Florida KidCare Coordinating Council

2014 Annual Report and Recommendations

Florida KidCare

Florida KidCare
Coordinating Council

January 2014

The Florida KidCare Coordinating Council presents its 2014 Annual Report and Recommendations to improve the Florida KidCare program. 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 for 2 million Florida children.

The council adopts recommendations it believes provide the best opportunity to make it easier for eligible children to remain in the program or to help newly eligible children enroll.

For 2014, the council identified two priority state recommendations:

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

- Fully fund Florida KidCare outreach to reduce significantly the number of uninsured children in Florida.

Twelve additional state recommendations for long-term program improvement and three federal recommendations are not prioritized.

The council welcomes suggestions to improve the health of Florida's children.

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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. 409.810-409.821, the following agencies shall have the following duties:

(2) The Department of Health shall:

(b) Chair a state-level Florida Kidcare 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 representing low-income families.

Accomplishments

The following 2013 Florida KidCare Coordinating Council recommendations were fully or partially implemented as a result of administrative changes and federal law. These include:

- Using a single entity to determine a child's financial eligibility for all of the Florida KidCare program components.
- Ensuring 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.
- Allowing stand alone Children's Health Insurance Programs to access Social Security Administration data for eligibility purposes.

The following recommendation is partially accomplished as a result of two main factors: (1) the change in Medicaid eligibility for children ages 6 through 18 with family incomes between 100 percent and 133 percent of the Federal Poverty Level, and (2) the Children's Medical Services Network service delivery and claims payment systems will be the same for Medicaid and CHIP enrolled children by August 2014:

- 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.

Children with special health care needs with family incomes between 134 percent and 200 percent of the Federal Poverty Level remain enrolled in the Title XXI CMS Network, for which monthly premiums are required. The council retained a modified version of its 2013 recommendation for 2014 to continue the transition of these children to Title XXI-funded Medicaid.

Introduction

In 2014, it is estimated that Florida's total population will be 19,484,080 (*Florida Demographic Estimating Conference, October 30, 2013)*. Individuals age 19 and younger represent 24 percent of the total state population (*Florida Population by Age Group, Florida, 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 Florida was one of 20 states that had a significant decline in their uninsured rate for children between 2010 and 2012. Florida's rate declined by 1.8 percent, from 12.7 percent uninsured in 2010 to 10.9 percent in 2012. In 2012, an estimated 436,166 Florida children were uninsured. The state's ranking in percent of uninsured children improved from 48th in 2010 to 46th in 2012 (*Children's Health Coverage on the Eve of the Affordable Care Act,* Tara Mancini and Joan Alker, Georgetown University Health Policy Institute Center for Children and Families, November 2013). Despite this progress, the state's child uninsurance rate remains above the national average of 7.2 percent and the study found that half of the nation's uninsured children reside in six states, including Florida (**Table 1**).

Table 1. Half of U.S. Uninsured Children Reside in Six States, 2012

State	2012 Number of Uninsured Children	As a Share of Total Uninsured Children
Texas	863,290	16.4%
California	730,092	13.9%
Florida	**436,166**	**8.3%**
Georgia	219,961	4.2%
Arizona	213,962	4.1%
North Carolina	172,961	3.3%
Six State Total	2,636,432	50.1%
National Total	5,263,807	

Source: Children's Health Coverage on the Eve of the Affordable Care Act, Tara Mancini and Joan Alker, Georgetown University Health Policy Institute Center for Children and Families, p. 7., November, 2013.

Research by the Urban Institute found that overall, the number of Medicaid or Children's Health Insurance Program (CHIP) eligible but uninsured children declined by 18 percent between 2008 and 2011. In 2011, the average Medicaid/CHIP participation rate among children was 87.2 percent nationwide, while Florida's participation rate was 83.4 percent (*Medicaid/CHIP Participation Rates Among Children: An Update*, G. Kenney, N. Anderson, and V. Lynch, Urban Institute, September 2013.)

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 a 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 adulthood.
- 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 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 through 18 (administered by the Florida Healthy Kids Corporation). The Agency for Health Care Administration contracts with the Florida Healthy Kids Corporation to conduct Title XXI eligibility determinations as required by state law;
- **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 through age 18 (the Agency for Health Care Administration administers the Medicaid program and the Department of Children and Families determines eligibility for Medicaid).

Figure 1 shows Florida KidCare eligibility by age, Federal Poverty Level and program component. Effective January 1, 2014, children ages 6 through 18 with family incomes between 100 percent and 133 percent of the Federal Poverty Level will be eligible for Title XXI-funded Medicaid.

