

# Florida CARTS FY2021 Report

## Basic State Information

### Welcome!

We already have some information about your state from our records. If any information is incorrect, please contact the [mdct\\_help@cms.hhs.gov](mailto:mdct_help@cms.hhs.gov).

1. State or territory name:

Florida

2.

Program type:

- Both Medicaid Expansion CHIP and Separate CHIP
- Medicaid Expansion CHIP only
- Separate CHIP only

3. CHIP program name(s):

Florida KidCare CHIP - Healthy Kids Program, MediKids, and Children's Medical Services Health Plan

Who should we contact if we have any questions about your report?

4. Contact name:

Ann Dalton

5. Job title:

Bureau Chief of Medicaid Policy

6. Email:

Ann.Dalton@ahca.myflorida.com

7. Full mailing address:

Include city, state, and zip code.

2727 Mahan Drive, Mail Stop 20, Tallahassee, FL, 32308

8. Phone number:

(850) 412-4000

## PRA Disclosure Statement.

This information is being collected to assist the Centers for Medicare & Medicaid Services (CMS) in partnership with States with the ongoing management of Medicaid and CHIP programs and policies. This mandatory information collection (42 U.S.C. 1397hh) will be used to help each state meet the statutory requirements at section 2108(a) of the Social Security Act to assess the operation of the State child health plan in each Federal fiscal year and to report the results of the assessment including the progress made in reducing the number of uncovered, low-income children. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (CMS-10398 #1). The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## **Program Fees and Policy Changes**

### **Part 1: Medicaid Expansion CHIP Enrollment Fees, Premiums, and Delivery Systems**

1.

Does your program charge an enrollment fee?

Yes

No

2.

Does your program charge premiums?

Yes

No

3.

Is the maximum premium a family would be charged each year tiered by FPL?

Yes

No

4. Do premiums differ for different Medicaid Expansion CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

No.

5.

Which delivery system(s) do you use?

Select all that apply.

Managed Care

Primary Care Case Management

Fee for Service

6. Which delivery system(s) are available to which Medicaid Expansion CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

CHIP funded Medicaid Expansion enrollees are given the opportunity to make a health plan choice when they apply for eligibility. Health Plan enrollment is effective the same day the individual's Medicaid is approved. If the family wishes to select another health plan, they have 120 days to select a different plan.

## **Part 2: Separate CHIP Enrollment Fees, Premiums, and Delivery Systems**

1.

Does your program charge an enrollment fee?

Yes

No

2.

Does your program charge premiums?

Yes

No

3.

Is the maximum premium a family would be charged each year tiered by FPL?

Yes

No

4. Do your premiums differ for different CHIP populations beyond FPL (for example, by eligibility group)? If so, briefly explain the fee structure breakdown.

Ages 1 through 5, between 140% and 145% FPL, Florida KidCare Separate CHIP Family Premium of \$15  
Ages 6 through 18, between 133% and 158% FPL, Florida KidCare Separate CHIP Family Premium of \$15  
Ages 1 through 5, between 158% and 210% FPL, Florida KidCare Separate CHIP Family Premium of \$20  
Ages 6 through 18, between 158% and 210% FPL, Florida KidCare Separate CHIP Family Premium of \$20

5.

Which delivery system(s) do you use?

Select all that apply.

Managed Care

Primary Care Case Management

Fee for Service

6. Which delivery system(s) are available to which CHIP populations? Indicate whether eligibility status, income level, age range, or other criteria determine which delivery system a population receives.

All KidCare enrollees (Medicaid Expansion and CHIP) are required to be enrolled in a managed care plan before medical and dental services are provided.

## **Part 3: Medicaid Expansion CHIP Program and Policy Changes**

Indicate any changes you've made to your Medicaid Expansion CHIP program policies in the past federal fiscal year. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

1.

Have you made any changes to the eligibility determination process?

- Yes
- No
- N/A

2.

Have you made any changes to the eligibility redetermination process?

Yes

No

N/A

3.

Have you made any changes to the eligibility levels or target populations?

For example: increasing income eligibility levels.

Yes

No

N/A

4.

Have you made any changes to the benefits available to enrollees?

For example: adding benefits or removing benefit limits.

Yes

No

N/A



5.

Have you made any changes to the single streamlined application?

Yes

No

N/A

6.

Have you made any changes to your outreach efforts?

For example: allotting more or less funding for outreach, or changing your target population.

Yes

No

N/A

7.

Have you made any changes to the delivery system(s)?

For example: transitioning from Fee for Service to Managed Care for different Medicaid Expansion CHIP populations.

Yes

No

N/A

8.

Have you made any changes to your cost sharing requirements?

For example: changing amounts, populations, or the collection process.

Yes

No

N/A

9.

Have you made any changes to the substitution of coverage policies?

For example: removing a waiting period.

Yes

No

N/A

10.

Have you made any changes to the enrollment process for health plan selection?

Yes

No

N/A

11.

Have you made any changes to the protections for applicants and enrollees?

For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

Yes

No

N/A

12.

Have you made any changes to premium assistance?

For example: adding premium assistance or changing the population that receives premium assistance.

Yes

No

N/A

13.

Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

- Yes
- No
- N/A

14.

Have you made any changes to eligibility for "lawfully residing" pregnant women?

- Yes
- No
- N/A

15.

Have you made any changes to eligibility for "lawfully residing" children?

- Yes
- No
- N/A

16.

Have you made changes to any other policy or program areas?

- Yes
- No
- N/A

## **Part 4: Separate CHIP Program and Policy Changes**

Indicate any changes you've made to your Separate CHIP program and policies in the past federal fiscal year. Many changes listed in this section require a State Plan Amendment (SPA), while some don't, such as changing outreach efforts or changing the health plan enrollment process. Please submit a SPA to reflect any changes that do require a SPA.

1.

Have you made any changes to the eligibility determination process?

- Yes
- No
- N/A

2.

Have you made any changes to the eligibility redetermination process?

- Yes
- No
- N/A

3.

Have you made any changes to the eligibility levels or target populations?

For example: increasing income eligibility levels.

- Yes
- No
- N/A

4.

Have you made any changes to the benefits available to enrollees?

For example: adding benefits or removing benefit limits.

- Yes
- No
- N/A

5.

Have you made any changes to the single streamlined application?

Yes

No

N/A

6.

Have you made any changes to your outreach efforts?

For example: allotting more or less funding for outreach, or changing your target population.

Yes

No

N/A



7.

Have you made any changes to the delivery system(s)?

For example: transitioning from Fee for Service to Managed Care for different Separate CHIP populations.

Yes

No

N/A

8.

Have you made any changes to your cost sharing requirements?

For example: changing amounts, populations, or the collection process.

Yes

No

N/A

9.

Have you made any changes to substitution of coverage policies?

For example: removing a waiting period.

Yes

No

N/A

10.

