Florida KidCare Coordinating Council

2012 Annual Report and Recommendations

Florida KidCare

Florida KidCare
Coordinating Council

H. Frank Farmer, Jr., M.D., Ph.D., F.A.C.P., *Chair*
Paul Belcher
Maggie Blackburn, M.D., F.A.A.F.P.
Bart Carey, D.M.D.
Natalie Carr, D.D.S., M.S.
Elizabeth Dudek
Lori Fahey
Steve Freedman, Ph.D.
Peter Gorski, M.D., M.P.A.
Amy Guinan
Roger Hahn
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Beth Kidder
Nathan Lewis
Eric Lingswiler
Terri McGarrity, MSW
Linda Merrell, R.N.
Michele Polland
Joe Quetone
Jodi Ray
Rich Robleto
Margarita Romo
Kenney Shipley
Louis St. Petery, Jr., M.D.
Tammy Thompson
Myra Valentine
Heather Wildermuth
Karen Woodall

January 20, 2012

Dear Fellow Floridians:

The Florida KidCare Coordinating Council is pleased to present its 2012 Annual Report and Recommendations. Florida KidCare is our Children's Health Insurance Program (CHIP) for uninsured children under age 19. The program partners—Medicaid for children, Florida Healthy Kids, MediKids, and the Children's Medical Services Network—provide comprehensive health coverage to almost 2 million Florida children.

Each year, the council recommends a variety of strategies to improve Florida KidCare. The council adopts recommendations it believes present the best opportunity to make it easier for eligible children to remain in the program or to help newly eligible children enroll. For 2012, the council identified a single priority state recommendation:

> Fully fund the Florida KidCare program, including its annualization and medical trend needs, projected growth, outreach, and increased medical and dental costs in order to maximize the use of Florida's CHIP federal funds and include all eligible uninsured children.

Thirteen additional state recommendations for long-term program improvement and five federal recommendations are not prioritized.

The council welcomes suggestions on ways to improve the program and reduce the number of uninsured children in our state.

Sincerely,

H. Frank Farmer, Jr., M.D., Ph.D., F.A.C.P.
Council Chair

Attachment

4052 Bald Cypress Way, Bin A-06 | Tallahassee, FL 32399-1723 | (850) 245-4200
www.floridakidcare.org

Florida KidCare Coordinating Council Members

(as of December 2011)

H. Frank Farmer, Jr., M.D., Ph.D., F.A.C.P.
Council Chair

Paul Belcher
Florida Hospital Association

Maggie Blackburn, M.D., FAAFP
FSU College of Medicine

Bart Carey, D.M.D.
Florida Dental Association

Natalie Carr, D.D.S.
Florida Dental Association (Pediatric Dentistry)

Elizabeth Dudek
Agency for Health Care Administration

Lori Fahey
Family Café, Inc.

Steve Freedman, Ph.D.
Florida Healthy Kids Corporation

Peter Gorski, M.D.
The Children's Trust

Amy Guinan
Florida Legal Services, Inc.

Roger Hahn
Coventry Health Care of Florida

Jay Kassack
AMERIGROUP Florida

Beth Kidder
Agency for Health Care Administration

Nathan Lewis
Department of Children and Families

Eric Lingswiler
Office of Insurance Regulation

Terri McGarrity, MSW
Agency for Persons with Disabilities

Linda Merrell
Child Advocate

Michele Polland
Department of Education

Joe Quetone
Florida Governor's Council on Indian Affairs, Inc.

Jodi Ray
The Lawton and Rhea Chiles Center for Healthy Mothers and Babies, University of South Florida

Rich Robleto
Florida Healthy Kids Corporation

Margarita Romo
Farmworker Self-Help, Inc.

Kenney Shipley
Neurological Injury Compensation Association

Louis St. Petery, Jr., M.D.
Florida Pediatric Society

Tammy Thompson
Florida Institute for Family Involvement

Myra Valentine
Florida League of Cities

Heather Wildermuth
Florida Association of Counties

Karen Woodall
Child Advocate

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The KidCare Coordinating Council gratefully acknowledges the assistance and cooperation of the Florida KidCare partner agencies in providing information needed for the preparation of its annual report:

- *Agency for Health Care Administration*
- *Department of Children and Families*
- *Department of Health*
- *Florida Healthy Kids Corporation*
- *University of South Florida, Covering Kids and Families Project*

Any errors contained in this report are the responsibility of the council's staff, and not the individuals or organizations that provided the original information.

Background

Statutory Authority and Council Composition

The Florida KidCare Coordinating Council, created in Section 409.818(2)(b), *F.S.*, is responsible for making recommendations concerning the implementation and operation of the Florida KidCare Children's Health Insurance Program.

Chaired by the Department of Health, the council represents a diverse group of child advocates, health care providers, local government representatives, health insurers, state universities and state agencies.

The council's recommendations reflect an understanding of the complexity of the program, issues related to implementation, and the diversity of the population served. The recommendations contained in this report reflect the interests of the council as a whole. Individual members or the organizations they represent, however, may not support some of the recommendations. The council welcomes suggestions on ways to improve the program and reduce the number of uninsured children in our state.

Creation of the Florida KidCare Coordinating Council

409.818 Administration. – In order to implement ss. 409.810-409.820, the following agencies shall have the following duties:

(2) The Department of Health shall:

(b) Chair a state-level coordinating council to review and make recommendations concerning the implementation and operation of the program. The coordinating council shall include representatives from the department, the Department of Children and Family Services, the agency, the Florida Healthy Kids Corporation, the Office of Insurance Regulation of the Financial Services Commission, local government, health insurers, health maintenance organizations, health care providers, families participating in the program, and organizations.

Introduction

In 2012, it is estimated that Florida's total population will be 19,009,544 (*Florida Demographic Estimating Conference, November 30, 2011*. Individuals age 19 and younger represent 24 percent of the total state population (*Florida Population by Age Group, Florida Demographic Summary, Office of Economic and Demographic Research, the Florida Legislature*).

Georgetown University's Center for Children and Families recently reported on child health insurance coverage in the United States. The report found that 34 states, including Florida, reduced their uninsured rate from 2008 to 2010. Florida's child uninsurance rate declined by 4 percent from 667,758 uninsured children in 2008 to 506,934 in 2010. As of 2010, Florida's child uninsurance rate was 12.7 percent (*Despite Economic Challenges, Progress Continues: Children's Health Insurance Coverage in the United States from 2008-2010*, Georgetown University, Center for Children and Families, November 2011).

Research by the Urban Institute found that increased participation in Medicaid and the Children's Health Insurance Program (CHIP) was associated with a decline in the number of children eligible for these programs but uninsured. California, Florida and Texas account for 39.9 percent of the eligible but uninsured child population.

The Urban Institute estimates that 381,000 Florida children, representing 8.8 percent of the total U.S. number of 4,349,000, are eligible for Medicaid or the Children's Health Insurance Program, but uninsured. **Table 1** compares Florida's Medicaid and Children's Health Insurance Program participation rates to the U.S. and South Region for 2008 and 2009. (*Gains for Children: Increased Participation in Medicaid and CHIP in 2009*, Kenney, G., Lynch, V., Haley, J., Huntress, M., Resnick, D., and Coyer, C., Urban Institute, August 2011).

Table 1. Medicaid/CHIP Participation Rates Among Children (0-18), 2008 and 2009

	2008 Rate	2009 Rate	Difference
U.S.	82.1%	84.8%	2.7%
South Region	80.3%	83.1%	2.8%
Florida	**70.1%**	**77.0%**	**7.0%**

Source: Gains for Children: Increased Participation in Medicaid and CHIP in 2009, Kenney, G., Lynch, V., Haley, J., Huntress, M., Resnick, D., and Coyer, C., Urban Institute, August 2011.

Insurance coverage is related to better health outcomes. In an issue brief by Mathematica Policy Research, Inc., the authors reported that:

- Uninsured young children have lower immunization rates than insured children.
- Uninsured children are 70 percent less likely than insured children to receive medical care for common childhood conditions, such as sore throat, or for emergencies.
- Parents of uninsured children are more likely to report unmet need for mental health services for their children. Uninsured children also are less likely to receive treatment for chronic conditions such as diabetes and asthma.
- Uninsured children have less access to a usual source of care, community-based services, and services to make transitions to childhood.
- Untreated health conditions cause uninsured children to lose opportunities for normal development. Their educational achievement suffers because they miss more days of school (*How Does Insurance Coverage Improve Health Outcomes?* Issue Brief, Bernstein, J., Chollet, D., and Peterson, S., Mathematica Policy Research, Inc., #1, April 2010).

Program Overview

Florida KidCare is the state's children's health insurance program for uninsured children from birth to age 19 who meet income and eligibility requirements. The 1998 Legislature created Florida KidCare in response to the U.S. Congress' passage of Title XXI of the Social Security Act in 1997 — the State Children's Health Insurance Program.

Three state agencies and the Florida Healthy Kids Corporation, a non-profit organization, form the core of the Florida KidCare partnership. The four components are:

- **MediKids** for children ages 1 to 5 (administered by the Agency for Health Care Administration);
- **Florida Healthy Kids** for children ages 5 to 19 (administered by the Florida Healthy Kids Corporation). The Agency for Health Care Administration also contracts with Florida Healthy Kids to conduct Title XXI eligibility determinations;
- **Children's Medical Services (CMS) Network** for children with special health care needs up to 200% of the Federal Poverty Level (administered by the Department of Health for physical health and the Department of Children and Families for specialized behavioral health), and
- **Medicaid for Children** from birth to age 19 (the Agency for Health Care Administration administers the Medicaid program and the Department of Children and Families determines eligibility for Medicaid). See **Figure 1** for Florida KidCare eligibility by age and income.

