State of Florida

Child Health Insurance Program

Annual Report to the Health Care Financing Administration

Federal Fiscal Year 1997-1998

Agency for Health Care Administration

February 1999

Florida submitted its initial child health insurance plan (Phase I) to the Health Care Financing Administration on December 2, 1997. This plan contained two main elements, which took effect April 1, 1998. The phase I plan:

> Extended Medicaid coverage for children ages 15 to 19 in families with incomes up to 100% of the Federal Poverty Level; and
>
> Expanded the Florida Healthy Kids program, modified to meet the requirements of Title XXI of the Social Security Act, for children in families with incomes up to 185% of the Federal Poverty Level.

This annual report provides information about the progress of Florida's phase I child health insurance program. As of September 30, 1998, 45,653 children had Title XXI-financed health insurance in Florida.

The Florida KidCare program, enacted by the 1998 Florida Legislature, took effect July 1, 1998. The new state law dramatically expanded the state's child health insurance program, and increased program eligibility for all components to 200% of the federal poverty level, except for Medicaid. The new program was titled KidCare and includes Medicaid for children under age 19, but the Title XXI (Phase II) components are:

MediKids for children ages 0 to 5;

Florida Healthy Kids for children ages 5 to 19, and younger siblings;

The Children's Medical Services Network for children with special health care needs, ages 0 to 19.

Enrollment in the MediKids and CMS Network programs began October 1, 1998. As of January 1999, Florida received Title XXI funding for a total of 60,068 children. More detailed information on these components will be reported in the FFY 1999-2000 Annual Report.

The Florida KidCare law assigns responsibility for outreach to the Department of Health. Section C of the annual report provides extensive information on Florida's outreach activities which occurred during federal fiscal year 1997- 1998.

1. Baseline estimates of the number of uninsured children in the state.

The following estimates were derived from the 1993 RAND survey and updated by population estimates from Florida's Joint Legislative Management Committee, Division of Economic and Demographic Research, the *1997 Florida Statistical Abstract*, and the Urban Institute's *State-Level Data Book on Health Care Access and Financing*.

Florida has one of the nation's largest uninsured populations. An estimated 22.8 percent of Florida's 3.6 million children under age 19 are uninsured. Of the estimated 823,467 uninsured children, males represent slightly more than one half (51 percent). Whites account for 77 percent, African Americans account for 19.3 percent, Asian and Pacific Islanders account for 3.6 percent, and Native Americans account for less than 0.1 percent. As a consequence, uninsured children are typically treated for urgent or emergent conditions in inappropriate settings and do not share the continuity of care enjoyed by their insured peers.

Florida's legislature authorized funding for a comprehensive study of the uninsured. More information about this study is included in Section D.

2. A description of the progress made in reducing the number of uncovered, low-income children in the state.

Florida submitted an initial child health insurance plan (Phase I) to the Health Care Financing Administration on December 2, 1997. This plan contained two main elements, which took effect April 1, 1998. The initial plan:

Extended Medicaid coverage for children ages 15 to 19 in families with incomes up to 100% of the Federal Poverty Level; and

Expanded the Florida Healthy Kids program, modified to meet the requirements of Title XXI of the Social Security Act, for children in families with incomes up to 185% of the Federal Poverty Level.

Florida Healthy Kids benefits are available with subsidies to income-eligible children and at full pay rates to children with higher family incomes. From April 1, 1998 through September 30, 1998, Title XXI subsidies were available to children in families with incomes up to 185% of the federal poverty level. Starting July 1, 1998, Title XXI subsidies were available to children with family incomes up to 200% of the federal poverty level.

As of September 30, 1998, 45,653 children benefited from Title XXI-financed health insurance in Florida.

Healthy Kids:	23,316
Medicaid for Teens	
(Ages 15-19 to 100% FPL):	22,337
TOTAL	45,653

3. A description of issues that the state has agreed to monitor in its state plan (e.g. outreach and crowd-out), including an assessment of progress toward the state's identified strategic objectives, performance goals and performance measures.

Florida agreed to monitor two major areas in its state plan, crowd-out and family cost-sharing.

Crowd-Out

Recent studies of the insurance status of children prior to enrolling in Healthy Kids show that over 90% of participants were uninsured in excess of 12 months before seeking coverage through the Healthy Kids program. Of the 10% who had insurance at one point within the year prior to enrolling in Healthy Kids, only 13% had employer-based private health insurance.

Healthy Kids serves as a bridge between public sector and private health insurance coverage. Of the children who disenrolled from Healthy Kids, 48% obtained other insurance coverage. Of those that obtained other coverage, the

majority moved to employer-based coverages with the next largest group reporting that they enrolled in the Medicaid program. All of these findings support the continuation of the requirement that children be uninsured at the time of application.

In addition, the State of Florida will conduct a study assessing crowd-out in the Florida Healthy Kids program utilizing the same methodologies used in the study dated January 15, 1998, and report the findings to the Health Care Financing Administration within 6 months of implementation. Florida will also fully study and re-evaluate this policy at the end of 36 months.