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

Figure 1. Florida KidCare Eligibility by Age and Federal Poverty Level

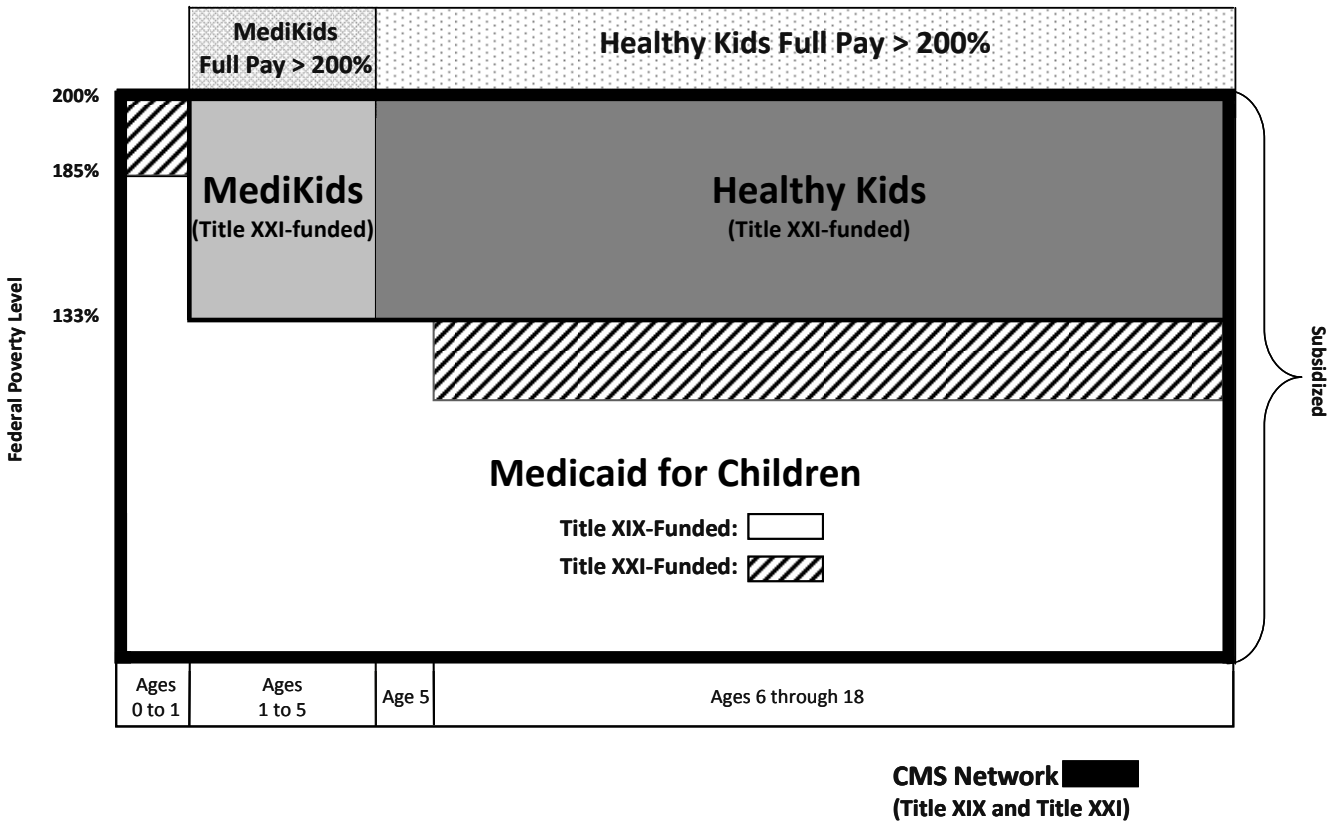
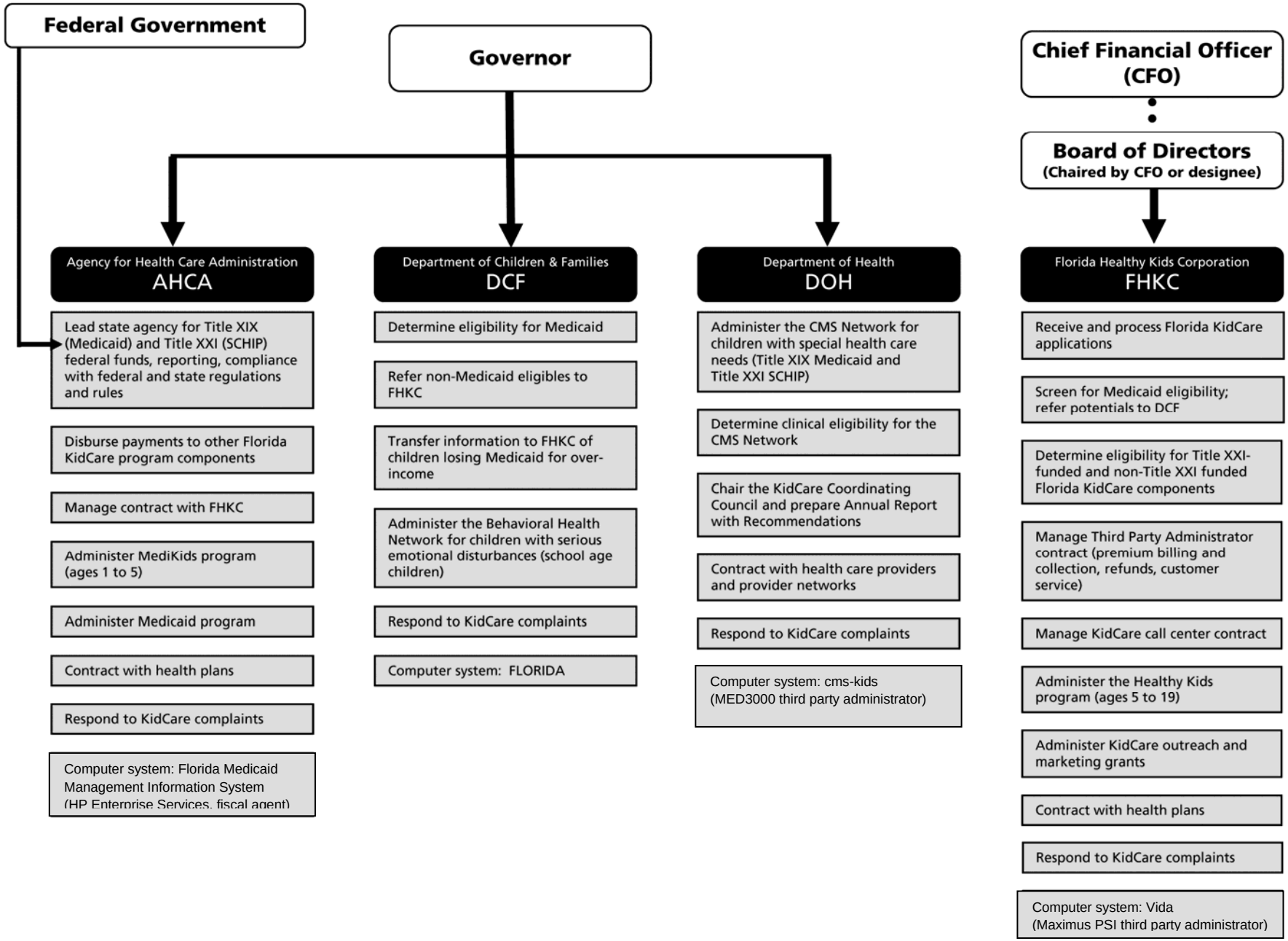


Figure 2. Overview of Florida KidCare Responsibilities



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 2013, Florida's match rate for Title XIX Medicaid is 58.79 percent federal funding to 41.21 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 70 cents for every 30 cents Florida invests in children's health insurance. For FFY 2013, the match rate for Florida CHIP is 71.15 percent federal funding to 28.85 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 2013-14, the Florida Legislature appropriated approximately $459.4 million in state and federal funds for the Title XXI-funded Florida KidCare program components, which, when $15.4 million in family contributions are added, support a budgeted average monthly Title XXI caseload of 228,238 children, including 904 children enrolled in the CMS Network for physical health and the Behavioral Health Network (BNET) for specialized behavioral health care.

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. Effective January 1, 2014, children ages 6 to 19 with family incomes up to 133 percent of the Federal Poverty Level will be Medicaid eligible but financed with Title XXI funds. **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.

The monthly per child premium for full pay MediKids is $196. Effective October 2013, the full pay per child rate for Healthy Kids, including dental coverage, increased from $141 to $148 per child. 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 full pay MediKids or Healthy Kids, depending on the child's age. Starting January 2014, enrollment in the federally facilitated marketplace is another option for families that do not qualify financially for Title XIX or Title XXI subsidized coverage for their children.

