



The Florida KidCare Evaluation Series



Florida KidCare

EVALUATION REPORT YEAR 9

State Fiscal Year 2006-2007

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1 Executive Summary

BACKGROUND

This report presents the descriptive results for the Year 9 Evaluation of the Florida KidCare Program as required by state and federal guidelines. This evaluation covers the period from July 1, 2006 through September 30, 2007, which encompasses both the state fiscal year (July 1, 2006 through June 30, 2007) and the federal fiscal year (October 1, 2006 through September 30, 2007).

A variety of sources were used to conduct this evaluation including data from prior KidCare evaluations, KidCare application and enrollment files, and extensive telephone surveys conducted with families involved in the KidCare Program. In the prior eight evaluation years, a total of 26,888 interviews were conducted with families whose children participated in the KidCare Program. In this year 9 evaluation, a total of 2,437 interviews were conducted.

The primary focus of the surveys was to assess the children's experiences in the program when they were 1) enrolled in the program for less than three months (new enrollees), or 2) enrolled for 12 months or longer (established enrollees), or 3) ceased enrollment within the three

months prior to the survey (disenrollees and non-renewals).

FINDINGS

The KidCare Program continues to provide quality health care services to low income children in Florida. Several areas that were already strengths for the program, such as satisfaction with dental care and access to well-child visits, remained strong.

During State FY 2006-2007, applications were received from 168,444 families representing 324,850 children. Forty-one percent of the children who applied during the fiscal year became enrolled in one of the KidCare Program components. This is a decline from the prior evaluation, when 51 percent of applicants became enrolled.

For the third time in program history, KidCare enrollments declined this fiscal year. As of June 30, 2007, 1,389,358 children were enrolled – a decrease of 4.5 percent from the 1,455,380 children enrolled on June 30, 2006. There had also been a 1.6 decrease in enrollments from June 2005 to June 2006 and a 4.6 percent decrease from July 2004 to June 2005. Total enrollment includes CMSN Title XXI enrollees, Healthy Kids Title XXI and non-

Title XXI enrollees, MediKids enrollees, and Medicaid Title XXI and Title XIX enrollees. Importantly, while the Title XIX enrollments declined by 7.9 percent, Title XXI enrollments increased by 16 percent.

Of those children who were enrolled in Title XXI programs at the beginning of the fiscal year, 36.7 percent of MediKids, 54.7 percent of CMSN, and 59 percent of Healthy Kids remained in the program throughout the year.

Families report being satisfied with the mail-in application process. Seventy-four percent reported that they were kept well informed of the status of their children's application. Over 91 percent of families thought the application form was easy to understand and over 87 percent thought the mail-in process was convenient. An online application option became available in February, 2006. Future evaluations will consider family satisfaction with this new process for application.

About 42 percent of families reported waiting one month or less for their application approval. Once enrolled, 89 percent of families report the program is run well.

Among families that lost KidCare coverage in State FY

2006-2007, a large share did not enroll their children in other insurance coverage. About 63 percent of families who lost coverage within 60 days of their renewal anniversary did not have health insurance coverage when they were interviewed. About 42.5 percent of families who disenrolled more than 60 days from their renewal anniversary did not have other coverage for their child.

The KidCare Program continues to serve many children with special health care needs (CSHCN), as reported by their parents. While CMSN serves the most severe CSHCN, there are children with mild to moderate special needs (such as asthma, attention deficit disorder and other chronic conditions) in the Medicaid, Healthy Kids, and MediKids programs. Enrollment in CMSN requires a documented clinical diagnosis and parental approval of the enrollment for Medicaid beneficiaries. Hence, the reader should understand that children with special health care needs are enrolled in CMSN and other KidCare programs as well as the Healthy Kids and MediKids full-pay option. Statewide estimates find about 13 to 14 percent of Florida's children have special needs compared to 32.5 percent of KidCare established enrollees.

Within KidCare, CMSN has the largest share of children with special health care needs (85 percent), but there are 32 percent of Medicaid MCO enrollees, 34 percent of Medicaid PCCM enrollees, 29 percent of Healthy Kids enrollees, and 21 percent of MediKids enrollees that have special health care needs as well. These estimates are derived from parent responses to the CSHCN Screener survey questionnaire, hence parents' answers are subject to their perceptions of their child's medical condition. Given that CMSN enrollment requires clinical verification, the CSHCN estimate for CMSN is an underestimate. Additionally, only Title 21 CMSN enrollees are included in this parent survey; Title 19 CMSN enrollees are not covered by this report. Inclusion of Title 19 CMSN enrollees would change the overall estimate of CSHCN in CMSN.

The high level of CSHCN in KidCare is also associated with high demand for specialty care. As a result, the KidCare Program may experience higher than expected health care costs and must be attentive to the quality of the provider network to ensure appropriate access to specialists.

Over 85 percent of families report having a usual source

AT A GLANCE

- **Program enrollment decreased by 4.5 percent from June, 2006 to June, 2007. While Medicaid declined 7.9 percent, the Title XXI programs increased 16.0 percent.**
- **The KidCare Program serves a higher percentage of children with special health care needs than might be expected based on statewide estimates.**
- **The KidCare population has large shares of children from diverse racial and ethnic groups. Twenty-nine percent of enrollees are Hispanic and twenty-nine percent are black.**

of care. Ninety-one percent of enrollees had a well-child visit in the last year, but only 55 percent received dental care in the same period. Overall, about 8.8 percent of KidCare enrollees have a Body Mass Index (BMI) of 30 or greater, which is the general threshold for obesity.

Families expressed high levels of satisfaction with the KidCare program and services. On a scale from 1 (never) to 4 (always), KidCare scored 3.1 on getting needed care and 3.6 on getting care quickly. Provider's communication styles and getting prescription medications received excellent scores from KidCare families (3.7 and 3.5, respectively). Health plan customer service was scored 3.2 out of 4. Additionally, on a scale of 0 to 10 (best), families rated KidCare at 8.6 overall and they rated their primary care experiences at 9.1.

The KidCare Program continues to serve families from diverse backgrounds. About

29 percent of program enrollees are Hispanic and 15 percent of enrollees speak Spanish as their primary language in the home. Twenty-nine percent of enrollees are black non-Hispanic and 38 percent are white non-Hispanic. Half of KidCare enrollees live in two parent households. Their parents' educational levels vary greatly with about 10 percent of them having an Associates degree or higher. However, 27 percent of enrollees' parents report not having a high school or GED diploma.

More in-depth statistical analyses will be conducted in the Spring, 2008 and will provide further detail that can be used for ongoing quality improvement in the KidCare Program.

RECOMMENDATIONS AND FUTURE STEPS

- Only 41 percent of children who applied to KidCare were determined to be eligible

for coverage. An evaluation should be conducted to determine the reasons for not becoming enrolled to better focus KidCare outreach activities.

- The demographic characteristics of the enrollee population highlight the importance of working with KidCare enrollees and their families in a culturally competent and family-centered manner. The health care providers and program administrators must be sensitive to the racial, ethnic, and educational diversity seen among program enrollees. Family satisfaction and other measures of health care quality in the program remain very high. However, these results are descriptive only and do not reflect further statistical analyses that will be conducted to assess whether there are racial or ethnic disparities in the quality of health care delivered to enrollees. ■

2 Introduction

INTRODUCTION AND PURPOSE OF THE REPORT

The purpose of this report is to present the descriptive results for the Year 9 Evaluation of the Florida KidCare Program, a health insurance program for children, as required by state and federal guidelines. This evaluation covers the period from July 1, 2006 through September 30, 2007, which encompasses both the state fiscal year (July 1, 2006 through June 30, 2007) and the federal fiscal year (October 1, 2006 through September 30, 2007).

The evaluation includes children enrolled in Medicaid (MCOs and MediPass), MediKids, Healthy Kids, and the Children's Medical Services Network (CMSN).

Separate evaluations were conducted for Years 1-8 of the Florida KidCare Program. For Evaluation Years 1 and 2, descriptive reports were prepared. In Years 3-8, descriptive reports and detailed statistical analyses examining critical issues such as the influence of place of residence and family sociodemographic characteristics on families' satisfaction with their children's health care, chil-

dren's disenrollment behaviors, and other critical outcomes were prepared.

The interested reader may obtain copies of these reports by accessing the Agency for Health Care Administration's web site (www.ahca.myflorida.com) or the Institute for Child Health Policy's web site (www.ichp.ufl.edu). The current report includes new data gathered during KidCare Evaluation Year 9 and comparisons to prior years. ■

The current report contains the following content areas:

CONTENT AREAS

1. A description of the program structure, eligibility, and financing;
2. Evaluation approaches used and data collected for this evaluation period;
3. A description of the applications submitted, number of children approved for coverage, and number of children enrolled;
4. Transition between programs and overall retention in KidCare;
5. Families' experiences with the application and enrollment processes;
6. Families' experiences with coverage renewal, disenrollment from KidCare insurance and subsequent health insurance selection;
7. Presence of special health care needs among program participants;
8. Children's access to a usual source of care;
9. Families' satisfaction with the program;
10. Dental care;
11. Compliance with well-child guidelines;
12. Crowd-out;
13. Demographic and household characteristics; and
14. Conclusions and recommendations.

3 Program Structure, Eligibility, Legislative Changes, and Funding

PROGRAM STRUCTURE

The Florida KidCare Program consists of four components, which enroll children in health insurance coverage. Assignment to a particular component is determined by the child's age, health status, and family income.

■ **MediKids** is a Medicaid “look-alike” program for children ages 1 through 4 years, who are at or below 200 percent of the federal poverty level (FPL). During State and Federal Fiscal Year 1998-1999, MediKids also served children under one year of age who were at or below 200 percent FPL. The Florida Legislature subsequently changed the Medicaid eligibility levels to include infants (less than 12 months) under 200 percent FPL in the Medicaid Program. Title XXI funds are used to finance care for these infants, although they are served by Medicaid. On July 1, 2006, MediKids began offering a full-pay premium option for families whose income exceeds 200% of the federal poverty level and are not eligible for Title XXI premium assistance. This premium is \$159 per month, which includes dental coverage.

MediKids offers the same benefit package as the Medicaid Program, with the exception of special waiver services that are

available to Medicaid enrollees. State law provides that children in MediKids must receive their care through one of two managed care options. Families residing in counties where two or more Medicaid MCOs are available must choose one of the MCOs. Families residing in counties where only one MCO is available have the choice between MediPass and the MCO.

■ **Healthy Kids** is for children ages 5 through 18. The Healthy Kids Program includes three groups of children: 1) those under 200 percent FPL who are Title XXI eligible, 2) those under 200 percent FPL who are not Title XXI eligible, and 3) those over 200 percent FPL. Parents pay the full per-child premium if their income is over 200 percent FPL, the parents are state employees, or they have access to employer-provided insurance coverage. The full pay premium was \$120 per month for medical and dental coverage during the reporting period.

The Florida Healthy Kids Program became available statewide in September 2000. For each region, the Florida Healthy Kids Corporation selects one or more commercially licensed health plans through a competitive bid process. The 2000 Florida Legislature directed Healthy Kids to implement a dental program, which became available statewide in 2002.

Three dental insurers provide the benefits and form the provider networks. Families have the opportunity to select one of these three plans.

The dental benefit package is the same as is offered to children enrolled in Medicaid with no cost sharing or copayments, but there is an \$800 annual limit to services provided. Title XXI enrollees do not pay any additional monthly premiums for this coverage. Non-Title XXI families who are enrolled in the full premium option pay an additional \$12 per child per month if they select dental coverage.

■ **Children's Medical Services Network (CMSN)** is a program for children ages 0 through 18 who have a special health care need. CMSN is the state's Title V Children with Special Health Care Needs (CSHCN) Program. The Department of Health (DOH) operates the program, which is open to all children in Title XIX or Title XXI meeting clinical eligibility criteria. Children in CMSN have access to specialty providers, care coordination programs, early intervention services, and other programs that are essential for their health care. The Behavioral Health Network (BNET) is a program within CMSN, administered by the Department of Children and Families (DCF), which serves children whose primary

health care need is a serious behavioral or emotional condition. According to BNET staff, the complexity of diagnoses within the BNET client population result in a per member per month average cost for BNET that is much higher than for the overall CMSN population.

■ **Medicaid** Prior to KidCare, Medicaid Title XIX provided coverage for infants age 0 at or below 185 percent FPL, children ages 1 through 5 at or below 133 percent FPL, children and adolescents ages 6 through 14 at or below 100 percent FPL, and adolescents ages 15 through 18 years at 28 percent FPL. Beginning in April 1998, Medicaid was expanded to include adolescents ages 15 through 18 who are at or below 100 percent FPL. On July 1, 2000, Medicaid expanded a second time, using Title XXI funds, to provide coverage for infants under one year of age who reside in families with incomes 186-200 percent FPL.

Families may select the type of managed care program they want for their children. Children can receive their care through a managed care organization (MCO, which includes CMSN for eligible children), MediPass, which is a primary care case management (PCCM) program, or a Provider Service Network (PSN), available in Miami-Dade,

Broward, and Duval counties only. The Agency for Health Care Administration contracts with an enrollment broker to assist families in making this important decision for their children. In the MediPass PCCM program, providers receive a monthly capitation fee for the children in their panels to provide care coordination. All other health care services are reimbursed according to the Medicaid fee schedule.

PREMIUM PAYMENTS

Families receiving Medicaid insurance coverage do not pay a premium. Except for Medicaid, the Florida KidCare Program is not an entitlement, which means that the state is not obligated to provide Title XXI benefits to all children who qualify. Participants contribute to the costs of their monthly premiums. The monthly family payment for Title XXI enrollees is \$15 for those families with incomes between 100 percent and 150 percent

FPL and \$20 for those families whose incomes fall between 150 percent and 200 percent FPL. These premiums are constant regardless of the number of children in the family.¹ In addition, Healthy Kids families pay a co-payment for certain services. There is no monthly family payment or co-payment for those in the Medicaid Program. Children whose families submit a KidCare application are automatically screened for potential Medicaid eligibility.

TITLE XXI ELIGIBILITY

To be eligible for Title XXI-financed premium assistance, federal law specifies that a child must:

- Be under age 19,
- Be uninsured,
- Be ineligible for Medicaid,
- Not be the dependent of a benefits-eligible state employee,
- Have a family income at or below 200 percent of the FPL,

1. Those enrolled in Healthy Kids who are below 200 percent FPL but are not Title XXI eligible also pay \$15 or \$20 per family per month. Children over 200 percent FPL may be covered by the MediKids or Healthy Kids programs at full premium of approximately \$120 per child per month.

Table 1: Federal Poverty Levels for a Family of Four

Income as % of FPL	1999	2000	2001	2002	2003	2004	2005	2006	2007
100%	\$16,700	\$17,050	\$17,650	\$18,100	\$18,400	\$18,850	\$19,350	\$20,000	\$20,650
133%	\$22,211	\$22,677	\$23,475	\$24,073	\$24,472	\$25,071	\$25,736	\$26,600	\$27,465
150%	\$25,050	\$25,575	\$26,475	\$27,150	\$27,600	\$28,275	\$29,025	\$30,000	\$30,975
185%	\$30,895	\$31,543	\$32,653	\$33,485	\$34,040	\$34,873	\$35,798	\$37,000	\$38,203
200%	\$33,400	\$34,100	\$35,300	\$36,200	\$36,800	\$37,700	\$38,700	\$40,000	\$41,300

Table 1 (p. 12) provides information about the federal poverty levels for a family of four for 1999 through 2007. Table 2 summarizes the financial eligibility requirements and Figure 1 illustrates the coverage levels for KidCare.

- Be a United States citizen or a qualified alien,
 - Not be an inmate of a public institution or a patient in an institution for mental diseases,
- In addition, state law specifies that a child must:
- Not have access to employ-

- er-sponsored insurance for less than five percent of the household income,
- Not have disenrolled from employer-provided coverage within the last six months, and
- Provide information in a timely manner such that the application can be processed in 120 days or less.

Table 2. KidCare Program Components and Coverage Levels

FY 2006-2007	
KIDCARE PROGRAM COMPONENT	COVERAGE BY FEDERAL POVERTY LEVEL
Medicaid for Children	
Age 0 (infants under one year)	200% or below
Ages 1 through 5	133% or below
Ages 6 through 18	100% or below
MediKids	
Ages 1 through 4	134% to 200%**
Ages 1 through 4	Above 200% -can participate but receive no premium assistance***
Healthy Kids	
Age 5	134% to 200%**
Ages 6 through 18	101% to 200%**
Ages 5 through 18	Above 200% -can participate but receive no premium assistance
CMS Network*	
<i>Physical Health</i>	
Age 0 (infants under one year)	186% to 200%
Ages 1 through 5	134% to 200%**
Ages 6 through 18	101% to 200%**
<i>Specialized Behavioral Health</i>	
Ages 5 through 18	101% to 200%**

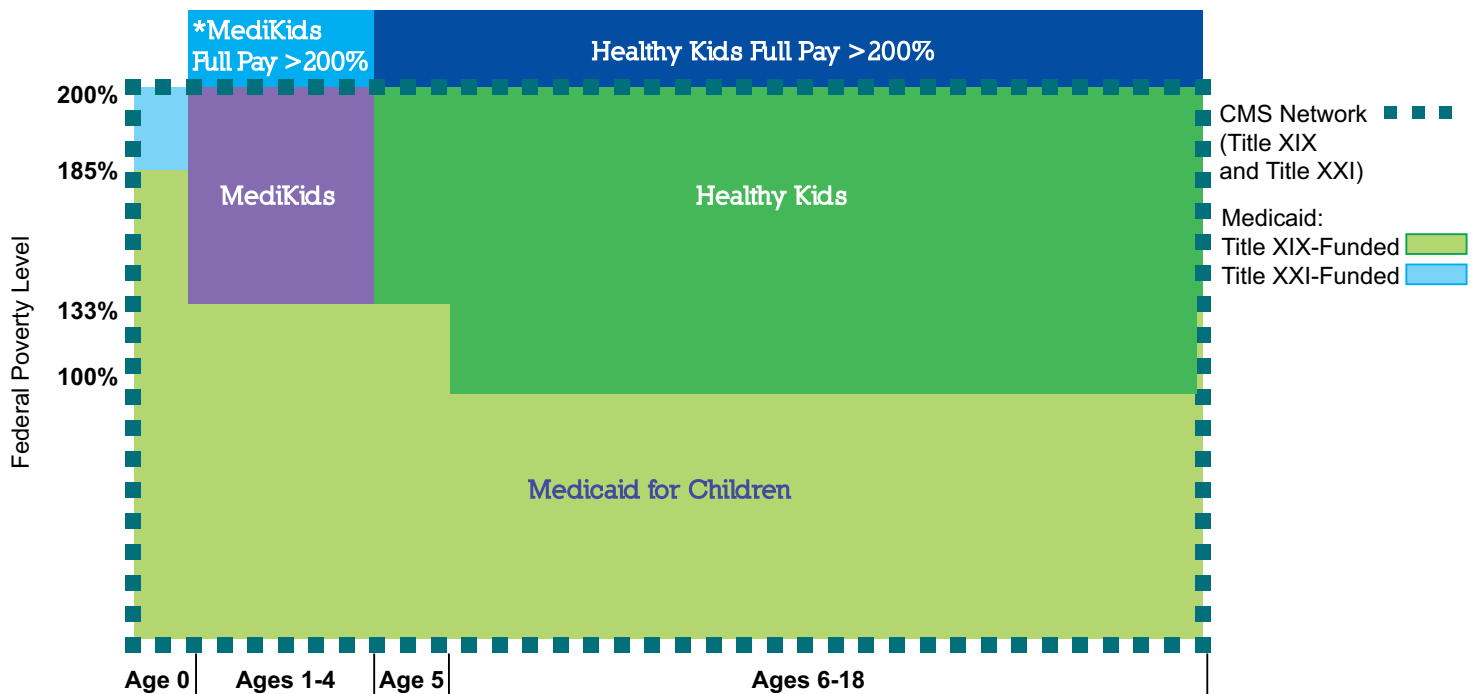
* Children must also meet CMSN clinical or behavioral health-specific eligibility criteria.
 ** Those families under 150% of FPL pay a reduced premium.
 *** This option became available July 1, 2006 for eligible families.

CONTINUOUS ELIGIBILITY

Children in the Medicaid Program, who are under five years of age, are given 12 months of continuous eligibility. Those who are 5 through 18 years of age are allowed six months of continuous eligibility. Families receive notice from the 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. In 2006, the federal Deficit Reduction Act also required that new and current Medicaid enrollees provide original documents to prove citizenship and identity in order to receive Medicaid benefits.

Families whose children are in MediKids, Healthy Kids, and CMSN must also participate in an active renewal process to receive 12 months of eligibility. In the past, a simplified renewal process was used to request families update information about their income and health insurance coverage; if families did not respond to the request

**Figure 1. Florida KidCare Eligibility
State FY 2006-2007**



Note: Federal law specifies that only adolescents born before October 1, 1983 were eligible to enter Title XXI funded Medicaid coverage. As those adolescents have aged, there are no replacements for them. Hence, no adolescents are currently covered by Title XXI Medicaid.

for additional information, but continued to pay the premium, the children remained enrolled in the program. With active renewal, families must provide annual proof of earned and un-earned income and information about their access to employer-sponsored family coverage, and the cost of such coverage if it is available to them. If families do not respond, their children are disenrolled from the program. Parents with children currently enrolled in Title XXI receive detailed information about the re-enrollment period and what

they are required to provide to verify their children are still eligible for benefits.

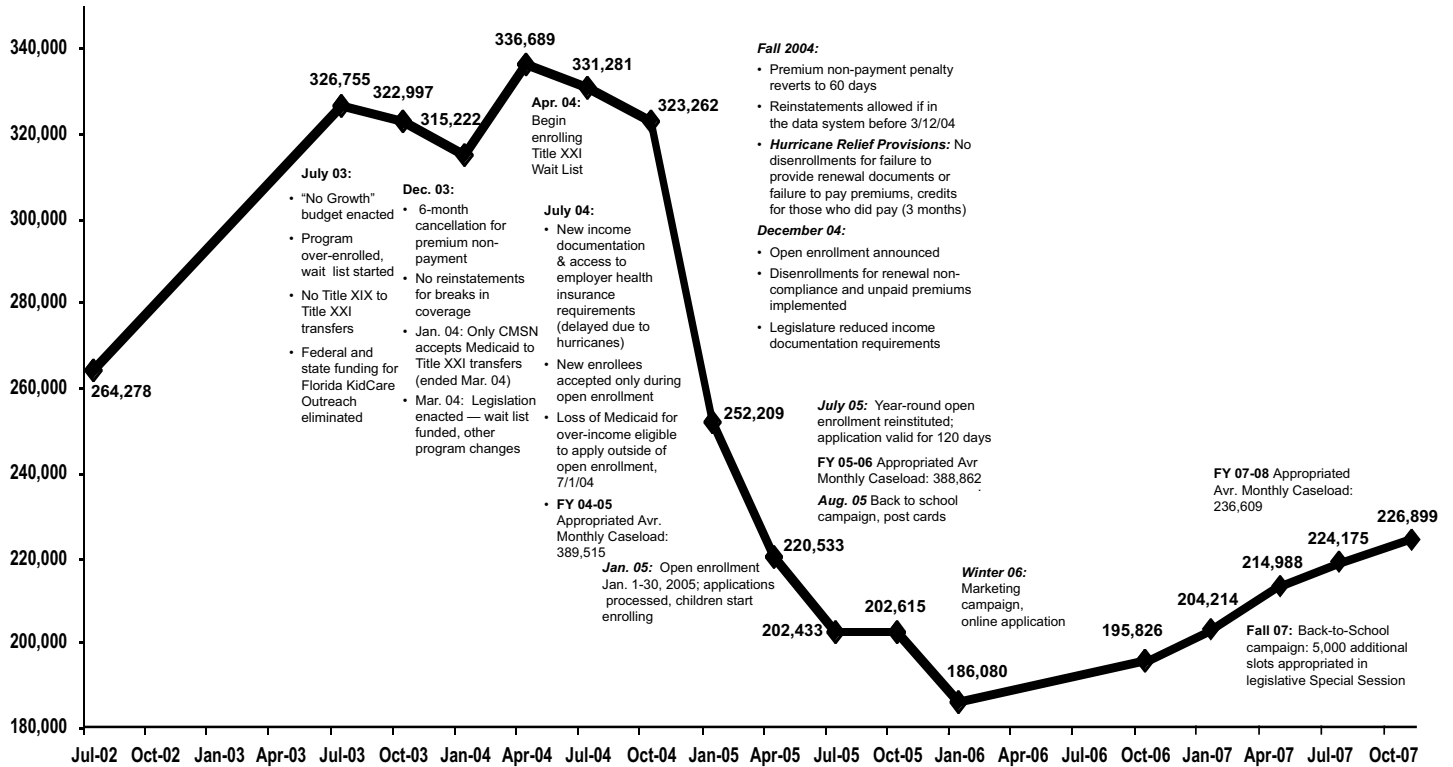
RECENT LEGISLATIVE CHANGES

As of July 1, 2003, changes in cost-sharing for the Title XXI Program were implemented. The monthly premium for Title XXI coverage for families between 150 and 200 percent FPL was raised to \$20. Healthy Kids dental benefits were limited to \$800 per child, per year. Co-payments for chil-

dren enrolled in Healthy Kids receiving selected services increased to \$5.