Have you made any changes to an enrollment freeze and/or enrollment cap?

Yes

No

N/A

11.

Have you made any changes to the enrollment process for health plan selection?

Yes

No

N/A

12.

Have you made any changes to the protections for applicants and enrollees?

For example: changing from the Medicaid Fair Hearing process to the review process used by all health insurance issuers statewide.

Yes

No

N/A

13.

Have you made any changes to premium assistance?

For example: adding premium assistance or changing the population that receives premium assistance.

Yes

No

N/A

14.

Have you made any changes to the methods and procedures for preventing, investigating, or referring fraud or abuse cases?

Yes

No

N/A

15.

Have you made any changes to your conception to birth expansion (as described in the October 2, 2002 final rule)?

For example: expanding eligibility or changing this population's benefit package.

Yes

No

N/A

16.

Have you made any changes to your Pregnant Women State Plan expansion?

For example: expanding eligibility or changing this population's benefit package.

Yes

No

N/A

17.

Have you made any changes to eligibility for "lawfully residing" pregnant women?

Yes

No

N/A

18.

Have you made any changes to eligibility for "lawfully residing" children?

Yes

No

N/A

19.

Have you made changes to any other policy or program areas?

Yes

No

N/A

## Enrollment and Uninsured Data

### Part 1: Number of Children Enrolled in CHIP

This table is pre-filled with your SEDS data for the two most recent federal fiscal years (FFY). If the information is inaccurate, adjust your data in SEDS (go to line 7: "Unduplicated Number Ever Enrolled" in your fourth quarter SEDS report) and then refresh this page. If you're adjusting data in SEDS, allow one business day for the CARTS data below to update.

Program	Number of children enrolled in FFY 2020	Number of children enrolled in FFY 2021	Percent change
Medicaid Expansion CHIP	67,271	78,004	15.955%
Separate CHIP	318,329	106,807	-66.448%

1. If you had more than a 3% percent change from last year, what are some possible reasons why your enrollment numbers changed?

Federal and State policy changes implemented as a result of the COVID-19 public health emergency (PHE) have led to drastic enrollment number changes in both the Florida Medicaid and CHIP programs. In response to the Families First Coronavirus Response Act (FFCRA), the State elected to extend Medicaid coverage for individuals enrolled during the COVID-19 PHE to qualify for a temporary FMAP increase. In view of this, Medicaid enrollment continues to increase due to enrollee retention as the Title XXI/CHIP program enrollment declines. Upon the expiration of the PHE, the State anticipates a rebound in Title XXI/CHIP enrollment as redetermination for current Medicaid beneficiaries is formally reinstated.

## **Part 2: Number of Uninsured Children in Your State**

This table is pre-filled with data on uninsured children (age 18 and under) who are below 200% of the Federal Poverty Level (FPL) based on annual estimates from the American Community Survey. Due to the impacts of the COVID-19 PHE on collection of ACS data, the 2020 children's uninsurance rates are currently unavailable. Please skip to Question 3.

Year	Number of uninsured children	Margin of error	Percent of uninsured children (of total children in your state)	Margin of error
2016	166,000	12,000	3.9%	0.3%
2017	179,000	12,000	4.1%	0.3%
2018	174,000	11,000	3.9%	0.3%
2019	176,000	13,000	4%	0.3%
2020	Not Answered	Not Answered	Not Answered	Not Answered

Percent change between 2019 and 2020
Not Available

1. What are some reasons why the number and/or percent of uninsured children has changed?

See question 1 in Part 1: Number of Enrolled Children in CHIP.



2.

Are there any reasons why the American Community Survey estimates wouldn't be a precise representation of the actual number of uninsured children in your state?

Yes

No

3.

Do you have any alternate data source(s) or methodology for measuring the number and/or percent of uninsured children in your state?

Yes

No

4. Is there anything else you'd like to add about your enrollment and uninsured data?

No.

5.

Optional: Attach any additional documents here.

**Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.**

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

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# Eligibility, Enrollment, and Operations

## Program Outreach

1.

Have you changed your outreach methods in the last federal fiscal year?

Yes

No

2.

Are you targeting specific populations in your outreach efforts?

For example: minorities, immigrants, or children living in rural areas.

Yes

No

3. What methods have been most effective in reaching low-income, uninsured children?

For example: TV, school outreach, or word of mouth.

To reach families with uninsured children, the KidCare program has increased its digital advertising spend on Google, Facebook, Pinterest, and other social media platforms. These efforts are tracked through traditional advertising metrics, such as views, overall cost per thousand impressions (CPM), and total number of completed applications and new enrollments. Paid search has proven the most effective and cost-effective digital tactic. Additionally, new year-round community outreach partners were added in densely populated areas in January 2020 to increase the number of person-to-person outreach opportunities across the state. These partners later created an expanded network of telephonic outreach once COVID-19 reached a level preventing in-person public outreach from taking place. During summer 2021, in-person outreach events took place in some areas of the state, while other areas continue to prioritize drive-thru or virtual outreach opportunities. Florida's varying COVID-19 case counts have played a heavy role in determining county and city governments' willingness to allow in-person events. Outreach partner efforts are measured by individual reach, extent of education and information provided to qualified leads, as well as direct application assistance. This information can be viewed internally and measured against other partnerships to determine effectiveness. Throughout 2021, partnerships with food banks have proven most successful, in part because of their unique position as organizations continuing to engage in 1:1 and group outreach events throughout the pandemic. The similarities in populations served have allowed food bank partners to secure completed applications from families in need of health insurance coverage while they provide much needed food assistance.

4. Is there anything else you'd like to add about your outreach efforts?

No.

5.

Optional: Attach any additional documents here.

**Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.**

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

## Eligibility, Enrollment, and Operations

### Substitution of Coverage

Substitution of coverage (also known as crowd-out) occurs when someone with private insurance drops their private coverage and substitutes it with publicly funded insurance such as CHIP.

1.

Do you track the number of CHIP enrollees who have access to private insurance?

Yes

No

N/A

2.

Do you match prospective CHIP enrollees to a database that details private insurance status?

Yes

No

N/A

0 %

5. Is there anything else you'd like to add about substitution of coverage that wasn't already covered? Did you run into any limitations when collecting data?

No.

6.

Optional: Attach any additional documents here.

**Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.**

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

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# Eligibility, Enrollment, and Operations

## Renewal, Denials, and Retention

### Part 1: Eligibility Renewal and Retention

1.

Does your state provide presumptive eligibility, allowing children to access CHIP services pending a final determination of eligibility?

This question should only be answered in respect to Separate CHIP.

Yes

No

N/A

2.

In an effort to retain children in CHIP, do you conduct follow-up communication with families through caseworkers and outreach workers?

Yes

No

3.

Do you send renewal reminder notices to families?

