



The Florida KidCare Program Evaluation

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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). Nearly three million children across the state receive care from these program components based on family income, age, and health status.

As state and federal guidelines mandate, a yearly evaluation of the Florida KidCare program is required. 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 (*Program Evaluation, 1998*).

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. 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. This evaluation includes information from both FHKC and DCF for application volume and outcomes, enrollment totals and trends, and renewals. AHCA provided information related to CHIP program financing.

Findings

In Calendar Year (CY) 2022, a total of 1,146,049 applications for Florida KidCare coverage were processed, representing a total of 864,502 unique applicants. Of these applications, 549,912 children, or 64%, were approved in CY 2022. The children not approved for coverage (36%) were denied because they did not meet eligibility criteria. Enrollment for Florida KidCare increased from the previous year, with a 4% increase in CY 2022. Membership through Medicaid funding continued climbing in CY 2022, as Medicaid saw a 6% increase, and CHIP-funded Medicaid saw an 11% increase compared to CY 2021 enrollment totals. CY 2022 marks the third consecutive year that the CHIP Full-Pay program has had a higher rate of new enrollees than subsidized CHIP or Medicaid, with rates ranging from 36% to 47% each year. Renewals remained high in CY 2022, at 93.5% for CHIP and 99.6% for Medicaid, due to continuous coverage for members through the public health emergency. For State Fiscal Year (SFY) 2022-2023, total CHIP expenditures were less than budgeted.

Family Experiences

Methodology

ICHP assessed family experiences through the use of standardized surveys. For all Florida KidCare surveys fielded in CY 2022, the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) child health plan 5.1H survey was utilized. Data from 12 Medicaid Managed Medical Assistance (MMA) plan-conducted surveys, three Florida Healthy Kids plan-conducted surveys, and the CHIP CMS Health Plan survey were provided to ICHP for analysis and reporting. These surveys were administered through mail, telephone, and internet methodology. ICHP conducted the surveys for MediKids and Medicaid Fee-For-Service (FFS) using mail and telephone. Florida Healthy Kids data included subsidized and full-pay members; MediKids full-pay members were excluded. The surveys utilized questions to assess family experiences with access and timeliness of care, health care providers, and health plans/programs. ICHP compared the data to the 2023 Medicaid health maintenance organization results submitted through Healthcare Effectiveness Data and Information Set (HEDIS®) submissions to the National Committee for Quality Assurance (NCQA). However, as those rates are proprietary data, only benchmark percentiles are depicted in this report to compare to national data. An NCQA-certified survey vendor conducted all surveys presented in this report.

Findings

A total of 8,210 surveys were considered complete and eligible and included in this analysis. Overall, the 2023 CAHPS data showed less favorable member experiences than in 2022 but still fell within the five-year trending range. Medicaid MMA and MediKids had several rate decreases from the prior year, most of which were the lowest in the past five years. For Medicaid MMA, these decreases were generally within two percentage points of the trending data range, but for MediKids, the reductions were more pronounced. In 2023, only 60% of MediKids respondents rated all their health care a "9" or a "10", six percentage points lower than the prior lowest rate within the past five years. CHIP CMS Health Plan improved in 13 out of 14 CAHPS items for which there was a reportable rate. Medicaid FFS and Florida Healthy Kids, with 12 reportable rates each, landed higher than the 2022 rates in seven and nine instances, respectively. Assessing performance with national HEDIS® benchmarks showed that all program components had rates within the top 50th benchmark percentile at least once. Two of the Medicaid MMA plans fell within the top 50th percentile most of the time: CMS Health Plan (10 times) and Simply (7 times). CHIP CMS Health Plan had a rate in the top 50th percentile for 10 out of the 14 items for which a national benchmark was available, including three top 75th percentile rates, demonstrating progress when compared to its past performance or national data.

Quality of Care

Methodology

Performance measures are examined and compared to national data to assess the quality of care for health plans and programs. Using the Centers for Medicare & Medicaid Services Core Set of Children's Quality Measures (also called the Child Core Set), which consists of several HEDIS measures, ICHP calculated rates for Medicaid FFS, MediKids, and CHIP CMS Health Plan. Thirteen Medicaid MMA plans and three Florida Healthy Kids medical plans, as well as corresponding dental plans for each, calculated rates. Plan-level data was submitted to ICHP for analysis and inclusion in this report. Like the CAHPS data, Florida Healthy Kids data included subsidized and full-pay members, while MediKids data included only subsidized members. Performance measures are calculated using a combination of administrative (use of enrollment, claims and encounters, pharmacy data) or hybrid (use of a medical record review to examine patient charts) methodologies as well as supplemental data sources such as an immunization registry. Most measures required the administrative methodology, though a hybrid option was available

for six measures in the CY 2023 Child Core Set to get more detailed information that may result in higher rates. The hybrid methodology was used to the extent possible in the CY 2022 Florida KidCare performance measure calculations. Similar to the CAHPS survey results, all HEDIS rates were compared to the 2023 Medicaid health maintenance organization results that are reported to NCQA. ICHP has noted exceptions to the HEDIS benchmarks where applicable.

Findings

Florida KidCare CY 2022 performance was compared to national data for 32 quality of care sub-measures. Most program component rates fell within the top 50th HEDIS benchmark percentile. Mirroring this top 50th percentile performance were all three Florida Healthy Kids plans (for 68% or more of the sub-measures for which the plan had a reportable rate) and Medicaid MMA plans Aetna, AmeriHealth, Molina, and Sunshine CW (all roughly 70% of the reportable sub-measures). Despite favorable performances against the national data, compared to its standing the prior year, the Medicaid MMA program performance was lower in CY 2022 for 19 sub-measures, 10 of which were the lowest rates across the trending data period. Nevertheless, improvements from both Medicaid program components (FFS and MMA) contributed to the favorable Florida KidCare rate for the postpartum care sub-measure— a three-year high of 73%. Rates for both Follow-Up After Emergency Department Visit for Substance Use (FUA) sub-measures improved by 13 percentage points or more for all program components with a reportable rate in CY 2022. Also notable, the CY 2022 CHIP CMS Health Plan rates were the highest within the trending period for 10 sub-measures. Following suit, Medicaid FFS did the same in 11 instances and was the only program component to improve (by 5%) from CY 2021 performance in Ambulatory Care: ED Visits (AMB).

Conclusions

Over three million children received health insurance coverage under the Florida KidCare program in CY 2022. Continuing the trend of the past two years, the CHIP program had decreased enrollment with the exception of the Florida Healthy Kids Full-Pay program. In contrast, Medicaid enrollment increased by 5.5% from the prior year. The Medicaid and CHIP programs saw high renewal rates as members retained continuous coverage through the public health emergency.

CAHPS rates at the state level were generally consistent with prior-year rates. Florida Healthy Kids and Medicaid FFS did well compared to CY 2021 rates. The CHIP CMS Health Plan surpassed other Florida KidCare program components in HEDIS benchmark percentile performance and improvements.

The Florida KidCare program experienced several noteworthy increases within the performance measure outcomes. All but the MediKids program had more year-to-year rate increases than decreases. CHIP CMS Health Plan and Medicaid FFS each had at least 10 instances where a CY 2022 rate was the highest within the trending data period. Medicaid MMA behavioral health sub-measure rates improved from CY 2021 in 10 out of 13 possible instances and Medicaid FFS did so in nine of the 11 rates reported in this domain. Florida Healthy Kids improved year-to-year rates in 89% of the primary care access and preventive care access measures applicable to the program population — the highest improvement rate of any Florida KidCare program component in that domain.

Recommendations

Florida KidCare programs improved on prior-year performance measure rates, providing a foundation for continued improvement. Particular opportunities exist in regard to behavioral health through provider training on quality improvement principles. The use of nontraditional approaches to data collection, like natural language processing, can help identify additional areas of need that may impact a patient's mental health (Kilbourne et al., 2018).

In addition to member and health plan feedback, provider input can be sought to gauge realistic and feasible strategies. Seeking direct feedback through surveys, interviews, and partnerships with the provider membership organizations can help drive meaningful, sustainable changes within Florida KidCare. These strategies will be crucial once the eligibility is expanded to 300% of the federal poverty level takes effect and the program — and its providers — has more members to serve. By aligning common goals to drive improvement, Florida KidCare can set a national standard in quality, member-focused child health care.

Introduction to Florida KidCare

In This Section

- Background
- Program Structure
- Recent Program Changes
- **Error! Reference source not found.**

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). Florida KidCare has provided doctor visits, shots, hospital stays, dental coverage, vision services, prescriptions, and behavioral health services for children for over two decades. At the end of Calendar Year (CY) 2022, just under three million children received care from Florida KidCare, with eligibility determined by age, medical necessity, and family income. Nationally, over 41 million children were enrolled in CHIP and Medicaid at the end of CY 2022 (Centers for Medicare & Medicaid Services, 2023c).

Despite consistently high levels of enrollment in Florida KidCare, the state lags behind national uninsured rates for children. Data from 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, shows that the uninsured rate estimates are 7% for children in Florida and 5% for children nationwide (U.S. Census Bureau, 2022a). Additional data from the Bureau’s American Community Survey (2022b, 2022c) estimates that 41% of Florida children under age 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 is essential 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 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. Florida KidCare is not an entitlement program except for Medicaid, which means 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 eligible for Medicaid coverage do not pay a monthly family premium. Unless families select the managed care plan they want for their children, they are assigned a plan and have 120 days to choose a different one 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 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 with 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 care through a managed care delivery system; thus, MediKids members are enrolled in the Medicaid MMA and 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 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 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. In contrast, 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 co-payments 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. Liberty Dental Plan provides dental services for CHIP CMS Health 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 aged 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 by passing Florida Statute § 409.8135 in 1998 with program administration conducted by DCF (*Behavioral*

Health Services, 1998). BNet aims to treat the spectrum of behavioral health conditions and supports children and families by offering treatment and management assistance.

Full-Pay Program

Full-pay coverage options exist for families of children 1-18 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 increased 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. This report does not include data on full-pay members unless specified because the full-pay program is funded solely through family contributions (i.e., families do not receive subsidized coverage).

There is not a full-pay coverage option for the CHIP CMS Health Plan. Children with special health care needs who 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

Postpartum continuous coverage for Florida KidCare members was extended from 60 days postpartum to 12 months. Centers for Medicare & Medicaid Services (CMS) approval was granted in CY 2022, though statutory approval by the state was in place in mid-CY 2021 for Medicaid enrollees. Approval for CHIP enrollees took effect July 1, 2022, and continues through the approved Medicaid demonstration project period (June 30, 2030) unless otherwise amended (Centers for Medicare & Medicaid Services, 2022).

CY 2022 saw changes to some health plans covering Florida KidCare enrollees. In 2022, the Medicaid MMA plan Vivida ended operations and merged with Simply Health Plan. Florida Healthy Kids began a new contract period for its dental plans, effective July 1, 2022 (Florida Healthy Kids Corporation, 2021b). While DentaQuest and MCNA continue to provide services, Argus stopped serving Florida Healthy Kids members after June 30, and Liberty began operations on July 1 (Florida Healthy Kids Corporation, 2021a). Members formerly enrolled with Argus were distributed among the remaining three dental health plans. Due to this mid-year change, data from both Argus and Liberty are factored into this report. CY 2022 is one of the final years of current program eligibility levels: In June 2023, legislation was signed to expand Florida KidCare eligibility up to 300% FPL starting January 1, 2024 (Florida Healthy Kids Corporation, 2023).

Medicaid Eligibility

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

- 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, n.d.). To be eligible for Medicaid coverage in 2022, a family of four must have had an annual income equal to or less than \$36,908.

Table 1. Federal Poverty Level for a Family of Four

Income as a % of FPL	2018	2019	2020	2021	2022
100%	\$25,100	\$25,750	\$26,200	\$26,500	\$27,750
133%	\$33,383	\$34,248	\$34,846	\$35,245	\$36,908
140%	\$35,140	\$36,050	\$36,680	\$37,100	\$38,850
206%	\$51,706	\$53,045	\$53,972	\$54,590	\$57,165
210%	\$51,660	\$52,710	\$54,075	\$55,020	\$58,275

Table 2. Florida KidCare Program Eligibility, CY 2022

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, except for 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	1- 18	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 Florida Children’s Health Insurance Program (CHIP) eligibility income limit is 210% of the Federal Poverty Level (FPL). For families who exceed the 210% limit, an additional 5% income deduction is 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 the CHIP CMS Health Plan, clinical eligibility is determined by the Department of Health, which reviews daily files from the Florida Healthy Kids Corporation. For the Medicaid CMS Health Plan, medical eligibility is determined by the Department of Children and Families, which 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

This section presents data detailing applications, enrollment, and renewals for each Florida KidCare program. 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 in this evaluation include:

- 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. A third-party vendor under contract with the FHKC processes the application, enrollment, and renewal data. The Department of Children and Families (DCF) determines eligibility for Medicaid. This section's data are from FHKC and DCF, except for CHIP financing data, 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 the Medicaid data applies to the entire Medicaid program for this section.

Applications

Families can apply for Florida KidCare coverage through FHKC via mail, telephone, fax, or internet. Medicaid applications are sent to DCF to determine eligibility, although applications for children can also be sent directly to DCF. Only the most recent application is included for cases with duplicate or multiple applications. Thus, subsequent mentions of applications or applicants refer to the unduplicated amount unless expressly stated otherwise. Families can include more than one child on applications for Florida KidCare coverage.

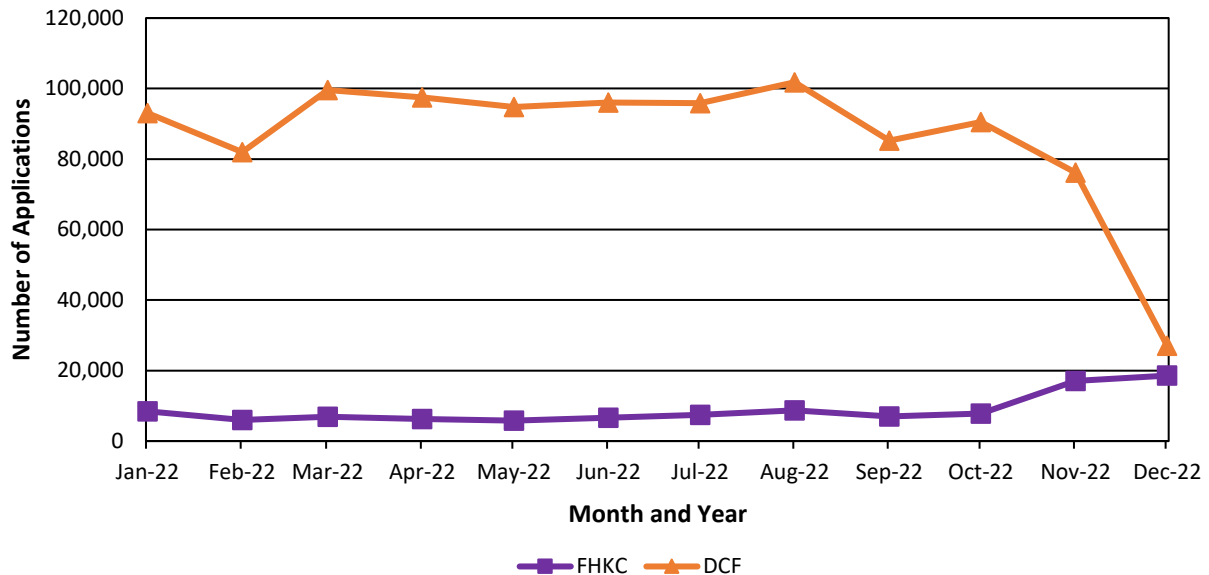
In Calendar Year (CY) 2022, FHKC received a total of 106,577 applications, which contained processable information on 157,611 children, and DCF received a total of 1,039,472 applications, which contained processable information on 706,891 children.

For families applying for Florida KidCare coverage through FHKC in CY 2022, the average age of applicants was 9.5 years, the average monthly income was \$4,797, and the average household size was 3.58 persons. For families applying for Florida KidCare coverage through DCF, the average age of applicants was 8.6 years, the average monthly income of families applying for Florida KidCare coverage was \$4,854, and the average household size was 3.96 persons.

Figure 1 displays the number of Florida KidCare applications received monthly by the FHKC and DCF for CY 2022. The highest number of applications received in a single month was 101,793 in August for DCF and 18,572 applications received by FHKC in December. The reduced amount of applications directly to DCF in December was a result of the public health emergency unwinding process which began with reviews of each assistance group type in December 2022. This also impacted Medicaid renewal totals, which will be shown in the applicable sub-section.

Additional CY 2022 application data per month is available in **Appendix C: Additional Data Charts**.

Figure 1. Florida KidCare Monthly Applications Received by FHKC and DCF, CY 2022



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 specific 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 the Federally Facilitated Marketplace. The average processing time was 18.9 days for approved applicants referred to DCF and 36.01 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 2022 sent directly to either FHKC or DCF. FHKC and DCF processed 1,146,049 applications, which represented 864,502 applicants. Of the applicants processed, 549,912 children were approved, yielding a 63.6% approval rate.

Table 3. Florida KidCare Applications Processed by FHKC and DCF, CY 2022

Application Totals	FHKC Total	DCF Total	FHKC and DCF Total
Applications	106,577	1,039,472	1,146,049
Children on Applications	157,611	706,891	864,502
Approved Children: All Florida KidCare	74,568	475,344	549,912

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 2022

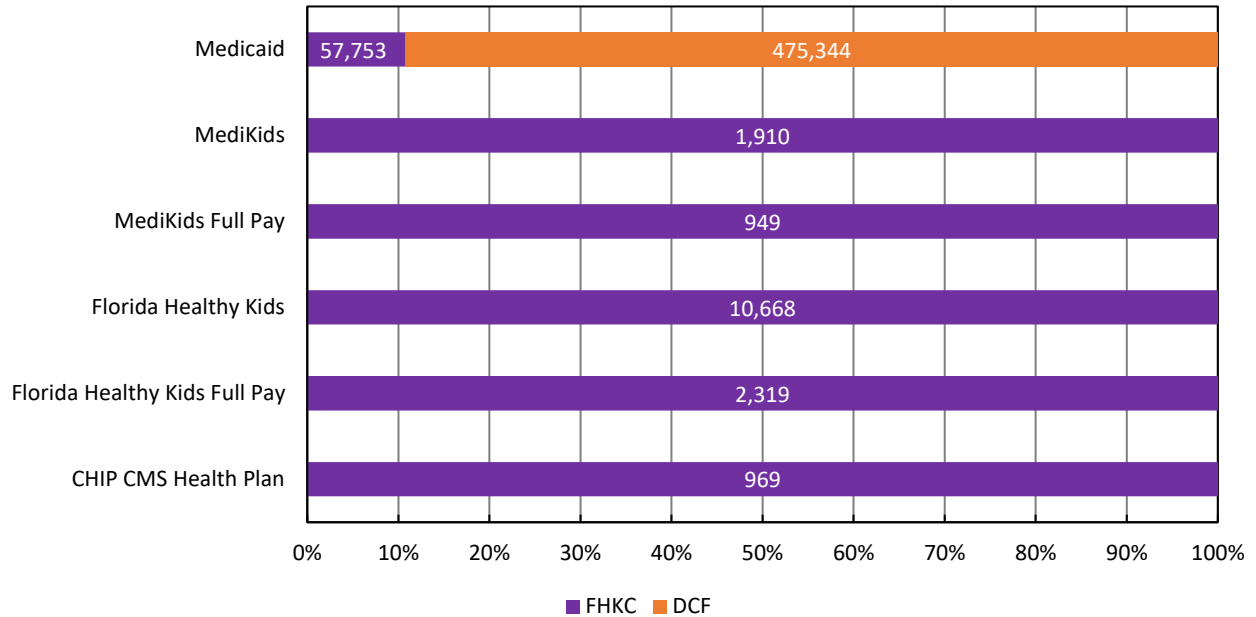


Table 4 displays the reasons why children were ineligible for Florida KidCare coverage. CHIP denial data comes from FHKC, and Medicaid denial data comes from DCF. The DCF data were sorted into 16 overall categorical themes. As several of these themes were closely related, they were blended into seven final categories. The data from FHKC fell within 10 themes, which were consolidated into five of the final categories. **Appendix C: Additional Data Charts** shows the full lists of denial categories for both DCF and FHKC.

Please note that the 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:

- 137,827 were denied because one or more household members did not meet either the eligibility, disability, or Medicaid need requirements
- 118,089 were either enrolled in, eligible for, or referred to another insurance program
- 72,825 were not in compliance, did not provide the required materials (including payment), or failed to complete one or more steps in the application process

- 22,825 were either incarcerated, involved in a legal matter, or had a law violation, including a parental custody issue
- 14,458 were ineligible due to income
- 10,837 were not eligible because either the United States (U.S.) citizenship or Florida residency requirement was not met
- 10,211 were ineligible due to age

Table 4. Reasons for Denial from Florida KidCare, CY 2022

Reasons for Denial of Coverage	Medicaid Total	CHIP Total	Florida KidCare Total
Eligibility/Disability/Medicaid need unmet	137,827	N/A	137,827
Enrolled in/eligible for/referred to other insurance program	52,579	65,510	118,089
Noncompliance or incomplete application/payment/requirements	14,485	58,340	72,825
Law violation/legal matter	10,202	9	22,825
Income	14,458	0	14,458
Citizenship or residency requirement not met	21,697	1,128	10,837
Age	11	10,826	10,211
Other	597	0	597
Total	251,856	135,813	387,669

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Enrollment

In CY 2022, enrollment in Florida’s Medicaid program increased while the CHIP program decreased. Monthly enrollment data compiled from 2015 to 2019 showed enrollment in Medicaid declining by 7% over this time frame. However, from 2019 to 2022, there was an increase of 19% in total Florida KidCare enrollment, primarily driven by increased Medicaid enrollment which had a 28% increase from 2019. This is consistent with national trends, as overall Medicaid and CHIP program enrollment has grown 30% from February 2020 to December 2022 (Corallo & Moreno, 2023).

Table 5 presents the point-in-time enrollment figures for the number of children enrolled on a specific date in CY 2021 and CY 2022 and the percent growth during those time frames. This table shows program-specific enrollment breakdowns and the overall program component totals factored into the Florida KidCare Total rate.

- At the end of CY 2022, 2,764,143 children were enrolled in the Florida KidCare program, an increase of 4% from the previous year.
- The overall increase in Florida KidCare enrollment was due to the increases in both Medicaid and CHIP-funded Medicaid enrollment, with 6% and 11% increases, respectively.
- All subsidized CHIP program components decreased from December 2021 to December 2022, with MediKids having the biggest drop at 45%.
- The Florida Healthy Kids Full-Pay program component experienced a modest increase of 2%, marking six consecutive years of increased enrollment. In addition to the Medicaid and CHIP-funded Medicaid programs, this was the only program component to increase member enrollment from the prior year.

Table 5. Point-in-time Enrollment Figures for the Last Day of CY 2021 and CY 2022

	CY 2021- CY 2022		
	Enrollment Dec. 31, 2021	Enrollment Dec. 31, 2022	% Change 2021-2022
Florida Healthy Kids	112,897	84,627	-25.04%
Florida Healthy Kids Full Pay	21,707	22,163	2.10%
Florida Healthy Kids Total	134,604	106,790	-20.66%
MediKids	10,092	5,536	-45.14%
MediKids Full Pay	5,135	3,492	-32.00%
MediKids Total	15,227	9,028	-40.71%
CHIP CMS Health Plan	9,345	7,162	-23.36%
CHIP-funded enrollment CHIP Total ^a	132,334	97,325	-26.46%
Medicaid Infants < Age 1	2,010	2,539	26.32%
Medicaid Children Ages 6-18	171,104	189,275	10.62%
CHIP-Funded Medicaid Total	173,114	191,814	10.80%
Total CHIP-funded enrollment ^b	305,448	289,139	-5.34%
Medicaid for Children	2,321,657	2,449,349	5.50%
Florida KidCare Total	2,653,947	2,764,143	4.15%

^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 enrollment trends are available in Appendix C: Additional Data Charts.

Figure 3. Florida KidCare Enrollment for Medicaid, CHIP, and Florida KidCare, 5-Year Trend

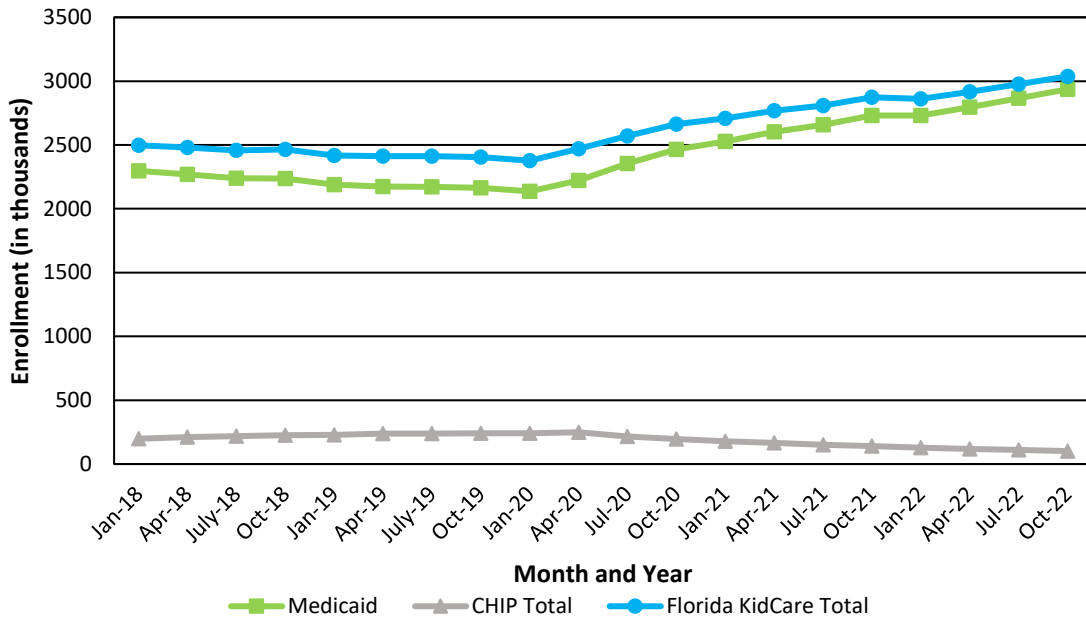
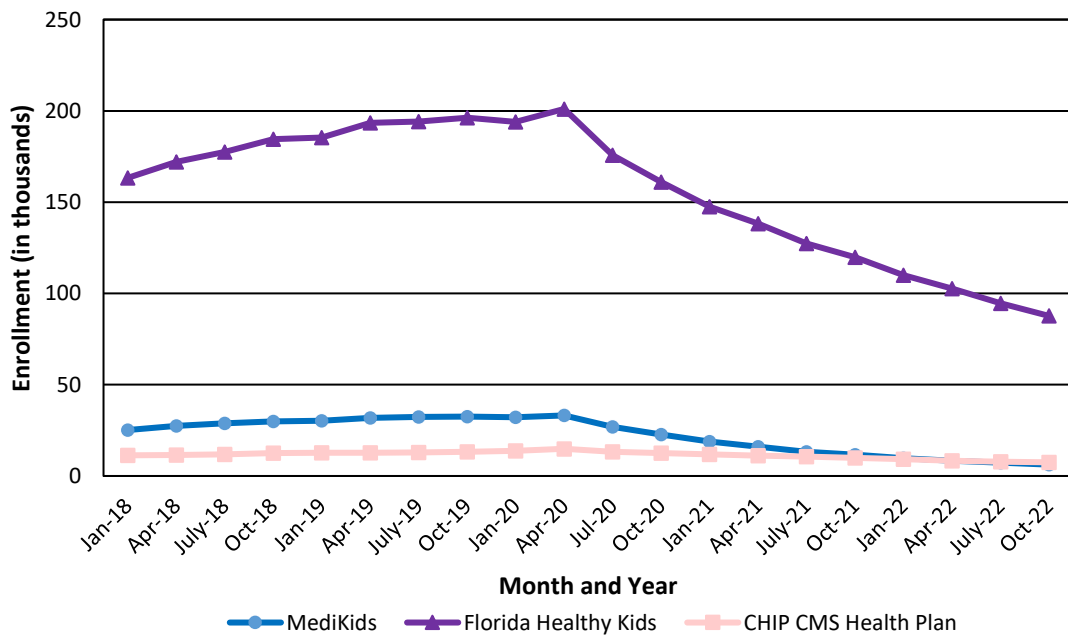


Figure 4. Florida KidCare Enrollment for CHIP Program Components, 5-Year Trend



Ever Enrolled and Newly Enrolled

Table 6 provides another perspective on the number of children enrolled in Florida KidCare during CY 2022. 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 2022 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 3,020,020 children in CY 2022. Of those children, 11% had not been served by Medicaid in the year prior to their enrollment in CY 2022.
- Of the 159,111 children served by the Florida KidCare CHIP program during CY 2022, 24,966 (16%) had not been covered by CHIP programs in the year prior to their enrollment in CY 2022.
- Across all subsidized program components, MediKids had the highest percentage of new enrollees, with 29% of members being new enrollees in CY 2022.
- When reviewing only full-pay members, these numbers are higher: One-third of all MediKids full-pay members were new enrollees in CY 2022. For Florida Healthy Kids Full Pay, the rate was 37%.

Table 6. Children “Ever” and “Newly” Enrolled in Florida KidCare Program Components, CY 2022

CY 2022			
	Ever Enrolled ^a	Newly Enrolled ^b	Percent New Enrollees
Florida KidCare Total	3,220,641	369,197	11.5%
Medicaid			
Medicaid	3,020,020	329,324	10.9%
CHIP			
MediKids	14,074	4,049	28.8%
Florida Healthy Kids	133,851	19,131	14.3%
CHIP CMS Health Plan	11,186	1,786	16.0%
Total CHIP	159,111	24,966	15.7%
Full Pay			
MediKids Full Pay	7,249	2,396	33.1%
Florida Healthy Kids Full Pay	34,261	12,511	36.5%
Total Full Pay	41,510	14,907	35.9%

^a Ever enrolled includes all children enrolled in a program during the specific 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 period but had not been enrolled in that program during the previous 12 months.

Renewals

Medicaid renewals are conducted by DCF annually, and recipients are classified into two main assistance groups: those whose eligibility is determined by modified adjusted gross income (MAGI) and those determined through federal CMS'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 automatically renew benefits for MAGI assistance groups 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 and 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. Following successful completion, coverage is 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 before the middle of the last month of eligibility if they wish for coverage to continue. Beyond initiating 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 cannot confirm their child's continued eligibility, the child is disenrolled. The CHIP children enter a new 12-month period of continuous eligibility upon completing their renewal.

Families must provide annual proof of earned and unearned income to renew eligibility. Beginning in January 2010, federal CHIP Reauthorization Act legislation 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 informs 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. A cancellation notice is sent to the family if the requested information is not received.

Table 7 displays the CY 2022 Florida KidCare, CHIP, and Medicaid renewal rates. During this period, 93.5% and 99.6% 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 2022

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 2022- Medicaid	18,053	18,046	100.0%
January 2022- CHIP	9,452	8,788	93.0%
February 2022- Medicaid	58,769	58,617	99.7%
February 2022- CHIP	10,290	9,632	93.6%
March 2022- Medicaid	71,031	70,835	99.7%
March 2022- CHIP	8,791	8,261	94.0%
April 2022- Medicaid	57,778	57,616	99.7%
April 2022- CHIP	8,644	7,900	91.4%
May 2022- Medicaid	49,135	48,996	99.7%
May 2022- CHIP	6,516	6,043	92.7%
June 2022- Medicaid	48,333	48,200	99.7%
June 2022- CHIP	5,979	5,650	94.5%
July 2022- Medicaid	55,101	54,620	99.1%
July 2022- CHIP	5,818	5,409	93.0%
August 2022- Medicaid	46,893	46,665	99.5%
August 2022- CHIP	6,264	5,919	94.5%
September 2022- Medicaid	41,331	41,197	99.7%
September 2022- CHIP	6,837	6,472	94.7%
October 2022- Medicaid	55,552	55,078	99.1%
October 2022- CHIP	5,967	5,539	92.8%
November 2022- Medicaid	58	57	98.3%
November 2022- CHIP	6,222	5,946	95.6%
December 2022- Medicaid	594	587	98.8%
December 2022- CHIP	5,369	5,012	93.4%
Total- Medicaid	502,628	500,514	99.6%
Total- CHIP	86,149	80,571	93.5%
Total- All Florida KidCare	588,777	581,085	98.7%

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

Specific to CHIP renewals, although rates remain relatively steady, the May 2020 rate of 89.3% was the lowest CHIP renewal rate in the past five years. Impacted by the public health emergency, 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 99.6% in 2022. 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, 2023a). 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 details the actual CHIP administrative costs for State Fiscal Year (SFY) 2022-2023 and budgeted costs for SFY 2023-2024. Please note that an 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 2022-2023, these costs were \$15.54 per CHIP member per month, with an expected decrease to \$13.82 for 2023-2024 despite projected increases in CHIP caseloads.

Table 8. Florida KidCare CHIP Administration Costs, SFYs 2022-2024

Program	SFY 2022-2023 Actuals	SFY 2023-2024 Budgeted
Average Monthly Caseload	104,297	142,322
Number of Case Months	1,251,560	1,707,864
Administration Cost per Member Per Month	\$15.54	\$13.82

Note. Data in this table are from the August 7, 2023 Florida KidCare Estimating Conference documents.

Table 9 presents the per member per month premium rates for the Florida KidCare CHIP programs projected for SFY 2022-2023 and budgeted for 2023-2024. These figures are based on program enrollment projections and are used to determine program expenditures and revenue, a critical part of making budget forecasts and funding allocations. For both years, the per member per month average costs for Florida Healthy Kids medical coverage was roughly \$150, with dental coverage costing \$14. In contrast, MediKids coverage was just under \$200 in SFY 2022-2023. 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 2022-2024

Program	SFY 2022-2023 Projected	SFY 2023-2024 Budgeted
MediKids	\$194.74	\$224.21
Florida Healthy Kids- Medical	\$150.53	\$149.79
Florida Healthy Kids- Dental	\$14.20	\$14.15
CMS Health Plan	\$1,324.73	\$1,541.76
BNet	\$1,158.14	\$1,182.46
Medicaid Infants <1	-	-
Medicaid Children 6-18	\$282.88	\$260.67

Note. CHIP-funded Medicaid for Infants <Age 1 and Children Ages 6-18 data are from Social Services Estimating Conferences on March 1, 2023 and August 14, 2023; all other data are from the August 7, 2023 Florida KidCare Estimating Conference documents.

Table 10 presents the actual totals for annual premium amounts collected from CHIP families for SFY 2022-2023 and the budgeted amount for SFY 2023-2024. The premium amounts collected from families are expected to increase across all CHIP programs in 2023-2024.

Table 10. Premiums Collected from CHIP Families, SFYs 2022-2024

Program	SFY 2022-2023 Actuals	SFY 2023-2024 Budgeted
MediKids	\$574,295	\$2,958,043
Florida Healthy Kids	\$11,898,360	\$24,937,504
CMS Health Plan	\$986,621	\$1,782,561
Total	\$13,459,276	\$29,678,108

Note. Data in this table are from the August 7, 2023 Florida KidCare Estimating Conference documents.

Table 11 summarizes the total program costs alongside the federal and state shares for each Florida KidCare CHIP component for SFY 2022-2023 and budgeted for SFY 2023-2024. This table shows that the BNet program and CHIP-funded Medicaid programs do not require a family contribution. 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 2022-2023 CHIP program costs were slightly higher than the prior year at \$934,711,034, and program expenditures for the following SFY are forecasted to decrease to \$844,763,617.

Table 11. Florida KidCare CHIP Expenditures and Revenue Sources, SFYs 2022-2024

Actual SFY 2022-2023 By Program	Expenditures	Family Contributions	Federal Funds	State Funds
CHIP				
MediKids	\$12,955,758	\$574,295	\$9,459,037	\$2,922,427
Florida Healthy Kids	\$164,897,418	\$11,898,360	\$117,000,193	\$35,998,865
CMS Health Plan	\$112,198,036	\$986,621	\$84,900,209	\$26,311,206
BNet	\$3,403,773	\$0	\$2,599,179	\$804,594
Full-Pay Programs				
MediKids Full Pay	\$17,766,308	\$8,056,798	\$0	\$0
Florida Healthy Kids Full Pay	\$59,798,530	\$59,798,530	\$0	\$0
CHIP-Funded Medicaid				
Medicaid Infants <1	\$0	\$0	\$0	\$0
Medicaid Children 6-18	\$621,801,573	\$0	\$474,661,558	\$147,140,015
Total CHIP Services	\$915,256,559	\$13,459,276	\$688,620,175	\$213,177,108
Administration	\$19,454,475	\$3,998,857	\$11,796,755	\$3,658,863
Grand Total	\$934,711,034	\$17,458,133	\$700,416,931	\$216,835,970
Budgeted SFY 2023-2024 By Program	Expenditures	Family Contributions	Federal Funds	State Funds
CHIP				
MediKids	\$47,980,178	\$2,958,043	\$32,002,883	\$13,019,251
Florida Healthy Kids	\$245,025,414	\$24,937,504	\$157,324,404	\$62,763,507
CMS Health Plan	\$194,621,690	\$1,782,561	\$137,467,200	\$55,371,929
BNet	\$5,614,988	\$0	\$4,006,665	\$1,608,323
Full-Pay Programs				
MediKids Full Pay	\$19,568,460	\$10,353,323	\$0	\$0
Florida Healthy Kids Full Pay	\$51,943,552	\$51,943,552	\$0	\$0
CHIP-Funded Medicaid				
Medicaid Infants <1	\$0	\$0	\$0	\$0
Medicaid Children 6-18	\$327,918,722	\$0	\$234,913,758	\$93,004,964
Total CHIP Services	\$821,160,992	\$29,678,108	\$565,714,910	\$225,767,974
Administration	\$23,602,625	\$2,996,342	\$14,707,256	\$5,899,027
Grand Total	\$844,763,617	\$32,674,450	\$580,422,167	\$231,667,001

Note. CHIP-funded Medicaid for Infants <Age 1 and Children Ages 6-18 data are from Social Services Estimating Conferences on March 1, 2023 and August 14, 2023; all other data are from the August 7, 2023 Florida KidCare Estimating Conference documents.

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 CMS and comprises state funds and expenditures that utilize federal CHIP award funding (using carry forward funds from the previous year). Carry forward funds 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 an FFY runs from October 1 to September 30.

Federal award dollars are expected to stay stable, though an expected decline in the Federal Medical Assistance Percentage (FMAP) rate available to states in response to the COVID-19 pandemic is expected to result in a greater share of the costs absorbed by the state (Office of Economic and Development Research, 2023b).

Table 12. Florida KidCare CHIP Expenditures, SFYs 2018-2024 and FFYs 2019-2024

	Total	State Funds	Federal Funds
SFY			
2018-2019	\$833,613,136	\$35,261,836	\$798,351,300
2019-2020	\$822,467,740	\$86,614,078	\$735,853,662
2020-2021	\$816,479,130	\$159,202,816	\$657,276,314
2021-2022	\$791,131,916	\$180,189,787	\$610,942,129
2022-2023	\$834,174,135	\$197,394,796	\$636,779,339
2023-2024	\$1,070,432,581	\$303,598,230	\$766,834,352
FFY			
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)	\$772,393,175	\$172,150,991	\$600,242,184
2022 (2021-2022)	\$801,739,209	\$183,910,957	\$617,828,252
2023 (2022-2023)	\$898,544,632	\$219,986,190	\$678,558,443
2024 (2023-2024)	\$1,147,835,123	\$334,771,853	\$813,063,270

Note. Data in this table are from the August 7, 2023 Florida KidCare Estimating Conference documents. 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 and amounts projected for FFYs 2023 and 2024. 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 2019-2024

FFY	Federal Grant	Carry Forward Total
2019 (2018-2019)	\$793,192,228	\$215,749,603
2020 (2019-2020)	\$842,519,926	\$321,170,449
2021 (2020-2021)	\$780,820,674	\$501,748,939
2022 (2021-2022)	\$831,023,696	\$714,944,383
2023 (2022-2023)	\$671,582,970	\$707,968,911
2024 (2023-2024)	\$671,582,970	\$566,488,611

Note. Data in this table are from the August 7, 2023 Florida KidCare Estimating Conference documents.

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

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, 2023a). 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, 2023b). For surveys examining care given to a minor, the respondent is the parent or guardian who knows most about the child's health care.

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 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 the 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

This section presents the results of surveys conducted in 2023 with caregivers of Florida KidCare members. A total of 8,210 telephone, internet, and mail surveys were conducted using the CAHPS child health plan 5.1H questionnaire. The Institute for Child Health Policy (ICHP) utilized an NCQA-certified CAHPS survey vendor to conduct MediKids and Medicaid Fee-For-Service (FFS) surveys. 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 its final survey results to the Agency for Health Care Administration (AHCA), which then supplied ICHP with the data.

Surveys for the Florida Healthy Kids plans and the Children's Health Insurance Program's (CHIP) Children's Medical Services (CMS) Health Plan were collected by NCQA-certified CAHPS survey vendors contracted by the individual plans. Plan-level data was submitted to ICHP for analysis and inclusion in this report. Survey samples for the Florida Healthy Kids program component included only subsidized members through the 2022 survey year (Calendar Year 2021), but starting with the 2023 surveys, which were calculated by the plans, the data is combined to include both subsidized and full pay members.

The Supplemental Item Set for Children with Chronic Conditions (CCC) was used for Medicaid FFS, MediKids, and CHIP CMS Health Plan, as well as all of the Medicaid MMA plans and one of the Florida Healthy Kids 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, 2022). 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.

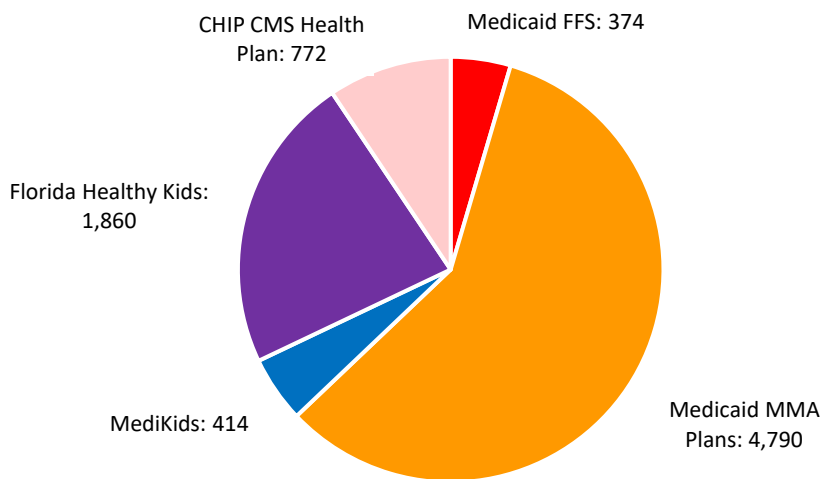
NCQA guidelines state that health plans must achieve a denominator of at least 100 responses (NCQA, 2021b) for rates to be reportable. In the case of a composite, an average of 100 responses across composite items is required to achieve the minimum denominator for reporting. This report indicates results below the small denominator threshold 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.

Florida KidCare rates are compared 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 to depict where the rate falls compared to national data. Four percentile ranges are used in this report, and a legend details the range of each percentile. No benchmark data is available for that measure if no legend is presented. In some cases, there are not enough national responses to generate a HEDIS benchmark. When this happens, the rates listed are not shaded, as was the case for the 2022 Health Plan Customer Service composite.

Please note that although the NCQA methodology utilizes either a general population or a CCC population for data analyses of CAHPS items, this report features responses from a total population comprised of members of both the general population and CCC population samples. The HEDIS benchmarks reflect the performance of the national CCC population. Additional details about the methodology for these surveys can be found in **Appendix C: Additional Data Charts**.

Figure 5 displays the number of surveys completed for each Florida KidCare program component. Note that in keeping with the requirements of the 5.1H survey, only responses with the designation “complete and eligible” are considered completed.

Figure 5. Number of Surveys Completed by Florida KidCare Program, 2023 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 could select as many races as applicable. The majority of families enrolled in Florida KidCare (65%) identified enrollee race as White, while 20% of enrollees identified as Black or African American. Over half of enrollees identified as Hispanic or Latino (52%), and 54% were male, while 46% were female. These demographics are consistent with those of surveyed families in prior years. Additional demographic data is available in **Appendix C: Additional Data Charts**.

Coordination of Care

When asked about coordinating the member's health care between providers, 83% of Florida KidCare families felt their child's doctor seemed informed and up to date. The rates for Medicaid MMA plans AmeriHealth, CMS Health Plan, and Sunshine-SMI were in the top 50th percentile for this question.

Composites

Most (82%) Florida KidCare families reported that it was easy to get needed care, with 87% stating they could get that care as soon as needed. Ninety-three percent felt that their child's physician communicated well with them, and 87% reported positive experiences with the customer service of their health plan. The health plans (Medicaid MMA and Florida Healthy Kids) mostly landed in the bottom 50th percentile on these composite items. The Florida Healthy Kids Simply plan landed in the top 50th percentile in two of the four composites, and the Medicaid MMA plan Sunshine-CW was in the 75th percentile for two of the four composites.

Global Rating Questions

Three-quarters (76%) of Florida KidCare families rated their personal doctor as a "9" or "10," as did 74% for the specialist seen most often. For their overall experiences, 70% gave a favorable rating to all their health care, while just over two-thirds (69%) rated their health plan a "9" or "10." All but one of the Medicaid MMA plans with a reportable rate and all of the Florida Healthy Kids plans were in the top 50th percentile for the All Health Care rating.

Supplemental Question Set: Children with Chronic Conditions

Sixty-five percent 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. 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. For the Access to Specialized Services composite, only two Medicaid MMA plans had rates above the low denominator threshold, and both plans, CMS Health Plan and Sunshine-CW, had rates higher than the Florida KidCare rate. Five out of 11 Medicaid MMA plans with reportable rates fell within the top 50th benchmark percentile for the Getting Needed Information composite.

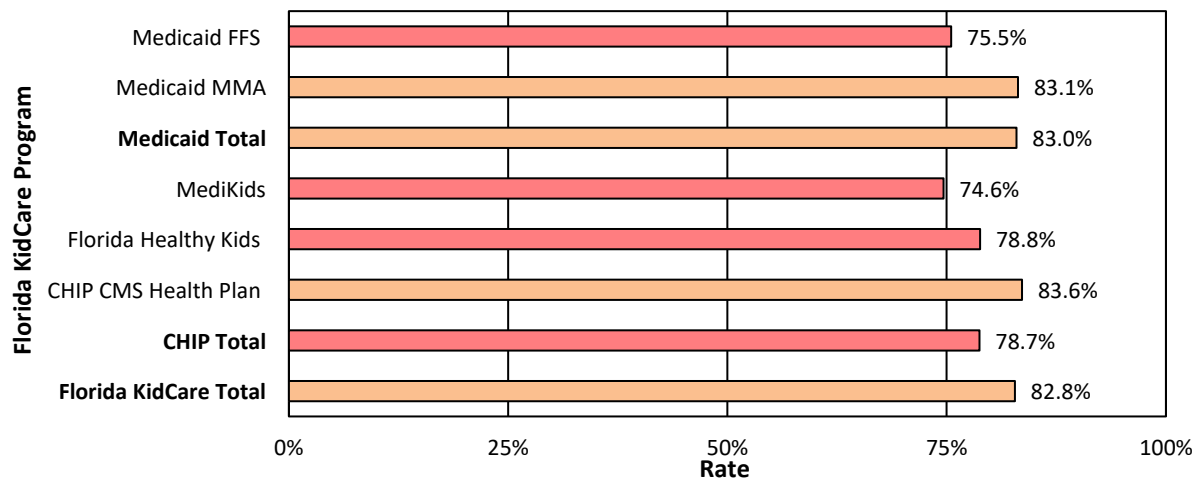
Supplemental Question: Doctors to Choose From

A final question asked families how they would rate the number of doctors from whom they had to choose. Fifty-six percent of Florida KidCare families responded either excellent or very good, though it should be noted that all three Florida Healthy Kids plans and the CHIP CMS Health Plan program component did not utilize the question this year. Seven out of the 12 (58%) Medicaid MMA health plans had higher rates than the state average.

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 83% and was the second-highest rate in the five-year trending period. Medicaid MMA plans AmeriHealth, CMS Health Plan, and Sunshine-SMI all fell within the top 50th HEDIS benchmark percentile. **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 and Florida Healthy Kids plan-level rates are available in Appendix C, **Figure 84** and **Figure 85**, respectively.

Figure 6. Coordination of Care Results by Florida KidCare Program, 2023 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 Results by Florida KidCare Program, Five-Year Trend

Program	2019	2020	2021	2022	2023
Medicaid FFS	78.4%	76.9%	75.2%	74.1%	75.5%
Medicaid MMA	83.8%	86.3%	81.8%	80.7%	83.1%
Medicaid Total	83.7%	76.9%	81.6%	80.6%	83.0%
MediKids	80.0%	75.6%	77.8%	78.3%	74.6%
Florida Healthy Kids	79.0%	78.0%	75.7%	73.5%	78.8%
CHIP CMS Health Plan	61.4%	81.0%	83.7%	78.6%	83.6%
CHIP Total	78.0%	77.9%	76.5%	74.2%	78.7%
Florida KidCare Total	83.1%	77.7%	81.3%	80.3%	82.8%

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 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 “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 and Florida Healthy Kids 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?

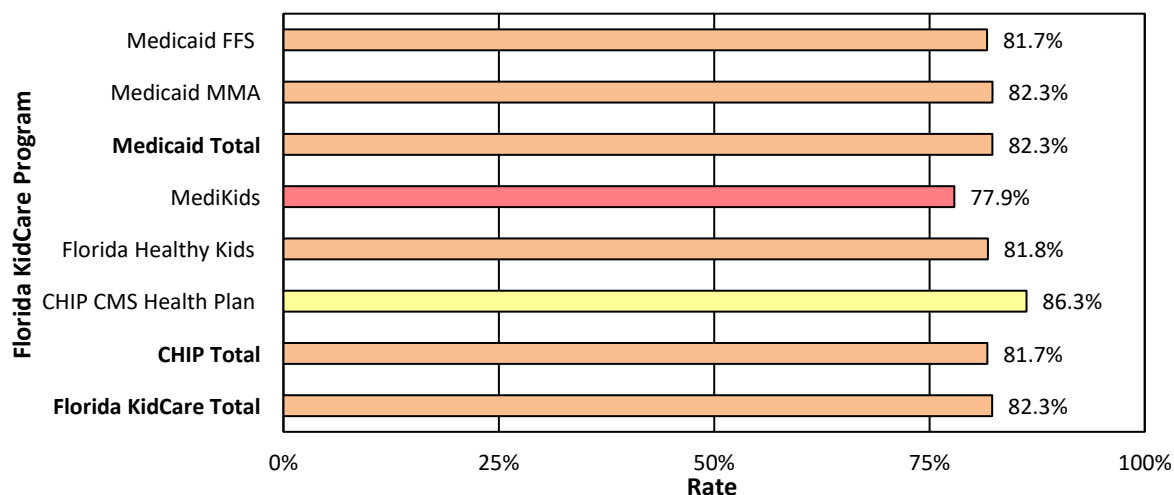
Table 15. Florida KidCare Rates for CAHPS Composites, 2022 Survey

Composite	Florida KidCare Rate
Getting Needed Care	82.3%
Getting Care Quickly	86.9%
Doctor’s Communication Skills	92.9%
Health Plan Customer Service	87.4%

Getting Needed Care

This composite comprises two questions that ask how often it was easy to obtain needed care like a test or treatment. Most (82%) of Florida KidCare families felt it was easy to get care. Five Medicaid MMA plans had higher rates than the Florida KidCare rate. Simply had the highest rate of the bunch at 87%, falling in the top 50th percentile. **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 and Florida Healthy Kids plan-level rates are in Appendix C, **Figure 86** and **Figure 87**, respectively.

Figure 7. Getting Needed Care Results by Florida KidCare Program, 2023 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 Results by Florida KidCare Program, Five-Year Trend

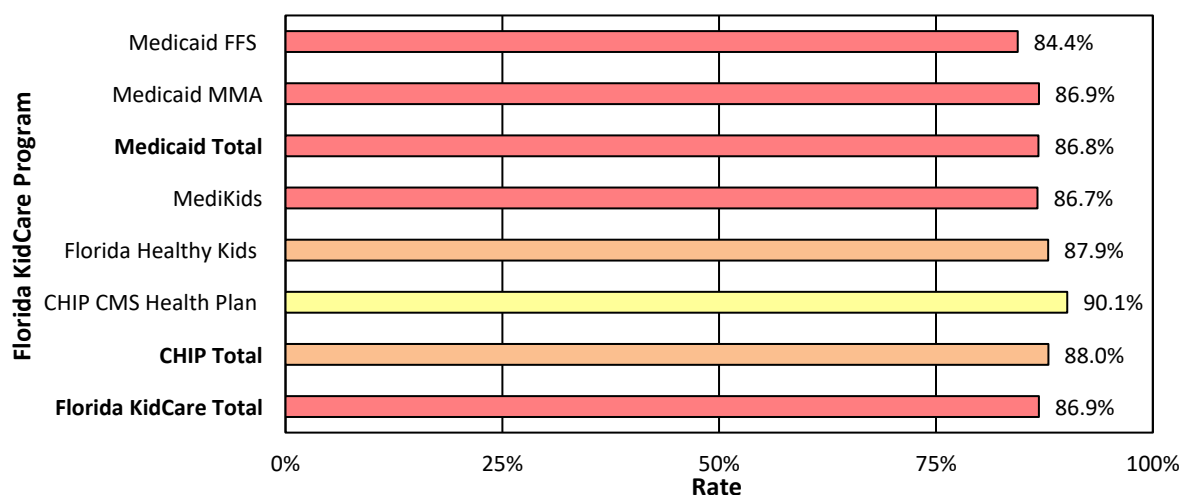
Program	2019	2020	2021	2022	2023
Medicaid FFS	87.2%	83.5%	85.1%	80.7%	81.7%
Medicaid MMA	83.3%	82.5%	84.5%	83.1%	82.3%
Medicaid Total	83.4%	82.5%	84.5%	83.1%	82.3%
MediKids	84.7%	89.1%	86.4%	79.7%	77.9%
Florida Healthy Kids	81.1%	83.0%	83.9%	80.6%	81.8%
CHIP CMS Health Plan	82.3%	84.1%	86.4%	83.0%	86.3%
CHIP Total	81.8%	83.8%	84.4%	80.7%	81.7%
Florida KidCare Total	83.2%	82.7%	84.5%	83.0%	82.3%

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.

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. The 2023 Florida KidCare rate was 87%. CHIP CMS Health Plan had the highest program-level rate at 90%, falling in the top 50th percentile. Sunshine-CW was the only plan in the top 75th percentile, with 93%. **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 and Florida Healthy Kids plan-level rates appear in Appendix C, **Figure 88** and **Figure 89**, respectively.

Figure 8. Getting Care Quickly Results by Florida KidCare Program, 2023 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 Results by Florida KidCare Program, Five-Year Trend

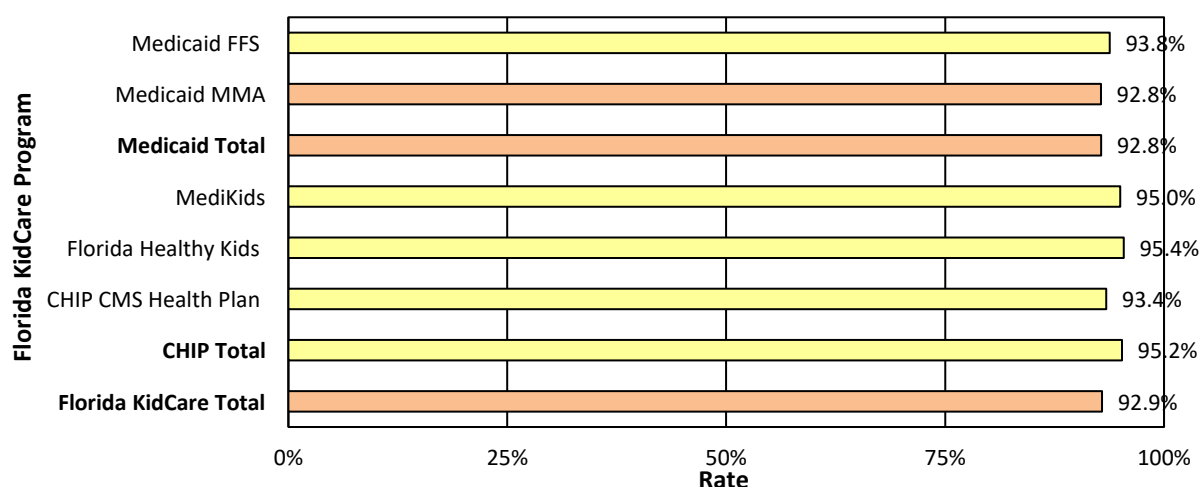
Program	2019	2020	2021	2022	2023
Medicaid FFS	89.7%	90.7%	88.7%	86.7%	84.4%
Medicaid MMA	88.8%	89.5%	87.8%	86.3%	86.9%
Medicaid Total	88.9%	89.5%	87.8%	86.3%	86.8%
MediKids	91.7%	92.9%	88.1%	83.9%	86.7%
Florida Healthy Kids	87.7%	91.6%	85.1%	87.8%	87.9%
CHIP CMS Health Plan	91.5%	90.8%	90.5%	89.5%	90.1%
CHIP Total	88.6%	91.7%	85.8%	87.6%	88.0%
Florida KidCare Total	88.8%	89.8%	87.7%	86.4%	86.9%

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

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. Nearly all (93%) of Florida KidCare families responded positively. All three Medicaid MMA Sunshine plans fell in the top 50th percentile, as did all three Florida Healthy Kids plans. Sunshine-CW and Florida Healthy Kids Aetna each had rates of 96%, the highest in each program component. **Figure 9** and **Table 18** show this data. Medicaid MMA and Florida Healthy Kids plan-level rates are shown in Appendix C, **Figure 90** and **Figure 91**, respectively.

Figure 9. Doctor's Communication Skills Results by Florida KidCare Program, 2023 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 Results by Florida KidCare Program, Five-Year Trend

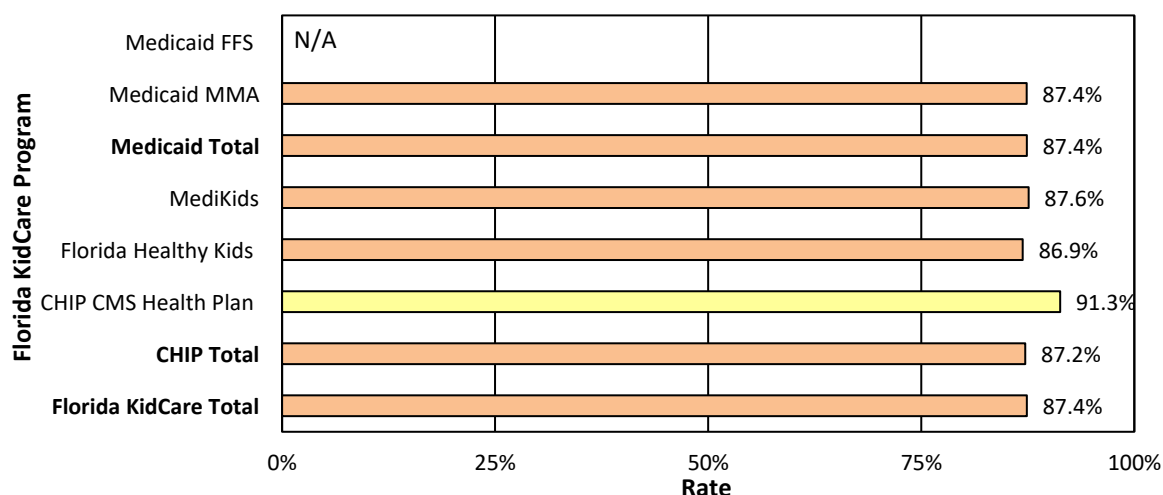
Program	2019	2020	2021	2022	2023
Medicaid FFS	95.0%	94.9%	92.6%	92.3%	93.8%
Medicaid MMA	93.7%	94.2%	93.6%	93.2%	92.8%
Medicaid Total	93.7%	94.2%	93.5%	93.2%	92.8%
MediKids	94.6%	96.6%	94.8%	94.8%	95.0%
Florida Healthy Kids	94.6%	96.7%	94.2%	93.4%	95.4%
CHIP CMS Health Plan	80.8%	94.4%	94.2%	93.9%	93.4%
CHIP Total	93.7%	96.6%	94.2%	93.5%	95.2%
Florida KidCare Total	93.7%	94.5%	93.6%	93.2%	92.9%

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

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 and how often they were treated with respect by customer service staff. Most (87%) Florida KidCare families responded positively, and the CHIP CMS Health Plan had its highest rate (91%) in the trending period. The Medicaid MMA CMS Health Plan had the highest rate at 92% and was the only health plan in the top 50th HEDIS benchmark percentile. **Figure 10** and **Table 19** display families reporting a positive experience with their health plan customer service by Florida KidCare program in 2023 and across the last five years. In Appendix C, **Figure 92** and **Figure 93** show the plan level data for Medicaid MMA and Florida Healthy Kids plans.

Figure 10. Health Plan Customer Service Results by Florida KidCare Program, 2023 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 10** and **Table 19**.

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

Program	2019	2020	2021	2022	2023
Medicaid FFS	79.0%	N/A	N/A	N/A	N/A
Medicaid MMA	89.0%	88.8%	89.0%	87.9%	87.4%
Medicaid Total	88.8%	88.6%	88.9%	87.8%	87.4%
MediKids	86.3%	88.7%	87.3%	88.7%	87.6%
Florida Healthy Kids	86.9%	86.8%	84.5%	82.4%	86.9%
CHIP CMS Health Plan	85.0%	89.0%	90.8%	85.2%	91.3%
CHIP Total	86.7%	87.2%	85.3%	83.0%	87.2%
Florida KidCare Total	88.5%	88.4%	88.6%	87.5%	87.4%

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.

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 percentage 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 national benchmark percentiles are 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 and trending data are presented in this section, while Medicaid MMA and Florida Healthy Kids 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?

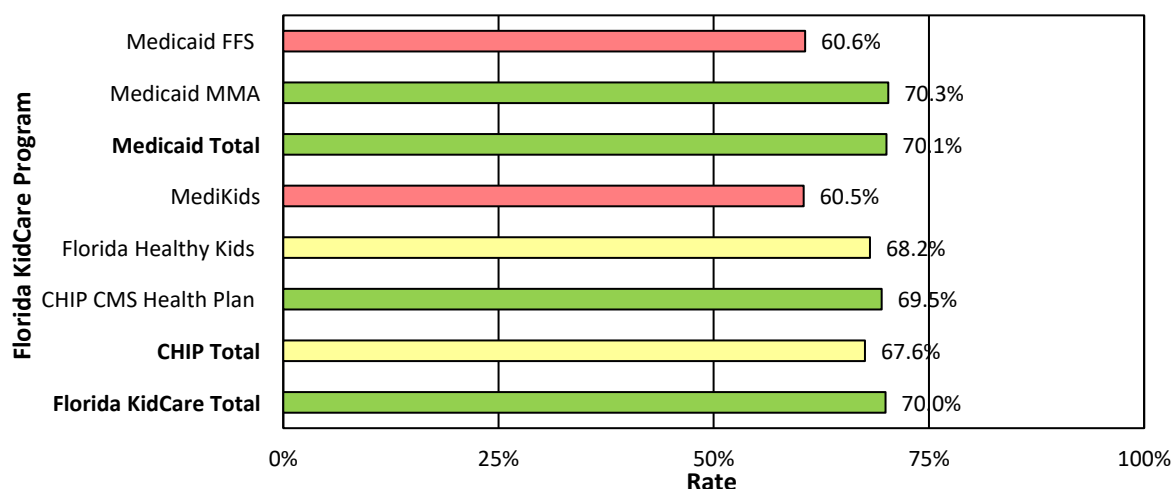
Table 20. Florida KidCare Rates for CAHPS Rating Questions, 2023 Survey

Rating Question	Florida KidCare Rate
All Health Care	70.0%
Personal Doctor	75.7%
Specialty Care Provider	73.8%
Health Plan	69.3%

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. Nearly all (91%) Medicaid MMA plans reporting this measure, and all three of the Florida Healthy Kids plans, were in the top 50th HEDIS benchmark percentile. The MediKids rate of 61% was the five-year low rate by six percentage points. **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 and Florida Healthy Kids plan-level data are displayed in Appendix C, **Figure 94** and **Figure 95**, respectively.

Figure 11. All Health Care Rating of "9" or "10" Results by Florida KidCare Program, 2023 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" Results by Florida KidCare Program, Five-Year Trend

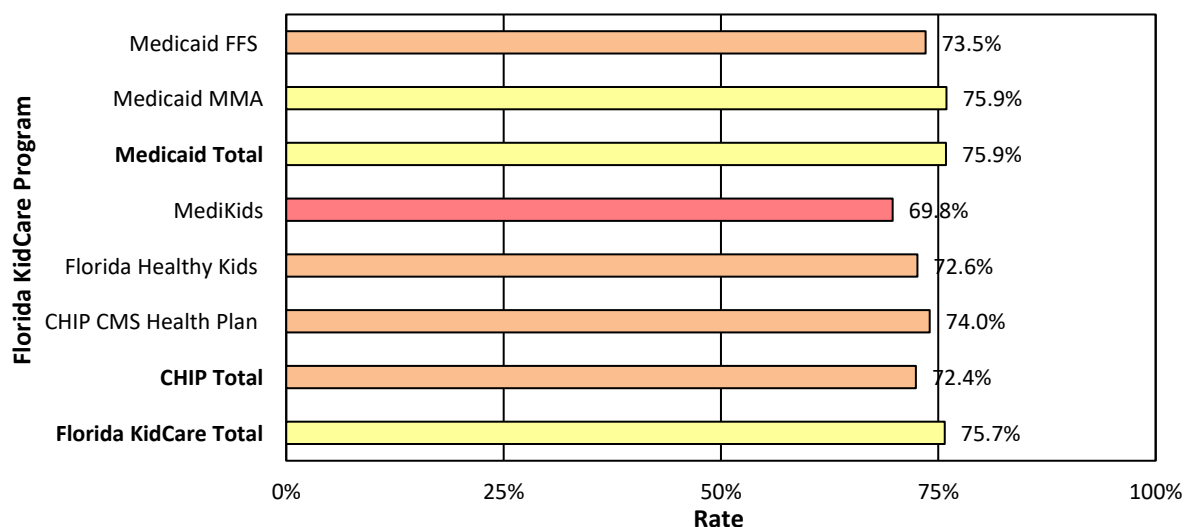
Program	2019	2020	2021	2022	2023
Medicaid FFS	61.0%	60.5%	65.1%	61.4%	60.6%
Medicaid MMA	71.8%	74.2%	74.9%	70.8%	70.3%
Medicaid Total	71.5%	73.8%	74.7%	70.6%	70.1%
MediKids	70.0%	71.8%	69.6%	66.6%	60.5%
Florida Healthy Kids	63.5%	70.1%	67.5%	69.5%	68.2%
CHIP CMS Health Plan	62.6%	68.7%	70.8%	67.2%	69.5%
CHIP Total	64.6%	70.2%	68.0%	69.1%	67.6%
Florida KidCare Total	70.7%	73.3%	74.2%	70.6%	70.0%

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.

Personal Doctor

When asked to rate the child’s personal doctor on a scale of 0-10, 76% of Florida KidCare families rated “9” or “10.” Seventy-five percent of Medicaid MMA plans were in the top 50th HEIDS benchmark percentile. The highest rate was 82% from Simply, placing it in 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 and Florida Healthy Kids plan-level rates are available in Appendix C, **Figure 96** and **Figure 97**, respectively.

Figure 12. Personal Doctor Rating of "9" or "10" by Florida KidCare Program, 2023 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" Results by Florida KidCare Program, Five-Year Trend

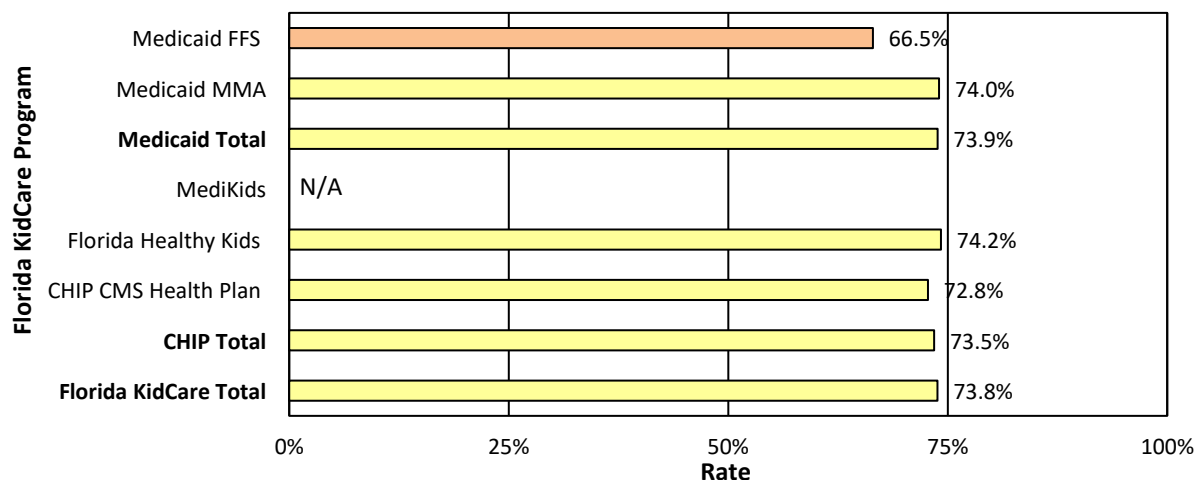
Program	2019	2020	2021	2022	2023
Medicaid FFS	72.2%	74.1%	77.7%	70.5%	73.5%
Medicaid MMA	77.1%	80.5%	78.7%	77.9%	75.9%
Medicaid Total	77.0%	80.4%	78.6%	77.8%	75.9%
MediKids	74.8%	75.2%	76.6%	74.2%	69.8%
Florida Healthy Kids	72.1%	75.8%	72.4%	73.5%	72.6%
CHIP CMS Health Plan	72.1%	74.1%	76.8%	73.6%	74.0%
CHIP Total	72.6%	75.6%	73.2%	73.5%	72.4%
Florida KidCare Total	76.5%	79.7%	78.3%	77.6%	75.7%

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.

Specialty Care Provider

Nearly three-quarters (74%) of Florida KidCare families rated the specialist they see most often as a “9” or a “10”. Five of the eight Medicaid MMA plans reporting this measure fell in the top 50th HEDIS benchmark percentile, as did both Florida Healthy Kids plans with reportable rates. **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. In Appendix C, **Figure 98** and **Figure 99** contain Medicaid MMA and Florida Healthy Kids plan-level rates, respectively.

Figure 13. Specialist Rating of "9" or "10" by Florida KidCare Program, 2023 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" Results by Florida KidCare Program, Five-Year Trend

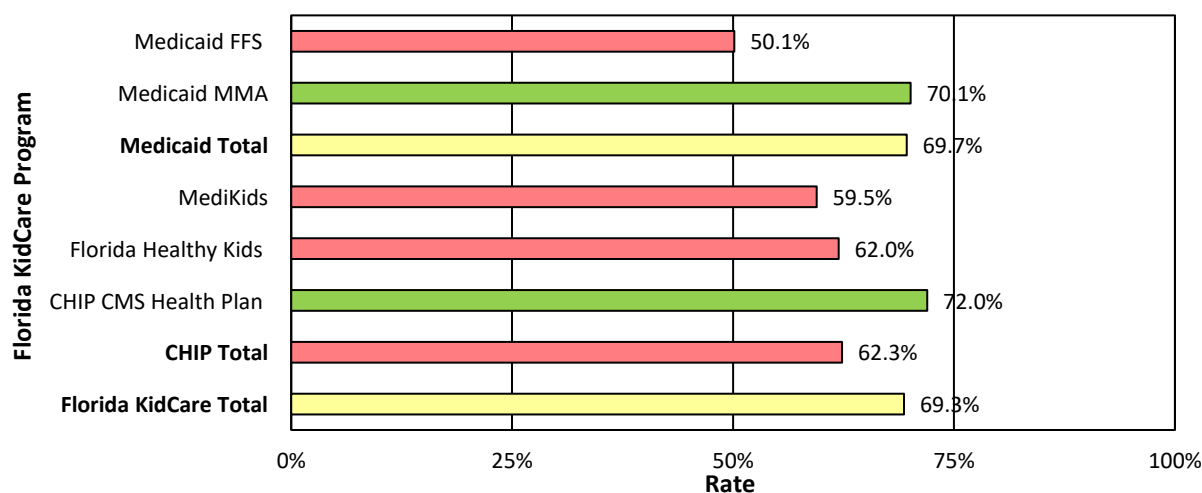
Program	2019	2020	2021	2022	2023
Medicaid FFS	66.8%	74.6%	80.5%	67.3%	66.5%
Medicaid MMA	73.3%	75.8%	76.1%	73.2%	74.0%
Medicaid Total	73.1%	75.7%	76.2%	73.1%	73.9%
MediKids	74.8%	71.4%	69.2%	72.5%	N/A
Florida Healthy Kids	65.5%	74.7%	76.1%	70.8%	74.2%
CHIP CMS Health Plan	72.3%	73.8%	74.0%	69.6%	72.8%
CHIP Total	67.6%	74.2%	75.1%	70.8%	73.5%
Florida KidCare Total	72.5%	75.5%	76.1%	73.0%	73.8%

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

Families were asked to rate their child’s health plan in the final rating question. The overall Florida KidCare rate was 69%. Over half (58%) of the Medicaid MMA plans fell in the top 75th benchmark percentile. Though all three Florida Healthy Kids plans had rates in the bottom 50th percentile, the program component rate hit a five-year high of 62%. **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 and Florida Healthy Kids plan-level rates are available in Appendix C, **Figure 100** and **Figure 101**, respectively.

Figure 14. Health Plan Rating of "9" or "10" Results by Florida KidCare Program, 2023 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" Results by Florida KidCare Program, Five-Year Trend

Program	2019	2020	2021	2022	2023
Medicaid FFS	50.5%	51.2%	54.7%	53.5%	50.1%
Medicaid MMA	71.2%	70.8%	72.1%	69.4%	70.1%
Medicaid Total	70.7%	70.2%	71.8%	69.1%	69.7%
MediKids	64.2%	65.4%	64.5%	64.2%	59.5%
Florida Healthy Kids	57.6%	60.7%	61.6%	59.2%	62.0%
CHIP CMS Health Plan	61.4%	65.3%	73.3%	66.5%	72.0%
CHIP Total	59.0%	61.5%	62.7%	60.1%	62.3%
Florida KidCare Total	69.3%	69.0%	71.1%	68.6%	69.3%

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.