During the 2004 Legislative Session, changes were made to the enrollment and re-enrollment process for Title XXI. Instead of continuous open-enrollment and/or a waiting list, open enrollment periods were implemented, with the first one scheduled for January, 2005. Also, as previously described, beginning on January 1, 2005, the renewal process became an active annual process.

Figure 2. Title XXI Enrollment and Major Program Changes



After the January 2005 open enrollment, legislation was proposed and enacted during the spring, 2005 Legislative Session that eliminated open enrollment periods and reverted to continuous year-round enrollment beginning June, 2005. The income documents required to accompany the year-round application are:

■ **Earned income:** Most recent federal income tax return, **OR** Pay stubs or wage statements from the last four weeks or a letter from your employer that

says how much money you earned for the last four weeks, **OR** Most recent W-2 forms (Wage and Tax Statement).

■ **Unearned income:** Social Security benefits, disability benefits, unemployment, workers' compensation, veteran's benefits, and the like are documented with a copy of the award letter or check stub.

■ **Child support:** Child support is documented with a copy of the court order, or the most recent month's check received for

each child, or a written statement from the parent who pays the child support.

On December 8, 2005, the Florida Legislature granted approval to implement Medicaid reform in Florida. AHCA had submitted a 1115 waiver application to the federal Centers for Medicare and Medicaid Services (CMS) on October 3, 2005, after posting the draft application for 30 days as required by Senate Bill 838. CMS reviewed the application and after intensive negotiations with Florida, grant-

Table 3. Florida KidCare Title XXI Expenditures, Projected

PROJECTED FOR STATE FY 2007-2008				
SFY 2007-2008 BY PROGRAM	EXPENDITURES	FAMILY CONTRIBUTIONS	FEDERAL FUNDS	STATE FUNDS
MediKids	\$36,199,198	\$2,714,578	\$23,467,951	\$10,016,670
Medicaid Infants <1	\$6,023,711	\$0	\$4,088,793	\$1,934,918
Healthy Kids, medical	\$247,205,366	\$24,853,534	\$155,831,231	\$66,520,601
Healthy Kids, dental	\$27,047,179	\$0	\$18,960,760	\$8,086,419
CMS Network	\$95,979,084	\$1,394,571	\$66,288,557	\$28,295,956
BNET	\$7,737,000	\$0	\$5,398,879	\$2,338,121
Total Title XXI Services	\$420,191,538	\$28,962,683	\$274,036,171	\$117,192,685
Administration	\$17,847,923	\$0	\$12,507,269	\$5,340,654
GRAND TOTAL	\$438,039,461	\$28,962,683	\$286,543,440	\$122,533,339

* Title XXI Medical and Dental Services

ed approval. Waiver activities began July 1, 2006 in Broward and Duval counties, and are anticipated to expand to Baker, Clay, and Nassau counties on July 1, 2007. The 1115 waiver demonstration project includes comprehensive choice counseling for Medicaid enrollees, customized benefit packages for adult populations, enhanced benefits for participating in healthy behaviors, a low-income pool, risk-adjusted premiums based on enrollee health status, and state reinsurance to support MCOs and PSNs in rural

and underserved areas of the state. For more information on the implementation of Medicaid reform in Florida, please see http://ahca.myflorida.com/Medicaid/medicaid_reform/index.shtml.

KIDCARE TITLE XXI FUNDING

Funding for the Title XXI component of KidCare comes from:

- The federal government,
- State allocations, and
- Individual payments for premiums. ■

Table 3 summarizes the projected total, federal and state share for each of the KidCare Title XXI program components for State Fiscal Years 2007-2008.

Table 4. Florida Healthy Kids Corp. Title XXI Administration Costs, Projected

STATE FY 2007-2008	
PROGRAM	2007-2008
Estimated Average Monthly Caseload	194,472
Estimated Number of Case Months	2,333,664
Administration Cost Per Member Per Month	\$7.65

Table 5. Per Member Per Month Premium Rates for KidCare Title XXI Program Components, Projected

STATE FY 2007-2008	
PROGRAM	PREMIUM
MediKids	\$112.97
Healthy Kids	\$117.52
CMS Network	\$518.24
BNET	\$1,000.00
Medicaid Expansion <1	\$326.85

Table 4 contains detail on the Title XXI administrative costs projected for State Fiscal Year 2007-2008. Table 5 contains a summary of the premium amounts for each of the KidCare Title XXI Program components. Table 6 shows the projected allotment balances carried forward from each federal fiscal year to the next. ICHP gratefully acknowledges AHCA's assistance in compiling all information for these tables.

Table 6. Federal Allotment Balances Carried Forward or Projected Forward from Each Federal Fiscal Year

AS OF FEBRUARY 2008	
	TOTAL
FFY 2006	\$189,411,165
FFY 2007	\$143,265,511
FFY 2008	\$138,619,742
FFY 2009	\$81,933,078
FFY 2010*	\$0

* Pending program reauthorization

4 The Evaluation Approaches and Data Collection

Year 9 Descriptive Report

EVALUATION PHASES

The Year 9 KidCare Program Evaluation is conducted in phases. The first phase is the descriptive information contained in this report, which satisfies the federal and state evaluation requirements.

The second phase will include more detailed multivariate analyses and results from special focused studies addressing the following topics:

- Analysis of quality of care performance using the Health Employer Data and Information Set (HEDIS)² measures and other quality of care indicators.
- In-depth analysis of racial and ethnic disparities in care experiences.

DATA SOURCES

A variety of sources were used to conduct this evaluation including data from prior KidCare evaluations, KidCare application and enrollment files, and extensive telephone surveys conducted with families involved in the KidCare Program. The University of Florida Institute for Child Health Policy (ICHP) warehouses application and coverage information provided by the Florida Healthy Kids Corporation (FHKC) and the Agency for Health Care Administration (AHCA). Infor-

mation contained within ICHP KidCare databases include application information, months of coverage, fields denoting enrollment and renewal status, and information from the family, including child's age, gender, family income, and zip code. Combining administrative data provided by FHKC and AHCA with interviews with families of enrollees provide a comprehensive picture of the experience of KidCare enrollees.

POPULATIONS INCLUDED IN THE SURVEYS

In the prior eight evaluation years, a total of 26,888 interviews were conducted with families whose children participated in the KidCare Program. In this (year 9) evaluation, a total of 2,437 interviews were conducted. The primary focus of the surveys was to assess the children's experiences when they were 1) enrolled in KidCare for less than 3 months (new enrollees), or 2) enrolled in KidCare for 12 months or longer (established enrollees), or 3) ceased enrollment within the three months prior to the survey (disenrollees and non-renewals).

Two telephone surveys were conducted June-July 2007 and two more surveys were conducted September-November 2007, each with a different pur-

pose, and a different population. Children were randomly selected for each survey from the KidCare program components. Telephone interviews were conducted with parents of these sampled children. All sample results were weighted to the appropriate universe size at the time of sampling. The universe excluded those families without a phone number. Samples were selected from the KidCare application and enrollment files maintained at the Institute for Child Health Policy for those enrolled in MediKids, Healthy Kids, and CMSN. The Agency for Health Care Administration (AHCA) provided random samples of children enrolled in the Medicaid MCO and the Medicaid PCCM (MediPass) programs.

FOUR SURVEYS WERE CONDUCTED WITH KIDCARE FAMILIES

■ **The New Enrollee Survey** was designed to obtain information from families whose children recently enrolled in the KidCare program after submitting a single-page KidCare application. Specifically, the families interviewed had to meet the following criteria for inclusion in the sample:

- Enrolled for three months or less in Medicaid, MediKids Title XXI, Healthy Kids Title XXI, or CMSN Title XXI,

2. National Commission on Quality Assurance. *HEDIS 2004*. Washington DC: 2003.

Table 7. Summary of Surveys Conducted

Surveys	FY 2006-2007 EVALUATION			
	Eligible Universe (Population N)	Targeted Number of Interviews	Completed Interviews (sample n)	Confidence Interval (%), p<=.05
New Enrollee				
CMSN	1,876	100	100	+/-9.54%
Healthy Kids	13,909	100	100	+/-9.77%
MediKids	4,421	100	100	+/-9.69%
Medicaid*	21,290	100	100	+/-9.78%
Total	41,496	400	400	+/-4.88%
Established Enrollee ("Caregiver")				
CMSN	5,282	300	304	+/-5.46%
Healthy Kids	97,754	300	300	+/-5.65%
MediKids	7,200	300	302	+/-5.52%
Medicaid MCO	243,408	300	300	+/-5.65%
Medicaid PCCM	223,564	500	531	+/-4.25%
Total	577,208	1,700	1,737	+/-2.35%
Disenrollee				
Title 21	6,432	150	150	+/-7.91%
Title 19	in progress	150		
Total		300		
Non-renewal				
Title 21	2,538	150	150	+/-7.76%
Title 19	in progress	150		
Total		300		

Table 7 contains a summary of universe sizes, number of targeted interviews, number of completed surveys, and confidence intervals for the two surveys.

- Had not been enrolled in any KidCare program component for at least 9 months prior to the survey, and

- Had not switched between KidCare program components during the time of their current enrollment.

Because these families were interviewed so early in their enrollment, they were asked about how they heard about KidCare and what they thought about the application and en-

rollment process. Demographics and health status items were also asked. This fall, 2007 survey has a response rate of 45.1 percent, a cooperation rate of 59.7 percent, and a confidence interval of +/-4.88 percent.

■ **The Established Enrollee Survey** was designed to gather

information during fall, 2007 from families whose children had been enrolled in KidCare for a sustained period of time; this survey was called “Caregiver” in prior evaluations. The criteria for inclusion in the survey sample were as follows:

- Enrolled for at least 12 consecutive months in CMSN Title XXI, Healthy Kids Title XXI, MediKids Title XXI, Medicaid PCCM, or the Medicaid MCO Program, and
- Had not switched between KidCare program components during the time of their current enrollment.

Families of established enrollees were asked about their satisfaction with the quality of care their children received in the program, their children’s health status, and their demographics. This fall, 2007 survey has a response rate of 35.1 percent, a cooperation rate of 51.9 percent, and a confidence interval of +/-2.35 percent.

■ **The Disenrollee Survey** was designed to collect information from families whose children had ceased enrollment in KidCare health insurance coverage within the three months prior to the survey. Specifically, the families interviewed had to meet the following criteria for inclusion in the sample:

- Enrolled for at least three consecutive months prior to their

disenrollment from MediKids Title XXI, Healthy Kids Title XXI, CMSN Title XXI or Medicaid (Medicaid results still being collected),

- Had not switched between KidCare program components during the year prior to disenrollment, and
- Whose KidCare cancellation letter was at least 60 days after their coverage renewal anniversary.

Families of disenrolled children were asked about their perceptions of reasons for their child’s disenrollment, health insurance coverage after disenrollment from KidCare, their children’s health status, and their demographics. This summer, 2007 survey has a response rate of 39.6 percent, a cooperation rate of 60.8 percent, and a confidence interval of +/-7.91 percent for the interviews completed with Title XXI families. Interviews with Medicaid families are being conducted during late fall 2007 and those results will be available soon.

■ **The Non-renewal Survey** was designed to collect information from families whose children had ceased enrollment in KidCare health insurance coverage 60 days or less after their coverage renewal anniversary. This survey was very similar to the Disenrollee survey, but it focused on disenrollments near

the coverage renewal date only. Specifically, the families interviewed had to meet the following criteria for inclusion in the sample:

- Ceased enrollment within the three months prior to the survey,
- Enrolled for at least three consecutive months prior to their disenrollment from MediKids Title XXI, Healthy Kids Title XXI, CMSN Title XXI or Medicaid (Medicaid results still being collected),
- Had not switched between KidCare program components during the year prior to disenrollment, and
- Whose KidCare cancellation letter was within 60 days after their coverage renewal anniversary.

Families of non-renewed children were asked about their perceptions of reasons for their child’s disenrollment, health insurance coverage after disenrollment from KidCare, their children’s health status, and their demographics. This summer, 2007 survey has a response rate of 41.7 percent, a cooperation rate of 62.0 percent, and a confidence interval of +/-7.76 percent for the interviews completed with Title XXI families. Interviews with Medicaid families are being conducted during late fall 2007 and those results will be available soon. ■

5 Application and Enrollment Patterns

AT A GLANCE

■ Forty-one percent of those children applying to the KidCare Program through the single page application process became enrolled in one of the program components. This is a decrease from last two years (51 and 52 percent) and a significant decrease from the prior two years 69 percent and 82 percent enrolled.

KIDCARE APPLICATIONS RECEIVED

Figure 3 displays the outcomes of unduplicated single page KidCare applications submitted to the Florida Healthy Kids Corporation from July 1, 2006 through June 30, 2007 (State FY 2006-2007). The following calculations were made using single page KidCare application and enrollment information:

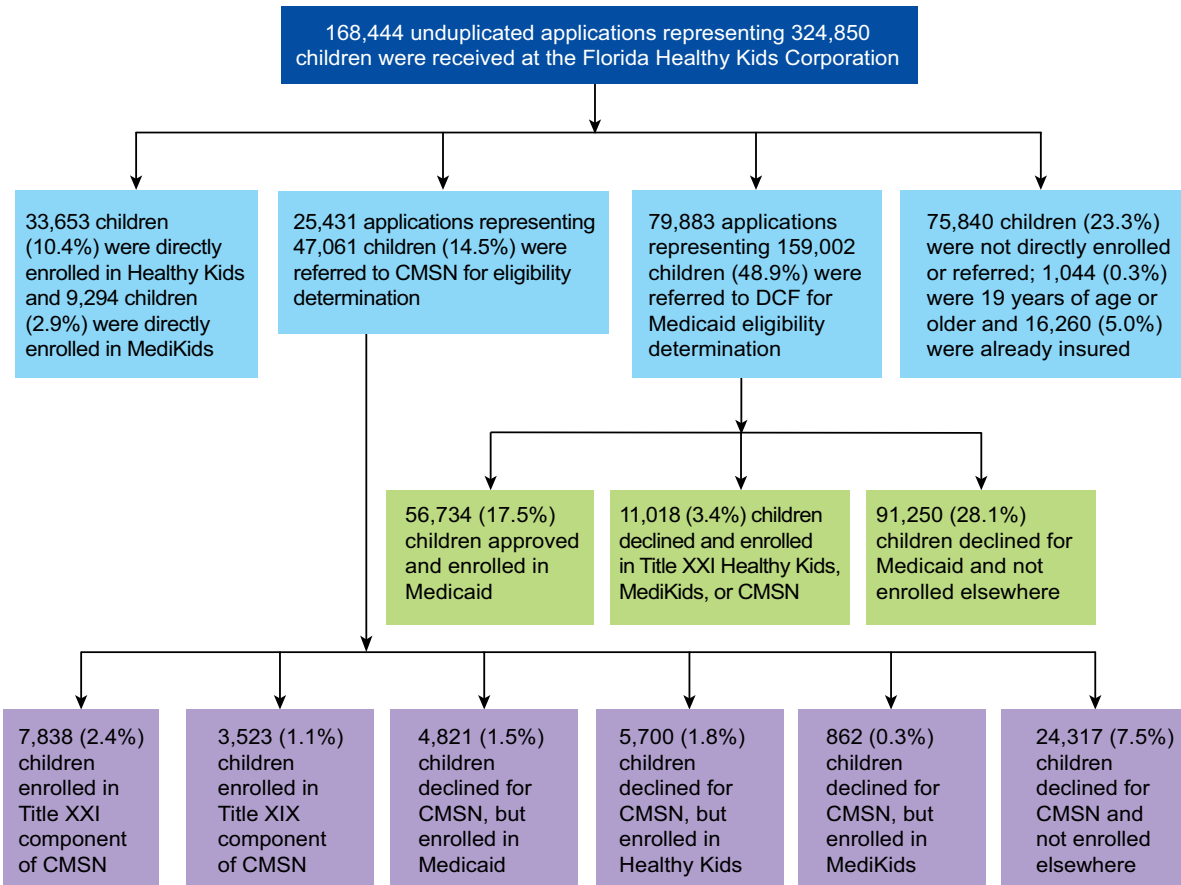
- Florida Healthy Kids Corporation received 197,543 applications from 168,444 families. (The following analysis considers only the most recent applications and excludes prior duplicate applications.) The 168,444 unduplicated applications included information on 324,850 children.
- Referrals to CMSN for clinical eligibility determination or to DCF for Medicaid Title XIX eligibility determination were not required for 33,653 children who were immediately enrolled in Healthy Kids and 9,294 children who were immediately enrolled in MediKids.
- 47,061 children (14.5 percent) were referred to CMSN for clinical eligibility determination. Of the children referred to CMSN, 7,838 of them became enrolled in the Title XXI

component of CMSN, 3,523 of them became enrolled in the Title XIX component of CMSN. Of those children who were referred, but not approved for CMSN, 4,821 enrolled in Medicaid, 5,700 enrolled in Healthy Kids, and 826 of enrolled in MediKids, and 24,317 children were not found to be enrolled in any KidCare program.

- 159,002 children (48.9 percent) were referred to DCF for Medicaid eligibility determination. Of the children referred to DCF, 56,734 became enrolled in Medicaid and 11,018 became enrolled in Healthy Kids or MediKids.
- 191,407 children or 58.9 percent of all children applying for coverage did not become enrolled in any KidCare Program component. A small number (1044) of these applicants were age 19 or older and not eligible for the KidCare Program. An additional 16,260 children were already insured. The remaining 171,103 children represent the population declined for coverage for other reasons, and the small group of children whose parents did not accept an offer of coverage.

Table 8 shows application and enrollment figures for each month of the State and Federal

Figure 3. Outcomes of KidCare Single Page Applications Submitted DURING STATE FY 2006-2007



Note: Percentages shown are of the total 324,850 children.

FY 2006-2007. The average number of monthly applications received was 13,261 during State FY 2000-2001, 14,221 during State FY 2001-2002, 14,054 during State FY 2002-2003, 7,450 during State FY 2003-2004, 14,287 during State FY 2004-2005, and 11,488 during State FY 2005-2006. The application figures reflect new applications only, not telephone reinstatements; new applications are those for which there is no

record of application or enrollment within the prior year.

For State FY 2006-2007, KidCare received an average of 14,038 applications per month, ranging from a low of 10,416 applications in December, 2006 to a high of 16,543 applications in August, 2006 (corresponding with the start of the 2006-2007 school year).

For Federal FY 2006-2007, KidCare received an average of

15,865 applications per month, ranging from a low of 10,416 applications in December, 2006 to a high of 23,959 applications in August, 2007 (corresponding with the start of the 2007-2008 school year).

Figure 4 depicts the number of KidCare applications received during the period from September, 1999 to September, 2007. Several periods of high activity can be identified. Many of these

Table 8. Application Information**JULY 2006 THROUGH SEPTEMBER 2007**

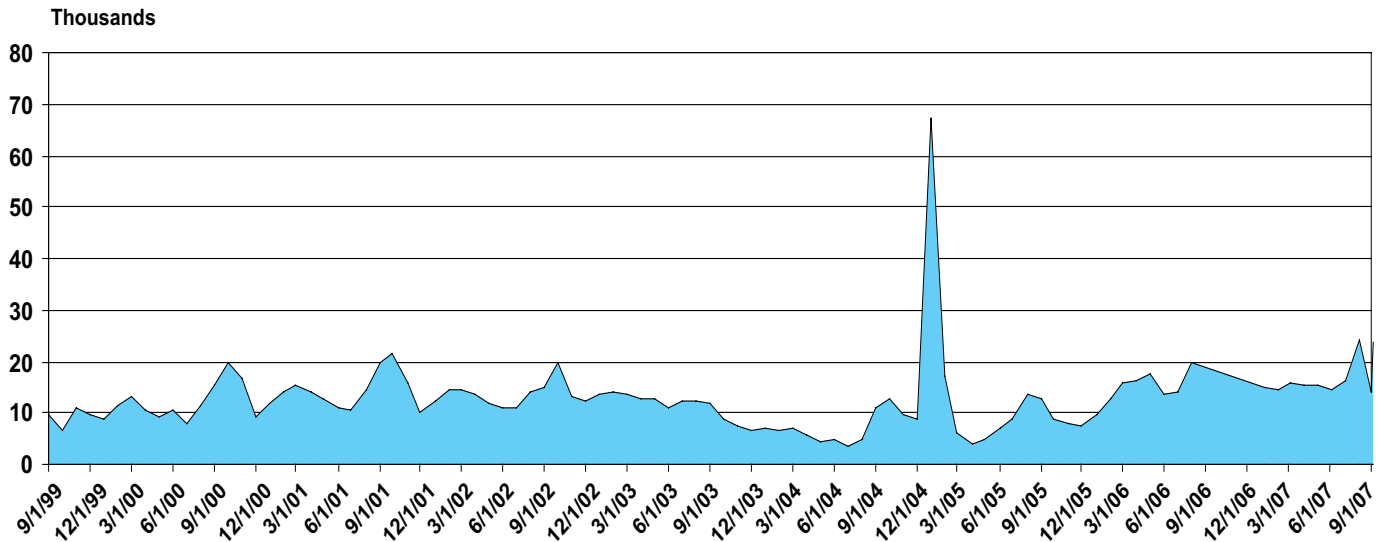
	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Total
# of Applications Received	11,424	16,543	13,893	14,029	12,191	10,416	14,767	14,316	15,737	15,340	15,449	14,354	16,254	23,959	23,562	232,234
# of Children Represented on Applications Received	21,909	31,934	26,851	26,789	23,380	19,847	28,511	27,835	30,505	29,623	29,925	27,741	31,507	46,898	46,402	449,657
Applications Referred to DCF for Medicaid Eligibility Determination	5,102	7,458	6,339	6,456	5,599	4,841	7,036	6,778	7,618	7,607	7,841	7,208	8,281	12,965	12,309	113,438
# of Children Referred to DCF	10,079	14,840	12,796	12,758	11,134	9,384	13,881	13,522	15,293	15,225	15,683	14,407	16,674	26,246	24,817	226,739
# of Applications Referred to CMSN	1,764	2,460	2,133	2,219	2,132	1,668	2,237	2,181	2,367	2,153	2,184	1,933	2,368	3,314	2,797	33,910
# of Children Referred to CMSN	3,159	4,510	3,887	3,972	3,812	3,108	4,234	4,050	4,446	4,085	4,093	3,705	4,406	6,297	5,440	63,204
Mean Child Age*	6.1	6.5	6.3	6.1	5.9	5.8	5.9	6.0	5.9	5.9	5.8	5.7	5.7	6.1	6.2	6.0
Standard Deviation of Mean Child Age	4.9	4.9	5.0	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	4.9	5.0	4.9	4.9
Mean Annual Family Income**	21,988	21,603	21,503	21,714	21,554	21,949	21,850	21,639	21,863	22,274	21,896	22,069	21,782	20,657	20,942	21,612
Standard Deviation of Annual Family Income	15,844	15,805	15,437	15,396	15,081	15,225	15,194	15,161	15,206	15,600	15,413	15,698	15,488	15,703	15,737	15,499
Mean Household Size***	3.5	3.6	3.6	3.5	3.6	3.6	3.5	3.6	3.5	3.5	3.5	3.5	3.5	3.6	3.6	3.6
Standard Deviation of Household Size	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.2	1.3	1.3	1.3

*Child ages below 0 and above 21 were considered to be out of range and hence are not used in calculation of mean child age.