Figure 2 provides an overview of the major Florida KidCare program functions assigned to each Florida KidCare program partner.

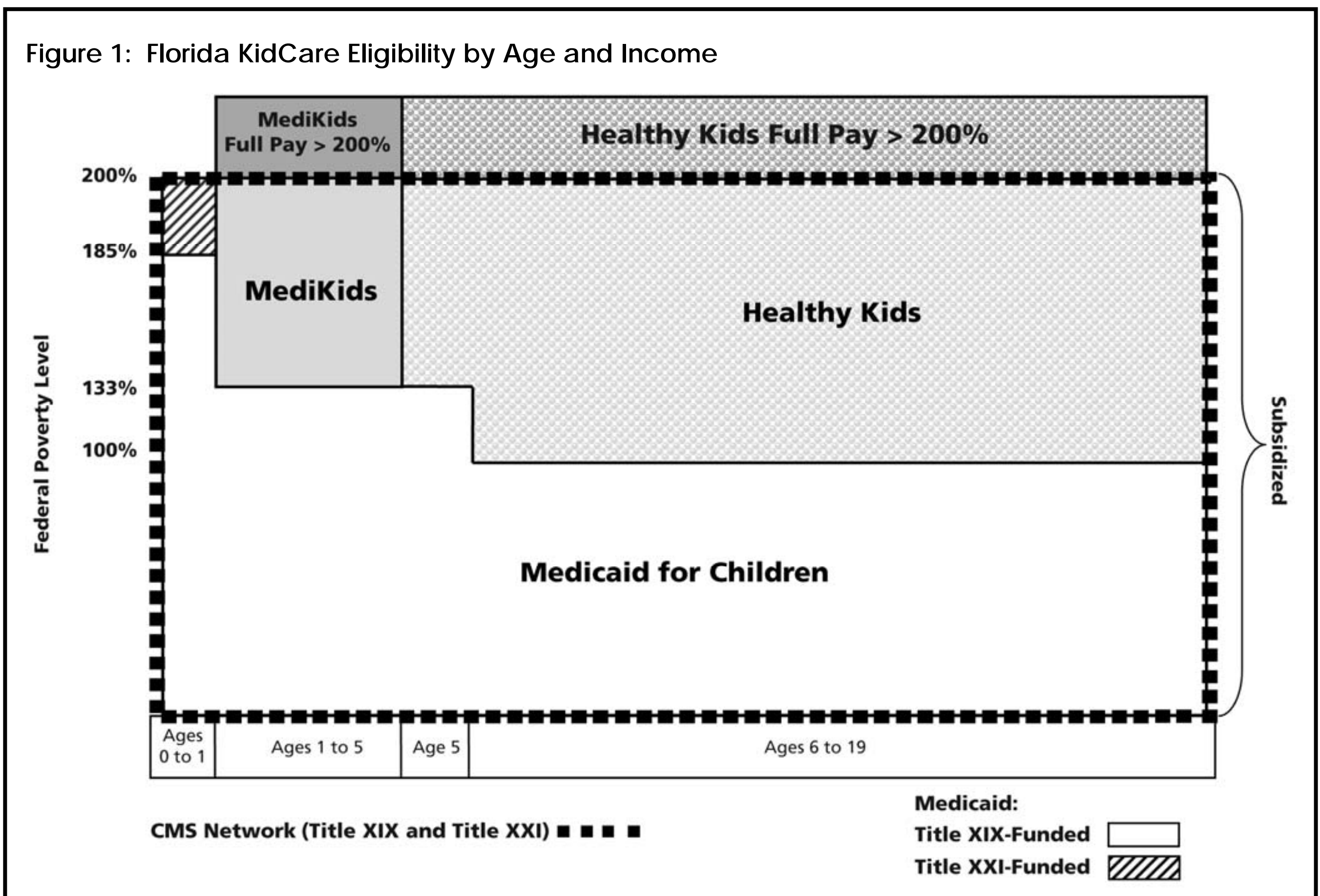
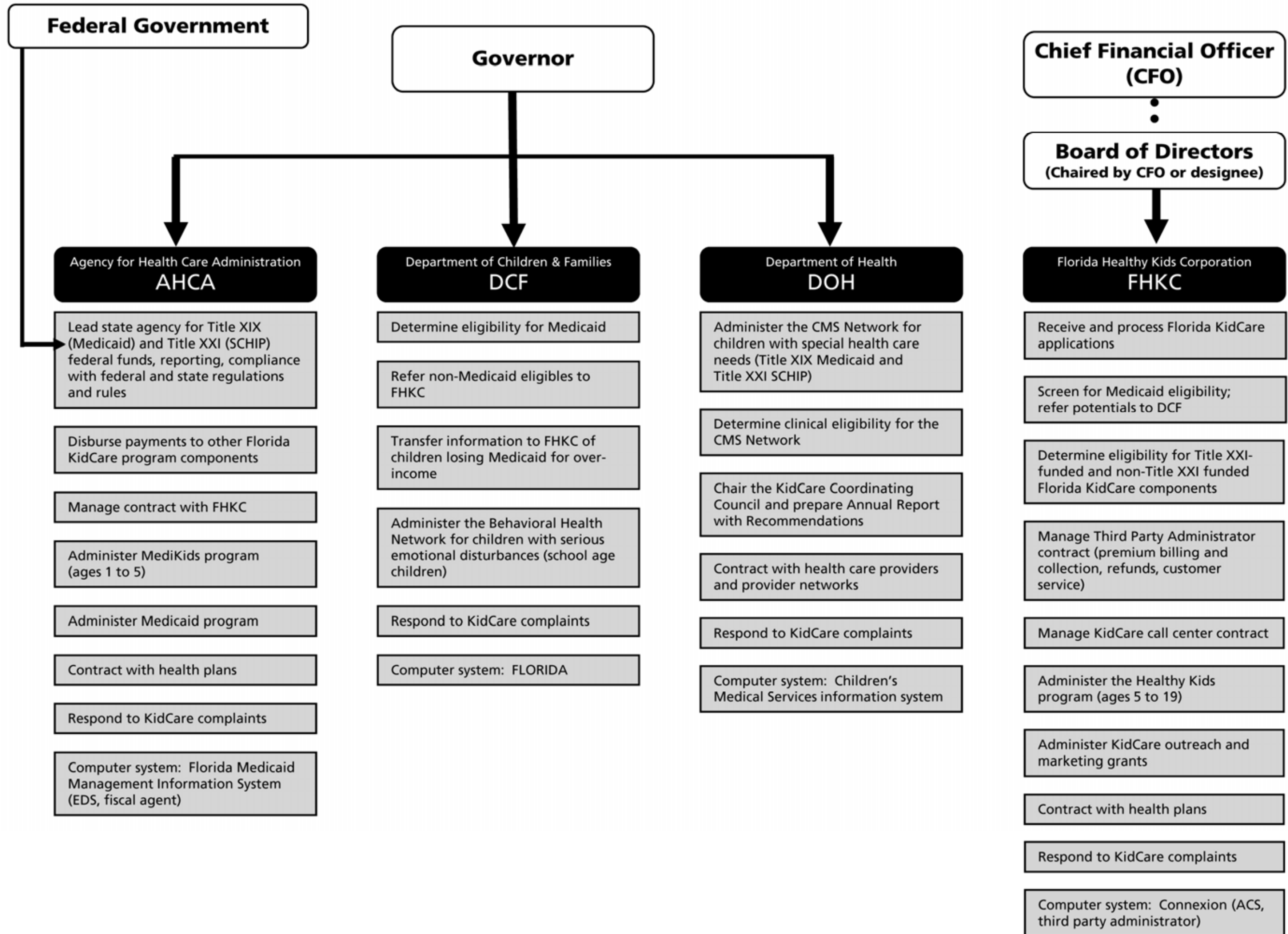


Figure 1: Florida KidCare Eligibility by Age and Income

Figure 2: Overview of Florida KidCare Responsibilities



Funding

The Florida KidCare program is financed with a combination of federal and state funds and family contributions. Federal funding comes from two sources: Medicaid (Title XIX of the Social Security Act) and the Children's Health Insurance Program, or CHIP (Title XXI of the Social Security Act).

Medicaid is an entitlement program authorized by Title XIX of the Social Security Act. A State must provide coverage to any individual who meets all of the eligibility requirements. There is no cost sharing for children's Medicaid. For FFY 2011, Florida's match rate for Title XIX Medicaid is 56.04 percent federal funding to 43.96 percent state funding.

CHIP is a non-entitlement program authorized by Title XXI of the Social Security Act. The State has access to a fixed amount of federal funds to extend health insurance benefits to eligible children. In a non-entitlement program, a State may determine how many children to cover and may stop enrollment or modify benefits within broad federal requirements to ensure expenditures do not exceed the Title XXI budget. The CHIP federal law provides states more flexibility to establish children's health insurance programs tailored to their populations.

CHIP has a more favorable matching rate than Medicaid, with the federal government contributing 69 cents for every 31 cents Florida invests in children's health insurance. For FFY 2011, the match rate for Florida CHIP is 69.23 percent federal funding to 30.77 percent state funding.

