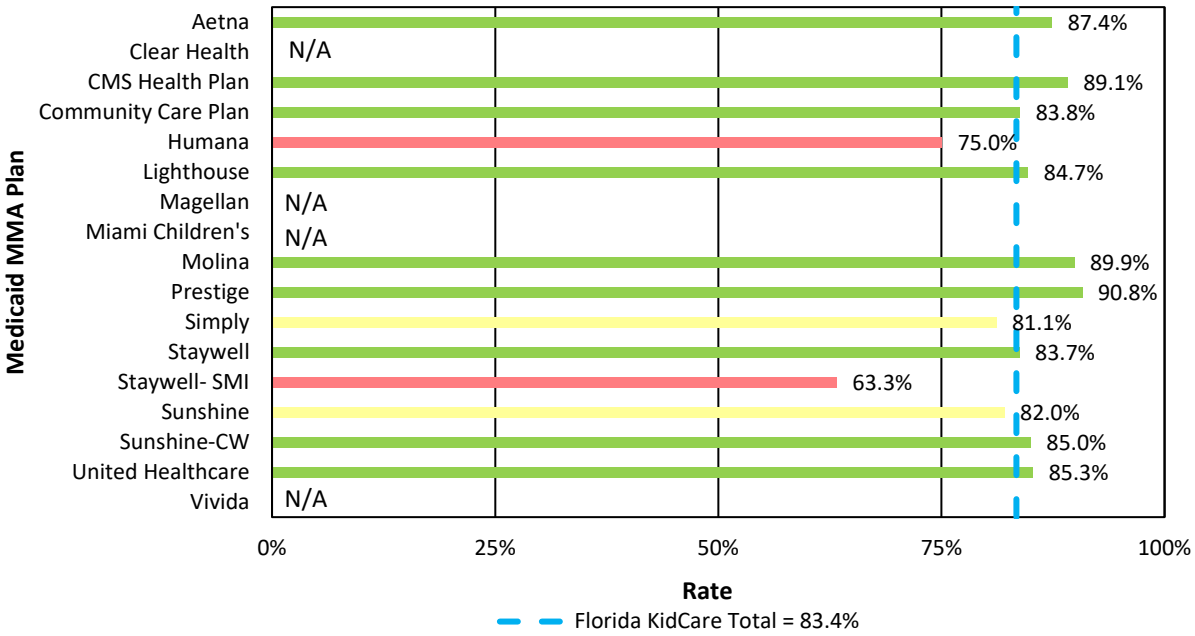
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 116. Florida Healthy Kids Plan Results for CCW: Most or Moderately Effective, CY 2020



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 5-11, CY 2020

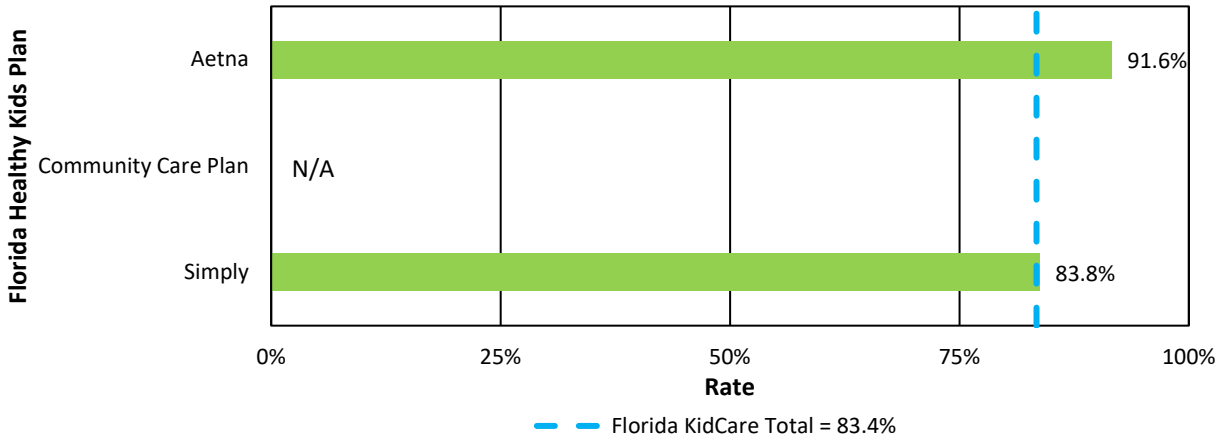


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

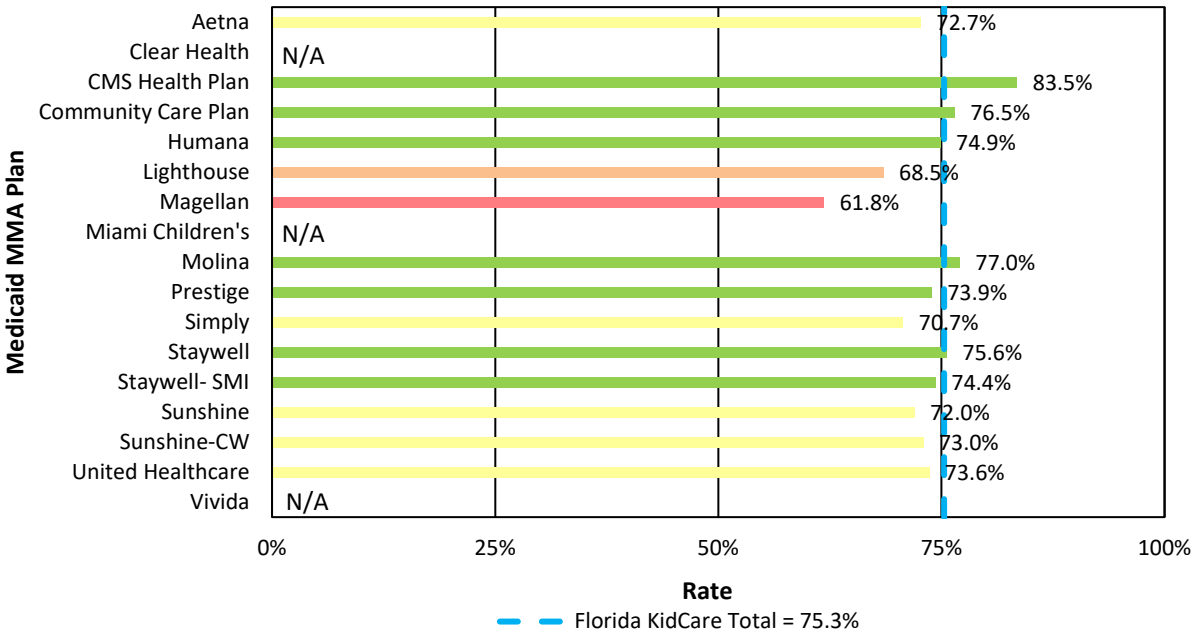
Note. This legend applies to **Figure 117** and **Figure 118.**