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 2013 match rate: 58.79% Federal 41.21% State	• CHIP 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 infants under age one (185%-200% FPL) • Available to uninsured children up to age 19 who meet eligibility requirements • FFY 2013 match rate: 71.15% Federal 28.85% 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 (Title XXI-funded Medicaid) • 1 to 6: 134%-200% FPL • *6 to 19: 101%-200% FPL **Eff. 1/1/14, children in this age group with family income up to 133% FPL will be Title XXI-funded Medicaid*
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 • 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 up to 200% FPL ($47,100 for a family of four in 2013) • Uninsured and ineligible for Medicaid • U.S. citizen or qualified non-citizen • May be a dependent of a state employee eligible for state health insurance benefits • Not in a public institution or institution for mental diseases
December 2013 Enrollment* *Medicaid & MediKids enrollment as of 11/30/13	Birth through 5: 721,110 6 through 10: 485,796 11 through 18: 597,445 **Title XIX Enrollment Total: 1,804,351**	Healthy Kids Title XXI: 198,023 MediKids: 26,686 CMS Network Title XXI: 20,911 Title XXI Medicaid for infants: 653 **Title XXI Enrollment Total: 246,273**
Services	• Comprehensive health benefits, including dental, transportation and waiver services	• MediKids and CMS Network: Medicaid state plan 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 per child monthly premium (Healthy Kids: $148, 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.

Currently, although CHIP is authorized through 2019, federal funding is authorized through Federal Fiscal Year 2015. **Table 3** shows Florida's actual and projected CHIP federal allotments, expenditures and balances through the first nine months of Federal Fiscal Year 2018, assuming federal funding is reauthorized.

Table 3. Florida CHIP Federal Allotments, Expenditures and Balances Assuming Reauthorized Funding After FFY 2015 (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
2011	$356.09	$324.87	($21.85)			$659.11	$334.24	$324.87
2012	$324.87	$339.81				$664.68	$345.42	$319.26
2013	$319.26	$359.05				$678.31	$376.86	$301.45
2014	$301.45	$359.05				$660.50	$406.10	$254.40
2015	$254.40	$359.05				$613.45	$479.75	$133.70
2016	$133.70	$359.05				$492.75	$624.49	($131.74)
2017	($131.74)	$359.05				$227.31	$706.80	($479.49)
2018 (9 months)	($479.49)	$359.05				($120.44)	$538.76	($659.20)

Source: Table created from data provided by the Agency for Health Care Administration, Estimated CHIP Allotment Balances, KidCare Expenditure Estimating Conference, October 25, 2013

Eligibility

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

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

Table 4. 2013 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	$11,490	$15,282	$22,980
2	$15,510	$20,628	$31,020
3	$19,530	$25,975	$39,060
4	$23,550	$31,322	$47,100
5	$27,570	$36,668	$55,140
6	$31,590	$42,015	$63,180
7	$35,610	$47,361	$71,220
8	$39,630	$52,708	$79,260
For each additional person add $4,020 *Source: Federal Register, Volume 78, No. 16, January 24, 2013*			

Many Title XXI eligibility requirements also apply to Medicaid, except that a child may have other health insurance and still qualify for Medicaid.

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 because:

- 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 serious and chronic physical, developmental, behavioral or emotional condition that has lasted or is expected to last at least 12 months. To qualify for 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.

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 period, which reduces breaks in coverage and ensures 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 its enrollees.

Title XXI-funded children enrolled in MediKids or the CMS Network receive the Medicaid state plan benefit package for children, excluding waiver services. For MediKids, if a child lives in a county with two or more Medicaid managed care plans, the family may choose a managed care plan. MediPass may be chosen only if there is one managed care plan or no managed care plan in the child's county. The Department of Health contracts with approved providers and integrated care service networks for specialized health care services.

BNet 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 cover rehabilitative services and habilitative services, which the National Association of Insurance Commissioners defines as "health care services that help a person keep, learn or improve skills and functioning for daily living." Healthy Kids covers rehabilitative services but currently it does not cover habilitative services. The Institute of Medicine notes that habilitative services are distinct from rehabilitative care, since they are designed to help a person attain a particular function as opposed to restoring a prior level of functioning. While coverage of habilitative services is optional for CHIP programs, the Affordable Care Act's essential health benefit provisions include habilitative services and devices for the individual and small group health insurance markets. (*Habilitative Services Coverage for Children Under the Essential Health Benefit Provisions of the Affordable Care Act*, Sara Rosenbaum, May 2013).

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*).

Effective January 2013, the federal Patient Protection and Affordable Care Act required states to pay Medicare rates to Medicaid primary care physicians providing primary care services to Medicaid enrollees during calendar years 2013 and 2014. The federal government pays 100% of the difference during those two years. The requirement ends in 2015, as does the 100% federal match (Senate Select Committee on Patient Protection and Affordable Care Act, December 3, 2012).

Enrollment

Table 5 compares December 2012 Florida KidCare enrollment by program component to December 2013:

- Total Florida KidCare enrollment increased by less than one percent. Medicaid child enrollments increased by 1.3 percent, while Title XXI-funded Florida KidCare enrollment decreased by 4.0 percent.
- MediKids enrollment decreased by 7.3 percent and Healthy Kids by 3.5 percent, while CMS Network enrollment decreased by 3.9 percent.
- MediKids full pay enrollment increased by 3.4 percent, while Healthy Kids full pay enrollment decreased by 0.7 percent.

Table 5. Comparison of Florida KidCare Enrollment, December 2012 and December 2013

Program Component	December 2012 Enrollment	December 2013 Enrollment	% Change December 2012 Compared to December 2013	June 2014 Enrollment Target
Title XXI Enrollment				
Healthy Kids	205,291	198,023	-3.5%	178,515
*MediKids	28,784	26,686	-7.3%	27,729
CMS Network	21,767	20,911	-3.9%	21,090
*Medicaid<Age 1 (185%-200% FPL)	709	**653**	-7.9%	1,109
Title XXI Total	**256,551**	**246,273**	**-4.0%**	**228,443**
Healthy Kids Non-Title XXI state/local subsidized	10	**0**	-100.0%	0
Healthy Kids Full Pay	27,711	27,520	-0.7%	30,352
*MediKids Full Pay	4,449	4,599	3.4%	4,470
*Title XIX Medicaid Enrollment	1,780,749	1,804,351	1.3%	
Florida KidCare Total Enrollment	**2,069,470**	**2,082,743**	**0.6%**	

*Source: Agency for Health Care Administration Florida KidCare Monthly Enrollment Reports. Target enrollment represents projected June 2014 caseload based on the FY 2013-2014 Florida KidCare Appropriations. *Medicaid and MediKids enrollment as of 11/30/13.*

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 2013.
- **Figure 3b** shows Florida KidCare total enrollment by month for calendar year 2013.
- **Figure 3c** shows Title XXI Florida KidCare enrollment trends for each October from 1998 to October 2013.

