

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

Preamble

Section 2108(a) of the Act provides that the State and Territories *must assess the operation of the State child health plan in each Federal fiscal year, and report to the Secretary, by January 1 following the end of the Federal fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children. The State is out of compliance with SCHIP statute and regulations if the report is not submitted by January 1. The State is also out of compliance if any section of this report relevant to the State's program is incomplete.

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

The framework is designed to:

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

* - When "State" is referenced throughout this template, "State" is defined as either a state or a territory.

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

DO NOT CERTIFY YOUR REPORT UNTIL ALL SECTIONS ARE COMPLETE.

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

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

Signature: _____
Carlton D. Snipes

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

SCHIP Program Type:

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

Reporting Period: **2007** _____ *Note: Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07.*

Contact Person/Title: **Carlton D. Snipes/Acting Dep. Secretary - Medicaid** _____

Address: **2727 Mahan Drive** _____

MS # 8 _____

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

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

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Submission Date: **3/3/2008** _____

(Due to your CMS Regional Contact and Central Office Project Officer by January 1st of each year)

SECTION I: SNAPSHOT OF SCHIP PROGRAM AND CHANGES

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

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

Is presumptive eligibility provided for children?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes, for whom and how long? [1000] Infants under one year of age for one year.	<input type="checkbox"/>	Yes - Please describe below: For which populations (include the FPL levels) [1000] Average number of presumptive eligibility periods granted per individual and average duration of the presumptive eligibility period [1000] Brief description of your presumptive eligibility policies [1000]
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Is retroactive eligibility	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
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available?	<input checked="" type="checkbox"/>	Yes, for whom and how long? Retroactive eligibility can go back three months prior to the month of application.	<input type="checkbox"/>	Yes, for whom and how long?
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your State Plan contain authority to implement a waiting list?	Not applicable		<input checked="" type="checkbox"/>	No
			<input type="checkbox"/>	Yes
			<input type="checkbox"/>	N/A

Does your program have a mail-in application?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Can an applicant apply for your program over the phone?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program have an application on your website that can be printed, completed and mailed in?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

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

Does your program require a face-to-face interview during initial application	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require a child to be uninsured for a minimum amount of time prior to enrollment (waiting period)?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months		Specify number of months 6	
			To which groups (including FPL levels) does the period of uninsurance apply? [1000] Applicant cannot have voluntarily cancelled health insurance within the past 6 months. This policy applies to all separate Title XXI programs. List all exemptions to imposing the period of uninsurance [1000] Does not apply to coverage not voluntarily cancelled.	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program match prospective enrollees to a database that details private insurance status?	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
			If yes, what database? [1000]	
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program provide period of continuous coverage regardless of income changes?	<input type="checkbox"/>	No	<input type="checkbox"/>	No
	<input checked="" type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	Specify number of months 12		Specify number of months 12	
	Explain circumstances when a child would lose eligibility during the time period in the box below		Explain circumstances when a child would lose eligibility during the time period in the box below	
	Child moves out of state.		For all programs: Non-payment of monthly premiums, enrollment in Medicaid, parent becomes a state employee, child turns 19, child moves out of state, child has access to employer-sponsored health insurance with a cost less than 5% of gross family income. For Children's Medical Services Network: Child is no longer clinically eligible at time of annual clinical eligibility determination, but may be transferred to another KidCare program component.	
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

Does your program require premiums or an	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes

enrollment fee?	Enrollment fee amount		Enrollment fee amount	0	
	Premium amount		Premium amount	15	
	Yearly cap		Yearly cap	0	
	If yes, briefly explain fee structure in the box below		If yes, briefly explain fee structure in the box below (including premium/enrollment fee amounts and include Federal poverty levels where appropriate)		
			Families with income from 100% to 150% FPL pay \$15 premium per family per month. Families with income from 151% to 200% FPL pay \$20 premium per family per month. The yearly cap is 5% of family income.		
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A		

Does your program impose copayments or coinsurance?	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program impose deductibles?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A

Does your program require an assets test?	<input checked="" type="checkbox"/>	No	<input checked="" type="checkbox"/>	No	
	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes	
	If Yes, please describe below		If Yes, please describe below		
	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A	

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

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

Enter any Narrative text below. [7500]

Copayments - The separate Title XXI programs MediKids and Children's Medical Services Network do not have copayments. The separate Title XXI program Healthy Kids does require copayments.

Renewal form - In addition to the family completing the partially pre-populated renewal form, the family must submit proof of documentation.

Comments on Responses in Table:

Is there an assets test for children in your Medicaid program?

Yes No N/A

Is it different from the assets test in your separate child health program?
If yes, please describe in the narrative section below the asset test in your program.

Yes No N/A

Are there income disregards for your Medicaid program?

Yes No N/A

Are they different from the income disregards in your separate child health program? If yes, please describe in the narrative section below the income disregards used in your separate child health program.

Yes No N/A

Is a joint application used for your Medicaid and separate child health program?

Yes No N/A

7. Indicate what documentation is required at initial application

	<u>Self-Declaration</u>	<u>Documentation Required</u>
<u>Income</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>Citizenship</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Insured Status</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

	Medicaid Expansion SCHIP Program			Separate Child Health Program		
	Yes	No Change	N/A	Yes	No Change	N/A
Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Application documentation requirements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Benefit structure	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cost sharing (including amounts, populations, & collection process)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crowd out policies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Delivery system	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eligibility levels / target population	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assets test in Medicaid and/or SCHIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Income disregards in Medicaid and/or SCHIP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eligibility redetermination process	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Enrollment process for health plan selection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Family coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach (e.g., decrease funds, target outreach)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premium assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Prenatal Eligibility expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Waiver populations (funded under title XXI)						
Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnant women	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childless adults	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Methods and procedures for prevention, investigation, and referral of cases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

of fraud and abuse

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Other – please specify

Renewal Process

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

Applicant and enrollee protections (e.g., changed from the Medicaid Fair Hearing Process to State Law)	<hr/> <hr/>
Application	<hr/> <hr/>
Application documentation requirements	<hr/> <hr/>
Benefit structure	<hr/> <hr/>
Cost sharing (including amounts, populations, & collection process)	<hr/> <hr/>
Crowd out policies	<hr/> <hr/>
Delivery system	<hr/> <hr/>
Eligibility determination process (including implementing a waiting lists or open enrollment periods)	<hr/> <hr/>
Eligibility levels / target population	<hr/> <hr/>
Assets test in Medicaid and/or SCHIP	<hr/> <hr/>
Income disregards in Medicaid and/or SCHIP	<hr/> <hr/>
Eligibility redetermination process	<hr/> <hr/>
Enrollment process for health plan selection	<hr/> <hr/>

Family coverage	
Outreach	The Florida Legislature appropriated \$1 million for KidCare community-based matching grants. Since May 2007, the Executive Office of the Governor has been leading the Kidcare partners in Kidcare outreach efforts. The Kidcare partners have enlisted the involvement of the local agency offices and community organizations. AHCA has contracted with the University of South Florida's Covering Kids and Families to conduct outreach, build and train community coalitions to provide effective outreach.
Premium assistance	
Prenatal Eligibility Expansion	
Waiver populations (funded under title XXI)	
Parents	
Pregnant women	
Childless adults	
Methods and procedures for prevention, investigation, and referral of cases of fraud and abuse	
Other – please specify	
a. Renewal Process	In September 2007, an online renewal option was launched. The family must still submit documentation of income.
b.	
c.	

Enter any Narrative text below. **[7500]**

(5) Income disregards - Income is calculated using Title XIX rules and Title XXI rules; whichever is more beneficial to the family is used. Using Title XIX rules, each parent with earned income receives a \$90 disregard. There is also a \$50 disregard per family for child support income. The disregard for child care expenses is \$200 per month for a child age 2 or younger and \$175 per month for a child over age 2. Using Title XXI rules, no disregards are given.

(7) For Medicaid the applicant must provide documentation of citizenship and identity. For SCHIP, the applicant must provide documentation of income and if a non-citizen the applicant must present documentation of their alien status. For SCHIP, self-declaration is accepted for insurance status, the cost

of available employer-sponsored health insurance and whether insurance has been voluntarily cancelled within the past six months.

For the question - Can an applicant apply for your program over the phone? A family must initially submit a paper KidCare application or submit an online application. For the separate SCHIP programs, once a family has submitted a KidCare application and they are known to the computer system, they may call on the phone to reapply/reactivate their account and do not need to submit another application.

(o)Outreach - The Florida Legislature appropriated \$1,000,000 for community-based matching grants for KidCare outreach. Since May 2007, the Executive office of the Governor has been leading the KidCare partners in KidCare outreach efforts. Without additional funding, the KidCare partners have enlisted the involvement of the local agency offices, community organizations and the Agency for Health Care Administration contracted with the University of South Florida's Covering Kids and families to conduct outreach and build community coalitions and train the coalition members on effective outreach strategies.

SECTION II: PROGRAM'S PERFORMANCE MEASUREMENT AND PROGRESS

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

SECTION IIA: REPORTING OF CORE PERFORMANCE MEASURES

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

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

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

This section contains templates for reporting performance measurement data for each of the core child health measures. Please report performance measurement data for the three most recent years (to the extent that data are available). In the first and second column, data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007). Additional instructions for completing each row of the table are provided below.

If Data Not Reported, Please Explain Why:

If you cannot provide a specific measure, please check the box that applies to your State for each performance measure as follows:

Population not covered: Check this box if your program does not cover the population included in the measure.

Data not available: Check this box if data are not available for a particular measure in your State. Please provide an explanation of why the data are currently not available.

Small sample size: Check this box if the sample size (i.e., denominator) for a particular measure is less than 30. If the sample size is less than 30, your State is not required to report data on the measure. However, please indicate the exact sample size in the space provided.

Other: Please specify if there is another reason why your state cannot report the measure.

Status of Data Reported:

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

Provisional: Check this box if you are reporting data for a measure, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.

Final: Check this box if the data you are reporting are considered final for FFY 2007.

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

Measurement Specification:

For each performance measure, please indicate the measurement specification (i.e., were the measures calculated using the HEDIS® technical specifications, HEDIS®-like specifications, or some other source with measurement specifications unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:

For each performance measure, please indicate the source of data – administrative data (claims) (specify the kind of administrative data used), hybrid data (claims and medical records) (specify how the two were used to create the data source), survey data (specify the survey used), or other source (specify the other source). If another data source was used, please explain the source.