Figure 118. Florida Healthy Kids Plan Results for AMR: Ages 5-11, CY 2020



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 AMR: Ages 12-18, CY 2020

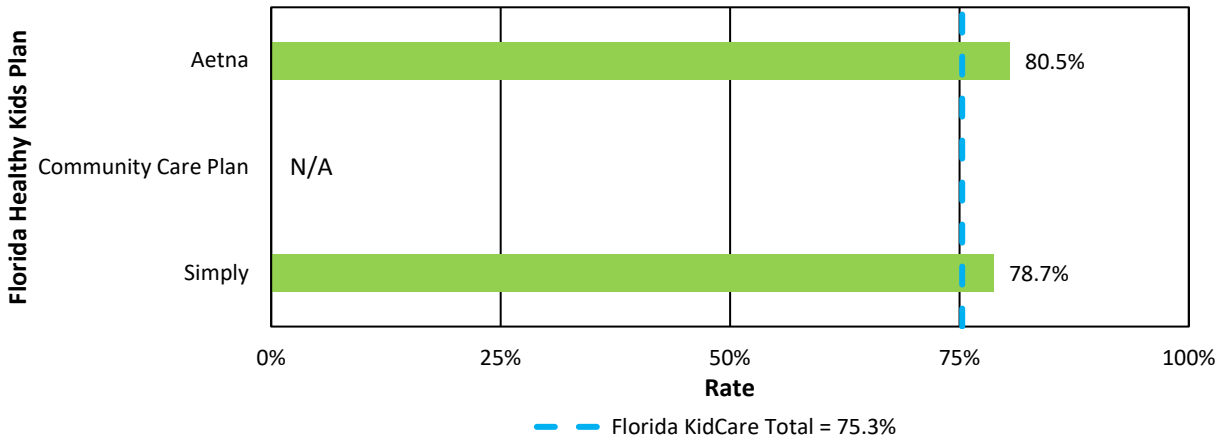


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

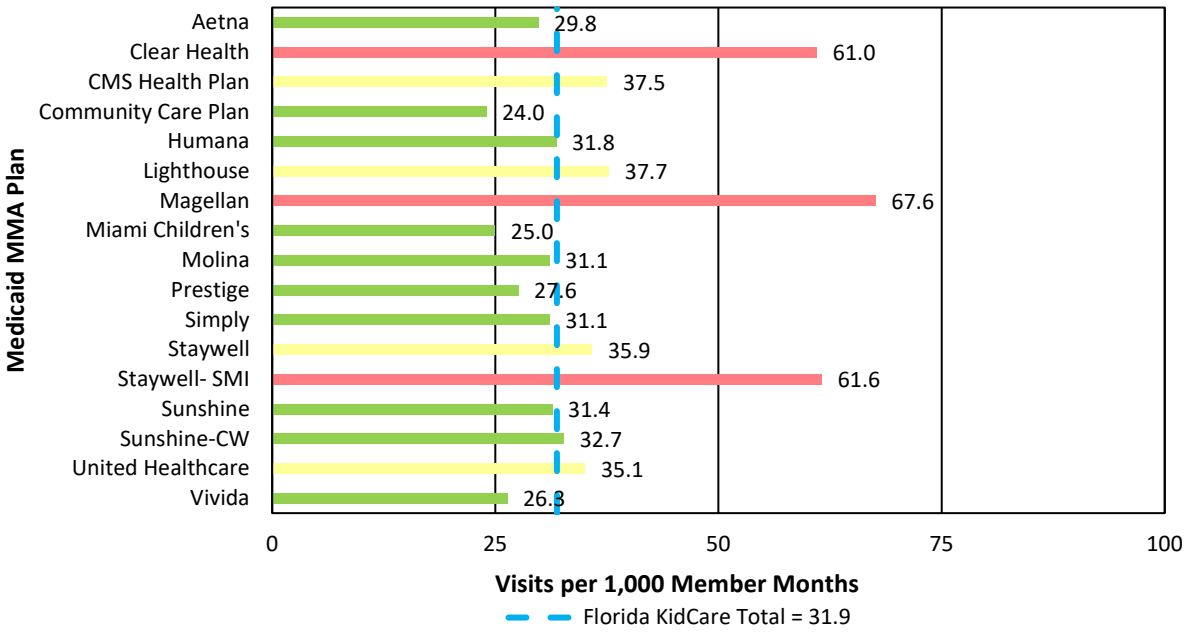
Note. This legend applies to **Figure 119** and **Figure 120**.

Figure 120. Florida Healthy Kids Plan Results for AMR: Ages 12-18, CY 2020



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

Figure 121. Medicaid MMA Plan Results for AMB ED Visits: Ages 0-19, CY 2020

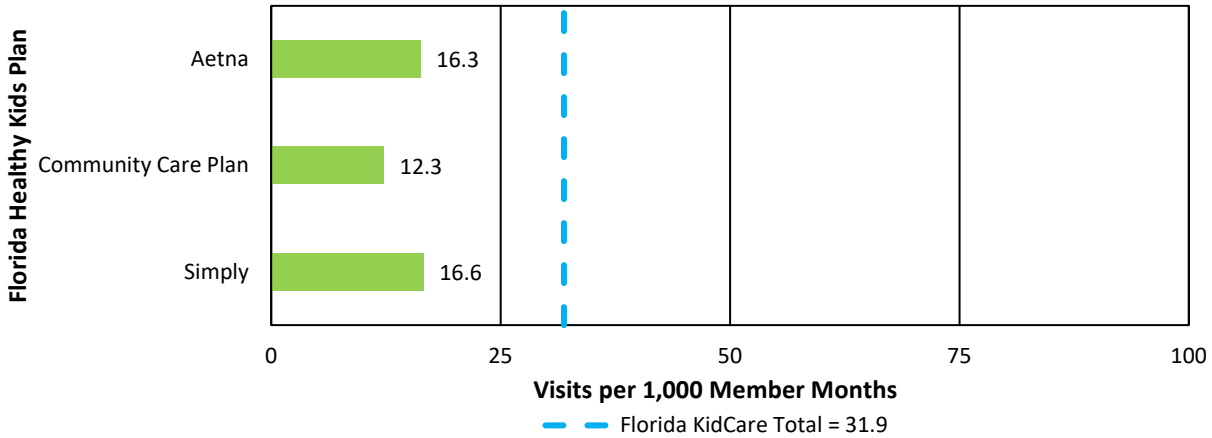


Note. Unlike most other figures in this report, lower numbers for this measure indicate a higher quality of care. N/R denotes programs for which the measure does not apply or was not reported. N/A denotes programs that have less than 360 in the denominator.