Yes

No

4. What else have you done to simplify the eligibility renewal process for families?

The KidCare programs provide the contracted managed care plans and dental plans the renewal date for each enrollee on their enrollment files. The plans use this information for special mailings and automated telephone calls for their retention efforts.

5. Which retention strategies have you found to be most effective?

The expedited renewal process has proven successful because it requires little direct interaction from enrollees. Additionally, outbound calls prove effective in that they create a far more immediate response from enrollees when compared to letters sent through postal mail.

6. How do you measure the effectiveness of your retention strategies? What data sources and methodology do you use to track retention?

Enrollment and renewal data are tracked through interactive data visualization tools, such as Tableau and Power BI, which provide real-time trend data. Also, enrollment retention is tracked using SQL queries that allow for studying the effects of different retention strategies.

7. Is there anything else you'd like to add that wasn't already covered?

No.

## Part 2: CHIP Eligibility Denials (Not Redetermination)

1.

How many applicants were denied CHIP coverage in FFY 2021?

Don't include applicants being considered for redetermination - this data will be collected in Part 3.

164775

2.

How many applicants were denied CHIP coverage for procedural reasons?

For example: They were denied because of an incomplete application, missing documentation, or a missing enrollment fee.

45391



3.

How many applicants were denied CHIP coverage for eligibility reasons?

For example: They were denied because their income was too high or too low, they were determined eligible for Medicaid instead, or they had other coverage available.

117911

3a.

How many applicants were denied CHIP (Title XXI) coverage and determined eligible for Medicaid (Title XIX) instead?

33367

4.

How many applicants were denied CHIP coverage for other reasons?

1473

5. Did you have any limitations in collecting this data?

No.

Table: CHIP Eligibility Denials (Not Redetermination)

This table is auto-populated with the data you entered above.

Type	Number	Percent
Total denials	164775	100%
Denied for procedural reasons	45391	27.55%
Denied for eligibility reasons	117911	71.56%
Denials for other reasons	1473	0.89%

### Part 3: Redetermination in CHIP

Redetermination is the process of redetermining whether a child is eligible to renew in CHIP (Title XXI) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1.

How many children were eligible for redetermination in CHIP in FFY 2021?

177321

2.

Of the eligible children, how many were then screened for redetermination?

177321

3.

How many children were retained in CHIP after redetermination?

171650

4.

How many children were disenrolled in CHIP after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

5761

**Computed:** 5671

4a.

How many children were disenrolled for procedural reasons?

This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

112

4b.

How many children were disenrolled for eligibility reasons?

This could be due to income that was too high or too low, eligibility in Medicaid (Title XIX) instead, or access to private coverage.

4033

4c.

How many children were disenrolled for other reasons?

1526

5. Did you have any limitations in collecting this data?

No.

Table: Redetermination in CHIP

These tables are auto-populated with the data you entered above.

Type	Number	Percent
Children screened for redetermination	177321	100%
Children retained after redetermination	171650	96.8%
Children disenrolled after redetermination	5761	3.25%

Table: Disenrollment in CHIP after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	5761	100%
Children disenrolled for procedural reasons	112	1.94%
Children disenrolled for eligibility reasons	4033	70.01%
Children disenrolled for other reasons	1526	26.49%

## Part 4: Redetermination in Medicaid

Redetermination is the process of redetermining whether a child is eligible to renew in Medicaid (Title XIX) every 12 months. This section doesn't apply to any mid-year changes in circumstances that may affect eligibility (for example: income, relocation, or aging out of the program).

1.

How many children were eligible for redetermination in Medicaid in FFY 2021?

1057734

2.

Of the eligible children, how many were then screened for redetermination?

597040

3.

How many children were retained in Medicaid after redetermination?

595235

4.

How many children were disenrolled in Medicaid after the redetermination process?

This number should be equal to the total of 4a, 4b, and 4c below.

1805

**Computed:** 1805

4a.

How many children were disenrolled for procedural reasons?

This could be due to an incomplete application, missing documentation, or a missing enrollment fee.

222

4b.

How many children were disenrolled for eligibility reasons?

This could be due to an income that was too high and/or eligibility in CHIP instead.

1096



4c.

How many children were disenrolled for other reasons?

487

5. Did you have any limitations in collecting this data?

No.

Table: Redetermination in Medicaid

These tables are auto-populated with the data you entered above.

Type	Number	Percent
Children screened for redetermination	597040	100%
Children retained after redetermination	595235	99.7%
Children disenrolled after redetermination	1805	0.3%

Table: Disenrollment in Medicaid after Redetermination

Type	Number	Percent
Children disenrolled after redetermination	1805	100%
Children disenrolled for procedural reasons	222	12.3%
Children disenrolled for eligibility reasons	1096	60.72%
Children disenrolled for other reasons	487	26.98%

## Part 5: Tracking a CHIP cohort (Title XXI) over 18 months

Tracking a cohort of children enrolled in CHIP (Title XXI) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.

To track your cohort, identify a group of children ages 0 to 16 years who are newly enrolled in CHIP and/or Medicaid as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.

You'll identify a new cohort every two years. This last year you reported on the number of children at the start of the cohort (Jan - Mar 2020) and six months later (July - Sept 2020). This year you'll report on the same cohort at 12 months (Jan - Mar 2021) and 18 months later (July - Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

## Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2020. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2020 must be born after January 2004. Similarly, children who are newly enrolled in February 2020 must be born after February 2004, and children newly enrolled in March 2020 must be born after March 2004.

1.

How does your state define "newly enrolled" for this cohort?

Newly enrolled in CHIP: Children in this cohort weren't enrolled in CHIP (Title XXI) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP in December 2019.

Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2.

Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-16 years) instead.

Yes

No

January - March 2020 (start of the cohort): included in 2020 report.

You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

3.

How many children were newly enrolled in CHIP between January and March 2020?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

11028

19817

7813

July - September 2020 (6 months later): included in 2020 report.

4.

How many children were continuously enrolled in CHIP six months later?

Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

7083

12003

4863

5.

How many children had a break in CHIP coverage but were re-enrolled in CHIP six months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

650

1342

587

6.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

0

12

3

7.

How many children were no longer enrolled in CHIP six months later?

Possible reasons for no longer being enrolled:  
b" Transferred to another health insurance program other than CHIP  
b" Didn't meet eligibility criteria anymore  
b" Didn't complete documentation  
b" Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

3295

6472

2363

8.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid six months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

1863

3536

1197

9. Is there anything else you'd like to add about your data?

No.

January - March 2021 (12 months later): to be completed this year.

This year, please report data about your cohort for this section

10.

How many children were continuously enrolled in CHIP 12 months later?

Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

2336

3891

1538

11.

How many children had a break in CHIP coverage but were re-enrolled in CHIP 12 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

154

280

119

12.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

2

1

1

13.

How many children were no longer enrolled in CHIP 12 months later?