Definition of Population included in the Measure:

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

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

Year of Data:

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

Performance Measurement Data (HEDIS® or Other):

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

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

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

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On

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

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

Other Comments on Measure:

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

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

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

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input checked="" type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i> We are still compiling this data and will report when analysis is complete.</p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Claims data</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Claims data</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Title XXI children in MediKids and Medicaid Expansion aged less than 15 months not enrolled in an HMO who have had a well child visit</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Title XXI children in MediKids and Medicaid Expansion aged less than 15 months not enrolled in an HMO who have had a well child visit</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data:</p>

Well Child Visits in the First 15 Months of Life (continued)		
FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 4 visits Denominator: Rate:</p> <p><u>1 visit</u> Numerator: Denominator: Rate:</p> <p><u>2 visits</u> Numerator: Denominator: Rate:</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: 581 Denominator: 1546 Rate: 37.6</p> <p><u>1 visit</u> Numerator: 457 Denominator: 1546 Rate: 29.6</p> <p><u>2 visits</u> Numerator: 248 Denominator: 1546 Rate: 16</p> <p><u>3 visits</u> Numerator: 159 Denominator: 1546 Rate: 10.3</p> <p>Additional notes on measure:</p>	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with specified number of visits</p> <p><u>0 visits</u> Numerator: Denominator: Rate:</p> <p><u>1 visit</u> Numerator: Denominator: Rate:</p> <p><u>2 visits</u> Numerator: Denominator: Rate:</p> <p><u>3 visits</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate: 53</p> <p>Additional notes on measure: Numerator and denominator not available.</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: 965 Denominator: 1546 Rate: 62.4</p> <p>Additional notes on measure: Rtae of children with at least one well child visit.</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Unknown at this time.

Are there any quality improvement activities that contribute to your progress? N/A

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

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

Annual Performance Objective for FFY 2010: 80% - (Federal goal for Medicaid)

Explain how these objectives were set: 80% Federal goal for Medicaid

Other Comments on Measure: N/A

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

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30) <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2003</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2004</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2006</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Claims data</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP children who received a well-child visit</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP children who received a well-child visit</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: KidCare (Title XIX only) children who received a well child visit.</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2006</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> <u>Percent with 1+ visits</u> Numerator: 122674 Denominator: 295885</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 105015 Denominator: 218782</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent with 1+ visits Numerator: 527 Denominator: 764</p>

FFY 2005	FFY 2006	FFY 2007
<p>Rate: 41.5</p> <p>Additional notes on measure:</p>	<p>Rate: 48</p> <p>Additional notes on measure: The HEDIS average for adolescent preventive care visits is 59.90%. Children enrolled with a Medicaid primary care case manager and Children's Medical Services Network were also measured. 65% of the children enrolled with a primary care case manager and 70% of the children enrolled with Children's Medical Services Network received well child visits.</p>	<p>Rate: 69</p> <p>Additional notes on measure: Rate exceeds the HEDIS average of 63.3%</p>

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

FFY 2005	FFY 2006	FFY 2007
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? For 2007, the population in the sample only included Title XIX children. In 2006, the rate for Title XIX children enrolled in primary care case management, receiving a well-child visit was 65%. The Title XIX rate from 2006 to 2007 decreased slightly from 65% to 63.3%.</p> <p>As in previous years, the results were obtained from the Quality of Care Measures: A Chart Book for the Florida KidCare Program Evaluation. Samples of both Title XXI and Title XIX have previously been included; however, claims for Title XXI Healthy Kids children were not available from the health plans for inclusion in this year's Chart Book. This issue has been resolved and we anticipate that Title XIX and Title XXI data will be available for our analysis next year.</p> <p>Are there any quality improvement activities that contribute to your progress? N/A</p> <p>Annual Performance Objective for FFY 2008: 80% (Federal goal for Medicaid)</p> <p>Annual Performance Objective for FFY 2009: 80% (Federal goal for Medicaid)</p> <p>Annual Performance Objective for FFY 2010: 80% (Federal goal for Medicaid)</p> <p><i>Explain how these objectives were set:</i> 80& Federal goal for Medicaid</p>		
<p>Other Comments on Measure: N/A</p>		

MEASURE: Use of Appropriate Medications for Children with Asthma

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2003</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2004</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2006</p>
<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> claims data</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> claims data</p>	<p>Data Source: <input checked="" type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Claims data</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP children with an asthma diagnosis meeting HEDIS definition for appropriate medication usage</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP children with an asthma diagnosis meeting HEDIS definition for appropriate medication usage</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input checked="" type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Kidcare (Title XIX only) children with an asthma diagnosis meeting HEDIS definition for appropriate medication usage.</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>

Use of Appropriate Medications for Children with Asthma (continued)

FFY 2005	FFY 2006	FFY 2007
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate: 62</p> <p><u>10-17 years</u> Numerator: Denominator: Rate: 57</p> <p><u>Combined rate (5-17 years)</u> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: Numerators and denominators not available.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate:</p> <p><u>10-17 years</u> Numerator: Denominator: Rate:</p> <p><u>Combined rate (5-17 years)</u> Numerator: 1867 Denominator: 2872 Rate: 65</p> <p>Additional notes on measure: Above measurement is for children 6 – 14 years of age.</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Percent receiving appropriate medications <u>5-9 years</u> Numerator: Denominator: Rate:</p> <p><u>10-17 years</u> Numerator: Denominator: Rate:</p> <p><u>Combined rate (5-17 years)</u> Numerator: 5352 Denominator: 5842 Rate: 91.6</p> <p>Additional notes on measure: Above measurement is for children 6 - 14 years of age.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>

Explanation of Progress:

How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? For 2007, the population in the sample only included Title XIX children. In 2006, the rate for Title XIX children enrolled in primary care case management, meeting HEDIS definition for appropriate asthma medication was 70%. The Title XIX rate from 2006 to 2007 significantly increased from 70% to 91.61%.

As in previous years, the results were obtained from the Quality of Care Measures: A Chart Book for the Florida KidCare Program Evaluation. Samples of both Title XXI and Title XIX have previously been included; however, claims for Title XXI Healthy Kids children were not available from the health plans for inclusion in this year's Chart Book. This issue has been resolved and we anticipate that Title XIX and Title XXI data will be available for our analysis next year.

Are there any quality improvement activities that contribute to your progress? N/A

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

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

Annual Performance Objective for FFY 2010: No goals established at this time.

Explain how these objectives were set: N/A

Other Comments on Measure: N/A

MEASURE: Children's Access to Primary Care Practitioners

FFY 2005	FFY 2006	FFY 2007
<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Did you report on this goal? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Data Not Reported, Please Explain Why: <input type="checkbox"/> Population not covered. <input type="checkbox"/> Data not available. <i>Explain:</i> <input type="checkbox"/> Small sample size (less than 30). <i>Specify sample size:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CAHPS from Florida KidCare Evaluation Report 2005.</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> CAHPS from Florida KidCare Evaluation Report 2006.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> CAHPS from Florida KidCare Evaluation Report 2007.</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> CAHPS from Florida KidCare Evaluation Report 2005.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> CAHPS from Florida KidCare Evaluation Report 2006.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <i>Specify:</i> <input type="checkbox"/> Hybrid (claims and medical record data). <i>Specify:</i> <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> CAHPS from Florida KidCare Evaluation Report 2007.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP children with access to a primary care practitioner</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP children in survey reporting a usual source of care</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: SCHIP children in survey reporting a usual source of care</p>
<p>Year of Data: 2004</p>	<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>

FFY 2005	FFY 2006	FFY 2007																																																						
<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate: 92</td> <td>Rate: 81.7</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate: 81.5</td> <td>Rate:</td> </tr> </table> <p>Additional notes on measure:</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate: 92	Rate: 81.7	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate: 81.5	Rate:	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate:</td> <td>Rate:</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate:</td> <td>Rate:</td> </tr> </table> <p>Additional notes on measure: Data available by following age categories: For 12 months - 5 years Numerator: 268 Denominator: 304 Rate: 88% For 6 - 19 years Numerator: 539 Denominator: 605 Rate: 89%</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate:	Rate:	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate:	Rate:	<p>HEDIS Performance Measurement Data: (If reporting with HEDIS/HEDIS-like methodology) Percent with a PCP visit</p> <table border="0"> <tr> <td><u>12-24 months</u></td> <td><u>7-11 years</u></td> </tr> <tr> <td>Numerator: 269</td> <td>Numerator: 258</td> </tr> <tr> <td>Denominator: 302</td> <td>Denominator: 300</td> </tr> <tr> <td>Rate: 89.1</td> <td>Rate: 86</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td><u>25 months-6 years</u></td> <td><u>12-19 years</u></td> </tr> <tr> <td>Numerator:</td> <td>Numerator:</td> </tr> <tr> <td>Denominator:</td> <td>Denominator:</td> </tr> <tr> <td>Rate:</td> <td>Rate:</td> </tr> </table> <p>Additional notes on measure: Data available by age categories 12 months - 5 years and 5 years - 19 years.</p>	<u>12-24 months</u>	<u>7-11 years</u>	Numerator: 269	Numerator: 258	Denominator: 302	Denominator: 300	Rate: 89.1	Rate: 86	 		<u>25 months-6 years</u>	<u>12-19 years</u>	Numerator:	Numerator:	Denominator:	Denominator:	Rate:	Rate:
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Rate:	Rate:																																																							
<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: 512 Denominator: 601 Rate: 85.2</p> <p>Additional notes on measure: Numerator and denominator figures not available by age categories. Overall for all age groups.</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: 807 Denominator: 909 Rate: 88.8</p> <p>Additional notes on measure: Overall average for ages 12 months to 19 years.</p>	<p>Other Performance Measurement Data: (If reporting with another methodology) Numerator: 783 Denominator: 906 Rate: 86.4</p> <p>Additional notes on measure: Overall average for ages 12 months to 19 years, including children enrolled in Title XXI Children's Medical Services Network.</p>																																																						

FFY 2005	FFY 2006	FFY 2007
<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The rate has remained fairly constant over time, ranging from 85.26% in 2005, to 88% in 2006, to 86.4% in 2007.</p> <p>Are there any quality improvement activities that contribute to your progress? All enrollees continue to be enrolled in managed care plans or primary care case management plans. The health plans continue to make effort to ensure access to care.</p> <p>Annual Performance Objective for FFY 2008: No goals established at this time.</p> <p>Annual Performance Objective for FFY 2009: No goals established at this time.</p> <p>Annual Performance Objective for FFY 2010: No goals established at this time.</p> <p><i>Explain how these objectives were set:</i> N/A</p>		
<p>Other Comments on Measure: N/A</p>		

SECTION IIB: ENROLLMENT AND UNINSURED DATA

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

Program	FFY 2006	FFY 2007	Percent change FFY 2006-2007
SCHIP Medicaid Expansion Program	1877	1594	-15.08
Separate Child Health Program	301718	321935	6.7

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

SCHIP Expansion program for infants experienced a 15.08% decrease in enrollment in 2007 due to the correction of a systems error. The expansion program is limited to 12 months from birth, and children were remaining in the program after 12 months due to a systems error. This error was corrected in September 2007. Also, the overall number and percentage of children approved for Medicaid in 2007 decreased over 10%. This decrease in Medicaid appears to be due to the additional citizenship and identity documentation requirements in Deficit Reduction Act. This population must comply with the DRA requirements.