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

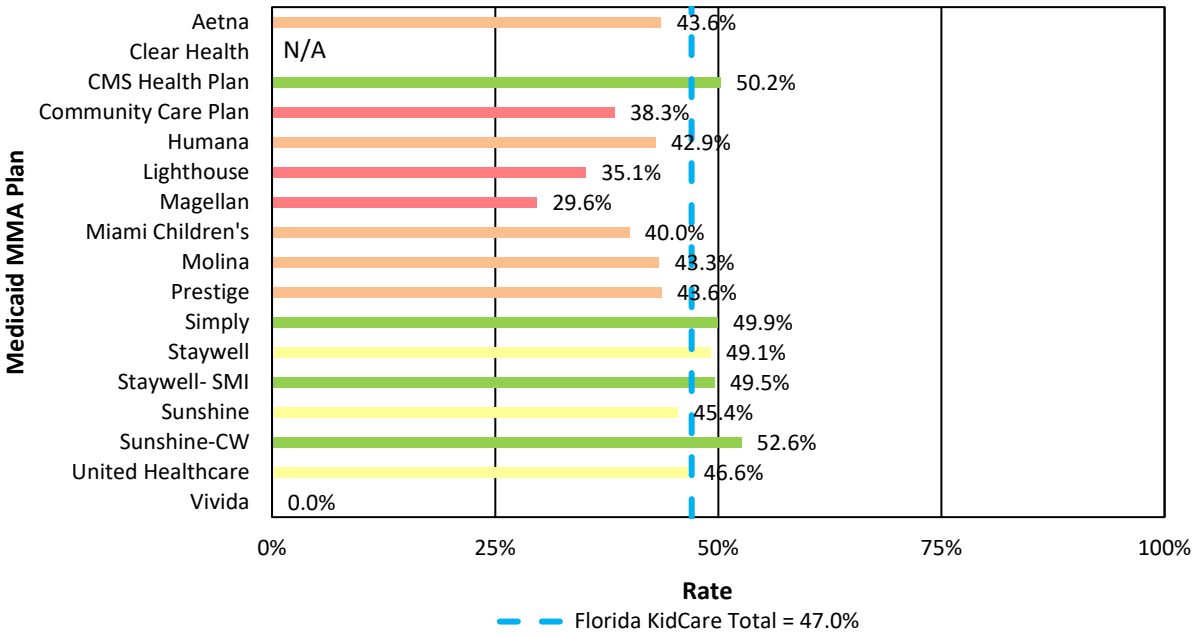
Note. This legend applies to **Figure 121** and **Figure 122.**

Figure 122. Florida Healthy Kids Plan Results for AMB ED Visits: Ages 0-19, CY 2020



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 123. Medicaid MMA Plan Results for ADD: Initiation Phase, CY 2020

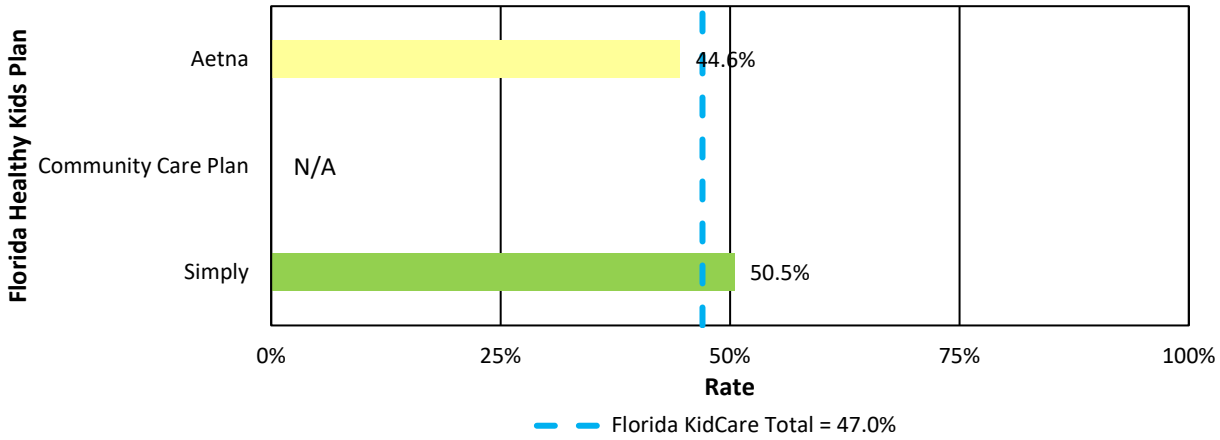


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

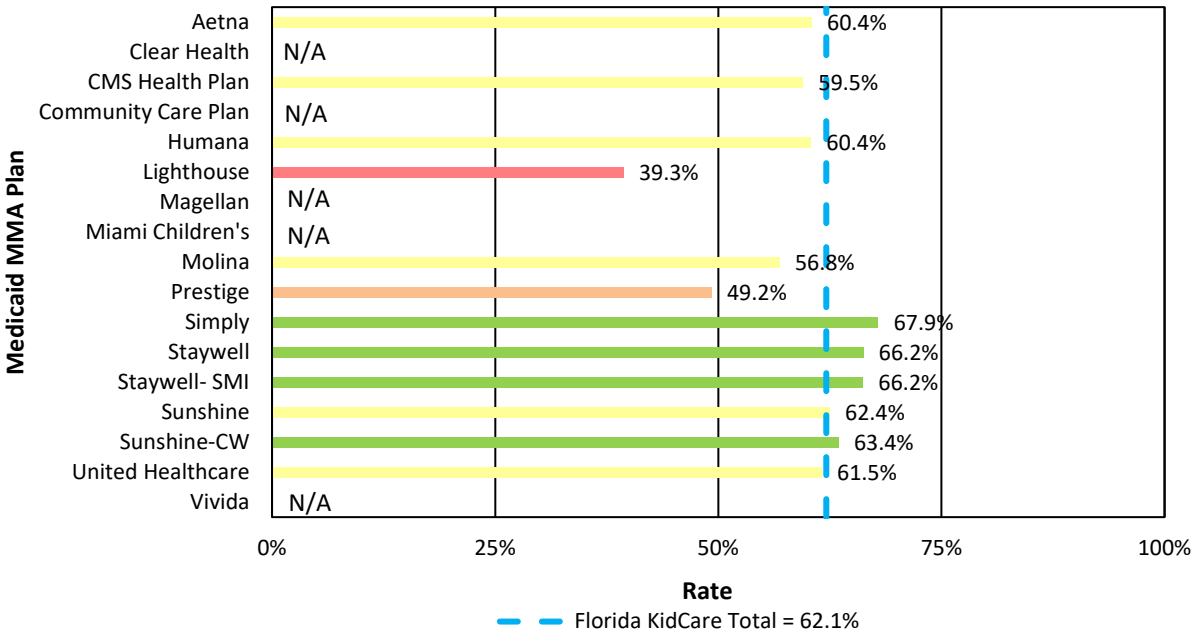
Note. This legend applies to **Figure 123** and **Figure 124.**