Possible reasons for not being enrolled:  
b" Transferred to another health insurance program other than CHIP  
b" Didn't meet eligibility criteria anymore  
b" Didn't complete documentation  
b" Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

5470

10436

3884

14.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 12 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

July - September of 2021 (18 months later): to be completed this year

This year, please report data about your cohort for this section.

15.

How many children were continuously enrolled in CHIP 18 months later?

Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16



16.

How many children had a break in CHIP coverage but were re-enrolled in CHIP 18 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

168

325

116

17.

Of the children who had a break in CHIP coverage (in the previous question), how many were enrolled in Medicaid during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

0

0

8

18.

How many children were no longer enrolled in CHIP 18 months later?

Possible reasons for not being enrolled:  
b" Transferred to another health insurance program other than CHIP  
b" Didn't meet eligibility criteria anymore  
b" Didn't complete documentation  
b" Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

6639

11976

4530

19.

Of the children who were no longer enrolled in CHIP (in the previous question), how many were enrolled in Medicaid 18 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

0

25

69

36

20. Is there anything else you'd like to add about your data?

No.

## Part 6: Tracking a Medicaid (Title XIX) cohort over 18 months

Tracking a cohort of children enrolled in Medicaid (Title XIX) will indicate how long a specific group of children stays enrolled over an 18-month period. This information is required by Section 402(a) of CHIPRA.

To track your cohort, identify a group of children ages 0 to 16 years, who are newly enrolled in Medicaid and/or CHIP as of January through March 2020 (the second quarter of FFY 2020). Children in this cohort must be 16 years and 0 months or younger when they enroll to ensure they don't age out of the program by the end of the 18-month tracking period.

You'll identify a new cohort every two years. This last year you reported the number of children identified at the start of the cohort (Jan-Mar 2020) and six months later (July-Sept 2020). This year you'll report numbers for the same cohort at 12 months (Jan-Mar 2021) and 18 months later (July-Sept 2021). If data is unknown or unavailable, leave it blank - don't enter a zero unless the data is known to be zero.

## Helpful hints on age groups

Children should be in age groups based on their age at the start of the cohort, when they're identified as newly enrolled in January, February, or March of 2021. For example, if a child is four years old when they're newly enrolled, they should continue to be reported in the "ages 1-5" group at 6 months, 12 months, and 18 months later.

The oldest children in the cohort must be no older than 16 years (and 0 months) to ensure they don't age out of the program at the end of the 18-month tracking period. That means children in the "ages 13-16" group who are newly enrolled in January 2021 must be born after January 2004. Similarly, children who are newly enrolled in February 2021 must be born after February 2004, and children newly enrolled in March 2021 must be born after March 2004.

1.

How does your state define "newly enrolled" for this cohort?

Newly enrolled in Medicaid: Children in this cohort weren't enrolled in Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in Medicaid in December 2019.

Newly enrolled in CHIP and Medicaid: Children in this cohort weren't enrolled in CHIP (Title XXI) or Medicaid (Title XIX) during the previous month. For example: Newly enrolled children in January 2020 weren't enrolled in CHIP or Medicaid in December 2019.

2.

Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-16 years) instead.

Yes

No

January - March 2020 (start of the cohort): included in 2020 report

You completed this section in your 2020 CARTS Report. Please refer to that report to assist in filling out this section if needed.

3.

How many children were newly enrolled in Medicaid between January and March 2020?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

19971

8252

7100

2952

July - September 2020 (6 months later): included in 2020 report

You completed this section in your 2020 CARTS report. Please refer to that report to assist in filling out this section if needed.

4.

How many children were continuously enrolled in Medicaid six months later?

Only include children that didn't have a break in coverage during the six-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

19375

7752

6524

2695

5.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid six months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

154

84

57

42

6.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

7.

How many children were no longer enrolled in Medicaid six months later?

Possible reasons for no longer being enrolled:  
b" Transferred to another health insurance program other than Medicaid  
b" Didn't meet eligibility criteria anymore  
b" Didn't complete documentation  
b" Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

516

466

575

237

8.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP six months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

9. Is there anything else you'd like to add about your data?

January - March 2021 (12 months later): to be completed this year

This year, please report data about your cohort for this section.

10.

How many children were continuously enrolled in Medicaid 12 months later?

Only include children that didn't have a break in coverage during the 12-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

11.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 12 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

266

125

97

69

12.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

13.

How many children were no longer enrolled in Medicaid 12 months later?

Possible reasons for not being enrolled:  
b" Transferred to another health insurance program other than Medicaid  
b" Didn't meet eligibility criteria anymore  
b" Didn't complete documentation  
b" Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

1002

838

910

377

14.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 12 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

July - September of 2021 (18 months later): to be completed next year

This year, please report data about your cohort for this section.

15.

How many children were continuously enrolled in Medicaid 18 months later?

Only include children that didn't have a break in coverage during the 18-month period.

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16



16.

How many children had a break in Medicaid coverage but were re-enrolled in Medicaid 18 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

413

181

154

95

17.

Of the children who had a break in Medicaid coverage (in the previous question), how many were enrolled in CHIP during the break?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

18.

How many children were no longer enrolled in Medicaid 18 months later?

Possible reasons for not being enrolled:  
b" Transferred to another health insurance program other than Medicaid  
b" Didn't meet eligibility criteria anymore  
b" Didn't complete documentation  
b" Didn't pay a premium or enrollment fee

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

1602

1075

1063

451

19.

Of the children who were no longer enrolled in Medicaid (in the previous question), how many were enrolled in CHIP 18 months later?

Ages 0-1

Ages 1-5

Ages 6-12

Ages 13-16

20. Is there anything else you'd like to add about your data?

## Eligibility, Enrollment, and Operations

### Cost Sharing (Out-of-Pocket Costs)

States can choose whether or not to require cost sharing in their CHIP program. Cost sharing includes payments such as enrollment fees, premiums, deductibles, coinsurance, and copayments.

1.

Does your state require cost sharing?

Yes

No

2.

Who tracks cost sharing to ensure families don't pay more than the 5% aggregate household income in a year?

- Families ("the shoebox method")
- Health plans
- States
- Third party administrator
- Other

3. How are healthcare providers notified that they shouldn't charge families once families have reached the 5% cap?

Health plans notify providers that no cost sharing should be charged for these enrollees via notification through the provider portal, notification during eligibility and enrollment confirmations with the provider's office, and letters to providers. The health plan confirms this information upon request, such as via telephone. Upon request, the Florida Healthy Kids Corporation will issue a letter to the family that can be used at providers' offices as proof of the cost sharing exemption. The health plan may also issue a new identification card that indicates zero copayments.

4. Approximately how many families exceeded the 5% cap in the last federal fiscal year?

0

5.

Have you assessed the effects of charging premiums and enrollment fees on whether eligible families enroll in CHIP?

Yes

No

6.