If the study indicates that the state has not achieved similar results to the initial study results dated January 15, 1998, during the test six-month period, Florida will revise its Healthy Kids eligibility requirements to exclude children with employer-based group health insurance coverage during the six months prior to application.

The Institute for Child Health Policy, which is under contract with the Florida Healthy Kids Corporation, is conducting a follow-up study on crowd-out, which will be available in report form by July 1, 1999.

Cost-Sharing

Upon enrollment in the Healthy Kids Program, the Florida Healthy Kids Corporation (FHKC) notifies families of their right to a maximum cost-sharing allowance of 5% of their annual income. Families are instructed to keep receipts of all cost-sharing incurred for their children's health care. If out-of-pocket expenses exceed the 5% annual income maximum, families mail a copy of all receipts to FHKC for reimbursement. At that time, FHKC prepares a letter for providers authorizing them to cease cost-sharing charges.

Strategic Objectives and Performance Goals

Florida included five objectives in its child health insurance plan:

Improve the health status of children in Florida.

Maximize consumer health plan choices.

Increase the number of children who have access to health care.

Ensure that families leaving the WAGES program have access to affordable health care coverage for their children.

Reduce the instances of hospitalization for conditions that can be treated with routine care (e.g., asthma and diabetes).

While it is too soon to report on all of these objectives, the following indicators of performance are available:

Between April 1, 1998 and September 30, 1998, 45,653 Florida children received Title XXI-funded health insurance;

Before implementation of the Title XXI program, Healthy Kids was in 21 counties. From April to September 30, 1998, two new Healthy Kids sites became available, allowing the program to cover 23 of Florida's 67 counties. The program will be available statewide by June 30, 1999;

- In September 1998, Broward County became the first Healthy Kids site to offer more than one health plan to program participants, increasing consumer choices; and

As part of a major marketing campaign to increase awareness of and use of its Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services, the Agency initiated the "Child Health Check-Up" program. This project includes posters targeted to families leaving WAGES to let them know about transitional Medicaid coverage for themselves and their families.

Florida's KidCare law (s. 409.8177, F.S.) directs the agency, in consultation with the Department of Health, the Department of Children and Families, and the Florida Healthy Kids Corporation, to submit to the Governor and Legislature an annual report on the KidCare program. In addition to the requirements of the Social Security Act, the report must include an assessment of crowd-out and access to health care, as well as the following:

An assessment of the operation of the program, including the progress made in reducing the number of uncovered low-income children.

An assessment of the effectiveness in increasing the number of children with creditable health coverage.

The characteristics of the children and families assisted under the program, including ages of the children, family income, and access to or coverage by other health insurance prior to the program and after disenrollment from the program.

The quality of health coverage provided, including the types of benefits provided.

The amount and level, including payment of part or all of any premium, of assistance provided.

The average length of coverage of a child under the program.

The program's choice of health benefits coverage and other methods used for providing child health assistance.

The sources of nonfederal funding used in the program.

An assessment of the effectiveness of MediKids, the Children's Medical Services Network, and other public and private programs in the state in increasing the availability of affordable quality health insurance and health care for children.

A review and assessment of state activities to coordinate the program with other public and private programs.

An analysis of changes and trends in the state that affect the provision of health insurance and health care to children.

A description of any plans the state has for improving the availability of health insurance and health care for children.

Recommendations for improving the program.

The agency has contracted with the Institute for Child Health Policy to conduct the KidCare evaluation. The evaluation report will be available January, 2000.

4. Barriers to effectively implementing the state's plans that are associated with program design, planning and implementation and the proposed approaches to address such problems.

Florida has made substantial progress in implementing its child health insurance program in a short time period. For example, since the program's inception in April, 1998, Florida has:

Simplified the enrollment process, creating a single, short application form for Title XIX and Title XXI, and eliminated submission of additional documentation (e.g., pay stubs);

Co-located Healthy Kids and Department of Children and Families Medicaid eligibility workers to streamline the Medicaid eligibility determination process; and

Reduced family premiums to $15 each month, regardless of the number of children in the family;

Reduced the local matching requirements for counties to participate in Healthy Kids;

Established base enrollment levels so that Healthy Kids is available in all counties, regardless of whether the county contributes a local match;

Printed and distributed over 1 million program applications, more than half of which were distributed through Florida Healthy Kids' school distribution system;

Established 17 regional outreach projects to target hard-to-reach populations; and

Received a grant from the Robert Wood Johnson Foundation to create specialized outreach projects in five areas of the state.

Florida initiated extensive outreach efforts, after September 30, 1998 and will be reported in the federal fiscal year 1998-1999 Annual Report to HCFA.

Despite the above achievements, there are some barriers in the federal Title XXI law that may prevent Florida and other states from receiving full enrollment in their child health insurance programs. For example, concerns about immigration and the federal restriction on Title XXI administrative costs are two major barriers associated with fully implementing Florida's Child Health Insurance Program.