Figure 124. Florida Healthy Kids Plan Results for ADD: Initiation Phase, CY 2020



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 ADD: Continuation and Maintenance Phase, CY 2020

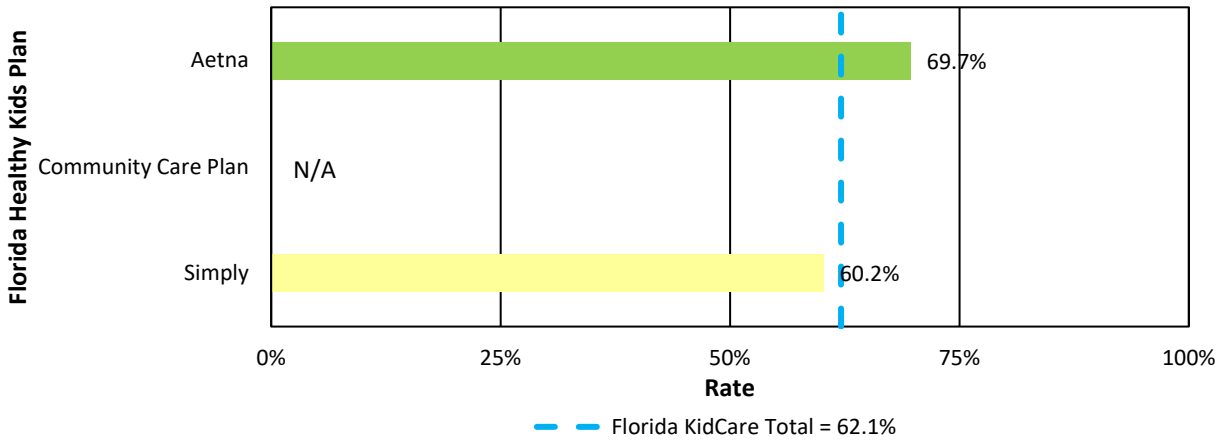


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

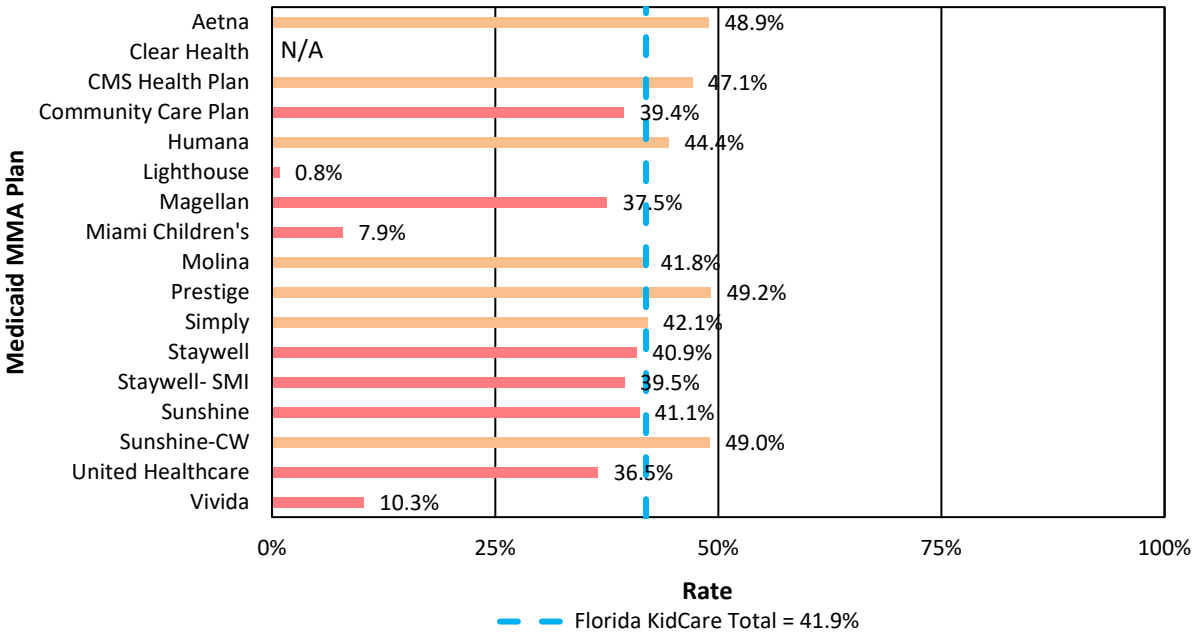
Note. This legend applies to **Figure 125** and **Figure 126**.

Figure 126. Florida Healthy Kids Plan Results for ADD: Continuation and Maintenance Phase, CY 2020