The table below shows trends in the three-year averages for the number and rate of uninsured children in your State based on the Current Population Survey (CPS), along with the percent change between 1996-1998 and 2004-2006. Significant changes are denoted with an asterisk (*). If your state uses an alternate data source and/or methodology for measuring change in the number and/or rate of uninsured children, please explain in Question #3. SARTS will fill in this information automatically, but in the meantime, please refer to the CPS data attachment that was sent with the FFY 2007 Annual Report Template.

Period	Uninsured Children Under Age 19 Below 200 Percent of Poverty		Uninsured Children Under Age 19 Below 200 Percent of Poverty as a Percent of Total Children Under Age 19	
	Number	Std. Error	Rate	Std. Error
1996 - 1998	426	42.0	12.6	1.2
1998 - 2000	377	39.6	10.5	1.0
2000 - 2002	426	37.4	10.6	.9
2002 - 2004	393	35.8	9.5	.8

2003 - 2005	431	36.4	10.3	.8
2004 - 2006	455	37.0	10.7	.8
Percent change 1996-1998 vs. 2004-2006	6.8%	NA	-15.1%	NA

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

Since 1996, the number of uninsured children under age 19 below 200% of poverty has remained fairly steady with a 1.92% decrease in the number of uninsured children. According to the Florida Health Insurance Studies Comparative Findings, August 2005, the percentage of employers who did not offer health insurance increased from 65.2% in 1999 to 69.2% in 2004. The percentage of employees who did not have employer sponsored health insurance due to the cost increased from 9.0% in 1999 to 12.7% in 2004. These factors have had a significant impact in the number of uninsured children.

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

N/A

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

Yes (please report your data in the table below)

No (skip to Question #4)

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

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

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

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

What are the limitations of the data or estimation methodology?

How does your State use this alternate data source in SCHIP program planning?

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

According to the Institute for Child Health Policy's Florida KidCare Program Evaluation Report 2007, 168,444 Florida KidCare applications, representing 324,850 children, were received during the SFY 2006-2007. The Florida KidCare application may be used to apply for children's Medicaid and the Title XXI SCHIP programs. The Department of Children and Families (DCF) also has a one-page Request for Assistance application that is used to apply for Medicaid, Food Stamps and TANF benefits, but it is not accepted as an application for SCHIP. Of the 168,444 KidCare applications received, 79,883 applications representing 159,002 children were referred to DCF for a Medicaid eligibility determination. 56,734 children were approved for Medicaid benefits. Therefore, 17.5% of children applying by means of a Florida KidCare application were determined eligible for Medicaid.

Outreach in Florida is done for the entire Florida KidCare program which includes Medicaid and the Title XXI programs. It is unknown how many applications were received as a direct result of some KidCare outreach activity.

In 2006, 74,678 children were approved for Medicaid benefits, representing 27.9% of children applying by means of a Florida KidCare application. The number and percentage of children approved for Medicaid in 2007 decreased over 10%. This decrease in Medicaid appears to be due to the additional citizenship and identity documentation requirements in Deficit Reduction Act.

SECTION IIC: STATE STRATEGIC OBJECTIVES AND PERFORMANCE GOALS

This subsection gathers information on your State's general strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. (If Section 9 of your SCHIP State Plan has changed, please indicate when it changed, and how the goals and objectives in Section 9 of your State Plan and the goals reported in this section of the annual report are different. Also, the state plan should be amended to reconcile these differences). The format of this section provides your State with an opportunity to track progress over time. This section contains templates for reporting performance measurement data for each of five categories of strategic objectives, related to:

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

Please report performance measurement data for the three most recent years for which data are available (to the extent that data are available). In the first two columns, report data from the previous two years' annual reports (FFY 2005 and FFY 2006) will be populated with data from previously reported data in SARTS, enter data in these columns only if changes must be made. If you previously reported no data for either of those years, but you now have recent data available for them, please enter the data. In the third column, please report the most recent data available at the time you are submitting the current annual report (FFY 2007).

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

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

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

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

Goal:

For each objective, space has been provided to report up to three goals. Use this section to provide a brief description of each goal you are reporting within a given strategic objective. **All new goals should include a direction and a target. For clarification only, an example goal would be:** "Increase (direction) by 5 percent (target) the number of SCHIP beneficiaries who turned 13 years old during the measurement year who had a second dose of MMR, three hepatitis B vaccinations and one varicella vaccination by their 13th birthday."

Type of Goal:

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

New/revised: Check this box if you have revised or added a goal. Please explain how and why the goal was revised.

Continuing: Check this box if the goal you are reporting is the same one you have reported in previous annual reports.

Discontinued: Check this box if you have met your goal and/or are discontinuing a goal. Please explain why the goal was discontinued.

Status of Data Reported:

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

Provisional: Check this box if you are reporting performance measure data for a goal, but the data are currently being modified, verified, or may change in any other way before you finalize them for FFY 2007.

Final: Check this box if the data you are reporting are considered final for FFY 2007.

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

Measurement Specification:

This section is included for only two of the objectives— objectives related to increasing access to care, and objectives related to use of preventative care—because these are the two objectives for which States may report using the HEDIS® measurement specification. In this section, for each goal, please indicate the measurement specification used to calculate your performance measure data (i.e., were the measures calculated using the HEDIS® specifications, HEDIS®-like specifications, or some other method unrelated to HEDIS®). If the measures were calculated using HEDIS® or HEDIS®-like specifications, please indicate which version was used (e.g., HEDIS® 2007). If using HEDIS®-like specifications, please explain how HEDIS® was modified.

Data Source:

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

Definition of Population Included in Measure:

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

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

Year of Data:

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

Performance Measurement Data:

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

Numerator, Denominator, and Rate: Please report the numerators, denominators, and rates for each measure (or component). For the objectives related to increasing access to care and use of preventative care, the template provides two sections for entering the performance measurement data, depending on whether you are reporting using HEDIS® or HEDIS®-like methodology or a methodology other than HEDIS®. The form fields have been set up to facilitate entering numerators, denominators, and rates for each measure. If the form fields do not give you enough space to fully report on your measure, please use the “additional notes” section.

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

Explanation of Progress:

The intent of this section is to allow your State to highlight progress and describe any quality improvement activities that may have contributed to your progress. If improvement has not occurred over time, this section can be used to discuss potential reasons for why progress was not seen and to describe future quality improvement plans. In this section, your State is also asked to set annual performance objectives for FFY 2008, 2009, and 2010. Based on your recent performance on the measure (from FFY 2005 through 2007), use a combination of expert opinion and “best guesses” to set objectives for the next three years. Please explain your rationale for setting these objectives. For example, if your rate has been increasing by 3 or 4 percentage points per year, you might project future increases at a similar rate. On the other hand, if your rate has been stable over time, you might set a target that projects a small increase over time. If the rate has been fluctuating over time, you might look more closely at the data to ensure that the fluctuations are not an artifact of the data or the methods used to construct a rate. You might set an initial target that is an average of the recent rates, with slight increases in subsequent years. In future annual reports, you will be asked to comment on how your actual performance compares to the objective your State set for the year, as well as any quality improvement activities that have helped or could help your State meet future objectives.

Other Comments on Measure:

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

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) Reduction in the percentage of uninsured children</p>	<p>Goal #1 (Describe) Reduction in the percentage of uninsured children</p>	<p>Goal #1 (Describe) Reduction in the percentage of uninsured children</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2004</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input checked="" type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported: 2004</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The Florida Health Insurance Study 2004.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> The Florida Healthy Insurance Study.</p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Florida's Children's Health Insurance Study 2007.</p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p>Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p>Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of children in Florida age 18 and younger.</p> <p>Definition of numerator: Number of uninsured children in Florida age 18 and younger</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data: 2007</p>
<p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Uninsured rate for children in Florida.</p> <p>Numerator: 548000 Denominator: 4349080 Rate: 12.6</p> <p>Additional notes on measure: Florida's Children's Health Insurance Study 2007 conducted by the Institute for Child Health Policy at the University of Florida. Numbers above based on survey representing 4,202 children.</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? The Florida Health Insurance Study 2004 found that 12.1% of children in Florida age 18 and younger were uninsured. The percentage of uninsured children in Florida has remained almost unchanged in the last 3 years.</p> <p>Are there any quality improvement activities that contribute to your progress? N/A</p>
	<p>Annual Performance Objective for FFY 2007: No goals have been established at this time.</p> <p>Annual Performance Objective for FFY 2008: No goals have been established at this time.</p> <p>Annual Performance Objective for FFY 2009: No goals have been established at this time.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Annual Performance Objective for FFY 2008: No goals established at this time.</p> <p>Annual Performance Objective for FFY 2009: No goals established at this time.</p> <p>Annual Performance Objective for FFY 2010: No goals established at this time.</p> <p><i>Explain how these objectives were set:</i> N/A</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: In 1998, the Florida Health Insurance Study Survey estimated 13.9% of children were uninsured. In 2004, the Florida health Insurance Survey found 12.1% of children uninsured, representing a decrease in the number of uninsured children.</p>	<p>Other Comments on Measure: In 1998, the Florida Health Insurance Study estimated 13.9% of children were uninsured. In 2004, the Florida Health Insurance Study found 12.1% of children uninsured and now, in 2007, the Florida Children's Health Insurance Study 2007 finds 12.6% uninsured. Since the beginning of SCHIP in 1998, there has been a decrease in the number of uninsured children.</p>