Florida is one of several states with a large immigrant population. Outreach efforts to enroll the eligible children of immigrants have not been very successful

due to the fear of involvement of the Immigration and Naturalization Service. Immigrant parents of possibly eligible children are reluctant to apply to any program that could present a threat to their future applications for citizenship, and believe that their child health insurance records will be reviewed by immigration officials and determined a possible public charge.

The "public charge" issue signifies that any immigrant who changes residency status, subsequently subjects themselves to review by the Immigration and Naturalization Service. One of the areas the INS reviews is the individual's financial stability, to determine if the person is financially self-sufficient or might enroll in a public assistance program as a "public charge."

The federal restriction of administrative costs to 10% is another barrier to the effectiveness of the Child Health Insurance Program. As with any new business, start-up costs for the new CHIP program will be higher on the front-end. States are faced with additional costs for creating new computer systems or altering existing systems to communicate with new partners, designing and disseminating extensive outreach and marketing campaigns, hiring staff to implement the programs, and other administrative activities. The restriction on administrative costs, particularly during the start-up phase, inhibits the state's ability to enroll larger numbers of potentially eligible children.

5. Any need for technical assistance from the Department; and other areas that state may identify as relevant.

Florida has enjoyed a positive relationship with the Health Care Financing Administration. Federal officials have worked with the state to resolve issues that could have prevented the rapid program implementation Florida sought.

Any technical assistance the Department could provide to address concerns about immigration and the federal restriction on administrative costs would be welcome, not only in Florida, but throughout the country as well.

In addition, we recommend that the Department take the necessary measures to lift the time restrictions on TANF outreach monies so that TANF dollars targeted to outreach are available to states beyond September 30, 1999.

Section B

Florida Healthy Kids (Tables 1-4)

Month	Enrollees
April 1998	1,526

May 1998	2,088
June 1998	10,949
July 1998	16,566
August 1998	20,514
September 1998	23,316

Table 2

Florida Healthy Kids Title XXI Enrollment Data by Age Group

April 1, 1998 September 30, 1998

Category	**0-100% FPL**	**101-150% FPL**	**151-185% FPL**
AGES 1 THROUGH 5			
Unduplicated Number of Children Ever Enrolled in the Fiscal Year[1]	0	1,572	582
Unduplicated Number of New Enrollees in the Fiscal Year	0	687	319
Unduplicated Number of Disenrollees in the Fiscal Year	0	815	73
Number of Member Months of Enrollment in the Fiscal Year	0	3,297	1,400
Average Number of Months of Enrollment (Line 4 divided by Line 1)	0	2.24	2.46

Unduplicated Number of Children Ever Enrolled in the Year	0	1,253	506
AGES 6 THROUGH 12			
Unduplicated Number of Children Ever Enrolled in the Fiscal Year	0	11,931	3,940
Unduplicated Number of New Enrollees in the Fiscal Year	0	2,743	1,359
Unduplicated Number of Disenrollees in the Fiscal Year	0	5,756	564
Number of Member Months of Enrollment in the Fiscal Year	0	28,448	9,716
Average Number of Months of Enrollment (Line 4 divided by Line 1)	0	2.46	2.53
Unduplicated Number of Children Ever Enrolled in the Year	0	8,177	2,852

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Table 2 (continued)

Florida Healthy Kids Title XXI Enrollment Data by Age Group

April 1, 1998 September 30, 1998

Category	**0-100% FPL**	**101-150% FPL**	**151-185% FPL**

AGES 13 THROUGH 18			
Unduplicated Number of Children Ever Enrolled in the Fiscal Year	0	6,129	1,843
Unduplicated Number of New Enrollees in the Fiscal Year	0	1,157	456
Unduplicated Number of Disenrollees in the Fiscal Year	0	2,990	316
Number of Member Months of Enrollment in the Fiscal Year	0	12,733	4,811
Average Number of Months of Enrollment (Line 4 divided by Line 1)	0	2.15	2.68
Unduplicated Number of Children Ever Enrolled in the Year	0	4,195	1,240
ALL AGE GROUPS			
Unduplicated Number of Children Ever Enrolled in the Fiscal Year	0	19,632	6,365
Unduplicated Number of New Enrollees in the Fiscal Year	0	4,587	2,134
Unduplicated Number of Disenrollees in the Fiscal Year	0	9,561	953
Number of Member Months of Enrollment in the Fiscal Year	0	44,478	15,927
Average Number of Months of	0	2.28	2.56

Enrollment (Line 4 divided by Line 1)			
Unduplicated Number of Children Ever Enrolled in the Year	0	13,625	4,598