**Figures are rounded to the nearest dollar. Incomes below \$0 and above \$100,000 were considered out of range and were not used in calculation of mean annual family income.

***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.

**Figure 4. KidCare Applications Received Monthly
SEPTEMBER 1999 – SEPTEMBER 2007**



periods correspond with the beginning of each school year, when school-based outreach activities occur. The January 2005 open enrollment period is very visible.

STATE AND FEDERAL FISCAL YEAR 2006-2007 ENROLLMENT

Table 9 shows the total number of Title XXI new enrollees and the total number of Title XXI children ever served by KidCare for State and Federal Fiscal Years 2002-2003, 2003-2004, 2004-2005, 2005-2006, and 2006-2007. Total enrollment refers to the total number of children ever

enrolled during the specified time frames. Table 10 shows the point-in-time enrollment figures for the end of both the State and Federal Fiscal Years 2005-2006 and 2006-2007, and the percent growth during those time frames; Figure 5 also displays the percent growth during the last eight years. Point-in-time figures represent the number of children enrolled on a specific date.

It is important to highlight the difference between these two ways of representing enrollment. Total enrollment figures are important to account for the churning that takes place in KidCare. Children may have multiple periods of

enrollment, separated by periods of disenrollment. Point-in-Time enrollment figures, on the other hand, are important to show the number of children being served by a program at a specific time. Therefore, both Tables 9 and 10 describe the number of children served by the KidCare program. Trends in KidCare enrollment include:

- There has been a sharp increase in new enrollees entering the Title XXI programs (Table 9). In State FY 2006-1007, there were 120,186 new enrollees in Title XXI, up from 93,716 in SFY2005-2006 and 47,971 in SFY2004-

Table 9. Title XXI Total Enrollees and Total New Enrollees

FOR STATE AND FEDERAL FY 2002-2003, 2003-2004, 2004-2005, 2005-2006, and 2006-2007

	SFY 2002-2003			FFY 2002-2003		
	Total New Enrollees*	% New Enrollees	Total Enrollees**	Total New Enrollees*	% New Enrollees	Total Enrollees**
CMSN	4,589	35.5	12,925	5,386	39.8	13,544
Healthy Kids	122,898	31.4	390,887	133,879	33.6	398,276
MediKids	29,074	45.6	63,697	31,988	49.4	64,741
Total	156,561	33.5	467,509	171,253	35.9	476,561
	SFY 2003-2004			FFY 2003-2004		
	Total New Enrollees*	% New Enrollees	Total Enrollees**	Total New Enrollees*	% New Enrollees	Total Enrollees**
CMSN	3,474	25.3	13,738	2,800	21.7	12,924
Healthy Kids	76,231	19.3	395,187	64,360	17.1	376,612
MediKids	19,723	31.9	61,812	16,022	28.7	55,867
Total	99,428	21.1	470,737	83,182	18.7	445,403
	SFY 2004-2005			FFY 2004-2005		
	Total New Enrollees*	% New Enrollees	Total Enrollees**	Total New Enrollees*	% New Enrollees	Total Enrollees**
CMSN	2,337	18.6	12,590	3,232	24.4	13,239
Healthy Kids	38,570	11.1	348,543	48,764	13.8	353,356
MediKids	7,064	16.8	41,938	9,831	23.4	42,078
Total	47,971	11.9	403,071	61,827	15.1	408,673
	SFY 2005-2006			FFY 2005-2006		
	Total New Enrollees*	% New Enrollees	Total Enrollees**	Total New Enrollees*	% New Enrollees	Total Enrollees**
CMSN	5,870	42.9	13,675	6,629	45.2	14,655
Healthy Kids	70,097	24.6	284,897	68,603	24.2	282,951
MediKids	17,749	51.8	34,233	18,767	52.0	36,058
Total	93,716	28.2	332,805	93,999	28.2	333,664
	SFY 2006-2007			FFY 2006-2007		
	Total New Enrollees*	% New Enrollees	Total Enrollees**	Total New Enrollees*	% New Enrollees	Total Enrollees**
CMSN	9,647	50.3	19,173	9,799	48.7	20,125
Healthy Kids	84,569	29.3	288,505	84,448	29.2	289,172
MediKids	25,970	58.1	44,679	26,704	56.8	47,038
Total	120,186	34.1	352,357	120,951	33.9	356,335

*New Enrollees are children who became enrolled in a program during the specified time period, and had not previously been enrolled in that program any time during the previous 11 months.

**The Total Enrollees category includes anyone who was ever enrolled in a program during the specified time period, which includes new and established enrollees. Thus, children in the New Enrollees column are also counted in the total enrollees column.

Note: These figures represent enrollees as they enter each program. Thus, a child who ages from the MediKids program to the Healthy Kids program would be represented three times in this table: once as an existing MediKids enrollee, once as a new Healthy Kids enrollee, and once as a Healthy Kids Total enrollee.

Table 10. Point in Time Enrollment Figures**FOR STATE AND FEDERAL FISCAL YEARS 2005 AND 2006**

	State Fiscal Year			Federal Fiscal Year		
	Enrollment on June 30, 2006	Enrollment on June 30, 2007	% Change 2006-2007	Enrollment on Sept. 30, 2006	Enrollment on Sept. 30, 2007	% Change 2006-2007
CMSN Title XXI	9,159	13,862	51.3	10,012	14,142	41.3
Healthy Kids Title XXI	166,596	185,334	11.2	167,804	185,121	10.3
Healthy Kids Other	26,840	25,744	-4.1	26,640	25,309	-5.0
Healthy Kids Total	193,436	211,078	9.1	194,444	210,430	8.2
Medicaid Title XXI*	1,200	1,091	-9.1	1,177	845	-28.2
Medicaid Title XIX	1,234,901	1,137,528	-7.9	1,209,811	1,121,499	-7.3
Medicaid Total	1,236,101	1,138,619	-7.9	1,210,988	1,122,344	-7.3
MediKids Title XXI	16,684	24,288	45.6	19,038	25,791	35.5
MediKids Other	0	1,511		59	1,862	3055.9
MediKids Total	16,684	25,799	54.6	19,097	27,653	44.8
Title XXI Total	193,639	224,575	16.0	198,031	225,899	14.1
KidCare Total	1,455,380	1,389,358	-4.5	1,434,541	1,374,569	-4.2

* This number represents Medicaid Title XXI coverage for Babies only. Medicaid Title XXI for Teens has zero enrollments because federal law specified that only adolescents born before October 1, 1983 were eligible, hence there were no replacements as adolescents aged out of the program.

2005. But, the SFY2006-2007 level is less than the 156,561 new enrollees who entered KidCare in SFY2002-2003.

- From June, 2006 to June, 2007, there was a 4.5 percent decrease in KidCare total enrollment (Table 10). In the prior two years, KidCare had also declined by 1.6 percent and 4.6 percent. These three years of decline follow four years of growth in KidCare by 3 percent, 9 percent, 12

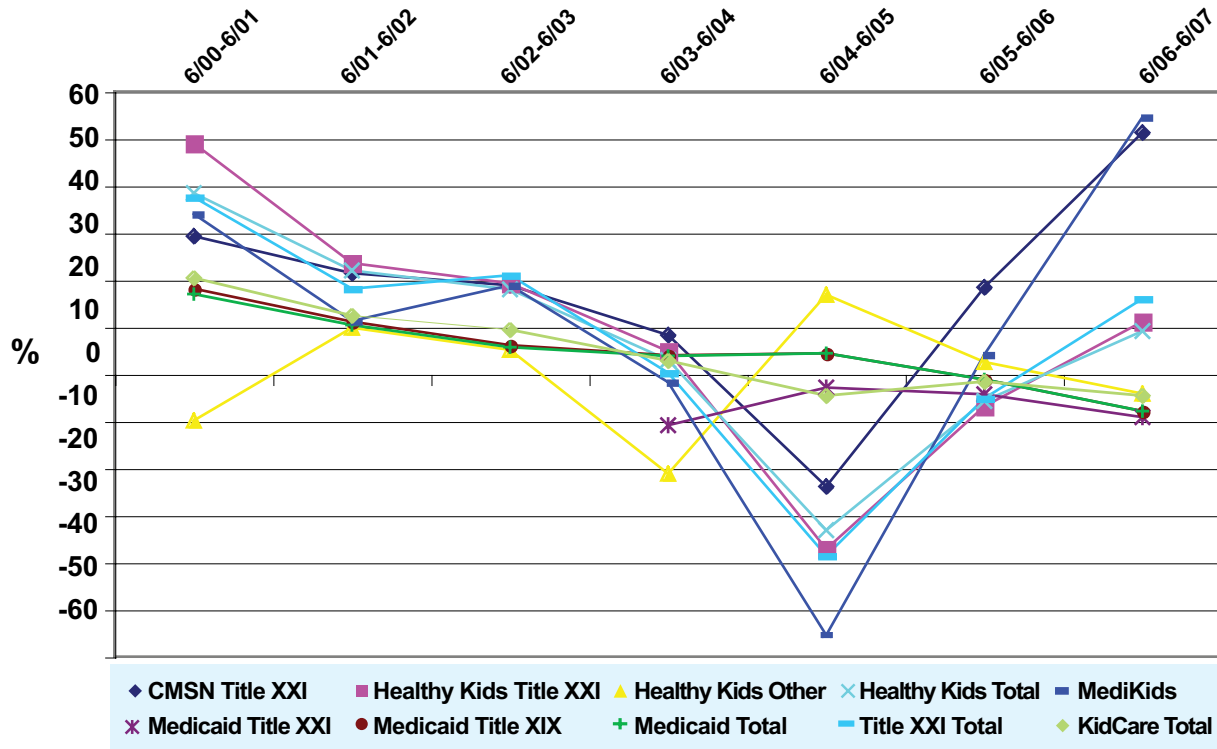
percent, and 20 percent. As of June, 2007, there were a total of 1,389,358 children enrolled in KidCare. Figure 6 displays the growth trend in KidCare enrollment for each of the programs for State Fiscal Years 2000-2001, 2001-2002, 2002-2003, 2003-2004, 2004-2005, 2005-2006, and 2006-2007.

- The Title XXI component of the KidCare Program grew by 16.0 percent from June,

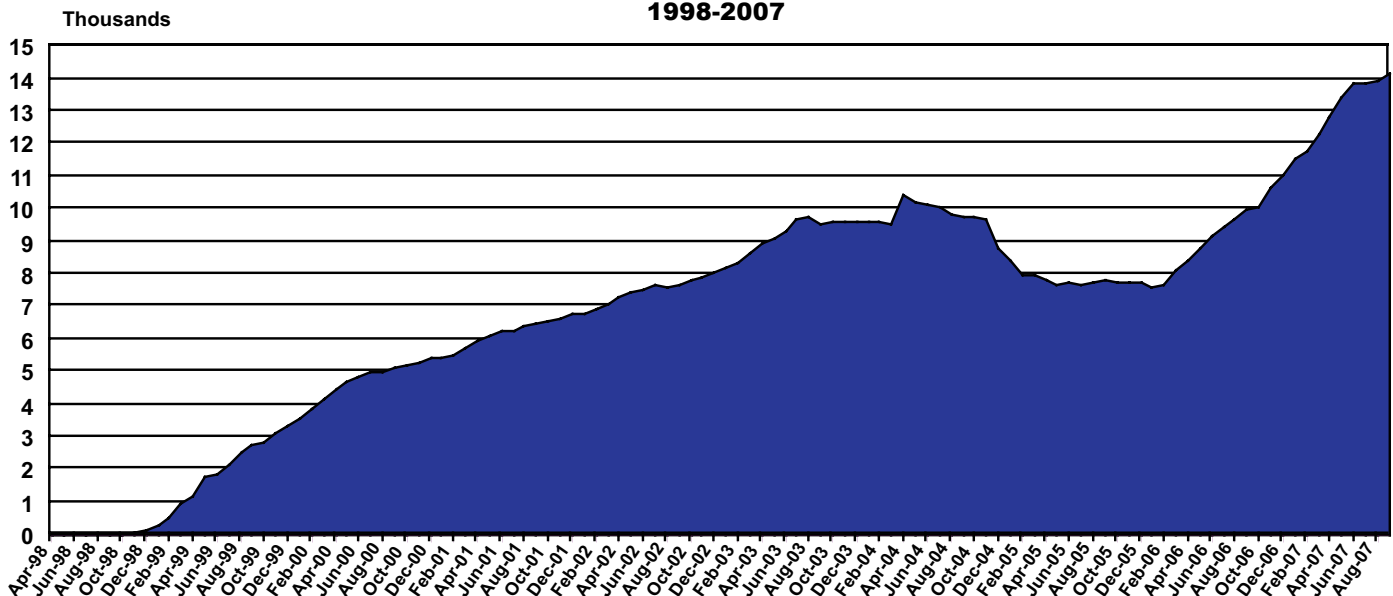
2006 to June, 2007, which is a trend reversal from the 5.1 percent decrease from June, 2005 to June, 2006 and the 38.5 percent decrease from June, 2004 to June, 2005. The 2006-2007 growth rate is similar to the rate in the four years prior to the decline (0.3 percent, 21 percent, 18 percent and 38 percent).

- In contrast to Title XXI, Medicaid declined by 7.9 percent from June, 2006 to June,

**Figure 5. Percentage Growth in KidCare
FOR THE LAST SEVEN STATE FISCAL YEARS, BY PROGRAM**



**Figure 6. CMSN Title XXI Program Enrollment
1998-2007**



2007, to a total enrollment of 1,138,619 children. In the prior year (June, 2005 to June, 2006) Medicaid had also declined by 1.2 percent.

Federal fiscal year trends were similar to those found for the state fiscal year in Tables 9 and 10.

KIDCARE MONTHLY ENROLLMENT

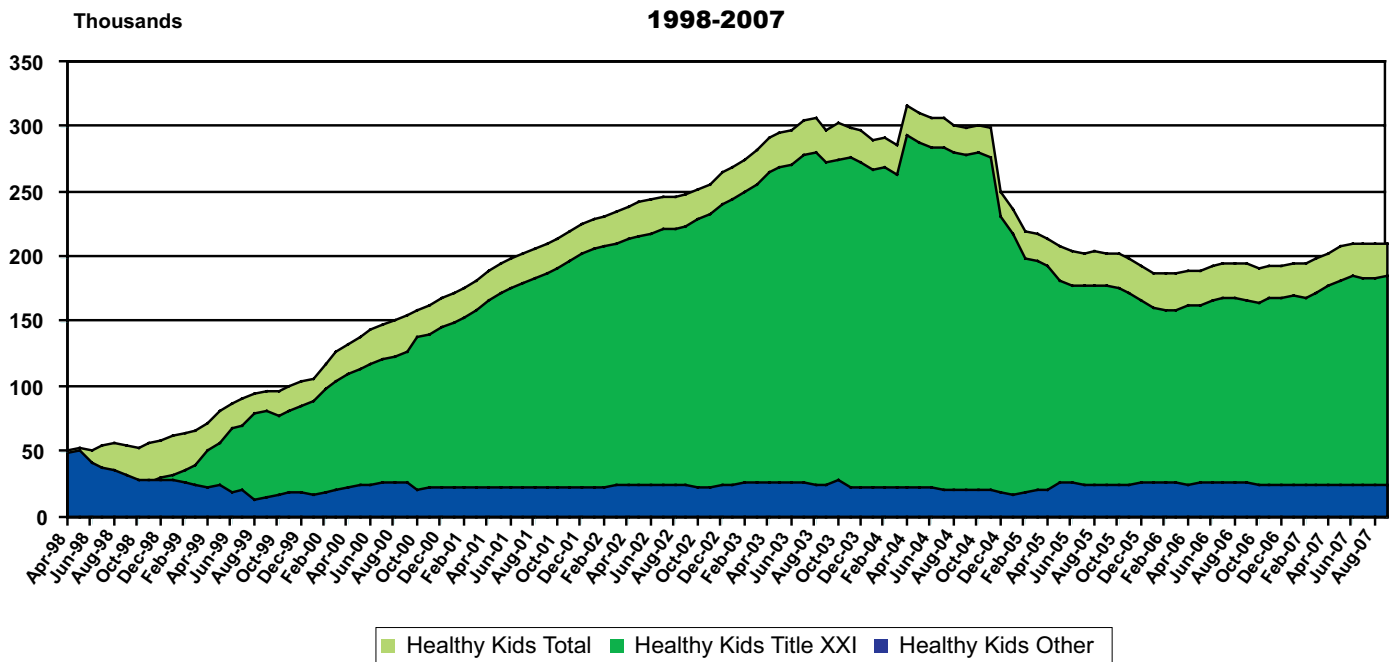
Figures 6 through 11 show the monthly enrollment in each of

the KidCare Programs from April 1998 through September 2007. All programs showed a steady increase in enrollment until early 2004. Since 2004, enrollments in Title XXI programs declined and then rose.

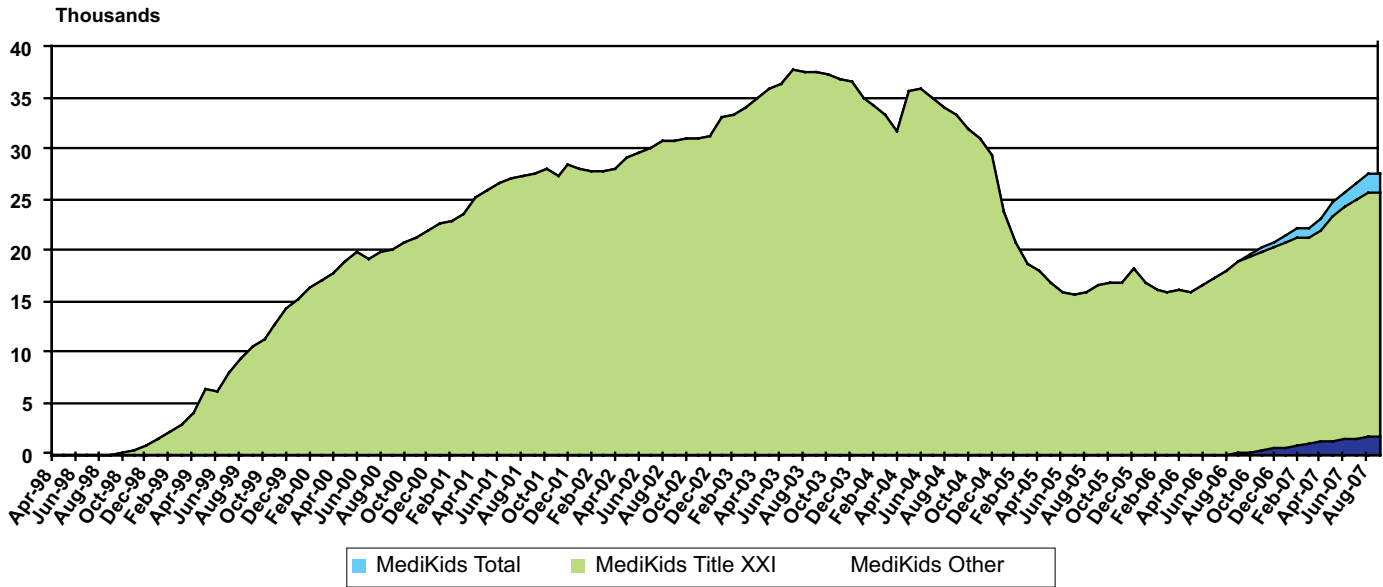
Medicaid enrollments increased throughout the period that Title XXI enrollments were declining, with the exception of the most recent period that has shown small decreases in Medicaid enrollments. Children in a nar-

row range of ages and income levels are served by Medicaid Title XXI instead of Title XIX. The Title XXI population in Medicaid declined from 1998 through 2002 because federal law did not allow for replacements as adolescents aged out of the program. But, infants under age one whose family income is between 185 and 200 percent of FPL are being actively enrolled in the program, so program enrollment has been stable since 2002 and will not drop to zero. ■

Figure 7. Healthy Kids Program Enrollment 1998-2007



**Figure 8. MediKids Title XXI Program Enrollment
1998-2007**



**Figure 9. Medicaid Program Enrollment
1998-2007**

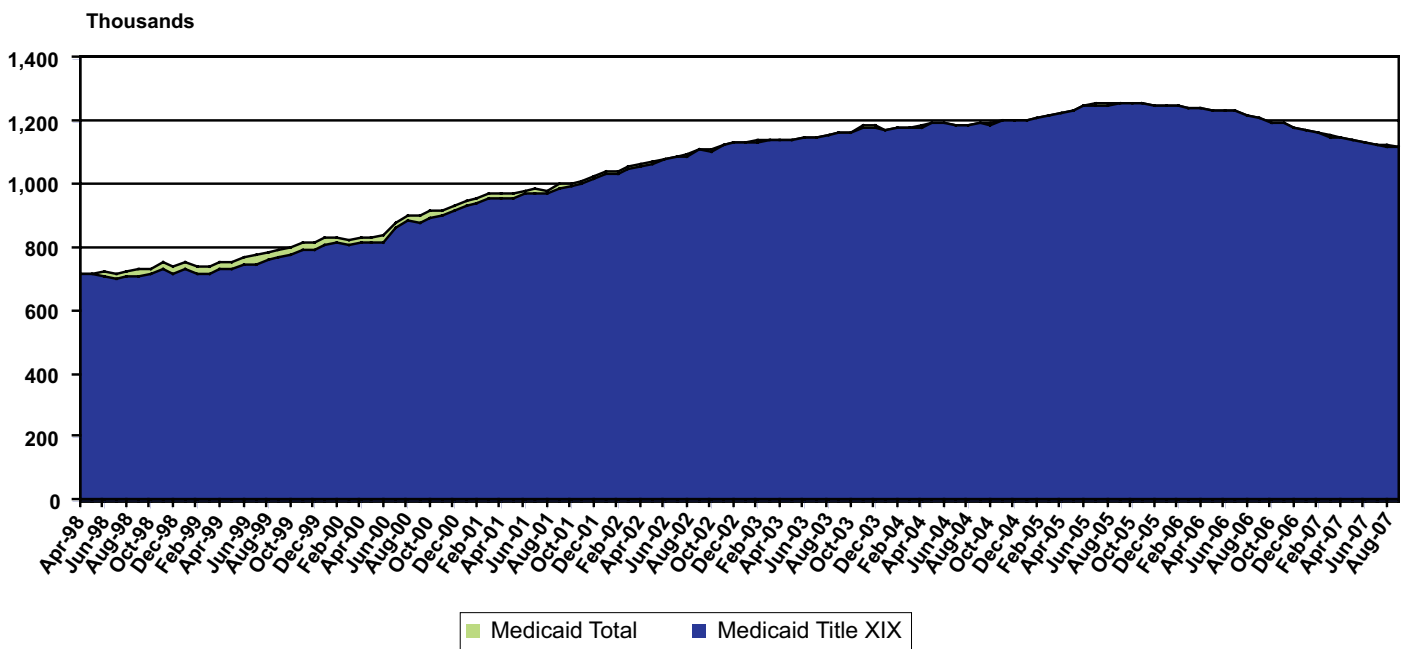


Figure 10. Medicaid Title XXI Program Enrollment (Infants Under One Year of Age)
1998-2007