Supplemental Questions: Children with Chronic Conditions

The CCC question set comprises 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 and trending data are presented in this section. Medicaid MMA and Florida Healthy Kids plan-level data appear in **Appendix C: Additional Data Charts**.

Questions included in each CCC question set item and the positive response type are below. Rates for the Florida KidCare program 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?

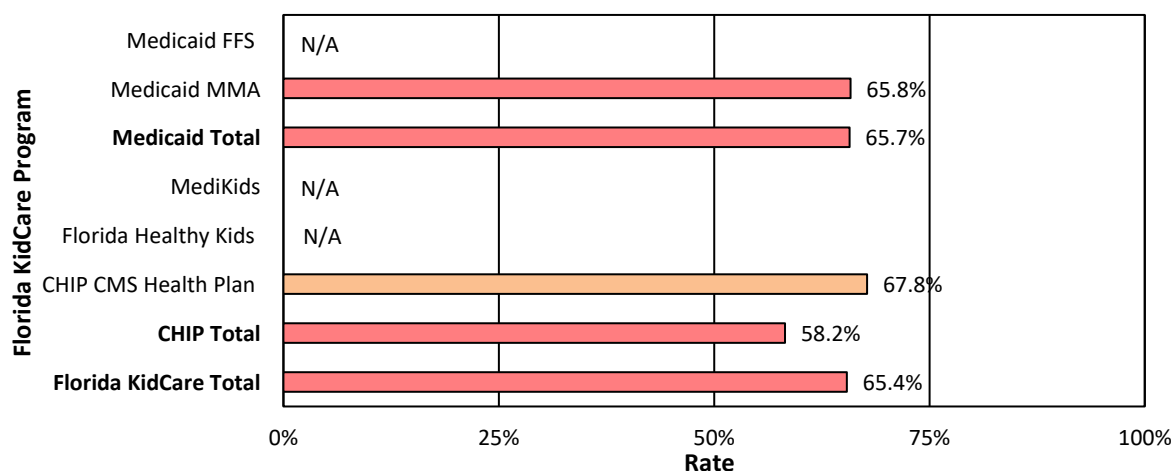
Table 25. Florida KidCare Rates for CAHPS CCC Question Set Items, 2023 Survey

Item	Florida KidCare Rate
Access to Specialized Services Composite	65.4%
Personal Doctor Who Knows Child Composite	89.5%
Coordination of Care Composite	74.1%
Getting Needed Information	89.7%
Access to Prescription Medicines	88.3%

Access to Specialized Services

In this composite, families were asked about their experiences getting medical equipment, therapies, treatment, or counseling, and many (65%) of Florida KidCare families felt it was often easy to obtain these services. Only two Medicaid MMA plans had rates above the low denominator threshold, with CMS Health Plan in the top 75th HEDIS benchmark percentile. **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 and Florida Healthy Kids plans are available in Appendix C, **Figure 102** and **Figure 103**, respectively.

Figure 15. Access to Specialized Services Results by Florida KidCare Program, 2023 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 Results by Florida KidCare Program, Five-Year Trend

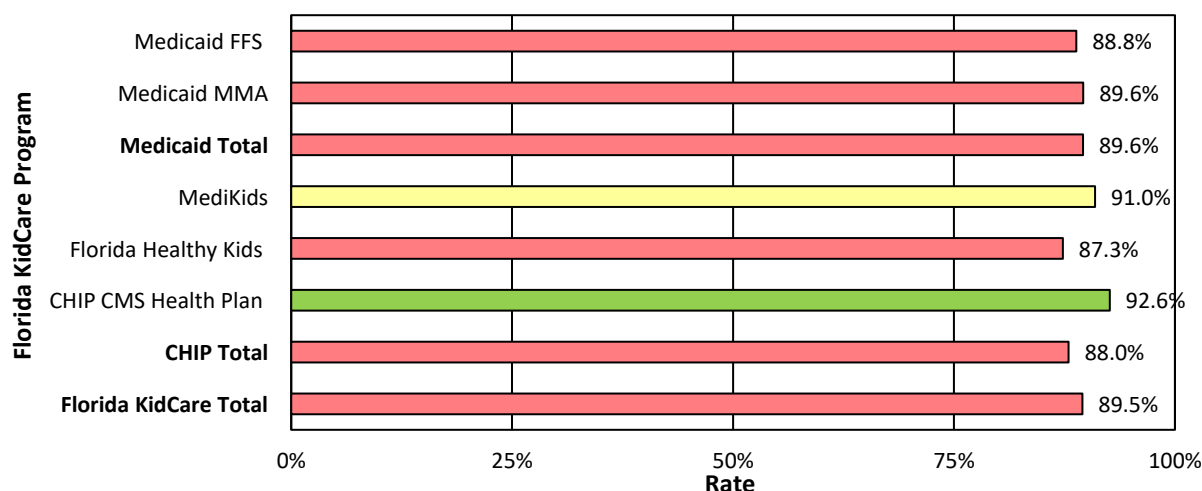
Program	2019	2020	2021	2022	2023
Medicaid FFS	64.8%	60.5%	71.9%	N/A	N/A
Medicaid MMA	-	-	68.7%	68.0%	65.8%
Medicaid Total	-	-	68.8%	67.8%	65.7%
MediKids	N/A	N/A	N/A	N/A	N/A
Florida Healthy Kids	N/A	N/A	N/A	N/A	N/A
CHIP CMS Health Plan	67.2%	66.6%	74.4%	67.2%	67.8%
CHIP Total	66.5%	65.7%	55.6%	63.8%	58.2%
Florida KidCare Total	66.2%	65.0%	67.9%	67.6%	65.4%

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. There were no Medicaid MMA or Medicaid Total rates for 2019-2020, 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 child’s and family’s daily life and whether the doctor discussed how the child was feeling, growing, and behaving with the family. Consistent with past-year rates, the 2023 rate for all Florida KidCare was 90%, though the CHIP CMS Health Plan rate of 93% was a five-year high. The Florida KidCare program rates are displayed in **Figure 16**, with five-year trend data in **Table 27**. Five out of nine Medicaid MMA plans reporting this measure had rates higher than the Florida KidCare rate. Medicaid MMA and Florida Healthy Kids plan-level rates are available in Appendix C, **Figure 104** and **Figure 105**, respectively.

Figure 16. Personal Doctor Who Knows Child Results by Florida KidCare Program, 2023 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 Results by Florida KidCare Program, Five-Year Trend

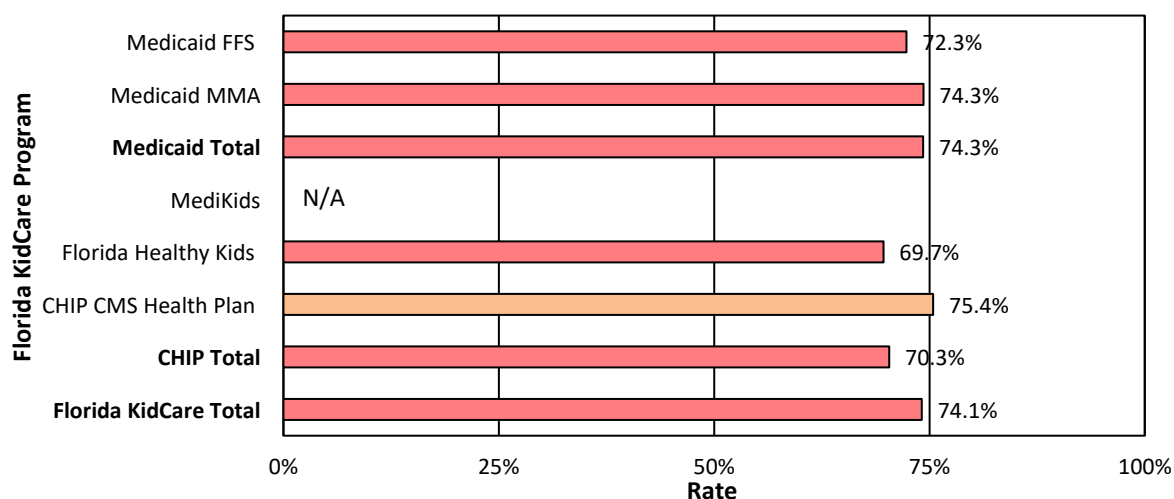
Program	2019	2020	2021	2022	2023
Medicaid FFS	88.8%	89.9%	89.9%	86.8%	88.8%
Medicaid MMA	-	-	90.5%	89.9%	89.6%
Medicaid Total	-	-	90.5%	89.8%	89.6%
MediKids	90.9%	92.5%	94.8%	89.8%	91.0%
Florida Healthy Kids	84.6%	85.2%	87.4%	87.3%	87.3%
CHIP CMS Health Plan	89.9%	90.1%	90.2%	89.8%	92.6%
CHIP Total	86.1%	86.4%	88.4%	87.7%	88.0%
Florida KidCare Total	86.5%	86.9%	90.4%	89.7%	89.5%

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. There were no Medicaid MMA or Medicaid Total rates for 2019-2020, 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. Seventy-four percent of Florida KidCare families responded positively. Though only two Medicaid MMA plans had high enough totals to report on their own, all data was factored into the program component rate, which was the lowest in the three-year trending period. **Figure 17** shows Florida KidCare program rates, while **Table 28** shows five-year trend data. Medicaid MMA and Florida Healthy Kids plan-level rates are available in Appendix C, **Figure 106** and **Figure 107**, respectively.

Figure 17. Coordination of Care for CCC Results by Florida KidCare Program, 2023 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 Results by Florida KidCare Program, Five-Year Trend

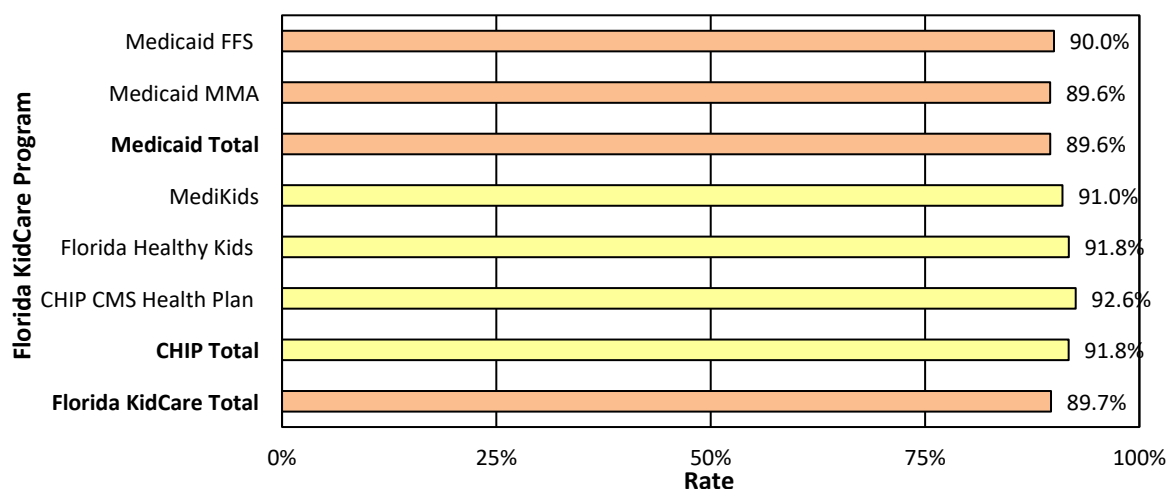
Program	2019	2020	2021	2022	2023
Medicaid FFS	73.2%	69.2%	74.3%	N/A	72.3%
Medicaid MMA	-	-	75.2%	74.9%	74.3%
Medicaid Total	-	-	75.2%	74.8%	74.3%
MediKids	N/A	N/A	N/A	N/A	N/A
Florida Healthy Kids	66.7%	73.0%	N/A	N/A	69.7%
CHIP CMS Health Plan	74.4%	77.7%	79.3%	74.7%	75.4%
CHIP Total	69.0%	74.5%	72.9%	65.2%	70.3%
Florida KidCare Total	69.7%	73.8%	75.0%	74.3%	74.1%

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 2019-2020, 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. Most (90%) Florida KidCare families responded positively. The Medicaid MMA CMS Health Plan landed in the top 75th HEDIS benchmark percentile at 93%. The Florida Healthy Kids rate, which included data from only the Simply plan, was at a five-year high of 91.8%. **Figure 18** displays the rates by Florida KidCare program, while **Table 29** shows five-year trend data. Medicaid MMA and Florida Healthy Kids plan-level rates are available in Appendix C, **Figure 108** and **Figure 109**, respectively.

Figure 18. Getting Needed Information Results by Florida KidCare Program, 2023 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 Results by Florida KidCare Program, Five-Year Trend

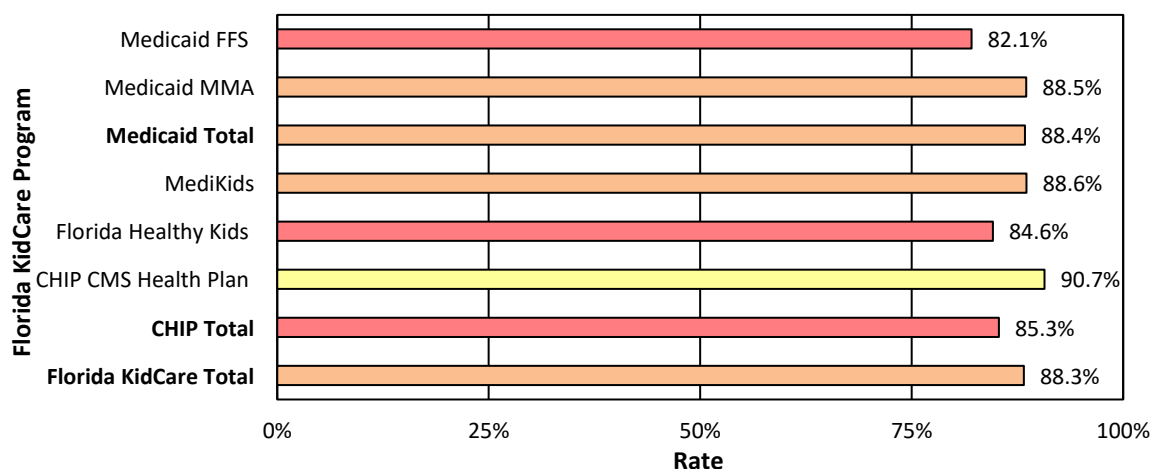
Program	2019	2020	2021	2022	2023
Medicaid FFS	91.2%	91.1%	90.4%	86.8%	90.0%
Medicaid MMA	-	-	89.4%	89.8%	89.6%
Medicaid Total	-	-	89.4%	89.8%	89.6%
MediKids	92.7%	93.7%	88.6%	90.1%	91.0%
Florida Healthy Kids	90.0%	91.0%	87.5%	87.2%	91.8%
CHIP CMS Health Plan	91.8%	92.9%	91.8%	90.3%	92.6%
CHIP Total	90.6%	91.5%	87.9%	87.6%	91.8%
Florida KidCare Total	90.7%	91.4%	89.3%	89.7%	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 2019-2020, 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. Close to 90% of Florida KidCare families responded that it was usually or always easy, though for MediKids and Florida Healthy Kids, the 2023 rates were the lowest within the trending period. This data is displayed in **Figure 19**, and the five-year trending data is shown in Table 30 for the Florida KidCare programs. The majority (64%) of Medicaid MMA plans reporting this measure had rates above the Florida KidCare rate. Medicaid MMA and Florida Healthy Kids plan-level data are shown in Appendix C, **Figure 110** and **Figure 111**, respectively.

Figure 19. Access to Prescription Medicines Results by Florida KidCare Program, 2023 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 Results by Florida KidCare Program, Five-Year Trend

Program	2019	2020	2021	2022	2023
Medicaid FFS	84.5%	84.4%	82.6%	80.2%	82.1%
Medicaid MMA	-	-	89.9%	88.3%	88.5%
Medicaid Total	-	-	89.7%	88.1%	88.4%
MediKids	88.6%	92.6%	89.9%	91.0%	88.6%
Florida Healthy Kids	87.2%	87.6%	87.2%	86.6%	84.6%
CHIP CMS Health Plan	85.7%	88.5%	92.5%	88.8%	90.7%
CHIP Total	87.3%	88.3%	87.9%	87.1%	85.3%
Florida KidCare Total	86.9%	87.7%	89.6%	88.0%	88.3%

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. There were no Medicaid MMA or Medicaid Total rates for 2019-2020, 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. These questions are not from the standardized survey, so no national comparisons are available.

For the 2023 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. Over half (56%) of Florida KidCare families responded positively to this question. **Figure 20** displays rates by Florida KidCare program, and a five-year trend by Florida KidCare program is shown in **Table 31**. Medicaid MMA plan-level rates are available in Appendix C, **Figure 112**.

Figure 20. Number of Doctors to Choose from by Florida KidCare Program, 2023 Survey

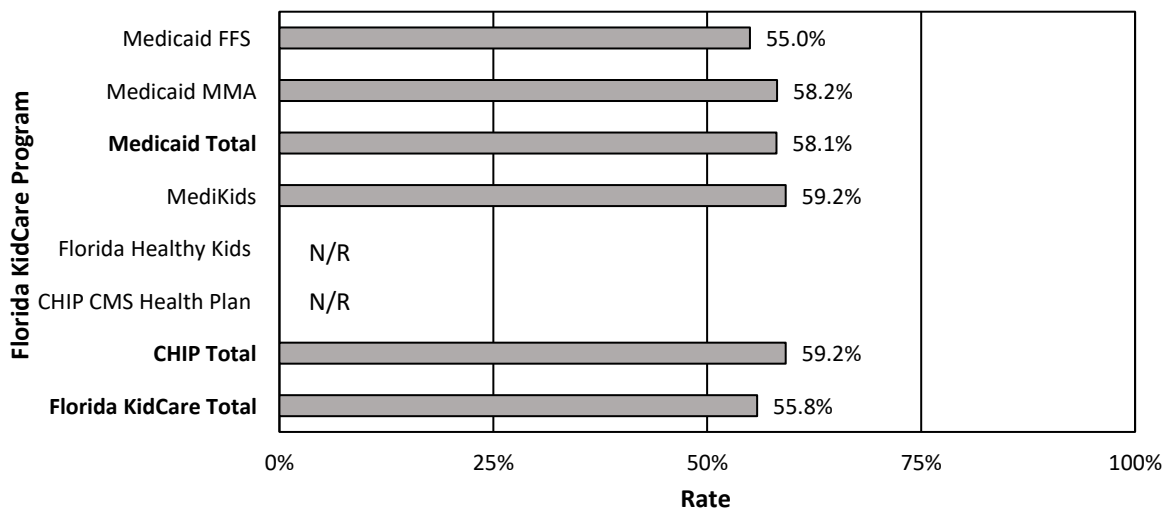


Table 31. Number of Doctors to Choose from Results by Florida KidCare Program, Five-Year Trend

Program	2019	2020	2021	2022	2023
Medicaid FFS	50.5%	53.1%	59.9%	58.1%	55.0%
Medicaid MMA	60.0%	61.8%	61.1%	59.8%	58.2%
Medicaid Total	59.8%	61.5%	61.1%	59.8%	58.1%
MediKids	62.4%	65.0%	67.0%	61.1%	59.2%
Florida Healthy Kids	52.7%	59.7%	63.1%	58.4%	N/R
CHIP CMS Health Plan	51.0%	54.9%	63.0%	61.3%	N/R
CHIP Total	54.3%	60.1%	63.5%	58.8%	59.2%
Florida KidCare Total	59.2%	61.3%	61.2%	59.8%	55.8%

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 is mandatory beginning in 2024 (Center for Medicaid and CHIP Services, & Centers for Medicare & Medicaid Services [CMS], 2018). Using 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.

Administrative methodology, which applies to most 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 68% response rate to the medical record requests sent by ICHP for Calendar Year (CY) 2022 performance 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, 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 measures was CY 2022, though some measures include previous years within the measurement period.

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

Data Collection and Analysis

Performance Measure rates were calculated by the 13 Medicaid Managed Medical Assistance (MMA) plans and the three Florida Healthy Kids medical plans that offer health insurance coverage to children in Florida. Four dental plans calculated data for Florida Healthy Kids, and three did so for Medicaid MMA. Florida Healthy Kids plan-level data mixes subsidized and full-pay, while MediKids performance measure data is subsidized only. The plans used administrative and hybrid methodologies to calculate rates for analysis and inclusion in this report. Following a successful review by an NCQA-certified audit firm, the plan-level data was submitted to ICHIP.

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. ICHP tallied data for the Medicaid MMA and Florida Healthy Kids plans 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. These rates are included in this section, and plan-level data are available in **Appendix C**. Note that for any sub-measure where most programs or plans have a rate below 40%, the figure’s scale may be 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) to view each component's performance over time. Note that due to adjustments in methodology and data sources, comparisons should be made with caution. For example, data for the Florida Healthy Kids program component was subsidized only through CY 2019, and following a new contract period for the medical plans, the data shifted to a mix of full-pay and subsidized members.

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 to depict where the rate falls compared to national data. Four percentile ranges are used in this report. There is a legend that shows these four percentile ranges. No benchmark data is available for that measure if no legend is presented.

Table 32 outlines the 2023 Child Core Set measures evaluated in this report for CY 2022 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
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
Lead Screening in Children	Admin	Mixed ^a	Admin	N/R	Admin
Maternal and Perinatal Health					
Prenatal and Postpartum Care	Hybrid	Hybrid ^a	N/R	Mixed ^a	Hybrid
Contraceptive Care: Postpartum Women: Ages 15-20*	Admin	Admin ^a	N/R	Admin ^a	Admin
Contraceptive Care: All Women Ages 15-20*	Admin	Admin ^a	N/R	Admin ^a	Admin
Care of Acute and Chronic Conditions					
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years	Admin	Admin ^a	Admin	Admin ^a	Admin
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
Screening for Depression and Follow-Up Plan: Ages 12-17*	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 Substance Use: 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					
Oral Evaluation, Dental Services*	Admin	Admin ^a	Admin	Admin ^a	Admin
Topical Fluoride for Children*	Admin	Admin ^a	Admin	Admin ^a	Admin
Sealant Receipt on Permanent First Molars*	Admin	Admin ^a	Admin	Admin ^a	Admin
Experience of Care					
Consumer Assessment of Healthcare Providers and Systems (CAHPS®)	Program component level	Plan level ^a	Program component level	Plan level ^a	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.

^aCalculated by individual plans. ^bThough the measure does not apply to this population, data were received. This is likely due to a claims error.

Primary Care Access and Preventive Care

Primary care exists at the frontline of health care to reduce the need for urgent, specialized care. Studies show that patients with a consistent primary care source are more likely to have positive health outcomes and fewer hospitalizations (Cummins et al., 2022). A primary care provider (PCP) can generally be classified as physicians, physician assistants, internists, and pediatricians, though some performance measures allow additional provider types (NCQA, 2021a).

Measures highlighted in this section cross many 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 in 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).

Table 33 presents the Florida KidCare overall rates in CY 2022 for all of the measures and sub-measures presented in this section. Information on program component rates is detailed in this section, and the Medicaid MMA and Florida Healthy Kids plan rates can be found in **Appendix C: Additional Data Charts**.

Table 33. Florida KidCare Rates for Primary Care Access and Preventive Care Measures for CY 2022

Measure	Florida KidCare Rate
Weight Assessments for Children (WCC): Ages 3-17 – BMI Assessment	83.8%
Weight Assessments for Children (WCC): Ages 3-17 – Counseling for Nutrition	77.7%
Weight Assessments for Children (WCC): Ages 3-17 – Counseling for Physical Activity	75.8%
Chlamydia Screening (CHL): Ages 16-20	59.8%
Childhood Immunization Status (CIS): Combination 3	69.4%
Childhood Immunization Status (CIS): Combination 10	24.5%
Well-Child Visits in First 30 Months (W30): First 15 Months	60.2%
Well-Child Visits in First 30 Months (W30): Ages 15-30 Months	71.8%
Immunizations for Adolescents (IMA): Meningococcal	74.0%
Immunizations for Adolescents (IMA): Tdap	86.3%
Immunizations for Adolescents (IMA): Combination 1	73.6%
Immunizations for Adolescents (IMA): HPV	38.1%
Developmental Screening in First Three Years (DEV): Ages 12-36 Months	25.9%
Child and Adolescent Well-Child Visits (WCV): Ages 3-21	53.5%
Lead Screening in Children (LSC)	65.5%

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. Children are considered underweight at less than the 5th percentile, healthy between the 5th and 85th percentile, overweight between the 85th and 95th percentile, and obese at or above the 95th percentile (CDC, 2021a).

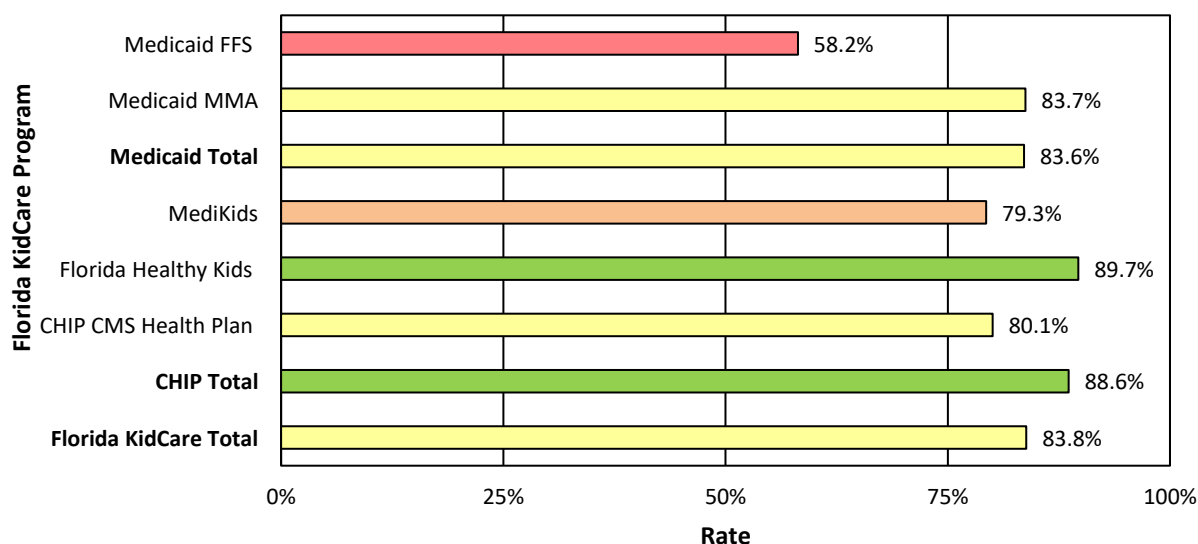
Health risks exist for those who are either underweight or overweight/obese. Underweight children may be classified as having undernutrition, which is associated with potentially irreversible effects on brain structure, impaired cognition, and poorer educational outcomes (Roberts et al., 2020). Through nutritional counseling, providers can answer children's and adolescents' questions about their eating habits and prevent eating disorders from developing early or 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, indicating the importance of early screening, prevention, and treatment. Educating children and adolescents on the recommended 60 minutes of moderate-to-vigorous physical activity daily promotes the control of weight, reduces symptoms of anxiety and depression, and lowers the risk of developing health conditions such as cardiovascular disease, cancer, diabetes, and low bone density (CDC, 2022h).

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 of developing lifelong health conditions (Sanyaolu et al., 2019). The HEDIS WCC indicator contains three sub-measures that target these areas. Each sub-measure 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 with 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 3-17 total rates for each sub-measure. The Florida KidCare rates for each were 84%, 78%, and 76%. Over half of the Medicaid MMA plans fell in the top 50th HEDIS benchmark percentile for all three sub-measures, while all three Florida Healthy Kids plans were in the top 75th percentile for all three sub-measures.

Figure 21, Figure 22, and Figure 23 present the Florida KidCare program results and benchmark percentiles for CY 2022 for ages 3-17 across all three sub-measures. **Table 34** presents the five-year trending results for WCC: BMI Assessment from CY 2018 to CY 2022 for each Florida KidCare program, with applicable benchmark percentiles. **Table 35** and **Table 36** present the trending results for the two counseling sub-measures. Located in Appendix C, **Figure 113 to Figure 118** present the CY 2022 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 2022



Note. N/R denotes programs or plans for 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.

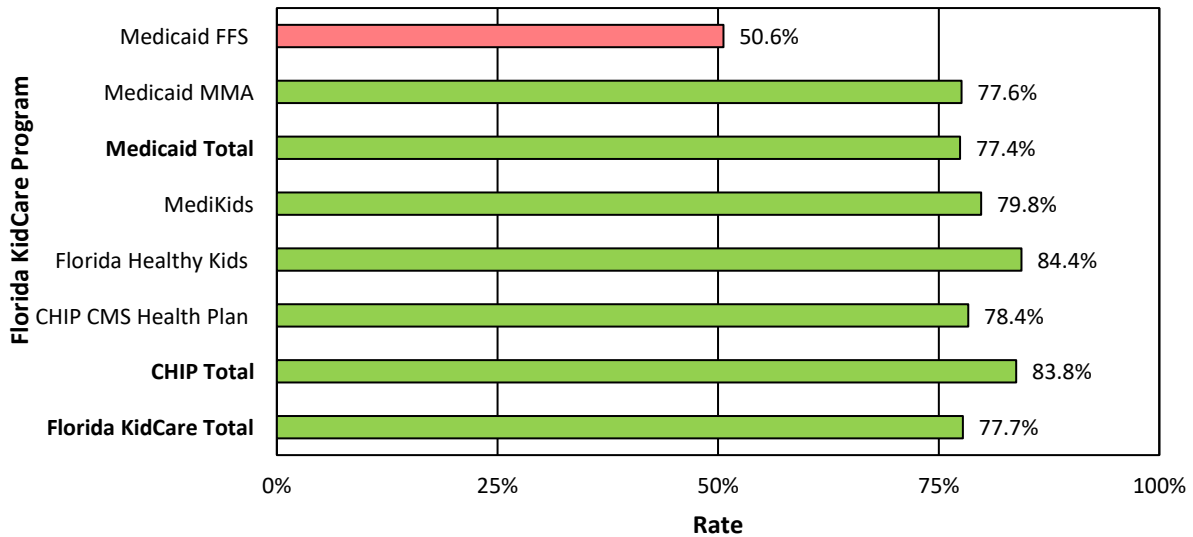
Table 34. WCC: Ages 3-17- BMI Assessment Results by Florida KidCare Program, Five-Year Trend

Program	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	60.8% ^a	60.8% ^c	58.9% ^a	57.4% ^a	58.2% ^a
Medicaid MMA	87.9% ^a	89.1% ^{a, c}	86.1% ^b	84.3% ^b	83.7% ^b
Medicaid Total	87.7%	89.0%	85.9%	84.1%	83.6%
MediKids	82.2% ^a	82.2% ^c	78.6% ^a	80.1% ^a	79.3% ^a
Florida Healthy Kids	89.1% ^a	86.1% ^{b, c}	90.1% ^a	80.5% ^a	89.7% ^a
CHIP CMS Health Plan	81.5% ^a	81.5% ^c	80.3% ^a	85.9% ^a	80.1% ^a
CHIP Total	88.0%	85.5%	88.5%	80.8%	88.6%
Florida KidCare Total	87.8%	88.6%	86.1%	83.9%	83.8%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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- Nutrition, CY 2022



Note. N/R denotes programs or plans for 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**.

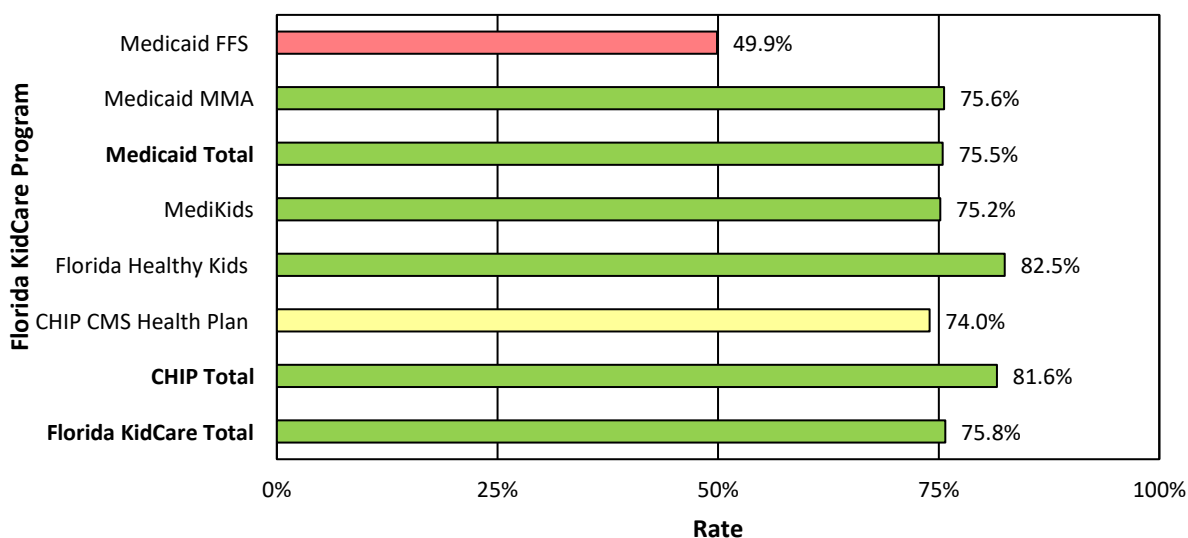
Table 35. WCC: Ages 3-17- Nutrition Results by Florida KidCare Program, CY 2020 to CY 2022

Program	CY 2020	CY 2021	CY 2022
Medicaid FFS	53.8% ^a	52.6% ^a	50.6% ^a
Medicaid MMA	82.1% ^b	80.3% ^a	77.6% ^b
Medicaid Total	82.0%	80.1%	77.4%
MediKids	80.5% ^a	82.5% ^a	79.8% ^a
Florida Healthy Kids	85.6% ^a	76.6% ^a	84.4% ^a
CHIP CMS Health Plan	78.4% ^a	83.0% ^a	78.4% ^a
CHIP Total	84.7%	77.4%	83.8%
Florida KidCare Total	82.2%	79.9%	77.7%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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- Physical Activity, CY 2022



Note. N/R denotes programs or plans for 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- Physical Activity Results by Florida KidCare Program, CY 2020 to CY 2022

Program	CY 2020	CY 2021	CY 2022
Medicaid FFS	49.4% ^a	50.4% ^a	49.9% ^a
Medicaid MMA	79.1% ^b	77.6% ^a	75.6% ^b
Medicaid Total	78.9%	77.5%	75.5%
MediKids	74.2% ^a	75.4% ^a	75.2% ^a
Florida Healthy Kids	83.6% ^a	76.0% ^a	82.5% ^a
CHIP CMS Health Plan	75.2% ^a	80.8% ^a	74.0% ^a
CHIP Total	82.3%	76.3%	81.6%
Florida KidCare Total	79.2%	77.4%	75.8%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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 25 who are sexually active, have multiple partners, a new partner, or a partner with 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 unaware of their status. A chlamydia infection is treatable, usually within seven days with an antibiotic, but treatment cannot 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).

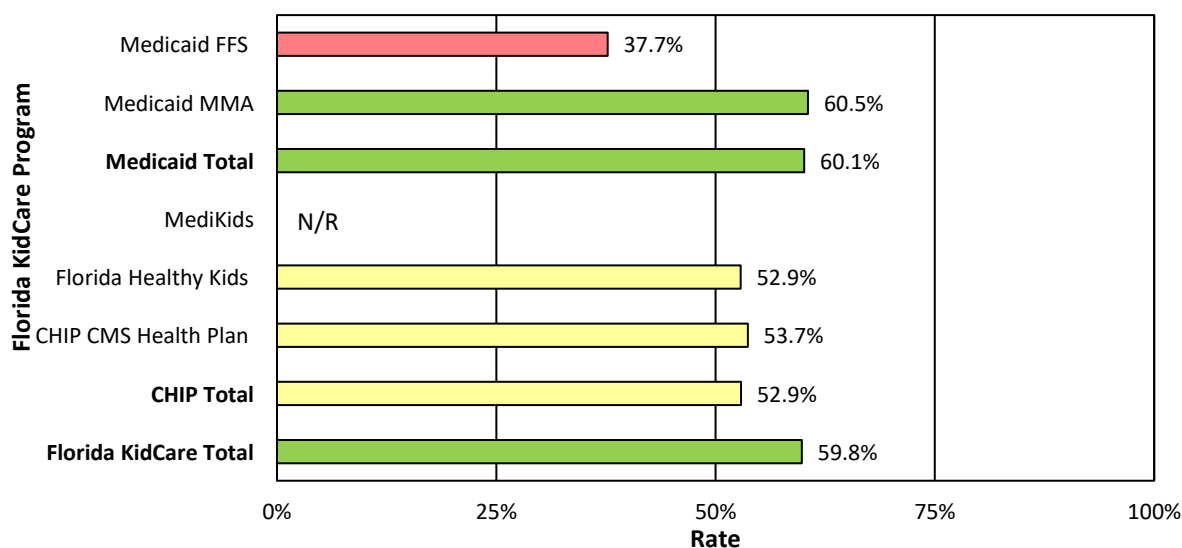
The HEDIS CHL rate presented in this report is calculated as the number of women ages 16-20 who had at least one chlamydia test during the measurement year divided by the number of individuals who were identified as being sexually active. Sexually active women are identified through pharmacy data (e.g., dispensed prescription contraceptives during the measurement year) or through claims/encounter procedure and diagnosis codes for pregnancy tests, pregnancy, or sexual activity.

For CY 2022, the Florida KidCare program rate for CHL was 60%, an increase from the prior year. The CHIP CMS Health Plan rate of 54% is a 24 percentage point increase from the prior year and is the highest benchmark percentile for the program component in the trending data period. Most (92%) of Medicaid MMA plans fell within the top 50th HEDIS benchmark percentile. All three Florida Healthy Kids plans also fell in the top 50th benchmark percentile.

Figure 24 presents the Florida KidCare program results and benchmark percentiles for CY 2022. **Table 37** presents five-year trending data for each Florida KidCare program, with applicable benchmark percentiles.

Located in Appendix C, **Figure 119** and **Figure 120** 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 2022



Note. N/R denotes programs or plans for 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, Five-Year Trend

Program	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	34.6%	35.6%	40.4%	40.0%	37.7%
Medicaid MMA	63.6%	63.0%	61.9%	59.2%	60.5%
Medicaid Total	63.1%	62.5%	61.5%	58.8%	60.1%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	56.1%	55.1%	53.6%	49.5%	52.9%
CHIP CMS Health Plan	44.3%	31.2%	23.8%	29.6%	53.7%
CHIP Total	55.5%	53.7%	52.0%	48.4%	52.9%
Florida KidCare Total	62.4%	61.7%	60.9%	58.3%	59.8%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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 (CDC, 2022f). This HEDIS measure reports the percentage of children who turned two in the measurement year and received the following number and type of vaccines or had evidence of the antigen for the given disease on or before their second birthday.

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, 2021a). The anchor date for this measure is the member's second birthday.

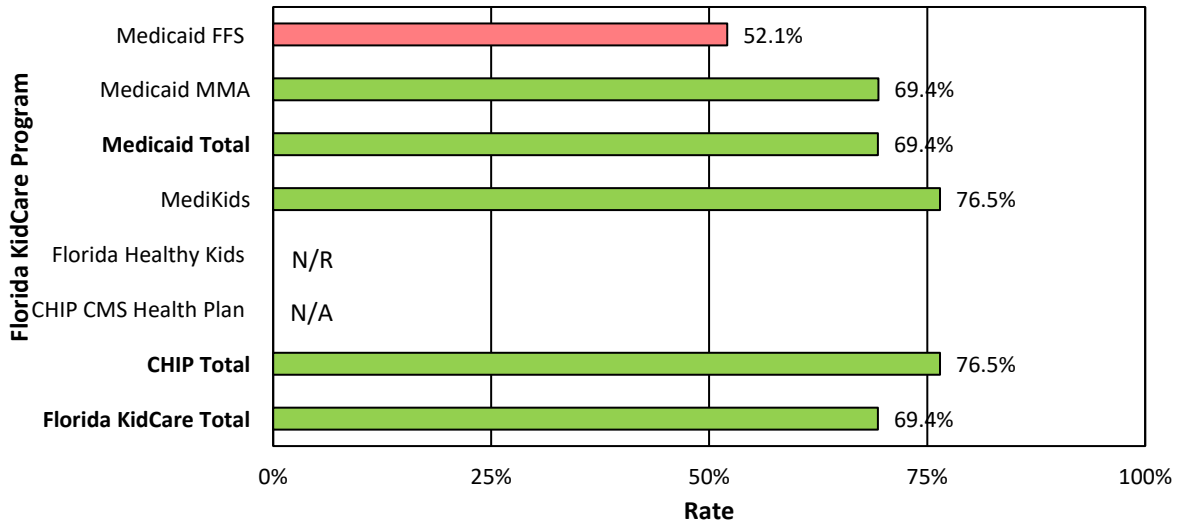
In addition to claims and encounter data, Florida SHOTS data and a medical record review were utilized to calculate this measure. When reviewing medical records for inclusion using the hybrid methodology, the name and date of the immunization must have been documented in the record. For vaccinations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

The CY 2022 Florida KidCare program rate for Combination 3 was 69%, and the Combination 10 sub-measure had a rate of 25%. Ninety-one percent of Medicaid MMA plans reporting this measure landed within the top 50th HEDIS benchmark percentile for Combination 3, and 73% had rates above the Florida KidCare rate for Combination 10.

Figure 25 presents the Florida KidCare program results and benchmark percentiles for Combination 3 in CY 2022, while **Table 38** shows five-year trend data for this sub-measure. **Figure 26** presents the CY 2022 rates for Combination 10, while **Table 39** shows the trending data.

Located in Appendix C, **Figure 121** and **Figure 122** present the CY 2022 Medicaid MMA plan results and benchmark percentiles.

Figure 25. Florida KidCare Program Results for CIS: Combination 3, CY 2022



Note. N/R denotes programs or plans for 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**.

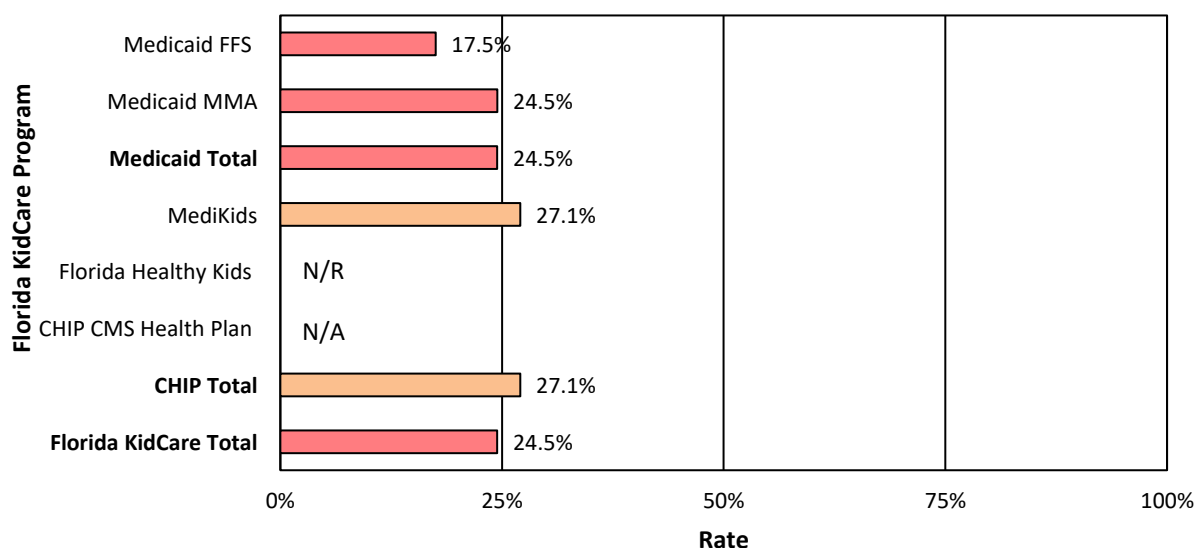
Table 38. CIS: Combination 3 Results by Florida KidCare Program, Five-Year Trend

Program	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	65.9% ^a	65.9% ^c	63.5% ^a	56.7% ^a	52.1% ^a
Medicaid MMA	73.3% ^b	74.4% ^{b, c}	70.8% ^b	68.8% ^b	69.4% ^b
Medicaid Total	73.3%	74.4%	70.8%	68.8%	69.4%
MediKids	81.3% ^a	81.3% ^c	82.2% ^a	77.2% ^a	76.5% ^a
Florida Healthy Kids	N/R	N/R	N/R	N/R	N/R
CHIP CMS Health Plan	N/A ^a	N/A	N/A ^a	N/A ^a	N/A ^a
CHIP Total	81.4%	81.4%	82.0%	77.4%	76.5%
Florida KidCare Total	73.3%	74.4%	70.9%	68.8%	69.4%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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 2022



Note. N/R denotes programs or plans for 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** and **Table 39**.

Table 39. CIS: Combination 10 Results by Florida KidCare Program, CY 2021-CY 2022

Program	CY 2021	CY 2022
Medicaid FFS	19.3% ^a	17.5% ^a
Medicaid MMA	31.6% ^b	24.5% ^b
Medicaid Total	31.6%	24.5%
MediKids	38.1% ^a	27.1% ^a
Florida Healthy Kids	N/R	N/R
CHIP CMS Health Plan	N/A ^a	N/A ^a
CHIP Total	38.5%	27.1%
Florida KidCare Total	31.6%	24.5%

Note. Methodology and enrollment differ across measurement years, and this should be considered when reviewing trending data. 2021 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.

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 topics such as immunizations, nutrition, safety, tracking growth and development, discussing concerns, and developing a relationship between the family and the pediatrician (Hagan et al., 2017).

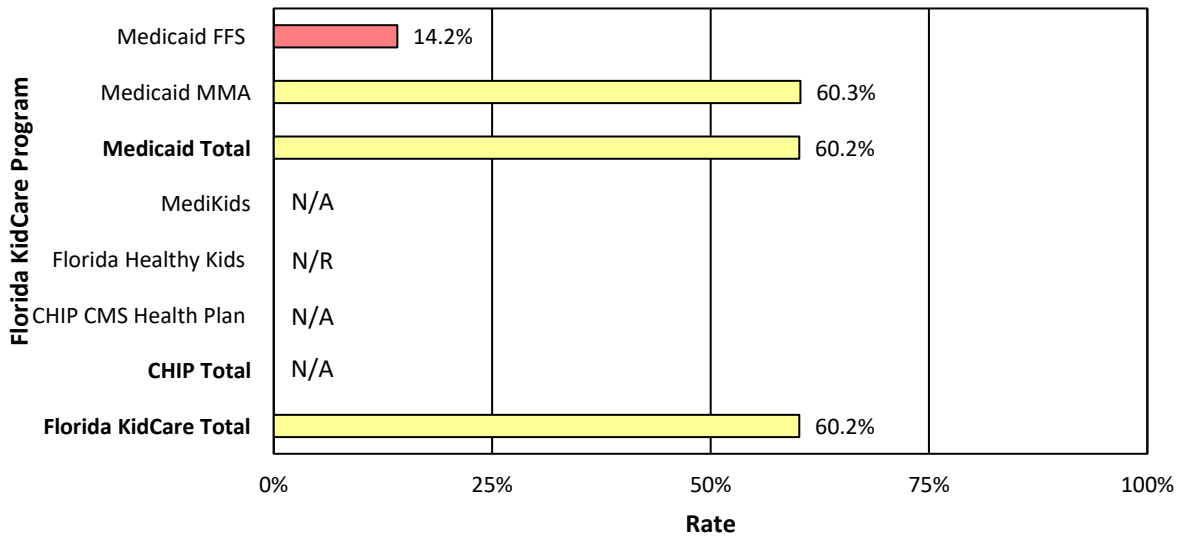
The W30 indicator reports the percentage of members who turned 30 months old in the measurement year and utilizes two sub-measures: one for children who had six or more well-child visits before turning 15 months old and a second sub-measure for children who had two well-child visits between 15 and 30 months. The 15-month birthday is the child's first birthday plus 90 days, while the 30-month birthday is 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, 2021a).

Figure 27 and **Figure 28** present the Florida KidCare program results and benchmark percentiles for CY 2022. For the sub-measure of children in their first 15 months, the Florida KidCare rate of 60% increased from the prior year. Six of the Medicaid MMA plans reporting this measure had rates above the Florida KidCare total, with AmeriHealth at 66%. For the 15-30-month sub-measure, the state total was 72%, and seven Medicaid MMA plans reporting this measure 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 Florida KidCare program.

Located in Appendix C, **Figure 123** and **Figure 124** present the CY 2022 Medicaid MMA plan results and benchmark percentiles.

Figure 27. Florida KidCare Program Results for W30: First 15 Months, CY 2022



Note. N/R denotes programs or plans for 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

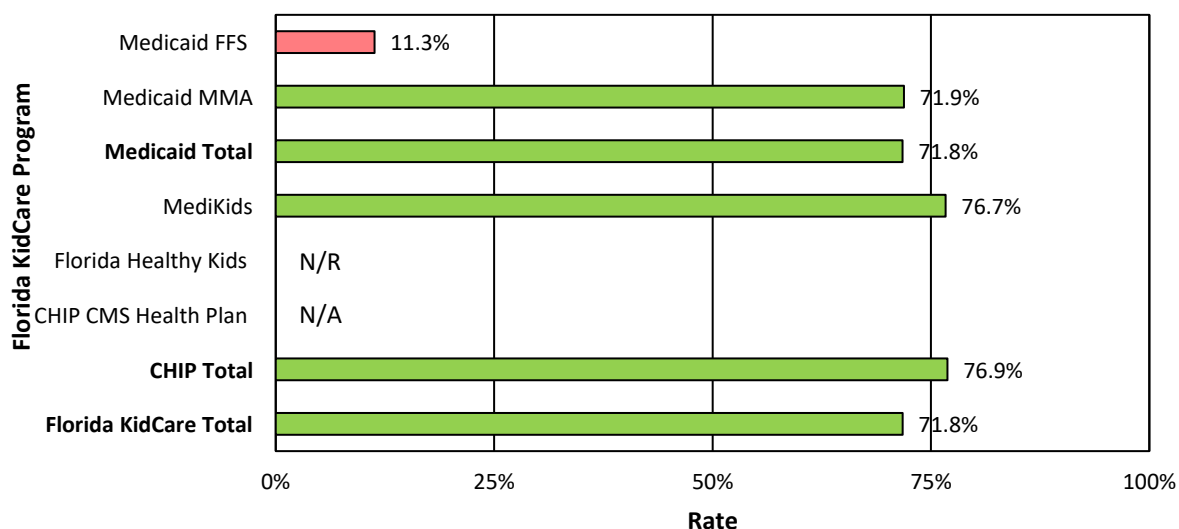
Note. This legend applies to **Figure 27** and **Table 40**.

Table 40. W30: First 15 Months Results by Florida KidCare Program, CY 2020 to CY 2022

Program	CY 2020	CY 2021	CY 2022
Medicaid FFS	N/A	12.2%	14.2%
Medicaid MMA	60.7%	59.5%	60.3%
Medicaid Total	60.6%	59.4%	60.2%
MediKids	N/A	N/A	N/A
Florida Healthy Kids	N/R	N/R	N/R
CHIP CMS Health Plan	N/A	N/A	N/A
CHIP Total	N/A	N/A	N/A
Florida KidCare Total	60.6%	59.4%	60.2%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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 28: Florida KidCare Program Results for W30: Ages 15-30 Months, CY 2022



Note. N/R denotes programs or plans for 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 41**.

Table 41. W30: Ages 15-30 Months Results by Florida KidCare Program, CY 2020 to CY 2022

Program	CY 2020	CY 2021	CY 2022
Medicaid FFS	17.1%	16.6%	11.3%
Medicaid MMA	77.6%	72.1%	71.9%
Medicaid Total	77.4%	71.9%	71.8%
MediKids	80.8%	80.7%	76.7%
Florida Healthy Kids	N/R	N/R	N/R
CHIP CMS Health Plan	80.7%	N/A	N/A
CHIP Total	80.8%	80.8%	76.9%
Florida KidCare Total	77.5%	72.1%	71.8%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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. Some adolescent vaccines are administered partly to boost the efficacy of immunizations first delivered during early childhood. For example, the Tdap vaccine contains lesser quantities of diphtheria and pertussis proteins to maintain immunity against whooping cough and diphtheria infections (CDC, 2022k). The vaccinations listed below are recommended by the CDC (2022f) 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.

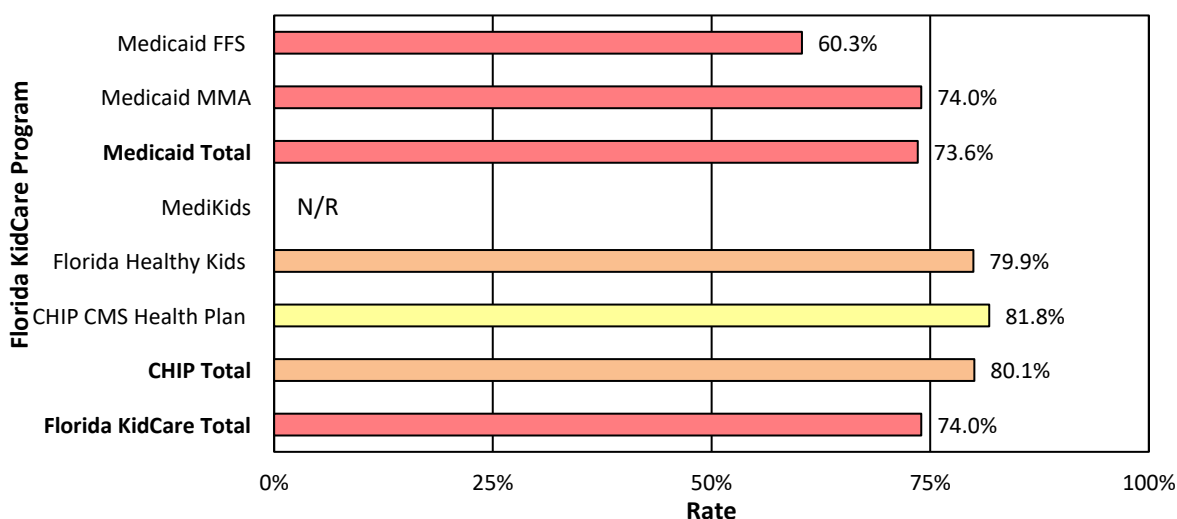
The anchor date for this measure is the member's 13th birthday. In addition to claims and encounter data, Florida SHOTS data and a medical record review were utilized for this measure. Medical records were reviewed for documentation of the immunization and the date rendered.

The CY 2022 Florida KidCare program rates for these measures were similar to the prior year, with the Meningococcal rate at 74% and the Tdap rate at 86%. The Combination 1 sub-measure rate was 74%, and the HPV rate of 38% was slightly lower than the CY 2021 rate. The Medicaid MMA plan AmeriHealth fell in the top 50th HEDIS benchmark percentile in all 4 IMA sub-measures, as did the Florida Healthy Kids Community Care Plan.

Figure 29 and **Table 42** present the Florida KidCare program CY 2022 results and trending data, respectively, with associated benchmark percentiles for Meningococcal immunizations, while **Figure 30** and **Table 43** present the same information for Tdap immunizations. **Figure 31** and **Table 44** present the Florida KidCare program CY 2022 results and trending data for Combination 1 immunizations in CY 2022, while **Figure 32** and **Table 45** present the same information for HPV immunizations.

Located in Appendix C, **Figure 125** to **Figure 132** present the CY 2022 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles for these sub-measures.

Figure 29. Florida KidCare Program Results for IMA: Meningococcal Immunizations, CY 2022



Note. N/R denotes programs or plans for 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 42**.

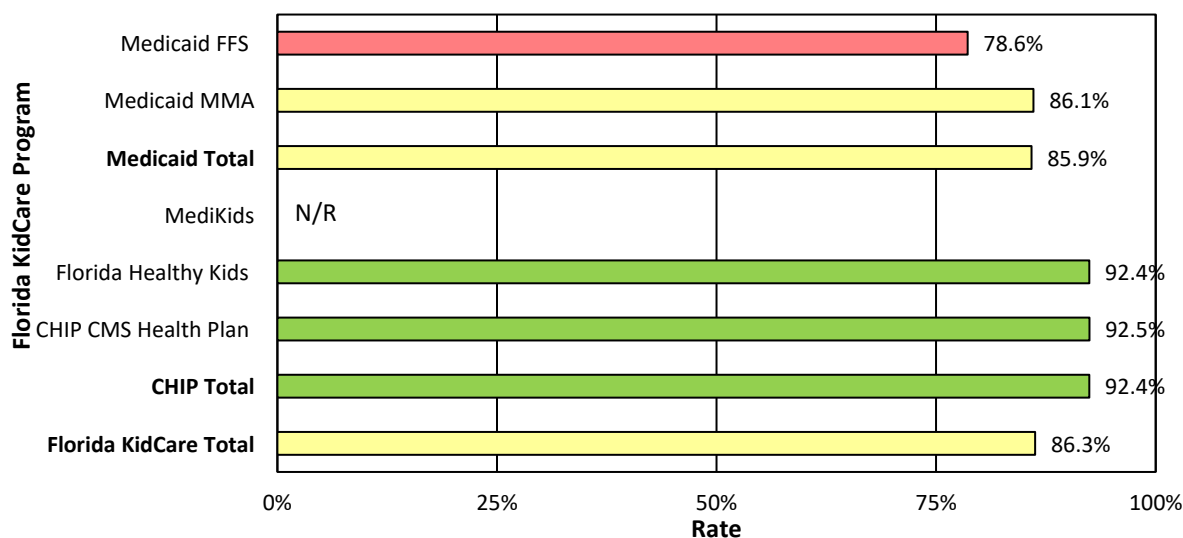
Table 42. IMA: Meningococcal Results by Florida KidCare Program, Five-Year Trend

Program	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	60.3% ^a	61.8%	53.5% ^a	58.2% ^a	60.3% ^a
Medicaid MMA	75.3% ^b	77.2% ^{b, c}	75.4% ^a	74.5% ^b	74.0% ^b
Medicaid Total	75.0%	76.8%	74.9%	74.1%	73.6%
MediKids	N/A	N/R	N/R	N/R	N/R
Florida Healthy Kids	79.9% ^a	78.9% ^b	82.2% ^a	76.4% ^a	79.9% ^a
CHIP CMS Health Plan	74.5% ^a	82.4%	82.0% ^a	81.5% ^a	81.8% ^a
CHIP Total	79.6%	79.1%	82.2%	76.7%	80.1%
Florida KidCare Total	75.4%	77.1%	75.4%	74.3%	74.0%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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 30. Florida KidCare Program Results for IMA: Tdap Immunizations, CY 2022



Note. N/R denotes programs or plans for 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 43**.

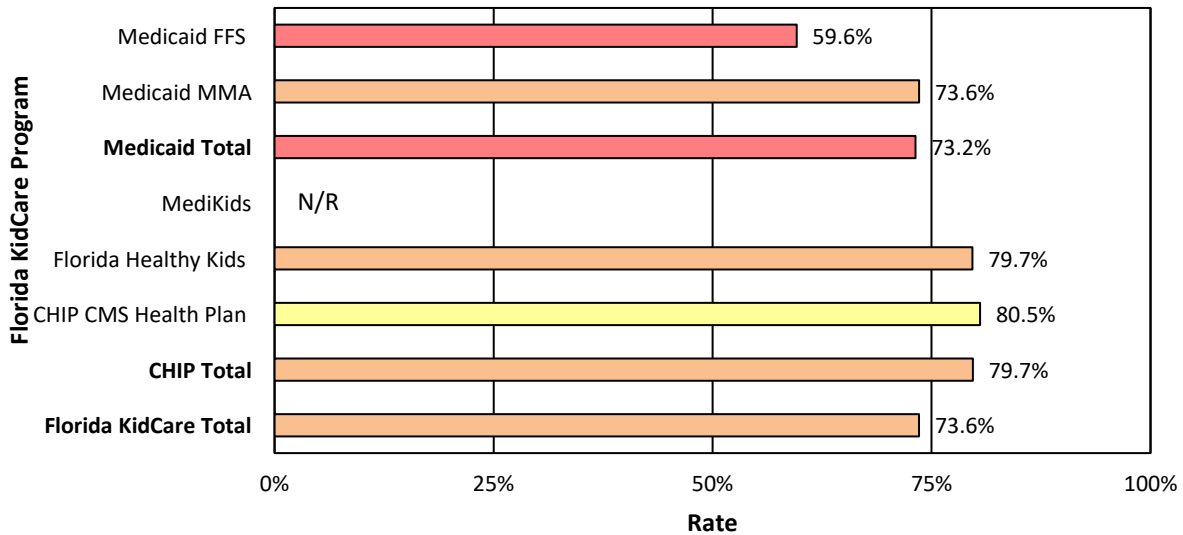
Table 43. IMA: Tdap Results by Florida KidCare Program, Five-Year Trend

Program	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	74.9% ^a	77.5%	73.2% ^a	74.0% ^a	78.6% ^a
Medicaid MMA	88.6% ^b	87.5% ^{b, c}	85.5% ^a	85.3% ^b	86.1% ^b
Medicaid Total	88.3%	87.3%	85.3%	85.0%	85.9%
MediKids	N/A	N/R	N/R	N/R	N/R
Florida Healthy Kids	93.0% ^a	90.8% ^b	93.5% ^a	89.3% ^a	92.4% ^a
CHIP CMS Health Plan	88.8% ^a	89.7%	91.5% ^a	91.2% ^a	92.5% ^a
CHIP Total	92.7%	90.7%	93.3%	89.4%	92.4%
Florida KidCare Total	88.7%	87.7%	85.8%	85.4%	86.3%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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: Combination 1 Immunizations, CY 2022



Note. N/R denotes programs or plans for 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 44**.

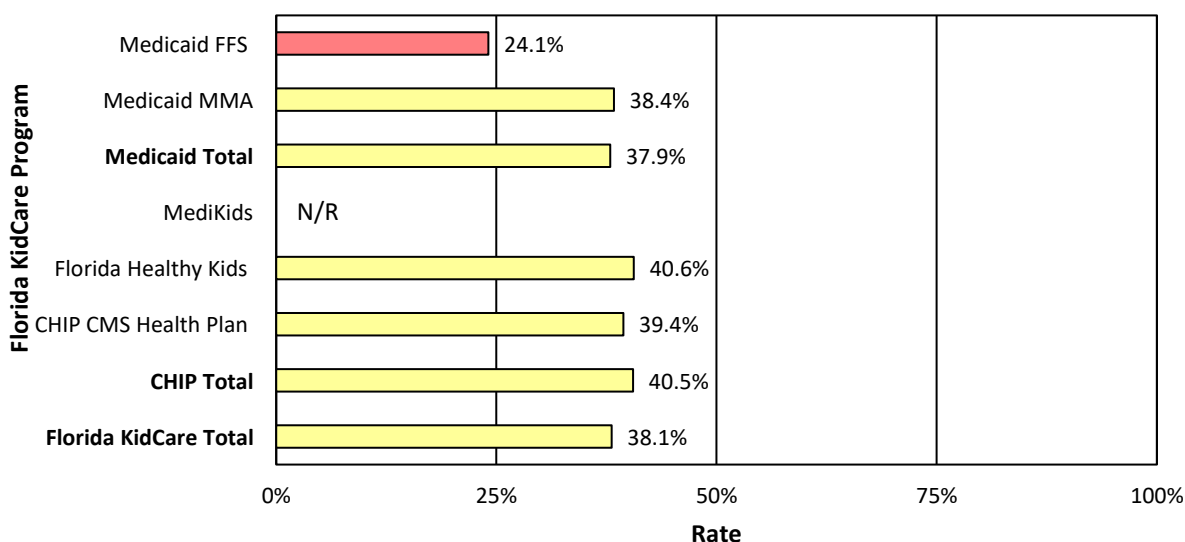
Table 44. IMA: Combination 1 Results by Florida KidCare Program, Five-Year Trend

Program	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	59.4% ^a	60.9%	52.8% ^a	57.2% ^a	59.6% ^a
Medicaid MMA	74.0% ^b	75.7% ^{b, c}	73.7% ^a	73.7% ^b	73.6% ^b
Medicaid Total	73.7%	75.3%	73.2%	73.2%	73.2%
MediKids	N/A	N/R	N/R	N/R	N/R
Florida Healthy Kids	78.7% ^a	77.3% ^b	81.1% ^a	75.8% ^a	79.7% ^a
CHIP CMS Health Plan	73.2% ^a	79.3%	79.8% ^a	80.5% ^a	80.5% ^a
CHIP Total	78.4%	77.5%	81.0%	76.1%	79.7%
Florida KidCare Total	74.1%	75.6%	73.8%	73.4%	73.6%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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: HPV Immunizations, CY 2022



Note. N/R denotes programs or plans for 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 45**.

Table 45. IMA: HPV Results by Florida KidCare Program, Five-Year Trend

Program	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	20.9% ^a	21.3%	19.5% ^a	19.5% ^a	24.1% ^a
Medicaid MMA	38.5% ^b	41.8% ^{b, c}	40.3% ^a	40.9% ^b	38.4% ^b
Medicaid Total	38.1%	41.3%	39.8%	40.3%	37.9%
MediKids	N/A	N/R	N/R	N/R	N/R
Florida Healthy Kids	36.6% ^a	37.5% ^b	42.4% ^a	40.4% ^a	40.6% ^a
CHIP CMS Health Plan	38.9% ^a	43.1%	37.2% ^a	44.0% ^a	39.4% ^a
CHIP Total	36.7%	37.8%	41.8%	40.7%	40.5%
Florida KidCare Total	38.0%	40.9%	40.0%	40.3%	38.1%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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 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 delay (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 developmental delays hone essential 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.).

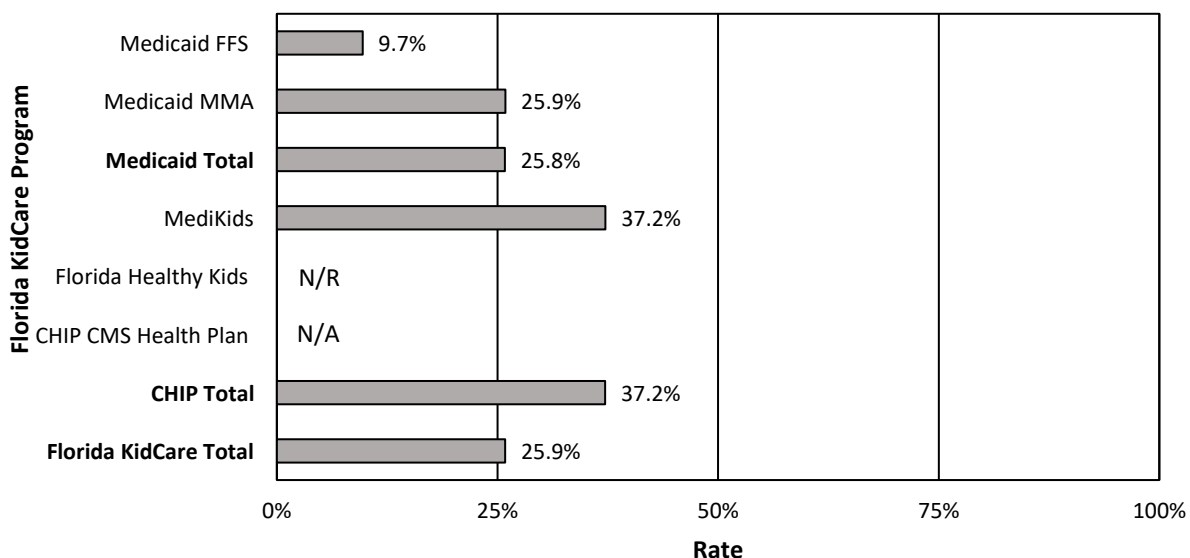
DEV measures the percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool on or within the 12 months before their first, second, or third birthdays (Center for Medicaid and CHIP Services & CMS, 2022).

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) the date the screening was performed, (2) the name of the standardized tool used or the screening tool itself, and (3) evidence that the screening was complete and scored (Center for Medicaid and CHIP Services & CMS, 2022). 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. Tools specifically focusing on one development domain do not meet the measure criteria. This includes the Modified Checklist for Autism in Toddlers, commonly called the MCHAT (Center for Medicaid and CHIP Services & CMS, 2022).

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 2022. This report presents the overall rate; for the Florida KidCare program, this rate was 26%.

Figure 33 presents the Florida KidCare program results for members ages 12-36 months in CY 2022, and **Table 46** presents trending results for each Florida KidCare program. Note that this measure was calculated at the Medicaid MMA program component level only and does not apply to Florida Healthy Kids members; therefore, no plan-level rates are reported. As this is a Child Core Set measure, national benchmarks are not readily available.

Figure 33. Florida KidCare Program Results for DEV: Ages 12-36 Months, CY 2022



Note. N/R denotes programs or plans for 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, Five-Year Trend

Program	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	13.1% ^a	13.1% ^c	9.3% ^a	9.3% ^a	9.7% ^a
Medicaid MMA	22.9% ^a	15.0%	27.8% ^a	27.9% ^a	25.9% ^a
Medicaid Total	22.9%	15.0%	27.7%	27.8%	25.8%
MediKids	29.9% ^a	29.9% ^c	29.4% ^a	35.8% ^a	37.2% ^a
Florida Healthy Kids	N/R	N/R	N/R	N/R	N/R
CHIP CMS Health Plan	38.0% ^a	38.0% ^c	41.6% ^a	50.0% ^a	N/A ^a
CHIP Total	30.1%	30.1%	29.7%	36.1%	37.2%
Florida KidCare Total	22.9%	15.3%	27.7%	27.9%	25.9%

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. N/R denotes programs or plans for 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) and 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 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 and 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 puberty and driving safety.

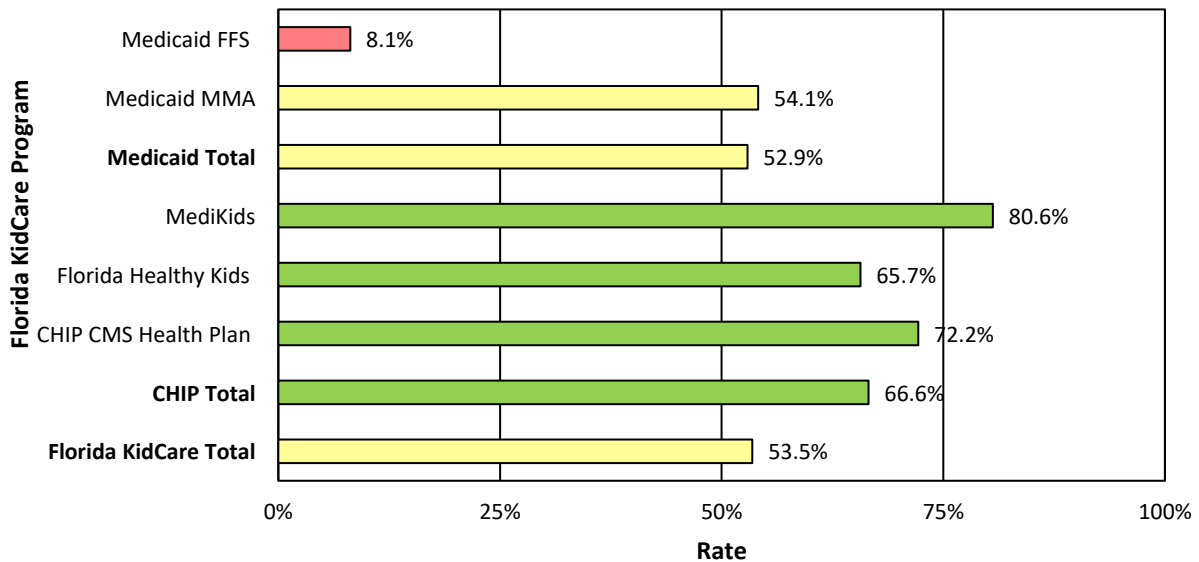
This measure allows telehealth visits to count toward compliance. Four sub-measures are calculated for this measure: Ages 3-11 years, 12-17, 18-21, and the total for all ages. This report presents only the total sub-measure (ages 3-21).

The CY 2022 Florida KidCare program rate for WCV was 54%. Ten of the 13 Medicaid MMA plans were in the top 50th benchmark percentile, with CMS Health Plan having the highest rate at 66%. All three Florida Healthy Kids plans performed well on this measure, landing in the top 75th benchmark percentile with rates at or above 65%.

Figure 34 presents the Florida KidCare program results and associated benchmark percentiles for CY 2022. **Table 47** presents trending results for each of the Florida KidCare programs.

Appendix C, **Figure 133** and **Figure 134** present the CY 2022 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 34. Florida KidCare Program Results for WCV: Ages 3-21, CY 2022



Note. N/R denotes programs or plans for 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 34** and **Table 47**.

Table 47. WCV: Ages 3-21 Results by Florida KidCare Program, CY 2020 to 2022

Program	CY 2020	CY 2021	CY 2022
Medicaid FFS	11.3%	9.2%	8.1%
Medicaid MMA	57.7%	55.0%	54.1%
Medicaid Total	56.7%	53.8%	52.9%
MediKids	76.1%	80.9%	80.6%
Florida Healthy Kids	64.9%	67.0%	65.7%
CHIP CMS Health Plan	64.9%	71.6%	72.2%
CHIP Total	65.7%	68.0%	66.6%
Florida KidCare Total	57.4%	54.5%	53.5%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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.

Lead Screening in Children (LSC)

Children exposed to lead can experience permanent cognitive and behavioral impairments such as developmental or academic delays and difficulty paying attention (CDC, 2022e). Lead is a metal that occurs naturally and may be found on objects and surfaces or in contaminated food and water. Young children are more likely to be exposed due to their hand-to-mouth behavior and may come in contact with lead while playing near contaminated soil, drinking water, or peeling or chipping paint that contains lead (EPA, 2023).

Two types of lead prevention methods exist: primary prevention and secondary prevention. Primary lead prevention involves removing all possible lead hazardous materials from the environment. Secondary lead prevention entails screening blood lead levels with referral and follow-up care for kids who may already be exposed to lead (CDC, 2022e).

