Florida KidCare

The Florida KidCare Program Evaluation

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Executive Summary

Introduction

The Institute for Child Health Policy presents the results of an annual evaluation of Florida KidCare, the health insurance program for children, as required by state and federal guidelines. This evaluation presents data from the 2017 calendar year. Each section of this report includes Florida KidCare-covered children enrolled in the Children's Health Insurance Program (CHIP) and the Medicaid program. This report includes three primary areas of assessment (Programmatic, Family Experiences, and Quality of Care) for the following components: Medicaid, which includes both Fee-for-Service and Managed Medical Assistance (MMA) plans, Florida Healthy Kids, MediKids, and CHIP Children's Medical Services Plan.

Evaluation Approach

A variety of data sources and methods were used to conduct this evaluation, including application and enrollment files, a survey conducted with families involved with the program, and claims, encounter, and financial data. Data for the Introduction section (Section 1) come from administrative, application, and enrollment sources. Data for the Family Experiences section (Section 2) come from 8,747 surveys conducted with families enrolled in Florida KidCare. The Quality of Care section (Section 3) utilizes an analysis of claims and encounter data, prescription data, and information on use of ambulatory environments to calculate performance measure rates. Medicaid MMA plan family experience surveys and performance measure data were provided by the Agency for Health Care Administration. Performance Measure rates for Florida Healthy Kids plans were provided by the Florida Healthy Kids Corporation. Data for Florida KidCare enrollees are compared to national benchmarks for Medicaid and CHIP wherever possible.

Findings

During calendar year 2017, the Florida KidCare program received a total of 292,108 applications, which contained processable information on 379,832 children. At the end of 2017, the Florida KidCare program included 2,410,981 enrolled children. This is a slight decrease of 0.99% from the previous evaluation year. Findings from the parent experiences survey suggest continued satisfaction from families of enrollees. Florida KidCare exceeded the national Medicaid and CHIP benchmarks for rating of overall health care, and personal doctors, while meeting the benchmarks for specialist providers and health plans. Nearly 80% of Florida KidCare families rated their primary care provider as a "9" or "10" and 94% reported positive experiences with their doctor's communication. For the majority of the performance measures, the Florida KidCare program rate fell within the 50-75th percentile. There is opportunity for improvement for performance measures that did not meet the 50th percentile.

Conclusions

The findings of this evaluation indicate that the Florida KidCare program continues to provide quality health care services to its enrollees. Results from the parent experience surveys indicate that overall, families of enrollees are satisfied with the health care services they receive from the Florida KidCare program. This is highlighted in particular in responses about the health care providers utilized by the enrollee. The quality of care outcomes also demonstrated strengths of the Florida KidCare program, especially within CHIP. The performance measures for which the Medicaid and CHIP program means did not exceed the national averages indicate areas that need improvement within the Florida KidCare program.

Introduction to Florida KidCare

In This Section

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

Background

A growing number of children in Florida have relied on Florida KidCare for health insurance coverage since the program's inception in 1998, in response to the passage of the Children's Health Insurance Program (CHIP) of the Social Security Act the year prior. The Florida KidCare program was created to provide quality health insurance coverage to children in both the Medicaid and the CHIP programs, which are also referred to as Title XIX and Title XXI, respectively. KidCare remains one of the state's most highly utilized providers of health insurance coverage. In 2016, 39% of Florida's estimated 4.3 million children under 18 years of age received coverage through either Medicaid or CHIP (Kaiser Family Foundation, 2017; United States Census Bureau, Population Division, 2018).

According to early release data from the 2017 National Health Interview Survey (NHIS), 49.4% of children in Florida 17 years of age and under had public health insurance coverage, including Medicaid, CHIP, Medicare, state-sponsored coverage, and military health plans, compared to 41.4% nationally (Cohen et al., 2018). Of the 18 states listed in the NHIS early release data, Florida had the highest rate of public health insurance coverage (Cohen et al., 2018).

The rate of uninsured children in Florida has decreased substantially over the past several years, following a similar pattern of decline seen nationally. Children who lack health insurance tend to have worse health outcomes than those who have insurance. Uninsured children have lower immunization rates and are less likely to receive medical care for common childhood conditions (Bernstein et al., 2010). Untreated health conditions in children can lead to a lack of opportunities for normal development and reduced educational achievement due to missing school more often (Bernstein et al., 2010). Many factors influence lifetime health outcomes, one of those being sociodemographic variables. Through public health insurance programs for children, family income has become less of a factor in determining child health outcomes since an increasing number of children have gained access to healthcare services that they would not have otherwise been afforded (Currie et al., 2008). An analysis of longitudinal NHIS data from 1986-2005 found that although there was not a significant improvement in health status associated with health insurance coverage at a given point in time, there was suggestive evidence that children 9-17 years of age had improved health outcomes over time if they had insurance coverage in early childhood (Currie et al., 2008).

Program Structure

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

Children's Medical Services Managed Care Plan

The Children's Medical Services Managed Care Plan (CMS Plan) is Florida's Title V program for children with special health care needs. Children enrolled in the CMS Plan have access to specialty providers, care coordination programs, early intervention services, and other medically necessary services that are essential for their health care. The Florida Department of Health (DOH) administers the program, which is open to Medicaid and CHIP-funded children who meet clinical eligibility requirements. CMS Plan

enrollees with CHIP premium assistance coverage are limited to ages one through 18 years, whereas the Medicaid CMS Plan covers children from birth through 20 years of age. Infants under one year of age with family incomes between 186-200% of the Federal Poverty Level (FPL) are CHIP-funded but receive services through the CMS Plan in the Medicaid managed care program. The CMS Plan covers Medicaid state plan services for its Medicaid- and CHIP-funded enrollees, and there are no copayments for services. Families with CHIP CMS Plan pay a monthly family premium of $15 (for family income above 133% up to 158% FPL) or $20 (for family income above 158% up to 200% FPL). CHIP CMS Plan enrollees ages 5 to 18 who meet the Department of Children and Families' (DCF) clinical eligibility for behavioral health services may be enrolled in the Behavioral Health Network (BNET) for their behavioral health services. The Florida Legislature created BNET in s.409.8135, F.S., for children with serious behavioral or emotional conditions, with program administration by DCF. The Medicaid CMS Plan is one of the Managed Medical Assistance (MMA) plans with results reported with the other MMA plans and in the Medicaid MMA Total. The CHIP CMS Plan is presented as a separate Florida KidCare program and is listed among the other CHIP programs and in the CHIP total.

Florida Healthy Kids

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

MediKids

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

Medicaid

Medicaid is the health care program for children from families whose incomes fall below the income thresholds for CHIP coverage. KidCare Medicaid recipients must be under 18 years of age. Families that are eligible for Medicaid coverage do not pay a monthly family premium. Upon enrollment, families select the managed care plan they want for their children. AHCA contracts with an enrollment broker to assist families in making this decision for their children. Prior to August 1, 2014, recipients could receive services from several delivery systems, including Primary Care Case Management, Fee-For-Service (FFS), or a managed care program. From May through August 1, 2014, nearly all children enrolled in Medicaid were transitioned to managed care. Additionally, effective January 2014, children between the ages of six and 18 with a family income between 112-133% FPL are enrolled in Medicaid but funded by CHIP. These "stairstep children" resulted in large enrollment changes for Medicaid, Florida Healthy Kids, and the CHIP CMS Plan. This transition is referenced in the sections of this report that may be affected by changes in enrollment between these programs.

Full-pay

Full-pay coverage options exist for families of children one through 18 years of age who apply to Florida KidCare, but have been determined to be ineligible for Medicaid or CHIP premium assistance. Families can enroll their children in Florida Healthy Kids or MediKids "full-pay" options if 1) their income is under 200% FPL, but they are not eligible for CHIP premium assistance, 2) their income is over 200% FPL, or 3) they are non-qualified United States (U.S.) non-citizens. In Calendar Year (CY) 2017, Florida Healthy Kids full-pay coverage was available for $230 with dental coverage, or $215 without dental coverage. Full-pay Florida Healthy Kids enrollees are included only in the program administrative data of this report (i.e., not included in the parent experiences or quality of care sections), whereas the MediKids totals presented throughout the report reflect both the subsidized and full-pay populations. There is not a full-pay coverage option for the CMS Plan. Children with special needs that are not eligible for CHIP premium assistance may enroll in the full-pay options of MediKids or Florida Healthy Kids, depending on the child's age.

Figure 1. Florida KidCare Eligibility, Calendar Year 2017

Program		Agency	Age	Eligibility	Monthly Premiums	Enrollment
Title XIX	**Medicaid**	Administration: AHCA Eligibility: DCF	0 thru 18	Infants: up to 200% FPL Children: up to 133% FPL	No premiums	Medicaid MMA plans
Title XXI - CHIP	**Healthy Kids**	Administration: FHKC Eligibility: FHKC	5 thru 18	Uninsured Up to 200% FPL	$15 or $20/ family Full Pay: $220/ child (Stars plan)	Healthy Kids plans
	MediKids	Administration: AHCA Eligibility: FHKC	1 thru 4	Uninsured Up to 200% FPL	$15 or $20/ family Full Pay: $157/ child	Medicaid MMA plans (except CMS Plan)
	Children's Medical Services Managed Care Plan	Administration: DOH DCF- BNET program Eligibility: FHKC	1 thru 18 BNET: 5 thru 18	Uninsured Up to 200% FPL	$15 or $20/ family No full pay component	CHIP CMS Plan BNET for children with severe behavioral needs

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

Eligibility Criteria

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

Medicaid Eligibility

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

- Meet age and income requirements,
  - Under one year of age must have a household income equal to or less than 200% FPL
    - Children under the age of one year with a household income between 186%-200% FPL are funded by CHIP
  - Ages one- five years must have a household income equal to or less than 133% FPL
  - Ages six - 18 years must have a household income equal to or less than 133% FPL (and children with household income between 112%-133% FPL are enrolled in Medicaid but funded by CHIP)
- Be a U.S. citizen or a qualified alien, and
- Not be an inmate of a public institution or a patient in an institution for mental diseases.

CHIP Eligibility

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

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

Table 1 provides information from the past five years about the FPL for a family of four. To be eligible for Medicaid coverage in 2017, a family of four must have had an annual income equal to or less than $32,718.

Table 1. Federal Poverty Level for a Family of Four

Income as a % of FPL	2013	2014	2015	2016	2017
100%	$23,550	$23,850	$24,250	$24,300	$24,600
133%	$31,322	$31,322	$32,253	$32,319	$32,718
185%	$43,568	$44,123	$44,863	$44,955	$45,510
200%	$47,100	$47,700	$48,500	$48,600	$49,200

Sources: https://aspe.hhs.gov/2013-poverty-guidelines https://aspe.hhs.gov/2014-poverty-guidelines https://aspe.hhs.gov/2015-poverty-guidelines https://aspe.hhs.gov/computations-2016-poverty-guidelines https://aspe.hhs.gov/2017-poverty-guidelines

Renewal Process

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

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

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

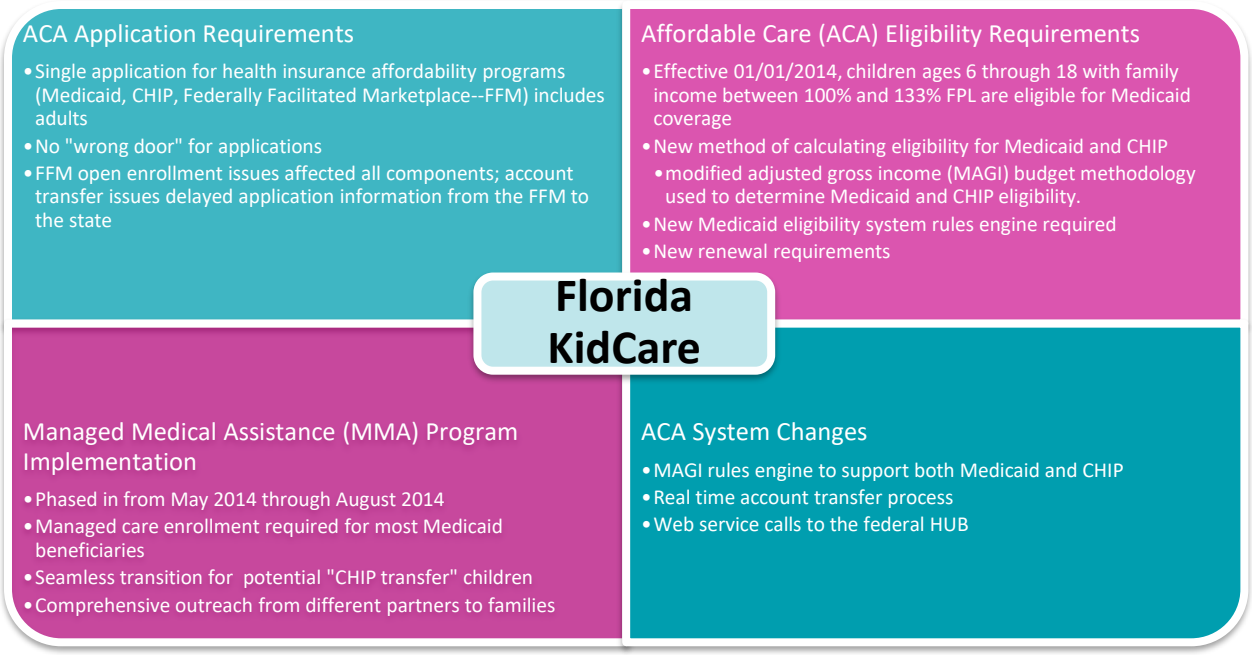
When an administrative renewal is not possible, or the family disagrees with the administrative renewal findings, the non-administrative renewal process is initiated, with a notice sent to the family requesting the needed information. When the requested information is received, the renewal is completed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

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

Recent Program Changes

In 2014, there were several Florida KidCare CHIP changes to the enrollment and renewal process as well as eligibility and renewal criteria. **Figure 2** displays the major program changes that occurred in 2014. Additionally, several changes were made to Medicaid and CHIP programs at the federal and state level in 2013 and 2014. The Affordable Care Act (ACA) required many major system revisions including new application requirements and policies. These changes had major impacts on transferring data and accounts between entities, processing applications, determining eligibility, and accessing services.

Figure 2. Florida KidCare Program Changes



ACA Requirements

1. Application Requirements
   - Single application for health insurance affordability programs- Medicaid, CHIP, and the FFM; adults and children apply on the same application
   - No “wrong door” for applications
2. Eligibility Requirements
   - MAGI budget methodology is used for determining eligibility for Medicaid and CHIP coverage
   - The Medicaid income level for children 6 through 18 years of age increased from 100% FPL to 133% FPL
   - Administrative renewal requirements
3. Systems Requirements
   - Real-time account transfers between Medicaid, CHIP, and the FFM
   - Web service calls to the federal HUB
   - MAGI rules engine to support both Medicaid and CHIP

2016 Florida KidCare Policy Change

The 2016 Florida Legislature passed a bill that allowed Florida to implement the provisions of CHIPRA, Section 214. This legislation allows lawfully residing immigrant children to be eligible for Medicaid and CHIP coverage. This legislation eliminates the five-year waiting period for certain immigrant children and extends coverage to lawfully present immigrant children.

This Medicaid and CHIP policy change went into effect July 1, 2016. FHKC launched a comprehensive marketing and outreach campaign. Letters were sent to applicants who had been denied coverage during the previous year due to their citizenship status. Radio, television and social media were used to inform the public with an emphasis in the five counties with the largest immigrant population. As of August 2018, 26,501 immigrant children have been enrolled in Medicaid and CHIP.

CHIP Financing

Funding for the CHIP component of Florida KidCare comes from the federal government, state allocations, and member payments for premiums. **Tables 2-7** provide information on the funding of Florida KidCare's CHIP programs. Data in these tables are first presented at a caseload conference, where program enrollment is discussed and projected for future years. Roughly one month later, using totals from the caseload conference, an estimating conference is held to estimate program expenditures, per member per month costs, estimated revenue, and budget surplus/deficit totals for the coming years. Estimating conferences take place multiple times each year, and are crucial to state operations, as they help determine revenue and resource-demand, and ultimately help to ensure that Florida maintains a balanced state budget (Office of Economic and Development Research, 2018). These conferences include data from AHCA (MediKids), FHKC (Florida Healthy Kids), and DOH (CMS Plan and BNET) and, in addition to representatives from those organizations, are attended by key staff members from the Governor's Office, state Senate, state House of Representatives, and the state Legislative Office of Economic and Demographic Research. The Institute for Child Health Policy (ICHP) gratefully acknowledges assistance from AHCA in compiling information for these tables.

Table 2 summarizes the total, federal, and state share for each of the Florida KidCare CHIP program components for State Fiscal Year (SFY) 2017-2018 and budgeted for SFY 2018-2019. Please note that a SFY runs from July 1 to June 30. As depicted in this table, the BNET program, as well as CHIP-funded Medicaid programs, do not require a family contribution, and the Florida Healthy Kids and MediKids full-pay programs do not receive federal or state funds, as these programs are funded through family contributions (i.e., monthly premiums and co-payments).

Table 2. Florida KidCare CHIP Expenditures and Revenue Sources, Actual for SFY 2017-2018 and Budgeted for SFY 2018-2019

Actual SFY 2017-2018 By Program	Expenditures	Family Contributions	Federal Funds	State Funds
CHIP				
MediKids	$45,871,816	$2,715,145	$41,489,777	$1,666,894
Healthy Kids	$290,666,570	$23,747,965	$256,599,175	$10,319,430
CMS Plan	$116,982,776	$1,288,568	$111,218,999	$4,475,209
BNET	$4,863,251	$0	$4,674,741	$188,510
Full-Pay Programs				
MediKids Full-Pay	$16,932,973	$13,122,642	$0	$0
Healthy Kids Full-Pay	$32,793,941	$32,793,941	$0	$0
CHIP-Funded Medicaid				
Children 6-18	$372,405,247	$0	$357,993,164	$14,412,083
Totals				
Total CHIP Services	$830,789,660	$27,751,678	$771,975,856	$31,062,126
Administration	$18,066,476	$1,669,029	$15,764,467	$632,980
Grand Total	**$848,856,136**	**$29,420,707**	**$787,740,323**	**$31,695,106**
Budgeted SFY 2018-2019 By Program	**Expenditures**	**Family Contributions**	**Federal Funds**	**State Funds**
CHIP				
MediKids[a]	$61,263,926	$3,132,724	$55,705,634	$2,425,568
Healthy Kids[a]	$323,144,179	$25,901,513	$284,750,724	$12,491,940
CMS Plan[a]	$132,284,351	$1,396,053	$125,347,365	$5,540,933
BNET	$5,359,683	$0	$5,132,790	$226,893
Full-Pay Programs				
MediKids Full-Pay	$19,628,161	$14,669,260	$0	$0
Healthy Kids Full-Pay	$37,773,678	$37,773,678	$0	$0
CHIP-Funded Medicaid				
Children 6-18	$373,657,735	$0	$357,852,013	$15,805,722
Totals				
Total CHIP Services	$895,709,874	$30,430,290	$828,788,528	$36,491,056
Administration	$19,274,076	$1,412,500	$17,105,303	$756,273
Grand Total	**$914,983,950**	**$31,842,790**	**$845,893,831**	**$37,247,329**

[a]For amounts budgeted in SFY 2018-2019, prior year expenditures from SFY 2017-2018 are included.
Source: SFY 2017-2018, SFY 2018-2019 data are from Florida KidCare's Estimating Conference documents, August 6, 2018
Source: SFY 2017-2018 data for Medicaid Children 6-18: from SSEC Estimating Conference January 2018
Source: SFY2018-2019 data for Medicaid Children 6-18: from SSEC Estimating Conference August 2018

Table 3 contains detail on the actual CHIP administrative costs for SFY 2017-2018 and budgeted costs for SFY 2018-2019. Administrative costs to the FHKC cover the costs of processing applications and determining eligibility for CHIP programs, among other possible costs associated with running portions of the administration of the Florida KidCare program.

Table 3. CHIP Administration Costs, Actual for SFY 2017-2018, and Budgeted for SFY 2018-2019

Program	2017-2018 Actuals	2018-2019 Estimates
Average Monthly Caseload	178,902	196,594
Number of Case Months	2,146,824	2,359,128
Administration Cost per Member Per Month	$8.42	$8.17

Source: SFY 2017-2018, SFY 2018-2019 data are from Florida KidCare's Estimating Conference documents, August 6, 2018

Table 4 presents the per member per month premium rates for the Florida KidCare CHIP programs projected for SFY 2017-2018 and budgeted for SFY 2018-2019. These figures are based on program enrollment projections, and are used to determine program expenditures and revenue, which are critical to making budget forecasts and funding allocations. Note that these totals are only for subsidized programs within CHIP, as MediKids and Florida Healthy Kids full-pay programs are not included.

Table 4. Per Member Per Month Premium Rates for CHIP Programs, Projected for SFY 2017-2018 and Budgeted for SFY 2018-2019

Program	2017-2018	2018-2019
MediKids	$151.84	$157.78
Healthy Kids- Medical	$131.53	$126.61
Healthy Kids- Dental	$14.52	$14.88
CMS Plan	$866.09	$915.75
BNET	$1,044.00	$1,088.14
Medicaid Children 6-18	$235.91	$246.61

Source: SFY 2017-2018, SFY 2018-2019 data are from Florida KidCare's Estimating Conference documents, August 6, 2018
Source: SFY 2017-2018 data for Medicaid Children 6-18: from SSEC Estimating Conference January 2018
Source: SFY2018-2019 data for Medicaid Children 6-18: from SSEC Estimating Conference August 2018

Presented in **Table 5** are total annual premium amounts collected from CHIP families for SFY 2017-2018, and the budgeted amount for SFY 2018-2019. Note that, as with the previous table, no full-pay program totals are included.

Table 5. Premiums Collected From CHIP Families, Actual for SFY 2017-2018 and Budgeted for SFY 2018-2019

Program	SFY 2017-2018	SFY 2018-2019
MediKids	$2,715,145	$3,132,724
Healthy Kids	$ 23,747,965	$25,901,513
CMS Plan	$1,288,568	$1,396,053
Total	**$27,751,678**	**$30,430,290**

Source: SFY 2017-2018, SFY 2018-2019 data are from Florida KidCare's Estimating Conference documents, August 6, 2018

Table 6 reports Florida KidCare CHIP SFY and Federal Fiscal Year (FFY) expenditures for the last five years, plus the year ahead. This data reflects totals reported to the Centers for Medicare & Medicaid Services, and is comprised of expenditures using federal CHIP award funding (utilizing carry forward funds from the previous year first), as well as state funds. Carry forward funds are those that are unobligated at the close

of the FFY and thus, may be carried over to the next year (National Institute of Health, 2018). Note that a FFY runs October 1 to September 30.

Table 6. Florida KidCare CHIP Expenditures From Last Five SFYs and SFY 2018-2019, Last Five FFYs and FFY 2019

	Total	Federal Funds	State Funds
SFY			
2013-2014	$577,548,996	$410,226,121	$167,322,875
2014-2015	$604,280,741	$432,924,851	$171,355,890
2015-2016	$648,111,799	$580,400,319	$67,711,480
2016-2017	$698,869,196	$668,817,821	$30,051,375
2017-2018	$759,928,700	$730,519,459	$29,409,241
2018-2019	$889,491,102	$851,865,628	$37,625,474
FFY			
2013-2014	$646,483,366	$459,972,915	$186,510,451
2014-2015	$582,098,597	$417,946,793	$164,151,804
2015-2016	$645,908,216	$616,648,574	$29,259,642
2016-2017	$714,734,261	$684,501,002	$30,233,259
2017-2018	$796,301,949	$767,519,951	$28,781,998
2018-2019	$879,079,041	$840,487,471	$38,591,570

Source: SFY 2017-2018, 2018-2019, FFY 2018, 2019 data from Florida KidCare's Estimating Conference documents, August 6, 2018
Note that changes in state and federal funds are related to Federal Medical Assistance Percentages rates.

Table 7 presents the federal grant award and carry forward totals from each FFY for the last five years as well as for FFY 2019. Note that these totals are based on the state allotment for CHIP funding, available only if the state contributes funding.

Table 7. Federal Grant Award Balance and Carry Forward, Last Five FFYs and FFY 2019

FFY	Federal Grant	Total
FFY 2014	$382,280,490	$233,164,676
FFY 2015	$566,046,165	$381,264,048
FFY 2016	$594,954,867	$359,570,341
FFY 2017	$686,574,537	$361,643,876
FFY 2018	$734,065,064	$207,641,030
FFY 2019	$734,065,064	$101,218,623

Source: FFY 2016-2019 data are from Florida KidCare's Estimating Conference documents, August 6, 2018

As of the August 2018 KidCare Estimating Conference, from which most of the financial totals in this section were derived, the final expenditure forecast for Florida KidCare included a projected deficit of $0.4 million for SFY 2017-2018 (Social Services Estimating Conference, 2018). This is due to higher-than-expected enrollment totals for KidCare programs, and may have an impact in subsequent years of the program. Another factor that may dramatically shape the funding of KidCare is the adjustments to federal CHIP funding, which will impact federal matching rates over the next six years.

Section 1: Administration

In This Section

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

Evaluation Approach

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

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

By state law, the Florida Healthy Kids Corporation (FHKC) is responsible for processing applications for Florida KidCare coverage. Application, enrollment, and renewal processing is done by a third-party vendor under contract with the FHKC.

Note that due to changes in methodology and data collection over the past several years, some of the data presented from 2014 to present differ from previous years. Use caution when making comparisons.

Monthly Application Volume

Applications for coverage are submitted via mail, telephone, fax, or internet. The Department of Children and Families (DCF) determines eligibility for Medicaid.

Figure 3 displays the number of unduplicated Florida KidCare applications received monthly by the FHKC for processing over four years. Applications for Florida KidCare coverage were at 34,268 in December 2017, marking the second-highest number of applications received in a single month over the past four years.

Figure 3. Florida KidCare Unduplicated Applications Received Monthly by Florida Healthy Kids Corporation, January 2014 to December 2017

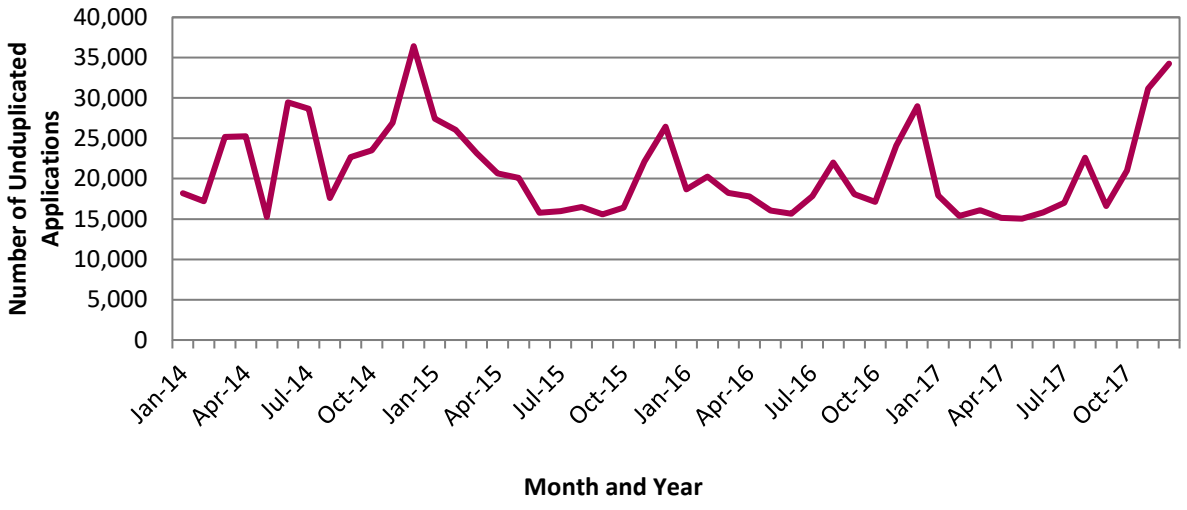


Table 8 provides monthly information on Florida KidCare applications submitted during Calendar Year (CY) 2017. Note that children can be enrolled in Medicaid through direct application to DCF; those applications are not reflected here. Also, none of these figures include children automatically

transferred from Medicaid to Children's Health Insurance Program (CHIP) coverage.

- In CY 2017, FHKC received a total of 292,108 applications.
- When duplicate applications were removed, FHKC received a total of 238,000 applications, which contained processable information on 379,832 applicants.
- FHKC received an average of 19,833 unduplicated applications monthly, ranging from a low of 15,040 unduplicated applications in May 2017 to a high of 34,268 unduplicated applications in December 2017.
- The mean age of applicants for the 12-month period was 10.27 years, and the mean monthly income of families applying for Florida KidCare coverage was $3,487 during CY 2017.
- Families applying for Florida KidCare coverage had an average household size of 3.62 persons.

Table 8. Florida KidCare Application Information Received by FHKC, CY 2017

Application Information	Jan. 2017	Feb. 2017	Mar. 2017	Apr. 2017	May 2017	Jun. 2017	Jul. 2017	Aug. 2017	Sep. 2017	Oct. 2017	Nov. 2017	Dec. 2017	Total
Applications received, including duplicate applications	25,097	20,832	21,876	20,335	19,843	20,568	21,577	27,509	19,491	24,306	34,781	35,893	292,108
Applications received, excluding duplicate applications	17,921	15,374	16,075	15,144	15,040	15,811	16,991	22,614	16,596	20,997	31,169	34,268	238,000
Children represented on applications received, excluding duplicate applications	28,365	24,056	25,463	24,158	24,200	25,341	27,508	37,097	26,325	34,256	49,950	53,113	379,832
Child age, mean years[a]	10.04	10.03	10.01	10.03	10.10	10.12	10.11	10.22	10.33	10.32	10.56	10.69	10.27
Child age, standard deviation	4.53	4.46	4.44	4.44	4.42	4.37	4.34	4.26	4.27	4.26	4.30	4.30	4.36
Monthly family income, mean[b]	$3,360	$3,365	$3,426	$3,404	$3,433	$3,488	$3,490	$3,468	$3,504	$3,570	$3,621	$3,537	$3,487
Monthly family income, standard deviation	$2,066	$2,061	$2,118	$1,939	$2,073	$2,319	$2,280	$2,402	$2,374	$3,215	$2,832	$2,603	$2,449
Household size, mean[c]	3.58	3.59	3.61	3.65	3.65	3.62	3.61	3.60	3.59	3.61	3.64	3.64	3.62
Household size, standard deviation	1.26	1.25	1.27	1.28	1.28	1.27	1.25	1.25	1.24	1.27	1.27	1.26	1.26

[a]Children younger than 1 or above 21 years old were considered to be out of range and are not used in calculation of mean child age. [b]Figures are rounded to the nearest dollar. Annual incomes above $100,000 were considered out of range and were not used in calculation of mean monthly family income. [c]Household sizes below 2 and above 21 were considered to be out of range and were not used in the calculation of mean household size.

Outcomes of Applications

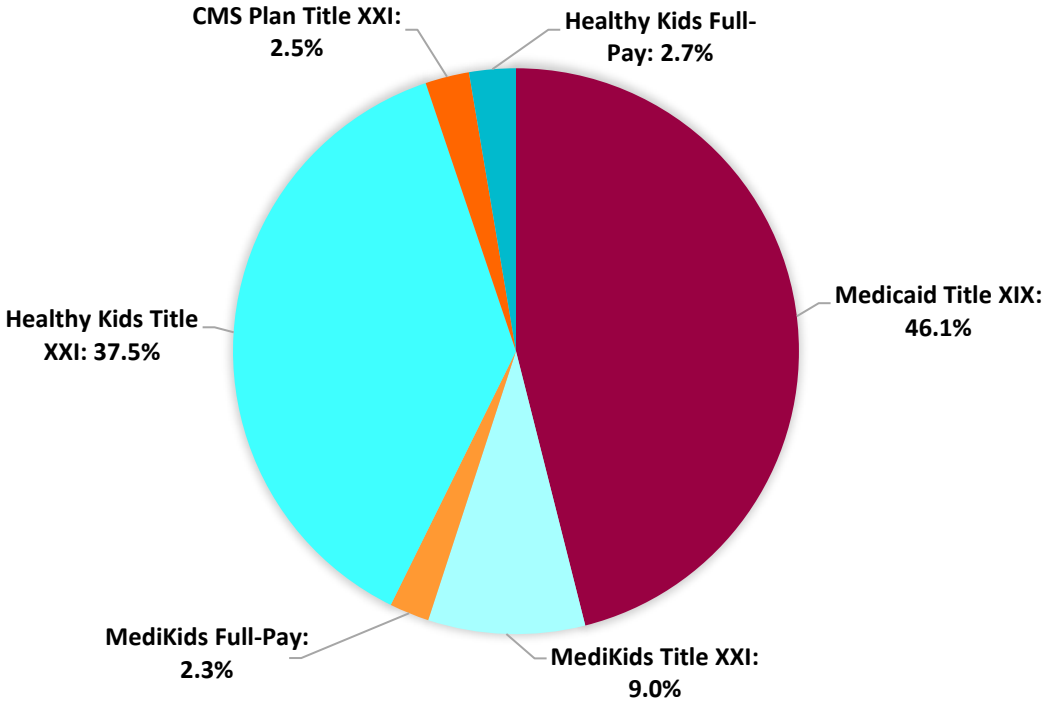
The following analysis considers unduplicated applications/applicants. For cases with duplicate or multiple applications, only the most recent applications sent to FHKC are included. The analysis does not use the "referral" flag provided in the applications database because that field is not well-populated.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

Application processing included internal review at FHKC and additional external review by DCF and/or Children's Medical Services Managed Care Plan (CMS Plan) for applications that met certain criteria. DCF assessed each child's eligibility for Medicaid coverage. CMS Plan assessed each child's clinical eligibility for CMS Plan coverage. Of the 238,000 processed applications:

- 140,879 applications received internal review only
- 70,254 applications received internal and DCF review
- 21,509 applications received internal and CMS Plan review
- 5,357 applications received internal, DCF, and CMS Plan review

One additional application did not fit one of these review criteria. **Figure 4** presents the distribution of approved applications by Florida KidCare program component. Children can also be approved for Medicaid coverage through direct application to DCF. These figures only reflect the applications for Florida KidCare coverage that were originally submitted to FHKC. Of note, the percentage of approvals by program is the total of applications approved, not all applications processed.

Figure 4. Application Approvals by Florida KidCare Program Components



Note: Percentages may not sum to 100 due to rounding. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Table 9 illustrates the number of applications for Florida KidCare during CY 2017 sent directly to FHKC.

FHKC processed a total of 237,999 unduplicated applications representing 379,830 unduplicated applicants. Note that within the 379,832 total unduplicated applicants listed in Table 9, two did not fit any of the review criteria and are not present in subsequent totals. Of these applicants, 144,720 children were approved yielding a 38% approval rate. This data considers only the most recent applications and excludes previous duplicate applications. The third-party vendor who processes application information for the FHKC does not include account transfers from DCF or from the Federally Facilitated Marketplace.

Table 9. Outcomes of Florida KidCare Applications Processed by FHKC, CY 2017

Applications reviewed by Florida Healthy Kids Corporation	Without referral to DCF or CMS Plan	With referral to DCF (but not CMS Plan)	With referral to CMS Plan (but not DCF)	With referrals to both DCF and CMS Plan	Total
Number of Unduplicated Applications	140,879	70,254	21,509	5,357	237,999
Number & Percent of Unduplicated Children	237,415 62.51%	111,595 29.38%	24,658 6.49%	6,162 1.62%	379,830 100%
TOTAL, children **approved** for Florida KidCare or Full-Pay	119,907	8,164	15,188	1,461	144,720
Healthy Kids	45,506	3,711	4,658	438	54,313
MediKids	11,046	1,145	711	68	12,970
Medicaid	57,322	3,283	5,435	619	66,659
CHIP CMS Plan	-	-	3,299	330	3,629
Healthy Kids Full-Pay	3,171	14	669	1	3,855
MediKids Full-Pay	2,862	11	416	5	3,294

Data describing reasons applications were not approved for all of Florida KidCare (including Medicaid) are not available. However, **Table 10** displays the reasons why children were ineligible for CHIP coverage. Please note that reasons for lack of eligibility for CHIP are not mutually exclusive. That is, applications could include more than one reason for lack of eligibility. The reasons for not being eligible include:

- 55,410 children were not eligible for CHIP coverage due to expiration of their application when their parents did not respond to requests for documentation.
- 66,658 children were not eligible because they were already receiving Medicaid coverage.
- 38,621 children were not eligible for CHIP coverage because they were referred to Medicaid, but not currently enrolled in Medicaid.
- Being under age one accounted for 7,259 children not being eligible for CHIP coverage, and 59,984 were not eligible due to being over 18 and therefore beyond the age of eligibility.
- 60,138 children were not eligible because their application had expired due to non-payment.

- 17,817 children were not eligible for CHIP coverage because they had other insurance, while 1,333 children were not eligible because they were not United States (U.S.) citizens or qualified non-citizens.
- Additional reasons for ineligibility include not being a Florida resident (905), incarceration (18), not being approved for Medicaid (1), or non-compliance with documentation requests from DCF for the family Medicaid eligibility determination (6).

Table 10. Reasons for Denial from CHIP, CY 2017

Reasons	Without referral to DCF or CMS Plan	With referral to DCF (but not CMS Plan)	With referral to CMS Plan (but not DCF)	With referrals to both DCF and CMS Plan	Total
Expired, non-compliant	51,025	196	4,168	21	55,410
Expired, non-payment	55,202	795	4,061	80	60,138
Has other insurance	5,298	11,200	1,086	233	17,817
Incarcerated	14	0	2	2	18
Medicaid, approved	0	1	0	0	1
Medicaid, non-compliant	1	2	1	2	6
Referred to Medicaid	122	34,504	12	3,983	38,621
Non-U.S. citizen	1,243	0	90	0	1,333
Currently enrolled in Medicaid	57,322	3,282	5,435	619	66,658
Not a Florida resident	841	34	28	2	905
Over age	63	59,555	2	364	59,984
Under age	40	7,216	1	2	7,259

Enrollment

Since the implementation of the Affordable Care Act in 2014, the percentage of Florida KidCare-eligible children who were enrolled in either Medicaid or CHIP increased. In 2013, 85% of eligible children were enrolled, a value that increased to 92.1% in 2015 (Kenney et al., 2017), eliciting a 7.1 percentage point increase in participation among the eligible population between 2013 and 2015.

Table 11 presents the point-in-time enrollment figures for the end of CY 2016 and CY 2017 and the percent growth during those time frames. Point-in-time figures represent the number of children enrolled on a specific date.

- At the end of CY 2017, 2,410,981 children were enrolled in the Florida KidCare program. This was a slight decrease of 0.99% from the previous year.
- Florida KidCare's Medicaid enrollment decreased by 39,961 (-1.91%), while CHIP-funded Medicaid enrollment increased by 2,126 (1.53%).
- Total CHIP-funded enrollment increased by 3.98% from December 31, 2016, to December 31, 2017. All programs saw increased enrollment in CY 2017, with CHIP CMS Plan at nearly 24%. Florida Healthy Kids had an increase of 5.76%, and MediKids saw a rise of 6.13%.
- Full-pay programs also saw increases in enrollment, at 15.96% and 14.32% for Florida Healthy Kids full-pay and MediKids full-pay, respectively.

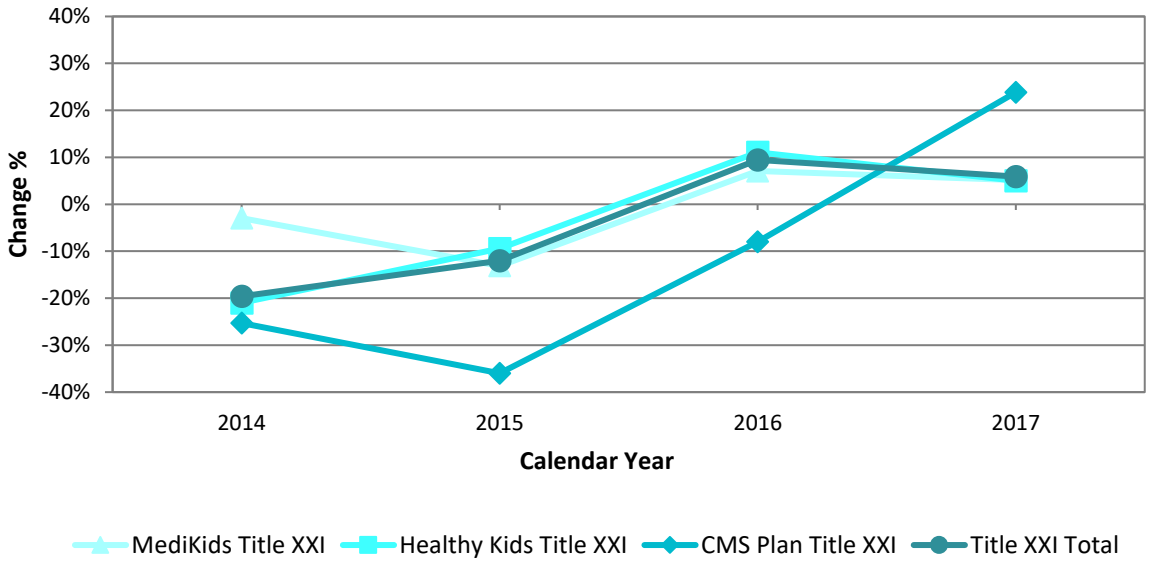
Table 11. Point-in-time Enrollment Figures for the Last Day of CY 2016 and CY 2017

	CY 2016- CY 2017		
	Enrollment Dec. 31, 2016	Enrollment Dec. 31, 2017	% Change 2016-2017
Healthy Kids	156,161	164,006	5.02%
Healthy Kids Full-Pay	11,318	13,124	15.96%
Healthy Kids Total	167,479	177,130	5.76%
MediKids	23,342	24,264	3.95%
MediKids Full-Pay	6,216	7,106	14.32%
MediKids Total	29,558	31,370	6.13%
CHIP CMS Plan	9,091	11,241	23.65%
< Age 1	1,004	1,136	13.15%
Ages 6-18	137,765	139,759	1.45%
CHIP-Funded Medicaid	138,769	140,895	1.53%
Total CHIP-funded enrollment[a]	327,363	340,406	3.98%
Medicaid	2,090,306	2,050,345	-1.91%
Florida KidCare Total	2,435,203	2,410,981	-0.99%

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

Figure 5, **Figure 6**, and **Figure 7** display the enrollment growth trends, by program, from year-to-year during the last four calendar years. Please note that the Florida Healthy Kids program changed enrollment brokers in October of 2013. The enrollment systems used by these brokers differ, which could account for some variation in 2014 enrollment data.

Figure 5. Change in Florida KidCare Enrollment for CHIP Program Components from Previous Year, CY 2014-2017



Note: Title XXI refers to the CHIP program.

Figure 6. Change in Florida KidCare Enrollment for Full-Pay Program Components, CY 2014-2017

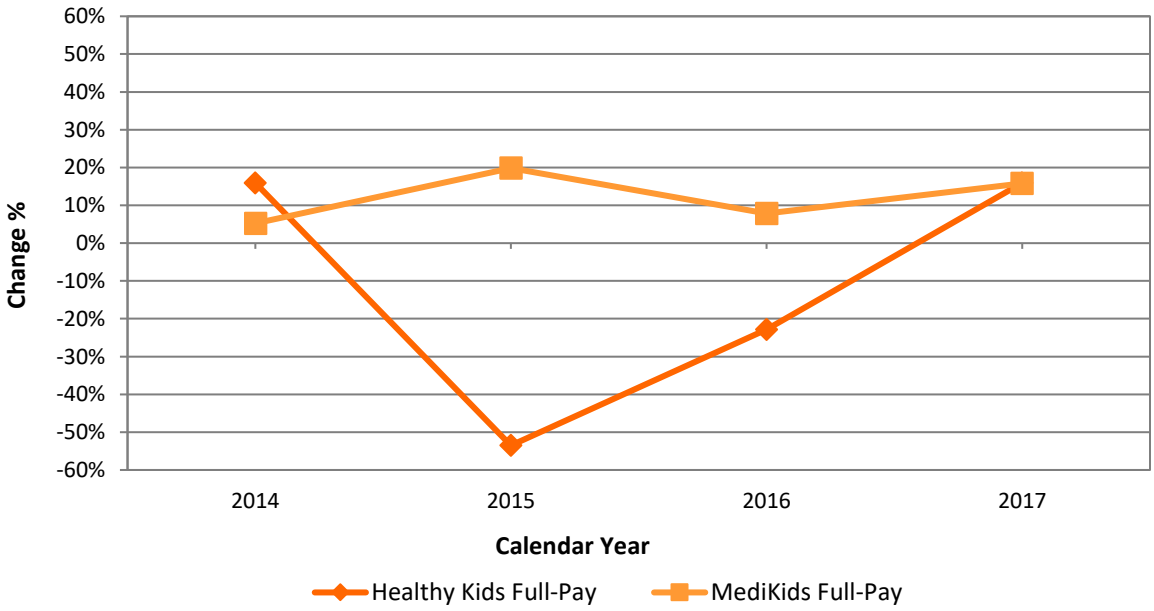
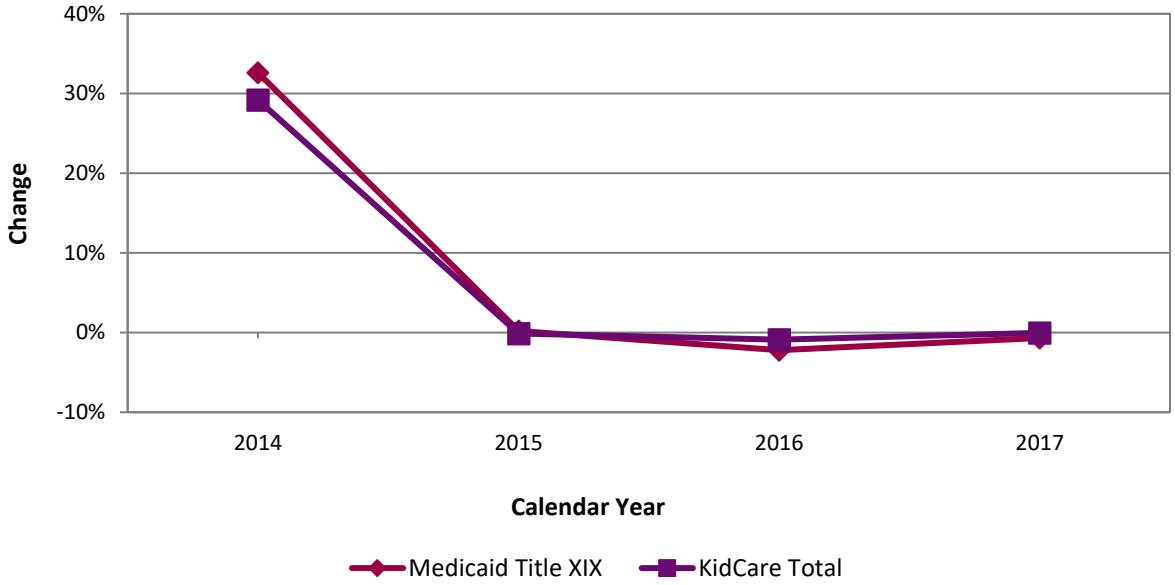


Figure 7. Change in Florida KidCare Enrollment for Medicaid Program and KidCare Total, CY 2014-2017

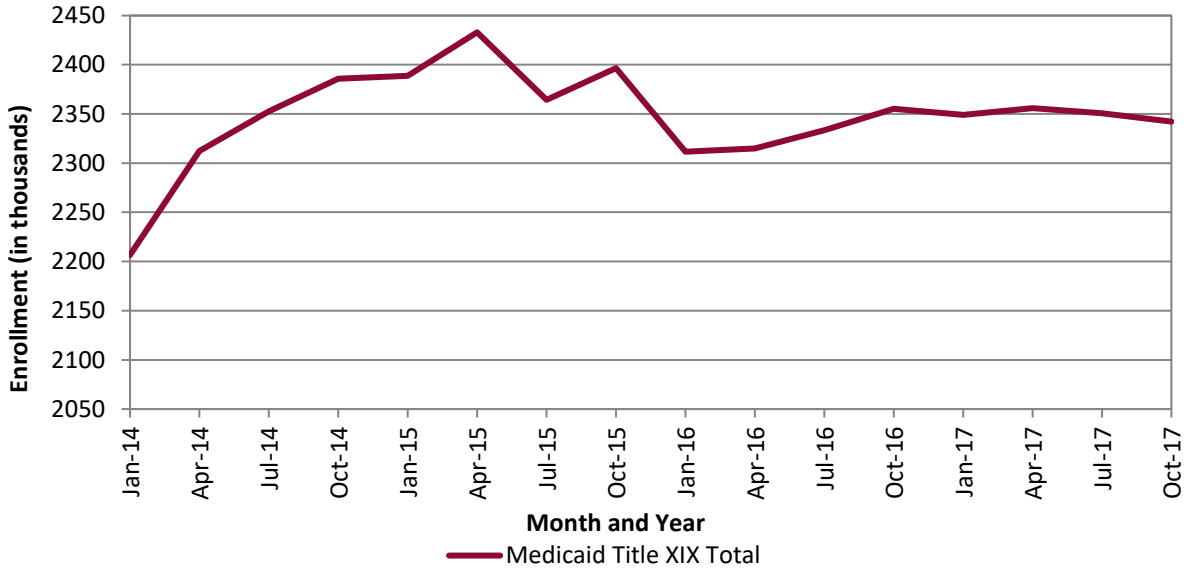


Note: Title XIX refers to the Medicaid program.

Enrollment Trends

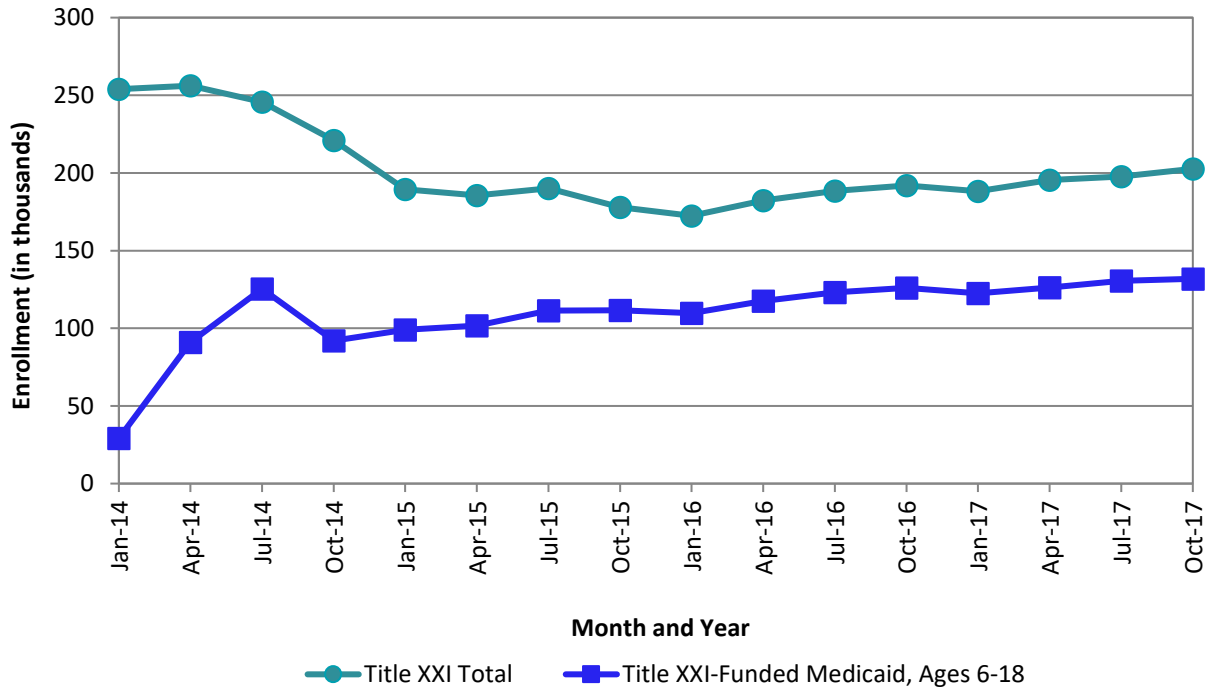
Figure 8, **Figure 9**, **Figure 10**, **Figure 11**, and **Figure 12** present the enrollment trends at the start of each quarter for each of the Florida KidCare program components from 2014 through 2017.

Figure 8. Overall Medicaid Program Enrollment, CY 2014-2017



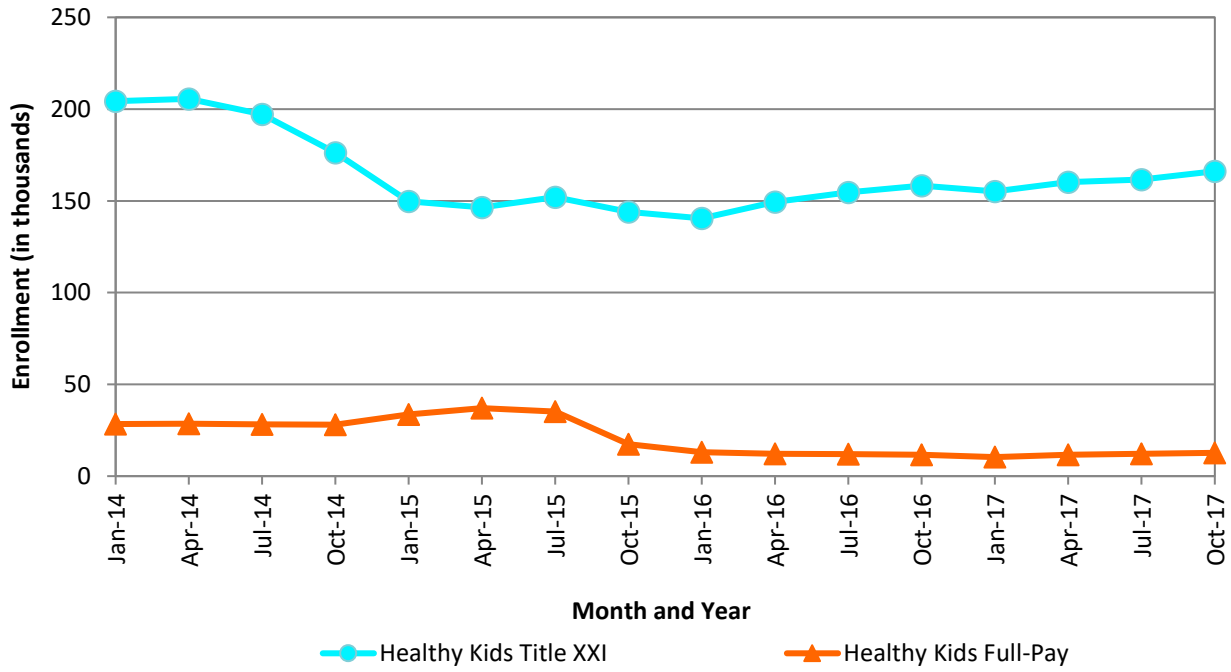
Note: Title XIX refers to the Medicaid program.

Figure 9. Overall Florida KidCare CHIP Program Enrollment, CY 2014-2017



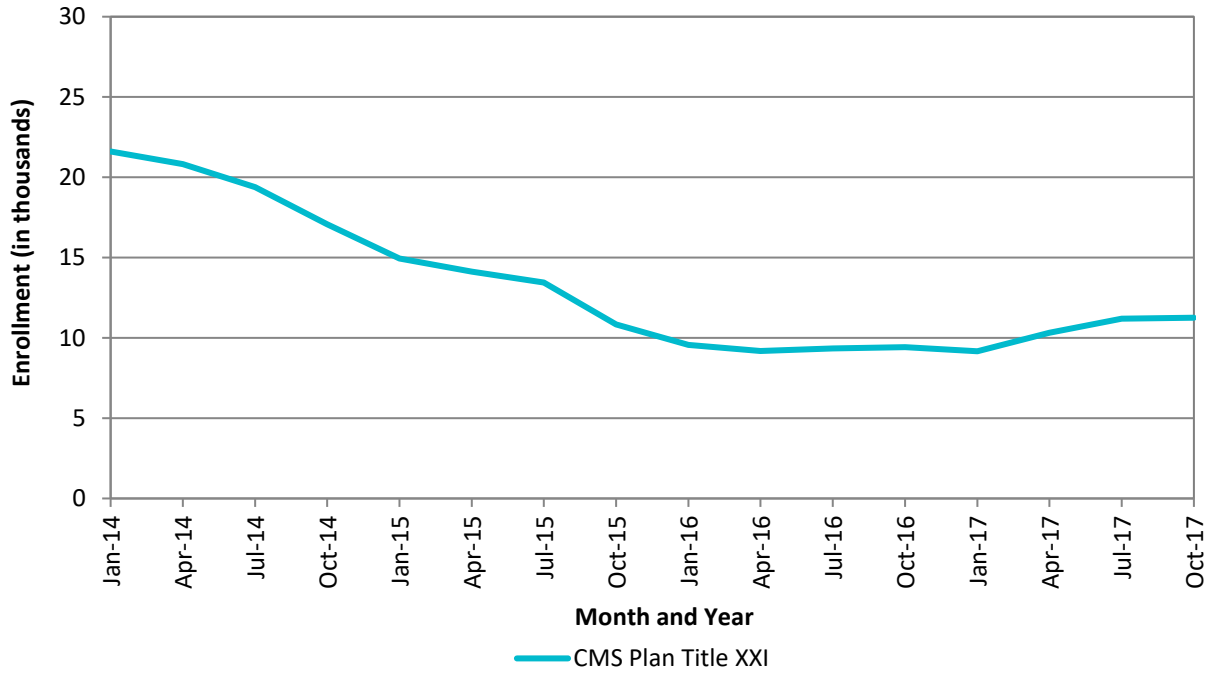
Note: Title XXI refers to the CHIP program.

Figure 10. Florida Healthy Kids Program Enrollment, CY 2014-2017



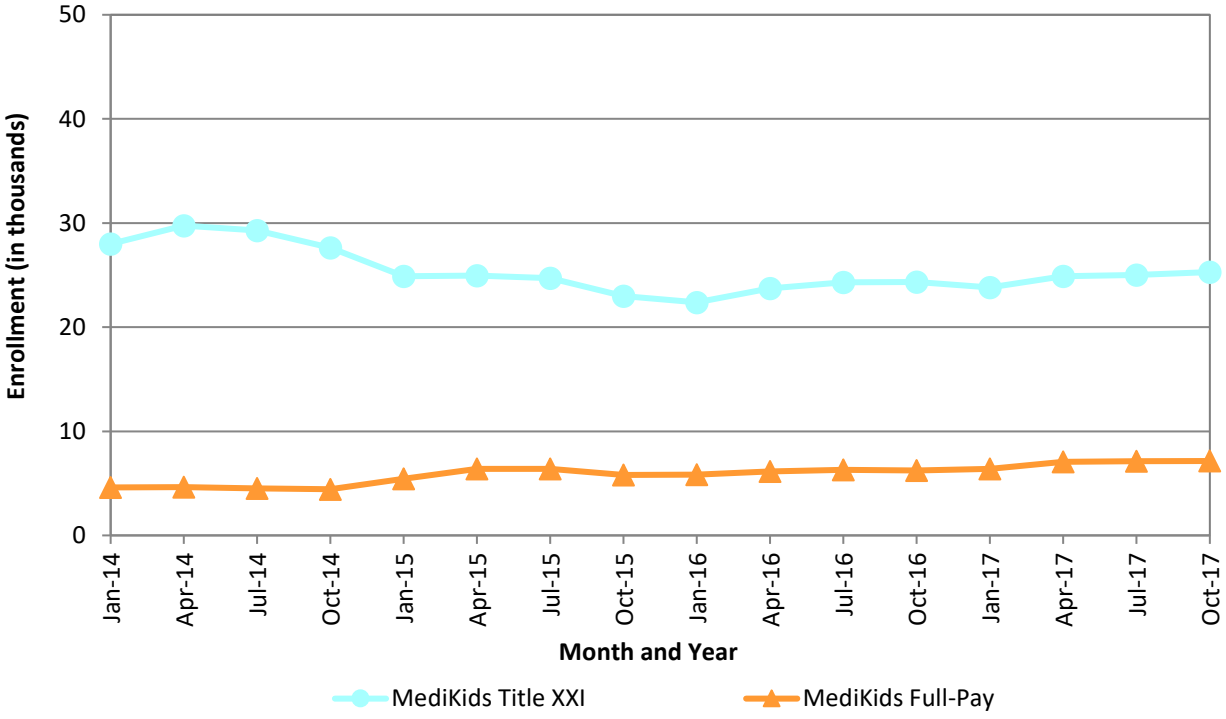
Note: Title XXI refers to the CHIP program.

Figure 11. CHIP CMS Plan Program Enrollment, CY 2014-2017



Note: Title XXI refers to the CHIP program.

Figure 12. MediKids Program Enrollment, CY 2014-2017



Note: Title XXI refers to the CHIP program.

Ever Enrolled and Newly Enrolled

Table 12 provides a second perspective on the number of children enrolled in Florida KidCare during CY 2017. Note that these figures represent enrollees as they enter each program. Thus, a child who ages from the MediKids program to the Florida Healthy Kids program would be represented three times in this table: once as an MediKids "ever" enrollee, once as a Florida Healthy Kids "new" enrollee, and once as a Florida Healthy Kids "ever" enrollee.

- Florida KidCare's CHIP program components served a total of 297,502 children, some of whom were in the program for one or more short periods, and others who were in the program for the entire year.
- Of the 297,502 children served by Florida KidCare CHIP programs at some point during CY 2017, 106,811 (35.9%) had not been covered by CHIP programs in the year prior to their enrollment in CY 2017; the newly enrolled children are counted separately in the table as well as included in the count of "ever enrolled" children.
- MediKids had the highest percent of new enrollees, at 47%. CHIP CMS Plan also had a large number of new enrollees in CY 2017, at nearly 45%.

This evaluation also examined enrollments for Medicaid during CY 2017:

- Medicaid served a total of 2,738,655 children. Of those children served by Medicaid in CY 2017, 387,987 had not been served by Medicaid in the year prior to their enrollment in CY 2017. This amounts to 14% of the CY 2017 Medicaid recipients considered as new enrollees.

Table 12. Children "Ever" and "Newly" Enrolled in Florida KidCare Program Components, CY 2017

CY 2017			
	Ever Enrolled[a]	Newly Enrolled[b]	Percent New Enrollees
Medicaid	2,738,655	387,987	14.2%
MediKids	44,473	20,986	47.2%
Healthy Kids	236,675	78,537	33.2%
CHIP CMS Plan	16,354	7,288	44.6%
Total CHIP	297,502	106,811	35.9%

[a]Ever enrolled includes all children enrolled in a program during the specific time period, which includes new and established enrollees. Thus, children in the Newly Enrolled column are also counted in the "Ever Enrolled" column.

[b]New enrollees are children who became covered during the specific time period, but had not previously been enrolled in that program any time during the previous 12 months.

Renewal of CHIP Coverage

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

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

The rate of renewal of Florida KidCare CHIP coverage was calculated for each month from January 2017 through December 2017. During this time period, nearly 96% of eligible children had their Florida KidCare CHIP coverage successfully renewed (**Table 13**).

Table 13. Successful Renewal of CHIP Florida KidCare Coverage, CY 2017

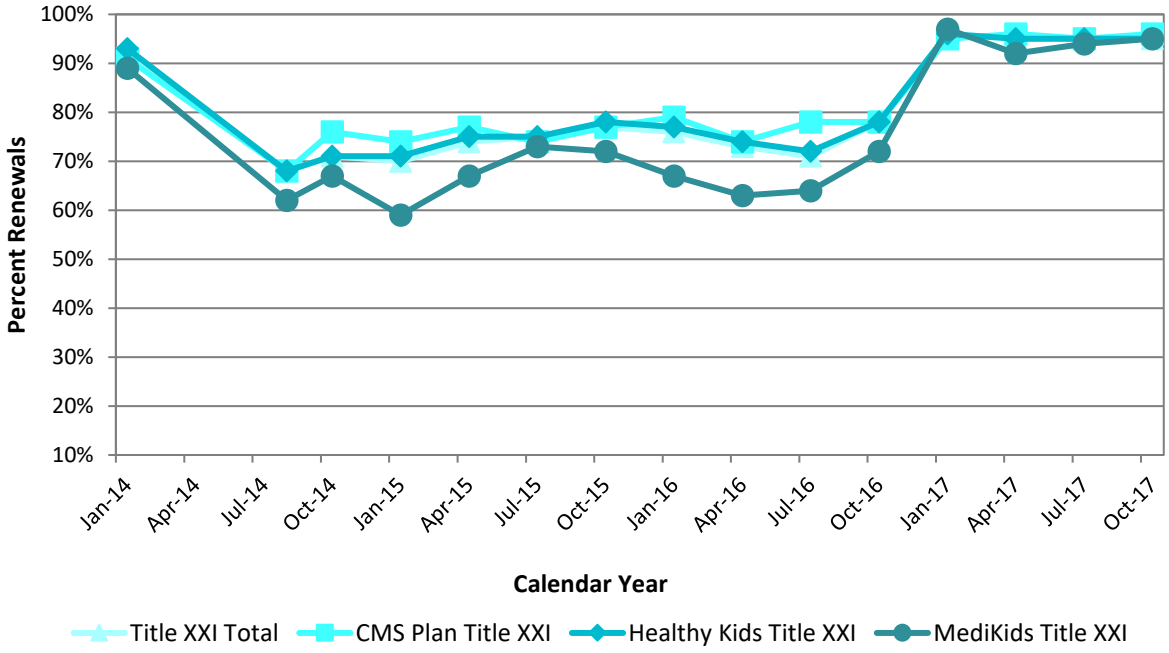
Month renewal was due	# of children eligible for renewal	# of children whose renewals were processed successfully	% of eligible children whose coverage was successfully renewed
Total	127,906	122,157	95.51%
January 2017	14,315	13,799	96.40%
February 2017	12,849	12,429	96.73%
March 2017	12,206	11,744	96.21%
April 2017	12,130	11,511	94.90%
May 2017	8,475	7,990	94.28%
June 2017	7,678	7,319	95.32%
July 2017	7,401	7,050	95.26%
August 2017	7,457	7,111	95.36%
September 2017	10,346	9,904	95.73%
October 2017	11,273	10,748	95.34%
November 2017	11,892	11,349	95.43%
December 2017	11,884	11,203	94.27%

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

Renewal rates by program component over the past four calendar years are shown in **Figure 13** for CY 2017. CHIP renewals were not conducted from January 2014 through June 2014 due to a waiver of approval from the Centers for Medicare and Medicaid Services, resulting in missing data points in Figure 13. However, renewal data was available for January and February 2014. January successful renewal totals are displayed. Quarterly data totals resume with August 2014 data. Note that renewals are considered successful if a member was enrolled in the renewal month and the month following the renewal month, as the member's renewal date was used as the end date for determining program.

- For CY 2017, coverage was renewed at all-time highs for CHIP programs, with 95.6% of eligible CHIP CMS Plan enrollees, 95.5% of Florida Healthy Kids enrollees, and 95.0% of MediKids enrollees renewing their coverage.

Figure 13. Successful Renewals of CHIP Florida KidCare Coverage by Program Component, CY 2017



Note: Title XXI refers to the CHIP program.

The rate of successful CHIP coverage renewal was also calculated by child demographic (age, gender) and family socio-economic (geographic area, income as a percent of the Federal Poverty Level) characteristics and is presented in **Table 14**. Roughly 96% of the 127,906 children eligible to renew their CHIP coverage did so in CY 2017. As with the previous figure, a member's renewal date was used as the end date for determining age and program. A status of "Renewed" includes members enrolled in the renewal month and the following month.

Table 14. CHIP Renewal Status for Eligible Children by Program, CY 2017

Program/Characteristic	Children eligible for renewal	Renewal Status			
		Not renewed (N)	Renewed (N)	Not renewed (Row %)	Renewed (Row %)
All Children, Florida KidCare CHIP Program					
Total	127,906	5,749	122,157	4.5	95.5
Gender					
Male	65,868	2,980	62,888	4.5	95.5
Female	62,038	2,769	59,269	4.5	95.5
Age					
1-4	11,733	583	11,150	5.0	95.0
5-9	36,843	1,609	35,234	4.4	95.6
10-14	45,036	1,719	43,317	3.8	96.2
15-18	34,294	1,838	32,456	5.4	94.6
Rural/Urban Commuting Area					
Urban/Large Towns	119,378	5,385	113,993	4.5	95.5
Rural/Small Towns	6,259	271	5,988	4.3	95.7
Unknown	2,269	93	2,176	4.1	95.9
Federal Poverty Level					
150% or less	32,521	2,294	30,227	7.1	92.9
151% or greater	95,360	3,453	91,907	3.6	96.4
Unknown	25	2	23	8.0	92.0
MediKids					
Total	11,323	561	10,762	5.0	95.0
Gender					
Male	5,907	283	5,624	4.8	95.2
Female	5,416	278	5,138	5.1	94.9
Age					
1-4	11,319	561	10,758	5.0	95.0
5-9	3	-	3	-	100.0
10-14	1	-	1	-	100.0
15-18	-	-	-	-	-
Rural/Urban Commuting Area					
Urban/Large Towns	10,535	515	10,020	4.9	95.1
Rural/Small Towns	586	35	551	6.0	94.0
Unknown	202	11	191	5.4	94.6
Federal Poverty Level					
150% or less	3,106	221	2,885	7.1	92.9
151% or greater	8,213	340	7,873	4.1	95.9
Unknown	4	-	4	-	100.0

Table 14. CHIP Renewal Status for Eligible Children by Program, CY 2017 (continued)

Program/Characteristic	Children eligible for renewal	Renewal Status			
		Not renewed (N)	Renewed (N)	Not renewed (Row %)	Renewed (Row %)
Florida Healthy Kids					
Total	109,211	4,862	104,349	4.5	95.5
Gender					
Male	55,282	2,483	52,799	4.5	95.5
Female	53,929	2,379	51,550	4.4	95.6
Age					
1-4	5	-	5	-	100.0
5-9	34,854	1,530	33,324	4.4	95.6
10-14	42,236	1,618	40,618	3.8	96.2
15-18	32,116	1,714	30,402	5.3	94.7
Rural/Urban Commuting Area					
Urban/Large Towns	101,992	4,564	97,428	4.5	95.5
Rural/Small Towns	5,258	224	5,034	4.3	95.7
Unknown	1,961	74	1,887	3.8	96.2
Federal Poverty Level					
150% or less	27,604	1,935	25,669	7.0	93.0
151% or greater	81,588	2,925	78,663	3.6	96.4
Unknown	19	2	17	10.5	89.5
CHIP CMS Plan					
Total	7,372	326	7,046	4.4	95.6
Gender					
Male	4,679	214	4,465	4.6	95.4
Female	2,693	112	2,581	4.2	95.8
Age					
1-4	409	22	387	5.4	94.6
5-9	1,986	79	1,907	4.0	96.0
10-14	2,799	101	2,698	3.6	96.4
15-18	2,178	124	2,054	5.7	94.3
Rural/Urban Commuting Area					
Urban/Large Towns	6,851	306	6,545	4.5	95.5
Rural/Small Towns	415	12	403	2.9	97.1
Unknown	106	8	98	7.5	92.5
Federal Poverty Level					
150% or less	1,811	138	1,673	7.6	92.4
151% or greater	5,559	188	5,371	3.4	96.6
Unknown	2	-	2	-	100.0

Section 2:
Family Experiences

In This Section

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

Background

The Consumer Assessment of Healthcare Providers and Systems® (CAHPS, formerly known as the Consumer Assessment of Health Plans Survey) is recommended by the National Committee for Quality Assurance (NCQA) for measuring experiences of health plan enrollees. CAHPS, launched by the Agency for Healthcare Research and Quality (AHRQ) in 1995, supports and promotes assessment of health care consumer experiences. This is achieved through use of a standardized questionnaire that allows for direct comparison against other health plans (AHRQ, 2018a). Through the CAHPS questionnaire, plan members answer questions about topics important to health care consumers, such as ease of access, communication with health care providers, and health plan customer service. CAHPS surveys ask about the care received in the six months preceding the interview, and vary by type of health plan (commercial or Medicaid), location (e.g., a nursing home or outpatient surgery), or health topic of interest (such as dental care) (AHRQ, 2017b). Supplemental question sets exist for additional topics.