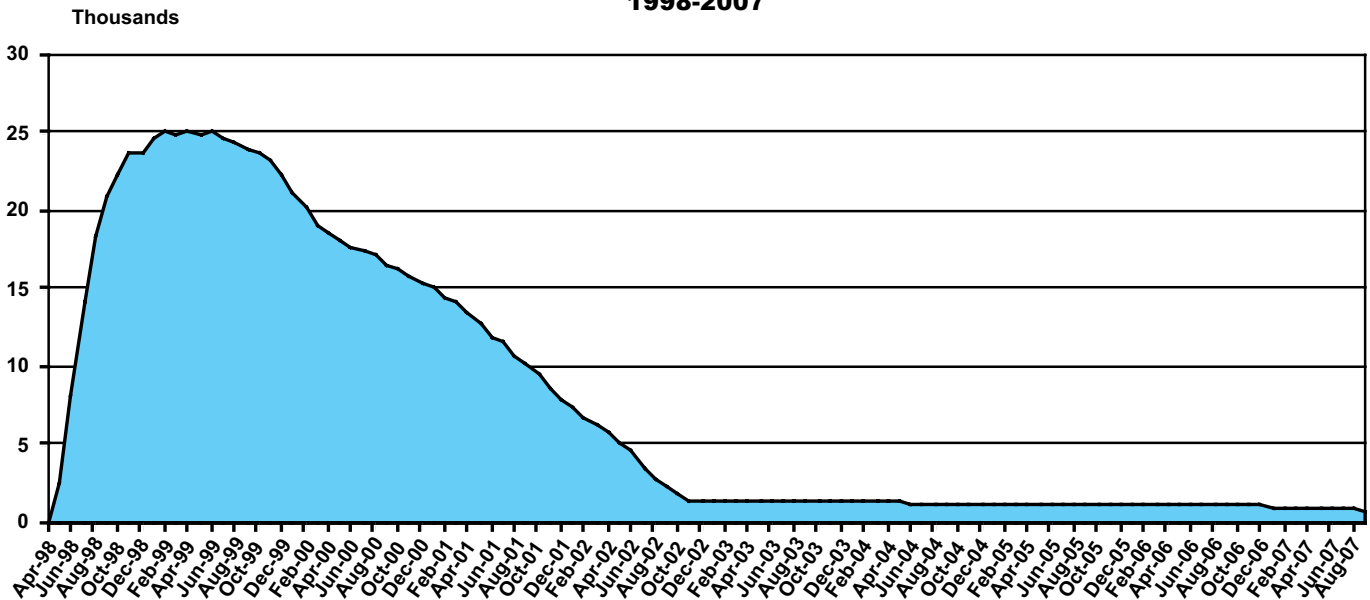
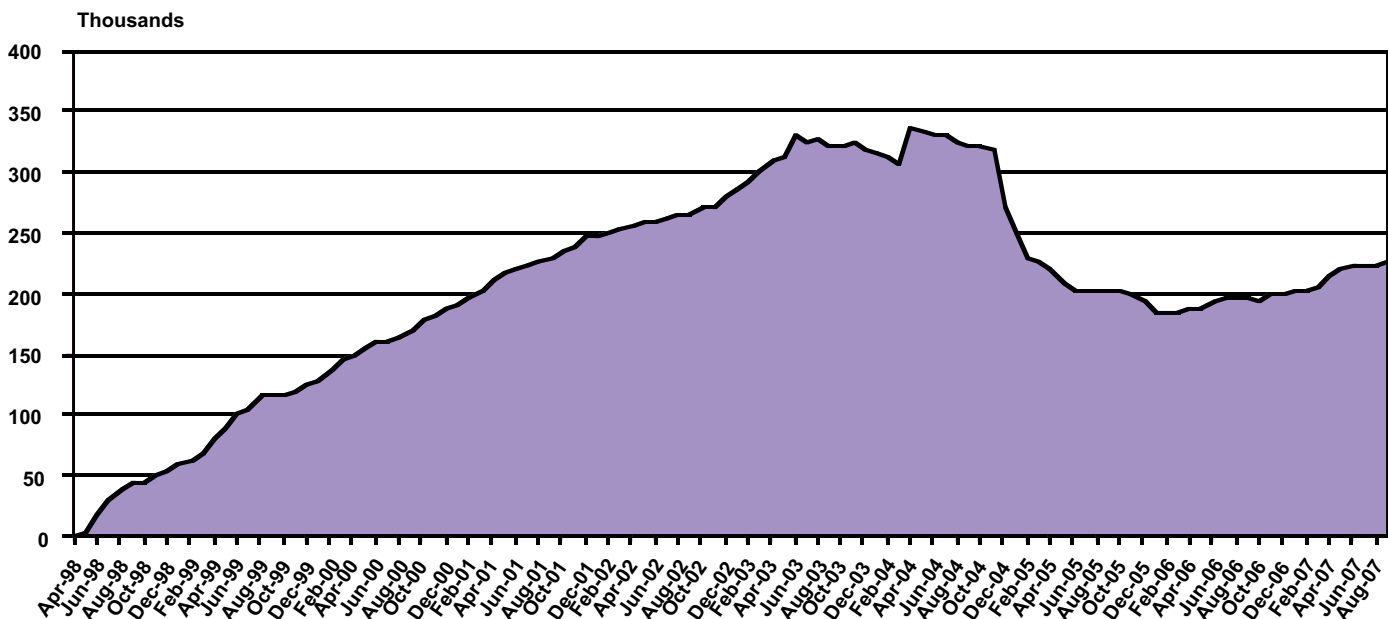


Figure 11. Overall Title XXI Program Enrollment
1998-2007



6 Transition and Retention

AT A GLANCE

- Among children who were enrolled in the start of the fiscal year, 36.7 percent of MediKids, 54.7 percent of CMSN, and 59 percent of Healthy Kids remained enrolled throughout the entire fiscal year.

TRANSITION BETWEEN KIDCARE PROGRAM COMPONENTS

The Institute for Child Health Policy maintains enrollment and insurance coverage files for children enrolled in MediKids, Healthy Kids, and the CMSN Network. In addition, DCF provides coverage files for those children who were referred to DCF and enrolled in Medicaid as a result of their KidCare applications. Because the KidCare Program has four separate components, there is a concern that children may not have continuity of insurance coverage as they move between program components. Using the enrollment files available at the Institute, the number of children transitioning between the Title 21 CMSN, Healthy Kids, and MediKids programs for State FY 2006-2007 was assessed.

The following findings were obtained:

- 4,459 children transitioned from MediKids to Healthy Kids, which represented approximately 9.9 percent of the total MediKids enrollment for State FY 2006-2007. This share is less than the 12 percent who transitioned in State FY 2005-2006, the 16 percent who transitioned State FY 2004-

2005 and the 14 percent who transitioned State FY 2003-2004, but more than the 7 percent who transitioned State FY 2002-2003, and the 6 percent who transitioned State FY 2001-2002. It is expected that a significant share of MediKids enrollees will transition out of the program every year. Because the program only covers children ages one through four, children turning five “age-out” of MediKids eligibility and must seek coverage through another program.

- 147 children transitioned from MediKids to CMSN, which represented far less than one percent of the *total* MediKids enrollment for State FY 2006-2007. In State FY 2005-2006, 93 children transitioned from MediKids to CMSN. In State FY 2004-2005, 71 children transitioned from MediKids to CMSN.
- 1141 children transitioned from Healthy Kids to the CMSN Network, which was far less than one percent of the *total* Healthy Kids enrollment for State FY 2006-2007. In State FY 2005-2006, 762 children transitioned from Healthy Kids to CMSN. In State FY 2004-2005, 523 children transitioned from Healthy Kids to CMSN. In State FY 2003-2004, 474 children transitioned from

Healthy Kids to CMSN. In State FY 2002-2003, 440 children transitioned from Healthy Kids to CMSN.

- 622 children transitioned from CMSN to Healthy Kids in State FY 2006-2007, which represented approximately 3.2 percent of the *total* CMSN enrollment for State FY 2006-2007. In State FY 2005-2006, 711 children transitioned from CMSN to Healthy Kids, which was almost identical to the 716 children who transitioned from CMSN to Healthy Kids in State FY 2004-2005. But, in State FY 2003-2004, only 262 did so.
- 50 children transitioned from CMSN to MediKids in State FY 2006-2007.

RETENTION

Retention is an important aspect to consider when evaluating a health care program for children. Program retention facilitates the child and family developing an ongoing relationship with their health care providers, thereby assisting in the early detection and treatment of problems.³ Program changes have been made to increase ease of access for families and improve retention, such as:

- direct mailing of KidCare applications to former Medicaid families who were no longer

eligible due to income or child's age,

- online application processing, and
- online renewal processing, which began September, 2007.

Table 11 shows the percentage of children enrolled in MediKids, Healthy Kids, and the CMSN Network by the number of months of continuous enrollment during the State FY 2006-2007.

Continuous enrollment for all twelve months of State FY 2006-2007 was found for only 17.5 percent of MediKids enrollees, 29.3 percent of CMSN enrollees and 40.6 percent of Healthy Kids enrollees. The shares are nearly identical to those found in State FY 2005-2006, when 16 percent of MediKids enrollees, 30 percent of CMSN enrollees and 40 percent of Healthy Kids enrollees were continuously enrolled for 12 months. This is a significant decrease from State FY 2004-2005, when 28 percent of MediKids enrollees, 43 percent of CMSN enrollees and 45 percent of Healthy Kids enrollees were in those programs for all twelve months. This is also a significant decrease from State FY 2003-2004, when 34 percent of MediKids enrollees, 49 percent of CMSN enrollees and 56 percent of Healthy Kids enrollees were in those programs for all

twelve months. The rate of continuous enrollment for MediKids is expected to be lower than the other programs because MediKids covers a short age span, which naturally results in many children "aging-out" of the program every year.

Because children enter the programs throughout the fiscal year, the maximum length of enrollment is not twelve months for all children. Limiting the population to only the cohort of children who were enrolled in July, 2006 results in 36.7 percent of MediKids enrollees being retained for the entire year. Larger shares of enrollees in CMSN and Healthy Kids (54.7 percent and 59 percent, respectively) that were enrolled at the start of the fiscal year were retained for all twelve months. The results for State FY 2006-2007 are better than those for the prior two years. In State FY 2005-2006, when 30 percent of MediKids enrollees, 49.6 percent of CMSN and 55.5 percent of Healthy Kids enrollees that were enrolled at the start of the fiscal year were retained for all twelve months. In State FY 2004-2005, when 30.3 percent of MediKids enrollees, 51.1 percent of CMSN and 50.5 percent of Healthy Kids enrollees that were enrolled at the start of the fiscal year were retained for all twelve months. ■

3. Starfield B. *Primary Care: Concept, Evaluation, and Policy*. New York: Oxford University Press; 1992.

Table 11. Percentage of Enrollees in Each Title XXI Program by Length of Continuous Enrollment**DURING STATE FY 2004-2005, 2005-2006, AND 2006-2007**

Months	All enrollees, 2004-2004*			Enrollees present at the start of the fiscal year 2004-2005 only		
	CMSN	Healthy Kids	MediKids	CMSN	Healthy Kids	MediKids
1 month only	6.0	4.8	7.1	2.7	2.7	2.8
2 months only	4.5	3.2	5.8	1.5	1.2	1.4
3 months only	4.3	2.9	4.4	1.9	1.4	2.5
4 months only	3.3	2.8	4.6	1.7	1.4	3.8
5 months only	9.3	14.5	13.8	10.0	15.7	14.5
6 months only	5.3	5.9	5.9	5.2	5.7	7.9
7 months only	6.6	6.9	7.8	6.9	7.1	9.7
8 months only	3.6	3.0	4.9	3.9	3.0	6.6
9 months only	4.7	4.0	5.8	5.1	3.9	7.4
10 months only	5.6	3.7	6.4	6.2	3.8	7.8
11 months only	3.7	3.6	5.1	3.9	3.4	5.5
All 12 months	43.0	44.6	28.3	51.1	50.5	30.3
Months	All enrollees, 2005-2006*			Enrollees present at the start of the fiscal year 2005-2006 only		
	CMSN	Healthy Kids	MediKids	CMSN	Healthy Kids	MediKids
1 month only	8.6	6.7	11.8	3.5	3.4	5.2
2 months only	8.3	6.6	10.5	3.8	4.2	5.0
3 months only	7.9	6.2	7.8	4.3	4.4	5.9
4 months only	7.9	6.0	8.3	4.5	4.3	5.8
5 months only	6.1	6.2	7.8	4.1	5.0	6.1
6 months only	6.5	6.0	8.2	6.6	5.4	8.9
7 months only	5.8	5.0	6.8	5.9	4.6	8.4
8 months only	4.7	4.6	6.9	4.8	4.1	7.6
9 months only	5.0	4.5	6.0	4.8	3.2	6.6
10 months only	5.3	4.7	5.6	5.1	3.6	6.5
11 months only	3.6	3.2	4.4	3.2	2.1	4.6
All 12 months	30.3	40.3	16.1	49.6	55.5	29.6
Months	All enrollees, 2006-2007*			Enrollees present at the start of the fiscal year 2006-2007 only		
	CMSN	Healthy Kids	MediKids	CMSN	Healthy Kids	MediKids
1 month only	8.1	6.6	11.5	3.8	3.6	4.6
2 months only	7.5	6.5	9.8	3.1	3.5	3.9
3 months only	8.5	7.0	10.1	4.5	4.2	4.6
4 months only	6.8	5.9	7.6	3.4	4.1	4.7
5 months only	6.4	5.2	6.8	3.8	3.7	4.7
6 months only	7.3	6.1	8.7	4.8	4.8	7.7
7 months only	6.6	5.5	7.2	5.8	4.7	8.3
8 months only	6.4	5.5	5.9	4.8	4.1	6.6
9 months only	4.9	4.3	5.5	4.8	3.8	6.6
10 months only	4.6	3.5	4.8	3.8	2.5	5.3
11 months only	3.9	3.5	4.6	2.7	2.0	6.3
All 12 months	29.3	40.6	17.5	54.7	59.0	36.7

*Months of Continuous Enrollment is a count of the longest consecutive period of enrollment that the child had during the fiscal year. In cases of two or more periods of continuous enrollment, the longest period was counted. In cases of equal periods of continuous enrollment, the most recent period was counted.

7 Experiences with the Application Process

HOW FAMILIES LEARN ABOUT KIDCARE

For each KidCare Evaluation since State Fiscal Year 1998-1999, a sample of parents of newly enrolled children was asked to indicate how they learned about KidCare. Respondents may choose more than one of many categories (e.g., health care providers, family and friends, television, newspaper, and so on). The results for State Fiscal Year 2006-2007 are illustrated in Figure 12.

For comparison purposes, results from a statewide random sample of households with children 18 and younger are also included. The statewide random sample of 2,200 households was conducted during fall, 2007 to assess the rate of uninsurance for children across Florida, but it also collected information on families' recognition of the KidCare program.

Families report learning about the KidCare Program from a variety of personal interactions and formal media sources. Over half of the KidCare respondents recall learning about KidCare from family/friends, with 40 percent recalling learning about KidCare from their children's school or a health care provider. Social service agencies, hospitals, television, and the Internet were also important sources of information about KidCare. Results for newly enrolled KidCare families and the general popula-

tion are similar, with about 40 percent of the statewide random sample recalling hearing about KidCare through family/friends or their children's school.

As the KidCare program has matured, public knowledge of the program has become more widespread. Although state-supported outreach funding was eliminated during State FY 2002-2003, parents still report learning about KidCare through formal media outlets such as newspapers and television due to general media coverage of the program. Activities to inform people of open enrollment opportunities and the availability of the Medicaid Program are important to maintain awareness of KidCare's opportunities. Since 85 percent of Florida's population growth is due to migration from other U.S. states and foreign countries, information dissemination to families new to Florida is important to make eligible families aware of the resources available to them here in Florida.

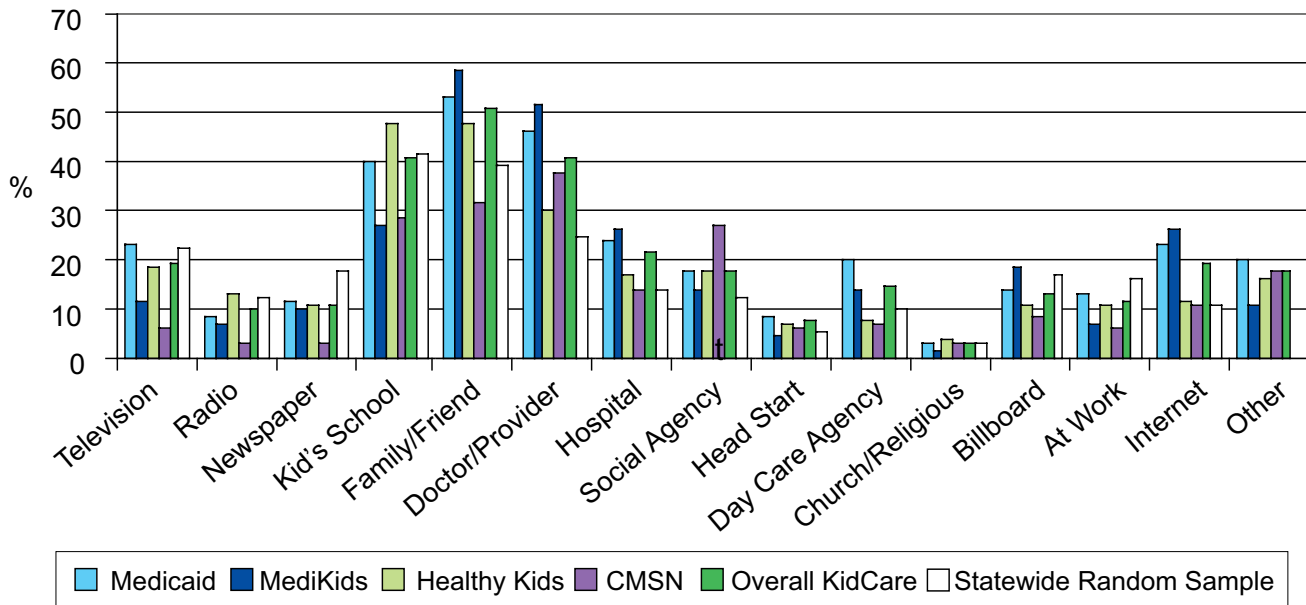
FAMILIES' SATISFACTION WITH THE APPLICATION PROCESS

Families' experiences with the application process are assessed during the telephone interview with families whose children are enrolled for less than three months in the KidCare Program. During this "New Enrollee" interview families were asked about their satisfaction

AT A GLANCE

- Among new KidCare families, 74 percent reported that they were kept well informed of the status of their children's application; this is an increase from the 66 percent reporting they were kept well-informed during State FY 2005-2006.

Figure 12. Percentage of Families Who Learned about KidCare by Information Source and Program Component
STATE FY 2006-2007



with the application process including the ease of the application process, and experiences with the toll-free number. The same questions have been asked for all nine evaluation years.

Families have been very satisfied with the application process for each of the nine evaluation years. Results for FY 2006-2007 are reported in Table 12. Among these families, 74 percent reported that they were kept well informed of the status of their children’s application; this is an increase from the 66 percent reporting they were kept well-informed during State FY 2005-2006. About 91.9 percent of families thought

the application form was easy to understand and over 87.6 percent thought the mail-in process was convenient.

Only 23.9 percent of families report waiting three or more months between their application submission and approval of coverage. This share is about the same as the 21 percent in State FY 2005-2006, but this is a significant decrease from the 44 percent in State FY 2004-2005. A record number of applications submitted during the January, 2005 open enrollment period caused a backlog in application processing during State FY 2004-2005, but that issue appears to be resolved now.

ASSISTANCE NEEDED DURING APPLICATION PROCESSING

About 87 percent of families tried to use a toll-free number to seek assistance with or information on their applications for coverage (Table 12); this share is nearly identical to the 85 percent reported in State FY 2005-2006. Although the survey question asked about use of the phone number listed on the KidCare application, there are three toll-free numbers associated with KidCare and the Florida Healthy Kids Corporation, so there is no way to be certain that families correctly recall which toll-free number they used.

Table 12. Experience with KidCare Single Page Application Process

STATE FY 2006-2007					
PERCENTAGE RESPONDING	TOTAL	MEDICAID	MEDIKIDS	HEALTHY KIDS	CMSN
How long did you wait between application and receiving coverage?					
2 weeks or less	7.71	8.42	3.13	8.16	7.1
3 weeks	12.08	9.47	6.25	18.37	7.1
1 month	22.41	22.11	25	22.45	19.4
More than 1 month, but less than 2	11.86	10.53	5.21	15.31	16.3
2 months	10.95	9.47	26.04	8.16	13.3
More than 2 months, but less than 3	11.08	11.58	15.63	9.18	9.2
3 months or more	23.91	28.42	18.75	18.37	27.6
Were you kept informed while awaiting coverage?					
Yes	74.26	70.53	80.61	78.79	66.0
No	25.74	29.47	19.39	21.21	34.0
Was the application form easy to understand?					
Strongly agree	35.1	32.7	37.4	38.1	34.7
Agree	56.8	55.1	61.6	57.7	57.1
Disagree	6.6	9.2	1.0	4.1	8.2
Strongly disagree	1.6	3.1	0.0	0.0	0.0
Was the mail-in process convenient?					
Strongly agree	28.2	28.6	22.5	29.3	29.3
Agree	59.4	58.2	63.3	60.6	55.6
Disagree	10.1	12.2	12.2	6.1	10.1
Strongly disagree	2.3	1.0	2.0	4.0	5.1
Did you attempt to contact the toll-free number listed on the application for assistance?					
Yes	87.2	83.3	88.9	93.0	82.8
No	12.8	16.7	11.1	7.0	17.2
<i>Of those who used the toll free number, were you able to reach someone at the toll-free number easily?</i>					
Yes	82.1	74.7	84.1	91.4	79.3
No	17.9	25.3	15.9	8.6	20.7
<i>Of those who used the toll free number, would you say the service representatives were...</i>					
Very helpful	41.1	35.9	35.2	50.6	32.9
Helpful	36.4	34.6	46.6	35.2	39.0
Somewhat helpful	16.3	19.2	13.6	12.1	25.6
Not helpful at all	4.1	6.4	1.1	2.2	2.4
Could never reach a representative	2.2	3.9	3.4	0.0	0.0
Have you asked for help from a social service agency or health provider about the status of your child's application?					
Yes	20.9	28.1	17.9	11.3	17.4
No	79.1	71.9	82.1	88.7	82.7
If yes, from which agencies..? (respondent can choose more than one)					
Dept. of Children and Families	38.0	48.2	11.8	18.2	11.8
Public Health Department	6.1	3.7	0.0	18.2	5.9
Personal doctor or nurse	6.3	3.7	17.7	9.1	11.8
Case worker	16.9	18.5	5.9	18.2	5.9
Social worker	14.3	14.8	5.9	18.2	5.9
Program Office (Healthy Kids, CMSN)	29.9	22.2	47.1	45.5	52.9
Would you say they were able to provide the help you needed?					
Strongly agree	22.3	18.5	18.8	36.4	31.3
Agree	63.3	66.7	62.5	54.6	43.8
Disagree	11.1	11.1	12.5	9.1	18.8
Strongly disagree	3.3	3.7	6.3	0.0	6.3

Hence, experiences with customer service representatives should be interpreted with caution.

