FRAMEWORK FOR THE ANNUAL REPORT OF THE STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist States in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with States and CMS over the years to design and revise this Annual Report Template. Over time, the framework has been updated to reflect program maturation and corrected where difficulties with reporting have been identified.

The framework is designed to:

- **A.** Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- B. Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- C. Build on data ***already collected*** by CMS quarterly enrollment and expenditure reports, **AND**
- D. Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

FRAMEWORK FOR THE ANNUAL REPORT OF THE STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

State/Territory: **FL**
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

Signature:

Thomas W. Arnold

SCHIP Program Name(s): **All, Florida**

SCHIP Program Type:

- ☐ SCHIP Medicaid Expansion Only
- ☐ Separate Child Health Program Only
- ☒ Combination of the above

Reporting Period: **2006** *Note: Federal Fiscal Year 2006 starts 10/1/05 and ends 9/30/06.*

Contact Person/Title: **Thomas W. Arnold, Deputy Secretary for Medicaid**

Address: **2727 Mahan Drive**

MS# 8

City: **Tallahassee** State**:** **FL** Zip**:** **32308**

Phone: **(850) 488-3560** Fax: **(850) 488-2520**

Email: **arnoldt@ahca.myflorida.com**

Submission Date: **2/21/2007**

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)
Please copy Cynthia Pernice at NASHP (cpernice@nashp.org)

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

~~1)~~ To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. You are encouraged to complete this table for the different SCHIP programs within your state, e.g., if you have two types of separate child health programs within your state with different eligibility rules. If you would like to make any comments on your responses, please explain in narrative below this table.

	SCHIP Medicaid Expansion Program					Separate Child Health Program				
Eligibility						**From**		% of FPL conception to birth		% of FPL
	From	186	% of FPL for **infants**	200	% of FPL	**From**		% of FPL for **infants**		% of FPL
	From		% of FPL for children ages **1 through 5**		% of FPL	**From**	134	% of FPL for 1 **through 5**	200	% of FPL
	From		% of FPL for children ages **6 through 16**		% of FPL	**From**	101	% of FPL for children ages **6 through 16**	200	% of FPL
	From		% of FPL for children ages **17 and 18**		% of FPL	**From**	101	% of FPL for children ages **17 and 18**	200	% of FPL

Is presumptive eligibility provided for children?	☒	No	☒	No
	☐	Yes, for whom and how long?	☐	Yes, for whom and how long?
	☐	N/A	☐	N/A

Is retroactive eligibility available?	☐	No	☒	No
	☒	Yes, for whom and how long? Retroactive eligibility can go back 3 months prior to the month of application.	☐	Yes, for whom and how long?
	☐	N/A	☐	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable	☒	No
		☐	Yes
		☐	N/A

Does your program have a mail-in application?	☐	No	☐	No
	☒	Yes	☒	Yes
	☐	N/A	☐	N/A

Can an applicant apply for your program over the phone?	☒	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	☐	No	☐	No
	☒	Yes	☒	Yes
	☐	N/A	☐	N/A

Can an applicant apply for your program on-line?	☐	No	☐	No
	☒	Yes – please check all that apply	☒	Yes – please check all that apply
	☐	Signature page must be printed and mailed in	☐	Signature page must be printed and mailed in
	☐	Family documentation must be mailed (i.e., income documentation)	☐	Family documentation must be mailed (i.e., income documentation)
	☒	Electronic signature is required	☒	Electronic signature is required
			☐	No Signature is required
	☐	N/A	☐	N/A

Does your program require a face-to-face interview during initial application	☒	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	☒	No	☐	No
	☐	Yes	☒	Yes
	Specify number of months		Specify number of months	6
	☐	N/A	☐	N/A

Does your program provide period of continuous coverage <u>regardless of income changes?</u>	☐	No	☐	No
	☒	Yes	☒	Yes
	Specify number of months	12	Specify number of months	12
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	

	Child moves out of state.		For all programs: non-payment of monthly premium, enrollment in Medicaid, parent becomes a state employee, child turns 19, child moves out of state, child has access to employer-sponsored health insurance with a cost less than 5% of gross family income. For CMSN: child is no longer clinically eligible at time of annual clinical eligibility determination, but may be transferred to another KidCare program component.	
	☐	N/A	☐	N/A

Does your program require premiums or an enrollment fee?	☒	No	☐	No
	☐	Yes	☒	Yes
	Enrollment fee amount		Enrollment fee amount	
	Premium amount		Premium amount	15
	Yearly cap		Yearly cap	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)	
			Families with income from 100% to 150% of FPL pay $15 premium per family per month. Families with income from 151% to 200% of the FPL pay $20 per family per month. Yearly cap is 5% of family's gross income.	
	☐	N/A	☐	N/A

Does your program impose copayments or coinsurance?	☒	No	☐	No
	☐	Yes	☒	Yes
	☐	N/A	☐	N/A

Does your program impose deductibles?	☒	No	☒	No
	☐	Yes	☐	Yes
	☐	N/A	☐	N/A

Does your program require an assets test?	☒	No	☒	No
	☐	Yes	☐	Yes
	If Yes, please describe below		If Yes, please describe below	
	☐	N/A	☐	N/A

Does your program	☐	No	☐	No

require income disregards?	☒	Yes	☒	Yes
	If Yes, please describe below		If Yes, please describe below	
	Each parent with earned income receives a $90 disregard. There is a $50 disregard per family for child support income. The disregard for child care expenses is $200 per month for a child age 2 or younger and $175 per month for a child over age 2.		Income is calculated using Title XIX rules and also using Title XXI rules and whichever is more beneficial to the family is used. Using Title XIX rules, each parent with earned income receives a $90 disregard. There is a $50 disregard per family for child support income. The disregard for child care expenses is $200 per month for a child age 2 or younger and $175 per month for a child over age 2. Using Title XXI rules, no disregards are given.	
	☐	N/A	☐	N/A

Is a preprinted renewal form sent prior to eligibility expiring?	☐	No	☐	No
	☒	Yes	☒	Yes
		☒ We send out form to family with their information pre-completed and ask for confirmation		☒ We send out form to family with their information pre-completed and ask for confirmation
		☐ We send out form but do not require a response unless income or other circumstances have changed		☐ We send out form but do not require a response unless income or other circumstances have changed
	☐	N/A	☐	N/A

Enter any Narrative text below.

For question - Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)? For the separate SCHIP program - An applicant cannot have voluntarily cancelled health insurance within the past 6 months.

For question - Does your program impose copayments or coinsurance? - For the separate SCHIP program - The MediKids and Children's Medical Services Network components do not have copayments or coinsurance. The Healthy Kids components does have copayments but no coinsurance.

~~2.~~ Is there an assets test for children in your Medicaid program?	☐ Yes	☒ No	☐ N/A
~~3.~~ Is it different from the assets test in your separate child health program?	☐ Yes	☒ No	☐ N/A
~~4.~~ Are there income disregards for your Medicaid program?	☒ Yes	☐ No	☐ N/A
~~5.~~ Are they different from the income disregards in your separate child health program?	☐ Yes	☒ No	☐ N/A
~~6.~~ Is a joint application used for your Medicaid and separate child health program?	☒ Yes	☐ No	☐ N/A

7. Have you made changes to any of the following policy or program areas during the reporting period? Please indicate “yes” or “no change” by marking appropriate column.

	Medicaid Expansion SCHIP Program	**Separate Child Health Program**

	Yes	No Change	N/A	Yes	No Change	N/A
~~a)~~ Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	☐	☒	☐	☐	☒	☐
~~b)~~ Application	☐	☒	☐	☐	☒	☐
~~c)~~ Application documentation requirements	☐	☒	☐	☐	☒	☐
~~d)~~ Benefit structure	☐	☒	☐	☐	☒	☐
~~e)~~ Cost sharing (including amounts, populations, & collection process)	☐	☒	☐	☐	☒	☐
~~f)~~ Crowd out policies	☐	☒	☐	☐	☒	☐
~~g)~~ Delivery system	☐	☒	☐	☐	☒	☐
~~h)~~ Eligibility determination process (including implementing a waiting lists or open enrollment periods)	☐	☒	☐	☐	☒	☐
~~i)~~ Eligibility levels / target population	☐	☒	☐	☐	☒	☐
~~j)~~ Assets test in Medicaid and/or SCHIP	☐	☒	☐	☐	☒	☐
~~k)~~ Income disregards in Medicaid and/or SCHIP	☐	☒	☐	☐	☒	☐
~~l)~~ Eligibility redetermination process	☐	☒	☐	☐	☒	☐
~~m)~~ Enrollment process for health plan selection	☐	☒	☐	☐	☒	☐
~~n)~~ Family coverage	☐	☒	☐	☐	☒	☐
~~o)~~ Outreach (e.g., decrease funds, target outreach)	☐	☒	☐	☒	☐	☐
~~p)~~ Premium assistance	☐	☒	☐	☐	☒	☐
~~q)~~ Prenatal Eligibility expansion	☐	☒	☐	☐	☒	☐
~~r)~~ Waiver populations (funded under title XXI)						
Parents	☐	☐	☒	☐	☐	☒
Pregnant women	☐	☐	☒	☐	☐	☒
Childless adults	☐	☐	☒	☐	☐	☒