Category[2]	Total Computable (A)	EFMAP Share (B)	Total Computable (C)	EFMAP Share (D)	Total Federal Share (E)
1. Premiums for Health Care Insurance up to 150% of Poverty level					
A. Gross Premiums Paid	$2,166,973	$1,494,345	0	0	$1,494,345
B. Cost-sharing Offsets	$296,580	$204,522	0	0	$204,522
Over 150% of Poverty Level					
C. Gross Premiums Paid	$613,713	$423,216	0	0	$423,216
D. Cost	$92,327	$63,669	0	0	$63,669

sharing Offsets					
2. Administration	0	0	$371,466	$256,163	$256,163
3. Balance	$2,391,779	$1,649,370	$371,466	$256,163	$1,905,533
4. Less: Collections					
Total (Columns (A) + (C) and (E) on Summary Sheet, Line 1. Columns (A) and (B) as appropriate).	$2,391,779	$1,649,370	$371,466	$256,163	$1,905,533

Table 4

Florida Healthy Kids

Statement of Expenditures for Title XXI

April 1, 1998 September 30, 1998

Expenditures Reported For Period	**Total Computable**	**Federal Share**
Expenditures In This Fiscal Year	$2,763,245	$1,905,533
Adjustments Increasing Claims for Prior Quarters	0	0

Adjustments Decreasing Claims for Prior Quarters	0	0
Net Expenditures Reported in this Period[3]	$2,763,245	$1,905,533

Notes

[1] All Florida Healthy Kids participants are enrolled in health maintenance organizations (HMOs) only.

[2] A breakdown by category of FFY 1998 Healthy Kids Financial Data for Title XXI funds is not available. The first quarter of FFY 1999 and all subsequent quarters will include categorized breakdowns.

[3] Individual quarterly reports for April-June 1998 and July-September 1998 are attached.

Medicaid Title XXI Expansion for Teens (Tables 5-6)

Table 5

Medicaid Title XXI Expansion Enrollment by Month, Ages 15 to 19

April 1, 1998 September 30, 1998

Month	Medicaid Enrollees
April 1998	2,546
May 1998	8,302
June 1998	14,342
July 1998	18,475
August 1998	20,909
September 1998	22,337

Table 6

Medicaid Title XXI Expansion Financial Data, Ages 15 to 19

April 1, 1998 September 30, 1998

Category	Total Computable (A)	FMAP 55.65% (B)	Enahanced Federal Share 68.96% (C)	Total Federal Share (D)
1. Premiums for Health Care Insurance up to 150% of Poverty level				
A. Gross Premiums Paid	0	0	0	0
B. Cost-sharing Offsets	0	0	0	0
Over 150% of Poverty Level				
C. Gross Premiums Paid	0	0	0	0
D. Cost-sharing Offsets	0	0	0	0
2. Inpatient Hospital Services	$927,215	0	$639,407	$639,407
3. Inpatient Mental Health Facility	0	0	0	0
4. Nursing Care Services	0	0	0	0
5. Physician and Surgical Services	501,233	0	345,650	345,650
6. Outpatient Hospital	600,353	0	414,004	414,004

Services				
7. Outpatient Mental Health Services	149,865	0	103,347	103,347
8. Prescribed Drugs	275,185	0	189,768	189,768
9. Dental Services	513,278	0	353,956	353,956
10. Vision Services	0	0	0	0
11. Other Practitioners	48,136	0	33,195	33,195
12. Clinic Services	130,799	0	90,199	90,199
13. Therapy	0	0	0	0
14. Laboratory/Radiology Services	51,909	0	35,796	35,796

Table 6 (continued)

Medicaid Title XXI Expansion Financial Data, Ages 15 to 19

April 1, 1998 September 30, 1998

Category	**Total Computable (A)**	**FMAP 55.65% (B)**	**Enhanced Federal Share 68.96% (C)**	**Total Federal Share (D)**
15. Durable/Disposable Equipment	0	0	0	0
16. Family Planning	0	0	0	0
17. Abortions No.	0	0	0	0
18. Screening Services	37,962	0	26,179	26,179
19. Home Health	21,780	0	15,019	15,019

20. Medicare	0	0	0	0
21. Home/Community Based Service	0	0	0	0
22. Hospice	0	0	0	0
23. Medical Transportation	0	0	0	0
24. Case Management	25,729	0	17,742	17,742
25. Other Services	3,170,666	0	2,186,491	2,186,491
26. Total*	$6,454,110	0	$4,450,753	$4,450,753

* Individual quarterly reports for April-June 1998 and July-September 1998 are attached.

Section C

While the creation of Florida KidCare represents a tremendous advancement for children's health, the simple availability of health care coverage does not, for a variety of reasons, ensure appropriate utilization. Recognizing the need to inform, educate and assist Florida families in the appropriate utilization of Florida KidCare, the Florida Legislature provided statutory language (409.819, F.S.) which made "outreach" to families a priority component of Florida KidCare.