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #2 (Describe) N/A</p>	<p>Goal #2 (Describe) N/A</p>	<p>Goal #2 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
	<p>Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #3 (Describe) N/A</p>	<p>Goal #3 (Describe) N/A</p>	<p>Goal #3 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
	<p>Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress: How did your performance in 2007 compare with the Annual Performance Objective documented in your 2006 Annual Report? Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) Percentage increase in uninsured children who enroll in the Florida Kidcare program</p>	<p>Goal #1 (Describe) Percentage increase in uninsured children who enroll in the Florida Kidcare program</p>	<p>Goal #1 (Describe) Percentage increase in uninsured children who enroll in the Florida KidCare program</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Florida KidCare (Title XXI) enrollment in October 2004 minus Florida KidCare enrollment in October 2005.</p> <p>Definition of numerator: Florida KidCare (Title XXI) enrollment in October 2004</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Florida KidCare (Title XXI) enrollment in October 2005 minus Florida KidCare enrollment in October 2006.</p> <p>Definition of numerator: Florida KidCare (Title XXI) enrollment in October 2005.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Florida KidCare (Title XXI) enrollment October 2006 minus Florida KidCare enrollment in October 2007</p> <p>Definition of numerator: Florida KidCare (Title XXI) enrollment October 2006</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>
<p>Performance Measurement Data: Described what is being measured: Annual difference in Title XXI enrollment</p> <p>Numerator: 120647 Denominator: 323262 Rate: 37.3</p> <p>Additional notes on measure: Numerator - 323,262 - 202,615 = 120,647</p> <p>For Title XXI only, there were 323,262 children enrolled in October 2004 and 202,615 children enrolled in October 2005. There was a 37% decrease in Title XXI enrollment.</p>	<p>Performance Measurement Data: Described what is being measured: Annual difference in Title XXI enrollment</p> <p>Numerator: 6789 Denominator: 202615 Rate: 3.4</p> <p>Additional notes on measure: Numerator - 202,615 - 195,826 = 6,789</p> <p>For Title XXI only, there were 202,615 children enrolled in October 2005 and 195,826 children enrolled in October 2006. There was a 3.4% decrease in Title XXI enrollment.</p>	<p>Performance Measurement Data: Described what is being measured: Percentage change in SCHIP enrollment from 2006 to 2007.</p> <p>Numerator: 30476 Denominator: 195826 Rate: 15.6</p> <p>Additional notes on measure: For Title XXI only, there were 195,826 children enrolled in October 2006 and 226,302 children enrolled in October 2007. There was a 15.6% increase in Title XXI enrollment.</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? The projected 2007 enrollment was 248,071, so the actual enrollment fell short 21,769.</p> <p>Are there any quality improvement activities that contribute to your progress? Florida experienced a 15.6% increase in enrollment in 2007, compared to enrollment decreases in 2005 and 2006. In May 2007, outreach efforts were revitalized and significant increases have resulted from these efforts. Outreach efforts are expected to continue; therefore, the projections going forward should be correct.</p>
	<p>Annual Performance Objective for FFY 2007: Projected Title XXI enrollment for 2007 - 248,071</p> <p>Annual Performance Objective for FFY 2008: Projected Title XXI enrollment for 2008 - 279,550</p> <p>Annual Performance Objective for FFY 2009: Projected Title XXI enrollment for 2009 - 311,637</p> <p><i>Explain how these objectives were set:</i> Projected enrollment presented to the Social Services Estimating Conference in November 2006.</p>	<p>Annual Performance Objective for FFY 2008: Projected Title XXI enrollment for October 2008 – 300,805</p> <p>Annual Performance Objective for FFY 2009: Projected Title XXI enrollment for October 2008 – 352,850</p> <p>Annual Performance Objective for FFY 2010: Projected Title XXI enrollment for October 2008 – 408,821</p> <p><i>Explain how these objectives were set:</i> The enrollment projections are based on historical data and projections increases due to outreach efforts.</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: Florida experienced a 15.6% increase in enrollment in 2007, compared to enrollment decreases in 2005 and 2006. In May 2007, outreach efforts were revitalized and significant enrollment increases have resulted from these efforts. Outreach efforts are expected to continue; therefore, the projections going forward should be correct.</p>

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
<p>Goal #2 (Describe) N/A</p>	<p>Goal #2 (Describe) N/A</p>	<p>Goal #2 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
	<p>Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to SCHIP Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
<p>Goal #3 (Describe) N/A</p>	<p>Goal #3 (Describe) N/A</p>	<p>Goal #3 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p>Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p>Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p>Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: <i>Explain how these objectives were set:</i>	Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009: Annual Performance Objective for FFY 2010: <i>Explain how these objectives were set:</i>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) Reduce the number of children who are ineligible for Medicaid</p>	<p>Goal #1 (Describe) Reduce the number of children who are ineligible for Medicaid</p>	<p>Goal #1 (Describe) Reduce the number of children who are ineligible for Medicaid</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input checked="" type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of children who applied with a KidCare application from 7/1/04 to 6/30/05.</p> <p>Definition of numerator: Number of children who applied with a KidCare application who were approved for Medicaid from 7/1/04 to 6/30/05.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of children who applied with a KidCare application from 7/1/05 to 6/30/06.</p> <p>Definition of numerator: Number of children who applied with a KidCare application who were approved for Medicaid from 7/1/05 to 6/30/06.</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator: Number of children who applied with a KidCare application from 7/1/06 – 6/30/07</p> <p>Definition of numerator: Number of children who applied with a KidCare application who were approved for Medicaid from 7/1/06 – 6/30/07</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>
<p>Performance Measurement Data: Described what is being measured: Percentage of children who applied that were approved for Medicaid.</p> <p>Numerator: 74678 Denominator: 267929 Rate: 27.9</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Percentage of children who applied that were approved for Medicaid.</p> <p>Numerator: 73000 Denominator: 267422 Rate: 27.3</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Percentage of children who applied that were approved for Medicaid</p> <p>Numerator: 56734 Denominator: 324850 Rate: 17.5</p> <p>Additional notes on measure:</p>

FFY 2005	FFY 2006	FFY 2007
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Performance objectives have not been identified for this goal. The number and percentage of children approved for Medicaid decreased due to the implementation of the Deficit Reduction Act requirements of documenting identity and citizenship.</p> <p>Are there any quality improvement activities that contribute to your progress? N/A</p>
	<p>Annual Performance Objective for FFY 2007: No goals established at this time.</p> <p>Annual Performance Objective for FFY 2008: No goals established at this time.</p> <p>Annual Performance Objective for FFY 2009: No goals established at this time.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Annual Performance Objective for FFY 2008: No goals established at this time.</p> <p>Annual Performance Objective for FFY 2009: No goals established at this time.</p> <p>Annual Performance Objective for FFY 2010: No goals established at this time.</p> <p><i>Explain how these objectives were set:</i> N/A</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: During 2003 to 2005 there was closed enrollemnt then limited enrollment in the Title XXI programs. During this time, applications continued to be accepted for Medicaid eligibility, although the total number of applications decreased due to the closed and limited enrollment. Year-round continuous enrollment was reinstated for the Title XXI programs on 6/15/05, and the total number of applications has increased since that time.</p>	<p>Other Comments on Measure: N/A</p>

Objectives Related to Medicaid Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
<p>Goal #2 (Describe) N/A</p>	<p>Goal #2 (Describe) N/A</p>	<p>Goal #2 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p>Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p>Definition of numerator:</p>	<p>Definition of Population Included in the Measure:</p> <p>Definition of denominator:</p> <p>Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 185 1226 233">Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p data-bbox="751 293 1226 318">Annual Performance Objective for FFY 2009:</p> <p data-bbox="751 347 1125 371"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1373 185 1848 233">Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p data-bbox="1373 293 1848 318">Annual Performance Objective for FFY 2010:</p> <p data-bbox="1373 347 1747 371"><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

Objectives Related to Medicaid Enrollment (Continued)

FFY 2005	FFY 2006	FFY 2007
<p>Goal #3 (Describe) N/A</p>	<p>Goal #3 (Describe) N/A</p>	<p>Goal #3 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Eligibility/Enrollment data. <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: Definition of numerator:</p>
<p>Year of Data:</p>	<p>Year of Data:</p>	<p>Year of Data:</p>
<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Performance Measurement Data: Described what is being measured: Numerator: Denominator: Rate: Additional notes on measure:</p>
	<p>Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?</p>	<p>Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress?</p>

FFY 2005	FFY 2006	FFY 2007
	<p data-bbox="751 185 1226 233">Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p data-bbox="751 302 1226 326">Annual Performance Objective for FFY 2009:</p> <p data-bbox="751 358 1125 383"><i>Explain how these objectives were set:</i></p>	<p data-bbox="1373 185 1848 233">Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p data-bbox="1373 302 1848 326">Annual Performance Objective for FFY 2010:</p> <p data-bbox="1373 358 1747 383"><i>Explain how these objectives were set:</i></p>
Other Comments on Measure:	Other Comments on Measure:	Other Comments on Measure:

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) Increase the percentage of children with a usual source of care</p>	<p>Goal #1 (Describe) Increase in the percentage of children with a usual source of care</p>	<p>Goal #1 (Describe) Increase the percentage of children with a usual source of care.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2004</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2004</p>	<p>Measurement Specification: <input checked="" type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i> 2004</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> CAHPS from Florida Kidcare Evaluation Report 2007.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children reporting a usual source of care after 12 months post-enrollment.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children reporting a usual source of care after 12 months post-enrollment.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of children reporting a usual source of care 12 months post-enrollment</p>
<p>Year of Data: 2005 HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 810 Denominator: 900 Rate: 90 Additional notes on measure: The Consumer Assessment of Health Plans Survey (CAHPS) was used to assess family satisfaction with the Kidcare program among those who had been enrolled 12 consecutive months or more. This number has remained fairly stable over time.</p>	<p>Year of Data: 2006 HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 810 Denominator: 909 Rate: 89.1 Additional notes on measure: The Consumer Assessment of Health Plans Survey (CAHPS) was used to assess family satisfaction with the Kidcare program among those who had been enrolled 12 consecutive months or more. This number has remained fairly stable over time.</p>	<p>Year of Data: 2007 HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 838 Denominator: 906 Rate: 92.5 Additional notes on measure: Numerator: Number of children with a usual source of care after 12 months enrollment - 838 Denominator: Total number of children in survey who have been enrolled 12 months -906 Rate: 92%</p>

FFY 2005	FFY 2006	FFY 2007
		<p>The Consumer Assessment of Health Plans Survey (CAHPS) was used to assess family satisfaction with the KidCare program among those who had been enrolled 12 consecutive months or more. This number has remained fairly stable over time.</p>
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure: The Consumer Assessment of Health Plans Survey (CAHPS) was used to assess family satisfaction with the KidCare program among those who had been enrolled 12 consecutive months or more. This number has remained fairly stable over time.</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: No goals established at this time. Annual Performance Objective for FFY 2008: No goals established at this time. Annual Performance Objective for FFY 2009: No goals established at this time.</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? The rate has remained fairly constant during the last three years, with an increase from 89% to 92% this past year.</p> <p>Are there any quality improvement activities that contribute to your progress? All enrollees continue to be enrolled in managed care plans or primary care case management plans. The increase this year reflects the health plans continuous efforts to ensure access to care.</p> <p>Annual Performance Objective for FFY 2008: No goals established at this time. Annual Performance Objective for FFY 2009: No goals established at this time. Annual Performance Objective for FFY 2010: No goals established at this time.</p> <p><i>Explain how these objectives were set:</i> N/A</p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure: N/A</p>