Have you assessed the effects of charging copayments and other out-of-pocket fees on whether enrolled families use CHIP services?

Yes

No

8. Is there anything else you'd like to add that wasn't already covered?

No.

9.

Optional: Attach any additional documents here.

**Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.**

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

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## **Eligibility, Enrollment, and Operations**

### **Employer Sponsored Insurance and Premium Assistance**

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1.

Does your state offer ESI including a premium assistance program under the CHIP State Plan or a Section 1115 Title XXI demonstration?

Yes

No

## **Eligibility, Enrollment, and Operations**

### **Program Integrity**

States with a premium assistance program can use CHIP funds to purchase coverage through employer sponsored insurance (ESI) on behalf of eligible children and parents.

1.

Do you have a written plan with safeguards and procedures in place for the prevention of fraud and abuse cases?

Yes

No

2.

Do you have a written plan with safeguards and procedures in place for the investigation of fraud and abuse cases?

Yes

No

3.

Do you have a written plan with safeguards and procedures in place for the referral of fraud and abuse cases?

Yes

No

4. What safeguards and procedures are in place for the prevention, investigation, and referral of fraud and abuse cases?

The Title XXI Florida KidCare programs do not have a separate written plan for fraud and abuse prevention and investigation; however, subsections 409.814(9) and (10), Florida Statutes, explicitly detail the requirements for fraud and abuse prevention and investigation. As the central processor for eligibility for the non-Medicaid components of the Florida KidCare program, the Florida Healthy Kids Corporation has an eligibility review unit. This unit does research on eligibility issues and responds to inquiries regarding an individual child's eligibility. Requests for such reviews come from the managed care organizations, external entities or individuals, or anonymous reports.

5.

Do the Managed Care plans contracted by your Separate CHIP program have written plans with safeguards and procedures in place?

- Yes
- No
- N/A

6.

How many eligibility denials have been appealed in a fair hearing in FFY 2021?

0

7.

How many cases have been found in favor of the beneficiary in FFY 2021?

0

8.

How many cases related to provider credentialing were investigated in FFY 2021?

0

9.

How many cases related to provider credentialing were referred to appropriate law enforcement officials in FFY 2021?

0



10.

How many cases related to provider billing were investigated in FFY 2021?

77

11.

How many cases were referred to appropriate law enforcement officials in FFY 2021?

0

12.

How many cases related to beneficiary eligibility were investigated in FFY 2021?

0

13.

How many cases related to beneficiary eligibility were referred to appropriate law enforcement officials in FFY 2021?

0

14.

Does your data for Questions 8-13 include cases for CHIP only or for Medicaid and CHIP combined?

- CHIP only
- Medicaid and CHIP combined

15.

Do you rely on contractors for the prevention, investigation, and referral of fraud and abuse cases?

- Yes
- No

16.

Do you contract with Managed Care health plans and/or a third party contractor to provide this oversight?

- Yes
- No

17. Is there anything else you'd like to add that wasn't already covered?

No.

18.

Optional: Attach any additional documents here.

**Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.**

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

## **Eligibility, Enrollment, and Operations**

### **Dental Benefits**

Tell us about the children receiving dental benefits in your Separate CHIP program. Include children who are receiving full benefits and those who are only receiving supplemental dental benefits. Include the unduplicated number of children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

Note on age groups

Children should be in age groups based on their age on September 30th, the end of the federal fiscal year (FFY). For example, if a child turns three years old on September 15th, the child should be included in the "ages 3-5" group. Even if the child received dental services on September 1st while they were still two years old, all dental services should be counted as their age at the end of the FFY.

1.

Do you have data for individual age groups?

If not, you'll report the total number for all age groups (0-18 years) instead.

Yes

No

2.

How many children were enrolled in Separate CHIP for at least 90 continuous days during FFY 2021?

Ages 0-1

Ages 1-2

Ages 3-5

Ages 6-9

Ages  
10-14

Ages  
15-18

0

9611

35696

66008

94049

68754

3.

How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one dental care service during FFY 2021?

Ages 0-1

Ages 1-2

Ages 3-5

Ages 6-9

Ages  
10-14

Ages  
15-18

0

1924

12719

32155

43746

27600

## Dental care service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100-D9999 (or equivalent CDT codes D0100-D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim. All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

4.

How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received at least one preventative dental care service during FFY 2021?

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	1831	12015	30210	40641	24204

## Dental care service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D0100 - D9999 (or equivalent CDT codes D0100 - D9999, or equivalent CPT codes) based on an unduplicated paid, unpaid, or denied claim. All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

5.

How many children (who were enrolled in Separate CHIP for at least 90 continuous days) received dental treatment services during FFY 2021?

This includes orthodontics, periodontics, implants, oral and maxillofacial surgery, and other treatments.

Ages 0-1	Ages 1-2	Ages 3-5	Ages 6-9	Ages 10-14	Ages 15-18
0	307	3469	13357	15048	10974

#### Dental treatment service codes and definitions

The dental service must be provided by or under the supervision of a dentist as defined by HCPCS codes D2000-D9999 (or equivalent CDT codes D2000-D9999 or equivalent CPT codes that involve periodontics, maxillofacial prosthetics, implants, oral and maxillofacial surgery, orthodontics, adjunctive general services) based on an unduplicated paid, unpaid, or denied claim. All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

6.

How many children in the "ages 6-9" group received a sealant on at least one permanent molar tooth during FFY 2021?

8262

## Sealant codes and definitions

The sealant on a permanent molar tooth is provided by a dental professional for whom placing a sealant is within their scope of practice. It's defined by HCPCS code D1351 (or equivalent CDT code D1351) based on an unduplicated paid, unpaid, or denied claim. Permanent molars are teeth numbered 2, 3, 14, 15, 18, 19, 30, and 31, and additionally - for states covering sealants on third molars ("wisdom teeth") - teeth numbered 1, 16, 17, and 32. All data should be based on the definitions in the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Report (Form CMS-416).

7.

Do you provide supplemental dental coverage?

Yes

No

8. Is there anything else you'd like to add about your dental benefits? If you weren't able to provide data, let us know why.

No.

9.

Optional: Attach any additional documents here.

**Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.**

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

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# Eligibility, Enrollment, and Operations

## CAHPS Survey Results

Children's Health Insurance Program Reauthorization Act (CHIPRA) requires that all CHIP programs submit survey results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS). The survey assesses your CHIP program quality and customer satisfaction. For the 2021 CARTS report, we highly encourage states to report all raw CAHPS data to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database instead of reporting a summary of the data via CARTS. For 2022, the only option for reporting CAHPS results will be through the submission of raw data to ARHQ.

1.

Did you collect the CAHPS survey?

Yes

No

## Part 2: You collected the CAHPS survey

Since you collected the CAHPS survey, please complete Part 2.



1.

Upload a summary report of your CAHPS survey results.

