



The Florida KidCare Program Evaluation

Calendar Year 2021

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Executive Summary

In This Section

- Introduction to Florida KidCare
- Program Administration
- Family Experiences
- Quality of Care
- Conclusions
- Recommendations

Introduction to Florida KidCare

The Florida KidCare program 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. Florida KidCare is the umbrella program for the state'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). Close to three 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 has 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 (IHP) at the University of Florida prepares and submits this report to the Agency for Health Care Administration (AHCA). Upon approval by AHCA, 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 AHCA.

Findings

In Calendar Year (CY) 2021, a total of 1,209,660 applications for Florida KidCare coverage were processed by both organizations, representing a total of 1,160,883 applicants. Of these processed applications, 624,359 children, or 54%, were approved in CY 2021. Of the children not approved for coverage, most (51%) were denied because they did not meet the Medicaid program eligibility criteria. On the heels of a 10% increase in enrollment in CY 2020, Florida KidCare saw an additional 4.3% increase in CY 2021. This was due to a nearly six percent increase in Medicaid, a 25% increase for CHIP-funded Medicaid enrollment, and a 12% increase in the Florida Healthy Kids Full-Pay program. The CY 2021 renewal rates were impacted by a continuous 12 months of the federal public health emergency wherein traditional renewals were not required. This resulted in renewal rates higher than CY 2020, at 94.6% for CHIP and 99.5% for Medicaid. For state fiscal year 2022-2023, total CHIP expenditures are forecasted to approach close to one billion dollars despite projected decreases in enrollment.

Family Experiences

Methodology

An assessment of family experiences was conducted through the 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 13 Medicaid Managed Medical Assistance (MMA) plans, as some plans used a combination of mail, telephone, and internet methodology and others did not. Data from these plan-conducted surveys were provided to ICHP by AHCA and surveys for MediKids, Florida Healthy Kids, CHIP CMS Health Plan, and Medicaid Fee-For-Service (FFS) were conducted by ICHP. For both Florida Healthy Kids and MediKids, full-pay program members were excluded. The surveys utilized multiple types of questions to assess family experiences with access and timeliness of care, providers, and health plans/programs. Comparisons were made to the 2022 Medicaid health maintenance organization results submitted through Healthcare Effectiveness Data and Information Set (HEDIS®) submissions to the National Committee for Quality Assurance (NCQA); although, as those 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 7,230 complete and eligible telephone, internet, and mail surveys were conducted in 2022. Though none of the program rates fell within the 75th HEDIS benchmark percentile, a third of the rates across all Florida KidCare programs were within the 50-74.9th percentile. Most Florida KidCare programs were in the 50-74.9th HEDIS benchmark percentile for rating all of their health care a “9” or “10” while the Medicaid MMA program component also fell within that percentile for all of the rating questions. MediKids demonstrated the greatest improvements from the year prior, improving five out of 13 times in which a reportable rate was available both years. However, NCQA has cautioned about relying too heavily on year-to-year comparisons, as more recent CAHPS data may be prone to member response bias and low response rates due to the ongoing coronavirus disease 2019 (COVID-19) pandemic (NCQA, 2020a). When instead considering the 2022 data as part of the five-year look-back period, the 2022 overall Florida KidCare rates were within the range of the trending data 67% of the time. Several individual program components had their second-highest trending rates in 2022, including the overall Florida KidCare rates for three of the five Children with Chronic Conditions (CCC) question set items.

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 HEDIS measures, rates were calculated by ICHP for Medicaid FFS, MediKids, and CHIP CMS Health Plan. Rates were also calculated by 14 Medicaid MMA plans and three Florida Healthy Kids medical plans, as well as corresponding dental plans for each, 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 for immunization data through the Florida Department of Health (DOH) Florida State Health Online Tracking System (Florida SHOTS™). Most measures required use of administrative methodology, though for five measures in the child-focused Core Set, a hybrid option is available as a

way 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 a hybrid methodology to calculate the CY 2021 performance measures. As with the CAHPS survey results, all HEDIS rates were compared to the 2022 Medicaid health maintenance organization results reported to NCQA; therefore, only benchmark percentiles are used to demonstrate national comparisons.

Findings

When comparing the CY 2021 rates to the national benchmarks, nearly all of the Florida KidCare programs fell mostly within the top 50th HEDIS benchmark percentile when the measure was applicable and the rate surpassed the small denominator reporting criteria. For MediKids, all eight CY 2021 rates meeting these criteria were either in the 75th percentile or the 50-74.9th and Florida Healthy Kids had two-thirds of its applicable, reportable rates in the top 50th percentile. The Florida Healthy Kids rates for two of the three Weight Assessment for Children (WCC) sub-measures dropped by nearly 10 percentage points each from the year prior, as did the Medicaid MMA rates for both Follow-Up After Hospitalization for Mental Illness (FUH) sub-measures. The only maternal and perinatal health sub-measure to increase from the previous year, Contraceptive Care (CCW): Most and Moderately Effective, had an increase of less than one percentage point. There were also notable improvements in CY 2021, with the Medicaid FFS program component increasing its rate for the Follow-Up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase sub-measure by 14 percentage points from CY 2020. In addition, all programs improved upon or maintained rates from the year prior for all three Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) sub-measures, the Screening for Depression and Follow-Up Plan (CDF) measure, and the Developmental Screening in the First Three Years of Life (DEV): All Ages sub-measure.

Conclusions

In CY 2021, Florida KidCare served nearly three million children, 12% of whom were new enrollees. CHIP enrollment experienced a drop for the second consecutive year, except for Florida Healthy Kids Full Pay. MediKids enrollment decreased by over 40% and CHIP CMS Health Plan enrollment fell by 22% from the year prior. Due to the ongoing public health emergency due to COVID-19, members did not lose Medicaid coverage, which drove the high renewal rates for CY 2021.

Comparisons of the CAHPS survey data from the health plans/programs under Florida KidCare were made with national data and revealed mixed performances across the board. Most plans/programs did best in the rating questions, with Medicaid MMA falling in the top 50th HEDIS benchmark percentile for all four questions and the Florida KidCare rates for two of the four rating questions falling in the same percentile. When reviewing the 2022 rates within the context of the five-year trending data, this year's rates are within the range of what has been reported previously though there is always room for improvement, as discussed in the next subsection. The statewide performance on themes like all health care and the CCC items indicate that families continue to report positive experiences with Florida KidCare.

While performance measure outcomes were largely positive in CY 2021, a few notable improvements were observed within specific domains. From the year prior, the Medicaid FFS rate improved for all of the acute and chronic conditions sub-measures and in 75% of the behavioral health sub-measures analyzed both years. Florida Healthy Kids improved from the prior year in two-thirds of the acute and chronic conditions sub-measures and the CHIP CMS Health Plan improved in 82% of the primary care access and preventive care sub-measures. One of those sub-measures was especially high-performing

for CHIP CMS Health Plan: The CY 2021 rate for DEV: All Ages was a nearly nine percentage point increase. This improvement is noteworthy as this was a hybrid measure wherein the CY 2021 denominator was lower than the prior year (74 compared to 101), yet the rate of compliance with measure specifications was higher.

Recommendations

The way that patients interact with health care—and the world around them—has changed. Patients can be tech-savvy, informed health care consumers and when metrics show lagging rates or unsatisfactory performance, careful thought must be given to how the system can be adapted to meet these consumers where they are now. Ways of implementing self-scheduling, text message-based follow-up visit reminders (Bauer et al. 2021; Wolff et al., 2016), or other ways to increase compliance with follow-up care, especially for pediatric behavioral health care, should be examined. In addition, creative alternatives, such as focus groups or participatory research projects to enhance community engagement, should be sought out in order to identify what changes members would like to see, as survey results often leave out important information that more in-depth modalities may capture (Schwarz et al., 2000; Manalili et al., 2021).

Despite challenges to the health care system as a result of the pandemic, some changes have already happened that may have a positive impact on Florida KidCare members. The extension of continuous postpartum coverage from the prior standard of 60 days to the new term of one year following the birth of the child is a much-needed step toward improving maternal and perinatal health outcomes in the state. Ensuring that mothers can care for themselves alongside their babies is an excellent step toward ensuring quality health care for all Floridians, big and small.

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. At the end of Calendar Year (CY) 2021, nearly three million children received care from Florida KidCare, with eligibility determined by age, medical necessity, and family income. Nationally, over 40 million children were enrolled in CHIP and Medicaid at the end of CY 2021 (Centers for Medicare & Medicaid Services, 2022b).

Reporting on uninsurance among children, both before and since the onset of the coronavirus disease 2019 (COVID-19) pandemic, has found that Florida's rate of uninsured children has remained higher than the national average. An estimated 8% of Florida children were uninsured before the pandemic, compared to an estimated 6% of children nationally (Alker & Corcoran, 2020). According to the most recent estimates from the United States (U.S.) Census Bureau's American Community Survey, which offers a more in-depth breakdown of topics not covered by the decennial census, the uninsured rate estimates are now slightly lower for both- at 7% for children in Florida and 5% for children nationwide- though the disparity between the state and national rate remains the same at two percentage points (U.S. Census Bureau, 2022a). Additional data from the Bureau's American Community Survey (2022b, 2022c) estimates that 41% of Florida children under the age of 19 were insured through Medicaid or CHIP coverage while 44% were covered through employer-sponsored insurance. The national rates for public insurance coverage (39%) nearly mirrored Florida, though employer-sponsored rates were higher at 53% (U.S. Census Bureau, 2022b, 2022c).

Routine access to health care, for sick and wellness visits both, is important for children to ensure that they are developing adequately and that, if needed, medical or behavioral intervention can address any problems that may occur. However, 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 reiterate what many families already know: When children lack access to health care, the subsequent disadvantages can impact them for years beyond childhood.

Program Structure

Florida KidCare is the umbrella program for Florida's Medicaid and CHIP programs. Assignment to a particular program is determined by the child's age, health status, and family income. With the exception of Medicaid, Florida KidCare is not an entitlement program, which means that enrollment can be limited based on available funding. With the exception of Native American enrollees, CHIP participants contribute to the costs of their monthly family premiums.

Florida KidCare consists of four program components:

Medicaid

Medicaid is the health care program for children from families whose incomes fall below the income thresholds for CHIP coverage. Florida KidCare Medicaid recipients must be under 19 years of age. Families that are eligible for Medicaid coverage do not pay a monthly family premium. Unless families select the managed care plan they want for their children, they will be assigned to a plan and have 120

days to choose a different plan in their region. The Agency for Health Care Administration (AHCA) contracts with an enrollment broker to assist families in making this decision. Health services and benefits are provided through the Medicaid Managed Medical Assistance (MMA) plans, dental plans, and Fee-For-Service (FFS) providers. As 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 U.S. non-citizens

Midway through CY 2020, Florida Healthy Kids full-pay coverage per member was changed to cost a monthly rate of \$243.50 with dental coverage or \$228.50 without dental coverage. MediKids full-pay members paid a monthly premium of \$187.96 per child, which included dental coverage. In December 2021, this rose to \$210.18 per month. 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 2021, two Medicaid MMA plans, Lighthouse Health Plan and Miami Children's Health Plan, ended operations and merged with Simply Health Plan. Effective October 2021, Staywell, including the Serious Mental Illness plan, merged with Sunshine Health. This has resulted in a Sunshine-SMI plan alongside the other iterations of this Medicaid health plan. Other 2021 Medicaid MMA plan changes include Molina's acquisition of Magellan and Prestige changing its name to AmeriHealth Caritas Florida.

Postpartum continuous coverage for Florida KidCare members was extended from 60 days postpartum to 12 months. While the Centers for Medicare & Medicaid Services (CMS) approval was granted in CY 2022, the statutory approval by the state was already in place in mid-CY 2021 for Medicaid enrollees, potentially impacting some of the data in this report. Approval for CHIP enrollees took effect July 1, 2022, and is to be continued through the end of the approved Medicaid demonstration project period (June 30, 2030) unless otherwise amended (Centers for Medicare & Medicaid Services, 2022a).

COVID-19 Impact

The 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 through CY 2021. 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 original application submission date. This was put in place to allow applicants more time to gather and submit necessary documentation (AHCA, 2020). If approved, coverage was retroactive to the first of the month in which the initial application was received (AHCA, 2020).

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 2021, a family of four must have had an annual income equal to or less than \$35,245.

Table 1. Federal Poverty Level for a Family of Four

Income as a % of FPL	2017	2018	2019	2020	2021
100%	\$24,600	\$25,100	\$25,750	\$26,200	\$26,500
133%	\$32,718	\$33,383	\$34,248	\$34,846	\$35,245
140%	\$34,440	\$35,140	\$36,050	\$36,680	\$37,100
206%	\$50,676	\$51,706	\$53,045	\$53,972	\$54,590
210%	\$51,660	\$52,710	\$54,075	\$55,020	\$55,650

Table 2. Florida KidCare Program Eligibility, CY 2021

Program/ Component		Agency Roles	Age	Eligibility	Monthly Premiums	Health Care Plan Coverage	Dental Plan Coverage
Title XIX	Medicaid	Administration: Agency for Health Care Administration	Under 19 years of age	Infants: Up to 206% FPL	No premiums	Medicaid health plans	Medicaid dental plans
		Eligibility: Department of Children and Families		Children Ages: 1-5: up to 140% FPL 6-18: up to 133% FPL ^a			
Title XXI- CHIP	MediKids	Administration: Agency for Health Care Administration	1-4	Uninsured- Above 133% up to 210% FPL	\$15 or \$20/family	Medicaid health plans, with the exception of CMS Health Plan ^b	Medicaid dental plans
		Eligibility: Florida Healthy Kids Corporation			Full Pay: \$210.18/child		
	Florida Healthy Kids	Administration: Florida Healthy Kids Corporation	5-18	Uninsured- Above 133% up to 210% FPL	\$15 or \$20/family	Florida Healthy Kids health plans	Florida Healthy Kids dental plans
		Eligibility: Florida Healthy Kids Corporation			Full Pay: • \$243.50/child with dental • \$228.50/child, no dental		
	Children's Medical Services (CMS) Health Plan	Administration: Department of Health	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
		Eligibility: Florida Healthy Kids Corporation ^c					

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.

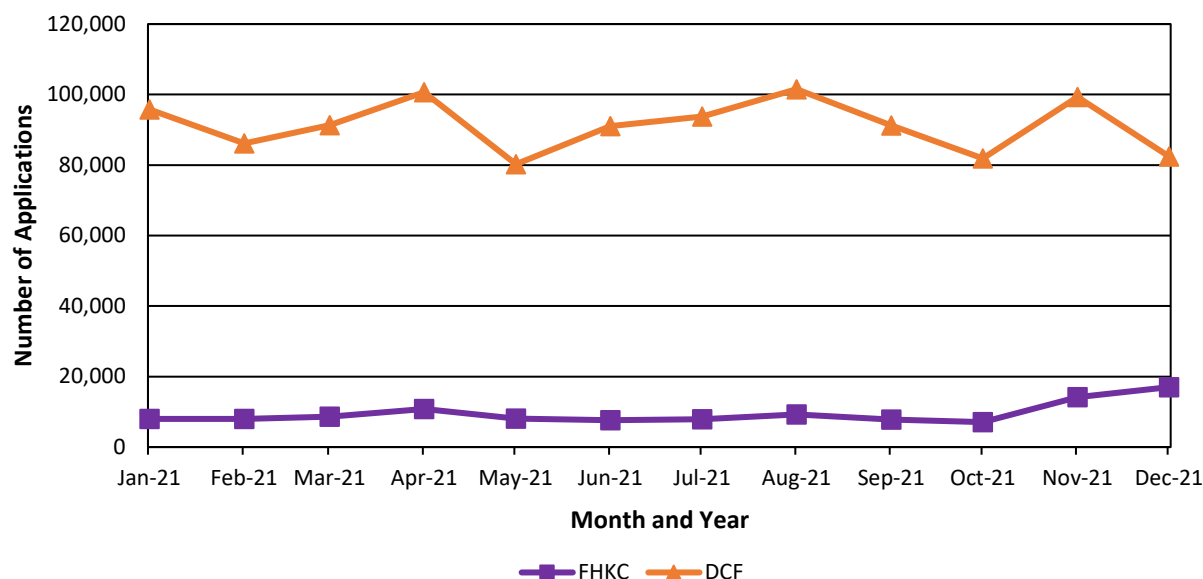
In Calendar Year (CY) 2021, FHKC received a total of 114,348 applications, which contained processable information on 168,022 children, and DCF received a total of 1,095,312 applications, which contained processable information on 992,861 children.

For families applying for Florida KidCare coverage through FHKC in CY 2021, the average age of applicants was 9.64 years, the average monthly income was \$4,365, and the average household size was 3.58 persons. For families applying for Florida KidCare coverage through DCF, the average age of applicants was 9.00 years, the average monthly income of families applying for Florida KidCare coverage was \$4,522, and the average household size was 3.95 persons.

Figure 1 displays the number of Florida KidCare applications received monthly by the FHKC and DCF for CY 2021. The highest amount of applications received in a single month was 101,526 applications in August for DCF and 17,008 applications received by FHKC in December.

Additional CY 2021 application data per month is available in **Appendix C: Additional Data Charts**.

Figure 1. Florida KidCare Monthly Applications Received by FHKC and DCF, CY 2021



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, including the Behavioral Health Network (BNet), 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. The average processing time was 12.7 days for approved applicants referred to DCF and 37.42 days for applicants not referred to DCF and later enrolled in a different Florida KidCare program component.

Table 3 presents the number of applications for Florida KidCare during CY 2021 sent directly to either FHKC or DCF. A total of 1,209,660 applications were processed by FHKC and DCF, which represented 1,160,883 applicants. Of the applicants processed, 624,359 children were approved, yielding a 53.8% approval rate.

Table 3. Florida KidCare Applications Processed by FHKC and DCF, CY 2021

CY 2021 Application Totals	FHKC Total	DCF Total	FHKC and DCF Total
Applications	114,348	1,095,312	1,209,660
Children on Applications	168,022	992,861	1,160,883
Approved Children: All Florida KidCare	80,858	543,501	624,359

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.

Figure 2. Approved Children Processed by FHKC and DCF by Florida KidCare Program Component, CY 2021

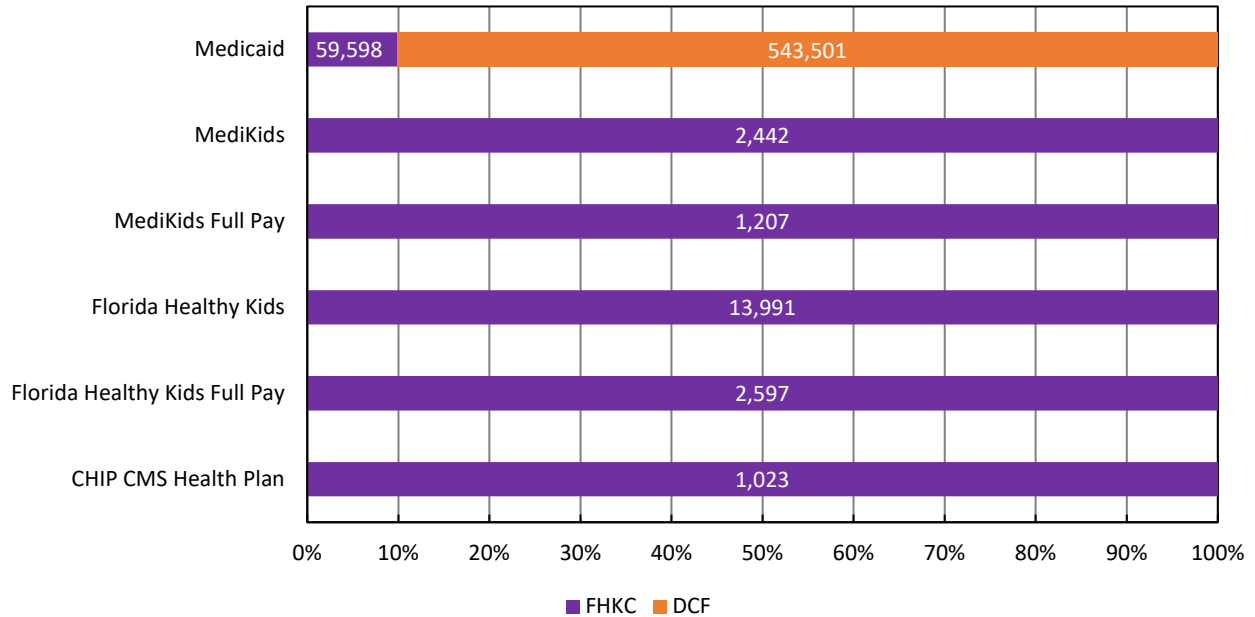


Table 4 displays the reasons why children were ineligible for Florida KidCare coverage. CHIP denial data comes from FHKC, and Medicaid denial data comes from DCF. The DCF data were sorted into 16 categorical themes. As several of these themes were closely related, they were blended into eight overall categories. The data from FHKC fell within 10 themes, which were consolidated into five 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:

- 299,904 were denied because one or more household members did not meet either the eligibility, disability, or Medicaid need requirements
- 135,285 were not in compliance for, or did not provide the required materials, payment and/or failed to complete, one or more steps in the application process
- 70,031 were either enrolled in, eligible for, or referred to another insurance program

- 42,702 were not eligible because either the United States (U.S.) citizenship or Florida residency requirement was not met
- 22,452 were either incarcerated, involved in a legal matter, or had a law violation, including a parental custody issue
- 13,379 were ineligible due to age
- 3,286 were ineligible due to income

Table 4. Reasons for Denial from Florida KidCare, CY 2021

Reasons for Denial of Coverage	Medicaid Total	CHIP Total	Florida KidCare Total
Eligibility/Disability/Medicaid need unmet	299,904	N/A	299,904
Noncompliance or incomplete application/payment/requirements	76,499	58,786	135,285
Enrolled in/eligible for/referred to other insurance program	1,333	68,698	70,031
Citizenship or residency requirement not met	41,897	805	42,702
Law violation/legal matter	22,448	4	22,452
Age	27	13,352	13,379
Other	3,709	0	3,709
Income	3,286	0	3,286
Total	449,103	141,645	590,748

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Enrollment

In CY 2021, enrollment in Florida’s Medicaid program increased while the CHIP program decreased. Provided by AHCA, monthly enrollment data compiled from 2015 to 2019 showed enrollment in Medicaid declining by 7% over this time frame. However, from 2019 to 2021, there was an increase of 15% in total Florida KidCare enrollment, largely driven by increased Medicaid enrollment. National enrollment trends, impacted by the ongoing coronavirus disease 2019 (COVID-19) pandemic, have followed a similar trajectory with an increase of 14% from February 2020 and December 2021. This increase was across the board for child Medicaid but 16 states, including Florida, have experienced decreased CHIP enrollment (Corallo & Moreno, 2022).

Table 5 presents the point-in-time enrollment figures for the number of children enrolled on a specific date in CY 2020 and CY 2021 and the percent growth during those time frames. This table shows program-specific enrollment breakdowns, as well as the overall program component totals that are factored into the Florida KidCare Total rate.

- At the end of CY 2021, 2,653,947 children were enrolled in the Florida KidCare program. This was an increase of 4% from the previous year.
- The overall increase for Florida KidCare enrollment was due to the increases in both the Medicaid and CHIP-funded Medicaid enrollment, where there were increases of 5.6% and 24.7%, respectively.
- All subsidized CHIP program components saw a decrease from December 2020 to December 2021, with MediKids having the biggest drop at nearly 50%.
- The Florida Healthy Kids Full Pay program component experienced an increase of 12%, marking five consecutive years of increased enrollment.

Table 5. Point-in-time Enrollment Figures for the Last Day of CY 2020 and CY 2021

	CY 2020- CY 2021		
	Enrollment Dec. 31, 2020	Enrollment Dec. 31, 2021	% Change 2020-2021
Florida Healthy Kids	150,600	112,897	-25.04%
Florida Healthy Kids Full Pay	19,422	21,707	11.77%
Florida Healthy Kids Total	170,022	134,604	-20.83%
MediKids	19,243	10,092	-47.55%
MediKids Full Pay	6,841	5,135	-24.94%
MediKids Total	26,084	15,227	-41.62%
CHIP CMS Health Plan	12,018	9,345	-22.24%
CHIP-funded enrollment CHIP Total ^a	181,861	132,334	-27.23%
Medicaid Infants < Age 1	1,412	2,010	42.35%
Medicaid Children Ages 6-18	137,368	171,104	24.56%
CHIP-Funded Medicaid Total	138,780	173,114	24.74%
Total CHIP-funded enrollment ^b	320,641	305,448	-4.74%
Medicaid for Children	2,197,645	2,321,657	5.64%
Florida KidCare Total	2,544,549	2,653,947	4.30%

^a This total excludes Medicaid members and considers only subsidized MediKids, Florida Healthy Kids, and CHIP CMS Health Plan members.

^b Total CHIP-funded enrollment includes CHIP-funded Medicaid for Infants <Age 1 and Children Ages 6-18.

Enrollment Trends

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

Figure 3. Florida KidCare Enrollment for Medicaid, CHIP, and Florida KidCare, CY 2017-2021

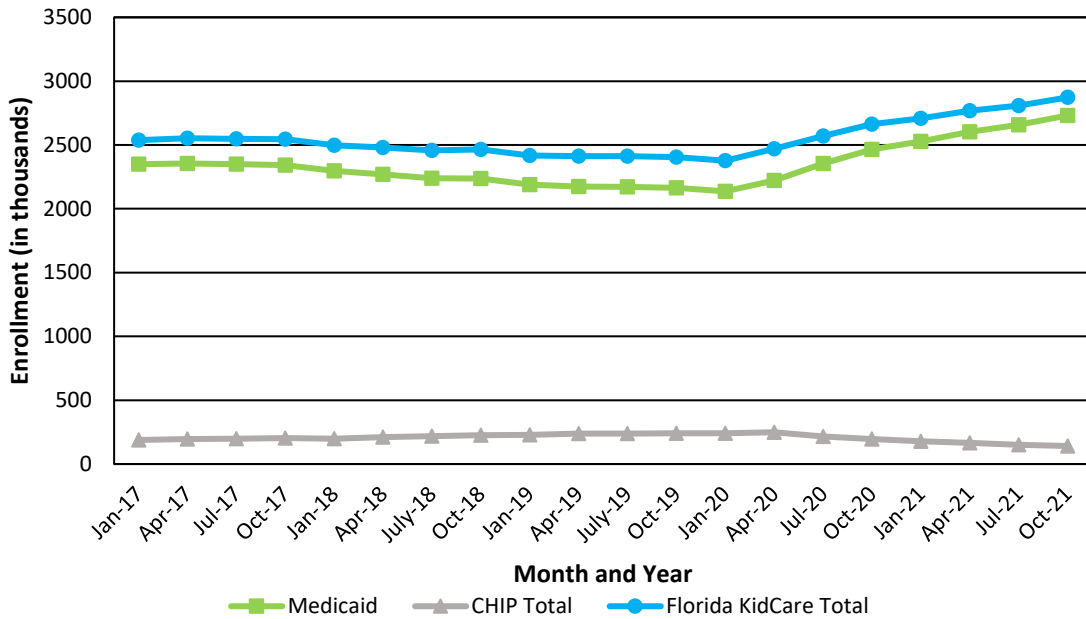
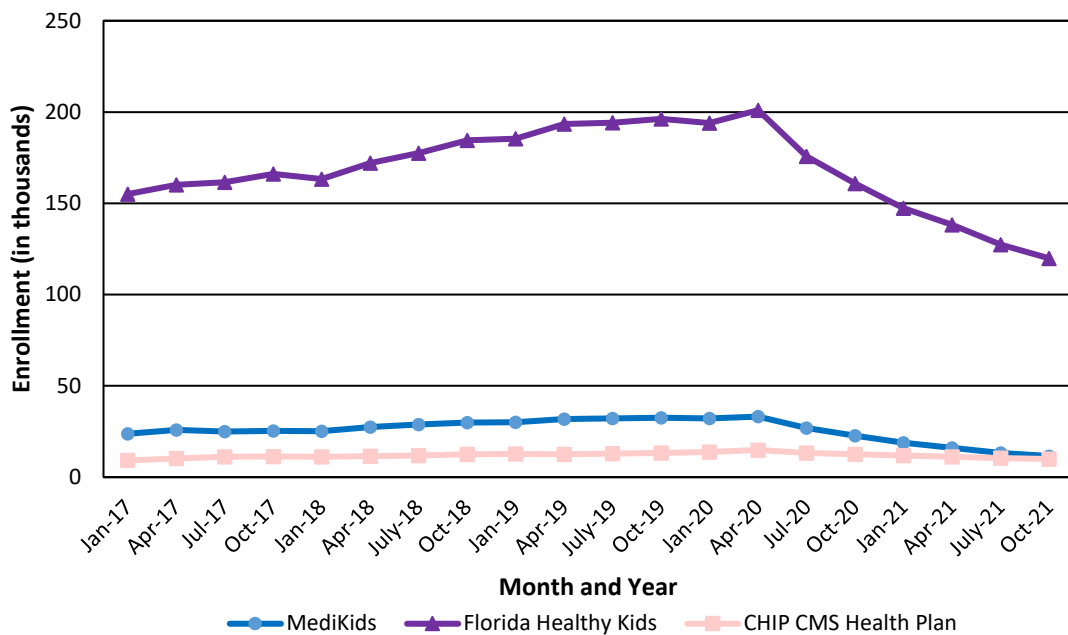


Figure 4. Florida KidCare Enrollment for CHIP Program Components, CY 2017-2021



Ever Enrolled and Newly Enrolled

Table 6 provides another perspective on the number of children enrolled in Florida KidCare during CY 2021. 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 2021 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 2,820,539 children in CY 2021. Of those children, 11% had not been served by Medicaid in the year prior to their enrollment in CY 2021.
- Of the 218,733 children served by the Florida KidCare CHIP program during CY 2021, 33,687 (15%) had not been covered by CHIP programs in the year prior to their enrollment in CY 2021.
- Across all subsidized program components, MediKids had the highest percentage of new enrollees, with 21.2% of members being new enrollees in CY 2021.
- When reviewing only full pay members, these numbers are higher: Roughly one-third of all MediKids Full Pay members were new enrollees in CY 2021 and for Florida Healthy Kids Full Pay, the rate was 42%.

Table 6. Children “Ever” and “Newly” Enrolled in Florida KidCare Program Components, CY 2021

CY 2021			
	Ever Enrolled ^a	Newly Enrolled ^b	Percent New Enrollees
Florida KidCare Total	3,083,584	371,192	12.0%
Medicaid			
Medicaid	2,820,539	319,899	11.3%
CHIP			
MediKids	24,743	5,255	21.2%
Florida Healthy Kids	179,754	26,225	14.6%
CHIP CMS Health Plan	14,236	2,207	15.5%
Total CHIP	218,733	33,687	15.4%
Full Pay			
MediKids Full Pay	10,319	3,507	34.0%
Florida Healthy Kids Full Pay	33,993	14,099	41.5%
Total Full Pay	44,312	17,606	39.7%

^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 2021 renewal rates for Florida KidCare, CHIP, and Medicaid coverage are displayed in **Table 7**. During this time period, 94.6% and 99.5% of eligible children had CHIP or Medicaid coverage renewed, respectively, resulting in an overall Florida KidCare renewal rate of 98.7%.

Table 7. Successful Renewal of Florida KidCare Coverage, CY 2021

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 2021- Medicaid	60,777	60,007	98.7%
January 2021- CHIP	12,806	12,143	94.8%
February 2021- Medicaid	63,652	63,436	99.7%
February 2021- CHIP	14,280	13,477	94.4%
March 2021- Medicaid	65,505	65,199	99.5%
March 2021- CHIP	12,843	12,132	94.5%
April 2021- Medicaid	71,955	71,651	99.6%
April 2021- CHIP	12,214	11,602	95.0%
May 2021- Medicaid	39,079	38,954	99.7%
May 2021- CHIP	9,485	8,782	92.6%
June 2021- Medicaid	27,291	27,202	99.7%
June 2021- CHIP	8,371	7,943	94.9%
July 2021- Medicaid	38,006	37,880	99.7%
July 2021- CHIP	7,899	7,464	94.5%
August 2021- Medicaid	36,758	36,534	99.4%
August 2021- CHIP	8,578	8,168	95.2%
September 2021- Medicaid	38,938	38,833	99.7%
September 2021- CHIP	9,686	9,218	95.2%
October 2021- Medicaid	50,332	50,152	99.6%
October 2021- CHIP	8,169	7,707	94.3%
November 2021- Medicaid	51,861	51,692	99.7%
November 2021- CHIP	8,677	8,186	94.3%
December 2021- Medicaid	96,542	96,106	99.5%
December 2021- CHIP	7,857	7,500	95.5%
Total- Medicaid	640,696	637,646	99.5%
Total- CHIP	120,865	114,322	94.6%
Total- All Florida KidCare	761,561	751,968	98.7%

^a The renewal is considered successful if the member was enrolled in both the renewal month and the following month.

Specific to CHIP renewals, although rates remain fairly steady, the May 2020 rate of 89.3% was the lowest CHIP renewal rate in the past five years. Medicaid renewal rates were much higher from CY 2019, the first year this data was included in this report, with the total Medicaid renewal rate increasing from an average renewal rate of 70.5% in 2019 to 99.5% in 2021. These renewal trends were impacted by the public health emergency. 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, 2022). These conferences include data from AHCA (MediKids), FHKC (Florida Healthy Kids), and the Florida Department of Health (CMS Health Plan and BNet). In addition to representatives from those organizations, professional staff members, also called principals, from the Governor’s Office, Florida Senate, Florida House of Representatives, and the state Legislative Office of Economic and Demographic Research attend as well.

Table 8 contains detail on the actual CHIP administrative costs for State Fiscal Year (SFY) 2021-2022 and budgeted costs for SFY 2022-2023. 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 2021-2022, these costs were \$11.14 per CHIP member per month, with an expected rise to \$14.74 for 2022-2023.

Table 8. Florida KidCare CHIP Administration Costs, SFYs 2021-2023

Program	SFY 2021-2022 Actuals	SFY 2022-2023 Budgeted
Average Monthly Caseload	132,694	124,967
Number of Case Months	1,592,332	1,499,604
Administration Cost per Member Per Month	\$ 11.14	\$ 14.74

Note. Data in this table are from Florida KidCare Estimating Conference Documents, August 4, 2022.

Table 9 presents the per member per month premium rates for the Florida KidCare CHIP programs projected for SFY 2021-2022 and budgeted for 2022-2023. 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 for Florida Healthy Kids medical coverage was roughly \$140 with dental coverage costing \$15, while MediKids coverage cost just under \$180. The per member per month costs for the CMS Health Plan and BNet programs were higher, as these programs typically cover more medically complex members. 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 2021-2023

Program	SFY 2021-2022 Projected	SFY 2022-2023 Budgeted
MediKids	\$ 178.76	\$ 177.49
Florida Healthy Kids- Medical	\$ 138.02	\$ 144.09
Florida Healthy Kids- Dental	\$ 15.27	\$ 14.28
CMS Health Plan	\$ 1,100.31	\$ 1,330.22
BNet	\$ 1,158.14	\$ 1,182.46
Medicaid Infants <1	-	-
Medicaid Children 6-18	\$275.29	\$ 280.04

Note. CHIP-funded Medicaid for Infants <Age 1 and Children Ages 6-18 data are from Social Services Estimating Conferences in January 10, 2022 and August 8, 2022; all other data are from Florida KidCare Estimating Conference Documents, August 4, 2022.

Table 10 presents the actual totals for annual premium amounts collected from CHIP families for SFY 2021-2022 as well as the budgeted amount for SFY 2022-2023. Across all CHIP programs except MediKids, the premium amounts collected by families are expected to decrease in 2022-2023, in keeping with declining CHIP enrollment trends.

Table 10. Premiums Collected from CHIP Families, SFYs 2021-2023

Program	SFY 2021-2022 Actuals	SFY 2022-2023 Budgeted
MediKids	\$ 1,010,735	\$ 1,075,689
Florida Healthy Kids	\$ 16,026,205	\$ 14,776,756
CMS Health Plan	\$ 1,262,894	\$ 1,172,765
Total	\$ 18,299,835	\$ 17,025,210

Note. Data in this table are from Florida KidCare Estimating Conference Documents, August 4, 2022.

Table 11 summarizes the total program costs alongside the federal and state shares for each of the Florida KidCare CHIP program components for SFY 2021-2022 and budgeted for SFY 2022-2023. 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). Those programs are listed for comparison alongside other CHIP programs. The 2021-2022 CHIP program costs were \$926,714,941 and program expenditures for the following SFY are forecasted to approach the one billion mark, coming in at \$978,582,069.

Table 11. Florida KidCare CHIP Expenditures and Revenue Sources, SFYs 2021-2023

Actual SFY 2021-2022 By Program	Expenditures	Family Contributions	Federal Funds	State Funds
CHIP				
MediKids	\$21,363,516	\$1,010,735	\$15,723,126	\$4,629,655
Florida Healthy Kids	\$207,654,591	\$16,026,205	\$148,646,834	\$42,981,552
CMS Health Plan	\$121,171,022	\$1,262,894	\$92,637,727	\$27,270,400
BNet	\$3,673,620	\$0	\$2,837,096	\$836,524
Full-Pay Programs				
MediKids Full Pay	\$21,514,596	\$11,301,886	\$0	\$0
Florida Healthy Kids Full Pay	\$59,378,885	\$59,378,885	\$0	\$0
CHIP-Funded Medicaid				
Medicaid Infants <1	\$0	\$0	\$0	\$0
Medicaid Children 6-18	\$555,121,291	\$0	\$428,685,478	\$126,435,813
Totals				
Total CHIP Services	\$908,984,040	\$18,299,835	\$688,530,261	\$202,153,945
Administration	\$17,730,901	\$2,894,368	\$11,453,591	\$3,382,942
Grand Total	\$926,714,941	\$21,194,203	\$699,983,852	\$205,536,887
Budgeted SFY 2022-2023 By Program	Expenditures	Family Contributions	Federal Funds	State Funds
CHIP				
MediKids	\$21,236,827	\$1,075,689	\$14,826,573	\$5,334,565
Florida Healthy Kids ^a	\$197,069,650	\$14,776,756	\$135,414,075	\$46,878,819
CMS Health Plan	\$135,794,351	\$1,172,765	\$99,558,517	\$35,063,069
BNet	\$3,837,559	\$0	\$2,849,565	\$987,995
Full-Pay Programs				
MediKids Full Pay	\$19,954,214	\$19,954,214	\$0	\$0
Florida Healthy Kids Full Pay	\$61,872,279	\$61,872,279	\$0	\$0
CHIP-Funded Medicaid				
Medicaid Infants <1	\$0	\$0	\$0	\$0
Medicaid Children 6-18	\$598,539,495	\$0	\$445,172,728	\$153,366,768
Totals				
Total CHIP Services	\$956,477,883	\$17,025,210	\$697,821,457	\$241,631,215
Administration	\$22,104,186	\$3,889,668	\$13,493,465	\$4,721,054
Grand Total	\$978,582,069	\$20,914,878	\$711,314,922	\$246,352,269

Note. CHIP-funded Medicaid for Infants <Age 1 and Children Ages 6-18 data are from Social Services Estimating Conferences in January 10, 2022 and August 8, 2022; all other data are from Florida KidCare Estimating Conference Documents, August 4, 2022.

^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, 2022). 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, which provided a 6.2 percentage point increase in the Federal Medical Assistance Percentage (FMAP) rate available to states in response to the COVID-19 pandemic (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 4, 2022, Social Services Estimating Conference.

Table 12. Florida KidCare CHIP Expenditures, SFYs 2017-2023 and FFYs 2018-2023

	Total	State Funds	Federal Funds
SFY			
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	\$816,479,637	\$159,203,323	\$657,276,314
2021-2022	\$802,707,157	\$182,826,589	\$619,880,568
2022-2023	\$938,441,043	\$240,461,441	\$697,979,602
FFY			
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)	\$772,413,054	\$172,170,870	\$600,242,184
2022 (2021-2022)	\$845,227,235	\$193,895,128	\$651,332,108
2023 (2022-2023)	\$1,007,983,994	\$270,946,098	\$737,037,897

Note. Data in this table are from Florida KidCare Estimating Conference Documents, August 4, 2022. 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 2022 and 2023. 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 2018-2023

FFY	Federal Grant	Carry Forward Total
2018 (2017-2018)	\$734,065,064	\$227,141,320
2019 (2018-2019)	\$793,192,228	\$215,749,603
2020 (2019-2020)	\$842,519,926	\$321,170,449
2021 (2020-2021)	\$781,925,791	\$502,854,056
2022 (2021-2022)	\$830,887,335	\$682,409,283
2023 (2022-2023)	\$830,887,335	\$776,258,722

Note. Data in this table are from Centers for Medicare & Medicaid Services Federal Grant Award Letters and Department of Health and Human Services Tracking Accountability in Government Grants System (TAGGS) system website.

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, 2022a). 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, 2022c). 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, 2020). These differences extend to topics such as criteria for completion status, sample sizes, and response rate calculation (AHRQ, 2020).

Methodology

Presented in this section are the results of surveys conducted in 2022 with caregivers of Florida KidCare members. A total of 7,230 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). 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, 2022b). 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. These fluctuations in methodology may account for changes in trending data.

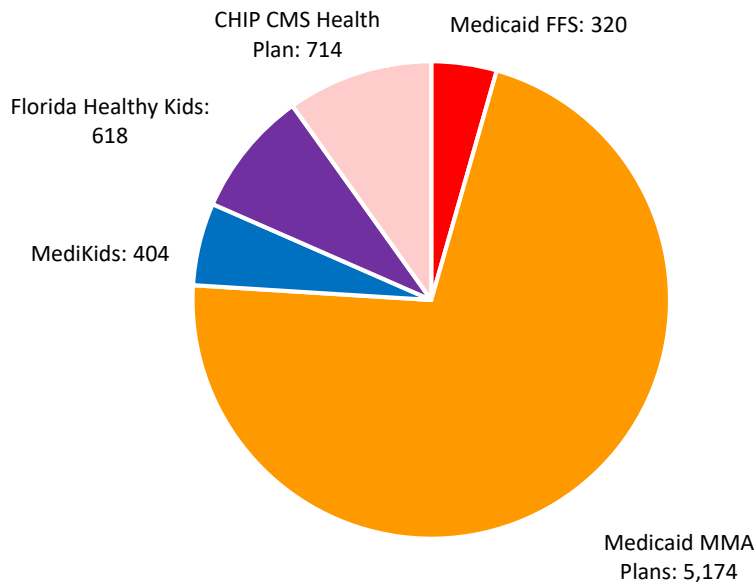
NCQA guidelines state that health plans must achieve a denominator of at least 100 responses (NCQA, 2020c) for rates to be reportable. In the case of a composite, an average of 100 responses across composite items is required to achieve the minimum denominator for reporting. In this report, results below 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 the 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, 2022 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 (63%) identified enrollee race as White, while 23% of enrollees identified as Black or African American. Most enrollees identified as non-Hispanic or Latino (52%), and 55% were male while 45% 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**.

Coordination of Care

When asked about the coordination of the member's health care between providers, more than three-quarters (80%) of Florida KidCare families felt their child's doctor seemed informed and up to date.

Composites

The majority (83%) of Florida KidCare families reported that it was easy to get needed care, and 86% stated that they were able to get that care as soon as needed. Nearly all (93%) families felt that their child's physician communicated well with them, and 88% of families reported positive experiences with the customer service of their health plan. Most MediKids families (89%) reported a positive experience with their health plan customer service- the highest rate within the five-year look-back period.

Global Rating Questions

Seventy-eight percent of Florida KidCare families rated their personal doctor, and 73% rated their specialist seen most often, as a "9" or "10." When rating their overall experiences, 71% of the Florida KidCare families gave a favorable rating to all their health care while just over two-thirds (69%) rated their health plan a "9" or "10." For two of the four rating questions (all health care and health plan), the Florida KidCare rate was in the top 50th HEDIS benchmark percentile.

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 almost three-quarters (74%) 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. However, in both of these composites, the response totals for three of the five Florida KidCare program components (Medicaid FFS, MediKids, and Florida Healthy Kids) were below the NCQA small denominator threshold and are noted as N/A. Ninety percent of Florida KidCare families felt their child's personal doctor was mindful of how the child's illness impacts both the child and the family while an additional 90% felt that they usually or always received needed information. Finally, 88% of Florida KidCare families felt it was easy to access prescription medicines.

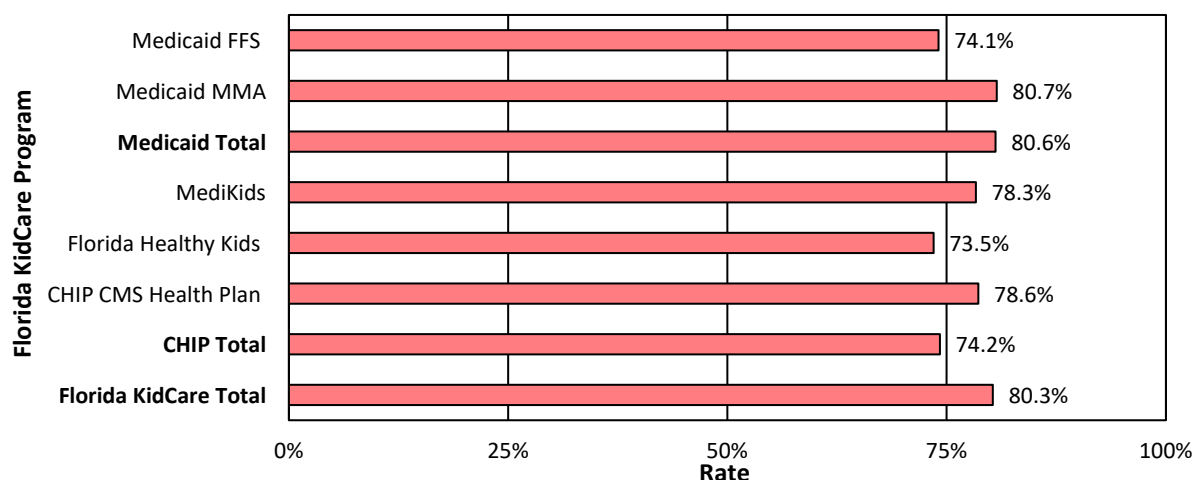
Supplemental Question: Doctors to Choose From

A final question asked families how they would rate the number of doctors from whom they had to choose. Sixty percent of Florida KidCare families responded either excellent or very good and, when considering only data from the Medicaid MMA plans, eight of the 13 plans had rates of 60% or higher and the CHIP CMS Health Plan had its second-highest rate within the look-back period, at 61%.

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 this year was 80% and, while lower than some prior-year rates, is within the five-year trending data range. AmeriHealth and Simply, two of the Medicaid MMA plans, performed well on this question, with rates of 87% and 90%, respectively. Both plans were within the 75th HEDIS benchmark percentile for this measure. **Figure 6** displays the percentages of respondents who reported a positive experience with care coordination, while **Table 14** shows the five-year trend data. Medicaid MMA plan-level rates are available in Appendix C, **Figure 79**.

Figure 6. Coordination of Care by Florida KidCare Program, 2022 Survey



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

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

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

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

Program	2018	2019	2020	2021	2022
Medicaid FFS	83.4%	78.4%	76.9%	75.2%	74.1%
Medicaid MMA	82.5%	83.8%	86.3%	81.8%	80.7%
Medicaid Total	82.5%	83.7%	76.9%	81.6%	80.6%
MediKids	77.1%	80.0%	75.6%	77.8%	78.3%
Florida Healthy Kids	75.2%	79.0%	78.0%	75.7%	73.5%
CHIP CMS Health Plan	78.8%	61.4%	81.0%	83.7%	78.6%
CHIP Total	75.7%	78.0%	77.9%	76.5%	74.2%
Florida KidCare Total	81.9%	83.1%	77.7%	81.3%	80.3%

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.

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, 2022 Survey

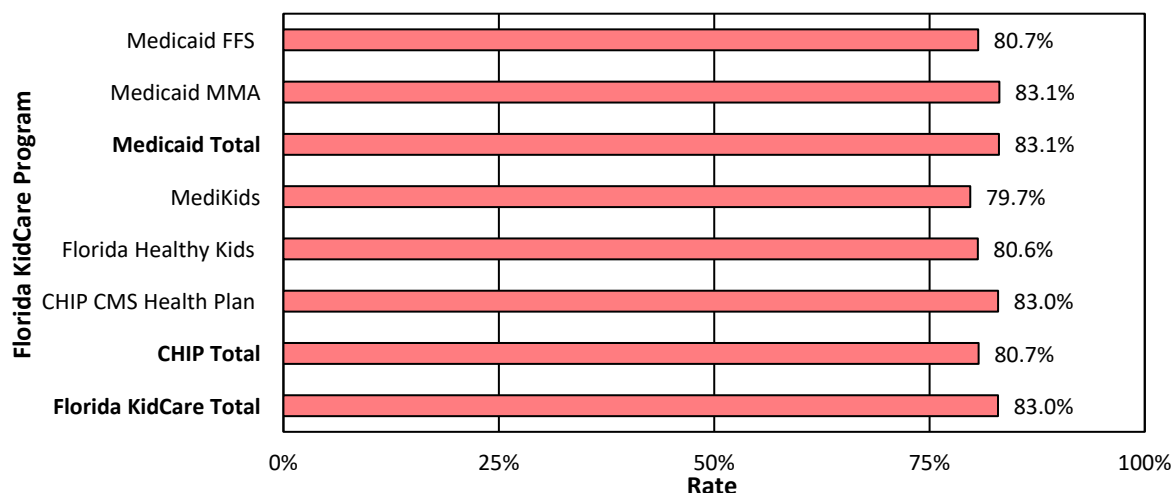
Composite	Florida KidCare Rate
Getting Needed Care	83.0%
Getting Care Quickly	86.4%
Doctor’s Communication Skills	93.2%
Health Plan Customer Service	87.5%

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. The majority (83%) of Florida KidCare families felt it was easy to get care, with four Medicaid MMA plans scoring above that (AmeriHealth, CMS Health Plan, Simply, and Sunshine-CW).

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 80**.

Figure 7. Getting Needed Care by Florida KidCare Program, 2022 Survey



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

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

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

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

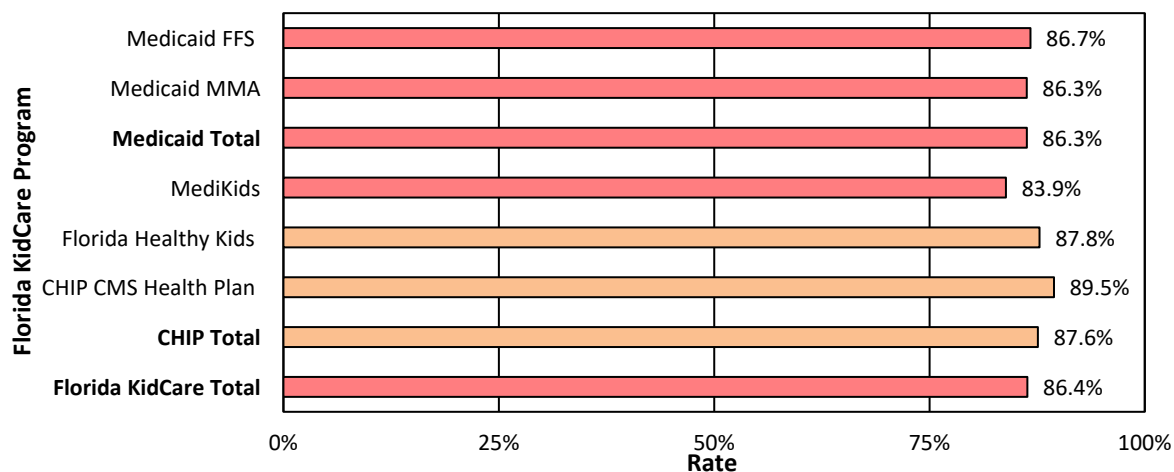
Program	2018	2019	2020	2021	2022
Medicaid FFS	86.4%	87.2%	83.5%	85.1%	80.7%
Medicaid MMA	84.5%	83.3%	82.5%	84.5%	83.1%
Medicaid Total	84.5%	83.4%	82.5%	84.5%	83.1%
MediKids	84.8%	84.7%	89.1%	86.4%	79.7%
Florida Healthy Kids	84.9%	81.1%	83.0%	83.9%	80.6%
CHIP CMS Health Plan	85.4%	82.3%	84.1%	86.4%	83.0%
CHIP Total	84.9%	81.8%	83.8%	84.4%	80.7%
Florida KidCare Total	84.6%	83.2%	82.7%	84.5%	83.0%

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.

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 decrease from prior years, the 2022 Florida KidCare rate was 86% though the CMS Health Plan, Simply, and Sunshine-CW Medicaid MMA plans each had rates higher than that. **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 81**.

Figure 8. Getting Care Quickly by Florida KidCare Program, 2022 Survey



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

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

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

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

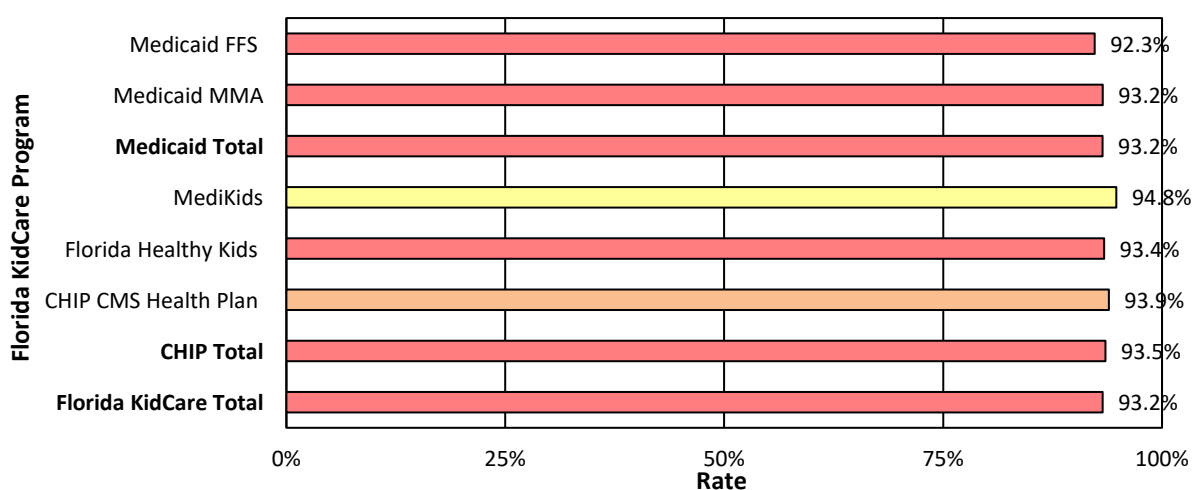
Program	2018	2019	2020	2021	2022
Medicaid FFS	92.1%	89.7%	90.7%	88.7%	86.7%
Medicaid MMA	89.4%	88.8%	89.5%	87.8%	86.3%
Medicaid Total	89.4%	88.9%	89.5%	87.8%	86.3%
MediKids	92.2%	91.7%	92.9%	88.1%	83.9%
Florida Healthy Kids	90.4%	87.7%	91.6%	85.1%	87.8%
CHIP CMS Health Plan	90.3%	91.5%	90.8%	90.5%	89.5%
CHIP Total	90.7%	88.6%	91.7%	85.8%	87.6%
Florida KidCare Total	89.5%	88.8%	89.8%	87.7%	86.4%

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.

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-three percent of Florida KidCare families responded positively, a rate consistent with responses over the prior four calendar years. Several Medicaid MMA plans landed at or above that rate including Aetna, CMS Health Plan, Simply, Sunshine, Sunshine-CW, and Vivida. Aetna and Sunshine-CW both fell within the top 50th HEDIS benchmark percentile for this measure, as did the MediKids program component. **Figure 9** and **Table 18** show this data, and Medicaid MMA plan-level rates are shown in Appendix C, **Figure 82**.

Figure 9. Doctor's Communication Skills by Florida KidCare Program, 2022 Survey



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

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

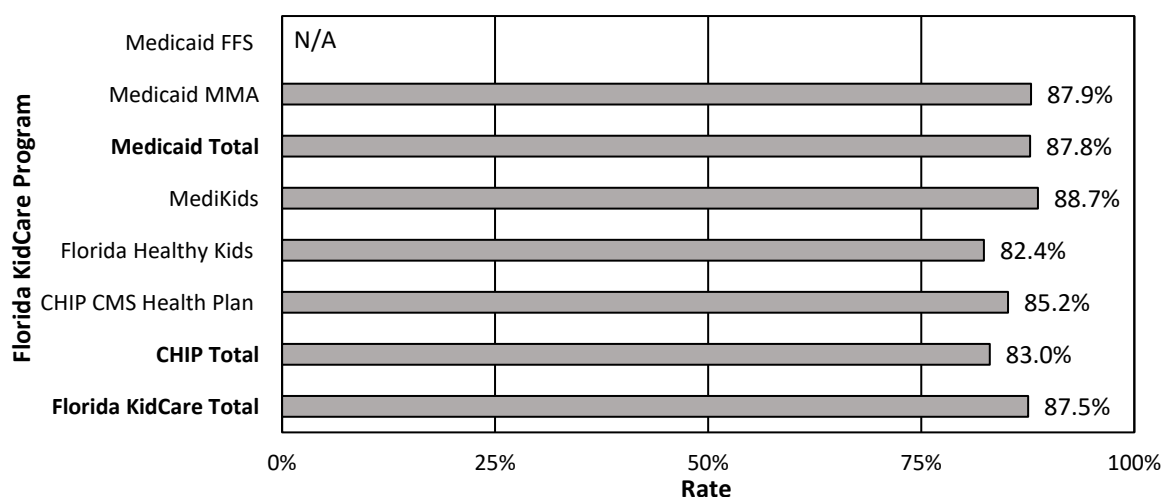
Program	2018	2019	2020	2021	2022
Medicaid FFS	94.0%	95.0%	94.9%	92.6%	92.3%
Medicaid MMA	93.6%	93.7%	94.2%	93.6%	93.2%
Medicaid Total	93.6%	93.7%	94.2%	93.5%	93.2%
MediKids	95.2%	94.6%	96.6%	94.8%	94.8%
Florida Healthy Kids	95.5%	94.6%	96.7%	94.2%	93.4%
CHIP CMS Health Plan	94.3%	80.8%	94.4%	94.2%	93.9%
CHIP Total	95.4%	93.7%	96.6%	94.2%	93.5%
Florida KidCare Total	93.7%	93.7%	94.5%	93.6%	93.2%

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.

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. The majority (88%) of Florida KidCare families responded positively and, of the seven Medicaid MMA plans whose rates were above the small denominator threshold, all but one plan met or exceeded the Florida KidCare rate. Note that there were no national HEDIS benchmarks available for this composite in 2022 due to a low number of plan submissions. **Figure 10**, **Table 19**, and Appendix C, **Figure 83** display families reporting a positive experience with their health plan customer service by Florida KidCare program in 2022, across the last five years, and across Medicaid MMA plans, respectively.

Figure 10. Health Plan Customer Service by Florida KidCare Program, 2022 Survey



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

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

Program	2018	2019	2020	2021	2022
Medicaid FFS	83.5%	79.0%	N/A	N/A	N/A
Medicaid MMA	89.5%	89.0%	88.8%	89.0%	87.9%
Medicaid Total	89.4%	88.8%	88.6%	88.9%	87.8%
MediKids	87.2%	86.3%	88.7%	87.3%	88.7%
Florida Healthy Kids	86.0%	86.9%	86.8%	84.5%	82.4%
CHIP CMS Health Plan	88.1%	85.0%	89.0%	90.8%	85.2%
CHIP Total	86.3%	86.7%	87.2%	85.3%	83.0%
Florida KidCare Total	89.1%	88.5%	88.4%	88.6%	87.5%

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.

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 rating 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?

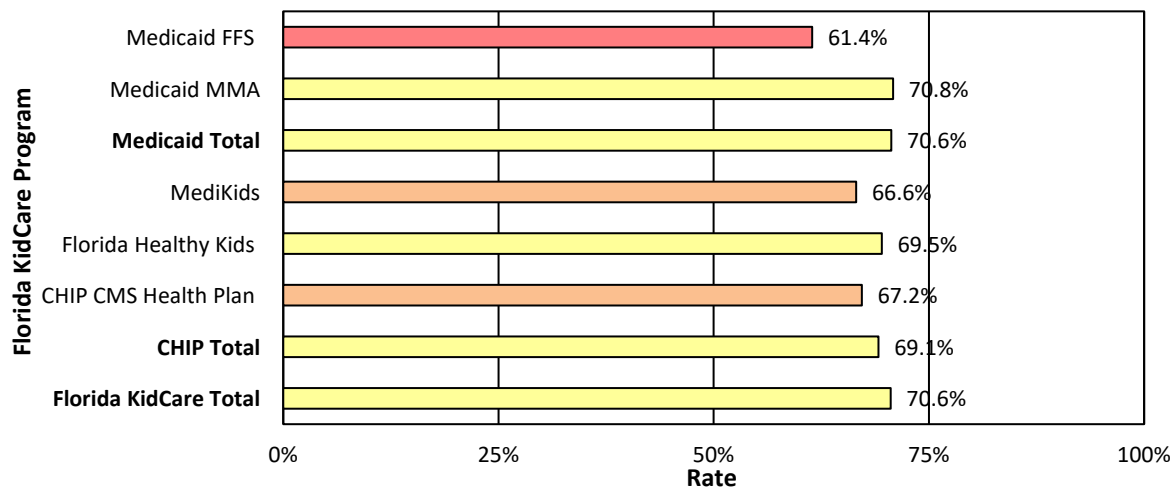
Table 20. Florida KidCare Rates for CAHPS Rating Questions, 2022 Survey

Rating Question	Florida KidCare Rate
All Health Care	70.6%
Personal Doctor	77.6%
Specialty Care Provider	73.0%
Health Plan	68.6%

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 seven out of ten Florida KidCare families. Florida Healthy Kids saw an improvement compared to the prior year and, among Medicaid MMA plans, six had rates higher than the Florida KidCare rate, while five fell within the 75th HEDIS benchmark percentile for this measure. **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 84**.

Figure 11. All Health Care Rating of "9" or "10" by Florida KidCare Program, 2022 Survey



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

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

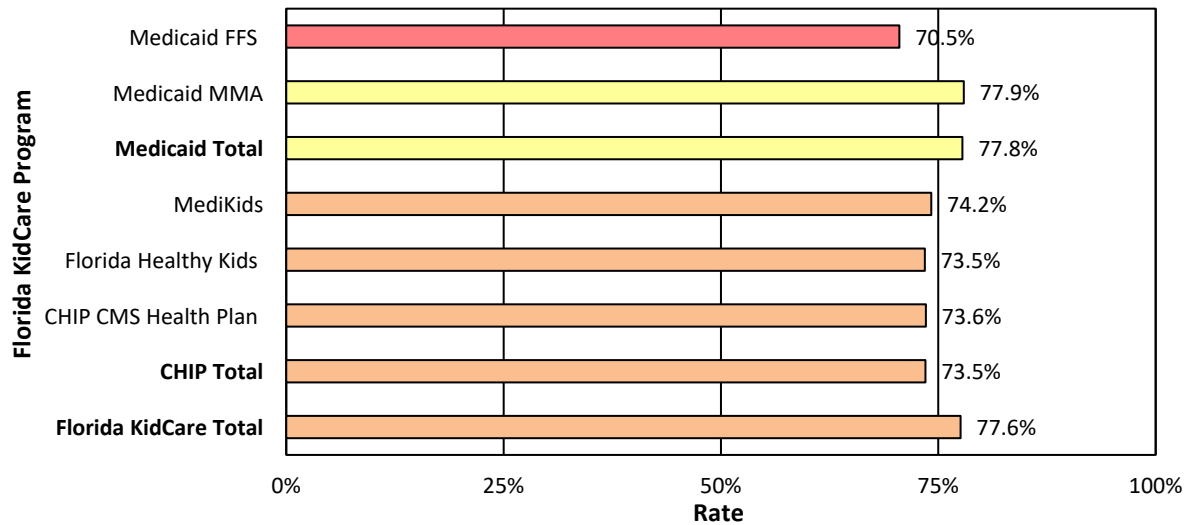
Program	2018	2019	2020	2021	2022
Medicaid FFS	63.3%	61.0%	60.5%	65.1%	61.4%
Medicaid MMA	72.2%	71.8%	74.2%	74.9%	70.8%
Medicaid Total	72.0%	71.5%	73.8%	74.7%	70.6%
MediKids	70.5%	70.0%	71.8%	69.6%	66.6%
Florida Healthy Kids	69.8%	63.5%	70.1%	67.5%	69.5%
CHIP CMS Health Plan	64.6%	62.6%	68.7%	70.8%	67.2%
CHIP Total	69.6%	64.6%	70.2%	68.0%	69.1%
Florida KidCare Total	71.8%	70.7%	73.3%	74.2%	70.6%

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.

Personal Doctor

When asked to rate the child’s personal doctor on a scale of 0-10, more than three-quarters of Florida KidCare families gave a rating of “9” or “10.” Six of the Medicaid MMA plans had rates higher than the state total, with two plans falling within the top 75th HEDIS benchmark percentile. Program-level rates are shown in **Figure 12**, while **Table 22** shows the five-year trend data. Medicaid MMA plan-level rates are available in Appendix C, **Figure 85**.

Figure 12. Personal Doctor Rating of "9" or "10" by Florida KidCare Program, 2022 Survey



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

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

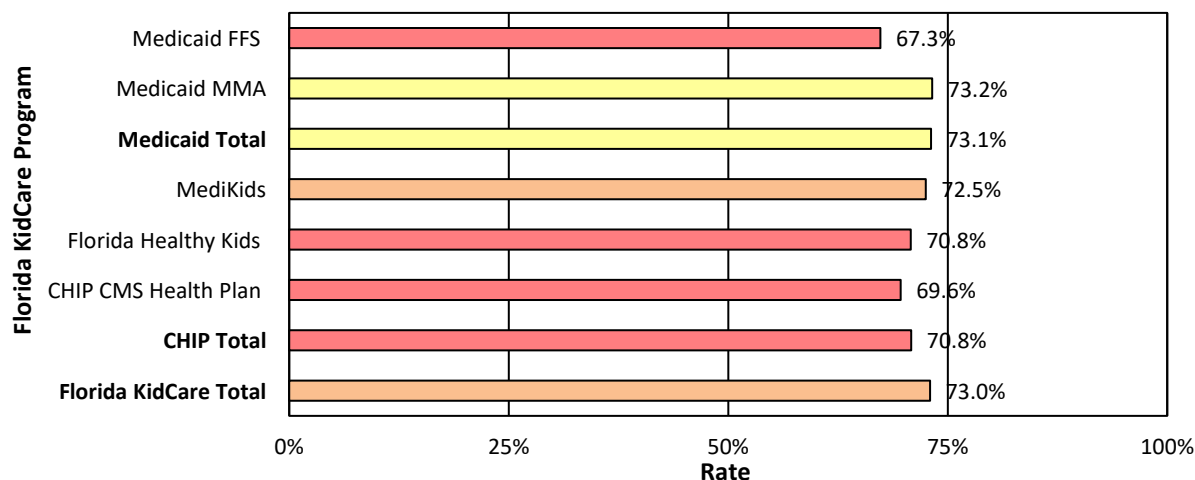
Program	2018	2019	2020	2021	2022
Medicaid FFS	77.1%	72.2%	74.1%	77.7%	70.5%
Medicaid MMA	78.1%	77.1%	80.5%	78.7%	77.9%
Medicaid Total	78.1%	77.0%	80.4%	78.6%	77.8%
MediKids	77.8%	74.8%	75.2%	76.6%	74.2%
Florida Healthy Kids	74.9%	72.1%	75.8%	72.4%	73.5%
CHIP CMS Health Plan	71.6%	72.1%	74.1%	76.8%	73.6%
CHIP Total	75.2%	72.6%	75.6%	73.2%	73.5%
Florida KidCare Total	77.8%	76.5%	79.7%	78.3%	77.6%

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.