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

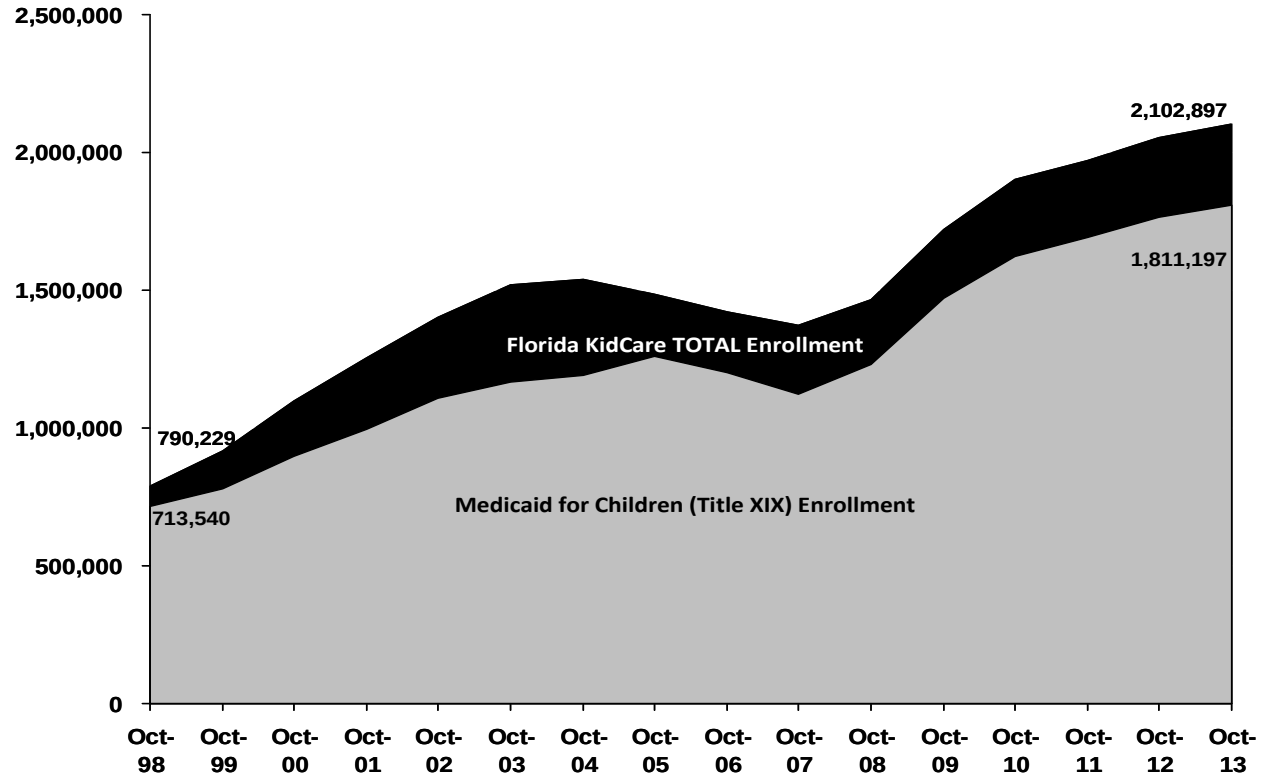


Figure 3b. CY 2013 Florida KidCare Enrollment* *(Including Title XIX Medicaid for Children)*

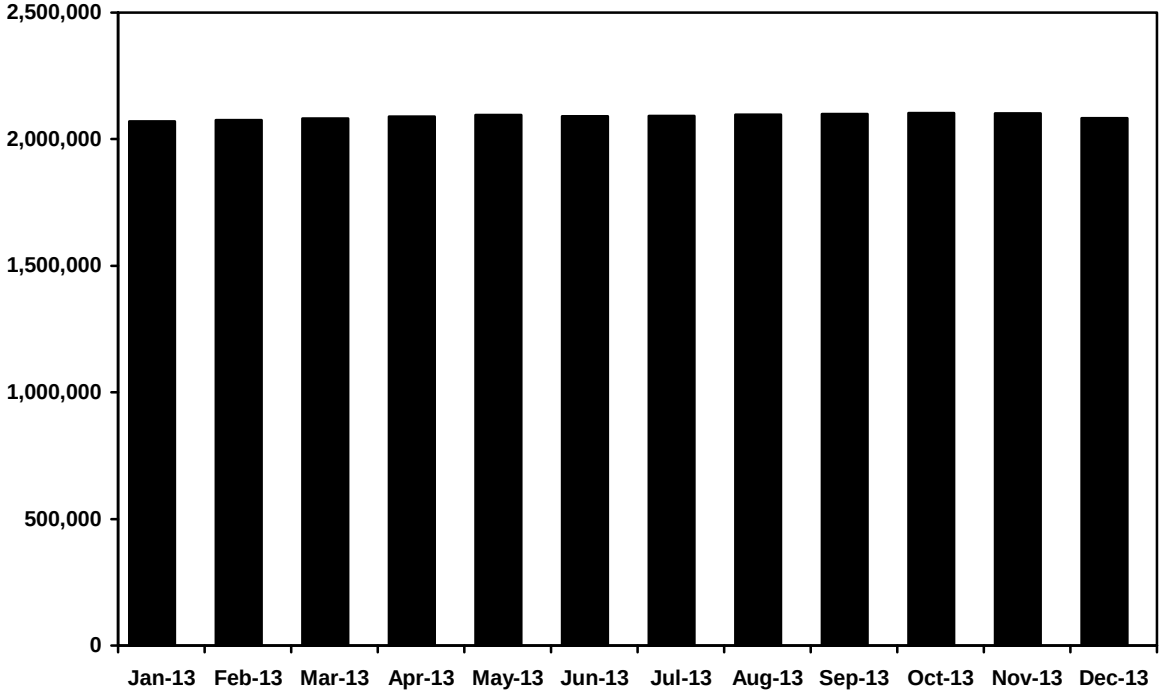
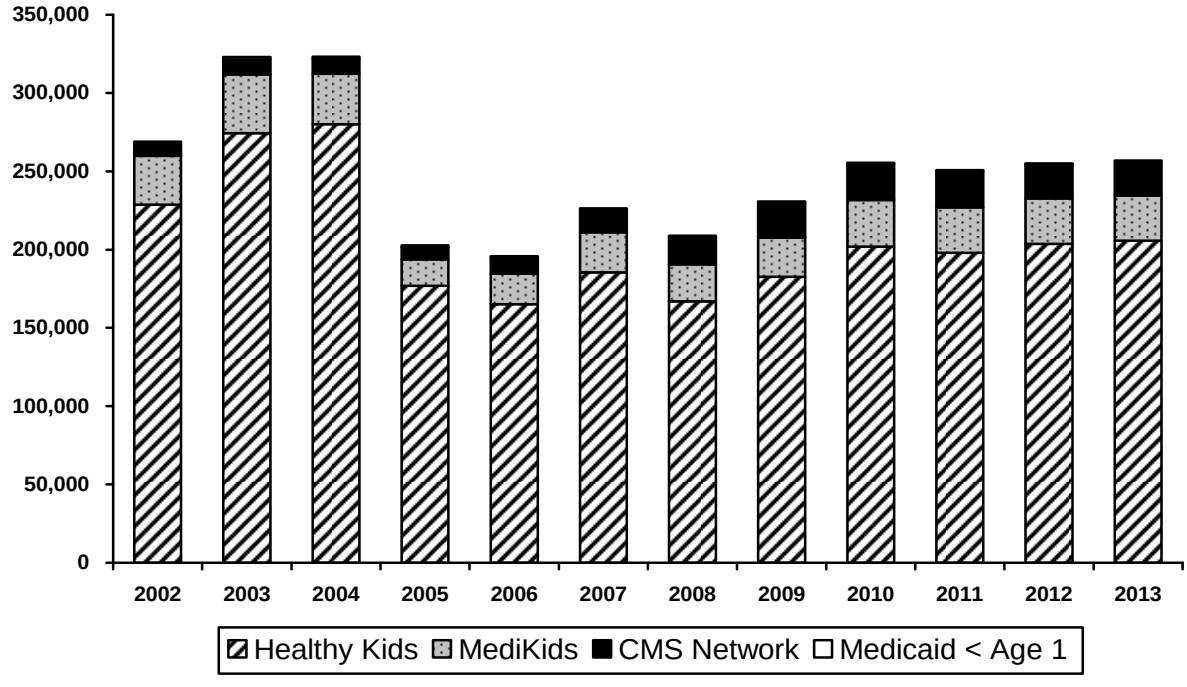