This is optional if you already submitted CAHPS raw data to the AHRQ CAHPS database. Submit results only for the CHIP population, not for both Medicaid (Title XIX) and CHIP (Title XXI) together. Your data should represent children enrolled in all types of delivery systems (Managed Care, PCCM, and Fee for Service).

**Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.**

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

2.

Which CHIP population did you survey?

- Medicaid Expansion CHIP
- Separate CHIP
- Both Separate CHIP and Medicaid Expansion CHIP
- Other

3.

Which version of the CAHPS survey did you use?

- CAHPS 5.0
- CAHPS 5.0H
- Other

4.

Which supplemental item sets did you include in your survey?

Select all that apply.

- None
- Children with Chronic Conditions
- Other

5.

Which administrative protocol did you use to administer the survey?

Select all that apply.

NCQA HEDIS CAHPS 5.0H

HRQ CAHPS

Other

5a. Which administrative protocol did you use?

NCQA HEDIS CAHPS 5.1H

6. Is there anything else you'd like to add about your CAHPS survey results?

No.

## Part 3: You didn't collect the CAHPS survey

### Eligibility, Enrollment, and Operations

### Health Services Initiative (HSI) Programs

All states with approved HSI program(s) should complete this section. States can use up to 10% of their fiscal year allotment to develop Health Services Initiatives (HSI) that provide direct services and other public health initiatives for low-income children.

[See Section 2105(a)(1)(D)(ii) of the Social Security Act.] States can only develop HSI programs after funding other costs to administer their CHIP State Plan, as defined in regulations at 42 CFR 457.10.

1.

Does your state operate Health Service Initiatives using CHIP (Title XXI) funds?

Even if you're not currently operating the HSI program, if it's in your current approved CHIP State Plan, please answer "yes."

Yes

No

Tell us about your HSI program(s).

1. What is the name of your HSI program?

School Health Services Program

2.

Are you currently operating the HSI program, or plan to in the future?

Yes

No

3. Which populations does the HSI program serve?

Students 4 through 18 years of age in 66 Florida counties that receive CHIP funds to implement the Comprehensive School Health Services and/or Full Service School Programs. Please note that CHIP partially funds the above mentioned programs, with the remainder of funding (state general revenue) being provided by the State of Florida.

4.

How many children do you estimate are being served by the HSI program?

734477

5.

How many children in the HSI program are below your state's FPL threshold?

147630

**Computed:** 20.1%

Skip to the next section if you're already reporting HSI metrics and outcomes to CMS, such as in quarterly or monthly reports.

6. How do you measure the HSI program's impact on the health of low-income children in your state? Define a metric to measure the impact.

Children in schools served by Florida's HSI program receive a wide array of health services at school. These include nursing assessments, individualized healthcare plans, first aid and emergency health services, sick care, medication administration, medical procedures and treatments for students with physicians' orders, immunization follow-up, referrals to primary care or specialty health services, health education and statutorily required screenings for vision, hearing, scoliosis and growth and development. Students screened in grade levels mandated by Florida Administrative Code rule 64F-6.003 for: b" Vision: Screen 95% of students in kindergarten (KG), 1st, 3rd and 6th grades during non-pandemic year (10% during 2020-2021) b" Hearing: Screen 95% of students in kindergarten (KG), 1st and 6th grades during non-pandemic year (10% during 2020-2021) b" Scoliosis: Screen 95% of students in 6th grade during non-pandemic year (10% during 2020-2021) b" Growth and development: Screen 95% of students in kindergarten 1st, 3rd and 6th grades during non-pandemic year (10% during 2020-2021) Note: Due to the COVID-19 pandemic, school health staff in the field were directly involved in school-based activities to mitigate the impact of COVID-19 on students and learning. The Florida Department of Health lowered the percentage of students to be screened (from 95% to 10%) in consideration of the high pandemic workload in schools and the fact that some students were not on campus for in-person learning. Students eligible for screenings are those students whose parents have not opted them out of screening services and are screenable (do not have a profound disability that makes a screening(s) impossible to perform). The majority of county school health programs far exceeded the goal of screening 10% of students in the mandated grades. For the 2021-2022, the goal for percent of students to be screened has been increased to 50%. The goal will increase as the impact of COVID-19 in Florida schools decreases.

7. What outcomes have you found when measuring the impact?

Number and percent of eligible students screened in 2020-2021: b" Vision: 416,741 (63.06%) b" Hearing: 319,716 (63.74%) b" Scoliosis: 74,046 (43.33%) b" Growth and development: 264,142 (52.75%) Source: Florida Department of Health, Health Management System (screenings, referrals and outcomes entered at the county health department level between July 1, 2020 and June 30, 2021.

8. Is there anything else you'd like to add about this HSI program?

No.

9.

Optional: Attach any additional documents.

**Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.**

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

**Do you have another in this list?**

Optional

## State Plan Goals and Objectives

### Part 1: Tell us about your goals and objectives

Tell us about the progress you've made on your performance goals in the past year. The objectives and goals you add to this section should match those reflected in your CHIP State Plan, Section 9. Submit a CHIP State Plan Amendment (SPA) if any of them are different. Objective 1 is required. We've provided examples for other objectives, but you can edit them so they match the objectives in your CHIP State Plan. You can

add additional objectives and goals to fit what's in your CHIP State Plan.



1. Briefly describe your goal for this objective.

For example: In an effort to reduce the number of uninsured children, our goal is to enroll 90% of eligible children in the CHIP program.

The State plans to continue its goal of working toward moving below the national average of children who are uninsured (5.4 percent in 2020). The U.S. Census Bureau's 2020 ACS 1-year experimental estimates indicate that 7.1 percent of Florida's children were uninsured.

2.

What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP in the last federal fiscal year.

Florida children under the age of 19 represented in the 2020 American Community Survey (ACS) 1-year experimental estimates who lack health insurance.

4.

Numerator (total number)

318751

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of eligible children in the last federal fiscal year.

Florida children under age 19 represented in the 2020 ACS 1-year experimental estimates.

6.

Denominator (total number)

4480907

**Computed:** 7.11%

7.

What is the date range of your data?

**Start**

mm/yyyy

01 / 2020

**End**

mm/yyyy

12 / 2020

8.

Which data source did you use?

- Eligibility or enrollment data
- Survey data
- Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

Yes, the rate showed a slight improvement from the previous year.

10. What are you doing to continually make progress towards your goal?

The State's efforts toward increasing access to care through the inclusion of telehealth and extension of KidCare application deadlines in light of the COVID-19 pandemic, may help improve this metric

11. Anything else you'd like to tell us about this goal?

As there is still progress to be made on this objective, the State plans to maintain the same goal over the next three years of working toward moving below the national average of children who are uninsured. The current data associated with this goal utilizes the 2020 ACS 1-year experimental estimates released by the Census Bureau on November 30th, 2021. The Census Bureau urges data users to exercise caution when using this data, and they do not recommend using it to compare with their standard ACS estimates.