~~s)~~ Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	☐	☒	☐	☐	☐	☐
~~t)~~ Other – please specify						
~~a.~~ Buy-In Options	☐	☐	☒	☒	☐	☐
~~b.~~	☐	☐	☐	☐	☐	☐
~~c.~~	☐	☐	☐	☐	☐	☐

8. For each topic you responded yes to above, please explain the change and why the change was made, below:

~~a)~~ Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	
~~b)~~ Application	
~~c)~~ Application documentation requirements	
~~d)~~ Benefit structure	
~~e)~~ Cost sharing (including amounts, populations, & collection process)	
~~f)~~ Crowd out policies	
~~g)~~ Delivery system	
~~h)~~ Eligibility determination process (including implementing a waiting lists or open enrollment periods)	
~~i)~~ Eligibility levels / target population	
~~j)~~ Assets test in Medicaid and/or SCHIP	
~~k)~~ Income disregards in Medicaid and/or SCHIP	

~~l)~~ Eligibility redetermination process	
~~m)~~ Enrollment process for health plan selection	
~~n)~~ Family coverage	
~~o)~~ Outreach	The Florida Legislature appropriated $1,000,000 for community-based matching grants for outreach for Florida KidCare. Due to the grant proposal process this money will be allocated to the community-based organizations after 10/1/06, so the benefit of these funds will not be realized until the next fiscal year.
~~p)~~ Premium assistance	
~~q)~~ Prenatal Eligibility Expansion	
~~r)~~ Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
~~s)~~ Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
~~t)~~ Other – please specify	
a. Buy-In Options	The 2006 Florida Legislature implemented a buy-in option for the MediKids program for those children whose family incomes exceed 200 percent of the federal poverty level. This program was effective on July 1, 2006. The family pays the full cost of the coverage, which is currently $159 per child per month. State and federal funds are not used.
b.	
c.	

Enter any Narrative text below.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

This section consists of three subsections that gather information on the core performance measures for the SCHIP program as well as your State's progress toward meeting its general program strategic objectives and performance goals. Section IIA captures data on the core performance measures to the extent data are available. Section IIB captures your enrollment progress as well as changes in the number and/or rate of uninsured children in your State. Section IIC captures progress towards meeting your State's general strategic objectives and performance goals.

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

CMS is directed to examine national performance measures by the SCHIP Final Rules of January 11, 2001. To address this SCHIP directive, and to address the need for performance measurement in Medicaid, CMS, along with other Federal and State officials, developed a core set of performance measures for Medicaid and SCHIP. The group focused on well-established measures whose results could motivate agencies, providers, and health plans to improve the quality of care delivered to enrollees. After receiving comments from Medicaid and SCHIP officials on an initial list of 19 measures, the group recommended seven core measures, including four core child health measures:

- Well child visits in the first 15 months of life
- Well child visits in the 3rd, 4th, 5th, and 6th years of life
- Use of appropriate medications for children with asthma
- Children's access to primary care practitioners

These measures are based on specifications provided by the Health Plan Employer Data and Information Set (HEDIS®). HEDIS® provides a useful framework for defining and measuring performance. However, use of HEDIS® methodology is not required for reporting on your measures. The HEDIS® methodology can also be modified based on the availability of data in your State.

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, report data from the previous two years' annual reports (FFY 2004 and FFY 2005). If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2006). Additional instructions for completing each row of the table are provided below.

If Data Not Reported, Please Explain Why:
If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

- Population not covered: Check this box if your program does not cover the population included in the measure.
- Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.
- Small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.
- Other: Please specify if there is another reason why your state cannot report the measure.

Status of Data Reported:
Please indicate the status of the data you are reporting, as follows:

- Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2006.
- Final: Check this box if the data you are reporting are considered final for FFY 2006.

– Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:
For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2006). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:
For each performance measure, please indicate the source of data – administrative data (claims), hybrid data (claims and medical records), survey data, or other source. If another data source was used, please explain the source.

Definition of Population included in the Measure:
Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined. Also provide a definition of the numerator (such as the number of visits required for inclusion).

Note: You do not need to report data for all delivery system types. You may choose to report data for only the delivery system with the most enrollees in your program.

Year of Data:
Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to utilization of services.

Performance Measurement Data (HEDIS® or Other):
In this section, please report the numerators, denominators, and rates for each measure (or component). The template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the "additional notes" section.

Note: SARTS will calculate the rate if you enter the numerator and denominator. Otherwise, if you only have the rate, enter it in the rate box.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a "weighted rate" by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an "unweighted average" by taking the mean rate across health plans.

Explanation of Progress:
The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2007, 2008, and 2009. Based on your recent performance on the measure (from FFY 2004 through 2006), use a combination of expert opinion and "best guesses" to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small

increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years.

In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:
Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

NOTE: Please do not reference attachments in this table. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

MEASURE: Well Child Visits in the First 15 Months of Life

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Claims data	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Claims data	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Claims data
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Title XXI children in MediKids and Medicaid Expansion aged less than 15 months not enrolled in an HMO who have had a well child visit.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Title XXI children in MediKids and Medicaid Expansion aged less than 15 months not enrolled in an HMO who have had a well child visit	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Title XXI children in MediKids and Medicaid Expansion aged less than 15 months not enrolled in an HMO who have had a well child visit
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006

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

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: Denominator: Rate: 4 visits Numerator: Denominator: Rate: 1 visit Numerator: Denominator: Rate: 5 visits Numerator: Denominator: Rate: 2 visits Numerator: Denominator: Rate: 6+ visits Numerator: Denominator: Rate: 3 visits Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with specified number of visits 0 visits Numerator: 581 Denominator: 1546 Rate: 37.6 4 visits Numerator: 58 Denominator: 1546 Rate: 3.8 1 visit Numerator: 457 Denominator: 1546 Rate: 29.6 5 visits Numerator: 29 Denominator: 1546 Rate: 1.9 2 visits Numerator: 248 Denominator: 1546 Rate: 16 6+ visits Numerator: 14 Denominator: 1546 Rate: 0.9 3 visits Numerator: 159 Denominator: 1546 Rate: 10.3 Additional notes on measure:
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 1809 Denominator: 3748 Rate: 48.3 Additional notes on measure: This represents number of children who had at least 1 well child visit.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: 53 Additional notes on measure: Numerator and denominator not available.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 965 Denominator: 1546 Rate: 62.4 Additional notes on measure: Rtae of children with at least one well child visit.

Explanation of Progress:

Annual Performance Objective for FFY 2007: 80% (Federal Goal for Medicaid)

Annual Performance Objective for FFY 2008: 80% (Federal Goal for Medicaid)

Annual Performance Objective for FFY 2009: 80% (Federal Goal for Medicaid)

Explain how these objectives were set: 80% represents the Federal Goal for Medicaid recipients.

Other Comments on Measure:

MEASURE: Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30) *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Claims data	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2003	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2004
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP MediKids children who received a well-child visit	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP children who received a well-child visit	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP children who received a well-child visit
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 133624 Denominator: 290489 Rate: 46 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 122674 Denominator: 295885 Rate: 41.5 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with 1+ visits Numerator: 105015 Denominator: 218782 Rate: 48 Additional notes on measure: Rate exceeded the HEDIS average adolescent preventive care visits.

Well-Child Visits in Children the 3rd, 4th, 5th, and 6th Years of Life (continued)

FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** 80% (Federal Goal for Medicaid) **Annual Performance Objective for FFY 2008:** 80% (Federal Goal for Medicaid) **Annual Performance Objective for FFY 2009:** 80% (Federal Goal for Medicaid) *Explain how these objectives were set:* Federal goal for Medicaid.		
Other Comments on Measure:		

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2003	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2003	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2004
Data Source: ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP children with an asthma diagnosis meeting HEDIS definition for appropriate medication usage	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP children with an asthma diagnosis meeting HEDIS definition for appropriate medication usage	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP children with an asthma diagnosis meeting HEDIS definition for appropriate medication usage
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 59 10-17 years Numerator: Denominator: Rate: 53 Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure: Numerators and denominators not available.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 62 10-17 years Numerator: Denominator: Rate: 57 Combined rate (5-17 years) Numerator: Denominator: Rate: Additional notes on measure: Numerators and denominators not available.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent receiving appropriate medications 5-9 years Numerator: Denominator: Rate: 10-17 years Numerator: Denominator: Rate: Combined rate (5-17 years) Numerator: 1867 Denominator: 2872 Rate: 65 Additional notes on measure: Above measurement is for children 6 – 14 years of age.
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** No goals established at this time. **Annual Performance Objective for FFY 2008:** No goals established at this time. **Annual Performance Objective for FFY 2009:** No goals established at this time. *Explain how these objectives were set:*		
Other Comments on Measure:		