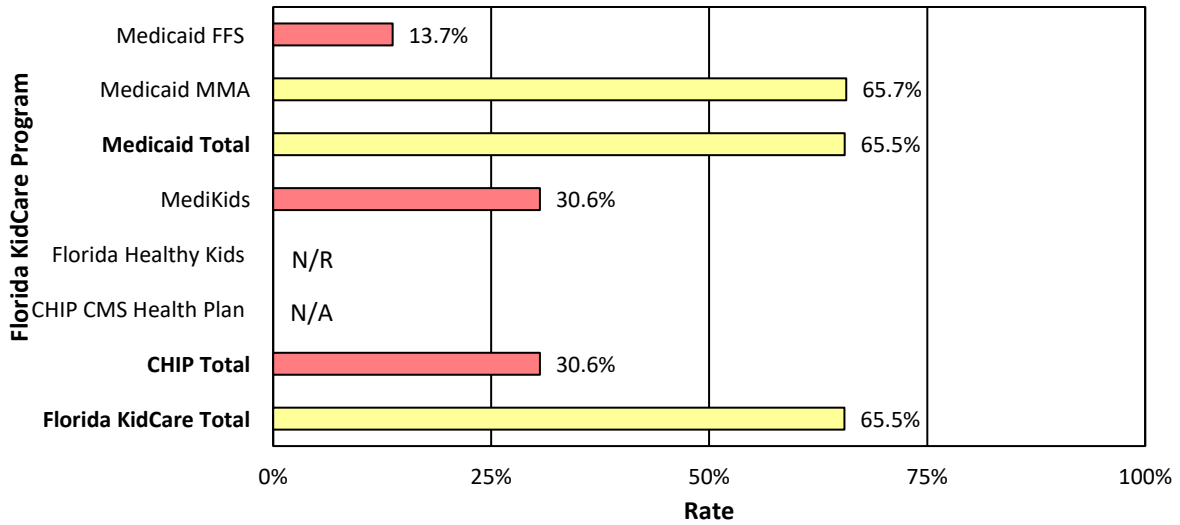
Blood is collected through a capillary sample from a finger or heel prick. A second technique to gather this data is inserting a needle into the patient's vein to collect a small blood sample (CDC, 2022e). The unit of measurement of 3.5 micrograms per deciliter ($\mu\text{g}/\text{dL}$) is used as the threshold to identify children with blood lead levels at or above the recommended level. There are two types of blood level screenings: an initial screening and a confirmatory screening. A confirmatory screening should be performed if initial screening results are at the threshold of 3.5 $\mu\text{g}/\text{dL}$ or greater. Depending on the initial blood lead level, the CDC gives guidance on the time frame the confirmatory screening should be completed (CDC, 2022i).

The HEDIS Lead Screening in Children indicator measures the percentage of children with one or more capillary/venous lead blood tests to screen for lead poisoning before turning two. Screening for lead in children is important, and if not found early, it may permanently affect a child's physical, mental, or developmental health (U.S. Department of Housing and Urban Development, n.d.).

In CY 2022, the Florida KidCare Rate for LSC was 66%. Ten of the 11 Medicaid MMA plans reporting this measure fell in the top 50th HEDIS benchmark percentile.

Figure 35 presents the Florida KidCare program results and benchmark percentiles for lead screening in CY 2022. 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 135** presents the CY 2022 Medicaid MMA plan results and benchmark percentiles.

Figure 35. Florida KidCare Program Results for LSC, CY 2022



Note. N/R denotes programs or plans for 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**.

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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 and 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 prevent 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 providing 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 a sense of autonomy while making decisions regarding their reproductive health (Meier et al., 2019).

Table 48 presents the Florida KidCare overall rates in CY 2022 for all of the measures and sub-measures presented in this section. Information on program component rates is detailed in this section, and the Medicaid MMA and Florida Healthy Kids plan rates can be found in **Appendix C: Additional Data Charts**.

Table 48. Florida KidCare Rates for Maternal and Perinatal Health Measures for CY 2022

Measure	Florida KidCare Rate
Prenatal and Postpartum Care (PPC): Timeliness of Prenatal Care	79.0%
Prenatal and Postpartum Care (PPC): Postpartum Care	73.2%
Contraceptive Care (CCP) – Most or Moderately Effective Methods of Contraception- 3 Days	2.0%
Contraceptive Care (CCP) – Most or Moderately Effective Methods of Contraception- 60 Days	27.7%
Contraceptive Care (CCP) – Long-Acting Reversible Methods of Contraception- 3 Days	1.0%
Contraceptive Care (CCP) – Long-Acting Reversible Methods of Contraception- 60 Days	7.3%
Contraceptive Care (CCW) – Long-Acting Reversible Methods of Contraception	1.5%
Contraceptive Care (CCW) – Most or Moderately Effective Methods of Contraception	15.0%

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 allow new mothers 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 a woman's clinical and emotional needs during this transition and may be a key component in reducing maternal mortality and morbidity rates 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, 2021, and October 7, 2022, 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 7-84 days after delivery (NCQA, 2021a). 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 with 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:

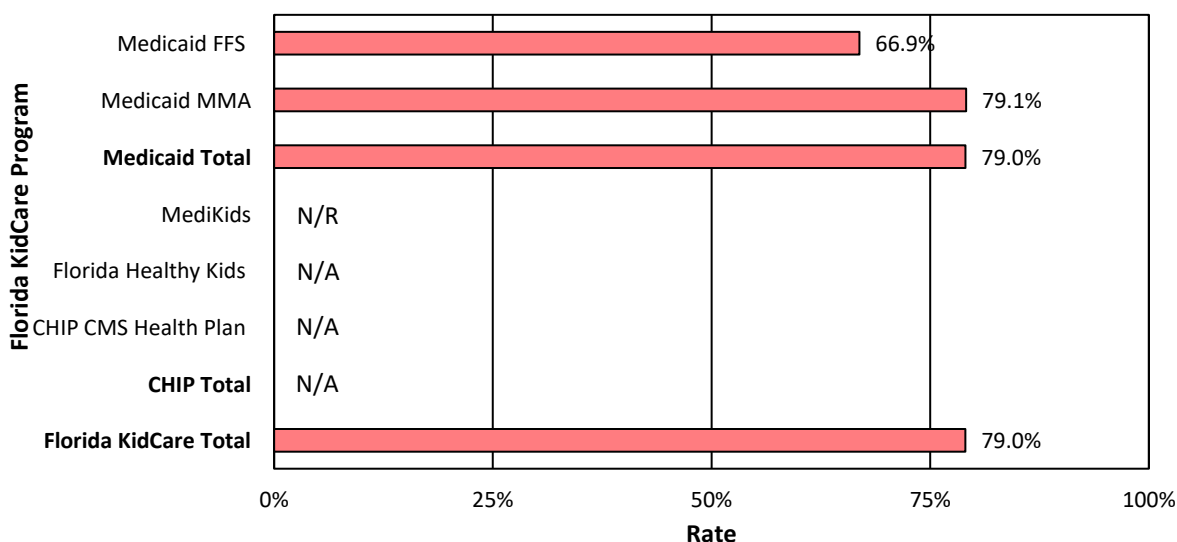
- An obstetrical examination
- Evidence that a prenatal care procedure, such as antibody or blood testing, was performed.
- Documentation indicating the woman is pregnant or references the pregnancy, such as last menstrual period, estimated date of delivery, or gestational age.

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 2022, the Florida KidCare rate for PPC: Prenatal was 79%, while the PPC: Postpartum rate was 73%. The Medicaid MMA health plans Aetna and Molina had the highest rate at 86%, landing them in the top 50th benchmark percentile for PPC: Prenatal. For PPC: Postpartum, over half (54%) of the Medicaid MMA plans had rates above the Florida KidCare total, though only Aetna, Molina, and United were in the top 50th benchmark percentile.

Figure 36 and **Table 49** present the CY 2022 Florida KidCare program results and trending data for Prenatal Care, along with the benchmark percentiles. **Figure 37** and **Table 50** present the CY 2022 results for Postpartum Care. 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 considered when comparing rates for Florida KidCare plans or program components to the national benchmarks. Located in Appendix C, **Figure 136** to **Figure 139** presents the CY 2022 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 36. Florida KidCare Program Results for PPC: Timeliness of Prenatal Care, CY 2022



Note. N/R denotes programs or plans for 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**.

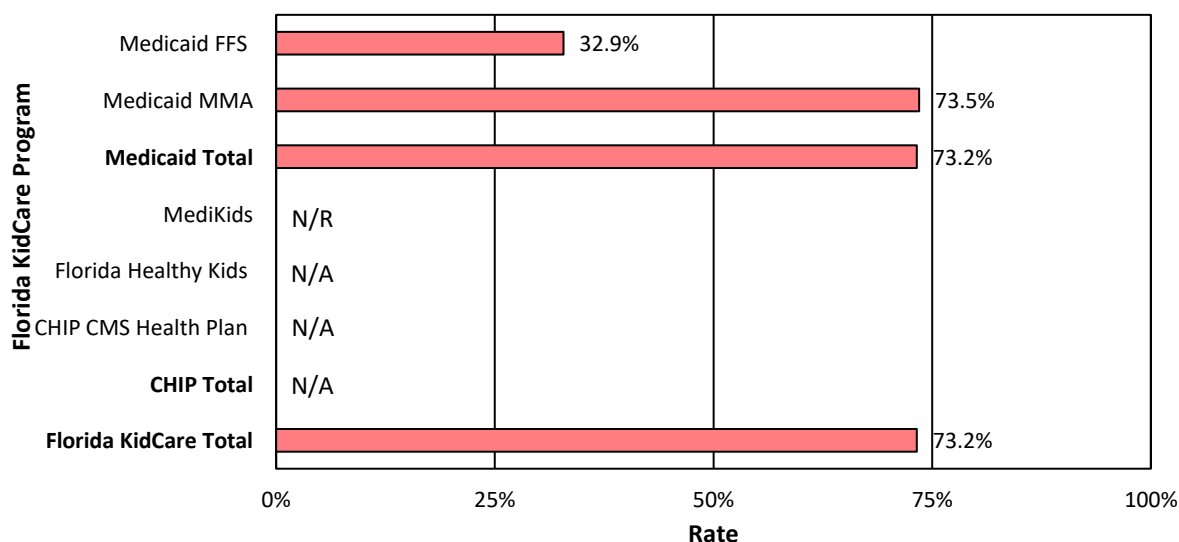
Table 49. PPC: Timeliness of Prenatal Care Results by Florida KidCare Program, Five-Year Trend

Program	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	33.7% ^a	41.1%	72.9% ^a	68.4% ^a	66.9% ^a
Medicaid MMA	83.2% ^a	91.6% ^a	83.3% ^a	76.3% ^a	79.1% ^a
Medicaid Total	83.2%	91.5%	83.3%	76.3%	79.0%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	N/A ^b	N/A ^b	N/A ^a	N/A ^b	N/A ^b
CHIP CMS Health Plan	N/A ^a	N/A	N/A ^a	N/A ^a	N/A ^a
CHIP Total	N/A	N/A	N/A	N/A	N/A
Florida KidCare Total	83.2%	91.5%	83.3%	76.3%	79.0%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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 2022



Note. N/R denotes programs or plans for 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 2022

Program	CY 2020	CY 2021	CY 2022
Medicaid FFS	31.8% ^a	31.4% ^a	32.9% ^a
Medicaid MMA	72.4% ^a	69.5% ^a	73.5% ^a
Medicaid Total	72.3%	69.2%	73.2%
MediKids	N/R	N/R	N/R
Florida Healthy Kids	N/A ^a	N/A ^b	N/A ^b
CHIP CMS Health Plan	N/A ^a	N/A ^a	N/A ^a
CHIP Total	N/A	N/A	N/A
Florida KidCare Total	72.3%^a	69.2%^a	73.2%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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 – Postpartum Women Ages 15 to 20 (CCP)

Young women seek contraceptive care for many reasons, including to reduce the risks associated with short interdelivery intervals. According to the American College of Obstetricians and Gynecologists (ACOG), women who undergo interdelivery intervals of under 18 months are at an increased risk of uterine rupture (2021). Other dangers include low birth weight, preeclampsia, and preterm birth (Haider et al., 2020).

Up to 44% of postpartum women experience high rates of unintended pregnancy, which indicates that socioeconomic disparities may influence the ability to access postpartum contraceptive care, with those who are socioeconomically disadvantaged being less likely to access these services (Haider et al., 2020). Improving the accessibility of postpartum contraception could have a positive impact on reducing unintended subsequent pregnancies (Frarey et al., 2019).

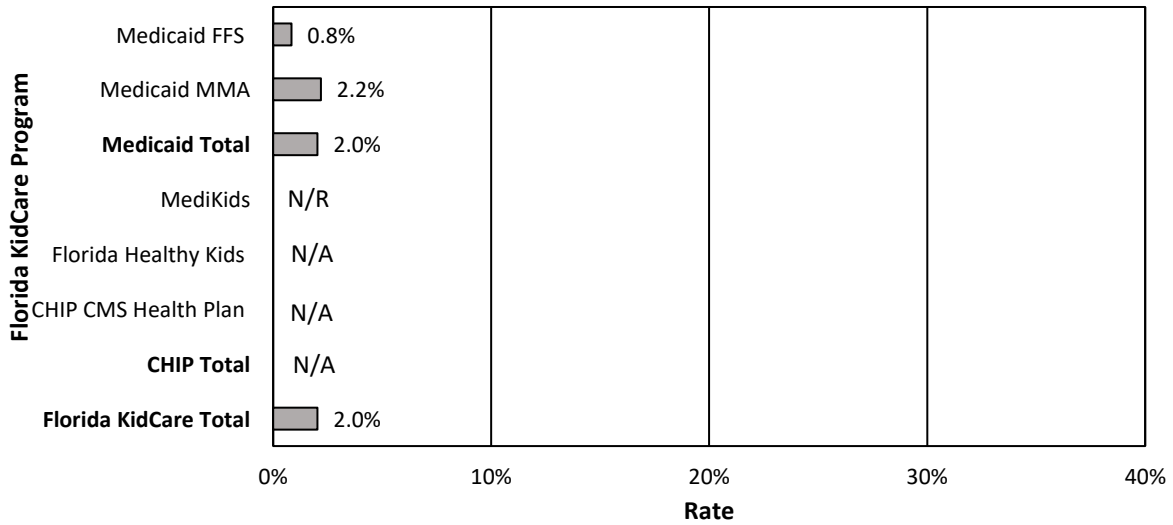
The types of contraception can vary greatly, as some are highly effective, long-term options while others rely on proper use to remain effective. The most effective methods of contraception include female sterilization, contraceptive implants, or intrauterine devices, while moderately effective methods include injectables, oral pills, patches, rings, or diaphragms (Center for Medicaid and CHIP Services & CMS, 2022). A subset of the most effective contraceptive methods can be further classified as long-acting reversible contraception (LARC), including contraceptive implants and intrauterine devices.

The CCP measure includes four sub-measures: the percentage of postpartum women ages 15-20 with access to most or moderately effective methods of contraception within three and 60 days postpartum and the percentage of postpartum women ages 15-20 with access to LARCs within a three and 60-day interval postpartum. A three-day interval is considered part of the immediate postpartum period, while a 60-day interval bridges the ACOG recommendation of six weeks with a two-week grace period for women whose postpartum visit is delayed. The CCP denominator excludes women who gave birth after October 31, as the 60-day postpartum interval may extend into the next measurement year (Center for Medicaid and CHIP Services, & CMS 2022).

The CY 2022 Florida KidCare rate for CCP: Most or Moderately Effective was 2% for the 3-day sub-measure and 28% for the 60-day sub-measure. For CCP: LARC, the CY 2022 Florida KidCare rates were 1% for the 3-day sub-measure and 7% for the 60-day sub-measure. Six out of 11 Medicaid MMA plans reporting this measure had rates at or above the Florida KidCare total for CCP: Most or Moderately Effective 3-day sub-measure, and seven of the plans had rates above the state total for the 60-day sub-measure. Regarding the CCP: LARC 3-day and 60-day sub-measures, five and nine Medicaid MMA plans had rates above the Florida KidCare total, respectively. No Florida Healthy Kids plan had a reportable rate for these sub-measures.

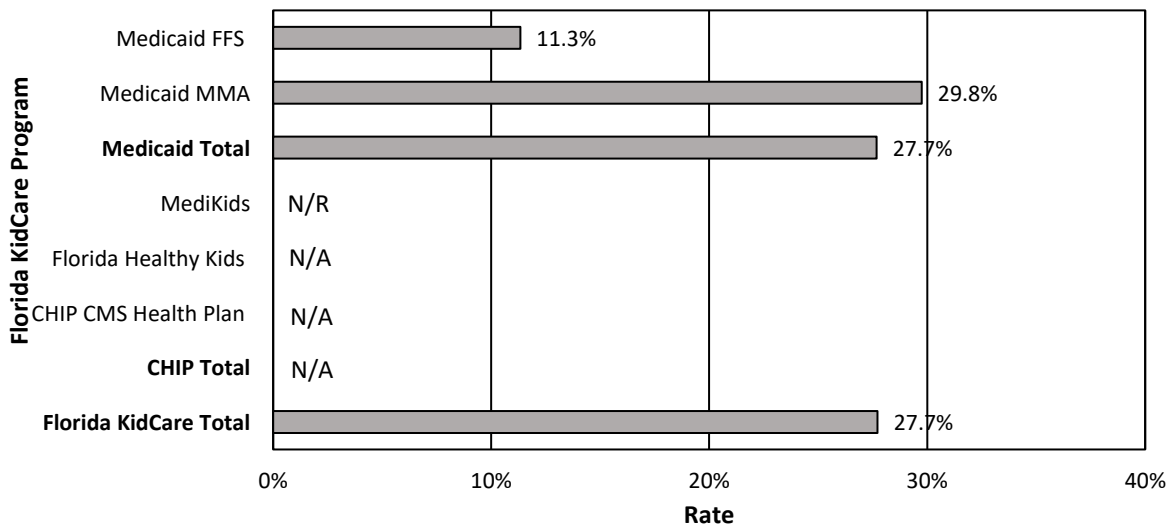
Figure 38 to Figure 41 presents the Florida KidCare program results for contraceptive care in postpartum women in CY 2022. As CCW is a Child Core Set measure, national benchmarks are not available and, as this is the first year the measure is included in this report, trending data will appear in subsequent reports. Located in Appendix C, **Figure 140 to Figure 147** presents the CY 2022 Medicaid MMA plan results and Florida Healthy Kids plan results.

Figure 38. Florida KidCare Program Results for CCP: Most and Moderately Effective- 3 Days, CY 2022



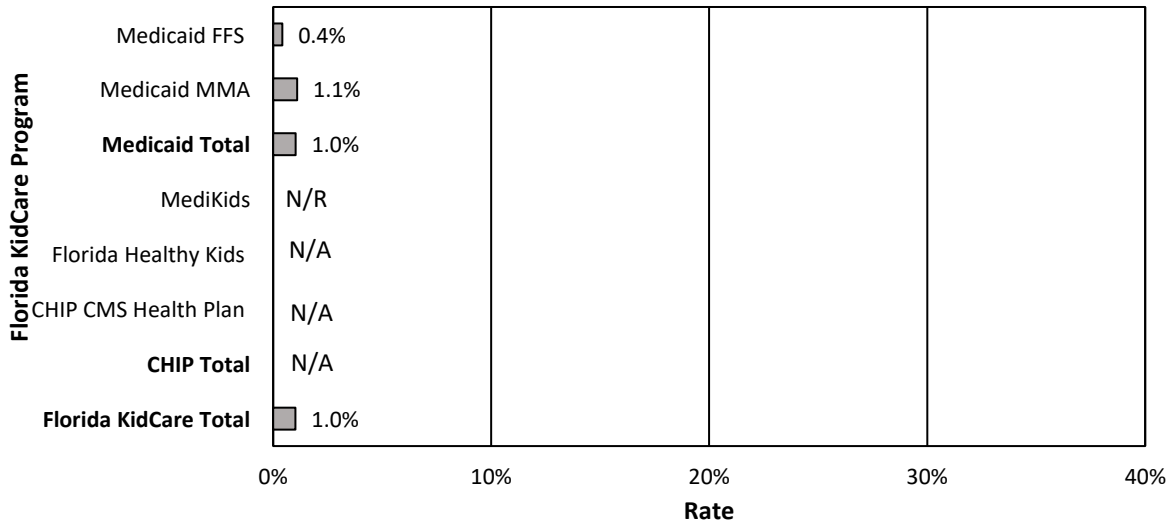
Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less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

Figure 39. Florida KidCare Program Results for CCP: Most and Moderately Effective- 60 Days, CY 2022



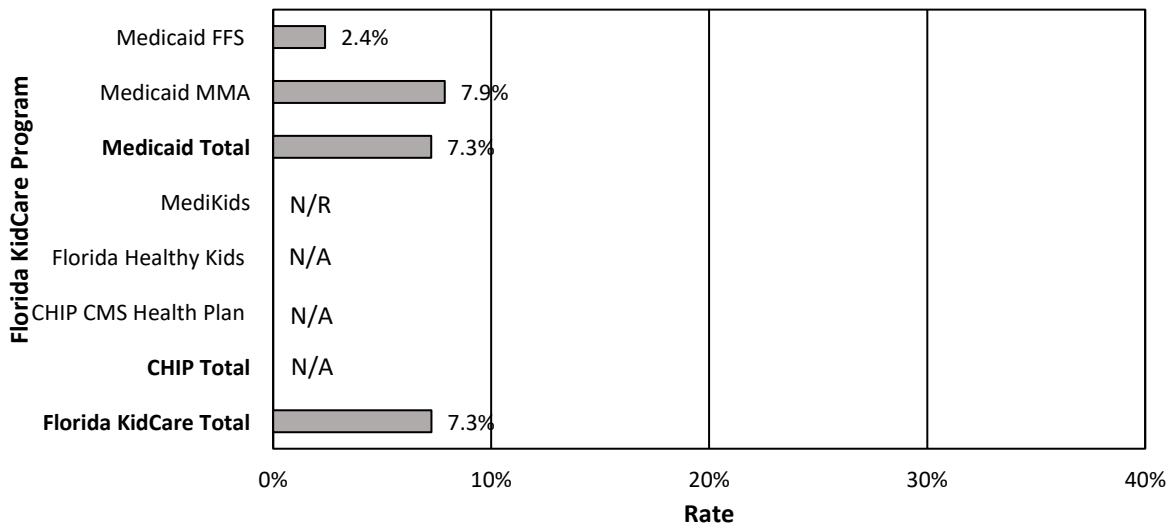
Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less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

Figure 40. Florida KidCare Program Results for CCP: LARC- 3 Days, CY 2022



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 41. Florida KidCare Program Results for CCP: LARC 60 Days, CY- 2022



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.

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

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 categorized as either most effective or moderately effective (Martinez & Abma, 2020), as discussed in the CCP measure information. 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 using the most or moderately effective methods of contraception.

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 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, defined as those that have ever had sex, are not pregnant or seeking pregnancy, or are capable of producing offspring.

This measure has two sub-measures: 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 2022 Florida KidCare rate for CCW: LARC was 1.5%, consistent with prior year rates. For CCW: Most or Moderately Effective, the rate was the lowest within the five-year trending period at 15%. The majority of the Medicaid MMA plans had rates at or above the Florida KidCare total for both CCW sub-measures and, for the CCW: LARC sub-measure, the majority of Florida Healthy Kids plans did as well.

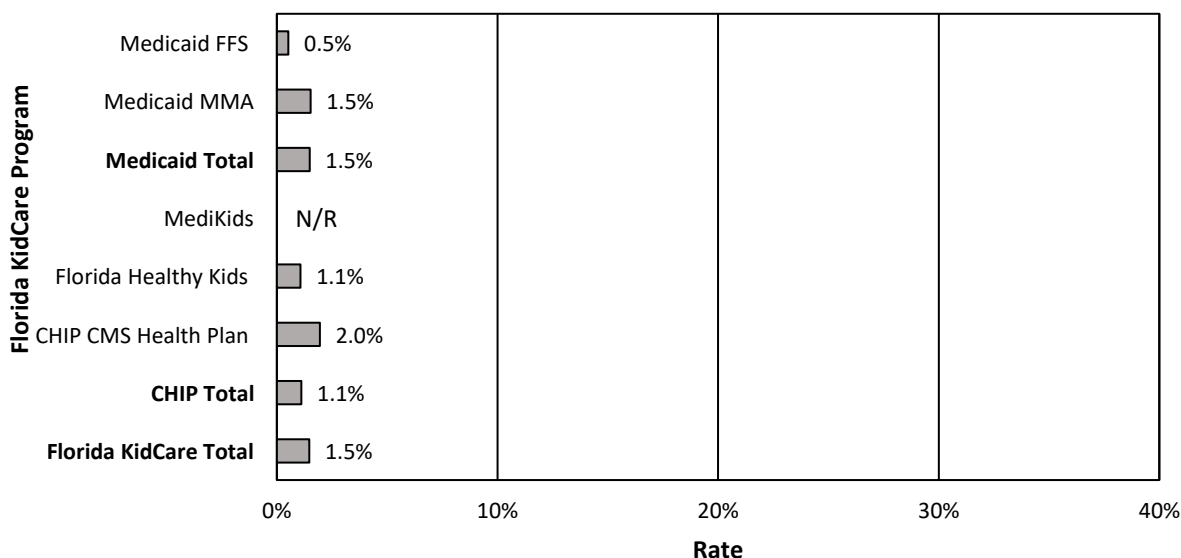
Figure 42 presents the CY 2022 Florida KidCare program results for CCW: LARC, while **Figure 43** presents the results for CCW: Most or Moderately Effective.

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 148** to

Figure 151 presents the CY 2022 Medicaid MMA and Florida Healthy Kids plan results for both sub-measures.

Figure 42. Florida KidCare Program Results for CCW: LARC, CY 2022



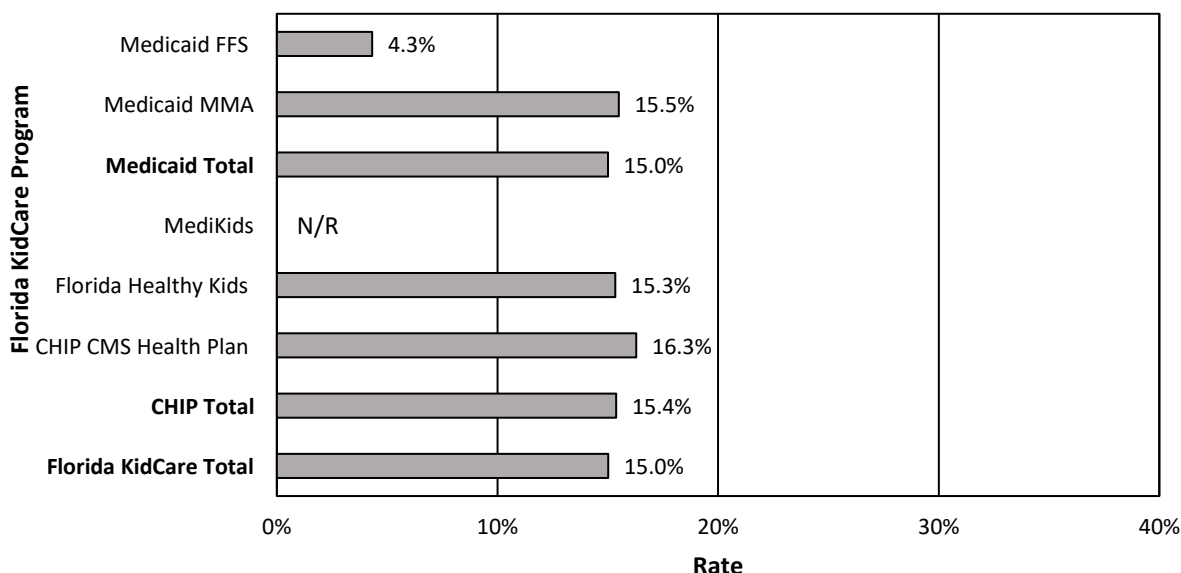
Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less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

Table 51. CCW: LARC Results by Florida KidCare Program, CY 2019 to CY 2022

Program	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	1.0%	0.9%	0.6%	0.5%
Medicaid MMA	N/R	2.1%	1.8%	1.5%
Medicaid Total	1.0%	2.1%	1.7%	1.5%
MediKids	N/A	N/R	N/R	N/R
Florida Healthy Kids	1.5%	1.9%	1.1%	1.1%
CHIP CMS Health Plan	1.5%	2.1%	0.8%	2.0%
CHIP Total	1.5%	1.9%	1.1%	1.1%
Florida KidCare Total	1.4%	2.0%	1.7%	1.5%

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

Figure 43. Florida KidCare Program Results for CCW: Most or Moderately Effective, CY 2022



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 52. CCW: Most or Moderately Effective Results by Florida KidCare Program, Five-Year Trend

Program	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	7.9%	7.0%	7.9%	5.4%	4.3%
Medicaid MMA	22.4%	21.1%	18.7%	17.6%	15.5%
Medicaid Total	16.3%	20.6%	18.3%	17.0%	15.0%
MediKids	N/R	N/A	N/R	N/R	N/R
Florida Healthy Kids	17.8%	17.2%	16.9%	15.8%	15.3%
CHIP CMS Health Plan	23.0%	22.7%	21.2%	21.2%	16.3%
CHIP Total	18.1%	17.5%	17.1%	16.0%	15.4%
Florida KidCare Total	17.4%	20.2%	18.2%	16.9%	15.0%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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.

Care of Acute and Chronic Conditions

A growing health concern in the U.S. is the increasing number of children with 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 untreated 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 to prevent complications arising from a poorly controlled chronic condition. These complications can result in a sudden health crisis for which care can be costly and urgent (Holman, 2020). Those involved with the child’s care must be adequately educated on managing and treating 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 shows 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, using 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 the cost of care and the number of pediatric chronic condition diagnoses projected to increase, health professionals need to continue providing the necessary education on managing these illnesses properly (Cutler et al., 2017). This information can help reduce the severity of patient symptoms, thereby reducing health care costs and strain on EDs.

Table 53 presents the Florida KidCare overall rates in CY 2022 for all of the measures and sub-measures presented in this section. Information on program component rates is detailed in this section, and the Medicaid MMA and Florida Healthy Kids plan rates can be found in **Appendix C: Additional Data Charts**.

Table 53. Florida KidCare Rates for Care of Acute and Chronic Conditions Measures for CY 2022

Measure	Florida KidCare Rate
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB): Ages 3 Months to 17 Years	64.2%
Asthma Medication Ratio (AMR): Ages 5-11	81.3%
Asthma Medication Ratio (AMR): Ages 12-18	74.0%
Ambulatory Care: ED Visits (AMB): Ages 0-19	562.4 visits per 1,000 member years

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB)

Acute bronchitis and bronchiolitis are highly common respiratory tract infections in children worldwide (Wopker et al., 2020). Both infections are typically viral-caused and present with similar symptoms, such as coughing, chest soreness, fever, and fatigue (CDC, 2022j). Bronchiolitis, which affects the smaller airways, is more common in young children, and bronchitis is more prevalent in older children and adults (Cleveland Clinic, 2020).

In most instances, bronchitis and bronchiolitis resolve themselves with rest, hydration, and over-the-counter medications (CDC, 2022j). Nevertheless, unnecessary antibiotic prescriptions rank among the costliest conditions in the U.S. and other western nations (Wopker et al., 2020).

Bronchitis and bronchiolitis wrongly treated with antibiotics can cause adverse effects. According to Morgan et al. (2019), children prescribed antibiotics for viral acute bronchitis are more likely to experience a subsequent episode of bronchitis and be treated with a second round of antibiotics compared to children who were not initially prescribed antibiotics. Moreover, unnecessary antibiotic exposure contributes to antibiotic resistance, which can cause fatal infections and lead to asthma and obesity in later years (Morgan et al. 2019).

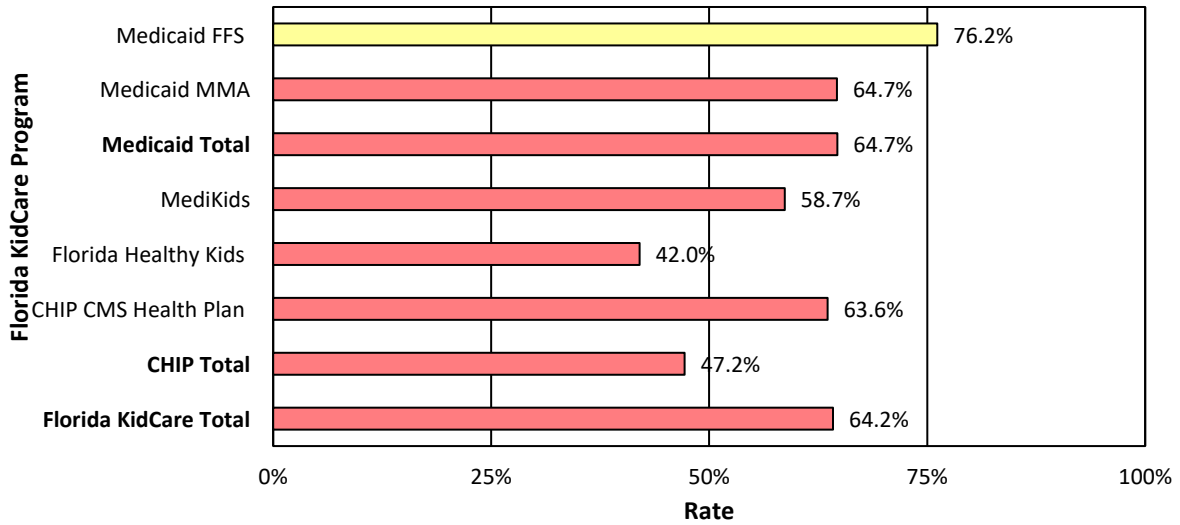
The AAB measure assesses the percentage of episodes for members three months of age and older diagnosed with acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. A higher rate indicates appropriate treatment. Note that though this HEDIS measure includes adults, the rates presented in this report consider only the 3 months- 17 years sub-measure. This measure is calculated by subtracting the rate from the number one and can only be calculated using administrative data (NQCA, 2021a).

For CY 2022, the Florida KidCare AAB rate was 64%, in the lowest HEDIS benchmark percentile. One program component, Medicaid FFS, was within the top 50th percentile with a rate of 76%. Seven out of 11 Medicaid MMA plans reporting the measure had rates higher than the Florida KidCare total, with Aetna and Community Care Plan within the 50-75th percentile.

Figure 44 presents the Florida KidCare program results and benchmark percentiles for members 3 months- 17 years diagnosed with acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event in CY 2022. 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** and **Figure 153** present the CY 2022 Medicaid MMA plan results and Florida Healthy Kids plan results and benchmark percentiles.

Figure 44. Florida KidCare Program Results for AAB: Ages 3 Months to 17 Years, CY 2022



Note. N/R denotes programs or plans for 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**.

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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, 2023). Uncontrolled asthma, classified as asthma symptoms two or more times per week, necessitates quick relief (bronchodilator) medications and can limit exercise, work, or school (CDC, 2023; Lang, 2015). Uncontrolled asthma has significant consequences for families and society, resulting in medical or ED encounters, missed days of work, school absenteeism, and reduced productivity (CDC, 2022g; 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, 2023).

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 (NCQA, 2021a).

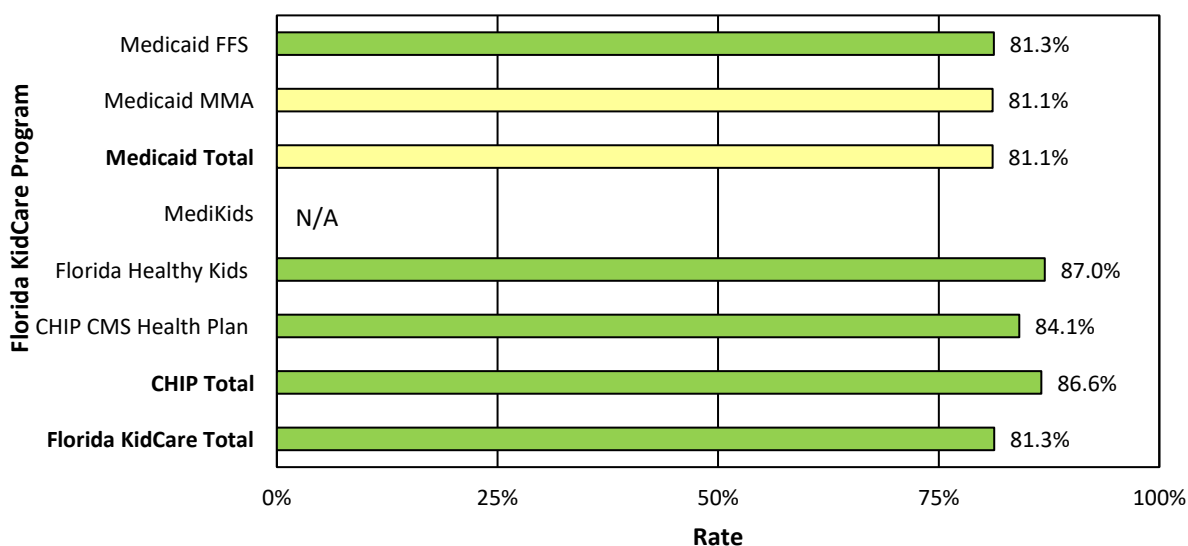
This report presents two age stratifications for the AMR measure: 5-11 years and 12-18 years. Higher rates are ideal for this measure, as it indicates a higher percentage of members utilizing both controller and rescue medications (indicating better asthma control) rather than using rescue medications alone.

For members ages 5-11, the CY 2022 Florida KidCare rate was fairly consistent with prior-year rates at 81%, while the rate for 12-18-year-olds mirrored this trend at 74%. The CHIP CMS Health Plan rate for the Ages 12-18 sub-measure was 25 percentage points higher than the prior year. Most (91%) of Medicaid MMA plans were in the top 50th percentile for AMR ages 5-11, while eight out of the 12 Medicaid MMA plans reporting AMR ages 12-18 fell within the top 50th percentile. Both Florida Healthy Kids plans with reportable rates, Aetna and Simply, fell within the top 75th percentile for both sub-measures.

Figure 45 presents the Florida KidCare CY 2022 program results and associated benchmark percentiles for ages 5-11, and **Table 54** depicts trending data for this sub-measure. **Figure 46** presents the Florida KidCare CY 2022 program results and benchmark percentiles for ages 12-18, with **Table 55** highlighting the trending data.

Located in Appendix C, **Figure 154 to Figure 157** presents the CY 2022 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 45. Florida KidCare Program Results for AMR: Ages 5-11, CY 2022



Note. N/R denotes programs or plans for 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

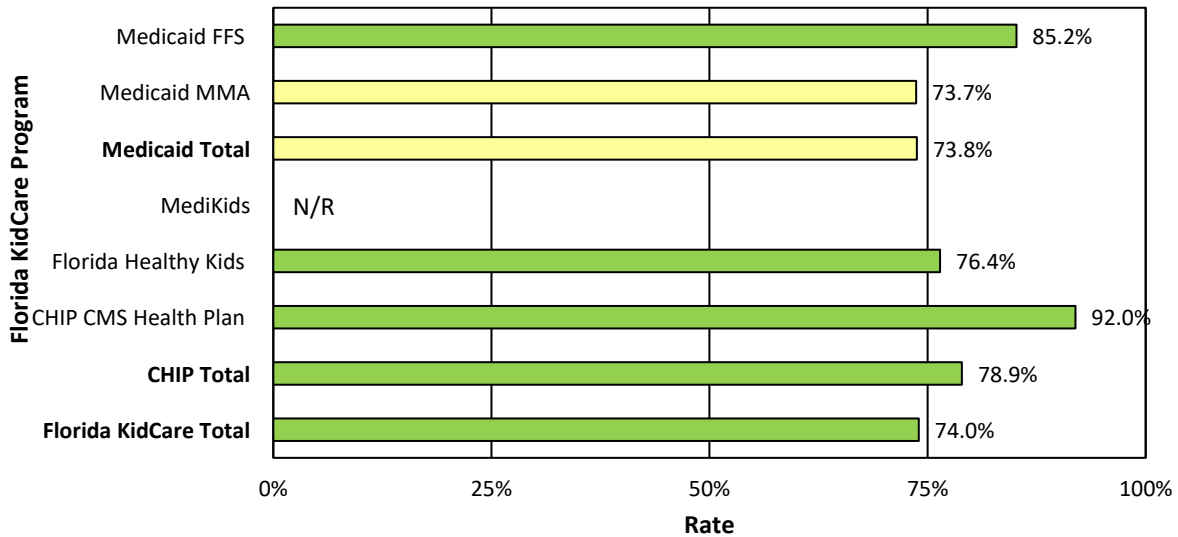
Note. This legend applies to **Figure 45** and **Table 54**.

Table 54. AMR: Ages 5-11 Results by Florida KidCare Program, Five-Year Trend

Program	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	85.3%	89.7%	84.4%	89.6%	81.3%
Medicaid MMA	79.9%	82.4%	83.3%	81.3%	81.1%
Medicaid Total	79.9%	82.4%	83.3%	81.3%	81.1%
MediKids	N/A	N/A	N/A	N/A	N/A
Florida Healthy Kids	88.2%	87.6%	87.0%	87.1%	87.0%
CHIP CMS Health Plan	85.5%	77.6%	80.6%	77.4%	84.1%
CHIP Total	88.1%	86.4%	85.3%	85.4%	86.6%
Florida KidCare Total	80.4%	82.8%	83.4%	81.5%	81.3%

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

Figure 46. Florida KidCare Program Results for AMR: Ages 12-18, CY 2022



Note. N/R denotes programs or plans for 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 55**.

Table 55. AMR: Ages 12-18 Results by Florida KidCare Program, Five-Year Trend

Program	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	77.9%	80.7%	85.3%	85.7%	85.2%
Medicaid MMA	71.2%	74.3%	75.2%	72.5%	73.7%
Medicaid Total	72.2%	74.3%	75.3%	72.6%	73.8%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	76.6%	75.9%	79.4%	79.9%	76.4%
CHIP CMS Health Plan	79.0%	66.9%	69.1%	66.9%	92.0%
CHIP Total	77.0%	74.2%	76.1%	77.3%	78.9%
Florida KidCare Total	71.7%	74.3%	75.3%	72.8%	74.0%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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)

According to Ma et al. (2022), excess emergency department utilization ranked in the top five of wasteful health care spending in the U.S., costing the health care system approximately \$30 billion a year from 2013–17. Some reasons for inappropriate ED use include lacking a usual source of care or requiring emergent care that could have been treated early.

AMB measures the utilization of ambulatory services in the ED and outpatient visits. For this report, only the ED sub-measure is examined. This indicator represents the ratio of ED visits in CY 2022 per 1,000 member years (NCQA, 2021a). Member months are calculated by adding all the months members were collectively enrolled. ED visits per 1,000 member years are reported for 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 members which may impact plan-level performance.

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 562.4 visits per 1,000 member years. Medicaid FFS was the only program component to improve from the prior year, with its most favorable rate within the five-year trending period. Five out of 13 Medicaid MMA plans had rates at or more favorable than the Florida KidCare total. All three Florida Healthy Kids plans did as well, and all were within the top 75th benchmark percentile.

Figure 47 presents the Florida KidCare program results and associated benchmark percentiles in CY 2022. **Table 56** presents the trending results for each Florida KidCare program with applicable benchmark percentiles. Note that the rates for previous measurement years were recalculated using the updated CY 2022 specifications to depict a more accurate year-to-year comparison in the trending table. 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 years for all ages combined (ages 0-85). This should be considered when comparing rates for Florida KidCare plans or programs to the national benchmarks.

Located in Appendix C, **Figure 158** and **Figure 159** present the CY 2022 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 47. Florida KidCare Program Results for AMB ED Visits: Ages 0-19, CY 2022



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 47** and **Table 56**.

Table 56. AMB ED Visits: Ages 0-19 Results by Florida KidCare Program, Five-Year Trend

Program	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	692.48	691.74	396.96	332.04	314.3
Medicaid MMA	689.14	695.62	399.41	519.72	583.1
Medicaid Total	689.26	695.48	399.32	513.53	574.4
MediKids	640.00	657.88	350.84	447.11	538.1
Florida Healthy Kids	325.01	336.38	193.71	240.54	298.9
CHIP CMS Health Plan	441.27	523.99	307.07	375.42	422.0
CHIP Total	372.58	390.18	218.25	265.16	320.1
Florida KidCare Total	660.93	665.65	382.42	497.74	562.4

Note. Methodology and enrollment differ across measurement years, and the national benchmarks are for both adults and children. These factors should be considered 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 promoting mental health, resilience, and well-being and treating and supporting patients dealing with or recovering from mental health and substance use challenges (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, or mood disorders. 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.

Measures highlighted in this sub-section underscore the importance of follow-up care for children screened for depression or prescribed medications for behavioral health concerns. This domain also examined follow-ups after hospitalizations or ED visits for mental illness or substance use. Measures in this sub-section are broken into sub-measures to ensure patient needs are met through different phases of age-appropriate follow-up care.

Table 57 presents the Florida KidCare rates in CY 2022 for all measures and sub-measures in this section. Information on program component rates is detailed in this section, and the Medicaid MMA and Florida Healthy Kids plan rates can be found in **Appendix C: Additional Data Charts**.

Table 57. Florida KidCare Rates for Behavioral Health Care Measures for CY 2022

Measure	Florida KidCare Rate
Follow-Up Care for Children Prescribed ADHD Medication (ADD): Initiation Phase	46.7%
Follow-Up Care for Children Prescribed ADHD Medication (ADD): Continuation and Maintenance Phase	60.4%
Screening for Depression and Follow-Up Plan (CDF): Ages 12-17	7.3%
Follow-Up After Hospitalization for Mental Illness (FUH): Follow-Up Visits within 7 Days	38.6%
Follow-Up After Hospitalization for Mental Illness (FUH): Follow-Up Visits within 30 Days	62.3%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): Blood Glucose Testing	52.0%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): Cholesterol Testing	36.9%
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM): Blood Glucose and Cholesterol Testing	35.2%
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	58.7%
Follow-Up After ED Visit for Substance Use (FUA): Follow-Up Visits within 7 Days	15.8%
Follow-Up After ED Visit for Substance Use (FUA): Follow-Up Visits within 30 Days	26.1%
Follow-Up After ED Visit for Mental Illness (FUM): Follow-Up Visits within 7 Days	38.4%
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 or behavioral classroom interventions (Wolraich et al., 2019).

The intake period for denominator eligibility for the ADD measure includes the 12 months 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 120 days before the Index Prescription Start Date (IPSD) with no ADHD medication dispensed (NCQA, 2021a). 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:

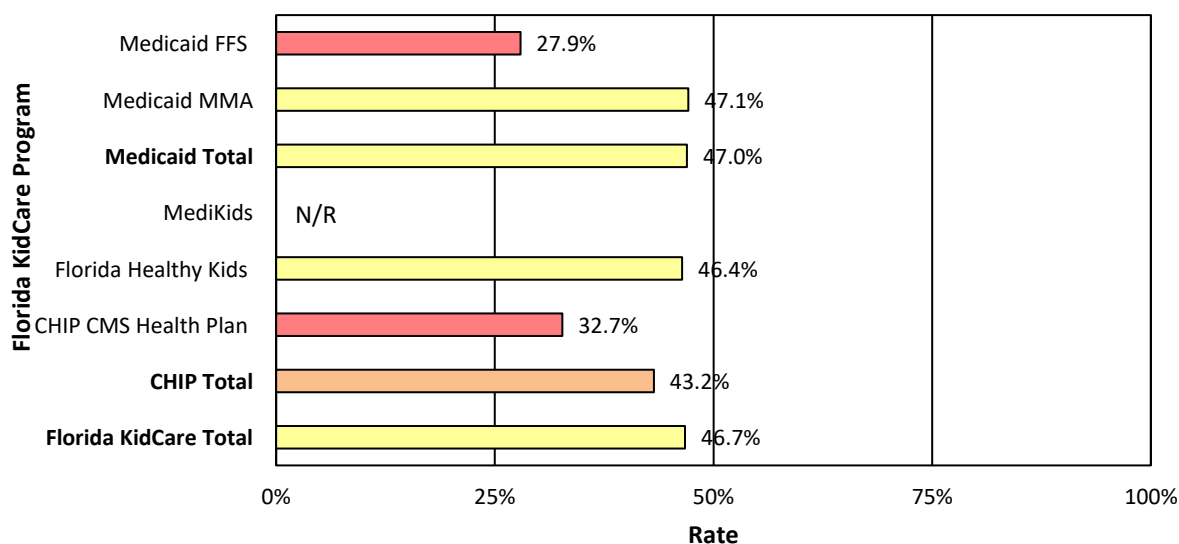
- **Initiation Phase**- measures children who have been newly prescribed medication for ADHD and had one or more follow-up visits, including telehealth visits, with a provider with prescribing authority within 30 days of the earliest prescription dispensing date. Members must have continuous enrollment for at least 120 days before 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.

The CY 2022 Florida KidCare program rate was 47% for the initiation phase sub-measure, while the continuation and maintenance phase sub-measure was 60%. Sixty-seven percent of Medicaid MMA plans reporting the initiation sub-measure were in the top 50th percentile, while 90% were in the top 50th percentile for the continuation and maintenance sub-measure. This was also true for two Florida Healthy Kids plans for the initiation measure and one for continuation and maintenance.

Figure 48 presents the Florida KidCare program results and associated benchmark percentiles for the Initiation Phase sub-measure in CY 2022, while **Figure 49** 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 160** to **Figure 163** present the CY 2022 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 48. Florida KidCare Program Results for ADD: Initiation Phase, CY 2022



Note. N/R denotes programs or plans for 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

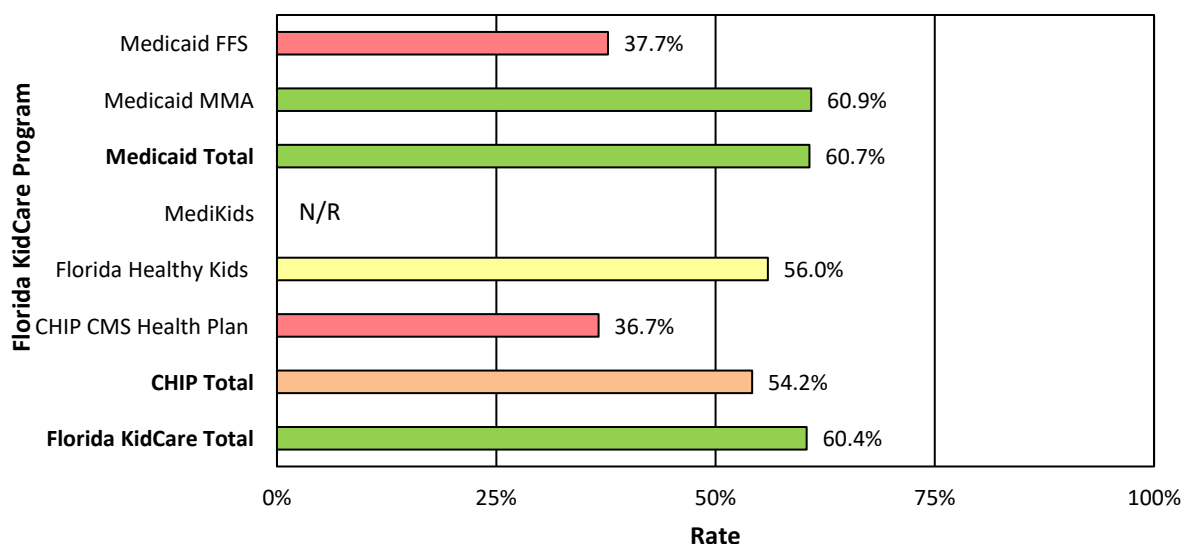
Note. This legend applies to **Figure 48** and **Table 58**.

Table 58. ADD: Initiation Phase Results by Florida KidCare Program, Five-Year Trend

Program	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	24.6%	23.1%	23.3%	28.8%	27.9%
Medicaid MMA	40.7%	45.8%	47.7%	44.6%	47.1%
Medicaid Total	40.6%	45.6%	47.4%	44.4%	47.0%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	42.2%	47.6%	47.6%	41.1%	46.4%
CHIP CMS Health Plan	39.1%	34.5%	31.2%	31.0%	32.7%
CHIP Total	41.6%	44.5%	41.2%	38.5%	43.2%
Florida KidCare Total	40.6%	45.5%	47.0%	43.9%	46.7%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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 49. Florida KidCare Program Results for ADD: Continuation and Maintenance Phase, CY 2022



Note. N/R denotes programs or plans for 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 59**.

Table 59. ADD: Continuation and Maintenance Phase Results by Florida KidCare Program, Five-Year Trend

Program	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	28.4%	26.2%	20.0%	34.5%	37.7%
Medicaid MMA	54.5%	57.3%	62.7%	60.1%	60.9%
Medicaid Total	54.1%	57.1%	62.2%	59.9%	60.7%
MediKids	N/R	N/R	N/R	N/R	N/R
Florida Healthy Kids	57.0%	63.2%	64.8%	59.8%	56.0%
CHIP CMS Health Plan	59.2%	42.9%	42.1%	44.4%	36.7%
CHIP Total	57.3%	61.1%	58.8%	57.2%	54.2%
Florida KidCare Total	54.3%	57.3%	62.1%	59.7%	60.4%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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.

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 (2022) recommends screening for major depressive disorder in adolescents ages 12 to 18 years along with implementation of adequate systems to ensure accurate diagnosis, effective treatment, and follow-up as they indicate moderate benefit in doing so. About 40% of adolescents with a major depressive episode received 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.

The Child Core Set CDF measure reviews the percentage of members ages 12 to 17 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, 2022).

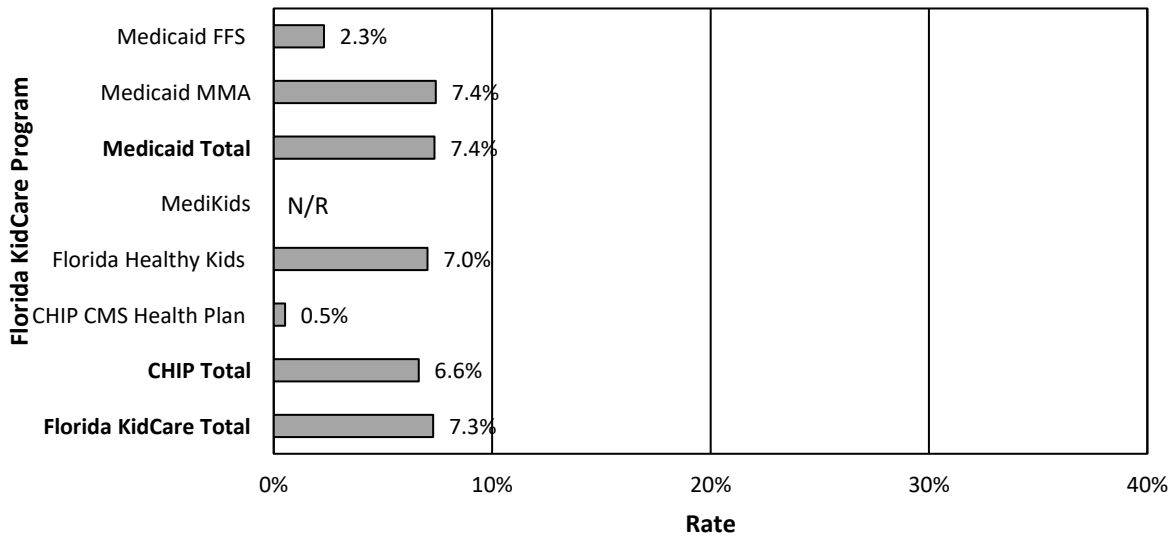
Exclusions for this measure include those who have an active diagnosis of depression or bipolar disorder, those who refuse to participate, individuals in urgent or emergent situations where delay of treatment would jeopardize the health of the patient, and individuals who are in situations where their functional capacity or motivation to improve may impact the accuracy of the results (Center for Medicaid and CHIP Services & CMS, 2022). Providers may not submit claims specifically for utilizing a standardized screening tool or developing a follow-up plan, which may account for low rates for this measure.

For CY 2022, the Florida KidCare program rate for CDF was 7%. Six out of 13 Medicaid MMA plans had rates above the Florida KidCare rate, as did one Florida Healthy Kids plan (Aetna).

Figure 50 presents the Florida KidCare program results for CY 2022, and

Table 60 presents the trending results for each Florida KidCare program. Located in Appendix C, **Figure 164** and **Figure 165** present the CY 2022 Medicaid MMA and Florida Healthy Kids plan results.

Figure 50. Florida KidCare Program Results for CDF: Ages 12-17, CY 2022



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 60. CDF: Ages 12-17 Results by Florida KidCare Program, Five-Year Trend

Program	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	0.1%	1.0%	1.5%	1.9%	2.3%
Medicaid MMA	N/R	2.2%	3.6%	6.2%	7.4%
Medicaid Total	0.1%	2.0%	3.6%	6.1%	7.4%
MediKids	N/A	N/A	N/R	N/R	N/R
Florida Healthy Kids	0.4%	2.1%	4.4%	5.8%	7.0%
CHIP CMS Health Plan	0.4%	2.1%	3.4%	3.5%	0.5%
CHIP Total	0.4%	2.1%	4.4%	6.0%	6.6%
Florida KidCare Total	0.3%	2.1%	3.7%	6.1%	7.3%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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 7-30 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.

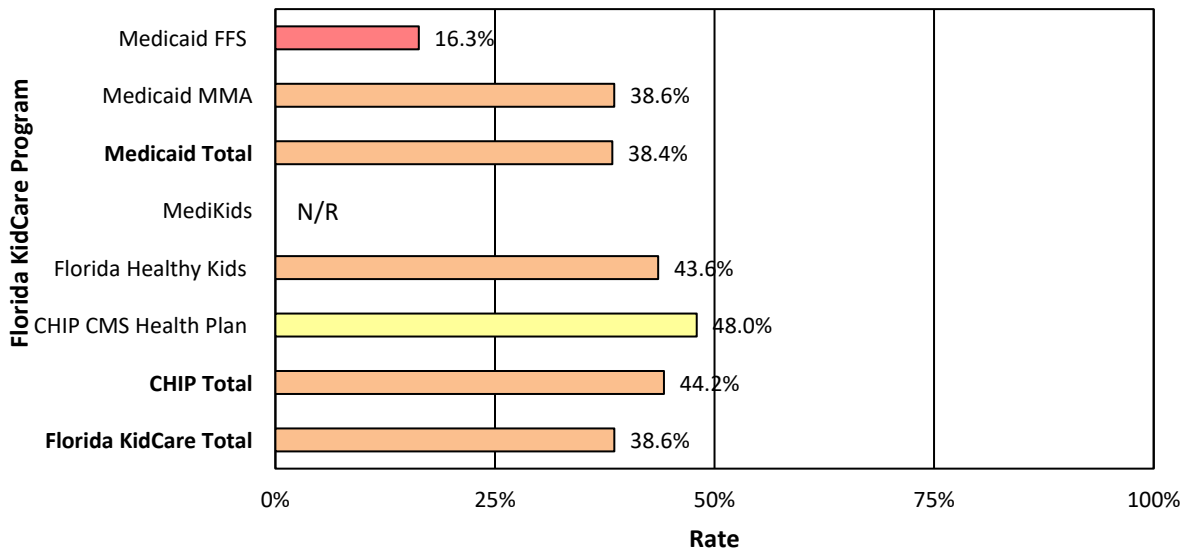
Repeat hospitalizations are associated with negative outcomes. Psychiatric readmissions for children can disrupt families and cause emotional and physical distress (Phillips et al., 2020). Furthermore, Phillips et al. (2020) note that 33-38% of patients face readmission within one year of discharge, 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 and found that receiving timely follow-up care was beneficial in reducing subsequent psychiatric hospitalizations.

This HEDIS indicator examines results for follow-up visits within two periods of discharge following hospitalization for mental illness: 7 days and 30 days. The final discharge date is used for discharges followed by readmission or direct transfer to an acute care setting with a principal mental health diagnosis within the 30-day follow-up period. 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 the 30-day discharge period and readmissions within 30 days are excluded (NCQA, 2021a). For both sub-measures, telehealth visits count toward compliance.

In CY 2022, the Florida KidCare rate for follow-up visits within 7 days was 39%, while the rate was 62% for the 30-day sub-measure. While only one health plan had a rate in the top 50th percentile for either sub-measure (Florida Healthy Kids Simply plan, for FUH 7 Days), the majority of plans in both program components had rates at or above the Florida KidCare total for both sub-measures.

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 2022. **Table 61** and **Table 62** present the trending data for these sub-measures. Located in Appendix C, **Figure 166** to **Figure 169** presents the CY 2022 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles for FUH.

Figure 51. Florida KidCare Program Results for FUH: Follow-Up Visits within 7 Days, CY 2022



Note. N/R denotes programs or plans for 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

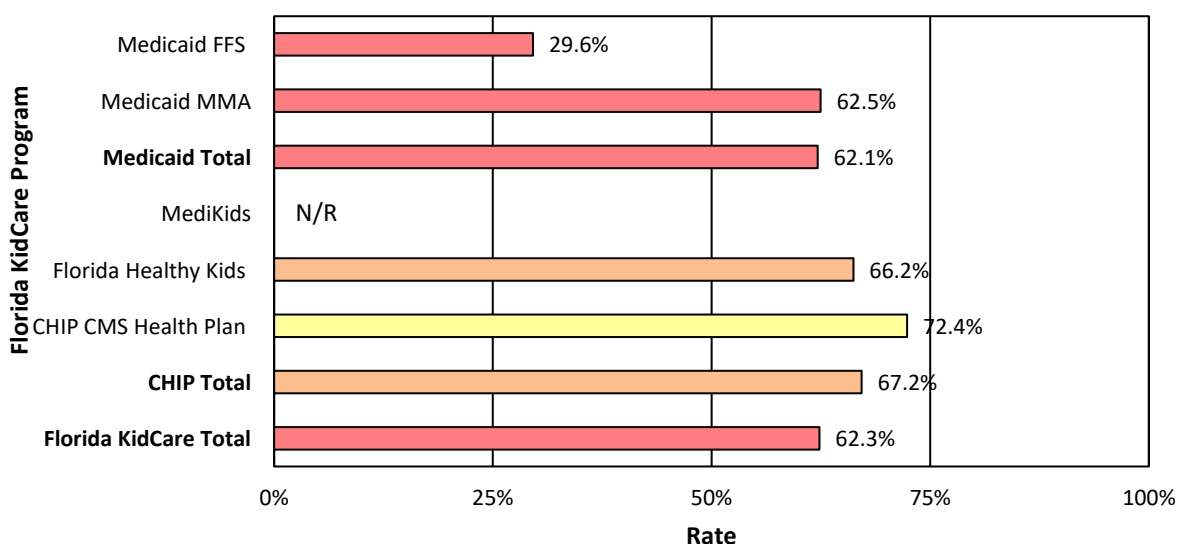
Note. This legend applies to **Figure 51** and **Table 61**.

Table 61. FUH: Follow-Up Visits within 7 Days Results by Florida KidCare Program, CY 2019 to CY 2022

Program	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	21.2%	19.3%	13.8%	16.3%
Medicaid MMA	38.0%	42.0%	34.0%	38.6%
Medicaid Total	37.9%	41.7%	33.7%	38.4%
MediKids	N/R	N/R	N/R	N/R
Florida Healthy Kids	38.0%	46.2%	46.1%	43.6%
CHIP CMS Health Plan	N/A	N/A	41.1%	48.0%
CHIP Total	38.0%	46.0%	45.8%	44.2%
Florida KidCare Total	37.9%	41.9%	34.3%	38.6%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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 52. Florida KidCare Program Results for FUH: Follow-Up Visits within 30 Days, CY 2022



Note. N/R denotes programs or plans for 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 52** and **Table 62**.

Table 62. FUH: Follow-Up Visits within 30 Days Results by Florida KidCare Program, CY 2019 to CY 2022

Program	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	35.3%	30.3%	28.3%	29.6%
Medicaid MMA	62.1%	65.3%	56.0%	62.5%
Medicaid Total	61.9%	64.9%	55.6%	62.1%
MediKids	N/R	N/R	N/R	N/R
Florida Healthy Kids	58.4%	70.3%	71.0%	66.2%
CHIP CMS Health Plan	N/A	N/A	64.3%	72.4%
CHIP Total	58.1%	69.9%	70.6%	67.2%
Florida KidCare Total	61.8%	65.1%	56.4%	62.3%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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 medication can manage conditions such as schizophrenia, bipolar disorder, and ADHD in children (Melamed et al., 2021). 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 and 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, and 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 occur on the same or different dates of service.

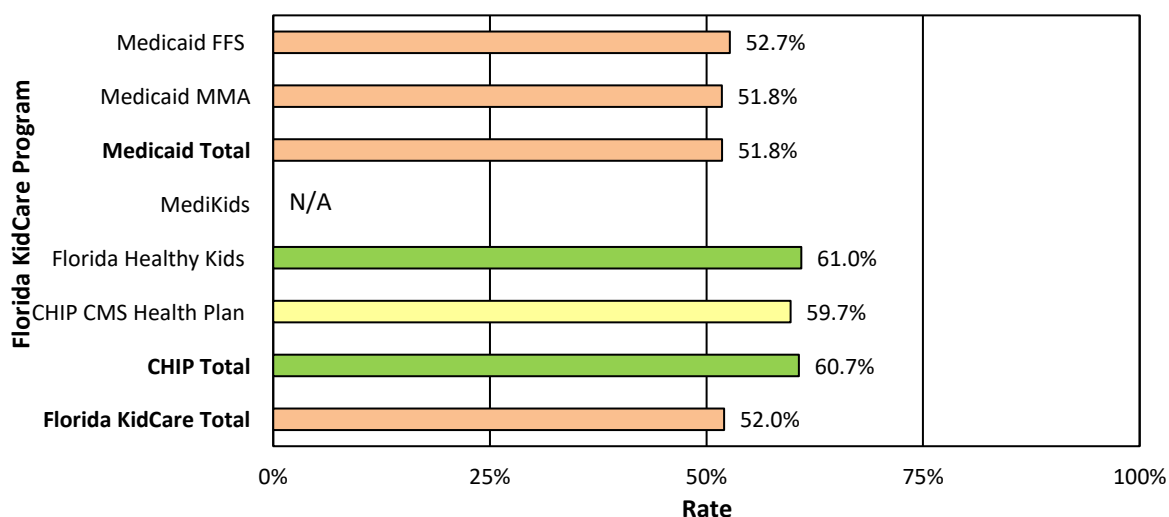
The CY 2022 Florida KidCare program rate for blood glucose testing was 52%, and for cholesterol testing, 37%. The rate for both types of testing was 35%. CHIP CMS Health Plan did especially well, with rates improving from the prior year by nearly 20 percentage points for all three sub-measures. Two of these improved CHIP CMS Health Plan rates were in the top 75th percentile. The Medicaid MMA Community Care Plan had the highest rates for all three sub-measures, and all three were in the top 75th percentile. Both Florida Healthy Kids plans with reportable rates (Aetna and Simply) landed in the top 50th percentile in all three sub-measures.

Figure 53 presents the CY 2022 Florida KidCare rate and benchmark percentiles for blood glucose testing, while **Figure 54** details the data for cholesterol testing. **Figure 55** shows Florida KidCare program CY 2022 results and associated benchmark percentiles for both types of testing.

Table 63, **Table 64**, and **Table 65** present the trending data for each sub-measure, respectively.

Located in Appendix C, **Figure 170** to **Figure 175** presents the CY 2022 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles for all sub-measures.

Figure 53. Florida KidCare Program Results for APM: Blood Glucose Testing, All Ages, CY 2022



Note. N/R denotes programs or plans for 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

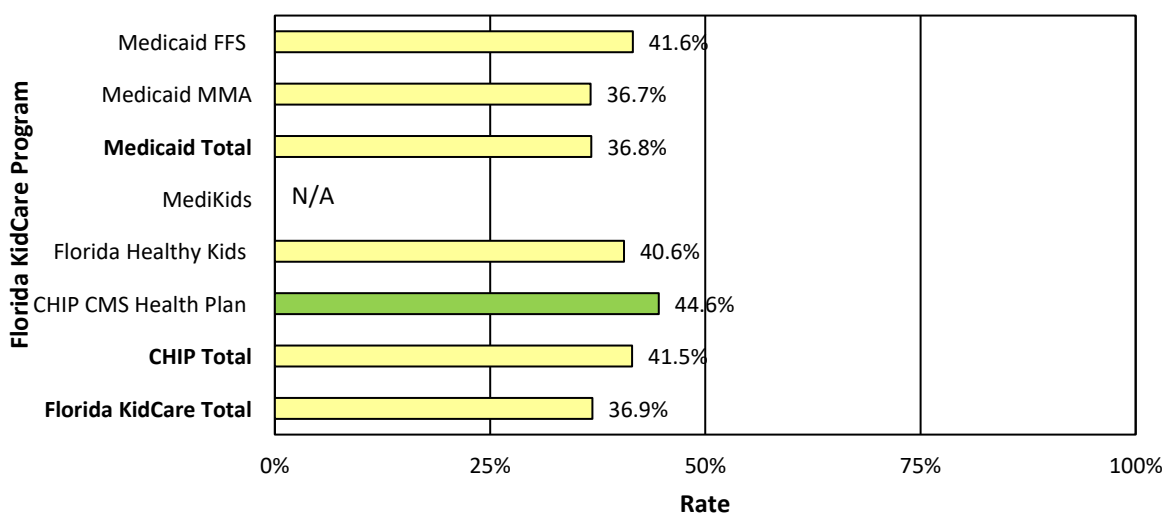
Note. This legend applies to **Figure 53** and **Table 63**.

Table 63. APM: Blood Glucose Testing, All Ages Results by Florida KidCare Program, CY 2019 to CY 2022

Program	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	44.5%	49.3%	51.1%	52.7%
Medicaid MMA	53.6%	47.0%	51.2%	51.8%
Medicaid Total	53.4%	47.1%	51.2%	51.8%
MediKids	N/A	N/A	N/A	N/A
Florida Healthy Kids	58.0%	52.6%	62.1%	61.0%
CHIP CMS Health Plan	36.2%	34.7%	39.1%	59.7%
CHIP Total	50.3%	46.3%	54.9%	60.7%
Florida KidCare Total	53.3%	47.0%	51.3%	52.0%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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 54. Florida KidCare Program Results for APM: Cholesterol Testing, All Ages, CY 2022



Note. N/R denotes programs or plans for 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

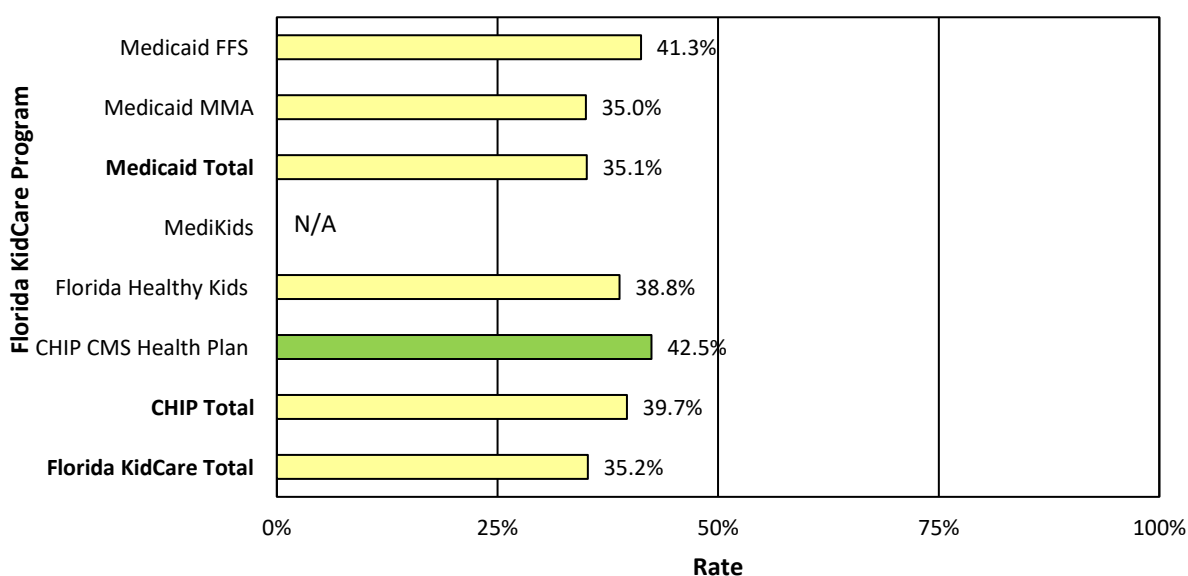
Note. This legend applies to **Figure 54** and **Table 64**.

Table 64. APM: Cholesterol Testing, All Ages Results by Florida KidCare Program, CY 2019 to CY 2022

Program	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	32.6%	34.3%	37.4%	41.6%
Medicaid MMA	40.5%	34.9%	36.5%	36.7%
Medicaid Total	40.3%	34.9%	36.5%	36.8%
MediKids	N/A	N/A	N/A	N/A
Florida Healthy Kids	41.7%	37.5%	43.8%	40.6%
CHIP CMS Health Plan	23.0%	19.9%	24.5%	44.6%
CHIP Total	35.1%	31.3%	37.8%	41.5%
Florida KidCare Total	40.1%	34.7%	36.6%	36.9%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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 55. Florida KidCare Program Results for APM: Blood Glucose and Cholesterol Testing, All Ages, CY 2022



Note. N/R denotes programs or plans for 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 55** and **Table 65**.

Table 65. APM: Blood Glucose and Cholesterol Testing, All Ages Results by Florida KidCare Program, CY 2019 to CY 2022

Program	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	32.0%	33.6%	37.4%	41.3%
Medicaid MMA	37.7%	31.9%	34.6%	35.0%
Medicaid Total	37.6%	31.9%	34.6%	35.1%
MediKids	N/A	N/A	N/A	N/A
Florida Healthy Kids	38.6%	34.7%	40.4%	38.8%
CHIP CMS Health Plan	20.2%	18.7%	23.7%	42.5%
CHIP Total	32.2%	29.0%	35.2%	39.7%
Florida KidCare Total	37.4%	31.8%	34.7%	35.2%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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 in 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).

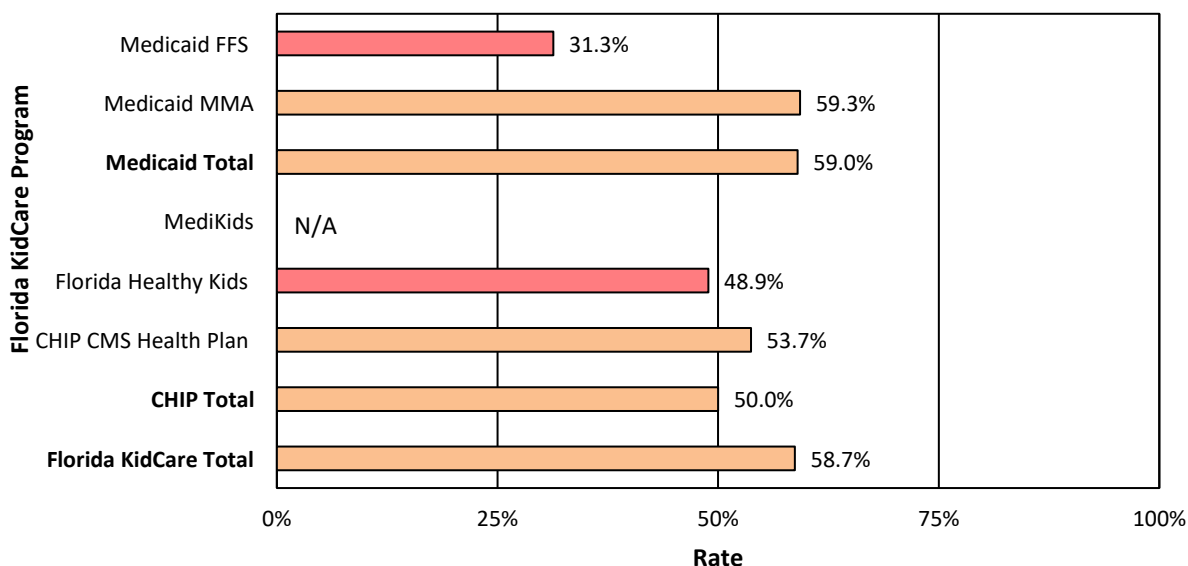
APP measures the percentage of children and adolescents 1-17 years of age who had a new prescription for an antipsychotic medication and had documentation of a psychosocial care visit as the first line of treatment (NCQA, 2021a). Members must not have had antipsychotic medications dispensed for at least 120 days before the IPSD, and continuous enrollment aligns with this time frame through 30 days after the IPSD. Exclusions for this measure encompass 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.