Specialty Care Provider

When asked to rate the specialist the child saw most often, 73% of Florida KidCare families rated the providers a “9” or a “10”. Of the seven Medicaid MMA plans with rates above the small denominator threshold, five had rates higher than the Florida KidCare total, and one plan (Molina) had its rate within the 75th HEDIS benchmark percentile. **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 86** contains Medicaid MMA plan-level rates.

Figure 13. Specialist Rating of "9" or "10" by Florida KidCare Program, 2022 Survey



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

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

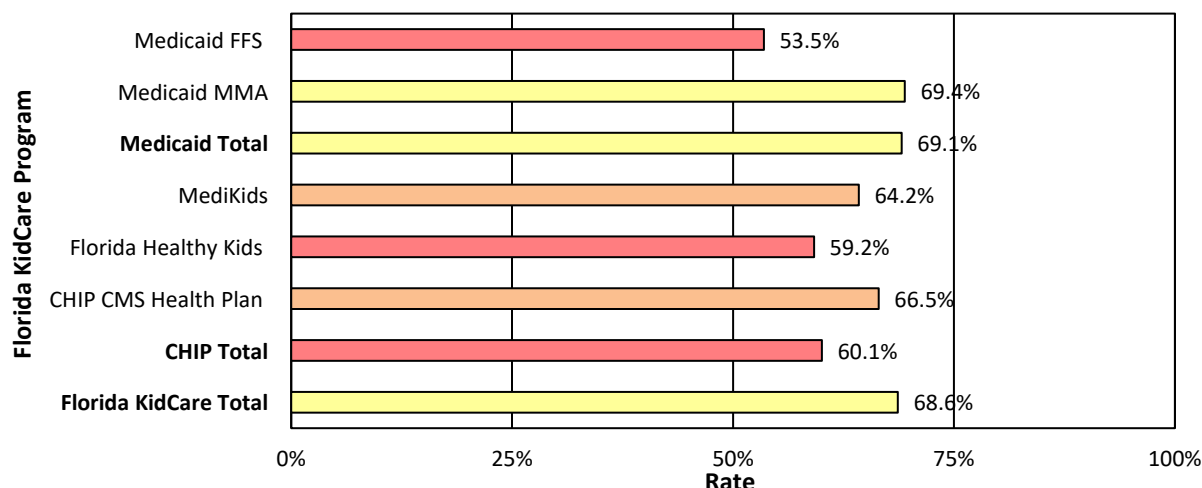
Program	2018	2019	2020	2021	2022
Medicaid FFS	73.7%	66.8%	74.6%	80.5%	67.3%
Medicaid MMA	72.4%	73.3%	75.8%	76.1%	73.2%
Medicaid Total	72.5%	73.1%	75.7%	76.2%	73.1%
MediKids	74.6%	74.8%	71.4%	69.2%	72.5%
Florida Healthy Kids	70.7%	65.5%	74.7%	76.1%	70.8%
CHIP CMS Health Plan	71.5%	72.3%	73.8%	74.0%	69.6%
CHIP Total	71.4%	67.6%	74.2%	75.1%	70.8%
Florida KidCare Total	72.4%	72.5%	75.5%	76.1%	73.0%

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

Health Plan

In the final rating question, families were asked to rate their child’s health plan. The overall Florida KidCare rate was 69%. While the rates were lower for some programs in 2022 than at other points in the five-year period, Medicaid FFS had its second-highest rate this year, at just 1.2 percentage points less than the 2021 rate. Seven of the Medicaid MMA plans had rates higher than the state total. **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 87**.

Figure 14. Health Plan Rating of "9" or "10" by Florida KidCare Program, 2022 Survey



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

HEDIS Benchmark Percentiles	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th 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	2018	2019	2020	2021	2022
Medicaid FFS	51.9%	50.5%	51.2%	54.7%	53.5%
Medicaid MMA	70.3%	71.2%	70.8%	72.1%	69.4%
Medicaid Total	69.9%	70.7%	70.2%	71.8%	69.1%
MediKids	65.1%	64.2%	65.4%	64.5%	64.2%
Florida Healthy Kids	61.0%	57.6%	60.7%	61.6%	59.2%
CHIP CMS Health Plan	66.9%	61.4%	65.3%	73.3%	66.5%
CHIP Total	62.0%	59.0%	61.5%	62.7%	60.1%
Florida KidCare Total	69.2%	69.3%	69.0%	71.1%	68.6%

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.

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?

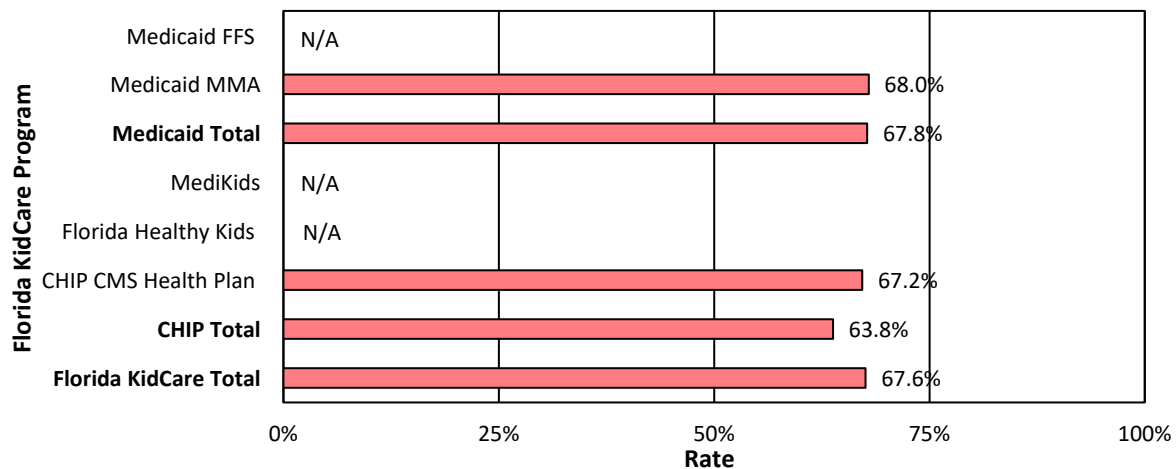
Table 25. Florida KidCare Rates for CAHPS CCC Question Set Items, 2022 Survey

Item	Florida KidCare Rate
Access to Specialized Services Composite	67.6%
Personal Doctor Who Knows Child Composite	89.7%
Coordination of Care Composite	74.3%
Getting Needed Information	89.7%
Access to Prescription Medicines	88.0%

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 often easy to obtain these services. Only two of the Medicaid MMA plans had rates above the NCQA small denominator threshold, and only one, Sunshine-CW, had a rate higher than the state rate at 71%. **Figure 15** displays the percentages of respondents who reported a positive experience with getting these services by Florida KidCare program, while **Table 26** shows five-year trend data. Rates for the Medicaid MMA plans are available in Appendix C, **Figure 88**.

Figure 15. Access to Specialized Services by Florida KidCare Program, 2022 Survey



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

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

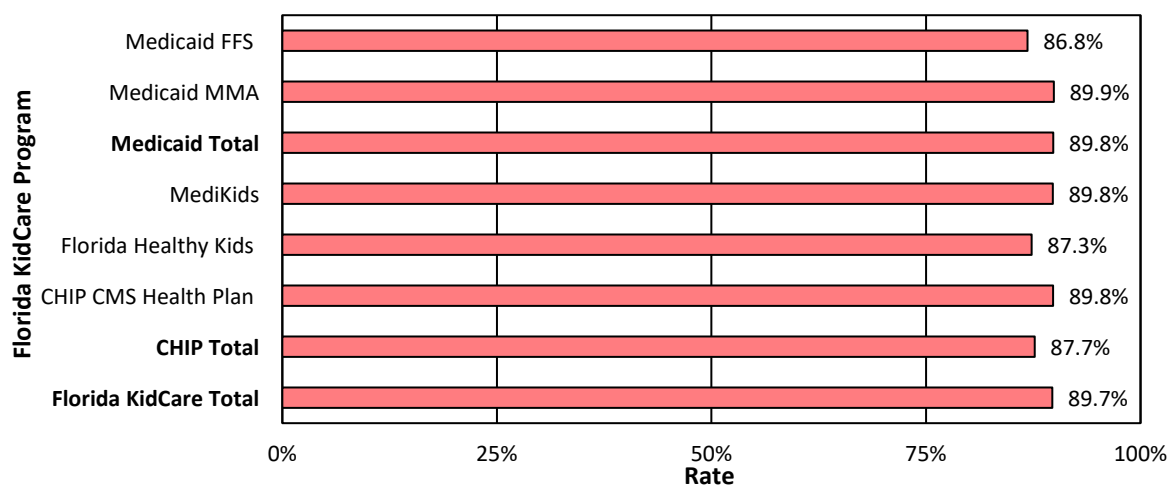
Program	2018	2019	2020	2021	2022
Medicaid FFS	65.3%	64.8%	60.5%	71.9%	N/A
Medicaid MMA	-	-	-	68.7%	68.0%
Medicaid Total	-	-	-	68.8%	67.8%
MediKids	N/A	N/A	N/A	N/A	N/A
Florida Healthy Kids	N/A	N/A	N/A	N/A	N/A
CHIP CMS Health Plan	73.8%	67.2%	66.6%	74.4%	67.2%
CHIP Total	67.2%	66.5%	65.7%	55.6%	63.8%
Florida KidCare Total	66.9%	66.2%	65.0%	67.9%	67.6%

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. There were no Medicaid MMA or Medicaid Total rates for 2018-2020, as most Medicaid MMA plans did not use this question set.

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 consistent with prior-year rates and five Medicaid MMA rates were above the state rate. The Florida KidCare program 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 89**.

Figure 16. Personal Doctor Who Knows Child by Florida KidCare Program, 2022 Survey



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

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

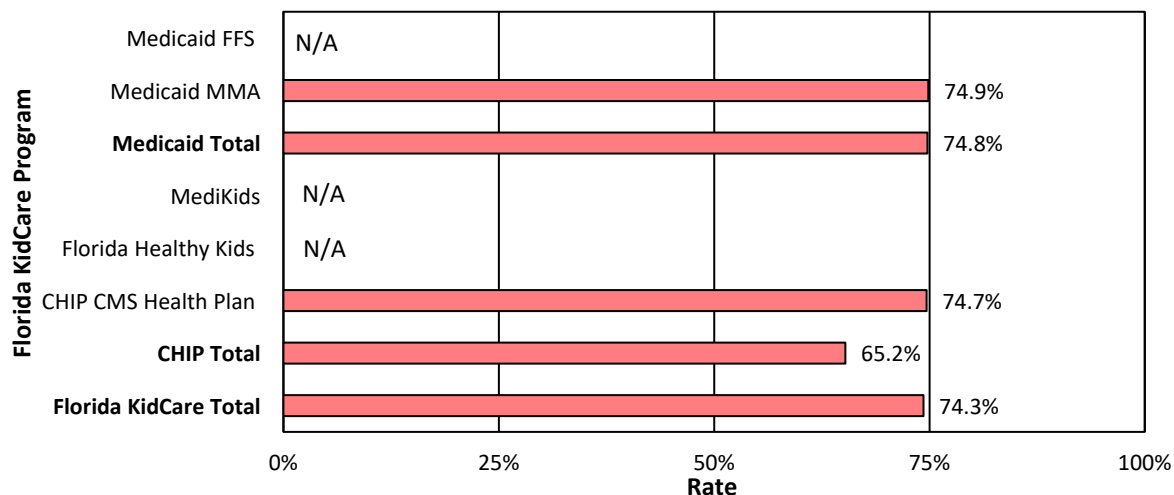
Program	2018	2019	2020	2021	2022
Medicaid FFS	90.8%	88.8%	89.9%	89.9%	86.8%
Medicaid MMA	-	-	-	90.5%	89.9%
Medicaid Total	-	-	-	90.5%	89.8%
MediKids	89.6%	90.9%	92.5%	94.8%	89.8%
Florida Healthy Kids	90.9%	84.6%	85.2%	87.4%	87.3%
CHIP CMS Health Plan	90.1%	89.9%	90.1%	90.2%	89.8%
CHIP Total	90.6%	86.1%	86.4%	88.4%	87.7%
Florida KidCare Total	90.7%	86.5%	86.9%	90.4%	89.7%

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. There were no Medicaid MMA or Medicaid Total rates for 2018-2020, as most Medicaid MMA plans did not use this question set.

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. About three-quarters of Florida KidCare families responded positively and only two of the Medicaid MMA plans had rates above the NCQA small denominator threshold. Of those two plans, only CMS Health Plan had a rate higher than the Florida KidCare rate, at 79%, which fell within the 75th 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 90**.

Figure 17. Coordination of Care for CCC by Florida KidCare Program, 2022 Survey



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

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

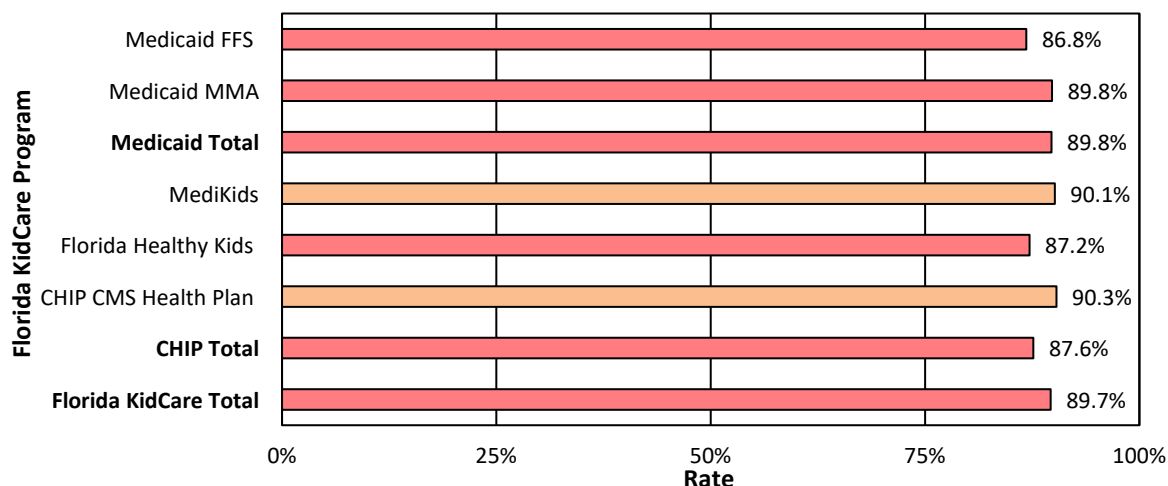
Program	2018	2019	2020	2021	2022
Medicaid FFS	72.3%	73.2%	69.2%	74.3%	N/A
Medicaid MMA	-	-	-	75.2%	74.9%
Medicaid Total	-	-	-	75.2%	74.8%
MediKids	73.8%	N/A	N/A	N/A	N/A
Florida Healthy Kids	68.3%	66.7%	73.0%	N/A	N/A
CHIP CMS Health Plan	76.6%	74.4%	77.7%	79.3%	74.7%
CHIP Total	69.7%	69.0%	74.5%	72.9%	65.2%
Florida KidCare Total	70.1%	69.7%	73.8%	75.0%	74.3%

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. There were no Medicaid MMA or Medicaid Total rates for 2018-2020, as most Medicaid MMA plans did not use this question set.

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. The majority (90%) of Florida KidCare families responded positively, with half of the programs/components improving from the year prior. Five Medicaid MMA plans had rates at or above 90%, with Aetna and Sunshine-CW logging rates of 93% each. **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 91**.

Figure 18. Getting Needed Information by Florida KidCare Program, 2022 Survey



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

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

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

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

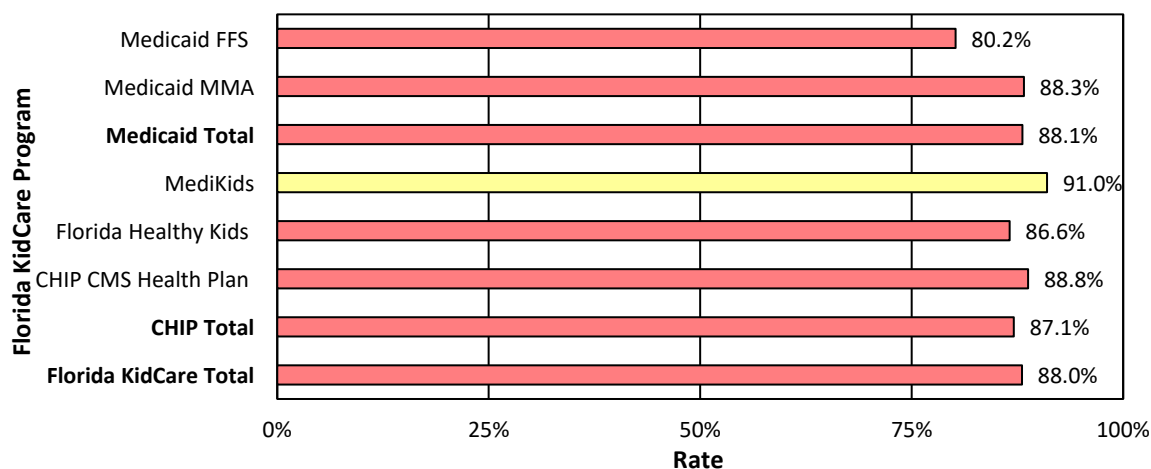
Program	2018	2019	2020	2021	2022
Medicaid FFS	92.4%	91.2%	91.1%	90.4%	86.8%
Medicaid MMA	-	-	-	89.4%	89.8%
Medicaid Total	-	-	-	89.4%	89.8%
MediKids	91.3%	92.7%	93.7%	88.6%	90.1%
Florida Healthy Kids	90.3%	90.0%	91.0%	87.5%	87.2%
CHIP CMS Health Plan	92.0%	91.8%	92.9%	91.8%	90.3%
CHIP Total	90.6%	90.6%	91.5%	87.9%	87.6%
Florida KidCare Total	90.9%	90.7%	91.4%	89.3%	89.7%

Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with sample sizes of less than 100 are denoted by N/A. There were no Medicaid MMA or Medicaid Total rates for 2018-2020, as most Medicaid MMA plans did not use this question set.

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. Nearly nine out of ten Florida KidCare families responded that it was usually or always easy—the second-highest rate within the past five years. Six of the Medicaid MMA plans had rates above 88%, including Molina with 93%. This data is displayed in **Figure 19, Table 30,** and Appendix C, **Figure 92** for the Florida KidCare programs, five-year trending data, and Medicaid MMA plans, respectively.

Figure 19. Access to Prescription Medicines by Florida KidCare Program, 2022 Survey



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

HEDIS Benchmark Percentiles	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th 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	2018	2019	2020	2021	2022
Medicaid FFS	83.3%	84.5%	84.4%	82.6%	80.2%
Medicaid MMA	-	-	-	89.9%	88.3%
Medicaid Total	-	-	-	89.7%	88.1%
MediKids	94.3%	88.6%	92.6%	89.9%	91.0%
Florida Healthy Kids	87.2%	87.2%	87.6%	87.2%	86.6%
CHIP CMS Health Plan	92.2%	85.7%	88.5%	92.5%	88.8%
CHIP Total	88.6%	87.3%	88.3%	87.9%	87.1%
Florida KidCare Total	87.8%	86.9%	87.7%	89.6%	88.0%

Note. Methodology varied slightly from year to year. Use caution when comparing. Rates for programs with sample sizes of less than 100 are denoted by N/A. There were no Medicaid MMA or Medicaid Total rates for 2018-2020, as most Medicaid MMA plans did not use this question set.

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 2022 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, 60% of Florida KidCare families reported positive responses to this question and eight of the 13 Medicaid MMA plans had rates higher than that. **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 93**.

Figure 20. Number of Doctors to Choose from by Florida KidCare Program, 2022 Survey

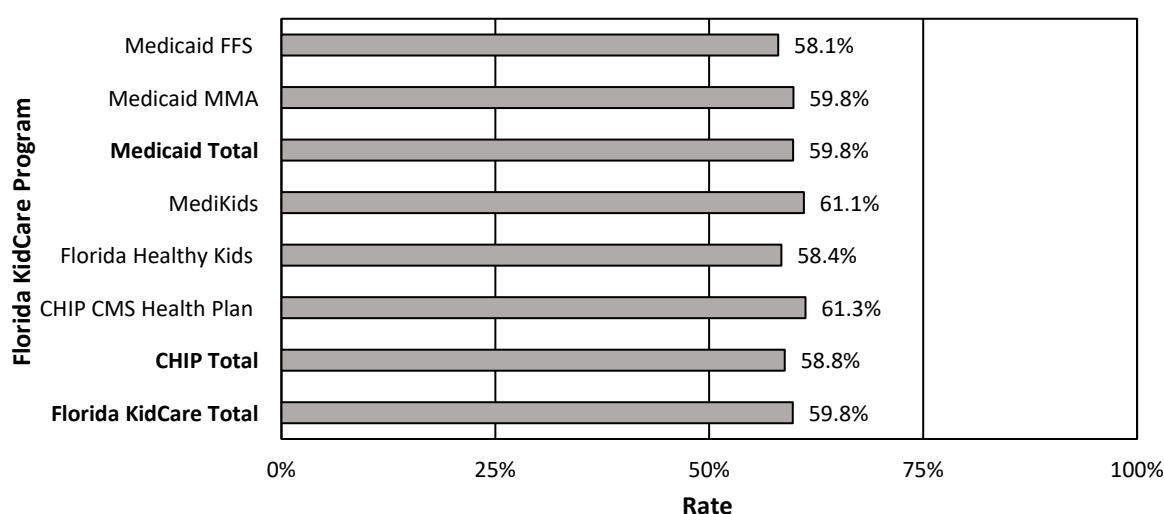


Table 31. Number of Doctors to Choose from by Florida KidCare Program, Five-Year Trend

Program	2018	2019	2020	2021	2022
Medicaid FFS	51.7%	50.5%	53.1%	59.9%	58.1%
Medicaid MMA	61.8%	60.0%	61.8%	61.1%	59.8%
Medicaid Total	61.6%	59.8%	61.5%	61.1%	59.8%
MediKids	58.3%	62.4%	65.0%	67.0%	61.1%
Florida Healthy Kids	54.9%	52.7%	59.7%	63.1%	58.4%
CHIP CMS Health Plan	51.1%	51.0%	54.9%	63.0%	61.3%
CHIP Total	55.2%	54.3%	60.1%	63.5%	58.8%
Florida KidCare Total	61.0%	59.2%	61.3%	61.2%	59.8%

Note. Methodology varied slightly from year to year. Use caution when comparing.

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, 2021).

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 the hybrid methodology, though the administrative methodology is also acceptable. The 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 10 weeks to comply with the request, and the response was largely positive, with a 72.9% response rate to the medical record requests sent by ICHP for Calendar Year (CY) 2021 performance measure reporting.

In addition to administrative and hybrid data, supplemental data can be utilized to calculate performance measures. 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 2021, though some measures include previous years within the

measurement period. These visits can include telephone-based visits, e-visits, or virtual check-ins (NCQA, 2020b). 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 14 Medicaid Managed Medical Assistance (MMA) plans and the three Florida Healthy Kids medical plans that offer health insurance coverage to children in Florida. Three dental plans each calculated data for these programs as well. 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. 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.

Rates for Medicaid Fee-For-Service (FFS), MediKids, and CHIP Children’s Medical Services (CMS) Health Plan were calculated by ICHP and reviewed by an NCQA-certified auditing firm. Data for the Medicaid MMA and Florida Healthy Kids plans were tallied by ICHP into weighted program component rates. Rates for Medicaid (FFS and MMA) and CHIP (MediKids, Florida Healthy Kids, and CHIP CMS Health Plan) were tabulated and weighted, as was an overall Florida KidCare rate. All of these rates are included in this section, and plan-level data are available in **Appendix C**. Note that for any measure where no program or plan has a rate approaching 25% across all sub-measures, the figure’s scale has been adjusted for readability. These instances are noted in each applicable figure’s footnote.

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 2019, 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 used in this report.

Table 32 outlines the 2022 Child Core Set measures evaluated in this report for CY 2021 performance, including data collection method by program component. Measures are HEDIS measures unless specified otherwise and 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*	Admin	Admin ^a	N/R	Admin ^a	Admin
Well Child Visits in the First 30 Months of Life	Admin	Admin ^a	Admin	Admin ^a	Admin
Immunizations for Adolescents	Hybrid	Mixed ^a	N/R	Hybrid ^a	Hybrid
Developmental Screening in the First Three Years of Life*	Hybrid	Hybrid	Hybrid	N/R	Hybrid
Child and Adolescent Well-Care Visits	Admin	Admin ^a	Admin	Admin ^a	Admin
Maternal and Perinatal Health					
Prenatal and Postpartum Care	Hybrid	Hybrid ^a	N/R	Mixed ^a	Hybrid
Contraceptive Care: All Women Ages 15-20*	Admin	Admin ^a	N/R	Admin ^a	Admin
Care of Acute and Chronic Conditions					
Asthma Medication Ratio: Ages 5-18	Admin	Admin ^a	Admin ^b	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
Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13-17	Admin	Admin ^a	N/R	Admin ^a	Admin
Follow-Up After ED Visit for Mental Illness: Ages 6-17	Admin	Admin ^a	N/R	Admin ^a	Admin
Dental and Oral Health Services					
Percentage of Eligibles that Received Preventive Dental Services ^{c*}	Admin	Admin ^a	Admin	Admin ^a	Admin
Oral Evaluation, Dental Services*	Admin	Admin ^a	Admin	Admin	Admin
Topical Fluoride for Children*	Admin	Admin ^a	Admin	Admin	Admin
Sealant Receipt on Permanent First Molars*	Admin	Admin ^a	Admin	Admin	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. Rates are calculated entirely or in part by ICHP unless noted otherwise. Mixed = some plans reported hybrid, some reported admin. N/R= Programs for which the measure does not apply or was not reported. Measures listed are HEDIS measures unless shown with an asterisk to designate that the measure belongs to the Child Core Set only.

^a Calculated by individual plans. ^b Though the measure does not apply to this population, data were received. This is likely due to a claims error. ^c This measure was retired from the 2022 Child Core Set but is included in this report at the request of AHCA.

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, 2020b).

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 2021 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 2021

Measure	Florida KidCare Rate
Weight Assessments for Children (WCC): Ages 3-17 – BMI Assessment	83.9%
Weight Assessments for Children (WCC): Ages 3-17 – Counseling for Nutrition	79.9%
Weight Assessments for Children (WCC): Ages 3-17 – Counseling for Physical Activity	77.4%
Chlamydia Screening (CHL): Ages 16-20	58.3%
Childhood Immunization Status (CIS): Combination 3	68.8%
Childhood Immunization Status (CIS): Combination 10	31.6%
Screening for Depression and Follow-Up Plan (CDF): Ages 12-17	6.1%
Well-Child Visits in First 30 Months (W30): First 15 Months	59.4%
Well-Child Visits in First 30 Months (W30): Ages 15-30 Months	72.1%
Immunizations for Adolescents (IMA): Meningococcal	74.3%
Immunizations for Adolescents (IMA): Tdap	85.4%
Immunizations for Adolescents (IMA): Combination 1	73.4%
Immunizations for Adolescents (IMA): HPV	40.3%
Developmental Screening in First Three Years (DEV): Ages 12-36 Months	27.9%
Child and Adolescent Well-Child Visits (WCV): Ages 3-21	54.5%

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 (Centers for Disease Control and Prevention [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).

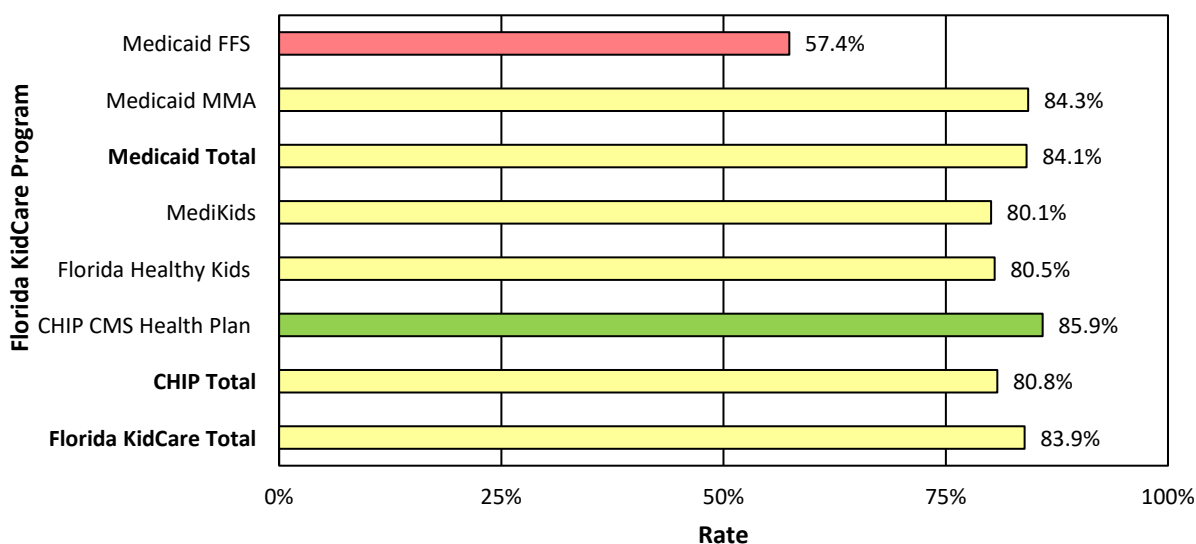
Health risks exist for those who are either underweight or overweight/obese. Underweight children may be classified as having undernutrition, which is associated with potentially irreversible effects on brain structure, impaired cognition, and poorer educational outcomes (Roberts et al., 2020). Through 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, 2022g).

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 (Sanyaolu et al., 2019). The HEDIS WCC indicator contains three sub-measures that target these areas. Each of these sub-measures can be calculated using hybrid methodology and telehealth visits are acceptable. Members were compliant 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.

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 84%, 80%, and 77%, and the majority of the Medicaid MMA and Florida Healthy Kids plans either met or exceeded the Florida KidCare rates for each of the sub-measures.

Figure 21, Figure 22, and Figure 23 present the Florida KidCare program results and benchmark percentiles for CY 2021 for ages 3-17 across all three sub-measures. **Table 34** presents the trending results for WCC: BMI Assessment from CY 2017 to CY 2021 for each of the Florida KidCare programs, with applicable benchmark percentiles. **Table 35** and **Table 36** present the trending results for the two counseling sub-measures. Located in Appendix C, **Figure 94 to Figure 99** presents the CY 2021 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles for these measures.

Figure 21. Florida KidCare Program Results for WCC: Ages 3-17- BMI Assessment, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

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

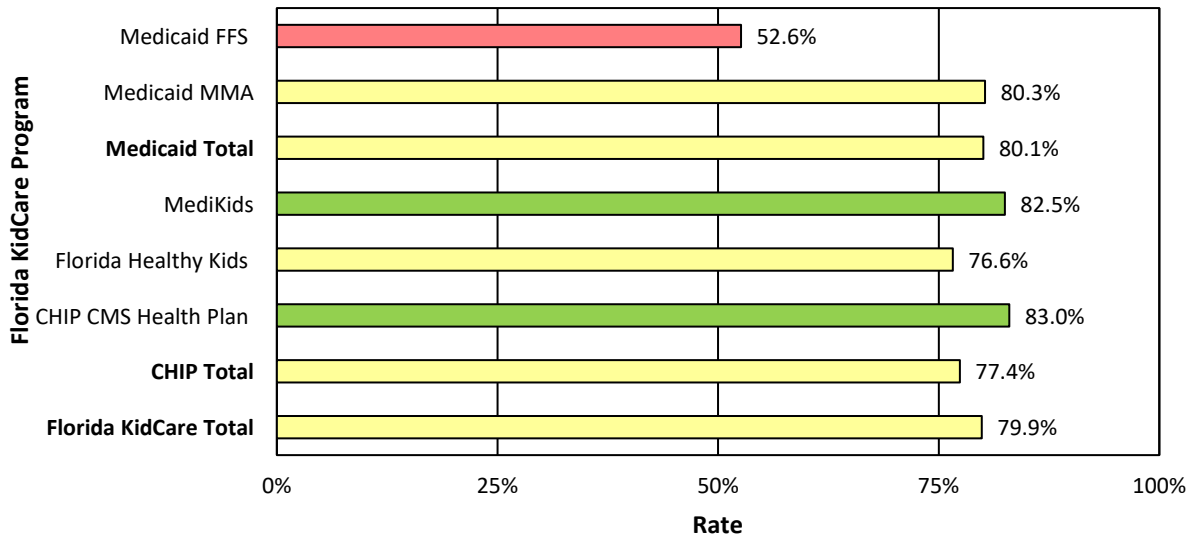
Table 34. WCC: Ages 3-17- BMI Assessment Results by Florida KidCare Program, CY 2017 to CY 2021

Program	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Medicaid FFS	25.3%	60.8% ^a	60.8% ^c	58.9% ^a	57.4% ^a
Medicaid MMA	82.8% ^b	87.9% ^a	89.1% ^{a, c}	86.1% ^b	84.3% ^b
Medicaid Total	82.5%	87.7%	89.0%	85.9%	84.1%
MediKids	57.5%	82.2% ^a	82.2% ^c	78.6% ^a	80.1% ^a
Florida Healthy Kids	80.1% ^b	89.1% ^a	86.1% ^{b, c}	90.1% ^a	80.5% ^a
CHIP CMS Health Plan	59.9%	81.5% ^a	81.5% ^c	80.3% ^a	85.9% ^a
CHIP Total	76.4%	88.0%	85.5%	88.5%	80.8%
Florida KidCare Total	82.0%	87.8%	88.6%	86.1%	83.9%

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.

Figure 22. Florida KidCare Program Results for WCC: Ages 3-17- Counseling for Nutrition, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 22** and **Table 35**.

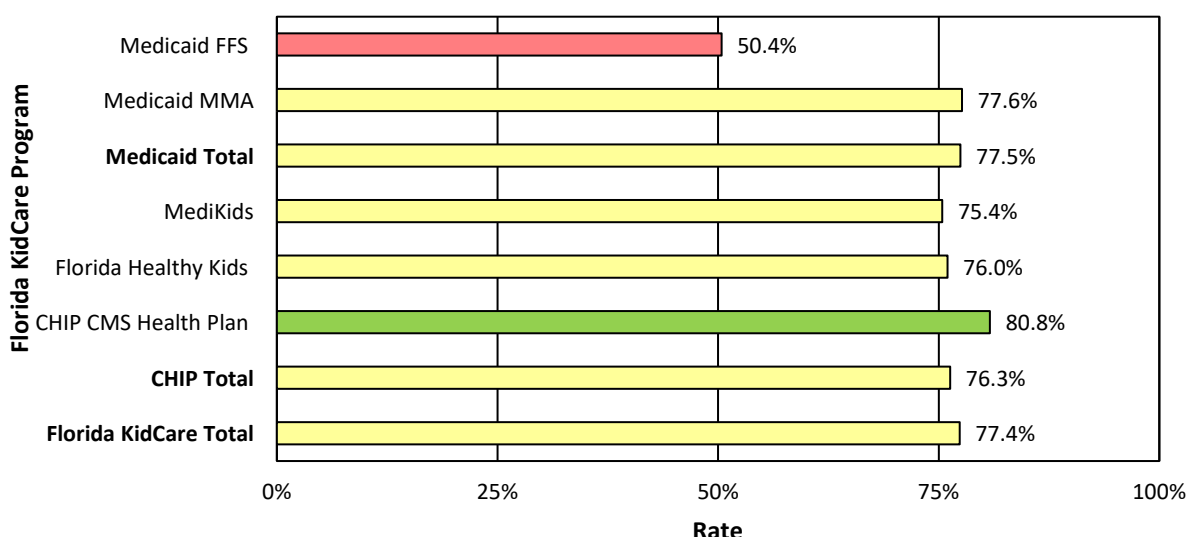
Table 35. WCC: Ages 3-17- Counseling for Nutrition Results by Florida KidCare Program, CY 2020 to CY 2021

Program	CY 2020	CY 2021
Medicaid FFS	53.8% ^a	52.6% ^a
Medicaid MMA	82.1% ^b	80.3% ^a
Medicaid Total	82.0%	80.1%
MediKids	80.5% ^a	82.5% ^a
Florida Healthy Kids	85.6% ^a	76.6% ^a
CHIP CMS Health Plan	78.4% ^a	83.0% ^a
CHIP Total	84.7%	77.4%
Florida KidCare Total	82.2%	79.9%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2020 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.

Figure 23. Florida KidCare Program Results for WCC: Ages 3-17- Counseling for Physical Activity, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 23** and **Table 36**.

Table 36. WCC: Ages 3-17- Counseling for Physical Activity Results by Florida KidCare Program, CY 2020 to CY 2021

Program	CY 2020	CY 2021
Medicaid FFS	49.4% ^a	50.4% ^a
Medicaid MMA	79.1% ^b	77.6% ^a
Medicaid Total	78.9%	77.5%
MediKids	74.2% ^a	75.4% ^a
Florida Healthy Kids	83.6% ^a	76.0% ^a
CHIP CMS Health Plan	75.2% ^a	80.8% ^a
CHIP Total	82.3%	76.3%
Florida KidCare Total	79.2%	77.4%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2020 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.

Chlamydia Screening in Women Ages 16-20 (CHL)

The most common sexually transmitted disease (STD) in the United States (U.S.) is chlamydia, with an estimated four million cases in 2018, according to the CDC (2022c). Chlamydia, if left undiagnosed, can cause a variety of health conditions, such as infertility or pelvic inflammatory disease, as well as an increased risk of acquiring or transmitting HIV (U.S. Preventive Services Task Force [USPSTF], 2021). The CDC recommends annual STD screenings for women under the age of 25 who are sexually active, have multiple partners, a new partner, or a partner who has an STD (CDC, 2021b). These routine screenings can be especially helpful in identifying cases of chlamydia due to the “silent” nature of this infection: Most people infected have no symptoms and are not aware of their status. A chlamydia infection itself is treatable, usually within seven days with an antibiotic, but treatment will not repair long-lasting damage caused by this STD. Regular screenings are done during pregnancy, as a newborn can develop chlamydia during birth. Many pregnant women do not receive ongoing prenatal care, making it important to screen for STDs, chlamydia in particular, at every opportunity (CDC, 2021b).

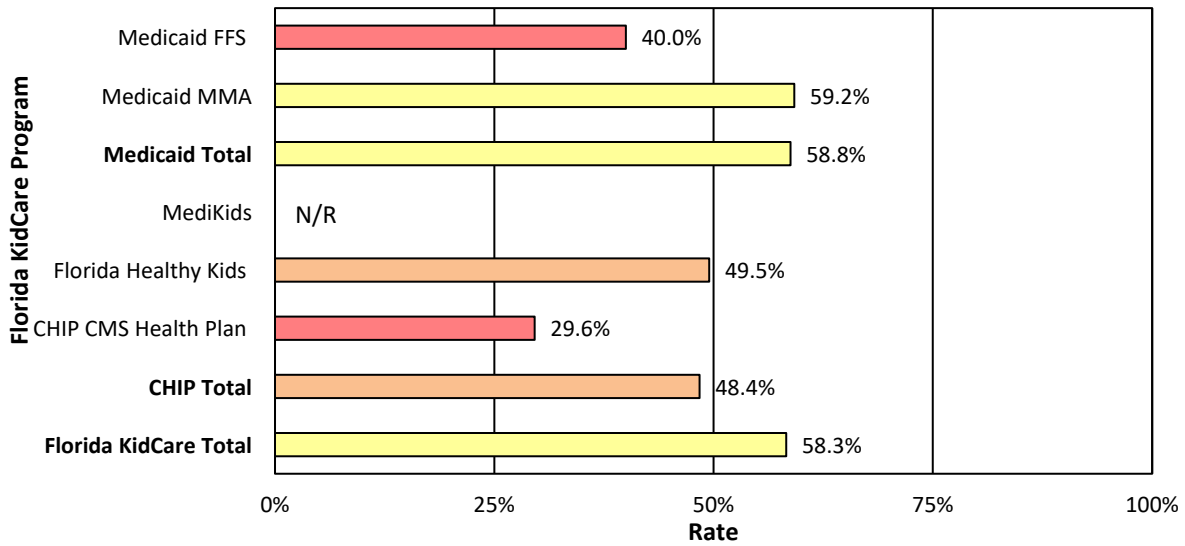
The HEDIS CHL rate is calculated as the number of women ages 16-24 who had at least one chlamydia test during the measurement year divided by the number of individuals who were identified as being sexually active. Sexually active women are identified through pharmacy data (e.g., dispensed prescription contraceptives during the measurement year) or through claims/encounter procedure and diagnosis codes for pregnancy test, pregnancy, or sexual activity. 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, 2021), which is the sub-measure included in this report.

For CY 2021, the Florida KidCare program rate for CHL was 58%, a decrease from the prior year. Most of the Medicaid MMA plans exceeded the state rate for this measure, with AmeriHealth logging a rate of 71%. Though the CY 2021 rate was not as high in years prior, CHIP CMS Health Plan saw an increase of nearly six percentage point from CY 2020.

Figure 24 presents the Florida KidCare program results and benchmark percentiles for CY 2021. **Table 37** presents the trending results from CY 2017 to CY 2021 for each of the Florida KidCare programs, with applicable benchmark percentiles.

Located in Appendix C, **Figure 100** and **Figure 101** present the CY 2021 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 24. Florida KidCare Program Results for CHL: Ages 16-20, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 24** and **Table 37**.

Table 37. CHL Ages 16-20 Results by Florida KidCare Program, CY 2017 to CY 2021

Program	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Medicaid FFS	32.1%	34.6%	35.6%	40.4%	40.0%
Medicaid MMA	62.1%	63.6%	63.0%	61.9%	59.2%
Medicaid Total	61.7%	63.1%	62.5%	61.5%	58.8%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	53.4%	56.1%	55.1%	53.6%	49.5%
CHIP CMS Health Plan	41.0%	44.3%	31.2%	23.8%	29.6%
CHIP Total	52.7%	55.5%	53.7%	52.0%	48.4%
Florida KidCare Total	61.0%	62.4%	61.7%	60.9%	58.3%

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.

Childhood Immunization Status (CIS)

Vaccinations can help prevent deadly diseases by aiding the child's natural defenses to develop immunity to the disease (CDC, 2022e). This HEDIS measure reports the percentage of children who turned 2 in the measurement year 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 3

- Four diphtheria, tetanus and acellular pertussis (DTaP) vaccines
- Three inactivated poliovirus (IPV) vaccines
- One measles, mumps and rubella (MMR) vaccine
- Three haemophilus influenza type B (HiB) vaccines
- Three hepatitis B (HepB) vaccines
- One varicella zoster Virus (VZV; i.e., chicken pox) vaccine
- Four pneumococcal conjugate (PCV) vaccines

Combination 10

- Combination 3
- Two or three rotavirus (RV) vaccines, depending on the vaccine brand
- Two influenza 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, 2020b). 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).

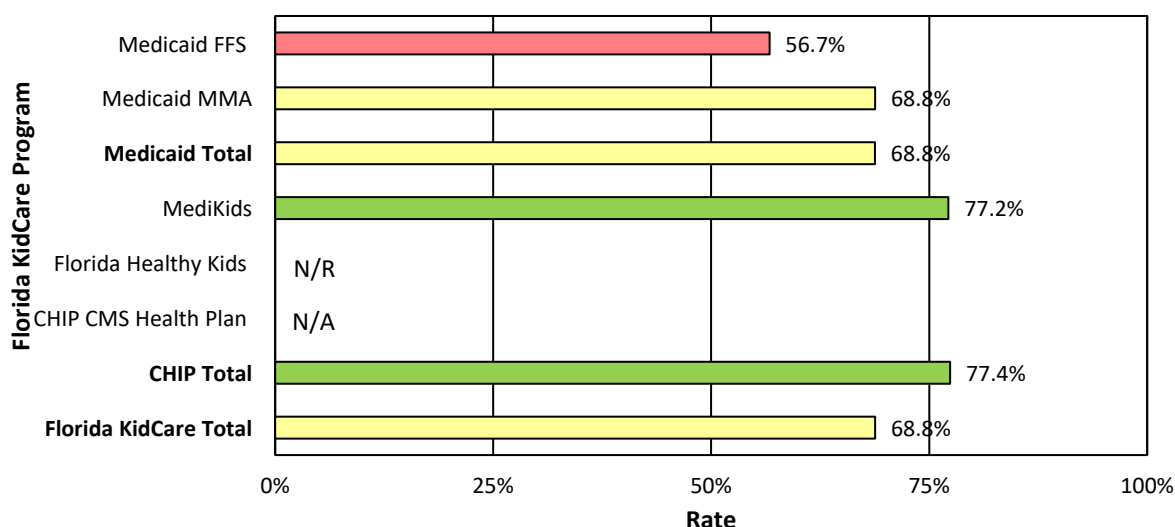
In addition to claims and encounter data, Florida SHOTS data and a medical record review were utilized to calculate this measure. When reviewing medical records for inclusion using the hybrid methodology, the name and date of the immunization must have been documented in the record. For vaccinations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

The CY 2021 Florida KidCare program rate for Combination 3 was 69%, the Combination 10 sub-measure had a rate of 32%. The Florida KidCare Combination 3 rate declined a bit from CY 2020, though several of the Medicaid MMA plans reporting this sub-measure exceeded it, such as Molina at 81%. For Combination 10, seven Medicaid MMA plans produced rates of 32% or higher, including Vivida at 58%.

Figure 25 presents the Florida KidCare program results and benchmark percentiles for Combination 3 in CY 2021, while **Table 38** shows five-year trend data for this sub-measure. **Figure 26** presents the CY 2021 rates for Combination 10. As this is the first year this sub-measure is included in this report, trending data will appear in subsequent reports.

Located in Appendix C, **Figure 102** and **Figure 103** present the CY 2021 Medicaid MMA plan results and benchmark percentiles.

Figure 25. Florida KidCare Program Results for CIS: Combination 3, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 25** and **Table 38**.

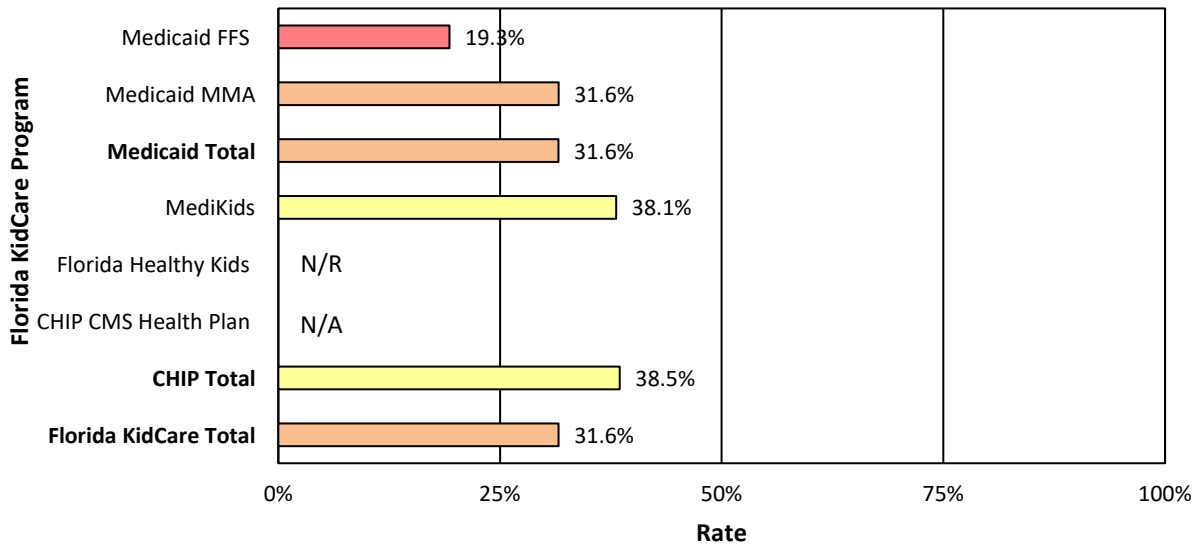
Table 38. CIS: Combination 3 Results by Florida KidCare Program, CY 2017 to CY 2021

Program	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Medicaid FFS	57.8%	65.9% ^a	65.9% ^c	63.5% ^a	56.7% ^a
Medicaid MMA	73.7% ^b	73.3% ^b	74.4% ^{b,c}	70.8% ^b	68.8% ^b
Medicaid Total	73.7%	73.3%	74.4%	70.8%	68.8%
MediKids	72.6%	81.3% ^a	81.3% ^c	82.2% ^a	77.2% ^a
Florida Healthy Kids	N/R	N/R	N/R	N/R	N/R
CHIP CMS Health Plan	N/A	N/A ^a	N/A	N/A ^a	N/A ^a
CHIP Total	72.5%	81.4%	81.4%	82.0%	77.4%
Florida KidCare Total	73.7%	73.3%	74.4%	70.9%	68.8%

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 26. Florida KidCare Program Results for CIS: Combination 10, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 26**.

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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], 2022). 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 USPSTF (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, 2022). 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, 2021).

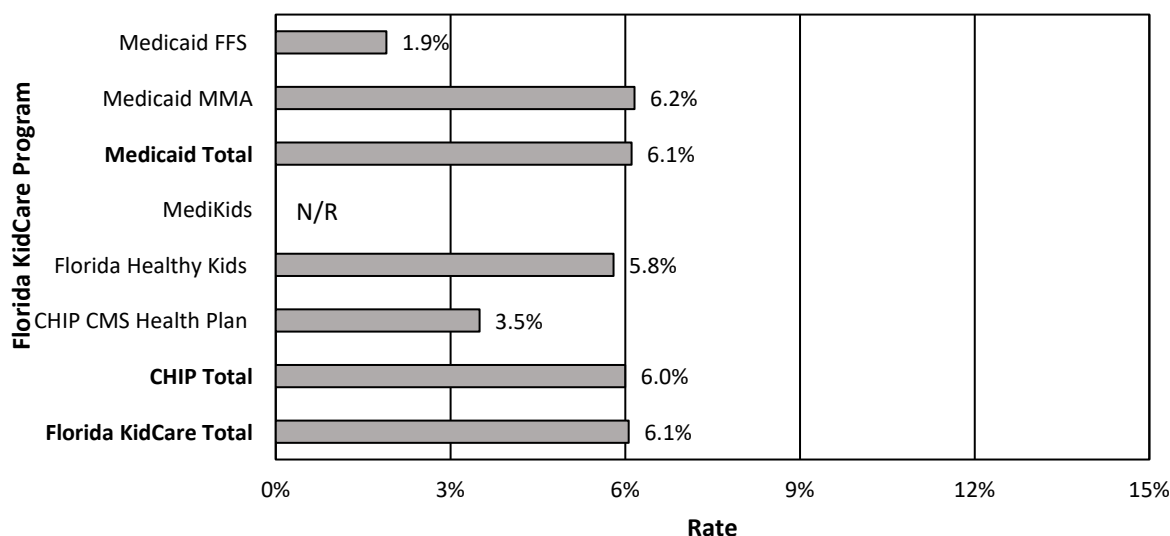
Exclusions for this measure include those who have an active diagnosis of depression or bipolar disorder, those who refuse to participate, individuals in urgent or emergent situations where delay of treatment would jeopardize the health of the patients, and individuals who are in situations where their 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, 2021).

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 2021, the Florida KidCare program rate for CDF was 6%, a notable improvement from the prior three years. Every applicable component measure saw an increased rate from CY 2020 and most Medicaid MMA plans had rates at or above the Florida KidCare rate. AmeriHealth had a rate of 13% for this measure, the highest health plan rate for CY 2021.

Figure 27 presents the Florida KidCare program results for CY 2021 and **Table 39** 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 104** and **Figure 105** present the CY 2021 Medicaid MMA and Florida Healthy Kids plan results.

Figure 27. Florida KidCare Program Results for CDF: Ages 12-17, CY 2021



Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Table 39. CDF: Ages 12-17 Results by Florida KidCare Program, CY 2018 to CY 2021

Program	CY 2018	CY 2019	CY 2020	CY 2021
Medicaid FFS	0.1%	1.0%	1.5%	1.9%
Medicaid MMA	N/R	2.2%	3.6%	6.2%
Medicaid Total	0.1%	2.0%	3.6%	6.1%
MediKids	N/A	N/A	N/R	N/R
Florida Healthy Kids	0.4%	2.1%	4.4%	5.8%
CHIP CMS Health Plan	0.4%	2.1%	3.4%	3.5%
CHIP Total	0.4%	2.1%	4.4%	6.0%
Florida KidCare Total	0.3%	2.1%	3.7%	6.1%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2018 was the first year this measure was calculated; thus, trending data from prior years are not available. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Well-Child Visits in the First 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).

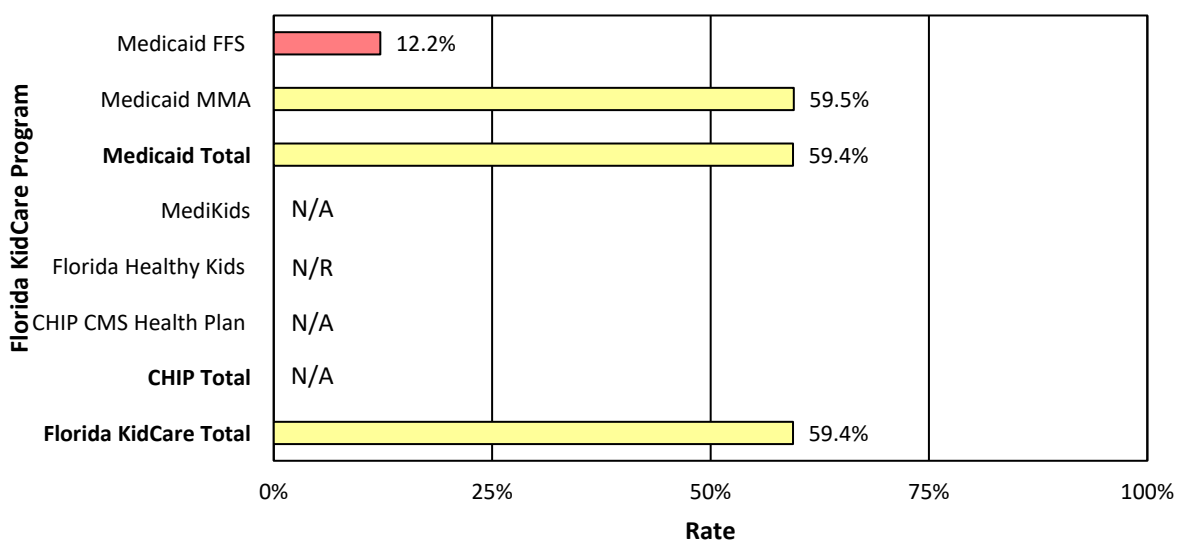
The W30 indicator reports the percentage of members who turned 30 months old in CY 2020 and utilizes two sub-measures: one for children who had six or more well-child visits before turning 15 months old, and a second sub-measure for children who had two well-child visits between 15 and 30 months. For 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. 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, 2020b).

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 Florida KidCare rate slightly decreased from the year prior at 59%. Most of the Medicaid MMA plans reporting this measure had rates at or above the Florida KidCare total, with Molina logging a rate of 69%. For the 15-30-month sub-measure the state total was 72%, and six Medicaid MMA plans had rates at or above that mark. Sunshine-CW had the highest plan-level rate for this sub-measure, at 84%.

Table 40 and **Table 41** present the trending results for each of the Florida KidCare programs.

Located in Appendix C, **Figure 106** and **Figure 107** present the CY 2021 Medicaid MMA plan results and benchmark percentiles.

Figure 28. Florida KidCare Program Results for W30: First 15 Months, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

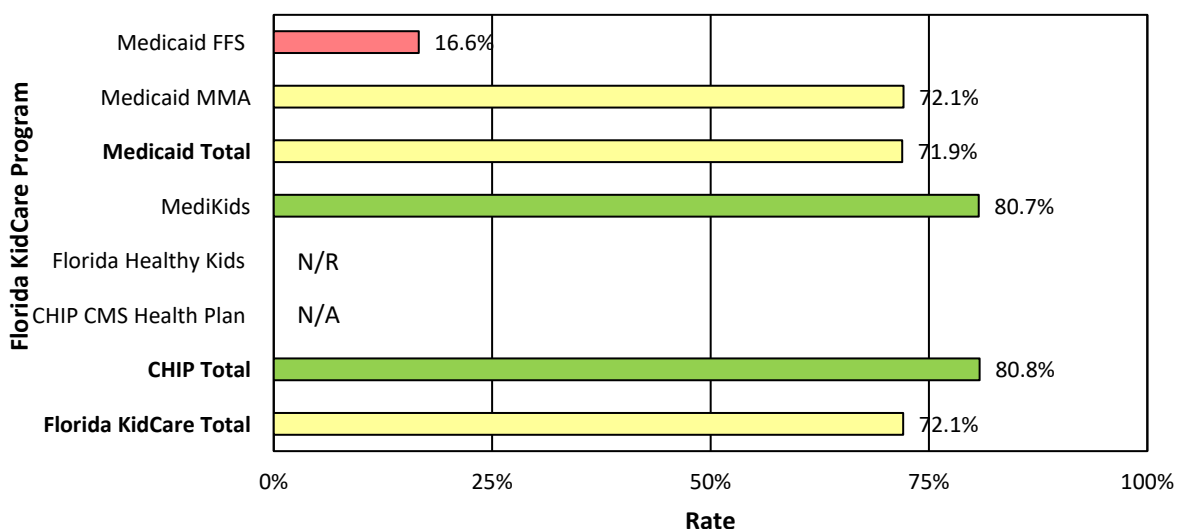
Note. This legend applies to **Figure 28** and **Table 40**.

Table 40. W30: First 15 Months Results by Florida KidCare Program, CY 2020 to CY 2021

Program	CY 2020	CY 2021
Medicaid FFS	N/A	12.2%
Medicaid MMA	60.7%	59.5%
Medicaid Total	60.6%	59.4%
MediKids	N/A	N/A
Florida Healthy Kids	N/R	N/R
CHIP CMS Health Plan	N/A	N/A
CHIP Total	N/A	N/A
Florida KidCare Total	60.6%	59.4%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2020 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 29: Florida KidCare Program Results for W30: Ages 15-30 Months, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 29** and **Table 41**.

Table 41. W30: Ages 15-30 Months Results by Florida KidCare Program, CY 2020 to CY 2021

Program	CY 2020	CY 2021
Medicaid FFS	17.1%	16.6%
Medicaid MMA	77.6%	72.1%
Medicaid Total	77.4%	71.9%
MediKids	80.8%	80.7%
Florida Healthy Kids	N/R	N/R
CHIP CMS Health Plan	80.7%	N/A
CHIP Total	80.8%	80.8%
Florida KidCare Total	77.5%	72.1%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2020 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.

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, 2022h). The vaccinations listed below are recommended by the CDC (2022e) 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.

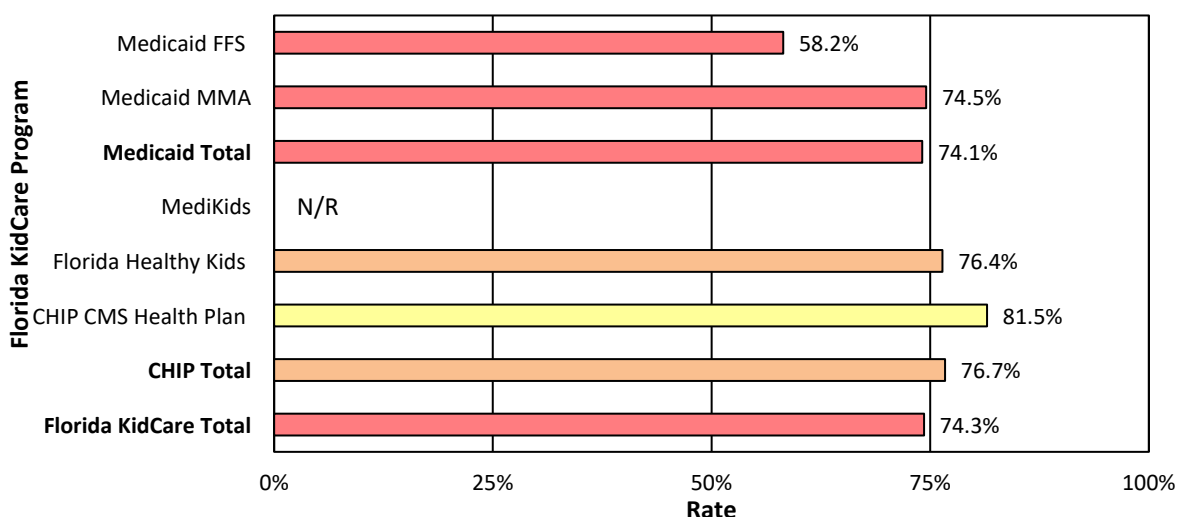
The anchor date for this measure is the member's 13th birthday. Persons excluded from this measure include those who had an anaphylactic reaction to the vaccine or its components at any time on or before the anchor date or with a service date prior to October 1, 2011, or those with encephalopathy due 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 2021 Florida KidCare program rates for these measures were all similar to the year prior, with the Meningococcal rate at 74% and the Tdap rate at 85%. The Combination 1 sub-measure rate was 73% and the HPV rate of 40% was slightly higher than the CY 2020 rate. The majority of plans across both Medicaid MMA and Florida Healthy Kids had rates at or above the state rate across all four sub-measures, with AmeriHealth (Medicaid MMA) and Simply (Florida Healthy Kids) performing especially well in all sub-measures. The CY 2021 CHIP CMS Health Plan HPV rate of 44% was the only HPV rate in the top 75th benchmark percentile over the past five years across all Florida KidCare programs.

Figure 30 and **Table 42** present the Florida KidCare program CY 2021 results and trending data, respectively, with associated benchmark percentiles for Meningococcal immunizations, while **Figure 31** and **Table 43** present the same information for Tdap immunizations. **Figure 32** and **Table 44** present the Florida KidCare program CY 2021 results and trending data, respectively, with associated benchmark percentiles for Combination 1 immunizations in CY 2021, while **Figure 33** and **Table 45** present the same information for HPV immunizations.

Located in Appendix C, **Figure 108** to **Figure 115** present the CY 2021 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 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 30** and **Table 42**.

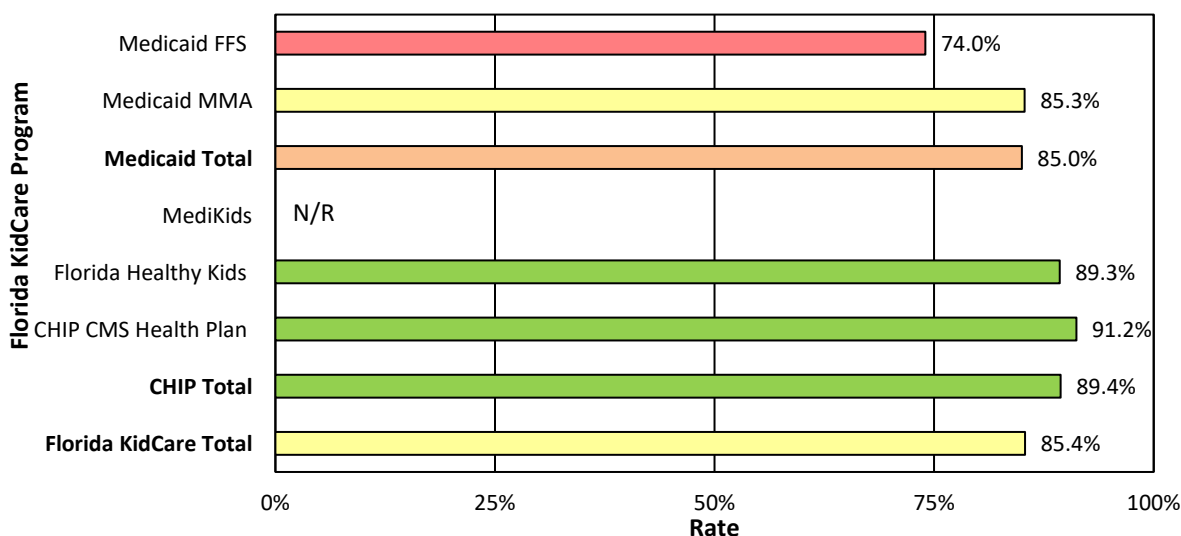
Table 42. IMA: Meningococcal Results by Florida KidCare Program, CY 2017 to CY 2021

Program	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Medicaid FFS	43.6%	60.3% ^a	61.8%	53.5% ^a	58.2% ^a
Medicaid MMA	73.3% ^b	75.3% ^b	77.2% ^{b, c}	75.4% ^a	74.5% ^b
Medicaid Total	72.6%	75.0%	76.8%	74.9%	74.1%
MediKids	N/A	N/A	N/R	N/R	N/R
Florida Healthy Kids	77.3% ^b	79.9% ^a	78.9% ^b	82.2% ^a	76.4% ^a
CHIP CMS Health Plan	75.5%	74.5% ^a	82.4%	82.0% ^a	81.5% ^a
CHIP Total	77.2%	79.6%	79.1%	82.2%	76.7%
Florida KidCare Total	73.0%	75.4%	77.1%	75.4%	74.3%

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 31. Florida KidCare Program Results for IMA: Tdap Immunizations, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 31** and **Table 43**.