Evaluation Approach

This section presents results from surveys conducted in 2018 with caregivers of established Florida KidCare enrollees. A total of 8,747 telephone and mail surveys were conducted with Florida KidCare families. A breakdown by Florida KidCare program is provided in **Figure 14**. Surveys were conducted by the Institute for Child Health Policy (ICHP) through an NCQA–certified CAHPS survey vendor for Florida Healthy Kids (excluding full-pay members), MediKids, Children's Health Insurance Program (CHIP) Children's Medical Services Managed Care Plan (CMS Plan), and Medicaid Fee-For-Service (FFS). Medicaid Managed Medical Assistance (MMA) plan data were collected by NCQA-certified CAHPS survey vendors contracted by individual MMA plans. Each plan submitted their final survey results to the Agency for Health Care Administration (AHCA), who then supplied ICHP with the data. Methodology for all Florida KidCare surveys included a combination of telephonic and mail methods.

Note that for the 2018 CAHPS survey, the MediKids population included both full-pay members and those receiving subsidized coverage, and comparisons to other Florida KidCare program data should be made with caution.

Eligibility requirements:

- Enrollee was 17 years of age or younger as of December 31st of the reporting year
- Current enrollment at the time the sample is drawn
- Continuous enrollment for at least the last six months
- No more than one gap in enrollment of up to 45 days during the measurement year
- Prescreen Status Code, where the member has claims or encounters during the measurement year or the year prior to the measurement year, indicates the child is likely to have a chronic condition.

Survey procedure and timeline:

- Wave 1: Initial survey mailed to the parents of 3,490 randomly selected members in each Florida KidCare program.
- Wave 2: A thank you/reminder postcard is mailed 11 days after the initial questionnaire.
- Wave 3: A replacement survey is mailed to non-respondents 36 days after the initial questionnaire.
- Wave 4: A thank you/reminder postcard is mailed to non-respondents 10 days after replacement questionnaire.

- Wave 5: Telephone interviews are conducted with members who have not responded to either survey mailing. Telephone follow-up began approximately 21 days after the replacement survey is mailed.

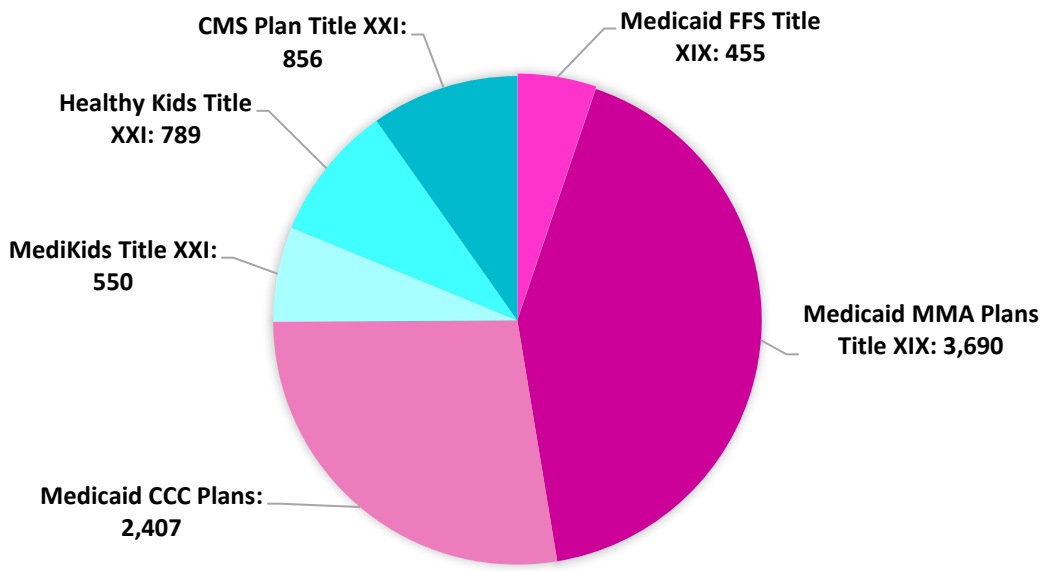
The CAHPS Child Medicaid Survey version 5.0H and the Supplemental Item Set for Children with Chronic Conditions (CCC) from the CAHPS Health Plan Supplemental Items for Child Surveys were used in this evaluation for Florida Healthy Kids, MediKids, CHIP CMS Plan, and Medicaid FFS, as well two MMA child specialty plans and one standard MMA plan. The three MMA plans that used the CCC item set (Medicaid CMS Plan, Sunshine-CW, and Sunshine) are collectively referred to in this section as the Medicaid CCC Plans. The CCC Supplemental Item Set adds additional questions to the CAHPS survey as well as reordering the questions. As a result, comparisons to other plans that completed the standard CAHPS survey may not necessarily be valid. Totals for the Medicaid CCC Plans are not included in the Medicaid or state rates. The standard Medicaid MMA plans used the CAHPS Child Medicaid Survey version 5.0H. Note that two plans, Clear Health and Positive, did not conduct child CAHPS surveys and are therefore not listed with the rest of the Medicaid MMA plans in this section.

The CAHPS survey measures patient experiences by presenting both global rating questions and composite measure results, which combine two or more related survey questions. Global ratings, composites, and supplemental questions are provided in this report. The scores are compared to CAHPS national averages (benchmarks) for Child Medicaid and CHIP from the most recent measurement year available, 2017 (AHRQ, 2018b). These benchmarks are from the AHRQ CAHPS Health Plan Survey Database, wherein national totals are derived from submissions from health plans and state agencies. Medicaid, CHIP, and overall Florida KidCare rates were weighted, as were the Medicaid MMA plan results, to account for disparities in program size.

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

Figure 14 displays the number of Family Experience surveys that were completed per Florida KidCare program component.

Figure 14. Number of Surveys Completed by Program, 2018 Survey



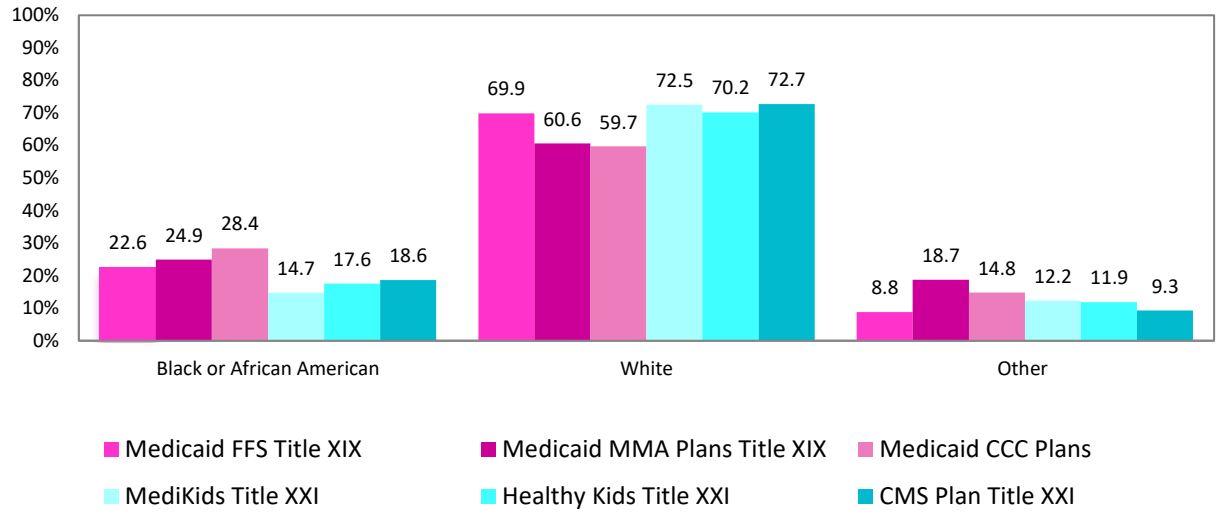
Note: Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Enrollee Characteristics

Figure 15, **Figure 16**, and **Figure 17** present the demographic characteristics of Florida KidCare enrollees as reported by caregivers who participated in the 2018 survey. Note that race and ethnicity are separate questions in the survey and respondents can select as many races as applicable for this question. Thus, results are presented separately and may total over 100% across programs. Potential responses for race included White, Black or African American, Asian, Native Hawaiian or Pacific Islander, American Indian or Alaskan Native, or Other. White, Black, and Other were the most popular responses, so those results are presented below. As with all CAHPS data, the Medicaid CCC Plans category was not factored in to the overall KidCare totals for race, ethnicity, and gender.

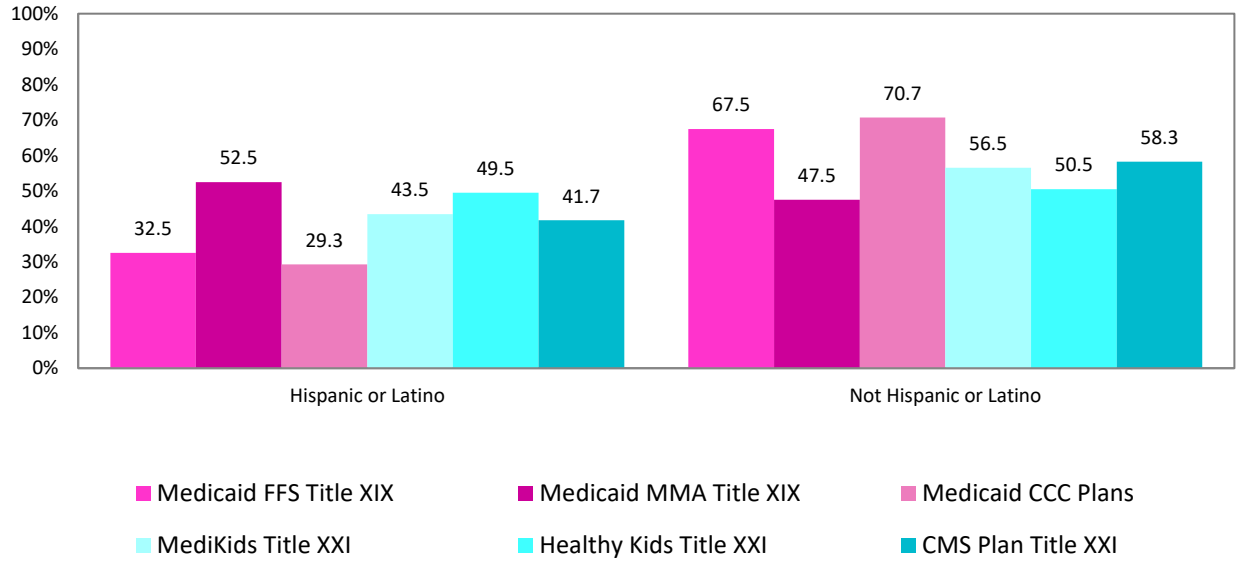
Most Florida KidCare families (65%) identified enrollee race as white. The majority of enrollees were identified as non-Hispanic or Latino (52%) and the majority of the enrollees in the survey, 54%, were male.

Figure 15. Race of Established Florida KidCare Enrollees, 2018 Survey



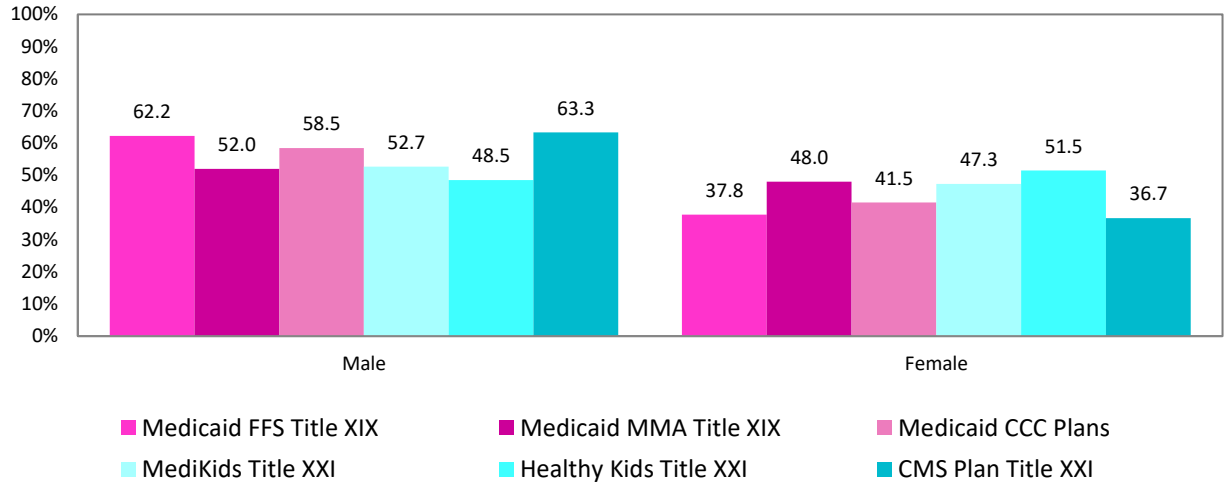
Note: Rows may not sum to 100% due to the survey instruction that respondents should select all races that apply. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 16. Ethnicity of Established Florida KidCare Enrollees, 2018 Survey



Note: Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 17. Gender for Established Florida KidCare Enrollees, 2018 Survey



Note: Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Family Experiences and Satisfaction with Florida KidCare

Overall, 90% of Florida KidCare families reported positive experiences with getting care quickly, consistent with national Medicaid (89%) and CHIP (90%) benchmarks. Most families reported positive experiences with their doctor's communication skills (94%) and 89% of families reported positive experiences with health plan customer service. The Florida KidCare total met or exceeded the national Medicaid and CHIP benchmarks for all four of the CAHPS global ratings questions. Approximately 78% of Florida KidCare families rated their personal doctor as a "9" or "10" and 72% rated the specialist seen most often as a "9" or a "10." When rating their overall experiences, 72% of the Florida KidCare families rated all their health care as a "9" or a "10," and 69% rated their health plan experiences a "9" or "10." Details for these items are found in subsequent graphs. The national benchmarks for CAHPS are a reflection of all Medicaid or CHIP plans that submit their data to the AHRQ. The benchmarks are presented in this report as a way to gauge performance of Florida KidCare programs and plans against the national average. For results by Florida KidCare program, both Medicaid and CHIP benchmarks are listed as available, and for Medicaid MMA plan results, only the Medicaid benchmark is offered to allow a more direct comparison.

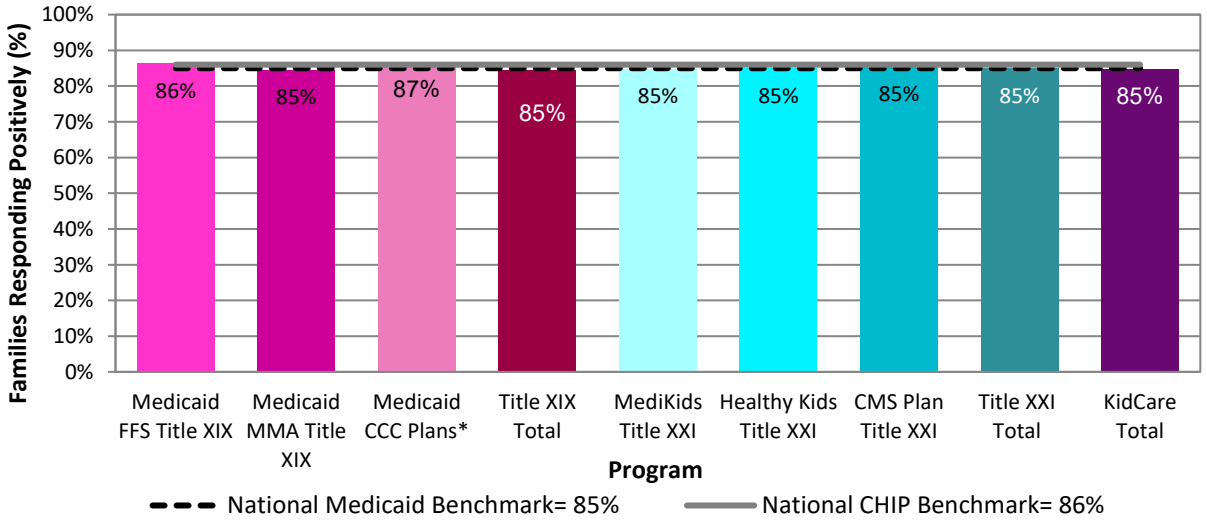
Composites

Composite questions combine two, three, or four questions into an overall theme such as "Getting Care Quickly." Each question within a composite contains the same response options, and comparisons can be made at the question level or at the composite level. For the purposes of this report, only composite-level results are offered. A full list of the questions that make up each composite is available in **Appendix C**: CAHPS® Survey Items. For most composite questions, responses were considered positive if the respondent answered either "usually" or "always." National benchmarks are calculated using the same responses. The exception to this is the "Shared Decision Making" composite, in which a positive response is noted by a "yes" answer, and for which benchmarks do not exist. Composite scores for 2018 are presented in this section, along with trending data by Florida KidCare program.

Getting Needed Care

The majority (85%) of Florida KidCare families reported positive experiences with "Getting Needed Care," which is consistent with the national Medicaid benchmark and just below the national CHIP total.

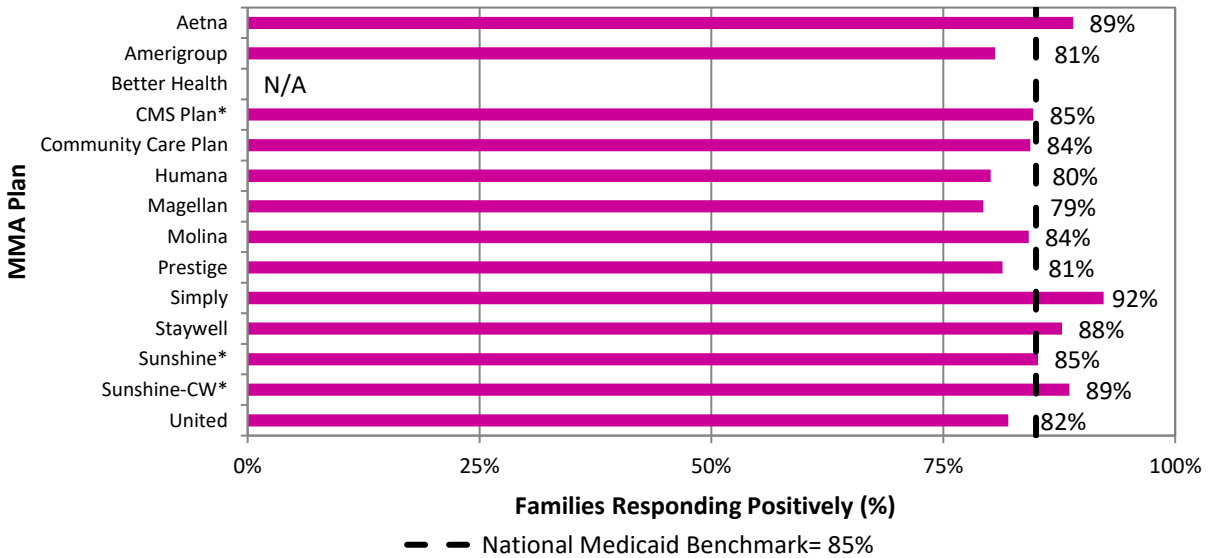
Figure 18. Florida KidCare Families Reporting Positive Experiences to the CAHPS Composite "Getting Needed Care" by Program, 2018 Survey



*Note: Scores for programs with average sample sizes of less than 100 across composite items are denoted by N/A. *Not reflected in Title XIX or Florida KidCare Total rates. Benchmark data is from 2017. Title XIX= Medicaid, Title XXI= CHIP.*

While some Medicaid MMA plans fell below their national benchmark, several plans (Aetna, Simply, Staywell, and Sunshine-CW) all exceeded the national Medicaid benchmark of 85%.

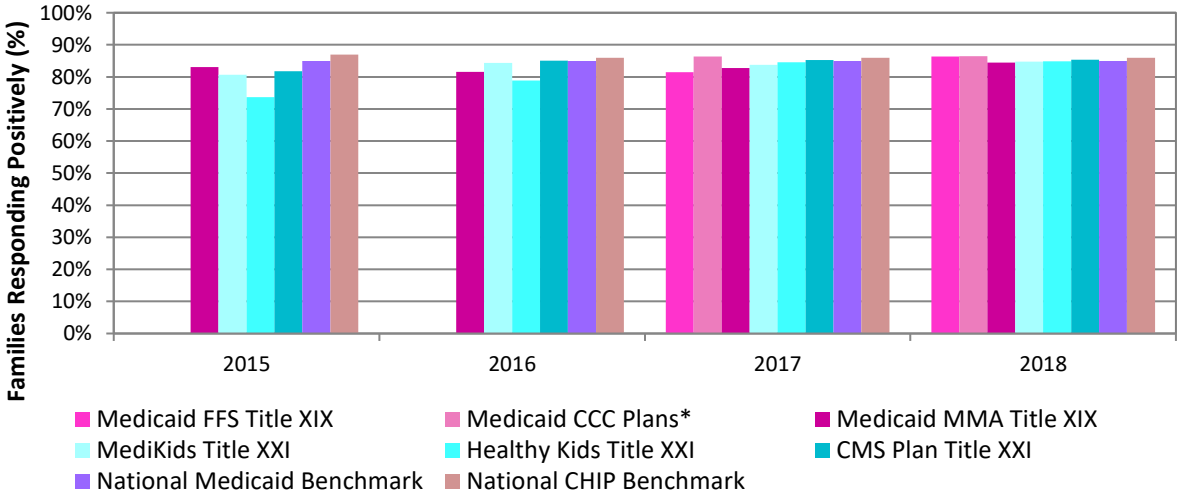
Figure 19. Florida KidCare Families Reporting Positive Experiences to the CAHPS Composite "Getting Needed Care" by MMA Plan, 2018 Survey



*Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A. *Included in the Medicaid CCC plans total only. Benchmark data is from 2017.*

From the previous year, the proportion of families reporting positive experiences to the CAHPS composite "Getting Needed Care" increased for all KidCare programs, with Medicaid FFS seeing the largest percentage point increase, up nearly five from the previous year.

Figure 20. Florida KidCare Families Reporting Positive Experiences to the CAHPS Composite "Getting Needed Care," Four-Year Trend

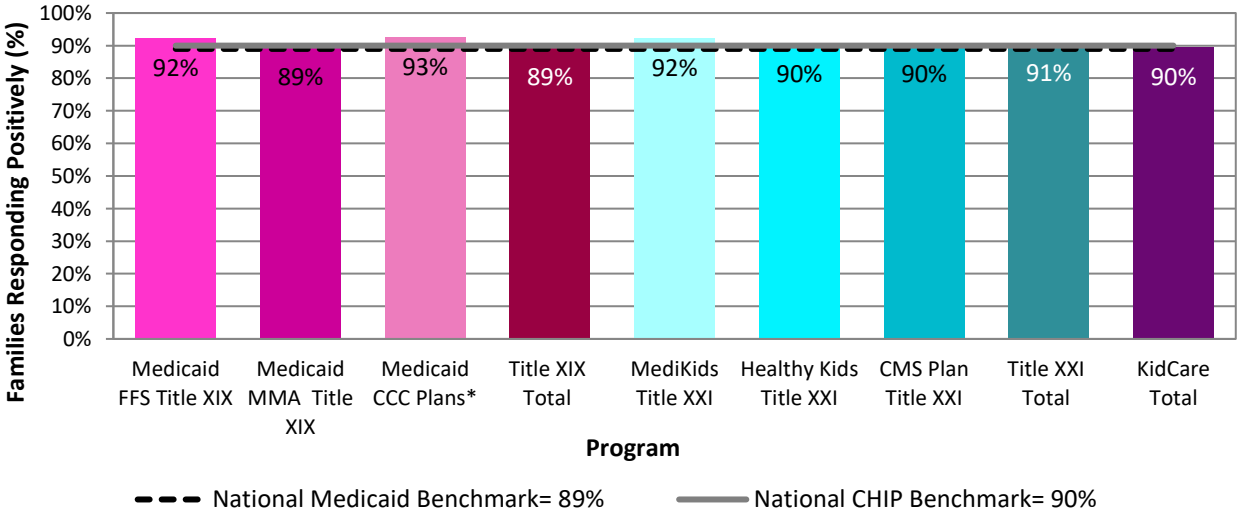


*2015 data does not include Medicaid FFS. *2017 and 2018 data do not include the Medicaid CCC plans. Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing. Title XIX= Medicaid, Title XXI= CHIP.*

Getting Care Quickly

The "Getting Care Quickly" composite was reported positively by 90% of Florida KidCare families, with all programs either meeting or exceeding the applicable national benchmarks.

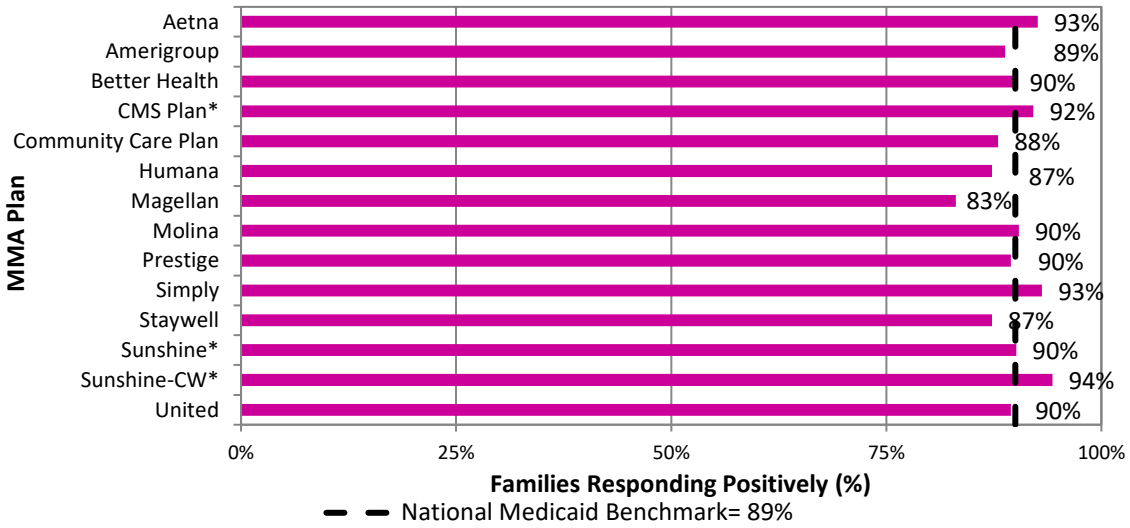
Figure 21. Florida KidCare Families Reporting Positive Experiences to the CAHPS Composite "Getting Care Quickly" by Program, 2018 Survey



*Note: Scores for programs with average sample sizes of less than 100 across composite items are denoted by N/A. *Not reflected in Title XIX or Florida KidCare Total rates. Benchmark data is from 2017. Title XIX= Medicaid, Title XXI= CHIP.*

Nine Medicaid MMA plans exceeded the national Medicaid total: Aetna (93%), Better Health (90%), CMS Plan (92%), Molina (90%), Prestige (90%), Simply (93%), Sunshine (90%), Sunshine-CW (94%), and United (90%).

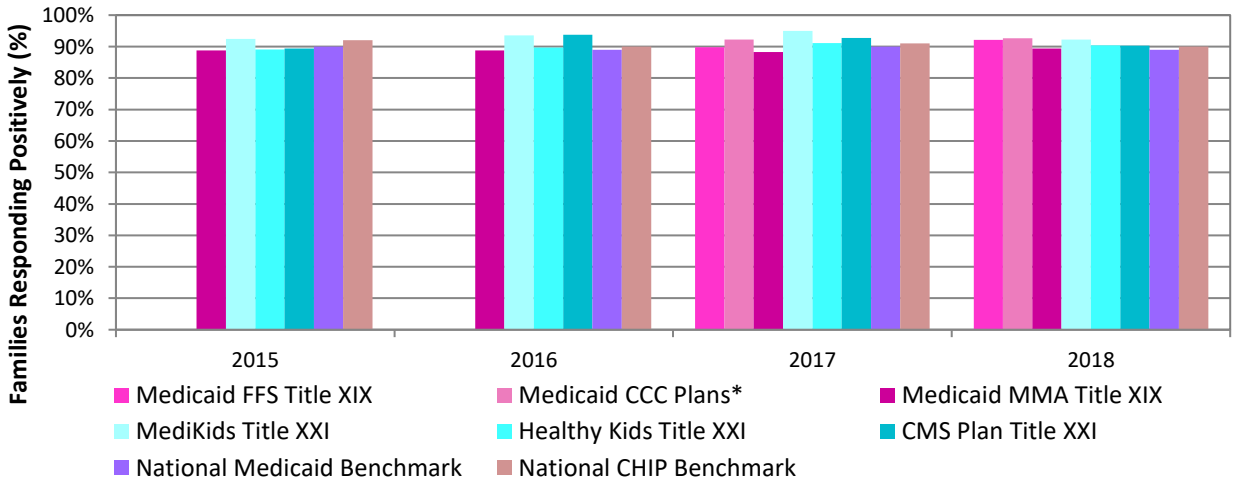
Figure 22. Florida KidCare Families Reporting Positive Experiences to the CAHPS Composite "Getting Care Quickly" by MMA Plan, 2018 Survey



*Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A. *Included in the Medicaid CCC plans total only. Benchmark data is from 2017.*

Compared to the previous year, the proportion of families reporting positive experiences to the CAHPS composite "Getting Care Quickly" increased slightly for all Medicaid programs, and decreased slightly for CHIP programs.

Figure 23. Florida KidCare Families Reporting Positive Experiences to the CAHPS Composite "Getting Care Quickly," Four-Year Trend

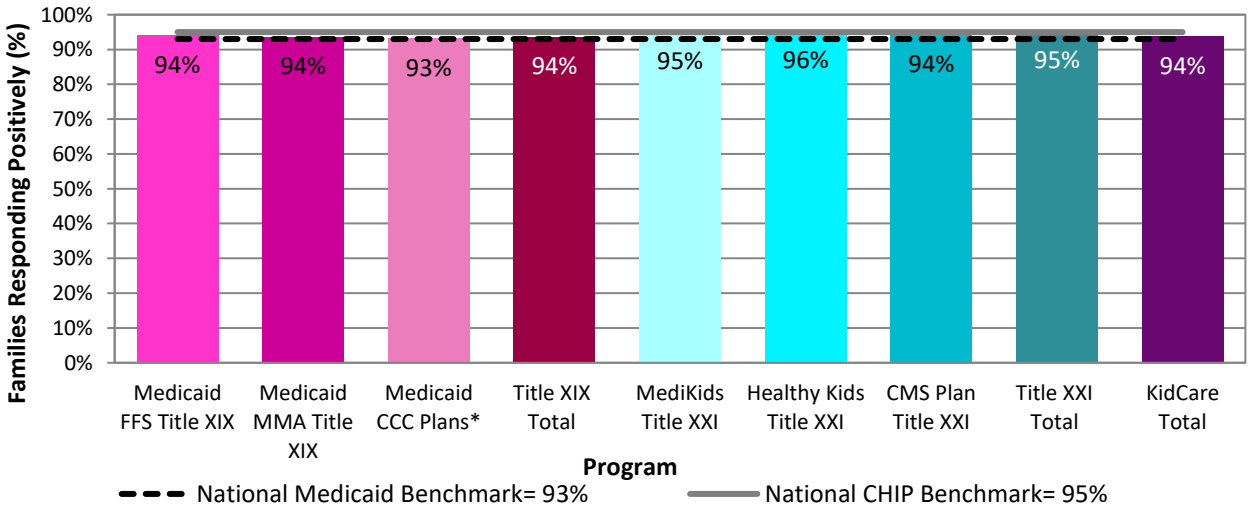


*2015 data does not include Medicaid FFS. *2017 and 2018 data do not include the Medicaid CCC plans. Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing. Title XIX= Medicaid, Title XXI= CHIP.*

Doctor's Communication Skills

Most KidCare programs either met or exceeded the applicable national benchmarks, demonstrating the interpersonal and communication skills in providers serving KidCare families.

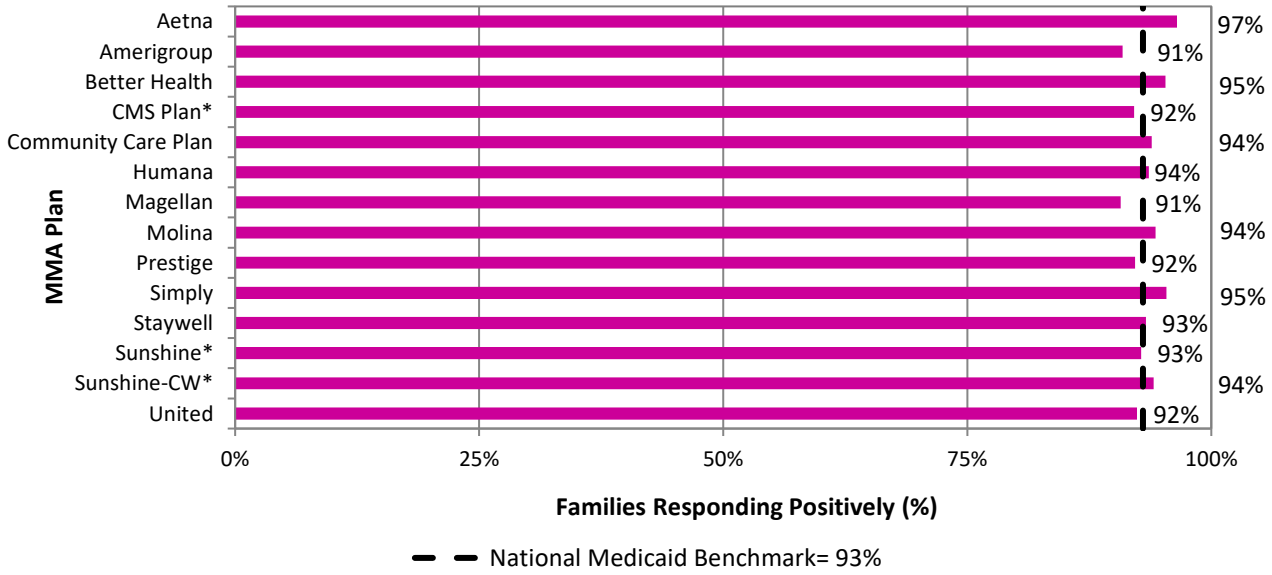
Figure 24. Florida KidCare Families Reporting Positive Experiences to the CAHPS Composite "Doctor's Communication Skills" by Program, 2018 Survey



*Note: Scores for programs with average sample sizes of less than 100 across composite items are denoted by N/A. *Not reflected in Title XIX or Florida KidCare Total rates. Benchmark data is from 2017. Title XIX= Medicaid, Title XXI= CHIP.*

Seven Medicaid MMA plans exceeded the national Medicaid mean, including Aetna (97%), Better Health (95%), Community Care Plan (94%), Humana (94%), Molina (94%), Simply (95%), and Sunshine-CW (94%).

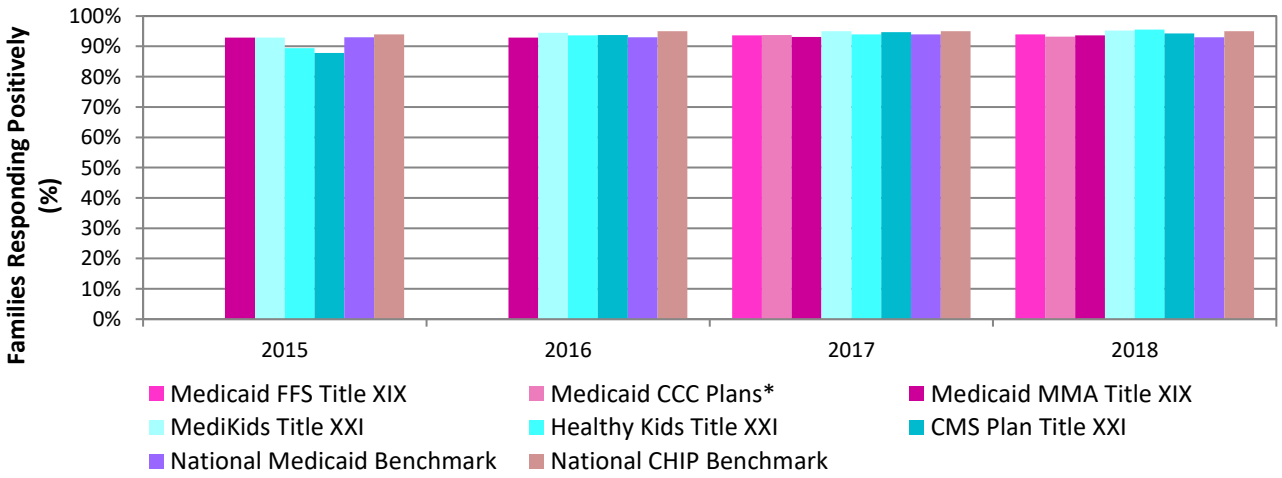
Figure 25. Florida KidCare Families Reporting Positive Experiences to the CAHPS Composite "Doctor's Communication Skills" by MMA Plan, 2018 Survey



*Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A. *Included in the Medicaid CCC plans total only. Benchmark data is from 2017.*

The proportion of KidCare families reporting positive experiences to the CAHPS composite "Doctor's Communication Skills" has experienced a slight increase each year, with minor decreases in 2018 for the Medicaid CCC plans and CHIP CMS Plan.

Figure 26. Florida KidCare Families Reporting Positive Experiences to the CAHPS Composite "Doctor's Communication Skills," Four-Year Trend

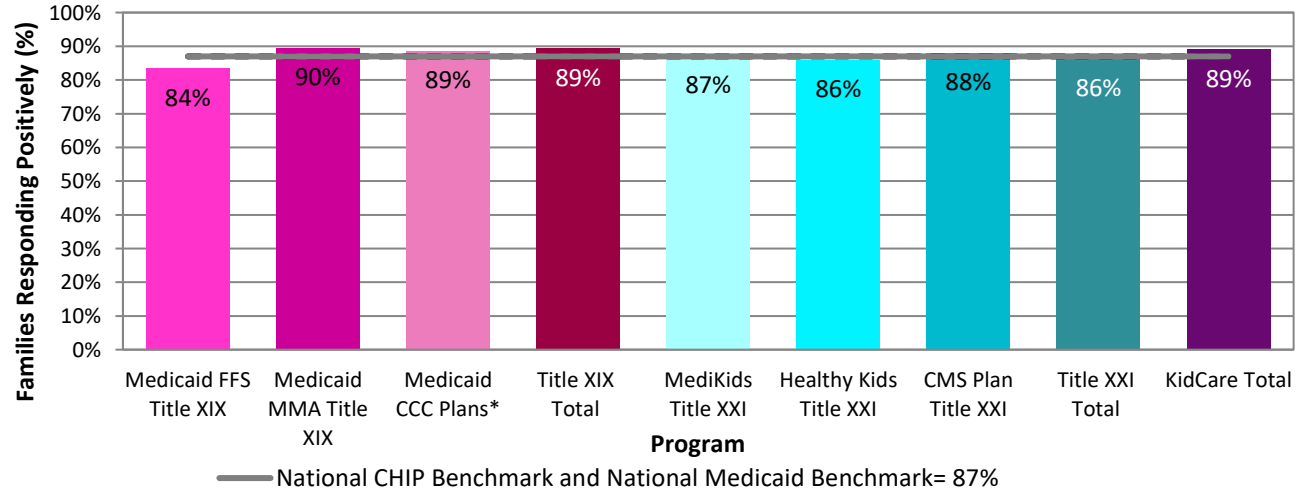


*2015 data does not include Medicaid FFS. *2017 and 2018 data do not include the Medicaid CCC plans. Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing. Title XIX= Medicaid, Title XXI= CHIP.*

Health Plan Customer Service

With the exceptions of Medicaid FFS and Florida Healthy Kids, all KidCare programs met or exceeded the national benchmark of 87%. Note that the most recent benchmarks for Medicaid and CHIP were the same, so they are combined in the figures below.

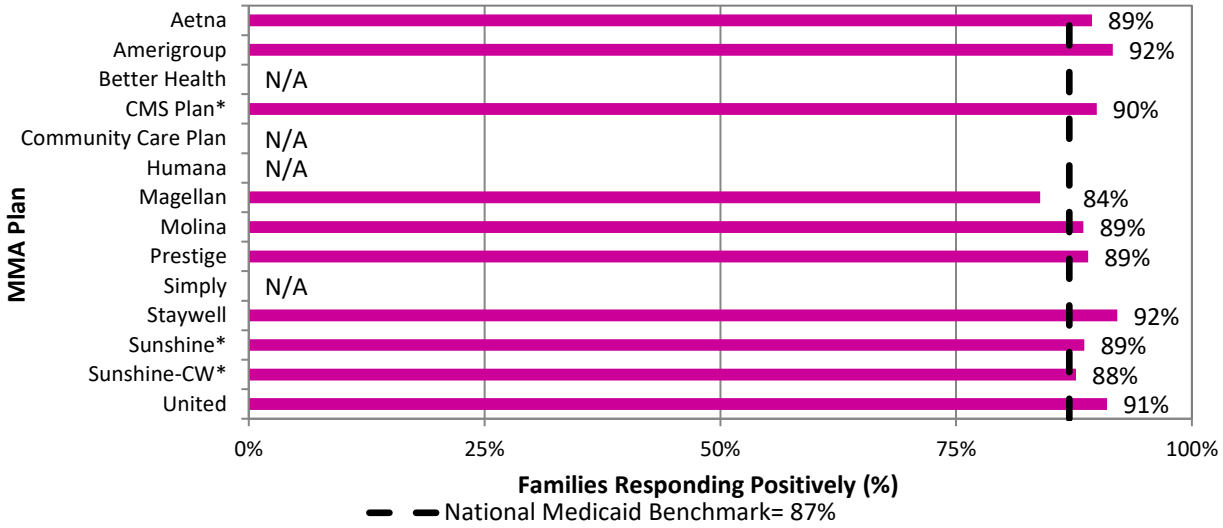
Figure 27. Florida KidCare Families Reporting Positive Experiences to the CAHPS Composite "Health Plan Customer Service" by Program, 2018 Survey



*Note: Scores for programs with average sample sizes of less than 100 across composite items are denoted by N/A. *Not reflected in Title XIX or Florida KidCare Total rates. Benchmark data is from 2017. Title XIX= Medicaid, Title XXI= CHIP.*

Most of the Medicaid MMA plans exceeded the national Medicaid benchmark of 87%, suggesting satisfaction with the majority of plans that serve KidCare families.

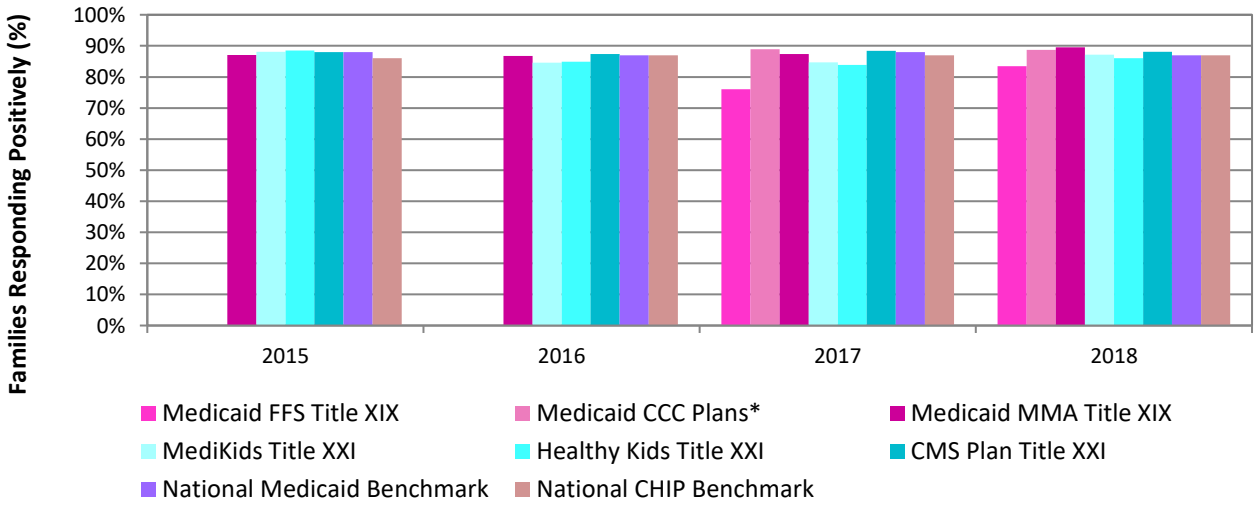
Figure 28. Florida KidCare Families Reporting Positive Experiences to the CAHPS Composite "Health Plan Customer Service" by MMA Plan, 2018 Survey



*Note: Scores for plans with average sample sizes of less than 100 across composite items are denoted by N/A. *Included in the Medicaid CCC plans total only. Benchmark data is from 2017.*

After decreases across the board in 2016, most rates for positive experiences with customer service have rebounded with steady increases over the past two years. In 2018, only the Medicaid CCC plans and CHIP CMS Plan decreased, and these changes were less than one percentage point each.

Figure 29. Florida KidCare Families Reporting Positive Experiences to the CAHPS Composite "Health Plan Customer Service," Four-Year Trend

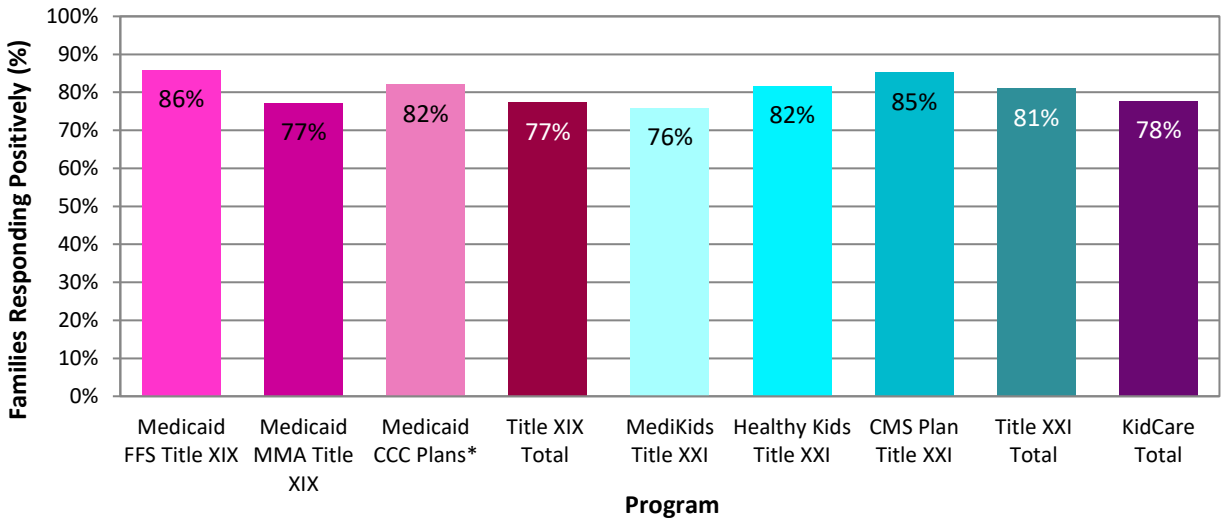


*2015 data does not include Medicaid FFS. *2017 and 2018 data do not include the Medicaid CCC plans. Note that methodology varied slightly from year to year, and benchmarks are for the previous measurement year. Use caution when comparing. Title XIX= Medicaid, Title XXI= CHIP.*

Shared Decision Making

For the "Shared Decision Making" composite, national benchmarks are not calculated (NCQA, 2017a). A positive experience in this composite is answering "yes" to the questions. Nearly 80% of Florida KidCare families had positive experiences with shared health care decision making.

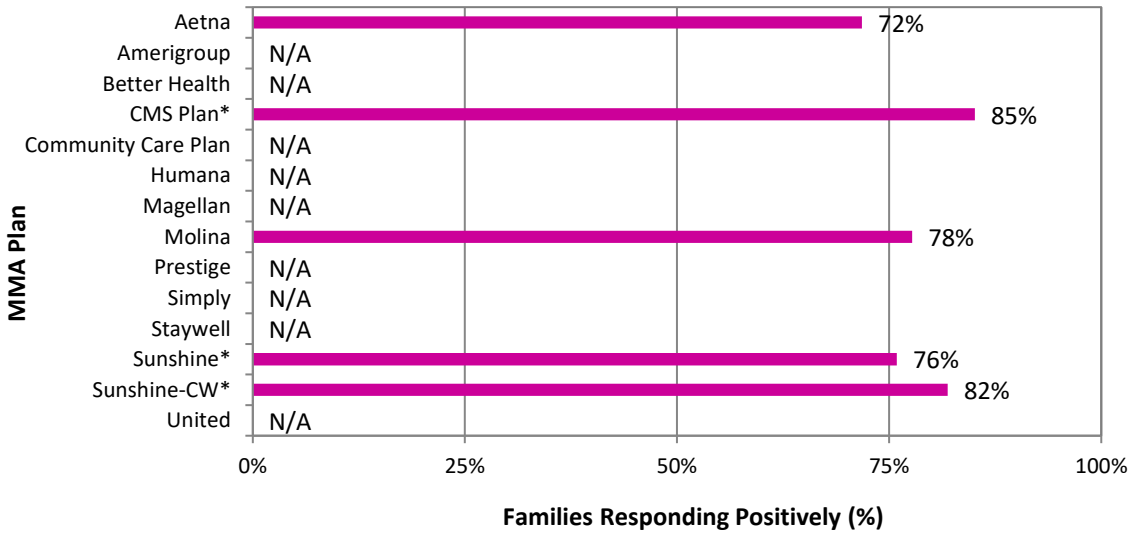
Figure 30. Florida KidCare Families Reporting Positive Experiences to the CAHPS Composite "Shared Decision Making" by Program, 2018 Survey



*Note: Scores for programs with average sample sizes of less than 100 across composite items are denoted by N/A. *Not reflected in Title XIX or Florida KidCare Total rates. Title XIX= Medicaid, Title XXI= CHIP.*

While most Medicaid MMA plans did not have enough responses to be included in the below figure, both Child Specialty plans (CMS Plan and Sunshine-CW), Molina, and Sunshine all had rates above 75%.

Figure 31. Florida KidCare Families Reporting Positive Experiences to the CAHPS Composite "Shared Decision Making" by MMA Plan, 2018 Survey



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

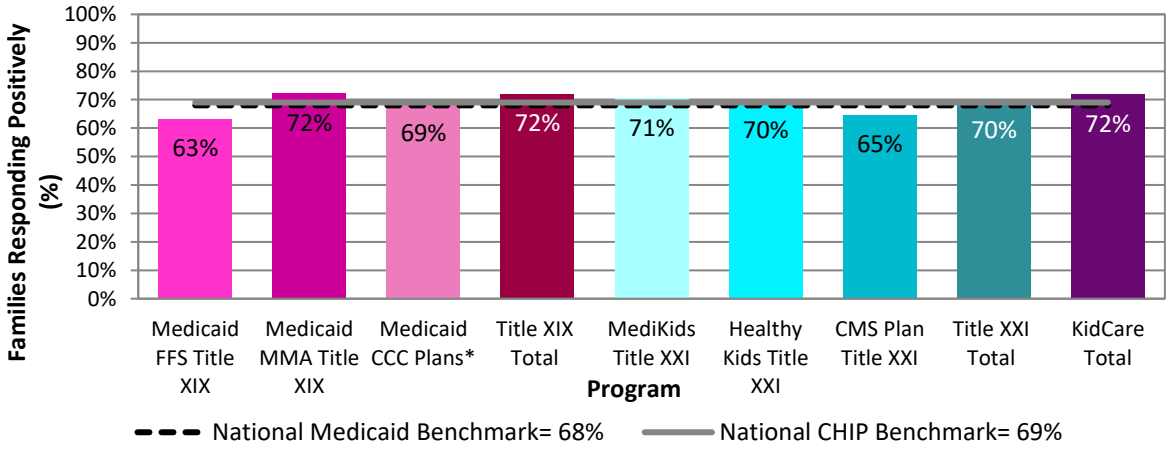
Global Ratings Questions

In addition to the CAHPS composite items, Florida KidCare families were also asked to provide specific ratings (0 [Worst] to 10 [Best]) regarding four topics: overall health care, personal doctors, specialists, and health plan. The figures presented in this section show the percent of families who rated each item as a "9" or a "10," with a small denominator threshold of 100 respondents. National benchmarks are calculated using the same responses. Overall, Florida KidCare fared well, either meeting or slightly exceeding national Medicaid and CHIP benchmarks for each of these items.

Overall Health Care

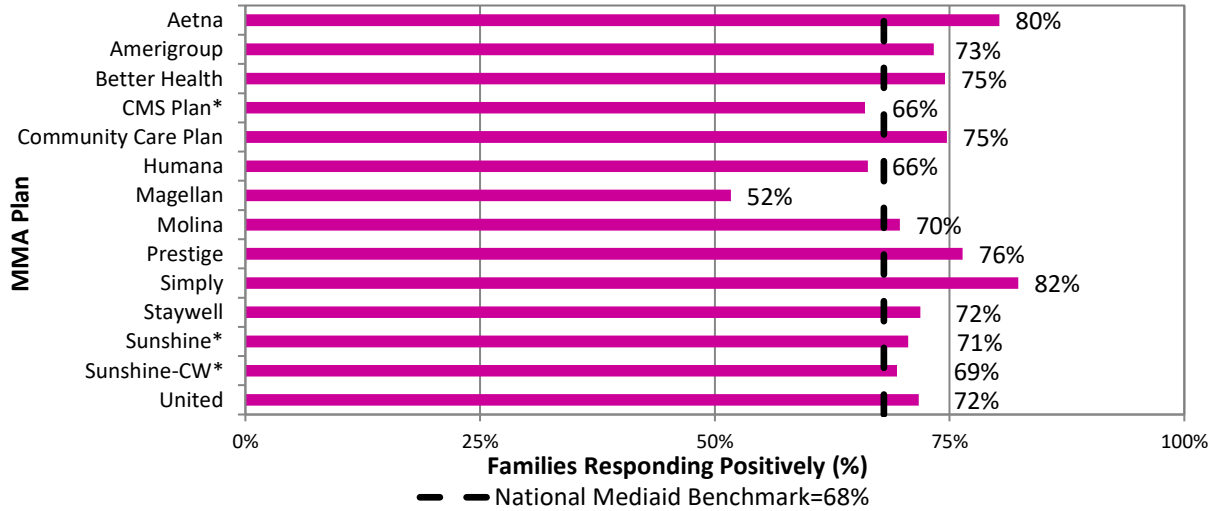
Overall health care was rated a "9" or a "10" by 72% of Florida KidCare families, exceeding the national Medicaid benchmark (68%) and the national CHIP benchmark (69%).

Figure 32. Florida KidCare Families Reporting a Rating of "9" or "10" for Overall Health Care, 2018 Survey



*Note: Programs with a sample size of less than 100 are denoted by N/A. *Not reflected in Title XIX or Florida KidCare Total rates. Benchmark data is from 2017. Title XIX= Medicaid, Title XXI= CHIP.*

Figure 33. Florida KidCare Families Reporting a Rating of "9" or "10" for Overall Health Care by MMA Plan, 2018 Survey

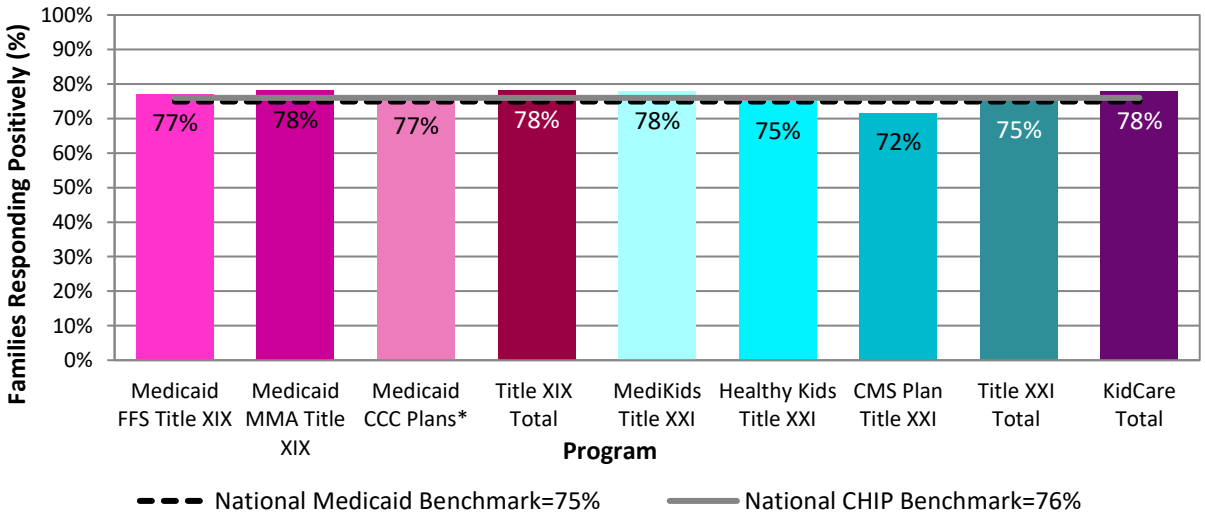


*Note: Plans with sample sizes of less than 100 are denoted by N/A. *Included in the Medicaid CCC plans total only. Benchmark data is from 2017.*

Personal Care Providers

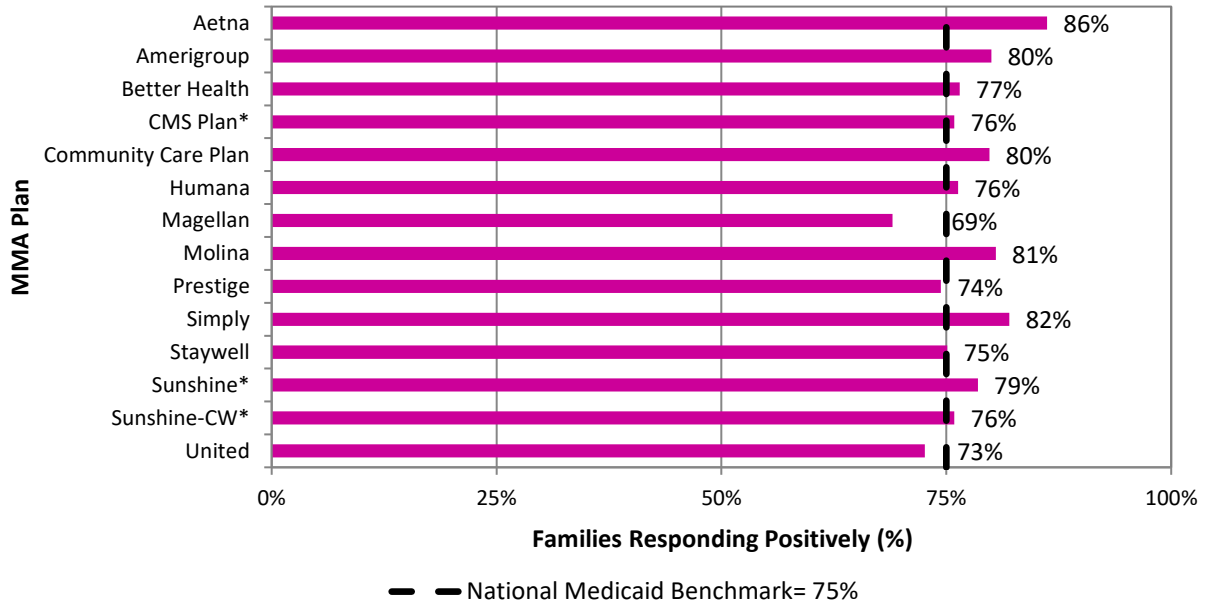
Personal doctors were rated a "9" or a "10" by 78% of Florida KidCare families, exceeding both the national Medicaid benchmark (75%) and the national CHIP benchmark (76%). Most of the Medicaid MMA plans met or exceeded the national Medicaid benchmark.

Figure 34. Florida KidCare Families Reporting a Rating of "9" or "10" for Personal Doctor, 2018 Survey



*Note: Programs with a sample size of less than 100 are denoted by N/A. *Not reflected in Title XIX or Florida KidCare Total rates. Benchmark data is from 2017. Title XIX= Medicaid, Title XXI= CHIP.*

Figure 35. Florida KidCare Families Reporting a Rating of "9" or "10" for Personal Doctor by MMA Plan, 2018 Survey

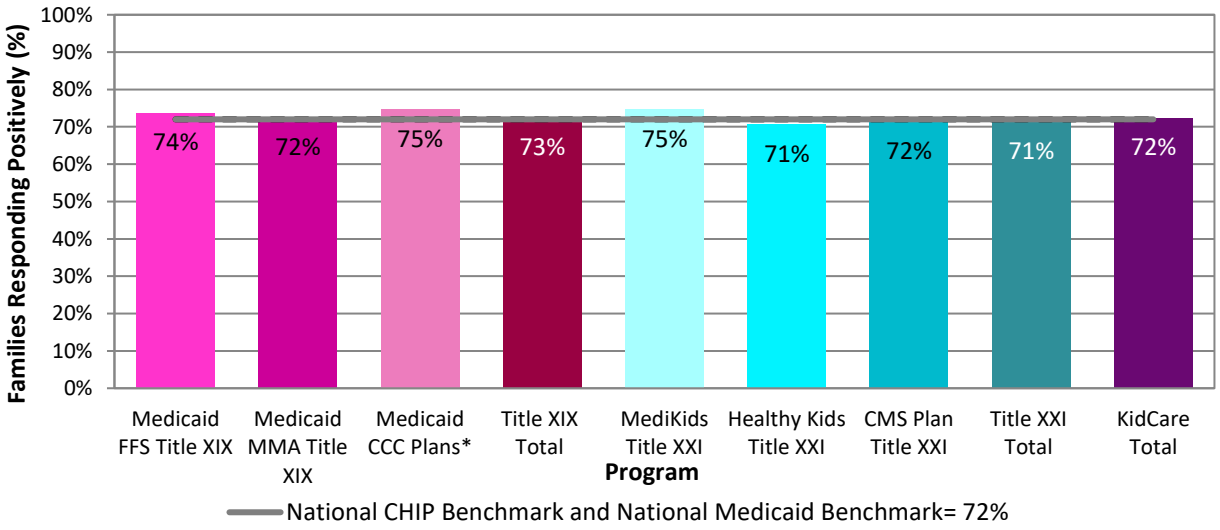


*Note: Plans with sample sizes of less than 100 are denoted by N/A. *Included in the Medicaid CCC plans total only. Benchmark data is from 2017.*

Specialty Care Providers

When asked to rate the specialist the child saw most often, 72% of Florida KidCare families rated their providers a "9" or a "10," meeting the national Medicaid and CHIP benchmarks. Note that the most recent benchmarks for Medicaid and CHIP were the same, so they are combined in the figure below.

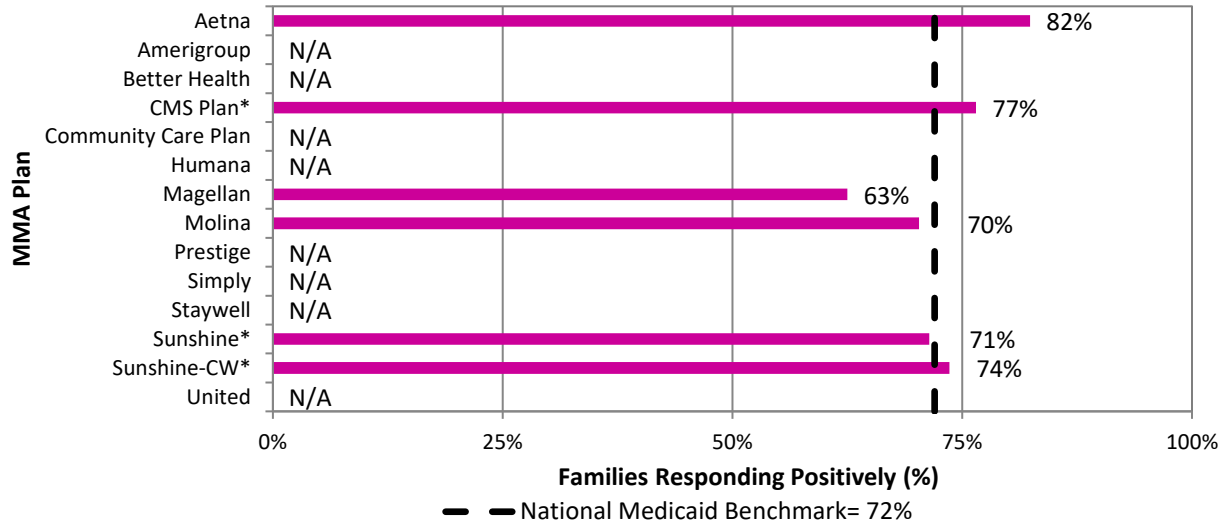
Figure 36. Florida KidCare Families Reporting a Rating of "9" or "10" for Specialist Seen Most Often, 2018 Survey



*Note: Programs with a sample size of less than 100 are denoted by N/A. *Not reflected in Title XIX or Florida KidCare Total rates. Benchmark data is from 2017. Title XIX= Medicaid, Title XXI= CHIP.*

While several Medicaid MMA plans had sample sizes of less than 100, Aetna performed especially well, surpassing the national Medicaid benchmark by 10 percentage points.

Figure 37. Florida KidCare Families Reporting a Rating of "9" or "10" for Specialist Seen Most Often by MMA Plan, 2018 Survey

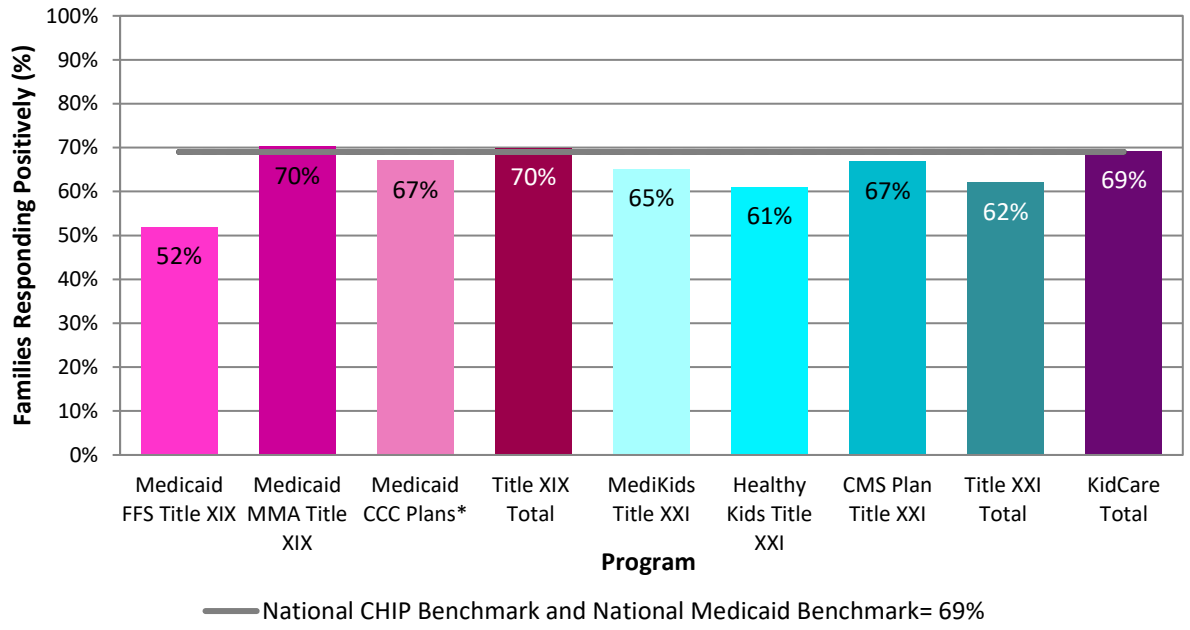


*Note: Plans with sample sizes of less than 100 are denoted by N/A. *Included in the Medicaid CCC plans total only. Benchmark data is from 2017.*

Health Plan

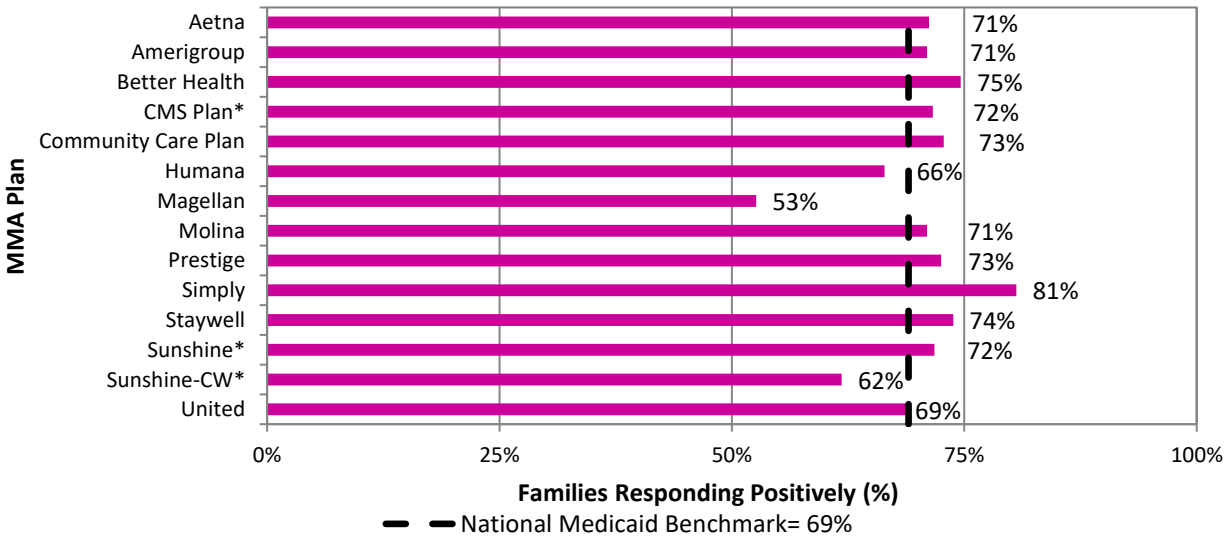
Health plans were rated a "9" or a "10" by 69% of Florida KidCare families, falling right at the national Medicaid and CHIP benchmark of 69%. Note that the most recent benchmarks for Medicaid and CHIP were the same, so they are combined in the figure below.

Figure 38. Florida KidCare Families Reporting a Rating of "9" or "10" for Health Plan, 2018 Survey



*Note: Programs with a sample size of less than 100 are denoted by N/A. *Not reflected in Title XIX or Florida KidCare Total rates. Benchmark data is from 2017. Title XIX= Medicaid, Title XXI= CHIP.*

Figure 39. Florida KidCare Families Reporting a Rating of "9" or "10" for Health Plan by MMA Plan, 2018 Survey



*Note: Plans with sample sizes of less than 100 are denoted by N/A. *Included in the Medicaid CCC plans total only. Benchmark data is from 2017.*

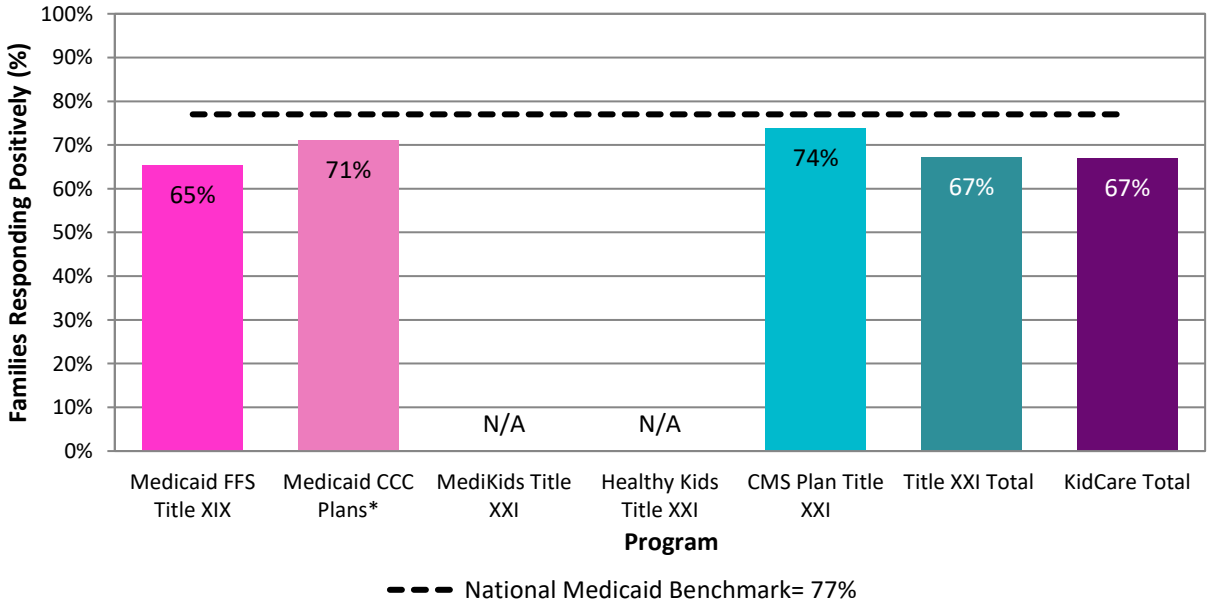
Supplemental Questions: Children with Chronic Conditions

The CAHPS Health Plan Survey, Child Version used to assess the experiences of Florida KidCare families was accompanied by the CCC supplemental questions. These additional survey items ask about access to services and interaction with the medical team (AHRQ, 2017a). In this section, three composite questions are reported, followed by two stand-alone questions. Together, these responses offer a picture of parents' experience with health care for children with chronic conditions.