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #2 (Describe) N/A</p>	<p>Goal #2 (Describe) N/A</p>	<p>Goal #2 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

FFY 2005	FFY 2006	FFY 2007
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p>Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #3 (Describe) N/A</p>	<p>Goal #3 (Describe) N/A</p>	<p>Goal #3 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

FFY 2005	FFY 2006	FFY 2007
<p>Other Performance Measurement Data:</p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i></p> <p>Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p>Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #1 (Describe) Percentage of caregivers with children enrolled in the Florida KidCare program that reported improved health status of their children.</p>	<p>Goal #1 (Describe) Percentage of caregivers with children enrolled in the Florida KidCare program that reported improved health status of their children.</p>	<p>Goal #1 (Describe) Percentage of parents with children enrolled in Florida KidCare program that report improved health status of their children.</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input checked="" type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input checked="" type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Consumer Assessment of Health Plans Survey (CAHPS) from Florida Kidcare Evaluation Report 2005.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Consumer Assessment of Health Plans Survey (CAHPS) from Florida KidCare Evaluation Report 2006.</p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input checked="" type="checkbox"/> Other. <i>Explain:</i> Consumer Assessment of Health Plans Survey (CAHPS) from Florida KidCare Evaluation Report 2007.</p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Consumer Assessment of Health Plans Survey (CAHPS) from Florida Kidcare Evaluation Report 2005.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Consumer Assessment of Health Plans Survey (CAHPS) from Florida KidCare Evaluation Report 2006.</p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input checked="" type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i> Consumer Assessment of Health Plans Survey (CAHPS) from Florida KidCare Evaluation Report 2007.</p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of Title XXI children in the survey who had a well-child visit within the past 6 months.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of Title XXI children in the survey who had a well-child visit within the past 12 months.</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input checked="" type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator: Number of Title XXI children in survey who had a well-child visit within the past 12 months</p>
<p>Year of Data: 2005</p>	<p>Year of Data: 2006</p>	<p>Year of Data: 2007</p>
<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 747 Denominator: 900 Rate: 83</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 855 Denominator: 909 Rate: 94.1</p>	<p>HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: 864 Denominator: 906 Rate: 95.4</p>
<p>Additional notes on measure: The survey results represent</p>	<p>Additional notes on measure:</p>	<p>Additional notes on measure: Numerator: Children in survey</p>

FFY 2005	FFY 2006	FFY 2007
well-child visits in the last 6 months. In 2004 and 2006, the results represent well-child visits in the last 12 months. This may account for the lower rate in 2005.		reporting a well-child visit within the past 12 months - 864 Denominator: Children in survey enrolled for 12 months - 906 Rate: 95%
Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:	Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:
	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Are there any quality improvement activities that contribute to your progress? Annual Performance Objective for FFY 2007: No goals established at this time. Annual Performance Objective for FFY 2008: No goals established at this time. Annual Performance Objective for FFY 2009: No goals established at this time. <i>Explain how these objectives were set:</i>	Explanation of Progress: How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report? Rate has increased from 83% in 2005 to 95% in 2007. Are there any quality improvement activities that contribute to your progress? All enrollees continue to be enrolled in managed care plans or primary care case management plans. The increase this year reflects the health plans continuous efforts to ensure and encourage their enrollees to receive appropriate preventive care. Annual Performance Objective for FFY 2008: No goals established at this time. Annual Performance Objective for FFY 2009: No goals established at this time. Annual Performance Objective for FFY 2010: No goals established at this time. <i>Explain how these objectives were set:</i> N/A
Other Comments on Measure:	Other Comments on Measure: Florida has previously reported on the percentage of children receiving appropriate immunizations; however, those statistics were not captured this year in the Florida KidCare Program Evaluation Report, 2006.	Other Comments on Measure: N/A

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #2 (Describe) N/A</p>	<p>Goal #2 (Describe) N/A</p>	<p>Goal #2 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

FFY 2005	FFY 2006	FFY 2007
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p>Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

FFY 2005	FFY 2006	FFY 2007
<p>Goal #3 (Describe) N/A</p>	<p>Goal #3 (Describe) N/A</p>	<p>Goal #3 (Describe)</p>
<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>	<p>Type of Goal: <input type="checkbox"/> New/revised. <i>Explain:</i> <input type="checkbox"/> Continuing. <input type="checkbox"/> Discontinued. <i>Explain:</i></p>
<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>	<p>Status of Data Reported: <input type="checkbox"/> Provisional. <input type="checkbox"/> Final. <input type="checkbox"/> Same data as reported in a previous year's annual report. <i>Specify year of annual report in which data previously reported:</i></p>
<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>	<p>Measurement Specification: <input type="checkbox"/> HEDIS. <i>Specify version of HEDIS used:</i> <input type="checkbox"/> HEDIS-like. <i>Specify version of HEDIS used:</i> <i>Explain how HEDIS was modified:</i> <input type="checkbox"/> Other. <i>Explain:</i></p>
<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>	<p>Data Source: <input type="checkbox"/> Administrative (claims data). <input type="checkbox"/> Hybrid (claims and medical record data). <input type="checkbox"/> Survey data. <i>Specify:</i> <input type="checkbox"/> Other. <i>Specify:</i></p>
<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>	<p>Definition of Population Included in the Measure: Definition of denominator: <input type="checkbox"/> Denominator includes SCHIP population only. <input type="checkbox"/> Denominator includes SCHIP and Medicaid (Title XIX). Definition of numerator:</p>
<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>	<p>Year of Data: HEDIS Performance Measurement Data: <i>(If reporting with HEDIS/HEDIS-like methodology)</i> Numerator: Denominator: Rate: Additional notes on measure:</p>

FFY 2005	FFY 2006	FFY 2007
<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>	<p>Other Performance Measurement Data: <i>(If reporting with another methodology)</i> Numerator: Denominator: Rate:</p> <p>Additional notes on measure:</p>
	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2007: Annual Performance Objective for FFY 2008:</p> <p>Annual Performance Objective for FFY 2009:</p> <p><i>Explain how these objectives were set:</i></p>	<p>Explanation of Progress:</p> <p>How did your performance in 2006 compare with the Annual Performance Objective documented in your 2005 Annual Report?</p> <p>Are there any quality improvement activities that contribute to your progress?</p> <p>Annual Performance Objective for FFY 2008: Annual Performance Objective for FFY 2009:</p> <p>Annual Performance Objective for FFY 2010:</p> <p><i>Explain how these objectives were set:</i></p>
<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>	<p>Other Comments on Measure:</p>

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

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

Family Telephone Survey

1. A household survey to gather information about the insurance and health status of all household members who reside with the child;
2. The Consumer Assessment of Health Plans Survey (CAHPS), child Medicaid version with specific questions for special needs children;
3. Primary Care Assessment Tool (PCAT) developed at Johns Hopkins University to assess care coordination; and
4. Demographic characteristics.

Provider and CMS Nurse Coordinator Instruments

For the Healthy Kids program, the Florida Healthy Kids Corporation contracts with a medical quality audit organization to conduct both medical record review and site reviews on its contracted managed care organizations (MCO). Each MCO is reviewed at least once every three years. The medical records review looks at the appropriateness of care rendered, follow-up with specialists, preventive care instructions and appointment accessibility. Plans not meeting established standards are required to implement Quality Improvement Plans.

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

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

The Medical Quality Audits mentioned above for the Healthy Kids program are reviewed by the Standards Workgroup of the Corporation's Board of Directors at a publicly noticed meeting. Reports are available for public dissemination once submitted to the Workgroup for review.

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

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

The goals of this phase of the evaluation are to:

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

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

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

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

1. Examine trends in children's health status as defined by the cost related groups for the PHT of Miami-Dade County ICS;
2. Examine trends in the children's per member per month (PMPM) health care expenditures for the PHT of Miami-Dade County ICS;
3. Provide results from provider surveys conducted with those participating in the PHT of Miami-Dade County ICS; and
4. Provide results from CMS Nurse Coordinator focus groups conducted with the PHT of Miami-Dade county ICS.

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

1. Florida KidCare Coordinating Council 2007 Report and Recommendations to the Governor and Legislature

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

- Role of KidCare in addressing uninsured children
- Program simplification and seamless coverage
- Retention and transition
- Outreach and marketing activities
- Eligibility Determination Process
- Policy, Rulemaking and oversight activities
- Federal Recommendations

2. The Impact of Renewal Policy Changes in the Florida Healthy Kids Program, prepared in January 2007 by the Institute for Child Health Policy at the University of Florida

This study focuses on the renewal process in the Healthy Kids program since January 1, 2005. The study provides descriptive trend analyses of the percentage of children renewing coverage under active renewal, chi-square analyses comparing the socio-demographic and health characteristics of children who renewed coverage to those who did not renew coverage, and multivariate survival analyses evaluating the impact of active renewal on children's hazard rate of disenrolling.

3. The Introduction of an Online Application Process in the Florida Healthy Kids Program: A First –Year Assessment, prepared in April 2007 by the Institute for Child Health Policy at the University of Florida

This study examines the recently implemented online application process and compares online applications to paper applications, socio-demographic characteristics of families that apply online compared to those using the paper application, the enrollment dispositions of online applications compared to paper applications, and families' experiences and satisfaction with the application process.

4. Healthy Kids Focus Groups Report, prepared April 2007 by Kidd Group

This report presents the findings of 4 focus groups: current members, current Spanish speaking members, members who did not renew and uninsured who are potentially eligible. The objectives of the focus groups were to find out the attitudes towards the programs to continue to improve the appeal and to determine the level of awareness of the programs and the level of name recognition of the programs.

Florida KidCare 2007 Update, prepared by the Florida Healthy Kids Corporation

5. Florida KidCare 2007 Update, prepared by the Florida Healthy Kids Corporation

Florida KidCare update on the uninsured, enrollment, online features, funding, and outreach and marketing.

6. Broward, Miami-Dade, Duval and St. Johns Counties, United Healthcare, A Review of Care Provided to Florida Healthy Kids Enrollees, by Kathryn B. Clinefelter.

This report reviews compliance with standard elements of documentation, with basic safety and infection control, with ability to provide access to care and other standards.