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; for CY 2022, that rate was 59%. Seven out of the 12 Medicaid MMA plans reporting this measure had rates above the Florida KidCare total, and AmeriHealth, Molina, and Sunshine-CW had rates within the top 75th benchmark percentile.

Figure 56 presents Florida KidCare program results and associated benchmark percentiles for CY 2022, and **Table 66** presents the trending results for each of the Florida KidCare programs with applicable benchmark percentiles.

Located in Appendix C, **Figure 176** and **Figure 177** present the CY 2022 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles.

Figure 56. Florida KidCare Program Results for APP: All Ages, CY 2022



Note. N/R denotes programs or plans for 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 56** and **Table 66**.

Table 66. APP: All Ages Results by Florida KidCare Program, Five-Year Trend

Program	CY 2018	CY 2019	CY 2020	CY 2021	CY 2022
Medicaid FFS	21.1%	24.2%	25.0%	25.3%	31.3%
Medicaid MMA	61.7%	61.4%	62.7%	61.3%	59.3%
Medicaid Total	61.0%	60.8%	62.3%	60.9%	59.0%
MediKids	N/A	N/A	N/A	N/A	N/A
Florida Healthy Kids	53.3%	58.7%	57.8%	56.7%	48.9%
CHIP CMS Health Plan	39.3%	46.4%	46.0%	46.0%	53.7%
CHIP Total	48.9%	54.7%	53.4%	53.7%	50.0%
Florida KidCare Total	60.4%	60.5%	61.8%	60.6%	58.7%

Note. Methodology and enrollment differ across measurement years, and this should be considered 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 Substance Use: Ages 13-17 (FUA)

Follow-up care after an ED visit for substance use is integral to recovery. Without adequate follow-up care, those visiting an ED are likely to see a 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 or working 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).

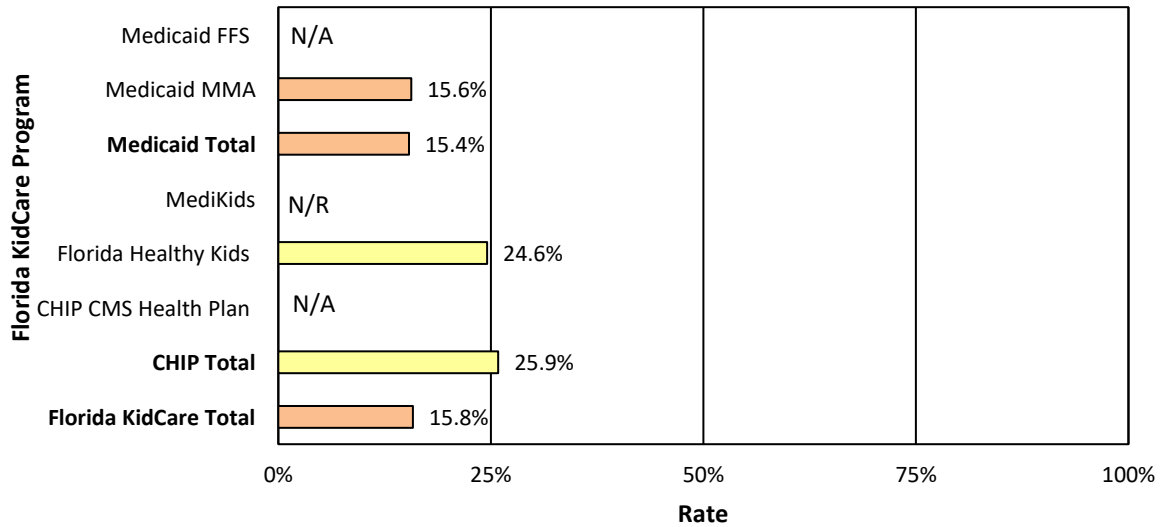
According to SAMHSA (2022), the rate of ED visits involving all drugs for those under 18 was 476 per 100,000 in 2021. The data further shows that within the total alcohol-related ED visits for this nationally representative sample, those under 18 accounted for 1.19% (SAMHSA, 2022). Intervention for teens is crucial to break patterns of alcohol and other substance use, as severe substance use disorder symptoms during adolescence can indicate similar struggles in adulthood (McCabe et al., 2022).

The HEDIS indicator examines results for follow-up visits for those ages 13- 17 after a principal diagnosis of substance use disorder or drug overdose during an ED visit. As with FUH, the follow-up periods are within 7 days and 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.

In CY 2022, the Florida KidCare rate for the follow-up visits within 7 days was 16%, while the rate was 26% for the follow-up visits within 30 days. All Florida KidCare programs with reportable rates improved upon CY 2021 rates by 13 percentage points or more for both sub-measures. Medicaid MMA CMS Health Plan fell in the top 75th percentile in both sub-measures and had the highest rate of all plans. Only Aetna had reportable rates among the Florida Healthy Kids plans, and both were in the top 50th benchmark percentile.

Figure 57 and **Figure 58** present Florida KidCare program results and applicable benchmark percentiles for follow-up visits within 7 days and 30 days, respectively, in CY 2022. Trending data for follow-up visits within 7 days and 30 days, respectively, are shown in **Table 67** and **Table 68**. Located in Appendix C, **Figure 178** to **Figure 181** presents the CY 2022 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles for both sub-measures.

Figure 57. Florida KidCare Program Results for FUA: Follow-Up Visits within 7 Days, CY 2022



Note. N/R denotes programs or plans for 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

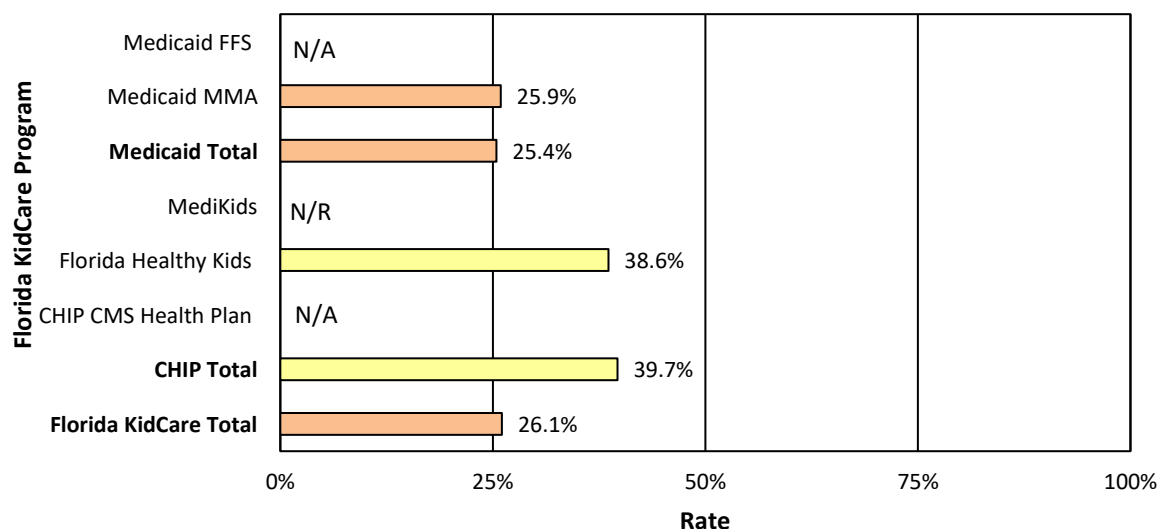
Note. This legend applies to **Figure 57** and **Table 67**.

Table 67. FUA: Follow-Up Visits within 7 Days Results by Florida KidCare Program, CY 2021-CY 2022

Program	CY 2021	CY 2022
Medicaid FFS	N/A	N/A
Medicaid MMA	2.0%	15.6%
Medicaid Total	1.9%	15.4%
MediKids	N/R	N/R
Florida Healthy Kids	2.7%	24.6%
CHIP CMS Health Plan	N/A	N/A
CHIP Total	2.4%	25.9%
Florida KidCare Total	1.9%	15.8%

Note. Methodology and enrollment differ across measurement years, and this should be considered when reviewing trending data. 2021 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 58. Florida KidCare Program Results for FUA: Follow-Up Visits within 30 Days, CY 2022



Note. N/R denotes programs or plans for 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 58** and **Table 68**.Table 76

Table 68. FUA: Follow-Up Visits within 30 Days Results by Florida KidCare Program, CY 2021-CY 2022

Program	CY 2021	CY 2022
Medicaid FFS	N/A	N/A
Medicaid MMA	3.4%	25.9%
Medicaid Total	3.5%	25.4%
MediKids	N/R	N/R
Florida Healthy Kids	8.1%	38.6%
CHIP CMS Health Plan	N/A	N/A
CHIP Total	7.1%	39.7%
Florida KidCare Total	3.7%	26.1%

Note. Methodology and enrollment differ across measurement years, and this should be considered when reviewing trending data. 2021 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.

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 a lessening of initial symptoms (Croake et al., 2017). Patients with public health insurance can be less compliant with follow-up attendance after ED discharge, which may be due to socioeconomic factors that make it challenging to access care. Rates of follow-up care for acute conditions tend to be higher as the need for care tends to be obvious and often urgent (e.g., for a broken limb). However, chronic conditions such as mental illnesses can be harder to diagnose or may not be taken seriously, 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 disorders, and eating disorders were higher—in some cases, double the 2019 rates—for adolescent females.

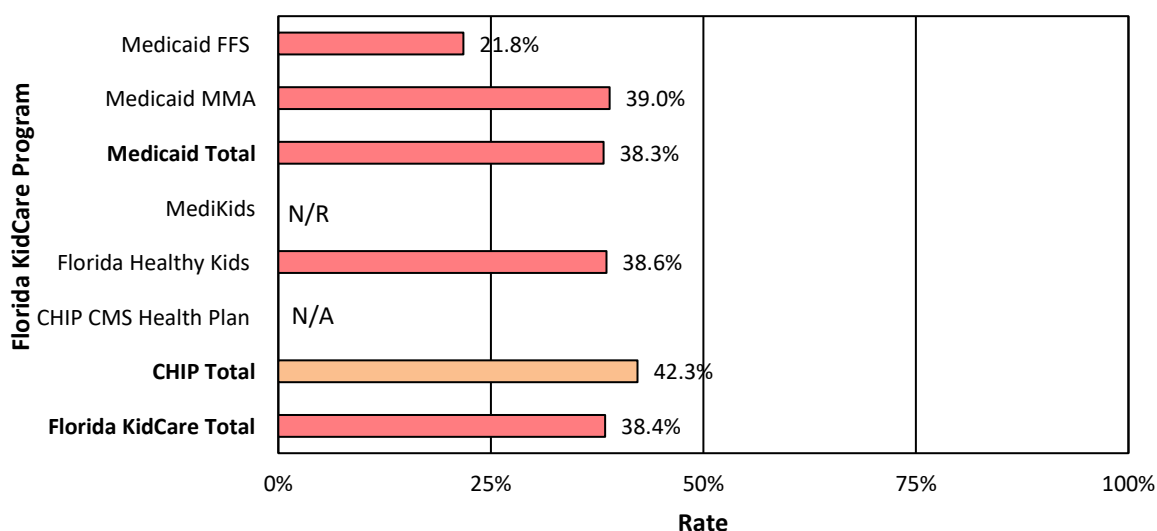
It is crucial to intervene early and continue to ensure intervention through follow-up care so that early symptoms don't become an urgent mental health crisis. Given this population's challenges when seeking follow-up care, alternative methods of providing mental health services, including telehealth, are also important. As with the FUA measure, this measure considers telehealth care and visits to any provider type compliant, while 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 7 days post-ED discharge and at 30 days, and only the first ED visit counts per each 31-day period.

The CY 2022 Florida KidCare program rate for the 7-day follow-up was 38%, and the 30-day follow-up rate was 55%. Eight out of 11 Medicaid MMA plans with reportable rates were higher than the Florida KidCare total for 7-day follow-up, while seven did so for the 30-day follow-up.

Figure 59 and **Figure 60** present the Florida KidCare program results and applicable benchmark percentiles for follow-up visits within 7 days and 30 days, respectively, in CY 2022. Trending data for follow-up visits within 7 days and 30 days, respectively, are shown in **Table 69** and **Table 70**. CY 2021 was the first year this measure was calculated, so only data for last CY and this CY are shown.

Located in Appendix C, **Figure 182** to **Figure 185** presents the CY 2022 Medicaid MMA and Florida Healthy Kids plan results and benchmark percentiles for both sub-measures.

Figure 59. Florida KidCare Program Results for FUM: Follow-Up Visits within 7 Days, CY 2022



Note. N/R denotes programs or plans for 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

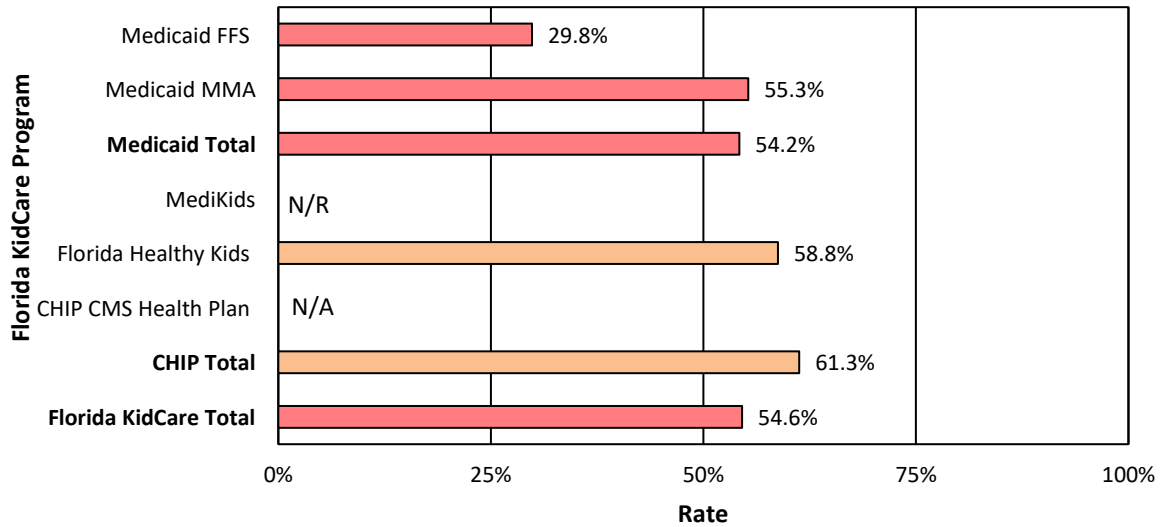
Note. This legend applies to **Figure 59** and **Table 69**.

Table 69. FUM: Follow-Up Visits within 7 Days Results by Florida KidCare Program, CY 2021-CY 2022

Program	CY 2021	CY 2022
Medicaid FFS	20.1%	21.8%
Medicaid MMA	39.2%	39.0%
Medicaid Total	38.3%	38.3%
MediKids	N/R	N/R
Florida Healthy Kids	33.7%	38.6%
CHIP CMS Health Plan	37.5%	N/A
CHIP Total	34.8%	42.3%
Florida KidCare Total	38.1%	38.4%

Note. Methodology and enrollment differ across measurement years, and this should be considered when reviewing trending data. 2021 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 60. Florida KidCare Program Results for FUM: Follow-Up Visits within 30 Days, CY 2022



Note. N/R denotes programs or plans for 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 60** and **Table 70**.

Table 70. FUM: Follow-Up Visits within 30 Days Results by Florida KidCare Program, CY 2021-CY 2022

Program	CY 2021	CY 2022
Medicaid FFS	29.9%	29.8%
Medicaid MMA	56.0%	55.3%
Medicaid Total	54.7%	54.2%
MediKids	N/R	N/R
Florida Healthy Kids	47.9%	58.8%
CHIP CMS Health Plan	68.8%	N/A
CHIP Total	53.7%	61.3%
Florida KidCare Total	54.6%	54.6%

Note. Methodology and enrollment differ across measurement years, and this should be considered when reviewing trending data. 2021 was the first year this measure was calculated; thus, trending data from prior years are not available. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Dental and Oral Health Services

Oral health is central to a person’s overall health and well-being and 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 resulting from a lack of regular treatment can cause pain and tooth loss, impede productivity, and potentially exacerbate several 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 its second statewide oral health surveillance, focusing on Florida children aged 3-6 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% of Head Start children had untreated decay, while 34% experienced some level of tooth decay, noting that 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 problematic. Research on childhood oral health has consistently demonstrated 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, data listed as “Medicaid MMA” utilizes plan-reported data through the state’s Medicaid dental health plans that serve all Medicaid members. The data listed for Medicaid FFS considers members not enrolled in a dental plan, whereas MediKids members were treated as an integral population, disregarding the dental plan they were assigned. As a result, the numbers for Medicaid FFS are low as most members were enrolled in a dental plan and are therefore included with the Medicaid MMA totals.

Specific to the Florida Healthy Kids dental plans, Argus stopped serving members midway through the measurement year, at which time Liberty became an option for members. Due to this mid-year change, data from all four dental plans were analyzed for Florida Healthy Kids.

Table 71 presents the Florida KidCare overall rates in CY 2022 for the measures presented in this section. Information on program component rates is detailed in this section, and the Medicaid MMA and Florida Healthy Kids plan rates can be found in **Appendix C: Additional Data Charts**.

Table 71. Florida KidCare Rates for Dental and Oral Health Services Measures in CY 2022

Measure	Florida KidCare Rate
Oral Evaluation, Dental Services (OEV): All Ages	34.5%
Topical Fluoride for Children (TFL): All Ages- Dental or Oral Health Services	14.1%
Sealant Receipt on Permanent First Molars (SFM): At Least One Sealant	48.1%
Sealant Receipt on Permanent First Molars (SFM): All Four Molars Sealed	33.9%

Oral Evaluation, Dental Services (OEV)

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services, a Medicaid component, include preventive dental services. Covered in these preventive dental services are the application of dental sealants, routine oral exams, X-rays, cleanings, and fluoride treatments. According to an analysis of the 2021 annual reporting for the Child Core Set measures, just 40% 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 to these services.

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 at an elevated risk of caries, including hygiene practices, saliva flow, and diet (Center for Medicaid and CHIP Services & CMS, 2022). 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.

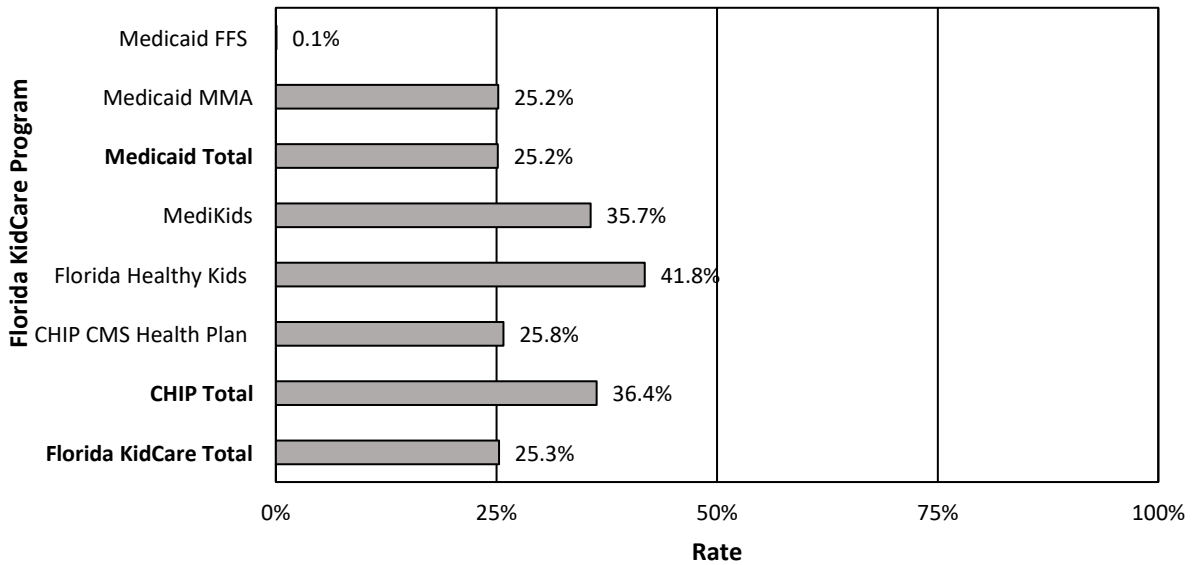
According to the CDC (2022b), over half (52%) of children aged 6-8 years old have had a cavity in their primary (baby) teeth. The American Academy of Pediatric Dentistry (AAPD) recommends check-ups every six months following the appearance of the child's first tooth (AAPD, 2018). Forgoing these visits can lead to worsening cavities, causing pain and infections that impact the ability to eat and speak. Children should receive periodic oral evaluations to prevent the progression of caries and cavities through early identification (Center for Medicaid and CHIP Services & CMS, 2022). The AAPD (2018) suggests that children with increased risk factors for caries see a dentist more often—every three months, for example.

The Child Core Set OEV measure considers the percentage of enrolled children up to 20 years of age who received a comprehensive or periodic oral evaluation within the reporting year (Center for Medicaid and CHIP Services & CMS, 2022). The measure specifications for OEV cover nine age stratifications. This report presents the results for the OEV measure for the following age stratifications: 0-5, 6-11, 12-20, and all ages within Florida KidCare. Only the All Ages sub-measure is included in the trending data table for brevity. When considering all ages, 35% of Florida KidCare members received an oral evaluation in CY 2022. Three of four Florida Healthy Kids dental plans had rates above the Florida KidCare total in each OEV sub-measure presented in this report.

Program component-specific data are shown in **Figure 61-Figure 64**. Trending data for the All Ages sub-measure is shown in

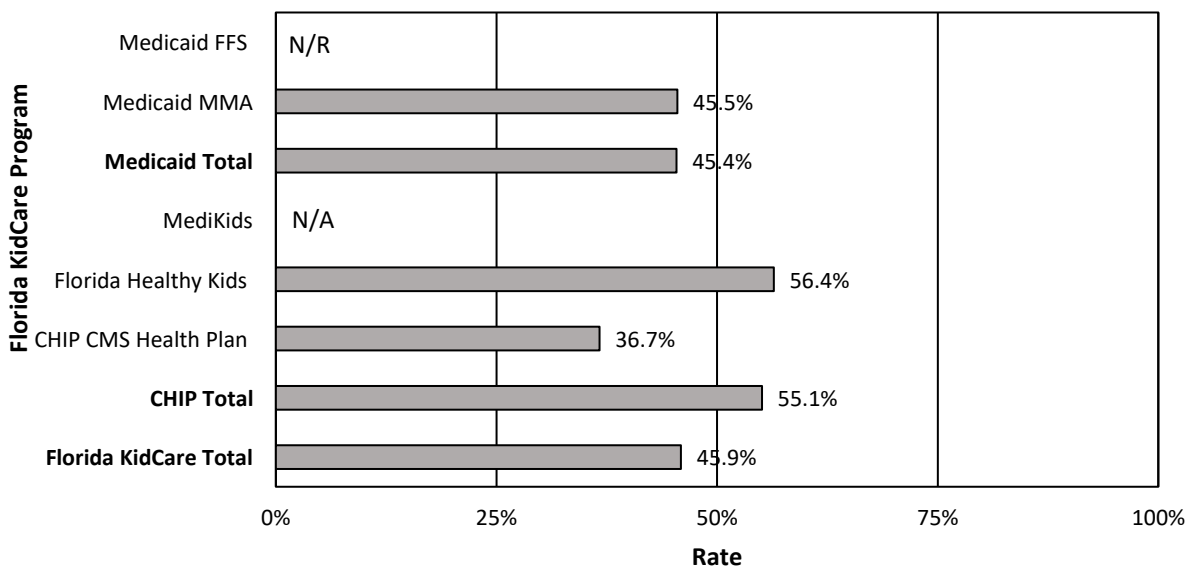
Table 72. Located in Appendix C, **Figure 186 to Figure 193** present the CY 2022 Medicaid and Florida Healthy Kids dental plan results.

Figure 61. Florida KidCare Program Results for OEV: Ages 0-5, CY 2022



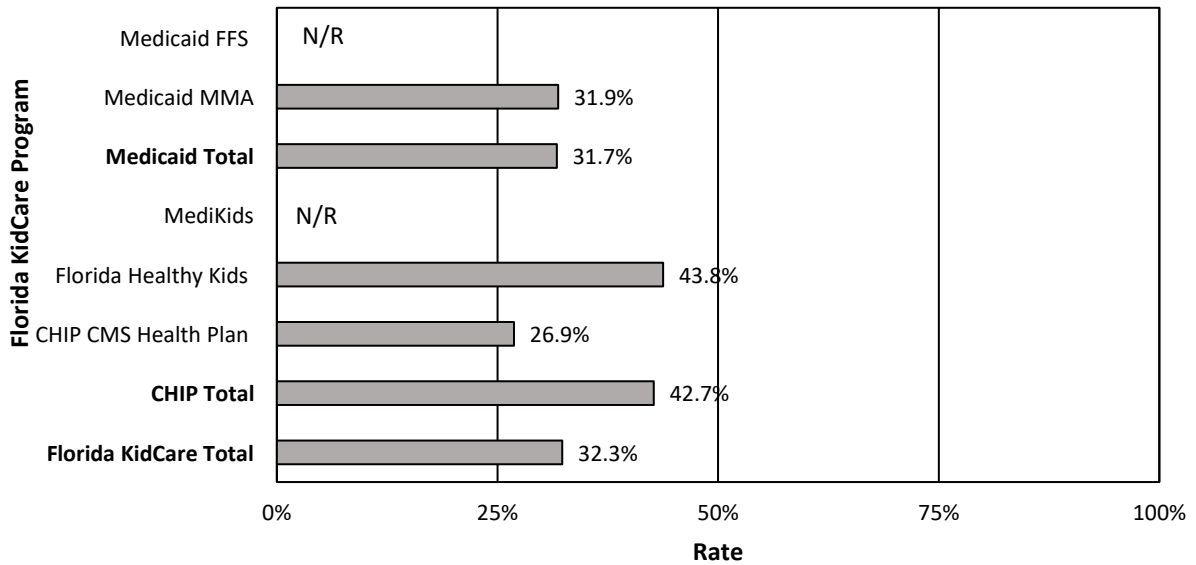
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 62. Florida KidCare Program Results for OEV: Ages 6-11, CY 2022



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

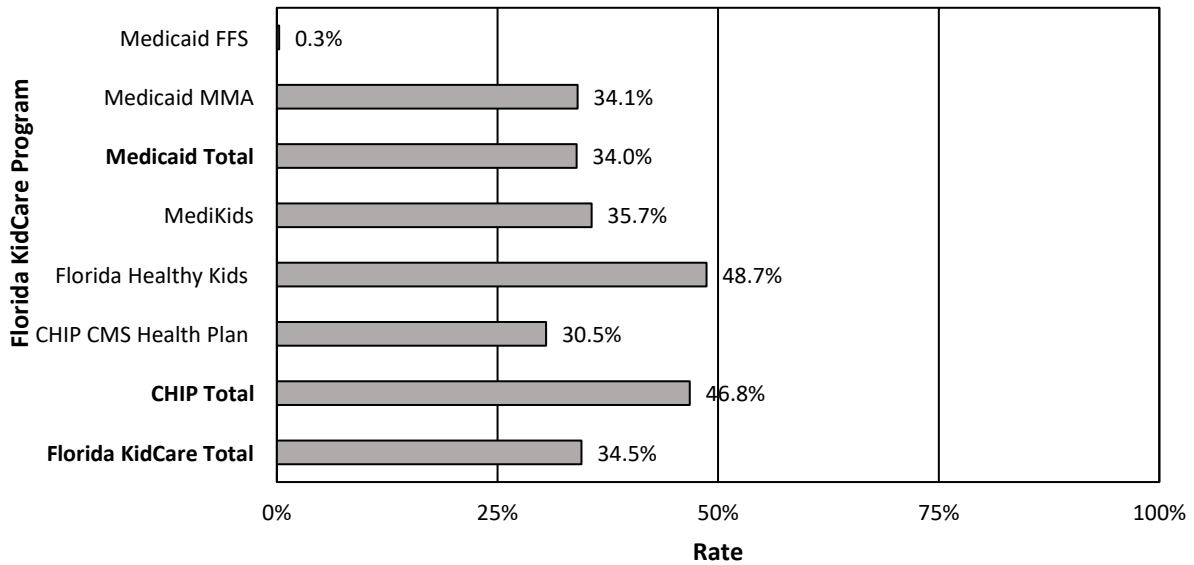
Figure 63. Florida KidCare Program Results for OEV: Ages 12-20, CY 2022



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

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Figure 64. Florida KidCare Program Results for OEV: All Ages, CY 2022



Note. N/R denotes programs or plans for 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 72. OEV: All Ages Results by Florida KidCare Program, CY 2021-CY 2022

Program	CY 2021	CY 2022
Medicaid FFS	8.7%	0.3%
Medicaid MMA	35.7%	34.1%
Medicaid Total	35.0%	34.0%
MediKids	29.3%	35.7%
Florida Healthy Kids	46.9%	48.7%
CHIP CMS Health Plan	41.7%	30.5%
CHIP Total	45.2%	46.8%
Florida KidCare Total	35.6%	34.5%

Note. Methodology and enrollment differ across measurement years, and this should be considered when reviewing trending data. 2021 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.

Topical Fluoride for Children (TFL)

Fluoride is 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 that parents speak to their dentist or doctor about fluoride varnish application when their child experiences their first tooth eruption.

The Child Core Set TFL measure analyzes the percentage of children 1-20 years of age who received at least two topical fluoride applications on different dates of service (Center for Medicaid and CHIP Services & CMS, 2022). This application can be recorded as a dental or oral health service within the reporting year, the distinction being that a PCP can offer oral health services while dental services are administered by, or supervised under the provision of, a dentist. Services provided by a county health department's dental clinic are considered dental services as well (Center for Medicaid and CHIP Services & CMS, 2022).

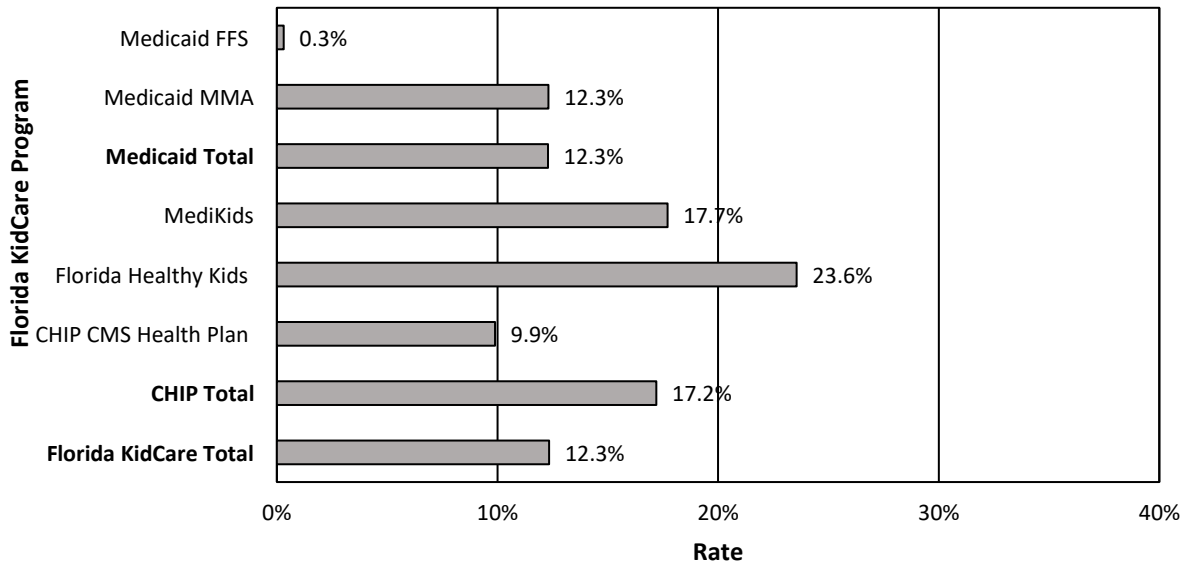
TFL assumes all modes of topical fluoride application share the same effectiveness. As such, fluoride varnish (comprised of sodium fluoride in an alcohol and resin-based solution) or non-varnish fluoride products such as gels are both acceptable (Center for Medicaid and CHIP Services & CMS, 2022).

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. TFL covers eight age stratifications similar to OEV, though starting at age 1. This report presents the results for the TFL measure for the following age stratifications: 1-5, 6-11, 12-20, and all ages. Only the All Ages sub-measure is included in the trending data table for brevity. Across all ages, 14% of Florida KidCare members received at least two topical fluoride applications in CY 2022.

The continuous enrollment criteria of 12 months for this measure meant that neither Argus nor Liberty Florida Healthy Kids dental plan had members eligible for the measure, which impacted subsequent totals for Florida Healthy Kids, CHIP, and Florida KidCare. However, the two remaining Florida Healthy Kids dental plans exceeded the state rate in each of the sub-measures in this report.

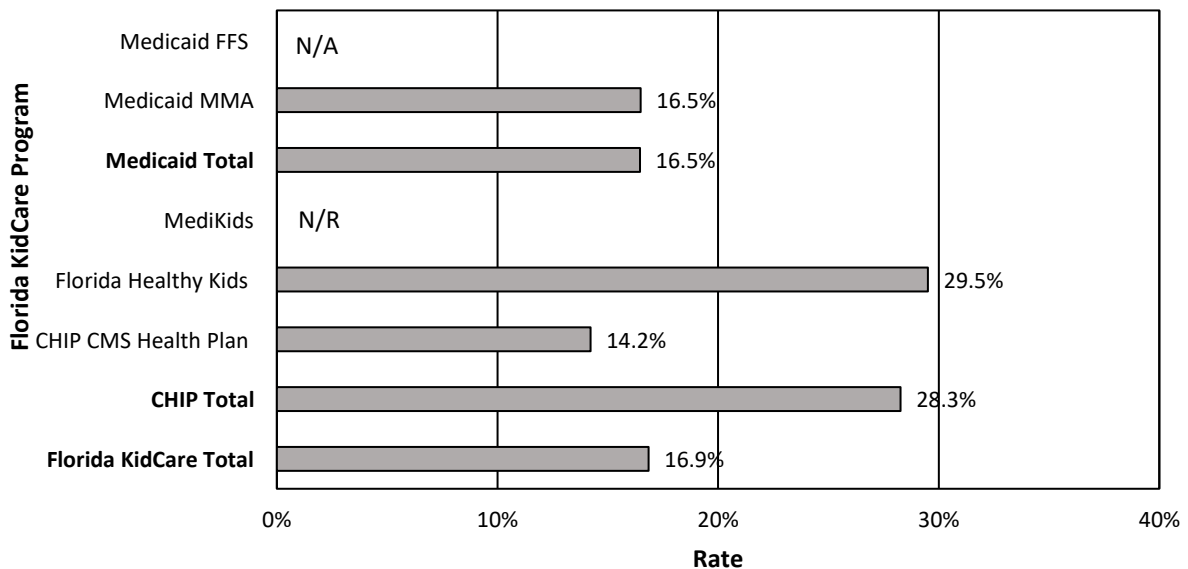
These rates are depicted in **Figure 65-Figure 68**. Trending data for the all ages sub-measure is shown in **Table 73**. Appendix C, **Figure 194 - Figure 201** presents the CY 2022 Medicaid and Florida Healthy Kids dental plan results.

Figure 65. Florida KidCare Program Results for TFL: Ages 1-5, CY 2022



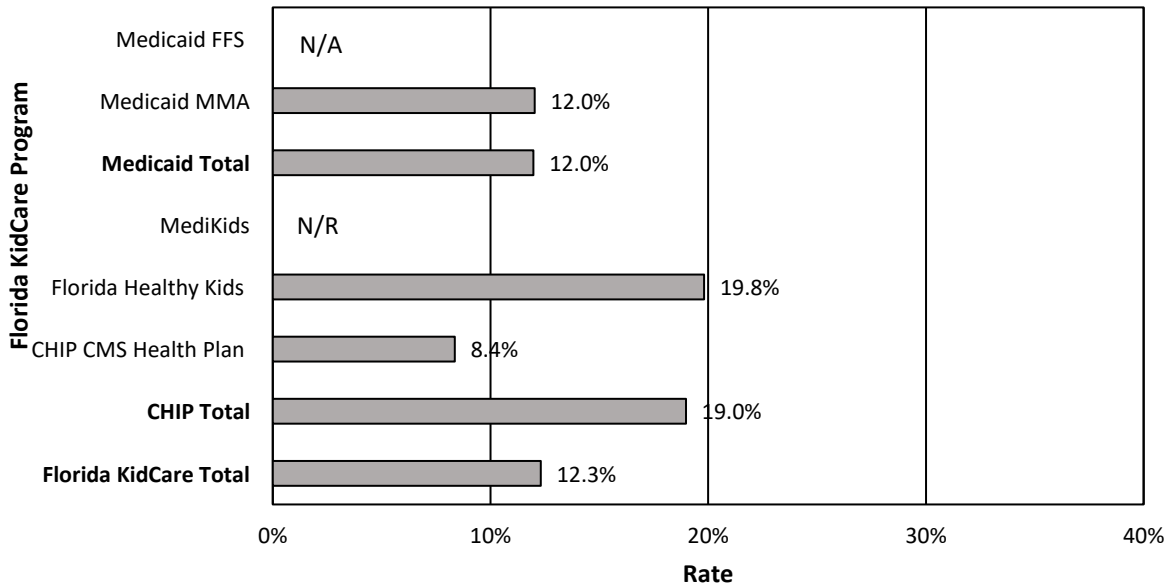
Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less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

Figure 66. Florida KidCare Program Results for TFL: Ages 6-11, CY 2022



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.

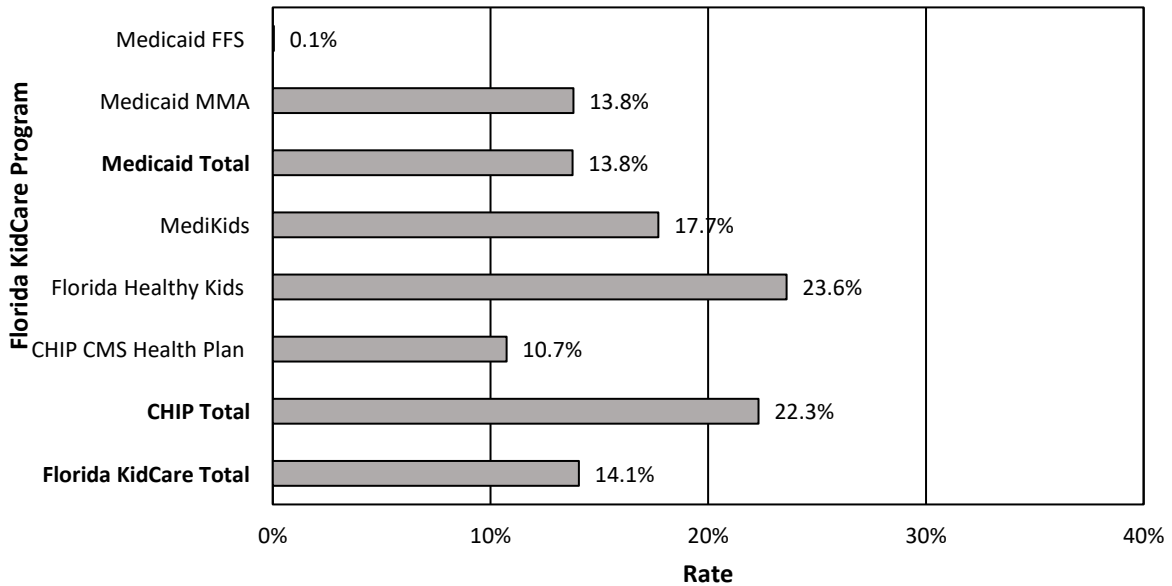
Figure 67. Florida KidCare Program Results for TFL: Ages 12-20, CY 2022



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.

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Figure 68. Florida KidCare Program Results for TFL: All Ages, CY 2022



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 73. TFL: All Ages Results by Florida KidCare Program, CY 2021-CY 2022

Program	CY 2021	CY 2022
Medicaid FFS	2.5%	0.1%
Medicaid MMA	23.6%	13.8%
Medicaid Total	22.5%	13.8%
MediKids	16.0%	17.7%
Florida Healthy Kids	20.2%	23.6%
CHIP CMS Health Plan	11.7%	10.7%
CHIP Total	19.4%	22.3%
Florida KidCare Total	22.1%	14.1%

Note. Methodology and enrollment differ across measurement years, and this should be considered when reviewing trending data. 2021 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.

Sealant Receipt on Permanent First Molars (SFM)

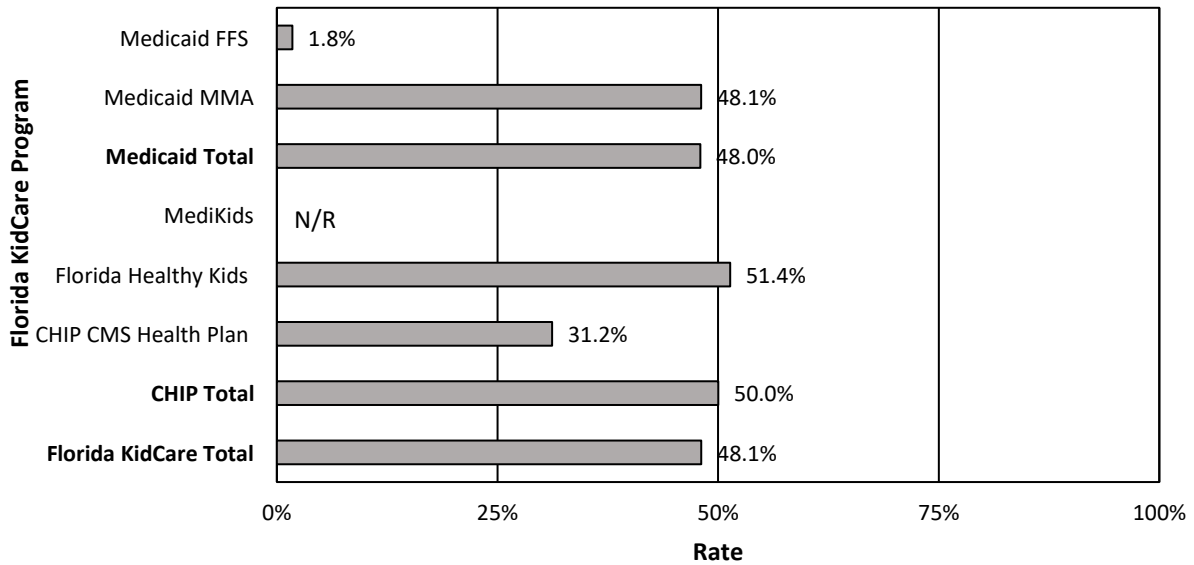
Dental sealants are thin coatings applied to the chewing surfaces of the back teeth. Sealants can be divided into two types of material: glass ionomers and composite resin. Each undergoes slightly different reactions once applied in the mouth in liquid form but functions similarly in preventing or minimizing dental caries (American Dental Association [ADA], 2021). Sealants are not as versatile as fluoride application, as they are limited to pits and fissures of only the molars (back teeth). However, they 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 children without sealants 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).

A Child Core Set measure, SFM, analyzes the percentage of enrolled children with a sealant applied on permanent first molar teeth by their 10th birthday. This measure is divided into two sub-measures: whether *any* sealant has been applied and whether all four molars (teeth 14, 3, 19, 30) have received a sealant (Center for Medicaid and CHIP Services & CMS, 2022). 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, 2022).

Close to 50% of Florida KidCare members who turned 10 in CY 2022 received a sealant on a permanent first molar, and 34% received a sealant on all four molars. The Medicaid dental plans improved their past rates for both sub-measures, which is reflected by increases of nine percentage points or more for the Medicaid MMA listing. Half of the Florida Healthy Kids dental plans had rates above the Florida KidCare total in both sub-measures, with DentaQuest having the highest rates at 55% and 41%.

The CY 2022 Florida KidCare program component rates for both SFM sub-measures are shown in **Figure 69** and **Figure 70**. Trending data for at least one sealant and all four molars sealed are shown in **Table 74** and **Table 75**, respectively. The CY 2022 sub-measure rates for each Medicaid and Florida Healthy Kids dental plan are depicted in Appendix C, **Figure 202 - Figure 205**.

Figure 69. Florida KidCare Program Results for SFM: At Least One Sealant, CY 2022



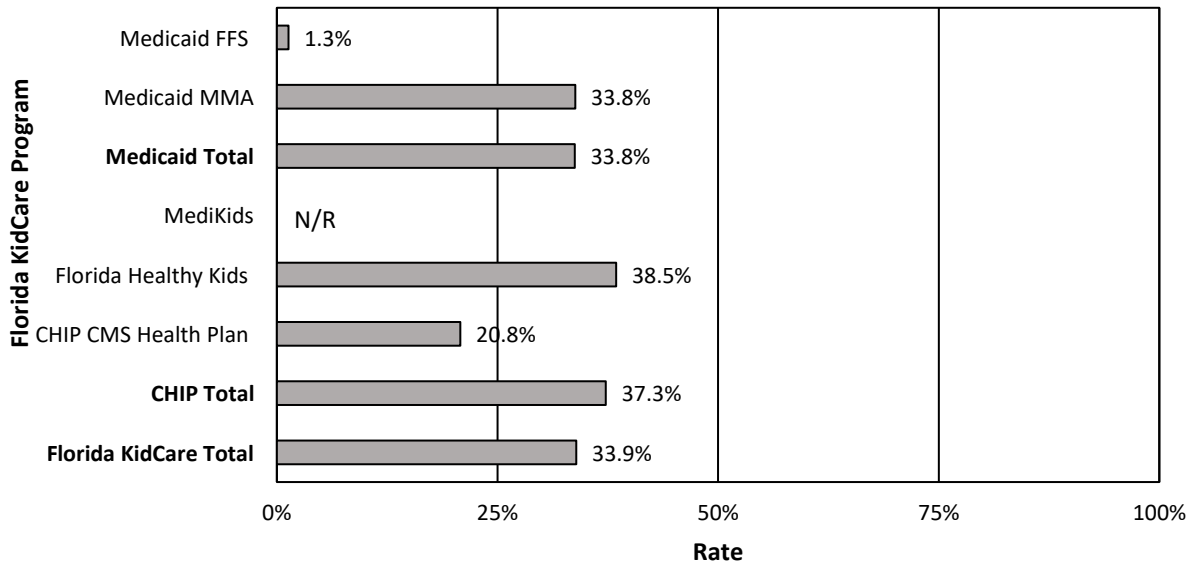
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Table 74. SFM: At Least One Sealant Results by Florida KidCare Program, CY 2021-CY 2022

Program	CY 2021	CY 2022
Medicaid FFS	5.1%	1.8%
Medicaid MMA	37.8%	48.1%
Medicaid Total	37.8%	48.0%
MediKids	N/R	N/R
Florida Healthy Kids	46.1%	51.4%
CHIP CMS Health Plan	32.0%	31.2%
CHIP Total	45.2%	50.0%
Florida KidCare Total	38.4%	48.1%

Note. Methodology and enrollment differ across measurement years, and this should be considered when reviewing trending data. 2021 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 70. Florida KidCare Program Results for SFM: All Four Molars Sealed, CY 2022



Note. N/R denotes programs or plans for 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 75. SFM: All Four Molars Sealed Results by Florida KidCare Program, CY 2021-CY 2022

Program	CY 2021	CY 2022
Medicaid FFS	0.0%	1.3%
Medicaid MMA	24.4%	33.8%
Medicaid Total	24.4%	33.8%
MediKids	N/R	N/R
Florida Healthy Kids	33.2%	38.5%
CHIP CMS Health Plan	21.1%	20.8%
CHIP Total	32.4%	37.3%
Florida KidCare Total	25.0%	33.9%

Note. Methodology and enrollment differ across measurement years, and this should be considered when reviewing trending data. 2021 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.

Conclusion

In This Section

- Summary
- **Error! Reference source not found.**

Summary

Families rely on the Florida KidCare program to provide quality health care for children. Calendar Year (CY) 2022 data reflects the victories over, and the persistent effects of, pandemic-related challenges. This is particularly true for applications, enrollment, and renewals. While all application totals were lower than the prior year, there was a 5.5% increase in Medicaid enrollment, driven by high renewal totals, as federal requirements stipulated that members retain continuous coverage through the public health emergency.

The Children's Health Insurance Program (CHIP) program experienced the opposite: All CHIP programs — subsidized and full-pay — saw decreased enrollment for the third consecutive year except for the Florida Healthy Kids full-pay program. For the entire subsidized CHIP program, this represents a decrease of 59% from CY 2019 to CY 2022. In contrast, the Medicaid program saw a 28% increase during the same period. When considering members eligible for renewal, the CHIP program CY 2022 totals were lower each month than in CY 2021, resulting in a CY 2022 successful renewal rate one percentage point lower than the prior year at 93.5%. The CHIP finance data reflected this decrease in caseloads from budgeted totals, and CHIP expenditures were close to \$45 million less than budgeted for State Fiscal Year 2022-2023.

Examining the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey data from the CY 2022 reporting period indicated that overall member experiences were within the range of 5 year data rates, although somewhat lower than the prior year. CHIP Children's Medical Services (CMS) Health Plan had the most improvements from the preceding year, improving in 13 out of 14 CAHPS items for which the rate was above the low denominator threshold for reporting. Two of those improvements were the highest rates over the past five years. Medicaid Fee-For-Service (FFS) and Florida Healthy Kids each had 12 reportable CAHPS rates and saw improvements from the prior year in seven and nine instances, respectively. Medicaid Managed Medical Assistance (MMA) and MediKids each had several rate decreases from the year before. Most of these decreases were the lowest rates within the past five years: For Medicaid MMA, this happened nine times, and for MediKids, seven.

CHIP CMS Health Plan demonstrated both quantity and quality in its improvements by increasing 75% or more in six out of seven domains examined in this analysis: standardized CAHPS items such as composites, global rating questions, and questions from the Children with Chronic Conditions (CCC) question set, as well as thematic domains created for this analysis such as interpersonal relationships, coordination of care, perception of health plan, and access to care. For performance compared to the national Healthcare Effectiveness Data and Information Set (HEDIS®) benchmark percentiles, the Florida KidCare program fell within the top 50th benchmark percentile for four of the CAHPS items for which a national benchmark was available. When considering the 12 Medicaid MMA plans that conducted the CAHPS survey, CMS Health Plan and Simply each fell within the top 50th percentile most of the time.

Thirty-two quality of care sub-measures were compared to HEDIS benchmark data to gauge how the CY 2022 Florida KidCare program is doing relative to national averages. Most program components fell mainly within the top 50th benchmark percentile. Medicaid MMA plans Aetna, AmeriHealth, Molina, and Sunshine-CW each fell within the top 50th percentile over 65% of the time for which the plan had a reportable rate. All three Florida Healthy Kids plans were within the top 50th percentile for 68% or more of the sub-measures for which each plan had a reportable rate.

Medicaid FFS rates improved from the year prior in seven of the 14 primary care access and preventive care sub-measures, while Florida Healthy Kids did so for eight of the nine sub-measures applicable to the program population. All three Florida Healthy Kids plans landed in the top 50th benchmark percentile for seven of those sub-measures, five of which were in the top 75th percentile. For the 13 behavioral health sub-measures, Medicaid FFS improved on 82% of the sub-measures for which there was a reportable rate, while Medicaid MMA improved on 77% of the rates from CY 2021. The CHIP CMS Health Plan CY 2022 rates were the highest within the trending period 10 times, and Medicaid FFS did so 11 times. Medicaid FFS improved on Ambulatory Care: ED Visits (AMB) rate by decreasing visits per 1,000 members years by 5% from the year prior. One measure that saw improvement across the board was the Follow-Up After Emergency Department Visit for Substance Use (FUA) measure. Both sub-measure rates increased from CY 2021 by 13 percentage points or higher for each program component with a reportable rate.

The Florida KidCare rate for the postpartum care sub-measure was a three-year high of 73% due to improved rates from both Medicaid program components. However, the Medicaid MMA program performance was lower in CY 2022 for many other sub-measures, with 19 year-to-year decreases compared to the prior-year rates, and 10 of these decreases were the lowest rates across the trending data period. When focusing on the benchmark percentile performance of the Medicaid MMA plans, there were 10 times when at least 10 of the plans were in the top 50th percentile for a sub-measure. In five instances, all but one plan with a reportable rate was in the top 50th percentile.

Recommendations

All program components with a reportable rate for the postpartum care measure improved their rates from CY 2021. Additional strategies may allow continued improvement to postpartum health, including payment adjustments for enhanced lactation support and tools, postpartum depression treatment, or family planning (Centers for Medicare & Medicaid Services, 2023a).

Florida KidCare programs improved over prior-year performance measure rates. There are additional opportunities to continue this trend. Particular opportunities exist in behavioral health through provider training on quality improvement principles. Behavioral health care providers can include social workers and therapists, who may not be familiar with quality improvement principles in education on these principles and potentially improve these outcomes (Kilbourne et al., 2018). Additional strategies can include a whole-person approach to treatment that addresses some service needs beyond health care. These factors can play a major role in a patient's life and can be a factor in the reasons for a behavioral health visit, and future HEDIS measures will analyze these issues (NCQA, 2022). An additional way to enhance behavioral health care is using natural language processing, which can capture data in a medical record that might not be noted in claims data, for instance, suicidal ideation, or homelessness (Kilbourne et al., 2018).

Early screening is critical to timely intervention for developmental delays. Florida KidCare developmental screening rates have reflected the national median rates over the last 5 years. Developmental screenings can be an area for quality improvement projects (Meurer et al., 2022) incentivized through continuing education credit and Maintenance of Certification Part IV credit. However, these projects should be within the realm of changes that providers have the authority to make to prevent losing interest in the topic (Hendricks & Theis et al., 2022).

There is currently significant focus on joint efforts across the state, including organizations like early learning coalitions, health plans, physicians groups and other partners. Strengthening cross-agency partnerships may help provide a more cohesive approach to services.

For the CY 2022 reporting period, NCQA requires the inclusion of race and ethnicity stratifications (NCQA, 2021a). While the NCQA data generates national comparisons, Florida requires a more robust collection of demographic data reporting by managed care plans. This data can help identify underserved populations and areas of improvement.

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
ACOG	American College of Obstetricians and Gynecologists
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
CY	Calendar Year
DCF	Department of Children and Families
DEO	Department of Economic Opportunity
DOH	Department of Health
DTaP	Diphtheria, Tetanus, and Acellular Pertussis
ED	Emergency Department
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment
EDB	Enrollment DataBase
FDA	Food and Drug Administration
Florida SHOTS™	Florida State Health Online Tracking System
FFS	Fee-For-Service
FFY	Federal Fiscal Year
FHKC	Florida Healthy Kids Corporation
FMAP	Federal Medical Assistance Percentage
FPL	Federal Poverty Level
HEDIS®	Healthcare Effectiveness Data and Information Set
HepB	Hepatitis B
HHS	Health and Human Services
HiB	Haemophilus Influenza Type B
HPV	Human Papillomavirus
HRSA	Health Resources and Services Administration
ICHP	Institute for Child Health Policy
IPSD	Index Prescription Start Date
IPV	Inactivated Poliovirus
LARC	Long-acting Reversible method of Contraception
MAGI	Modified Adjusted Gross Income
MCHAT	Modified Checklist for Autism in Toddlers
MMA	Managed Medical Assistance

MMR	Measles, Mumps, and Rubella
NCQA	National Committee for Quality Assurance
NIMH	National Institute of Mental Health
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

Additional data charts from previous sections of this report are within this section, 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 and Florida Healthy Kids plans, as well as 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 71. Florida KidCare Applications Received by FHKC, Five-Year Trend

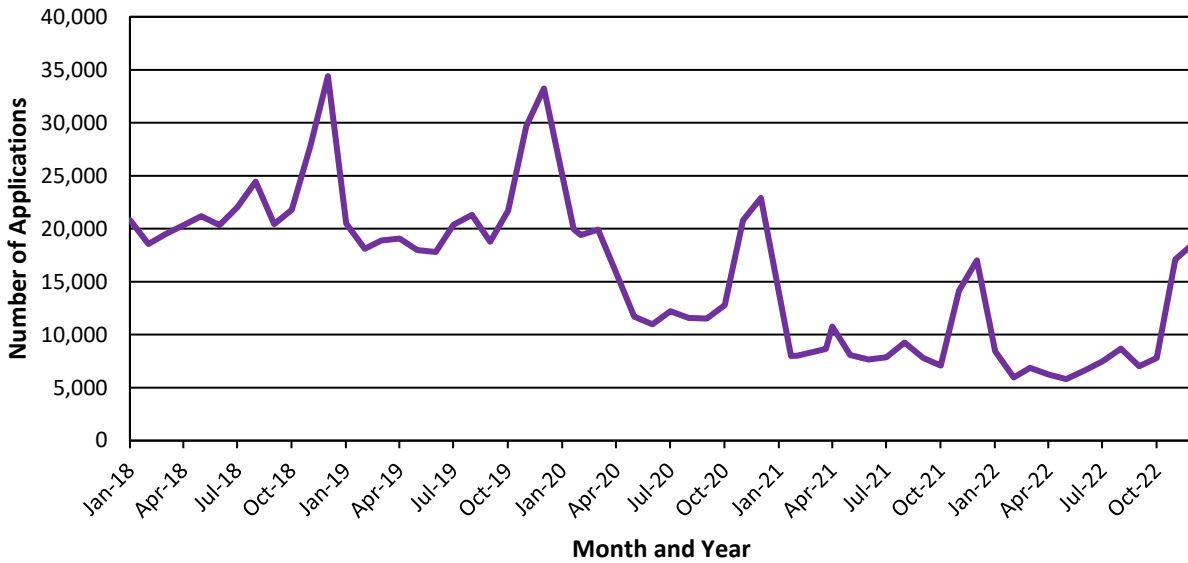
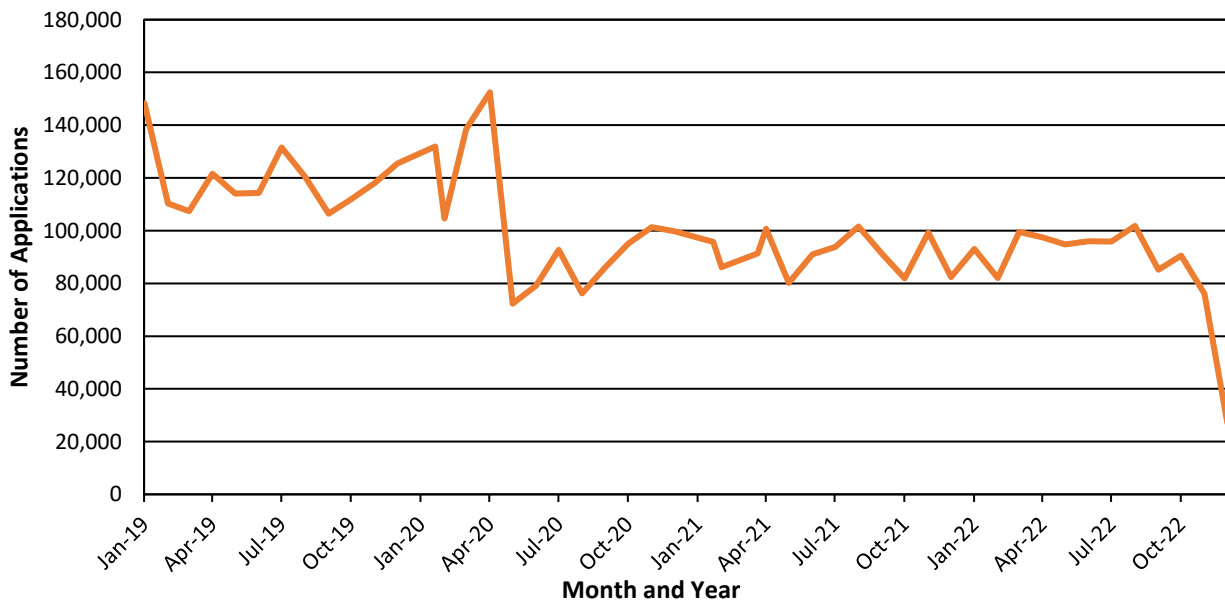


Figure 72. Florida KidCare Applications Received by DCF, Four-Year Trend



Note. CY 2019 was the first year DCF application data was available for this report; thus, trending data from prior years are unavailable.

Table 76. Florida KidCare Applications Received by FHKC and DCF, CY 2022

Month	Applications received, including duplicate applications	Applications received, excluding duplicate applications	Unduplicated children on applications
January 2022- FHKC	11,271	8,438	12,539
January 2022- DCF	98,475	93,042	55,627
February 2022- FHKC	7,668	5,954	8,675
February 2022- DCF	86,472	81,995	54,438
March 2022- FHKC	8,688	6,883	10,055
March 2022- DCF	104,175	99,543	69,055
April 2022- FHKC	7,951	6,248	9,181
April 2022- DCF	101,777	97,481	67,123
May 2022- FHKC	7,098	5,805	8,501
May 2022- DCF	99,950	94,797	64,366
June 2022- FHKC	8,064	6,623	9,790
June 2022- DCF	101,531	96,020	70,190
July 2022- FHKC	8,872	7,476	11,091
July 2022- DCF	101,549	95,888	66,725
August 2022- FHKC	9,950	8,673	12,978
August 2022- DCF	108,012	101,793	72,536
September 2022- FHKC	7,883	7,007	10,385
September 2022- DCF	90,371	85,223	56,605
October 2022- FHKC	8,673	7,802	11,485
October 2022- DCF	95,762	90,500	55,057
November 2022- FHKC	19,036	17,096	25,103
November 2022- DCF	79,881	76,136	41,969
December 2022- FHKC	19,872	18,572	27,828
December 2022- DCF	28,789	27,054	33,200
Total CY 2022- FHKC	125,026	106,577	157,611
Total CY 2022- DCF	1,096,744	1,039,472	706,891
Total CY 2022- FHKC + DCF	1,221,770	1,146,049	864,502

Table 77. Applicant and Family Demographics Received by FHKC and DCF, CY 2022

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 2022- FHKC	9.40	5.01	\$4,568	\$4,954	3.56	1.29
January 2022- DCF	8.89	5.53	\$4,753	\$6,163	3.95	1.00
February 2022- FHKC	9.16	5.03	\$4,583	\$3,744	3.56	1.31
February 2022- DCF	8.22	5.54	\$4,725	\$4,247	4.00	1.01
March 2022- FHKC	9.17	5.04	\$4,750	\$4,536	3.59	1.29
March 2022- DCF	8.06	5.41	\$4,842	\$5,009	3.97	0.98
April 2022- FHKC	9.18	5.06	\$4,686	\$4,435	3.58	1.27
April 2022- DCF	8.36	5.45	\$4,635	\$4,092	4.00	1.07
May 2022- FHKC	9.22	5.02	\$4,825	\$4,883	3.53	1.23
May 2022- DCF	8.42	5.38	\$5,194	\$6,144	3.95	1.00
June 2022- FHKC	9.16	5.02	\$4,882	\$4,530	3.60	1.29
June 2022- DCF	8.28	5.39	\$4,841	\$4,348	3.96	1.00
July 2022- FHKC	9.25	4.98	\$4,692	\$3,928	3.59	1.30
July 2022- DCF	8.32	5.49	\$4,779	\$3,669	3.97	1.07
August 2022- FHKC	9.31	4.97	\$4,797	\$4,117	3.59	1.26
August 2022- DCF	8.55	5.42	\$4,960	\$4,691	3.99	1.07
September 2022- FHKC	9.22	5.10	\$5,033	\$5,131	3.62	1.31
September 2022- DCF	8.45	5.51	\$4,896	\$4,493	3.92	1.02
October 2022- FHKC	9.25	5.05	\$4,770	\$3,398	3.55	1.23
October 2022- DCF	8.41	5.52	\$4,703	\$3,017	3.89	1.01
November 2022- FHKC	10.03	5.07	\$4,931	\$3,598	3.58	1.26
November 2022- DCF	9.06	5.72	\$4,885	\$3,951	3.92	0.99
December 2022- FHKC	9.86	5.12	\$4,871	\$3,998	3.62	1.26
December 2022- DCF	9.06	5.67	\$4,988	\$4,562	3.97	1.06
Total CY 2022- FHKC	9.47	5.06	\$4,797	\$4,238	3.58	1.27
Total CY 2022- DCF	8.57	5.53	\$4,854	\$4,586	3.96	1.03

^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 out of range and not used in the calculations.

Table 78. Florida KidCare Applications Received by FHKC, CY 2022

Applications reviewed	FHKC review only	DCF review only	CMS Health Plan review only	DCF and CMS Health Plan review	Total
Applications	82,952	15,194	7,365	1,066	106,577
Children on Applications	127,730	20,310	8,358	1,213	157,611
Approved Children: Medicaid	53,968	753	2,897	135	57,753
Approved Children: MediKids	1,487	318	87	18	1,910
Approved Children: MediKids Full Pay	775	1	172	1	949
Approved Children: Florida Healthy Kids	8,405	1432	700	131	10,668
Approved Children: Florida Healthy Kids Full Pay	1,835	10	468	6	2,319
Approved Children: CHIP CMS Health Plan	0	0	808	161	969
Approved Children: All Florida KidCare	66,470	2,514	5,132	452	74,568

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 Medicaid or CMS Health Plan coverage requirements.

Table 79. Reasons for Denial from CHIP, CY 2022

Reasons	FHKC review only	DCF review only	CMS Health Plan review only	DCF and CMS Health Plan review	Total
Currently enrolled in Medicaid	53,968	753	2,897	135	57,753
Expired, non-compliant	31,897	63	1,386	2	33,348
Expired, non-payment	23,324	379	1,274	15	24,992
Over age	14	8,920	1	136	9,071
Referred to Medicaid	45	6,527	7	578	7,157
Under age	1	1,754	0	0	1,755
Not a Florida resident	934	22	17	1	974
Has other insurance	365	139	86	10	600
Non-U.S. citizen	143	0	11	0	154
Incarcerated	9	0	0	0	9
Total	110,700	18,557	5,679	877	135,813

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 Medicaid or CMS Health Plan coverage requirements.