The framework for Florida KidCare Outreach grew from the experience of experts, communities, and families and includes the following major work efforts which are described more fully below:

Interagency Coordination

Single Application and Simplified Application Process

Statewide Marketing and Information Dissemination

Training

Regional Projects

Monitoring and Quality Improvement

Outreach to Special Populations

Additional Healthy Kids Outreach

Interagency Coordination

Ongoing interagency coordination is a key component to the continued success of Florida KidCare, both at the state and local level. Structural mechanisms for coordination include the Statewide Coordinating Council, the Statewide Outreach Coalition and Task Forces, and the formation of local work groups within each Regional Project. These groups and others provide for an ongoing means of meeting the challenges of Florida KidCare.

KidCare Coordinating Council. The state's KidCare law mandated the creation of the KidCare Coordinating Council to act as the main advisory body to the Department of Health. Certain seats were specifically designated and other members were chosen from such categories as providers, private insurers, and organizations representing low-income families. Appointed by the Secretary of the Department of Health, the council members began meeting in the summer of 1998. Initial decisions focused on outreach activities. Council members made specific recommendations about logo design, wording on the application and marketing materials, and a general outreach approach.

The Statewide Outreach Coalition and Task Forces and the Robert Wood Johnson Foundation. Florida is working with a Statewide Outreach Coalition and eight Outreach Task Forces, appointed by the Secretary of Health and composed of state agency representatives, child advocates, community health care providers, and business leaders. The Statewide Outreach Coalition acts as an advisory group to the Florida Department of Health. The coalition structure also satisfies the requirements of the Covering Kids Robert Wood Johnson Foundation Outreach Grant, which Florida has been awarded. The task force members support efforts on the local level and make recommendations to the Statewide Outreach Coalition. The intent of this structure is to build a strong ongoing outreach and enrollment program that is family-friendly, easy to access, and coordinated with other insurance alternatives.

The eight task forces are:

⎵Business Partnership	⎵Rural Health
⎵Community Public Health	⎵Special Populations
⎵Early Childhood	⎵Welfare to Work
⎵Hospital/Provider Partnership	⎵Insurance Partnership

Other Community Partners include:

⌴Schools	⌴Child Care Providers
⌴County Health Departments	⌴Early Education Program
⌴Community Health Centers	⌴WAGES Coalitions
⌴Hospitals	⌴Insurance Partnership
⌴Healthy Start Coalitions	

Additionally, the Lawton and Rhea Chiles Center, College of Public Health, University of South Florida has provided critical statewide and interagency support.

Single Application and Simplified Application Process

Florida modified the Florida Healthy Kids application to become the official Florida KidCare/Healthy Kids application for Title XXI and Title XIX for children. The KidCare application is two pages (front and back) with another page that provides explanations to help families with the application.

The application process has also been significantly modified to make it easier for families to apply. First, KidCare uses a mail-in application that is sent directly to Florida Healthy Kids Corporation (FHKC) for processing. Healthy Kids processes the application for all KidCare programs and screens the application for Medicaid.

If a child appears to be eligible for Medicaid, co-located Department of Children and Families workers process the application. Second, for those families using the KidCare application, who are eligible for Medicaid, numerous requirements of “cash assistance programs” have been eliminated. Florida has eliminated face-to-face interviews and documentation of income for those families who are using the simplified application and are only interested in health insurance. Families declare income on the simplified application.

Families eligible for Medicaid still have two options. They can apply for children’s health benefits using the Florida KidCare application or apply for cash assistance and Medicaid on the “Request for Financial Assistance” form.

Applications are available at a variety of locations or by calling the Florida Healthy Kids toll-free hotline.

Statewide Marketing and Information Dissemination

While local efforts to identify, reach, and enroll families are effectively accomplished by the Regional Projects, efficient methods for information

dissemination were initiated at the state level. Community-based focus groups assisted in the development and distribution of media kits, posters, brochures, and briefing sheets.

A multi-media campaign was initiated and included:

- Television and radio advertisement began in November 1998
- Outdoor boards, bus cards, and benches began in October 1998
- Website design and posting (www.floridakidcare.org) began in December 1998
- Public relations began in September 1998

A mass mailing of informational materials was distributed to schools, hospitals, doctors' offices, clinics, child care centers, stakeholders and providers. All distributed materials included the toll-free telephone line (1-888-FLA-KIDS) to assist families to obtain applications and to answer questions about the Florida KidCare program. In addition, a video was produced with application instructions to key agencies serving children and families to assist them in the KidCare application process. Copies of media materials are attached.

WWW.FLORIDAKIDCARE.ORG Website

Florida's outreach strategies include the KidCare website to provide an overview of the program, answers to frequently asked questions, links to related sites, and an on-line application for downloading and completion. All printed and multi-media marketing materials include the website address.

Training

Key stakeholders, policy makers, community partners, local agencies, providers and collaborative partners all needed to be educated about the Florida KidCare Program. As an umbrella program with complex components and eligibility criteria, partners involved in promoting Florida KidCare needed a comprehensive understanding of how the program works and, most importantly, how to help families enroll in and use Florida Child Health Insurance Program.