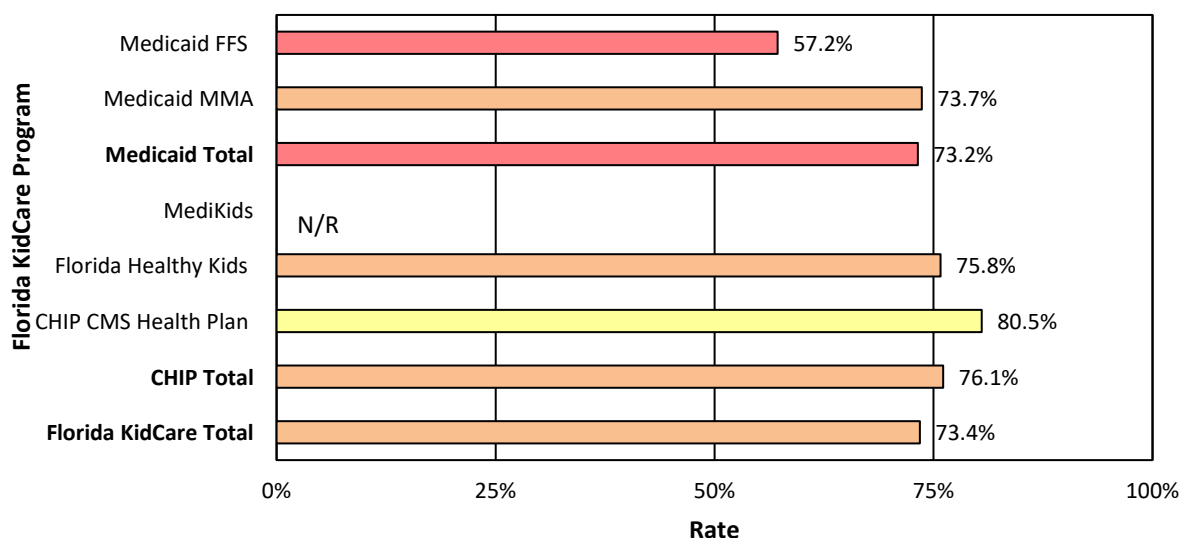
Table 43. IMA: Tdap Results by Florida KidCare Program, CY 2017 to CY 2021

Program	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Medicaid FFS	65.9%	74.9% ^a	77.5%	73.2% ^a	74.0% ^a
Medicaid MMA	88.4% ^b	88.6% ^b	87.5% ^{b, c}	85.5% ^a	85.3% ^b
Medicaid Total	87.9%	88.3%	87.3%	85.3%	85.0%
MediKids	N/A	N/A	N/R	N/R	N/R
Florida Healthy Kids	93.2% ^b	93.0% ^a	90.8% ^b	93.5% ^a	89.3% ^a
CHIP CMS Health Plan	89.4%	88.8% ^a	89.7%	91.5% ^a	91.2% ^a
CHIP Total	92.9%	92.7%	90.7%	93.3%	89.4%
Florida KidCare Total	88.4%	88.7%	87.7%	85.8%	85.4%

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 32. Florida KidCare Program Results for IMA: Combination 1 Immunizations, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 32** and **Table 44**.

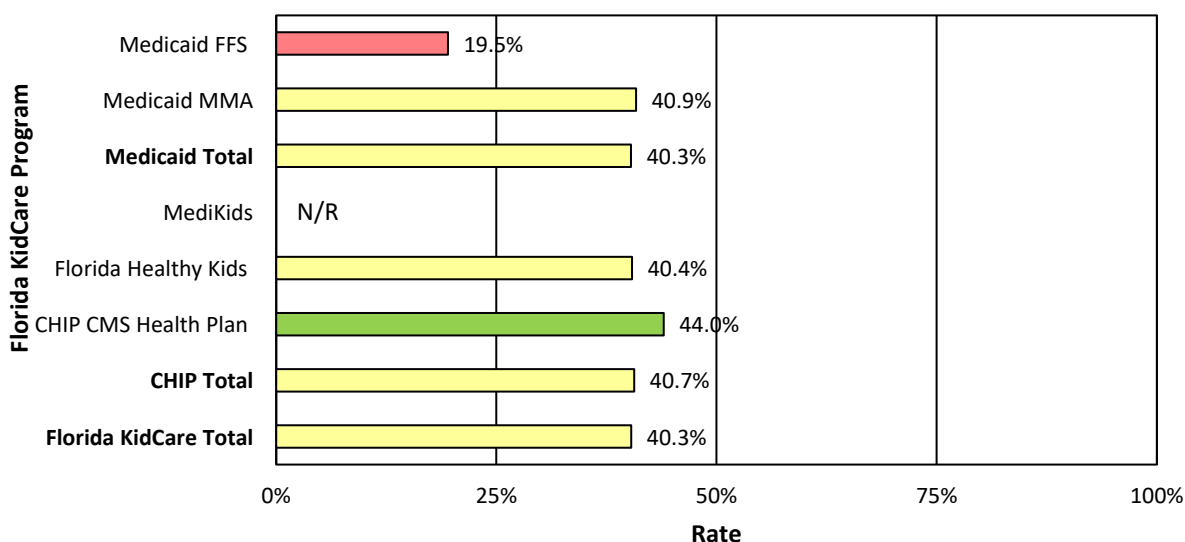
Table 44. IMA: Combination 1 Results by Florida KidCare Program, CY 2017 to CY 2021

Program	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Medicaid FFS	42.7%	59.4% ^a	60.9%	52.8% ^a	57.2% ^a
Medicaid MMA	71.9% ^b	74.0% ^b	75.7% ^{b, c}	73.7% ^a	73.7% ^b
Medicaid Total	71.3%	73.7%	75.3%	73.2%	73.2%
MediKids	N/A	N/A	N/R	N/R	N/R
Florida Healthy Kids	76.6% ^b	78.7% ^a	77.3% ^b	81.1% ^a	75.8% ^a
CHIP CMS Health Plan	74.1%	73.2% ^a	79.3%	79.8% ^a	80.5% ^a
CHIP Total	76.5%	78.4%	77.5%	81.0%	76.1%
Florida KidCare Total	71.7%	74.1%	75.6%	73.8%	73.4%

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 33. Florida KidCare Program Results for IMA: HPV Immunizations, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 33** and **Table 45**.

Table 45. IMA: HPV Results by Florida KidCare Program, CY 2017 to CY 2021

Program	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Medicaid FFS	14.8%	20.9% ^a	21.3%	19.5% ^a	19.5% ^a
Medicaid MMA	33.6%	38.5% ^b	41.8% ^{b, c}	40.3% ^a	40.9% ^b
Medicaid Total	33.2%	38.1%	41.3%	39.8%	40.3%
MediKids	N/A	N/A	N/R	N/R	N/R
Florida Healthy Kids	32.6%	36.6% ^a	37.5% ^b	42.4% ^a	40.4% ^a
CHIP CMS Health Plan	32.9%	38.9% ^a	43.1%	37.2% ^a	44.0% ^a
CHIP Total	32.6%	36.7%	37.8%	41.8%	40.7%
Florida KidCare Total	33.1%	38.0%	40.9%	40.0%	40.3%

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.

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, 2022d). 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, 2022d). Data from the most recent HRSA-funded National Survey of Children's Health found that only 36% 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.).

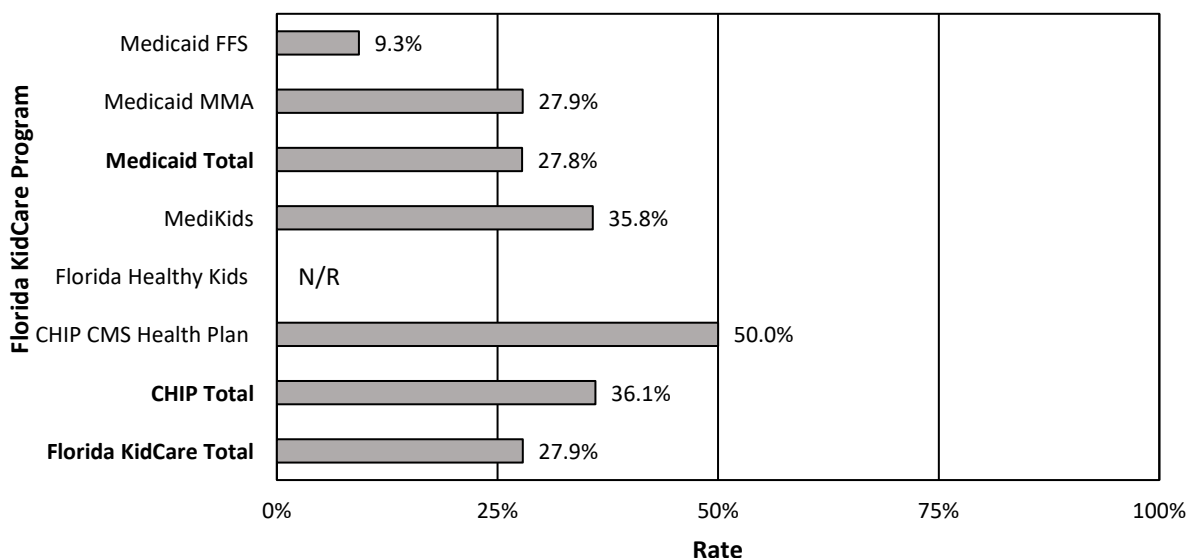
DEV measures the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool on or within the 12 months prior to their first, second, or third birthdays (Center for Medicaid and CHIP Services & CMS, 2021).

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, 2021). 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, 2021). 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, 2021).

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 2021. For this report, the overall rate is presented with eligible children of all sub-measure ages during CY 2021, and for the Florida KidCare program, this rate was 28%. CHIP CMS Health Plan improved upon its CY 2020 rate for DEV: All Ages by over eight percentage points despite a lower number of members in the hybrid sample in CY 2021.

Figure 34 presents the Florida KidCare program results for members ages 12-36 months in CY 2021, and **Table 46** presents trending results for each of the Florida KidCare programs. Note that this measure was calculated at the Medicaid MMA program component level only and is not applicable to Florida Healthy Kids members; therefore, no plan-level rates are reported for this measure. 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 2021



Note. N/R denotes programs or plans for 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 46. DEV: Ages 12-36 Months Results by Florida KidCare Program, CY 2016, CY 2018-2021

Program	CY 2016	CY 2018	CY 2019	CY 2020	CY 2021
Medicaid FFS	5.6% ^a	13.1% ^a	13.1% ^c	9.3% ^a	9.3% ^a
Medicaid MMA	15.3% ^a	22.9% ^a	15.0%	27.8% ^a	27.9% ^a
Medicaid Total	15.3%	22.9%	15.0%	27.7%	27.8%
MediKids	24.3% ^a	29.9% ^a	29.9% ^c	29.4% ^a	35.8% ^a
Florida Healthy Kids	N/R	N/R	N/R	N/R	N/R
CHIP CMS Health Plan	24.1% ^a	38.0% ^a	38.0% ^c	41.6% ^a	50.0% ^a
CHIP Total	24.3%	30.1%	30.1%	29.7%	36.1%
Florida KidCare Total	15.4%	22.9%	15.3%	27.7%	27.9%

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).

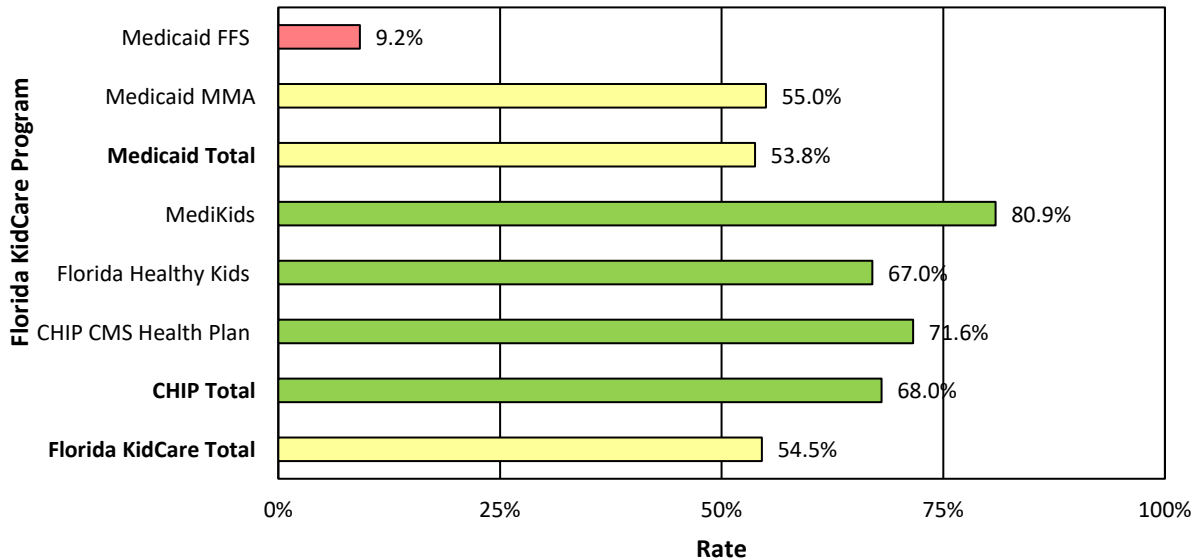
Adolescent mortality and morbidity are largely preventable, highlighting the importance of interventions for at-risk teens. Providing timely preventive services can potentially assist in improving outcomes such as physical activity uptake as well as reducing the risk of suicide and substance abuse (Adams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

Figure 35 presents the Florida KidCare program results and associated benchmark percentiles for CY 2021. The CY 2021 Florida KidCare program rate for WCV was 55%. All of the CHIP program components increased from the year prior, while all of the Medicaid program components decreased. Specific to the health plans, while eight of the Medicaid MMA plans had rates higher than the Florida KidCare rate, a few plans had rates that were nearly 20+ percentage points lower, contributing to the decreased program component rate. For Florida Healthy Kids, all three plan-level rates were more than 10 percentage points higher than the state rate, which increased the program component rate compared to last year. **Table 47** presents trending results for each of the Florida KidCare programs.

Located in Appendix C, **Figure 116** and **Figure 117** present the CY 2021 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 35. Florida KidCare Program Results for WCV: Ages 3-21, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 35** and **Table 47**.

Table 47. WCV: Ages 3-21 Results by Florida KidCare Program, CY 2020 to 2021

Program	CY 2020	CY 2021
Medicaid FFS	11.3%	9.2%
Medicaid MMA	57.7%	55.0%
Medicaid Total	56.7%	53.8%
MediKids	76.1%	80.9%
Florida Healthy Kids	64.9%	67.0%
CHIP CMS Health Plan	64.9%	71.6%
CHIP Total	65.7%	68.0%
Florida KidCare Total	57.4%	54.5%

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2020 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.

Maternal and Perinatal Health

Maternal and perinatal health focuses on the well-being of mothers and babies before, during, and after childbirth 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.-e).

Routinely scheduled appointments, where existing and future health risks are identified, help ensure the prevention of complications that may occur throughout pregnancy and delivery as early as possible. Timely prenatal visits enable physical assessments and screenings to be conducted and concerns to be addressed early. 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).

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 48 presents the Florida KidCare overall rates in CY 2021 for all of the measures and sub-measures presented in this section. Information on program component rates is detailed in this section, and rates for the Medicaid MMA and Florida Healthy Kids plans can be found in **Appendix C: Additional Data Charts**.

Table 48. Florida KidCare Rates for Maternal and Perinatal Health Measures for CY 2021

Measure	Florida KidCare Rate
Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care	76.3%
Prenatal and Postpartum Care (PPC): Postpartum Care	69.2%
Contraceptive Care (CCW) – Long-Acting Reversible methods of Contraception	1.7%
Contraceptive Care (CCW) – Most or Moderately Effective Methods of Contraception	16.9%

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 mother and baby. Prenatal health care visits can involve physical exams, education and counseling, lab tests, and childbirth education. Postpartum care visits provide women with a full assessment of physical, social, and psychological well-being as well as give new mothers the opportunity to talk to their providers about family planning, and infant care and feeding (Presidential Task Force on Redefining the Postpartum Visit & Committee on Obstetric Practice, 2018). 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 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, 2020, and October 7, 2021, 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 seven and 84 days after delivery (NCQA, 2020b). 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:

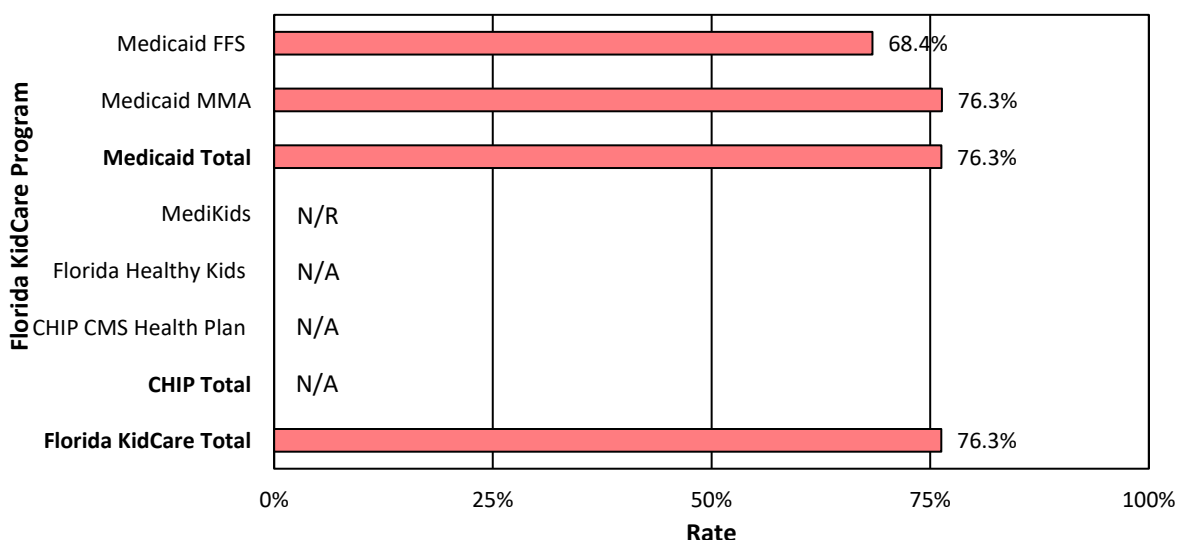
- An obstetrical examination
- Evidence that a prenatal care procedure, such as antibody or blood testing, was performed.
- Documentation indicating the woman is pregnant or references to the pregnancy such as last menstrual period, estimated date of delivery, or gestational age.

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 2021, the Florida KidCare rate for PPC: Prenatal was 76%, while the PPC: Postpartum rate was 69%. The Medicaid FFS program component rate was only slightly lower than in CY 2020 wherein the program component saw a noteworthy increase. While these changes may be due to use of hybrid methodology, the acceptance of telehealth visits starting in CY 2020 (NCQA, 2020b) may have also contributed to this increase, as both the CY 2020 and CY 2021 rates are higher than in previous years where hybrid methodology was utilized.

Figure 36 and **Table 49** present the CY 2021 Florida KidCare program results and trending data for Prenatal Care, along with the benchmark percentiles for each. **Figure 37** and **Table 50** present the CY 2021 results for Postpartum Care results and trending data for Prenatal Care, along with the benchmark percentiles for each. 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 118** to **Figure 121** present the CY 2021 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 36. Florida KidCare Program Results for PPC: Timeliness of Prenatal Care, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 36** and **Table 49**.

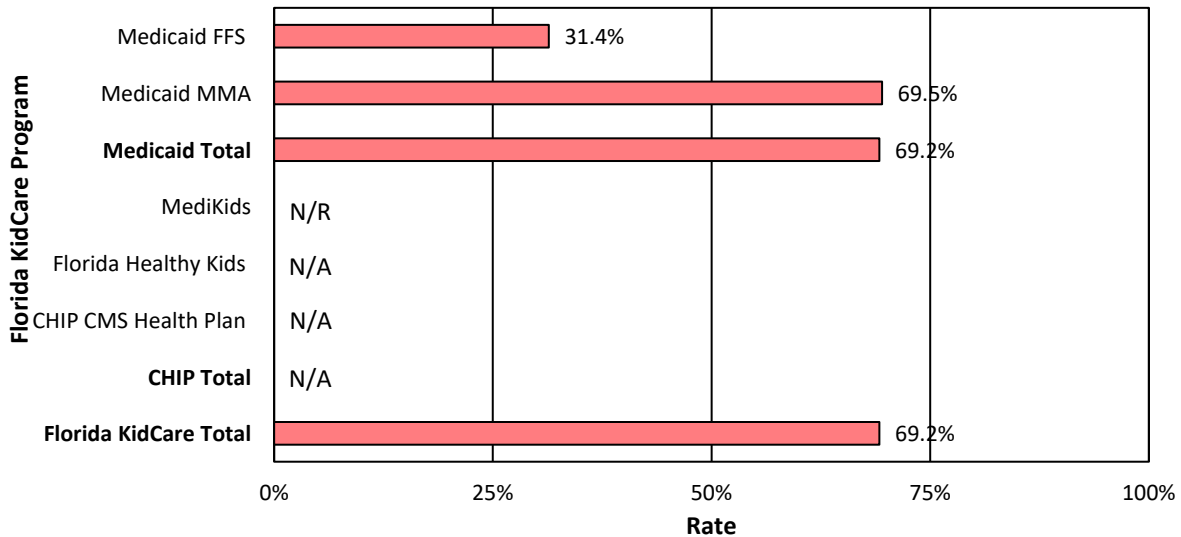
Table 49. PPC: Timeliness of Prenatal Care Results by Florida KidCare Program, CY 2017 to CY 2021

Program	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Medicaid FFS	33.7%	33.7% ^a	41.1%	72.9% ^a	68.4% ^a
Medicaid MMA	81.9% ^b	83.2% ^a	91.6% ^a	83.3% ^a	76.3% ^a
Medicaid Total	81.9%	83.2%	91.5%	83.3%	76.3%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	N/A ^b	N/A ^b	N/A ^b	N/A ^a	N/A ^b
CHIP CMS Health Plan	N/A	N/A ^a	N/A	N/A ^a	N/A ^a
CHIP Total	N/A	N/A	N/A	N/A	N/A
Florida KidCare Total	81.9%	83.2%	91.5%	83.3%	76.3%

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.

Figure 37. Florida KidCare Program Results for PPC: Postpartum Care, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 37** and **Table 50**.

Table 50. PPC: Postpartum Care Results by Florida KidCare Program, CY 2020 to CY 2021

Program	CY 2020	CY 2021
Medicaid FFS	31.8% ^a	31.4% ^a
Medicaid MMA	72.4% ^a	69.5% ^a
Medicaid Total	72.3%	69.2%
MediKids	N/R	N/R
Florida Healthy Kids	N/A ^a	N/A ^b
CHIP CMS Health Plan	N/A ^a	N/A ^a
CHIP Total	N/A	N/A
Florida KidCare Total	72.3%^a	69.2%^a

Note. Methodology and enrollment differ across measurement years, and this should be taken into account when reviewing trending data. 2020 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.

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, 2021). 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, 2022a). 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, 2022a). For these reasons, the AAP recommends that LARCs be considered as first-line contraceptive options for adolescents (Hester, 2020; Menon & Committee on Adolescence, 2020).

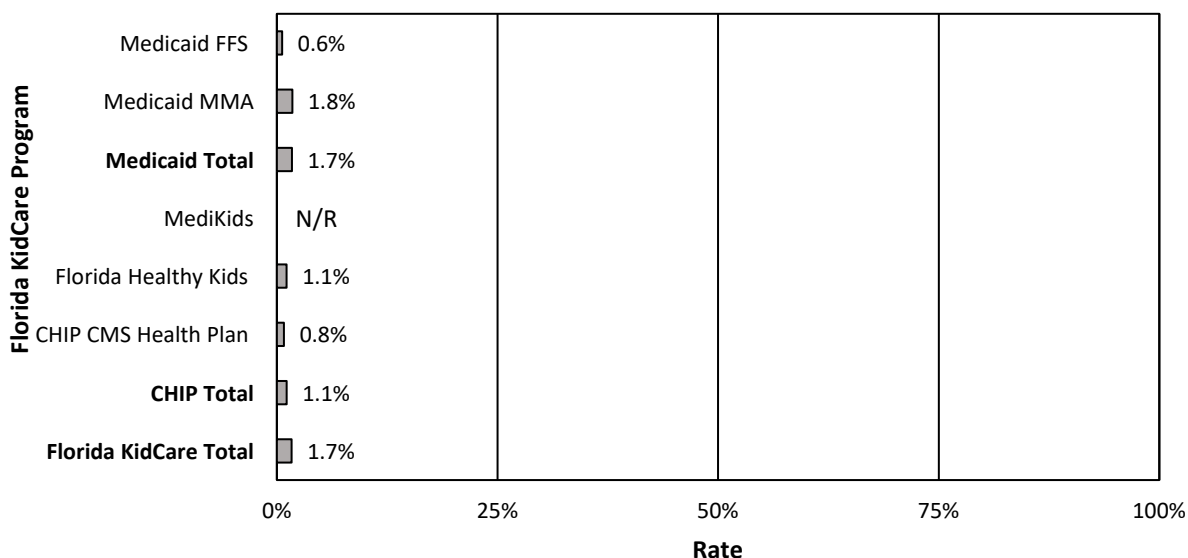
The CCW measure examines the percentage of women ages 15-20 at risk of unintended pregnancy, which is defined as those that have ever had sex, are not pregnant or seeking pregnancy, or are capable of producing offspring.

There are two sub-measures for this measure: LARC and Most or 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 2021 Florida KidCare rate for CCW: LARC was 2% which is consistent with prior year rates. For CCW: Most or Moderately Effective, the rate was 17%, a bit lower than prior year rates, though most Medicaid MMA plans met or exceeded this rate. Clear Health Alliance had the highest plan-level rate for this sub-measure, at 29%.

Figure 38 presents the CY 2021 Florida KidCare program results for CCW: LARC, while **Figure 39** presents the results for CCW: Most or Moderately Effective. **Table 51** and **Table 52** present the trending results 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 122** to **Figure 125** present the CY 2021 Medicaid MMA and Florida Healthy Kids plan results for both sub-measures.

Figure 38. Florida KidCare Program Results for CCW: LARC, CY 2021



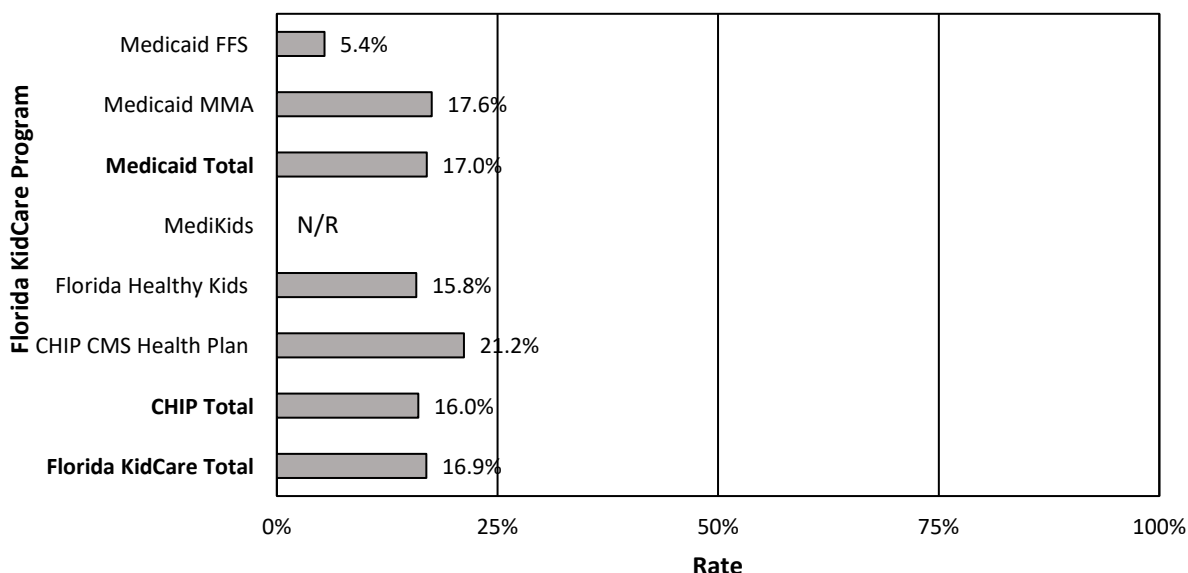
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Table 51. CCW: LARC by Florida KidCare Program, CY 2019 to CY 2021

Program	CY 2019	CY 2020	CY 2021
Medicaid FFS	1.0%	0.9%	0.6%
Medicaid MMA	N/R	2.1%	1.8%
Medicaid Total	1.0%	2.1%	1.7%
MediKids	N/A	N/R	N/R
Florida Healthy Kids	1.5%	1.9%	1.1%
CHIP CMS Health Plan	1.5%	2.1%	0.8%
CHIP Total	1.5%	1.9%	1.1%
Florida KidCare Total	1.4%	2.0%	1.7%

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 39. Florida KidCare Program Results for CCW: Most or Moderately Effective, CY 2021



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

Table 52. CCW: Most or Moderately Effective by Florida KidCare Program, CY 2018 to CY 2021

Program	CY 2018	CY 2019	CY 2020	CY 2021
Medicaid FFS	7.9%	7.0%	7.9%	5.4%
Medicaid MMA	22.4%	21.1%	18.7%	17.6%
Medicaid Total	16.3%	20.6%	18.3%	17.0%
MediKids	N/R	N/A	N/R	N/R
Florida Healthy Kids	17.8%	17.2%	16.9%	15.8%
CHIP CMS Health Plan	23.0%	22.7%	21.2%	21.2%
CHIP Total	18.1%	17.5%	17.1%	16.0%
Florida KidCare Total	17.4%	20.2%	18.2%	16.9%

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 the cost of treatment for a common health problem, such as asthma, at an ED is 12 times higher than the cost of treatment provided in a physician’s office and that unwarranted ED visits cost the nation about \$32 billion a year (UnitedHealth Group, 2019). For children with asthma, use of controller and reliever medications to help prevent asthma attacks from occurring in high frequencies can reduce the number of times the patient is rushed to the ED.

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

Table 53 presents the Florida KidCare overall rates in CY 2021 for all of the measures and sub-measures presented in this section. Information on program component rates is detailed in this section, and rates for the Medicaid MMA and Florida Healthy Kids plans can be found in **Appendix C: Additional Data Charts**.

Table 53. Florida KidCare Rates for Care of Acute and Chronic Conditions Measures for CY 2021

Measure	Florida KidCare Rate
Asthma Medication Ratio (AMR): Ages 5-11	81.5%
Asthma Medication Ratio (AMR): Ages 12-18	72.8%
Ambulatory Care: ED Visits (AMB): Ages 0-19	41.5 visits per 1,000 member months

Asthma Medication Ratio (AMR)

Asthma is a chronic lung disease that causes inflammation and constriction of the airways, making it difficult to breathe and can result in severe consequences such as permanent lung damage (CDC, 2018). 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, 2018; 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, 2022f; 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, 2018).

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 each of the last two CYs: (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 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, 2020b).

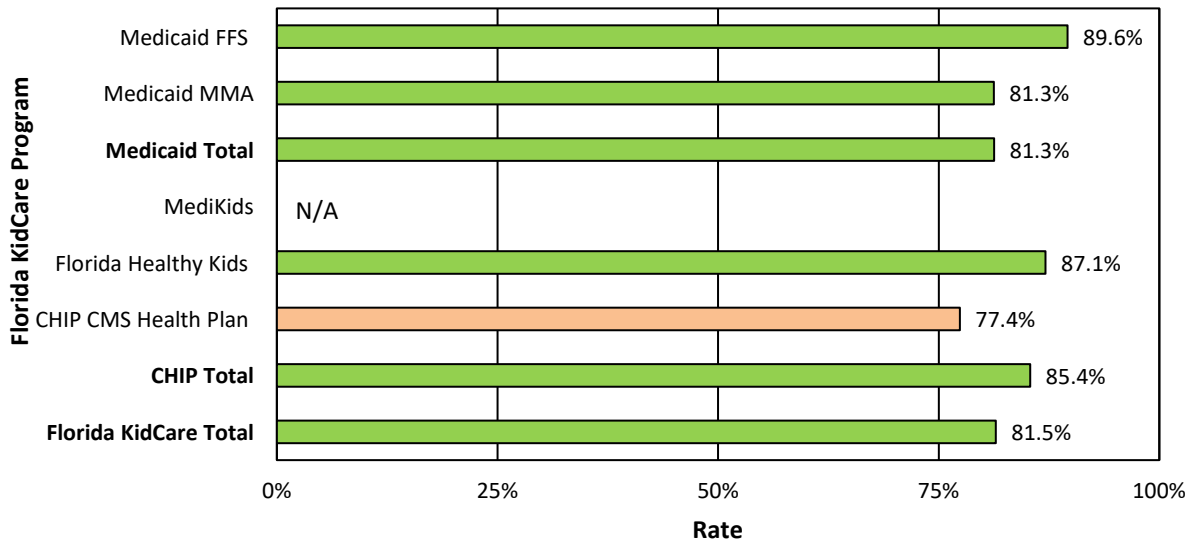
Two age stratifications are reported for this measure: 5-11 years and 12-18 years. Please note that higher rates are ideal for this measure, as it is indicative of a higher percentage of members utilizing both controller and rescue medications (indicating better asthma control) rather than using rescue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

For members ages 5-11 years old, the CY 2021 Florida KidCare rate was fairly consistent with prior-year rates at 82%, while the rate for 12-18-year-olds mirrored this trend at 73%. Most of the Medicaid MMA plans had rates at or above the state rate for the 5-11 sub-measure though only a few exceeded the state rate for the 12-18 sub-measure. Both of the Florida Healthy Kids plans with rates above the NCQA small denominator threshold met or exceeded the Florida KidCare rate for each sub-measure. Medicaid FFS had higher rates for both of these sub-measures than all of the health plans and programs in CY 2021, falling within the 75th HEDIS benchmark percentile in both instances.

Figure 40 presents the Florida KidCare CY 2021 program results and associated benchmark percentiles for ages 5-11, and **Table 54** depicts trending data for this sub-measure. **Figure 41** presents the Florida KidCare CY 2021 program results and benchmark percentiles for ages 12-18, with **Table 55** highlighting the trending data.

Located in Appendix C, **Figure 126** to **Figure 129** present the CY 2021 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 40. Florida KidCare Program Results for AMR: Ages 5-11, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

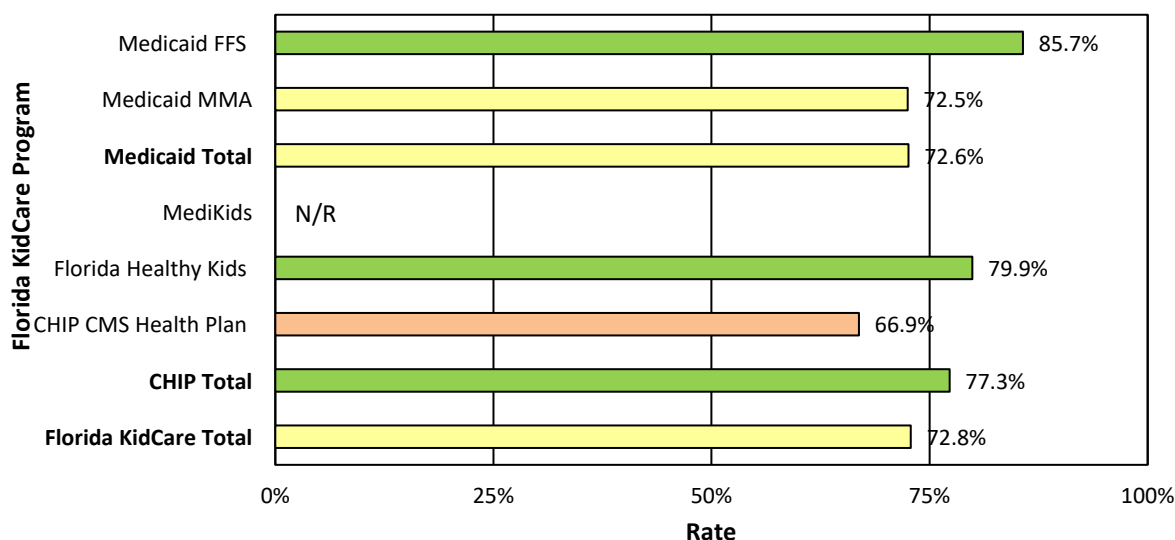
Note. This legend applies to **Figure 40** and **Table 54**.

Table 54. AMR: Ages 5-11 Results by Florida KidCare Program, CY 2017 to CY 2021

Program	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Medicaid FFS	72.2%	85.3%	89.7%	84.4%	89.6%
Medicaid MMA	74.0%	79.9%	82.4%	83.3%	81.3%
Medicaid Total	74.0%	79.9%	82.4%	83.3%	81.3%
MediKids	N/A	N/A	N/A	N/A	N/A
Florida Healthy Kids	86.1%	88.2%	87.6%	87.0%	87.1%
CHIP CMS Health Plan	75.9%	85.5%	77.6%	80.6%	77.4%
CHIP Total	84.9%	88.1%	86.4%	85.3%	85.4%
Florida KidCare Total	74.6%	80.4%	82.8%	83.4%	81.5%

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

Figure 41. Florida KidCare Program Results for AMR: Ages 12-18, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 41** and **Table 55**.

Table 55. AMR: Ages 12-18 Results by Florida KidCare Program, CY 2017 to CY 2021

Program	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Medicaid FFS	68.0%	77.9%	80.7%	85.3%	85.7%
Medicaid MMA	63.4%	71.2%	74.3%	75.2%	72.5%
Medicaid Total	63.4%	72.2%	74.3%	75.3%	72.6%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	71.7%	76.6%	75.9%	79.4%	79.9%
CHIP CMS Health Plan	80.4%	79.0%	66.9%	69.1%	66.9%
CHIP Total	73.5%	77.0%	74.2%	76.1%	77.3%
Florida KidCare Total	64.1%	71.7%	74.3%	75.3%	72.8%

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.

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, 2020b). 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.

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.

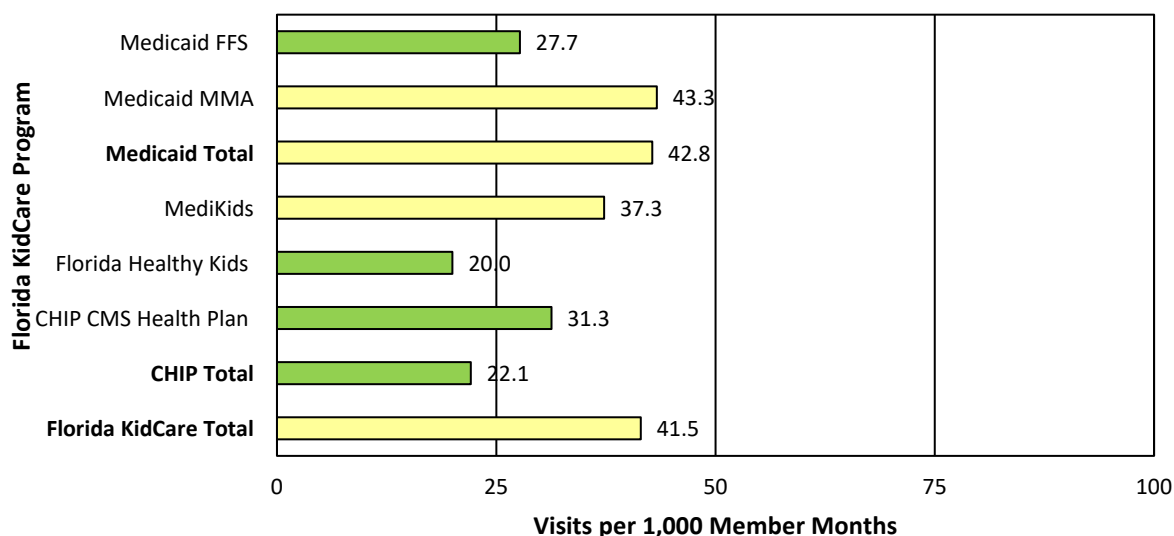
Since AMB is a utilization measure, lower numbers indicate a better performance. The small denominator criteria for this measure is fewer than 360 member months. The Florida KidCare rate was 42 visits per 1,000 member months, an increase from CY 2020. All program component rates increased from the prior year with the exception of Medicaid FFS. Specific to the health plans, Community Care Plan had the lowest ED utilization for both Medicaid MMA and Florida Healthy Kids, at 35 and 15 visits per 1,000 member months, respectively.

Figure 42 presents the Florida KidCare program results and associated benchmark percentiles in CY 2021. **Table 56** presents the trending results for each of the Florida KidCare programs with applicable benchmark percentiles.

Located in Appendix C, **Figure 130** and **Figure 131** present the CY 2021 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 42. Florida KidCare Program Results for AMB ED Visits: Ages 0-19, CY 2021



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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 42** and **Table 56**.

Table 56. AMB ED Visits: Ages 0-19 Results by Florida KidCare Program, CY 2017 to CY 2021

Program	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Medicaid FFS	54.3	57.7	57.7	33.1	27.7
Medicaid MMA	55.5	57.4	58.0	33.3	43.3
Medicaid Total	55.5	57.4	58.0	33.3	42.8
MediKids	49.8	53.3	54.8	29.2	37.3
Florida Healthy Kids	26.7	27.1	28.0	16.1	20.0
CHIP CMS Health Plan	38.0	36.8	43.7	25.6	31.3
CHIP Total	30.9	31.1	32.5	18.2	22.1
Florida KidCare Total	53.5	55.1	55.5	31.9	41.5

Note. Methodology and enrollment differ across measurement years, and the national benchmarks are for both adults and children. These factors should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 360 member months in the denominator. 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 [SAMHSA], n.d.). 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 for both children prescribed medications for behavioral health problems or mental illnesses and hospitalizations or ED visits for mental illness or substance use. 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 57 presents the Florida KidCare rates in CY 2021 for all measures and sub-measures in this section. Information on program component rates is detailed in this section, and rates for the Medicaid MMA and Florida Healthy Kids plans can be found in **Appendix C: Additional Data Charts**.

Table 57. Florida KidCare Rates for Behavioral Health Care Measures for CY 2021

Measure	Florida KidCare Rate
Follow-Up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase	43.9%
Follow-Up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase	59.7%
Follow-Up After Hospitalization for Mental Illness (FUH): Follow-Up Visits within 7 Days	34.3%
Follow-Up After Hospitalization for Mental Illness (FUH): Follow-Up Visits within 30 Days	56.4%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): Blood Glucose Testing	51.3%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): Cholesterol Testing	36.6%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): Blood Glucose and Cholesterol Testing	34.7%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	60.6%
Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA): Follow-Up Visits within 7 Days	1.9%
Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA): Follow-Up Visits within 30 Days	3.7%
Follow-Up After ED Visit for Mental Illness (FUM): Follow-Up Visits within 7 Days	38.1%
Follow-Up After ED Visit for Mental Illness (FUM): Follow-Up Visits within 30 Days	54.6%

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, 2022i). 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 of the prior CY through the final day of February in the CY being reported, 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, 2020b). 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:

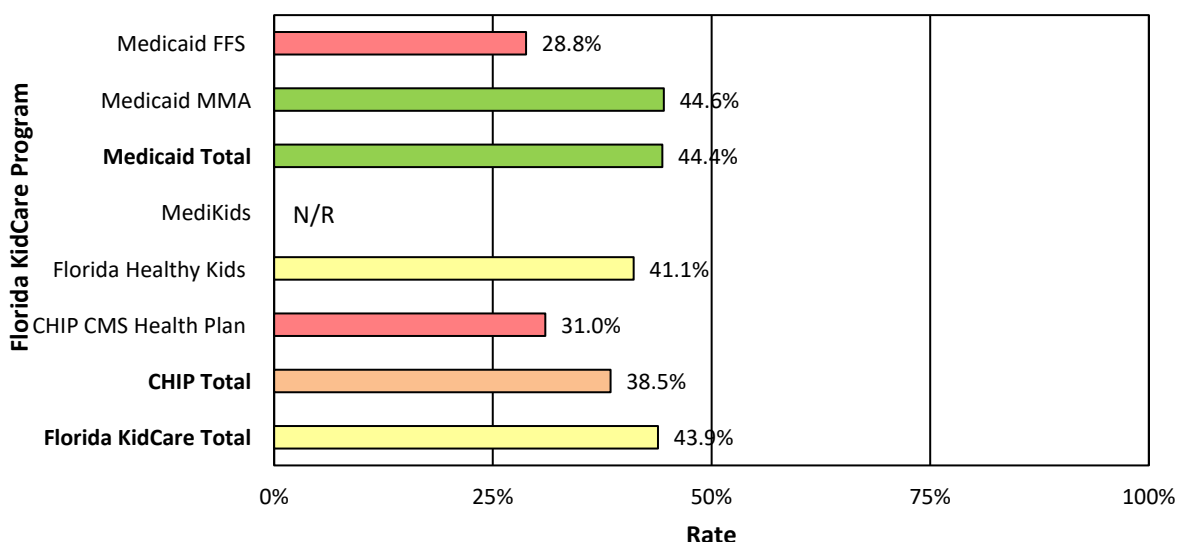
- **Initiation Phase**- measures children who have been newly prescribed medication for ADHD and had one or more follow-up visits, including telehealth visits, with a provider with prescribing authority within 30 days of the earliest prescription dispensing date. Members must have continuous enrollment 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 2021 Florida KidCare program rate was 44%, while the continuation and maintenance phase sub-measure was 60%. The two Florida KidCare rates were lower than in CY 2020 though still consistent with trends seen in the previous five years. Rates for Medicaid FFS increased across both sub-measures from the year prior. Performance on these sub-measures was mixed for the health plans, with Sunshine-SMI (Medicaid MMA) and Simply (Florida Healthy Kids) performing highest at 56% and 44%, respectively, for the Initiation sub-measure, while AmeriHealth (Medicaid MMA) and Simply (Florida Healthy Kids) produced the highest rates at 69% and 68%, respectively, for the Continuation and Maintenance sub-measure.

Figure 43 presents the Florida KidCare program results and associated benchmark percentiles for the Initiation Phase sub-measure in CY 2021, while **Figure 44** presents the Continuation and Maintenance Phase sub-measure results and benchmark percentiles. Trending data and benchmark percentiles for the Initiation Phase sub-measure are displayed in **Table 58**, and the Continuation and Maintenance Phase trending data and benchmark percentiles are listed in **Table 59**.

Located in Appendix C, **Figure 132** to **Figure 135** present the CY 2021 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 43. Florida KidCare Program Results for ADD: Initiation Phase, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

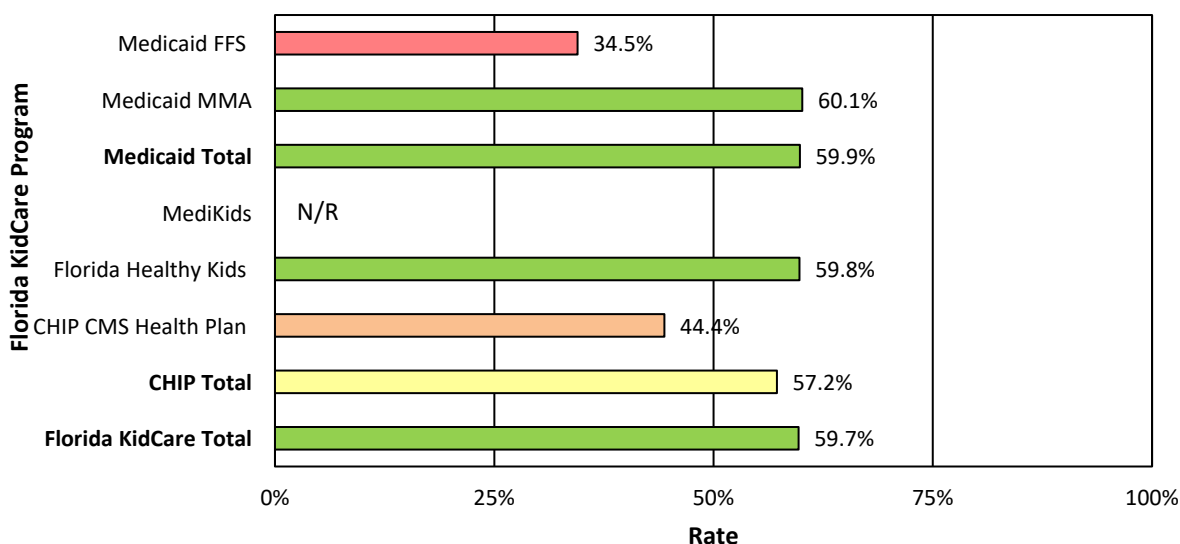
Note. This legend applies to **Figure 43** and **Table 58**.

Table 58. ADD: Initiation Phase Results by Florida KidCare Program, CY 2017 to CY 2021

Program	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Medicaid FFS	22.3%	24.6%	23.1%	23.3%	28.8%
Medicaid MMA	48.2%	40.7%	45.8%	47.7%	44.6%
Medicaid Total	47.8%	40.6%	45.6%	47.4%	44.4%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	49.9%	42.2%	47.6%	47.6%	41.1%
CHIP CMS Health Plan	35.2%	39.1%	34.5%	31.2%	31.0%
CHIP Total	47.1%	41.6%	44.5%	41.2%	38.5%
Florida KidCare Total	47.8%	40.6%	45.5%	47.0%	43.9%

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.

Figure 44. Florida KidCare Program Results for ADD: Continuation and Maintenance Phase, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 44** and **Table 59**.

Table 59. ADD: Continuation and Maintenance Phase Results by Florida KidCare Program, CY 2017 to CY 2021

Program	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Medicaid FFS	15.9%	28.4%	26.2%	20.0%	34.5%
Medicaid MMA	63.9%	54.5%	57.3%	62.7%	60.1%
Medicaid Total	63.3%	54.1%	57.1%	62.2%	59.9%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	63.8%	57.0%	63.2%	64.8%	59.8%
CHIP CMS Health Plan	57.1%	59.2%	42.9%	42.1%	44.4%
CHIP Total	63.0%	57.3%	61.1%	58.8%	57.2%
Florida KidCare Total	63.2%	54.3%	57.3%	62.1%	59.7%

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

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.

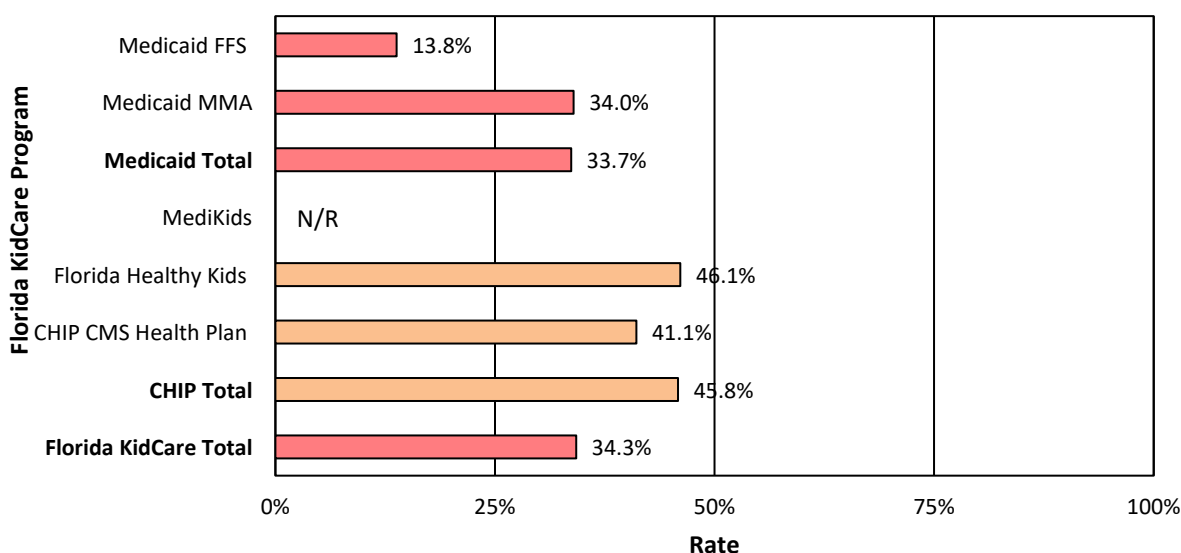
Repeat hospitalizations are associated with negative outcomes. Psychiatric readmissions for children can disrupt families and cause emotional and physical distress (Phillips et al., 2020). Furthermore, Phillips et al. (2020) note that 33-38% of patients face readmission within one year of discharge, 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, 2020b). For both sub-measures, telehealth visits count toward compliance.

In CY 2021, the Florida KidCare rate for follow-up visits within seven days was 34%, while the rate was 56% for the 30-day sub-measure. Most of the Medicaid MMA plans had rates near or above the state rates for both sub-measures. The same was true of all of the Florida Healthy Kids plans, with Aetna's rates at least 15 percentage points higher than the Florida KidCare rate for both sub-measures.

Figure 45 and **Figure 46** presents Florida KidCare program results and applicable benchmark percentiles for follow-up visits within seven days and 30 days, respectively, in CY 2021. **Table 60** and **Table 61** present the trending data for these sub-measures. Located in Appendix C, **Figure 136** to **Figure 139** present the CY 2021 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles for FUH.

Figure 45. Florida KidCare Program Results for FUH: Follow-Up Visits within Seven Days, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

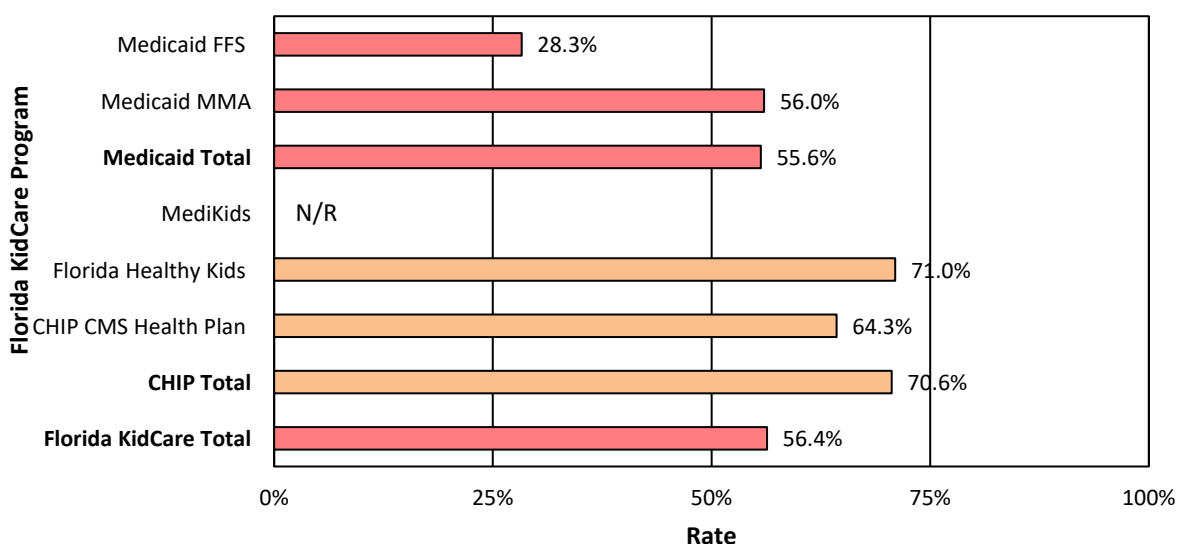
Note. This legend applies to Figure 45 and Table 60.

Table 60. FUH: Follow-Up Visits within Seven Days Results by Florida KidCare Program, CY 2019 to CY 2021

Program	CY 2019	CY 2020	CY 2021
Medicaid FFS	21.2%	19.3%	13.8%
Medicaid MMA	38.0%	42.0%	34.0%
Medicaid Total	37.9%	41.7%	33.7%
MediKids	N/R	N/R	N/R
Florida Healthy Kids	38.0%	46.2%	46.1%
CHIP CMS Health Plan	N/A	N/A	41.1%
CHIP Total	38.0%	46.0%	45.8%
Florida KidCare Total	37.9%	41.9%	34.3%

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 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 46. Florida KidCare Program Results for FUH: Follow-Up Visits within 30 Days, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 46** and **Table 61**.

Table 61. FUH: Follow-Up Visits within 30 Days Results by Florida KidCare Program, CY 2019 to CY 2021

Program	CY 2019	CY 2020	CY 2021
Medicaid FFS	35.3%	30.3%	28.3%
Medicaid MMA	62.1%	65.3%	56.0%
Medicaid Total	61.9%	64.9%	55.6%
MediKids	N/R	N/R	N/R
Florida Healthy Kids	58.4%	70.3%	71.0%
CHIP CMS Health Plan	N/A	N/A	64.3%
CHIP Total	58.1%	69.9%	70.6%
Florida KidCare Total	61.8%	65.1%	56.4%

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 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.

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.

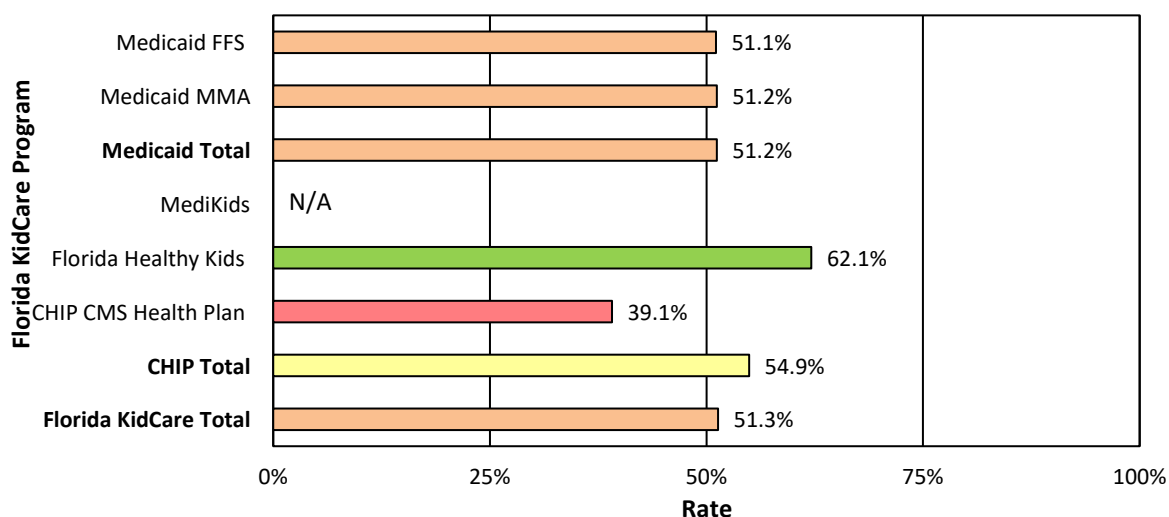
The CY 2021 Florida KidCare program rate for blood glucose testing was 51%, and for cholesterol testing, the rate was 37%. The combined rate for both types of testing was 35%. Across all sub-measures, all of the program components saw an increased rate from the year prior and, in some cases, the CY 2021 rate exceeded the rate from the beginning of the look-back period. Florida Healthy Kids, in particular, saw rate increases of several percentage points from CY 2020 in each sub-measure due to strong performances from the Aetna and Simply health plans. Among the Medicaid MMA plans, more than half of the plans with reportable data had rates higher than the state rate for each sub-measure, with AmeriHealth serving as best-performing plan for two of the three sub-measures.

Figure 47 presents the CY 2021 Florida KidCare rate and benchmark percentiles for the blood glucose testing, while **Figure 48** details the data for cholesterol testing. **Figure 49** shows Florida KidCare program CY 2021 results and associated benchmark percentiles for both types of testing.

Table 62, **Table 63**, and **Table 64** present the trending data for each of the sub-measures, respectively.

Located in Appendix C, **Figure 140** to **Figure 145** present the CY 2021 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles for all sub-measures.

Figure 47. Florida KidCare Program Results for APM: Blood Glucose Testing, All Ages, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

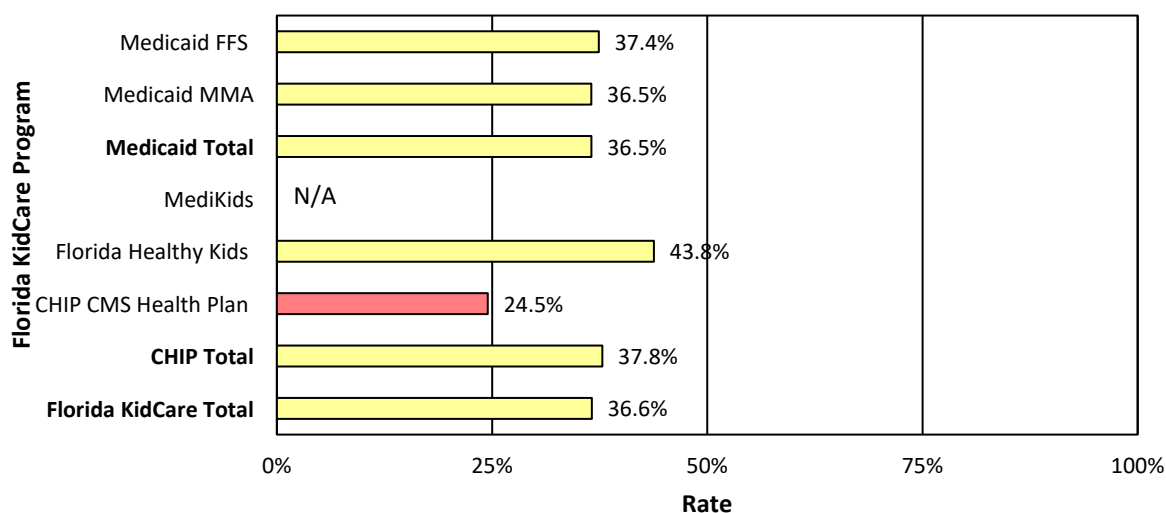
Note. This legend applies to **Figure 47** and **Table 62**.

Table 62. APM: Blood Glucose Testing, All Ages Results by Florida KidCare Program, CY 2019 to CY 2021

Program	CY 2019	CY 2020	CY 2021
Medicaid FFS	44.5%	49.3%	51.1%
Medicaid MMA	53.6%	47.0%	51.2%
Medicaid Total	53.4%	47.1%	51.2%
MediKids	N/A	N/A	N/A
Florida Healthy Kids	58.0%	52.6%	62.1%
CHIP CMS Health Plan	36.2%	34.7%	39.1%
CHIP Total	50.3%	46.3%	54.9%
Florida KidCare Total	53.3%	47.0%	51.3%

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 48. Florida KidCare Program Results for APM: Cholesterol Testing, All Ages, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

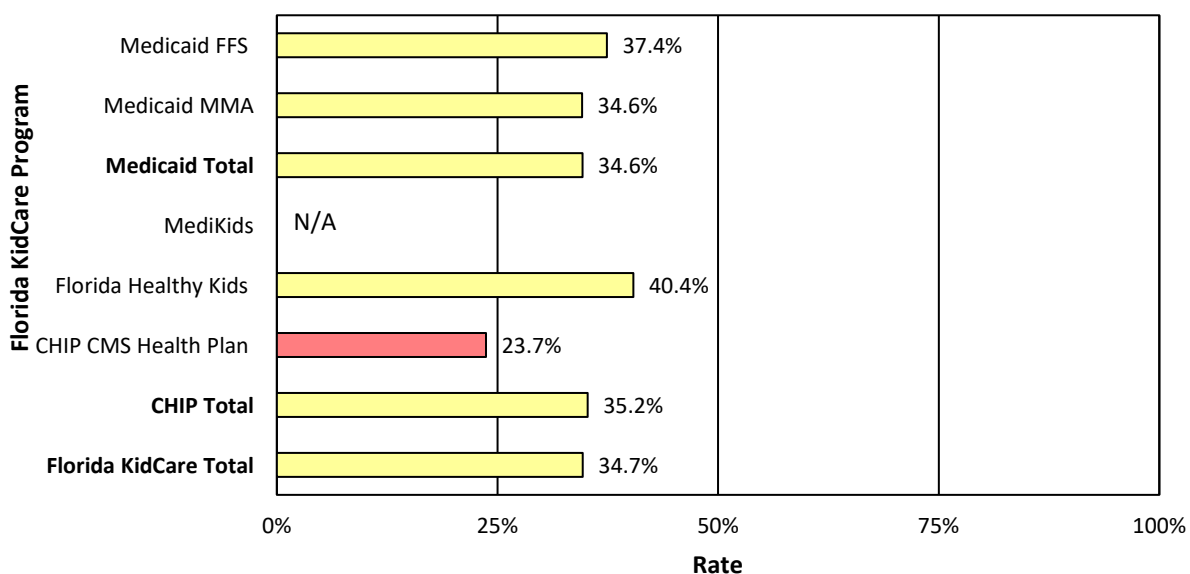
Note. This legend applies to **Figure 48** and **Table 63**.

Table 63. APM: Cholesterol Testing, All Ages Results by Florida KidCare Program, CY 2019 to CY 2021

Program	CY 2019	CY 2020	CY 2021
Medicaid FFS	32.6%	34.3%	37.4%
Medicaid MMA	40.5%	34.9%	36.5%
Medicaid Total	40.3%	34.9%	36.5%
MediKids	N/A	N/A	N/A
Florida Healthy Kids	41.7%	37.5%	43.8%
CHIP CMS Health Plan	23.0%	19.9%	24.5%
CHIP Total	35.1%	31.3%	37.8%
Florida KidCare Total	40.1%	34.7%	36.6%

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 49. Florida KidCare Program Results for APM: Blood Glucose and Cholesterol Testing, All Ages, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 49** and **Table 64**.

Table 64. APM: Blood Glucose and Cholesterol Testing, All Ages Results by Florida KidCare Program, CY 2019 to CY 2021

Program	CY 2019	CY 2020	CY 2021
Medicaid FFS	32.0%	33.6%	37.4%
Medicaid MMA	37.7%	31.9%	34.6%
Medicaid Total	37.6%	31.9%	34.6%
MediKids	N/A	N/A	N/A
Florida Healthy Kids	38.6%	34.7%	40.4%
CHIP CMS Health Plan	20.2%	18.7%	23.7%
CHIP Total	32.2%	29.0%	35.2%
Florida KidCare Total	37.4%	31.8%	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.