7. Alachua, Bradford, Broward, Calhoun, Columbia, Dixie, Franklin, Gadsden, Gilchrist, Hamilton, Lafayette, Leon, Levy, Liberty, Marion, Miami-Dade, Palm Beach, Suwannee, and Union Counties, Vista Health Plan, A Review of Care Provided to Florida Healthy Kids Enrollees by Kathryn B. Clinefelter.

This report reviews compliance for access to care, medical records reviews and other standards of care.

Enter any Narrative text below **[7500]**.

SECTION III: ASSESSMENT OF STATE PLAN AND PROGRAM OPERATION

Please reference and summarize attachments that are relevant to specific questions

OUTREACH

How have you redirected/changed your outreach strategies during the reporting period? **[7500]**

For SFY 06/07, The Florida Legislature appropriated \$1,000,000 in matching grants for community-based organizations for marketing and outreach. The money was appropriated to Florida Healthy Kids Corporation to administer this outreach effort. The marketing and outreach grants required an equal amount of cash or in-kind contributions from the grantee organization. A total of fifteen grants were awarded under a Call for Grant Proposals process during SFY 06/07. Since a small amount of funds remained un-allocated at the end of this process, a Mini-Grants program was implemented for small, short term or focused projects with awards not exceeding \$5,000.

During SFY 06/07, a statewide media campaign, with minimal funding provided by the Florida Healthy Kids Corporation for the cost of creating the radio and television advertisement, was implemented with financial support from the contracted managed care organizations under Healthy Kids and the Florida Association of Broadcasters. The radio and television advertisement utilized actual KidCare families in testimonials about the program.

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

The Covering Kids and Families Florida Coalition is a broad representation of Florida's agencies, organizations, and key leaders—representatives from child advocacy groups, child care organizations, provider groups, private health plans, private coverage programs for low-income children, the business community, and minority organizations, in addition to numerous state agencies charged with Medicaid and federal program implementation. FL CKF also works with approximately 27 community coalitions in targeted regions, including the Northeast Florida Healthy Start Coalition, the Miami-Dade Jackson Health Care System, the Health Care District of Palm Beach County, and the Panhandle Area Health Network.

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

In May 2007, the Executive Office of the Governor brought all of the KidCare partners together to promote an extensive back-to-school outreach campaign. No additional funds were provided so all of the KidCare partners called upon their headquarters staff and staff in the area offices to participate in

back-to-school activities. Promotional items in addition to posters, brochures and applications were purchased and produced for distribution. The Secretaries of each agency promoted KidCare at speaking opportunities. The Agency for Health Care Administration contracted with Florida Covering Kids and Families. The contract requires FL CKF to provide training and coalition building expertise to selected communities, and to promote KidCare to the retail and other business and commercial organizations. FL CKF has developed many partnerships with businesses

What methods have you found most effective in reaching low-income, uninsured children (e.g., T.V., school outreach, word-of-mouth)? How have you measured effectiveness? **Would you consider this a best practice? [7500]**

There have many outreach efforts made this past year and we are still considering the most effective methods for evaluating the variety of outreach strategies used over the past year. When completed, the evaluation will assist in better targeting outreach in the future. A barrier identified for evaluating the effectiveness of outreach efforts is that the paper application does not capture how a family found out about KidCare; however, the online application does ask this question.

The Florida Healthy Kids Corporation also funded a study with the Institute for Child Health Policy to measure the impact of the media campaign along with the community based approach. The report concluded that in those areas where media occurred in addition to the community based grants that it was very difficult to measure which of the two approaches had the most impact. The overall conclusion was a combination of these two activities led to increased enrollment.

The Florida KidCare Program Evaluation Report, 2007, includes a report showing the responses from a sample of newly enrolled families on how they learned about Florida KidCare. An uninsurance study was also conducted during the Fall 2007 and 2200 households statewide with children 18 and younger were asked how they had heard of Florida KidCare. The table below shows the results of these two surveys. Families could give multiple answers.

Source of KidCare Evaluation Survey Uninsurance Survey

Information	New Enrollees	Random Statewide Survey
Family/Friends	51%	39%
Kid's School	41%	42%
Doctor/Provider	41%	25%
Television	20%	23%
Hospital	21%	14%
Social Agency	18%	13%

Newspaper	11%	18%
Radio	10%	13%

Based on the community-based matching grant program administered by Florida Healthy Kids Corporation the grantees distributed the following applications:

Type of Outreach	Q1	Q2	Q3	Q4	Q1
Applications	106,006	29,274	35,195	27,875	2,102

distributed to
community partners

Applications	5,409	36,251	17,772	11,020	31,515
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distributed
directly to
families

Applications	272	165	489	1,927	103
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(paper) submitted
to Florida KidCare
with assistance
from outreach

Applications	119	374	1,222	908	285
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(online)

submitted to

Florida KidCare

with assistance

from outreach

Community-based outreach appears to be the most effective. This has been accomplished through the community-based matching grants, through state agency staff participating in health fairs and other activities in the community and in building trained coalitions of community organizations that can provide effective KidCare outreach. We have also worked through county health departments and the provider and hospital communities in advising uninsured families about Florida KidCare.

Is your state targeting outreach to specific populations (e.g., minorities, immigrants, and children living in rural areas)? Have these efforts been successful, and how have you measured effectiveness? **[7500]**

While trying to provide broad outreach to all communities, some of the grantees under the Healthy Kids grants program did target specific populations that had been identified as being under-represented in the Florida KidCare program. Those target populations included:

- African-Americans
- Children ages 5-8
- Certain geographic areas of the state (NW Florida, Tampa Bay area)
- Children of the self-employed

What percentage of children below 200 percent of the Federal poverty level (FPL) who are eligible for Medicaid or SCHIP have been enrolled in those programs? (Identify the data source used). **[7500]**

64.2% of the total children in Florida below 200% FPL are enrolled in Medicaid or SCHIP. This does not account for the children below 200% FPL who may not be eligible for Medicaid or SCHIP. The University of Florida Bureau of Economic and Business Research estimated the population of children 18 years and younger in Florida in 2006 to be 4,349,080. The January 2008 KidCare (Medicaid and SCHIP) enrollment was 1,144,420.

SUBSTITUTION OF COVERAGE (CROWD-OUT)

States with a separate child health program up to and including 200% of FPL must complete question 1.

Is your state's eligibility level up to and including 200 percent of the FPL?

- Yes
- No
- N/A

If yes, if you have substitution prevention policies in place, please identify those strategies. **[7500]**

To be eligible for Title XXI Florida KidCare, the family income must not exceed 200% of the federal poverty level and the child must be uninsured at the time of application. In addition to being uninsured, a child is not eligible for subsidized coverage if the child has access to health care coverage through a family member's group health benefit plan or under other employer health insurance coverage and the cost of the child's participation is less or equal to 5% of the family's income.

Another crowd-out prevention policy targets those applicants who have voluntarily cancelled employer-based coverage in the six (6) months prior to application are not eligible for subsidized coverage. After the six month period has lapsed, the child can then be reviewed for subsidized coverage.

Children not eligible due to these crowd-out policies may participate in the full pay non-subsidized Healthy Kids and MediKids program. Families pay the full cost of the health care coverage.

States with a separate child health program above 200 through 250% of FPL must complete question 2. All other states with trigger mechanisms should also answer this question.

Is your state's eligibility level above 200 and up to and including 250 percent of the FPL?

- Yes
- No
- N/A

If yes, please identify the trigger mechanisms or point at which your substitution prevention policy is instituted. **[7500]**

States with separate child health programs over 250% of FPL must complete question 3. All other states with substitution prevention provisions should also answer this question.

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

- Yes
- No

N/A

If yes, identify your substitution prevention provisions (waiting periods, etc.). **[7500]**

All States must complete the following 3 questions

Describe how substitution of coverage is monitored and measured and how the State evaluates the effectiveness of its policies. **[7500]**

To be eligible for Title XXI Florida KidCare, the family income must not exceed 200% of the federal poverty level and the child must be uninsured at the time of application. In addition to being uninsured, a child is not eligible if the child has access to health care coverage through a family member's group health plan or under other employer health insurance coverage and the cost of the child's participation is less than or equal to 5% of the family's income.

Another crowd-out prevention policy is children who have had their coverage in an employer-sponsored health plan voluntarily canceled in the last 6 months are not eligible for subsidized coverage for the remainder of the 6 months since cancelling the coverage.

Children not eligible due to these crowd-out policies may participate in the full pay non-subsidized Healthy Kids and MediKids program. Families pay the full cost of the health care coverage.

The effectiveness of these policies is measured and evaluated in the Florida KidCare Program Evaluation Report, 2007 conducted by the Institute for Child Health Policy, with survey questions that address crowd out. ICHP determined that 8% of recent enrollees were covered by employer-sponsored family coverage some time in the 12 months preceding their KidCare enrollment. Also, 19.7% of new enrollees and 18.6% of established enrollees have access to family coverage through a parent's employer-sponsored health. For these families with access to employer-sponsored family coverage, the premiums would cost an average of 11/1% of the family income.

At the time of application, what percent of applicants are found to have insurance? **[7500]**

Of the 168,444 KidCare applications received this past state fiscal year, representing 324,850 children, there were 16,260 children denied for having other health insurance coverage. This represents 5.0% of the applicants.

Describe the incidence of substitution. What percent of applicants drop group health plan coverage to enroll in SCHIP? **[7500]**

According to the established enrollee survey conducted by the Institute for Child Health Policy for the Florida KidCare Program Evaluation, 2007, 8% of enrollees were covered by employer-sponsored family coverage at some point in the twelve months preceding KidCare enrollment. Families who cancelled insurance coverage over six months ago prior to applying for KidCare,

are not considered substituting KidCare for another coverage. In 2005/2006, the percentage of enrollees who had health insurance coverage prior to applying was 9% and in 2004/2005 the percentage was 8%, so this has remained stable.

COORDINATION BETWEEN SCHIP AND MEDICAID

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

Do you have the same redetermination procedures to renew eligibility for Medicaid and SCHIP (e.g., the same verification and interview requirements)? Please explain. **[7500]**

SCHIP Families are mailed a renewal form with some pre-populated information, and the family is required to complete and sign the form and return it with copies of last month's pay stubs, last year's income tax return or last year's W-2 forms and documentation of all unearned income. A blank renewal form is available on the Healthy Kids website to download and copy in case the pre-populated form is lost. Starting September 2007, families have been able to access their renewal form online and submit the form online. The family still needs to submit income documentation, either by mail, fax or email scanned documents.