12.

Do you have any supporting documentation?


Optional

**Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.**

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

**Do you have another in this list?**

Optional



1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective so it matches what's in your CHIP State Plan.

Increase the number of enrollees satisfied with their health care.

1. Briefly describe your goal for this objective.

For example: In an effort to increase access to care, our goal is to increase the number of children who have visited a primary care physician by 5%.

The State seeks to increase access to care and aims to increase the number of families who indicate positive experiences with the care provided under their enrolled Florida KidCare program component by two percentage points between FFY 2021 and 2022 reporting.

2.

What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children enrolled in CHIP who visited a primary care physician in the last federal fiscal year.

The number of complete and eligible CAHPS survey respondents who rated their CHIP plan or program an "8", "9", or "10" on a 0-10 scale.

4.

Numerator (total number)

1516



Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

Number of complete and eligible CAHPS survey respondents who answered this survey question.

6.

Denominator (total number)

1854

**Computed:** 81.77%

7.

What is the date range of your data?

**Start**

mm/yyyy

01 / 2020

**End**

mm/yyyy

12 / 2020

8.

Which data source did you use?

- Eligibility or enrollment data
- Survey data
- Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

A slight improvement of .33 percentage points occurred.

10. What are you doing to continually make progress towards your goal?

Florida CHIP conducts the CAHPS survey each year to gauge family experiences. Plans conduct performance improvement plans assessing enrollee satisfaction. In addition, plans select families for feedback through focus groups or additional surveys to better understand their opinions about the CHIP program.

11. Anything else you'd like to tell us about this goal?

The State plans to maintain this goal over the next three years

12.

Do you have any supporting documentation?


Optional

**Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.**

Files must be in one of these formats: PDF, Word, Excel, or a valid image (jpg or png)

**Do you have another in this list?**

Optional



1. What is the next objective listed in your CHIP State Plan?

You can edit the suggested objective to match what's in your CHIP State Plan.

Improve the health status of children in Florida.

1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

To adhere to the established Guidelines for Health Supervision of Children and Youth as developed by the American Academy of Pediatrics (AAP), our goal is to increase the rate by 2% by FFY 2022 reporting.

2.

What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

The number of children receiving an age-appropriate (per the AAP guidelines) well child visit during the measurement period.

4.

Numerator (total number)

96350

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

The number of CHIP members eligible for a well child visit during the measurement period.

6.

Denominator (total number)

146054

**Computed:** 65.97%

7.

What is the date range of your data?

**Start**

mm/yyyy

01 / 2020

**End**

mm/yyyy

12 / 2020

8.

Which data source did you use?

- Eligibility or enrollment data
- Survey data
- Another data source



9. How did your progress towards your goal last year compare to your previous year's progress?

Due to changes in the HEDIS measure specifications the overall rate decreased, even though the numerator and denominator both saw increases. See question 13 for additional details

10. What are you doing to continually make progress towards your goal?

The utilization of telehealth visits can help increase this rate, as well as improve ease and access to well child visits. Telehealth enables patients to develop a rapport with a primary care provider and comply with recommended well child visits.

11. Anything else you'd like to tell us about this goal?

The State plans to maintain this goal over the next three years. Last year, this goal was a combination of the W15, W34, and AWC HEDIS measures and served as a way to tabulate and report the provision of well-child visits. All three of these measures were calculated using hybrid methodology. This year's data included two measures (W30 and WCV), both calculated through claims and encounter data only due to changes in HEDIS measure specifications. As a result, an accurate comparison between this year's rate and last year's rate was unable to be made. This will not be the case next year, as the specifications will not change, and the rates will be more comparable.

12.

Do you have any supporting documentation?

Optional

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1. Briefly describe your goal for this objective.

For example: In an effort to increase the use of preventative care, our goal is to increase the number of children who receive one or more well child visits by 5%.

2.

What type of goal is it?

- New goal
- Continuing goal
- Discontinued goal

Define the numerator you're measuring

3. Which population are you measuring in the numerator?

For example: The number of children who received one or more well child visits in the last federal fiscal year.

4.

Numerator (total number)

Define the denominator you're measuring

5. Which population are you measuring in the denominator?

For example: The total number of children enrolled in CHIP in the last federal fiscal year.

6.

Denominator (total number)

**Computed:**

7.

What is the date range of your data?

**Start**

mm/yyyy

01 / 2021

**End**

mm/yyyy

12 / 2021

8.

Which data source did you use?

- Eligibility or enrollment data
- Survey data
- Another data source

9. How did your progress towards your goal last year compare to your previous year's progress?

10. What are you doing to continually make progress towards your goal?

11. Anything else you'd like to tell us about this goal?

12.

Do you have any supporting documentation?

Optional

**Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.**

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**Do you have another in this list?**

Optional

**Do you have another objective in your State Plan?**

Optional

## Part 2: Additional questions

1. Do you have other strategies for measuring and reporting on your performance goals? What are these strategies, and what information have you found through this research?

2. Do you plan to add new strategies for measuring and reporting on your goals and objectives? What do you plan to do, and when will this data become available?

3. Have you conducted any focused studies on your CHIP population? (For example: studies on adolescents, attention deficit disorder, substance use, special healthcare needs, or other emerging healthcare needs.) What have you discovered through this research?

4.

Optional: Attach any additional documents here.

For example: studies, analyses, or any other documents that address your performance goals.

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## Program Financing

Tell us how much you spent on your CHIP program in FFY 2021, and how much you anticipate spending in FFY 2022 and 2023.

### Part 1: Benefit Costs

Please type your answers in only. Do not copy and paste your answers.

1.

How much did you spend on Managed Care in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 1,097,413,240

\$ 1,153,403,978

\$ 1,253,799,422

2.

How much did you spend on Fee for Service in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 0

\$ 0

\$ 0

3.

How much did you spend on anything else related to benefit costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 0

\$ 0

\$ 0

4.

How much did you receive in cost sharing from beneficiaries to offset your costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 27,978,073

\$ 28,869,358

\$ 32,667,658

Table 1: Benefits Costs

This table is auto-populated with the data you entered above.

Type	FFY 2021	FFY 2022	FFY 2023
Managed Care	1097413240	1153403978	1253799422
Fee for Service	0	0	0
Other benefit costs	0	0	0
Cost sharing payments from beneficiaries	27978073	28869358	32667658
Total benefit costs	1125391313	1182273336	1286467080

## Part 2: Administrative Costs

Please type your answers in only. Do not copy and paste your answers.



1.

How much did you spend on personnel in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

This includes wages, salaries, and other employee costs.

2021

2022

2023

\$ 0

\$ 0

\$ 0

2.

How much did you spend on general administration in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 2,503,042

\$ 2,619,053

\$ 2,675,493

3.