Of those who attempted to use the toll-free number, 82.1 percent actually reached a customer service representative. About 77.5 percent families who reached a representative reported that the person at the toll-free number was helpful to very helpful. These shares are higher than those found in the prior fiscal year (73 percent and 70 percent, respectively).

About 20.9 percent of all families sought assistance from a social service agency or a health care provider during the application process. About 48 percent of newly enrolled Medicaid families sought help from Dept. of Children and Families. Almost half of families newly enrolled in one of the three Title XXI programs recalled seeking assistance from the program office (ex. Healthy Kids).

VERIFICATION OF APPLICATION PROCESSING TIME

A separate analysis was conducted to verify the parent report of application processing time. Processing times were calculated from the KidCare administrative records. Table 13 shows the mean and median number of days lapsed from the start of batch processing to the final approval for coverage for State FY

Table 13. Application Processing Times		
STATE FY 2006-2007		
	Average Number of Days Elapsed	Median Number of Days Elapsed
For all approved applicants, by their program of enrollment:		
Healthy Kids	50	39
MediKids	48	40
CMSN	48	37
Medicaid	49	41
Only those applicants referred to DCF, but not determined Medicaid eligible, and later enrolled in:		
Healthy Kids	53	44
MediKids	51	45
CMSN	52	43
Only those applicants NOT referred to DCF, and later enrolled in:		
Healthy Kids	49	36
MediKids	46	34
CMSN	46	33

2006-2007. Results are shown separately for those applications that were referred to DCF for Medicaid beneficiary review and those applications that were not referred to DCF.

Application processing times averaged 50 days for Healthy Kids, 48 days for MediKids, 48 days for CMSN, and 49 days for Medicaid approvals. Median times were shorter than the means. The median processing time was 39 days for Healthy Kids, 40 days for MediKids, 37 days for CMSN, and 41 days for Medicaid approvals. In the prior state fiscal year, the

median processing times were shorter: 33 days for Healthy Kids, 34 days for MediKids, 31 days for CMSN, and 28 days for Medicaid approvals. The State FY 2006-2007 median processing times meet the federal standard of 45 days from application to Medicaid determination.

If DCF review was not needed, approved applications for Title XXI coverage were processed in a median time of 33-36 days. If DCF review was needed prior to approval for Title XXI coverage, the median processing time was 43 to 45 days. ■

8 Experiences with Enrollment and Paying Premiums

Year 9 Descriptive Report

ENROLLMENT EXPERIENCES

Newly enrolled families were also surveyed about their satisfaction with the KidCare program after they enrolled. Half (50.5 percent) of families think the program is run very well and an additional 38.7 percent think the program is run somewhat well (Table 14). Over 90 percent of families indicated that KidCare staff is helpful and knowledge-

able. About 81 percent of newly enrolled families recalled receiving an insurance card from the KidCare program, and 55.2 percent of families indicated that their insurance cards were received within one month of notification of coverage approval. Over half (52.9 percent) of newly enrolled families recalled being told that they would have to renew coverage in about a year; this is a decrease from 57 percent in the prior fiscal year.

PAYING PREMIUMS

Families whose children are enrolled in the Title XXI component of CMSN, Healthy Kids, and MediKids must pay a monthly premium. This premium is very important to the overall KidCare Program operations. The Title XXI premium payments are projected to provide \$28,962,683 to the KidCare programs in State FY 2007-2008. This additional revenue

Table 14. Experience with the Enrollment Process

STATE FY 2006-2007					
PERCENTAGE RESPONDING	TOTAL	MEDICAID	MEDIKIDS	HEALTHY KIDS	CMSN
Have you received your insurance card?					
Yes	81.0	70.7	90.9	92.0	92.0
No	19.0	29.3	9.1	8.0	8.0
How long did you wait between coverage notification and receipt of the insurance card?					
2 weeks or less	14.2	13.9	20.2	12.9	13.2
3 weeks	19.5	18.5	8.3	24.7	16.5
1 month	21.5	23.1	16.7	21.2	20.9
More than 1 month, but less than 2	13.2	12.3	9.5	15.3	14.3
2 months	9.3	7.7	15.5	9.4	7.7
More than 2 months, but less than 3	4.5	1.5	10.7	5.9	5.5
3 months or more	17.8	23.1	19.1	10.6	22.0
How well do you think the program is run?					
Very well	50.5	37.9	64.2	64.2	59.4
Somewhat well	38.7	47.4	31.6	28.4	33.3
Somewhat poorly	5.7	7.4	3.2	4.2	4.2
Very poorly	5.1	7.4	1.1	3.2	3.1
Are program staff helpful?					
Very helpful	59.2	41.9	63.9	81.4	80.3
Somewhat helpful	33.6	46.8	34.7	15.3	16.1
Somewhat unhelpful	4.1	6.5	1.4	1.7	2.5
Very unhelpful	3.1	4.8	0.0	1.7	1.2
Are program staff knowledgeable?					
Very knowledgeable	60.0	50.0	62.3	72.9	72.0
Somewhat knowledgeable	31.6	38.7	36.2	20.3	22.0
Somewhat un knowledgeable	7.5	9.7	1.5	6.8	4.9
Very un knowledgeable	0.9	1.6	0.0	0.0	1.2
Were you told that you will have to renew coverage after about a year?					
Yes	52.9	52.8	57.6	51.7	52.6
No	47.1	47.3	42.4	48.4	47.4

is used to provide coverage for more children.

In the State FY 2006-2007 surveys, Title XXI families were asked questions about their experiences with premium payment. The results are summarized in Table 15. Over 95 percent of families feel that the premium amount is “about right”. Less than three percent of families felt that the premium was

“too much”. About 73.7 percent of families report that it is rarely or never difficult to pay the premium; this share is almost identical to the 72.9 percent reported in the last fiscal year.

Ninety-six percent of families report paying the premium is “worth it” so that their children can have needed insurance coverage. However, 20.6 percent of families are concerned that the premium

is a “waste of money” because their children are healthy. Ninety-seven percent of families agreed with the statement that they felt good about paying for part of their children’s health care coverage.

The premium payment is an important component of the KidCare Program operations. Overall, families are satisfied with paying a premium and with the amount that they pay. ■

Table 15. Family Experience with Paying Premiums for Title XXI Coverage

STATE FY 2006-2007				
PERCENTAGE RESPONDING	Title 21 Overall	MediKids	Healthy Kids	CMSN
Is the premium...?				
About the right amount	95.2	92.6	96.9	88.7
Too much	2.8	3.2	2.1	7.2
Too little	2.0	4.2	1.0	4.1
How often is it difficult for you to pay the premium?				
Almost every month	11.8	10.3	12.6	8.8
Every couple of months	14.5	16.1	13.7	17.6
Rarely	20.7	21.8	20.0	23.1
Never	53.0	51.7	53.7	50.6
Paying a premium is worth it.				
Strongly agree	80.4	84.5	79.6	76.8
Agree	16.2	14.4	16.3	19.2
Disagree	1.2	1.0	1.0	3.0
Strongly disagree	2.2	0.0	3.1	1.0
Sometimes I think the premium is a waste because my child is healthy.				
Strongly agree	20.6	15.2	24.0	7.5
Agree	15.5	14.1	16.7	9.7
Disagree	7.9	12.1	6.3	9.7
Strongly disagree	56.1	58.6	53.1	73.1
I feel better paying for some of the cost of my child's coverage.				
Strongly agree	80.8	75.0	82.8	78.6
Agree	16.3	21.9	14.1	19.4
Disagree	0.5	2.1	0.0	1.0
Strongly disagree	2.4	1.0	3.0	1.0
The premium is worth the peace of mind.				
Strongly agree	88.8	85.6	89.8	89.0
Agree	8.8	10.3	8.2	10.0
Disagree	0.5	2.1	0.0	1.0
Strongly disagree	1.9	2.1	2.0	0.0

9 Experiences with Coverage Renewal and Disenrollment

Year 9 Descriptive Report

BACKGROUND

During Florida's state fiscal year 2003-2004, legislative changes were enacted to require families enrolled in the Title XXI components of the KidCare health insurance program to actively renew their children's coverage. In prior years, the Title XXI renewal process was simplified (sometimes called "passive"), whereby families were asked to update their eligibility information every six months; coverage was continued if parents did not respond to the eligibility request, but continued to pay their premiums. With the enactment of an "active" renewal process, families are required to complete a Renewal Request application and provide documentation of their continued eligibility. If families do not complete the renewal process, their children's health insurance coverage is discontinued.

Active renewal was implemented beginning in July, 2004. The renewal process allowed for a sixty day notification and response period. Hence, notification letters sent to families in July, 2004 requested compliance with renewal steps for their children's coverage that would otherwise expire in September, 2004. Normally, health insurance would be discontinued if the renewal process was not com-

pleted by the coverage expiration date. Due to the hurricanes that disrupted normal activities in Florida during September, 2004 though, no children were disenrolled from the KidCare program due to non-compliance with the renewal process until December, 2004; the extension to December 2004 provided families with additional time to collect documents and respond to the KidCare notification letter.

Beginning August 1, 2006, the active renewal process was further modified. The sixty day pre-renewal notification and documentation request period continued unchanged, but the grace period for complete submission of paperwork was limited to only 30 days after the renewal anniversary (down from a maximum grace period of 120 days). Renewal notification letters sent to families in August, 2006 requested their compliance with renewal steps for their children's coverage that would otherwise expire in October, 2006. Health insurance was discontinued if the renewal process was not completed in November 2006 (within 30 days of the coverage expiration date).

This analysis compares information collected from families who were not able to successfully complete the renewal

process ("Non-renewal" survey) or who lost KidCare coverage in general ("Disenrollee" survey). Interviews with Title XXI families were conducted during summer, 2007 with families who had lost coverage during spring, 2007. Interviews with Medicaid families are being conducted during spring, 2008 with families who lost coverage during late fall, 2007. The survey results for Medicaid families will be available in a separate analysis in early summer 2008.

EXPERIENCES WITH THE RENEWAL PROCESS

Table 16 summarizes the experience of Title XXI families who were not able to successfully renew their KidCare coverage. Over two-thirds (70.5 percent) did try to renew their child's coverage by submitting renewal materials; renewal attempts for the three programs ranged from 50.0 percent of CMSN families to 58.8 percent of MediKids families to 74.0 percent of Healthy Kids families. Of those that did try to renew coverage, 70.8 percent of families recalled being told that information was missing from their renewal packet; all of the CMSN families recalled being told that information was missing, compared to 90 percent of MediKids families and two-thirds of Healthy Kids families.

Table 16. Family Experience with the Title XXI Renewal Process, for Families that Were Not Able to Successfully Renew Coverage

STATE FY 2006-2007				
PERCENTAGE RESPONDING	Title 21 Overall	MediKids	Healthy Kids	CMSN
Did you submit a renewal packet?				
Yes, I did submit a renewal package	70.5	58.8	74.0	50.0
No, because I did not want to renew my child's coverage	17.8	17.7	16.4	37.5
No, because I did not know I had to renew coverage	11.6	23.5	9.6	12.5
If yes, were you informed that information was missing?				
Yes, I recall being told that information was missing	70.8	90.0	66.7	100.0
No, I do not recall being told that information was missing	29.2	10.0	33.3	0.0
If no, why didn't you submit the renewal packet?				
I forgot or did not get around to doing the paperwork	2.0	0.0	2.9	0.0
I could not get needed background information	8.0	10.0	5.9	16.7
I did not know renewal packet was needed	4.0	10.0	2.9	0.0
I was planning on getting other insurance	20.0	10.0	20.6	33.3
My child was healthy, so I did not need insurance coverage	0.0	0.0	0.0	0.0
I did not want KidCare anymore	0.0	0.0	0.0	0.0
I found the renewal packet confusing	6.0	0.0	8.8	0.0
I was dissatisfied with KidCare in general	2.0	10.0	0.0	0.0
I was dissatisfied with the amount of time I had to renew coverage	4.0	0.0	5.9	0.0
I did not think my child was KidCare eligible anymore	18.0	50.0	11.8	0.0
Some other reason	36.0	10.0	41.2	50.0

Over 29 percent of families did not submit a renewal packet. Families were asked to indicate why they did not submit a renewal packet. Twenty percent of families reported not attempting to renew because they were planning on getting other insurance. Eighteen percent of families reported not submitting a renewal packet

because they did not think their child was eligible for KidCare anymore. Only eight percent of families reported not submitting a renewal packet because they could not get the needed background information and only six percent of families did not attempt renewal because they found the renewal packet confusing.

REASONS FOR DISENROLLMENT

Families whose children lost coverage at least 60 days from their renewal date were interviewed using a general "Disenrollee" questionnaire. This questionnaire had also been used in the State FY 2003-2004 evaluation.

Families were asked to indicate all the reasons why they thought their child lost KidCare coverage (Table 17). Among families whose child had been in Title XXI, 34 percent indicated they switched to Title XIX coverage. Thirty-two percent of families reported obtaining health insurance through a source other than KidCare. About 24 percent of families reported general problems staying enrolled and 15 percent of families reported general problems with the renewal process. Twenty-two

percent of families reported no longer being eligible due to the child's age and 19 percent were no longer eligible due their family income. Only small percentages of families reported disenrollment due to dissatisfaction with health care providers, medical office environments, or visit co-pays (5 percent, 3 percent, and 6 percent, respectively).

Among both MediKids and CMSN families, half reported that they lost Title XXI coverage because their child switched to Medicaid.

Among Healthy Kids families though, the most frequently cited reason (33 percent) was that the child was covered by a policy other than a public KidCare insurance program.

COVERAGE AFTER LOSS OF KIDCARE

Families of non-renewed and disenrolled children were asked about their current health insurance coverage. Table 18 summarizes the families' report of coverage.

Table 17. Reasons for Disenrollment

STATE FY 2003-2004 AND 2006-2007

PERCENTAGE RESPONDING (indicate all reasons that apply)	2003-2004	2006-2007	2006-2007 MediKids	2006-2007 Healthy Kids	2006-2007 CMSN
	Title XIX and Title XXI	Title XXI Overall			
Child switched to Medicaid	36	34	50	30	50
Obtained policy other than KidCare	20	32	39	33	14
Problem staying enrolled	(not asked)	24	22	24	31
Difficulty with renewal	24	15	17	16	8
Child no longer eligible due to age	30	22	6	25	14
No longer eligible due to income	23	19	35	18	0
Cancelled due to non-payment of premium	9	12	6	13	14
Dissatisfied with providers	3	5	0	6	0
Program not as expected	3	6	6	6	8
Dissatisfied with clinic or office setting	2	3	0	3	7
Dissatisfied with premium	4	17	12	18	21
No longer in Welfare-to-Work	4	10	6	12	0
Did not want welfare	5	3	6	3	0
Dissatisfied with visit copayments	1	6	0	5	21

Table 18. Family Experience Obtaining Health Insurance Coverage after Loss of KidCare Coverage

PERCENTAGE RESPONDING	Non-renewal Title XXI	Non-renewal MediKids	Non-renewal Healthy Kids	Non-renewal CMSN
No coverage	63.1	44.4	63.4	100.0
Private employer	10.7	0.0	12.7	0.0
Privately purchased	1.2	0.0	1.4	0.0
Medicare	13.1	11.1	14.1	0.0
Medicaid or MediKids	9.5	44.4	5.6	0.0
Healthy Kids	0.0	0.0	0.0	0.0
CMSN	0.0	0.0	0.0	0.0
CHAMPUS or other public	2.4	0.0	2.8	0.0
Other insurance	0.0	0.0	0.0	0.01

PERCENTAGE RESPONDING	Disenrollment Title XXI	Disenrollment MediKids	Disenrollment Healthy Kids	Disenrollment CMSN
No coverage	42.5	11.1	46.5	50.0
Private employer	19.9	27.8	20.2	7.1
Privately purchased	2.1	0.0	2.6	0.0
Medicare	2.1	0.0	2.6	0.0
Medicaid or MediKids	27.4	50.0	23.7	28.6
Healthy Kids	2.1	5.6	0.9	7.1
CMSN	0.0	0.0	0.0	0.0
CHAMPUS or other public	3.4	5.6	3.5	0.0
Other insurance	0.7	0.0	0.0	7.1

Over 63 percent of Title XXI families who were not able to successfully renew coverage were without health insurance at the time they were interviewed. Approximately 11 percent of non-renewals had insurance through an employer, 13 percent had Medicare, and 9.5 percent had Medicaid coverage. Small shares had coverage they purchased directly or got through CHAMPUS or another public insurance plan (1.2 percent and 2.4 percent, respectively). There was a wide variation by program component in the non-renewed families' report of health insurance coverage at the time of the interview. Only 44.4 percent of MediKids families were without

health coverage compared to 63.4 percent of Healthy Kids families and all of the CMSN families. Due to the small sample size of the Non-renewal survey (150 interviews for Title XXI), this finding should be used with caution; this issue will continue to be monitored in future analyses to determine whether or not this finding holds over time.

In contrast, about 42.5 percent the families that disenrolled more than 60 days from their renewal anniversary (general "disenrollees") were without health insurance at the time they were interviewed. Approximately 19.9 percent of disenrollees had insurance through an employer, only 2 percent had

Medicare, and 27.4 percent had Medicaid coverage. Small shares had coverage they purchased directly or got through CHAMPUS or another public insurance plan (2.1 percent and 3.4 percent, respectively). Less than one percent reported having some other type of health insurance at the time of the interview.

There was moderate variation by program component in the disenrollee families' report of health insurance coverage at the time of the interview. Only 11.1 percent of MediKids families were without health coverage compared to 46.5 percent of Healthy Kids families and 50.0 of the CMSN families. ■

10 Presence of Special Health Care Needs

BACKGROUND

The Children with Special Health Care Needs (CSHCN) Screener was used in all nine of the KidCare evaluations to identify the presence of special health care needs among KidCare Program enrollees. It is based on parent self-report. The CSHCN Screener contains five items that address whether the child 1) has activity limitations when compared to other children of his or her age, 2) needs or uses medications, 3) needs or uses specialized therapies such as physical therapy and others, 4) has an above-routine need for or use of medical, mental health or educational services, or 5) needs or gets treatment or counseling for an emotional, behavioral or developmental problem. For any category with an affirmative response, the parent is then asked if this is due to a medical, behavioral or other health condition and whether that condition has lasted or is expected to last at least 12 months. The child is considered to have a special need if the parent responds affirmatively to any of the categories.⁴

CSHCN SCREENER RESULTS

Table 19 shows the percentage of children with special health care needs for each of the Kid-

Care Program components, for new enrollees and established enrollees, for five state fiscal years. Each program component has a substantial percentage of children with special health care needs. Overall, 32.5 percent of established enrollees met the screener in State FY 2006-2007, which is slightly more than the 29 percent found in the prior fiscal year. Eighty-five percent of CMSN established enrollees met the screener. Children meeting the screener comprised significant shares of the other established enrollee groups as well. Twenty-one percent of MediKids enrollees, 29 percent of Healthy Kids enrollees, 32 percent of Medicaid MCO enrollees, and 34 percent of Medicaid PCCM enrollees were identified with special needs according to the CSHCN Screener criteria.

Although children must meet clinical eligibility standards to be approved for enrollment in CMSN, the CSHCN Screener only identified 85 percent of CMSN enrollees as having a need. This suggests that the CSHCN screener items are not being understood completely by parents or families may be reluctant to answer questions about their children's health despite assurances of confidentiality. Answers to the CSHCN Screener are based on parents'

AT A GLANCE

- In Florida, an estimated 13-14 percent of all children have special health care needs, compared to over 32 percent of KidCare enrollees.

4. Bethell C, Read D. Child and Adolescent Health Initiative. Portland, Oregon: Foundation for Accountability; 1999.

subjective understanding of their child’s health condition. Hence, a parent of a child with a mild, chronic condition (e.g., mild asthma) may respond positively to the Screener, but that child may not meet the clinical enrollment standards for the CMSN program, which focuses on children with more severe conditions.

Notably, all KidCare Program components have higher percentages of children with special needs than what might be expected among the general population. For example, there are an estimated 13 percent to

14 percent of CSHCN among the Florida childhood population based on the National Survey of Children with Special Health Care Needs 2001. The National Center on Health Statistics (NCHS) at the Centers for Disease Control specifically designed and administered this survey so that reliable prevalence estimates of CSHCN could be developed for each state.

In comparison to the NCHS estimates, over 32 percent of KidCare established enrollees have special needs. It is possible that families who believe their children

have greater health care needs have elected to insure those children. If this is the case, it is not surprising that the percentage of children with special health care needs in KidCare is higher than that of the general population. The number of enrollees with special needs has implications for the financing and the organization of the KidCare Program. For example, health care costs may be higher than anticipated. In addition, provider networks may need to be modified to include more pediatricians and specialists to provide the care which special needs children often require. ■

Table 19. Children Identified With Special Health Care Needs by Program Component and Enrollment Status

STATE FY 2002-2003, 2003-2004, 2004-2005, 2005-2006 AND 2006-2007										
Program/Duration	FY 2002-2003		FY 2003-2004		FY 2004-2005		FY 2005-2006		FY 2006-2007	
	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)	Yes (%)	No (%)
KidCare Overall										
New Enrollees									25	75
Established Enrollees									33	68
Medicaid										
New Enrollees (Single Page Application)	20	80	23	77	23	77	27	73	28	72
Established Enrollees-MCO	21	79	22	78	22	78	28	72	32	68
Established Enrollees-Medicaid PCCM in counties without Medicaid MCOs	30	70	32	68	33	67				
Established Enrollees-Medicaid PCCM in counties that also offer Medicaid MCOs	33	67	38	62	39	61				
Established Enrollees-Medicaid PCCM							34	66	34	66
MediKids										
New Enrollees	8	92	13	87	19	81	20	80	13	87
Established Enrollees	15	85	13	87	20	80	16	84	21	79
Healthy Kids										
New Enrollees	19	81	21	79	24	76	28	72	17	83
Established Enrollees	23	77	21	79	26	74	22	78	29	71
CMSN										
New Enrollees	76	24	73	27	86	14	85	15	80	20
Established Enrollees	81	19	83	17	79	21	81	19	85	15

11 Usual Source of Care

BACKGROUND

Having a usual source of medical care is associated with early detection of health care problems and reduced costs of care. Uninsured children are less likely than insured children to have a usual source of care. Therefore, the percentage of children with a usual source of care is assessed during the telephone interviews for each of the KidCare Program components.