Tobacco settlement trust funds and general revenue comprise the state's share of funding. Family premium payments are another source of funding for the program; however, family premiums are not eligible for matching with federal Title XXI funds.

For FY 2011-12, the Florida Legislature appropriated approximately $506.76 million in state and federal funds for the Title XXI-funded Florida KidCare program components, which, when $14.2 million in family contributions are added, support a budgeted average monthly Title XXI caseload of 277,646 children, including 966 children enrolled in the CMS Network for physical health and the Behavioral Health Network for specialized behavioral health care.

Appendix A shows FY 2011-12 Florida KidCare Appropriations.

MediKids, Healthy Kids and part of the CMS Network are funded with Title XXI CHIP money. Families with incomes at or below 150 percent of the Federal Poverty Level whose children are eligible for one of the Florida KidCare components pay a monthly premium of $15, regardless of the number of children in the family. Families with incomes from 151 percent to 200 percent of the Federal Poverty Level pay a $20 monthly premium. There are small co-payments for children enrolled in Healthy Kids. Children under age one with family incomes between 185 percent and 200 percent of the Federal Poverty Level (FPL) are enrolled in the Medicaid program, but their coverage is financed with Title XXI funds and there is no cost sharing. **Table 2** illustrates major differences between Title XIX Medicaid and Title XXI CHIP.

Florida Healthy Kids also serves a small number of non-Title XXI eligible children with a combination of state and local funds and family contributions.

MediKids and Healthy Kids offer a "full pay" option for children with family incomes above 200 percent of the Federal Poverty Level. No state or federal funds are used for the full pay population.

As of November 2011, the monthly per child premium rate increased from $159 to $196 for full pay MediKids. The full pay per child rate for Healthy Kids, including dental coverage, is $133. Currently, there is no full-pay option for infants up to age 1 with family incomes above 200 percent of the Federal Poverty Level. There is not a separate full pay option for the Children's Medical Services Network. Children with special health care needs with family incomes above 200 percent of the Federal Poverty Level may enroll in MediKids or Healthy Kids full-pay, depending on the child's age.

Table 2: Comparison of Title XIX (Children's Medicaid) and Title XXI (CHIP) of the Social Security Act

	Title XIX of the Social Security Act (Medicaid)	Title XXI of the Social Security Act (SCHIP)
Description	• Medicaid is the only Title XIX-funded component of Florida KidCare. The CMS Network provides services to Title XIX and Title XXI eligible children with special health care needs • Available to children, families, pregnant women, the elderly and disabled people who meet financial and categorical eligibility requirements • FFY 2011 match rate: 56.04% federal 43.96% state	• SCHIP Title XXI-funded components: o MediKids, ages 1 to 5 o Healthy Kids, ages 5 to 19 o CMS Network, special health care needs, ages 1 to 19 o Medicaid for children under age one (185%-200% FPL) • Available to uninsured children through age 18 who meet eligibility requirements • FFY 2011 match rate: 69.23% federal 30.77% state
Age and Income Eligibility	• 0 to 1: 185% FPL • 1 to 6: 133% FPL • 6 to 19: 100% FPL	• 0 to 1: 186%-200% FPL • 1 to 6: 134%-200% FPL • 6 to 19: 101%-200% FPL
Program Flexibility	• Entitlement: State must cover all individuals who meet financial and categorical eligibility requirements • State must cover certain services at specified levels	• Non-entitlement: State may limit enrollment based on availability of funds • State has more discretion in amount, duration and scope of services offered
Child Eligibility Requirements	• Must meet age and income requirements • May have other health insurance • U.S. citizen or qualified non-citizen; documentation of citizenship and identity required • May be a dependent of a state employee eligible for state health insurance benefits • Not in a public institution or institution for mental diseases	• Birth to age 19; above Title XIX Medicaid eligibility levels to 200% FPL ($44,700 for a family of four in 2011) • Uninsured and ineligible for Medicaid • U.S. citizen or qualified non-citizen • Not a dependent of a state employee eligible for state health insurance benefits • Not in a public institution or institution for mental diseases
December 2011 Enrollment* *Medicaid & MediKids enrollment as of 11/30/11	Birth to 6: 714,152 6 to 11: 436,216 11 to 19: 554,508 **Title XIX Enrollment Total: 1,704,876**	Healthy Kids Title XXI: 198,969 MediKids: 28,662 CMS Network Title XXI: 23,106 Title XXI Medicaid for infants: 713 **Title XXI Enrollment Total: 251,450**
Services	• Comprehensive health benefits, including dental, transportation and waiver services	• MediKids and CMS Network: Medicaid benefits (except waiver services) • Healthy Kids: Comprehensive benefits, including dental
Cost-sharing	• None for children	• Families pay $15 or $20 premium per month based on income up to 200% FPL, regardless of the number of children in the family • Full pay Healthy Kids and MediKids above 200% FPL at monthly per child rate (Healthy Kids $133, MediKids $196) • Co-payments for Healthy Kids enrollees

The original State Children's Health Insurance Program gave states three years to spend their CHIP federal allotment balances. During the early years of the program, Florida did not expend all of its CHIP allotment balances, and approximately $119.7 million of federal funds reverted to the federal government and was redistributed to states that used all of their federal funds.

In FFY 2004, because Florida used all of its FFY 2001 CHIP allotment, the state received CHIP redistribution funds of approximately $132.6 million. Florida received another allocation of $36.6 million in redistribution funds, due to using all of the State's FFY 2002 CHIP allotment.

In late 2006, Congress enacted legislation to redistribute existing unspent federal CHIP funds to some of the states that were projected to face federal funding shortfalls. Florida, as a state that did not use all of its federal funds, lost $20 million from its federal allocation to help finance the shortfalls in the other states.

In February 2009, the President signed into law the Children's Health Insurance Program Reauthorization Act (CHIPRA), which reduced the amount of time states have to spend unused federal allotment balances from three years to two years.

Table 3 shows Florida's actual and projected CHIP federal allotments, expenditures and balances through the first nine months of Federal Fiscal Year 2016.

Table 3: Florida CHIP Federal Allotments, Expenditures and Balances (in millions, rounded)

Federal Fiscal Year	Beginning Balance	CHIP Allotment	CHIP Allotment Reversion	Projected CHIP Allotment Reversion	CHIP Redistribution Funds Earned	Total Revenue	Federal Expenditures	Cash Balance
2006	$403.5	$249.3				$652.9	$214.1	$438.7
2007	$438.7	$296.1	($20)			$714.8	$261.7	$453.1
2008	$453.1	$301.7				$754.8	$272.3	$482.5
2009	$482.5	$356.1				$838.6	$286.4	$552.2
2010	$552.2	$356.1		($243.7)		$664.6	$308.5	$356.1
2011	$356.1	$324.9				$681.0	$357.8	$323.2
2012	$323.2	$339.8				$663.0	$344.2	$318.8
2013	$318.8	$339.8				$658.6	$370.9	$287.7
2014	$287.7	$339.8				$627.5	$402.7	$224.8
2015	$224.8	$339.8				$564.6	$433.6	$131.0
2016 (9 months)	$131.0	$339.8				$470.8	$344.2	$126.6

Source: Table created from data provided by the Agency for Health Care Administration, Estimated CHIP Allotment Balances, KidCare Expenditure Estimating Conference, December 12, 2011.

Eligibility

To qualify for Florida KidCare *Title XXI-subsidized coverage*, a child must meet the following eligibility requirements:

- Under age 19
- Uninsured
- U.S. citizen or a qualified non-citizen
- Not in a public institution or in an institution for mental diseases
- Not eligible for Medicaid
- Not the dependent of a public employee eligible for federal or state health insurance benefits
- Family income at or below 200 percent of the Federal Poverty Level. **(Table 4)**

Table 4: 2011 Federal Poverty Level Guidelines (FPL)

Persons in Family or Household	100% of FPL	133% of FPL	200% of FPL
	Annual Income	Annual Income	Annual Income
1	$10,890	$14,484	$21,780
2	$14,710	$19,564	$29,420
3	$18,530	$24,645	$37,060
4	$22,350	$29,726	$44,700
5	$26,170	$34,806	$52,340
6	$29,990	$39,887	$59,980
7	$33,810	$44,967	$67,620
8	$37,630	$50,048	$75,260

For each additional person add $3,820
Source: U.S. Department of Health and Human Services, January 2011, aspe.hhs.gov

Many of the Title XXI eligibility requirements also apply to Medicaid. In contrast to Title XXI, however, a child may have other health insurance or be the dependent of a state employee and still qualify for Medicaid provided other eligibility requirements are met.

Except for federal prohibitions, state law changes enacted in 2009 provide for otherwise eligible children to qualify for Title XXI premium assistance without a waiting period if their parents voluntarily canceled private or employer-sponsored health insurance coverage for one of these reasons:

- the cost of the child's participation in the family member's health insurance benefit plan is greater than 5 percent of the family's income;
- parent lost a job that provided an employer sponsored health benefit plan for children;
- death of the parent who had the health benefits coverage for the child;
- child has a medical condition that, without medical care, would cause serious disability, loss of function, or death;
- parent's employer canceled health benefits coverage for children;
- child's health benefits coverage ended because the child reached the maximum lifetime coverage amount;
- child has exhausted coverage under a COBRA continuation provision;
- The health benefits coverage does not cover the child's health care needs; or
- Domestic violence led to loss of coverage.