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

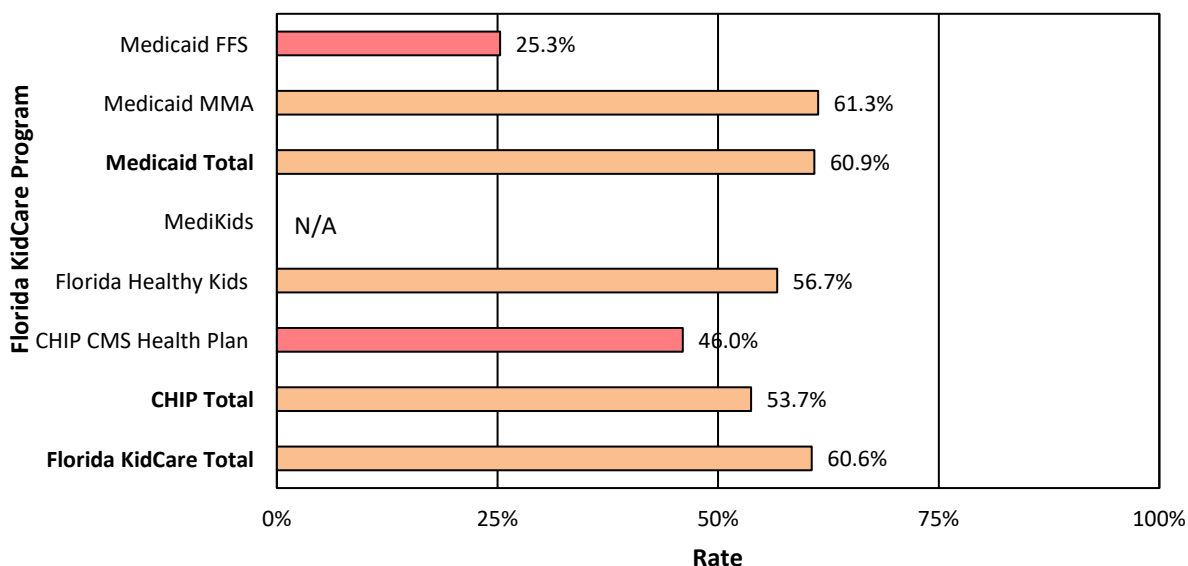
APP measures the percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of a psychosocial care visit as the first line of treatment (NCQA, 2020b). Members must not have had antipsychotic medications dispensed for a period of at least 120 days prior to the CY 2021 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 2021, that rate was 61%, a slight decrease from CY 2020 but consistent with the five-year trends. Among the health plans, seven of the 12 Medicaid MMA plans with totals exceeding the NCQA small denominator threshold had rates higher than the state total. AmeriHealth, in particular, had a rate of 79% for this measure.

Figure 50 presents Florida KidCare program results and associated benchmark percentiles for CY 2021, and **Table 65** presents the trending results for each of the Florida KidCare programs, with applicable benchmark percentiles.

Located in Appendix C, **Figure 146** and **Figure 147** present the CY 2021 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 50. Florida KidCare Program Results for APP: All Ages, CY 2021



Note. N/R denotes programs or plans for 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	
75 th and above	25 th to 49.9 th
50 th to 74.9 th	24.9 th and below

Note. This legend applies to **Figure 50** and **Table 65**.

Table 65. APP: All Ages Results by Florida KidCare Program, CY 2017 to CY 2021

Program	CY 2017	CY 2018	CY 2019	CY 2020	CY 2021
Medicaid FFS	18.7%	21.1%	24.2%	25.0%	25.3%
Medicaid MMA	62.1%	61.7%	61.4%	62.7%	61.3%
Medicaid Total	61.5%	61.0%	60.8%	62.3%	60.9%
MediKids	N/A	N/A	N/A	N/A	N/A
Florida Healthy Kids	46.3%	53.3%	58.7%	57.8%	56.7%
CHIP CMS Health Plan	47.1%	39.3%	46.4%	46.0%	46.0%
CHIP Total	46.5%	48.9%	54.7%	53.4%	53.7%
Florida KidCare Total	60.7%	60.4%	60.5%	61.8%	60.6%

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

Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13-17 (FUA)

Follow-up care after an ED visit for alcohol or drug use is an important part of recovery. Without adequate follow-up care, those visiting an ED are likely to see recurrence of their symptoms (Croake et al., 2017). This has led many EDs to create plans to intervene at the point of care through brief interventions such as the Screening, Brief Intervention and Referral for Treatment (SBIRT) method (Barata et al., 2017) or work more closely with community partners who can supply needed follow-up care (Croake et al., 2017). While the role of the ED in substance use intervention is still relatively new, the ED has been identified as an opportunity to intervene because it is recognized as being the “front door” to the hospital and already disproportionately provides care for patients (Hawk & D’Onfrio, 2018).

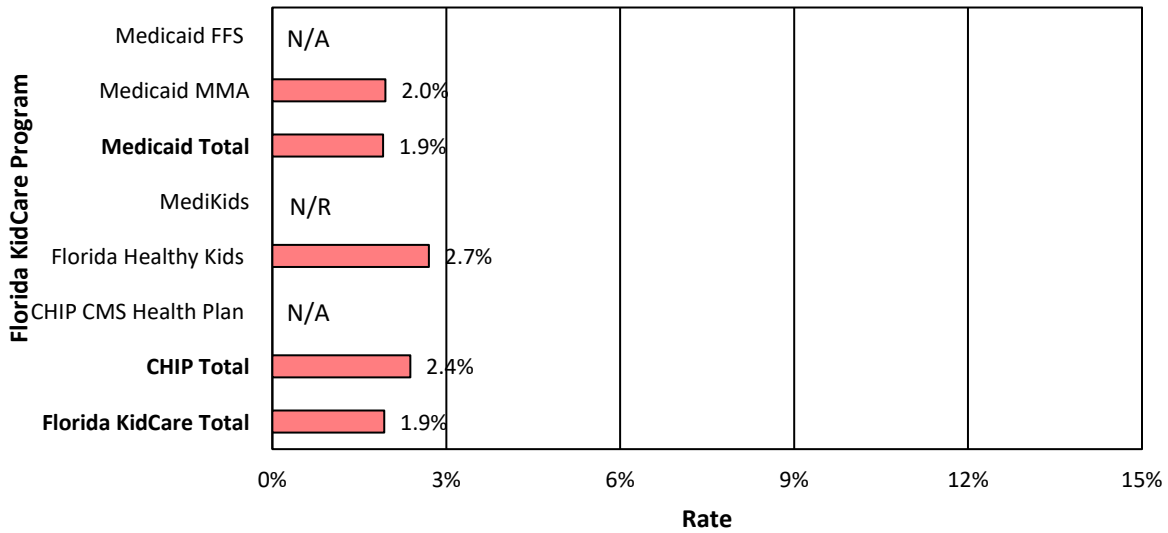
According to the SAMHSA, the rate of ED visits involving alcohol and drugs for ages 12 to 17 was 126.5 per 100,000 in 2011 (2013). Note that while this data is dated, SAMHSA is currently analyzing more updated data for this age group. Preliminary results show that, of the total number of alcohol-related ED visits for this nationally representative sample, those under the age of 18 accounted for 1.18% (SAMHSA, 2022). Intervention for patients ages 12-17 is crucial to break patterns of alcohol and other substance use as severe substance use disorder symptoms during adolescence can be indicative of similar struggles in adulthood (McCabe et al., 2022).

The HEDIS indicator examines results for follow-up visits for between the ages of 13 and 17 after a principal diagnosis of alcohol or other drug abuse or dependence during an ED visit. As with FUH, the follow-up periods are within seven days and within 30 days. The denominator is based on ED visits, not members, and, in the case of more than one ED visit within 31 days, only the first visit is considered. If the ED visit leads to an inpatient stay, it does not count for this measure. Follow-up visits can be with any providers and telehealth visits meet the measure criteria. HEDIS bases the diagnosis of abuse or dependence in line with changes made to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which took the previously separate categories of substance abuse and substance dependence and combined them into one category and enacted a range of severity to accompany diagnoses (Hasin et al., 2013). For this measure, a diagnosis of any severity meets criteria. Note that while “abuse” is an older term implying dangerous behavior that may carry stigma, thus causing many professionals to instead use the term “misuse” in its place, the latter is not yet a diagnostic term (HHS, 2016) used by either the DSM-5 or the HEDIS specifications.

In CY 2021, the Florida KidCare rate for the follow-up visits within seven days was 2% while the rate was 4% for the follow-up visits within 30 days. Only six of the Medicaid MMA plans had reportable rates for these sub-measures; for the seven-day sub-measure, half of those plans met or exceeded the Florida KidCare rate. For the 30-day sub-measure, four of the six met this threshold.

Figure 51 and **Figure 52** present Florida KidCare program results and applicable benchmark percentiles for follow-up visits within seven days and 30 days, respectively, in CY 2021. 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 148** to **Figure 151** present the CY 2021 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles for both sub-measures.

Figure 51. Florida KidCare Program Results for FUA: Follow-Up Visits within Seven Days, CY 2021

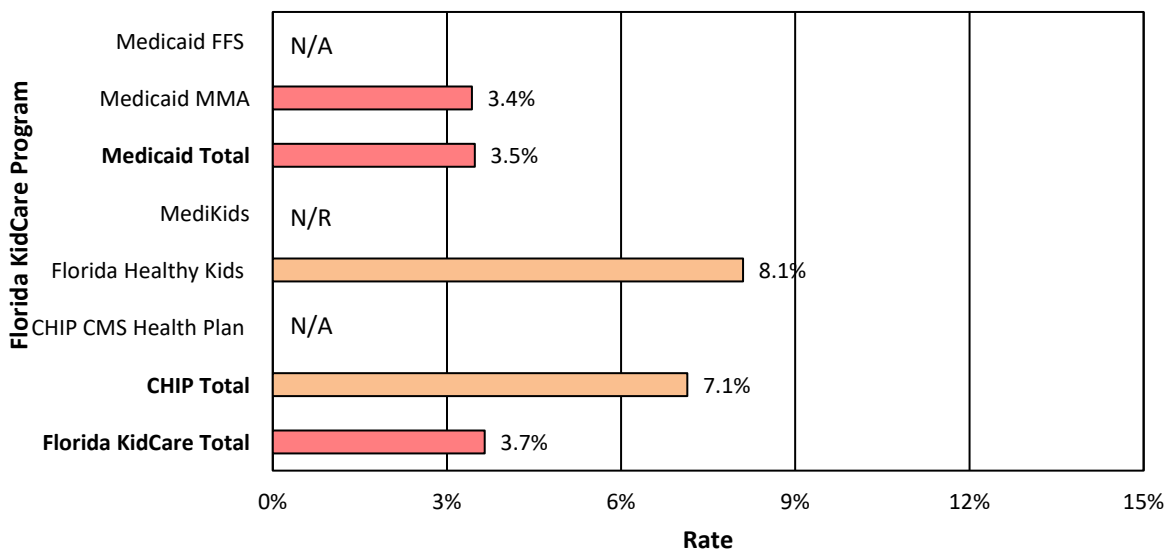


Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

Note. This legend applies to **Figure 51** and **Figure 52**.

Figure 52. Florida KidCare Program Results for FUA: Follow-Up Visits within 30 Days, CY 2021



Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for 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 Emergency Department Visit for Mental Illness: Ages 6-17 (FUM)

Providing follow-up care for those who have had an ED visit has been linked to fewer repeat ED visits and lessening of initial symptoms (Croake et al., 2017). Patients with public health insurance have been found to be less compliant with follow-up attendance after ED discharge, which may be due to socioeconomic factors that make it challenging to access care (Palleiko et al., 2020). Rates of follow-up care for acute conditions tend to be higher as the need for care tends to be obvious and oftentimes urgent (e.g., for a broken limb). However, chronic conditions such as mental illnesses, can be harder to diagnose or not taken seriously, potentially making follow-up care seem less urgent (Palleiko et al., 2020).

A Healthy People 2030 objective aims to increase the proportion of children with mental health problems who receive treatment to 79.3% from the 2019 baseline of 71% (Healthy People 2030, n.d.-d). However, follow-up care is not mentioned in that objective. This continuity of care is especially important given recent statistics: Overall, child mental health ED visits were relatively stable in 2021 compared to 2019, though visits for specific types of mental health diagnoses such as depression, tic, and eating disorders were higher—in some cases, double the 2019 rates—for adolescent females. This may be a result of increased anxiety or stress from the coronavirus disease 2019 (COVID-19) pandemic (Radhakrishnan et al., 2022). Prior to COVID-19, one in five children ages 3-17 had a mental health diagnosis and recent research has noted a worldwide uptick during the pandemic of mental health challenges in youth such as anxiety, depression (Office of the Surgeon General, 2021).

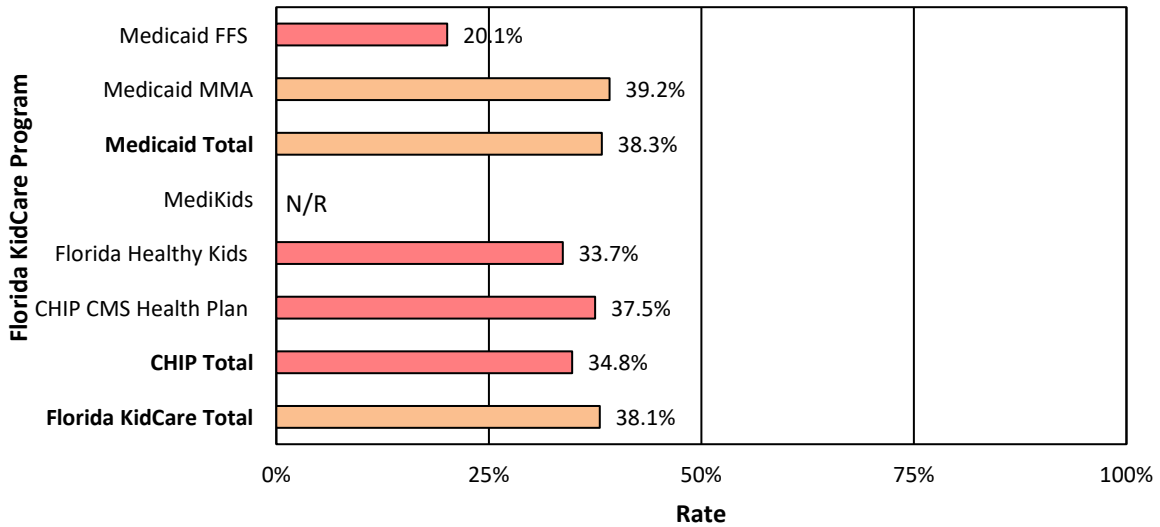
Given these trends, it is crucial to intervene early—and continue to ensure intervention through follow-up care—so that early symptoms don't become an urgent mental health crisis. Given the challenges this population can face when seeking follow-up care, alternative methods of providing mental health services, including telehealth, are also important. As is the case with the FUA measure, this measure considers telehealth care and visits to any provider type compliant and visits resulting in hospitalization are excluded. This measure is similar to the FUH measure, though this measure considers only ED visits whereas FUH examines members hospitalized for mental illness. This measure repeats the same follow-up terms as the FUH and FUA measures, at seven days post-ED discharge and at 30 days, and only the first ED visit counts per each 31-day period.

The CY 2021 Florida KidCare program rate for the seven-day follow up was 38% and for the 30-day follow-up, the rate was 55%. Half of the Medicaid MMA plans with rates above the NCQA small denominator threshold met or exceeded the state total, with Sunshine-CW as the highest performing plan for both sub-measures at 51% and 71% for the seven-day and 30-day sub-measures, respectively.

Figure 53 and **Figure 54** present the Florida KidCare program results and applicable benchmark percentiles for follow-up visits within seven days and 30 days, respectively, in CY 2021. As this is the first year the measure is included in this report, trending data will appear in subsequent reports.

Located in Appendix C, **Figure 152** to **Figure 155** present the CY 2021 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles for both sub-measures.

Figure 53. Florida KidCare Program Results for FUM: Follow-Up Visits within Seven Days, CY 2021

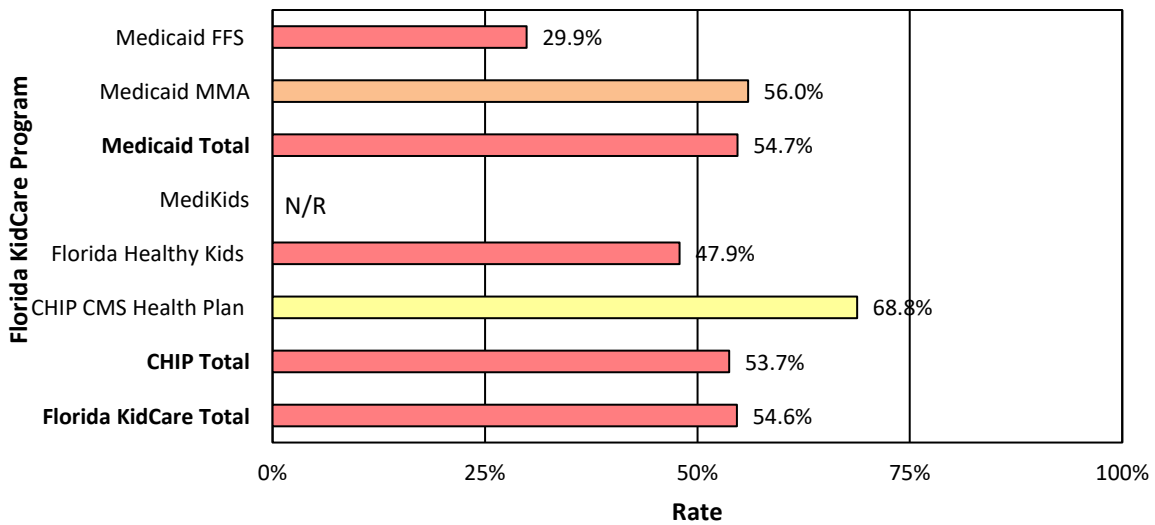


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

Note. This legend applies to **Figure 53** and **Figure 54**.

Figure 54. Florida KidCare Program Results for FUM: Follow-Up Visits within 30 Days, CY 2021



Note. N/R denotes programs or plans for 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.-f). 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 (National Institute of Dental and Craniofacial Research, 2021).

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 aged 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 rate of untreated decay rose with age and was most prevalent within non-Hispanic Black children (Florida DOH Public Health Dental Program, 2021).

The measures 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).

Note that in this section, the dental data listed for Medicaid FFS and MediKids considers members not enrolled in a dental plan, while the rate listed as “Medicaid MMA” utilizes plan-reported data through the state’s Medicaid dental health plans that serve all Medicaid members.

Table 66 presents the Florida KidCare overall rates in CY and Federal Fiscal Year (FFY) 2021 for the measures presented in this section. Please note that FFY 2021 ran from October 1, 2020 through September 30, 2021. 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 66. Florida KidCare Rates for Dental and Oral Health Services Measures in FFY/CY 2021

Measure	Florida KidCare Rate
Percentage of Eligibles Who Received Preventive Dental Services (PDENT)	FFY 2021: 36.8%
Oral Evaluation, Dental Services (OEV): All Ages	35.6%
Topical Fluoride for Children (TFL): All Ages- Dental or Oral Health Services	22.1%
Sealant Receipt on Permanent First Molars (SFM): At Least One Sealant	38.4%
Sealant Receipt on Permanent First Molars (SFM): All Four Molars Sealed	25.0%

Percentage of Eligibles Who Received Preventive Dental Services (PDENT)

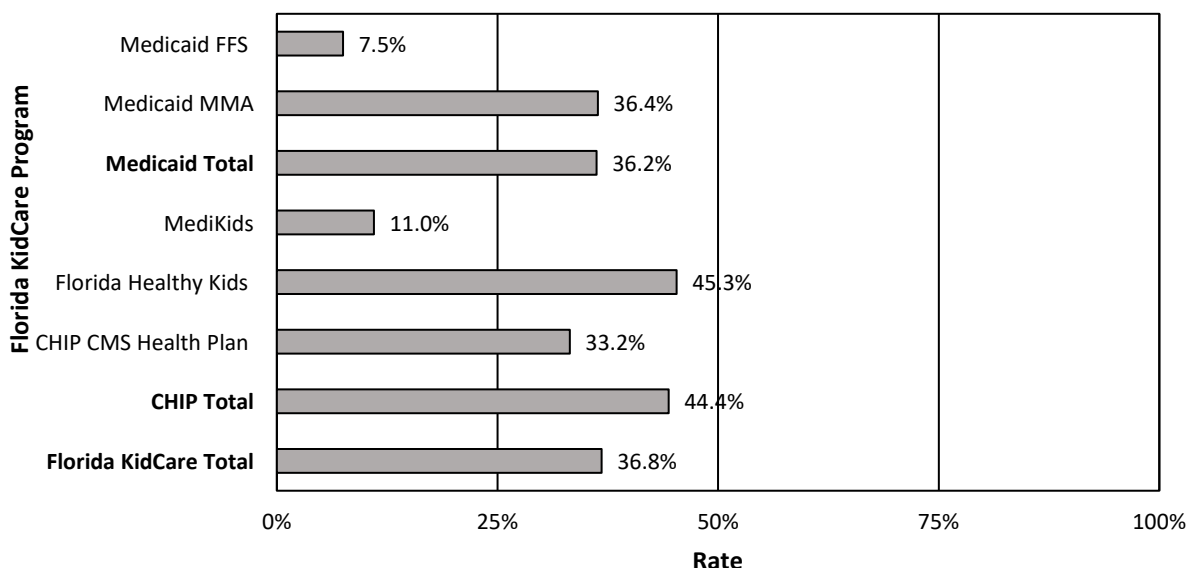
The American Academy of Pediatric Dentistry (AAPD, 2018) recommends periodic preventive dental health services beginning at the time of the eruption of the first tooth and no later than 12 months of age. These services can include prophylaxis (dental cleanings), fluoride treatment, radiographic assessments, 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, 2021). Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, a component of Medicaid, includes preventive dental services like those considered compliant for this measure. 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.

The Florida KidCare FFY 2021 rate for PDENT was 37%, a slight increase from FFY 2020. The PDENT rates for all three of the Florida Healthy Kids dental plans improved from last year, which led to an overall increase in the Florida Healthy Kids program component rate, as well as the CHIP program rate, for FFY 2021. Two of the three Medicaid dental plans had increased rates compared to last year, which helped increase the overall Medicaid program rate. In fact, all program components with reportable rates each year improved in FFY 2021 with the sole exception of CHIP CMS Health Plan, which decreased by two percentage points from the prior year.

The FFY 2021 Florida KidCare program component rates for PDENT are shown in **Figure 55**, with trending data presented in **Table 67**. The FFY 2021 rates for each of the Medicaid dental plans are depicted in Appendix C, **Figure 156**. **Figure 157** presents the FFY 2021 results for the Florida Healthy Kids dental plans. While this measure is no longer included in the 2022 Child Core Set, it has been included here at the request of AHCA. As this measure was not a HEDIS measure, national benchmarks are not available.

Figure 55. Florida KidCare Program Results for PDENT, FFY 2021



Note. N/R denotes programs or plans for 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 67. PDENT Results by Florida KidCare Program, FFY/CY 2017 to FFY 2021

Program	FFY/CY ^a 2017	FFY 2018	FFY 2019	FFY 2020	FFY 2021
Medicaid FFS	6.9%	8.3%	13.5%	4.9%	7.5%
Medicaid MMA	38.9%	39.7%	39.9%	34.7%	36.4%
Medicaid Total	38.2%	39.0%	39.8%	34.7%	36.2%
MediKids	25.8%	27.3%	18.3%	N/A	11.0%
Florida Healthy Kids	46.9%	46.5%	46.9%	40.4%	45.3%
CHIP CMS Health Plan	35.5%	37.8%	39.8%	35.3%	33.2%
CHIP Total	43.4%	43.8%	46.4%	40.1%	44.4%
Florida KidCare Total	38.7%	39.4%	40.5%	35.2%	36.8%

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

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

Oral Evaluation, Dental Services (OEV)

Dental caries are the most common chronic disease of children and adolescents (CDC, 2022b). If left untreated, children may face greater difficulty eating, speaking, socializing, and learning due to a higher risk of infection and the resultant oral pain that renders these everyday tasks uncomfortable.

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 (Dental Quality Alliance [DQA], 2018). For example, if a child is found to have little saliva or suffers from dry mouth due to a preexisting condition or medication, they would be considered to be at greater risk for caries. Alternatively, if a child is known to brush twice a day with fluoride-containing toothpaste or uses other fluoride containing products, this would be considered a protective factor from caries (DQA, 2018).

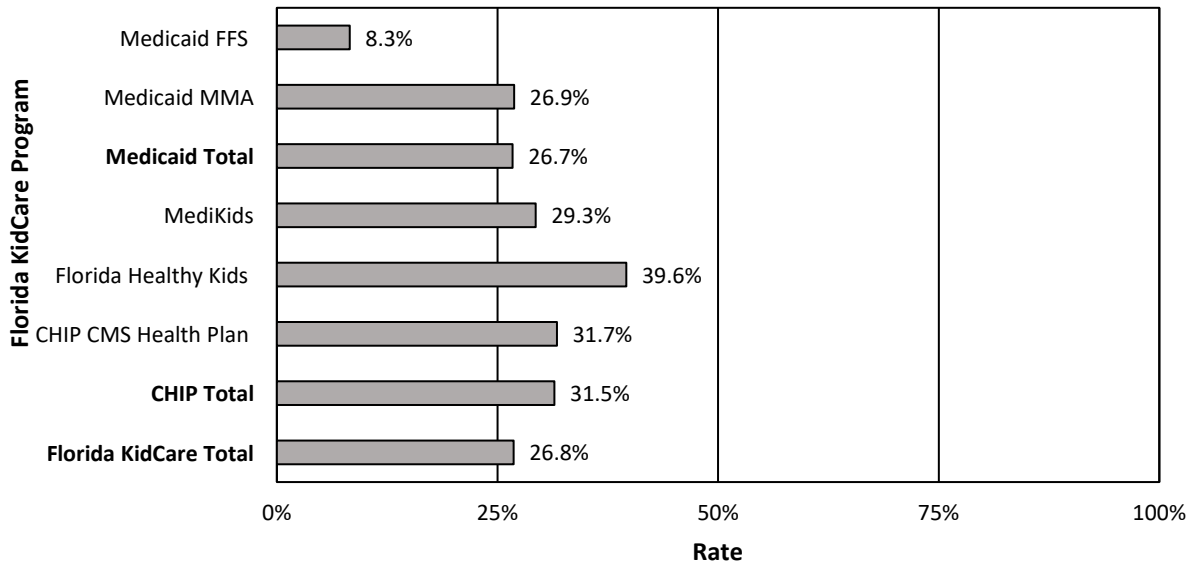
According to the CDC (2022b), over half (52%) of children age 6-8 years old have had a cavity in their primary (baby) teeth. The AAPD (2018) recommends check-ups every six months following the appearance of the child's first tooth. Forgoing these visits can lead to worsening of cavities, causing pain and infections that impact the ability for children to eat and speak. Additionally, children who have poor oral health often miss more school and receive lower grades than children who don't (CDC, 2022b). As such, it is important that children receive periodic oral evaluations to prevent progression of caries and cavities through early identification (DQA, 2022a). The AAPD (2018) suggests children with increased risk factors for caries see a dentist more often—every three months, for example.

OEV measures the percentage of enrolled children up to 20 years of age who received a comprehensive or periodic oral evaluation within the reporting year (DQA, 2022a). This measure has been added to the Child Core Set for reporting in subsequent years and, at the request of AHCA, was calculated for CY 2021 through use of the measure steward specifications. The DQA is a group of oral health stakeholders established by the American Dental Association (ADA) and committed to creating quality measures for this area. The measure specifications for this measure are very similar to the specifications to be used in future Child Core Set reporting; thus, future measure results for OEV will be comparable to the CY 2021 data presented here and a trending table will be provided in future reports. As this measure is not a HEDIS measure, national benchmarks are not available.

The measure specifications for OEV cover nine age stratifications. Presented in this report are the results for the OEV measure for the following age stratifications: 0-5, 6-11, 12-20, and all ages within Florida KidCare. When considering all ages, 36% of Florida KidCare members received an oral evaluation in CY 2021. Across both the Medicaid and Florida Healthy Kids dental programs, DentaQuest performed especially well, at 39% for all ages in the Medicaid program and 51% for all ages in the Florida Healthy Kids program.

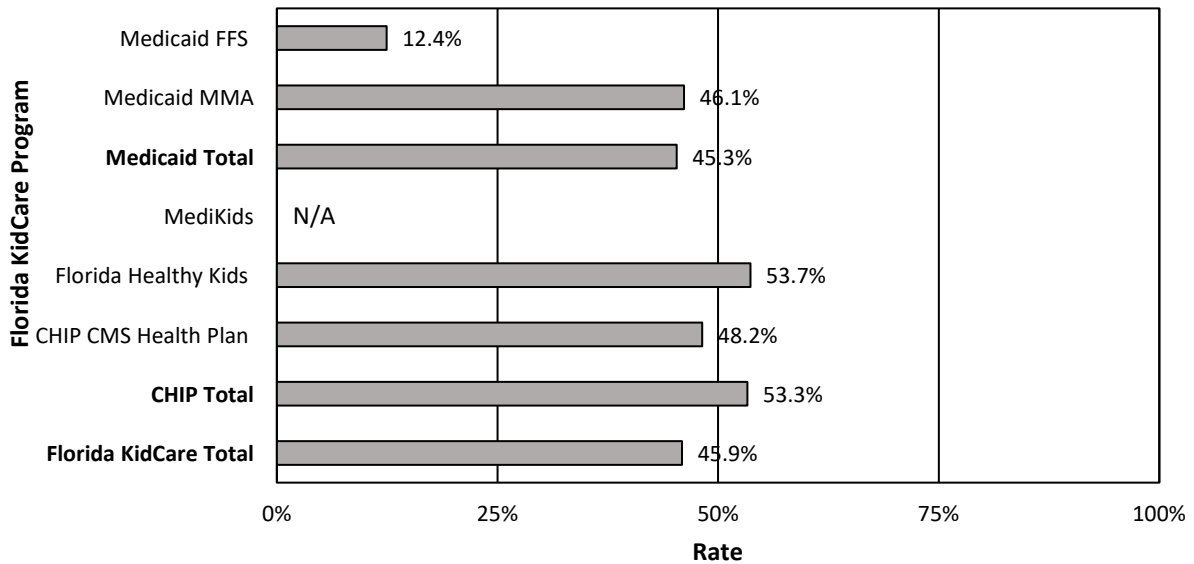
Program component-specific data are shown from **Figure 56 - Figure 59**. Located in Appendix C, **Figure 158 - Figure 165** present the CY 2021 Medicaid and Florida Healthy Kids dental plan results.

Figure 56. Florida KidCare Program Results for OEV: Ages 0-5, CY 2021



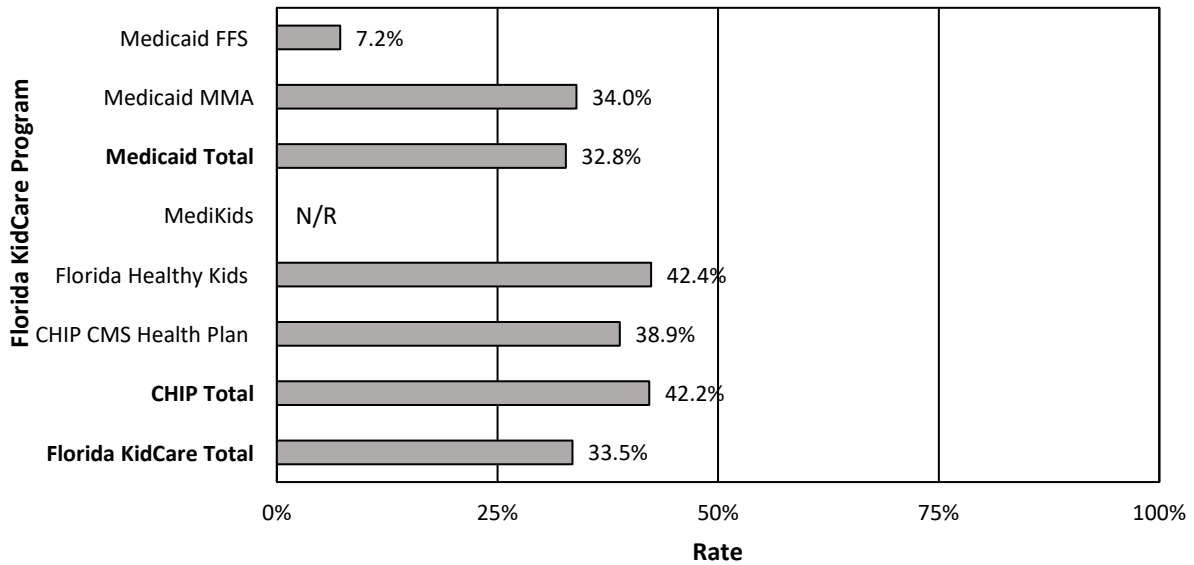
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 57. Florida KidCare Program Results for OEV: Ages 6-11, CY 2021



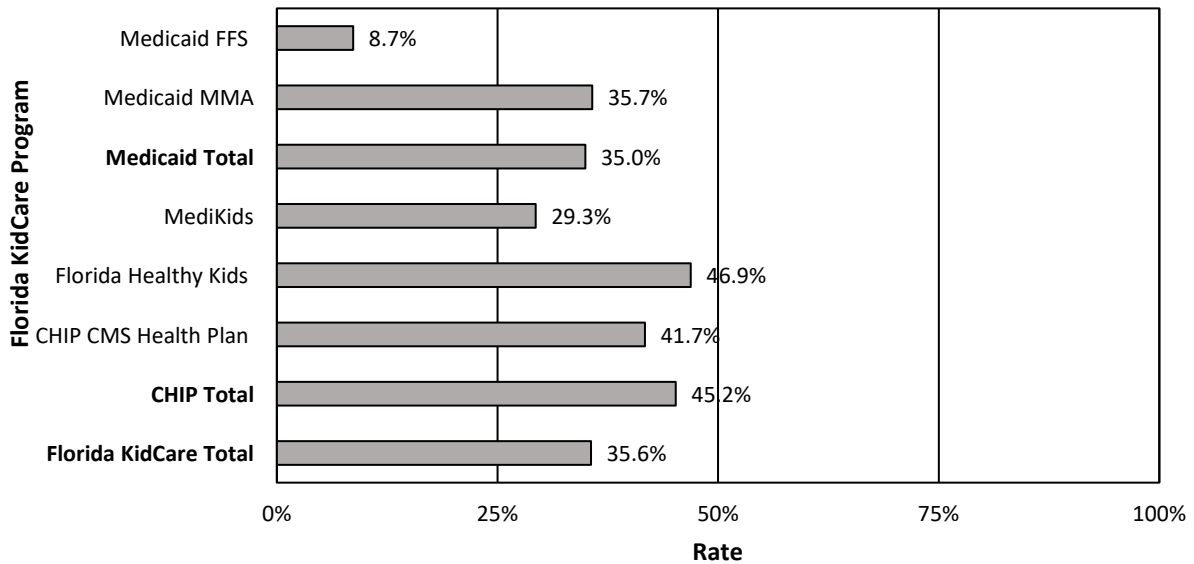
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 58. Florida KidCare Program Results for OEV: Ages 12-20, CY 2021



Note. N/R denotes programs or plans for 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 59. Florida KidCare Program Results for OEV: All Ages, CY 2021



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

Topical Fluoride for Children (TFL)

The use of fluoride remains a key component in preventing cavities in both children and adults. Fluoride benefits children by strengthening the adult teeth that are developing under the gums, and, according to the CDC (2020), drinking fluoridated water can reduce tooth decay by approximately 25%. However, fluoridated water alone is not sufficient to completely prevent cavities. The CDC (2022b) recommends parents speak to their dentist or doctor about fluoride varnish application as soon as their child experiences his or her very first tooth eruption.

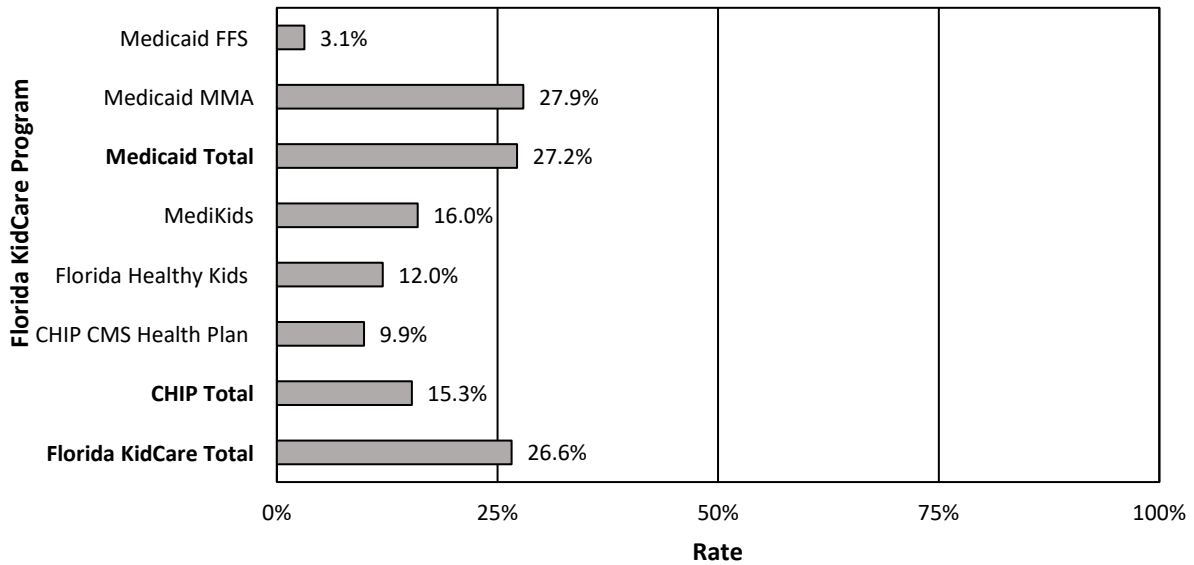
TFL measures the percentage of children 1-20 years of age who received at least two topical fluoride applications on different dates of service (DQA, 2022b). This application can be recorded as a dental or an oral health service within the reporting year, the distinction being that oral health services can be offered by a PCP while dental services are administered by, or supervised under the provision of, a dentist. In addition, services provided by a county health department's dental clinic are considered dental services as well (DQA, 2022b).

TFL assumes all modes of topical fluoride application share the same effectiveness. As such, the application of fluoride varnish (comprised of sodium fluoride in an alcohol and resin-based solution) or non-varnish fluoride products such as gels are both acceptable (DQA, 2022b). This measure has been added to the Child Core Set for reporting in subsequent years and, at the request of AHCA, was calculated for CY 2021 through use of the measure steward specifications. As with the OEV measure, the measure steward for TFL is DQA. The measure specifications for this measure are very similar to the specifications to be used in future Child Core Set reporting; thus, future measure results for TFL will be comparable to the CY 2021 data presented here and a trending table will be provided in future reports. As this measure is not a HEDIS measure, national benchmarks are not available.

Note that though the measure specifications offer three sub-measures, Dental or Oral Health Services, Dental Services, and Oral Health Services, this report presents only the Dental or Oral Health Services totals. The measure specifications for TFL cover eight age stratifications. Presented in this report are the results for the TFL measure for the following age stratifications: 1-5, 6-11, 12-20, and all ages. Across all ages, 22% of Florida KidCare members received at least two topical fluoride applications in CY 2021. Of the six dental health plans, four exceeded the all ages state rate including all three of the Medicaid plans and one Florida Healthy Kids plan (DentaQuest).

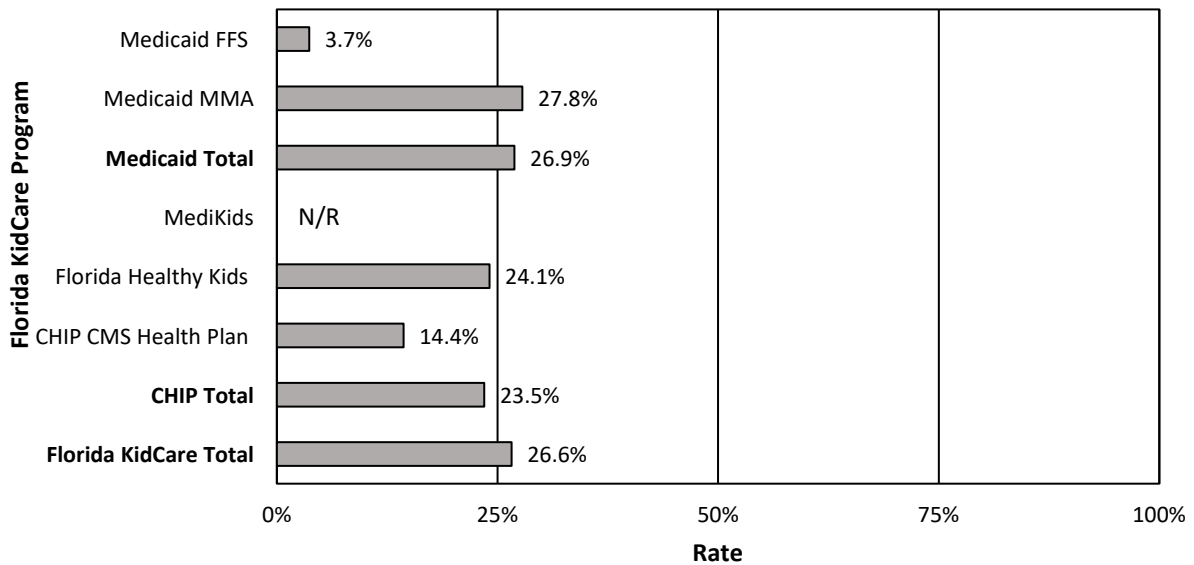
These rates are depicted in **Figure 60- Figure 63**. Located in Appendix C, **Figure 166 - Figure 173** present the CY 2021 Medicaid and Florida Healthy Kids dental plan results.

Figure 60. Florida KidCare Program Results for TFL: Ages 1-5- Dental or Oral Health Services, CY 2021



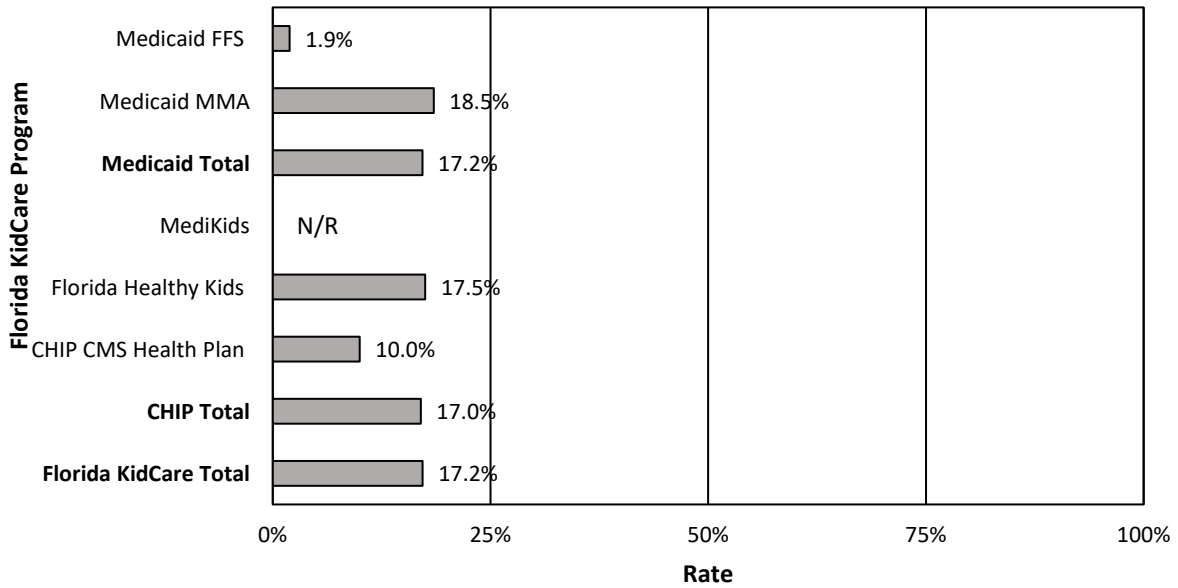
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 61. Florida KidCare Program Results for TFL: Ages 6-11- Dental or Oral Health Services, CY 2021



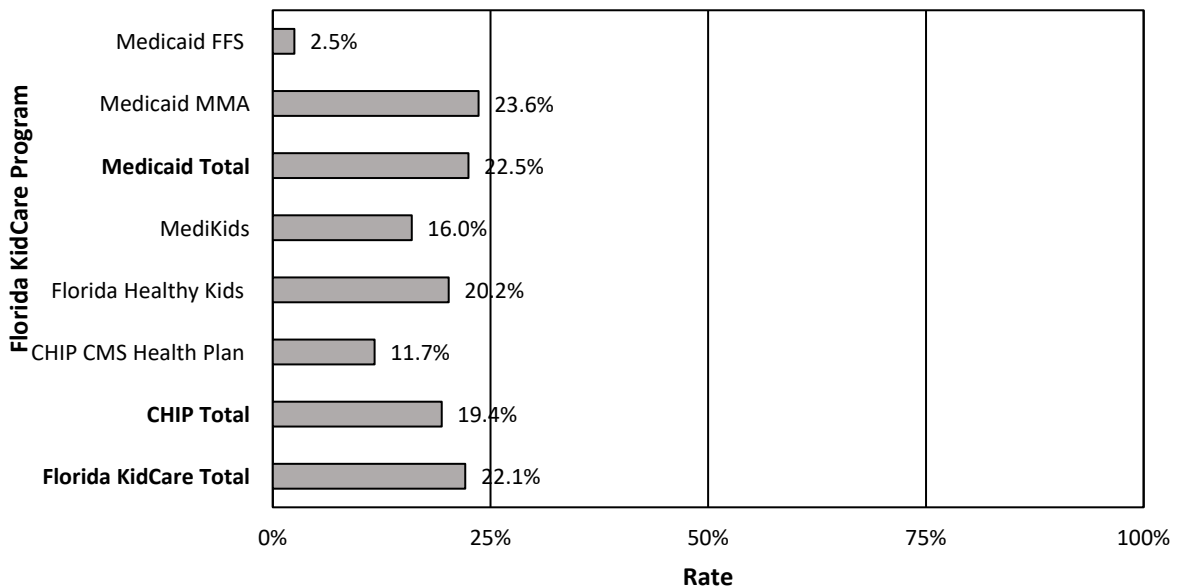
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 62. Florida KidCare Program Results for TFL: Ages 12-20- Dental or Oral Health Services, CY 2021



Note. N/R denotes programs or plans for 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 63. Florida KidCare Program Results for TFL: All Ages- Dental or Oral Health Services, CY 2021



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

Sealant Receipt on Permanent First Molars (SFM)

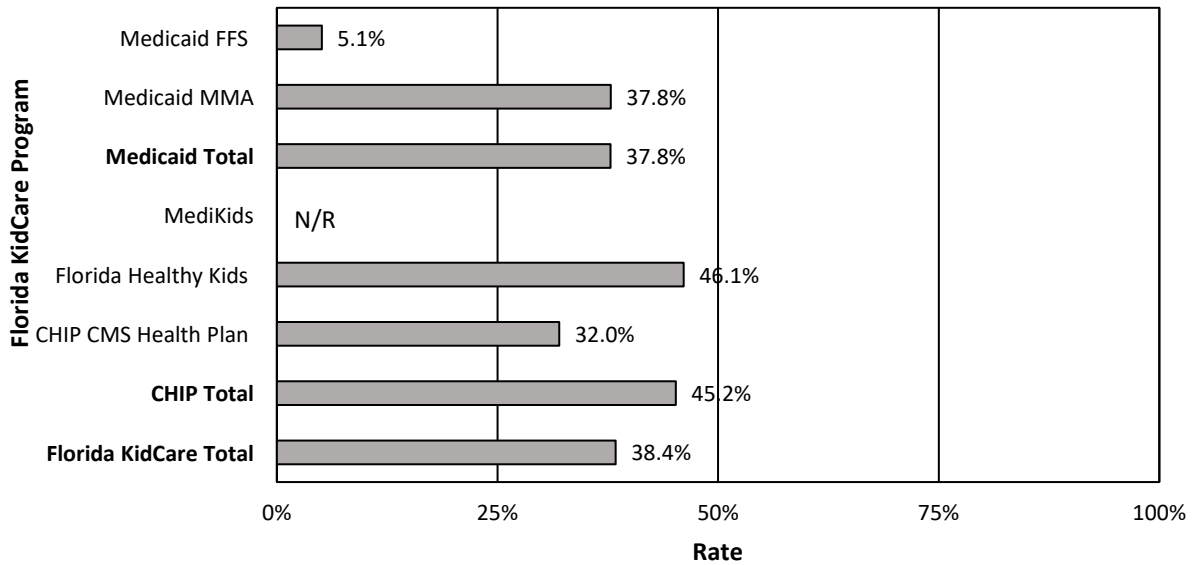
Dental sealants are thin coatings that are applied to the chewing surfaces of the back teeth. Sealants can be divided into two types of material: glass ionomers and composite resin, each of which undergo slightly different reactions once applied in the mouth in liquid form but function similarly in preventing or minimizing dental caries (ADA, 2021). Though sealants are not as versatile as fluoride application as they are limited to pits and fissures of only the molars (back teeth), sealants can reduce the odds of caries forming for four years (CDC, 2021c). Less than half of children aged 6 to 11 years have dental sealants and those children have almost three times more first molar cavities than children with sealants (CDC, 2021c). The ADA has long endorsed sealant use in patients with risk factors for dental caries and recommends their use over fluoride varnish in preventing lesions on the topmost part of the tooth (ADA, 2021).

SFM measures the percentage of enrolled children who had a sealant applied on permanent first molar teeth. This measure is further divided into two sub-measures: whether *any* sealant has been applied (at least one) by a child's 10th birthday and if all four molars (teeth 14, 3, 19, 30) have received a sealant by a child's 10th birthday (Center for Medicaid and CHIP Services & CMS, 2021). This measure considers only members turning 10 in the measurement year and has a look-back period of 48 months. Children receiving different treatments on all four of their permanent first molars are excluded from the numerator and denominator of this measure. These treatments include restorations, prosthodontic, extractions, and other dental treatments (Center for Medicaid and CHIP Services & CMS, 2021). SFM replaced the recently retired SEAL measure as the new measure better allows states to track preventive oral health care by promoting sealant application on all molars by age 10 versus only examining sealant placement during the measurement period (Costello, 2020).

Nearly 40% of Florida KidCare members who turned 10 in CY 2021 received a sealant on a permanent first molar. One-quarter of those children had received a sealant on all four molars by their 10th birthday. For both sub-measures, all of the Florida Healthy Kids dental health plans had rates above the state total and the Medicaid dental health plans were all either at or just below the state rate for both sub-measures.

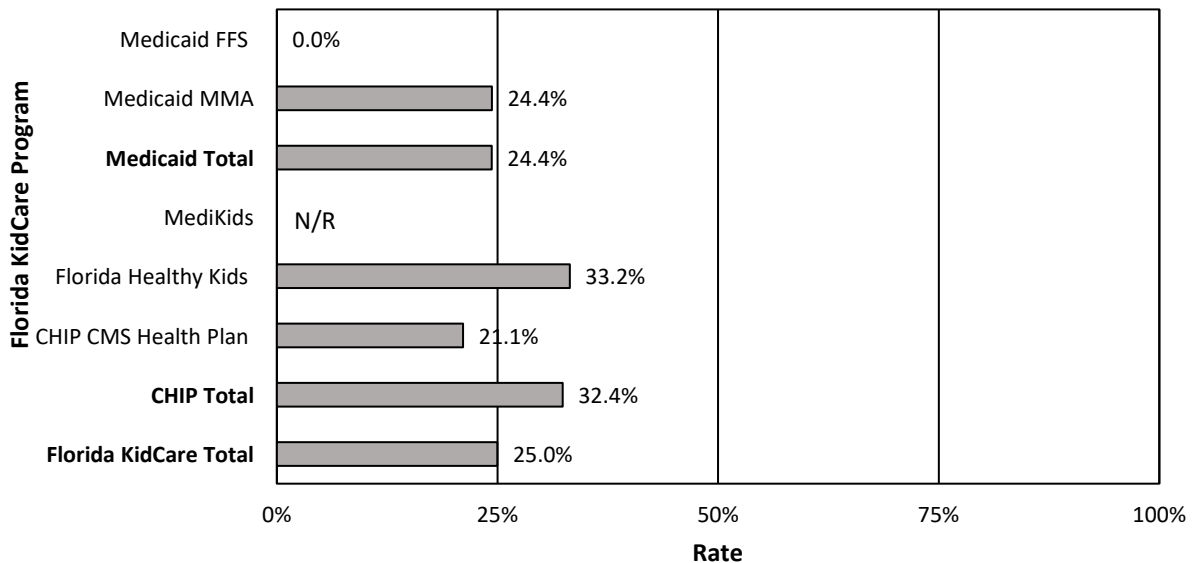
The CY 2021 Florida KidCare program component rates for both SFM sub-measures are shown in **Figure 64** and **Figure 65**. As this is a newly introduced measure, trending data will be available in subsequent reports. The CY 2021 sub-measure rates for each of the Medicaid and Florida Healthy Kids dental plans are depicted in Appendix C, **Figure 174 - Figure 177**. As this measure was not a HEDIS measure, national benchmarks are not available.

Figure 64. Florida KidCare Program Results for SFM: At Least One Sealant, CY 2021



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

Figure 65. Florida KidCare Program Results for SFM: All Four Molars Sealed, CY 2021



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

Conclusion

In This Section

- Summary
- Recommendations

Summary

The Florida KidCare program continues to serve as an essential source of health care for children in the state, serving nearly three million members in Calendar Year (CY) 2021. Florida KidCare is the umbrella program that provides coverage for both Medicaid for children and Children’s Health Insurance Program (CHIP) members in Florida. For CY 2021, through both Florida Healthy Kids Corporation and the Department of Children and Families, a total of 1.2 million unique applications were received for Florida KidCare, representing 1.1 million unduplicated children. A total of 624,359 applications were approved, for an approval rate of 53.8%. The remaining 536,524 applications were denied for one or more reasons, the most common reasons being “Eligibility/Disability/Medicaid Need Unmet” (Medicaid coverage) and “Enrolled in/Eligible for/Referred to other Insurance Program (CHIP coverage).

All Medicaid programs, including CHIP-funded Medicaid program components, had an increase in members in CY 2021 while all CHIP program components, with the exception of Florida Healthy Kids Full Pay, decreased. As a stipulation for states to receive additional Medicaid funding through the federal public health emergency in response to the ongoing coronavirus disease 2019 (COVID-19) pandemic, children must remain enrolled in Medicaid coverage, which may have caused the declines in CHIP enrollment. These fluctuations are consistent with the prior year’s patterns and resulted in an overall membership gain of 4.3% for the Florida KidCare program in CY 2021. Of the members enrolled in Florida KidCare at the end of CY 2021, 12% were new enrollees. The CHIP Full-Pay program had the highest rate of new enrollees, at 39.7%. While this rate is lower than the prior-year rate of 46.9%, both rates were the highest—by far—of all Florida KidCare programs. The renewal process and overall renewal rates were relatively unchanged from the year prior due to the public health emergency. The lowest CY 2021 renewal rate for CHIP coverage was the May rate of 92.6%, while the lowest rate for Medicaid coverage was the January rate of 98.7%.

Analyses of the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey data indicate that overall member experiences were lower compared to the year prior but still within the range of five-year data rates. Despite a lower number of responses and, subsequently, more non-reportable rates than last year, Medicaid Fee-For-Service (FFS) had its second-highest rate for Health Plan rating over the five-year look-back period at only 1.2 percentage points below last year’s rate. The 2022 rate of 61% for the Number of Doctors to Choose From rating of “Very Good” or “Excellent” question was the second-highest rate for the CHIP Children’s Medical Services (CMS) Health Plan over the past five years. Medicaid Managed Medical Assistance (MMA) improved from the year prior on the Getting Needed Information question within the Children with Chronic Conditions (CCC) question set and, due to the population size and weighting applied, this also led to improvement on this rate for the Florida KidCare program overall. MediKids and Florida Healthy Kids each had a few improvements from the year prior, at five and three, respectively.

Specific to the national Healthcare Effectiveness Data and Information Set (HEDIS®) benchmark percentiles by which these rates are judged, all program components fell within the 0-24.9th benchmark percentile more frequently than any other with the exception of MediKids, which fell more often within the 25th-49.9th percentile. For two of the four global rating questions, the Florida KidCare program fell within the top 50th benchmark percentile and, on the All Health Care rating question, five of the eight Florida KidCare program rates were within the top 50th percentile. When considering the 13 Medicaid MMA plans conducting the CAHPS survey, the overall performance was similar in that no plan fell in the top two benchmark percentiles more often than not. However, nine of these plans fell within the top 75th percentile at least once, with a few plans doing so multiple times.

MediKids demonstrated both quantity and quality in its improvements by increasing at least once in every domain examined as part of this analysis: standardized CAHPS items such as global rating questions, composites, and CCC items, as well as additional domains created for analysis of this data such as interpersonal relationships, coordination of care, perception of health plan, and access to care. The MediKids rate for the Customer Service composite was the highest rate over the trending period at 88.7%. In fact, for the 2022 overall Florida KidCare rates, more than half fell within the range of the five-year trending data.

Thirty performance measures and sub-measures with corresponding HEDIS benchmark data were analyzed to give a national comparison for CY 2021 Florida KidCare program performance. Overall, most program components fell largely within the top 50th benchmark percentile whenever the measure applied to the program component and was a reportable rate. For example, Florida Healthy Kids, which covers ages 5-18, had several instances where early childhood measures did not apply and MediKids (ages 1-4) had the same issue for adolescent measures. Applying these criteria to the 14 Medicaid MMA plans, 50% were in the top two benchmark percentiles for at least half of the CY 2021 sub-measures. Medicaid MMA plans AmeriHealth and Molina each fell within the top 50th percentile 82% of the time and the Florida Healthy Kids Simply plan was within the top 50th percentile for 73% of the sub-measures for which it had a rate fulfilling the same criteria.

Also totaling 30 (though not overlapping with the 30 CY 2021 HEDIS measures) were the measures calculated both in CY 2020 and CY 2021 and, among those measures, Medicaid FFS, MediKids, and CHIP CMS Health Plan improved more often than not from the prior year. Medicaid MMA and Florida Healthy Kids had the opposite issue, which also impacted the Medicaid, CHIP, and overall Florida KidCare rates due to the population totals and weighting.

Medicaid FFS improved rates from the year prior in all of the acute and chronic conditions sub-measures and six of the eight behavioral health sub-measures. Florida Healthy Kids improved in two thirds of the acute and chronic conditions sub-measures, and CHIP CMS Health Plan improved in nine of the 11 primary care access and preventive care sub-measures for which it had a reportable rate. Furthermore, CHIP CMS Health Plan was the only program component to improve in the maternal and perinatal health domain, improving by less than a percentage point in the Contraceptive Care (CCW): Most and Moderately Effective sub-measure. The Medicaid dental plans, as well as the Florida Healthy Kids dental plans and Medicaid FFS, all improved their rates on the only dental sub-measure analyzed both years, Percentage of Eligibles Who Received Preventive Dental Services (PDENT). All programs improved upon or maintained CY 2020 rates for all three Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM) sub-measures, the Screening for Depression and Follow-Up Plan (CDF) measure, and the Developmental Screening in the First Three Years of Life (DEV): All Ages sub-measure.

The highest improvement from the year prior was the Medicaid FFS rate for the Follow-Up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase sub-measure, with a 14 percentage point increase from CY 2020. Florida Healthy Kids had nine percentage point decreases for two of the Weight Assessments for Children (WCC) sub-measures, but a noteworthy increase in the APM: Blood Glucose Testing sub-measure, with an increase of nine percentage points from the year prior. Medicaid MMA saw decreases of nearly nine percentage points for each of the Follow-Up After Hospitalization for Mental Illness (FUH) sub-measures and CHIP CMS Health Plan saw an increase of nearly nine percentage points for its DEV rate. Making that rate increase especially striking is that the

denominator for this hybrid measure was less in CY 2021 than in the previous year (74 compared to 101), yet compliance with measure specifications was higher.

Recommendations

Two performance measures new to this report, the Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) and Follow-Up After Emergency Department Visit for Mental Illness (FUM) measures, did not perform well compared to national benchmarks. Across all four sub-measures, none of the Florida KidCare programs fell within the top 50th HEDIS benchmark percentile with the sole exception of the CHIP CMS Health Plan rate for the FUM Follow-Up Visits within 30 Days sub-measure. To improve on these rates, and those of similar measures, plans, providers, and health systems serving Florida KidCare members can consider implementing technology-oriented changes that allow members and their caregivers to take charge of the follow-up process. Self-scheduling text messages demonstrated increased compliance with follow-up visits in adult Emergency Department (ED) patients in a study by Bauer et al. (2021) and a study on the use of texting information about the follow-up visit (scheduling phone number, date by which the visit is needed) has shown similar results for adolescents following an ED visit for pelvic inflammatory disease (Wolff et al., 2016). Mobile phone use was common across all major demographic groups in 2021, with smartphone use more common in those with higher incomes (Pew Research Center, 2021), though phone-based interventions among Florida KidCare families may still present logistical challenges (Acquavita et al., 2019) and would have to be adapted as needed for both the population and setting.

It is also worth noting that, with the exception of the CHIP CMS Health Plan's improvement by less than one percentage point on one sub-measure, none of the programs improved from the year prior on any of the four maternal and perinatal health sub-measures. However, specific to the PPC: Postpartum Care sub-measure, rates may improve following the extension of postpartum continuous coverage for Florida KidCare members. Previously, postpartum coverage lasted only 60 days and this extension will last a full year following the child's birth. The PPC: Postpartum Care sub-measure assesses whether the member had a visit between seven and 84 days after childbirth. The extra days of coverage afforded by this policy change may have a visible impact on rates for this sub-measure, as well as the CCW sub-measures, as family planning discussions are one of the components for compliance in a postpartum visit (National Committee for Quality Assurance [NCQA], 2020b).

It is, perhaps, an understatement to say that the past two years have not been "typical" years in health care. As such, it can be difficult to draw conclusions about some of the trends presented in this report. Indeed, the NCQA states that CAHPS results asking members to reflect on health care experiences while living through a pandemic may result in response bias and that caution should be advised when reviewing these rates (NCQA, 2020a). A more efficient way to elicit honest consumer feedback may be to instead engage in direct member outreach activities such as focus groups, which can capture feedback that would be missed by a survey (Schwarz et al., 2000), modifications such as surveys adapted for families with lower levels of literacy (Tieu et al., 2019), or member engagement processes not unlike those used in participatory research projects (Manalili et al., 2021). While some of these strategies were used in other locations or different health care settings, these approaches may appeal more to members than a standardized survey alone and could lead to richer detail in the type of feedback received. By utilizing customer-oriented, patient-focused approaches to identifying areas of improvement, the Florida KidCare program can readily continue its mission to provide quality health care coverage to children in the state.

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
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
CY	Calendar Year
DCF	Department of Children and Families
DEO	Department of Economic Opportunity
DOH	Department of Health
DQA	Dental Quality Alliance
DSM-5	Diagnostic and Statistical Manual of Mental Disorders, 5 th edition
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

MMA	Managed Medical Assistance
MMR	Measles, Mumps, and Rubella
NCQA	National Committee for Quality Assurance
NIMH	National Institute of Mental Health
PCP	Primary Care Provider
PCV	Pneumococcal Conjugate
RV	Rotavirus
SAMHSA	Substance Abuse and Mental Health Services Administration
SFY	State Fiscal Year
STD	Sexually Transmitted Disease
Tdap	Tetanus, Diphtheria Toxoids and Acellular Pertussis
U.S.	United States
USPSTF	United States Preventive Services Task Force
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 national benchmark percentiles for the CAHPS survey items as possible with comparisons to the total Florida KidCare rates

- 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 with comparisons to the total Florida KidCare rates

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Program Administration
Applications

Figure 66. Florida KidCare Applications Received by FHKC, Five-Year Trend

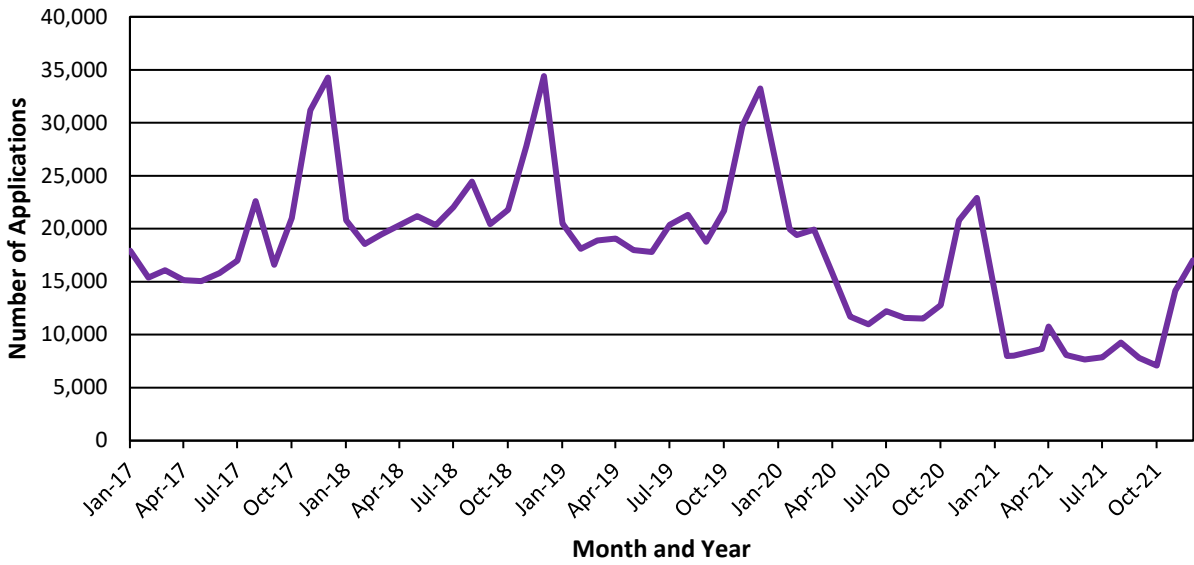
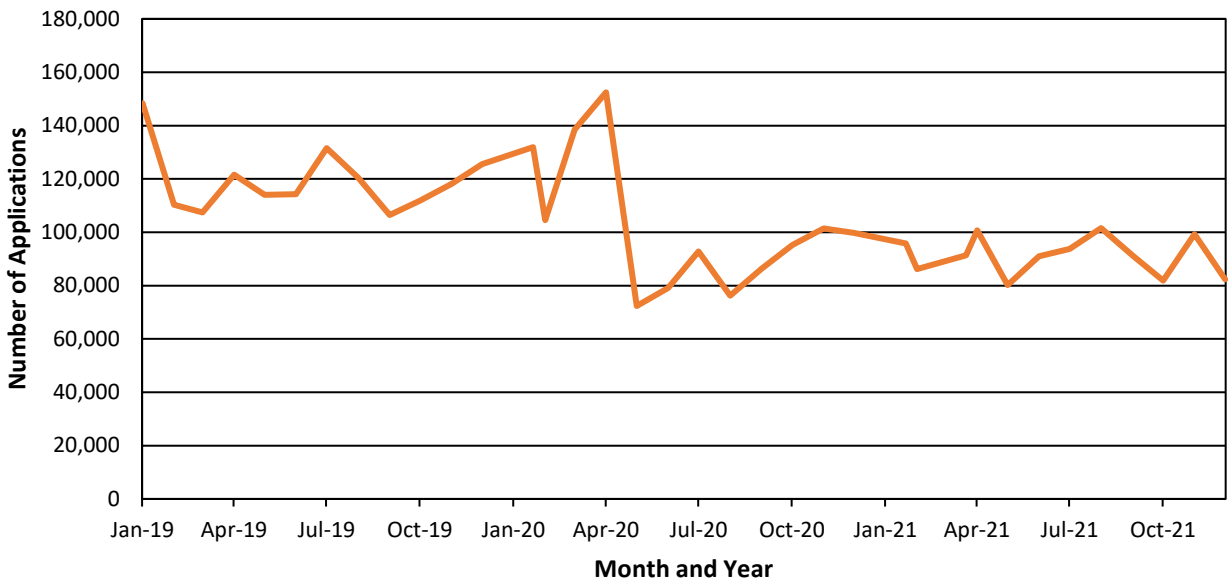


Figure 67. Florida KidCare Applications Received by DCF, Three-Year Trend



Note. CY 2019 was the first year DCF application data was available for use in this report; thus, trending data from prior years are not available.