Families whose children were recently enrolled were asked if their children had a usual source of care prior to entering

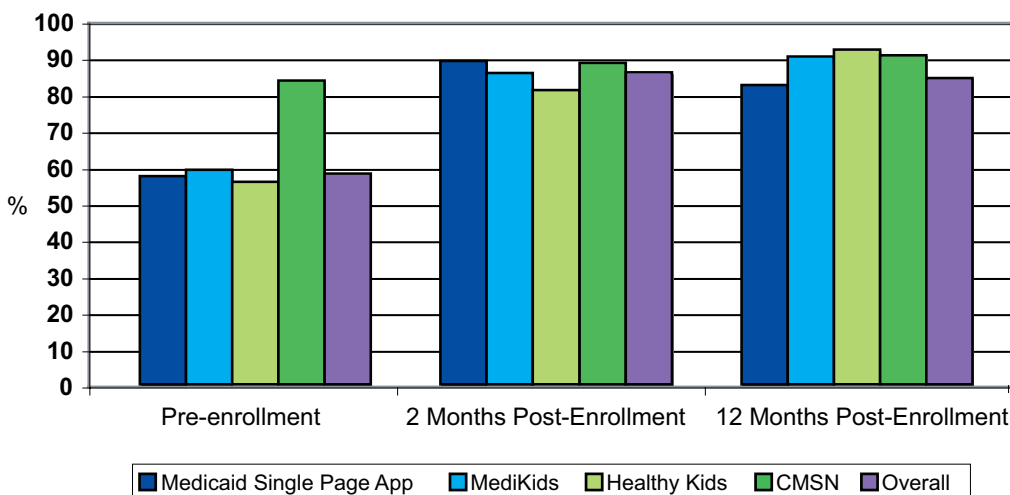
the KidCare Program. In general, a high percentage of new enrollees had a usual source of care prior to KidCare Program enrollment. Among new enrollees in State FY 2006-2007, 59 percent of families had a usual source of care before they enrolled in KidCare. Within two months of enrollment in KidCare though, 87 percent of families reported having a usual source of care. High levels of access to a usual source of care continued among established KidCare enrollees—over 85 percent of established families reported having a usual source of care. These results are summarized in Figure 13. These findings

AT A GLANCE

- More than 85 percent of established enrollees have a doctor or nurse that serves as their usual source of care. This is important to ensure compliance with well child visits and prompt treatment of acute care needs.

Figure 13. Children with a Usual Source of Care by Program Component

STATE FY 2006-2007



have been consistent over the nine evaluation years.

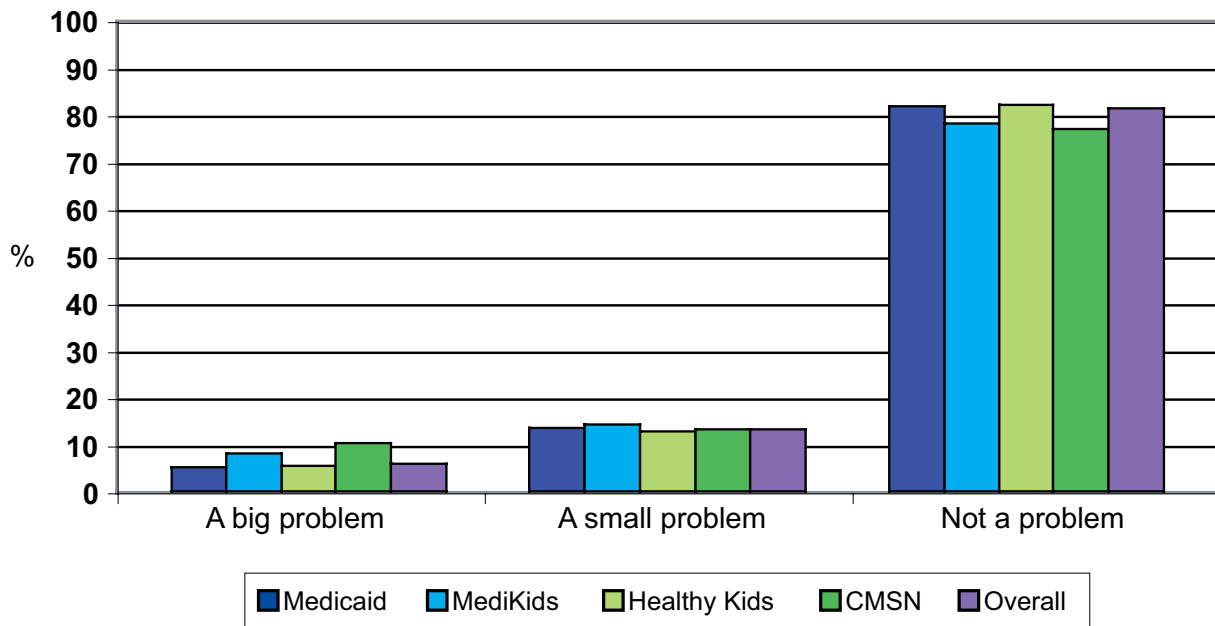
Recently enrolled families also were asked, given the choice of

doctors they were offered, “how much of a problem it was” to get a usual source of care for their children that they were “happy with.” Eighty-one percent of

families reported that it was “not a problem” to find a personal doctor or nurse. These results are summarized by program component in Figure 14. ■

Figure 14. Respondent Experiences with Obtaining a Usual Source of Care

STATE FY 2006-2007



12 Family Satisfaction

Year 9 Descriptive Report

BACKGROUND

The Consumer Assessment of Healthcare Providers and Systems (CAHPS, formerly known as the Consumer Assessment of Health Plans Survey) was used during the telephone interviews to assess satisfaction with the KidCare Program among those families who had been enrolled 12 consecutive months or more. Versions of this instrument have been used in all nine of the evaluation years. The CAHPS is recommended by the National Commission on Quality Assurance for health plans to use when assessing enrollees' satisfaction with the health care plan. The CAHPS addresses several aspects of care in the six months preceding the interview including getting health care from a specialist, getting specialized services, general health care experiences, health plan customer service, and dental care.

GENERAL HEALTH CARE EXPERIENCES

Table 20 contains families' responses about their children's health care experiences in the six months preceding the interview. Family satisfaction has been very strong over the past eight years and continues to be so. Since many factors influence satisfaction with care, including the children's health status and families' socio-demographic characteristics, more detailed multivariate

statistical analyses are in progress. The results presented in this report are not adjusted for factors known to influence satisfaction such as respondent race and ethnicity, respondent education, and child health status.

The current findings indicate high satisfaction with KidCare overall. Almost three-quarters (72.4 percent) respondents whose children were enrolled in KidCare for 12 months or longer reported that they had made appointments for their children for routine or preventive care in the six months preceding the telephone survey; this does not include visits for specialty care, which children may have had in lieu of a regular routine visit. Thirty-five percent families reported that at some time in the past six months their children needed care immediately due to illness and injury. Access to care in these instances was good with 76.1 percent of families overall reporting that the children "always" received care for illness or injury as soon as they wanted; the range by program component was from 70.7 percent for Medicaid MCO to 88.1 percent for MediKids. Fifty-four percent of families said that it was always easy to get health plan approval for care. Additionally, over 89 percent felt that their children's doctors "always" treated them with courtesy and respect and over 69 percent believed that the doctor "always" spent enough time with their children.

AT A GLANCE

- About 76 percent of families said they always received care as soon as they wanted when their children were ill.

Table 20. Family Satisfaction with Their Children's Health Care**STATE FY 2006-2007**

ITEM (Percent Reporting)	OVERALL	MEDICAID MCO	MEDICAID PCCM	MEDIKIDS	HEALTHY KIDS	CMSN
Did you make any appointments for routine care?						
Yes	72.4	68.7	73.6	79.9	77.8	87.1
No	27.6	31.3	26.4	20.1	22.2	12.9
How often did you get that appointment as quickly as you wanted?						
Never	2.7	2.0	2.8	1.7	4.4	1.2
Sometimes	12.8	13.9	11.0	11.0	14.4	15.0
Usually	11.0	10.9	10.6	10.6	11.4	19.2
Always	73.5	73.3	75.6	76.7	69.9	64.6
Did your child have an illness or injury where you needed care right away?						
Yes	35.4	34.2	35.7	40.0	36.3	52.6
No	64.6	65.8	64.3	60.0	63.7	47.4
Did you get that care as quickly as you wanted?						
Never	2.7	4.0	2.0	0.9	0.9	2.5
Sometimes	10.8	14.1	8.2	8.5	9.3	9.4
Usually	10.5	11.1	10.5	2.5	9.3	12.0
Always	76.1	70.7	79.3	88.1	80.6	76.1
Did your child need any specialist care?						
Yes	22.6	21.7	21.2	23.3	26.3	54.8
No	77.4	78.3	78.9	76.7	73.7	45.2
If your child needed to see a specialist, how often was it easy to get a referral?						
Never	9.7	9.4	10.0	7.4	10.4	7.6
Sometimes	14.3	15.6	13.1	7.4	14.3	13.9
Usually	13.6	14.1	11.1	8.8	16.9	19.6
Always	62.3	60.9	65.8	76.5	58.4	58.9
If your child needed to see a specialist, how often was it easy to get an appointment?						
Never	13.2	13.9	14.3	8.8	10.3	10.5
Sometimes	26.1	27.7	26.9	19.1	23.1	14.8
Usually	15.8	13.9	12.7	10.3	25.6	19.8
Always	44.9	44.6	46.2	61.8	41.0	54.9
How often was it easy to get plan approval for care?						
Never	9.8	10.8	10.3	9.3	7.1	8.3
Sometimes	18.0	18.1	16.9	13.4	20.5	13.5
Usually	17.9	16.9	17.1	18.6	20.5	26.6
Always	54.3	54.2	55.7	58.8	51.8	51.6
How often were you treated with courtesy and respect?						
Never	1.8	1.7	2.5	0.9	0.5	2.1
Sometimes	3.4	2.9	3.6	5.8	3.5	5.8
Usually	5.8	5.8	2.9	7.5	11.4	10.3
Always	89.1	89.6	91.0	85.8	84.6	81.8
Is your child old enough to talk to the doctor?						
Yes	79.3	73.3	78.7	50.2	95.5	81.3
No	20.7	26.7	21.3	49.8	4.5	18.8
Did the doctor explain things in a way your child could understand?						
Never	3.2	4.0	2.9	3.6	2.6	2.6
Sometimes	6.8	6.4	7.9	17.9	5.2	6.2
Usually	12.0	8.7	12.3	12.5	16.7	15.9
Always	77.9	81.0	76.9	66.1	75.5	75.4

CAHPS questionnaire items were also merged together to measure satisfaction “domains”, like health plan customer service and family-centered care. The results for these domains are presented in Table 21. These domains show a high level of satisfaction with Kid-Care services, with parents reporting an average score of 3.1 out of 4 for being able to get needed care. Parents scored getting care

quickly at 3.6 out of 4 though. Contact with providers scored well (3.7 out of 4 for provider’s communication skills). Health plan customer service scored 3.2 out of 4. Families were very satisfied with their access to prescription medicines, that domain scored 3.5 out of 4. Families scored the domain for having a personal doctor or nurse at 1.7 out of 2, but family-centered decision-making scored

only 1.2 out of 2. Families scored getting needed information at 3.4 out of 4.

In addition to the broad domains of experience, families rated specific aspects of their health care experience from 0 to 10 (low to high). Those results are also presented in Table 24. Overall, KidCare families rated their health care experience at 8.6 out of 10.

**Table 20. (CONTINUED)
STATE FY 2006-2007**

ITEM (Percent Reporting)	OVERALL	MEDICAID MCO	MEDICAID PCCM	MEDIKIDS	HEALTHY KIDS	CMSN
How often did the doctor spend enough time with your child?						
Never	6.0	8.7	4.2	5.9	4.0	3.4
Sometimes	10.1	10.5	11.7	9.1	6.0	10.0
Usually	14.8	13.4	14.9	16.4	17.6	18.4
Always	69.1	67.4	69.3	68.5	72.4	68.2
Does your child have special health care needs that require help in school?						
Yes	13.2	14.1	15.0	9.9	6.8	24.6
No	86.8	85.9	85.0	90.1	93.2	75.4
Did your child’s primary care provider talk to the school about these needs?						
Yes	91.9	93.9	89.6	88.9	94.4	84.6
No	8.2	6.1	10.4	11.1	5.6	15.4

Table 21. Family Satisfaction as Measured by CAHPS Composite Scores and Ratings

MEAN	STATE FY 2006-2007					
	OVERALL	MEDICAID MCO	MEDICAID PCCM	MEDIKIDS	HEALTHY KIDS	CMSN
1. Getting needed care (range 1 low -4 high)	3.1	3.1	3.1	3.3	3.1	3.2
2. Getting needed care quickly (range 1-4)	3.6	3.5	3.6	3.6	3.5	3.5
3. Experiences with doctor’s communication skills (range 1-4)	3.7	3.7	3.7	3.7	3.7	3.7
5. Health plan customer service (range 1-4)	3.2	3.2	3.1	3.3	3.4	3.4
6. Getting prescription medications (range 1-4)	3.5	3.4	3.6	3.5	3.6	3.6
7. Experiences getting specialized services (range 1-4)	2.8	2.8	2.9	3.3	2.8	3.1
9. Having a personal doctor or nurse (range 1-2)	1.7	1.8	1.7	1.8	1.7	1.4
10. Family centered-decisionmaking (range 1-2)	1.2	1.2	1.2	1.2	1.2	1.1
11. Getting needed information (range 1-4)	3.4	3.4	3.4	3.4	3.4	3.5
12. Rating of overall health care experience (range 0 low -10 high)	8.6	8.5	8.6	8.6	8.7	8.6
13. Rating of primary care experience (range 0 low -10 high)	9.1	9.0	9.2	8.9	8.9	8.9
14. Rating of specialty care experience (range 0 low -10 high)	8.6	8.5	8.8	8.8	8.8	8.8
15. Rating of health plan experiences (range 0 low -10 high)	8.5	8.3	8.5	8.7	8.7	8.7

AT A GLANCE

- About 23 percent of families needed specialty care.
- About 74 percent of families said they always received appointments for routine care as quickly as they wanted.

They rated their primary care experiences at 9.1 out of 10, but their specialty care experiences were rated at 8.6 out of 10. Families rated their interactions with their health plans at 8.5 out of 10.

Because these surveys are administered at the program component level, variations within the program at the health plan or regional level may be masked. Thus, future satisfaction studies may include more in-depth sampling to better target health plans or regional variations.

Getting Health Care From a Specialist

Almost a quarter (22.6 percent) of children needed to see a specialist at some time in the six months preceding the interview. Twenty-two percent of Medicaid MCO enrollees, 21 percent of Medicaid PCCM, 23 percent of MediKids, 26 percent of Healthy Kids and 55 percent of CMSN enrollees needed specialty care (Figure 15). Given the large numbers of children with special health care needs in CMSN, it is not surprising that program has the highest need for specialty care. Of those families that needed specialty care, about 44.6 percent said it was always easy to see a specialist for such care.

Access to Mental Health Services

The CAHPS contains a series of questions about the need for and receipt of behavioral treatment or

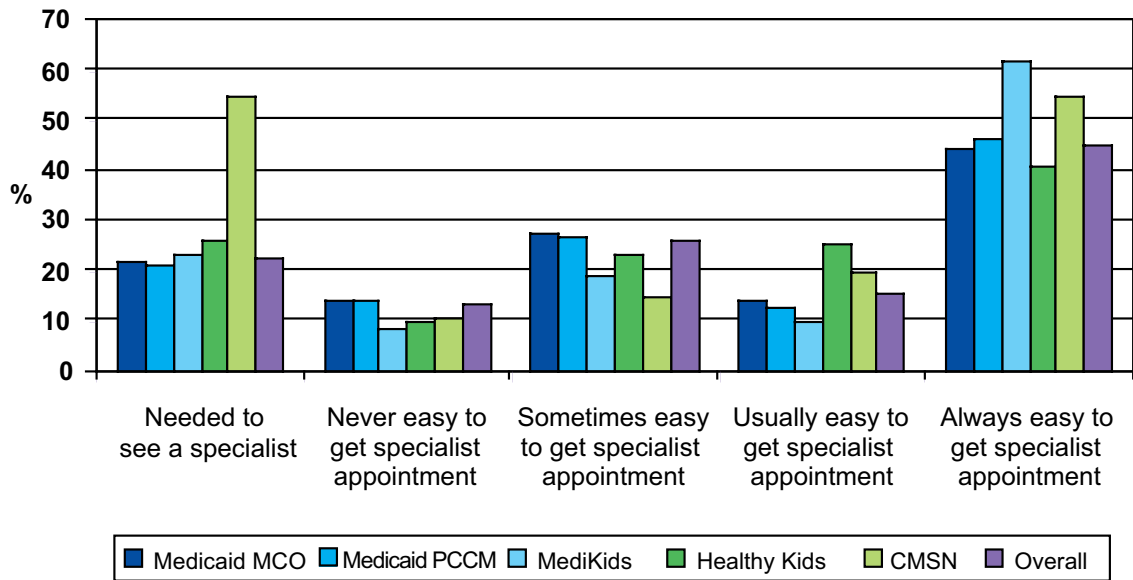
counseling. Overall, about 15 percent of KidCare parents indicated that their children had a behavioral or emotional problem for which they needed counseling (Figure 16). The need for counseling ranged from 3.6 percent for MediKids to 26.7 percent for CMSN. Of those families that did need mental health services, 42.8 percent reported it was always easy to receive such care.

The current findings indicate high satisfaction with KidCare overall. Almost three-quarters of respondents whose children were enrolled in KidCare for 12 months or longer reported that they had made appointments for their children for routine or preventive care in the six months preceding the telephone survey. Access to care when children are ill or injured is good, with 76.1 percent of families overall reporting that the children “always” received care for illness or injury as soon as they wanted. Aggregations of satisfaction items into domains also showed high levels of satisfaction. Families were most satisfied with their access to prescription medicines (3.5 out of 4). Families also rated their primary care experiences very highly (9.1 out of 10).

As these surveys are administered at the program component level, variations within the program at the health plan or regional level may be masked. Thus, future satisfaction studies may include more in-depth sampling to better target health plans or regional variations. ■

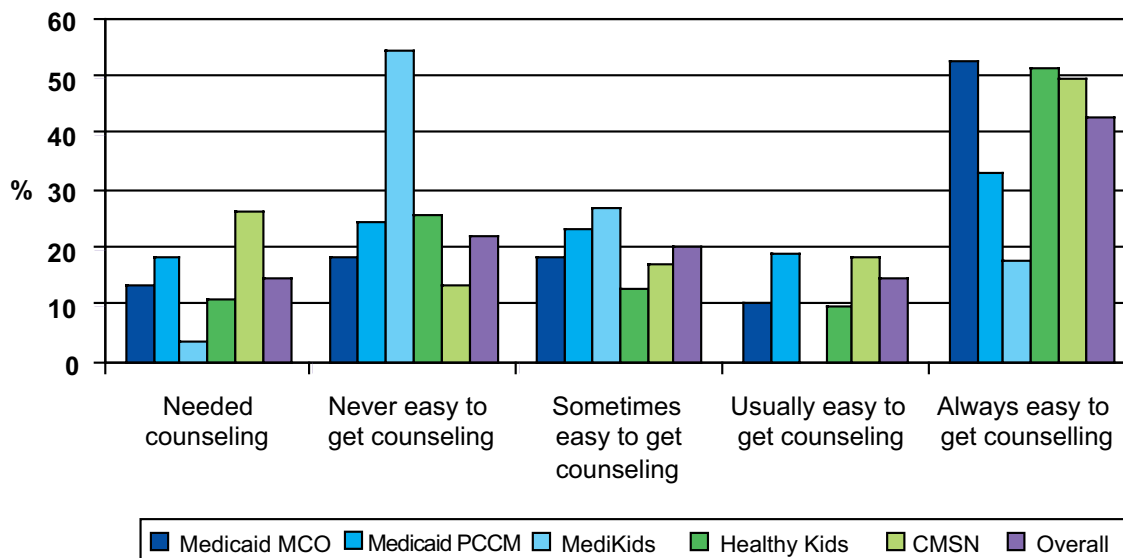
**Figure 15. Established Enrollees
Needing and Getting Specialty Care**

STATE FY 2006-2007



**Figure 16. Established Enrollees Needing
and Getting Mental Health Care**

STATE FY 2006-2007



13 Dental Care

AT A GLANCE

- Overall, 55 percent of children received dental care; this is an increase from the 49 percent reported in the prior fiscal year.

BACKGROUND

Earlier evaluations found significant unmet need for dental care prior to KidCare Program enrollment. The American Dental Association recommends that children have at least one dental visit by their first birthday and every six months thereafter. Although the Healthy Kids program now has an annual cap of \$800 on dental benefits per enrollee, this should not impact check-ups and preventive care visits to dental providers.

FINDINGS

The CAHPS survey instrument contains items about use of and satisfaction with dental care. The percentage of children using dental services in the past year by KidCare Program component is shown in Figure 17. Overall, 55 percent of children received dental care; this is an increase from the 49 percent reported in the prior fiscal year. A higher percentage of children in Healthy Kids (67.8 percent) and CMSN (69.4 percent) saw a dentist in the last twelve months when compared to Medicaid MCO (51.8

percent) and Medicaid PCCM (51.8 percent). As young children have the lowest rates of dental visits, it is not surprising that the MediKids program had the lowest rate of dental care; only 34 percent of MediKids enrollees saw a dentist in the year prior to the interview.

For those children who saw a dentist, families were asked to rate the dental care on a scale from zero representing the “worst possible dental care” to ten representing the “best possible dental care.” Figure 18 shows the families’ ratings of the dental care their children received. Overall, 45 percent of respondents rated their dental care as a “10”. An additional 31 percent rated their dental providers an “8” or a “9”.