Special health care needs. To qualify for CMS Network services a child must meet clinical eligibility criteria and have a chronic physical, developmental, behavioral or emotional condition that has lasted or is expected to last at least 12 months. To qualify for Behavioral Health Network (BNet) services, a child must be school age and have a serious emotional disturbance. Children who are eligible for BNet services are enrolled in the CMS Network for their physical health care, but receive BNet services from DCF-contracted providers.

Citizenship and identity documentation. As a result of changes to federal law enacted in the Deficit Reduction Act of 2005, applicants for Medicaid are required to provide documentation of citizenship and identity. This provision was extended to Title XXI-funded children as part of the CHIPRA law.

Continuous eligibility. Except for children ages 5 to 19 in the Medicaid program, Florida KidCare has 12 months of continuous coverage once a child is determined eligible, regardless of changes in circumstances other than attainment of the maximum age. "Continuous eligibility" allows a child to maintain coverage for a set time period, thereby reducing breaks in coverage and services and ensuring continuity of care.

Benefits

Healthy Kids offers comprehensive health benefits that meet most children's needs. The Florida Healthy Kids Corporation contracts with licensed health plans and health insurers for Healthy Kids enrollees.

Children enrolled in MediKids or the CMS Network receive the Medicaid benefit package, including Medicaid children's dental benefits, but not Medicaid waiver services. MediKids uses Medicaid-enrolled health maintenance organizations and MediPass providers for its service delivery network. The Department of Health contracts with approved providers or integrated care service networks to provide specialized health care services to CMS Network enrollees.

Eligible school age children with serious emotional disturbances or substance abuse problems who are enrolled in the Department of Children and Families' Behavioral Health Network (BNet) are also enrolled in the CMS Network for their physical health care. The Behavioral Health Network covers most Medicaid community mental health services, plus additional specialized services such as treatment planning and review; evaluation services; case management; family support; respite; and residential, rehabilitative and day treatment services.

Services are provided through a statewide network of managed behavioral health care organizations and private- and state-funded mental health and substance abuse treatment providers.

Medicaid, MediKids and the CMS Network reimburse providers at Florida Medicaid rates, which are about 57 percent of Medicare (Agency for Health Care Administration presentation to the KidCare Coordinating Council, December 4, 2009).

Low Medicaid reimbursement rates have been cited as a factor that affects providers' willingness to accept patients. The Center for Studying Health System Change reported that about one-fifth of physicians reported accepting no new Medicaid patients in 2004-05, a rate six times higher than for Medicare patients and five times higher than for privately insured patients. The Center reported that care of Medicaid patients is becoming increasingly concentrated among a smaller proportion of physicians practicing in large groups, hospitals, academic medical and community health centers, with low payment rates and high administrative costs contributing to decreased participation among physicians in solo and small group practices *(Peter Cunningham and Jessica May, Medicaid Patients Increasingly Concentrated Among Physicians, Results from the Community Tracking Study, No. 16, August 2006*).

Enrollment

Total Florida KidCare enrollment continued to grow in 2011, with most of the growth occurring in the Medicaid component. As of December 2011, total enrollment was at its highest since the inception of Florida KidCare in 1998.

Table 5 compares Florida KidCare enrollment by program component for December 2010 and December 2011:

- Total Florida KidCare enrollment increased by 3.9 percent. Medicaid child enrollments increased by 4.4 percent, while Title XXI-funded Florida KidCare enrollment decreased by 1.5 percent.
- Among the Title XXI-funded components, enrollment in MediKids decreased by 4.6 percent, Healthy Kids enrollment decreased by 1.2 percent, and CMS Network enrollment increased by almost 1.0 percent. The decrease in Title XXI enrollment has been attributed primarily to full implementation of the CHIPRA citizenship and documentation requirements. With the entire caseload going through a full cycle of this requirement, further declines in Title XXI enrollment for this reason are not expected.
- MediKids full pay enrollment increased by 32.1 percent, while Healthy Kids full pay enrollment increased by 26.0 percent.

Table 5: **Comparison of Florida KidCare Enrollment, December 2010 and December 2011**

Program Component	**December 2010 Enrollment**	**December 2011 Enrollment**	**% Change From December 2010 Compared to December 2011**	**June 2012 Enrollment Target**
Title XXI Enrollment				
Healthy Kids	201,425	198,969	-1.2%	225,758
MediKids	30,053	28,662	-4.6%	36,413
CMS Network	22,917	23,106	0.8%	24,519
Medicaid<Age 1 (185%-200% FPL)	774	713	-7.9%	774
Title XXI Total	**255,169**	**251,450**	**-1.5%**	**287,464**
Healthy Kids Non-Title XXI state/local subsidized	44	23	-47.7%	8
Healthy Kids Full Pay	19,387	24,421	26.0%	20,677
MediKids Full Pay	3,268	4,316	32.1%	4,036
Title XIX Medicaid Enrollment	1,633,622	1,704,876	4.4%	
Florida KidCare Total Enrollment	**1,911,490**	**1,985,086**	**3.9%**	

Source: Agency for Health Care Administration Florida KidCare Monthly Enrollment Reports
Target enrollment represents projected June 2012 caseload based on the FY 2011-2012 Florida KidCare Appropriations.
Medicaid and MediKids enrollment as of 11/30/11

The following figures display total Florida KidCare enrollment and enrollment for various components over time:

- **Figure 3a** compares trends for Florida KidCare total enrollment with Medicaid for Children for each October from 1998 to October 2011.
- **Figure 3b** shows Florida KidCare total enrollment by month for calendar year 2011.
- **Figure 3c** shows Title XXI Florida KidCare enrollment trends for each October from 1998 to October 2011.

Figure 3a: Florida KidCare Total Enrollment* Compared to Title XIX Medicaid for Children Enrollment

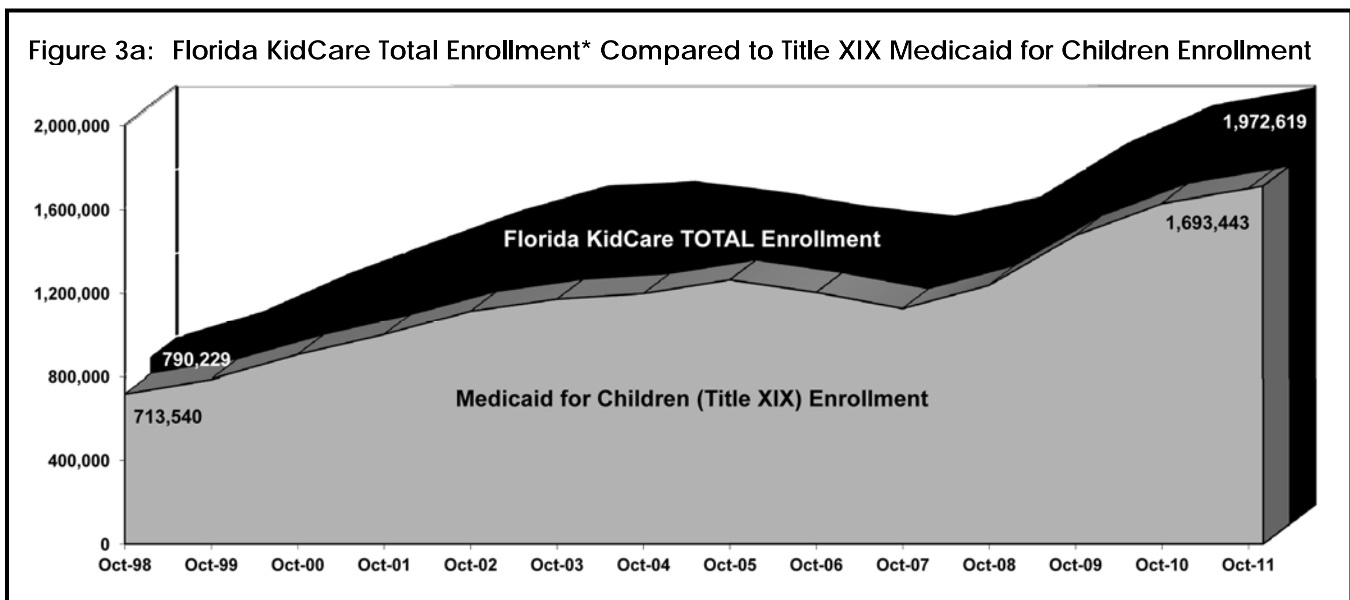


Figure 3b: CY 2011 Florida KidCare Enrollment* *(Including Title XIX Medicaid for Children)*