On August 31, 1998, the Florida Department of Health, in collaboration with the Agency for Health Care Administration, the Florida Healthy Kids Corporation, and the Department of Children and Families presented a statewide satellite training on the Florida KidCare Child Health Insurance Program. The program was broadcast live from the WFSU-TV studio in Tallahassee. The program included

remarks on Florida's child health insurance plan by the late Governor Lawton Chiles, and involvement of the Insurance Commissioner, Secretary of Department of Children and Families, the Secretary of Department of Health, and the Director of the Agency for Health Care Administration. A panel comprised of representatives from the collaborative partners/agencies explained their role in Florida KidCare. A twelve-minute video was shown concerning the completion of the Florida KidCare application. Twenty-four satellite sites returned evaluation forms of the teleconference, with 454 people returning evaluations.

The seventeen Florida KidCare Regional Projects that were selected to develop outreach strategies and implement activities in their communities will participate in training workshops presented by staff from the Department of Health KidCare Outreach Unit.

Additional training targeted the following:

3 *Department of Health*. Orientation on the Florida KidCare program was provided to several bureaus including Family Health Services, Maternal and Child Health, School Health, WIC (Women, Infants and Children), Family Planning, Disease Control, and Immunizations.

3 *Key Stakeholders and Policy Makers.* The KidCare Coordinating Council includes representatives from local government, health insurers, health maintenance organizations (HMOs), health care providers, agencies, organizations and families participating in the KidCare program, as well as interagency representatives from the Department of Health, the Agency for Health Care Administration, the Department of Children and Families, and the Florida Healthy Kids Corporation. A presentation on outreach was held for Council members.

3 Education of Homeless Children and Youth Technical Assistance Meeting, September 15, 1998, Orlando.

_ Display and brown-bag lunch session at the Child Abuse Prevention Conference, September 15, 1998, Tampa.

_ Florida Children's Forum Board Meeting, September 11, 1998, Tampa.

_ Presentation at the State Coordinating Council for Early Childhood Services Summer Conference, July 21, 1998, Tampa (emphasis on the importance of linking with childcare, Pre-K and Head Start).

Regional Projects

The Department of Health, on August 3, 1998, issued guidance asking County Health Departments (CHDs) to take a leadership role in developing and submitting the outreach plans for each of the 17 regions. Requirements for Regional Project Plans included:

- Collaboration with Children's Medical Services, other Department of Health programs, the Healthy Start Coalitions, the Department of Children and Families, and other essential stakeholders within the region.

- Coverage of the entire region and a reflection of the issues and concerns of the following groups: representatives from families of children eligible for Medicaid and other KidCare coverage, health care providers and institutions serving the KidCare population, Community Health Centers, local medical societies, local or regional Florida Healthy Kids programs, local or regional outreach coalitions, local or regional Healthy Start Coalitions, and early childhood, child care, and Head Start programs.

- Designation of a lead County Health Department (CHD) to act as the fiscal agent for project funds. Projects are either administered within the CHD or the lead for the project is contracted to a community-based organization with demonstrated experience and success in managing similar activities. Regardless of who serves as lead agency in each region, all CHDs serve as repositories for KidCare applications and marketing materials.

- Identification of hard-to-reach and minority populations and development of effective strategies to get them enrolled in KidCare and help them achieve optimal health.

The plans were submitted to the Department of Health KidCare office on September 18, 1998. All of the plans were approved for immediate funding, beginning on October 1, 1998, some with recommendations or requested revisions.

In addition to the regional projects, Florida has benefited greatly from the Robert Wood Johnson Foundation Covering Kids Initiative. Florida has been awarded a three-year Covering Kids Initiative grant. Five pilot projects in eleven counties will target hard-to-reach populations including rural, Hispanic, immigrant and welfare-to-work groups. Outcomes will include curricula on strategies that work and a social marketing study.

Program Development, Monitoring and Quality Improvement

During the 1998 federal fiscal year, Florida KidCare implemented a Rapid-Response Family Advocacy Program. This initiative is designed to provide a mechanism for insuring consumer satisfaction, program coordination, monitoring and quality improvement. Examples include:

3 Telephone and email consultation for regional projects.

3 Periodic statewide meetings for training, coordination and networking for regional projects, initiating with a meeting in early December.

3 Front line problem solving, including development of a document to be used in the local area to systematically document enrollment/access problems.

3 Appointment of a client advocate within the Department of Health to assist in problem resolution, including liaison activities with collaborating agencies.

3 Development of a report to include: 1) enrollment information by county, including application status such as applications pending or denied, and 2) outreach activities performed by the Regional Projects. Electronic updates of enrollment reports will be posted monthly on the Florida KidCare website.

3 Site visits to Regional Projects for technical assistance and quality improvement activities.

Outreach to Special Populations

Florida is targeting the following special populations for intensive outreach efforts in collaboration with agency partners, regional projects, and special task force groups representing these populations:

3 Adolescents and Teens. Florida has been awarded an outreach grant from the Robert Wood Johnson Foundation to intensify outreach efforts for hard-to-reach populations, which include adolescents and teens. The Florida KidCare program will also coordinate with Florida's Network of Runaway Children and "Safe Place" shelters to make outreach materials and program applications available for runaway youth. Shelters will be informed about the KidCare program and enrollment procedures.