RECOMMENDATIONS

Families with younger children might benefit from education about the importance of taking small children to the dentist. Guidelines for dental care vary for very young children but it is essential for them to receive dental visits beginning as early as 12 months of age. ■

Figure 17. Children Seeing a Dentist in the Last Twelve Months

STATE FY 2006-2007 BY AGE

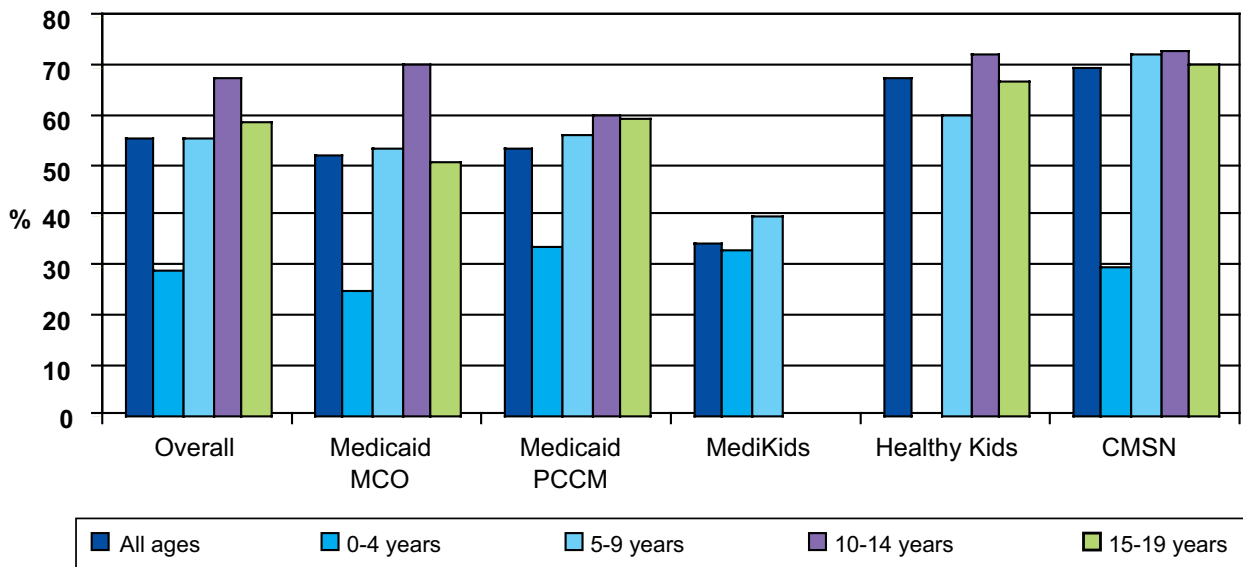
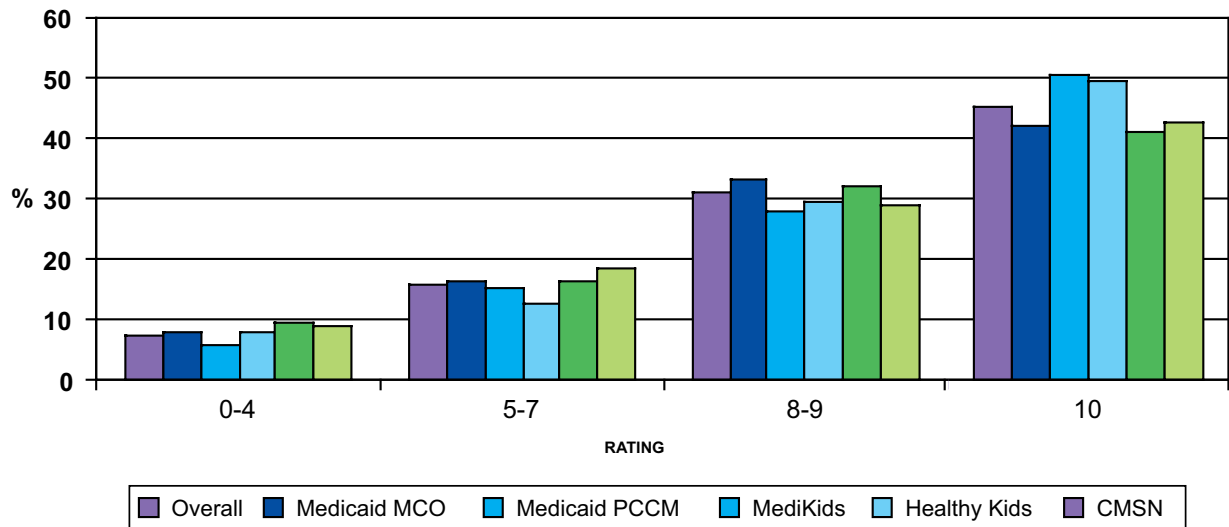


Figure 18. Families' Ratings (on a Scale of Zero Equals Worst to Ten Equals Best) of Their Children's Dental Care

STATE FY 2006-2007



14 Compliance with Preventive Care Guidelines

AT A GLANCE

- **Ninety-one percent of parents of established KidCare enrollees reported their child received a routine visit during the twelve months prior to the interview.**

WELL-CHILD VISIT COMPLIANCE

The American Academy of Pediatrics (AAP) and others have established guidelines for the appropriate number of well-child/preventive care visits. Beginning at two years of age, children are expected to have annual well-child visits. Prior to two years of age, multiple visits are recommended at predetermined intervals. Ninety-one percent of parents of established KidCare enrollees reported their child received a routine visit during the twelve months prior to the interview. All programs have high compliance with this guideline, with 90 percent of Medicaid MCO, 92 percent of Medicaid PCCM, 96 percent of MediKids, 92 percent of Healthy Kids, and 98 percent of CMSN enrollees compliant with this guideline.

BODY MASS INDEX

Parents were asked to self-report their best estimate of their child's height and weight during the telephone interview. The Body Mass Index (BMI) was calculated using the parent's estimate of height and weight for each child over the age of two years. Unlike BMI for adults, there are not well-defined cutpoints for children's

BMI denoting a healthy weight or obesity. Growth spurts vary by age and gender, but a BMI of 30 or greater is generally considered to be obese, regardless of age or gender. Average BMIs by program are presented in Table 22 and Figure 19.

About 9 percent of KidCare enrollees have BMIs of 30 or greater. Variations were found by race-ethnicity. Seven percent of Hispanic children are obese compared to 13 percent of black children and 7 percent of non-Hispanic white children. Obesity levels were highest among black children in Medicaid PCCM (16.6 percent) and CMSN (14.6 percent). ■

Figure 19. Percentage of Children who are Obese, with a BMI of 30 or above, by program and race-ethnicity
STATE FY 2006-2007

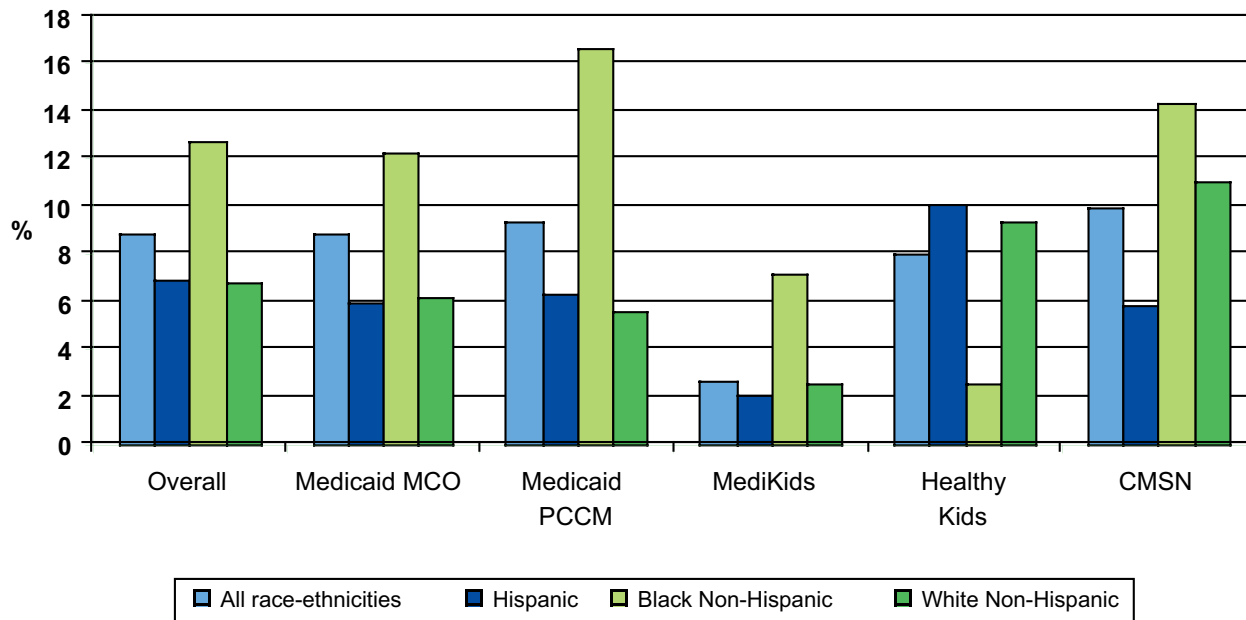


Table 22. Body Mass Index for Established Enrollees, by KidCare Program

	OVERALL	MEDICAID MCO	MEDICAID PCCM	MEDIKIDS	HEALTHY KIDS	CMSN
Mean, ages 2-18	21.4	21.3	21.5	17.7	21.8	21.9
Median, ages 2-18	20.5	20.5	20.5	16.8	21.1	20.9
% of enrollees ages 2-18 with BMI of 30 or greater, by race-ethnicity						
All race-ethnicities	8.8	8.8	9.3	2.6	8.0	9.9
Hispanic	6.9	5.9	6.3	2.0	10.0	5.8
Black Non-Hispanic	12.7	12.2	16.6	7.1	2.5	14.3
White Non-Hispanic	6.7	6.2	5.6	2.6	9.3	11.0
Mean, ages 10-18	22.8	23.0	22.9	—	22.4	23.0
Median, ages 10-18	21.3	21.6	21.2	—	21.3	21.6
% of enrollees ages 10-18 with BMI of 30 or greater						
All 10-18 year olds	10.8	12.9	9.7	—	8.8	12.6

15 Crowd Out

AT A GLANCE

- Among families of established enrollees, 18.6 percent have access to employer provided family coverage, but only 4.7 percent have access for premiums costing less than 5 percent of their household income.

BACKGROUND

Throughout the development of the Title XXI legislation at the federal level, many policy analysts expressed concern about a phenomenon called “crowd out.” Crowd out can occur when employers, knowing that other insurance alternatives exist for their employees, drop dependent coverage, resulting in a shift of children from private to public programs. Alternatively, employees may either opt out of or not take employer-based coverage if there are less expensive alternatives. Each of these scenarios results in a decrease in private sector coverage and an increase in public sector spending. Moreover, substitution of employer-based coverage with a subsidized state plan may result in fewer improvements in access to care and health status than anticipated because families who are already covered are simply moving to a different form of health insurance.

Because substitution can blunt the impact of health insurance expansions, federal Title XXI legislation requires states to assess the degree to which the states’ programs are contributing to crowd out of employer-based dependent coverage. The Title XXI legislation does include elements that may contribute to crowd out. For example, states may elect to provide coverage for children residing in families with incomes up to 200 percent of the federal poverty level (FPL). Earlier studies have demonstrated that access to employer-based coverage varies significantly by income, with families above 185 percent FPL reporting increased access when compared

to those with lower incomes. Thus, families at the upper end of the income cutoff for government subsidized insurance coverage may have greater access to employer-based dependent coverage than families at the lower end of the income range. If families at the higher range of the income scales elect a Title XXI option as opposed to their employer-based coverage, these families are then contributing to crowd out. Additionally, the Title XXI legislation mandates a rich benefit package. This benefit package may be richer than those typically offered by many employers and available at a substantially reduced premium to families, thereby potentially contributing to the substitution of public for private coverage.

Notably, the Florida KidCare eligibility determination policy specifically states that families with access to employer coverage whose premiums exceed five percent of their household income are eligible for KidCare. Hence crowd-out for KidCare families only occurs when families report having access to family coverage for less than 5 percent of their household income.

FINDINGS

Thus, as part of the New Enrollee telephone survey, respondents were asked whether their children had insurance coverage in the 12 months preceding their enrollment in the KidCare Program, and if so the type of insurance coverage they had. Both the New Enrollee and Established Enrollee surveys asked respondents whether parents currently had access to family coverage through their employers and

the cost of the families' share of the premium per month. Crowd-out was calculated by family to account for the families varying in size from one or two parents.

There are four types of questions often raised about access to employer-based coverage and crowd-out.

First, what share of families had access to employer-based coverage in the year prior to enrollment and what share of those with prior access also have current access? Eight percent of recent enrollees were covered by employer-based family coverage at some time in the twelve months preceding their KidCare Program enrollment. Figure 20 presents the share of children, by KidCare program component, which had employer-based family coverage at some time in the twelve months preceding enrollment.

Second, what share of New Enrollee families has current access to employer-based coverage and at what price? Only 19.7 percent of families report having access to employer-provided family coverage (Table 23); this slightly less than the 24 percent and 25 percent found in the prior two evaluations. Only 2.5 percent of families had access to coverage that cost less than 5 percent of their household income. It should be noted that this survey response is not a confirmed client attestation.

Third, among New Enrollees with current access to employer-provided coverage, what share was uninsured for all or part of the twelve months prior to enrollment? About 61 percent of those with current access had no coverage in the entire year prior to enrollment. Eighteen percent with current access were covered for less than six months out of the year prior to enrollment. Sixteen percent of those with current access were covered for six to eleven months of the year prior to enrollment. Five percent of New Enrollee families with current access report having employer-provided coverage for all twelve months prior to enrollment.

Fourth, what share of Established Enrollee families has current access to employer-based coverage and at what price? For families of established enrollees, 81.4 percent did not have access

to employer-based coverage (Table 23). Although 18.6 percent of families had access to employer-provided family coverage, only 4.7 percent had access to less than 5 percent of their household income.

Only 3.8 percent of established enrollees in Medicaid MCOs and 4.4 percent in Medicaid PCCM report access to employer-provided coverage for less than 5 percent of their household income. Among Title XXI families, 7 percent of MediKids and Healthy Kids and 4.8 percent of CMSN had access for less than 5 percent of their household income.

Figures 21, 22 and 23 summarize the share of enrollees with current access to employer-provided coverage. The final figure includes crowd-out summaries for the past two fiscal years as well as the current year; estimation algorithms are consistent across all years. ■

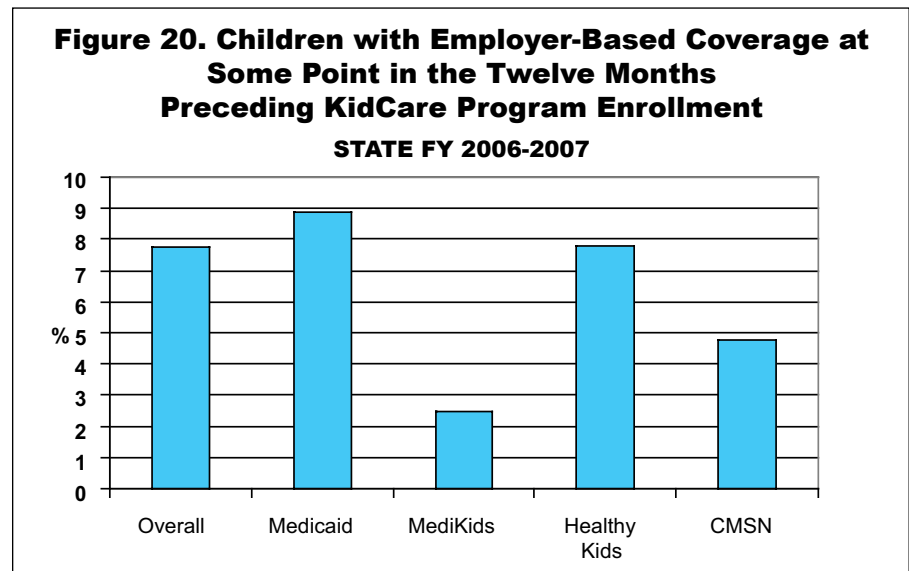


Table 23. Access to Insurance and Its Cost for Families

STATE FY 2006-2007			
Characteristics	Weighted N	% of Total	
Total number of families, New Enrollee survey, all program components.	39,572	100.0	
■ Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of New Enrollees.	972	2.5	
■ Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	6,807	17.2	
■ Only employee coverage is available to the working parent through their employer.	4,312	10.9	
■ Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	24,414	61.7	
■ Families who did not respond to the item; their eligibility for this item is unknown.	3,067	7.8	
Total number of families, Established Enrollee survey, all program components.	504,925	100.0	
■ Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of Established Enrollees.	23,796	4.7	
■ Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	69,925	13.8	
■ Only employee coverage is available to the working parent through their employer.	42,912	8.5	
■ Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	313,145	62.0	
■ Families who did not respond to the item; their eligibility for this item is unknown.	55,147	10.9	
Total number of families, Established Enrollee survey, Medicaid (MCO and PCCM).	395,852	100.0	
■ Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of Established Enrollees in Medicaid.	16,250	4.1	
■ Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	38,848	9.8	
■ Only employee coverage is available to the working parent through their employer.	35,200	8.9	
■ Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	259,753	65.6	
■ Families who did not respond to the item; their eligibility for this item is unknown.	45,801	11.6	
Total number of families, Established Enrollee survey, Medicaid MCO program.	212,482	100.0	
■ Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of Established Enrollees in Medicaid MCOs.	8,110	3.8	
■ Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	22,708	10.7	
■ Only employee coverage is available to the working parent through their employer.	16,220	7.6	
■ Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	140,303	66.0	
■ Families who did not respond to the item; their eligibility for this item is unknown.	25,141	11.8	
Total number of families, Established Enrollee survey, Medicaid PCCM program.	183,370	100.0	
■ Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of Established Enrollees in Medicaid PCCM.	8,140	4.4	
■ Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	16,140	8.8	
■ Only employee coverage is available to the working parent through their employer.	18,980	10.4	
■ Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	119,450	65.1	
■ Families who did not respond to the item; their eligibility for this item is unknown.	20,660	11.3	
Total number of families, Established Enrollee survey, Title XXI (MK, HK & CMSN).	109,073	100.0	
■ Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of Established Enrollees in Title XXI programs.	7,546	6.9	
■ Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	31,077	28.5	
■ Only employee coverage is available to the working parent through their employer.	7,712	7.1	
■ Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	53,392	49.0	
■ Families who did not respond to the item; their eligibility for this item is unknown.	9,346	8.6	
Total number of families, Established Enrollee survey, MediKids program.	6,900	100.0	
■ Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of Established Enrollees in MediKids.	483	7.0	
■ Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	1,886	27.3	
■ Only employee coverage is available to the working parent through their employer.	598	8.7	
■ Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	3,496	50.7	
■ Families who did not respond to the item; their eligibility for this item is unknown.	437	6.3	

Table 23. (CONTINUED)

STATE FY 2006-2007

Characteristics	Weighted N	% of Total
Total number of families, Established Enrollee survey, Healthy Kids program.	97,175	100.0
■ Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of Established Enrollees in Healthy Kids.	6,825	7.0
■ Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	27,950	28.8
■ Only employee coverage is available to the working parent through their employer.	6,825	7.0
■ Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	47,125	48.5
■ Families who did not respond to the item; their eligibility for this item is unknown.	8,450	8.7
Total number of families, Established Enrollee survey, CMSN program.	4,998	100.0
■ Family coverage is available to the working parent through their employer and the premium is less than five percent of household income. This measures crowd-out for families of Established Enrollees in CMSN.	238	4.8
■ Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.	1,241	24.8
■ Only employee coverage is available to the working parent through their employer.	289	5.8
■ Families in which parents are unemployed or their employer does not offer coverage or they are ineligible for employer-provided coverage; they are ineligible to respond to this item.	2,771	55.4
■ Families who did not respond to the item; their eligibility for this item is unknown.	459	9.2

Figure 21. Distribution of Families of New Enrollees in KidCare by Their Access to Employer-Provided Insurance Coverage

STATE FY 2006-2007

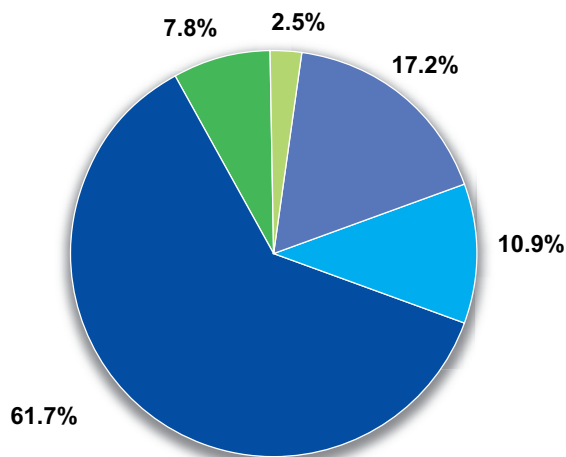
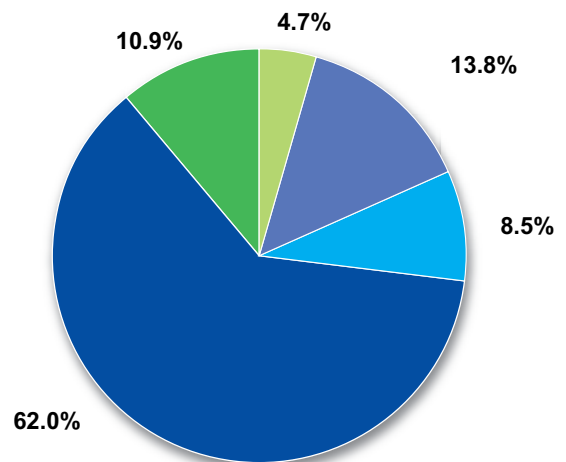


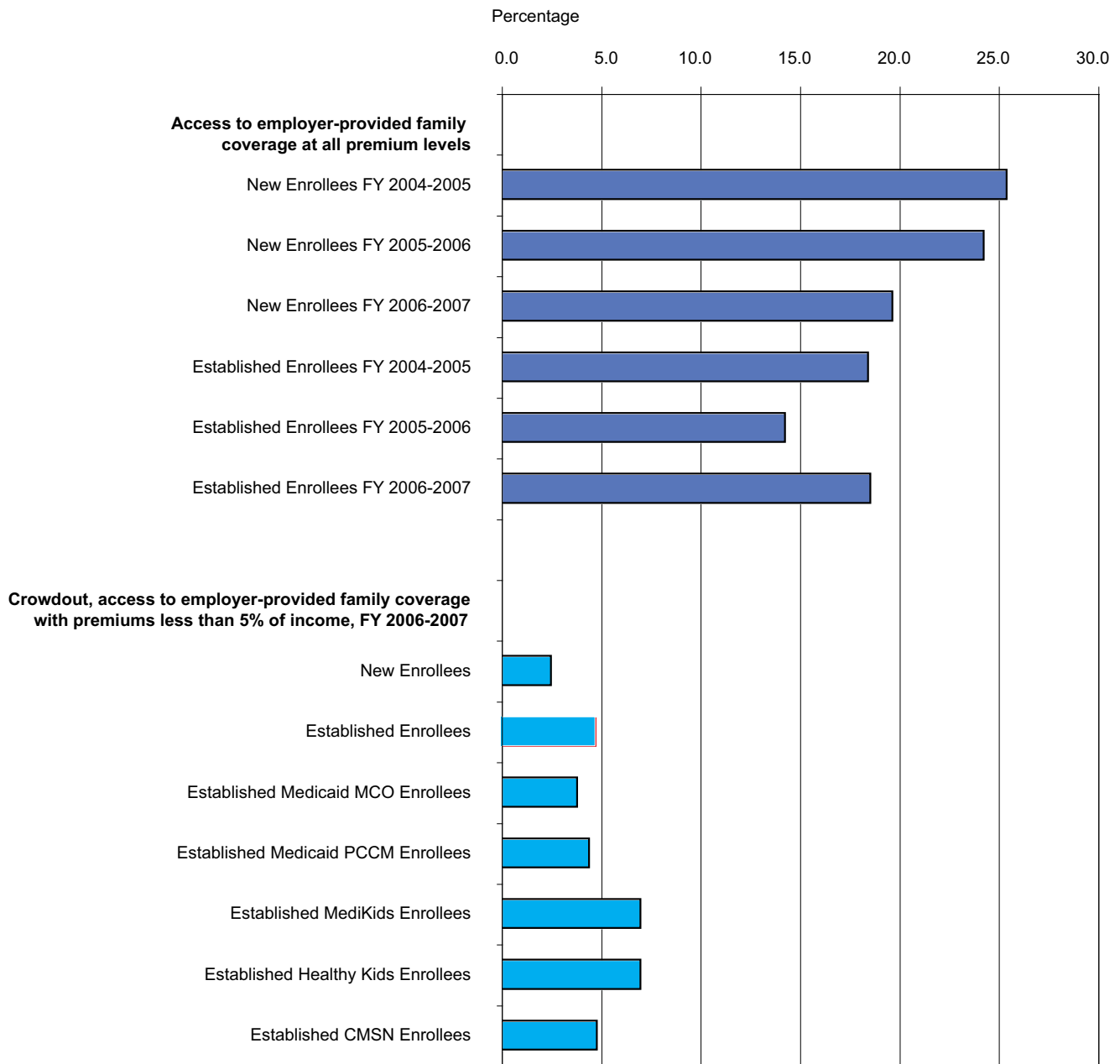
Figure 22. Distribution of Families of Established Enrollees in KidCare by Their Access to Employer-Provided Insurance Coverage

STATE FY 2006-2007



- Family coverage is available to the parent through their employer and the premium is less than five percent of household income. This measures crowd-out.
- Family coverage is available to the working parent through their employer, but the premium exceeds five percent of household income.
- Only individual employee coverage is available to the parent through their employer.
- Parents who are not employed or their employer does not offer coverage or they are ineligible for employer-provided coverage.
- Parents who did not respond to the item; their eligibility is unknown.