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 Seven Days, CY 2020

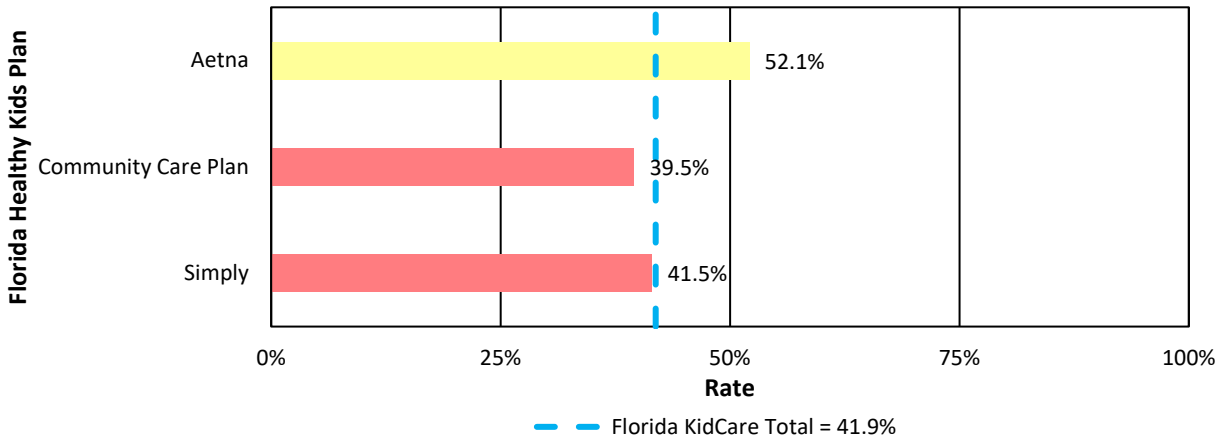


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

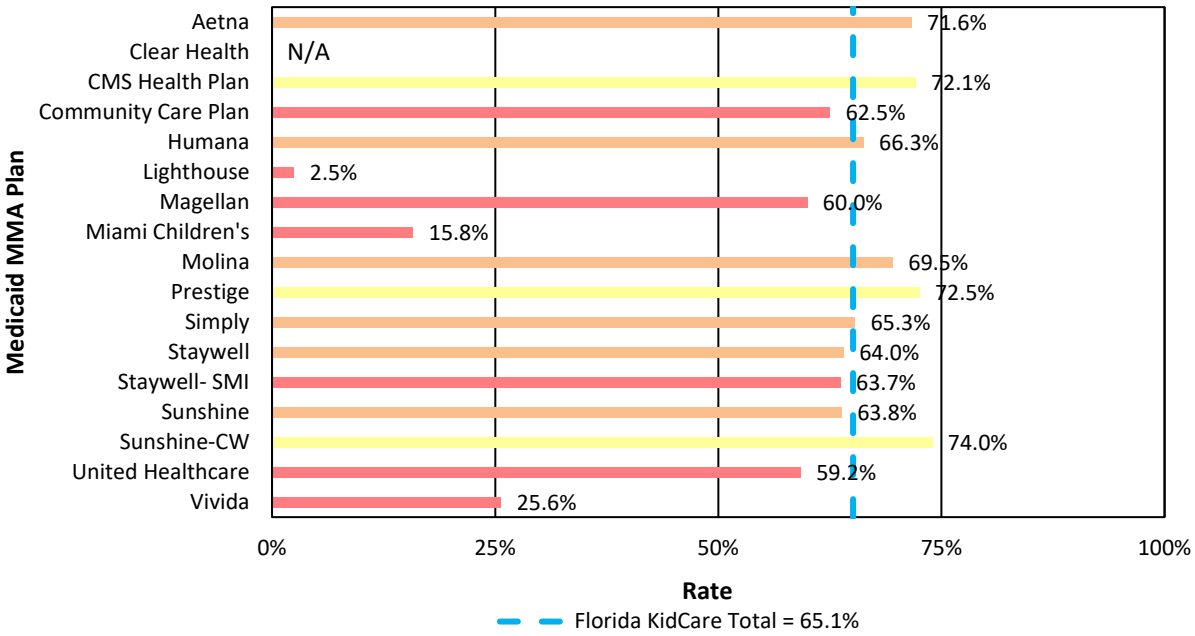
Note. This legend applies to **Figure 127** and **Figure 128**.

Figure 128. Florida Healthy Kids Plan Results for FUH: Follow-Up Visits within Seven Days, CY 2020



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 FUH: Follow-Up Visits within 30 Days, CY 2020

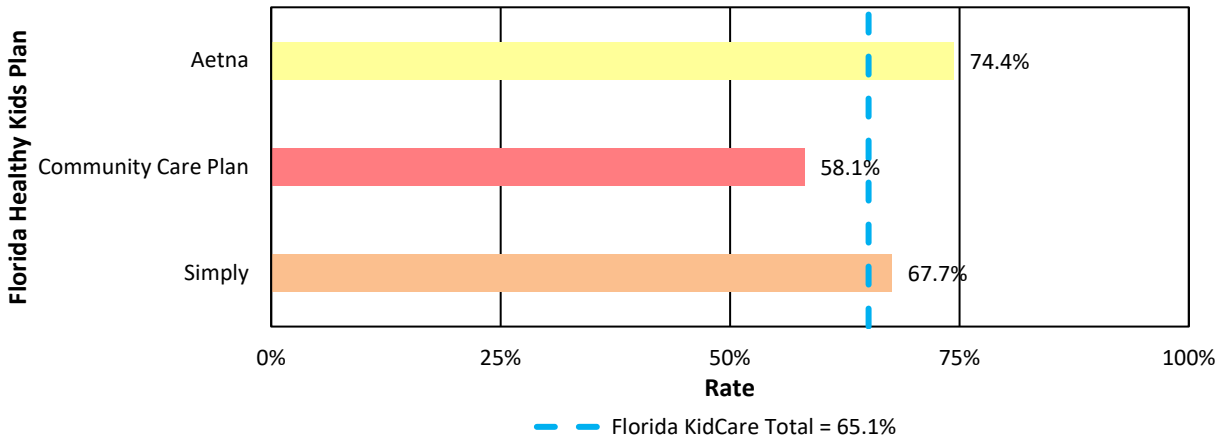


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

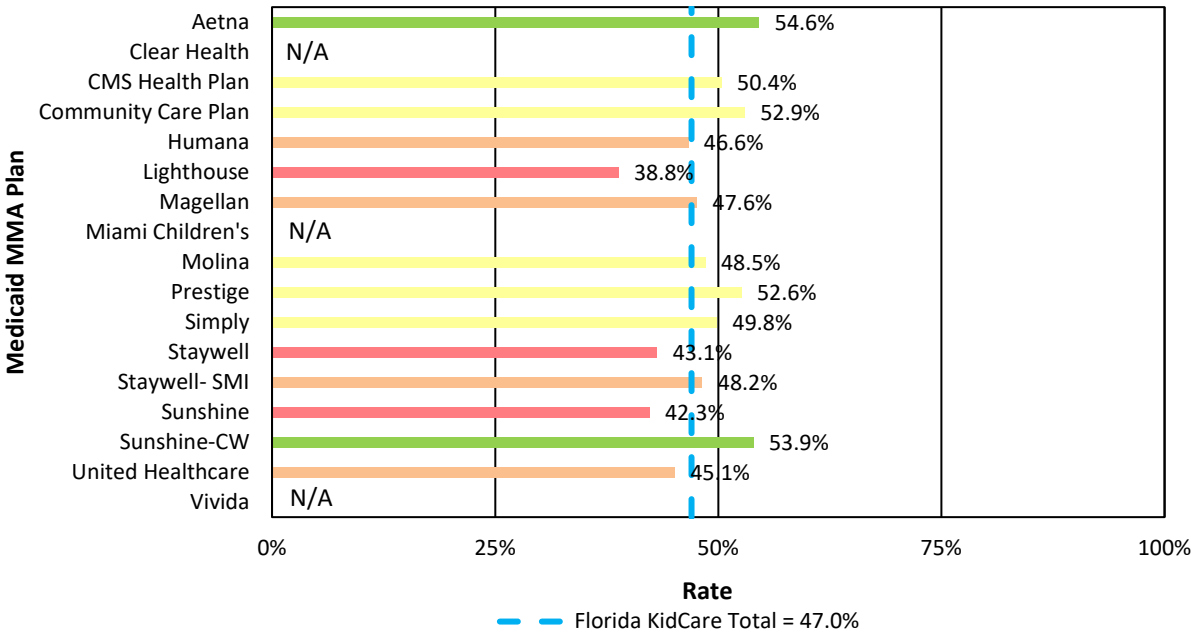
Note. This legend applies to **Figure 129** and **Figure 130**.