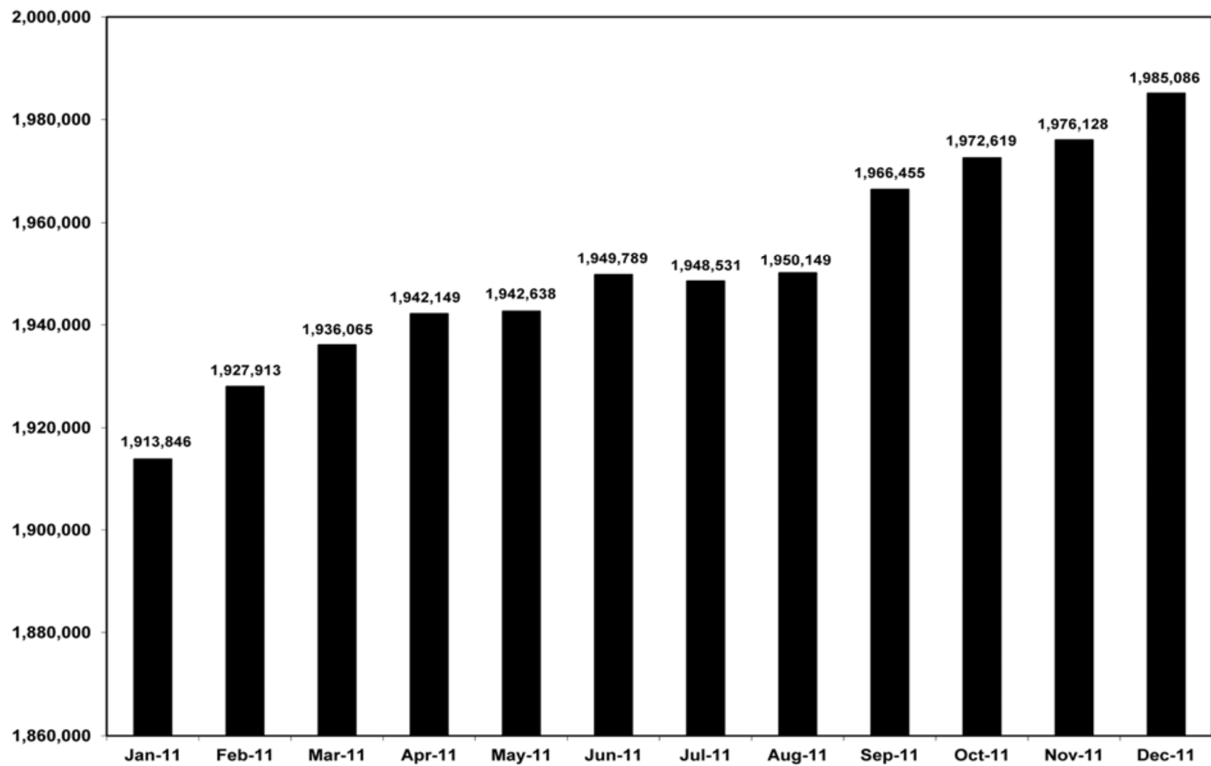
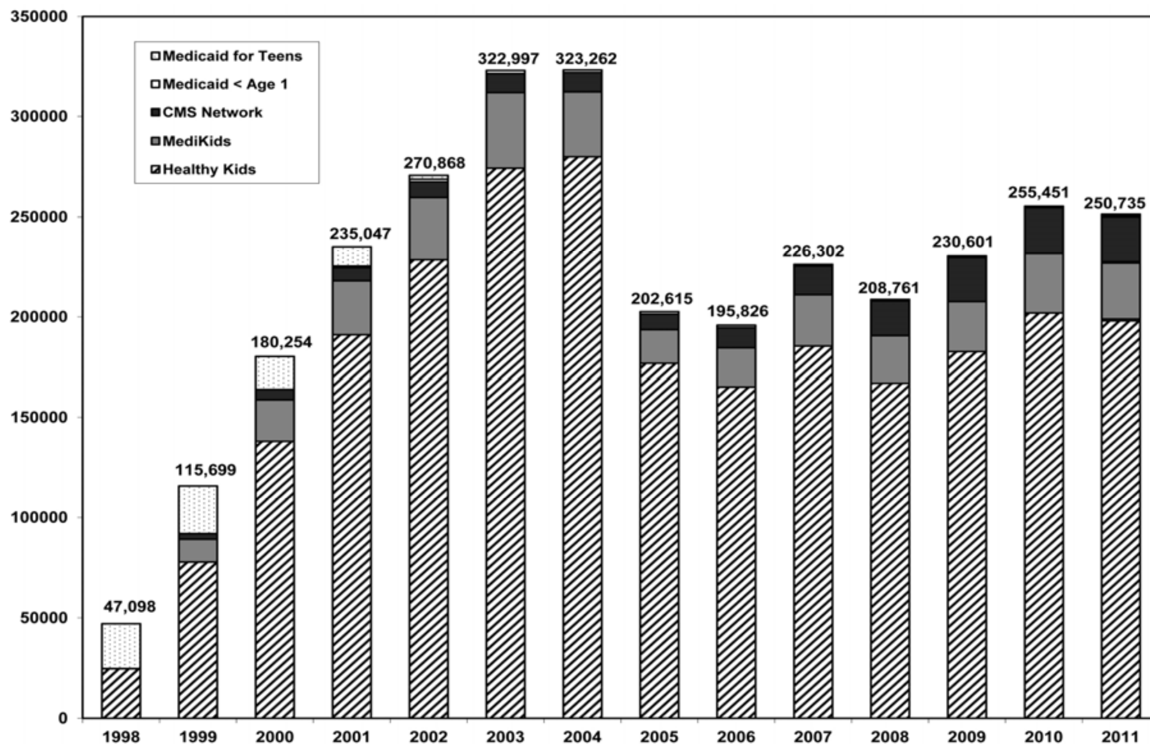


Figure 3c: Florida KidCare Title XXI-Funded Enrollment by Component



**Medicaid and MediKids enrollment as of 11/30/11; Medicaid for* teens *ended September 2002; Medicaid for infants under age 1 with family incomes above 185 percent of FPL started October 2001*

Source: Charts created by the Florida Department of Health from data provided by the Agency for Health Care Administration

Programmatic Changes

Since its inception, the Florida KidCare program has experienced numerous policy and programmatic changes, some of which increased eligibility and enrollment, while others addressed budgetary constraints.

Figure 4 is an overview of major program changes and Title XXI enrollment from FY 2002-03 through December 2011. Title XXI enrollment was at its highest level in April 2004, as a result of legislative funding for the wait list that had accumulated during FY 2003-04. Enrollment began declining from that point forward. The largest drops in Title XXI enrollment occurred between November 2004 and January 2005, when disenrollments for non-compliance with renewal documentation and non-payment of premiums occurred after a three-month grace period for hurricane relief.

As a result of open enrollment in January 2005, about half of the applicants became enrolled in one of the Florida KidCare program components. Following legislative action to reinstate year-round enrollment, the program re-opened enrollment in June 2005. Administrative enhancements such as an on-line application in 2006 and on-line renewal in 2007, coupled with more aggressive marketing and outreach efforts increased overall Florida KidCare enrollment.

State Changes. During the 2009 legislative session, substantive law was adopted that removed certain state barriers. This law incorporated many of the council's previous recommendations to improve the Florida KidCare program, and addressed administrative processes that created barriers to enrollment or retention of eligible children.

Another council recommendation was implemented administratively in 2009. To smooth transitions between Children's Medicaid and Title XXI components, Healthy Kids initiated a modified administrative process with the Department of Children of Families (DCF), in which the Healthy Kids third party administrator accepts income information from DCF for Title XXI eligibility determination without requiring the family to submit the information again. Parents receive correspondence that their child is eligible for another Florida KidCare component and the premium amount due to activate the coverage.

The 2011 Legislature appropriated funds to increase Medicaid reimbursement for dental procedures provided to children ages 0 to 20. Effective July 1, 2011, reimbursement for "D" code procedures increased by 48.6 percent (Agency for Health Care Administration).