For the first composite, **Figure 40**, responses were considered positive if the respondent answered either "usually" or "always." In the other two composites, **Figure 41** and **Figure 42**, responses were considered positive if the respondent answered "yes." The two stand-alone questions (**Figure 43** and **Figure 44**) were considered positive if the respondent answered "usually" or "always." National benchmarks are calculated using the same responses. The CCC questions are specific to this population, and allow for comparison of experiences of similar children in other health plans and/or the general population of children in the same plan. Since the results for the CCC item set only include respondents that met the chronic conditions criteria and the number of respondents was insufficient, CHIP national benchmarks are not presented (AHRQ, 2017c). Three Medicaid MMA plans, CMS Plan, Sunshine Health Plan, and Sunshine Child Welfare Plan, are the only MMA plans that used these supplemental questions. This specialized category of Medicaid plans, referred to as the Medicaid CCC plan category, was not factored into the overall KidCare rate.

Approximately 67% of Florida KidCare families reported positive experiences getting specialized services, falling short of the national Medicaid benchmark of 77% (**Figure 40**). Similarly, for the Medicaid MMA plans, 69% of respondents reported positive experiences for CMS Plan and 72% for Sunshine-CW, while the rate for Sunshine was not applicable.

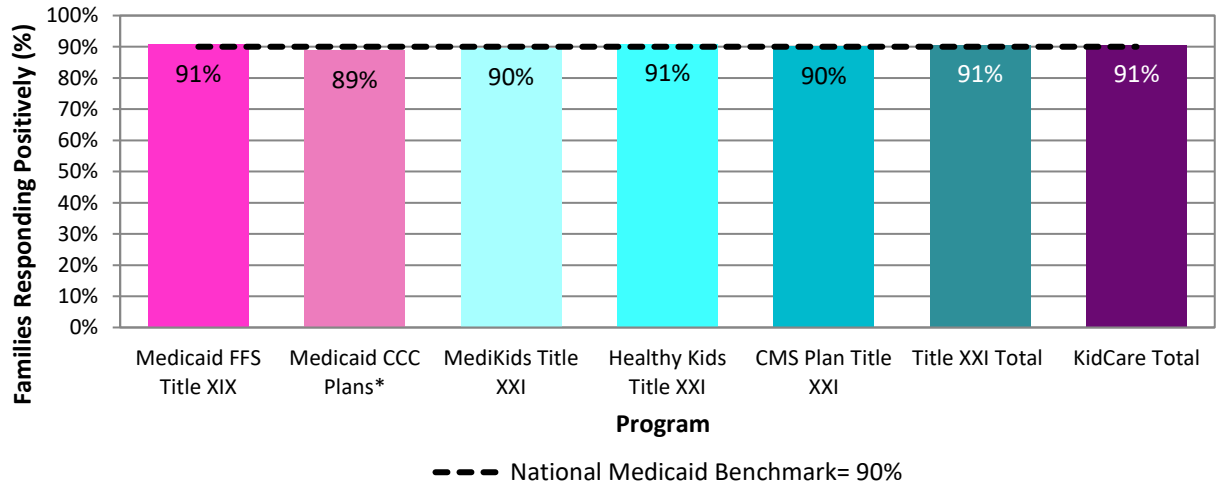
Figure 40. Florida KidCare Families Reporting Positive Experiences to the CAHPS Composite "Experience Getting Specialized Services" by Program, 2018 Survey



Note: Programs with average sample sizes of less than 100 across composite items are denoted by N/A. No Medicaid MMA or overall Title XIX rate is presented, as only the Medicaid CCC plans used this question set. The Medicaid CCC plans are not included in the Florida KidCare total. Benchmark data is from 2017. Title XIX= Medicaid, Title XXI= CHIP.

Florida KidCare families reporting positive experiences with their child's personal doctor (91%) met the national Medicaid benchmark of 90%. At the Medicaid MMA plan level, 89% of respondents reported positive experiences for CMS Plan, 93% for Sunshine, and 88% for Sunshine-CW.

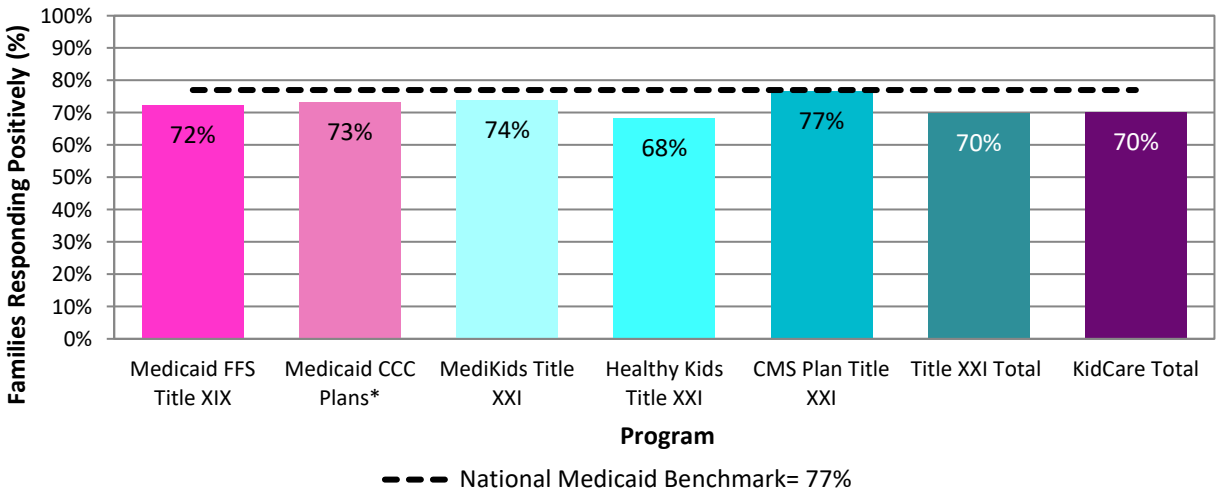
Figure 41. Florida KidCare Families Reporting Positive Experiences to the CAHPS Composite "Experience with Personal Doctor" by Program, 2018 Survey



Note: Programs with average sample sizes of less than 100 across composite items are denoted by N/A. No Medicaid MMA or overall Title XIX rate is presented, as only the Medicaid CCC plans used this question set. The Medicaid CCC plans are not included in the Florida KidCare total. Benchmark data is from 2017. Title XIX= Medicaid, Title XXI= CHIP.

Figure 42 demonstrates that 70% of Florida KidCare families had positive experiences with care coordination. Specific to Medicaid MMA plans, 75% of CMS Plan and 72% of Sunshine-CW respondents reported positive experiences, whereas Sunshine's results were not applicable.

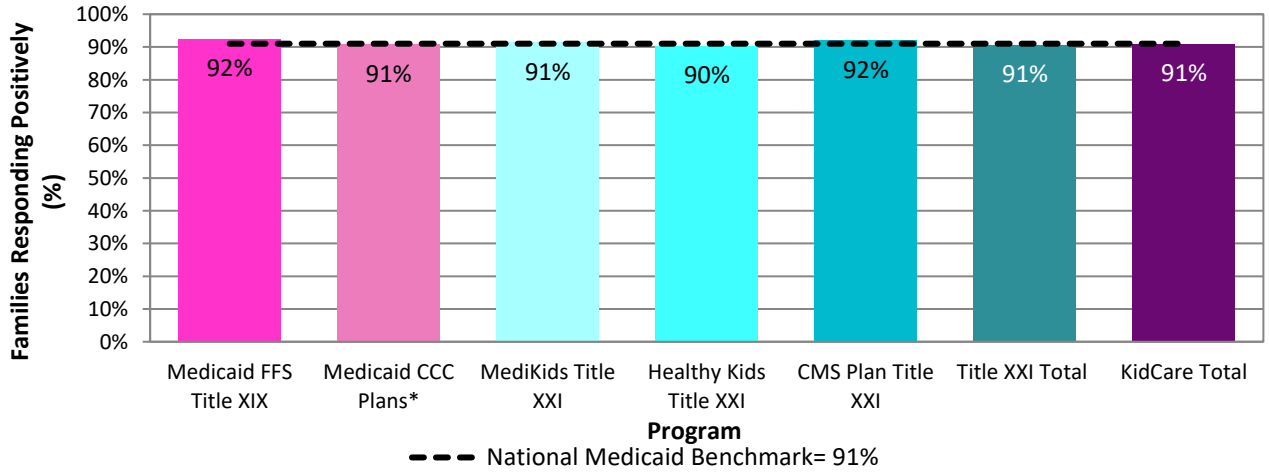
Figure 42. Florida KidCare Families Reporting Positive Experiences to the CAHPS Composite "Coordination of Care" by Program, 2018 Survey



Note: Programs with average sample sizes of less than 100 across composite items are denoted by N/A. No Medicaid MMA or overall Title XIX rate is presented, as only the Medicaid CCC plans used this question set. The Medicaid CCC plans are not included in the Florida KidCare total. Benchmark data is from 2017. Title XIX= Medicaid, Title XXI= CHIP.

Compared to national benchmarks, families enrolled in Florida KidCare were well informed (**Figure 43**): Parents in Florida KidCare reported rates of having their questions usually or always answered by the child's doctors or other health providers at or just above the national mean. At the Medicaid MMA plan level, 90% of CMS Plan families felt this way, as did 89% in Sunshine, and 92% in Sunshine-CW.

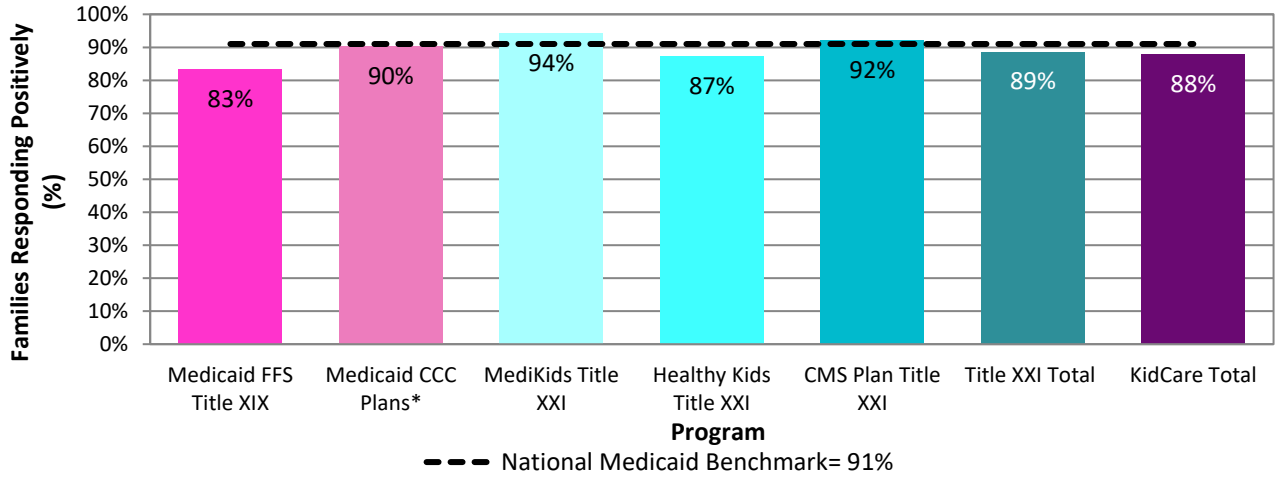
Figure 43. Florida KidCare Families Reporting Positive Experiences to the CAHPS Question "Family Centered Care: Getting Needed Information" by Program, 2018 Survey



Note: Programs with a sample size of less than 100 are denoted by N/A. No Medicaid MMA or overall Title XIX rate is presented, as only the Medicaid CCC plans used this question set. The Medicaid CCC plans are not included in the Florida KidCare total. Benchmark data is from 2017. Title XIX= Medicaid, Title XXI= CHIP.

While many Florida KidCare families found it always or usually easy to get prescription medications through the child's health plan, the overall rate of 88% fell short of the national Medicaid benchmark of 91%. MediKids, CHIP CMS Plan, and the Sunshine-CW plan all exceeded the national average.

Figure 44. Florida KidCare Families Reporting Positive Experiences to the CAHPS Question "Access to Prescription Medications" by Program, 2018 Survey

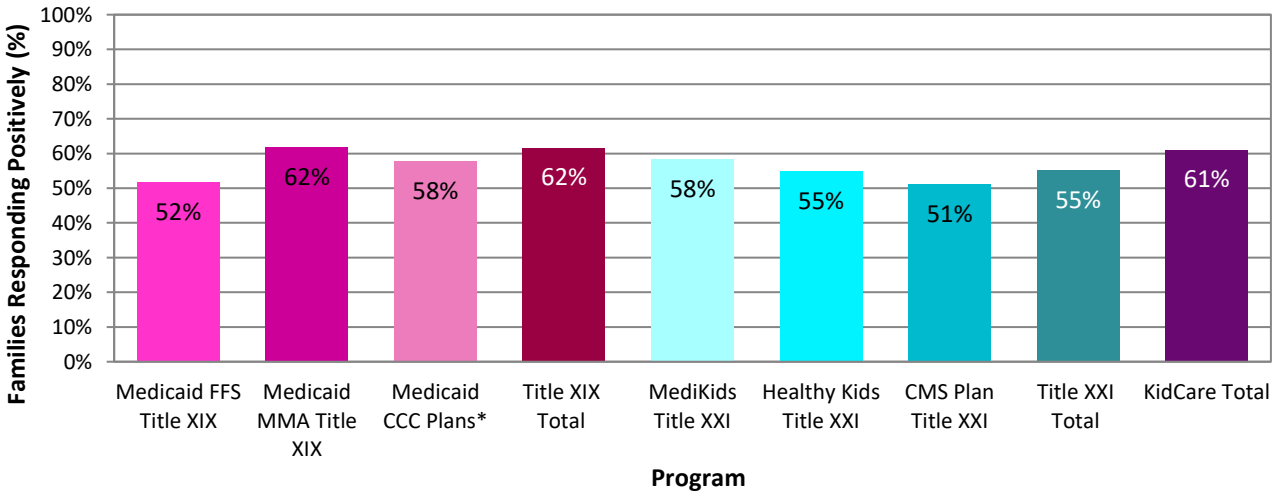


Programs with a sample size of less than 100 are denoted by N/A. No Medicaid MMA or overall Title XIX rate is presented, as only the Medicaid CCC plans used this question set. The Medicaid CCC plans are not included in the Florida KidCare total. Benchmark data is from 2017. Title XIX= Medicaid, Title XXI= CHIP.

Supplemental Questions: Treatment, Counseling, and Choice of Physician

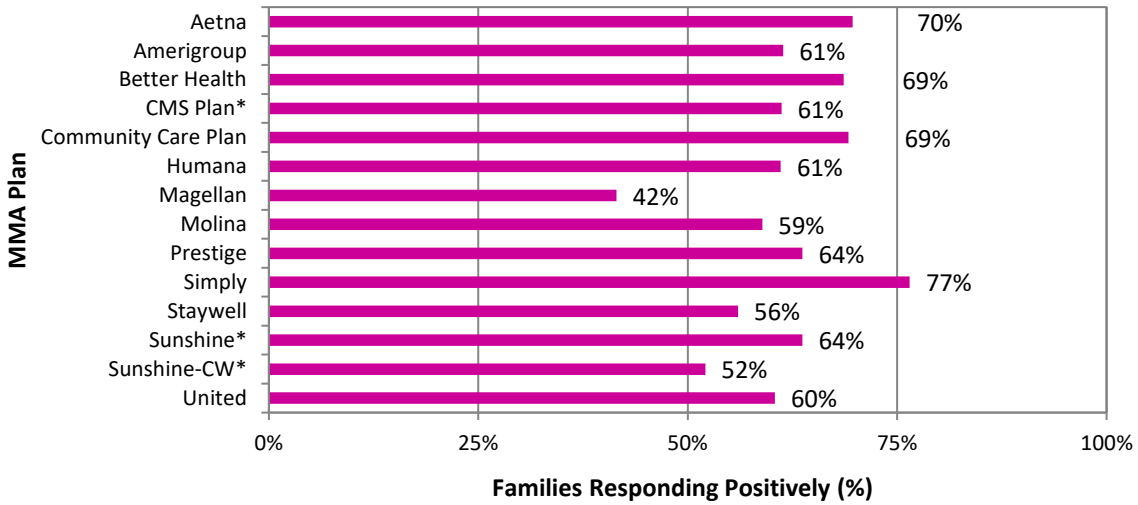
The addition of 12 supplemental questions, approved by the NCQA, is eligible for inclusion in CAHPS surveys. For the 2018 CAHPS survey, AHCA required the Medicaid MMA plans and ICHP to include one specific question in their CAHPS surveys: "How would you rate the number of doctors you had to choose from?" Responses of "excellent" or "very good" are considered positive, and are presented in **Figure 45** and **Figure 46**. As these questions are supplemental to the CAHPS survey, all program and plan rates are presented, regardless of whether or not the denominator was 100 or above, and no benchmarks are available.

Figure 45. Florida KidCare Families Reporting Positive Rating of "Number of Doctors to Choose From" by Program, 2018 Survey



**Not reflected in Title XIX or Florida KidCare Total rates. Title XIX= Medicaid, Title XXI= CHIP.*

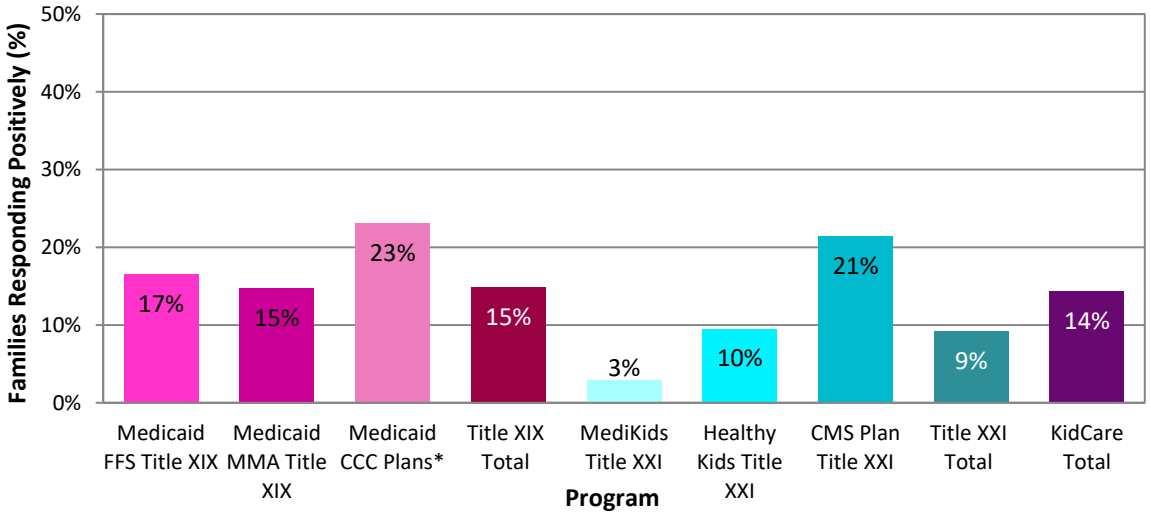
Figure 46. Florida KidCare Families Reporting Positive Rating of "Number of Doctors to Choose From" by MMA Plan, 2018 Survey



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

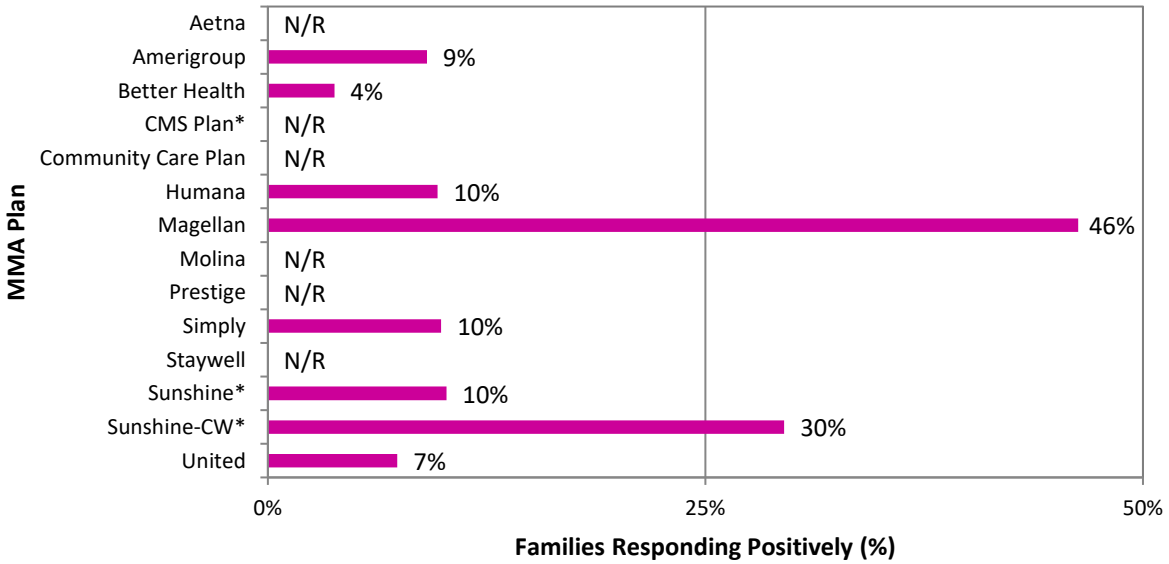
An additional three questions were required of ICHP, and some of the Medicaid MMA plans included these questions as well. Rates for these additional questions appear in **Figure 47-52**. The rates for plans that did not report these questions are listed in figures as N/R. The first questions asked whether the child needed treatment or counseling for a personal or family problem (response options: "yes" or "no"). The percentage of respondents who answered "yes" are reported for **Figure 47** and **Figure 48**.

Figure 47. Florida KidCare Families Reporting "Needed Treatment or Counseling for a Personal or Family Problem" by Program, 2018 Survey



**Not reflected in Title XIX or Florida KidCare Total rates. Title XIX= Medicaid, Title XXI= CHIP.*

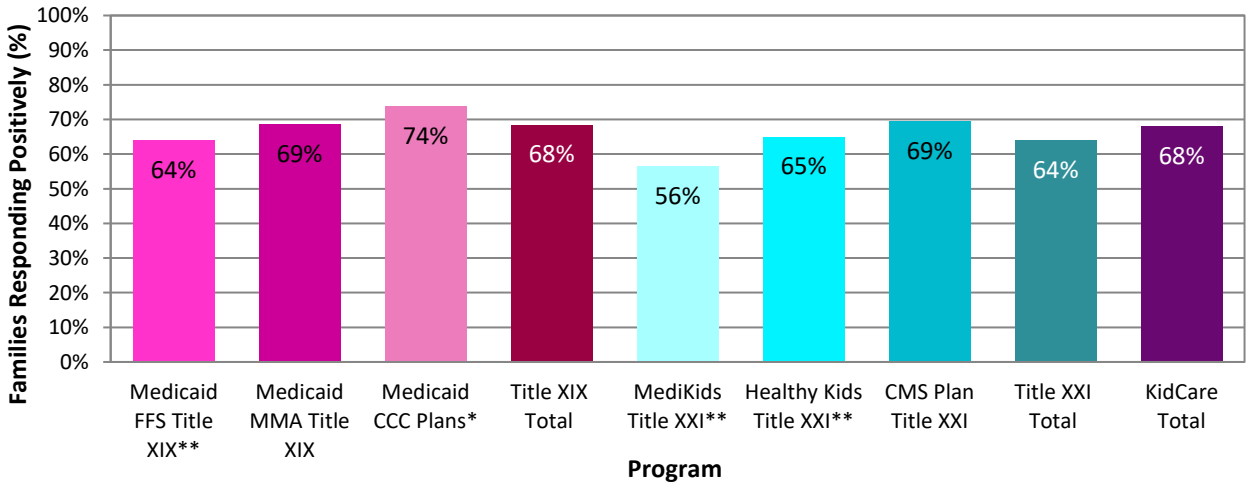
Figure 48. Florida KidCare Families Reporting "Needed Treatment or Counseling for a Personal or Family Problem" by MMA Plan, 2018 Survey



*Note: Rates for plans not asking this question are denoted by N/R. *Included in the Medicaid CCC plans total only.*

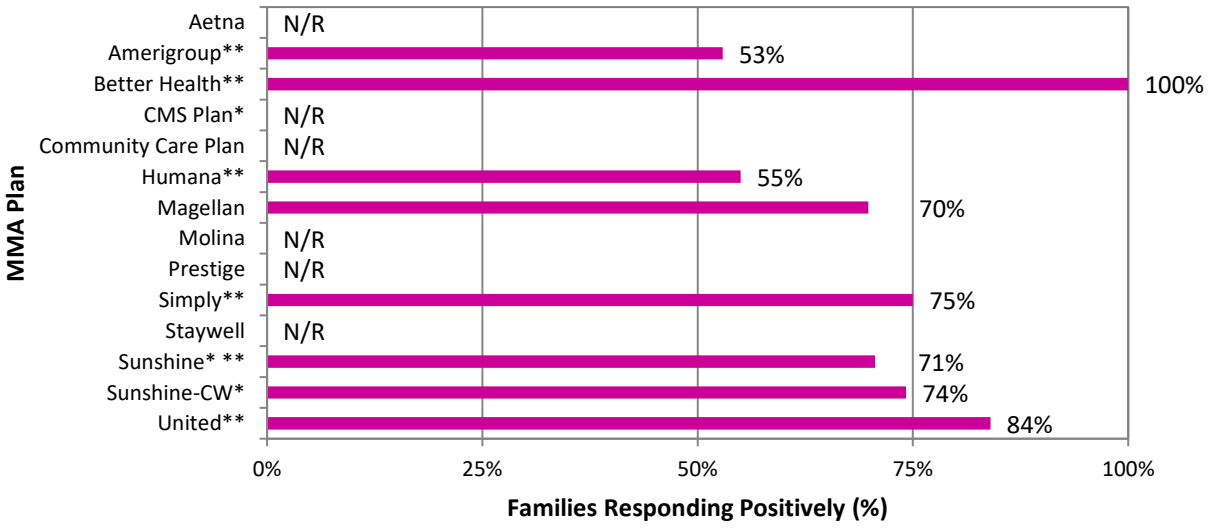
Families responding that the child needed treatment or counseling were asked follow-up questions to gain perspective on the experience. Similar to the wording in composite questions, the first follow-up question asked how often it was easy to get the treatment or counseling the child needed through the health plan. A positive experience for this question is a response of "usually" or "always," shown in **Figure 49** and **Figure 50**.

Figure 49. Florida KidCare Families Reporting Positive Experience in "Obtaining Needed Treatment or Counseling Through Health Plan" by Program, 2018 Survey



**Not reflected in Title XIX or Florida KidCare Total rates. **Indicates measures for which the denominator was below 100. Because this was an AHCA-defined measure, the NCQA rules for low denominator were not applied here. Title XIX= Medicaid, Title XXI= CHIP.*

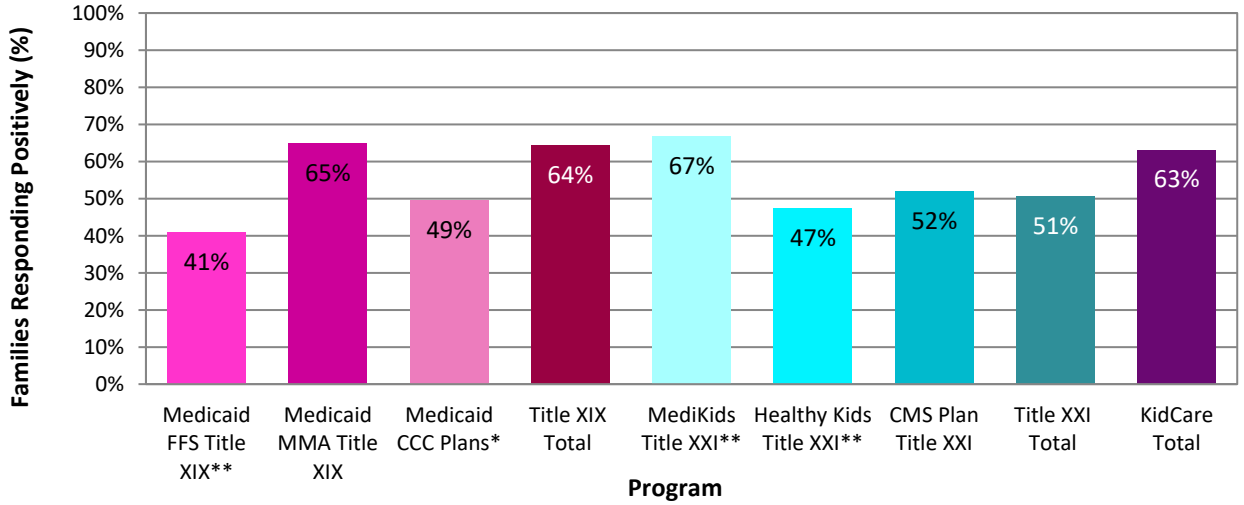
Figure 50. Florida KidCare Families Reporting Positive Experience in "Obtaining Needed Treatment or Counseling Through Health Plan" by MMA Plan, 2018 Survey



*Note: Rates for plans not asking this question are denoted by N/R. *Included in the Medicaid CCC plans total only. **Indicates measures for which the denominator was below 100. Because this was an AHCA-defined measure, the NCQA rules for low denominator were not applied here.*

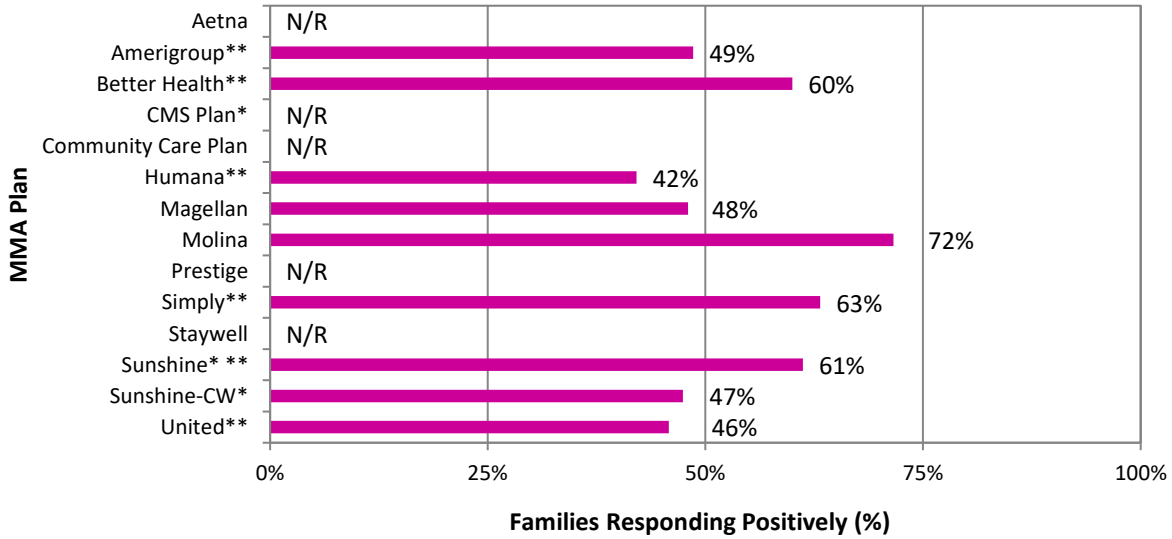
Finally, families were asked to answer a second follow-up question where they were asked to rate all the child's treatment or counseling on a scale from 0-10. Similar to global ratings scale questions presented earlier in this section, ratings of "9" or "10" are presented in **Figure 51** and **Figure 52**.

Figure 51. Florida KidCare Families Reporting a Rating of "9" or "10" for All Treatment or Counseling by Program, 2018 Survey



**Not reflected in Title XIX or Florida KidCare Total rates. **Indicates measures for which the denominator was below 100. Because this was an AHCA-defined measure, the NCQA rules for low denominator were not applied here. Title XIX= Medicaid, Title XXI= CHIP.*

Figure 52. Florida KidCare Families Reporting a Rating of "9" or "10" for All Treatment or Counseling by MMA Plan, 2018 Survey



*Note: Rates for plans not asking this question are denoted by N/R. *Included in the Medicaid CCC plans total only. **Indicates measures for which the denominator was below 100. Because this was an AHCA-defined measure, the NCQA rules for low denominator were not applied here.*

Section 3:
Quality of Care

In This Section

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

Background

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

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

Evaluation Approach

Data Sources

Performance Measure rates were calculated and provided by 16 Medicaid Managed Medical Assistance (MMA) plans that offer health insurance coverage to children in Florida. These plans were Aetna (formerly Coventry, and operating as Aetna Better Health of Florida as of February 27, 2017), Amerigroup, Better Health, Clear Health Alliance, Children's Medical Services Managed Care Plan (CMS Plan), Community Care Plan, Humana, Magellan Complete Care, Molina Healthcare, Positive Healthcare, Prestige Health Choice, Simply, Staywell, Sunshine Health Plan (standard and child welfare), and United Healthcare. Performance measure rates were also calculated by individual plans within the Florida Healthy Kids program and submitted to the Institute for Child Health Policy (ICHP). Florida Healthy Kids performance measure data were from all five medical plans (Aetna, Amerigroup, Sunshine Health Plan, United Healthcare, and Staywell Kids) as well as the three dental plans (Argus, DentaQuest, and MCNA) that offer coverage to Florida Healthy Kids members.

Some rates for these plans were calculated by ICHP, as were the program rates for Medicaid Fee-For-Service (FFS), MediKids, and CHIP CMS Plan (refer to **Table 16** for details).

Data for two maternal and child health measures, PC02 and LBW, were obtained with assistance from the Family Data Center, located within ICHP. These measures were calculated by linking maternal information from birth certificates (obtained by the Family Data Center via the Florida Department of Health) with Medicaid and CHIP eligibility collected by ICHP as part of the Florida KidCare evaluation. For mothers who were Medicaid or CHIP eligible, the birth certificate information was then linked to new and established KidCare enrollment data for females nine to 21 years of age, in accordance with Child Core Set specifications. These linkages provided numerator and denominator events for both measures. Note that while program-specific rates were calculated for CHIP, the MMA and FFS populations are reported in one overall Medicaid rate in both measures.

Methodology

Measures or measure sets are maintained by organizations called measure stewards who are responsible for updating technical specifications and changing measures as clinical evidence suggests (Center for Medicaid and CHIP Services & Centers for Medicare & Medicaid Services [CMS], 2018). Guided by the measure steward guidelines, each plan could choose to calculate measures using either an administrative or hybrid method. Administrative methodology uses claims, encounter, and pharmacy data to calculate rates, and hybrid methodology incorporates a medical record review that examines patient health records to determine compliance with performance measure specifications. As the method of calculation varied among plans for some measures, rates in this report should be interpreted with caution. Measure data calculated by Medicaid MMA or Florida Healthy Kids plans were audited by NCQA-certified auditors and used by ICHP to calculate program rates, as well as Medicaid, CHIP, and KidCare rates. Note that while the rates of the Florida Healthy Kids full-pay plan, Sunshine, are presented alongside the other Florida Healthy Kids plans for comparison, the Sunshine population is not included in the overall Florida Healthy Kids, CHIP, or overall KidCare rates.

Methodology for calculations performed by ICHP utilized only administrative methodology and through a HEDIS Compliance Audit™, an NCQA-certified auditor reviewed the ICHP processes for enrollment, claims, and encounter data intake, processing, and management as well as programming processes specifically related to calculating the measures. Note that for the Calendar Year (CY) 2017 performance measure calculations, the MediKids population included both full-pay members and those receiving subsidized coverage, thus comparisons to other Florida KidCare program data should be made with caution.

Medical record reviews for Medicaid FFS, MediKids, and CHIP CMS Plan were not available as part of the CY 2017 KidCare evaluation report. Medical records provide valuable clinical information that is a component of several HEDIS measures. However, data collection from these records can be costly and time-consuming. For CY 2017, results for the Child Core Set's Developmental Screening in the First Three Years of Life measure were not reported, as these results were only able to be calculated using administrative methodology. The administrative specifications for this measure do not accurately capture developmental screening results for Florida Medicaid, therefore the results cannot be not reported.

For rates calculated with administrative methodology, at least three data sources with child-level information were used to calculate the quality of care indicators: (1) enrollment data, (2) health plan claims and encounter data, and (3) pharmacy data. The enrollment files contain information about the child's age and sex, the plan in which the child is enrolled, and the number of months of enrollment. The claims and encounter data contain Current Procedural Terminology (CPT) codes, Current Dental Terminology (CDT) codes, International Classification of Diseases, 9th and 10th Revision (ICD-9-CM and ICD-10-CM), place of service codes, rendering provider taxonomy, and other information necessary to calculate the quality of care indicators. Though use of ICD-9-CM stopped effective October 1, 2015, some of the value sets for performance measures include both ICD-9 and ICD-10 codes. This is in accordance with the HEDIS specifications, as some eligibility criteria spans multiple years. The pharmacy data contain information about filled prescriptions, including the drug name, dose, date filled, and refill information.

NCQA-certified software was used to calculate the measures using HEDIS 2018 specifications (NCQA, 2017a). Following the specifications, rates are not applicable when the measure denominator is less than 30 and are denoted by N/A. The small denominator threshold for utilization measures that count member months is a denominator with fewer than 360 member months. Therefore, only plans with denominators 30 or greater are included in the graphics and key findings. Non-HEDIS Child Core Set measures were

calculated using either the Children's Health Care Quality Measures technical specifications or methodology specified by the Agency for Health Care Administration (AHCA) (Center for Medicaid and CHIP Services & CMS, 2018; AHCA, 2018). Medicaid, CHIP, and overall Florida KidCare rates were weighted to account for disparities in program size, as were overall Medicaid MMA and Florida Healthy Kids program rates. In some instances, the measure does not apply to the population although a number is listed, which may be due to claims errors. Those numbers are usually below the small denominator threshold and thus are listed as N/A, and are included in program or state rates.

To supplement the use of the administrative methodology in this report, the OneFlorida Data Trust was used to calculate one HEDIS measure, WCC, which can utilize a hybrid methodology. The OneFlorida Data Trust gathers electronic health record and claims data from partners within the state including Medicaid. Information such as diagnoses, procedures, medications, and demographics are included in the repository (OneFlorida Clinical Research Consortium, 2018). For the purposes of this report, only the KidCare Medicaid population that had electronic health record data in the Data Trust was included. For immunization measures, rates were supplemented with data from the Florida State Health Online Tracking System (Florida SHOTS™) system. Florida SHOTS is a free, statewide, centralized online immunization registry from the Florida Department of Health (DOH) that assists health care providers, schools, and parents with keeping track of immunization records. The advantages of using a supplemental data source include the opportunity to: (1) use already collected and organized electronic health record data, which is more cost-effective than current data collection methods and, (2) have clinical information for a larger group of children than would otherwise be possible using traditional data collection approaches, which will allow for subgroup analyses (i.e., analyses by region of the state, urban/rural areas, and more).

The measurement year for most of the HEDIS measures corresponds to CY 2017, the timeframe for this report. However, some of the HEDIS measures include data from prior years as well as the measurement year (e.g., Immunizations for Adolescents). Trending data for the past four measurement years are included when available, though it should be noted that due to adjustments in methodology and data sources (for example, for the CY 2014 data, CHIP CMS Plan and Medicaid FFS data were not included), comparisons should be made with caution.

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

Comparison Data

To provide a context for the performance indicators, the following comparisons were made:

1. **Plan Rate.** For the Medicaid MMA and Florida Healthy Kids programs, performance measure rates for each plan within the program are listed for each applicable measure. Exceptions to this are measures calculated by ICHP at the program level, such as the preventive dental services measure.

2. **Medicaid Program Rate.** A Medicaid total is provided for comparison and includes data from Medicaid FFS and all Medicaid MMA plans.

3. **CHIP Program Rate.** A CHIP total is provided for comparison and includes data from MediKids (subsidized and full-pay), Florida Healthy Kids (subsidized plans only), and CHIP CMS Plan.

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

5. **National Medicaid HEDIS Benchmark Percentiles.** Comparisons of KidCare plan, program, and state rates were made to national data. Although there are no direct national comparisons available for CHIP, information is available nationally from Medicaid Health Maintenance Organizations (HMOs) that elect to report their results to NCQA (NCQA, n.d.b). The submission of HEDIS data to NCQA is a voluntary process; therefore, health plans that submit HEDIS data are not fully representative of the industry. Health plans participating in NCQA HEDIS reporting tend to reflect a broader age range for many of the measures than do the rates for some of the Florida KidCare programs. These health plans are more likely to be affiliated with a national managed care company than the overall population of health plans in the United States.

   Starting with CY 2015 data, AHCA has required Medicaid MMA plans to submit HEDIS data to NCQA, which ensures these plans are represented in NCQA's national Medicaid means and percentiles. Note that the National HMO benchmarks are not publicly available; therefore, only benchmark percentile ranges are offered here as a way to determine where the plan, program, title, or state rate falls in comparison to national data. The Medicaid HMO percentile ranges for four percentile categories (Below 25^{th}, 25^{th}-49.99^{th}, 50^{th}-74.99^{th}, and 75^{th} and above) for each measure (when available) are provided for each program for descriptive purposes.

Quality of Care Measures

This section presents rates for the Child Core Set and HEDIS measures using NCQA-compliant specifications (NCQA, 2017a). **Table 15** outlines the full measures listed in the *Core Set of Children's Health Care Quality Measures for Federal Fiscal Year 2018 Reporting*. **Table 16** outlines the measures and methodology presented in this report, broken down by Florida KidCare program component.

Table 15. 2018 Core Set of Children's Health Care Quality Measures

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

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

Table 16. Child Core Set Measures Evaluated by the ICHP

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

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

Primary Care Access and Preventive Care

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

BMI is a number calculated from a person's weight and height that indicates body fat percentage. BMI does not measure body fat directly, but research has shown that BMI correlates to direct measures of body fat (CDC, 2017a). The American Academy of Pediatrics (AAP) and the CDC recommend children two years of age and older receive periodic BMI screenings. Monitoring BMI in children and adolescents can predict other health outcomes and is often an early indicator of health risks as an adult (Hagan et al., 2008). Childhood risks of obesity include high blood pressure and cholesterol, which increase the risk for cardiovascular disease; increased risk of type 2 diabetes; breathing problems; musculoskeletal problems; fatty liver disease; gallstones; gastro-esophageal reflux; psychological distress such as depression and behavior problems; low self-esteem; and impaired social, physical, and emotional functioning (CDC, 2015). Additionally, childhood obesity can have significant health risks later in life including a higher likelihood for obesity into adulthood, and a higher risk of heart disease, diabetes, and some cancers (CDC, 2015).

This HEDIS indicator reports the percentage of children ages 3-17 who had an outpatient visit with a primary care provider (PCP) or a provider of obstetrics and gynecology (OB/GYN) and whose weight was classified based on BMI percentile for age and gender in CY 2017. Because BMI norms for youth vary with age and gender, this measure evaluates whether BMI percentile was assessed rather than an absolute BMI value. Persons excluded from this measure include those who are pregnant. For inclusion in this measure, the member must have had no more than one gap of up to 45 days of continuous enrollment during the measurement year. Note that while this measure can be broken out into three sub-measures (ages 3-11, 12-17, or 3-17 total), this report presents the rates for the total sub-measure.

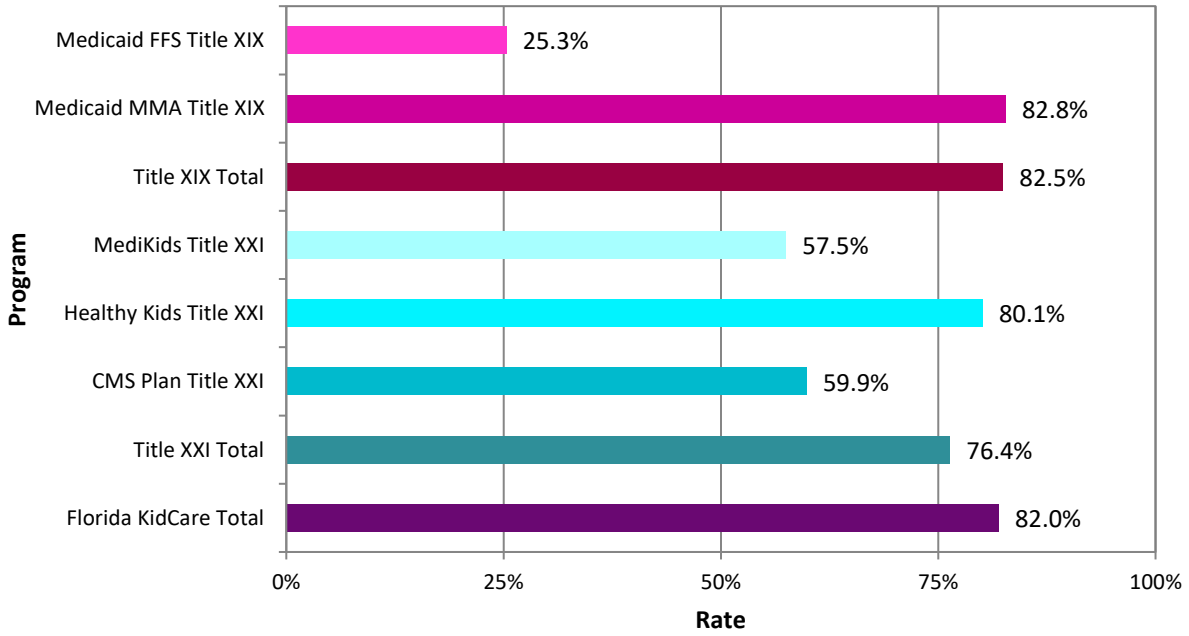
Medical record review was not utilized by all programs or plans for this measure, however a subanalysis found that by using the OneFlorida Data Trust, supplemental data could be obtained through other means. A consideration when making comparisons is that enrollment criteria through the OneFlorida Data Trust is based on a patient's encounter date, whereas children's plan/program enrollment date is used when the Medicaid administrative data are the source for the measure calculation. Using this supplemental data source, the rate of compliance with the WCC measure improves by 11%.

Note that the rates listed for Medicaid MMA and Florida Healthy Kids reflect the combination of hybrid and administrative methodology used by the plans and that no KidCare program totals include the Data Trust information.

Figure 53 presents the program results, while **Figure 54** presents benchmark percentile ranges for CY 2017. **Figure 55** and **Figure 56** present the Medicaid MMA plan results and benchmark percentile ranges, respectively, in CY 2017. **Figure 57** and **Figure 58** present the Florida Healthy Kids plan results and benchmark percentile ranges, respectively, for the same time period.

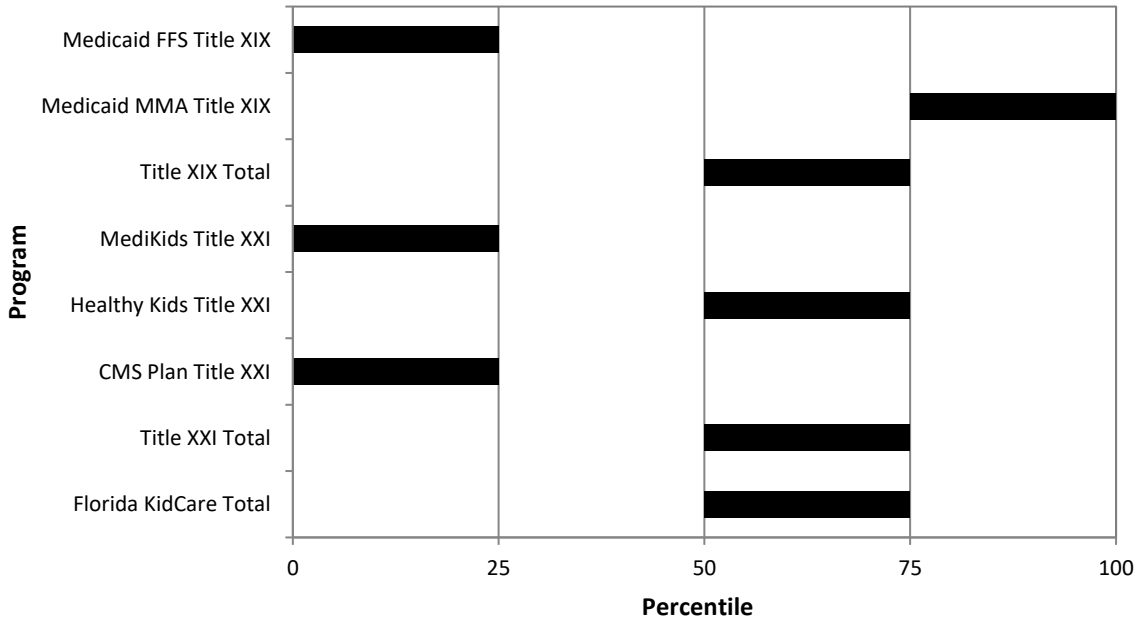
Table 17 presents the trending results from CY 2014 to CY 2017 for each of the Florida KidCare Programs, Medicaid Total, CHIP Total, and Florida KidCare Total, with applicable benchmark percentiles.

Figure 53. Program Results for WCC: Ages 3-17- BMI Assessment for Children/Adolescents: CY 2017



Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 54. National Benchmarks for WCC: Ages 3-17- BMI Assessment for Children/Adolescents: CY 2017

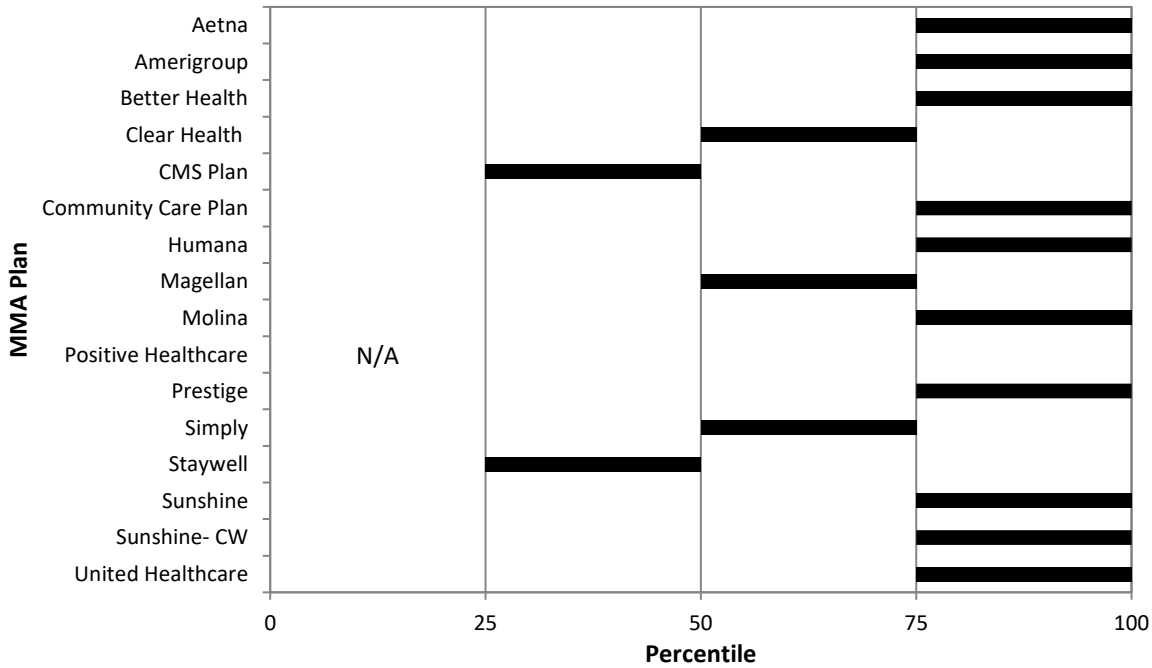


Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 55. MMA Plan Results for WCC: Ages 3-17- BMI Assessment for Children/Adolescents: CY 2017

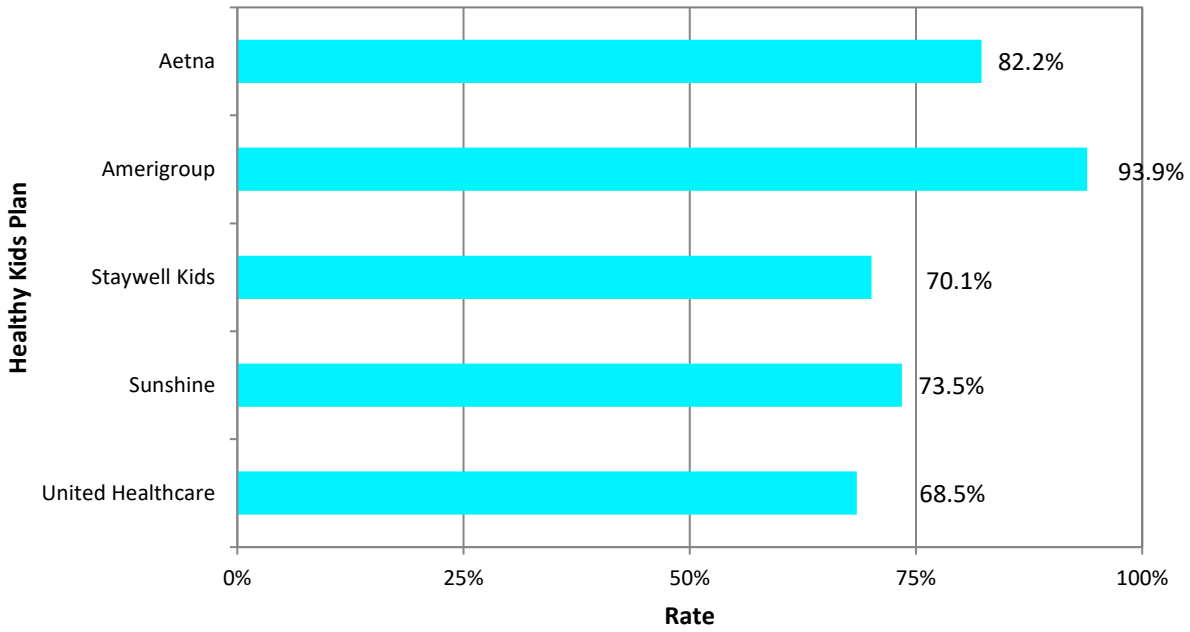
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 56. National Benchmarks for WCC: Ages 3-17- BMI Assessment for Children/Adolescents: CY 2017



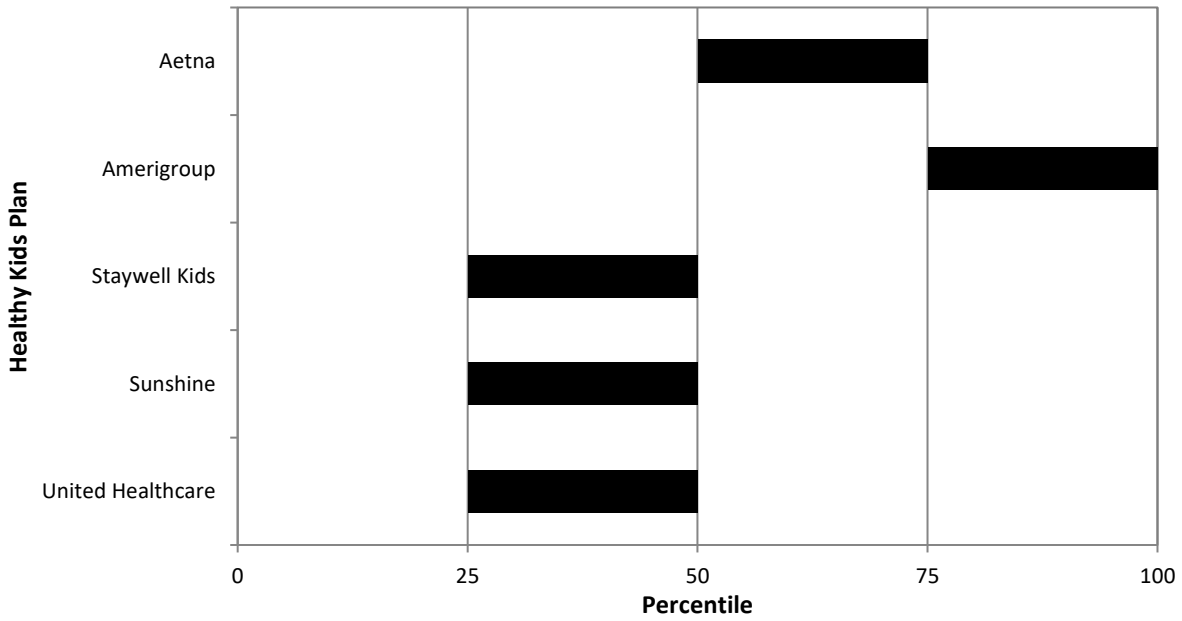
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 57. Healthy Kids Plan Results for WCC: Ages 3-17- BMI Assessment for Children/Adolescents: CY 2017



Note: N/R denotes programs or plans for which 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. National Benchmarks for WCC: Ages 3-17- BMI Assessment for Children/Adolescents: CY 2017



Note: N/R denotes programs or plans for 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 17. WCC: Ages 3-17- BMI Assessment for Children/Adolescents Results by Program: CY 2014 to CY 2017

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

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

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

Chlamydia Screening in Women Ages 16-20 (CHL)

Chlamydia is a common sexually transmitted disease that, if untreated, can lead to serious reproductive conditions like pelvic inflammatory disease and infertility (CDC, 2017c). The HEDIS CHL indicator measures the percentage of female members 16 through 24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year. Of note, the Child Core Set includes only adolescents/young adults in the 16-20 year age group, which is the sub-measure included in this report.

This percentage is calculated as the percentage of women who had at least one Chlamydia test during the measurement year divided by those identified as sexually active. Sexually active women are identified through pharmacy data (e.g., dispensed prescription contraceptives) or through claims/encounter procedure and diagnosis codes. No more than one gap of up to 45 days in enrollment is allowable for inclusion.

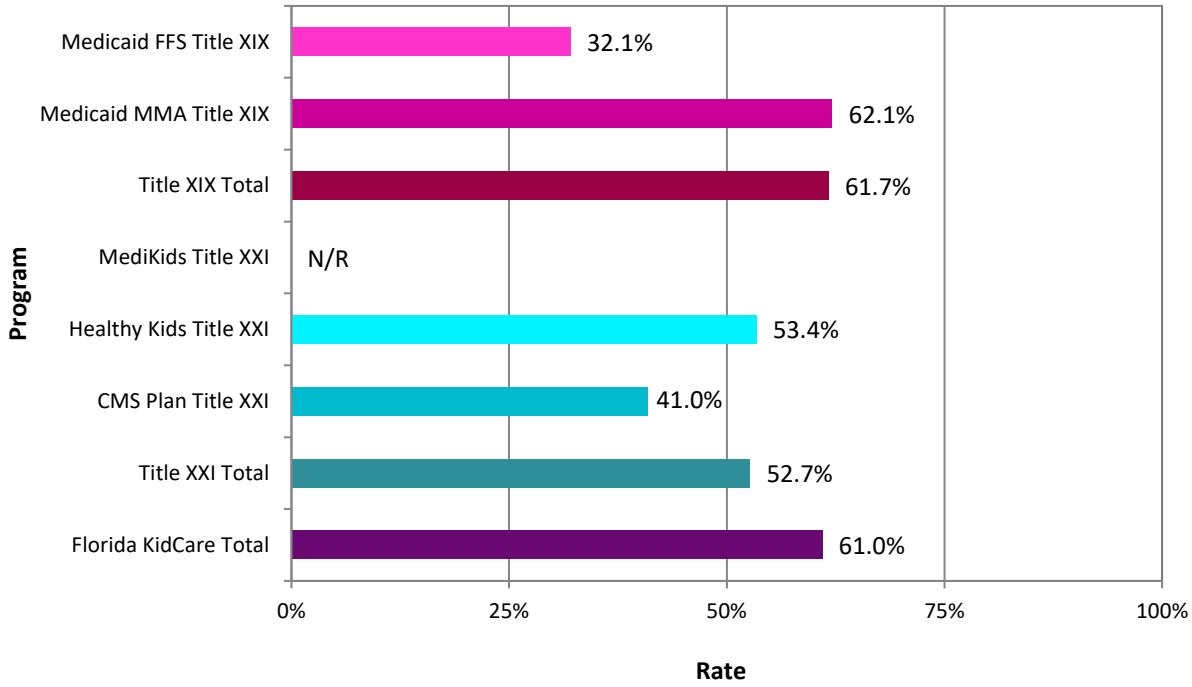
Figure 59 and **Figure 60** present the program results and benchmark percentile ranges, respectively, in CY 2017.

Figure 61 and **Figure 62** present the Medicaid MMA plan results and benchmark percentile ranges, respectively, in CY 2017.

Figure 63 and **Figure 64** present the Florida Healthy Kids plan results and benchmark percentile ranges, respectively, for the same time period.

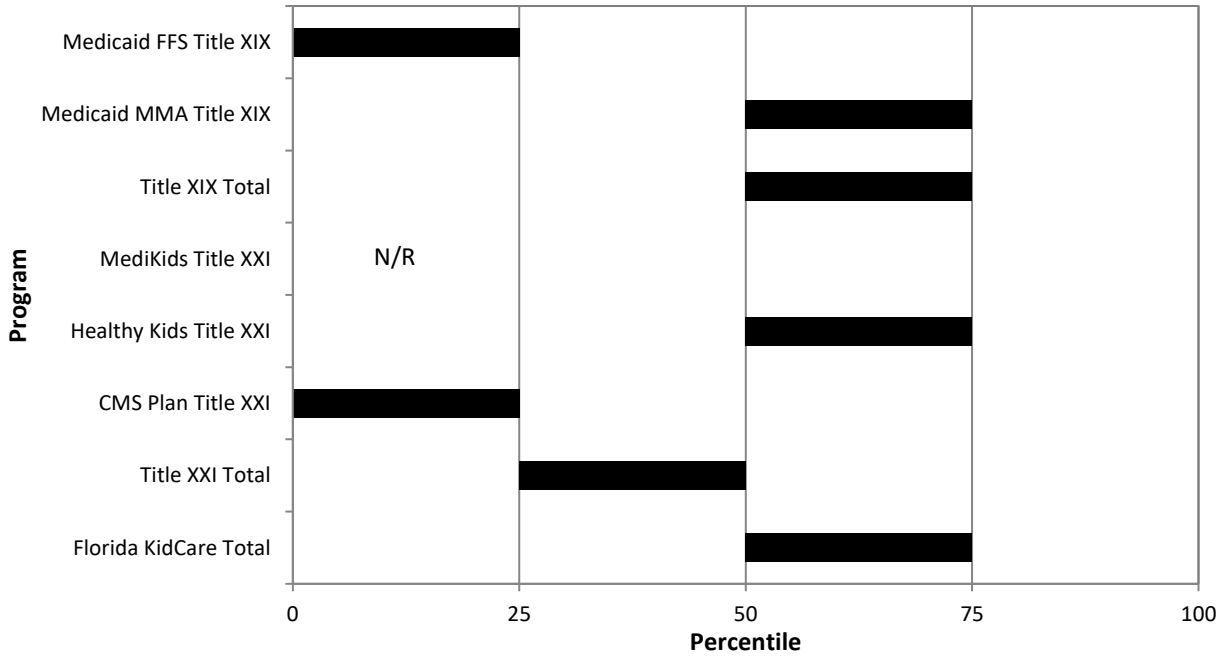
Table 18 presents the trending results from CY 2014 to CY 2017 for each of the Florida KidCare Programs, Medicaid Total, CHIP Total, and Florida KidCare Total, with applicable benchmark percentiles.

Figure 59. Program Results for CHL Ages 16-20: CY 2017



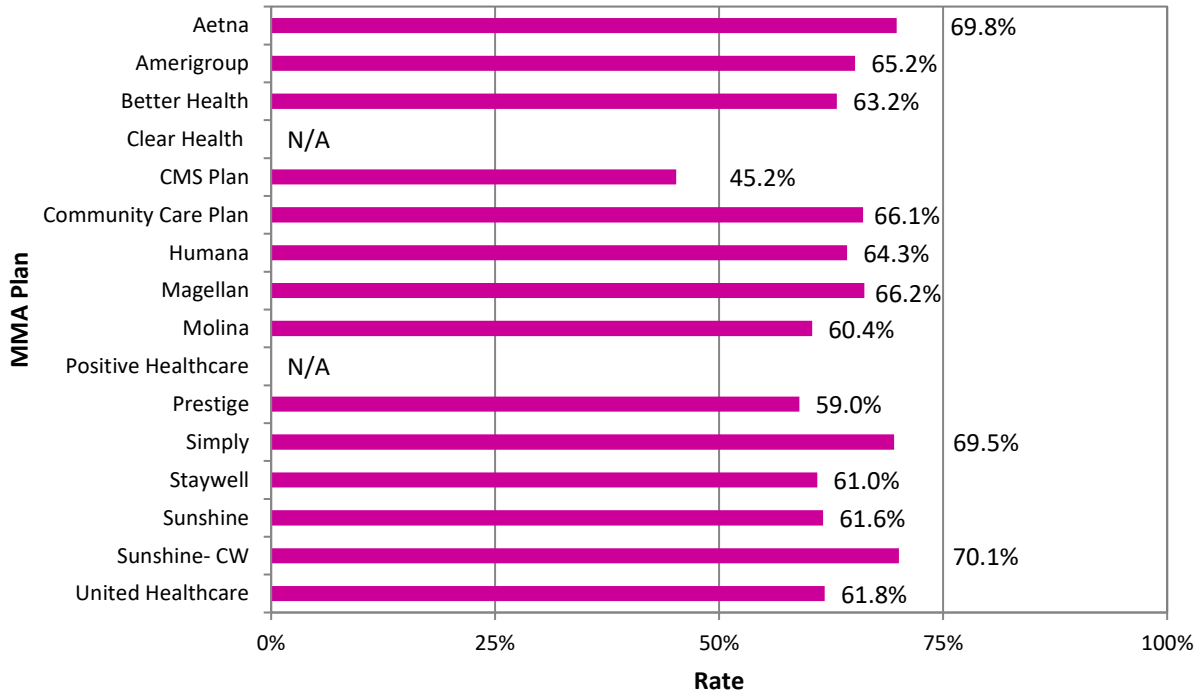
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 60. National Benchmarks for CHL Ages 16-20: CY 2017



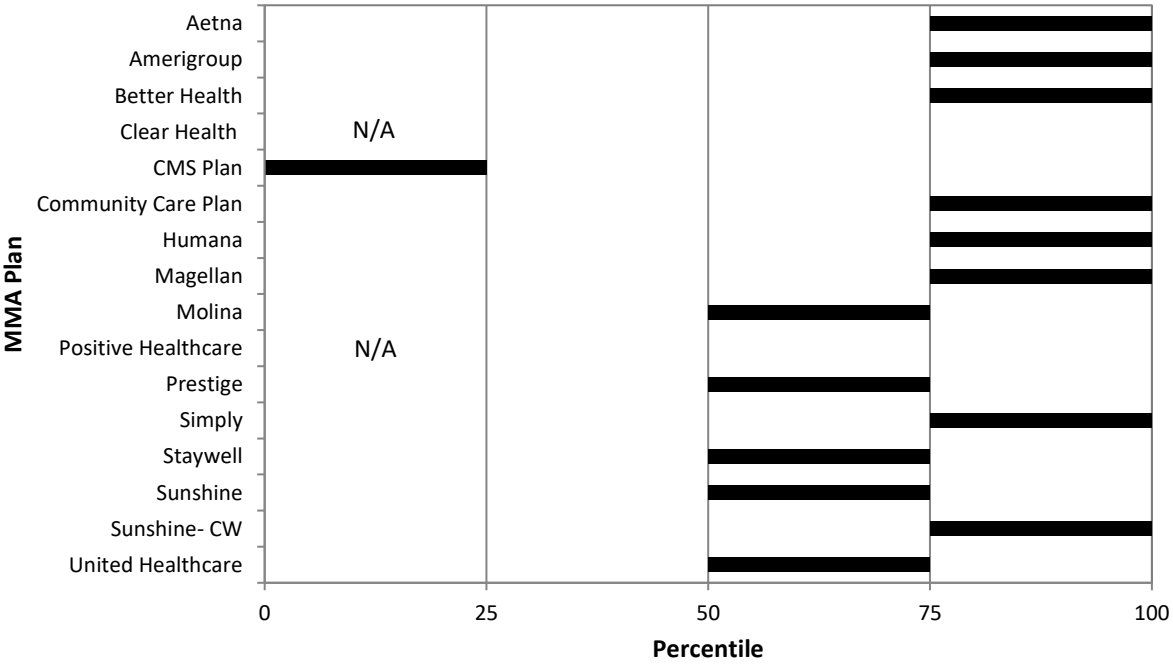
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 61. MMA Plan Results for CHL Ages 16-20: CY 2017



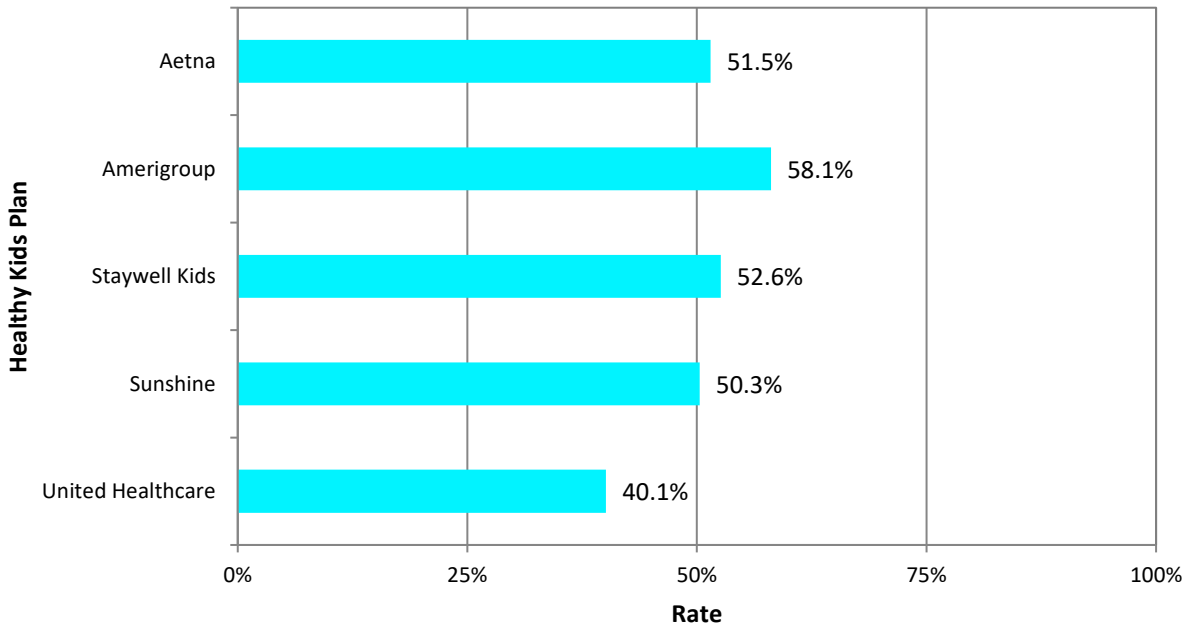
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 62. National Benchmarks for CHL Ages 16-20: CY 2017



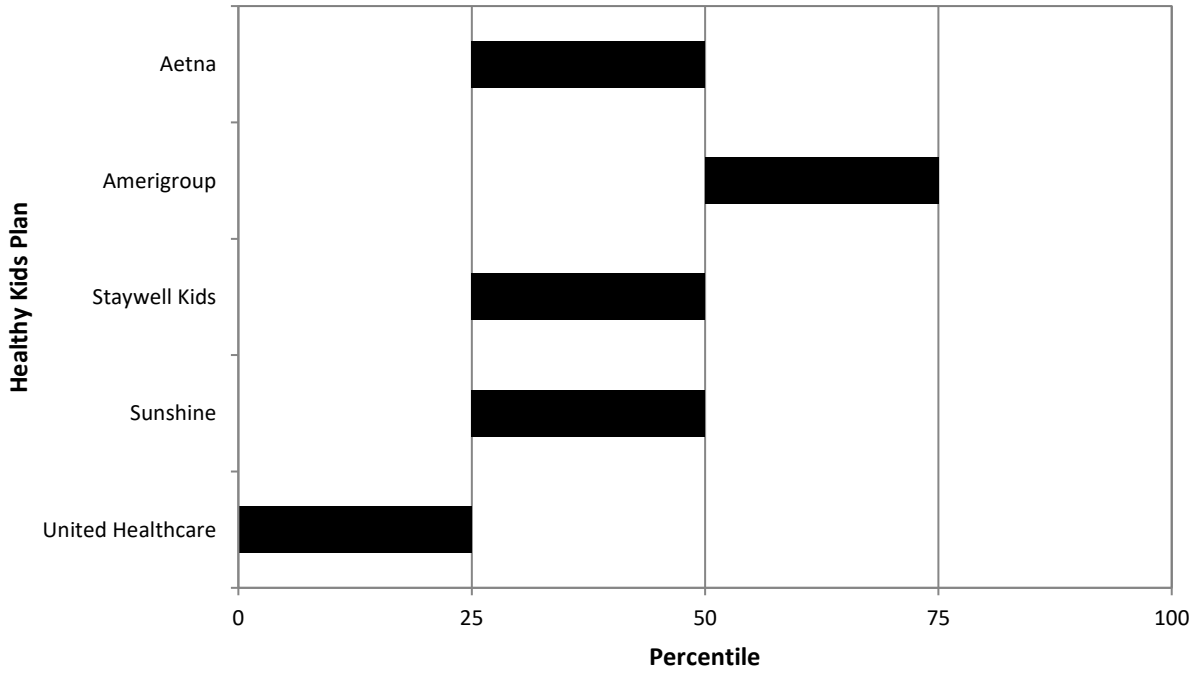
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 63. Healthy Kids Plan Results for CHL Ages 16-20: CY 2017



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

Figure 64. National Benchmarks for CHL Ages 16-20: CY 2017



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

Table 18. CHL Ages 16-20 Results by Program: CY 2014 to CY 2017

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

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

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

Childhood Immunization Status (CIS)

Immunizations protect millions of children from potentially deadly diseases and save thousands of lives by preparing a child's body to fight illness (CDC, 2017d). This HEDIS indicator reports the percentage of children who turned age two years in CY 2017 who received the following number and type of vaccines or who had a positive history of the given disease listed below prior to their second birthday:

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

This measure calculates a rate for each type of vaccine, as well as nine separate combination rates. Presented in this report are rates for the Combination 2 (DTaP, IPV, MMR, HiB, HepB, and VZV) and Combination 3 (the vaccinations in Combination 2 plus the PCV) sub-measures. Individuals must have continuous enrollment of 12 months prior to their second birthday with no more than one gap of up to 45 days for eligibility.