Children receiving only Medicaid and no other benefits (such as Food Stamps or TANF) are mailed a pre-populated redetermination form. The family completes the form, including any changes, signs the form and mails it back to the Department of Children and Families (DCF) office. For families receiving benefits in addition to Medicaid, the family may be required to go to the DCF office for a face-to-face interview and provide verification needed to determine continued eligibility. Families also have the option of completing their redetermination through DCF's web site and the on-line review process. If electronic verification of income is not available, the family receives a request to submit income documentation.

Please explain the process that occurs when a child's eligibility status changes from Medicaid to SCHIP and from SCHIP to Medicaid. Have you identified any challenges? If so, please explain. **[7500]**

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

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

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

Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. **[7500]**

Medicaid and the SCHIP programs use different managed care companies; except for the MediKids population for children ages one through four. The delivery systems for the KidCare components have not changed during this reporting period. Florida KidCare is a partnership of Healthy Kids, MediKids, the Children's Medical Services Network and Children's Medicaid (Title XIX). Each component utilizes a unique network of providers. Healthy Kids, for children from 5 to 19, currently contracts with eight different health plans for different geographical areas, providing comprehensive services. Each enrollee is assigned to a primary care provider who is board certified in pediatrics or family practice within the health plan's network. In many counties, enrollees have a choice of more than one health plan. There are three dental plan networks that provide services statewide, so all enrollees have a choice of three dental networks.

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

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

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

For states that do not use a joint application, please describe the screen and enroll process. **[7500]**.

Florida uses a joint application.

ELIGIBILITY REDETERMINATION AND RETENTION

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

Conducts follow-up with clients through caseworkers/outreach workers

Sends renewal reminder notices to all families

How many notices are sent to the family prior to disenrolling the child from the program?

[500]

Family is sent a pre-populated renewal form. Auto dialer calls the family to advise the form is in the mail. If renewal is returned incomplete, a missing information letter is mailed followed by another auto dialer call. If the family has not responded a reminder letter is mailed about a month after the original form was mailed, followed by another auto dialer call. When the renewal process has been completed, the family gets a confirmation letter, or if not complete, a cancellation notice.

At what intervals are reminder notices sent to families (e.g., how many weeks before the end of the current eligibility period is a follow-up letter sent if the renewal has not been received by the State?) **[500]**

See explanation above. Also, beginning with the SFY 2006/07, the contracted managed care dental plans (medical and dental) began receiving each enrollee's renewal date on their enrollment files. The plans use this information to supplement all other renewal efforts, including special mailings and automated telephone calls.

Sends targeted mailings to selected populations

Please specify population(s) (e.g., lower income eligibility groups) **[500]**

During the Fall of 2007, Children's Medical Services Network and MediKids sent notices to families who completed the application process except had not paid the premium, so coverage could not begin. The notice encouraged families to pay the monthly premium to begin coverage. The Children's Medical Services program also sends a one-page mailer to families whose coverage was canceled for non-renewal to inform them how to find out what information is needed to complete the process.

Holds information campaigns

Provides a simplified reenrollment process,

*Please describe efforts (e.g., reducing the length of the application, creating combined Medicaid/SCHIP application) **[500]***

Application - A joint Medicaid and SCHIP application is used for families to apply for either program. Families can apply online for both programs and renew online for SCHIP. Families are mailed a partially pre-populated renewal form with all demographic information approximately 60 days in advance of their renewal date. Families can also complete the renewal form online and follow up by mail, email or fax with the required income documentation.

Conducts surveys or focus groups with disenrollees to learn more about reasons for disenrollment *please describe:* **[500]**

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

Other, *please explain:* **[500]**

There are various payment methods available to families to make their monthly premium payment. Families may pay by check, money order, credit card, or automatic debits. Families may pay by

credit card 24 hours a day by accessing the Healthy Kids website, www.healthykids.org.

Which of the above strategies appear to be the most effective? Have you evaluated the effectiveness of any strategies? If so, please describe the evaluation, including data sources and methodology. **[7500]**

Having the Application and renewal forms available online appears to be very effective and helpful to families. More KidCare applications are submitted online than paper applications and it is expected that online renewal submissions will increase as this method becomes more known to the families. The various strategies have not been evaluated.

What percentage of children in the program are retained in the program at redetermination? What percentage of children in the program are disenrolled at redetermination? **[500]**

For the period, October 2006 through September 2007, 76.4% of children were retained in the Title XXI programs at redetermination. 24.6% were disenrolled at redetermination.

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

- Yes
- No
- N/A

When was the monthly report or assessment last conducted? **[7500]**

The Institute of Child Health Policy included a disenrollment survey as part of the 2007 Florida KidCare Program Evaluation Report, 2007. They are also conducting a more in-depth non-renewal survey which will be available in 2008.

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

The Institute of Child Health Policy interviewed 150 families whose children lost Title XXI coverage at least 60 days from their renewal date. The families were asked to indicate all the reasons why they thought their child lost KidCare coverage. 34% reported that their child was now receiving Medicaid coverage and 32% reported obtaining other health insurance coverage. (Some families answered more than one reason)

If you responded yes to the question above, please provide a summary of the most recent findings (in the table below) from these reports and/or assessments. **[7500]**.

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

Total Number of Dis-enrollees	Obtain other public or private coverage		Remain uninsured		Age-out		Move to new geographic area		Other	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
150	99	66	51	34	33	20			177	

Please describe the data source (e.g., telephone or mail survey, focus groups) used to derive this information. Include the time period reflected in the data (e.g., calendar year, fiscal year, one month, etc.) **[7500]**.

Telephone interviews during June and July of 2007 were conducted for the Disenrollee Survey. The families interviewed met the following criteria:

- Enrolled in Title XXI for at least 3 consecutive months prior to disenrollment.
- Had not switched between KidCare program components during the year prior to disenrollment.
- KidCare cancellation letter was at least 60 days after their coverage renewal anniversary.

The number who moved to a new geographic location was not captured. Families reported all reasons, so a percentage for the category "other" would not be appropriate.

COST SHARING

Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? **[7500]**

The Florida KidCare Program Evaluation Report, 2007 includes a survey asking families how they feel about the monthly premium. The following table shows the survey responses.

Survey Question	Percentage Responding
Is the premium ...?	
About the right amount	95.2
Too much	2.8
Too little	2.0
How often is it difficult for you to pay the premium?	
Almost every month	11.8
Every couple of months	14.5
Rarely	20.7
Never	53.0

Paying a premium is worth it.

Strongly agree	80.4
Agree	16.2
Disagree	1.2
Strongly disagree	2.2

Sometimes I think the premium is a waste because my child is healthy.

Strongly agree	20.6
Agree	15.5
Disagree	7.9
Strongly disagree	56.1

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

Strongly agree	80.8
Agree	16.3
Disagree	0.5
Strongly disagree	2.4

The premium is worth the peace of mind.

Strongly agree	88.8
Agree	8.8
Disagree	0.5
Strongly disagree	1.9

Has your State undertaken any assessment of the effects of cost sharing on utilization of health services in SCHIP? If so, what have you found? **[7500]**

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

If your state has increased or decreased cost sharing in the past federal fiscal year, has the state undertaken any assessment of the impact of these changes on application, enrollment, disenrollment, and utilization of health services in SCHIP. If so, what have you found? **[7500]**

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

EMPLOYER SPONSORED INSURANCE PROGRAM (INCLUDING PREMIUM ASSISTANCE PROGRAM(S)) UNDER THE SCHIP STATE PLAN OR A SECTION 1115 TITLE XXI DEMONSTRATION

Does your State offer an employer sponsored insurance program (including a premium assistance program) for children and/or adults using Title XXI funds?

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

Children

- Yes, Check all that apply and complete each question for each authority.
- Family Coverage Waiver under the State Plan
- SCHIP Section 1115 Demonstration
- Medicaid Section 1115 Demonstration
- Health Insurance Flexibility & Accountability Demonstration

Adults

- Yes, Check all that apply and complete each question for each authority.
- Family Coverage Waiver under the State Plan
- SCHIP Section 1115 Demonstration
- Health Insurance Flexibility & Accountability Demonstration
- Premium Assistance under the Medicaid State Plan (Section 1906 HIPP)

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

- Parents and Caretaker Relatives
- Childless Adults
- Pregnant Women

Briefly describe how your program operates (e.g., is your program an employer sponsored insurance program or a premium assistance program, how do you coordinate assistance between the state and/or employer, etc.) **[7500]**

What benefit package does the ESI program use? **[7500]**

Are there any minimum coverage requirements for the benefit package? **[7500]**

Does the program provide wrap-around coverage for benefits or cost sharing? **[7500]**

Are there any limits on cost sharing for children in your ESI program? Are there any limits on cost sharing for adults in your ESI program? **[7500]**

8. Identify the total number of children and adults enrolled in the ESI program for whom Title XXI funds are used during the reporting period (provide the number of adults enrolled in this program even if they were covered incidentally, i.e., not explicitly covered through a demonstration).

_____ Number of childless adults ever-enrolled during the reporting period
_____ Number of adults ever-enrolled during the reporting period
_____ Number of children ever-enrolled during the reporting period

9. Identify the estimated amount of substitution, if any, that occurred or was prevented as a result of your employer sponsored insurance program (including premium assistance program). Discuss how was this measured? **[7500]**

10. During the reporting period, what has been the greatest challenge your ESI program has experienced? **[7500]**

11. During the reporting period, what accomplishments have been achieved in your ESI program? **[7500]**

12. What changes have you made or are planning to make in your ESI program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

13. What do you estimate is the impact of your ESI program (including premium assistance) on enrollment and retention of children? How was this measured? **[7500]**

14. Identify the total state expenditures for providing coverage under your ESI program during the reporting period. **(For states offering premium assistance under a family coverage waiver or for states offering employer sponsored insurance or premium assistance under a demonstration.)** **[7500]**

15. Provide the average amount each entity pays towards coverage of the beneficiary under your ESI program:

State: _____

Employer: _____

Employee: _____

16. If you offer a premium assistance program, what, if any, is the minimum employer contribution? **[500]**

17. Do you have a cost effectiveness test that you apply in determining whether an applicant can receive coverage (e.g., the state's share of a premium assistance payment must be less than or equal to the cost of covering the applicant under SCHIP or Medicaid)? **[7500]**

18. Is there a required period of uninsurance before enrolling in your program? If yes, what is the period of uninsurance? **[500]**

19. Do you have a waiting list for your program? Can you cap enrollment for your program? **[500]**

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

Does your state have a written plan that has safeguards and establishes methods and procedures for:

- (1) prevention
- (2) investigation
- (3) referral of cases of fraud and abuse?