Figure 3c. Florida KidCare Title XXI-Funded Enrollment by Component*



***Medicaid and MediKids enrollment as of 11/30/13; Title XXI-funded 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, Florida KidCare 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 October 2013. 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 a family to resubmit the information. Parents receive correspondence that their child is eligible for another Florida KidCare component and the premium due to activate 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).

The 2012 Legislature voted to extend subsidized Florida KidCare coverage to otherwise eligible dependents of state employees, effective July 1, 2012.

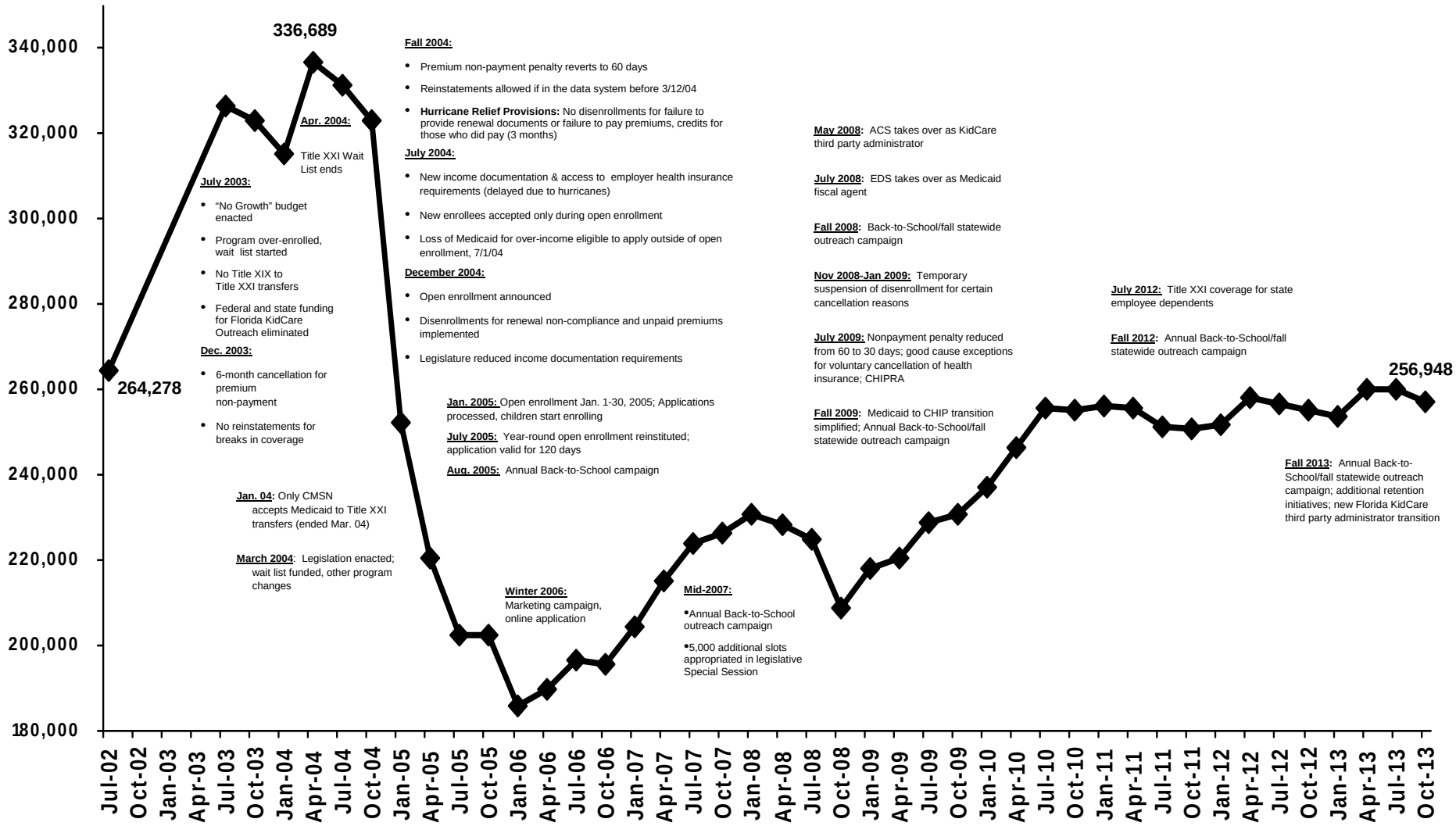
2012 Administrative Changes

- The Agency for Health Care Administration launched the "Chip In" initiative, which allows organizations to provide short-term assistance with Florida KidCare premium payments for families experiencing financial difficulties
- Healthy Kids launched a smart phone application that allows a user to learn about Florida KidCare and sends a message to the nearest application assister who will contact the family to provide additional information and assistance with applying for Florida KidCare.
- Healthy Kids modified its health plan provider portal to allow the plans to check a child's enrollment status.
- Healthy Kids also has subcommittees that advise on additional ways to improve overall program enrollment, retention, satisfaction and quality.