Table 68. Florida KidCare Applications Received by FHKC and DCF, CY 2021

Month	Applications received, including duplicate applications	Applications received, excluding duplicate applications	Unduplicated children on applications
January 2021- FHKC	10,488	7,998	11,608
January 2021- DCF	100,908	95,762	89,759
February 2021- FHKC	10,259	8,007	11,639
February 2021- DCF	90,878	86,158	80,707
March 2021- FHKC	11,047	8,665	12,555
March 2021- DCF	96,243	91,334	90,279
April 2021- FHKC	14,016	10,772	15,531
April 2021- DCF	105,820	100,657	95,484
May 2021- FHKC	10,156	8,081	11,781
May 2021- DCF	84,592	80,248	78,271
June 2021- FHKC	9,583	7,649	11,274
June 2021- DCF	95,882	91,033	96,872
July 2021- FHKC	9,443	7,872	11,505
July 2021- DCF	98,776	93,773	89,618
August 2021- FHKC	10,853	9,258	13,644
August 2021- DCF	107,151	101,526	90,578
September 2021- FHKC	8,666	7,796	11,519
September 2021- DCF	96,390	91,221	79,254
October 2021- FHKC	7,870	7,083	10,471
October 2021- DCF	86,561	81,903	70,814
November 2021- FHKC	15,713	14,159	20,958
November 2021- DCF	104,471	99,304	69,386
December 2021- FHKC	18,201	17,008	25,537
December 2021- DCF	86,801	82,393	61,839
Total CY 2021- FHKC	136,295	114,348	168,022
Total CY 2021- DCF	1,154,473	1,095,312	992,861
Total CY 2021- FHKC + DCF	1,290,768	1,209,660	1,160,883

Table 69. Applicant and Family Demographics Received by FHKC and DCF, CY 2021

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 2021- FHKC	9.54	4.98	\$4,194	\$3,204	3.58	1.26
January 2021- DCF	8.69	5.43	\$4,155	\$2,905	3.88	0.90
February 2021- FHKC	9.60	4.91	\$4,289	\$3,828	3.58	1.24
February 2021- DCF	8.83	5.44	\$4,282	\$4,003	3.89	0.90
March 2021- FHKC	9.65	4.96	\$4,372	\$4,275	3.58	1.25
March 2021- DCF	9.21	5.72	\$4,605	\$5,402	3.86	0.93
April 2021- FHKC	9.86	4.99	\$4,355	\$3,688	3.58	1.29
April 2021- DCF	9.09	5.48	\$4,478	\$4,270	3.97	1.08
May 2021- FHKC	9.64	4.93	\$4,222	\$3,393	3.58	1.24
May 2021- DCF	8.75	5.33	\$4,447	\$4,794	3.97	1.04
June 2021- FHKC	9.49	4.95	\$4,231	\$3,321	3.59	1.26
June 2021- DCF	8.87	5.51	\$4,575	\$4,561	3.95	0.98
July 2021- FHKC	9.48	4.98	\$4,461	\$3,969	3.59	1.24
July 2021- DCF	8.85	5.69	\$4,763	\$5,448	4.00	1.00
August 2021- FHKC	9.59	4.94	\$4,307	\$3,235	3.57	1.27
August 2021- DCF	8.81	5.42	\$4,523	\$4,200	4.04	1.11
September 2021- FHKC	9.39	4.95	\$4,585	\$4,254	3.56	1.25
September 2021- DCF	8.67	5.49	\$5,071	\$5,755	4.01	1.09
October 2021- FHKC	9.39	4.94	\$4,454	\$3,824	3.55	1.26
October 2021- DCF	8.58	5.31	\$4,403	\$3,938	3.94	1.02
November 2021- FHKC	9.89	5.08	\$4,419	\$4,160	3.59	1.25
November 2021- DCF	8.86	5.64	\$4,405	\$5,190	3.94	0.97
December 2021- FHKC	9.76	5.11	\$4,427	\$4,638	3.60	1.26
December 2021- DCF	8.88	5.68	\$4,524	\$5,725	3.92	0.98
Total CY 2021- FHKC	9.64	5.00	\$4,365	\$3,897	3.58	1.26
Total CY 2021- DCF	9.00	6.00	\$4,522	\$4,821	3.95	1.01

^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. ^b Household sizes below 2 and above 21 were considered to be out of range and were not used in the calculations.

Table 70. Florida KidCare Applications Received by FHKC, CY 2021

Applications reviewed	FHKC review only	DCF review only	CMS Health Plan review only	DCF and CMS Health Plan review	Total
Applications	86,912	17,957	8,453	1,026	114,348
Children on Applications	133,773	23,491	9,598	1,160	168,022
Approved Children: Medicaid	55,256	730	3,496	116	59,598
Approved Children: MediKids	2,121	211	93	17	2,442
Approved Children: MediKids Full Pay	1,023	0	183	1	1,207
Approved Children: Florida Healthy Kids	11,984	946	964	97	13,991
Approved Children: Florida Healthy Kids Full Pay	2,114	8	474	1	2,597
Approved Children: CHIP CMS Health Plan	0	0	925	98	1,023
Approved Children: All Florida KidCare	72,498	1,895	6,135	330	80,858

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 71. Reasons for Denial from CHIP, CY 2021

Reasons	FHKC review only	DCF review only	CMS Health Plan review only	DCF and CMS Health Plan review	Total
Currently enrolled in Medicaid	55,256	730	3,496	116	59,598
Expired, non-compliant	31,935	72	1,499	9	33,515
Expired, non-payment	23,603	222	1,429	17	25,271
Over age	12	11,714	0	155	11,881
Referred to Medicaid	36	7,982	1	629	8,648
Under age	0	1,471	0	0	1,471
Not a Florida resident	559	35	11	1	606
Has other insurance	244	133	69	6	452
Non-U.S. citizen	190	0	9	0	199
Incarcerated	3	0	1	0	4
Total	111,838	22,359	6,515	933	141,645

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 72. Reasons for Denial from Medicaid, CY 2021

Reasons	Total
Ineligible based on information received	216,369
Ineligible due to current coverage type	83,024
Failure to provide verification/information on required materials/ compliance	73,239
Citizenship requirements not met	41,132
Violation of the law/legal matter	22,448
Ineligible due to income/financial-related reasons	3,286
Did not complete one or more steps of the application	3,197
Applicant chose not to apply for/enroll in this program	2,531
Eligible for/transfer to another type of coverage	1,333
Application closed, withdrawn, or ended	929
Not a Florida Resident	765
Benefits have or may end/change	418
Other	249
Disability/Medicaid/Medical need not met	93
Lack of contact/follow-up	63
Ineligible due to age	27
Total	449,103

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due to formatting of subsequent figures.

Enrollment

Figure 68. Florida KidCare Medicaid Program Enrollment, CY 2017-2021

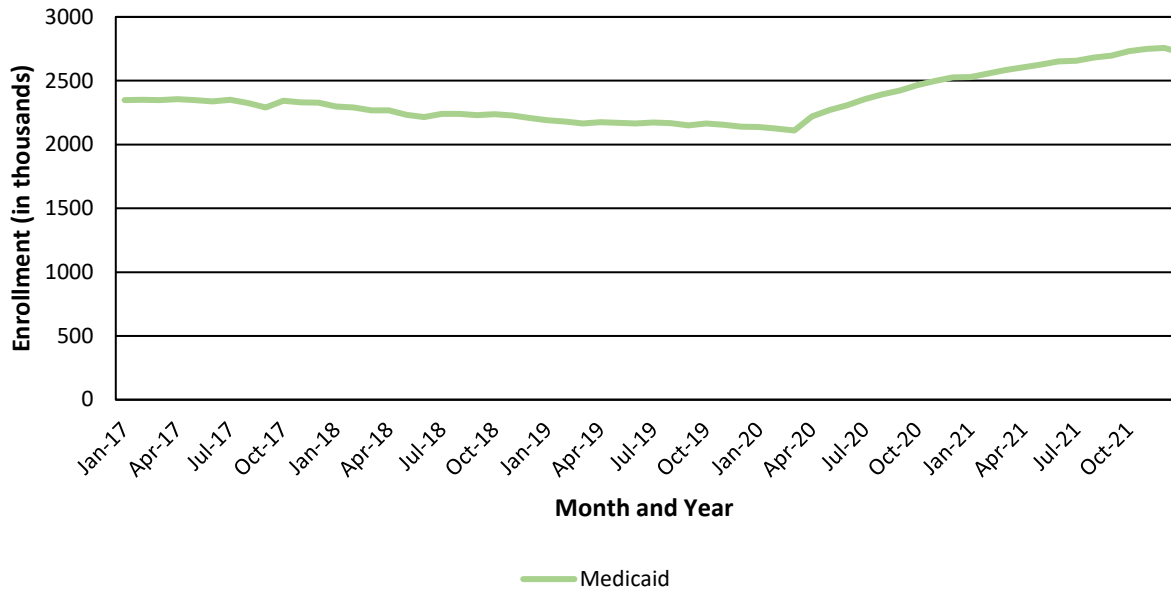


Figure 69. Florida KidCare CHIP Program Enrollment, CY 2017-2021

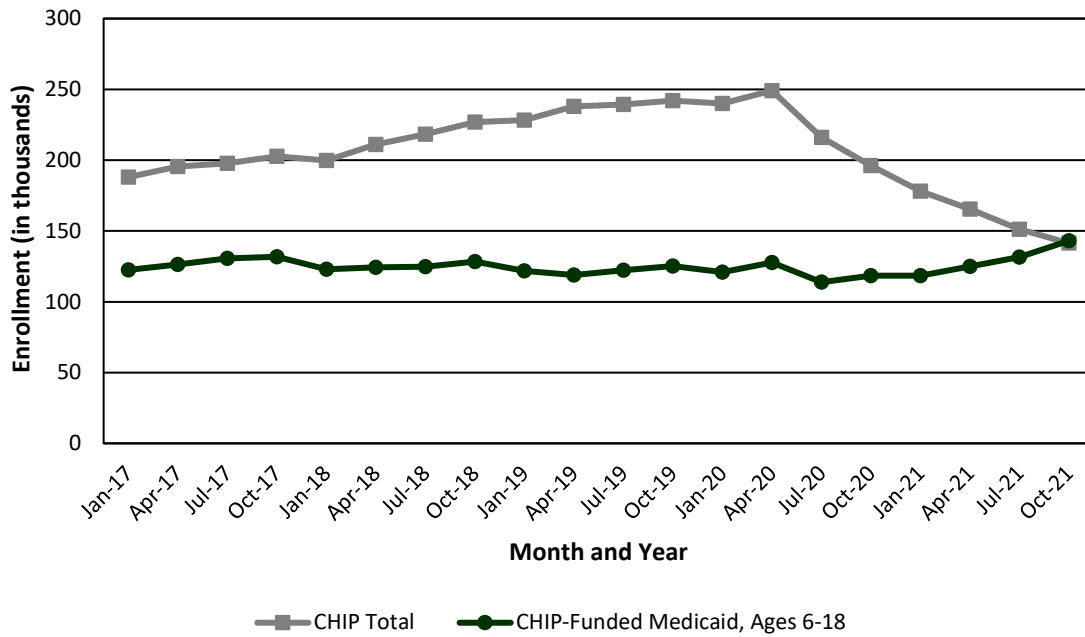


Figure 70. MediKids Enrollment, CY 2017-2021

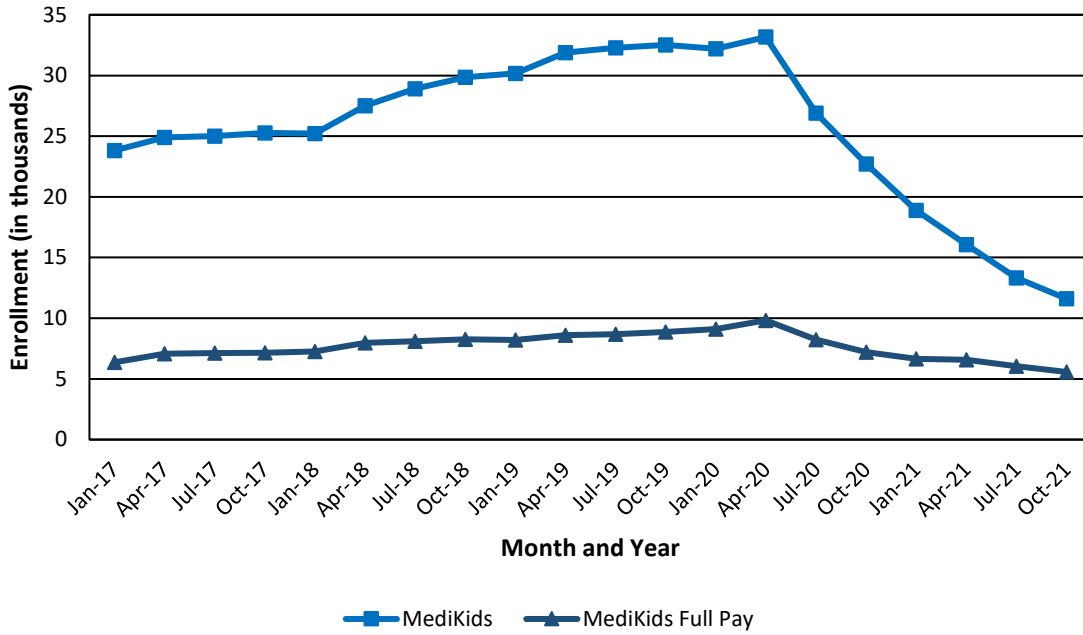


Figure 71. Florida Healthy Kids Enrollment, CY 2017-2021

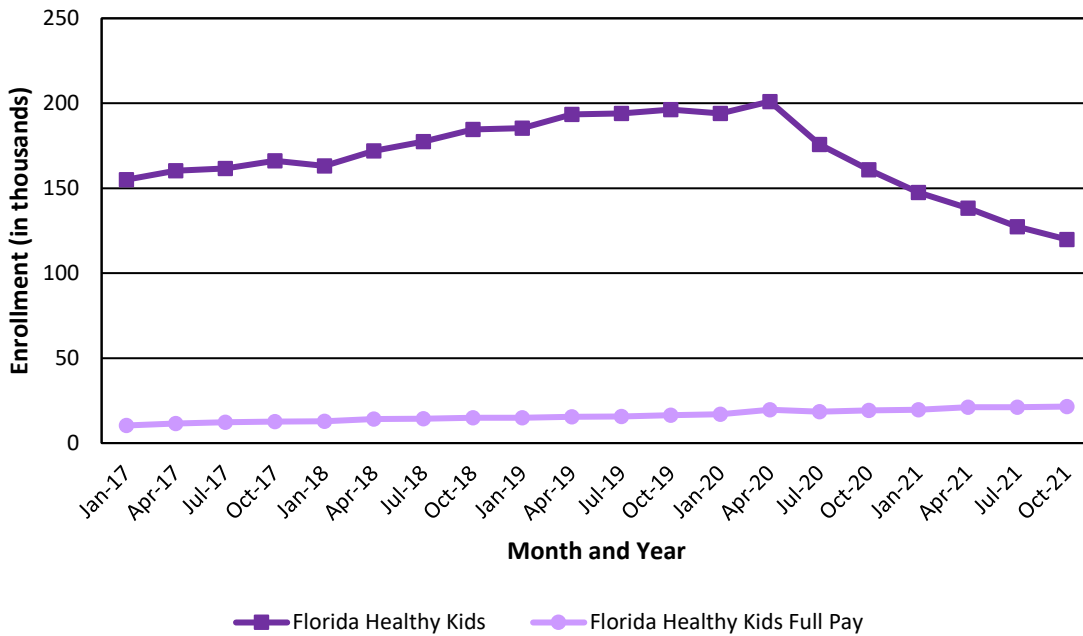


Figure 72. CHIP CMS Health Plan Enrollment, CY 2017-2021

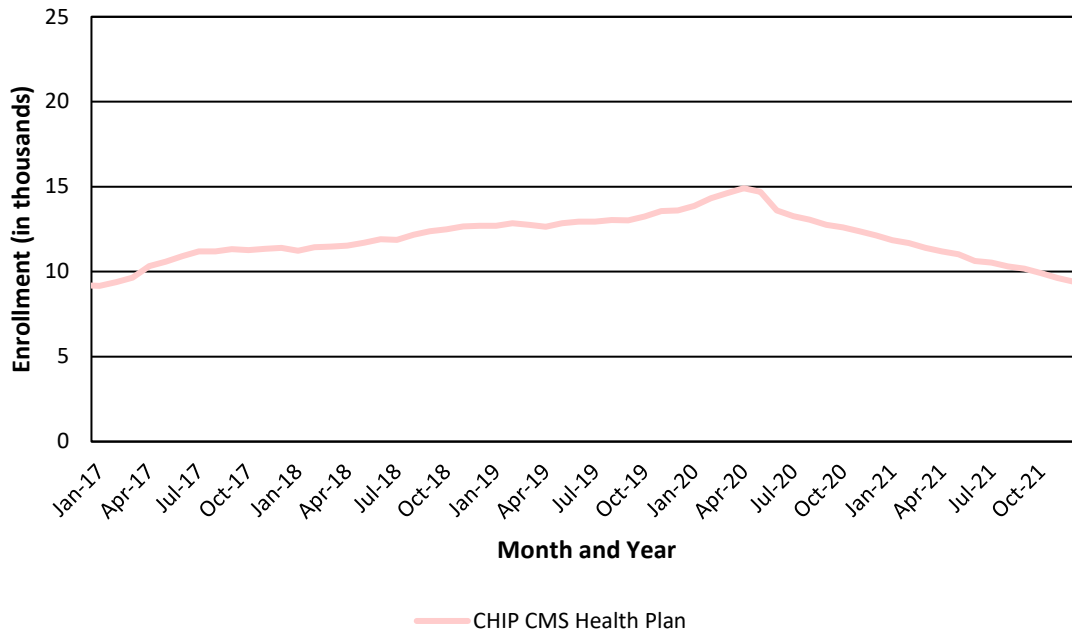
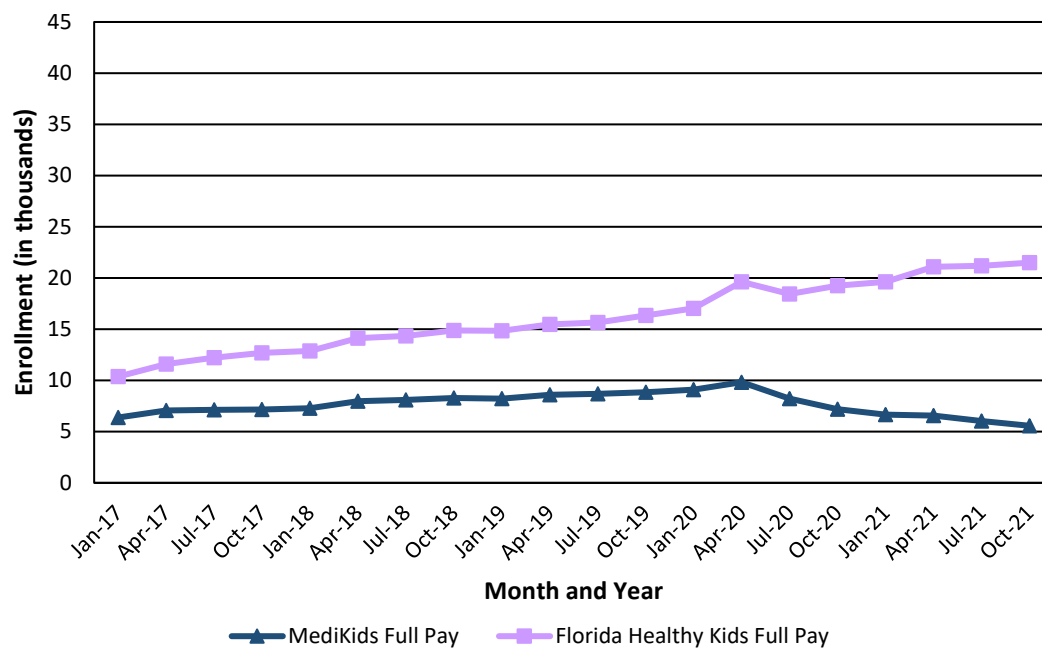


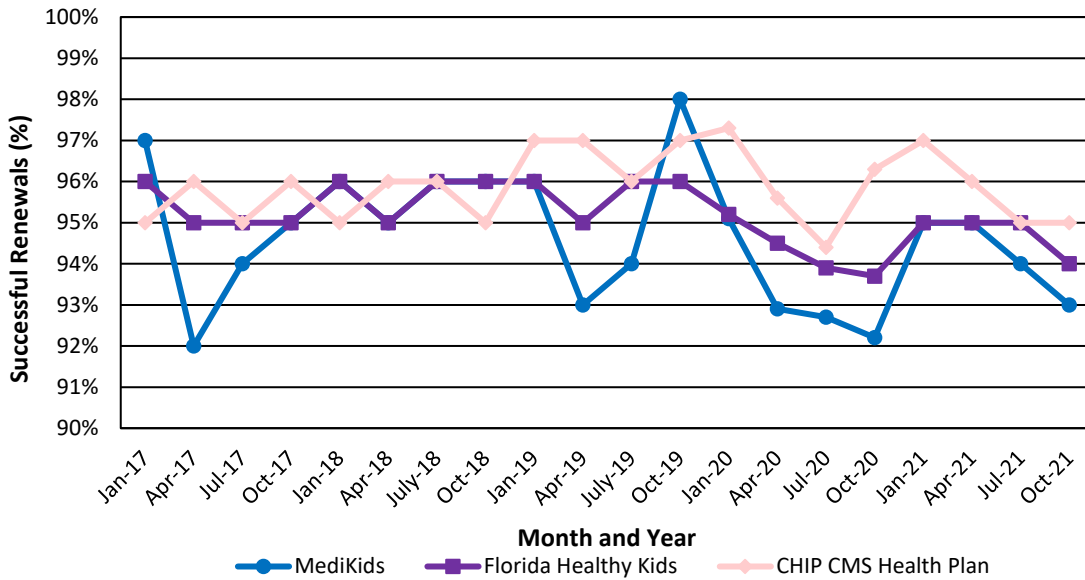
Figure 73. Florida KidCare Enrollment for Full-Pay Program Components, CY 2017-2021



Renewals

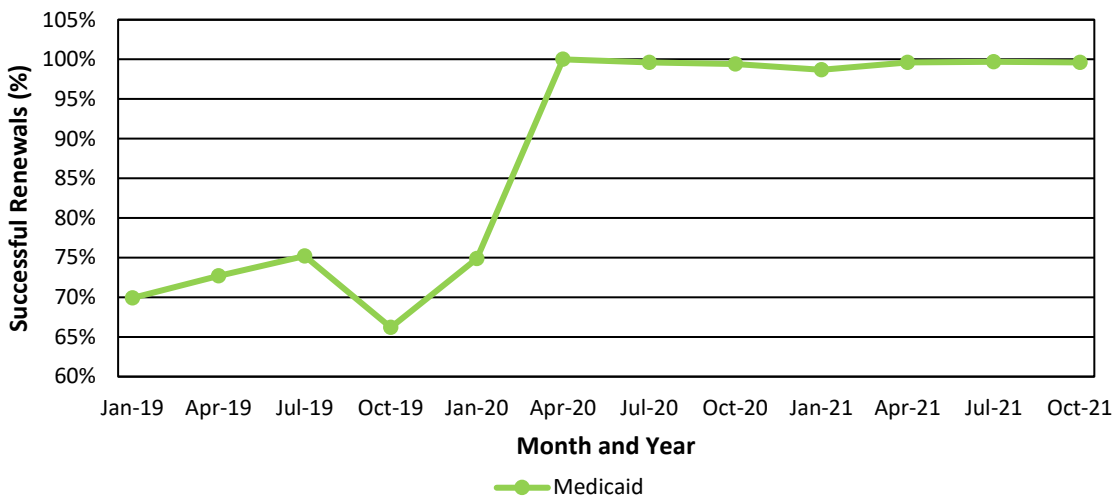
Note that for the following two figures, the rates of successful renewal are shown specifically for the trending rates; that is, the y axes **do not** run from 0-100%. Use caution when reviewing these figures.

Figure 74. Successful Renewals of Florida KidCare CHIP Coverage, CY 2017-2021



Note. The y axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing.

Figure 75. Successful Renewals of Florida KidCare Medicaid Coverage, CY 2019-2021



Note. The y axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. 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 73. Renewal Status for Eligible Children by Florida KidCare Program, CY 2021

Program	Children eligible for renewal	Not Renewed		Renewed	
		(N)	(%)	(N)	(%)
All Children, Medicaid Program					
Total members	640,696	3,050	0.5%	637,646	99.5%
Gender					
Male	326,028	1,639	0.4%	324,389	99.5%
Female	314,661	1,411	0.4%	313,250	99.6%
Gender Unknown	7	0	-	7	100%
Age					
< 1	21,427	143	0.7%	21,284	99.3%
1-4	164,187	1,104	0.7%	163,083	99.3%
5-9	175,465	651	0.4%	174,814	99.6%
10-14	176,934	603	0.3%	176,331	99.7%
15-18	102,683	549	0.5%	102,134	99.5%
Rural/Urban Area^a					
Urban/Large Towns	619,020	2,905	0.5%	616,115	99.5%
Rural/Small Towns	21,676	145	0.7%	21,531	99.3%
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	120,865	6,543	5.4%	114,322	94.6%
Gender					
Male	62,129	3,338	5.4%	58,791	94.6%
Female	58,736	3,205	5.5%	55,531	94.5%
Age					
1-4	10,506	704	6.7%	9,802	93.3%
5-9	33,517	1,743	5.2%	31,774	94.8%
10-14	43,828	2,103	4.8%	41,725	95.2%
15-18	33,011	1,992	6.0%	31,019	94.0%
Unknown	3	1	33.3%	2	66.7%
Rural/Urban Area					
Urban/Large Towns	112,463	6,039	5.4%	106,424	94.6%
Rural/Small Towns	6,146	362	5.9%	5,784	94.1%
Unknown	2,256	142	6.3%	2,114	93.7%
Federal Poverty Level					
150% or less	28,915	2,539	8.8%	26,376	91.2%
Above 150%	91,925	4,000	4.4%	87,925	95.6%
Unknown	25	4	16.0%	21	84.0%

Program	Children eligible for renewal	Not Renewed		Renewed	
		(N)	(%)	(N)	(%)
MediKids					
Total members	9,944	674	6.8%	9,270	93.2%
Gender					
Male	4,961	325	6.6%	4,636	93.4%
Female	4,983	349	7.0%	4,634	93.0%
Age					
1-4	9,944	674	6.8%	9,270	93.2%
Rural/Urban Area					
Urban/Large Towns	9,240	621	6.7%	8,619	93.3%
Rural/Small Towns	527	35	6.6%	492	93.4%
Unknown	177	18	10.2%	159	89.8%
Federal Poverty Level					
150% or less	2,594	259	10.0%	2,335	90.0%
Above 150%	7,347	415	5.6%	6,932	94.4%
Unknown	3	0	-	3	100%
Florida Healthy Kids					
Total members	102,346	5,459	5.3%	96,887	94.7%
Gender					
Male	51,655	2,757	5.3%	48,898	94.7%
Female	50,691	2,702	5.3%	47,989	94.7%
Age					
1-4 ^b	3	0	-	3	100%
5-9	30,925	1,633	5.3%	29,292	94.7%
10-14	40,650	1,967	4.8%	38,683	95.2%
15-18	30,766	1,858	6.0%	28,908	94.0%
Unknown	2	1	50.0%	1	50.0%
Rural/Urban Area					
Urban/Large Towns	95,233	5,031	5.3%	90,202	94.7%
Rural/Small Towns	5,205	315	6.1%	4,890	93.9%
Unknown	1,908	113	5.9%	1,795	94.1%
Federal Poverty Level					
150% or less	24,282	2,104	8.7%	22,178	91.3%
Above 150%	78,043	3,351	4.3%	74,692	95.7%
Unknown	21	4	19.0%	17	81.0%

Program	Children eligible for renewal	Not Renewed		Renewed	
		(N)	(%)	(N)	(%)
CHIP CMS Health Plan					
Total members	8,575	410	4.8%	8,165	95.2%
Gender					
Male	5,513	256	4.6%	5,257	95.4%
Female	3,062	154	5.0%	2,908	95.0%
Age					
1-4	559	30	5.4%	529	94.6%
5-9	2,592	110	4.2%	2,482	95.8%
10-14	3,178	136	4.3%	3,042	95.7%
15-18	2,245	134	6.0%	2,111	94.0%
Unknown	1	-	-	1	100%
Rural/Urban Area					
Urban/Large Towns	7,990	387	4.8%	7,603	95.2%
Rural/Small Towns	414	12	2.9%	402	97.1%
Unknown	171	11	6.4%	160	93.6%
Federal Poverty Level					
150% or less	2,039	176	8.6%	1,863	91.4%
Above 150%	6,535	234	3.6%	6,301	96.4%
Unknown	1	0	-	1	100%
All Children, Florida KidCare Program					
Total members	761,561	9,593	1.3%	751,968	98.7%
Gender					
Male	388,157	4,977	1.3%	383,180	98.7%
Female	373,397	4,616	1.2%	368,781	98.8%
Gender Unknown	7	0	-	7	100%
Age					
< 1	21,427	143	0.7%	21,284	99.3%
1-4	174,693	1,808	1.0%	172,885	99.0%
5-9	208,982	2,394	1.1%	206,588	98.9%
10-14	220,762	2,706	1.2%	218,056	98.8%
15-18	135,694	2,541	1.9%	133,153	98.1%
Unknown	3	1	33.3%	2	66.7%
Rural/Urban Area					
Urban/Large Towns	731,483	8,944	1.2%	722,539	98.8%
Rural/Small Towns	27,822	507	1.8%	27,315	98.2%
Unknown	2,256	142	6.3%	2,114	93.7%
Federal Poverty Level					
As this information is not available for the Medicaid program, no data is listed here as offering only the CHIP program totals is not representative of all Florida KidCare members.					

^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.

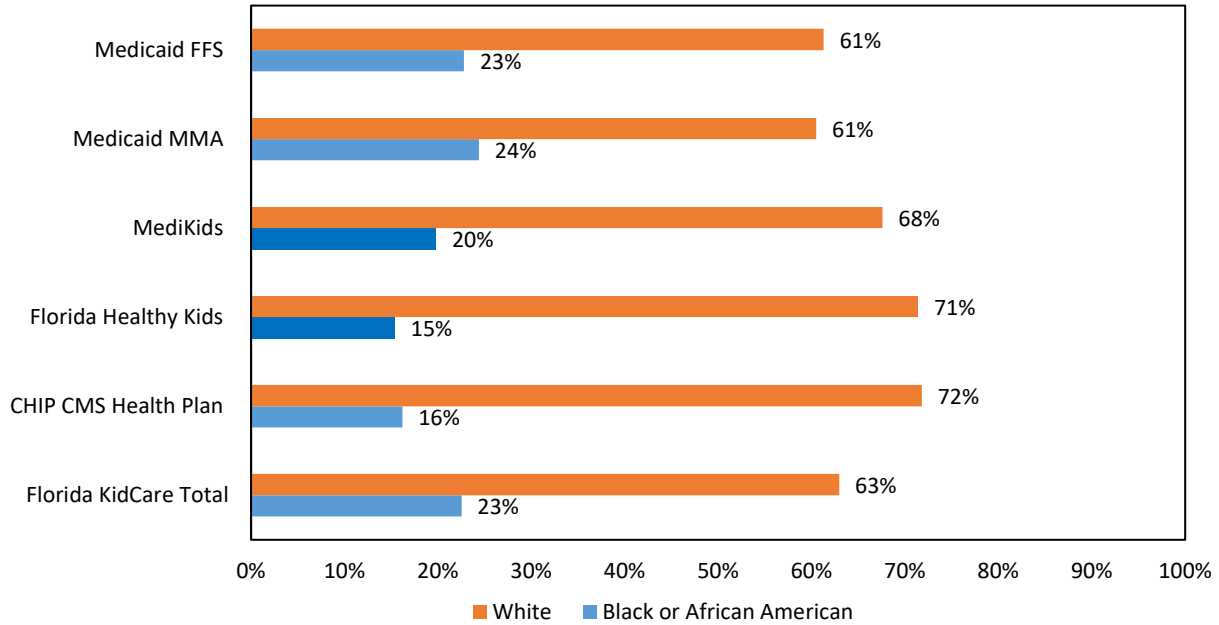
For the 2022 surveys, ICHP staff were able to once again participate in quality monitoring sessions during the telephone interviews. This had not been possible during the prior two survey cycles due to the ongoing safety precautions in place to restrict the presence of nonessential visitors due to the coronavirus disease 2019 (COVID-19) pandemic.

The 13 Medicaid MMA plans that conducted a CAHPS survey, with specialty plan population noted, were Aetna, AmeriHealth, CMS Health Plan (serving children with chronic conditions), Community Care Plan, Humana, Molina Healthcare, Molina-SMI (serving children with serious mental illnesses), Simply, Sunshine Health Plan, Sunshine Health Plan-CW (serving children in the child welfare system), Sunshine Health Plan-SMI (serving children with serious mental illnesses), 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 2022 and is not represented in this section. Please note that this plan did submit performance measure data and is therefore included in all applicable performance measure rate calculations as shown in the next sub-section.

Demographics

Figure 76. Race of Established Florida KidCare Enrollees, 2022 Survey



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

Figure 77. Ethnicity of Established Florida KidCare Enrollees, 2022 Survey

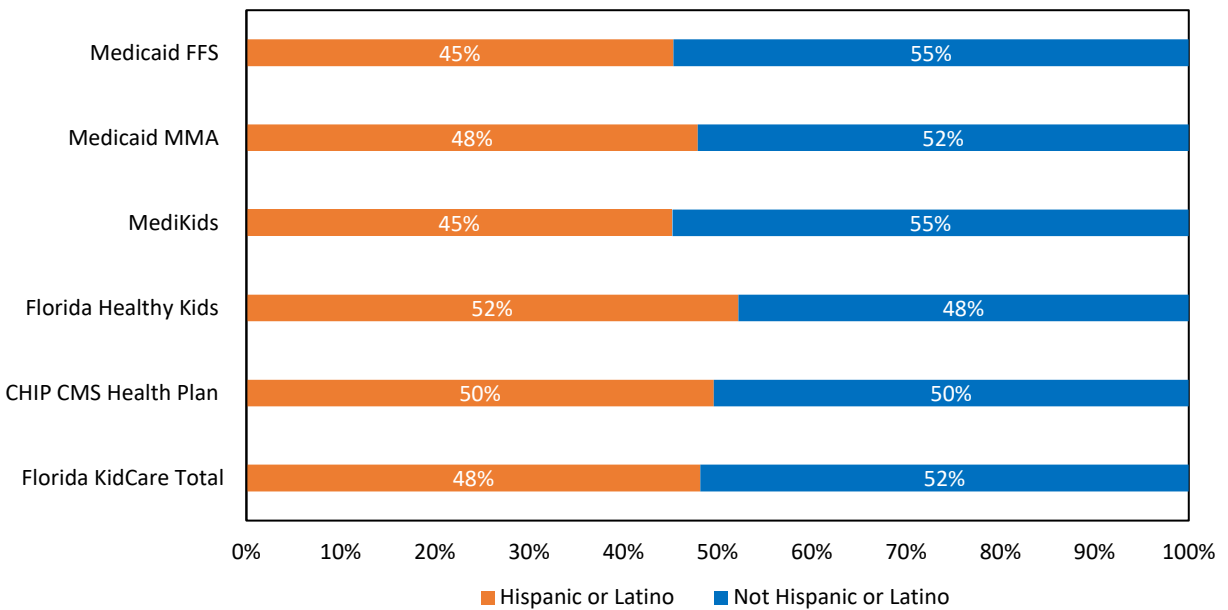
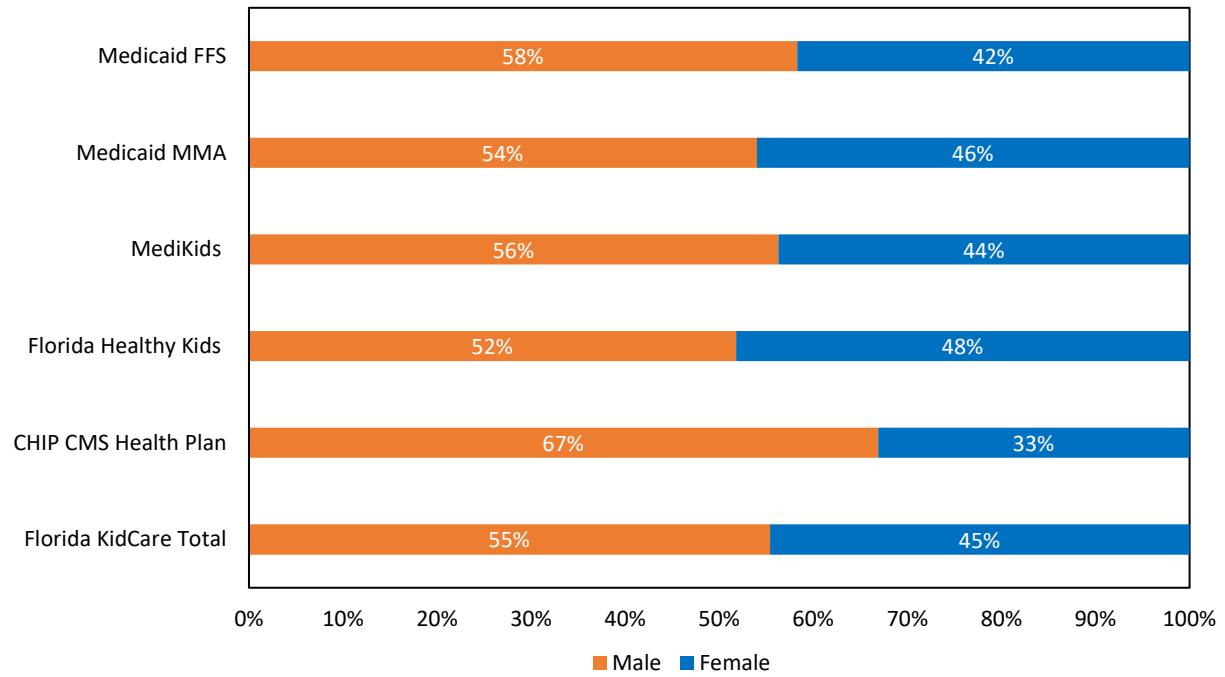


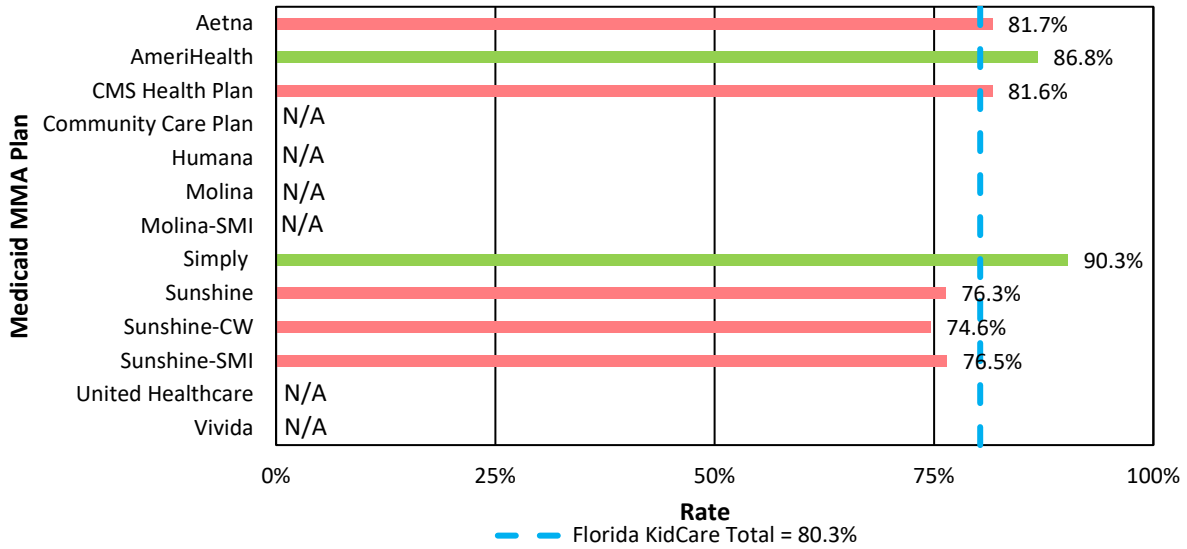
Figure 78. Gender of Established Florida KidCare Enrollees, 2022 Survey



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Plan-Level Data

Figure 79. Coordination of Care by Medicaid MMA Plan, 2022 Survey

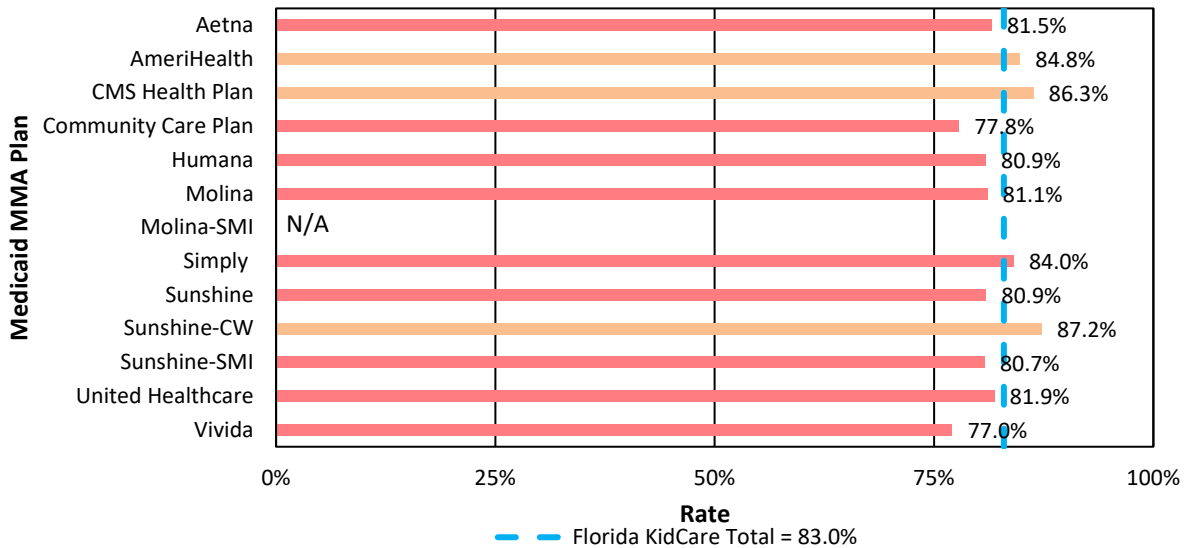


Note. Rates for plans with sample sizes of less than 100 are denoted by N/A.

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

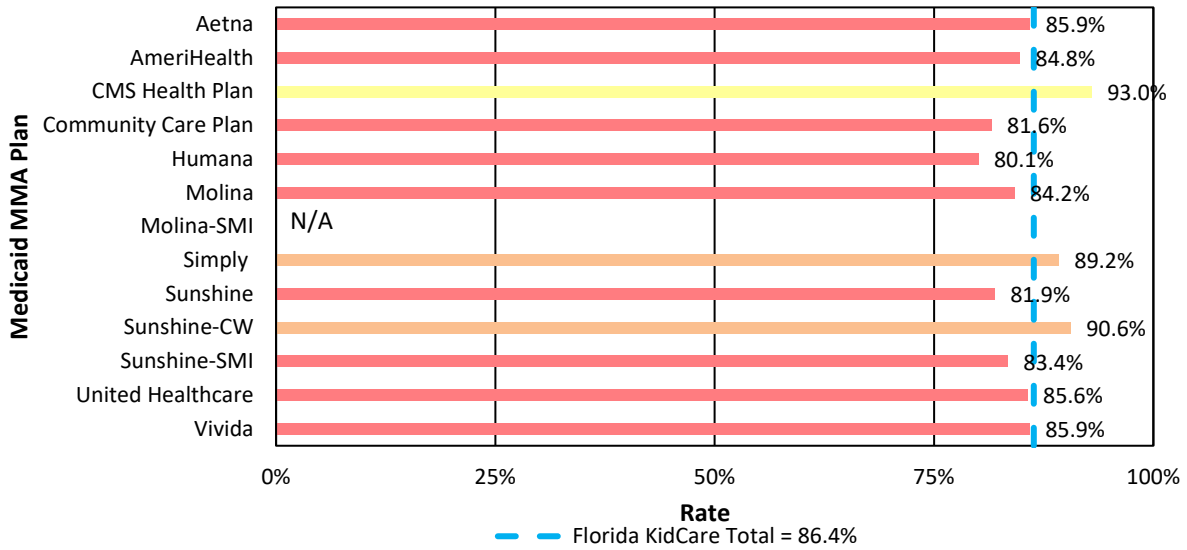
Note. This legend applies to Figure 79 and Figure 80.

Figure 80. Getting Needed Care by Medicaid MMA Plan, 2022 Survey



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

Figure 81. Getting Care Quickly by Medicaid MMA Plan, 2022 Survey

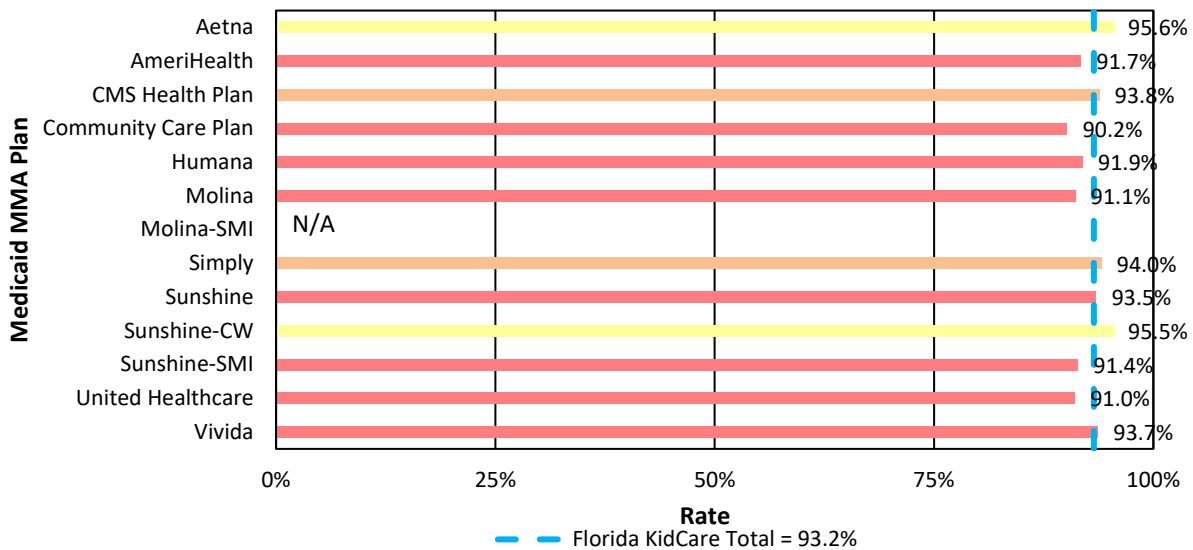


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

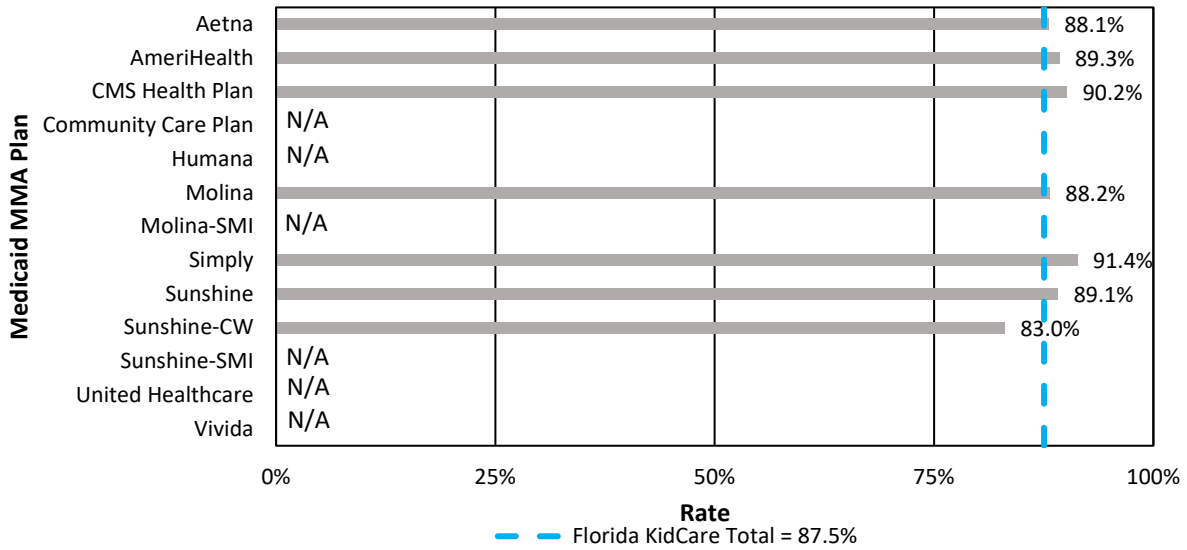
Note. This legend applies to **Figure 81** and **Figure 82**.

Figure 82. Doctor's Communication Skills by Medicaid MMA Plan, 2022 Survey



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

Figure 83. Health Plan Customer Service by Medicaid MMA Plan, 2022 Survey

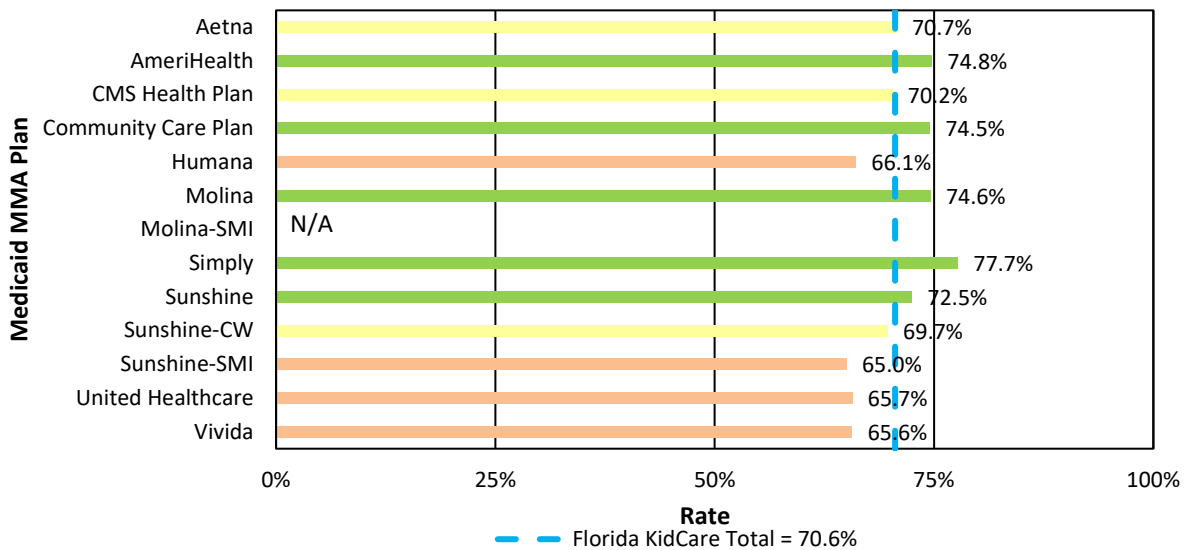


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

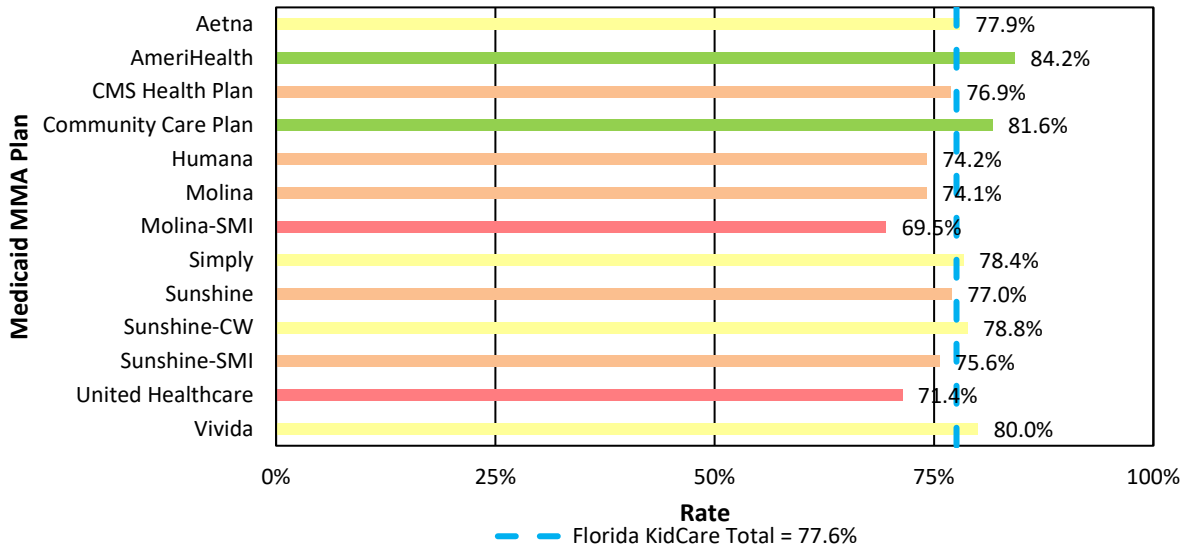
Note. This legend applies to **Figure 84**.

Figure 84. All Health Care Rating of "9" or "10" by Medicaid MMA Plan, 2022 Survey



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

Figure 85. Personal Doctor Rating of "9" or "10" by Medicaid MMA Plan, 2022 Survey

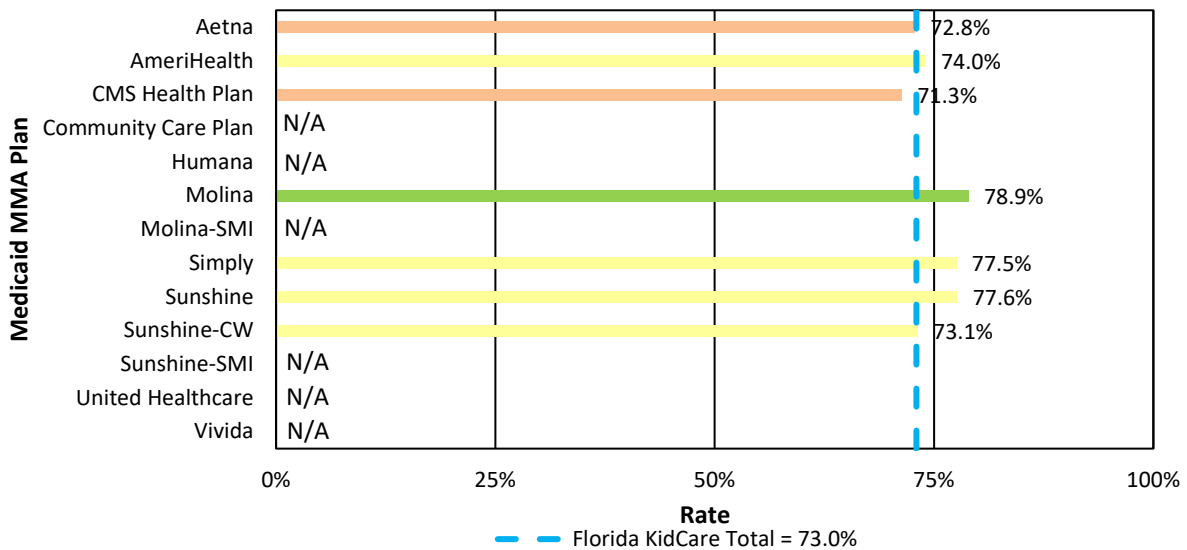


Note. Rates for plans with sample sizes of less than 100 are denoted by N/A.

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

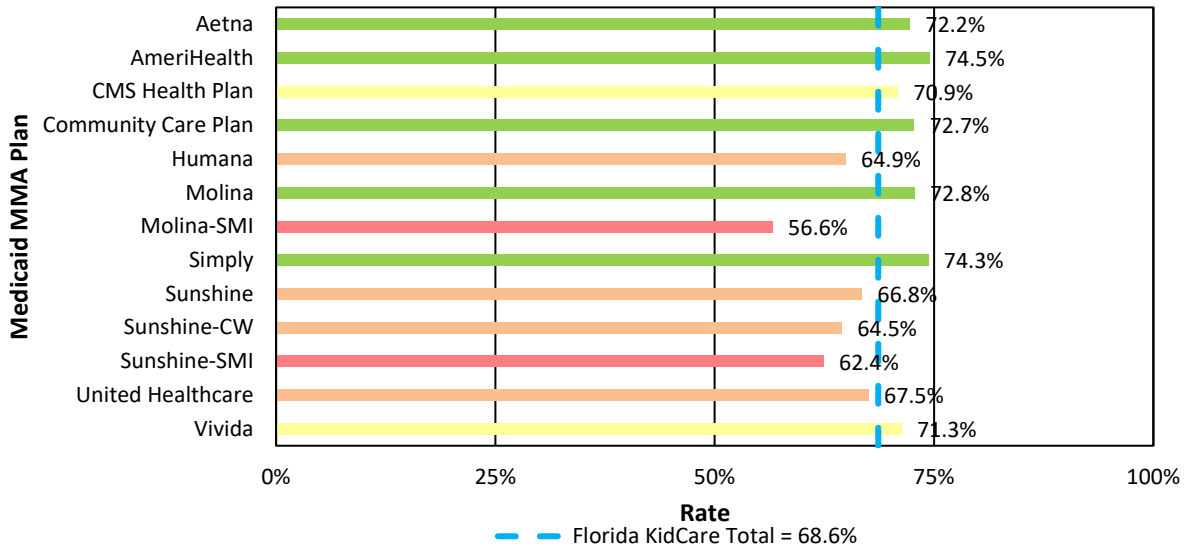
Note. This legend applies to **Figure 85** and **Figure 86**.

Figure 86. Specialist Rating of "9" or "10" by Medicaid MMA Plan, 2022 Survey



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

Figure 87. Health Plan Rating of "9" or "10" by Medicaid MMA Plan, 2022 Survey

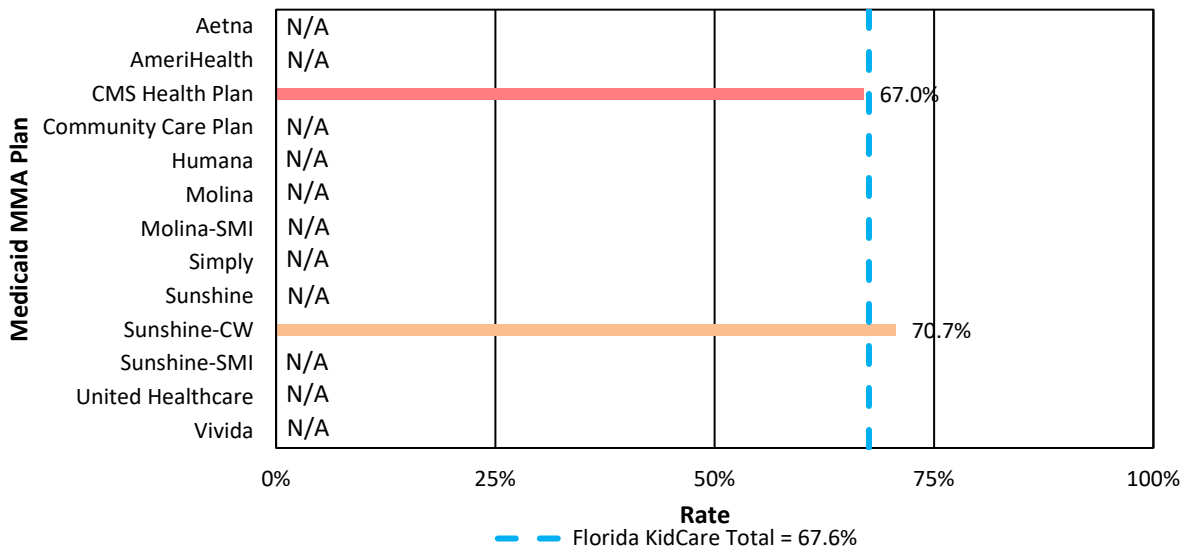


Note. Rates for plans with sample sizes of less than 100 are denoted by N/A.

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

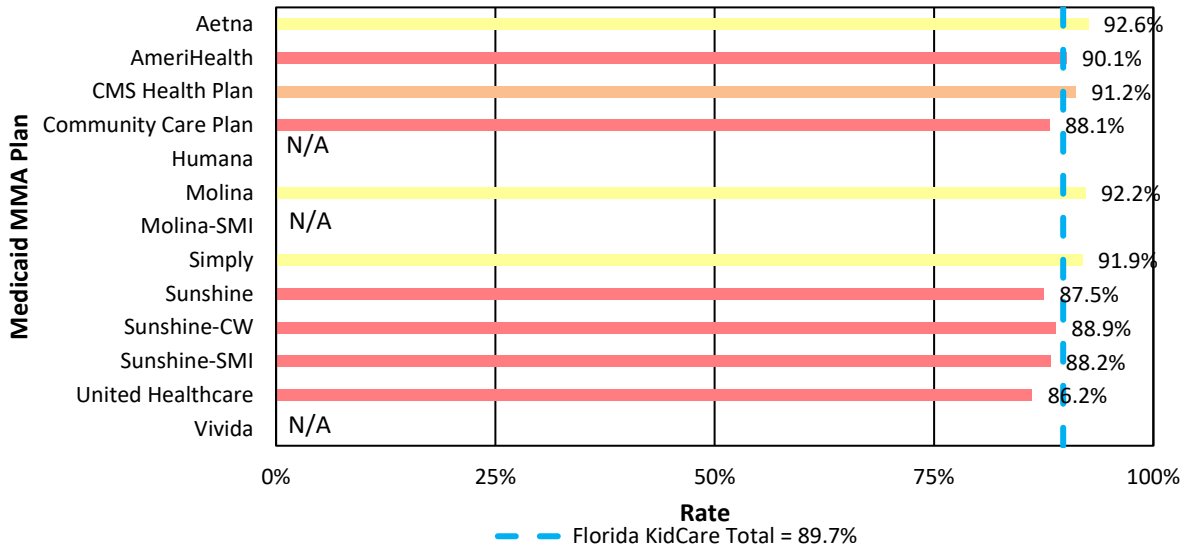
Note. This legend applies to **Figure 87** and **Figure 88**.

Figure 88. Access to Specialized Services by Medicaid MMA Plan, 2022 Survey



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

Figure 89. Personal Doctor Who Knows Child by Medicaid MMA Plan, 2022 Survey

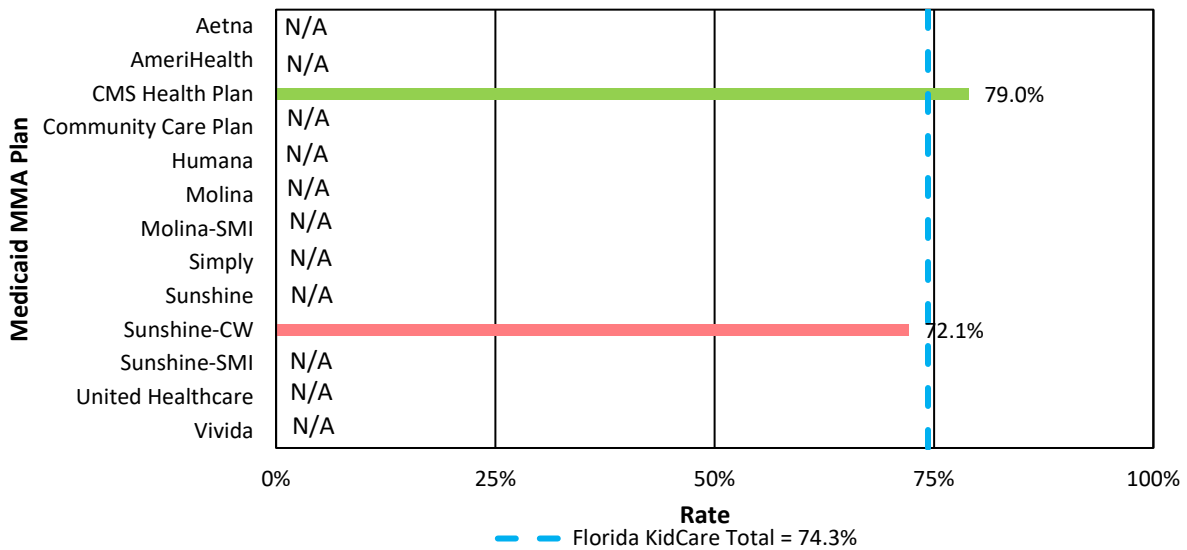


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

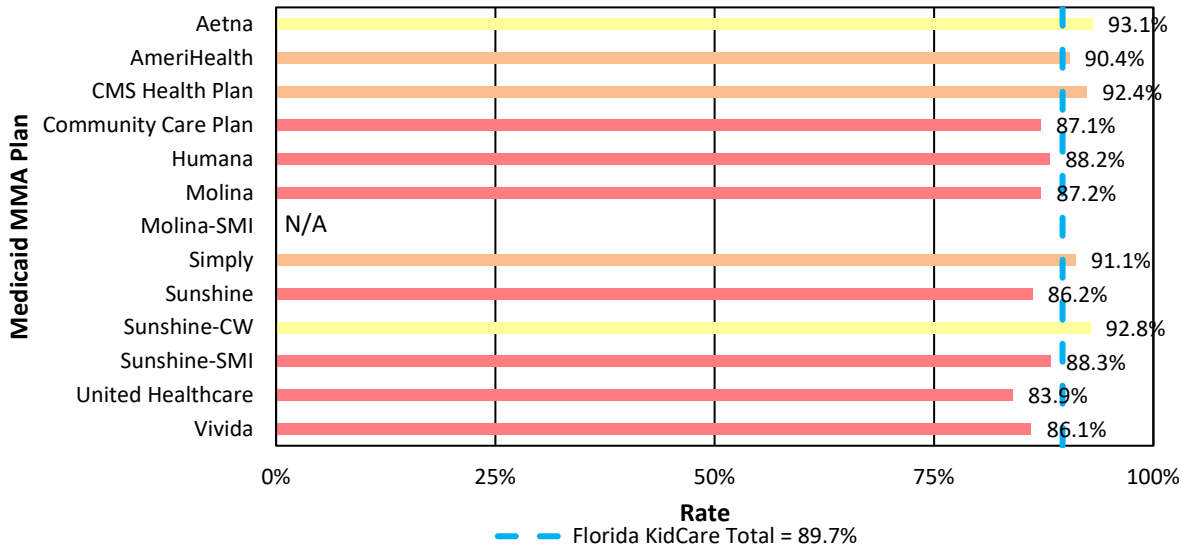
Note. This legend applies to **Figure 89** and **Figure 90**.