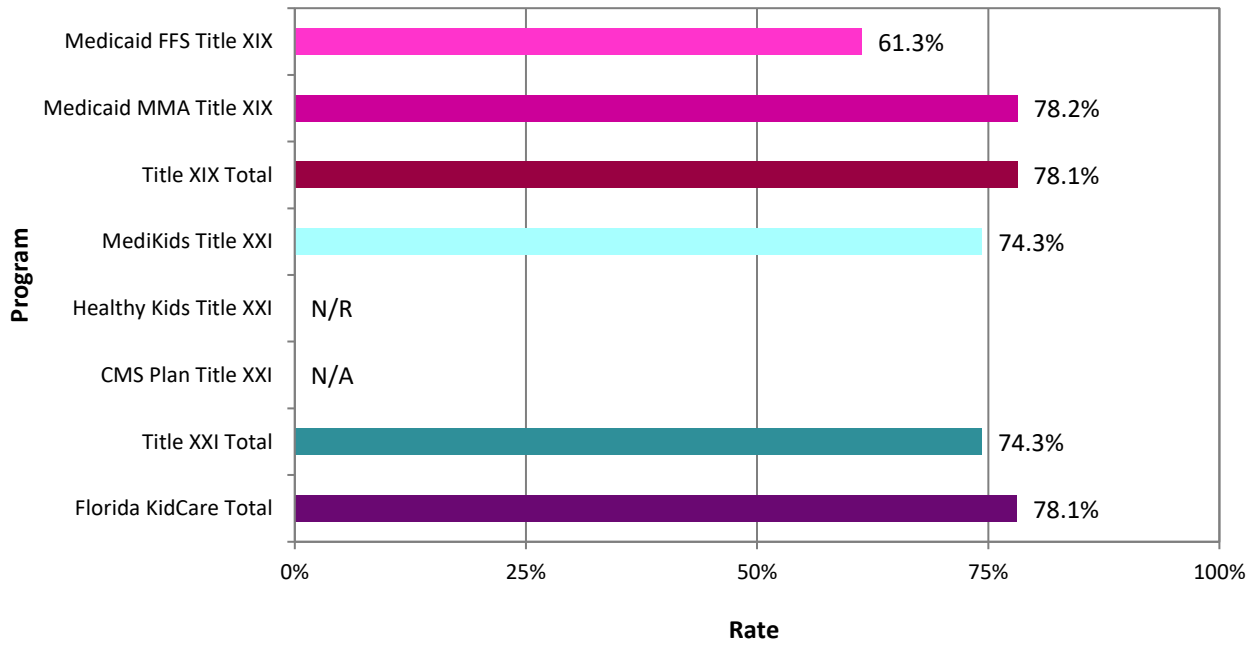
In addition to using the plans' claims and encounter data, Florida SHOTS data were included. Persons excluded from this measure include those who had an anaphylactic reaction to the vaccine or its components and those who have certain disorders or diseases, which could cause certain vaccinations to be contraindicated for these individuals (e.g., those with immunodeficiency or encephalopathy).

Figure 65 and **Figure 66** present the program results and benchmark percentile ranges, respectively, in CY 2017 for Combination 2. **Figure 69** and **Figure 70** present program results and benchmark percentiles, respectively, in CY 2017 for Combination 3.

Figure 67 and **Figure 68** present the Medicaid MMA plan results and benchmark percentiles, respectively, in CY 2017 for Combination 2. **Figure 71** and **Figure 72** present Medicaid MMA plan results and benchmark percentiles, respectively, in CY 2017 for Combination 3.

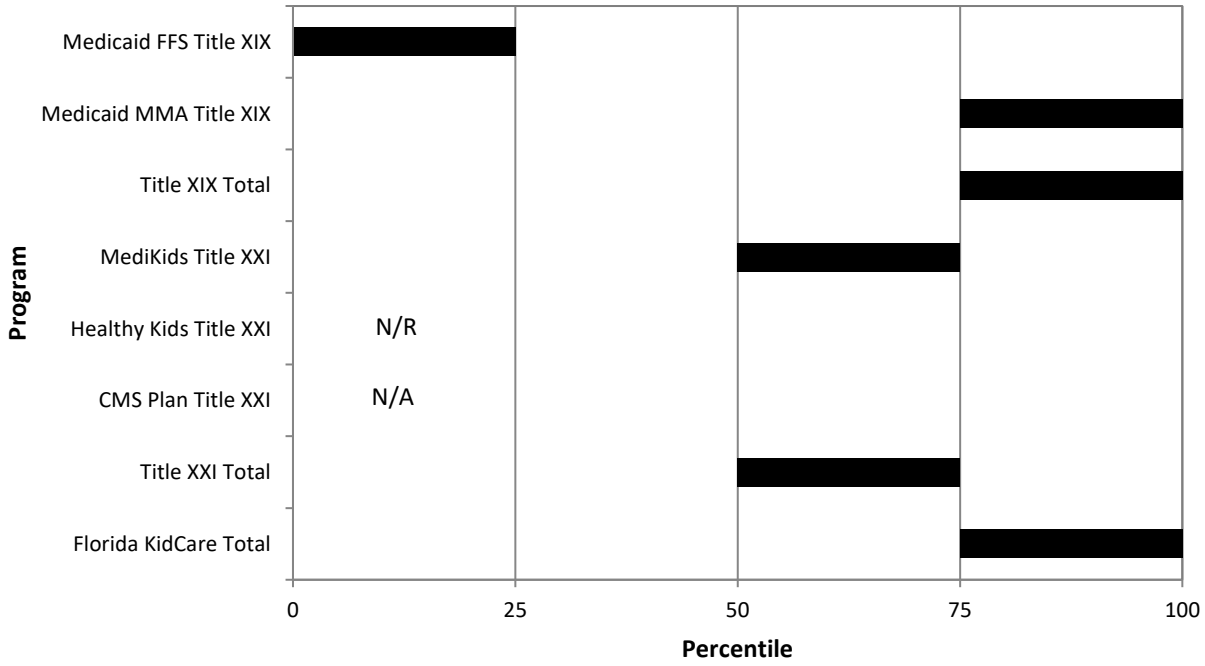
Table 19 and **Table 20** present the trending results from CY 2014 to CY 2017 for each of the Florida KidCare Programs, Medicaid Total, CHIP Total, and Florida KidCare Total, with applicable benchmark percentiles.

Figure 65. Program Results for CIS: Combination 2, CY 2017



Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 66. National Benchmarks for CIS: Combination 2, CY 2017

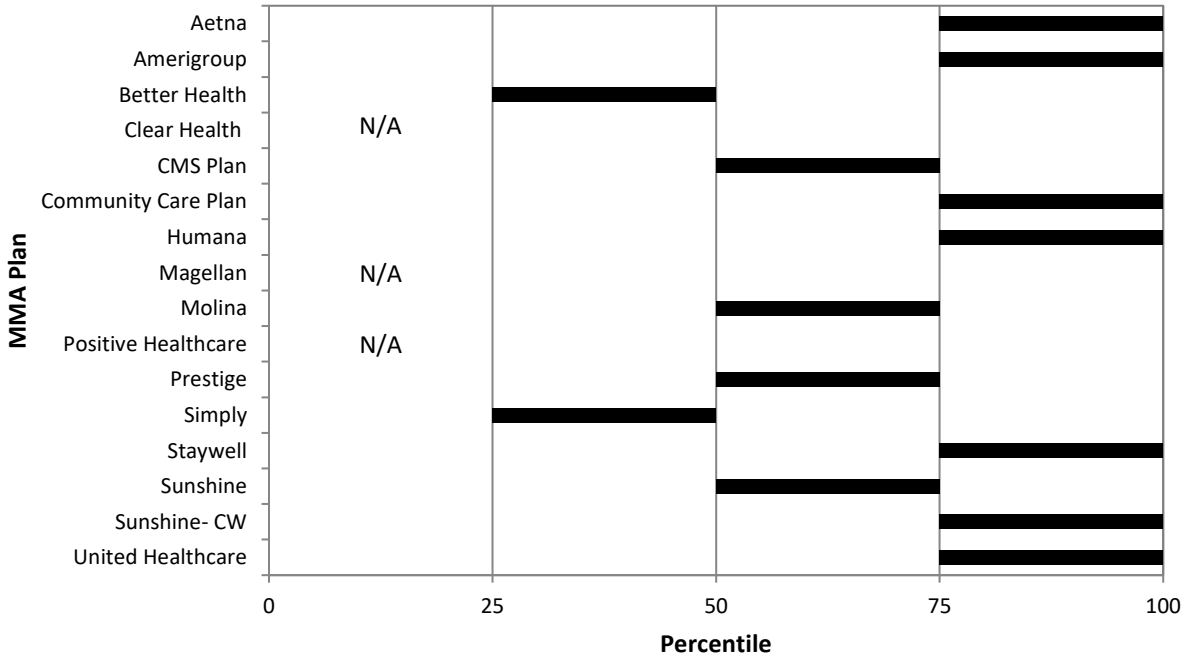


Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 67. MMA Plan Results for CIS: Combination 2, CY 2017

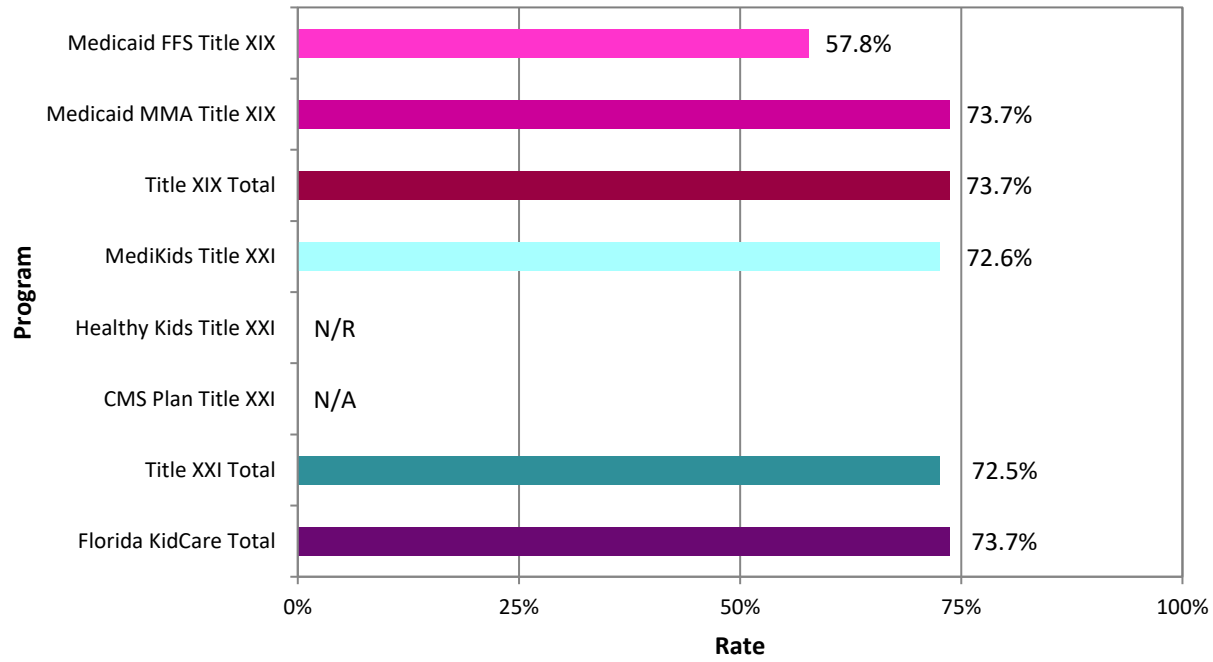
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 68. National Benchmarks for CIS: Combination 2, CY 2017



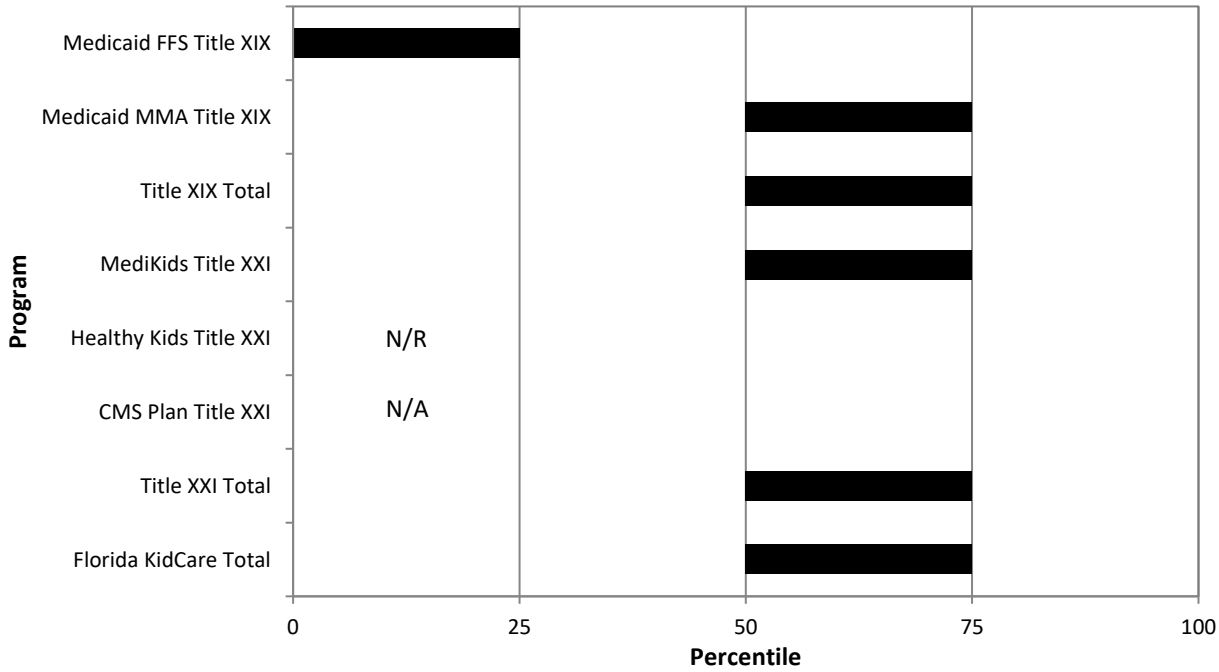
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 69. Program Results for CIS: Combination 3, CY 2017



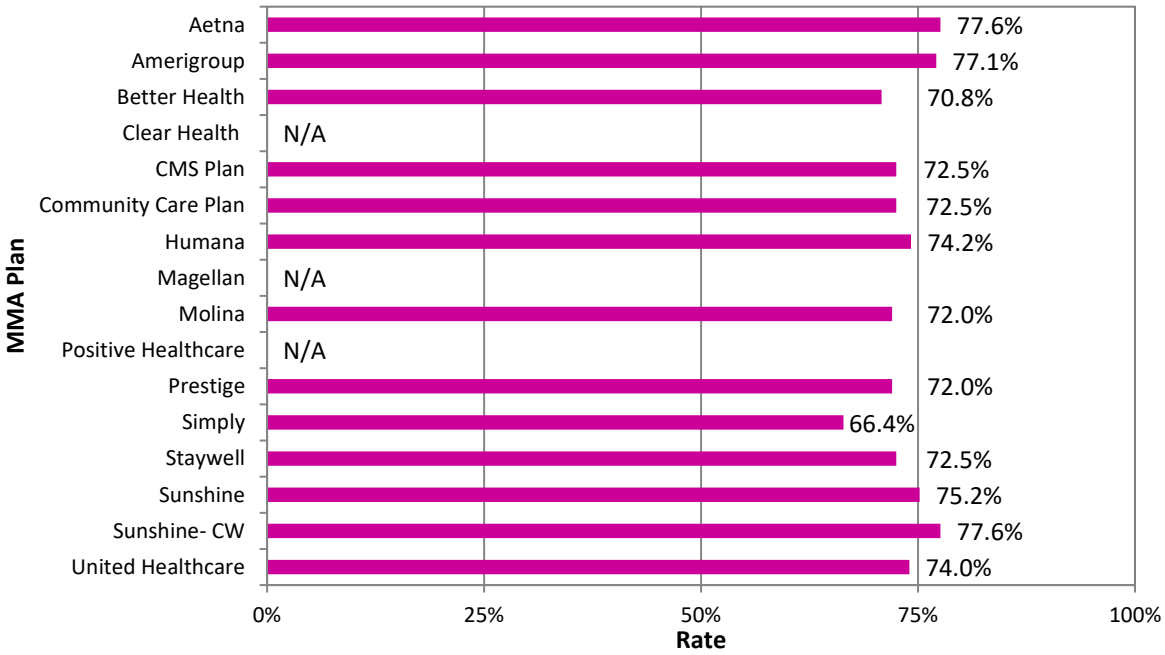
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 70. National Benchmarks for CIS: Combination 3, CY 2017



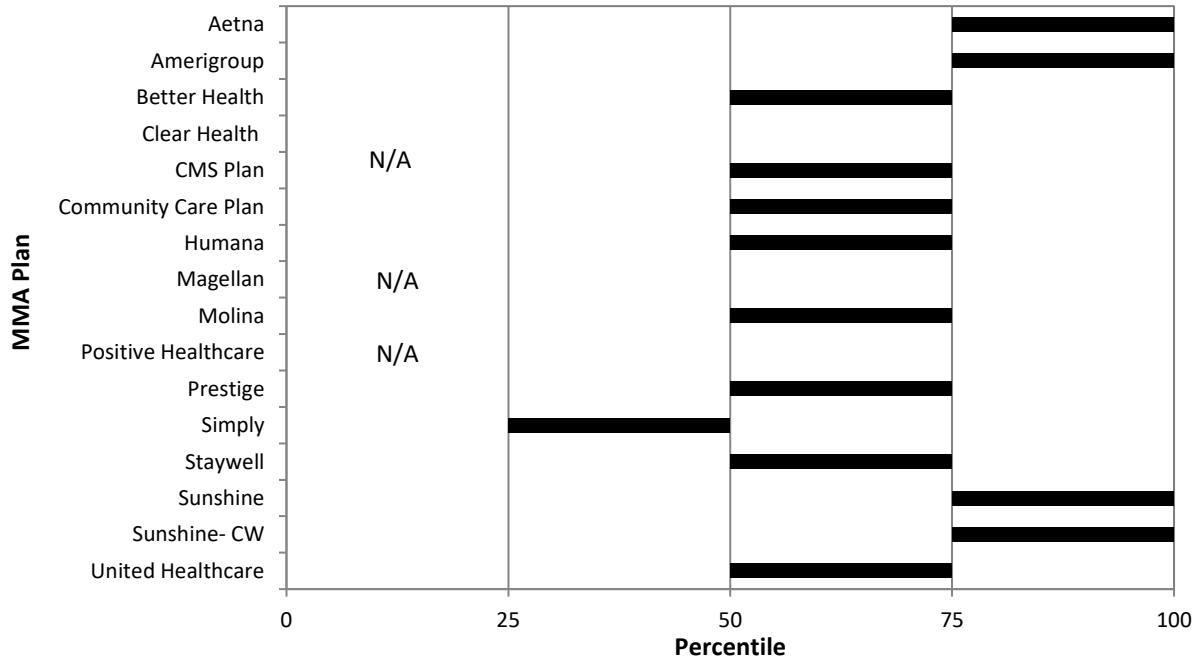
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 71. MMA Plan Results for CIS: Combination 3, CY 2017



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

Figure 72. National Benchmarks for CIS: Combination 3, CY 2017



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

Table 19. CIS: Combination 2 Results by Program: CY 2014 to CY 2017

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

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

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

Table 20. CIS: Combination 3 Results by Program: CY 2014 to CY 2017

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

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

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

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

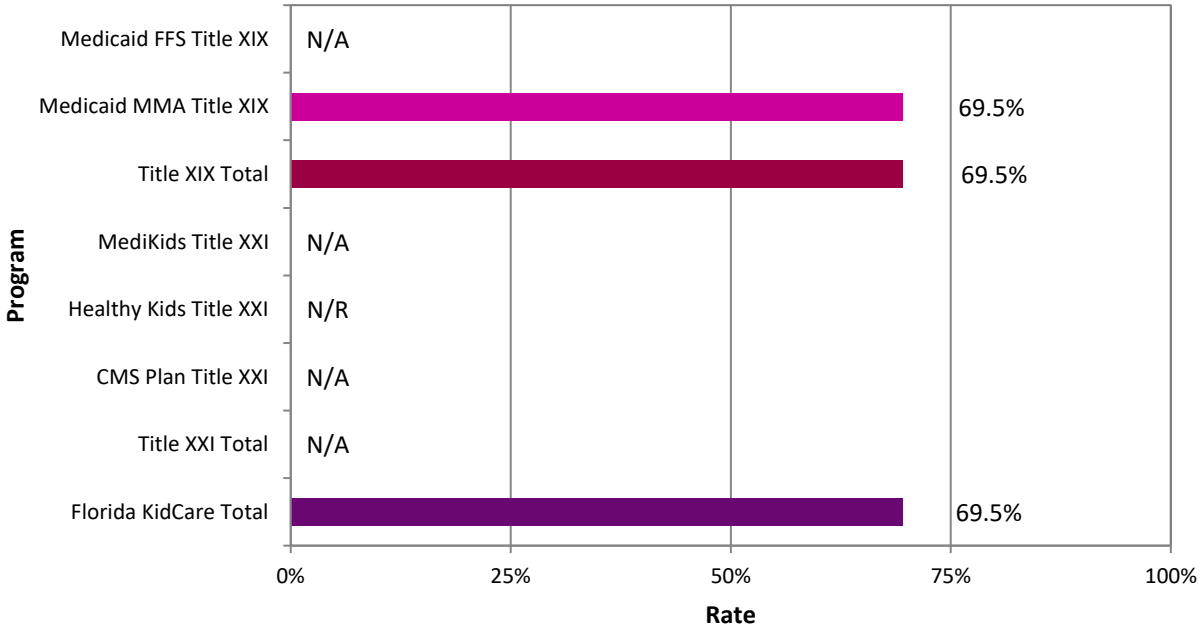
Having a well-child or preventive care visit is a fundamental component of health care for children. This HEDIS indicator reports the percentage of children who turned 15 months old in CY 2017 and had some number of well-child visits with a PCP during their first 15 months of life. A well-child visit must include documentation from the medical record of health history, physical developmental history, mental developmental history, physical exam, and health education or anticipatory guidance. For this measure, the enrollee must be continuously enrolled between 31 days and 15 months of age with no more than one gap in enrollment of up to 45 days during the continuous enrollment period. Seven separate sub-indicators are calculated corresponding to the number of well-child visits with a PCP during their first 15 months of life. For instance, this indicator will report that some children will have had only one visit, while other children may have had six or more visits. The AAP recommends eight visits by 15 months (Hagan et al., 2017). For the purpose of this report, only the results for six or more visits are presented.

Figure 73 presents the program results, while **Figure 74** presents benchmark percentile ranges in CY 2017.

Figure 75 and **Figure 76** present the Medicaid MMA plan results and benchmark percentile ranges, respectively, in CY 2017.

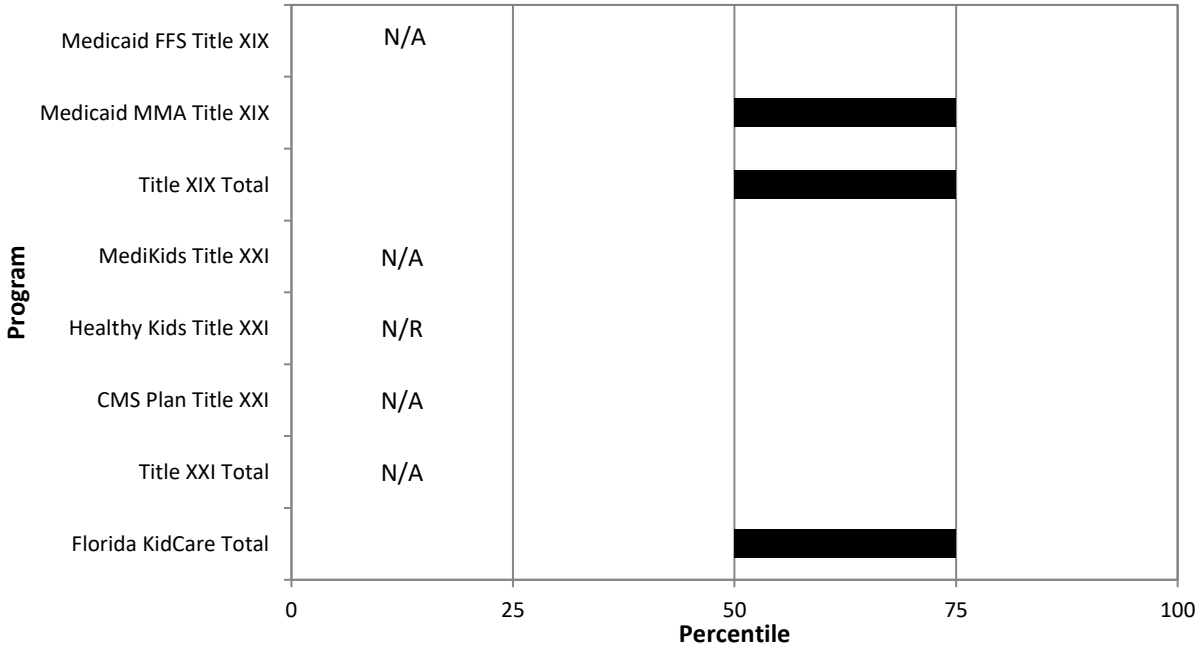
Table 21 presents the trending results from CY 2014 to CY 2017 for each of the Florida KidCare Programs, Medicaid Total, CHIP Total, and Florida KidCare Total, with applicable benchmark percentiles.

Figure 73. Program Results for W15: Six or More Visits, CY 2017



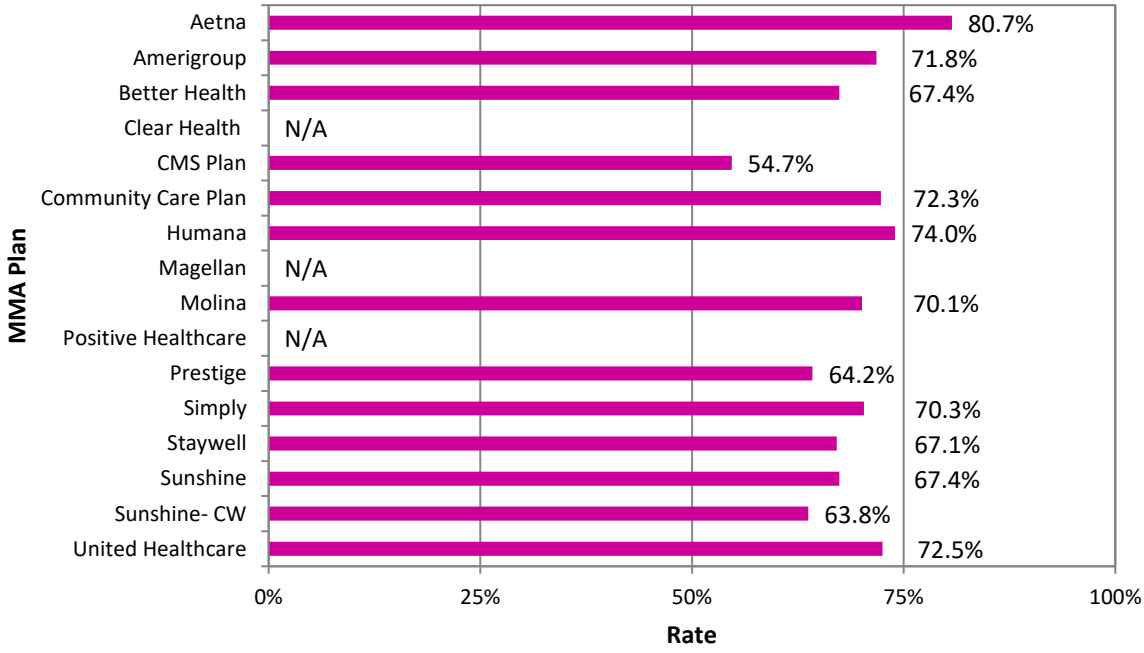
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 74. National Benchmarks for W15: Six or More Visits, CY 2017



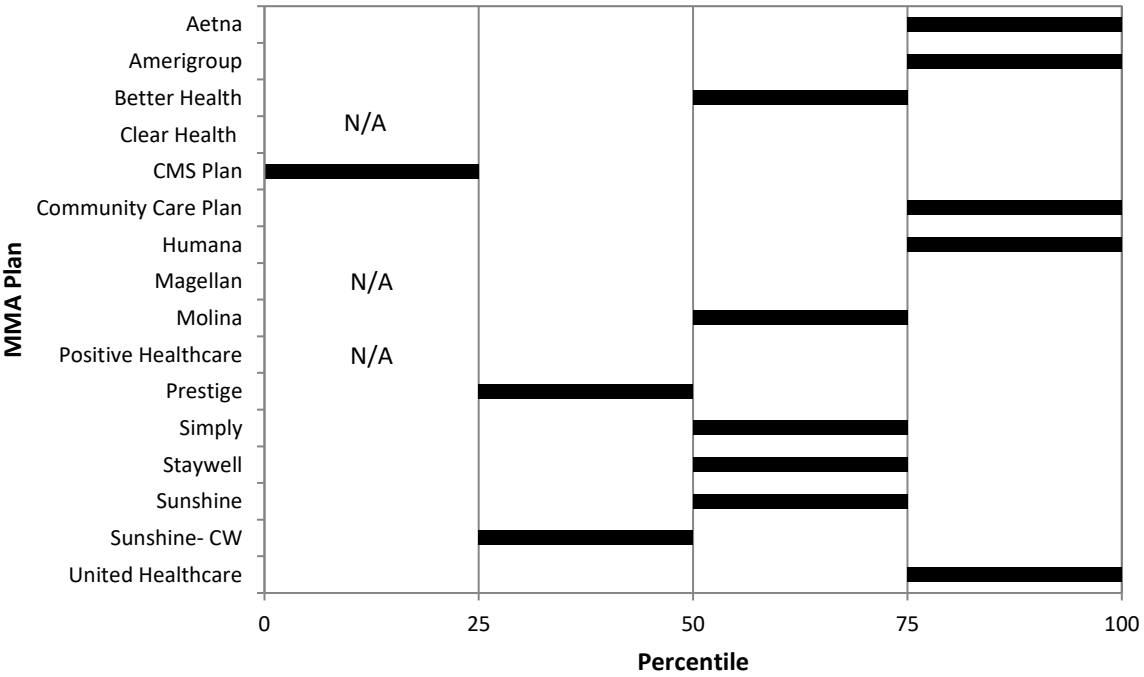
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 75. MMA Plan Results for W15: Six or More Visits, CY 2017



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

Figure 76. National Benchmarks for W15: Six or More Visits, CY 2017



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

Table 21. W15: Six or More Visits Results by Program: CY 2014 to CY 2017

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

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

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

Immunizations for Adolescents (IMA)

Immunizations protect millions from potentially deadly diseases and save thousands of lives by preparing the body to fight illness. This HEDIS indicator reports the percentage of adolescents who turned 13 years old in CY 2017 and had the following vaccines or evidence of the antigens: one dose of meningococcal conjugate vaccine, one dose of tetanus, diphtheria toxoids and acellular pertussis vaccine (Tdap), and the human papillomavirus (HPV) vaccine series before their 13th birthday. This measure is compliant with the evidence-based child and adolescent immunization schedule (Robinson et al., 2017). Continuous enrollment in the 12 months leading up to the member's 13th birthday is required for measurement eligibility, allowing for no more than one 45-day gap during those 12 months.

In addition to using the plans' claims and encounter data, Florida SHOTS data were included. Persons excluded from this measure include those who had an anaphylactic reaction to the vaccine or its components at any time on or before the 13th birthday or with a service date prior to October 1, 2011.

Four rates are reported for Florida KidCare members: (1) the percentage of adolescents who received the meningococcal vaccine, (2) the percentage of adolescents who received the Tdap vaccine, (3) a combination rate of adolescents who received both a meningococcal vaccine and a Tdap vaccine, and (4) the percentage of adolescents who have completed the HPV vaccination series. The criteria for each of these sub-measures varies:

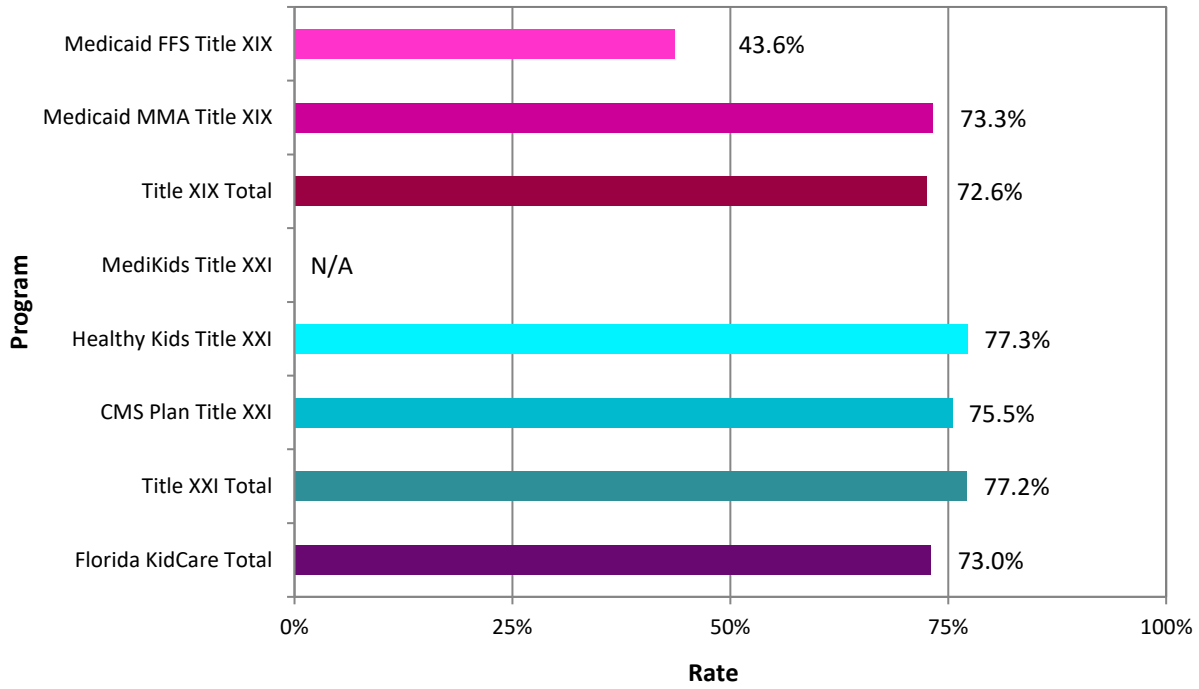
- Meningococcal: At least one meningococcal conjugate vaccine on or between the adolescent's 11th and 13th birthdays
- Tdap: At least one Tdap vaccine between the 10th and 13th birthdays
- Combination 1: Adolescents who meet the criteria for both the meningococcal conjugate and Tdap sub-measures
- HPV: At least two HPV vaccines 146 days apart between the 9th and 13th birthdays (added in the HEDIS 2018 guidelines) or at least three HPV vaccines with different dates of service.

Figure 77 and **Figure 78** present the program results and benchmark percentile ranges, respectively, in CY 2017 for Meningococcal Immunizations, while **Figure 83** and **Figure 84** present the same information for Tdap Immunizations. **Figure 89** and **Figure 90** present the program results and benchmark percentile ranges, respectively, in CY 2017 for Combination 1 Immunizations, and **Figure 95** and **Figure 96** present the same information for HPV Immunizations.

Figure 79, **Figure 85**, **Figure 91**, and **Figure 97** present the Medicaid MMA plan level results for Meningococcal, Tdap, Combination 1, and HPV, respectively, for CY 2017. **Figure 80**, **Figure 86**, **Figure 92**, and **Figure 98** present the Medicaid MMA plan benchmark percentiles for Meningococcal, Tdap, Combination 1, and HPV, respectively, for CY 2017. **Figure 81**, **Figure 87**, **Figure 93**, and **Figure 99** present the Florida Health Kids plan level results for Meningococcal, Tdap, Combination 1, and HPV, respectively, for CY 2017. **Figure 82**, **Figure 88**, **Figure 94**, and **Figure 100** present Florida Healthy Kids plan benchmark percentiles for Meningococcal, Tdap, Combination 1, and HPV, respectively, for CY 2017.

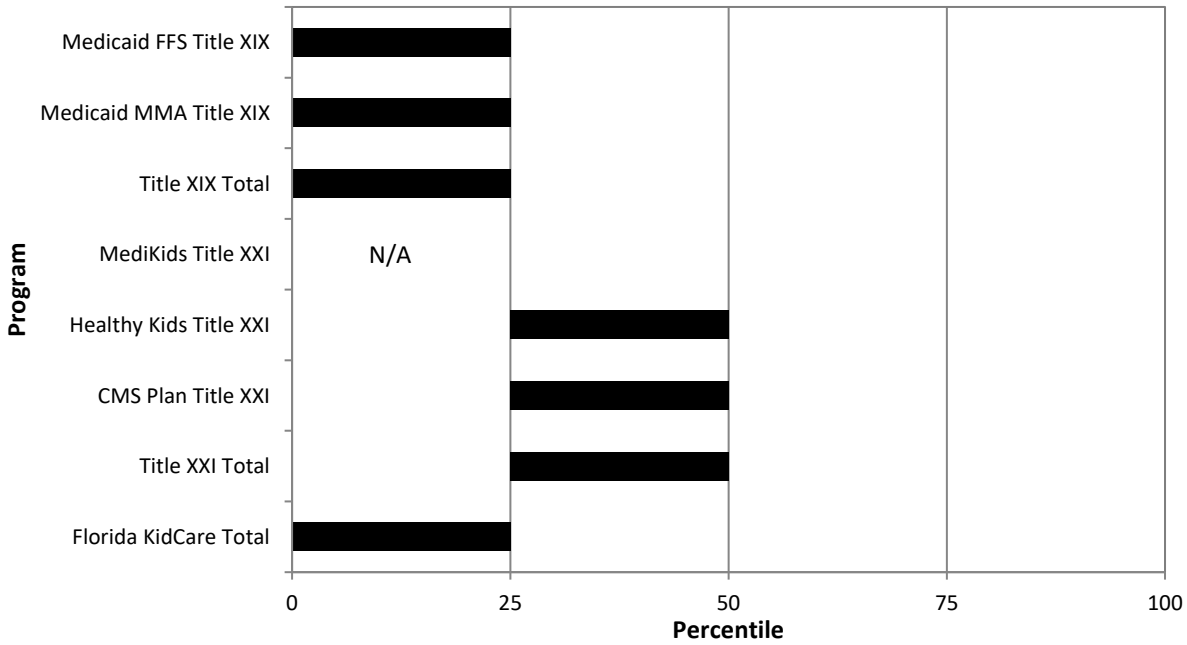
Table 22, **Table 23**, and **Table 24** present the trending results for Meningococcal, Tdap, and Combination 1, respectively, from CY 2014 to CY 2017 for each of the Florida KidCare Programs, Medicaid Total, CHIP Total, and Florida KidCare Total, with applicable benchmark percentiles. Trending results are not presented for the HPV sub-measure, as CY 2017 was the first year the sub-measure was included in this report.

Figure 77. Program Results for IMA: Meningococcal Immunizations, CY 2017



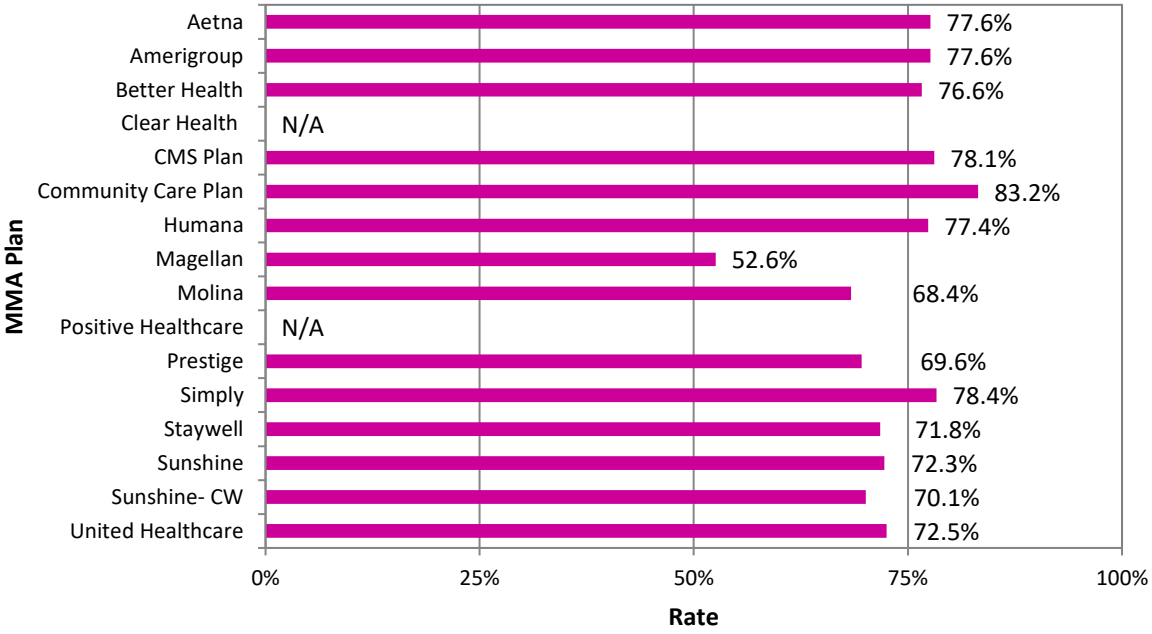
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 78. National Benchmarks for IMA: Meningococcal Immunizations, CY 2017



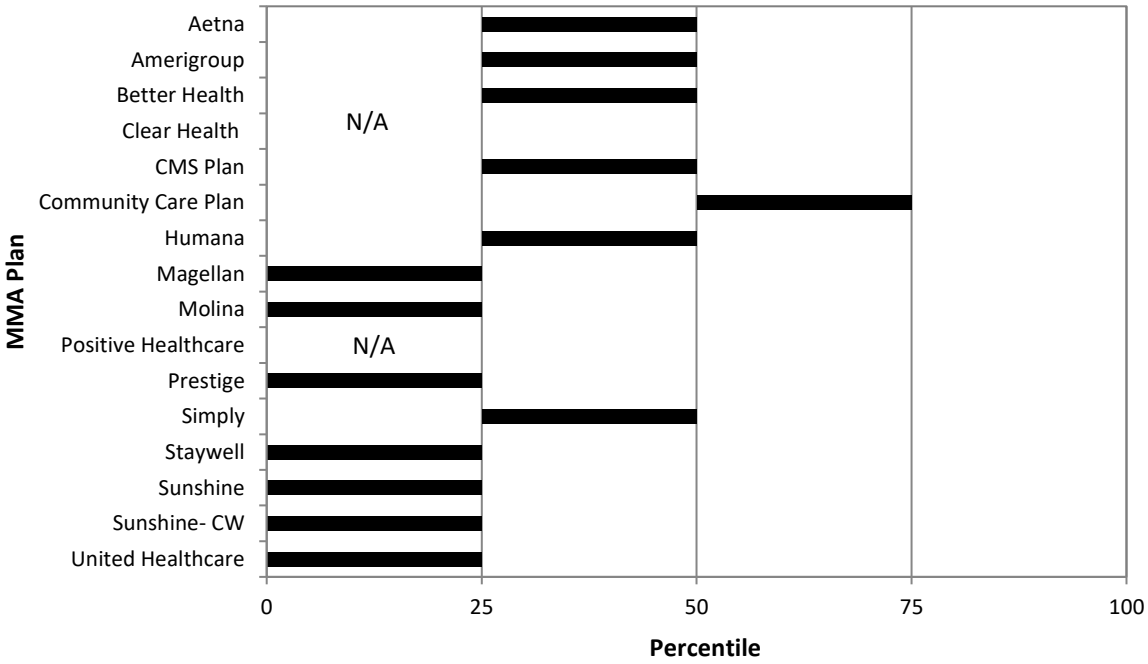
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 79. MMA Plan Results for IMA: Meningococcal Immunizations, CY 2017



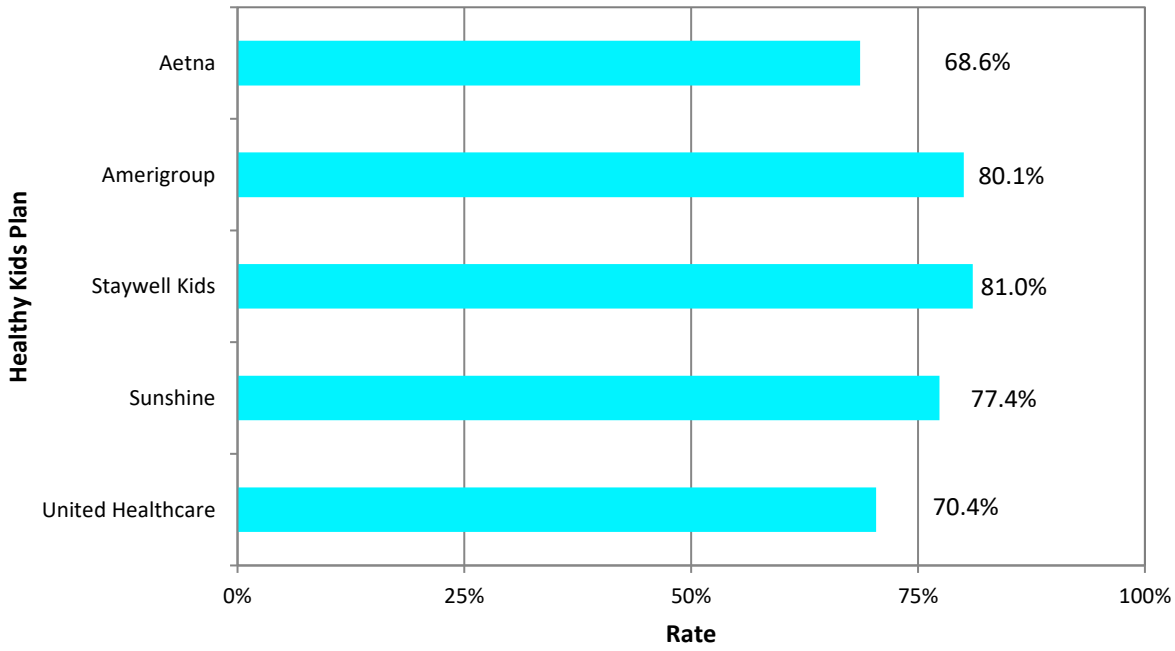
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 80. National Benchmarks for IMA: Meningococcal Immunizations, CY 2017



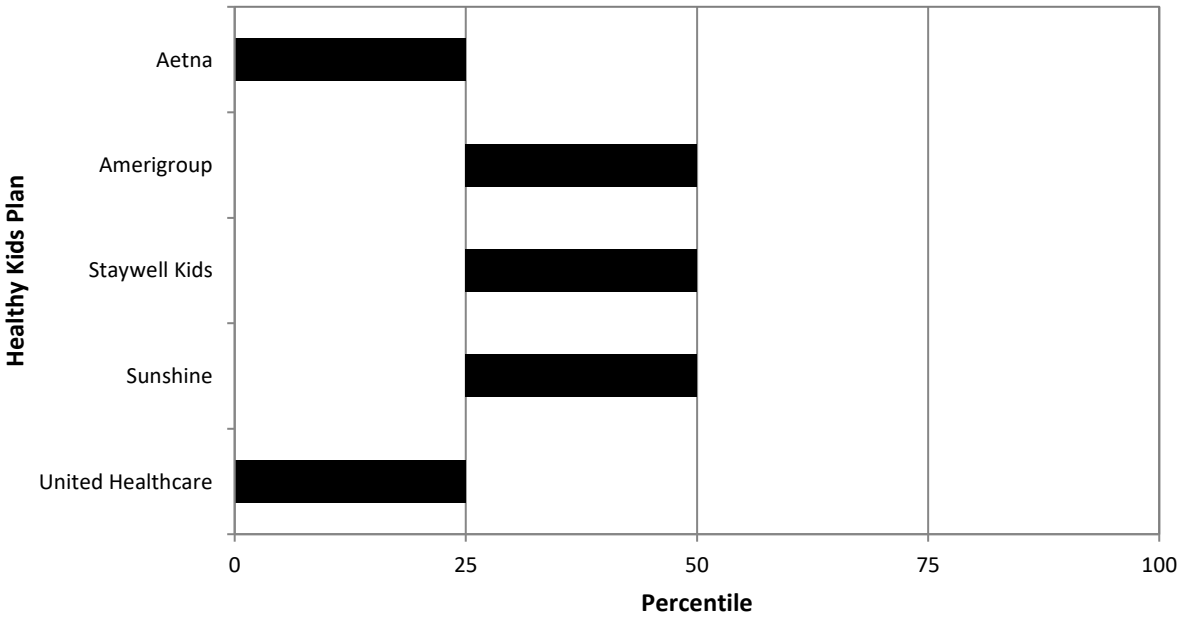
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 81. Healthy Kids Plan Results for IMA: Meningococcal Immunizations, CY 2017



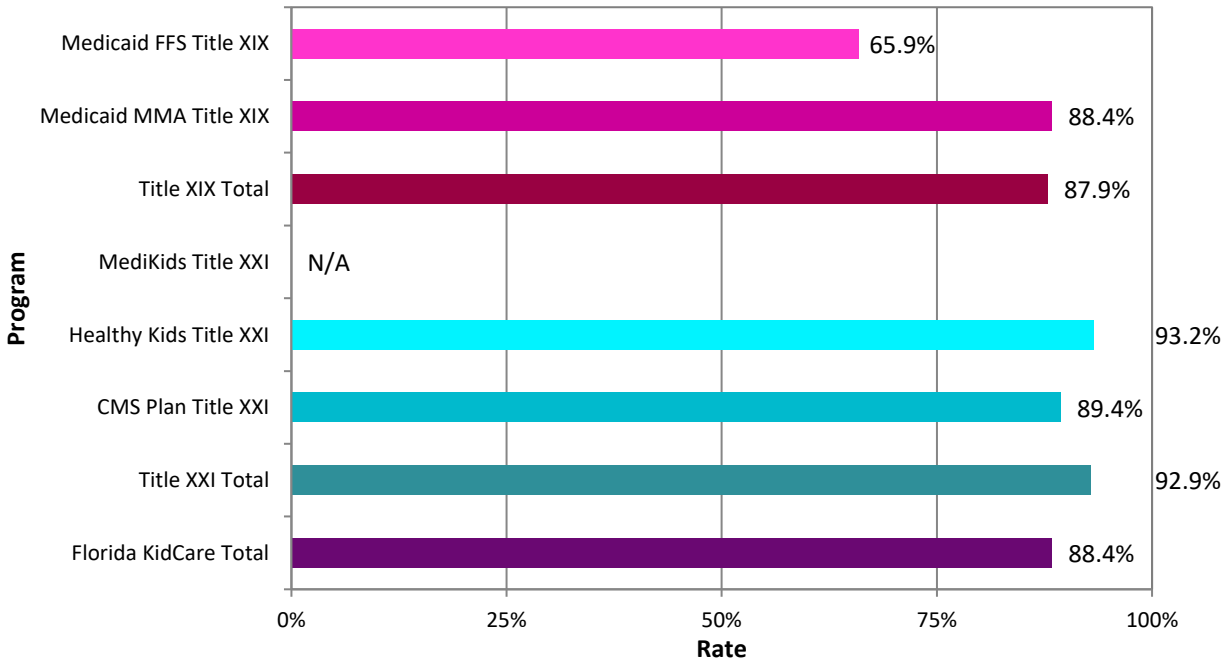
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 82. National Benchmarks for IMA: Meningococcal Immunizations, CY 2017



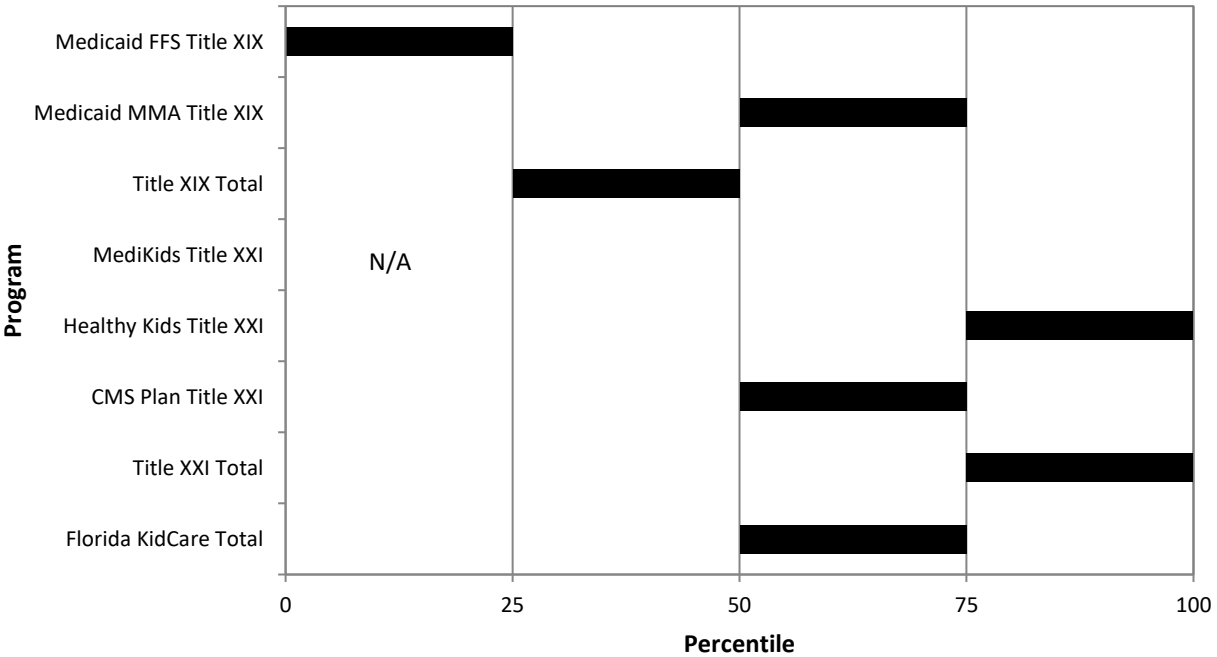
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 83. Program Results for IMA: Tdap Immunizations, CY 2017



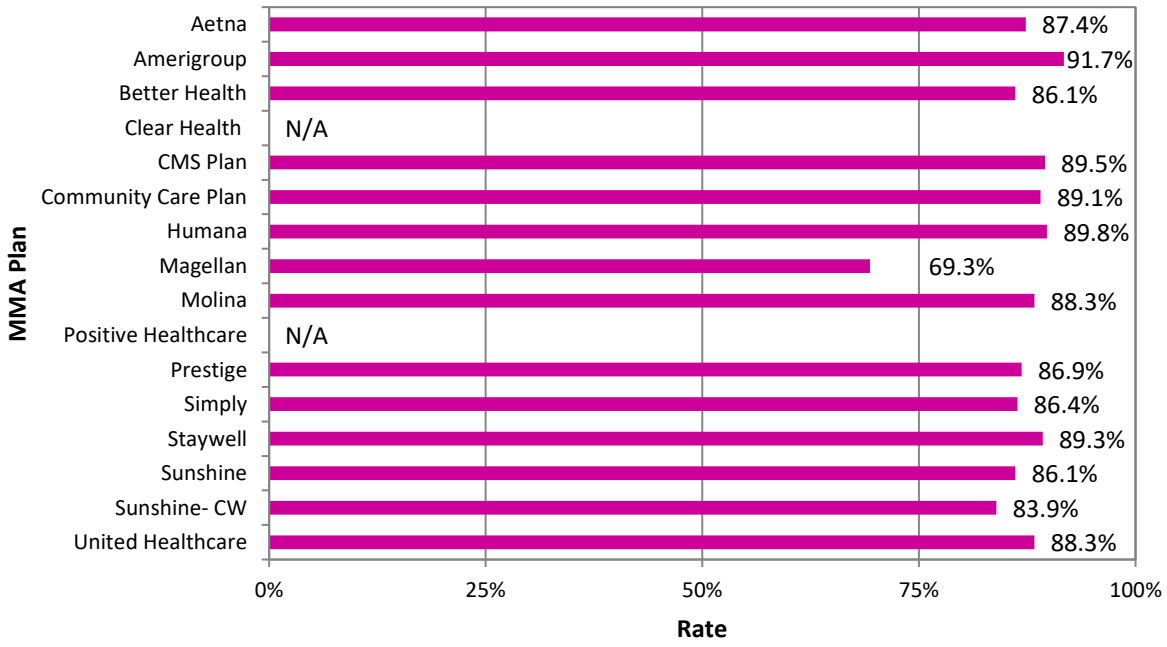
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 84. National Benchmarks for IMA: Tdap Immunizations, CY 2017



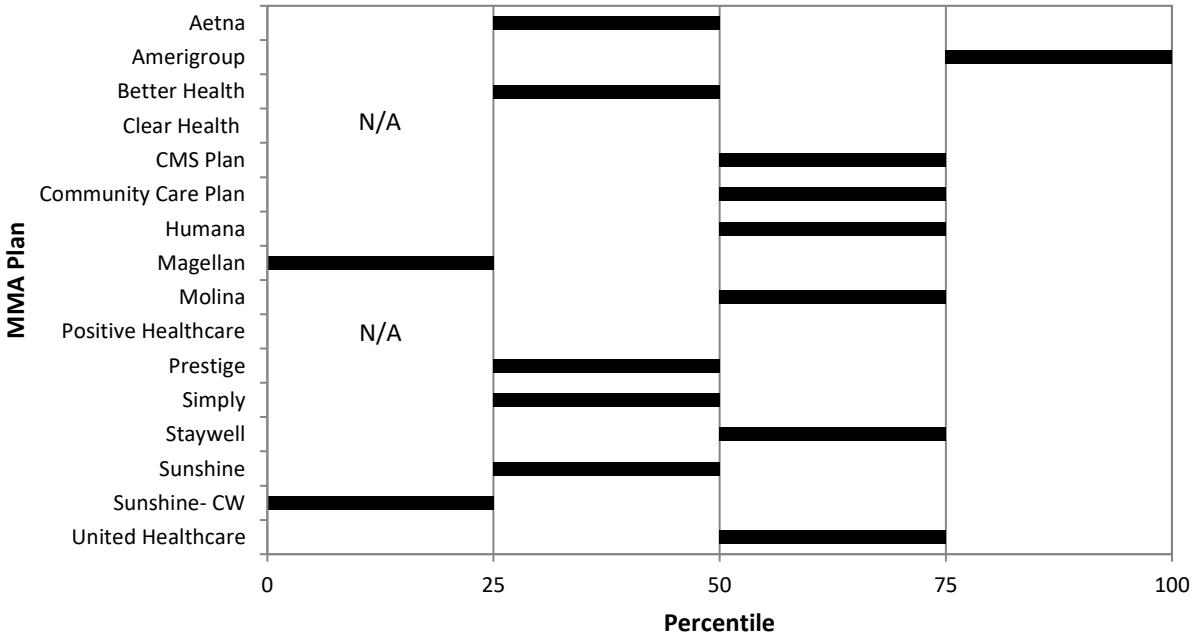
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 85. MMA Plan Results for IMA: Tdap Immunizations, CY 2017



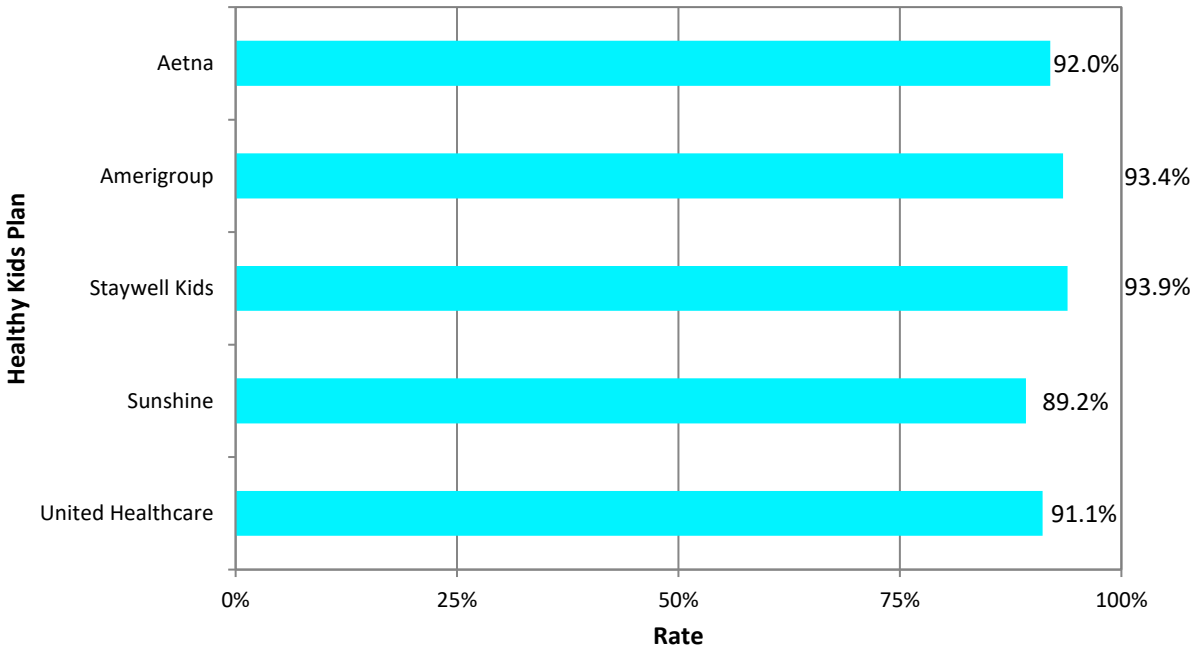
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 86. National Benchmarks for IMA: Tdap Immunizations, CY 2017



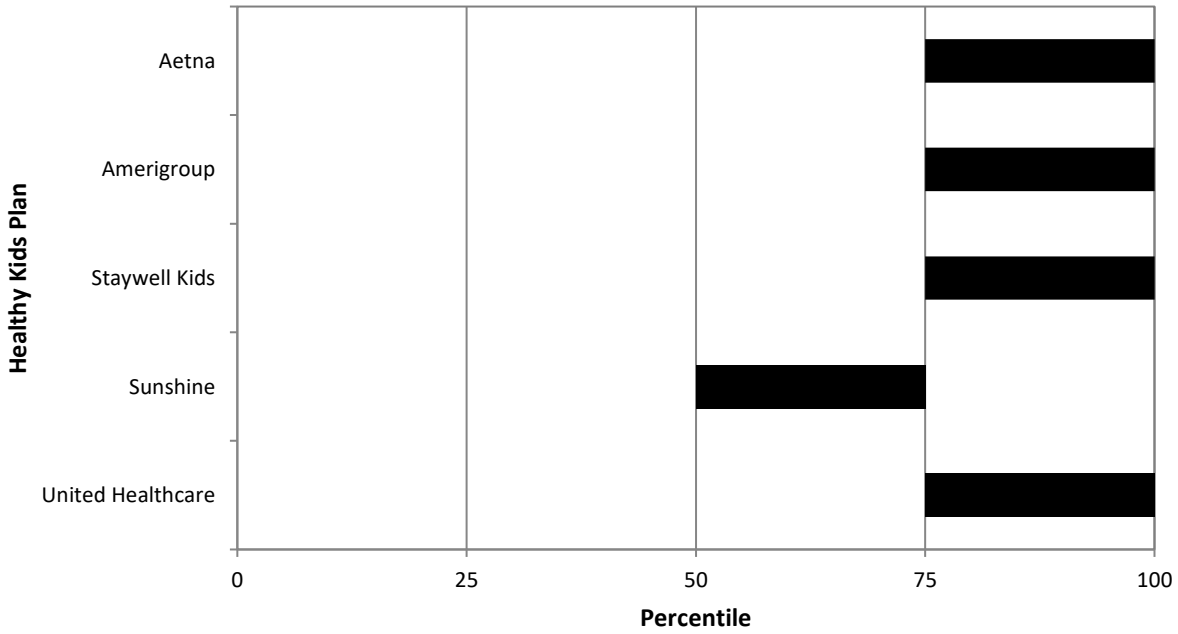
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 87. Healthy Kids Plan Results for IMA: Tdap Immunizations, CY 2017



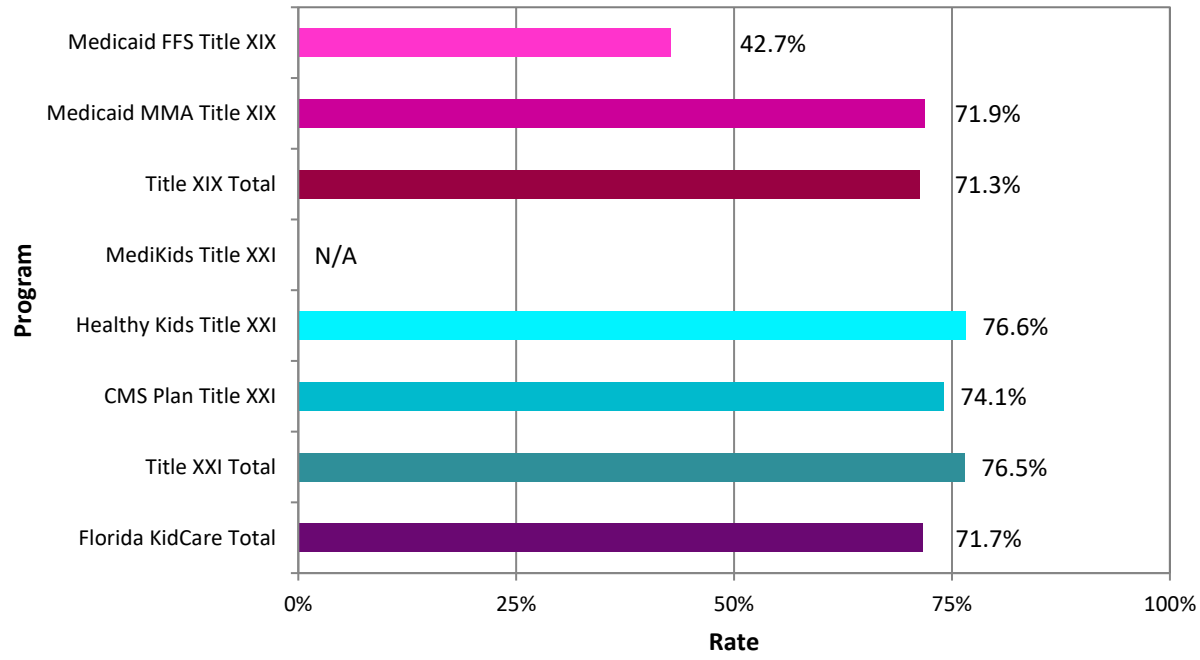
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 88. National Benchmarks for IMA: Tdap Immunizations, CY 2017



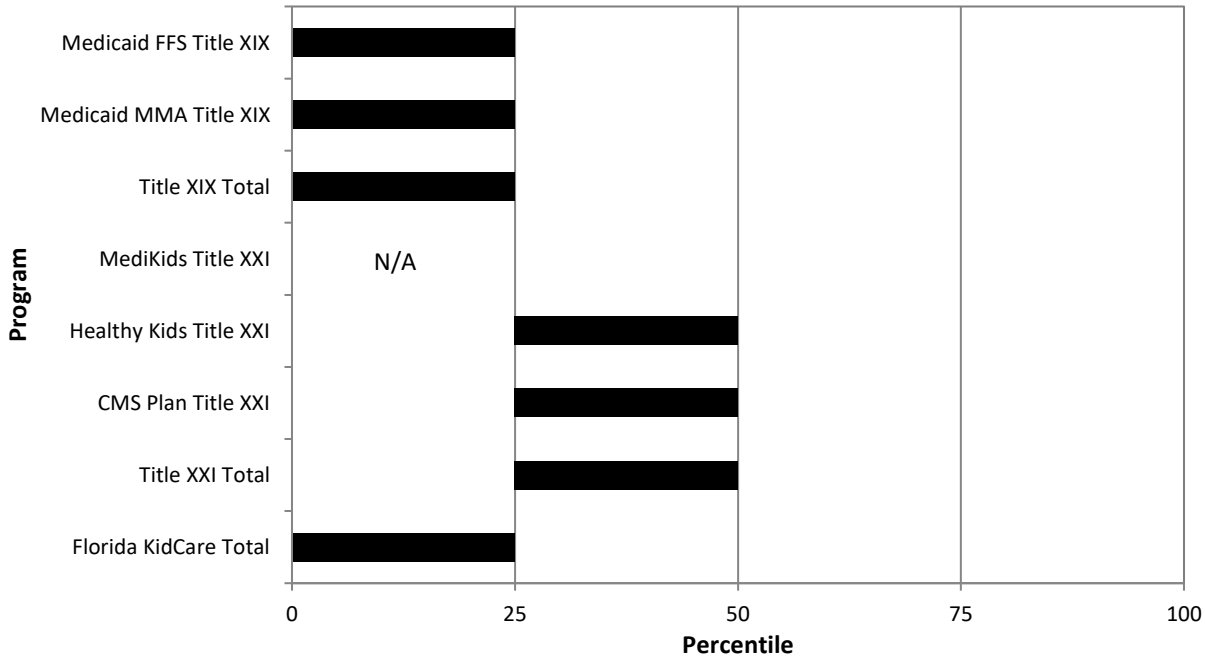
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 89. Program Results for IMA: Combination 1 Immunizations, CY 2017



Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 90. National Benchmarks for IMA: Combination 1 Immunizations, CY 2017

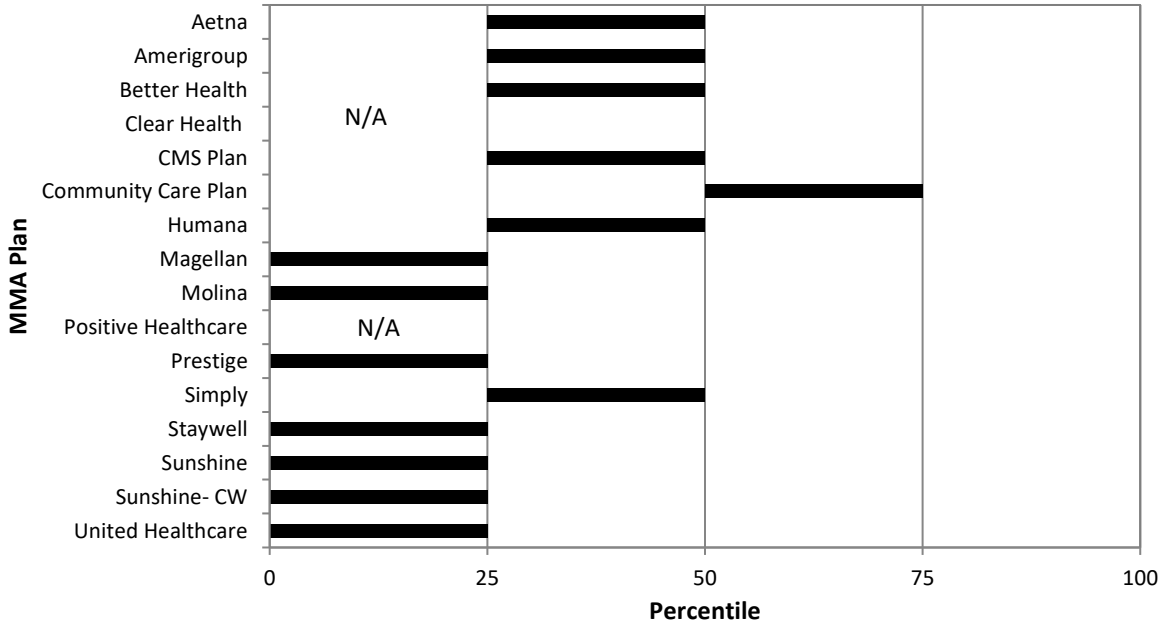


Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 91. MMA Plan Results for IMA: Combination 1 Immunizations, CY 2017

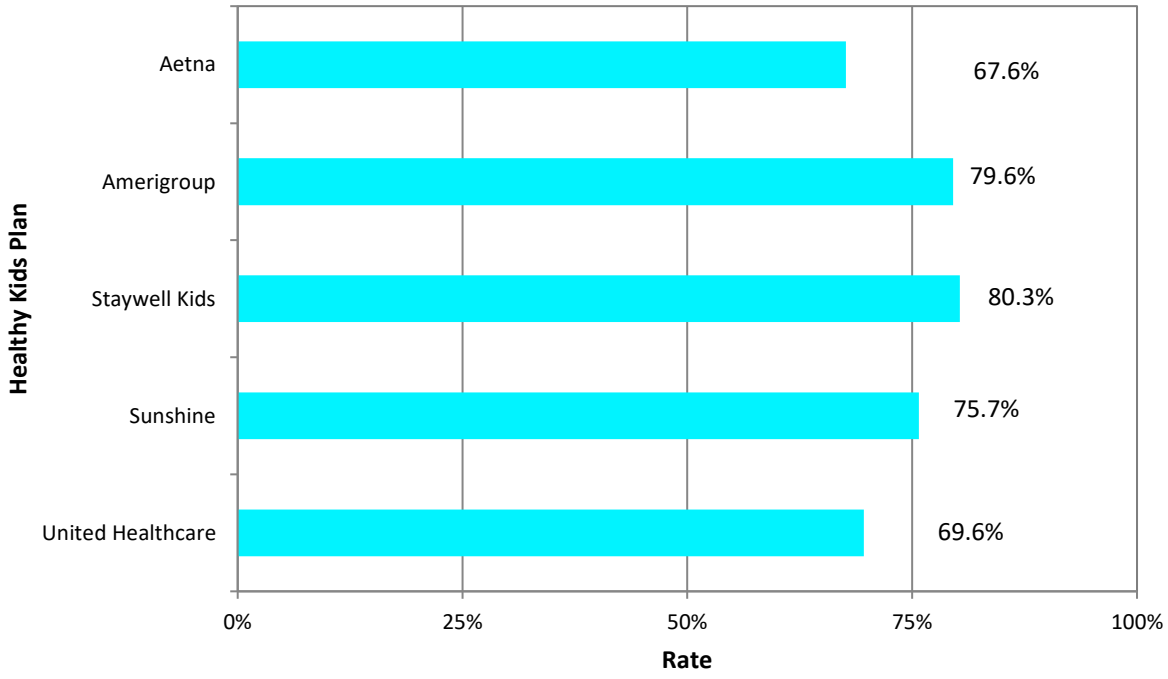
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 92. National Benchmarks for IMA: Combination 1 Immunizations, CY 2017



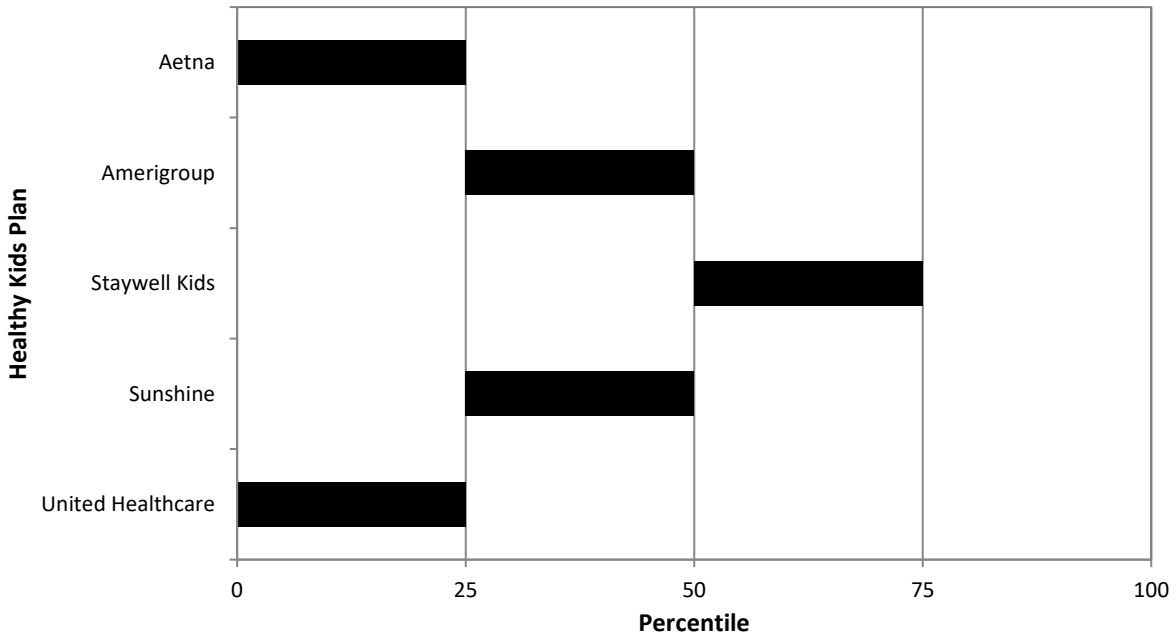
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 93. Healthy Kids Plan Results for IMA: Combination 1 Immunizations, CY 2017



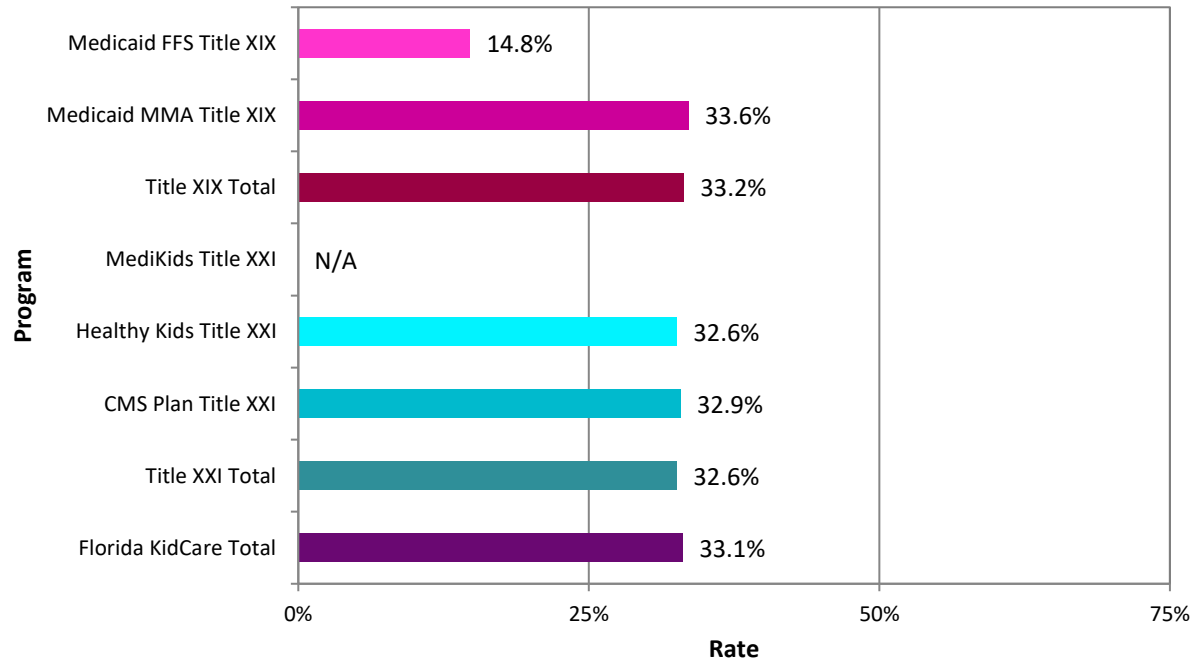
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 94. National Benchmarks for IMA: Combination 1 Immunizations, CY 2017



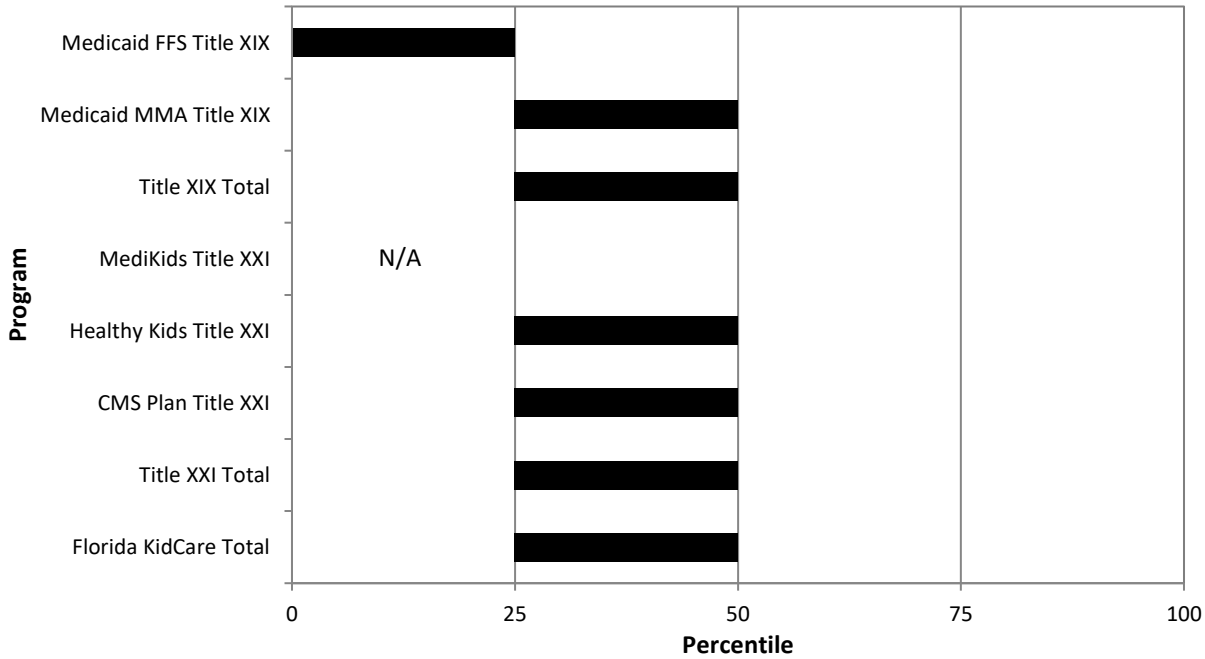
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 95. Program Results for IMA: HPV Immunizations, CY 2017



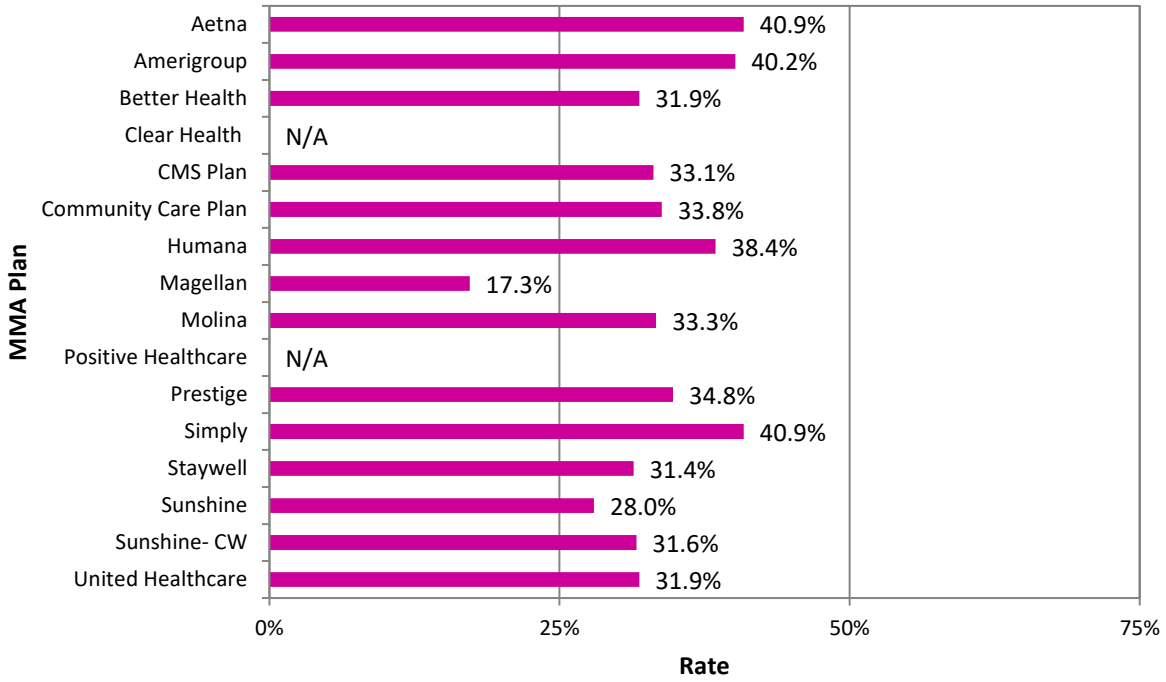
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 96. National Benchmarks for IMA: HPV Immunizations, CY 2017



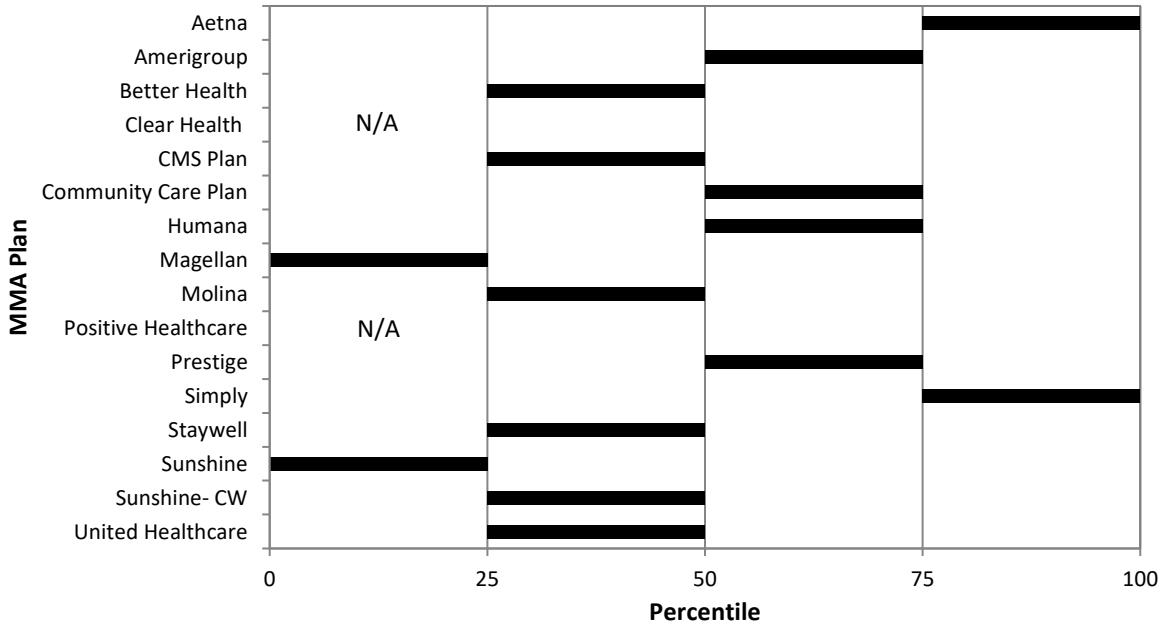
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 97. MMA Plan Results for IMA: HPV Immunizations, CY 2017



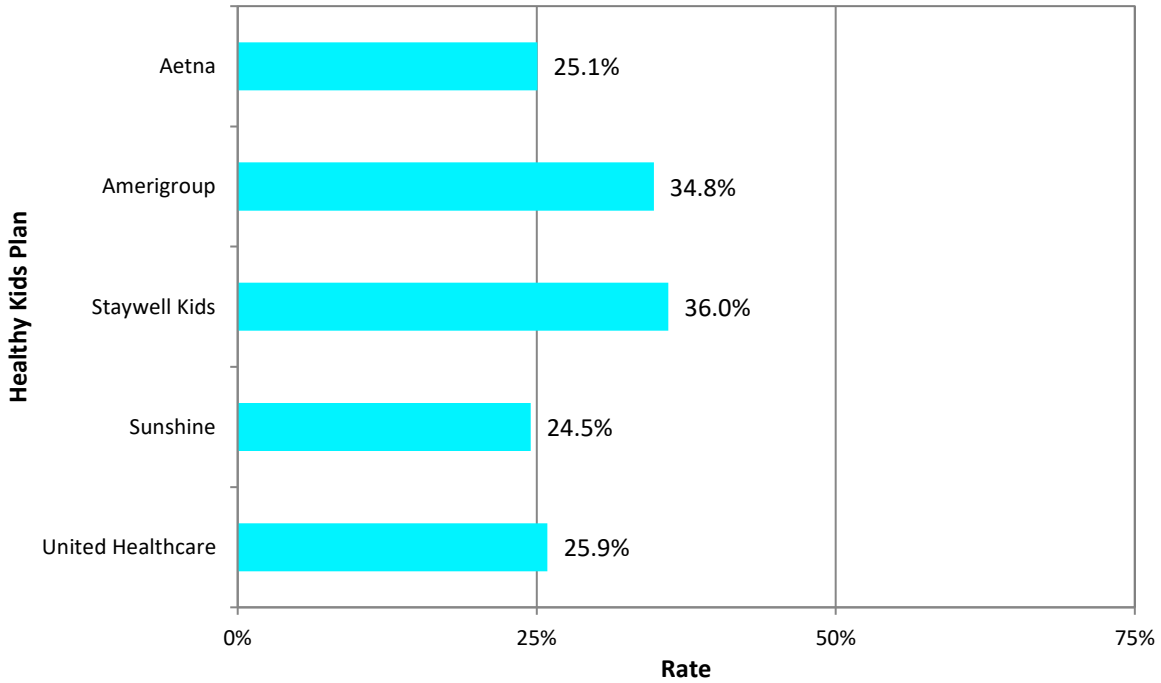
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 98. National Benchmarks for IMA: HPV Immunizations, CY 2017



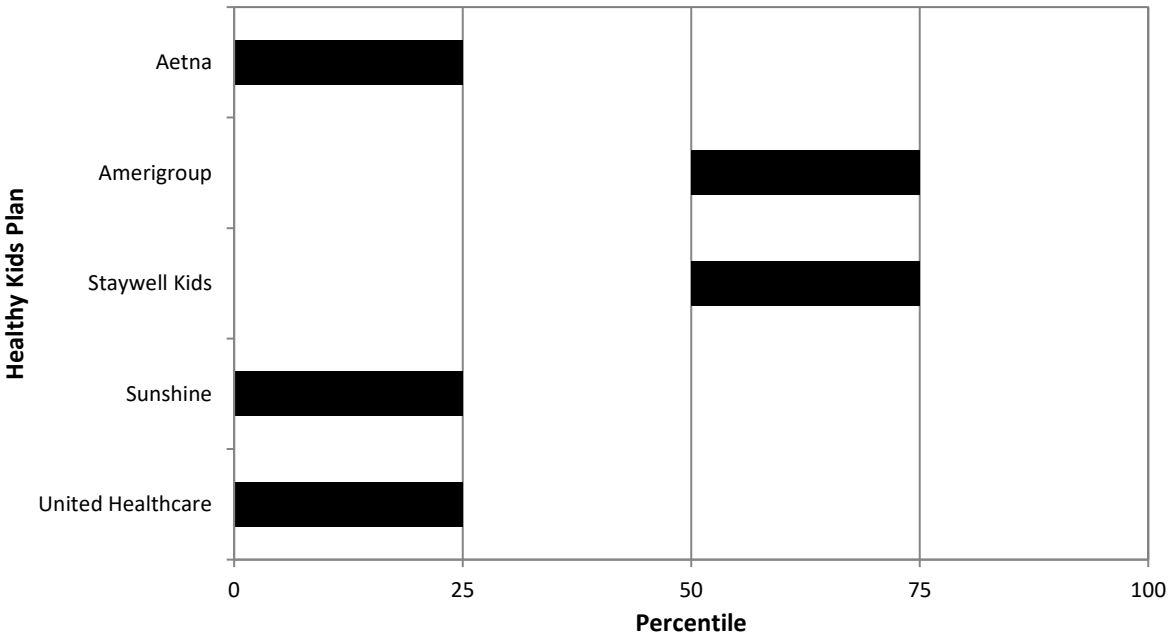
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 99. Healthy Kids Plan Results for IMA: HPV Immunizations, CY 2017



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

Figure 100. National Benchmarks for IMA: HPV Immunizations, CY 2017



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

Table 22. IMA: Meningococcal Results by Program: CY 2014 to CY 2017

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

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

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

Table 23. IMA: Tdap Results by Program: CY 2014 to CY 2017

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

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

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

Table 24. IMA: Combination 1 Measure Results by Program: CY 2014 to CY 2017

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

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

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

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

Having a well-child or preventive care visit is a fundamental component of health care for children. Well-child visits offer practitioners an opportunity to check in with patients and families to ensure that children are healthy and developing properly, as well as to customize care specific to the needs and preferences of the family (Tanski et al., 2010). The HEDIS W34 indicator measures the percentage of children three to six years of age who received one or more well-child visits during CY 2017. This HEDIS measure requires visits with a PCP specifically. The PCP does not need to be the practitioner assigned to the child. The well-child visit must include documentation of a health history, a physical developmental history, a mental developmental history, a physical exam, and health education or anticipatory guidance. Inpatient or ED visits are not counted. For this measure, the enrollee must be continuously enrolled during the measurement year with no more than one gap in enrollment of up to 45 days during the continuous enrollment period.

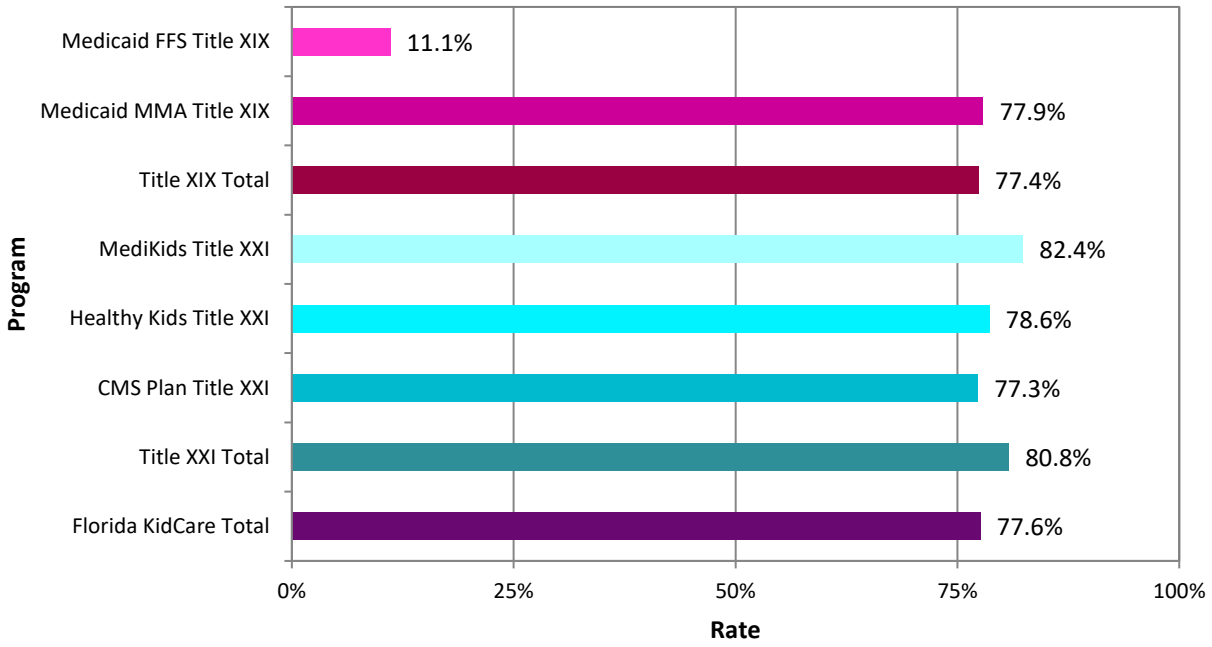
Figure 101 presents the program results, while **Figure 102** presents the benchmark percentile ranges, respectively, in CY 2017.

Figure 103, and **Figure 104,** present the Medicaid MMA plan results and benchmark percentile ranges in CY 2017.

Figure 105 and **Figure 106** present the Florida Healthy Kids plan results and benchmark percentile ranges, respectively, in CY 2017.

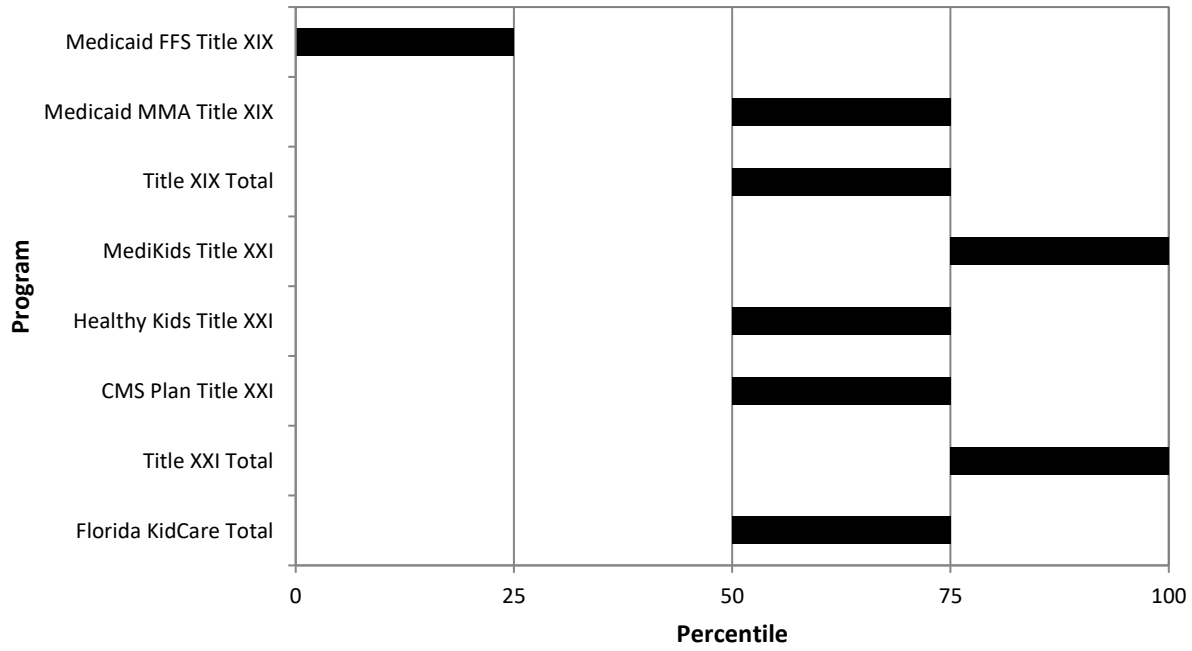
Table 25 presents the trending results from CY 2014 to CY 2017 for each of the Florida KidCare Programs, Medicaid Total, CHIP Total, and Florida KidCare Total, with applicable benchmark percentiles.

Figure 101. Program Results for W34: CY 2017



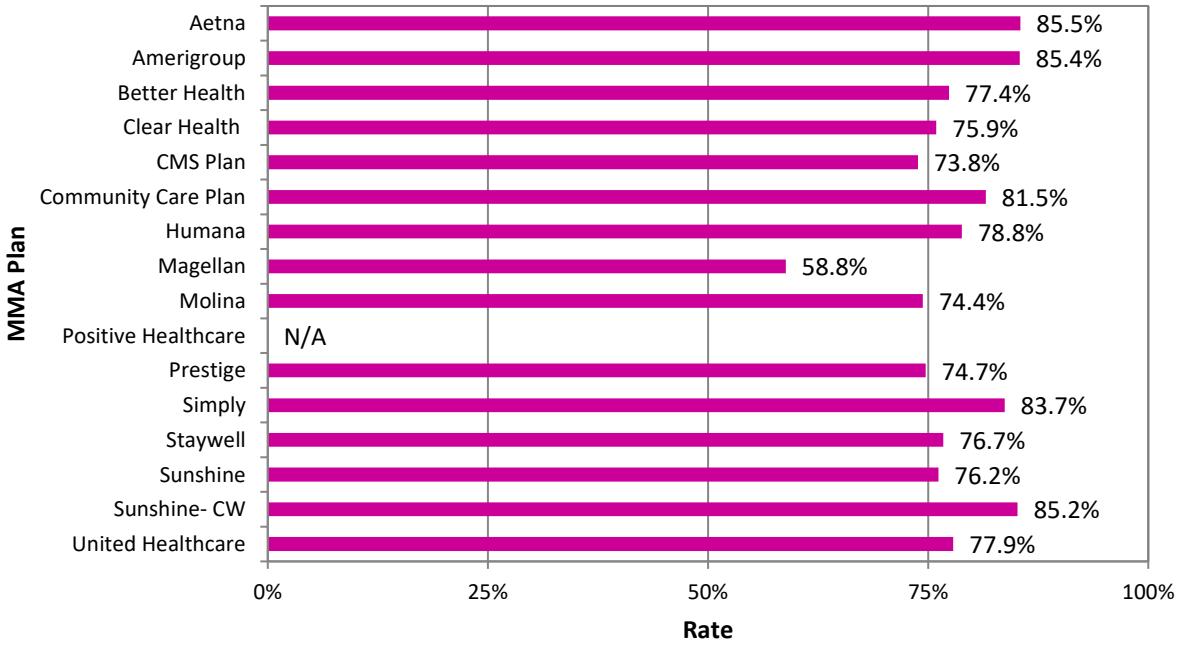
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 102. National Benchmarks for W34: CY 2017



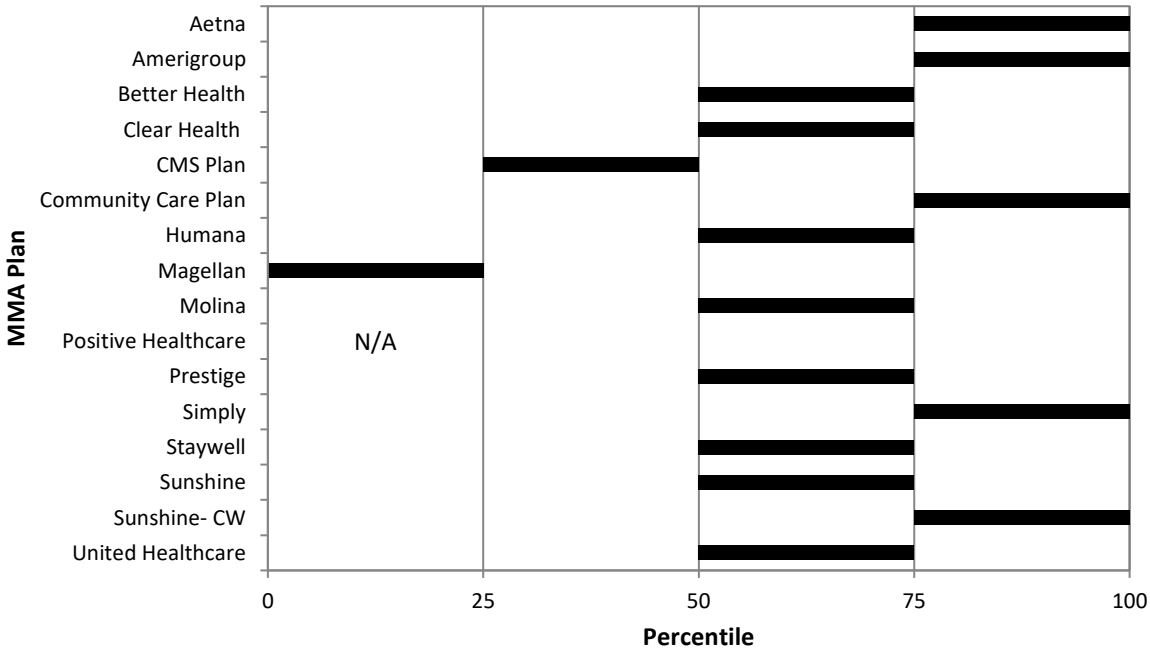
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 103. MMA Plan Results for W34: CY 2017



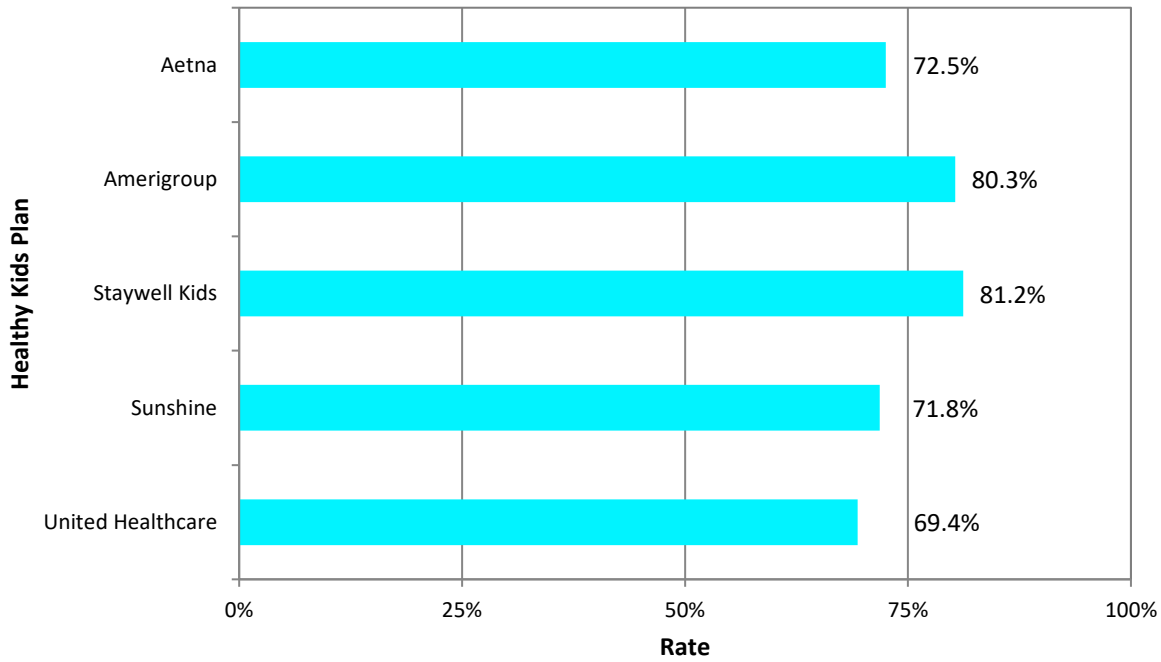
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 104. National Benchmarks for W34: CY 2017



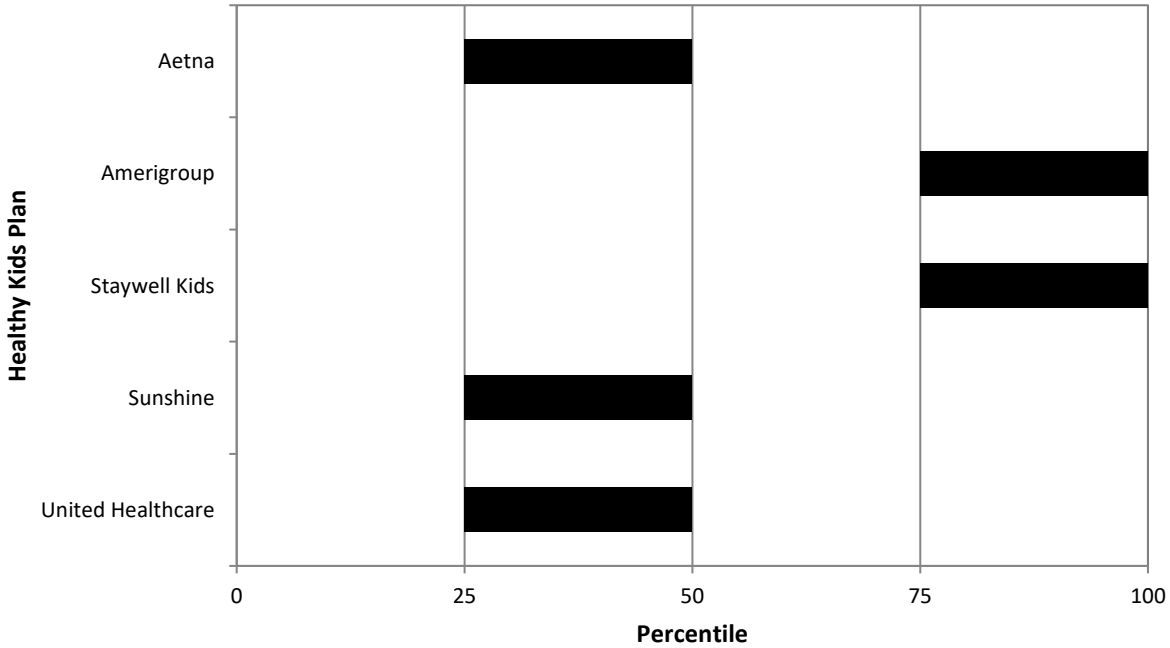
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 105. Healthy Kids Plan Results for W34: CY 2017



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

Figure 106. National Benchmarks for W34: CY 2017



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

Table 25. W34 Results by Program: CY 2014 to CY 2017

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

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

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

Adolescent Well-Care Visit (AWC)

Having a preventive care visit is important for adolescents as well as for younger children. However, adolescents often have a lower rate of compliance with preventive care guidelines than younger children, and adolescent well-care visits often take longer to complete due to the complex nature of issues facing adolescents (Tanski et al., 2010). The HEDIS AWC indicator measures the percentage of enrollees 12 through 21 years of age who received one or more comprehensive adolescent well-care visits with a physician during CY 2017. This HEDIS measure requires visits with a PCP or OB/GYN practitioner, though the provider does not need to be assigned to the member. The well-care visit must include a health history, a physical developmental history, a mental developmental history, a physical exam, and health education or anticipatory guidance. For this measure, enrollees must have continuous enrollment during the measurement year with no more than one gap in enrollment of up to 45 days during the period.

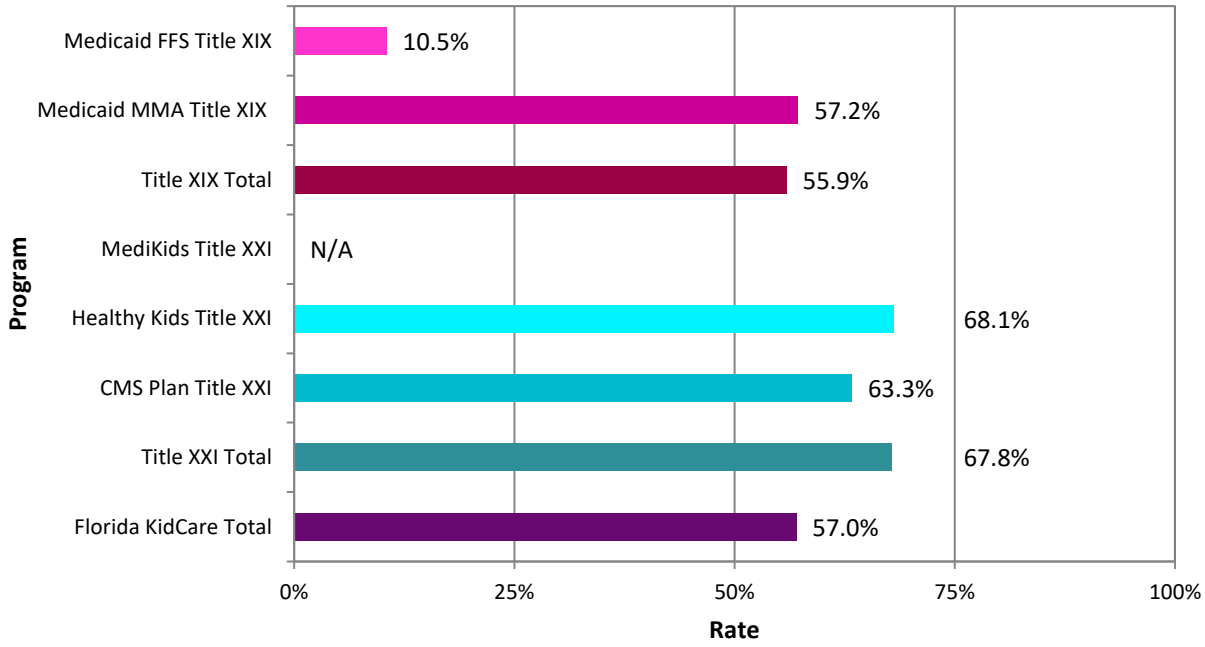
Figure 107 presents the program results, while **Figure 108** presents benchmark percentile ranges in CY 2017.

Figure 109 and **Figure 110** present the Medicaid MMA plan results and benchmark percentiles ranges, respectively, in CY 2017.

Figure 111 and **Figure 112** present the Florida Healthy Kids plan results and benchmark percentile ranges, respectively, in CY 2017.

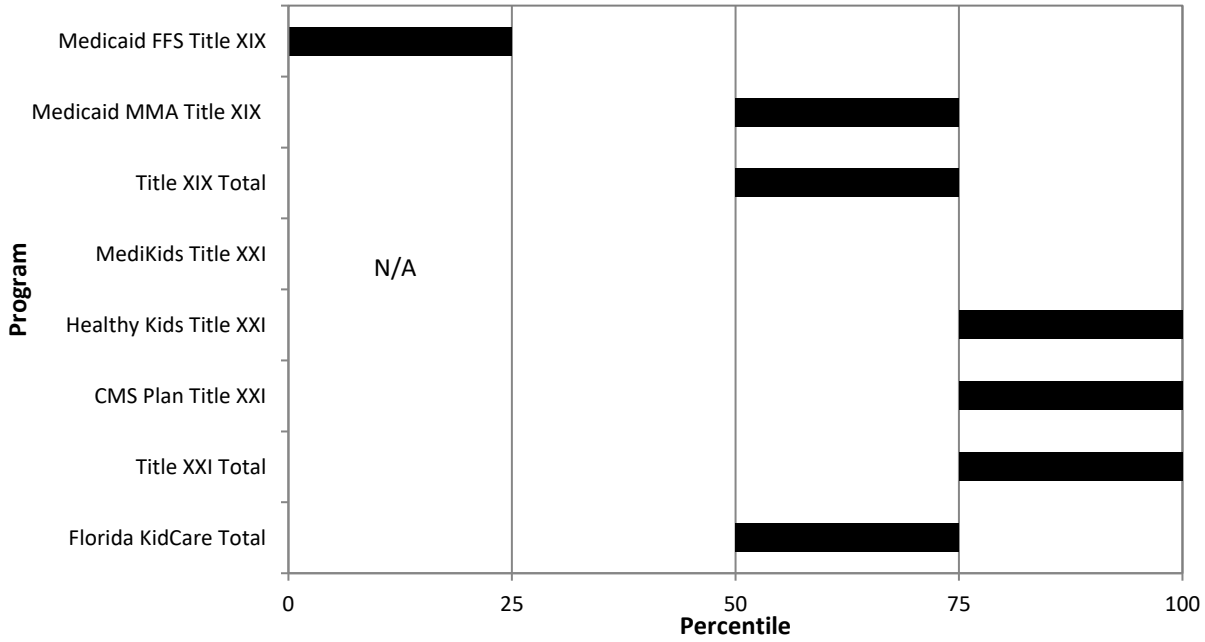
Table 26 presents the trending results from CY 2014 to CY 2017 for each of the Florida KidCare Programs, Medicaid Total, CHIP Total, and Florida KidCare Total, with applicable benchmark percentiles.

Figure 107. Program Results for AWC: CY 2017



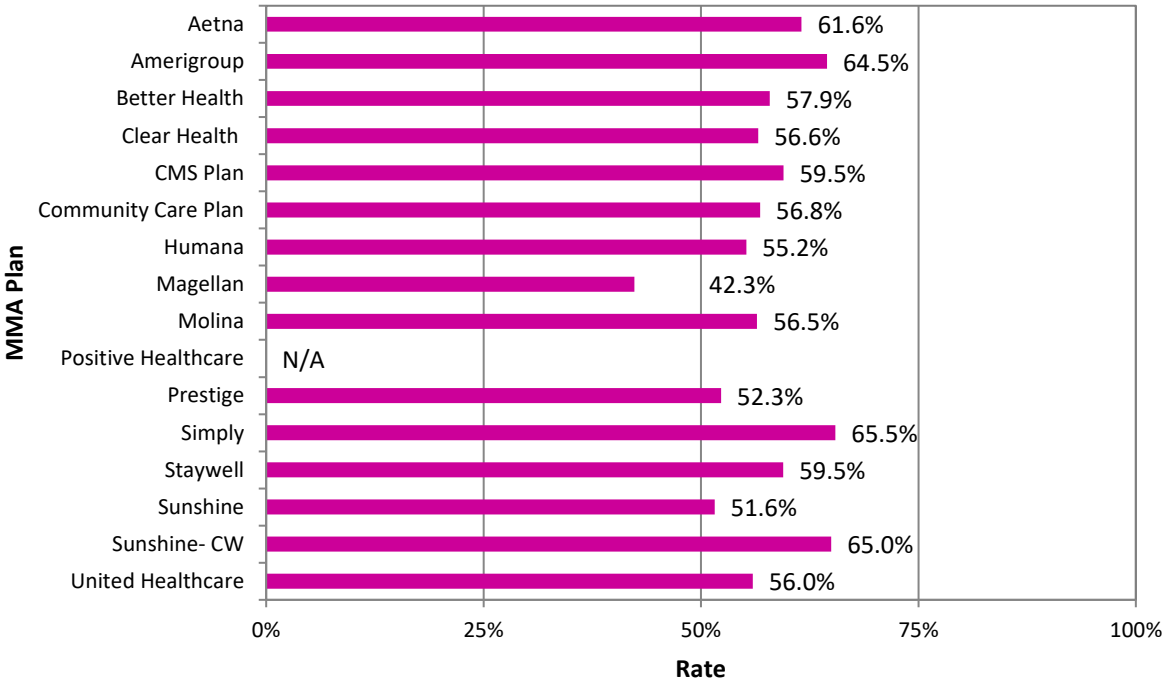
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 108. National Benchmarks for AWC: CY 2017



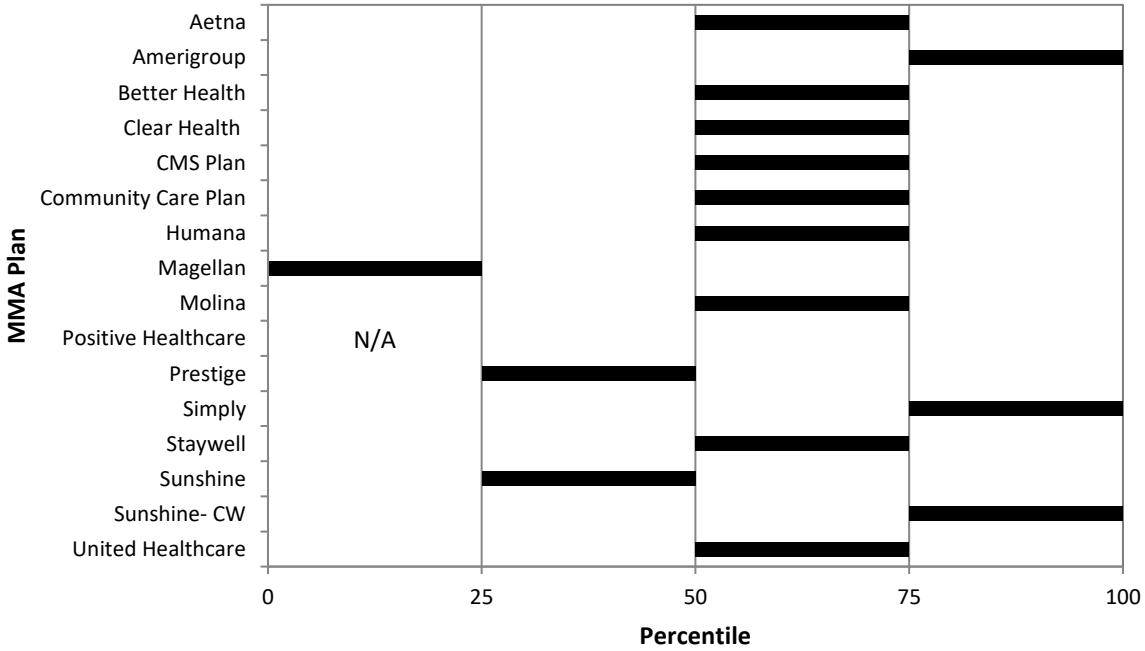
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 109. MMA Plan Results for AWC: CY 2017



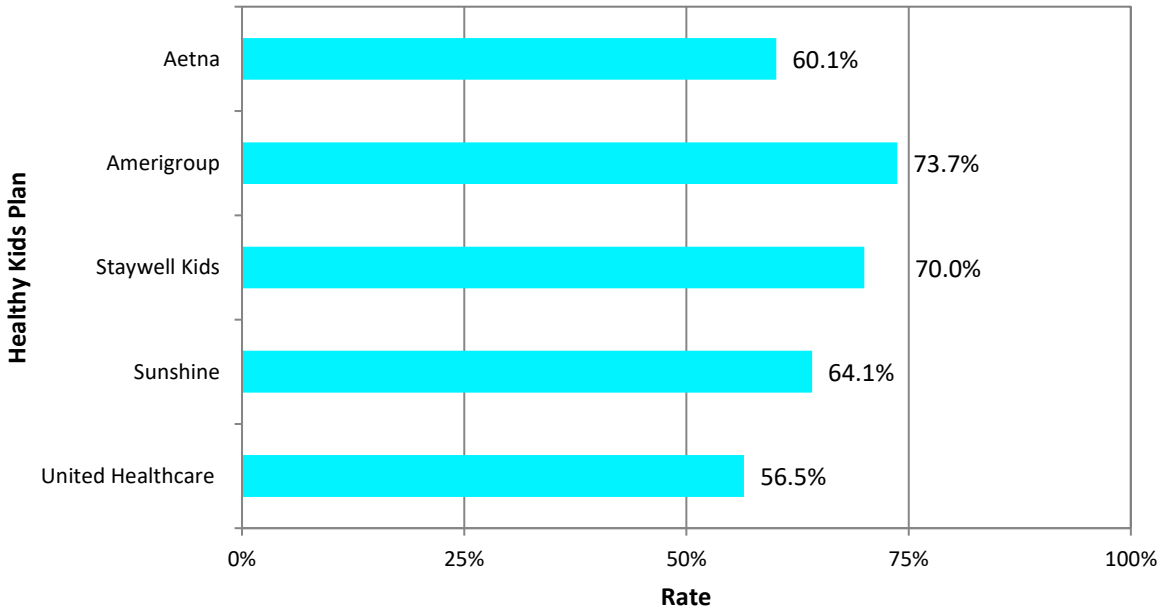
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 110. National Benchmarks for AWC: CY 2017



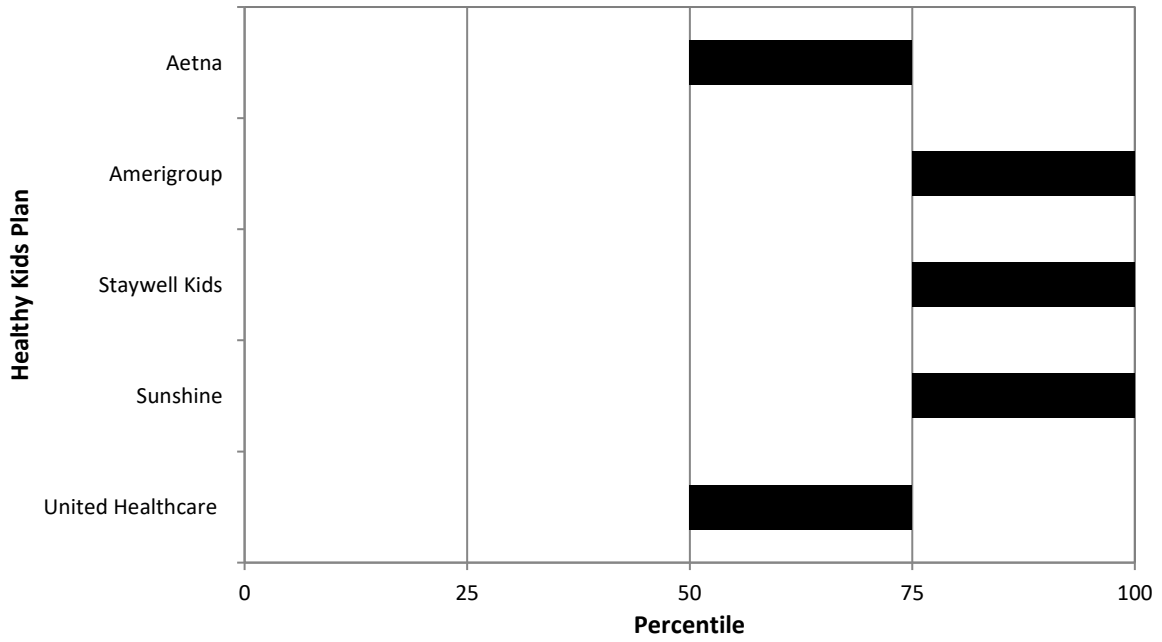
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 111. Healthy Kids Plan Results for AWC: CY 2017



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

Figure 112. National Benchmarks for AWC: CY 2017



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

Table 26. AWC Results by Program: CY 2014 to CY 2017

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

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

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

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

This HEDIS measure reports the percentage of members 12 months through 19 years of age who had a visit with a PCP in CY 2017. Regular visits to a PCP are recommended annually for children and adolescents (Tanski et al., 2010).

This measure has four age groups:

- Children 12–24 months of age
- Children 25 months to 6 years of age
- Children ages 7-11 years of age
- Adolescents ages 12-19 years of age

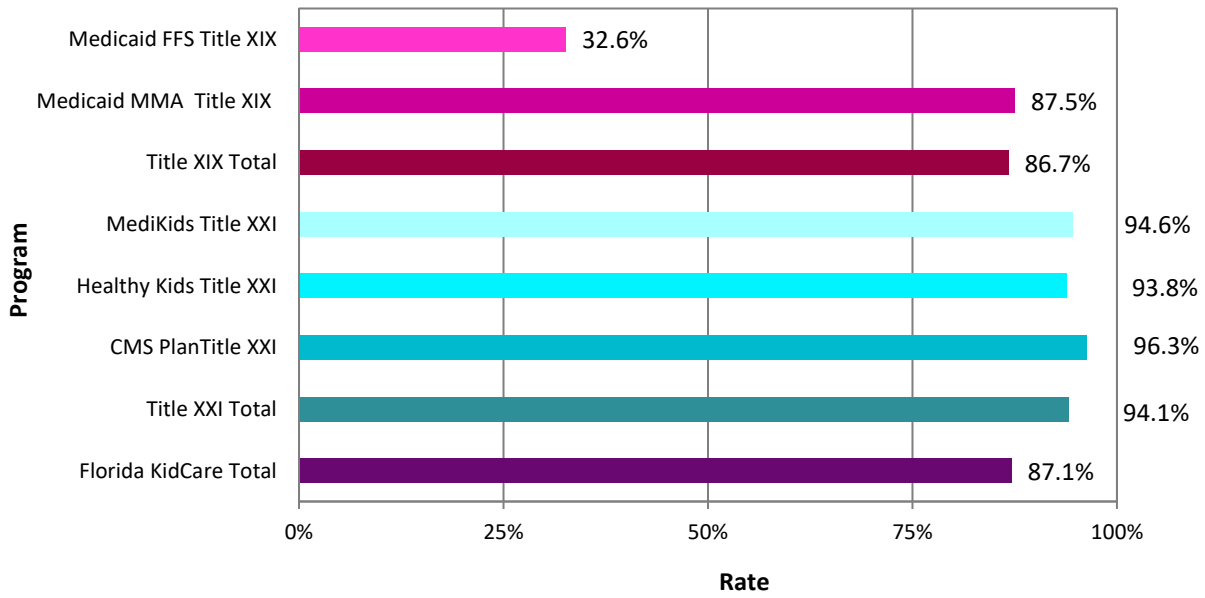
CAP measures the percentage of children 12 months to 6 years of age who have had one visit with a PCP during CY 2017 and children ages 7-19 who have had a visit during CY 2016 or 2017. Children six years of age and under must have had continuous enrollment with no more than one gap of up to 45 days during the measurement year. For children seven years of age and older, enrollment must have been continuous for the measurement year and the year prior with no more than a 45-day gap in enrollment. For both groups, the member must have had an ambulatory or preventive care visit to **any** PCP, excluding specialist visits.

For the purpose of this report, results are presented as a combined rate of all members in all age groups. National benchmark percentiles for a combined rate across age groups are not available for this measure.

Figure 113 presents the program results in CY 2017. **Figure 114** and **Figure 115** present the Medicaid MMA and Florida Health Kids plan results, respectively, for CY 2017.

Table 27 presents the trending results from CY 2014 to CY 2017 for each of the Florida KidCare Programs, Medicaid Total, CHIP Total, and Florida KidCare Total. Note that national benchmarks are not included for this measure, as results presented here are for all ages combined, for which national benchmarks do not exist.

Figure 113. Program results for CAP: All Ages, CY 2017

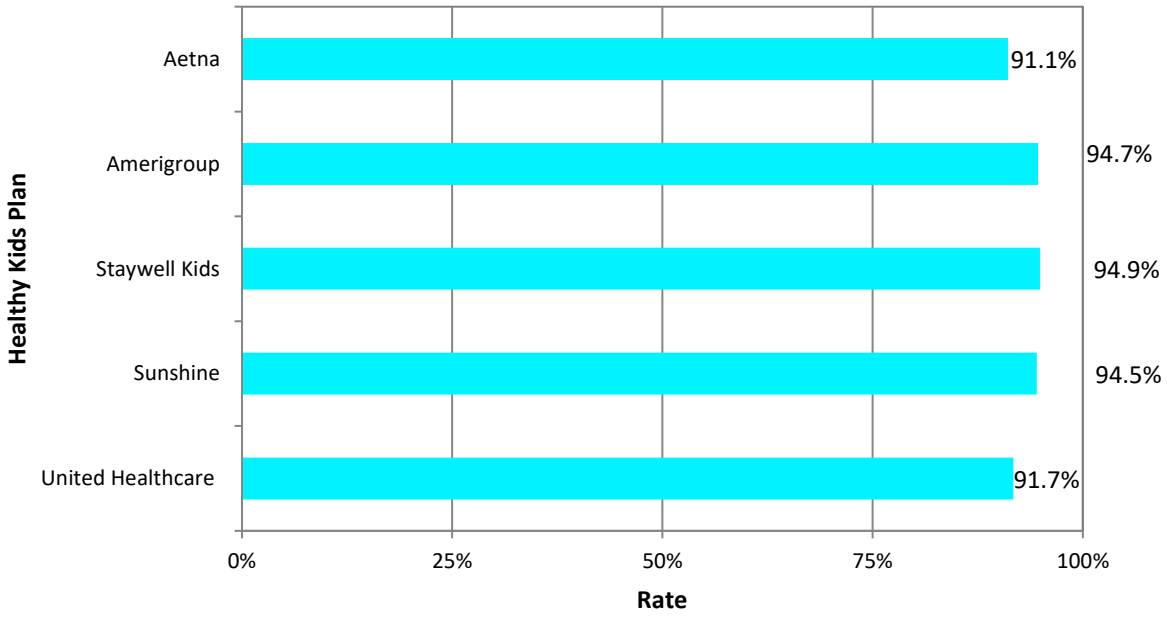


Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 114. MMA Plan results for CAP: All Ages, CY 2017

Note: N/R denotes programs or plans for which 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. Healthy Kids Plan results for CAP: All Ages, CY 2017



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

Table 27. CAP: All Ages Results by Program: CY 2014 to CY 2017

Program	CY 2014	CY 2015	CY 2016	CY 2017
Medicaid FFS	9.8%	37.3%	34.4%	32.6%
Medicaid MMA	88.8%	88.1%	87.9%	87.5%
Medicaid Total	69.1%	86.0%	86.8%	86.7%
MediKids	NR	94.6%	95.3%	94.6%
Florida Healthy Kids	90.8%	92.4%	91.3%	93.8%
CHIP CMS Plan	NR	96.0%	96.6%	96.3%
CHIP Total	90.8%	93.0%	92.2%	94.1%
Florida KidCare Total	72.1%	86.7%	87.1%	87.1%

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

Maternal and Perinatal Health

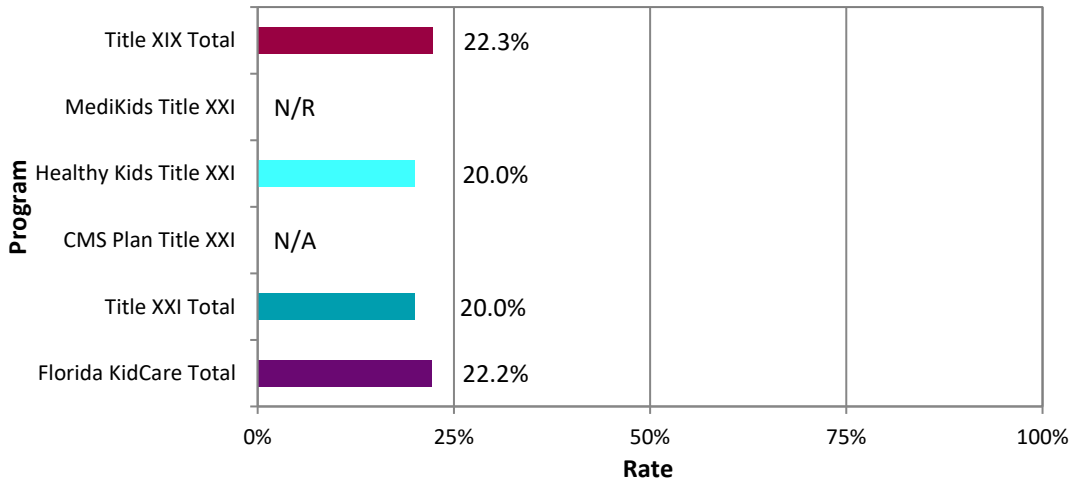
PC02: Cesarean Birth

For low-risk pregnancies, cesarean sections carry several increased risks to both the baby and the mother compared to vaginal births (Souza et al., 2010; MacDorman et al., 2008). This Child Core Set measure is the percentage of cesarean births, which is calculated by dividing the number of cesarean births by the total number of births within the eligible population. Delivery dates between January 1, 2017 and December 31, 2017 are used for the numerator and denominator (CMS, 2018). Inclusion criteria for measure eligibility includes nulliparous females (women who have never before given birth) with full-term, singleton, and vertex (head-down) position pregnancies (CMS, 2018). Cesarean sections have an increased risk of breathing difficulties for the baby in the first few days after birth and an increased rate of infant mortality (MacDorman et al., 2008). Additionally, mothers who have non-medically indicated cesarean sections face increased mortality rates compared to low-risk pregnancies with vaginal delivery, longer hospital stays, and greater risks during future pregnancies (Souza et al., 2010; MacDorman et al., 2008). Because of the increased risks, reducing the number of unnecessary cesarean sections could improve the health outcomes for the mother and child in low-risk pregnancies. Healthy People 2020 (2014) targets a reduction in the rate of cesarean births among low-risk (defined as full-term, singleton, and vertex presentation) women to 23.9% by the year 2020.

In this report, vital statistic records are used to determine the numerator and denominator, and enrollees are excluded from these measurements if the enrollee was eight years of age or less, the hospital stay was greater than 120 days, the gestational age was less than 37 weeks, or the gestational age could not be determined. For determining the gestational age, the age is rounded off to the nearest completed week of pregnancy (Center for Medicaid and CHIP Services & CMS, 2018).

Figure 116 presents program results in CY 2017 for the PC02 measure. Note that plan-specific rates and national benchmarks are not available. Medicaid MMA and FFS data were combined into an overall Medicaid Title XIX rate, and lower rates for this measure indicate better performance. As this is the first year this measure appears in this report, trending data will appear in subsequent reports.

Figure 116. Program Results for PC02: CY 2017



Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program, Title XXI is CHIP. Lower rates indicate better performance.

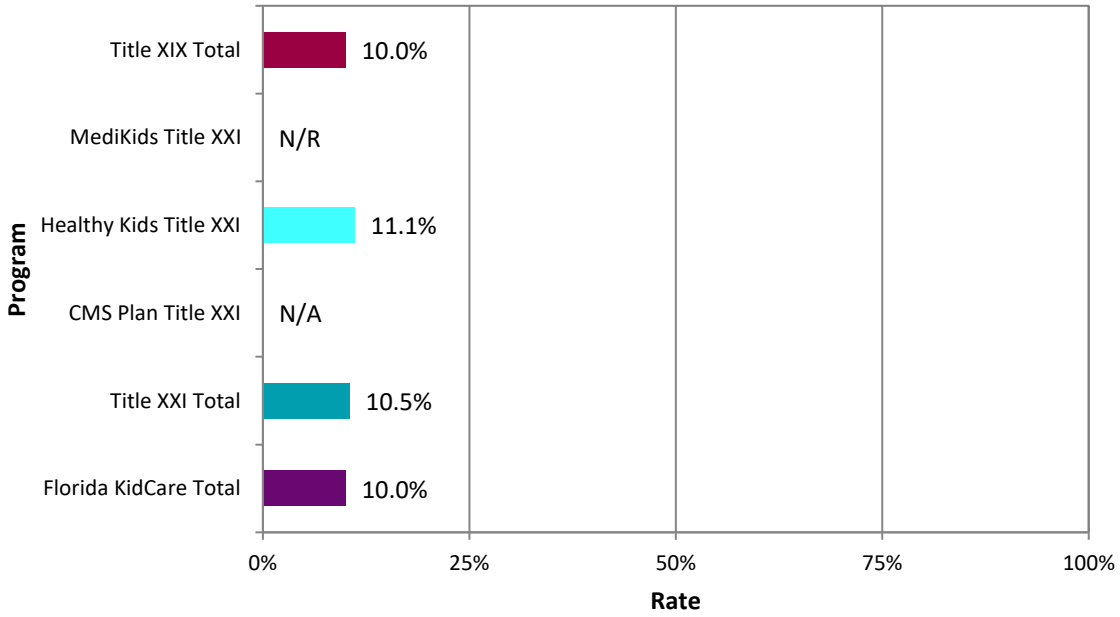
Live Births Weighing Less Than 2,500 Grams (LBW)

Low birth weight babies are defined as babies weighing under 2,500 grams at birth. Infants born under 2,500 grams have mortality rates up to 40 times higher compared to infants who were born at normal weights (Goldenberg & Culhane, 2007). Low birth weight individuals have higher rates of both short- and long-term health risks compared to individuals of normal birth weight: Short-term impairments may include respiratory distress syndrome and necrotizing enterocolitis (a condition in which a portion of the intestine may die), while long-term health risks can include blindness, deafness, Intellectual Disability, and cerebral palsy (Goldenberg & Culhane, 2007). Other diseases that have been associated with low birth weight include cardiovascular disease, type 2 diabetes, chronic lung disease, depression, schizophrenia, behavioral problems, reduced uterine and ovarian size, and breast and testicular cancers (De Boo & Harding, 2006). Healthy People 2020 (2014) targets a reduction in low birth weight to 7.8% by the year 2020.

To calculate the LBW measure, the number of resident live births weighing less than 2,500 grams is divided by the number of resident live births as determined by a review of state vital statistics (Center for Medicaid and CHIP Services & CMS, 2018). Denominator eligibility was determined by the mother's member record in a Florida KidCare program and vital statistic information which was linked to Medicaid (Center for Medicaid and CHIP Services & CMS, 2018).

Figure 117 presents program results in CY 2017 for the LBW measure. Note that plan-specific rates and national benchmarks are not available. Medicaid MMA and FFS data were combined into an overall Medicaid Title XIX rate, and lower rates for this measure indicate better performance. As this is the first year this measure appears in this report, trending data will appear in subsequent reports.

Figure 117. Program Results for LBW: CY 2017



Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program, Title XXI is CHIP. Lower rates indicate better performance.

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

The National Institute of Child Health and Human Development (2017) recommends early and regular prenatal care to promote a healthy pregnancy. Prenatal health care visits can involve physical exams, education and counseling about nutrition, physical activity and health behaviors, lab tests and screenings, and childbirth education.