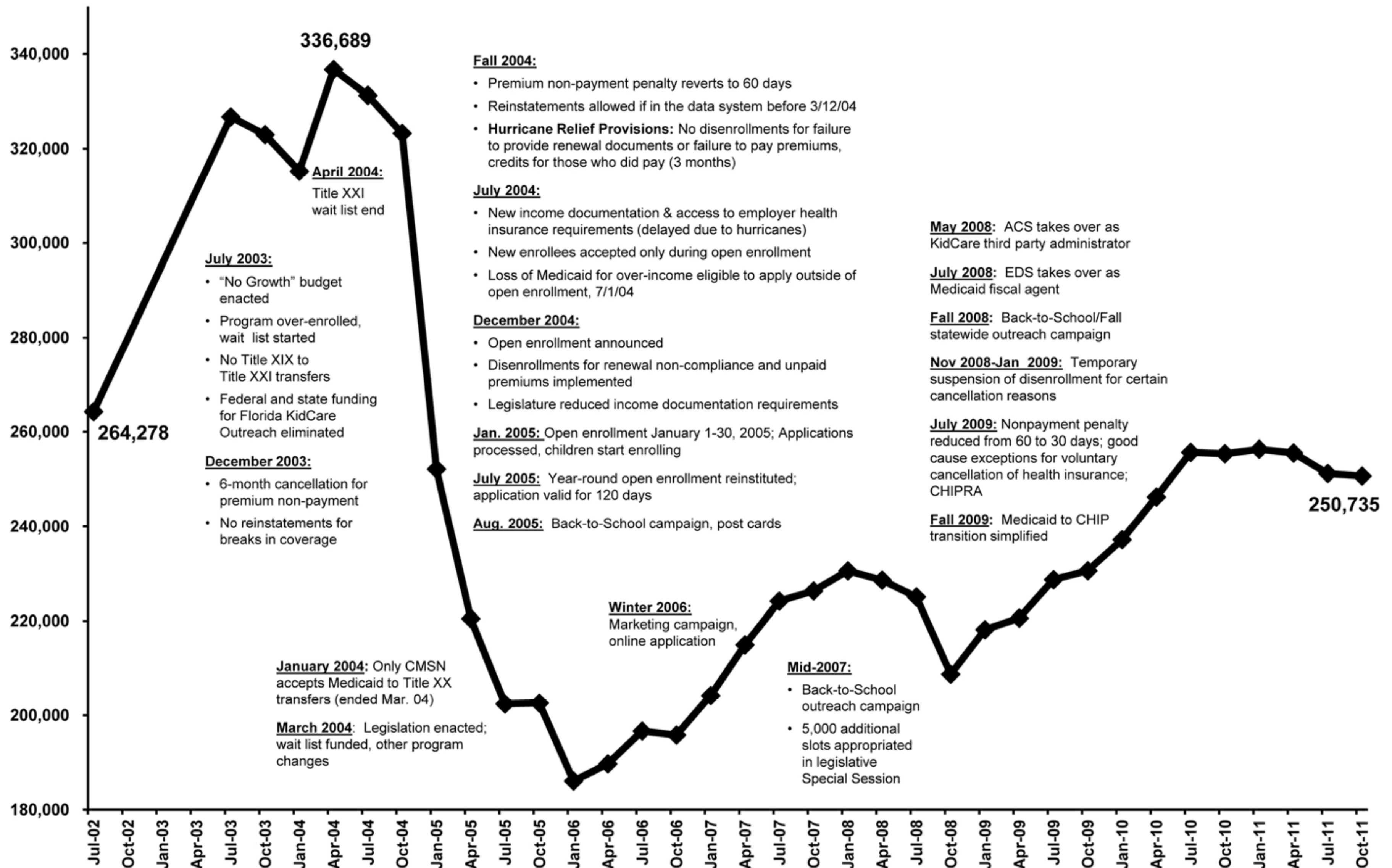
2012 Legislation. Bills filed for the 2012 state legislative session would extend subsidized Florida KidCare coverage to otherwise eligible dependents of state employees and to immigrant children who do not meet the definition of qualified alien. To improve outreach, school districts would be required to work with Florida KidCare to provide application information or applications for Florida KidCare at the beginning of the school year and modify school lunch/breakfast applications to share data with the Florida KidCare program.

State Administrative Changes. Administrative enhancements implemented in 2011 included:

- Enhanced data matching. Data matching through the Department of Children and Families with the Social Security Administration to verify citizenship and reduce denials or cancellations due to lack of documentation. A second Medicaid monthly match is conducted before the Title XXI supplemental file is processed to help ensure children are enrolled in the correct component.
- Administrative renewals. Before sending families a renewal form, a data match pre-populates the form. Families update changes on the renewal form or sign it by paper or on the web to verify its accuracy.
- Text payments. Families with cell phone numbers are able to sign up for text reminders about payment and pay electronically.

In early 2012, Healthy Kids will make available to community partners a web portal to allow them to better assist families with the application or renewal process. Families also will be able to upload documents online and perform account maintenance functions on smart phones. Healthy Kids also has subcommittees that advise on additional ways to improve overall program enrollment, retention, satisfaction and quality.

Figure 4: Florida KidCare Title XXI Enrollment and Major Program Changes



Federal Law Changes. The federal CHIP reauthorization law included a number of measures designed to help states identify, enroll and retain eligible children.

Table 6 summarizes some of the major provisions of the federal CHIPRA law.

Table 6. Major Provisions of Federal Children's Health Insurance Program Reauthorization Act

- Includes a state option to cover legal immigrant children and pregnant women during their first 5 years in the U.S. (Medicaid and CHIP)
- Provides for "bonus payments" to encourage states to enroll eligible Medicaid and CHIP children on a per child basis on how far actual enrollment exceeds established target levels. To qualify for bonus payments, states must implement 5 out of 8 eligibility simplification efforts:
  - 12-month continuous eligibility
  - elimination of asset tests
  - elimination of in-person interviews
  - use of a joint application for Medicaid and CHIP
  - streamlined renewal
  - presumptive eligibility, which allows qualified health providers or agencies to grant short-term eligibility for children to receive health services for which providers are compensated while a formal eligibility determination is made
  - Express Lane eligibility
  - premium assistance subsidies
- In addition to bonus payments, CHIPRA creates a contingency fund available for states if spending exceeds allotments for CHIP in a given year due to increased enrollment of low-income children
- Requires Mental health parity for states that chose to include mental health or substance abuse services in their CHIP plans, effective October 1, 2009
- Requires states to include dental services in CHIP plans, and allows states the option to provide dental-only supplemental coverage for children who otherwise qualify for a state's CHIP program, but have other health insurance without dental benefits
- Applies the Medicaid citizenship and identity documentation requirements to Title XXI, effective Jan. 1, 2010
- Provides $100 million in outreach grant funding and provides an enhanced match for translation and interpretation services
- Requires a 30-day grace period before cancellation of coverage for nonpayment of premium
- Includes $225 million over 5 years for child health quality initiatives including the development of quality measures and electronic health records. The Act also establishes demonstration programs to improve quality, combat obesity and develop information technology
- Applies Medicaid Prospective Payment System for reimbursement of federally qualified health centers and rural health centers effective October 1, 2009

Source: Children's Health Insurance Program Reauthorization Act of 2009, Kaiser Commission on Medicaid and the Uninsured, February 2009, and Agency for Health Care Administration Summary of Florida KidCare-related bills enacted during the 2009 Legislative Session, December 4, 2009.

CHIPRA authorizes "bonus payments" to states for implementing five of eight administrative simplification methods. The bonuses provide an incentive to states to simplify enrollment and renewal to increase enrollment of eligible children. **Table 7** compares Florida's practices to these eight measures.

As of December 2011, the Department of Health and Human Services awarded nearly $300 million in Federal Fiscal Year 2011 to 23 states that qualified for performance bonuses. **Appendix B** summarizes the states that will be receiving bonuses for FFY 2011 and highlights the program features in place for each State.

Table 7: Comparison of Florida Simplification Measures to CHIPRA "5 of 8"

Simplification Measure	Florida
Joint application for Children's Medicaid and CHIP Same correspondence to request information	Yes for joint application No for same correspondence
No asset test	Yes
No in-person interviews	Yes
Streamlined renewal	▪ Yes for children's Medicaid ▪ Electronic income verification for CHIP, pre-populated form
Express Lane Eligibility	No. Florida implemented a simplified transition process for children transitioning from Title XIX to Title XXI eligibility
12-months of continuous eligibility for coverage	▪ Yes for CHIP/Title XXI enrollees all ages and Medicaid Title XIX enrollees ages 0-5 ▪ No for school age Medicaid Title XIX enrollees (6 months for Medicaid ages 6-18)
Presumptive eligibility	No
Premium assistance subsidies	No

Another federal option is available to assist families whose children have severe disabilities. The federal Deficit Reduction Act of 2005 authorized states to allow families with disabled children to buy into the Medicaid program.

Five states implemented the Medicaid buy-in program for children with severe disabilities under these provisions. Known as the "Family Opportunity Act", it allows families with income up to 300% of the Federal Poverty Level to buy in to Medicaid coverage for children up to age 18 who would be eligible for Supplemental Security Income (SSI) disability benefits but for income. States have discretion in setting premium rates, subject to limitations of up to five percent of a family's adjusted gross income under 200 percent of the Federal Poverty Level, and 7.5 percent for family's within adjusted gross incomes between 200 and 300 percent of the Federal Poverty Level.

Other changes to federal law offer states additional options to increase eligibility and enrollment with federal funding.

CHIPRA provided an option for states to cover immigrant children and pregnant women lawfully residing in the U.S. by eliminating the five-year waiting period. Twenty-two states have elected this option and receive federal funding for this coverage (*Connecting Kids to Coverage: Continuing the Progress, 2010 CHIPRA Annual Report*, Department of Health and Human Services, 2011).

States have an option to extend subsidized coverage to dependents of public employees eligible for coverage under a state health benefit plan who otherwise meet Title XXI eligibility requirements. Previously, federal law barred states from receiving federal Title XXI funds for this population. Six states elected to extend CHIP eligibility to this group of children (*Children's Health Program Opened to Low Income State Employees*, Sarah Barr, Kaiser Health News, November 7, 2011).

Florida is one of 46 states that cover children with family incomes up to 200 percent of the Federal Poverty Level ($44,700 for a family of four in 2011) in Medicaid and CHIP; with 24 of those states and the District of Columbia covering children with incomes up to 250 percent of the Federal Poverty Level ($55,875 for a family of four in 2011). Sixteen states and the District of Columbia have an upper income limit of 300 percent of the Federal Poverty Level $67,050 for a family of four in 2011), while New Jersey's upper income limit is 350 percent of the Federal Poverty Level (*Connecting Kids to Coverage: Continuing the Progress, 2010 CHIPRA Annual Report*, Department of Health and Human Services, 2011).

Outreach

Before state and federal funding was eliminated in 2003, Florida had an award-winning outreach program, which was recognized by the federal Centers for Medicare and Medicaid Services (formerly HCFA) and was a model for other states when they were starting up their CHIP programs. The program financed 17 regional projects located throughout Florida. These were grassroots organizations that conducted the work of recruiting families to enroll, and providers and others organizations to become partners in the outreach and education effort. Volunteers and community organizations throughout Florida supplemented the state's outreach efforts.