Figure 90. Coordination of Care for CCC by Medicaid MMA Plan, 2022 Survey



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

Figure 91. Getting Needed Information by Medicaid MMA Plan, 2022 Survey

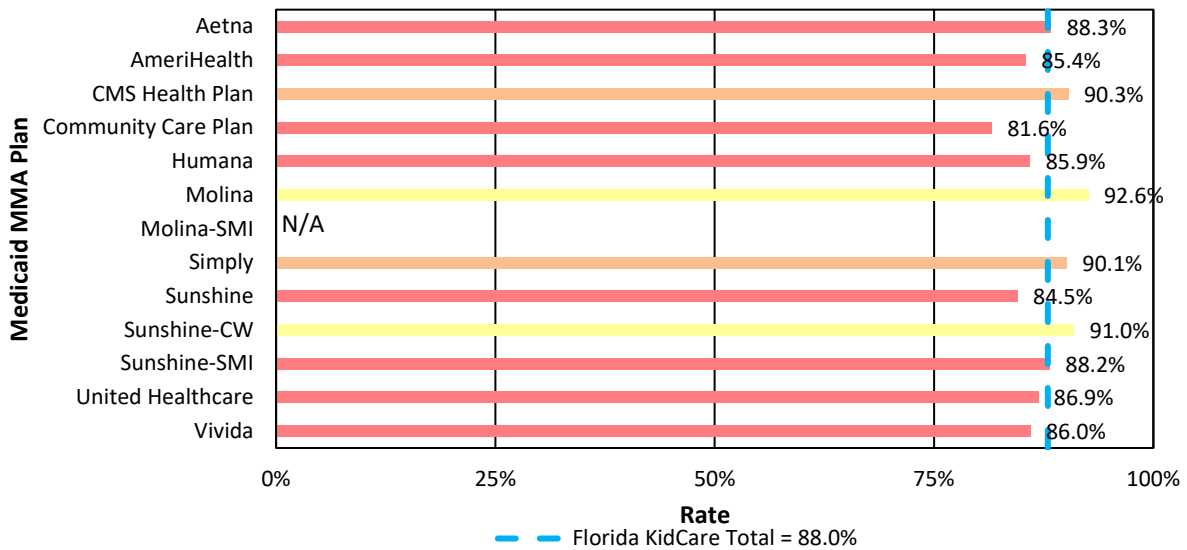


Note. Rates for plans with sample sizes of less than 100 are denoted by N/A.

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

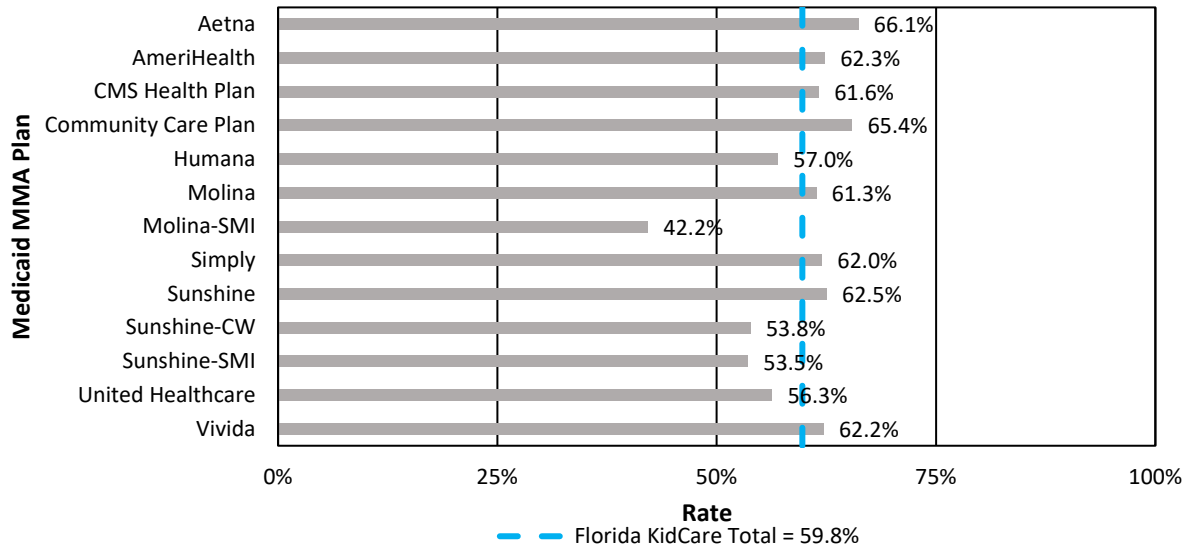
Note. This legend applies to **Figure 91** and **Figure 92**.

Figure 92. Access to Prescription Medicines by Medicaid MMA Plan, 2022 Survey



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

Figure 93. Number of Doctors to Choose from by Medicaid MMA Plan, 2022 Survey



The rest of this page has been left intentionally blank 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 instructions for providers to send the requested records back by secure fax. 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. 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

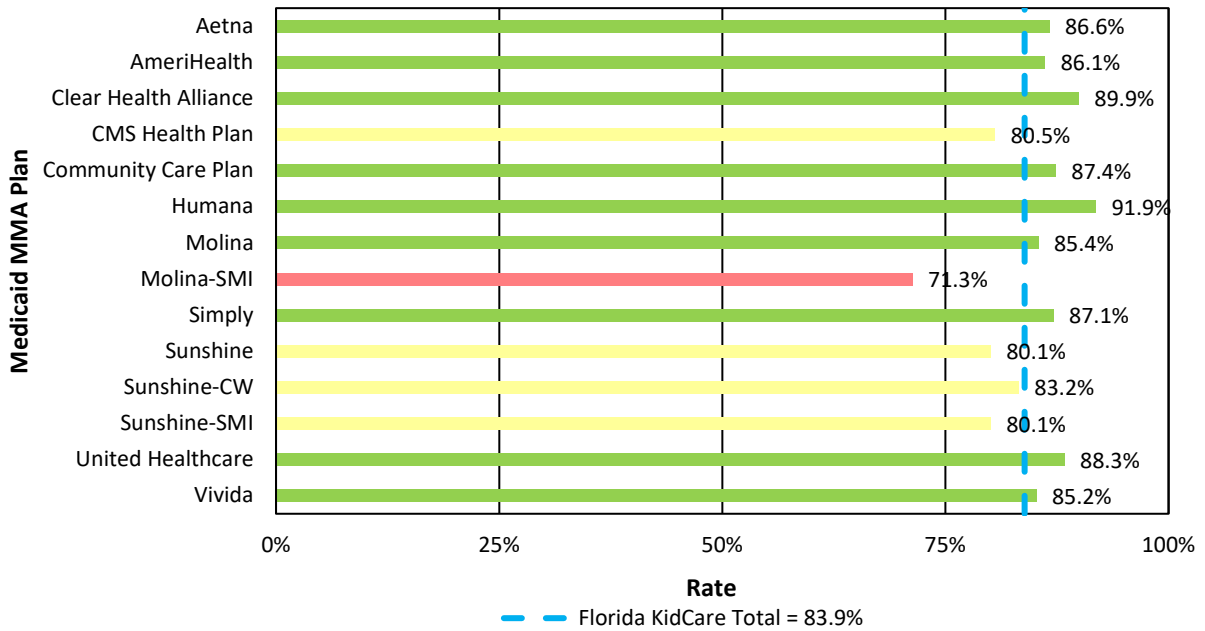
The 14 Medicaid MMA plans that calculated performance measures, with specialty plan population noted, were Aetna, AmeriHealth, Clear Health Alliance (serving those with HIV/AIDS), CMS Health Plan (serving children with chronic conditions), Community Care Plan, Humana, Molina, Molina-SMI (serving children with serious mental illnesses), Simply, Sunshine Health Plan, Sunshine Health Plan-CW (serving child welfare system members), Sunshine Health Plan-SMI (serving children with serious mental illnesses), 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 member types; thus, 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.

Plan-Level Data

Figure 94. Medicaid MMA Plan Results for WCC: Ages 3-17- BMI Assessment, CY 2021

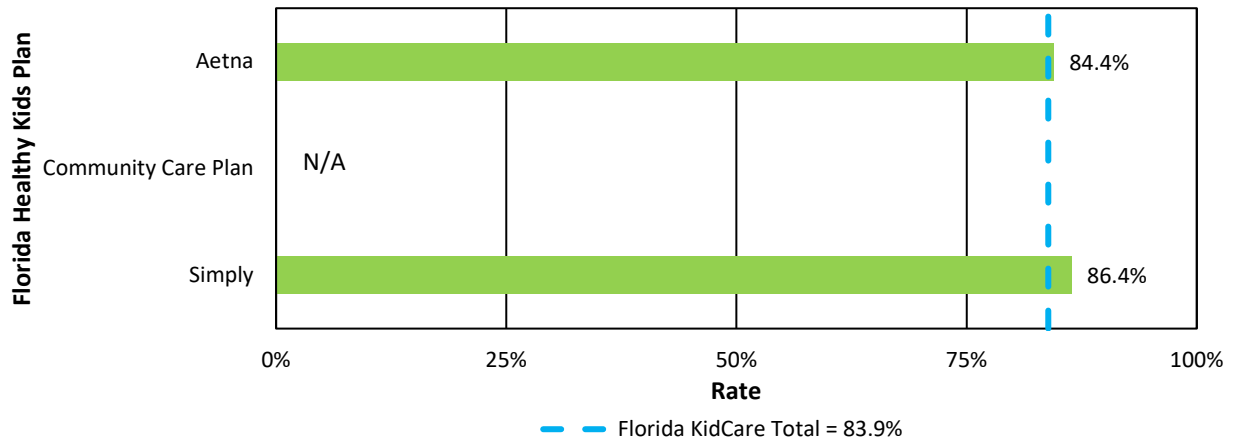


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

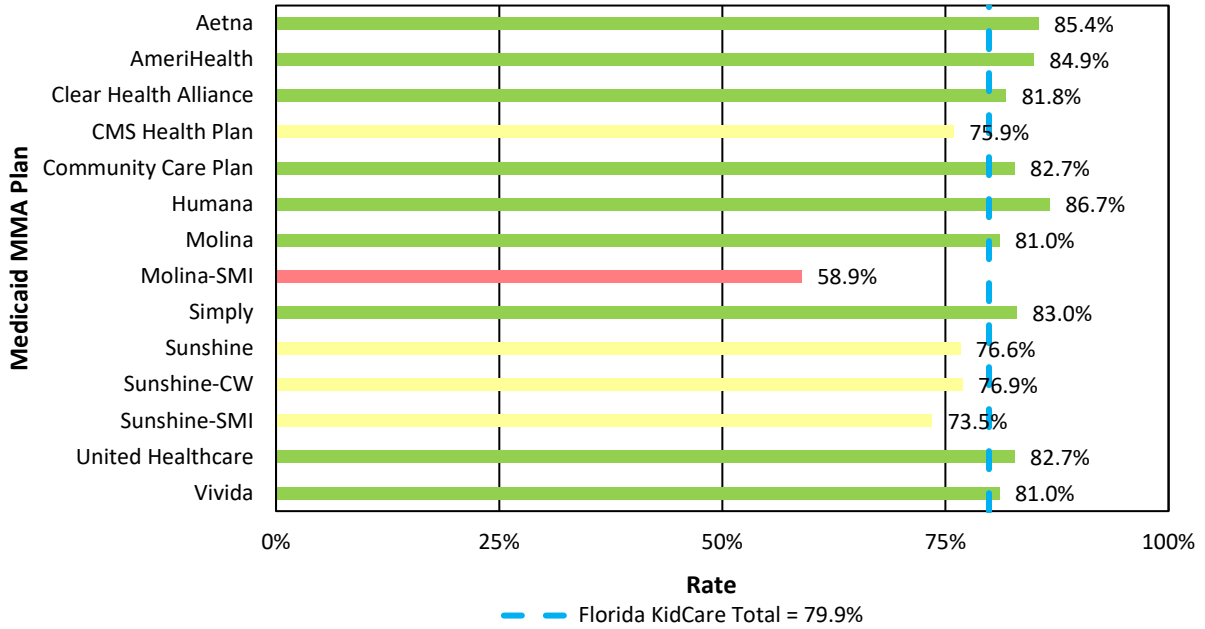
Note. This legend applies to Figure 94 and Figure 95.

Figure 95. Florida Healthy Kids Plan Results for WCC: Ages 3-17- BMI Assessment, CY 2021



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

Figure 96. Medicaid MMA Plan Results for WCC: Ages 3-17- Counseling for Nutrition, CY 2021

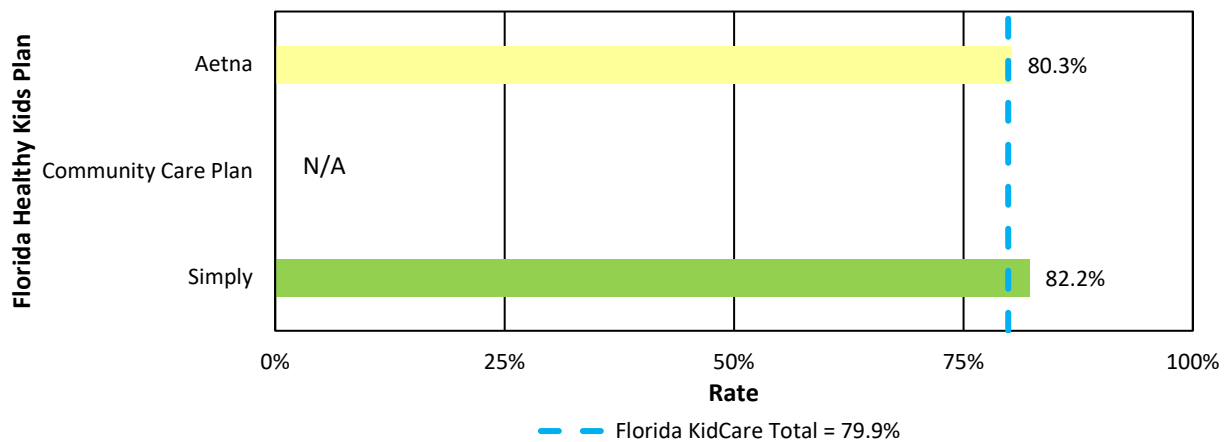


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

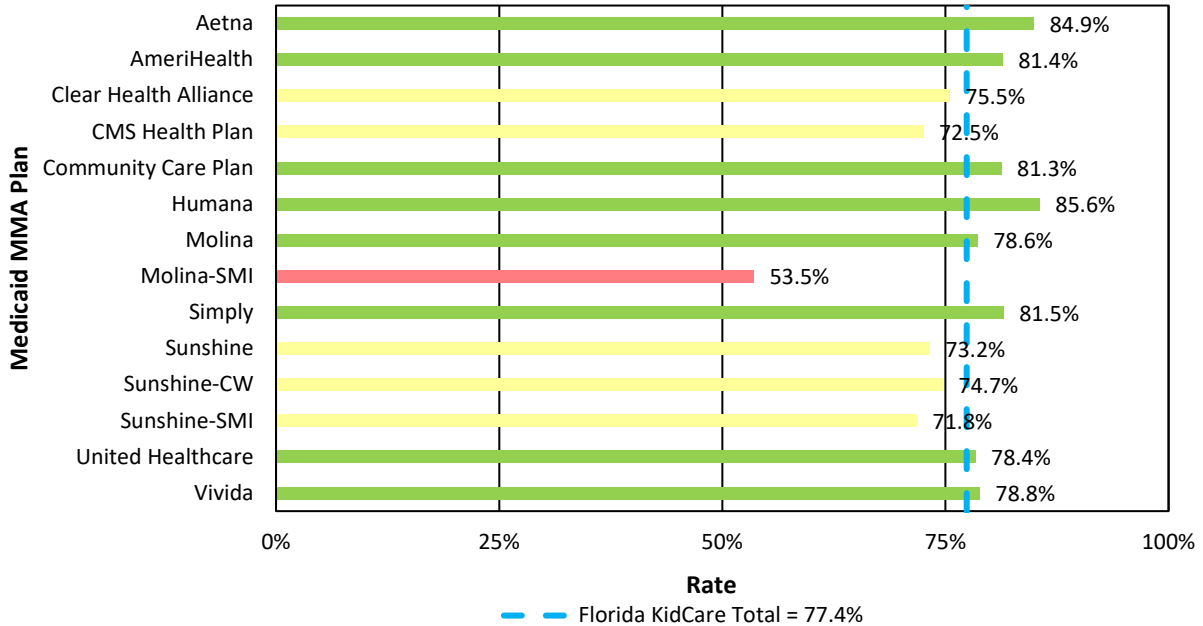
Note. This legend applies to Figure 96 and Figure 97.

Figure 97. Florida Healthy Kids Plan Results for WCC: Ages 3-17- Counseling for Nutrition, CY 2021



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

Figure 98. Medicaid MMA Plan Results for WCC: Ages 3-17- Counseling for Physical Activity, CY 2021

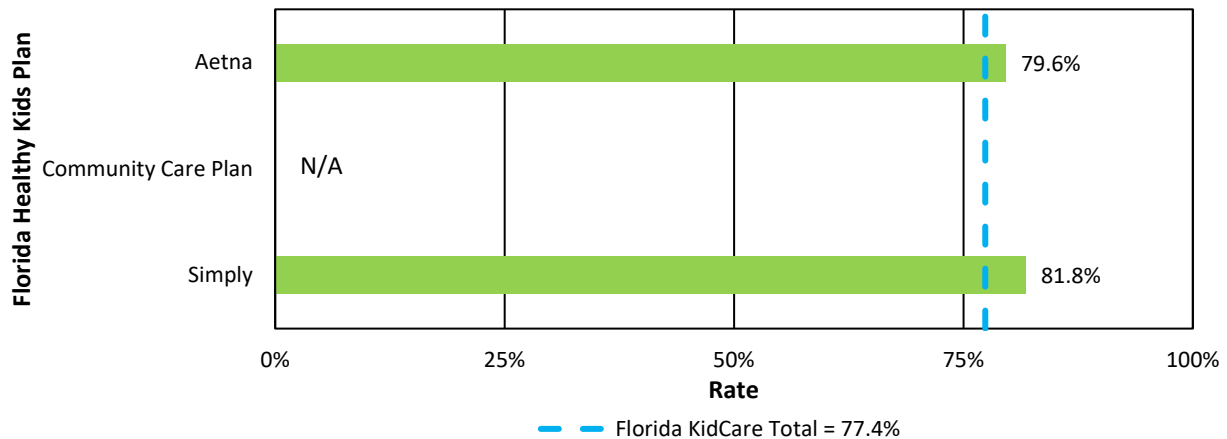


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

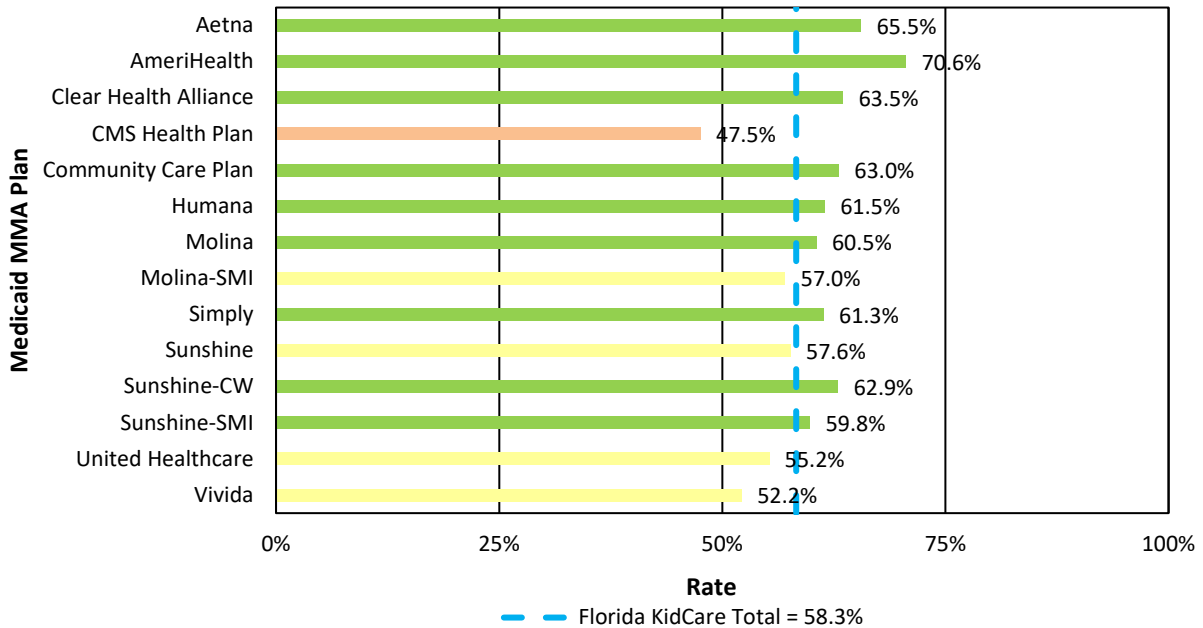
Note. This legend applies to Figure 98 and Figure 99.

Figure 99. Florida Healthy Kids Plan Results for WCC: Ages 3-17- Counseling for Physical Activity, CY 2021



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

Figure 100. Medicaid MMA Plan Results for CHL Ages 16-20, CY 2021

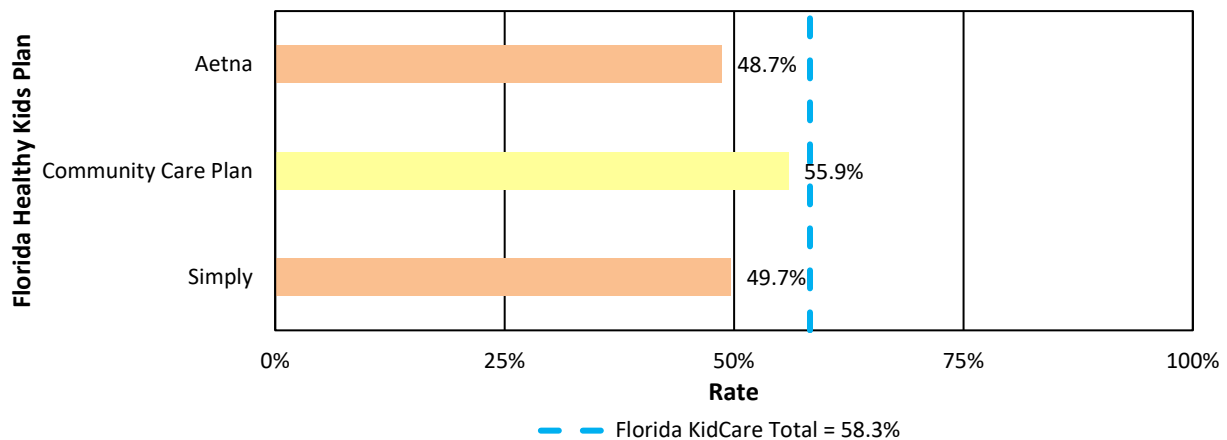


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

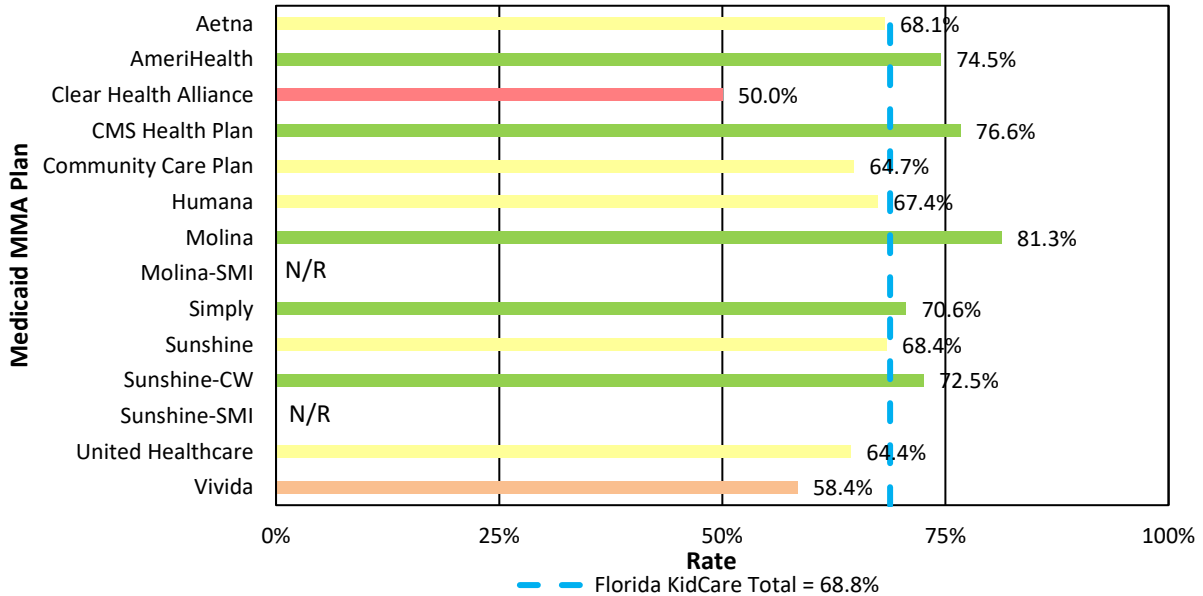
Note. This legend applies to **Figure 100** and **Figure 101**.

Figure 101. Florida Healthy Kids Plan Results for CHL Ages 16-20, CY 2021



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

Figure 102. Medicaid MMA Plan Results for CIS: Combination 3, CY 2021

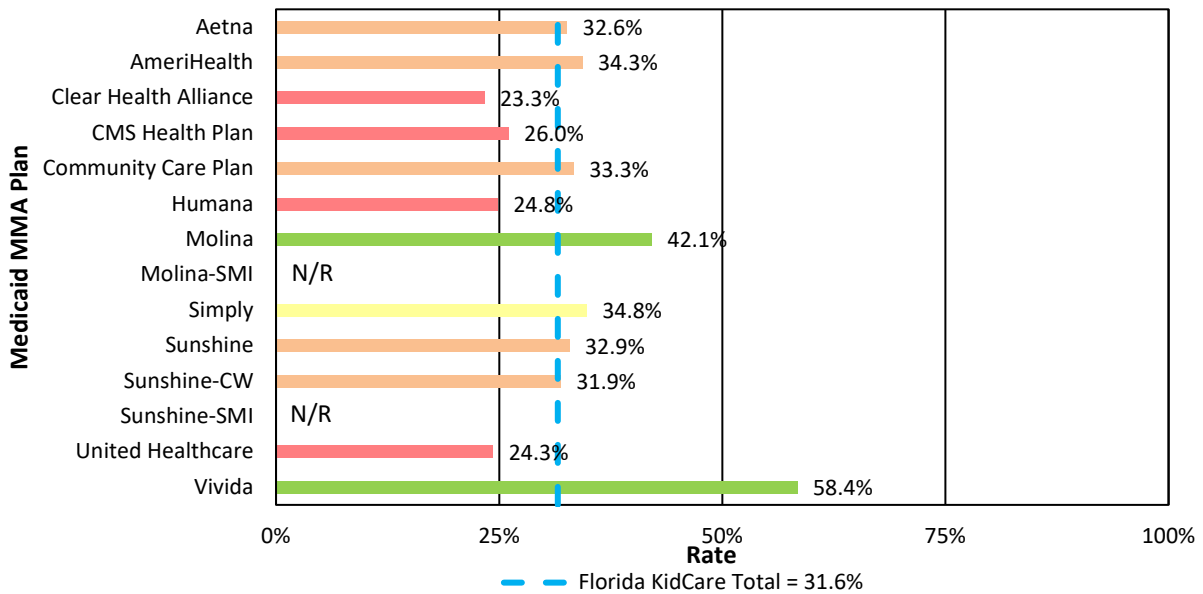


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

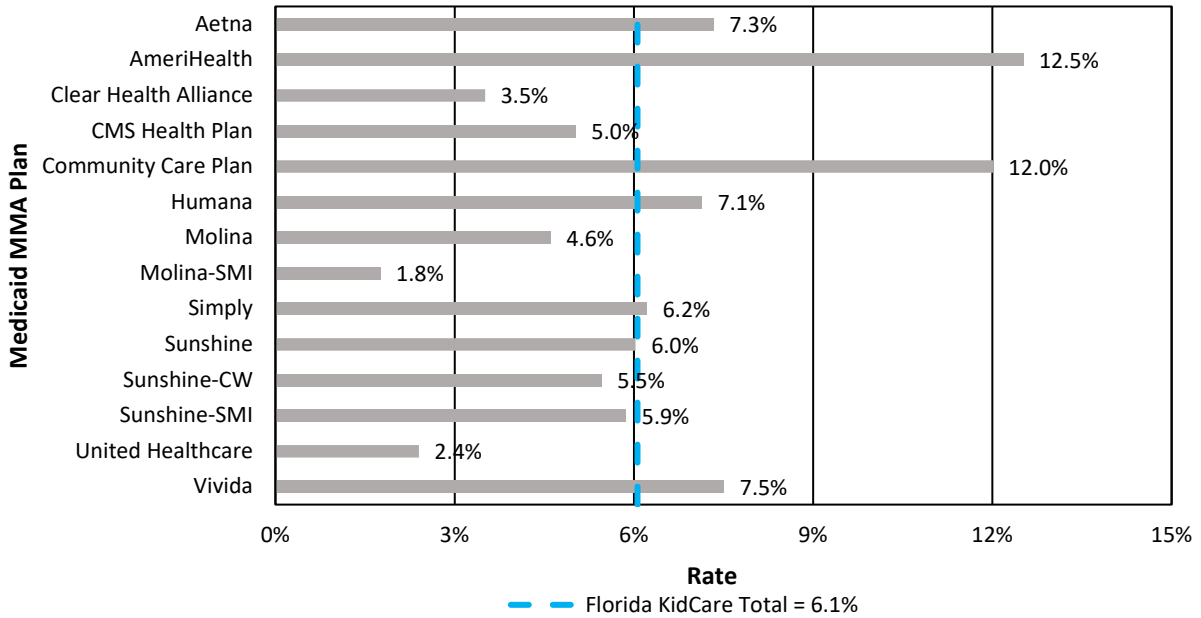
Note. This legend applies to **Figure 102** and **Figure 103**.

Figure 103. Medicaid Plan Results for CIS: Combination 10, CY 2021



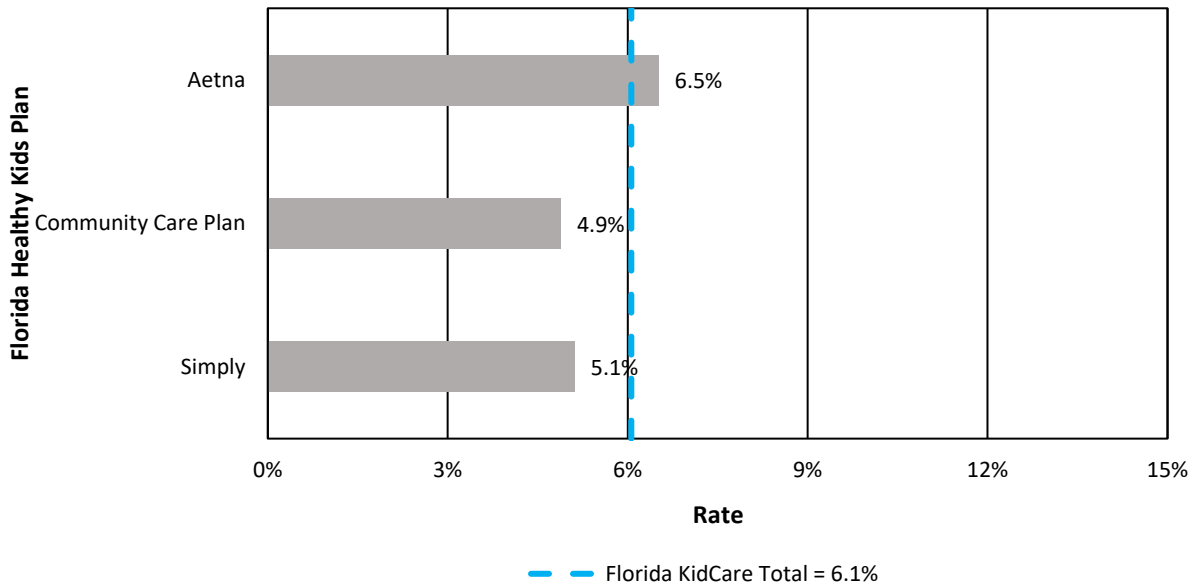
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 104. Medicaid MMA Plan Results for CDF: Ages 12-17, CY 2021



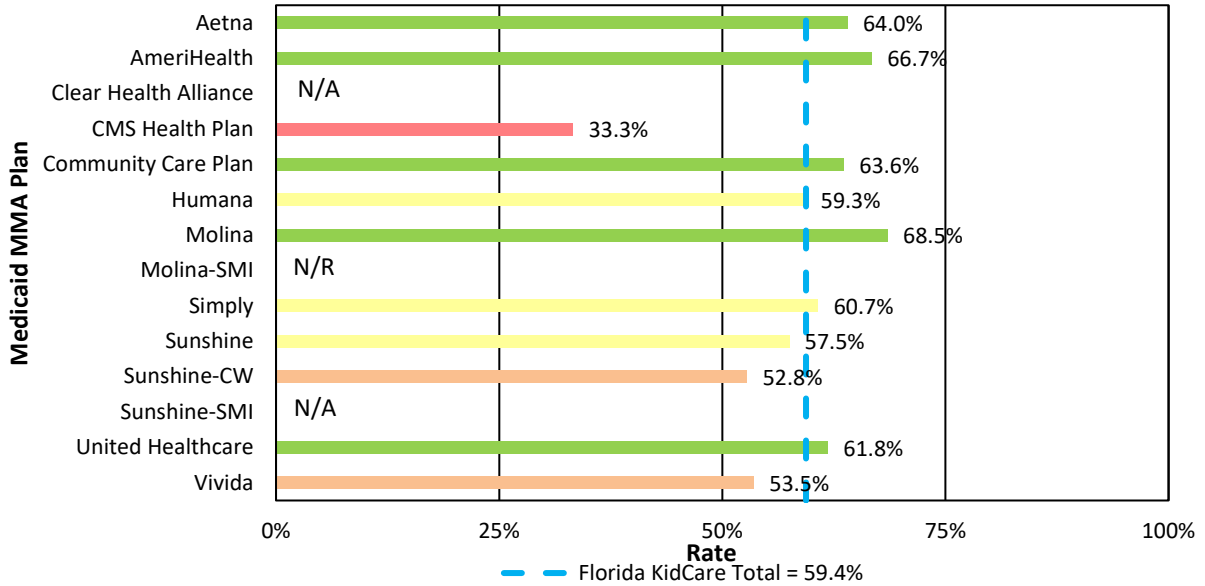
Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 105. Florida Healthy Kids Plan Results for CDF: Ages 12-17, CY 2021



Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 106. Medicaid MMA Plan Results for W30: First 15 months, CY 2021

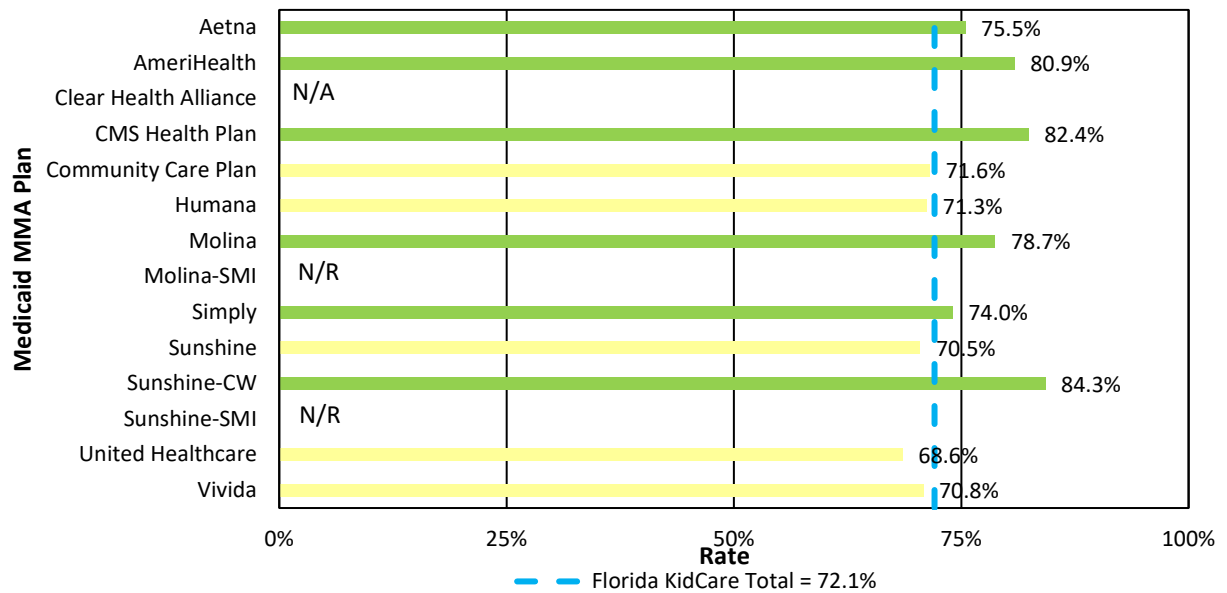


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

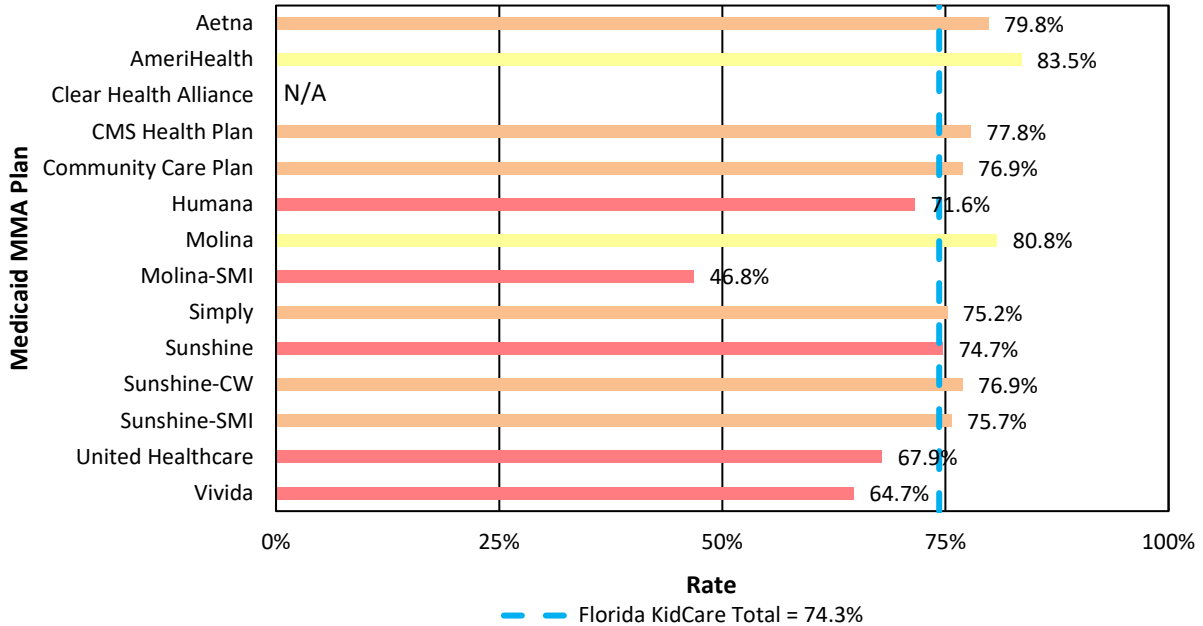
Note. This legend applies to **Figure 106** and **Figure 107**.

Figure 107: Medicaid MMA Plan Results for W30: Ages 15-30 Months, CY 2021



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

Figure 108. Medicaid MMA Plan Results for IMA: Meningococcal Immunizations, CY 2021

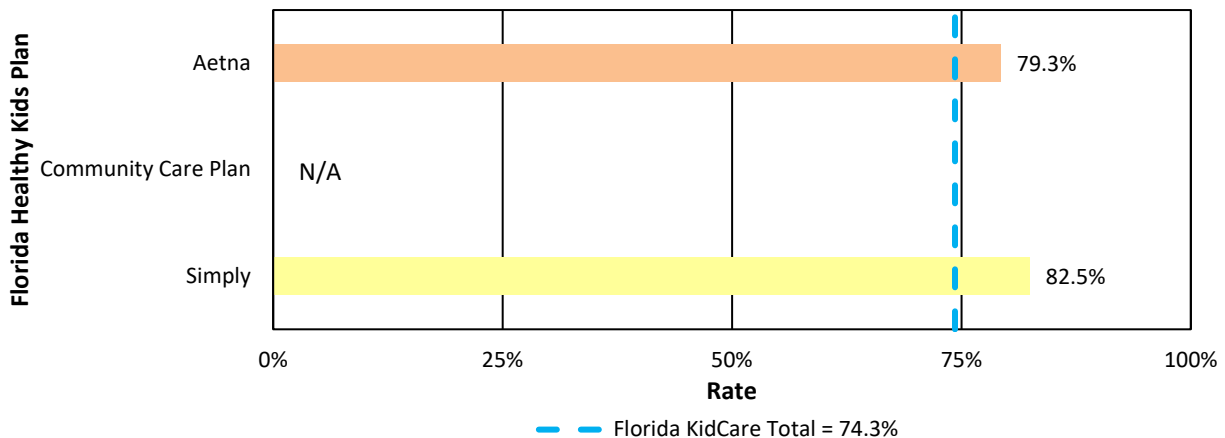


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

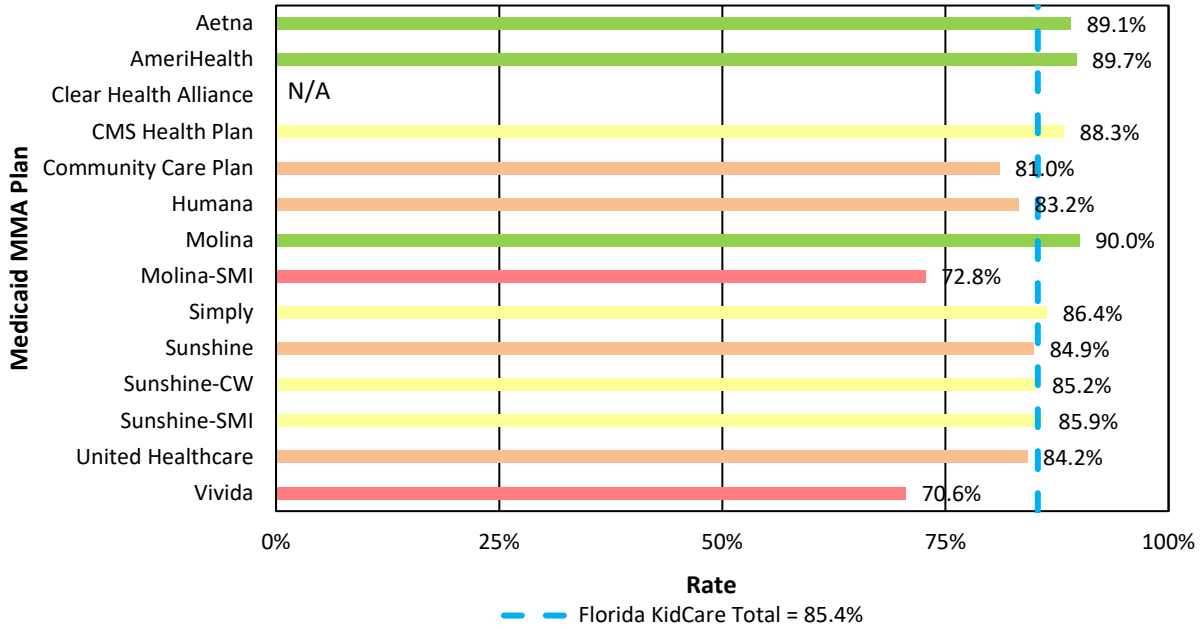
Note. This legend applies to **Figure 108** and **Figure 109**.

Figure 109. Florida Healthy Kids Plan Results for IMA: Meningococcal Immunizations, CY 2021



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

Figure 110. Medicaid MMA Plan Results for IMA: Tdap Immunizations, CY 2021

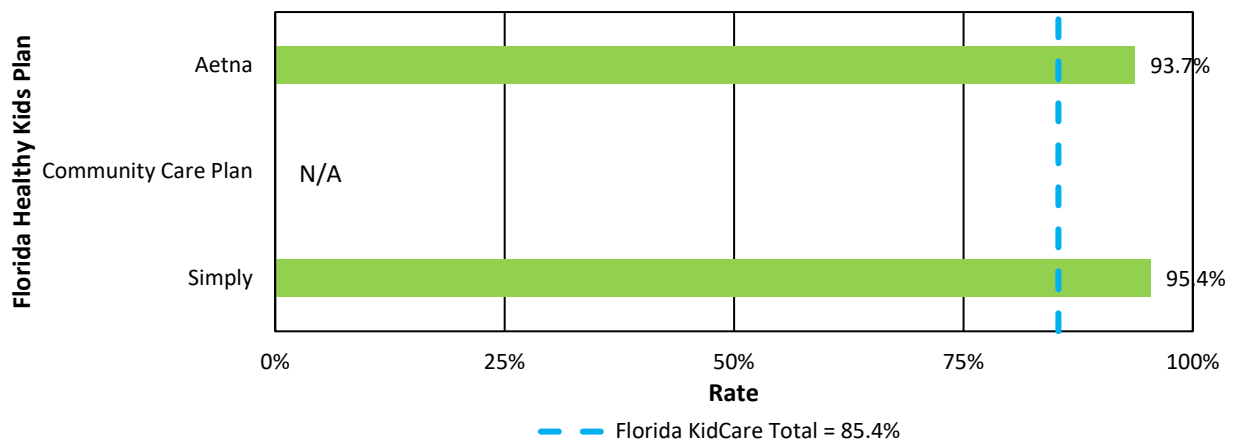


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

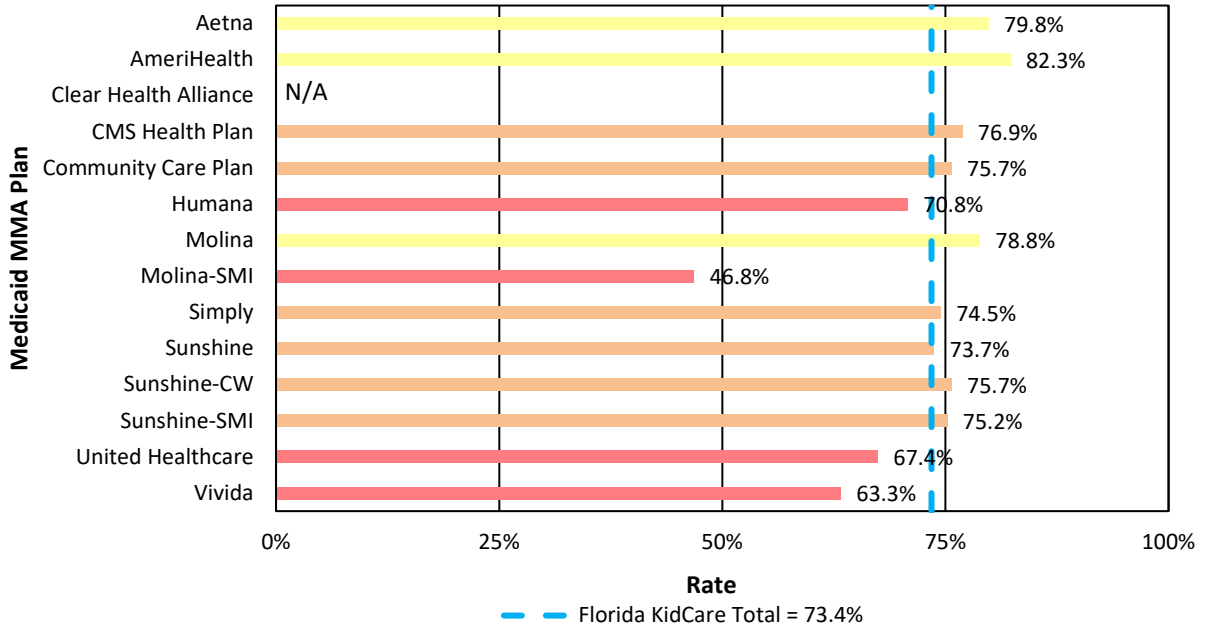
Note. This legend applies to **Figure 110** and **Figure 111**.

Figure 111. Florida Healthy Kids Plan Results for IMA: Tdap Immunizations, CY 2021



Note. N/R denotes programs or plans for 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 112. Medicaid MMA Plan Results for IMA: Combination 1 Immunizations, CY 2021

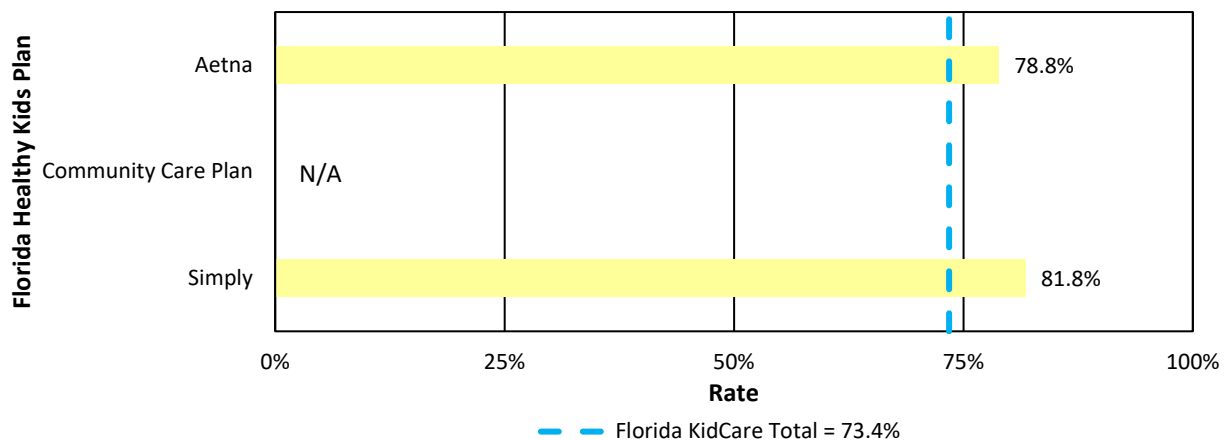


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

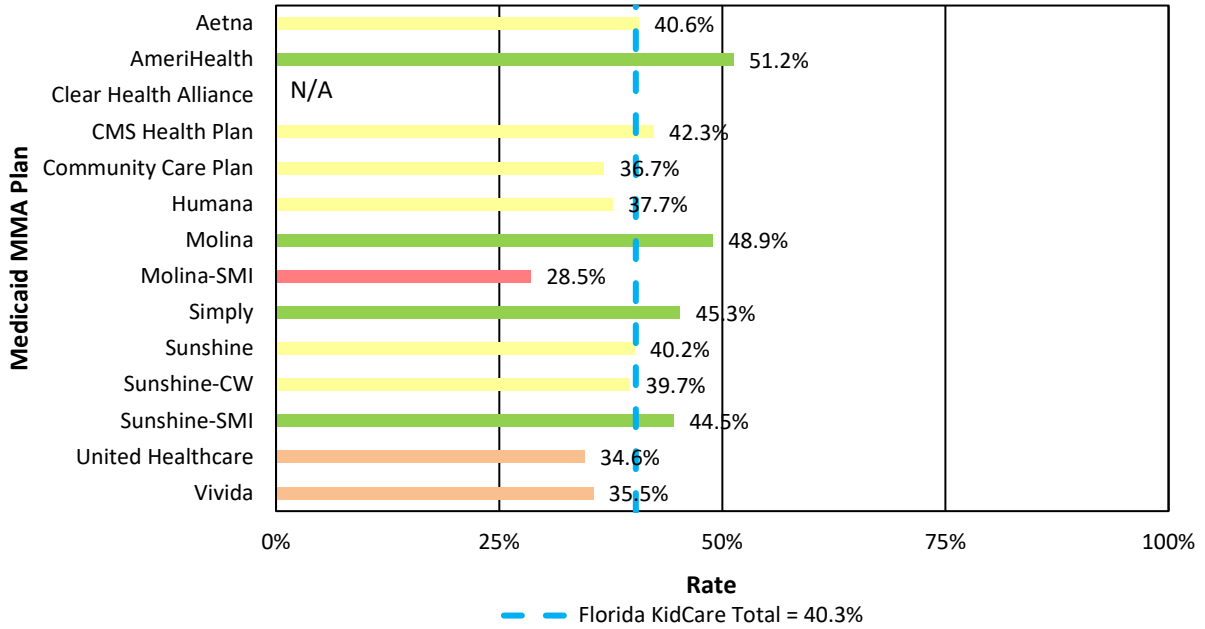
Note. This legend applies to **Figure 112** and **Figure 113**.

Figure 113. Florida Healthy Kids Plan Results for IMA: Combination 1 Immunizations, CY 2021



Note. N/R denotes programs or plans for 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. Medicaid MMA Plan Results for IMA: HPV Immunizations, CY 2021

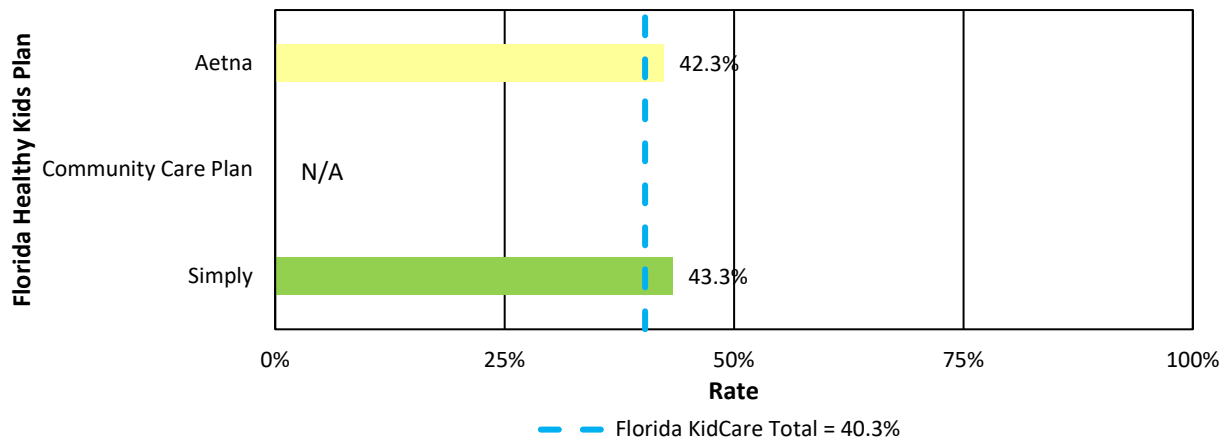


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

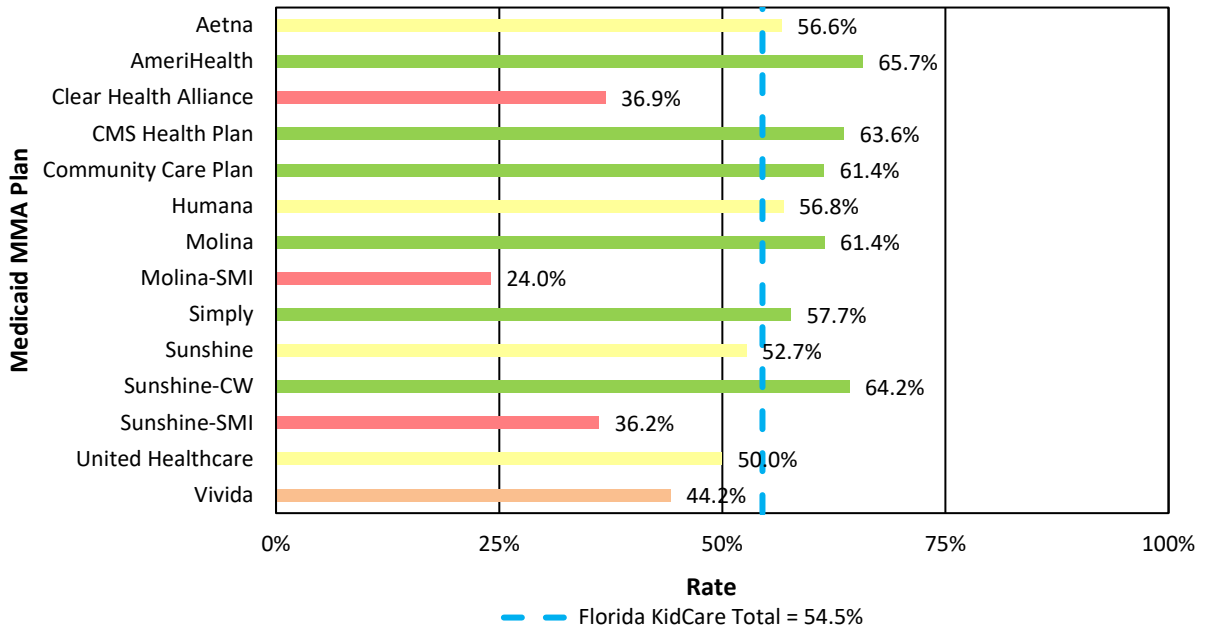
Note. This legend applies to **Figure 114** and **Figure 115**.

Figure 115. Florida Healthy Kids Plan Results for IMA: HPV Immunizations, CY 2021



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

Figure 116. Medicaid MMA Plan Results for WCV: Ages 3-21, CY 2021

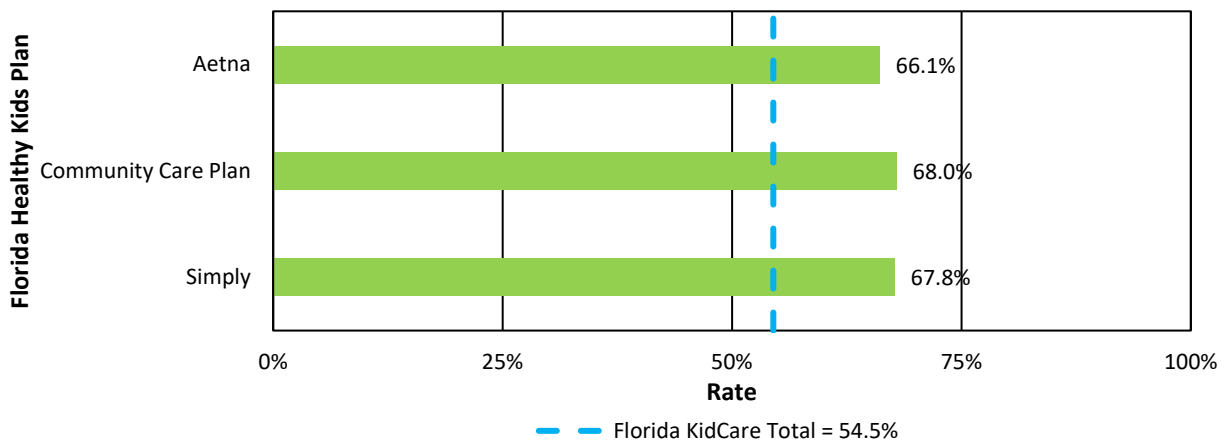


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

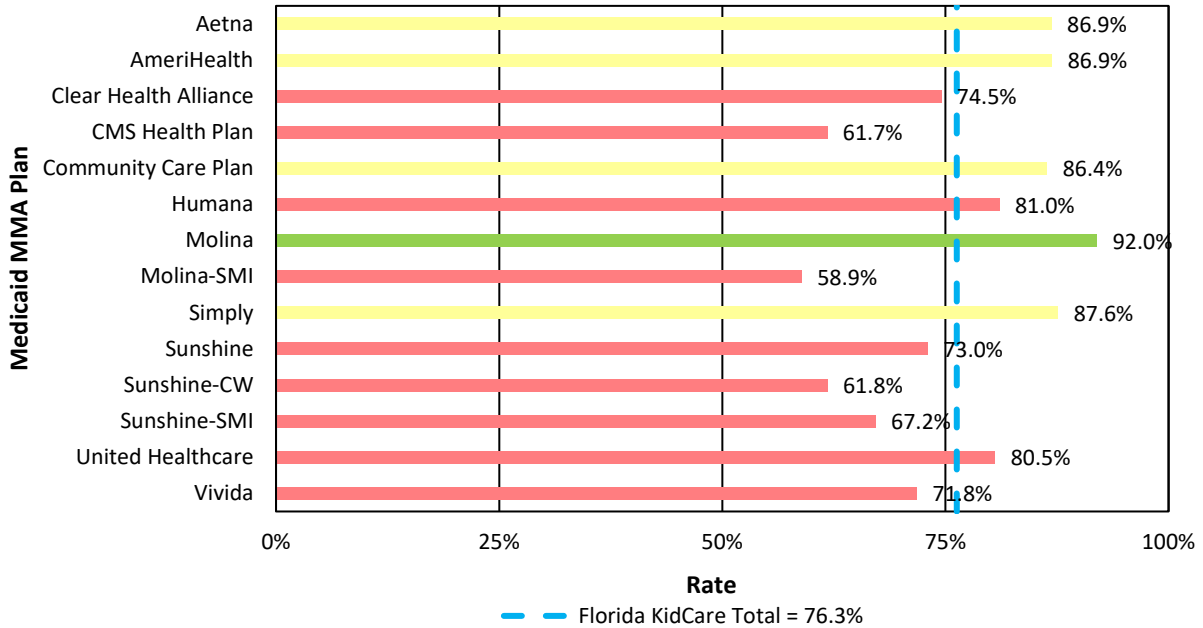
Note. This legend applies to **Figure 116** and **Figure 117**.

Figure 117. Florida Healthy Kids Plan Results for WCV: Ages 3-21, CY 2021



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

Figure 118. Medicaid MMA Plan Results for PPC: Timeliness of Prenatal Care, CY 2021

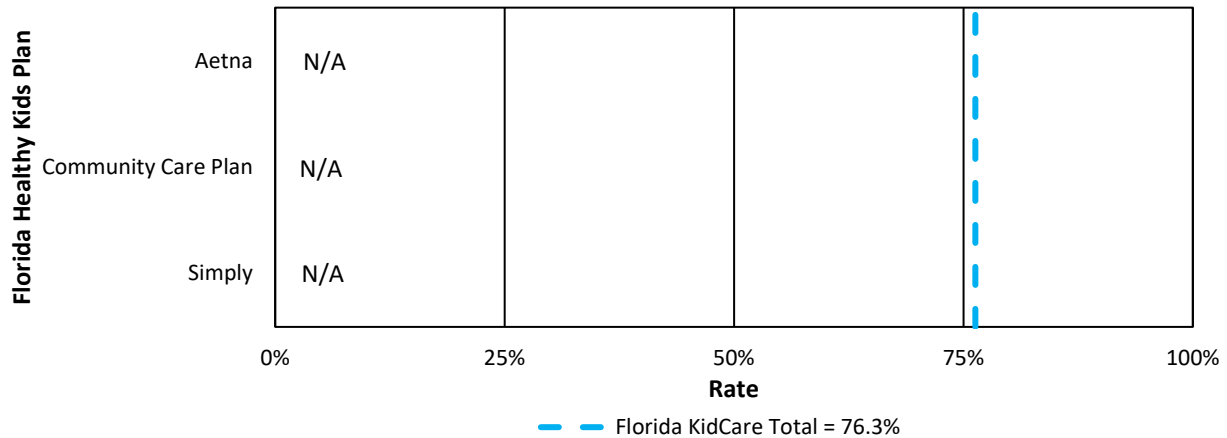


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

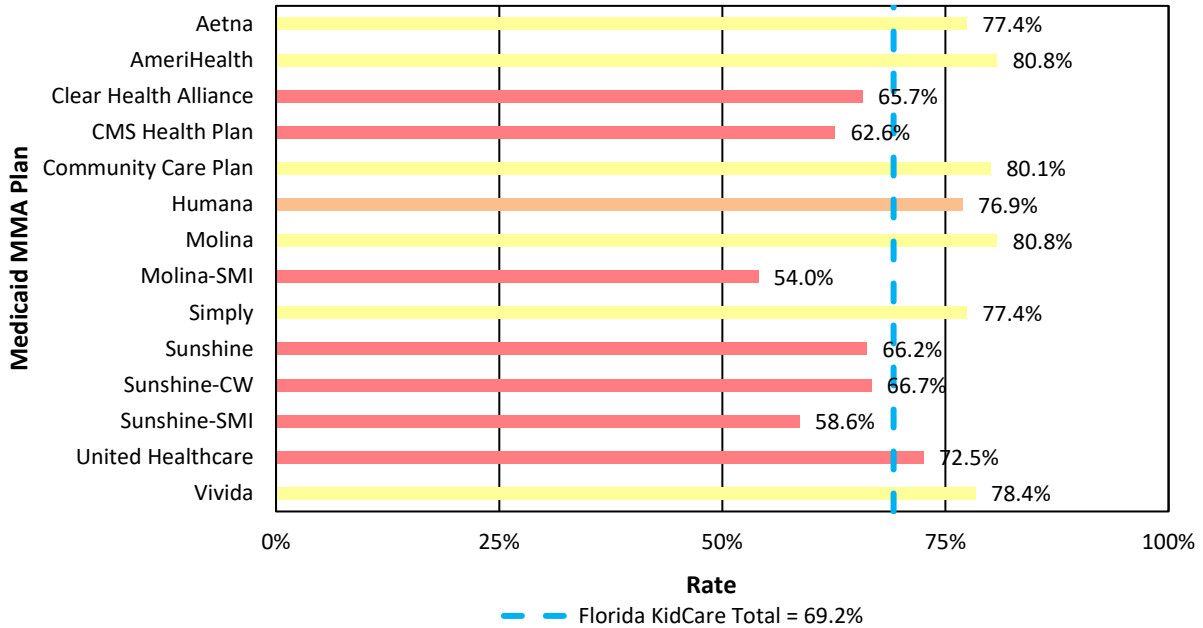
Note. This legend applies to **Figure 118** and **Figure 119**.