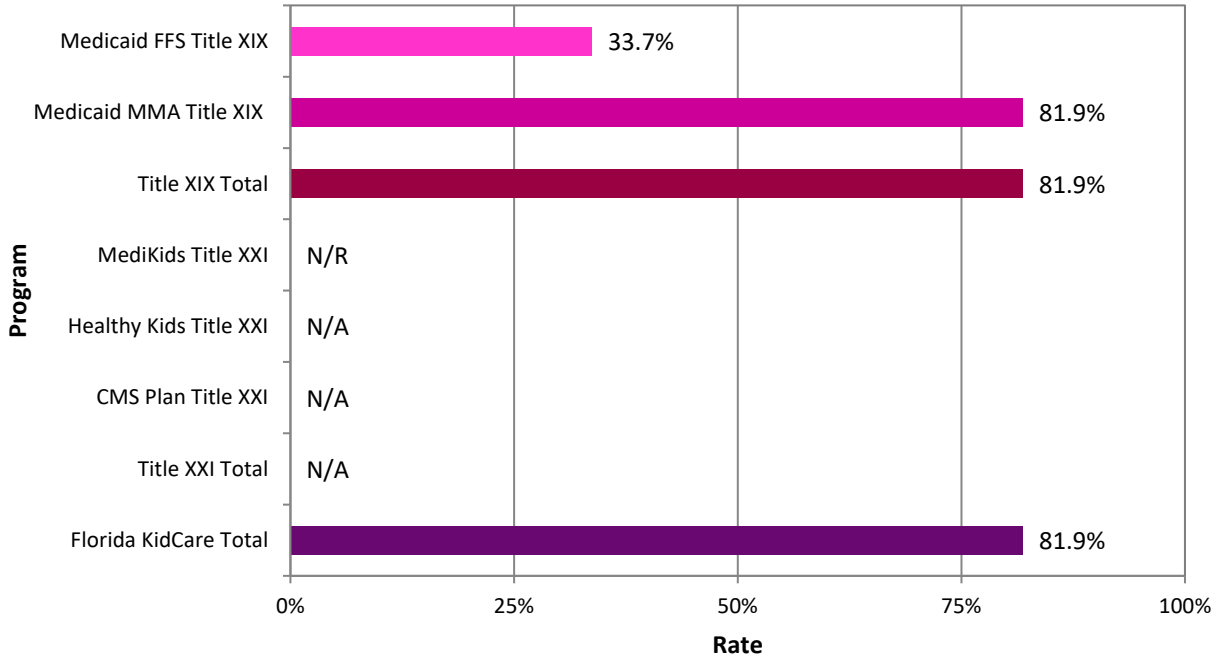
The HEDIS PPC indicator measures the percentage of enrollees who had a live birth between November 6th, 2016, and November 5th, 2017 who received a prenatal care visit in the first trimester or within 42 days of enrollment. Though this measure has two sub-measures, one examining prenatal care and one dedicated to postpartum care, this report only presents the timeliness of prenatal care, as this sub-measure appears in the Child Core set**.**

For this sub-measure, the continuous enrollment criteria requires members to be enrolled for 43 days prior to delivery through 56 days after delivery with no gaps in enrollment. 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. Prenatal visits may include visits with a physician assistant, midwife, nurse practitioner, or physician. Ultrasound, lab, or emergent visits are not eligible, as the intent of this measure is to assess whether prenatal care was administered on an ongoing, outpatient basis with an appropriate practitioner.

Figure 118 presents the program results, while **Figure 119** presents benchmark percentiles for PPC in CY 2017. **Figure 120** and **Figure 121** present the Medicaid MMA plan results and benchmark percentile ranges, respectively, for PPC in CY 2017. Note that because there were fewer than 30 members in the denominator for Florida Healthy Kids, no plan-specific figures are presented here, and the total results for the program are noted with N/A.

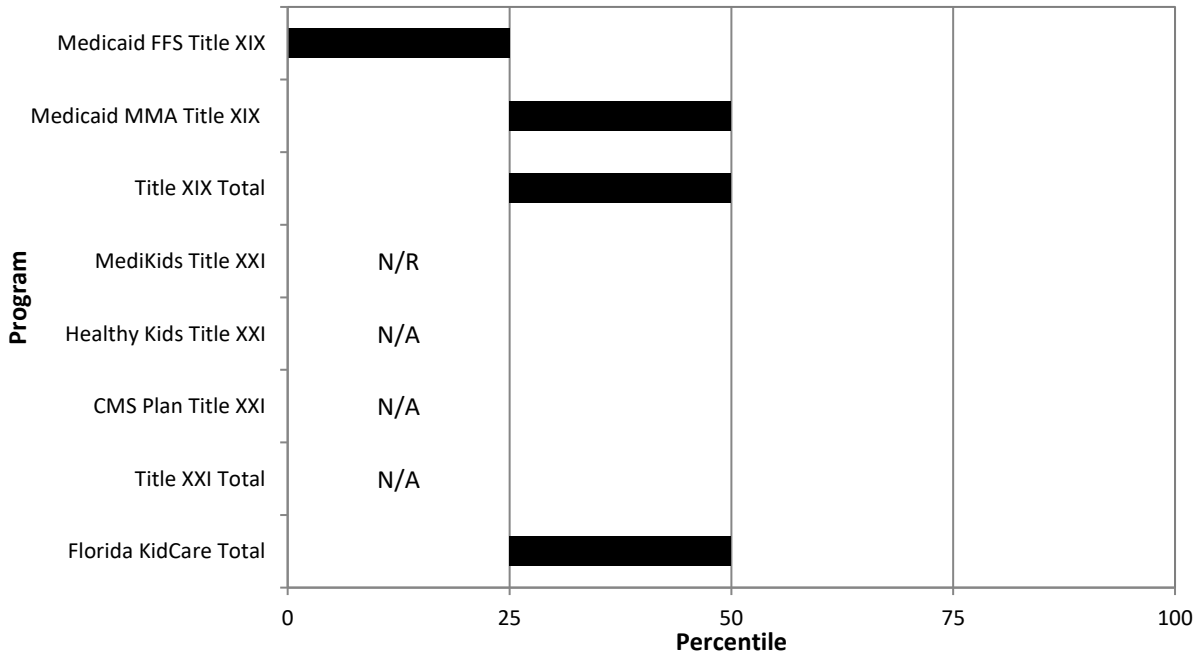
Table 28 presents the trending results from CY 2014 to CY 2017 for each of the Florida KidCare Programs, Medicaid Total, CHIP Total, and Florida KidCare Total, with applicable benchmark percentiles.

Figure 118. Program Results for PPC: CY 2017



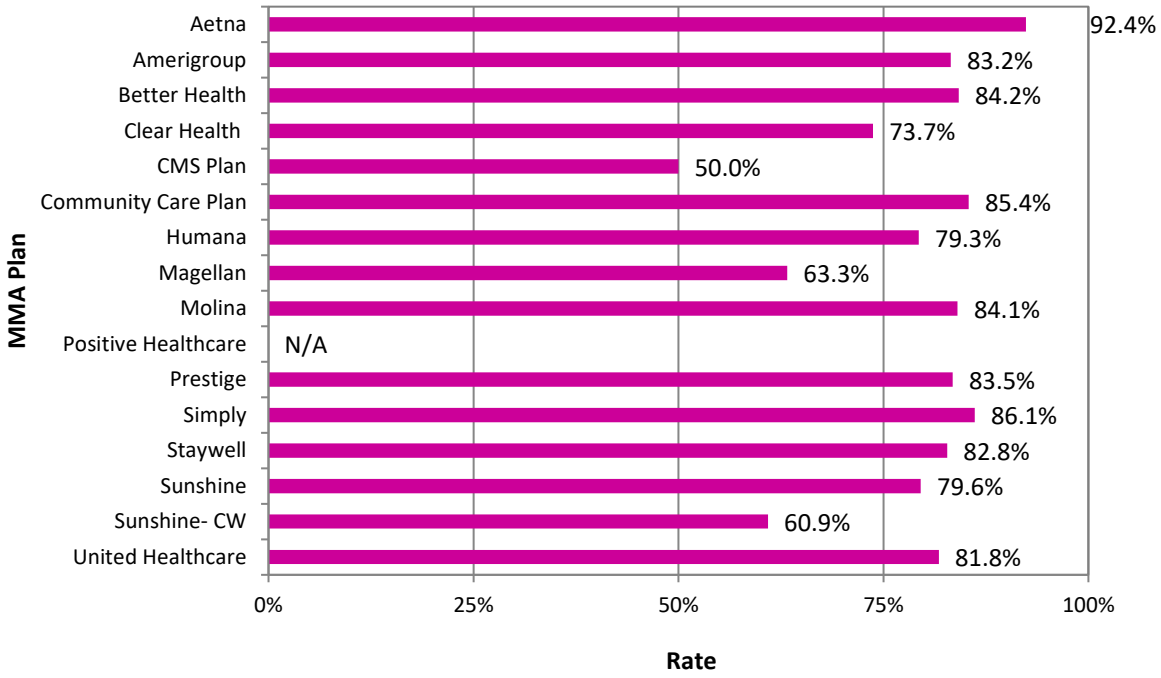
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 119. National Benchmarks for PPC: CY 2017



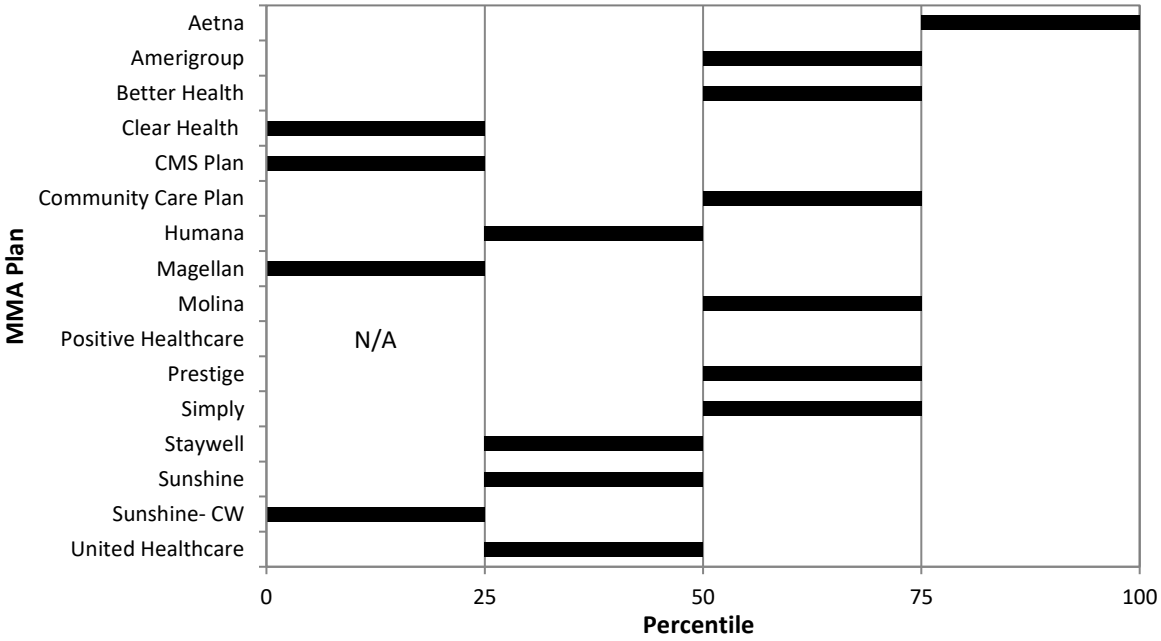
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 120. MMA Plan Results for PPC: CY 2017



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

Figure 121. National Benchmarks for PPC: CY 2017



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

Table 28. PPC Results by Program: CY 2014 to CY 2017

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

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

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

Care of Acute and Chronic Conditions

Asthma Medication Ratio: Ages 5-18 (AMR)

Asthma is a chronic lung disease that causes inflammation and constriction of the airways, making it difficult to breathe. Uncontrolled asthma has significant consequences for both families and society, resulting in medical or ED encounters, missed days of work, school absenteeism, and reduced productivity (Zahran et al., 2018; CDC, 2017b). Further, poorly controlled asthma could impact a child's ability to participate in physical activity, which, in turn, increases the risk of obesity (O'Byrne et al., 2013). Uncontrolled asthma has also been associated with poor quality of sleep, increased tiredness during the day, and decreased social function as well as depression and anxiety disorders (Dean et al., 2010; O'Byrne et al., 2013).

This measure identifies whether individuals with persistent asthma have more controller medications prescribed than rescue medications, a step toward overall asthma control (O'Byrne et al., 2013). Individuals can be included in this measure if at least one of the following conditions are met: 1) at least one ED visit with a primary diagnosis of asthma, 2) at least one acute inpatient visit with a primary diagnosis of asthma, 3) at least four outpatient visits on different dates with any diagnosis of asthma and at least two asthma medication dispensing events for asthma control medication, or 4) at least four asthma medication dispensing events for asthma control medication or reliever medication with a diagnosis of asthma within the measurement year.

The numerator for AMR includes the number of members who have a medication ratio of 0.50 or greater. The medication ratio is calculated by dividing the total number of asthma control medications dispensed by the total number of control and reliever asthma medications for the given year. Excluded are those who have a diagnosis of any of the following through December 31, 2017: emphysema, chronic obstructive pulmonary disease, obstructive chronic bronchitis, chronic respiratory conditions due to fumes or vapors, cystic fibrosis, or acute respiratory failure.

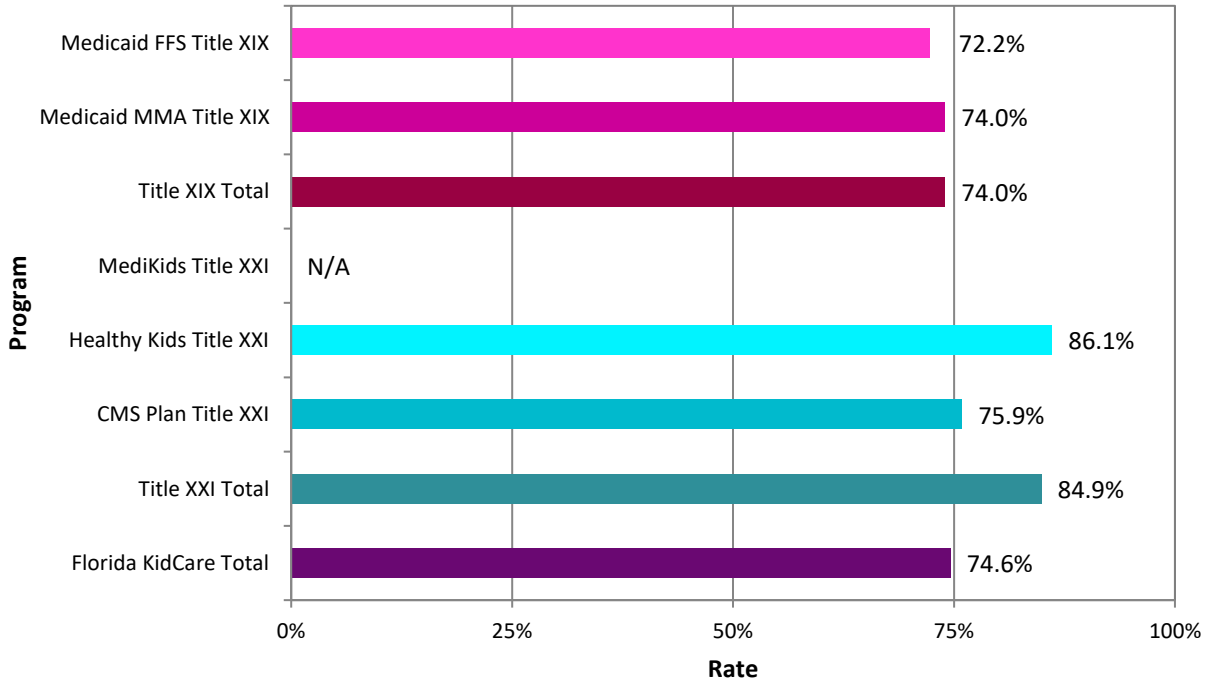
As this is the first year this measure is included in this report, trending data will appear in subsequent reports. Please note that higher rates, which indicate better asthma control, are ideal for this measure.

Figure 122 and **Figure 123** present the program results and benchmark percentiles, respectively, for AMR for ages 5-11 in CY 2017. **Figure 128** and **Figure 129** present the program results and benchmark percentiles, respectively for AMR for ages 12-18 in CY 2017.

Figure 124 and **Figure 125** present the Medicaid MMA plan results and benchmark percentile ranges, respectively, for AMR for ages 5-11 in CY 2017. **Figure 130** and **Figure 131** present the Medicaid MMA plan results and benchmark percentile ranges, respectively, for AMR for ages 12-18 in CY 2017.

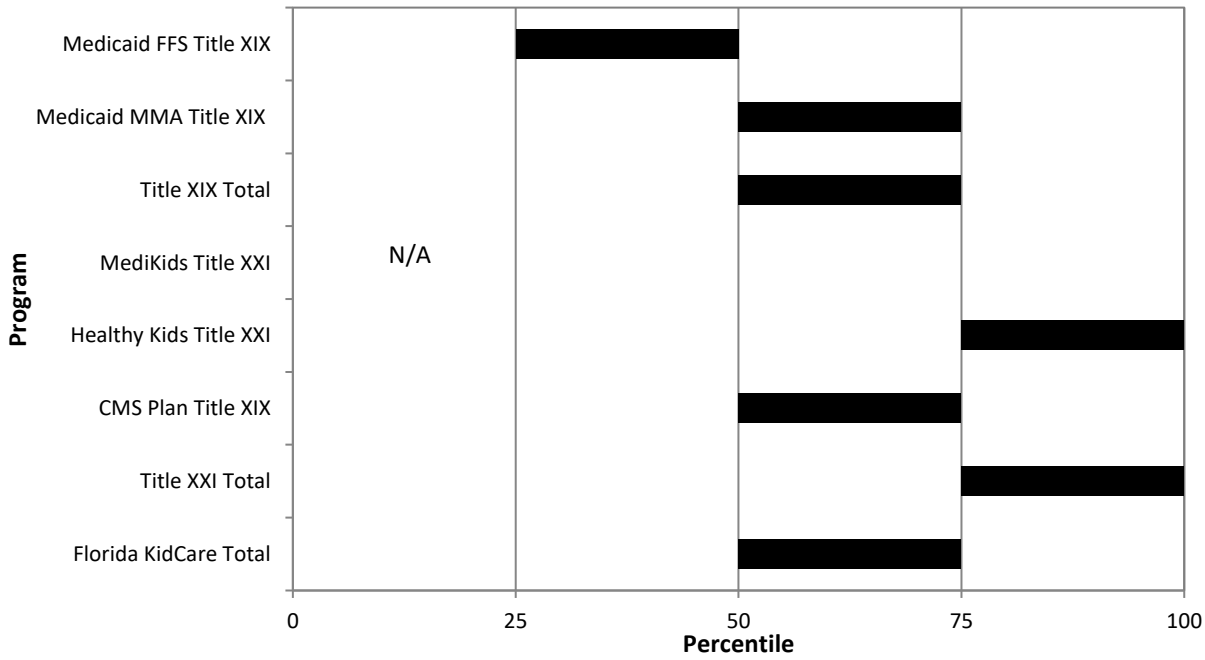
Figure 126 and **Figure 127** present the Florida Healthy Kids plan results and benchmark percentile ranges, respectively, for ages 5-11 in CY 2017. **Figure 132** and **Figure 133** present the Florida Healthy Kids plan results and benchmark percentile ranges, respectively, for ages 12-18 in CY 2017.

Figure 122. Program Results for AMR: Ages 5-11, CY 2017



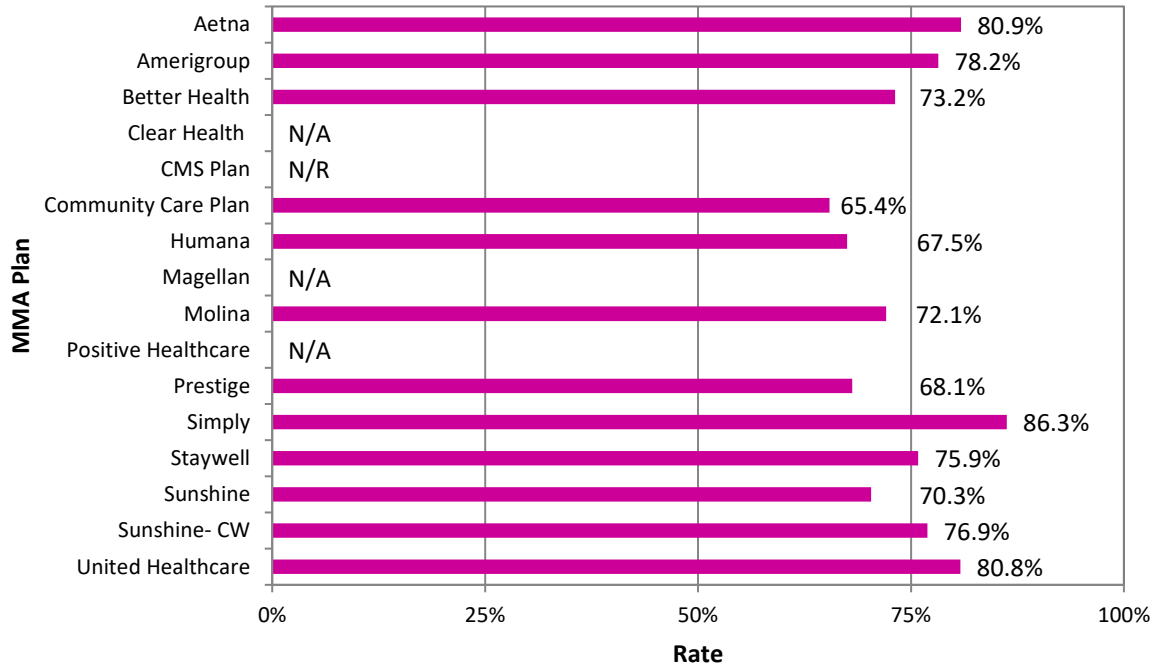
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 123. National Benchmarks for AMR: Ages 5-11, CY 2017



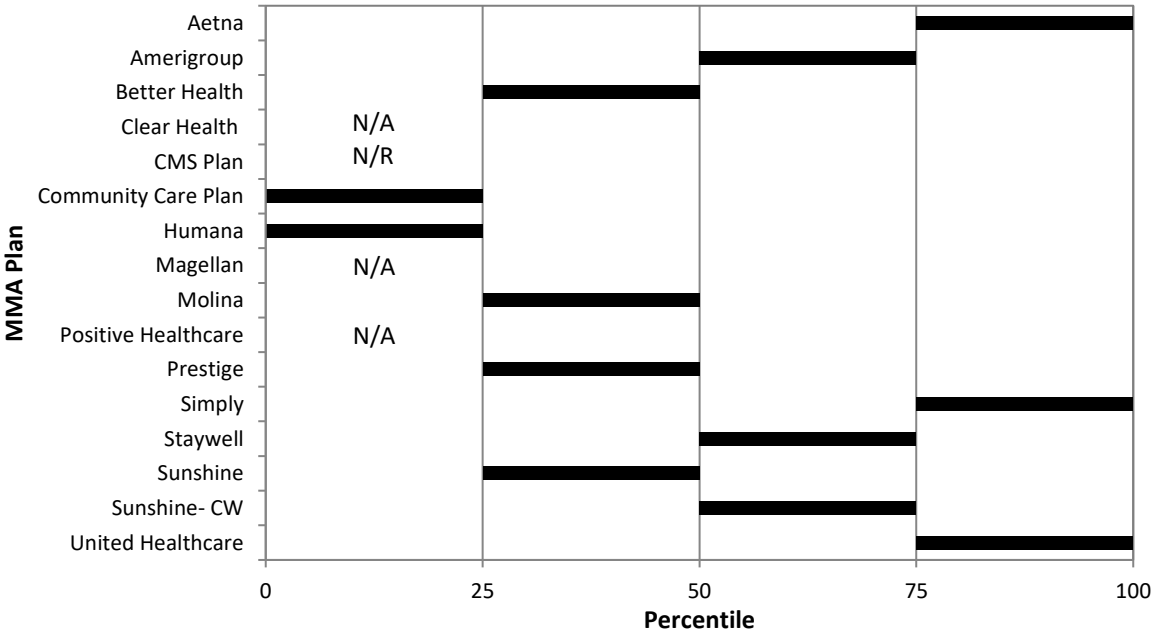
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 124. MMA Plan Results for AMR: Ages 5-11, CY 2017



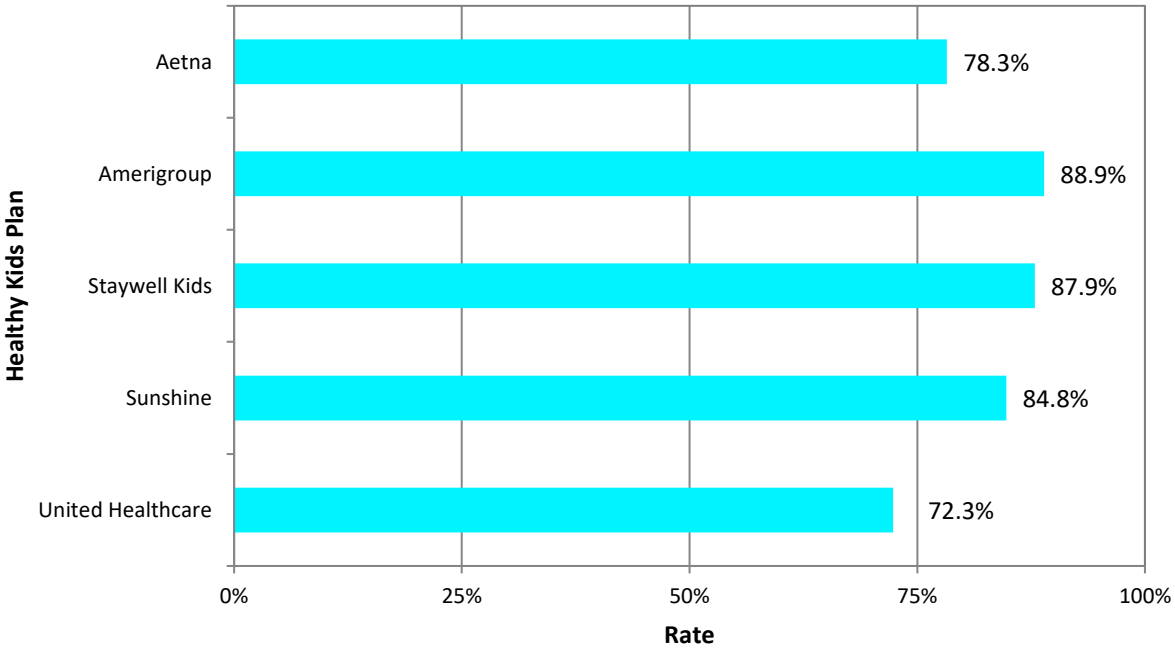
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 125. National Benchmarks for AMR: Ages 5-11, CY 2017



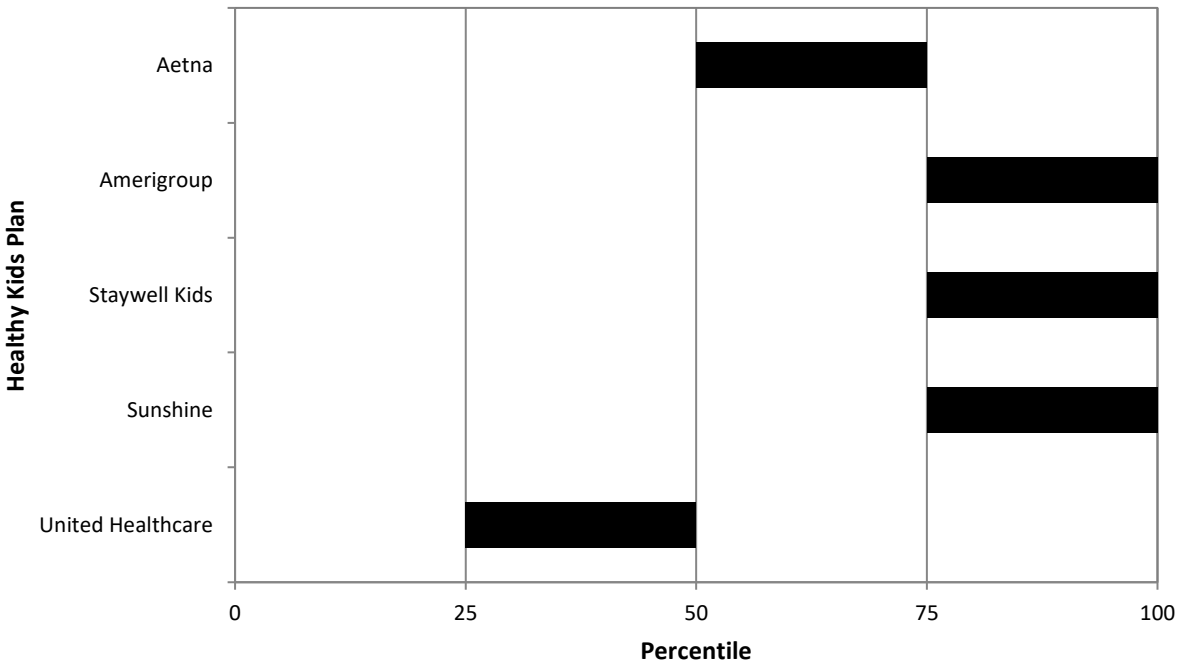
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 126. Healthy Kids Plan Results for AMR: Ages 5-11, CY 2017



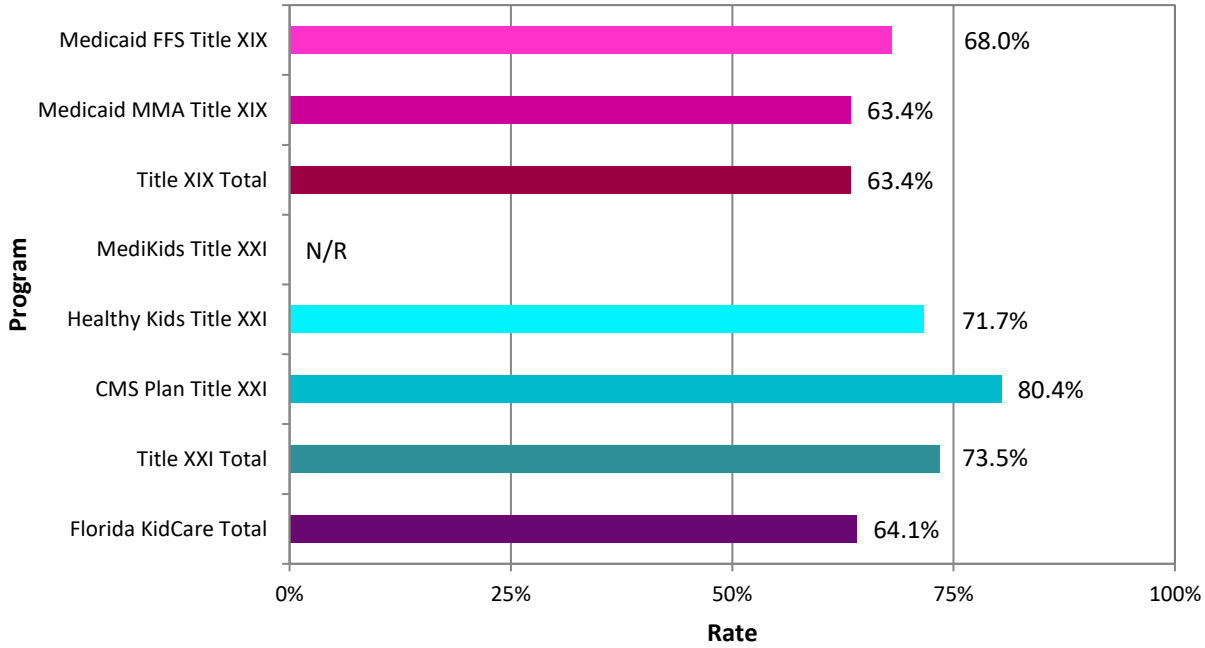
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 127. National Benchmarks for AMR: Ages 5-11, CY 2017



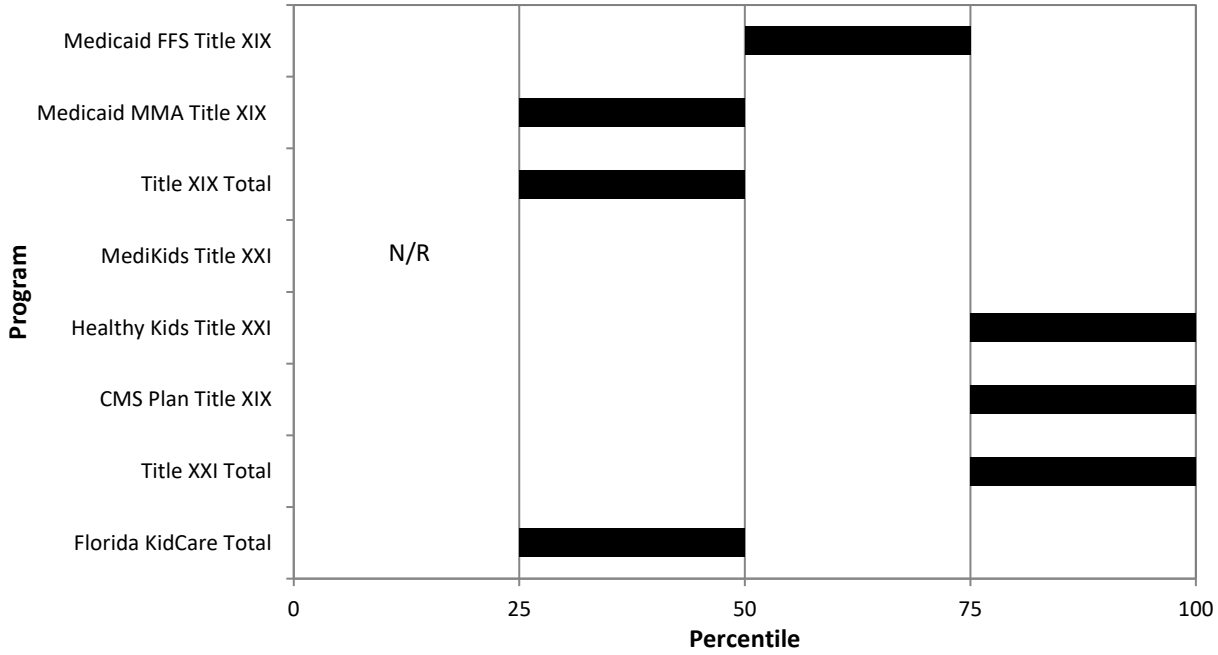
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 128. Program Results for AMR: Ages 12-18, CY 2017



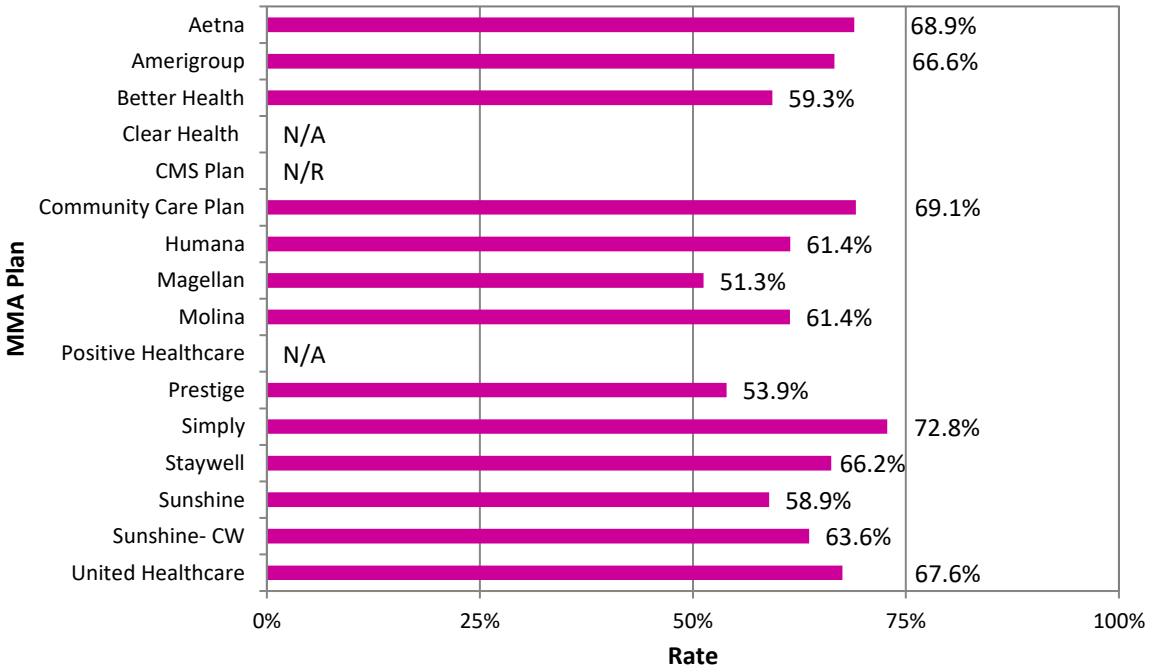
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 129. National Benchmarks for AMR: Ages 12-18, CY 2017



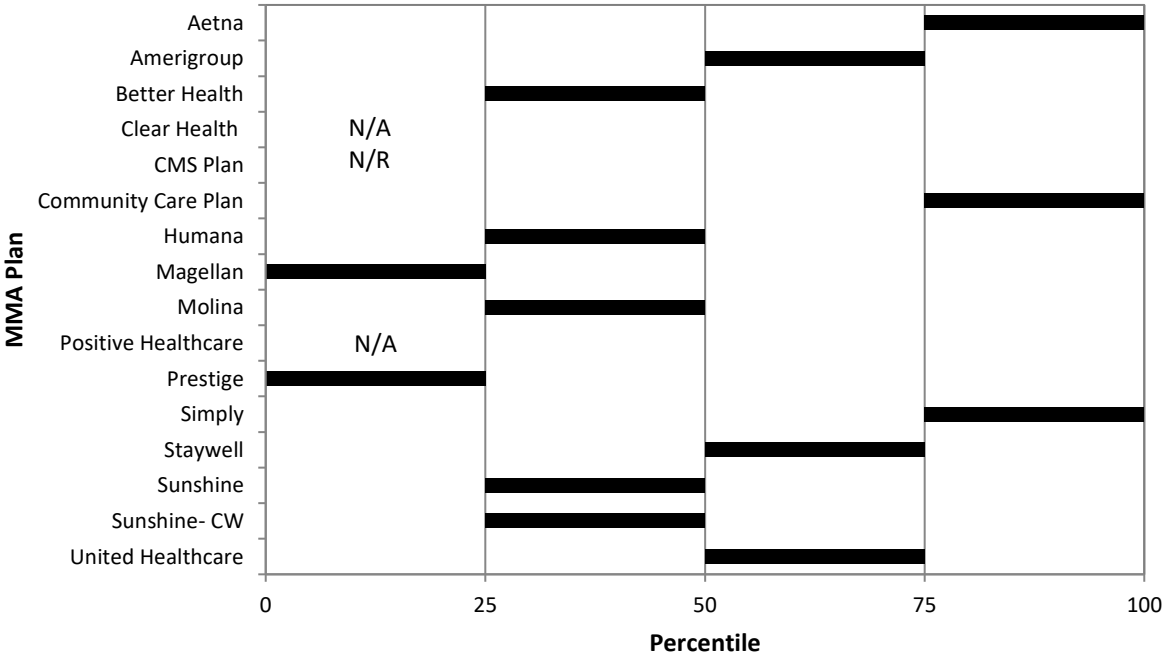
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 130. MMA Plan Results for AMR: Ages 12-18, CY 2017



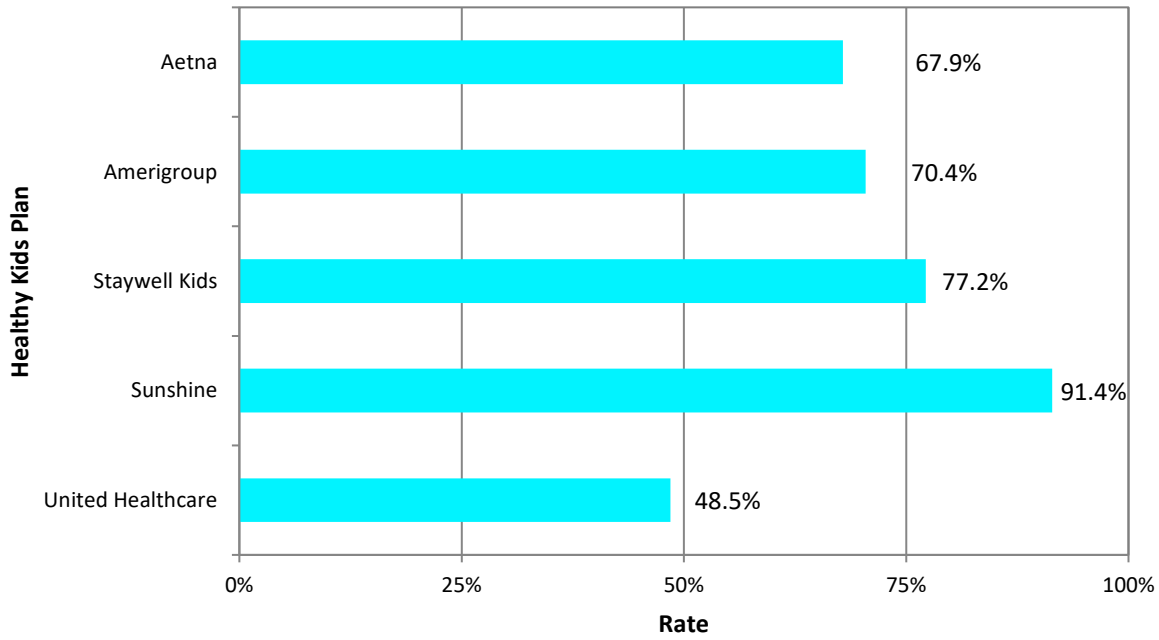
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 131. National Benchmarks for AMR: Ages 12-18, CY 2017



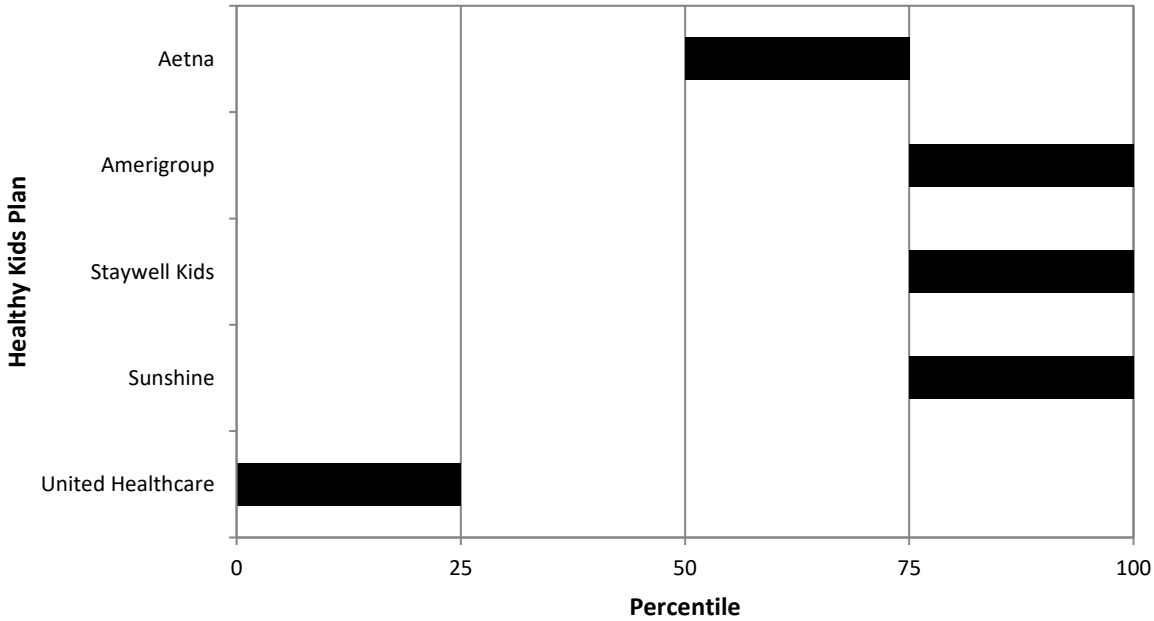
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 132. Healthy Kids Plan Results for AMR: Ages 12-18, CY 2017



Note: N/R denotes programs or plans for which 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. National Benchmarks for AMR: Ages 12-18, CY 2017



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

Medication Management for People with Asthma (MMA)

Similar to the previous measure, this asthma medication management measure investigates the rates of successful asthma management for children. Asthma is one of the most common diseases of childhood and adolescence as well as a leading cause of school absenteeism (CDC, 2017b). Many asthma-related hospitalizations, ED visits, and missed school days can be avoided with appropriate medication use. However, asthma is poorly controlled for many children and adolescents.

This HEDIS measure is measured as the percentage of members with persistent asthma who were appropriately prescribed medications during the measurement period and remained on that medication. As was the case for the AMR measure, members are considered to have persistent asthma if they have met at least one of the following criteria during both the prior year and the year of measurement: 1) at least one ED visit with a principal diagnosis of asthma, 2) at least one inpatient visit with a principal diagnosis of asthma, 3) at least four outpatient visits with a primary diagnosis of asthma and at least two asthma medication dispensing events, or 4) at least four asthma medication dispensing events.

Two age groups are reported for the percentage of members who remain on asthma controller medication for at least 75 percent of the treatment period: ages 5-11 years and ages 12-18 years. The treatment period covers the period beginning with the earliest prescription dispensing date for any of the medications identified as "preferred therapy" during the measurement year through the last day of the measurement year. This measure requires two years of continuous enrollment: the measurement year and the year prior to the measurement year. Members must have had no more than one gap in enrollment of up to 45 days during each year of continuous enrollment for eligibility. Members with no asthma controller medications dispensed during the measurement year are excluded, as are members with certain comorbid respiratory diagnoses.

Note that this measure is not to be confused with Managed Medical Assistance (also abbreviated MMA) and that this measure was removed from the Child Core Set in 2018, but remains a HEDIS measure.

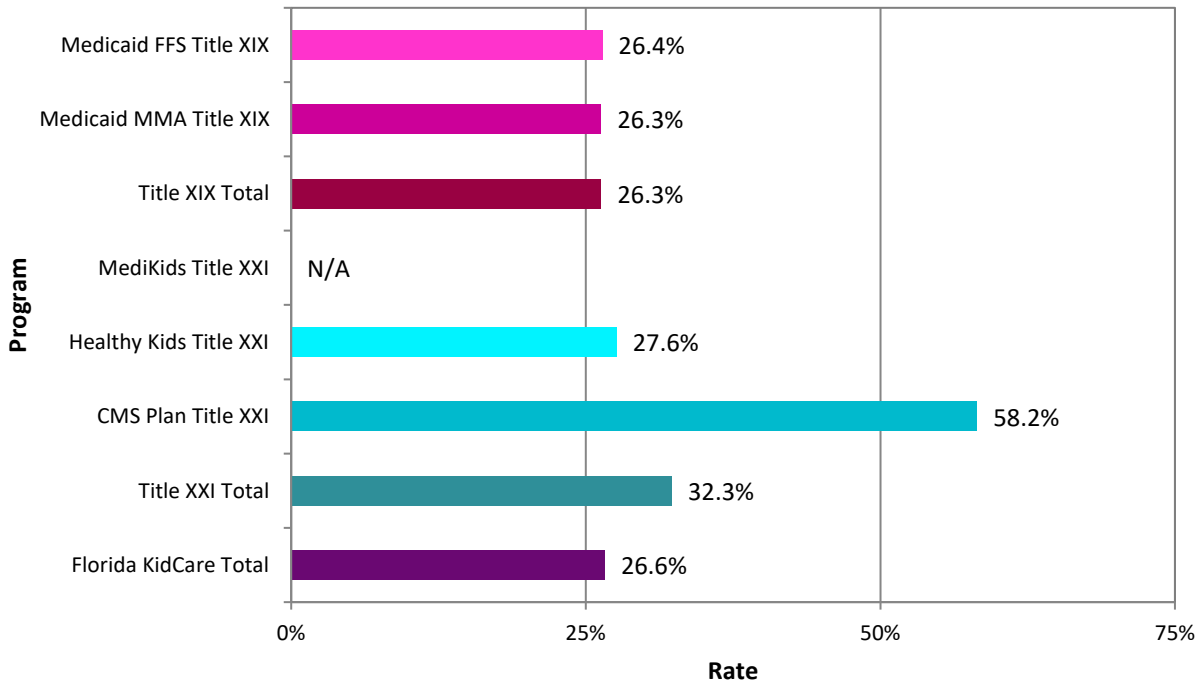
Figure 134 and **Figure 135** present program results and benchmark percentile ranges, respectively, for ages 5-11 in CY 2017. **Figure 140** and **Figure 141** present program results and benchmark percentile ranges, respectively, for ages 12-18 in CY 2017.

Figure 136 and **Figure 137** present Medicaid MMA plan results and benchmark percentile ranges, respectively, for ages 5-11 in CY 2017. **Figure 142** and **Figure 143** present Medicaid MMA plan results and benchmark percentile ranges, respectively, for ages 12-18 in CY 2017.

Figure 138 and **Figure 139** present the Florida Healthy Kids plan results and benchmark percentile ranges, respectively for ages 5-11 in CY 2017. **Figure 144** and **Figure 145** present the Florida Healthy Kids plan results and benchmark percentile ranges, respectively, for ages 12-18 in CY 2017.

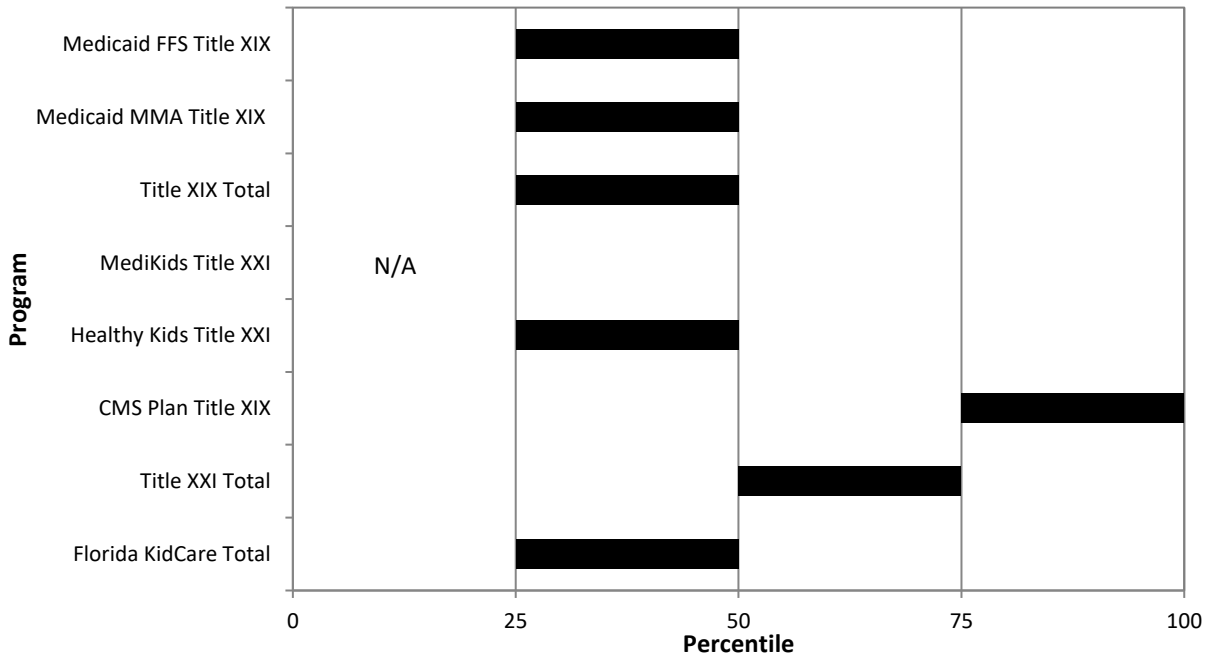
Table 29 and **Table 30** present the trending results for ages 5-11 and 12-18, respectively, from CY 2014 to CY 2017 for each of the Florida KidCare Programs, Medicaid Total, CHIP Total, and Florida KidCare Total, with applicable benchmark percentiles.

Figure 134. Program Results for MMA: 75% of Treatment Period, Ages 5-11, CY 2017



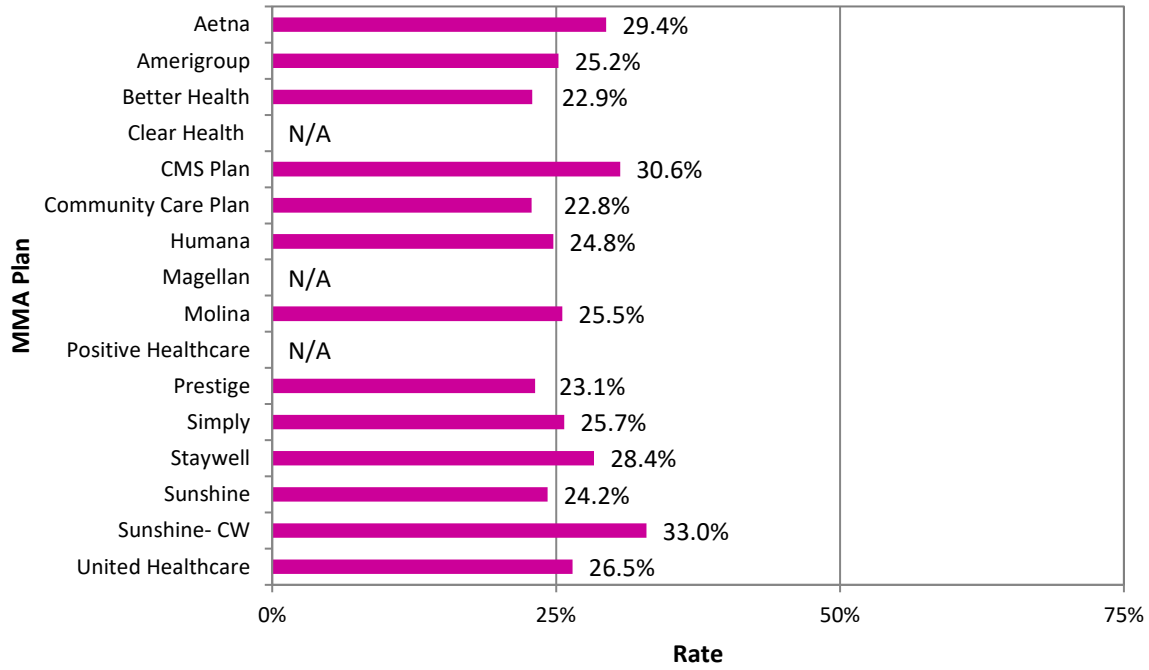
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 135. National Benchmarks for MMA: 75% of Treatment Period, Ages 5-11, CY 2017



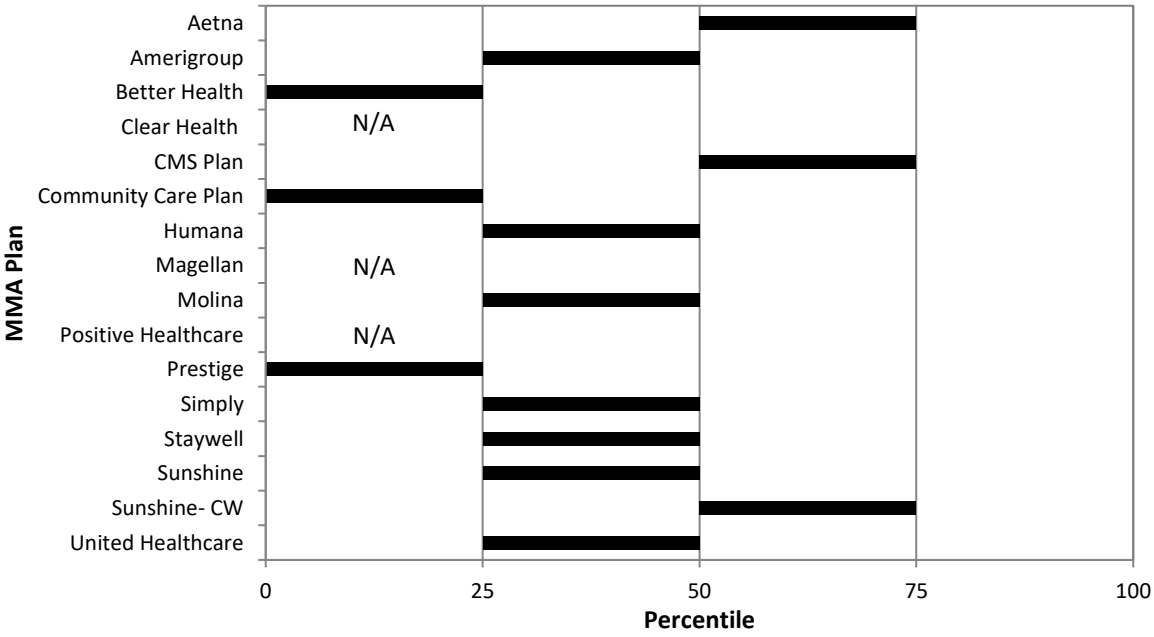
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 136. MMA Plan Results for MMA: 75% of Treatment Period, Ages 5-11, CY 2017



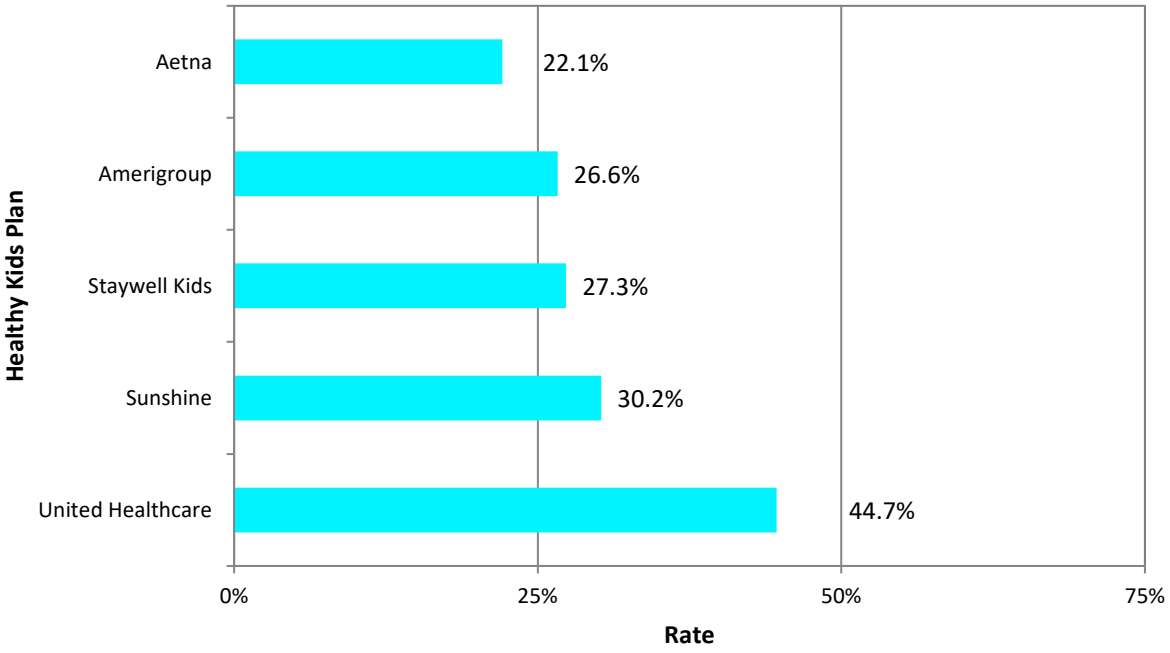
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 137. National Benchmarks for MMA: 75% of Treatment Period, Ages 5-11, CY 2017



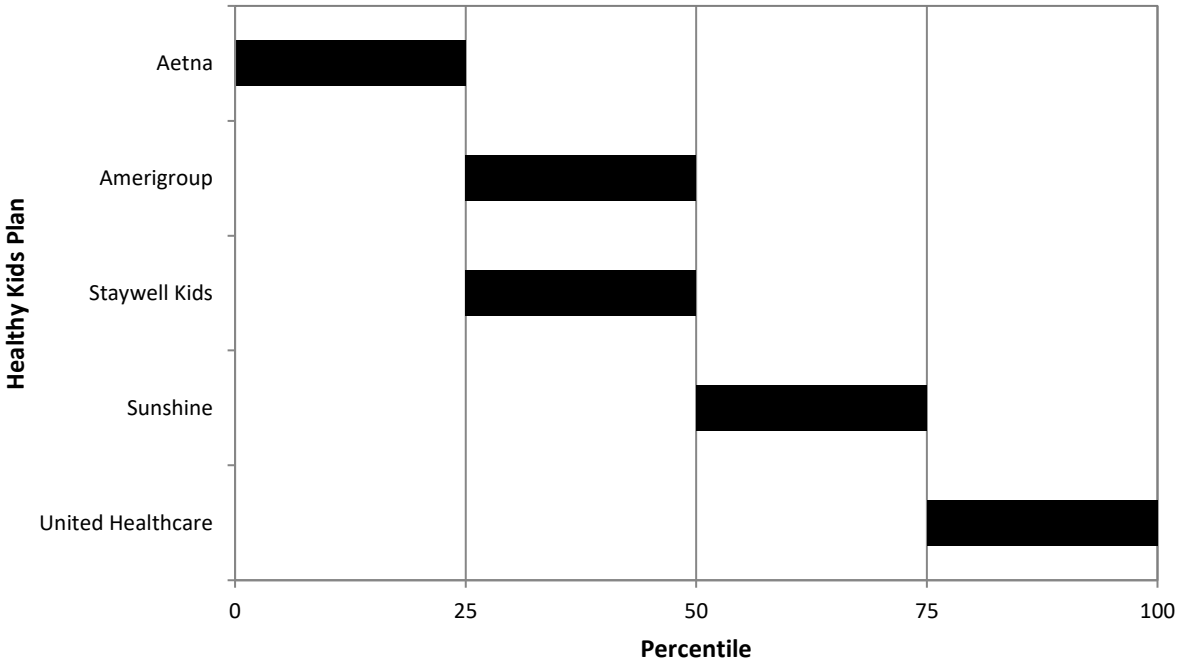
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 138. Healthy Kids Plan Results for MMA: 75% of Treatment Period, Ages 5-11, CY 2017



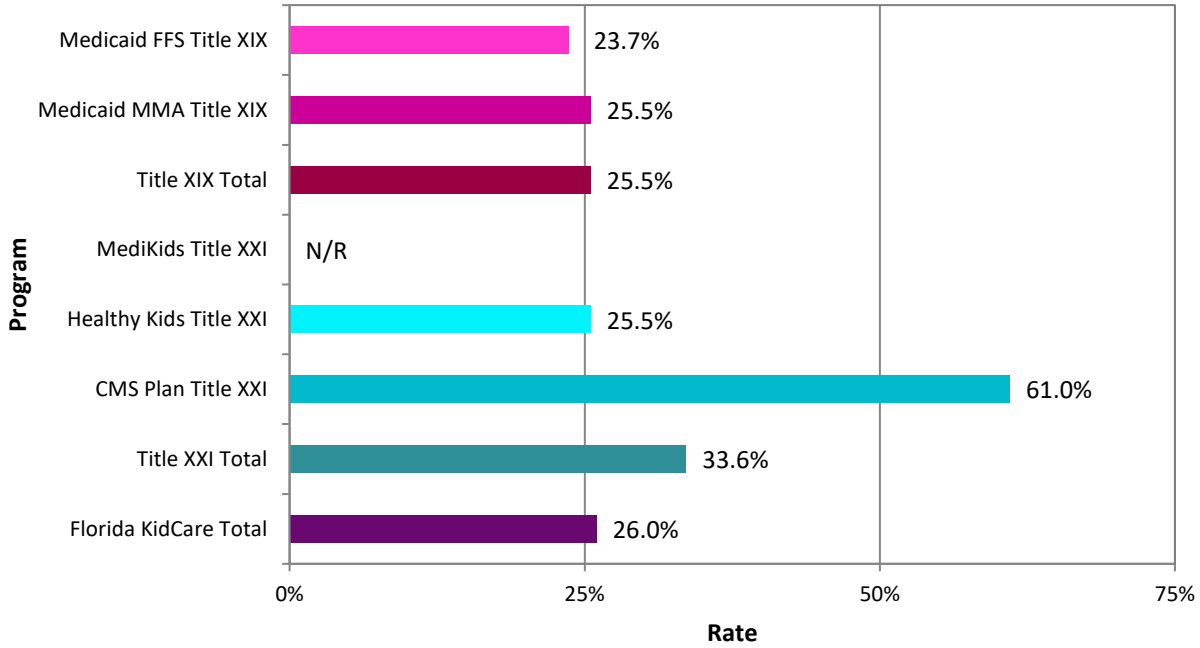
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 139. National Benchmarks for MMA: 75% of Treatment Period, Ages 5-11, CY 2017



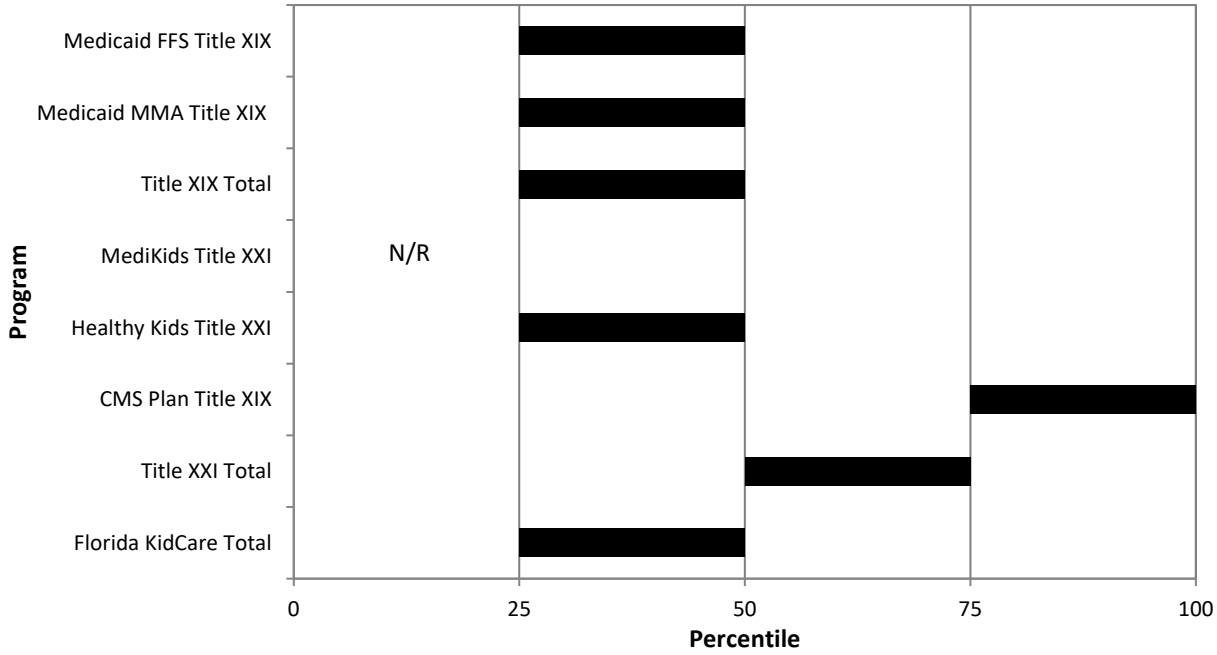
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 140. Program Results for MMA: 75% of Treatment Period, Ages 12-18, CY 2017



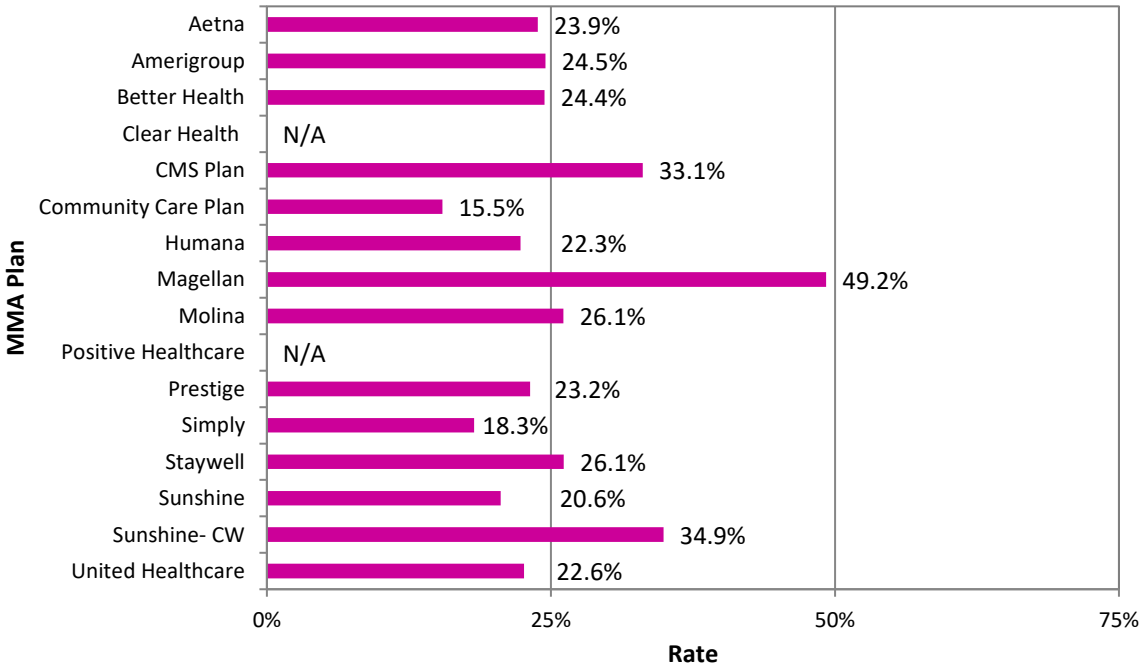
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 141. National Benchmarks for MMA: 75% of Treatment Period, Ages 12-18, CY 2017



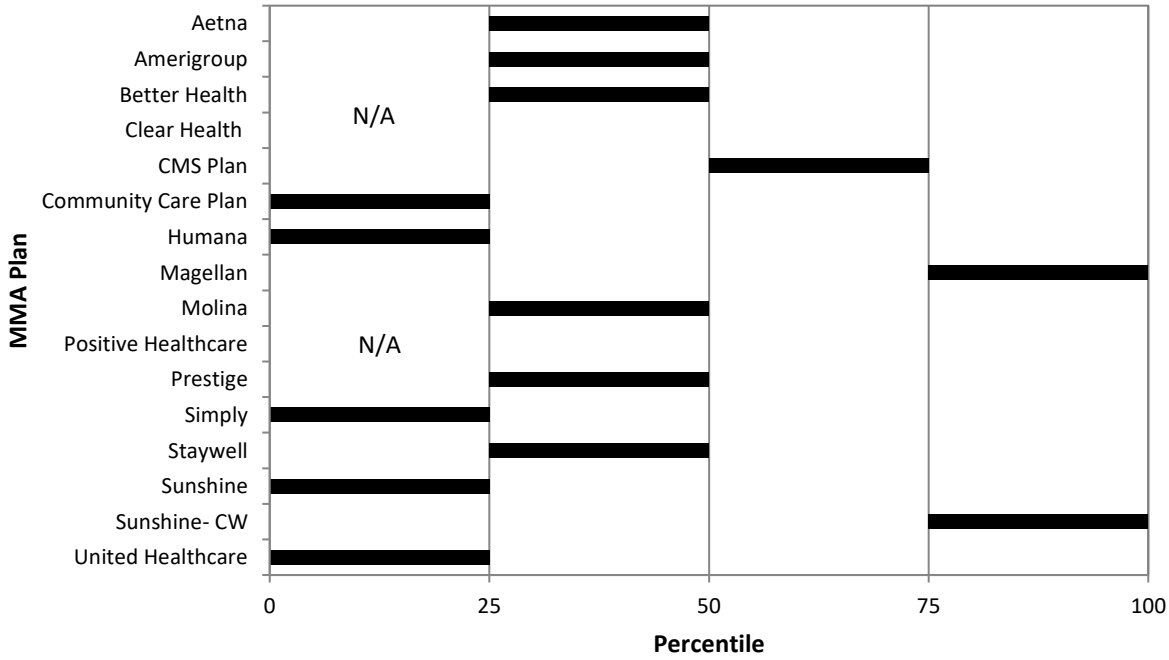
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 142. MMA Plan Results for MMA: 75% of Treatment Period, Ages 12-18, CY 2017



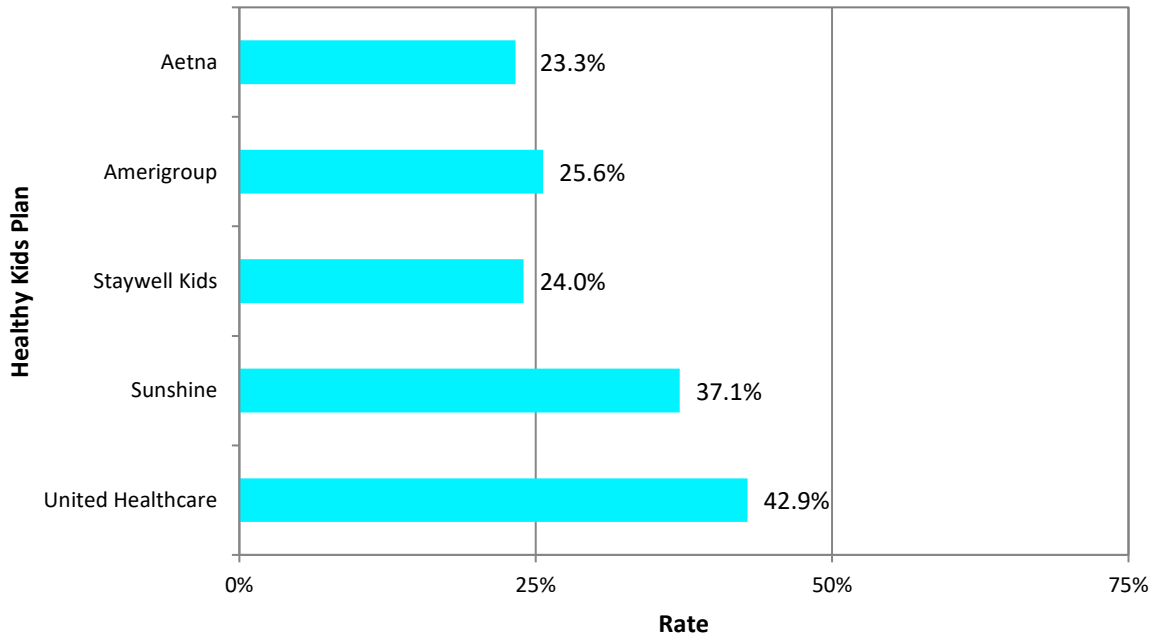
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 143. National Benchmarks for MMA: 75% of Treatment Period, Ages 12-18, CY 2017



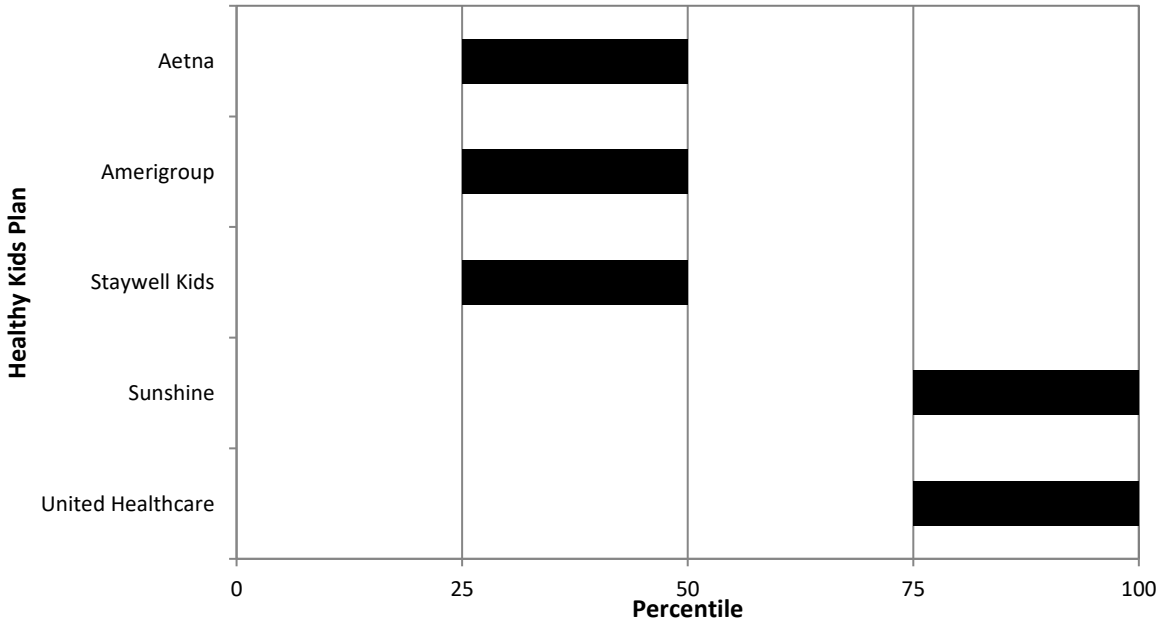
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 144. Healthy Kids Plan Results for MMA: 75% of Treatment Period, Ages 12-18, CY 2017



Note: N/R denotes programs or plans for which 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. National Benchmarks for MMA: 75% of Treatment Period, Ages 12-18, CY 2017



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

Table 29. MMA: 75% of Treatment Period, Ages 5-11 Results by Program: CY 2014 to CY 2017

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

Program	CY 2014	CY 2015	CY 2016	CY 2017
Medicaid FFS	50.6%	50.6%	52.6%	26.4%
Medicaid MMA	48.7%	22.2%	25.7%	26.3%
Medicaid Total	49.6%	23.0%	25.9%	26.3%
MediKids	N/R	N/A	N/A	N/A
Florida Healthy Kids	22.4%	36.0%	27.6%	27.6%
CHIP CMS Plan	N/R	48.6%	48.6%	58.2%
CHIP Total	22.4%	38.9%	30.7%	32.3%
Florida KidCare Total	30.1%	25.0%	26.2%	26.6%

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

Table 30. MMA: 75% of Treatment Period, Ages 12-18 Results by Program: CY 2014 to CY 2017

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

Program	CY 2014	CY 2015	CY 2016	CY 2017
Medicaid FFS	54.3%	55.8%	56.3%	23.7%
Medicaid MMA	47.9%	25.8%	27.1%	25.5%
Medicaid Total	51.4%	27.4%	27.7%	25.5%
MediKids	N/R	N/R	N/R	N/R
Florida Healthy Kids	22.5%	30.4%	22.3%	25.5%
CHIP CMS Plan	N/R	52.4%	52.3%	61.0%
CHIP Total	22.5%	36.0%	29.7%	33.6%
Florida KidCare Total	29.9%	29.1%	27.8%	26.0%

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

Ambulatory Care: ED Visits (AMB)

This HEDIS indicator reports the utilization of ambulatory services in the ED and outpatient visits. The measure does not include mental health services requiring psychiatry or chemical dependency services such as alcohol or drug rehabilitation or detoxification. In this report, only the ED sub-measure is examined. This indicator determines the number of ED visits by counting the total number of visits for which the state paid during CY 2017 and dividing this total by the number of months that enrollees were collectively enrolled. Of note, AMB is a utilization measure; therefore, lower numbers for this measure indicate a higher quality of care.