Table 80. Reasons for Denial from Medicaid, CY 2022

Reasons	Total
Eligibility requirements not met by one or more household members	137,354
Ineligible due to current coverage type	51,781
Citizenship requirements not met	21,553
Ineligible due to income/financial-related reasons	14,458
Failure to provide verification/information on required materials/ compliance	12,218
Violation of the law/legal matter	10,202
Applicant chose not to apply for/enroll in this program	1,158
Eligible for/transfer to another type of coverage	798
Did not complete one or more steps of the application	710
Ineligible based on information received	417
Application closed, withdrawn, or ended	385
Benefits have or may end/change	367
Other	230
Not a Florida Resident	144
Disability/Medicaid need not met	56
Lack of contact/follow-up	14
Ineligible due to age	11
Total	251,856

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Enrollment

Figure 73. Florida KidCare Medicaid Program Enrollment, Five-Year Trend

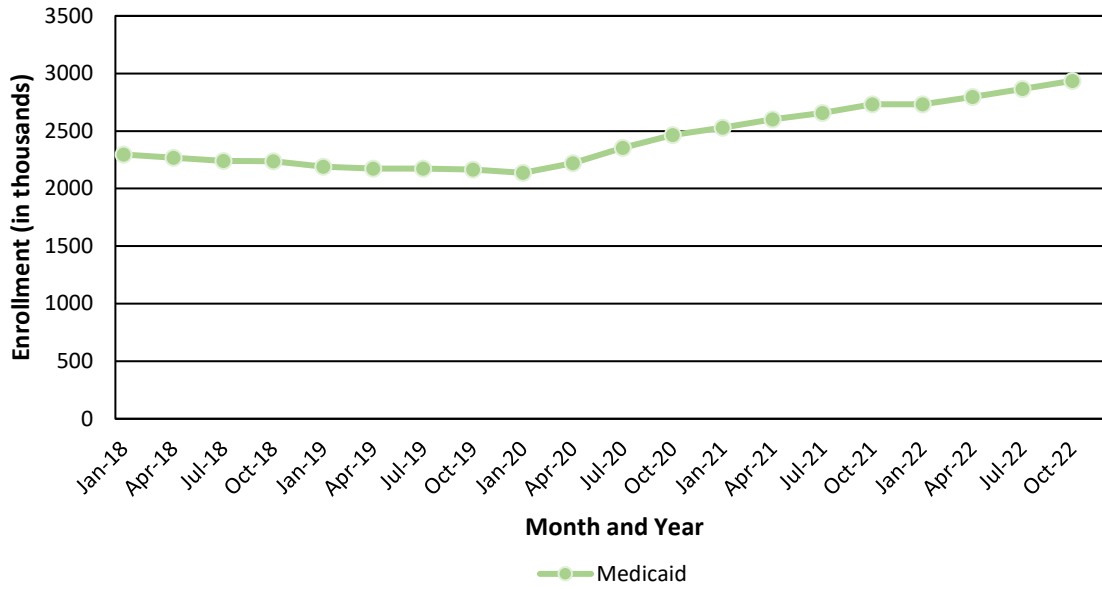


Figure 74. Florida KidCare CHIP Program Enrollment, Five-Year Trend

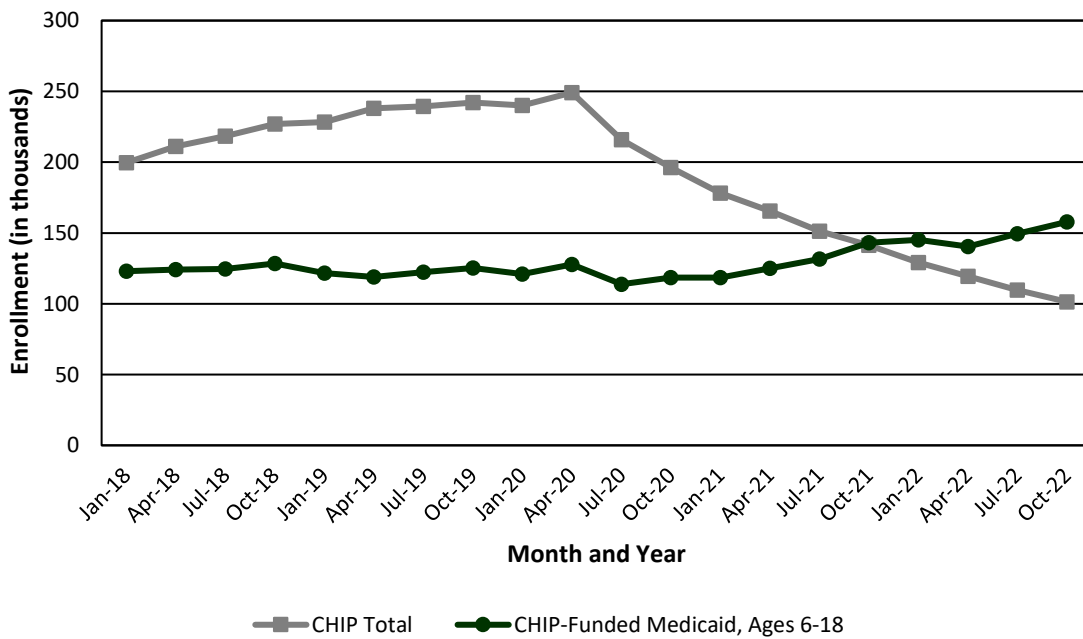


Figure 75. MediKids Enrollment, Five-Year Trend

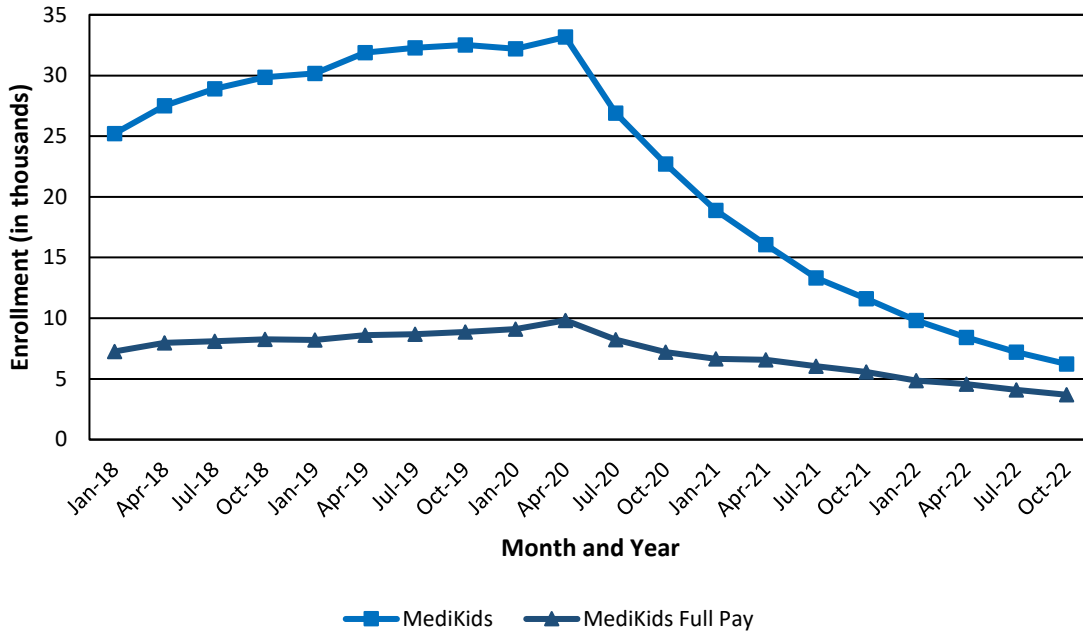


Figure 76. Florida Healthy Kids Enrollment, Five-Year Trend

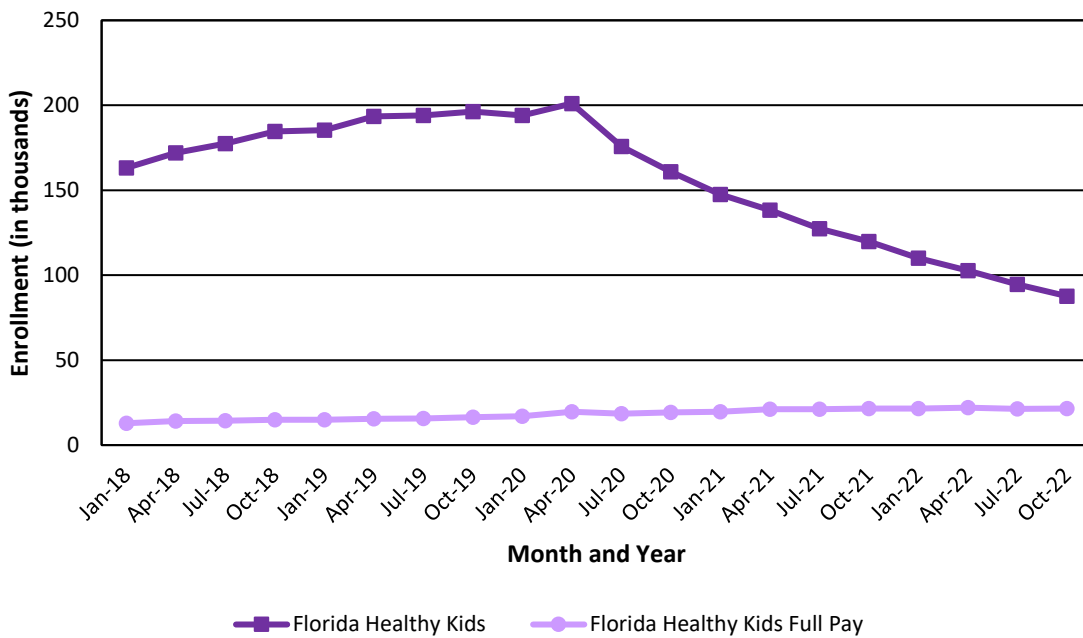


Figure 77. CHIP CMS Health Plan Enrollment, Five-Year Trend

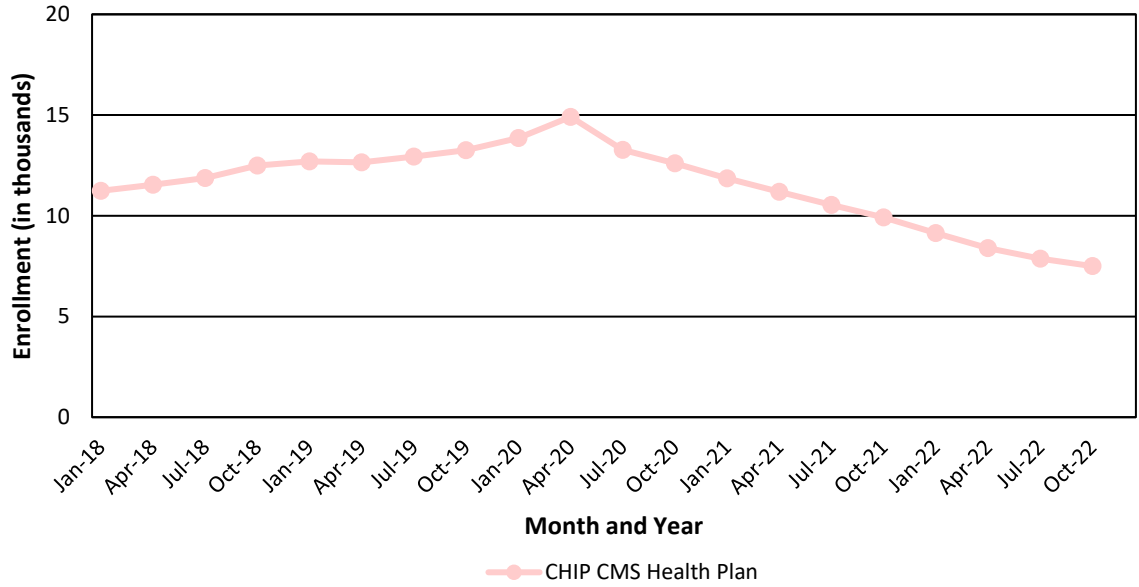
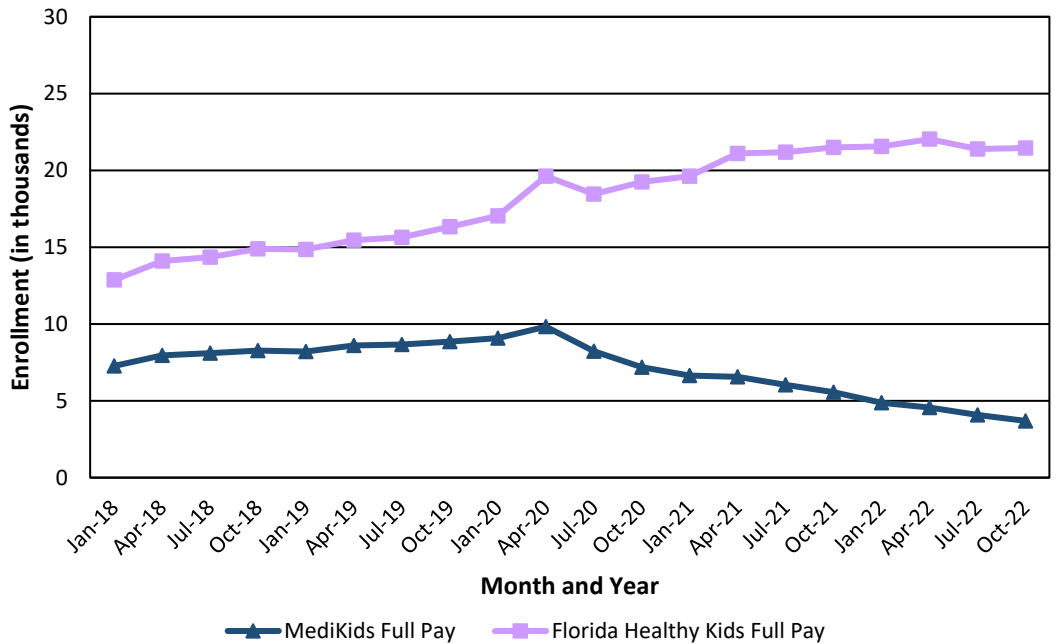


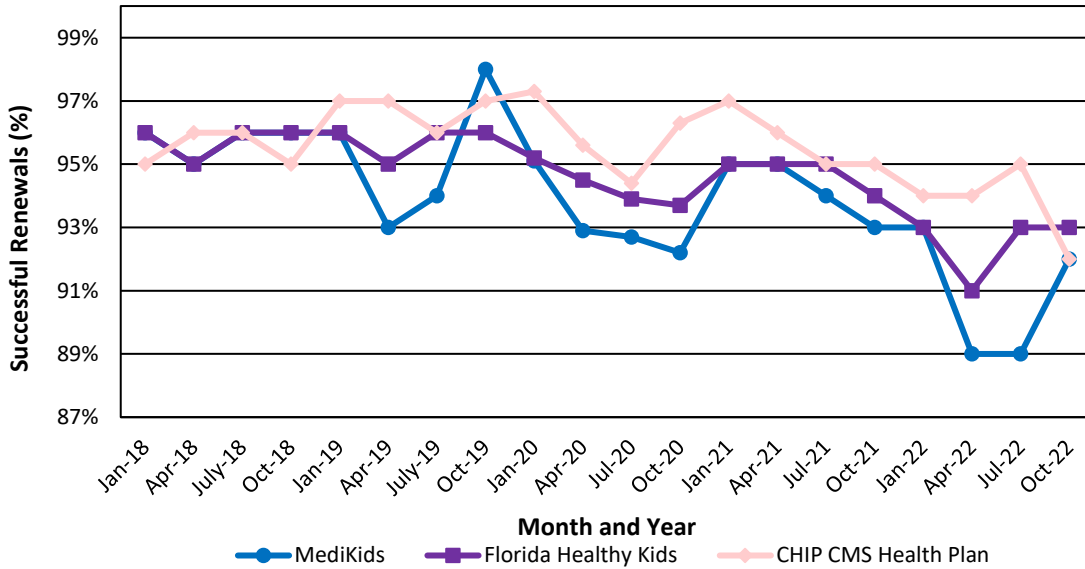
Figure 78. Florida KidCare Enrollment for Full-Pay Program Components, Five-Year Trend



Renewals

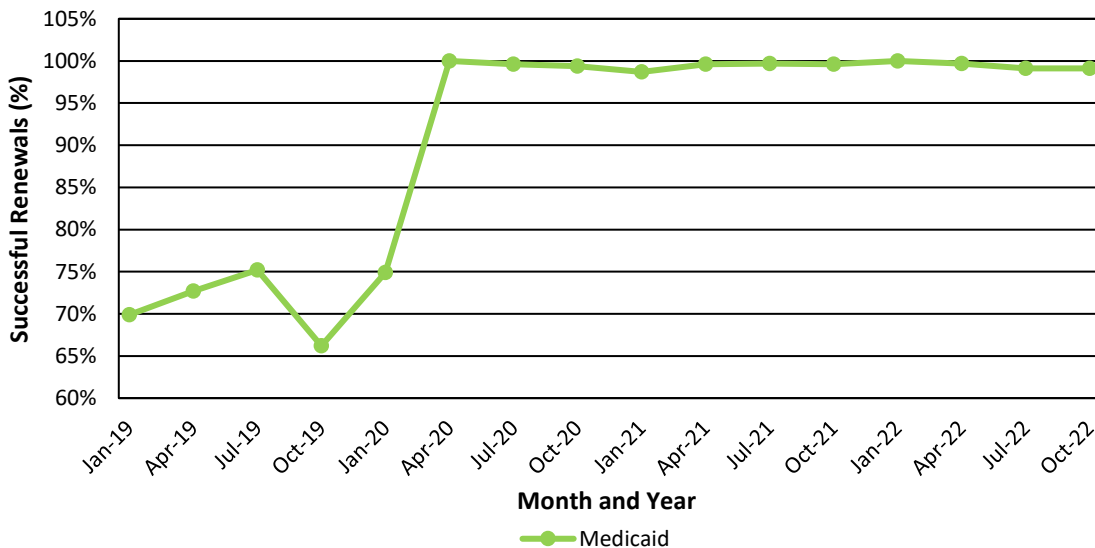
Note that for the following two figures, the rates of successful renewal are shown specifically for the trending rates; that is, the y axes **do not** run from 0-100%. Use caution when reviewing these figures.

Figure 79. Successful Renewals of Florida KidCare CHIP Coverage, Five-Year Trend



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 80. Successful Renewals of Florida KidCare Medicaid Coverage, Four-Year Trend



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 unavailable.

Table 81. Renewal Status for Eligible Children by Florida KidCare Program, CY 2022

Program	Children eligible for renewal	Not Renewed		Renewed	
		(N)	(%)	(N)	(%)
All Children, Medicaid Program					
Total members	502,628	2,114	0.4%	500,514	99.6%
Gender					
Male	254,583	1,084	0.4%	253,499	99.6%
Female	248,037	1,030	0.4%	247,007	99.6%
Gender Unknown	8	0	0.0%	8	100.0%
Age					
< 1	16,996	73	0.4%	16,923	99.6%
1-4	125,320	650	0.5%	124,670	99.5%
5-9	138,885	505	0.4%	138,380	99.6%
10-14	137,045	541	0.4%	136,504	99.6%
15-18	84,382	345	0.4%	84,037	99.6%
Rural/Urban Area^a					
Urban/Large Towns	470,947	1,972	0.4%	468,975	99.6%
Rural/Small Towns	31,683	142	0.4%	31,541	99.6%
Federal Poverty Level					
These data were not available for use in this report.					
All Children, CHIP Program					
Total members	86,149	5,578	6.5%	80,571	93.5%
Gender					
Male	44,377	2,899	6.5%	41,478	93.5%
Female	41,772	2,679	6.4%	39,093	93.6%
Age					
1-4	5,120	431	8.4%	4,689	91.6%
5-9	23,495	1,498	6.4%	21,997	93.6%
10-14	32,058	1,837	5.7%	30,221	94.3%
15-18	25,474	1,812	7.1%	23,662	92.9%
Unknown	2	-	-	2	100%
Rural/Urban Area					
Urban/Large Towns	80,153	5,190	6.5%	74,963	93.5%
Rural/Small Towns	4,408	286	6.5%	4,122	93.5%
Unknown	1,588	102	6.4%	1,486	93.6%
Federal Poverty Level					
150% or less	22,207	2,553	11.5%	19,654	88.5%
Above 150%	63,906	3,020	4.7%	60,886	95.3%
Unknown	36	5	13.9%	31	86.1%

^a Rural and Urban data for CHIP was defined as commuting area analyzed by zip code. Medicaid data was defined using county of residence, U.S. census 2020 totals, and the rural or urban county designation outlined in Florida Statute § 288.0656 (*Rural Economic Development Initiative, 2018*).

Program	Children eligible for renewal	Not Renewed		Renewed	
		(N)	(%)	(N)	(%)
MediKids					
Total members	4,743	396	8.3%	4,347	91.7%
Gender					
Male	2,331	208	8.9%	2,123	91.1%
Female	2,412	188	7.8%	2,224	92.2%
Age					
1-4	4,743	396	8.3%	4,347	91.7%
Rural/Urban Area					
Urban/Large Towns	4,384	363	8.3%	4,021	91.7%
Rural/Small Towns	263	22	8.4%	241	91.6%
Unknown	96	11	11.5%	85	88.5%
Federal Poverty Level					
150% or less	1,414	159	11.2%	1,255	88.8%
Above 150%	3,327	237	7.1%	3,090	92.9%
Unknown	2	-	-	2	100%
Florida Healthy Kids					
Total members	74,967	4,754	6.3%	70,213	93.7%
Gender					
Male	37,854	2,444	6.5%	35,410	93.5%
Female	37,113	2,310	6.2%	34,803	93.8%
Age					
1-4 ^b	2	1	50%	1	50%
5-9	21,540	1,355	6.3%	20,185	93.7%
10-14	29,727	1,709	5.7%	28,018	94.3%
15-18	23,696	1,689	7.1%	22,007	92.9%
Unknown	2	-	-	2	100.0%
Rural/Urban Area					
Urban/Large Towns	69,739	4,430	6.4%	65,309	93.6%
Rural/Small Towns	3,848	243	6.3%	3,605	93.7%
Unknown	1,380	81	5.9%	1,299	94.1%
Federal Poverty Level					
150% or less	19,122	2,176	11.4%	16,946	88.6%
Above 150%	55,817	2,573	4.6%	53,244	95.4%
Unknown	28	5	17.9%	23	82.1%

^b Though the program does not cover this age group, data were logged in this category. This may be due to a processing error.

Program	Children eligible for renewal	Not Renewed		Renewed	
		(N)	(%)	(N)	(%)
CHIP CMS Health Plan					
Total members	6,439	428	6.6%	6,011	93.4%
Gender					
Male	4,192	247	5.9%	3,945	94.1%
Female	2,247	181	8.1%	2,066	91.9%
Age					
1-4	375	34	9.1%	341	90.9%
5-9	1,955	143	7.3%	1,812	92.7%
10-14	2,331	128	5.5%	2,203	94.5%
15-18	1,778	123	6.9%	1,655	93.1%
Rural/Urban Area					
Urban/Large Towns	6,030	397	6.6%	5,633	93.4%
Rural/Small Towns	297	21	7.1%	276	92.9%
Unknown	112	10	8.9%	102	91.1%
Federal Poverty Level					
150% or less	1,671	218	13.0%	1,453	87.0%
Above 150%	4,762	210	4.4%	4,552	95.6%
Unknown	6	-	-	6	100%
All Children, Florida KidCare Program					
Total members	588,777	7,692	1.3%	581,085	98.7%
Gender					
Male	298,960	3,983	1.3%	294,977	98.7%
Female	289,809	3,709	1.3%	286,100	98.7%
Gender Unknown	8	0	0.0%	8	100.0%
Age					
< 1	16,996	73	0.4%	16,923	99.6%
1-4	130,440	1,081	0.8%	129,359	99.2%
5-9	162,380	2,003	1.2%	160,377	98.8%
10-14	169,103	2,378	1.4%	166,725	98.6%
15-18	109,856	2,157	2.0%	107,699	98.0%
Unknown	2	0	0.0%	2	100.0%
Rural/Urban Area					
Urban/Large Towns	551,100	7,162	1.3%	543,938	98.7%
Rural/Small Towns	36,091	428	1.2%	35,663	98.8%
Unknown	1,588	102	6.4%	1,486	93.6%
Federal Poverty Level					
This information is not available for the Medicaid program. Thus, no data is listed here as providing only the CHIP program totals is not representative of all Florida KidCare members.					

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. To utilize the CCC question set, eligible members are assigned a pre-screen status code using claims and encounter data 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, while some health plans utilized internet methodology in addition to telephone and mail. 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 the replacement questionnaire.
- Days 56-70: Telephone interviews are conducted with members who have not responded to either survey mailing. Telephone follow-up begins approximately 21 days after the replacement survey is mailed.

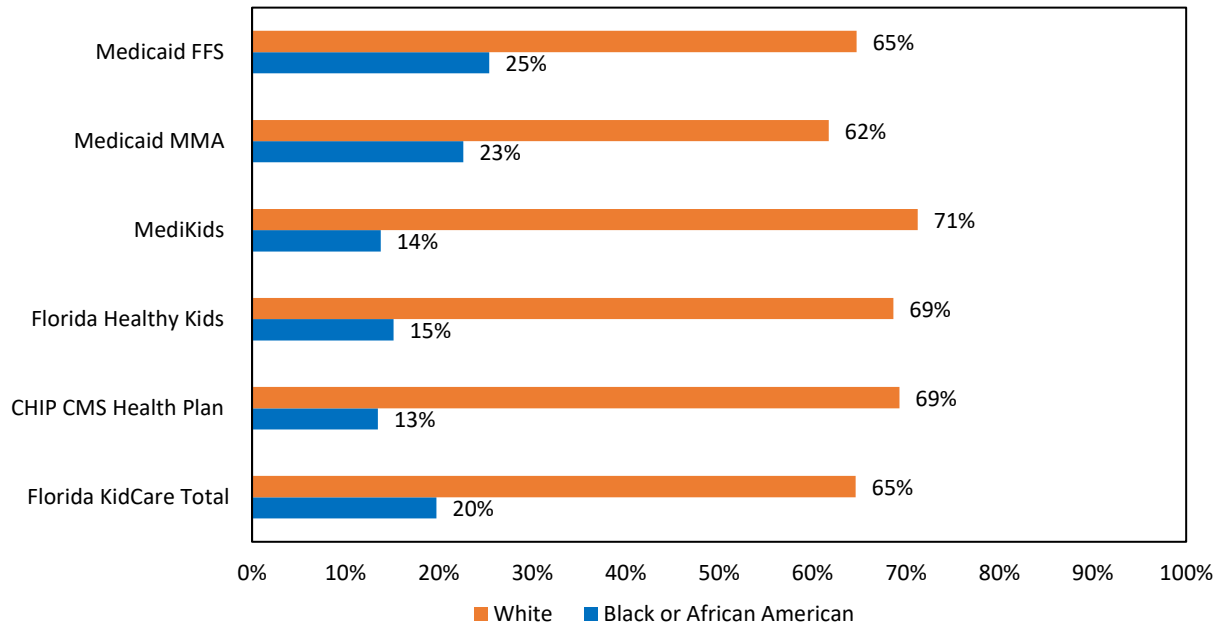
The 12 Medicaid MMA plans that conducted a CAHPS survey, with specialty plan population noted, were Aetna, AmeriHealth, CMS Health Plan (serving children with chronic conditions), Community Care Plan, Humana, Molina Healthcare, Molina-SMI (serving children with serious mental illnesses), Simply, Sunshine Health Plan, Sunshine Health Plan-CW (serving children in the child welfare system), Sunshine Health Plan-SMI (serving children with serious mental illnesses), and United.

This report now includes Florida Healthy Kids plan-level data, whereas prior reports reported this data at the program component level. The three Florida Healthy Kids plans that conducted a CAHPS survey were Aetna, Community Care Plan, and Simply.

ICHP tallied data for the Medicaid MMA and Florida Healthy Kids plans 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.

Demographics

Figure 81. Race of Florida KidCare Enrollees, 2023 Survey



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

Figure 82. Ethnicity of Florida KidCare Enrollees, 2023 Survey

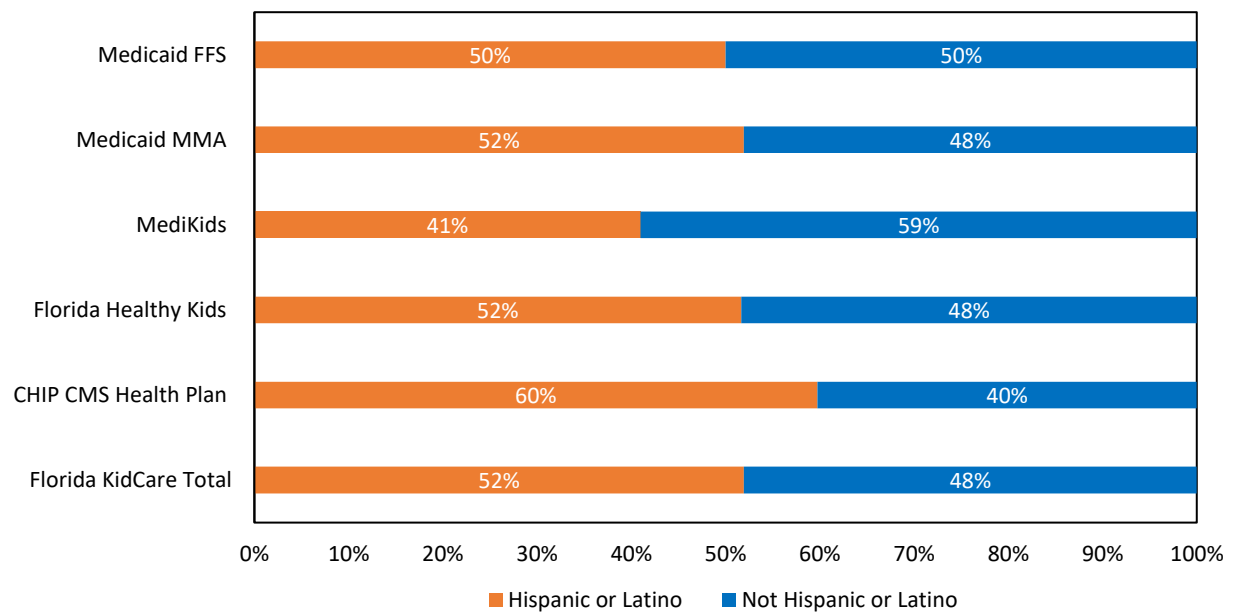
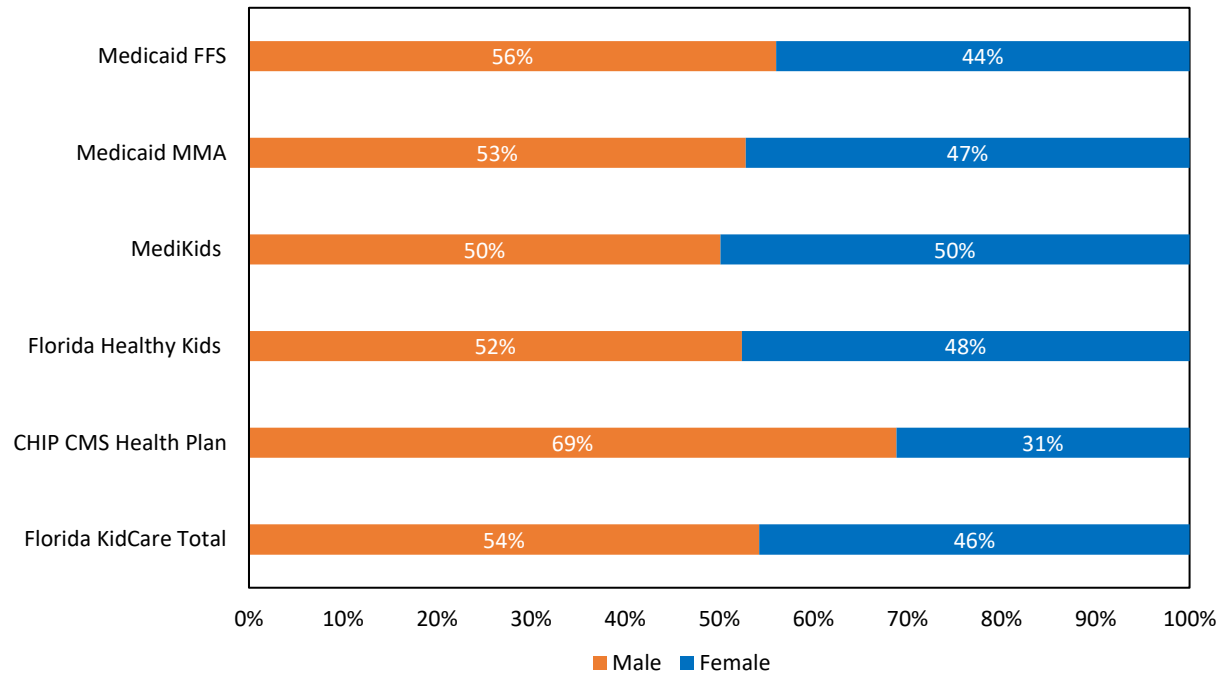


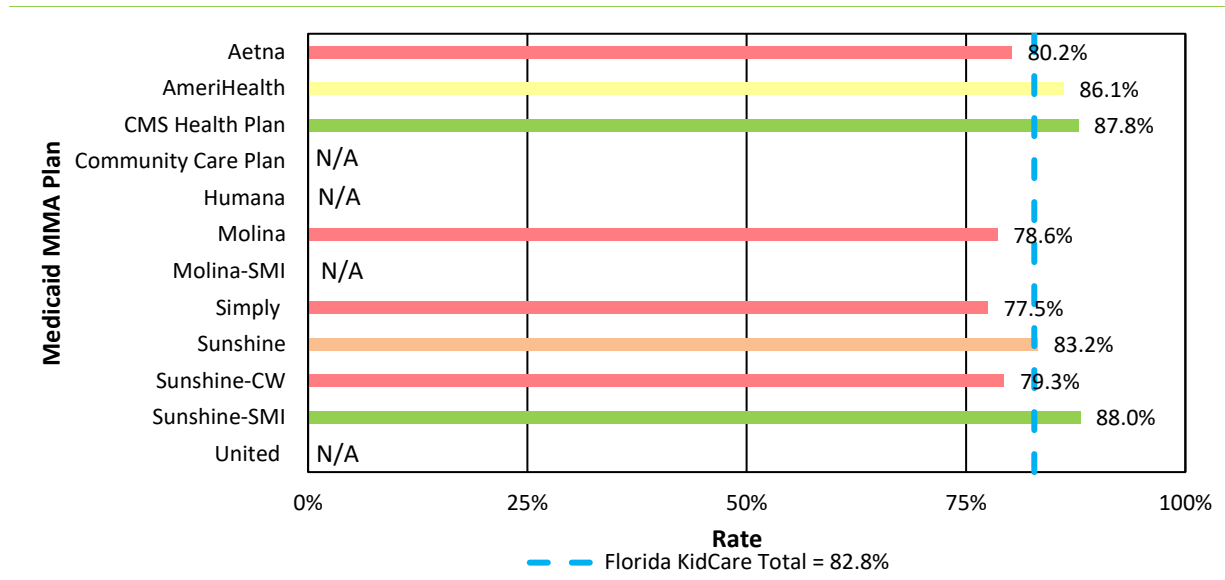
Figure 83. Gender of Florida KidCare Enrollees, 2023 Survey



The rest of this page has been left intentionally blank due to the formatting of subsequent figures.

Plan-Level Data

Figure 84. Coordination of Care Results by Medicaid MMA Plan, 2023 Survey

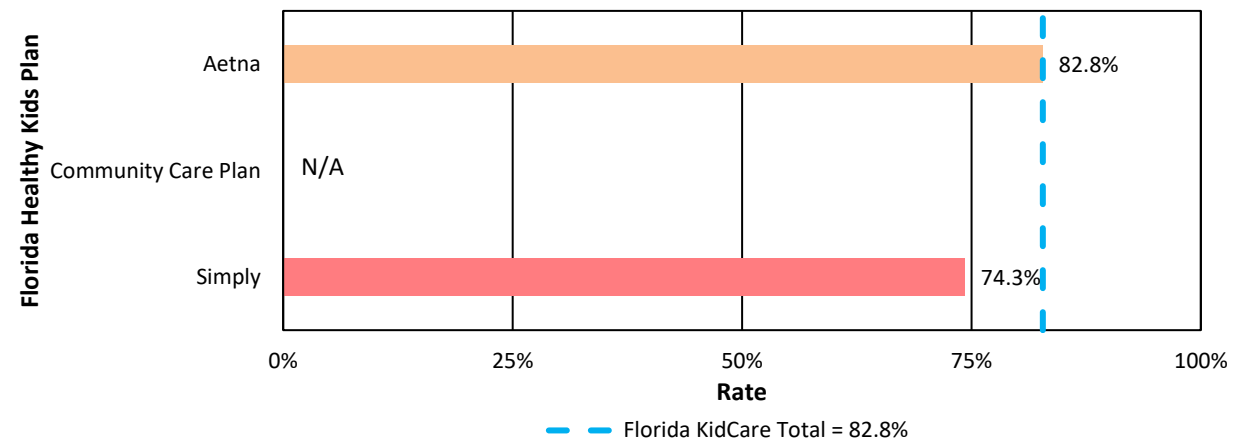


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

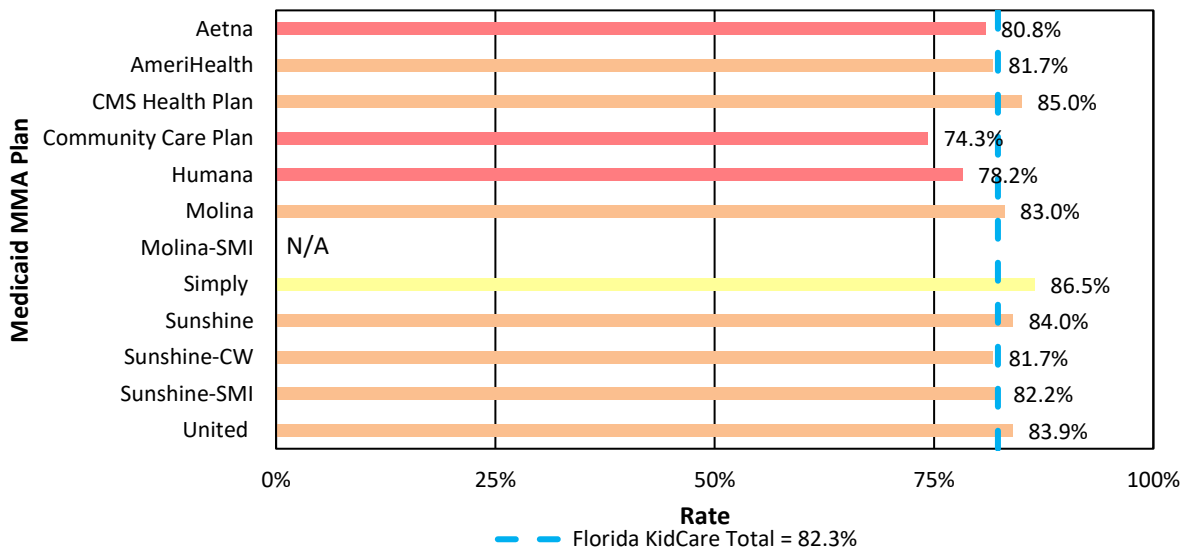
Note. This legend applies to Figure 84 and Figure 85.

Figure 85. Coordination of Care Results by Florida Healthy Kids Plan, 2023 Survey



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

Figure 86. Getting Needed Care Results by Medicaid MMA Plan, 2023 Survey

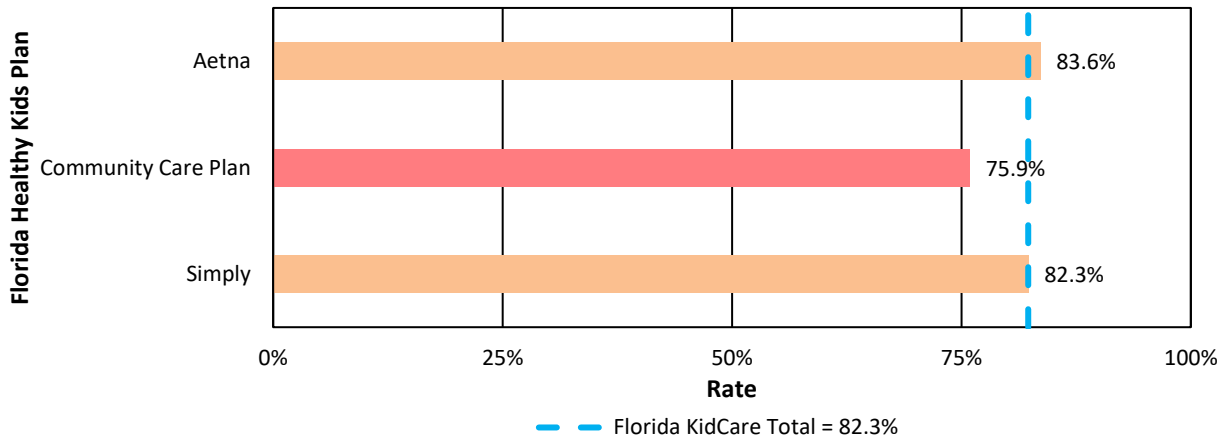


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

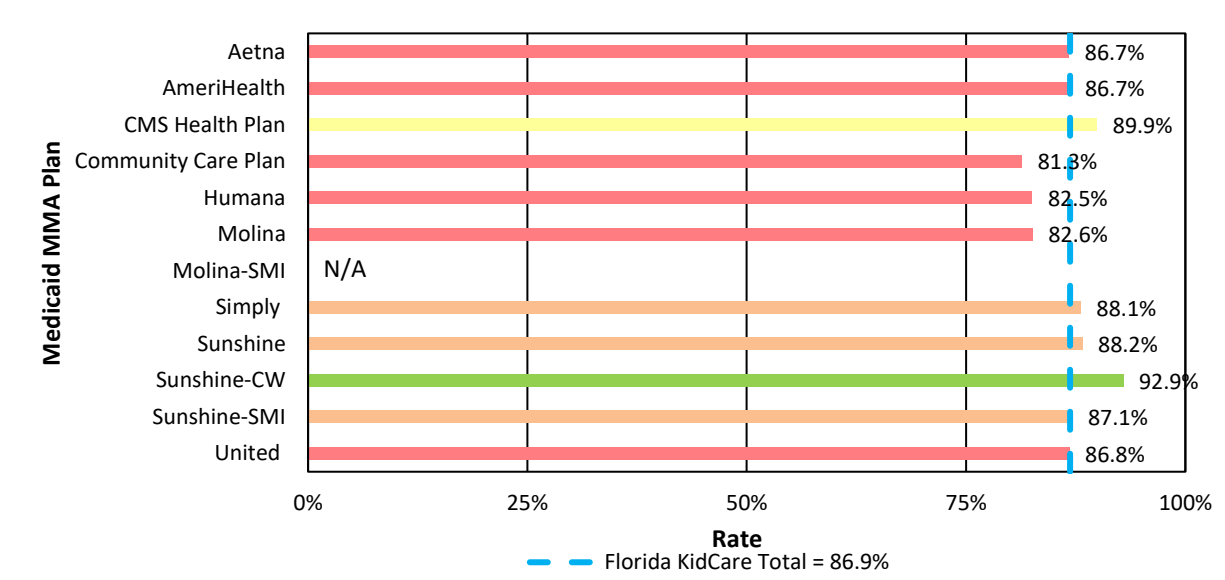
Note. This legend applies to **Figure 86** and **Figure 87**.

Figure 87. Getting Needed Care Results by Florida Healthy Kids Plan, 2023 Survey



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

Figure 88. Getting Care Quickly Results by Medicaid MMA Plan, 2023 Survey

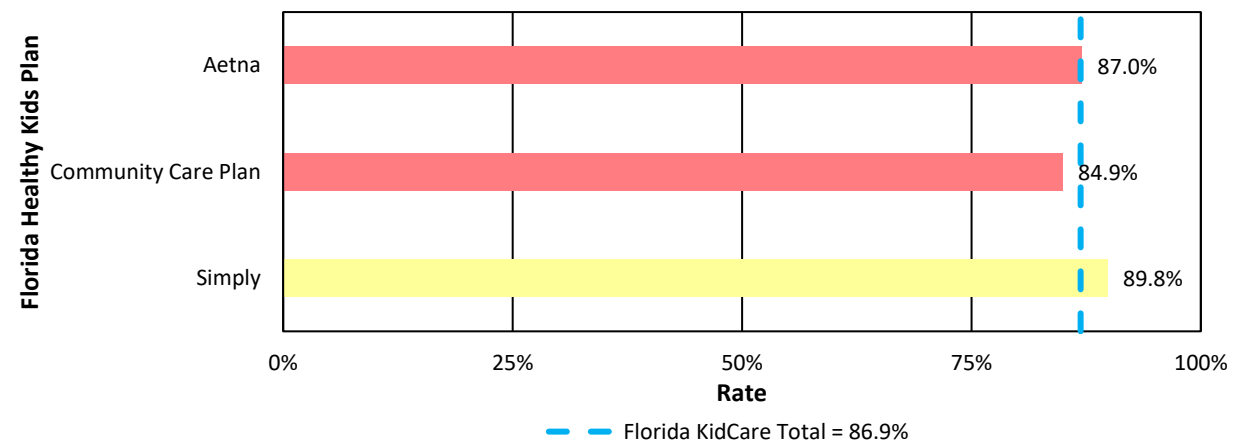


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

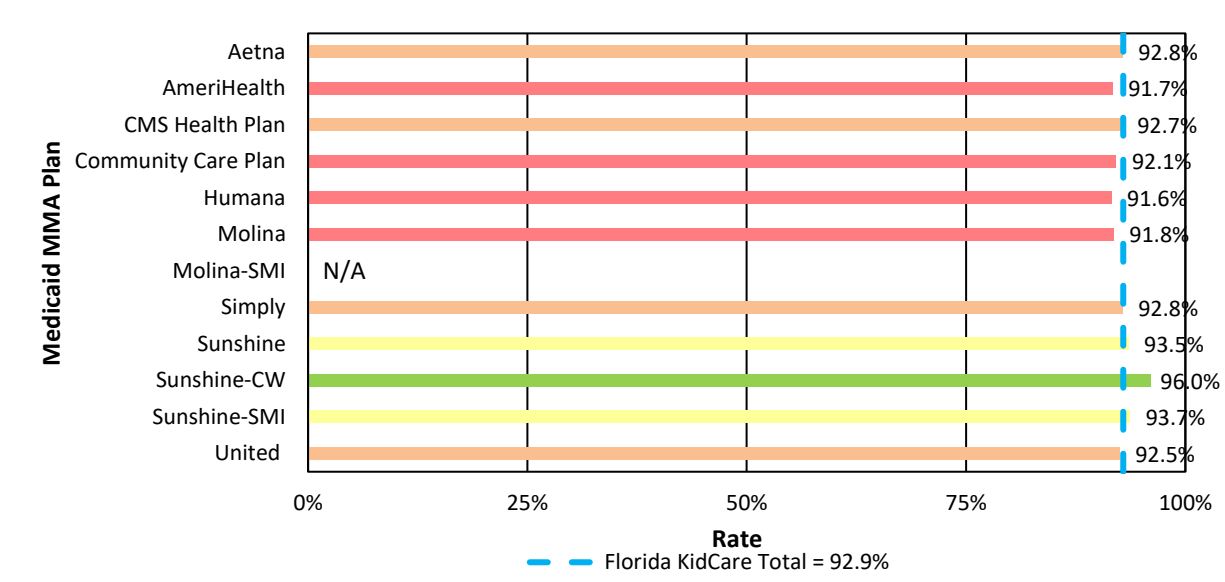
Note. This legend applies to **Figure 88** and **Figure 89**.

Figure 89. Getting Care Quickly Results by Florida Healthy Kids Plan, 2023 Survey



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

Figure 90. Doctor's Communication Skills Results by Medicaid MMA Plan, 2023 Survey

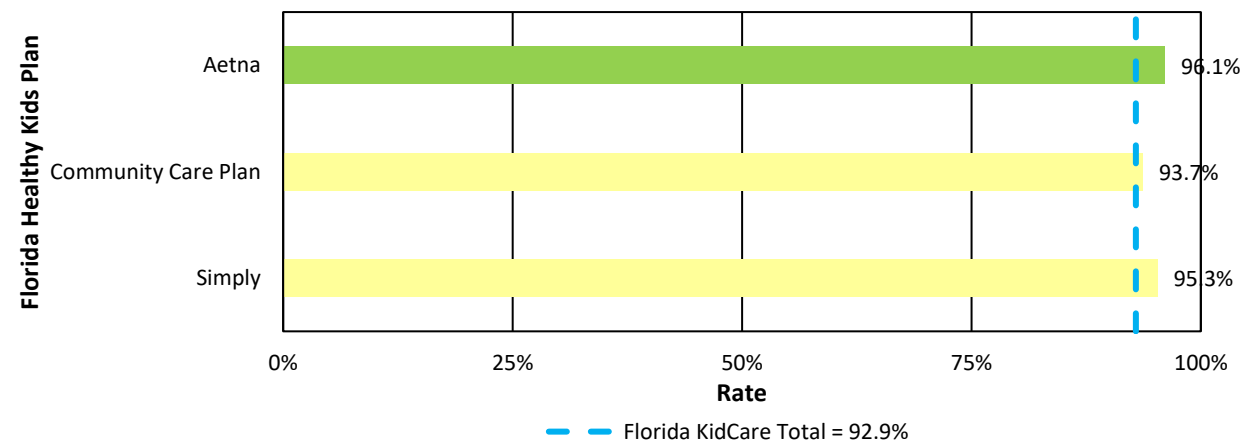


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

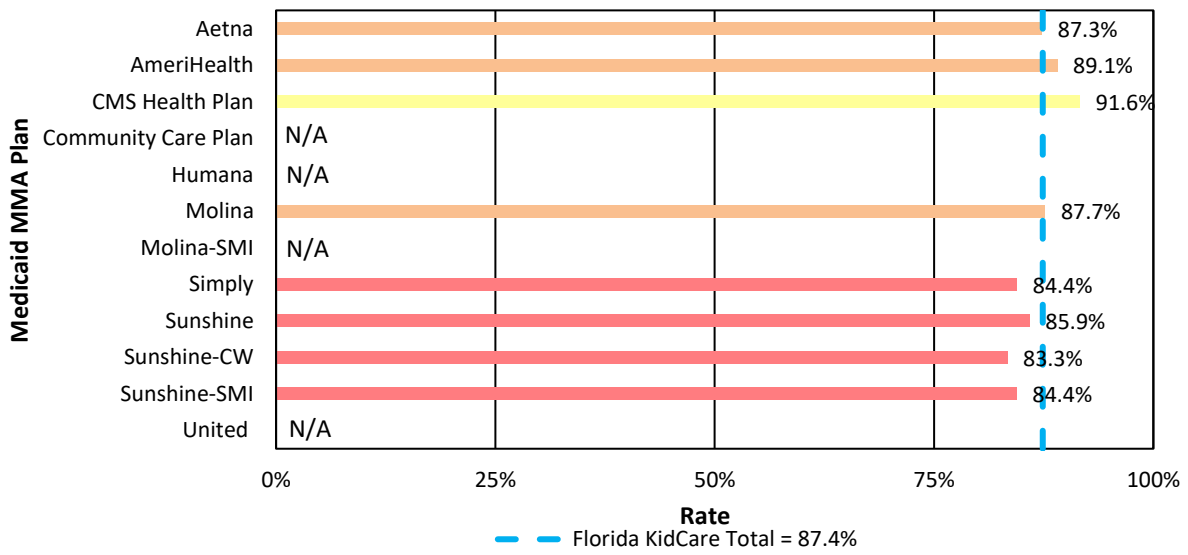
Note. This legend applies to **Figure 90** and **Figure 91**.

Figure 91. Doctor's Communication Skills Results by Florida Healthy Kids Plan, 2023 Survey



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

Figure 92. Health Plan Customer Service Results by Medicaid MMA Plan, 2023 Survey

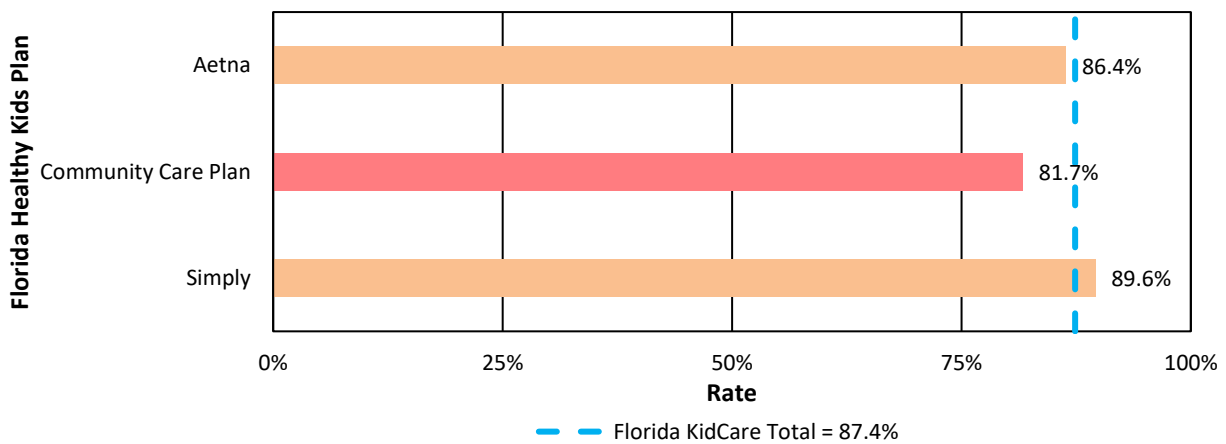


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

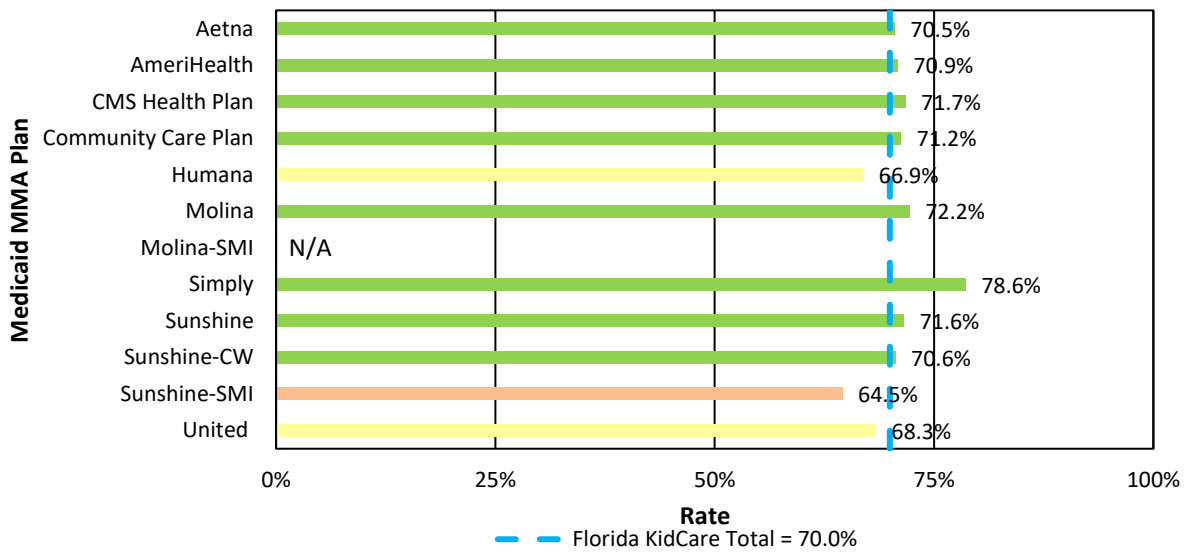
Note. This legend applies Figure 92 to Figure 93.

Figure 93. Health Plan Customer Service Results by Florida Healthy Kids Plan, 2023 Survey



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

Figure 94. All Health Care Rating of "9" or "10" Results by Medicaid MMA Plan, 2023 Survey

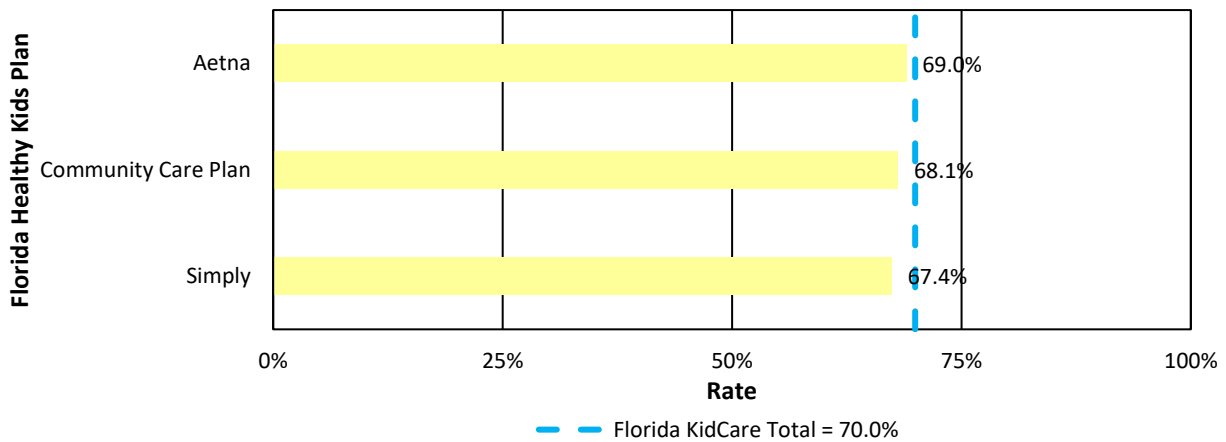


Note. Rates for plans with sample sizes of less than 100 are denoted by N/A.

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

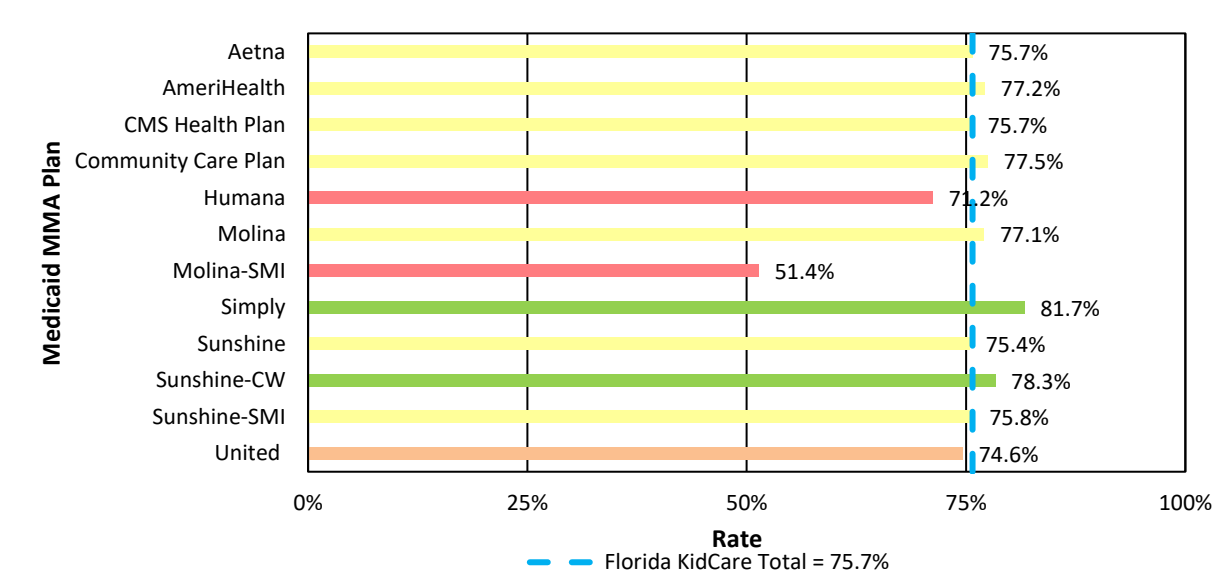
Note. This legend applies Figure 94 to Figure 95.

Figure 95. All Health Care Rating of "9" or "10" Results by Florida Healthy Kids Plan, 2023 Survey



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

Figure 96. Personal Doctor Rating of "9" or "10" Results by Medicaid MMA Plan, 2023 Survey

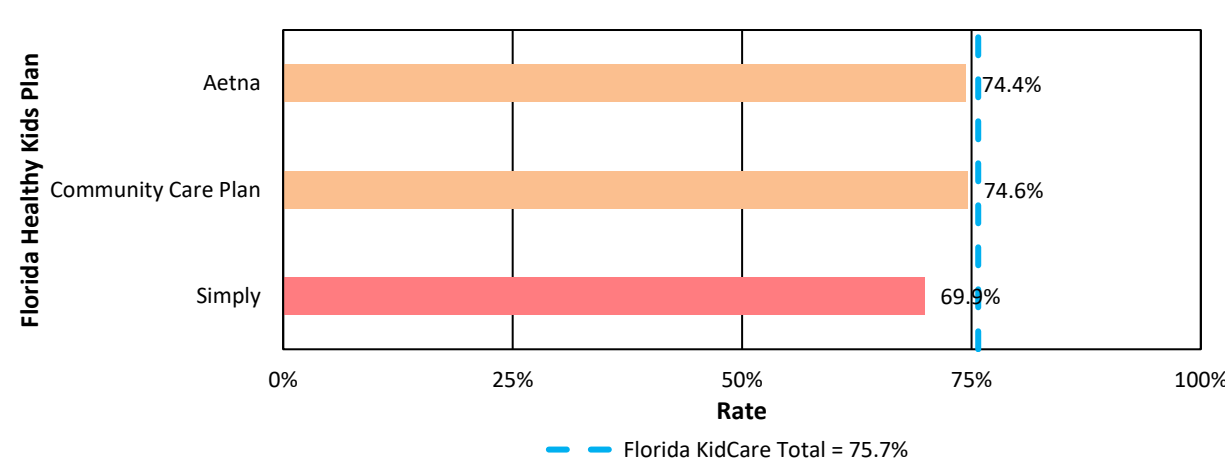


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

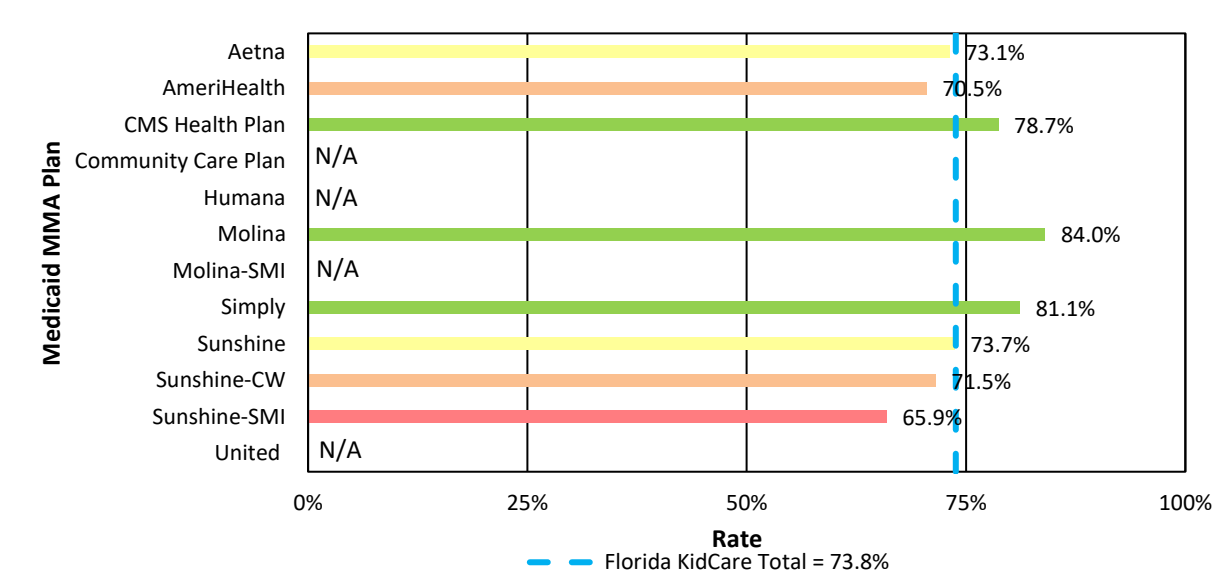
Note. This legend applies to **Figure 96** and **Figure 97**.

Figure 97. Personal Doctor Rating of "9" or "10" Results by Florida Healthy Kids Plan, 2023 Survey



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

Figure 98. Specialist Rating of "9" or "10" Results by Medicaid MMA Plan, 2023 Survey

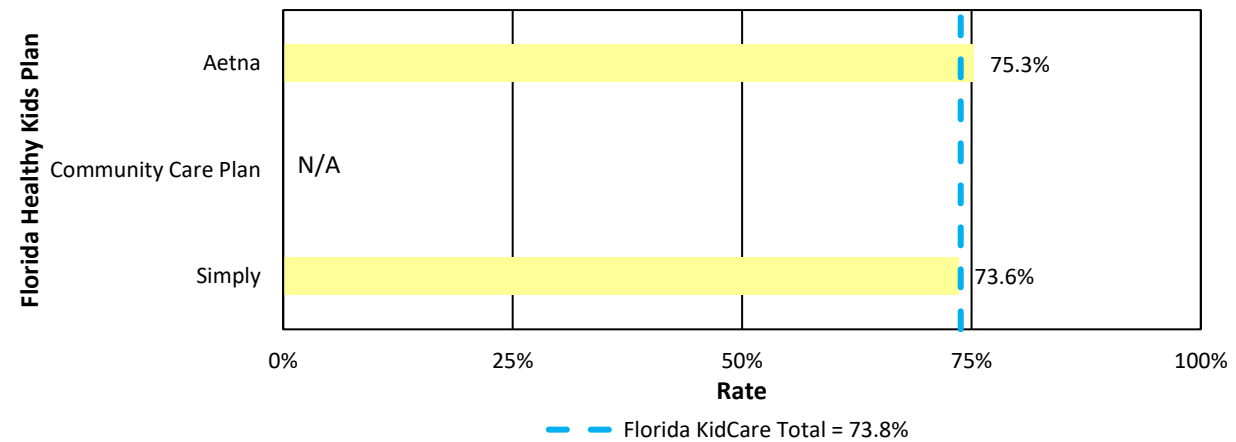


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

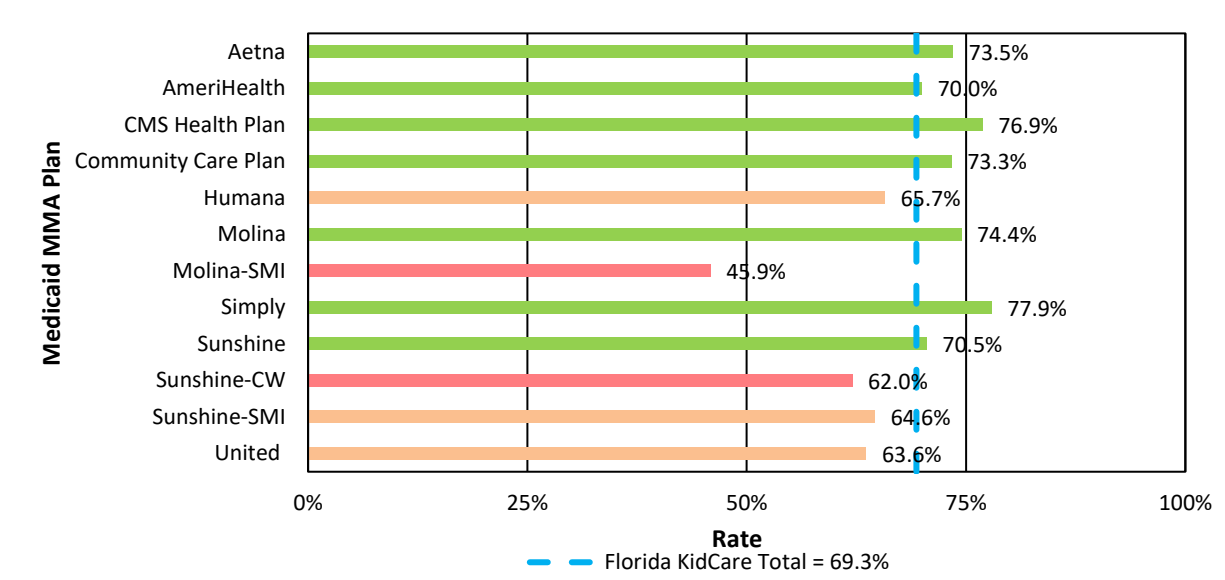
Note. This legend applies to **Figure 98** and **Figure 99**.

Figure 99. Specialist Rating of "9" or "10" Results by Florida Healthy Kids Plan, 2023 Survey



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

Figure 100. Health Plan Rating of "9" or "10" Results by Medicaid MMA Plan, 2023 Survey

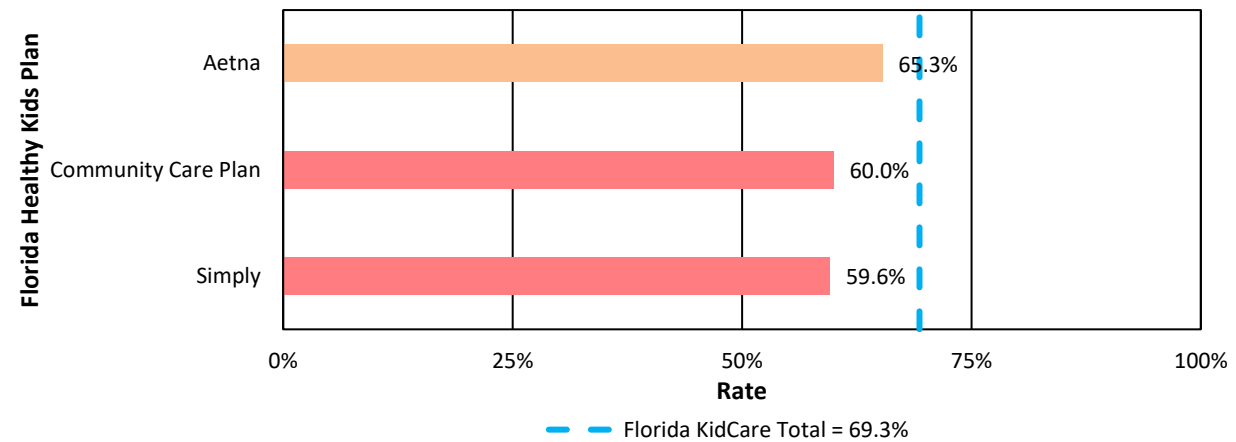


Note. Rates for plans with sample sizes of less than 100 are denoted by N/A.

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

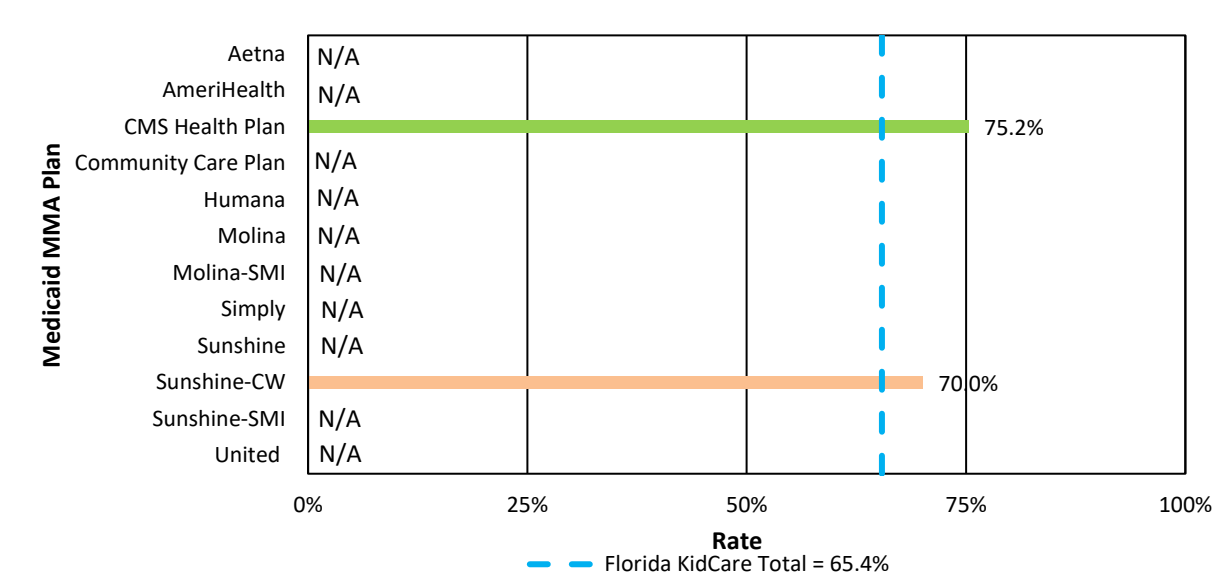
Note. This legend applies to **Figure 100** and **Figure 101**.

Figure 101. Health Plan Rating of "9" or "10" Results by Florida Healthy Kids Plan, 2023 Survey



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

Figure 102. Access to Specialized Services Results by Medicaid MMA Plan, 2023 Survey

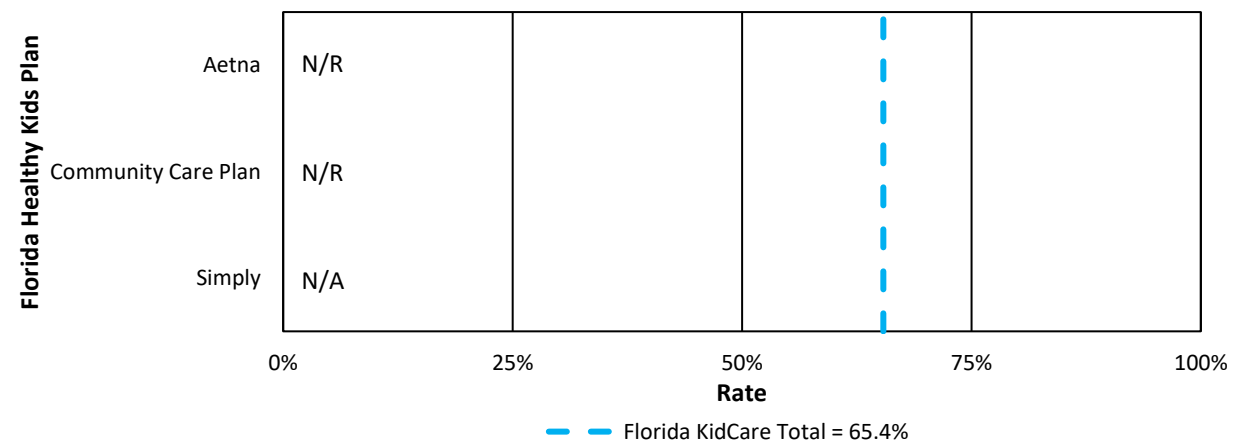


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

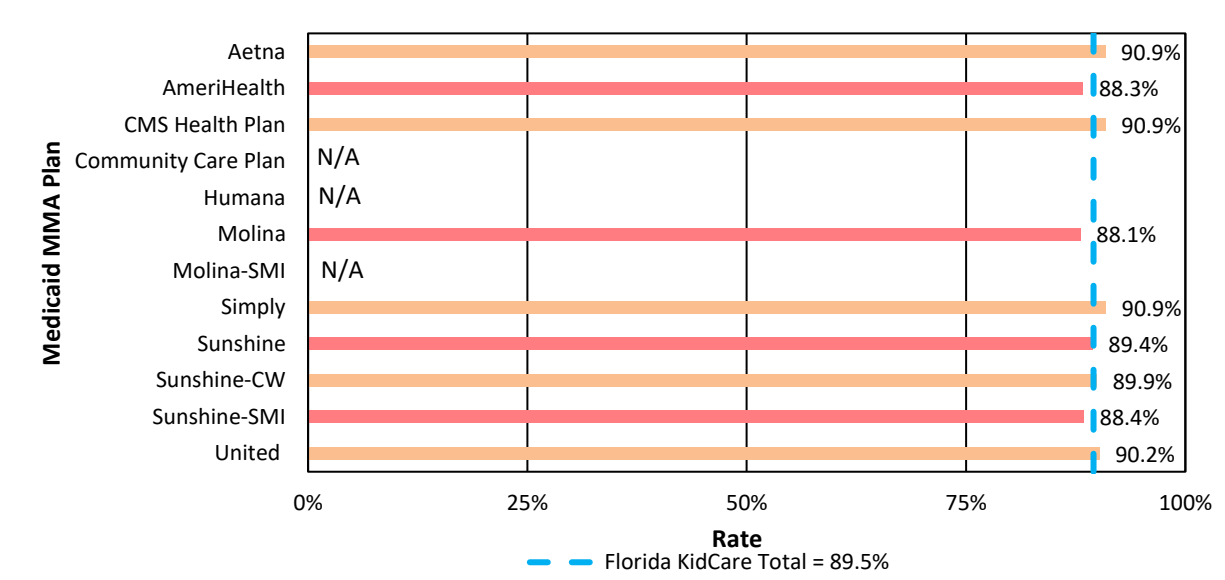
Note. This legend applies to **Figure 102** and **Figure 103**.

Figure 103. Access to Specialized Services Results by Florida Healthy Kids Plan, 2023 Survey



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

Figure 104. Personal Doctor Who Knows Child Results by Medicaid MMA Plan, 2023 Survey

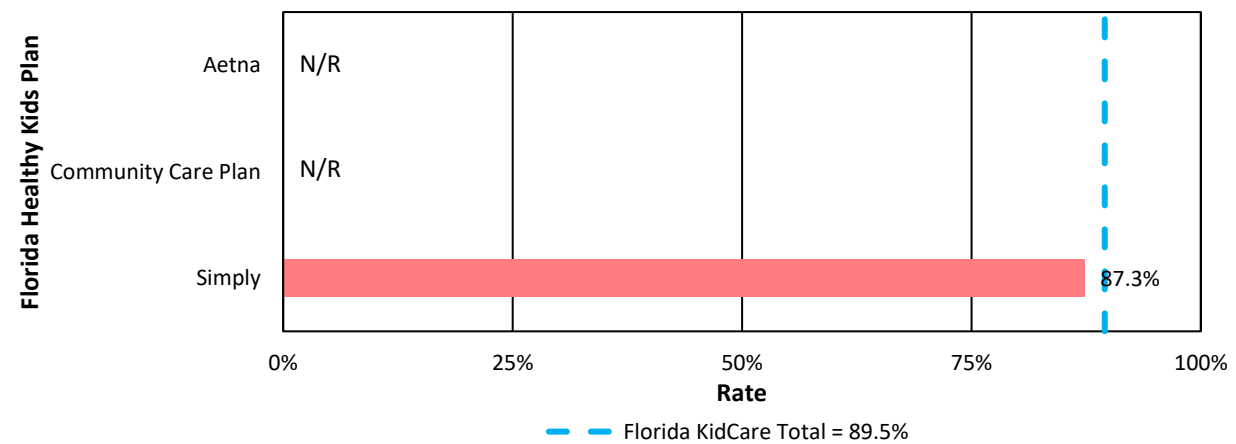


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

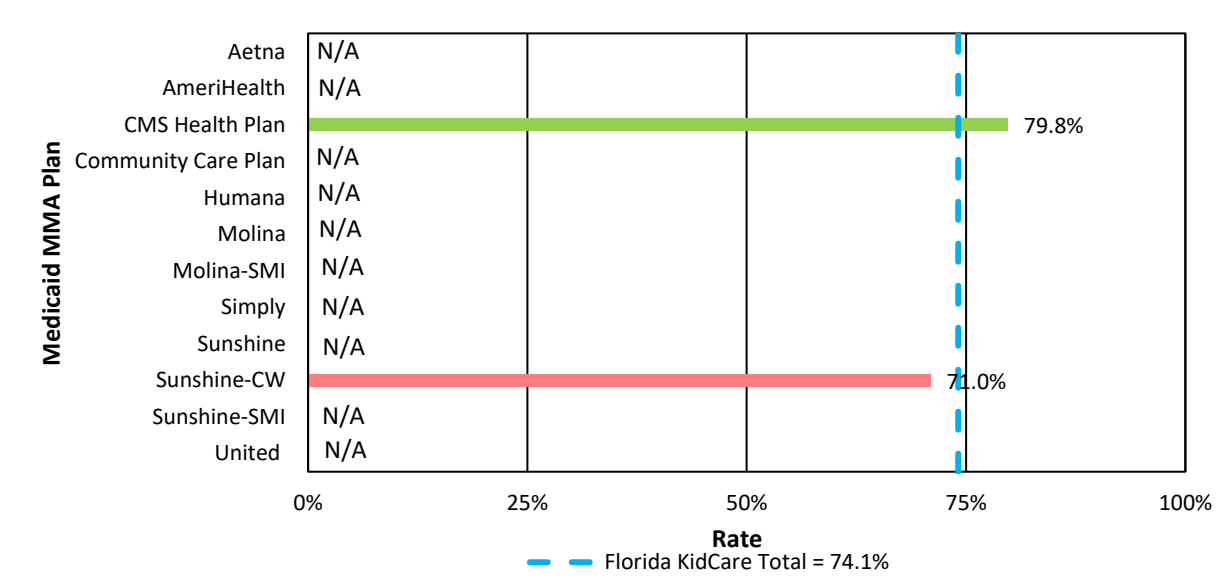
Note. This legend applies to **Figure 104** and **Figure 105**.