MEASURE: Children's Access to Primary Care Practitioners

FFY 2004	FFY 2005	FFY 2006
If Data Not Reported, Please Explain Why: ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:	**If Data Not Reported, Please Explain Why:** ☐ Population not covered. ☐ Data not available. *Explain*: ☐ Small sample size (less than 30). *Specify sample size*: ☐ Other. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Survey	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2003	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2004
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP children in survey reporting a usual source of care	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP children with access to a primary care practitioner	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP children in survey reporting a usual source of care
Year of Data: 2003	**Year of Data:** 2004	**Year of Data:** 2005

FFY 2004	FFY 2005	FFY 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: Denominator: Rate: 7-11 years Numerator: Denominator: Rate: 25 months-6 years Numerator: Denominator: Rate: 12-19 years Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: Denominator: Rate: 92 7-11 years Numerator: Denominator: Rate: 81.7 25 months-6 years Numerator: Denominator: Rate: 81.5 12-19 years Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Percent with a PCP visit 12-24 months Numerator: Denominator: Rate: 7-11 years Numerator: Denominator: Rate: 25 months-6 years Numerator: Denominator: Rate: 12-19 years Numerator: Denominator: Rate: Additional notes on measure: Data available by following age categories: For 12 months - 5 years Numerator: 268 Denominator: 304 Rate: 88% For 6 - 19 years Numerator: 539 Denominator: 605 Rate: 89%
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: 859 Denominator: 904 Rate: 95 Additional notes on measure: Figures not available by age categories. Based on survey, 95% reported having a usual source of medical care.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 512 Denominator: 601 Rate: 85.2 Additional notes on measure: Numerator and denominator figures not available by age categories. Overall for all age groups.	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: 807 Denominator: 909 Rate: 88.8 Additional notes on measure: Overall average for ages 12 months to 19 years.

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** No goal established at this time. **Annual Performance Objective for FFY 2008:** No goal established at this time. **Annual Performance Objective for FFY 2009:** No goal established at this time. *Explain how these objectives were set:*		
Other Comments on Measure:		

SECTION IIB: ENROLLMENT AND UNINSURED DATA

~~1.~~ The information in the table below is the Unduplicated Number of Children Ever Enrolled in SCHIP in your State for the two most recent reporting periods. The enrollment numbers reported below should correspond to line 7 in your State's 4th quarter data report (submitted in October) in the SCHIP Statistical Enrollment Data System (SEDS). The percent change column reflects the percent change in enrollment over the two-year period. If the percent change exceeds 10 percent (increase or decrease), please explain in letter A below any factors that may account for these changes (such as decreases due to elimination of outreach or increases due to program expansions). This information will be filled in automatically by SARTS through a link to SEDS. Please wait until you have an enrollment number from SEDS before you complete this response.

Program	FFY 2005	FFY 2006	Percent change FFY 2005-2006
SCHIP Medicaid Expansion Program	1942	1877	-3.35
Separate Child Health Program	382859	301718	-21.19

~~A.~~ Please explain any factors that may account for enrollment increases or decreases exceeding 10 percent.

Enrollment in the separate SCHIP programs, Healthy Kids, MediKids and Children's Medical Services Network have all experienced a significant decrease in enrollment over the past two years as a result of documentation requirements, enrollment limitations in the past and the elimination of outreach. Legislative changes in 2004, requiring three forms of income documentation, which were later relaxed to one form of documentation, coupled with limited open enrollment from 2003 to 2005, have had a significant impact on enrollment. Renewal requirements changed from a passive, no response needed if there were no changes, to the completion of the renewal form and income documentation. In 2003, the Legislature eliminated KidCare outreach funding. Enrollment is slowly increasing now that there is continuous open enrollment and families are now accustomed to the documentation requirements.

~~2.~~ The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2003-2005. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2006 Annual Report Template.

	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
Period	Number	Std. Error	Rate	Std. Error
1996 - 1998	426	42.0	12.6	1.2
1998 - 2000	377	39.6	10.5	1.0

2000 - 2002	426	37.4	10.6	.9
2002 - 2004	393	35.8	9.5	.8
2003 - 2005	431	36.4	10.3	.8
Percent change 1996-1998 vs. 2003-2005	1.2%	NA	-18.3%	NA

~~A.~~ Please explain any activities or factors that may account for increases or decreases in your number and/or rate of uninsured children.

The actual number of uninsured children under age 19 below 200% of poverty has remained fairly steady since 1996 with only a 1.2% increase.

~~B.~~ Please note any comments here concerning CPS data limitations that may affect the reliability or precision of these estimates.

N/A

~~3.~~ Please indicate by checking the box below whether your State has an alternate data source and/or methodology for measuring the change in the number and/or rate of uninsured children.

☐ Yes (please report your data in the table below)

☒ No (skip to Question #4)

Please report your alternate data in the table below. Data are required for two or more points in time to demonstrate change (or lack of change). Please be as specific and detailed as possible about the method used to measure progress toward covering the uninsured.

Data source(s)	
Reporting period (2 or more points in time)	
Methodology	
Population (Please include ages and income levels)	
Sample sizes	
Number and/or rate for two or more points in time	
Statistical significance of results	

~~A.~~ Please explain why your State chose to adopt a different methodology to measure changes in the number and/or rate of uninsured children.

N/A

~~B.~~ What is your State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Provide a numerical range or confidence intervals if available.)

N/A

~~C.~~ What are the limitations of the data or estimation methodology?

N/A

~~4.~~ How many children do you estimate have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information

According to the Institute for Child Health Policy's Florida KidCare Program Evaluation Report 2006, 139,158 Florida KidCare applications, represents 267,929 children, were received during the SFY 2005-2006. The Florida KidCare application may be used to apply for children's Medicaid and the Title XXI SCHIP programs. The Department of Children and Families (DCF) also has a one-page Request for Assistance application that is used to apply for Medicaid, Food Stamps and TANF benefits, but it is not accepted as an application for SCHIP. Of the 139,158 KidCare applications received, 66,932 applications representing 135,399 children were referred to DCF for a Medicaid eligibility determination. 74,678 children were approved for Medicaid benefits. Therefore, 27.9% of children applying by means of a Florida KidCare application were determined eligible for Medicaid.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. The format of this section has been revised for FFY 2006 to provide your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

- Reducing the number of uninsured children
- SCHIP enrollment
- Medicaid enrollment
- Increasing access to care
- Use of preventative care (immunizations, well child care)

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, please enter the data you reported for each objective in the previous two years' annual reports (FFY 2004 and FFY 2005). In the third column, please report the most recent data available at the time you are submitting the annual report.

Note that the term *performance measure* is used differently in Section IIA versus IIC. In Section IIA, the term refers to the four core child health measures. In this section, the term is used more broadly, to refer to any data your State provides as evidence towards a particular goal within a strategic objective. For the purpose of this section, "objectives" refer to the five broad categories listed above, while "goals" are State-specific, and should be listed in the appropriate subsections within the space provided for each objective.

NOTES: Please do not reference attachments in this section. If details about a particular measure are located in an attachment, please summarize the relevant information from the attachment in the space provided for each measure.

In addition, please do not report the same data that were reported in Sections IIA or IIB. The intent of this section is to capture goals and measures that your State did not_report elsewhere in Section II.

Additional instructions for completing each row of the table are provided below.

Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective.

Type of Goal:

For each goal you are reporting within a given strategic objective, please indicate the type of goal, as follows:

- New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.
- Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.
- Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Status of Data Reported:
Please indicate the status of the data you are reporting for each goal, as follows:

- Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2006.

- Final: Check this box if the data you are reporting are considered final for FFY 2006.

- Same data as reported in a previous year's annual report: Check this box if the data you are reporting are the same data that your State reported for the goal in another annual report. Indicate in which year's annual report you previously reported the data.

Measurement Specification:
This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2006). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:
For each performance measure, please indicate the source of data. The categories provided in this section vary by objective. For the objectives related to reducing the number of uninsured children and SCHIP or Medicaid enrollment, please indicate whether you have used eligibility/enrollment data, survey data (specify the survey used), or other source. For the objectives related to access to care and use of preventative care, please indicate whether you used administrative data (claims), hybrid data (claims and medical records), survey data (specify the survey used), or other source. In all cases, if another data source was used, please explain the source.

Definition of Population Included in Measure:
Please indicate the definition of the population included in the denominator for each measure (such as age, continuous enrollment, type of delivery system). Also provide a definition of the numerator (such as the number of visits required for inclusion, e.g., one or more visits in the past year).

For measures related to increasing access to care and use of preventative care , please also check one box to indicate whether the data are for the SCHIP population only, or include both SCHIP and Medicaid (Title XIX) children combined.

Year of Data:
Please report the year of data for each performance measure. The year (or months) should correspond to the *period in which enrollment or utilization took place*. Do *not* report the year in which data were collected for the measure, or the version of HEDIS® used to calculate the measure, both of which may be different from the period corresponding to enrollment or utilization of services.

Performance Measurement Data:
Describe what is being measured: Please provide a brief explanation of the information you intend to capture through the performance measure.

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for

each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

If you typically calculate separate rates for each health plan, report the aggregate state-level rate for each measure (or component). The preferred method is to calculate a “weighted rate” by summing the numerators and denominators across plans, and then deriving a single state-level rate based on the ratio of the numerator to the denominator. Alternatively, if numerators and denominators are not available, you may calculate an “unweighted average” by taking the mean rate across health plans.