2013 Administrative Changes

- The Florida Healthy Kids Corporation contracted with a new third party administrator, which went live in October 2013.

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



Federal Changes

Children's Health Insurance Program Reauthorization Act (CHIPRA). CHIPRA 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" through FFY 2013 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" for Federal Fiscal Years 2009 through 2013 to states for implementing five of eight administrative simplification methods and increasing children's enrollment in Medicaid above a baseline level for the fiscal year. The bonuses provide an incentive to states to simplify enrollment and renewal to increase enrollment of eligible children.

In December 2013, the Department of Health and Human Services made a final award of $307 million to the 23 states that qualified for performance bonuses in Federal Fiscal Year 2013.

Table 7 compares Florida's practices to these eight measures. Because the state did not fully meet the requirements, Florida did not qualify for bonus payments.

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
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

States have the option to cover immigrant children and pregnant women lawfully residing in the U.S. by eliminating the five-year waiting period. Twenty-three states and the District of Columbia elected this option and receive federal funding for this coverage (*Connecting Kids to Coverage: Steady Growth, New Innovation, 2011 CHIPRA Annual Report*, Department of Health and Human Services, 2012). Bills have been filed for the 2014 Florida legislative session to implement this provision.

Family Opportunity Act. The federal Deficit Reduction Act of 2005 authorized states to allow families with disabled children to buy into the Medicaid program. Known as the "Family Opportunity Act", it allows families with income up to 300 percent 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.

Affordable Care Act (ACA). The ACA requires states to implement certain provisions, while other provisions are optional. Examples of required changes include:

- Health plans are required to allow parents to keep their children under age 26 without job-based coverage on their family coverage.
- Many insurance plans are to provide coverage without cost sharing to enrollees for a variety of preventive health services.
- Adults under age 26 who age out of foster care will be eligible for Medicaid coverage.
- The ACA changed the eligibility requirements for family-related Medicaid and CHIP, and provides for tax credits to assist families in purchasing private health coverage through the Federally Facilitated Marketplace (FFM).
  - "No wrong door". Applicants will be able to use a single application and submit it to the Department of Children and Families, Florida KidCare or the FFM.
  - Each program will screen the application and forward individuals to the correct agency to have their eligibility determined.
  - FFM open enrollment is October 1, 2013 through March 31, 2014. In Florida, adults who are not pregnant, elderly or disabled may be able to get help with insurance costs through the FFM if their income is at or above the Federal Poverty Level.
- The Department of Children and Families (DCF), contracted to modify the ACCESS and FLORIDA systems to conduct family-related medical assistance eligibility based on the modified adjusted gross income (MAGI) methodology. This methodology aligns the income counting rules for family-related Medicaid, CHIP, and the FFM.
- Countable income is based on a household's taxable earned and unearned income.
  - A customer's statement may be accepted for some of the application information. For others, ACCESS will connect to a new Federal Data Sharing Hub to help verify, in real time, information for which DCF staff previously would pend cases. These include citizenship, disability status, Social Security income, immigration status, and unemployment benefits.

- Child support will no longer be counted as income, and there will no longer be an asset test to qualify for family-related Medicaid.
- DCF included on its ACCESS web site an interactive training guide called "Navigating the Self-Service Portal" to help customers.

DCF reported that no one will lose Medicaid eligibility because of the new changes until at least April 2014. Most of the changes will take effect at the next eligibility review (*Understanding More about How the Affordable Care Act and Modified Adjusted Gross Income Affect Medicaid Eligibility*, Department of Children and Families, September 13, 2013).

CHIP to Medicaid Transition

Effective January 1, 2014, the ACA increased Medicaid eligibility for children ages 6 through 18 from 100 percent to 133 percent of the Federal Poverty Level. The change in Medicaid income eligibility for school age children removes the "stair step" that previously existed between eligibility for Medicaid and CHIP. Although enrolled in Medicaid, their coverage will be Title XXI-financed, which is how Medicaid coverage for infants under age 1 with family incomes from 185 percent to 200 percent of the Federal Poverty Level currently is funded.

The change in eligibility affects two groups of children: (1) new applicants and (2) children who were enrolled in Title XXI Florida KidCare as of December 2013 ("CHIP transition group").

New applicants ages 6 through 18 with family incomes between 100 percent and 133 percent of the Federal Poverty Level who meet MAGI rules will be enrolled in Medicaid starting January 1, 2014.

Approximately 50,000 children who were enrolled in Title XXI Healthy Kids or the CMS Network in December 2013 are potentially eligible for Medicaid based on the new requirements. Concerned that transitioning all of the affected CHIP children to Medicaid at once on January 1, 2014, would create confusion for families and providers and could lead to breaks in continuity of care, AHCA proposed an alternative transition plan to the federal Centers for Medicare and Medicaid Services. The state's alternative plan was approved in December 2013.

The approved plan will facilitate a seamless transition for these children from CHIP into the new Medicaid managed medical assistance (MMA) program. The Florida Healthy Kids Corporation (FHKC) will complete a renewal determination prior to transition to ensure that continued eligibility is based on MAGI rules and current income.

Starting in January 2014 and until DCF determines their eligibility for Medicaid, the identified CHIP transition children whose families do not choose to opt out of Healthy Kids before their CHIP eligibility renewal will not be charged a family premium.

Because they already receive the Medicaid state plan benefit package, CMS Network CHIP transition children will remain in the Title XXI CMS Network without a premium until August 2014. If determined Medicaid eligible, they will transfer to Medicaid as a single group in August when the CMS Network will be a statewide Medicaid MMA plan that uses the same service delivery and claims payments systems for its Medicaid and CHIP enrollees. The timeline for Florida's approved CHIP transition plan follows.