Figure 105. Personal Doctor Who Knows Child Results by Florida Healthy Kids Plan, 2023 Survey



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

Figure 106. Coordination of Care for CCC Results by Medicaid MMA Plan, 2023 Survey

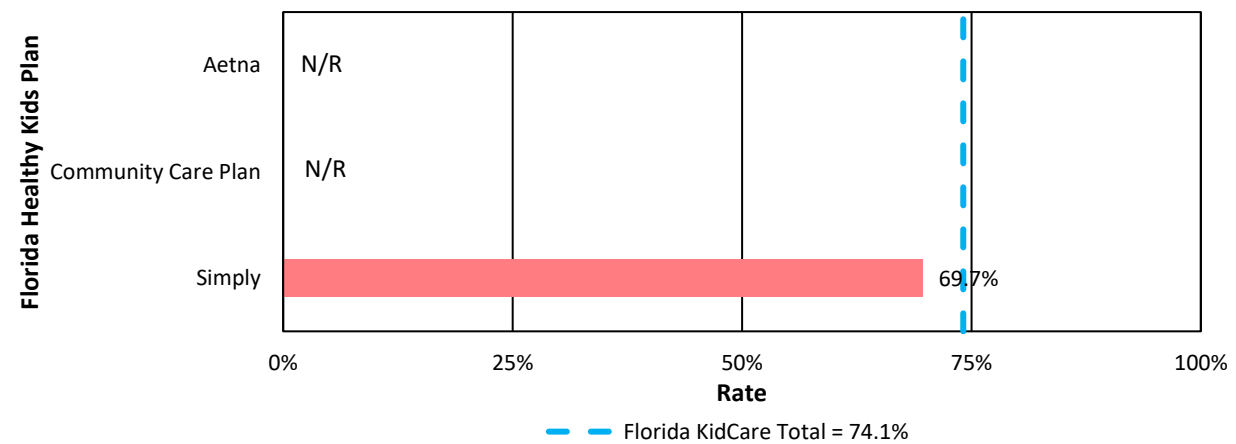


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

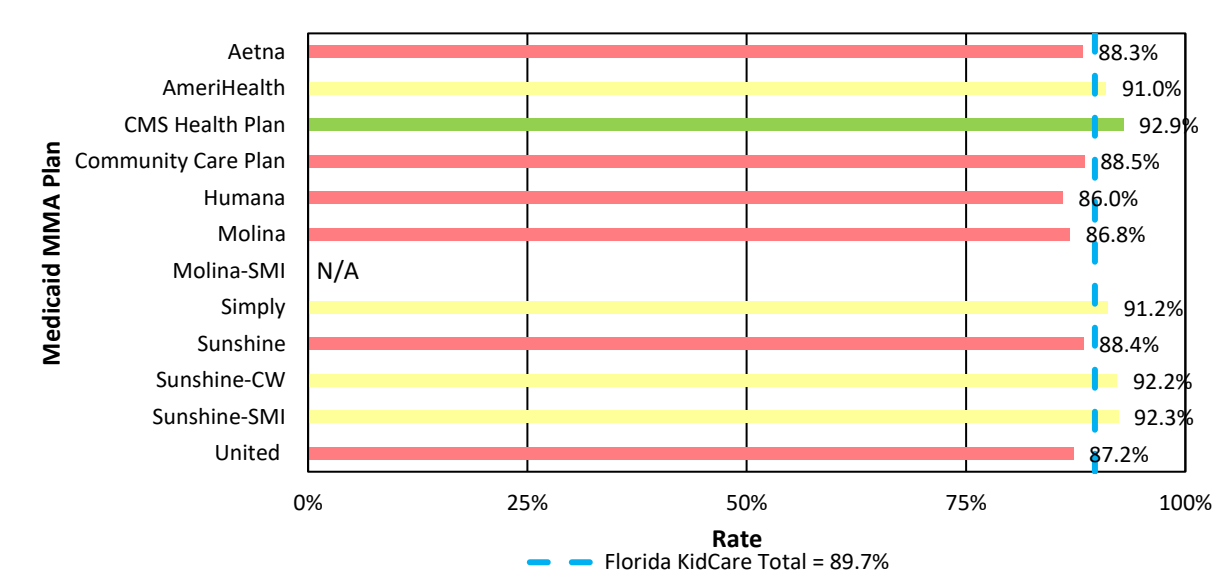
Note. This legend applies to **Figure 106** and **Figure 107**.

Figure 107. Coordination of Care for CCC Results by Florida Healthy Kids Plan, 2023 Survey



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

Figure 108. Getting Needed Information Results by Medicaid MMA Plan, 2023 Survey

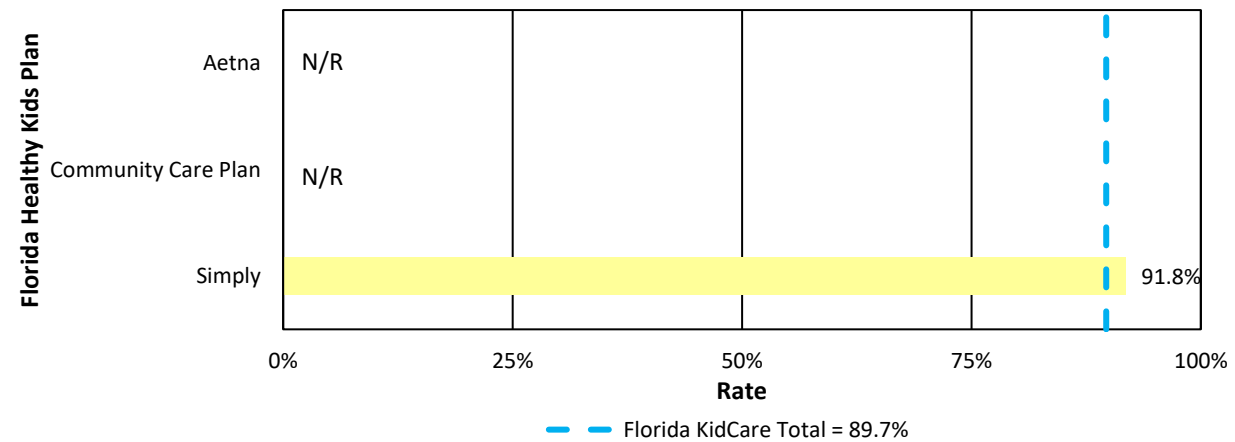


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

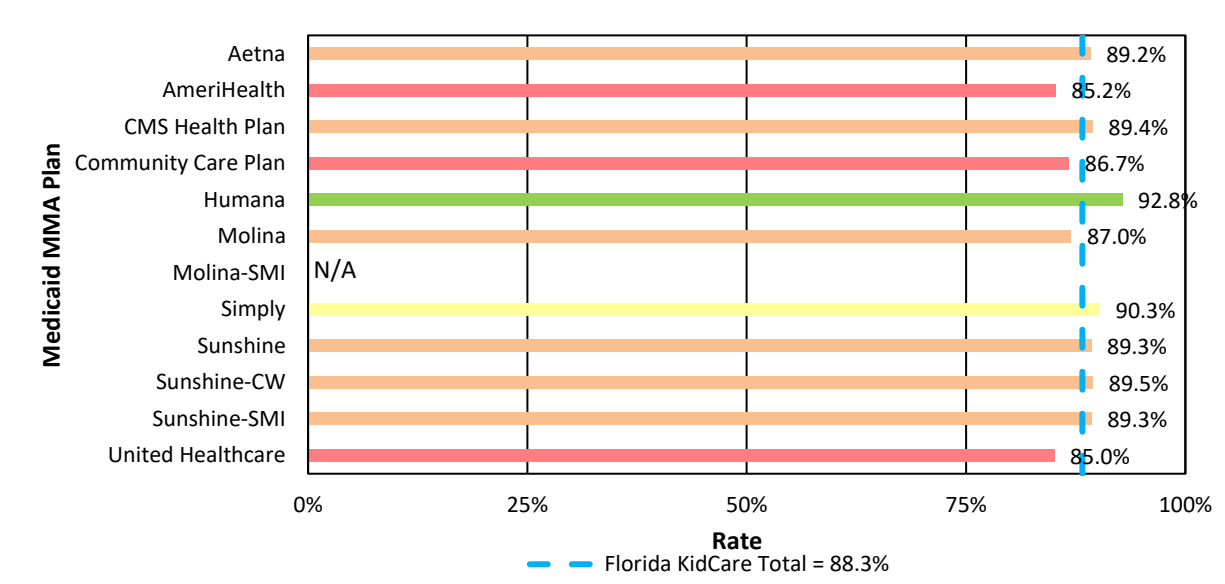
Note. This legend applies to **Figure 108** and **Figure 109**.

Figure 109. Getting Needed Information Results by Florida Healthy Kids Plan, 2023 Survey



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

Figure 110. Access to Prescription Medicines Results by Medicaid MMA Plan, 2023 Survey

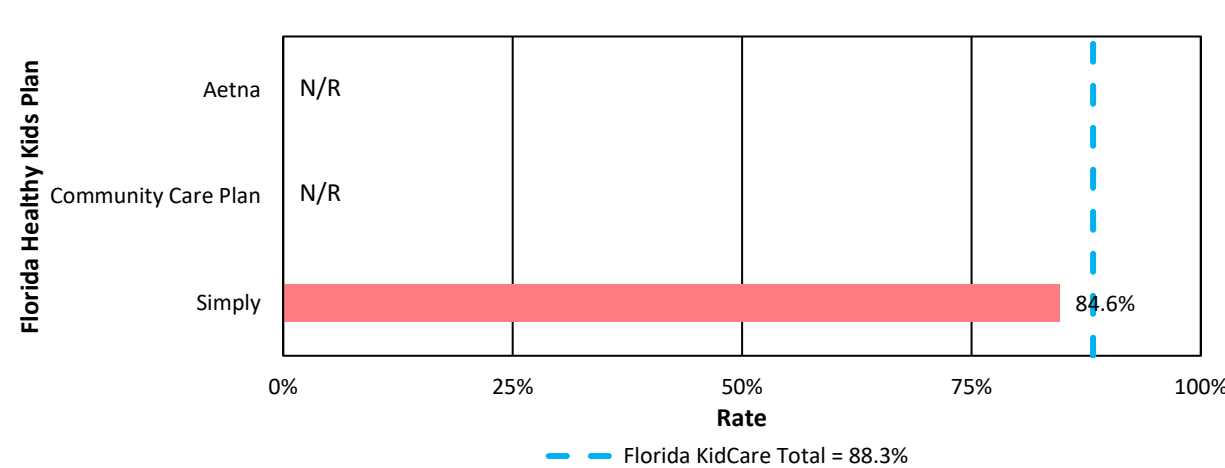


Note. Rates for plans with average sample sizes of less than 100 across composite items are denoted by N/A.

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

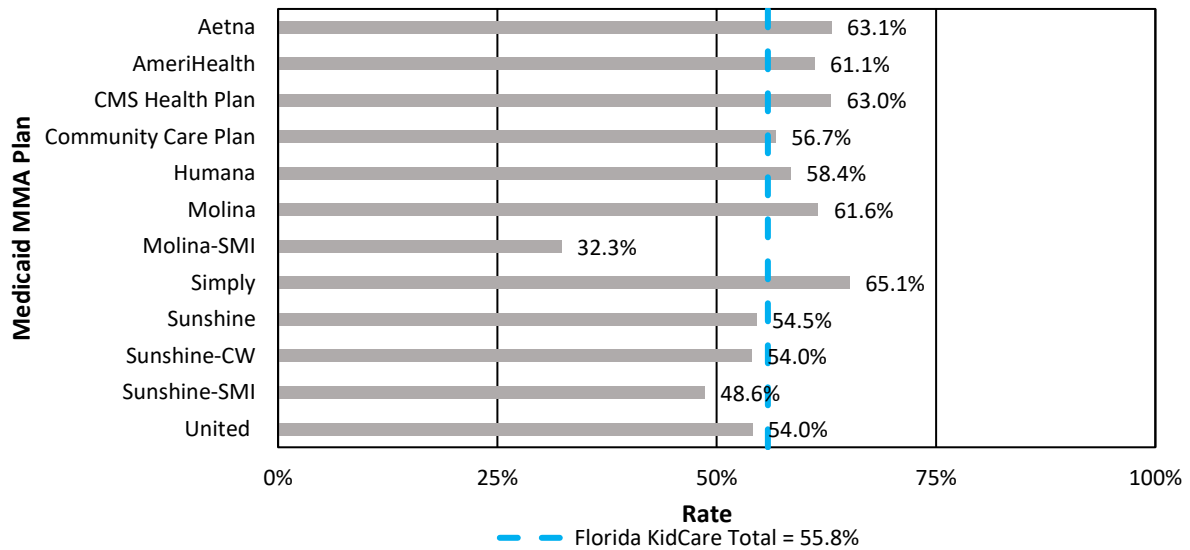
Note. This legend applies to **Figure 110** and **Figure 111**.

Figure 111. Access to Prescription Medicines Results by Florida Healthy Kids Plan, 2023 Survey



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

Figure 112. Number of Doctors to Choose from Results by Medicaid MMA Plan, 2023 Survey



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

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Quality of Care

Methodology

Enrollment files, used to determine compliance through administrative methodology, contain member demographics and duration of enrollment. The claims and encounter data contain information about the services rendered, which is necessary for 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 a 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 help find 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 a 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 a notation of the BMI in the provider notes—neither would be discovered through claims and encounters data alone.

NCQA-certified software calculates hybrid measures according to HEDIS or Child Core Set specifications. After processing administrative 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. Records are reviewed for compliance and, if compliant, are included in the numerator.

The data collection process used by ICHP for medical record review consists of securely faxing the record request with instructions for providers to return the records in the same manner. Some facilities have adopted an electronic-only process for medical record reviews, and ICHP has adapted to these provider preferences as possible. Non-responsive chases contacted by telephone receive a second request via secure fax to ensure a timely turnaround. Following receipt of a medical record, a reviewer performs data entry, and a second reviewer verifies the accuracy of the information. A third reviewer helps resolve discrepancies between reviewers and performs a weekly overread of records to ensure ongoing accuracy. At the end of the medical record review process, an NCQA-certified auditing firm audits the results for accuracy.

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, encounter data intake, and processes related to calculating the measures. While this compliance audit focuses on HEDIS

measures, it can also include the Child Core Set or Agency-defined measures alongside their specifications to ensure that all processes are compliant.

Rates are 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 low denominator 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, 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. Compliant members were marked compliant through supplemental data were factored into the numerator for the applicable immunization measure. These compliant members no longer need to be included in medical record review efforts as the compliance has been documented already.

Plan-Submitted Data

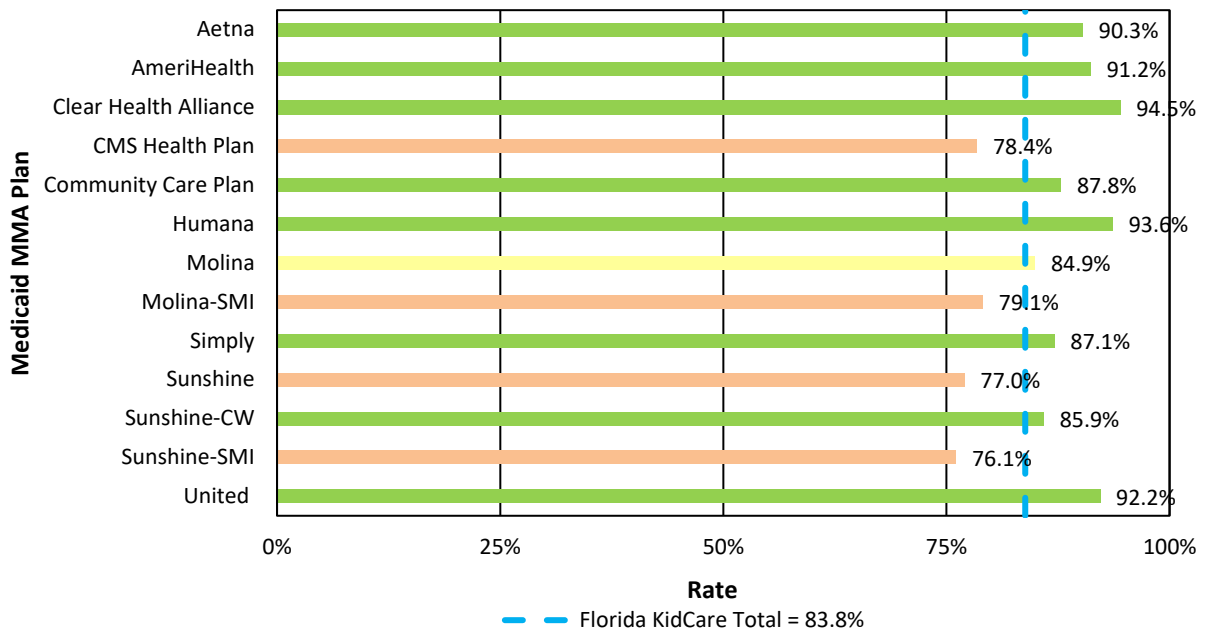
The 13 Medicaid MMA plans that calculated performance measures, with specialty plan population noted, were Aetna, AmeriHealth, Clear Health Alliance (serving those with HIV/AIDS), CMS Health Plan (serving children with chronic conditions), Community Care Plan, Humana, Molina, Molina-SMI (serving children 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), and United.

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 include both subsidized and full-pay members.

Dental data was submitted from the following dental plans: Argus (Florida Healthy Kids only), DentaQuest, Liberty, and MCNA.

Plan-Level Data

Figure 113. Medicaid MMA Plan Results for WCC: Ages 3-17- BMI Assessment, CY 2022

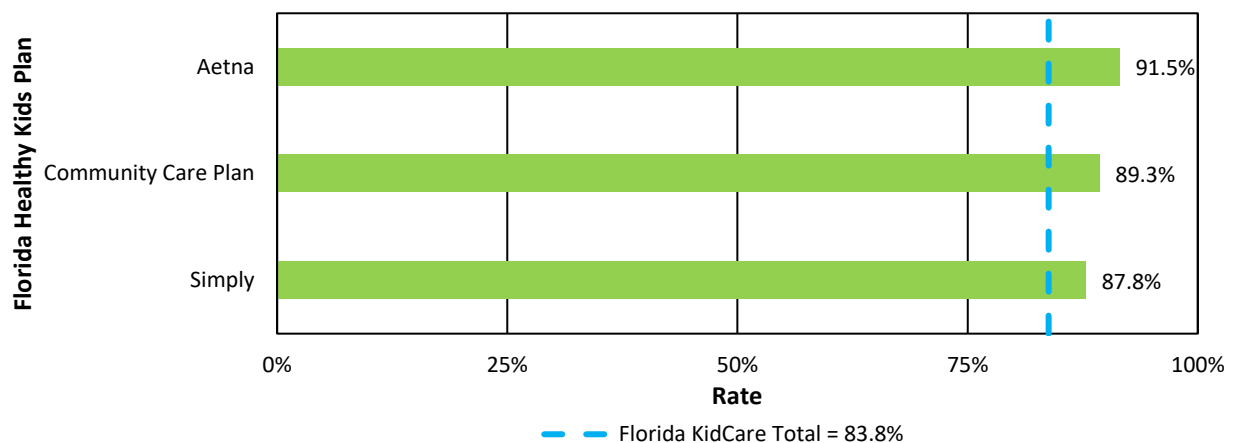


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

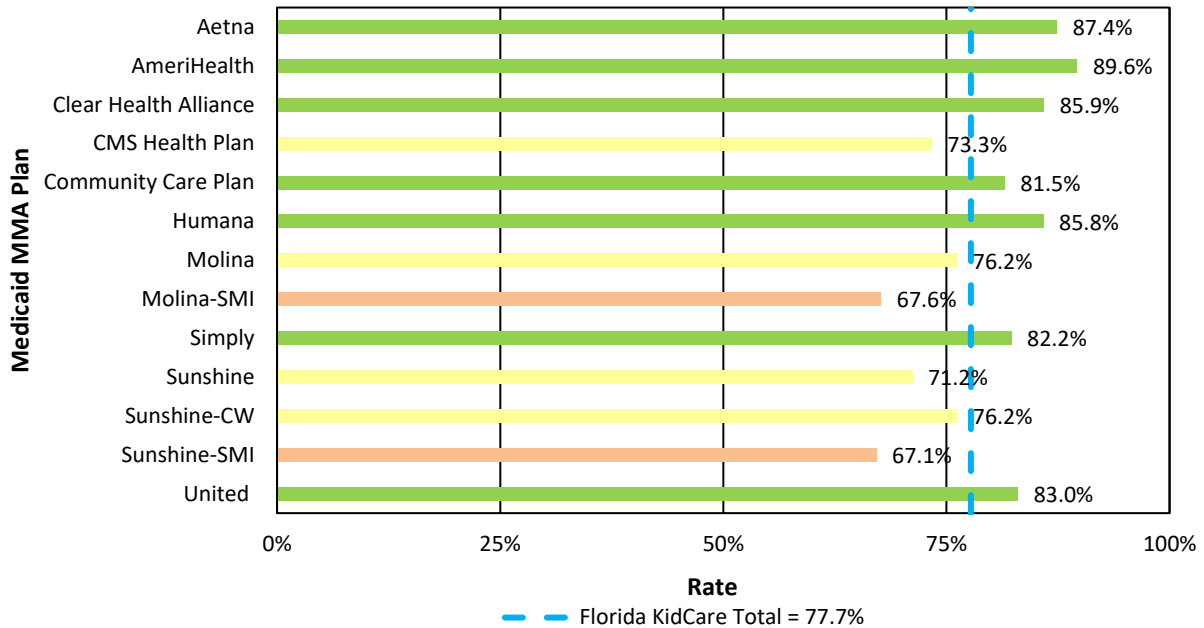
Note. This legend applies to Figure 113 and Figure 114.

Figure 114. Florida Healthy Kids Plan Results for WCC: Ages 3-17- BMI Assessment, CY 2022



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

Figure 115. Medicaid MMA Plan Results for WCC: Ages 3-17- Nutrition, CY 2022

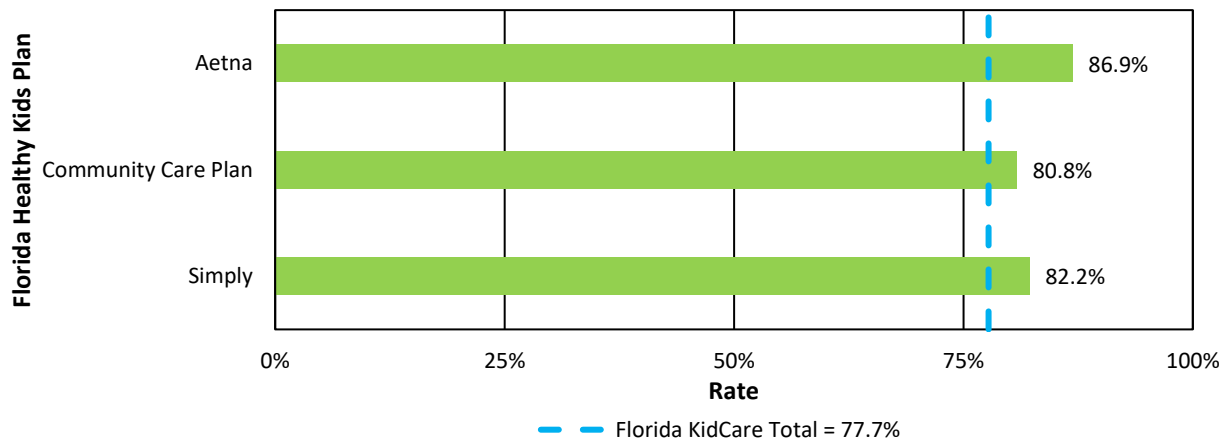


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

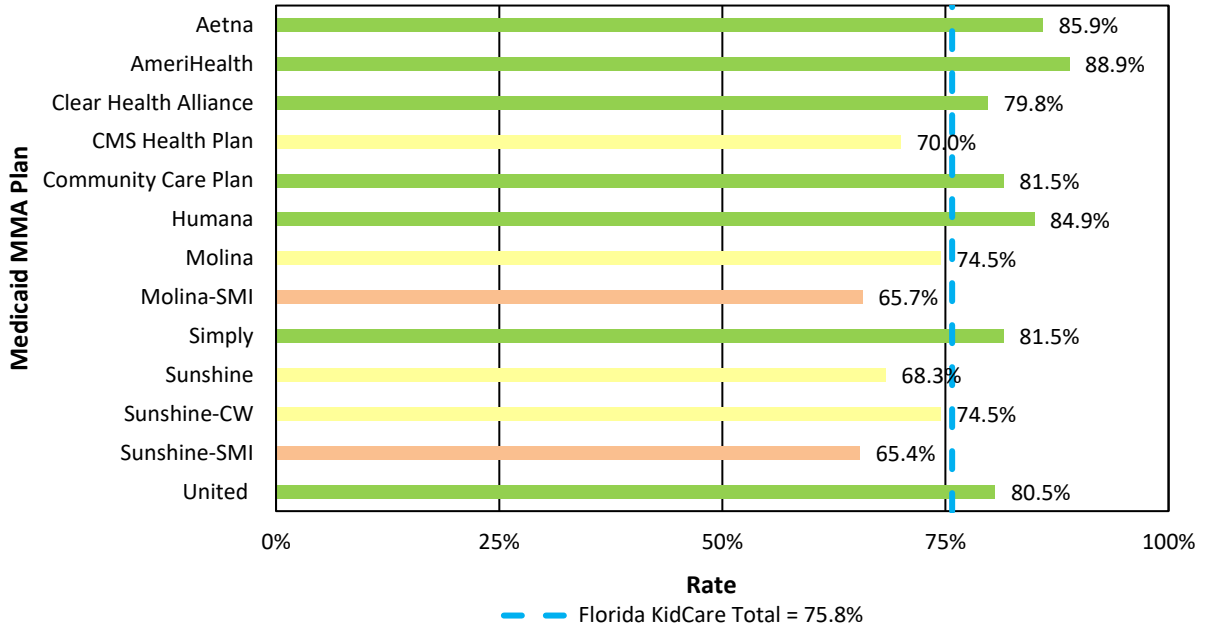
Note. This legend applies to **Figure 115** and **Figure 116**.

Figure 116. Florida Healthy Kids Plan Results for WCC: Ages 3-17- Nutrition, CY 2022



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

Figure 117. Medicaid MMA Plan Results for WCC: Ages 3-17- Physical Activity, CY 2022

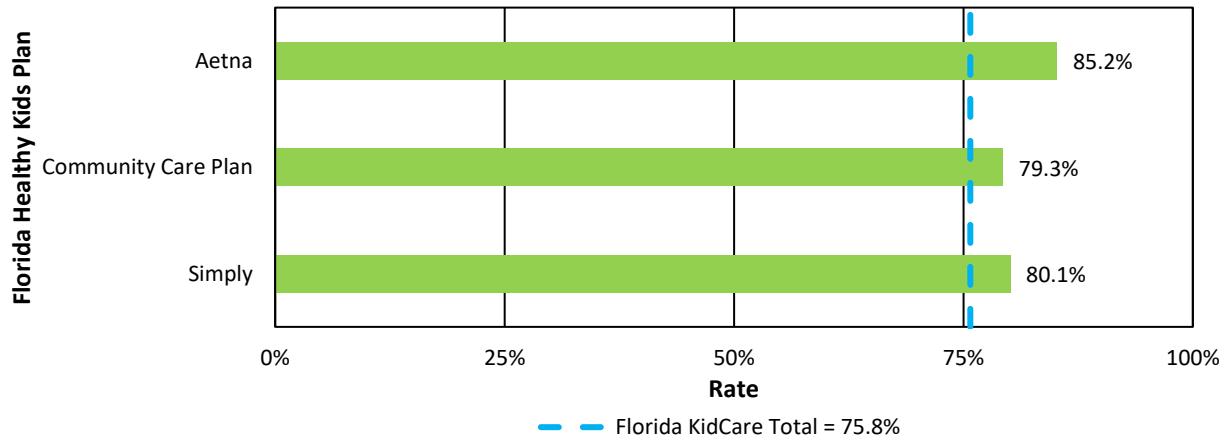


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

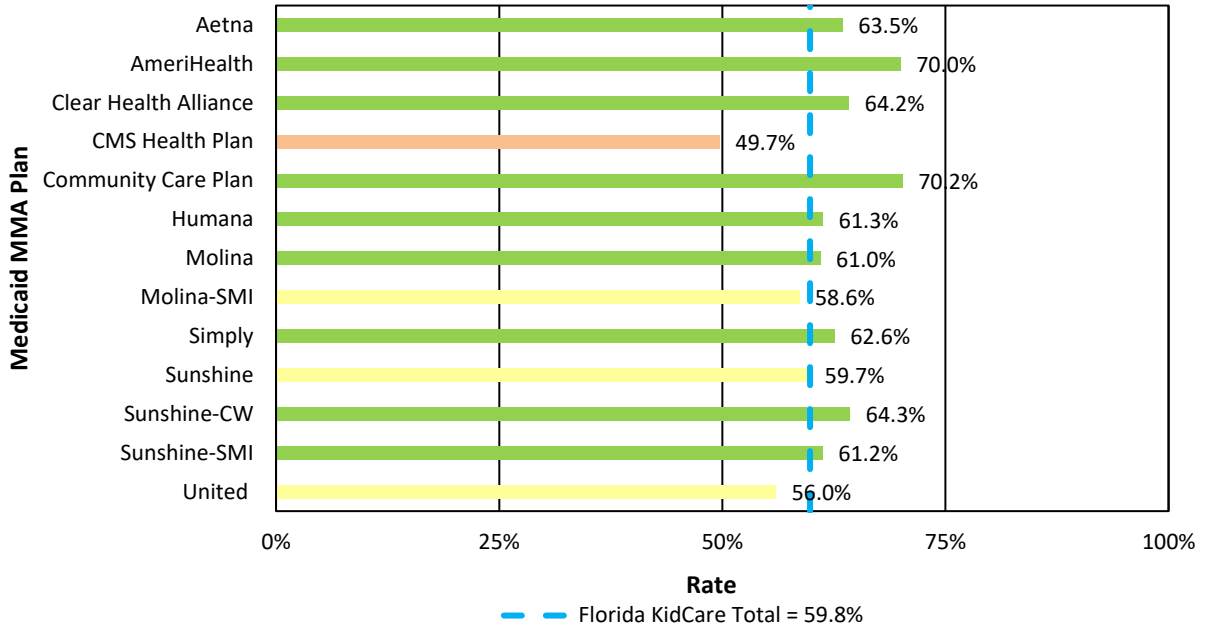
Note. This legend applies to **Figure 117** and **Figure 118**.

Figure 118. Florida Healthy Kids Plan Results for WCC: Ages 3-17- Physical Activity, CY 2022



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

Figure 119. Medicaid MMA Plan Results for CHL Ages 16-20, CY 2022

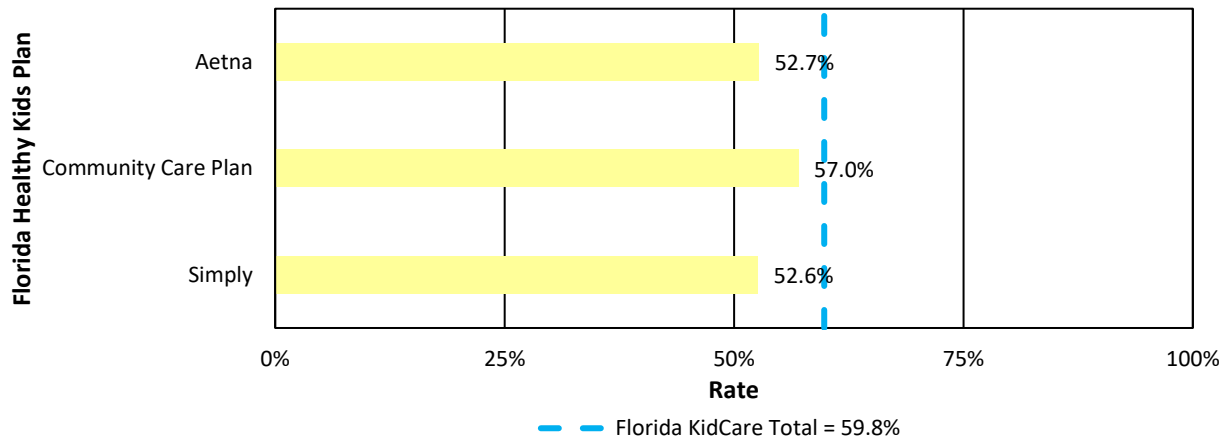


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

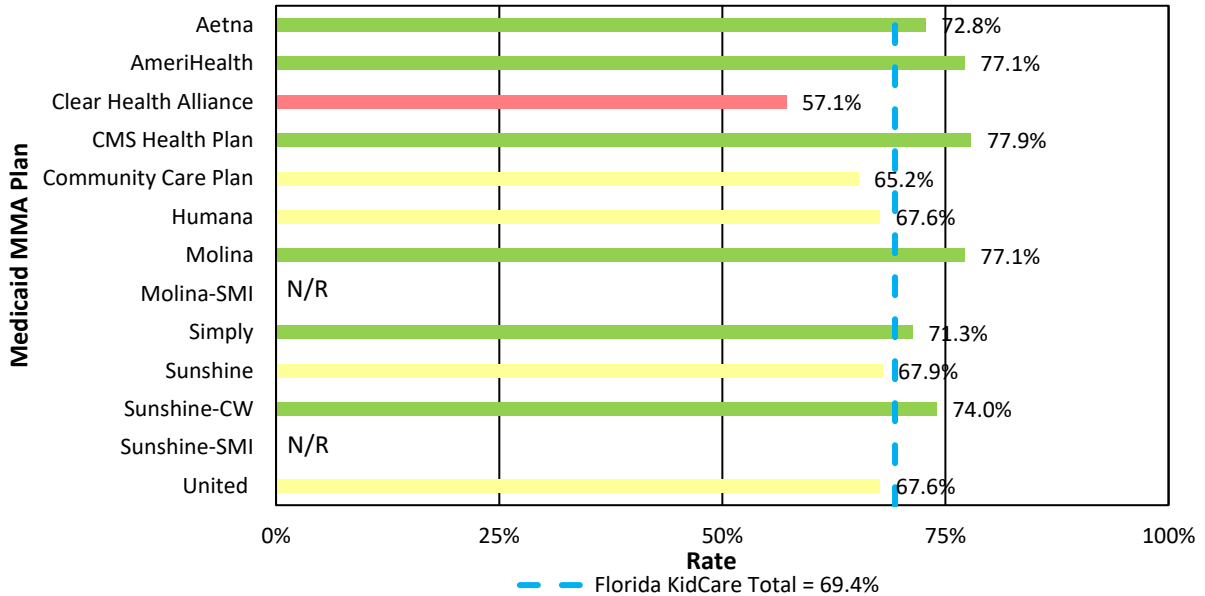
Note. This legend applies to **Figure 119** and **Figure 120**.

Figure 120. Florida Healthy Kids Plan Results for CHL Ages 16-20, CY 2022



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

Figure 121. Medicaid MMA Plan Results for CIS: Combination 3, CY 2022

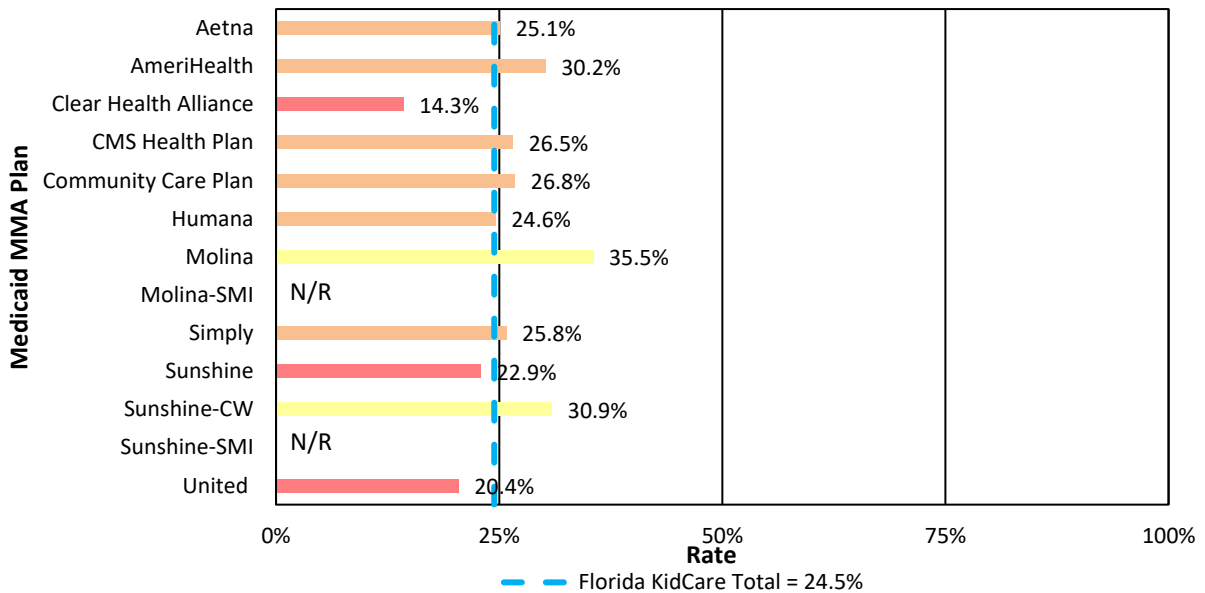


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

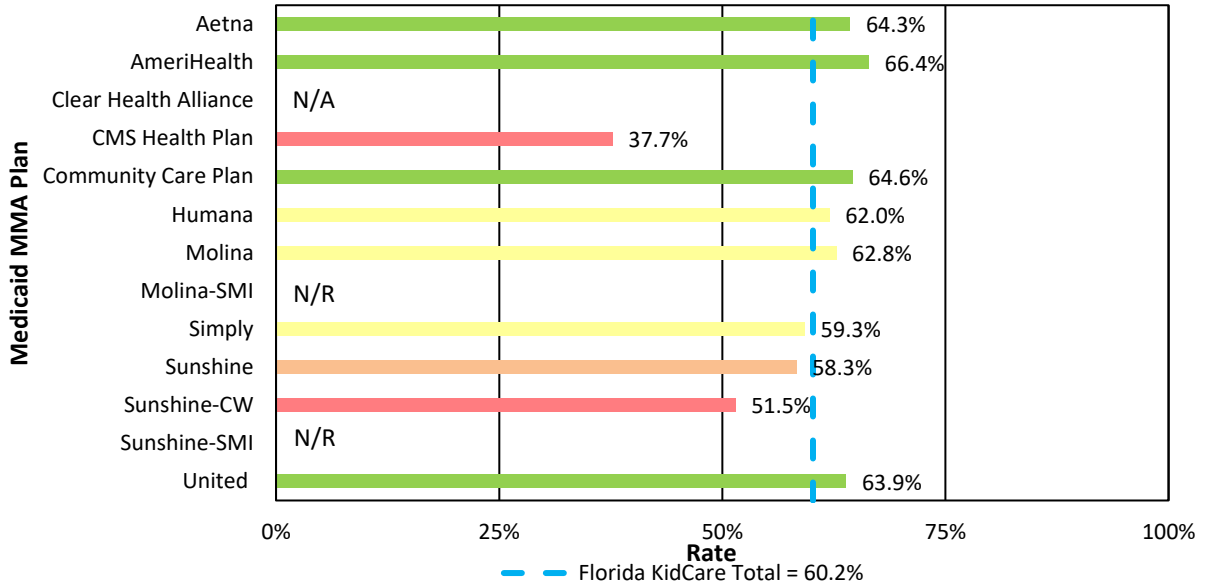
Note. This legend applies to Figure 121 and Figure 122.

Figure 122. Medicaid Plan Results for CIS: Combination 10, CY 2022



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

Figure 123. Medicaid MMA Plan Results for W30: First 15 months, CY 2022

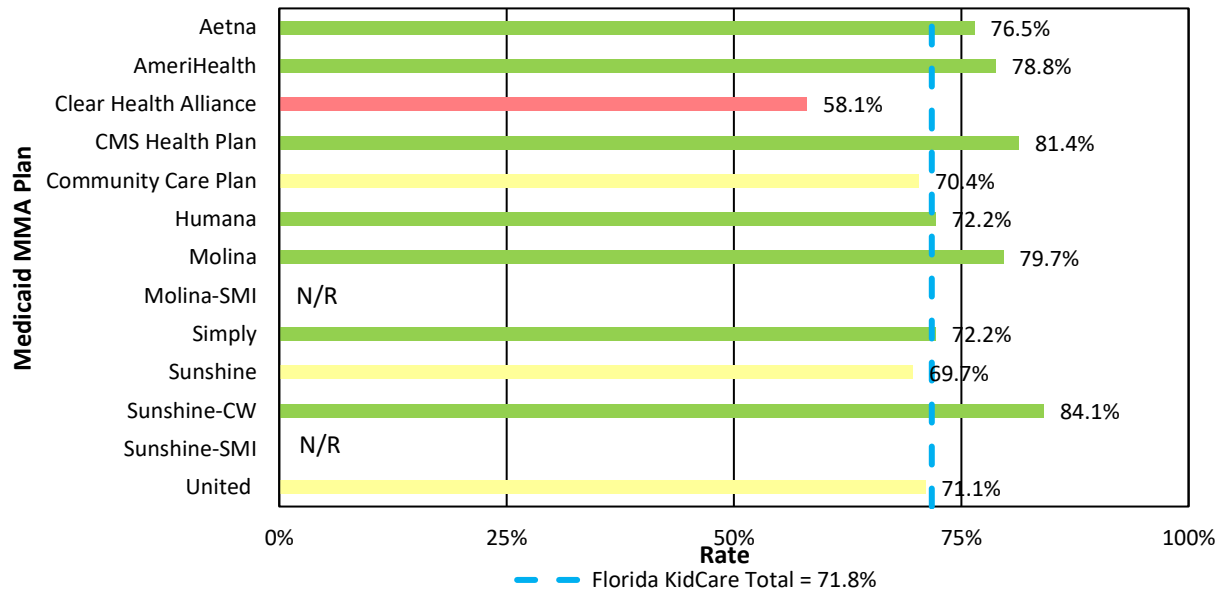


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

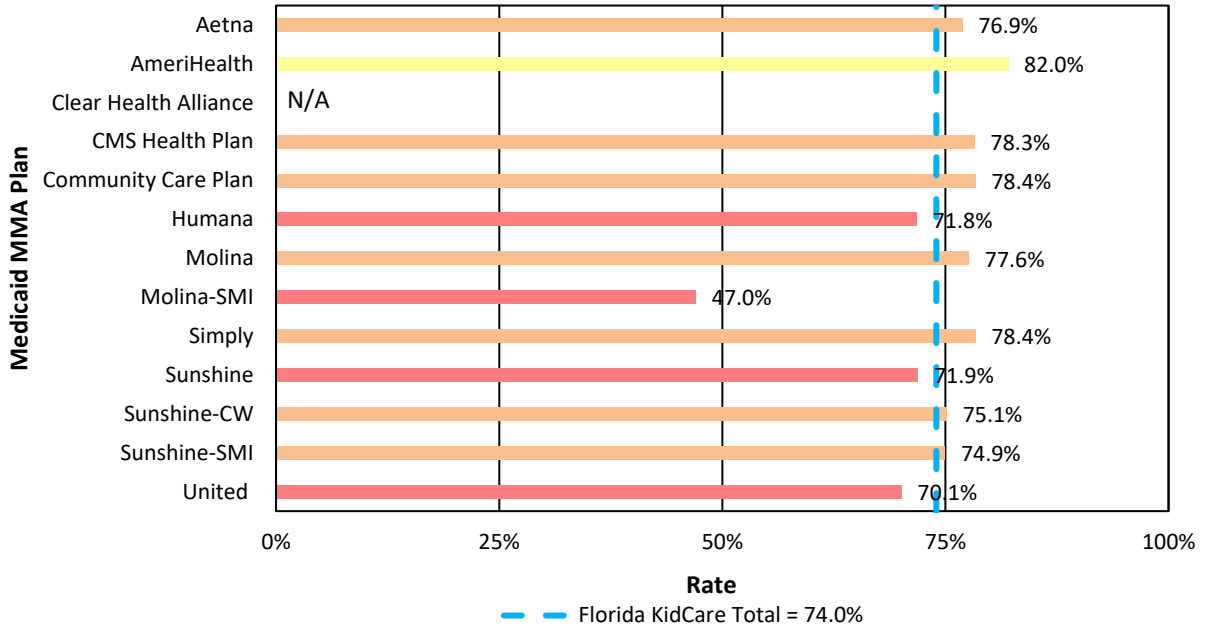
Note. This legend applies to **Figure 123** and **Figure 124**.

Figure 124. Medicaid MMA Plan Results for W30: Ages 15-30 Months, CY 2022



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

Figure 125. Medicaid MMA Plan Results for IMA: Meningococcal Immunizations, CY 2022

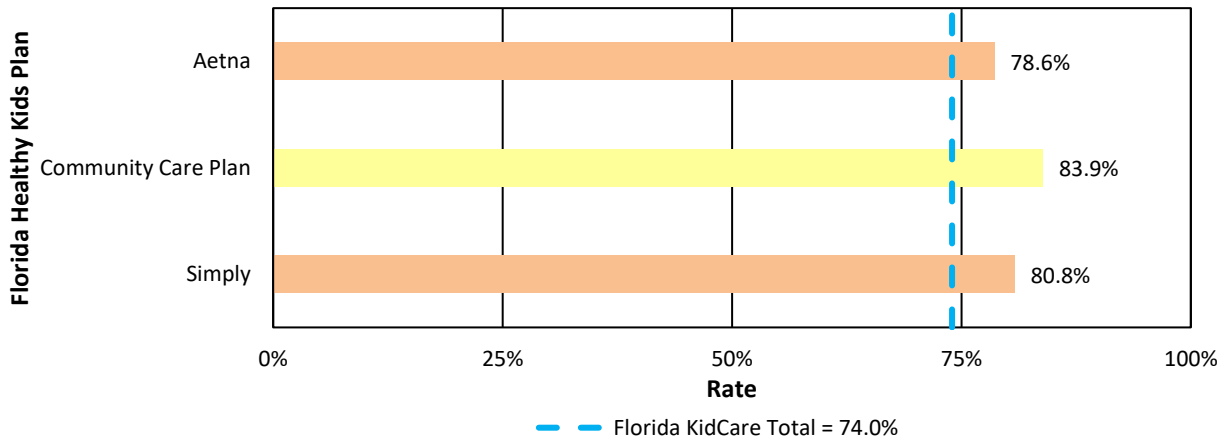


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

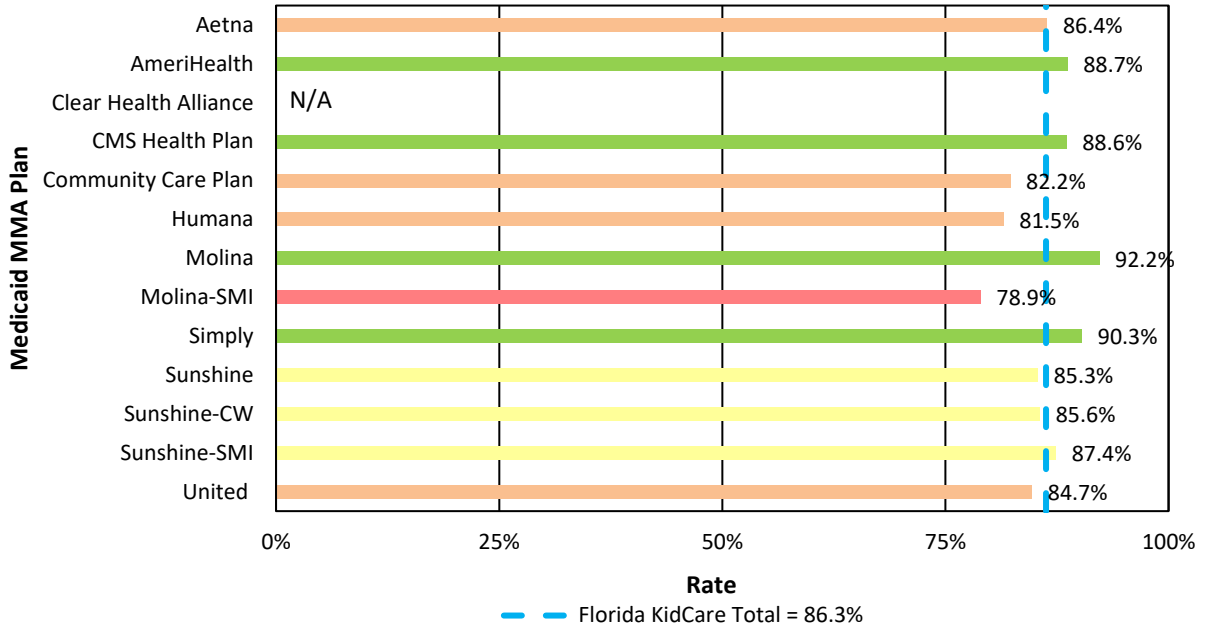
Note. This legend applies to **Figure 125** and **Figure 126**.

Figure 126. Florida Healthy Kids Plan Results for IMA: Meningococcal Immunizations, CY 2022



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

Figure 127. Medicaid MMA Plan Results for IMA: Tdap Immunizations, CY 2022

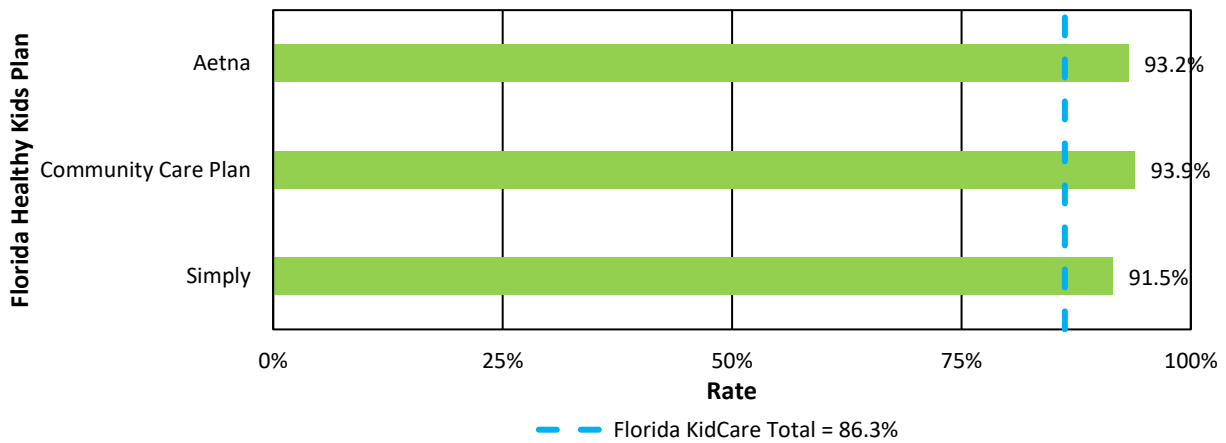


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

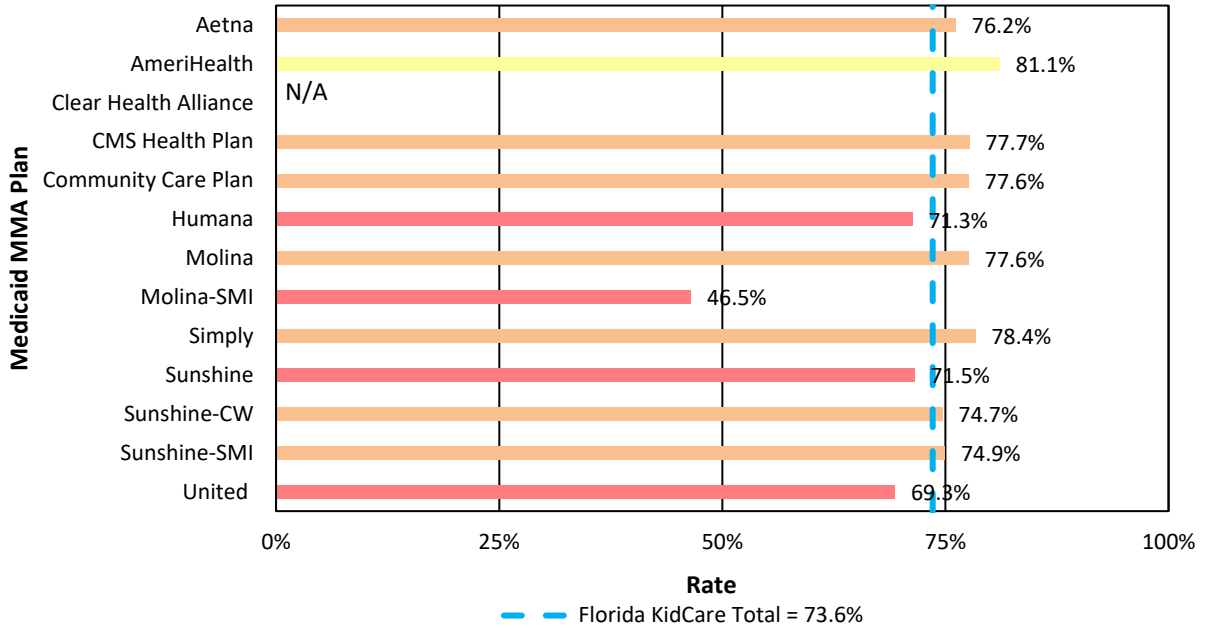
Note. This legend applies to **Figure 127** and **Figure 128**.

Figure 128. Florida Healthy Kids Plan Results for IMA: Tdap Immunizations, CY 2022



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

Figure 129. Medicaid MMA Plan Results for IMA: Combination 1 Immunizations, CY 2022

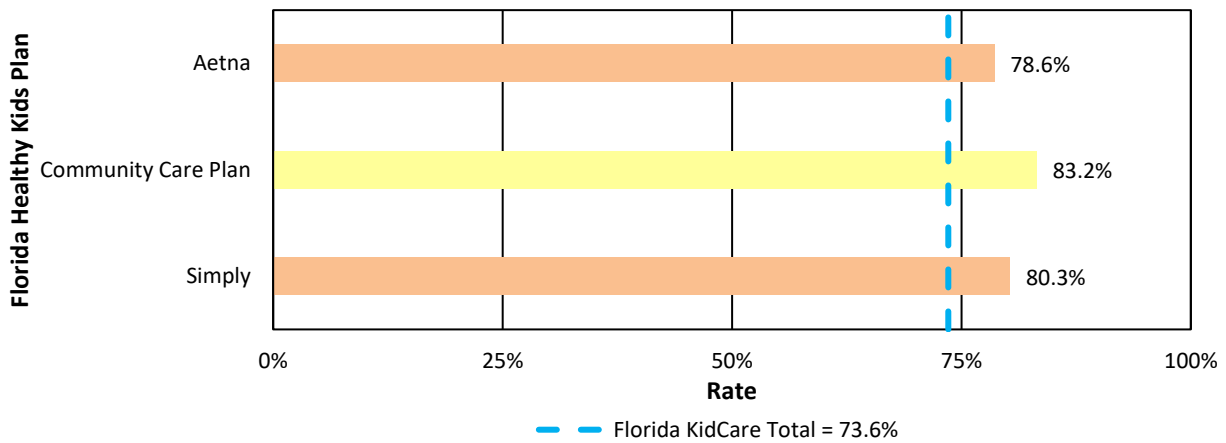


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

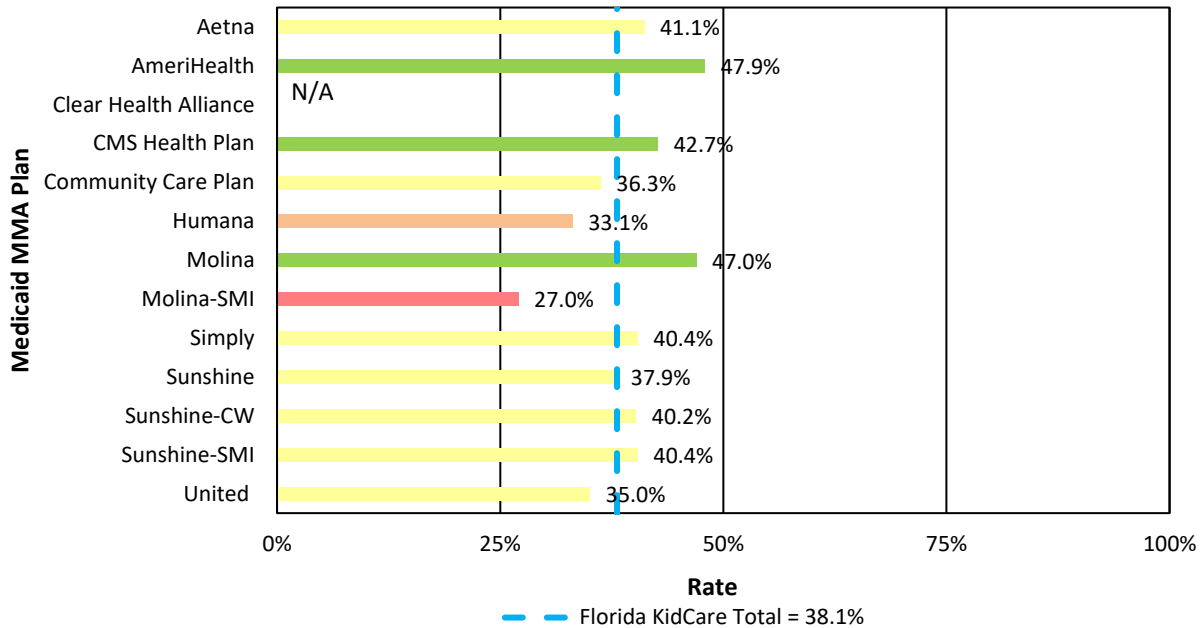
Note. This legend applies to **Figure 129** and **Figure 130**.

Figure 130. Florida Healthy Kids Plan Results for IMA: Combination 1 Immunizations, CY 2022



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

Figure 131. Medicaid MMA Plan Results for IMA: HPV Immunizations, CY 2022

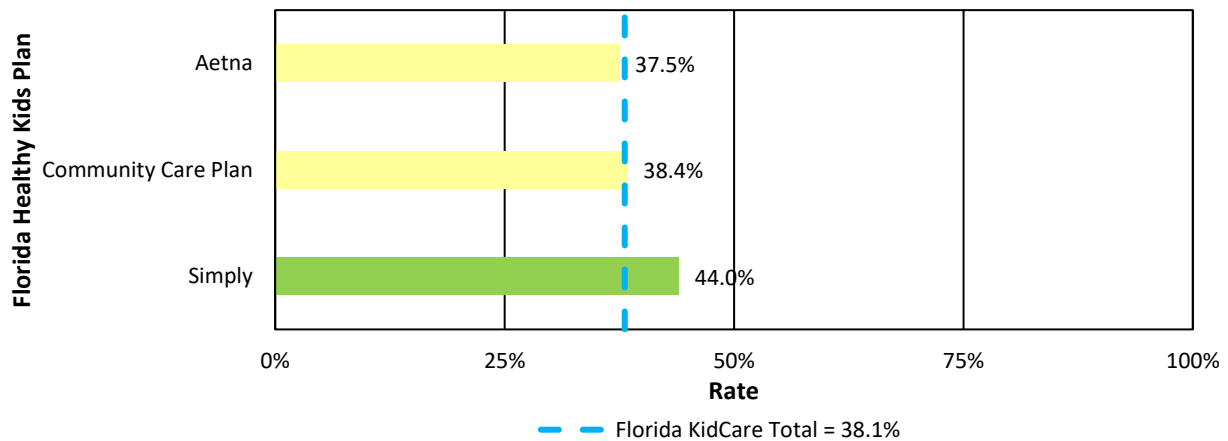


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

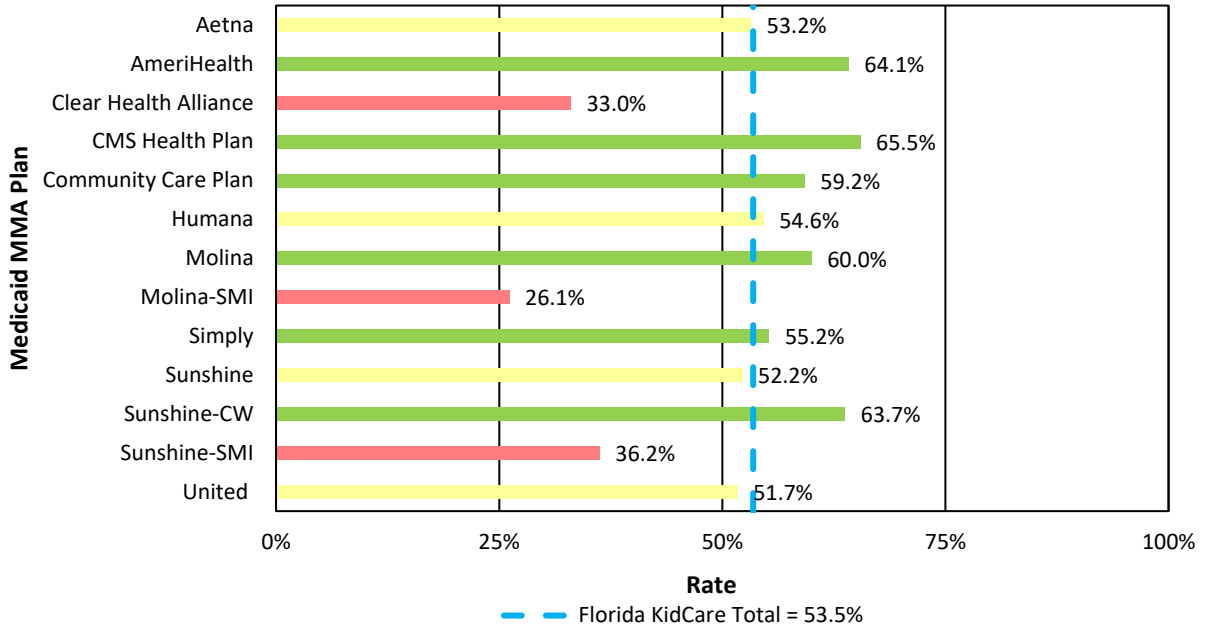
Note. This legend applies to **Figure 131** and **Figure 132**.

Figure 132. Florida Healthy Kids Plan Results for IMA: HPV Immunizations, CY 2022



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

Figure 133. Medicaid MMA Plan Results for WCV: Ages 3-21, CY 2022

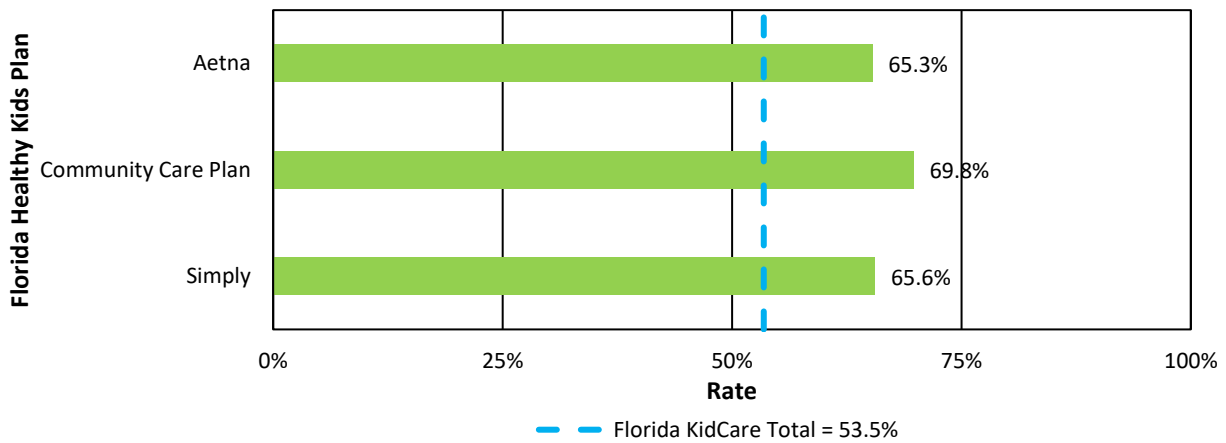


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

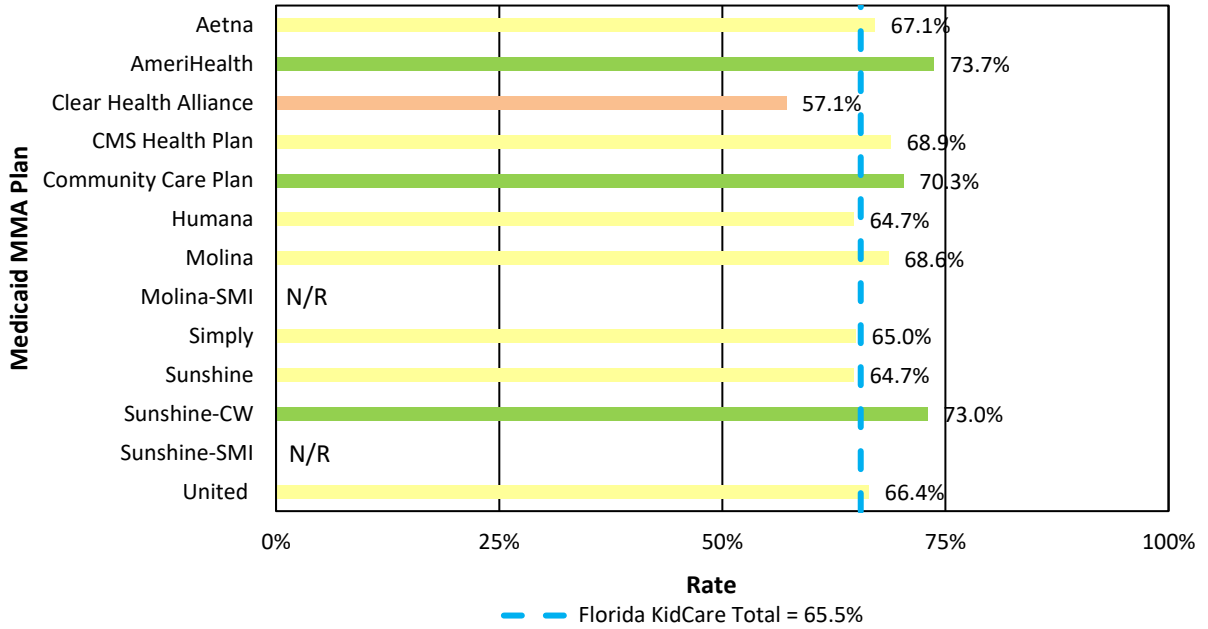
Note. This legend applies to **Figure 133** and **Figure 134**.

Figure 134. Florida Healthy Kids Plan Results for WCV: Ages 3-21, CY 2022



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

Figure 135. Medicaid MMA Plan Results for LSC: CY 2022



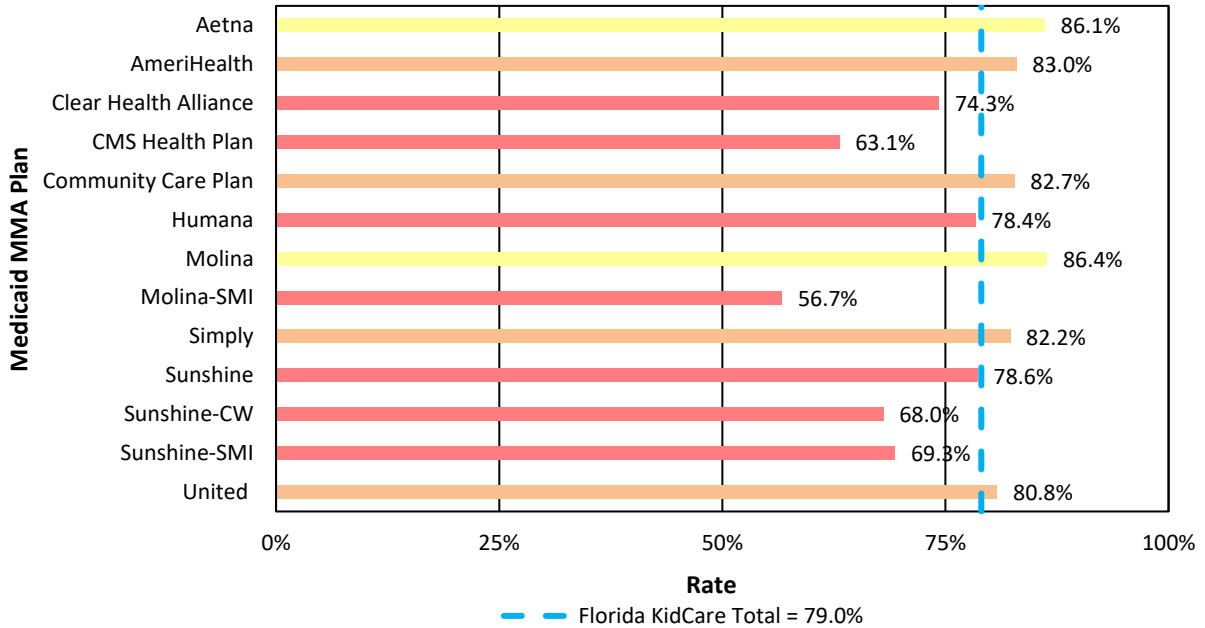
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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 135**.

The rest of this page has been left intentionally blank due to the formatting of subsequent figures.

Figure 136. Medicaid MMA Plan Results for PPC: Timeliness of Prenatal Care, CY 2022

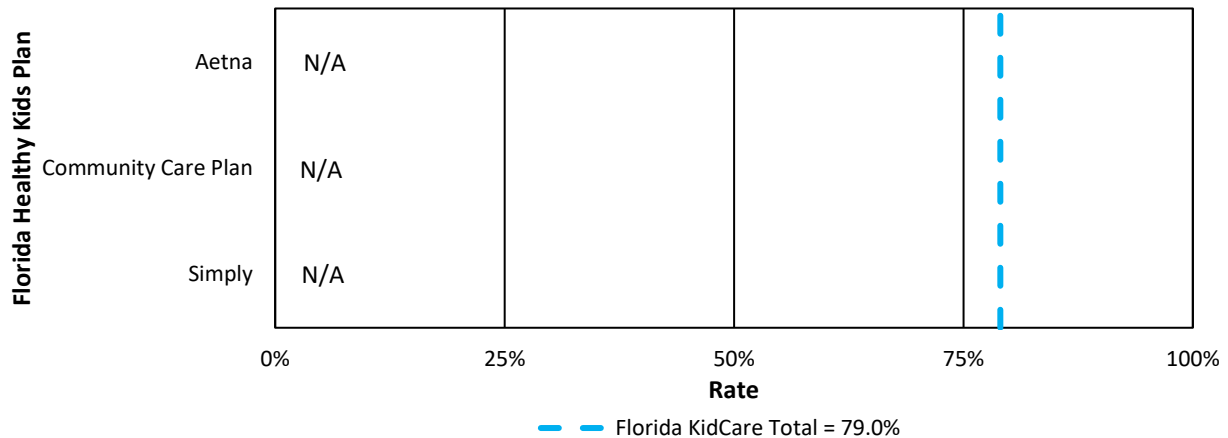


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

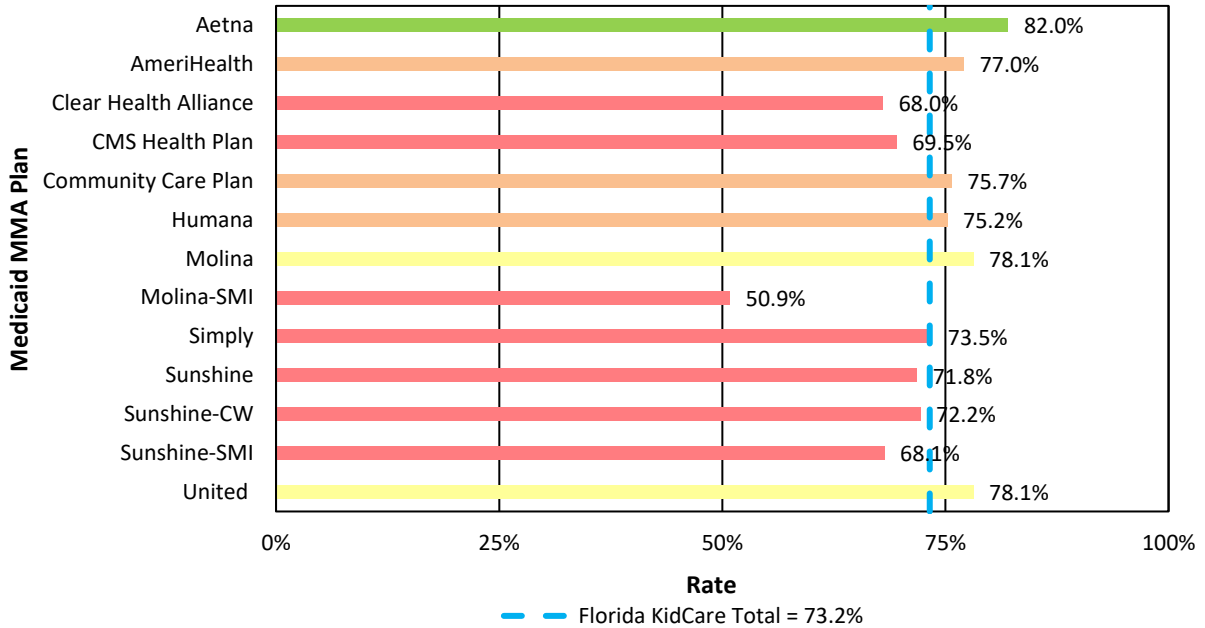
Note. This legend applies to Figure 136 and Figure 137.

Figure 137. Florida Healthy Kids Plan Results for PPC: Timeliness of Prenatal Care, CY 2022



Note. N/R denotes programs or plans for 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 PPC: Postpartum Care, CY 2022

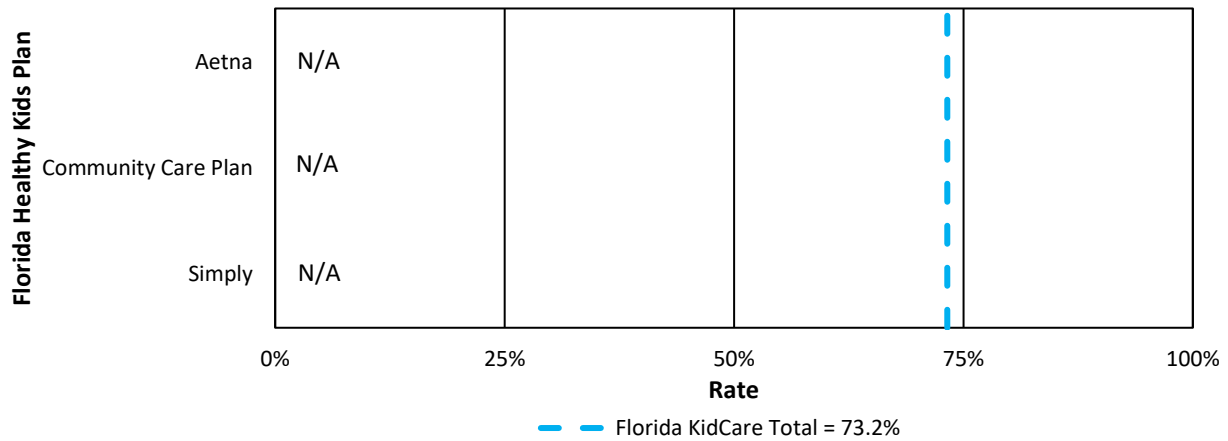


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

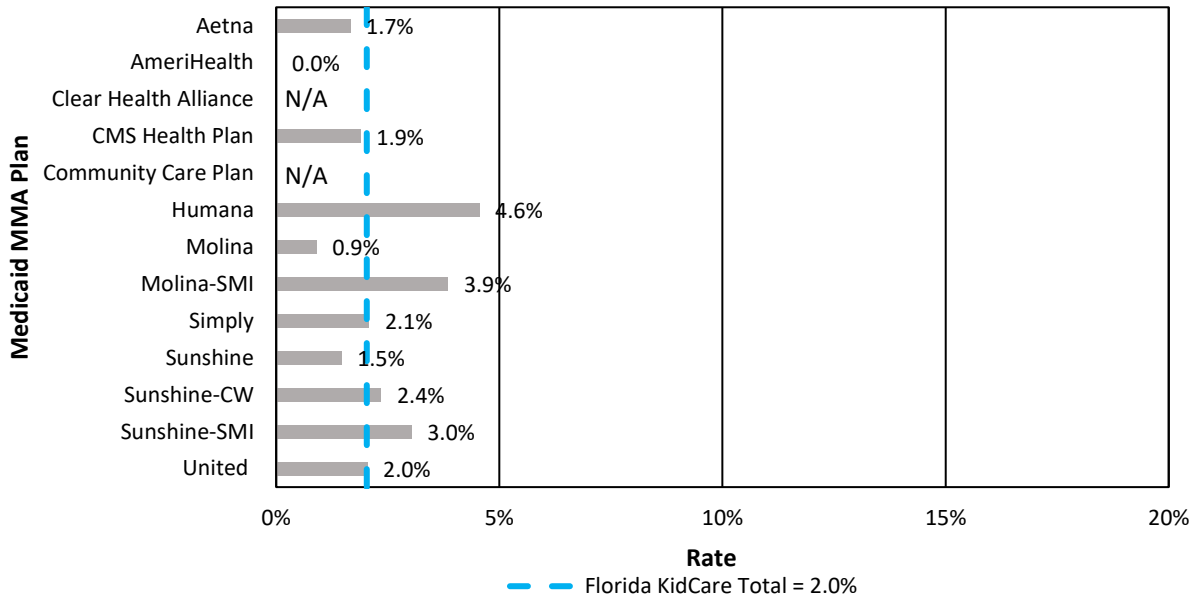
Note. This legend applies to Figure 138 and Figure 139.