3 Immigrants and Hispanics. Florida has been working with Florida Legal Services, other states such as Texas and California with large immigrant populations, Community Health Centers, farm worker groups and others knowledgeable in the very confusing and complex laws that immigrant families face when applying for KidCare (Medicaid or CHIP). An easy-to-read briefing paper has been distributed to families, and those who work with immigrant families, have been provided guidance on the legal issues which cause immigrant families to avoid applying for KidCare.

3 Minority Populations. A task force has been established to address the unique needs of Florida's minority populations. This group consists of representatives from the Native American community, Hispanics, African-Americans, and other minority groups. Recommendations from this group will be used not only by the Department of Health's outreach staff, but also by the Florida KidCare Coordinating Council for policy development for minority child populations. Representatives from the Native American community are involved in the special populations outreach task force and they help provide input as outreach materials are designed that will be effective for that population. The task force will provide feedback to the state and local offices for changes that need to be made to increase minority enrollment, including Native American children's enrollment, in the Florida KidCare program. The Florida Healthy Kids Corporation (FHKC) also has significant experience with Hispanic populations in Florida. FHKC has found that families of Hispanic children rely on word-of-mouth, Hispanic newspapers and Hispanic radio and television stations as primary information sources for learning about child health insurance.

3 Farm Workers Outreach Partnership with HRSA and Redlands Christian Migrant Association. Outreach workers have been hired through a grant from HRSA to Redlands Christian Migrant Association to work directly with farm workers and to help identify barriers to enrollment for this population.

Provider and Community Participation

The outreach effort is implemented at the local level to reach potentially eligible families by training providers of services to low-income children to conduct

outreach, distribute applications, and assist families with completing the application form. Community partners in this effort include:

- Schools. Schools have a long-standing partnership with the Florida Healthy Kids Corporation. During open enrollment periods notification is sent home with children and the entire school system supports these efforts.

- County Health Departments and Community Health Centers. County Health Departments (CHDs) and Community Health Centers (CHCs), which include programs such as WIC and have served as a health safety net for low-income families, see many families who may be potentially eligible for Medicaid or Title XXI. CHD and CHC staff are trained to help families apply for the Florida KidCare program. CHDs play a pivotal role in outreach as a core public health activity. CHDs serve as the community central unit, working with a consortium of local agencies to assure that there is a coordinated and accountable outreach effort. The CHDs are in a unique position to reach out to adolescent and teen populations. The CHDs conduct presumptive eligibility for pregnant women and teens and have a history of reaching out to under served groups. In addition, through school health programs, the CHDs can identify school-age children and adolescents who may qualify for the Florida KidCare program.

- Healthy Start Coalitions. Florida's Healthy Start coalitions form a statewide mechanism for local planning to prevent poor maternal and child health outcomes for pregnant women and children from birth to age three. Coalitions distribute brochures on child health insurance eligibility for providers and coordinate their local outreach efforts with the public and private sectors, CMS, child care, Head Start, WIC and pre-kindergarten programs.

- Composed of representatives of all major maternal and child health providers, business representatives, and advocates, the coalitions have a built-in system for outreach, particularly among women and infants whose Healthy Start risk screening scores identify them as at-risk. In addition, there is a Family Health hotline with a toll-free number which can be used for outreach and immediate access needs.

- Child Care Providers & Early Education Programs. Education programs such as Head Start and other

subsidized child care organizations have application processes that allow them to gather information that may be used to evaluate potential eligibility. They are in a position to alert agencies about eligible uninsured children and to provide Florida KidCare applications and valuable insurance information to families.

- WAGES Coalitions. The Welfare to Work Task Force is working on an ongoing basis to engage local Work and Gain Economic Self-Sufficiency (WAGES) coalitions in innovative ways to reach families making the transition from welfare to work, as well as those needing cash assistance due to a lack of health insurance.

- Department of Children & Families. The service centers provide Florida KidCare applications and information about the Title XXI program to families whose uninsured children are ineligible for Medicaid.

- Hospitals. Hospitals have formed a partnership with the Department of Health to help utilize emergency rooms and newborn intensive care units for the dissemination of Florida KidCare applications and information about health insurance for children.

- Provider Training Programs. Other key providers are trained at the local level on the application process and taught how to assist families in enrolling in KidCare.

- Enhancement Initiatives. Florida has enhanced its outreach efforts by leveraging and maximizing other identified resources and grants.

- Children With Special Health Care Needs. The CMS program will oversee outreach for children with special health care needs. Examples of participants in this effort will include:

    - Hospitals and health care providers. Regional Perinatal Intensive Care Centers employ individuals who refer sick newborns to CMS for on-going care.

    - “Child Find” through the Department of Education for infants and toddlers who qualify for the Early Intervention Program.