Figure 119. Florida Healthy Kids Plan Results for PPC: Timeliness of Prenatal Care, CY 2021



Note. N/R denotes programs or plans for 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 120. Medicaid MMA Plan Results for PPC: Postpartum Care, CY 2021

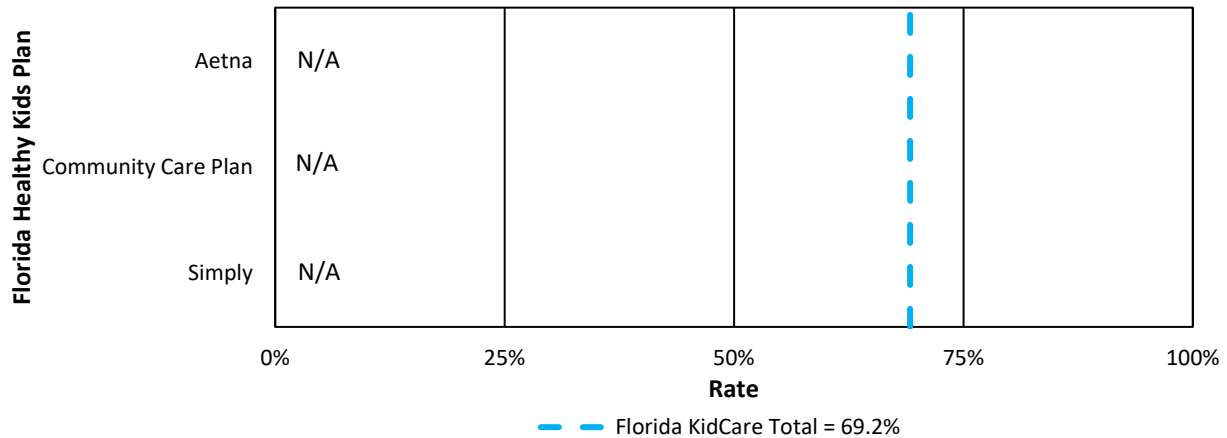


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

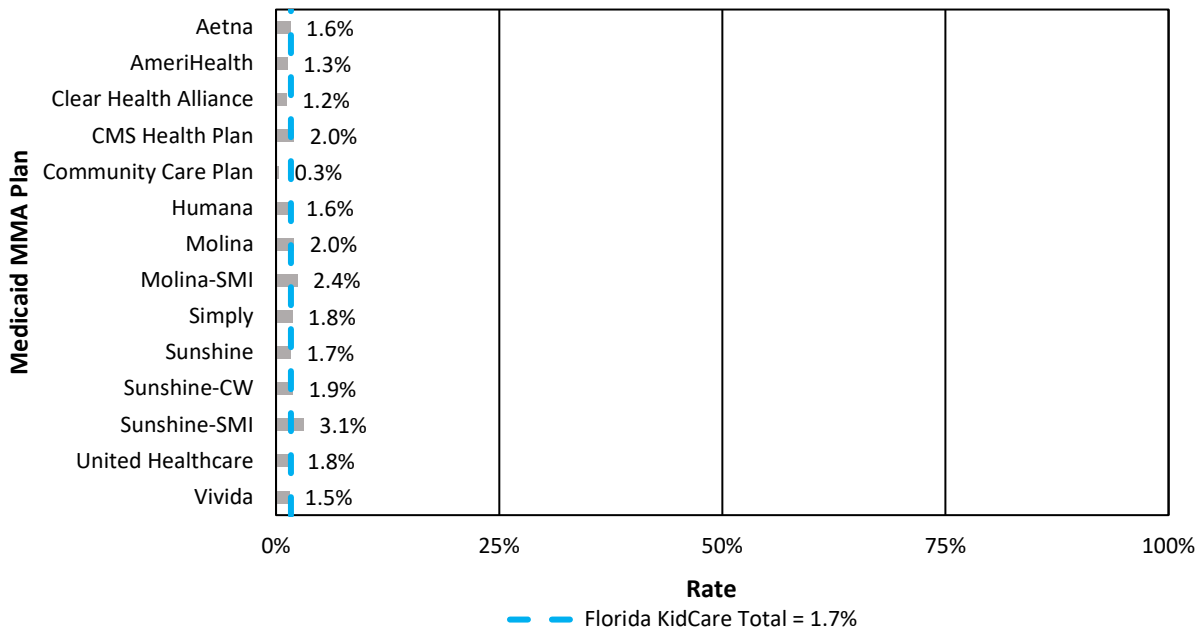
Note. This legend applies to **Figure 120** and **Figure 121**.

Figure 121. Florida Healthy Kids Plan Results for PPC: Postpartum Care, CY 2021



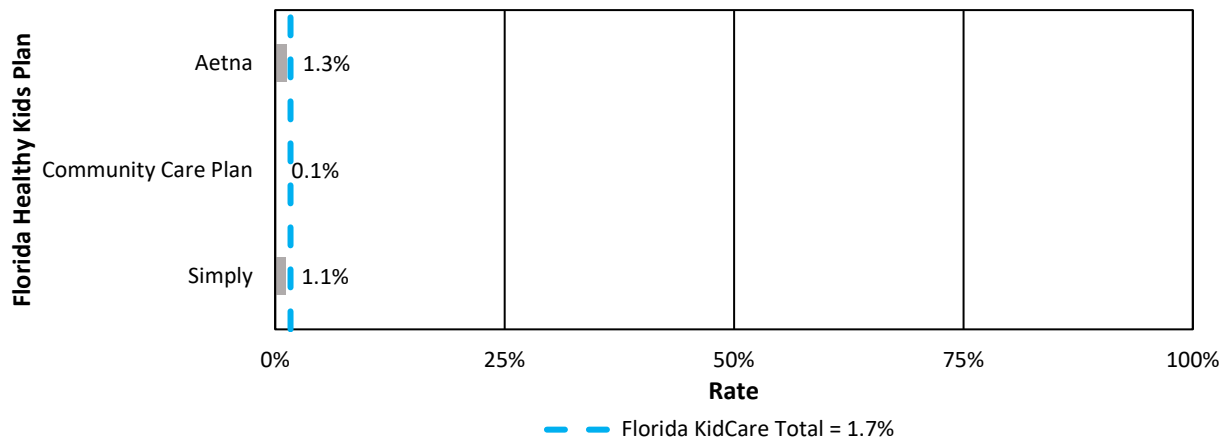
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 122. Medicaid MMA Plan Results for CCW: LARC, CY 2021



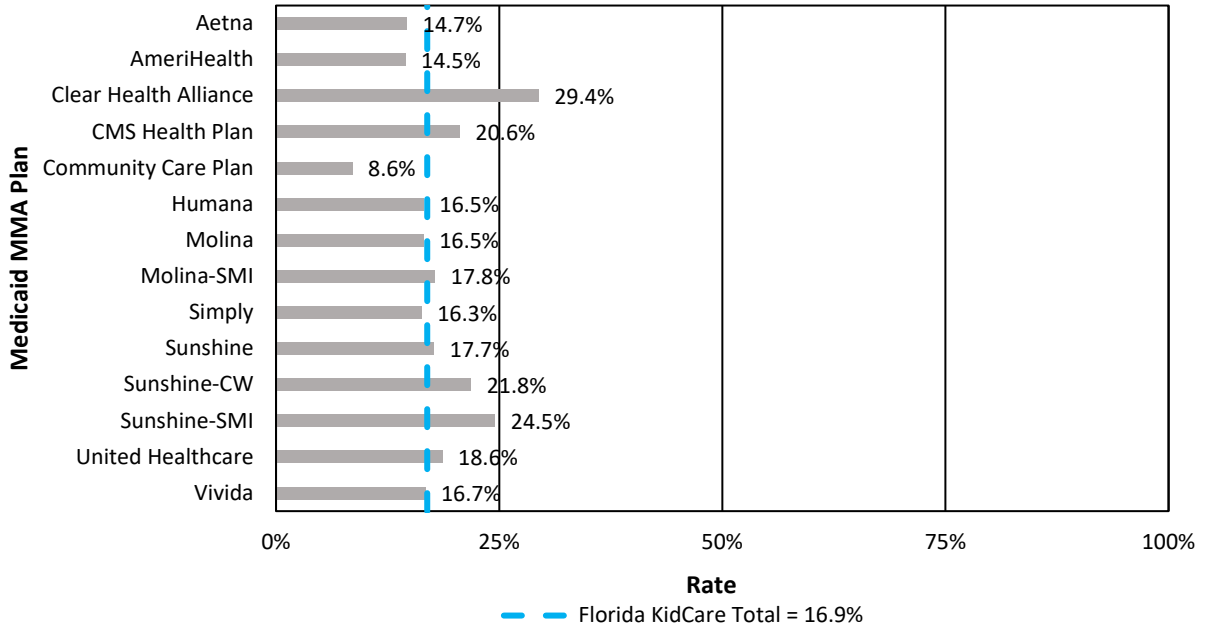
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 123. Florida Healthy Kids Plan Results for CCW: LARC, CY 2021



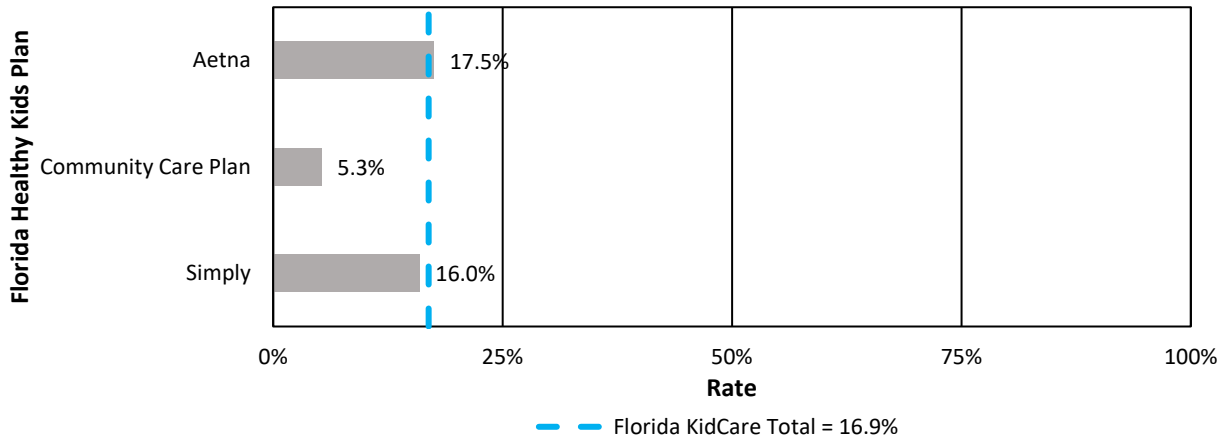
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 124. Medicaid MMA Plan Results for CCW: Most or Moderately Effective, CY 2021



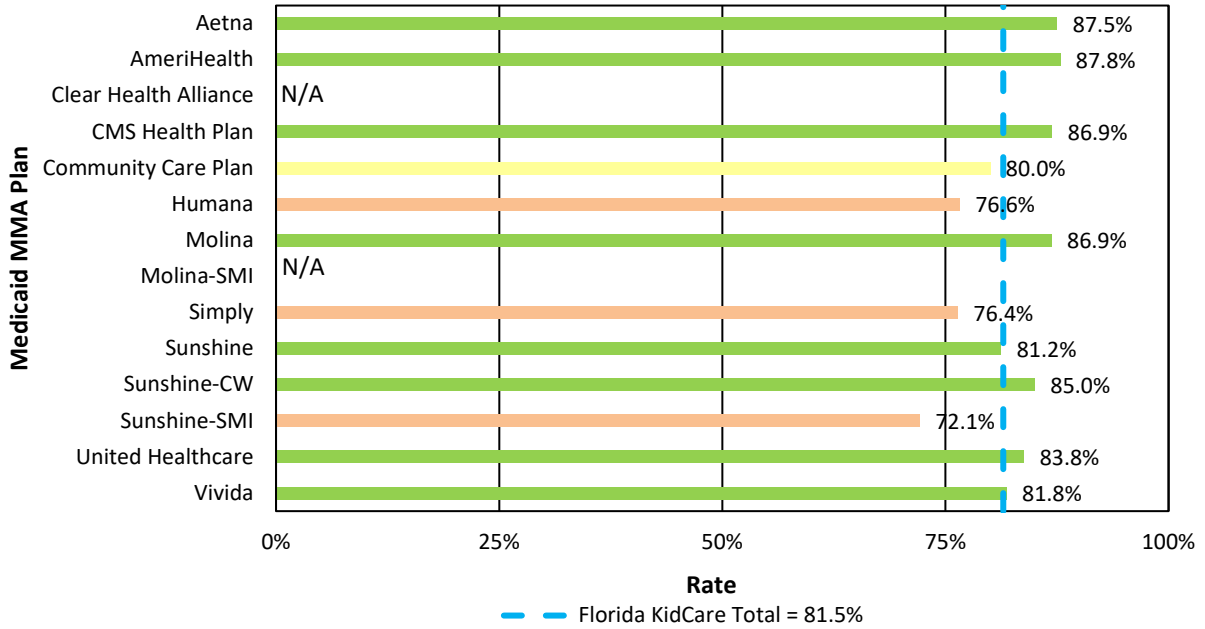
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 125. Florida Healthy Kids Plan Results for CCW: Most or Moderately Effective, CY 2021



Note. N/R denotes programs or plans for 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 126. Medicaid MMA Plan Results for AMR: Ages 5-11, CY 2021

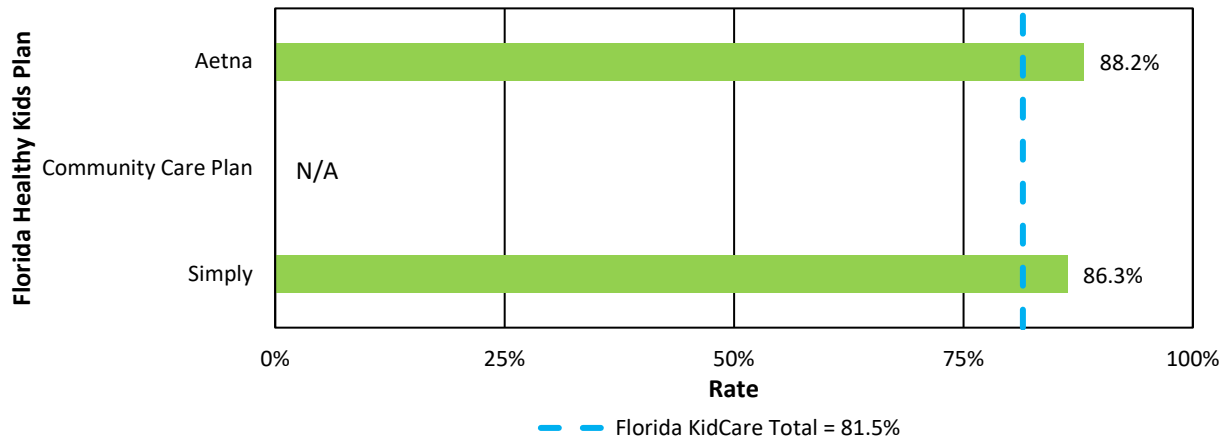


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

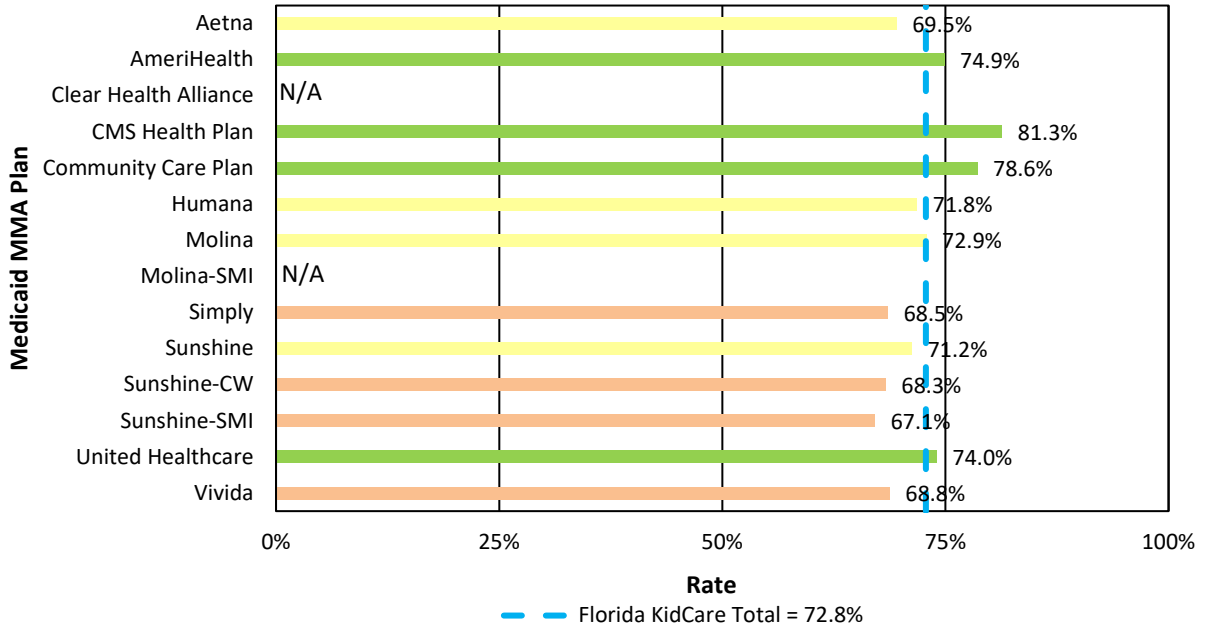
Note. This legend applies to **Figure 126** and **Figure 127**.

Figure 127. Florida Healthy Kids Plan Results for AMR: Ages 5-11, CY 2021



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

Figure 128. Medicaid MMA Plan Results for AMR: Ages 12-18, CY 2021

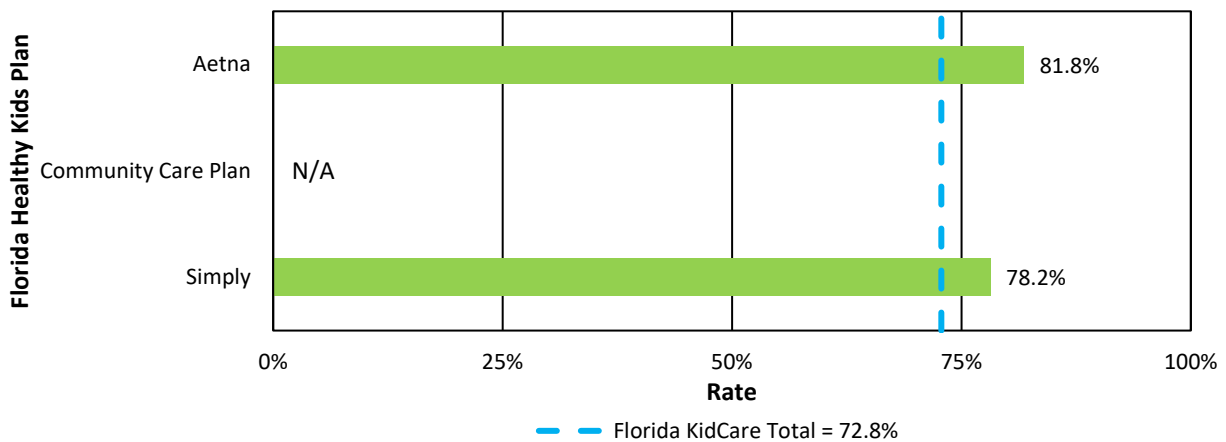


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

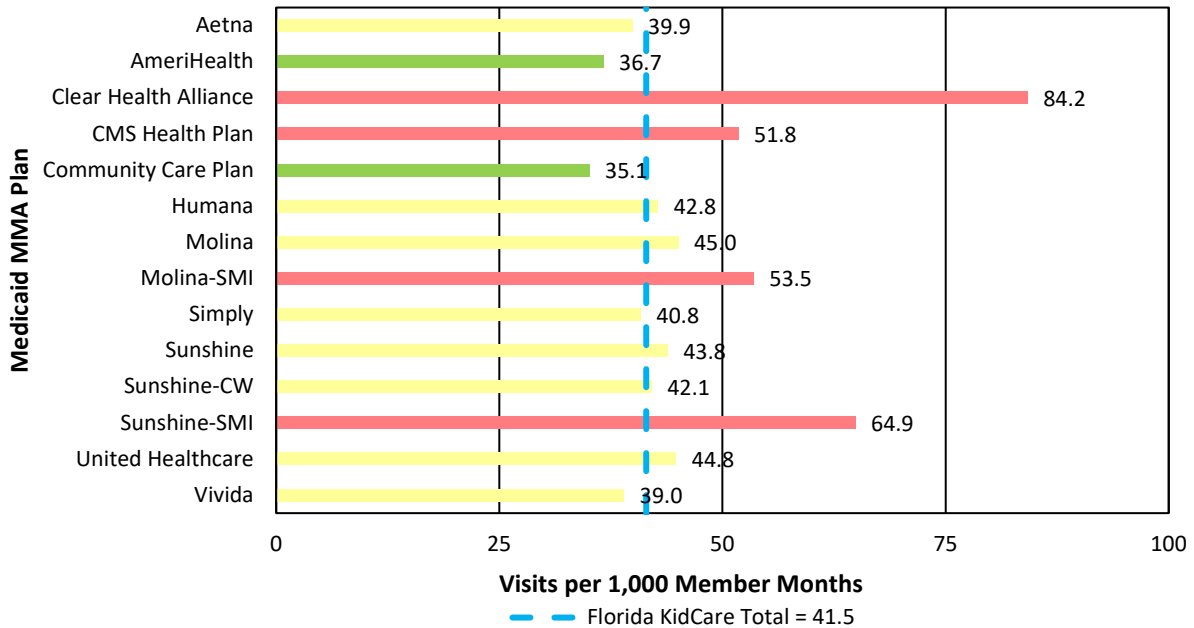
Note. This legend applies to **Figure 128** and **Figure 129**.

Figure 129. Florida Healthy Kids Plan Results for AMR: Ages 12-18, CY 2021



Note. N/R denotes programs or plans for 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 130. Medicaid MMA Plan Results for AMB ED Visits: Ages 0-19, CY 2021

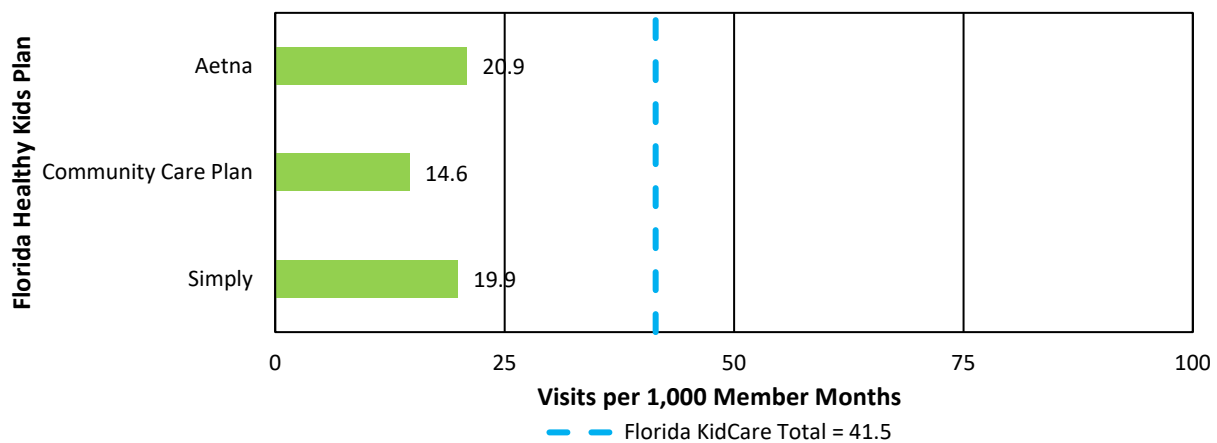


Note. Unlike most other figures in this report, lower numbers for this measure indicate a higher quality of care. N/R denotes programs for which the measure does not apply or was not reported. N/A denotes programs that have less than 360 in the denominator.

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

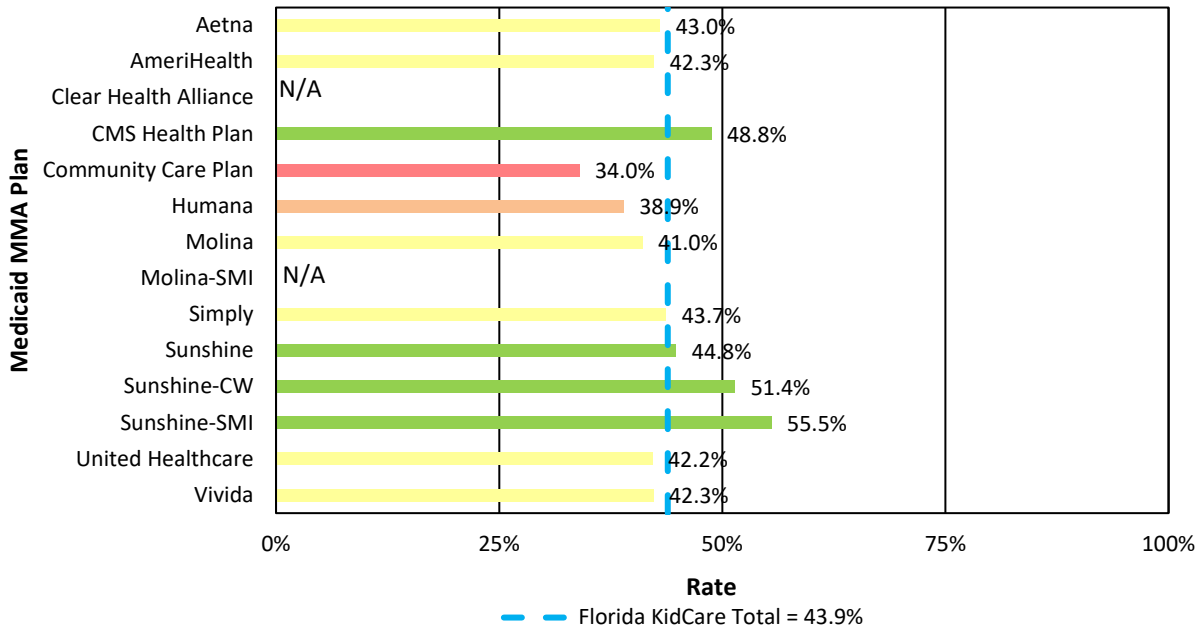
Note. This legend applies to **Figure 130** and **Figure 131**.

Figure 131. Florida Healthy Kids Plan Results for AMB ED Visits: Ages 0-19, CY 2021



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 132. Medicaid MMA Plan Results for ADD: Initiation Phase, CY 2021

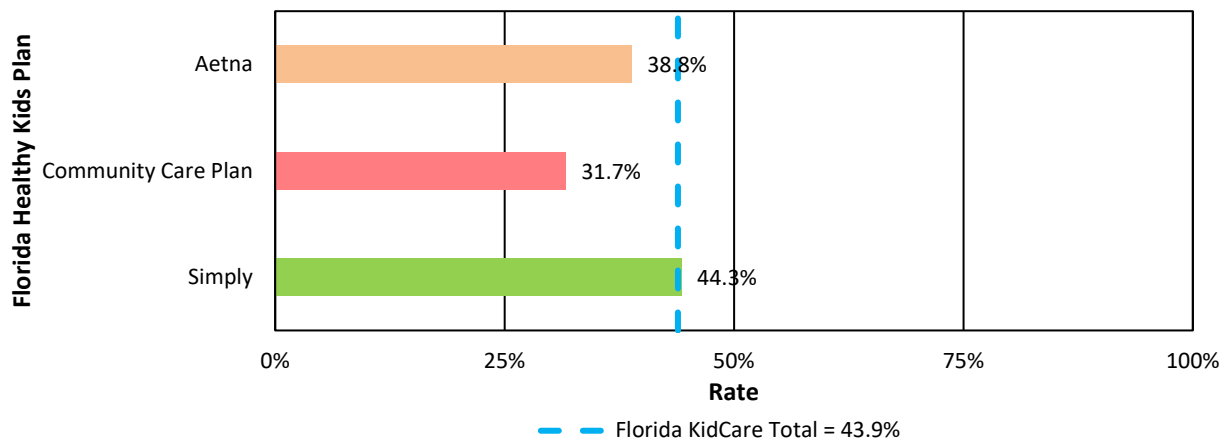


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

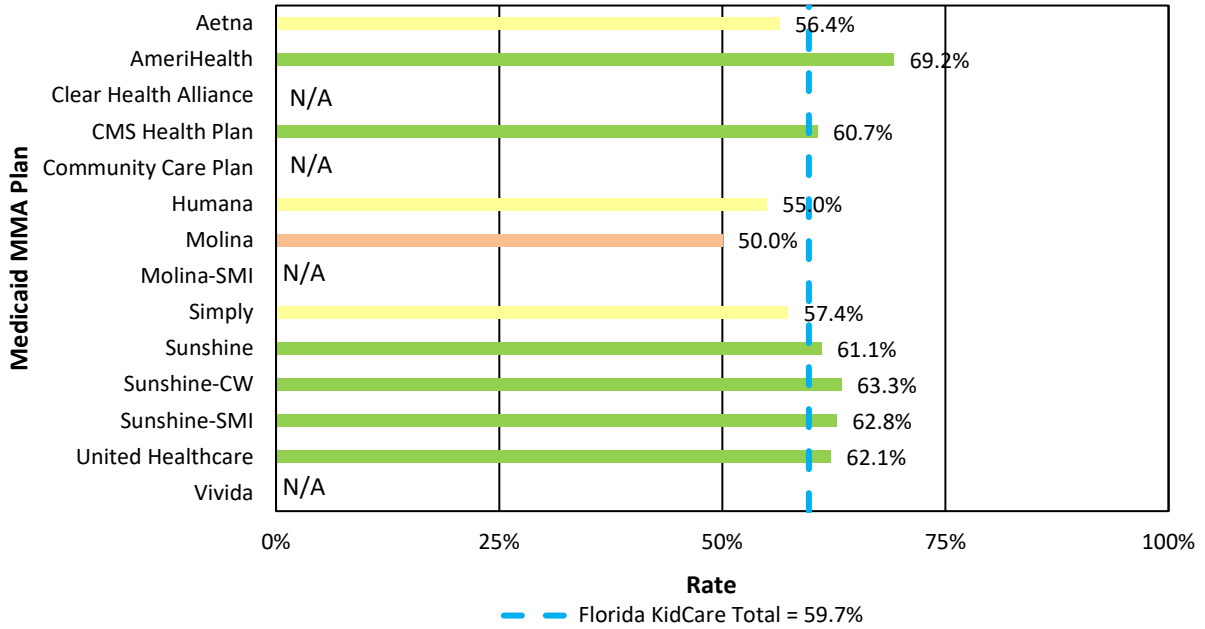
Note. This legend applies to **Figure 132** and **Figure 133**.

Figure 133. Florida Healthy Kids Plan Results for ADD: Initiation Phase, CY 2021



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

Figure 134. Medicaid MMA Plan Results for ADD: Continuation and Maintenance Phase, CY 2021

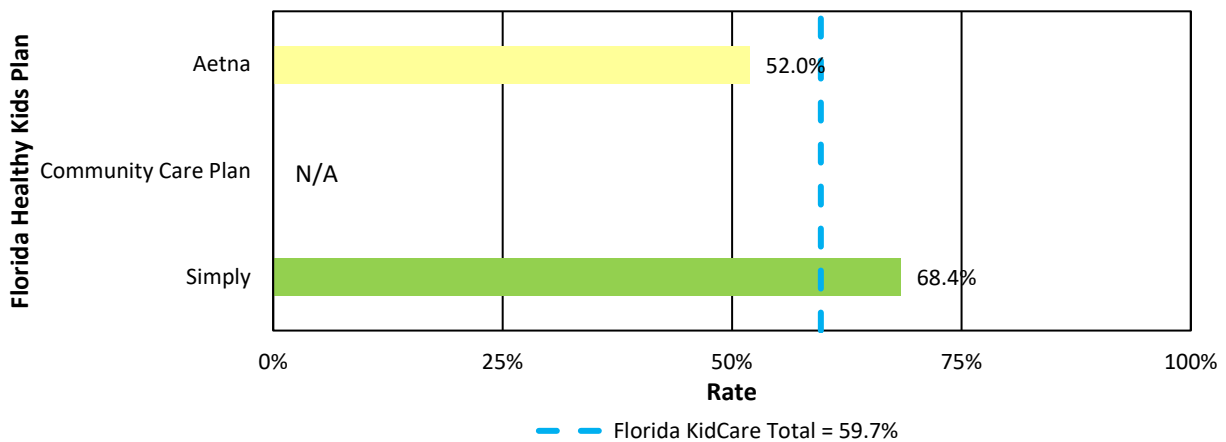


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

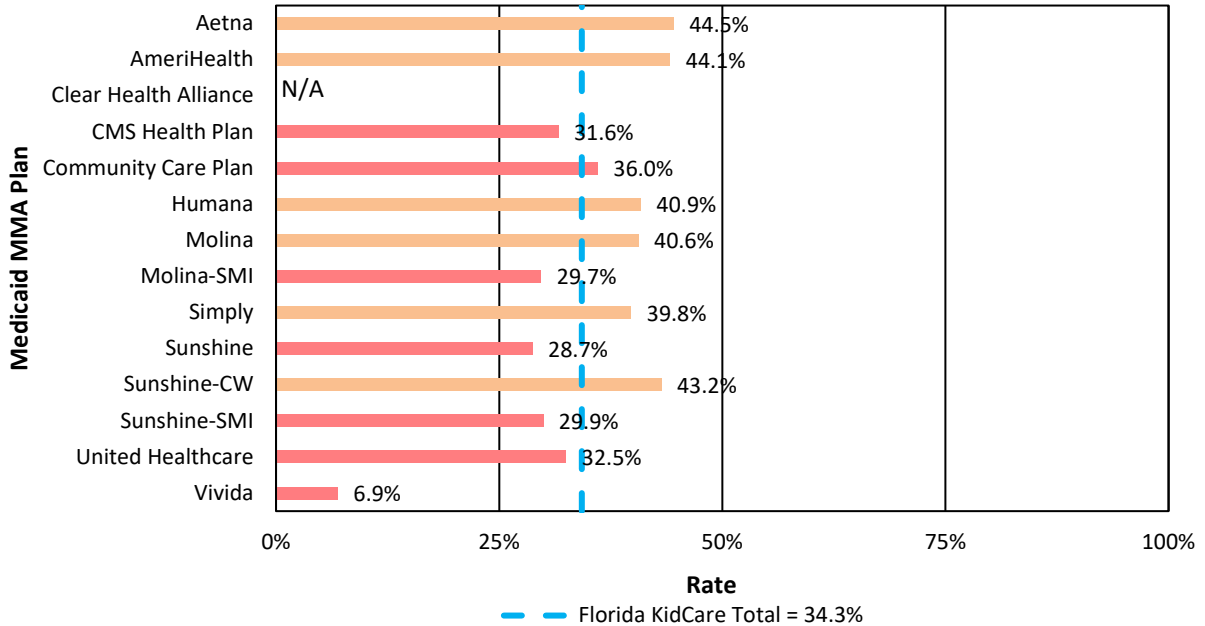
Note. This legend applies to **Figure 134** and **Figure 135**.

Figure 135. Florida Healthy Kids Plan Results for ADD: Continuation and Maintenance Phase, CY 2021



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

Figure 136. Medicaid MMA Plan Results for FUH: Follow-Up Visits within Seven Days, CY 2021

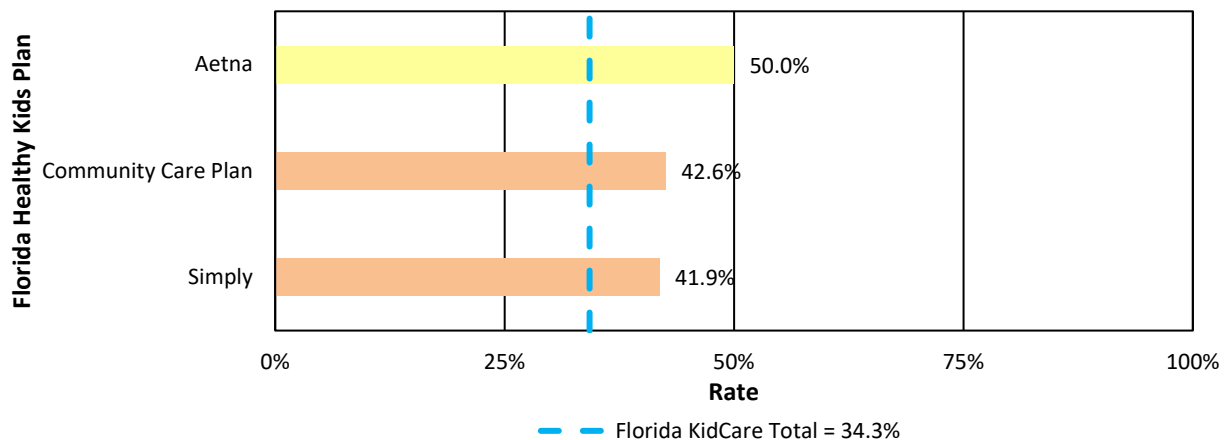


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

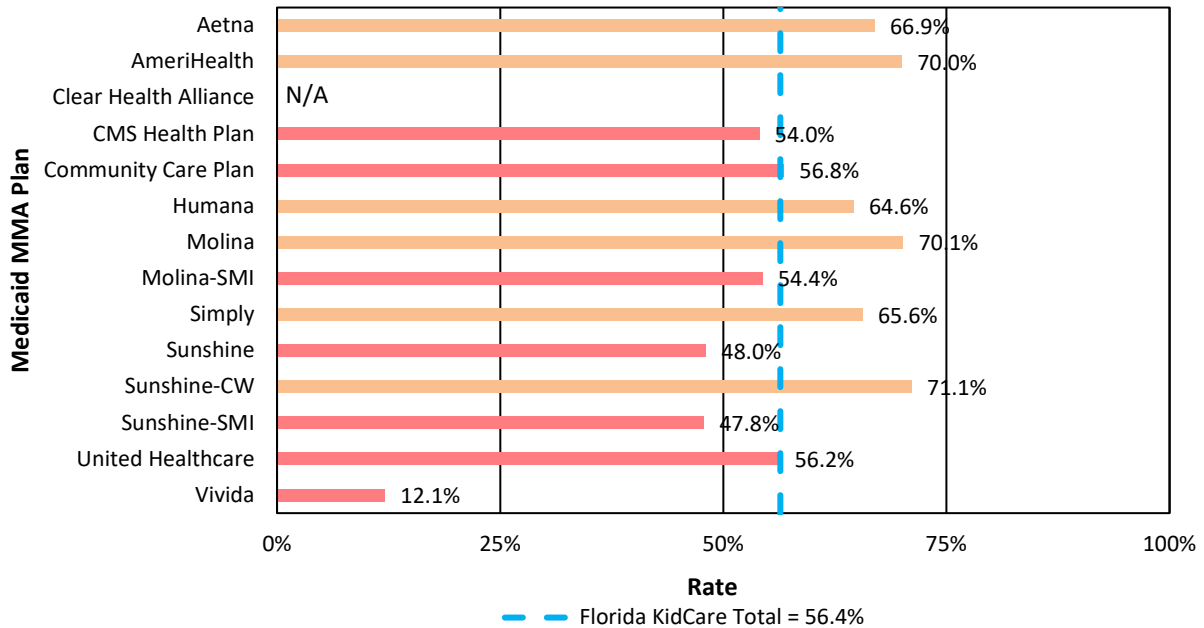
Note. This legend applies to **Figure 136** and **Figure 137**.

Figure 137. Florida Healthy Kids Plan Results for FUH: Follow-Up Visits within Seven Days, CY 2021



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

Figure 138. Medicaid MMA Plan Results for FUH: Follow-Up Visits within 30 Days, CY 2021

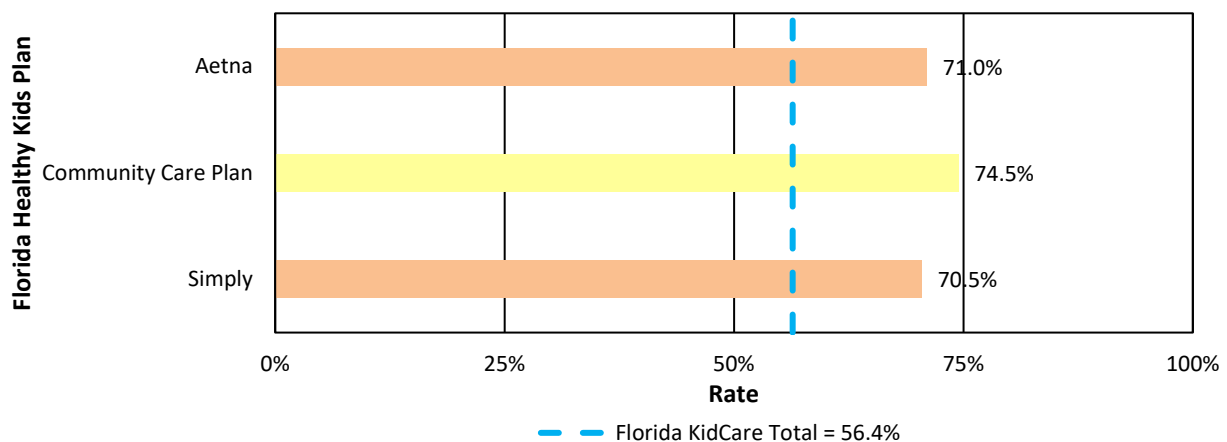


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

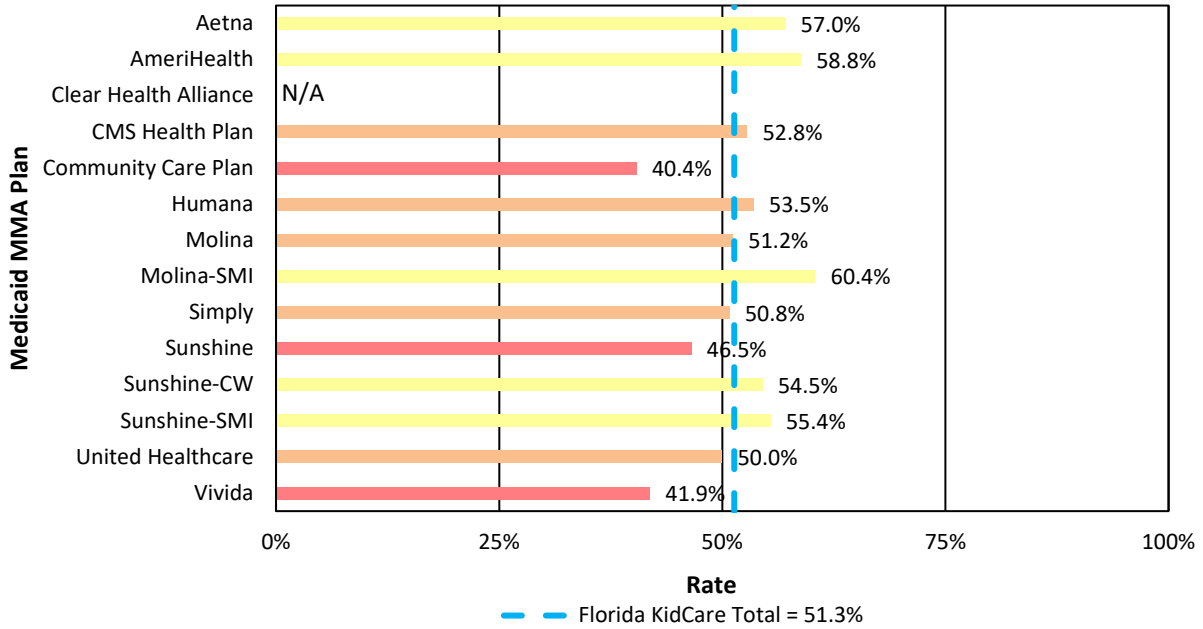
Note. This legend applies to **Figure 138** and **Figure 139**.

Figure 139. Florida Healthy Kids Plan Results for FUH: Follow-Up Visits within 30 Days, CY 2021



Note. N/R denotes programs or plans for 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. Medicaid MMA Plan Results for APM: Blood Glucose Testing, All Ages, CY 2021

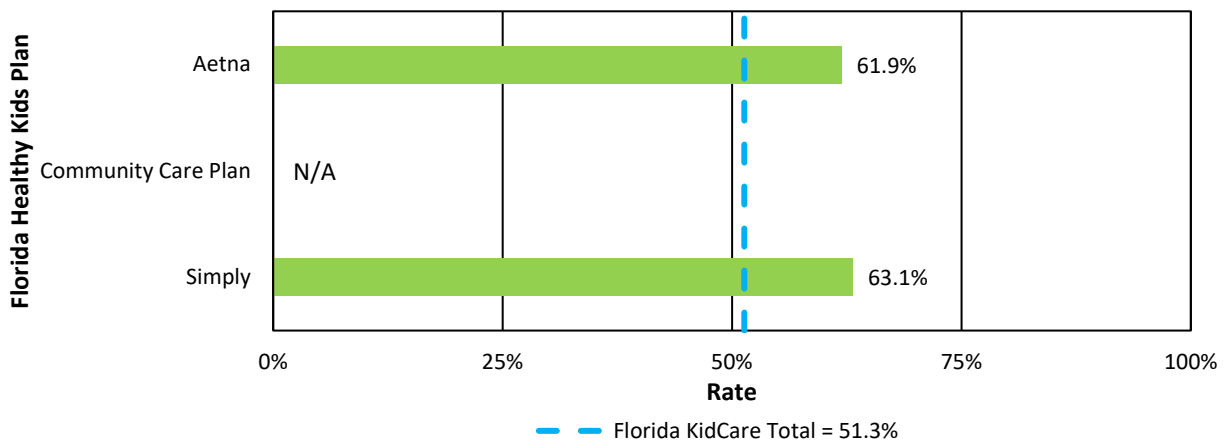


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

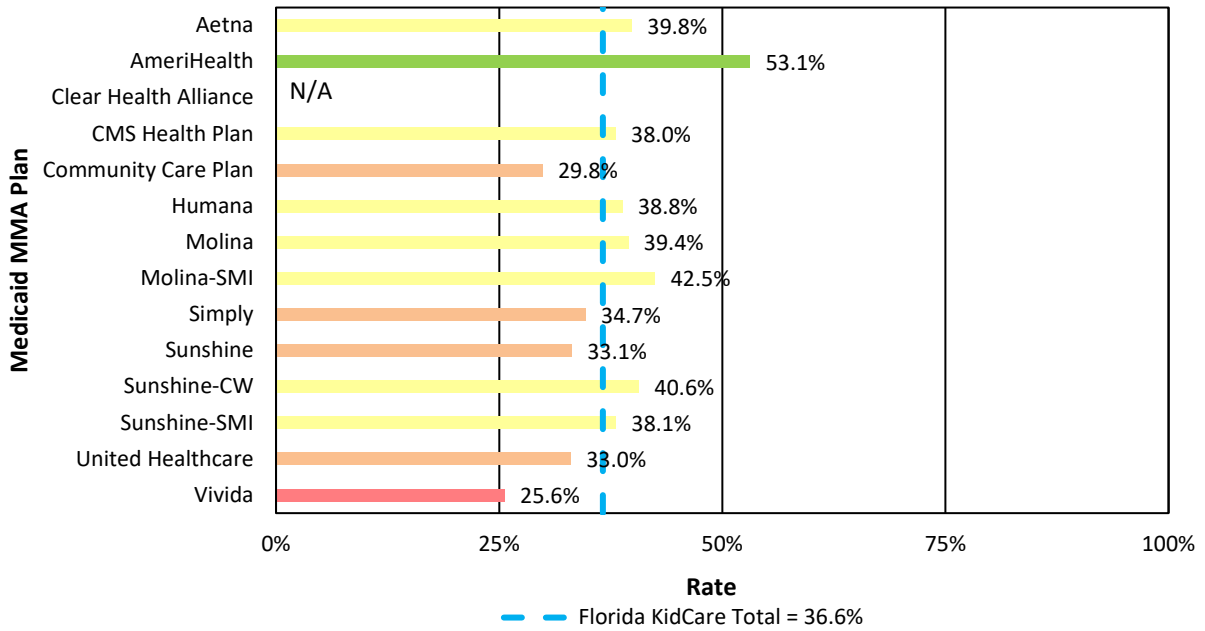
Note. This legend applies to **Figure 140** and **Figure 141**.

Figure 141. Florida Healthy Kids Plan Results for APM: Blood Glucose Testing, All Ages, CY 2021



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

Figure 142. Medicaid MMA Plan Results for APM: Cholesterol Testing, All Ages, CY 2021

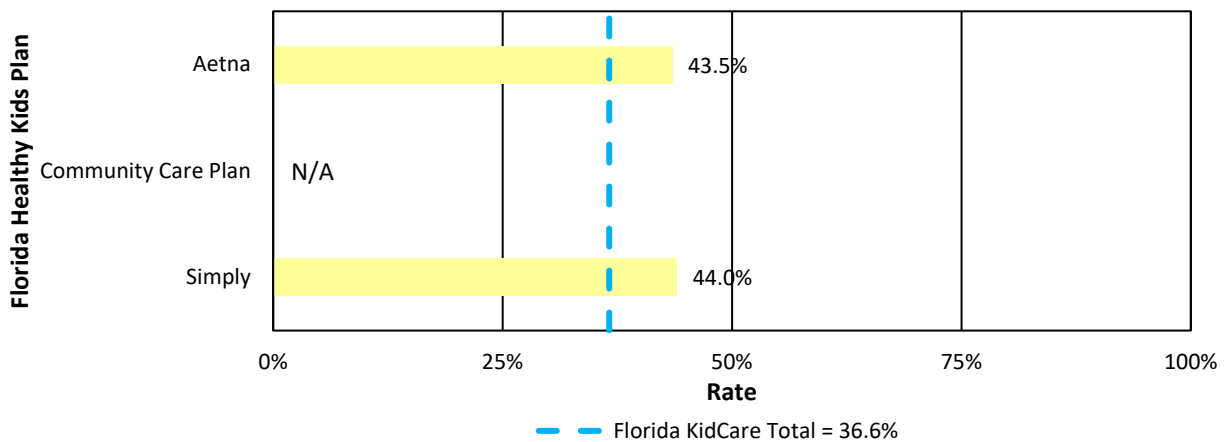


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

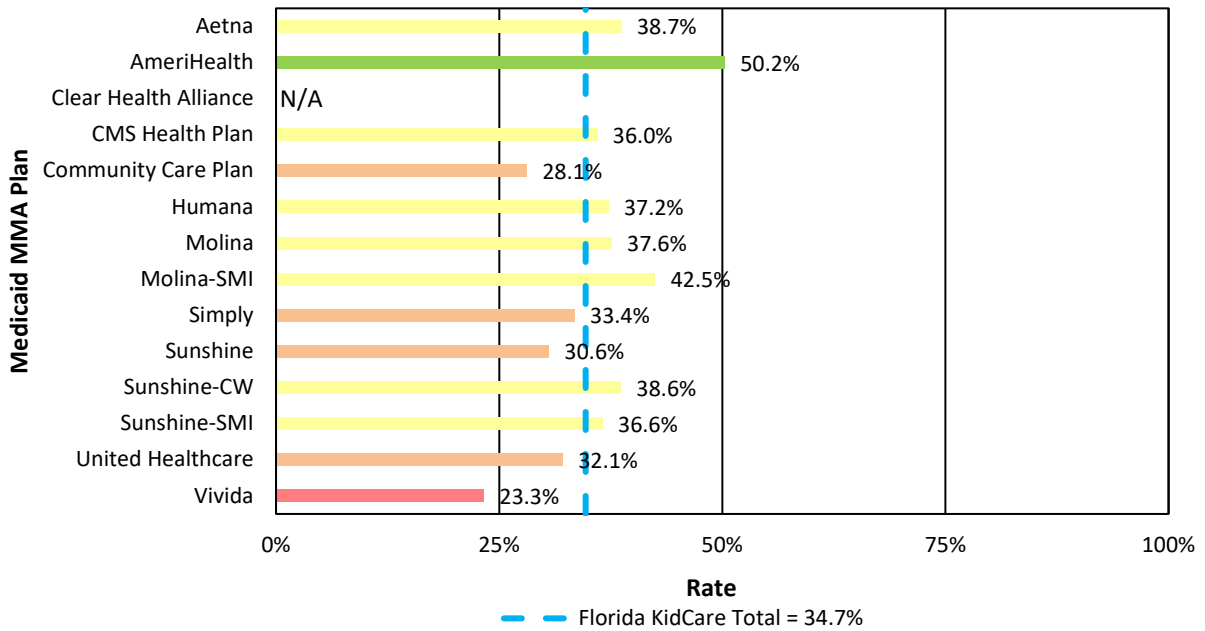
Note. This legend applies to **Figure 142** and **Figure 143**.

Figure 143. Florida Healthy Kids Plan Results for APM: Cholesterol Testing, All Ages, CY 2021



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

Figure 144. Medicaid MMA Plan Results for APM: Blood Glucose and Cholesterol Testing, All Ages, CY 2021

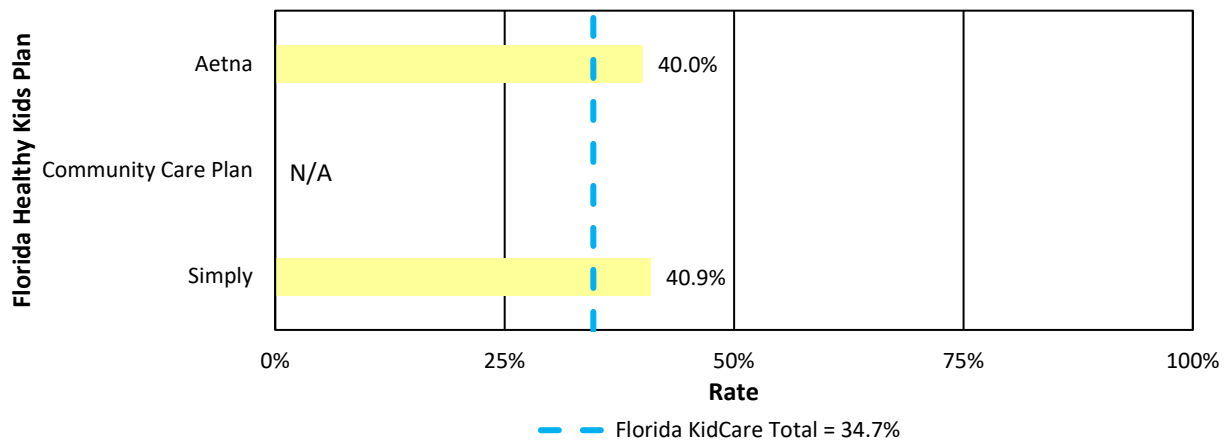


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

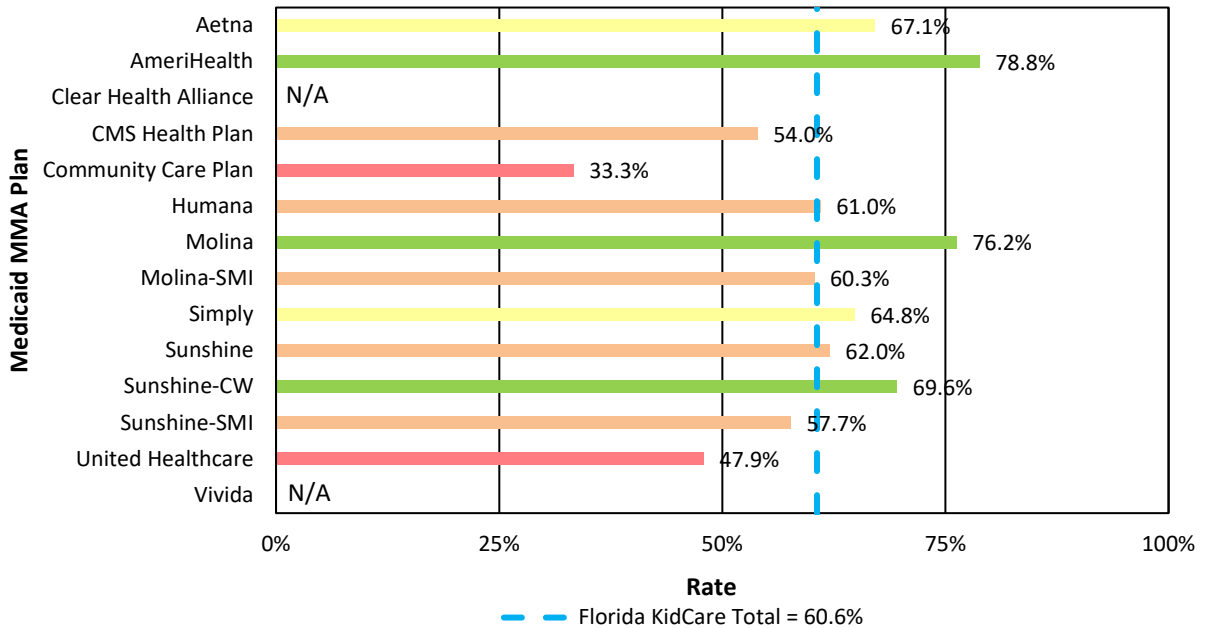
Note. This legend applies to **Figure 144** and **Figure 145**.

Figure 145. Florida Healthy Kids Plan Results for APM: Blood Glucose and Cholesterol Testing, All Ages, CY 2021



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

Figure 146. Medicaid MMA Plan Results for APP: All Ages, CY 2021

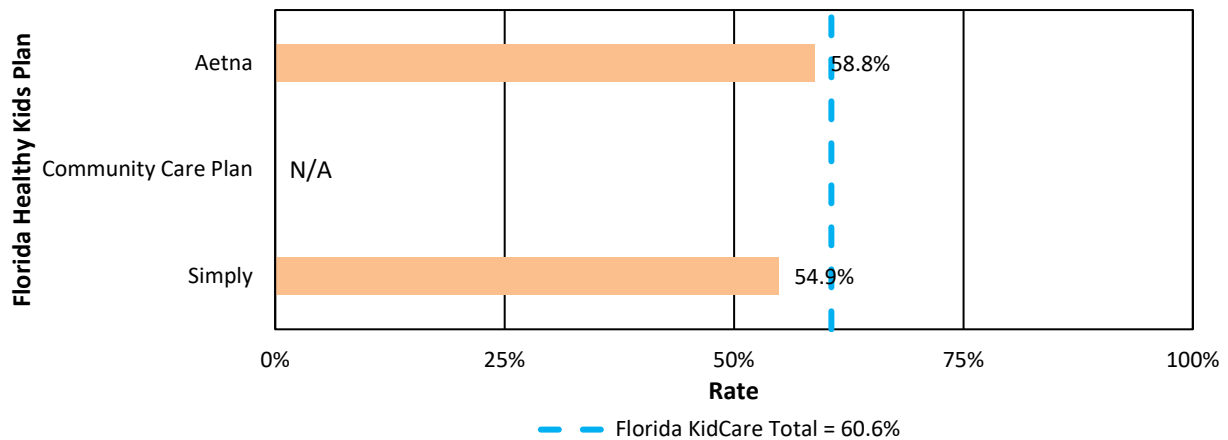


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

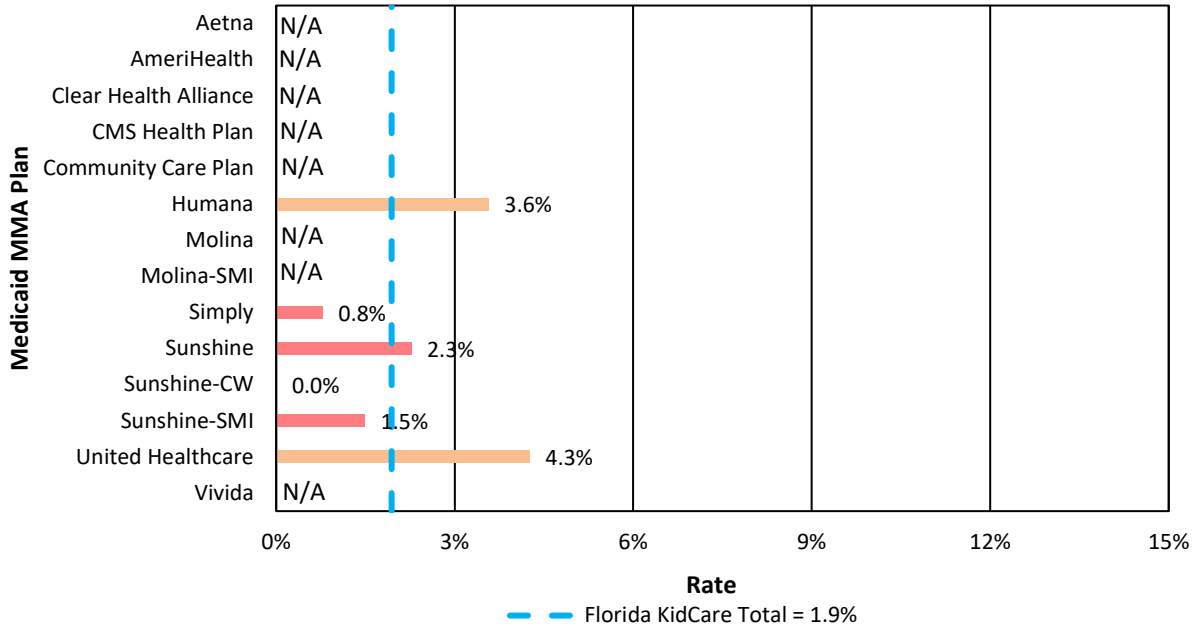
Note. This legend applies to **Figure 146** and **Figure 147**.

Figure 147. Florida Healthy Kids Plan Results for APP: All Ages, CY 2021



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

Figure 148. Medicaid MMA Plan Results for FUA: Follow-Up Visits within Seven Days, CY 2021

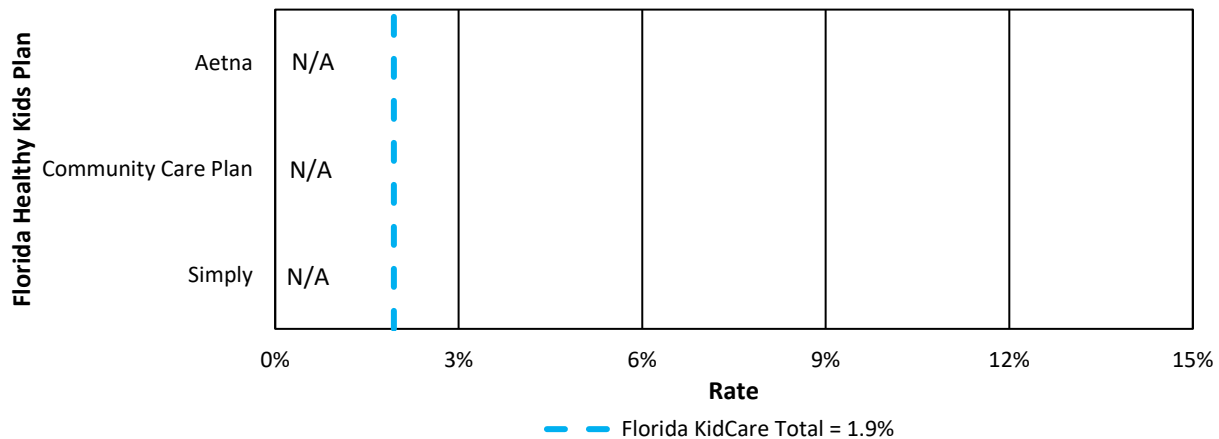


Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

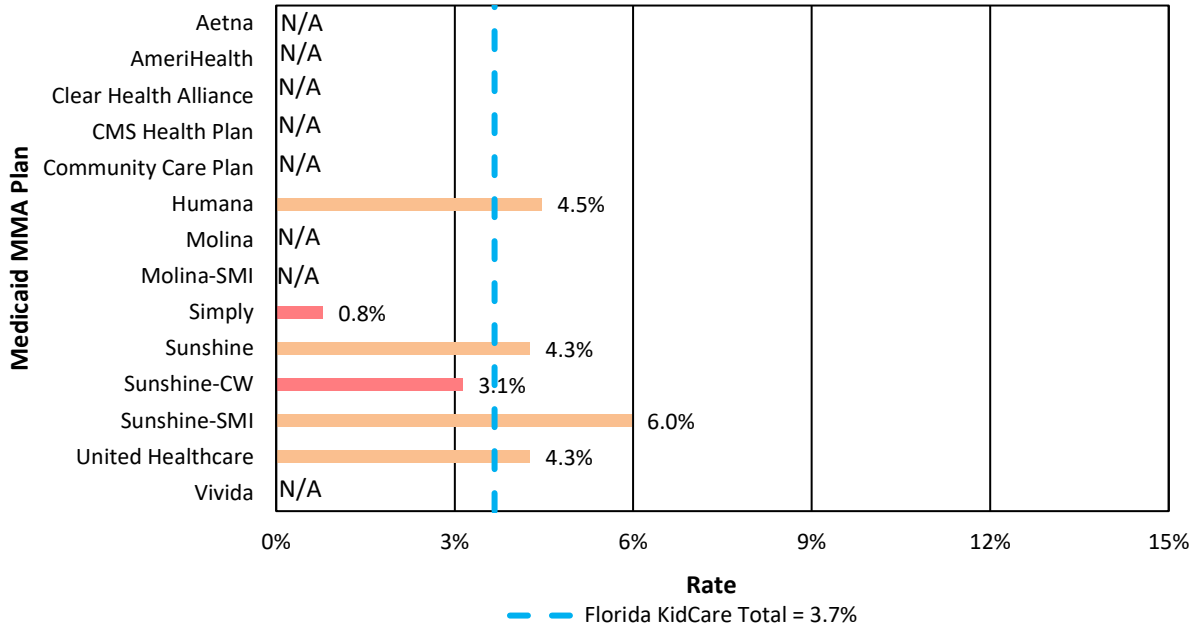
Note. This legend applies to **Figure 148** and **Figure 149**.