Figure 139. Florida Healthy Kids Plan Results for PPC: Postpartum Care, CY 2022



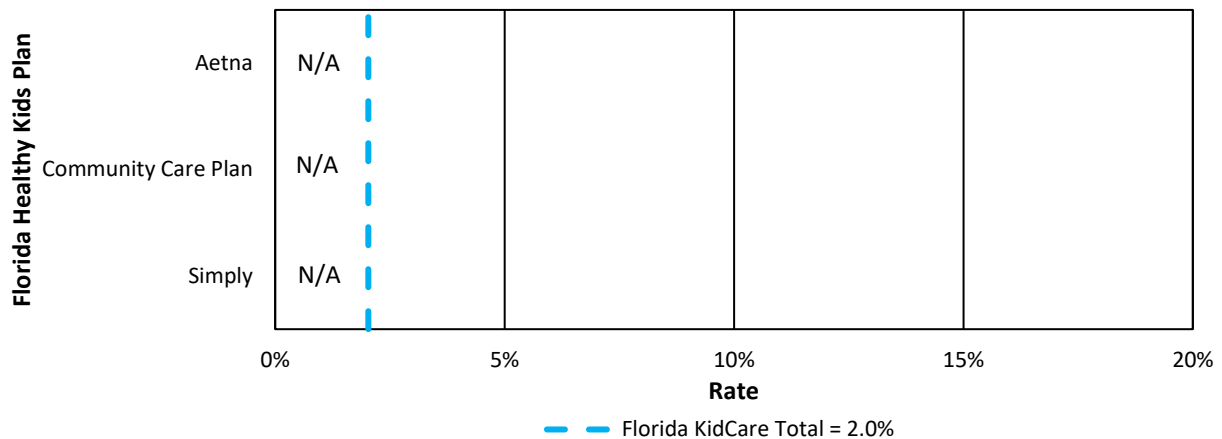
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 140. Medicaid MMA Plan Results for CCP: Most and Moderately Effective- 3 Days, CY 2022



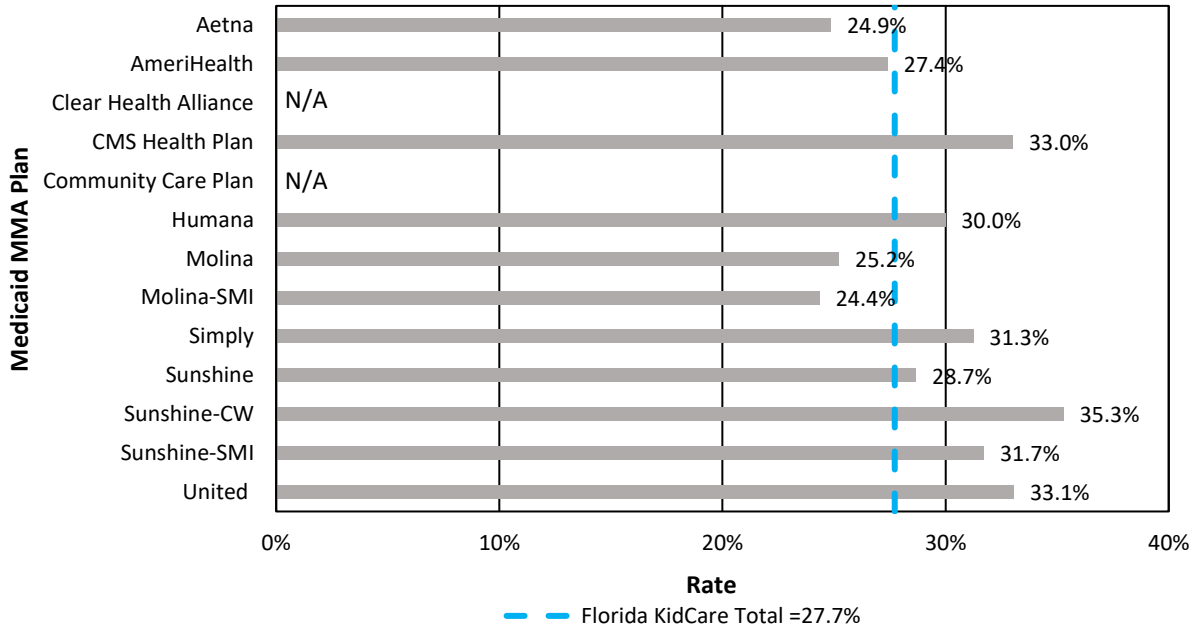
Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less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

Figure 141. Florida Healthy Kids Plan Results for CCP: Most and Moderately Effective- 3 Days, CY 2022



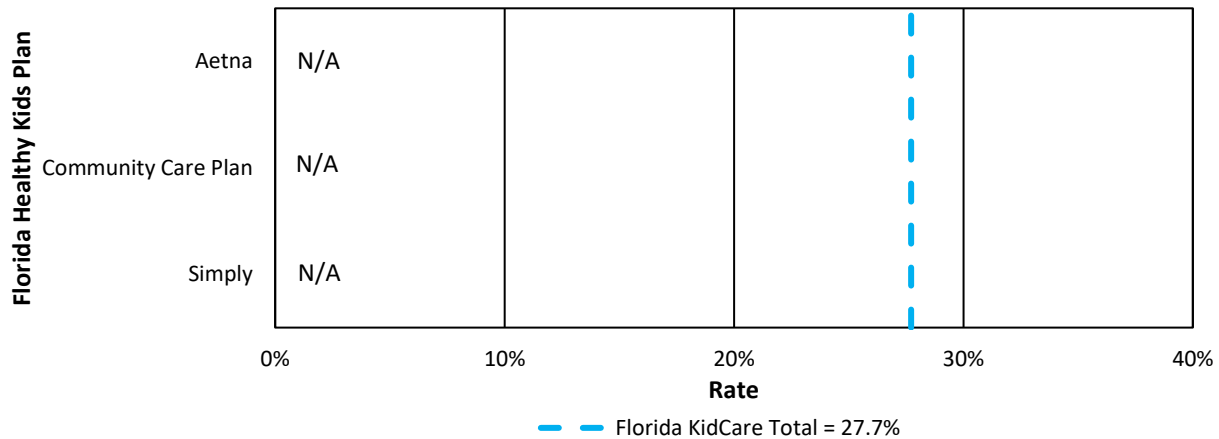
Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less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

Figure 142. Medicaid MMA Plan Results for CCP: Most and Moderately Effective- 60 Days, CY 2022



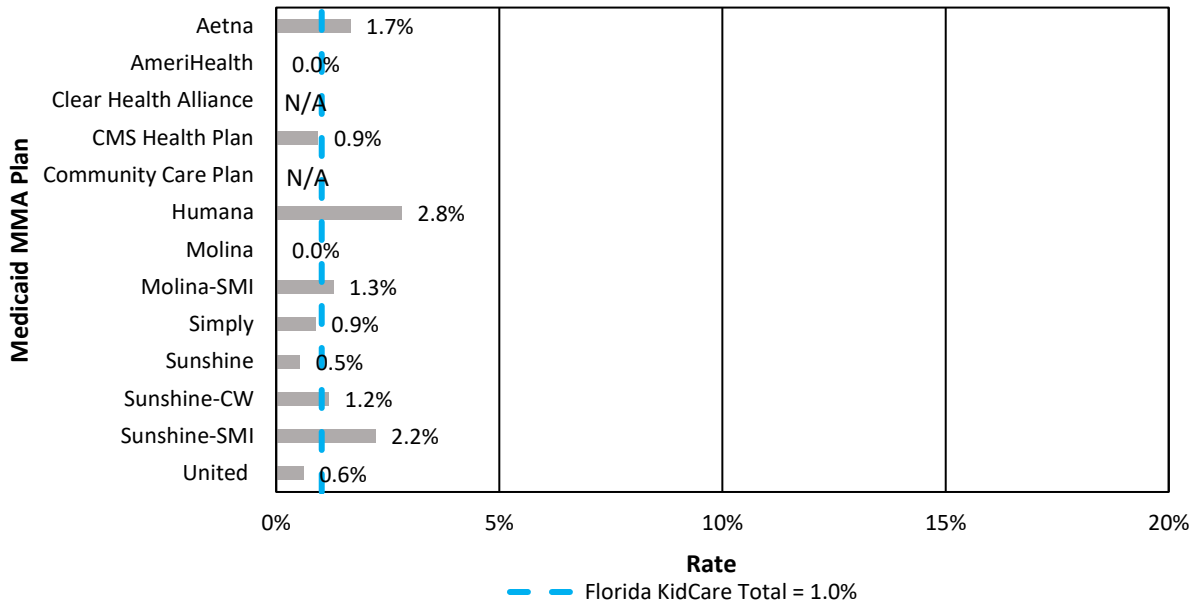
Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less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

Figure 143. Florida Healthy Kids Plan Results for CCP: Most and Moderately Effective- 60 Days, CY 2022



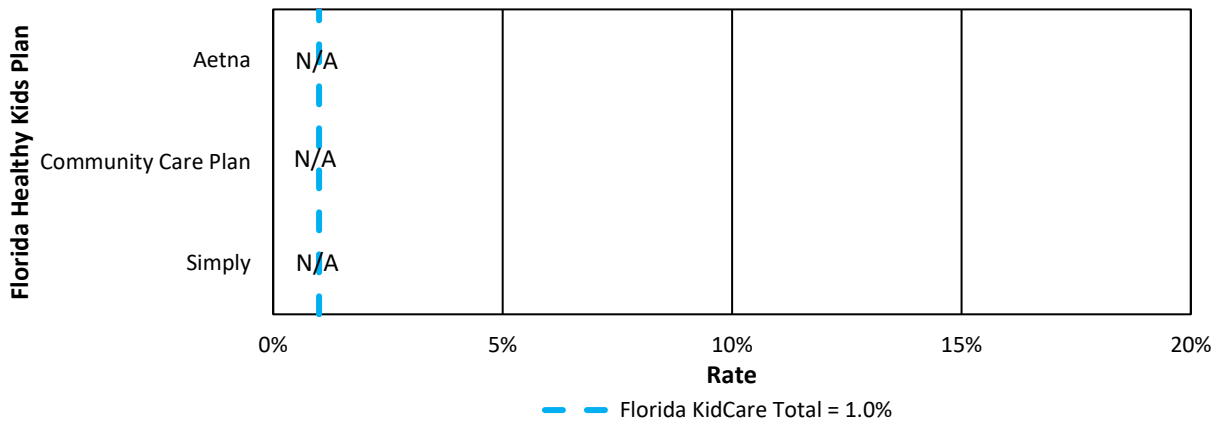
Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less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

Figure 144. Medicaid MMA Plan Results for CCP: LARC- 3 Days, CY 2022



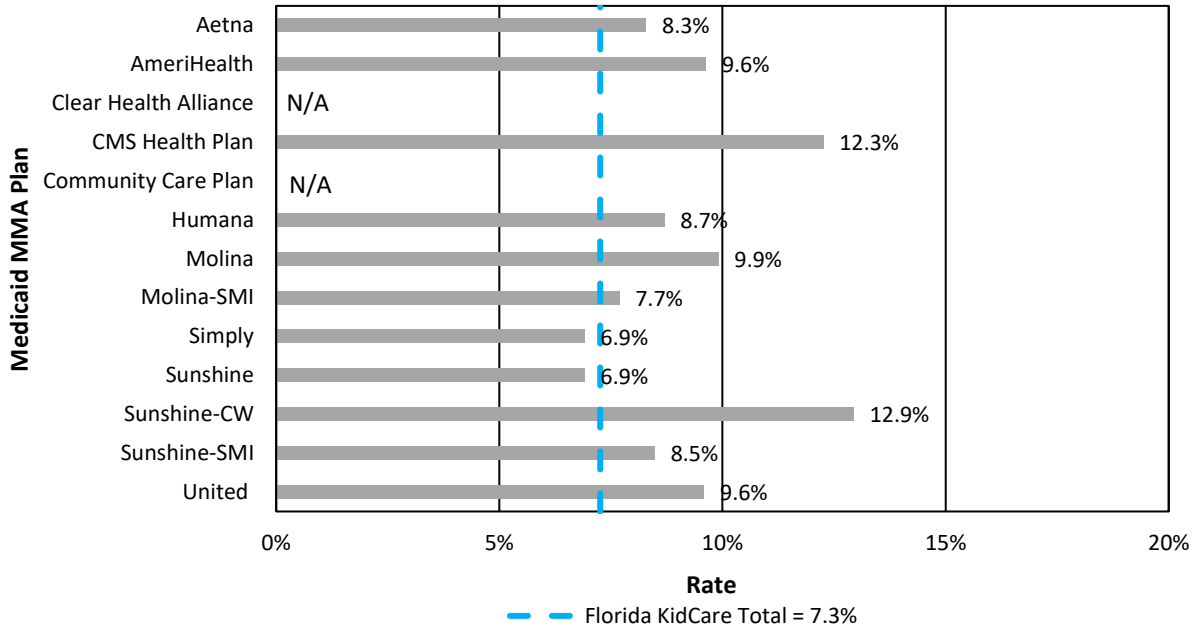
Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less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

Figure 145. Florida Healthy Kids Plan Results for CCP: LARC- 3 Days, CY 2022



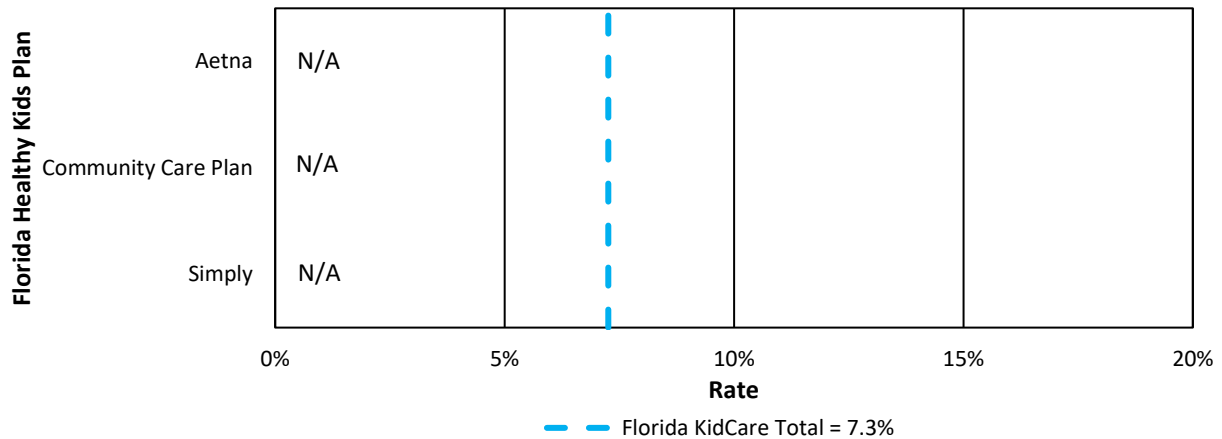
Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less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

Figure 146. Medicaid MMA Plan Results for CCP: LARC- 60 Days, CY 2022



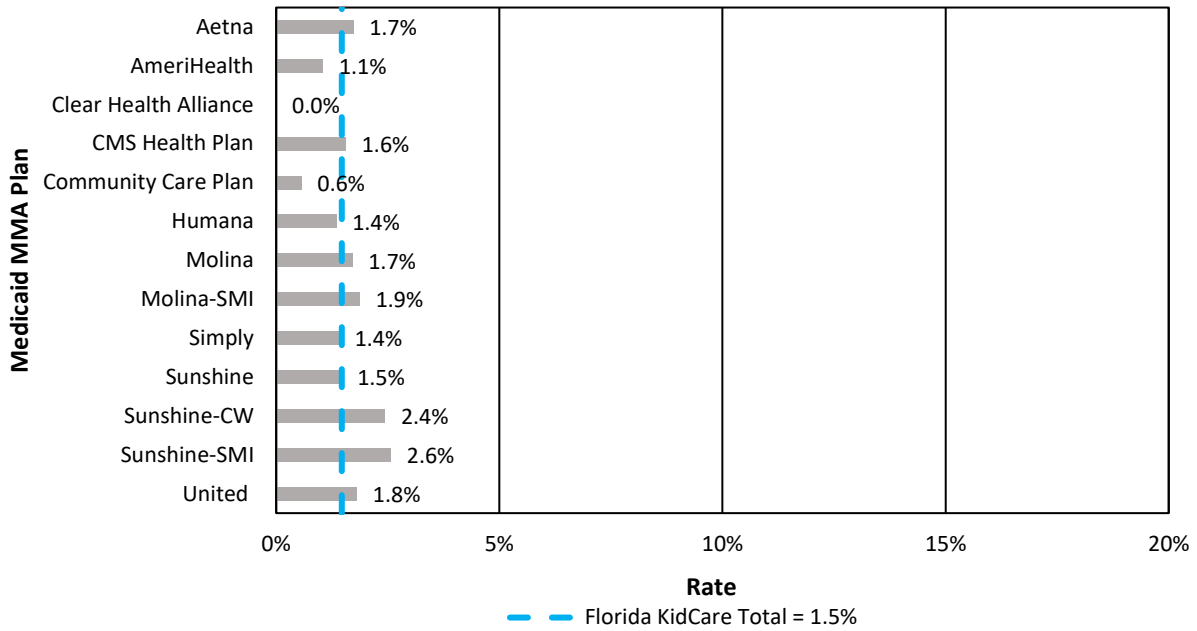
Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less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

Figure 147. Florida Healthy Kids Plan Results for CCP: LARC- 60 Days, CY 2022



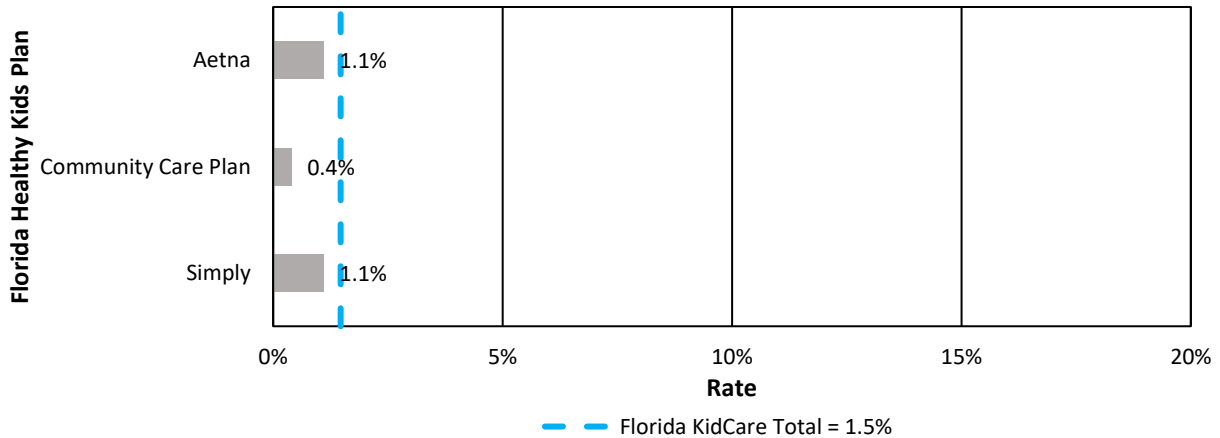
Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less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

Figure 148. Medicaid MMA Plan Results for CCW: LARC, CY 2022



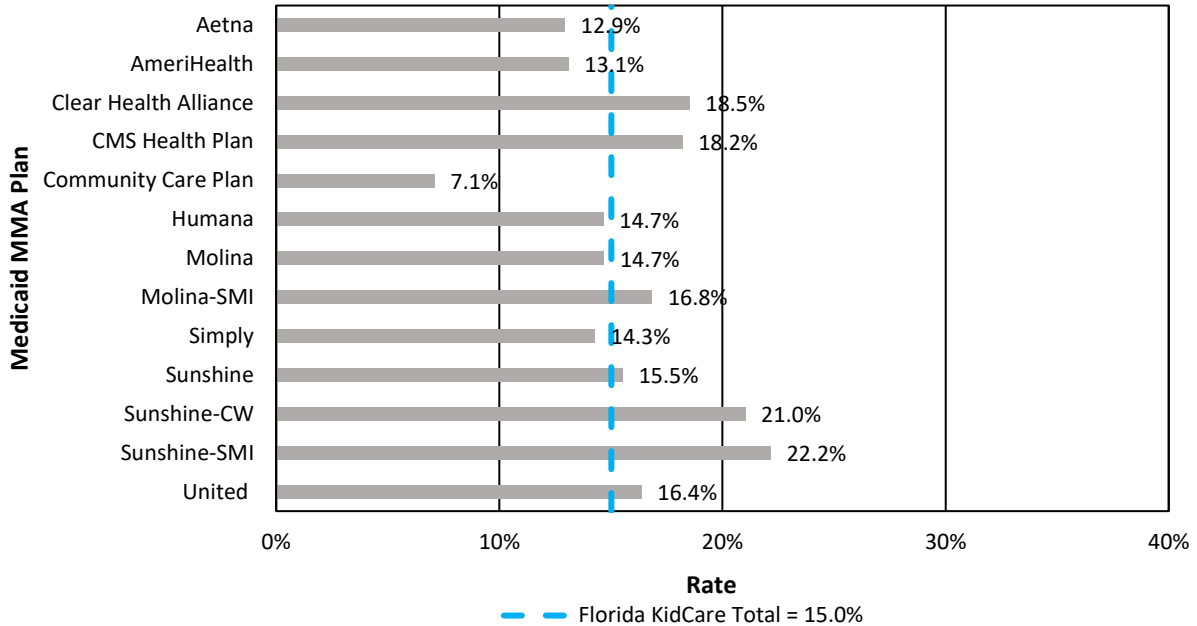
Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less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

Figure 149. Florida Healthy Kids Plan Results for CCW: LARC, CY 2022



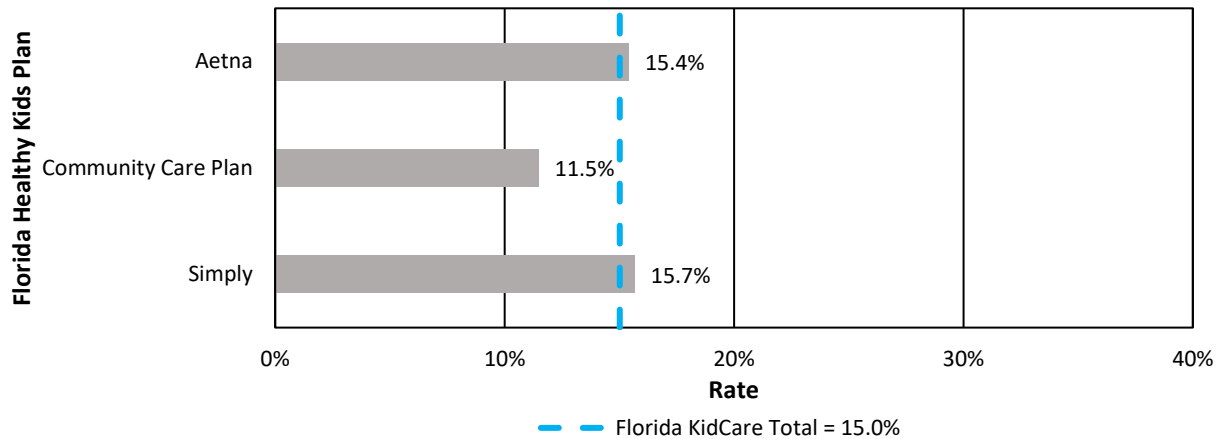
Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less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

Figure 150. Medicaid MMA Plan Results for CCW: Most or Moderately Effective, CY 2022



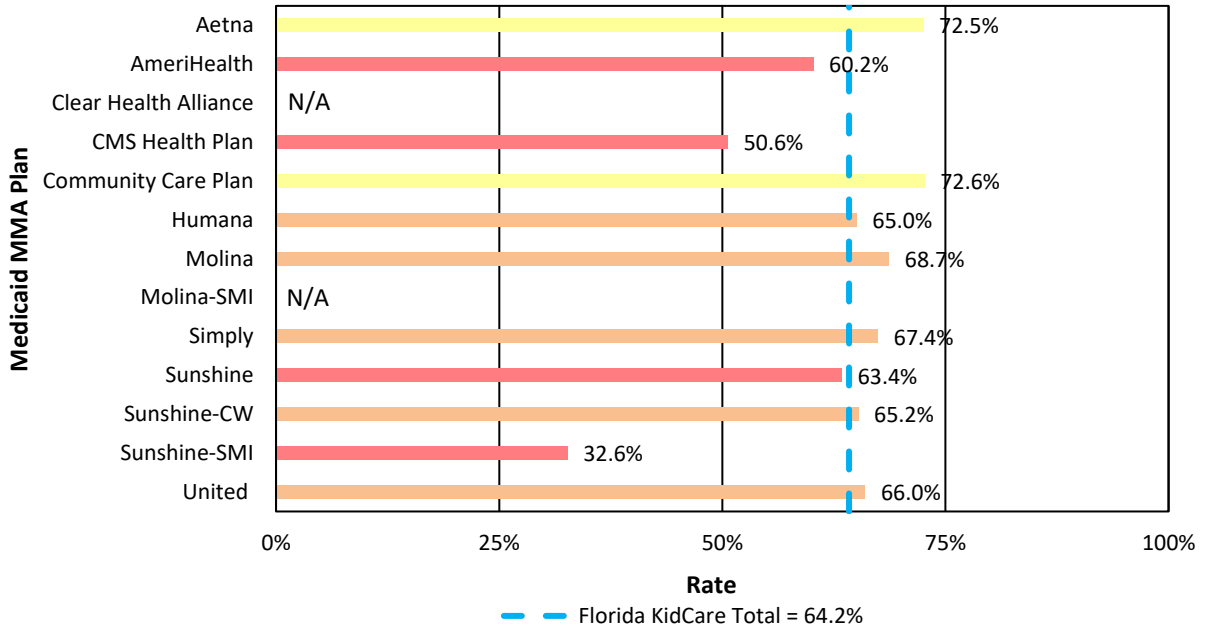
Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less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

Figure 151. Florida Healthy Kids Plan Results for CCW: Most or Moderately Effective, CY 2022



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 AAB: Ages 3 Months to 17 Years, CY 2022

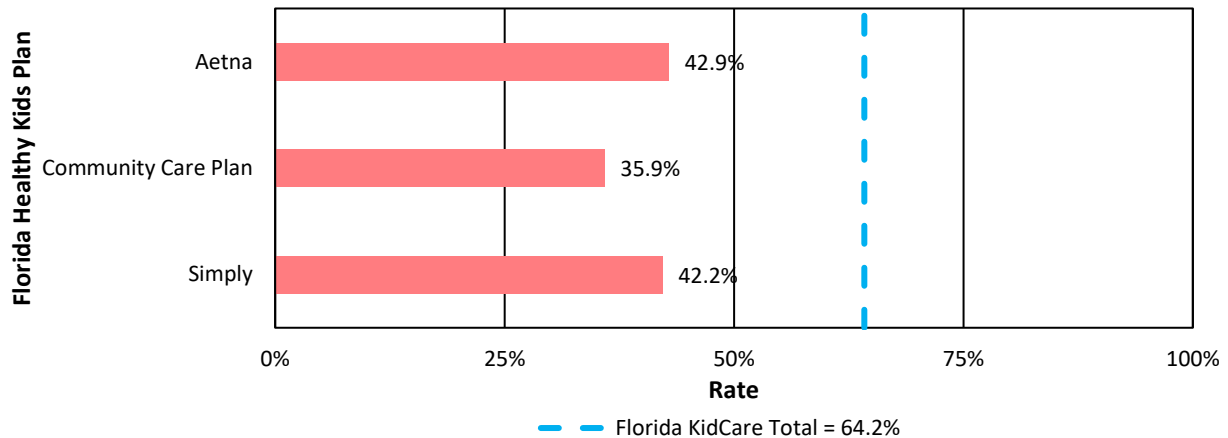


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

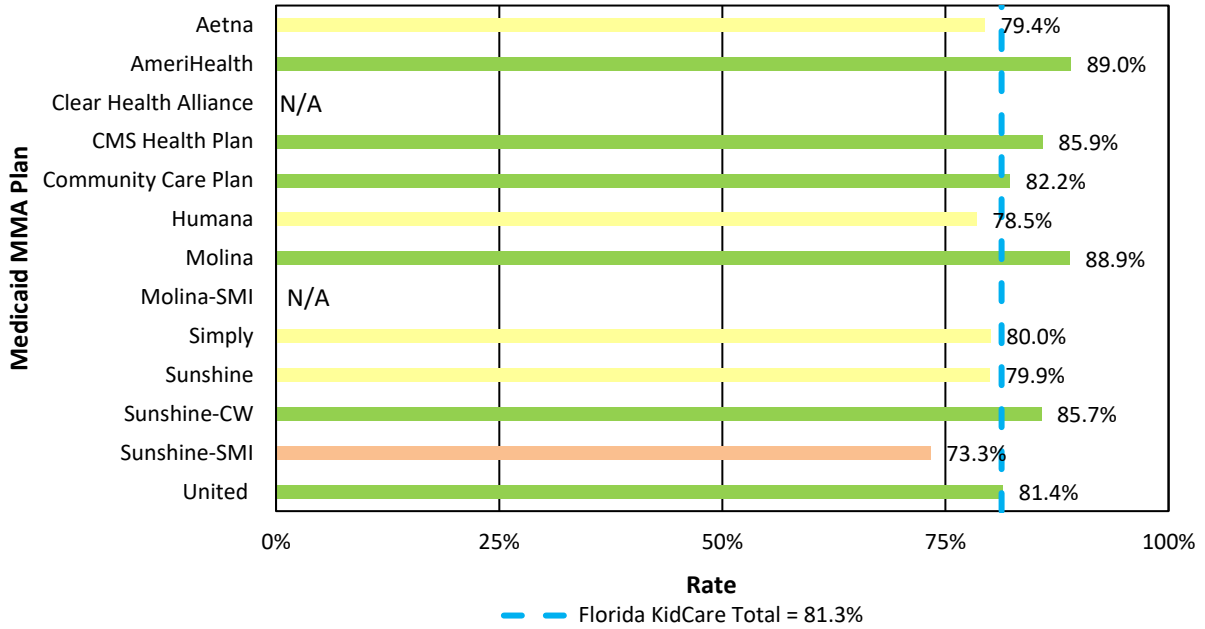
Note. This legend applies to Figure 152 and Figure 153.

Figure 153. Florida Healthy Kids Plan Results for AAB: Ages 3 Months to 17 Years, CY 2022



Note. N/R denotes programs or plans for 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 AMR: Ages 5-11, CY 2022

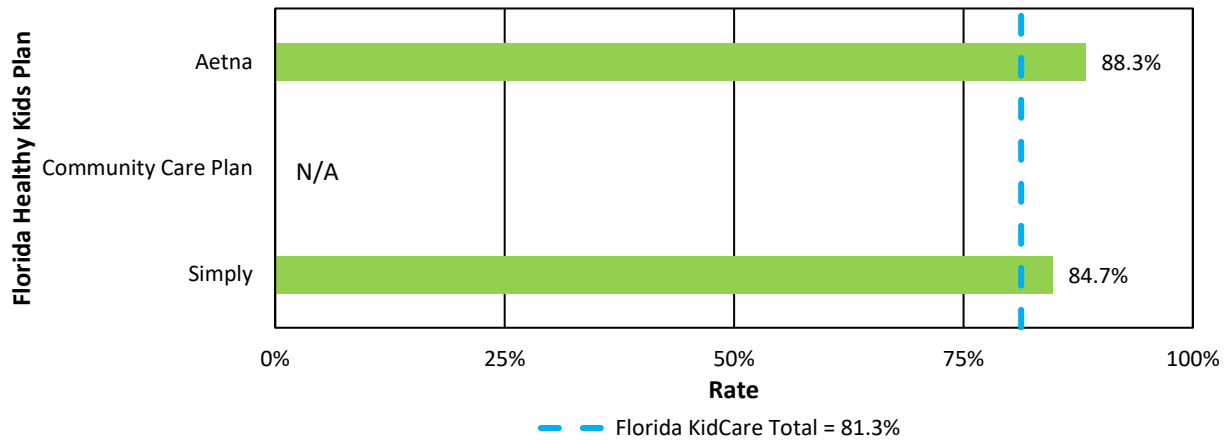


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

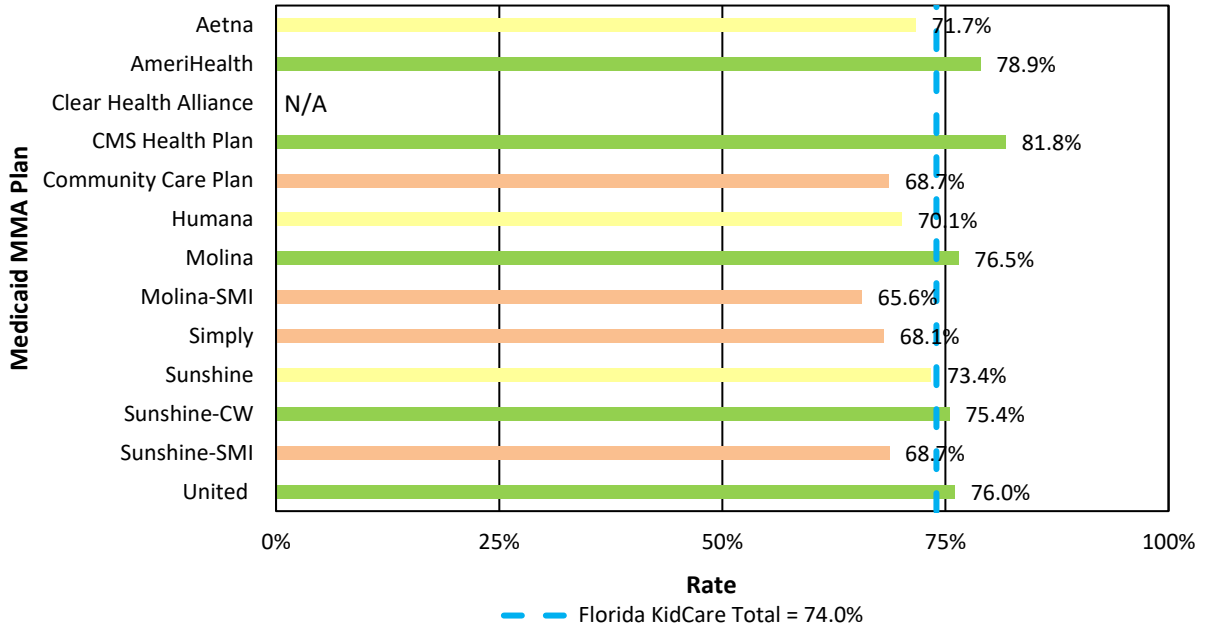
Note. This legend applies to **Figure 154** and **Figure 155**.

Figure 155. Florida Healthy Kids Plan Results for AMR: Ages 5-11, CY 2022



Note. N/R denotes programs or plans for 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 AMR: Ages 12-18, CY 2022

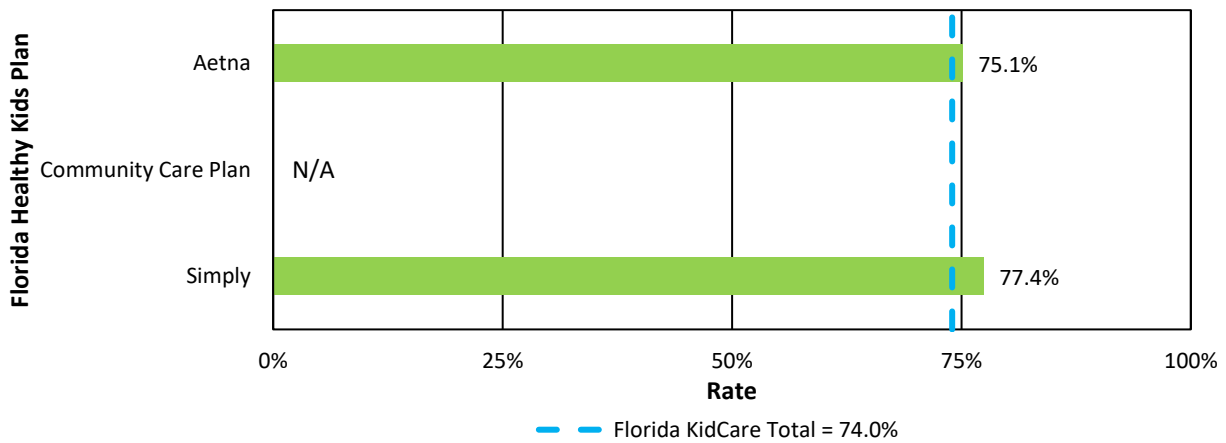


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

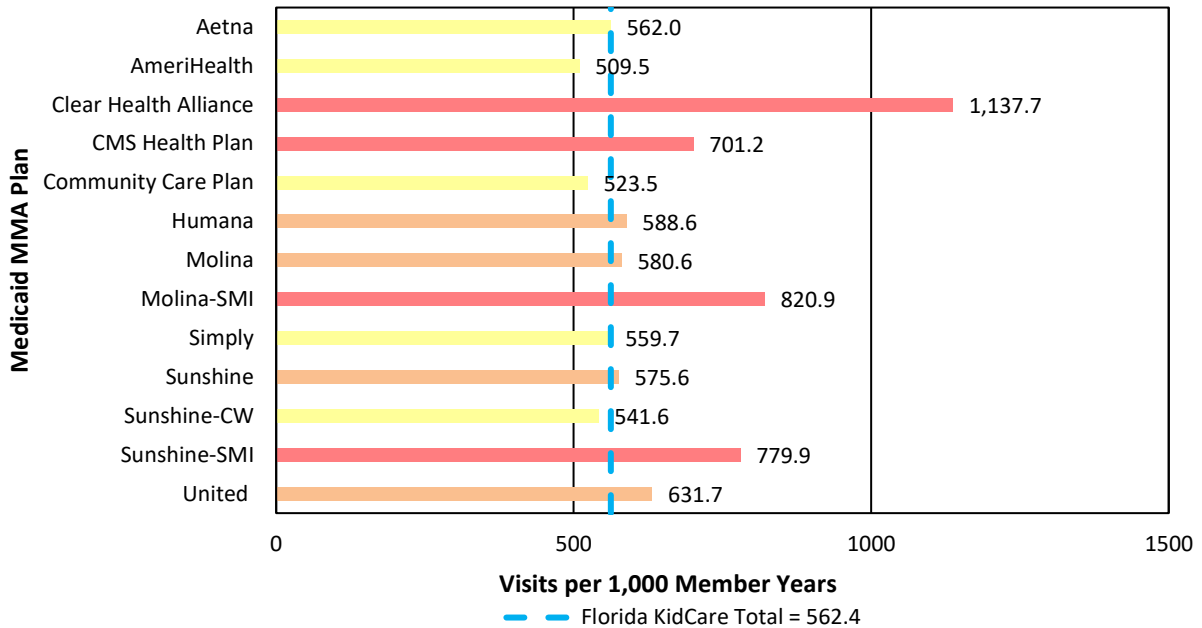
Note. This legend applies to **Figure 156** and **Figure 157**.

Figure 157. Florida Healthy Kids Plan Results for AMR: Ages 12-18, CY 2022



Note. N/R denotes programs or plans for 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 AMB ED Visits: Ages 0-19, CY 2022

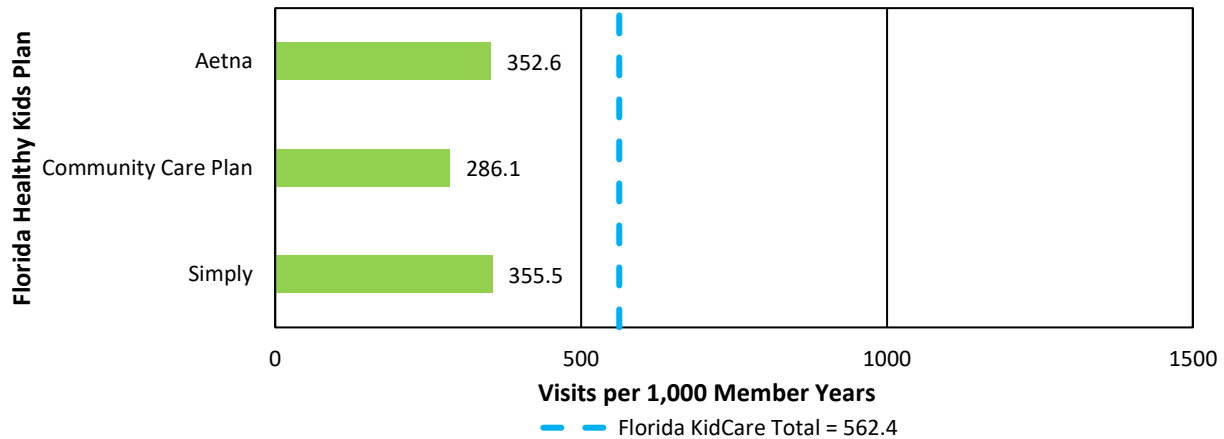


Note. Unlike most other figures in this report, lower numbers for this measure indicate a higher quality of care. N/R denotes programs for which the measure does not apply or was not reported. N/A denotes programs that have less than 360 in the denominator.

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

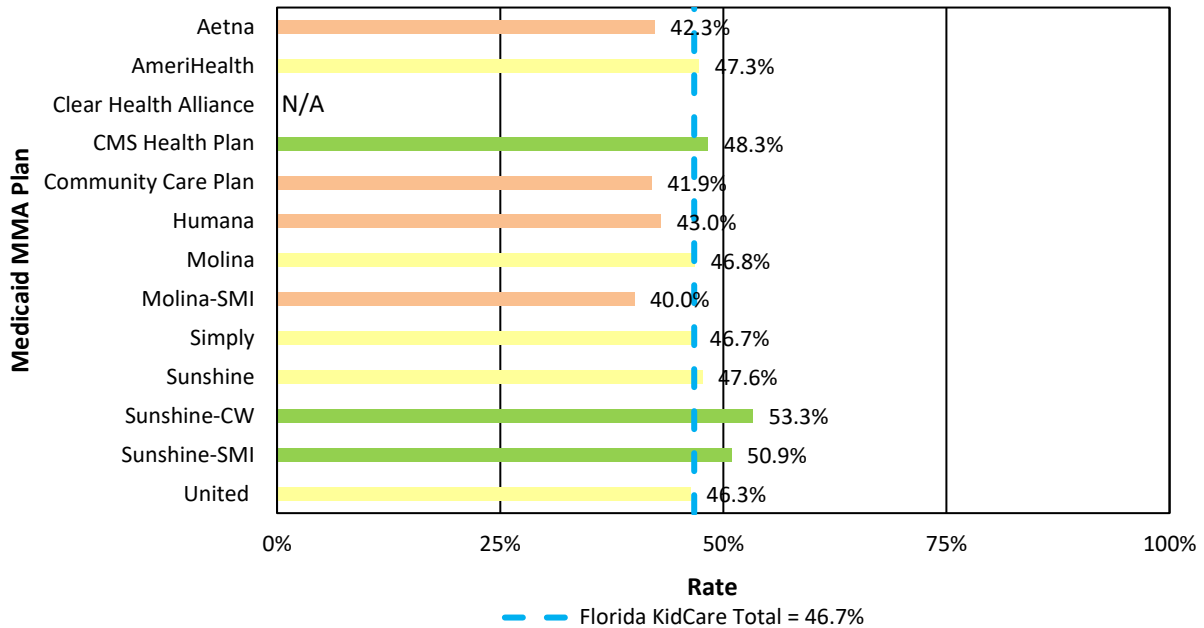
Note. This legend applies to **Figure 158** and **Figure 159**.

Figure 159. Florida Healthy Kids Plan Results for AMB ED Visits: Ages 0-19, CY 2022



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 160. Medicaid MMA Plan Results for ADD: Initiation Phase, CY 2022

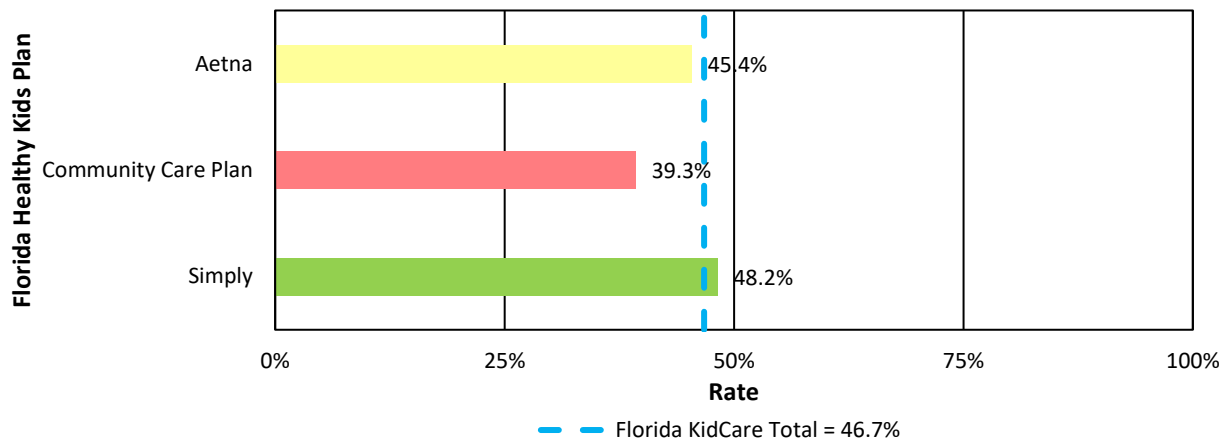


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

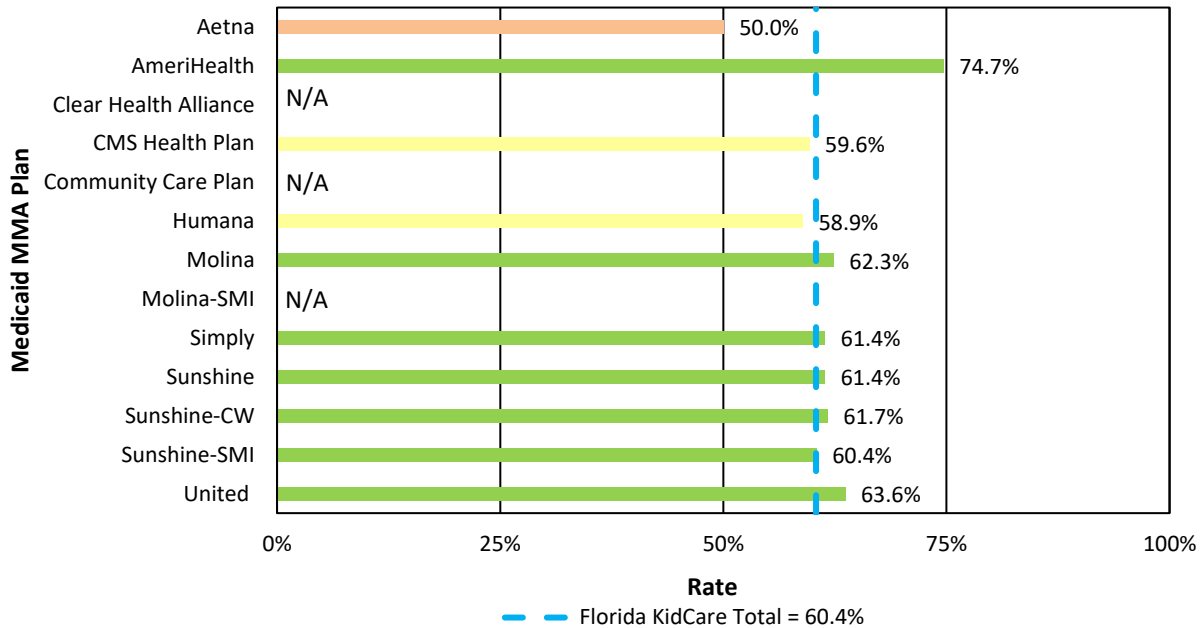
Note. This legend applies to **Figure 160** and **Figure 161**.

Figure 161. Florida Healthy Kids Plan Results for ADD: Initiation Phase, CY 2022



Note. N/R denotes programs or plans for 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. Medicaid MMA Plan Results for ADD: Continuation and Maintenance Phase, CY 2022

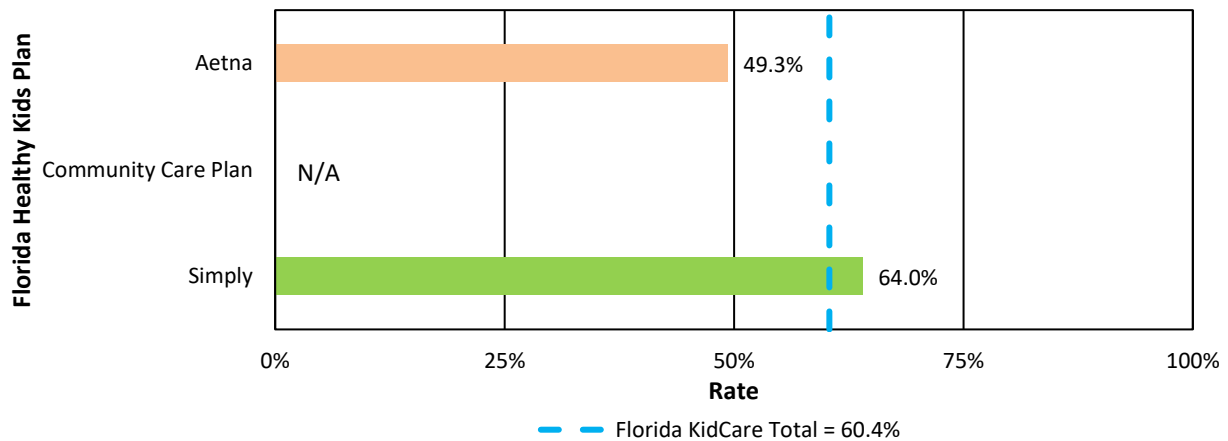


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

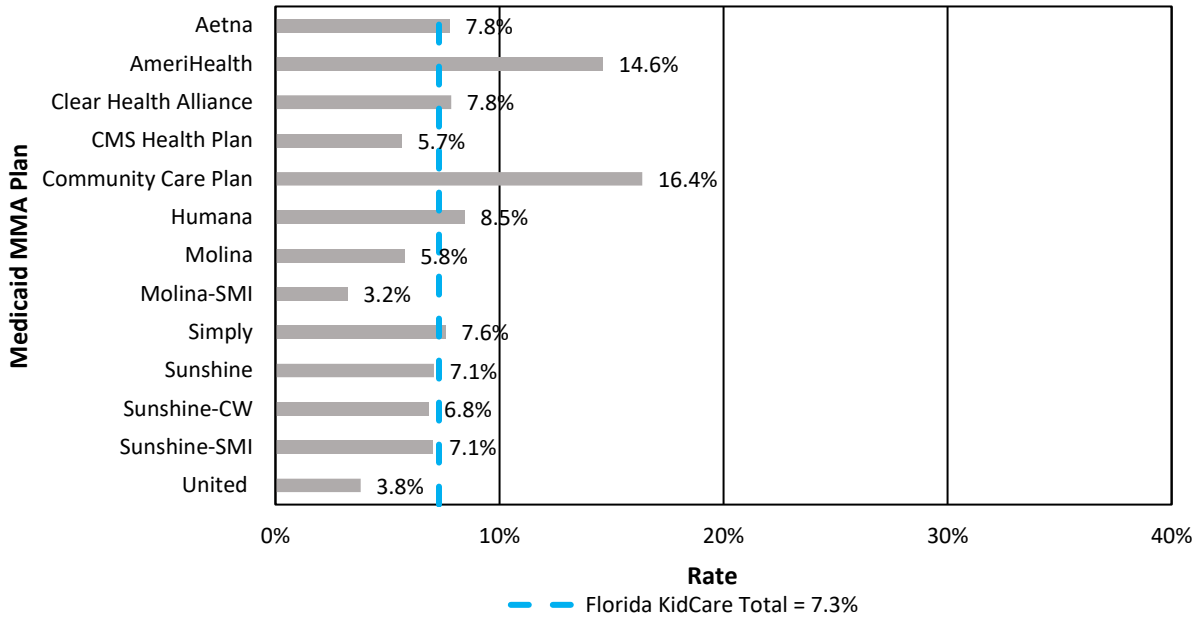
Note. This legend applies to **Figure 162** and **Figure 163**.

Figure 163. Florida Healthy Kids Plan Results for ADD: Continuation and Maintenance Phase, CY 2022



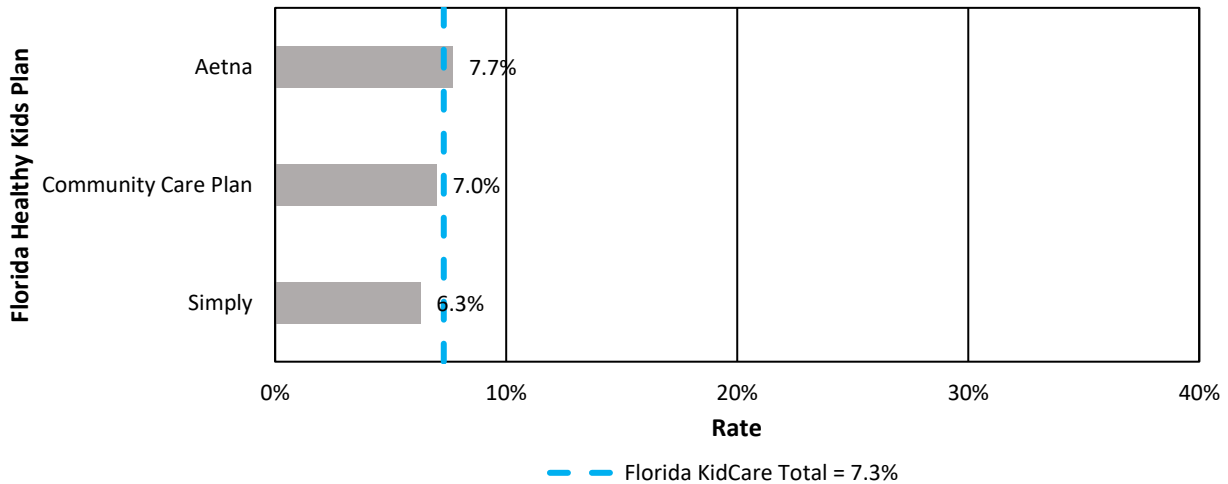
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 164. Medicaid MMA Plan Results for CDF: Ages 12-17, CY 2022



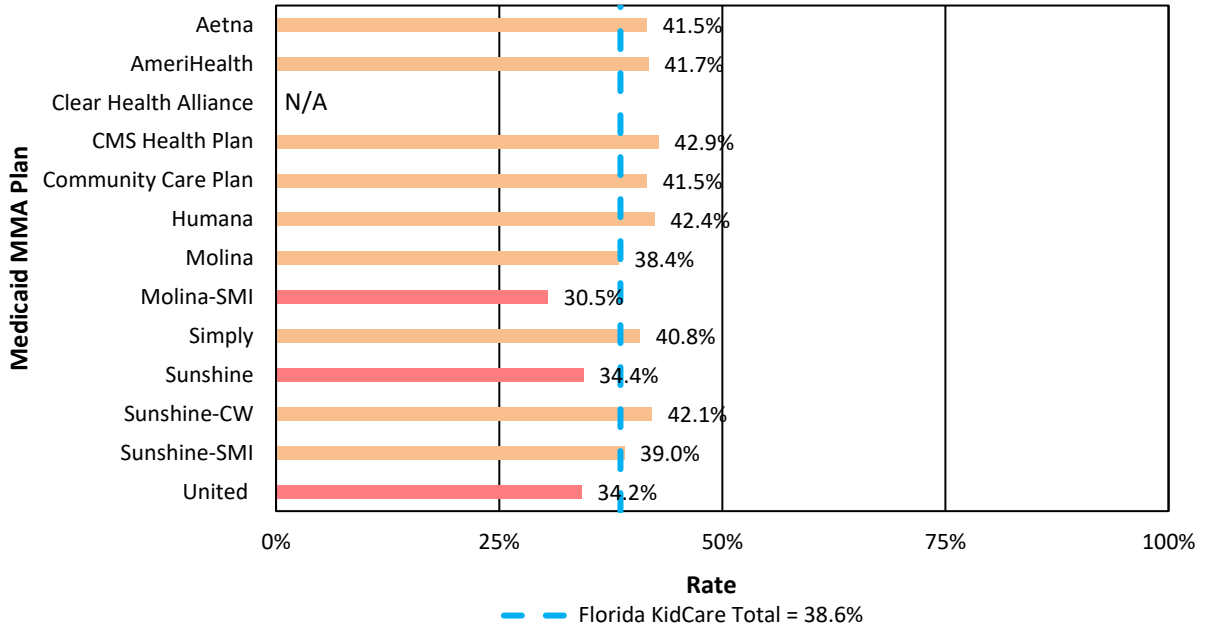
Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less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

Figure 165. Florida Healthy Kids Plan Results for CDF: Ages 12-17, CY 2022



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 166. Medicaid MMA Plan Results for FUH: Follow-Up Visits within 7 Days, CY 2022

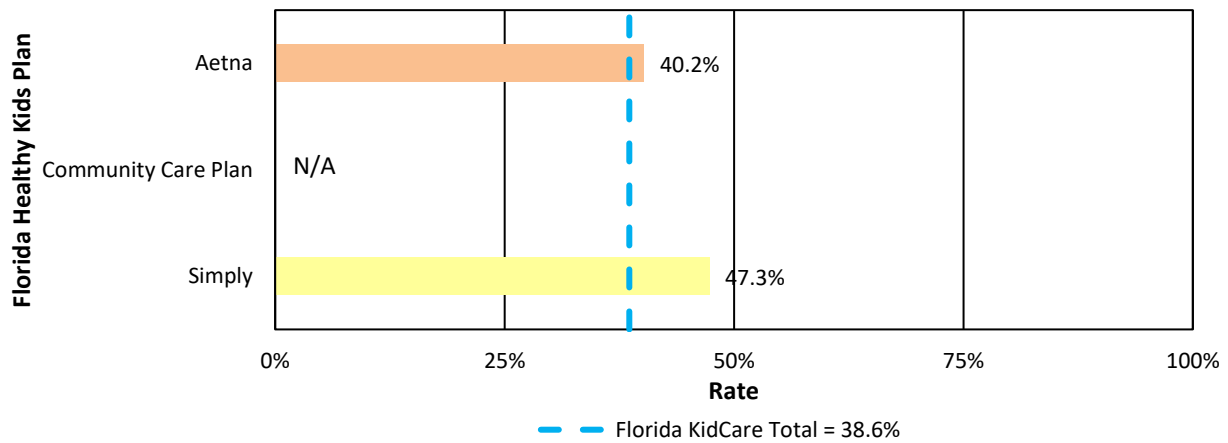


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

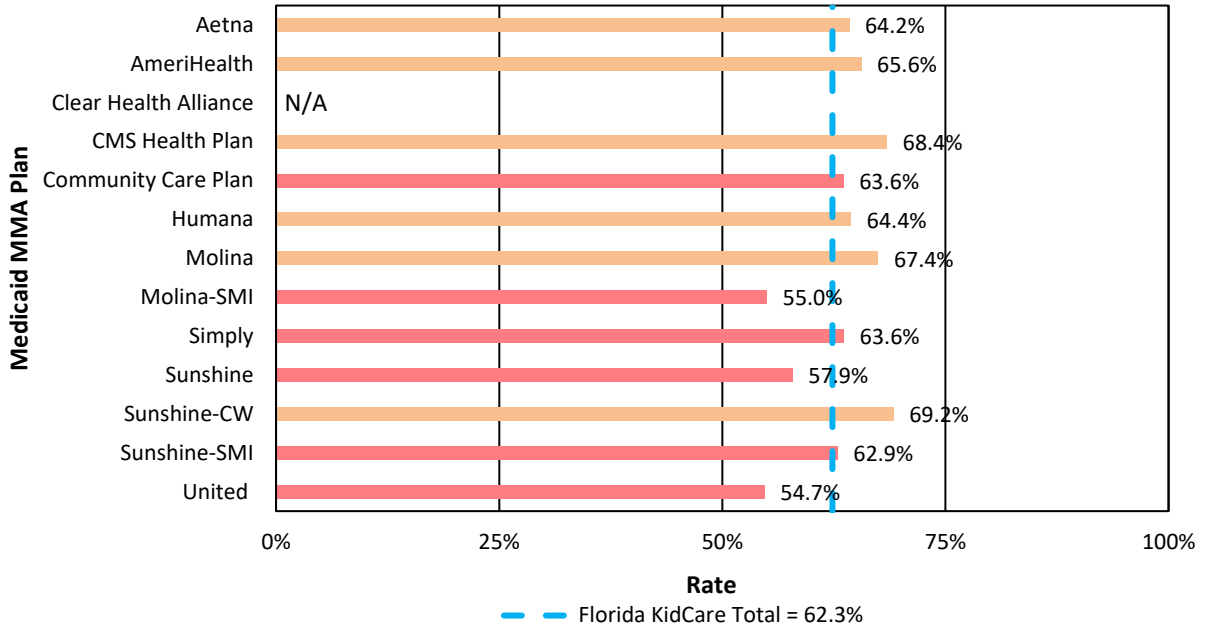
Note. This legend applies to **Figure 166** and **Figure 167**.

Figure 167. Florida Healthy Kids Plan Results for FUH: Follow-Up Visits within 7 Days, CY 2022



Note. N/R denotes programs or plans for 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 FUH: Follow-Up Visits within 30 Days, CY 2022

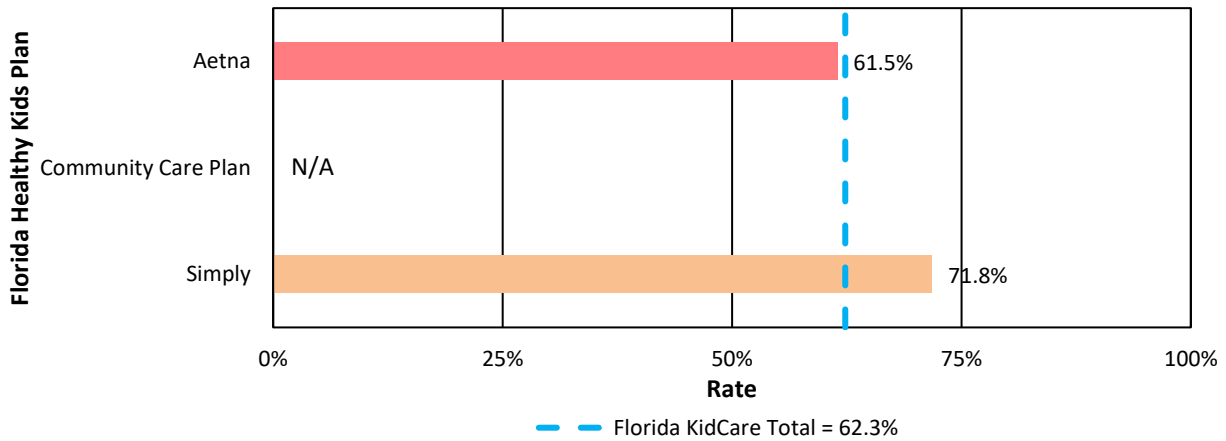


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

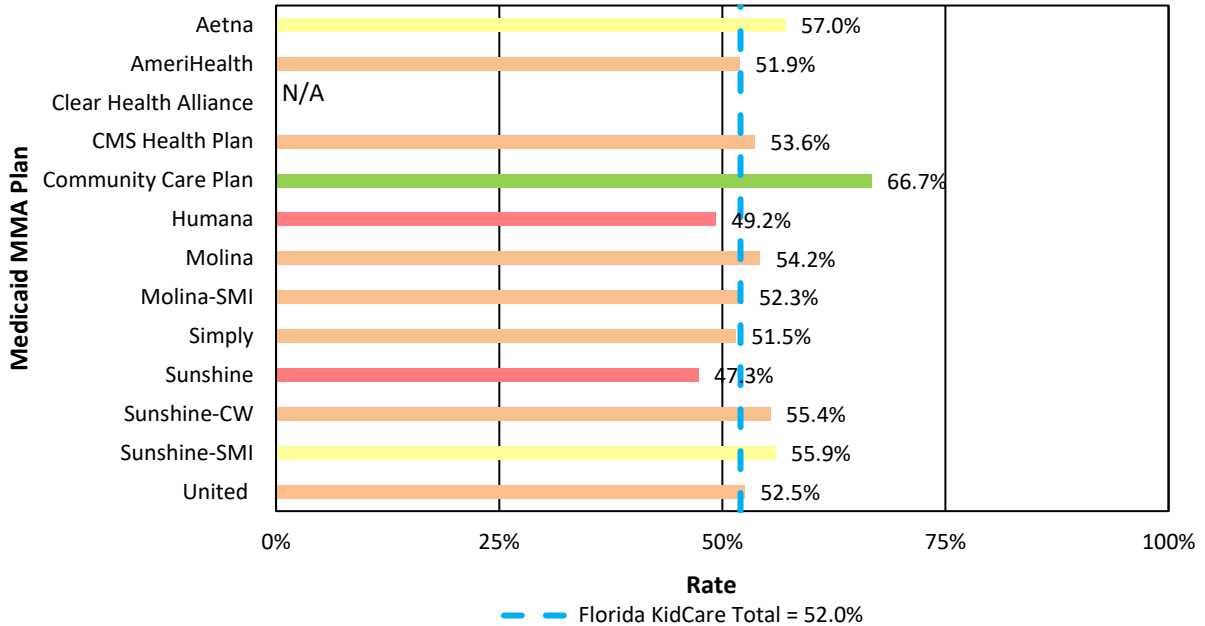
Note. This legend applies to **Figure 168** and **Figure 169**.

Figure 169. Florida Healthy Kids Plan Results for FUH: Follow-Up Visits within 30 Days, CY 2022



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

Figure 170. Medicaid MMA Plan Results for APM: Blood Glucose Testing, All Ages, CY 2022

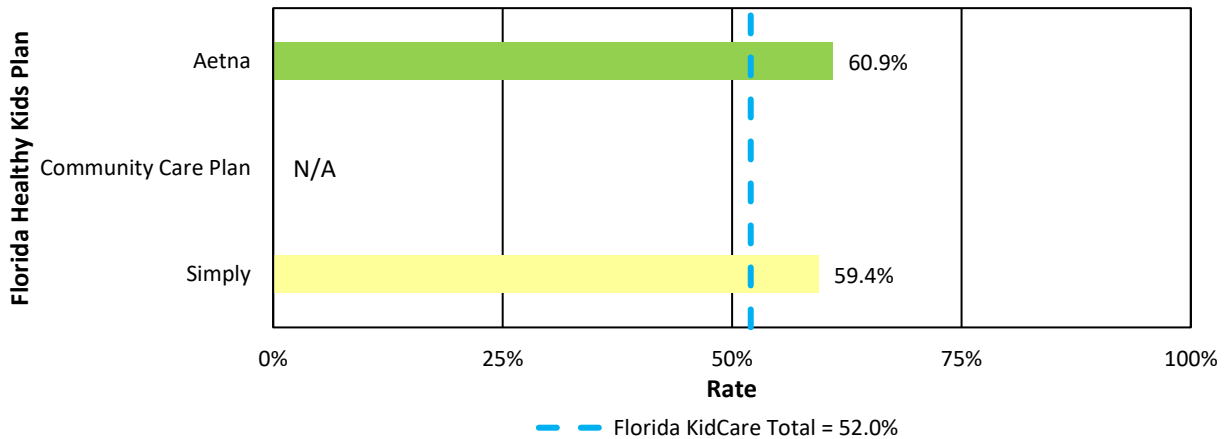


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

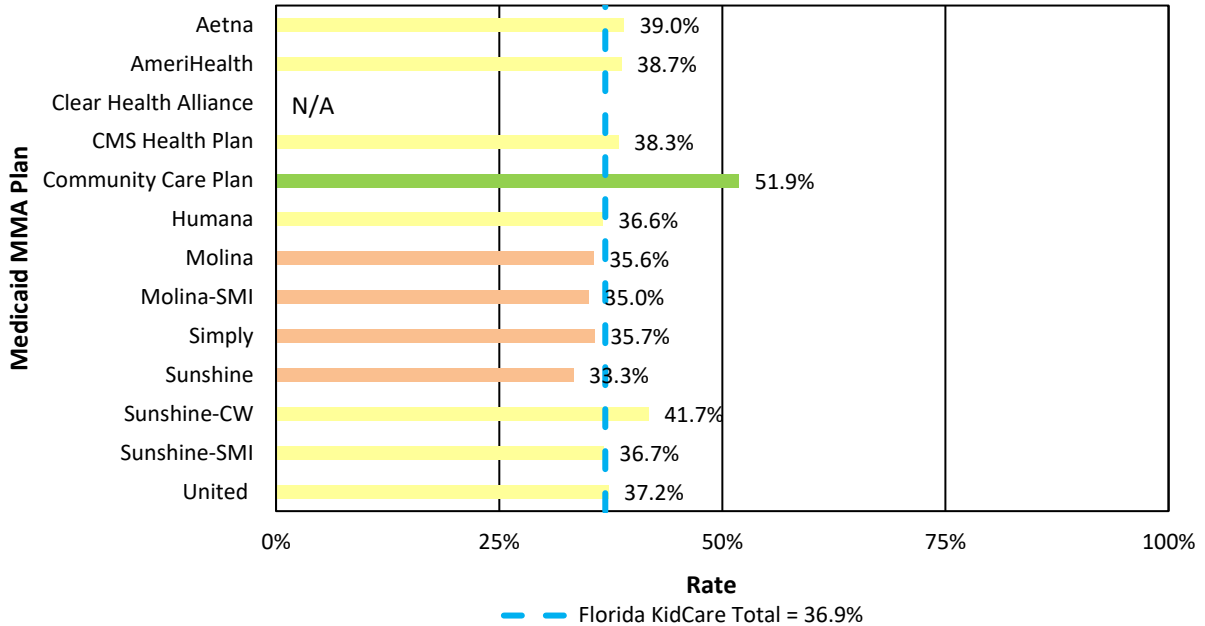
Note. This legend applies to **Figure 170** and **Figure 171**.

Figure 171. Florida Healthy Kids Plan Results for APM: Blood Glucose Testing, All Ages, CY 2022



Note. N/R denotes programs or plans for 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. Medicaid MMA Plan Results for APM: Cholesterol Testing, All Ages, CY 2022

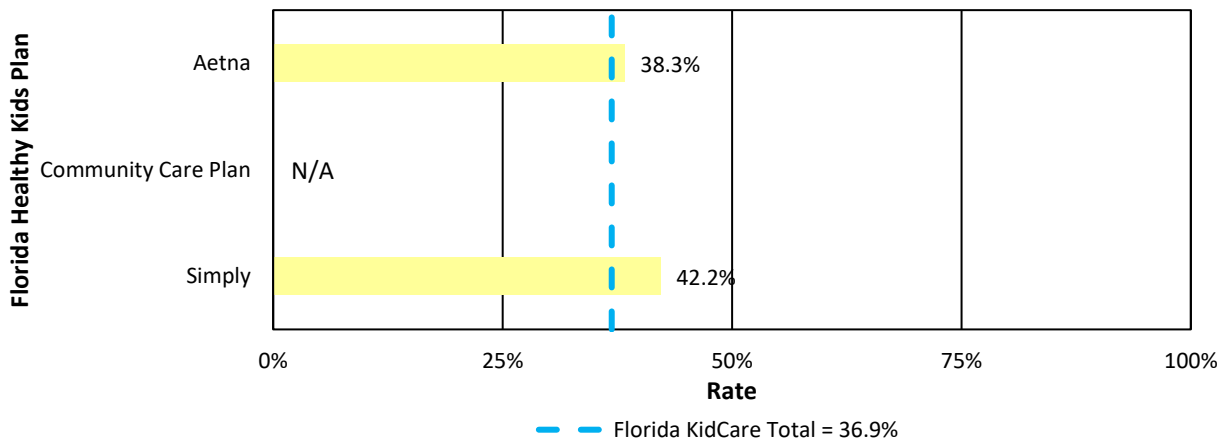


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

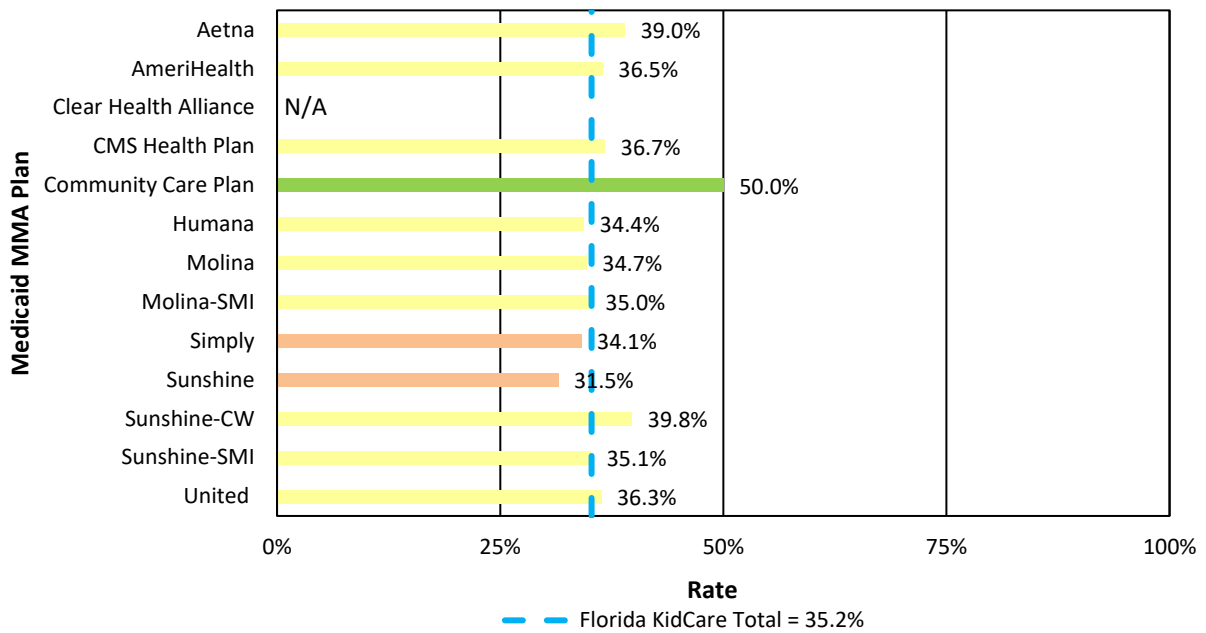
Note. This legend applies to **Figure 172** and **Figure 173**.