How much did you spend on contractors and brokers, such as enrollment contractors in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 20,640,416

\$ 19,842,445

\$ 20,725,929

4.

How much did you spend on claims processing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 0

\$ 0

\$ 0

5.

How much did you spend on outreach and marketing in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 1,200,000

\$ 1,200,000

\$ 1,200,000

6.

How much did you spend on your Health Services Initiatives (HSI) if you had any in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

\$ 15,490,801

\$ 16,020,182

\$ 15,927,998

7.

How much did you spend on anything else related to administrative costs in FFY 2021? How much do you anticipate spending in FFY 2022 and 2023?

2021

2022

2023

Table 2: Administrative Costs

This table is auto-populated with the data you entered above. Your total administrative costs cannot be more than 10% of your total CHIP program costs (the sum of your benefit and administrative costs). The 10% administrative cap is calculated by dividing the total benefit costs by 9.

<b>Type</b>	<b>FFY 2021</b>	<b>FFY 2022</b>	<b>FFY 2023</b>
Personnel	0	0	0
General administration	2503042	2619053	2675493
Contractors and brokers	20640416	19842445	20725929
Claims processing	0	0	0
Outreach and marketing	1200000	1200000	1200000
Health Services Initiatives (HSI)	15490801	16020182	15927998
Other administrative costs	0	0	0
Total administrative costs	39834259	39681680	40529420
10% administrative cap	118826129.67	124948291.11	135681307.11

Table 3: Federal and State Shares

CHIP is funded by federal and state budgets. The federal share of funding is calculated by multiplying your state's Federal Medical Assistance Percentage (eFMAP) by your total program costs (the sum of your benefit and administrative costs). The remaining amount of your total program costs is covered by your state share of funding. This table is auto-calculated using the data you entered above. The federal and state shares for FFY 2023 will be calculated once the eFMAP rate for 2023 becomes available. In the meantime, these values will be blank.

<b>FMAP Table</b>	<b>FFY 2021</b>	<b>FFY 2022</b>	<b>FFY 2023</b>
Total program costs	1165225572	1221955016	1326996500
eFMAP	73.37	72.72	Not Available
Federal share	854926002.18	888605687.64	Not Available
State share	310299569.82	333349328.36	Not Available

8.

What were your state funding sources in FFY 2021?

Select all that apply.

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

9.

Did you experience a shortfall in federal CHIP funds this year?

- Yes
- No

### **Part 3: Managed Care Costs**

Complete this section only if you have a Managed Care delivery system.

1.

How many children were eligible for Managed Care in FFY 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021

2022

2023

4419048

4444566

4780940

2.

What was your per member per month (PMPM) cost based on the number of children eligible for Managed Care in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?

Round to the nearest whole number.

2021

2022

2023

\$ 248

\$ 259

\$ 262

Type	FFY 2021	FFY 2022	FFY 2023
Eligible children	4419048	4444566	4780940
PMPM cost	248	259	262

## Part 4: Fee for Service Costs

Complete this section only if you have a Fee for Service delivery system.

1.

How many children were eligible for Fee for Service in FFY 2021? How many do you anticipate will be eligible in FFY 2022 and 2023?

2021

2022

2023

2.

What was your per member per month (PMPM) cost based on the number of children eligible for Fee For Service in FFY 2021? What is your projected PMPM cost for FFY 2022 and 2023?

The per member per month cost will be the average cost per month to provide services to these enrollees. Round to the nearest whole number.

2021

2022

2023

Type	FFY 2021	FFY 2022	FFY 2023
Eligible children	0	0	0
PMPM cost	Not Answered	Not Answered	Not Answered



1. Is there anything else you'd like to add about your program finances that wasn't already covered?

No.

2.

Optional: Attach any additional documents here.

**Click Choose Files and make your selection(s) then click Upload to attach your files. Click View Uploaded to see a list of all files attached here.**

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## Challenges and Accomplishments

1. How has your state's political and fiscal environment affected your ability to provide healthcare to low-income children and families?

Florida's Governor and Legislature remain supportive of the role CHIP plays in making affordable, quality healthcare services available to uninsured, low-income children and families. From a fiscal perspective, the process includes a review of enrollment, projected enrollment, revenues, and expenses. Specifically, the Florida KidCare Social Services Estimating Conference (SSEC) convenes several times each year. Representatives from the Executive Office of the Governor, the Florida Legislature, and the Division of Economic and Demographic Research evaluate the program's enrollment and expenditures and make recommendations for the state's annual legislative budget. Each year, the Florida Legislature considers the recommendations of the SSEC. Historically, the Florida Legislature has appropriated funds to meet the needs of the program.

2. What's the greatest challenge your CHIP program has faced in FFY 2021?

The COVID-19 pandemic impacted all aspects of the CHIP program: children's health, family income, enrollment, and administration. Health plans provide case management and other support as needed to members and provide COVID-19 educational materials to enrollees. Business disruptions and increased unemployment resulting from the COVID-19 pandemic lowered family incomes. Consequently, CHIP enrollment decreased, as applications and members with reduced income were referred to Florida Medicaid. Throughout the COVID-19 pandemic, services to families continued without disruption. CHIP health plans monitor provider networks to ensure children continue to have access to services. The number of providers offering telehealth services increased.

3. What are some of the greatest accomplishments your CHIP program has experienced in FFY 2021?

Working collaboratively across all partner agencies, the continuum of care provided to Florida's children through four unique programs was effectively leveraged to keep kids covered during the COVID-19 pandemic. While some programs felt drastic enrollment decreases, thousands of families were successfully shifted to lower cost programs, including Medicaid, resulting in continued coverage. As the state and nation work toward the end of the public health emergency, this same group of partners will work together to shift back the families whose incomes have improved enough to warrant an upward shift back to their original insurance program. This effort demonstrated effective communication and leadership during a time of great programmatic strain.

4. What changes have you made to your CHIP program in FFY 2021 or plan to make in FFY 2022? Why have you decided to make these changes?

Third-Party Administrator (TPA) Transition Effective in 2022, the Florida Healthy Kids Corporation (FHKC) is transitioning third-party administrators for CHIP eligibility, enrollment, and call center services. This new contract will enhance FHKC's communication and member outreach by redesigning the public website and secure parent portal, adding secure chat capability and an enhanced phone system, while also allowing families to opt into alternative communication methods, such as text. These features are intended to communicate with families in the methods they prefer. Dental Coverage and Services Procurement FHKC is procuring new Florida Healthy Kids dental coverage and service providers (i.e., dental managed care organizations) with services to commence July 1, 2022. The contract resulting from this procurement is anticipated to enhance performance standards and corresponding guarantees, and other contract provisions will also strengthen vendor accountability and improve customer service.

5. Is there anything else you'd like to add about your state's challenges and accomplishments?

No.

6.

Optional: Attach any additional documents here.

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