- The Vocational Rehabilitation Division of the Department of Labor and Employment Security refers children under the age of 17 with brain and spinal cord injuries to CMS.

- The Social Security Administration for all SSI child beneficiaries under the age of 17. CMS in turn coordinates care or transmits the referral to an appropriate agency.

- County health departments and community health centers. CHDs and CHCs make referrals for infants and children assessed as needing special health care. In many areas—especially rural counties—county health departments provide space for special CMS clinics, thus improving access to care.

- Medicaid offices and choice counselors refer children to the CMS network. CMS is included in the Medicaid information booklet called “The Choice is Yours” as a Medicaid managed care option for Medicaid child beneficiaries with special health care needs.

- Family advocacy groups that work with CMS, and the CMS clinics, which can be accessed by every region in Florida.

- Florida Healthy Kids Corporation health plans, based on utilization and diagnostic information.

- Local school districts.

Additional outreach to school-age children with serious emotional disturbance will include:

- Agencies under contract with the Department of Children and Families for mental health or substance abuse treatment services;

- The Florida Diagnostic and Learning Resources Systems (FDLRS), which are regional networks funded by the state Department of Education that provide support to

school districts and families for assessments and educational planning for handicapped students; and

- Regional Multiagency Service Networks for Children with Severe Emotional Disturbance (SED Networks).

Healthy Kids

Healthy Kids will also continue its outreach efforts, which focus on school-age children. Healthy Kids enters into contractual arrangements with school districts for marketing and outreach. Outreach activities for Healthy Kids are shared between the Florida Healthy Kids Corporation, local steering committees, schools and participating health plans.

The FHKC is responsible for coordinated marketing of the Healthy Kids program. FHKC does not use commissioned insurance agents for marketing and enrollment. However, FHKC requires its member service staff to become licensed agents. Program applications, brochures and marketing materials are developed by FHKC. One of the primary objectives of the marketing strategy is to keep the materials simple to understand. Materials are written at the fifth grade reading level and are available in multiple languages, based on the specific needs of a county. FHKC employs a multi-lingual staff to assist families calling the Corporation on its toll-free line.

Florida has been a leader with respect to research about the status of its uninsured population. Despite a booming economy, several years of lower health insurance premium increases, and health insurance reforms in the past few years, the number of Floridians without health insurance has steadily grown. According to the Urban Institute, about 2.8 million Floridians, more than one in five of the non-elderly population, do not have health insurance.

Although the federal child health insurance law mandates use of the Current Population Survey (CPS) for developing the states' federal allotments, this data set is widely viewed as unreliable for generating uninsurance estimates at the state level.

The 1998 Florida Legislature appropriated state funds, which will be supplemented with federal Title XIX and Title XXI funds, to commission the most extensive study of health insurance in the state's history.

The Florida Health Insurance Study (FHIS) has five main goals:

- To provide current and accurate estimates of the number and percentage of Florida's non-elderly residents who are uninsured;

- To provide similar estimates of the number and percentage of non-elderly uninsured persons in each of approximately 18 geographic subdivisions within Florida;

- To provide estimates of the number and percentage of non-elderly Florida residents who are uninsured by several demographic and economic categories, including age, race, gender, income, employment status, marital status, ethnic identification, industry of employment, and size of employer;

- To provide estimates of the number and percentage of non-elderly Floridians who are uninsured among specified sub-population groups of interest, including Medicaid eligibles, children and the near-elderly; and;

- To identify and describe health care resources and sources of subsidy that are available to the uninsured.

The target population for this study consists of all non-institutionalized Floridians under the age of 65, where a Florida resident is defined as someone living in the state more than six months of the year.

The goals will be achieved through the analysis of data obtained through telephone and face-to-face surveys. The largest data collection modality will be telephone interviews with a stratified random sample of approximately 15,000 Florida households that include residents under age 65. The telephone interviews will gather key information on insurance coverage of each family member, access to employer-based coverage, basic health status information, basic health care use information, Medicaid eligibles, children, crowd-out issues, the near-elderly, and demographic data.

The telephone interviews will be supplemented by approximately 1,000 face-to-face interviews to be conducted in three specific locations within Florida. These interviews will seek to develop profiles of communities where the racial, ethnic, and demographic composition suggests a high incidence of uninsurance. Approximately 400 interviews in mixed Hispanic (Cuban and non-Cuban) neighborhoods in Dade County will be conducted. In addition, 350 interviews in a low-income urban black neighborhood in the state, and 250 interviews in a low-income rural area in the South Central area of Florida (sometimes referred to as the “Heartland” counties) will be conducted.

Questions for both the telephone and in-person interviews will be chosen whenever possible to be consistent with the questions used in existing national and state surveys concerning insurance status (e.g., the Current Population Survey, The Survey of Income and Program Participation, the Medical Expenditure Panel Survey, the Health Insurance

Supplements to the National Health Interview Survey, and the 1993 RAND survey of 2,000 Florida households).