In the last year before the funding was eliminated, the total budget was about $4 million, most of which was federal funds. Before its termination, the outreach program funded the regional outreach projects, purchased statewide media buys, purchased and distributed Florida KidCare applications and other materials, assisted families with enrollment and coverage issues, contracted for evaluations and analyses to determine the most successful outreach strategies, provided county level reporting, conducted statewide training and technical assistance and facilitated Florida KidCare partner agency communication and cooperation.

In FY 2006-07, and FY 2007-08, the Legislature allocated $1 million in non-recurring general revenue to the Florida Healthy Kids Corporation for Florida KidCare community-based outreach and marketing. The Legislature did not allocate funding for this purpose in FY 2008or FY 2009. With existing resources, the Florida KidCare partners, in cooperation with the University of South Florida Covering Kids and Families project, have conducted various outreach and retention strategies throughout the state. These activities involved establishing community partnerships to promote new enrollment; integrating the Florida KidCare message into activities and events; providing organizations with outreach materials and applications; conducting special back-to-school events; providing one-on-one application assistance; and increasing contact methods and frequency with existing enrollees to promote retention.

As part of the federal CHIP reauthorization law, the University of South Florida's Covering Kids and Families Project was awarded $988,177 from the U.S. Department of Health and Human Services to help find and enroll children who are eligible for Florida KidCare, and to promote retention, with a special emphasis on racial and ethnic minority groups whose children are more likely to be uninsured. In collaboration with the Florida KidCare partner agencies, 10 local projects, the Florida Association of Children's Hospitals, the University's Refugee and Entrant Project, and human resources departments in businesses around the state, the project's goal is to increase Florida KidCare enrollment by 40,000 children by focusing grant efforts in 19 Florida counties.

In 2011, the Covering Kids and Families project received a CHIPRA Round II award to expand its outreach efforts. Continuing its partnership with AHCA and Healthy Kids, Covering Kids projects held press conferences and participated in back-to-school events; added 47 new business partners to its existing 35 business partners; oversaw 18 "Boots-on-the-Ground" projects, and recruited and trained new partners. As part of its "CHIPRA II" grant focusing on school outreach, 19 district-wide school projects will establish sustainable enrollment and retention approaches. The English Language Learners component will focus on children enrolled in public school English as a second language program and their parents and children participating in Refugee Youth programs. Teen outreach campaigns and sharing best practices for school engagement also are components of the round two grant project.

In early 2012, Healthy Kids is launching a regional navigator project in 15 sites to provide targeted outreach to hard-to-reach populations. Navigators will receive payment per application approved or renewed and will have opportunities to earn incentives for exceeding regional goals. Healthy Kids will also continue sponsorship of its "Act Out for Health" contest, which is open to students in grades 4 through 12 to create a 30-second public service announcement, design a billboard or write an essay. Winners have PSAs aired and billboards posted, essays are read at a statewide press conference and scholarships are awarded.

Recommendations

Each year, the council recommends a variety of strategies to improve Florida KidCare. The council adopts recommendations it believes present the best opportunity to make it easier for eligible children to remain in the program or to help newly eligible children enroll.

For 2012, the council identified a single priority state recommendation. Thirteen additional state recommendations for long-term program improvement and five federal recommendations are not prioritized.

The state and federal recommendations reflect the interest of the council as a whole. Individual members or the organizations they represent, however, may not support some of the recommendations.

2012 Priority State Recommendation

Fully fund the Florida KidCare program, including its annualization and medical trend needs, projected growth, outreach, and increased medical and dental costs in order to maximize the use of Florida's CHIP federal funds and include all eligible uninsured children.
(14 yes, 0 no, 3 abstentions)

Other State Recommendations for Long-Term Program Improvement

(not prioritized)

- Extend full pay Florida KidCare coverage to infants from birth to age 1 with family incomes above the established state income eligibility for CHIP. *(15 yes, 0 no, 3 abstentions)*
- Extend 12 months of continuous eligibility to Title XIX eligible school age children, to be consistent with the rest of Florida KidCare. *(15 yes, 0 no, 3 abstentions)*
- Cover pregnant women with incomes 185% to 200% of the Federal Poverty Level with Title XXI funding and presumptive eligibility. *(15 yes, 0 no, 3 abstentions)*
- Take advantage of Title XXI federal matching funding by extending coverage to otherwise eligible children of public employees. *(15 yes, 0 no, 3 abstentions)*
- Take advantage of Title XXI federal matching funding by extending coverage to otherwise eligible legal immigrant children and pregnant women. *(15 yes, 0 no, 3 abstentions)*
- Take advantage of federal funding by increasing Florida's income eligibility for children to the maximum the amount allowed by federal law. *(15 yes, 0 no, 3 abstentions)*
- Reinstate and implement presumptive eligibility for all Florida KidCare program components. *(15 yes, 0 no, 3 abstentions)*
- Increase Medicaid reimbursement for physician and dental services provided to children ages 0 to 21, in order to ensure access to care. For physicians, the reimbursement should be increased at least to Medicare levels. For dentists, since there is no Medicare benchmark, the reimbursement should be appropriate to ensure access to care. *(15 yes, 0 no, 3 abstentions)*
- Implement a medical income disregard for children with catastrophic illnesses who would otherwise qualify for Title XXI subsidies. *(15 yes, 0 no, 3 abstentions)*

- To promote continuity of care and using Title XXI funding, adopt a seamless system for children with special health care needs by moving to the Medicaid component, CMS Network (CMSN) eligible children with family incomes up to at least the established state income eligibility for CHIP. *(15 yes, 0 no, 3 abstentions)*
- Implement the state option Family Opportunity Act pursuant to the Deficit Reduction Act of 2005. *(15 yes, 0 no, 3 abstentions)*
- Ensure that barriers to Florida KidCare children receiving access to age appropriate immunizations are removed. *(15 yes, 0 no, 3 abstentions)*
- Use a single entity to determine a child's financial eligibility for all of the Florida KidCare program components. *(9 yes, 5 no, 4 abstentions)*

Federal Recommendations

- Allow the Title XIX Vaccines for Children program to be used for the Children's Health Insurance Program. *(16 yes, 0 no, 3 abstentions)*
- Ensure that Medicaid and Children's Health Insurance Program citizenship and identity documentation requirements for children do not impede access to coverage for otherwise eligible children. *(16 yes, 0 no, 3 abstentions)*
- Align CHIP funding and program authorization through 2019. *(16 yes, 0 no, 3 abstentions)*
- Allow stand alone Children's Health Insurance Programs to access Social Security Administration data for eligibility purposes. *(16 yes, 0 no, 3 abstentions)*
- Amend the Affordable Care Act to increase Medicaid reimbursement and available federal funding for all physician services (not limited to primary care) provided to children to Medicare levels beyond 2014. For dentists, since there is no Medicare benchmark, reimbursement should be appropriate to ensure access to care. *(16 yes, 0 no, 3 abstentions)*

Florida KidCare Coordinating Council: 2012 Vote Sheet

Twenty council members or their designated representatives attended the December 2, 2011, KidCare Coordinating Council meeting. One member (Secretary Dudek) left earlier in the meeting, before the voting process began. One member (Melanie Hall representing Jodi Ray) participated in the federal recommendation voting process, but left before the state recommendation voting began.

	Abstain	No	Yes
2012 Priority State Recommendation, 17 members or designees			
Fully fund the Florida KidCare program, including its annualization and medical trend needs, projected growth, outreach, and increased medical and dental costs in order to maximize the use of Florida's CHIP federal funds and include all eligible uninsured children.	3 Berfield Kidder Lewis	0	14 (1 member was absent for this vote.)
Other State Recommendations (not Prioritized), 18 members or designees			
Extend full pay Florida KidCare coverage to infants from birth to age 1 with family incomes above the established state income eligibility for CHIP.	3 Berfield Kidder Lewis	0	15
Extend 12 months of continuous eligibility to Title XIX eligible school age children, to be consistent with the rest of Florida KidCare.	3 Berfield Kidder Lewis	0	15
Cover pregnant women with incomes 185% to 200% of the Federal Poverty Level with Title XXI funding and presumptive eligibility.	3 Berfield Kidder Lewis	0	15
Take advantage of Title XXI federal matching funding by extending coverage to otherwise eligible children of public employees.	3 Berfield Kidder Lewis	0	15
Take advantage of Title XXI federal matching funding by extending coverage to otherwise eligible legal immigrant children and pregnant women.	3 Berfield Kidder Lewis	0	15
Take advantage of federal funding by increasing Florida's income eligibility for children to the maximum the amount allowed by federal law.	3 Berfield Kidder Lewis	0	15
Reinstate and implement presumptive eligibility for all Florida KidCare program components.	3 Berfield Kidder Lewis	0	15
Increase Medicaid reimbursement for physician and dental services provided to children ages 0 to 21, in order to ensure access to care. For physicians, the reimbursement should be increased at least to Medicare levels. For dentists, since there is no Medicare benchmark, the reimbursement should be appropriate to ensure access to care.	3 Berfield Kidder Lewis	0	15