Figure 130. Florida Healthy Kids Plan Results for FUH: Follow-Up Visits within 30 Days, CY 2020



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: Blood Glucose Testing, All Ages, CY 2020

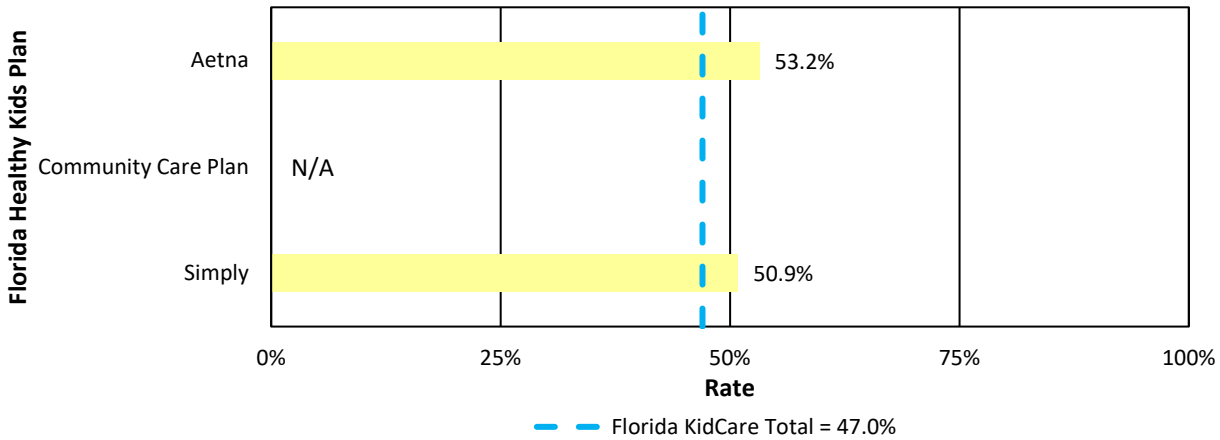


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

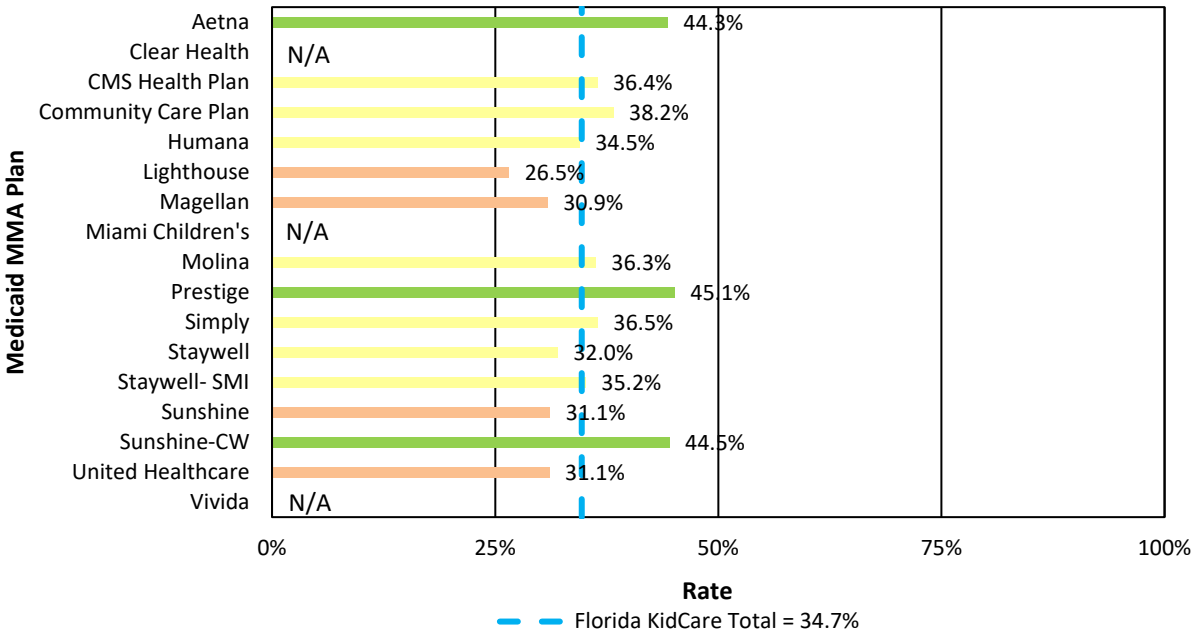
Note. This legend applies to **Figure 131** and **Figure 132**.

Figure 132. Florida Healthy Kids Plan Results for APM: Blood Glucose Testing, All Ages, CY 2020



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: Cholesterol Testing, All Ages, CY 2020