Month	Activity
December 2013	Letter mailed to families of 50,000 CHIP transition children identified as potentially eligible for Medicaid
January 2014	• Children opting out of Healthy Kids transfer to Medicaid • CHIP transition children remaining in Healthy Kids or CMS Network are not charged premiums
June 2014	CHIP eligibility renewals begin for potentially Medicaid eligible CHIP transition children: • All CMS Network children complete renewal first • FHKC conducts renewal determinations for Healthy Kids enrollees on a phased-in basis, to be completed by December 2014 • Children determined ineligible for Medicaid and remaining in CHIP begin paying monthly premiums again (families are not charged premiums for back months)
August 2014	• All CMS Network CHIP transition children determined eligible for Medicaid transfer to Medicaid effective 8/1/2014; clinically eligible children may remain enrolled in the MMA CMS Network • Healthy Kids CHIP transition children determined eligible for Medicaid begin to transfer to Medicaid 8/1/2014 and continue through 12/1/2014
December 2014	Complete transfer for all CHIP transition children eligible for Medicaid

Source: Agency for Health Care Administration, December 2013.

Outreach

According to the Georgetown University's Health Policy Institute Center for Children and Families, a little more than a quarter of the nation's uninsured children reside in 20 counties, five of which are in Florida (Miami-Dade, Broward, Palm Beach, Orange, and Hillsborough counties). The Center recommends targeting outreach and enrollment strategies to these areas to further reduce the number of uninsured children (*Children's Health Coverage on the Eve of the Affordable Care Act,* Tara Mancini and Joan Alker, Georgetown University Health Policy Institute Center for Children and Families, November 2013).

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 other organizations to become partners in the outreach and education effort. Volunteers and community organizations throughout Florida supplemented the state's outreach efforts.

In 2003, 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 2008 or 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 2012, Healthy Kids launched a regional navigator project in 15 sites to provide targeted outreach to hard-to-reach populations. Navigators received payment per application approved or renewed and had opportunities to earn incentives for exceeding regional goals.

Recommendations

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

For 2014, the council identified two priority state recommendations. Twelve additional state recommendations for long-term program improvement and three 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.

2014 Priority State Recommendations

- **Fully fund the Florida KidCare program, including its annualization and medical trend needs, projected growth and increased medical and dental costs in order to maximize the use of Florida's CHIP federal funds and include all eligible uninsured children.** ***(13 yes, 0 no, 4 abstentions)***
- **Fully fund Florida KidCare outreach to reduce significantly the number of uninsured children in Florida.** ***(12 yes, 0 no, 5 abstentions)***

Other State Recommendations for Long-Term Program Improvement

- Extend full pay Florida KidCare coverage to infants from birth to age 1 with family incomes above the established state income eligibility for CHIP. *(13 yes, 0 no, 4 abstentions)*
- Extend 12 months of continuous eligibility to Title XIX eligible school age children, to be consistent with the rest of Florida KidCare. *(13 yes, 0 no, 4 abstentions)*
- Cover pregnant women with incomes from 185 percent to 200 percent of the Federal Poverty Level with Title XXI funding and presumptive eligibility. *(13 yes, 0 no, 4 abstentions)*
- Take advantage of Title XXI federal matching funding by extending coverage to otherwise eligible legal immigrant children and pregnant women. *(12 yes, 0 no, 5 abstentions)*
- Take advantage of federal funding by increasing Florida's income eligibility for children to the maximum amount allowed by federal law. *(12 yes, 0 no, 5 abstentions)*
- Reinstate and implement presumptive eligibility for all Florida KidCare program components. *(12 yes, 2 no, 5 abstentions)*
- Implement the state option Family Opportunity Act pursuant to the Deficit Reduction Act of 2005. *(13 yes, 0 no, 4 abstentions)*
- Maintain the increased Medicaid reimbursement for physician services provided to children ages 0 to 21, in order to ensure access to care. The reimbursement should be increased at least to Medicare levels beyond 2014. *(12 yes, 0 no, 5 abstentions)*
- Increase Medicaid reimbursement for dental services provided to children ages 0 to 21, in order to ensure access to care. Since there is no Medicare benchmark for dentists, the reimbursement should be appropriate to ensure access to care. *(12 yes, 0 no, 5 abstentions)*
- Add habilitative services to the Florida Healthy Kids benefit package. *(12 yes, 1 no, 4 abstentions)*
- Implement the Affordable Care Act Medicaid expansion to increase health coverage for young adults. *(11 yes, 0 no, 6 abstentions)*

- To promote continuity of care and using Title XXI funding, continue the adoption of 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. [This recommendation has been partially accomplished.] *(13 yes, 0 no, 4 abstentions)*

Federal Recommendations

- Allow the Title XIX Vaccines for Children program to be used for the Children's Health Insurance Program. *(13 yes, 0 no, 4 abstentions)*
- Align Children's Health Insurance Program funding and program authorization through 2019. *(13 yes, 0 no, 4 abstentions)*
- 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. *(12 yes, 0 no, 5 abstentions)*

Florida KidCare Coordinating Council: 2014 Vote Sheet

Of the 18 council members or their designated representatives who attended the December 6, 2013, KidCare Coordinating Council meeting, 17 participated in the voting process. If a name is not shown in the table below, the member or designated representative voted in favor of the recommendation.

	Abstain	No	Yes
2014 Priority State Recommendations			
Fully fund the Florida KidCare program, including its annualization and medical trend needs, projected growth and increased medical and dental costs in order to maximize the use of Florida's CHIP federal funds and include all eligible uninsured children.	4 Dudek Kidder Philip Robleto (Knapp)	0	13
Fully fund Florida KidCare outreach to reduce significantly the number of uninsured children in Florida.	5 Dudek Kassack (Garner) Kidder Philip Robleto (Knapp)	0	12
Other State Recommendations (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.	4 Dudek Kidder Philip Robleto (Knapp)	0	13
Extend 12 months of continuous eligibility to Title XIX eligible school age children, to be consistent with the rest of Florida KidCare.	4 Dudek Kidder Philip Robleto (Knapp)	0	13
Cover pregnant women with incomes from 185 percent to 200 percent of the Federal Poverty Level with Title XXI funding and presumptive eligibility.	4 Dudek Kidder Philip Robleto (Knapp)	0	13
Take advantage of Title XXI federal matching funding by extending coverage to otherwise eligible legal immigrant children and pregnant women.	5 Dudek Kassack (Garner) Kidder Philip Robleto (Knapp)	0	12
Take advantage of federal funding by increasing Florida's income eligibility for children to the maximum the amount allowed by federal law.	5 Dudek Kassack (Garner) Kidder Philip Robleto (Knapp)	0	12
Reinstate and implement presumptive eligibility for all Florida KidCare program components.	5 Dudek Kassack (Garner) Kidder Philip Robleto (Knapp)	0	12
Implement the state option Family Opportunity Act pursuant to the Deficit Reduction Act of 2005.	4 Dudek Kidder Philip Robleto (Knapp)	0	13