ED visits are measured as the number of visits per 1,000 member months. ED visits that result in an inpatient stay are not included in this measure. ED visits per 1,000 member months are reported for the total of children up through 19 years of age. It should be noted that this is a general measure of ED visits, and that each visit is counted only once, regardless of intensity or duration. Medicaid and CHIP officials have expressed concern about interpreting this measure, given the range of reasons for which children come into contact with the ED (Duchon & Smith, 2006).

As this is a utilization measure, the small denominator criteria is met when the number of member months is less than 360.

Figure 146 and **Figure 147** present the program results and benchmark percentile ranges, respectively, in CY 2017.

Figure 148 and **Figure 149** present the Medicaid MMA plan results and benchmark percentile ranges, respectively, in CY 2017.

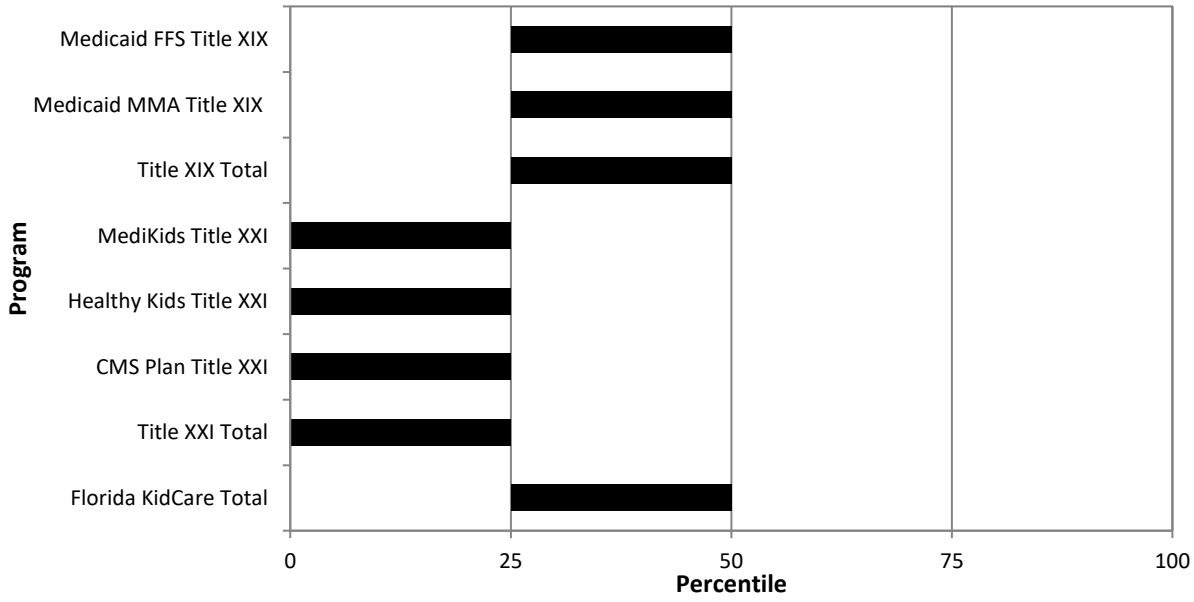
Figure 150 and **Figure 151** present the Florida Healthy Kids plan results and benchmark percentile ranges, respectively, in CY 2017.

Table 31 presents the trending results from CY 2014 to CY 2017 for each of the Florida KidCare Programs, Medicaid Total, CHIP Total, and Florida KidCare Total, with applicable benchmark percentiles.

Figure 146. Program Results for AMB: Ages 0-19 – ED Visits, CY 2017

Note: AMB is a utilization measure; therefore, 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. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 147. National Benchmarks for AMB: Ages 0-19 – ED Visits, CY 2017

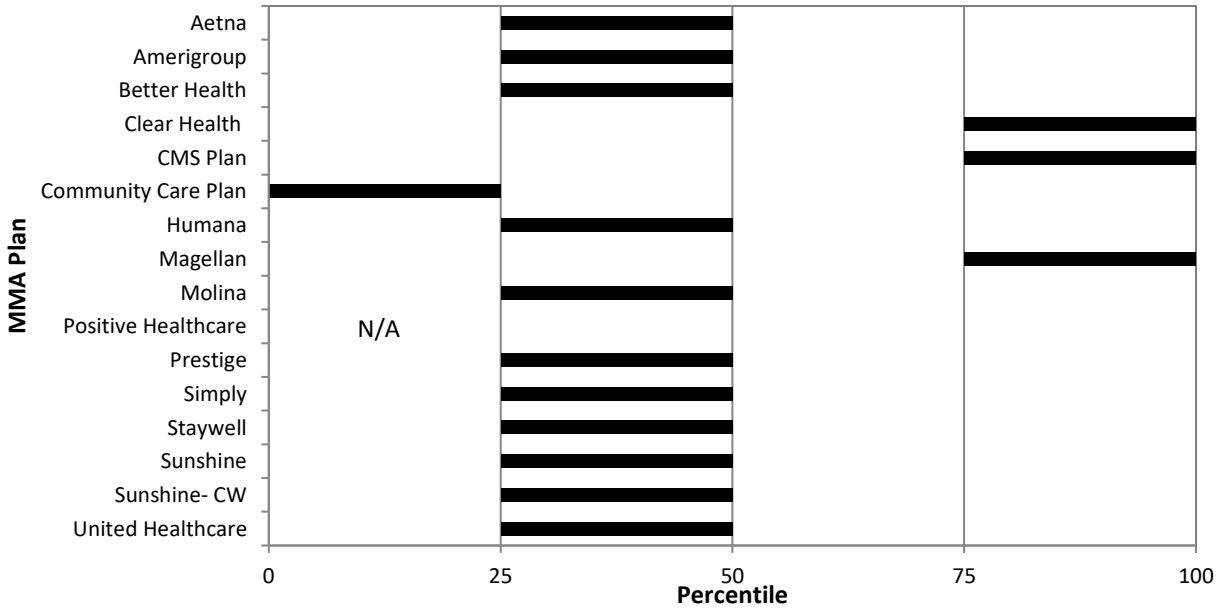


Note: AMB is a utilization measure; therefore, lower numbers for this measure indicate a higher quality of care. N/R denotes programs for which the measure does not apply or was not reported. N/A denotes programs that have less than 360 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 148. MMA Plan Results for AMB: Ages 0-19 – ED Visits, CY 2017

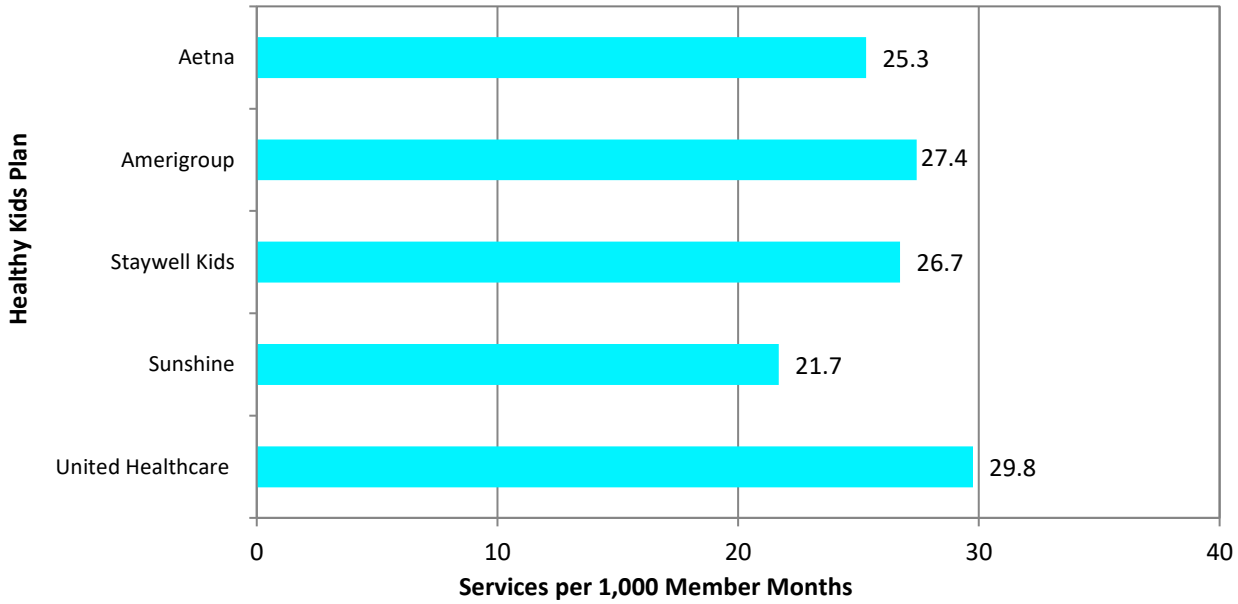
Note: AMB is a utilization measure; therefore, lower numbers for this measure indicate a higher quality of care.
N/R denotes programs for which the measure does not apply or was not reported. N/A denotes programs that have less than 360 in the denominator.

Figure 149. National Benchmarks for AMB: Ages 0-19 – ED Visits, CY 2017



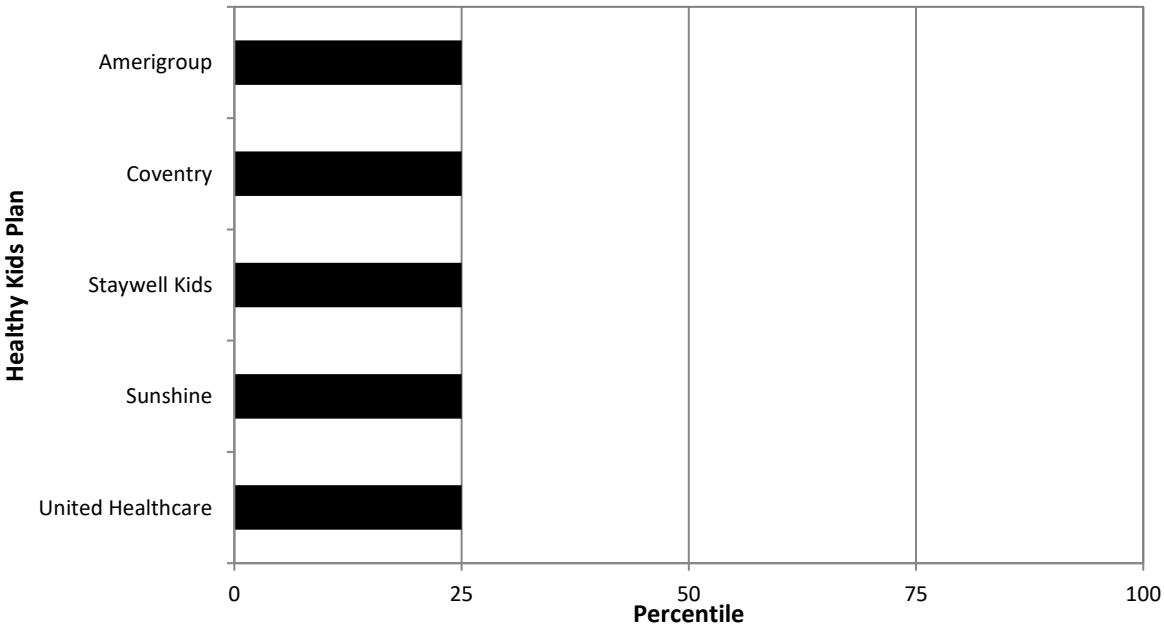
Note: AMB is a utilization measure; therefore, lower numbers for this measure indicate a higher quality of care.
N/R denotes programs for which the measure does not apply or was not reported. N/A denotes programs that have less than 360 in the denominator.

Figure 150. Healthy Kids Plan Results for AMB: Ages 0-19 – ED Visits, CY 2017



Note: AMB is a utilization measure; therefore, lower numbers for this measure indicate a higher quality of care.
N/R denotes programs for which the measure does not apply or was not reported. N/A denotes programs that have less than 360 in the denominator

Figure 151. National Benchmarks for AMB: Ages 0-19 – ED Visits, CY 2017



Note: AMB is a utilization measure; therefore, 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.

Table 31. AMB: Ages 0-19 – ED Visits- CY 2014 to CY 2017

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

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

Note that methodology differs across measurement years and this should be taken into account when reviewing trending data. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 360 member months in the denominator. AMB is a utilization measure; therefore, lower numbers for this measure indicate a higher quality of care.

Behavioral Health Care

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

Children diagnosed with ADHD may receive treatment comprised of behavioral therapy and/or medication. ADHD is a neurobehavioral disorder of childhood that can affect academic achievement, well-being, and social interactions (American Academy of Pediatrics, 2011). Good clinical practice includes follow-up regarding the effects of therapy after the start of medication for ADHD symptoms (Subcommittee on ADHD, Steering Committee on Quality Improvement and Management, 2011). The individual must have had a period of 130 days prior to the Index Prescription Start Date (IPSD) in which no ADHD medications were dispensed for new or refilled prescriptions. The intake period includes the 12-month period starting from March 1, 2016 through February 28, 2017. To be considered eligible, a child must have been at least six years of age by the start of the period, and no older than 12 years of age at the end of the intake period.

There are two sub-measures for the ADD measure: the first sub-measure (**initiation phase**) measures the percentage of children ages 6-12 years, who have been newly prescribed medication for ADHD and who had one or more follow-up visits with a provider with prescribing authority within 30 days of the earliest prescription dispensing date. The second sub-measure (**continuation and maintenance phase**) measures the percentage of children ages 6-12 years, following the initiation phase, who had at least two additional visits with a provider between the second and tenth months after the start of the medication. Children included in the continuation and maintenance sub-measure must have remained on the medication throughout the period. There is no enrollment gap for the initiation sub-measure, and one 45-day gap for the continuation and maintenance sub-measure.

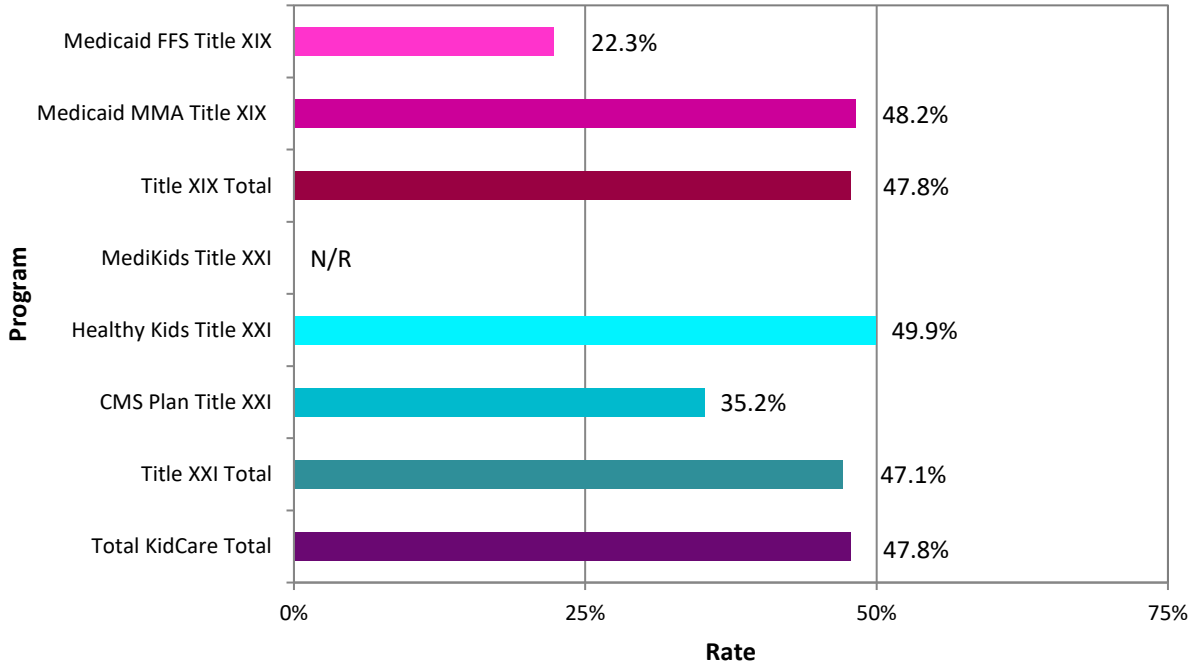
Figure 152 and **Figure 153** present the program results and benchmark percentile ranges, respectively for the initiation phase in CY 2017. **Figure 158** and **Figure 159** present the program results and benchmark percentile ranges, respectively, for the continuation and maintenance phase in CY 2017.

Figure 154 and **Figure 155** present the Medicaid MMA plan results and benchmark percentile ranges, respectively, for the initiation phase in CY 2017. **Figure 160** and **Figure 161** present the Medicaid MMA plan results and benchmark percentile ranges, respectively, for the continuation and maintenance phase in CY 2017.

Figure 156 and **Figure 157** present the Florida Healthy Kids plan results and benchmark percentile ranges, respectively, for the initiation phase in CY 2017. **Figure 162** and **Figure 163** present the Florida Healthy Kids plan results and benchmark percentile ranges, respectively, for the continuation and maintenance phase in CY 2017.

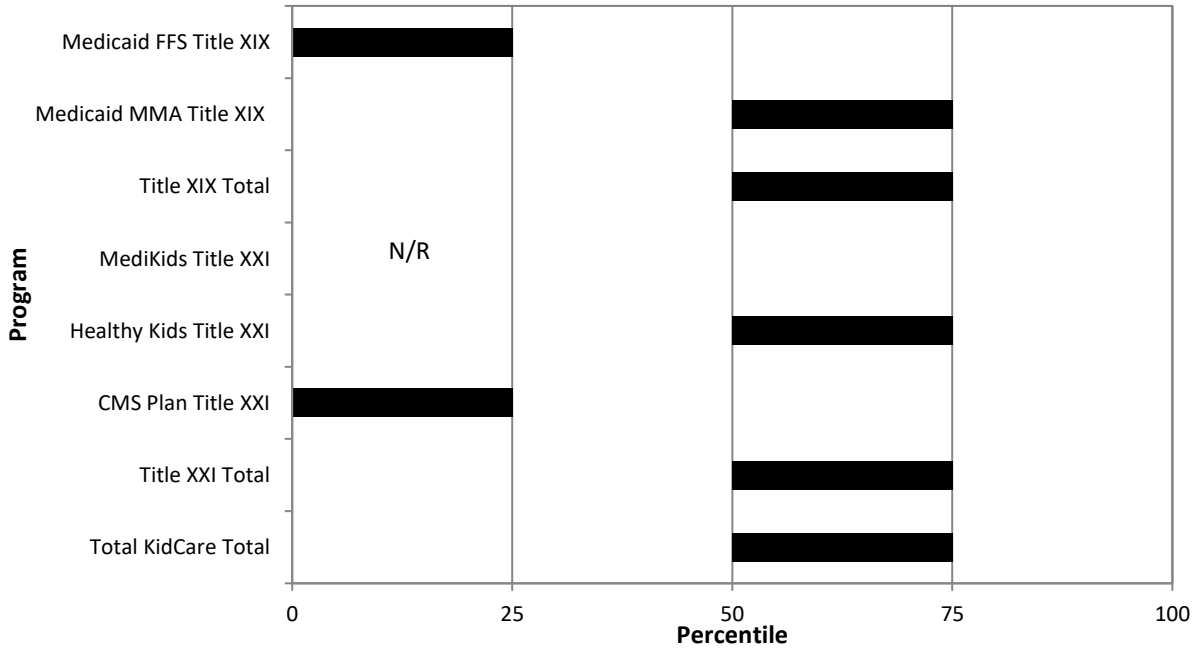
Table 32 and **Table 33** present the trending results for the initiation phase and the continuation and maintenance phase, respectively, from CY 2014 to CY 2017 for each of the Florida KidCare Programs, Medicaid Total, CHIP Total, and Florida KidCare Total, with applicable benchmark percentiles.

Figure 152. Program Results for ADD: Initiation Phase, CY 2017



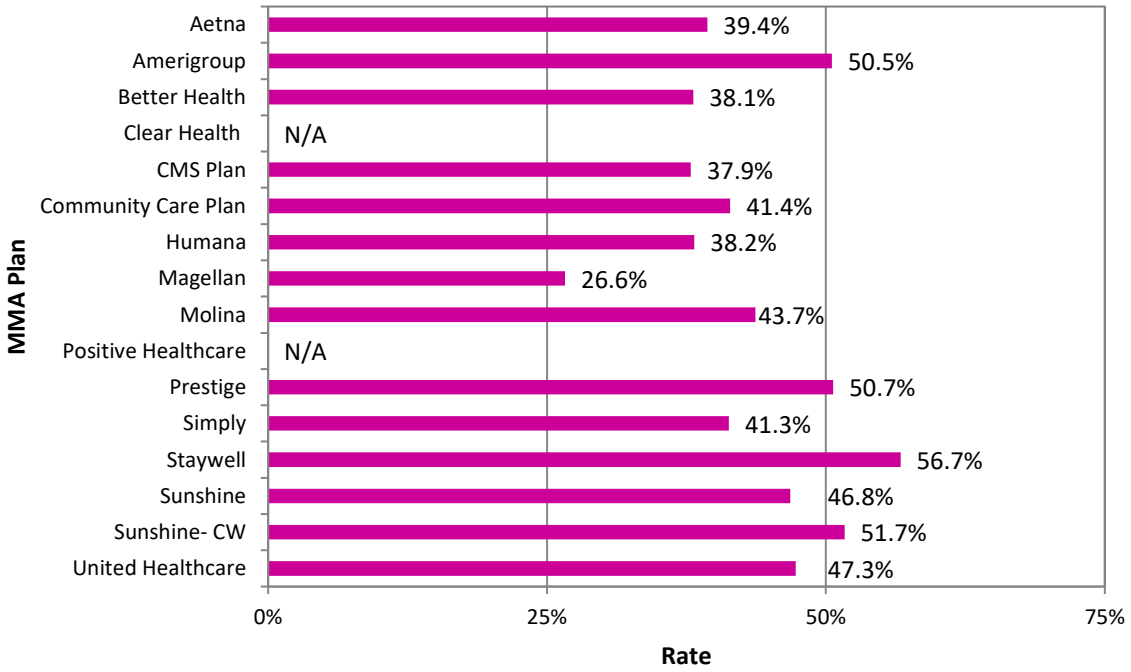
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 153. National Benchmarks for ADD: Initiation Phase, CY 2017



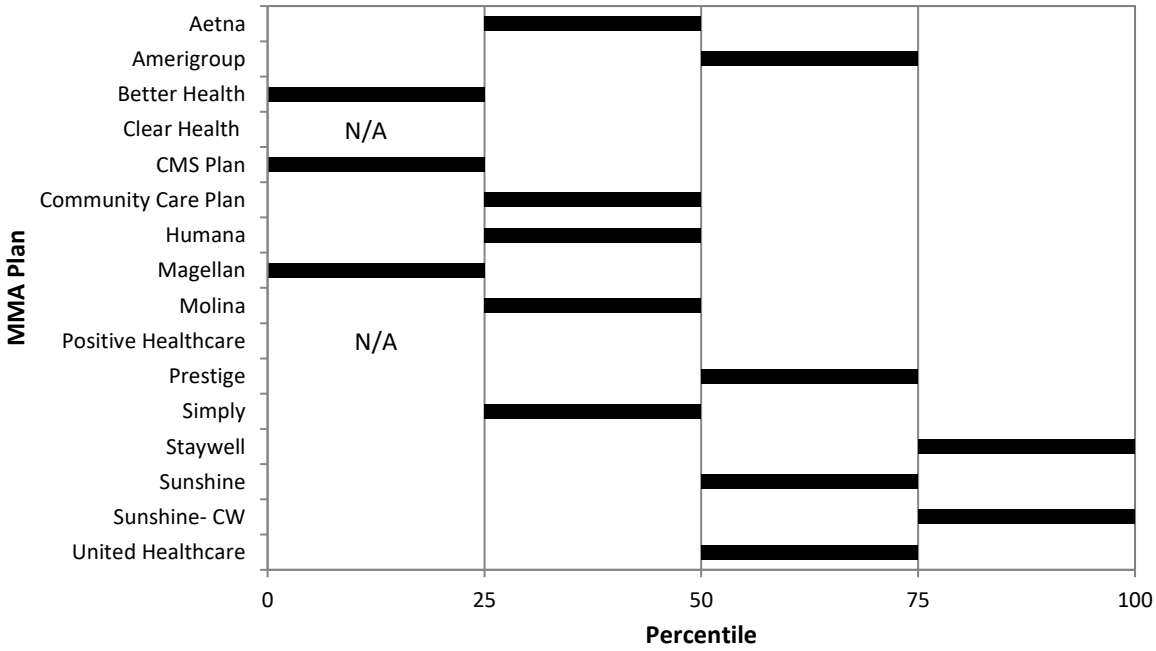
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 154. MMA Plan Results for ADD: Initiation Phase, CY 2017



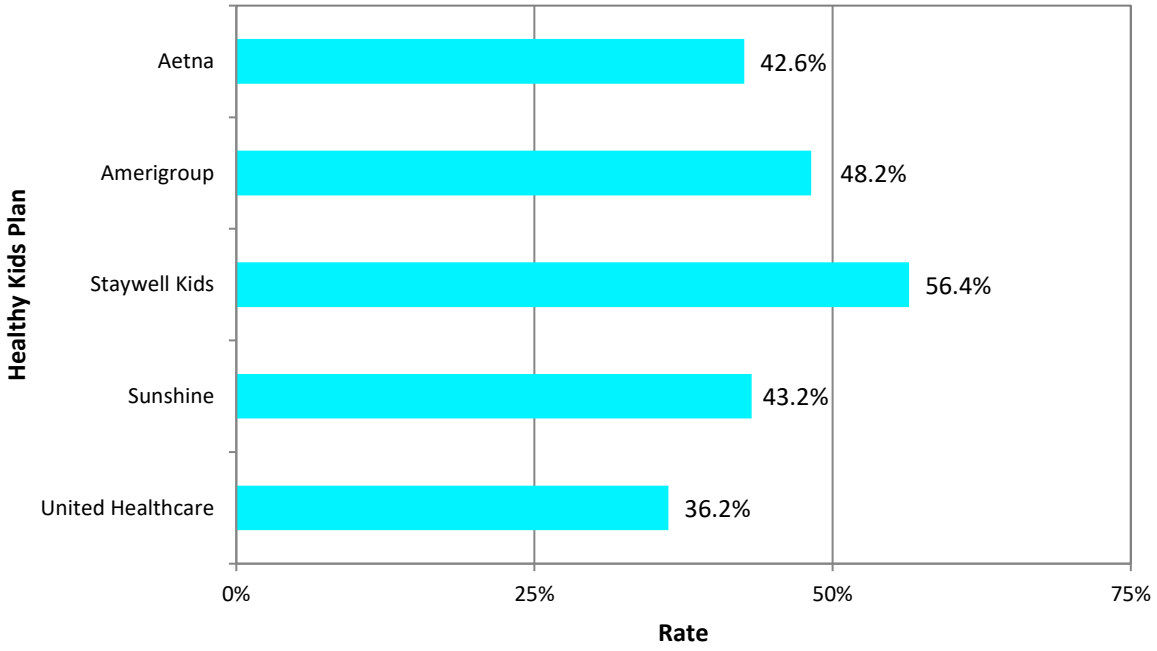
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 155. National Benchmarks for ADD: Initiation Phase, CY 2017



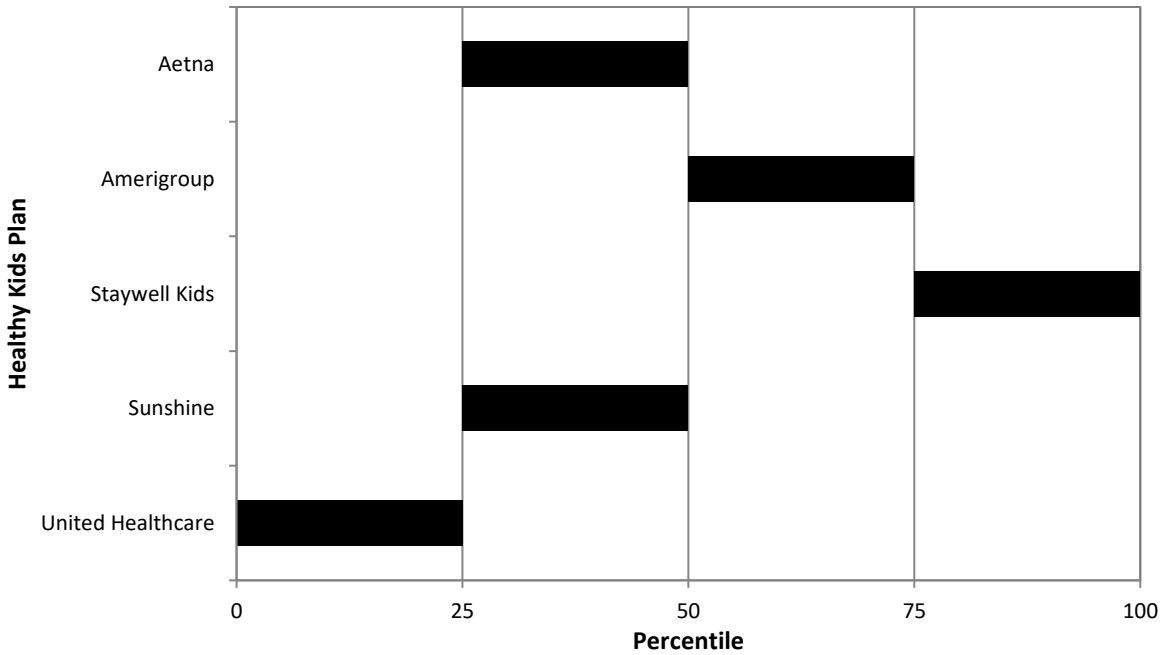
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 156. Healthy Kids Plan Results for ADD: Initiation Phase, CY 2017



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

Figure 157. National Benchmarks for ADD: Initiation Phase, CY 2017

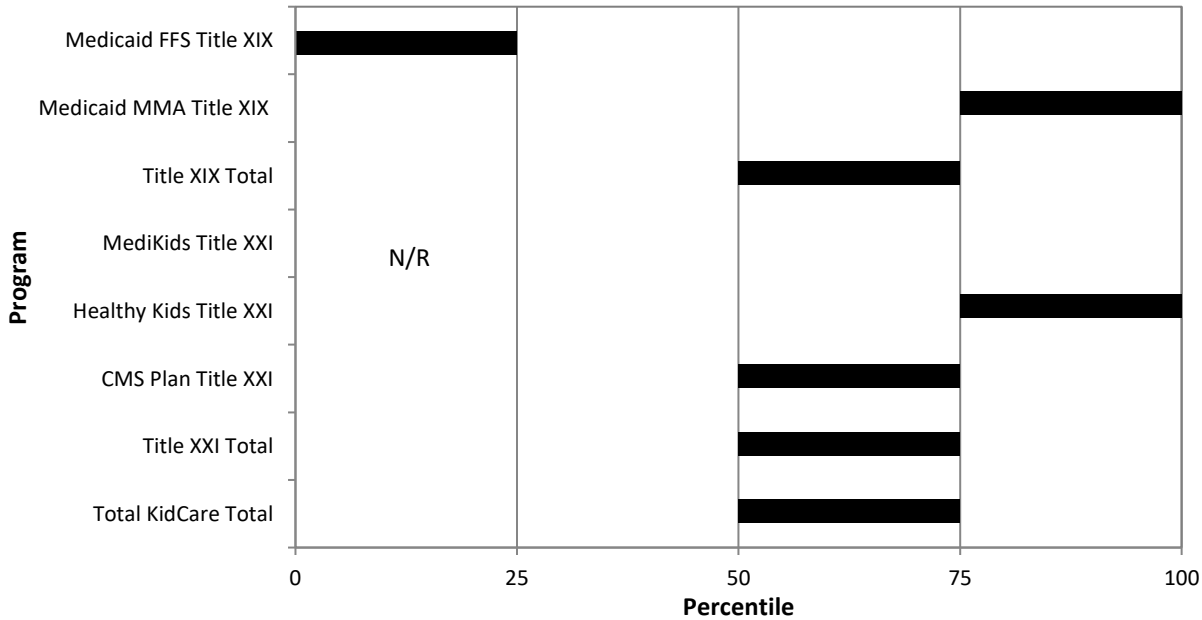


Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 158. Program Results for ADD: Continuation and Maintenance Phase, CY 2017

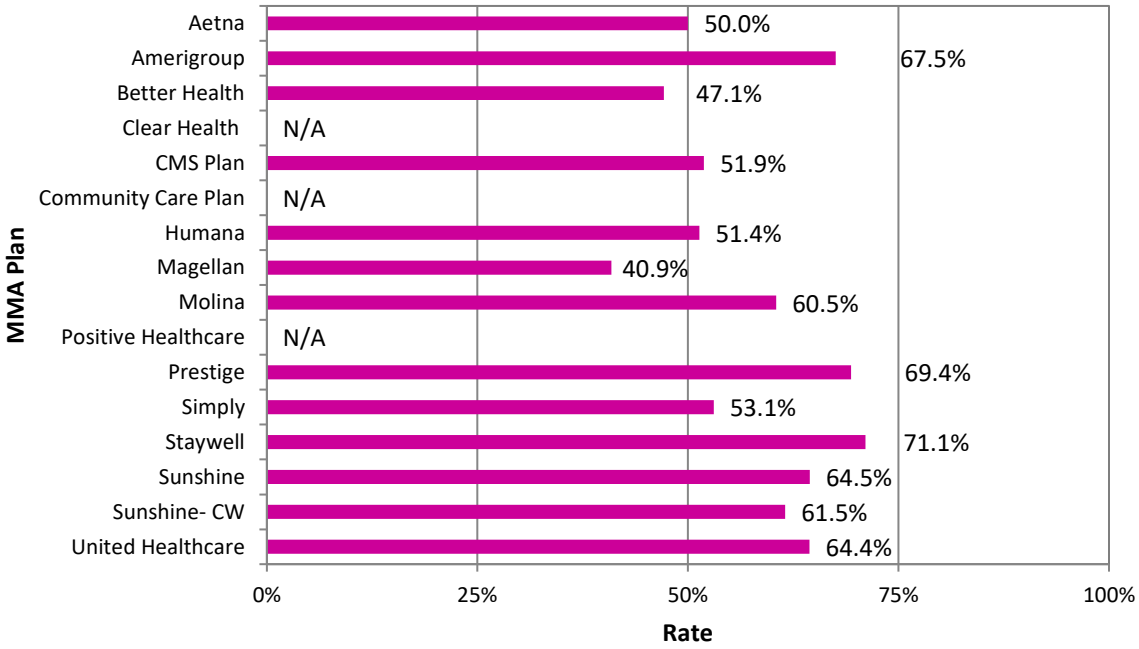
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 159. National Benchmarks for ADD: Continuation and Maintenance Phase, CY 2017



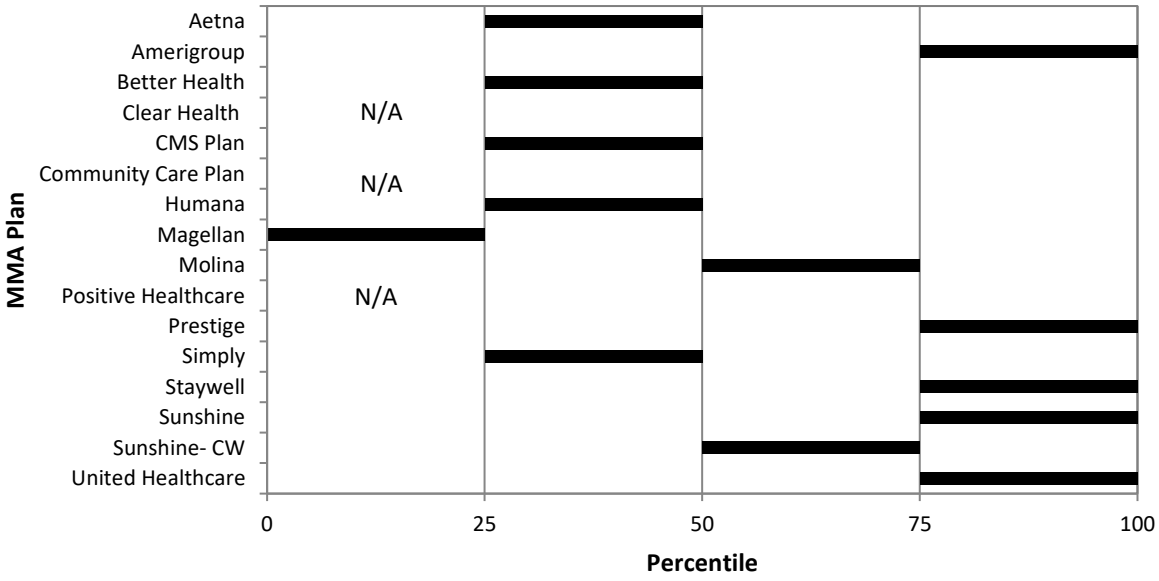
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 160. MMA Plan Results for ADD: Continuation and Maintenance Phase, CY 2017



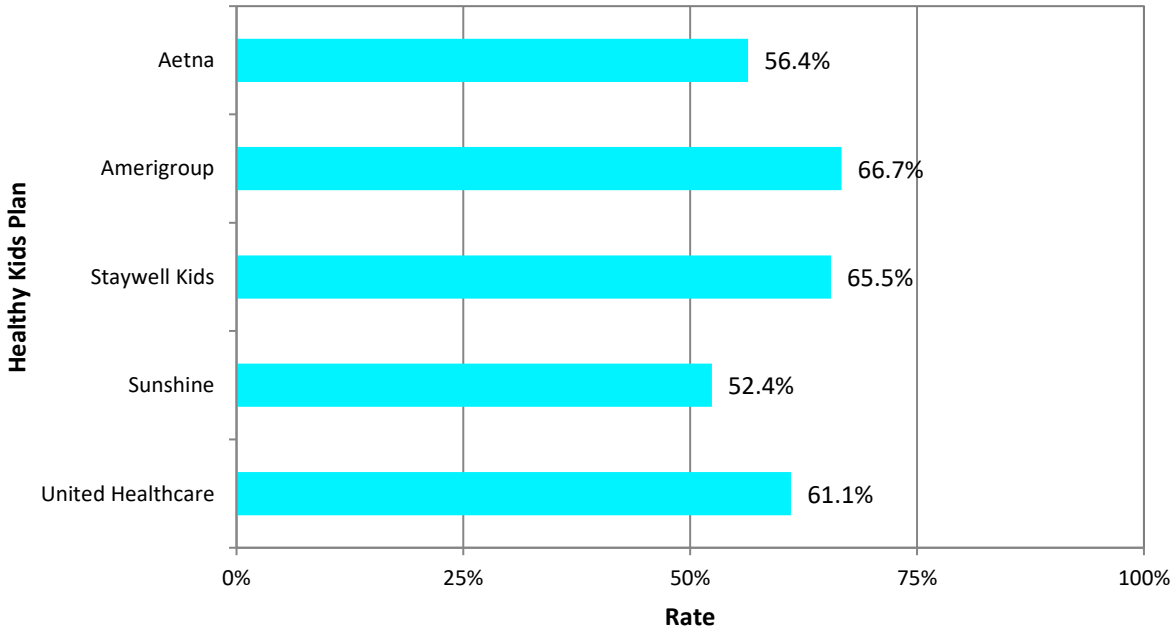
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 161. National Benchmarks for ADD: Continuation and Maintenance Phase, CY 2017



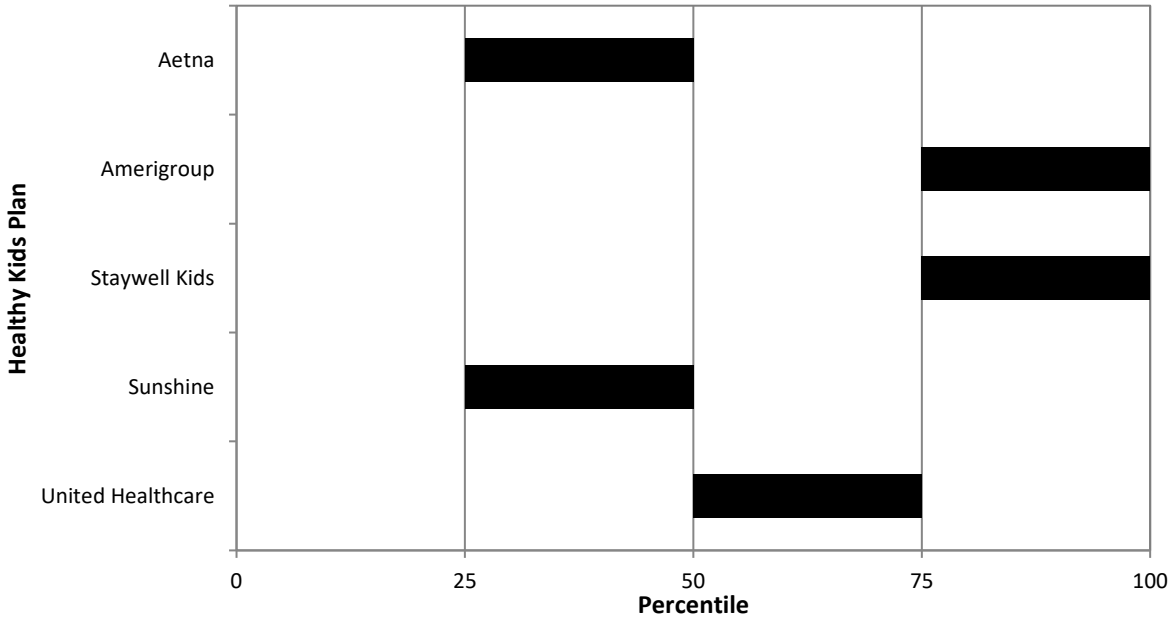
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 162. Healthy Kids Plan Results for ADD: Continuation and Maintenance Phase, CY 2017



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

Figure 163. National Benchmarks for ADD: Continuation and Maintenance Phase, CY 2017



Note: N/R denotes programs or plans for 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 32. ADD– Initiation Results by Program: CY 2014 to CY 2017

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

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

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

Table 33. ADD– Continuation and Maintenance Results by Program: CY 2014 to CY 2017

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

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

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

Follow-Up After Hospitalization for Mental Illness (FHM)

Ensuring continuity of care and providing follow-up therapy with a mental health practitioner after an inpatient stay for mental illness is necessary for a patient's health and well-being (NCQA, 2017b). This agency-defined measure, similar to the HEDIS Follow-Up After Hospitalization for Mental Illness: Ages 6-20 measure, calculates the percentage of acute care facility discharges for members who were hospitalized for treatment of a mental health diagnoses and were discharged to the community with outpatient follow-up by a mental health practitioner between January 1- December 1, 2017. Two rates are reported: (1) the percentage of discharges for which the member received follow-up within seven days of discharge, and (2) the percentage of discharges for which the member received follow-up within 30 days of discharge.

Eligibility criteria includes members ages six through 20 as of the discharge date who have had continuous enrollment from the date of discharge through 30 days after discharge with no allowable gaps in enrollment. The denominator is based on the number of discharges, so members could be included more than once if they had more than one acute inpatient stay for mental illness during the measurement period. If the discharge event is followed by readmission or direct transfer to an acute inpatient care setting for a principal mental health diagnosis within the 30-day follow-up time period, only the last discharge is included. If the last discharge takes place after December 1 for readmits or transfers, the event is not eligible (AHCA, 2018). As of CY 2017, this measure no longer counts visits on the day of discharge, so review of trending data should be done with caution.

Note that as the FHM measure is Agency-defined, no direct comparison to national benchmarks is available.

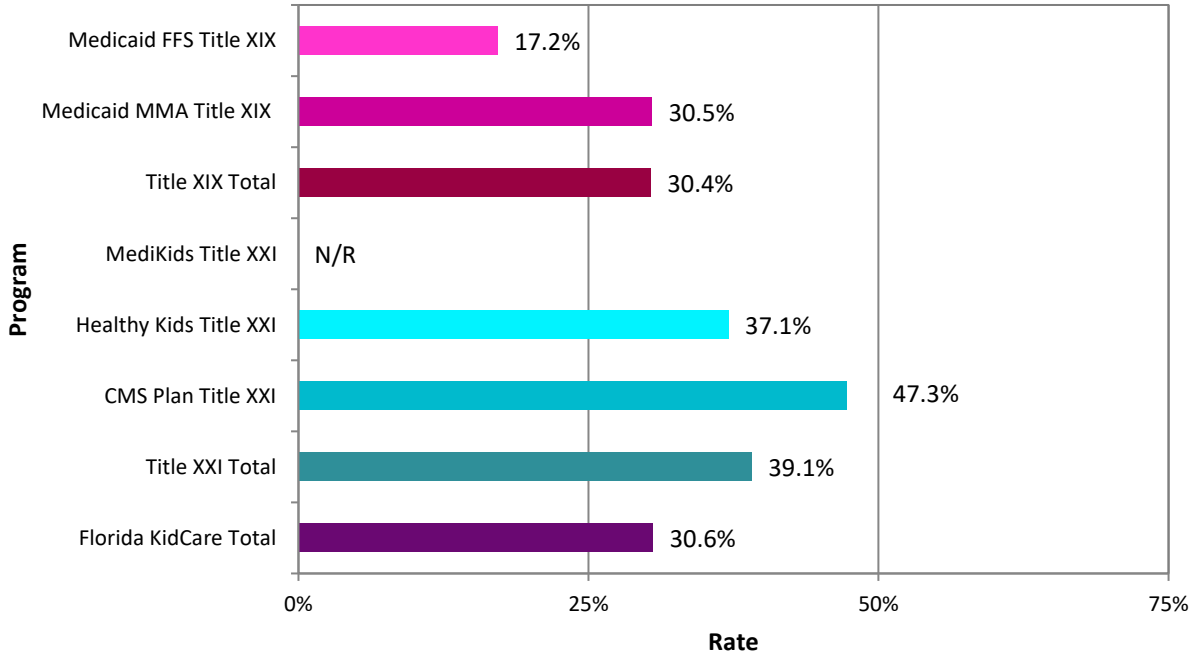
Figure 164 and **Figure 167** represent program results for follow-up visits within seven days and 30 days, respectively, in CY 2017.

Figure 165 and **Figure 168** present Medicaid MMA plan results for follow-up visits within seven days and 30 days, respectively, for CY 2017.

Figure 166 and **Figure 169** present the Florida Healthy Kids plan results for follow-up visits within seven days and 30 days, respectively, in CY 2017.

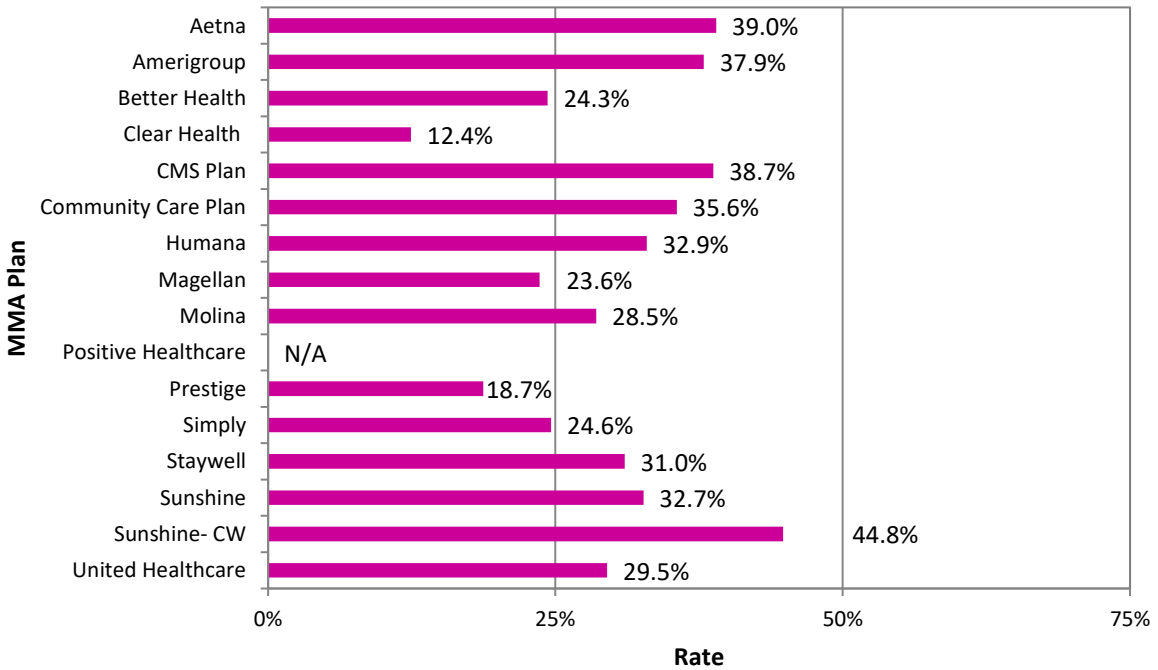
Table 34 and **Table 35** present the trending results for follow-up visits within seven days and 30 days, respectively, from CY 2016 to CY 2017 for each of the Florida KidCare Programs, Medicaid Total, CHIP Total, and Florida KidCare Total. Note that as this measure is Agency-defined, no benchmark percentiles are available.

Figure 164. Program Results for FHM: Follow-Up Visits within Seven Days, CY 2017



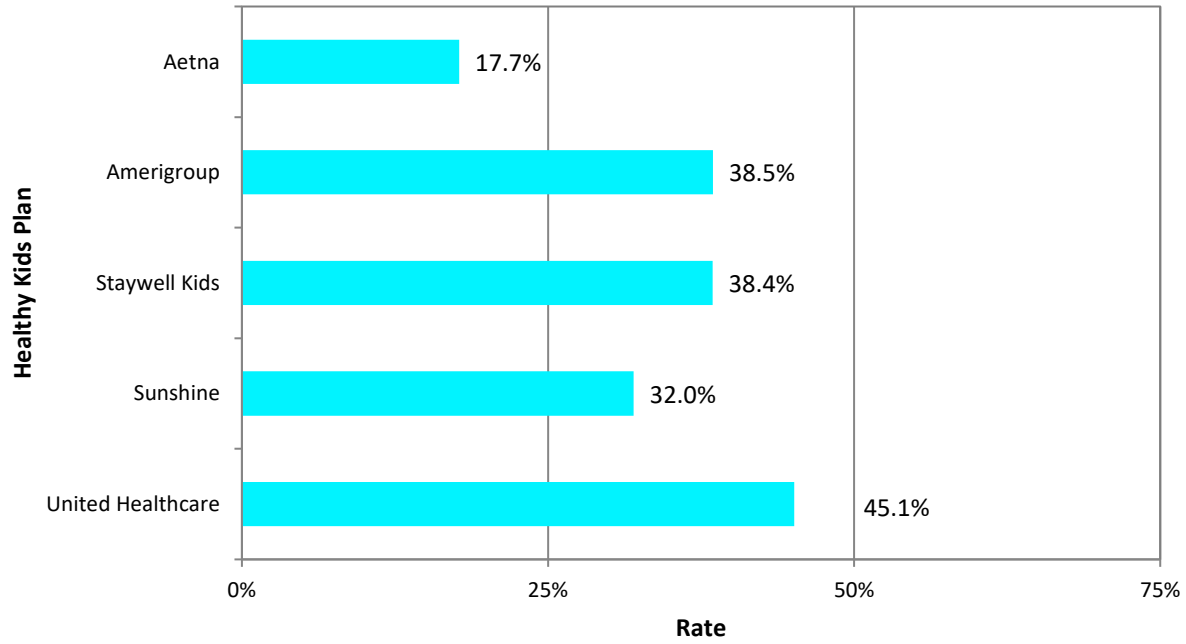
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 165. MMA Plan Results for FHM: Follow-Up Visits within Seven Days, CY 2017



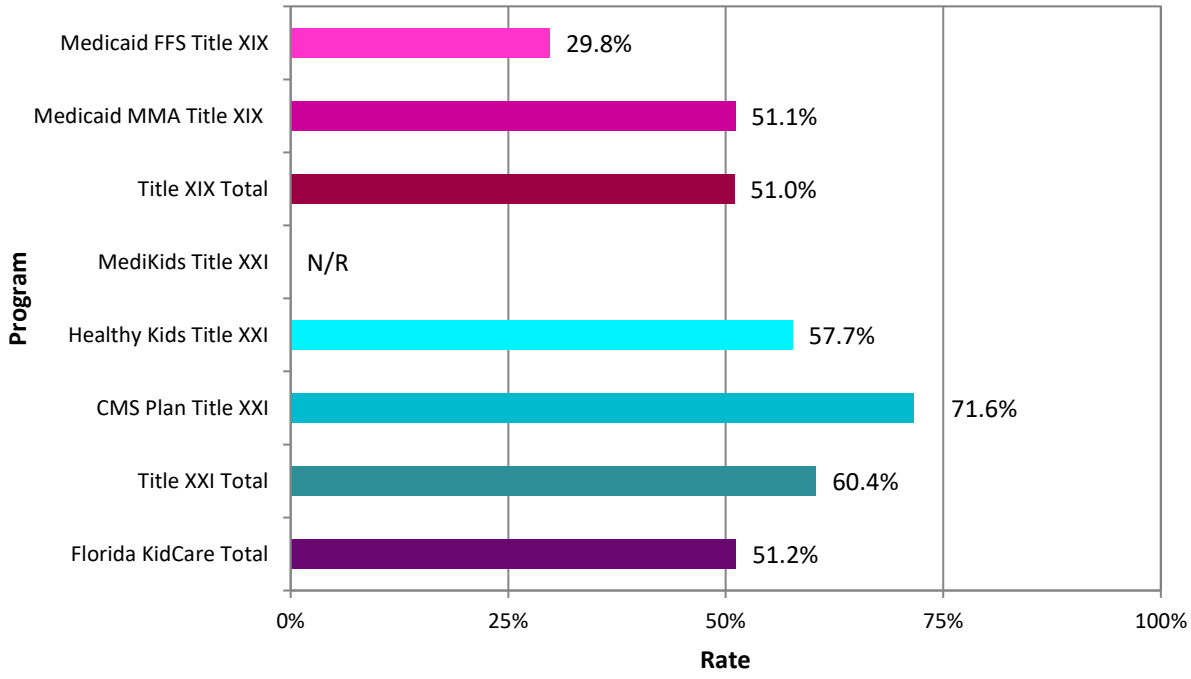
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 166. Healthy Kids Plan Results for FHM: Follow-Up Visits within Seven Days, CY 2017



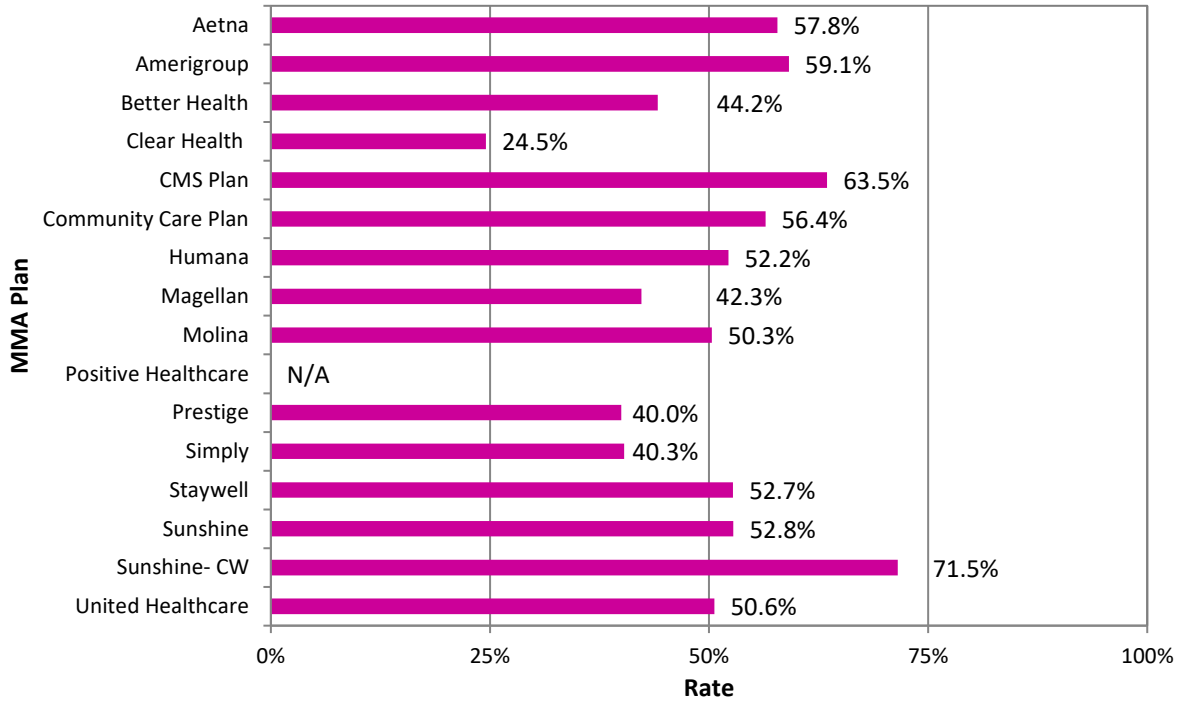
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 167. Program Results for FHM: Follow-Up Visits within 30 Days, CY 2017



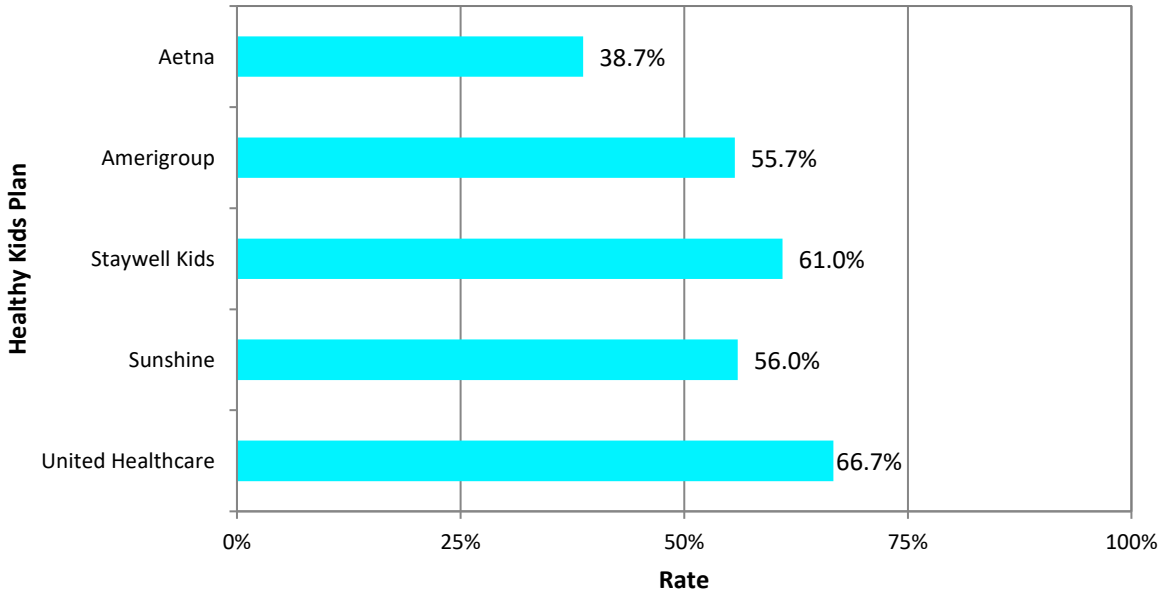
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 168. MMA Plan Results for FHM: Follow-Up Visits within 30 Days, CY 2017



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

Figure 169. Healthy Kids Plan Results for FHM: Follow-Up Visits within 30 Days, CY 2017



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

Table 34. FHM– Follow-Up After 7 Days Results by Program: CY 2016 to CY 2017

Program	CY 2016	CY 2017
Medicaid FFS	26.0%	17.2%
Medicaid MMA	43.0%	30.5%
Medicaid Total	42.8%	30.4%
MediKids	N/R	N/R
Florida Healthy Kids	39.4%	37.1%
CHIP CMS Plan	44.6%	47.3%
CHIP Total	40.1%	39.1%
Florida KidCare Total	42.7%	30.6%

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

Table 35. FHM– Follow-Up After 30 Days Results by Program: CY 2016 to CY 2017

Program	CY 2016	CY 2017
Medicaid FFS	42.9%	29.8%
Medicaid MMA	56.1%	51.1%
Medicaid Total	55.9%	51.0%
MediKids	N/R	N/R
Florida Healthy Kids	59.4%	57.7%
CHIP CMS Plan	60.7%	71.6%
CHIP Total	59.6%	60.4%
Florida KidCare Total	56.0%	51.2%

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

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

The HEDIS APP measure offers the percentage of children ages 1-17 who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment. In recent years, there has been an increase in prescriptions for antipsychotic medications in youth, including those who lack psychotic symptoms or a mental health diagnosis (Penfold et al., 2013). In these children and adolescents, psychosocial therapy would be a more appropriate first-line treatment. Children who are prescribed these antipsychotic medications may unnecessarily face adverse health effects due to their still-developing physiology and small size (Harrison et al., 2012). The American Academy of Child and Adolescent Psychiatry (AACAP) (2011) states that there are still limited data into the efficacy of many atypical antipsychotic agents (AAA). These types of medications are becoming increasingly prescribed for non-psychotic conditions such as aggressive and dysfunctional behavior in the context of autism, aggressive behavior in patients with disruptive behavior disorders, resistant ADHD, Tourette's syndrome, obsessive compulsive disorder, eating disorders, and sleep problems (AACAP, 2011). AAAs can have several associated risks such as weight gain, diabetes, hyperlipidemia, seizures, and cardiac abnormalities. Psychosocial interventions like counseling and crisis intervention may be underutilized with this vulnerable population.

This measure assesses whether there was documentation of psychosocial care for children and adolescents who did not have an indication for antipsychotic medication use. The numerator for this measure is documentation of psychosocial care in the 121-day period beginning 90 days before through 30 days after the earliest antipsychotic prescription was ordered. The intake period for this measure is January 1- December 1, 2017. Members must have continuous enrollment for 120 days prior to the IPSD through 30 days after the IPSD with no gaps in enrollment for inclusion. The denominator for this measure is the eligible population, which includes members ages 1-17 years of age as of December 31, 2017.

Exclusion criteria for this measure encompasses those for whom a first-line antipsychotic medication may be clinically appropriate. This may include patients with a minimum of one inpatient encounter or two outpatient, intensive outpatient, or partial hospitalizations accompanied by a diagnosis of schizophrenia, bipolar disorder, or another psychotic disorder.

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

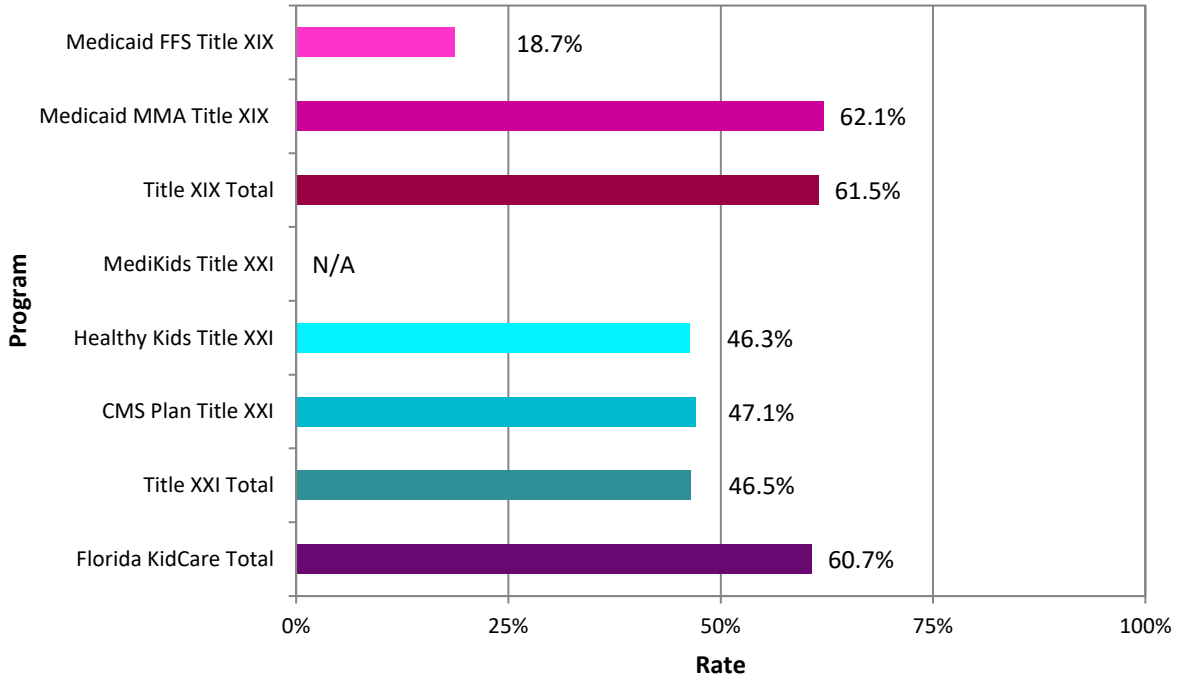
Figure 170 and **Figure 171** present program results and benchmark percentile ranges, respectively, in CY 2017.