	Abstain	No	Yes
Implement a medical income disregard for children with catastrophic illnesses who would otherwise qualify for Title XXI subsidies.	3 Berfield Kidder Lewis	0	15
To promote continuity of care and using Title XXI funding, adopt a seamless system for children with special health care needs by moving to the Medicaid component, CMS Network (CMSN) eligible children with family incomes up to at least the established state income eligibility for CHIP.	3 Berfield Kidder Lewis	0	15
Implement the state option Family Opportunity Act pursuant to the Deficit Reduction Act of 2005.	3 Berfield Kidder Lewis	0	15
Ensure that barriers to Florida KidCare children receiving access to age appropriate immunizations are removed.	3 Berfield Kidder Lewis	0	15
Use a single entity to determine a child's financial eligibility for all of the Florida KidCare program components.	4 Berfield Kidder Lewis Wildermuth	5 Brown for Fahey Hahn Kassack Lingswiler Robleto	9
Federal Recommendations (not Prioritized), 19 members or designees			
Allow the Title XIX Vaccines for Children program to be used for the Children's Health Insurance Program.	3 Berfield Kidder Lewis	0	16
Ensure that Medicaid and Children's Health Insurance Program citizenship and identity documentation requirements for children do not impede access to coverage for otherwise eligible children.	3 Berfield Kidder Lewis	0	16
Align CHIP funding and program authorization through 2019.	3 Berfield Kidder Lewis	0	16
Allow stand alone Children's Health Insurance Programs to access Social Security Administration data for eligibility purposes.	3 Berfield Kidder Lewis	0	16
Amend the Affordable Care Act to increase Medicaid reimbursement and available federal funding for all physician services (not limited to primary care) provided to children to Medicare levels beyond 2014. For dentists, since there is no Medicare benchmark, reimbursement should be appropriate to ensure access to care.	3 Berfield Kidder Lewis	0	16

Members or Designated Representatives Participating in the Voting Process:

Paul Belcher
Kimberly Berfield (representing Council Chair H. Frank Farmer, Jr., M.D., Ph.D., F.A.C.P.)
Maggie Blackburn, M.D., F.A.A.F.P.
Alex Brown (representing Lori Fahey)
Bart Carey, D.M.D.
Natalie Carr, D.D.S., M.S.
Secretary Elizabeth Dudek
Amy Guinan
Roger Hahn
Melanie Hall (representing Jodi Ray)
Betty Hyle (representing Michele Polland)
Jay Kassack
Beth Kidder
Nathan Lewis
Eric Lingswiler
Linda Merrell
Joe Quetone
Rich Robleto
Louis St. Petery, Jr., M.D.
Heather Wildermuth

Appendix A: FY 2011-12 Florida KidCare Appropriations

Funding Year	June 2012 Est. Caseload	Avg Caseload	Member Months	PMPM Cost	Total Cost	Tiered Family Paymt $15/$20	Net Cost	Federal Share	State Share	Local Share	FHK Cash	State Share GR	State Share Tobacco
FLORIDA HEALTHY KIDS CORP													
FHK Services													
FHK - Full Pay (Non-Title XXI)	20,677	20,413	244,956	$117.29	$28,730,934	$28,730,934	$0	$0	$0	$0	$0	$0	$0
FHK - Subsidized (Non-Title XXI)	8	14	172	$105.74	$18,188	$1,575	$16,613	$0	$16,613	$16,613	$0	$0	$0
FHK - Title XXI	225,758	217,992	2,615,904	$110.08	$287,958,712	$ 27,507,213	$260,451,499	$180,056,036	$80,395,463	$0	$0	$15,240,878	$65,154,585
Total FY 2011-12 Appropriation	246,443	238,419	2,861,032		$316,707,834	$ 56,239,722	$260,451,499	$180,056,036	$80,412,076	$0	$0	$15,240,878	$65,154,585
CONTRACTED SERVICES						GD TF							
Total FY 2011-12 Appropriation	58,688	58,688	704,256	$9.22	$6,493,365	$401,551	$6,091,814	$4,211,119	$1,880,695			$1,176,147	$704,548
FHK G/A - Contracted Services													
FHK - Full Pay (Non-Title XXI)	20,677	20,413	244,956		$0	$0	$0	$0	$0	$0	$0	$0	$0
FHK - Subsidized (Non-Title XXI)	8	14	172		$2,415	$0	$2,415	$0	$2,401	$2,401	$0	$0	$0
FHK - Title XXI	246,443	238,419	2,861,028	$8.06	$23,059,918	$197,435	$21,084,186	$14,575,601	$6,508,585	$0	$0	$2,562,438	$3,946,147
Total FY 2011-12 Appropriation	267,128	258,846	3,106,156		$23,059,918	$197,435	$21,084,186	$14,575,601	$6,508,585	$0	$0	$2,562,438	$3,946,147
FHK Dental ($750 Annual Cap)													
FHK - Full Pay (Non-Title XXI)	20,677	20,413	244,956	$10.91	$2,672,470	$2,672,470	$0	$0	$0	$0	$0	$0	$0
FHK - Subsidized (Non-Title XXI)	8	14	172	$12.00	$2,064	$0	$2,064	$0	$2,064	$2,064	$0	$0	$0
FHK - Title XXI	225,758	217,992	2,615,904	$11.99	$31,364,690	$0	$31,364,690	$21,682,563	$9,682,127	$0	$0	$9,682,127	$0
Total FY 2010-11 Appropriation	246,443	238,419	2,861,032		$31,364,690	$0	$31,364,690	$21,682,563	$9,682,127	$0	$0	$9,682,127	$0
MEDIKIDS						GD TF							
Full Pay Medikids	4,036	3,869	46,428	$166.23	$7,717,780	$7,717,780	$0	$0	$0	$0	$0	$0	$0
Medikids	36,413	34,620	415,440	$122.06	$ 50,710,543	$ 3,655,872	$ 47,054,671	$32,529,782	$14,524,889	$0	$0	$4,952,932	$9,571,957
Total FY 2011-12 Appropriation	40,449	38,489	461,868		$58,428,323	$11,373,652	$47,054,671	$32,529,782	$14,524,889	$0	$0	$4,952,932	$9,571,957
CHILDREN'S MEDICAL SERVICES						GD TF							
Total FY 2011-12 Appropriation	24,519	24,068	278,406	$472.53	$131,554,259	$ 2,423,166	$129,131,093	$89,267,126	$39,863,967	$0	$0	$24,244,793	$15,619,174
BEHAVIORAL HEALTH SERVICES													
Total FY 2011-12 Appropriation	982	966	11,592	$1,000.00	$11,586,000	$0	$11,586,000	$8,009,278	$3,576,722	$0	$0	$3,576,722	$0
TOTAL: CHILDREN'S MEDICAL SVCS													
Total FY 2011-12 Appropriation	25,501	25,034	289,998		$143,140,259	$2,423,166	$140,717,093	$97,276,404	$43,440,689	$0	$0	$27,821,515	$15,619,174
TOTAL ALL						GD TF							
Total FY 2011-12 Appropriation	287,672	277,646			$520,962,322	$14,198,369	$ -	$350,331,505	$156,432,448	$0	$0	$61,436,037	$94,996,411
From Trust Funds					$459,526,285								

Appendix B: FFY 2011 CHIPRA Performance Bonus Awards, December 2011

State	Program Features								Enrollment**	
	Continuous Eligibility	Liberalization of Asset Requirements	Elimination of In-Person Interview	Same App and Renewal Form	Auto/Admin. Renewal	PE	Express Lane	Premium Assistance Subsidies	Tier 2 enrollment reached?	FY 2011 Performance Bonus Amount
AL	X	X	X	X	X				Yes	$19,758,656
AK	X	X	X	X	X				Yes	$5,660,544
CO		X	X	X		X		X	Yes	$26,141,052
CT*		X	X	X	X	X			No	$5,209,262
GA*		X	X	X			X	X	No	$4,965,887
ID	X	X	X	X	X				No	$1,302,552
IL	X	X	X	X	X	X			No	$15,069,869
IA	X	X	X	X		X	X		Yes	$9,575,525
KS	X	X	X	X		X			Yes	$5,862,957
LA	X	X	X	X	X				No	$1,929,692
MD		X	X	X	X		X		Yes	$28,301,384
MI	X	X	X	X		X			No	$5,902,731
MT*	X	X	X	X		X			Yes	$6,473,416
NJ		X	X	X	X	X	X		Yes	$16,822,537
NM	X	X	X	X	X	X			Yes	$4,971,028
NC*	X	X	X	X	X				Yes	$21,135,087
ND*	X	X	X	X	X				Yes	$3,195,768
OH	X	X	X	X		X			Yes	$21,036,616
OR	X	X	X	X	X		X		Yes	$22,493,771
SC*	X	X	X	X			X		No	$2,383,837
VA*		X	X	X	X			X	Yes	$26,729,489
WA	X	X	X	X				X	Yes	$16,987,468
WI		X	X	X	X			X	Yes	$24,541,778
TOTAL	**16**	**23**	**23**	**23**	**14**	**10**	**6**	**5**	**16**	**$296,450,906**

* State is receiving a bonus for the first time in FY 2011.

**The enrollment target is based on FY 2007 Medicaid child enrollment and adjusted based on a formula that accounts for population growth and for increases in enrollment during an economic recession. States that exceed their enrollment target have increased enrollment above what would have been expected without expanded outreach efforts. States that exceed their enrollment target by more than 10% qualify for a "Tier 2" performance bonus payment, in which additional enrollment is rewarded at a higher rate. This enrollment data and the related bonus amounts are considered preliminary and subject to reconciliation after States' Medicaid enrollment numbers are finalized in early 2012.

Source: U.S. Department of Health and Human Services, December, 2011.