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2007, 2008, and 2009. Based on your recent performance on the measure (from FFY 2004 through 2006), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

Please use this section to provide any other comments on the measure, such as data limitations or plans to report on a measure in the future.

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3)

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Reduction in the percentage of uninsured children	**Goal #1 (Describe)** Reduction in the percentage of uninsured children	**Goal #1 (Describe)** Reduction in the percentage of uninsured children
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☒ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:* 2004
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☒ Other. *Specify*: Florida Health Insurance Study 2004	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Children under the age of 19 living in Florida Definition of numerator: Number of uninsured children under age 19 living in Florida	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data: 2004	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Based on the Florida Health Insurance Study 2004, there were an estimated 531,612 uninsured children in the state. There were a total of 4,393,488 children living in Florida. The result is 12.1% of the children in the State of Florida are uninsured. Numerator: 531612 Denominator: 4393488 Rate: 12.1 Additional notes on measure: For children under age 4, the uninsured rate was 8.1%, for children 5 to 9 the uninsured rate was 12.4% and for children 10 to 18, the rate is 14.1%.	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** No goals have been established at this time. **Annual Performance Objective for FFY 2008:** No goals have been established at this time. **Annual Performance Objective for FFY 2009:** No goals have been established at this time. *Explain how these objectives were set:*		
Other Comments on Measure: In 1998, the Florida Health Insurance Study Survey estimated 13.9% of children were uninsured. In 2004, the Florida health Insurance Survey found 12/1% of children uninsured, representing a decrease in the number of uninsured children.		

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) N/A	**Goal #2 (Describe)** N/A	**Goal #2 (Describe)** N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Reducing the Number of Uninsured Children (Do not report data that was reported in Section IIB, Questions 2 and 3) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) N/A	**Goal #3 (Describe)** N/A	**Goal #3 (Describe)** N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data ☐ Survey data. *Specify*: ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Percentage increase in uninsured children who enroll in the Florida KidCare program	**Goal #1 (Describe)** Percentage increase in uninsured children who enroll in the Florida Kidcare program	**Goal #1 (Describe)** Percentage increase in uninsured children who enroll in the Florida Kidcare program
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Florida KidCare (Title XXI) enrollment in October 2004 minus Florida KidCare enrollment in October 2005. Definition of numerator: Florida Kidcare (Title XXI) enrollment October 2004.	**Definition of Population Included in the Measure:** Definition of denominator: Florida KidCare (Title XXI) enrollment in October 2004 minus Florida KidCare enrollment in October 2005. Definition of numerator: Florida KidCare (Title XXI) enrollment in October 2004	**Definition of Population Included in the Measure:** Definition of denominator: Florida KidCare (Title XXI) enrollment in October 2005 minus Florida KidCare enrollment in October 2006. Definition of numerator: Florida KidCare (Title XXI) enrollment in October 2005.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: Annual difference in enrollment Numerator: 265 Denominator: 322997 Rate: 0.1 Additional notes on measure: Numerator is 322,997 - 323,262 = -265 For Title XXI only, there were 322,997 children enrolled in October 2003 and 323,262 children enrolled in October 2004. This was a negligible change in Title XXI enrollment.	**Performance Measurement Data:** Described what is being measured: Annual difference in Title XXI enrollment Numerator: 120647 Denominator: 323262 Rate: 37.3 Additional notes on measure: Numerator - 323,262 - 202,615 = 120,647 For Title XXI only, there were 323,262 children enrolled in October 2004 and 202,615 children enrolled in October 2005. There was a 37% decrease in Title XXI enrollment.	**Performance Measurement Data:** Described what is being measured: Annual difference in Title XXI enrollment Numerator: 6789 Denominator: 202615 Rate: 3.4 Additional notes on measure: Numerator - 202,615 - 195,826 = 6,789 For Title XXI only, there were 202,615 children enrolled in October 2005 and 195,826 children enrolled in October 2006. There was a 3.4% decrease in Title XXI enrollment.

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** Projected Title XXI enrollment for 2007 - 248,071 **Annual Performance Objective for FFY 2008:** Projected Title XXI enrollment for 2008 - 279,550 **Annual Performance Objective for FFY 2009:** Projected Title XXI enrollment for 2009 - 311,637 *Explain how these objectives were set:* Projected enrollment presented to the Social Services Estimating Conference in November 2006.		
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) N/A	**Goal #2 (Describe)** N/A	**Goal #2 (Describe)** N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to SCHIP Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) N/A	**Goal #3 (Describe)** N/A	**Goal #3 (Describe)** N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Reduce the number of children who are ineligible for Medicaid	**Goal #1 (Describe)** Reduce the number of children who are ineligible for Medicaid	**Goal #1 (Describe)** Reduce the number of children who are ineligible for Medicaid
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☒ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Number of children who applied with a KidCare application from 7/1/03 to 6/30/04. Definition of numerator: Number of children who applied with a KidCare application who were approved for Medicaid from 7/1/03 to 6/30/04.	**Definition of Population Included in the Measure:** Definition of denominator: Number of children who applied with a KidCare application from 7/1/04 to 6/30/05. Definition of numerator: Number of children who applied with a KidCare application who were approved for Medicaid from 7/1/04 to 6/30/05.	**Definition of Population Included in the Measure:** Definition of denominator: Number of children who applied with a KidCare application from 7/1/05 to 6/30/06. Definition of numerator: Number of children who applied with a KidCare application who were approved for Medicaid from 7/1/05 to 6/30/06.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
Performance Measurement Data: Described what is being measured: Percentage of children who applied that were approved for Medicaid. Numerator: 54114 Denominator: 150490 Rate: 36 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Percentage of children who applied that were approved for Medicaid. Numerator: 74678 Denominator: 267929 Rate: 27.9 Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Percentage of children who applied that were approved for Medicaid. Numerator: 73000 Denominator: 267422 Rate: 27.3 Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) N/A	**Goal #2 (Describe)** N/A	**Goal #2 (Describe)** N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		

FFY 2004	FFY 2005	FFY 2006
Other Comments on Measure:		

Objectives Related to Medicaid Enrollment (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) N/A	**Goal #3 (Describe)** N/A	**Goal #3 (Describe)** N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Data Source: ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Eligibility/Enrollment data. ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:	**Performance Measurement Data:** Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Increasing Access to Care (Usual Source of Care, Unmet Need)

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Increase in the percentage of children with a usual source of care	**Goal #1 (Describe)** Increase the percentage of children with a usual source of care	**Goal #1 (Describe)** Increase in the percentage of children with a usual source of care
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2004	**Measurement Specification:** ☒HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*: 2004
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children reporting a usual source of care after 12 months post-enrollment.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children reporting a usual source of care after 12 months post-enrollment.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children reporting a usual source of care after 12 months post-enrollment.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 886 Denominator: 904 Rate: 98 Additional notes on measure: The Consumer Assessment of Health Plans Survey (CAHPS) was used to assess family satisfaction with the KidCare program among those who had been enrolled 12 consecutive months or more. This number has remained fairly stable over time.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 810 Denominator: 900 Rate: 90 Additional notes on measure: The Consumer Assessment of Health Plans Survey (CAHPS) was used to assess family satisfaction with the Kidcare program among those who had been enrolled 12 consecutive months or more. This number has remained fairly stable over time.	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 810 Denominator: 909 Rate: 89.1 Additional notes on measure: The Consumer Assessment of Health Plans Survey (CAHPS) was used to assess family satisfaction with the Kidcare program among those who had been enrolled 12 consecutive months or more. This number has remained fairly stable over time.

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** No goals established at this time. **Annual Performance Objective for FFY 2008:** No goals established at this time. **Annual Performance Objective for FFY 2009:** No goals established at this time. *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) N/A	**Goal #2 (Describe)** N/A	**Goal #2 (Describe)** N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) N/A	**Goal #3 (Describe)** N/A	**Goal #3 (Describe)** N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
Performance Measurement Data: Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)

FFY 2004	FFY 2005	FFY 2006
Goal #1 (Describe) Percentage of caregivers with children enrolled in the Florida KidCare program that reported improved health care status of their children.	**Goal #1 (Describe)** Percentage of caregivers with children enrolled in the Florida KidCare program that reported improved health status of their children.	**Goal #1 (Describe)** Percentage of caregivers with children enrolled inthe Florida KidCare program that reported improved health status of their children.
Type of Goal: ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☒ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☒ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Consumer Assessment of Health Plans Survey (CAHPS)	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Consumer Assessment of Health Plans Survey (CAHPS)	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☒Other. *Explain*: Consumer Assessment of Health Plans Survey (CAHPS)
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☒ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of Title XXI children in the survey who had a well-child visit within the past 12 months.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of Title XXI children in the survey who had a well-child visit within the past 6 months.	**Definition of Population Included in the Measure:** Definition of denominator: ☒ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of Title XXI children in the survey who had a well-child visit within the past 12 months.
Year of Data: 2004	**Year of Data:** 2005	**Year of Data:** 2006
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 812 Denominator: 903 Rate: 89.9 Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 747 Denominator: 900 Rate: 83 Additional notes on measure: The survey results represent well-child visits in the last 6 months. In 2004 and 2006, the results represent well-child visits in the last 12 months. This	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: 855 Denominator: 909 Rate: 94.1 Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
	may account for the lower rate in 2005.	
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:

Explanation of Progress:

Annual Performance Objective for FFY 2007: No goals established at this time.