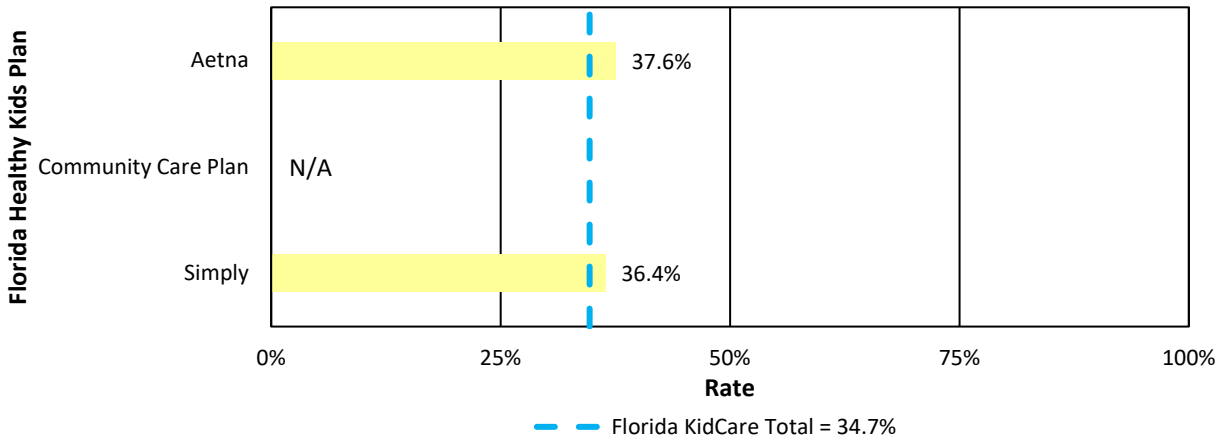


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

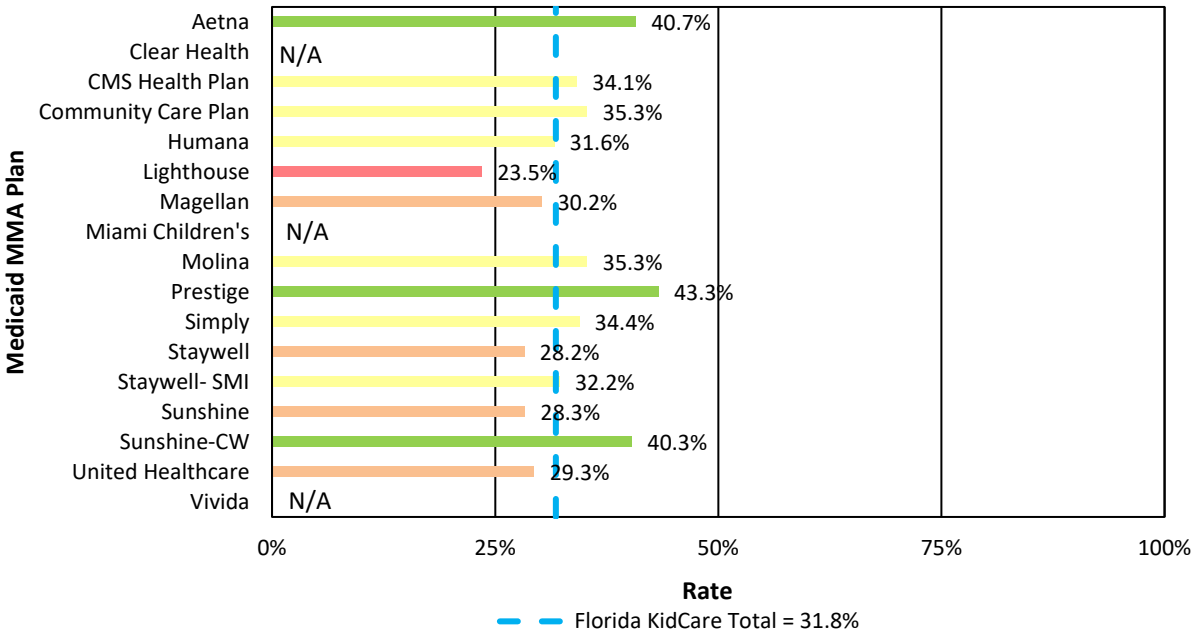
Note. This legend applies to **Figure 133** and **Figure 134**.

Figure 134. Florida Healthy Kids Plan Results for APM: Cholesterol Testing, All Ages, CY 2020



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 APM: Blood Glucose and Cholesterol Testing, All Ages, CY 2020

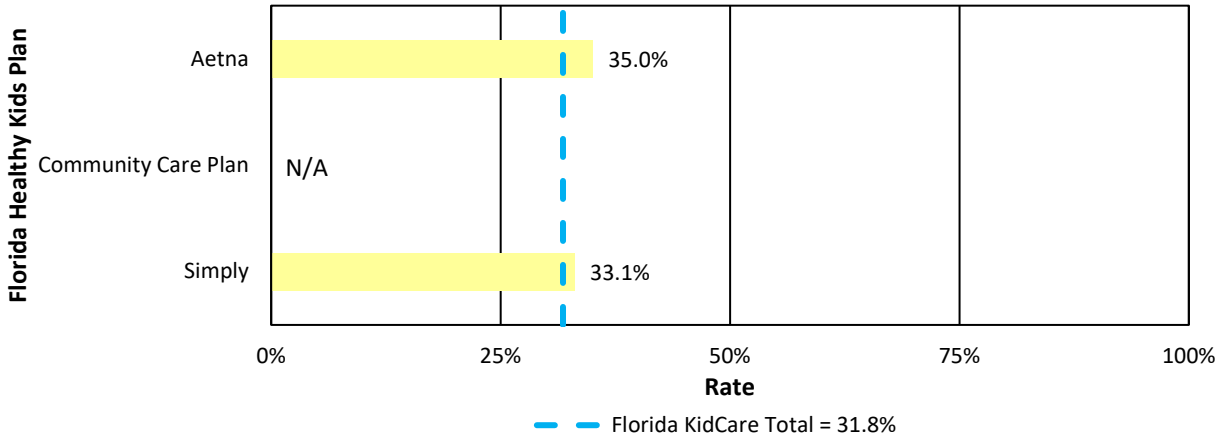


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

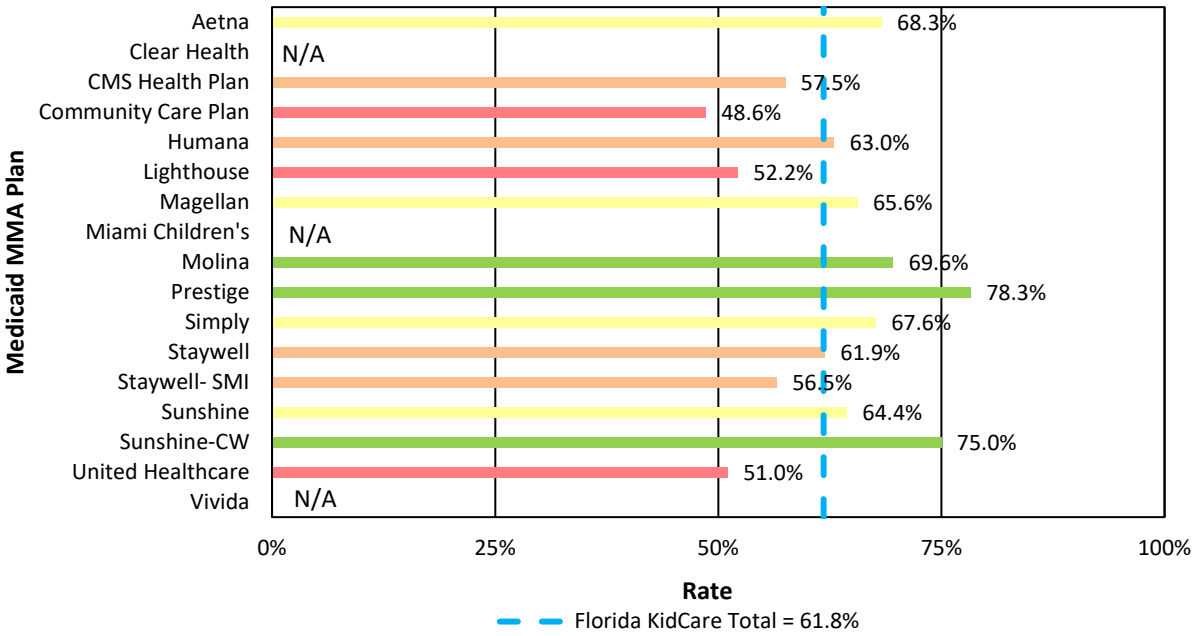
Note. This legend applies to **Figure 135** and **Figure 136**.