Figure 149. Florida Healthy Kids Plan Results for FUA: Follow-Up Visits within Seven Days, CY 2021



Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 150. Medicaid MMA Plan Results for FUA: Follow-Up Visits within 30 Days, CY 2021

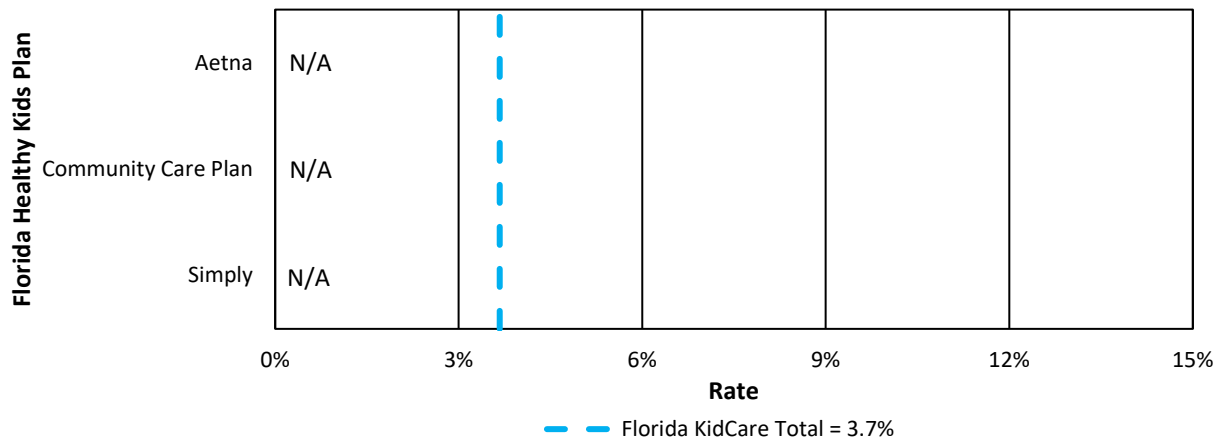


Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

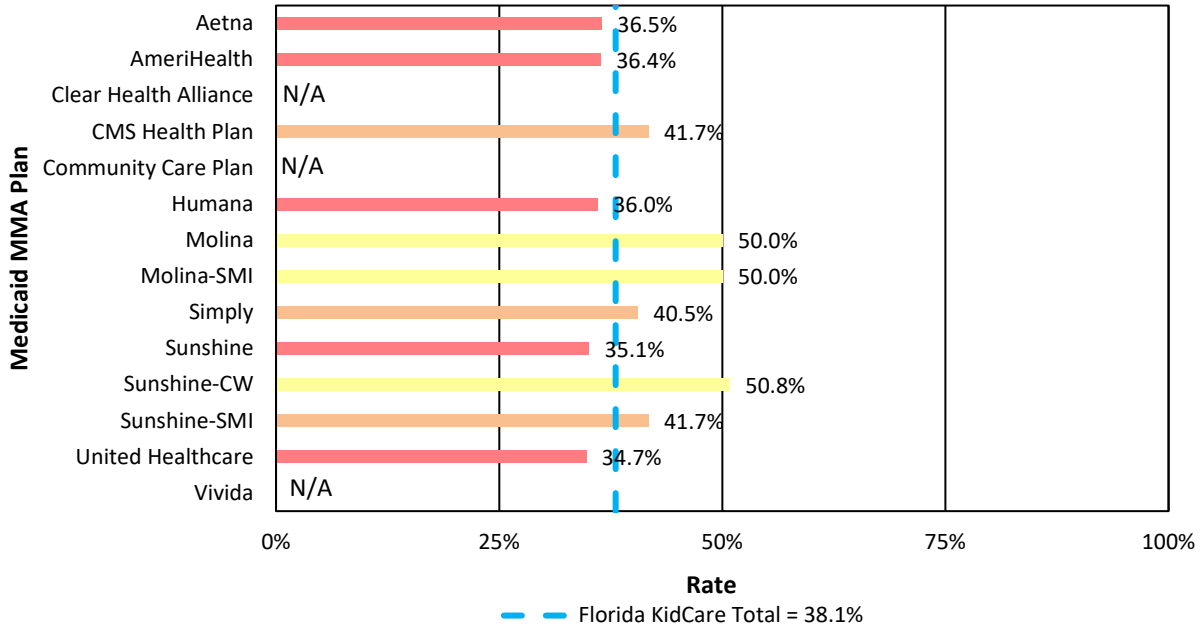
Note. This legend applies to **Figure 150** and **Figure 151**.

Figure 151. Florida Healthy Kids Plan Results for FUA: Follow-Up Visits within 30 Days, CY 2021



Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for 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 152. Medicaid MMA Plan Results for FUM: Follow-Up Visits within Seven Days, CY 2021

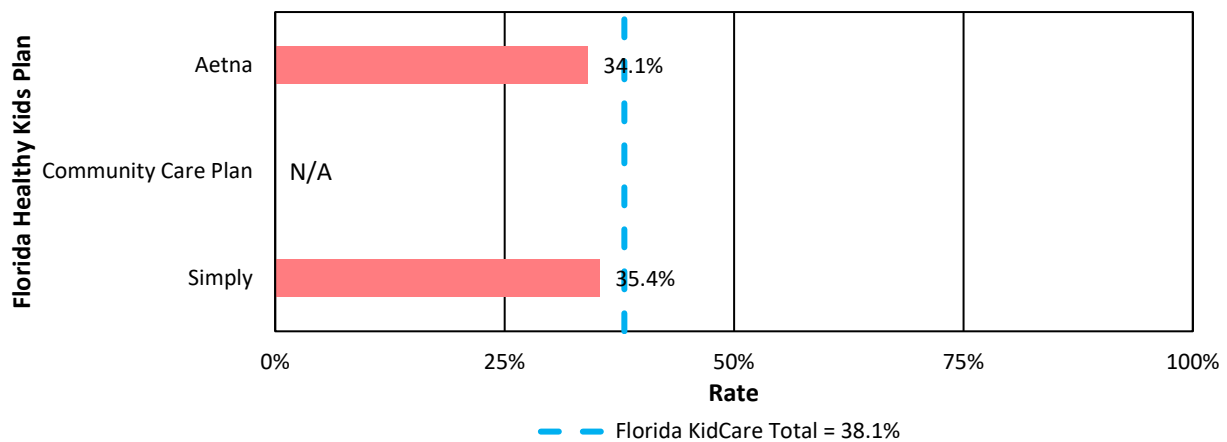


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

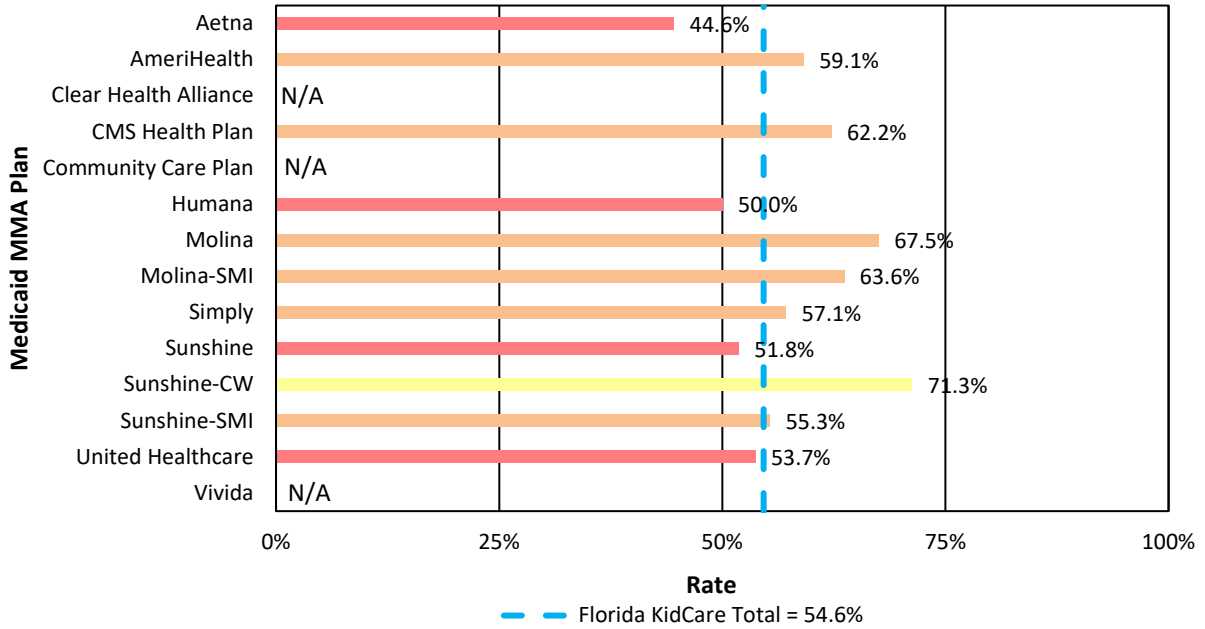
Note. This legend applies to **Figure 152** and **Figure 153**.

Figure 153. Florida Healthy Kids Plan Results for FUM: Follow-Up Visits within Seven Days, CY 2021



Note. N/R denotes programs or plans for 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 154. Medicaid MMA Plan Results for FUM: Follow-Up Visits within 30 Days, CY 2021

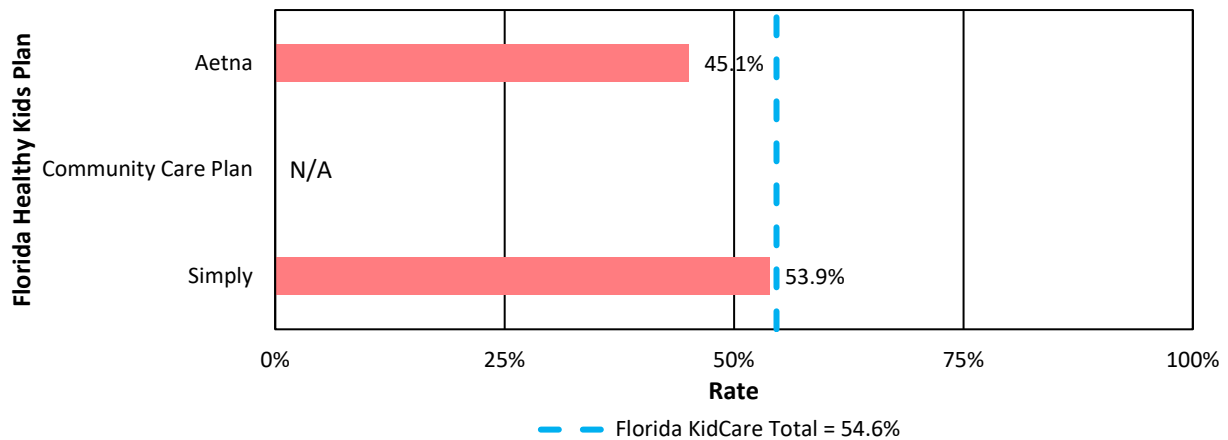


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

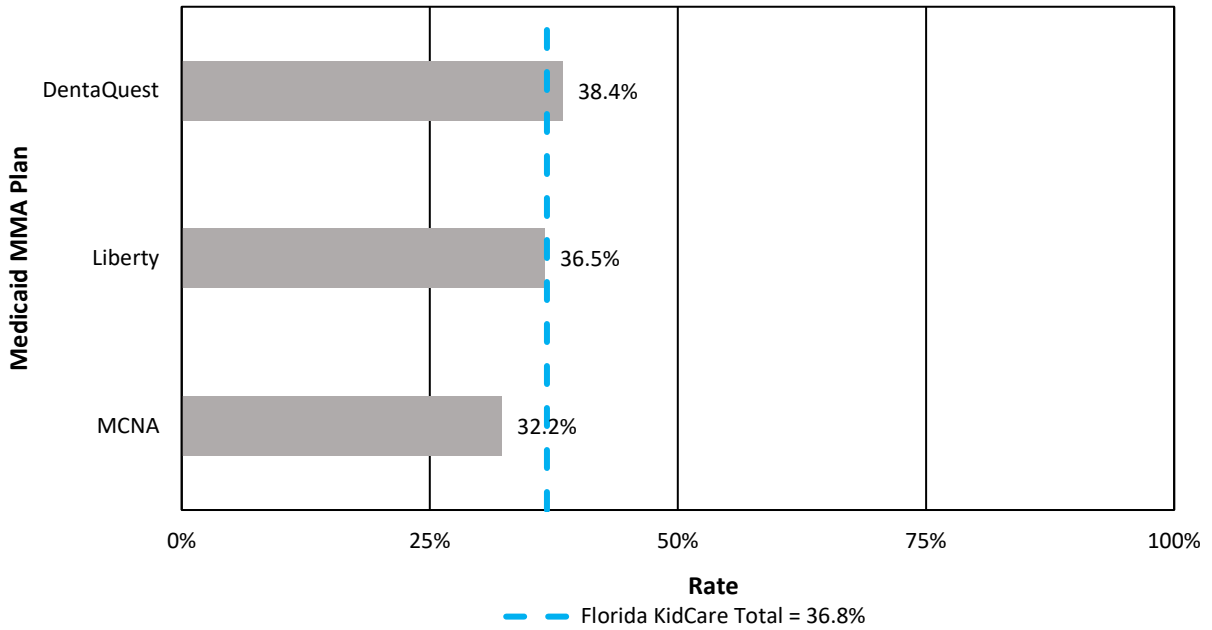
Note. This legend applies to **Figure 154** and **Figure 155**.

Figure 155. Florida Healthy Kids Plan Results for FUM: Follow-Up Visits within 30 Days, CY 2021



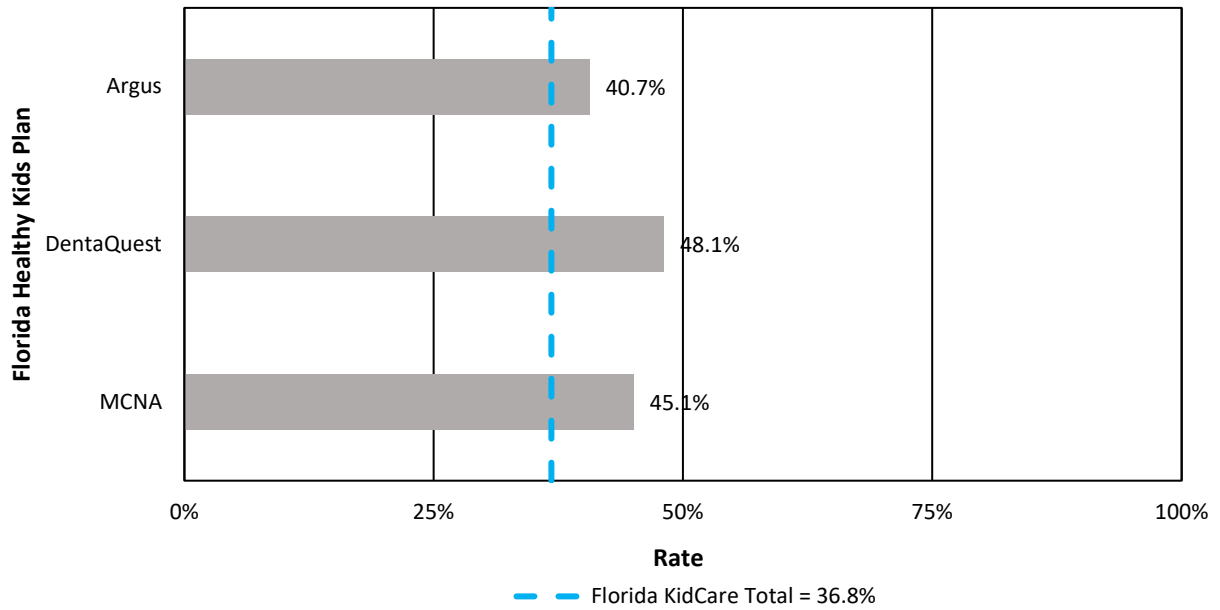
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 156. Medicaid MMA Plan Results for PIDENT, FFY 2021



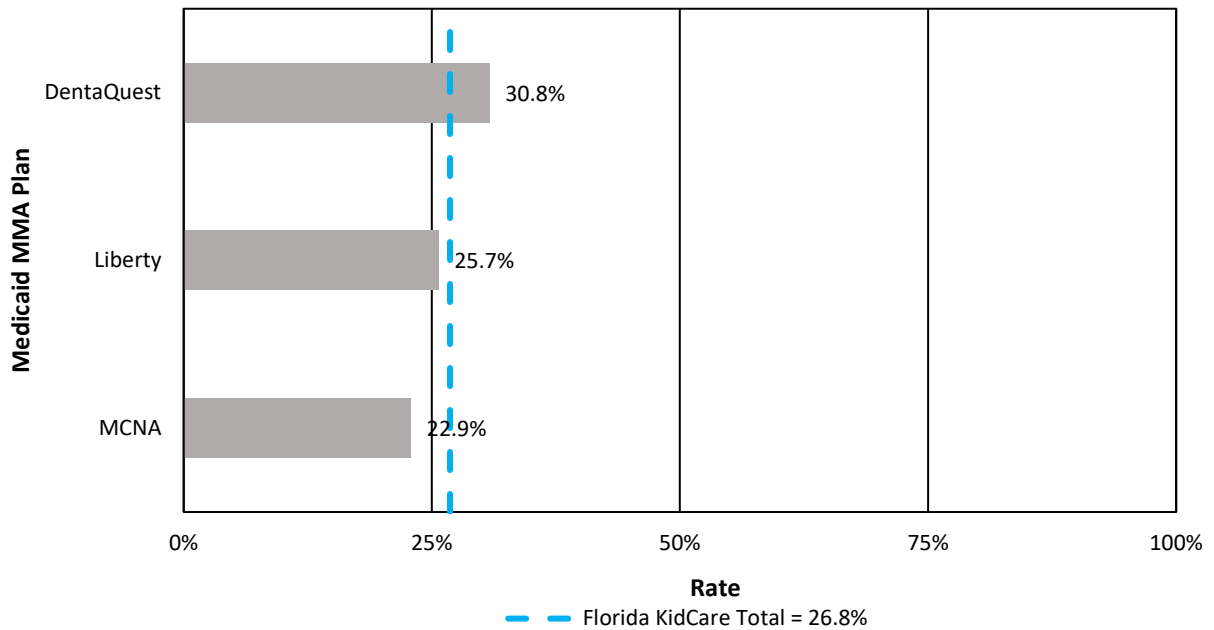
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 157. Florida Healthy Kids Plan Results for PIDENT, FFY 2021



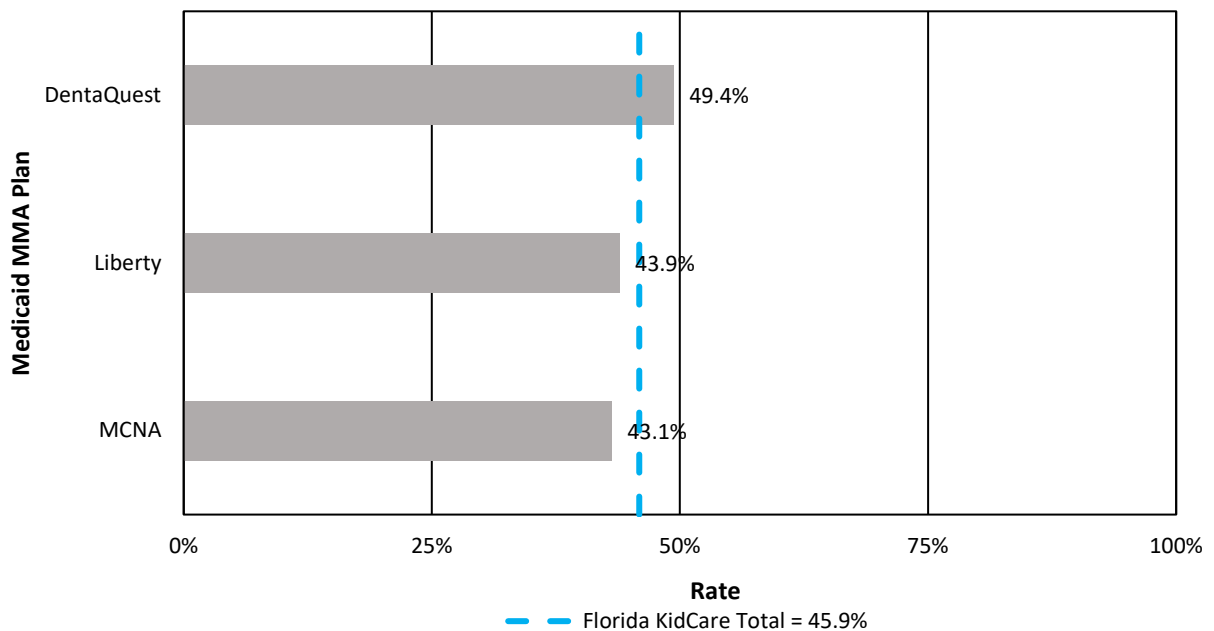
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 158. Medicaid MMA Plan Results for OEV: Ages 0-5, CY 2021



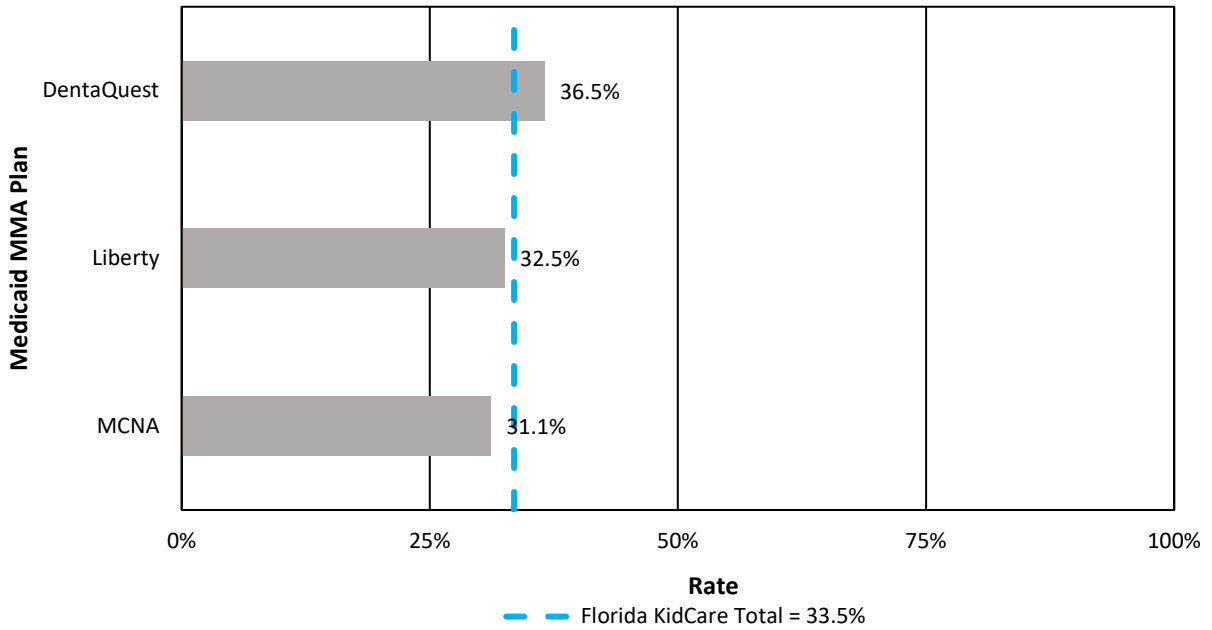
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 159. Medicaid MMA Plan Results for OEV: Ages 6-11, CY 2021



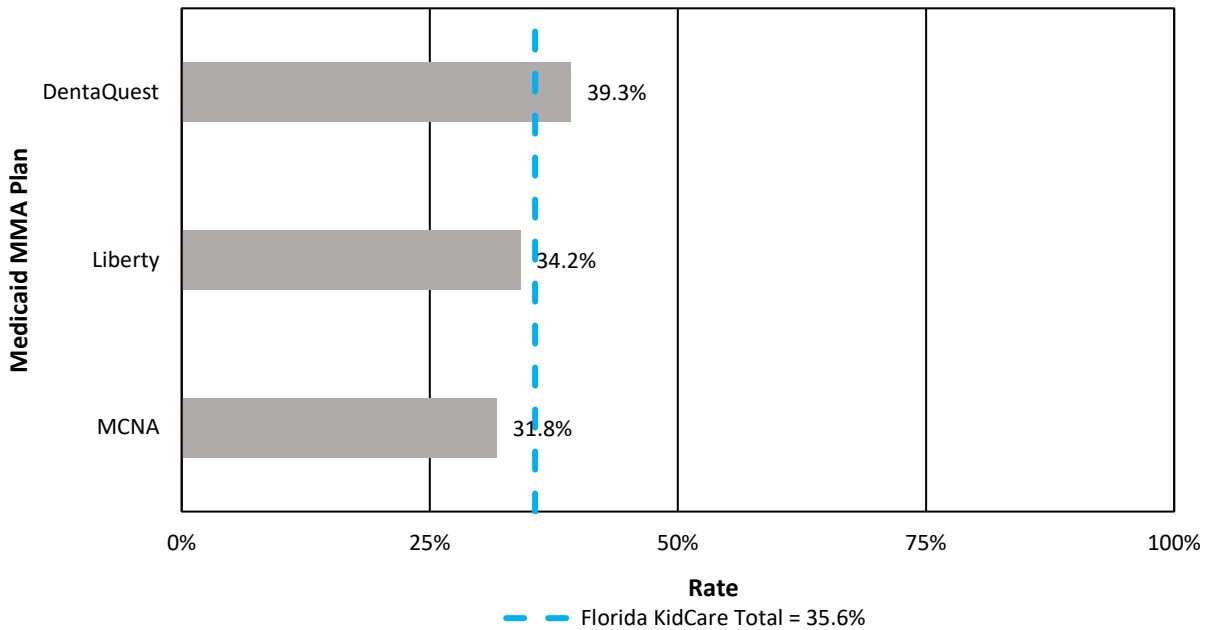
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 160. Medicaid MMA Plan Results for OEV: Ages 12-20, CY 2021



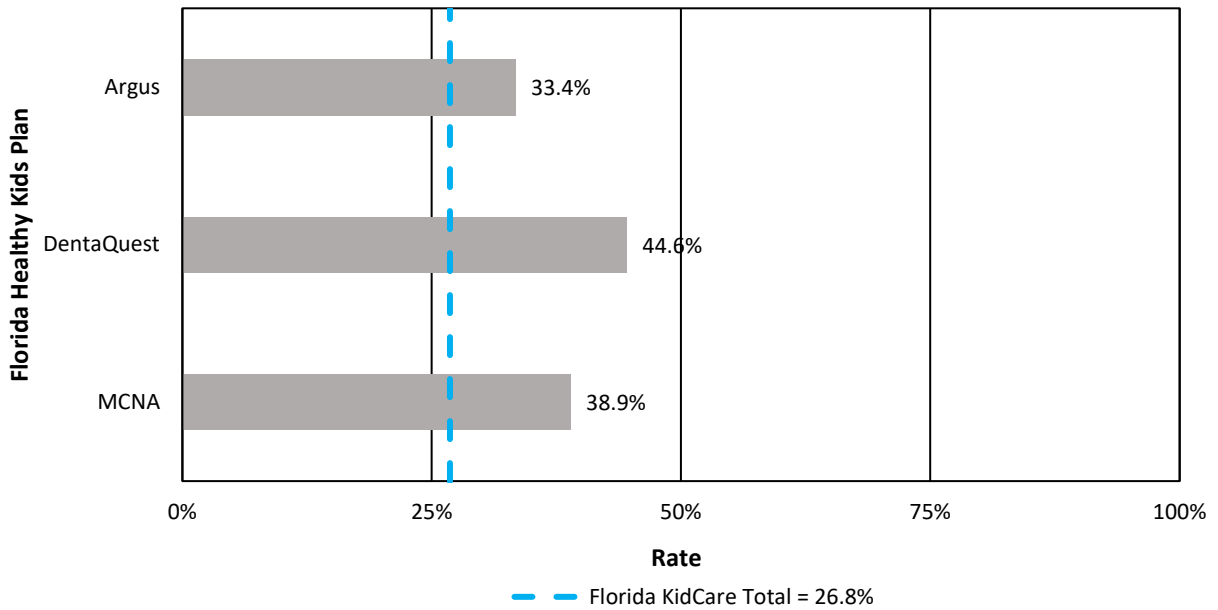
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 161. Medicaid MMA Plan Results for OEV: All Ages, CY 2021



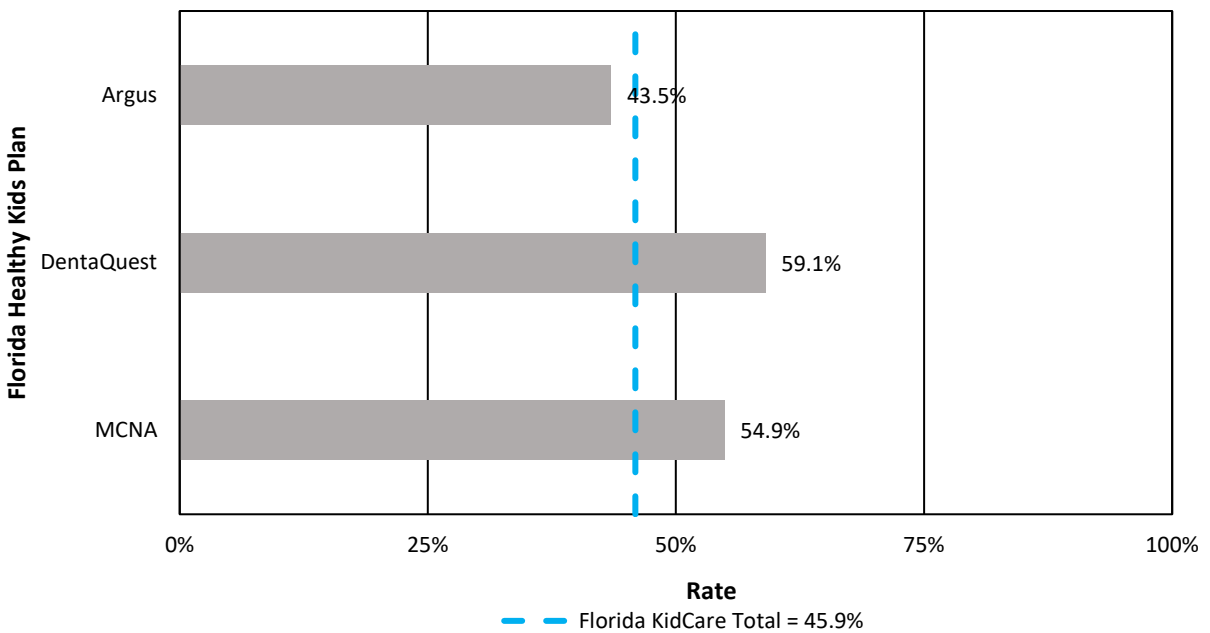
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 162. Florida Healthy Kids Plan Results for OEV: Ages 0-5, CY 2021



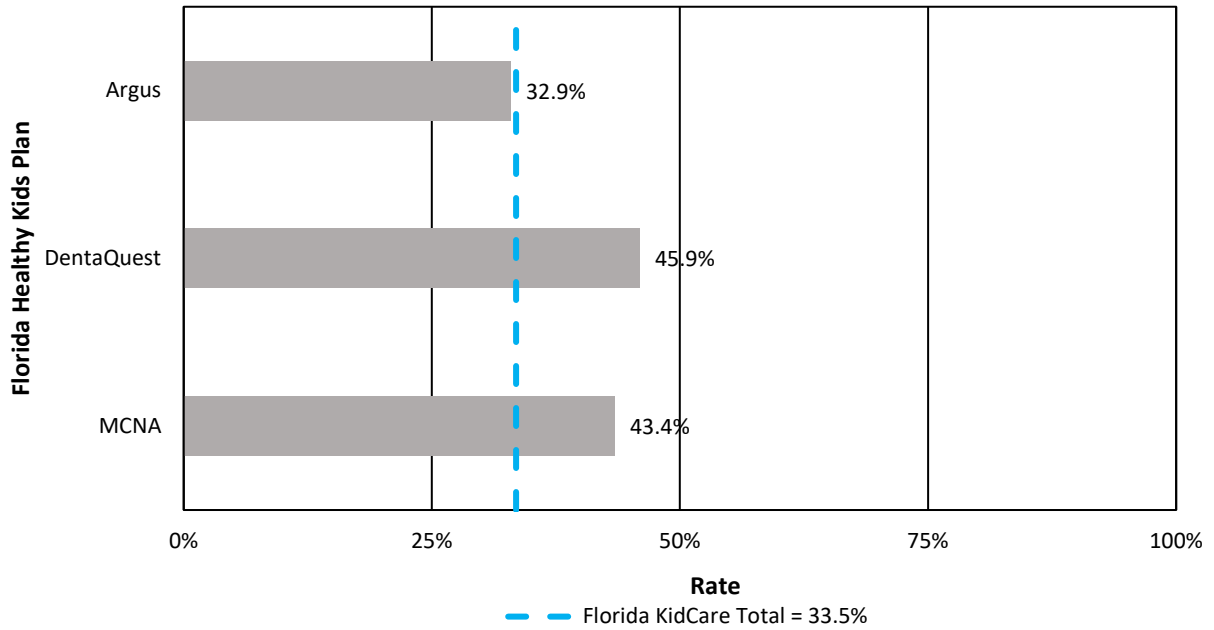
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 163. Florida Healthy Kids Plan Results for OEV: Ages 6-11, CY 2021



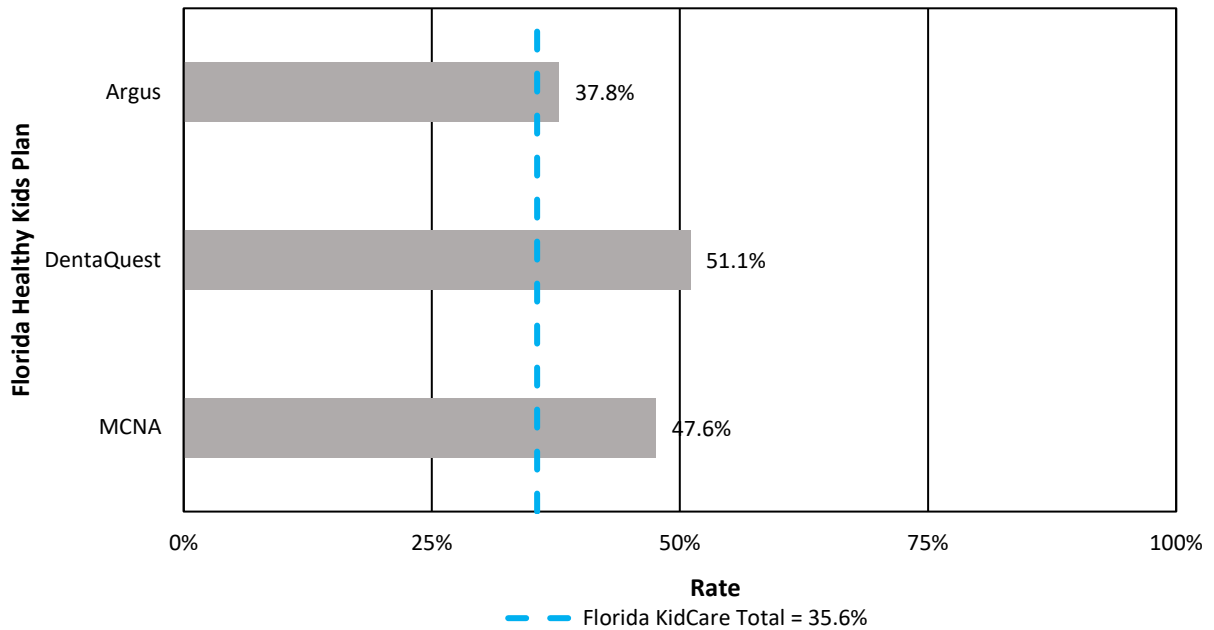
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 164. Florida Healthy Kids Plan Results for OEV: Ages 12-20, CY 2021



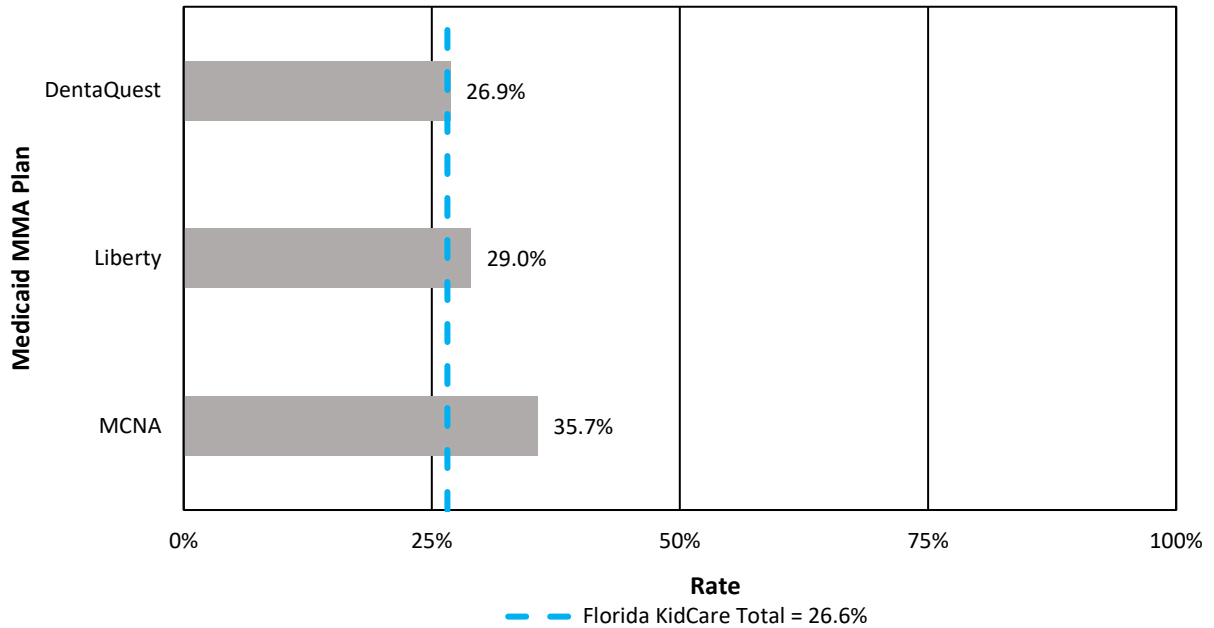
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 165. Florida Healthy Kids Plan Results for OEV: All Ages, CY 2021



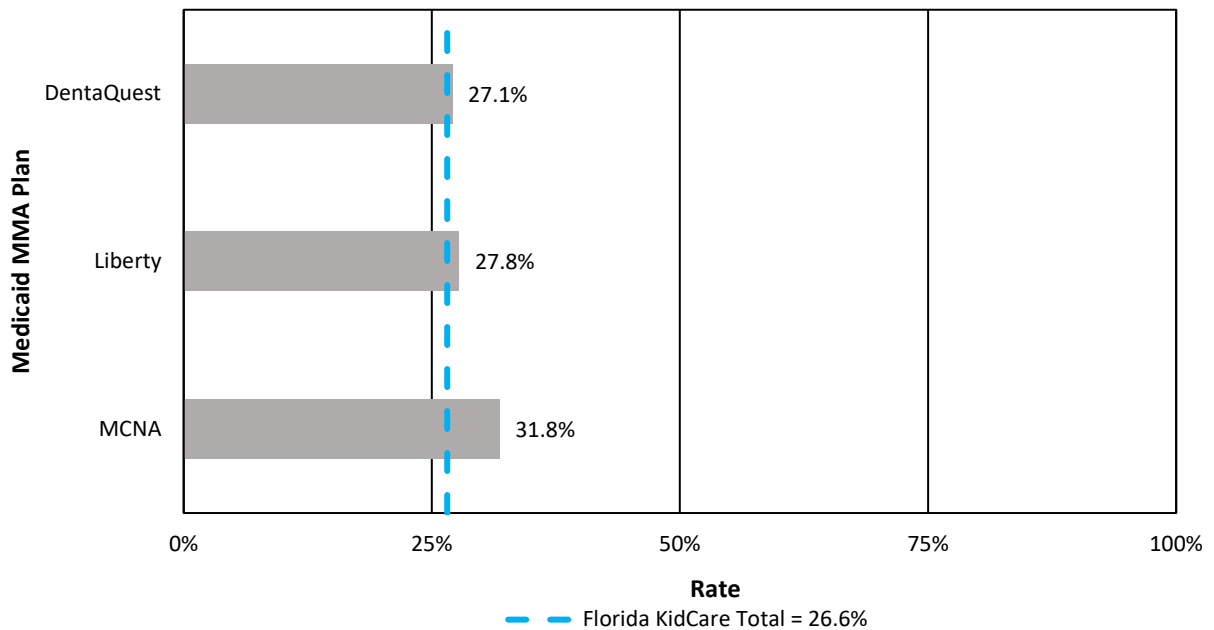
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 166. Medicaid MMA Plan Results for TFL: Ages 1-5- Dental or Oral Health Services, CY 2021



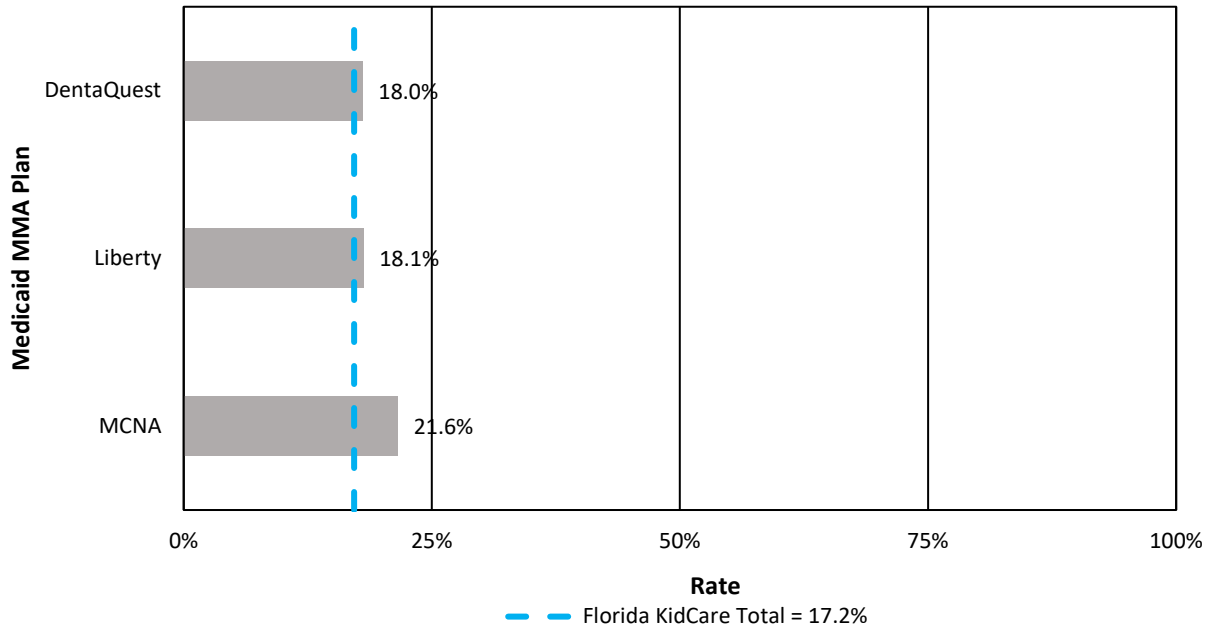
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 167. Medicaid MMA Plan Results for TFL: Ages 6-11- Dental or Oral Health Services, CY 2021



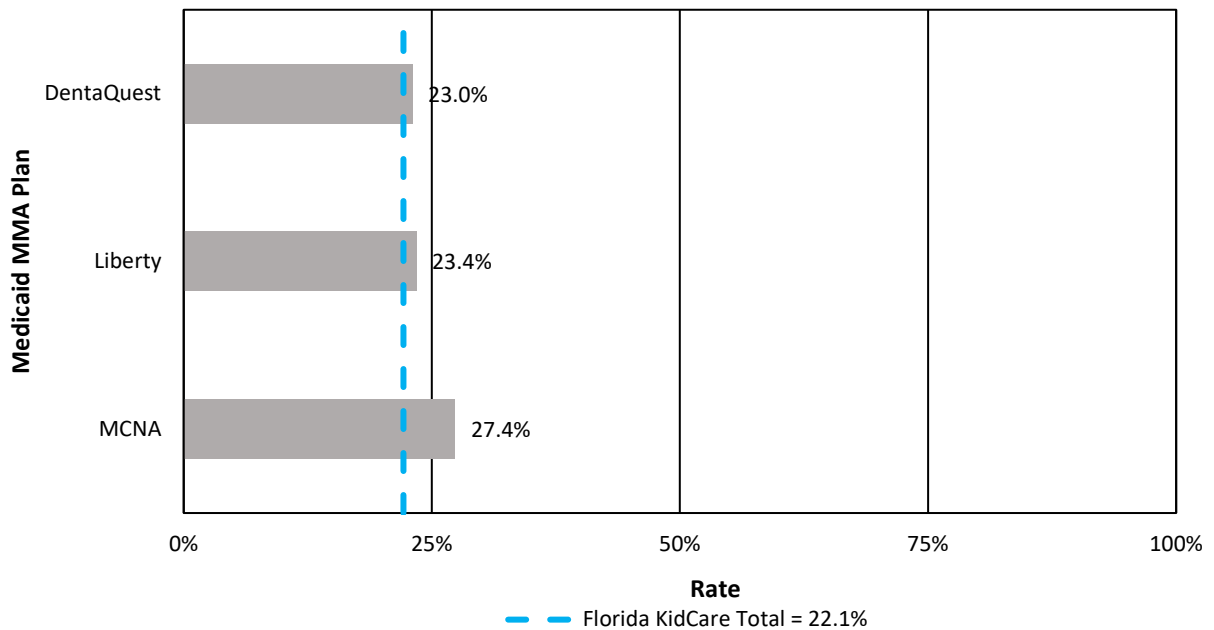
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 168. Medicaid MMA Plan Results for TFL: Ages 12-20- Dental or Oral Health Services, CY 2021



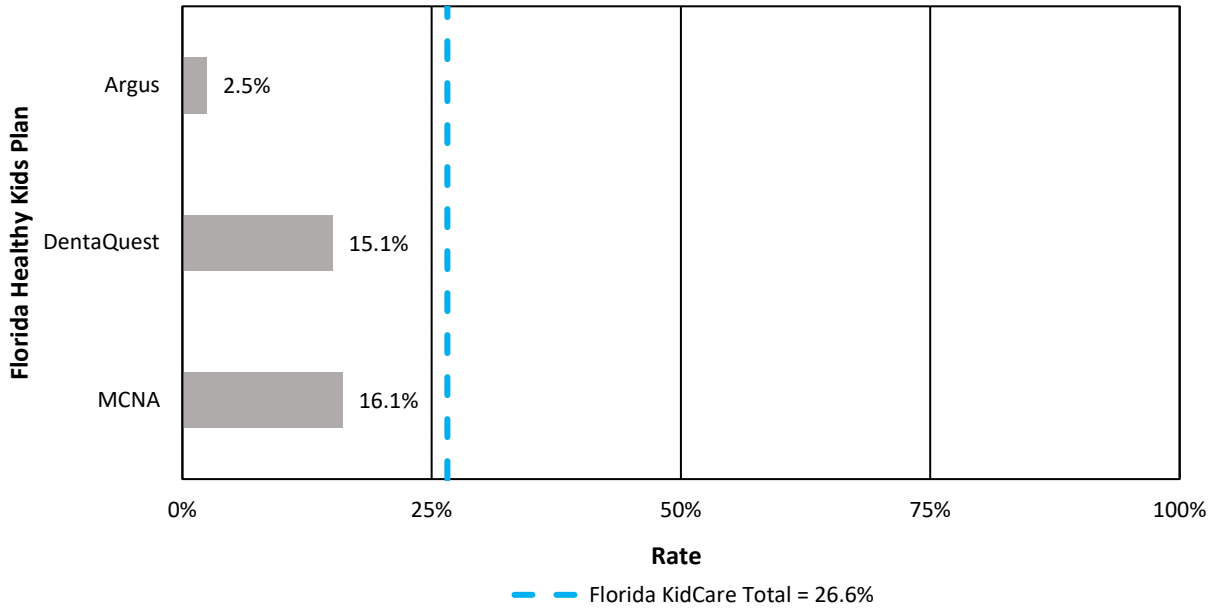
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 169. Medicaid MMA Plan Results for TFL: All Ages- Dental or Oral Health Services, CY 2021



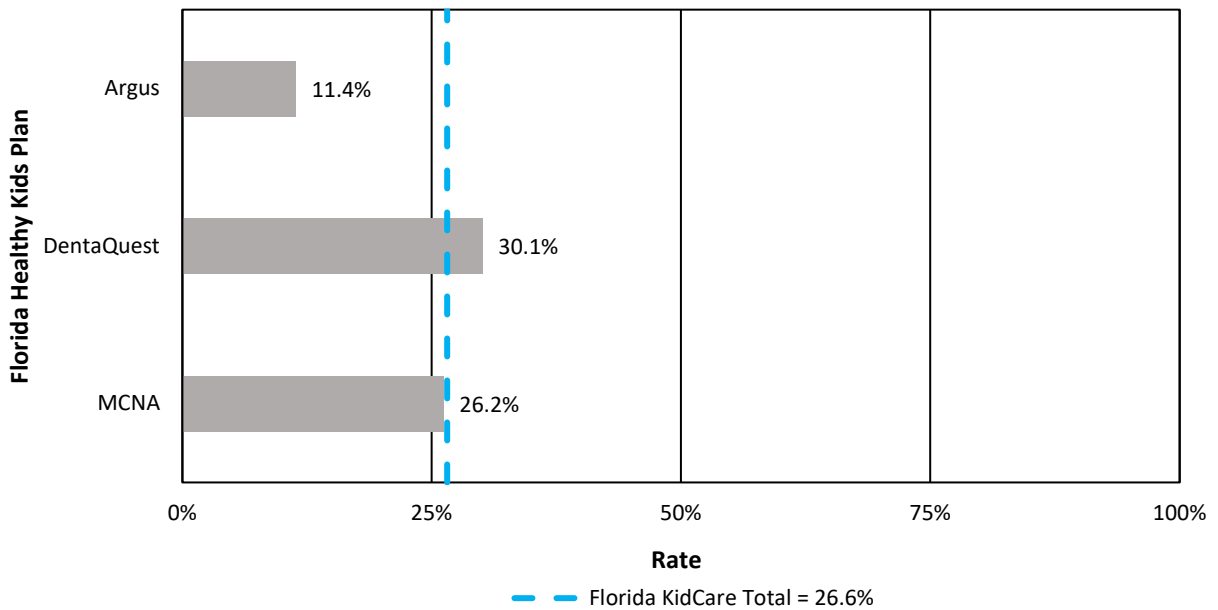
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 170. Florida Healthy Kids Plan Results for TFL: Ages 1-5- Dental or Oral Health Services, CY 2021



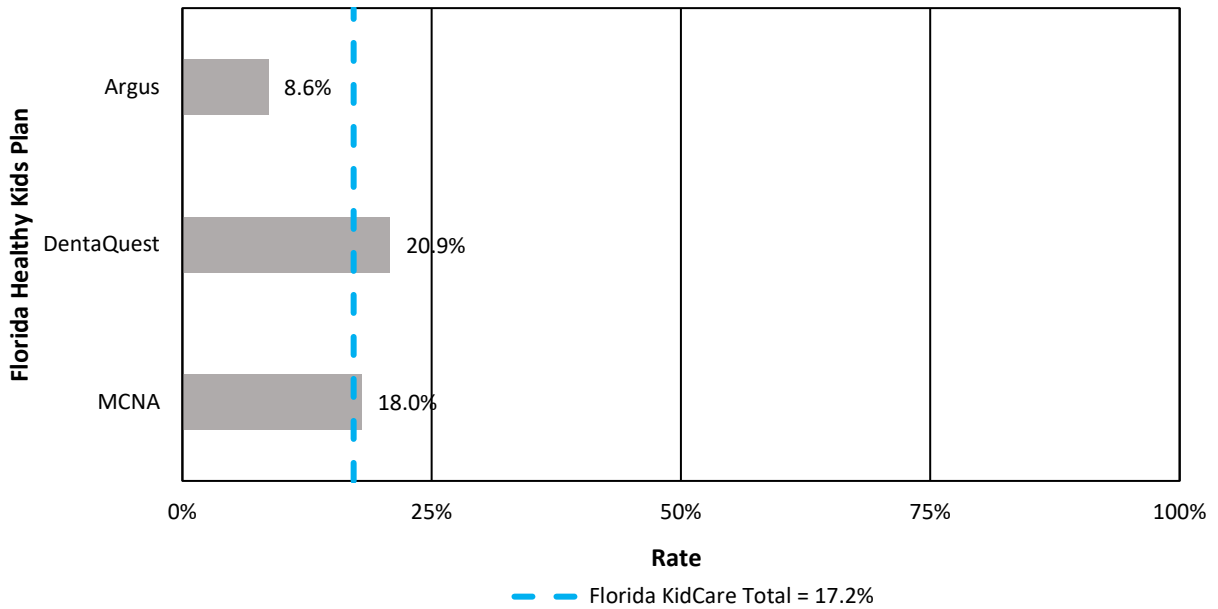
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 171. Florida Healthy Kids Plan Results for TFL: Ages 6-11- Dental or Oral Health Services, CY 2021



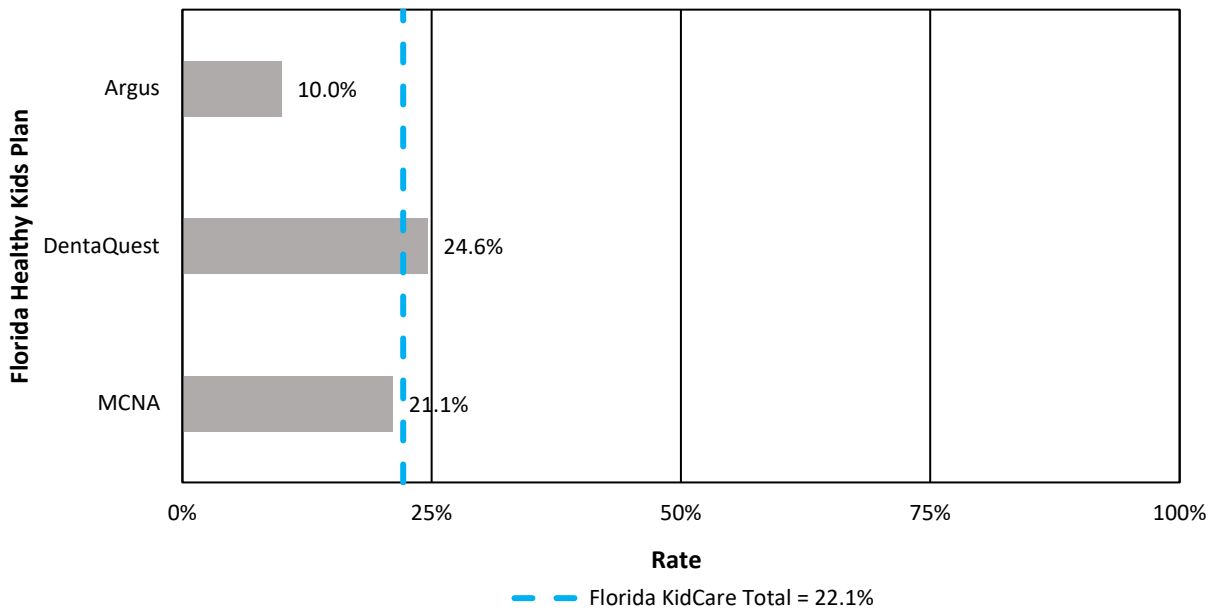
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 172. Florida Healthy Kids Plan Results for TFL: Ages 12-20- Dental or Oral Health Services, CY 2021



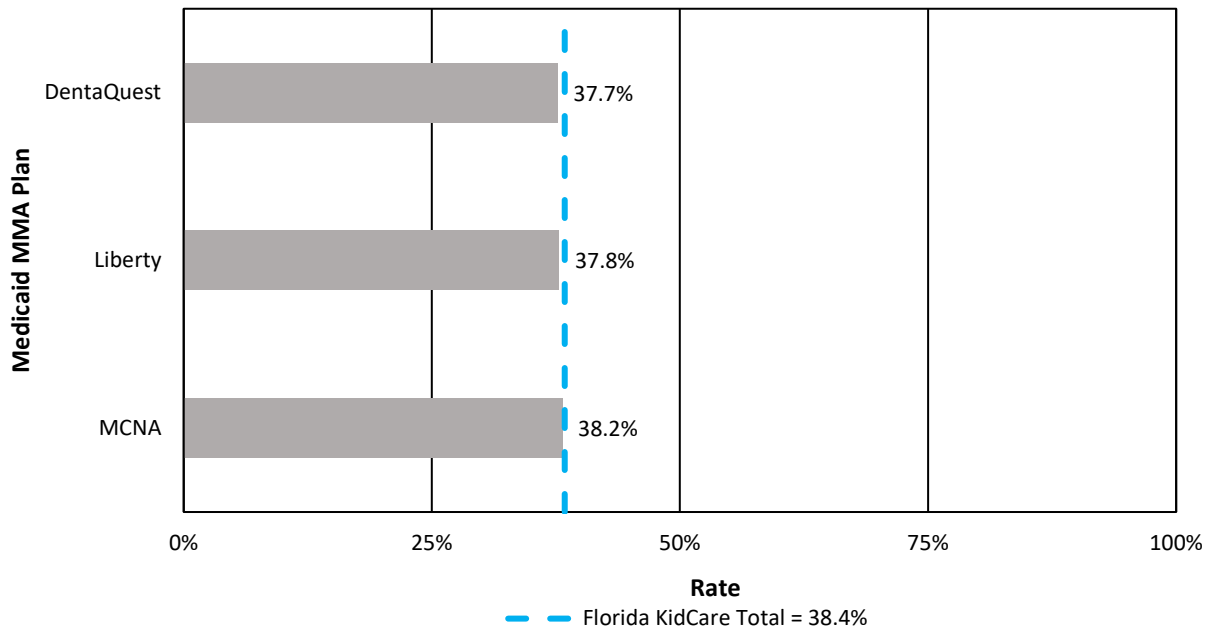
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 173. Florida Healthy Kids Plan Results for TFL: All Ages- Dental or Oral Health Services, CY 2021



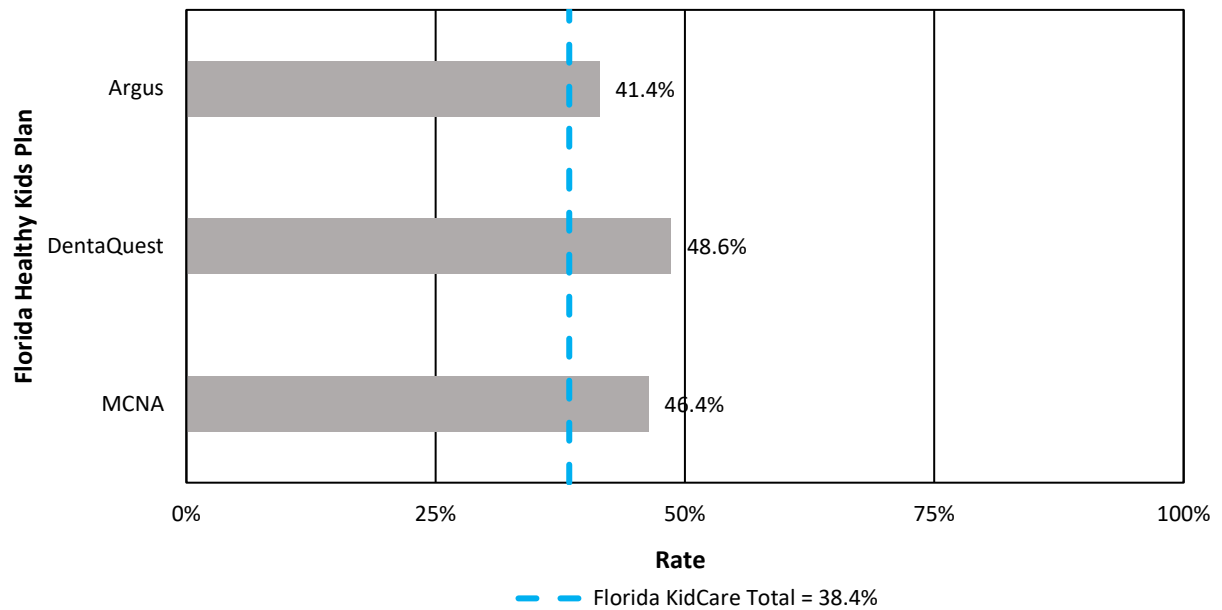
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 174. Medicaid MMA Plan Results for SFM: At Least One Sealant, CY 2021



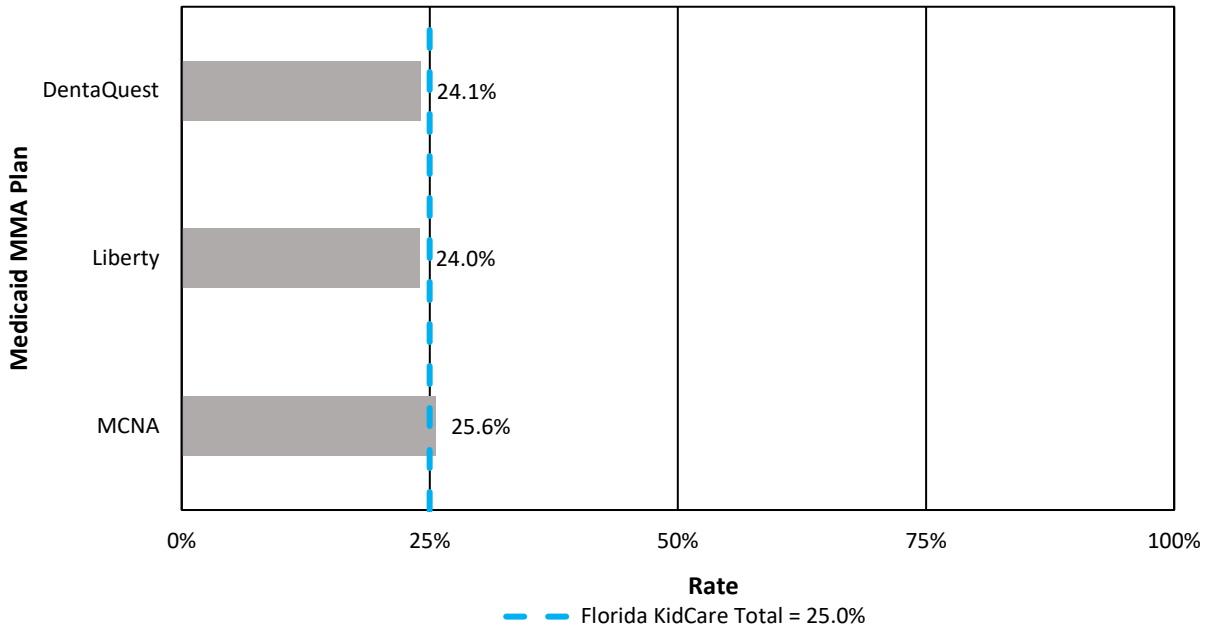
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 175. Florida Healthy Kids Plan Results for SFM: At Least One Sealant, CY 2021



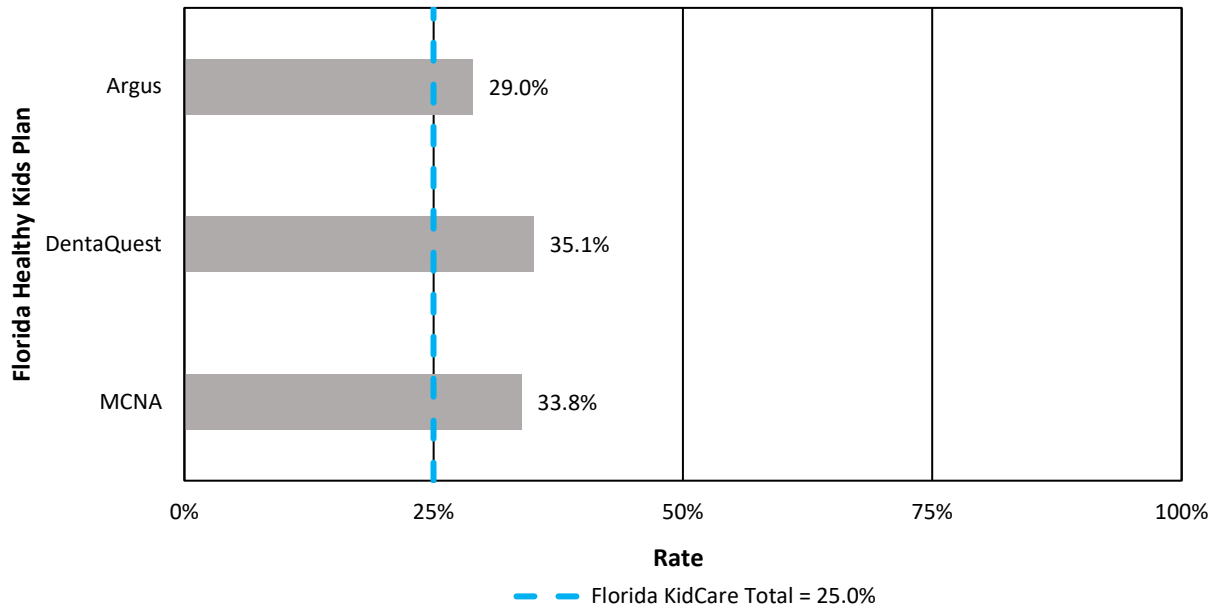
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 176. Medicaid MMA Plan Results for SFM: All Four Molars Sealed, CY 2021



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

Figure 177. Florida Healthy Kids Plan Results for SFM: All Four Molars Sealed, CY 2021



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