Annual Performance Objective for FFY 2008: No goals established at this time.

Annual Performance Objective for FFY 2009: No goals established at this time.

Explain how these objectives were set:

Other Comments on Measure: Florida has previously reported on the percentage of children receiving appropriate immunizations; however, those statistics were not captured this year in the Florida KidCare Program Evaluation Report, 2006.

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #2 (Describe) N/A	**Goal #2 (Describe)** N/A	**Goal #2 (Describe)** N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

Objectives Related to Use of Preventative Care (Immunizations, Well Child Care) (Continued)

FFY 2004	FFY 2005	FFY 2006
Goal #3 (Describe) N/A	**Goal #3 (Describe)** N/A	**Goal #3 (Describe)** N/A
Type of Goal: ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:	**Type of Goal:** ☐ New/revised. *Explain*: ☐ Continuing. ☐ Discontinued. *Explain*:
Status of Data Reported: ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*	**Status of Data Reported:** ☐ Provisional. ☐ Final. ☐ Same data as reported in a previous year's annual report. *Specify year of annual report in which data previously reported:*
Measurement Specification: ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:	**Measurement Specification:** ☐HEDIS. *Specify version of HEDIS used*: ☐HEDIS-like. *Specify version of HEDIS used*: *Explain how HEDIS was modified*: ☐Other. *Explain*:
Data Source: ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:	**Data Source:** ☐ Administrative (claims data). ☐ Hybrid (claims and medical record data). ☐ Survey data. ☐ Other. *Specify*:
Definition of Population Included in the Measure: Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:	**Definition of Population Included in the Measure:** Definition of denominator: ☐ Denominator includes SCHIP population only. ☐ Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:
Year of Data:	**Year of Data:**	**Year of Data:**
HEDIS Performance Measurement Data: *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**HEDIS Performance Measurement Data:** *(If reporting with HEDIS/HEDIS-like methodology)* Numerator: Denominator: Rate: Additional notes on measure:

FFY 2004	FFY 2005	FFY 2006
Other Performance Measurement Data: *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:	**Other Performance Measurement Data:** *(If reporting with another methodology)* Numerator: Denominator: Rate: Additional notes on measure:
Explanation of Progress: **Annual Performance Objective for FFY 2007:** **Annual Performance Objective for FFY 2008:** **Annual Performance Objective for FFY 2009:** *Explain how these objectives were set:*		
Other Comments on Measure:		

1. What other strategies does your State use to measure and report on access to, quality, or outcomes of care received by your SCHIP population? What have you found?

For the Children's Medical Services population, the Department of Health contracts with the University of Florida to produce studies that measure and report on quality and outcomes of care for Title XXI enrolled children. Instruments used for these purposes are:

Family Telephone Survey

1. A household survey to gather information about the insurance and health status of all household members who reside with the child;

2. The Consumer Assessment of Health Plans Survey (CAHPS), child Medicaid version with specific questions for special needs children;

3. Primary Care Assessment Tool (PCAT) developed at Johns Hopkins University to assess care coordination; and

4. Demographic characteristics.

Provider and CMS Nurse Coordinator Instruments

2. What strategies does your SCHIP program have for future measurement and reporting on access to, quality, or outcomes of care received by your SCHIP population? When will data be available?

For enrollees in the Title XXI Children's Medical Services Network, the baseline data obtained from the study described in questions 1 and 3 are to be used for future program analyses. Results of these reports are published annually.

3. Have you conducted any focused quality studies on your SCHIP population, e.g., adolescents, attention deficit disorder, substance abuse, special heath care needs or other emerging health care needs? What have you found?

Children's Medical Services (CMS) has a partnership with the University of Florida to form an integrated care system (ICS) for Title XXI enrollees in CMS. The program is called PediCare and serves a 16 county region in North Central Florida. The goal of the ICS initiative is to foster stronger development of a primary care network for CMS enrollees and to ensure access to needed specialty care, while controlling health care costs. The University subsequently published a report: PediCare: The Integrated Care System in North Central Florida/Baseline Report, by Elizabeth Shenkman, Ph.D., director, Institute for Child Health Policy, December 2004.

The goals of this phase of the evaluation are to:

1. Provide baseline findings about family satisfaction with their children's experiences in PediCare during their first six months of program enrollment;

2. Compare the PediCare baseline family satisfaction findings to the baseline findings obtained for the Public Health Trust (PHT) of Miami-Dade county ICS and to findings obtained from a statewide sample of CMS Title XXI enrollees; and

3. Provide results from the physician and CMS Nurse Coordinator focus groups conducted with the PediCare Program.

In addition to the above baseline report, the University prepares and publishes The Integrated Care System in Miami-Dade and Monroe Counties – Annual Report, the primary goal of which is to:

1. Examine trends in children's health status as defined by the cost related groups for the PHT of Miami-Dade County ICS;

2. Examine trends in the children's per member per month (PMPM) health care expenditures for the PHT of Miami-Dade County ICS;

3. Provide results from provider surveys conducted with those participating in the PHT of Miami-Dade County ICS; and

4. Provide results from CMS Nurse Coordinator focus groups conducted with the PHT of Miami-Dade county ICS.

In addition, follow-up surveys are currently being conducted with PHT-ICS participants who participated in telephone surveys one year ago. The results from the surveys will be presented in a separate report.

4. Please attach any additional studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here and summarize findings or list main findings.

1. Florida KidCare Coordinating Council 2005-06 Report and Recommendations to the Governor and Legislature and Summary

The Florida KidCare Coordinating Council is responsible for making recommendations to the Governor and the Legislature about the implementation and operation of Florida KidCare.

The recommendations include the following categories:

- Enrollment
- Retention
- Continuity of Care and Seamless Coverage
- Marketing
- Provider Reimbursement
- Administrative Efficiencies
- Federal Recommendations

http://www.floridakidcare.org/council/ReportsReccs/KCC2007report-Web.pdf

2. Quality of Care Measures: A Chart Book for the Florida KidCare Evaluation, prepared in June 2005 by the Institute for Child Health Policy at the University of Florida

The Chart Book contains the Florida KidCare Quality of Care Measures. The report provides a summary of the quality of care provided to enrollees in three components of Florida KidCare and analyzes the following:

- Description of enrollees
- Use of services
- Effectiveness and access/availability of care
- Parents' satisfaction with their children's medical home

3. Children's Medical Services: Satisfaction Survey 2005, prepared in August 2005 by the Institute for Child Health Policy at the University of Florida

The survey focuses on the parents' satisfaction of children enrolled in the Children's Medical Services Network. The survey also assessed the satisfaction of providers.

4. Access to Specialty Care in the Florida Healthy Kids Program, prepared in January 2006 by the Institute for Child Health Policy at the University of Florida

This study focuses on Healthy Kids enrollees' access to specialty care, specifically the families' reports of unmet specialty services needs and the relationship between health plan organizational characteristics and the children's receipt of specialty services.

5. Health Plan Transition in the Florida Healthy Kids Program: Enrollee Health Status and Access to Care, prepared in January 2006 by the Institute for Child Health Policy at the University of Florida.

This study focuses on the impact of health plan changes in Miami-Dade County on children's health status and health expenditures for the Healthy Kids population. Specifically, this study focuses on required plan changes when health plans are discontinued and children are required to change plans. The study examined whether the children's health status changed during the year post-transfer to the new plans and the children's access to care prior to and subsequent to their health plan transition.

6. The Impact of Cost Sharing Changes in the Florida Healthy Kids Program, prepared in April 2006 by the Institute for Child Health Policy at the University of Florida.

This study focuses on the family premium change in 2003 from $15 to $20 per family per month for a family with income between 101percent and 200 percent of the federal poverty level and the subsequent reversal of this change. In addition, the co-payments for Healthy Kids enrolls were increased from $3 to $5 for acute care visits. The impact on Healthy Kids enrollment was examined in addition to any changes in the use of inpatient and emergency room visits for ambulatory care sensitive conditions.

7. MCO Administrative Interview Guide, 2005 Review Results, submitted January 2006 and Updated March 2006 by the Institute for Child Health Policy at the University of Florida.

This study evaluated Healthy Kids' managed care organizations on the basis of organizational structure, children's programs, care coordination and disease management programs, quality assessment and performance improvement, utilization and referral management, provider network and contractual relationships, provider reimbursement and incentives, enrollee rights, new enrollees and delegation.

8. ICHP KidCare Evaluation Technical Brief, An Administrative Analysis of the Program Renewal for Enrollees in Healthy Kids, Children's Medical Services Network and MediKids, September 2004 through January 2005, prepared by the Institute for Child Health Policy at the University of Florida.

This study analyzes the renewal process for KidCare enrollees. This study summarizes the policy changes implemented during state fiscal year 2003 – 2004 that affected the renewal process during state fiscal year 2004 – 2005. Also included is documentation of the number of enrollees who were eligible to renew and the number who successfully completed the renewal process and the variations in the renewal outcomes by demographic characteristics of the enrollees.