Figure 173. Florida Healthy Kids Plan Results for APM: Cholesterol Testing, All Ages, CY 2022



Note. N/R denotes programs or plans for 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 APM: Blood Glucose and Cholesterol Testing, All Ages, CY 2022

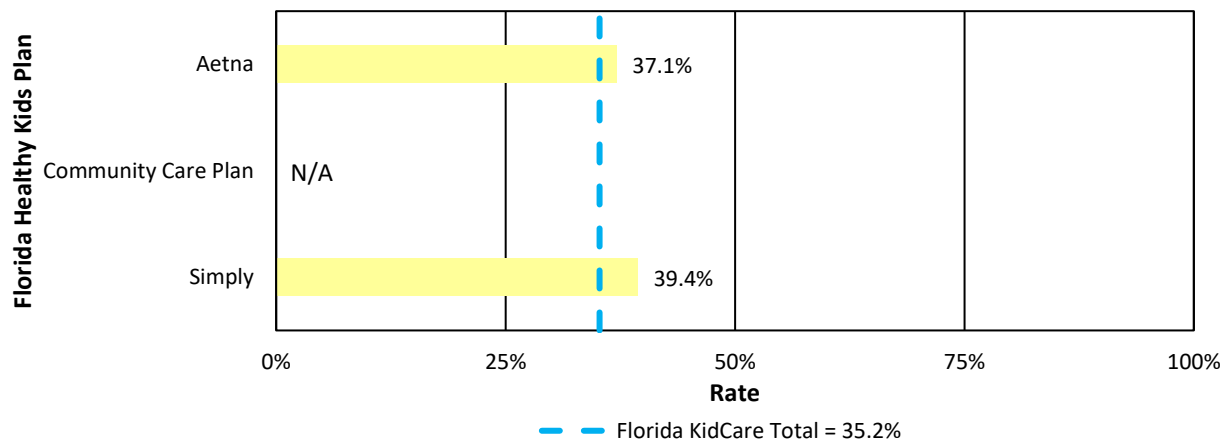


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

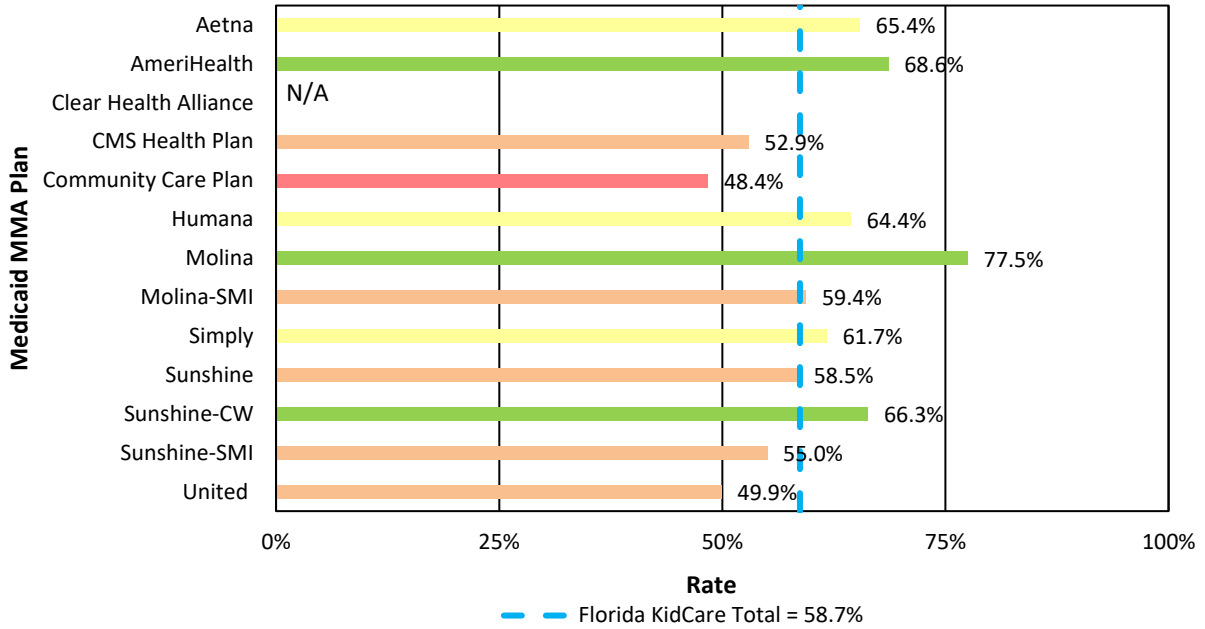
Note. This legend applies to **Figure 174** and **Figure 175**.

Figure 175. Florida Healthy Kids Plan Results for APM: Blood Glucose and Cholesterol Testing, All Ages, CY 2022



Note. N/R denotes programs or plans for 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 APP: All Ages, CY 2022

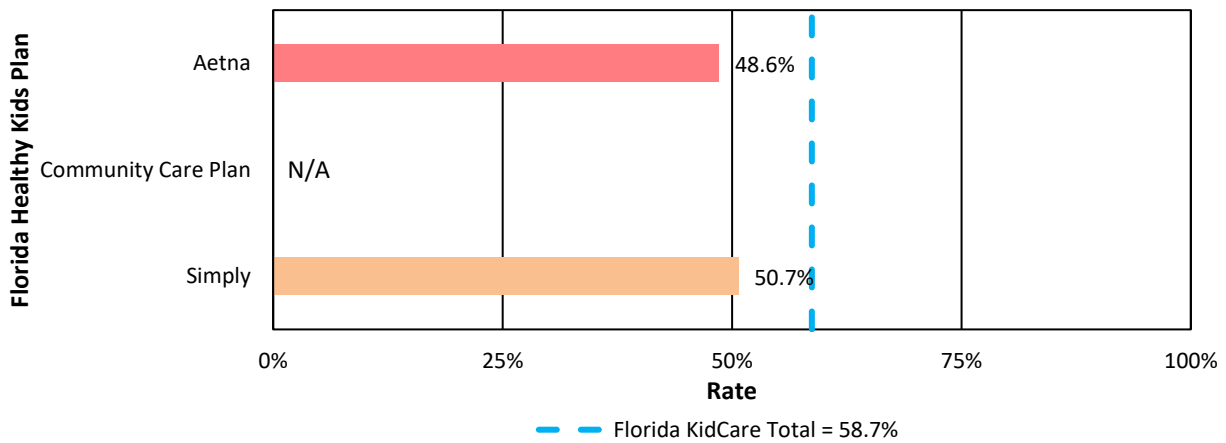


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

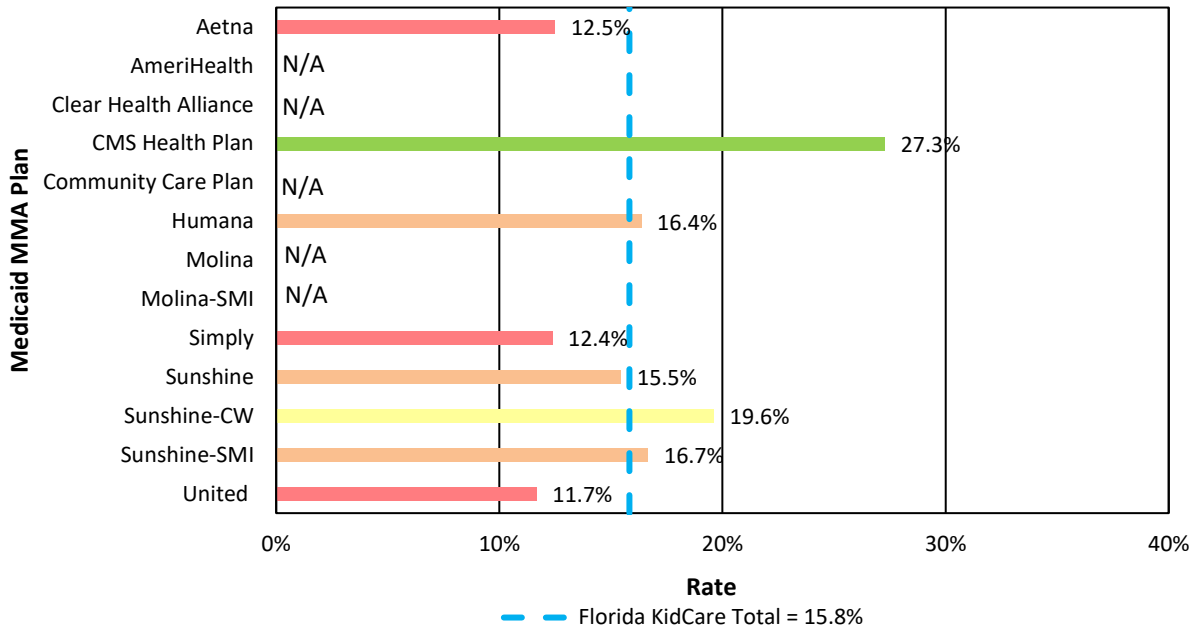
Note. This legend applies to **Figure 176** and **Figure 177**.

Figure 177. Florida Healthy Kids Plan Results for APP: All Ages, CY 2022



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

Figure 178. Medicaid MMA Plan Results for FUA: Follow-Up Visits within 7 Days, CY 2022

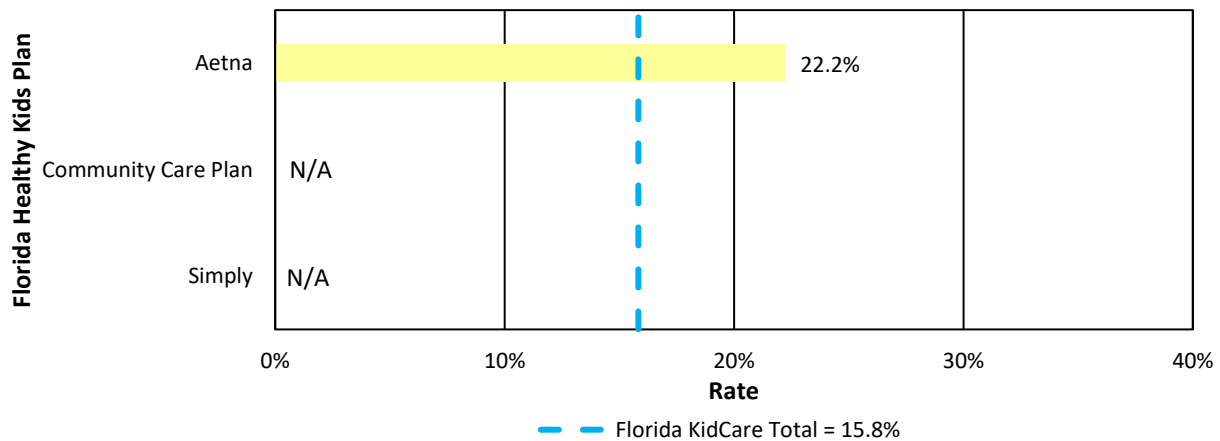


Note. The x axis of this figure has been adapted to enhance readability and does not follow the same patterns as other figures in this report. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less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

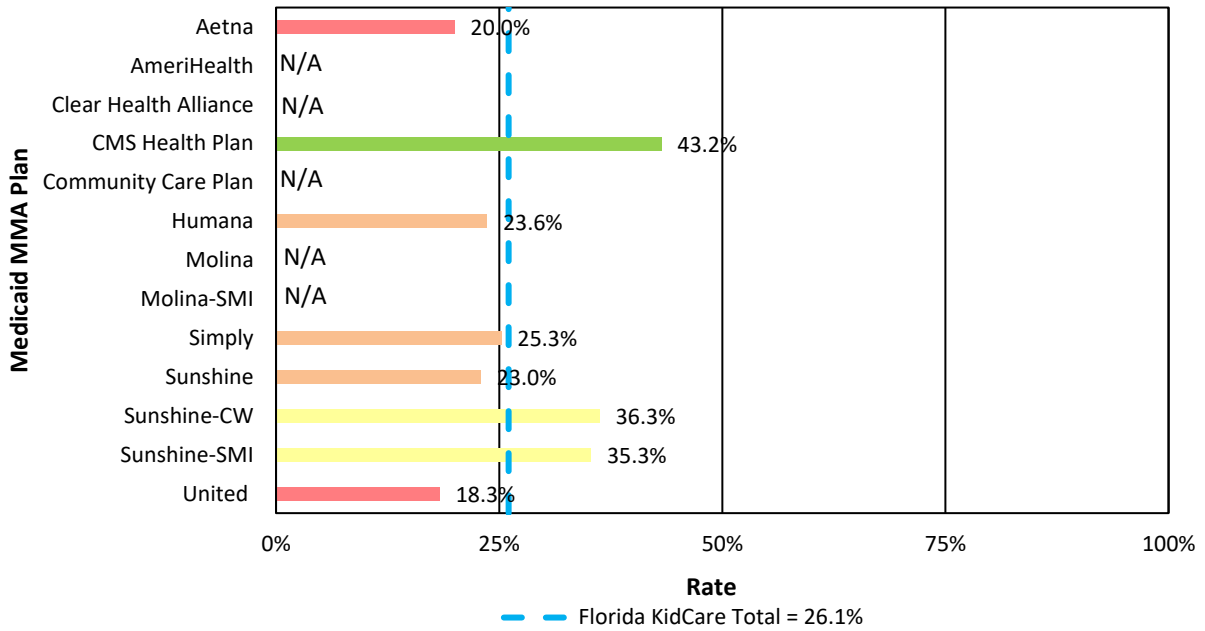
Note. This legend applies to **Figure 178** and **Figure 179**.

Figure 179. Florida Healthy Kids Plan Results for FUA: Follow-Up Visits within 7 Days, CY 2022



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 180. Medicaid MMA Plan Results for FUA: Follow-Up Visits within 30 Days, CY 2022

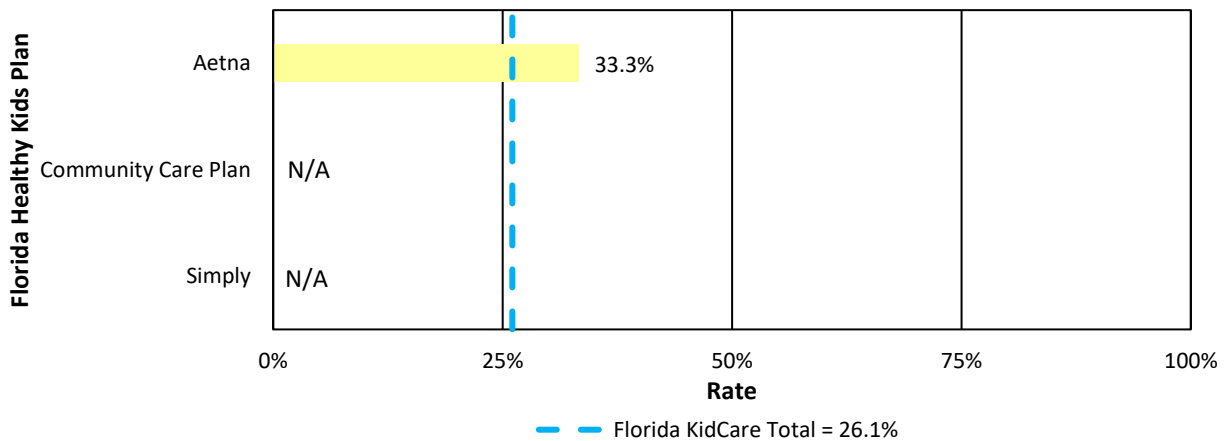


Note. Use caution when reviewing. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

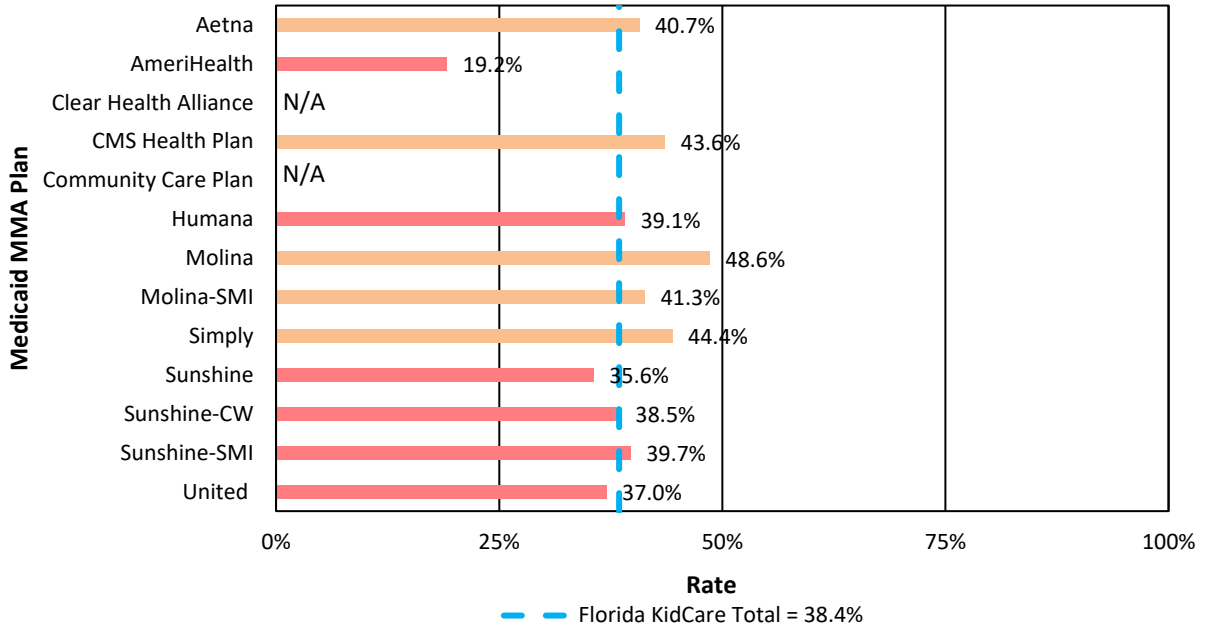
Note. This legend applies to **Figure 180** and **Figure 181**.

Figure 181. Florida Healthy Kids Plan Results for FUA: Follow-Up Visits within 30 Days, CY 2022



Note. 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 182. Medicaid MMA Plan Results for FUM: Follow-Up Visits within 7 Days, CY 2022

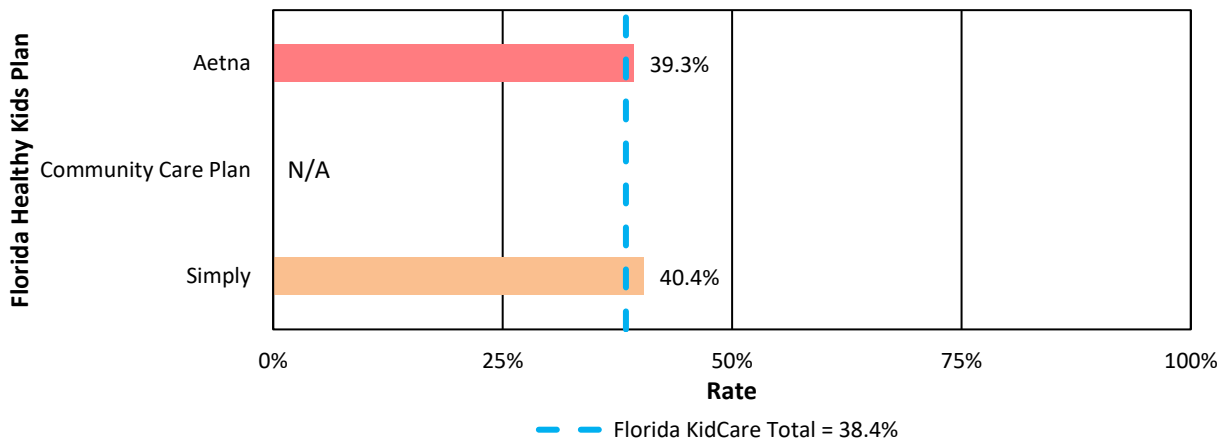


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

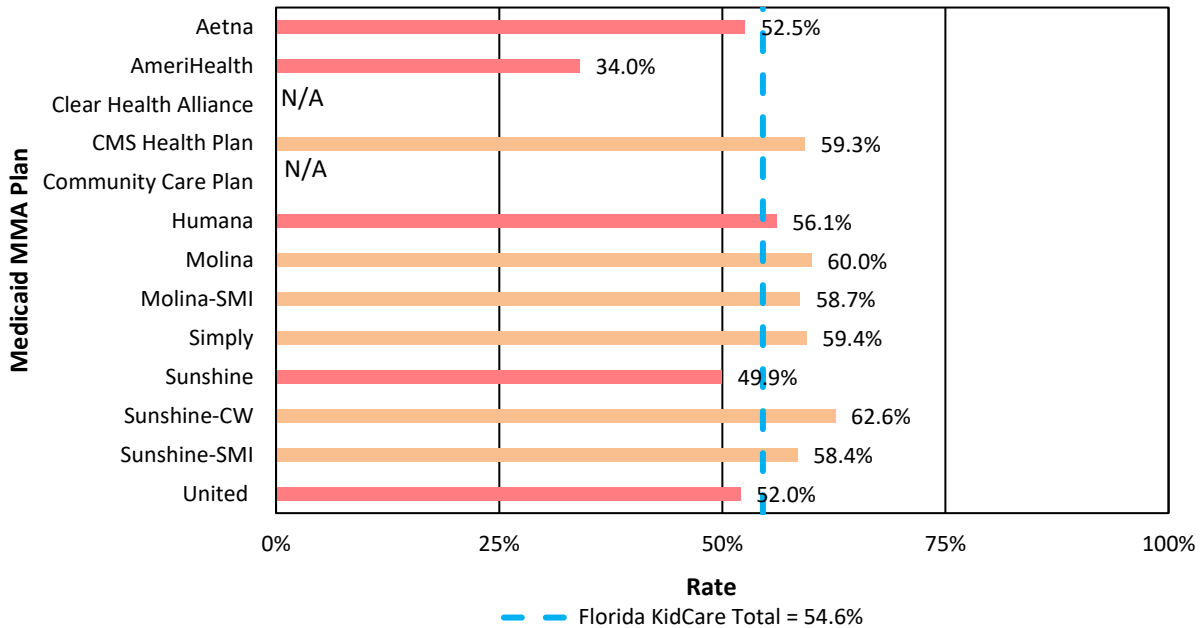
Note. This legend applies to **Figure 182** and **Figure 183**.

Figure 183. Florida Healthy Kids Plan Results for FUM: Follow-Up Visits within 7 Days, CY 2022



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

Figure 184. Medicaid MMA Plan Results for FUM: Follow-Up Visits within 30 Days, CY 2022

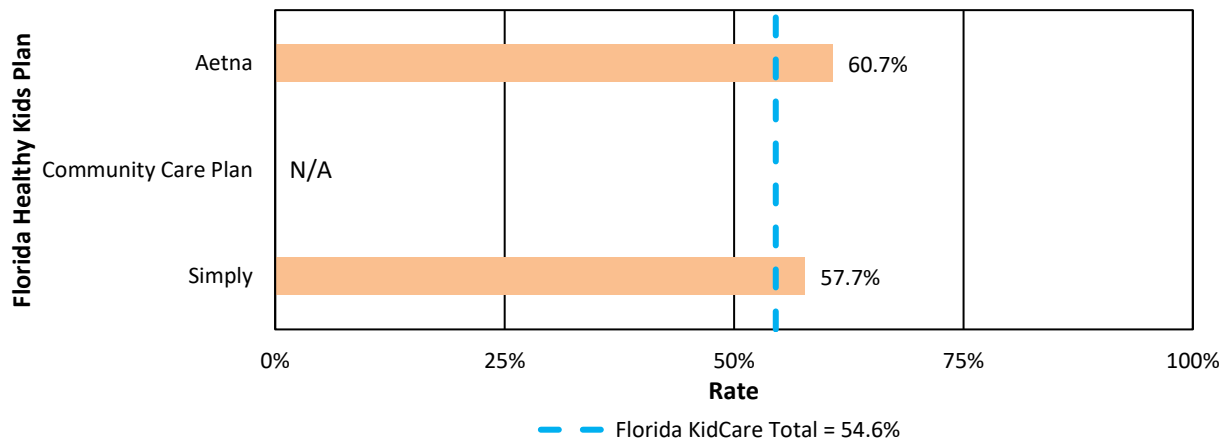


Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

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

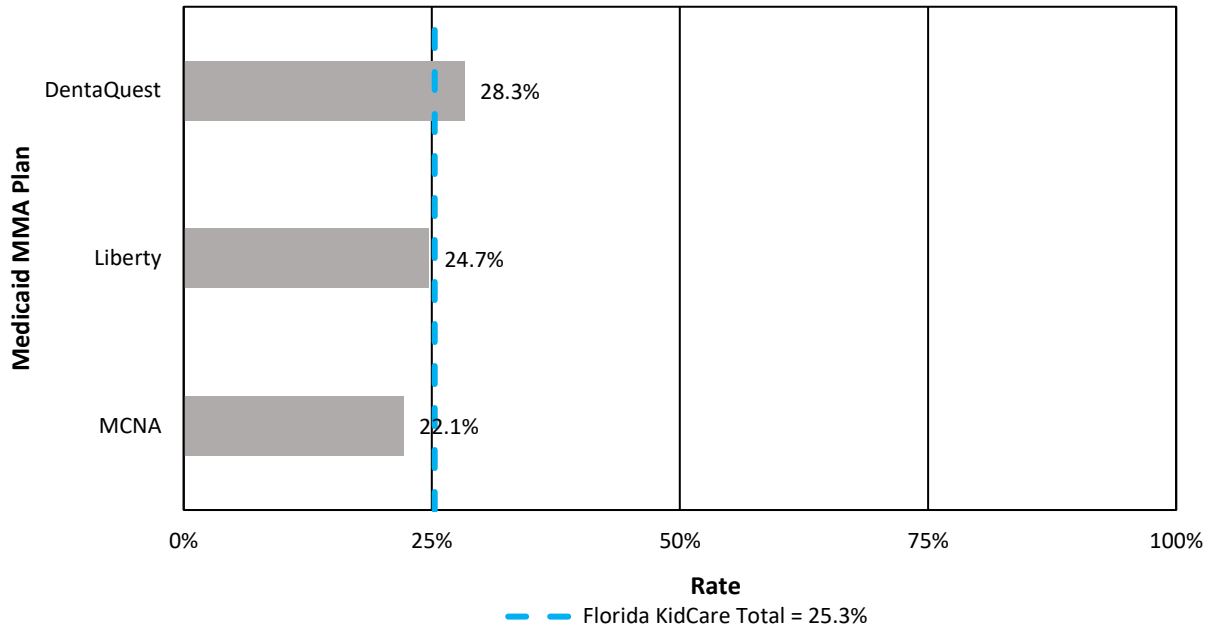
Note. This legend applies to **Figure 184** and **Figure 185**.

Figure 185. Florida Healthy Kids Plan Results for FUM: Follow-Up Visits within 30 Days, CY 2022



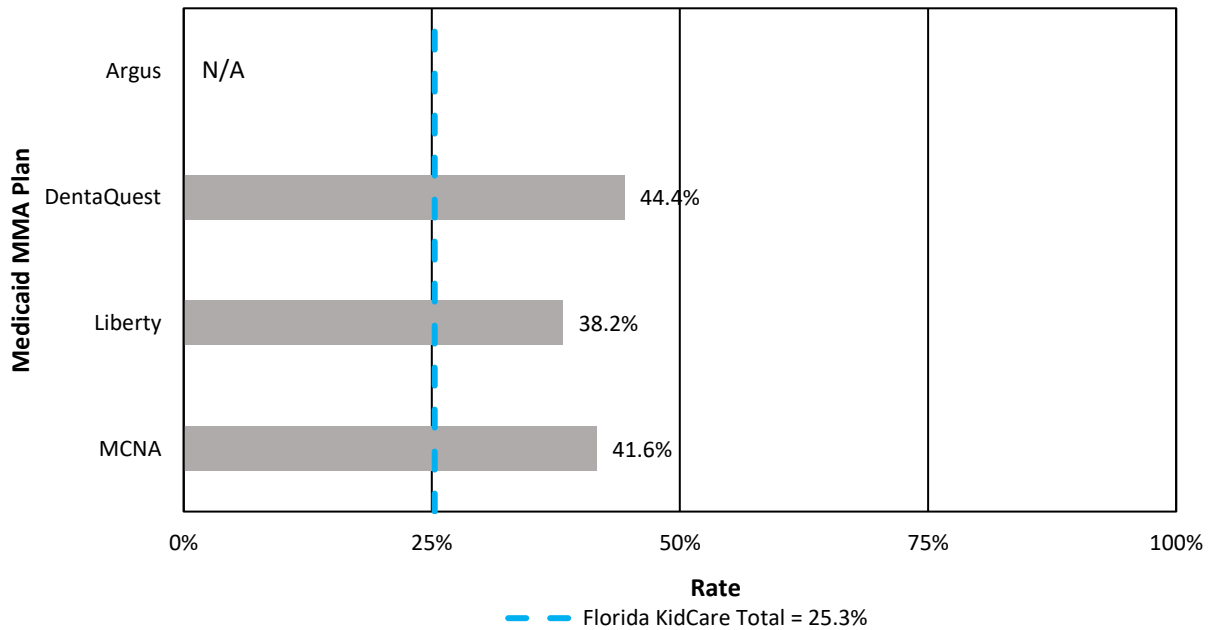
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 186. Medicaid MMA Plan Results for OEV: Ages 0-5, CY 2022



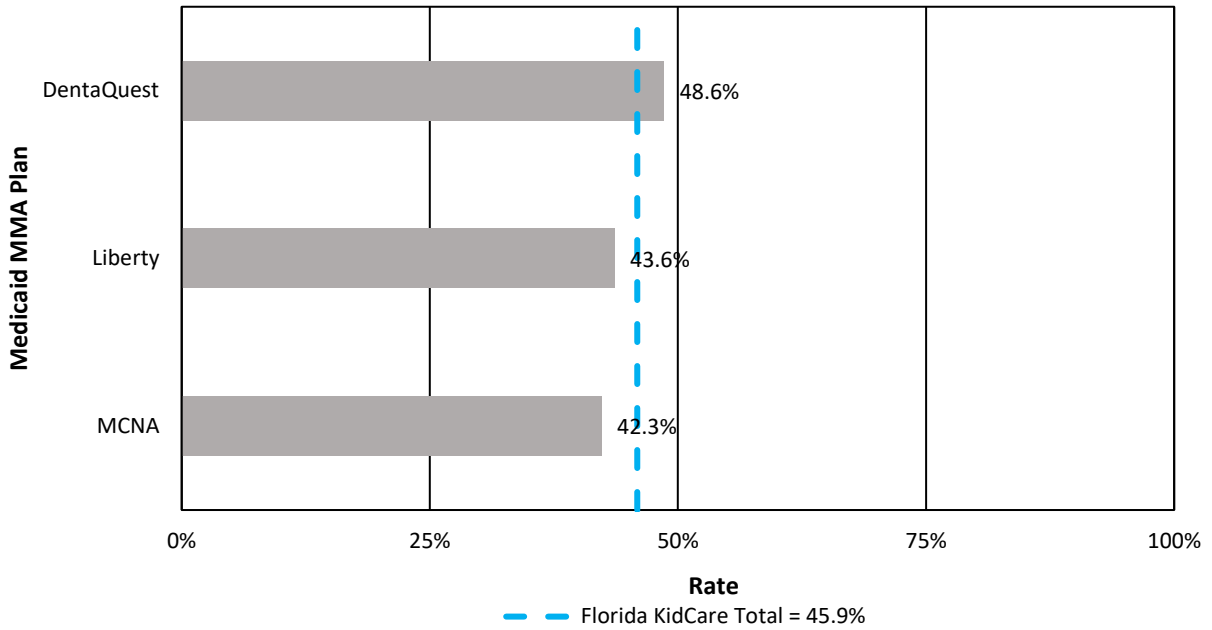
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 187. Florida Healthy Kids Plan Results for OEV: Ages 0-5, CY 2022



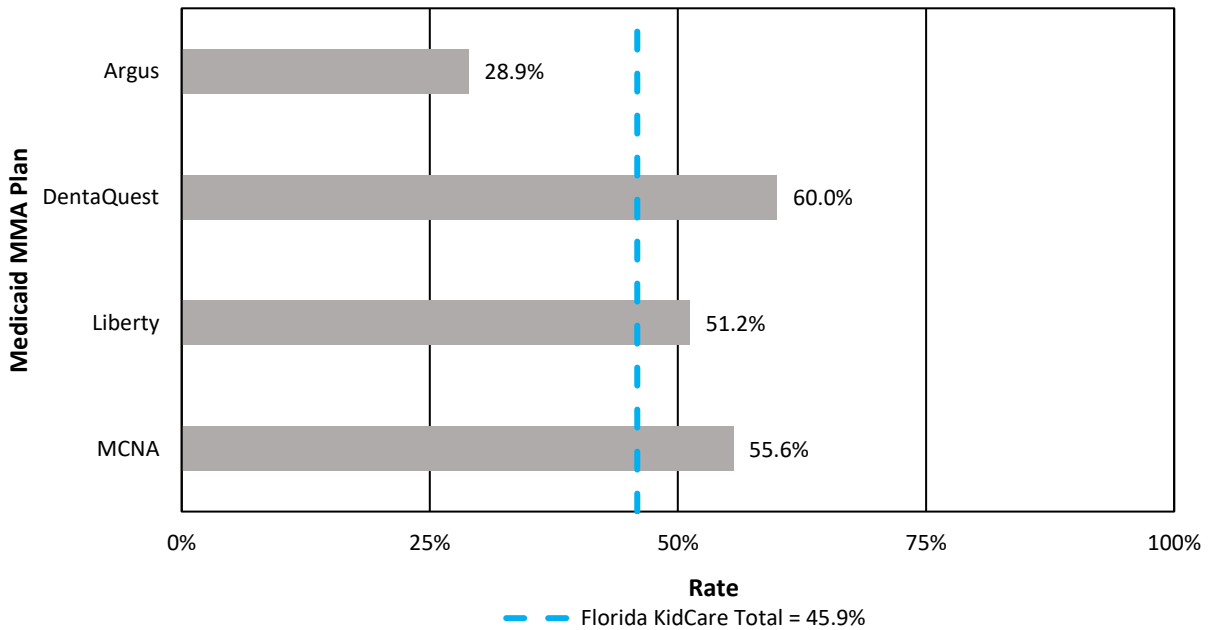
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 188. Medicaid MMA Plan Results for OEV: Ages 6-11, CY 2022



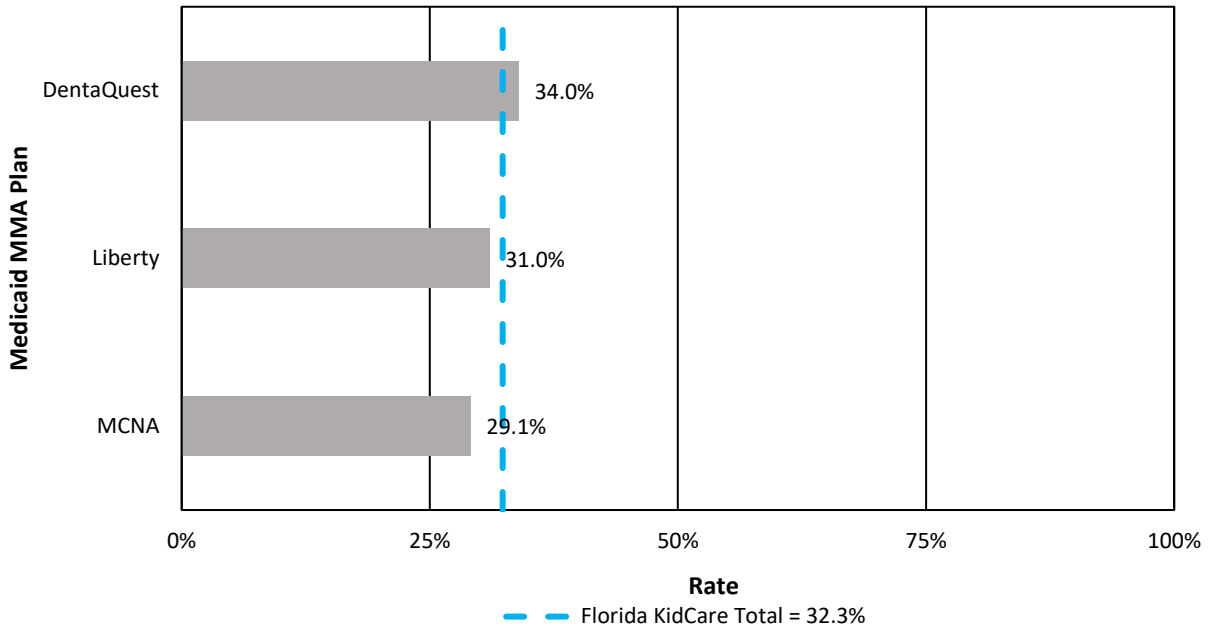
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 189. Florida Healthy Kids Plan Results for OEV: Ages 6-11, CY 2022



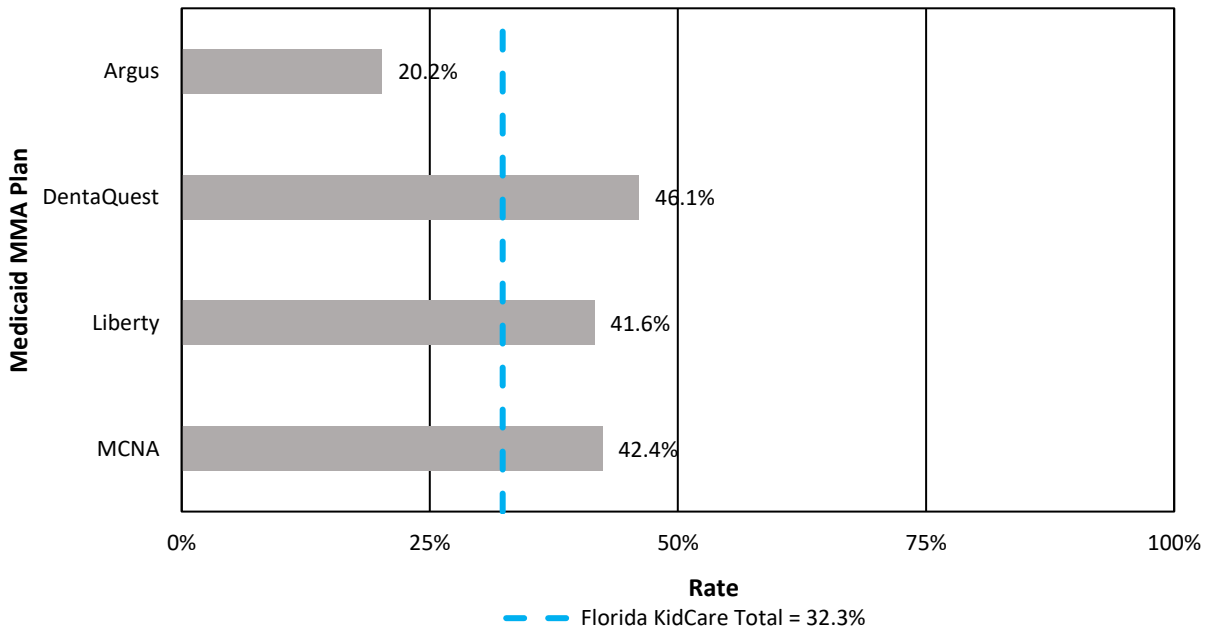
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 190. Medicaid MMA Plan Results for OEV: Ages 12-20, CY 2022



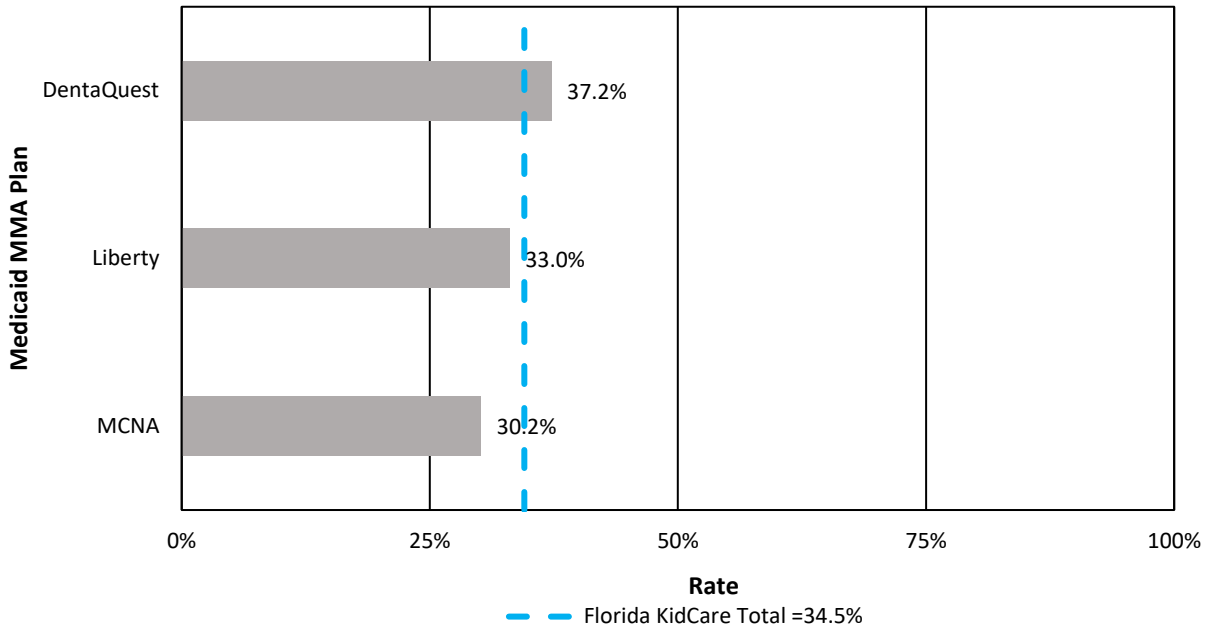
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 191. Florida Healthy Kids Plan Results for OEV: Ages 12-20, CY 2022



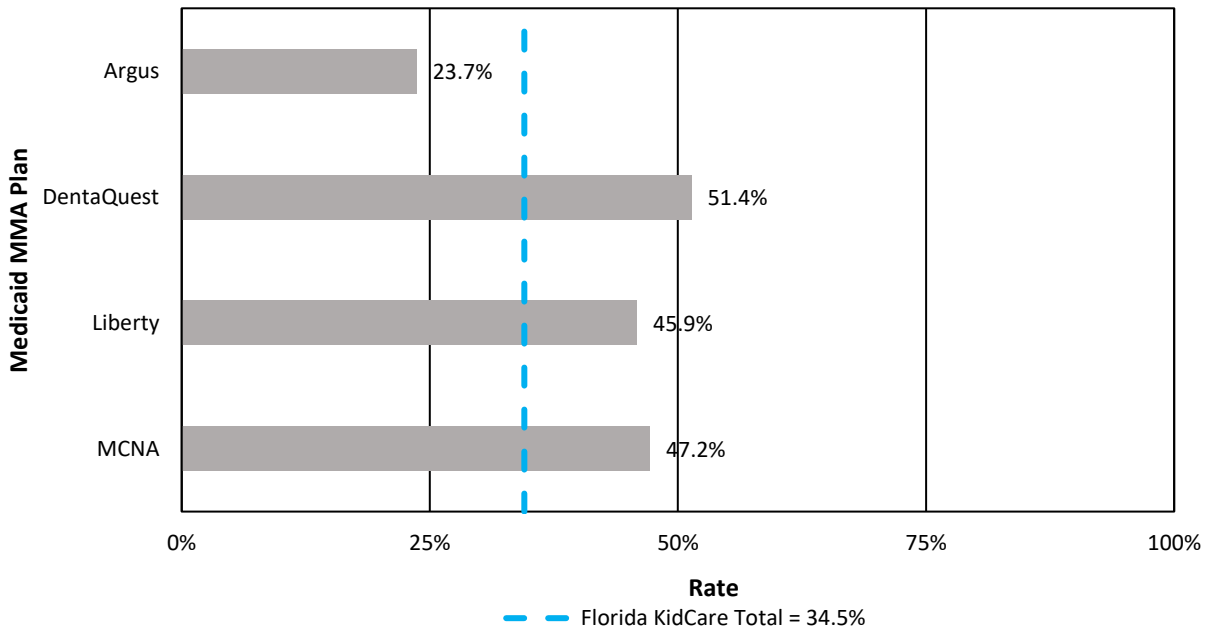
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 192. Medicaid MMA Plan Results for OEV: All Ages, CY 2022



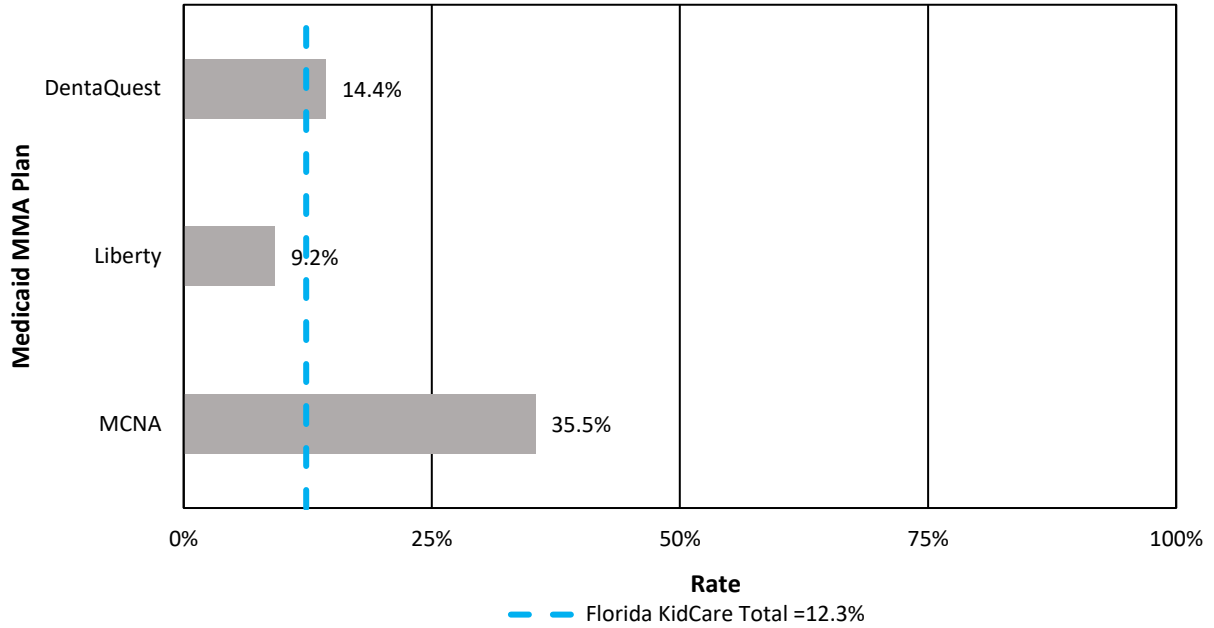
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 193. Florida Healthy Kids Plan Results for OEV: All Ages, CY 2022



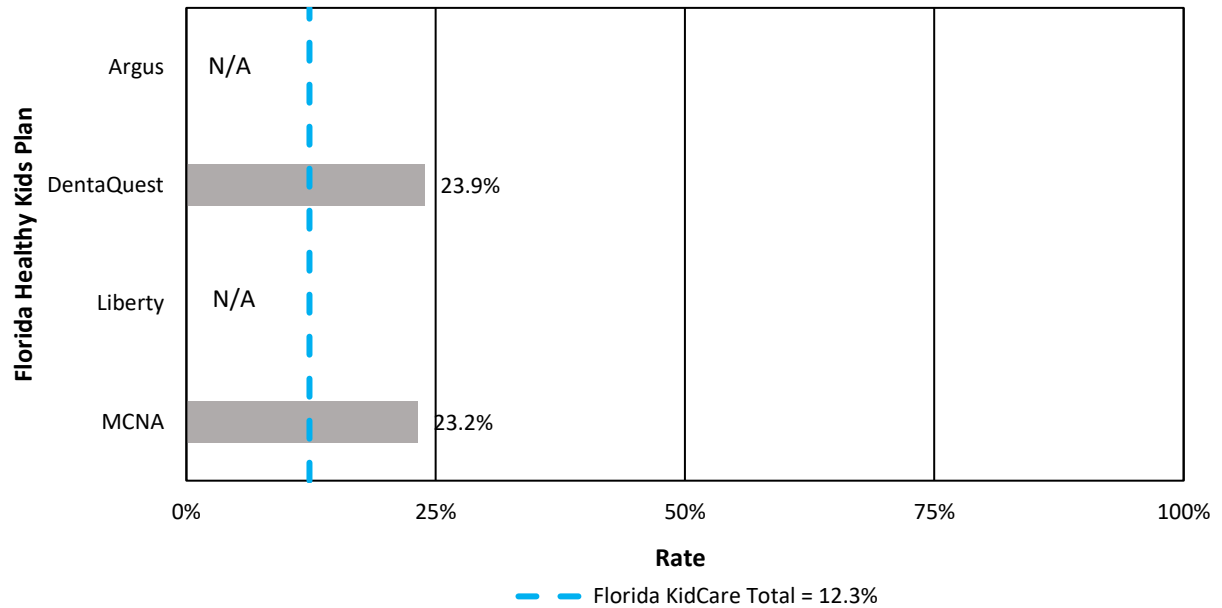
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 194. Medicaid MMA Plan Results for TFL: Ages 1-5, CY 2022



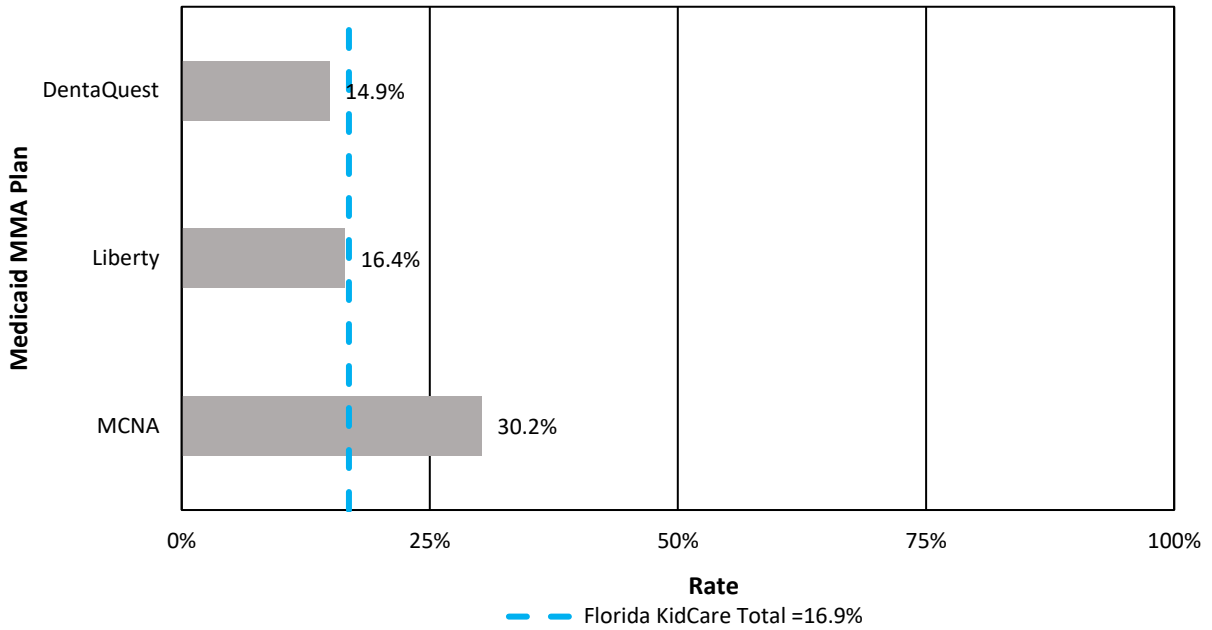
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 195. Florida Healthy Kids Plan Results for TFL: Ages 1-5, CY 2022



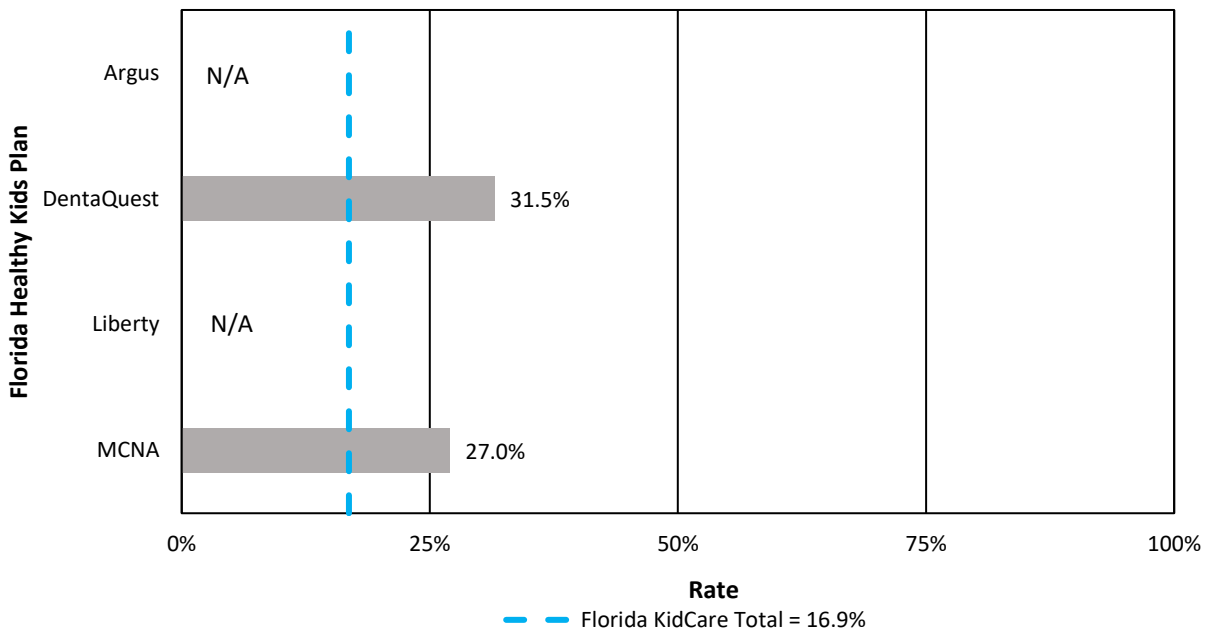
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 196. Medicaid MMA Plan Results for TFL: Ages 6-11, CY 2022



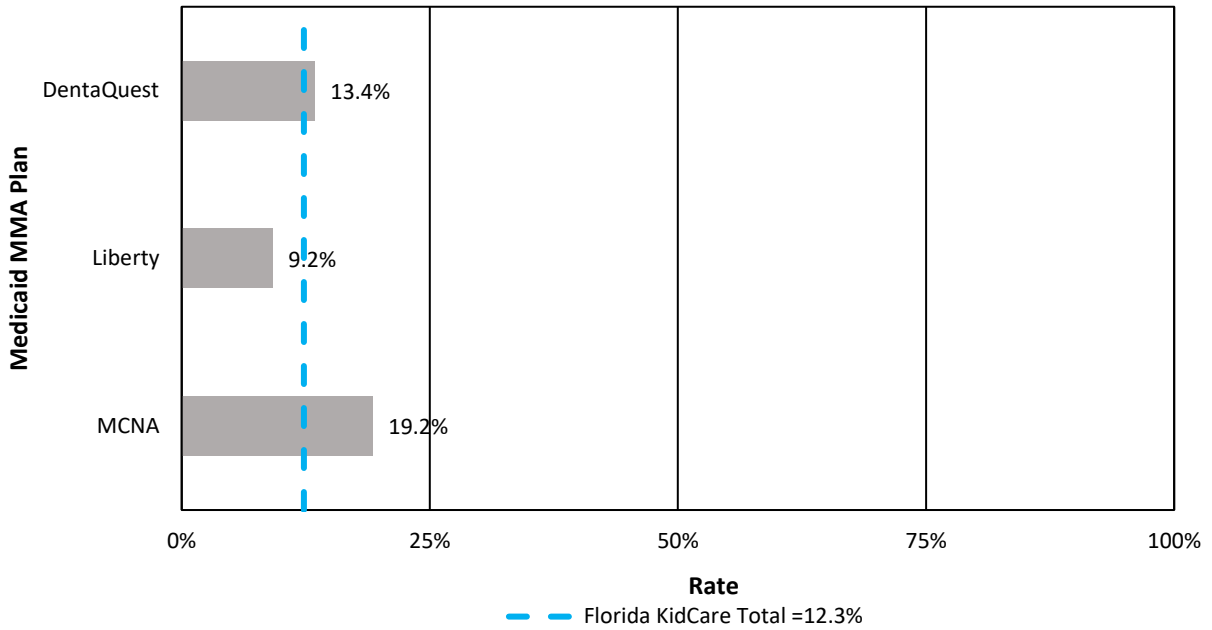
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 197. Florida Healthy Kids Plan Results for TFL: Ages 6-11, CY 2022



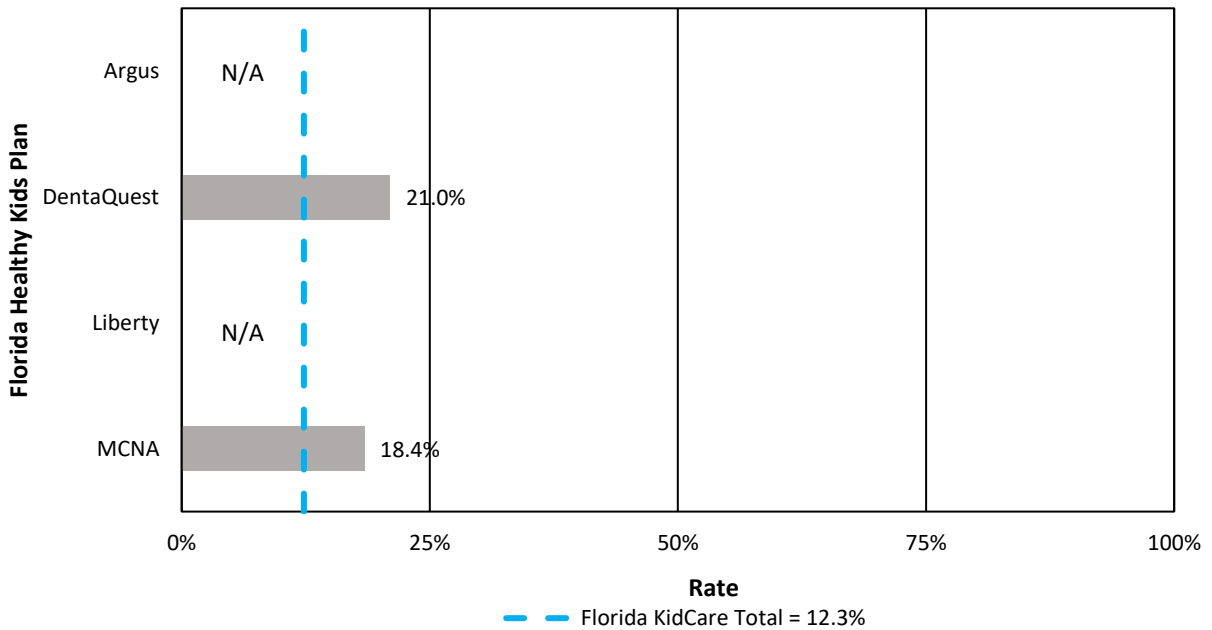
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 198. Medicaid MMA Plan Results for TFL: Ages 12-20, CY 2022



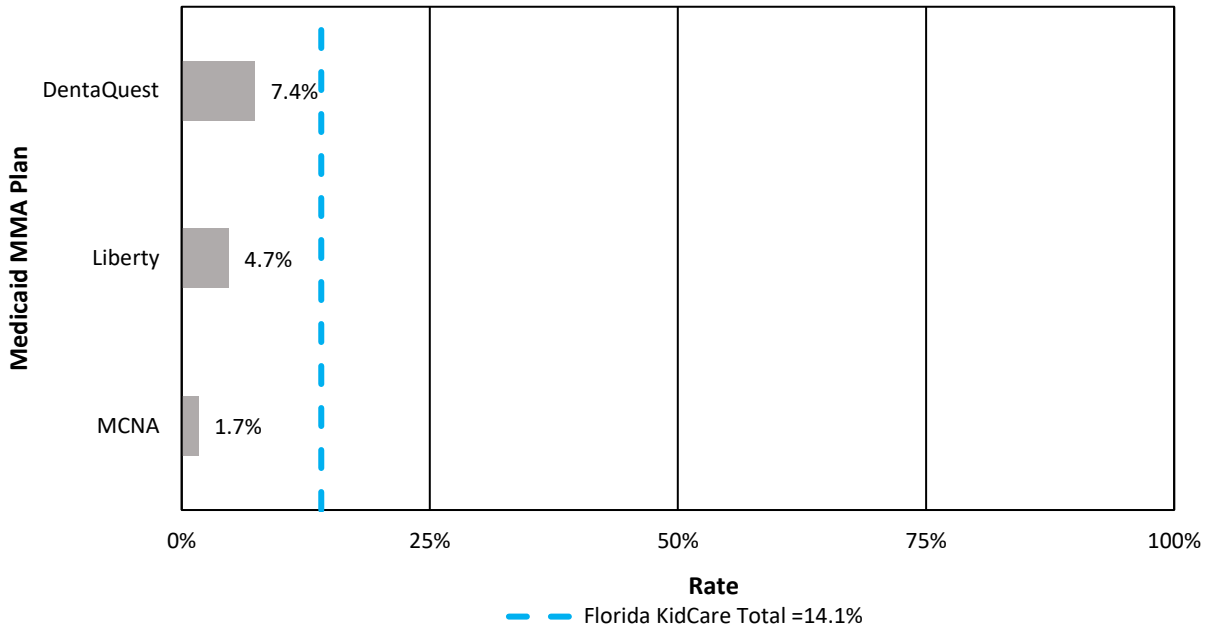
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 199. Florida Healthy Kids Plan Results for TFL: Ages 12-20, CY 2022



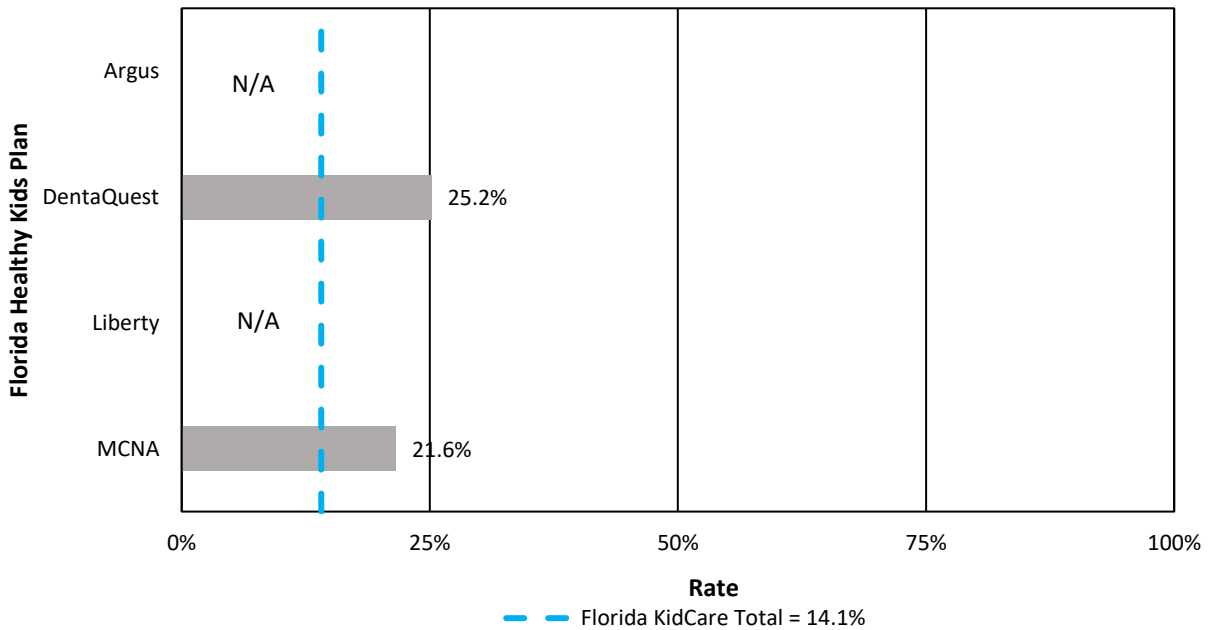
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 200. Medicaid MMA Plan Results for TFL: All Ages, CY 2022



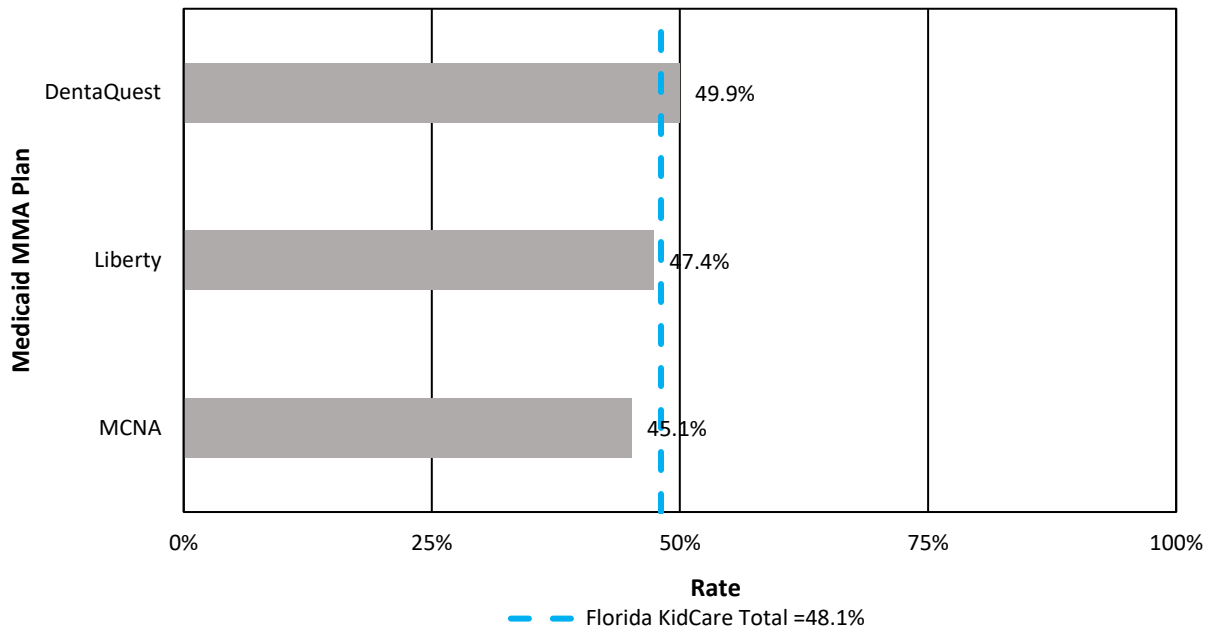
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 201. Florida Healthy Kids Plan Results for TFL: All Ages, CY 2022



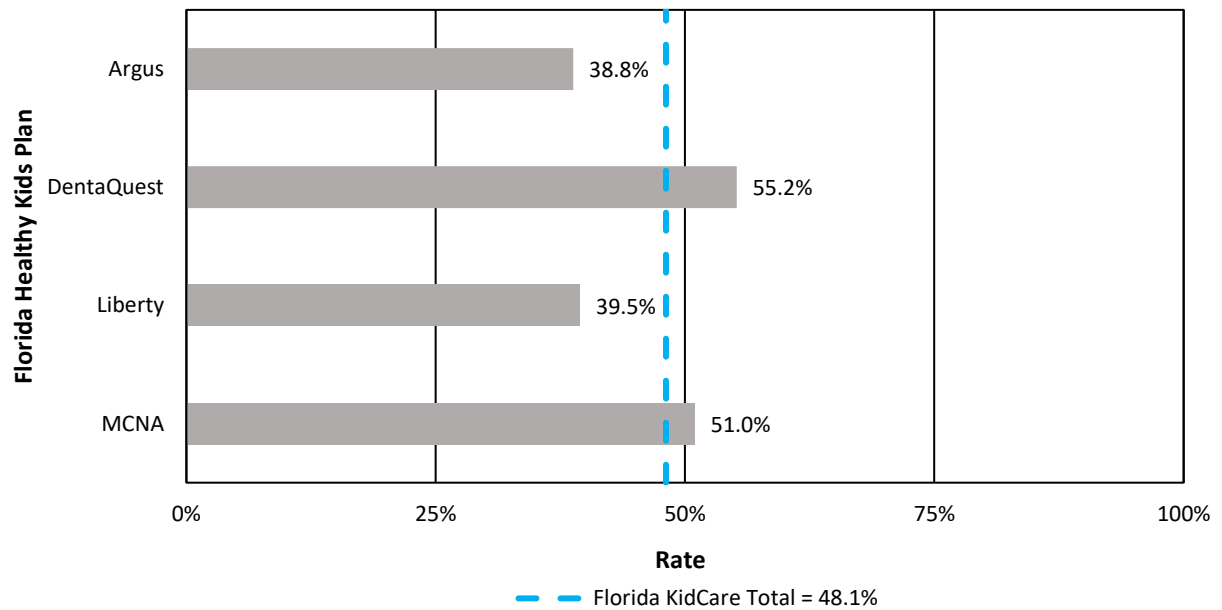
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 202. Medicaid MMA Plan Results for SFM: At Least One Sealant, CY 2022



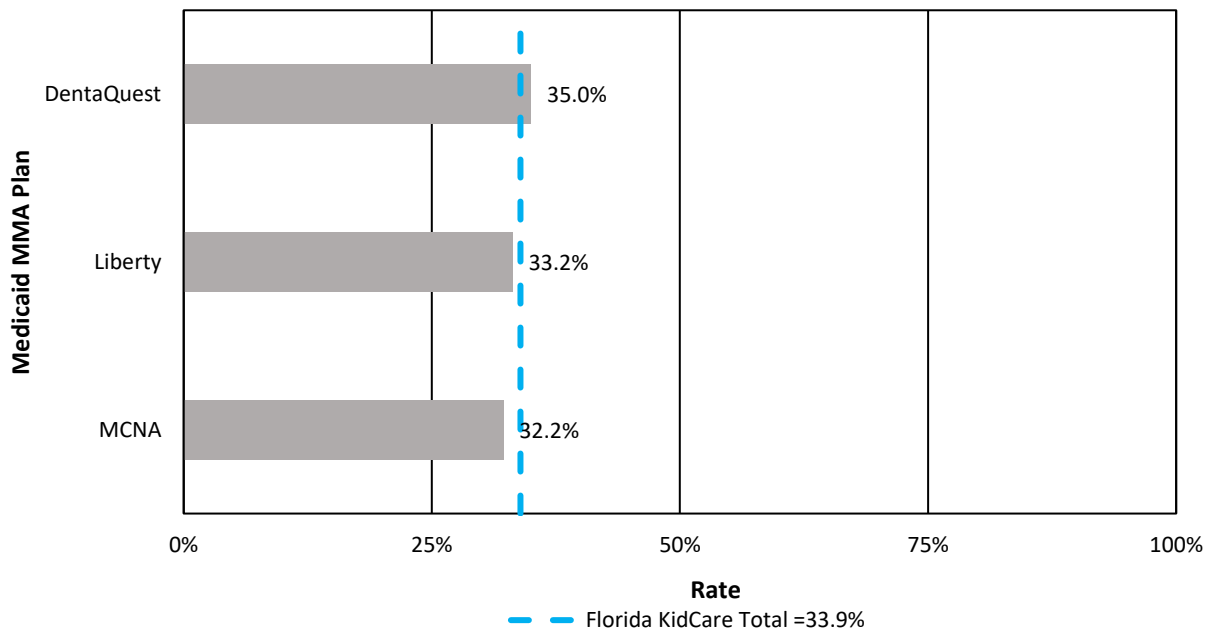
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 203. Florida Healthy Kids Plan Results for SFM: At Least One Sealant, CY 2022



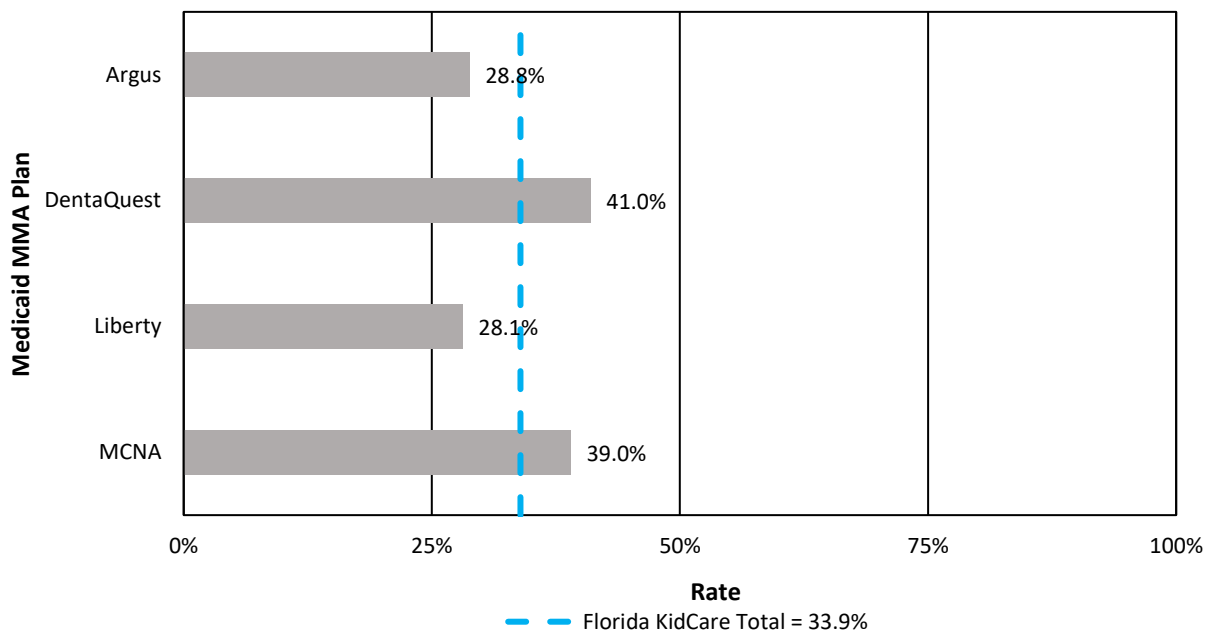
Note. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 204. Medicaid MMA Plan Results for SFM: All Four Molars Sealed, CY 2022



Note. N/R denotes programs or plans for 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 205. Florida Healthy Kids Plan Results for SFM: All Four Molars Sealed, CY 2022



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