Figure 136. Florida Healthy Kids Plan Results for APM: Blood Glucose and Cholesterol Testing, All Ages, CY 2020



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 MMA Plan Results for APP: All Ages, CY 2020

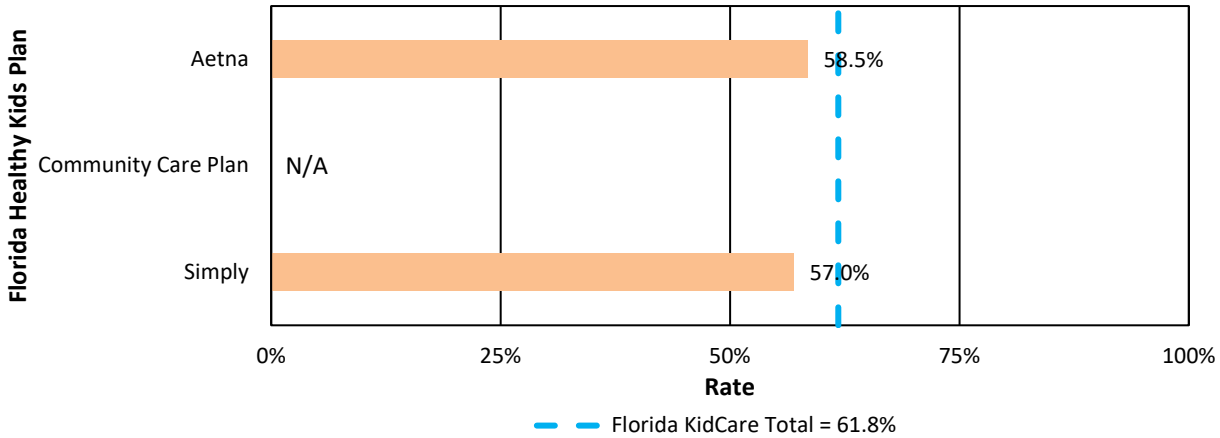


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

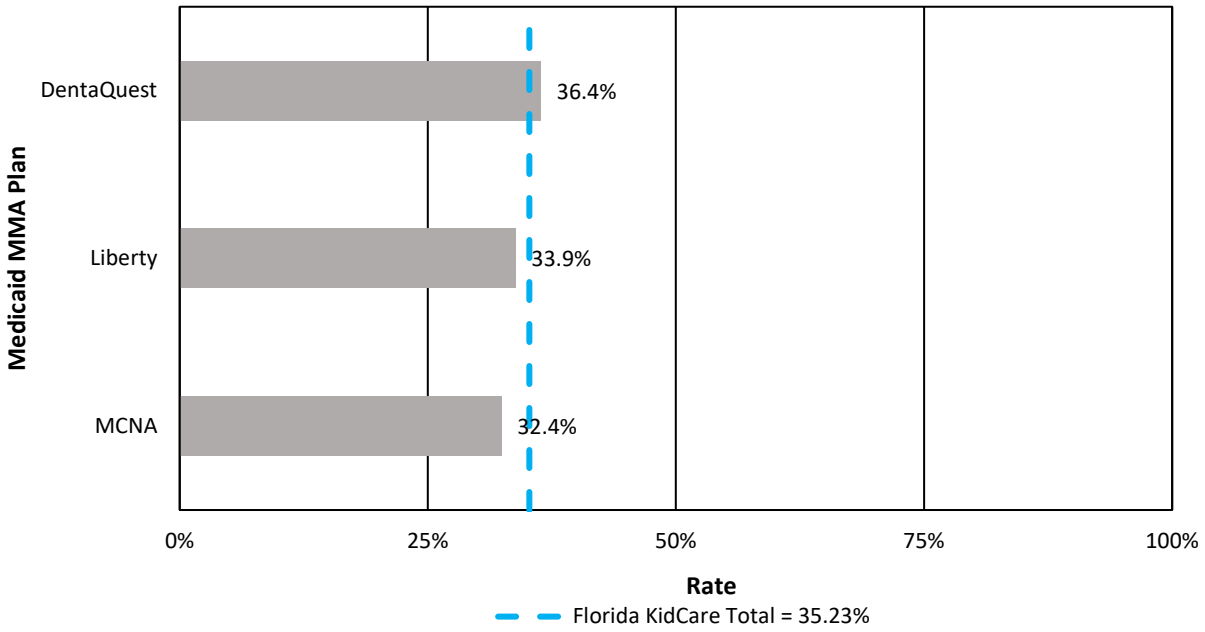
Note. This legend applies to **Figure 137** and **Figure 138**.

Figure 138. Florida Healthy Kids Plan Results for APP: All Ages, CY 2020



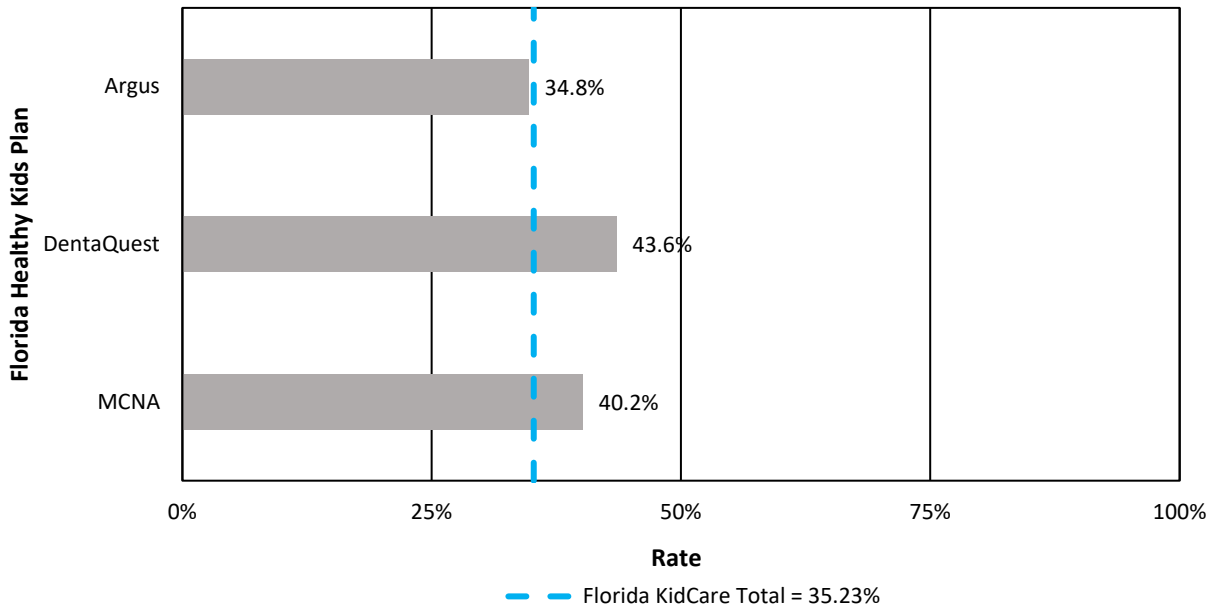
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 139. Medicaid MMA Plan Results for PDENT, FFY 2020



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

Figure 140. Florida Healthy Kids Plan Results for PDENT, FFY 2020



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.