Enter any Narrative text below.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

~~1.~~ How have you redirected/changed your outreach strategies during the reporting period?

Florida KidCare continued to rely on community partnerships, county health departments, schools and the local state agency offices throughout the state to provide outreach activities. For SFY 05/06, the Florida Legislature appropriated $40,000 for the specific purpose of producing postcards for school-aged children to be distributed on the first day of the school year.

FHKC contracted with a marketing company to determine the under represented areas of the state and produced TV and radio ads, specifically targeting those groups identified as under represented. Those groups include the following:

African-American

Ages 5 – 8

Children of Self-employed parents

Uninsured children in the Panhandle and Tampa bay regions

For SFY 06/07, The Florida Legislature appropriated $1,000,000 in matching grants for community-based organizations for marketing and outreach. The money was appropriated to FHKC. FHKC issued a Request for Proposals, outlining the requirements and 7 community organizations were awarded grants averaging $50,000 each. A second Request for Proposals was issued since there remained unspent funds and 8 organizations were awarded grants. There remains approximately $39,000 and requests for mini grants up to $5,000 will be accepted for one time activities and special projects. The grants were all awarded after 10/1/06, so the marketing and outreach efforts will be reflected in the next year's annual report.

Florida Covering Kids and Families (FL CKF) is a statewide program to ensure that all children and families eligible for Medicaid and the State Children's Health Insurance Program (SCHIP) are enrolled. FL CKF is based in the Lawton and Rhea Chiles Center for Healthy Mothers and Babies at the University of South Florida.

The Covering Kids and Families Florida Coalition is a broad representation of Florida's agencies, organizations, and key leaders—representatives from child advocacy groups, child care organizations, provider groups, private health plans, private coverage programs for low-income

children, the business community, and minority organizations, in addition to numerous state agencies charged with Medicaid and federal program implementation. FL CKF also works with approximately 27 community coalitions in targeted regions, including the Northeast Florida Healthy Start Coalition, the Miami-Dade Jackson Health Care System, the Health Care District of Palm Beach County, and the Panhandle Area Health Network.

Together with its partners, Florida Covering Kids and Families has conducted a broad range of outreach and marketing activities, including community health fairs, presentations to outreach audiences, media outreach, business and community partnerships, and trainings.

~~2.~~ What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness?

Prior to the web-based application this year, outreach efforts were not measurable since the paper application does not capture how a family found out about KidCare. The web-based application asks this information, so we should be able to capture more of this information due to the increasing popularity of the web-based application. Efforts have been made to identify applications submitted as a result of the activities of the community-based organizations participating through the matching grants. Families are told to enter a code on the web-based application which will identify the community organization matching grant participant.

Based on the web-based applications, the following are the top sources applicants cited as how they learned about Florida KidCare.

- 29% Family/friend
- 17% State Agency
- 14% School
- 12% Previous Coverage
- 7% Doctor/Provider
- 6% Internet
- 5% Television
- 2% Work

~~3.~~ Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness?

The following groups have been identified as under represented, and the matching grant community organization participants will be targeting these groups.

African-American

Ages 5 – 8

Children of Self-employed parents

Uninsured children in the Panhandle and Tampa bay regions

Florida Covering Kids and Families have also conducted outreach activities targeting Hispanics and Haitian Creole families. Due to the barriers of the paper KidCare applications in not capturing the source of how families learned of KidCare, an evaluation of the effectiveness of specific outreach methods would be speculative.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

States with a separate child health program above 200 through 250% of FPL must complete question 1. All other states with trigger mechanisms should also answer this question.

~~1.~~ Does your state cover children between 200 and 250 percent of the FPL or does it identify a trigger mechanism or point at which a substitution prevention policy is instituted?

- ☐ Yes
- ☒ No
- ☐ N/A

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted.

States with separate child health programs over 250% of FPL must complete question 2. All other states with substitution prevention provisions should also answer this question.

~~2.~~ Does your state cover children above 250 percent of the FPL or does it employ substitution prevention provisions?

- ☐ Yes
- ☒ No
- ☐ N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.).

All States must complete the following 3 questions

~~3.~~ Describe how substitution of coverage is monitored and measured and the effectiveness of your policies.

To be eligible for Title XXI Florida KidCare the child must be uninsured at the time of application. Florida legislation enacted July 1, 2004, also requires that a child can not have voluntarily cancelled employer-sponsored health insurance within the past 6 months. If the family has voluntarily cancelled within the last 6 months, the child is not eligible for subsidized coverage for the remainder of the 6 months since cancelling the coverage. The family has the option of purchasing the non-subsidized full pay Healthy Kids or MediKids coverage.

A child is also not eligible for subsidized coverage if the child has access to the parents' employer-sponsored health insurance and the cost is less than 5% of the family's gross income. If a child with active coverage obtains access to the employer-sponsored health insurance at a cost of less than 5% of the family's gross income, the child can then continue coverage for up to 6 months to transition off KidCare.

Families may report changes at any time and access to employer-sponsored insurance is re-checked during 12 month renewals.

~~4.~~ At the time of application, what percent of applicants are found to have insurance?

Of the 139,387applications received this past state fiscal year, representing 267,422 children, there were 11,072 children denied for having other health insurance coverage. This represents 4.1% of the applicants.

~~5.~~ Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP?

According to the established enrollee survey conducted by the Institute for Child Health Policy for the Florida KidCare Program Evaluation, 2006, 9% of enrollees were covered by employer-sponsored family coverage. Since the application process addresses voluntarily dropping insurance within the preceding six months, the 9% represents families whose insurance was involuntarily cancelled or who dropped their insurance coverage for some other reason over six months before but within 12 months of applying. Families who cancelled insurance coverage over six months ago prior to applying for KidCare, are not considered substituting KidCare for another coverage. Last year the percentage of enrollees who had health insurance coverage prior to applying was 8%, so this has remained stable.

COORDINATION BETWEEN SCHIP AND MEDICAID

(This subsection should be completed by States with a Separate Child Health Program)

~~1.~~ Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain.

SCHIP Families are mailed a renewal form with some pre-populated information, and the family is required to complete the form, sign the form and return it with copies of last month's pay stubs, last year's income tax return or last year's W-2 forms and documentation of all unearned income.

Children receiving only Medicaid and no other benefits (such as Food Stamps or TANF) are mailed a pre-populated redetermination form. The family completes the form, including any changes, signs the form and mails it back to the Department of Children and Families (DCF) office. For families receiving benefits in addition to Medicaid, the family may be required to go to the DCF office for a face-to-face interview and provide verification needed to determine continued eligibility. As of July 2005, these families had the option of completing their redetermination through DCF's web page and the on-line review process.

~~2.~~ Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain.

It is a seamless transfer for children changing from SCHIP to Medicaid. While enrolled in one of the SCHIP programs, if a family reports a change that will potentially make a child eligible for Medicaid, the information is updated by Florida Healthy Kids and referred electronically to DCF for a Medicaid eligibility determination. If determined Medicaid eligible, Medicaid coverage will begin the month of the referral, providing seamless coverage. All SCHIP accounts are reviewed each month for active Medicaid enrollment. If a child receives Medicaid coverage, the Title XXI account is cancelled. This process has not changed from the last reporting period.

Children who are determined no longer eligible for Medicaid due to income or a change in the FPL income limit due to age, are electronically referred from DCF to Healthy Kids. If the child is known to the Title XXI computer system, their status is changed to pending and the family is sent a letter advising them what documentation is needed to determine eligibility for Title XXI. If the child is not known to the Title XXI computer system, then Healthy Kids staff send out an EASY KidCare application (an abbreviated application) and a letter advising the family what documentation they need to submit. After the documentation is received and processed, then coverage will begin. This process is not seamless and usually results in a loss of coverage for a month or two.

DCF and Healthy Kids continue to work towards an improved interface, where more information will be provided, so that Healthy Kids will be able to enter all children into their system, regardless of prior involvement with Title XXI. They are also working on improving income information relayed to Healthy Kids, which may facilitate the eligibility process for Title XXI. Although this will probably not eliminate the gap in coverage, these improvements should lessen the period without coverage.

~~3.~~ Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

The delivery systems for the KidCare components have not changed during this reporting period. Florida KidCare is a partnership of Healthy Kids, MediKids, the Children's Medical Services Network and Children's Medicaid (Title XIX). Each component utilizes a unique network of providers. Healthy Kids, for children from 5 to 19, currently contracts with eight different health

plans for different geographical areas, providing comprehensive services. Each enrollee is assigned to a primary care provider who is board certified in pediatrics or family practice within the health plan's network. In many counties, enrollees have a choice of more than one health plan. There are three dental plan networks that provide services statewide, so all enrollees have a choice of three dental networks.