	Abstain	No	Yes
Maintain the increased Medicaid reimbursement for physician services provided to children ages 0 to 21, in order to ensure access to care. The reimbursement should be increased at least to Medicare levels beyond 2014.	5 Dudek Kassack (Garner) Kidder Philip Robleto (Knapp)	0	12
Increase Medicaid reimbursement for dental services provided to children ages 0 to 21, in order to ensure access to care. Since there is no Medicare benchmark for dentists, the reimbursement should be appropriate to ensure access to care.	5 Dudek Kassack (Garner) Kidder Philip Robleto (Knapp)	0	12
Add habilitative services to the Florida Healthy Kids benefit package.	4 Dudek Kidder Philip Robleto (Knapp)	1 Kassack (Garner)	12
Implement the Affordable Care Act Medicaid expansion to increase health coverage for young adults.	6 Dudek Fuller Kassack (Garner) Kidder Philip Robleto (Knapp)	0	11
To promote continuity of care and using Title XXI funding, continue the adoption of 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. [2013 recommendation was partially accomplished.]	4 Dudek Kidder Philip Robleto (Knapp)		13
Federal Recommendations			
Allow the Title XIX Vaccines for Children program to be used for the Children's Health Insurance Program.	4 Dudek Kidder Philip Robleto (Knapp)	0	13
Align Children's Health Insurance Program funding and program authorization through 2019.	4 Dudek Kidder Philip Robleto (Knapp)	0	13
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.	5 Dudek Kassack (Garner) Kidder Philip Robleto (Knapp)	0	12

Members or Designated Representatives who attended the December 6, 2013, Council Meeting:

- Ellen Anderson
- Natalie Carr, DDS
- Elizabeth Dudek
- Lori Fahey (Designated representative: Tanya Hansen)
- Cynthia Fuller
- Peter Gorski, MD
- Amy Guinan
- Susan Harbin
- Holly Hohmeister (Designated representative: Debra Dowds)
- Jay Kassack (Designated representative: Michael Garner)
- Beth Kidder
- Dianne Mennitt
- Linda Merrell
- Celeste Philip, MD
- Jodi Ray
- Rich Robleto (Designated representative: Fred Knapp)
- Lawayne Salter (Left before voting process)
- Louis St. Petery, Jr., MD

Appendix A. FY 2013-14 Florida KidCare Appropriations

Funding Year	Feb 2013 Est. Caseload	Avg Caseload	Member Months	PMPM Cost	Total Cost	Tiered Family Payment $15/$20	Net Cost	Federal Share	State Share	State Share GR	State Share Tobacco
FLORIDA HEALTHY KIDS CORP											
FHK Services											
FHK - Full Pay (Non-Title XXI)	31,003	30,352	364,224	$124.31	$45,277,754	$45,277,754	$0	$0	$0	$0	$0
FHK - Subsidized (Non-Title XXI)		0	0	$0.00	$0	$0	$0	$0	$0	$0	$0
FHK - Title XXI	212,342	178,515	2,142,180	$122.20	$262,527,963	$ 23,371,217	$239,156,746	$169,886,443	$69,270,303	$4,115,718	$65,154,585
Total FY 2013-14 Appropriation	243,345	208,867	2,506,404		$307,805,717	$ 68,648,971	$239,156,746	$169,886,443	$69,270,303	$4,115,718	$65,154,585
No-Recurring Funds								$0		$0	
CONTRACTED SERVICES						GD TF					
Total FY 2013-14 Appropriation	50,513	50,513	606,156	$7.30	$4,816,511	$391,572	$4,424,939	$3,154,539	$1,270,400	$565,852	$704,548
FHK G/A - Contracted Services											
FHK - Full Pay (Non-Title XXI)	31,003	30,352	364,224		$0	$0	$0	$0	$0	$0	$0
FHK - Subsidized (Non-Title XXI)		0	0		$0	$0	$0	$0	$0	$0	$0
FHK - Title XXI	243,345	240,417	2,885,004	$7.30	$21,060,525	$2,658,831	$18,401,694	$13,070,463	$5,331,231	$1,385,084	$3,946,147
Total FY 2013-14 Appropriation	274,348	270,769	3,249,228		$21,060,525	$2,658,831	$18,401,694	$13,070,463	$5,331,231	$1,385,084	$3,946,147
FHK Dental ($750 Annual Cap)											
FHK - Full Pay (Non-Title XXI)	31,003	30,352	364,224	$12.57	$4,578,288	$4,578,288	$0	$0	$0	$0	$0
FHK - Subsidized (Non-Title XXI)		0	0	$0.00	$0	$0	$0	$0	$0	$0	$0
FHK - Title XXI	212,342	178,515	2,142,180	$12.57	$26,927,239	$0	$26,927,239	$19,126,107	$7,801,132	$7,801,132	$0
Total FY 2013-14 Appropriation	243,345	208,867	2,506,404		$31,505,527	$4,578,288	$26,927,239	$19,126,107	$7,801,132	$7,801,132	$0
MEDIKIDS						GD TF					
Full Pay Medikids	4,519	4,470	53,640	$179.59	$9,634,099	$9,634,099	$0	$0	$0	$0	$0
Medikids	28,453	27,729	332,753	$139.14	$ 46,299,276	$ 3,004,611	$ 43,294,665	$30,752,524	$12,542,141	$2,970,185	$9,571,956
Total FY 2013-14 Appropriation	32,972	32,199	386,393		$55,933,375	$12,638,710	$43,294,665	$30,752,524	$12,542,141	$2,970,185	$9,571,956
CHILDREN'S MEDICAL SERVICES						GD TF					
Total FY 2013-14 Appropriation	22,170	21,090	253,080	$469.16	$118,735,760	$ 2,337,513	$116,398,247	$82,675,374	$33,722,873	$18,103,699	$15,619,174
BEHAVIORAL HEALTH SERVICES											
Total FY 2013-14 Appropriation	909	904	10,848	$1,000.00	$10,853,682	$0	$10,853,682	$7,709,153	$3,144,529	$3,144,529	$0
TOTAL: CHILDREN'S MEDICAL SERVICES											
Total FY 2013-14 Appropriation	23,079	21,994	263,928		$129,589,442	$2,337,513	$127,251,929	$90,384,527	$36,867,402	$21,248,228	$15,619,174
TOTAL ALL						GD TF					
Total FY 2013-14 Appropriation	263,874	228,238			$474,825,007	$15,367,795	$ -	$326,374,603	$133,082,609	$38,086,199	$94,996,410
From Trust Funds					$436,738,808						