Please explain: **[7500]**

Florida Statute 409.814(9) and (10) addresses fraud in the Title XXI program as follows:

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

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

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

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

Due to the strict documentation eligibility requirements at the time of application and renewal, fraud and abuse appear to be minimal.

As the central processor for eligibility for the non-Medicaid components of the Florida KidCare program, the Florida Healthy Kids Corporation does have an eligibility review unit. This unit researches eligibility issues and responds to inquiries regarding an individual child's eligibility. Requests for such reviews come from the managed care organizations, external entities or individuals or anonymous reports.

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

Provider Credentialing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Provider Billing

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Beneficiary Eligibility

0 Number of cases investigated

0 Number of cases referred to appropriate law enforcement officials

Are these cases for:

SCHIP

Medicaid and SCHIP Combined

3. Does your state rely on contractors to perform the above functions?

Yes, please answer question below.

No

4. If your state relies on contractors to perform the above functions, how does your state provide oversight of those contractors? Please explain : **[7500]**

Enter any Narrative text below. **[7500]**

SECTION IV: PROGRAM FINANCING FOR STATE PLAN

1. Please complete the following table to provide budget information. Describe in narrative any details of your planned use of funds below, including the assumptions on which this budget was based (per member/per month rate, estimated enrollment and source of non-Federal funds). (Note: This reporting period = Federal Fiscal Year 2007. If you have a combination program you need only submit one budget; programs do not need to be reported separately.)

COST OF APPROVED SCHIP PLAN

	2007	2008	2009
Benefit Costs			
Insurance payments			
Managed Care	340414484	419603234	419603234
Fee for Service			
Total Benefit Costs	340414484	419603234	419603234
(Offsetting beneficiary cost sharing payments)	-25503599	-38083875	-38083875
Net Benefit Costs	\$ 314910885	\$ 381519359	\$ 381519359

Administration Costs

Personnel	1624766	1624766	1624766
General Administration	11459267	16047117	16047117
Contractors/Brokers (e.g., enrollment contractors)	18710512	21311389	21311389
Claims Processing	1757178	1757178	1757178
Outreach/Marketing costs	1000000	1000000	1000000
Other (e.g., indirect costs)	0	0	0
Health Services Initiatives	0	0	0
Total Administration Costs	34551723	41740450	41740450
10% Administrative Cap (net benefit costs ÷ 9)	34990098	42391040	42391040

Federal Title XXI Share	250669529	295350695	291118097
State Share	98793079	127909114	132141712

TOTAL COSTS OF APPROVED SCHIP PLAN	349462608	423259809	423259809
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2. What were the sources of non-Federal funding used for State match during the reporting period?

- State appropriations
- County/local funds
- Employer contributions
- Foundation grants
- Private donations
- Tobacco settlement
- Other (specify) [500]

3. Did you experience a short fall in SCHIP funds this year? If so, what is your analysis for why there were not enough Federal SCHIP funds for your program? **[1500]**

Florida did not experience a shortfall in 2007.

4. In the table below, enter 1) number of eligibles used to determine per member per month costs for the current year and estimates for the next two years; and, 2) per member per month cost rounded to a whole number. If you have SCHIP enrollees in a fee for service program, per member per month cost will be the average cost per month to provide services to these enrollees.

	2007		2008		2009	
	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM	# of eligibles	\$ PMPM
Managed Care	2731620	\$ 125	3367056	\$ 125	3367056	\$ 125
Fee for Service	0	\$ 0	0	\$ 0	0	\$ 0

Enter any Narrative text below. **[7500]**

\$125 PMPM represents average of SCHIP programs.

SECTION V: 1115 DEMONSTRATION WAIVERS (FINANCED BY SCHIP)

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

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

SCHIP Non-HIFA Demonstration Eligibility					HIFA Waiver Demonstration Eligibility					
* Upper % of FPL are defined as Up to and Including										
Children	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Parents	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Childless Adults	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *
Pregnant Women	From		% of FPL to		% of FPL *	From		% of FPL to		% of FPL *

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

- _____ Number of **children** ever enrolled during the reporting period in the demonstration
- _____ Number of **parents** ever enrolled during the reporting period in the demonstration
- _____ Number of **pregnant women** ever enrolled during the reporting period in the demonstration
- _____ Number of **childless adults** ever enrolled during the reporting period in the demonstration

What have you found about the impact of covering adults on enrollment, retention, and access to care of children? You are required to evaluate the effectiveness of your demonstration project, so report here on any progress made in this evaluation, specifically as it relates to enrollment, retention, and access to care for children. [1000]

Please provide budget information in the following table for the years in which the demonstration is approved. *Note: This reporting period (Federal Fiscal Year 2007 starts 10/1/06 and ends 9/30/07).*

COST PROJECTIONS OF DEMONSTRATION (SECTION 1115 or HIFA)	2007	2008	2009	2010	2011
Benefit Costs for Demonstration Population #1 (e.g., children)					
Insurance Payments					
Managed care per member/per month rate @ # of eligibles					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #1					

Benefit Costs for Demonstration Population #2

(e.g., parents)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #2					

Benefit Costs for Demonstration Population #3

(e.g., pregnant women)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					

Benefit Costs for Demonstration Population #4

(e.g., childless adults)

Insurance Payments					
Managed care per member/per month rate for managed care					
Fee for Service Average cost per enrollee in fee for service					
Total Benefit Costs for Waiver Population #3					

Total Benefit Costs

(Offsetting Beneficiary Cost Sharing Payments)

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

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Administration Costs

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

Federal Title XXI Share

State Share

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TOTAL COSTS OF DEMONSTRATION

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When was your budget last updated (please include month, day and year)? **[500]**

Please provide a description of any assumptions that are included in your calculations. **[500]**

Other notes relevant to the budget: **[7500]**

SECTION VI: PROGRAM CHALLENGES AND ACCOMPLISHMENTS

For the reporting period, please provide an overview of your state's political and fiscal environment as it relates to health care for low income, uninsured children and families, and how this environment impacted SCHIP. **[7500]**

The 2007 Legislative session was very active for Florida KidCare, although no legislation was passed. The big issues this past year were consolidating the KidCare program under one agency and streamlining policy to make it easier for families and provide improved transitions between the programs. Most of the legislators and advocates agreed that consolidating KidCare under one or two agencies would improve the administration of the program, but no agreement could be reached as to the best way to consolidate. In addition, any consolidation would require additional start up funds, with projected savings a few years out. Streamlining enhancements and transition improvements between programs components were linked to the consolidation bills, which did not pass.

Florida is experiencing a very tight budget year, with reductions in many services, so even proposals to streamline that did not require legislative changes were dismissed due to the potential cost to the program.

As stated previously in the outreach section of this report, the Executive Office of the Governor has been very involved in promoting KidCare outreach to increase enrollment. Even without additional funding, the Executive Office of the Governor has asked each KidCare partner to find funds and identify personnel to promote KidCare. Great efforts have been made by all of the KidCare partners to identify potential eligibles by reaching out to children on Food Stamps who are not on Medicaid or Title XXI, and working through the Pre-Kindergarten program, day care centers, immunization clinics, health fairs and other events.

KidCare was fortunate to again receive \$1,000,000 state funds appropriated by the Legislature for a community-based matching grant program for KidCare marketing and outreach. Many community organizations have been able to conduct KidCare outreach with the help of these funds.

During the reporting period, what has been the greatest challenge your program has experienced?
[7500]

The greatest challenge still facing Florida KidCare is the enrollment. Enrollment in the Title XXI programs decreased since 2003 then leveled off in 2006. In the past year, there have been increases in enrollment, however, Title XXI enrollment is still down over 100,000 children from 2003. Enrollment in Medicaid has been down since July 1, 2006 subsequent to the implementation of the Deficit Reduction Act's citizenship and identity documentation requirements. Medicaid enrollment has decreased about 100,000 children since the Deficit Reduction Act requirements and just recently has starting increasing due mostly to the outreach efforts.

Outreach efforts have been revitalized this past year and these efforts should continue, so increases in enrollment are expected. Legislative changes to simplify and consolidate the programs are unlikely due to Florida's tight budgetary problems, so at this time outreach appears to be the best solution for the sluggish enrollment.

During the reporting period, what accomplishments have been achieved in your program? **[7500]**

In spite of the lack of Legislation to facilitate improvements in the Florida KidCare program, great strides have been made in making it easier for families to apply and renew online. In 2006, Florida Healthy Kids developed the online KidCare application and now more families are applying online than through the paper application method. This past year, Florida Healthy Kids Corporation made the renewal process available online, also. Families must still submit documentation of income, but the online version shortens the processing time and provides one more method for families to comply with the renewal requirements.

In July 2006, the MediKids full pay option began for families with income over 200% of the federal poverty level. MediKids coverage is available for a cost of \$159 per child per month, the full cost of coverage. There has been a steady increase in this enrollment since the program's inception and the December 2007 enrollment is now 2,027 children.

The KidCare coordinated outreach effort by all of the Kidcare partners has been a tremendous success. The legislature appropriated \$1,000,000 for community-based matching grants for KidCare outreach and marketing, however; the real accomplishment has been the KidCare partners developing outreach strategies with no additional funding and identifying staff and opportunities to provide for outreach. Posters, flyers, promotional items and applications have been distributed and mailed to thousands of families, medical providers, businesses and community organizations. Florida's Covering Kids and Families staff have built and trained coalitions in targeted communities so that they can provide effective KidCare outreach. The three major outreach campaigns throughout the year will be - back-to-school, holiday and spring campaigns.

What changes have you made or are planning to make in your SCHIP program during the next fiscal year? Please comment on why the changes are planned. **[7500]**

There have been several proposals to help streamline and simplify the eligibility process that will assist families making it easier to get coverage and retain coverage. Some of these changes require additional funding and/or legislative changes and it is questionable whether those proposals will be implemented during SFY 07/08. These proposals are:

- Tie the premium due date to the current month of coverage. Currently, premiums are due the first of the month, prior to the coverage month. This should improve retention and increase enrollment.
- Market the payroll deduction option to employers, to help improve retention.
- Facilitated income validation in which renewal forms are pre-populated with current income information available from electronic databases – also to improve retention.

Florida Healthy Kids Corporation is the central processor of KidCare application and the contract with their third party administrator expires January 31, 2008. ACS, the new fiscal agent should take over application processing February 1, 2008, however, due to systems development issues, this transition will be delayed to may 1, 2008. The Agency for Health Care Administration's fiscal agent is also transitioning to a new fiscal agent. Effective July 1, 2008, EDS will be the new fiscal agent for Medicaid.

Enter any Narrative text below. **[7500]**