Figure 172 and **Figure 173** present Medicaid MMA plan results and benchmark percentile ranges, respectively, in CY 2017.

Figure 174 and **Figure 175** present the Florida Healthy Kids plan results and benchmark percentile ranges, respectively, in CY 2017.

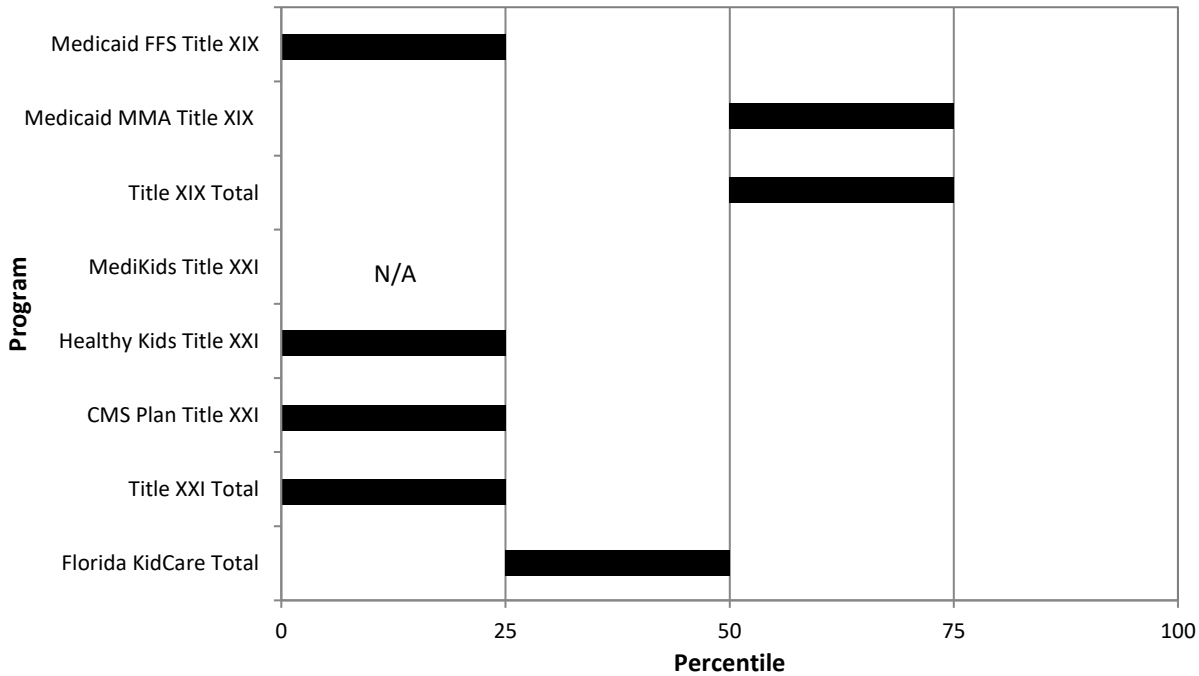
Table 36 presents the trending results from CY 2016 to CY 2017 for each of the Florida KidCare Programs, Medicaid Total, CHIP Total, and Florida KidCare Total, with applicable benchmark percentiles.

Figure 170. Program Results for APP: All Ages, CY 2017



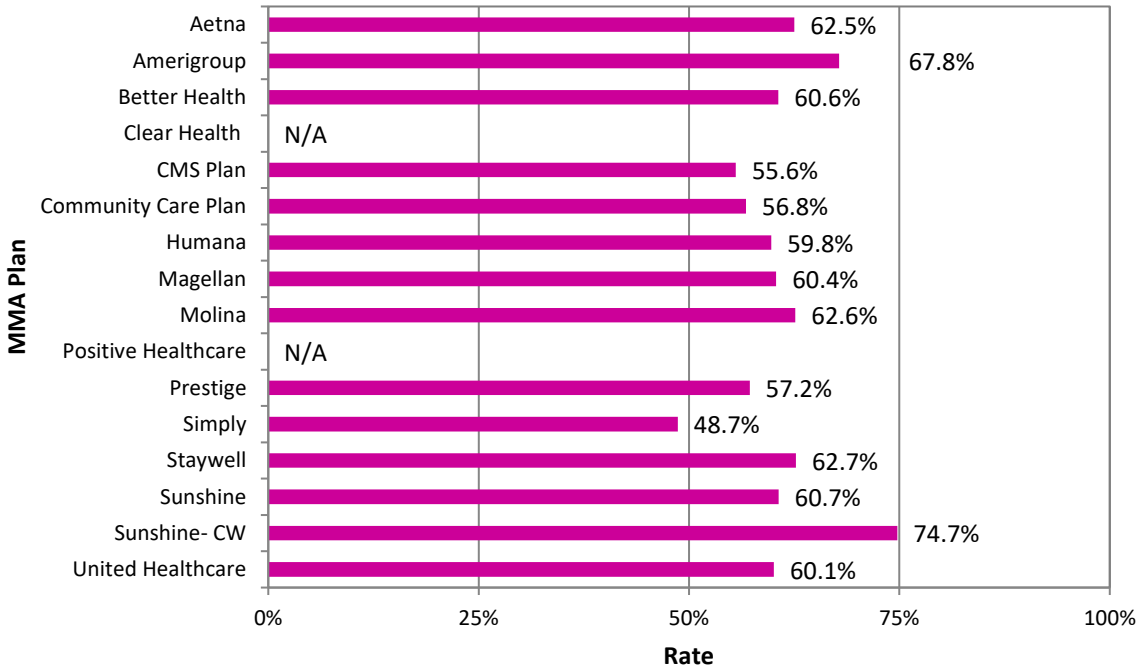
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 171. National Benchmarks for APP: All Ages, CY 2017



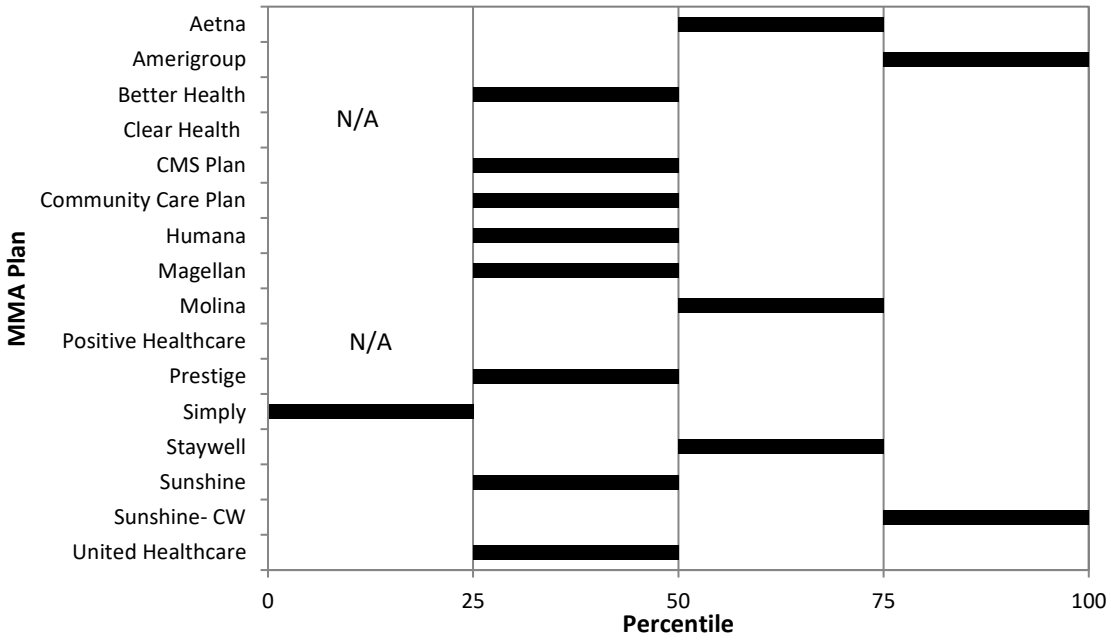
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 172. MMA for APP: All Ages, CY 2017



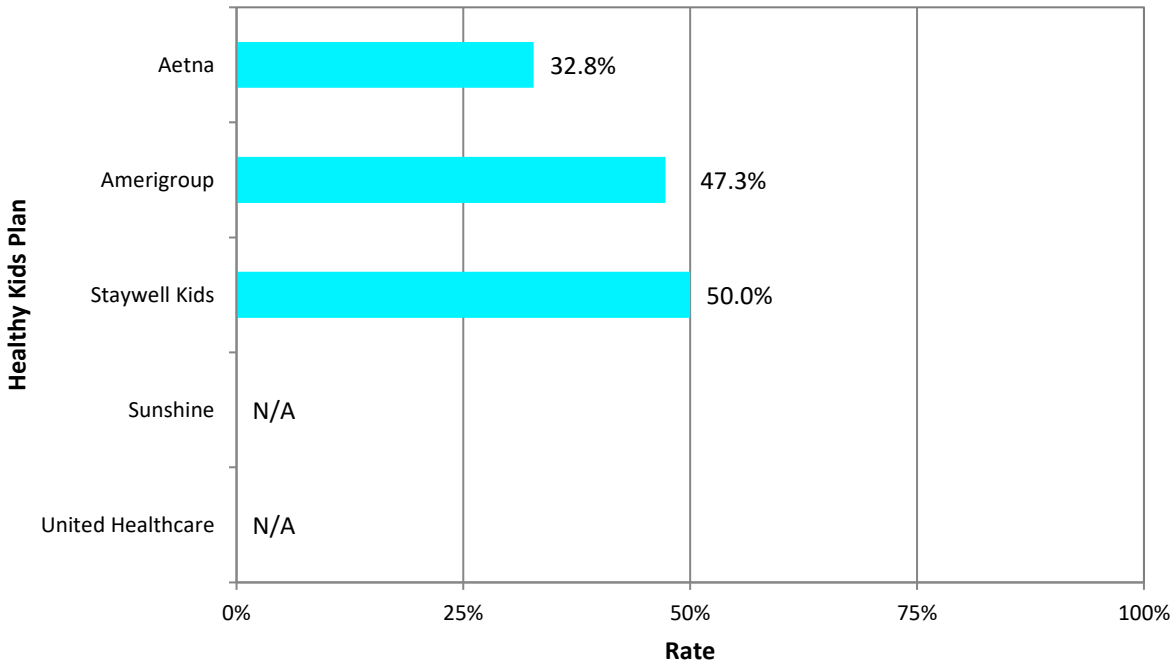
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 173. National Benchmarks for APP: All Ages, CY 2017



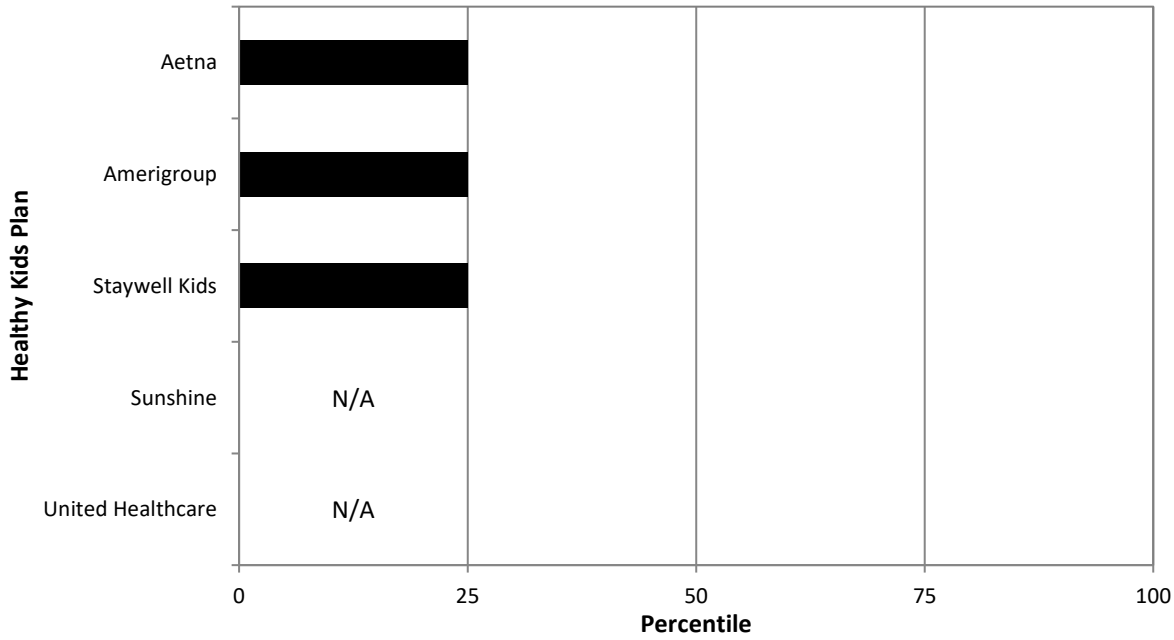
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 174. Healthy Kids Plans Results for APP: All Ages, CY 2017



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

Figure 175. National Benchmarks for APP: All Ages, CY 2017



Note: N/R denotes programs or plans for 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 36. APP Results by Program: CY 2014 to CY 2017

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

Program	CY 2016	CY 2017
Medicaid FFS	17.2%	18.7%
Medicaid MMA	62.5%	62.1%
Medicaid Total	61.2%	61.5%
MediKids	N/A	N/A
Florida Healthy Kids	63.0%	46.3%
CHIP CMS Plan	43.3%	47.1%
CHIP Total	56.1%	46.5%
Florida KidCare Total	60.9%	60.7%

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

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

As in the APP measure, APC takes a closer look at youth who are prescribed antipsychotic medications. In addition to off-label use of these medications, as was a focus of the APP measure, there has been an increase in the number of youth who are prescribed more than one antipsychotic medication at the same time (Toteja et al., 2014). Antipsychotic use in youth is still being investigated, though studies show that youth on these medications may face harmful side effects (Harrison et al., 2012). These risks are amplified when multiple antipsychotics are used. The APC measure can help identify unsafe practices in youth antipsychotic use.

APC offers the percentage of children and adolescents who were on two or more antipsychotic medications concurrently for at least 90 consecutive days. Required benefits for this measure are medical and pharmacy, which allows for identification of prescription dispense date. The numerator is the number of youth ages 1-17 on two or more of these medications for 90 days, with an allowable gap of 15 days between overlapping prescriptions. The denominator is the number receiving any antipsychotic medication continuously for 90 days or more. For this measure, a lower rate indicates better performance. No more than one gap in insurance enrollment of up to 45 days is allowable for inclusion in the measurement.

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

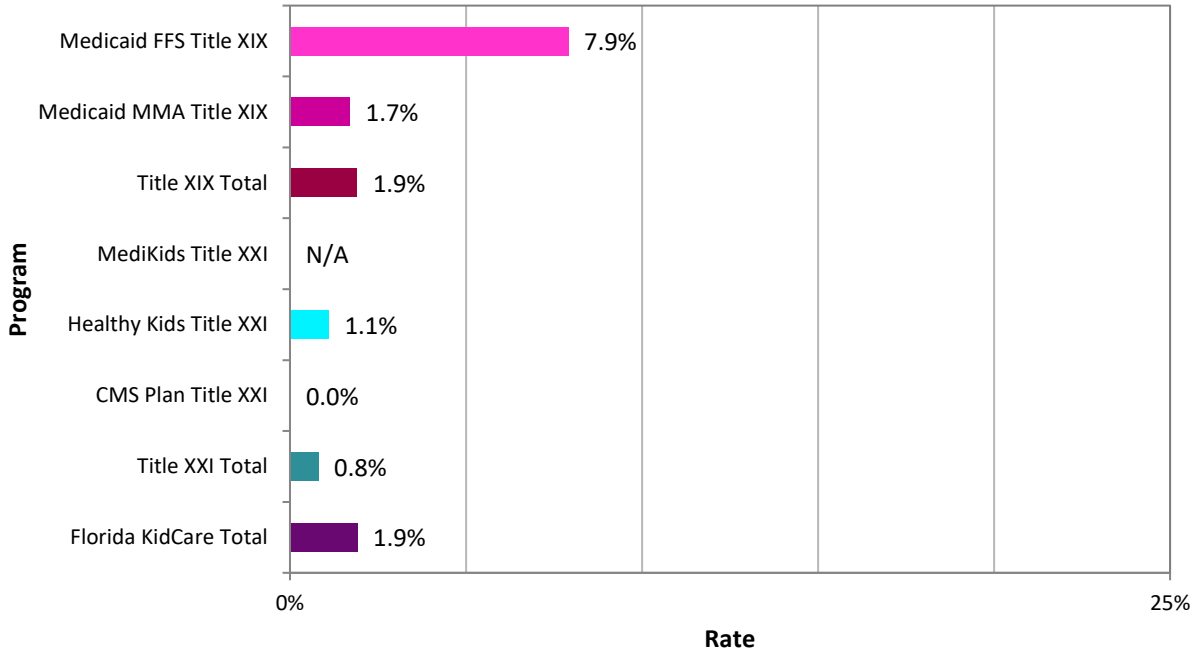
Figure 176 and **Figure 177** present program results and benchmark percentile ranges, respectively, in CY 2017.

Figure 178 and **Figure 179** present Medicaid MMA plan results and benchmark percentiles, respectively, in CY 2017.

Figure 180 and **Figure 181** present the Florida Healthy Kids plan results and benchmark percentile ranges, respectively, in CY 2017.

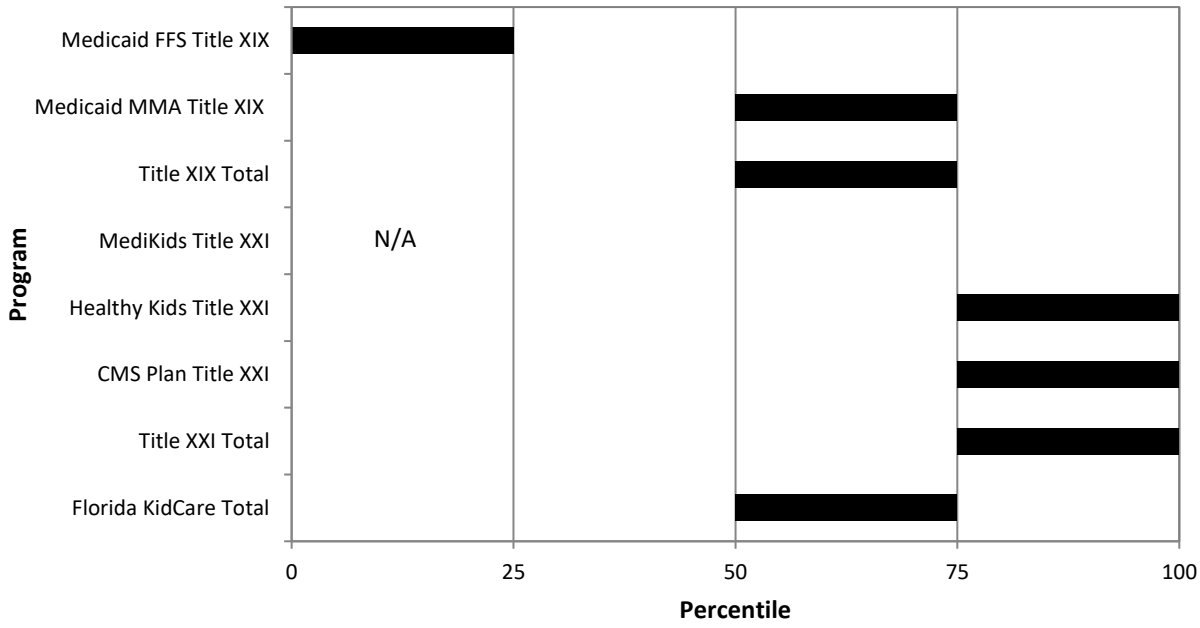
Table 37 presents the trending results from CY 2016 to CY 2017 for each of the Florida KidCare Programs, Medicaid Total, CHIP Total, and Florida KidCare Total, with applicable benchmark percentages.

Figure 176. Program Results for APC: All Ages, CY 2017



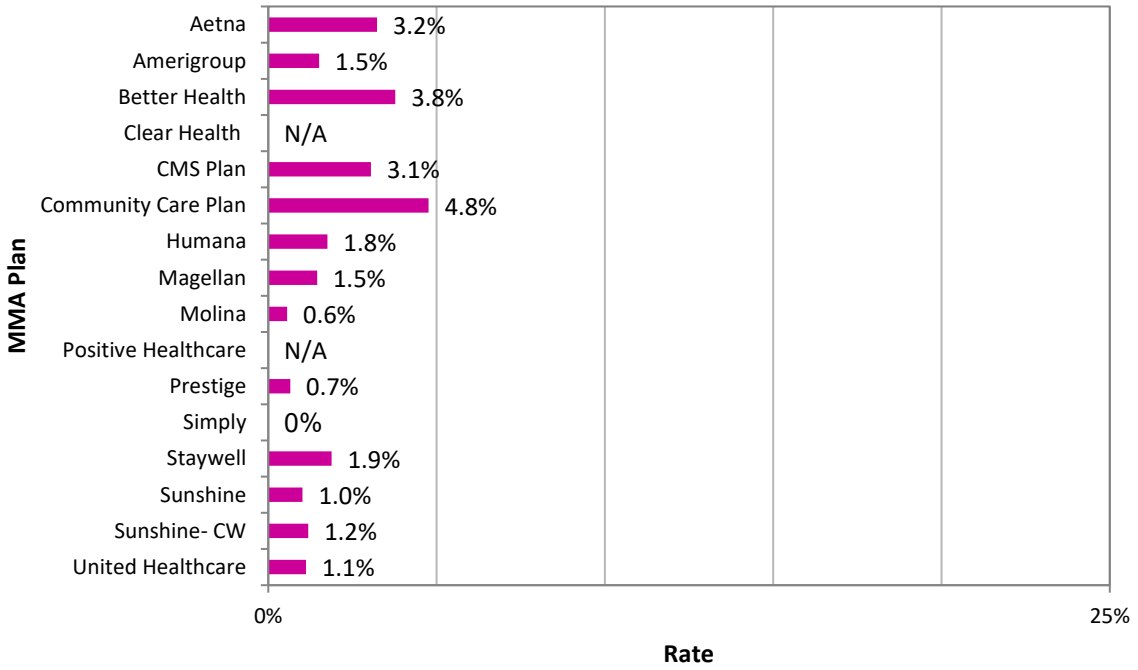
Note: Lower rates indicate better performance. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 177. National Benchmarks for APC: All Ages, CY 2017



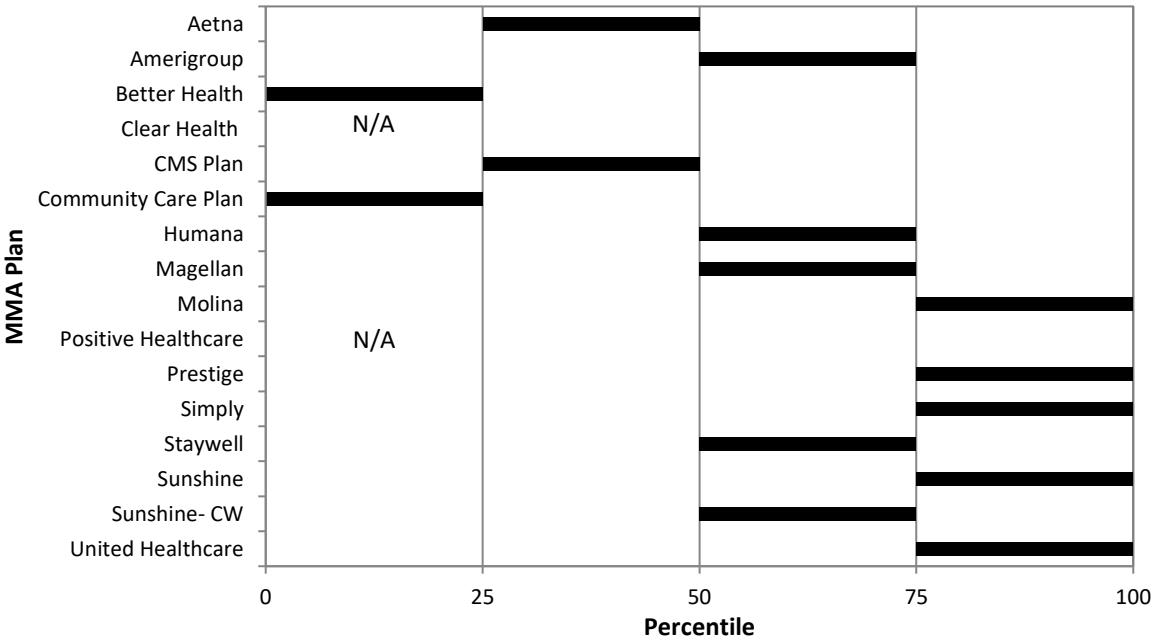
Note: Lower rates indicate better performance. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 178. MMA Plan Results for APC: All Ages, CY 2017



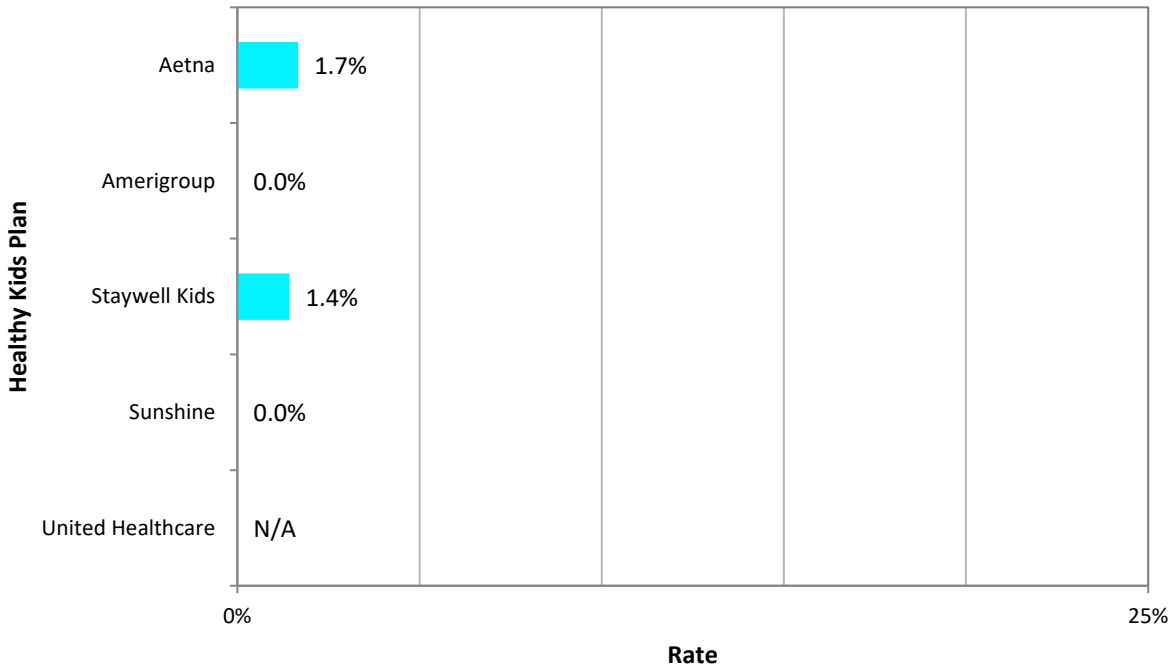
Note: Lower rates indicate better performance. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 179. National Benchmarks for APC: All Ages, CY 2017



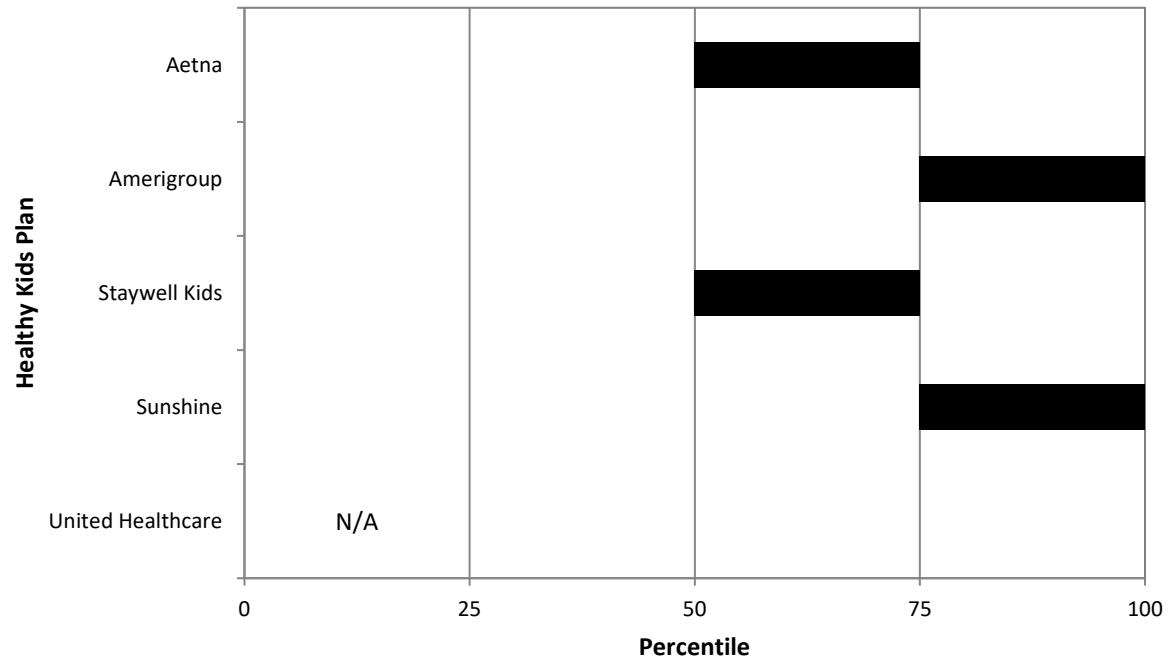
Note: Lower rates indicate better performance. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 180. Healthy Kids Plan Results for APC: All Ages, CY 2017



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

Figure 181. National Benchmarks for APC: All Ages, CY 2017



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

Table 37. APC Results by Program: CY 2016 to CY 2017

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

Program	CY 2016	CY 2017
Medicaid FFS	7.3%	7.9%
Medicaid MMA	1.6%	1.7%
Medicaid Total	1.9%	1.9%
MediKids	N/A	N/A
Florida Healthy Kids	1.0%	1.1%
CHIP CMS Plan	1.1%	0.0%
CHIP Total	1.0%	0.8%
Florida KidCare Total	1.9%	1.9%

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

Dental and Oral Health Services

Dental Sealants for 6-9 Year-Old Children at Elevated Caries Risk (SEAL) and Percentage of Eligibles Who Received Preventive Dental Services (PDENT)

Dental caries, also called tooth decay, is one of the most common diseases of childhood (National Institute of Dental and Craniofacial Research, 2018; Lee & Somerman, 2018). However, preventive measures initiated during infancy and continued throughout childhood and adolescence can significantly reduce the risk of developing caries. The American Academy of Pediatric Dentistry (2013) recommends that children have at least one dental visit at the time of the eruption of the first tooth or by the child's first birthday and about every six months thereafter, with the frequency dependent upon the child's determined risk of developing caries.

One such preventive measure is to receive a sealant, which fills in the pit at the center of a decayed tooth (Mark, 2016). Sealant use on the permanent molars of children and adolescents prevents further tooth decay and reduces costs to the health care system. Therefore, dental sealants are recommended by the ADA as a cost-effective intervention for patients with an elevated caries risk (Wright, et al., 2016). The denominator in the SEAL measure is the unduplicated number of eligible children, 6-9 years-old, at elevated risk (determined by CDT codes) for dental caries. Unduplicated means that each child is counted only once, even if multiple services were received. The numerator is the unduplicated number of those eligible patients who received a sealant on any of the four permanent, primary molars (Center for Medicaid and CHIP Services & CMS, 2018).

Also necessary for the prevention and reduction of tooth decay are preventive dental services that can maintain dental health and well-being. The PDENT Child Core Set measure is the percentage of unduplicated children 1-20 years of age who received a preventive dental service (CDT codes D1000-D1999). The denominator for this measure is all children in the plan who are eligible for Early and Periodic Screening, Diagnostic and Treatment for 90 continuous days, not necessarily those receiving dental services through that plan. Note that for the previous measurement year, Florida Healthy Kids plans reported the PDENT measure consistent with CMS Form-416, in Federal Fiscal Year (FFY) 2017, which covers the period October 1, 2016, through September 30, 2017. Program rates for all other Florida KidCare programs were calculated with CY 2017 as the measurement year. The ICHP programming team ran the calculation manually for Medicaid MMA plans.

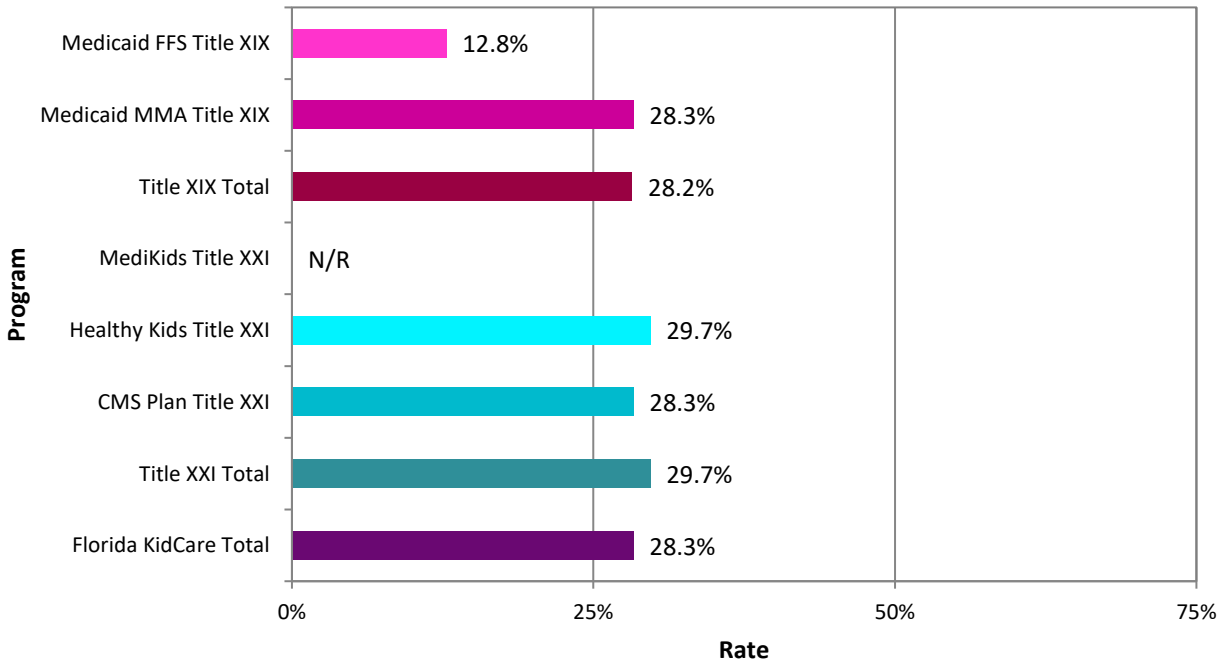
Figure 182 presents the program results for SEAL in CY 2017. **Figure 183** presents the Medicaid MMA plan results for SEAL in CY 2017. **Figure 184** presents the Florida Healthy Kids plan results for SEAL in CY 2017.

Table 38 presents the trending results for the SEAL measure from CY 2014 to CY 2017 for each of the Florida KidCare Programs, Medicaid Total, CHIP Total, and Florida KidCare Total. Note that as this measure is from the Child Core Set, no national benchmarks exist.

Figure 185 presents the program results for PDENT for CY 2017, while **Figure 186** presents the Medicaid MMA plan results. **Figure 187** presents the Florida Healthy Kids plan results for PDENT in FFY 2017.

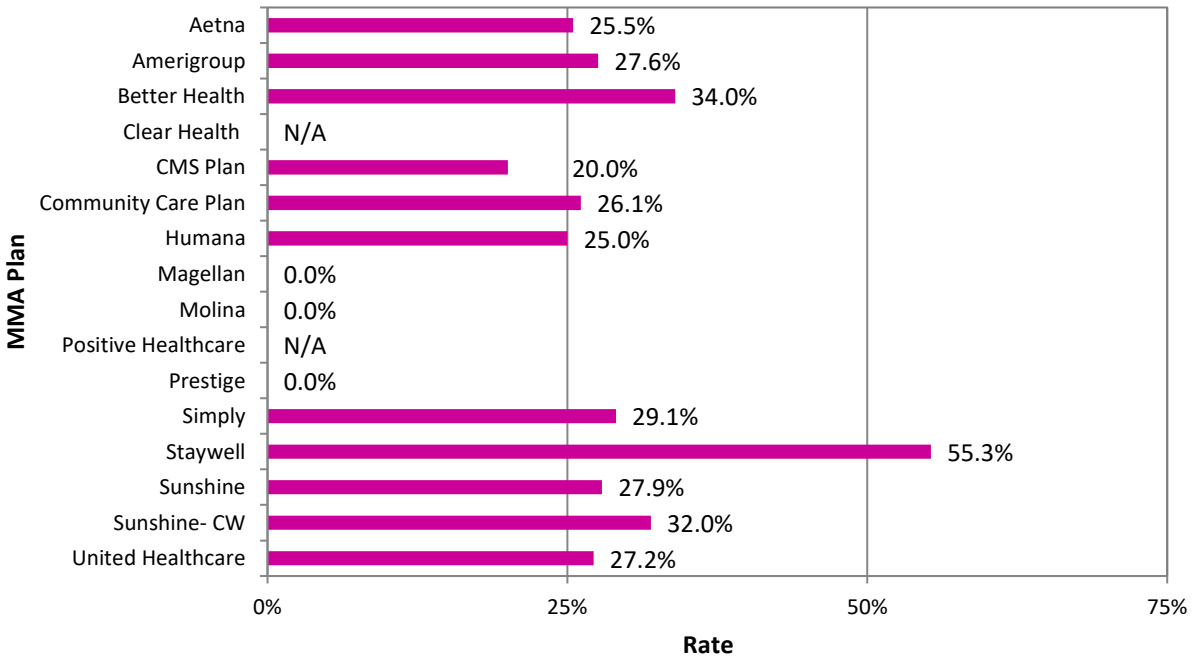
Table 39 presents the trending results for the PDENT measure from 2014 to 2017 for each of the Florida KidCare Programs, Medicaid Total, CHIP Total, and Florida KidCare Total. Note that as this measure is from the Child Core Set, no national benchmarks exist.

Figure 182. Program Results for SEAL: CY 2017



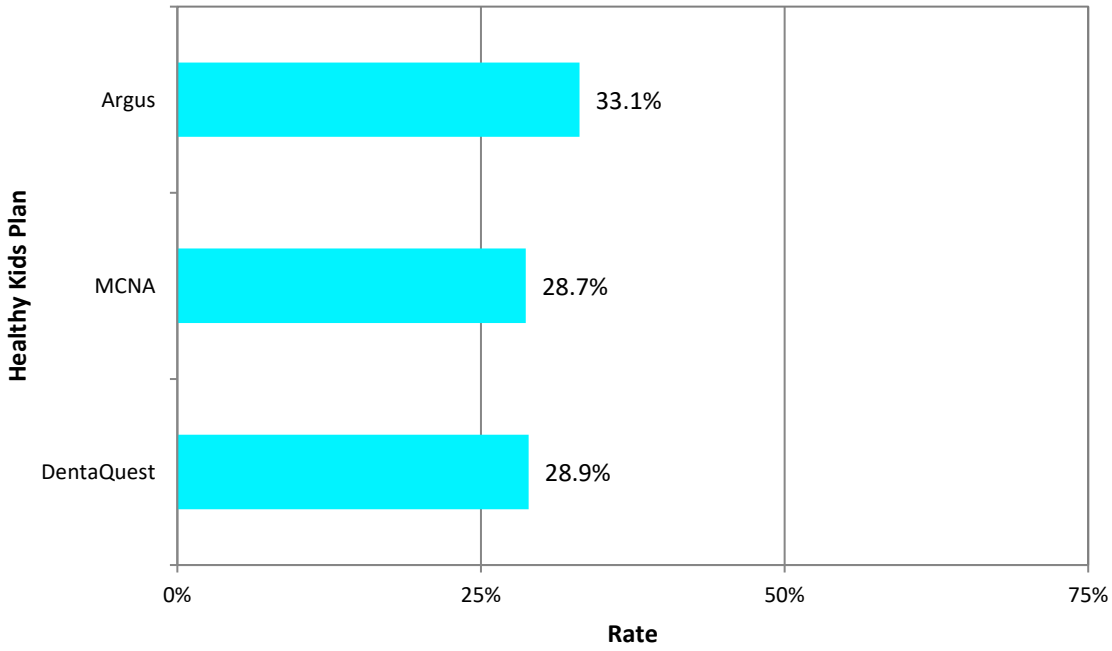
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.

Figure 183. MMA Plan Results for SEAL: CY 2017



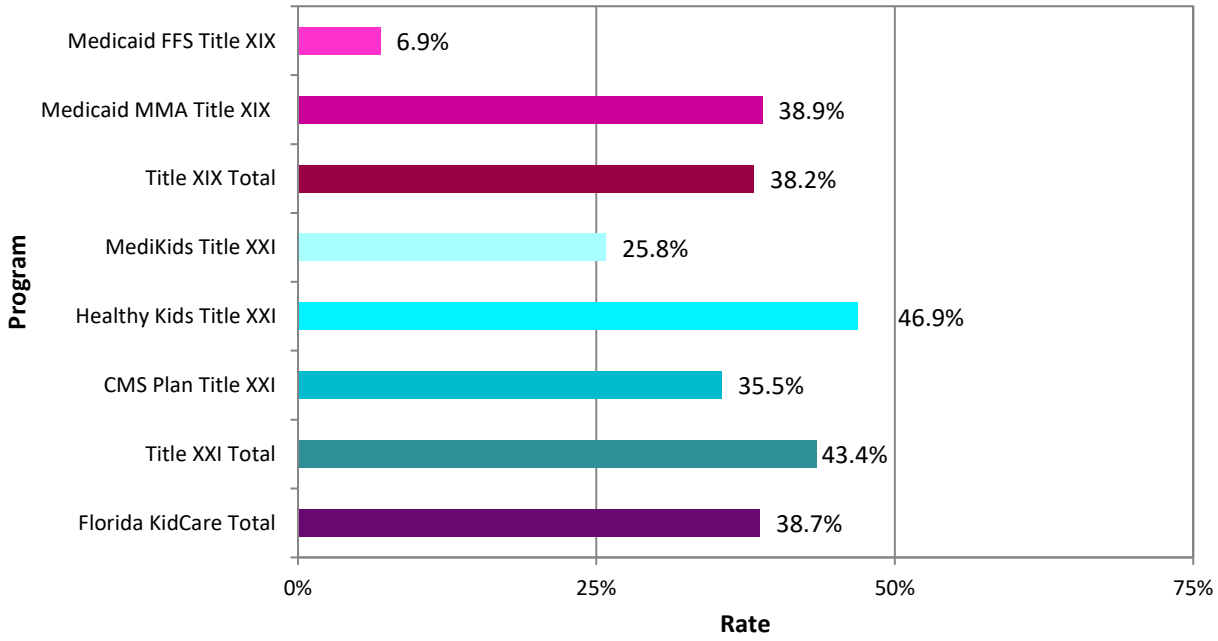
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 184. Healthy Kids Plan Results for SEAL: CY 2017



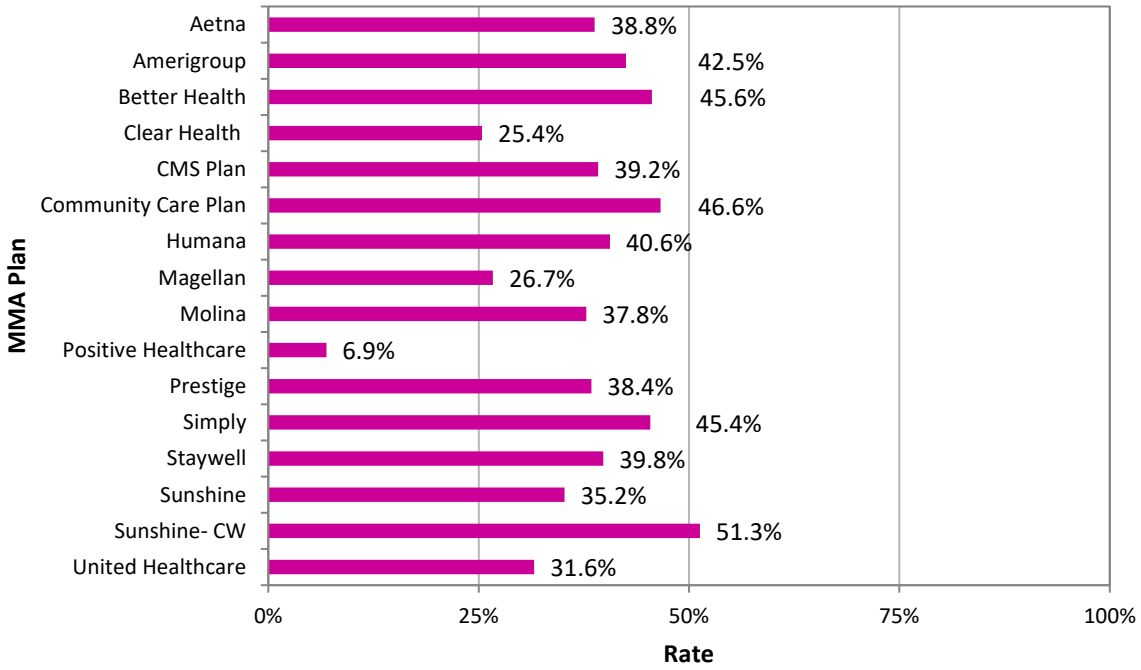
Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Figure 185. Program Results for PDENT: CY 2017*



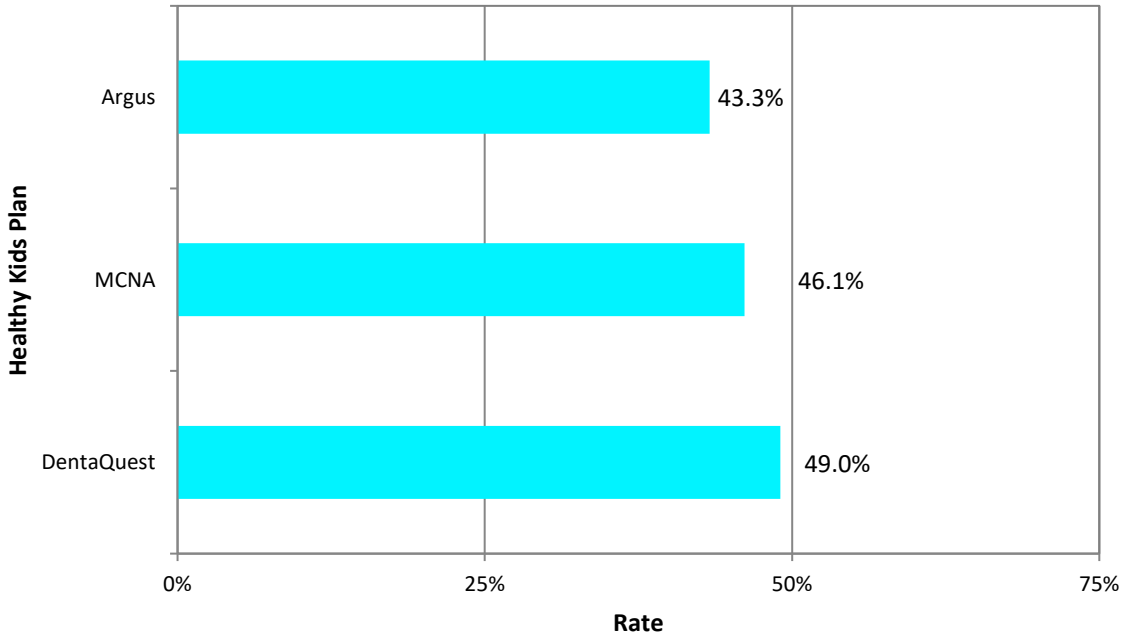
*Note: N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator. *The program rate for Florida Healthy Kids was measured in FFY. All other Florida KidCare rates are calculated in CY. Title XIX refers to the Medicaid program and Title XXI is the CHIP program.*

Figure 186. MMA Plan Results for PDENT: CY 2017



Note: N/R denotes programs or plans for which 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. Healthy Kids Plan Level Results for PDENT: FFY 2017



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

Table 38. SEAL Results by Program: CY 2014 to CY 2017

Florida KidCare Program	CY 2014	CY 2015	CY 2016	CY 2017
Medicaid FFS	6.1%	0.0%	15.5%	12.8%
Medicaid MMA	4.2%	18.0%	30.4%	28.3%
Medicaid Total	4.8%	17.8%	30.3%	28.2%
MediKids	N/R	N/R	N/R	N/R
Florida Healthy Kids	15.7%	0.0%	30.5%	29.7%
CHIP CMS Plan	N/R	0.0%	31.3%	28.3%
CHIP Total	15.7%	0.0%	30.5%	29.7%
Florida KidCare Total	5.9%	17.4%	30.3%	28.3%

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

Table 39. PDENT Results by Program: 2014 to 2017

Florida KidCare Program	FFY 2014	FFY 2015	FFY 2016	FFY/CY$^{\Delta}$ 2017
Medicaid FFS	4.7%	4.1%	7.8%	6.9%
Medicaid MMA	12.1%	33.7%	37.4%	38.9%
Medicaid Total	10.3%	31.4%	36.6%	38.2%
MediKids	N/R	24.9%	25.1%	25.8%
Florida Healthy Kids	45.3%	41.7%	46.1%	46.9%
CHIP CMS Plan	N/R	36.1%	37.2%	35.5%
CHIP Total	45.3%	39.2%	42.8%	43.4%
Florida KidCare Total	14.1%	32.1%	37.2%	38.7%

Note that methodology differs across measurement years and this should be taken into account when reviewing trending data.
$^{\Delta}$The 2017 program rate for Florida Healthy Kids was measured in FFY. All other 2017 Florida KidCare rates are calculated in CY. N/R denotes programs or plans for which the measure does not apply or was not reported. N/A denotes programs or plans that have less than 30 in the denominator.

Conclusion

In This Section

- Summary
- Recommendations

Summary

Results from the current evaluation suggest that the Florida KidCare program continues to meet the needs of and provide affordable quality health care services to its enrollees. Enrollment in Florida KidCare decreased slightly, by 0.99% from the previous evaluation. The family experiences surveys demonstrate that families of enrollees are satisfied with the health care services they receive from Florida KidCare, as responses for several survey items were above national Medicaid and Children's Health Insurance Program (CHIP) benchmarks. Three out of four Florida KidCare families rated their primary care and/or specialty providers a "9" or "10," signifying the value of high-quality health care professionals within the Florida KidCare program.

The quality of care outcomes also suggest that, as in previous years, Florida KidCare is providing high quality of care. When compared to national Medicaid data, overall Florida KidCare performance rates were mostly at or above the national benchmarks. Florida KidCare program performance rates saw several fluctuations in rates compared to last year, which is to be expected given the change in methodology used to collect Calendar Year 2017 data (i.e., fewer measures calculated using hybrid or mixed methodology). Year-to-year changes are easiest to identify in measures that only utilize an administrative methodology. One measure in particular, Medication Management for Children with Asthma (75% of treatment period), had a few noticeable changes compared to last year: In the Medicaid Fee-For-Service population, there was a 26-percentage point decrease for ages 5-11, and a 33-percentage point decrease for ages 12-18. In contrast, the CHIP Children's Medical Services Plan experienced a nine percentage point increase for both sub-measures.

One area in which Florida KidCare struggles to meet national benchmarks is behavioral health care. While the CHIP program saw increases of 12 percentage points or more for the two Follow-up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder Medication sub-measures, the total CHIP rate for Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics decreased by 11 percentage points. The overall Florida KidCare rate for Use of Multiple Concurrent Antipsychotics in Children and Adolescents remained the same. The overall rate for the Follow-Up After Hospitalization for Mental Illness Measure within 7 days sub-measure dropped by 12 percentage points, which may be due to changes in the measure specifications.

Recommendations

The Institute for Child Health Policy recommends that Florida KidCare continue to focus efforts on improving quality of care, particularly for behavioral health measures. A necessary first step toward improvement is to increase efforts towards proper care and monitoring of those with a behavioral health diagnosis. Greater emphasis on patient follow-up and use of alternative treatment methods such as counseling or mHealth (use of mobile phones or applications for health care purposes) may offer better health outcomes and improvement on performance measures (Luxton et al., 2011). Continued provider education, as well as alternate therapies to reduce the number of medications needed by those with behavioral health diagnoses, may also prove beneficial. Studies have shown that cognitive behavior therapy or psychosocial treatment can be beneficial as first-line treatments for alleviating symptoms of obsessive-compulsive disorder, ADHD, and disruptive behavior disorders (Benazon et al., 2002; Kutcher et al., 2004). Finally, an additional way to identify opportunities for performance improvement is to engage stakeholders at every opportunity. Discussing opportunities for improvement with health plans, health care providers, and families enrolled in Florida KidCare will allow for a robust examination of strengths and weaknesses related to the behavioral health measures. These improvements will aid Florida KidCare in its mission to provide high quality health care to the children of Florida.

Appendices

In This Section

Appendix A: References

Agency for Health Care Administration. (2016). Medicaid Managed Medical Assistance Specialty Plans. Retrieved from https://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/Specialty_Plans_110316.pdf

Agency for Health Care Administration. (2018). Medicaid Managed Medical Assistance Performance Measure Specifications Manual for July 1, 2018 Reporting. Retrieved from https://ahca.myflorida.com/Medicaid/statewide_mc/pdf/plan_comm/PT_18-04_Attachment-2_MMA-Performance-Measure-Specifications.pdf

Agency for Healthcare Research and Quality. (2017a). CAHPS Item Set for Children with Chronic Conditions. Agency for Healthcare Research and Quality. Retrieved from https://www.ahrq.gov/cahps/surveys-guidance/item-sets/children-chronic/index.html

Agency for Healthcare Research and Quality. (2017b). CAHPS Surveys and Guidance. Retrieved from https://www.ahrq.gov/cahps/surveys-guidance/index.html

Agency for Healthcare Research and Quality. (2017c). Top Box Scores: 2017 Child Medicaid 5.0H Benchmarks, Agency for Healthcare Research and Quality. Retrieved from https://cahpsdatabase.ahrq.gov/CAHPSIDB/Public/Topscores.aspx

Agency for Healthcare Research and Quality. (2018a). About CAHPS. Retrieved from https://www.ahrq.gov/cahps/about-cahps/index.html

Agency for Healthcare Research and Quality. (2018b). CAHPS Database. Retrieved from https://www.ahrq.gov/cahps/cahps-database/index.html

Agency for Healthcare Research and Quality. (2018c). Children's Health Insurance Program Reauthorization Act (CHIPRA). Retrieved from https://www.ahrq.gov/policymakers/chipra/index.html

American Academy of Pediatric Dentistry. (2013). Guideline on Periodicity of Examination, Preventive Dental Services, Anticipatory Guidance/Counseling, and Oral Treatment for Infants, Children, and Adolescents. *Clinical Practice Guidelines, 37*(6), 123-130. Retrieved from http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf

Benazon, N.R., Ager, J., & Rosenberg, D.R. (2002). Cognitive Behavior Therapy in Treatment-Naïve Children and Adolescents with Obsessive-Compulsive Disorder: An Open Trial. *Behaviour Research and Therapy, 40*(5) 529-539. DOI: 1.1016/S0005-7867(01)00064-X

Bernstein, J., Chollet, D., and Peterson, S. (2010). Issue Brief: How Does Insurance Coverage Improve Health Outcomes? *Mathematica Policy Research, Inc.*, 1. Retrieved from https://www.mathematica-mpr.com/our-publications-and-findings/publications/how-does-insurance-coverage-improve-health-outcomes

Center for Medicaid and CHIP Services & Centers for Medicare & Medicaid Services. (2018). Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set): Technical Specifications and Resource Manual for Federal Fiscal Year 2018 Reporting. Retrieved from https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf

Centers for Disease Control and Prevention. (2015). About Child & Teen BMI. Retrieved from https://www.cdc.gov/healthyweight/assessing/bmi/childrens_bmi/about_childrens_bmi.html

Centers for Disease Control and Prevention. (2017a). About Adult BMI. Retrieved from https://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html

Centers for Disease Control and Prevention. (2017b). Asthma in Schools. Retrieved from https://www.cdc.gov/healthyschools/asthma/index.htm

Centers for Disease Control and Prevention. (2017c). Chlamydia- CDC Fact Sheet. Retrieved from https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm

Centers for Disease Control and Prevention. (2017d). For Parents: Vaccines for your Children. Making the Vaccine Decision. Retrieved from https://www.cdc.gov/vaccines/parents/vaccine-decision/index.html

Centers for Medicare & Medicaid. (2018). Measurement Period for Denominators and Numerators for the FFY 2018 Child Core Set Measures. Retrieved from https://www.medicaid.gov/medicaid/quality-of-care/downloads/ffy-2018-child-core-set-measurement-periods.pdf

Cohen RA, Zammitti EP, Martinez ME. (2018). Health insurance coverage: Early release of estimates from the National Health Interview Survey, 2017. National Center for Health Statistics. Retrieved from https://www.cdc.gov/nchs/nhis/releases.htm

Currie, J., Decker, S., and Lin, W. (2008). Has public health insurance for older children reduced disparities in access to care and health outcomes? *Journal of Health Economics*, 27(6), 1567-1581. DOI: https://doi.org/10.1016/j.jhealeco.2008.07.002

Dean, B.B., Calimlim, B.C., Sacco, P., Aguilar, D., Maykut, R., & Tinkelman, D. (2010). Uncontrolled Asthma Among Children: Impairment in Social Functioning and Sleep. *Journal of Asthma, 47*(5). DOI: 10.3109/02770900903580868

De Boo, H.A., & Harding, J.E. (2006). The developmental origins of adult disease (Baker) hypothesis. *ANZOG.* DOI: 10.1111/j.1479-828X.2006.00506.x

Duchon, L., & Smith, V. (2006). Quality Performance Measurement in Medicaid and SCHIP: Results of a 2006 National Survey of State Officials, *National Association of Children's Hospitals*. Retrieved from https://txpeds.org/sites/txpeds.org/files/documents/national_association_of_childrens_hospitals_quality_performance_measurements_2006.pdf

Goldenberg, R.L., & Culhane, J.F. (2007). Low birth weight in the United States. *The American Journal of Clinical Nutrition*, *85*(2), 584S-590S. DOI: 10.1093/ajcn/85.2.584S

Hagan, J.F., Shaw, J.S., & Duncan, P.M. (Eds.). (2008). *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. (3rd ed.). Elk Grove Village, IL: American Academy of Pediatrics.

Hagan, J.F., Shaw, J.S., & Duncan, P.M. (Ed.). (2017). *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents.* (4th ed.). Elk Grove Village, IL: American Academy of Pediatrics.

Harrison, J.N., Cluxton-Keller, F., & Gross, D. (2012). Antipsychotic Medication Prescribing Trends in Children and Adolescents. *Journal of Pediatric Health Care, 26*(2), 139-145. DOI: 10.1016/j.pedhc.2011.10.009

Healthy People 2020. (2014). Maternal, Infant, and Child Health. Retrieved from https://www.healthypeople.gov/2020/topics-objectives/topic/maternal-infant-and-child-health/objectives

Kaiser Family Foundation. (2017). Health Insurance Coverage of Children 0-18. Retrieved from https://www.kff.org/other/state-indicator/children-0-18/

Kenney, G.M., Haley, J.M., Pan, C., Lynch, V., Buettgens, M. (2017). Medicaid/CHIP Participation Rates Rose among Children and Parents in 2015. *Urban Institute*. Retrieved from http://www.urban.org/sites/default/files/publication/90346/2001264-medicaid-chip-pariticipation-rates-rose-among-children-and-parents-in-2015_1.pdf

Kutcher, S., Aman, M., Brooks, S.J., Buitelaar, J., van Daalen, E., Fegert, J., …, & Tyano, S. (2004). International Consensus Statement on Attention-Deficit/Hyperactivity Disorder (ADHD) and Disruptive Behaviour Disorders (DBDs): Clinical Implications and treatment Practice Suggestions. *European Neuropsychopharmacology, 14*(1): 11-28. DOI: 10.1016/S0924-977X(03)00045-2

Lee, J.S., & Someran, M.J. (2018). The Importance of Oral Health in Comprehensive Health Care. *Journal of American Medical Association, 320*(4), 339-340. DOI: 10.1001/jama.2017.19777.

Luxton, D.D., McCann, R.A., Bush, N.E., Mishkind, M.C., & Reger, G.M. (2011). mHealth for Mental Health: Integrating Smartphone Technology in Behavioral Healthcare. *Professional Psychology: Research and Practice, 42*(6), 505-512. DOI: 10.1037/a0024485

MacDorman, M.F., Menacker, F., & Declercq, E. (2008). Cesarean Birth in the United States: Epidemiology, Trends, and Outcomes. *Clinics in Perinatology, 35*, 293-307. DOI: 10.1016/j.clp.2008.03.007

Mark, A.M. (2016) For the Patient: Dental Sealants. *Journal of the American Dental Association*, *147*(8), 692. DOI: 10.1016/j.adaj.2016.05.007

National Committee for Quality Assurance. (2017a). HEDIS® 2018 (Vols 1-5). Retrieved from http://www.ncqa.org/hedis-quality-measurement/hedis-measures/hedis-2018

National Committee for Quality Assurance. (2017b). Follow-Up After Hospitalization for Mental Illness. Retrieved from http://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality/2017-table-of-contents/follow-up

National Committee for Quality Assurance. (n.d.a) HEDIS® and Quality Compass®. Retrieved from http://www.ncqa.org/hedis-quality-measurement/what-is-hedis

National Committee for Quality Assurance. (n.d.b). Quality Compass. Retrieved from http://www.ncqa.org/hedis-quality-measurement/quality-measurement-products/quality-compass

National Institute of Child Health and Human Development. (2017). What is prenatal care and why is it important? Retrieved from https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care

National Institute of Dental and Craniofacial Research. (2018). Oral Health in America: a Report of the Surgeon General (Executive Summary). Retrieved from https://www.nidcr.nih.gov/research/data-statistics/surgeon-general

National Institute of Health. (2018). Prior Approval Module: Carryover. Retrieved from https://era.nih.gov/erahelp/Commons/Commons/Prior_Approval Module/Carryover.htm

O'Byrne, P.M., Pedersen, S., Schatz, M., Thoren, A., Ekholm, E., Carlsson, L., & Busse, W.W. (2013). The Poorly Explored Impact of Uncontrolled Asthma. *Chest, 143*(2), 511-523. DOI: 10.1378/chest.12-0412

Office of Economic and Development Research. (2018). Consensus Estimating Conferences. Retrieved from http://edr.state.fl.us/Content/conferences/index.cfm

OneFlorida Clinical Research Consortium. (2018). Infrastructure. Retrieved from http://onefloridaconsortium.org/about/infrastructure/

Penfold, R.B., Stewart, C., Hunkeler, E.M., Madden, J.M., Cummings, J., Owen-Smith, A.A., … Simon, G.E. (2013). Use of Antipsychotic Medications in Pediatric Populations: What Do the Data Say? *Current psychiatry reports*, *15*(12), 426. DOI: 10.1007/s11920-013-0426-8

Robinson, C.L., Romero, J.R., Kempe, A., & Pellegrini, C. (2017). Advisory Committee on Immunization Practices Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger — United States, 2017. *MMWR Morb Mortal Wkly Rep*, *66*, 134-135. DOI: http://dx.doi.org/10.15585/mmwr.mm6605e1

Social Services Estimating Conference. (2018). Florida KidCare Caseload and Expenditures. Retrieved from http://edr.state.fl.us/Content/conferences/kidcare/index.cfm

Souza, J.P., Gülmezoglu, A.M., Lumbiganon, P., Laopaiboon, M., Carroli, G., Fawole, B., Ruyan, P., and the WHO Global Survey on Maternal and Perinatal Health Research Group. (2010). *BMC Medicine, 8*(71). DOI: 10.1186/1741-7015-8-71

Subcommittee on Attention-Deficit/Hyperactivity Disorder, Steering Committee on Quality Improvement and Management. (2011). ADHD: Clinical Practice Guideline for the Diagnosis,

Evaluation, and Treatment of Attention-Deficit/Hyperactivity Disorder in Children and Adolescents. *American Academy of Pediatrics*, *128*(5). DOI: 10.1542/peds.2011-2654

Tanski, S., Garfunkel, L., Duncan, P., & Weitzman, M. (Eds.). (2010). *Performing Preventive Services: A Bright Futures Handbook.* Elk Grove Village, IL: American Academy of Pediatrics.

The American Academy of Child and Adolescent Psychiatry. (2011). Practice Parameter for the use of Atypical Antipsychotic Medications in Children and Adolescents. Retrieved From http://www.aacap.org/App_Themes/AACAP/docs/practice_parameters/Atypical_Antipsychotic_Medications_Web.pdf

Toteja, N., Gallego, J.A., Saito, E., Gerhard, T., Winterstein, A., Olfson, M., & Correll, C.U. (2014). Prevalence and Correlates of Antipsychotic Polypharmacy in Children and Adolescents Receiving Antipsychotic Treatment. *International Journal of Neuropsychopharmacology, 17*(7), 1095–1105. DOI: 10.1017/S1461145712001320

United States Census Bureau, Population Division. (2018). Annual Estimates of the Resident Population by Single Year of Age and Sex for the United States, States, and Puerto Rico Commonwealth: April 1, 2010 to July 1, 2017. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk

Wright J., Crall, J.J., Fontana, M., Gillette, J., Novy, B., Dhar, V., ..., & Carrasco-Labra, A. (2016). Evidence-Based Clinical Practice Guideline for the Use of Pit-and-Fissure Sealants: A Report of the American Dental Association and the American Academy of Pediatric Dentistry. *Journal of the American Dental Association, 147*(8), 672-682. DOI: 10.1016/j.adaj.2016.06.001

Zahran, H.S., Bailey, C.M., Damon, S.A., Garbe, P.L., & Breysse, P.N. (2018). Vital Signs: Asthma in Children — United States, 2001–2016. *MMWR Morb Mortal Wkly Rep, 67*, 149–155. DOI: 10.15585/mmwr.mm6705e1

Appendix B: Abbreviations

AAA	Atypical Antipsychotic Agents
AACAP	American Academy of Child and Adolescent Psychiatry
AAP	American Academy of Pediatrics
ADA	American Dental Association
ACA	Affordable Care Act
ADHD	Attention-Deficit/Hyperactivity Disorder
AHCA	Agency for Health Care Administration
AHRQ	Agency for Healthcare Research and Quality
BMI	Body Mass Index
BNET	Behavioral Health Network
CAHPS®	Consumer Assessment of Healthcare Providers and Systems
CCC	Children with Chronic Conditions
CDC	Centers for Disease Control and Prevention
CDT	Current Dental Terminology
CHIP	Children's Health Insurance Program
CHIPRA	Children's Health Insurance Program Reauthorization Act
CMS	Centers for Medicare and Medicaid Services
CMS PLAN	Children's Medical Services Managed Care Plan
CPT	Current Procedural Terminology
CY	Calendar Year
DCF	Florida Department of Children And Families
DOH	Florida Department of Health
DTAP	Diphtheria, Tetanus, and Pertussis Vaccine
ED	Emergency Department
FFM	Federally Facilitated Marketplace
FFS	Fee-For-Service
FFY	Federal Fiscal Year
FHKC	Florida Healthy Kids Corporation
FLORIDA SHOTS	Florida State Health Online Tracking System

FLU	Influenza Vaccine
FPL	Federal Poverty Level
HEDIS®	Healthcare Effectiveness Data and Information Set
HEPA	Hepatitis A Vaccine
HEPB	Hepatitis B Vaccine
HIB	Haemophilus Influenzae Type b Vaccine
HMO	Health Maintenance Organization
HPV	Human Papillomavirus
ICD-9-CM	International Classification Of Diseases, Ninth Revision, Clinical Modification
ICD-10-CM	International Classification Of Diseases, Tenth Revision, Clinical Modification
ICHP	Institute for Child Health Policy
IPSD	Index Prescription Start Date
IPV	Inactivated Poliovirus Vaccine
MAGI	Modified Adjusted Gross Income
MMA	Medicaid Managed Medical Assistance
MMR	Measles, Mumps, and Rubella Vaccine
N/A	Not Applicable; Meets small denominator criteria
N/R	Not Reported
NCQA	National Committee for Quality Assurance
NHIS	National Health Interview Survey
OB/GYN	Obstetrics and Gynecology
PCP	Primary Care Practitioner
PCV	Pneumococcal Conjugate Vaccine
RV	Rotavirus Vaccine
SFY	State Fiscal Year
TDAP	Tetanus, Diphtheria Toxoids and Acellular Pertussis Vaccine
U.S.	United States
VZV	Varicella Zoster Virus Vaccine

Appendix C: CAHPS® Survey Items

The following questions and answer choices were included in the analysis of CAHPS plan and program scores. The question numbers correspond to the CAHPS Health Plan Survey 5.0H, Child Version with inclusion of the CCC question set, fielded by the Institute for Child Health Policy for the Medicaid Fee-For-Service, MediKids, Florida Healthy Kids, and CHIP CMS Plan programs. As the majority of Medicaid MMA plans did not use this question set, question numbering may differ for MMA plan surveys. Item types in this list include stand-alone questions, rating questions, and composites questions, which are comprised of multiple questions within a theme.

CAHPS Item	Question Number	Question Text	Answer Choices
Composite: Getting Needed Care	Q15	In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?	Never
			Sometimes
			Usually
			Always
	Q46	In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?	Never
			Sometimes
			Usually
			Always
Composite: Getting Care Quickly	Q4	In the last 6 months when your child needed care right away, how often did your child get care as soon as he or she needed?	Never
			Sometimes
			Usually
			Always
	Q6	In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?	Never
			Sometimes
			Usually
			Always
Composite: Doctor's Communication Skills	Q32	In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?	Never
			Sometimes
			Usually
			Always
	Q33	In the last 6 months, how often did your child's personal doctor listen carefully to you?	Never
			Sometimes
			Usually
			Always
	Q34	In the last 6 months, how often did your child's personal doctor show respect for what you had to say?	Never
			Sometimes
			Usually
			Always
	Q37	In the last 6 months, how often did your child's personal doctor spend enough time with your child?	Never
			Sometimes
			Usually
			Always

Composite: Health Plan Customer Service	Q50	In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?	Never
			Sometimes
			Usually
			Always
	Q51	In the last 6 months how often did customer service staff at your child's health plan treat you with courtesy and respect?	Never
			Sometimes
			Usually
			Always
Composite: Shared Decision Making	Q11	Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?	Yes
			No
	Q12	Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?	Yes
			No
	Q13	When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?	Yes
			No
Rating: Health Care	Q54	Using any number from 0 to 10, where 0 is the worst health care possible, and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?	0-10
Rating: Personal Doctor	Q41	Using any number from 0 to 10, were 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?	0-10
Rating: Specialist	Q48	We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?	0-10
Rating: Health Plan	Q14	Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?	0-10
CCC Composite: Access to Specialized Services	Q20	In the last 6 months, how often was it easy to get special medical equipment or devices for your child?	Never
			Sometimes
			Usually
			Always
	Q23	In the last 6 months, how often was it easy to get this therapy?	Never
			Sometimes
			Usually
			Always
	Q26	In the last 6 months, how often was it easy to get this treatment or counseling for your child?	Never
			Sometimes
			Usually
			Always

CCC Composite: Family Centered Care: Personal Doctor Who Knows Child	Q38	In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?	Yes
			No
	Q43	Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?	Yes
			No
	Q44	Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?	Yes
			No
CCC Composite: Coordination of Care for Children with Chronic Conditions	Q18	In the last 6 months, did you get the help you needed from your child's doctor or other health providers in contacting your child's school or daycare?	Yes
			No
	Q29	In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?	Yes
			No
CCC: Getting Needed Information	Q9	In the last 6 months, how often did you have your questions answered by your child's doctors or other health providers?	Never
			Sometimes
			Usually
			Always
CCC: Getting Prescription Medication	Q56	In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?	Never
			Sometimes
			Usually
			Always