Figure 23. Summary of KidCare Families with Access to Employer-Provided Coverage



16 Demographic and Household Characteristics of Established Enrollees

In addition to collecting information on experiences with care and satisfaction with KidCare, the telephone interviews with established enrollee families collected a variety of information on demographic and socioeconomic characteristics of the child and the household. This section of the evaluation provides the reader with supplemental detail on the composition of KidCare's long-term enrollee population.

ENROLLEES' RACE AND ETHNICITY

Each of the KidCare program components serves a substantial percentage of racial and ethnic minority children (Figure 24).

Overall, 29 percent of KidCare enrollees are Hispanic, 29 percent are black non-Hispanic, 38 percent are white non-Hispanic, and almost four percent are other race or multi-race non-Hispanic. The Hispanic enrollees have a variety of national ancestries, primarily Puerto Rican (22 percent), Mexican (20 percent), and Cuban (16 percent) (Figure 25). There is significant variation in the race/ethnicity composition of the program components, with black non-Hispanic children comprising the largest share of Medic-

aid MCO (36 percent) and white non-Hispanic children comprising the largest shares of Medicaid PCCM (42 percent), Healthy Kids (48 percent) and CMSN (58 percent). Hispanic and white non-Hispanic children were almost equal shares of the MediKids population (42.5 percent and 41.9 percent, respectively).

The majority of children in all KidCare program components spoke English in the home (82.4 percent overall), but 14.7 percent of enrollees report speaking Spanish as their primary language at home. Less than three percent of respondents reported speaking a primary language in the home other than English and Spanish. For example, Vietnamese, Mandarin, and Creole were reported in less than one percent of the cases as the primary language.

The racial and ethnic backgrounds of the KidCare enrollees and their families and the findings about the primary language spoken in the home, point to the ongoing importance of working with program staff and providers to deliver culturally competent care and to ensure program materials are available in Spanish. It is important to note that the KidCare

AT A GLANCE

■ The KidCare population has large shares of children from diverse racial and ethnic groups. Twenty-nine percent of enrollees are Hispanic and twenty-nine percent are black.

Figure 24. Children’s Race and Ethnicity By KidCare Program Component
STATE FY 2006-2007

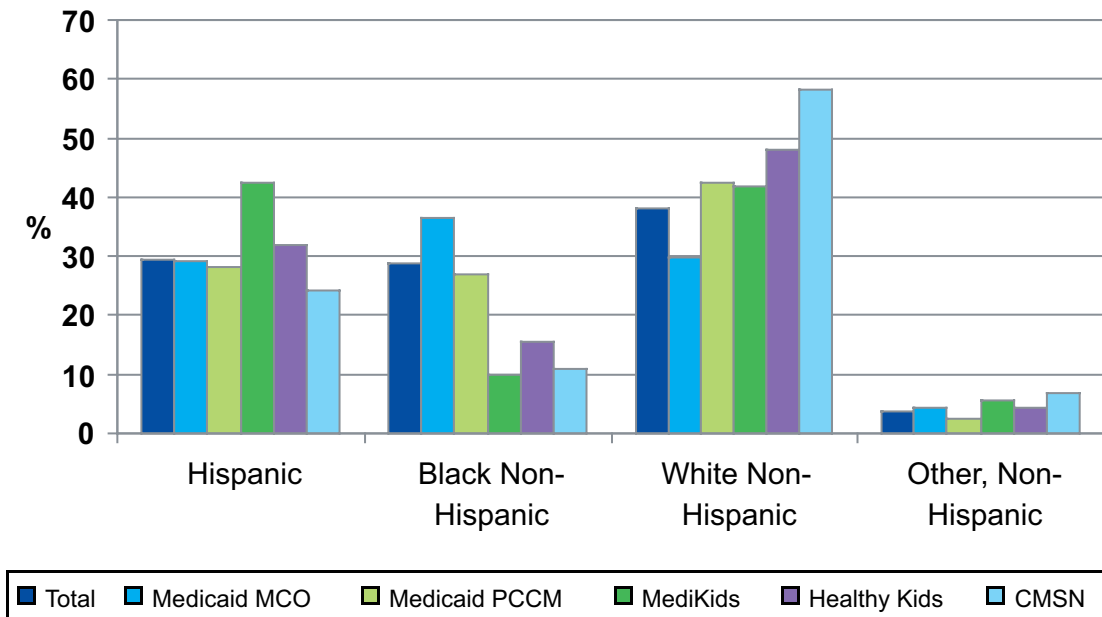
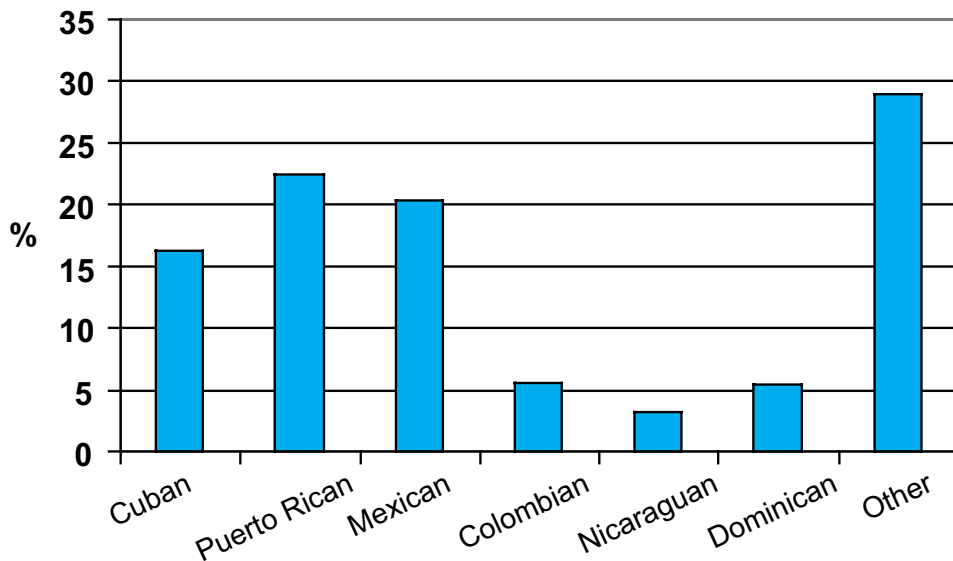


Figure 25. Hispanic Enrollees by Ancestry Group
STATE FY 2006-2007



telephone surveys are administered in English and Spanish; Creole interviewers are available upon request. Thus, it is possible that the percentage of children speaking “other” primary languages in the home is an underestimate. However, less than one percent of the families contacted to participate in a survey could not do so because of a language barrier that could not be accommodated by the Spanish or Creole interviewers.

ENROLLEES’ GENDER AND AGE

Overall, 51 percent of enrollees are female and 49 percent are male.

The average age of the KidCare enrollees is 9.7 years. As expected, the MediKids program has the youngest enrollees (3.7 years of age on average). The average age of Medicaid MCO enrollees is 9.2 years, Medicaid PCCM is 9.2 years, Healthy Kids is 12.5 years, and CMSN is 11.4 years.

HOUSEHOLD TYPE AND MARITAL STATUS

About 47 percent of all children in KidCare reside in two-parent households, with MediKids respondents reporting the highest percentage of two parent families of any of the program components (70 percent com-

pared to 47 percent in Medicaid MCOs, 44 percent in Medicaid PCCM, 49 percent in Healthy Kids, and 56 percent in CMSN).

About 39 percent of respondents are married. The lowest percentage of married respondents is found among parents of Medicaid PCCM enrollees – 36 percent. Figure 26 shows the household type and marital status for the different KidCare Program components.

PARENTS’ EDUCATION

Figure 27 shows parental educational characteristics. Overall, about 27 percent of respondents do not have a high school degree, while 33 percent have a high school degree, 30 percent have some college classes or vocational/technical training, and 10 percent have an Associates degree or higher. Compared to Medicaid MCO or Medicaid PCCM parents, larger shares of MediKids, Healthy Kids and CMSN parents have post-high school training or an Associates degree or higher.

ENROLLEES’ ACCESS TO INTERNET

The Internet is increasingly serving as an important source of information. However, there is concern that low-income families could lag behind higher income families in terms of

AT A GLANCE

- Overall, 15 percent of enrollees speak Spanish as their primary language in the home.
- Overall, 27 percent of parents do not have a high school degree.

AT A GLANCE

- **Internet access varies widely by program, with about 58-60 percent of Medicaid families having access compared to over three-quarters of Title XXI families.**

Internet access. To assess this issue among KidCare enrollee families, a series of questions about computer and Internet access were asked for the first time on all of the KidCare surveys administered during State FY 2001-2002. Results for these same items in 2006-2007 are presented in Table 24 and Figure 28.

Almost 64 percent of all KidCare families have access to the Internet at home; this is an increase from 60 percent found in the prior evaluation. Almost 70 percent of KidCare families have Internet access at home or at work that they can use for personal business. As seen with other family sociodemographic characteristics, the results for Medicaid and MediPass are markedly different from the results for the Title XXI programs. Medicaid families have significantly less access to computers and the Internet at home than other KidCare enrollees. Sixty-six percent of Medicaid MCO and 65 percent of Medicaid PCCM families have Internet access at home or work, compared to 79 percent of MediKids

families, 87 percent of Healthy Kids families, and 80 percent of CMSN families.

It should be noted that Internet access among all low and modest-income Florida families cannot be extrapolated directly from these KidCare access estimates; KidCare program enrollment may be strongly associated with other family characteristics, such as information management skills and perseverance, that are also selective for Internet access.

A large majority (74 percent) of families also reported having a cellular telephone (Table 27). Each of the surveyed families participated in the interviews at a home telephone number. For the Established Enrollee survey conducted in fall, 2007, less than one percent of families were not able to be interviewed because they were contacted on a cellular phone rather than a traditional land-line phone. However, increasing use of cellular phones may make it difficult to reach families for evaluation and program operation purposes. ■

Figure 26. Household Type and Respondent Marital Status
STATE FY 2006-2007

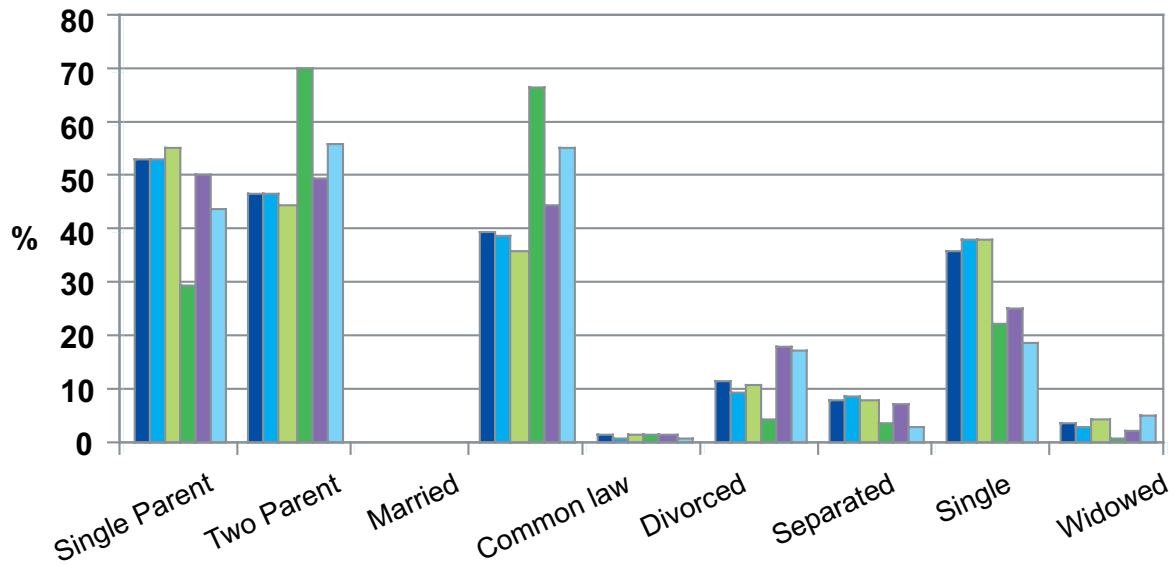


Figure 27. Parents' Educational Attainment
STATE FY 2006-2007

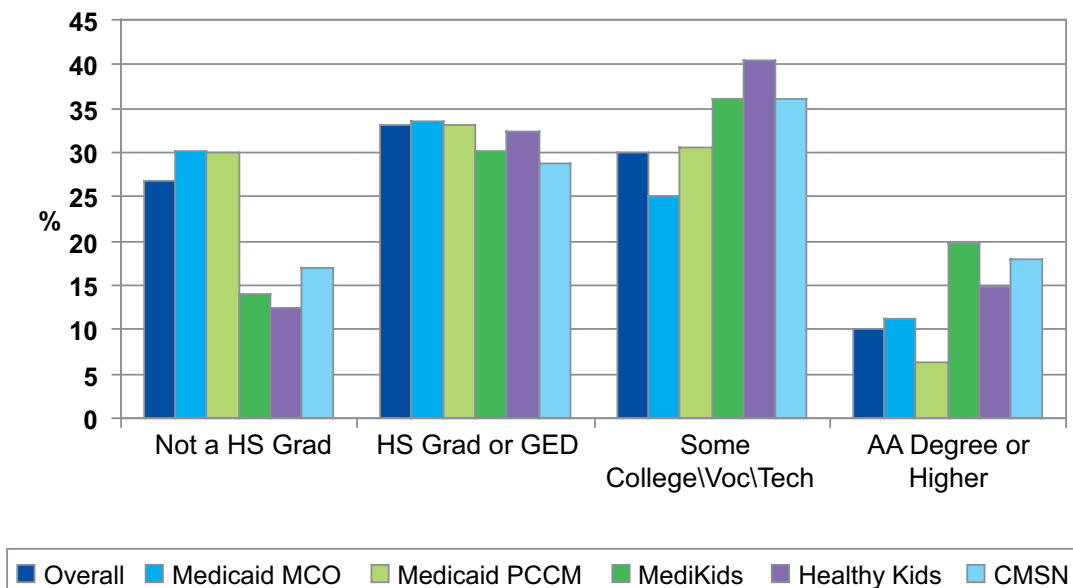
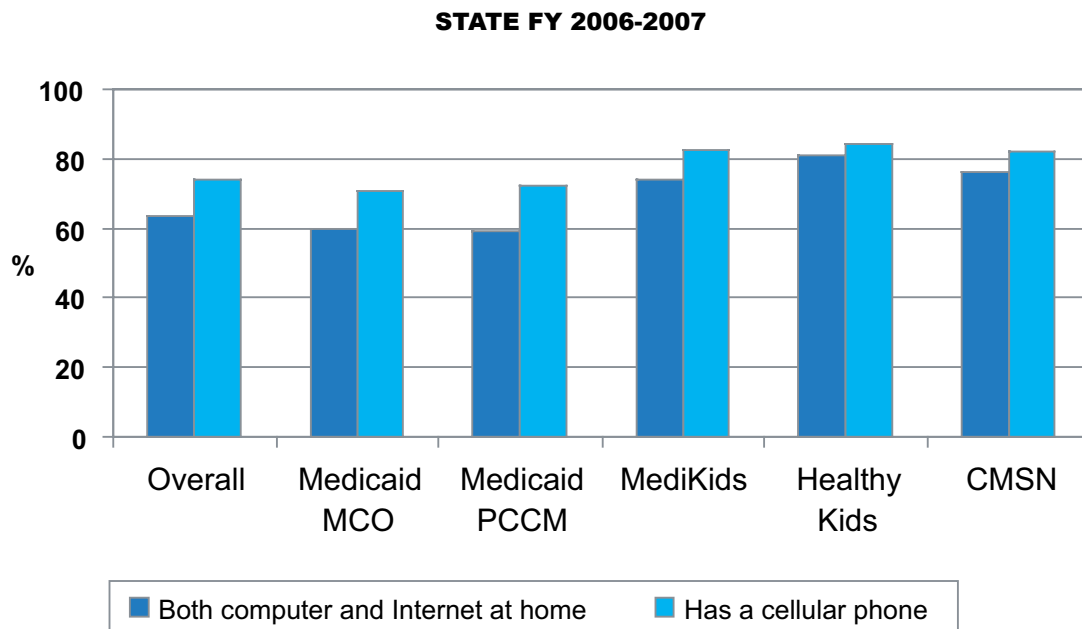


Table 24. Percentage of KidCare Respondents with Computer and Internet Access and a Cellular Phone

State FY 2006-2007						
	Overall	Medicaid MCO	Medicaid PCCM	MediKids	Healthy Kids	CMSN
Access to computer at home	70.2	65.7	67.4	77.8	86.7	80.9
Internet access at home	64.2	60.3	60.2	73.8	81.7	76.0
Both computer and Internet at home	63.7	60.0	59.5	73.8	81.0	76.0
Internet access at work*	22.0	18.8	19.4	29.8	35.4	25.5
Access to Internet at home or at work	69.6	66.2	65.4	78.7	86.6	79.5
Access to Internet at home and at work	16.5	13.0	14.1	24.7	30.4	22.0
Has a cellular phone	73.8	70.7	72.2	82.4	84.4	81.9

Figure 28. Percentage of KidCare Families with Computer and Internet Access at Home and Cellular Phone Access



17 Conclusions and Recommendations

CONCLUSIONS

The KidCare Program continues to provide quality health care services to low income children in Florida. Several areas that were already strengths for the program, such as satisfaction with dental care and access to well-child visits, remained strong.

During State FY 2006-2007, applications were received from 168,444 families representing 324,850 children. Forty-one percent of the children who applied during the fiscal year became enrolled in one of the KidCare Program components. This is a decline from the prior evaluation, when 51 percent of applicants became enrolled.

For the third time in program history, KidCare enrollments declined this fiscal year. As of June 30, 2007, 1,389,358 children were enrolled – a decrease of 4.5 percent from the 1,455,380 children enrolled on June 30, 2006. There had also been a 1.6 decrease in enrollments from June 2005 to June 2006 and a 4.6 percent decrease from July 2004 to June 2005. Total enrollment includes CMSN Title XXI enrollees, Healthy Kids Title XXI and non-Title XXI enrollees, MediKids enrollees, and Medicaid Title XXI and Title XIX enrollees. Importantly, while the Title XIX enrollments declined by 7.9 percent, Title XXI enrollments increased by 16 percent.

Of those children who were enrolled in Title XXI programs at the beginning of the fiscal year, 36.7 percent of MediKids, 54.7 percent of CMSN, and 59 percent of Healthy Kids remained in the program throughout the year.

Families report being satisfied with the mail-in application process. Seventy-four percent reported that they were kept well informed of the status of their children's application. Over 91 percent of families thought the application form was easy to understand and over 87 percent thought the mail-in process was convenient. An online application option became available in February, 2006. Future evaluations will consider family satisfaction with this new process for application.

About 42 percent of families reported waiting one month or less for their application approval. Once enrolled, 89 percent of families report the program is run well.

Among families that lost KidCare coverage in State FY 2006-2007, a large share did not enroll their children in other insurance coverage. About 63 percent of families who lost coverage within 60 days of their renewal anniversary did not have health insurance coverage when they were interviewed. About 42.5 percent of families who disenrolled more than 60

AT A GLANCE

- Program enrollment decreased by 4.5 percent from June, 2006 to June, 2007. While Medicaid declined 7.9 percent, the Title XXI programs increased 16.0 percent.
- The KidCare Program serves a higher percentage of children with special health care needs than might be expected based on state-wide estimates.

AT A GLANCE

■ **The KidCare population has large shares of children from diverse racial and ethnic groups. Twenty-nine percent of enrollees are Hispanic and twenty-nine percent are black.**

days from their renewal anniversary did not have other coverage for their child.

The KidCare Program continues to serve many children with special health care needs (CSHCN), as reported by their parents. While CMSN serves the most severe CSHCN, there are children with mild to moderate special needs (such as asthma, attention deficit disorder and other chronic conditions) in the Medicaid, Healthy Kids, and MediKids programs. Enrollment in CMSN requires a documented clinical diagnosis and parental approval of the enrollment for Medicaid beneficiaries. Hence, the reader should understand that children with special health care needs are enrolled in CMSN and other KidCare programs as well as the Healthy Kids and MediKids full-pay option. Statewide estimates find about 13 to 14 percent of Florida’s children have special needs compared to 32.5 percent of KidCare established enrollees.

Within KidCare, CMSN has the largest share of children with special health care needs (85 percent), but there are 32 percent of Medicaid MCO enrollees, 34 percent of Medicaid PCCM enrollees, 29 percent of Healthy Kids enrollees, and 21 percent of MediKids enrollees that have special health care

needs as well. These estimates are derived from parent responses to the CSHCN Screener survey questionnaire, hence parents’ answers are subject to their perceptions of their child’s medical condition. Given that CMSN enrollment requires clinical verification, the CSHCN estimate for CMSN is an underestimate. Additionally, only Title 21 CMSN enrollees are included in this parent survey; Title 19 CMSN enrollees are not covered by this report. Inclusion of Title 19 CMSN enrollees would change the overall estimate of CSHCN in CMSN.

The high level of CSHCN in KidCare is also associated with high demand for specialty care. As a result, the KidCare Program may experience higher than expected health care costs and must be attentive to the quality of the provider network to ensure appropriate access to specialists.

Over 85 percent of families report having a usual source of care. Ninety-one percent of enrollees had a well-child visit in the last year, but only 55 percent received dental care in the same period. Overall, about 8.8 percent of KidCare enrollees have a Body Mass Index (BMI) of 30 or greater, which is the general threshold for obesity.

Families expressed high levels of satisfaction with the KidCare program and services. On a scale from 1 (never) to 4 (always), KidCare scored 3.1 on getting needed care and 3.6 on getting care quickly. Provider's communication styles and getting prescription medications received excellent scores from KidCare families (3.7 and 3.5, respectively). Health plan customer service was scored 3.2 out of 4. Additionally, on a scale of 0 to 10 (best), families rated KidCare at 8.6 overall and they rated their primary care experiences at 9.1.

The KidCare Program continues to serve families from diverse backgrounds. About 29 percent of program enrollees are Hispanic and 15 percent of enrollees speak Spanish as their primary language in the home. Twenty-nine percent of enrollees are black non-Hispanic and 38 percent are white non-Hispanic. Half of KidCare enrollees live in two parent households. Their parents' educational levels vary greatly with about 10 percent of them having an Associates degree or higher. However, 27 percent of enrollees' parents report not having a high school or GED diploma.

More in-depth statistical analyses will be conducted in the

Spring, 2008 and will provide further detail that can be used for ongoing quality improvement in the KidCare Program.

RECOMMENDATIONS AND FUTURE STEPS

- Only 41 percent of children who applied to KidCare were determined to be eligible for coverage. An evaluation should be conducted to determine the reasons for not becoming enrolled to better focus KidCare outreach activities.
- The demographic characteristics of the enrollee population highlight the importance of working with KidCare enrollees and their families in a culturally competent and family-centered manner. The health care providers and program administrators must be sensitive to the racial, ethnic, and educational diversity seen among program enrollees. Family satisfaction and other measures of health care quality in the program remain very high. However, these results are descriptive only and do not reflect further statistical analyses that will be conducted to assess whether there are racial or ethnic disparities in the quality of health care delivered to enrollees. ■