MediKids, for children from 1 to 5, is a Medicaid look-alike program and uses participating Medicaid providers. In counties that have two or more Medicaid managed care organization, the MediKids applicant must select a managed care organization. Within the managed care organization, enrollees are assigned to a primary care physician. In counties with one managed care organization, the applicant may select the managed care organization or a MediPass primary care provider. MediPass is a primary care case management program. Applicants select a participating MediPass physician and that physician becomes the child's primary care physician and gatekeeper to specialized services. In counties that do not have any participating managed care organizations, applicants must select a MediPass provider.

The Children's Medical Services Network (CMSN), for children with special needs, provides enrollees with a comprehensive network of board certified pediatricians and sub-specialists. The CMSN is also a Medicaid managed care provider; therefore, when a child changes eligibility status from Title XIX to XXI, he may continue with the same providers.

In spite of the differences in the KidCare components, many of the same providers are enrolled in all or many of the various health plans and networks. When a child changes components he may have to change networks but often he can continue with the same primary care physician.

ELIGIBILITY REDETERMINATION AND RETENTION

~~1.~~ What measures does your State employ to retain eligible children in SCHIP? Please check all that apply and provide descriptions as requested.

☒ Conducts follow-up with clients through caseworkers/outreach workers

☒ Sends renewal reminder notices to all families

- How many notices are sent to the family prior to disenrolling the child from the program?
  The family is sent a pre-populated renewal form & instructions. The family is called to let them know it is in the mail. If renewal is returned and incomplete, a missing information letter is sentd to the family, followed by a call. If the family has not responded a reminder letter is mailed one month after the original renewal form was mailed, followed by another call. When the renewal process has been completed, the family receives a confirmation letter. If not complete, a cancellation notice.
- At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?)
  See explanation above.

☐ Sends targeted mailings to selected populations

- Please specify population(s) (e.g., lower income eligibility groups)

☐ Holds information campaigns

☒ Provides a simplified reenrollment process,

Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application)

A combined application is used for families to apply for Medicaid and SCHIP. Families are sent a partially pre-populated renewal form, to make the form easier to complete.

☒ Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe:*

The Institute for Child Health Policy conducts a disenrollment survey as part of the annual KidCare evaluation.

☒ Other, *please explain*:

There are various payment methods available to families to make their monthly premium payment. Families may pay by check, money order, credit card, or automatic debits. Families may pay by credit card 24 hours a day by accessing the Healthy Kids website, www.healthykids.org.

2. Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology.

The Institute for Child Health Policy conducted a study, Project Pathfinder: Assessing Renewal Outreach in the Florida Healthy Kids Program, in October 2005, to assess the effectiveness of the various renewal retention outreach strategies that made up Project Pathfinder campaign. To assist families with the new renewal requirements in 2004 and 2005, Healthy Kids implemented Project Pathfinder as a statewide, re-enrollment campaign designed to educate and remind and encourage families to complete the renewal process. Project Pathfinder activities included newsletters, renewal letters, follow-up phone calls, both automated calls and in-person calls, and a door-to-door campaign.

The data sources included enrollment files provided by Florida Healthy Kids Corporation, health care claims and encounter data submitted by the health plans and a telephone survey of 688 families. Of these 688 families, 588 were a random sample of Healthy Kids enrollees due for renewal and 100 were targeted from the families who received a door-to-door visit. Enrollment patterns of children up for renewal during the six months following the renewal date were reviewed for 2,013 children. Enrollment patterns were classified into three enrollment categories: continuously enrolled, disenrolled and reinstated, and disenrolled and not reinstated. Health care claims and encounter data were used to identify clinical risk groups to classify enrollees' health status.

The door-to-door campaign was only a small targeted population who had not responded to other outreach efforts. It is difficult to identify which activity made a significant difference, however, 84% of respondents who renewed, recalled receiving a letter with renewal instructions as opposed to 68% of

respondents who did not renew. Only 18% of renewers and 14% of non-renewers recalled getting a phone call. Of those who recalled receiving a renewal phone call, 67% of renewers found the phone call helpful and 86% of non-renewers found the phone call helpful. Only 22% and 40% respectively, found the phone calls influenced their renewal decision. Approximately 92% of non-renewers indicated that they would have like to have received a call.

It appears that regardless of outreach renewal efforts, renewers chose to renew because they could not afford other coverage or that they did not have access to other coverage. The reasons cited for not renewing were forgetting or did not get around to doing the paperwork, they planned on getting other insurance or that they never received the renewal documents.

~~3.~~ Does your State generate monthly reports or conduct assessments that track the outcomes of individuals who disenroll, or do not reenroll, in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured, how many age-out, how many move to a new geographic area)

☐ Yes
☒ No
☐ N/A

When was the monthly report or assessment last conducted?

The Institute for Child Health Policy (ICHP) conducted a survey of disenrollment experiences as part of the Florida KidCare Program Evaluation Report, 2004. A disenrollment survey has not been conducted since then, although ICHP conducted a study entitled, Renewal Policy Changes and Enrollment in the Florida healthy Kids Program, in October 2005. This study included disenrollment data on the 23% of families in the survey who did not complete the renewal process. Of those who disenrolled and did not later re-enroll, 67% were cancelled due to not completing the renewal process and 11% were cancelled due to premium non-payment.

The two main reasons given for not renewing coverage were families did not think they would be eligible any more and families could not provide the required documentation. Only 36% of the children whose coverage was not renewed had obtained another source of health insurance and 64% were uninsured. The reasons given for not having another source of coverage were they cannot afford it or they were waiting to get back into the Healthy Kids program.

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments.

Findings from Report/Assessment on Individuals Who Disenroll, or Do Not Reenroll in SCHIP

Total Number of Dis-enrollees	**Obtain other public or private coverage**		**Remain uninsured**		**Age-out**		**Move to new geographic area**		**Other**	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information.

N/A

COST SHARING

~~1.~~ Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

The Florida KidCare Program Evaluation Report, 2006 includes a survey asking families how they feel about the monthly premium. The following table shows the survey responses.

Survey Question	Percentage Responding
Is the premium …?	
About the right amount	90.9
Too much	4.9
Too little	4.2
How often is it difficult for you to pay the premium?	
Almost every month	9.2
Every couple of months	17.9
Rarely	27.8
Never	45.1
Paying a premium is worth it.	
Strongly agree	77.7
Agree	18.6
Disagree	1.1
Strongly disagree	2.6
Sometimes I think the premium is a waste because my child is healthy.	
Strongly agree	12.9

Agree 6.6

Disagree 18.5

Strongly disagree 62.0

I feel better paying for some of the cost of my child's coverage.

Strongly agree 80.4

Agree 15.7

Disagree 2.0

Strongly disagree 2.0

The premium is worth the peace of mind.

Strongly agree 92.1

Agree 6.1

Disagree 0.4

Strongly disagree 1.5

~~2.~~ Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found?

No studies have been done during this reporting period assessing the effects of cost sharing on utilization of health services.

~~3.~~ If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found?

There has been no cost sharing increases during the past fiscal year.

PREMIUM ASSISTANCE PROGRAM(S) UNDER SCHIP STATE PLAN

~~1.~~ Does your State offer a premium assistance program for children and/or adults using Title XXI funds under any of the following authorities?

☐ Yes, please answer questions below.
☒ No, skip to Program Integrity subsection.

Children

☐ Yes, Check all that apply and complete each question for each authority.

☐ Premium Assistance under the State Plan
☐ Family Coverage Waiver under the State Plan
☐ SCHIP Section 1115 Demonstration
☐ Medicaid Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration
☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

Adults

☐ Yes, Check all that apply and complete each question for each authority.

☐ Premium Assistance under the State Plan (Incidentally)
☐ Family Coverage Waiver under the State Plan
☐ SCHIP Section 1115 Demonstration
☐ Medicaid Section 1115 Demonstration
☐ Health Insurance Flexibility & Accountability Demonstration
☐ Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

~~2.~~ Please indicate which adults your State covers with premium assistance. (Check all that apply.)

☐ Parents and Caretaker Relatives
☐ Childless Adults

~~3.~~ Briefly describe your program (including current status, progress, difficulties, etc.)

~~4.~~ What benefit package does the program use?

~~5.~~ Does the program provide wrap-around coverage for benefits or cost sharing?

6. Identify the total number of children and adults enrolled in the premium assistance program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in premium assistance even if they were covered incidentally and not via the SCHIP family coverage provision).

_____ Number of adults ever-enrolled during the reporting period

_____ Number of children ever-enrolled during the reporting period

7. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your premium assistance program. How was this measured?

8. During the reporting period, what has been the greatest challenge your premium assistance program has experienced?

9. During the reporting period, what accomplishments have been achieved in your premium assistance program?

10. What changes have you made or are planning to make in your premium assistance program during the next fiscal year? Please comment on why the changes are planned.

11. Indicate the effect of your premium assistance program on access to coverage. How was this measured?

12. What do you estimate is the impact of premium assistance on enrollment and retention of children? How was this measured?

13. Identify the total state expenditures for family coverage during the reporting period. **(For states offering premium assistance under a family coverage waiver only.)**

PROGRAM INTEGRITY (COMPLETE ONLY WITH REGARD TO SEPARATE SCHIP PROGRAMS (I.E. THOSE THAT ARE NOT MEDICAID EXPANSIONS)

1. Does your state have a written plan that has safeguards and establishes methods and procedures for prevention, investigation and referral of cases of fraud and abuse? Please explain.
Florida Statute 409.814 (9) and (10) addresses fraud in the Title XXI program as follows:

(9) Subject to paragraph (4)(b) and s. 624.91(4), the Florida KidCare program shall withhold benefits from an enrollee if the program obtains evidence that the enrollee is no longer eligible, submitted incorrect or fraudulent information in order to establish eligibility, or failed to provide verification of eligibility. The applicant or enrollee shall be notified that because of such evidence program benefits will be withheld unless the applicant or enrollee contacts a designated representative of the program by a specified date, which must be within 10 days after the date of notice, to discuss and resolve the matter. The program shall make every effort to resolve the matter within a timeframe that will not cause benefits to be withheld from an eligible enrollee.

(10) The following individuals may be subject to prosecution in accordance with s. 414.39:

(a) An applicant obtaining or attempting to obtain benefits for a potential enrollee under the Florida KidCare program when the applicant knows or should have known the potential enrollee does not qualify for the Florida KidCare program.

(b) An individual who assists an applicant in obtaining or attempting to obtain benefits for a potential enrollee under the Florida KidCare program when the individual knows or should have known the potential enrollee does not qualify for the Florida KidCare program.

Aside from this statute, there is no written plan addressing fraud and abuse. Because of the strict documentation eligibility requirements at the time of application and renewal, fraud and abuse appear to be minimal.

2. For the reporting period, please indicate the number of cases investigated, and cases referred, regarding fraud and abuse in the following areas:

~~a)~~ Provider credentialing

Number of cases investigated 0

Number of cases referred to appropriate law enforcement officials 0

~~b)~~ Provider billing

Number of cases investigated 0

Number of cases referred to appropriate law enforcement officials 0

~~c)~~ Beneficiary eligibility

Number of cases investigated 0

Number of cases referred to appropriate law enforcement officials 0

3. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors?
N/A - outside contractors not used.

Enter any Narrative text below.

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (*Note: This reporting period =Federal Fiscal Year 2005. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)*

COST OF APPROVED SCHIP PLAN

Benefit Costs	**2006**	**2007**	**2008**
Insurance payments	0	0	0
Managed Care	291,635,541	412,603,234	412603234
per member/per month rate @ # of eligibles	291,635,541	412,603,234	412,603,234
Fee for Service	0	0	0
Total Benefit Costs	291,635,541	412,603,234	412,603,234
(Offsetting beneficiary cost sharing payments)	(25,467,501)	(36,020,262)	(36,020,262)
Net Benefit Costs	$ 266,168,040	$ 376,582,972	$ 376,582,972

Administration Costs			
Personnel	1,324,766	1,324,766	1,324,766
General Administration	11,310,424	16,610,116	16,610,116
Contractors/Brokers (e.g., enrollment contractors)	14,710,612	21,801,000	21,801,000
Claims Processing	1,452,403	1,452,403	1,452,403
Outreach/Marketing costs	620,000	620,000	620,000
Other	0	0	0
Health Services Initiatives	0	0	0
Total Administration Costs	29,418,205	41,808,285	41,808,285
10% Administrative Cap (net benefit costs ÷ 9)	29,574,227	41,842,552	41,842,552

Federal Title XXI Share	210,516,524	300,112,049	291,953,419
State Share	85,069,721	118,279,208	126,437,838

TOTAL COSTS OF APPROVED SCHIP PLAN	295,586,245	418,391,257	418,391,257

2. What were the sources of non-Federal funding used for State match during the reporting period?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations
- ☒ Tobacco settlement

☐ Other (specify)

Enter any Narrative text below.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

Please reference and summarize attachments that are relevant to specific questions.

~~1.~~ If you do not have a Demonstration Waiver financed with SCHIP funds skip to Section VI. If you do, please complete the following table showing whom you provide coverage to.

	SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility				
Children	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Parents	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Childless Adults	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL
Pregnant Women	From		% of FPL to		% of FPL	From		% of FPL to		% of FPL

2. Identify the total number of children and adults ever enrolled (an unduplicated enrollment count) in your SCHIP demonstration during the reporting period.

_____ Number of **children** ever enrolled during the reporting period in the demonstration

_____ Number of **parents** ever enrolled during the reporting period in the demonstration

_____ Number of **pregnant women** ever enrolled during the reporting period in the demonstration

_____ Number of **childless adults** ever enrolled during the reporting period in the demonstration

~~3.~~ What have you found about the impact of covering adults on enrollment, retention, and access to care of children?

~~4.~~ Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2005 starts 10/1/04 and ends 9/30/05).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	**2006**	**2007**	**2008**	**2009**	**2010**
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #1					
Benefit Costs for Demonstration Population #2 (e.g., parents)					
Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					

Fee for Service					
Total Benefit Costs for Waiver Population #2					

Benefit Costs for Demonstration Population #3
(e.g., pregnant women)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #3					

Benefit Costs for Demonstration Population #4
(e.g., childless adults)

Insurance Payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
Total Benefit Costs for Waiver Population #3					

Total Benefit Costs					
(Offsetting Beneficiary Cost Sharing Payments)					
Net Benefit Costs (Total Benefit Costs - Offsetting Beneficiary Cost Sharing Payments)					

Administration Costs

Personnel					
General Administration					
Contractors/Brokers *(e.g., enrollment contractors)*					
Claims Processing					
Outreach/Marketing costs					
Other *(specify)*					
Total Administration Costs					
10% Administrative Cap (net benefit costs ÷ 9)					

Federal Title XXI Share					
State Share					

TOTAL COSTS OF DEMONSTRATION					

When was your budget last updated (please include month, day and year)?

Please provide a description of any assumptions that are included in your calculations.

Other notes relevant to the budget:

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

~~1.~~ For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP.

For the past several years, the Legislature has been trying to balance fiscal and social concerns. Legislation was passed that resulted in a reduction of SCHIP enrollment by imposing income documentation and other qualifying requirements to reduce enrollment, the incidence of crowd out and to prevent fraud. Because of the additional requirements and limited enrollment periods in the past, it became harder for families to become eligible and maintain coverage. In an effort to publicize continuous open enrollment and encourage families to apply, this year the Legislature allocated $1,000,000 in state funds for a community-based matching grant program for KidCare marketing and outreach.

~~2.~~ During the reporting period, what has been the greatest challenge your program has experienced?

The greatest challenge facing Florida's SCHIP program has been enrollment. The effects from limited enrollment periods, income documentation requirements and no outreach are still being felt. After many months of declining enrollment, MediKids and CMSN experienced increased enrollment during the last 6 of months of 2006 and Healthy Kids experienced enrollment increases during the last couple of months of 2006. It appears that the programs have stabilized and enrollment will continue to increase. The community–based marketing and outreach efforts should also have a positive impact on enrollment.

~~3.~~ During the reporting period, what accomplishments have been achieved in your program?

Florida Healthy Kids Corporation, the central processor of applications, has developed an on-line version of the KidCare application. Families can now apply on-line and do not have to submit a paper application. More on-line applications are now received than paper applications. Families must still submit documentation of income, but the on-line application does shorten the application processing by a few days.

Beginning July 1, 2006, the MediKids program offers a full pay option for children whose family income exceeds 200% FPL. The monthly premium is $159 per month per child. As of December, there are over 700 children enrolled in the MediKids full pay program. Healthy Kids has had a full pay option, so now there is a full pay option available for all children age one through age 18.

The 2006 Florida Legislature made $1 million in state funds available to the Florida Healthy Kids Corporation (FHKC) to oversee a matching grants program for Florida KidCare community based outreach and marketing projects for the 2006-07 state fiscal year. The overall objective of the grant projects is to reach the enrollment target established by the 2006-07 General Appropriations Act for the Florida KidCare Program. For Florida Healthy Kids, MediKids and the Children's Medical Services Network, the established target is 253,959 children.

In response, the FHKC released two Call for Grant Proposals (CGP) in an effort to solicit qualified organizations with new and innovative approaches to reaching the families of uninsured children with an overall goal of increasing new enrollment in the Florida KidCare program. As of December 2006, FHKC has awarded 16 grants totaling more than $960,000 in state funds. Organizations that have been awarded grants have provided an equal amount of matching funds, either through cash or in-kind contributions and have provided a comprehensive plan for reaching families with uninsured children.

~~4.~~ What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned.

Florida Healthy Kids Corporation, the central processor of SCHIP applications, continues to work with the Department of Children and Families who processes Medicaid applications, to improve the referral and transfer of information from one program to the other. Currently, when it is determined that a child is no longer Medicaid eligible, a file is electronically transmitted to FHKC and FHKC re-opens the account, if one exists in their computer system, and sends the family a pending for information letter. If not known to the FHKC computer system, FHKC sends the family a KidCare "Easy" application to complete and submit with income documentation.

FHKC and DCF are working together to streamline this transfer of information and to also transfer income documentation to limit the amount of information that the family needs to provide.

Title XXI is also pursuing the use of electronic verification to obtain verification of family income from entities affiliated with wages, unemployment compensation, social security, IRS and child support.

Enter any Narrative text below.